



**Pharmaceutical Needs  
Assessment  
for Bedford Borough  
Health and Wellbeing  
Board  
2025 - 2028**

**Publication Date: 1 October 2025**

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## Executive Summary

This Pharmaceutical Needs Assessment (PNA) examines the current provision of pharmacy services in Bedford Borough and evaluates potential gaps in service delivery. The Health and Social Care Act 2012<sup>1</sup> shifted the responsibility for developing and updating PNAs from Primary Care Trusts (PCTs) to Health and Wellbeing Boards. Under this legislation, each Health and Wellbeing Board was required to produce and publish its first PNA by 1 April 2015. Updated assessments must be published every three years or sooner if significant changes in pharmaceutical services occur, provided an earlier update is deemed proportionate to those changes. Bedford Borough's Health and Wellbeing Board published the last PNA<sup>2</sup> on 1 October 2022 and has prepared an updated PNA for publication by 1 October 2025.

The Health and Care Act 2022<sup>3</sup> delegated responsibility of commissioning community pharmacy services from NHS England (NHSE) to Integrated Care Boards (ICBs), with NHSE retaining accountability. NHS Bedfordshire, Luton, and Milton Keynes (BLMK) ICB took responsibility from 1 April 2023, with NHS Hertfordshire and West Essex (HWE) ICB delivering this function on behalf of the East of England. Recent announcements indicate that the architecture of the NHS is likely to undergo significant changes during the lifespan of this Pharmaceutical Needs Assessment (2025-2028). These potential changes include shifts in service delivery models and integration with local healthcare systems. As these developments are subject to ongoing policy discussions and government reviews, the information provided in this document reflects the current position as of the date of publication.

The PNA serves as a critical document for the ICB in reviewing applications for inclusion in the pharmaceutical list. It is also a key resource for commissioning of enhanced community pharmacy services and locally commissioned services.

To develop this iteration of the PNA, an independent subject matter expert organisation was commissioned; North of England Commissioning Support (NECS). NECS worked with Bedford Borough Council's shared Public Health team who led the development of this PNA on behalf of the Bedford Borough Health and Wellbeing Board. A steering group was convened to guide the process, and input was gathered from various stakeholders, including BLMK ICB, Bedford Borough Council, BLMK & Northamptonshire LPC (Community Pharmacy BLMK & Northants), Healthwatch Bedford Borough, and local community pharmacists. The objective was to address issues affecting Bedford Borough's commissioning of community pharmacy services and identify future priorities for these services.

A statutory consultation took place between 22 April and 21 June 2025, to gather feedback from statutory consultees, the public, and other stakeholders on the PNA's content. This feedback has been incorporated into the final PNA. The PNA also aligns with the health needs identified in Bedford Borough's Joint Strategic Needs

Assessment (JSNA)<sup>4</sup>. The reference section in appendix 9 details data sources utilised in the production of this PNA and time periods covered by the data utilised. The information relating to services is correct as of April 2025.

This PNA covers the following areas:

- An overview of the PNA process, including the identification of localities
- An analysis of current and future health needs
- A description of community pharmacies in Bedford Borough
- An evaluation of existing service provision, accessibility, and any gaps
- Insights into potential future roles for community pharmacies
- An assessment of community pharmacy's contributions to the Joint Health and Wellbeing Strategy<sup>5</sup>
- Key findings from stakeholder engagement and the statutory consultation
- A summary of findings and the PNA statement.

The assessment concludes that there are no gaps in the provision of necessary services across localities in Bedford Borough.

Whilst there are no gaps in the provision of necessary services, the PNA process highlighted some opportunities for service improvement.

Better access to the existing provision of essential services in Rural North and South could be secured by their provision on Saturday evenings after 5pm and by some provision on Sundays. Access issues should be better understood to establish whether any further action is required. For example, there may be an opportunity to work with the ICB, Community Pharmacy BLMK & Northants and local pharmacies to review the potential of exploring an extended rota.

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of these services, and we would wish to encourage all community pharmacies to make greater use of all advanced services, and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service.

There is adequate provision of existing locally commissioned services across Bedford Borough, although access and equity of provision could be improved for some services e.g. needle exchange, supervised consumption of opiate substitutes and services under the PHES contract. It is recommended that the Public Health team should work with partners including the ICB and Community Pharmacy BLMK and Northants to explore this further and scope any further work necessary.

The Bedford Borough economy of community pharmacies has been relatively stable since the last PNA, with no changes resulting in identification of gaps, despite some

pharmacy closures. However, it is not certain that this stability will continue and any changes occurring in the life of the PNA will need to be considered fully to ensure their impact is understood.

# 1 Introduction

## 1.1 Background

The Health Act 2009<sup>6</sup> introduced a legal obligation for all Primary Care Trusts (PCTs) to publish a PNA by 1 February 2011. The Health and Social Care Act 2012<sup>1</sup> subsequently transferred the responsibility for preparing and updating PNAs to Health and Wellbeing Boards (HWB).

Each HWB was required to produce and publish its first PNA by 1 April 2015. A revised assessment must be published every three years from publication of the previous PNA or sooner if significant changes occur in the availability of pharmaceutical services, provided that early updates are proportionate to those changes.

Bedford Borough HWB published its previous PNA in October 2022<sup>2</sup> and has now produced an updated PNA for publication by 1 October 2025.

The requirements for PNAs are defined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>7</sup>. The development of this PNA followed guidance outlined in the PNA Information Pack for Local Authority Health and Wellbeing Boards<sup>8</sup>, published by the Department of Health in October 2021.

According to the regulations, the PNA must include a statement identifying any pharmaceutical services that the HWB Board has identified are absent in its area but are required to:

- address a current need
- meet a future need in specified circumstances
- provide improvements or better access if implemented or
- provide future improvements or better access in specified future circumstances

This PNA relates to community pharmacies (including distance selling pharmacies and dispensing appliance contractors) and dispensing GP practices. Prison pharmacy and hospital pharmacy are beyond the scope of the PNA.

## 1.2 Purpose

The PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population. It describes the health needs of the population (section 4), current pharmaceutical services provision and any gaps in that provision (sections 7 and 8). It also identifies potential new services to meet health needs and help achieve the objectives of the Joint Health and Wellbeing Strategy<sup>5</sup>. It takes account of the Joint Strategic Needs Assessment (JSNA)<sup>4</sup> and is a strategic commissioning document which will be primarily used by BLMK ICB in its

determination as to whether to approve applications to join the pharmaceutical list under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>7</sup>.

The PNA will also be used to:

- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information
- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need - these services can be commissioned by local authorities, NHS England and BLMK (ICB) (see sections 7 and 8)
- Support commissioning of high-quality pharmaceutical services including locally enhanced services
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the Joint Health and Wellbeing Strategy<sup>5</sup>
- Facilitate opportunities for community pharmacy to make a significant contribution to the health of the population of Bedford Borough.

### **1.3 Pharmacy market**

Community pharmacies (including distance selling pharmacies and dispensing appliance contractors) are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public. Dispensing appliance contractors (DAC) only dispense prescriptions for appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>7</sup>, a person – i.e. a pharmacist, a dispenser of appliances or, in some rural areas, a GP – who wishes to provide NHS pharmaceutical services must apply via Primary Care Support England (PCSE) to be included on the relevant pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this such as applications to provide pharmaceutical services on a distance-selling (i.e., internet or mail order only) basis.

There are five types of market entry application that can be made to be included on the Pharmaceutical List. These are:

- To meet a current need identified in the PNA
- To meet a future need identified in the PNA
- To improve current access
- To improve future access

- To fulfil an unforeseen benefit, where the applicant provides evidence of a need that was not foreseen when the PNA was published.

#### **1.4 National context**

The NHS Long Term Plan in 2019<sup>9</sup> set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead. The plan acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy.

The government has developed a new plan for the NHS – Fit for the Future: 10-year Health Plan for England<sup>10</sup>. The first step in developing the plan was Lord Darzi's independent report on the State of the NHS in England<sup>11</sup>. The report was published in September 2024, and it identified challenges faced by the health service which will be addressed by the plan. Recent announcements suggest that there will be future changes to the architecture of the NHS during the lifespan of this PNA, including abolition of NHSE, to help build the health service for the future.

Building directly on Lord Darzi's findings, the NHS 10-Year Health Plan<sup>10</sup> outlines a vision to unlock the "huge potential" he identified by transforming community pharmacies into integrated, clinically active "neighbourhood health service" centres. These enhanced roles will see pharmacies contribute more significantly to prevention, long-term condition management, and local care delivery - addressing the risks Darzi warned of by shifting resources and services closer to where patients need them most.

HWBs, along with relevant partners, should continue to ensure that community pharmacy services continue to meet the needs of their populations.

#### **1.5 Pharmacy services NHS overview**

The NHS Business Services Authority (NHSBSA) published a report on General Pharmaceutical Services in England 2015/16 – 2023-24<sup>12</sup>.

Community pharmacies in England provide a range of services including:

- Dispensing and Repeat Dispensing.
- Support for self-care.
- Signposting patients to other healthcare professionals.
- Participation in set public health campaigns (e.g. to promote healthy lifestyles).
- Disposal of unwanted medicines.

Key findings of General Pharmaceutical Services in England 2015/16 - 2023-24<sup>12</sup> indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023-24. This is the first increase shown since 2017/19. For a typical pharmacy, NHS income accounts for around 90% of their total income<sup>13</sup>.
- It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies.
- The number of items dispensed by community pharmacies in England between 2022-23 and 2023-24 increased by 3.15% from 1.08 billion to 1.11 billion. Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16.
- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023-24, 96.1% of all items dispensed in the year. This is an increase of 60.7 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023-24. Costs reimbursed to contractors increased in 2023-24 for the fifth consecutive year. Costs increased by 4.97% between 2022-23 and 2023-24 from £9.72 billion to £10.2 billion, the highest costs in 9 years.
- The number of vaccines administered by pharmacies as part of the Influenza Vaccination advanced service decreased in 2023-24 after increasing every year since the service began in 2015-16. In 2023-24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2022-23.
- New medicines services (NMSs) have shown sizable increases for the last three financial years. Thirteen additional conditions were added to the specification list in September 2021. The number of NMSs claimed in 2023-24 has increased by 42% from 2022-23.
- Pharmacy First, which was introduced on 31<sup>st</sup> January 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

## **1.6 Community Pharmacy Contractual Framework 2019-2024**

The Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Pharmaceutical Services Negotiating Committee (PSNC) agreed a five-year plan, 2019-2024, the Community Pharmacy Contractual

Framework (CPCF) which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan<sup>9</sup>.

In April 2025, agreement was reached between the Department of Health and Social Care (DHSC), NHSE and Community Pharmacy England (CPE), on the funding arrangements for both the Community Pharmacy Contractual Framework (CPCF)<sup>14</sup> for 2024 to 2025 and 2025 to 2026, and Pharmacy First. These new arrangements aim to reflect joint ambition to focus on stabilising medicines supply and pharmacy funding for this core function. This funding also provides an uplift to key clinical service fees, while supporting Pharmacy First to continue to grow and embed at pace. At the time of publication of the 2025-28 PNA there was no community pharmacy contractual framework in place to support delivery of the NHS 10 Year Health Plan<sup>10</sup> as contractual arrangements post April 2026 have yet to be agreed. It is clear however that the role of community pharmacy within healthcare systems is evolving, and that there may be consequent changes in pharmaceutical need. These will become clearer in the future.

The success of the Pharmacy Quality Scheme (PQS) across the CPCF in 2019-2024 was recognised within the review of the CPCF with a targeted PQS being reinstated from 1st April 2025.

The criterial focus included:

- Being signed up to deliver Pharmacy First pathway and the pharmacy contraception service
- Develop or update a palliative and end of life care action plan
- Referral of patients aged 5 to 15 years who do not have a spacer and all patients using 3 or more short-acting bronchodilators without any corticosteroid inhaler in 6 months
- Pharmacy First – completion of clinical audit and ensure all registered professionals have completed appropriate training.
- Emergency contraception: ensure relevant staff have completed appropriate training
- New medicine service: ensure relevant staff have completed relevant depression training
- Enhanced Disclosure and Barring Service (DBS) checks undertaken for all registered pharmacy professionals within the last 3 years

Current clinical services are described in further detail in section 7 of this PNA.

### **1.7 Working across the Bedfordshire, Luton, and Milton Keynes Integrated Care System**

Integrated care systems (ICSs) were set up in 2022 to facilitate joint working across local partners, such as the NHS, councils, voluntary sector organisations and others.

Their aim is to improve health and care services – with a focus on prevention, better outcomes and reducing health inequalities. They achieve this by developing services based on local need.

The 42 ICSs in England are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. ICSs were legally established on 1 July 2022, covering all of England. These arrangements built on partnerships that were already in place across the country.

They aim to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Integrated care boards (ICBs) are NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the integrated care partnership's integrated care strategy.

The NHS organisations and upper-tier local authorities in each ICS run a joint committee called an integrated care partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care, and wellbeing. They may also include social care providers, the voluntary, community and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services.

Each ICP must develop a long-term strategy to improve health and social care services and people's health and wellbeing in the area. They may also take on additional responsibilities, as agreed locally between the members.

## **1.8 Bedford Borough strategic objectives**

The Bedford Borough Health and Wellbeing Board brings together Bedford Borough Council, BLMK ICB, and various partners to foster collaboration among health service commissioners, public health, and social care providers. This partnership aims to enhance the health and wellbeing of the Bedford Borough residents. As part of its responsibilities, the board develops a Joint Strategic Needs Assessment (JSNA)<sup>4</sup>, which evaluates the health and wellbeing of Bedford Borough population and compares it with national averages. The Pharmaceutical Needs Assessment (PNA) is an integral component of the JSNA and informs the Bedford Borough Joint Health and Wellbeing Strategy 2024–2027<sup>5</sup>.

The strategy aims to close the gap in health and wellbeing in Bedford Borough by reducing differences in the living conditions and life chances of residents, supporting families to thrive, and improving the health and wellbeing of the poorest and most vulnerable the fastest.

The areas of focus for 2024-2027 are:

- Inclusive employment, lifelong education and workplace health
- Strong communities
- Best start in life
- Sustainable built and natural environment
- Healthy homes

Four core principles underpin the strategy:

- Prioritising actions to strengthen the building blocks of health - the social, economic, commercial, and environmental conditions that impact on people's health
- Taking action to improve the health of people across Bedford Borough by helping the people and communities that are experiencing worse health outcomes than they should. This includes people from ethnic minority groups, people with disabilities, people with severe mental illness, and people that experience financial hardship or social disadvantage
- Taking action across all ages and stages of life, from pre-conception and pregnancy, through to childhood, adulthood and old age
- Working in collaboration with local communities and partner organisations, including voluntary sector organisations.

The Health and Wellbeing Board oversees the implementation of the Joint Health and Wellbeing Strategy.

## **2 The Health System in Bedford Borough**

### **2.1 General practice**

There are 14 GP Practices (plus 11 branch surgeries) in Bedford Borough delivering primary medical services (Appendix 1); all are open for the same core hours of 8.00am until 6.30pm, Mondays to Fridays.

### **2.2 GP enhanced services**

NHS England or ICBs may commission “enhanced services” from general practice. These are primary medical services (other than essential services, additional services or out of hours services) that go beyond what is required through the GP core contract. These have previously been referred to as Directed Enhanced Services (DES), National Enhanced Services (NES) or Local Enhanced Services (LES).

Enhanced services that are currently available with national specifications produced by NHS England are:

- Targeted immunisation programmes
- Weight Management<sup>15</sup>

Community pharmacies could and many do, help to deliver elements of the enhanced services by providing advice and support, helping with self-care and signposting to other services. Community pharmacies make a significant contribution to improving access to the COVID-19 and seasonal influenza vaccines for targeted groups of patients. For other immunisation programmes, community pharmacies can support uptake by promoting the benefits of immunisation and providing accurate information and advice.

BLMK ICB has in place a Primary Care Framework which sets out locally commissioned services beyond the scope of the core services and Quality and Outcomes Framework. This includes provision of treatment room services, long term condition management, shared care arrangements (drug monitoring and administration), respiratory diagnostics, ear care and phlebotomy. There are also locally commissioned services covering minor surgery, safeguarding, severe mental illness, anti-coagulation, and long-acting reversible contraception (for non-contraceptive purposes).

### **2.3 Primary Care Networks (including GP extended access arrangements)**

Primary Care Networks (PCNs) are groups of GP practices that work together to deliver services to registered populations of between 30,000 and 50,000 patients. Appendix 1 details the GP surgeries within Bedford Borough and which PCN they are a member of. PCNs have a Clinical Director providing strategic leadership and

oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system. In Bedford Borough, there are 4 PCNs: Caritas, North Bedford, East Bedford and Unity.

A PCN has four key functions:

- a) co-ordinate, organise and deploy shared resources to support and improve resilience and care delivery at both PCN and practice level.
- b) improve health outcomes for its patients through effective population health management and reducing health inequalities.
- c) target resource and efforts in the most effective way to meet patient need, which includes delivering proactive care; and
- d) collaborate with non-GP providers to provide better care, as part of an integrated neighbourhood team.

Mechanisms of delivering this are outlined in the Network Contract Directly Enhanced Service (DES) Specification 16 and includes:

1. Improving Health Outcomes and Reducing Health Inequalities:
  - Population Health Management
  - Health Inequalities
  - Cardiovascular disease (CVD) prevention and diagnosis
  - Early Cancer diagnosis
2. Targeting resource and efforts:
  - Proactive care (for frailty)
  - Structured Medication Reviews (SMRs) and Medicines Optimisation
  - Social Prescribing
  - Enhanced Health in Care Homes (EHCH)
3. Delivering Extended Access to GP services

Within Bedford Borough, PCNs provide enhanced access for their patients between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

Clinical pharmacists are increasingly working as part of general practice teams. They are highly qualified experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes and value through a person-centred approach.

Community pharmacy services play an important role in supporting the services provided by general practice and the PCNs as reflected by the changes in the

essential, advanced and locally commissioned services as described later in this report.

#### **2.4 GP out-of-hours**

The GP out-of-hours service in Bedford Borough is provided by Herts Urgent Care (HUC). The service offers remote and face to face appointments and is available weekdays 18:30-08:00 and weekends. The service is accessed by calling NHS 111. The service includes telephone triage and if required appointments at a base or by home visiting. Patients can be seen in Bedford, Dunstable, Luton and Biggleswade.

#### **2.5 Urgent treatment centres and walk-in centre**

The Bedford Urgent Treatment Centre is open 11:00- 23:00, 7 days a week. Access to this service is via NHS 111 (or from being streamed from A&E at Bedford Hospital South Wing).

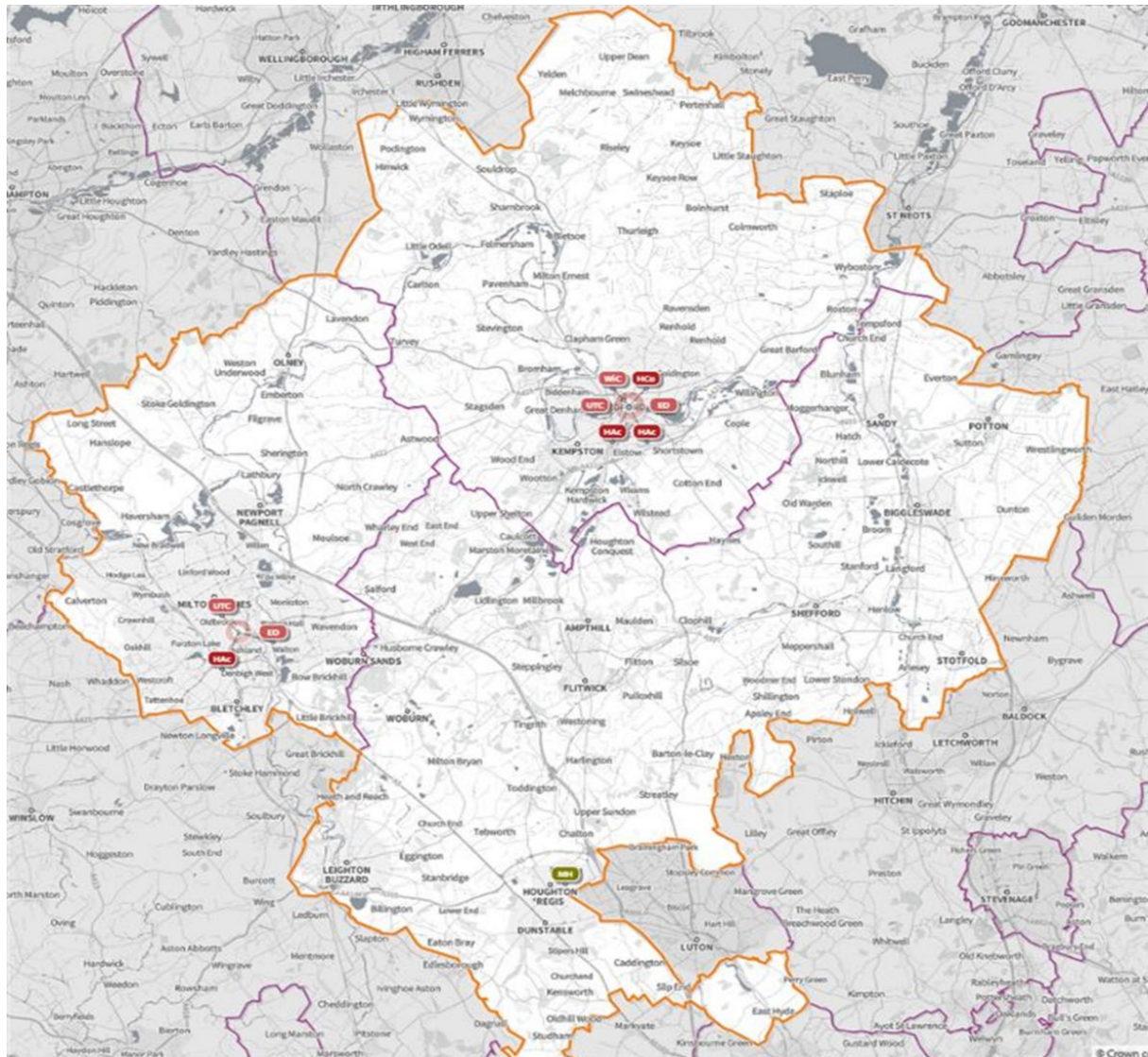
#### **2.6 Hospital services**

The population of Bedford Borough is served by Bedfordshire Hospitals NHS Foundation Trust, which includes Bedford Hospital (North and South Wing).

East London NHS Foundation Trust provides inpatient mental health services for the residents of Bedford Borough. It also provides community mental health teams and crisis mental health teams.

Hospital pharmacies do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

**Figure 1: Map showing the locations of Hospitals, Urgent Treatment Centres and Walk in Centres for Bedford Borough and surrounding areas**



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**Key**

- MH - Mental Health Facility
- HAc - Acute Hospital
- HCo - Community Hospital
- UTC - Urgent Treatment Centre
- ED - Emergency Department
- WiC - Walk in centre

### **3 Pharmaceutical Needs Assessment Process**

#### **3.1 PNA development group**

As set out within section 1 of this PNA, the legislation that describes the duties of the Health and Wellbeing Board in regard to PNAs is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>7</sup> (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The shared public health service across Bedford Borough, Central Bedfordshire and Milton Keynes City Councils oversaw the development of this PNA on behalf of the Bedford Borough Health and Wellbeing Board. In the process of undertaking the PNA, a steering group was established in June 2024. The core membership of the group included representatives from the public health shared service team, BLMK ICB, the Community Pharmacy BLMK & Northants and Healthwatch Bedford Borough. Membership is set out in Appendix 2.

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings
- Determination of localities for the PNA
- Definition of necessary pharmaceutical services, other relevant services, and other NHS services
- Content of a PNA questionnaire to pharmacists in Bedford Borough
- Timeline of the PNA process
- Structure of the PNA document
- Process and questionnaires for engagement and consultation
- Appropriate governance, including declaration of interests, and reporting arrangements.

The group was responsible for overseeing the completion of the PNA and ensuring it meets the minimum requirements set out in the regulations.

#### **3.2 Determination of localities**

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>7</sup> state that, in making its assessment of needs, the Health and Wellbeing Board should have regard to the different needs of different localities in its area.

In accordance with this, the steering group considered how to assess these different needs and concluded that the most appropriate means of dividing the Bedford Borough area was to adopt the five Neighbourhoods in Bedford Borough; these are Urban Northeast, Urban Northwest, South, Urban South and Rural North.

It was decided that the neighbourhoods should be geographies that are understood by communities, the local authority and PCNs. The five areas that were selected were based on a range of factors, including a roughly equal split of population size across each, existing primary care relationships, natural barriers such as the river, and ward boundaries. Although the Neighbourhoods have been agreed by the place board there is an understanding that they may need to flex as the Integrated Neighbourhood Working work programme develops.

**Figure 2: Localities within Bedford Borough**



**Source: Bedford Borough Council**

### 3.3 Necessary pharmaceutical services

The 2013 regulations<sup>7</sup> require the health and wellbeing board to include a statement of necessary pharmaceutical services. Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

For the purpose of this PNA, Bedford Borough Health and Wellbeing Board has agreed that necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework<sup>14</sup>**Error! Bookmark not defined..** Essential services are mandatory for community pharmacies.

At the time of publication, the essential services are:

- Dispensing medicines
- Repeat Dispensing (a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time)
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home
- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital
- Dispensing of appliances (in the "normal course of business").

The statement of pharmaceutical needs in section 12 is based on this definition of necessary pharmaceutical services.

### **3.4 Other relevant services**

Pharmaceutical services not included as necessary services have been deemed by the HWB as other relevant services. These are pharmaceutical services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision contribute to meeting the health and wellbeing needs of the population. The provision of these has secured improvements, or better access, to pharmaceutical services for the population of Bedford Borough.

The Health and Wellbeing Board has determined that relevant services for the purposes of this PNA are advanced services and enhanced services within the NHS Community Pharmacy Contractual Framework. These are:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service
- COVID-19 Vaccination Programme

The HWB has also determined that services provided by pharmacies located in neighbouring Health and Wellbeing Board areas are considered relevant services where they play a role in meeting patient needs, particularly in border regions.

The statement of pharmaceutical services in section 12 is based on this definition of other relevant services.

### **3.5 Other NHS services**

Other NHS services that the HWB considers affect the need for pharmaceutical services are deemed to be:

- a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:
  - Hospital pharmacies
  - Personal administration of items by GP practices
  - Public Health services commissioned by the local authority:
    - Stop Smoking Letter of Recommendation Scheme
    - Supervised consumption
    - Needle exchange
    - Sexual health service - Public Health Enhanced Services (PHES) contract

- ICB-commissioned pharmacy services (as this reduces the need for such services to be commissioned as national enhanced services):
    - End of Life Care Medicines Services
    - Gluten Free Foods Scheme
  - Influenza and COVID-19 vaccination by GP practices.
- b) NHS services that increase the demand for pharmaceutical services including:
- GP out of hours services (where a prescription is issued)
  - walk-in centres and minor injury units (where a prescription is issued)
  - community nursing prescribing
  - dental services.

The statement of pharmaceutical in section 12 is based on this definition of other NHS services.

### **3.6 Assessing health needs**

The Local Government and the Public Involvement in Health Act 2007<sup>17</sup> created the duty to undertake JSNAs. From April 2008, this duty was carried out with local authorities and PCTs. The Health and Social Care Act 2012<sup>1</sup> transferred this duty, to local authorities and CCGs to be exercised by Health and Wellbeing Boards, with the Health and Care Act 2022<sup>3</sup> transferring the CCG's responsibilities to ICBs.

This PNA is directly aligned to the Bedford Borough JSNA<sup>4</sup> and the statement of health needs, presented in section 4 of this document, are consistent with it.

### **3.7 Current provision within Bedford Borough**

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline, with updated information being provided by the ICB and the shared public health service in Bedford Borough.

The information was then supplemented using a questionnaire made available to all community pharmacies. A survey was also sent to dispensing GP practices. The survey was open from the 12 August 2024- 30 January 2025.

A total of seven out of 28 community pharmacy contractors responded, giving a response rate of 25%. Three out of the seven dispensing doctors who received the questionnaire responded, giving a response rate of 43%.

A summary of the findings from both surveys are described in section 10 with detail within Appendix 3 and 4.

In the absence of nationally defined or prescriptive criteria for determining what constitutes a gap in pharmaceutical service provision, the PNA Steering Group adopted a deliberative and evidence-informed approach. A wide range of qualitative and quantitative data sources were considered, including pharmacy service provision data, geographical access mapping, population health indicators, population growth and anticipated housing developments, stakeholder engagement feedback, and public survey responses. These sources were used collectively to assess provision of pharmaceutical services across the area - including in terms of both the geographical distribution of pharmacy locations and the availability of essential services, and opening hours and days on which essential services are provided. The information used in the assessment was accurate as of April 2025.

Through discussion, the Steering Group applied professional judgement to determine whether there was a gap in pharmaceutical services provision relative to the current and future needs of the local population within the lifecycle of this PNA. This balanced approach ensured that conclusions were based on both measurable factors and contextual insights.

### **3.8 Future provision**

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2)<sup>7</sup>, had regard to:

- The demography of Bedford Borough.
- Whether there is sufficient choice with regard to obtaining pharmaceutical services within Bedford Borough.
- The different needs of the localities within Bedford Borough.
- The pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Boards
- Any other NHS services provided for the population in or outside of Bedford Borough.
- Likely changes to the demography of Bedford Borough and/or the risks to the health or well-being of people in Bedford Borough
- Projected population growth (including housing developments during 2025-2028).

The Equality Act (2010)<sup>18</sup> requires that in making this assessment, the needs of different population groups have been taken into account. This final PNA has been subject to an equality impact assessment (appendix 8). The questionnaire for community pharmacies also provided the opportunity for pharmacy contractors to comment on services not currently provided that they felt could contribute to meeting

the health needs of the local population. Therefore, only the views of those who responded to the survey have been considered in this regard.

### **3.9 Resident engagement**

The views of the public were gathered in the form of a resident survey on pharmacy services. The survey was available from 21 December 2024 - 6 January 2025 on Bedford Borough Council's website. The survey was also promoted using social media, through Healthwatch Bedford Borough and through the Citizens Panel.

In total, 310 survey responses were received. These have been considered as part of this PNA. Section 10 and Appendix 5 of this document provide a summary of the analysis and outcomes of the public engagement.

### **3.10 Statutory consultation**

The formal consultation on the draft PNA for Bedford Borough ran from 22 April to 21 June, in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>7</sup> and section 242 of the National Health Act 2006<sup>19</sup>, which stipulates the duty to involve the public in planning or changing NHS services. 39 responses to the consultation questionnaire were received. Responses from this consultation have helped inform the conclusions and recommendations of this final PNA document. Section 10 and Appendix 7 of this document provide a summary of the consultation responses.

### **3.11 Recommendations and update from the previous PNA 2022 – 2025**

Following development of the PNA 2022-2025<sup>2</sup>, Bedford Borough Health and Wellbeing Board made the following statements:

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

1. Given the future housing and population growth anticipated in Bedford Borough, the provision of pharmaceutical services should be monitored and reviewed to ensure the demands of the population are met.
2. Community pharmacy teams should promote healthy lifestyle messages and participate in national and local health campaigns especially in relation to obesity, diabetes, smoking and sexual health, in line with NHS Long Term Plan priorities.
3. Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered. This could be through the adoption of a range of communication methods appropriate to professionals

and the local community, especially those in Bedford North and Bedford South, which are more deprived.

4. All pharmacies and pharmacists should be encouraged to become accredited to deliver Advanced Services, delivering those services where there is identified need.
5. Incentives should be considered for existing providers to deliver all services within the localities where deprivation is higher: Bedford North and Bedford South neighbourhoods.
5. Pharmacies, especially those in more deprived neighbourhoods, should work to increase the offer and the uptake of all Essential, Advanced and Locally commissioned public health services, including sexual health services, and promote NHS Health Checks and the self-referral route to the NHS Diabetes Prevention Programme.
6. Further investigation into accessibility of pharmaceutical services in more rural, isolated areas, given the current locations of pharmacies and distribution of services, should be considered.
7. Additional approaches to improve stakeholder and public engagement should be adopted for future PNAs to increase responses rate and better understand the needs of the community.
8. Consider the provision of new Locally Commissioned Services to meet specific health needs, i.e., diabetes, respiratory services.

Since the 2022 PNA, there have been five pharmacy closures (three were 40-hour pharmacies and two were 100-hours). The one remaining 100-hour pharmacy has reduced its hours to not less than 72 hours. There has also been a small reduction in the number of supplementary hours offered across the council area. There are now eight dispensing doctor sites within Bedford Borough.

## **4 An Overview of Health Needs in Bedford Borough**

This section includes information from the latest published Bedford Borough JSNA<sup>4</sup> and data from the Office for Health Improvement and Disparities Fingertips tool<sup>23</sup> It provides a summary of the health needs of Bedford Borough and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA. For more detailed information on health needs, the JSNA can be accessed at: <https://bedford.jsna.uk/>. Data from both sources was based on the most up to date information available when accessed in February 2025.

Note: where wards are mentioned in this section, pre-2023 boundaries are used.

### **4.1 Introduction**

Bedford Borough, located in the ceremonial county of Bedfordshire, is a unitary authority area encompassing the town of Bedford, the adjacent town of Kempston, and numerous surrounding villages.

The urban centre of the borough is the Bedford built-up area, which includes Bedford, Kempston, and Biddenham. Bedford Borough encompasses a vast rural landscape dotted with numerous villages. The borough is also home to the Wixams, a new settlement located immediately south of Bedford, which welcomed its first residents in 2009.

The River Great Ouse flows through the heart of Bedford, offering scenic views and recreational opportunities. The borough is well-connected, situated approximately 50 miles north of London.

### **4.2 Population profile and demography**

Bedford Borough has a population of 189,891 according to the 2023 mid-year estimate<sup>20</sup>. ONS estimates are used in the PNA where comparisons with the England average are useful for the purposes of the PNA. Locally, Bedford Borough Council has produced more accurate population forecasts as previous ONS projections have underestimated the population growth. The local forecasts take into account housing growth. Local projections suggest the current population is 192,430 and this is set to rise to 197,541 by 2028<sup>4</sup>.

Between the last census and the previous one (2011 to 2021) the population of Bedford Borough increased by 17.7%, from around 157,500 in 2011 to around 185,300 in 2021<sup>21</sup>. The population here increased by a greater percentage than the overall population of the East of England (8.3%), and by a greater percentage than the overall population of England (up 6.6% since the 2011 census).

Between the last two censuses, the average (median) age of Bedford Borough reduced from 39 to 38, which is now two years lower than the median age for England.

The North of the borough has an older population with slow growth (under 2% in 10 years) but the centre, south and west of the borough has seen rapid population growth and a much younger population<sup>4</sup>.

From 2011 to 2021, the percentage of residents that were ethnicities other than White – British or Irish increased from 19.5% to 24.3%<sup>4</sup>. Ethnic composition varies by area, with Queens Park ward having 63.4% other than White- British or Irish and Risely ward having 3.9%<sup>4</sup>. Table 1 shows the population by broad ethnic group across the five neighbourhood localities.

**Table 1: Population by broad ethnic group by locality, 2021**

<b>Area</b>	<b>Asian/ Asian British</b>	<b>Black/ African/ Caribbean/ Black British</b>	<b>Mixed/ multiple ethnic group</b>	<b>Other ethnic group</b>	<b>White</b>
Rural North	2.6%	1.7%	3.1%	0.6%	92.1%
South	7.8%	4.2%	4.7%	0.9%	82.3%
Urban Northeast	8.0%	5.3%	4.7%	1.9%	80.1%
Urban Northwest	25.3%	7.3%	5.3%	3.0%	59.1%
Urban South	18.7%	7.3%	5.2%	2.5%	66.3%
England	9.6%	4.2%	3.0%	2.2%	81.1%

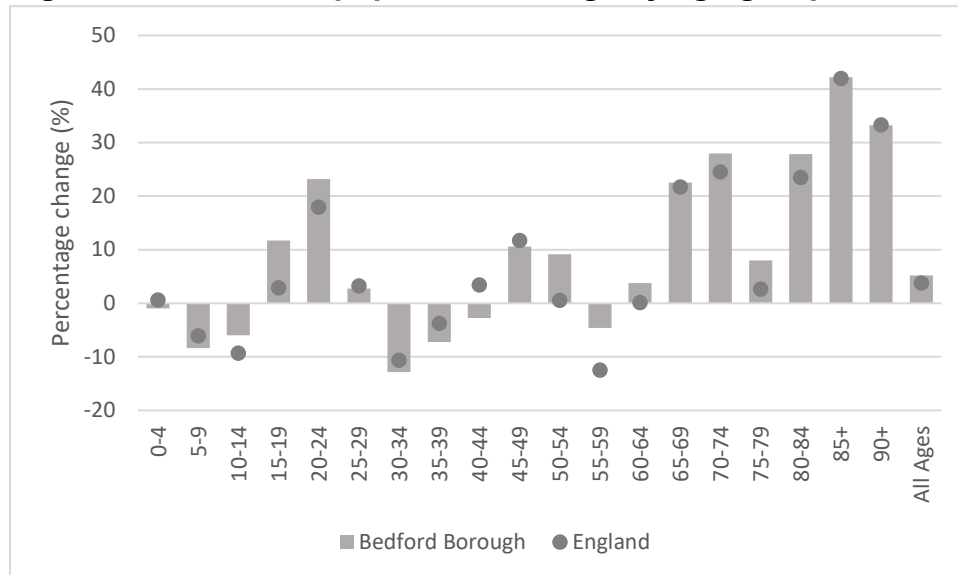
Source: ONS Census, 2021

#### **4.2.1 Predicted population growth**

This section summarises patterns of forecasted population changes for the next 10 years (2024 to 2034). Local forecasts show that forecasted total population growth varies notably by age group. Figure 3 shows the forecasted percentage change in populations by age group from 2024 to 2034 (bars) together with forecasted changes for England overall (dots). This shows that the largest percentage increase is forecasted among the older age groups (65+ years), particularly so for 80+ years. These increases in the 70-84 year old age groups are estimated to be greater for Bedford Borough than for England overall. Populations of those aged 0-14, 30-44 and 55-59 years age groups are expected to fall.

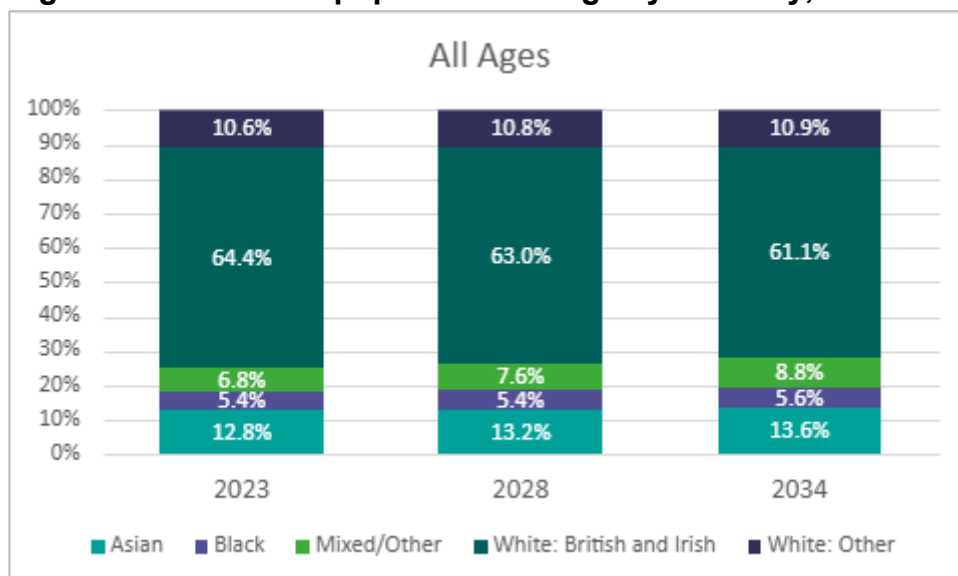
Figure 4 shows the forecasted population change by ethnicity (2024-2034) using local forecasts<sup>a</sup> This shows that the proportion of people who are white British/Irish is predicted to fall, while the proportion of those who are Asian, mixed/other, black and white other are forecasted to grow. For more information about how these forecasts have been calculated please see: <https://bedford.jsna.uk/jsna/population-place/population-projections/#projections>.

**Figure 3: Forecasted population change by age group, 2024-34**



Source: Local population forecasts, 2024<sup>4</sup>

**Figure 4: Forecasted population change by ethnicity, 2024-34**



Source: Local forecasted projections, 2024<sup>4</sup>

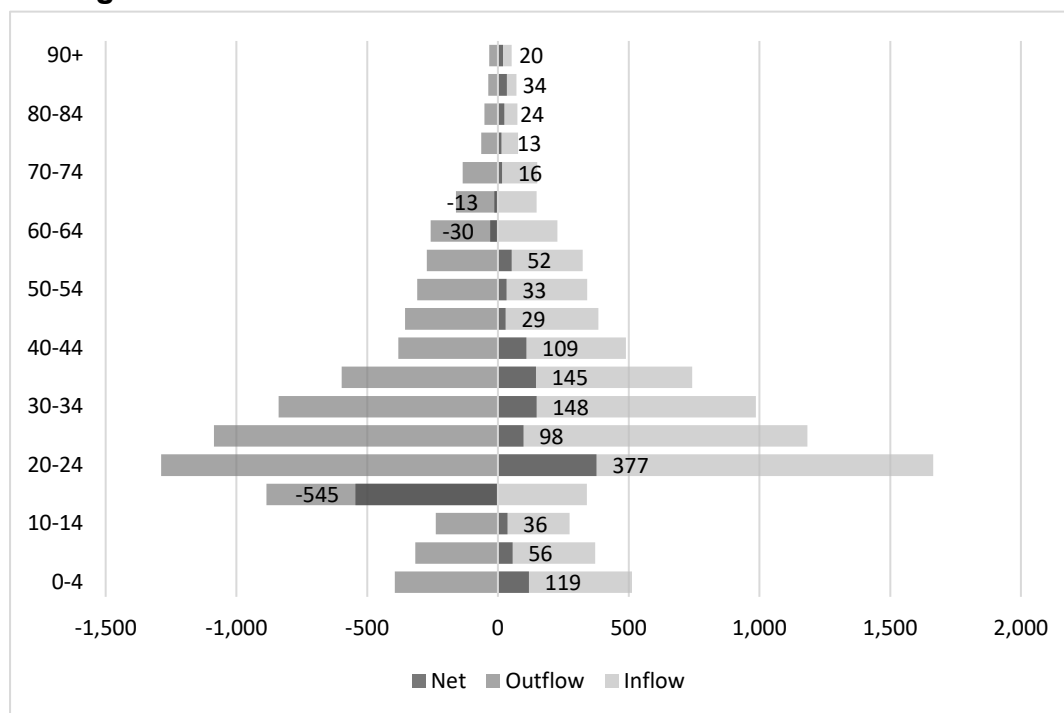
<sup>a</sup> The ethnic forecasts take the age and sex breakdown of each area’s population forecasts for each year and then apply the forecasted ethnic breakdowns to the forecasts- the forecasts age the current ethnic break-down of the population and do not attempt to forecast international migration. The 2021 census is used as the starting point because the ONS mid- year estimates are not published with an ethnic breakdown. No specific data about fertility, mortality and migration figures by ethnic group are available from the ONS so these figures forecast the current age and ethnic structure of Bedford Borough into the future.

