

# Worcestershire Pharmaceutical Needs Assessment 2025

June 2025

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## Glossary

Abbreviation	Full Form
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance Contractor
DHSC	Department for Health and Social Care
DSP	Distance Selling Pharmacy
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
GP	General Practitioner
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
HWBB	Health and Wellbeing Board
HWICB	Herefordshire and Worcestershire Integrated Care Board
HWICS	Herefordshire and Worcestershire Integrated Care Partnership Assembly
ICB	Integrated Care Board
ICPA	Integrated Care Partnership Assembly
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
JHWS	Joint Local Health and Well-being Strategy
LA	Local Authority
LCS	Locally Commissioned Service
LMC	Local Medical Committee

LPC	Local Pharmaceutical Committee
LRC	Local Statutory Representative Committee
LSOA	Lower Super Output Area
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSCB	National Health Service Commissioning Board
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
OWM	Office for West Midlands
PCN	Primary Care Network
PCT	Primary Care Trust
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
VCSE	Voluntary, Community and Social Enterprise
WCC	Worcestershire County Council

## Executive Summary and Recommendations

This document presents the Pharmaceutical Needs Assessment (PNA) for Worcestershire, detailing the current and future pharmaceutical services required to meet the health needs of the local population. It aims to identify gaps in service provision, assess the pharmacy landscape, and outline recommendations for improvement.

### Introduction

The PNA is a statutory document produced by the Worcestershire Health and Wellbeing Board (HWB) that reviews the local pharmaceutical service needs and provision. This is the fourth PNA for Worcestershire and is intended to ensure that pharmaceutical services are of high quality, accessible, and effectively utilized within the NHS financial resources. The assessment is crucial for NHS England in evaluating new pharmacy applications and guiding commissioning decisions.

### Regulatory Framework

The development of the PNA is governed by the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, which outline the minimum requirements for

the PNA, including the identification of current pharmaceutical services, gaps in provision, and the assessment process undertaken by the HWB.

### **Minimum Requirements**

The PNA must include:

- Current provision of necessary services.
- Identification of gaps in service provision.
- Mapping of existing services and their accessibility.
- Assessment of the local health needs and demographics.

### **Pharmacy Landscape**

This document reviews the existing pharmacy landscape in Worcestershire, noting that as of 2025, there are 109 total contractors, including 88 community pharmacies and 21 dispensing GP practices. This reflects a 6% reduction in the number of service providers since the last assessment in 2022.

### **Access and Travel Times**

Most residents in Worcestershire have good access to pharmacy services, with 100% of the population living within a 20-minute drive of a pharmacy. Public transport access is also adequate, with 86% of the population able to reach a pharmacy within 30 minutes.

### **Local Health Needs**

This document highlights various health needs across Worcestershire, including higher rates of chronic conditions such as asthma and hypertension compared to national averages. In addition, Worcestershire has an ageing demographic. This document emphasizes the importance of addressing these needs through effective pharmacy services.

### **PNA Engagement**

Worcestershire County Council's engagement efforts revealed high overall satisfaction with community pharmacies, citing accessibility and professional staff. However, concerns were raised about limited opening hours, long waits, transport issues, and digital barriers-particularly in rural areas. Awareness of available pharmacy services (in addition to dispensing) was low, though interest increased when people were informed.

Feedback from 41 pharmacies and 11 dispensing practices showed strong accessibility practices and service delivery, but highlighted challenges with meeting Pharmacy First targets, funding constraints, and medication shortages. There was a clear interest in expanding clinical services like screenings and vaccinations.

Focus groups with lesser-heard populations-hearing and visually impaired individuals, and drug and alcohol service users-identified key barriers such as communication difficulties, stigma, and lack of accessible materials. Participants emphasized the need for inclusive, respectful care and better support systems.

## **PNA 2025 Summary**

### **Key Conclusions (Full conclusions towards the end of document)**

- No major access gaps, but rural areas like Malvern Hills lost pharmacies.
- Fewer pharmacies open on weekends and evenings; no late-night services remain.
- Worcestershire has fewer pharmacies per capita than the national average.
- Pharmacies are valued, but issues reported by survey respondents include limited hours, travel difficulties, and low service awareness.
- Vulnerable groups face barriers due to stigma, privacy concerns, and poor communication.
- Opportunities exist to expand services for chronic conditions and harm reduction.

### **Key Recommendations (Full list of recommendations towards the end of document)**

1. Raise public awareness and trust in pharmacy services.
2. Align services with local health priorities and support staff wellbeing.
3. Improve evening access and simplify commissioning processes.
4. Enhance privacy, accessibility, and tailored communication.
5. Ensure respectful, private care for supervised medicine users.

## **Regulatory Statements**

It is a legislative requirement that PNAs are developed in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.1 Regulation 4 Schedule 1 of the 2013 regulations set out the minimum information to be contained in a PNA. Detailed below are the seven statements included in schedule 1 and the corresponding Worcestershire PNA 2025 Statement Findings.

### **Statement 1: current provision of necessary services**

A statement of the pharmaceutical services that the health and wellbeing board (HWBB) has identified as services that are provided:

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

### **Worcestershire PNA 2025 Summary Statement 1**

It has been assessed that there is currently sufficient provision of pharmacies and dispensing GP practices through Worcestershire who deliver essential pharmaceutical services.



- There are 88 pharmacies and 21 dispensing GP practices in Worcestershire which serve a mixed urban and rural population of 614,185 people.
- On average, Worcestershire has 1.43 pharmacies per 10,000 population, which is lower than 1.80 for England.
- When GP dispensing practices are included, the gap with England is reduced, with an average of 1.77 contractors per 10,000 population, compared to 1.97 contractors per 10,000 population in England.

### **Statement 2: gaps in provision of necessary services**

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

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

### **Worcestershire PNA 2025 Summary Statement 2**

Travel time analysis indicates very good access to services by car (the entire population lives within a 20 minute-journey by car to a pharmacy or GP dispensing practice.) Access is poorer by foot or public transport, particularly in more rural areas. Most of the population are able to access a pharmacy or GP dispensing practice within 30 minutes by foot or public transport. 96% of the population are within a 20-minute drive of a pharmaceutical provider that is open after 7pm on weekday evenings. The entire population are able to access a pharmaceutical provider within 20 minutes by car on Saturdays and within 30 minutes by car on Sundays.

### **Statement 3: current provision of other relevant services**

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

- in the area of the HWBB 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;
- outside the area of the HWBB 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;
- in or outside the area of the HWBB and, whilst not being services of the types described above, they nevertheless affect the assessment by the HWBB of the need for pharmaceutical services in its area

### **Worcestershire PNA 2025 Summary Statement 3**

Overall, there is good coverage of Advanced Services. All pharmacies offer the New Medicine Service. Pharmacy First is offered at nearly all pharmacies (98%), the Advanced Hypertension Service is offered by 92%, the Advanced Flu Vaccination Service by 86%.

There is geographical variation in the provision of services because they are not mandatory for all pharmacies. Some services are optional, allowing pharmacies to choose whether to offer them, while others are commissioned selectively in certain areas based on local population needs and priorities. Analyses of service provision at a more granular level, for example by LSOA, could help to ensure services are provided in the areas that have the highest need.

### **Statement 4: improvements and better access, gaps in provision**

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

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

### **Worcestershire PNA 2025 Summary Statement 4**

Wider harm-reduction measures for those using drug and alcohol services, such as naloxone provision, may improve the health and wellbeing of this population

### **Statement 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 HWBB has had regard in its assessment, which affect:

- the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- 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

### **Worcestershire PNA 2025 Summary Statement 5**

Worcestershire County Council commissions the following services from local designated pharmacies:

- Emergency Hormonal Contraception (EHC)

- Supervised Consumption and Needle Exchange Services
- Sharps Disposal Worcestershire

Herefordshire and Worcestershire ICB commissions the following services:

- Palliative care
- Antivirals (pandemic)
- Independent Prescriber (Pathfinder Programme)
- Intervention Service (Pilot)

There is adequate availability of these services, but development and expansion of the availability of the Independent Prescriber (Pathfinder Programme) across Worcestershire would secure improvements to pharmaceutical services. Whilst not offered through pharmacies, stop smoking support through 'Healthy Worcestershire' increases access to smoking cessation support in the area.

#### **Statement 6: how the assessment was carried out**

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

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

#### **Worcestershire PNA 2025 Summary Statement 6**

The 2025 PNA has assessed pharmaceutical needs and service provision within Worcestershire at county and district level. Needs of different localities have been considered, and evidence and intelligence gathered on people with protected characteristics. This has been further enhanced through focus group findings within 3 community groups. A consultation report summary is provided in the appendix.

#### **Statement 7: map of provision**

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

#### **Worcestershire PNA 2025 Summary Statement 7**

The 'Mapping' section has maps detailing the location of pharmaceutical providers and travelling times.

# Introduction

## Background

A Pharmaceutical Needs Assessment (PNA) is a process of reviewing pharmaceutical service need and provision within counties in England. This is the fourth PNA produced on behalf of the Worcestershire Health and Wellbeing Board (HWB.)

The main aim of the PNA is to establish and review the current NHS pharmaceutical services provided to the local population ensuring that current and future services are of good quality, are easily accessible, meet local health and pharmaceutical needs and provide good use of NHS financial resources. The report identifies gaps in services, unmet needs and provides recommendations to the HWB. PNA's are used by NHS England to assess new pharmacy applications and guide commissioning decisions. Local pharmaceutical services are provided by community pharmacies, dispensing doctors and other providers, as well as a range of other services provided by community pharmacies.

## Legislation

Every HWB has a statutory duty to produce and maintain a statement of this assessment of local pharmaceutical need (the PNA.) The responsibility for producing PNAs transferred from Primary Care Trusts (PCTs) to HWBs in 2012. HWBs do not commission services directly but oversee the system for local health commissioning. The HWB must produce a Joint Local Health and Well-being Strategy (JHWS) based on the findings of a local Joint Strategic Needs Assessment (JSNA). The JHWS and JSNA inform the preparation of the PNA.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 state that HWBs must produce their first PNA by no later than 1st April 2015, and every 3 years thereafter. The 2013 Regulations set out the legislative basis for developing and updating PNAs, which can be found on [The Relevant Page of the Government Legislation Website](#). Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list, transferred from PCTs to NHS England from 1 April 2013. This document replaces the most recent Worcestershire PNA which was published in 2022. There is national guidance available for the development of PNA's (please see [The Relevant Page of the Department of Health and Social Care Website](#)), but it should be noted some areas of the document remain open to local interpretation.

From April 2023, NHSE delegated the commissioning of community pharmacies to Integrated Care Boards (ICBs.) It is also noted that commissioning arrangements may change in the lifetime this PNA, with the dissolution of NHSE and reconfiguration of ICB's. It is anticipated that Herefordshire and Worcestershire ICB will be the primary audience for this PNA and will refer to this document when making decisions regarding community pharmacy commissioning.

## Minimum requirements

The content of PNAs is set out in Regulation 4 and Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The minimum content requirements for PNAs are:

1. The pharmaceutical services provided that are necessary to meet needs in the area
2. The pharmaceutical services that have been identified by the Health and Wellbeing Board (HWB) that are needed in the area, and are not provided (gaps in provision)
3. The other services that are provided, which are not needed, but have secured improvements or better access to pharmaceutical services in the area
4. The services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services
5. Other NHS services provided by a Local Authority (LA), NHS England, a CCG or a NHS Trust, which affect the needs for pharmaceutical services
6. Explanation of how the assessment has been carried out (including how the consultation was carried out)
7. Maps of pharmaceutical service providers

## Scope of the PNA

The localities defined in the 2022 PNA (districts) were used as they were still relevant and would facilitate cross-referencing with the PNA and use of geographic, demographic and health and social information.

The PNA is primarily an assessment of community pharmacy provision. Pharmacists working in other areas e.g. prisons, secondary and tertiary care centres and the services they provide are outside the scope of this assessment. Internet service providers have been included in some analyses, and it is stated where this is the case.

This PNA will have a lifespan of 3 years, from 1<sup>st</sup> October 2025. Any significant changes will prompt a supplementary statement.

## PNA Approach

### Processes

The development of this PNA was achieved through various engagement activities to ensure valuable input was obtained from key stakeholders whilst ensuring the 2013 regulations for engagement were met. These activities have included:

1. Regular working group meetings
2. Distribution of contractor questionnaires
3. Distribution of public questionnaires
4. Focus groups of population groups who are often under-represented in responses to public questionnaires
5. Review and assessment of the current local pharmaceutical service provision

6. Assessment of the need for pharmaceutical services in the local population
7. Mandatory 60-day consultation period which will run from 4<sup>th</sup> July 2025-2<sup>nd</sup> September 2025. The responses received during this period will be considered and incorporated into an accompanying report.

## PNA steering group

The Worcestershire HWB has delegated responsibility for the development of the PNA to a working group. Worcestershire County Council Public Health team has worked with members of the Herefordshire Council Public Health team, to coordinate PNA approaches and produce common document sections. Members of the steering group include representatives of:

- Worcestershire County Council (WCC) To ensure that services the Council provides meet the needs of residents and those who work in the county.
- Herefordshire Council
- NHS England West Midlands Region: NHS England is responsible for commissioning services under the national community pharmacy contract, for determining applications for pharmacy contracts, the commissioning of enhanced services for pharmacy, contract monitoring, pharmacy opening hours and pharmacy rota arrangements, unwanted medicines returned to pharmacies and their appropriate collection and disposal plus Electronic Prescription Service (EPS) support.
- Worcestershire Local Pharmaceutical Committee (LPC): This is the local statutory representative committee (LRC) for community pharmacies in Worcestershire.
- Worcestershire Local Medical Committee (LMC): LMCs are statutory representative committees of general practitioners (GPs) who plan and provide health care in the community.
- Herefordshire and Worcestershire Integrated Care Board (ICB): ICB's have responsibility for planning and commissioning health services.
- Healthwatch Worcestershire: Healthwatch Worcestershire is the independent consumer champion for the public, patients and users of health and social care services in Worcestershire. Healthwatch contributes as a participant observer in the working group.
- Healthwatch Herefordshire
- For a full list of members and the Terms of Reference of the PNA working group, see the appendix.

## Data sources

Details of providers of pharmaceutical services were obtained from a variety of sources. Data correct as of 31st March 2025.

- NHS England through the Office for West Midlands (OWM)
- Herefordshire and Worcestershire LPC
- Worcestershire Joint Strategic Needs Assessments (JSNA's)
- Worcestershire County Council public health intelligence
- Healthwatch Worcestershire pharmacy reports

- Public Health Outcomes Framework (PHOF)

Sources contributing to the assessment of pharmacy service provision are detailed in Table 1:

*Table 1: Data sources for pharmaceutical service provision in Worcestershire.*

Source	Released	Data	Link
LPC		Opening times Advanced service activity	<a href="#">Herefordshire and Worcestershire LPC Website</a>
NHSBSA	Quarterly	Consolidated pharmaceutical list	<a href="#">NHSBSA Website for the Pharmaceutical List</a>
NHSBSA	Monthly	Advanced services	<a href="#">NHSBSA Website for Contractor Dispensing Data</a>
NHSBSA	Monthly	Dispensing practice	<a href="#">NHSBSA Website for Dispensing Practices List</a>
NHSE	6 Monthly	Bank holiday opening times	<a href="#">NHSE Website for Bank Holiday Opening Times</a>

## Relevant local and national policies

### Herefordshire and Worcestershire Integrated Care Partnership Assembly

The Herefordshire and Worcestershire Integrated Care Partnership Assembly (ICPA) is a statutory joint committee, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care. Further details can be found on the [Relevant Page of the HWICS Website](#).

The Partnership Assembly includes representatives from NHS Herefordshire and Worcestershire, Herefordshire Council, Worcestershire County Council and other partners across the two counties such as District Councils, NHS providers, public health, social care, housing services, and voluntary, community and social enterprise (VCSE) organisations.

It focuses on the wider determinants of health, including housing, education and leisure, and is responsible for developing an integrated care strategy which sets out how the wider health needs of the local population will be met. Re-affirming the system objectives and ambitions, Health and well-being strategies and place delivery partnership priorities across Herefordshire and Worcestershire.

The ICPA published their integrated care strategy 2023-2033, titled 'Good health and wellbeing for everyone.' The strategy details 8 commitments for how care will be integrated:

1. Maximising the opportunity to work together as partners to build connections, share learning and address shared challenges in the short and long term.
2. Focusing on prevention, personalized care and taking action to address health inequalities and vulnerabilities.
3. Enhancing health and wellbeing by taking an integrated approach to areas such as housing, jobs, leisure and environment.
4. Supporting people and carers to take responsibility for their own and their families health and wellbeing and working to enable their independence.
5. Co-producing solutions with individuals, carers, our communities and Voluntary & community sector organisations as equal partners with collective responsibility.
6. Making the right service the easiest service to access and providing it as close to home as possible.
7. Delivering better value for money, stopping duplication and using population health management to be smarter in how we target interventions.
8. Using digital to make services more accessible and effective, but never forgetting the risks of digital exclusion

These will be achieved by focusing on the following key areas, which were determined by reviewing the two place-based JSNA's and local intelligence and engagement work:

- Providing the best start in life
- Living, ageing and dying well
- Reducing ill health and premature deaths from avoidable causes

The full strategy can be found on the [Relevant Page of the HWICS Website](#)

## Health and Wellbeing Board Strategy: Joint Local Health and Wellbeing Strategy

Worcestershire HWB is required to develop a strategy including a vision and priorities for improving the health of people who live and work in Worcestershire. The JSNA is used to inform the strategy, which sets out the priorities to improve health and wellbeing and reduce inequalities over the next 10 years.

For the 2022 - 2032 Strategy, the HWB concluded that the overarching priority should be mental health and wellbeing, supported by action in areas that we all need to be well in



Worcestershire which are: healthy living at all ages; safe, thriving and healthy homes, communities and places; and quality local jobs and opportunities. The full strategy can be found on the [Relevant Page of the WCC Website](#).

## NHS Long Term Plan

The NHS Long Term Plan (NHS LTP) was published January 2019, and details how the NHS plans to improve the quality of patient care and health outcomes. A new NHS Long Term Plan is currently in the process of development and is believed to be published this year.

The 2019 plan sets out an overall aim to focus services in communities rather than hospitals, promoting prevention and integrating care into a whole-system approach. The ambition in the NHS Long Term Plan to move to a new service model for the NHS sets out five practical changes that need to be achieved:

- Boosting “out of hospital care” to dissolve the historic divide between primary and community health services
- Redesign and reduce pressure on emergency hospital services
- Deliver more personalised care when it is needed to enable people to get more control over their own health
- Digitally enable primary and outpatient care to go mainstream across the NHS
- Local NHS organisations to focus on population health and local partnerships with local authority funded services and through new Integrated Care Systems (ICSs) everywhere.

The NHS must continually move forward so that in 10 years' time we have a service fit for the future. The plan focuses on building an NHS fit for the future by enabling everyone to get the best start in life, helping communities to live well, and helping people to age well, and covers the following areas:

- A new service model for the 21st century
- More NHS action on prevention and health inequalities
- Further progress on care quality and outcomes
- NHS staff will get the backing they need
- Digitally enabled care to go mainstream across the NHS
- Taxpayers' investment to be used to maximum effect

This plan is particularly relevant for the PNA as community pharmacies are well placed to aid in the delivery of the plan. The full plan can be found on the [Relevant Page of the NHS Website](#)

# Pharmacy landscape and changes since previous PNA

## Change in responsibilities

From 1st July 2022, Herefordshire and Worcestershire ICB became responsible for managing the Community Pharmacy Contractual Framework (CPCF) in Worcestershire.

## Pharmacy first

The UK Government and NHSE launched the Pharmacy First scheme on 31 January 2024. Pharmacy First includes referrals into community pharmacy from other healthcare professionals for minor illness, the urgent supply of repeat medication and seven Clinical Pathways. In addition, for the Clinical Pathways, the initiative encourages patients to self-refer directly into the community pharmacy without needing a GP appointment. These conditions are sinusitis, sore throat, earache, infected insect bites, impetigo, shingles, and uncomplicated urinary tract infections in women where NHS funded treatment can be provided if appropriate.

The initiative aims to alleviate pressure on GP services by freeing up GP appointments for more complex cases. The scheme is part of broader efforts to make greater use of community pharmacists' clinical skills while providing improved access to quicker and more convenient high-quality healthcare.

Nearly 10,000 pharmacies, covering over 95% of pharmacies in England, have signed up to Pharmacy First. As the PNA is required to assess the needs related to all pharmaceutical services, Pharmacy First as an advanced service is included in that assessment.

## Fuller stocktake

In May 2022, NHSEI (as was) published the 'Next steps for integrating primary care: Fuller stocktake report'. The report was undertaken by Dr Claire Fuller (former Chief Executive of Surrey Heartlands ICS and a Surrey GP). The stocktake lays emphasis on the essential role of primary care and the potential of 'Integrated Neighbourhood Teams' in reducing the burden of ill health and tackling health inequities.

The report considered what is working well in primary care, why it's working well and how, and, in the face of challenges, how the implementation of integrated primary care can be accelerated by working with partners across health and care, to best meet the needs of local communities. The report commends community pharmacy for keeping "its doors open to the public throughout" the COVID-19 pandemic whilst being "among the most recognisable of a multitude of dedicated staff delivering care around the clock in every neighbourhood in the country".

The Fuller stocktake points out that pharmacists could play 'a more active role in signposting eligible people to screening and supporting early diagnosis, building on a number of successful pilots such as those from the Accelerate, Coordinate, Evaluate programme'. The report calls for integrated neighbourhood 'teams of teams' to evolve from primary care

networks (PCNs) and highlights the importance of community pharmacy teams in urgent care and prevention, including early diagnosis of cancers.

The report can be found on the [Relevant Page of the NHS England Website](#)

## Darzi review

In July 2024, the Secretary of State for Health and Social Care commissioned Lord Darzi to conduct an immediate and independent investigation of the NHS. The investigation provides an assessment of the current performance of the NHS across England and the challenges facing the healthcare system.

The report concluded that the NHS is in ‘serious trouble’, with patients having to wait longer for appointments and receiving a lower quality of care. It highlighted that NHS spend is in the wrong places, with a greater proportion of the budget needing to be directed to community services. It describes that despite the intention of previous governments to shift the focus of health from hospital into the community, the opposite appears to have happened.

The report highlighted major themes that needed to be included the Government’s upcoming NHS 10-year plan. It highlighted the need for community services to expand and adapt to the needs of those with long-term conditions whose prevalence is growing rapidly as the population age.

The full report can be found on the [Relevant Page of the Government Website](#)

## 100-hour pharmacies

Since the 2022 PNA, 100-hour pharmacies have been allowed to reduce their core hours to 72 hours. Some restrictions were imposed, for example to maintain the Sunday hours and evening hours of 5-9pm amongst the 72 hours. The application process for opening 100-hour contracts is no longer available.

## Sharps

Since the 2022 PNA and following feedback from service users, there have been significant efforts to increase the provision of sharps disposal services across Worcestershire. Pharmacies are encouraged to sign up to offer the service for an annual payment. The contract runs until June 2028.

At the time of writing, this service is offered by 27 pharmacies across Worcestershire (note this figure may differ from the service provision data which was correct as of April 2025.) Efforts to increase this offering in Wyre Forest are ongoing. A full list of pharmacies currently offering this service can be found on the [Relevant Page of the WCC Website](#)

## Pharmacy services

### Pharmaceutical Services

Pharmaceutical services are provided under arrangements made by NHS England for:

- The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list
- The provision of local pharmaceutical services under a Local Pharmaceutical Service (LPS) scheme. The LPS contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements.
- The dispensing of drugs and appliances by a person on a dispensing doctors list

### Pharmaceutical lists

If a pharmacist, a dispenser of appliances, or dispensing doctor, wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations, a person who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list. They are:

- Pharmacy contractors (individuals or companies)
- Dispensing appliance contractors (DACs); appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors - medical practitioners authorised to provide drugs and appliances in designated rural areas only known as “controlled localities”.

### Dispensing Doctors

A Dispensing Doctor is a General Practitioner (GP) who under regulation can dispense medication to patients in their care. Only the provision of those services set out in their pharmaceutical service terms of service (Schedules to the 2013 Regulations) is included within the definition of pharmaceutical services and relates only to the dispensing of medicines.

Dispensing doctors provide primary healthcare to people in rural areas. Only certain people are eligible to receive dispensing services from a dispensing doctor. Many live remotely from a community pharmacy and so dispensing doctors are allowed to dispense prescribed medicines.

### Distance selling (internet) pharmacies

Distance selling pharmacies do not have a local presence in the community as they do not have a community pharmacy premises that service users can readily access. They are internet-based and as a result provide a service to users across the country irrespective of the locality in which the pharmacy is based.

A distance selling pharmacy must not provide Essential Services to a person who is present at the pharmacy. However, the pharmacy must be able to provide Essential Services safely and effectively without face-to-face contact with staff on the premises. The pharmacy will receive prescriptions via the post or by electronic means (EPS) and then, after dispensing, will send items via courier or a delivery driver to the patient. The pharmacist can talk to the patient via the telephone. A distance selling pharmacy may provide Advanced and Enhanced Services on the premises, as long as any Essential Service is not provided to persons present at the premises.

### Dispensing Appliance Contractors

Dispensing Appliance Contractors supply appliances such as stoma bags and accessories, continence bags and catheters and wound management dressings. They do not dispense medicines.

## The Community Pharmacy Contract

Community pharmacies provide pharmaceutical services under the NHS Community Pharmacy Contractual Framework (PCFC Contract). The terms of service can be found on [The Relevant Page of the CPE Website](#). This consists of three sets of services:

### **1. Essential Services**

Essential services are those listed in the NHS CPCF that all pharmacy contractors must provide to NHS patients.

### **2. Advanced Services**

There are several advanced services within the CPCF. Community pharmacies can choose to provide any of these services provided they meet the requirements set out in the Secretary of State Directions.

### **3. Locally Commissioned and Enhanced Services.**

As well as national services provided by all pharmacies, the NHS Community Pharmacy Contractual Framework also includes services that are commissioned at a local level. These are known as Local Enhanced Services (LES). In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a

new type of Enhanced service, the National Enhanced Service. Under this type of service, NHS England commissions an enhanced service that is nationally specified. Enhanced services are therefore further divided into:

- National
- Local to Herefordshire and Worcestershire – via the ICB
- Local to Worcestershire only – via the Local Authority

In summary, pharmacies must provide all Essential Services, but they can choose whether to provide Advanced and Enhanced services.

An explanation of each service and the provision of these for Worcestershire is discussed below.

## Essential Services

There are currently 6 essential services offered within the CPCF.

### **1. Discharge Medicines Service**

The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.

From this time, NHS Trusts were able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

The service can, effectively, be divided into 3 stages:

- A discharge referral is received by the pharmacy
- The first prescription is received by the pharmacy following discharge (this may not be a repeat prescription)
- Check of the patient's understanding of their medicine's regimen

The rationale for this being an essential service is that discharge from hospital is associated with an increased risk of avoidable medication related harm. Indeed, a recent audit of NHS hospital discharges showed that 79% of patients were prescribed at least one new medication after being discharged from hospital. New prescriptions can sometimes cause side effects, or interact with existing treatments, potentially leading to readmission.

Additionally, research by the National Institute for Health Research shows that people over 65 are less likely to be readmitted to hospital if they are given help with their medication after discharge. Research on local schemes implemented around the country has also

demonstrated that patients who see their community pharmacist after they have been in hospital are less likely to be readmitted and will experience a shorter stay if they are.

Finally, NICE Guideline NG5 includes the following recommendations:

- Medicines-related communication systems should be in place when patients move from one care setting to another
- Medicines reconciliation processes should be in place for all persons discharged from a hospital or another care setting back into primary care and the act of reconciling the medicines should happen within a week of the patient being discharged

Implementation of these recommendations requires pharmacy professionals and their teams across NHS Trusts, Primary Care Networks (PCN) and community pharmacies to work together much more effectively.

The service seeks to ensure better communication of changes made to a patient's medicines in hospital and its aims are to:

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions
- Support the development of effective team-working across hospital, community and primary care networks pharmacy teams and general practice teams and provide clarity about respective roles

Patients are digitally referred to their pharmacy after discharge from hospital, using IT systems or NHS Mail. Using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made when the first new prescription for the patient is issued in primary care and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.

## **2. Dispensing Medicines**

Pharmacies are required to maintain a record of all medicines dispensed and keep records of any interventions made which they judge to be significant.

The Electronic Prescription Service (EPS) has also been implemented as part of the dispensing service. Patients across England can choose to download the NHS App which

will allow them to order repeat prescriptions, check their patient record or book and manage GP appointments.

The aims of the service are to ensure patients receive ordered medicines and appliances safely by:

- The pharmacy performing appropriate legal, clinical and accuracy checks
- The pharmacy having safe systems of operation, in line with clinical governance requirements
- The pharmacy having systems in place to guarantee the integrity of products supplied
- The pharmacy maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- The pharmacy maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

Additionally, to ensure patients can use their medicines and appliances effectively by:

- Pharmacy staff providing information and advice to the patient on the safe use of their medicine or appliance
- Pharmacy staff providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances

### **3. Disposal of unwanted medicines**

Community pharmacy owners are obliged to accept back unwanted medicines from patients.

The local NHS contract management team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals. This does not include sharps collection under the national contract.

The pharmacy owner must, if required by the local NHS contract management team or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols; the waste contractor will be able to advise on whether this is necessary. Additional segregation is also required under the Hazardous Waste Regulations.

### **4. Healthy Living Pharmacies**

The Healthy Living Pharmacy (HLP) framework aims to achieve a consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.



Pharmacy owners were required to become a HLP in 2020/21 as agreed in the five-year CPCF; this reflected the priority attached to public health and prevention work.

The NHS Terms of Service were amended to include HLP requirements, with supplementary information on the details being included in guidance on the regulations, which were published by NHS England. Pharmacy owners had to ensure they were compliant with the HLP requirements from 1st January 2021, and the Distance Selling Pharmacy (DSP) website requirements had to be complied with from 1st April 2021.

HLP is an organisational development framework underpinned by three enablers of:

- Workforce Development – A skilled team to pro-actively support and promote behaviour change and improve health and wellbeing, including a qualified Health Champion who has undertaken the Royal Society for Public Health (RSPH) Level 2 Award ‘Understanding Health Improvement’, and a team member who has undertaken leadership training
- Engagement – Local stakeholder engagement with other health and care professionals (especially general practice), community services, local authorities and members of the public
- Environment (Premises Requirements) – Premises that facilitate health promoting interventions with a dedicated health promotion zone.

The adoption of HLPs marked a significant development for community pharmacy and its contribution to health promoting interventions. The HLP framework aims to improve people’s health, help reduce health inequalities and ensures community pharmacy can continue to contribute to the Government’s ambition of putting prevention at the heart of the NHS, as set out in the NHS Long Term Plan. It provides a mechanism for community pharmacy teams to utilise their local insight and experience in the delivery of high-quality health promoting initiatives. By requiring contractors to have trained Health Champions on site who pro-actively engage in local community outreach within and outside the pharmacy, HLPs have cemented the idea that every interaction in the pharmacy and the community is an opportunity for a health promoting intervention.

The HLP framework is primarily about adopting a change in culture and ethos within the whole pharmacy team. The HLP framework means community pharmacies can supplement their medicines optimisation role with an enhanced commitment to health promoting interventions in the pharmacy setting and engagement in community outreach activities.

## **5. Public Health (Promotion of Healthy Lifestyles)**

Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to

undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

31st March 2025, the details of the contractual settlement for 2025/26 were announced, which included reference to health campaigns. As part of those negotiations, it was agreed that pharmacy owners would only be required to engage in a maximum of two national health campaigns and two Integrated Care Board selected campaigns in 2025/26.

The service provides opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:

- Have diabetes
- Be at risk of coronary heart disease, especially those with high blood pressure
- Who smoke
- Are overweight

Also, pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.

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

## **6. Repeat Dispensing**

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines and since 2005, Repeat Dispensing has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF).

Patients using the service obtain repeat supplies of NHS prescriptions without the need for their GP practice to issue a prescription each time a supply is required.

The service was designed to save GP practices and patients time and improve convenience and access to prescriptions, by allowing community pharmacy teams to take a more active role in the process of safe supply of patients' regular prescriptions.

Under the repeat dispensing service pharmacy teams will:

- Dispense repeat dispensing prescriptions issued by a general practice;
- Ensure that each repeat supply is required; and

- Seek to ascertain that there is no reason why the patient should be referred back to their general practice.

Originally this service was carried out using paper prescriptions, but as the Electronic Prescription Service (EPS) has developed, the majority of repeat dispensing is now carried out via EPS release 2 and is termed electronic Repeat Dispensing (eRD). eRD is much more efficient and convenient for all involved.

eRD is a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time.

When issuing a repeatable prescription using eRD, the prescriber will authorise a prescription with a specified number of 'issues'; each issue contains the same prescribed items. eRD allows the prescriber to electronically authorise and issue a batch of repeat prescription issues for use for up to 12 months.

When a prescriber issues an eRD prescription series using their EPS Release 2 prescribing system, in addition to the information found on a standard EPS prescription, the eRD message contains:

- The intended interval between each issue
- How many batch issues there are

The prescription issues are then made available electronically for dispensing at the specified interval by the patient's nominated pharmacy.

When issuing an eRD repeatable prescription batch, prescribers can issue a Repeatable Prescription Authorising Token to the patient, but the patient does not need one to be able to collect their eRD prescription from their nominated pharmacy. NB. The NHS & LPC Regulations 2013 does not mention eRD as its publication was prior to eRD being introduced.

All 27 pharmacies offer these services and therefore provision, PCN and local breakdown is as per the travel times and mapping above.

## Advanced Services

There are currently 9 advanced services offered within the CPCF. NB. Hepatitis C Testing was included in the PNA 2022, but this service was decommissioned in 2023.

