

# **Gloucestershire Pharmaceutical Needs Assessment**

**2022 – 2025**

Document prepared by:

Florence Lock, Public Health Registrar; Beth Smout, Public Health Registrar; Ruth Woolley, Public Health Consultant

(Gloucestershire County Council Prevention Wellbeing and Communities Hub)

With input from:

Dermot Carr, Senior Research Analyst

(Gloucestershire County Council Data and Analysis Team)

Gloucestershire PNA Steering Group

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# 1. Executive Summary

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Pharmacies play a pivotal role in supporting local populations to manage and improve their health and wellbeing. This report, the Gloucestershire Pharmaceutical Needs Assessment (PNA) for 2022 to 2025, provides a means to describe and assess how the provision of pharmaceutical services can help to meet the health needs of the local population. The assessment draws upon information from local demographic and health data, supplemented by stakeholder and public feedback and additional analysis of current service provision.

Providers of pharmaceutical services, to which this assessment relates, includes pharmacy contractors, dispensing doctors, distance selling pharmacies and dispensing appliance contractors.

In accordance with the legislation, pharmaceutical services provided are defined as essential, advance, enhanced, or locally commissioned services.

Essential services are provided by all pharmacy contractors and include dispensing of medicines (prescriptions and repeat prescriptions), disposal of unwanted medicines, promotion of healthy lifestyles, support for self-care, signposting, and a discharge medicines service.

Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards. Current advanced services include the new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, hypertension-case finding service, and stop smoking service.

Enhanced and locally commissioned services are additional pharmaceutical services provided by pharmacy contractors which may be commissioned locally by NHS England, Clinical Commissioning Groups (CCGs) and Local Authorities.

A steering group led by Gloucestershire County Council Prevention, Wellbeing and Communities Hub on behalf of the Gloucestershire Health and Wellbeing Board (HWB) oversaw the development of this PNA. The Steering Group was formed of representatives from Gloucestershire County Council (GCC), Gloucestershire Clinical Commissioning Group (GCCG), NHS England and Improvement (NHSEI), the Local Pharmaceutical Committee (LPC), the Local Medical Committee (LMC), and Healthwatch Gloucestershire.

The PNA has been informed by Gloucestershire demographic and health data, feedback from the public and key professional stakeholders, and mapping and analysis of current

service provision across Gloucestershire in order to identify if there is a need for additional premises, additional services, or service improvements.

The localities used in this PNA correspond to the District Council areas of Gloucestershire.

The population of Gloucestershire is growing, and all localities are likely to see a significant increase in older age groups with people living longer and with more complex health needs. The population profile differs across localities used in this assessment, particularly in terms of age-structure, deprivation, and ethnic composition. Overall, Gloucestershire tends to compare well to the national average on a number of key health indicators, however there are significant differences in health outcomes between and within the localities of this report. Life expectancy for males and females in Gloucestershire is higher than the England average, however there is a significant gap between the life expectancy in the most and least deprived areas of the county.

As of January 2022, there were 108 community pharmacies, 28 dispensing doctors (across 32 sites), two dispensing appliance contractors (DACs), and one distance selling pharmacy in Gloucestershire. This is three fewer pharmacies than at the time of the 2018 PNA (due to closures and consolidations), one fewer dispensing doctor (due to a practice merger), and the same number of DACs and distance selling pharmacies.

In Gloucestershire there is, on average, 21.2 pharmaceutical providers (community pharmacies and dispensing doctors) per 100,000 population. This is lower than the national rate of 21.8. The value varies across the districts, with the lowest ratio of providers to population in Tewkesbury (16.6) and the highest ratio in the Forest of Dean (28.7).

Over 75% of the population of Gloucestershire can walk to a pharmacy or dispensing GP practice within 20 minutes. 99.9% of Gloucestershire residents can drive to a pharmacy or dispensing GP practice within 20 minutes. Over 83% of Gloucestershire residents can travel to a community pharmacy or dispensing GP via public transport within 15 minutes. Access is best in the urban districts (Gloucester and Cheltenham), and poorest in Cotswold district.

Pharmacies usually have 40 core contractual hours, along with additional supplementary hours. Some pharmacies have 100 core contractual hours- there are ten of these in Gloucestershire with at least one in each district. Dispensing doctors are open Monday to Friday only, as are the DACs and distance selling pharmacy in Gloucestershire.

All community pharmacies provide essential services. 102 pharmacies in Gloucestershire provide the new medicine service, 99 provide the community pharmacy seasonal influenza

vaccination service and 106 provide the community pharmacy consultation service. One pharmacy in Gloucestershire provides the appliance use review service and 21 provide the stoma appliance customisation service. These services are predominantly carried out by DACs. Locally commissioned services in Gloucestershire include services commissioned by GCC (needle and syringe exchange programme, supervised consumption of methadone and Subutex, sharps disposal, community pharmacy sexual health service, stop smoking interventions in community pharmacies) and GCCG (access to emergency medicines, call out scheme, urgent repeat medication service under PGD, just in case boxes).

269 responses were received for the public PNA questionnaire, the majority of which were from members of the public. The sample was not representative of the Gloucestershire population despite wide promotion. The respondents used both community pharmacies and dispensing doctors, as well as predominantly home delivery services. Pharmaceutical providers were typically chosen because of proximity to home, and travel was predominantly via car or on foot and taking under 20 minutes. Overall satisfaction with pharmaceutical services varied, with issues identified including ease of obtaining medications, staffing and service issues, queues, and cramped premises.

Specific comments were made about pharmaceutical provision in Podsmead and Nailsworth. Further statistical analyses were conducted to investigate these areas in more depth. These analyses found that Podsmead was one of two areas in Gloucestershire with the greatest need but without any pharmaceutical provision in the ward. In addition, Podsmead residents may experience additional barriers to accessing pharmaceutical provision than those living in other areas of the county due to experiencing worse health-related deprivation, having a higher rate of households with no car or van, and higher rates of people providing informal care.

With regards to Nailsworth, travel catchment data indicated that Nailsworth has the second largest catchment population per pharmacy in Stroud District. However, Cam has a higher catchment population and, like Nailsworth, also has a single source of pharmaceutical provision, as do other areas in Stroud District with a slightly lower, but similar, catchment population. These data indicate that the availability of pharmaceutical provision in Nailsworth is similar to that seen in other areas of Stroud District. Comments relating to Nailsworth have been shared with the NHSEI South West Community Pharmacy Team who are responsible for commissioning and managing performance of community pharmacies. Services in this area are a priority, and action is currently being taken to make improvements to services in the area.

In conclusion, almost all (99.9%) Gloucestershire residents can access a community pharmacy or dispensing GP practice within 20 minutes. While access to community pharmacies is more limited in rural compared to urban parts of the county, districts containing rural areas also have dispensing GP practices to support access to pharmaceutical services in these areas. All community pharmacies are open after 17.00 on weekdays and the vast majority also open on a Saturday. Fewer community pharmacies open on a Sunday, largely in areas with the highest population density. Given this, and the fact that Gloucestershire residents are able to use any of the distance selling pharmacies in England, there is sufficient choice with regard to obtaining pharmaceutical services in Gloucestershire. However, residents in Podsmead may face additional challenges in accessing pharmaceutical provision in those areas.

The Gloucestershire PNA steering group has decided that the services which are necessary to meet the need for pharmaceutical services in Gloucestershire are the essential services provided by community pharmacies; the dispensing service provided by dispensing doctors in controlled localities; and the appliance services provided by DACs. All services beyond these are classed as other relevant services.

Taking into account the information included in this PNA, the Gloucestershire HWB has identified that there are no gaps in the provision of necessary services in Gloucestershire. However, there is an opportunity to improve access to essential, national advanced, and local enhanced pharmaceutical services in the Podsmead ward of Gloucester. The Gloucestershire HWB have identified that there is not currently a pharmacy providing:

- all essential services,
- the new medicines service,
- the community pharmacist consultation service,
- flu vaccinations,
- the hypertension case-finding service, and
- the stop-smoking service,

from Monday to Saturday, in the Podsmead ward of Gloucester. The Gloucestershire HWB is satisfied that if this service was provided, this would secure better access to essential, national advanced, and local enhanced pharmaceutical services in the Podsmead ward of Gloucester.

It can be concluded that there is adequate pharmaceutical provision in all other areas of Gloucestershire. Performance issues have been identified in specific pharmacies, which the



South West NHSEI Community Pharmacy Team are aware of and are taking appropriate actions in response. These issues do not affect the PNA recommendations as they relate to pharmacy performance rather than a potential gap in service provision. In terms of future need, the Gloucestershire HWB note that there are planned increases in housing provision across the county in the next five years. However, they do not anticipate that this will significantly impact the provision of, or access to, pharmaceutical services in the county.

## 2. Introduction

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Community pharmacies are uniquely placed in the heart of communities and have a pivotal role to play in improving people's health and reducing health inequalities. They provide vital services and can also support people to make healthy lifestyle choices, making a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death, and improving mental wellbeing.

The 2019 NHS Long Term Plan highlighted the importance of community health services for managing increasing volume and complexity of patient need<sup>1</sup>. New investment was proposed to fund the introduction of Primary Care Networks (PCNs)- community multidisciplinary teams comprising a range of staff including GPs, pharmacists and district nurses working together to cover approximately 30-50,000 people- with the aim of providing more personalised and joined up health and social care for local communities. Community pharmacies are highlighted in the Long Term Plan as 'support(ing) urgent care and promot(ing) self-care and self-management'. It promised to 'make greater use of community pharmacists' skills and opportunities to engage patients'. The Community Pharmacy Contractual Framework (CPCF) (2019 to 2024) set out how community pharmacy would support delivery of the NHS Long Term Plan, including their involvement in PCNs<sup>2</sup>. The CPCF builds on earlier reforms, aiming to move pharmacies towards a more clinically focused service with community pharmacies delivering clinical services as a full partner in PCNs, with involvement in urgent care, prevention, and medicines optimisation and safety.

Gloucestershire currently has 14 PCNs- three in Cheltenham, two in Cotswold, one in the Forest of Dean, four in Gloucester, three in Stroud, and one in Tewkesbury<sup>3</sup>. These are aligned within six Integrated Locality Partnerships (ILPs), one for each of the six Gloucestershire districts.

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<sup>1</sup> NHS. (2019). *The NHS Long Term Plan*. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

<sup>2</sup> DHSC & NHS & PSNC. (2019). *The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan*. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/819601/cpcf-2019-to-2024.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf)

<sup>3</sup> NHS. (2020). *Gloucestershire ICS: Primary Care Strategy 2019-2024*. <https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2020/03/Gloucestershire-ICS-Primary-Care-Strategy-V1.0.pdf>

Gloucestershire's Integrated Care System (ICS) Primary Care Strategy (2019-2024) outlines how it will deliver the NHS Long Term Plan for primary care<sup>4</sup>. It has six key strategic components:

- Access
- Primary care at scale
- Integration
- Greater use of technology
- Estates
- Workforce development

Gloucestershire Health and Wellbeing Board (HWB) had identified seven priorities in its 2020-2030 strategy<sup>5</sup>:

- Physical activity
- Adverse childhood experiences (ACEs) and resilience
- Mental wellbeing
- Social isolation and loneliness
- Healthy lifestyles
- Best start in life
- Housing

## 2.1 Purpose of a Pharmaceutical Needs Assessment (PNA)

The purpose of this PNA is to assess and describe how the provision of pharmaceutical services can meet the health needs of the population of Gloucestershire (the area covered by Gloucestershire HWB) for the period 2022 to 2025.

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

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<sup>4</sup> Ibid

<sup>5</sup> Gloucestershire County Council. (2020). *Gloucestershire Joint Health and Wellbeing Strategy 2020-2030*. [https://www.gloucestershire.gov.uk/media/2106328/gcc\\_2596-joint-health-and-wellbeing-strategy\\_dev12.pdf](https://www.gloucestershire.gov.uk/media/2106328/gcc_2596-joint-health-and-wellbeing-strategy_dev12.pdf)

Pharmacy or dispensing appliance contractors who wish to provide pharmaceutical services must apply to NHS England to be included in the pharmaceutical list for the HWB area in which they wish to have premises. Applications must offer to meet a need as set out in the local PNA, secure service improvements, or provide better access to services where the PNA identifies a need. There are some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

The primary purpose of a PNA is to inform the commissioning decisions of NHS England; however, it may also be used to inform planning and commissioning activities of the Local Authority and Clinical Commissioning Group. A robust PNA will enable those who commission services from pharmacies and appliance contractors to provide appropriate services in areas of higher health need and reduce the risk of over-provision in areas of less need.

## 2.2 Health and Wellbeing Board duties in respect of the PNA

In accordance with legislation (The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013), Health and Wellbeing Boards must:

- have produced their first PNA which complies with the regulatory requirements by 1 April 2015;
- publish subsequent PNAs on a three yearly basis;
- publish a subsequent PNA sooner when they identify changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- produce supplementary statements in certain circumstances.

The legislation containing the specific duties of the HWB in relation to PNAs can be found in Appendix 1.

This PNA had a publication deadline of 1<sup>st</sup> October 2022. The original 2021 PNA deadline was postponed due to the response to the Covid-19 pandemic.

### 3. Scope of the Pharmaceutical Needs Assessment

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This PNA addresses the requirements set out in Schedule 1 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 in doing the following:

- Current provision of necessary services

Identify services provided within the Gloucestershire HWB locality area and services in neighbouring areas; including providing maps on which premises providing these pharmaceutical services can be identified.

- Gaps in provision in terms of necessary services

Identify current gaps and future gaps in provision of pharmaceutical services in the different Gloucestershire localities; whether current services meet required provision for the changing needs e.g. planned housing developments, new NHS services etc.

- Current provision of other relevant services

Identify services inside and outside of the Gloucestershire HWB boundaries which are not meeting an identified need but do secure improvements or better access to services.

- Gaps in provision of services that would secure improvements and better access to pharmaceutical services

Identify services that are not currently being provided but which will be needed to secure future improvements in pharmaceutical services.

- Other services

Other services that are currently provided that affect the assessment of the need for pharmaceutical services

#### 3.1 Pharmaceutical Services Providers

In order to be able to provide pharmaceutical services under the NHS, the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 specify that persons must be included in a Pharmaceutical List. NHS England holds the responsibility for using the needs identified within the PNA as a basis for reviewing applications to be included on the NHS pharmaceutical list and determining market entry.

The principal types of pharmaceutical services providers are:

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

Within this group there are:

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

and cannot limit their services to particular groups of patients.

- **Dispensing appliance contractors (DACs)** – DACs supply appliances including catheters, dressings, elastic hosiery, hernia support garments, trusses, colostomy bags, and urostomy bags. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions.
- **Dispensing doctors** – Medical practitioners which are authorised to provide drugs and appliances in designated rural areas known as “controlled localities”. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

## 3.2 Pharmaceutical Services

Pharmaceutical services to which each pharmaceutical needs assessment (PNA) must relate are those services set out in the following:

- The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
- The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

These services are divided into three service levels: Essential, Advanced and Enhanced Services. Locally commissioned services is not a term that can be found within the 2013 regulations, but is a term used to describe services commissioned from pharmacies by local authorities and clinical commissioning groups. Reference is made to these within the PNA.

### 3.2.1 Pharmaceutical services provided by pharmacy contractors

#### Essential Services

All pharmacies must provide these services:

- **Dispensing of prescriptions** - The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic) together with information and advice to enable safe and effective use by patients and carers, and maintenance of

appropriate records. Also, the urgent supply of a drug or appliance without a prescription at the request of a prescriber.

- **Dispensing of repeatable prescriptions** - The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.
- **Disposal of unwanted medicines** - Acceptance by community pharmacies of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.
- **Promotion of healthy lifestyles** - The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns to promote public health messages to general pharmacy visitors during specific targeted campaign periods.
- **Signposting** - The provision of information to people visiting the pharmacy who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- **Support for self-care** - The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **Discharge medicines service (DMS)** - This became a new essential service on 15/02/2021. NHS trusts are able to refer patients for the DMS who would benefit from extra guidance around new prescribed medicines at their community pharmacy. It aims to ensure better communication of changes made to a patient's medicines in hospital.



- **Clinical governance** - Each pharmacy must participate in a system of clinical governance which comprises a patient and public involvement programme; a clinical audit programme; a risk management programme; a clinical effectiveness programme; a staffing and staff programme; an information governance programme; and a premises standards programme.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed below in section 3.2.2) also apply.

### Advanced Services

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

- **New medicine service (NMS)** - The promotion the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, by providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications and enabling the patient to make appropriate lifestyle changes and self-manage their condition.
- **Community pharmacy seasonal influenza vaccination** - The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination, with the aim of sustaining and maximising uptake.
- **Community pharmacy consultation service** - This service connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. The service takes referrals from general practices, NHS 111, Integrated Urgent Care Clinical Assessment Services, and in some cases the 999 service, aiming to relieve pressure on the wider NHS.
- **Hypertension case-finding service** - This service was introduced on 01/10/2021. It includes two stages- the first involving identifying people at risk of hypertension and offering them blood pressure measurement, the second involving offering 24-hour

ambulatory blood pressure monitoring where clinically indicated. Results are shared with the patient's GP.

- **Stop-smoking service** - This service officially commenced in March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy to continue their smoking cessation care pathway, including provision of medication and behavioural support as required.
- **Appliance use review service (AUR)** - The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary making recommendations to prescribers.
- **Stoma appliance customisation** - The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.

#### Enhanced and Locally Commissioned Services

Enhanced services, set out in the directions, are additional pharmaceutical services provided by pharmacy contractors which may be commissioned locally by NHS England. There are currently no enhanced services commissioned in Gloucestershire by NHSE/I. Enhanced services included in the directions include:

- an Anticoagulant Monitoring Service
- an Antiviral Collection Service
- a Care Home Service
- a Disease Specific Medicines Management Service
- an Independent Prescribing Service,
- a Home Delivery Service
- a Language Access Service
- a Medication Review Service
- a Medicines Assessment and Compliance Support Service
- a Minor Ailment Scheme
- a Needle and Syringe Exchange Service

- an On Demand Availability of Specialist Drugs Service
- Out of Hours Services
- a Patient Group Directions Service
- a Prescriber Support Service
- a Schools Service
- a Screening Service
- a Stop Smoking Service
- a Supervised Administration Service

In addition to the pharmaceutical services commissioned by NHS England, other organisations including Clinical Commissioning Groups (CCGs) and Local Authorities also commission 'Locally Commissioned Services' in response to identified needs. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 do not cover 'pharmaceutical services' commissioned by local authorities and CCGs.

Services commissioned by **Gloucestershire County Council** are as follows:

- **Needle and syringe exchange programme** - Offers a confidential service to all presenting service users who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use
- **Community pharmacy sexual health service**- This service comprises of three parts: sexual health advice and signposting; C-card condom distribution (free condoms following consultation or for those on C-card scheme); and emergency hormonal contraception (pharmacists can supply emergency hormonal contraception free of charge via Patient Group Direction (PGD) to women aged 14-24 years who are a resident in Gloucestershire).
- **Stop smoking interventions in community pharmacies** - This service allows nicotine replacement therapy (NRT) to be supplied by either a pharmacist led service using a PGD for all patients including pregnant women, or a voucher scheme (excluding pregnancy).
- **Supervised consumption of Methadone and Subutex** - An agreement between identified community pharmacies and GCC drug and alcohol commissioners for the provision of a supervised consumption of routinely prescribed drugs for treatment of drug dependence (predominantly Methadone and Buprenorphine (Subutex)).

- **Disposal of used sharps** - The community pharmacy will accept sharps containers containing used injectable sharps from patients. The pharmacy will safely store sealed sharps bins until regular collection by the nominated waste disposal company. NHS England is responsible for collection and disposal of sharps.

Services commissioned by **Gloucestershire Clinical Commissioning Group** are as follows:

- **Access to emergency medicines- availability of palliative care or other specialist medications** - The aim of this service is to ensure the in-hours availability of palliative care/other specialist drugs across all community pharmacies, improving access for service users, carers and healthcare professionals.
- **Access to medicines- call out scheme** - This service is aimed at the supply of specialist medicines for which the demand is urgent and/or unpredictable, for example palliative care medicines. Pharmacists can be 'called out' when the pharmacy is closed if the supply of the medicine is urgent.
- **Urgent repeat medication service under PGD** - Under current emergency supply regulations a pharmacist can supply patients with up to 30 days supply but must make a charge for this service. Under this service a PGD can be used to allow NHS exemptions to apply.
- **Just in case boxes** - Just in case (JIC) boxes will be issued to patients who are in the last 6 months of their life, with the aim that there will be medication in a person's home that can be used at a time of crisis if the patient's health deteriorates suddenly. Pharmacists dispense medications on an FP10, then pack them into a box, seal with tamper proof seal, and counsel the patient.

## Opening Hours

Most pharmacies are required to open for at least 40 hours per week, and these are referred to as core opening hours. However, many choose to open for longer and these hours are referred to as supplementary opening hours.

As part of an application to open a new pharmacy, an applicant may offer to open for more than 40 core hours per week (for example, promising to open for a minimum of 50 hours per week), and may also open supplementary hours in addition. If an application is granted and the pharmacy subsequently opens, the core and supplementary opening hours set out in the initial application become the pharmacy's contracted opening hours.

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

### 3.2.2 Pharmaceutical services provided by dispensing appliance contractors

#### Appliance Services

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

- **Dispensing of prescriptions** - The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers. Also, the urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** - The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.
- **Home delivery service** - To preserve the dignity of patients, the delivery of certain appliances to the patient's home in a way that does not indicate what is being

delivered.

- **Supply of appropriate supplementary items** - The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.
- **Provision of expert clinical advice regarding the appliances** - To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.
- **Signposting** - Where the contractor does not supply the appliance ordered on the prescription, passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.
- **Clinical governance** - as per section 3.2.1.

All DACs must provide the above services.

### Advanced Services

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them, they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. There are two appliance advanced services- Stoma appliance customisation and Appliance use review- see Section 3.2.1.

### Opening Hours

DACs are required to open for at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours.

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

### 3.2.3 Pharmaceutical services provided by dispensing doctors

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

#### Eligibility

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

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

Designation of areas as ‘controlled localities’ is a responsibility of NHS England.

#### Services

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

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

### Opening Hours

Dispensing doctors are able to determine what hours their dispensary should be open to patients.

### 3.2.4 Other NHS Services

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

### 3.2.5 Changes to the existing provision of pharmaceutical services

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

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

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

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

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



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

Two pharmacies (which could belong to the same contractor, or different contractors) can apply to consolidate their premises on to one site, in effect closing one of the sites. This does not apply to distance-selling pharmacies or DACs. A consolidation application can only be approved if NHS England is satisfied that doing so will not result in the creation of a gap in pharmaceutical services. If an application is approved, then it is not possible for anyone else to apply to open a pharmacy in the same area by submitting an unforeseen benefit application claiming that a gap has been created.

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

## 3.3 Production of the Gloucestershire PNA

### 3.3.1. PNA Steering Group

The development of the Gloucestershire PNA was overseen by a steering group and led by Public Health leads within Gloucestershire County Council for and on behalf of the Gloucestershire HWB. The purpose of the steering group was to ensure that the HWB developed a robust PNA that complied with the 2013 regulations and appropriately demonstrated the needs of the local population. The steering group was formed of representatives from Gloucestershire County Council (Public Health, Data and Analysis, Communications/Consultation), Gloucestershire Clinical Commissioning Group (GCCG), NHS England & Improvement (NHSEI), the Local Pharmaceutical Committee (LPC), the Local Medical Committee (LMC), and Healthwatch Gloucestershire (for full membership see Appendix 2). The Steering Group was convened in November 2021 to define the scope, requirements, and timeline for refreshing the PNA. The steering group were then involved throughout the production of the PNA including to review the draft document and consider gaps in the provision of services, to sign off the consultation version of the document, to review responses to the consultation and consider changes to the PNA as required, and to sign off the final version of the document.

### 3.3.2 PNA Localities

The PNA has adopted the six recognised administrative boundaries of Gloucestershire County Council for its assessment. These represent the constituent local authorities (District Councils):

- Cheltenham
- Cotswold
- Forest of Dean
- Gloucester
- Stroud
- Tewkesbury

This adoption will ensure alignment with the localities used in official documents within health and social care in Gloucestershire. These boundaries differ slightly from the CCG's seven internal "localities" which are based on GP practice collaborative groupings. It is

possible that some providers may supply services to patients who are resident in more than one district council or locality.

### 3.3.3 Public Engagement

The public survey was designed by GCC with input from Healthwatch Gloucestershire. The survey was hosted on the GCC Consultation website and promoted through community pharmacies and dispensing GPs, on social media and by Healthwatch Gloucestershire.

### 3.3.4 Contractor engagement

The main contractor survey (for community pharmacies and distance selling pharmacies) was based upon the template provided by the Pharmaceutical Service Negotiating Committee (PSNC), hosted on the Pharmoutcomes site, and distributed via the Gloucestershire LPC. Additional surveys for DACs and dispensing doctors were developed based on the PSNC template, hosted on the GCC consultation website, and distributed via email by the PNA authors.

### 3.3.5 Other sources of information

Data from sources of information on local demographics and health outcomes including the Census and Office for Health Improvement and Disparities (OHID) Public Health Profiles has been utilised in this PNA. Typically the PNA utilises information from the local Joint Strategic Needs Assessment (JSNA), however this has not been updated since 2017 due to the pandemic so more up to date information sources were utilised. This local information has been drawn upon to inform the review of local need for and provision of pharmaceutical services across the county. The information was supplemented by information gathered from commissioners (NHS England, Gloucestershire CCG, GCC), the LPC, and the above contractor and public engagement.

Mapping of service provision and travel times were updated and reviewed against the population distribution. In making the assessment of pharmaceutical need those services provided outside of Gloucestershire which residents may choose to access are also taken into account. The mapping of service provision presented in Sections 5 and 6 includes those pharmacies falling within a five mile radius of the Gloucestershire HWB boundary.

Population growth and local housing developments were considered against the current provision, and likely future need for, pharmaceutical services.

Findings from the analysis of the above data and information were reviewed by the Steering Group and are summarised in this document. If gaps in current service provision are identified these are clearly outlined. Additionally, if need for service development is clear it is stated in this assessment to help guide local commissioning.

### 3.3.6 Consultation

The Regulations state that Health and Wellbeing Boards must consult at least once during the production of the PNA with each of the stakeholders listed below:

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- any NHS trust or NHS foundation trust in its area;
- the NHSCB; and
- any neighbouring HWB.

The consultation period must be at least 60 days; for this PNA the consultation ran from the 4<sup>th</sup> of May to the 3<sup>rd</sup> of July 2022.

Responses from the formal consultation were considered when reviewing and refining the final assessment of need for pharmaceutical services in Gloucestershire. The consultation report can be found in Appendix 8.

## 4. Overview of Gloucestershire

This section provides an outline of the overall makeup of the local population in Gloucestershire, their general health, and the local priorities for the County. Of note, a large amount of the data is based on the 2011 Census and is therefore over 10 years out of date. The Census is the only source of some of the information and the 2021 Census data was not available at the time of writing this document.

Gloucestershire has six district councils: Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury. Gloucestershire borders Worcestershire to the North, Warwickshire to the North East, Oxfordshire to the East, Wiltshire and Swindon to the South, South Gloucestershire to the South West, Monmouthshire (Wales) to the West, and Herefordshire to the North West (See Figure 1). Gloucestershire is classified as a predominantly rural county<sup>6</sup>. Gloucestershire follows the national trend of a higher proportion of those living in rural areas being over the age of 45 compared to urban areas. The level of older people living in more rural, and often more isolated, locations can lead to difficulties in accessing important health services.

