



Somerset Pharmaceutical Needs Assessment **2022-25**

Somerset Health and Wellbeing Board

<http://www.somersetintelligence.org.uk/pna.html>

SOMERSET PHARMACEUTICAL NEEDS ASSESSMENT 2022-25

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1 Executive Summary

The Pharmaceutical Needs Assessment is a report from the Somerset Health and Well-being Board on the effectiveness of provision of pharmacy services to the county. It includes community pharmacies and GP practices that dispense medicines in many rural areas. It considers whether pharmacy provision will remain adequate until the next assessment in 2025. It is written to inform NHS England, Somerset Clinical Commissioning Group and Somerset County Council in their commissioning, and whether new pharmacies should be encouraged or permitted to open.

We have been aware during the preparation of this report that opening hours of pharmacies are changing frequently, and these changes have often meant reduction of access in the mornings and evenings. This reduction is in contrast to the pressure on GPs to extend opening hours to improve access. We are concerned that reduced hours can also have knock on effects, such as in reducing the promptness with which patients receive prescribed medicine and increasing the distances that patients have to travel, with all the implications that has for accessibility, sustainability and cost.

We cannot expect everyone in Somerset to have very local access to every pharmaceutical service, but our initial findings are that distribution and opening times are generally appropriate, and services are commissioned in ways that largely cover the county.

We have identified two improvements that could be made in provision:

- There is no Sunday opening in the Chard, Langport and Ilminster, and our evidence suggests that access would be improved if an existing pharmacy in Chard were to be commissioned to open on Sundays.
- Only four pharmacies, in Taunton, Bridgwater and Wedmore, are commissioned to provide the Hepatitis C antibody testing service; this disease is often associated with intravenous drug users. On the basis of the patterns of needle exchange, evidence suggest that an improvement would be made if this service were also commissioned from existing pharmacies in Yeovil, Frome, CLIC, West Mendip and West Somerset PCN areas. We are informed that such an expansion of service is in progress.

Somerset Health and Wellbeing Board.

2 Introduction

2.1 Purpose of a pharmaceutical needs assessment (PNA)

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the JSNA. Whilst the JSNA focuses on the general health needs of the population of Somerset, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

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

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

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

2.2 HWB duties in respect of the PNA

The legislation containing the HWB's specific duties in relation to PNAs can be found at <https://www.legislation.gov.uk/uksi/2013/349/contents>, however in summary the HWB must:

- produce its first PNA which complies with the regulatory requirements;
- publish its first PNA by 1 April 2015;
- publish subsequent PNAs on a three yearly basis;
- publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would

- be a disproportionate response to those changes; and
- produce supplementary statements in certain circumstances.

2.3 The scope of this PNA: Contractors and services

Contractors

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

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

Within this group there are:

- **Community pharmacies** – These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).
- **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.
- **Distance-selling pharmacies (DSPs)** – These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example a patient may post their prescription to a distance selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email

or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in England, and cannot limit their services to particular groups of patients.

- **Dispensing appliance contractors (DACs)** – DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions.
- **Dispensing doctors** – Medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities". Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

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

Pharmaceutical services provided by pharmacy contractors

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

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services.

Essential services

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

- **Dispensing of prescriptions** – The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also the urgent supply of a drug or appliance without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.

- **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.
- **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.
- **Signposting** – The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- **Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

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

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

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

Advanced services

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

- **Medicines use review** and prescription intervention services (more commonly referred to as the medicines use review or MUR service) – The improvement of patient knowledge, concordance and use of their medicines through one-to-one consultations to discuss medicine understanding, use, side effects and interactions, and reduce waste, and if necessary making recommendations to prescribers. This service has been withdrawn and access will not be assessed here.
- **New medicine service** – The promotion the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long term conditions, by providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications, and enabling the patient to make appropriate lifestyle changes and self-manage their condition.
- **Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- **Stoma appliance customisation service** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient’s measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- **Appliance use review service** (AUR) – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary making recommendations to prescribers.
- **Community Pharmacist Consultation Service** - The NHS Community Pharmacist Consultation Service (CPCS) was launched by NHS England and NHS Improvement on the 29 October 2019, to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients’ homes.¹

¹ [NHS England » NHS Community Pharmacist Consultation Service \(CPCS\) – integrating pharmacy into urgent care](#)

- **Hepatitis C Antibody Testing Service Activity** - The Hepatitis C Antibody Testing Service is a new advanced service for community pharmacy commencing in September 2020. Through this service, people who inject drugs who are not currently accessing community drug and alcohol treatment services, will have the opportunity to be tested for the hepatitis C virus (HCV) at a participating community pharmacy. Where individuals test positive for hepatitis C antibodies, they will be referred for appropriate further testing and treatment via the relevant NHS Operational Delivery Network². The Community Pharmacy leadership network in Somerset has been approached by the Southwest Hepatitis Operational Network to commission a regional service on hepatitis screening. The additional pharmacies to be onboarded for this will likely give us the extra focused delivery we need to boost case finding in those areas of highest risk
- **Discharge Medicine Service** - The NHS Discharge Medicines Service is a new essential service for community pharmacy contractors, commencing on the 15 February 2021. As an essential service, it must be provided by all community pharmacy contractors. The service has been established to ensure better communication of changes to a patient's medication when they leave hospital and to reduce incidences of avoidable harm caused by medicines. By referring patients to community pharmacy on discharge with information about medication changes made in hospital, community pharmacy can support patients to improve outcomes, prevent harm and reduce readmissions³.
- **Covid Vaccination Service Activity** - Alongside vaccination centres and hospitals, Primary Care Network (PCN) and over 600 community pharmacy sites are now vaccinating patients and health and care workers against coronavirus⁴.

Enhanced services

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

NHS England may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification.

NHS England currently commissions the following enhanced services in Somerset

- **On demand availability of specialist drugs.**

² [NHS England » Community Pharmacy Hepatitis C Antibody Testing Service](#)

³ [NHS England » NHS Discharge Medicines Service](#)

⁴ [COVID-19 vaccinations : PSNC Main site](#)

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

- Antiviral collection service
- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Emergency supply service
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service⁵
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

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

Clinical governance

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

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

⁵ NHS England commissions translation services that community pharmacies can then access - [NHS England — South West » Interpretation and Translation Services](#)

- an information governance programme
- a premises standards programme.

Opening hours

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

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

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

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

In preparation of this report, Somerset Health and Wellbeing Board has been aware of many recent changes in opening hours for pharmacies in the county. These have generally meant later opening in the mornings, or closing at lunchtime, or closing earlier in the evening. This reduction is in contrast to the pressure on GPs to extend opening hours to improve access. We are concerned that reduced hours can also have knock on effects, such as in reducing the promptness with which patients receive prescribed medicine and increasing the distances that patients have to travel, with all the implications that has for accessibility, sustainability and cost. There is a risk that this may lead to a downward spiral in the quality and availability of pharmaceutical services.

- **Pharmaceutical services provided by dispensing appliance contractors**

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

Appliance services

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

- **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers. Also the urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.
- **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient's home in a way that does not indicate what is being delivered.
- **Supply of appropriate supplementary items** – The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.
- **Provision of expert clinical advice regarding the appliances** – To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.
- **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.

All DACs must provide the above services.

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

Advanced services

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. There are two appliance advanced services – for descriptions of these services see

section 0 above.

- Stoma appliance customization
- Appliance use review.

Clinical governance

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

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

Opening hours

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

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

Pharmaceutical services provided by dispensing doctors

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

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

Eligibility

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

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

Designation of areas as 'controlled localities' is a responsibility of NHS England. This PNA is required to include maps of the controlled localities within the HWB's area and these are shown on the PNA website at www.somersetintelligence.org.uk/pna.html.

Services

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

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

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

Opening hours

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

2.4 Locally commissioned services

Local councils and CCGs may also commission services from pharmacies and DACs, however these services fall outside the definition of pharmaceutical services. For the purposes of this document they are referred to as locally commissioned services. They are included within this assessment where they affect the need for

pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

2.4.1 Services commissioned by Somerset County Council (Public Health)

- **Emergency Hormonal Contraception** – A pharmacy service to supply progestogen-only emergency hormonal contraception (EHC) to under 25-year-old clients in line with the requirements of the locally agreed Patient Group Directions (PGDs). It aims to improve patient access to the provision of EHC, provide professional sexual health care, advice and signposting to appropriate services and reduce the number of unplanned pregnancies in Somerset.
- **Varenicline** - A stop-smoking medication provided by pharmacists who had completed SCC Varenicline PGD training. Treatment supply involved an initial consultation, followed by fortnightly brief follow-up consultations over a 12-week period. As of June 2021, Varenicline has been unavailable from the sole supplier Pfizer. Nicotine Replacement Therapy is offered instead.
- **Nicotine Replacement Therapy** - The supply of Nicotine Replacement Therapy (NRT) is made via a Letter of Request (LoR) for clients accessing support to Stop Smoking with Smokefreelife Somerset (SFLS). As part of a 12-week treatment programme with SFLS, clients receive behaviour support from their Stop Smoking Practitioner and advice about suitable stop-smoking medications including appropriate dosage and correct use of products. NRT supply via the LoR is a counter-led service/

Services commissioned by Somerset Clinical Commissioning Group

- **Urinary Tract Infection (Nitrofurantoin 100 m/r)** – For the supply of Nitrofurantoin 100mg MR capsules by Community Pharmacists in Somerset to patients for the treatment of uncomplicated urinary tract infections under the Somerset Minor Ailments Scheme
- **Impetigo (Hydrogen Peroxide Cream)** - For the supply of Nitrofurantoin 100mg MR capsules by Community Pharmacists in Somerset to patients for the treatment of uncomplicated urinary tract infections under the Somerset Minor Ailments Scheme
- **Eye infection (Chloramphenicol)** – For the supply of Chloramphenicol 0.5% eye drops and Chloramphenicol 1.0% eye ointment by Community Pharmacists in Somerset to patients for the treatment of acute superficial bacterial eye infections under the Somerset Minor Ailments Scheme.

- **Asthma (Inhaler Space Device)** -The key objective of this specification is to ensure that when community pharmacists review a patient's inhaler technique, they give advice on the most suitable type of inhaler. If the preferred device forms part of the pMDI (pressurised metered dose inhaler) pathway, the Minor Ailment Scheme will allow supply of a spacer device if deemed beneficial to the patients.

2.5 Other NHS services

Other services which are commissioned or provided by NHS England, Somerset County Council and Somerset CCG, which affect the need for pharmaceutical services, are also included within the PNA. These include hospital pharmacies and the GP out of hours service.

2.6 Changes to the existing provision of pharmaceutical services

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

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

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

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

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

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

Two pharmacies (which could belong to the same contractor, or different contractors) can apply to consolidate their premises on to one site, in effect closing one of the sites. This does not apply to distance-selling pharmacies or DACs. A consolidation

application can only be approved if NHS England is satisfied that doing so will not result in the creation of a gap in pharmaceutical services. If an application is approved then it is not possible for anyone else to apply to open a pharmacy in the same area by submitting an unforeseen benefit application claiming that a gap has been created.

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

2.7 How the assessment was undertaken

PNA steering group

The HWB has overall responsibility for the publication of the PNA, and the director of public health is the HWB member who is accountable for its development. Somerset HWB established a PNA steering group, the purpose of which was to ensure that the HWB develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and a list of the group's members can be found in Appendix 3.

PNA localities

The steering group agreed to use locality boundaries for the PNA based on Primary Care Networks (PCNs). The only variation to this was the merger of two PCNs. The justification for this was the fact that both depended heavily upon Taunton town centre for services, and keeping the two separate would involve dividing a single shopping district in half, using a boundary that would have no meaning in real life.

Patient and public engagement

Patient and public engagement took place in the preparation of the consultation draft of the PNA, and on the contents of that draft. Pre-consultation engagement was through Healthwatch, Patient Participation Group network and the Somerset Engagement and Advisory Group (SEAG; run by Somerset CCG.) It included an on-line Zoom meeting with the membership of SEAG and an on-line survey distributed by the participating bodies. This survey concentrated on testing the validity of the access criteria used in section 7.1. This yielded 76 responses, 55 of which were received in the pre-consultation period, and a further 21 when it was reopened during the 60 day statutory consultation.

Contractor engagement

Contractor engagement took place in the preparation of the consultation draft of the PNA, and on the contents of that draft. Initial consultation was to confirm or correct data on opening hours, services provided and facilities from NHSE, Somerset CCG and Somerset County Council. There were 46 responses at that stage. Corrections to opening hours are included in the draft, and other responses are shown below.

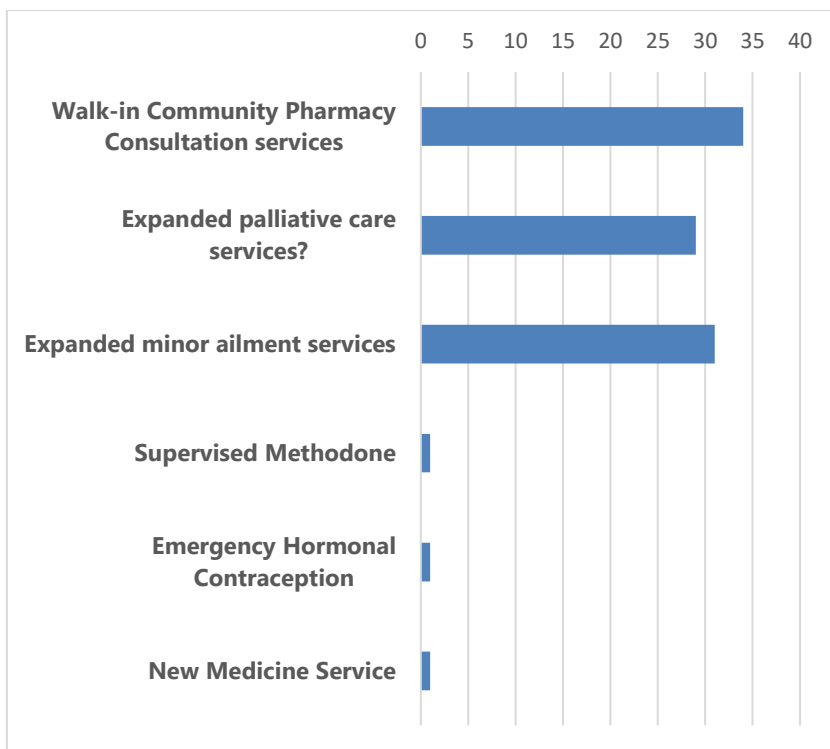


Figure 1: Contractors' willingness to take on new services (total no. responses)

In Figure 1 it is evident that the majority of contractors were able to take on the three services suggested, and one added locally commissioned services in the free-text box. It should be noted that given evidence elsewhere, those who did not include the Community Pharmacy Consultation service almost certainly did so because it was already being provided. This question indicates a good general willingness to take on new services should this be identified as a potential improvement.