### 4.2.2 Internal migration

Internal migration describes moves made between local authorities, regions, or countries within the UK.

Figure 5 illustrates outward and inward movement of populations by age group for the most recently available data (2020, ONS). The most movement by volume is occurring among those aged 15 to 39, with 15-19-year-olds accounting for the largest net outflow for a single age band (545 persons) and 20-24-year-olds for the largest net inflow (377 persons).

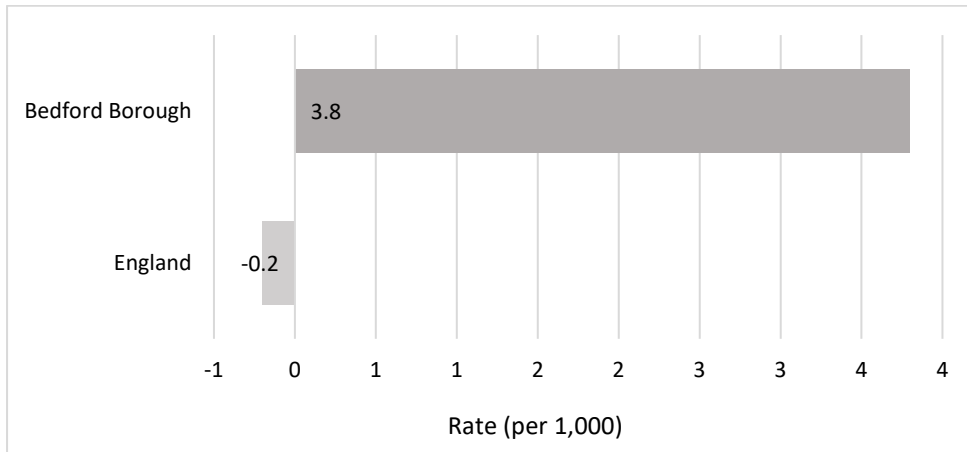
**Figure 5: Outward and inward movement of populations by age band, year ending June 2020**



Source: ONS Internal Migration, 2024<sup>22</sup>

Figure 6 shows the internal net migration rate per 1,000 resident population for Bedford Borough and England. The internal net migration for Bedford Borough was 3.8 people per 1,000 resident population. In England, the internal migration moves contributed to a loss of 0.2 people per 1,000 population in 2023.

**Figure 6: Migration, internal - net migration rate per 1,000 resident population, 2023**



Source: ONS Internal Migration, 2024<sup>22</sup>

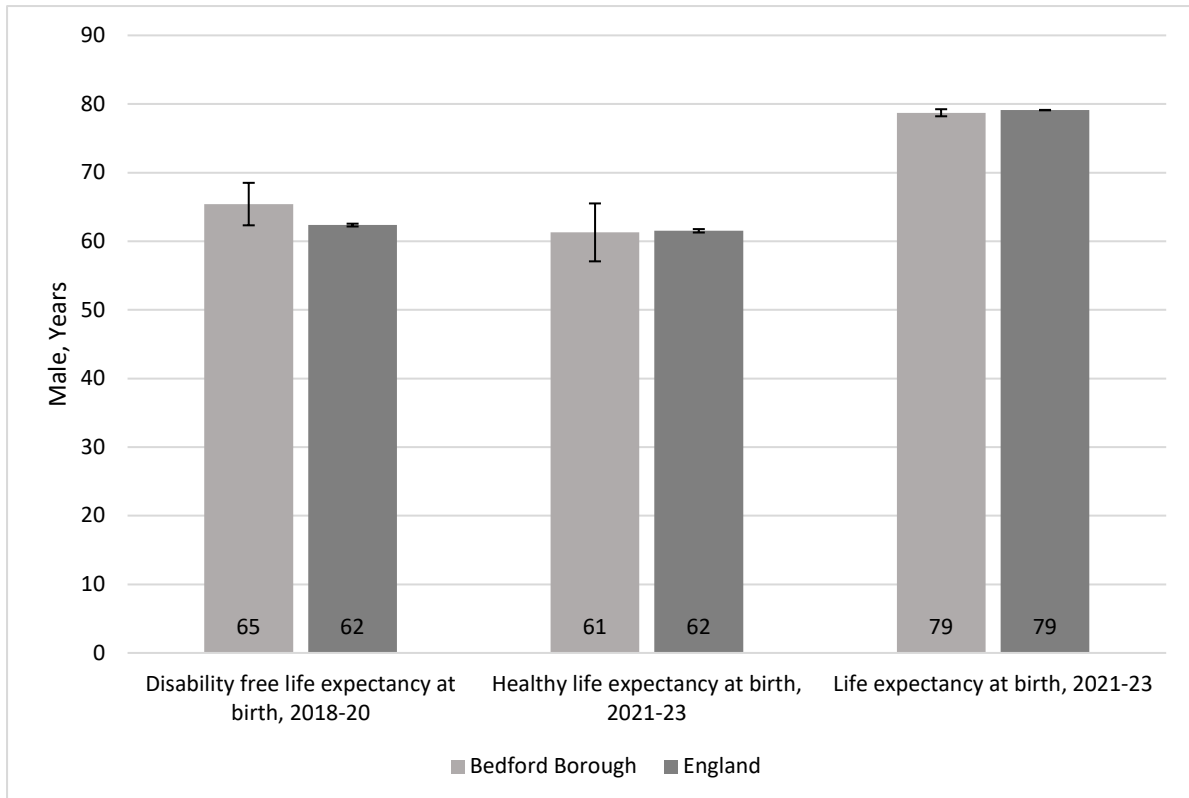
### 4.3 Life expectancy and inequality

Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy at birth shows the years a person can expect to live in good health (rather than in poor health). Disability-free expectancy at birth is a measure of the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits activities.

Figure 7 and figure 8 shows the disability-free life expectancy at birth, the healthy life expectancy at birth, and the life expectancy at birth for both males and females across Bedford Borough and England. These use the most recently available data (2018-20 for disability-free life expectancy, and 2021-2023 for healthy life expectancy and life expectancy).

- The disability free life expectancy at birth for males in Bedford Borough is 65.42, similar to the England average (62.35).
- The healthy life expectancy at birth for males in Bedford Borough is 61.29, similar to the England average (61.52).
- The life expectancy at birth for males in Bedford Borough is 78.72, similar to the England average (79.11).

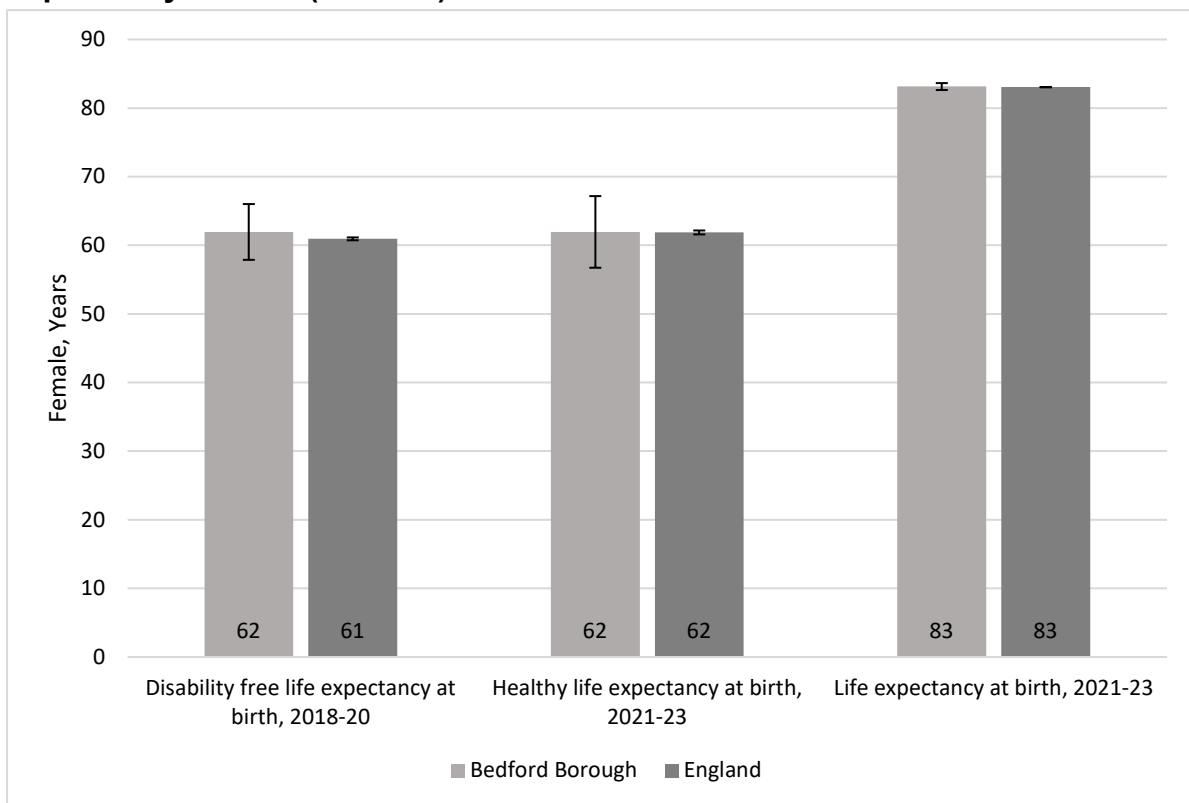
**Figure 7: Life expectancy, healthy life expectancy and disability-free life expectancy at birth (males)**



**Source: OHID Fingertips, 2025<sup>23</sup>**

- The disability free life expectancy at birth for females in Bedford Borough is 61.94, similar to the England average (60.94).
- The healthy life expectancy at birth for females in Bedford Borough is 61.95, similar to the England average (61.88).
- The life expectancy at birth for females in Bedford Borough is 83.14, similar to the England average (83.05).

**Figure 8: Life expectancy, healthy life expectancy and disability-free life expectancy at birth (females)**

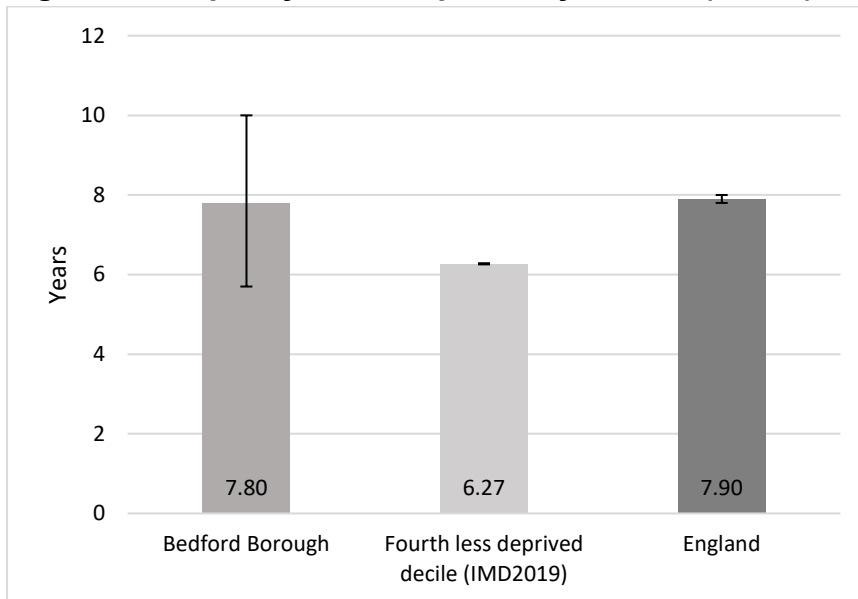


**Source: OHID Fingertips, 2025<sup>23</sup>**

Figure 9 and figure 10 shows the slope index of inequality (SII) in life expectancy in males and females in Milton Keynes and England respectively. The SII is a measure of the social gradient in life expectancy, that is how much life expectancy varies with deprivation. It represents the range in years of life expectancy across the social gradient from most to least deprived. These are the most recent data for the period 2018-2020.

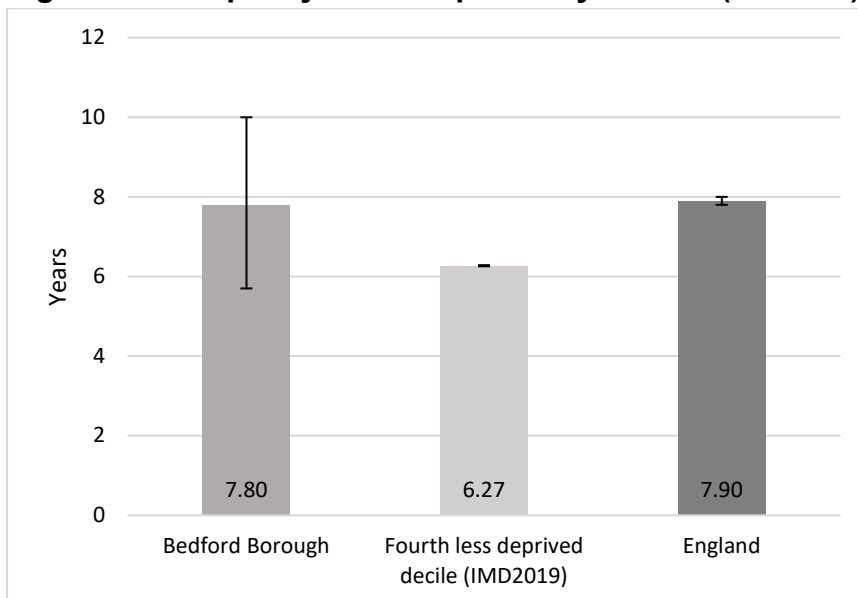
- Figure 9 shows the inequality in life expectancy at birth for males in Bedford Borough is 8.90 years. This is similar to the four least deprived decile (7.94 years) and the England average (9.70 years).
- Figure 10 shows the inequality in life expectancy at birth for females in Bedford Borough is 7.80 years. This is statistically similar to the fourth least deprived decile (6.27 years) and the England average (7.90 years).

**Figure 9: Inequality in life expectancy at birth (males), 2018-20**



Source: OHID Fingertips, 2024<sup>23</sup>

**Figure 10: Inequality in life expectancy at birth (females), 2018-20**



Source: OHID Fingertips, 2024<sup>23</sup>

#### 4.4 Wider determinants of health

Health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. Evidence suggests that the social determinants of health are more important than healthcare in ensuring a healthy population.

The reason there are different health outcomes in different areas of Bedford Borough is because health inequalities are strongly linked to deprivation. There is a substantial amount of evidence showing that people living in the most deprived areas

have poorer health and health outcomes than those in the more affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects.

The Index of Multiple Deprivation 2019 (IMD2019)<sup>24</sup> measures socioeconomic disadvantage across seven domains:

- Income
- Employment
- Health
- Education
- Barriers to housing and services
- Crime
- Living environment

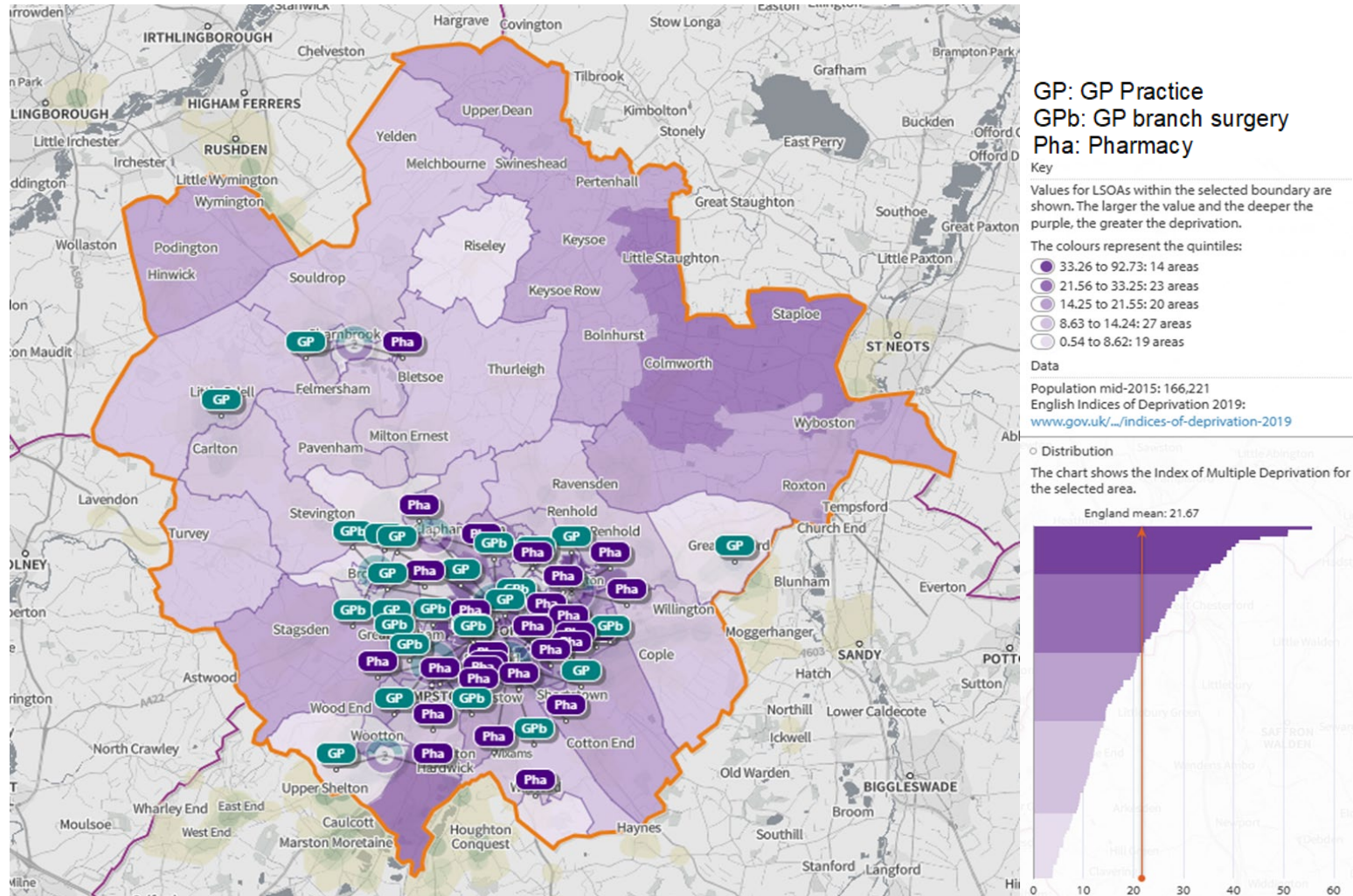
The overall IMD2019 is a weighted average of the indices for the seven domains. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas have an average population of 1500.

Bedford Borough ranked 96 out of 151 local authorities measured, putting it in the fourth least deprived decile<sup>4</sup>. This means 60% of local authority areas are more deprived than Bedford Borough. However, this does not tell the full story on deprivation in Bedford Borough as four of its wards – Cauldwell, Hapur and Castle include areas that are among the country's 10% most deprived<sup>4</sup>.

Compared to the 2015 IMD, the number of LSOAs in the most deprived 20% nationally has remained at 14, whilst the number in the most deprived 10% has fallen from 5 to 4<sup>4</sup>. Therefore, Bedford Borough can be rated as marginally less deprived in 2019 than in 2015, However, this masks increasing deprivation in some areas<sup>4</sup>.

Figure 11 below shows IMD by LSOA for Bedford Borough.

**Figure 11: Index of Multiple Deprivation – LSOA Bedford Borough, 2019**



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#### **4.4.1 Income**

The impacts of economic disadvantage and low income are far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low-income households are particularly vulnerable to changes in the cost of living and increased health risks associated with poverty. There was a decrease in the number of areas in the most deprived 20% nationally (from 20 in the IMD 2015 to 16 in the IMD 2019) and in the most 10% nationally (from 6 in IMD 2015 to 5 in the IMD 2019)<sup>4</sup>. The wards which contain the most deprived LSOAs in Bedford Borough for income are Cauldwell, Kingsbrook and Castle.

#### **4.4.2 Employment**

Good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, poor work and unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

The proportion of working age people receiving benefits for unemployment in Bedford Borough was 4.07% in Apr-2024<sup>4</sup>. This is higher than the average across East of England (3.12%) and similar to the average across England (3.92%). There has been a decrease in the number of areas among the 10% most deprived areas nationally from 6 LSOAs in the IMD 2015 to 4 LSOAs in the IMD 2019. There has been no change in the number of areas among the 20% most deprived areas from the IMD 2015 to the IMD 2019 (19 areas in both). The wards of Goldington, Harpur and Castle are the most deprived in Bedford Borough for employment<sup>4</sup>.

#### **4.4.3 Education, skills, qualifications**

Education and health and wellbeing are intrinsically linked. Education is strongly associated with healthy life expectancy, morbidity and health behaviours. Educational attainment plays an important role in health by shaping opportunities, employment, and income. Low educational attainment is correlated with poorer life outcomes and poor health.

The average levels of education, skills and qualifications in Bedford Borough are more favourable than the national average: There are 24,813 people in Bedford Borough with no qualifications, which is 16.75% of all people aged over 16<sup>4</sup>. This is lower than the average for East of England (18.11%) and lower than the average in England (18.08%)<sup>4</sup>. There are 51,411 people with degree level qualifications in Bedford Borough, which is 34.71% of people aged 16+. This is higher than the average in East of England (31.57%) and higher than the average in England (33.92%)<sup>4</sup>.

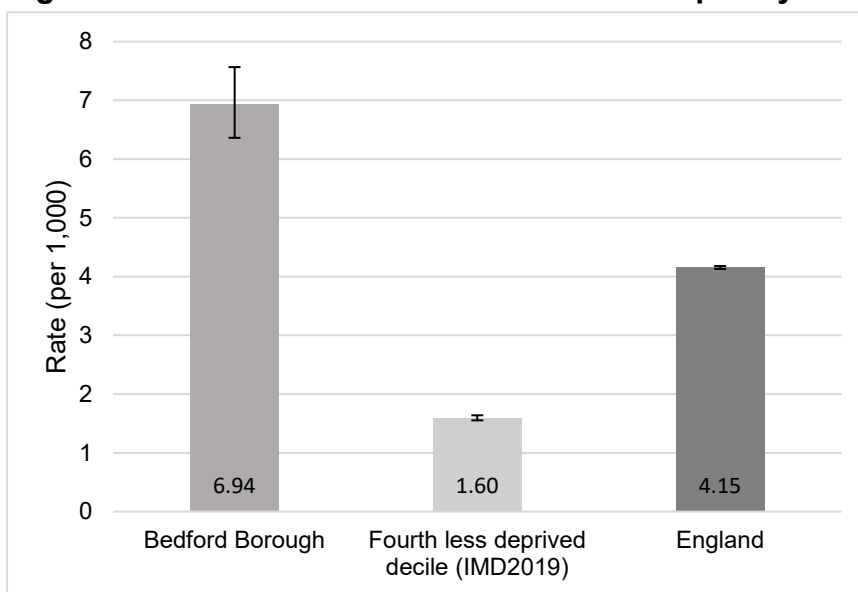
There has been a decrease in the number of areas amongst the 10% most deprived nationally from 6 in the IMD 2015 to 2 areas in the IMD 2019, while the number

amongst the top 20% has increased from 19 to 20. The most deprived areas in the local authority area for education, skills and training are Goldington, Cauldwell and Queens Park<sup>4</sup>.

#### 4.4.4 Housing and homelessness

Figure 12 shows the rate (per 1,000) households in temporary accommodation across Bedford Borough, the fourth least deprived decile and in England. The 2022-23 rates for Bedford Borough were 6.94 per 1,000 people. This is statistically significantly higher than the fourth least deprived decile (1.60 per 1,000) and the England average of 4.15 per 1,000.

**Figure 12: Homelessness: households in temporary accommodation, 2022-23**

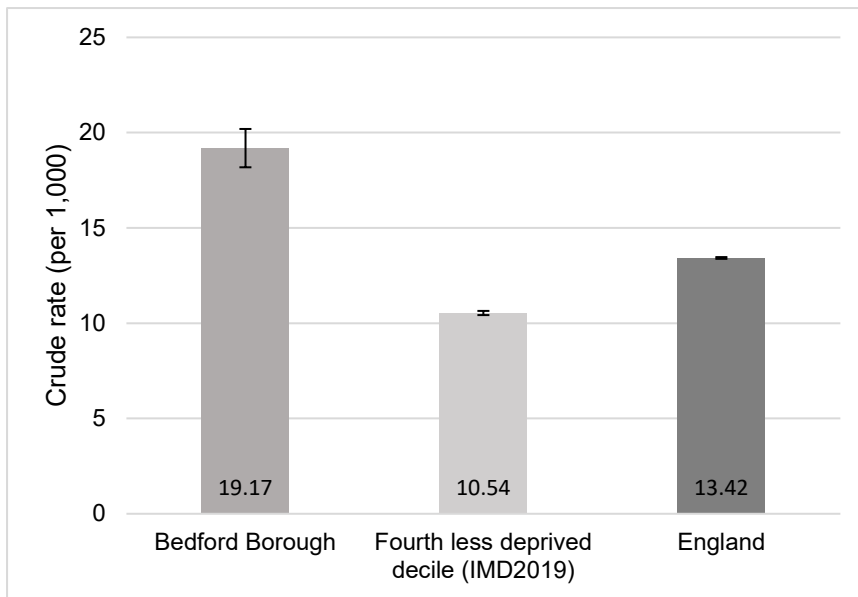


Source: OHID Fingertips, 2025<sup>23</sup>

Figure 13 shows the rate (per 1,000) households owed a duty under the Homelessness Reduction Act across Bedford Borough, the fourth least deprived decile and in England.

The 2023-34 rates for Bedford Borough were 19.17 per 1,000. This is statistically significantly higher than the fourth least deprived decile (10.54 per 1,000) and England average of 13.42 per 1,000.

**Figure 13: Homelessness: households owed a duty under the Homelessness Reduction Act, 2023-24**



Source: OHID Fingertips, 2025<sup>23</sup>

#### 4.4.5 Crime

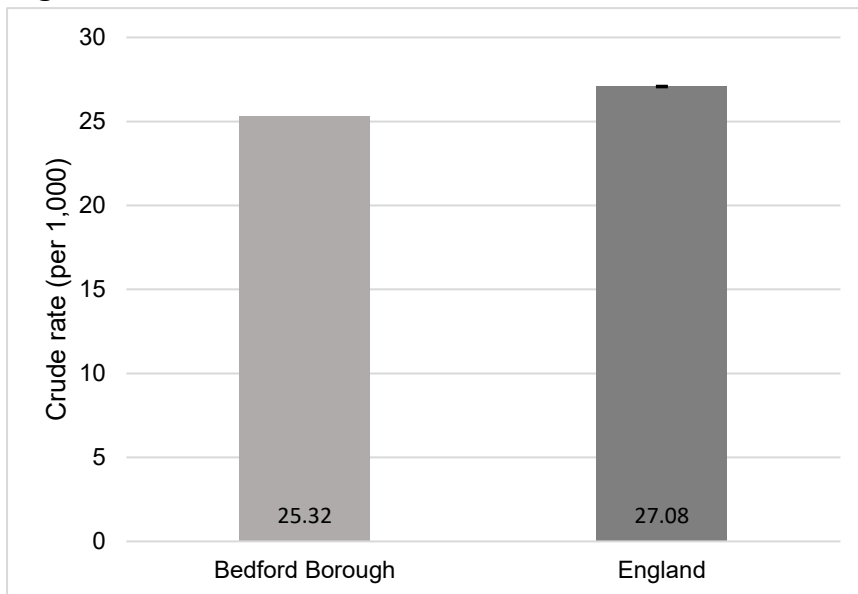
Crime can have a wide-ranging effect on people’s health. While Bedford Borough is in the middle range of deprivation nationally, there are areas of deprivation<sup>4</sup>. The number of areas among the 10% most deprived nationally has decreased from 5 to 4, and the 20% most deprived has increased from 10 to 11 areas between the IMD 2015 and IMD 2019. The most deprived wards for the IMD 2019 for crime are Harrold, Castle and Harpur<sup>4</sup>.

#### 4.4.6 Domestic abuse related incidents and crimes

Figure 14 shows the rate per 1,000 of domestic abuse related incidents and crimes in 2023-24 across Bedford Borough and England. The rates for Bedford Borough were 25.32 per 1,000, which is lower than the national average of 27.08 per 1,000 across England<sup>23</sup> (statistical significance is not calculated for this indicator)<sup>b</sup>.

<sup>b</sup> Local Authorities (LAs) are allocated the crude rate of the Police Force Area (PFA) within which they sit.

**Figure 14: Domestic abuse-related incidents and crimes, 2023-24**



Source: OHID Fingertips, 2025<sup>23</sup>

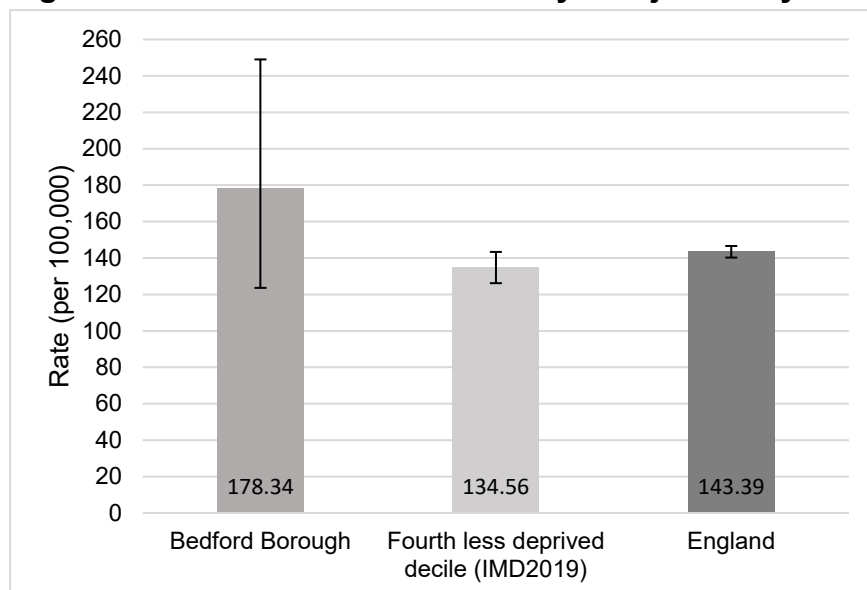
#### 4.4.7 Prison populations

A first-time entrant to the youth justice system is a child aged between 10 and 17 who received their first caution or court sentence and was residing in England and Wales at the time of their first offence.

Figure 15 shows the rate per 100,000 of first-time entrants to the youth justice system in 2023 across Bedford Borough, the fourth least deprived decile and in England.

The rates for Bedford Borough were 178.34 per 100,000, which is statistically similar to the rate in the fourth least deprived decile (134.56 per 100,000) and the England average of 143.39 per 100,000<sup>4</sup>.

**Figure 15: First time entrants to the youth justice system, 2023**



Source: OHID Fingertips, 2025<sup>23</sup>

#### **4.4.8 Living environment**

The quality of the built and natural environment such as air quality and the quality of green spaces also affects health. The Joint Health and Wellbeing Strategy 2024-2027<sup>5</sup> sets out a long-term ambition for Bedford Borough to be a place where there is high quality, safe and attractive infrastructure and the physical environment enables everyone to be active, to eat healthily, and to have good physical and mental health and wellbeing.

Bedford Borough has seen an increase in areas for living environments that are amongst the most deprived nationally from 16 to 17 between IMD 2015 to IMD 2019. The most deprived areas for living environments in Bedford Borough are Wyboston, Riseley and Harpur<sup>4</sup>.

#### **4.5 Housing and regeneration**

Bedford Borough Council has a local plan that makes provision for growth to 2030<sup>25</sup>. Normally local plans are reviewed every five years but an updated version<sup>26</sup> has been developed and consulted on with the intention that it would reflect emerging national policies for the Oxford to Cambridge Arc. This updated version has been submitted and has reached the examination stage<sup>26</sup>.

The vision outlined in the updated plan is that the borough will have become a greener, more sustainable, more attractive and prosperous place to live and work. Tackling climate change and adapting to and mitigating its effects will be at the heart of new development throughout the borough.

Several of the borough’s parish councils have already played a significant role in progressing commitments for housing growth and prepared neighbourhood plans and make their own allocations for development in accordance with requirements in the Local Plan 2030<sup>25</sup>.

In total, the ‘made’ neighbourhood plans will deliver around 2,381 dwellings during the 2020-2040 period<sup>26</sup>. This contribution is acknowledged and taken into account as the local plan strategy is rolled on to 2040. The following table shows the estimated number of dwellings allocated in ‘made’ and emerging neighbourhood plans at the time the plan was prepared (April 2022)<sup>26</sup>.

**Table 2: Estimated number of dwellings allocated, 2020-2040**

<b>Parish</b>	<b>Dwellings allocated</b>
Carlton and Chellington	32
Oakley	40
Bromham	500
Thurleigh	30
Bletsoe	11
Stevington	None
Clapham	500
Great Barford	500
Sharnbrook	500
Harrold	25
Milton Ernest	25
Turvey	50
Willington	50
Wootton	105
Felmersham and Radwell	13
Odell	None
Wilshamstead	None

**Source: Bedford Borough Local Plan 2040<sup>26</sup>**

#### **4.6 Transport**

The Local Transport Plan 2011-2021<sup>27</sup> covers the whole of Bedford Borough and sets out a vision to create a transport system in which walking, cycling and public transport are the natural choices of travel for the majority of journeys because they are affordable, healthy, convenient and safe alternatives to the private car.

Eight strategies inform the delivery of the Local Transport Plan. These are listed below:

- Active Travel Strategy – aims to increase levels of physical activity in travelling, thereby increasing accessibility, reducing congestion and improving air quality.

- Freight Strategy - considers the contribution freight makes to jobs in major manufacturing, wholesale, warehousing and retail sections and aims to make freight transport an integral part of transport and development policy.
- Network Management Strategy – outlines a vision to provide a highway network which effectively meets the daily demands placed on it by traffic, while contributing to safer, more efficient movement by buses, pedestrians and cyclists.
- Parking Strategy – aims to effectively use parking controls and resources to stimulate regeneration and local economic activity whilst also supporting objectives in promoting sustainable travel choices.
- Passenger Transport Strategy – aims to provide and promote the use of passenger transport services across the Borough which are accessible, efficient and affordable for users providing a real travel choice to destinations. In addition, the strategy seeks to ensure that the passenger transport network is comprehensive and meets users’ needs through providing innovative solutions and seeks a sustainable long-term future for services and promote use through easy to understand information and joined-up transport services.
- Road Safety Strategy – aims to embed road casualty reduction into Bedford Borough’s activities and service delivery and work with communities to reduce road traffic casualties in line with national targets and aspirations.
- Sustainable Modes of Travel to School – aims to create an environment and culture in which walking and cycling and passenger transport (of all forms) are seen as the natural choices for travelling to school because they are convenient, affordable, safe, comfortable and attractive.
- Transport Asset Management Plan – aims to deliver the best use of resources for the management, operation, preservation, and enhancement of our transport infrastructure.

## **4.7 Lifestyle factors affecting health outcomes**

In 2012, work by the Kings Fund<sup>28</sup> examined how four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four poor behaviours.

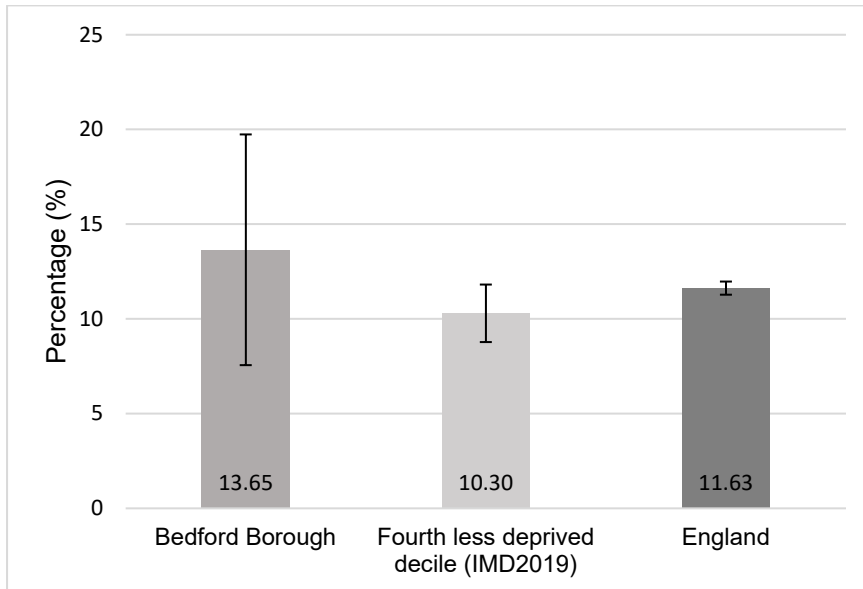
### **4.7.1 Smoking**

Smoking is identified as the greatest contributor to premature death and disease. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

Figure 16 shows the proportion of the adult population which were recorded in the annual population survey (APS) as current smokers in 2023. The prevalence of

smoking in those aged 18 years and over in Bedford Borough was recorded as 13.65%. This is statistically similar to the fourth least deprived decile (10.30%) and the prevalence across England (11.63%).

**Figure 16: Smoking Prevalence in adults (18+) – current smokers (APS), 2023**



Source: OHID Fingertips, 2025<sup>23</sup>

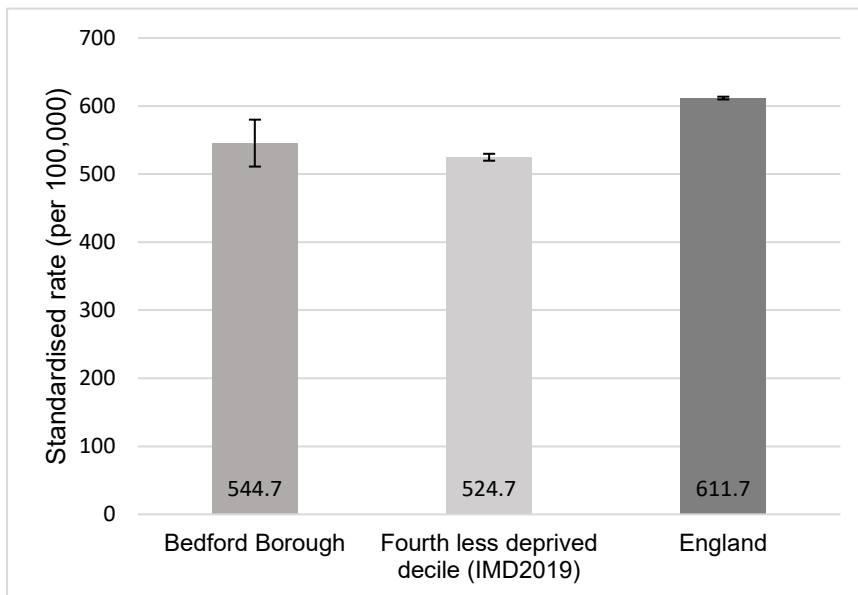
How pharmacies support:

- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking Cessation Advanced Service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyle and signposting to Local Authority provided Stop Smoking Services

#### 4.7.2 Alcohol

Figure 17 shows the admission episodes for alcohol-specific conditions in Bedford Borough, fourth least deprived decile and England, recorded in 2023-24. The rates for Bedford Borough were 544.7 per 100,000 which is statistically similar to the fourth least deprived decile (524.7 per 100,00), and lower than the England average of 611.7 per 100,000.

**Figure 17: Admission episodes for alcohol-specific conditions 2023-24**



Source: OHID Fingertips, 2025<sup>23</sup>

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

### 4.7.3 Healthy weight

Excess weight is one of the most significant and complex public health challenges. It can have a significant impact on individual and family health and wellbeing, business and education, and contribute to significant costs across health, social care and a wide range of services.

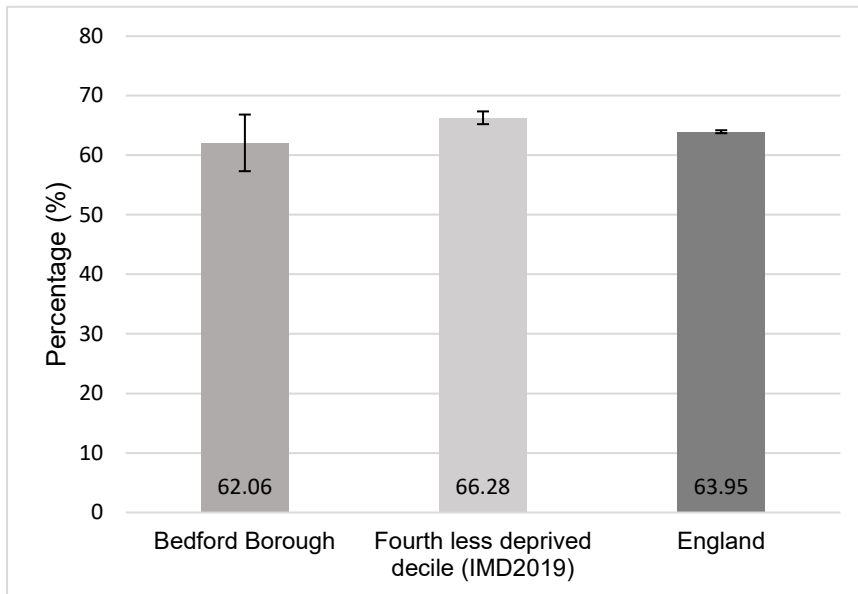
Overweight and obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly:

- Type 2 diabetes
- Hypertension (high blood pressure)
- Some cancers
- Heart disease
- Stroke
- Liver disease

Figure 18 shows the percentage of adults classified as overweight or obese in Bedford Borough, the fourth least deprived decile, and England in 2022-23. The rates for Bedford Borough were 62.06% which is statistically similar to the rates for the fourth least deprived decile of 66.28%, and the England average of 63.95%. In 2023/24, 21% of children in Year R (aged 4-5 years old) in Bedford Borough were

living with excess weight (overweight, including obesity), similar to the England average (22.1%). In 2023/24, 34.6% of Year 6 children in Bedford Borough (aged 10-11 years old) were living with excess weight (overweight, including obesity), similar to the England average of 35.8%<sup>23</sup>.