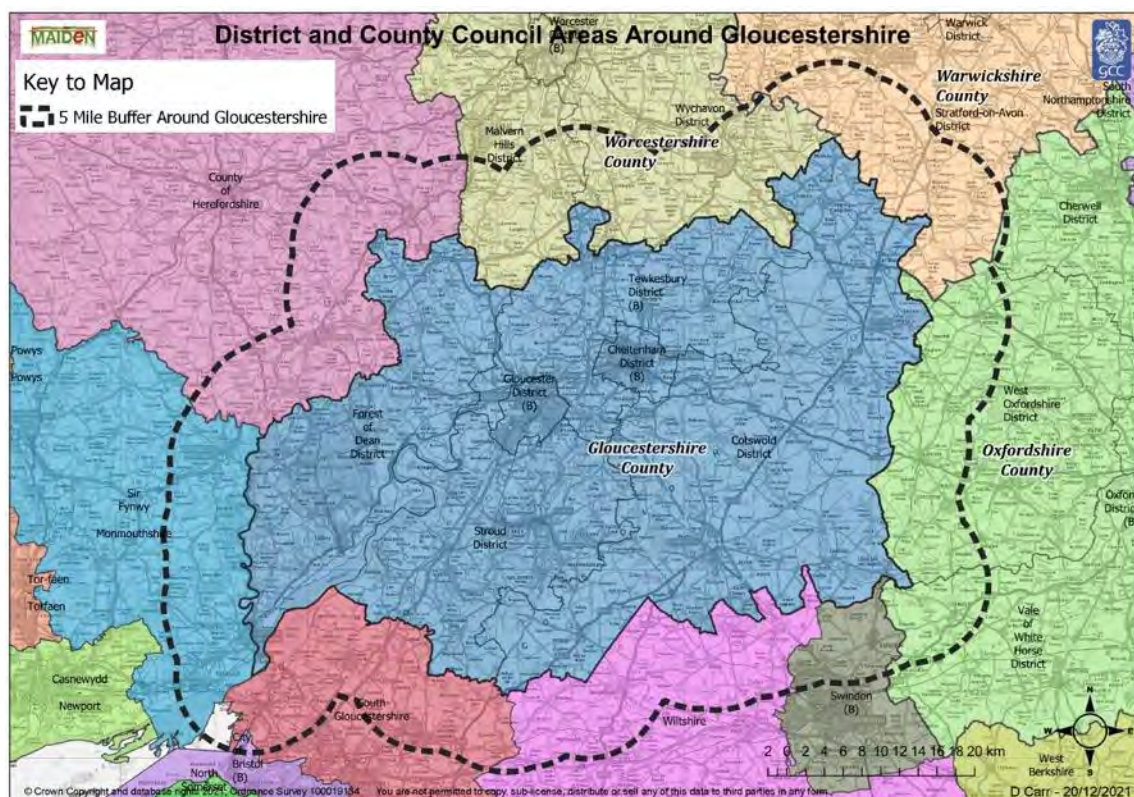
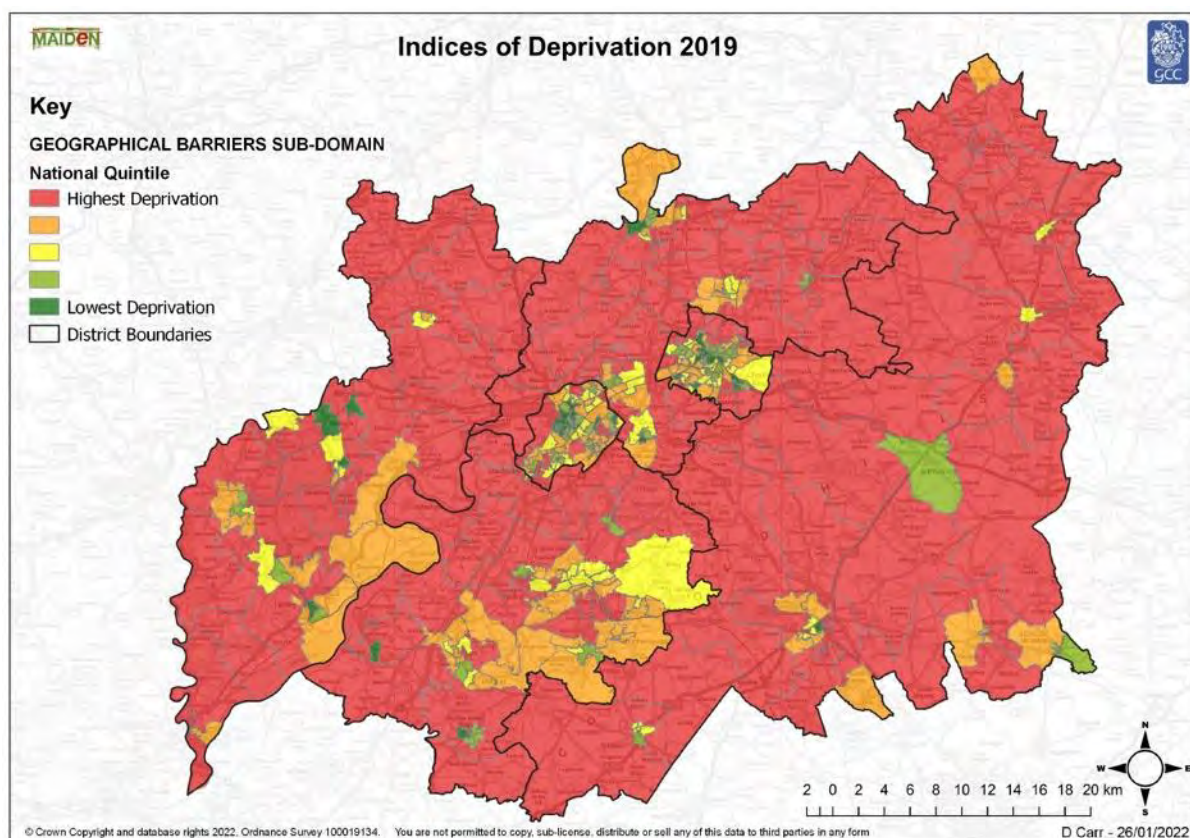


Figure 1: Gloucestershire and neighbours

<sup>6</sup> Inform Gloucestershire. (2017). *Environment*. [https://www.gloucestershire.gov.uk/media/1521013/overview\\_-\\_environment\\_-\\_2017\\_v2-17.pdf](https://www.gloucestershire.gov.uk/media/1521013/overview_-_environment_-_2017_v2-17.pdf)



The national Indices of Deprivation 2019 includes a measurement of accessibility based on distance measurements to post offices, primary schools, supermarkets, and GP surgeries for each lower super output area (LSOA). Most of the land area of Gloucestershire falls within the most deprived quintile of geographical barriers in England, as can be seen in the Figure 2 below<sup>7</sup>.



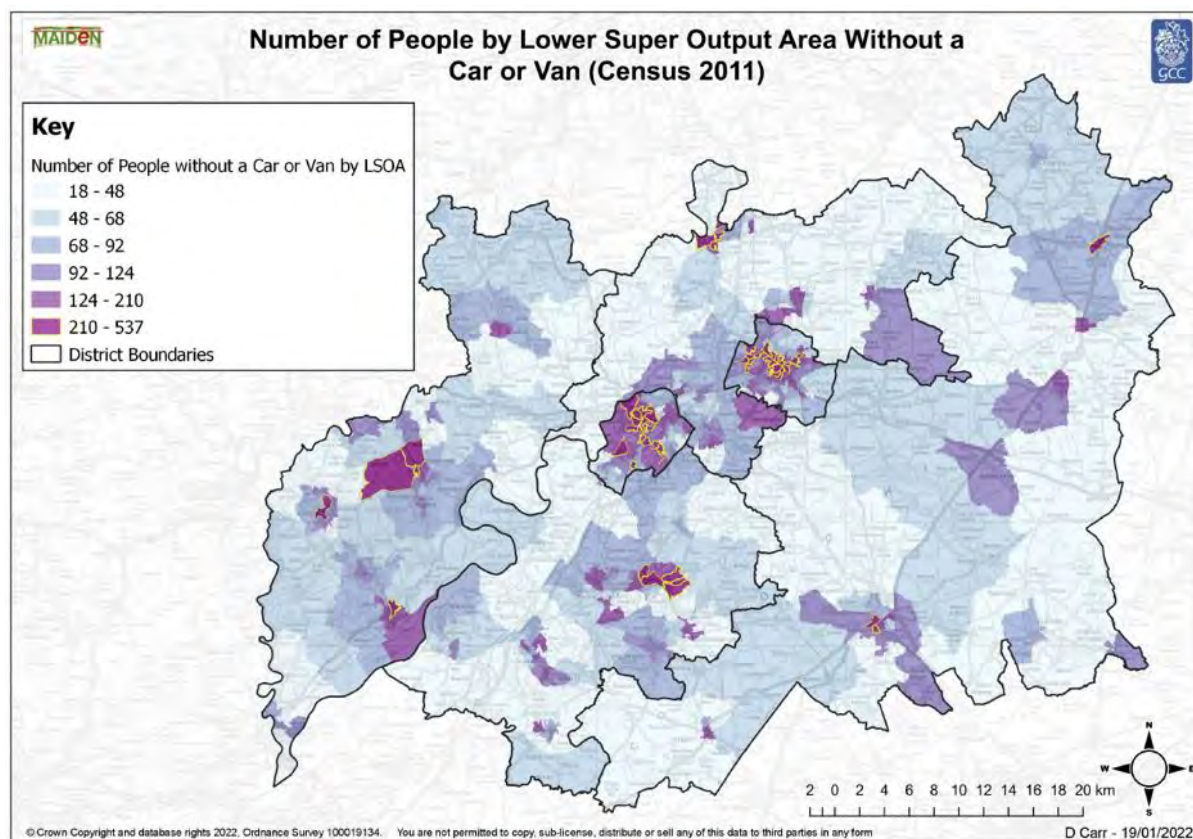
**Figure 2: Geographical barrier sub-domain of Indices of Deprivation 2019, Gloucestershire**

Being a mainly rural county, owning a vehicle helps residents to access healthcare and other services. 2011 Census figures show that more than 40,000 households in Gloucestershire do not have access to a car or van- this equates to 17% of all households<sup>8</sup>. The lowest proportion of households without access to a car or van is found in Cotswold, the most rural district in Gloucestershire (12.6%). Over-65-year-olds are more likely to not own a car- one in five did not own a car in the 2011 Census and this figure was 40% for those with a long-

<sup>7</sup> Inform Gloucestershire. *Accessibility: Transport*. <https://inform.gloucestershire.gov.uk/media/2087154/overview-transport-accessibility.pdf>

<sup>8</sup> As per 7

term illness that limited their daily activities a lot<sup>9</sup>. Figure 3 shows the number of people without a car or van in each LSOA in Gloucestershire.



**Figure 3: Number of people by LSOA without a car or van, Gloucestershire**

Internet access is another important factor in accessibility of health and broader services. 2016 ONS data showed that 7.9% of Gloucestershire residents had not used the internet in over three months (or had never used it), compared to 10.1% in the South West and 12% in the UK<sup>10</sup>. These figures are also affected by age, with data showing that only 41% of over 75 year olds with a disability use the internet<sup>11</sup>.

<sup>9</sup> Inform Gloucestershire. (2020). *Older People in Gloucestershire Prevalence of Needs*.

[https://inform.gloucestershire.gov.uk/media/2099482/op\\_prevalance\\_of\\_need\\_2020\\_final.pdf](https://inform.gloucestershire.gov.uk/media/2099482/op_prevalance_of_need_2020_final.pdf)

<sup>10</sup> Inform Gloucestershire. *Accessibility: Internet Access*. <https://inform.gloucestershire.gov.uk/media/2087095/overview-internet-accessibility.pdf>

<sup>11</sup> As per 9



## 4.1 Population and Age Structure

The Office of National Statistics (ONS) mid-2020 population of Gloucestershire is estimated as 640,650<sup>12</sup>.

The population of the county grew by 7.84% in the last ten years (up to 2020)- this growth is slightly higher than that of England<sup>13</sup>. Population growth in Tewkesbury was much higher than the other districts (18.51%). In the same period the over-65 population in Gloucestershire increased by 26.3%- a greater increase than for the South West and England, and vastly higher than the 3.24% increase in Gloucestershire's working age population.

Population projections suggest that the Gloucestershire population will rise to 683,849 by 2028, and to 738,482 by 2043<sup>14</sup>. This is an annual average growth rate of 0.6%, higher than that for England. Tewkesbury and Cotswold are predicted to have the largest increases in their populations. Tewkesbury is predicted to have one of the highest increases in the country, mostly due to high net internal migration.

The most significant projected population increase is in the over-65 age group, predicted to rise by over 50% between 2018 and 2043, a greater increase than the national trend<sup>15</sup>. By 2043 this age group will account for 27.9% of the population (as opposed to the current 21.3%). This is likely to lead to an increase in demand for health and care services. A graphical representation of Gloucestershire's projected population is shown in Figure 4.

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<sup>12</sup> Inform Gloucestershire. (2020). *Current Population of Gloucestershire (Mid-2020)*.

<https://inform.gloucestershire.gov.uk/media/2108954/mid-2020-population-estimates-final.pdf>

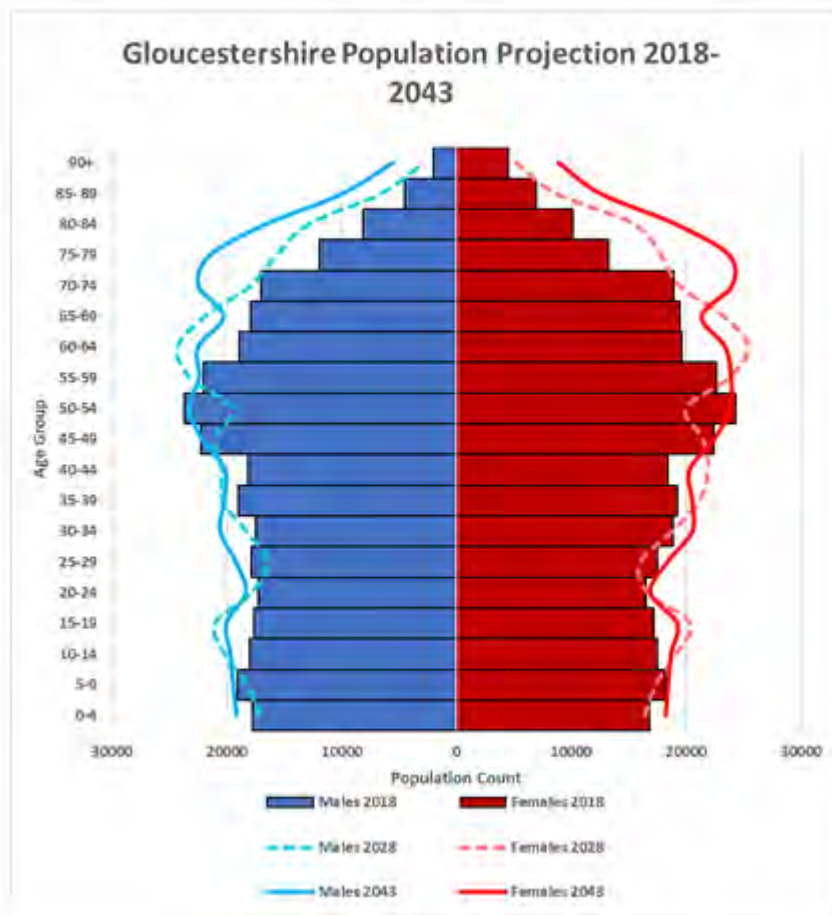
<sup>13</sup> Inform Gloucestershire. (2020). *Population Change in Gloucestershire 2010-20*.

<https://inform.gloucestershire.gov.uk/media/2109291/population-change-in-gloucestershire-2010-20.pdf>

<sup>14</sup> Inform Gloucestershire. *Population Projections for Gloucestershire 2018-2043*.

<https://inform.gloucestershire.gov.uk/media/2099800/overview-population-projections-for-gloucestershire-2018-2043.pdf>

<sup>15</sup> As per 14



**Figure 4: Gloucestershire population projection for 2018 to 2043**

The age structure of the Gloucestershire population (based on 2020 mid-year population estimates) varies across the county, with the two more urban districts (Gloucester and Cheltenham) having a younger age profile- see Table 1. All districts except Gloucester have a higher proportion of over-65s than the national population<sup>16</sup>. An ageing population presents challenges for the health and social care system as the additional years of life are not necessarily spent in good health. With increasing life expectancy, the number of people who will live with one or multiple long term health condition(s) also increases. The prevalence of taking prescribed medication increases with age, with Health Survey for England data showing that in 2015/16 more than 90% of those aged 75 and over had taken at least one prescribed medication (compared to 48% of 16- to 24-year-olds)- see Figure 5<sup>17</sup>.

<sup>16</sup> Inform Gloucestershire. *County and District Data*. <https://www.gloucestershire.gov.uk/inform/population/population-figures/county-and-district-data/>

<sup>17</sup> National Statistics & NHS Digital. (2017). *Health Survey for England 2017 Prescribed medicines*. <http://healthsurvey.hscic.gov.uk/media/63790/HSE2016-pres-med.pdf>

District	Total Population	0-19 years	20-64 years	65 years and over
Cheltenham	116,043	22.52%	57.56%	19.92%
Cotswold	90,264	20.33%	53.46%	26.21%
Forest of Dean	87,107	21.05%	54.05%	24.91%
Gloucester	129,709	24.53%	58.41%	17.06%
Stroud	120,903	21.92%	55.35%	22.73%
Tewkesbury	96,624	22.49%	55.43%	22.08%
Gloucestershire	640,650	22.30%	55.94%	21.76%

Table 1: Population by district council, Gloucestershire, 2020 (Source: ONS)

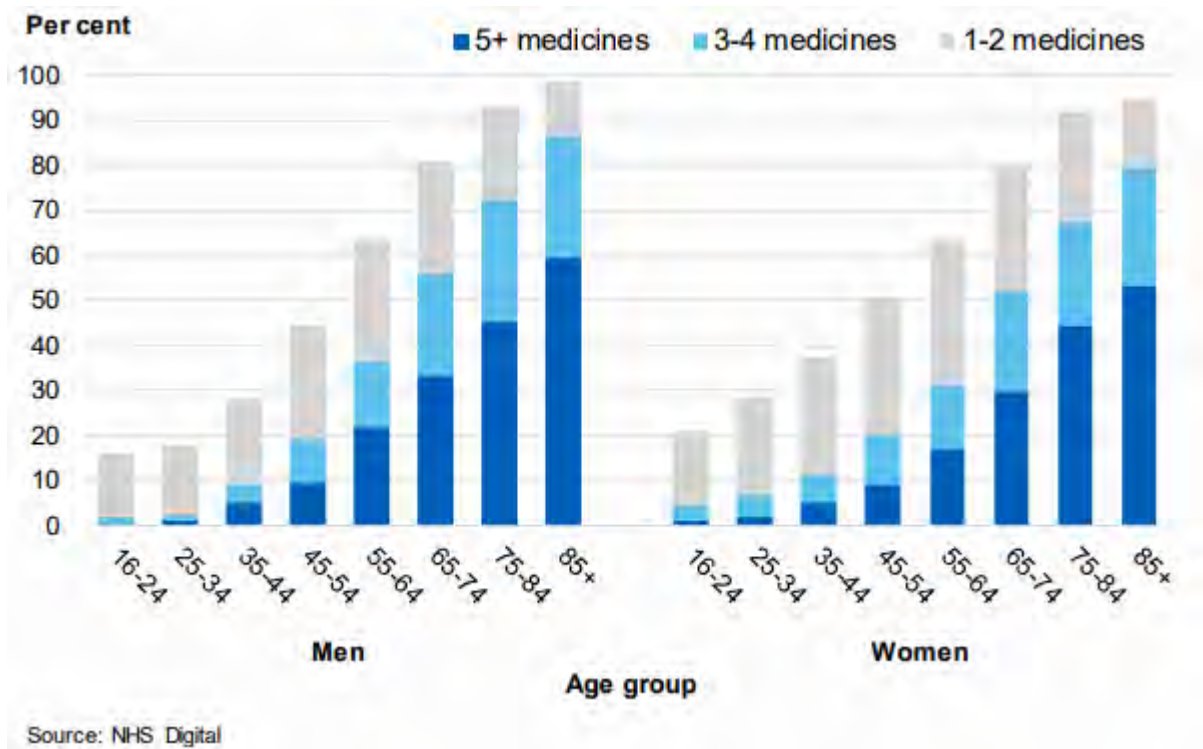
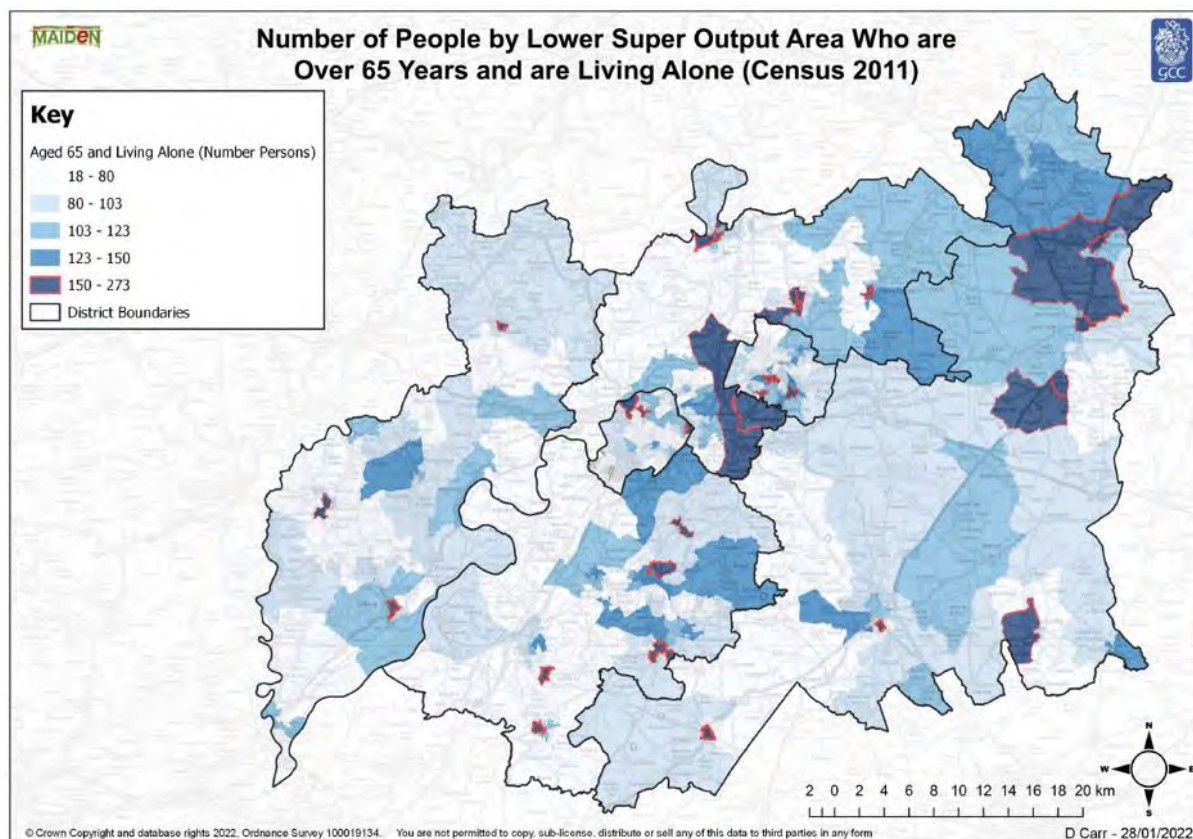


Figure 5: Number of prescribed medicines taken in the last week by age and sex, England (Source: National Statistics & NHS Digital)

Gloucestershire has a rising trend of older people living alone, with the number of people aged over-65 living alone projected to be 57,292 by 2030 (the majority of these being aged

75 and over, particularly females)<sup>18</sup>. Figure 6 shows the distribution across the county of over-65-year-olds living alone.



**Figure 6: Number of people aged over-65 years and living alone by LSOA**

Analysis of the 2011 Census shows that Gloucestershire residents aged 65 or over were more likely than those under-65 to have a long-term limiting illness, be in poor health, be living on their own, be without access to a car, be providing unpaid care of 50 or more hours a week, and be living in a household without central heating<sup>19</sup>.

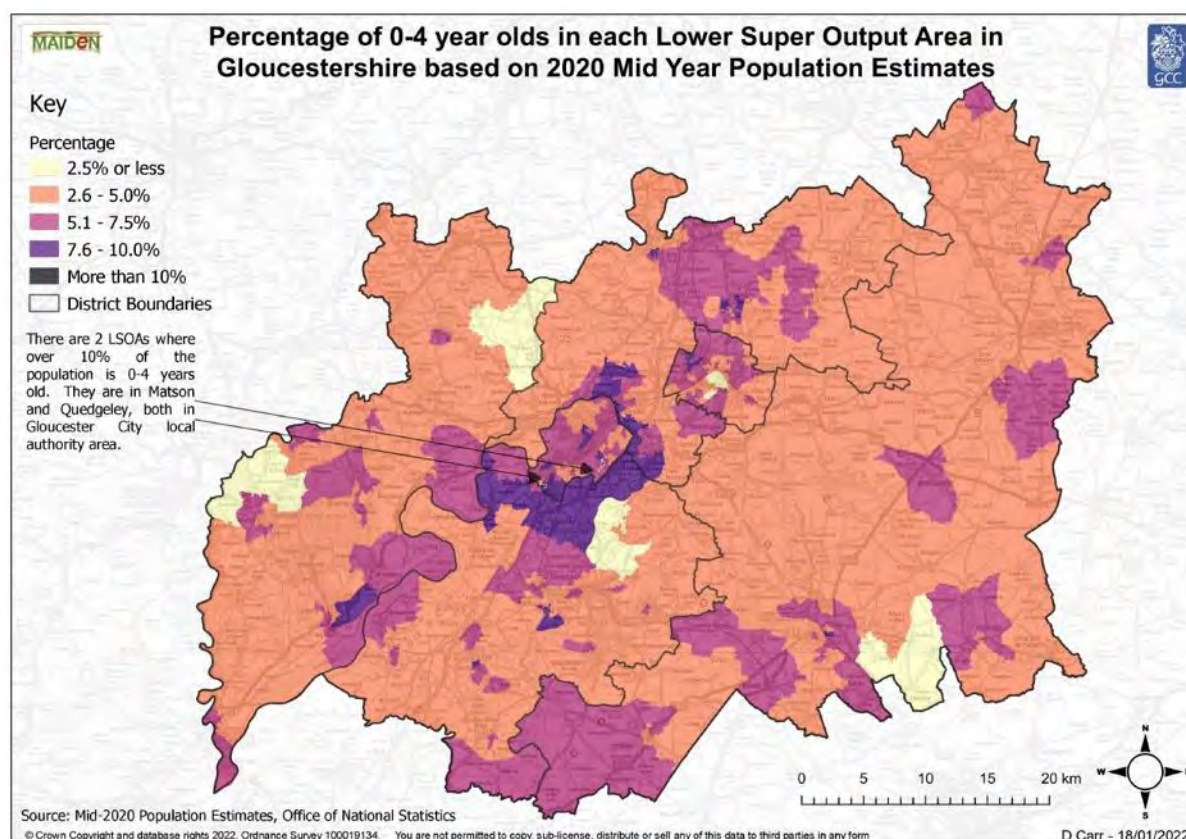
Older residents in rural parts of the county, those who are housebound, and individuals with no access to a car are likely to have greater needs for home delivery services.

<sup>18</sup> Projecting Older People Population Information (POPPI). <https://www.poppi.org.uk/index.php?pageNo=324&areaID=8656&loc=8656>

<sup>19</sup> Inform Gloucestershire. (2021). *Population Profile 2021*. <https://inform.gloucestershire.gov.uk/media/2105981/equality-profile-2021.pdf>



Finally, the concentration of children aged under 5 varies across the county, with higher concentrations of young children in more urban parts of the country (see Figure 7).



**Figure 7: Percentage of 0-4 year olds in each LSOA, Gloucestershire**

#### 4.1.2 Future Housing Developments

Population predictions from the Office for National Statistics do not take into account increases from new housing developments. Potential housing growth in each of the districts is shown in Table 2, with Tewkesbury predicted to have the greatest growth. Allocations refers to sites identified in local district council plans that are best suited for development. They may or may not come forward for development. Commitments refer to situations where planning permission has been applied for and granted. Neither allocations nor commitments can absolutely predict future housing.

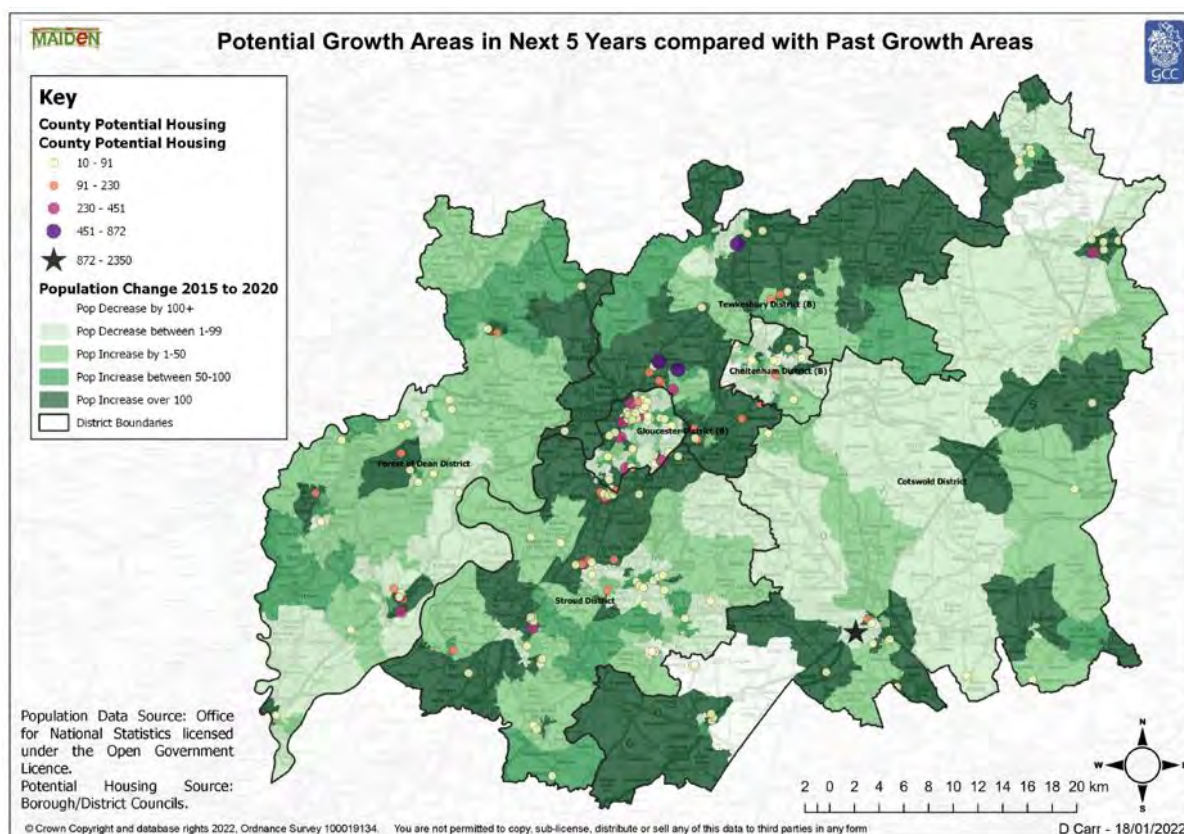
Table 3 displays the 10 LSOAs in the county which have the highest numbers of potential housing. Figure 8 shows the population change in Gloucestershire LSOAs between 2015 and 2020 as well as the potential housing over the next 5 years.

District	Allocation	Commitment	Grand Total
Cheltenham		469	469
Cotswold		3798	3798
Forest of Dean		2302	2302
Gloucester	920	2813	3733
Stroud		4966	4966
Tewkesbury		4998	4998
Grand Total	920	19346	20266

Table 2: Potential housing growth in Gloucestershire districts

Lower Super Output Area Name	District	Allocation	Commitment	Grand Total
Four Acres 1	Cotswold		2350	2350
Hardwicke 3	Stroud		1676	1676
Severn 3	Stroud		1071	1071
Innsworth 3	Tewkesbury		996	996
Churchdown St John's 4	Tewkesbury		872	872
Tewkesbury East 1	Tewkesbury		850	850
Cam West 2	Stroud		747	747
Westgate 2	Gloucester	20	705	725
Lydney East 2	Forest of Dean		655	655
Westgate 4	Gloucester	300	202	502
Matson and Robinswood 2	Gloucester	30	420	450

Table 3: Top 10 Gloucestershire LSOAs for potential future housing



**Figure 8: Past and potential growth areas in Gloucestershire**

It should also be noted that there may be new housing developments in the Health and Wellbeing Board areas which neighbour Gloucestershire in future. If these developments are in close proximity to the border, residents may choose to access pharmaceutical services in Gloucestershire rather than in their own Health and Wellbeing Board area. Development in the areas surrounding Gloucestershire must therefore also be considered and reviewed in future when considering pharmaceutical service provision in the county.