### 1. Pharmacy First

This is the main new service that has been introduced since the last PNA in 2022. The service is designed to free up GP appointments for higher-acuity conditions and allow people quicker and more convenient access alternative healthcare. It includes the supply of appropriate medicines for the 7 common conditions (listed below), or self-care advice. It also provides a service to those who are not registered with a GP.

Community Pharmacy England made a proposal to the Department of Health and Social Care and NHS England for a Pharmacy First service back in March 2022 and followed up on our bid with an extensive influencing campaign to build wider support for the proposal from stakeholders and influencers.

The Pharmacy First service, which commenced on 31st January 2024, is a crucial first step in recognising and properly funding the enormous amount of healthcare advice that community pharmacies provide to the public every day and in establishing and funding community pharmacy as the first port of call for healthcare advice.

The Advanced service involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply):

- Sinusitis >12yrs
- Sore Throat >5yrs
- Acute Otitis Media\* 1-17yrs
- Infected Insect Bite >1yr
- Impetigo >1yr
- Shingles >18yrs
- Uncomplicated UTI women 16-64yrs

*\* DSPs cannot complete consultation due to otoscopic examination required*

Consultations for these seven clinical pathways can be provided to patients presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

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

In the clinical pathway consultations with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically necessary, with a prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, an over-the-counter medicine (supplied under a clinical protocol), all at NHS expense.

In the future, it is hoped that independent prescribers will be able to use their skills to complete episodes of care within the service, without the need for a PGD. However, for the time being, all pharmacists providing the service must use the PGDs and clinical protocol. Currently, 86 of the 88 Pharmacies across Worcestershire offer this service.

## **2. Flu Vaccination Service**

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year (September through to March), the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.

The service is for persons aged 18 years and over. Childhood vaccination was included in the 2022 PNA following the 2021/22 season, but this was extended eligibility due to the ongoing Covid-19 pandemic.

Throughout the 2024/25 season the following groups were eligible for vaccination via this service:

- All people aged 65 years or over
- People aged from 18 years to less than 65 years of age with one or more serious medical condition(s)
- Pregnant women (including those women who become pregnant during the flu season)
- People living in long stay residential care homes or other long stay care facility
- Carers
- Close contacts of immunocompromised individuals
- Frontline workers without employer led occupational health schemes

The 2025/26 proposal has recently been published and there are no changes to the above eligibility criteria. The only change is pregnant women will be eligible from September and the remainder from October 2025.

Currently, 76 of the 88 Pharmacies across Worcestershire offer this service.

## **3. Pharmacy Contraception Service (PCS)**

The PCS commenced on 24th April 2023, allowing the on-going supply of oral contraception (OC) from community pharmacies. From 1st December 2023, the service expanded to include both initiation and on-going supply of OC. NB. This does not currently include emergency hormonal contraception (EHC), as this is a locally commissioned service (see below). There are plans however, to include this from October 2025, combined with local provision.

To be eligible for this service a person must be seeking to be initiated on an OC, or seeking to obtain a further supply of their ongoing OC:

- Combined Oral Contraceptive (COC) – from menarche up to and including 49 years of age
- Progestogen Only Pill (POP) – from menarche up to and including 54 years of age.

A person will not be eligible for this service if they are considered clinically unsuitable, or are excluded for supply of OC according to the PGD protocols, including, but not limited to:

- Individuals under 16 years of age and assessed as not competent using Fraser Guidelines
- Individuals 16 years of age and over and assessed as lacking capacity to consent

Currently 66 of the 88 Pharmacies across Worcestershire offer this service.

#### **4. Hypertension Case Finding Service**

This service provides free blood pressure (BP) checks. These are initially carried out in clinic, and where BP is raised, the offer of ambulatory blood pressure monitoring (ABPM) is made. This is where a device is taken home, and regular recording are taken over a given period.

This advanced service has been running since 01 Oct 2021. The reason is that cardiovascular disease (CVD) is one of the leading causes of premature death in England. Hypertension (high blood pressure) is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Those eligible for free checks as part of this service are as follows:

- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension.
- Patients, by exception, under the age of 40 who request the service because they have a recognised family history of hypertension may be provided the service at the discretion of pharmacy staff.
- Patients between 35 and 39 years old who are approached about or request the service may be tested at the discretion of the pharmacy staff
- Patients referred by their GP

Those ineligible for the service are as follows:

- People under the age of 40 years old, unless at the discretion of the pharmacy staff or unless they have been specified by a general practice for the measurement of blood pressure; and
- People who have their blood pressure regularly monitored by a healthcare professional, unless the general practice requests the service is provided for the patient. Requests should be sent via a process which is agreed locally with general practices;
- People who require daily blood pressure monitoring for any period of time e.g. 7 day clinic checks as an alternative to ABPM; and
- People with a diagnosis of atrial fibrillation or history of irregular heartbeat.

Currently 81 of the 88 Pharmacies across Worcestershire offer this service.

## 5. New Medicines Service

This service provides support for people with long-term conditions (LTCs), who are newly prescribed a medicine, to help improve adherence. It is focused on specific patient groups and conditions and is designed to improve patients' understanding of a newly prescribed medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine report problems, including side effects, difficulties taking the medicine and a need for further information. The New Medicine Service (NMS) has been designed to fill this identified gap in patient need. The service has been running since 01 Oct 2011.

The service is divided into 3 main stages as follows:

**Patient engagement.** Following the prescribing of a new medicine for the management of a LTC, patients will be recruited to the service by prescriber referral or opportunistically by the community pharmacy staff.

**Intervention.** The pharmacist and patient will have a discussion either face-to-face in the pharmacy's consultation room or via telephone or video consultation. The pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need for further information and support. The NMS intervention interview schedule will normally be used to guide this conversation. The pharmacist will provide advice and further support and where no problems have been identified, will agree a time for the follow up stage, typically between 14 and 21 days after the intervention stage. If problems are identified and it is the clinical judgement of the pharmacist that intervention by the patient's prescriber is required, the issue will be referred to them.

**Follow up.** The pharmacist and patient will again have a discussion either face-to-face in the pharmacy's consultation room, or via telephone or video consultation, covering similar areas as in stage 2. The NMS follow-up interview schedule will normally be used to guide this conversation. The pharmacist will provide advice, further support or referral where necessary.

The conditions eligible for the service are:

- Asthma and COPD
- Diabetes (Type 2)
- Hypertension
- Hypercholesterolemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes
- Atrial fibrillation
- Long term risks of venous thromboembolism/embolism
- Stroke / transient ischemic attack
- Coronary heart disease

Currently 88 of the 88 pharmacies across Worcestershire offer this service.

## **6. Smoking Cessation Service**

This has been commissioned as an Advanced service since 10th March 2022.

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

The service can only be provided by a pharmacist or pharmacy technician and includes the following:

- Carbon Monoxide (CO) testing
- Behavioural Support
- Nicotine Replacement Therapy (NRT)
- Medication in the form of Varenicline
- A combination of the above

The inclusion criteria for this service are as follows:



- People aged 18 years and older who have started treatment for tobacco dependence in hospital and have chosen to continue their treatment in community pharmacy after discharge.
- This service does not exclude women who are pregnant or people who suffer from non-complex mental health problems although alternative local arrangements may already be in place for such people.

The exclusion criteria for this service are as follows:

- Children and adolescents under the age of 18 years.
- People who have completed a 12-week smoking cessation programme while in hospital as a result of an extended duration as an inpatient.

Currently **25 of the 88** Pharmacies across Worcestershire offer this service.

Locally, stop smoking services are also offered through 'Healthy Worcestershire,' which is commissioned by WCC. Whilst this is not offered through community pharmacies, users of the service can access a range of personalised stop smoking support:

- Initial consultation with a trained stop smoking advisor
- Weekly telephone support meetings
- A free vape starter kit
- A follow up 4 weeks after quit date.

Any adult (18 and over) who lives in Worcestershire or has a registered GP in Worcestershire can use the service.

## **7. Application Use Review (AUR)**

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation.

AURs should help patients better understand and use any specified appliance by:

- Establishing the way the patient uses the appliance and the patient's experience of use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance Advising the patient on the safe and appropriate storage of the appliance
- Advising the patient on the safe and proper disposal of appliances that are used or unwanted

Information on which Pharmacies in Worcestershire currently offer this service was not supplied by the NHS Business Service Authority.

## **8. Stoma Appliance Customisation (SAC)**

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

If on the presentation of a prescription for such an appliance, a pharmacy owner is not able to provide the service, they are to be referred to another pharmacy owner or provider of appliances.

Information on which Pharmacies in Worcestershire currently offer this service was not supplied by the NHS Business Service Authority.

## **9. Lateral Flow Device (LFD) Service**

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using a lateral flow device (LFD) test if they develop symptoms suggestive of COVID-19.

It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test. The LFD service was therefore, introduced on 06 Nov 2023 to provide eligible patients with access to LFD tests.

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

From Monday 16 Jun 2025 several groups will no longer be eligible. The latest eligibility criteria can be found as those listed as having risk factors for progression of severe Covid-19 on the NICE website.

Currently **72 of the 88** Pharmacies across Worcestershire offer this service.

## **National Enhanced Services**

### **1. Covid-19 Vaccination Service**

The aim of this service is to maximise the uptake and co-administration of COVID-19 and seasonal influenza vaccinations where possible and to ensure that vaccination services are

provided from a variety of settings and effectively utilise available staff from across primary care.

The service is offered to eligible groups as per the guidance from the Joint Committee on Vaccination and Immunisation (JCVI). This may be conducted on premises or as an outreach service. However, onsite pharmacies must also vaccinate eligible housebound/care home patients if requested by NHS England. Pharmacies must also be able to vaccinate at least 100 patients per week and provide seasonal flu vaccination.

Covid-19 vaccination is currently the only National Enhanced Service, however an RSV and Pertussis Vaccination Service is currently being piloted in the Northwest of England only.

Currently **36 of the 88** Pharmacies across Worcestershire offer this service.

## Locally Commissioned Services – via Worcestershire County Council

### **2. Emergency Hormonal Contraception (EHC)**

The EHC service is available to all females aged 13 years or over in Worcestershire. The service allows the free supply of emergency hormonal contraception (EHC) as levonorgestrel under Patient Group Direction (PGD). Pharmacists will also provide support and advice to service users, ensuring that discussions about sexually transmitted infections take place giving special considerations to signposting to chlamydia screening services.

The Care Trust is the Lead Provider for the Worcestershire Integrated Sexual Health Service as of 1st October 2017.

Currently **41 of the 88** Pharmacies across Worcestershire offer this service. Please note, this service will be added to the national advanced oral contraception service in October 2025, which will increase availability of and access to this service.

### **3. Supervised Consumption and Needle Exchange Services**

The pharmacist is required to supervise the consumption of a medicine prescribed to the patient, for the purposes of dependence and/or addiction to ensure the entire dose is taken as directed. Common medicines which may have to be supervised include methadone and buprenorphine.

Pharmacies can also provide harm reduction items such as clean needles, sharps bins, swabs and citric acid as well as sexual health advice. Any used equipment can be returned for destruction in a safe sharps disposal bin.

The aim of these services is to reduce the harms associated with drug taking to the service user and on the wider society. The service user will be given help, support and signposting to additional services in a non-judgemental and confidential service.

Cranstoun Worcestershire delivers the drug and alcohol treatment across the whole of Worcestershire county.

**Supervised Consumption.** Currently **73 of the 88** Pharmacies across Worcestershire offer this service.

**Needle Exchange.** Currently **29 of the 88** Pharmacies across Worcestershire offer this service.

#### **4. Sharps Disposal Worcestershire**

1-9L sharps boxes can be taken to pharmacies for disposal.

Currently **19 of the 88** Pharmacies across Worcestershire offer this service.

### **Local Enhances Services – via Herefordshire and Worcestershire Integrated Care Board (HWICB)**

As of 01 June 2025, HWICB currently commissions 3 local enhanced services and 1 small scale pilot, which are discussed below. Note that the anti-viral Covid-19 (Paxlovid) Service ended 31 May 25 on the expiry of government procured medication from the pandemic.

#### **1. Palliative Care**

This service provides advice and stock an agreed list of medicines commonly used in palliative care for those patients near the end of life.

This service is aimed at the supply of specialist medicines, the demand for which may be urgent and/or unpredictable. The pharmacy contractor will stock a locally agreed range of specialist medicines and will make a commitment to ensure that users of this service have prompt access to these medicines at all times agreed with the ICB. The pharmacy will provide information and advice to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

The aims of the service are as follows:

- To improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply

- To support people, carers and clinicians by providing them with up-to-date information and advice, and referral where appropriate

Currently **23 of the 88** Pharmacies across Worcestershire offer this service. This is considered the optimum number by the ICB to provide necessary access across the County.

## **2. Anti-Virals (Pandemic)**

This service is aimed at the prompt supply of specialist medicines, the demand for which may be urgent and/or unpredictable according to circulating levels or detection of localised outbreaks of influenza. The Service Specification details the provision of antiviral medicines from initial outbreak in the out of season period but also describes how this fits with wider pandemic flu arrangements as defined by the Department of Health and Social Care.

Currently **6 of the 88** Pharmacies across Worcestershire offer this service. This is considered the optimum number by the ICB to provide necessary access across the County.

## **3. Independent Prescriber (Pathfinder Programme)**

NHS England is developing a programme of pilot sites, referred to as 'pathfinder' sites, across integrated care systems enabling a community pharmacist prescriber to support primary care clinical services. This presents a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care.

The scope for pathfinder sites will be determined by integrated care boards (ICBs), who will be urged to fully utilise the skills and capabilities of community pharmacists to build on clinical services already commissioned as advanced pharmaceutical services or add into locally commissioned services.

ICBs will work with community pharmacy teams to identify the pharmacies and local pharmacists that will deliver the service by becoming a pathfinder site, as well as other NHS bodies, local authorities, and community organisations involved in delivering joined up care.

In January 2023, NHS England opened an expression of interest process for integrated care systems to take part in the Pathfinder Programme. The pathfinder programme is now being developed with ICBs.

Currently **3 of the 88** Pharmacies across Worcestershire offer this service, currently running as a pilot.

## **4. Intervention Service (Pilot)**

This pilot scheme is currently being trialled in 1 pharmacy in Worcestershire. It involves key interventions discussed at the point of medication dispensing with patients, which aims to changes to:

- Improve safe prescribing
- Demonstrate the role of the community pharmacist in reviewing prescription detail
- Save money
- Reduce waste medicine
- Enhance the working relationship of community pharmacists with the practice-based pharmacists

## Latest CPFC arrangements for 2025/26

In March 2025, funding and other arrangements for community pharmacies for 2024/25 and 2025/26 were finalised. The settlement between Community Pharmacy England, the Department of Health and Social Care (DHSC), and NHS England provides community pharmacy with the largest uplift in funding across the whole of the NHS and signals the Government's commitment to stabilising the sector, recognising the key role they will play in future healthcare.

Key changes are summarised below:

### Funding Changes

- The settlement secures baseline funding of £3,073 million for provision of the Community Pharmacy Contractual Framework (CPCF) in 2025/26.
- £30m of spend on the HCFS and PCS, which is currently within the contract sum, will instead be funded from the Pharmacy First budget.
- This means the baseline funding is effectively uplifted by 19.7% compared to 2023/24.
- A further £215 million (the 'Pharmacy First' budget) will fund the cost of Pharmacy First clinical pathways, the Pharmacy Contraception Service (PCS) and the Hypertension Case-Finding Service (HCFS).

### Regulatory Changes

- During 2025/26, there will be no requirement to complete a nationally chosen or pharmacy owner selected clinical audit.
- During 2025/26, pharmacies will only have to take part in a maximum of two national health campaigns and two campaigns selected by their Integrated Care Board (ICB).
- The requirement to produce a practice leaflet will be removed.
- The requirement for patients that pay an NHS prescription charge to complete and sign the declaration on the rear of the prescription form or EPS token will be removed

- Regulatory amendments should enable pharmacy owners to change their opening hours to days and times that better serve their patients. NB. The number of core hours must remain the same and the application process for this is through the ICB

## Services Changes

Pharmacy First and the phased introduction of ‘bundling’ requirements:

- From June 2025, pharmacies will need to be registered to also provide the Pharmacy Contraception Service (PCS) and Hypertension Case Finding Service (HCFS)
- From October 2025, in addition they must deliver at least one Ambulatory Blood Pressure Monitoring (ABPM) provision per month
- From March 2026, a specified number of contraception consultations (to be agreed by Community Pharmacy England, DHSC and NHS England in due course) will also need to be provided each month

### *Hypertension Case Finding Service:*

- The service specification will be updated to clarify patient eligibility requirement

### *Pharmacy Contraception Service:*

- From October 2025, subject to the introduction of IT updates, the service will be expanded to include Emergency Hormonal Contraception (EHC)

### *Smoking Cessation Services:*

- Patient Group Directives (PGDs) will also be introduced to enable provision of Varenicline and Cytisinicline (Cytisine) under the service by both suitably trained and competent pharmacists and pharmacy technicians

### *New Medicine service*

- Depression is to be added to the list of conditions from Oct 2025

## Assessment of local pharmacy provision

### Overview

There are currently 6 districts in Worcestershire:

1. Bromsgrove
2. Malvern Hills
3. Redditch
4. Worcester City
5. Wychavon
6. Wyre Forest

To assess the adequacy of provision of pharmaceutical services, current provision by all providers has been reviewed. This includes providers and premises within Worcestershire and the contribution made by those that may lie outside in neighbouring Health and Wellbeing Board (HWB) areas but who provide the services to the population within Worcestershire. Of note, Tenbury Wells lies within a Herefordshire PCN but has a Worcestershire postcode and contains a dispensing practice and a community pharmacy. It has been included in the service provision data for Worcestershire as it is understood that Worcestershire residents may utilise these services. The population however has been excluded from the Worcestershire population identified in this analysis.

Distance pharmacies are excluded from the analysis unless otherwise stated.

GP dispensing practices are invaluable in improving access in rural areas, for example in the relatively rural Wychavon district, the addition of dispensing practices makes a significant difference in population per pharmacy.

There is one Dispensing Appliance Contractor (DAC) in Worcestershire (no change from the 2022 PNA.) DAC's are authorised to dispense medical appliances, such as stoma care products, catheters, dressings, colostomy and urostomy bags, incontinence products and compression hosiery.

Table 2 shows population coverage for pharmacy provision by district.

- As of April 2025, there are currently **88** community pharmacies within Worcestershire.
- There are currently **21** dispensing GP practices in Worcestershire.
- There are **81** 40-hour community pharmacies, **1** distance selling pharmacy (internet), and **6** former 100-hour community pharmacies.
- Details of names and addresses can be found in the Appendix.

*Table 2: Pharmacy provision by district. Total pharmacy contractors include community, internet and GP dispensing practices combined.*

	Dispensing practices	Community Pharmacy	Total Pharmacy Contractors
Bromsgrove	2	14	16
Malvern Hills	4	10	14
Redditch	1	15	16
Worcester City	1	19	20
Wychavon	9	14	23
Wyre Forest	4	16	20
<b>Worcestershire 2025 Total</b>	<b>21</b>	<b>88</b>	<b>109</b>

## Pharmacy Density

Table 3 demonstrates the rates of pharmacy provision by district and Figure 1 shows this in figure form:



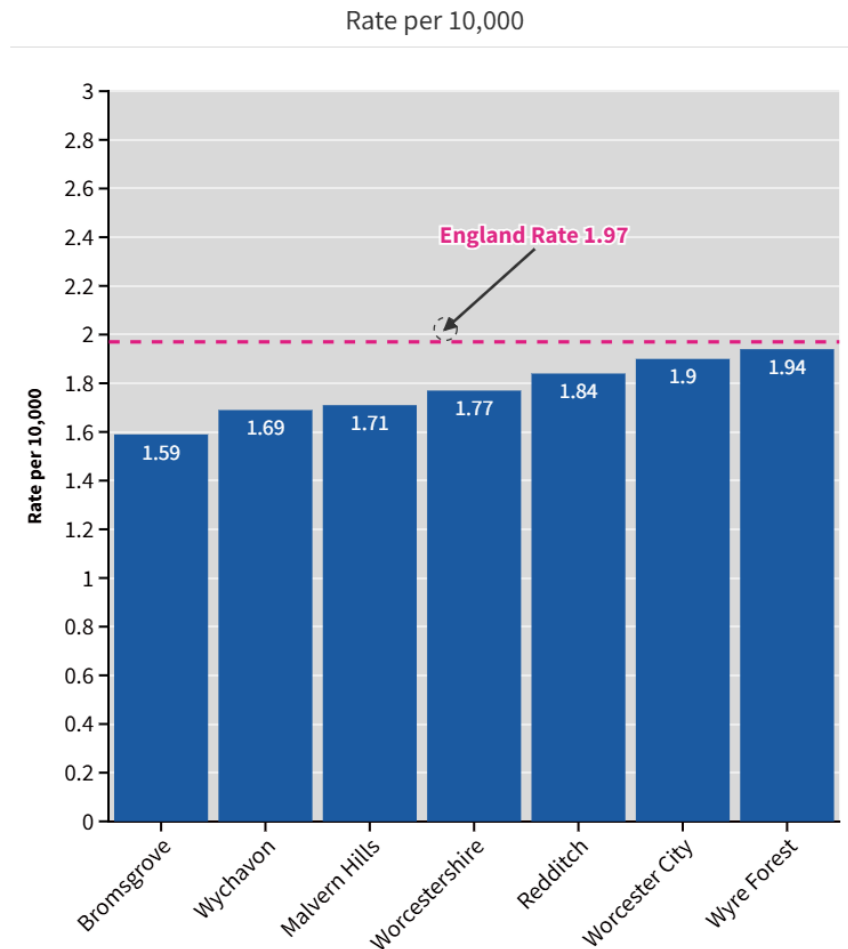
- On average, Worcestershire has 1.43 pharmacies per 10,000 population, compared to 1.80 for England.
- When GP dispensing practices are included, the gap with England is reduced, with an average of 1.77 contractors per 10,000 population, compared to 1.97 contractors per 10,000 population in England.
- At district level, Bromsgrove has the lowest rate of contractors for the population, at 1.59 contractors per 10,000 population.
- Wyre Forest has the highest rate of contractors for the population, at 1.94 contractors per 10,000 population.
- All districts in Worcestershire have lower rates of pharmacy contractors compared to England as a whole.
- The variation in population per contractor across districts highlights differences in pharmacy provision across the county and the potential for disparities in access to medications and pharmaceutical services.

*Table 3: Population per community pharmacy and population per total pharmacy contractors per 10,000 population.*

	Population (mid-year est. 2023)	Number of community pharmacies	Number of Dispensing Practices	Number of contractors (Community, Internet and GP dispensing practices combined)	Pharmacies per 10,000 population	Total contractors per 10,000 population
Bromsgrove	100,679	14	2	16	1.39	1.59
Malvern Hills	81,822	10	4	14	1.22	1.71
Redditch	87,059	15	1	16	1.72	1.84
Worcester City	105,143	19	1	20	1.81	1.90
Wychavon	136,229	14	9	23	1.03	1.69
Wyre Forest	103,253	16	4	20	1.55	1.94
<b>WORCESTERSHIRE</b>	<b>614,185</b>	<b>88</b>	<b>21</b>	<b>109</b>	<b>1.43</b>	<b>1.77</b>
<b>ENGLAND</b>	<b>57,690,300</b>	<b>10,407</b>	<b>935</b>	<b>11342</b>	<b>1.80</b>	<b>1.97</b>

Figure 1: Total pharmacy contractors (Rate per 10,000)

**Total pharmacy contractors (including community pharmacies and GP Dispensing practices) within Worcestershire 2025**



## Changes to pharmacy provision since 2022 PNA

Tables 4 and 5 compare the pharmacy provision currently to that documented in the 2022 PNA.

- There has been a **6%** loss in the total number of community pharmacies.
- Since the 2022 PNA, there has been a net reduction of **7** pharmacies in the county.
- There has been no change to the total number of dispensing GP practices.
- Weekend pharmacy provision has reduced, with **12** fewer pharmacies now open on a Saturday and **5** fewer on a Sunday.

- Malvern Hills has seen the greatest reduction in pharmacies, with a loss of 4 pharmacies.
- There is no longer midnight pharmacy provision in Worcestershire.

Table 4: Net change in the number of community pharmacies 2022-2025, by district

	Net change in pharmacies
Bromsgrove	-1
Malvern Hills	-4
Redditch	-1
Worcester City	-1
Wychavon	No change
Wyre Forest	No change
<b>Worcestershire 2025 Total</b>	<b>-7</b>

Table 5: Change in pharmacies by contract type, compared to 2022 PNA

Measure	2022	2025
Number of community pharmacies	95	88
Number of dispensing practices	21	21
Total number of pharmacy contractors	116	109
Number of community pharmacies open on Sunday	21	16
Number of community pharmacies open on Saturday	80	68
100 hour pharmacy	9	6
Distance Selling Pharmacy (DSP)	3	1
Midnight	1	0

## Services provided

- Table 6 details the number and percentage of pharmacies in Worcestershire offering advanced, national enhanced, local enhanced and locally commissioned services.
- There are currently 2 services being offered as part of a pilot in Worcestershire, which are not included in the below tables:
  - Independent Prescriber (Pathfinder Programme) is a national pilot with 3 places allocated to Redditch and surrounding areas.
  - Intervention Service is offered in 1 pharmacy in Worcestershire.

Table 6: Services offered by pharmacies in Worcestershire

Service	Number of pharmacies providing	% providing
Local Enhanced (ICB): Anti Viral (Tamiflu)	6	7%
Locally Commissioned (Council): Sharps	19	22%
Local Enhanced (ICB): Palliative Care	23	26%
Advanced: Smoking Cessation Service	25	28%
Locally Commissioned (Council): Needle Exchange	29	33%
National Enhanced: Covid Vaccinations	36	41%
Locally Commissioned (Council): EHC	41	47%
Advanced: Oral Contraception Service	66	75%
Advanced: Lateral Flow Device Service	72	82%
Locally Commissioned (Council): Supervised Consumption	73	83%
Advanced: NHS Flu Vaccine	76	86%
Advanced Hypertension Service	81	92%
Advanced: Pharmacy First Service	86	98%
Advanced: New Medicines Service	88	100%

- Table 7 shows the percentage of pharmacies in each district offering each service

Table 7: Pharmacy services offered by district

Service	Bromsgrove	Malvern Hills	Redditch	Worcester City	Wychavon	Wyre Forest	Worcestershire
Local Enhanced (ICB): Anti Viral (Tamiflu)	7%	10%	7%	11%	0%	6%	7%
Locally Commissioned (Council): Sharps	50%	10%	33%	21%	29%	25%	28%
Local Enhanced (ICB): Palliative Care	21%	40%	20%	32%	14%	31%	26%
Advanced: Smoking Cessation Service	14%	20%	47%	37%	50%	25%	33%
Locally Commissioned (Council): Needle Exchange	50%	40%	27%	42%	50%	38%	41%
National Enhanced: Covid Vaccinations	7%	30%	7%	53%	21%	6%	22%
Locally Commissioned (Council): EHC	43%	50%	53%	68%	36%	25%	47%
Advanced: Oral Contraception Service	93%	70%	60%	68%	79%	81%	75%

Advanced: Lateral Flow Device Service	71%	100%	87%	84%	86%	69%	82%
Locally Commissioned (Council): Supervised Consumption	100%	100%	87%	84%	100%	88%	92%
Advanced: NHS Flu Vaccine	71%	90%	67%	95%	86%	88%	83%
Advanced Hypertension Service	93%	90%	67%	100%	93%	75%	86%
Advanced: Pharmacy First Service	100%	100%	87%	100%	100%	100%	98%

## Opening hours

- The main change in terms of opening hours is the reduction of 100-hour pharmacies to 72-hour contracts.
- Table 8 shows the percentage of pharmacies outside of usual working hours by district.
- All districts are served by a pharmacy open after 5.30pm, on Saturdays and Sundays.
- Malvern Hills does not have pharmacy provision after 7pm. All other districts have a pharmacy open after 7pm.

Table 8: Worcestershire district and proportion of community pharmacies open outside of usual working hours

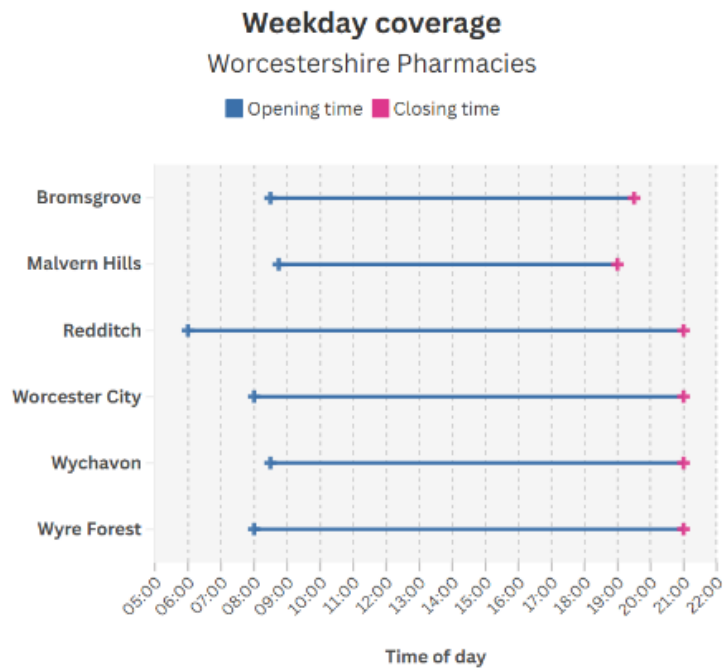
Locality	Percentage of pharmacies offering extended hours* (weekday)	Percentage of pharmacies offering out of hours opening** (weekday)	Percentage of pharmacies open on Saturday	Percentage of pharmacies open on Sunday
Bromsgrove	93%	14%	86%	14%
Malvern Hills	80%	0%	90%	20%
Redditch	93%	20%	73%	27%
Worcester City	74%	11%	84%	16%
Wychavon	57%	7%	71%	21%
Wyre Forest	81%	13%	63%	13%
<b>Worcestershire</b>	<b>80%</b>	<b>11%</b>	<b>77%</b>	<b>18%</b>

\* Extended opening hours: Open after 17:30

\*\* Out of hours opening: Open after 19:00pm

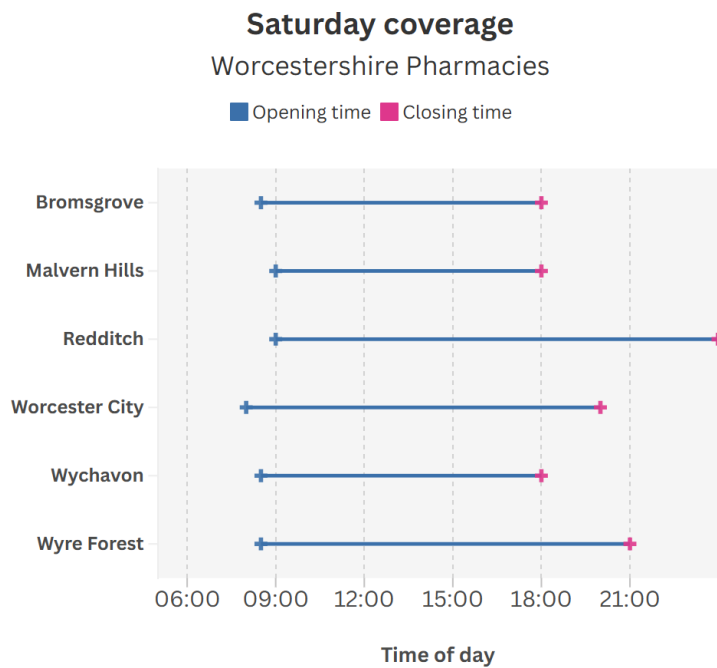
- As seen in Figure 2, the district of Redditch offers the most extended opening hours during weekdays.

Figure 2: Weekday opening hours for Worcestershire districts



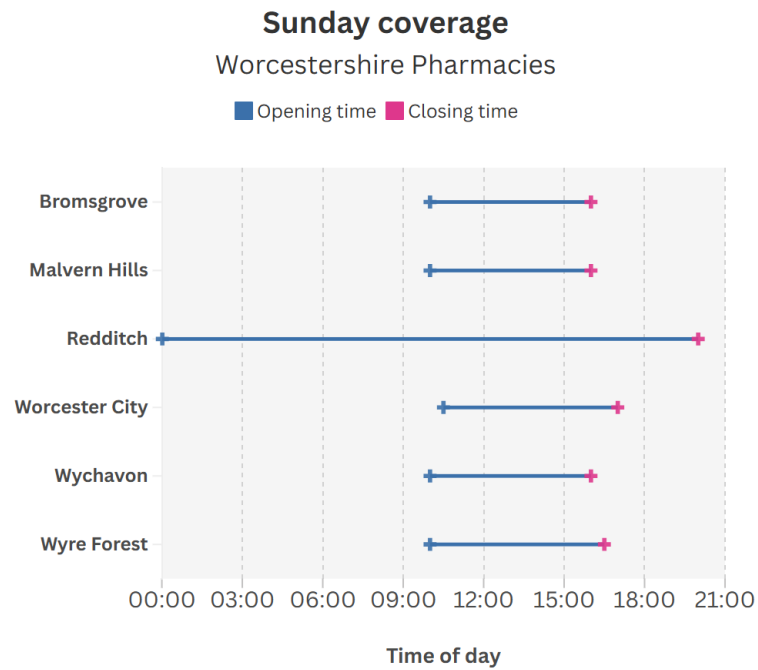
- As seen in Figure 3, all districts are served by a provider open at least 9am-3pm on a Saturday.

Figure 3: Worcestershire districts Saturday pharmacy opening hours



- As seen in Figure 4, all districts are served by a provider open at least 10am-4pm on a Sunday.