**Figure 18: Percentage of adults (aged 18+) classified as overweight or obese, 2022-23**



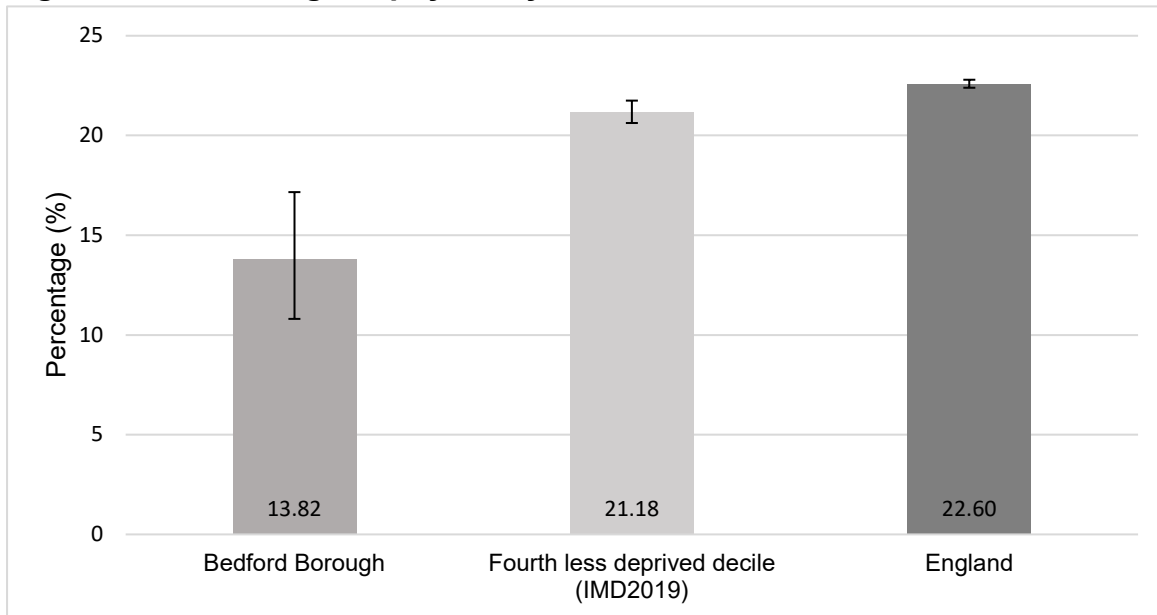
Source: OHID Fingertips, 2025<sup>23</sup>

#### 4.7.4 Physical Activity

Figure 19 shows the percentage of physically inactive adults in Bedford Borough, the fourth least deprived decile and England in 2022-23.

The rates for Bedford Borough were 13.82% which is statistically significantly lower than the fourth least deprived decile (21.18%) and the England average of 22.60%.

**Figure 19: Percentage of physically inactive adults, 2022-23**



Source: OHID Fingertips, 2025<sup>23</sup>

How pharmacies support:

- Healthy Lifestyle Advice - offering information, advice and support
- NHS Weight Management Programme referral
- Signposting to Local Authority Tier 2 weight management programmes
- Hypertension case finding service
- Supporting annual public health campaigns

#### 4.7.5 Sexual health

Good sexual health is also an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional and health costs as well as stark health inequalities. A number of key population groups can be identified for whom there are greater risks of experiencing sexual ill health including gay, bisexual or other men who have sex with men, black and minority ethnic groups and women of reproductive age.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility.

**Figure 20: Sexual health indicators for Bedford Borough**

Indicator	Period	Bedford				England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Violent crime - hospital admissions for violence (including sexual violence) <span style="color: green;">New data</span>	2021/22 - 23/24	—	165	29.1	34.2	170.5		12.0	
Violent crime - sexual offences per 1,000 population <span style="color: green;">New data</span>	2023/24	→	464	2.5	2.9	0.9		13.7	
Genital warts diagnostic rate per 100,000	2023	→	70	37.3	45.8	175.2		0.0	
Syphilis diagnostic rate per 100,000	2023	→	12	6.4	16.7	184.4		0.0	
Gonorrhoea diagnostic rate per 100,000	2023	→	170	91	149	1,295		33	
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2023	↓	175	1,823	1,962	984		4,800	
Chlamydia proportion of females aged 15 to 24 screened	2023	—	1,748	18.2%	20.4%	11.6%		41.3%	
Genital herpes diagnosis rate per 100,000	2023	→	75	40.0	47.6	176.4		0.0	
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	→	697	372	520	3,304		177	
STI testing rate (exclude chlamydia aged under 25) per 100,000	2023	→	6,451	3,441.2	4,110.7	1,117.1		21,742.2	
STI testing positivity (excluding chlamydia aged under 25)	2023	→	384	6.0%	7.3%	3.9%		14.9%	
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	2023	↓	291	1,460	1,546	803		3,379	
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	2023	↓	110	1,064	1,042	478		2,657	
Chlamydia diagnostic rate per 100,000	2023	↓	517	276	341	149		1,420	
Chlamydia diagnostic rate per 100,000 aged 25 years and older	2023	↓	221	167	223	1,368		75	
All new STI diagnoses rate per 100,000	2023	→	993	530	704	289		3,730	
Total prescribed LARC excluding injections rate / 1,000	2022	→	1,255	34.3	44.1	5.4		74.6	
SRH Services prescribed LARC excluding injections rate / 1,000	2022	→	565	15.4	17.7	0.0		52.8	
Women choose injections at SRH Services (%)	2020	↓	50	3.2%	8.1%	1.6%		25.7%	
Women choose user-dependent methods at SRH Services (%)	2020	↓	835	54.2%	54.9%	34.2%		72.4%	
Women choose hormonal short-acting contraceptives at SRH Services (%)	2020	↓	490	31.8%	41.7%	20.3%		66.4%	
Under 25s choose LARC excluding injections at SRH Services (%)	2022	↑	185	33.0%	36.2%	10.8%		77.9%	
Over 25s choose LARC excluding injections at SRH Services (%)	2022	→	500	47.6%	53.2%	18.2%		92.3%	
Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18	2018	—	80	20.4	21.2	59.0		3.0	
Mycoplasma genitalium diagnostic rate per 100,000	2023	→	27	14.4	15.6*	0.5		113.9	
Trichomoniasis diagnostic rate per 100,000	2023	→	45	24.0	16.0*	0.5		131.6	
Women prescribed injectable contraception at SRH services: rate per 1,000	2022	—	105	2.9	3.7	0.0		34.1	
Initiation or continuation of PrEP among those with PrEP need	2023	—	175	70.9%	73.0%	0.0%		87.4%	
Determining PrEP need	2023	—	247	6.1%	10.1%	0.0%		38.7%	
Sexually transmitted Shigella spp. per 100,000 adult male population	2023	→	2	3.0	9.0	113.0		0.0	
HIV testing rate per 100,000 population	2023	→	4,693	2,503.4	2,770.7	360.9		15,587.5	

Source: OHID Fingertips, 2024<sup>23</sup>

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with access to a full range of contraception choices alongside safe sex health promotion and the promotion of safer sexual behaviour.

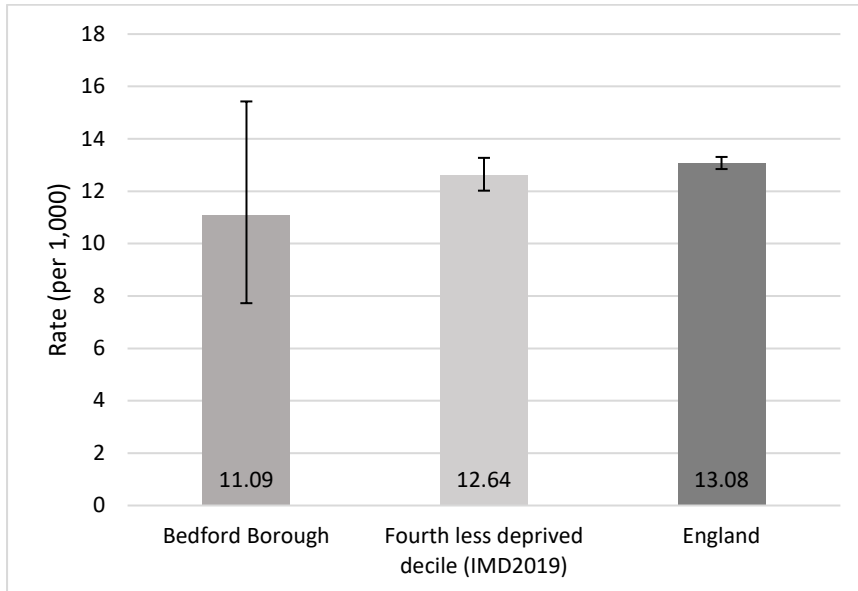
#### 4.7.6 Teenage pregnancy

Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas can have comparatively high incidence of teenage maternities and can be therefore disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to mothers under 20 have higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health<sup>29</sup>. Teenage mothers are also three times more likely to suffer from post-natal depression<sup>30</sup> and experience poor mental health for up to three years after the birth<sup>31</sup>.

Figure 21 shows that the under-18 conception rate in 2021 for Bedford Borough, the fourth least deprived decile and England. The rates per 1,000 for Bedford Borough were 11.09, which is statistically similar to the fourth least deprived decile (12.64) and the England average of 13.08.

**Figure 21: Under 18s conception rate, 2021**



Source: OHID Fingertips, 2025<sup>23</sup>

How pharmacies support:

- Provision of free condoms (C-card scheme)
- Free emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services
- Dual screening service

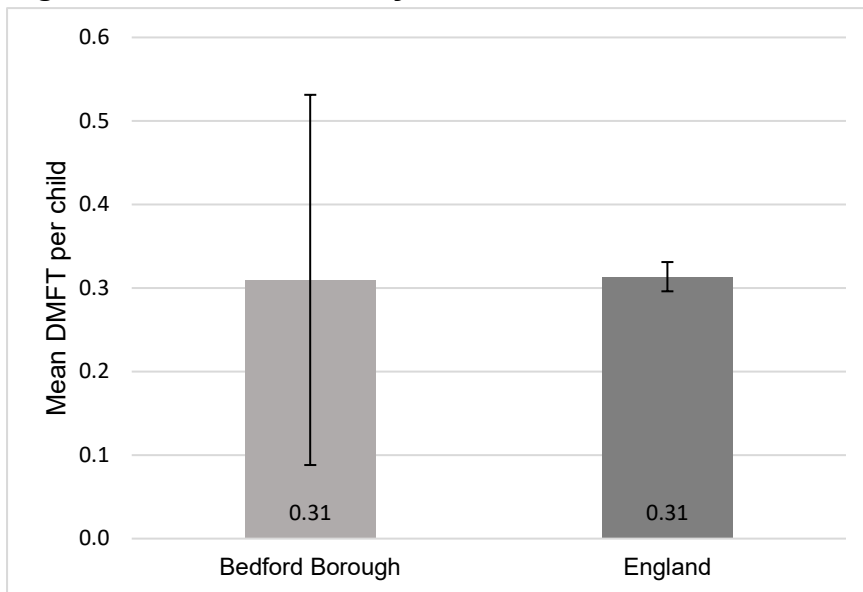
**4.7.7 Oral health**

Figures 22 and 23 show the mean DMFT (Decayed, Missing or Filled teeth) per child in Bedford Borough and across England as a whole, for both three-year-olds and five-year-olds.

The average number of decayed, missing or filled teeth for three-year-olds in Bedford Borough in 2019-20 was 0.31, which is the same as the England average.

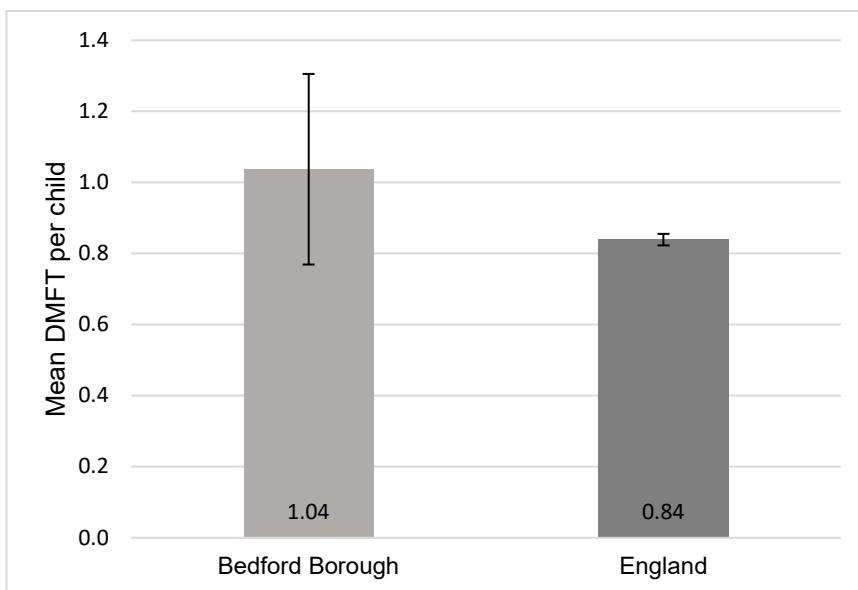
The average number of decayed, missing or filled teeth for five-year-olds in Bedford Borough in 2022 was 1.04, which is statistically similar to the England average of 0.84.

**Figure 22: DMFT in three-year olds, 2019-20**



**Source: OHID Fingertips, 2025<sup>23</sup>**

**Figure 23: DMFT in five-year olds, 2022**



**Source: OHID Fingertips, 2025<sup>23</sup>**

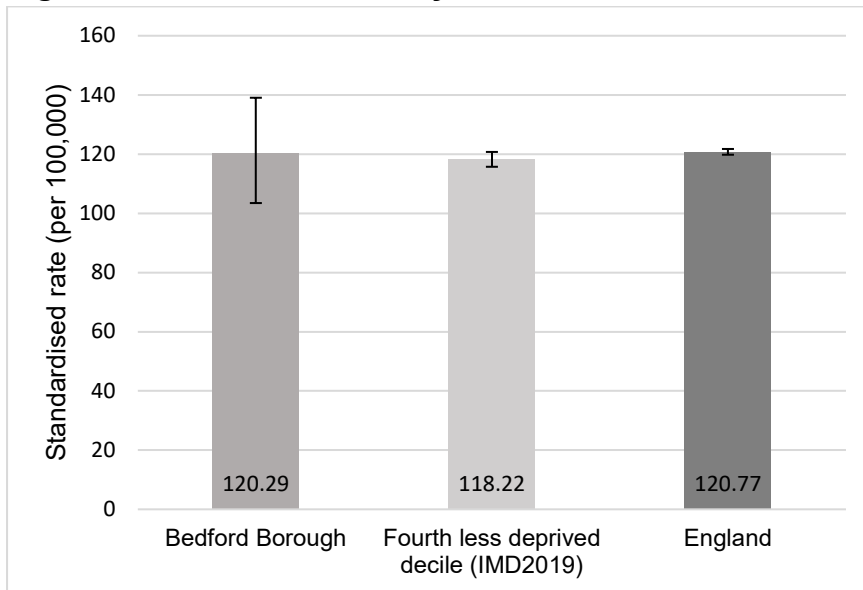
## 4.8 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment.

Figure 24 shows the under 75 mortality rates from cancer in 2023 for Bedford Borough compared to the fourth least deprived decile and England.

The standardised mortality rates per 100,000 people under 75 who died from cancer was 120.29 in Bedford Borough. This is statistically similar to both the fourth least deprived decile of 118.22, and the England average of 120.77.

**Figure 24: Under 75 mortality rates from cancer, 2023**



Source: OHID Fingertips, 2025<sup>23</sup>

How pharmacies support:

- Advice and support
- Signposting
- Medicines optimisation
- New medicine service
- Discharge medicine service

#### 4.9 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS 10 Year Plan<sup>10</sup> has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer healthier lives and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of developing long-term conditions; better management can help to reduce health inequalities.

People with long-term conditions are likely to be more intensive users of health and social care services, including community services, urgent and emergency care and acute services.

They account for:

- 50% of all GP appointments<sup>32</sup>
- 64% of outpatient appointments<sup>32</sup>
- 70% of all inpatient bed days
- Around 70% of the total health and care spend in England<sup>32</sup>

For all of the conditions discussed below, the identification of people who already have or who are at risk of developing disease followed by successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health. Data from this section is predominantly obtained from the Quality and Outcomes Framework (QOF). It should be noted that this only includes patients who are recorded on GP practice disease registers.

#### **4.9.1 Cardiovascular disease**

Cardiovascular disease (CVD) includes a number of different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD).

It is strongly linked with other conditions such as diabetes and chronic kidney disease and is more prevalent in lower socio-economic and minority ethnic groups.

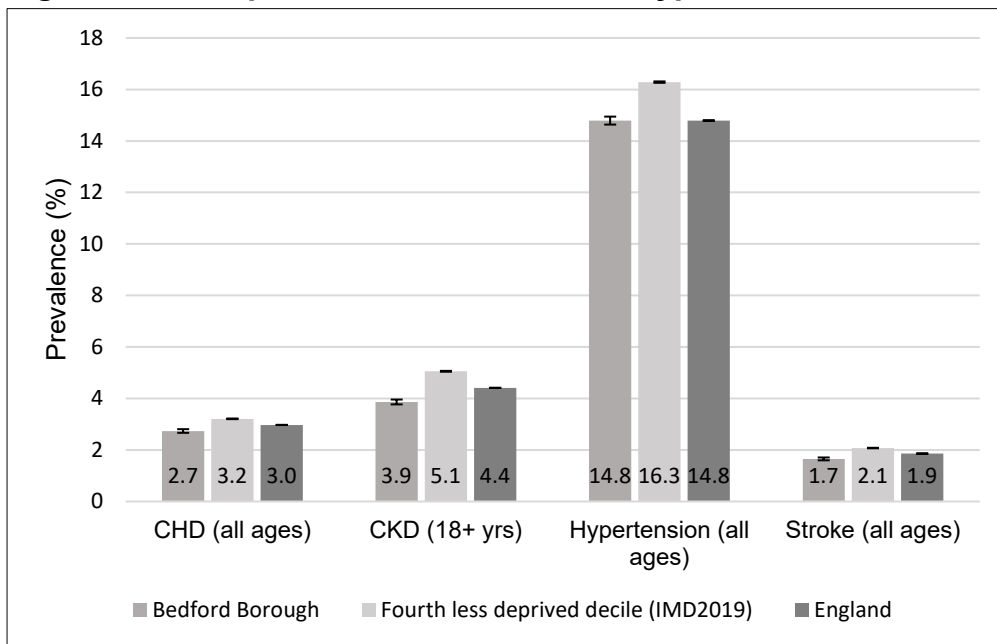
Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment.

Figure 25 shows the QOF prevalence for coronary heart disease (CHD) and Stroke in 2023-24 in Bedford Borough, the fourth least deprived decile and England.

The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

- CHD prevalence in Bedford Borough was 2.74%, which is statistically significantly lower than both the fourth least deprived decile (3.21%) and England average (2.97%).
- Stroke (all ages) prevalence in Bedford Borough was 1.65%, which again is statistically significantly lower than both the fourth least deprived decile (2.08%) and England average (1.86%).

**Figure 25: QOF prevalence of CHD, CKD, hypertension, and stroke, 2023-24**



Source: OHID Fingertips, 2025<sup>23</sup>

#### How pharmacies support:

- Education and support
- Signposting to preventative services e.g. smoking cessation, weight management
- New medicine service – using this to support patients with hypertension management/adherence to new medication
- Discharge medicine service

### 4.9.2 Hypertension

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events.

Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease.

Figure 25 shows the QOF prevalence for hypertension (all ages) in 2023-24. Bedford Borough (14.79%) was statistically significantly lower than the fourth least deprived decile (16.29%) but statistically similar to the England average (14.78%)<sup>23</sup>.

How pharmacies support:

- Signposting to preventative services e.g. smoking cessation, weight management
- Hypertension case finding service
- Medicines Optimisation
- New medicine service
- Discharge medicine service

### 4.9.3 Chronic kidney disease

Chronic kidney disease (CKD) is the progressive loss of kidney function over time, due to damage or disease. It becomes more common with increasing age and is more common in people from Black and South Asian ethnic communities.

Chronic kidney disease is usually caused by other conditions that put a strain on the kidneys such as high blood pressure, diabetes, high cholesterol, infection, inflammation, blockage due to kidney stones or an enlarged prostate, long-term use of some medicines or certain inherited conditions.

People with chronic kidney disease are at increased risk of cardiovascular diseases.

Figure 25 shows the QOF prevalence for chronic kidney disease (CKD) for people aged 18 years and over in 2023-24. Bedford Borough (3.86%) is statistically significantly lower than the fourth least deprived decile (5.04%) and the England average (4.42%)<sup>23</sup>.

How pharmacies support:

- Hypertension case finding
- New medicine service
- Over the counter medicines advice

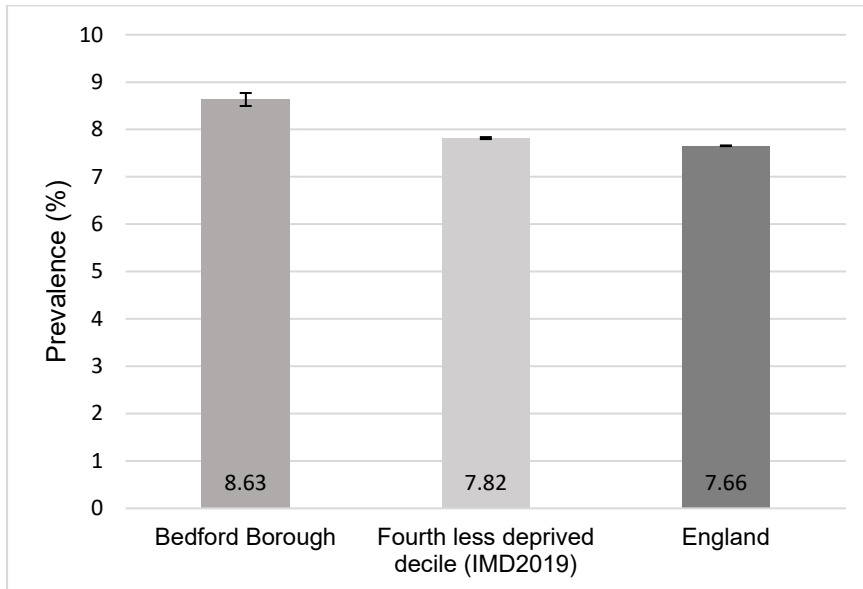
### 4.9.4 Diabetes

Diabetes is a chronic and progressive disease that can have a significant impact on health and wellbeing. It can affect infants, children, young people, and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health, and disability, yet these can often be prevented or delayed by high quality care.

Preventing Type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity, diet and physical activity.

Figure 26 shows the QOF prevalence of diabetes in people aged 17 years and over in 2023-24. Bedford Borough (8.63%) is statistically significantly higher than both the fourth least deprived decile (7.82%) and the England average of 7.66%.

**Figure 26: QOF prevalence of diabetes (17+ yrs), 2023-24**



Source: OHID Fingertips, 2025<sup>23</sup>

How pharmacies support:

- Lifestyle advice and support including low carbohydrate diet and exercise
- Signposting to preventative services e.g. smoking cessation, weight management
- Healthy living advice

#### 4.9.5 Respiratory

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable.

Respiratory disease covers a wide variety of conditions, including common conditions such as asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and influenza, and less common diseases such as interstitial lung disease and mesothelioma.

COPD is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people’s ability to undertake routine activities. In the

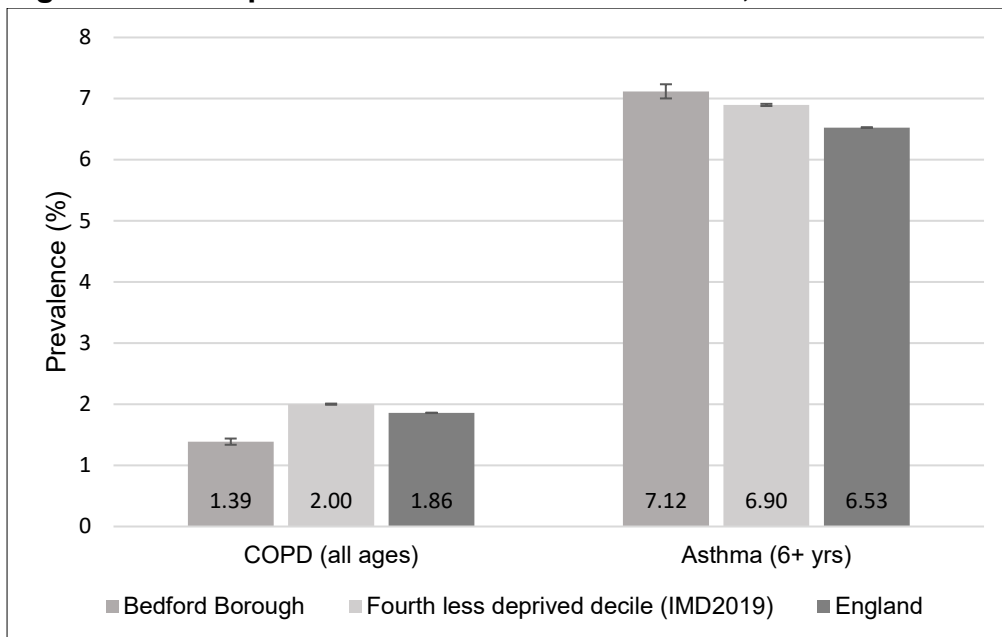
final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control. Asthma is a long-term condition which affects the airways. In England, 1 in 11 people are currently receiving treatment for asthma.

Figure 27 shows the QOF prevalence of COPD and asthma in 2023-24 in Bedford Borough, the fourth least deprived decile and England as a whole.

The recorded (diagnosed) prevalence for COPD (all ages) in Bedford Borough was 1.39%, which is statistically significantly lower than both the fourth least deprived decile (2.00%) and the England average of 1.86%.

The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Bedford Borough was 7.12%, which is statistically higher than both the fourth least deprived decile (6.90%) and the England average of 6.53%.

**Figure 27: QOF prevalence of COPD and asthma, 2023-24**



Source: OHID Fingertips, 2025<sup>23</sup>

How pharmacies support:

- Advice and support
- Support with smoking cessation
- Support with correct inhaler technique
- New medicine service
- Discharge medicine service

#### **4.9.6 Older people**

As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

However, although we are adding years to life, healthy life expectancy describes a different picture with significant variation seen across England. Declines in mortality rates have not been matched by declines in morbidity and marked inequalities between the fourth least deprived and the most deprived communities remain. Over 4 million (or 40%) of people in the UK over the age of 65 have limiting long-term conditions. These include conditions such as diabetes, heart disease, respiratory disease, cancer, and dementia.

The UK population is projected to continue growing and will reach over 74 million by 2039. The population in the UK is ageing with 18% aged 65 and over and 2.4% aged 85 and over. This poses significant challenges not only to the health and social care sector but also economic challenges in terms of employability and business growth. Prevention and early intervention offer opportunities to reduce long-term conditions and increase healthy life expectancy.

How pharmacies support:

- New medicine service
- Discharge medicine service
- Repeat prescription service
- Reasonable adjustments to aid medicine compliance (large print, non-child-proof lids, reminder charts)
- Provision of medicine in compliance aids (not a commissioned service but may be reasonable adjustment to meet person's needs)
- Advice to carers and supported living services regarding medicines
- Care home advice and support

### 4.9.7 Dementia

Dementia is a group of related symptoms associated with an on-going decline of brain functioning. This may include problems with memory loss, confusion, mood changes and difficulty with day-to-day tasks.

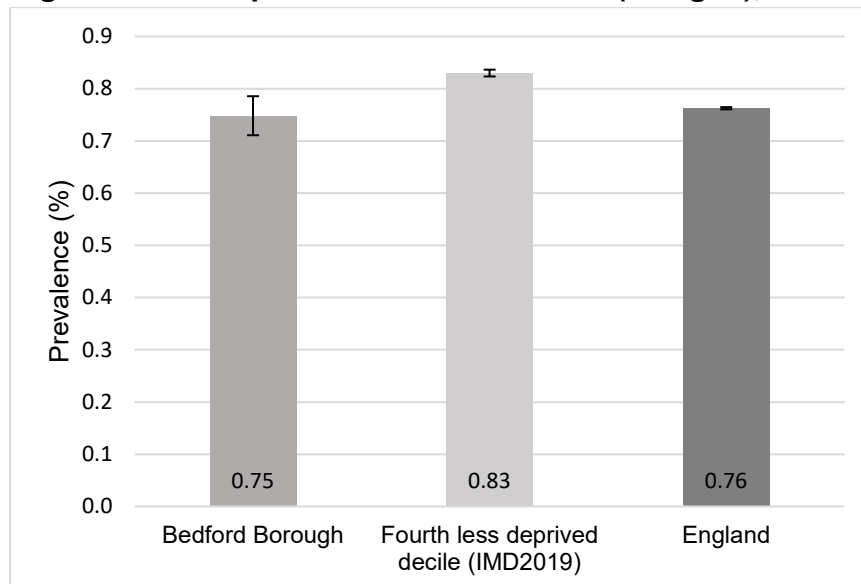
The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of dementia.

There are different types of dementia; all of them are progressive and interfere with daily life. Alzheimer’s disease and vascular dementia together make up the vast majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, and give time to prepare and plan for the future.

Locally the number of cases of dementia is predicted to increase as the proportion of older people in the population grows. Even after diagnosis, people continue to live at home for many years, often with support from family carers. Accurate diagnosis of dementia is the first step to getting help and support.

Figure 28 shows the QOF prevalence of dementia (all ages) in 2023-24 in Bedford Borough was 0.75%. This is statistically significantly than the fourth least deprived decile (0.83%) but statistically similar to the England average of 0.76%.

**Figure 28: QOF prevalence of dementia (all ages), 2023-24**



Source: OHID Fingertips, 2025<sup>23</sup>

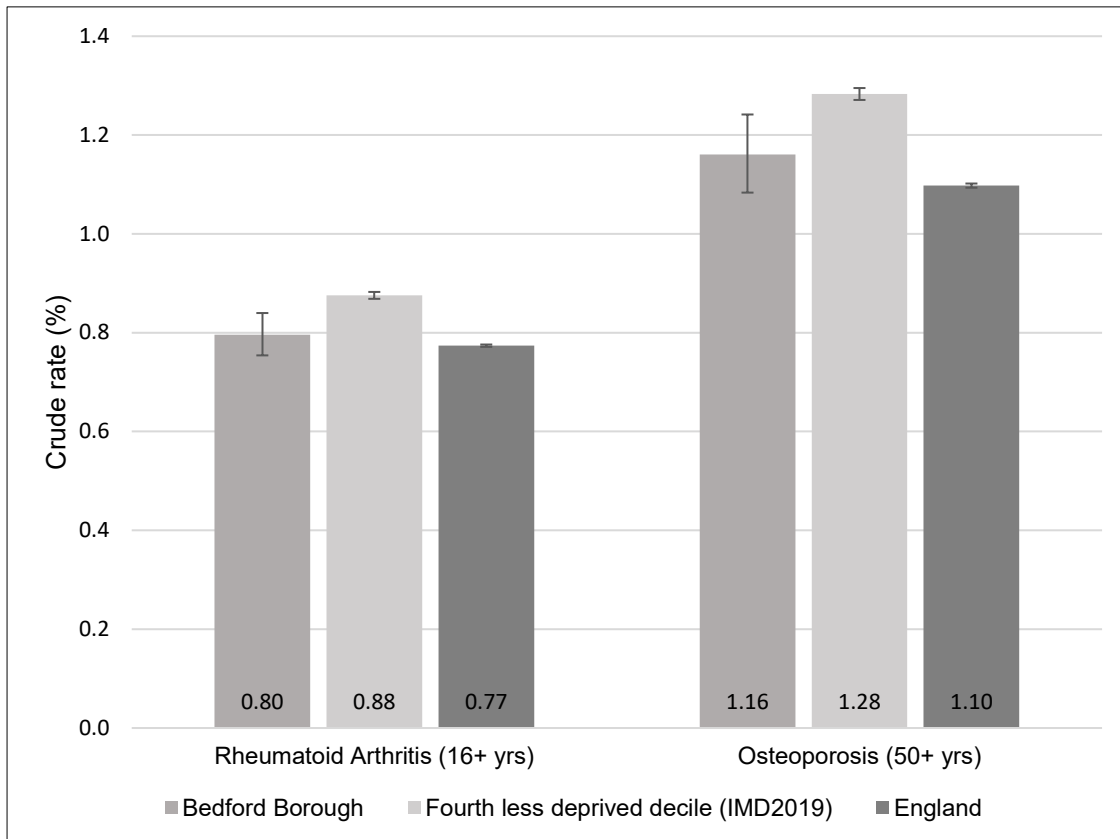
#### 4.9.8 Rheumatoid arthritis and osteoporosis

Figure 29 shows the QOF prevalence of rheumatoid arthritis and osteoporosis in 2023-24 in Bedford Borough, the fourth least deprived decile and England as a whole.

The recorded (diagnosed) prevalence for Rheumatoid arthritis in those aged 16 years and over in Bedford Borough was 0.80%. This is statistically significantly lower than the fourth least deprived decile (0.88%), but statistically similar to the England average of 0.77%.

The recorded prevalence for Osteoporosis in those aged 50 years and over in Bedford Borough was 1.16% which is statistically significantly lower than the fourth least deprived decile (1.28%) but is statistically similar to the England average of 1.10%.

**Figure 29: QOF prevalence of rheumatoid arthritis and osteoporosis, 2023-24**

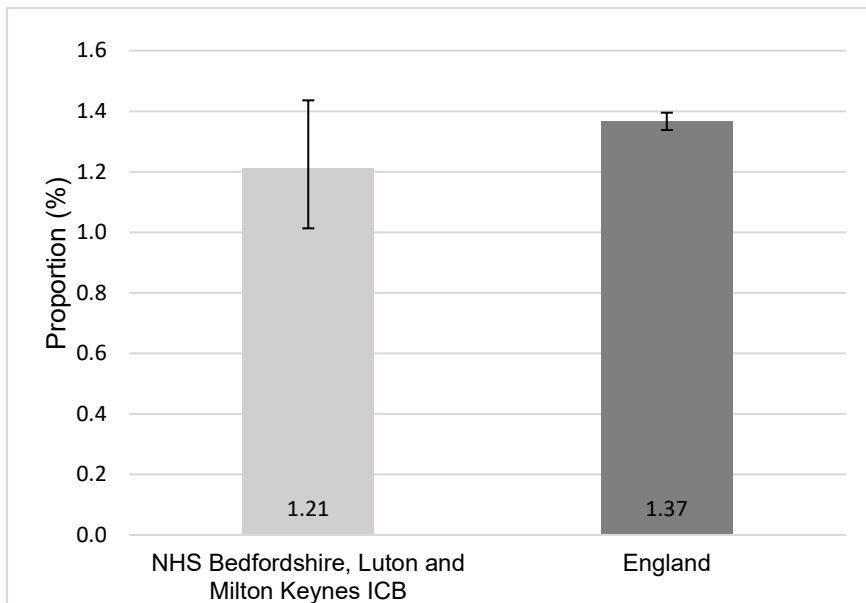


Source: OHID Fingertips, 2025<sup>23</sup>

#### 4.9.9 Visually impaired

Figure 30 shows the percentage of people reporting blindness or partial sight in 2024 across BLMK ICB compared to England. The recorded prevalence in BLMK ICB was 1.21%, statistically similar to the England value (1.37%).

**Figure 30: Percentage of people reporting blindness or partial sight, 2024**

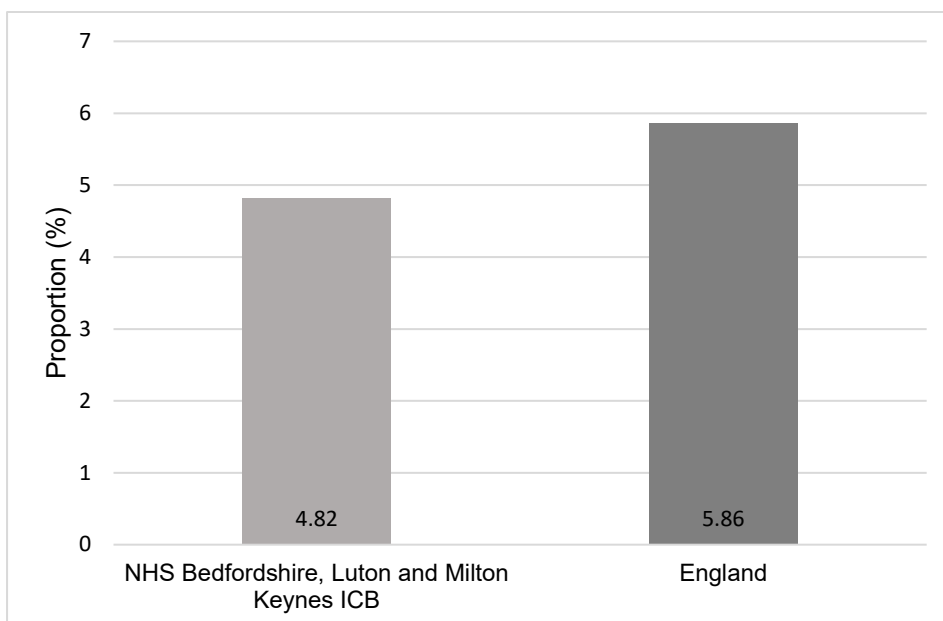


Source: OHID Fingertips, 2025<sup>23</sup>

#### 4.9.10 Hearing impaired

Figure 31 shows the percentage of people reporting deafness or hearing loss in 2024 in BLMK ICB and England. The prevalence for BLMK ICB was 4.82% and the England average is 5.86% (statistical significance is not calculated for this indicator).

**Figure 31: Percentage of people reporting deafness or hearing loss, 2024**



Source: OHID Fingertips, 2025<sup>23</sup>

#### 4.9.11 Burden of disease

Mortality does not give a complete picture of the burden of disease borne by individuals in different populations. The overall burden of disease is assessed using

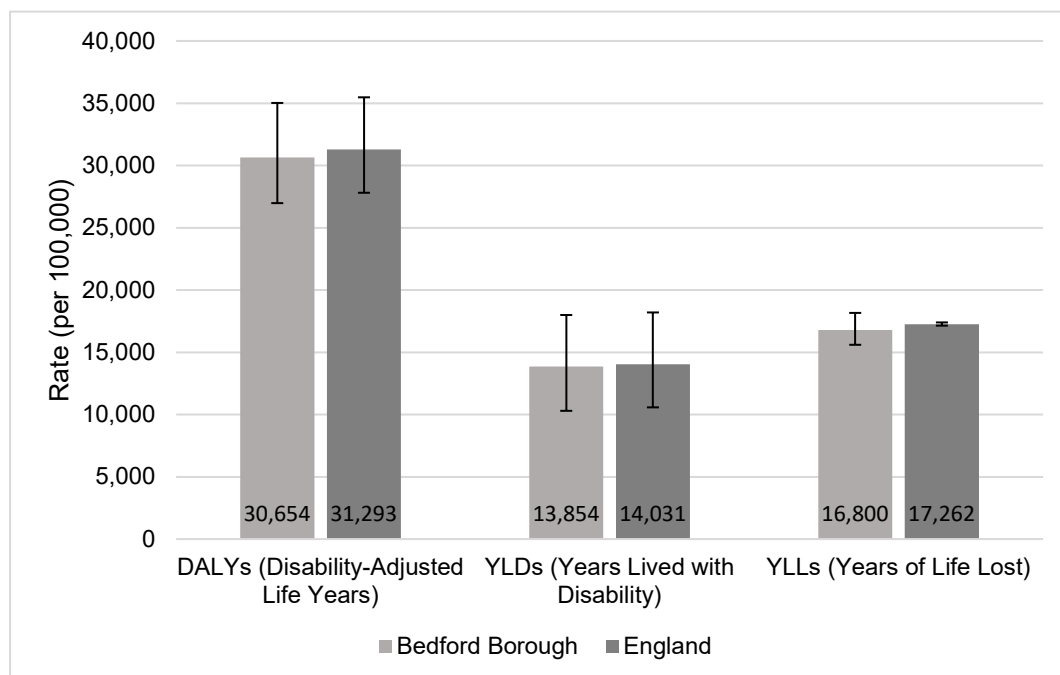
the Disability Adjusted Life Year (DALY), a time-based measure that combines Years of Life Lost due to premature mortality (YLLs) and years of life lost due to time lived in states of less than full health, or Years of Healthy Life Lost due to Disability (YLDs).

One DALY represents the loss of the equivalent of one year of full health. Using DALYs, the burden of diseases that cause premature death but little disability (such as drowning or measles) can be compared with that of diseases that do not cause death but do cause disability (such as cataracts causing blindness).

Figure 32 shows the burden of disease measures in 2021 for Bedford Borough and England.

- The rate for DALYs for Bedford Borough was 30,654 per 100,000, which was statistically similar to the England average of 31,293 per 100,000.
- The rate for YLDs for Bedford Borough was 13,854 per 100,000, which was statistically similar to the England average of 14,031 per 100,000.
- The rate for YLLs for Bedford Borough was 16,800 per 100,000, which is statistically similar to the England average of 17,262 per 100,000.

**Figure 32: Burden of disease measures, 2021**



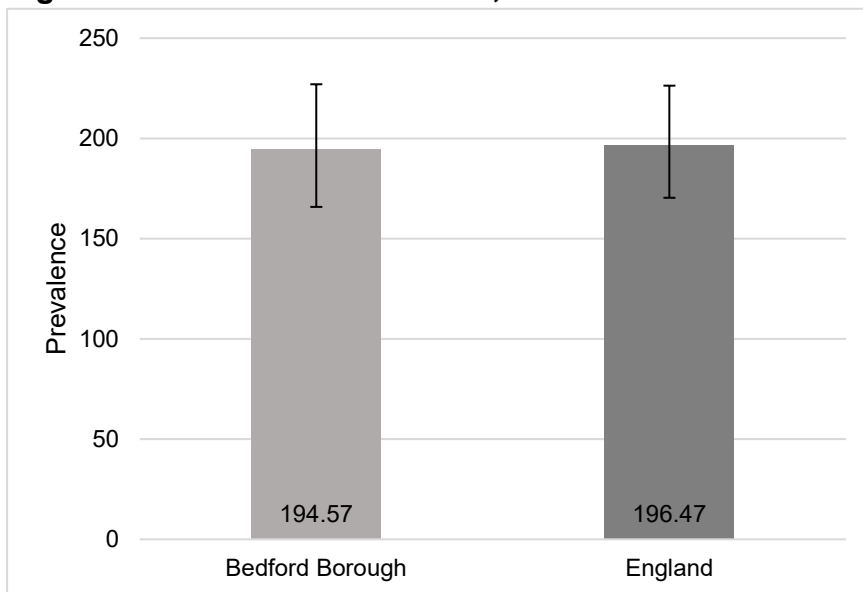
Source: Institute for Health Metrics and Evaluation, GDB Results Tool, 2024<sup>33</sup>

#### 4.9.12 Digestive diseases – IBD

Figure 33 shows the estimated prevalence rate of Inflammatory Bowel Disease (IBD) in 2021 for Bedford Borough and England as a whole.