## 4.2 Deprivation

The Index of Multiple Deprivation (IMD) 2019 is the most commonly used measure of relative deprivation for small areas (LSOAs) in England<sup>20</sup>. It ranks every area in England from one (most deprived) to 32,844 (least deprived) based on seven domains including income, employment, education, health and crime. Figure 9 shows the IMD quintiles for Gloucestershire LSOAs, and Figure 10 shows the percentage of the population in each district who are in each deprivation quintile<sup>21,22</sup>.

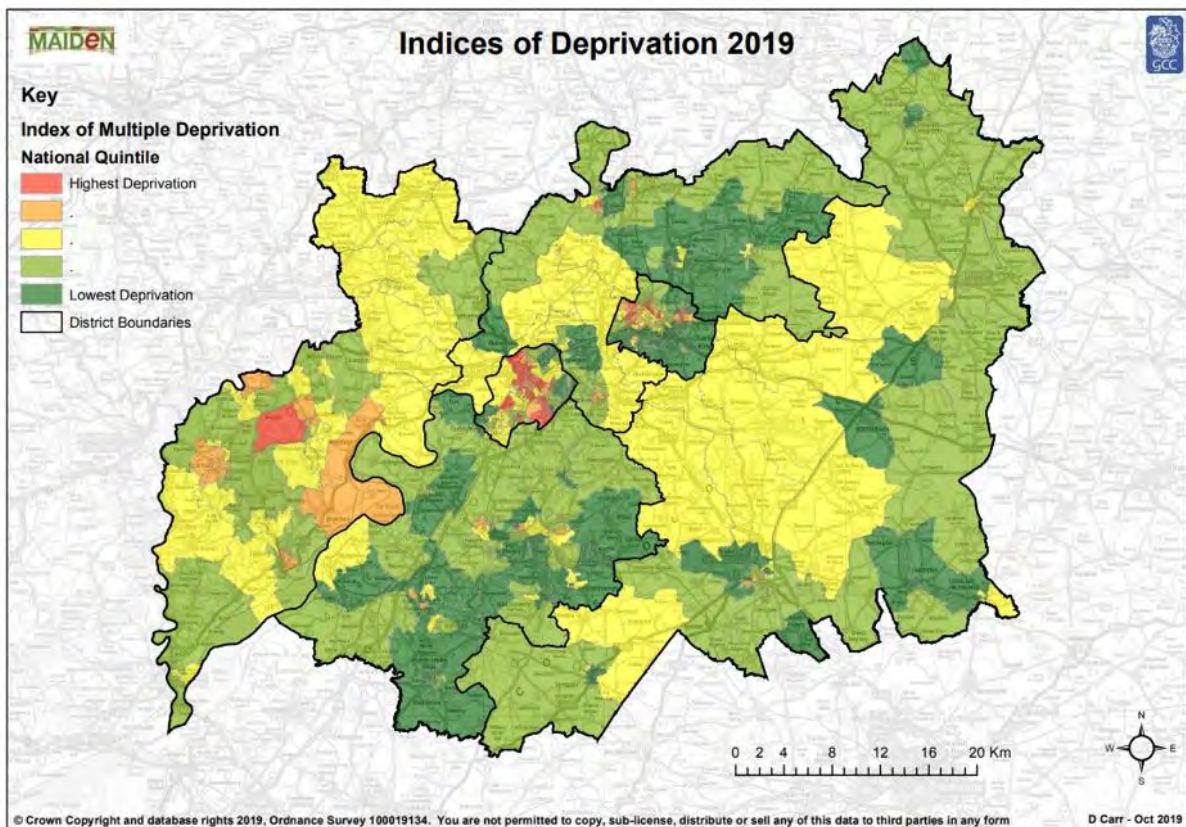


Figure 9: IMD for Gloucestershire, 2019

<sup>20</sup> Ministry of Housing, Communities and Local Government. (2019). *The English Indices of Deprivation 2019: Frequently Asked Questions*.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/853811/loD2019\\_FAQ\\_v4.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/853811/loD2019_FAQ_v4.pdf)

<sup>21</sup> Inform Gloucestershire. (2019). *Indices of Deprivation 2019*.

<https://inform.gloucestershire.gov.uk/media/2092741/imd-national-quintiles-gloucestershire.pdf>

<sup>22</sup> Inform Gloucestershire. (2019). *Indices of Deprivation 2019 Gloucestershire*.

[https://inform.gloucestershire.gov.uk/media/2094524/gloucestershire\\_deprivation\\_2019\\_v13.pdf](https://inform.gloucestershire.gov.uk/media/2094524/gloucestershire_deprivation_2019_v13.pdf)



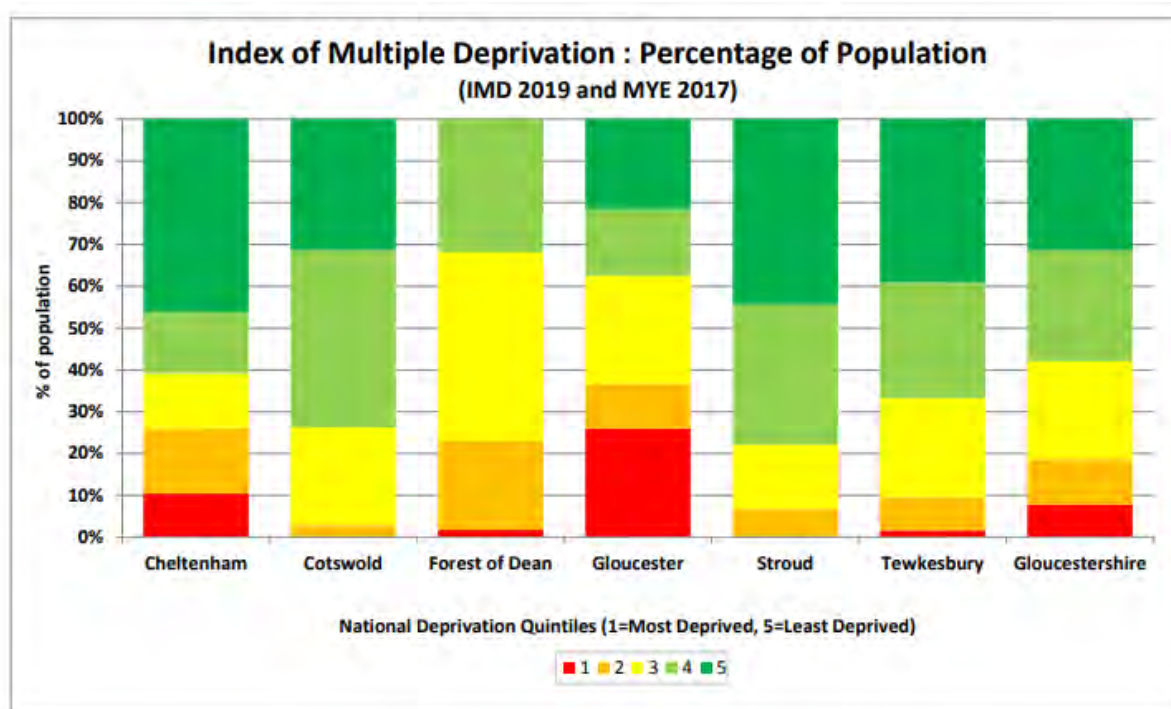


Figure 10: IMD for Gloucestershire by district, 2019

Although Gloucestershire as a county has low levels of deprivation (it is in the least deprived 20% of counties nationally), pockets of high deprivation do exist within the county as seen on the map above<sup>23</sup>. At a district level, Gloucester and the Forest of Dean have above average levels of deprivation compared to England, whereas the other 4 districts have below average levels.

Higher levels of deprivation are often associated with higher health and care needs. Health Survey for England 2016 data showed that medicine use was higher in more deprived areas, with 54% of adults in the most deprived fifth of areas taking at least one prescribed medicine compared to 45% of adults in the least deprived areas<sup>24</sup>.

<sup>23</sup> Inform Gloucestershire. (2019). *Indices of Deprivation 2019 Gloucestershire*. [https://inform.gloucestershire.gov.uk/media/2094524/gloucestershire\\_deprivation\\_2019\\_v13.pdf](https://inform.gloucestershire.gov.uk/media/2094524/gloucestershire_deprivation_2019_v13.pdf)

<sup>24</sup> National Statistics & NHS Digital. (2017). *Health Survey for England 2017 Prescribed medicines*. <http://healthsurvey.hscic.gov.uk/media/63790/HSE2016-pres-med.pdf>

## 4.3 Protected Characteristics and Groups with Particular Needs

### Age

See Section 4.1.

### Sex

The overall population split by sex in Gloucestershire is slightly skewed towards females, with females making up 50.9% of the population and males making up the remaining 49.1%<sup>25</sup>. The difference becomes more apparent in increasing age groups, with 63.9% of Gloucestershire's 85+ population being female (although the proportion of men in this group is increasing).

Up to the age of 54, women in England are more likely than men to use prescribed medicine, however for adults aged 55 and over there is no apparent difference<sup>26</sup>.

### Ethnicity

According to the 2011 Census 4.6% of the Gloucestershire population were from Black and Minority Ethnic (BME) backgrounds, a considerably lower percentage than the national value of 14.6%<sup>27</sup>. The BME population increased from 2.8% to 4.6% between 2001 and 2011. The level of ethnic diversity varies between districts, with Gloucester having the highest proportion of people from BME backgrounds (10.9%) and Forest of Dean the lowest (1.5%). Ethnic minority groups can face barriers to access to health services, including pharmacies, for a variety of reasons including language and cultural barriers.

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<sup>25</sup> Inform Gloucestershire. (2021). *Population Profile 2021*. <https://inform.gloucestershire.gov.uk/media/2105981/equality-profile-2021.pdf>

<sup>26</sup> National Statistics & NHS Digital. (2017). *Health Survey for England 2017 Prescribed medicines*. <http://healthsurvey.hscic.gov.uk/media/63790/HSE2016-pres-med.pdf>

<sup>27</sup> As per 25

## Language

According to the 2011 Census 18,784 people in Gloucestershire (3.3% of the population) did not speak English as their main language<sup>28</sup>. Amongst these people Polish was the most common language, followed by Gujarati, and then a Chinese language. Gloucester district has the highest proportion of people who do not speak English as their main language, followed by Cheltenham. The access and use of healthcare services for those whose first language is not English can be limited.

## Religion

According to the 2011 Census Christianity is the most common religion in Gloucestershire (63.5% of residents)<sup>29</sup>. The second most common is no religion. Gloucestershire has a lower proportion of residents who follow a religion other than Christianity, reflecting its low ethnic diversity. Some religious groups can have specific concerns about medications.

## Marital Status, Civil Partnerships and Sexual Orientation

According to the 2011 census, among Gloucestershire residents 30.5% are single, 50.2% are married, 0.3% are in a registered same-sex civil partnership, 2.3% are separated, 9.5% are divorced, and 7.2% are widowed or a surviving partner from a same sex civil partnership<sup>30</sup>. The proportion of people who are married, divorced or widowed is greater than the national figure, whilst the proportion of people who are single or separated is lower. There is considerable variation in marital status between age groups. This links to the data in Section 4.1 on elderly people living alone in Gloucestershire and the impacts that this might have on use of pharmaceutical services.

There are no local or national definitive data on sexual orientation, although the 2021 Census data will be the first to contain this information. Public Health England have produced modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England. They estimate that overall 2.5% of the population in England are LGB- 3.1% of

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<sup>28</sup> Inform Gloucestershire. (2021). *Population Profile 2021*. <https://inform.gloucestershire.gov.uk/media/2105981/equality-profile-2021.pdf>

<sup>29</sup> As per 28

<sup>30</sup> As per 28

males and 1.92% of females<sup>31</sup>. The estimate for the South West region overall is 2.08%. If this figure was applied to Gloucestershire, it would mean that there are approximately 13,326 LGB individuals in the county. LGB individuals can experience difficulties accessing healthcare services.

### Gender Reassignment

There are no local or national definitive data on gender reassignment, although the 2021 Census data will be the first to contain this information. Currently the best estimates come from the Gender Identity Research and Education Society (GIRES) who estimate that approximately 1% of the population of the UK are experiencing some degree of gender diversity<sup>32</sup>. By applying this figure to Gloucestershire's 16+ population we can estimate that there may be approximately 5,220 adults in the county who are experiencing some degree of gender diversity<sup>33</sup>. Transgender people experience inequalities in healthcare, including access to services.

### Pregnancy and Maternity

There were 6,124 live births in Gloucestershire in 2019<sup>34</sup>. The highest proportion of deliveries were to women aged 30 to 34, showing the continuing trend of later motherhood. A higher proportion of births take place to mothers aged between 25 and 44 than aged under 25 compared to national figures. Gloucester had the highest number of live births in 2019 (1,461). A large multi-national study showed that 81.2% of pregnant women used at least one medication (prescribed or over the counter) during pregnancy<sup>35</sup>. Older women were more likely to report use of medication for a long-term condition during pregnancy.

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<sup>31</sup> Public Health England, (2017). *Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England: Final Report*.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585349/PHE\\_Final\\_report\\_FINAL\\_DRAFT\\_14.12.2016NB230117v2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585349/PHE_Final_report_FINAL_DRAFT_14.12.2016NB230117v2.pdf)

<sup>32</sup> Gender Identity Research & Education Society. *Individual Help*. <https://www.gires.org.uk/what-we-do/individual-help/>

<sup>33</sup> Inform Gloucestershire. (2021). *Population Profile 2021*. <https://inform.gloucestershire.gov.uk/media/2105981/equality-profile-2021.pdf>

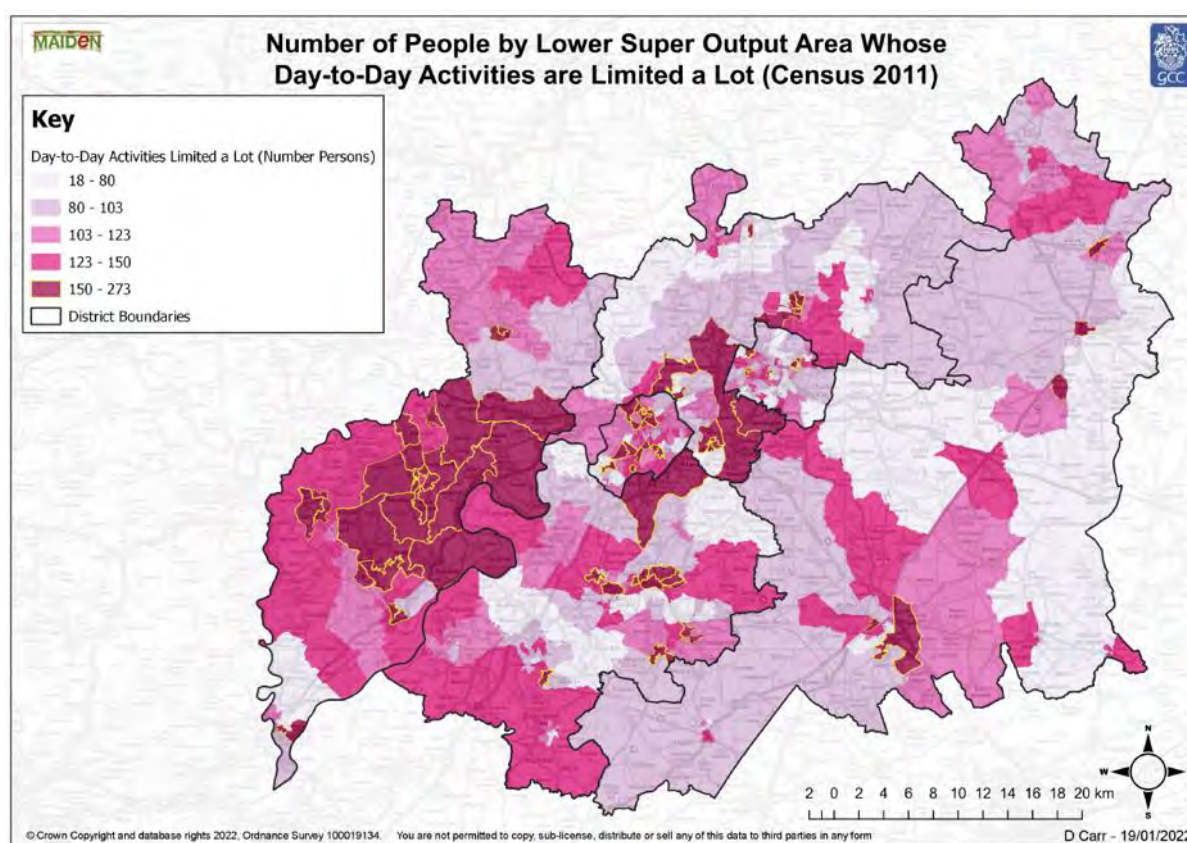
<sup>34</sup> As per 34

<sup>35</sup> Lupattelli A, Spigset O, Twigg MJ, *et al*. Medication use in pregnancy: a cross-sectional, multinational web-based study. *BMJ Open* 2014;**4**:e004365. doi: 10.1136/bmjopen-2013-004365

## People with Long-term Conditions and Disabilities

The Equality Act definition of disability is consistent with the census definition of limiting long-term health problem. According to the 2011 Census 16.7% of the Gloucestershire population reported having a limiting long-term health problem or disability (7.3% reported that their activities were limited a lot and 9.5% reported their activities were limited a little)<sup>36</sup>. Based on this there were 106,989 people in Gloucestershire in 2020 living with a limiting long-term health problem, including 68,309 over-65s. The number of over-65s with a limiting long-term illness is predicted to increase to 80,600 by 2030<sup>37</sup>.

24.2% of households had at least one person with a long-term limiting health problem or disability. These figures are slightly lower than the national figures. The Forest of Dean has the highest proportion of residents reporting a limiting long-term health problem and is the only district that exceeds the national figure. Figure 11 shows the number of people in Gloucestershire whose day-to-day activities are limited a lot by LSOA.



**Figure 11: Number of people by LSOA whose day-to-day activities are limited a lot, Gloucestershire**

<sup>36</sup> Inform Gloucestershire. (2021). *Population Profile 2021*. <https://inform.gloucestershire.gov.uk/media/2105981/equality-profile-2021.pdf>

<sup>37</sup> Projecting Older People Population Information (POPPI). <https://www.poppi.org.uk/index.php?pageNo=331&sc=1&loc=8260&np=1>

Given the ageing population, the number of people with a limiting long-term illness is likely to increase in future. The 2011 census found that people in Gloucestershire with a limiting long-term illness/disability were more likely than people without to be providing unpaid care, to be living in a household without access to a car/van, and to be living in social housing<sup>38</sup>. Long-term conditions are more prevalent in older people and in more deprived groups<sup>39</sup>. Health Survey for England data shows that those reporting bad or very bad general health were much more likely to have used prescribed medicines in the last week compared to those reporting very good or good general health (85% versus 40%)<sup>40</sup>. Those in bad/very bad health were also more likely to be taking three or more medicines (62% versus 17%).

### Learning Disabilities

Modelled data estimates that currently nearly 12,000 adults in Gloucestershire have a learning disability, with one in five of these individuals having a severe or moderate learning disability<sup>41</sup>. People with learning disabilities are a diverse group who have worse health outcomes and worse access to healthcare than the general population, and can benefit from reasonable adjustments<sup>42</sup>.

### Carers

There were 62,644 unpaid carers in Gloucestershire at the time of the 2011 Census (10.5% of the total population, slightly higher than the national value of 10.3%)<sup>43</sup>. The majority (64%) of these carers were aged 50 or over. As our population ages, the proportion of carers in the highest age brackets will increase. Carers caring for long hours are more likely to experience poor health themselves- 11% of those caring for 50 or more hours per week describe their health as bad/very bad compared to 3.2% of those caring for 1-19 hours per week. Carers

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<sup>38</sup> Inform Gloucestershire. (2021). *Population Profile 2021*. <https://inform.gloucestershire.gov.uk/media/2105981/equality-profile-2021.pdf>

<sup>39</sup> The King's Fund. *Long-term conditions and multi-morbidity*. [https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity#:~:text=Long%2Dterm%20conditions%20are%20more,of%20disease\)%20\(1\).](https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity#:~:text=Long%2Dterm%20conditions%20are%20more,of%20disease)%20(1).)

<sup>40</sup> National Statistics & NHS Digital. (2017). *Health Survey for England 2017 Prescribed medicines*. <http://healthsurvey.hscic.gov.uk/media/63790/HSE2016-pres-med.pdf>

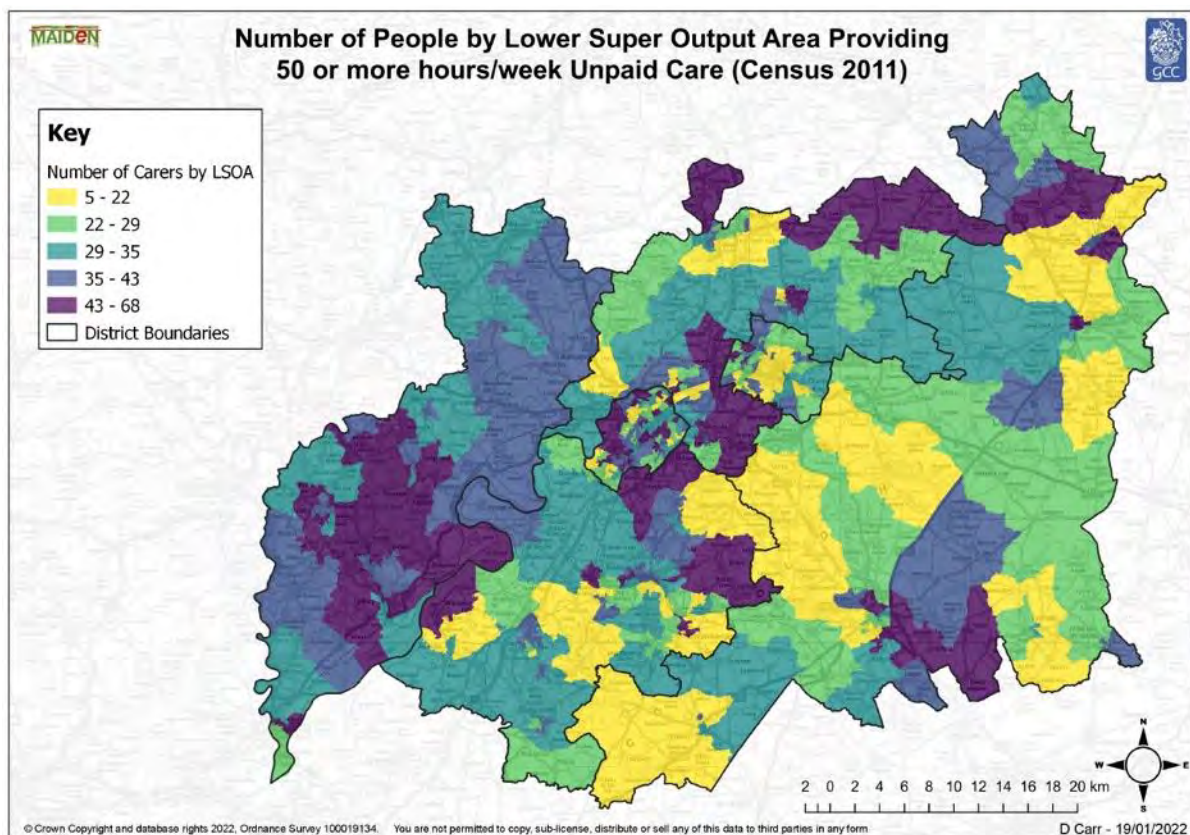
<sup>41</sup> Inform Gloucestershire. (2020) *Adults with Learning Disabilities in Gloucestershire Prevalence of Needs*. [https://inform.gloucestershire.gov.uk/media/2099484/ld\\_prevalence\\_of\\_need\\_2020\\_final.pdf](https://inform.gloucestershire.gov.uk/media/2099484/ld_prevalence_of_need_2020_final.pdf)

<sup>42</sup> Public Health England. (2017). *Guidance: Pharmacy and people with learning disabilities: making reasonable adjustments to services*. <https://www.gov.uk/government/publications/pharmacy-and-people-with-learning-disabilities/pharmacy-and-people-with-learning-disabilities-making-reasonable-adjustments-to-services>

<sup>43</sup> Inform Gloucestershire. (2020). *Informal Carers in Gloucestershire Characteristics and Need*. <https://inform.gloucestershire.gov.uk/media/2099485/carers-in-gloucestershire-2020-final.pdf>



are likely to need to access healthcare services for both themselves and the person(s) they care for, but may face barriers in doing so. Figure 12 shows the number of people providing 50 or more hours per week of unpaid care in Gloucestershire by LSOA.



**Figure 12: Number of people by LSOA providing 50 or more hours per week of unpaid care, Gloucestershire**

### Gypsies and Travellers

Gloucestershire County Council has four residential sites for the travelling communities. There are also many privately owned sites particularly in the Tewkesbury and Gloucester areas. The Gloucestershire County Council owned sites are based in:

- Willows, Sandhurst Lane, Gloucester
- Cursey Lane, Elmstone Hardwicke, Cheltenham
- Showborough, Twynning near Tewkesbury
- Culkerton, near Tetbury, Cotswold

In the 2011 Census 731 individuals in Gloucestershire identified their ethnic group as 'Gypsy of Irish Traveller', equating to 0.1% of the population (equivalent to the national average)<sup>44</sup>. It has been found that Gypsy, Roma and Traveller people can face barriers in accessing primary and secondary health care services, including difficulties in registering with a GP<sup>45</sup>. For this reason, community pharmacies may be a particularly useful setting for health advice and services.

### Homeless

In 2019/20 3,141 households were owed a prevention or relief duty in Gloucestershire<sup>46,47</sup>. This equates to a rate of 11.4 per 1000 households, which is lower than the national average of 12.3 per 1000 households. All districts except Gloucester have rates below the national rate. Those who are homeless may experience similar barriers to the gypsy, roma and traveller community in accessing traditional healthcare services.

### Armed Forces Community

In Gloucestershire the serving Armed Forces community is predominantly based at three locations: Beachley Barracks in the Forest of Dean, Imjin Barracks on the outskirts of Gloucester, and Duke of Gloucester Barracks on the outskirts of Cirencester. Serving personnel may reside at these locations; however, there are significant numbers that live in other locations across or outside of the county. Estimates published by the Ministry of Defence, based on the Annual Population Survey, put the figure for the number of Veterans located in the County at around 39,000 for 2017<sup>48</sup>. This figure is lower than previous years. Census data from 2011 lists the number of "associated members" (spouses, partners or children) to members of the Armed Forces living in the County at 2,779. However, this figure is intuitively low and anecdotal evidence suggests that the actual figure may be significantly

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<sup>44</sup> Inform Gloucestershire. (2021). *Population Profile 2021*. <https://inform.gloucestershire.gov.uk/media/2105981/equality-profile-2021.pdf>

<sup>45</sup> www.parliament.uk. *Tackling inequalities faced by Gypsy, Roma and Traveller communities: 6 Healthcare*. <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/report-files/36009.htm>

<sup>46</sup> Prevention duty refers to local authority activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Relief duty refers to local authority activities to help secure settled accommodation for households that are already homeless.

<sup>47</sup> GOV.UK. (2022). *Homelessness Statistics*. <https://www.gov.uk/government/collections/homelessness-statistics>

<sup>48</sup> GOV.UK. (2019). *Annual population survey: UK armed forces veterans residing in Great Britain 2017*. <https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017>



higher than this. Although in general, the health of the military population is good compared to the main population, the armed forces community do face some challenges relating to healthcare including frequent changes in location which can disrupt health services for the individuals and their families<sup>49</sup>.

### Refugees and Asylum Seekers

June 2021 data showed that there were 120 asylum seekers on Section 95 support by the local authority in Gloucestershire<sup>50</sup>. The majority (93) were in Gloucester, with a rate of 7.63 per 10,000 population. In late 2021 three hotels for asylum seekers from Afghanistan were opened in the county which have greatly increased the number of asylum seekers living in Gloucestershire. Two of these are based in Gloucester and the other is in Cheltenham. As of February 2022 there were 205 individuals living in these hotels.

Asylum seekers often have inadequate access to health services despite frequently occurring mental and physical health issues<sup>51</sup>.

### Students

There are two universities in Gloucestershire- the University of Gloucestershire and the Royal Agricultural University. According to 2011 Census data there were 1,831 students living in student only households in Gloucestershire (over half of which were in Cheltenham)<sup>52</sup>. Students can face difficulties utilising health services due to the challenges of needing to receive services in two locations (university and home), fitting appointments around inflexible lecture and seminar timetables, and possibly not being well informed about how health services work<sup>53</sup>. Term times can impact service needs.

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<sup>49</sup> Local Government Association & Ministry of Defence & Public Health England. (2017). *Meeting the public health needs of the armed forces*. [https://local.gov.uk/sites/default/files/documents/1.17%20LAs%20Mythbuster%20resource\\_v06.pdf](https://local.gov.uk/sites/default/files/documents/1.17%20LAs%20Mythbuster%20resource_v06.pdf)

<sup>50</sup> House of Commons Library. (2021). *Asylum statistics*. <https://commonslibrary.parliament.uk/research-briefings/sn01403/>

<sup>51</sup> World Health Organization. *Refugee and migrant health*. [https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab\\_1](https://www.who.int/health-topics/refugee-and-migrant-health#tab=tab_1)

<sup>52</sup> Office for National Statistics. (2018). *Number of students in student only household*. <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/adhocs/008207ct07732011censusnumberofstudentsinstudentonlyhouseholdnationaltolocalauthoritylevel>

<sup>53</sup> Association for Young People's Health. (2017). *An overview of research on key issues in student health*. <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2017/04/AYPH-Student-Health-Briefing.pdf>

## Offenders

In 2019/20 there were 3161 offenders in Gloucestershire, 22% of whom were reoffenders<sup>54</sup>. Offenders often have complex health needs which could increase their demand for community pharmacy services.

## Visitors to the area

In 2012-2014 there were on average 1,596,000 domestic overnight trips to Gloucestershire per year<sup>55</sup>. Whilst away from their local GP, visitors may be likely to use pharmacy services as the first point of call for health advice.

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<sup>54</sup> GOV.UK. (2022). *Proven reoffending statistics: January to March 2020*.