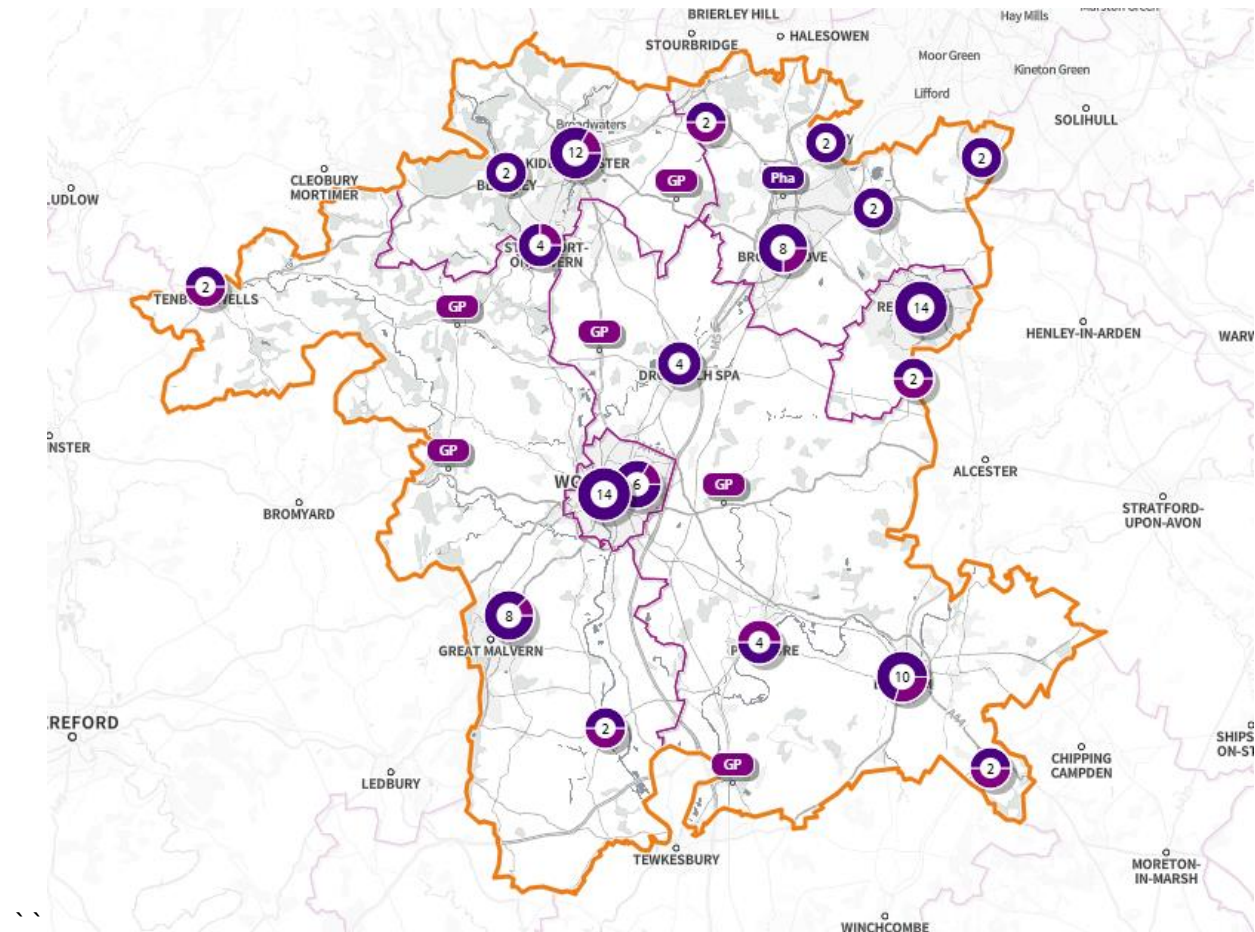
Figure 4: Worcestershire districts Sunday pharmacy opening hours



## Mapping

### Pharmacies and GP Dispensing Practices

Figure 5: The location of pharmacies and GP dispensing practices across Worcestershire



## Driving times

Table 9: Travel times by car, during the week

Travel time by car	Worcestershire population with access to a community pharmacy or dispensing practice	When adding a 3km buffer around Worcestershire
5 minutes	528,104 (86.5%)	530,401 (86.9%)
10 minutes	601,810 (98.6%)	603,970 (98.9%)
15 minutes	608,750 (99.7%)	610,513 (100%)
20 minutes	610,513 (100%)	610,513 (100%)



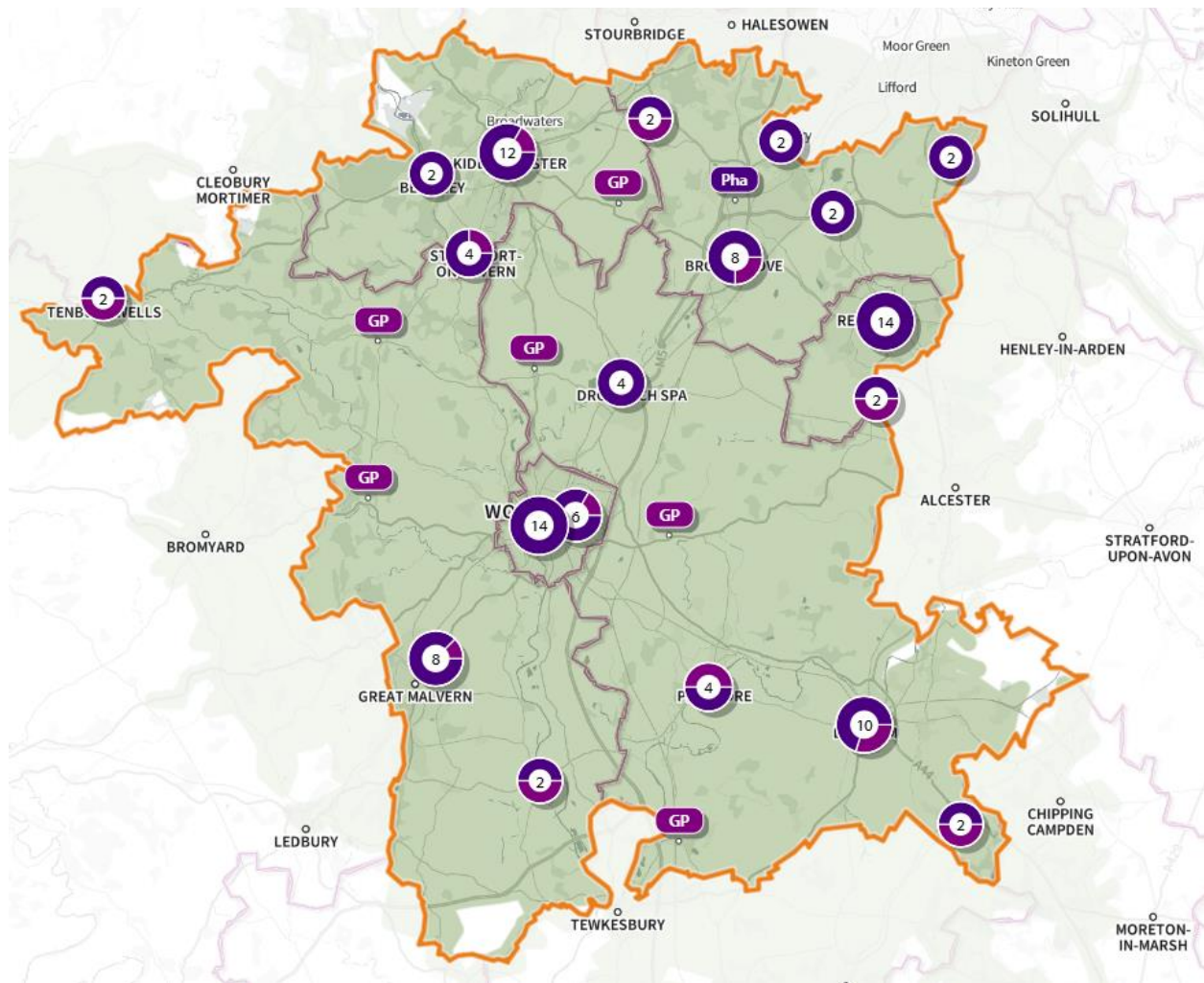


The map displays the following GP practices and their patient populations (in thousands):

- TENBELL (2)
- CLEOBURY MORTIMER (2)
- BLOMFIELD (2)
- KIDDERMINSTER (12)
- STOURBRIDGE (2)
- HALESOWEN (2)
- PHAROS (2)
- STOURPORT (4)
- BROOKLYN (8)
- REDFORD (14)
- DRUMS (4)
- ALCESTER (2)
- WOMBSLEY (14)
- GP (6)
- GP (4)
- GREAT MALVERN (8)
- LEDGER (2)
- TEWKESBURY (2)
- CHIPPING CAMPDEN (2)
- MORETON-IN-MARSH (10)

Other locations shown on the map include Brierley Hill, Moor Green, Kineton Green, Lifford, SOLIHULL, HENLEY-IN-ARDEN, STRATFORD-UPON-AVON, and BROMYARD.

Figure 8: Populations within a 15-minute drive of a pharmacy provider



## Walking times

As one would expect, people living in or around urbanised or town areas generally have the best access to community pharmacy/dispensing practices on foot. Figure 9 illustrates the population with access to a community pharmacy within a 30-minute walk. It shows that 80% of the total population of Worcestershire lives within a 30-minute walking distance of a pharmacy or GP dispensing practice within normal working hours. The populations that tend to be excluded by this are those living in more rural areas.

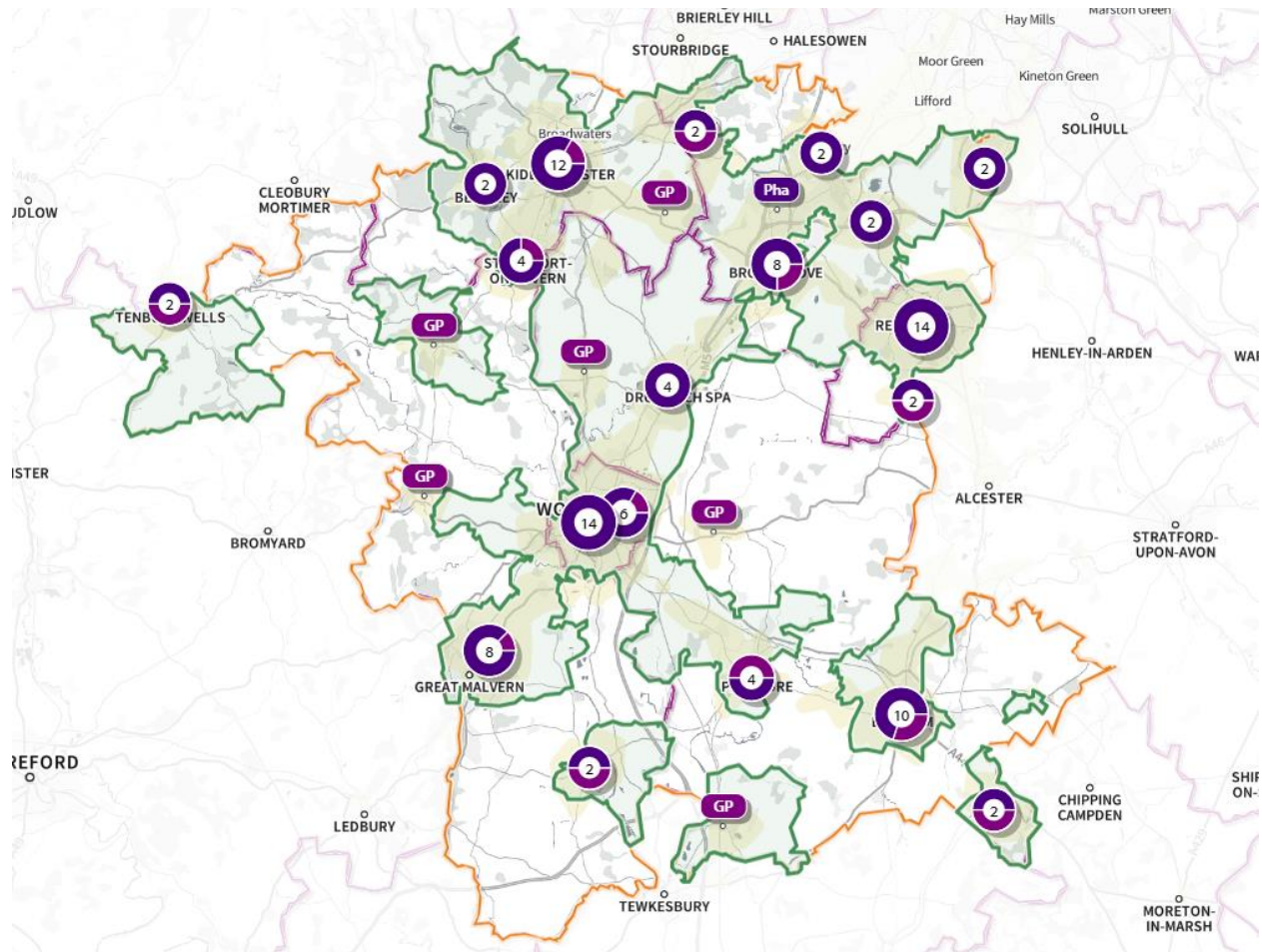


The map displays the Birmingham and Solihull Local Authority area, showing the distribution of GP practices and their patient populations. The map is color-coded by ward, with green for wards with a population of 10,000 or more, and orange for wards with a population of 5,000 or more. GP practices are marked with purple circles containing a number, and some are labeled 'GP' or 'Pha'. The map includes labels for various towns and villages, such as Stourbridge, Halesowen, Lifford, Kineton Green, Hay Mills, Solihull, Henley-in-Arden, Alcester, Stratford-upon-Avon, Chipping Campden, Moreton-in-Marsh, Tewkesbury, Ledbury, Bromyard, Cleobury Mortimer, Tenbury Wells, and Brierley Hill. The map also shows the M5 motorway and the A5 road.

GP Practice	Population
GP (Tenbury Wells)	2
GP (Cleobury Mortimer)	2
GP (Brierley Hill)	2
GP (Stourbridge)	2
GP (Halesowen)	2
GP (Lifford)	2
GP (Kineton Green)	2
GP (Hay Mills)	2
GP (Solihull)	2
GP (Henley-in-Arden)	2
GP (Alcester)	2
GP (Stratford-upon-Avon)	2
GP (Chipping Campden)	2
GP (Moreton-in-Marsh)	2
GP (Tewkesbury)	2
GP (Ledbury)	2
GP (Bromyard)	2
GP (Cleobury Mortimer)	2
GP (Tenbury Wells)	2
GP (Brierley Hill)	2
GP (Stourbridge)	2
GP (Halesowen)	2
GP (Lifford)	2
GP (Kineton Green)	2
GP (Hay Mills)	2
GP (Solihull)	2
GP (Henley-in-Arden)	2
GP (Alcester)	2
GP (Stratford-upon-Avon)	2
GP (Chipping Campden)	2
GP (Moreton-in-Marsh)	2
GP (Tewkesbury)	2
GP (Ledbury)	2
GP (Bromyard)	2
GP (Cleobury Mortimer)	2
GP (Tenbury Wells)	2
GP (Brierley Hill)	2
GP (Stourbridge)	2
GP (Halesowen)	2
GP (Lifford)	2
GP (Kineton Green)	2
GP (Hay Mills)	2
GP (Solihull)	2
GP (Henley-in-Arden)	2
GP (Alcester)	2
GP (Stratford-upon-Avon)	2
GP (Chipping Campden)	2
GP (Moreton-in-Marsh)	2
GP (Tewkesbury)	2
GP (Ledbury)	2
GP (Bromyard)	2
GP (Cleobury Mortimer)	2
GP (Tenbury Wells)	2
GP (Brierley Hill)	2
GP (Stourbridge)	2
GP (Halesowen)	2
GP (Lifford)	2
GP (Kineton Green)	2
GP (Hay Mills)	2
GP (Solihull)	2
GP (Henley-in-Arden)	2
GP (Alcester)	2
GP (Stratford-upon-Avon)	2
GP (Chipping Campden)	2
GP (Moreton-in-Marsh)	2
GP (Tewkesbury)	2
GP (Ledbury)	2
GP (Bromyard)	2
GP (Cleobury Mortimer)	2
GP (Tenbury Wells)	2
GP (Brierley Hill)	2
GP (Stourbridge)	2
GP (Halesowen)	2
GP (Lifford)	2
GP (Kineton Green)	2
GP (Hay Mills)	2
GP (Solihull)	2
GP (Henley-in-Arden)	2
GP (Alcester)	2
GP (Stratford-upon-Avon)	2
GP (Chipping Campden)	2
GP (Moreton-in-Marsh)	2
GP (Tewkesbury)	2
GP (Ledbury)	2
GP (Bromyard)	2
GP (Cleobury Mortimer)	2
GP (Tenbury Wells)	2
GP (Brierley Hill)	2
GP (Stourbridge)	2
GP (Halesowen)	2
GP (Lifford)	2
GP (Kineton Green)	2
GP (Hay Mills)	2
GP (Solihull)	2
GP (Henley-in-Arden)	2
GP (Alcester)	2
GP (Stratford-upon-Avon)	2
GP (Chipping Campden)	2
GP (Moreton-in-Marsh)	2
GP (Tewkesbury)	2
GP (Ledbury)	2
GP (Bromyard)	2
GP (Cleobury Mortimer)	2
GP (Tenbury Wells)	2
GP (Brierley Hill)	2
GP (Stourbridge)	2
GP (Halesowen)	2
GP (Lifford)	2
GP (Kineton Green)	2
GP (Hay Mills)	2
GP (Solihull)	2
GP (Henley-in-Arden)	2
GP (Alcester)	2
GP (Stratford-upon-Avon)	2
GP (Chipping Campden)	2
GP (Moreton-in-Marsh)	2
GP (Tewkesbury)	2
GP (Ledbury)	2
GP (Bromyard)	2
GP (Cleobury Mortimer)	2
GP (Tenbury Wells)	2
GP (Brierley Hill)	2
GP (Stourbridge)	2
GP (Halesowen)	2
GP (Lifford)	2
GP (Kineton Green)	2
GP (Hay Mills)	2
GP (Solihull)	2
GP (Henley-in-Arden)	2
GP (Alcester)	2
GP (Stratford-upon-Avon)	2
GP (Chipping Campden)	2
GP (Moreton-in-Marsh)	2
GP (Tewkesbury)	2
GP (Ledbury)	2
GP (Bromyard)	2
GP (Cleobury Mortimer)	2
GP (Tenbury Wells)	2
GP (Brierley Hill)	2
GP (Stourbridge)	2
GP (Halesowen)	2
GP (Lifford)	2

Figure 10 demonstrates that 86% of the population live within a 30-minute journey by public transport to a pharmacy or dispensing GP practice (calculated for weekday mornings,) within normal working hours.

Figure 10: Populations within a 30-minute public transport journey of a pharmacy or dispensing GP practice



## Gap analysis

Regulations on the creation of the PNA do not provide any guidelines for how to identify gaps in pharmaceutical provision. Guidance does suggest three levels where gaps may exist:

1. Geographical gaps in the location of premises.
2. Geographical gaps in the provision of services.
3. Gaps in the times at which, or days on which, services are provided.

The Herefordshire and Worcestershire Community Pharmacy Steering Group decided to consider key areas to assess the provision of pharmaceutical access locally. These areas establish what the population of Worcestershire should expect in relation to the provision of pharmacy.

## PNA steering group agreed essential criteria of pharmacy access – below which would constitute a gap

- Most residents should be within a 20-minute drive of a pharmaceutical provider that is open during usual hours (Monday-Friday, 0900-1700hrs).
- Most residents should be able to access a pharmaceutical provider within a 20-minute drive in the evening and on Saturdays. 30 mins for rural areas.
- Most residents should be able to access a pharmaceutical provider within a 30-minute drive on a Sunday. 40 mins for rural areas.

## PNA steering group agreed as non-essential criteria of pharmacy access – below which does not constitute a gap (included for interest)

- Access to a pharmaceutical provider within a 30-minute journey by public transport
- Access to a pharmaceutical provider within a 30-minute walk in urban areas

## Summary of agreed essential and non-essential criteria

Table 10: Key figures relating to the agreed essential criteria.

Criteria	Key figures	Commentary
<b>Most residents should be within a 20-minute drive of a pharmaceutical provider that is open during usual hours (Monday-Friday, 9am-5pm.)</b>	<b>100%</b> of the Worcestershire population are within a 20-minute drive of a pharmaceutical provider within usual hours.	No gap identified.
<b>Most residents should be able to access a pharmaceutical provider within a 20-minute drive in the evening and on Saturdays. 30 mins for rural areas.</b>	<b>96%</b> of the population are within a 20-minute drive of a pharmaceutical provider that is open after 7pm on weekday evenings. This increased to <b>100%</b> when the drive time is 30-minutes. <b>100%</b> of the population are within a 20-minute drive of a pharmaceutical provider that	No gap identified.

	is open beyond 5.30pm weekday evenings. <b>100%</b> of the population are within a 20-minute drive of a pharmaceutical provider on Saturdays.	
<b>Most residents should be able to access a pharmaceutical provider within a 30-minute drive on a Sunday. 40 mins for rural areas.</b>	<b>98%</b> of the population are within a 20-minute drive and 100% within a 30-minute drive on a Sunday.	No gap identified.

Additional information considered within this PNA:

- **86%** of the population are within a 30-minute journey by public transport to a pharmaceutical provider during usual working hours. **95%** of those who are excluded from this are living in rural areas.
- **80%** of the population are within a 30-minute walk of a pharmaceutical provider during usual working hours. **90%** of those who are excluded from this are living in rural areas.

## Summary of Gap Analysis

- There are no gaps by pre-defined and agreed measures.
- As expected, access to pharmacy providers by walking or public transport is more limited for those in rural areas. However, more than 80% of the population are able to access a pharmaceutical provider during usual working hours within a 30-minute walk or public transport journey.

## Engagement

### Healthwatch Summer Survey 2024

Healthwatch Worcestershire (HWW) gathers feedback about local publicly funded health and care services and makes recommendations to those who run them about how they could be improved from a patient, service user and carer perspective. The aim was to understand whether people have reasonable access to community pharmacy services in their local area, their awareness of the range of services that pharmacies provide and any barriers they are experiencing.

HWW engaged a total of 555 people across Worcestershire over the summer of 2024, which included workshops with members of SpeakEasy N.O.W which is a learning disability charity. This was done through developing a survey and taking this to engagement events across Worcestershire, where the majority of surveys were completed face-to-face. Some of the key findings are described below:

- **Access.** Most people reporting no issues accessing local pharmacies but those with disabilities, those aged 35-64 and those aged 75+ faced challenges relating to transport, opening hours and physical access.
- **Finding information.** Most people look for pharmacy information online. 14% didn't know where to find information about pharmacy services. People who were younger, unemployed, or struggling financially were less likely to know where to look.
- **Medicine availability.** 80% respondents found their medicines available when they went to collect them, though stock issues and poor communication created problems for some.
- **Pharmacy First.** Less than half (48%) had heard of 'Pharmacy First.' Awareness was lower among younger people, those struggling financially, and attendees of SpeakEasy N.O.W. workshops. Most people were not clear the conditions which are covered by the scheme and the age restrictions that apply. However, people are open to using the scheme - 74% of those who hadn't used Pharmacy First said they would if needed.
- **Additional Services:** Around 75% knew about services like blood pressure checks and unwanted medicine returns, but fewer were aware of services like oral contraception without prescription or medicine checks. There is more to do to let people know about the range of services which pharmacies provide.
- **Prescription Prepayment Certificate (PPC):** these can reduce costs for people who pay for their prescriptions. Of those who did, a quarter hadn't heard of the PPC, especially younger people.

The findings were used to generate several recommendations:

- Further promote information about pharmacy services to the public
- Promote the additional services that pharmacies can provide
- Consider how information about pharmacy opening times, including unplanned closures, can be better promoted to the public
- Consider targeting information at: students, younger working age population, carers, people with disabilities and sensory impairments and people who are struggling financially
- Pharmacy First – consider developing targeted information about particular conditions which can be aimed at difference target audiences – e.g. earache aimed at parents, UTI - women, Shingles – older people
- Promote Prescription Prepayment Certificates, particularly to the 18 – 34 age group
- Provide information in a range of formats, in accordance with the Accessible Information Standard



- Consider how information can be made available to people whose first language is not English (including British Sign Language), and promote the availability of telephone-based community language interpreting services
- Ensure all staff have an understanding of possible communication difficulties experienced by people with a learning disability, and are aware of how to communicate information clearly and effectively, in a way that meets people's individual needs, including checking that people understand the information given before they leave the pharmacy
- Consider how pharmacies can increase the use of private consultation space, and reduce the discussion of personal information in front of other customers
- Consider how additional services such as text messaging, delivery and collection services which are valued by patients can be expanded – noting that they are not currently part of the pharmacy contract
- HW Integrated Care Board to ensure that pharmacies are adequately resourced to deliver existing and additional services

The full report can be found here: [Pharmacy Survey Report Final.pdf](#)

## Public Survey

### *Summary*

Worcestershire County Council conducted an online Pharmacy Survey from November 22, 2024, to February 28, 2025, receiving 830 responses from residents. The survey aimed to inform the Pharmaceutical Needs Assessment by gathering vital information on local pharmacy usage and satisfaction.

The public survey is available in the Appendix and full analysis of the results are available in the Appendix. A summary of the key findings is presented below:

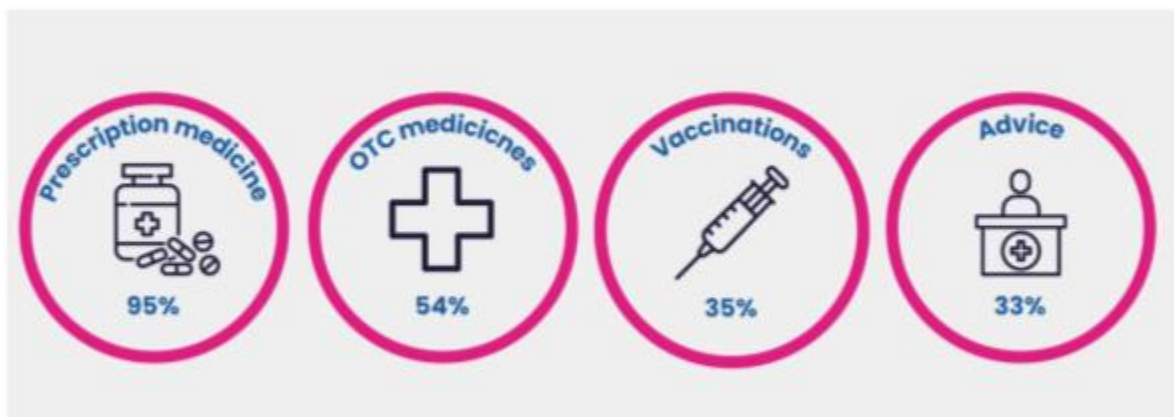
### *Key Findings:*

Who are our respondents, where do they live, how do they use the pharmacy services?

- **Demographics:** The survey largely represented an older demographic, with 48% of respondents over 70 years old and the under 29 age group unfortunately unrepresented (7 respondents' total.) A significant majority were retired (62%) and identified as White English/Welsh/Scottish/Northern Irish/British (95%.) Many respondents also reported being prescribed regular medicine (87%,) having physical disabilities (59%) or long-term conditions (51%).
- **Geographic Representation:** The largest number of responses came from Wychavon (26%) and Worcester City (20%), with Redditch having the smallest representation (10%). Fewer respondents were from deprived backgrounds (2% of respondents were IMD1.)

- **Access to Services:** Private cars (68%) and walking (40%) were the primary modes of transport, whilst only 4% reported using a bicycle and 3% reported walking. Significant issues with public transport links were reported by 22% of respondents, especially in more rural areas. Most reported no problems with consultation rooms, communication, building accessibility, or distance. Nearly a third (30%) reported some issues with access in terms of parking and a quarter (25%) reported some issues in terms of opening times (25%.) Specific concerns raised included lunchtime closures, weekend opening, queuing and staffing issues.
- **Primary Reasons for Pharmacy Use:** Prescription collection was by far the most common reason for visiting (95%), followed by buying over-the-counter medicines (54%), vaccinations (35%), and obtaining advice on medicines (33%).

Figure 11: primary reasons for pharmacy use



- **Pharmacy Usage Patterns:** The majority of respondents (60%) used pharmacy services once a month. Standalone community pharmacies were preferred in urban areas (47%), while dispensing GP practices were more common in rural areas (27%), though some concerns were raised about dispensing GPs not being "as well supported or valued as pharmacies." Most usage occurred during weekdays (9 AM-6 PM) or Saturday mornings, reflecting the survey's demographic.

#### How aware of the pharmaceutical services are our respondents?

- **Awareness of Pharmacy Services:** Confidence in pharmacy teams' advice and knowledge was generally very positive. However, a significant proportion (67% of respondents) were unaware of the pharmacy leaflet about services, and 86% had not used the New Medicine Service (NMS.) Of those who had used NMS, 87% found it to be quite/very helpful. Despite 84% being aware of pharmacists providing general health advice, only 32% utilized these services, preferring GPs or online resources. This suggests a knowledge gap regarding the pharmacist's role and training. The

majority (85%) of respondents reported no problems with finding information on pharmacy opening times.

- **Awareness and Use of Additional Services:** NHS flu vaccinations were the most utilized additional service (41%). When asked about likelihood of using specific services, the most likely to be used were blood tests, out-of-hours support, NHS health checks, and blood pressure management. Services like NHS stop smoking support, children's vaccinations and regular contraception were least likely to be used. Some respondents expressed concern relating to experience and training for pharmacists to undertake expanded roles.
- **Pharmacy First Service:** Reported use of the Pharmacy First Service was low (16%), potentially due to demographics and recent introduction. Willingness to use this service varied depending on the medical condition requiring treatment, but the majority had either accessed or would use Pharmacy First for all of the conditions. The service least likely to be accessed by respondents was for management of uncomplicated UTI in women 16-64 years, with 44% saying they would not use this service. The most common conditions treated were infected insect bites (5.3%) and Sore throat (5.1%). The majority (64%) of respondents accessed pharmacy first as the first place of contact for their condition. Overall respondents were satisfied (50%) or fairly satisfied (23%) with the process, for those who were not satisfied, many respondents reported that they were referred back to their GP. 65% of respondents said their issues were successfully resolved by the Pharmacy first service.

#### How do our respondents feel about pharmaceutical services?

- **Satisfaction with Services:** Overall satisfaction with pharmacy services was high, with 85% reporting a high level of satisfaction. Similarly, 75% were satisfied with prescriptions being available at collection, and 78% were dealt with within a 10-minute wait. Problems reported were largely resolved (84%).

Figure 12: Satisfaction with pharmacy services



- **Challenges with Medication Availability:** While 69% agreed there was a sufficient supply of medicines, some issues were reported with medication readiness for collection, with 59% saying it was ready "most of the time" and 11% "some of the time." This led to respondents having to return, try other pharmacies, or seek alternative prescriptions from their GP due to national shortages.
- **Priorities for Pharmacy Services:** Efficient and quick service was rated as the most important aspect (93%). Respondents frequently highlighted issues with long waiting times, incorrect prescriptions, the need for multiple visits, and poor communication, describing the process as "frustrating" and "incompetent."
- **Suggested Improvements:** Key suggestions for improvement centred on:
  - Accessibility: longer opening hours, 24-hour access, improved location and travel options, and reduced waiting times)
  - Efficiency and communication in prescription management (prescription readiness notifications, better system integration between GPs, pharmacies, and the NHS App).
- **Desired New Services:** Respondents expressed a desire for pharmacies to offer services such as blood tests (cholesterol, blood sugar, thyroid), health monitoring/reviews (annual health checks, blood pressure, diabetes, medication reviews), vaccinations (flu, COVID, travel), minor ailments treatment (UTIs- with requests for broader applicability beyond healthy women aged 16-65, ear wax removal), and waste disposal (recycling of medication packaging and sharps disposal.)

In conclusion, while satisfaction with current pharmacy services is high, this survey does however highlight clear opportunities to enhance accessibility, efficiency, and public awareness of the full range of services pharmacists can offer, particularly concerning prescription management and minor ailment care, to better meet community needs and potentially alleviate pressure on GP services.

## Contractor Surveys

### Pharmacy Survey

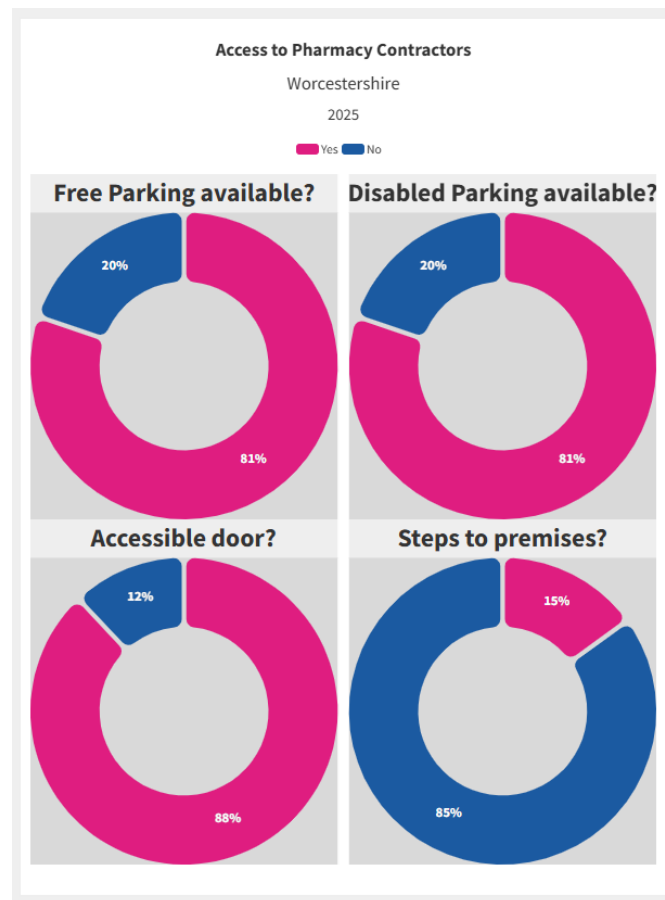
Worcestershire County Council conducted an online Pharmacy Survey to gather vital information from local pharmacies to best inform the PNA. The questionnaire was live from 14<sup>th</sup> February to 2<sup>nd</sup> May 2025. Responses were received from 41 pharmacies within Worcestershire.