The rate for Bedford Borough was 194.57 per 100,000, which is statistically similar to the England average of 196.47 per 100,000.

**Figure 33: Estimated rate of IBD, 2021**



Source: OHID Fingertips, 2025<sup>23</sup>

#### 4.10 Mental health and mental wellbeing

In recent years, there has been increasing recognition of the impact of mental illness on the population.

Differences in the allocation of resources between mental health and physical health, with historic underinvestment in mental health care across the NHS, are being addressed through the ambition of “parity of esteem”.

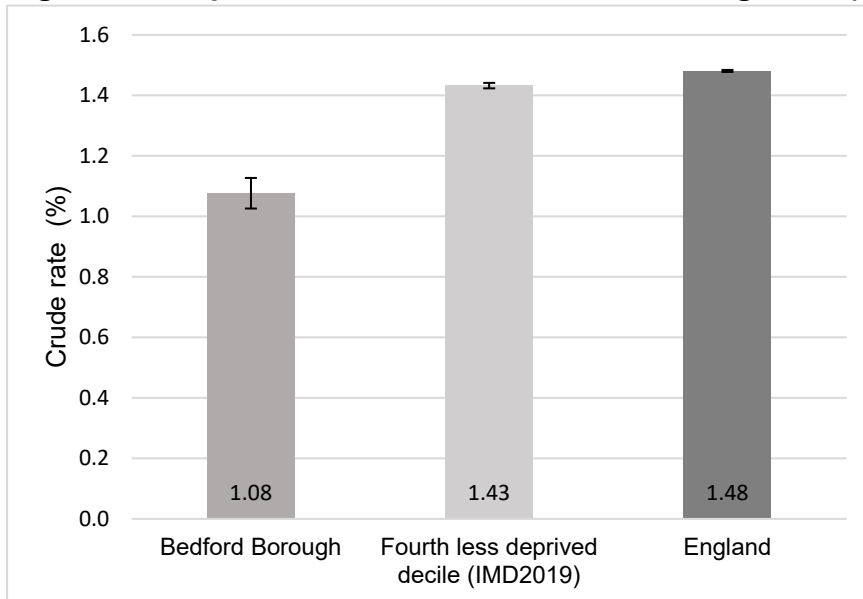
At the same time, the interplay between physical and psychological symptoms is becoming better understood, and the very real inequalities in health outcomes for people with mental health problems are being quantified.

We know that people with long-term physical illnesses suffer more complications if they also develop mental health problems.

Figure 34 shows the QOF prevalence of a new diagnosis of depression in people aged 18 and over in 2023-24 in Bedford Borough, the fourth least deprived decile and across England.

The prevalence for a new diagnosis of depression in Bedford Borough was 1.08%, which is statistically significantly lower than the fourth least deprived decile of 1.43% and the England average of 1.48%.

**Figure 34: Depression: QOF incidence - new diagnosis (18+ yrs) 2023/24**



Source: OHID Fingertips, 2025<sup>23</sup>

#### 4.11 Learning disabilities

A learning disability affects the way a person understands information and how they communicate, which means they can have difficulty understanding new or complex information, learning new skills, and coping independently.

Learning disabilities can be mild, moderate, or severe. Some people with a learning disability live independently without much support; others need help to carry out most daily activities.

Many people with learning disabilities also have physical and/or sensory impairments, and some might behave in a way that others find difficult or upsetting (called behaviour that 'challenges').

People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

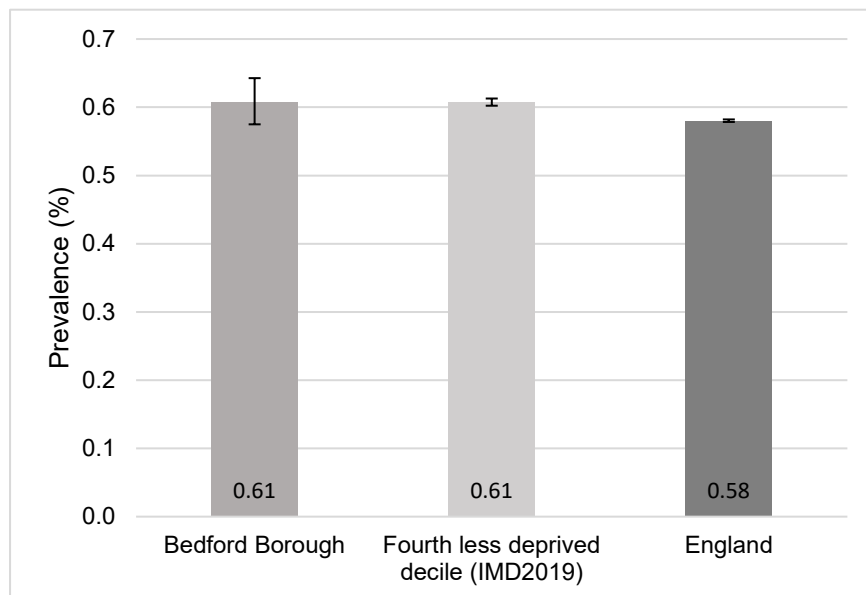
- Mental illness.
- Chronic health problems.
- Epilepsy
- Physical disabilities and sensory impairments.

Based on their greater health needs, it is critical that people with a learning disability have full access to health and care services and full access to preventative services

Figure 35 shows the QOF prevalence of people living with a learning disability (all ages) in 2023-24 in Bedford Borough, the fourth least deprived decile and England.

The recorded (diagnosed) prevalence for people living with a learning disability in Bedford Borough was 0.61%, which is statistically similar to the fourth least deprived decile (0.61%) and the England average of 0.58%.

**Figure 35: QOF prevalence of persons living with a learning disability (all ages), 2023-24**



Source: OHID Fingertips, 2025<sup>23</sup>

#### How pharmacies support:

- Information, advice and support on self-management and signposting to services
- Compliance aid assessment and other adjustments to support independence with medicines
- Repeat prescription service
- New medicine service
- Discharge medicine service

## 4.12 Health protection issues

### 4.12.1 Seasonal influenza and COVID-19

Immunisation programmes help to protect individuals and communities from particular diseases and changes are made to immunisation programmes in response to emerging and changing risks from vaccine preventable illnesses.

Community pharmacies make a significant contribution to the seasonal influenza and COVID-19 immunisation campaigns and continued support for this remains critical in protecting the population.

#### 4.12.2 Population vaccination coverage

Rotaviruses are the most common cause of diarrhoeal disease among infants and young children. Nearly every child in the world is infected with a rotavirus at least once by the age of five. Immunity develops with each infection, so subsequent infections are less severe. Adults are rarely affected.

The MMR vaccine is a vaccine against measles, mumps, and rubella (German measles), abbreviated as MMR. The first dose is generally given to children around 9 months to 15 months of age, with a second dose at 15 months to 6 years of age, with at least four weeks between the doses.

Diphtheria, tetanus, and acellular pertussis vaccine (also known as DTaP) combined with inactivated poliovirus vaccine (also known as IPV) is a combination vaccine that is given to protect against infections caused by diphtheria, tetanus (lockjaw), pertussis (whooping cough), and poliovirus.

The DTaP/IPV/Hib/HepB vaccine, also commonly known as the '6-in-1 vaccine', helps protect your baby against six serious diseases: Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B.

Figure 36 shows the population vaccination coverage of the seven vaccination indicators in 2023-24 in Bedford Borough, the fourth least deprived decile and across England.

**Rotavirus (Rota) (1 year):** the population vaccination coverage in Bedford Borough was 88.81%, which is statistically significantly lower than the fourth least deprived decile (91.30%) but similar to the national average of 88.48%.

**MMR for one dose (5 years old):** the population vaccination coverage in Bedford Borough was 93.34%, which is statistically similar to the fourth least deprived decile (93.70%) but statistically significantly higher than the England average of 91.93%.

**MMR for two doses (5 years old):** the population vaccination coverage in Bedford Borough was 87.49%, which is statistically similar to the fourth least deprived decile (87.29%) but statistically significantly higher than the England average of 83.91%.

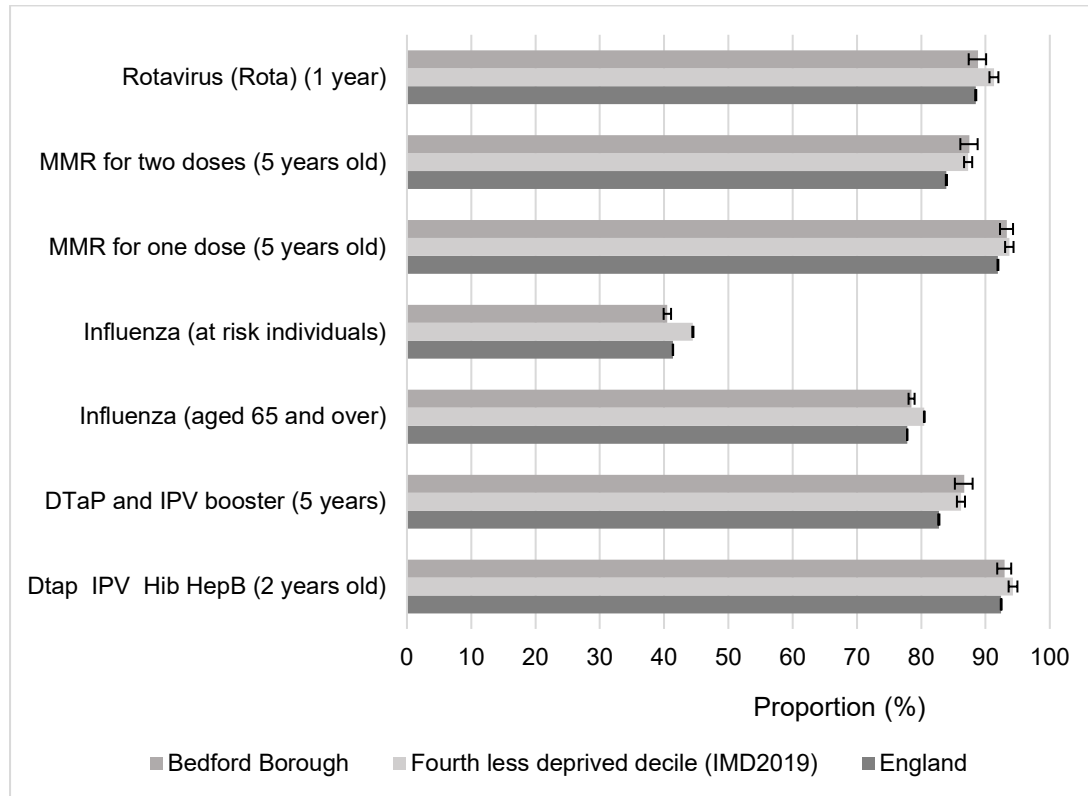
**Influenza (at risk individuals):** the population vaccination coverage in Bedford Borough was 40.51%, which is statistically significantly lower than both the fourth least deprived decile (44.48%) and the England average of 41.37%.

**Influenza (aged 65 and over):** the population vaccination coverage in Bedford Borough was 78.50%, which is statistically significantly lower than the fourth least deprived decile (80.48%) but statistically significantly higher than the England average of 77.82%.

**DTaP and IPV booster (5 years):** the population vaccination coverage in Bedford Borough was 86.67%, which is statistically similar to the fourth least deprived decile (86.18%) but statistically significantly higher than the England average of 82.74%.

**DTaP IPV Hib HepB (2 years old):** the population vaccination coverage in Bedford Borough was 92.98%, which is statistically similar to the least deprived decile (94.27%) and England average of 92.44%.

**Figure 36: Population vaccination coverage, 2023-24**

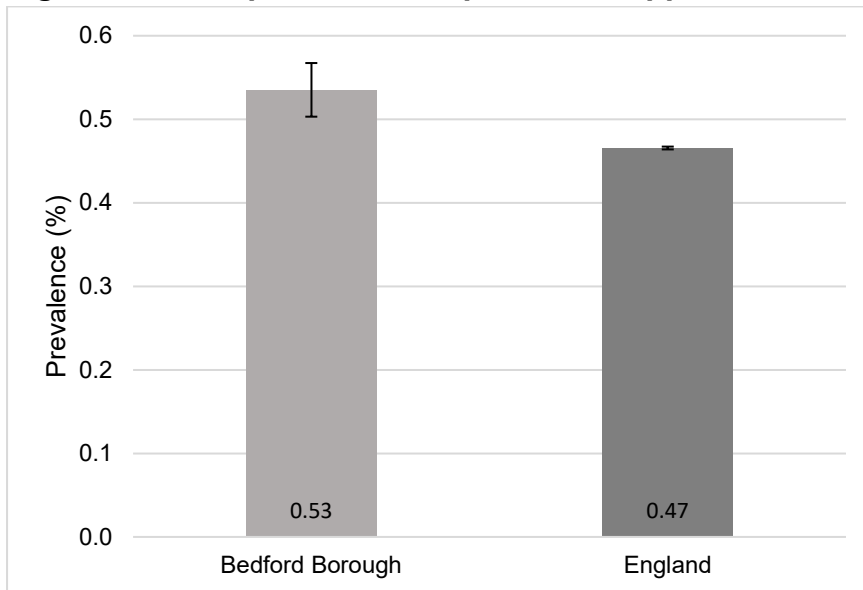


Source; OHID Fingertips, 2025<sup>23</sup>

#### 4.13 Palliative care

Figure 37 shows the QOF prevalence of palliative/supportive care in 2022-23 in Bedford Borough was 0.53%, which was statistically significantly higher than the England average of 0.47%.

**Figure 37: QOF prevalence of palliative/supportive care, 2022-23**

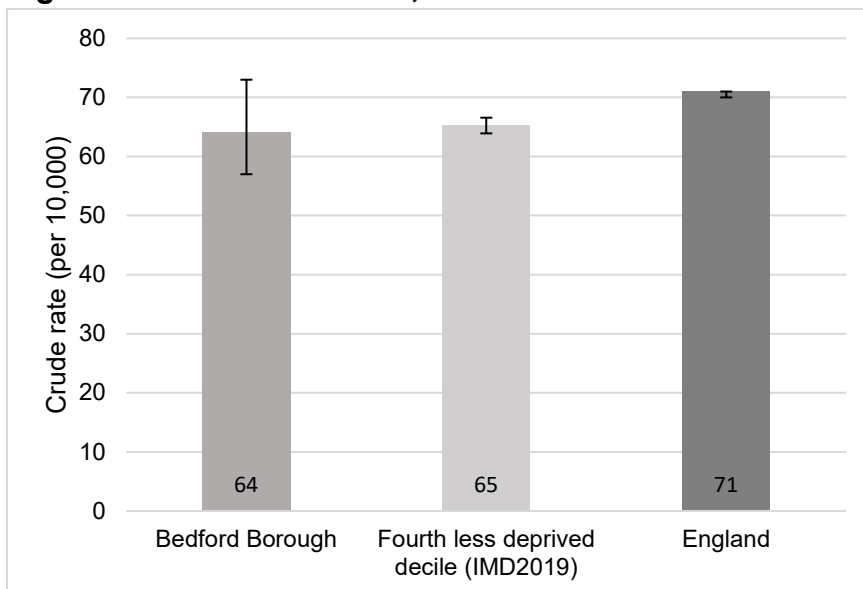


Source: OHID Fingertips, 2025<sup>23</sup>

#### 4.14 Children in care

Figure 38 shows the rate of Children in Care in 2022-23 per 10,000 in Bedford Borough, the fourth least deprived decile and across England. The rate for Bedford Borough was 64.00 per 10,000 children, which is statistically similar to the fourth least deprived decile of 65.23 per 10,000 and England average of 71.00 per 10,000.

**Figure 38: Children in care, 2022-23**



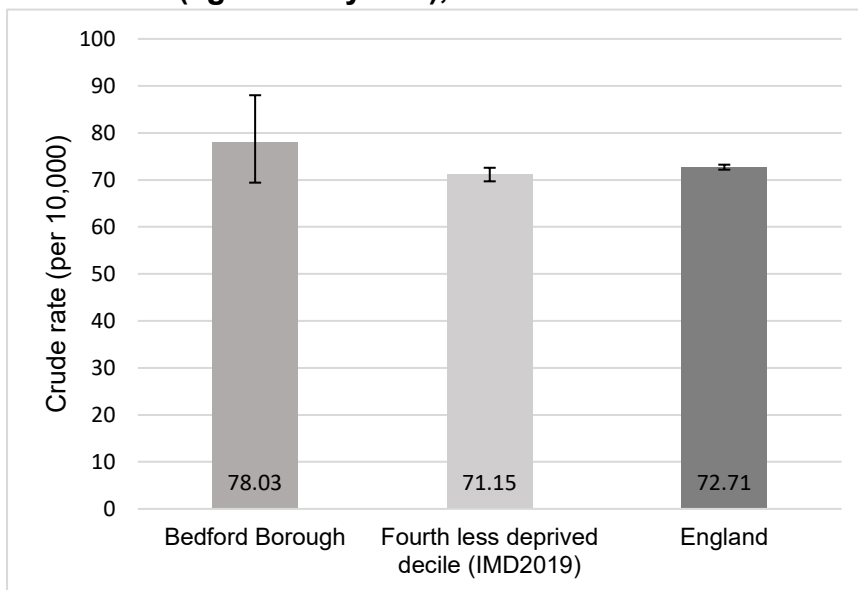
Source: OHID Fingertips, 2025<sup>23</sup>

#### 4.15 Accidental injuries

Figure 39 shows the prevalence of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) in 2023-24 in Bedford Borough, the fourth least deprived decile and across England as a whole.

The prevalence rate in Bedford Borough was 78.03 per 10,000, which is statistically similar to both the fourth least deprived area of 71.15 per 10,000 and the England average of 72.71 per 10,000.

**Figure 39: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), 2023-24**



Source: OHID Fingertips, 2025<sup>23</sup>

#### 4.16 Summary of health needs analysis

Community pharmacy can and does make a significant contribution to improving the health of the population and supporting a reduction in premature mortality. The population of Bedford Borough is increasing, with further growth anticipated. The largest increase is in those aged 80 and over. Long term conditions are more prevalent in the older population. While generally, long term condition prevalence in Bedford Borough is not significantly different to the England average, the QOF prevalence of asthma and diabetes are both statistically higher than the England average. There is also a higher QOF prevalence of palliative and supportive care in Bedford, when compared to the England average.

While the majority of people living in Bedford Borough are fortunate enough to have good health when compared with the national averages, this isn't the experience for everyone. There are some deprived LSOAs within Bedford Borough and the needs of those in deprived pockets can be masked by looking at the needs of the

population as a whole. Castle, Cauldwell and Harpur are in the country's 10% most deprived areas.

The increasingly ageing population will have an impact on demand for pharmaceutical services. Older patients often have more complex health needs and will require more support with their medicines and to access pharmaceutical services.

## **5 Current Provision of Pharmaceutical Services**

### **5.1 Overview**

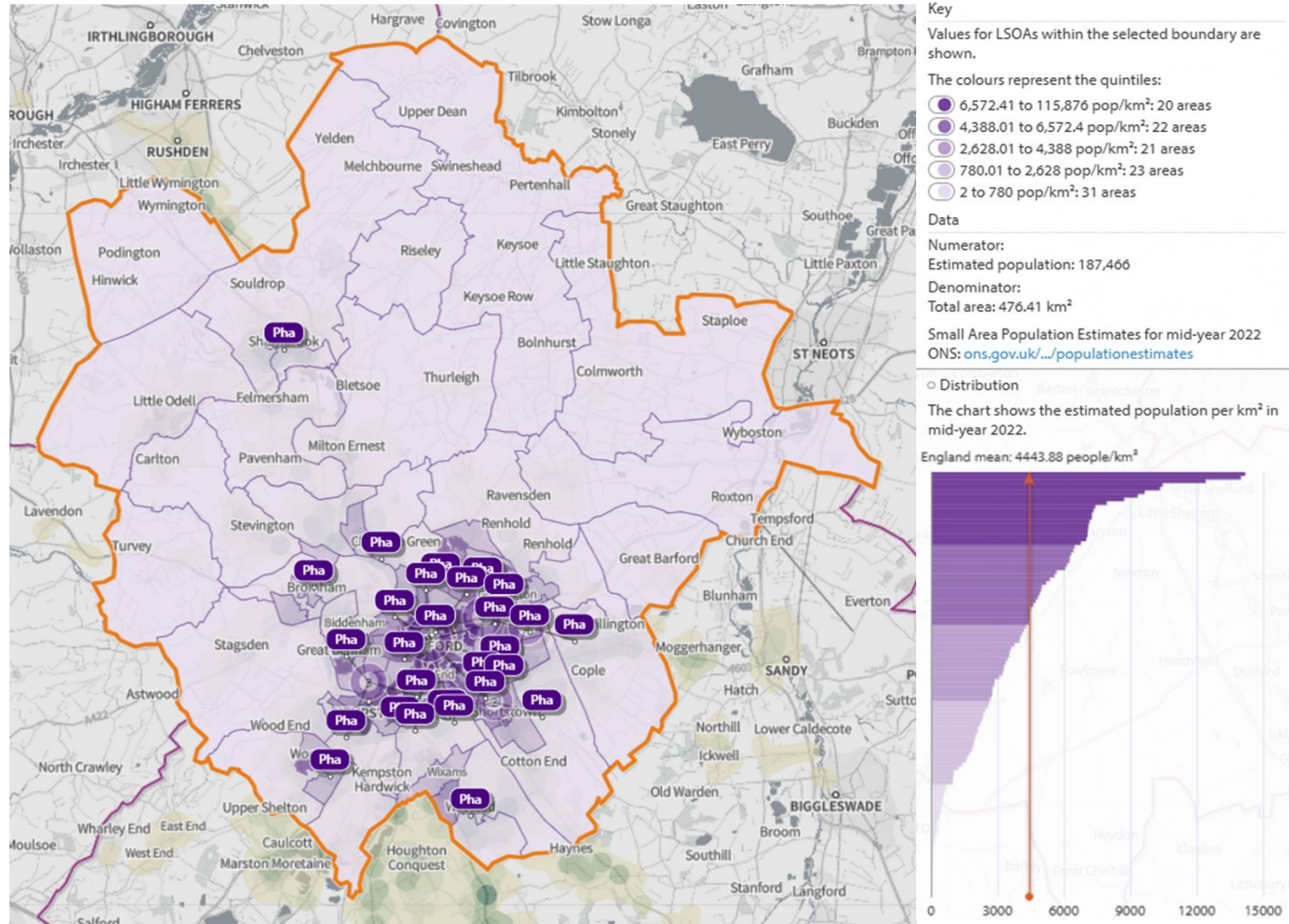
From 1 July 2022 all ICBs assumed delegated responsibility for primary medical services and some ICBs took on delegated responsibility for one or more pharmaceutical, ophthalmic, and dental functions. However, NHS England still retains overall accountability for the discharge of these delegated functions, under the Health and Care Act 2022. This delegated authority for pharmaceutical services was transferred to Hertfordshire and West Essex ICB (HWE ICB) (on behalf of all ICBs in the East of England) and reference to the commissioner of the community pharmacy services will be HWE ICB throughout this PNA.

HWE ICB is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies. The information reflects the number of pharmacies at the time the data was reported.

A table listing the current pharmacies and key opening times is included in appendix 6.

Figure 40 shows the location of essential pharmacy services within Bedford Borough, with population density.

**Figure 40: Location of essential pharmaceutical services within Bedford Borough**



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## **5.2 Standard contract (40 hours)**

### **5.2.1 Core hours**

Community pharmacy contractors provide Essential Services (see section 7 essential services) as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Most community pharmacies provide a core of 40 hours per week although some pharmacies may be contracted to provide a 100-hour (now minimum 72 hours) pharmacy service, and some may offer less than 40 hours.

Core opening hours can only be changed by first applying to HWE ICB and as with all applications, these may be granted or refused.

In Bedford Borough, there are 27 40-hour pharmacies and one 100-hour pharmacy.

### **5.2.2 Supplementary hours**

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving the ICB a minimum of 5 weeks' notice of the intended change where a decrease in hours will occur.

Although notification must also be given to the ICB for an increase in hours, there is no notice period stated, however owners are encouraged to give as much notice as possible.

24 pharmacies in Bedford Borough currently provide some supplementary hours, ranging from 2.5 to 38 hours per week.

## **5.3 100-hour pharmacies**

100-hour pharmacies were required to open for at least 100 hours per week until May 2023 when the Department of Health and Social Care (DHSC) introduced a number of changes to the regulations. Amongst those changes was the option for 100-hour pharmacies to reduce their weekly opening hours to no less than 72, subject to various requirements, which included continuation of 7-day provision and late opening on weekdays. The changes were introduced in an effort to maintain the availability of this provision against a backdrop of pharmacy closures. 100-hour pharmacies were seen as particularly vulnerable to closure due to higher operating costs.

There is just one 100-hour pharmacy remaining in Bedford Borough, and since this change in the regulations was introduced, this pharmacy has reduced its opening hours.

## **5.4 Pharmacy access scheme**

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health, and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. Information provided by HWE ICB in January 2025 indicated that nine pharmacies in Bedford Borough were identified as being eligible for the Pharmacy Access Scheme. These are:

- Boots Pharmacy, Unit D Interchange Retail Park, Race Meadows Way, Bedford, MK42 7AZ
- Bromham Pharmacy, Avoca House, Molivers Lane, Bromham, Bedford, MK43 8JT
- Herbert & Herbert, 88 High Street, Clapham, Bedford, MK41 6BW
- Jardines Pharmacy, 107 Brickhill Drive, Bedford, MK41 7QF
- Tesco In-Store Pharmacy, Riverfield Drive, Bedford, MK41 0SE
- The Village Pharmacy, Meiklejohn Centre Unit 3, Kingswood Way, Great Denham, MK40 4GH
- Well Pharmacy, 86 Queens Drive, Putnoe, Bedford, MK41 9BS
- Wellbeing Pharmacy, 61 High Street, Sharnbrook, Bedford, MK44 1PB
- Wootton Pharmacy, Unit 2, Folkes Road, Wootton, Bedford, MK43 9TE

## **5.5 Dispensing appliance contractors**

Dispensing appliance contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Dispensing appliance contractors are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely and on a national level, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. They are not therefore directly linked to the provision of pharmaceutical services in any specific locality so are not considered as part of the needs assessment.

There are no appliance contractors in Bedford Borough. However, geographical location is less relevant as they operate a 100% delivery model.

## **5.6 Distance selling pharmacies**

Distance selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations<sup>7</sup> do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then arrange for them to be delivered free of charge to the patient.

They must provide essential services to anyone, anywhere in England, where requested to do so and may currently choose to provide advanced and enhanced services, but when doing so must ensure that they do not provide any essential services whilst the patient is at the pharmacy premises. In April 2025, it was announced that the 2013 regulations will be amended so that DSPs will no longer be able to provide advanced and enhanced services to patients on the pharmacy premises<sup>34</sup>. Where the service specification for individual services allows remote consultations to be provided or off-site provision of a service, that will still be possible for all pharmacies, including for DSPs. This is likely to be effective from 2 October 2025, after the regulations have been amended.

As of 31 March 2024, there were 409 distance selling premises in England, based in 115 health and wellbeing board areas. Not every health and wellbeing board therefore has one in their area, however it is likely that some of their residents will use one.

In Bedford Borough, there are two distance-selling pharmacies.

## **5.7 Dispensing doctors**

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

There are eight dispensing doctors' sites in the Bedford Borough area, and they are detailed in Table 3. Four are in Rural North, two in South, one in Urban Northeast and one in Urban Northwest.

**Table 3: Dispensing doctors in Bedford Borough**

<b>Code</b>	<b>Practice / branch located within Bedford Borough</b>	<b>Main or Branch Surgery</b>	<b>Address</b>
E81007	Harrold Medical Practice	Main	Peach's Close, Harrold, MK43 7DX
E81024	Sharnbrook Surgery	Main	Templars Way, Sharnbrook, Bedford, MK44 1PZ
E81031	Great Barford Surgery	Main	26 Silver Street, Great Barford, MK44 3HX
E81037	De Parys Group	Main	Enhanced Services Centre, 21 Kimbolton Road, MK40 2NT
E81037	De Parys Group	Branch	Molivers Lane, Bromham, MK43 8JT
E81049	Priory Medical Practice	Main	48 The Glebe, Clapham, Bedford, MK41 6GA
E81060	Linden Road Surgery	Main	13 Linden Road, Bedford, MK40 2DQ
E81060	Linden Road Surgery	Branch	Avoca House, Molivers Lane, Bromham, MK43 8JT

**Source: HWE ICB**

## **5.8 Hospital pharmacy services**

NHS hospital trusts and private hospitals do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

## **5.9 Out of area providers of pharmaceutical services**

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Bedford Borough area that provide dispensing services to the registered population of Bedford Borough. This is detailed in section 6.2.

## **5.10 Government consultations**

### **5.10.1 Pharmacy supervision**

The Government has recently undertaken a consultation exercise to gather views on a proposed change to the regulations on pharmacy supervision. The changes, if enacted, would allow greater delegation of tasks in a community pharmacy, allowing the pharmacist to focus more on clinical services and other patient facing activity. This could free up capacity and enable community pharmacists to deliver a wider range of NHS services.

The results of the consultation have not been shared at the time of writing.

### **5.10.2 Hub and spoke dispensing**

Hub and spoke dispensing occurs when a community pharmacy 'spoke' sends prescriptions to another pharmacy 'hub' to be dispensed and is used currently by pharmacy multiples to free up pharmacist time at the spoke and achieve economies of scale at the hub. Legislation permits this provided certain conditions are met, but both parties must be part of the same legal entity.

In March 2025 the Government confirmed that it is introducing Hub and Spoke dispensing Model 1, and changes to the Human Medicines Regulations 2012 will be made in the coming weeks<sup>35</sup>. Model 1 is where the medicines are returned assembled from the hub to the spoke pharmacy for supply to the patient (patient – spoke – hub – spoke – patient). It is intended that this will be available later in the year.

This change should create and/or preserve capacity for pharmacists to deliver patient facing services.

### **5.10.3 Independent prescribing**

Independent prescribing by pharmacists has been available since 2006, and in recent years there has been a drive to upskill the current pharmacist workforce, enabling a large number of pharmacists to qualify as independent prescribers. Alongside this, newly registered pharmacists qualifying from 2026 will automatically become independent prescribers following changes made by schools of pharmacy to reflect this significant change to pharmacists' workload.

Despite there being a number of independent prescribing pharmacists working in community pharmacy in England, there are currently no clinical services commissioned nationally by NHS England that enable NHS prescriptions to be issued by independent prescribing pharmacists working in community pharmacy. In 2024, NHS England and integrated care boards (ICBs) have continued to develop the Community Pharmacy Independent Prescribing Pathfinder Programme, designed to establish a framework for the commissioning of community pharmacy services that incorporate independent prescribing.

Over the next few years, there could be a significant change to the delivery of community pharmacy services, as the skills and capabilities of community pharmacists are utilised to build on clinical services already commissioned as advanced pharmaceutical services, or to add into locally commissioned services.

## **6 Access to Community Pharmacy Services in Bedford Borough**

Since the last PNA in 2022 the following significant changes to pharmacy provision in Bedford Borough include:

- Closure of Berkeley Pharmacy, 30 Gostwick Road, Bedford, MK42 9XD.
- Closure of Lloyds Pharmacy, 245 Bedford Road, Kempston, MK42 8BP.
- Closure of Lloyds Pharmacy, Sainsbury Store, 252-274 Bedford Road, Kempston, MK42 8AY.
- Closure of Lloyds Pharmacy, 98 Bedford Road, Kempston, MK42 8BG.
- Closure of Lloyds Pharmacy, Fairfield Park, 90 Clapham Road, Bedford, MK41 7PJ.
- One pharmacy has opened (Speedwell Pharmacy) at 178 Bedford Road, Kempston, MK42 8BL

Three of the closed pharmacies held 40-hour contracts, and two were 100-hour. The 40-hour pharmacies opened on weekdays only, and the pharmacy which has opened is also open on weekdays only, until 6pm.

Following the change in the 2013 regulations (see section 5.3) regarding 100-hour pharmacies, the vast majority of 100-hour pharmacies nationally, and the one remaining 100-hour pharmacy in the Bedford Borough area, have reduced their opening times.

There have also been reductions in the number of supplementary hours offered by 40-hour contractors, affecting mainly early morning, evening, and weekend opening. However, two pharmacies have increased their supplementary hours to provide services on Saturdays.

There were seven dispensing GP practices identified in the last PNA. In this PNA, eight sites have been identified.

## 6.1 Number, type of pharmacies and geographical distribution

**Table 4: Distribution of community pharmacies, by locality**

Locality	Number of community pharmacies			
	40-hour	Distance selling	100-hour	TOTAL
Rural North	2	0	0	<b>2</b>
South	4	0	0	<b>4</b>
Urban Northeast	6	1	0	<b>7</b>
Urban Northwest	7	0	0	<b>7</b>
Urban South	6	1	1	<b>8</b>
<b>TOTAL</b>	<b>25</b>	<b>2</b>	<b>1</b>	<b>28</b>

Source: HWE ICB and Public Health Evidence and Intelligence (PHEI) team - shared Public Health team Bedford Borough, Central Bedfordshire, and Milton Keynes City Councils

**Table 5: Average number of pharmacies (not including dispensing doctors) per 100,000 population and persons per pharmacy, by locality**

Locality	No. of community pharmacies	Mid 2022 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Rural North	2	29,936	6.7	14,968
South	4	36,507	10	9,127
Urban Northeast	7	45,032	15.5	6,433
Urban Northwest	7	30,946	22.6	4,421
Urban South	8	45,045	17.8	5,631
<b>Bedford Borough</b>	<b>28</b>	<b>187,466</b>	<b>14.9</b>	<b>6,695</b>
<b>ENGLAND</b>	<b>10,430</b>	<b>57,112,542</b>	<b>18.3</b>	<b>5,476</b>

Source: NHSBSA pharmaceutical list<sup>36</sup>, ONS<sup>37</sup>, and Public Health Evidence and Intelligence (PHEI) team - shared Public Health team Bedford Borough, Central Bedfordshire and Milton Keynes City Councils

Consideration of the number of pharmacies compared to the resident population, based on ONS 2022 mid-year population estimates<sup>37</sup> for wards, aggregated up to Bedford Borough localities is shown in Table 5. This shows that Bedford Borough has comparatively low provision of community pharmacies, having a smaller number of pharmacies per 100,000 population than the England average.

Urban Northwest has the highest number of pharmacies per 100,000 population out of all of the Bedford Borough localities and is the only locality which is above the England average. Rural North is much lower than all other localities, however it does benefit from four dispensing doctors' surgeries (not included in the above table).

## 6.2 Dispensing activity in Bedford Borough

To assess the average dispensing activity levels of Bedford Borough community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity<sup>38</sup> was mapped to Bedford Borough using pharmacy codes and addresses.

**Table 6: Average number of items dispensed per pharmacy (not including dispensing doctors) in Bedford Borough, 2023-24**

	<b>No. of pharmacies</b>	<b>Number of prescription items dispensed by pharmacies (2023-24)</b>	<b>Average no. of prescription items dispensed per pharmacy (2023-24)</b>
Bedford Borough	28	2,547,508	90,982
<b>ENGLAND</b>	<b>10,430</b>	<b>1,113,000,000</b>	<b>106,711</b>

Source: NHSBSA<sup>38</sup>

The figures in table 6 show that pharmacies in Bedford Borough dispense lower than average numbers of items than the national average.

Prescribing and analysis of data reports (ePACT2) published by NHS Business Services Authority in October 2024, indicated that in 2023-24, 85% of the items prescribed by GP practices in Bedford Borough were dispensed by pharmacies in the Bedford Borough area and 15% were dispensed "out of area".

Out of area dispensing may be due to people choosing to use a distance selling pharmacy for their medicine supplies or people who live on the boundaries of the area accessing pharmacies which are convenient to visit but are in a neighbouring HWB area.

To counter this information, Bedford Borough pharmacies also dispense some prescriptions that are sourced from prescribers located out of the council's boundaries. In 2023-24, 16% of the dispensing activity of pharmacies in Bedford Borough was from prescribers out of area.

## 6.3 Access to pharmacies by opening hours

As described in section 5.2, community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with NHSE. These core hours are provided as part of essential pharmacy services. There is one

100-hour pharmacy in Bedford Borough, opened under the previous exemption which enabled longer opening hours, and this pharmacy is now open for 78 hours per week as core hours.

In Bedford Borough, all but three of the 40-hour pharmacies provide supplementary hours, so are open for more than the core contract hours. Two of these are the distance-selling pharmacies.

In Bedford Borough, there are currently:

- 20 pharmacies that are not 100-hour pharmacies and open on Saturday mornings
- 11 pharmacies that are not 100-hour pharmacies and remain open after 1pm on Saturday afternoons
- Three pharmacies that are not 100-hour pharmacies that are open on Sundays.

These operating hours allow pharmacies greater scope to respond to local population needs and preferences.

The distance selling pharmacies do not open on Saturdays or Sundays.

There is one 100-hour pharmacy, which is located in Urban South, out of a total of 28 pharmacies in Bedford Borough. This pharmacy provides access to services on weekday evenings and Saturdays until 9pm, as well as on Sundays between 11am and 5pm.

In addition, there are 10 pharmacies that provide at least 10 supplementary hours beyond their 40-hour core contracts. All of these provide access to services on Saturdays until at least 12:30pm, with three of these also open on Sundays. Of these pharmacies, one is in Rural North, and there are three in each of the Urban Northeast, Urban Northwest, and Urban South localities.

Figures 41, 42 and 43 illustrate the opening hours of each pharmacy on weekdays, Saturdays, and Sunday.

**Figure 41: Weekday opening hours (correct as of April 2025)**

Locality	Pharmacy Name	ODS Code	Monday to Friday																	
			6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
Rural North	Herbert & Herbert	FDL06																		
	Wellbeing Pharmacy	FWV87																		
South	Bromham Pharmacy	FN234																		
	Phoenix Pharmacy t/a Shortstowen Pharmacy	FF239																		
	Wilstead Pharmacy	FWD83																		
	Wootton Pharmacy	FM534																		
Urban Northeast	121 Pharmacy	FCC16																		
	Fairley's Pharmacy	FTY20																		
	Goldharts Chemist	FCG26																		
	Jardines Pharmacy	FMC15																		
	Kidmans Surgical Chemist	FJ835																		
	Tesco in-store Pharmacy	FF441																		
	WELL Pharmacy	FGL66																		
Urban Northwest	Boots Pharmacy	FNX34																		
	Broadway Pharmacy	FE991																		
	Kays Chemist	FP598																		
	Lindleys Chemist	FH585																		
	Oakley Pharmacy	FLV26																		
	Superdrug in-store Pharmacy	FQK65																		
	The Village Pharmacy	FXE23																		
Urban South	Boots Pharmacy	FQ564																		
	Britannia Pharmacy	FEC88																		
	Janssens Pharmacy	FVM05																		
	Lotus Pharmacy	FLX42																		
	Phoenix Pharmacy	FNW88																		
	Smarta Healthcare	FXJ96																		
	Speedwell Pharmacy	FH657																		
	Tesco in-store Pharmacy	FML15																		

Source: HWE ICB

**Figure 42: Saturday opening hours (correct as of April 2025)**

Locality	Pharmacy Name	ODS Code	Saturday																	
			6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
Rural North	Herbert & Herbert	FDL06																		
	Wellbeing Pharmacy	FWV87																		
South	Bromham Pharmacy	FN234																		
	Phoenix Pharmacy t/a Shortstowen Pharmacy	FF239																		
	Wilstead Pharmacy	FWD83																		
	Wootton Pharmacy	FM534																		
Urban Northeast	121 Pharmacy	FCC16																		
	Fairley's Pharmacy	FTY20																		
	Goldharts Chemist	FCG26																		
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	Oakley Pharmacy	FLV26																		
	Superdrug in-store Pharmacy	FQK65																		
	The Village Pharmacy	FXE23																		
Urban South	Boots Pharmacy	FQ564																		
	Britannia Pharmacy	FEC88																		
	Janssens Pharmacy	FVM05																		
	Lotus Pharmacy	FLX42																		
	Phoenix Pharmacy	FNW88																		
	Smarta Healthcare	FXJ96																		
	Speedwell Pharmacy	FH657																		
	Tesco in-store Pharmacy	FML15																		

Source: HWE ICB

**Figure 43: Sunday opening hours (correct as of April 2025)**

Locality	Pharmacy Name	ODS Code	Sunday																	
			6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
Rural North	Herbert & Herbert	FDL06																		
	Wellbeing Pharmacy	FWV87																		
South	Bromham Pharmacy	FN234																		
	Phoenix Pharmacy t/a Shortstown Pharmacy	FF239																		
	Wilstead Pharmacy	FWD83																		
	Wootton Pharmacy	FM534																		
Urban Northeast	121 Pharmacy	FCC16																		
	Fairley's Pharmacy	FTY20																		
	Goldharts Chemist	FCG26																		
	Jardines Pharmacy	FMC15																		
	Kidmans Surgical Chemist	FJ835																		
	Tesco in-store Pharmacy	FF441																		
	WELL Pharmacy	FGL66																		
Urban Northwest	Boots Pharmacy	FNX34																		
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Urban South	Boots Pharmacy	FQ564																		
	Britannia Pharmacy	FEC88																		
	Janssens Pharmacy	FVM05																		
	Lotus Pharmacy	FLX42																		
	Phoenix Pharmacy	FNW88																		
	Smarta Healthcare	FXI96																		
	Speedwell Pharmacy	FH657																		
	Tesco in-store Pharmacy	FML15																		

Source: HWE ICB

The Health and Wellbeing Board recognises that these pharmacies provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of Bedford Borough. However, should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision within this locality. Early involvement of the Community Pharmacy BLMK & Northants and local community pharmacies in this process would allow for local solutions to be explored.

## 6.4 Ease of access to pharmacies

The following sections provide a summary of the opening hours of community pharmacies in Bedford Borough, split between weekdays and weekend provision. For the weekdays, a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days. Full information regarding opening hours is described in appendix 6 including any variations to this general overview.