<https://www.gov.uk/government/statistics/proven-reoffending-statistics-january-to-march-2020>

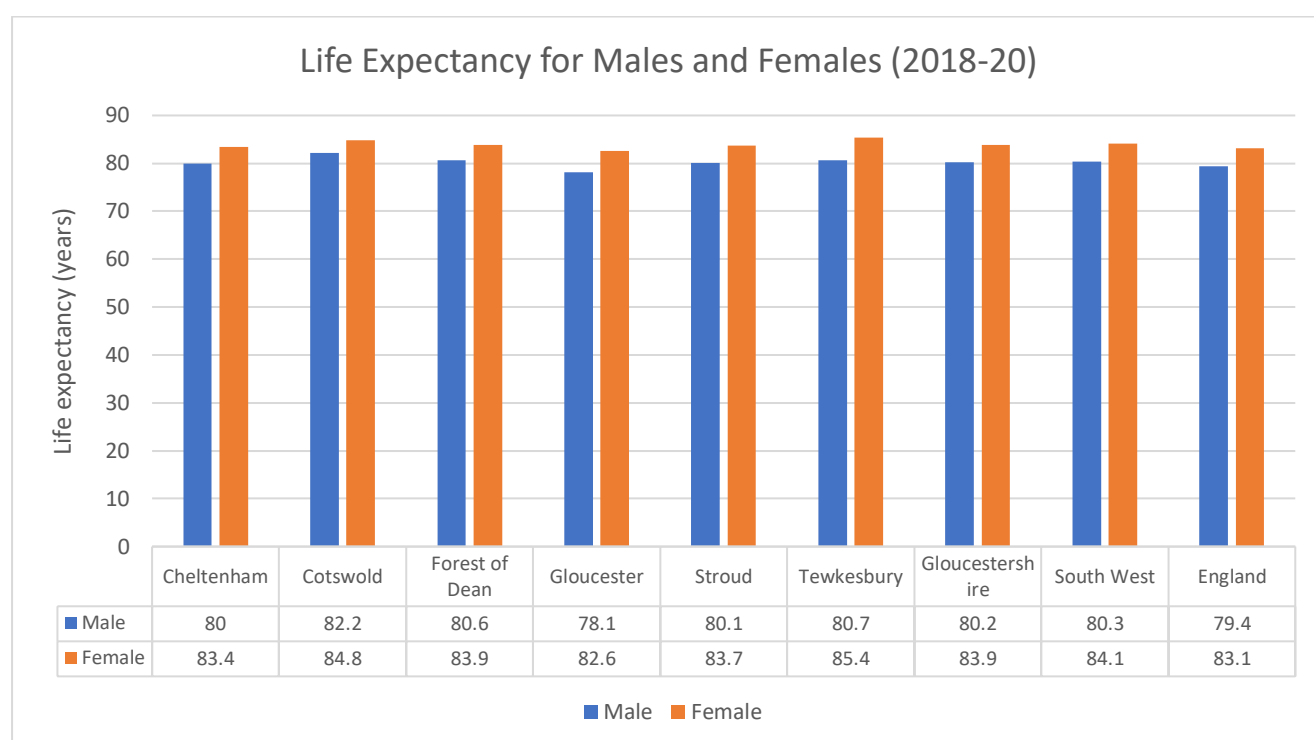
<sup>55</sup> Visit England. (2014). *South West England and Domestic Tourism*.

[https://www.visitengland.com/sites/default/files/south\\_west\\_2014.pdf](https://www.visitengland.com/sites/default/files/south_west_2014.pdf)

## 4.4 Health Outcomes within Gloucestershire

The health of people living in Gloucestershire is generally better than the England average<sup>56</sup>. Life expectancy for both men (80.2 years) and women (83.7 years) is higher than the England average. Figure 13 shows the life expectancy for males and females by district. In the 2011 Census 83% of people in Gloucestershire described themselves as being in good or very good health<sup>57</sup>.

Despite the values being higher for Gloucestershire as a county than for England, there are areas of Gloucestershire where residents experience poorer health than nationally. Life expectancy is 8.4 years lower for men and 5.4 years lower for women in the most deprived areas of Gloucestershire compared to the least deprived areas<sup>58</sup>.



**Figure 13: Male and female life expectancy in Gloucestershire by district (Source: OHID public health profiles)**

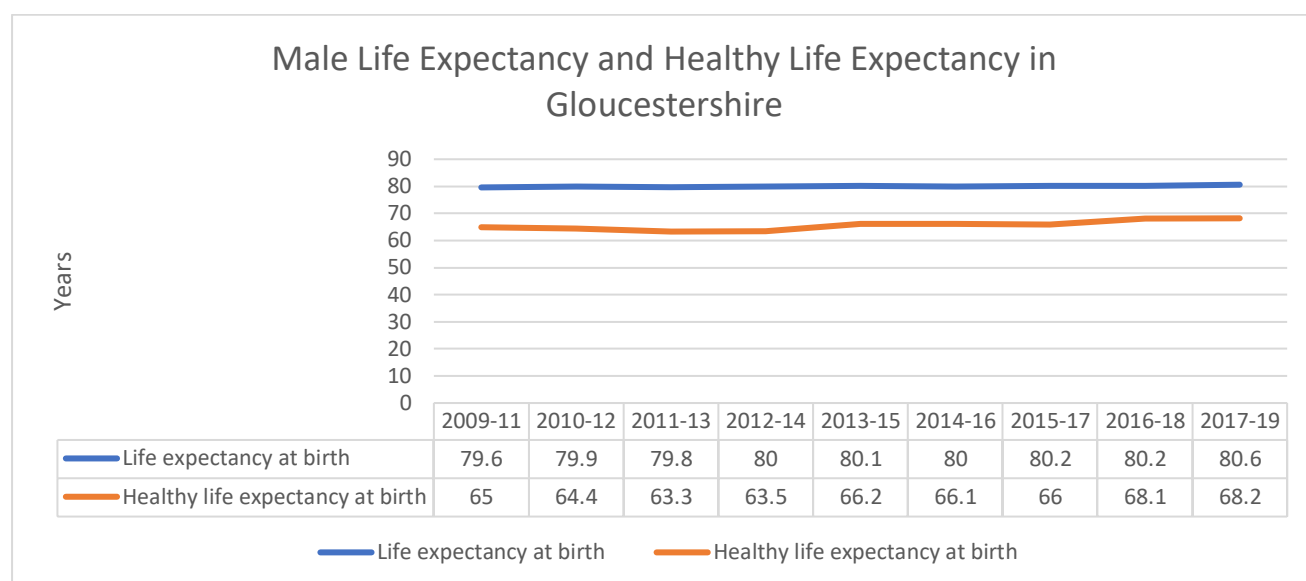
Healthy life expectancy shows the years a person can expect to live in good health (i.e. not with a disability or in poor health). Figures 14 and 15 below show that the life expectancy of

<sup>56</sup> Public Health England. (2019). *Gloucestershire Local Authority Health Profile 2019*. <https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E10000013.html?area-name=Gloucestershire>

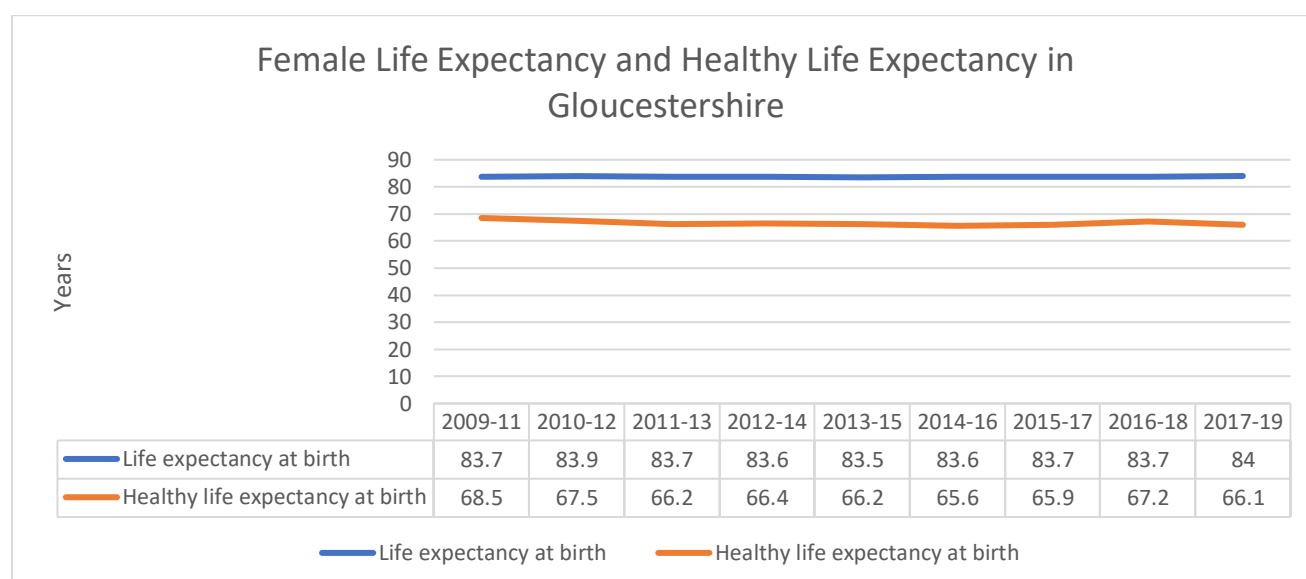
<sup>57</sup> Inform Gloucestershire. (2021). *Population Profile 2021*. <https://inform.gloucestershire.gov.uk/media/2105981/equality-profile-2021.pdf>

<sup>58</sup> As per 56

both males and females in Gloucestershire has increased slightly between 2009 and 2019 however, there are discrepancies between the sexes in healthy life expectancy changes. Male healthy life expectancy has increased whereas female healthy life expectancy has decreased, increasing the average amount of time that females in Gloucestershire are expected to live in non-optimum health.



**Figure 14: Male life expectancy and healthy life expectancy in Gloucestershire, 2009-2019 (Source: OHID public health profiles)**



**Figure 15: Female life expectancy and healthy life expectancy in Gloucestershire, 2009-2019 (Source: OHID public health profiles)**

The Office for Health Improvement and Disparities provide health profiles for local authority areas. These display local data for a set of indicators and comparisons with national values in order to help identify local problems. The health profile and child health profile for Gloucestershire are displayed below.

Indicator	Period	Glouc'shire		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Life expectancy at birth (Male) <span>New data</span>	2018 - 20	—	—	80.2	80.3	79.4	74.1		84.7
Life expectancy at birth (Female) <span>New data</span>	2018 - 20	—	—	83.9	84.1	83.1	79.0		87.9
Under 75 mortality rate from all causes	2017 - 19	—	5,250	286	294	326	548		224
Under 75 mortality rate from all cardiovascular diseases <span>New data</span>	2017 - 19	—	1,111	59.8	60.7	70.4	121.6		43.6
Under 75 mortality rate from cancer <span>New data</span>	2017 - 19	—	2,184	118.1	121.5	129.2	182.4		87.4
Suicide rate	2018 - 20	—	185	11.0	11.6	10.4	18.8		5.0
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016 - 18	—	884	46.9	39.8	42.6*	97.4		17.7
Emergency Hospital Admissions for Intentional Self-Harm	2019/20	↓	1,135	187.7	264.2	192.6	439.3		44.5
Hip fractures in people aged 65 and over	2019/20	↗	785	561	558	572	912		326
Cancer diagnosed at early stage (experimental statistics)	2017	↗	1,313	51.3%	53.3%	52.2%	41.9%		57.7%
Estimated diabetes diagnosis rate	2018	—	—	77.9%	74.0%	78.0%	54.3%		97.5%
Estimated dementia diagnosis rate (aged 65 and over) <span>&lt; 66.7% (significantly)</span>	2021	↗	5,759	63.0%	57.7%	61.6%	50.5%		82.4%
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	—	110	28.6	45.4	30.7	111.5		7.7
Admission episodes for alcohol-related conditions (Narrow): Old Method	2018/19	↗	4,344	674	680	664	1,127		389
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	—	65,858	13.0%	14.0%	13.9%	23.4%		8.0%
Percentage of physically active adults	2019/20	—	—	70.8%	70.9%	66.4%	49.4%		77.3%
Percentage of adults (aged 18+) classified as overweight or obese	2019/20	—	—	61.4%	62.0%	62.8%	78.3%		41.6%
Under 18s conception rate / 1,000 <span>New data</span>	2019	↓	115	10.9	12.8	15.7	37.1		3.9
Smoking status at time of delivery <span>New data</span>	2020/21	↗	592	10.9%	10.3%	9.6%	21.4%		1.8%
Breastfeeding initiation	2016/17	—	2,758	*	79.5%	74.5%	37.9%		96.7%
Infant mortality rate <span>New data</span>	2018 - 20	—	56	3.0	3.2	3.9	6.8		1.7
Year 6: Prevalence of obesity (including severe obesity)	2019/20	↗	950	19.3%	18.0%	21.0%	30.1%		11.1%
Deprivation score (IMD 2015)	2015	—	—	15.0	—	21.8	42.0		5.7
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	—	—	28.2%	26.8%	23.2%	36.8%		10.3%
Inequality in life expectancy at birth (Male)	2017 - 19	—	—	7.6	7.5	9.4	14.8		2.9
Inequality in life expectancy at birth (Female)	2017 - 19	—	—	5.4	5.6	7.6	13.3		1.5
Children in low income families (under 16s)	2016	↓	13,320	12.6%	14.0%	17.0%	31.8%		6.4%
Average Attainment 8 score	2019/20	—	315,903	52.5	50.4	50.2	42.9		60.0
Percentage of people in employment <span>New data</span>	2020/21	↗	291,800	77.0%	77.7%	75.1%	63.2%		84.3%
Statutory homelessness - Eligible homeless people not in priority need	2017/18	—	120	0.4	0.3	0.8	8.1		0.1
Violent crime - hospital admissions for violence (including sexual violence)	2017/18 - 19/20	—	375	21.0	35.2	45.8*	127.7		11.3
Excess winter deaths index <span>New data</span>	Aug 2019 - Jul 2020	—	430	22.3%	15.5%	17.4%	50.2%		0.7%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	↗	1,623	413	429	619	3,547		247
TB incidence (three year average) <span>New data</span>	2018 - 20	—	66	3.5	3.5	8.0	43.1		0.6

Figure 16: OHID Health Profile for Gloucestershire 2021 (Source: OHID Local Authority Health Profiles)

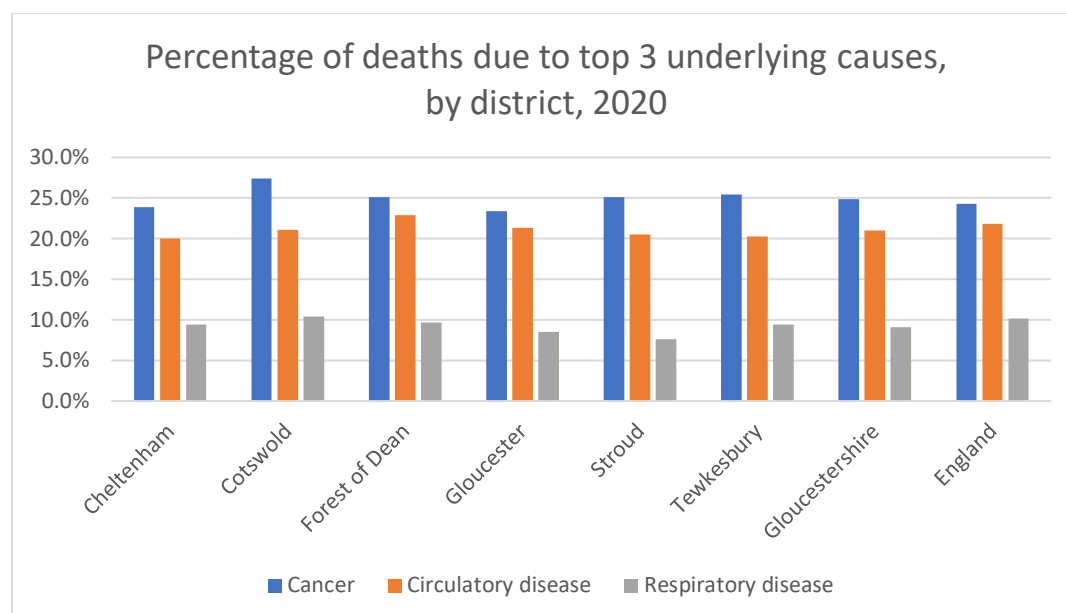


Indicator	Period	Glouc'shire		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Infant mortality rate <span>New data</span>	2018 - 20	—	56	3.0	3.2	3.9	6.8		1.7
Child mortality rate (1-17 years)	2017 - 19	—	21	5.7	8.9	10.8	25.7		5.7
Population vaccination coverage - MMR for one dose (2 years old) <span>New data</span>	2020/21	↑	6,192	93.9%	93.3%	90.3%	70.7%		97.9%
Population vaccination coverage - Dtap / IPV / Hib (2 years old) <span>New data</span>	2020/21	→	6,305	95.6%	95.8%	93.8%	77.8%		99.2%
Children in care immunisations	2020	↑	419	88.8%	88.7%	87.8%	34.5%		100%
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	↑	4,867	71.9%	72.0%	71.8%	63.1%		80.6%
Average Attainment 8 score	2019/20	—	315,903	52.5	50.4	50.2	42.9		60.0
Average Attainment 8 score of children in care <span>New data</span>	2020	—	979	16.1	20.1	21.4	10.6		35.2
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2019	—	460	3.5%	6.5%	5.5%	15.0%		1.5%
First time entrants to the youth justice system <span>New data</span>	2020	↓	38	66.2	152.8	169.2	348.5		56.6
Children in absolute low income families (under 16s)	2019/20	→	12,504	10.9%	11.7%	15.6%	33.4%		5.4%
Children in relative low income families (under 16s)	2019/20	→	15,415	13.4%	14.2%	19.1%	38.6%		6.9%
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2019/20	—	1,002	14.7*	13.8	14.9	31.2		4.7
Children in care	2020	↑	730	57	57	67	223		24
Children killed and seriously injured (KSI) on England's roads	2017 - 19	—	44	12.9	10.9	18.0	50.4		3.1
Low birth weight of term babies	2019	→	146	2.58%	2.57%	2.90%	5.18%		1.29%
Reception: Prevalence of obesity (including severe obesity)	2019/20	→	475	10.3%*	9.1%	9.9%	14.6%		4.7%
Year 6: Prevalence of obesity (including severe obesity)	2019/20	→	950	19.3%	18.0%	21.0%	30.1%		11.1%
Percentage of 5 year olds with experience of visually obvious dental decay	2018/19	—	—	19.5%	20.4%	23.4%	50.9%		8.7%
Hospital admissions for dental caries (0-5 years)	2017/18 - 19/20	—	330	262.4	321.9	286.2	11.1		1,298.5
Under 18s conception rate / 1,000 <span>New data</span>	2019	↓	115	10.9	12.8	15.7	37.1		3.9
Teenage mothers	2019/20	→	25	0.5%	0.6%	0.7%	2.3%		0.2%
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	—	110	28.6	45.4	30.7	111.5		7.7
Hospital admissions due to substance misuse (15-24 years)	2017/18 - 19/20	—	150	73.8	105.5	84.7	259.8		33.2
Smoking status at time of delivery <span>New data</span>	2020/21	→	592	10.9%	10.3%	9.6%	21.4%		1.8%
Baby's first feed breastmilk	2018/19	—	4,045	77.6%	75.3%	67.4%	43.6%		98.7%
Breastfeeding prevalence at 6-8 weeks after birth - current method <span>New data</span>	2020/21	—	3,119	55.9%	*	47.6%*	-	Insufficient number of values for a spine chart	-
A&E attendances (0-4 years)	2018/19	→	14,725	425.4	522.1	655.3	1,917.4		126.3
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2019/20	→	935	86.6	96.4	91.2	153.1		48.5
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2019/20	→	850	125.2	154.1	132.1	269.9		65.1
Hospital admissions for asthma (under 19 years)	2019/20	→	185	136.0	138.8	160.7	405.2		68.4
Hospital admissions for mental health conditions (<18 yrs)	2019/20	→	105	81.5	114.7	89.5	249.7		26.3
Hospital admissions as a result of self-harm (10-24 years)	2019/20	→	530	513.5	659.9	439.2	1,105.4		126.2

**Figure 17: OHID Child Health Profile for Gloucestershire 2021 (Source: OHID Local Authority Health Profiles)**

## Mortality

During 2020 the three leading causes of death in Gloucestershire were cancer (24.9%), circulatory disease (21.0%) and respiratory disease (9.1%)<sup>59</sup>.



**Figure 18: Percentage of deaths by top 3 underlying causes, by district, 2020 (Source: OHID Palliative and End of Life Care Profiles)**

The under-75 all-cause mortality rate in Gloucestershire is lower than the England average<sup>60</sup>. Early deaths from cancer and cardiovascular disease in the county have been steadily falling and are below the national average. The under-75 mortality rates from respiratory disease, stroke and liver disease also continue to be significantly better than the England average.

## Diabetes

In 2017 there was an estimated prevalence of diabetes (undiagnosed and diagnosed) in those aged 17 years and older in Gloucestershire of 8.4% compared to a national figure of

<sup>59</sup> Office for Health Improvement and Disparities. (2021). *Palliative and End of Life Care Profiles*. <https://fingertips.phe.org.uk/profile/end-of-life/data#page/0/gid/1938132882/pat/402/ati/401/are/E07000078/iid/93497/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>60</sup> Office for Health Improvement and Disparities. (2021). *Mortality Profile*. <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/1/gid/1938133009/pat/6/par/E12000009/ati/402/are/E10000013/iid/108/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

8.5%<sup>61</sup>. Approximately 10,000 people in Gloucestershire with diabetes were likely to not be diagnosed.

## Mental Health

In 2017 the estimated prevalence of common mental disorders in those aged 16 years and older in Gloucestershire was 14.6%, lower than the national value of 16.9%<sup>62</sup>. In 2019/20 the recorded prevalence of depression in those 18 years and over in Gloucestershire was 10.9% (lower than the national value of 11.6%).

## Dementia

2020 data shows that the recorded prevalence of dementia in those aged 65 years and over in Gloucestershire is 4.05%, higher than the national value of 3.97%<sup>63</sup>. It is estimated that 63% of individuals aged 65 and over with dementia have been diagnosed, therefore the actual prevalence of dementia in Gloucestershire over-65s will be higher than 4.05%. Age is the biggest risk factor for dementia therefore the total number of people with dementia in Gloucestershire is expected to rise substantially over the coming years.

## Influenza Vaccination Uptake

In 2020/21 the uptake of flu vaccination in Gloucestershire in at-risk individuals was 58% (higher than the national value of 53%) and in those aged 65 and over was 84.5% (higher than the national value of 80.9%)<sup>64</sup>. These local figures are above the national targets (55% and 75% respectively), but there remains scope for improvement.

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<sup>61</sup> Office for Health Improvement and Disparities. (2021). *Cardiovascular Disease*. <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/cardiovascular/data#page/0/gid/1938133107/pat/44/par/E40000006/ati/154/are/E38000062/yr/1/cid/4/tbm/1>

<sup>62</sup> Office for Health Improvement and Disparities. (2021). *Common Mental Health Disorders*. <https://fingertips.phe.org.uk/profile/common-mental-disorders/data#page/1/ati/154/are/E38000062>

<sup>63</sup> Office for Health Improvement and Disparities. (2021). *Dementia Profile*. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/0>

<sup>64</sup> Office for Health Improvement and Disparities. (2021). *Public Health Outcomes Framework*. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000043/pat/6/par/E12000009/ati/102/are/E10000013/yr/3/cid/4/tbm/1>



## Palliative Care

QOF data shows that 0.5% of patients registered with GPs in Gloucestershire are on the palliative care/support register, a total of 3,293 individuals in 2019/20<sup>65</sup>. This number is likely to be an underestimate of the true number of individuals requiring palliative care support in the county.

## Behavioural Risk Factors

Smoking prevalence in adults in Gloucestershire was estimated at 13% in 2019 (lower than the national value of 13.9%). This figure has increased from 12.1% since 2018<sup>66</sup>.

The percentage of physically active adults in Gloucestershire (2019/20) was 70.8%, higher than the national figure of 66.4%. This is lower than the 2018/19 value of 72.6%<sup>67</sup>.

The percentage of adults in Gloucestershire classified as overweight or obese in 2019/20 was 61.4%, an increase since the previous year (60.7%) but lower than the national value of 62.8%<sup>68</sup>.

The rate of admissions for alcohol-related conditions in Gloucestershire in 2018/19 was 674 per 100,000, higher than the national figure of 664/100,000<sup>69</sup>. This local figure is higher than the 2017/18 figure of 590/100,000. In contrast, the rate of alcohol-specific admissions in under 18s in Gloucestershire was 28.6 per 100,000 in 2017/18-2019/20, lower than the national value of 30.7 and reduced since the previous year<sup>70</sup>.

In 2019/20 3.8 per 1,000 of the Gloucestershire adult population were in treatment at specialist drug misuse services, compared to 4.5/1,000 nationally<sup>71</sup>. In 2019 5.9% of opiate

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<sup>65</sup> Office for Health Improvement and Disparities. (2021). *National General Practice Profiles*.

<https://fingertips.phe.org.uk/profile/general-practice/data#page/8/gid/2000004/pat/15/par/E92000001/ati/167/are/E38000062/iid/294/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

<sup>66</sup> Office for Health Improvement and Disparities. (2021). *Local Authority Health Profiles*.

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000009/ati/202/are/E10000013/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

<sup>67</sup> As per 66

<sup>68</sup> As per 66

<sup>69</sup> As per 66

<sup>70</sup> Office for Health Improvement and Disparities. (2021). *Local Authority Health Profiles*.

<https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000009/ati/202/are/E10000013/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

<sup>71</sup> As per 70

users and 32.2% of non-opiate users successfully completed drug treatment, similarly to national averages<sup>72</sup>.

### NHS Health Checks

Everyone between the ages of 40 and 74 not already diagnosed with heart disease, stroke, diabetes or kidney disease is invited to have a check to assess their risk of these conditions once every 5 years. Between Quarter 1 of 2017/18 and Quarter 1 of 2021/22 20.4% of the eligible population in Gloucestershire received a health check (a take up rate of invitations of just over 50%)<sup>73</sup>. This is in comparison to 26.3% of people in England receiving a health check.

### Sexual Health

The under-18s conception rate in Gloucestershire in 2019 was 10.9 per 1,000, lower than the national value of 15.7/1,000<sup>74</sup>. The chlamydia detection rate for young people aged 15 to 24 in 2020 in Gloucestershire was 1276 per 100,000 (lower than the national rate of 1408/100,000). The rate of new STI diagnoses (excluding chlamydia) in under 25s was 413/100,000 (lower than the national rate of 619/100,000). Although the HIV diagnosed prevalence rate in those aged 15-59 in Gloucestershire in 2019 was lower than the national rate (1.10/1,000 versus 2.39/1,000), the proportion of late HIV diagnoses is higher in Gloucestershire (54.5% versus 43.1%).

### Oral Health

In 2018/19 19.5% of 5-year-olds in Gloucestershire had visually obvious dental decay, compared to 23.4% nationally<sup>75</sup>.

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<sup>72</sup> As per 70

<sup>73</sup> As per 70

<sup>74</sup> Office for Health Improvement and Disparities. (2021). *Sexual and Reproductive Health Profiles*. <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0>

<sup>75</sup> Office for Health Improvement and Disparities. (2021). *Child and Maternal Health*. <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/ati/302/are/E10000013>

## 5. Current Provision of Pharmaceutical Services

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This section identifies and maps current provision of pharmaceutical services within Gloucestershire (as of January 2022 unless stated otherwise) in order to assess the levels and appropriateness of the provision. It gives an overview of the service providers, services being provided, and accessibility to these services.

### 5.1 Pharmaceutical Contractors

#### Community pharmacies

As of January 2022, there was a total of 108 community pharmacies in Gloucestershire. This is three fewer pharmacies than when the 2018 Gloucestershire PNA was published. The names and addresses of community pharmacies in Gloucestershire are listed in Appendix 3, and their location shown on relevant maps below and in [PNA maps](#).

There are 12 pharmacies which are currently in existence but were not present at the time of the 2018 PNA, and 15 pharmacies that are not currently in existence but were present at the time of the 2018 PNA (based on organisational codes). There have been closures, consolidations, and changes of ownership of pharmacies which have resulted in the changes since the last PNA was published. Overall, there are now three fewer community pharmacies in existence in the county than there were in 2018 due to either consolidations or closures.

#### Distance selling pharmacies

There is one wholly internet/mail order pharmacy within Gloucestershire. This distance selling pharmacy was in existence at the time of the 2018 PNA. The name and addresses of the distance selling pharmacy in Gloucestershire is listed in Appendix 3. Its location has not been shown on the PNA maps because this is not relevant due to the nature of its services.

Every resident in Gloucestershire has the choice of using any of the 379 (as of June 2021) distance selling pharmacies in England, all of which are required to provide all of the essential services remotely to anyone in England who may request them. While patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice, it is important to acknowledge that the

pharmaceutical regulations do not permit distance selling pharmacies to provide essential services to a person who is present at the pharmacy or in the vicinity of it.

### Dispensing GP practices

There are 28 dispensing GP practices, one fewer than at the time of the 2018 PNA (this is a result of practice mergers). These are spread across 32 sites. Only eligible patients can receive the GP dispensing services; the majority will live in a controlled area<sup>76</sup> and their registered residence will be 1.6km from the nearest pharmacy. The names and addresses of dispensing GP practices in Gloucestershire are listed in Appendix 4, and their location shown on relevant maps below and in [PNA maps](#).

### Dispensing Appliance Contractors (DACs)

There are 2 DACs in Gloucestershire, the same as at the time of the 2018 PNA. The names and addresses of the DACs in Gloucestershire are listed in Appendix 3. Their locations have not been shown on the PNA maps because this is not relevant as they provide remote services. NB community pharmacies and dispensing GP practices can also dispense appliances.