## Summary

### Access

- The majority of the pharmacies surveyed were accessible to customers using pushchairs, wheelchairs and walking frames (88%).
- 81% had free car parking available outside the pharmacy, and 81% had disabled parking available outside the pharmacy.
- Only 15% had steps to access the pharmacy.

Figure 13: Accessibility questions



### Physical access

- 49% of the pharmacies had adjusted or made alterations to enable physical access to the pharmacy.
- Examples of adjustments made to enable physical access were automatic doors fitted, ramps.
- 51% reported no adjustments were required.

### On-site consultation facilities

- 98% of the pharmacies reported that there is a consultation area with a closed door available.

- 93% reported hand washing facilities available either within or near to the consultation room.
- Less than half (44%) reported having a hearing loop available within the pharmacy.

Figure 14: Questions related to physical access to pharmacies and onsite facilities

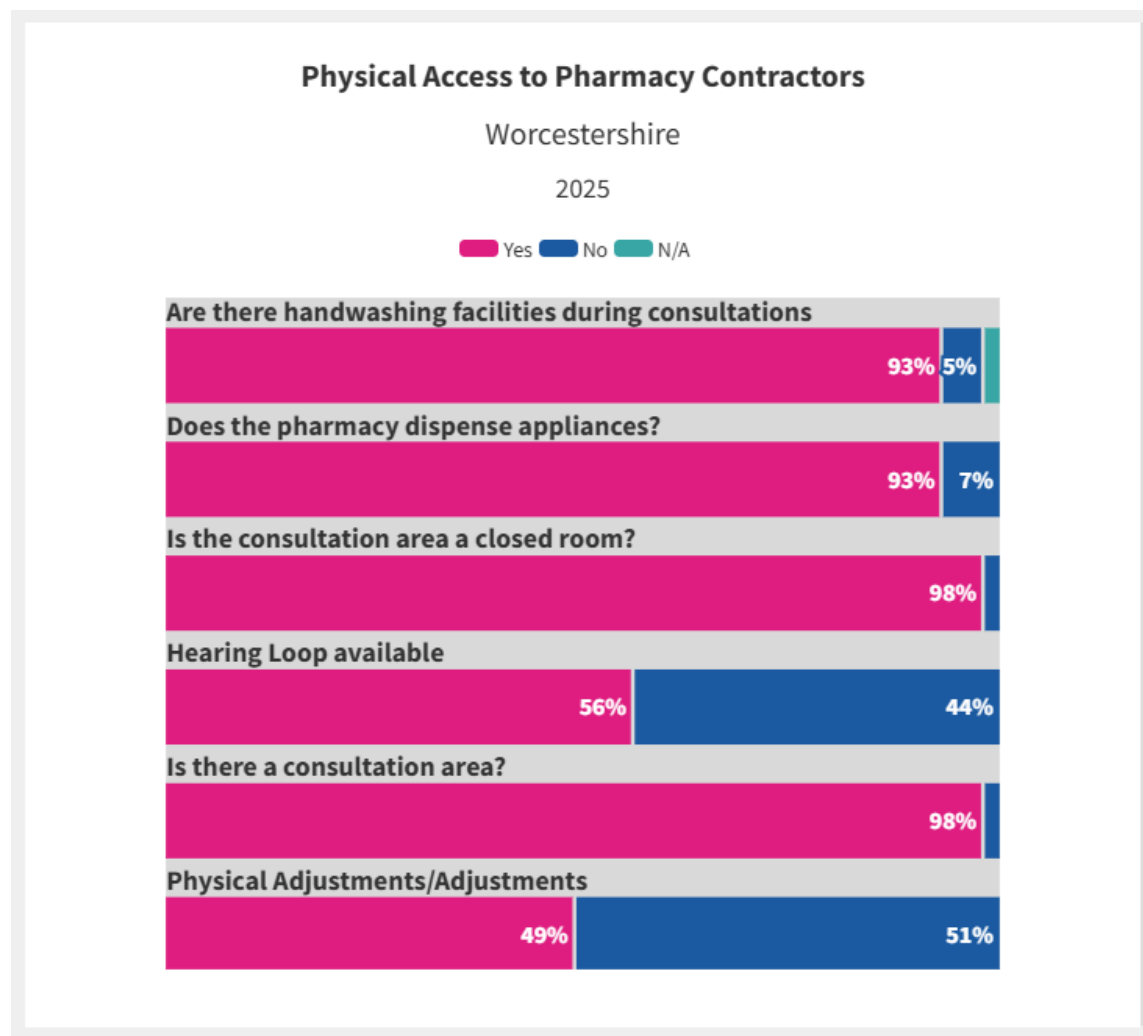


Figure 15: Insight into staff morale

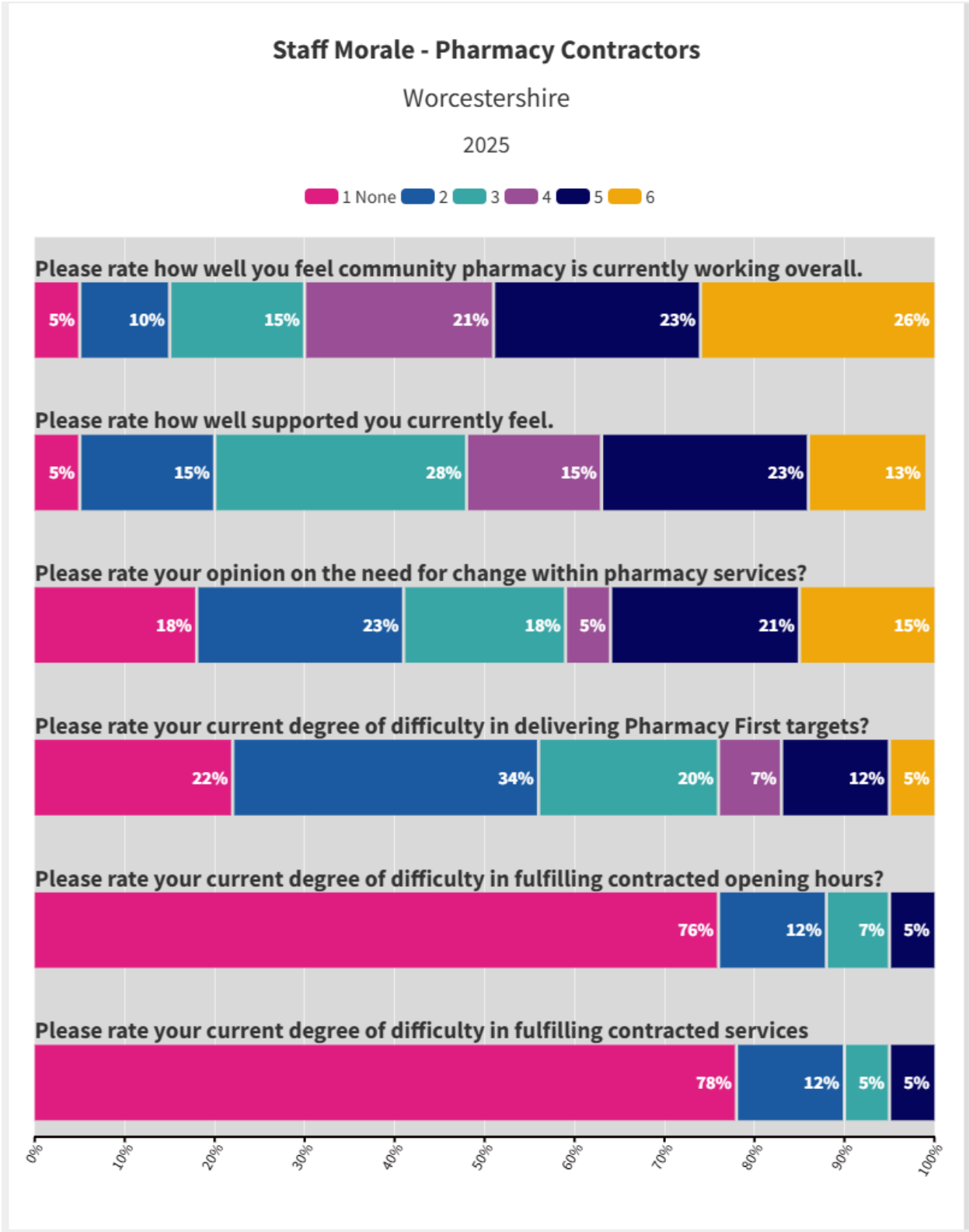


Figure 16: Scale for Figure 15 (insight into staff morale)

	1 on scale	6 on scale
Rate community pharmacy for current overall working	Not working well	Excellent
Rate support	No support	Full support
Rate need for change	No changes required	Complete overhaul
Rate difficulty delivering pharmacy first	No difficulty	Impossible
Rate difficulty fulfilling contracted opening hours	No difficulty	Impossible
Rate difficulty fulfilling contracted services	No difficulty	Impossible

### Contracted hours and services

- The majority of pharmacies reported either no difficulty (76%) or minor difficulty (12%) in fulfilling contracted opening hours.
- Similar results were found with delivering contracted services. The majority reported either no difficulty (78%) or minor difficulties (12%).
- When asked for further details pharmacies reported difficulties with wage and NI increases, funding and stock.

### Pharmacy first

- 22% of pharmacies reported no difficulties in delivering Pharmacy First targets, 34% reported minor difficulties.
- 5% reported targets to be impossible
- When asked for further details pharmacies reported low numbers of referrals from GP surgeries, more NHS funding and more promotion of the service in the local area required.

### Need for change

- There was a roughly even spread of opinion in the need for change within pharmacy services ranging from 18% reporting no changes required compared to 15% suggesting a complete overhaul was required.
- When asked for further details, pharmacies reported funding to be a major factor that required changes.

### Support

- Many pharmacies (51%) reported feeling some degree of support.
- There were a small number (5%) of pharmacies that reported feeling no support was given.
- When asked for further details pharmacies reported funding from HNS and DOH, and monitoring of shortages of medications to be a major factor that required changes.



### Overall view of how well community pharmacies are working

- Just under half of the pharmacies reported feeling that the service was running either excellent (26%) or very well (23%).
- This compared to only 5% reporting the service not working well.
- When asked for further details pharmacies reported pharmacies were working well despite issues with funding.

### Reduced services

- Most pharmacies reported no reduction in either commissioned or free services in the last 12-24 months
- 1 pharmacy reported reducing flu jabs
- 1 pharmacy reported reducing EHC
- 1 pharmacy reported stopping new MDS patients due to funding.
- A small number reported a reduction in deliveries to patients

### Services reported by pharmacists as interested in providing

1. Provide test for cancer blood test
2. Prescribing for uncomplicated infections
3. More clinical services and screening
4. More vaccination services
5. Any to support local need
6. Cholesterol testing and diabetes testing
7. Cancer detection kits distribution
8. MDS NHS funded after pharmacist assessment
9. NRT
10. Expand Pharmacy First
11. Stop smoking
12. Pathfinder
13. EHC
14. Ear wax removal

### Services that patients have shown an interest in being provided

1. Drug/alcohol testing blood tests minor ailment scheme
2. Diabetes and cardiac screening
3. Paid delivery service
4. Chest infections
5. Earwax removal
6. Blood tests
7. RSV, shingles and b12 vaccines.

## Dispensing Practices Survey

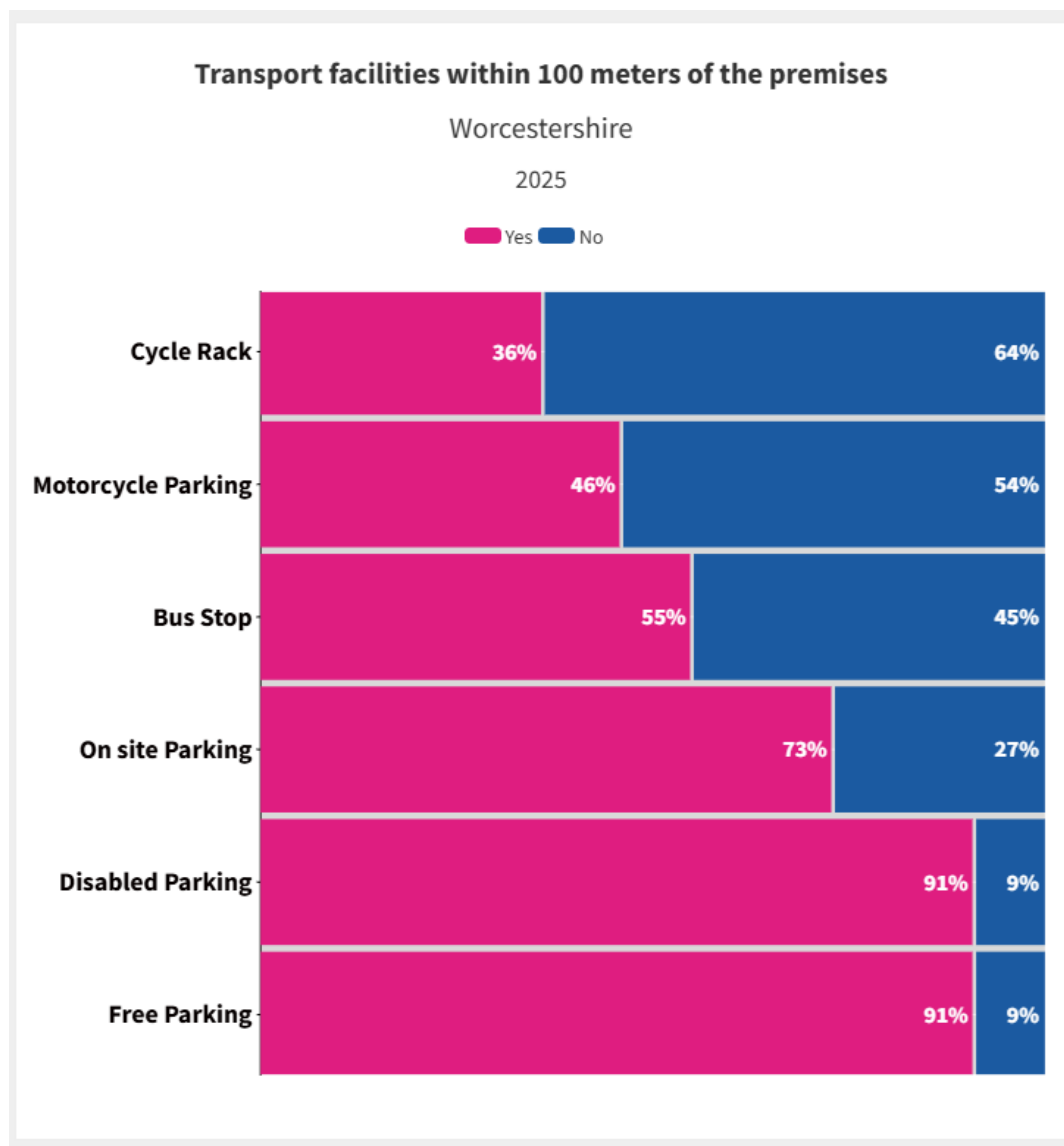
Worcestershire County Council conducted an online Dispensing Practices Survey to gather vital information from local pharmacies to best inform the Pharmaceutical Needs Assessment. The questionnaire ran from 14th February to 2nd May 2025. Responses were received from 11 practices.

## Summary

### Transport

- Figure 17 gives an overview of the transport facilities available around the 11 practices that were surveyed.
- Most of the practices provided free (91%), onsite (73%), and disabled parking facilities (91%).
- 55% reported a bus stop within 100 meters of the premises.
- There were only 36% with a cycle rack and 46% with motorcycle parking.

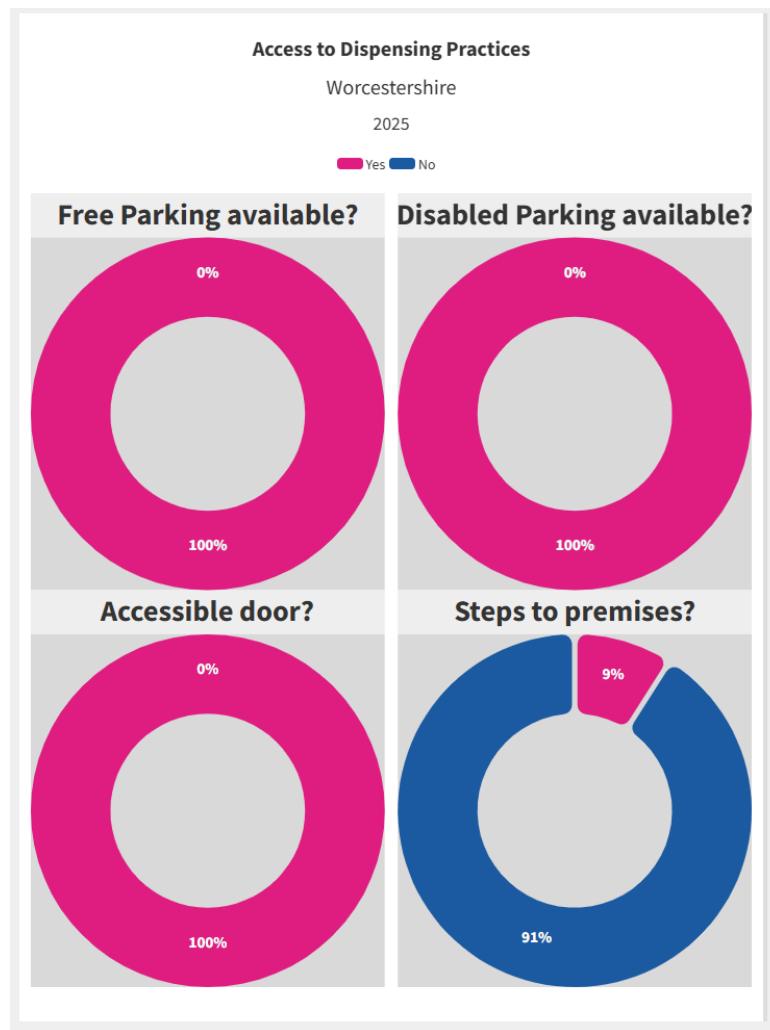
Figure 17: Questions related to transport facilities within 100 metres of the premises



### Accessibility

- All of the pharmacies surveyed were accessible to customers using pushchairs, wheelchairs and walking frames (100%).
- 100% had free car parking available outside the pharmacy, and 100% had disabled parking available outside the pharmacy.
- Few dispensing practices (9%) report steps to access the premises.

Figure 18: Questions related to the accessibility facilities available outside of the dispensing practices

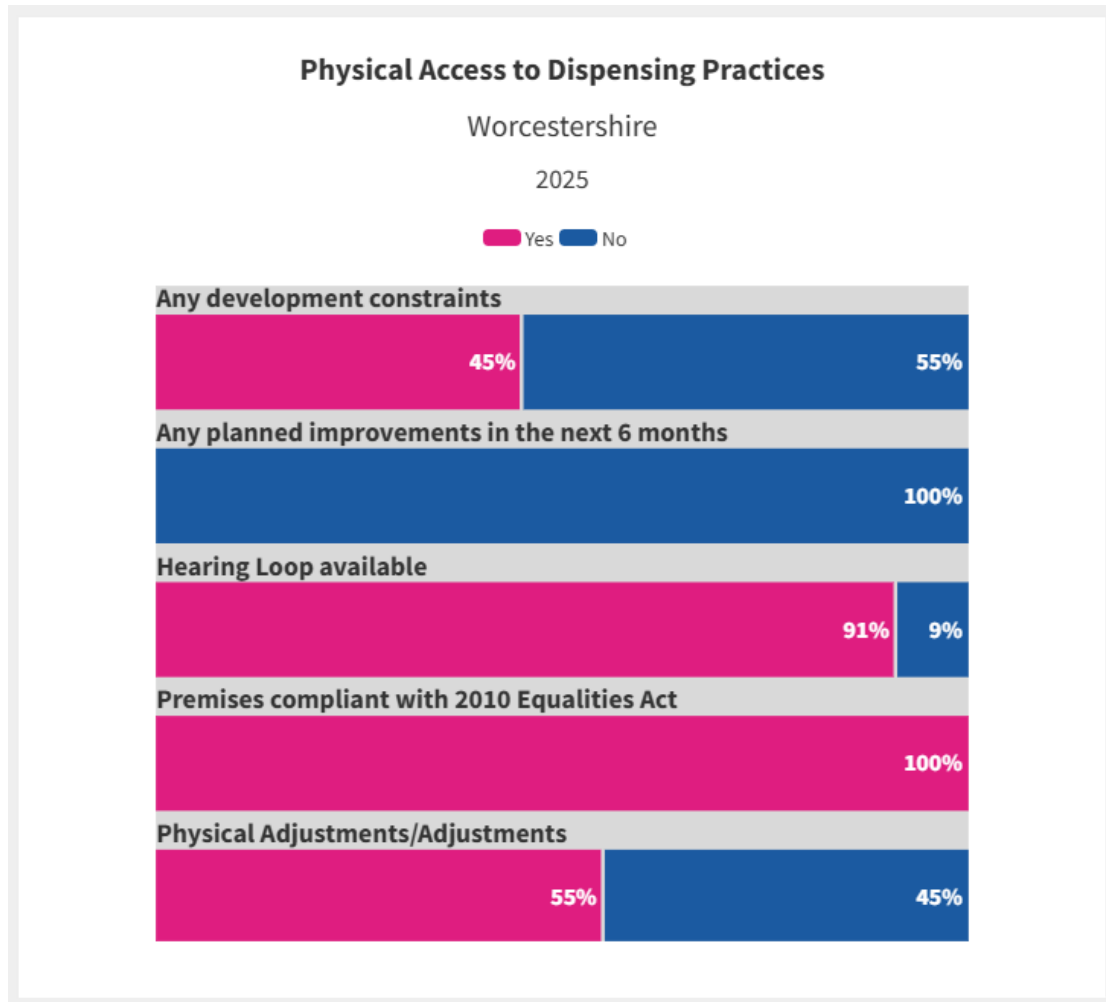


### Physical Access

- 55% of the pharmacies had adjusted or made alterations to enable physical access to the pharmacy.
- Examples of adjustments made to enable physical access were automatic doors fitted, ramps.
- 45% reported no adjustments were required.
- 100% were compliant with the 2010 Equalities Act

- 91% had a hearing loop.
- There were no improvements planned.

Figure 19: Questions related to physical access to dispensing practices



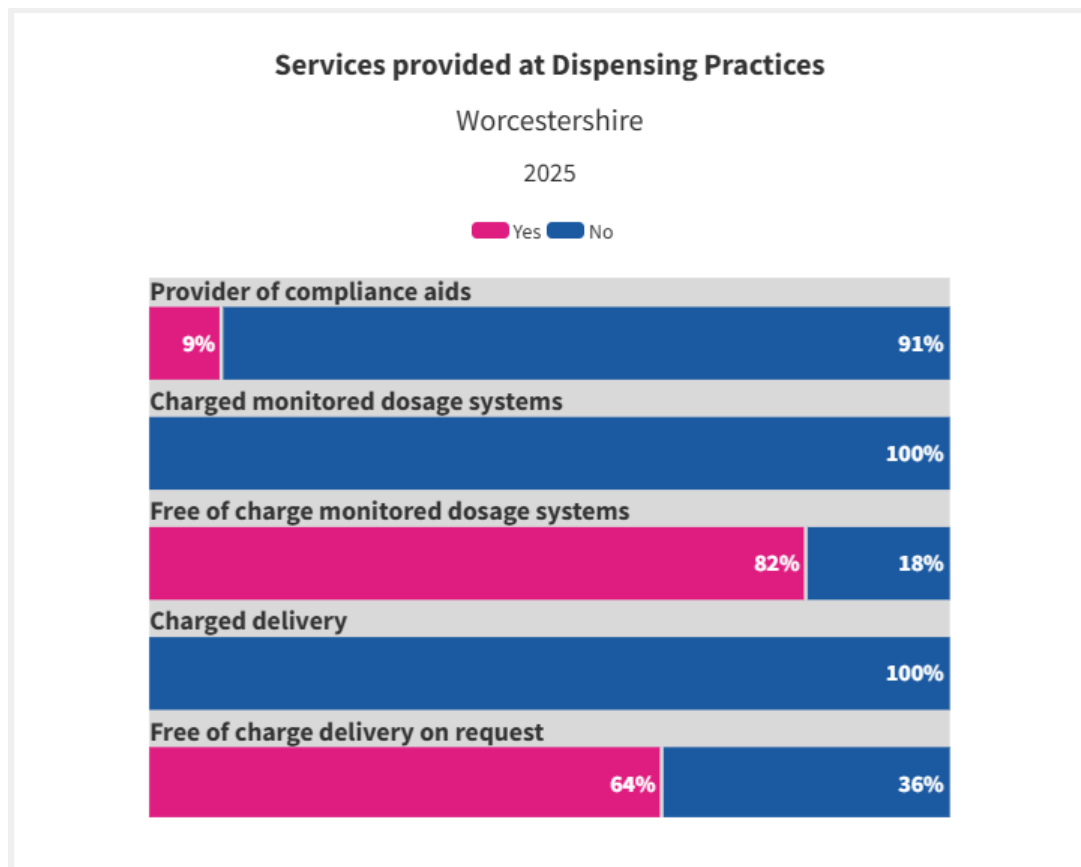
#### Opening Hours and services

- None of the dispensing practices were open on either Saturday or Sunday
- 36% were open after 18:00pm.

#### Services provided

- 73% had a clinical pharmacist working at the practice.
- 64% of dispensaries provided delivery free of charge on request
- None charged for deliveries
- 82% provided Monitored Dosage Systems - Free of charge on request
- None charged for Monitored Dosage Systems - Free of charge on request
- 91% provided other medication compliance aids.

Figure 20: Questions related to services provided at dispensing practices



#### Contracted hours and services

- The majority of pharmacies reported either no difficulty (82%) or minor difficulty (9%) in fulfilling contracted opening hours.
- Similar results were found with delivering contracted services. The majority reported either no difficulty (73%) or minor difficulties (9%).
- When asked for further details pharmacies reported difficulties surrounding funding, specifically with the 11.8% clawback and deliveries.

#### Need for change

- The majority of dispensaries reported that no changes were required to the service (46%) or little change required (27%).
- When asked for further details pharmacies reported funding, specifically with the 11.8% clawback to be a major factor that required changes.

#### Support

- Many pharmacies (55%) reported a neutral opinion towards support felt.
- There were a small number (18%) of pharmacies that reported feeling no support was given.

- When asked for further details pharmacies reported funding, specifically the 11.8% clawback, shortages of medications to be a major factor that required better support.

#### Overall view of how well community pharmacies are working

- Just over half of the pharmacies reported feeling that the service was running either excellent (46%) or very well (9%).
- This compared to only 9% reporting the service not working well.
- When asked for further details pharmacies reported pharmacies were working well despite issues with funding.

Figure 21: Questions related to perceptions on the current functioning of dispensing practices

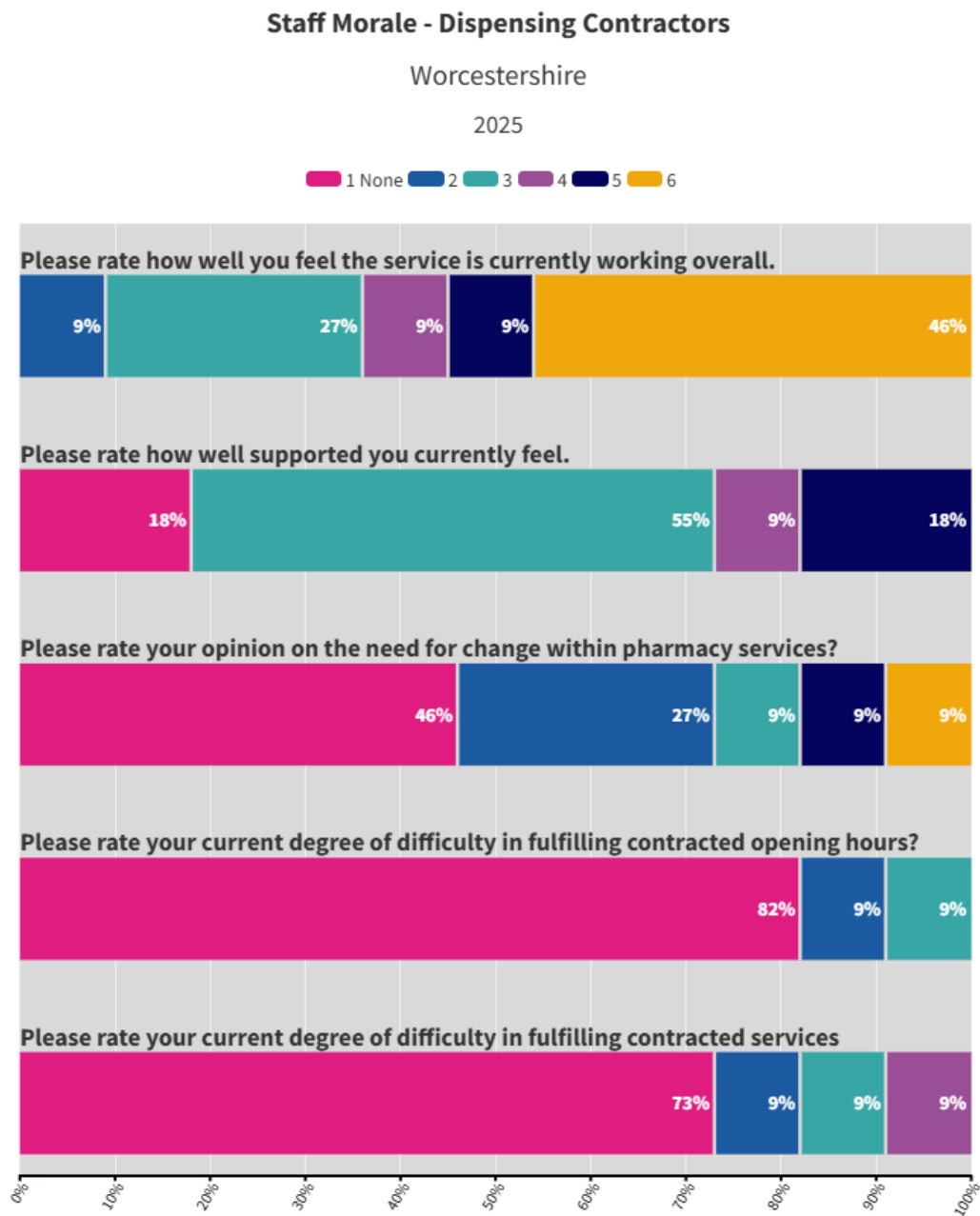


Figure 22: Scale for Figure 21 (staff morale)

	1 on scale	6 on scale
Rate community pharmacy for current overall working	Not working well	Excellent
Rate support	No support	Full support

Rate need for change	No changes required	Complete overhaul
Rate difficulty fulfilling contracted opening hours	No difficulty	Impossible
Rate difficulty fulfilling contracted services	No difficulty	Impossible

## Focus groups

### Overview

A series of three focus groups were undertaken by Voluntary, Community and Social Enterprise (VCSE) organisations in Worcestershire during April 2025.

Whilst not a mandatory requirement of the PNA, this work provides valuable insight to the thoughts and barriers faced by traditionally lesser-heard populations.

Focus group populations were chosen based on an understanding of those who were unable/less likely to complete the PNA public survey and based on local intelligence about groups who tend to be under-represented. This work was intended both to provide an additional data source to triangulate findings from the survey and to gain a richer understanding of the perspectives of the population using these services.

Although focussed on predefined topics, the participants have shared personal and sometimes wide-ranging views on their experiences of accessing pharmacy services and some of the issues raised go beyond the responsibility of community pharmacies themselves and link to wider system issues. These are recorded here for reference and as an accurate reflection of the data generated from the focus groups. In addition, the relative strengths and limitations of this data source are discussed at the end of this section.

## Methods

### *Organisations and group characteristics*

Various VCSE organisations were approached to recruit participants to undertake focus groups. They were selected considering ability to meet the required timeframes, a quote for financial resources required, existing connections to and understanding of the populations they work with and previous experience in running focus groups. The group characteristics and a more detail overview of the participants is summarised in the Appendix. Participants were asked to fill out demographic and characteristic information, a summary of which is provided in the appendix.

### *Recruitment of participants*

VCSE's recruited participants utilising existing contacts and links.



### *Running of the groups*

VCSE's were provided with a service specification, topic guide and full explanation of expected outputs. Each VCSE was asked to provide an anonymised, full verbatim transcript of the discussion. The methods of transcription were at the discretion of the VCSE's.

### *Content covered*

A topic guide was formulated and provided to VCSE's. This took a semi-structured form, with specific topics and questions to cover but also allowed for free discussion and additional questions at the discretion of the focus group lead. The drafted questions aimed to explore barriers that specific groups of people face in accessing pharmacy services.

### *Remuneration*

Funding of £1,500 per focus group was agreed with the Director of Public Health (DPH) at WCC. Financial incentivisation for participants was at the discretion of each VCSE.