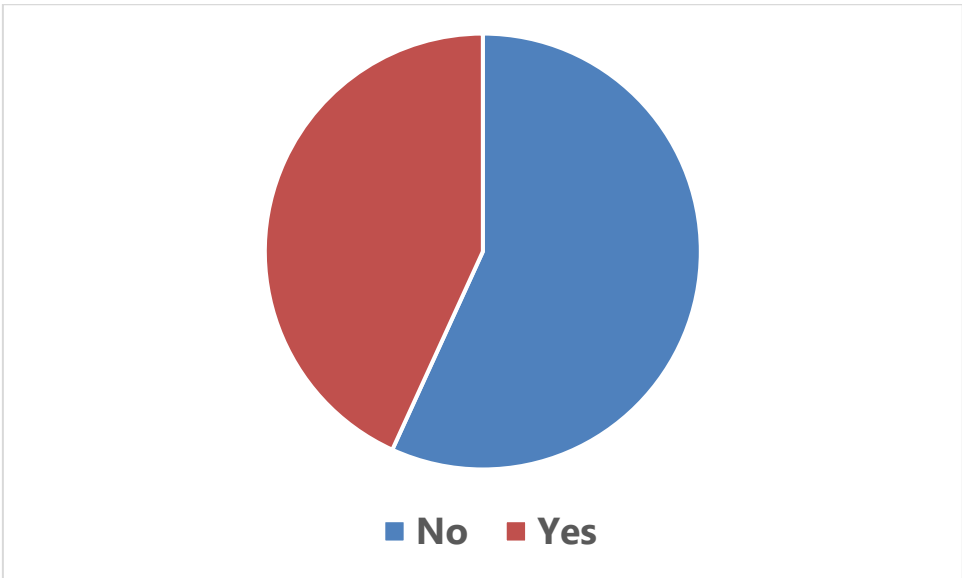


Figure 2: Access to Language Line

Figure 2 shows that only a minority of contractors reported having access to Language Line, which provides interpretation for those unable to speak English (and includes British Sign Language). Whilst this applies to a small minority of users, it is an indicator of inaccessibility and suggests that Language Line be promoted more widely amongst community pharmacies. It should be noted that in addition, NHS England commissions translation services that community pharmacies can then access - [NHS England — South West » Interpretation and Translation Services](#).



Figure 3: Somewhere to sit while waiting

Reassuringly, Figure 3 shows that the overwhelming majority of responding pharmacies had somewhere for customers to sit while waiting.

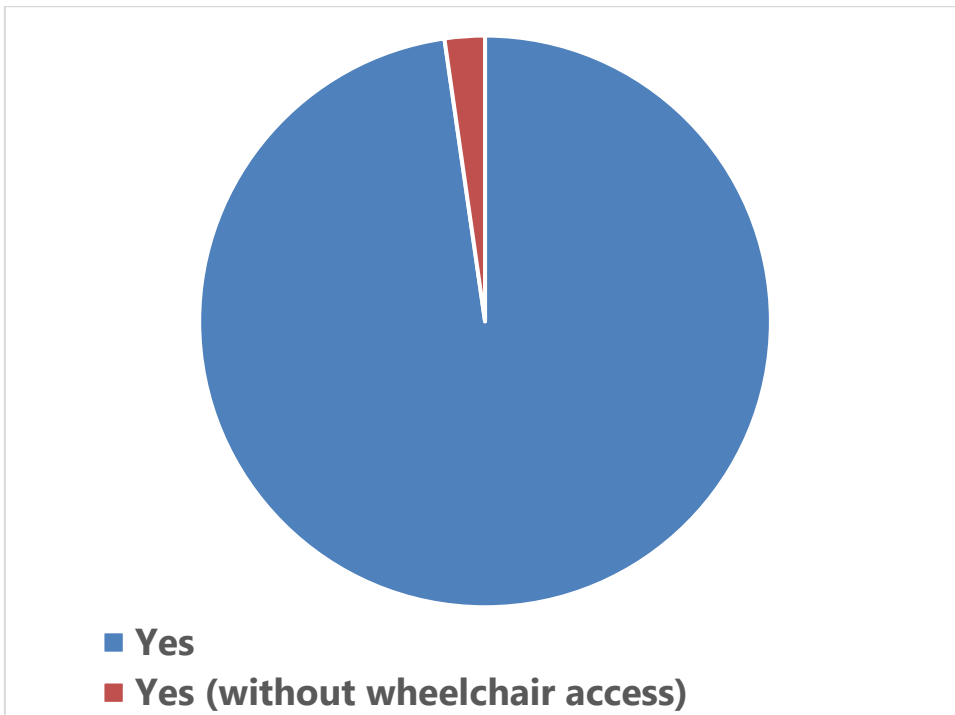


Figure 4: Consultation Room

As shown in Figure 4, almost all pharmacies reported having a separate consultation room with wheelchair access. One reported that the room was too small for wheelchair access.

Other sources of information

Information was gathered from NHS England, Somerset CCG and Somerset County Council (Public Health) regarding:

- services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- changes to current service provision
- future commissioning intentions

Further information was obtained from the four District Councils in Somerset (Mendip; Sedgemoor; Somerset West and Taunton; South Somerset) on:

- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical services.

The JSNA and Somerset's joint health and wellbeing strategy provided background information on the health needs of the population.

Equality and safety impact assessment

Somerset County Council uses equality analysis as a tool to ensure that everyone can

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

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

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

Consultation

The statutory 60 day consultation commenced on 27th April 2022, and finished on 25th June 2022]. A report on the consultation can be found in appendix 6.

3 Overview of Somerset

Somerset Health and Wellbeing Board covers the administrative area of the county, made up of four local authority districts.

- An estimated 562,225 people live in Somerset (June 2019). This is projected to rise to 586,700 by 2026⁶.
- 48% of the population live in a rural area (England: 18%)
- 18% of the current population are children (0 to 15 years),
- More than 1 in 5 of the residents of the county are over the age of 65

The population has grown steadily, up from 545,390 (2015) used in the previous PNA. With most growth coming from adult, internal migration, the population structure is both more elderly than the national proportions. This tendency, too, is increasing⁷

Population growth is also reflected in housebuilding in the county. The Local Plans of Mendip, Sedgemoor, South Somerset and Somerset West and Taunton Districts suggest that about 9,200 dwellings will be built in Somerset during the period of this PNA. The largest sites are adjacent to the major towns of Taunton, Bridgwater, Frome and Yeovil, as well as significant developments in smaller market towns such as Crewkerne, Chard, Watchet, Somerton, Wellington and Cheddar. Housebuilding in villages and open countryside is very limited, meaning that very little is planned at significant distance from current pharmaceutical provision.. No new, independent settlements are planned. Housing is considered in more detailed in the PNA locality annexes.

This report uses the best available estimates of housebuilding over the period 2022-25 based on Local Plans, limitations such as that caused by excess phosphates, and the opinions of local planners. The Health and Wellbeing Board recognizes that changed circumstances may mean that these may be over- or under-estimates. Housebuilding at lower rates than expected will not lead to the creation of gaps in provision, and so will not affect the conclusions of the PNA. Housebuilding at higher rates may create gaps, and so pharmaceutical need. The Board therefore includes a level of contingency in the locality assessments. We are aware that community pharmacies are under pressure and in many cases reducing hours or even closing, when neighbouring pharmacies have needed to take up the demand. This means that declaring the existence of a gap is not trivial.

The difference in expected housebuilding rates between PNA localities means that a simple percentage or a simple numerical excess cannot be applied to all. Table 1

⁶ <http://www.somersetintelligence.org.uk/population-projections/>

⁷ See <http://www.somersetintelligence.org.uk/population-estimates/>

gives a contingency for excess growth of 50%, or 1000 dwellings for each locality over the period 2022-25, whichever is higher. The Board considers it very unlikely that these levels will be achieved. If these thresholds are breached, then the Health and Wellbeing Board will consider whether a new statement of need is required; however, unless large majority of such unexpected development takes place on sites distant from existing pharmacies (and we note that such large sites are not part of current plans) then we would expect that such growth would be served by existing contractors .

Housebuilding rates will be monitored by the Strategic Information Providers group of local authority planners.

Table 1: Contingency for housebuilding beyond expected levels, 2022-25

PNA Area	Expected new dwellings	Value of +50%	50% OR 500 (whichever is greater)
Bridgwater	1900	950	950
Central Mendip	400	200	500
CLIC	650	325	500
Frome	500	250	500
North Sedgemoor	1000	500	500
South Somerset East	400	200	500
South Somerset West	1000	500	500
Taunton Central/Tone			
Vale	1700	850	850
Taunton Deane West	500	250	500
West Mendip	800	400	500
West Somerset	700	350	500
Yeovil	500	250	500

Hinkley Point C Nuclear Power Station

The construction phase of this power station on the Somerset coast employs about 22,000 people, and is at its maximum early in the period of this PNA. It has contributed to overall population growth in the county in the last five years or so. Those workers employed at the site have their pharmaceutical needs met by the operator (EDF). A majority of employees live off the site and are housed particularly in the nearby towns of Minehead, Taunton and Bridgwater. These people are part of the general population, and any additional dwellings related to Hinkley Point C are incorporated within the population and housing figures covered in this report.

4 General health needs of Somerset

4.1 Index of Multiple Deprivation

This index (IMD) uses a wide range of indicators including health, income, education, environment and access to services to rank small areas (Lower Super Output Areas – LSOAs) according to their combined level of deprivation. It is therefore a good general measure of need at the neighbourhood level. Areas of higher deprivation will, other things being equal, normally have higher need for pharmaceutical services. Figure 6 shows that the most deprived LSOAs in the county are in the urban areas, notably in Taunton, Yeovil and Bridgwater. This greater need close to town centres – and thus generally close to community pharmacies – is typical of rural southern England. Large *areas* of West Somerset district stand out as being fairly deprived. They tend to be areas of low income and long distances to services, on which domains they score particularly highly; the number of people in a typical sparse LSOA is, at about 1500, approximately the same as that of the densely populated urban LSOAs with the highest level of deprivation.

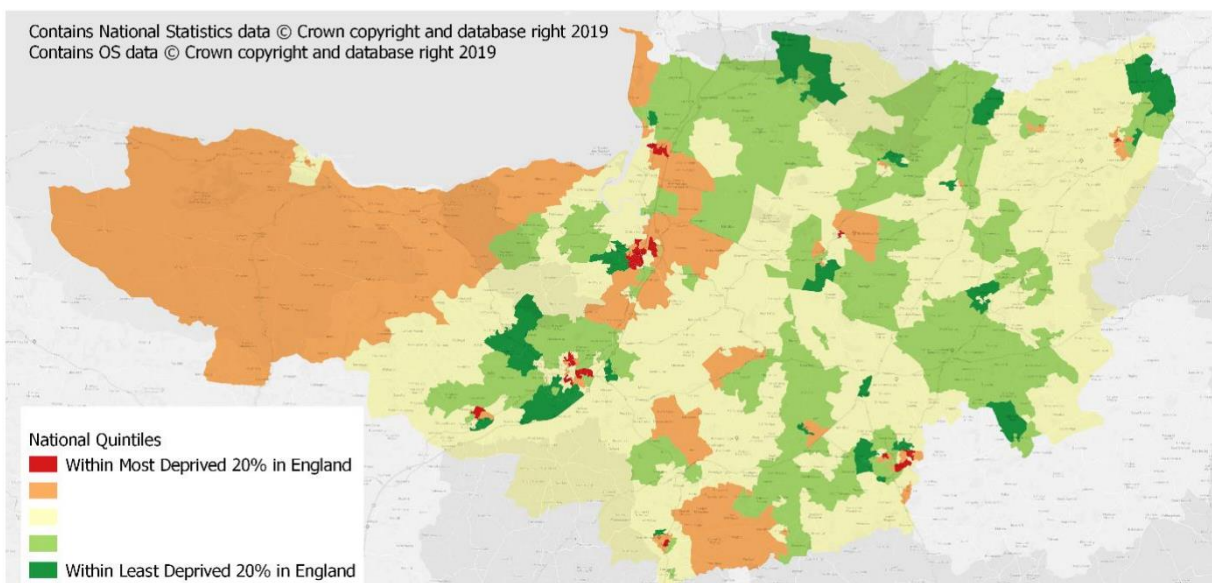


Figure 5: Index of Multiple Deprivation (2019) for Somerset

4.2 Office for Health Improvement and Disparities (OHID) area profile

The county's state of health is summarized by OHID, for 2019, the latest date available at the
Somerset Pharmaceutical Needs Assessment 2022-25

time of writing, below:

Overall

The health of people in Somerset is varied compared with the England average. About 12.9% (11,950) children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities

Life expectancy is 5.5 years lower for men and 4.0 years lower for women in the most deprived areas of Somerset than in the least deprived areas.

Child health

In Year 6, 17.9% (902) of children are classified as obese, better than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 57*, worse than the average for England. This represents 63 admissions per year. Levels of GCSE attainment (average attainment 8 score) and smoking in pregnancy are worse than the England average. Levels of breastfeeding are better than the England average.

Adult health

The rate for alcohol-related harm hospital admissions is 711/100,000 population, worse than the average for England. This represents 4,073 admissions per year. The rate for self-harm hospital admissions is 345*, worse than the average for England. This represents 1,740 admissions per year. Estimated levels of excess weight in adults (aged 18+) are worse than the England average. The rates of new sexually transmitted infections, killed and seriously injured on roads and new cases of tuberculosis are better than the England average. The rates of statutory homelessness, violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are better than the England average.

This profile is published alongside the PNA at <http://www.somersetintelligence.org.uk/pna.html>.

5 Identified patient groups – particular health issues

The health need in relation to pharmacies for particular groups with protected characteristics are given in the Equality Impact Assessment in Appendix 11. Some of the most significant are given below:

Age Older people are more likely to need medicines than the young, but be less mobile. This is especially so for older people in residential care.

Younger people may be more willing to approach pharmacists for advice than GPs, especially in relation to sexual health,

Disability People with disabilities or long term illness are almost certain to require more pharmaceutical services than the general population, and are likely to be less mobile.

Pregnancy There are generally higher pharmaceutical needs for pregnant women, mothers and infants.

Gypsies and travellers

Members of these groups have significantly worse health than the general population and likely to have less contact with GPs.

Gender Women may have particular requirements for Emergency Hormonal Contraception

Sexual orientation

Gay men (men who have sex with men) are likely to have particular needs in relation to sexual health, including HIV testing.

Other groups without 'protected characteristics' are:

Substance misusers

This group is likely to have poorer health than the general population, in addition to specific needs in relation to supervised consumption.

Transient populations

The Glastonbury Festival, in most years, accommodates over 100,000 people for a few days in June. Such a large group clearly has multiple health needs; these are met by NHS England through an LPS contract, and, in detail, out of scope for this document.

Tourists The resident population is added to by tourists, particularly in the summer in coastal towns such as Minehead, Burnham-on-Sea and Brea. It is unlikely that their health needs are significantly different from the resident population.

6 Health needs that can be met by pharmaceutical services

6.1 Need for drugs and appliances

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

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

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

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

6.2 Overview for the Health and Wellbeing Strategy ('Improving Lives')

The Somerset Joint Strategic Needs Assessment is principally required to support the development of the county's Health and Wellbeing Strategy ('Improving Lives'). A summary report giving the strategic needs of the county was published in preparation for the creation of the current iteration of the strategy in 2018, and a simple summary is shown in Figure 6. The priority issues for Somerset include the growing and ageing population, as already discussed, the concentration of deprivation and health need in the larger urban centres, and the inaccessibility of services in rural areas, especially for those people without the use of a car. The county has already experienced significant flooding, notably in 20212-13, and can expect further impacts from climate change, including some positive health aspects from mitigations. The summary report from

2018, and annual thematic reports are available at www.somersetintelligence.org.uk/jsna. Some particularly pertinent points relating to pharmaceutical services are discussed below.