### 6.4.1 Weekday opening

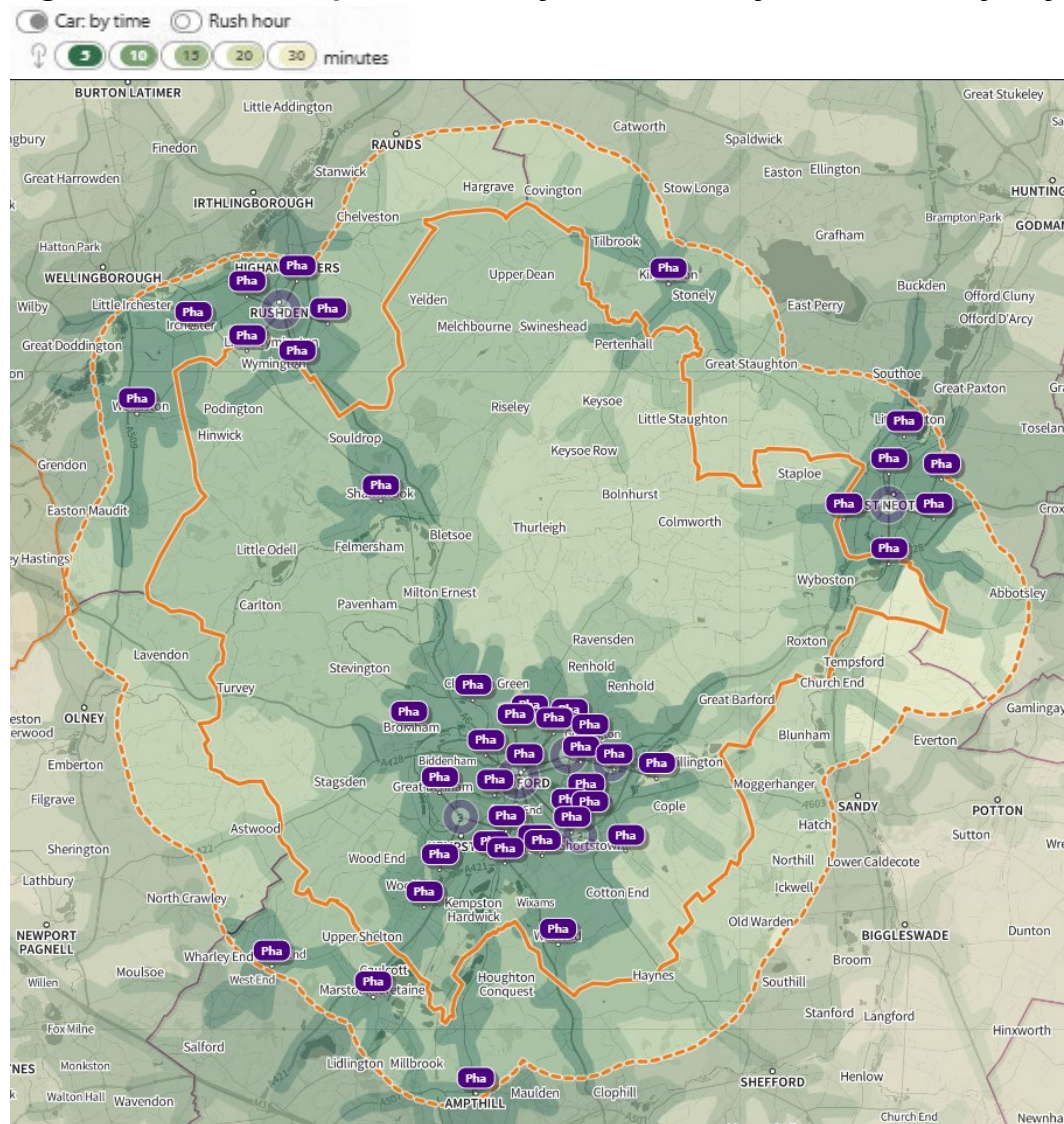
There is extensive access to community pharmacy across Bedford Borough during the hours from 9:00 am until 6:00 pm on weekdays in all localities. 20 pharmacies that are not 100-hour pharmacies remain open without closing for lunchtime. Of those that do close at lunchtime, all close for one hour.

#### **6.4.1.1 Weekday daytime**

All community pharmacies in Bedford Borough are open from 9am on Weekday mornings. Some pharmacies offer earlier opening times, which are often provided as supplementary hours. Urban Northeast, Urban Northwest and Urban South all have at least one pharmacy open from 8.30am – one of the Urban Northeast pharmacies is open from 8am. During the weekday daytime, there is adequate access to pharmacies across all localities, with residents in all areas able to access a pharmacy within 15 minutes using private transport (see figure 44). 97.6% of the population are within a 30-minute travel time using public transport (see figure 45). 74.8% of the population can walk to their nearest pharmacy within 15 minutes (see figure 46).

There are also eight dispensing doctors' sites in Bedford Borough, with four of them located in Rural North, two in South and one each in Urban Northeast and Urban Northwest, which provide dispensing services on weekdays to those living in the more rural areas of the borough.

**Figure 44: Access to pharmacies by travel time by car – weekday daytime**

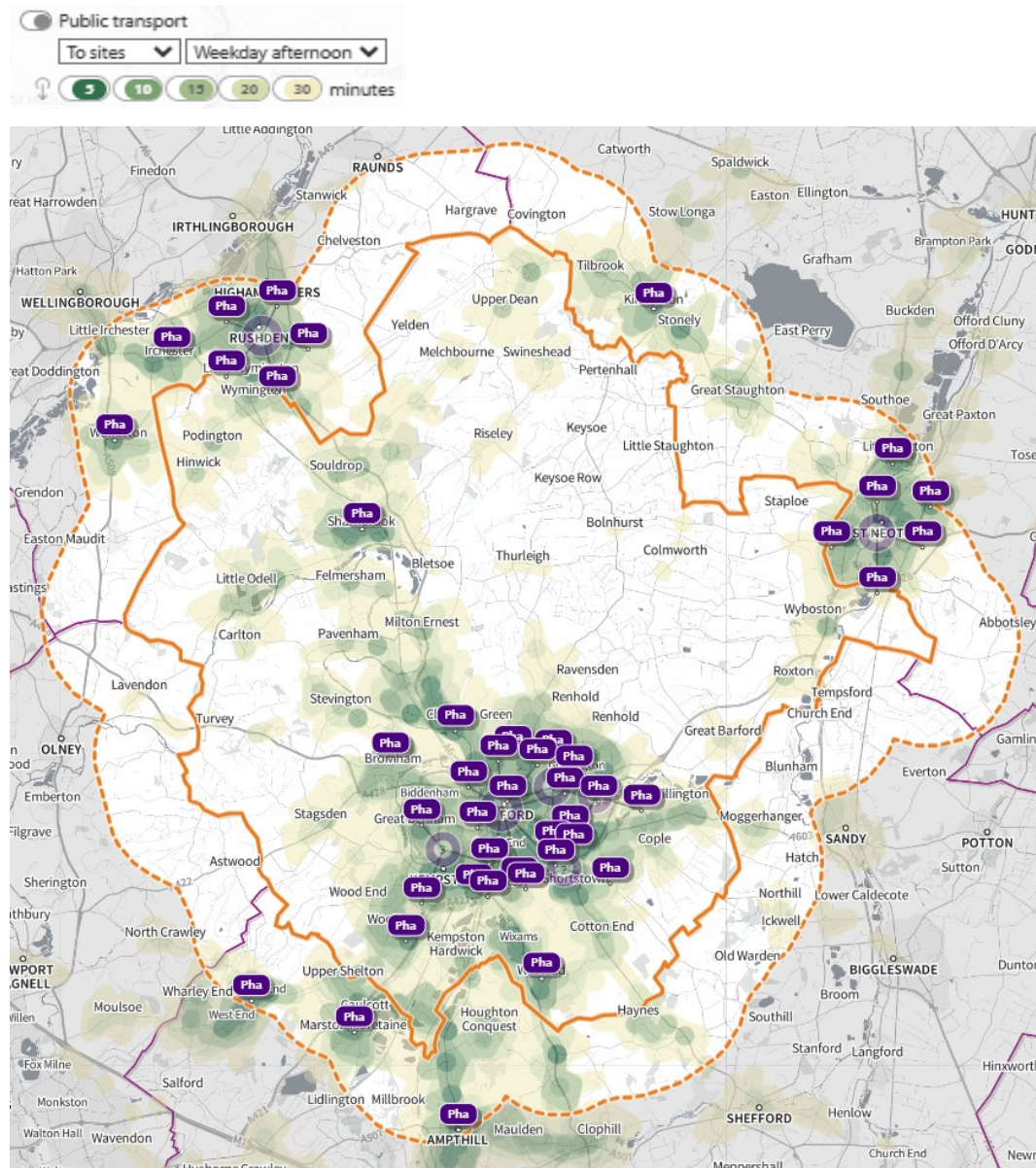


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**Table 7: Travel time by car during weekday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	164,550	22,926	187,476	87.8%
10	184,399	3,067	187,466	98.4%
15	187,466		187,466	100.0%
20	187,466		187,466	100.0%
30	187,466		187,466	100.0%

**Figure 45: Access to pharmacies by travel time on public transport – weekday daytime**



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**Table 8: Travel time on public transport during weekday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	81,211	106,255	187,466	43.3%
10	146,151	41,315	187,466	78.0%
15	173,358	14,108	187,466	92.5%
20	177,284	10,182	187,466	94.6%
30	182,886	4,580	187,466	97.6%



#### **6.4.1.2 Weekday evenings**

Most pharmacies remain open until at least 6.00pm after which there is a noticeable reduction in provision. There is some provision on weekday evenings in three localities. Evening opening is provided as follows:

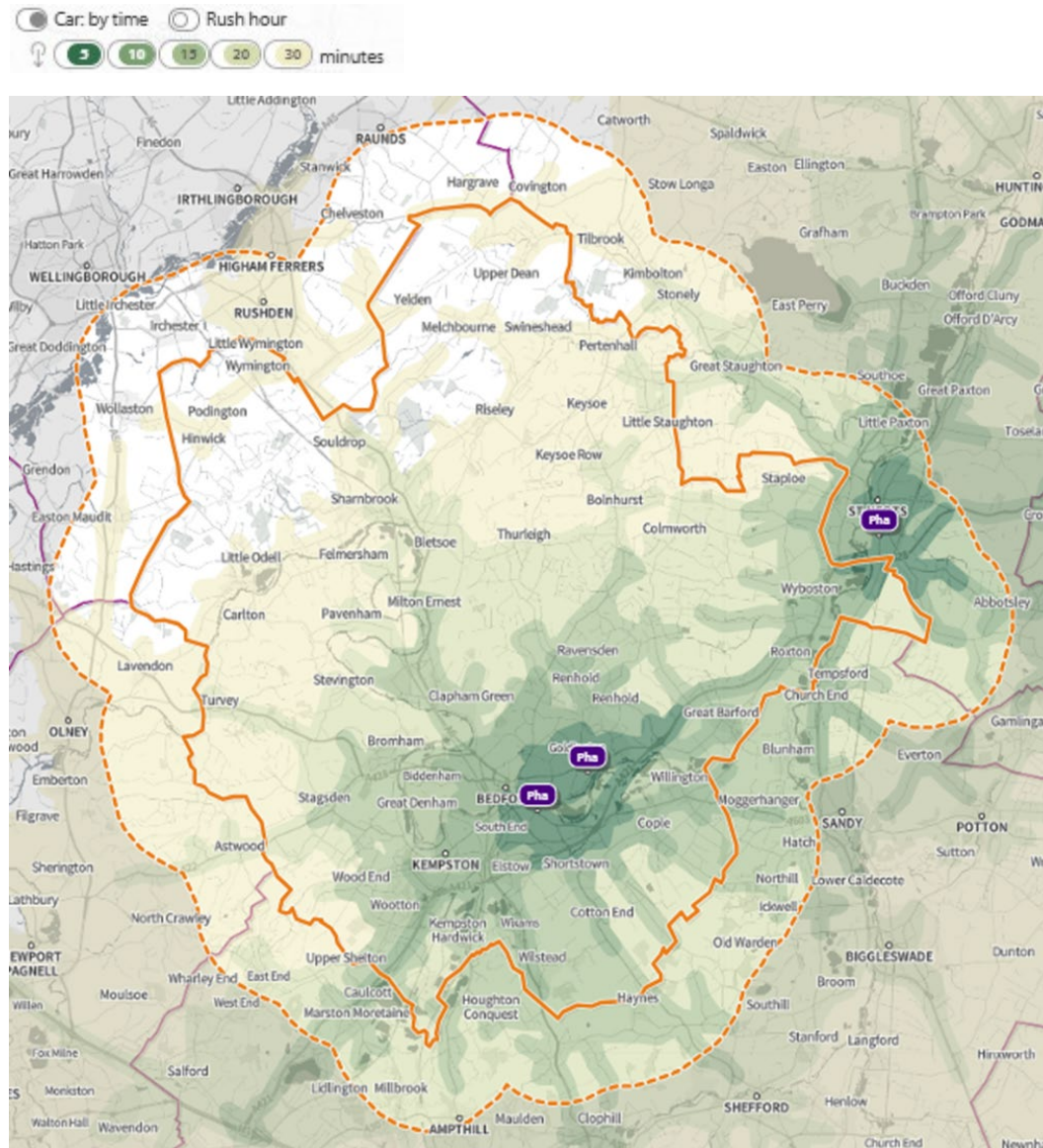
- Urban Northeast: one pharmacy is open until 6:30pm, and one other is open until 8pm
- Urban Northwest: one pharmacy is open until 6:30pm, and one other is open until 7pm (in the previous PNA, this one opened until 9pm)
- Urban South: one pharmacy opens until 7pm and one open until 9pm (this is the 100-hour pharmacy and in the previous PNA, it was open until 10:30pm)

Since the last PNA, three pharmacies have reduced their evening opening hours (one in Urban Northwest and two in Urban South).

There is no community pharmacy provision within the Rural North and South areas after 6pm on weekday evenings, although one dispensing doctors in Rural North is open until 6:30pm. After 7pm, just two pharmacies remain open in Bedford Borough (one in Urban Northeast and another in Urban South). Whilst evening opening during this time within Rural North, South and Urban Northwest localities may improve access and choice, it is considered that the community pharmacies that open later in the evening in Urban Northeast and Urban South, and just across the council boundary, allow adequate access to services by people living in these localities.

Travel time by car to the nearest pharmacy in the evenings is within 20 minutes for 94.4% of the Bedford Borough population, with 100% of residents within a 30-minute journey (see figure 47 and 48 below).

**Figure 47: Map showing travel time by car weekday evenings after 7pm**

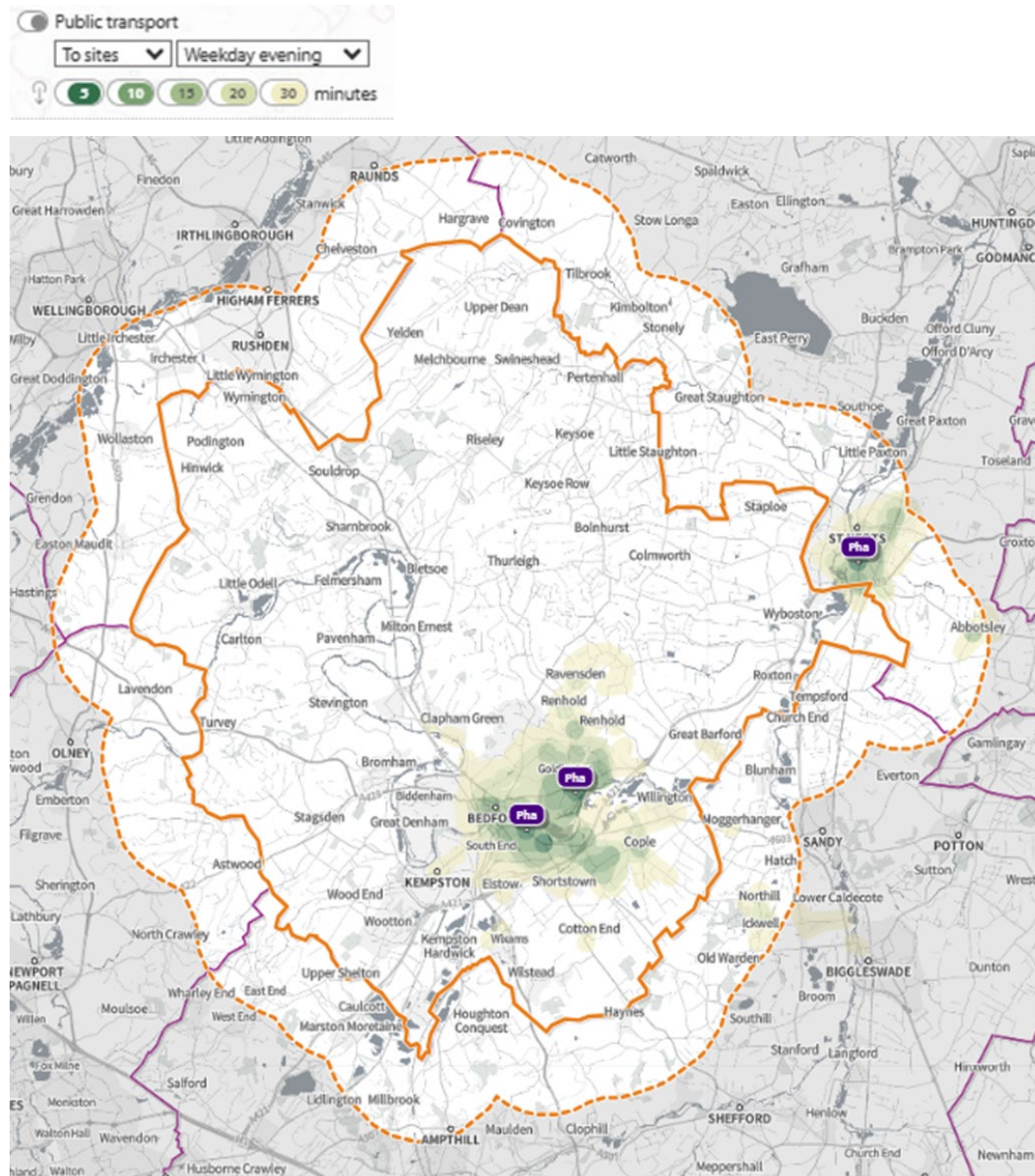


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**Table 10: Travel time by car on weekday evenings after 7pm**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	43,171	144,295	187,466	23.0%
10	132,556	54,910	187,466	70.7%
15	169,506	17,960	187,466	90.4%
20	177,026	10,440	187,466	94.4%
30	187,466	0	187,466	100.0%

**Figure 48: Map showing travel time by public transport weekday evenings after 7pm**



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**Table 11: Travel time by public transport on weekday evenings after 7pm**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	1,244	186,222	187466	0.7%
10	17,480	169,986	187466	9.3%
15	44,978	142,488	187466	24.0%
20	62,956	124,510	187466	33.6%
30	105,218	82,248	187466	56.1%

Section 6.4.3 gives an overview of provision of pharmacy services close to urgent treatment centres and the walk-in centre, located outside of Bedford Borough.

## **6.4.2 Weekend opening**

### **6.4.2.1 Saturday opening**

In total, 21 pharmacies across Bedford Borough open on Saturdays. All these pharmacies open on Saturday mornings, and there is access in all localities. This reduces to 12 pharmacies that remain open on Saturday afternoons after 2pm, again across all localities. There is also one dispensing doctor site open on a Saturday morning in Rural North.

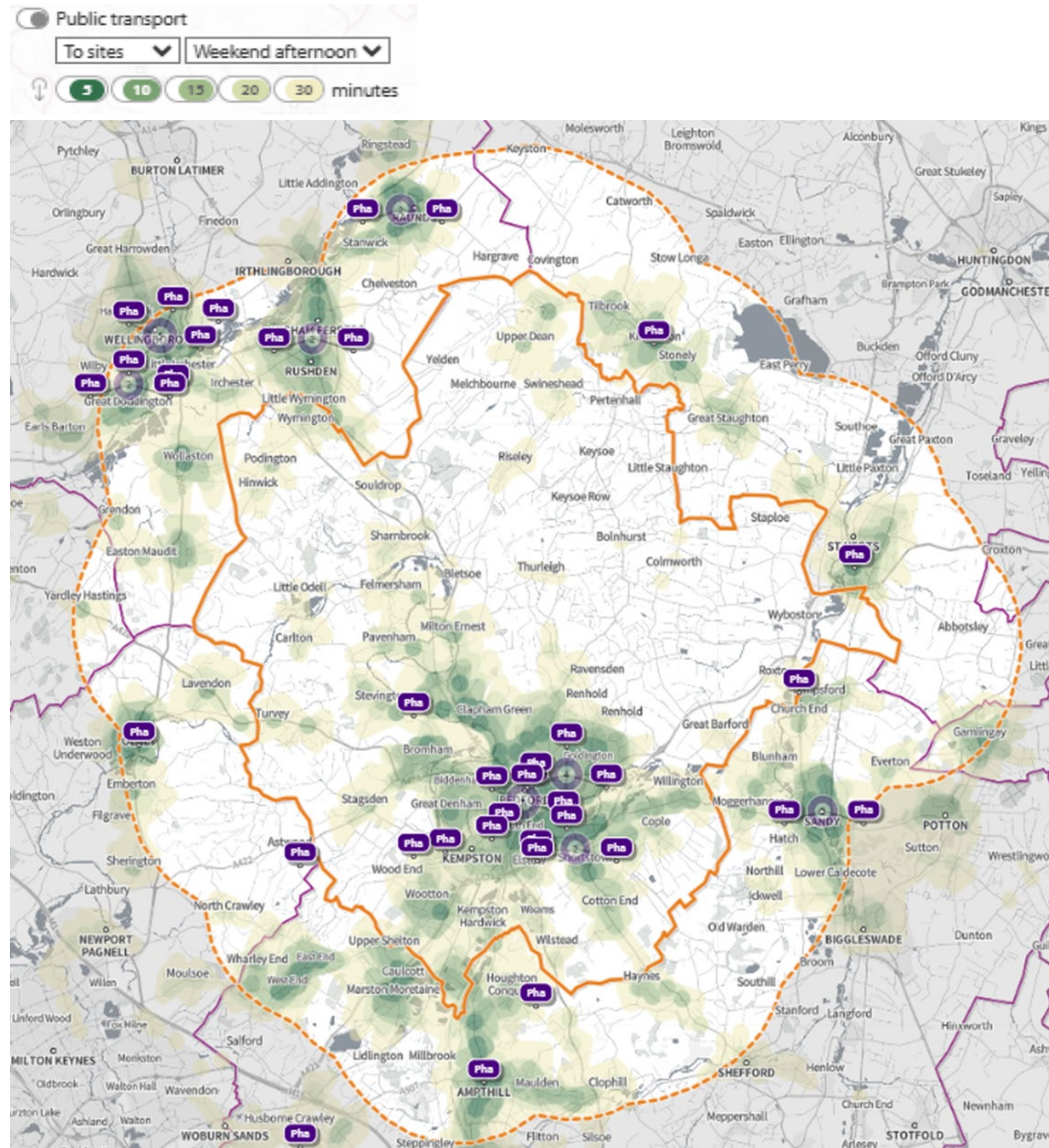
After 6pm, two pharmacies remain open, one in Urban Northeast, which is open until 8pm, and one in Urban South, open until 9pm. 100% of residents of Bedford Borough are within a 30-minute journey time by car, with 94.4% within a 20-minute journey. 58.3% of the population can get to their nearest pharmacy within 30 minutes by public transport, with Rural North and South most affected.

Given that access within these localities on Saturday evenings would be entirely reliant on supplementary hours, and the flexibility linked to supplementary hours, this could suggest there has not been sufficient demand to justify longer opening.

Whilst access on Saturdays is considered adequate in all localities, better access to essential services for those in Rural North and South would be secured by their provision on Saturday evenings after 5pm.

Figures 49, 50, 51 and 52 show travel times by car and public transport on Saturday daytimes and Saturday evenings.

**Figure 49: Map showing travel time by public transport Saturday afternoon**

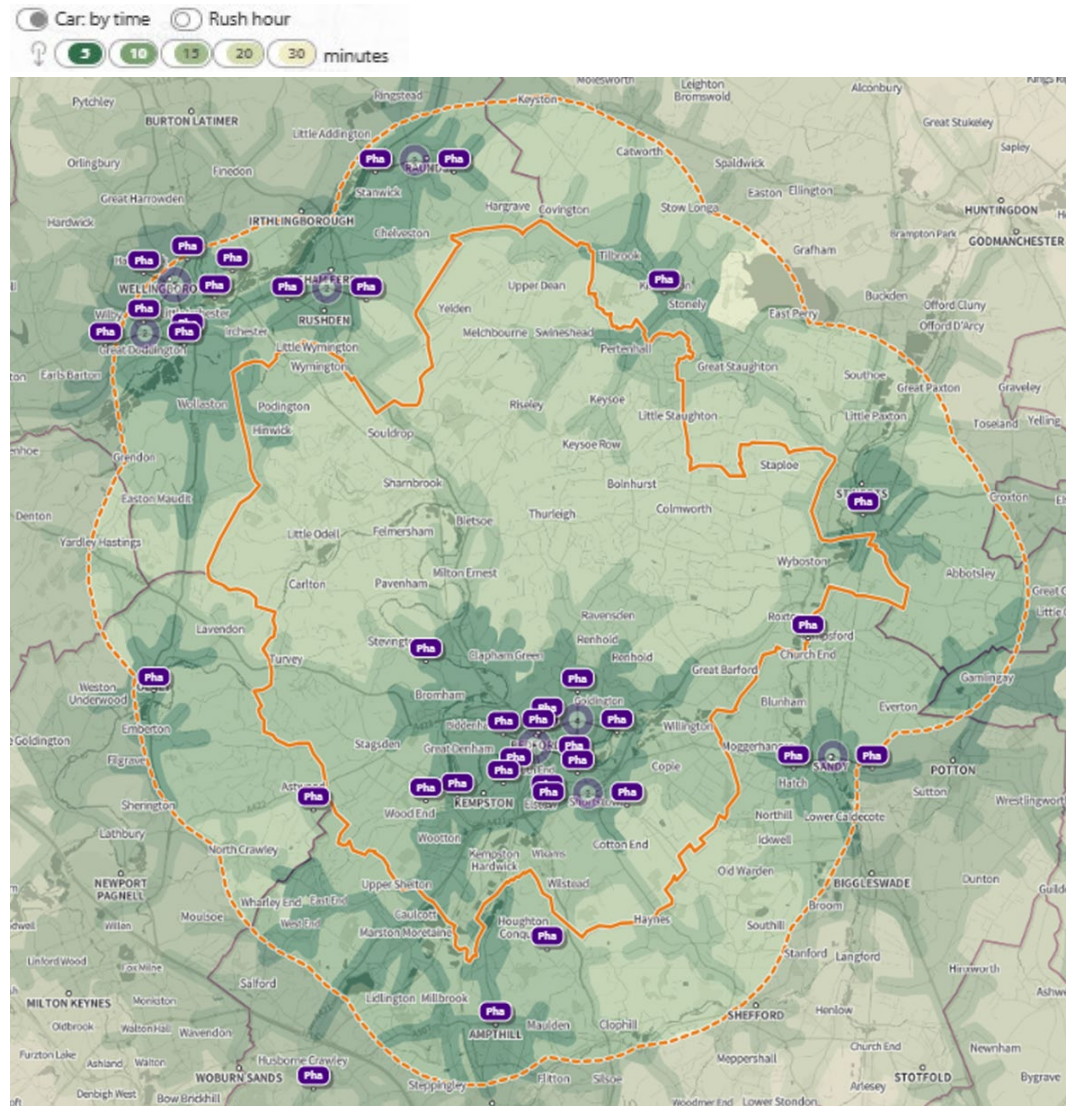


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**Table 12: Travel time by public transport on Saturday afternoon**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	59,132	128,334	187,466	31.5%
10	115,787	71,679	187,466	61.8%
15	153,444	34,022	187,466	81.9%
20	165,653	21,813	187,466	88.4%
30	182,886	4,580	187,466	97.6%

**Figure 50: Map showing travel time by car Saturday daytime**

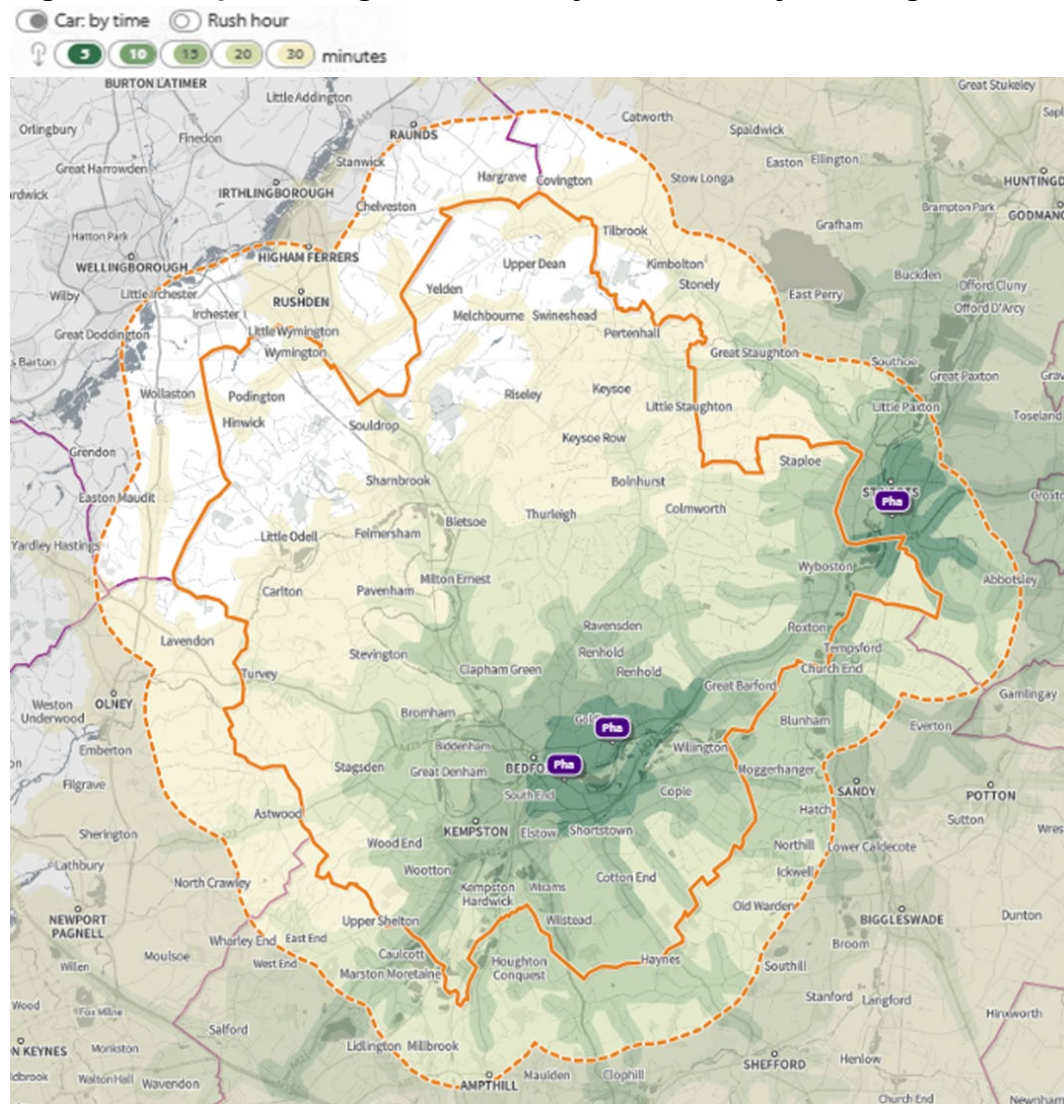


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**Table 13: Travel time by car on Saturday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	151,207	36,259	187,466	80.7%
10	174,930	12,536	187,466	93.3%
15	187,466		187,466	100.0%
20	187,466		187,466	100.0%
30	187,466		187,466	100.0%

**Figure 51: Map showing travel time by car Saturday evening**

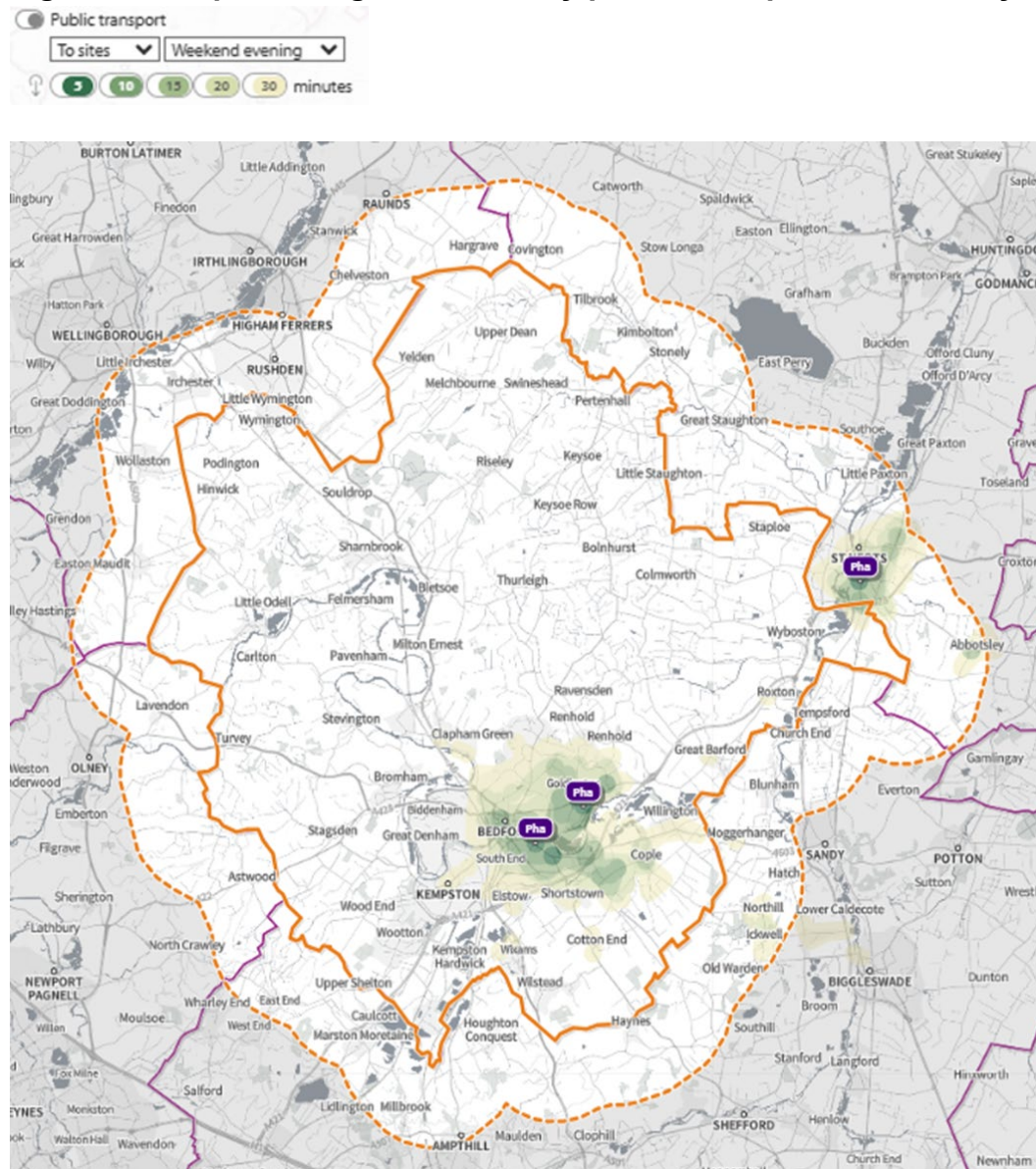


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**Table 14: Travel time by car on Saturday evening**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	43,171	144,295	187,466	23.0%
10	132,556	54,910	187,466	70.7%
15	169,506	17,960	187,466	90.4%
20	177,026	10,440	187,466	94.4%
30	187,466		187,466	100.0%

**Figure 52: Map showing travel time by public transport on Saturday evening**



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**Table 15: Travel time by public transport on Saturday evening**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	1,244	186,222	187,466	0.7%
10	17,480	169,986	187,466	9.3%
15	38,586	148,880	187,466	20.6%
20	60,802	126,664	187,466	32.4%
30	109,253	78,213	187,466	58.3%

### **6.4.2.2 Sunday opening**

In total, four pharmacies across three localities in Bedford Borough open on Sundays.

- Urban Northeast: provision from 10am until 4pm by one 40-hour pharmacy providing supplementary hours.
- Urban Northwest: provision from 10am until 4pm by one pharmacy providing supplementary hours.
- Urban South: provision from 11am to 5pm by two pharmacies, one providing supplementary hours, and one 100-hour pharmacy.

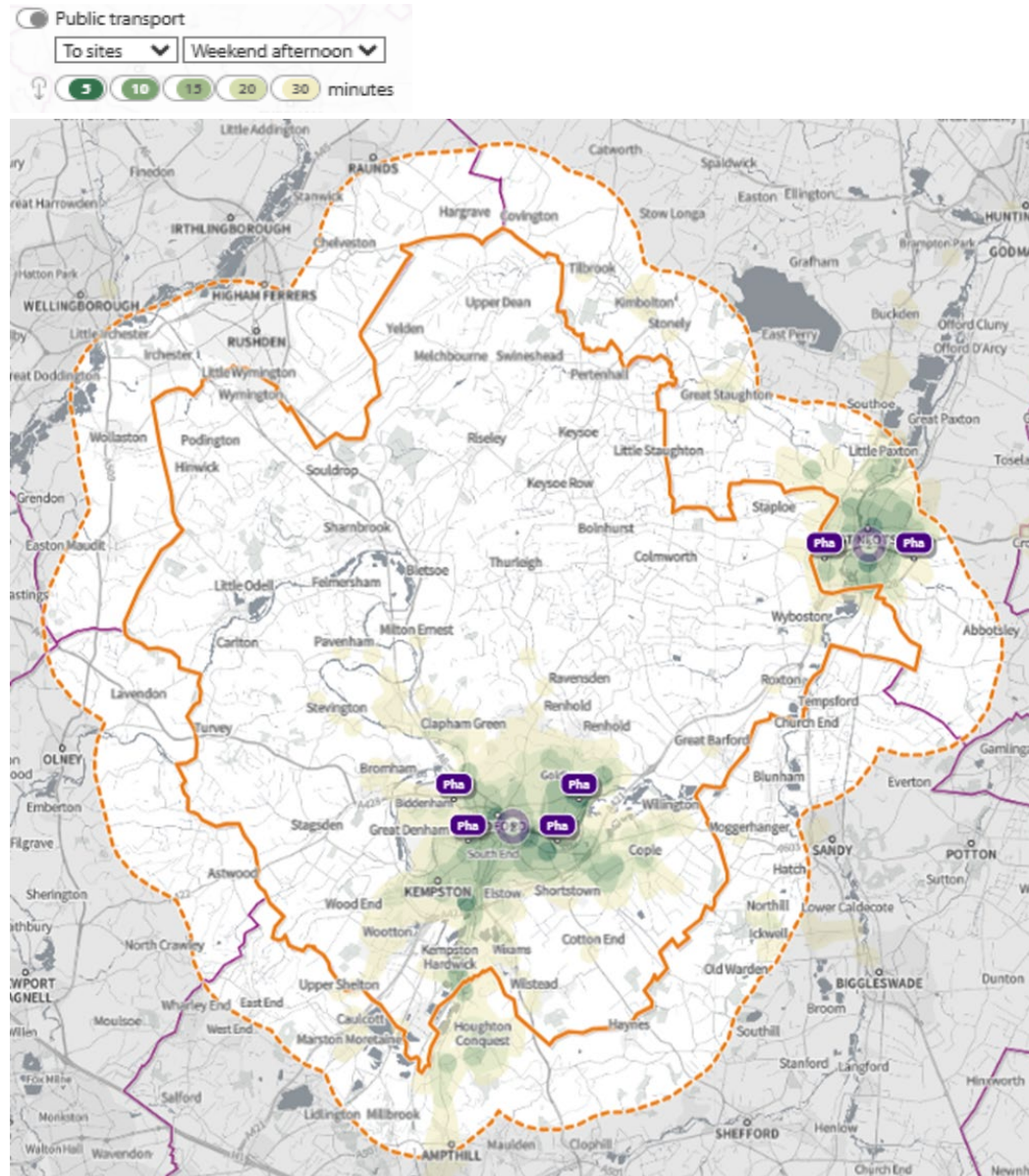
There is no provision within the Rural North and South localities on Sundays.

Figure 53 shows 83.6% of the population are within a 30-minute journey time to the nearest pharmacy by public transport, and figure 54 shows that 95.9% are within a 20-minute car journey (100% within 30 minutes).

It is important to note that the access to pharmacy services in the weekday evenings and the weekends, specifically Saturday afternoon and Sundays, is largely made via the 100-hour pharmacies and the pharmacies providing significant extended supplementary hours.

Whilst access on Sundays is considered adequate in all localities, better access to essential services in Rural North and South localities would be secured by some provision on Sundays.