## Hearing Impaired Group

### Key themes

#### **Communication barriers**

- Issues with communication were a common theme discussed during the session.
- BSL interpreters are not routinely used in community pharmacies.
- Participants primarily use lipreading or written notes to communicate with pharmacy staff.
- Continuous relationships with pharmacy staff improve communication:  
*"They know me well...They know that I'm Deaf and have got the information there. So yeah, lots of years I've been going there."*
- Conversely, new and unfamiliar staff makes communication more difficult
- Participants felt the onus to communicate specific communication needs was on them but pharmacies should have a more proactive approach to this:  
*"Pharmacies should be the ones making their services accessible to Deaf people. Yeah, not the other way around. They need to make it easy for you to communicate with them"*
- Participants reported receiving texts from their pharmacy but would appreciate the ability to text or email community pharmacies.
- Those who are older may struggle more with digital tools and may prefer face-to-face contact.
- It is helpful for participants to be able to anticipate the information they need to provide (date of birth, address etc.)
- Online and digital information was often difficult to understand and included jargon
- Participants reported confusion when medications change and it is difficult to query these without direct communication

*“sometimes I go and what I’m expecting to be a repeat prescription, the tablets look different from last time. I don’t know why, it might be a different manufacturer but I am unable to ask.”*

### **Pharmacy access and obtaining medication**

- There was variation in preferred methods for obtaining medications, including the NHS app and deliveries
- The NHS app is useful but an explanation for the deaf community on how to use it would be appreciated
- Participants reported being within close proximity of a community pharmacy

### **Service Awareness**

- Participants were largely unaware of wider pharmacy services offered.  
*“My guess is that Deaf people don’t know half of the stuff that the pharmacies actually do”*
- Eagerness for more information and improved information sharing with the Deaf community.  
*“I’m sure there are a range of services, but we need to know what the pharmacy does, what they have and what they’re qualified to help up wit”*

### **Pharmacy First**

- All participants were unaware of Pharmacy First.
- Participants expressed general difficulties in accessing same-day healthcare due to availability of BSL interpreters. 111 has an interpreter service and was therefore the preferred method of accessing urgent care.
- As GP consultations are generally booked in advance, this allows time to book a BSL interpreter.
- As such, participants expressed concern that healthcare services in pharmacies, such as Pharmacy First, may not be accessible to them, without the provision of interpreter:  
*“For a Deaf person, we don’t have the luxury of dropping into a service and, you know, we can’t have an interpreter in every pharmacy in the country just waiting on the off chance that a Deaf person turns up. It’s not it’s not viable.”*

### **Empowering individuals**

- Participants want to manage their health independently, without relying on family or friends.  
*“I want independence, not to have a rely on my family members or my daughter or somebody else”*
- There is a desire to feel empowered to manage their own health  
*“Confidence is the thing. Confidence we can know what’s going on.”*

## Summary of Recommendations

- There could be more proactive effort from pharmacies to understand individuals' communication needs rather than relying on individuals to communicate their own needs
- The ability to text or respond to text reminders would be aid communication, or the ability to email their pharmacy
- Better processes for information sharing with deaf people, especially around service offering:
  - Participants would appreciate a face-to-face workshop where pharmacy services are explained to them
  - BSL accessible information, such as videos, would improve communication around pharmacy services offered and understanding of how to navigate the systems
- Staff training in basic BSL would aid communication
- An improvement in the way changes to medication are communicated

## Vision Impaired Group

### Key Themes

#### Participants use of pharmacies

- Primary use was for prescription collection
- Participants also utilised pharmacies for seeking advice
- Choice of pharmacy was mostly based on location and convenience:

*"Mine is Tesco's, because this is the closest. I live out of town so my closest is the supermarket. So that's why I get to that one. It's about a 20 minute walk, so that's not bad at all"*
- This was also influenced by word of mouth recommendations, online reviews and availability of delivery services as well as familiarity and rapport.
- One participant reported now only using deliveries from online pharmacies, due to issues with relying on others to collect medications on their behalf:

*"I was feeling awful that I couldn't go up myself, and I got to rely on other people to get my prescriptions. And then I was finding I was running out. My daughter said "why don't you go online and you can have it delivered to your house so you haven't got to go out?"*
- Opening hours also impacted choice of pharmacies:

*"I used to go to the one that was independent but attached to the medical centre where my GP is but I found that they their hours were inconvenient for me. They closed every weekday for lunch, and they closed at 12 noon on Saturdays, so only a five and a half day week."*
- A concern was raised around how access may be more difficult for those in rural communities

## **Issues and barriers faced**

### Medication access and availability

- Concern that medication availability seems to vary between different pharmacies:  
*“There does seem to be a discrepancy between which pharmacies can get certain medications and which ones can’t.”*
- Difficulties in the timing of requesting repeat medications were reported. Specifically, being unable to request medications early due to the risk of stockpiling, but occasionally running out of essential medications due to delays.

### Medication Identification and Labelling

- Differences between generic and brand naming of medication creates confusion about which medications are actually being taken. This is amplified by the use of Braille, as often the Braille label does not match the writing on the box:  
*“It would be ever so helpful if they could say to you, ‘it’s packaged differently. It’s a different name, but it’s an unregulated drug, so maybe it’s the different manufacturers, but it is the same drug’.”*
- Braille on the packaging is sometimes covered by name stickers. Staff have generally been receptive when this has been raised. Participants note however that this should be a standard patient consideration for everyone, as it may not always be clear when someone requires the use of Braille:  
*“I have had to point out that they shouldn’t put the name label with my name on it over the Braille.”*

### Pharmacy Access and Opening Hours

- Limited out-of-hours access to pharmacies, with many being closed lunchtimes and having limited weekend opening times. A 24-hour service would be appreciated. In addition, there was some uncertainty about where to find opening hours:  
*“So I don’t quite know where they display the hours.”*

### Communication and Information Accessibility

- Some important information is presented in a font too small to read:  
*“It’s like the leaflets, they’re too small.”*
- Some participants requested that certain important medicine-related information (such as interactions) were communicated verbally rather than relying on written information.

### Digital and Technological Barriers

- There were concerns around the over-reliance on digital means which may exclude some people.
- Ability to phone pharmacies varied depending on the premises.

### Physical and Sensory Accessibility

- Some participants reported limited pharmacy awareness of wider accessibility measures, such as hearing loops.

### Feedback and Complaints

- Uncertainty of where feedback/complaints relating to pharmacies could be directed.

### **Positive experiences relating to accessibility**

- Generally really positive experiences with helpful staff who provide great customer service:  
*“I was quite impressed with the trouble that one of the assistants went to to source a particular size of drug that I needed. And yes, it was, it was very, very impressive the trouble they went to that was very positive”*
- Vaccine services (both booked and walk in) were praised
- Telephone communication between pharmacies and GP’s to query medications was appreciated.
- Some valued using apps where feasible whilst others preferred face to face communication.
- A request for an app named ‘WelcomeMe’ in pharmacies, where patients can specify their communication needs prior to visiting
- Seats are appreciated whilst waiting
- One participant reported their local pharmacy was very useful in an emergency:  
*“they’re there if I need them in an emergency, really, because, like I said, being a supermarket, their opening hours are very good”*

### **Awareness and use of services**

- Participants reported that they were aware that pharmacies offered additional services and many had attended for advice  
*“I’m aware of them but can’t list them all”*
- Trust in staff qualifications were mixed. One participant reported wanting further clarification around whether staff were qualified and appropriately registered:  
*“I don’t know who I’m actually speaking to”*
- There were some concerns about financial pressures faced by pharmacies and whether these could result in closures

### **Pharmacy First**

- Some were aware of it but hadn’t used, whereas others hadn’t heard of it:
- Participants reported that they would benefit from alternative ways (to written information) to advertise this, such as broadcasting:  
*“It would be quite useful to have it either broadcast, i.e. I can’t read, I don’t even know whether notices are up in pharmacies”*
- Participants were not aware of the list of conditions treated and there was discussion around whether you would first need a diagnosis to attend and how an individual

would have to use their own discretion around whether they believe themselves to have a certain condition:

“Have you got to be diagnosed with these conditions first? Because how would you know you’ve got shingles or a urinary tract infection?”

Participants were keen to know the outcome and changes made as a result of this discussion and raising their concerns.

### **Key recommendations**

- Improve communication- Use larger print, avoid covering Braille, and clearly explain medication changes and interactions.
- Raise awareness of services- Promote services like Pharmacy First through accessible formats (e.g. TV, verbal info). Ensure staff qualifications and roles are more transparent to build trust.
- Support digital and non-digital access- Offer both app-based and face-to-face options for managing prescriptions.
- Train staff in disability awareness- Ensure all staff understand how to support people with visual impairments respectfully.

## **Drug and Alcohol Service Users**

### **Key themes**

#### **Stigma and Discrimination**

- Experiences of stigma were reported. These were not isolated to one pharmacy and were widespread, especially in relation to receiving controlled drugs (e.g. methadone, diazepam)

*“Alienated. Sort of talking down to me.”*

*“At most pharmacies, you know, they don't believe you. There's a stigma of the addiction”*

- Participants felt judged, disrespected, or treated differently due to their drug use history or being prescribed opioid substitution therapy (OST.) They gave examples of other customers being seen and treated differently

*“The addict in us, is one aspect of our personality, but we are labelled as addicts only.”*

*“You know they're talking in the back. You know what's going on, you can hear it all the time. You can hear it all.”*

*“I do notice a difference as well. If you are getting, like, say, blue prescriptions and norm medication, they're actually so different.”*

- Younger or locum pharmacy staff were more often perceived as judgmental compared to older, more experienced staff.
- One respondent reported being required to sign a form indicating that they wouldn't attack staff. This was perceived as insulting.
- Privacy concerns were raised, including being asked personal questions (such as name, address) in public and having medication needs announced loudly:

*"If it's a full pharmacy as well, you go in, and they make a point of making out of what you're on...and you know there's an empty free room, so why not take you out?... It's as embarrassing as it is"*

*"Address or name shouldn't be really shouted in front of other people, because there can be people there who are listening, who don't know where you live, and can use that information later."*

### **Positive Experiences**

- Many positive experiences were raised. These often related to times where participants felt listened to and believed

*"The one I'm at now is absolutely brilliant. Fantastic."*

*"I've had positive, very positive, you know, very positive experience."*

- Several participants shared positive relationships with specific pharmacists who were respectful, empathetic, and supportive:

*"When I turn up, they just say, 'is it just for your blue today, Respondent 5?' And they treat me like any other person in there, which is how it should be"*

- Some respondents shared how one simple question and spending time with them made a huge difference to them

*"He was like, 'Oh, here you are, respondent 5. You know you are reducing at the moment? You're on 77 mil', and I said, 'yeah, thank you.' He actually cared, you know, just took that little bit of time, a personal touch, and it made a massive difference."*

*"I had tears in my eyes, I was really, a bit of a bad place. The one pharmacist, she was really, really good. She called me, and she was like, 'are you okay? Do you want to take a moment?' And she did, this is a positive thing, she sat with me for half an hour, and talked to me, I mean, I was suicidal, and she sat with me for half an hour, and talked to me, you know, she said, 'If you want, I'll get you an ambulance.'"*

- Continuity of care and familiarity with staff led to better treatment and trust

*"He doesn't judge. He's always smiley. I've never had a problem, and he's brilliant. And I'm back there now. But, it's the best pharmacy I've ever been to."*

- Some pharmacists went above and beyond, such as helping with holiday prescriptions or offering emotional support during crises.  
*“We've got some amazing pharmacists, like, especially one, I'm not saying the names, he's our shining beacon. He really goes above and beyond to get the meds.”*

### **Barriers to Access**

- Long waiting times, especially when staff appeared inattentive or dismissive  
*“One hour waiting times. Staff absolutely rude. Not acknowledging you.”*
- Inconsistent service quality across different pharmacies and staff members.
- Limited opening hours and lunch breaks were problematic for those working or with tight schedules.
- Proximity was a major factor in choosing a pharmacy, but not always a choice participants could make freely.
- Some participants reported that having to attend at the same time as other service users can be triggering during initial recovery.

### **Needle Exchange and Harm Reduction**

- Accessing needle exchange services were described as embarrassing and stigmatising  
*“Very embarrassing, very embarrassing.”*  
*“Yeah, they don't make it, they don't make it discreet.”*
- Staff were seen wiping hands after handling syringes and giving them to respondents, reinforcing stigma.
- Lack of discretion and no support or advice offered during exchanges.
- Participants suggested offering naloxone and blood-borne virus testing alongside needle exchange.
- A number of the participants spoke strongly on the creation of Overdose Prevention Centres or Safer Consumption Rooms would be a significant intervention to reduce the risk of overdose and spoke of new sites opening in areas such as Scotland. All respondents agreed with this.

### **Pharmacy First and Minor Ailments Services**

- Mixed awareness and usage of Pharmacy First.
- Some had positive experiences receiving minor treatment (e.g., wound care, emotional support)  
*“Yeah, at our pharmacy you can just be taken to the room, and discuss the condition, and then they will advise you on what to, and in fact, they tell you what's available in pharmacy, if you go to the right one.”*
- Others felt they were dismissed or redirected to GPs or hospitals.



- It was recognised that communities pharmacies play a really important role in managing minor health issues for those using drug and alcohol services  
*“but the pharmacists, for many of us, are our only point of contact, yeah, regarding minor health issues.”*

### **Suggestions for Improvement**

- Anti-discriminatory training for all pharmacy staff and consideration of dedicated staff for controlled drug services to reduce stigma.
- Improved privacy for supervised consumption and consultations. Whilst it is recognised that pharmacies do have a private room, this should be routinely offered for supervised consumption of medicines.
- Promotion of harm reduction tools like naloxone and testing. Recognition that pharmacies are a pivotal point of contact for those using drug and alcohol services and that other means of harm reduction may be well placed in community pharmacies.
- Public Health/WCC/Police and Cranstoun to consider options for the development of Overdose Prevention Centres or Safer Consumption Rooms.
- Clear communication and respectful engagement with service users.

## **Summary of PNA Engagement Results – Worcestershire (2025)**

### **Public Engagement**

Worcestershire County Council’s public survey gathered feedback from 830 residents, primarily older adults and regular pharmacy users. Overall satisfaction was high (85%), with pharmacies praised for accessibility, staff professionalism, and prescription availability. However, challenges were noted around opening hours, waiting times, transport, and digital access, especially among rural populations. Awareness of services offered by pharmacies was low, though interest in using these services was high once informed.

### **Pharmacy Contractor & Dispensing Practice Feedback**

Surveys from 41 pharmacies and 11 dispensing practices showed accessibility practices, with most offering consultation rooms and compliance aids.

Generally, there were limited concerns about delivering contracted hours and services, though respondents did report some difficulties relating to delivering Pharmacy First targets. Pharmacies indicated mixed responses when asked how well they feel community pharmacy is working currently, how supported they feel and the need for change. When asked for more information, funding was frequently cited as was medication shortages.

There was interest in expanding services such as screening, vaccinations and minor ailment treatment. Dispensing practices highlighted similar challenges, particularly around funding and medication availability, but overall felt services were running well.

## Focus Groups with Lesser-Heard Populations

Three focus groups provided deeper insight into barriers faced by:

- **Hearing impaired individuals:** Communication challenges, lack of interpreter access, and limited awareness of services. Participants requested BSL-accessible materials, text/email options, and staff training.
- **Visually impaired individuals:** Issues with medication labelling, small print, and digital exclusion. Participants valued face-to-face support, accessible packaging, and clear verbal communication.
- **Drug and alcohol service users:** Experiences of stigma, privacy breaches, and judgment were common. Positive relationships with empathetic pharmacists were highly valued. Recommendations included anti-discrimination training, private consultation for supervised consumption, and expanded harm reduction services.

## Key Themes Across Engagement

- **High satisfaction** but **low awareness** of pharmacy services
- **Accessibility and communication** are critical for people with sensory impairments and vulnerable groups
- **Funding pressures** are widespread
- **Desire for expanded clinical services** and better integration with GP systems
- **Need for inclusive, respectful care** for those with sensory impairments and substance use histories

# Worcestershire Local Demographics and Health Needs

## Demographics

### Introduction

The following sections provides a summary of the current and future demographics in Worcestershire including population breakdown by age group, deprivation and ethnicity, as well as population projections by age group to help look forward to future need. A summary of current and future needs specific to Worcestershire is then included.

### Geography

In general, the population of Worcestershire may be considered healthy. There are many health-related measures where Worcestershire performs better than the national average. However, there are some pockets of Worcestershire where people's health is poorer and the average measures reported at County and District council level may mask the differences in health outcomes experienced by some communities. For example, people living in more deprived areas have a shorter healthy life expectancy meaning they live more of their life in ill health than those living in more affluent areas.

27,750 residents in Worcestershire live in the 10% most deprived areas in England (almost 5% of the Worcestershire population). Proportions living in 10% most deprived areas are particularly high in Worcester at almost 12%, and Redditch at over 8%. 123,000 residents in Worcestershire live in the 30% most deprived areas in England (almost 21% of the Worcestershire population). Proportions living in 30% most deprived areas are particularly high in Redditch at almost 40%, and Wyre Forest at 35%.

## Population

The 2023 ONS population estimate for Worcestershire is 614,185, comprising 314,009 (51.1%) females and 300,176 (48.9%) males. This is an increase of 16,115 since the 2020 ONS population estimates used in the 2022 PNA. Population estimates per district are detailed in table 6. Malvern Hills is the least populated district (81,822) whilst Wychavon is the most populated district (136,229.)

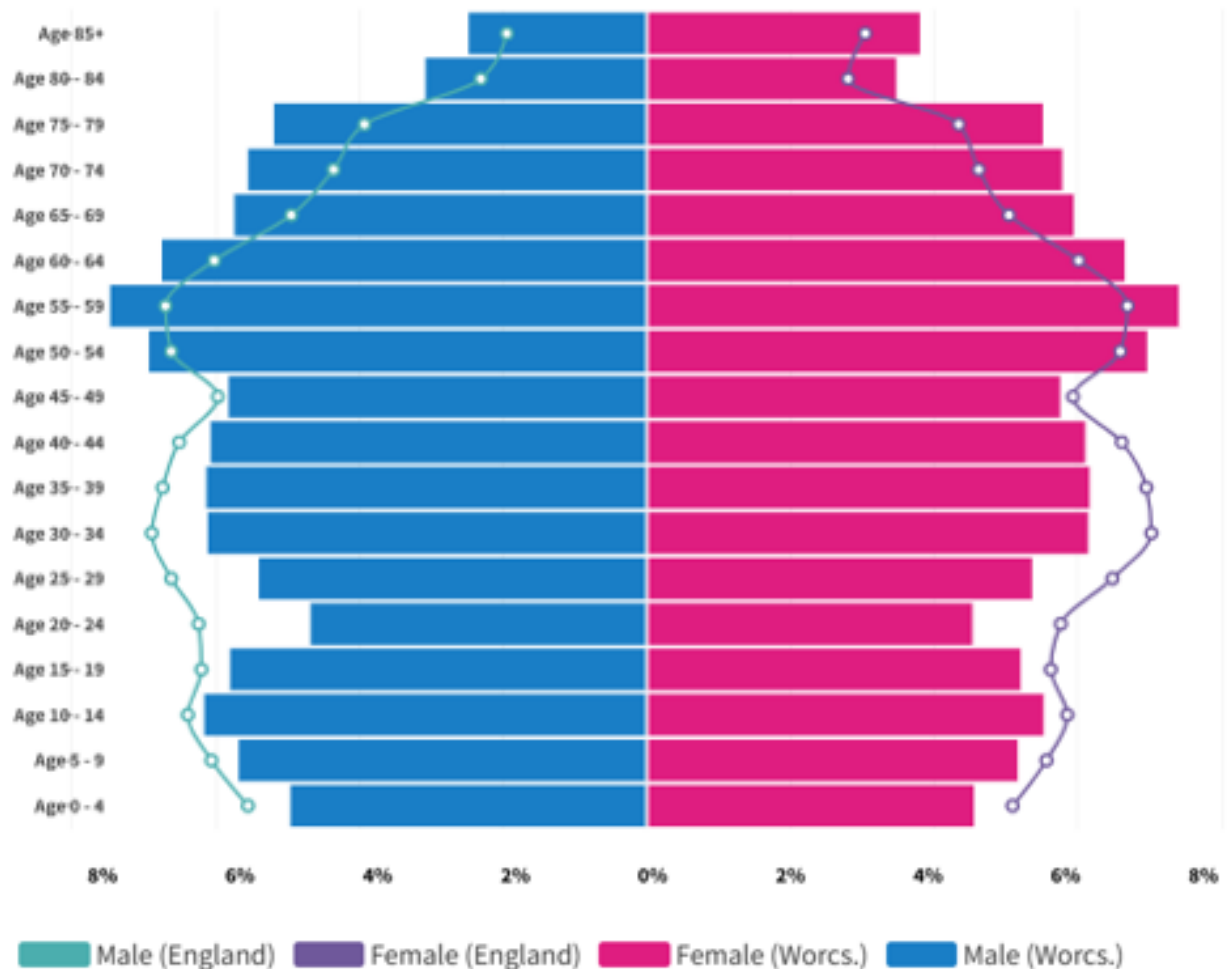
*Table 11: Population estimates for Worcestershire and districts, 2023. Source: 2023 ONS mid-year estimates*

Name	All ages
<b>Worcestershire</b>	614,185
<b>Bromsgrove</b>	100,679
<b>Malvern Hills</b>	81,822
<b>Redditch</b>	87,059
<b>Worcester</b>	105,143
<b>Wychavon</b>	136,229
<b>Wyre Forest</b>	103,253

## Age

Population breakdown by age group shows that Worcestershire has a higher proportion of population in older age ranges (aged 50 onwards) compared to England as a whole, with a lower proportion of people aged 45 and below.

Figure 23: Worcestershire population by age



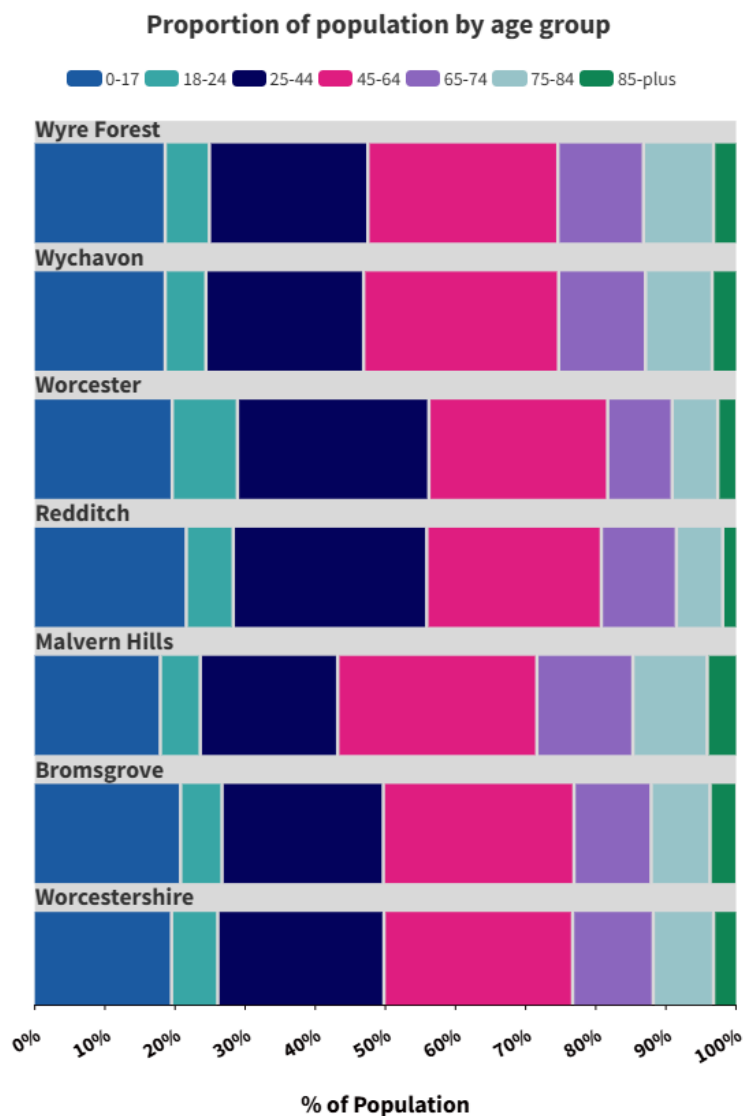
The age structure of Worcestershire varies by district, demonstrated in Table 12 and Figure 21. Redditch, Worcester and Bromsgrove have the highest proportion of those aged 0-19. The Malvern Hills is the area with the highest proportion of residents aged 60+ and the lowest proportion of those aged 0-19. This may be explained by the rurality of the area. Worcester is the area with the lowest proportion of residents aged 60+. Worcester is also home to the only university in Worcestershire (University of Worcester.)

Table 12: Worcestershire districts broad age-groups. Source: ONS 2023 mid-year estimates

Area	0-19	20-39	40-59	60-plus
------	------	-------	-------	---------

<b>Worcestershire</b>	21.5%	22.3%	26.3%	30.0%
<b>Bromsgrove</b>	22.7%	20.8%	26.9%	29.7%
<b>Malvern Hills</b>	19.9%	17.9%	25.9%	36.2%
<b>Redditch</b>	23.7%	25.1%	26.2%	25.0%
<b>Worcester</b>	22.3%	27.6%	26.0%	24.2%
<b>Wychavon</b>	20.4%	20.7%	26.4%	32.6%
<b>Wyre Forest</b>	20.4%	21.4%	26.0%	32.1%

Figure 24: Population breakdown by age group for Worcestershire and districts. Source: ONS 2023 mid-year estimates



## Ethnicity

The most recent ethnicity data source available is the 2021 Census. In 2011, Worcestershire had a higher proportion of individuals who identify as being White (93.8%) compared to England (81%).

Table 13: Ethnicity breakdown for Worcestershire. Source: Census 2021

Ethnicity	Worcestershire	West Midlands	England
<b>Asian, Asian British or Asian Welsh</b>	18511	794264	5426392
<b>Asian, Asian British or Asian Welsh (%)</b>	3.1	13.3	9.6
<b>Black, Black British, Black Welsh, Caribbean or African</b>	4151	269019	2381724
<b>Black, Black British, Black Welsh, Caribbean or African (%)</b>	0.7	4.5	4.2
<b>Mixed or Multiple ethnic groups</b>	11173	178224	1669378
<b>Mixed or Multiple ethnic groups (%)</b>	1.9	3	3
<b>White</b>	566484	4585024	45783401
<b>White (%)</b>	93.8	77	81
<b>Other ethnic group</b>	3357	124226	1229153
<b>Other ethnic group (%)</b>	0.6	2.1	2.2

Figures 22 and 23 demonstrate that Worcestershire generally is less ethnically diverse than England as a whole. In Worcestershire, there are a lower proportion of individuals who are of a minority ethnicity (11.3%) compared to the rest of England (26.5%). The largest ethnic groups in Worcestershire apart from those who are White English/Welsh/Scottish/Northern Irish/British are the 'All other White groups.' There is variation by district, with Redditch having the highest proportion of minority ethnicities (17.6%.) However, this still remains lower than the England proportion of 26.5%. Malvern Hills has the lowest proportion of ethnic minorities, at 6.7%.

Figure 25: Worcestershire district populations by broad ethnic group. Source: 2021 census

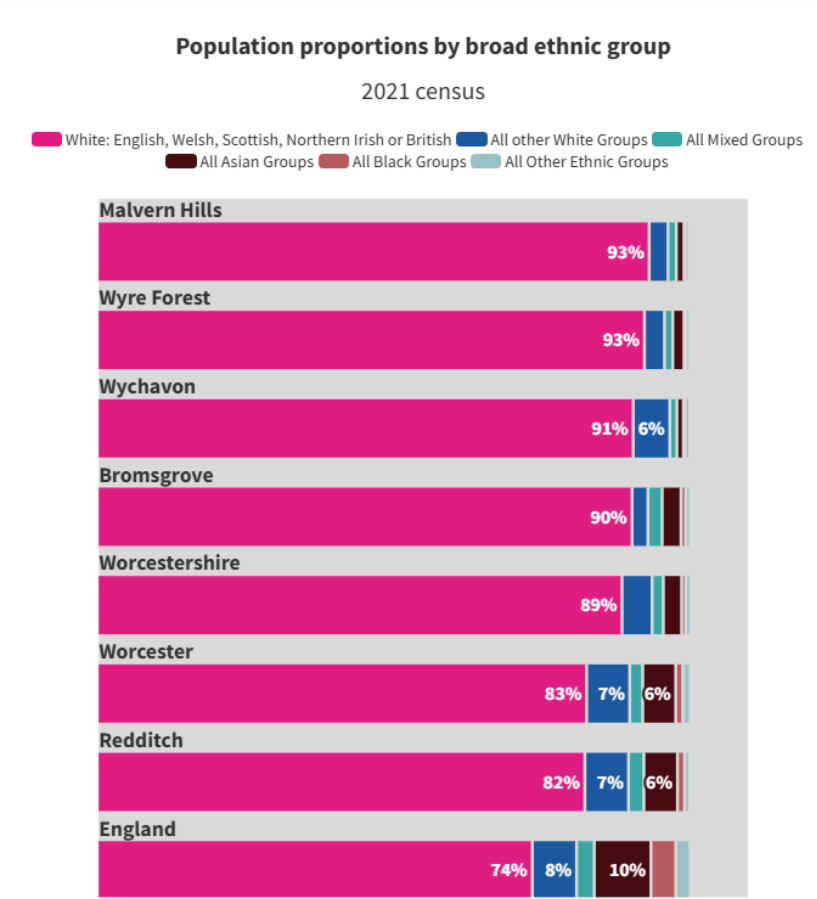
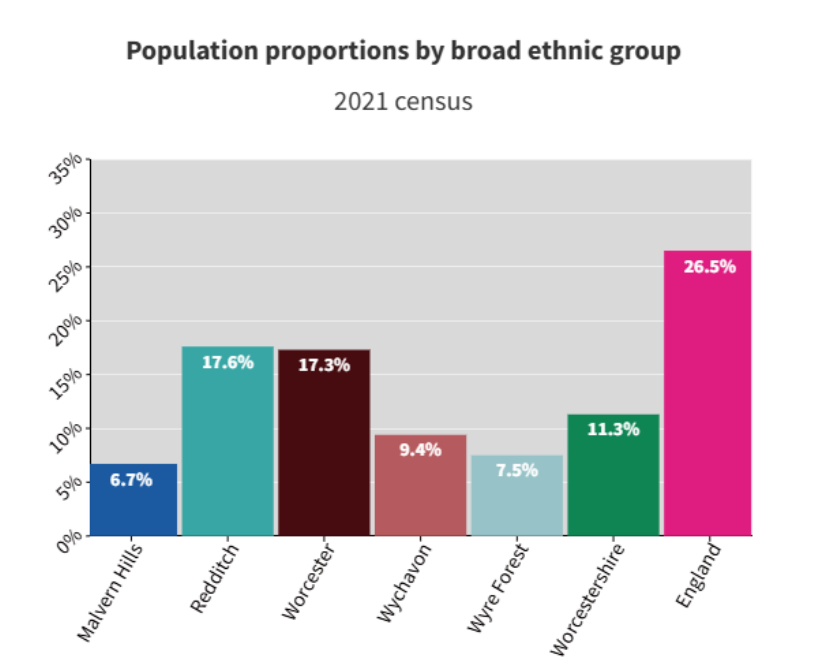


Figure 26: Worcestershire districts proportion of minority ethnicities. Source: 2021 census



## Life expectancy

Variations in life expectancy may be a useful indicator of health inequalities faced by populations. In 2023, life expectancy for males at birth in Worcestershire was 79.4, compared to the England average of 79.3. For females, this was 83.8, which is slightly higher than the England average of 83.2 (Fingertips life expectancy at birth 2023.) Table 14 demonstrates that there is variation across districts, with Worcester having the lowest male life expectancy at 76.8 compared to 81.3 in Bromsgrove. For females, life expectancy is highest in Wychavon (84.9) compared to Wyre Forest (82.8.)

Table 14: Life expectancy by district. Source: Fingertips life expectancy at birth (1 year range) 2023

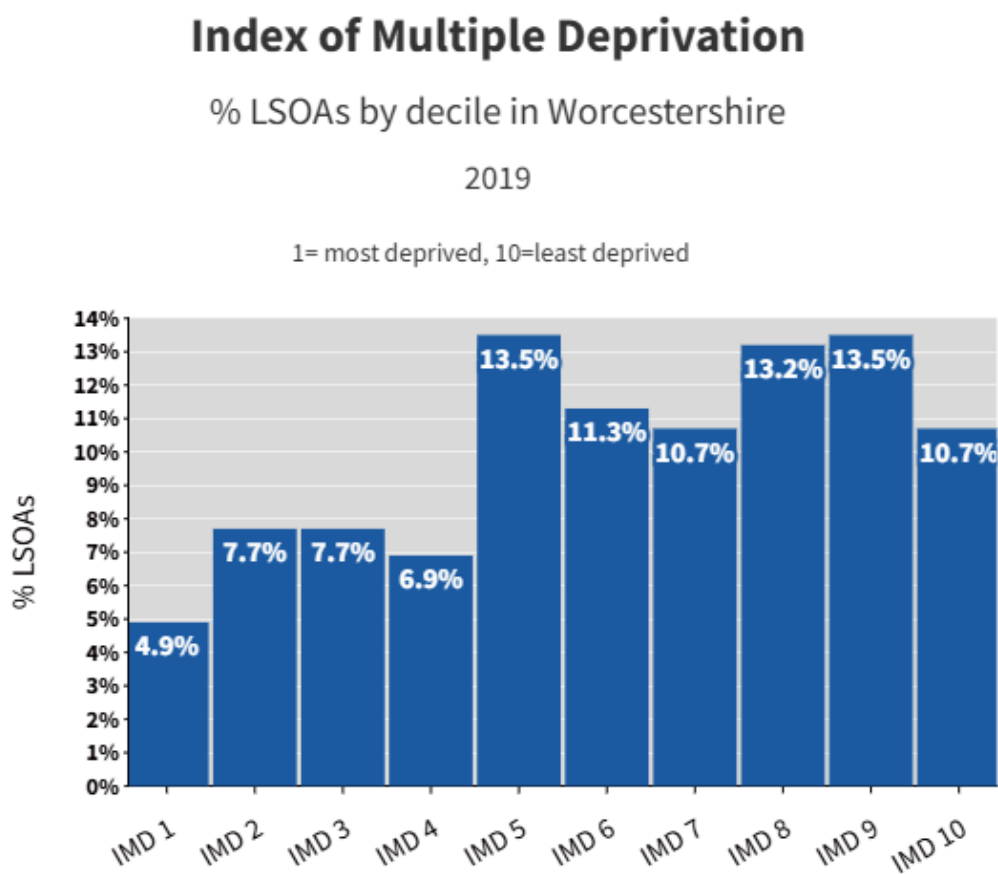
District	Male life expectancy at birth	Female life expectancy at birth
<b>Bromsgrove</b>	81.3	83.9
<b>Malvern Hills</b>	79.2	84.3
<b>Redditch</b>	79.8	83.1
<b>Worcester</b>	76.8	83.4
<b>Wychavon</b>	80.2	84.9
<b>Wyre Forest</b>	78.6	82.8

## Deprivation

The Index of Multiple Deprivation (IMD) 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The IMD ranks every small area (Lower Super Output Area) in England from 1 (most deprived) to 32,844 (least deprived). For larger areas we can look at the proportion of LSOAs within the area that lie within each decile. Decile 1 represents the most deprived 10% of LSOAs in England while decile 10 shows the least deprived 10% of LSOAs. The Index of Multiple Deprivation (IMD) combines information from seven domains to produce an overall relative measure of deprivation. The domains are: Income; Employment; Education; Skills and Training; Health and Disability; Crime; Barriers to Housing Services; Living Environment. Each domain is given a weighting and is based on a basket of indicators. Figure 24 demonstrates that the Worcestershire LSOA's are generally skewed towards the higher (least deprived) deciles. This indicates that generally, Worcestershire has more of it's population in the less deprived deciles.