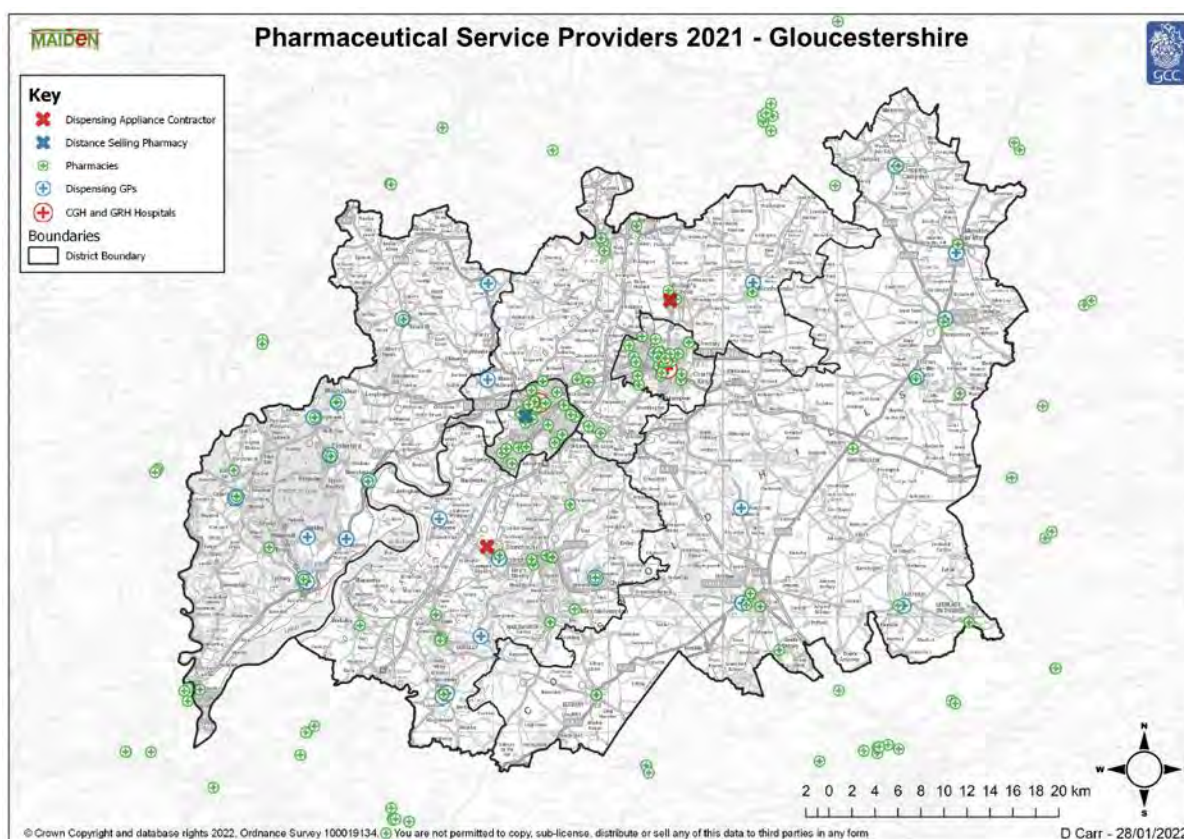
### Hospital Pharmacies

Many patients attending hospital for treatment will receive some form of medication. Hospital pharmacies ensure prescriptions written in the hospital for outpatients, inpatients, and those being discharged from hospital are dispensed. They do not dispense prescriptions written by GPs. Similarly, community pharmacies are unable to dispense prescriptions from a hospital. Gloucestershire Hospitals NHS Foundation Trust provides an on-site pharmacy service from Cheltenham General and Gloucestershire Royal Hospitals.

In addition, there is private pharmacy (Fairview Pharmacy) located in Gloucester which supplies services to local Gloucestershire community hospitals against hospital prescriptions.

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<sup>76</sup> Controlled Locality- is an area which has been defined as rural or remote in character



**Figure 19: Pharmaceutical Providers- Gloucestershire and 5 mile radius around county**

## 5.2 Pharmaceutical Contractors by District Council

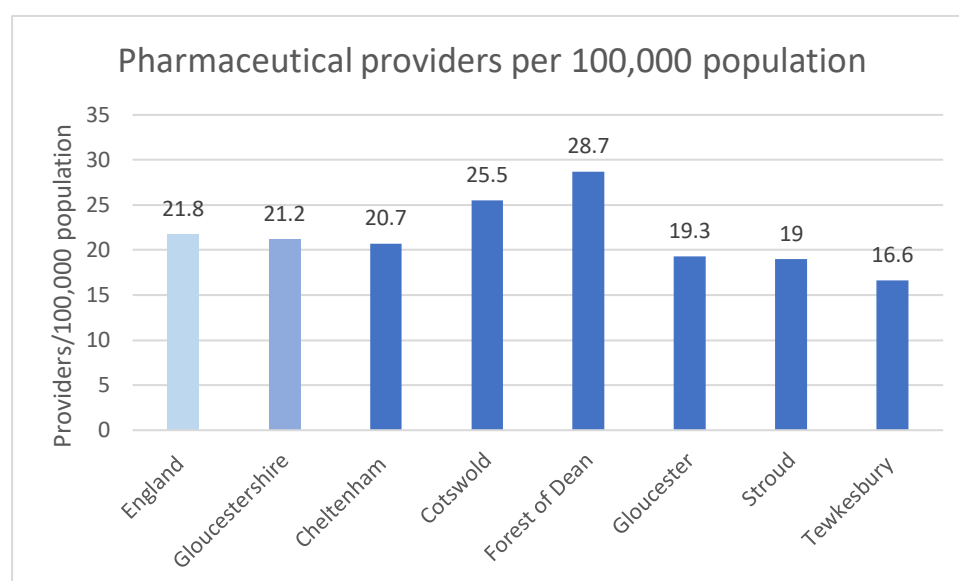
There is no recommended standard for the appropriate number of community pharmacies or pharmaceutical providers for a given population. The distribution of community pharmacies/pharmaceutical providers in each of the Gloucestershire districts is shown in Table 4 below, the map in Figure 19, and in the locality summaries in Section 6, as well as on [PNA maps](#). With an estimated 640,650 residents and 136 providers of pharmaceutical services, there is on average one pharmaceutical service provider per 4,711 people in Gloucestershire (slightly higher than the figure of 4,451 in the 2018 PNA). Of note, these figures do not include the 2 DACs, 1 distance selling pharmacy, and 2 hospital pharmacies in Gloucestershire.

Within the Gloucestershire districts the number of community pharmacies per 100,000 population ranges from 14.1 in Stroud to 20.7 in Cheltenham. Cheltenham is above the rate for England, whilst the other 5 districts are below it. The districts which contain rural areas are also home to dispensing GP practices to provide pharmaceutical services in these locations. Within the Gloucestershire districts the number of pharmaceutical providers (community pharmacies plus dispensing GP practices) per 100,000 population ranges from

16.6 in Tewkesbury to 28.7 in the Forest of Dean. Cotswold and the Forest of Dean are above the rate for England, whilst Cheltenham, Gloucester, Stroud and Tewkesbury are below it.

	Community Pharmacies (Jan 2022, NHSEI)	Dispensing GP Practice (Jan 2022, NHSEI)	ONS Population estimates (mid-year 2020, ONS)	Community Pharmacies per 100,000 population	Pharmaceutical Providers per 100,000 population
<b>England</b>	11358	947	56,550,138	20.1	21.8
<b>Gloucestershire</b>	108	28	640,650	16.9	21.2
<b>Cheltenham</b>	24	0	116,043	20.7	20.7
<b>Cotswold</b>	15	8	90,264	16.6	25.5
<b>Forest of Dean</b>	13	12	87,107	14.9	28.7
<b>Gloucester</b>	25	0	129,709	19.3	19.3
<b>Stroud</b>	17	6	120,903	14.1	19.0
<b>Tewkesbury</b>	14	2	96,624	14.5	16.6

**Table 4: Pharmacies per population in districts, Gloucestershire and England**



**Figure 20: Pharmaceutical providers per 100,000 population at national, county and district level**

## 5.3 Access to Services

### 5.3.1 Travel

Travel times to services (community pharmacies or dispensing GP practices) have been calculated and mapped- see figures 21-23 below and [PNA maps](#). Of note- 32 dispensing GP practice locations have been utilised for travel time calculations. This is because 4 of the dispensing practices in Gloucestershire work across 2 dispensing sites. The travel time calculations do not take into account community pharmacies in neighbouring HWB areas, however these pharmacies are visible on the maps of pharmaceutical service providers and have therefore been considered when reviewing areas of relatively poor access.

#### Walking

Over 75% of Gloucestershire residents can walk to a community pharmacy or dispensing GP practice within 20 minutes. This figure is over 95% for both Cheltenham and Gloucester, but as low as 54% for Cotswold. See Figure 21 and 24.

#### Driving

99.9% of Gloucestershire residents can drive to a community pharmacy or dispensing GP practice within 20 minutes (and over 98% within 10 minutes). The poorest access by driving is in Cotswold. See Figure 22 and 25. For the areas in which individuals cannot reach a pharmacy or dispensing doctor by driving in under 25 minutes, there do not appear to be any pharmacies across the Gloucestershire border which would provide a much shorter travel time.

#### Public transport

Over 83% of Gloucestershire residents can travel to a community pharmacy or dispensing GP practice via public transport within 15 minutes (and over 93% within 30 minutes). The poorest access by public transport is in Cotswold. See Figure 23 and 26.



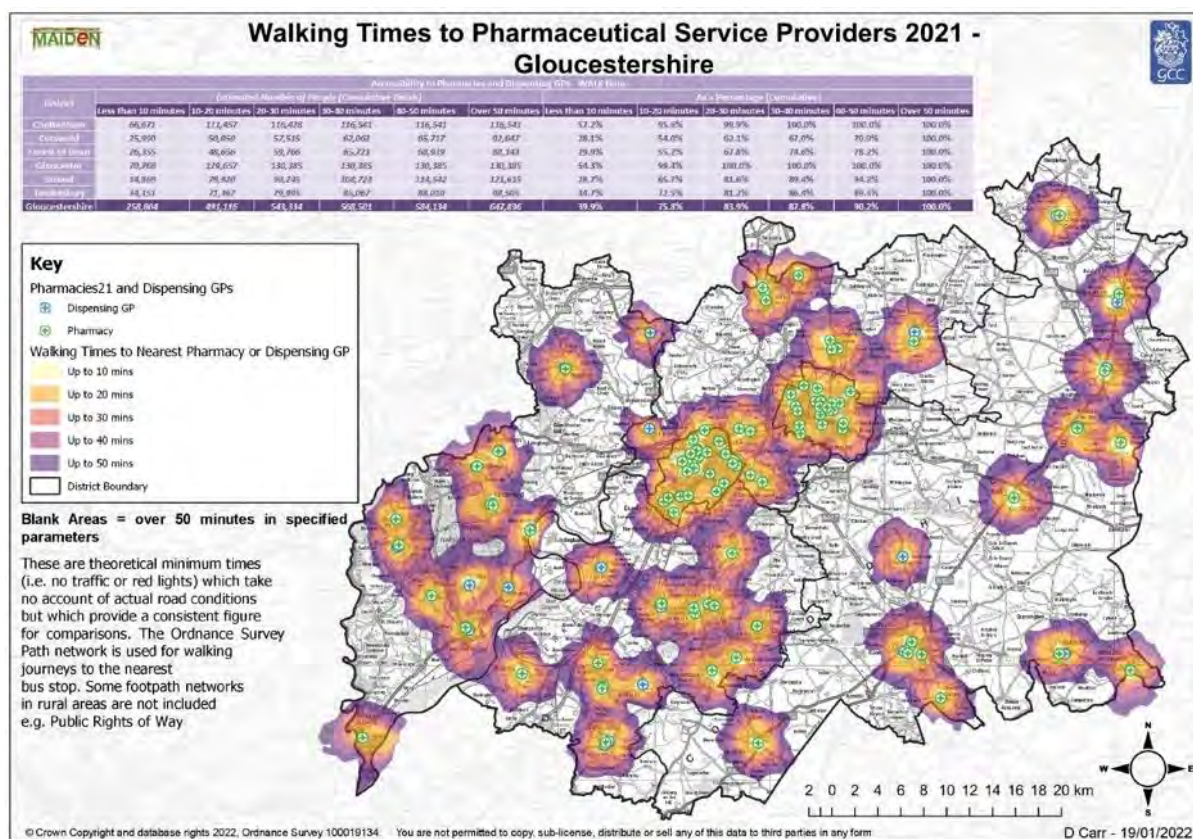


Figure 21: Walking times to pharmaceutical service providers in Gloucestershire

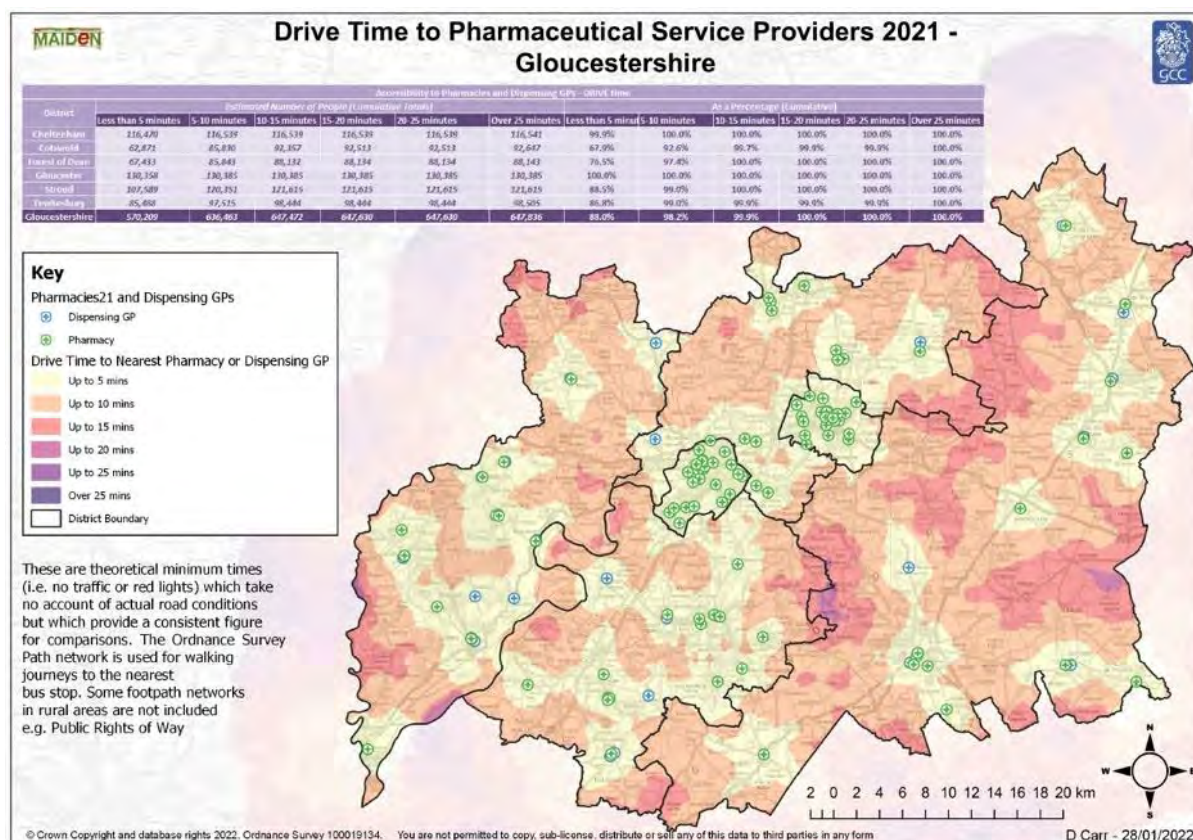


Figure 22: Drive times to pharmaceutical service providers in Gloucestershire



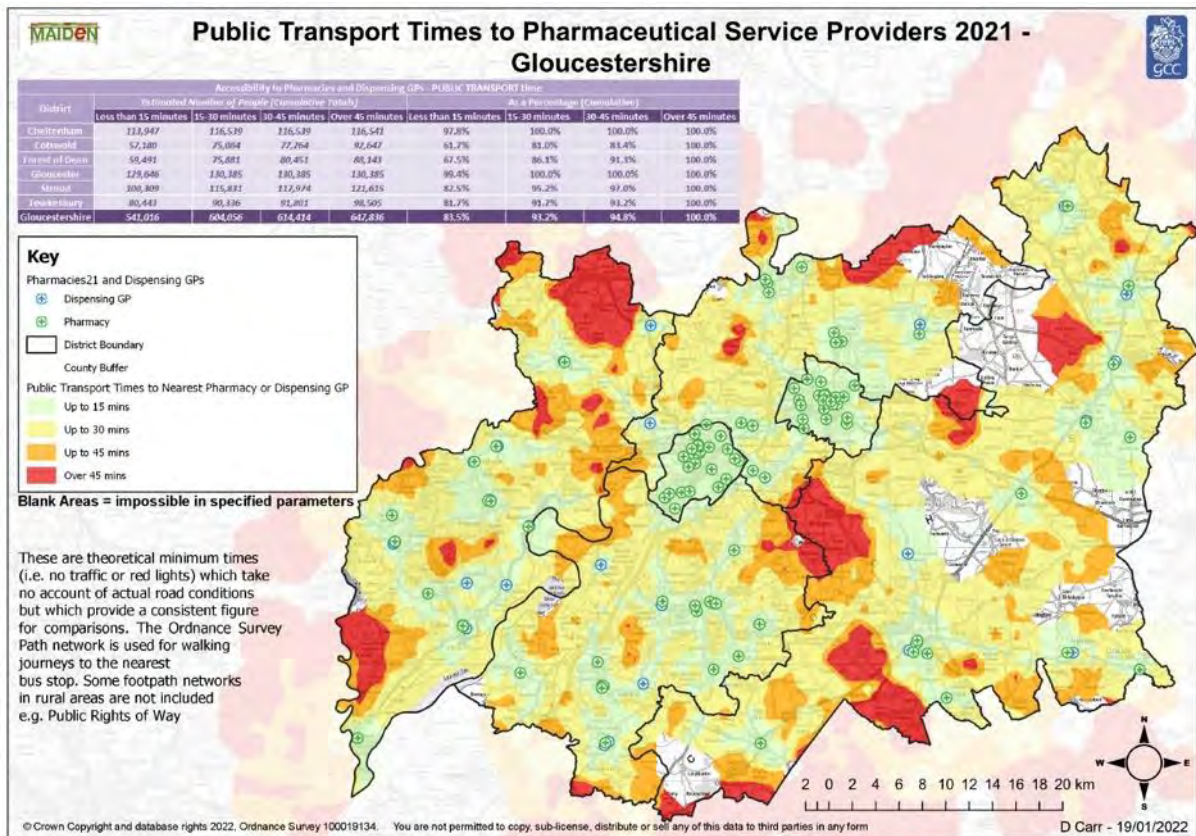


Figure 23: Public transport times to pharmaceutical service providers in Gloucestershire

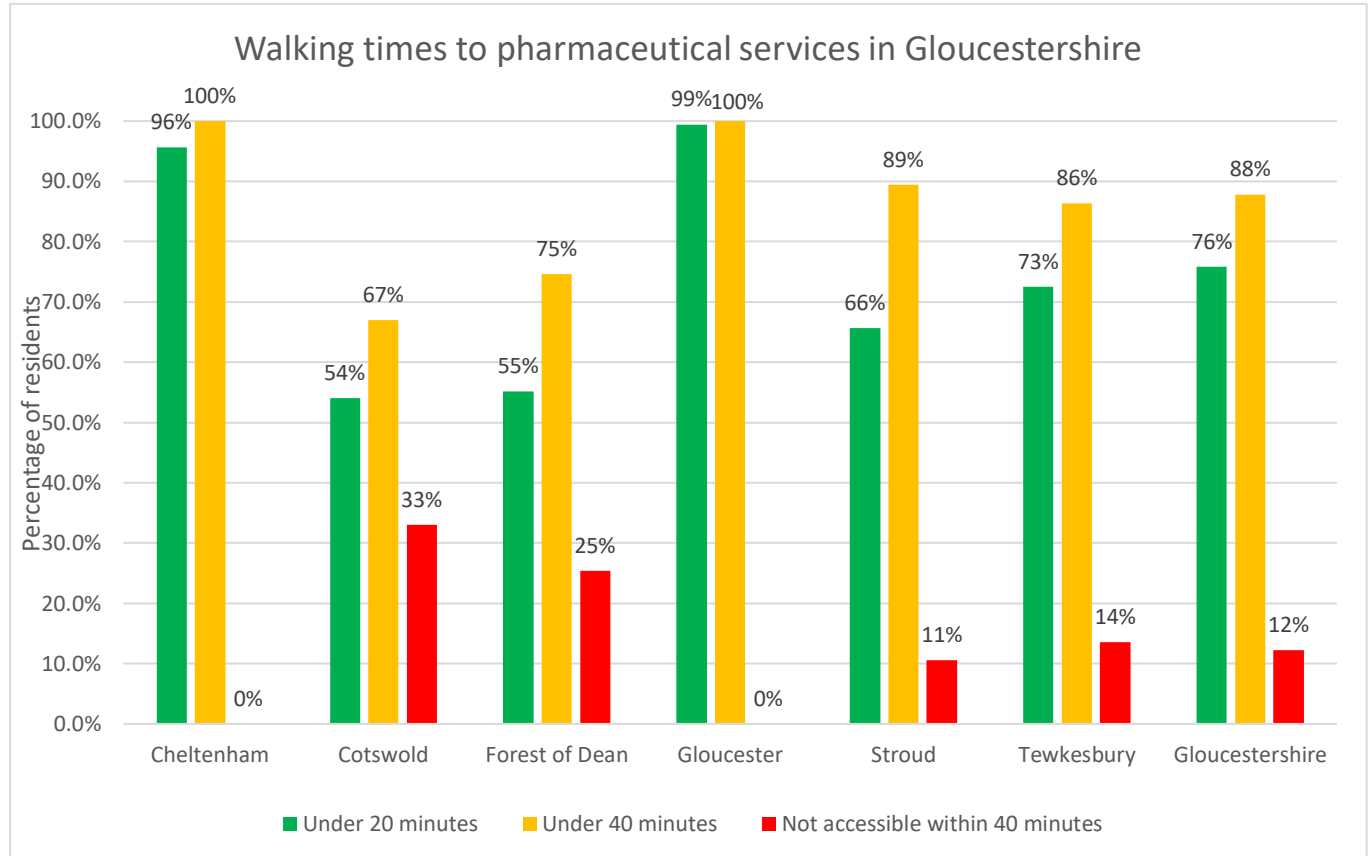
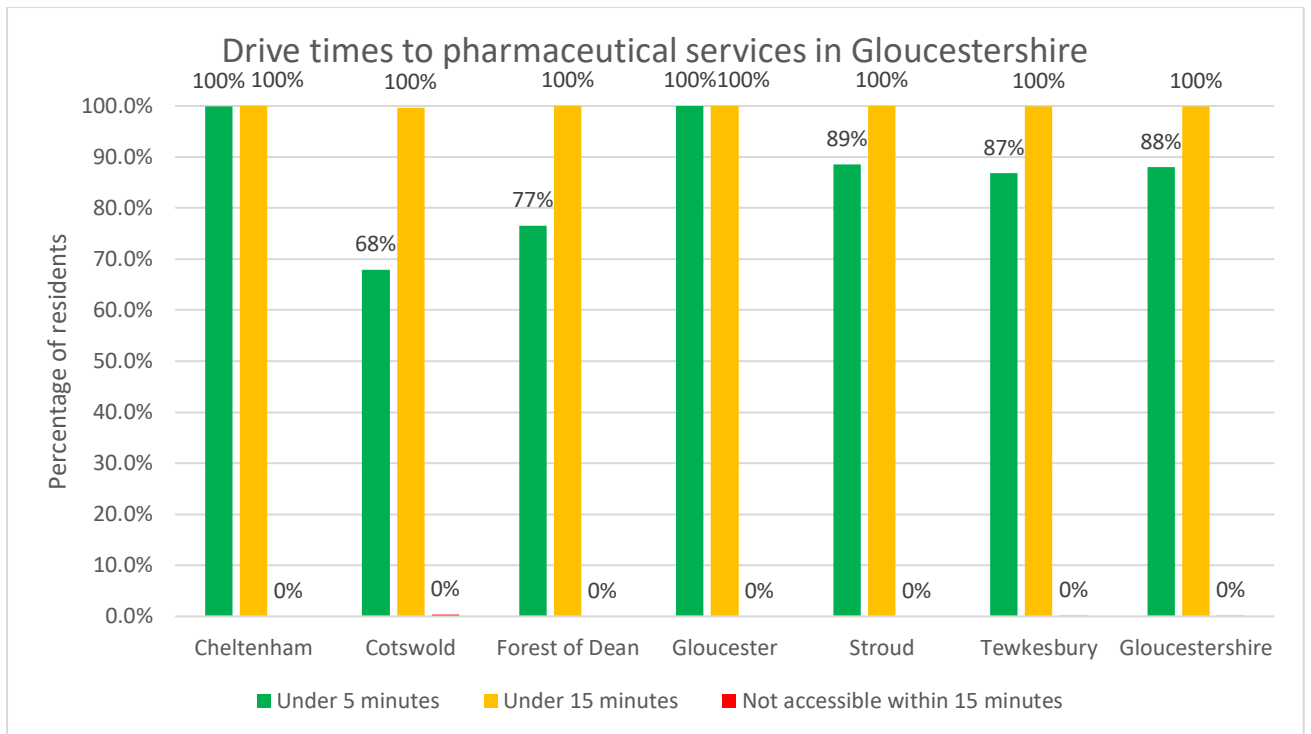
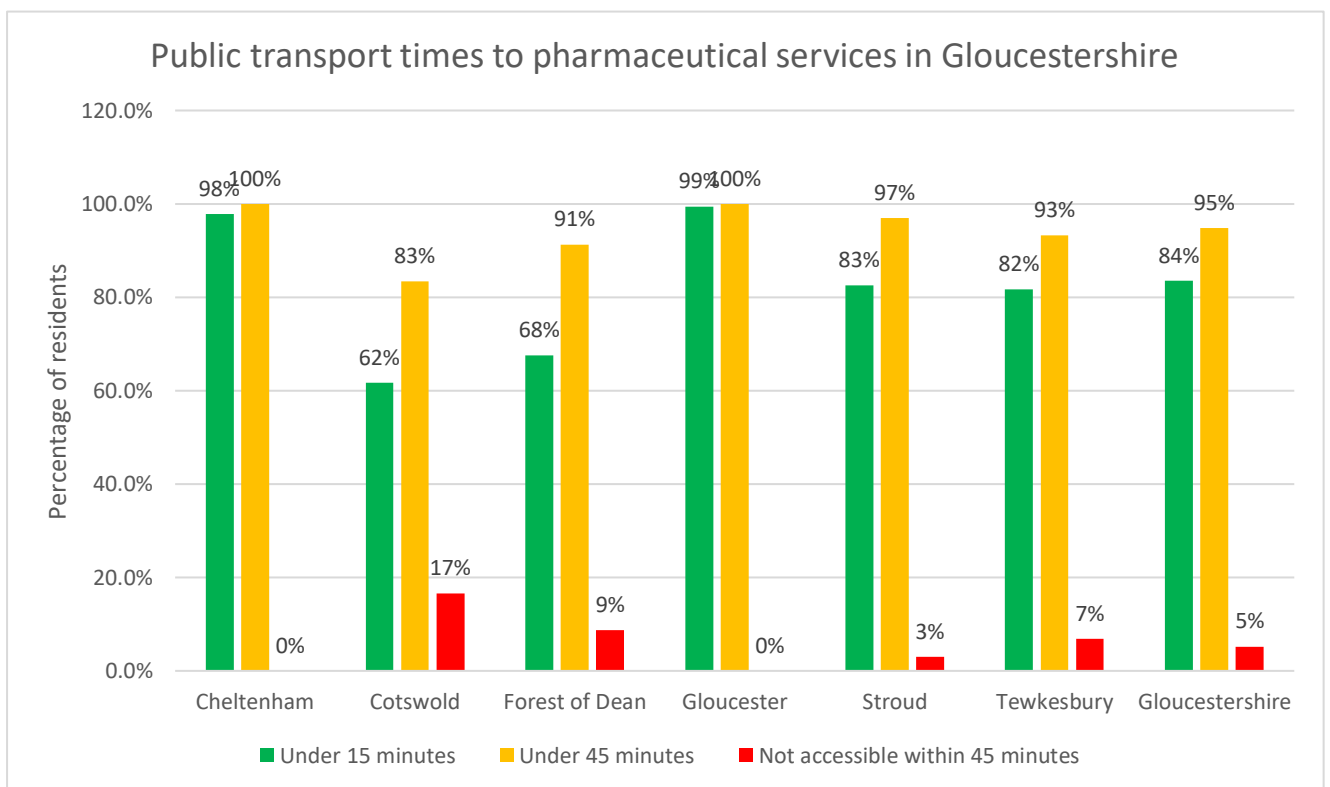


Figure 24: Walking times to pharmaceutical services in Gloucestershire by district



**Figure 25: Drive times to pharmaceutical services in Gloucestershire by district (NB figures rounded)**



**Figure 26: Public transport times to pharmaceutical services in Gloucestershire by district**

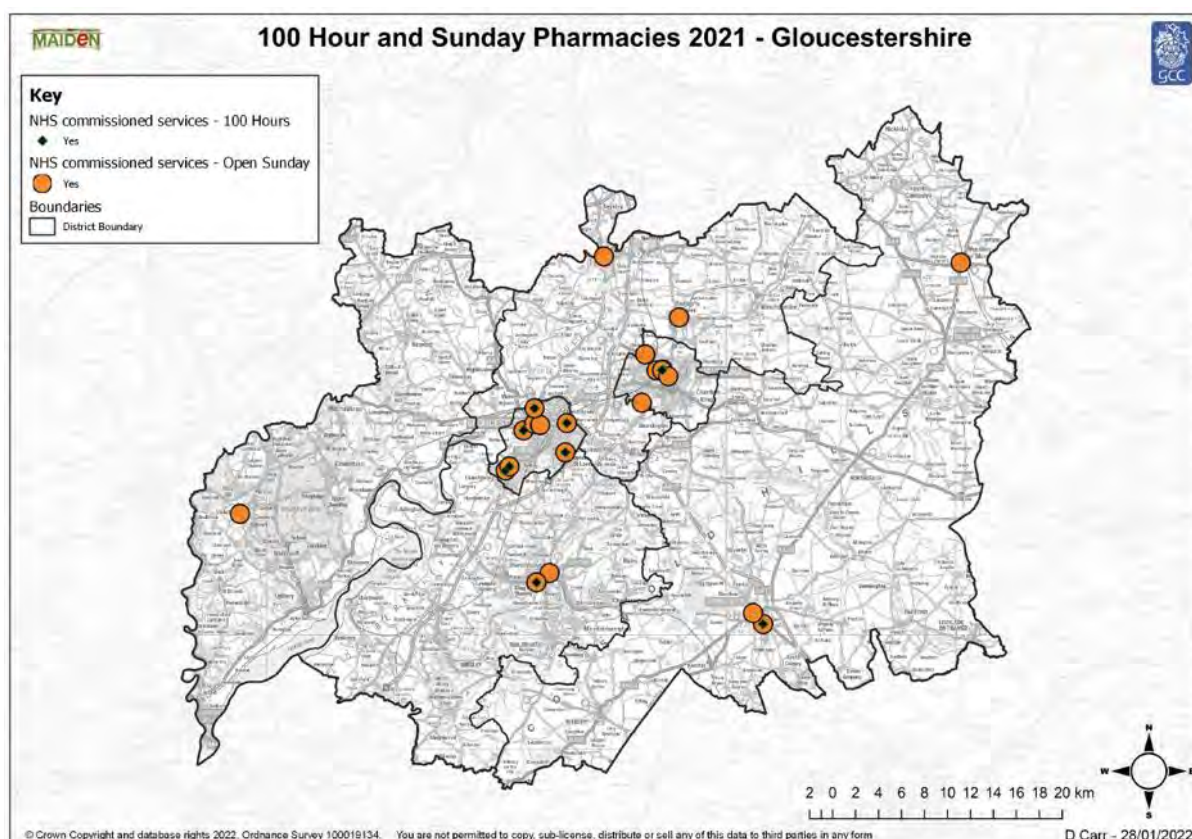
### 5.3.2 Opening Hours

A pharmacy usually has 40 core contractual hours, along with additional supplementary hours. Some pharmacies (opened under the former exemption from the control of entry test) have 100 hours contracted- there are 10 100-hour pharmacies in Gloucestershire. The NHS terms of service require community pharmacies to provide NHS pharmaceutical services during their core and supplementary opening hours. Community pharmacies also support NHS out-of-hour (OOH) services through rota services.