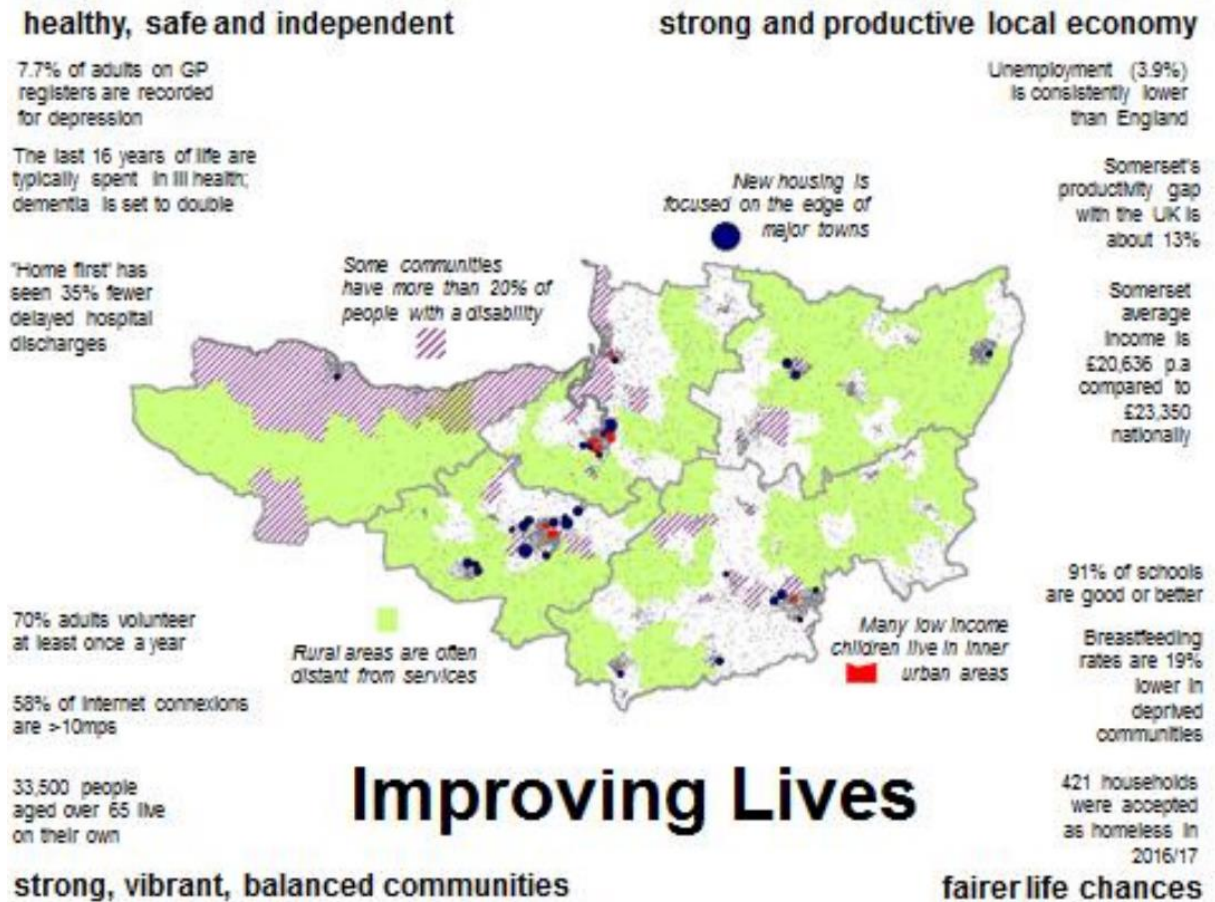


Figure 6: 'JSNA on a page';

JSNA - Covid-19

The Covid-19 pandemic continues to have significant impact in Somerset, as elsewhere in the world. This was covered in the JSNA annual report in 2022⁸, which focused on the pandemic's impact in the most deprived communities as measured by the Index of Multiple Deprivation. It found that these communities had seen considerable disruption to life and continued to see significant health need. They had, though, also benefited from support schemes such as furlough and the Universal

8

<http://www.somersetintelligence.org.uk/files/JSNA%202021%20Covid%20in%20Somerset%20Communities.pdf> ;
<http://www.somersetintelligence.org.uk/files/JSNA%20Voices%20-%20report%20into%20engagement%20in%20Bridgwater%202021.pdf>

Credit £10 uplift, as well as from their own social resilience. Some other communities appear to have been newly disadvantaged by the pandemic, meaning that future patterns of inequality may not simply be those of the past. The most deprived communities are overwhelmingly in housing estates close to major town centres, and thus community pharmacies, reinforcing their role in providing face-to-face advice and medical help where need is greatest.

JSNA - Climate change

Climate change was the theme of the JSNA annual report in 2020⁹. Human-induced global warming is the greatest global threat, and is likely to change the nature of risk in Somerset. Ill-health is more prevalent in the winter, especially when it is very cold, and the increasingly mild winters forecast are likely to see a reduction in such seasonal pressure on health services; by contrast, heatwaves are likely to become more intense and more prevalent, and health issues for people with respiratory conditions are likely to become more significant. The mitigations of climate change, such as a shift from diesel to electric vehicles, better insulation and active travel, are potentially beneficial for health. Pharmacies will need to be part of this transition, such as ensuring that premises remain comfortable in heatwaves (without using air conditioning based on fossil fuels) and accessible by walking and cycling.

JSNA – Data integration

Rather than being a study of a population group or health condition, the annual JSNA report in 2019 considered the pervasive issue of barriers to data sharing as a contributor to health needs¹⁰. Pharmacies have effective electronic transfer of information for prescriptions, but as part of the health system also need to contribute to the total understanding of health need as part of the emerging field of 'population health'.

⁹ <http://www.somersetintelligence.org.uk/files/20201020%20JSNA%20Climate%20Change%20FINAL.pdf>

¹⁰ <http://www.somersetintelligence.org.uk/Joint%20Strategic%20Needs%20Assessment%202019.pdf>

7 Provision of pharmaceutical services

7.1 Necessary services

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

- dispensing of medicines and the other essential services in relation to both medicines and appliances
- the advanced services of Medicines Use Reviews and New Medicines Service
- the enhanced service for on demand availability of specialist drugs.

The current PNA is the third produced under the aegis of the Somerset Health and Wellbeing Board, and the fourth in total. We observe that the existence or otherwise of a gap in the provision of necessary services at the local level is dependent on local issues of availability and accessibility that are beyond the scope of a strategic needs assessment. Where unforeseen benefits have emerged during the period of the 2018-22¹¹ PNA this has been on the basis of local application and review. Therefore the following criteria are indicative and show the broad basis on which the availability of necessary services has been made in this PNA.

Large Towns

These are defined as urban areas in the ONS land use classification, with population of 10,000 or more.

Weekdays – pharmacy services available from 8AM to 8PM, with no closing for lunch.

Saturdays – services available from 8AM to 8PM

Sundays – services available from 10AM to 4PM.

Market Towns

These are defined as rural towns in the ONS land use classification.

Weekdays – pharmacy services available from 9AM to 5.30PM, with only brief closing for lunch.

Saturdays – services available from 9AM to 12 noon

Sundays – services available within the locality, or in exceptional cases, a

¹¹ This includes the additional 18 months of the previous PNA's currency as a result of the Covid-19 pandemic.

neighbouring locality, between 10AM and 4PM.

For people in the hinterland of some market towns the provision may be supplemented by dispensing GP practices.

When pharmacies are closed in the market towns then residents could expect to be served in the larger towns within 20 minutes' drive or 30 minutes by public transport, within the urban opening hours described above.

Villages and Rural Areas

These are the rural areas in the ONS land use classification.

Weekdays – services available to most residents within 20 minutes' drive or 30 minutes by public transport, 9AM to 5.30PM.

Saturdays – services available to most residents within 20 minutes' drive or 30 minutes by public transport, from 9AM to 12 noon

Sundays – services available to most residents within 30 minutes' drive or 60 minutes by public transport between 10AM and 4PM.

The provision may be supplemented by dispensing GP practices.

We base accessibility on *total* hours, not core hours. If supplementary hours are reduced then this may result in the creation of a gap in provision.

In practice, our analysis is done on the basis of PCN areas, with the availability of community pharmacies being closely related to the size of the main settlements. Dispensing doctors are typically in smaller settlements, and serve rural dwellers away from pharmacies.

We recognize that not all people, especially those without access to cars or with otherwise limited mobility in this rural county, will be able to get to pharmaceutical services within the times described. The fact that not *all* people will have access on the terms described does not, in itself, constitute a gap in provision.

Somerset Health and Wellbeing Board recognizes that identifying a gap in provision is not a trivial matter, and that since the last PNA there have been improvements in access to pharmaceutical services on-line, that productivity has increased in the sector whilst the ability to provide face to face services has faced challenges of staffing (in common with the health sector as a whole).

Current provision of necessary services

Current provision within the HWB's area

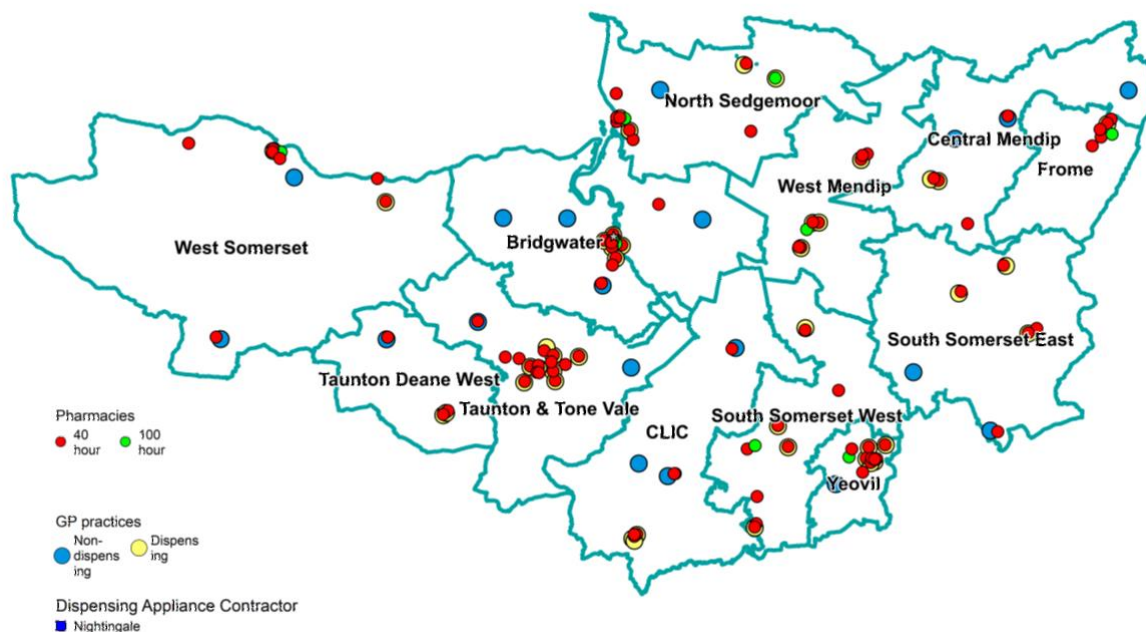


Figure 7: Primary Care Network Areas and providers of pharmaceutical services in Somerset, March 2022.

The 102 community pharmacy providers of pharmaceutical services in Somerset Health and Wellbeing Board's area are shown in Figure 7, along with the 20 dispensing doctors. Larger scale maps are available for each PCN area in the Annexes. The breakdown by trader is shown in Table 2.

Table 2: Somerset Community Pharmacies by Trader

National Chains	
Boots UK Ltd	28
Lloyds Pharmacy Ltd	12
Day Lewis plc	9
Bestway National Chemists Ltd (Well Pharmacy)	5
Tesco Stores Ltd	5
Asda Stores Ltd	4
Superdrug Stores plc	4
Jhoot Healthcare Ltd	3
L Rowland & Co (Retail) Ltd	2
Wm Morrisons Supermarkets plc	1
Norchem healthcare	1
Local/Regional Chains	
John Ware Ltd	8
Preddy Newco Limited	3
Independent	
Acorn Pharmacy Ltd	1
Bruton Pharmacy Ltd	1
Dudley Taylor Pharmacies Ltd	1
Lydeard Care Ltd	1
Magna Healthcare Ltd	1
Milborne Port Pharmacy Ltd	1
Naimans UK Ltd	1
Norchem Healthcare Ltd	1
Pasab Ltd	1
PSRS Ltd	1
Sharief Healthcare Ltd	1
Shavarath Ltd	1
St Aldhelm's Pharmacy Ltd	1

Changes in provision and ownership are summarized in Table 3 and 3. This does not include the changes in opening hours (which have generally seen reductions in the period). It should be noted that in June 2021 the licence to open a pharmacy at Monkton Heathfield, near Taunton, originally from a 2017 unforeseen benefits application, was granted to John Ware. It has not yet led to a change 'on the ground'.

Table 3: Changes in Community Pharmacies since 2018 PNA

	Change	Former trading name	New trading name	Former contractor	New contractor	Former ODS code	New ODS code
2018							
1 March	Opening	n/a	Coleford Pharmacy	Dudley Taylor	n/a	n/a	FMD79
1 March	Change of ownership	Blackbrook Medical Centre (Taunton)	Blackbrook Medical Centre (Taunton)	Lloyds	Jhoots	FAG80	FWF49
1 March	Change of ownership	Victoria Park Community Centre (Bridgwater)	Victoria Park Community Centre (Bridgwater)	Lloyds	Jhoots	FP760	FAP96
4 September	Change of ownership	Dulverton Pharmacy	Dulverton Pharmacy	Medevala Pharma Ltd	PSRS LTd	FQK41	FD324
24 th September	Opening	n/a	Woolavington Pharmacy	n/a	Magna Healthcare	n/a	FXH27
2019							
16 th February	Closure	Lloyds Pharmacy (in Sainsbury's, Street)	n/a	Lloyds Pharmacy	n/a	FXK96	n/a
1 st April	Change of ownership	Wedmore Pharmacy	Wedmore Pharmacy	Lloyds	Sharief Healthcare Ltd	FY109	FN345
7 th May	Minor relocation	Bruton Pharmacy	Bruton Pharmacy	Bruton Pharmacy	Bruton Pharmacy	FVK07	FVK07
31 October	Closure (as 100 hour pharmacy)	Crewkerne Pharmacy	Crewkerne Pharmacy	Crewkerne Healthcare LLP	Crewkerne Healthcare LLP	FTC75	n/a
1 st November	New contract (as 40 hour pharmacy)	Well Pharmacy, Crewkerne	Well Pharmacy, Crewkerne	Bestway National Chemists Ltd	Bestway National Chemists Ltd	FG726	FG726

2020							
2 nd March	Minor relocation	Crewkerne Pharmacy	Crewkerne Pharmacy	Crewkerne Healthcare LLP	Crewkerne Healthcare LLP	FGT85	FGT85
2021							
4 th January	Change of ownership	Dudley Taylor	Avicenna Retail Ltd	Coleford Pharmacy	Coleford Pharmacy	FMD79	FMD79
6 th January	Change of ownership	Lloyds Pharmacy Ltd (Luson Surgery, Wellington)	Jhoots Ltd, (Luson Surgery, Wellington)	Lloyds Pharmacy	Jhoots Pharmacy	FFF46	FRD81

Table 4: Changes since consultation draft

2022							
1 st May	Change of Ownership	Axbridge Pharmacy	Day Lewis Pharmacy	Axbridge Pharmacy	Day Lewis	FHT28	FHT28
31 st May	Announcement of closure (from 25 th August)	Lloyds Pharmacy	Lloyds Pharmacy inside Sainsbury's			FF835	

National and Regional Comparisons

Table 5: Pharmacies and Dispensing Per Head

2020/21	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items dispensed per head
Somerset	563,850	102	18.1	7,702,376	13.7
South West	5,659,143	1,065	18.8	95,328,352	17
England	56,550,138	11,748	20.8	1,016,769,042	18

The figures shown in Table 5 appear to indicate a lower rate of pharmacies per head, and dispensing per head than the national average. However, in addition to community pharmacies, Somerset has a relatively large proportion of provision from dispensing doctors. Although not directly comparable to community pharmacies, this

additional provision is likely to mean that overall service to the public is little different from the England average.

Current provision outside the HWB's area

As stated above, distance-selling pharmacies are required to provide the essential services to patients anywhere in England, and will deliver medication to a patient's home address. Their services are therefore available to residents of the HWB's area. There are none in Somerset, but there are numerous such pharmacies located around the country. An alphabetical list of distance-selling pharmacies is available at www.nhs.uk/service-search/pharmacies/InternetPharmacies . For the eight months of 2021-22 for which figures are available, internet pharmacies provided 393,275 items, A precise denominator is not available for comparison, but with about 11 million prescriptions filled in Somerset annually, this represents about 5½% of provision. This shows the dominance of community pharmacies, but also that internet provision plays a role and may help reduce inaccessibility of sparsely-populated rural areas. The Somerset Health and Wellbeing Board is conscious that digital access, or the lack of it, can be a significant contributor to the ill-effects of inequality in the county.