Figure 27: IMD deciles Worcestershire. Taken from WCC Insights. Source: MHCLG



## Car ownership rates

The proportion of households with no cars or vans is lower in all districts compared to the England average. It should be noted however, that there may be significant variation within districts.

Table 15: Table showing the percentage of households who don't have a car or van, by district.

Area	% of households with no cars or vans
Bromsgrove	11.4%
Malvern Hills	11.8%
Redditch	17.6%
Worcester City	20.5%
Wychavon	11.8%
Wyre Forest	16.3%
England	23.5%

## Areas of concern

WCC Public Health have identified a number of Lower Super Output Areas (LSOA) areas across Worcestershire where there will be targeted Priority Neighbourhood Development efforts.

Lower layer Super Output Areas (LSOAs) are geographical areas made up of groups of Output Areas (OAs), usually four or five. They comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.

The information is correct as of January 2025. As detailed below, most (8) of the LSOA's lie within Redditch district.

### Malvern

- [LSOA population profile E01032204, Malvern Hills 007D, Sherrard's Green](#)

### Redditch

- [LSOA population profile E01032265 Redditch 009B Matchborough West & Washford](#)
- [LSOA population profile E01032234, Redditch 003C, Batchley Brook](#)
- [LSOA population profile E01032252, Redditch 010C, St. Thomas More First School Area](#)
- [LSOA population profile E01032245, Redditch 002D, Church Hill](#)
- [LSOA population profile E01032278, Redditch 005D, Winyates housing estate \(area around Ipsley C.E. Middle School\)](#)
- [LSOA population profile E01032239, Redditch 004C, Smallwood](#)
- [LSOA population profile E01032260, Redditch 011D, Part of Headless Cross, High Trees Close](#)[LSOA population profile](#)
- [LSOA population profile E01032232, Redditch 003A, Batchley](#)

### Worcester City

- [LSOA population profile E01032332, Worcester 002D, Old Warndon, east of Cranham Drive](#)
- [LSOA population profile E01032333, Worcester 005F, Brickfields](#)

### Wyre Forest

- [LSOA population profile E01032470 Wyre Forest 009B Foley Park](#)
- [LSOA population profile E01032424, Wyre Forest 014B, The Walshes](#)

### Wychavon

- [LSOA population profile E01032377, Wychavon 014B, Bewdley Road](#)

## Current local needs/priorities

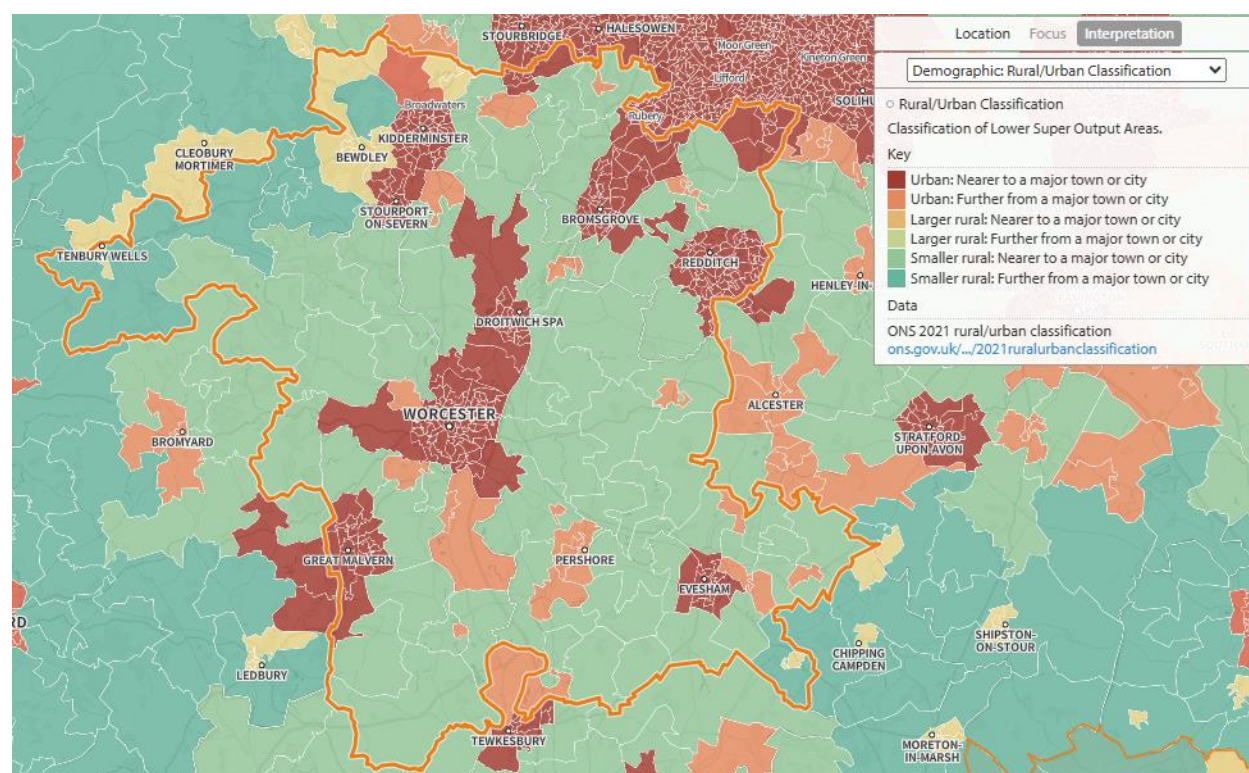
### Urban/rural populations

Worcestershire county is almost 85% rural by area. However, in terms of population over 73% of the population live in urban areas. Worcester City is 100% urban, whilst over 98% of the population in Redditch live in urban areas. In Wyre Forest, almost 80% of residents live in areas classified as urban. In contrast, almost 60% of the population of Wychavon live in rural areas, with the proportion in Malvern Hills standing at over a half. In terms of area, less than 4% of Wychavon is classified as urban, whilst the proportion is less than 10% in Malvern Hills. The areas classified as Urban Major Conurbation are in Bromsgrove on the outskirts of Birmingham.

In general health is better in rural areas than in urban areas. However, using broadbrush measures can mask pockets of significant deprivation and poor health. Nationally, a number of risk factors for rural health have been identified. These include: changing population structure, lack of infrastructure, digital exclusion, poor air quality, poor access to health and related services, isolation and social exclusion, poor quality housing and fuel poverty, unemployment and under-employment.

Outward migration of young people and inward migration of older people is leading to a rural population that is increasingly older than the urban population, with accompanying health and care needs. Sparsity and the increasing scarcity of public transport links have a significant impact both on daily living costs of rural households and on access to services

Figure 28: Map of Worcestershire overlaid with urban/rural classification



## Disease prevalence

Quality and Outcomes Framework (QOF) data is recorded in primary care and can be used to measure disease prevalence. Pharmacies play an important role in the management of long-term conditions, providing the means for pharmaceutical management as well as advice, guidance and support. Generally, disease prevalences for Worcestershire are aligned with those of the rest of England (detailed in table 16.) However, rates of asthma, CKD, hypertension and non-diabetic hyperglycaemia are higher than the England average (highlighted in light blue.)

Table 16: QOF disease prevalences for Worcestershire. Source: Fingertips QOF data 2023/24

Disease	Worcestershire %	England %
<b>Atrial fibrillation</b>	2.8%	2.2%
<b>Asthma (6+ years)</b>	7.2%	6.5%
<b>Chronic kidney disease (18+ years)</b>	6.0%	4.4%
<b>Chronic obstructive pulmonary disease</b>	2.0%	1.9%
<b>Dementia</b>	0.8%	0.8%
<b>Depression (18+ years) incidence</b>	1.5%	1.5%
<b>Diabetes mellitus</b>	8.0%	7.7%

<b>Heart failure</b>	1.3%	1.1%
<b>Hypertension</b>	18.0%	14.8%
<b>Learning disability</b>	0.6%	0.6%
<b>Non-diabetic hyperglycaemia (18+ years)</b>	10.2%	8.2%
<b>Osteoporosis (50+ years)</b>	1.5%	1.1%
<b>Rheumatoid arthritis</b>	1.0%	0.8%
<b>Stroke</b>	2.3%	1.9%

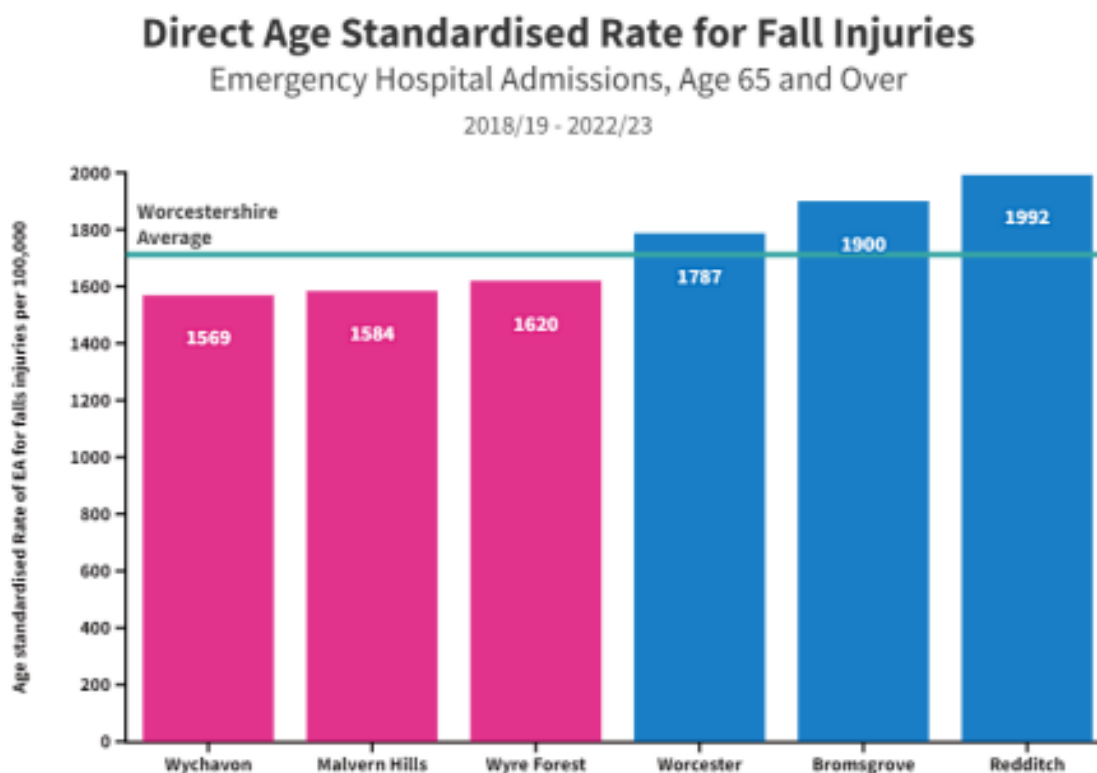
## Older people

### Falls

A higher proportion of Worcestershire's population is aged 65 or over compared with the UK. Falls can have devastating consequences for older people, and they present a significant burden of ill health.

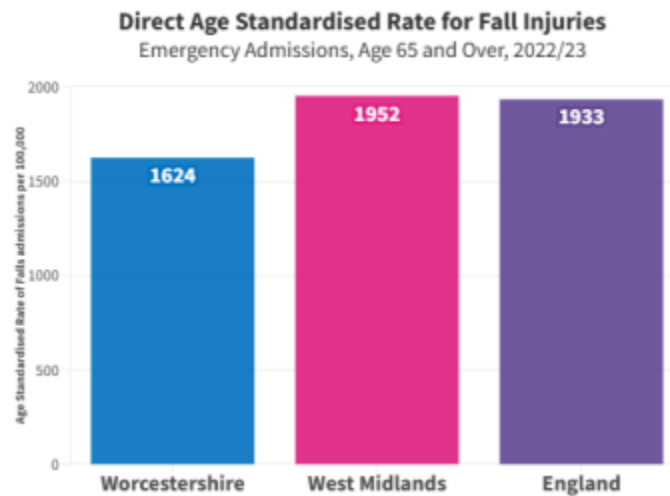
There were 2,355 falls with an injury in 2022/23. Around a third of falls admissions with an injury result in a hip/thigh injury followed by a quarter with head injuries. Falls injury rates are highest in Redditch, Bromsgrove and Worcester.

Figure 29: Falls injuries rates by district



Source: HES, 2023

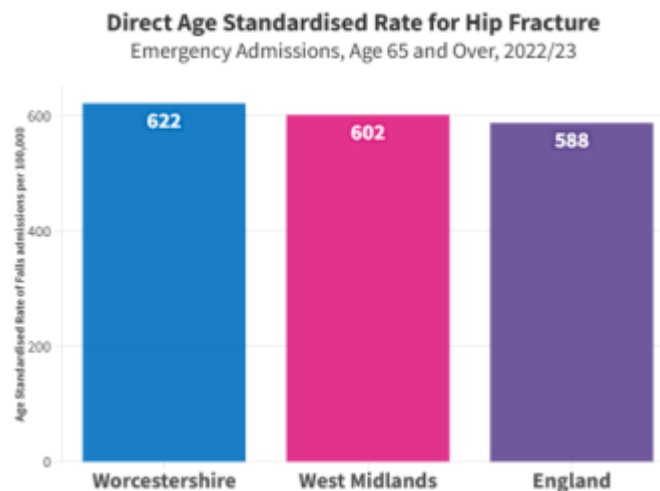
Figure 30: Falls injuries rates comparing Worcestershire to West Midlands and England



### Hip Fractures

In 2022/23 there were 905 emergency hospital admissions for hip fractures in Worcestershire for people aged 65 or over. The age standardised rate of 622 per 100,000 was higher than both the West Midlands (602 per 100,000) and England (558).

Figure 31: Hip fracture rates comparing Worcestershire to West Midlands and England

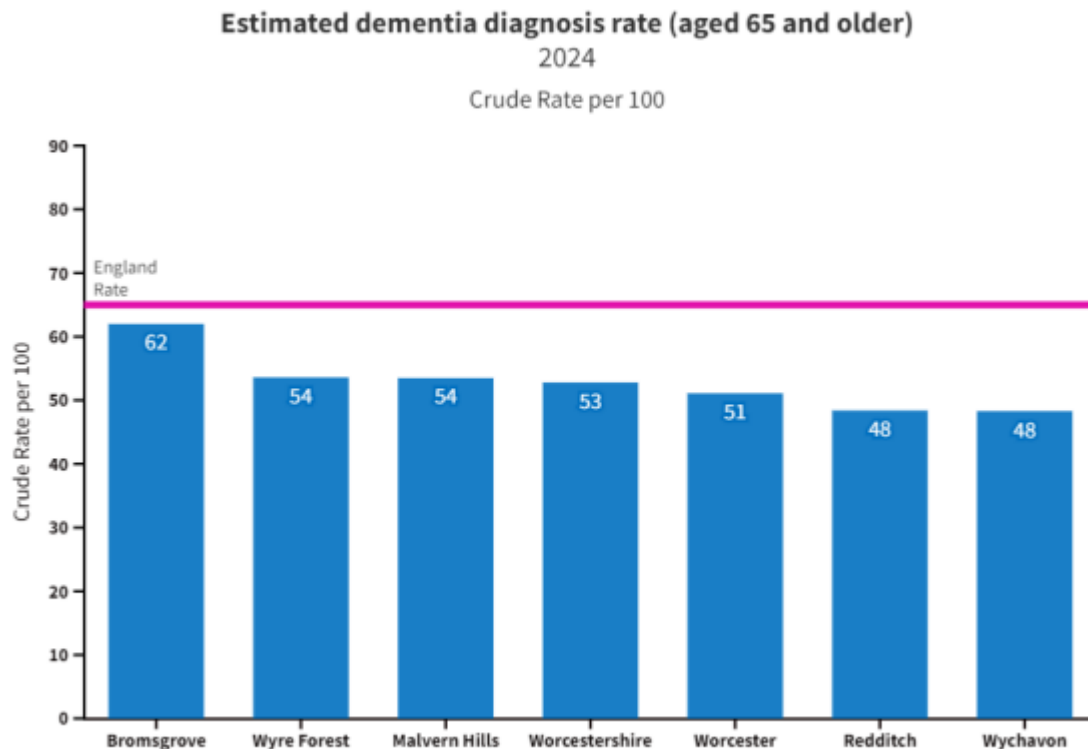


### Dementia Diagnosis Rate

- The estimated dementia diagnosis rate in Worcestershire is lower than the England rate, this has been the case for a number of years.
- This indicator compares the number of people diagnosed with dementia to the number of people thought to have dementia.
- The rate is also significantly lower than the NHS goal rate for England of 66.7.

- The estimated dementia diagnosis rate in Worcestershire is lower than the England rate in all districts.
- Particularly low rates of diagnosis are seen in Wychavon, Redditch, and Worcester.

Figure 32: Estimated dementia diagnosis rate by district



Source: PHOF, 2024

## Smoking

According to the Annual Population Survey smoking prevalence in Worcestershire is 11.5% in 2022 (9.5% in females, 13.9% in males). This compares to the national average of 12.7%. Rates were steadily improving from 2017 to 2020, then there was a sharp increase in 2021. In the latest period rates have now reduced.

Smoking levels are particularly high among those in routine and manual occupation, at 22.3%, as well as those that rent housing from local authority (23.9%), or privately (23.9%).

The proportion of mothers known to be smokers at the time of delivery has reduced from 11.5% in 2020/21, which was significantly worse than the national average, to 9.0% which is only slightly higher than the national average of 8.8% in 2022/23

## Alcohol

Table 17: Mortality and admissions related to alcohol. Source: Fingertips, using OHID data

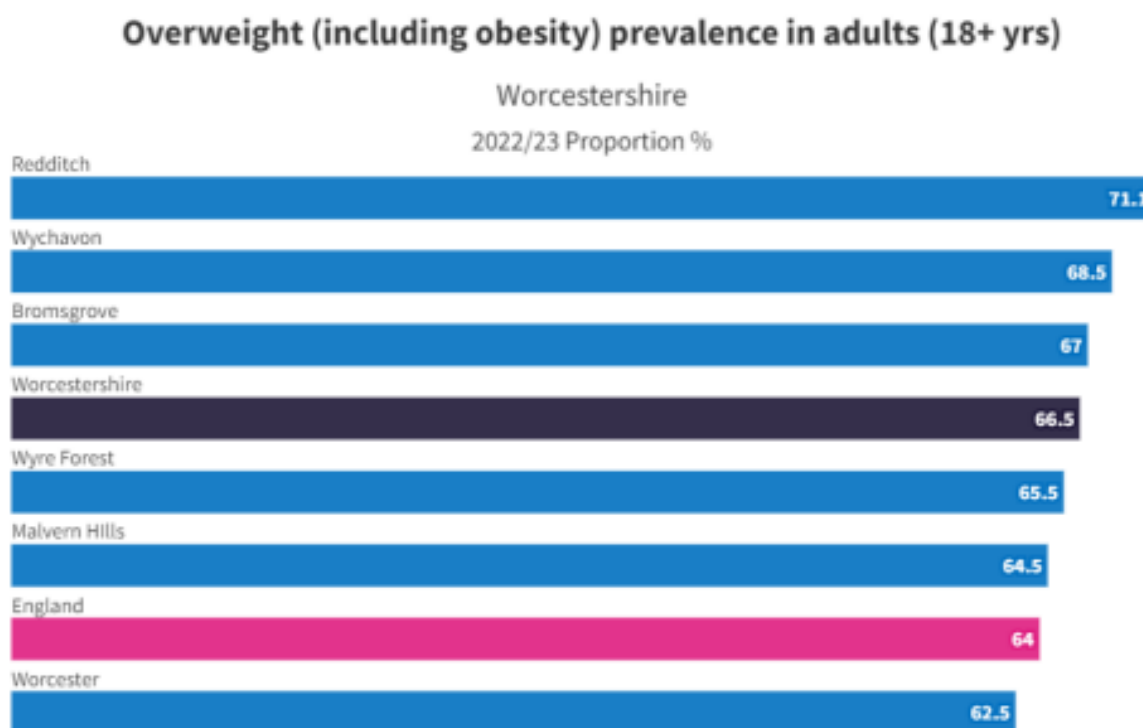
Area	Alcohol-related mortality (2023) standardised rate per 100,000	Admission episodes for alcohol-specific conditions (2023/24) Directly-standardised rate per 100,000
Worcestershire	40.5	511
England	40.7	612

The alcohol-related mortality rate for Worcestershire is aligned with that of England. Worcestershire has a lower rate of admissions for alcohol-specific conditions when compared to England.

## Obesity

Over 66.5% of adults in Worcestershire are classified as overweight or obese, higher than the national average of 64%. The proportion of overweight or obese adults are particularly high in Redditch, at 71% and Wychavon at 68.5%. The lowest rates within Worcestershire, that are below the national average are seen in Worcester City at 62.5%.

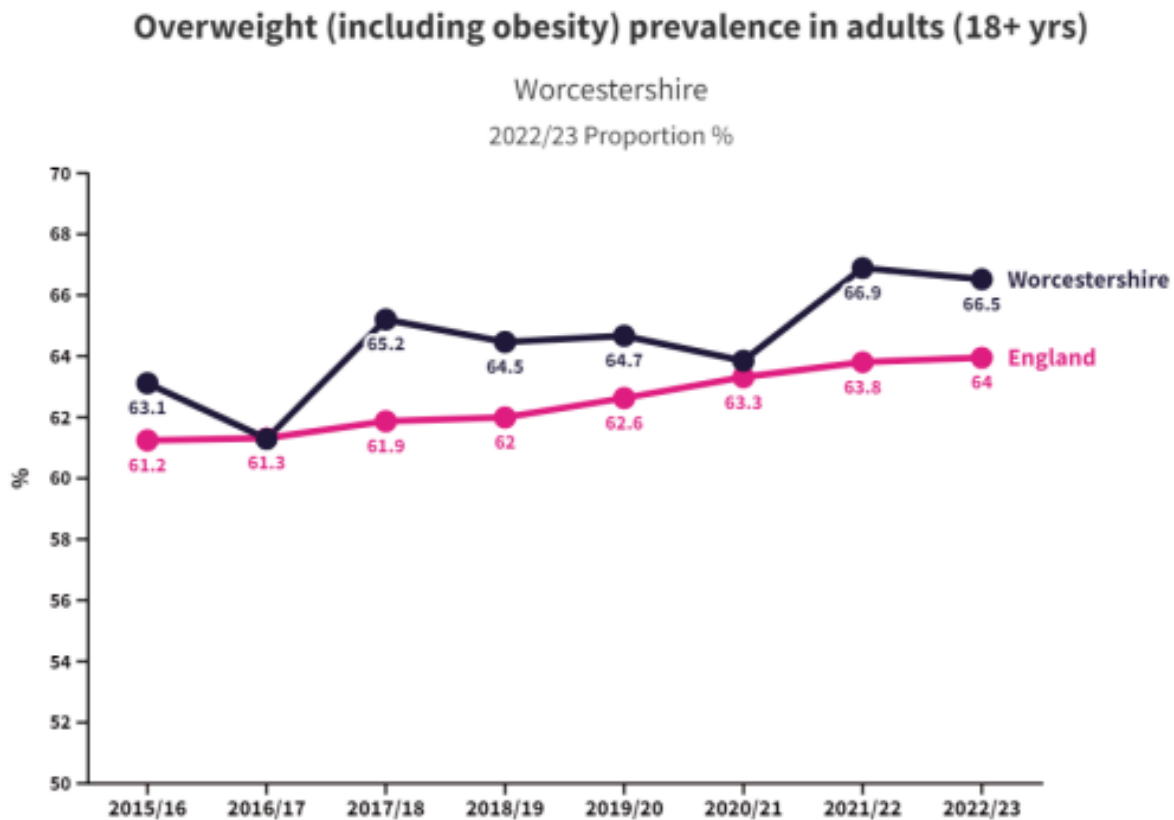
Figure 33: Prevalence of overweight by district.



Source: OHID, 2023



Figure 34: Prevalence of overweight, trend 2015-2023

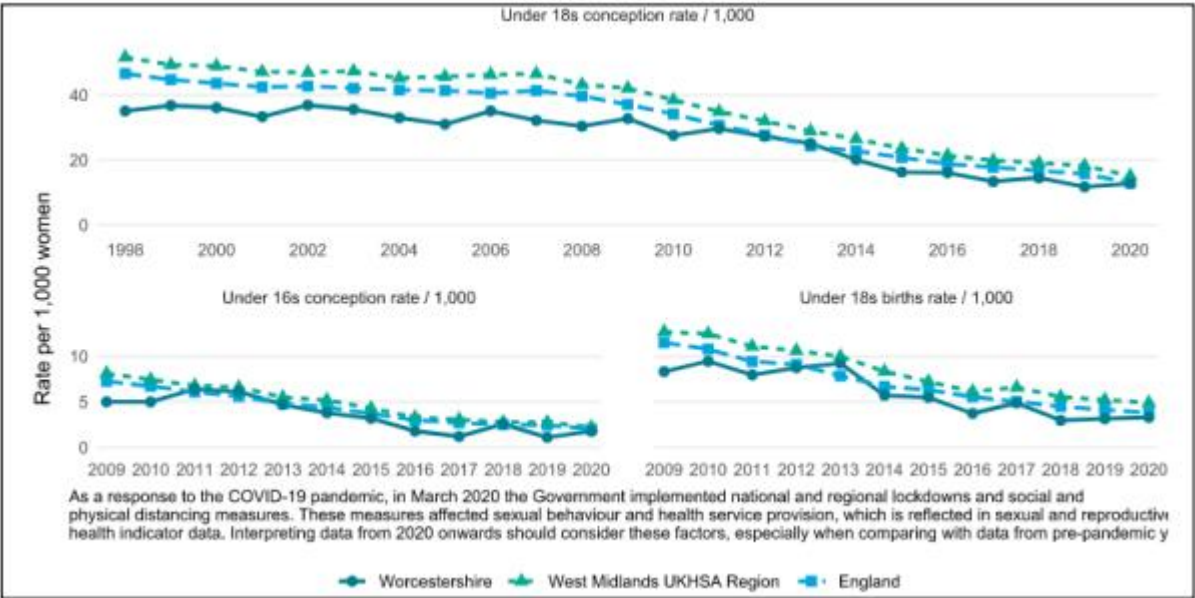


Source: QHID, 2023

### Teenage pregnancy

In 2021, the under-18s conception rate per 1,000 females aged 15 to 17 in Worcestershire was 11.7, which is similar to the rate of 13.1 per 1,000 in England. This was an increase of 9% from 2019. The rank within England for the under-18s conception rate was 88th highest (out of 150 UTLAs/UAs). Between 1998 and 2021 the decrease in the under-18s conception rate in Worcestershire was 65%.

Figure 35: Rates of under-18s conception and births over time in Worcestershire compared to the West Midlands UKHSA Centre and England



## Children and Young People

### Children in poverty

Figure 36: Percentage of children living in poverty by district.

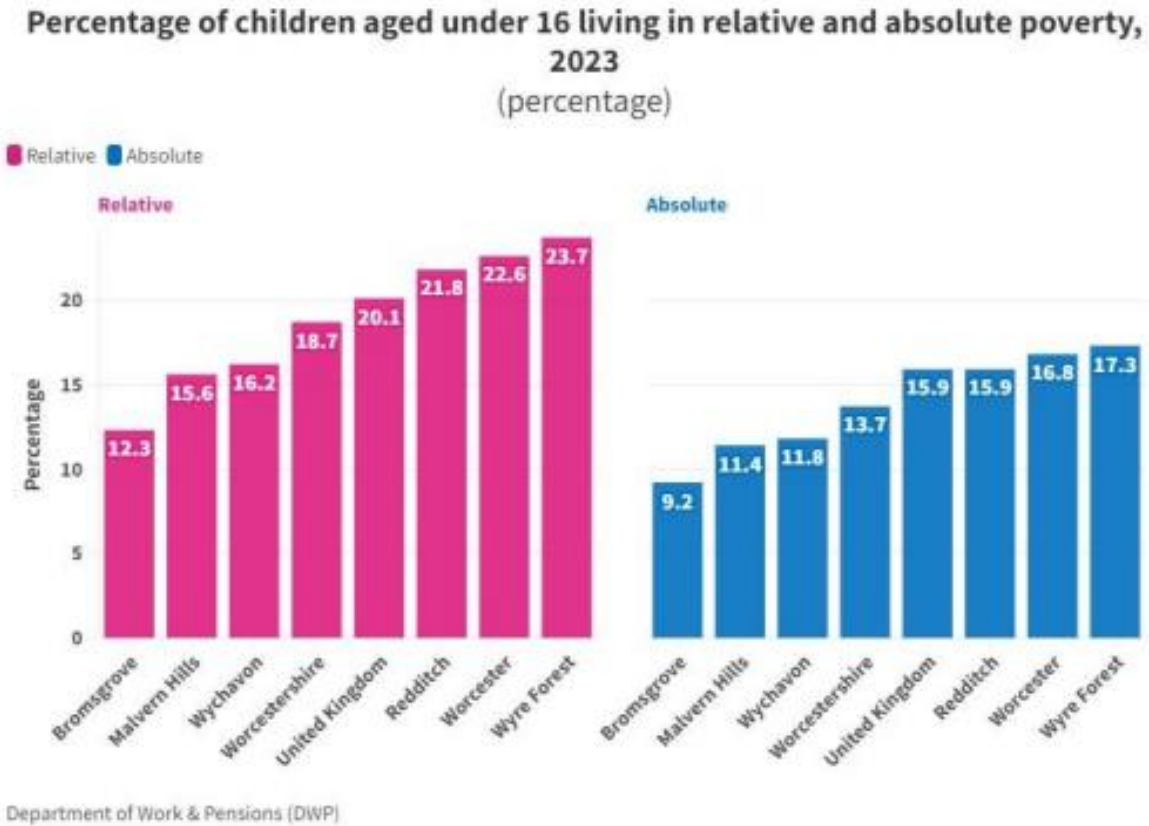


Figure 33 demonstrates the following:

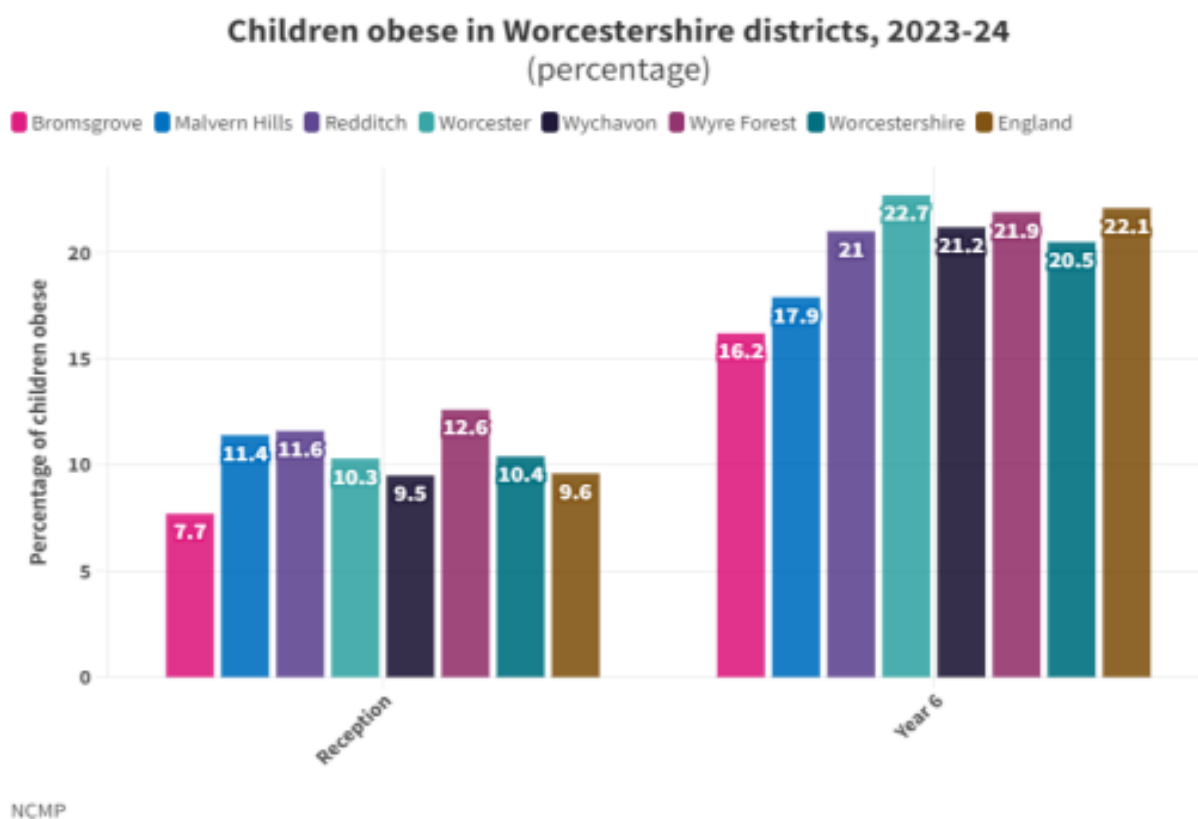
- Almost 19% of children aged under 16 are living in relative low-income families, compared to over 20% in the UK
- Almost 14% of children are living in absolute low-income families, compared to almost 16% in the UK.
- Proportions of children living in poverty are highest in Redditch, Worcester and Wyre Forest.