**Figure 53: Map showing travel time by public transport Sunday afternoon**

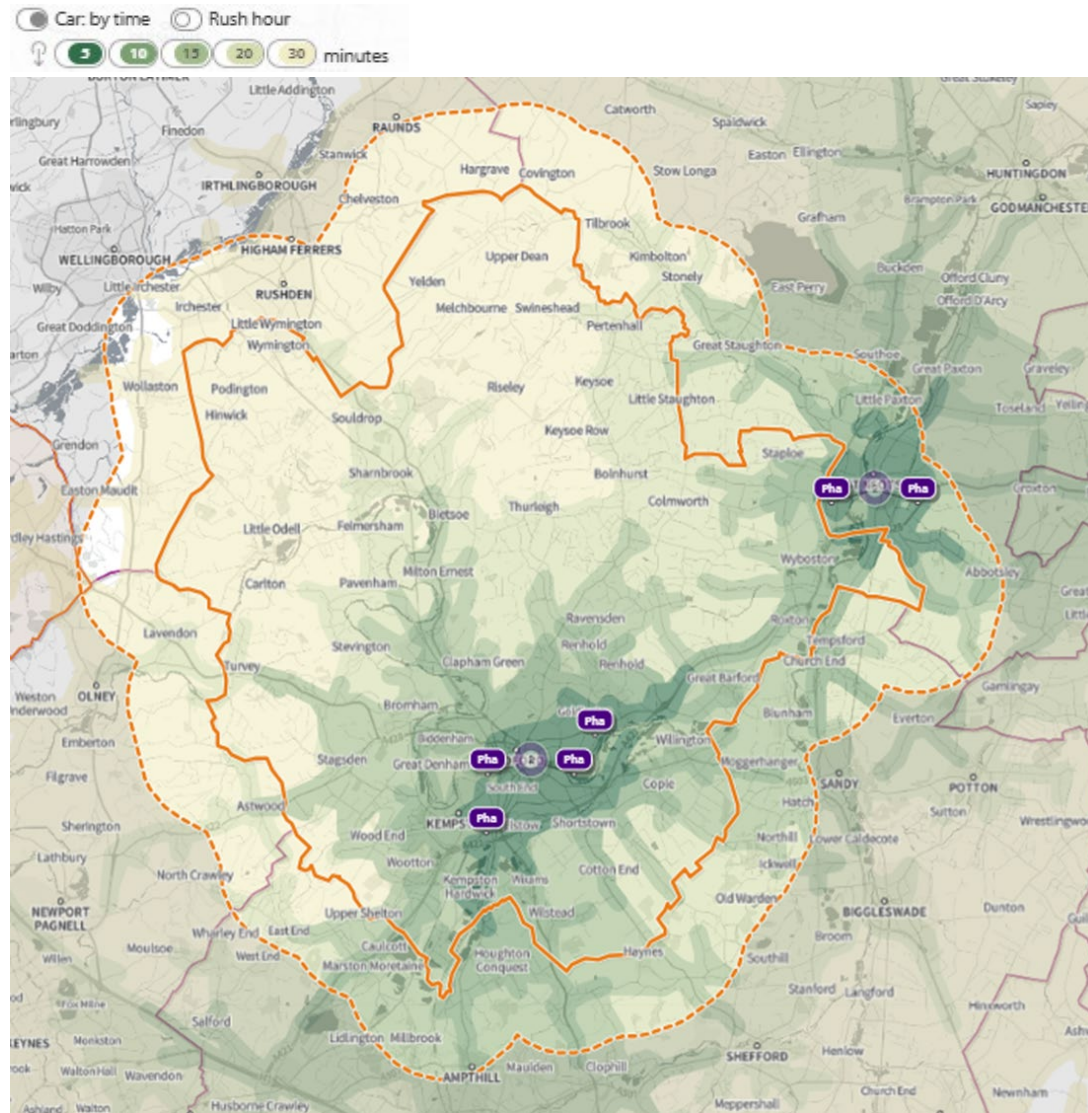


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**Table 16: Travel time by public transport on Sunday afternoon**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	1,244	186,222	187,466	0.7%
10	31,526	155,940	187,466	16.8%
15	67,649	119,817	187,466	36.1%
20	103,374	84,092	187,466	55.1%
30	156,809	30,657	187,466	83.6%

**Figure 54: Map showing travel time by car Sunday daytime**



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**Table 17: Travel time by car on Sunday daytime**

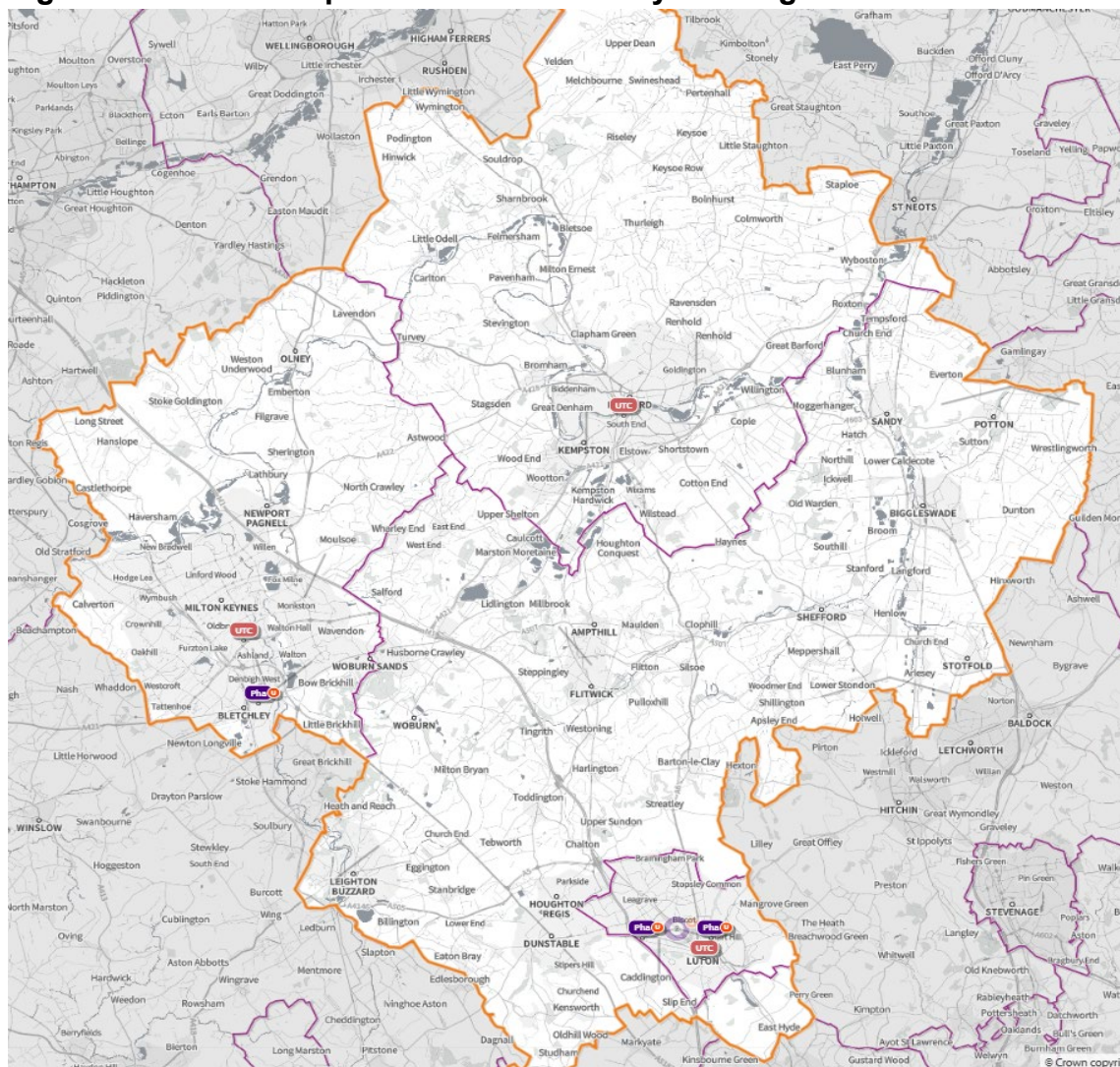
Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	84,664	102,802	187,466	45.2%
10	151,825	35,641	187,466	81.0%
15	171,135	16,331	187,466	91.3%
20	179,872	7,594	187,466	95.9%
30	187,466	0	187,466	100.0%

### 6.4.3 Access to pharmaceutical services during urgent treatment centre and walk in centre opening hours

The urgent treatment centre for residents of Bedford Borough is located at the hospital site. There is also provision in neighbouring health and wellbeing areas.

There is adequate provision for accessing prescribed medicines close to these sites for weekdays, Saturdays (daytime and evenings) and Sunday daytimes. On Sunday evenings, there is provision close to 2 of the 3 urgent treatment centres.

**Figure 55: Access to pharmacies on Sunday evenings**



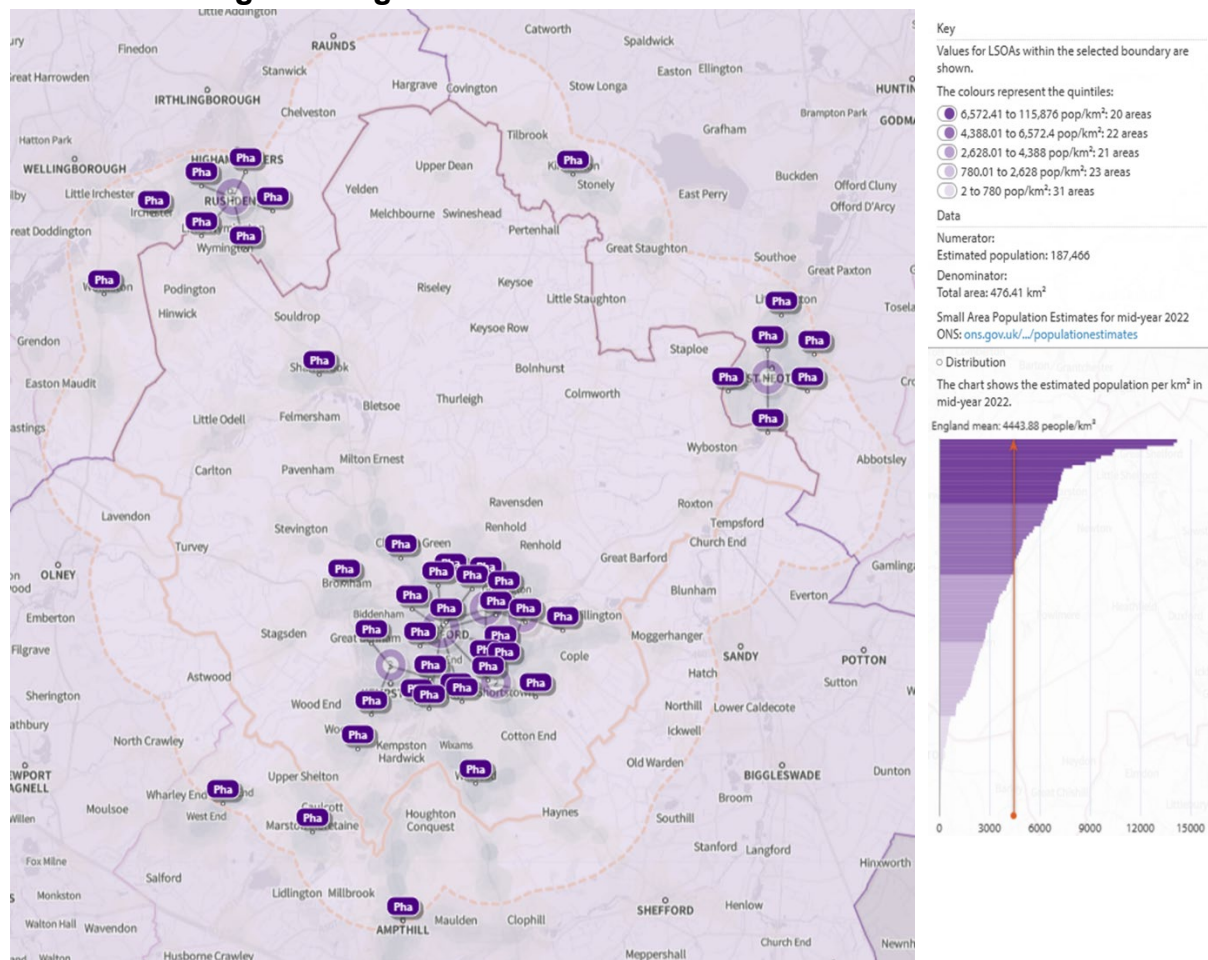
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#### 6.4.4 Access to pharmacy services out of the Bedford Borough area

It is important to note that pharmacy services that are out of the Bedford Borough area may provide additional alternatives for people to access medicines and advice.

In particular, there may be pharmacies close to residents who live on or close to the city boundaries. These maps demonstrate the pharmacy locations within the Bedford Borough boundaries and the neighbouring areas.

**Figure 56: Location of pharmacies within Bedford Borough and 3km over the border into neighbouring areas**



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Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services.

In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

#### **6.4.5 Feedback from public regarding pharmacy opening hours**

Most people responding to the question about times they use their pharmacy stated they use it on weekdays during the daytime, with 57% using it mornings, 29% during lunchtime and 51% in the afternoons. 16% stated that they use their pharmacy on weekday evenings between 17:00 and 20:00. More people than those currently using their pharmacies in the early mornings (before 09:00), evenings (17:00 – 20:00) and late nights (20:00 – 22:00) stated they would prefer to use their pharmacy at these times.

More people used their pharmacy on Saturdays than Sundays. 29% used their pharmacy on Saturday mornings, 14% on Saturday lunchtimes and 4% on Saturday evenings. More people than those currently using their pharmacy on Saturdays before 09:00, between 17:00 and 20:00 and 20:00 – 22:00 stated that they would prefer to use their pharmacy at this time.

Less people reported utilising their pharmacy on Sundays and overall, less people also stated a preference to utilise their pharmacy on Sundays. Of those expressing a preference regarding hours if pharmacies, 11% stated they would like to access their pharmacy on Sunday mornings, 6% during Sunday lunchtimes and 9% on Sunday afternoons.

More people than those currently using their pharmacy on banks holidays stated that they would prefer to use their pharmacy then, with 9% expressing a preference for 09:00 – 12:00, 4% at lunchtimes and 5% 14:00 – 17:00.

#### **6.5 Disability access**

To comply with the Equality Act 2010<sup>39</sup> community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers
- Large print labels
- Being conscious of placement of labels and position of braille
- Reminder charts, showing which times of day medicines are to be taken
- Monitored dosage system (MDS) to improve their adherence to medicines taking.

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSE regulations and guidance almost all pharmacies now comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying Consultation room.
- Distinct from the general public areas of the pharmacy premises.
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

## **6.6 Access to translation services**

NHS England has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL)) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other settings, such as other primary care settings.

The Denny Review was commissioned by the BLMK ICS in April 2022 and was published in September 2023<sup>40</sup>, aiming to address health inequalities in local communities. Lack of interpreters and no disabled access were identified as two key factors causing barriers to healthcare access. The Denny review recommended a review of all translation services provided in BLMK's health and care sector to ensure it complies with Accessible Information Standards. This should mean that residents are asked about, or offered, information in a format or language that they can understand, that interpreters are always available and that British Sign Language (BSL) interpreters are included in the list of available languages. It recommended that Hospital trusts and primary care should undertake a review of what, if any, interpreter and translation services are available and accessible to ensure patient needs are being met.

Pharmacies across the Bedford Borough area currently have access to 'DA languages' for spoken language and translation materials and 'Language Empire' for non-spoken BSL. Further work could be done to increase contractors' awareness of the funded translation services.

## 7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

NHS England (NHSE) commissions pharmaceutical services via the national Community Pharmacy Contractual Framework (CPCF). Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- **Essential Services:** services all community pharmacies are required to provide.
- **Advanced Services:** services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide providing they meet the requirements set out in the directions.
- **National Enhanced Services:** nationally specified services that are commissioned by NHS England. Currently, there is just one such service – the COVID-19 vaccination programme.

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements.

Locally commissioned community pharmacy services can also be contracted via a number of different routes and by different commissioners, including Local Authorities, the Integrated Care board (ICB) and local NHSE teams.

### 7.1 Essential Services

The CPCF states that all pharmacies, including distance selling pharmacies, are required to provide the essential services. The essential services are:

- Dispensing medicines.
- Repeat Dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time.
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns.

- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services.
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities.
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- Dispensing of appliances (in the "normal course of business")

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions.
- For certain appliances, offer to deliver them to the patient and provide access to expert clinical advice.
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

### **7.1.1 Digital Solutions**

Under the terms of service, community pharmacies are now required to have digital solutions in place to provide connectivity across healthcare settings.

Staff working at the pharmacy can access a patient's NHS Summary Care Record (SCR) via the National Care Records Service (NCRS), and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement, that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

### **7.2 Advanced Services**

In addition to the essential services, the NHS CPCF allows for the provision of 'advanced services'. Community pharmacies can choose to provide any of these services, providing they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements regarding premises.

They are commissioned by NHSE, and the specification and payment are agreed nationally.

Advanced services currently (2024) include:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service

From June 2025, "bundling" requirements are to be introduced for the below services:

- Hypertension Case-Finding Service
- Pharmacy Contraception Service
- Pharmacy First Service

This is described in further detail in section 7.2.7.

The combination of these services (should it proceed) will have no material impact on the outcome of the 2025 PNA.

Local information about whether a pharmacy is signed up to deliver an advanced service was unavailable for some services, and activity data from NHSBSA was used with the assumption that zero activity indicated the pharmacy was not signed up to deliver the service. It should also be noted that some pharmacies may be signed up to deliver the service but may not have actively delivered the service.

**Table 18: Number of community pharmacies providing advanced services, in Bedford Borough**

<b>Pharmacy Advanced Service</b>	<b>Number of pharmacies providing this service</b>	<b>% of pharmacies providing this service</b>
Appliance use review	2	7%
Influenza vaccination service	25	89%
Hypertension case-finding service	28	100%
Lateral flow device tests supply service	23	82%
New medicines service	26	93%
Pharmacy contraception service	21	75%
Pharmacy first service	26	93%
Smoking cessation service	16	57%
Stoma appliance customisation service	1	4%

**Source: HWE ICB, NHSBSA, and Pharmacy Contractor Survey**

### **7.2.1 Appliance use review (AUR)**

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'.

This service is usually provided by the mail order appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies. In Bedford Borough, two out of the eight respondents to the pharmacy survey stated they were providing this service.

### **7.2.2 Influenza vaccination service**

Community pharmacy has been providing influenza vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal influenza vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

Information from HWE ICB and the pharmacy survey, indicated that 25 of the community pharmacies in Bedford Borough provided the Influenza Vaccination service.

### **7.2.3 Hypertension case-finding service (HCFS)**

The HCFS was commenced as an Advanced service in October 2021 to support the programme of identification of undiagnosed cardiovascular disease. Previously only being provided by pharmacists and pharmacy technicians, from December 2023, the service was further extended to be provided by suitably trained and competent non-registered pharmacy staff.

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Provide another opportunity to promote healthy behaviours to patients.

Information from HWE ICB in December 2024 indicated that 28 pharmacies were signed up to deliver the HCFS in Bedford Borough.

### **7.2.4 Lateral flow device (LFD) tests supply service**

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using an LFD test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test.

The LFD tests supply service was introduced in November 2023 to provide eligible patients with access to LFD tests. It replaced a similar service known as 'COVID-19 Lateral Flow Device Distribution Service', or 'Pharmacy Collect'.

If a patient tests positive, they are advised to call their general practice, NHS 111, or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

Information from HWE ICB in December 2024 indicated that 23 pharmacies were signed up to provide LFD in Bedford Borough.

### **7.2.5 New medicine service (NMS)**

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. However, reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50 per cent of prescribed

medicines are not taken as recommended. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

The service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service.

Information from NHSBSA and the pharmacy survey indicates that between August and October 2024, 26 community pharmacies were signed up to provide NMS in Bedford Borough.

### **7.2.6 Pharmacy contraception service (PCS)**

The service provides an opportunity for community pharmacy to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE Guidelines (NG102).

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of Oral Contraception (OC), and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide:

- Greater choice from where people can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The service involves community pharmacists providing:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and

- Ongoing supply: where a person has been supplied with OC by a primary care provider, or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken where necessary.

The contractual settlement for 2025/26 include plans for further changes to the PCS service specification<sup>41</sup>, including:

- Recognition of suitably trained pharmacists and competent pharmacy technicians will be able to provide the service, thereby utilising a greater skill mix and provision of service
- Expanding the list of products available via PGD
- From October 2025, expanding the service to include Emergency Contraception

Information from HWE ICB indicates that in December 2024, 21 community pharmacies were signed up to provide PCS in Bedford Borough.

Note that Bedford Borough Council also commissions the supply of emergency contraception and other sexual health services via community pharmacy. This is described in more detail in the local enhanced services section.

### **7.2.7 Pharmacy First service**

The Pharmacy First service, which commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women. Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

Following the contractual settlement, further changes to the Pharmacy First Service included "bundling" requirements such that providers must provide the Hypertension

Case Finding Service (HCFS) and Pharmacy Contraception Service (PCS) in order for them to receive Pharmacy First monthly payments (from June 2025)<sup>42</sup>.

26 pharmacies in Bedford Borough are signed up to provide this service.

### **7.2.8 Smoking cessation advanced service**

The Smoking Cessation Advanced Service commenced in March 2022 for people referred to community pharmacies by hospital services. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required. It supplements other locally commissioned smoking cessation services, such as the Bedford Borough council commissioned Public Health-commissioned "Stop Smoking Service" detailed further in this document.

16 pharmacies in Bedford Borough are signed up to provide this service.

### **7.2.9 Stoma appliance customisation service (SAC)**

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit 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.

As with the AUR service, this is typically undertaken by mail order appliance contractors. One of the 8 respondents to the pharmacy survey in Bedford Borough indicated that they are signed up to provide the service.

## **7.3 National enhanced services**

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHSE commissions an Enhanced service that is nationally specified. This requires NHSE to consult with Community Pharmacy England (CPE) on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that is locally developed and designed to meet local health needs, and for which NHSE would consult with Community Pharmacy BLMK and Northants. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

At the time of writing, there is one NES commissioned by NHSE, the COVID-19 vaccination programme.

### **7.3.1 COVID-19 vaccination programme**

Pharmacies have been central to the Government's COVID-19 response, and figures from NHSE, in January 2022, show just how significant a contribution they have made to the vaccination efforts. In the previous 12 months to January 2022, which marked the one-year anniversary of the sector providing COVID-19 vaccinations, more than 22 million vaccinations were administered by community pharmacy-led COVID vaccination sites. NHSE also highlighted a 50% increase in the number of pharmacies delivering COVID-19 boosters since October 2021.

Data provided by HWE ICB showed that 19 pharmacies in Bedford Borough are signed up to provide COVID-19 vaccinations.

## **8 Bedford Borough Locally Commissioned Services**

Locally commissioned services are not described in the 2013 regulations, but the term is often used to describe those services commissioned from pharmacies by Local Authorities, the Integrated Care board (ICB) and local NHSE teams.

In the Bedford Borough area, pharmacy services are currently commissioned locally by the council's Public Health Team and Bedfordshire, Luton, and Milton Keynes ICB (BLMK ICB).

### **8.1 ICB locally commissioned services**

At the time of preparing this PNA, BLMK ICB commissioned the following services with community pharmacy:

- End of Life Care Medicines Services
- Gluten Free Foods Scheme

#### **8.1.1 End of life care medicines scheme**

The end of life care medicines scheme aims to improve and ensure the availability of palliative care medicines in the BLMK ICB area through community pharmacies during normal opening hours.

BLMK ICB commissions the end of life care medicines scheme 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.

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.

As of January 2025, four community pharmacies in Bedford Borough are currently participating in this scheme.

#### **8.1.2 Gluten-free foods scheme**

As per the BLMK ICB Gluten-Free Foods Policy<sup>43</sup>, gluten-free bread and flour is no longer prescribed for residents in BLMK ICB with a diagnosis of a gluten sensitive enteropathy. Due to increases in the cost of living and the pressures on households, provisions are in place to allow residents who are at risk of dietary neglect to access gluten-free breads and flour mixes off-prescription where required. For patients on no income or low income this will be via a direct access scheme through community

pharmacy. For any other residents this will be via the dietetic teams and an approval process.

As of January 2025, five community pharmacies in Bedford Borough are currently participating in this scheme.

## **8.2 Bedford Borough Public Health commissioned services**

As part of its range of public health interventions Bedford Borough Public Health team currently commissions the following services from community pharmacies:

- Stop smoking letter of recommendation scheme
- Supervised consumption
- Needle exchange
- Sexual health service (PHES)

### **8.2.1 Stop smoking letter of recommendation scheme**

The aim of the Bedford Borough stop smoking service is to provide individuals who wish to quit smoking with access to stop smoking advice and support as appropriate and in convenient locations. The service offers both group and one to one sessions, telephone support and specialist pregnancy support across a range of venues such as health centres, community centres and libraries. If the client and their advisor decide that using Nicotine Replacement Therapy (NRT) products is the best route to help support them to quit, the community pharmacy will be issued a Letter of Recommendation, which enables the client to collect their chosen products.

In January 2025, there were 17 community pharmacies in Bedford Borough registered to deliver this service, across all localities. This is an increase from the 2022 PNA when 12 pharmacies delivered the service.

### **8.2.2 Drug and alcohol dependence services**

#### **8.2.2.1 Supervised consumption**

Substances such as heroin, opium and morphine are known as 'opioids'. Many opioids are 'psychoactive,' which means they affect the way the brain works and can change a person's mood or behaviour. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems. It also presents a danger that a person could take a fatal overdose.

Services are commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or buprenorphine) for dependent drug users. To use the services, patients must have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services

prescribe an opioid substitute, tailoring the selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

As the pharmacy staff supervise the patient's consumption of the opioid substitute in the pharmacy, risk of illegal diversion or consumption by anybody other than the patient is minimised.

In Bedford Borough, 18 pharmacies provide the supervised consumption service across all localities. In the 2022 PNA there were 21 pharmacies providing the service.

#### **8.2.2.2 Needle exchange**

The aim of the needle exchange scheme is to reduce the spread of blood borne viruses (such as HIV, hepatitis B and hepatitis C) and other infections associated with use of non-sterile injection equipment. It does so through the provision of sterile injecting equipment and other associated products. It also helps to reduce the risk of needle stick injuries to others by reducing drug related litter through the safe collection and disposal of equipment. In addition, the service provides information and advice, and acts as a gateway to other services, such as drug treatment centres.

The service is currently provided by two community pharmacies in Bedford Borough (one pharmacy in Urban Northwest and one in Urban South). Three provided the service in the 2022 PNA.

#### **8.2.3 Sexual health service**

Sexual and reproductive health is a vital aspect of public health. Access to appropriate sexual health services and interventions can significantly enhance the health and wellbeing of both individuals and the wider population.

Pharmacies work as part of a wider network of providers, helping to extend access to emergency hormonal contraception (EHC) and chlamydia testing and treatments across Bedford Borough. The Local Authority commissions enhanced services (under PHES) to compliment services provided under the core integrated Contraception and Sexual Health contract. Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient. The supply of **free** EHC and chlamydia treatments is via local Patient Group Direction (PGD) arrangements.

In Bedford Borough, there are nine pharmacies that have signed up to deliver the EHC and chlamydia treatment/testing service, however just five pharmacies are known to be actively delivering the service in 24/25. In the 2022 PNA, 10 community pharmacies were commissioned to provide the sexual health services. As EHC can be purchased from pharmacies and online, it is unclear if this has resulted in reduced

access to EHC. The Public Health Sexual Health team are working with the Community Pharmacy BLMK & Northants and the iCASH outreach team to increase the access to **free** EHC as a priority in 2025/26.

Under the new CPCF, community pharmacies will be able to provide Emergency Contraception as part of the Pharmacy Contraception Service (PCS) from October 2025.

**Table 19: provision of local authority locally commissioned services, by locality**

	<b>Stop smoking letter of recommendation service</b>	<b>Sexual health</b>	<b>Supervised consumption</b>	<b>Needle exchange</b>
Rural North	1	1	1	0
South	3	2	2	0
Urban Northeast	3	1	5	0
Urban Northwest	6	2	5	1
Urban South	4	3	5	1
<b>BEDFORD BOROUGH</b>	<b>17</b>	<b>9</b>	<b>18</b>	<b>2</b>

Source: Bedford Borough, Central Bedfordshire and Milton Keynes City Councils Shared Public Health team

### 8.3 Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Local Authority Council, ICB or NHSE. These services may not be aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for certain patient groups e.g. the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services identified in the Pharmacist PNA questionnaire included:

- Collection of prescriptions from GP practices
- Delivery of dispensed medicines
- Dispensing of medicines into Monitored Dosage Systems

Some respondents to the questionnaire stated that some of these services may incur a fee for the patient. It is worth noting that patients are often surprised to find that these are not NHS services.

#### **8.4 Collection and delivery services**

The responses from the pharmacy contractor survey show that all eight respondents provide a prescription delivery service, although this may incur a fee for the patient. Six out of the eight respondents offer a prescription collection service (although as EPS is now used for almost all prescriptions, there is little demand for this service). Due to the low response rate, this cannot be assumed to be representative of all pharmacy contractors across Bedford Borough.

To gain a clearer understanding of service provision, further information may need to be gathered. This could help identify where these non-commissioned services are being offered and whether there are any gaps in access for patients who may rely on them.

#### **8.5 Monitored dosage systems**

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67<sup>44</sup>, published in March 2017, recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

This information sharing should help to identify patients who would benefit from interventions such as the provision of medicines in a MDS and evidence assessments that have been undertaken to support this decision.

Six out of eight respondents to the pharmacy contractor survey offer an MDS service (in some circumstances this may incur a fee to the patient), but due to the low

response rate, this cannot be assumed to be representative of all pharmacy contractors across Bedford Borough.

## 9 The Evolving Role of Pharmacists

### 9.1 Current and Future Pharmacist Role

Bedford Borough HWB values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services, and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

Bedford Borough Council's Public Health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and substance misuse, as outlined in the BLMK ICS Primary Care Prevention Delivery Plan<sup>45</sup>.

The national vision for community pharmacy is in line with the local strategy and aspirations that community pharmacy has a critical role to play in the Bedford Borough health system. It is essential that community pharmacy continues to be recognised and supported to support the health needs of the population of Bedford Borough and that the people of Bedford Borough are aware of and fully utilise the services available from their community pharmacies.

The demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff, and this has been further exacerbated by the demand for, and recruitment of community pharmacists (and other staff) employed within PCNs and other pharmacy services. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, and have been tenacious, innovative, and agile when launching them, locally, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy.

The NHS 10 Year Health Plan<sup>10</sup> sets out a vision for community pharmacy being an integral part of neighbourhood health services, with a move from a dispensing focussed role to offering more clinical services. This will include:

- More community pharmacists becoming able to independently prescribe
- Management of long-term conditions
- Management of complex medication regimes
- Treatment of obesity, high blood pressure and high cholesterol
- Increased role in vaccine delivery (including human papillomavirus for those who have missed out on the school programme)

- Increased role in screening for risk of cardiovascular disease and diabetes

The plan also includes a move to modernise the approach to dispensing of medicines by using available technology, including dispensing robots, and developing hub and spoke models.

## **9.2 Climate change, sustainability and community pharmacy**

Climate change is recognised as the greatest public health threat of the 21st century, with direct and indirect impacts on population health and wellbeing and health systems<sup>46</sup>. The NHS has committed to becoming the world's first net zero national health service, as outlined in the NHS Net Zero Plan (2020)<sup>47</sup> and supported by the Greener NHS Programme<sup>48</sup>.

This PNA acknowledges and supports the ambitions set out in the recently published BLMK ICS Green Plan (2025-2032)<sup>49</sup>. That document outlines a long-term commitment and delivery plan for working with partner organisations on addressing climate change and creating a sustainable health and care system. Sustainable healthcare meets the needs of our populations, without damaging the health or ability to meet the healthcare needs of vulnerable people now or in the future (Centre for Sustainable Healthcare).

The PNA recognises the important role of community pharmacy and community pharmacy services in climate change and sustainability. For example, medicines account for approximately 25% of NHS carbon emissions, largely from production, transport, and waste. The Royal Pharmaceutical Society (RPS)<sup>50</sup> and the General Pharmaceutical Council (GPhC)<sup>51</sup> have each issued declarations and strategic plans urging pharmacy professionals and commissioners to prioritise sustainable practice, reduce waste, and support environmentally responsible prescribing. Community pharmacy also plays a key role in contributing to a sustainable health care approach using the four principles of sustainable healthcare<sup>52</sup>:

1. Prevention – promoting health and preventing disease by tackling the causes of illness and inequalities
2. Patient self-care – empowering patients to take a greater role in managing their own health and healthcare
3. Lean service delivery – streamlining care systems to minimise wasteful activities
4. Low carbon alternatives – prioritising treatments and technologies with a lower environmental impact

This PNA encourages the use of nationally available resources to support community pharmacy to take action on climate change and sustainability. For example, The Royal Pharmaceutical Society has recently launched the Greener Pharmacy Toolkit<sup>53</sup> to support community pharmacy to take practical action and introduce more sustainable

practices to reduce emissions, improve patient care, prevent ill health, tackle medicines waste and achieve efficiency savings.

### **9.3 Considerations for Future PNAs: Climate Change and Sustainability**

The following potential actions are offered as non-binding suggestions to support the further integration of sustainability and climate change considerations into future Pharmaceutical Needs Assessments. These are intended to inform local discussion and may be adopted, adapted, or disregarded depending on local priorities, capacity, and context. They are not statutory requirements, but rather illustrative opportunities aligned with national and local NHS commitments and best practice guidance. Subject to local agreement, the steering group may wish to consider:

- Public and stakeholder views and preferences around sustainable pharmacy services
- Using local data and insight to map current practices contributing to carbon emissions, including data or narratives on
  - Medicine waste schemes
  - Local recycling and recovery opportunities
  - Use of digital systems, e.g. the NHS App

Further opportunities may be highlighted in the upcoming BLMK ICS Primary Care Green plan (currently in development, anticipated for publication 2026).

## **10 Engagement and Consultation**

### **10.1 Stakeholder engagement**

#### **10.1.1 Overview of response to the public survey**

An online survey was produced to enable people living in Bedford Borough to feed their views into the PNA. 310 people responded to the survey. The full details of the report are included in Appendix 5.

84% of people responding to the question stated they have a regular pharmacy they visit in person and 12% stated they have a regular pharmacy they order items to be delivered to home from.

46% of people responding to the question on services they have used in the past year stated they have collected prescriptions from their pharmacy, with 22% getting general health advice.

60% of people responding normally visit the pharmacy for themselves, with 25% visiting for an adult family member and 7% for a child.

49% of those responding to the question usually travel by car to their pharmacy, with 40% walking. 87% of those responding to the question reported no issues in accessing their pharmacy. For those experiencing issues with access, 33% reported distance being an issue and 31% stated parking was an issue. Five respondents reported issues with opening time, three respondents stated that wheelchair access was an issue.

Most people responding to the question about times they use their pharmacy stated they use it on weekdays during the daytime, with 57% using it mornings, 29% during lunchtime and 51% in the afternoons. 16% stated that they use their pharmacy on weekday evenings between 17:00 and 20:00. More people than those currently using their pharmacies in the early mornings (before 09:00), evenings (17:00 – 20:00) and late nights (20:00 – 22:00) stated they would prefer to use their pharmacy at these times.

More people used their pharmacy on Saturdays than Sundays. 29% used their pharmacy on Saturday mornings, 14% on Saturday lunchtimes and 4% on Saturday evenings. More people than those currently using their pharmacy on Saturdays before 09:00, between 17:00 and 20:00 and 20:00 – 22:00 stated that they would prefer to use their pharmacy at this time.

Less people reported utilising their pharmacy on Sundays and overall, less people also stated a preference to utilise their pharmacy on Sundays. Of those expressing a preference regarding hours of pharmacies, 11% stated they would like to access

their pharmacy on Sunday mornings, 6% during Sunday lunchtimes and 9% on Sunday afternoons.

More people than those currently using their pharmacy on banks holidays stated that they would prefer to use their pharmacy then, with 9% expressing a preference for 09:00 – 12:00, 4% at lunchtimes and 5% 14:00 – 17:00.

Of those people who found themselves unable to access their usual chemist in the last year, 45% choose to return on another day while 28% choose to go to another pharmacy. 10% went to a walk in centre, 6% called 111.

The table below summarises services that people utilise at their pharmacy, and services that they would use if necessary.

**Table 20: Services people have used or would use if necessary**

% are rounded off to whole number	Have used		Would use if necessary	
Access to free or low-cost medicines for common illnesses	62%	56	38%	35
Alcohol advice	0%	0	100%	21
Blood pressure check	37%	33	63%	57
Blood sugar check	15%	9	85%	50
Cholesterol check	18%	12	82%	54
COVID-19 vaccination	85%	170	15%	29
Dietary advice	18%	6	82%	28
Emergency contraception e.g. (morning after pill)	7%	2	93%	26
Family planning e.g. (contraceptives/the pill/condoms)	0%	0	100%	28
Healthy Lifestyle advice/support	22%	9	78%	32
Minor illnesses e.g. hay fever, cough	76%	96	24%	30
Needle exchange or methadone supply	0%	0	100%	19
Out of hours urgent supply e.g. overnight, Christmas Day	9%	5	91%	53
Pharmacy First	19%	10	81%	43
Seasonal 'Influenza' vaccine	86%	175	14%	29
Stop smoking services	8%	2	92%	23
Weight concerns	9%	3	91%	30

### 10.1.2 Overview of response to pharmaceutical service providers survey

A total of 8 out of 28 pharmacies responded to the Pharmacy Questionnaire, which gives a response rate of 29%. Two responses were received for one pharmacy – this has been counted as a single response and where answers to the same question differed, results were excluded.

All of the pharmacies who responded to the questionnaire have parking accessible within a 100-metre radius. 88% of those who responded have a bus stops within a 100-metre radius and 71% of those who responded have disabled parking available.

86% of those who responded can provide professional advice in a patient's home, and 86% are willing to undertake consultations in a patient's home and/or another suitable site. All pharmacies dispense appliances, but one dispense dressings only.

While many (72%) of those who responded were unaware of how to access the funded translation services, multiple languages such as Gujarati, Hindi, Polish and Urdu are spoken in addition to English.

### **Advanced services**

- All of those who responded offer minor ailments and urgent medicine supply services through Pharmacy First.
- All pharmacies responding also offer the new medicine service and lateral flow device service.
- 88% of those responding provide the Pharmacy First seven clinical pathways
- 88% of those responding provide the influenza vaccination service
- 75% of those responding provide smoking cessation services.
- 86% of those responding provided the hypertension case finding service
- 71% of those responding provided pharmacy contraception services
- 25% of those responding provided the appliance review service with a further two pharmacies indicating an interest in providing it in the next 12 months
- 25% of those responding provided a stoma customisation service with a further two pharmacies indicating an interest in providing it in the next 12 months

All pharmacies responding to the question about screening indicated an interest in providing screening services for alcohol, cholesterol, diabetes, gonorrhoea, H. pylori, HbA1c, Hepatitis and HIV if commissioned to do so.

All pharmacies responding to the question offered monitored dosage systems and a delivery service, although this may incur a fee for the patient.

Pharmacies responding to the survey identified needs for various locally commissioned services:

- Gum Hygiene due to chewing tobacco.
- Delivery Services.
- Monitored Dosage Systems.
- Weight Management Services.

The most important health needs of the population which pharmacies who responded to the questionnaire highlighted there being a need for, included:

- Pharmacist consultations
- Monitored Dosage Systems
- Blood Pressure Checks
- Weight Management
- Healthy Eating
- Type 2 Diabetes Prevention
- Alcohol Consumption
- Cardiovascular Disease

Of those pharmacies who responded, some also highlighted issues around high prevalence of alcohol, weight management, smoking and mental health.

### **10.2.3 Overview of responses to the dispensing GP survey**

Three dispensing doctors responded to the survey. 67% responded stating they had sufficient capacity to manage an increase in demand within their existing premises and staffing levels, while one felt they would have difficulty in managing an increase in demand.

The hours dispensing was offered varied, with one only open in the mornings. One also opens on a Saturday morning.

All practices responding dispense appliances, with one excluding stoma and incontinence appliances.

## **10.2 Formal consultation**

The formal consultation on the draft PNA for Bedford Borough ran from 22 April to 21 June in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>7</sup> and section 242 of the National Health Act 2006<sup>19</sup>, which stipulates the need to involve patients and the public in planning or changing NHS services.

39 responses were received to the consultation questionnaire. 95% of responses received were from members of the public. The feedback received during the consultation process is summarised below:

- 74% of respondents agreed that the PNA accurately reflects the current provision of pharmaceutical services.
- 61% of respondents believed that there were no gaps in provision of pharmaceutical services for Bedford Borough that were not identified in PNA.
- 69% of respondents felt the PNA reflects the pharmaceutical needs of the local population.

- 70% of respondents agreed that the PNA contains sufficient information to support future planning of pharmaceutical services and commissioning for pharmacies and dispensing appliance contractors.
- 76% of respondents agreed with the overall conclusions presented in the PNA.

Key themes from the comments received were as follows:

- Provision and access to services based on geography
- Provision and access to services based on opening times
- Equity of access to services for different groups of the population
- Impact of population growth on adequacy of pharmaceutical provision
- Quality of the services provided
- Medicines supply and availability
- Better awareness / provision of advanced / enhanced / locally commissioned services needed
- Provision of services not currently commissioned

A detailed summary of the consultation process including a list of the stakeholders invited to contribute to the process, consultation questions posed, responses and further feedback to the PNA and the HWB response including a list of amendments made to the document is described in Appendix 7.

## 11 Summary of Findings

There are 28 community pharmacy services in Bedford Borough, being delivered by 25 standard contract (40-hour) pharmacies and one 100-hour pharmacy, located primarily in areas of higher population density and in or near to areas with the highest levels of deprivation, which patients can visit in person. In addition, there are two distance selling pharmacies. There are eight dispensing doctors' services.

Residents of Bedford Borough have adequate access to community pharmacies, although they have a lower number of pharmacies per 100,000 population than the England average. Urban Northeast and Urban South are the localities with the highest populations and contain the majority of community pharmacies (with eight in Urban South and seven in Urban Northeast).

Rural North and South both have much lower than average community pharmacies per 100,000 population. However, their rural nature is reflected in the number of dispensing doctors' practices located in them, with four in Rural North and two in South. Two further dispensing practice are located in Urban Northeast and Urban Northwest. This increases access to dispensing services for the local population.

Whereas the majority of pharmacies provide additional supplementary hours to the 40 hours of their core contracted service delivery, some pharmacies are open for significantly longer. These pharmacies, along with the 100-hour pharmacy provide extended and out of hours cover for pharmaceutical services across Bedford Borough, as they open on weekday evenings and both Saturdays and Sundays. In total, 21 pharmacies open on Saturdays across all localities, although after 2pm, 11 of these remain open, which reduces again to two after 6pm. Those two that remain opening on the evening are located in Urban Northeast and Urban South.

Four pharmacies across three localities are open on Sundays. No pharmacies are open on Sunday in Rural North and South, however there is provision in nearby localities and just across the council boundary.

Since the 2022 PNA, three 40-hour pharmacies and two 100-hour pharmacies have closed in the Bedford Borough area, and one pharmacy has opened. However, there continues to be adequate pharmacy provision across the area, and this does not require additional pharmacy provision through market entry.

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, Hypertension Case-Finding, Influenza Vaccination, Lateral Flow Device Distribution and New Medicines Services are well supported by the community pharmacies in Bedford Borough, with almost all pharmacies signed up to deliver these services.

Additionally, a range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies. These are supply of end of life care medicines, gluten-free foods, letter of recommendation scheme for stop smoking, sexual health services, supervised consumption of opiate substitutes, and needle exchange.

When community pharmacy provision is taken into account alongside that of other service providers, it is considered that provision of existing locally commissioned services across Bedford Borough is adequate and meets identified health needs. For some services, access and equity of provision could be improved, and some existing community pharmacies not currently providing these services indicated in their survey responses that they would be willing to provide these services if commissioned.

Community pharmacies make a valuable contribution to the objectives of the Bedford Borough Health & Wellbeing Strategy and engagement work shows that people value the services provided by their local community pharmacy.

Community pharmacies may also offer a wide range of non-NHS services. Whilst some of these services are not aligned with the strategic priorities of the ICB or the council, they may be fulfilling a customer generated demand.

It is recognised that out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other.

The Bedford Borough economy of community pharmacies has been relatively stable since the last PNA, with no changes resulting in identification of gaps, despite some pharmacy closures. However, it is not certain that this stability will continue and any changes occurring in the life of the PNA will need to be considered fully to ensure their impact is understood.