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

7.2 Access to necessary services

Access to premises

The public consultation undertaken in preparation for this PNA found that 65% of respondents travelled to pharmacies by car, highlighting the importance of this means of transport. As shown in Table 6, the majority of households, especially in the rural areas, have access to cars. That said, access can be a problem for those in rural areas without access to a car, not only for pharmaceutical services.

Table 6: Car ownership by settlement type

Rural Urban	Percentage with no car or van in household
Urban (total)	21%
Rural town and fringe in a sparse setting	21%
Rural village	9%
Rural hamlet and isolated dwelling	5%
Somerset	16%
England	26%

Source: Census 2011.

Car ownership by lower super output area is mapped in Figure 8.

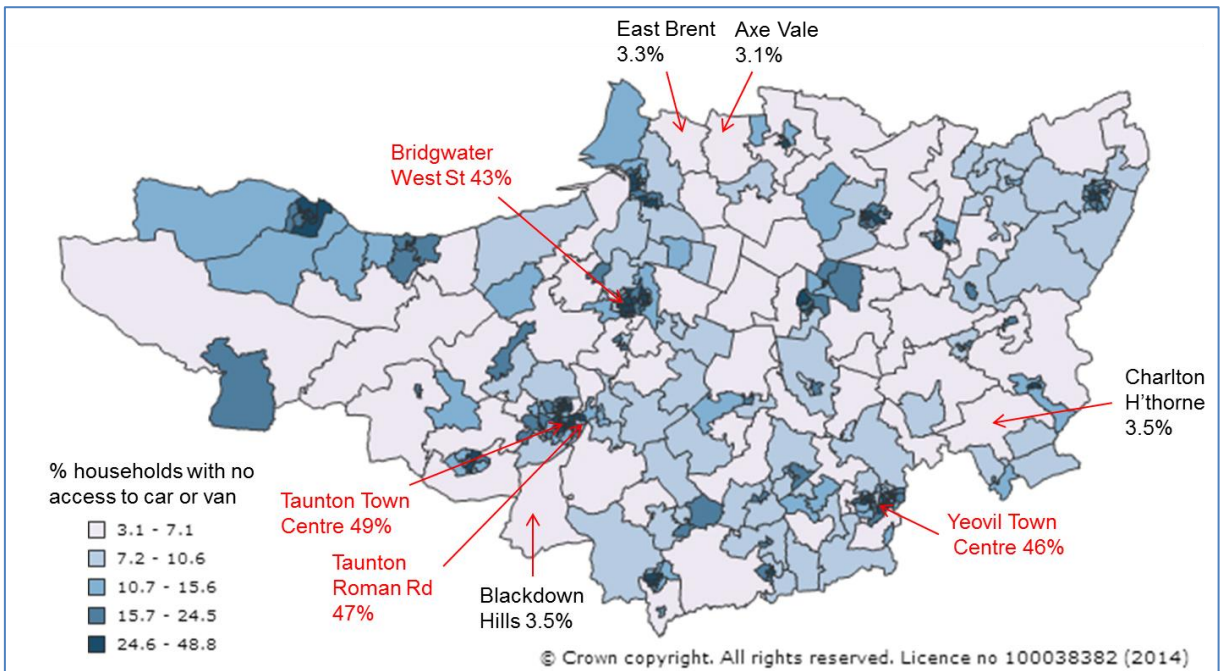


Figure 8 Car ownership by households, Census 2011.

Access by travel time for weekdays is shown in Figure 9, Figure 10 and Figure 11. This shows that access by car is within 20 minutes for almost all the county, except for some sparsely populated parts of Exmoor and the Steart Peninsula. Walking and public transport is, unsurprisingly, far more limited, but the majority of the population in larger settlements and market towns have acceptable levels of access.

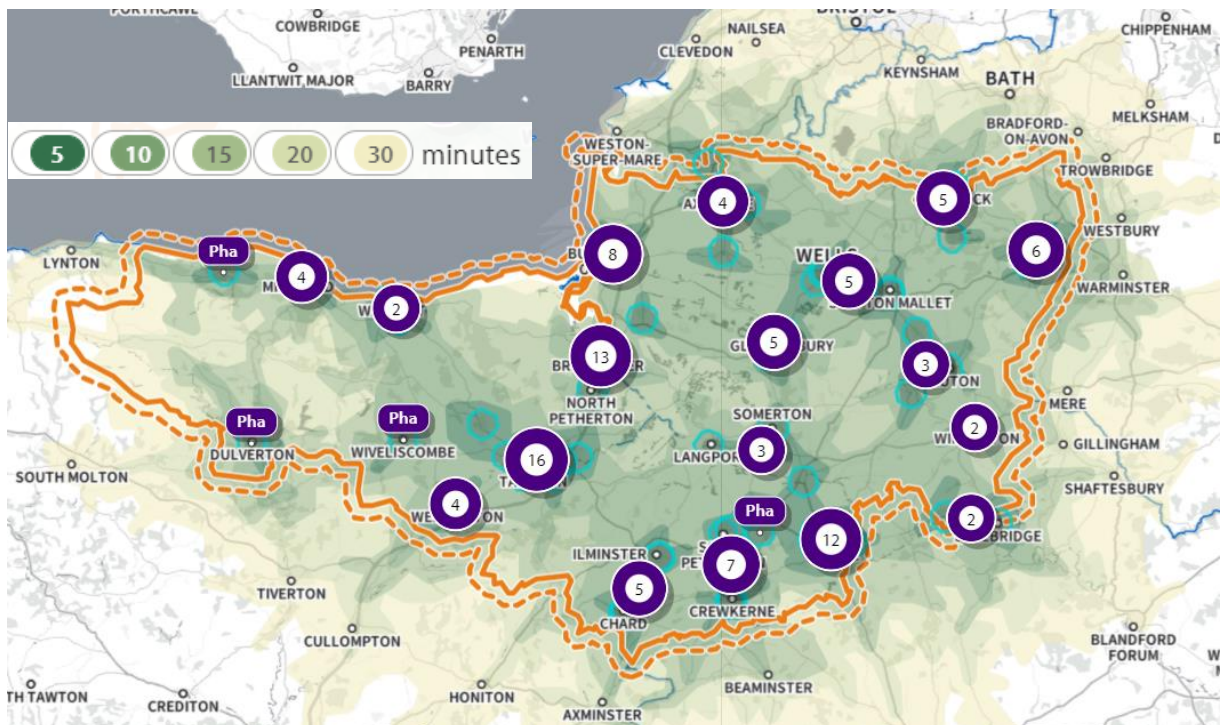


Figure 9: Pharmacy access by car, weekday daytime

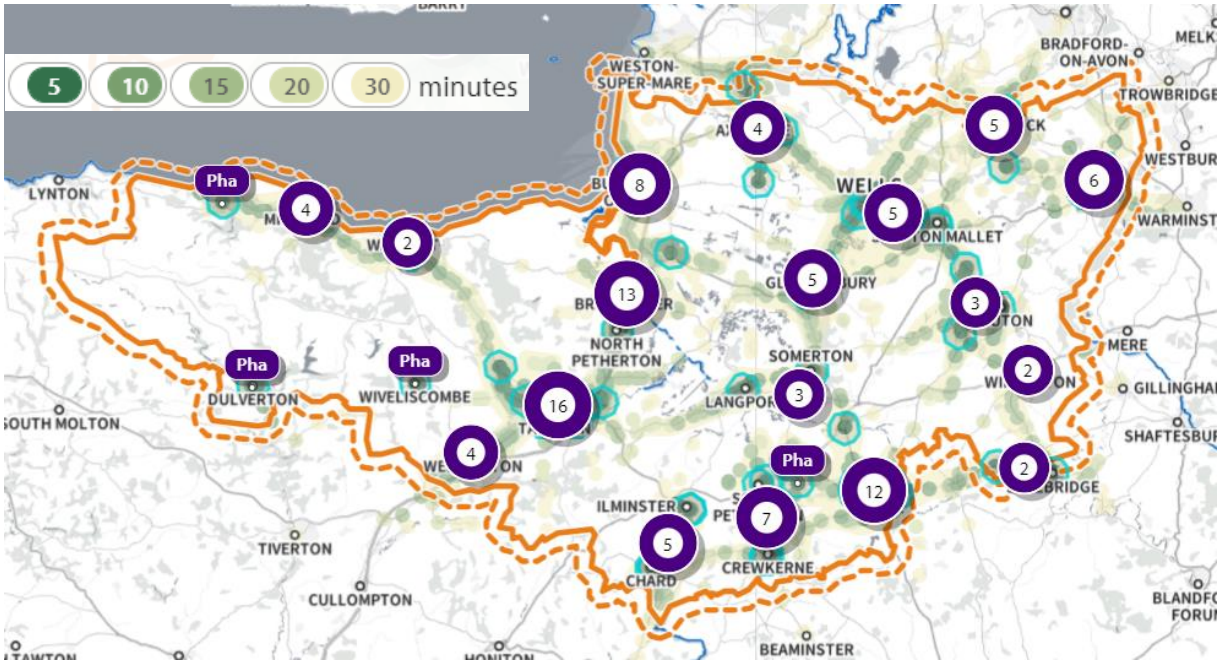


Figure 10: Pharmacy access by Public Transport, Weekday

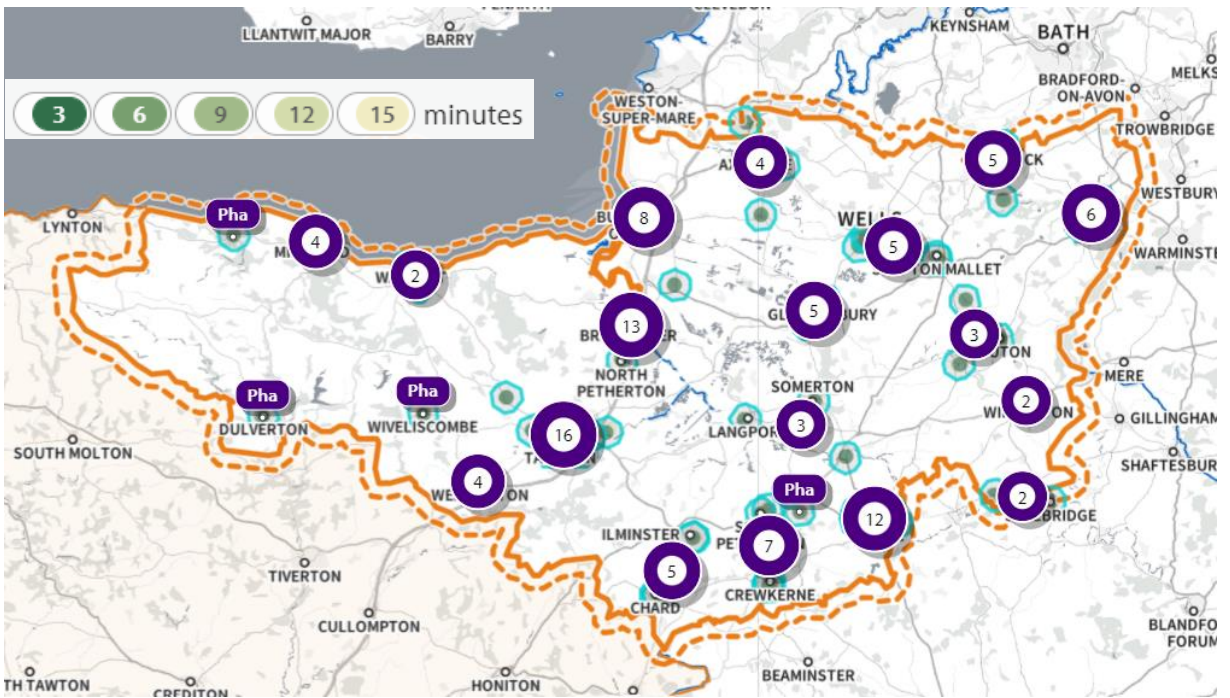


Figure 11: Pharmacy Access on Foot, Weekday

Access by travel time for Saturday mornings is shown in Figure 12, Figure 13 and Figure 14. This shows a similar pattern to weekdays, in that access by car is within 20 minutes for almost all the county, except for some sparsely populated parts of Exmoor and the Steart Peninsula. Walking and public transport is, again, far more limited, but the majority of the population in larger settlements and market towns have acceptable levels of access. It is noticeable, though, that fewer pharmacies are open, and the range of choice more limited.

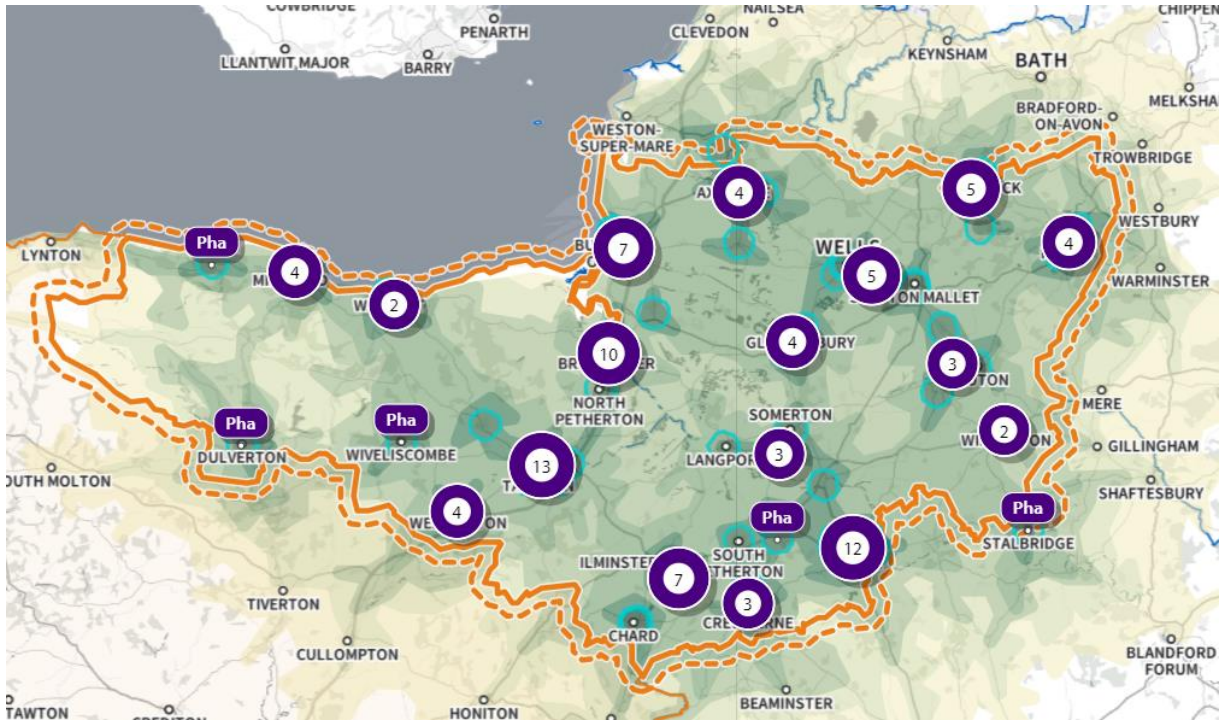


Figure 12: Pharmacy access by car, Saturday morning



Figure 13: Pharmacy access by Public Transport, Saturday morning

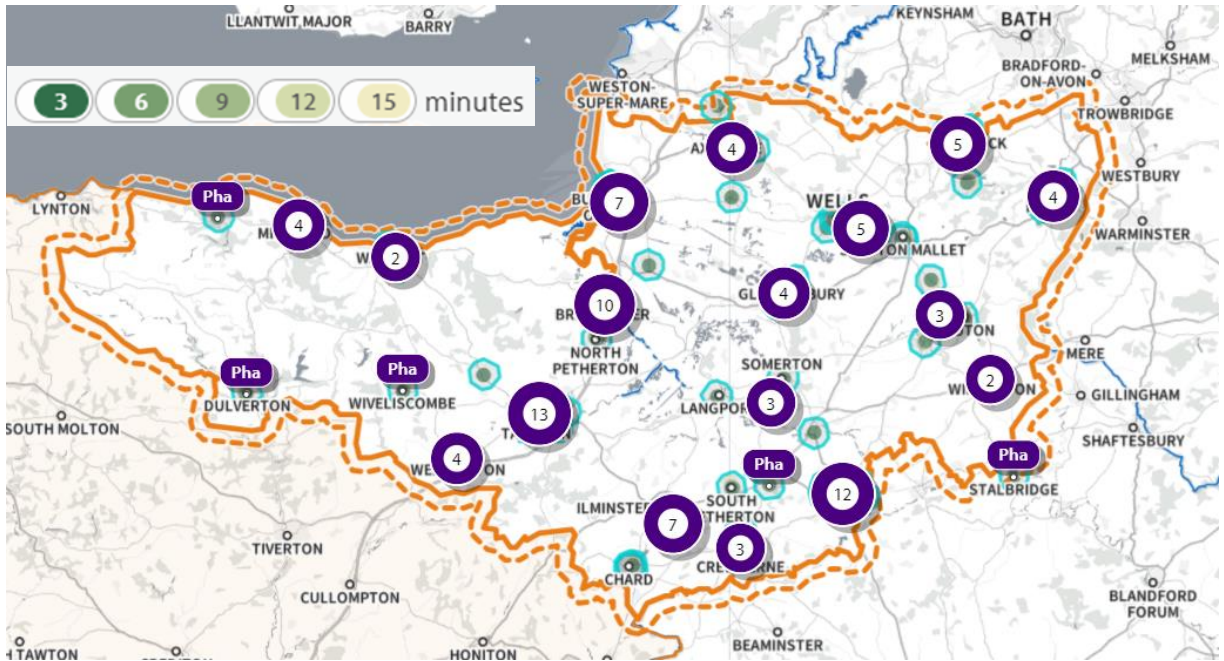


Figure 14: Pharmacy Access on Foot, Saturday morning

Access on Saturday afternoons is shown in Figure 15, Figure 16 and Figure 17. Patterns are similar, but larger areas of Exmoor, the Parrett basin and Blackmoor Vale have limited access even by car. This are relatively sparsely populated, and a reduced level of access on Saturday afternoons is considered acceptable by the Somerset Health and Wellbeing Board.