Proportions of children living in poverty have increased in recent years, notably since 2019, due to the effects of Covid and the cost-of-living crisis.

### *Overweight and obesity*

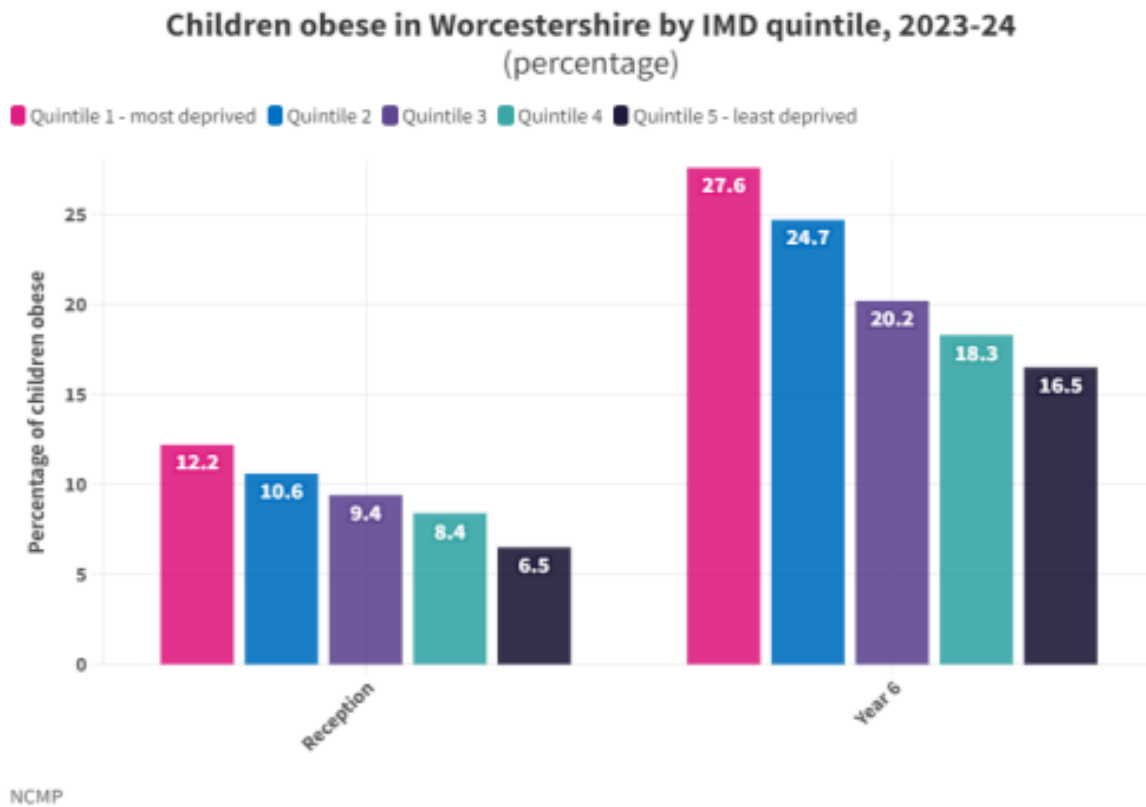
Obesity levels for Worcestershire in 2023-24 were 10.4% in reception, similar to the national average of 9.6%, and 20.5% in Year 6, lower than the national average of 22.1%.

Figure 37: Percentage of obese children in Worcestershire by district



Obesity levels are higher in more deprived areas for both reception and year 6 children. Obesity is highest in Wyre Forest among reception children, and highest in Worcester among Year 6 children.

Figure 38: Worcestershire obesity proportions by quintile



## Future need

### Population projections

The following section describes how the population of Worcestershire is projected to grow assuming that observed trends in births, deaths and migration continue. Data is taken from Office of National Statistics (ONS) projections which is trend based, and as such does not predict the impact that changes in housing policy or rates of housebuilding, changes in local or national economy, or changes in internal or international migration may have.

The estimated population of Worcestershire in 2021 was 603,676 and it is projected to grow to 678,535 by 2043.

Figure 39: Broad age group population projections for Worcestershire, 2043

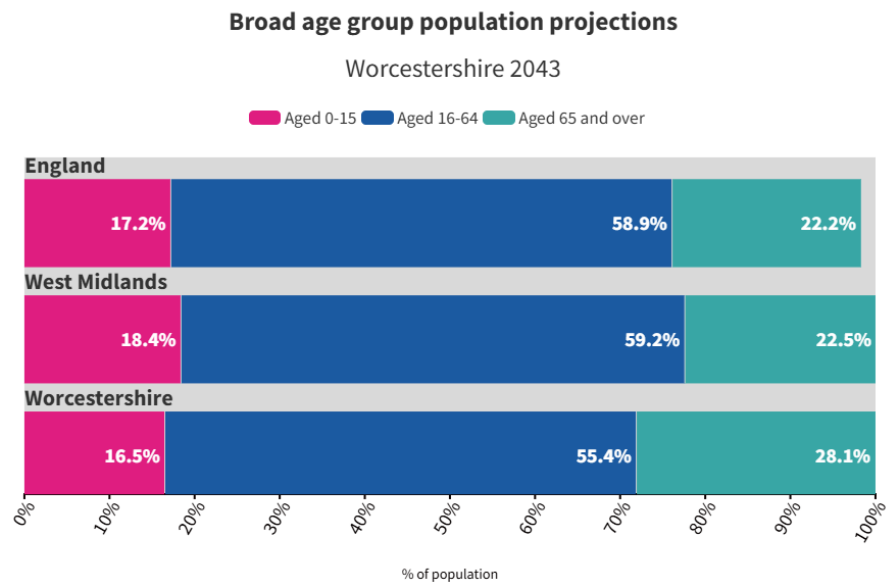
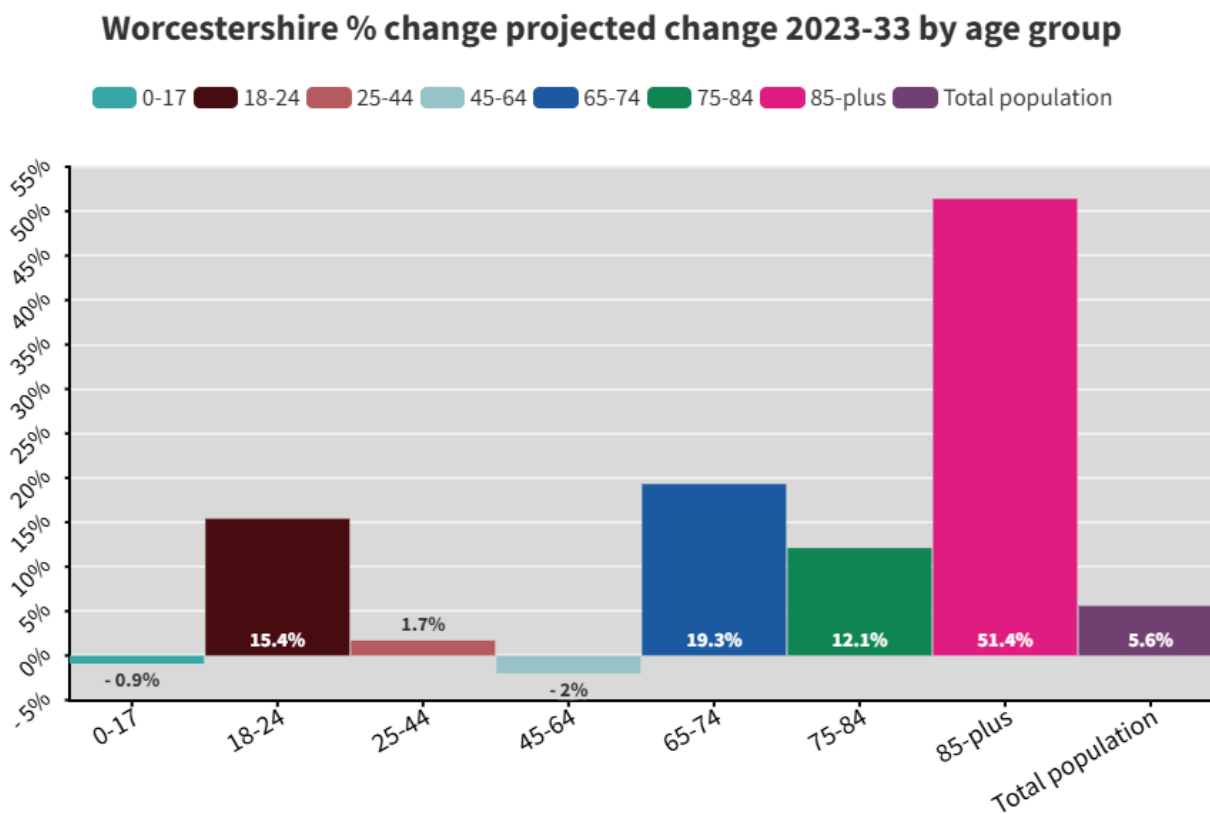


Figure 40: Projected population change for Worcestershire 2023-33 broken down by age group. Source: ONS 2018-based principle population projections rebased to ONS 2023 mid-year estimates



## Development and housing

National regulations require HWBs to consider the impact of new housing developments and regeneration projects along with population projections when predicting future pharmaceutical needs. There are several housing developments anticipated across Worcestershire. The 5-year housing land supply documents for each district were reviewed to estimate expected number of new dwellings in each Worcestershire district. The annual targets for number of new dwellings were multiplied by 3 to estimate the number of new dwellings over the next 3 years. These are listed below in table 18.

Table 18: Expected number of dwellings in Worcestershire over the next 3 years by district

District	Number of new dwellings expected over 3 years	Document
Malvern	2,052	<a href="#">South Worcestershire Five Year Housing Land Supply Report August 2022</a>
Worcester City	1,740	<a href="#">South Worcestershire Five Year Housing Land Supply Report August 2022</a>
Wychavon	3,060	<a href="#">South Worcestershire Five Year Housing Land Supply Report August 2022</a>
Bromsgrove	2,568	<a href="#">Bromsgrove District Council Monitoring Documents</a>
Redditch	1,530	<a href="#">Redditch Borough Council Monitoring Documents</a>
Wyre Forest	870	<a href="#">Five year housing land supply report at April 2025   Wyre Forest District Council</a>

Developments in Malvern, Worcester City and Wychavon are being planned as part of the South Worcestershire Development Plan. These proposals are currently going through examination and are not yet adopted. Current expected numbers of new dwellings are included in the table above, but it should be noted these numbers may change within the lifetime of the PNA, depending on the plan approval process.

## Summary and how this relates to pharmaceutical need

Worcestershire has a growing and ageing population, projected to increase from 614,185 in 2023 to over 678,000 by 2043. The county is predominantly rural by area, though most residents live in urban centres like Worcester and Redditch. It has an older age profile than the national average, with 30% aged 60+, and is less ethnically diverse, with 11.3% from minority ethnic backgrounds. Deprivation at district-level is concentrated in Redditch, Wyre Forest, and Worcester, but there are pockets of deprivation throughout Worcestershire that are masked by district-level insights.

Health needs reflect this demographic profile, with higher-than-England-average rates of chronic conditions such as hypertension, CKD and asthma, as well as non-diabetic hyperglycaemia. Dementia diagnosis rates remain below national targets, and falls and hip fractures are a growing concern among older adults. Lifestyle-related issues such as smoking and alcohol-related harm are also prevalent, but similar to England rates. Worcestershire has higher rates of obesity and overweight compared to the national average, which is particularly pronounced in Redditch and Wychavon.

Among children, obesity is a key concern, where levels of obesity are higher in more deprived areas for reception and year 6 children.

Looking ahead, there is potential for significant housing development (including as part of the South Worcestershire Development Plan,) which has the potential to drive further population growth and shift demand for pharmaceutical services. The ageing population, rural access challenges, and health inequalities in urban deprived areas highlight the need for targeted, accessible, and preventative pharmacy services across the county.

## PNA 2025 Conclusions

- There are no gaps, as pre-defined by the PNA 2025 Steering Group, identified in terms of access and travel times for essential services.
- There has been a reduction in overall numbers of pharmaceutical providers in Worcestershire when compared to the 2022 PNA, from 116 to 109 providers.
- Rural areas have been disproportionately affected by closures, with a loss of 4 pharmacies in Malvern Hills.
- The rate of pharmacy contractors per 10,000 population in Worcestershire (1.77) is lower than that for England (1.97.)
- Weekend and late-night pharmacy provision has reduced, with 12 fewer pharmacies now open on a Saturday and 5 fewer on a Sunday, when compared to the 2022 PNA. There is no longer midnight pharmacy provision in Worcestershire.
- Malvern does not have pharmacy provision after 7pm on weekdays.
- Overall, there is good coverage of Advanced Services.
- Pharmacies are valued by the Worcestershire population; people are generally satisfied with pharmacy services and accessing these. Pharmacies are a community asset and are well placed to deliver healthcare services to the local population.
- Engagement with the public indicates some key issues are opening hours, waiting times and difficulties travelling to pharmacies.

- Some specific access issues were identified in the focus group data:
  - Stigma and concerns around privacy continue to be significant barriers for individuals accessing pharmacies while using drug and alcohol services.
  - People with sensory impairments would benefit from pharmacies adopting more accessible and tailored communication methods. Additionally, awareness of pharmacy services is low within this group, likely due to communication methods that are not tailored to their specific needs.
- There is opportunity for wider harm-reduction efforts in pharmacies for those using drug and alcohol services (such as naloxone provision.)
- Overall awareness of and trust in various pharmacy services could be improved, which would improve utilisation of these services.
- Service provision data available at district level indicates good coverage of Advanced Services. However, it is difficult to ascertain whether services are targeted to meet specific needs of each population within. Analyses of service provision at a more granular level, could help to ensure services are provided in the areas that have the highest need.
- Priority neighbourhoods should be a priority in the planning and delivery of advanced, enhanced and locally commissioned services by both commissioners and pharmacies.
- Analysis of the health needs of Worcestershire indicate higher levels of some chronic conditions (hypertension, asthma, chronic kidney disease.) There is further opportunity for the involvement in community pharmacies in managing these conditions. It is noted that the bundling of the Hypertension Case Finding Service into Pharmacy First Service will assist with this.
- The projected demand in Worcestershire is likely to increase due to an ageing population and higher levels of chronic disease management.
- There is potential for population growth due to the building of new dwellings in Worcestershire. This may prompt a supplementary statement, if these changes do go ahead during the lifetime of this PNA.



# PNA 2025 Recommendations

## Joint Recommendations Across HWICS

1. Increase public confidence, awareness and uptake of pharmacy services, particularly Pharmacy First.
2. Strategic oversight and alignment of services with health priority areas.
3. Ensure sustainability of current services and staff morale.
4. Joint working with Local Authority Public Health Teams and PCNs with regards Population Health Management, Neighbourhood Health Plans, Information sharing and data capture.

## Worcestershire Specific Recommendations

5. Consideration for commissioning a district-wide rota to allow for increased out of hours provision beyond 1900hrs during weekday evenings.
6. Consideration of streamlining the existing local commissioning process. With the aim of increasing uptake of services by pharmacies who are under significant workload pressures and may be otherwise put off by the time taken to complete this.
7. Consideration of the environment, crowding and queuing systems within community pharmacies, to allow for greater customer privacy and inclusivity.
8. There should be consideration for how pharmacy interactions and promotion of pharmacy services can be tailored to those with specific communication and access needs.
9. Ensure that those who are undergoing supervised consumption of medicines, are always offered a private room and are treated without judgement.
10. To further develop and expand the availability of the Independent Prescriber (Pathfinder Programme) across Worcestershire.
11. To review whether wider harm-reduction measures, such as naloxone provision, can be delivered by community pharmacies.
12. To continue to promote pharmacy uptake of the Sharps Disposal Service across Worcestershire.
13. Review service opportunities in Sexual health to expand as EHC moving to national Advanced Service.
14. Use of local data intelligence to inform decision making regarding service provision. Ensure services are targeted in areas of higher need. Priority neighbourhoods should be prioritised for the planning and commissioning of community pharmacy services.

15. It is essential for the community pharmacy landscape to continuously evolve in response to the ageing population and to ensure their services effectively address the needs of this demographic.
16. Nationally, there should be consideration for how community pharmacies can be financially supported to ensure a sustainable future for community pharmacy where they are able to meet the DHSC ambition for pharmacies to have greater responsibilities and roles.

# Worcestershire PNA 2025 Appendices

## 1. Working Group

### Working Group Terms of Reference

## **Herefordshire and Worcestershire Pharmaceutical Needs Assessments 2025 Working Group**

### **Terms of reference**

Date

06/09/2024

Background

1. The PNA is an assessment of the need for a type of service rather than a service provided by a particular type of contractor. Pharmaceutical services can be provided by Dispensing Doctors, Dispensing Appliance Contractors, Local Pharmaceutical Service Contractors as well as Community Pharmacies.
2. PNAs are used to guide decisions on which NHS funded services need to be provided by local community pharmacies and other providers.
3. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications by applicants and existing NHS contractors can be open to legal challenge if not handled properly. It is therefore important to have an up to date and locally relevant PNA.
4. Regulation 4 and Schedule 1 of the 2013 regulations outline the minimum requirements for pharmaceutical needs assessments. In addition, regulation 9 sets out matters that the health and wellbeing board is to have regard to. In summary the regulations require a series of statements of:

- The pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services;
- The pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service;
- The pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access;
- The pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
- Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

Other information that is to be included or taken into account is:

- How the health and wellbeing board has determined the localities in its area;
- How it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic;
- A report on the consultation;
- A map that identifies the premises at which pharmaceutical services are provided;
- Information on the demography of the area;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services;

- Any different needs of the different localities; and
  - The provision of pharmaceutical services in neighbouring health and wellbeing board areas.
5. The 2022 Pharmaceutical Needs Assessments for Herefordshire and Worcestershire were published on 1st October 2022. Recommendations from these documents are in the Appendix for ease of reference

## Working Group

6. The purpose of the PNA 2025 working group is to ensure that robust Pharmaceutical Needs Assessments (PNAs) for Herefordshire and Worcestershire are published by 31/10/2025.
7. The PNA 2025 Working Group will agree the project plan and assure itself that the PNA meets the requirements of The Health and Social Care Act 2012 and NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and is in line with DH guidance. Pharmaceutical Needs Assessment to satisfy control of entry regulations
8. The group should take into account the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and the priorities of the Integrated Care System.
9. The group should also consider the wider context of pharmaceutical services including the cost of living crisis, inequalities and pressure on services due to increased demand and constrained resources.

## Membership

10. The working group will include:

Matthew Fung - Public Health Consultant,  
Worcestershire

Cameron Russell - Advanced Public Health Practitioner,  
Worcestershire

Dr Heidi Bowring – Public Health Registrar,  
Worcestershire

Amy Medway – Public Health Practitioner,  
Worcestershire

## Principles and behaviours

## Meeting frequency

## Relationship to other groups

Harpal Aujla– Consultant in Public Health, Herefordshire

Dr Ryan Davies -Public Health Registrar, Herefordshire

Luke Bennett- Public Health Senior Commissioning Officer, Herefordshire

Dr Paul Bunyan– LMC representative

Fiona Lowe – LPC Chair

Alison Rogers – H&W ICB

Margaret Reilly – Healthwatch Worcestershire

Amy Chandler - Healthwatch Herefordshire

Satyan Kotecha - Commissioning, NHSE/I

Caroline Horton, Primary Care Commissioning Manager, H&W ICB

Karen Sheldon, Admin support, Worcestershire

11. Other members with relevant expertise will be co-opted by invitation as appropriate.

12. Members of the Working group are expected to

- Attend meetings or send a substitute where possible.
- Work together and take collective responsibility for decisions except where that conflicts with other roles.
- Honour any commitments made insofar as they relate to their own organisations.

13. Meetings of the working group will be scheduled as required. Initially this will be every 2 months.

14. Papers and documents for discussion should be sent to Karen Sheldon. Documents will usually be circulated 1 week in advance of meetings

15. The Pharmaceutical Services Working Group will provide reports to other groups, including the JSNA working group, Worcestershire and Herefordshire Health and Wellbeing Boards and groups within the Herefordshire and Worcestershire Integrated Care System.

## **Appendix: Recommendations of the 2022 PNAs**

### Worcestershire recommendations

1. Commissioners to continue considering how pharmaceutical service providers can address and respond to patient need as identified through the focus groups, engagement survey, paying particular consideration to access issues and accessibility of information about pharmacy services.
2. Commissioners and pharmaceutical service providers should consider how best to communicate with the public about services provided by community pharmacies (including health promotion messages in line with NICE guideline NG102). The formation of H&W ICS provides an opportunity to consolidate and simplify provision of pharmacy information to the public.
3. Commissioners to encourage the integration of pharmacy with the wider healthcare economy to create coherent, system-wide services and pathways.
4. All providers of pharmaceutical services should consider language accessibility, including translation and interpreting services for people whose first language is not English, and staff training to increase awareness of the needs of different people using the service (e.g., dementia awareness, learning disability awareness, deaf awareness, sight loss and others). Pharmacies should ensure that their communications with the public meet the Accessible Information Standard.
5. The role of pharmacies in the prevention and management of CVD risk factors could be strengthened through commissioning related services.
6. Pharmacies should be aware of how to signpost to other service providers (including, where relevant, voluntary/community sector organisations, other pharmacies providing advanced/enhanced services)
7. Pharmacy workforce strategy should be considered by the local system to ensure current and future pharmaceutical service demand can be met.
8. A working group will be convened to monitor and implement these recommendations

### Herefordshire recommendations

1. Pharmacies should work with partners in the system to reduce vaccine inequalities, promoting the flu vaccine offer, particularly in deprived communities. Pharmacies should also contribute to other vaccination programmes.

2. Flexibility around opening hours should be considered, including the option of extending existing contractors' opening hours on a locally commissioned rota basis.
3. Encourage secondary care based pharmacy colleagues to begin to incorporate DMS into their discharge processes. The focus should be on discharges for frail patients, those on high risk medicines and those whose primary diagnosis is shown to be a frequent cause of readmission before 30 days.
4. Pharmacies in areas of deprivation should be particularly encouraged to implement and promote blood pressure checks.
5. Formation of a network of pharmacy Health Champions should be explored, in partnership with the local public health team. This Health Team could be utilised to achieve improved and consistent practice to maximise the health promoting role of community pharmacies.
6. Clear pathways need to be established for the disposal of all sharps and waste medicines as part of a redefined service.
7. Volunteer efforts initiated during COVID-19 lockdowns, to facilitate pharmacy access for those living in rural communities should continue where possible under the responsibility and discretion of the pharmacist/pharmacy.
8. Ensure that pharmacies have access to up-to-date information about non-medical service directories, for example, social prescribing. Pharmacies should also be aware of key local issues such as fuel poverty, domestic violence and mental health.
9. If child oral health is not identified as a national priority, local Local Authority Public resource should be provided to enable pharmacies to give this Health Team support and advice on a voluntary basis.
10. Consider increasing the availability of commissioned services such as: weight management, pharmacotherapy and behavioural support for smoking cessation, NHS Health checks, Diabetes Prevention This would reduce geographical barriers to these services and provide more convenient one-stop support, particularly in deprived communities.
11. Consider and further explore the availability and use of translation services in pharmacies. NHSE do not currently commission translation services for pharmacies to access. This is important now and will become more important as more clinical services develop and our populations change.





The map displays the Cotswold District with 14 GP catchment areas. The population for each catchment area is as follows:

Catchment Area	Population
1	2
2	2
3	12
4	4
5	2
6	8
7	2
8	14
9	2
10	4
11	2
12	14
13	6
14	8

Other locations marked on the map include Stourbridge, Halesowen, Kidderminster, Worcester, Great Malvern, Tewkesbury, Bromyard, Cleobury Mortimer, Tenbury Wells, Lifford, Hay Mills, Kington Green, Solihull, Henley-in-Arden, Alcester, Stratford-upon-Avon, Chipping Campden, Moreton-in-Marsh, Ledbury, and Bromyard.

## Public Transport

Figure 43: Populations within a 5-minute public transport journey of a pharmacy provider

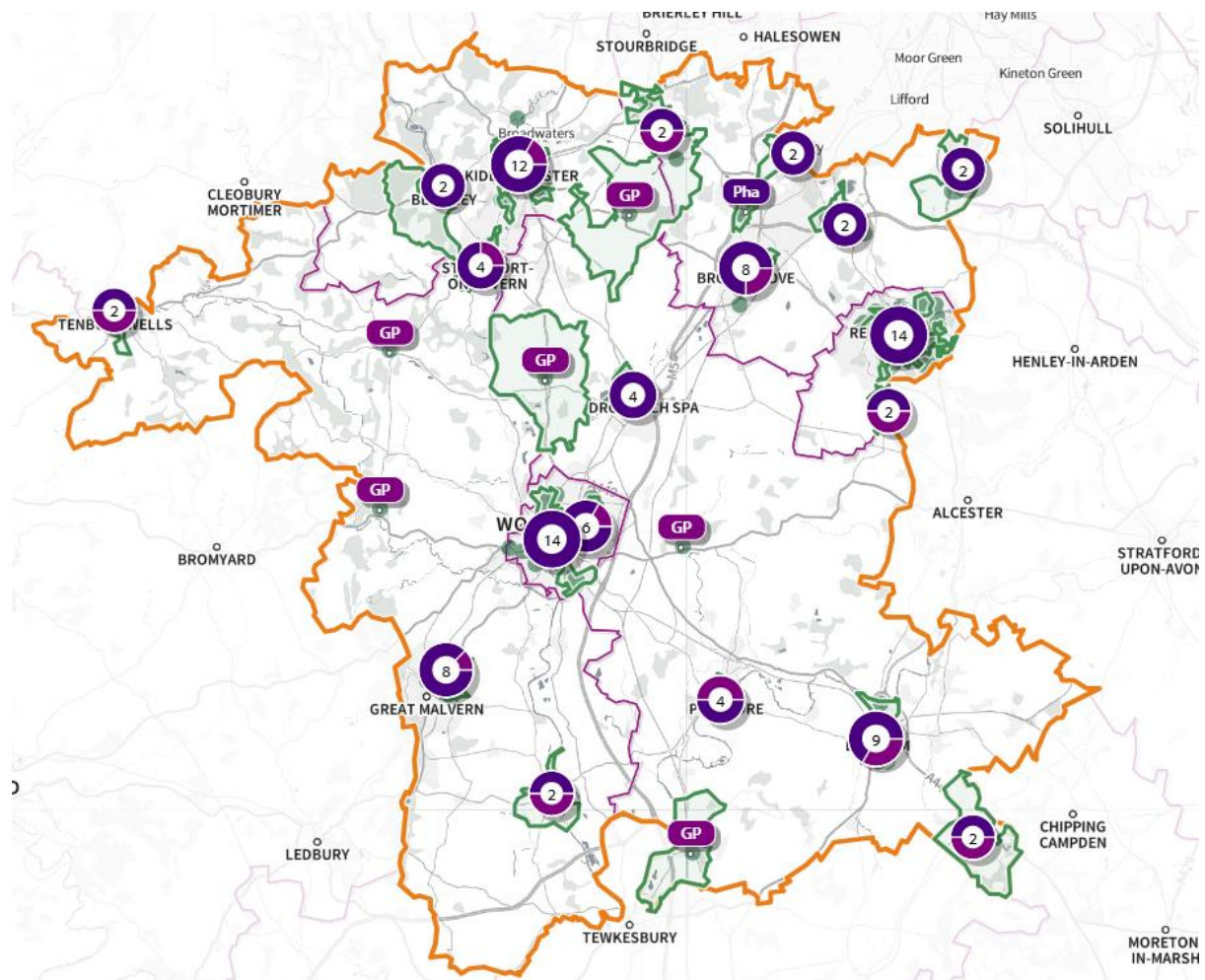
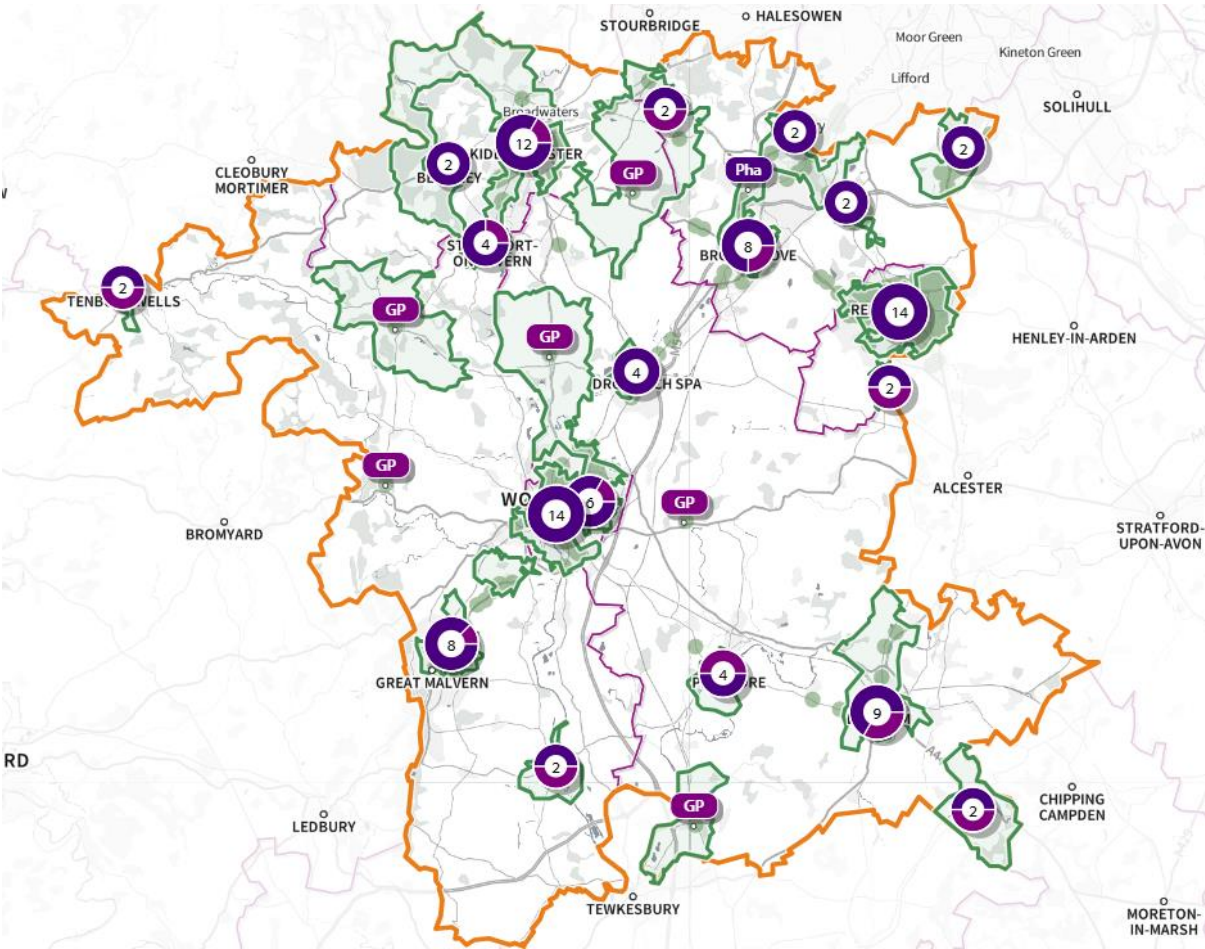




Figure 44: Populations within a 10-minute public transport journey of a pharmacy provider



[illegible]

[illegible]



## Evenings and Weekends

Figure 47: Populations within a 20-minute drive of a pharmacy provider weekday evenings (>7pm)