## 12 Statement of Pharmaceutical Needs Assessment

Health and wellbeing boards should note that opening hours of themselves are not pharmaceutical services. Therefore, they should avoid identifying a need for, or improvement or better access to, opening hours. If there is a gap in the provision of services at certain times this would be articulated as an improvement or better access to specified services at specified times.

After considering all the elements of the PNA, Bedford Borough Health and Wellbeing Board makes the following statements:

- For the purpose of this PNA, Bedford Borough Health and Wellbeing Board has agreed that necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework (see section 3.3).
- No gaps have been identified in the provision of necessary services within the five localities of Bedford Borough to meet the needs of the population.
- No gaps have been identified in the need for pharmaceutical services in specified future circumstances (including housing developments and population changes anticipated between 2025 and 2028) across Bedford Borough.
- No gaps in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances (including housing developments and population changes anticipated between 2025 and 2028) have been identified in any of the localities.

### **Opportunities for service improvements:**

- Better access to the existing provision of essential services in Rural North and South could be secured by their provision on Saturday evenings after 5pm and by some provision on Sundays. Access issues should be better understood to establish whether any further action is required. For example, there may be an opportunity to work with the ICB, Community Pharmacy BLMK & Northants and local pharmacies to review the potential of exploring an extended rota.
- The urgent treatment centre is open until 11pm and it is acknowledged that there is no pharmacy provision after 9pm in Bedford Borough. Information provided by the urgent treatment centre confirms that they direct patients to a pharmacy located 36-38 minutes drive away in Luton between the hours of 9pm -11pm. Whilst access to this pharmacy between 9pm – 11pm may be a viable option for those who have access to a car, other patients may have to wait until the following morning to obtain their medication from a local pharmacy. Further exploratory work could be undertaken to see if there is the option of alternative provision more local to Bedford Borough residents.

- A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of these services, and we would wish to encourage all community pharmacies to make greater use of all advanced services, and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service.
- There is adequate provision of existing locally commissioned services across Bedford Borough when community pharmacy provision is taken into account alongside that of other service providers, although access and equity of provision could be improved for some services. It is recommended that the public health team should work with partners including the ICB and Community Pharmacy BLMK and Northants to explore this further and scope any further work necessary (for example in the needle exchange service, supervised consumption of opiate substitutes service and free EHC).
- The results of the pharmacy questionnaire indicated that there are community pharmacies who would be willing to provide these services if commissioned.
- With regard to locally commissioned services, the Public Health team should work with the ICB, Community Pharmacy BLMK & Northants, community pharmacies and PCNs to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.
- Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Bedford Borough and with other healthcare professional teams to increase awareness of engagement and interaction with services.
- It is recommended that further work is undertaken so community pharmacies better understand how to access translation services.
- Following the publication of the PNA, the Steering Group will meet to consider actions required to take forward service opportunities identified throughout the PNA process, including feedback received during the consultation.

**In addition:**

- Community pharmacy services play an important role in supporting the services provided by GP practices and Primary Care Networks as reflected by the changes in the essential, advanced and locally commissioned services as described in this report.
- The existing 100-hour pharmacy is essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed. Loss of the 100-hour pharmacies could cause gaps in access to both essential pharmaceutical services and locally commissioned services that respond to particular population health needs.

- In addition to the 100-hour pharmacy, a number of other pharmacy services provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of Bedford Borough. Should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision within this locality. Early involvement of Community Pharmacy BLMK & Northants and local community pharmacies in this process would allow for local solutions to be explored.
- Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

## Appendix 1 - PCNs, GP Practices and Surgeries Including Dispensing Practices

Correct as of January 2025

Code	Practice	Main or Branch Surgery	PCN	Address
E81615	Ashburnham Road Surgery	Main	Caritas	8 Ashburnham Road, Bedford, MK40 1DS
E81030	Cauldwell Medical Centre	Main	East Bedford	Cauldwell Centre, Bedford Hospital South Wing, Kempston Road, Bedford, MK42 9DJ
E81037	De Parys Group*	Main	North Bedford	Enhanced Services Centre, 21 Kimbolton Road, Bedford, MK40 2NT
E81037	De Parys Group	Branch	North Bedford	2 Goldington Road, Bedford, MK40 3NG
E81037	De Parys Group*	Branch	North Bedford	Avoca House, Molivers Lane, Bromham MK43 8JT
E81037	De Parys Group	Branch	North Bedford	Church Lane Surgery. 147a Church Lane, Bedford, MK41 0PW
E81047	Goldington Avenue Surgery	Main	Unity	85 Goldington Avenue, Bedford, MK40 3DB
E81047	Goldington Avenue Surgery	Branch	Unity	Union Street Clinic, Union Street, MK40 2SF
E81031	Great Barford Surgery*	Main	Unity	26 Silver Street, Great Barford, MK44 3HX
E81007	Harrold MP*	Main	Unity	Peach's Close, Harrold, MK43 7DX
E81038	King Street Surgery	Main	Caritas	273 Bedford Road, Kempston, MK42 8QD
E81038	King Street Surgery	Branch	Caritas	Kempston Clinic, Halsey Road, Kempston, Bedford, MK42 8AU
E81038	King Street Surgery	Branch	Caritas	16 St Johns Street, Kempston, MK42 8EP
E81060	Linden Road*	Main	East Bedford	13 Linden Road, Bedford, MK40 2QD
E81060	Linden Road*	Branch	East Bedford	Avoca House, Molivers Lane, Bromham MK43 8JT
E81019	London Road	Main	East Bedford	The Health Centre, 84-86 London Road, Bedford, MK42 0NT
E81019	London Road	Branch	East Bedford	Elstow Medical Centre, Abbeyfields, Elstow, Bedford, Bedfordshire, MK42 9GP
E81049	Priory Medical Centre*	Main	Unity	48 The Glebe, Clapham, MK41 6GA
E81029	Putnoe Medical Centre	Main	East Bedford	93 Queens Drive, Bedford, MK41 9JE
E81021	Queens Park Surgery	Main	Caritas	23c Carlisle Road, Queens Park, MK40 4HR
E81021	Queens Park Surgery	Branch	Caritas	Kingswood Way, Great Denham Bedford, Bedfordshire, MK40 4GH
E81021	Queens Park Surgery	Branch	Caritas	8 Honeysuckle Way, Bedford, MK41 0TF
E81024	Sharnbrook Surgery*	Main	Unity	17 Templars Way, Sharnbrook, MK44 1PZ
Y00560	Wootton Vale Healthy Living Centre	Main	Caritas	Fields Road, Wootton, MK43 9JJ
Y00560	Wootton Vale Healthy Living Centre	Branch	Caritas	2-6 Beauvais Square, Shortstown, Bedfordshire, MK42 0GS

\*Dispensing

## **Appendix 2 - Membership of Steering Committee**

- Public Health Consultant, Healthcare Public Health (chair)- Bedford Borough, Central Bedfordshire and Milton Keynes (BMK) shared Public Health team
- Public Health Practitioner for Primary Care, BMK Shared Public Health team
- Public Health Evidence and Intelligence Senior Analyst, BMK Shared Public Health team
- Assistant Director for Pharmacy and Medicines Optimisation, BLMK ICB
- BLMK ICS Community Pharmacy Integration Lead, BLMK ICB
- Community Pharmacy BLMK & Northants
- Healthwatch Bedford Borough
- HWE ICB representation for pharmacy contracting
- Liaison manager (Bedfordshire), Bedfordshire and Hertfordshire Local Medical Committee
- North of England Commissioning Support (commissioned provider)

## Appendix 3 - Survey of Pharmaceutical Contractors

### Summary of Bedford Borough Pharmacy Contractor Questionnaire

#### Bedford Borough

#### Pharmacy Questionnaire Analysis

Total responses received: 8\*

\*One pharmacy sent two responses. Therefore, unanimous answers have been counted as a single response, while discrepant responses have been excluded. Exclusion cases are marked with an asterisk (\*) and highlighted in grey.

Response rate: 25% (28 pharmacies in BBC)

#### Premises Details

##### 1) Contact details

Answered – 8; Skipped – 0

- Provided contractor code (ODS Code) – 8
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 8
- Provided trading name – 8
- Provided address of contractor pharmacy – 8
- Provided pharmacy.ODScode@nhs.net email address – 6
- Other Email address used – 4
- Provided pharmacy telephone – 7
- Provided pharmacy website address (if applicable) – 5

##### 2) Can the LPC store the above information and use it to contact you?

Answered – 8; Skipped – 0

Yes		100%	8
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##### 3) Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

Answered – 8; Skipped – 0

No		38%	3
Possibly		25%	2
Yes		38%	3

4) How many hours do you open in total?

Answered – 8; Skipped – 0

47	1
43	2
44	2
40	1
53	1
45	1

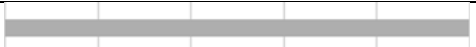
5) If you are classed as a 100-hour pharmacy, how many hours do you open for (72hrs to 100hrs)?

Answered 1; Skipped 7

0	1
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6) Have you changed your opening hours since the last PNA in October 2022?

Answered 8; Skipped 0

No		100%	8
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7) Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)

Answered – 8; Skipped – 0

No		100%	8
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**Access**


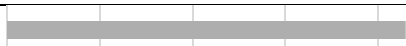
8) Do you have the following within a 100-metre radius of the pharmacy?

Answered – 8; Skipped – 0

	Yes		No	
Bus Stop	88%	7	13%	1
Disabled parking*	71%	5	29%	2
Parking	100%	8	0%	0

9) Are you able to provide professional advice to patients in their own homes?


Answered – 7; Skipped – 1

No		14%	1
Yes		86%	6

## Consultation facilities

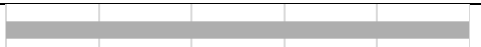
10) Is there a consultation area on the premise that meets premise requirements as per Terms of Service paragraph 28A, Schedule 4 (with the exception of a small pharmacy exemption granted by the ICB)?

Answered – 8; Skipped – 0

Yes (including wheelchair access)		100%	8
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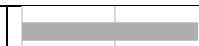
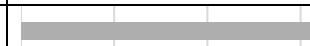
11) Where there is a consultation area, is it a closed room?

Answered – 8; Skipped – 0

Yes		100%	8
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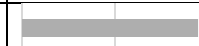
12) During consultations are there hand-washing facilities?

Answered – 8; Skipped – 0

Yes, Close to the consultation area		38%	3
Yes, In the consultation area		63%	5

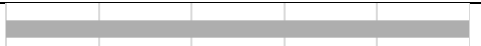
13) Do patients attending for consultations have access to toilet facilities?

Answered – 8; Skipped – 0

No		63%	5
Yes		38%	3


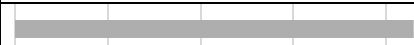
14) Does the pharmacy have access to an off-site consultation area? (i.e. one which the former PCT or NHS England local team has given consent for use)

Answered – 8; Skipped – 0

No		100%	8
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15) Is the pharmacy willing to undertake consultations in patient's home / other suitable site?

Answered – 7; Skipped – 1

No		14%	1
Yes		86%	6

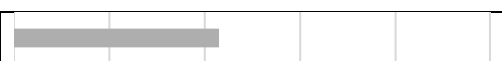
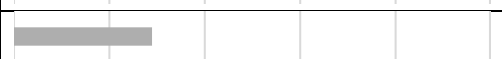
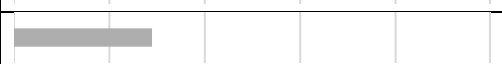
16) What languages are spoken across the whole pharmacy in addition to English?

Answered – 7; Skipped – 1

Arabic	1
Bengali	1
Gujrati	4
Hindi	5
Kachi	1
Kiswahili	1
Polish	2
Punjabi	2
Romanian	1
Swahili	1
Tamil	1
Telegu	1
Urdu	2

17) Do you know how to access the funded translation services?

Answered – 7\*; Skipped – 0

No		43%	3
Not Sure		29%	2
Yes		29%	2

### IT facilities

18) Select any that apply.

Answered – 8; Skipped – 0

Electronic Prescription Service Release 2 enabled	8
NHS Summary Care Record enabled	8
NHS Website (NHS.UK)	7
The pharmacy.ODScode@nhs.net email address is being used	7

## Services

19) Does the pharmacy dispense appliances?

Answered – 8; Skipped – 0

None	1
Yes – All types	7
Yes, just dressings	1

## Advanced services

20) Does the pharmacy provide the following services?

Answered – 8; Skipped – 0

	Yes		No - not intending to provide		Intending to begin within next 12 months	
	%	Count	%	Count	%	Count
Appliance Use Review service	25%	2	50%	4	25%	2
Influenza Vaccination Service	88%	7	0%	0	13%	1
Hypertension case finding service	86%	6	0%	0	14%	1
Lateral Flow Device (LFD) service	100%	8	0%	0	0%	0
New Medicine Service (NMS)	100%	8	0%	0	0%	0
Pharmacy contraception services (PCS)	71%	5	0%	0	29%	2
Pharmacy First - 7 Clinical Pathways	88%	7	0%	0	13%	1
Pharmacy First – Minor Ailment Service*	100%	6	0%	0	0%	0
Pharmacy First – Urgent Medicine Supply	100%	7	0%	0	0%	0
Smoking cessation services	75%	6	0%	0	25%	2
Stoma Appliance Customisation service	25%	2	50%	4	25%	2

## Enhanced and Other Locally Commissioned Services

Enhanced Services are those commissioned by the local NHS England Team. ICB and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

21) Which of the following services does the pharmacy provide, or would be willing to provide?

Answered – 8; Skipped – 0

	Currently providing under contract with ICB		Currently providing under contract with Local Authority		Currently providing under contract with the local NHS England Team		Not able or willing to provide		Willing to provide if commissioned	
	%	n	%	n	%	n	%	n	%	n
Anti-viral Distribution Service	13%	1	0%	0	0%	0	13%	1	75%	6
Care Home Service*	0%	0	0%	0	0%	0	14%	1	86%	6
Chlamydia Testing Service	0%	0	38%	3	25%	2	13%	1	25%	2
Chlamydia Treatment Service*	0%	0	29%	2	14%	1	14%	1	43%	3
COVID-19 Vaccination	0%	0	0%	0	63%	5	0%	0	38%	3
On Demand Availability/ End of Life Specialist Drugs Service*	14%	1	0%	0	29%	2	14%	1	43%	3
Supervision of methadone consumption	0%	0	25%	2	38%	3	13%	1	25%	2

## 22) Disease Specific Medicines Management Services

Answered – 7; Skipped – 1

	Currently providing under contract with ICB		Currently providing under contract with Local Authority		Currently providing under contract with the local NHS England Team		Willing to provide if commissioned	
	0%	0	0%	0	14%	1	86%	6
Allergies	0%	0	0%	0	14%	1	86%	6
Alzheimer's/dementia	0%	0	0%	0	14%	1	86%	6
Asthma	0%	0	0%	0	14%	1	86%	6
CHD	0%	0	0%	0	14%	1	86%	6
COPD	0%	0	0%	0	14%	1	86%	6
Depression	0%	0	0%	0	14%	1	86%	6
Diabetes type I	0%	0	0%	0	14%	1	86%	6
Diabetes type II	0%	0	0%	0	14%	1	86%	6
Emergency Contraception Service	14%	1	29%	2	43%	3	14%	1
Emergency Supply Service	0%	0	0%	0	86%	6	14%	1
Epilepsy	0%	0	0%	0	14%	1	86%	6
Gluten Free Food Supply Service (i.e. not via FP10)	43%	3	0%	0	0%	0	57%	4
Heart Failure	0%	0	0%	0	14%	1	86%	6
Home Delivery Service (not appliances)	0%	0	0%	0	29%	2	71%	5
Hypertension	0%	0	0%	0	57%	4	43%	3
NHS - Independent Prescribing Service*	0%	0	0%	0	17%	1	83%	5
Other (please state)	0%	0	0%	0	0%	0	100%	4
Parkinson's disease*	0%	0	0%	0	14%	1	86%	6
Private - Independent Prescribing Service*	0%	0	0%	0	0%	0	100%	6

23) If currently providing an Independent or Private Independent Prescribing Service, what therapeutic areas are covered?

Answered – 1; Skipped – 7

Malaria Prophylaxis	1
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24) Screening Services

Answered – 7; Skipped – 1

	Willing to provide if commissioned	
Alcohol	100%	7
Cholesterol	100%	7
Diabetes	100%	7
Gonorrhoea	100%	7
H. pylori	100%	7
HbA1C	100%	7
Hepatitis	100%	7
HIV*	100%	6

25) Other vaccinations

Answered – 6; Skipped – 2

	Willing to provide if commissioned	
Childhood vaccinations	100%	6
Hepatitis (at risk workers or patients)	100%	6
HPV	100%	6
Travel vaccines*	100%	5

Other - Private travel vaccination service available from pharmacy	1
--	---

## Non-commissioned services

26) Does the pharmacy provide any of the following?

Answered – 7; Skipped – 0

Collection of prescriptions from GP practices	6
Delivery of dispensed medicines - Chargeable	2
Delivery of dispensed medicines – Free of charge on request	6
Delivery of dispensed medicines – Selected areas (list areas)	2
Delivery of dispensed medicines – Selected patient groups (list criteria)	2
Monitored Dosage Systems – chargeable	5
Monitored Dosage Systems – Free of charge on request	3

Delivery of dispensed medicines – Selected patient groups (list criteria)

Housebound elderly (Not able to get to pharmacy or too ill to come out)	1
Housebound elderly and disabled patients	1

Delivery of dispensed medicines – Selected areas (list areas)

Around great Denham and surrounding villages	1
Bedford	1
Clapham	1
Oakley	1
Pavenham	1
Bromham	1
Sharnbrook	1
Milton Ernest	1
Within 5 mile radius of MK42 0RU	1

27) Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why.

Answered – 5; Skipped – 3

Don't know, but would be willing to provide the service if BBC commissioned the service.	1
Gum hygiene due to tobacco chewing	1
Number of patients that have disability requirement has increased in our area, we are getting more and more request for delivery of medication. We have also had an increase of request from customer for monitored dosage systems.	1
Weight management as many are type 2 diabetes and on many different types of insulin increase in use of injection and not doing exercise but continuing food consumption.	1
yes	1

28) What are the three most important health needs of your population that a pharmacy can help to address?

Answered – 4; Skipped – 4

Pharmacist consultation	1
Monitored Dosage Systems	1
Blood pressure	1
Don't know, but would be willing to provide the service if BBC commissioned the service	1
Healthy eating/ weight management	2
Type 2 diabetes prevention	2
Alcohol consumption	1
Cardiovascular disease	1

29) Have you identified specific health needs within your pharmacy population which would not be met by the list above?

Answered – 2; Skipped – 6

Don't know, but would be willing to provide the service if BBC commissioned the service	1
Still high prevalence of alcohol and weight management, smoking and mental health	1

30) How does your pharmacy meet your obligations under the Accessible Information Standards (AIS) and Equalities Act?

Answered – 6; Skipped – 2

Information on website and posters in the pharmacy	1
Sop in place	1
The Pharmacy has AIS Standard Operating Procedure in place which directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. Each patient's specific information and/or communication needs are recorded on their Patient Medication Record. The Pharmacy has an equality policy in place. All staff are required to sign an employment contract which has a specific paragraph on the Equalities Act.	1
Website and posters	1
Yes	2

## Appendix 4 - Results of Dispensing Doctors' Survey

Total responses received: 3

Response rate: 43% (7 Dispensing GPs in BBC)

### Premises Details

#### 1) Contact details

Answered – 3; Skipped – 0

- Provided name of GP Surgery – 3
- Provided Practice Code – 3
- Provided trading name – 3
- Provided address of GP Surgery – 3
- Provided dispensary telephone number – 3
- Provided website address (if applicable) – 0

#### 2) Over an average week, for how many hours is there a dispenser on site?

Answered – 3; Skipped – 0

57	1
20	1
40	1


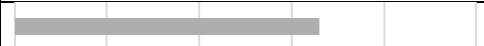
#### 3) Over an average week, for how many hours is there a NVQ level 2 or 3 dispenser on site?

Answered – 2; Skipped – 1

57	1
40	1

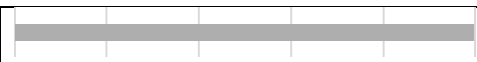
#### 4) Recognising that demand is increasing, does the dispensary have the capacity to manage that increase within your existing premises and staffing levels?

Answered – 3; Skipped – 0

No, and the dispensary does not have sufficient premises and staffing capacity, and would have difficulty in managing an increase in demand		33%	1
Yes		67%	2

5) Can the LMC store the above information and use it to contact you?

Answered- 3; Skipped – 0

Yes		100%
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**Total hours of opening**

Answered – 3; Skipped – 0

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
09:00-18:00 (lunchtime 13:00-14:00)	09:00-18:00 (lunchtime 13:00-14:00)	09:00-18:00 (lunchtime 13:00-14:00)	09:00-18:00 (lunchtime 13:00-14:00)	09:00-18:00 (lunchtime 13:00-14:00)	09:00-12:30	
08:30-12:30	08:30-12:30	08:30-12:30	08:30-12:30	08:30-12:30		
09:00-17:00 (lunchtime 13:00-14:00)	09:00-17:00 (lunchtime 13:00-14:00)	09:00-17:00 (lunchtime 13:00-14:00)	09:00-17:00 (lunchtime 13:00-14:00)	09:00-17:00 (lunchtime 13:00-14:00)		

**Access**

6) Do you have the following within a 100-metre radius of the premises?

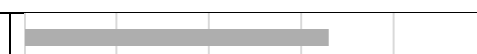

Answered – 3; Skipped – 0

	Yes		No	
Bus Stop	67%	2	33%	1
Disabled parking	67%	2	33%	1
Parking	67%	2	33%	1

**Services**

7) Does the dispensary dispense appliances?

Answered – 3; Skipped – 0

"Yes – All types, or"		67%	2
"Yes, excluding stoma and incontinence appliances, or"		33%	1

**Advanced services**


8) Do you provide the following services?

Answered – 3; Skipped – 0

	No		Yes	
Compliance aids (please list below in "Other" box)	100%	3	0%	0
Delivery of dispensed medicines – Free of charge on request	67%	2	33%	1
Delivery of dispensed medicines – With charge	100%	3	0%	0
Dispensing Review of Use of Medicines	0%	0	100%	3
Medicine Supply Services to care homes	67%	2	33%	1
Medicines appliance review service	100%	3	0%	0
Stoma Appliance Customisation service	100%	3	0%	0

9) Do you provide delivery of dispensed medicines?

Answered – 3; Skipped – 0

No		100%	3
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**Non-commissioned services**

10) What are the three most important health needs of your population that a dispensary can help to address?

Answered – 2; Skipped – 1

Access	1
Convenience	1
Compliance	1



11) Have you identified specific health needs within your dispensary population which would not be met by the list above?

Answered – 1; Skipped – 2

No	1
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12) How would you rate the current provision of pharmaceutical services in Bedford Borough overall?

Answered – 2; Skipped – 1

Adequate		50%	1
Good		50%	1

13) If your practice could be commissioned to provide similar services to those currently available under the additional services sections of the community pharmacy contract (opens in new window), would you be prepared to do so?

Answered – 2; Skipped – 1

Don't know		50%	1
No		50%	1

Types of service

We...only dispense to a handful of generic patients who live in rural areas. Currently looking at the viability of keeping it open v cost incurred	1
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14)How does your dispensary meet your obligations under the Accessible Information Standards (AIS) and Equalities Act?

Answered – 0; Skipped – 3

## Appendix 5 - Community Engagement Questionnaire Results

### Bedford Borough

#### 2025 PNA Resident Survey

Total responses received: 310

#### How do you usually use your pharmacy (chemist) or dispensing practice (general practice that dispenses medicines).

1) Are you a resident of: (Please select one box)

Answered- 310; Skipped- 0

Bedford Borough	100%	310
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2) Do you have a regular/usual pharmacy (chemist) or dispensing practice that you use? (Please select one box)

Answered- 308; Skipped- 2

No - I use whichever pharmacy/dispensing practice is most convenient depending on my location	3%	10
Don't know	0%	0
Other	0%	1
Yes - I have a regular pharmacy/dispensing practice that I order items to home	12%	38
Yes - I have a regular pharmacy/dispensing practice that I visit in person	84%	259

If you answered "Other" to question 2, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 1; Skipped- 309

Use delivery/ online services	1
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3) Have you used the following services in the past year? (Please select all boxes that apply)

Answered- 307; Skipped- 3

Appliance services e.g. stoma appliance customization	0%	0
Collection of prescriptions from dispensing practice (General Practice which dispenses medicines)	8%	43
Collection of prescriptions from local community pharmacy (chemist)	46%	242
Don't know	0%	1
General health advice from local pharmacy (chemist)	22%	115
Medicines use check e.g. pharmacist offers advice	1%	4
New Medicine Service e.g. new medication prescribed for asthma	2%	11
None of the services in question 3	1%	7
Online pharmacy (chemist)	2%	9
Other	1%	7
Over the counter medicines from local community pharmacy (chemist)	15%	78
Pharmacy First services from local community pharmacy (chemist)	1%	5

If you answered "Other" to question 3, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 18; Skipped- 292

Purchase products e.g. make-up, toiletries	1
Use delivery/ online services	10
Vaccinations e.g. influenza, COVID, shingles, RSV	7

4) Who do you normally visit the pharmacy (chemist) or dispensing practice for? (Please select all boxes that apply)

Answered- 307; Skipped- 3

Don't know	0%	0
Family member - adult	25%	121
Family member - children under 18	7%	35
Friend	1%	6
Neighbour	1%	7
Other	0%	2
Someone I care for	5%	27
Yourself	60%	294

If you answered "Other" to question 4, please explain your answer in more detail.  
(Please explain your answer in the box below)

Answered- 2; Skipped- 308

Other/General Feedback	1
Use delivery/ online services	1

5) How do you usually travel to the pharmacy (chemist) or dispensing practice that you use most often? (Please select one box)

Answered- 308; Skipped- 2

Bicycle	1%	4
Car	49%	152
Not applicable	2%	7
Other	3%	9
Public Transport (e.g. bus)	4%	13
Taxi	0%	1
Walk	40%	122

If you answered "Other" to question 5, please explain your answer in more detail.  
(Please explain your answer in the box below)

Answered- 8; Skipped-302

Mobility scooter	3
Motorhome/ motorbike	1
Use delivery/ online services	3
Wheelchair	1

6) Do you have any issues accessing a preferred pharmacy (chemist) or dispensing practice? (Please select one box)

Answered- 307; Skipped- 3

No	87%	267
Yes	13%	40

7) If "Yes" to question 6, what issues do you have in accessing your preferred pharmacy (chemist) or dispensing practice? (Please select all boxes that apply)

Answered- 38; Skipped- 272

Distance	33%	16
Location/surroundings	4%	2
Other	25%	12
Parking	31%	15
Wheelchair access	6%	3

If you answered "Other" to question 7, please explain your answer in more detail.  
 (Please explain your answer in the box below)

Answered- 13; Skipped- 297

Access when flooded	1
Availability of medication	3
Inaccessible	1
Infrequent public transport	1
No disabled parking	1
Opening times	5
Weather	1

8) When do you usually use pharmacy (chemist) or dispensing practice services? (Please select all boxes that apply)

Answered- 300; Skipped- 10

	<b>Monday-Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Bank Holidays</b>
Early morning, before 9am	14	3	0	0
Morning, 9am - 12 noon	170	86	13	7
Lunchtime, 12 noon - 2pm	86	43	10	5
Afternoon, 2pm - 5pm	152	50	15	4
Evenings, 5pm - 8pm	47	12	6	2
Late night, 8pm - 10pm	5	4	4	3

9) When would you prefer to use your pharmacy (chemist) or dispensing practice services? (Please select all boxes that apply)

Answered- 290; Skipped- 20

	<b>Monday-Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Bank Holidays</b>
Early morning, before 9am	33	13	7	6
Morning, 9am - 12 noon	157	95	32	26
Lunchtime, 12 noon - 2pm	85	41	17	11
Afternoon, 2pm - 5pm	132	63	27	15
Evening, 5pm - 8pm	64	29	12	8
Late night, 8pm - 10pm	22	15	11	6

10) In the past year, if you could not access your usual pharmacy (chemist) or dispensing doctor, what did you do? (Please select all boxes that apply)

Answered- 273; Skipped- 37

Called NHS 111	6%	21
Called the out of hours service	1%	5
Other	4%	15
Went back on another day	45%	159
Went to a walk-in centre	10%	34
Went to another pharmacy	28%	99
Went to hospital/ Accident & Emergency	2%	6
Went to my GP	5%	16

If you answered "Other" to question 10, please explain your answer in more detail.  
(Please explain your answer in the box below)

Answered- 15; Skipped- 295

Did not collect medication	1
Hasn't been a problem	7
Other/General Feedback	1
Returned at another point	1
Use delivery/ online services	5

11) Have you used any of the following services at a pharmacy (chemist) in the past year or would you like to? (Please select one box per row)

Answered- 268; Skipped- 42

	Have used		Would use if necessary	
Access to free or low-cost medicines for common illnesses	62%	56	38%	35
Alcohol advice	0%	0	100%	21
Blood pressure check	37%	33	63%	57
Blood sugar check	15%	9	85%	50
Cholesterol check	18%	12	82%	54
COVID-19 vaccination	85%	170	15%	29
Dietary advice	18%	6	82%	28
Emergency contraception e.g. (morning after pill)	7%	2	93%	26
Family planning e.g. (contraceptives/the pill/condoms)	0%	0	100%	28
Healthy Lifestyle advice/support	22%	9	78%	32
Minor illnesses e.g. hay fever, cough	76%	96	24%	30
Needle exchange or methadone supply	0%	0	100%	19
Out of hours urgent supply e.g. overnight, Christmas Day	9%	5	91%	53
Pharmacy First	19%	10	81%	43
Seasonal 'Influenza' vaccine	86%	175	14%	29
Stop smoking services	8%	2	92%	23
Weight concerns	9%	3	91%	30

\*\*Pharmacy First is a service that includes: review for impetigo (skin infection) for people aged 1 years and older; review for infected insect bites for people aged 1 years and over; review for shingles for people aged 18 years and older; review for sinusitis for people aged 12 years and over; review for sore throat for people aged 5 years and over and review for uncomplicated urinary tract infections for women aged 16-64 years old."

12) Do you consider yourself to have a long-term health condition? (Please select one box)

Answered- 306; Skipped- 4

No	31%	94
Yes	69%	212

13) If "Yes" to question 12, which of these long-term conditions would you consider yourself to have or are being treated for? (Please select all boxes that apply)

Answered- 210; Skipped- 100

Asthma, COPD or Respiratory Condition	13%	47
Cancer	3%	11
Cardiovascular Condition (including stroke)	7%	23
Chronic Kidney Disease	2%	8
Dementia	0%	0
Diabetes	13%	44
Epilepsy	1%	5
Hypertension/ High Blood Pressure	24%	83
Mental Health Condition	8%	27
Neurodiversity (e.g. Autism)	2%	7
Other Long-Term Condition	27%	95

14) Have you used a pharmacy advice service in order to obtain the necessary advice and support to deal with your long-term condition? (Please select one box)

Answered- 246; Skipped- 64

No - I would like to be able to obtain the necessary advice & support	74%	181
Yes - I have obtained the necessary advice & support	26%	65

15) If "Yes" to question 14, how would you describe it? and would you like to obtain advice and support from your usual pharmacy (chemist) (Please select one box per row)

Answered- 85; Skipped- 225

	Have		Would like support & advice	
Asthma, COPD or respiratory condition	85%	11	15%	2
Cancer	50%	3	50%	3
Cardiovascular condition (including stroke)	67%	6	33%	3
Chronic kidney disease	0%	0	100%	1
Dementia	0%	0	100%	2
Diabetes	82%	14	18%	3
Epilepsy	100%	1	0%	0
Hypertension/High blood pressure	81%	26	19%	6
Mental health condition	70%	7	30%	3
Neurodiversity (e.g. autism)	40%	2	60%	3
Other long-term condition	73%	30	27%	11

If you answered "Other long-term condition" to question 15, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 30; Skipped- 280

Autoimmune & Inflammatory Disorders	4
Cardiovascular Conditions	5
Endocrine & Metabolic Conditions	3
Eye Conditions	1
Gastrointestinal Conditions	2
Infectious & Immune Conditions	1
Musculoskeletal Disorders	6
Neurological Conditions	2
Other/General Feedback	4
Pain Management	1
Related to medication	1

16) How do you prefer to communicate and/or receive information? (Please select all boxes that apply)

Answered- 302; Skipped- 8

Braille	0%	0
British Sign Language	0%	0
Easy read	10%	44
E-mail	47%	200
Interpreter - non-spoken	0%	0
Interpreter - spoken	0%	0
Large print	3%	11
No Preference	10%	41
Other	4%	16
SMS/Text	27%	117

If you answered "Other" to question 16, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 13; Skipped- 297

Accessibility/support challenges	1
Email communication	1
Face-to-face interaction	3
Other/General Feedback	1
Postal communication	3
Telephone/voice communication	3
Text messaging/apps	1

17) Please describe in the box below, any other services you would like pharmacies to offer: (Please explain your answer in the box below)

Answered- 91; Skipped- 219

Better accessibility and availability	6
Chronic condition management e.g. blood pressure checks, asthma management, diabetes monitoring, etc.	1
Other communication methods e.g. email, post	1
Community and specialised support	2
Delivery and online services e.g. text notifications, online booking system, remote consultations, collection points	7
Improved dispensing prescription service	4
Extended pharmacy services e.g. urine tests, smear tests, blood tests, minor injuries, etc.	13
First aid guidance	1
Hearing and ear care	2
Integration with healthcare services	1
Lifestyle and preventive advice e.g. weight management, smoking cessation, health living advice, etc.	3
Medication and supply management	3
More pharmacies	1
None	3
Other/General Feedback	6
Personalised and face-to-face care	3
Positive comments	8
Service improvements	12
Stock more products	2
Sustainability and waste management e.g. recycling medicine packets, sharps box returns, eco-friendly packaging, etc.	2
Vaccination and preventive care	5
Women's health e.g. pill checks, pregnancy advice, contraception advice, menopause support, etc.	2
Write prescriptions or order repeat prescriptions	3

### Your Personal Details

This section is about you. Please do not put your name or any other person identifiable information on this survey.

The following information will help us when considering your opinions and to make sure that we're getting views of all members of the community. The answers will not be used to identify any individual. You can read more about why we ask these questions on our website.

18) Are you?: (Please select one box)

Answered- 308; Skipped- 2

Female	69%	213
Male	30%	91
Other	1%	2
Prefer Not To Say	1%	2

If you answered "Other" to question 18, please explain your answer in more detail.  
(Please explain your answer in the box below)

Answered- 0; Skipped- 310

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

Answered- 302; Skipped- 8

No	1%	2
Prefer Not To Say	2%	6
Yes	97%	294

20) How would you define your sexual orientation? (Please select one box)

Answered- 294; Skipped- 16

Bisexual	2%	7
Gay	2%	6
Heterosexual	87%	257
Lesbian	0%	1
Other	1%	3
Prefer Not To Say	7%	20

If you answered "Other" to question 20, please explain your answer in more detail.  
(Please explain your answer in the box below)

Answered- 0; Skipped- 310

21) Which age group are you in? (Please select one box)

Answered- 306; Skipped- 4

Under 16 years	0%	0
16-20 years	0%	0
21-25 years	1%	2
26-30 years	1%	4
31-35 years	3%	8
36-40 years	3%	10
41-45 years	3%	8
46-50 years	5%	16
51-55 years	5%	16
56-60 years	7%	20
61-65 years	14%	42
66-70 years	20%	61
71-75 years	13%	41
Over 75 years	24%	74
Prefer Not To Say	1%	4

22) To which of these groups do you consider you belong? (Please select one box)

Answered- 303; Skipped- 7

Asian, Asian British or Asian Welsh - Bangladeshi	1%	3
Asian, Asian British or Asian Welsh - Chinese	0%	0
Asian, Asian British or Asian Welsh - Indian	2%	5
Asian, Asian British or Asian Welsh - Pakistani	0%	0
Asian, Asian British or Asian Welsh - Asian	0%	0
Black, Black British, Black Welsh, Caribbean or African - African	1%	3
Black, Black British, Black Welsh, Caribbean or African - Caribbean	1%	2
Black, Black British, Black Welsh, Caribbean or African - Other Black	0%	1
Mixed or Multiple Ethnic Groups - White and Asian	1%	2
Mixed or Multiple Ethnic Groups- White and Black Caribbean	0%	0
Mixed or Multiple Ethnic Groups- Other Mixed or Multiple Ethnic Groups	0%	0
Prefer Not To Say	3%	9
White Irish	2%	5
White Gypsy or Irish Traveller	0%	0
White Roma	0%	0
White, English, Welsh, Scottish, Northern Irish or British	82%	247
White, Other White	8%	24
Other Ethnic Group- Arab	0%	0
Other Ethnic Group- Any Other Ethnic Group	0%	0

23) Do you consider yourself disabled? (Please select one box)

Answered- 301; Skipped- 9

No	77%	233
Prefer Not To Say	4%	12
Yes	19%	56

24) If you consider yourself to have a disability(s), how would you describe your disability(s)? (Please select all boxes that apply)

Answered- 56; Skipped- 254

Learning Disability	7%	4
Other	3%	2
Physical or Mobility Impairment	75%	45
Prefer Not To Say	5%	3
Sensory Impairment	10%	6

If you answered "Other" to question 24, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 3; Skipped- 307

Mental health conditions	1
Neurological conditions	1
Respiratory and breathing conditions	1

25) Are you in current employment? (Please select one box)

Answered- 300; Skipped- 10

No	65%	195
Prefer Not To Say	2%	7
Yes	33%	98

26) If you answered "Yes" to question 25, which of these categories do you consider best reflects your employment status? (Please select one box)

Answered- 98; Skipped- 212

Employee Full-Time	61%	60
Employee Part-Time	21%	21
Other	1%	1
Unemployed	0%	0
Full-Time Student	0%	0
Retired	0%	0
Self-Employed	15%	15
Student	0%	0
Sick Or Disabled	1%	1
Looking After Home	0%	0

If you answered "Other" to question 26, please explain your answer in more detail.  
 (Please explain your answer in the box below)

Answered- 1; Skipped- 309

Combination of above	1
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27) Which of the following faith and belief groups do you identify with? (Please select one box)

Answered- 304; Skipped- 6

Buddhist	0%	0
Sikh	0%	1
Christian	56%	169
Hindu	1%	4
Jewish	0%	1
Muslim	1%	3
No Religion/Atheist	29%	88
Other	3%	10
Prefer Not To say	9%	28

If you answered "Other" to question 27, please explain your answer in more detail.  
 (Please explain your answer in the box below)

Answered- 7; Skipped- 303

Atheist/Agnostic/Non-religious	1
Christianity	2
Deism	1
Jainism	1
Jediism	1
Paganism/Spiritual Beliefs	1

28) What is the first part of your home or organisation postcode e.g. MK40?

Answered- 293; Skipped- 17

LU2	0%	1
LU5	0%	1
LU6	0%	1
LU7	1%	2
MK4	0%	1
MK40	17%	49
MK41	32%	94
MK42	28%	82
MK43	9%	25
MK44	4%	12
MK45	5%	16
MYWI	0%	1
NK41	0%	1
NN10	0%	1
PE28	0%	1
SG18	0%	1
SG19	1%	4

29) How did you hear about this survey? (Please select all boxes that apply)

Answered- 305; Skipped- 5

Friend	1%	4
Healthwatch	15%	49
Online	49%	155
Other	27%	85
Pharmacist	1%	2
Professional	4%	12
Promotion	3%	10

If you answered "Other" to question 29, please explain your answer in more detail.  
 (Please explain your answer in the box below)

Answered- 76; Skipped- 234

Citizen panel	1
Council website	11
Councillor	6
Email	38
Facebook	3
Local group	3
Local newspaper	8
Newsletter	2
Online	2
Work	2

Do you have any comments you wish to make regarding this survey? (Please explain your answer in the box below)

Answered- 64; Skipped- 246

Comments on GP Practices	3
Feedback on this survey design/ content	13
Government and funding support	1
Importance of local pharmacy access and keeping up with demand	8
None	4
Other/General Feedback	13
Pharmacy service quality	15
Prescriptions and medication	1
Waiting times and delays	6

## Appendix 6 - Pharmacy Addresses

Correct as of March 2025

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
Rural North	Herbert & Herbert	FDL06	Community	88 High Street, Clapham , Bedford	MK41 6BW	09:00-18:00	09:00-17:00	Closed
Rural North	Wellbeing Pharmacy	FWV87	Community	61 High Street, Sharnbrook, Bedford	MK44 1PB	09:00-18:00	Closed	Closed
South	Bromham Pharmacy	FN234	Community	Avoca House, Molivers Lane, Bromham, Bedford	MK43 8JT	09:00-13:00 14:00-18:00	09:00-13:00	Closed
South	Phoenix Pharmacy t/a Shortstown Pharmacy	FF239	Community	15 Beauvais Square, New Cardington, Shortstown	MK42 0GE	09:00-13:00 14:00-18:00	14:00-17:00	Closed
South	Wilstead Pharmacy	FWD83	Community	1 Cross Roads, Wilstead, Bedford	MK45 3HJ	09:00-18:00	Closed	Closed
South	Wootton Pharmacy	FM534	Community	Unit 2, Folkes Road, Wootton, Bedford	MK43 9TE	09:00-13:00 14:00-18:00	09:00-13:00	Closed
Urban Northeast	121 Pharmacy	FCC16	DSP	Unit 1, Caxton Park, Caxton Road, Elms Farm, Bedford	MK41 0TY	09:00-13:00 14:00-18:00	Closed	Closed
Urban Northeast	Fairley's Pharmacy	FTY20	Community	103 Church Lane, Goldington, Bedford	MK41 0PW	09:00-13:00 14:00-18:00	09:00-12:00	Closed
Urban Northeast	Goldharts Chemist	FCG26	Community	41-43 St Peters Street, Bedford	MK40 2PN	08:30-18:30	09:00-12:30	Closed
Urban Northeast	Jardines Pharmacy	FMC15	Community	107 Brickhill Drive, Bedford	MK41 7QF	09:00-18:00	09:00-13:00	Closed
Urban Northeast	Kidmans Surgical Chemist	FJ835	Community	141-143 Castle Road, Bedford	MK40 3RS	09:00-18:00	09:00-17:00	Closed
Urban Northeast	Tesco in-store Pharmacy	FF441	Community	Riverfield Drive, Bedford	MK41 0SE	08:00-20:00	08:00-20:00	10:00-16:00
Urban Northeast	WELL Pharmacy	FGL66	Community	86 Queens Drive, Putnoe, Bedford	MK41 9BS	08:30-18:00	09:00-13:00	Closed
Urban Northwest	Boots Pharmacy	FNX34	Community	33-37 Harpur Centre, Bedford	MK40 1TN	08:30-17:30	08:30-17:30	10:00-16:00

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
Urban Northwest	Broadway Pharmacy	FE991	Community	1 The Broadway, Bedford	MK40 2TJ	09:00-13:00 14:00-18:30	Closed	Closed
Urban Northwest	Kays Chemist	FP598	Community	108 Bromham Road, Bedford	MK40 2QH	09:00-17:30	Closed	Closed
Urban Northwest	Lindleys Chemist	FH585	Community	15 Ford End Road, Queens Park, Bedford	MK40 4JE	09:00-19:00	09:00-18:00	Closed
Urban Northwest	Oakley Pharmacy	FLV26	Community	9 Greenhill Street, Bedford	MK40 1LX	09:00-18:00	09:00-17:00	Closed
Urban Northwest	Superdrug in-store Pharmacy	FQK65	Community	11-15 All Hallows, Bedford	MK40 1LN	09:00-17:30	09:00-17:30	Closed
Urban Northwest	The Village Pharmacy	FXE23	Community	Meiklejohn Centre Unit 3, Kingswood Way, Great Denham	MK40 4GH	09:00-13:00 14:00-18:00	09:00-13:00	Closed
Urban South	Boots Pharmacy	FQ564	Community	Unit D Interchange Retail Park, Race Meadows Way, Bedford	MK42 7AZ	09:00-19:00	09:00-17:00	11:00-17:00
Urban South	Britannia Pharmacy	FEC88	Community	Saxon Centre, 242 Bedford Road, Kempston	MK42 8PP	08:30-18:00	09:00-17:00	Closed
Urban South	Janssens Pharmacy	FVM05	Community	28 Ampthill Road, Bedford	MK42 9HG	09:00-18:00	09:00-17:00	Closed
Urban South	Lotus Pharmacy	FLX42	Community	88 London Road, Bedford	MK42 0NT	09:00-18:00	09:00-13:00	Closed
Urban South	Phoenix Pharmacy	FNW88	Community	141 -143 Harrowden Road, Bedford	MK42 0RU	09:00-18:00	09:00-13:00	Closed
Urban South	Smarta Healthcare	FXJ96	DSP	5 Stephenson Court, Priory Business Park, Bedford	MK44 3WJ	09:00-17:00	Closed	Closed
Urban South	Speedwell Pharmacy	FH657	Community	178 Bedford Road, Kempston	MK42 8BL	09:00-18:00	Closed	Closed
Urban South	Tesco in-store Pharmacy	FML15	Community	Cardington Road, Bedford	MK42 0BG	09:00-21:00	09:00-21:00	11:00-17:00

## Appendix 7 - Consultation on the Draft Pharmaceutical Needs Assessment for Bedford Borough

The formal consultation on the draft PNA for Bedford Borough ran from 22 April to 21 June 2025 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- Community Pharmacy BLMK and Northants
- Milton Keynes Local Medical Committee
- Bedfordshire Local Medical Committee
- All persons on the pharmaceutical lists and all dispensing doctors list in Bedford Borough
- BLMK ICB
- Bedfordshire Hospitals NHS Foundation Trust
- Bedford Borough HWB
- Milton Keynes HWB
- Central Bedfordshire HWB
- Cambridgeshire and Peterborough HWB
- North Northamptonshire HWB
- West Northamptonshire HWB
- Healthwatch Bedford Borough

All consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire. The draft PNA and a link to the questionnaire were also made available on the council's website to enable members of the public and other local organisations to provide their feedback.