36 pharmacies open before 9.00 on weekdays, and all are open after 17.00 on weekdays. There are 96 community pharmacies that open on a Saturday (i.e. all but 12). These have a range of opening hours. 22 pharmacies open on Sundays. Figure 27, below, shows a map of 100 hour and Sunday pharmacies (also available on [PNA maps](#)).

Dispensing GP practices are open Monday to Friday only. Based on our survey of dispensing GP practices in Gloucestershire (response rate 75%), the average total daily opening hours is 9.1 (95% confidence interval 8.6 to 9.5 hours), and average total weekly opening hours is 45.2 (95% confidence interval 42.9 to 47.5 hours).

Both Gloucestershire DACs are open Monday to Friday and are closed at the weekend, each with a total opening hours of 42.5 per week. The distance selling pharmacy in Gloucestershire is also open Monday to Friday and closed at the weekend, with a total opening hours of 40 per week.



**Figure 27: 100 hour and Sunday pharmacies in Gloucestershire**

## 5.4 Services Provided

The Gloucestershire PNA steering group has decided that for the purpose of this PNA the services that are necessary to meet the need for pharmaceutical services in Gloucestershire are the essential services provided by community pharmacies; the dispensing service provided by dispensing doctors in controlled localities; and the appliance services provided by DACs. All services beyond these are classed as other relevant services.

The information below provides a description of the pharmaceutical services provided in Gloucestershire as of January 2022.

Maps of the provision of advanced and locally commissioned services in pharmacies in Gloucestershire can be viewed at [PNA maps](#).

### 5.4.1 Community Pharmacies

Information on services provided by Gloucestershire pharmacies has predominantly been gathered from the commissioners of the services- NHS England/Improvement,

Gloucestershire Clinical Commissioning Group, and Gloucestershire County Council. Additional information was gathered by distribution of a questionnaire to all community pharmacy contractors in Gloucestershire in December/January 2021/22. The response rate was 67%, lower than the response rate for the 2018 PNA questionnaire which was 81%. Where possible, data from commissioners has been used for the below information as this is complete- this has been consolidated with information from the questionnaire where appropriate. Full details of the responses to the pharmacy contractor questionnaire can be found in Appendix 5.

### Essential Services

All community pharmacies providing an NHS service are required to provide essential services. These services are listed in Section 3.2. Although dispensing of appliances is listed as an essential service for pharmacies, pharmacies may choose not to dispense appliances. Of those pharmacies which responded to the PNA questionnaire, the majority (83%) dispense all types of appliances. 10% dispense some types of appliances, and 7% have chosen not to dispense appliances at all (2 pharmacies in Cheltenham, 1 in Stroud, 1 in Cotswold and 1 in Forest of Dean).

### Advanced Services

Pharmacies may choose to provide advanced services (as detailed in Section 3) if they meet the required standards.

102 of 108 pharmacies in Gloucestershire provide the New Medicine Service (94%). 99 pharmacies provide the community pharmacy seasonal influenza vaccination service (92%). 106 provide the community pharmacy consultation service (CPCS) (98%). These are shown on the maps in Figures 28 to 30, also available on [PNA maps](#).

47 pharmacies (44%) are currently providing the new hypertension case-finding service. Pharmacies are continuing to register to provide this service at the time of writing. In the pharmacy questionnaire 43% of pharmacies stated they were currently providing this service and a further 21% stated they would be providing it soon.

The NHS stop-smoking service, for individuals referred by a hospital, is due to be commissioned from January 2022. NHSEI do not currently hold any information about this.

26% of pharmacies responding to the PNA questionnaire stated that they were providing the service and a further 38% stated they would be providing it soon.

There are 2 advanced appliance services- appliance use review (AUR) service and stoma appliance customisation. 1 pharmacy in Gloucestershire is commissioned to provide AUR and 21 pharmacies are commissioned to provide stoma appliance customisation. These services are predominantly carried out by the DACs (see below), which community pharmacies can refer to.

<b>Advanced Service</b>	<b>Cheltenham</b>	<b>Cotswold</b>	<b>Forest of Dean</b>	<b>Gloucester</b>	<b>Stroud</b>	<b>Tewkesbury</b>
<b>New Medicines Service</b>	24 (100%)	15 (100%)	13 (100%)	22 (88%)	15 (88%)	13 (93%)
<b>Community pharmacy seasonal influenza vaccination service</b>	23 (96%)	13 (87%)	13 (100%)	23 (92%)	15 (88%)	12 (86%)
<b>Community pharmacy consultation service</b>	24 (100%)	15 (100%)	13 (100%)	24 (96%)	17 (100%)	13 (93%)

Table 5: Pharmacies providing key advanced services by district (Source: NHSEI data)



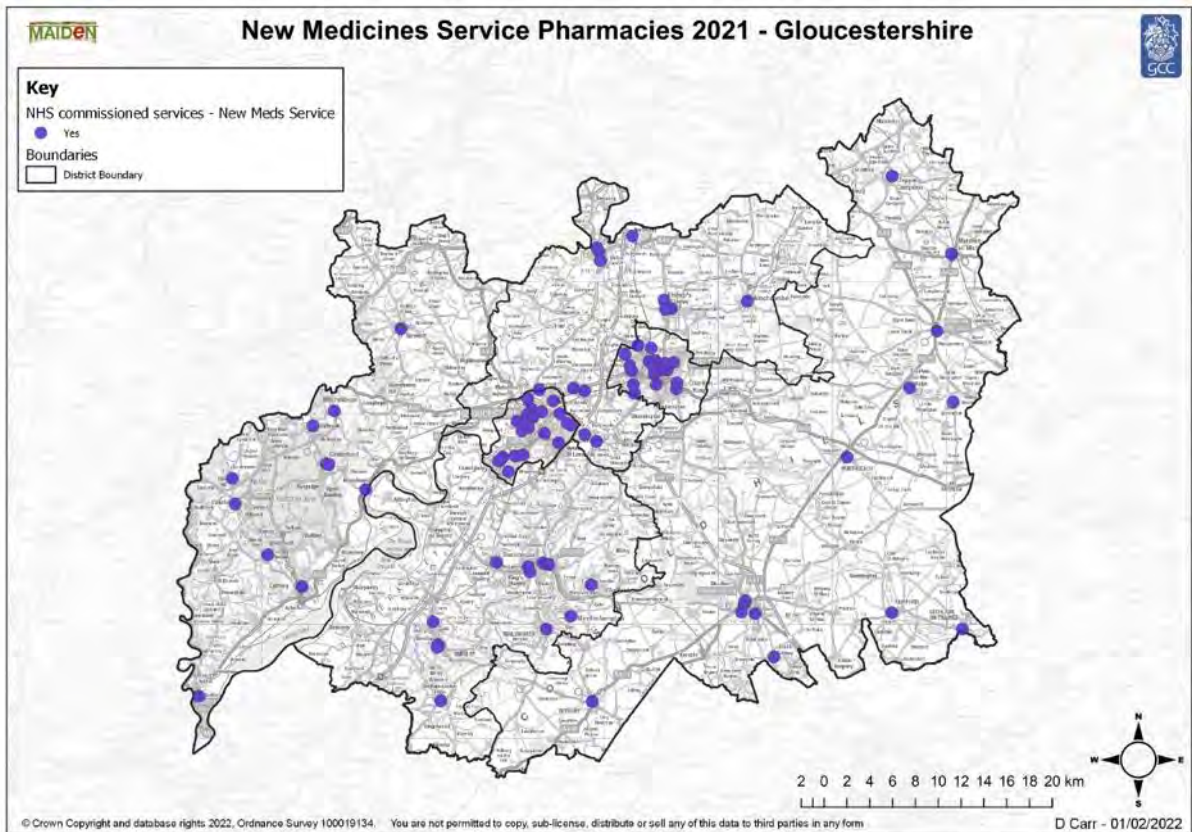


Figure 28: Pharmacies providing the New Medicines Service in Gloucestershire

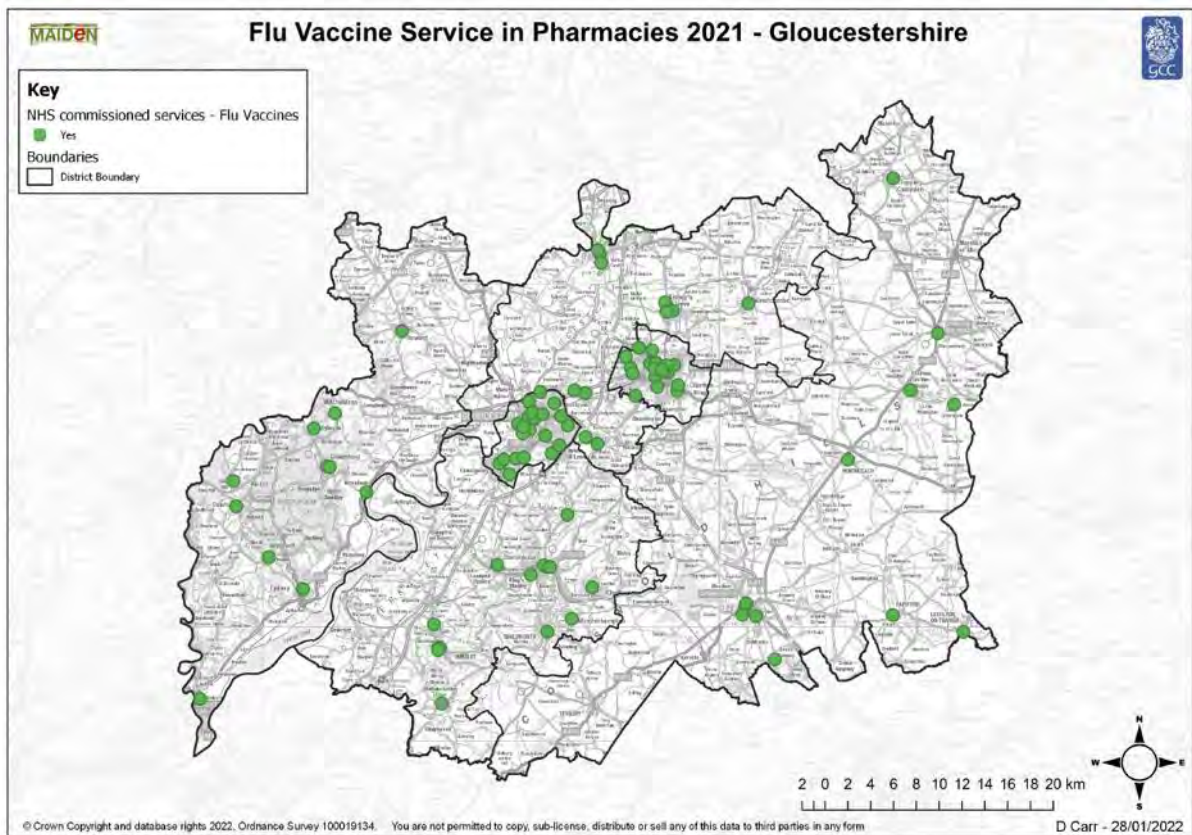
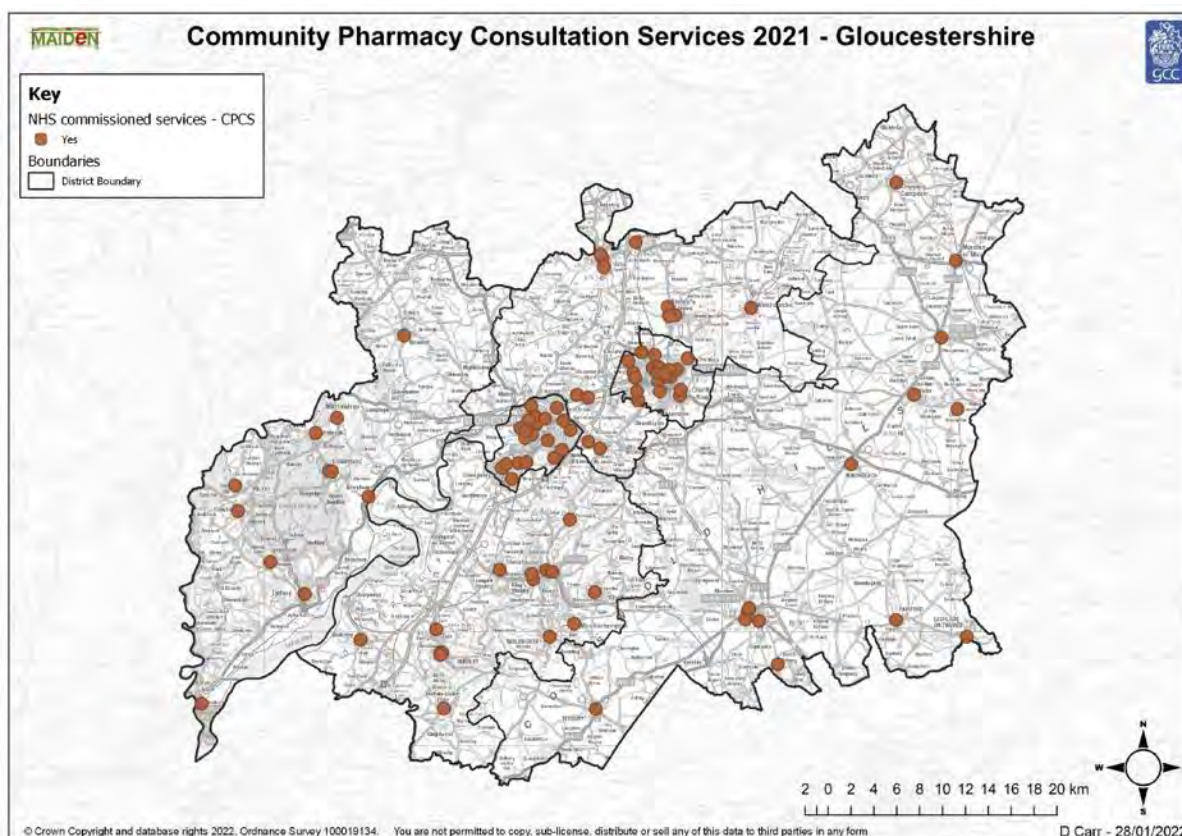


Figure 29: Pharmacies providing the seasonal influenza vaccination service in Gloucestershire





**Figure 30: Pharmacies providing the Community Pharmacy Consultation Service in Gloucestershire**

### Enhanced Services

These are a third tier of pharmacy services, commissioned only by NHSEI. They include the Specialist Medicines Service and the Pharmacy Urgent Repeat Medicines Service. No pharmacies in Gloucestershire are commissioned to provide these services by NHSEI, however similar services are commissioned by the CCG in Gloucestershire (see Locally Commissioned Services below).

### Locally Commissioned Services

These are additional services which pharmacies are commissioned to provide by the CCG or Local Authority.

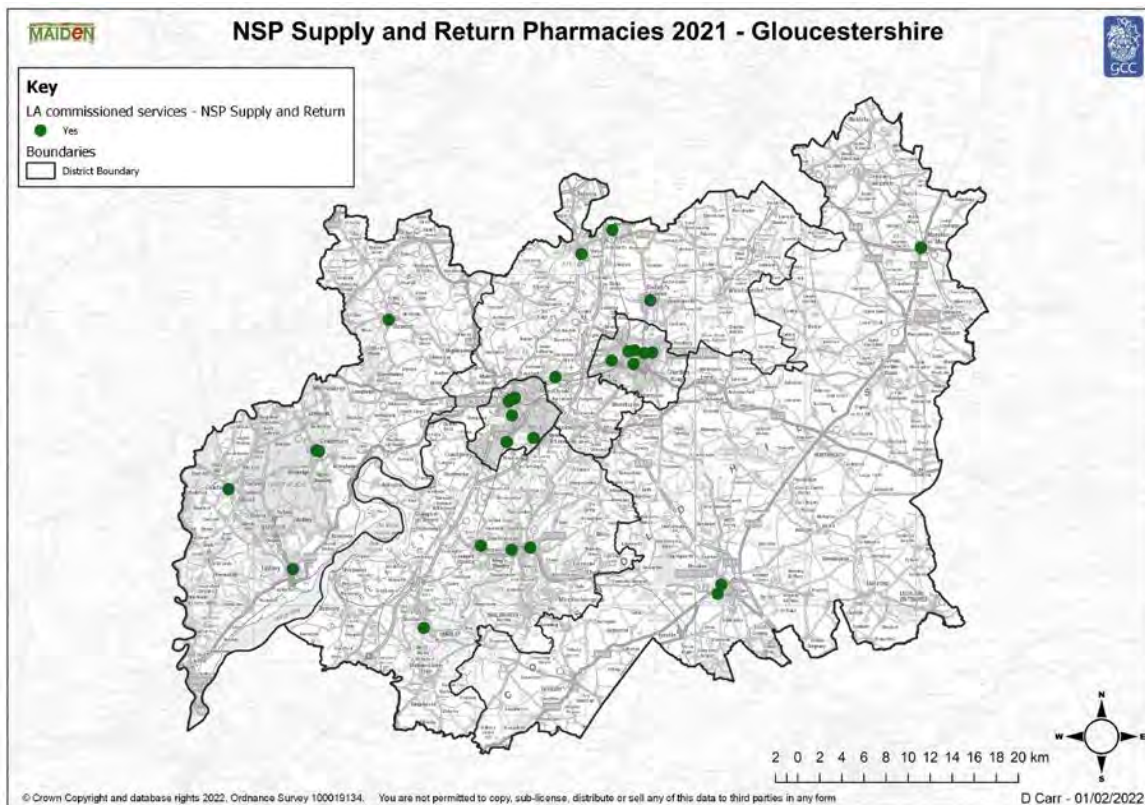
Commissioned by Gloucestershire County Council:

- Needle and syringe exchange programme (see Figure 31 and [PNA maps](#))
  - 29 pharmacies (27% of all pharmacies in Gloucestershire)

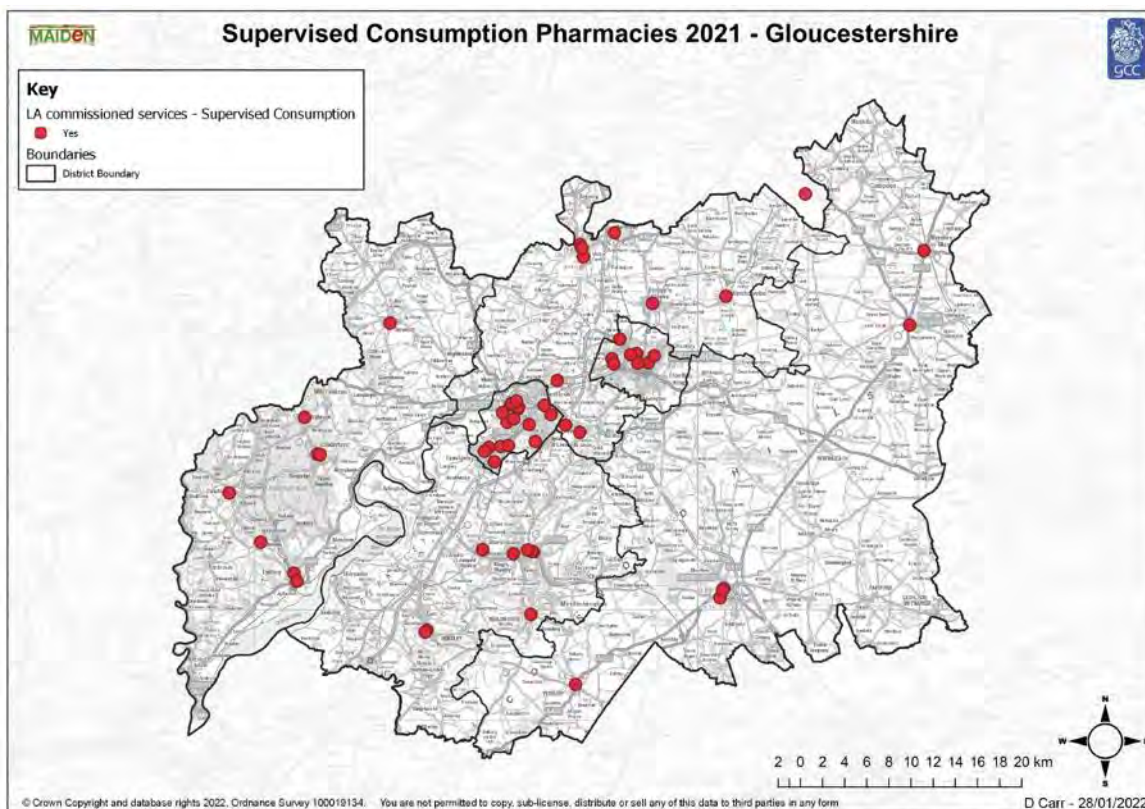
- Supervised consumption of methadone and Subutex (see Figure 32 and [PNA maps](#))
  - 60 pharmacies (56%)
- Sharps disposal (see Figure 33 and [PNA maps](#))
  - 105 pharmacies (97%)
- Community pharmacy sexual health service (see Figure 34 and [PNA maps](#))
  - 101 pharmacies (94%)
- Stop smoking interventions in community pharmacies (see Figure 35 and [PNA maps](#))
  - 99 pharmacies (92%)
- Community pharmacy chlamydia screening
  - No pharmacies in Gloucestershire are commissioned to provide this service (instead community pharmacies signpost people to the specialist sexual health service website, at which chlamydia test kits can be ordered, as part of provision of the community pharmacy sexual health service)

Commissioned by Gloucestershire CCG:

- Access to emergency medicines (palliative care or other specialist medications) (see Figure 36 and [PNA maps](#))
  - 58 pharmacies (54%)
- Access to medicines- call out scheme (see Figure 37 and [PNA maps](#))
  - 9 pharmacies (8%)
- Urgent repeat medication service under PGD
  - All pharmacies (100%)
- Just in case boxes
  - Optional, pharmacies may opt in, numbers not known

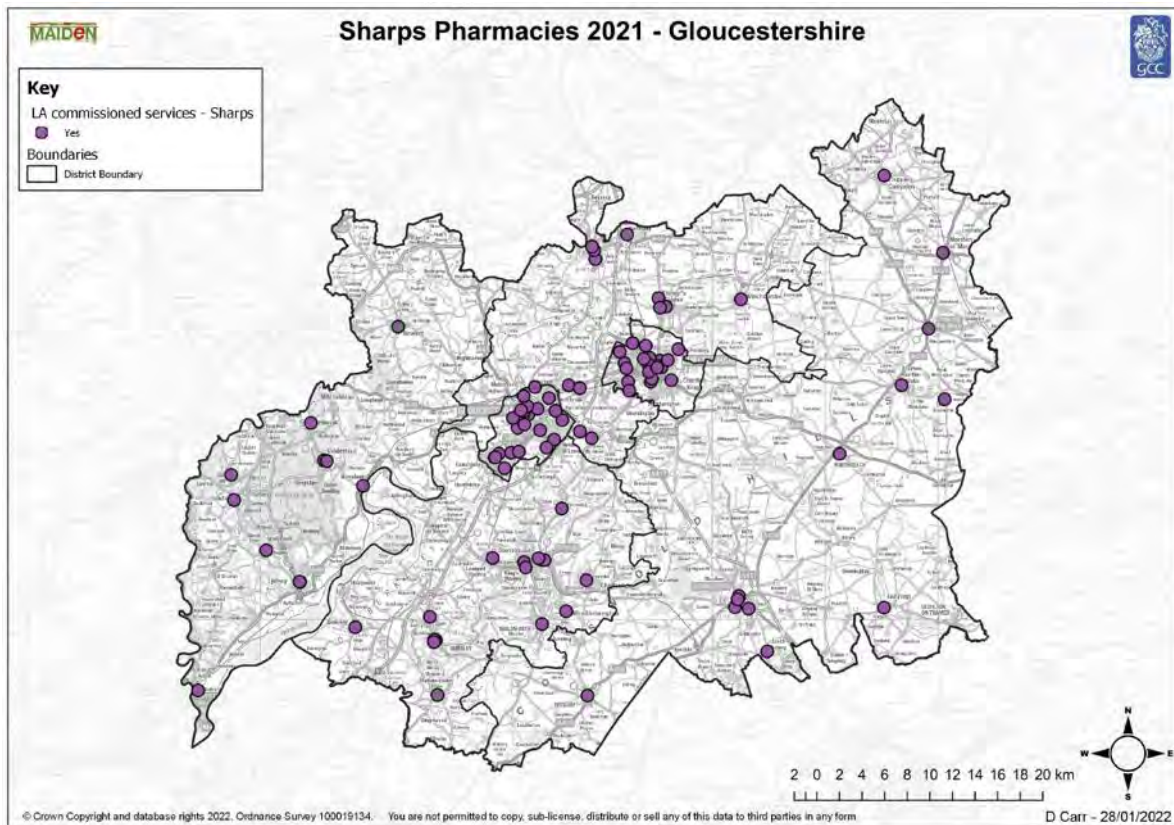


**Figure 31: Pharmacies commissioned to provide needle and syringe exchange programme in Gloucestershire**

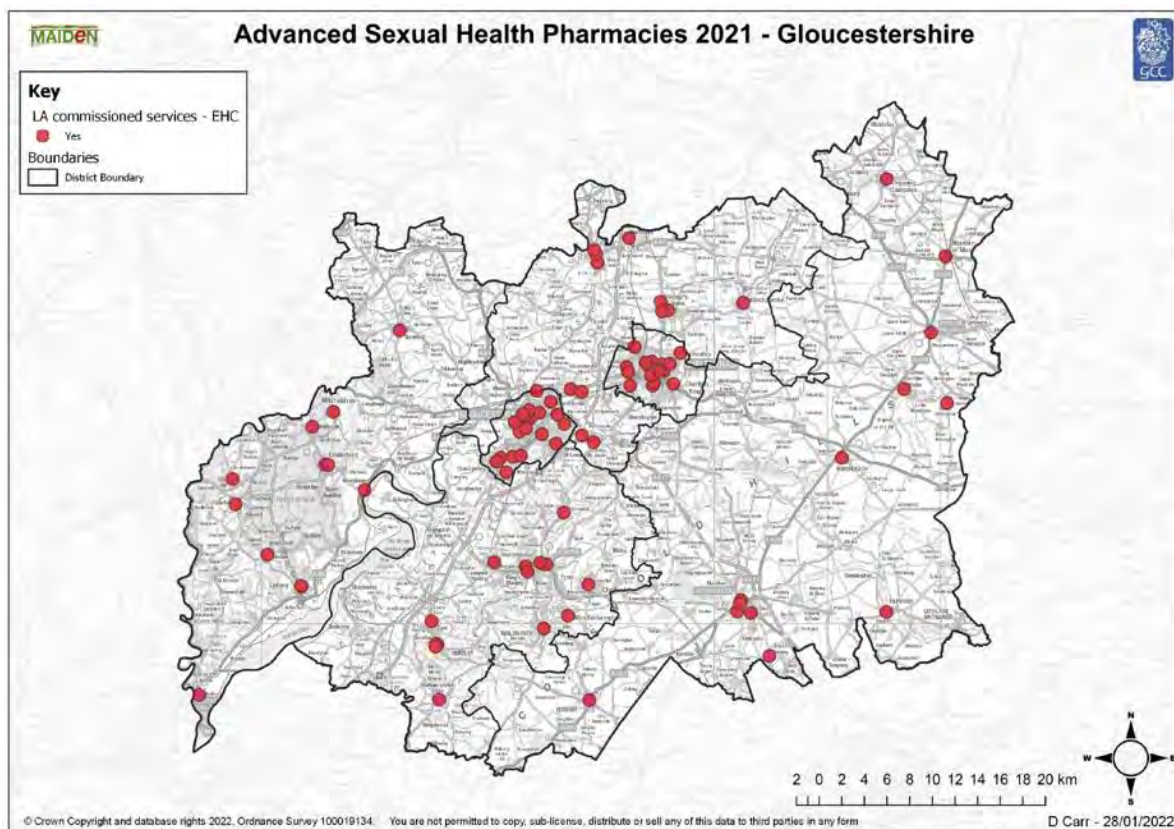


**Figure 32: Pharmacies commissioned to provide supervised consumption of Methadone and Subutex in Gloucestershire**





**Figure 33: Pharmacies commissioned to provide sharps disposal in Gloucestershire**



**Figure 34: Pharmacies commissioned to provide community pharmacy sexual health service in Gloucestershire**



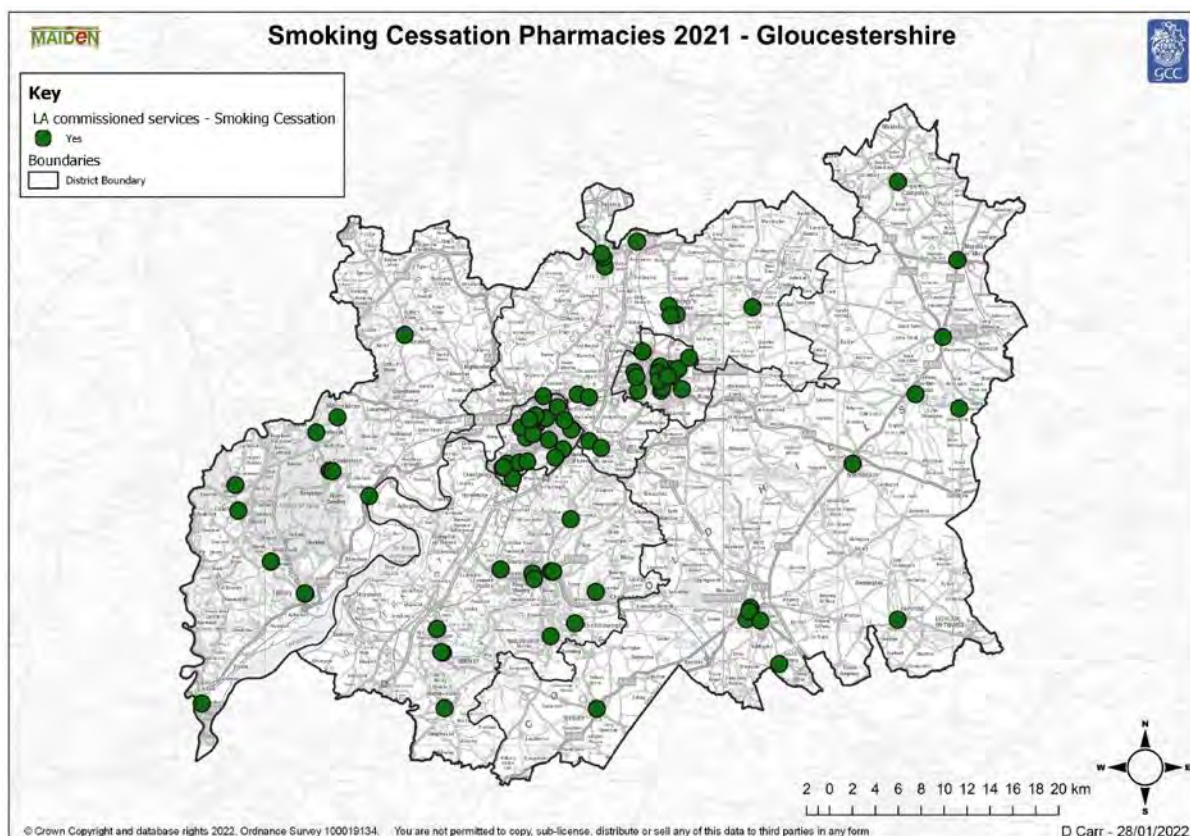


Figure 35: Pharmacies commissioned to provide stop smoking interventions in Gloucestershire