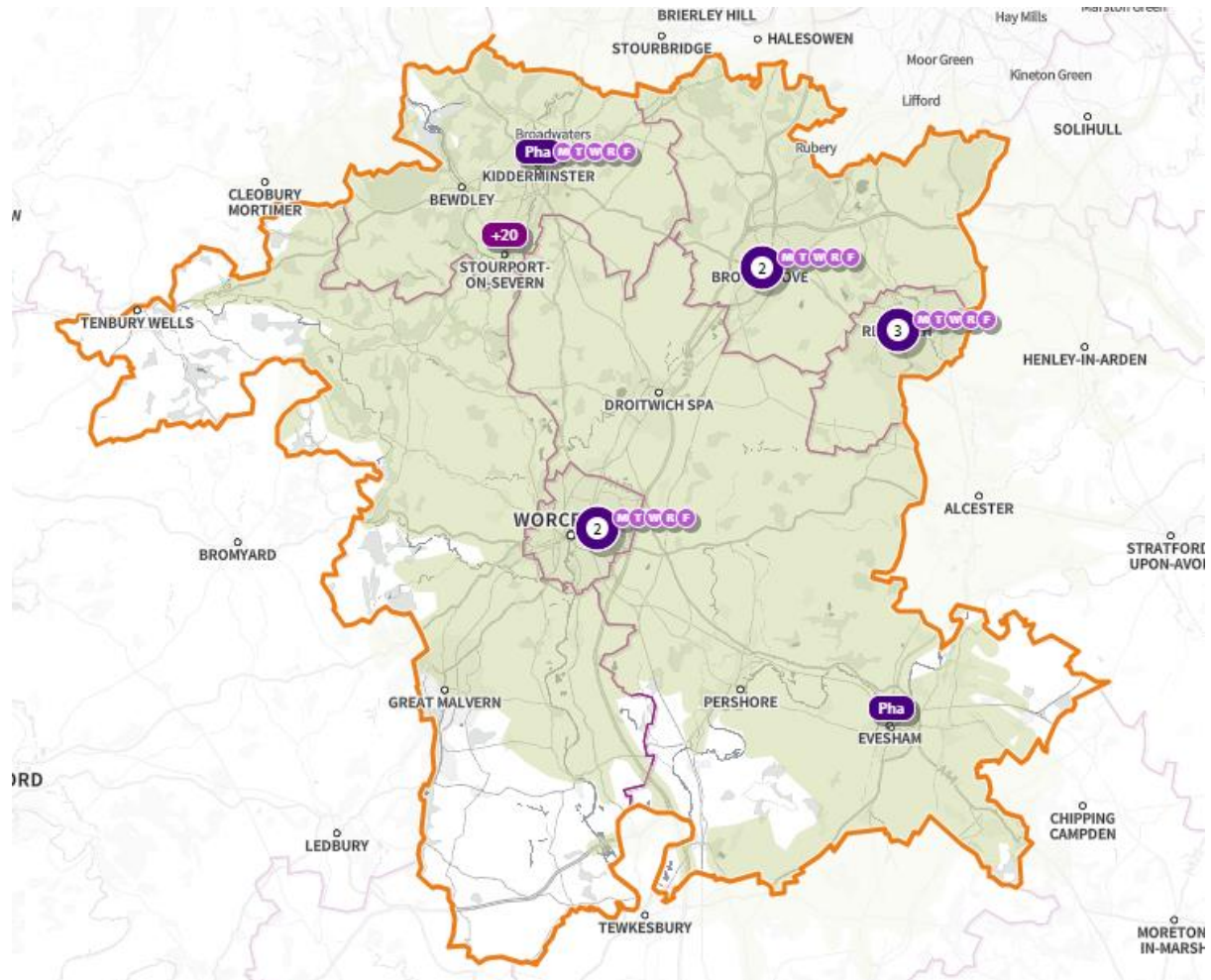


Figure 48: Populations within a 30-minute drive of a pharmacy provider weekday evenings (>7pm)

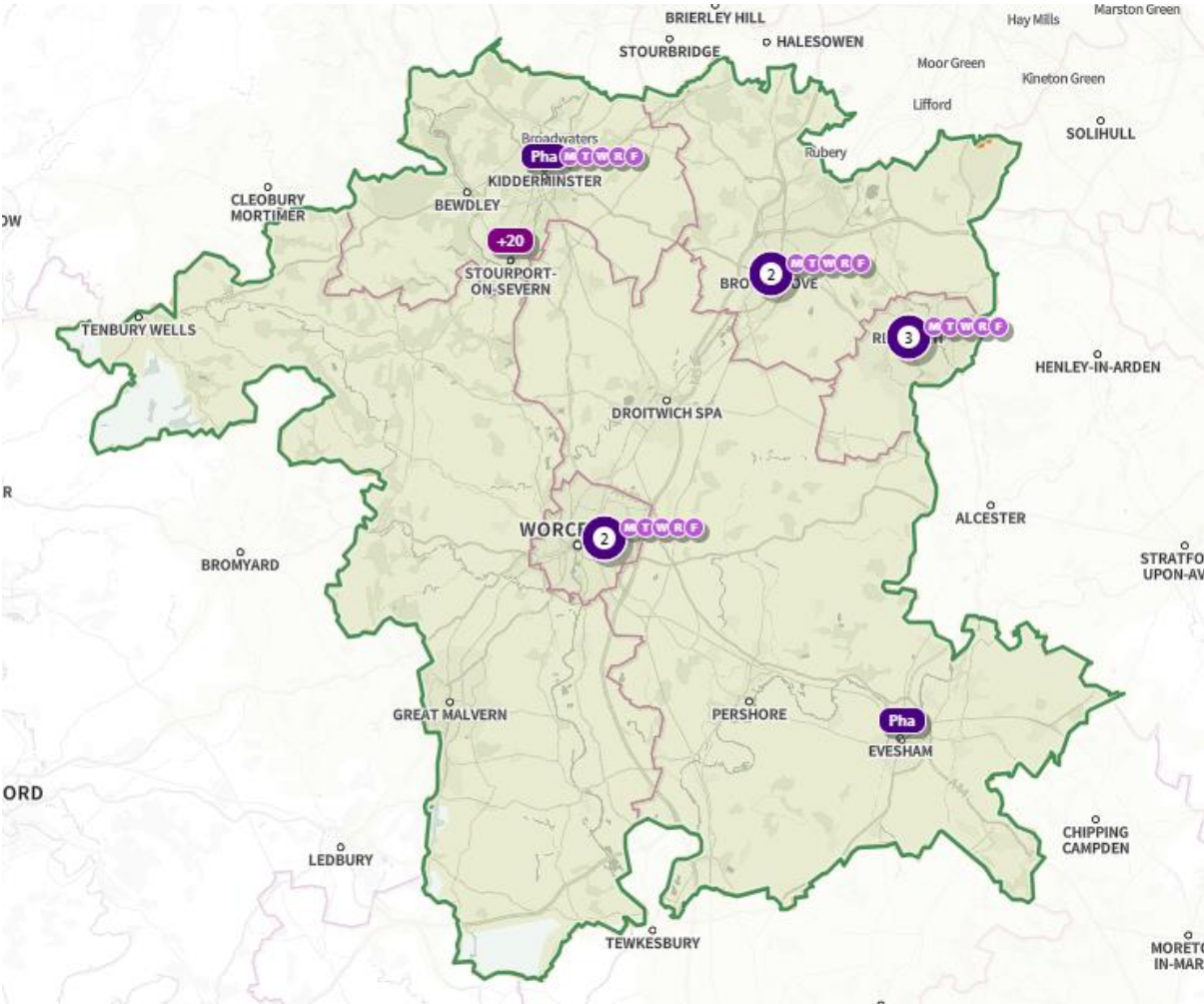




Figure 49: Populations within a 20-minute drive of a pharmacy provider Saturdays

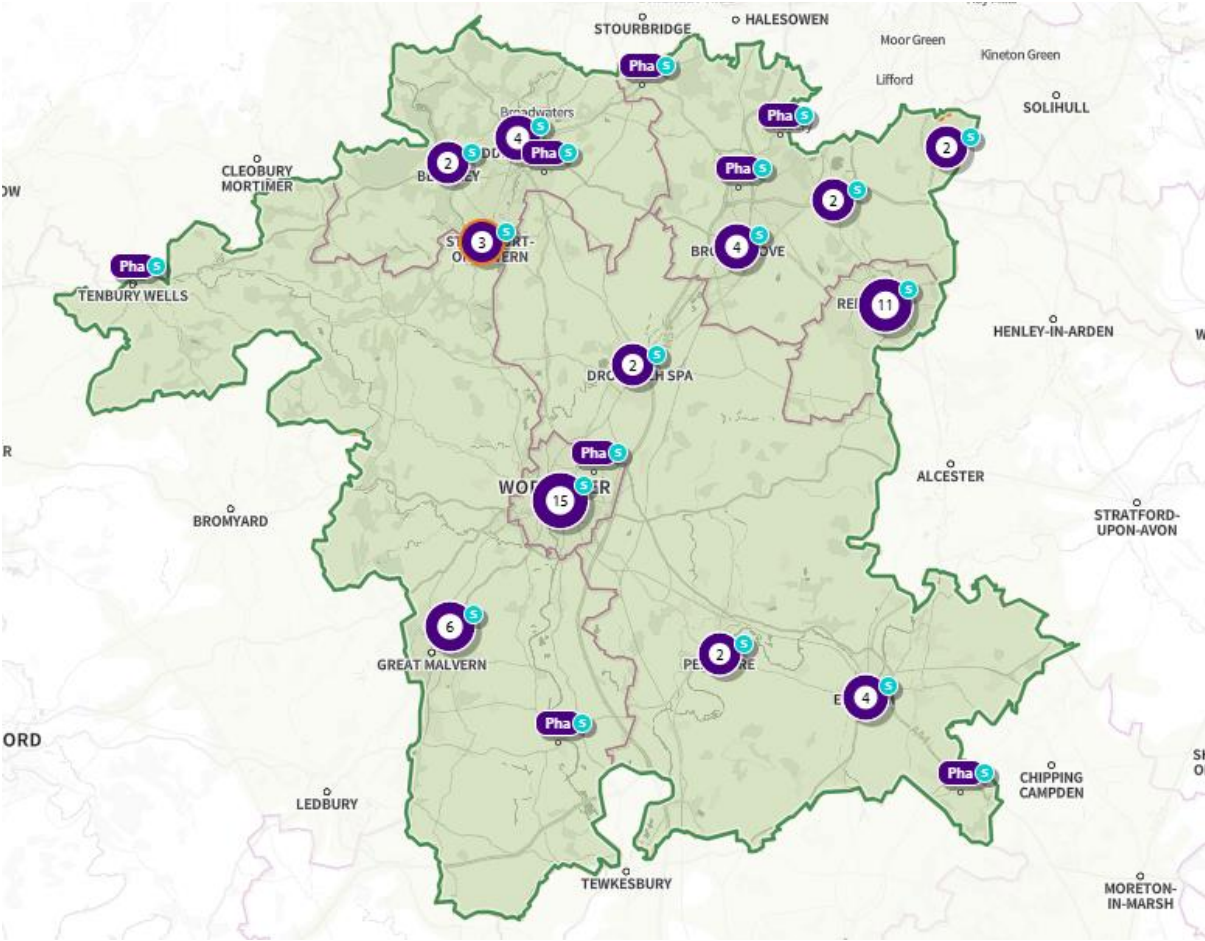


Figure 50: Populations within a 20-minute drive of a pharmacy provider on Sundays

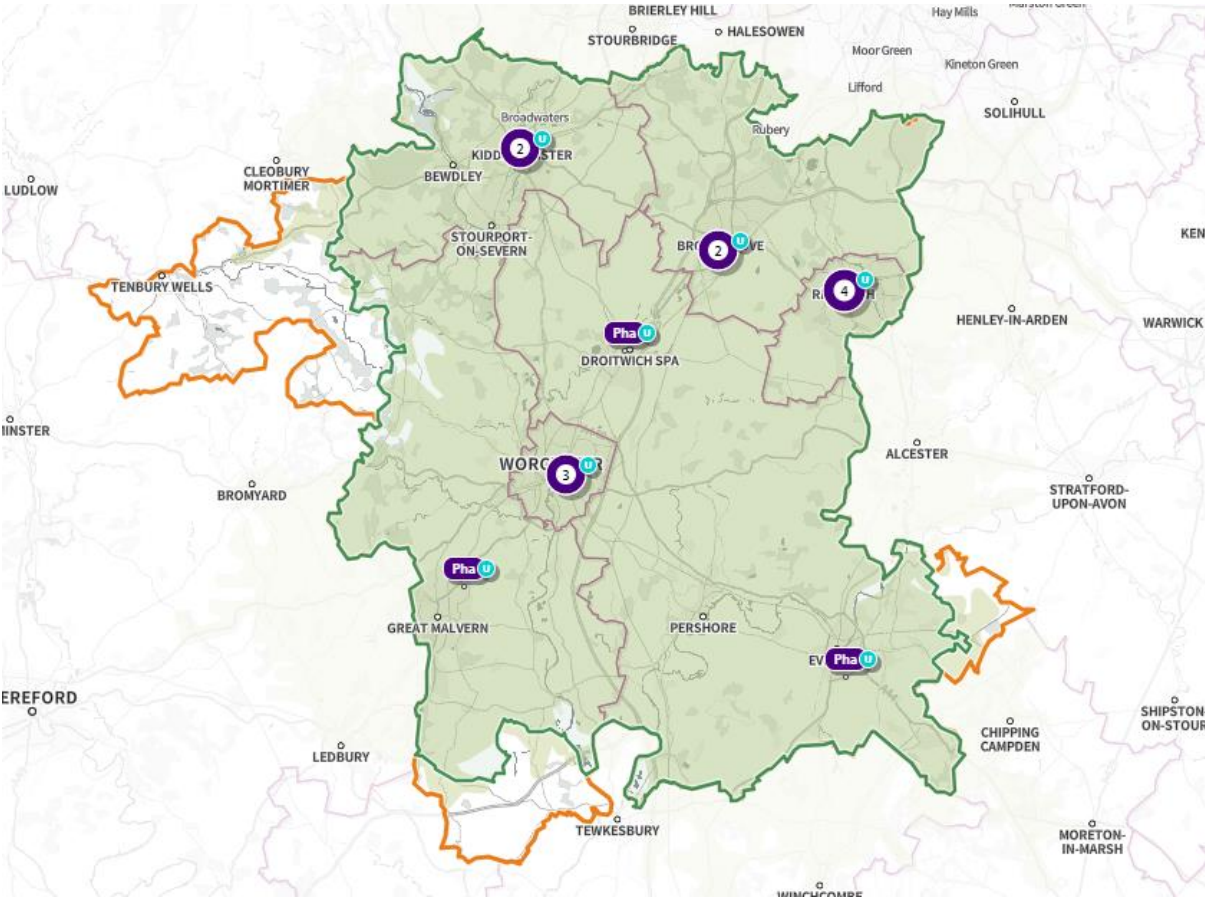
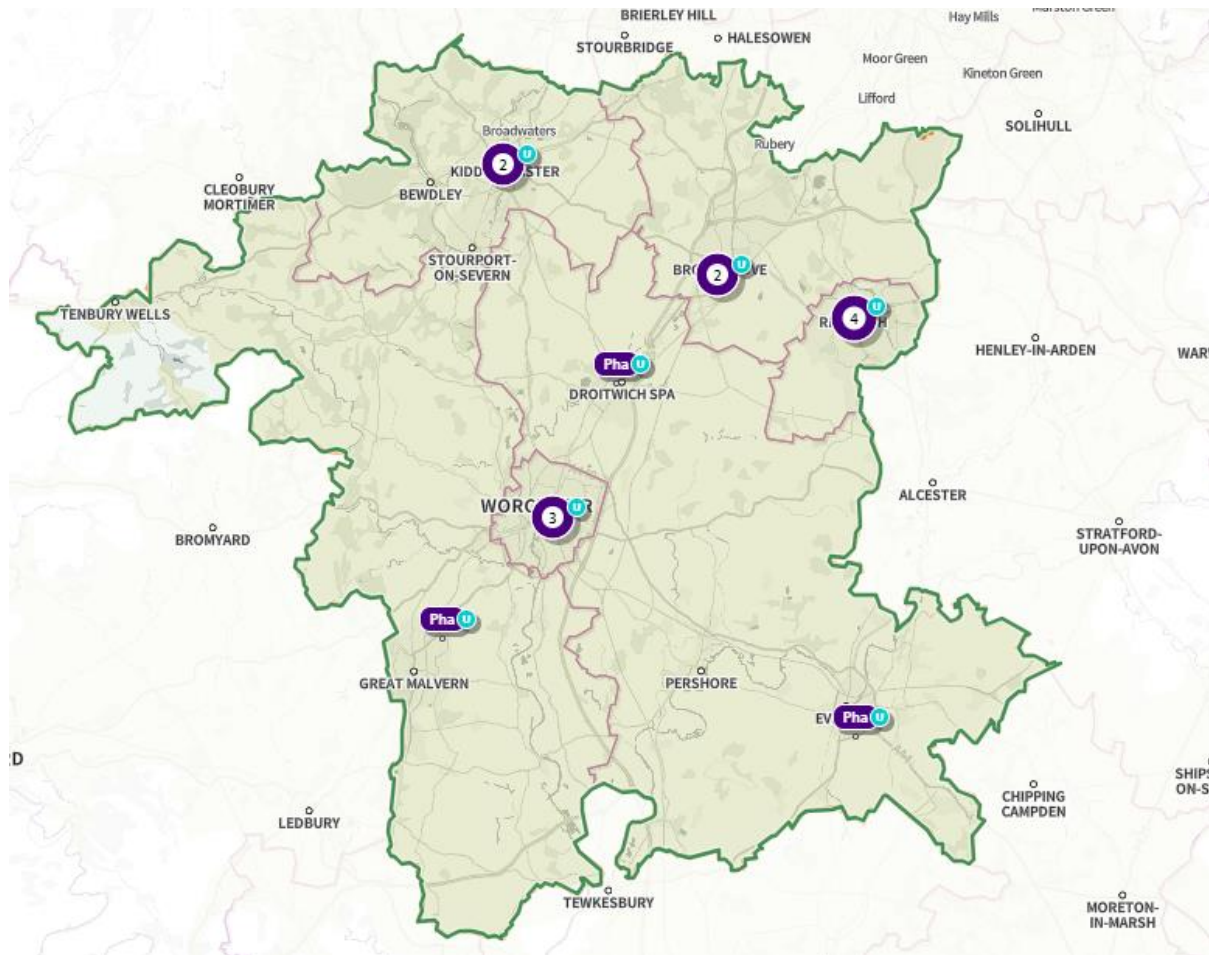


Figure 51: Populations within a 30-minute drive of a pharmacy provider on Sundays



### 3. Questionnaires

#### Public

##### Questionnaire

<https://online1.snapsurveys.com/interview/0b85bac3-a427-43fb-9ed3-7a3dc2389bc9?preview=true>

##### Questionnaire Results



Worcestershire Questionnaire Report PNA 2025 (005).pdf

#### Pharmacy

<https://online1.snapsurveys.com/interview/5ee88679-af36-4082-afd0-5bfaf45778fd?preview=true>

## Dispensing GP Practices

<https://online1.snapsurveys.com/interview/2eeaecaf-fc7e-4ba9-97f1-2f73086e751b?preview=true>

### 4. Focus groups

#### Topic guide

##### Objective:

To gain insights from identified hard-to-reach population groups who live or work in the county on their experiences and views of using pharmaceutical services

Questions / prompts to guide focus group discussion:

##### Experiences relating to access

1. What do you go to the pharmacy for? (Prompt – advice, to purchase medication, fill prescriptions, vaccinations etc)
2. How do you decide which pharmacy to go to? (Prompt - distance, specific company/a particular provider, services available, opening times, accessibility, community languages spoken)
3. Do you face any issues that prevent you from being able to use pharmacies or their services? For example:
  - a. Distance to pharmacies
  - b. Opening hours
  - c. Medication unavailability
  - d. Transport
  - e. Languages/interpreter availability
  - f. Reasonable adjustments
  - g. Physical access
  - h. Any other access comments
4. In what ways have you found pharmacies to be accessible to you?

##### Range of services available

1. Are you aware of other services offered by pharmacies, beyond dispensing of medicines? VCSE's will be provided with a list of services available.
2. What are your experiences of using these pharmacy services?

3. Do you have any positive feedback about these services? (Prompt–customer service, accessible, community languages spoken, knowledge etc)
4. How do you feel these services could be improved?
5. Are there any other services that you would like to see pharmacy provide?

#### Pharmacy First

1. Pharmacy First is a service that allows people to access advice and prescription treatment for seven common conditions in community pharmacy:
  - Did you know about this service?
  - Have you used the service?
  - What was your experience of using the service?
  - If you have not heard about this service, what do you think would be the best ways of letting people know about it?

#### Additional discussion

1. Is there anything else you would like to say about pharmacies that we haven't already discussed?

### Demographic and other participant characteristics for the PNA focus groups

F1	Users of drug and alcohol services
F2	Hearing Impaired
F3	Vision Impaired

Age group	Total	F1	F2	F3
18-24	0	0	0	0
25-34	0	0	0	0
35-44	3	3	0	0
45-54	1	1	0	0
55-64	4	2	1	1
65-74	0	0	0	0
75+	7	0	2	5
Prefer not to say	1	0	1	0

Sex	Total	F1	F2	F3
Male	9	5	1	3

Female	7	1	3	3
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Ethnicity	Total	F1	F2	F3
Asian or Asian British	0	0	0	0
Black, Black British, Caribbean or African	0	0	0	0
White British	13	4	3	6
White (Other)	1	1	0	0
Other ethnic group	0	0	0	0
Prefer not to say	2	1	1	0

Sexual Orientation	Total	F1	F2	F3
Heterosexual	11	5	1	5
Bisexual	0	0	0	0
Gay	0	0	0	0
Lesbian	0	0	0	0
Prefer not to say	5	1	3	1

Religion	Total	F1	F2	F3
Christian	5	0	3	2
Catholic	0	0	0	0
Muslim	0	0	0	0
Jewish	0	0	0	0
Other	4	4	0	0
None	4	2	0	2
Prefer not to say	3	0	1	2

## 5. Pharmacy List

Name	Contract	Address 1	Address 2	District	Postcode
Barnt Green Pharmacy	Community Pharmacy	32 Hewell Road	Barnt Green	Bromsgrove	B45 8NE
Knights Rubery Pharmacy	Community Pharmacy	102 New Road		Bromsgrove	B45 9HY
Rednal Pharmacy	Community Pharmacy	196 New Road	Rubery	Bromsgrove	B45 9JA
Hollywood Pharmacy	Community Pharmacy	59 May Lane	Hollywood	Redditch	B47 5PA
Wythall Pharmacy	Community Pharmacy	221 Station Road	Wythall	Bromsgrove	B47 6ET
Alvechurch Pharmacy	Community Pharmacy	7-8 The Square	Alvechurch	Bromsgrove	B48 7LA
Bromsgrove Pharmacy	Community Pharmacy	46 New Road	Bromsgrove	Bromsgrove	B60 2JS
Morrisons Pharmacy	Community Pharmacy	Buntsford Park Road		Bromsgrove	B60 3DX
Jhoots Pharmacy	Community Pharmacy	Bhi Parkside Med Centre	Stourbridge Road	Bromsgrove	B61 0AZ
Knights Bromsgrove Pharmacy	Community Pharmacy	36 Birmingham Road		Bromsgrove	B61 0DD
Knights Catshill Pharmacy	Community Pharmacy	155-157 Golden Cross Lane	Catshill	Bromsgrove	B61 0JZ
Knights Market Street Pharmacy	Community Pharmacy	18 Market Street		Bromsgrove	B61 8DA
Boots	Community Pharmacy	78 High Street		Bromsgrove	B61 8EX
Knights Astwood Bank Pharmacy	Community Pharmacy	1196b Eversham Road	Astwood Bank	Redditch	B96 6AA
Church Road Pharmacy	Community Pharmacy	Elgar House Surgery	Church Road	Redditch	B97 4AB
County Pharmacy	Community Pharmacy	13-15 Church Road		Redditch	B97 4AB



Apollo Pharmacy	Community Pharmacy	15 William Street	Redditch	Redditch	B97 4AJ
Church Green Pharmacy	Community Pharmacy	7 Church Green West	Redditch	Redditch	B97 4DU
Boots	Community Pharmacy	1-4 Kingfisher Walk		Redditch	B97 4EY
Knights Headless Cross Pharmacy	Community Pharmacy	65 Evesham Road	Headless Cross	Redditch	B97 4JX
Hillview Pharmacy	Community Pharmacy	Hillview Pharmacy	60 Bromsgrove Road	Redditch	B97 4RN
Knights Crabbs Cross Pharmacy	Community Pharmacy	434 Evesham Road	Crabbs Cross	Redditch	B97 5JB
Stock and Lindsay Ltd	Community Pharmacy	3 Matchborough Centre	Redditch	Redditch	B98 0EP
Homeward Pharmacy	Internet provider	C/O Ceva Logistics Ltd	Pipers Road	Redditch	B98 0HU
Knights Winyates Pharmacy	Community Pharmacy	Winyates Health Centre	Winyates Way	Redditch	B98 0NR
Tesco Instore Pharmacy	Community Pharmacy	Coldfield Drve	Oakenshaw	Redditch	B98 7RU
Woodrow Pharmacy	Community Pharmacy	9 Woodrow Centre	Woodrow	Redditch	B98 7RY
Rowlands Pharmacy	Community Pharmacy	Church Hill N/Hood Centre	Tanhouse Lane	Redditch	B98 9AA
Boots	Community Pharmacy	15 Weavers Wharf		Wyre Forest	DY10 1AA
Kidderminster Pharmacy	Community Pharmacy	24 Comberton Hill		Wyre Forest	DY10 1QN
Kidderminster Pharmacy	Community Pharmacy	Kidderminster Medical Ctr	Coventry St/Waterloo St	Wyre Forest	DY10 2BG
The Church Street Pharmacy	Community Pharmacy	David Corbet House	Callows Lane	Wyre Forest	DY10 2JG
Crestpharmacy - Linden Avenue	Community Pharmacy	46 Linden Avenue	Kidderminster	Wyre Forest	DY10 3AA
Nightingale Pharmacy	Community Pharmacy	Unit 2, Heronswood Road	Spennells Estate	Wyre Forest	DY10 4EX



Crest Pharmacy	Community Pharmacy	87 Franche Road	Kidderminster	Wyre Forest	DY11 5BJ
Cohens Chemist	Community Pharmacy	Hume Street Medical Ctr	Hume Street	Wyre Forest	DY11 6SF
Tesco Instore Pharmacy	Community Pharmacy	Castle Road		Wyre Forest	DY11 6SW
Kidderminster Pharmacy	Community Pharmacy	81 Stourport Road	Foley Park	Wyre Forest	DY11 7BQ
Healthpoint Pharmacy	Community Pharmacy	66 Load Street		Wyre Forest	DY12 2AW
Peak Pharmacy	Community Pharmacy	Bewdley Medical Centre	Dog Lane	Wyre Forest	DY12 2EF
Stourport (Smc) Pharmacy	Community Pharmacy	Stourport Medical Centre	Dunley Road	Wyre Forest	DY13 0AA
Areley Kings Pharmacy	Community Pharmacy	38 Areley Common	Areley Kings	Wyre Forest	DY13 0NQ
WF Health Partners Instore pharmacy	Community Pharmacy	Co-op Superstore	Stourport-on-Severn	Wyre Forest	DY13 8ND
York Pharmacy	Community Pharmacy	14 York Street		Wyre Forest	DY13 9EF
Well	Community Pharmacy	96 Worcester Road	West Hagley	Bromsgrove	DY9 0NJ
Scales Pharmacy	Community Pharmacy	37-38 Upper Tything		Worcester City	WR1 1JZ
Pharmacy at Spring Gardens	Community Pharmacy	Spring Gardens Health Centre	Spring Gardens	Worcester City	WR1 2BS
Asda Pharmacy	Community Pharmacy	Silver Street	Lowesmoor	Worcester City	WR1 2DA
Boots	Community Pharmacy	72-74 High Street		Worcester City	WR1 2EU
Superdrug Pharmacy	Community Pharmacy	4-5 St.Swithins Street		Worcester City	WR1 2PY
Kitsons Pharmacy	Community Pharmacy	12 Broad Street		Worcester City	WR1 3LH

Ogle Pharmacy	Community Pharmacy	1 High Street		Wychavon	WR10 1AB
Pershore Pharmacy	Community Pharmacy	28 High Street		Wychavon	WR10 1BG
Morrisons Pharmacy	Community Pharmacy	The Link	Four Pools Estate	Wychavon	WR11 1DX
Stewart Pharmacy	Community Pharmacy	The Chapel	Waterside	Wychavon	WR11 1JZ
Stewart Pharmacy	Community Pharmacy	75/77 Port Street		Wychavon	WR11 3LF
Vale Pharmacy	Community Pharmacy	Evesham Medical Centre	Abbey Lane	Wychavon	WR11 4BS
Evesham Pharmacy	Community Pharmacy	30-36 High Street		Wychavon	WR11 4HJ
Boots	Community Pharmacy	Evesham Retail Park	Worcester Road	Wychavon	WR11 4QR
Boots	Community Pharmacy	19-21 Bridge Street		Wychavon	WR11 4SQ
Broadway Pharmacy	Community Pharmacy	Fish Hill	22 High Street	Wychavon	WR12 7DT
Malvern Pharmacies Group	Community Pharmacy	Maple Road	Enigma Business Park	Malvern Hills	WR14 1GQ
Boots	Community Pharmacy	Unit 11 Enigma Retail Park		Malvern Hills	WR14 1JQ
Lygon Pharmacy	Community Pharmacy	84 Worcester Road		Malvern Hills	WR14 1NY
Morrisons Pharmacy	Community Pharmacy	Roman Way		Malvern Hills	WR14 1PZ
Victoria Pharmacy	Community Pharmacy	The Pharmacy	146 Worcester Road	Malvern Hills	WR14 1SS
Evans Pharmacy	Community Pharmacy	Galen House	231 Worcester Road	Malvern Hills	WR14 1SU
Peak Pharmacy	Community Pharmacy	Prospect View Med Centre	300 Pickersleigh Road	Malvern Hills	WR14 2GP
Claremont House Pharmacy	Community Pharmacy	84 Barnards Green Road		Malvern Hills	WR14 3LZ

Rowlands Pharmacy	Community Pharmacy	7-9 Teme Street		Malvern Hills	WR15 8BB
D. L. Ogle Limited	Community Pharmacy	18-20 St Johns		Worcester City	WR2 5AH
Murrays Pharmacy	Community Pharmacy	St John's Medical Centre	299 Bromyard Road	Worcester City	WR2 5FB
The Halt Pharmacy	Community Pharmacy	1A Ingles Drive	Henwick Halt	Worcester City	WR2 5HL
Claines Pharmacy	Community Pharmacy	153 - 155 Ombersley Road		Worcester City	WR3 7BX
Peak Pharmacy	Community Pharmacy	Barbourne House	44 Droitwich Road	Worcester City	WR3 7LH
Scales Pharmacy	Community Pharmacy	40-42 Astwood Road	Rainbow Hill	Worcester City	WR3 8EZ
Tesco Instore Pharmacy	Community Pharmacy	Millwood Drive	Warndon	Worcester City	WR4 0UJ
Avicenna Pharmacy	Community Pharmacy	20-22 Cranham Drive	Warndon	Worcester City	WR4 9PA
Peak Pharmacy	Community Pharmacy	Elbury Moor Medical Centre	Fairfield Close	Worcester City	WR4 9TX
Peak Pharmacy	Community Pharmacy	Turnpike House Med Centre	35 Newtown Road	Worcester City	WR5 1HG
Scales Pharmacy	Community Pharmacy	27 Lichfield Avenue	Ronkswood	Worcester City	WR5 1NW
J & J Pharmacy	Community Pharmacy	177 Bath Road		Worcester City	WR5 3AQ
St Peters Chemist	Community Pharmacy	Unit 3-4 Tesco's Complex	St.Peters Drive	Worcester City	WR5 3TA
Boots	Community Pharmacy	12 High Street		Worcester City	WR8 0HB
Corbett Pharmacy	Community Pharmacy	36 Corbett Avenue		Wychavon	WR9 7BE
Droitwich Pharmacy	Community Pharmacy	Ombersley Street East		Wychavon	WR9 8RD
Boots	Community Pharmacy	50 St Andrews Square		Wychavon	WR9 8TJ

St Mary Pharmacy	Community Pharmacy	Farmers Way	Westlands	Wychavon	WR9 9EQ
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## 6. Dispensing Practice List

Name	Contract	Address 1	Address 2	District	Postcode
<b>St. Johns Surgery</b>	GP Dispensing Practice	Bhi Parkside	Stourbridge Rd	Bromsgrove	B61 0AZ
<b>Davenal House Surgery Partnership</b>	GP Dispensing Practice			Bromsgrove	B61 0DD
<b>Great Witley Surgery</b>	GP Dispensing Practice	Worcester Rd,Great Witley	Worcester	Malvern Hills	WR6 6HR
<b>Knightwick Surgery</b>	GP Dispensing Practice	Knightwick	Worcester	Malvern Hills	WR6 5PH
<b>Tenbury Surgery</b>	GP Dispensing Practice			Malvern Hills	WR15 8AA
<b>Upton Surgery</b>	GP Dispensing Practice	Upton Upon Severn		Malvern Hills	WR8 0QL
<b>The Ridgeway Surgery</b>	GP Dispensing Practice	Astwood Bank,Redditch		Redditch	B96 6DS
<b>Haresfield House Surgery</b>	GP Dispensing Practice	Turnpike House Med Ctr	37 Newtown Road	Worcester City	WR5 1HG
<b>Grey Gable Surgery</b>	GP Dispensing Practice	High Street, Inkberrow		Wychavon	WR7 4BW

<b>Abbey Medical Practice</b>	GP Dispensing Practice	Abbey Lane, Evesham		Wychavon	WR11 4BS
<b>Abbottswood Medical Centre</b>	GP Dispensing Practice	Pershore		Wychavon	WR10 1HZ
<b>Merstow Green Medical Practice</b>	GP Dispensing Practice	Abbey Lane, Evesham		Wychavon	WR11 4BS
<b>New Barn Close Surgery</b>	GP Dispensing Practice			Wychavon	WR12 7DE
<b>Bredon Hill Surgery</b>	GP Dispensing Practice	Main Road,Bredon	Tewkesbury	Wychavon	GL20 7QN
<b>Ombersley Medical Centre</b>	GP Dispensing Practice	Droitwich		Wychavon	WR9 0EL
<b>Pershore Medical Practice</b>	GP Dispensing Practice	Queen Elizabeth House		Wychavon	WR10 1PX
<b>Riverside Surgery</b>	GP Dispensing Practice	Evesham		Wychavon	WR11 1JP
<b>Aylmer Lodge Cookley Partnership</b>	GP Dispensing Practice	Kidderminster		Wyre Forest	DY11 6SF
<b>The Glebeland Surgery</b>	GP Dispensing Practice	The Glebe, Belbroughton	Stourbridge	Wyre Forest	DY9 9TH
<b>Chaddesley Surgery</b>	GP Dispensing Practice	Kidderminster		Wyre Forest	DY10 4SF
<b>Wolverley Surgery</b>	GP Dispensing Practice	Kidderminster		Wyre Forest	DY11 5TH

## 7. Consultation Report

List of consultees

Consultation email

Consultation feedback form

Consultation comments and responses