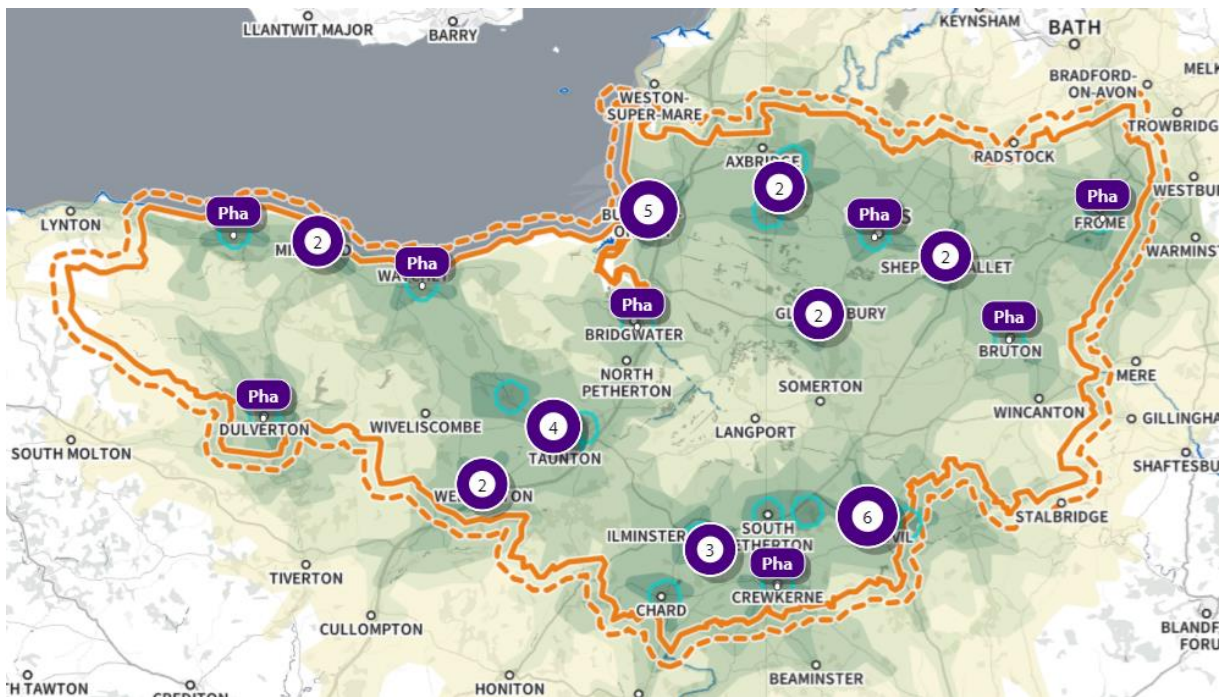


Figure 15: Pharmacy access by car, Saturday afternoon

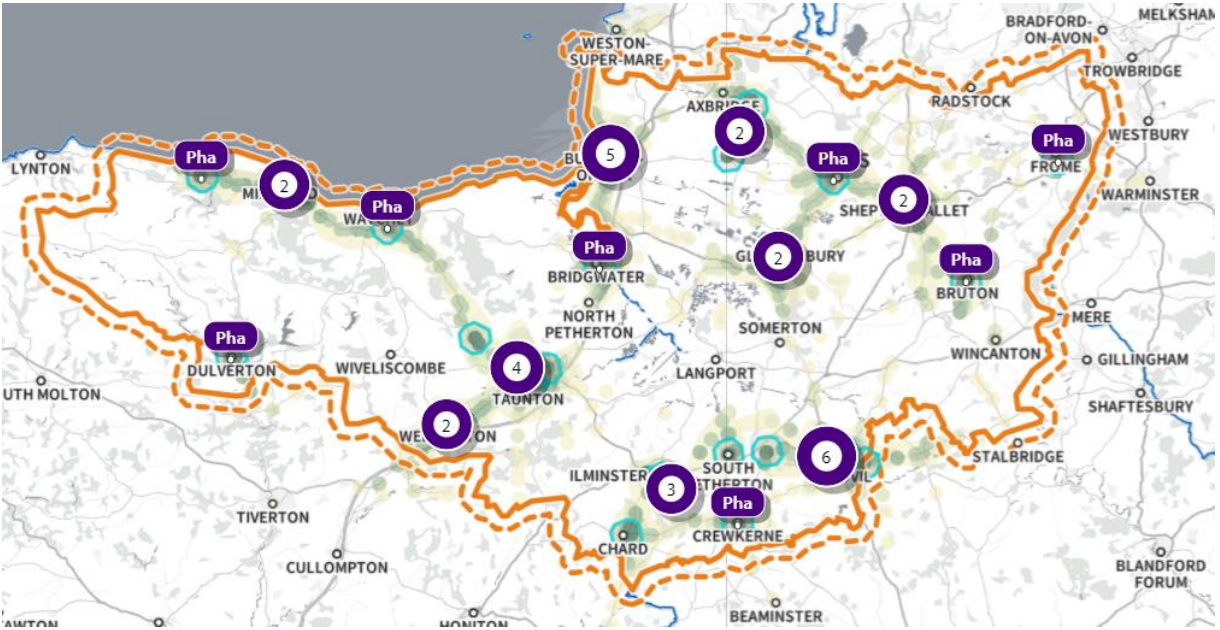


Figure 16: Saturday access by public transport, Saturday afternoon

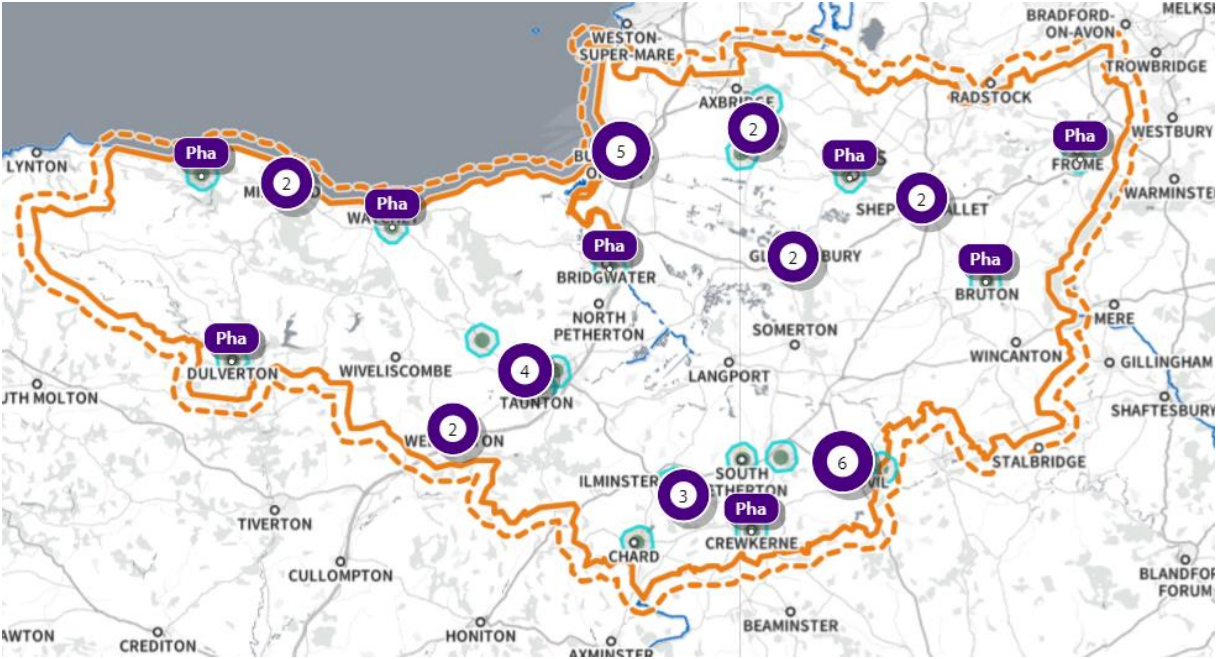


Figure 17: Pharmacy access on foot, Saturday afternoon

Access on Sundays is shown in Figure 18, Figure 19 and Figure 20. Even by car, access is limited, as is choice, and few people are likely to have access by public transport or on foot. However, the main areas of population are served, and given the rural nature of the county this is an understandable level of access that applies to many people, not just for pharmaceutical services.



Figure 18: Pharmacy access by car, Sunday

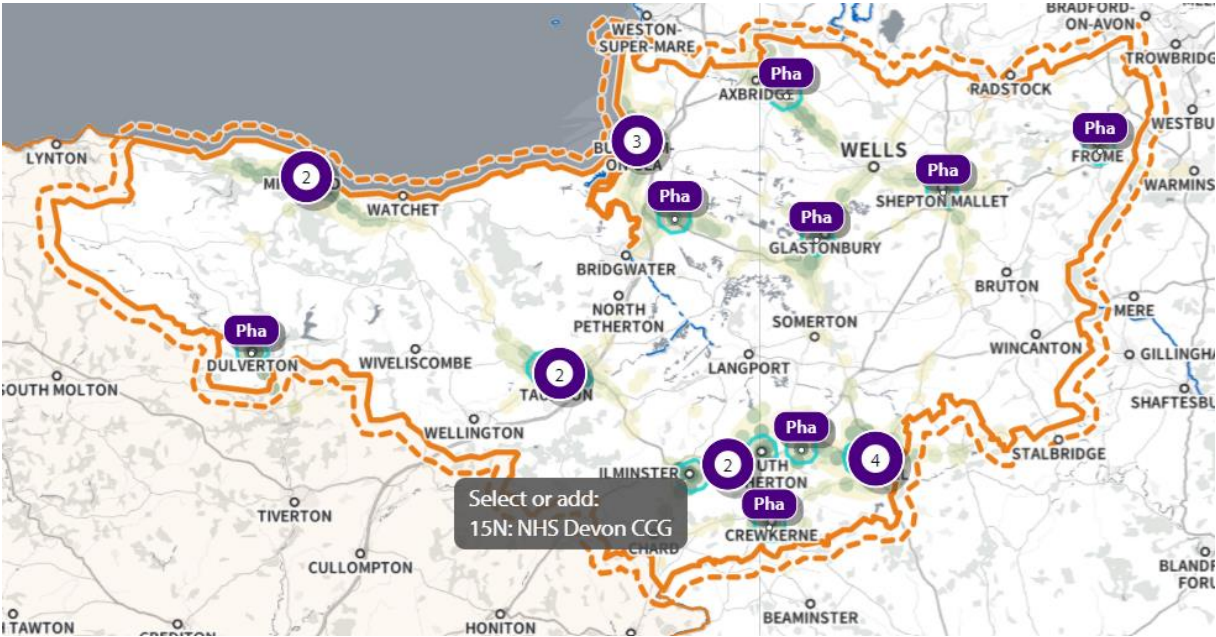


Figure 19: Pharmacy access by public transport, Sunday

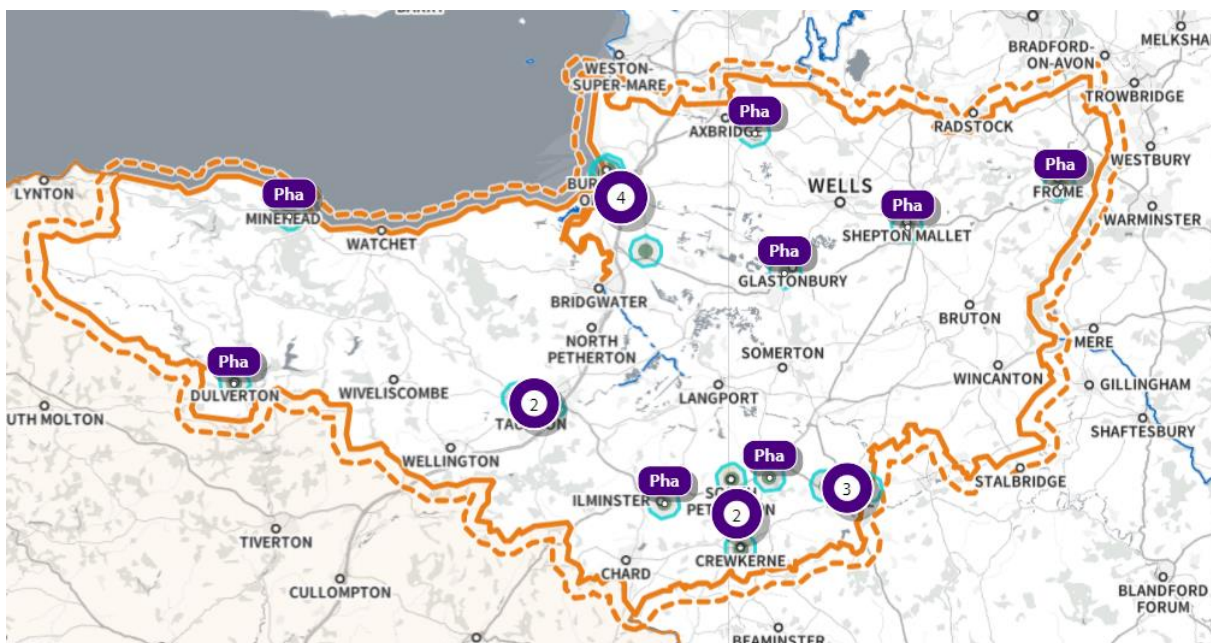


Figure 20: Pharmacy access on foot Sunday

Access to dispensing of medicines

Pharmacies and dispensing doctors dispense medicines, but DACs do not. Opening of pharmacies is mapped in summary under travel times (see Figure 9; Figure 12; Figure 15 and Figure 18). The figures are summarized by PNA area in Table 7. Most areas for analysis have pharmacies open from at least the start of working hours into at least the early evening on weekdays, and although there is less choice on Saturdays the availability is at about the same level then. For nine out of the twelve areas, pharmacy services are available from at least 10AM to 4PM on Sundays, and more in many cases. For three areas, though, there is no opening on Sundays. These three (CLIC, South Somerset East and Taunton Deane West) have large rural populations, who might expect to travel to towns for services on Sundays, not just pharmaceutical. CLIC lies between Taunton, Yeovil, Glastonbury and Crewkerne, all of which have Sunday availability; South Somerset East is within reasonably travelling distance of Yeovil, and Taunton Deane West has sufficient access to Taunton for these gaps to be at an acceptable level of access.