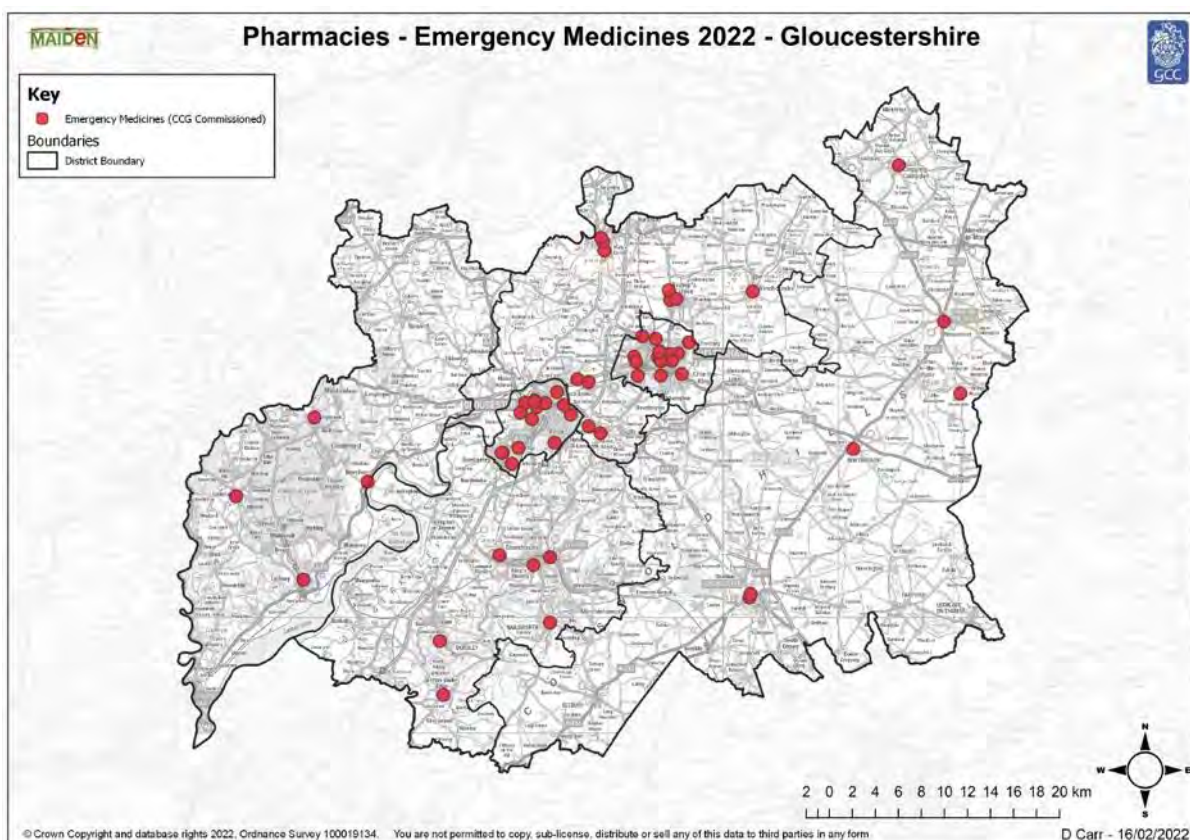
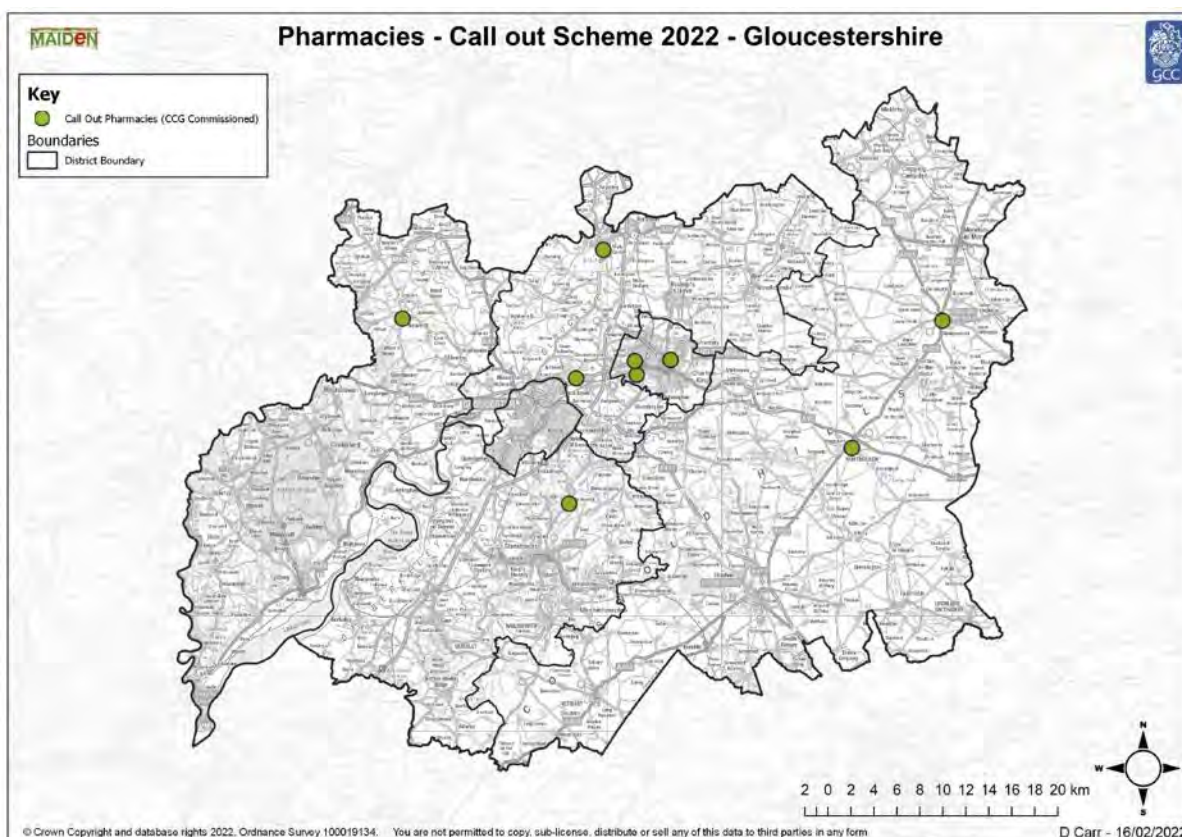


Figure 36: Pharmacies commissioned to provide access to emergency medicines in Gloucestershire



**Figure 37: Pharmacies commissioned to provide call out scheme in Gloucestershire**

#### Additional pharmacy information gathered from PNA questionnaire

- 100% of pharmacies that responded to the questionnaire had on site consultation facilities. 40% were also willing to undertake consultation in the patient's home or another suitable site.
- 74% of pharmacies that responded offer delivery of medications to all patients- of these pharmacies 69% offered the service for free. 18% offered delivery to certain groups of patients- of these 39% offered the service for free. 8% of pharmacies do not offer delivery of medications to any patients.
  - Although delivery services are not a pharmaceutical service, where provided they can improve the provision of access to services in the area that the pharmacy delivers to. However, this is a private service and can therefore be withdrawn at any time.
- 89% of pharmacies offer monitored dosage systems to patients free of charge. 1% offer them with charge, and the remaining 10% do not offer them.
- At 61% of pharmacies no languages are spoken in addition to English. Where additional languages are spoken in pharmacies, the most common are Urdu, Hindi

and Punjabi. The largest number of pharmacies where an additional language to English is spoken are in Gloucester, which is appropriate as this is the district with the highest proportion of people who do not speak English as their first language.

- 17 pharmacies (24% of responders) had suggestions for new local services. Specific services commonly mentioned were cholesterol testing and weight management services.
- 29 pharmacies (40%, 95% confidence interval 34% to 46%) stated that, recognising the demand for services is increasing, they do not have capacity to manage the increased demand within their existing premises and staffing levels. Of these, 14 (48%) felt that they could make adjustments to manage the increase in demand, whilst the remainder would have difficulty managing this increase in demand.

NB: the 2018 PNA contained information on the provision of Medicine Use Review services by Gloucestershire pharmacies. This service was decommissioned on 31/03/21.

#### 5.4.2 Dispensing GP Practices

The only available information on services provided by dispensing GP practices is from the PNA survey that was distributed in December/January 2021/22. The response rate to the survey was 75% (21 out of 28 practices). The response rate was 100% in Stroud (6/6) and Tewkesbury (2/2), 75% in the Forest of Dean (9/12) and 50% in Cotswold (4/8). Neither Cheltenham nor Gloucester has a dispensing GP practice. Full details of the responses to the dispensing doctor questionnaire can be found in Appendix 5.

- 81% of practices that responded had a dispensary consultation room, all of which were wheelchair accessible and mostly closed rooms.
- 67% of the practices dispense appliances (the majority of which dispense all types of appliances, this information was unknown for some practices).
- No practices offer stoma appliance customisation; 1 practice offers the appliance use review service.
- 62% of practices offer delivery services. All of these offer the service for free, however the majority (77%) only offer it for certain patient groups.
- 12 practices (60% of those that responded to this question, 95% confidence interval 49% to 71%) stated that, recognising the demand for services is increasing, they do not have capacity to manage the increased demand within their existing premises



and staffing levels. Of these, 9 (75%) felt that they could make adjustments to manage the increase in demand, whilst the remainder would have difficulty managing an increase.

#### 5.4.3 DACs

Only 1 of the 2 DACs in Gloucestershire responded to the DAC PNA questionnaire (see Appendix 5 for full details). Information below about DACs is from NHSEI data unless stated otherwise.

- Both DACs offer appliance use review service- the DAC that responded to the questionnaire stated that staff visit patients at their homes to provide this service. Only 1 DAC offers stoma appliance customisation.
- The DAC that responded to the questionnaire stated that they offer services remotely only.
- The DAC that responded to the questionnaire stated that they offer delivery free of charge to all patients.
- The DAC that responded to the questionnaire stated that, recognising the demand for services is increasing, they do have capacity to manage the increased demand within their existing premises and staffing levels.

#### 5.4.4 Distance Selling Pharmacies

The 1 distance selling pharmacy in Gloucestershire did not respond to the PNA questionnaire; we therefore do not have any information about this pharmacy beyond the opening hours as noted in section 5.3.

#### 5.4.5 Other

Other NHS services which affect the need for pharmaceutical services, in particular the dispensing service, are discussed below.

Services which may reduce the need for pharmaceutical services:

- Hospital pharmacies (two in Gloucestershire plus one private pharmacy, as per Section 5.1)

- Personal administration of items by GP practices (74 in Gloucestershire, with 650,000 registered patients)
- GP out of hours services, if giving patients a course of treatment rather than a prescription (Gloucestershire service provided Monday to Friday 18.30 to 08.00 and for 24 hours at weekends; service offered via phone, appointment at one of six primary care centres across the county, or a home visit)
- *Prison pharmacy services (there are no prison pharmacies in Gloucestershire)*
- Substance misuse services (these services are provided by Change Grow Live, predominantly at four hubs across the county)
- Flu vaccination by GP practices (all GP practices in Gloucestershire offer free flu vaccination to those in the at-risk groups)
- Also- pharmaceutical services commissioned by the local authority and CCG (see Section 5.4.1) reduce the need for such services to be commissioned by NHSEI as enhanced services

Services which may increase the need for pharmaceutical services:

- GP out of hours services, where a prescription is issued
- Walk-in centres and minor injury units (there are four urgent care centres in Gloucestershire)
- Community (district) nursing prescribing (community nurses are part of integrated community teams which work across Gloucestershire)
- Dental services (there are a large number of dentistry services across Gloucestershire, including NHS and private services)
- End of life services (there are six providers of hospice or hospice at home care in Gloucestershire)

## 6. Locality Summaries

### 6.1 Cheltenham

#### Overview

Cheltenham had an estimated population in mid-2020 of 116,043, the third largest district in Gloucestershire. There is potential for 469 new houses to be built in Cheltenham during the next 5 years, a lot less than the other districts.

Cheltenham is the third most deprived district in Gloucestershire and ranks as the 237<sup>th</sup> most deprived of the 317 districts in England. The health of people in Cheltenham is varied compared with the England average. Life expectancy for males is higher than the national average, but not significantly different for females. The life expectancy gap between the most and least deprived areas of Cheltenham is 10.2 years for males and 8.7 years for females.

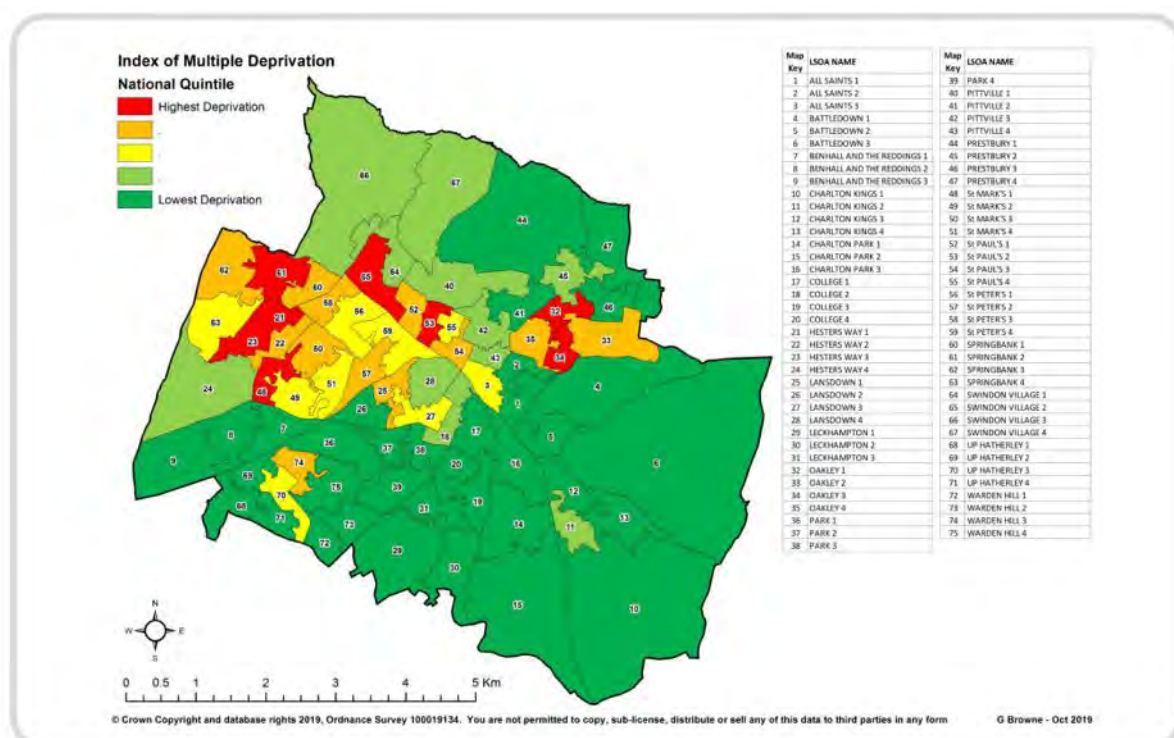


Figure 38: Index of Multiple Deprivation for LSOAs in Cheltenham

## Pharmaceutical Services

There are 24 community pharmacies and no dispensing GP practices in Cheltenham. This equates to 20.7 pharmaceutical providers per 100,000 population, slightly lower than the Gloucestershire and England averages (21.2 and 21.8 respectively). Neighbouring provision of pharmaceutical services is that of other Gloucestershire districts (Tewkesbury and Cotswold).

There were 1,210,099 items dispensed in pharmacies in Cheltenham in the 2020/21 financial year- an average of 10 items per head.

There are two 100-hour pharmacies in Cheltenham. All but three pharmacies are open on a Saturday. There are six pharmacies open on Sundays.

- Walking, 57% of individuals in Cheltenham can reach a pharmacy within 10 minutes, 96% within 20 minutes, 99.9% within 30 minutes and 100% within 40 minutes.
- Driving, 99.9% can reach a pharmacy within 5 minutes and 100% within 10 minutes.
- Using public transport, 98% can reach a pharmacy within 15 minutes and 100% within 30 minutes.

Service	Number of community pharmacies providing service
New Medicine Service	23
Community pharmacy seasonal influenza vaccination	22
Community pharmacy consultation service	24
Hypertension case-finding service	10
Stop-smoking service (NHSEI commissioned)	
Appliance use review service	1
Stoma appliance customisation	4
Needle and syringe exchange programme	6
Community pharmacy sexual health service	21
Stop smoking interventions in community pharmacies (GCC commissioned)	20
Supervised consumption of Methadone and Subutex	9
Disposal of used sharps	24
Access to emergency medicines	16
Call out scheme	3

**Table 6: Advanced and locally commissioned pharmaceutical services in Cheltenham**

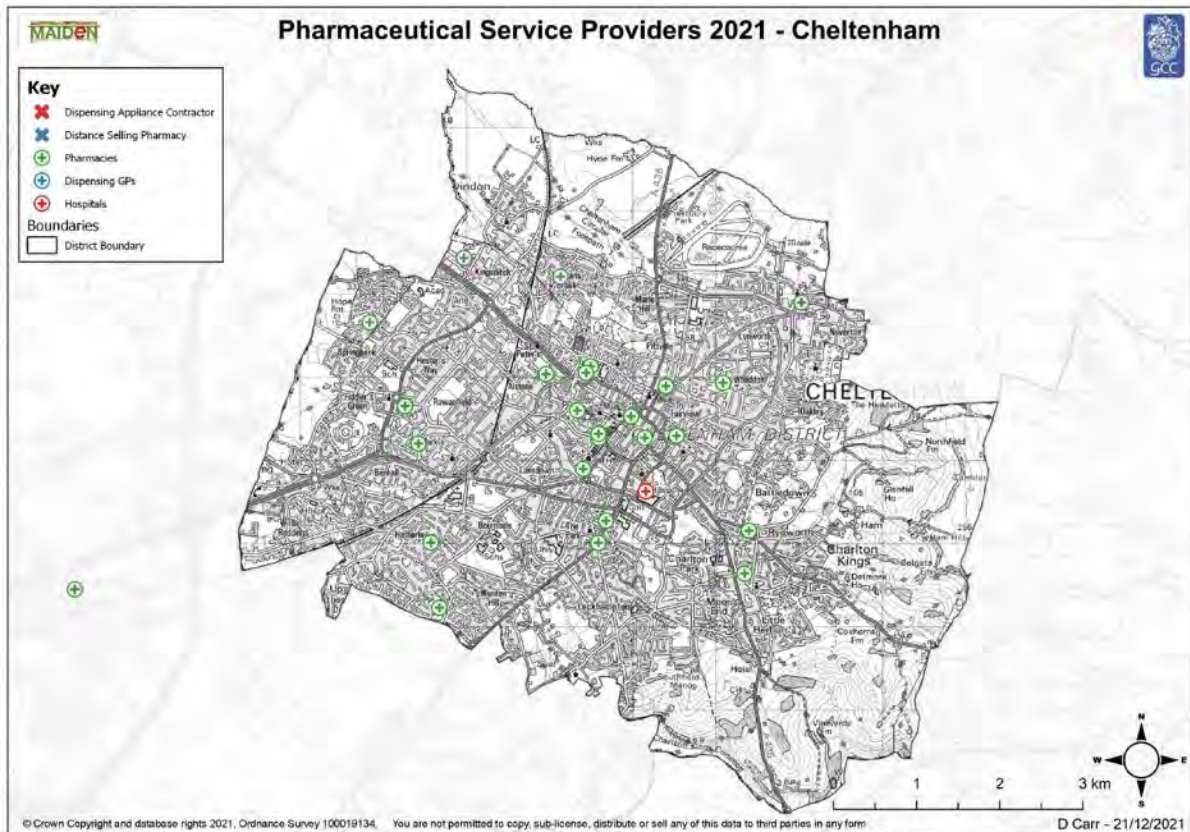


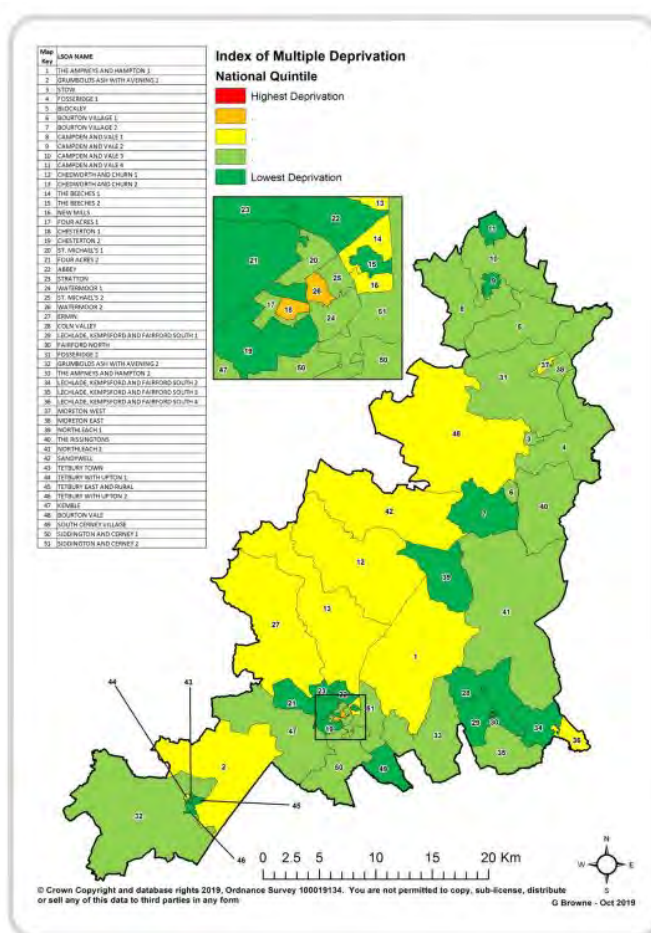
Figure 39: Pharmaceutical Providers- Cheltenham

## 6.2 Cotswold

### Overview

Cotswold had an estimated population in mid-2020 of 90,264, the second smallest district in Gloucestershire. There is potential for 3,798 new houses to be built in Cotswold during the next 5 years.

Cotswold is the second least deprived district in Gloucestershire and ranks as the 272<sup>nd</sup> most deprived of the 317 districts in England (one of the 20% least deprived districts in the country). The health of people in Cotswold is varied compared with the England average. Life expectancy for males and females is higher than the national average. The life expectancy gap between the most and least deprived areas of Cotswold is 2.7 years for males and 0.1 years for females.



**Figure 40: Index of Multiple Deprivation for LSOAs in Cotswold**

## Pharmaceutical Services

There are 15 community pharmacies and eight dispensing GP practices in Cotswold. This equates to 25.5 pharmaceutical providers per 100,000 population, higher than the Gloucestershire and England averages. Neighbouring provision of pharmaceutical services is that of other Gloucestershire districts (Tewkesbury, Cheltenham and Stroud), and Worcestershire, Warwickshire, Oxfordshire, Swindon, Wiltshire and South Gloucestershire (approximately 39 pharmacies within 5-mile radius of Cotswold border).

There were 1,176,695 items dispensed in pharmacies in Cotswold in the 2020/21 financial year- an average of 13 items per head.

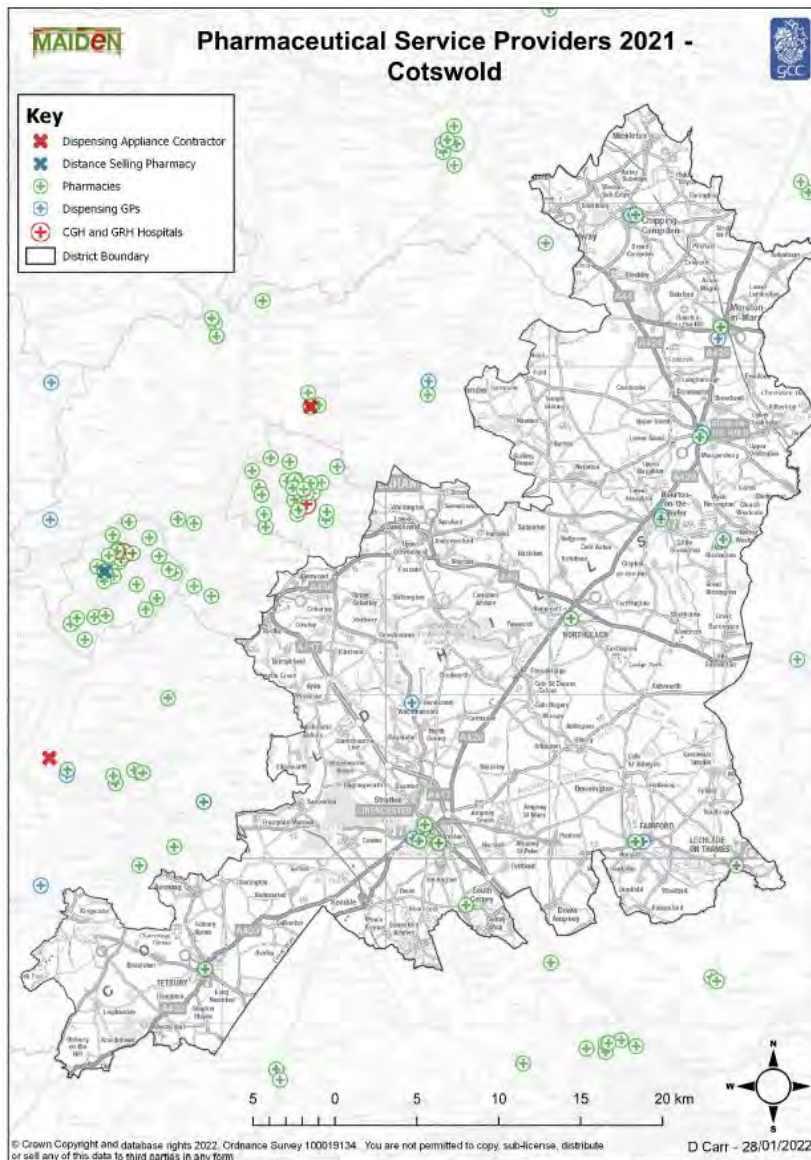
There is one 100-hour pharmacy in Cotswold. All pharmacies are open on a Saturday. There are three pharmacies open on Sundays.

- Walking, 28% of individuals in Cotswold can reach a pharmacy or dispensing GP practice within 10 minutes, 54% within 20 minutes, and 67% within 40 minutes. For 30% (26,930 people) it takes over 50 minutes to walk to a pharmacy/dispensing doctor.
- Driving, 68% can reach a pharmacy/dispensing doctor within 5 minutes, 93% within 10 minutes, and 99.9% within 20 minutes. For 0.1% (134 people) it takes over 25 minutes to drive to a pharmacy/dispensing doctor.
- Using public transport, 62% can reach a pharmacy/dispensing doctor within 15 minutes and 81% within 30 minutes. For 17% (15,383 people) it takes over 45 minutes to reach a pharmacy/dispensing doctor via public transport).

Service	Number of community pharmacies providing service
New Medicine Service	15
Community pharmacy seasonal influenza vaccination	13
Community pharmacy consultation service	15
Hypertension case-finding service	8
Stop-smoking service (NHSEI commissioned)	
Appliance use review service	0
Stoma appliance customisation	2
Needle and syringe exchange programme	3
Community pharmacy sexual health service	14
Stop smoking interventions in community pharmacies (GCC commissioned)	14
Supervised consumption of Methadone and Subutex	6
Disposal of used sharps	14
Access to emergency medicines	6
Call out scheme	2

**Table 7: Advanced and locally commissioned pharmaceutical services in Cotswold**





**Figure 41: Pharmaceutical Providers- Cotswold**

## 6.3 Forest of Dean

### Overview

The Forest of Dean had an estimated population in mid-2020 of 87,107, the smallest district in Gloucestershire. There is potential for 2,302 new houses to be built in the Forest of Dean during the next 5 years.