### Findings of the consultation:

There were 39 responses to the consultation questionnaire. Not all respondents answered every question. Below is a summary of the responses given.

### Are you responding as:

Option	No. of responses	Percentage
A member of the public	37	95%
A local pharmacy	1	3%
Other	1	3%

The 'Other' response was from Boots UK Ltd

**Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Bedford Borough?**

<b>Option</b>	<b>No. of responses</b>	<b>Percentage</b>
Yes	29	74%
No	10	26%

**Are there any gaps in service provision (when, where and which services are available) that have not been identified in the pharmaceutical needs assessment?**

<b>Option</b>	<b>No. of responses</b>	<b>Percentage</b>
Yes	15	39%
No	23	61%

**Does the draft pharmaceutical needs assessment reflect the needs of Bedford Borough's population?**

<b>Option</b>	<b>No. of responses</b>	<b>Percentage</b>
Yes	25	69%
No	11	31%

**Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**

<b>Option</b>	<b>No. of responses</b>	<b>Percentage</b>
Yes	26	70%
No	11	30%

**Do you agree with the conclusions of the pharmaceutical needs assessment?**

<b>Option</b>	<b>No. of responses</b>	<b>Percentage</b>
Yes	28	76%
No	9	24%

Respondents were given the opportunity to provide comments under each question, as well as any other comments at the end of the questionnaire. Comments received were thematically analysed as follows:

Theme	Response
Not enough pharmacies / too far to travel	As part of the Pharmaceutical Needs Assessment (PNA) process, the availability of pharmaceutical services inside of normal working hours (section 6.4.1), outside of standard working hours, including weekday evenings (section 6.4.1.2) and weekends (section 6.4.2), was carefully reviewed. Based on this assessment, it was determined that there are no gaps in the provision of necessary services during these times. Whilst the current level of access is considered adequate to meet the needs of the local population, the PNA does note that better access in rural north and south would be secured by more choice in the provision of necessary services on Saturday evenings and Sundays.
No pharmacy provision in Wixams. Other new villages like Biddenham not considered	Provision of pharmaceutical services for people living in Wixams has not changed since the previous PNA. As part of the assessment of pharmaceutical provision for the 2025 PNA, all areas of Bedford Borough were considered, including looking at travel times for residents across the borough. The availability of pharmaceutical services inside of normal working hours (section 6.4.1), outside of standard working hours, including weekday evenings (section 6.4.1.2) and weekends (section 6.4.2), was carefully reviewed. Based on this assessment, it was determined that there are no gaps in the provision of necessary services during these times in any localities in Bedford Borough.
Better access to pharmacies in the evenings and weekends needed	As part of the Pharmaceutical Needs Assessment (PNA) process, the availability of pharmaceutical services outside of standard working hours, including weekday evenings (section 6.4.1.2) and weekends (section 6.4.2), was carefully reviewed. Based on this assessment, it was determined that there are no gaps in the provision of necessary services during these times. Whilst the current level of access is considered adequate to meet the needs of the local population, the PNA does note that better access in rural north and south

Theme	Response
	<p>would be secured by more choice in the provision of necessary services on Saturday evenings and Sundays.</p> <p>The urgent treatment centre located in Bedford Borough is open until 11pm. As there is no current pharmacy provision after 9pm, patients are directed to a pharmacy in Luton which is approximately 36 - 38 minutes' drive away. The availability of pharmaceutical services inside of normal working hours (section 6.4.1), outside of standard working hours, including weekday evenings (section 6.4.1.2) and weekends (section 6.4.2), was carefully reviewed. Based on this assessment, it was determined that there are no gaps in the provision of necessary services during these times in any localities in Bedford Borough.</p> <p>Whilst access to this pharmacy between 9pm - 11pm may be a viable option for those who have access to a car, other patients may have to wait until the following morning to obtain their medication from a local pharmacy. Further exploratory work could be undertaken to see if there is the option of alternative provision more local to Bedford Borough residents.</p>
No 100-hour service	<p>As stated in section 5.3, 100-hour pharmacies were given the option of reducing their weekly hours to no less than 72 subject to various requirements including continuation of 7-day provision. This was in response to a number of pharmacy closures, where 100-hour pharmacies were thought to be particularly vulnerable due to high operating costs. The 100-hour pharmacy in Bedford Borough reduced its hours following this legislation change. The PNA process accounts for all necessary services provision regardless of the contract type held by the pharmacy and as stated above, it was determined that there are no gaps in the provision of necessary services in any localities in Bedford Borough. As there is no current pharmacy provision after 9pm, the nearest pharmacy is in Luton which is approximately 36 - 38 minutes' drive away. The availability of pharmaceutical services inside of normal working hours (section 6.4.1), outside of</p>

Theme	Response
	<p>standard working hours, including weekday evenings (section 6.4.1.2) and weekends (section 6.4.2), was carefully reviewed. Based on this assessment, it was determined that there are no gaps in the provision of necessary services during these times in any localities in Bedford Borough.</p> <p>Whilst access to this pharmacy between 9pm - 11pm may be a viable option for those who have access to a car, other patients may have to wait until the following morning to obtain their medication from a local pharmacy. Further exploratory work could be undertaken to see if there is the option of alternative provision more local to Bedford Borough residents.</p>
Issues with medicines supply	Medicines supply issues have been a concern nationwide for some time and there are a number of processes in place to mitigate risk to patients. However, this is outside of the scope of the PNA.
Booking COVID vaccinations process	Service quality is outside of the scope of the PNA. If patients have a concern or complaint regarding an individual pharmacy, in the first instance it should be raised with the pharmacy. If the patient is not satisfied with the outcome, this can be taken up with HWE ICB.
Better awareness / provision of advanced/enhanced / locally commissioned services needed	While promoting awareness of the full range of services offered by community pharmacies falls outside the scope of the PNA, it is recognised that further work could be undertaken after the PNA's publication to maximise the use of pharmacy services in supporting the health and wellbeing of the local community.
Access to home delivery	Home delivery is not a commissioned service in community pharmacy, so pharmacies choosing to provide this service are doing so with no reimbursement from the NHS. This service is outside of the scope of the PNA, however as detailed in section 8.4, all respondents to the contractor questionnaire stated that they provide a delivery service, although in some cases this may incur a fee for the patient. One response to the contractor questionnaire also suggested home delivery as a possible locally commissioned service.

Theme	Response
	<p>Offering this may enhance accessibility by ensuring that patients - particularly those who are elderly or have mobility challenges - can consistently receive their medications without needing to visit the pharmacy in person. This feedback has been noted.</p>
<p>Ear syringing services provision</p>	<p>Historically, ear syringing was available through GP practices, but provision has reduced in many areas as it is no longer classified as a core GP service under current NHS guidance. This has led to variability in access and increased demand for alternative options, including private services.</p> <p>At present, ear syringing is not commissioned as part of NHS community pharmacy services and falls outside of the scope of the PNA. However, we recognise the potential role that community pharmacies could play in providing accessible, non-GP-based ear care services. Your feedback has been noted.</p>
<p>Service quality (e.g. issues with customer service, waiting times, prescription processing)</p>	<p>Service quality is outside of the scope of the PNA. If patients have a concern or complaint regarding an individual pharmacy, in the first instance it should be raised with the pharmacy. If the patient is not satisfied with the outcome, this can be taken up with HWE ICB.</p>
<p>There is not enough information to make an informed decision</p>	<p>We are sorry to hear that you felt the information provided was not sufficient to support an informed response.</p> <p>The PNA aims to present a clear overview of the current provision of pharmaceutical services, identify any gaps or potential future needs, and gather public and stakeholder feedback to inform commissioning decisions. We have aimed to include key data and summaries in an accessible format, while also providing technical detail in the full report for those who wish to explore the evidence in more depth.</p> <p>We appreciate that some sections of the document may be complex, and also produced an easy read version of the PNA to improve the clarity and accessibility. If you have specific areas where you felt more explanation or data was needed, we would welcome further</p>

Theme	Response
	feedback to help us understand and address those concerns.
More products on offer at affordable prices	<p>The Pharmaceutical Needs Assessment (PNA) focuses on identifying the availability and accessibility of pharmaceutical services across the area. The PNA does not directly influence medicine pricing, as this falls outside of the scope of the PNA.</p> <p>The affordability of prescription medicines is largely determined at the national level through NHS policy. While some individuals are eligible for free prescriptions, others may need to pay a standard charge.</p> <p>Over-the-counter medicines, including those sold in pharmacies and other retail settings, are not regulated in the same way, and prices can vary between retailers. While the PNA cannot directly influence the pricing of these products, it does seek to ensure that pharmacy services are accessible across the community.</p> <p>Your feedback is noted and will be shared with relevant partners as part of the consultation report as an appendix to the PNA. Affordability is an important consideration in maintaining access to essential healthcare, and we will continue to promote awareness of support schemes and accessible services as part of our wider health and wellbeing strategy.</p>
Inadequate pharmacy services for the local population – expanding rapidly	Section 4 considers the anticipated changes to the population of Bedford Borough over the lifespan of the PNA. This includes consideration of housing development locations. This information was assessed when considering adequacy of provision, and it was determined there are no current or future anticipated gaps in provision. The council has a process in place to consider the impact of changes during the lifespan of the PNA (2025 - 2028) and will produce supplementary statements where required. An early review of the PNA will be triggered if a change is significant enough.
Concern regarding one month prescriptions for people with long-term conditions	We understand that one-month prescription durations can be a concern for people with long-term conditions, particularly in relation to the inconvenience of frequent repeat ordering,

Theme	Response
	<p>potential impacts on medication adherence, and additional travel or delivery arrangements. Prescribing durations are typically determined by national NHS guidance and local clinical policies and outside of the scope of the PNA. One-month prescribing is commonly recommended to reduce medicine waste, improve safety through regular reviews, and support responsible prescribing. It should also be noted that repeat dispensing is an essential service offered by all pharmacies, which is available to eligible patients. This means the prescriber only needs to authorise one "batch" of prescriptions which will cover a specified number of prescription issues (e.g. 6-months' worth of prescriptions), although the patient can only pick up one issue at a time at the stated intervals (usually every one or two months).</p> <p>However, we recognise that for some individuals - particularly those with stable long-term conditions - this approach may create challenges. Your feedback has been noted in the consultation report which is an appendix to the PNA, and will be shared with relevant commissioning bodies alongside the PNA.</p>
<p>Bedford Borough has a very diverse population whose needs cannot be relieved with just translators</p>	<p>We recognise and value the diversity of Bedford Borough's population and understand that providing equitable access to pharmaceutical services requires more than translation alone. While interpreter services are an important part of supporting those who do not speak English as a first language, we also acknowledge the need for culturally sensitive services, clear health communication, and pharmacy staff who understand and reflect the needs of the communities they serve. The Pharmaceutical Needs Assessment aims to identify gaps in access to pharmacy services, including considerations for how well services meet the needs of diverse communities. Section 4 of the PNA provides an overview of the health needs of the local population, including demographic profile and anticipated changes to the population over the lifespan of the PNA. As part of the PNA process, a public questionnaire was also undertaken to gather feedback and 87% of respondents stated they had no issues</p>

Theme	Response
	accessing their preferred pharmacy and there was no feedback relating to issues with access based on ethnic group.
Concern regarding 2 pharmacies closing in Kempston	The PNA notes the changes to pharmacy provision since the last PNA, including closures. The assessment of adequacy of pharmaceutical services provision considered these changes. It was determined there are no current or future anticipated gaps in provision. The council has a process in place to consider the impact of changes during the lifespan of the PNA (2025 - 2028) and will produce supplementary statements where required. An early review of the PNA will be triggered if a change is significant enough.
Not enough competition / provision in Putnoe	The Pharmaceutical Needs Assessment (PNA) considers both the number of pharmacies and their accessibility, including opening hours, location, and the range of services provided. Putnoe is currently served by one pharmacy, and we recognise that some residents may feel this limits choice. The current assessment indicates that pharmaceutical needs in Putnoe are being met based on population size and access standards.
Doesn't explain much at all.	We're sorry to hear that you found the information provided lacking in detail or clarity. The Pharmaceutical Needs Assessment (PNA) is intended to give an overview of the availability and accessibility of pharmacy services, and to identify any current or future needs within the area. While we aim to balance technical content with accessibility for a wide audience, we understand that some sections may not have provided the depth or explanation you were looking for. There is also an easy read version of the PNA available, which aims to ensure that key messages and findings are clear and meaningful to all readers. If there are specific areas you feel require better explanation, we would welcome more detailed feedback.
Need pharmacists nearer to river street area of town centre	As part of the assessment of pharmaceutical provision for the 2025 PNA, all areas of Bedford Borough were considered, including looking at travel times for residents across the borough. The availability of pharmaceutical services inside of normal working hours (section 6.4.1),

Theme	Response
	outside of standard working hours, including weekday evenings (section 6.4.1.2) and weekends (section 6.4.2), was carefully reviewed. Based on this assessment, it was determined that there are no gaps in the provision of necessary services during these times in any localities in Bedford Borough.
A very thorough / comprehensive presentation.	Thank you for your positive feedback. We're pleased to hear that you found the presentation thorough and comprehensive. One of the key aims of the Pharmaceutical Needs Assessment is to provide a clear and evidence-based overview of pharmacy services and local needs, and we appreciate your recognition of this.

**Amendments made to the PNA following the consultation:**

- Copyright under all maps updated
- Revised weekday and public transport daytime maps added to replace current ones to make maps clearer (no changes to pharmacy provision)
- Figures 41, 42 and 43 – Source (HWE ICB) added underneath each
- Sections 1.4, 1.6 and 9 updated to reflect the publication of the NHS 10 Year Health Plan
- Section 5.2.2 further detail included about notice periods required for changes to supplementary hours – 5 weeks' notice for a decrease, no notice required for an increase.
- Section 9.2 and 9.3 added to reflect climate change, sustainability and community pharmacy

## Appendix 8 - Equality Analysis Report

(V.11.2023)

### Part 1

<p><b>Title of activity / budget proposal title and number:</b> Bedford Borough Pharmaceutical Needs Assessment 2025-2028</p>	<p><b>Committee meeting (decision maker) and date:</b> Health and Wellbeing Board</p>
<p><b>Service area :</b> <i>Service area responsible for the activity: Public Health Team</i></p>	<p><b>Is this activity:</b>  <input type="checkbox"/> <b>New</b>  <input type="checkbox"/> <b>Change</b>  <input checked="" type="checkbox"/> <b>Review</b>  <i>Refer to section 2 of the Equality Assessment Guidance ( EAG)</i></p>
<p><b>Lead Officer Name and Title:</b> Megan Gingell, Public Health Consultant, Healthcare Public Health</p>	<p><b>Other Officer name(s) and title(s) supporting in carrying out the Equality Analysis, undertaking any review or actions: (If applicable)</b>          Louise Catling, Senior Public Health Registrar          Karen McCormack, Primary Care and performance Public Health Practitioner</p>
<p><b>Approved by:</b> Ian Brown, Deputy Director of Public Health</p>	<p><b>Date of approval:</b> 3 September 2025</p>

### **Policy/Procedure/Functions details**

Please refer to the Equality Analysis Guidance (EAG)

**Description of activity:** *Briefly give an outline of the key objectives and intended outcomes*

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up-to-date statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

PNAs are used by Integrated Care Boards (ICBs) to assess applications for new, additional or relocated premises (this role is delegated to ICBs by NHS England). PNAs are also key documents that can be utilised by local authorities and ICBs in commissioning services to meet the health needs of the local population.

PNAs consider the health needs of the local population, demographics and projected changes to needs and demographics over the lifespan of the PNA (2025-2028). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements of a PNA and outline the process for developing a robust document. The regulations require a series of statements:

- The pharmaceutical services that the Health and Wellbeing Board has identified as services that are necessary to meet the need for pharmaceutical services
- The pharmaceutical services that have been identified as services that are not provided but which the Health and Wellbeing Board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service
- The pharmaceutical services that the Health and Wellbeing Board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access
- The pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical services, either now or in the future
- Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

A consultation exercise was undertaken to fulfil the statutory requirement to consult with statutory consultees on the draft PNA for a minimum of 60 days. While members of the public are not considered statutory consultees, the consultation exercise was opened to members of the public in order to gain a broad range of feedback.

The draft PNA concludes that there is adequate provision of necessary pharmaceutical services for the population Bedford Borough overall, while noting that whilst access is considered adequate in all localities, better access to essential services would be secured in rural North and South by their provision Saturday evenings and by some provision Sundays. The PNA itself does not include plans or proposals to change pharmacy provision; it acts as a strategic document outlining the needs of the local population and gaps in provision to aid decision making about market entry in community pharmacy. As such, the PNA is a high-level document and further work will need to be undertaken to identify any equality impact on changes to commissioned services or service provision once these are identified. Further work to consider taking forward which falls outside of the scope of this project could include looking at barriers to access for specific groups of the population, as opposed to assessing whether services are provided.

Specific considerations in the PNA process included health needs and provision of pharmacy services for children and young people, adults of working age, older people and sex. This is on the basis of specific services provided for these groups of people, as the focus of the PNA is to assess adequacy of provision. Consideration has been given to the health needs and access to services for those in deprived areas and access to services by people with a disability including a range of common adjustments.

**Who is/will be impacted by the activity's aims and outcome:** *Who are the beneficiaries? e.g. staff, community, stakeholders. Your beneficiaries may have multiple protected characteristics and may fall under other relevant groups. Do not make assumptions, look at other similar projects/activities and understand the impact from the beneficiary's perspective with an equality point of view.*

PNAs can help support efforts to reduce health inequalities and improve the health and wellbeing of the population by identifying potential gaps or unmet needs and making recommendations to inform future commissioning decisions. It is anticipated that the PNA will have a positive impact of all residents of Bedford Borough, including those with protected characteristics, as defined by the Equality Act 2010. No negative impacts of the PNA have been identified. Several positive benefits were identified including:

- Meeting access needs for those people with disabilities;
- Consideration of the health needs of people of all ages;
- Consideration of the needs and access to services for those in deprived communities;
- The possibility of improving pharmacy services for the local population (possible future opportunities have been identified to progress work that falls outside of the scope of the PNA, but could contribute to the health and wellbeing of the population).

The PNA process includes a review and assessment of information from a wide variety of sources. The information reviewed includes information on the population of Bedford Borough and demography, health needs and the wider determinants of health. Anticipated changes in need (for example resulting from population growth) have also been considered. Information on service provision was also included as part of the review.

### **Screening Test**

Consider carrying out the activity stated in the EAG, Section 4 (Questions to ask) that can help you with the screening test.

The screening questions will help you decide if an equality analysis is needed. Also, look at your responses to the above Policy/Procedure/Functions Section to help you answer the following questions:

1. The activity relates to one or more of the three aims of the Council's Equality Duty. <ul style="list-style-type: none"> <li>• <i>Eliminate unlawful discrimination, harassment and victimisation</i></li> <li>• <i>Advance equality of opportunity</i></li> <li>• <i>Foster good relations</i></li> </ul>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2. The activity sets out proposals for significant changes to services, policies etc. and / or significantly affects how services are delivered or presents a high risk to the Council's reputation	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
3. The activity could / does affect one or more of the protected characteristics or other relevant groups  <i>(Please refer to the EAG, Section 1 for further information)</i>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
4. The activity could / does affect protected characteristics or other relevant groups differently	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
5. The activity relates to an area where there are known inequalities.	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

6. One or more protected characteristics or other relevant group could be disadvantaged, adversely affected or are at risk of discrimination as a result of the activity.	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
7. The activity can affect relations between certain protected characteristics and other relevant groups?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If you have ticked YES to one or more of the above questions, then you need to complete an equality analysis. Please continue to complete Part 2 of the form				

<p><b>8.</b> If you ticked NO to ALL of the above questions then an equality analysis is not needed and briefly explain how the activity has no relevance to the Council's equality duties.</p> <p><i>Please refer to section 6 of the EAG for guidance.</i></p>

## Part 2

### Evidence, data, information and consultation

*Please refer to Section 5 of the EAG.*

<b>What evidence have you used to analyse the effects on equality?</b>	JSNA information and data, Council key strategic documents (Local plan, Health and Wellbeing Strategy, Local Transport plan), ONS, IMD and Census data, reports such as Kings Fund reports to inform understanding of health needs and wider determinants, comparisons to England averages and similar deprivation decile for Health Needs Analysis
<b>What consultation did you carry out with protected equality groups to identify your activity's effect on equality?</b>	Public engagement has taken place, contractor engagements work has taken place and a 60 day consultation has been completed. Healthwatch has been a member of the Steering Group, supported the public engagement and the 60 day consultation also included collecting views from organisations
<b>What does this evidence tell you about the different protected groups?</b>	<p>Community pharmacy can and does make a significant contribution to improving the health of the population and supporting a reduction in premature mortality. The population of Bedford Borough is increasing, with further growth anticipated. The largest increase is in those aged 80 and over. Long term conditions are more prevalent in the older population. While generally, long term condition prevalence in Bedford Borough is not significantly different to the England average, the QOF prevalence of asthma and diabetes are both statistically higher than the England average. There is also a higher QOF prevalence of palliative and supportive care in Bedford, when compared to the England average.</p> <p>While the majority of people living in Bedford Borough are fortunate enough to have good health when compared with the national averages, this isn't the experience for everyone. There are some deprived LSOAs within Bedford Borough and the needs of those in deprived</p>

	<p>pockets can be masked by looking at the needs of the population as a whole. Castle, Cauldwell and Harpur are in the country's 10% most deprived areas.</p> <p>The increasingly ageing population will have an impact on demand for pharmaceutical services. Older patients often have more complex health needs and will require more support with their medicines and to access pharmaceutical services.</p>
<p><b>What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the activity?</b></p>	<p>The PNA makes recommendations for further considerations falling outside the scope of producing the strategic assessment of the adequacy of provision of pharmaceutical services. This includes a suggestion that access issues should be better understood to establish whether any further action is required. This would also present an opportunity to consider marginalised groups and intersectionality. A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of these services, and further work could be undertaken to consider data relating to use of these services considered against needs. There is adequate provision of existing locally commissioned services across Beford Borough when community pharmacy provision is taken into account alongside that of other service providers, although access and equity of provision could be improved for some services. It is recommended that the public health team should work with partners including the ICB and Community Pharmacy BLMK and Northants to explore this further following the publication of the PNA and scope any further work necessary, including considering data that could inform this. This falls outside of the scope of this project and would be subject to another equality impact assessment.</p>

## General Equality Duty

<b>Which parts of the general equality duty is the activity relevant to?</b>			
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity	Foster good relations
Age		Y	
Disability		Y	
Gender reassignment			
Pregnancy and maternity			
Race		Y	
Religion or belief			
Sex		Y	
Sexual orientation			
Marriage & civil partnership			
<b>Other Relevant Groups</b>			
Social-economic		Y	
Care experienced people			
Carers		Y	
Rural residents		Y	

### Impact on Protected Characteristic and Other Relevant Groups

<b>Based on the evidence presented what positive and negative impact will your activity have on equality?</b>				
	Positive impact	Negative impact	No or neutral impact	Explanation
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summary of impacts and reasons: Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by offering more services relevant to a younger / older age group. The PNA sought views from the public, examined provision of advanced and enhanced services and population data. The recommendations in the PNA seek to maintain or improve these services.
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summary of impacts and reasons: The contractor survey included collecting information regarding facilities and reasonable adjustments pharmacies have in place to help people with disabilities access services. The PNA also incorporates views of the public on access for people for disabilities which pharmacies can utilise alongside other information to consider other adaptations.
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PNA does not contain any proposals for changes that affect this characteristic
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PNA does not contain any proposals for changes that affect this characteristic
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The PNA considered current ethnic diversity and predicted changes. Some diseases are more prevalent in some groups. Equalities monitoring as part of the public survey also considered race. The contractor survey also collected information regarding languages spoken. The PNA identified an improvement area in raising awareness of access to translation services.
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PNA does not contain any proposals for changes that affect this characteristic

Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by considering services offered based on demographics. Information regarding provision of these services was collected and considered in the PNA and this can be utilised by pharmacies and commissioners in developing proposals to improve access in the future.
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PNA does not contain any proposals for changes that affect this characteristic
Marriage & civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PNA does not contain any proposals for changes that affect this characteristic

## Other Relevant Groups

	Positive Impact	Negative Impact	No or neutral Impact	Explanation
Social-economic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PNA does not contain any proposals for changes that affect this characteristic, but deprivation data was considered as part of the PNA.
Care experienced people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PNA does not contain any proposals for changes that affect this characteristic
Carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The PNA identified that people who make use of pharmacies do so for their children and people they care for, as well as themselves. Pharmacies play a key role in supporting the health and wellbeing of this population, including through the provision of additional services such as Pharmacy First. This PNA considered provision of these services in determining adequacy of provision and future recommendations
Rural residents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The PNA considered the adequacy of pharmacy provision for all residents, including those in rural areas. The assessment looked at travel times to nearest pharmacy (by foot, public transport and car) at different times. The PNA identified that better access to essential services in Rural North and South would be secured by their provision on Saturday evening after 5pm and by some provision on Sundays. However this does not highlight a specific need for an additional community pharmacy and extended opening hours are defined as an opportunity for service improvement rather than a statutory gap in provision.

## Commissioned services

Only complete if the activity is being commissioned. Please refer to Section 7 of the Equality Assessment Guidance

<b>What equality measures will be included in Contracts to help meet the three aims of the general equality duty?</b>	
<b>What steps will be taken throughout the commissioning cycle to meet the different needs of protected equality groups?</b>	

## Actions

	What will be done?	By who?	By when?	What will be the outcome?
<b>Actions to lessen negative impact</b>				
<b>Actions to increase positive impact</b>				
<b>Actions to develop equality evidence, information and data</b>	Following the publication of the PNA, the PNA Steering Group will meet to consider the actions required in response the recommendations and findings. There is adequate provision of existing locally commissioned services across Beford Borough when community pharmacy provision is taken into account	Louise Catling	March 2026	Any recommendations for service improvement areas resulting from the PNA will be considered and actions developed as appropriate

	alongside that of other service providers, although access and equity of provision could be improved for some services. It is recommended that the public health team should work with partners including the ICB and Community Pharmacy BLMK and Northants to explore this further and scope any further work necessary, including considering data that could inform this.			
<b>Actions to improve equality in procurement / commissioning</b>				
<b>Other relevant actions</b>				

**Recommendation**

<b>No major change required</b> <i>The evidence shows no negative effect or potential for discrimination.</i>	<input checked="" type="checkbox"/>	
<b>Adjustments required</b> <i>The evidence shows your activity requires changes or adjustments to ensure it does not negatively affect any protected equality groups or miss opportunities to affect them positively. Explain the reasons for the steps you are taking in the 'Summary of analysis' section below.</i>	<input type="checkbox"/>	
<b>Justification to continue the activity:</b> <i>Negative impact on equality has been identified, however your activity can continue because the activity does not unlawfully discriminate as there are reasonable</i>	<input type="checkbox"/>	

<p><i>factors that make it objectively justified (looking at legal facts only) to do so. If unsure, please seek guidance from EDI Officer</i></p> <p><i>You will need to explain your justification in the 'Summary of analysis'</i></p>		
<p><b>Stop the activity-</b></p> <p><i>The equality analysis identified that your activity unlawfully discriminates and cannot be mitigated. This also cannot be objectively justified and your activity must stop.</i></p>	<input type="checkbox"/>	

**Summary of analysis**

*Please refer to Section 8 of the Equality Analysis Guidance.*

In preparing this report, due consideration has been given to the Borough Council’s statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149(1) of the Equality Act 2010.

A detailed equality analysis was undertaken to assess the potential impacts of the PNA on individuals with protected characteristics. The analysis identified **positive impacts** for several groups, including older and younger people (Age), individuals with disabilities (Disability), carers, people of different racial backgrounds (Race), and individuals of different sexes (Sex). These positive impacts arise from the ability of pharmacies to tailor services based on population needs, the recognition of specific access requirements, and the integration of public and contractor feedback to inform future service planning.

The PNA also highlights areas for improvement, such as raising awareness of translation services and ensuring inclusive access to services for diverse ethnic groups.

**Recommendation:**  
It is recommended that the findings of this Equality Impact Assessment be noted and that the PNA is adopted with a commitment to:

- Monitor service access and uptake across all protected characteristics.
- Promote inclusive engagement practices in future reviews.
- Encourage pharmacy contractors and commissioners to consider the full range of protected characteristics when designing and delivering services.

This approach supports the Council’s ongoing duty to advance equality of opportunity, eliminate discrimination, and foster good community relations.

## **Monitoring and review**

<p><b>Monitoring and review</b></p> <p>The PNA will be reviewed every 3 years. An earlier review can be triggered if there are significant changes, and the council has in place a process to monitor changes to provision and considered whether supplementary statements to the PNA need to be issued. Any of the suggestions for future opportunities to look at aspects of pharmaceutical services that fall outside of the scope of this project would be taken forward by a separate project group, and any project proposals resulting from this would be subject to a separate equality impact assessment.</p> <p>The PNA highlights several areas for potential follow-up that lie beyond the formal scope of assessing the adequacy of pharmaceutical service provision. One such area is the need for a deeper understanding of access-related challenges, to determine whether further interventions may be warranted. This presents an opportunity to better consider the needs of marginalised populations and to apply an intersectional lens in future work.</p> <p>Many community pharmacies already deliver advanced services aimed at promoting the safe and effective use of medicines. While the majority offer at least some of these services, further analysis could be valuable in comparing service uptake with identified population needs.</p> <p>It is therefore recommended that the public health team collaborate with key partners—including the Integrated Care Board (ICB), Community Pharmacy BLMK, and Northants—to explore these issues in greater depth following publication of the PNA. This could include scoping additional work, informed by relevant datasets. As this work falls outside the current project remit, it would be subject to a separate equality impact assessment.</p>	<p><b>Review date</b></p> <p>October 2028</p>
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**It is the responsibility of the service area to hold a copy of the final version of this Equality Analysis and to ensure that it is accessible upon request.**

## Appendix 9 - Abbreviations

Abbreviation	
AUR	Appliance Use Review
BLMK	Bedfordshire, Luton and Milton Keynes
BSL	British Sign Language
C-card	Condom Card
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic obstructive pulmonary disease
COVID	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DALY	Disability Adjusted Life Year
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
DMFT	Decayed, Missing or Filled teeth
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine
EHC	Emergency hormonal contraception
ePACT	Prescribing data
EPS	Electronic Prescription Service
GP	General Practitioners
HCFS	Hypertension Case-Finding Service
HCP	Health and Care Partnership
HepB	Hepatitis B
HiB	Haemophilus influenzae type b
HIV	Human Immunodeficiency Virus
HWB	Health and Wellbeing Board
HWE ICB	Hertfordshire and West Essex ICB
IBD	Inflammatory Bowel Disease
iCASH	Integrated Contraception and Sexual Health Service
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
IPV	Inactivated poliovirus vaccine
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Services

<b>Abbreviation</b>	
LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
MDS	Monitored Dose Systems
MMR	Measles, mumps, and rubella
NCRS	National Care Records Service
NECS	North of England Commissioning Support
NES	National Enhanced Services
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and care Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PCTs	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PhIF	Pharmacy Integration Fund
PNA	Pharmacy Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral vascular disease
QOF	Quality Outcome Framework
SAC	Stoma Appliance Customisation Service
SCR	Summary Care Record
SMR	Structured Medication Review
UTI	Urinary Tract Infection
YLD	Years of Healthy Life Lost due to Disability
YLL	Years of Life Lost due to premature mortality

## Appendix 10 - References and Data Sources

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- <sup>1</sup> The Health and Social Care Act 2012:  
<https://www.legislation.gov.uk/ukpga/2012/7/contents>
- <sup>2</sup> Bedford Borough PNA 2022: <https://www.bedford.gov.uk/files/bedford-borough-pna-fv.pdf>
- <sup>3</sup> The Health and Care Act 2022:  
<https://www.legislation.gov.uk/ukpga/2022/31/contents>
- <sup>4</sup> Bedford Borough JSNA: <https://bedford.jsna.uk/>
- <sup>5</sup> Bedford Borough Joint Health and Wellbeing Strategy:  
<https://www.bedford.gov.uk/files/joint-health-and-wellbeing-strategy-2024-27.pdf/download?inline>
- <sup>6</sup> The Health Act 2009: <https://www.legislation.gov.uk/ukpga/2009/21/contents>
- <sup>7</sup> NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:  
<https://www.legislation.gov.uk/uksi/2013/349/contents>
- <sup>8</sup> PNA, Information pack for Local Authority Health and Wellbeing Boards:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf)
- <sup>9</sup> NHS Long Term Plan: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- <sup>10</sup> Fit for the Future: A 10-year Health Plan for England:  
<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>
- <sup>11</sup> The State of The NHS in England:  
<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
- <sup>12</sup> NHSBSA Report - General Pharmaceutical Services in England 2015/16 – 2023/24  
[https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/qphs/qphs\\_annual\\_2023\\_24\\_v001.html](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/qphs/qphs_annual_2023_24_v001.html)
- <sup>13</sup> Community Pharmacy England – Funding (2025): Available at:  
<https://cpe.org.uk/learn-more-about-community-pharmacy/funding/> (Accessed: 09/01/2025)
- <sup>14</sup> Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026:  
<https://www.gov.uk/government/publications/community-pharmacy-contractual->

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[framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026](#)

<sup>15</sup> NHS England. Enhanced Service Specification Weight Management 2023/24: <https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00269-enhanced-service-specification-weight-management-23-24.pdf>

<sup>16</sup> PCN Network Contract DES Specification 2024/25 <https://www.england.nhs.uk/publication/network-contract-des-contract-specification-2024-25-pcn-requirements-and-entitlements/>

<sup>17</sup> The Local Government and Public Involvement in Health Act 2007: <https://www.legislation.gov.uk/ukpga/2007/28/contents>

<sup>18</sup> Equality Act (2010): <https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted>

<sup>19</sup> Health Act 2006: <https://www.legislation.gov.uk/ukpga/2006/28/contents>

<sup>20</sup> ONS Mid-2023 Population Estimates: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2023>

<sup>21</sup> ONS Census change: <https://www.ons.gov.uk/visualisations/censuspopulationchange/E06000055/>

<sup>22</sup> ONS Population and Migration: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/july2017#:~:text=The%20population%20in%202016%20was,the%20UK's%20OADR%20was%20285>

<sup>23</sup> Fingertips data: <https://fingertips.phe.org.uk/>

<sup>24</sup> IMD 2019: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

<sup>25</sup> Bedford Local Plan 2030: <https://www.bedford.gov.uk/files/local-plan-2030.pdf/download?inline>

<sup>26</sup> Bedford Borough Local Plan 2040: <https://edrms.bedford.gov.uk/OpenDocument.aspx?id=xivh8bP%2bAJZXEaq26SnEFQ%3d%3d&name=PLAN%20FOR%20SUBMISSION.pdf>

<sup>27</sup> Local Transport Plan 2011 – 2021: <https://www.bedford.gov.uk/parking-roads-and-travel/strategies-and-major-projects/local-transport-plan-2011-2021>

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<sup>28</sup> King's Fund: Clustering of Unhealthy Behaviours over time (2012):  
[https://assets.kingsfund.org.uk/f/256914/x/c8e05a9788/clustering\\_unhealthy\\_behaviours\\_2012.pdf](https://assets.kingsfund.org.uk/f/256914/x/c8e05a9788/clustering_unhealthy_behaviours_2012.pdf)

<sup>29</sup> ONS Infant Mortality:  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2022>

<sup>30</sup> Public Health England. A framework for supporting teenage mothers and young fathers 2019  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/796582/PHE\\_Young\\_Parents\\_Support\\_Framework\\_April2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796582/PHE_Young_Parents_Support_Framework_April2019.pdf)

<sup>31</sup> Mental Health Foundation. Young Mums Together: An evaluation of a peer support project to improve the wellbeing of young mothers and their families 2018  
<https://www.bl.uk/collection-items/young-mums-together-an-evaluation-of-a-peer-support-project-to-improve-the-wellbeing-of-young-mothers-and-their-families>

<sup>32</sup> Putting Function First: Redesigning the Primary care Management of Long Term Conditions: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6058632/>

<sup>33</sup> Institute for Health Metrics and Evaluation GBD Results:  
<https://www.healthdata.org/data-tools-practices/interactive-visuals/gbd-results>

<sup>34</sup> Briefing 010/25: Funding Settlement for 2024/25 and 2025/26:  
<https://cpe.org.uk/wp-content/uploads/2025/03/Briefing-010.25-Funding-Settlement-for-2024-25-and-2025-26.pdf>

<sup>35</sup> DHSC to introduce Hub and Spoke Model 1: <https://cpe.org.uk/our-news/dhsc-to-introduce-hub-and-spoke-model-1/>

<sup>36</sup> NHSBSA Pharmaceutical List: <https://opendata.nhsbsa.net/dataset/consolidated-pharmaceutical-list>

<sup>37</sup> ONS Mid-2022 Population Estimates:  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2022>

<sup>38</sup> NHSBSA Prescribing Information: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

<sup>39</sup> Equality Act (2010):  
<https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted>

<sup>40</sup> The Denny Review of Health Inequalities:  
<https://blmkhealthandcarepartnership.org/publications/the-denny-review/the-denny-report/?layout=file>

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- <sup>41</sup> Pharmacy Contraception Service (PCS): <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/>
- <sup>42</sup> Pharmacy First service: <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>
- <sup>43</sup> BLMK ICB Gluten-free Foods Policy: <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/our-publications/policies/operational-policies/gluten-free-foods-policy/?layout=file>
- <sup>44</sup> NICE Guidance NG67: <https://www.nice.org.uk/guidance/ng67>
- <sup>45</sup> A Delivery Plan for Prevention in Primary Care Settings across BLMK: [work-learn-live-blmk.co.uk/wp-content/uploads/2024/02/1.-Primary-Care-Prevention-Delivery-Plan-Main\\_Document\\_V3.0.pdf](https://work-learn-live-blmk.co.uk/wp-content/uploads/2024/02/1.-Primary-Care-Prevention-Delivery-Plan-Main_Document_V3.0.pdf)
- <sup>46</sup> The Lancet: Countdown on Health and Climate Change: <https://www.thelancet.com/countdown-health-climate> - accessed July 2025
- <sup>47</sup> Delivering a net zero NHS: <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf> - accessed July 2025
- <sup>48</sup> Greener NHS Programme: <https://www.england.nhs.uk/greenernhs/> - accessed July 2025
- <sup>49</sup> BLMK ICS Green Plan: <https://blmkhealthandcarepartnership.org/wp-content/uploads/2025/07/The-BLMK-ICS-Green-Plan-2025-2032-published-July-2025.pdf> - accessed July 2025
- <sup>50</sup> RPS - Pharmacy Role in Climate Change Action and Sustainability: <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/pharmacys-role-in-climate-action-and-sustainable-healthcare> - accessed July 2025
- <sup>51</sup> General Pharmaceutical Council – Carbon Net Zero Action Plan: <https://www.pharmacyregulation.org/about-us/publications-and-insights/carbon-net-zero-sustainability-action-plan> - accessed July 2025
- <sup>52</sup> Principles of Sustainable Healthcare: <https://sustainablehealthcare.org.uk/about/our-story/the-principles-of-sustainable-healthcare/> - accessed July 2025
- <sup>53</sup> Greener Pharmacy Toolkit: <https://www.rpharms.com/about-us/news/details/new-rps-greener-pharmacy-toolkit-reduces-environmental-impact> - accessed July 2025