Table 7: Pharmacy opening hours by PNA area

PNA area	Earliest weekday opening	Latest weekday closing	Earliest Saturday opening	Latest Saturday closing	Earliest Sunday opening	Latest Sunday opening
Bridgwater	08:30	18:30	08:30	17:00	10:00	14:00
Central Mendip	08:30	19:00	08:30	18:00	10:00	16:00
CLIC	09:00	18:30	09:00	17:30	-	-
Frome	08:30	18:30	08:30	17:30	10:00	16:00
North Sedgemoor	07:00	23:00	07:00	22:00	10:00	16:00
South Somerset East	08:30	18:00	08:30	17:30	-	-
South Somerset West	08:30	20:00	08:00	18:00	10:00	16:00
Taunton Central and Tone Vale	07:00	23:00	07:00	20:00	09:00	16:00
Taunton Deane West	08:30	18:15	09:00	17:30	-	-
West Mendip	06:30 (08:00 on Mondays)	22:30	06:30	22:00	10:00	16:00
West Somerset	08:30	23:00	09:00	22:00	10:00	16:00
Yeovil	06:30 (08:00 on Mondays)	22:30	06:30	22:00	10:00	16:00
SOMERSET	06:30 (07:00 on Mondays)	23:00	06:30	22:30	09:00	16:00

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

Access to the other essential services

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

Access to the new medicines service (NMS) advanced service

There are 97 pharmacies in Somerset offering the new medicines advanced service, indicating its wide availability. There is more detailed consideration in the locality summaries. Figures are shown in Table 8.

Table 8: New Medicines Service by PNA area

PNA area	New medicine service	Total
Bridgwater	13	14
Central Mendip	3	4
CLIC	6	6
Frome	6	6
North Sedgemoor	10	10
South Somerset East	5	5
South Somerset West	8	9
Taunton Central and Tone Vale	16	16
Taunton Deane West	5	5
West Mendip	8	8
West Somerset	6	8
Yeovil	11	11
SOMERSET	97	102

Access to influenza vaccination service

There are 95 pharmacies in Somerset offering the influenza vaccination service, indicating its wide availability. There is more detailed consideration in the locality summaries. Figures are shown in Table 9.

Table 9: Influenza Vaccination Service by PNA area

PNA area	Influenza vaccination service	Total
Bridgwater	13	14
Central Mendip	2	4
CLIC	6	6
Frome	6	6
North Sedgemoor	10	10
South Somerset East	5	5
South Somerset West	9	9
Taunton Central and Tone Vale	15	16
Taunton Deane West	4	5
West Mendip	8	8
West Somerset	6	8
Yeovil	11	11
SOMERSET	95	102

Access to the ‘on demand availability of specialist drugs’ enhanced service

There are 9 pharmacies in Somerset offering the on demand availability of specialist drugs’ enhanced service. This is a relatively minor service, and the PCN areas where it is not available are rural, and adjoin large urban areas where it is. There is more detailed consideration in the locality summaries. Figures are shown in

Table 10.

Table 10: On demand availability of specialist medicines by PNA area

PNA area	on demand availability of specialist medicines	Total pharmacies
Bridgwater	1	14
Central Mendip	0	4
CLIC	0	6
Frome	1	6
North Sedgemoor	2	10
South Somerset East	0	5
South Somerset West	1	9
Taunton Central and Tone Vale	1	16
Taunton Deane West	0	5
West Mendip	1	8
West Somerset	1	8
Yeovil	1	11
SOMERSET	9	102

Access to dispensing of appliances

Appliances are principally supplied by specialist Distance Appliance Contractors. There is one in Somerset – Nightingale in Bridgwater – but as is typical its customer base is national, and those in Somerset using such services are no more likely to use a local supplier. This is a national market to which Somerset residents have access similar to other parts of England.

Access to the stoma appliance customisation advanced service and to the appliance use review (AUR) advanced service

These are specialist services which many contractors do not provide, although which are supplied by Distance Appliance Contractors. There are 11 pharmacies providing customization, and two – both in Bridgwater – providing AURs. Given the importance of distance providers we make no assessment of local availability based on community pharmacy delivery. Figures are shown in Table 11.

Table 11: Stoma appliance customization and Appliance Use Review by PNA area

PNA area	Stoma appliance customization service	Appliance use review service (AUR)	Total. pharmacies
Bridgwater	2	2	14
Central Mendip	0	0	4
CLIC	2	0	6
Frome	1	0	6
North Sedgemoor	3	0	10
South Somerset East	0	0	5
South Somerset West	0	0	9
Taunton Central and Tone Vale	0	0	16
Taunton Deane West	0	0	5
West Mendip	0	0	8
West Somerset	2	0	8
Yeovil	1	0	11
SOMERSET	11	2	102

Community Pharmacist Consultation Service

Although this is a new service, it is very well established in Somerset, as shown in Table 12, and is available from all pharmacies. There are therefore no gaps in provision.

Table 12: Community Pharmacist Consultation Service by PNA area

PNA area	Community Pharmacist Consultation Service	Total
Bridgwater	14	14
Central Mendip	4	4
CLIC	6	6
Frome	6	6
North Sedgemoor	10	10
South Somerset East	5	5
South Somerset West	9	9
Taunton Central and Tone Vale	16	16
Taunton Deane West	5	5
West Mendip	8	8
West Somerset	8	8
Yeovil	11	11
SOMERSET	102	102

Hepatitis C Antibody Testing Service

This is, as shown in Table 13, as limited service available from only four pharmacies in Somerset. They include pharmacies in some of the major towns, but exclude Yeovil and Frome, amongst others. Somerset Health and Wellbeing Boards understands that the service is likely to be expanded to the Yeovil and Frome PCN areas, as well as CLIC, West Mendip and West Somerset. These priority areas have been selected on the basis of the quantity of needle exchange being undertaken; the planned expansion should be monitored and assessed for adequacy.

Table 13: Hepatitis C Antibody Testing Service by PNA area

PNA area	Hepatitis C Antibody Testing Service Activity	Total
Bridgwater	2	14
Central Mendip	0	4
CLIC	0	6
Frome	0	6
North Sedgemoor	1	10
South Somerset East	0	5
South Somerset West	0	9
Taunton Central and Tone Vale	1	16
Taunton Deane West	0	5
West Mendip	0	8
West Somerset	0	8
Yeovil	0	11
SOMERSET	4	102

Hypertension case finding service

As shown in Table 14, this is a relatively small but well-distributed service. It is available in all PNA areas with the exception of Central Mendip. This is a particularly small locality and one which, as described in the locality profile, looks to large settlements to the west (Wells, Glastonbury, Street) and east (Frome) for a number of services, including pharmaceutical. The absence from the Central Mendip area does not constitute a gap in provision.

Table 14: Hypertension case finding service

PNA area	Hypertension case finding service	Total
Bridgwater	4	14
Central Mendip	0	4
CLIC	1	6
Frome	2	6
North Sedgemoor	4	10
South Somerset East	2	5
South Somerset West	6	9
Taunton Central and Tone Vale	5	16
Taunton Deane West	1	5
West Mendip	1	8
West Somerset	2	8
Yeovil	5	11
SOMERSET	33	102

8 Other relevant services

8.1 Other relevant services

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

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

- services commissioned from pharmacies by Somerset CCG or Somerset County Council

8.2 Services commissioned by Somerset CCG or Somerset County Council

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

Services commissioned by the CCG

The services commissioned by Somerset CCG, as shown in Table 15, are available from the large majority of Somerset community pharmacies, and can be obtained in all Primary Care Network areas.

Table 15: Services commissioned by Somerset CCG

	UTI'S - Nitrofuantoin 100 m/r	Impetigo – H2O2Cream	Eye infection - Chloramphenicol	Asthma - Inhaler	Total pharmacies
Bridgwater	14	14	14	14	14
Central Mendip	4	4	4	4	4
CLIC	6	6	6	6	6
Frome	6	6	6	6	6
North Sedgemoor	10	10	10	10	10
South Somerset East	5	5	5	5	5
South Somerset West	8	8	9	9	9
Taunton central and Tone Vale	16	16	16	16	16
Taunton Deane West	5	5	5	5	5
West Mendip	8	8	8	8	8
West Somerset	7	7	7	8	8
Yeovil	11	11	11	11	11
Grand Total	100	100	101	102	102

Services commissioned by the Somerset County Council

The services commissioned by Somerset County Council, as shown in Table 16, are available from the large majority of Somerset community pharmacies, and can be obtained in all Primary Care Network areas.

Table 16: Services commissioned by Somerset County Council

	SCC Public Health EHC	SCC Public Health Varenicline	Public Health NRT	Total pharmacies
Bridgwater	11	10	7	14
Central Mendip	4	2	2	4
CLIC	5	4	5	6
Frome	6	6	5	6
Grand Total	85	79	66	10
North Sedgemoor	8	9	8	5
South Somerset East	5	5	4	9
South Somerset West	5	4	5	16
Taunton central and Tone Vale	16	14	10	5
Taunton Deane West	4	4	2	8
West Mendip	6	6	4	8
West Somerset	5	6	6	11
Yeovil	10	9	8	102

8.3 Other NHS services

Hospital pharmacies

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

There are acute hospitals at:

- Taunton, Musgrove Park Hospital (Taunton and Somerset Acute Trust)
- Yeovil, Yeovil District Hospital.

There are community hospitals at:

- Bridgwater
- Burnham on Sea
- Chard
- Crewkerne
- Dene Barton (Taunton)
- Frome
- Minehead
- Shepton Mallet
- South Petherton
- Wellington
- West Mendip (Glastonbury)
- Williton
- Wincanton

and hospital pharmacies located at:

- Taunton, Musgrove Park
- Yeovil, Yeovil District Hospital

Personal administration of items by GPs

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

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

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

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

GP Out of Hours service

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

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

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

Urgent Treatment Centre

There is an Urgent Treatment Centre at Bridgwater Hospital.

8.4 Services provided by other organisations

- Defence medical service dispensaries
 - RNAS Yeovilton
 - Norton Manor Camp

These provide services to military personnel and families.

- Private pharmacies
 - Boots operate a non-NHS high street pharmacy in Street
 - Pharmacy services are provided by EDF for workers on the construction site at Hinkley Point.

9 Locality summaries

The following sections summarise the findings, and set out the conclusions, of this PNA for each locality.

9.1 Bridgwater Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 1.

Necessary services: gaps in provision

Although the health needs of Bridgwater are somewhat greater than the average for the county, the main types of ill health are similar, and pharmacies are concentrated in the urban area of Bridgwater town and so close to the main areas of deprivation. The rural areas are served by four dispensing GP practices and a branch. The maps of travel times (see main report) suggest adequate access for the large majority of the population.

The 2018 Somerset PNA did not identify a gap in the provision of necessary services in the (broadly equivalent) locality, and we have not found evidence of changes since then that would lead to the creation of a gap..

Opening hours for pharmacies cover weekdays, Saturdays and Sundays in accordance with the criteria set out in the main document. All necessary services are widely available.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in Bridgwater Primary Care Network area.

The level of housebuilding expected in the next three years is higher than the county as a whole, with a concentration in Bridgwater, which is well-served by pharmacies. Development at Nether Stowey is geographically further from existing services, but our evidence suggests that this will not exceed other Somerset settlements which do not have community pharmacies within the period of this PNA, and the village will continue to be served by the dispensing GP at Cannington and pharmacies in Williton and Bridgwater. An additional 1900 dwellings are expected over the PNA period; unless that number is exceeded by more than 950 we would not seek to review the

evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in Bridgwater PCN area takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that all current advanced services, and services commissioned locally by Somerset CCG and Somerset Public Health are provided from pharmacies in the locality. We note that AURs are available in Bridgwater PCN area from Distance Appliance Contractors, including one based in the area.

On the basis of the information we have, we do not assess there to be a current gap in other relevant services in Bridgwater PCN area.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in Bridgwater PCN area.

9.2 Central Mendip Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 2

Necessary services: gaps in provision

The health needs of Central Mendip are very similar to the county average. The four pharmacies are located in the three main settlements of Shepton Mallet, Evercreech and Coleford. The rural areas are served by three dispensing GP practices. The maps of travel times (see main report) suggest adequate access for the large majority of the population.

The 2018 Somerset PNA did not identify a gap in the provision of necessary services in the locality, but an unforeseen benefits application has been granted for Coleford, increasing the provision.

Opening hours for pharmacies cover weekdays, Saturdays and Sundays in accordance with the criteria set out in the main document. All necessary services are widely available.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in Central Mendip.

The level of housebuilding expected in the next three years is lower than the county as a whole. We do not conclude that it will lead to the creation of a gap in services. An additional 400 dwellings are expected over the PNA period; unless that number is exceeded by more than 500 we would not seek to review the evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in Central Mendip takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that Appliance Use Reviews and Stoma Customization Service are not provided from pharmacies in the locality, although the latter is available nearby in Frome; and AURs are available from Distance Appliance Contractors. The Hypertension Case-Finding Service is not available in the PCN area, but is available in both Frome and Glastonbury, which should provide adequate service. The Hepatitis C Antibody Testing Service is not available in Central Mendip, nor currently in neighbouring Frome or West Mendip. However, we note that there are plans to commission this service in both these neighbouring areas, and that if this happens then provision for Central Mendip from them may be adequate but should be kept under review.

On the basis of the information we have, we assess that other relevant services could be improved by the provision of Hepatitis C Antibody Testing Service in Central Mendip, or in the neighbouring areas of Frome or West Mendip, or all three.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in Central Mendip, beyond the current potential improvement identified.

9.3 Chard, Langport and Ilminster (CLIC) Primary Care Network Area

For the background information on which these conclusions are based, please see

Necessary services: gaps in provision

The health needs of adults in CLIC vary little from the county average and do not suggest pharmaceutical needs fundamentally different for the area. The maps of travel times (see main report) suggest that there is adequate access for the large majority of the population.

Opening hours for pharmacies cover weekdays and Saturdays in accordance with the criteria set out in the main document. There is no Sunday opening in the PCN area, but pharmacies in Taunton and Glastonbury serve the northern part, and Crewkerne serves the southern part. Such arrangements did not constitute a gap in provision for the approximately equivalent area in the 2018 PNA, although this increasingly looks like an growing pharmaceutical need, and prescribing evidence suggests that only 0.2% of all prescriptions issued by Chard GPs were taken to South Petherton – the nearest pharmacy open on a Sunday. There has been continued population growth in the town since 2018 and this increases the impression of a gap in provision on Sundays. The potential existence of pharmaceutical need in Chard town on Sundays was raised in the consultation draft of the PNA, and the benefits of commissioning a pharmacy to open then were endorsed by:

- Cllr Connor A Payne, Oppositon Spokesman for Environment & Climate Change & County Councillor for Chard South, Serving Chard, Tatworth, Forton & Chilson Common
- Martin Wale, County Councillor Chard North
- Cllr Jason Baker, Holyrood Ward, Chard, Mayor of Chard; Area West Chairman; Portfolio Holder for Chard Regeneration & Market Towns Investment Group, South Somerset District Council

All necessary services are available in the PCN area on the basis described.

There has been some growth since 2018 and this increases the impression of a gap in provision on Sundays.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in the South Somerset West PCN area from Monday to Saturday. The Health and Wellbeing Board finds that commissioning of Sunday opening from one existing pharmacy in Chard town would be an appropriate response to the growth in population there.

Housebuilding in the period of the PNA is focused on Chard, which is the largest

settlement and location of three existing pharmacies, which we would expect to meet the growth in demand. An additional 650 dwellings are expected over the PNA period; unless that number is exceeded by more than 500 we would not seek to review the evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in South Somerset West takes place then there will be no gap in provision of necessary services. Residents of Chard may consider that commissioning of Sunday opening from one pharmacy would be an increasingly justified as the population continues to grow.

Improvements or better access: gaps in provision

We note that all advanced services, apart from Appliance Use Reviews, are provided from pharmacies in the locality. We note that AURs are available in Distance Appliance Contractors. The Hepatitis C Antibody Testing Service is not available in CLIC, although it is available in neighbouring Taunton Central and Tone Vale. However, we note that there are plans to commission this service in the area.

On the basis of the information we have, we assess that other relevant services could be improved by the provision of Hepatitis C Antibody Testing Service in the area, as is planned.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in CLIC, beyond the current potential improvement identified.

9.4 Frome Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 4.

Necessary services: gaps in provision

The health needs of Frome PCN area are broadly similar to the county average. Pharmacies are concentrated in the urban area of Frome town and so close to the centre of population and main areas of deprivation. The maps of travel times (see main report) suggest adequate access for the large majority of the population.

Opening hours for pharmacies cover weekdays, Saturdays and Sundays in accordance with the criteria set out in the main document. All necessary services are available.

The 2018 Somerset PNA did not identify a gap in the provision of necessary services in the broadly equivalent locality. Although there has been growth since 2018 it has not been at a level or location that has created a gap in provision.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in the Frome PCN area.

There is expected to be continued housebuilding in the area. Because this development is close to existing provision, we expect current pharmacies to meet the growing demand. An additional 500 dwellings are expected over the PNA period; unless that number is exceeded by more than 500 we would not seek to review the evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in Frome PCN area takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that Appliance Use Reviews are not provided from pharmacies in the locality; however, they are available from Distance Appliance Contractors. The Hepatitis C Antibody Testing Service is not available in Frome., although the area has been identified as a potential priority for the service on the basis of the rate of needle exchange undertaken.

On the basis of the information we have, we assess that other relevant services could be improved by the provision of Hepatitis C Antibody Testing Service in Frome.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in Frome, beyond the current potential improvement identified.

9.5 North Sedgemoor Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 5.

Necessary services: gaps in provision

Health needs of the North Sedgemoor Primary Care Network area are broadly similar to the county as a whole, and pharmacies are generally located in urban areas, close to centres of population, and identified areas of deprivation. The rural area near Brent is served by a dispensing GP practice. The maps of travel times (see main report) suggest adequate access for the large majority of the population.

The 2018 Somerset PNA did not identify a gap in the provision of necessary services in the (broadly equivalent) locality. We have not found evidence of changes since then that would lead to the creation of a gap.

Opening hours for pharmacies cover weekdays, Saturdays and Sundays in accordance with the criteria set out in the main document. All necessary services are widely available.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in the North Sedgemoor Primary Care Network area.

The level of housebuilding is broadly similar to the county as a whole, and the major developments are close to existing 40 and 100 hour pharmacies, which we would expect to provide for future growth. An additional 1000 dwellings are expected over the PNA period; unless that number is exceeded by more than 500 we would not seek to review the evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in North Sedgemoor takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that all advanced services, apart from Appliance Use Reviews, are provided from pharmacies in the locality. We note that AURs are available in North Sedgemoor from Distance Appliance Contractors.

On the basis of the information we have, we do not assess there to be a current gap in other relevant services in North Sedgemoor PCN area.

The growth in population will not create demand for any entirely new service,

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in North Sedgemoor PCN area.

9.6 South Somerset East Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 6.

Necessary services: gaps in provision

The health needs of adults in South Somerset East vary little from the county average and do not suggest pharmaceutical needs fundamentally different for the area. Pharmacies are located in the market towns, and some rural areas are served by the two dispensing practices. The maps of travel times (see main report) suggest that while they are greater for this PCN area than many others, there is still adequate access for the large majority of the population.

The 2018 Somerset PNA did not identify a gap in the provision of necessary services in the approximately equivalent locality. Although there has been some growth since 2018 it has not been at a level or location that has created a gap in provision.

Opening hours for pharmacies cover weekdays and Saturdays in accordance with the criteria set out in the main document. There is no Sunday opening, but pharmacies are open in Yeovil, which is accessible to most in the area within the criteria; some in the east of the area may also be served by Sunday opening in Warminster (Wiltshire). All necessary services are available.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in South Somerset East PCN area.

The level of housebuilding expected in the next three years is lower than the county as a whole. We do not conclude that it will lead to the creation of a gap in services. An additional 400 dwellings are expected over the PNA period; unless that number is exceeded by more than 500 we would not seek to review the evidence for

pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in South Somerset East takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that Appliance Use Reviews and Stoma Customization Service are not provided from pharmacies in the locality; however, they are available from Distance Appliance Contractors. The Hepatitis C Antibody Testing Service is not available in South Somerset East, nor currently in neighbouring areas. However, we note that there are plans to commission this service in nearby Yeovil and Frome, and that if this happens then provision for South Somerset East from them may be adequate but should be kept under review.

On the basis of the information we have, we assess that other relevant services could be improved by the provision of Hepatitis C Antibody Testing Service in the area, or in the neighbouring areas of Frome or Yeovil, or both.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in South Somerset East, beyond the current potential improvement identified.

9.7 South Somerset West Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 7.

Necessary services: gaps in provision

The health needs of adults in South Somerset West vary little from the county average and do not suggest pharmaceutical needs fundamentally different for the area. The maps of travel times (see main report) suggest that there is adequate access for the large majority of the population.

Opening hours for pharmacies cover weekdays, Saturdays and Sundays in accordance with the criteria set out in the main document. In practice, the northern part of the area may be better served on Sundays by Glastonbury (in West Mendip) than by

Crewkerne (within the PCN area). All necessary services are available.

The 2018 Somerset PNA did not identify a gap in the provision of necessary services in the approximately equivalent locality. Although there has been some growth since 2018 it has not been at a level or location that has created a gap in provision.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in the South Somerset West PCN area.

Although the level of housebuilding is higher in this PCN area than in many other rural parts of Somerset, the main sites are adjacent to existing settlements with pharmacies. Because this development is close to existing provision, we expect current pharmacies to meet the growing demand. An additional 1000 dwellings are expected over the PNA period; unless that number is exceeded by more than 500 we would not seek to review the evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in South Somerset West takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that Appliance Use Reviews and Stoma Customization Service are not provided from pharmacies in the locality; however, they are available from Distance Appliance Contractors. The Hepatitis C Antibody Testing Service is not available in South Somerset East, nor currently in neighbouring areas. However, we note that there are plans to commission this service in nearby Yeovil and West Mendip, and that if this happens then provision for South Somerset West from them may be adequate but should be kept under review.

On the basis of the information we have, we assess that other relevant services could be improved by the provision of Hepatitis C Antibody Testing Service in the area, or in the neighbouring areas of West Mendip or Yeovil, or both.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in South Somerset West, beyond the current potential improvement identified.

9.8 Taunton Central and Tone Vale Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 8.

Necessary services: gaps in provision

The health needs of Taunton Central and Tone Vale vary little from the county average and do not suggest pharmaceutical needs fundamentally different for the area. The maps of travel times (see main report) suggest that there is adequate access for the large majority of the population, which is concentrated in Taunton itself.

Opening hours for pharmacies cover weekdays, Saturdays and Sundays in accordance with the criteria set out in the main document. However, we note that these hours – which would be expected for the largest settlement and county town – are dependent on supplementary, rather than core, hours, and so more vulnerable to change.

Such arrangements did not constitute a gap in provision for the approximately equivalent area in the 2018 PNA. Although there has been considerable growth since 2018 it has not been at a level or location that has created a gap in provision.

It should be noted that a gap was identified for Monkton Heathfield (east of Taunton) outside the PNA process in 2017. Permission has been granted to John Ware to fill that gap, although the pharmacy has not yet opened.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in the Taunton Central and Tone Vale PCN areas, assuming that the pharmacy in Monkton Heathfield opens as intended.

The level of housebuilding expected in the next three years is higher than the average for the county as a whole. The majority of new housing is on the outskirts of Taunton, close to the existing extensive provision, which can be expected to cater for the growth. An additional 1700 dwellings are expected over the PNA period; unless that number is exceeded by more than 850 we would not seek to review the evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in Taunton Central and Tone Vale takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that all advanced services, apart from Appliance Use Reviews and Stoma Customization, are provided from pharmacies in the locality. We note that both are available in Taunton Central and Tone Vale from Distance Appliance Contractors,

On the basis of the information we have, we do not assess there to be a current gap in other relevant services in Taunton Central and Tone Vale.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in Taunton Central and Tone Vale.

9.9 Taunton Deane West Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 9.

Necessary services: gaps in provision

The health needs of people in Taunton Deane West vary little from the county average and do not suggest pharmaceutical needs fundamentally different for the area. The maps of travel times (see main report) suggest that there is adequate access for the large majority of the population.

Opening hours for pharmacies cover weekdays and Saturdays in accordance with the criteria set out in the main document. No pharmacies are open on Sundays, but there are four open in neighbouring Taunton Central and Tone Vale, and we would expect them to continue to provide services at this time for the PCN area.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in the Taunton Deane West PCN area.

The level of expected housebuilding is higher than many other areas of the county. It is focused on Wellington, which is the largest settlement and the location of four existing pharmacies, which we would expect to meet the growth in demand. An additional 500 dwellings are expected over the PNA period; unless that number is exceeded by more than 500 we would not seek to review the evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in Taunton Deane West takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that all advanced services, apart from Appliance Use Reviews and Stoma Customization, are provided from pharmacies in the locality. We note that both are available from Distance Appliance Contractors. The Hepatitis C Antibody Testing Service is not available in Taunton Deane West, although it is available in Taunton Central and Tone Vale, which may be adequate; the potential need for the service in Taunton Deane West should be monitored.

On the basis of the information we have, we assess that other relevant services could be improved by the provision of Hepatitis C Antibody Testing Service in the area if provision in Taunton Central and Tone Vale is not sufficient.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in Taunton Deane West, beyond the current potential improvement identified.

9.10 West Mendip Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 10.

Necessary services: gaps in provision

The health needs of adults in West Mendip vary little from the county average. The children's indicators are mixed, but do not suggest pharmaceutical needs fundamentally different for the area. Pharmacies are concentrated in the urban areas. The maps of travel times (see main report) suggest adequate access for the large majority of the population.

The 2018 Somerset PNA did not identify a gap in the provision of necessary services in the approximately equivalent locality. Although there has been considerable growth since 2018 it has not been at a level or location that has created a gap in provision.

Opening hours for pharmacies cover weekdays, Saturdays and Sundays in accordance with the criteria set out in the main document. All necessary services are available.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in West Mendip PCN area.

The level of housebuilding expected in the next three years is higher than the county as a whole, with a concentration in Wells and Glastonbury. Because this development is close to existing provision, we expect current pharmacies to meet the growing demand. An additional 800 dwellings are expected over the PNA period; unless that number is exceeded by more than 500 we would not seek to review the evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in West Mendip takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that Appliance Use Reviews and Stoma Customization Service are not provided from pharmacies in the locality; however, they are available from Distance Appliance Contractors. The Hepatitis C Antibody Testing Service is not available in West Mendip, as is planned.

On the basis of the information we have, we assess that other relevant services could be improved by the provision of Hepatitis C Antibody Testing Service in West Mendip.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in Central Mendip, beyond the current potential improvement identified.

9.11 West Somerset Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 11.

Necessary services: gaps in provision

Although the health needs of West Somerset are somewhat greater than the average for the county, the main types of ill health are similar, and pharmacies are in the main settlements. Rural areas are served by two dispensing GP practices, one of which has two branches. The Somerset Health and Wellbeing Board recognizes that this area of the county has the largest proportion of dwellers in sparse countryside for whom access to services poses the greatest difficulties; this does not just apply to pharmaceutical services.

The 2018 Somerset PNA did not identify a gap in the provision of necessary services in the broadly equivalent locality.. Although there has been some growth in housing since 2018 it has not been at a level or location that has created a gap in provision.

Opening hours for pharmacies cover weekdays, Saturdays and Sundays in accordance with the criteria set out in the main document, although with a caveat about access for some people in the most sparse areas. All necessary services are available.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in the West Somerset PCN area.

The level of housebuilding expected in the next three years is lower than the county as a whole. We note that the largest single development is likely to be on the outskirts of Watchet, close to existing services which should be expected to serve the increase. An additional 700 dwellings are expected over the PNA period; unless that number is exceeded by more than 500 we would not seek to review the evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in West Somerset takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that all advanced services, apart from Appliance Use Reviews, are provided

from pharmacies in the locality. We note that AURs are available from Distance Appliance Contractors. The Hepatitis C Antibody Testing Service is not available in West Somerset, although we note that there are plans to commission this service in the area.

On the basis of the information we have, we assess that other relevant services could be improved by the provision of Hepatitis C Antibody Testing Service in the area, as is planned.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in West Somerset, beyond the current potential improvement identified.

9.12 Yeovil Primary Care Network Area

For the background information on which these conclusions are based, please see Annexe 12.

Necessary services: gaps in provision

The health needs of adults in Yeovil vary little from the county average and do not suggest pharmaceutical needs fundamentally different for the area. The maps of travel times (see main report) suggest that there is adequate access for the large majority of the population.

Opening hours for pharmacies cover weekdays, Saturdays and Sundays in accordance with the criteria set out in the main document. Indeed, this has the most extensive opening hours of any PCN. All necessary services are available.

Although there has been considerable growth since 2018 it has not been at a level or location that has created a gap in provision.

On the basis of the information we have, we therefore conclude that there is no current gap in the provision of necessary services in the Yeovil PCN area.

The level of housebuilding expected in the next three years is higher than the average for the county as a whole. The majority of new housing is on the outskirts of Yeovil, close to the existing extensive provision, which can be expected to cater for the

growth. An additional 500 dwellings are expected over the PNA period; unless that number is exceeded by more than 500 we would not seek to review the evidence for pharmaceutical need.

On the basis of the information we have, we conclude that if the expected level of development in Yeovil PCN area takes place then there will be no gap in provision of necessary services.

Improvements or better access: gaps in provision

We note that all advanced services, apart from Appliance Use Reviews, are provided from pharmacies in the locality. We also note that AURs are available from Distance Appliance Contractors. The Hepatitis C Antibody Testing Service is not available in Yeovil, although we note that there are plans to commission this service in the area.

On the basis of the information we have, we assess that other relevant services could be improved by the provision of Hepatitis C Antibody Testing Service in the area, as is planned.

The growth in population will not create demand for any entirely new service.

On the basis of the information we have, we do not assess there to be a future gap in other relevant services in Yeovil, beyond the current potential improvement identified.

10 Conclusion

10.1 Current provision

Somerset HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

10.2 Necessary services: current gaps in provision

Somerset Health and Wellbeing Board has assessed the provision of the following:

- dispensing services
- the other essential services
- the new medicines service (NMS) advanced service
- the stoma appliance customisation advanced service
- the appliance use review (AUR) advanced service
- the 'on demand availability of specialist drugs' enhanced service

and has found no gaps in provision. Nevertheless, we are concerned that reduction in hours may start to affect the quality of access and provision..

10.3 Necessary services: future gaps in provision

Somerset has assessed likely changes in the period of this PNA and assessed that for:

- dispensing services
- the other essential services
- the new medicines service (NMS) advanced service
- the stoma appliance customisation advanced service
- the appliance use review (AUR) advanced service
- the 'on demand availability of specialist drugs' enhanced service

the evidence available does not suggest that any gap in provision will emerge, **apart from the CLIC area, particularly Chard, on Sundays.**

10.4 Other relevant services: current gaps in provision

Somerset Health and Wellbeing Board has assessed access to the following:

- the new medicines service (NMS)
- Influenza vaccination advanced service

- on demand availability of specialist drugs' enhanced service
- Community Pharmacist Consultation Service
- Hepatitis C Antibody Testing Service
- Hypertension case-finding service
- services commissioned by Somerset CCG
- services commissioned by Somerset County Council

and assessed that whilst not all services are available from all pharmacies, the level of provision is such that there is no current gap in services., **except for the provision of Hepatitis C Antibody, which is, though, set to expand; the impact of that expansion should be monitored.**

10.5 Other relevant services: future gaps in provision

Somerset Health and Wellbeing Board has considered patterns of growth in the population in relation to:

- the new medicines service (NMS)
- Influenza vaccination advanced service
- on demand availability of specialist drugs' enhanced service
- Community Pharmacist Consultation Service
- Hepatitis C Antibody Testing Service
- Hypertension case-finding service
- services commissioned by Somerset CCG
- services commissioned by Somerset County Council

and assessed that, on the basis of available evidence, and assuming provision continues as at present, there will be no gaps in provision in the period of the PNA.

Depending on how the service develops, further expansion of Hepatitis C Antibody testing *may* be required in future.

Appendix 1: Acronyms and definitions

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

PNA	pharmaceutical needs assessment
POPPI	projecting older people population information
QOF	quality and outcomes framework
SADL	simple aid to daily living
SMR	standardised mortality rate
STI	sexually transmitted infections
TB	tuberculosis
UK	United Kingdom

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

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

Appendix 2: Legislation relating to PNAs

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

Section 128A Pharmaceutical needs assessments

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

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

Part 2: Pharmaceutical needs assessments

3. Pharmaceutical needs assessments

- (1) The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act⁽¹⁾ (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a "pharmaceutical needs assessment".

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

4. Information to be contained in pharmaceutical needs assessments

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

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

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

6. Subsequent assessments

- (1) After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.
- (2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—
 - (a) the number of people in its area who require pharmaceutical services;
 - (b) the demography of its area; and
 - (c) the risks to the health or well-being of people in its area,unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

- (3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—
- (a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
 - (b) the HWB—
 - (i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or
 - (ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.
- (4) Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application—
- (a) to meet a current or future need for pharmaceutical services; or
 - (b) to secure improvements, or better access, to pharmaceutical services,
- the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment

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

- (1) Before the publication by an HWB of the first pharmaceutical needs assessment that it prepares for its area, the pharmaceutical needs assessment that relates to any locality within that area is the pharmaceutical needs assessment that relates to that locality of the Primary Care Trust for that locality immediately before the appointed day, read with—
- (a) any supplementary statement relating to that assessment published by a Primary Care Trust under the 2005 Regulations or the 2012 Regulations; or
 - (b) any supplementary statement relating to that assessment published by the HWB under regulation 6(3).
- (2) Each HWB must ensure that the NHSCB has access to—

- (a) the HWB's pharmaceutical needs assessment (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);
- (b) any supplementary statement that the HWB publishes, in accordance with regulation 6(3), in relation to a Primary Care Trust's pharmaceutical needs assessment; and
- (c) any pharmaceutical needs assessment of a Primary Care Trust that it holds,

which is sufficient to enable the NHSCB to carry out its functions under these Regulations.

- (3) Each HWB must ensure that, as necessary, other HWBs have access to any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on pharmaceutical needs assessments

- (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—
 - (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
 - (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
 - (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
 - (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
 - (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
 - (f) any NHS trust or NHS foundation trust in its area;
 - (g) the NHSCB; and
 - (h) any neighbouring HWB.
- (2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

- (3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—
 - (a) must consult that Committee before making its response to the consultation; and
 - (b) must have regard to any representations received from the Committee when making its response to the consultation.
- (4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.
- (5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.
- (6) If a person consulted on a draft under paragraph (2)—
 - (a) is treated as served with the draft by virtue of paragraph (5); or
 - (b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

- (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—
 - (a) the demography of its area;
 - (b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
 - (c) any different needs of different localities within its area;
 - (d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and

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

Schedule 1: Information to be contained in pharmaceutical needs assessments

1. Necessary services: current provision

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

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

2. Necessary services: gaps in provision

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

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

3. Other relevant services: current provision

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

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

4. Improvements and better access: gaps in provision

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

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

5. Other NHS services

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

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

6. How the assessment was carried out

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

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

7. Map of provision

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

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

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

...

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

...

- (4) A HWB to which a map is made available under paragraph (2)(a)(iii) must—
 - (a) publish that map alongside its pharmaceutical needs assessment map (once it has one); or
 - (b) include the boundary of the controlled locality (in so far as it is in, or part of the boundary of, the HWB's area) in its pharmaceutical needs assessment map (once it has one).

Appendix 3: Steering Group membership

Orla Dunne	Somerset County Council Public Health
Ed Garvey	Somerset Clinical Commissioning Group
Shaun Green	Somerset Clinical Commissioning Group
Victoria Hill	Somerset County Council Communications
Gillian Keniston-Goble	Healthwatch Somerset
Yvonne Lamb	Somerset Local Pharmaceutical Committee
Jack Layton	Somerset County Council Public Health
Michael Lennox	Somerset Local Pharmaceutical Committee
Livvy Manning	Somerset County Council Public Health
Guy Miles	Somerset Local Medical Committee
Tom Rutland	Somerset County Council Public Health
Michele Toy	NHS England South West (to January 2022)
Pip Tucker	Somerset County Council Public Health

Appendix 4: List of contractors and opening times, with advanced, enhanced and locally commissioned services

Because of the size of this table, it is published as a spreadsheet at:

[Pharmaceutical Needs Assessment 2022-25 - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations](#)

Please contact:

Public Health PublicHealth@somerset.gov.uk

if you require a copy in another format.

Appendix 5: Maps of controlled localities

These areas are unchanged since the 2018-22 PNA, and are published at:

[Pharmaceutical Needs Assessment 2022-25 - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations](#)

Please contact:

Public Health PublicHealth@somerset.gov.uk

if you require copies in another format.

Appendix 6: Consultation report

Public Consultation

This section gives the results of the public consultation undertaken during the preparation of the draft PNA. There were 76 responses, 55 of which were received in the pre-publication period, and 21 during the formal consultation. It was circulated through Healthwatch Somerset and Somerset Patient Participation Groups – which means, positively, that it was focused on those likely to be users of pharmaceutical services. However, for reasons of time and resources, being internet-based, not actively seeking out potentially excluded groups and having only a small number of responses, cannot be taken as a definitive picture of pharmacy use. The findings do indicate a broad level of consistency with the criteria set out in the body of the text. It will be noted that the bulk of free-text comments refer to issues of availability and promptness.

Pre-consultation public survey – findings.

1. For medical prescriptions, do you make use of:

[More Details](#)

● Community pharmacy (usually ...	53
● Dispensing doctors (serving onl...	15
● Internet-based pharmacy	3
● Other	3



2. Why do you visit a pharmacy?

[More Details](#)





● Collect prescribed medicines or ...	68
● Health advice	20
● Not applicable	6
● Other	3

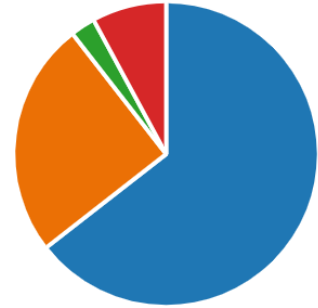


3. How often do you visit a pharmacy?

[More Details](#)






 Insights

 At least every month	49
 One or more times every year	19
 Less than once a year	2
 Not applicable	6



4. When is it most convenient for you to visit a pharmacy?




[More Details](#)

 Weekday daytime	44
 Weekday evening	21
 Saturday	22
 Sunday	10
 Not applicable	9



5. Do you generally use:

[More Details](#)

 The same pharmacy every time?	65
 Different pharmacies?	8
 Not applicable.	3



6 If you have additional comments on pharmacy provision, please state them here:






- I have gone to pharmacy as first port of call in effort to reduce impact on GP Practice but often been told I do need to go to GP Practice for the support I then need.
- I would prefer to collect prescriptions from my doctor, where I have to go to access

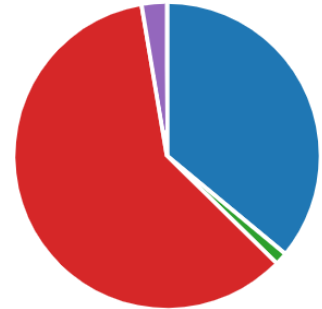
- repeat prescriptions etc, and with. I don't have a choice and that can cause delays.
- My local pharmacy opening hours are not great for those who work full time.
 - I use a pharmacy in Taunton and find them very efficient and my repeat medications are always ready for me to collect. They are a customer focused team and the pharmacist which changes always remain helpful.
 - I am very lucky as I live in Taunton, so do have options re which pharmacy I can visit, but my elderly parents live in a rural area so have restrictions re opening hours and location and if they were without their private car would be very severely restricted.
 - Our local pharmacy collects prescriptions from our Surgery every Wednesday, except when the driver is sick or on holiday. THIS IS UNACCEPTABLE AND ANTIQUATED. Before the Pharmacy took over in the village next to us we were able to collect medications from our Surgery. I've now decided to collect our prescriptions from the Surgery and take them to the Pharmacy myself.
 - See above comments, no account made in current situation for equality and diversity or inclusion. As a result I often have to rely on others rather than be independent
 - Don't use the local pharmacy as there always seems to be problems. Either no pharmacist or just not open,
 - Not enough of the medication needed. Far better when we collected from the doctor's surgery.
 - Have totally given up with them and have gone to an online pharmacy
 - It is important for people in rural areas to be able to access pharmacy services. This can be by having transport (private or public) to a pharmacy or by a pharmacy delivery service. Unfortunately, I have found it can be difficult to get delivery of weekly dossett packs to patients who have not had them before.
 - I used to use the pharmacy at my doctors but they kept increasing the time required for ordering and their hours were restrictive. I changed to my local Asda and now don't have to make a special trip to pick up my prescriptions.
 - although my prescription is sent electronically immediately to the pharmacy it still takes 3-4 days to be ready to collect - can find this very frustrating particularly recently when needed the pain medication urgently and found pharmacy in taunton so unhelpful that I have had to change to an alternative pharmacy now
 - Let us use the gp surgery pharmacy in our own village as the pharmacy gets its wrong and is impersonal. The pharmacy also discusses patients details out loud with members of the public in ear listening.
 - Takes a long time to get prescriptions and also a long time to deal with each customer collecting a prescription, sometimes queue for half an hour or so even when only a few people in the queue
 - Need more flexible service as always huge queues
 - Some pharmacies have difficulty on obtaining certain medications, whilst competitor pharmacies do not. What is the background to a pharmacy opening shop and what contracts do they have with pharmaceutical suppliers? It is not reassuring to patients when they go to collect to be told "We cannot fulfil this, come back in a few days"

7. How do you normally get there?

[More Details](#)

 Insights





 Walk	27
 Cycle	0
 Public transport	1
 Car	45
 Other	2

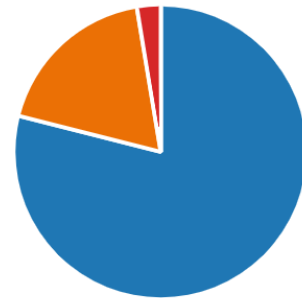


8. How long does it take you to get to the pharmacy/dispensing doctor?

[More Details](#)

 Insights

 Less than 20 minutes	60
 20-40 minutes	14
 More than 40 minutes	0
 Not applicable	2

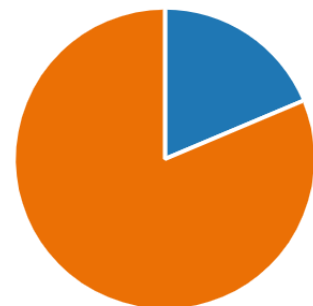


9. Do you avoid a more convenient pharmacy to visit a different one?

[More Details](#)

 Insights






 Yes	14
 No	61



10. What influences your choice of pharmacy?

[More Details](#)


 Insights




 Near to home	39
 Near to work	2
 Near to shops or other service	8
 Services available at the pharma...	9
 Other	15



11. Do you live in an area that is

[More Details](#)

 Insights

 Urban (major town)	13
 Market town	15
 Village or countryside	45



Contractors' Consultation

A separate survey of contractors was also undertaken in the pre-publication period. Data have been updated where corrections to services or opening times were received. Contractors' responses on access and potential new services are shown in section 2.6.

Consultation on the Draft

Only one, anonymous, response was received to the draft, pointing out a duplication in text that has been corrected.

There was specific consultation with patient participation groups and elected members in Chard, which is reported on in the CLIC locality report.

In discussion with Somerset Health and Wellbeing Board, an error in the proportion of prescriptions from internet provider was highlighted, and corrected in the text.

Appendix 7: Equality impact assessment

The following factors may affect the demand for pharmacy services.

Characteristic	Significance for Pharmacies
All minority or disadvantaged groups	Confidentiality and 'acceptance' in speaking to pharmacists may be a concern for any individual or group. For example, Asian women may be concerned about speaking to a male pharmacist. Without discreet signs (rainbows, for instance), LGBT people may feel less welcome in a pharmacy, or any other such formal setting.
Age	<p>Older people are more likely to need medicines than the young, but be less mobile. This is especially so for older people in residential care.</p> <p>Younger people may be more willing to approach pharmacists for advice than GPs, especially in relation to sexual health, and may benefit from provision near schools. Young people showed somewhat lower satisfaction with current provision than older.</p>
Disability	People with disabilities or long term illness are almost certain to require more pharmaceutical services than the general population. Consultation has not found any greater difficulties of access to pharmaceutical services for disabled people than the rest of the population.
Gender reassignment	There is arguably greater pharmaceutical need in relation to reassignment, but with small numbers and very limited data such issues are probably best treated at the level of the individual patient.
Marriage and civil partnership	This has limited impacts, but it may be necessary to consider issues of giving consent.
Pregnancy and maternity	Particular pharmaceutical needs for pregnant women, mothers and infants.
Race	<p>Limited, although there is greater prevalence of certain diseases in particular ethnic groups, such as sickle cell anaemia in Black people. Female genital mutilation rates are highest in populations from sub-Saharan Africa. There may also be cultural differences in recognizing mental illness in particular ethnic groups, and refugees may be sufferers of post-traumatic stress disorder. These concerns are not specific to pharmacies, but do illustrate the diversity of needs that pharmacists may encounter.</p> <p>Gypsies and travellers have significantly worse health than the general population and likely to have less contact with GPs. Pharmacists may be an important source of health advice.</p>

Religion and belief	May have issues on, for example, animal products in medicines, such as vaccines.
Sex	Women may have particular requirements for Emergency Hormonal Contraception; there may be a need for pharmacists to be aware of a link to domestic violence in such cases. Access to pharmacies may be an issue for women in single car rural households where men use the car for work during the day.
Sexual orientation	Gay men (men who have sex with men) are likely to have particular needs in relation to sexual health, including HIV testing. Concerns have been raised about the effectiveness of HPV screening for lesbians, who may perceive themselves to be at lower risk.

Additional characteristics

Significance for Pharmacies

Rurality	Physical distance to services affects health in sparse rural areas. Pharmacies are part of the limited health advice 'infrastructure'. The presence of 22 dispensing GP practices in Somerset is a clear response of rurality affecting access.
Language	Language is not a protected characteristic, but can be a barrier to pharmacy customers explaining their needs. The number of people who speak no English is small, but many others may have restricted English and be unable to describe symptoms adequately. The most frequent minority languages in Somerset are Polish, Portuguese and Tagalog. British Sign Language is further language spoken in the county.
Military Status	Whilst this is a diverse community, many military veterans experience mental or physical ill-health as a consequence of their former status. This group is also disproportionately affected by homelessness. For some, poorly managed discharge from the forces can lead to difficulty in getting access to services. Pharmacies may be a useful point of face-to-face contact. Under the Armed Forces Covenant, public sector bodies are committed to ensure members of this community are not disadvantaged.