The Forest of Dean is the second most deprived district in Gloucestershire and ranks as the 143<sup>rd</sup> most deprived of the 317 districts in England. The health of people in the Forest of

Dean is varied compared with the England average. Life expectancy for males is higher than the national average, but not significantly different for females. The life expectancy gap between the most and least deprived areas of the Forest of Dean is 4.6 years for males and 3.7 years for females.

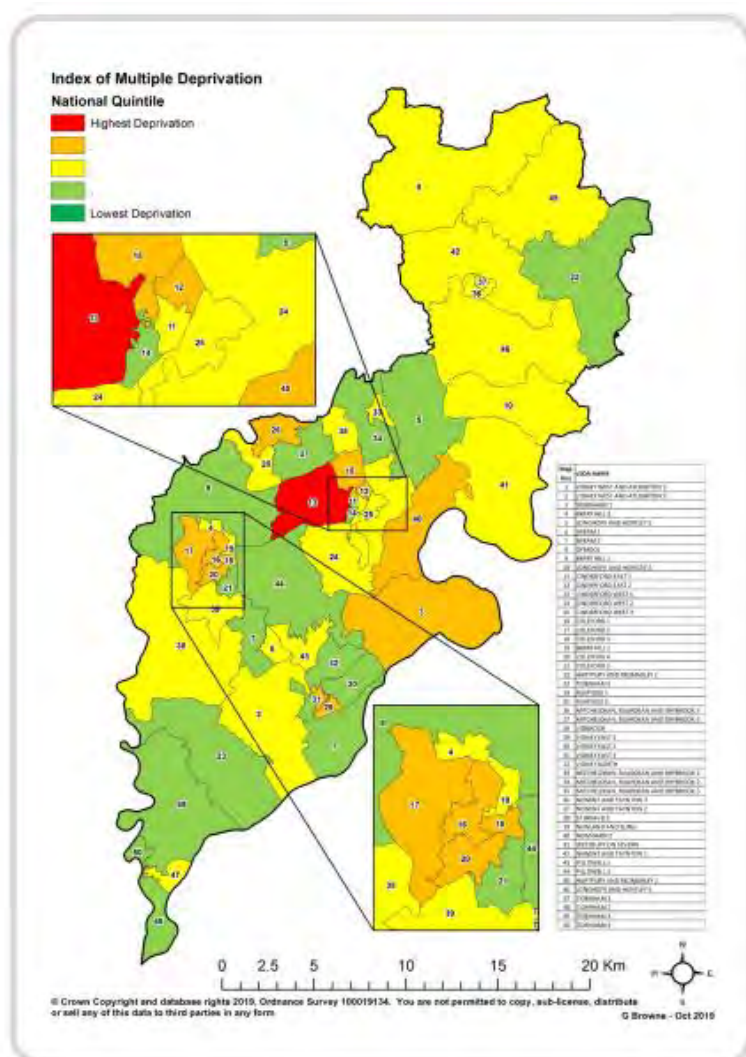


Figure 42: Index of Multiple Deprivation for LSOAs in Forest of Dean

## Pharmaceutical Services

There are 13 community pharmacies and 12 dispensing GP practices in the Forest of Dean. This equates to 28.7 pharmaceutical providers per 100,000 population, higher than the Gloucestershire and England averages, and the highest figure out of the Gloucestershire

districts. Neighbouring provision of pharmaceutical services is that of other Gloucestershire districts (Tewkesbury and Stroud), and Worcestershire, Herefordshire, Monmouthshire and South Gloucestershire (approximately 16 pharmacies within 5-mile radius of Forest of Dean border).

There were 1,066,663 items dispensed in pharmacies in the Forest of Dean in the 2020/21 financial year- an average of 12 items per head.

There are no 100-hour pharmacies in the Forest of Dean. All but two pharmacies are open on a Saturday. There is one pharmacy open on Sundays.

- Walking, 30% of individuals in the Forest of Dean can reach a pharmacy or dispensing GP practice within 10 minutes, 55% within 20 minutes, and 75% within 40 minutes. For 22% (19,204 people) it takes over 50 minutes to walk to a pharmacy/dispensing doctor.
- Driving, 77% can reach a pharmacy/dispensing doctor within 5 minutes, 97% within 10 minutes, and 100% within 15 minutes.
- Using public transport, 68% can reach a pharmacy/dispensing doctor within 15 minutes and 86% within 30 minutes. For 9% (7,692 people) it takes over 45 minutes to reach a pharmacy/dispensing doctor via public transport).

Service	Number of community pharmacies providing service
New Medicine Service	13
Community pharmacy seasonal influenza vaccination	13
Community pharmacy consultation service	13
Hypertension case-finding service	9
Stop-smoking service (NHSEI commissioned)	
Appliance use review service	0
Stoma appliance customisation	2
Needle and syringe exchange programme	5
Community pharmacy sexual health service	13
Stop smoking interventions in community pharmacies (GCC commissioned)	13
Supervised consumption of Methadone and Subutex	9
Disposal of used sharps	12
Access to emergency medicines	4
Call out scheme	1

**Table 8: Advanced and locally commissioned pharmaceutical services in Forest of Dean**

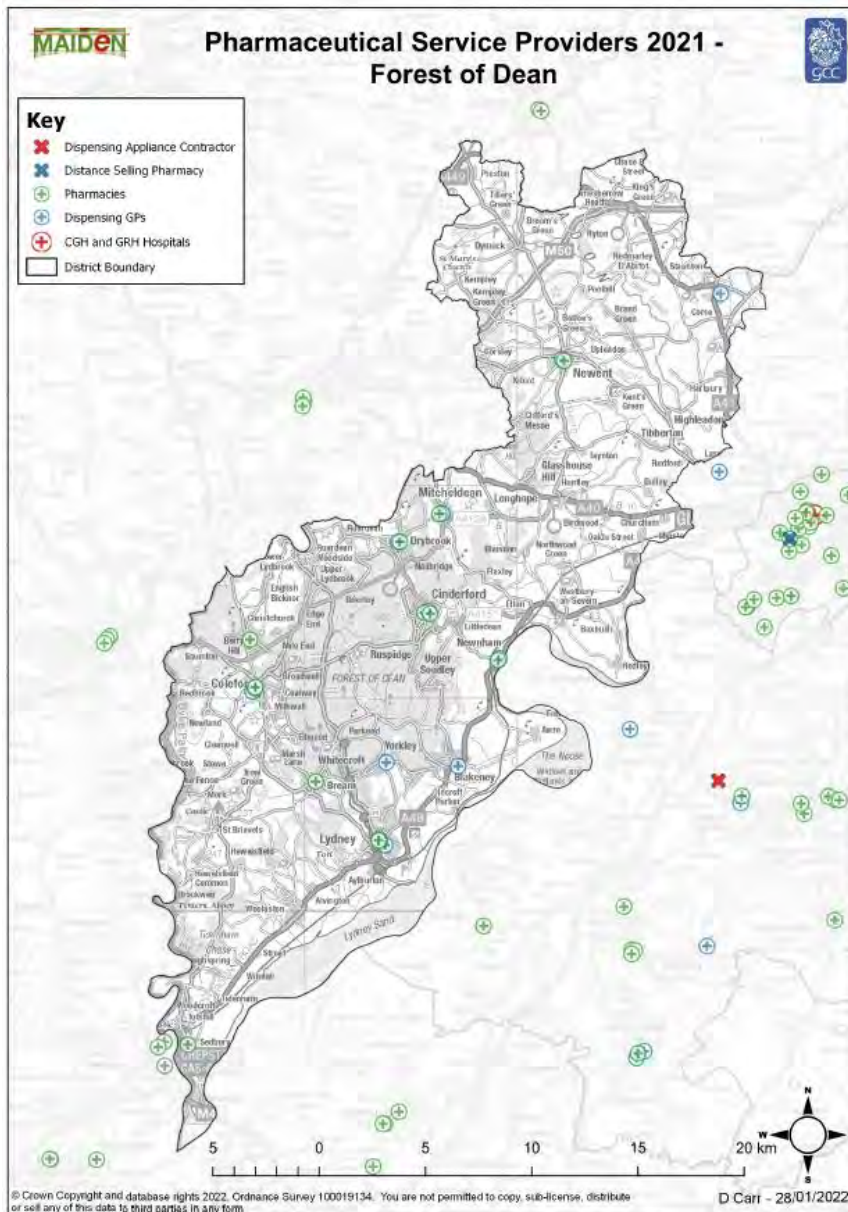


Figure 43: Pharmaceutical Providers- Forest of Dean

## 6.4 Gloucester

### Overview

Gloucester had an estimated population in mid-2020 of 129,709, the largest district in Gloucestershire. There is potential for 3,733 new houses to be built in Gloucester during the next 5 years.



Gloucester is the most deprived district in Gloucestershire and ranks as the 138<sup>th</sup> most deprived of the 317 districts in England. The health of people in Gloucester is varied compared with the England average. Life expectancy for males is lower than the national average, but not significantly different for females. The life expectancy gap between the most and least deprived areas of Gloucester is 13.5 years for males and 9.5 years for females- these are the largest gaps out of all the Gloucestershire districts.

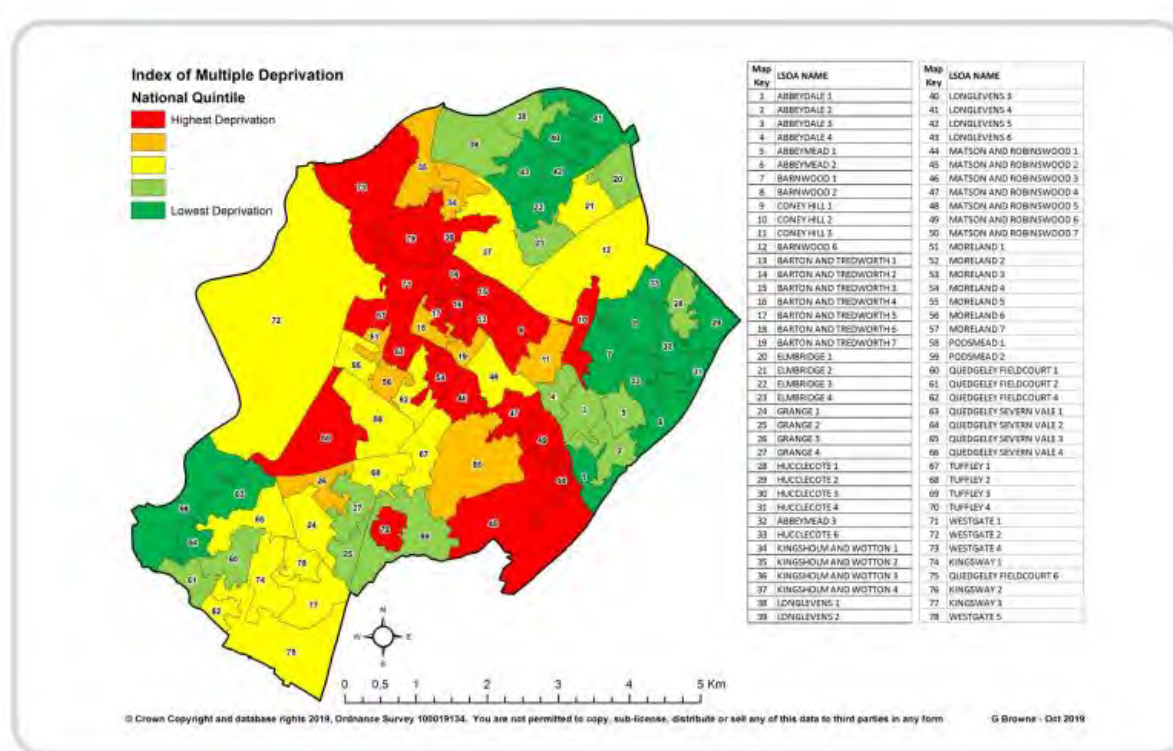


Figure 44: Index of Multiple Deprivation for LSOAs in Gloucester

## Pharmaceutical Services

There are 25 community pharmacies and no dispensing GP practices in Gloucester. This equates to 19.3 pharmaceutical providers per 100,000 population, lower than the Gloucestershire and England averages. Neighbouring provision of pharmaceutical services is that of other Gloucestershire districts (Tewkesbury and Stroud).

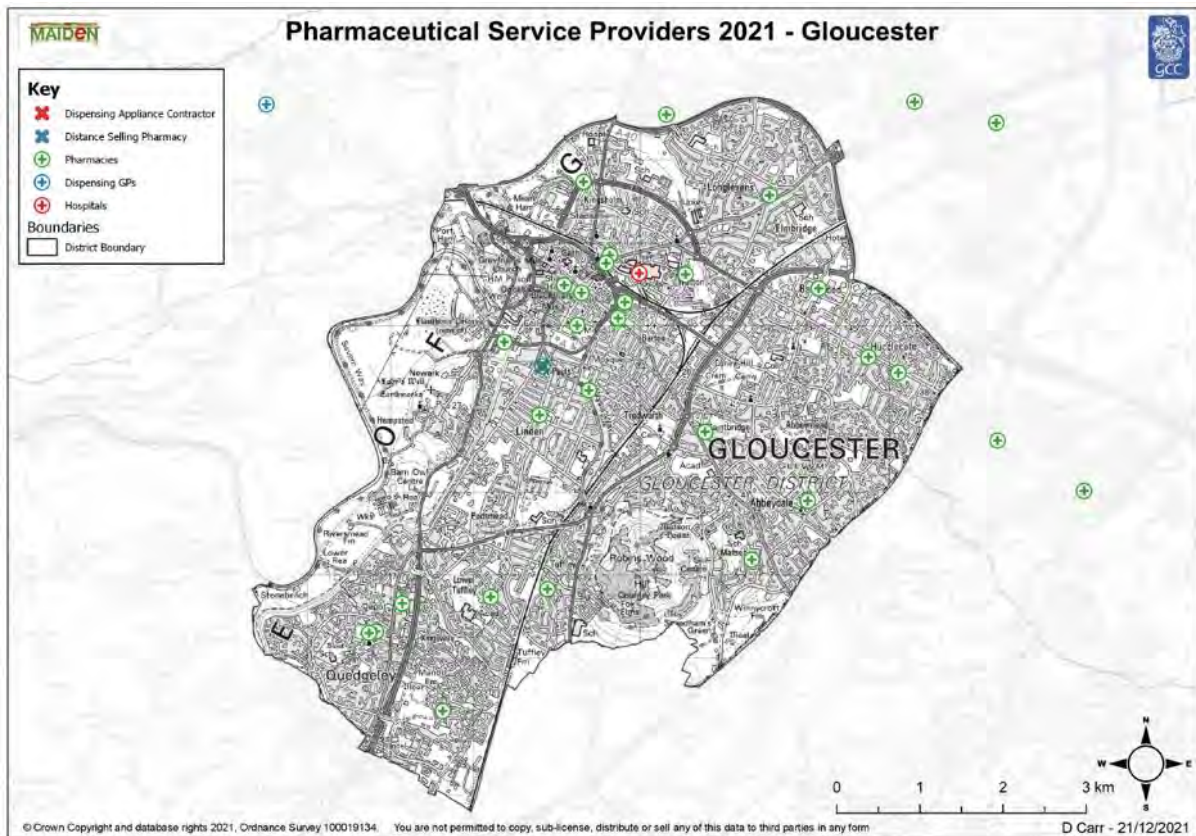
There were 1,439,601 items dispensed in pharmacies in Gloucester in the 2020/21 financial year- an average of 11 items per head.

There are six 100-hour pharmacies in Gloucester. All but one pharmacy are open on a Saturday. There are eight pharmacies open on Sundays.

- Walking, 54% of individuals in Gloucester can reach a pharmacy within 10 minutes, 99% within 20 minutes, and 100% within 30 minutes.
- Driving, 100% can reach a pharmacy within 5 minutes.
- Using public transport, 99% can reach a pharmacy within 15 minutes and 100% within 30 minutes.

<b>Service</b>	<b>Number of community pharmacies providing service</b>
New Medicine Service	23
Community pharmacy seasonal influenza vaccination	24
Community pharmacy consultation service	25
Hypertension case-finding service	8
Stop-smoking service (NHSEI commissioned)	
Appliance use review service	0
Stoma appliance customisation	6
Needle and syringe exchange programme	7
Community pharmacy sexual health service	23
Stop smoking interventions in community pharmacies (GCC commissioned)	24
Supervised consumption of Methadone and Subutex	18
Disposal of used sharps	24
Access to emergency medicines	15
Call out scheme	0

**Table 9: Advanced and locally commissioned pharmaceutical services in Gloucester**



**Figure 45: Pharmaceutical Providers- Gloucester**

## 6.5 Stroud

### Overview

Stroud had an estimated population in mid-2020 of 120,903, the second largest district in Gloucestershire. There is potential for 4,966 new houses to be built in Stroud during the next 5 years.

Stroud is the least deprived district in Gloucestershire and ranks as the 279<sup>th</sup> most deprived of the 317 districts in England (one of the 20% least deprived districts in the country). The health of people in Stroud is varied compared with the England average. Life expectancy for males and females is similar to the national average. The life expectancy gap between the most and least deprived areas of Stroud is 6.5 years for males and 3.1 years for females.



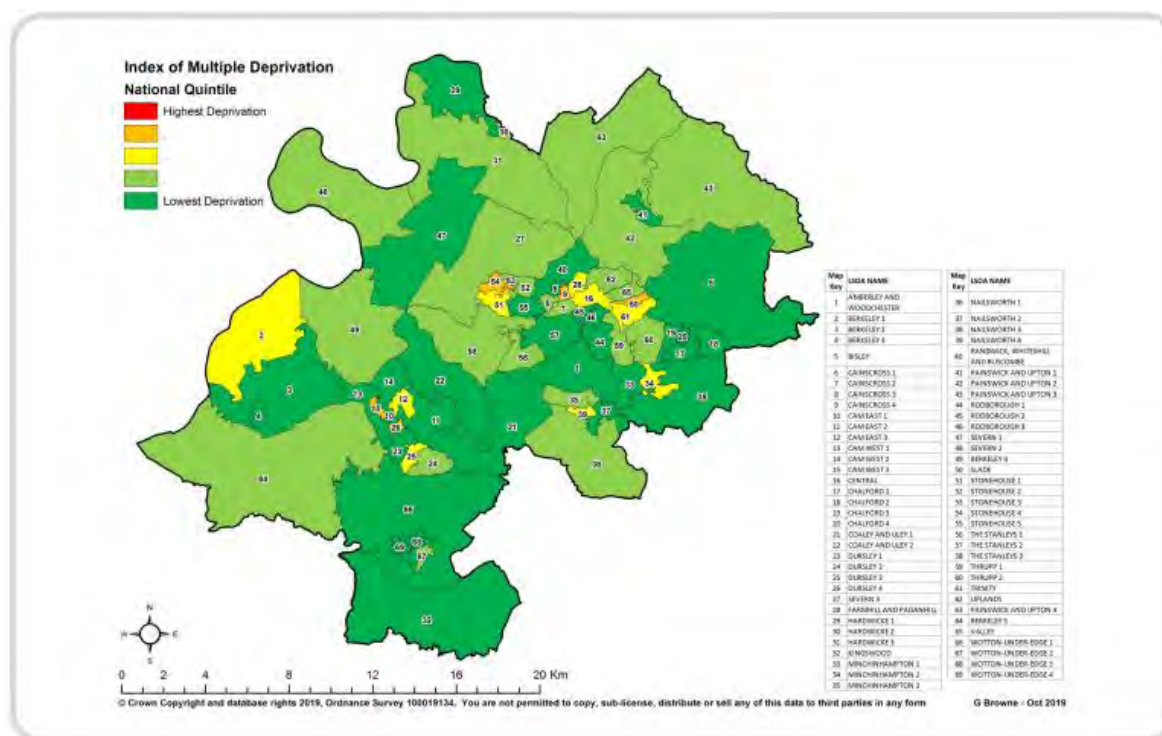


Figure 46: Index of Multiple Deprivation for LSOAs in Stroud

## Pharmaceutical Services

There are 17 community pharmacies and six dispensing GP practices in Stroud. This equates to 19.0 pharmaceutical providers per 100,000 population, lower than the Gloucestershire and England averages. Neighbouring provision of pharmaceutical services is that of other Gloucestershire districts (Forest of Dean, Gloucester, Tewkesbury and Cotswold), and South Gloucestershire (approximately 10 pharmacies within 5-mile radius of Stroud border).

There were 1,138,879 items dispensed in pharmacies in Stroud in the 2020/21 financial year- an average of nine items per head.

There is one 100-hour pharmacy in Stroud. All but three pharmacies are open on a Saturday. There are two pharmacies open on Sundays.

- Walking, 29% of individuals in Stroud can reach a pharmacy or dispensing GP practice within 10 minutes, 66% within 20 minutes, and 89% within 40 minutes. For 6% (7,073 people) it takes over 50 minutes to walk to a pharmacy/dispensing doctor.
- Driving, 89% can reach a pharmacy/dispensing doctor within 5 minutes, 99% within 10 minutes, and 100% within 15 minutes.

- Using public transport, 83% can reach a pharmacy/dispensing doctor within 15 minutes and 95% within 30 minutes. For 3% (3,641 people) it takes over 45 minutes to reach a pharmacy/dispensing doctor via public transport).

<b>Service</b>	<b>Number of community pharmacies providing service</b>
New Medicine Service	15
Community pharmacy seasonal influenza vaccination	15
Community pharmacy consultation service	17
Hypertension case-finding service	3
Stop-smoking service (NHSEI commissioned)	
Appliance use review service	1
Stoma appliance customisation	3
Needle and syringe exchange programme	4
Community pharmacy sexual health service	16
Stop smoking interventions in community pharmacies (GCC commissioned)	14
Supervised consumption of Methadone and Subutex	8
Disposal of used sharps	17
Access to emergency medicines	6
Call out scheme	1

**Table 10: Advanced and locally commissioned pharmaceutical services in Stroud**

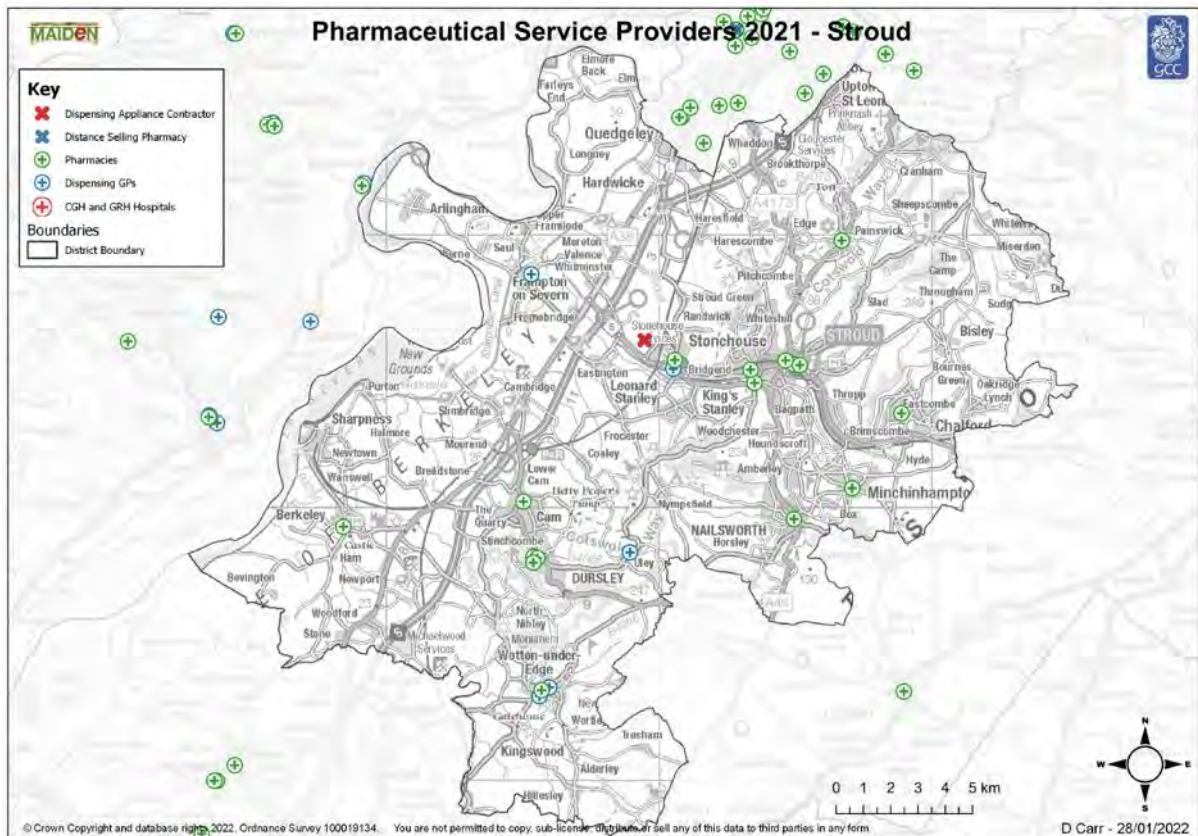


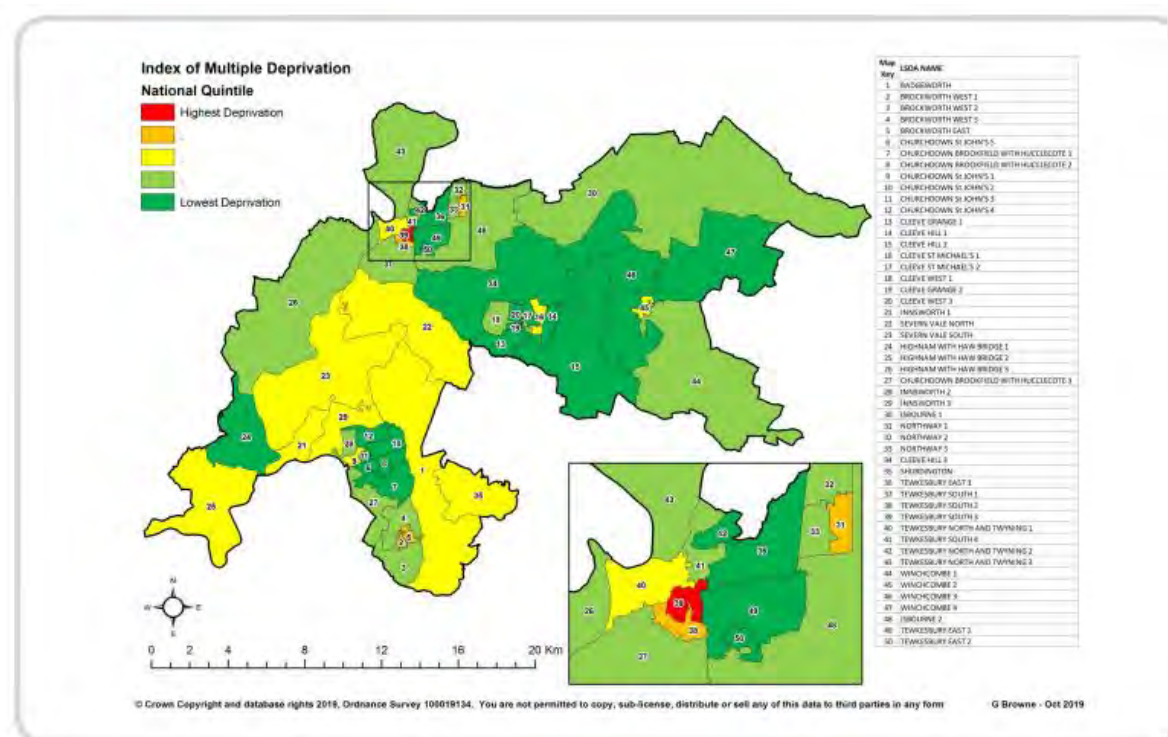
Figure 47: Pharmaceutical Providers- Stroud

## 6.6. Tewkesbury

### Overview

Tewkesbury had an estimated population in mid-2020 of 96,624, the third smallest district in Gloucestershire. There is potential for 4,998 new houses to be built in Tewkesbury during the next 5 years, the largest number of all the districts in Gloucestershire.

Tewkesbury is the fourth most deprived district in Gloucestershire and ranks as the 261<sup>st</sup> most deprived of the 317 districts in England (one of the 20% least deprived districts in the country). The health of people in Tewkesbury is varied compared with the England average. Life expectancy for males and females is higher than the national average. The life expectancy gap between the most and least deprived areas of Tewkesbury is 6.1 years for males and 4.3 years for females.



**Figure 48: Index of Multiple Deprivation for LSOAs in Tewkesbury**

## Pharmaceutical Services

There are 14 community pharmacies and two dispensing GP practices in Tewkesbury. This equates to 16.6 pharmaceutical providers per 100,000 population, lower than the Gloucestershire and England averages, and the lowest of all the Gloucestershire districts. Neighbouring provision of pharmaceutical services is that of other Gloucestershire districts (Forest of Dean, Stroud, Gloucester, Cotswold and Cheltenham), and Worcestershire (approximately 8 pharmacies within 5-mile radius of Tewkesbury border).

There were 877,317 items dispensed in pharmacies in Tewkesbury in the 2020/21 financial year- an average of nine items per head.

There are no 100-hour pharmacies in Tewkesbury. All but three pharmacies are open on a Saturday. There are two pharmacies open on Sundays.

- Walking, 35% of individuals in Tewkesbury can reach a pharmacy or dispensing GP practice within 10 minutes, 73% within 20 minutes, and 86% within 40 minutes. For 11% (10,495 people) it takes over 50 minutes to walk to a pharmacy/dispensing doctor.

- Driving, 87% can reach a pharmacy/dispensing doctor within 5 minutes, 99% within 10 minutes, and 99.9% within 20 minutes. For 0.1% (61 people) it takes over 25 minutes to drive to a pharmacy/dispensing doctor.
- Using public transport, 82% can reach a pharmacy/dispensing doctor within 15 minutes and 92% within 30 minutes. For 7% (6,704 people) it takes over 45 minutes to reach a pharmacy/dispensing doctor via public transport.

<b>Service</b>	<b>Number of community pharmacies providing service</b>
New Medicine Service	14
Community pharmacy seasonal influenza vaccination	13
Community pharmacy consultation service	13
Hypertension case-finding service	9
Stop-smoking service (NHSEI commissioned)	
Appliance use review service	1
Stoma appliance customisation	5
Needle and syringe exchange programme	4
Community pharmacy sexual health service	14
Stop smoking interventions in community pharmacies (GCC commissioned)	14
Supervised consumption of Methadone and Subutex	9
Disposal of used sharps	14
Access to emergency medicines	11
Call out scheme	2

**Table 11: Advanced and locally commissioned pharmaceutical services in Tewkesbury**



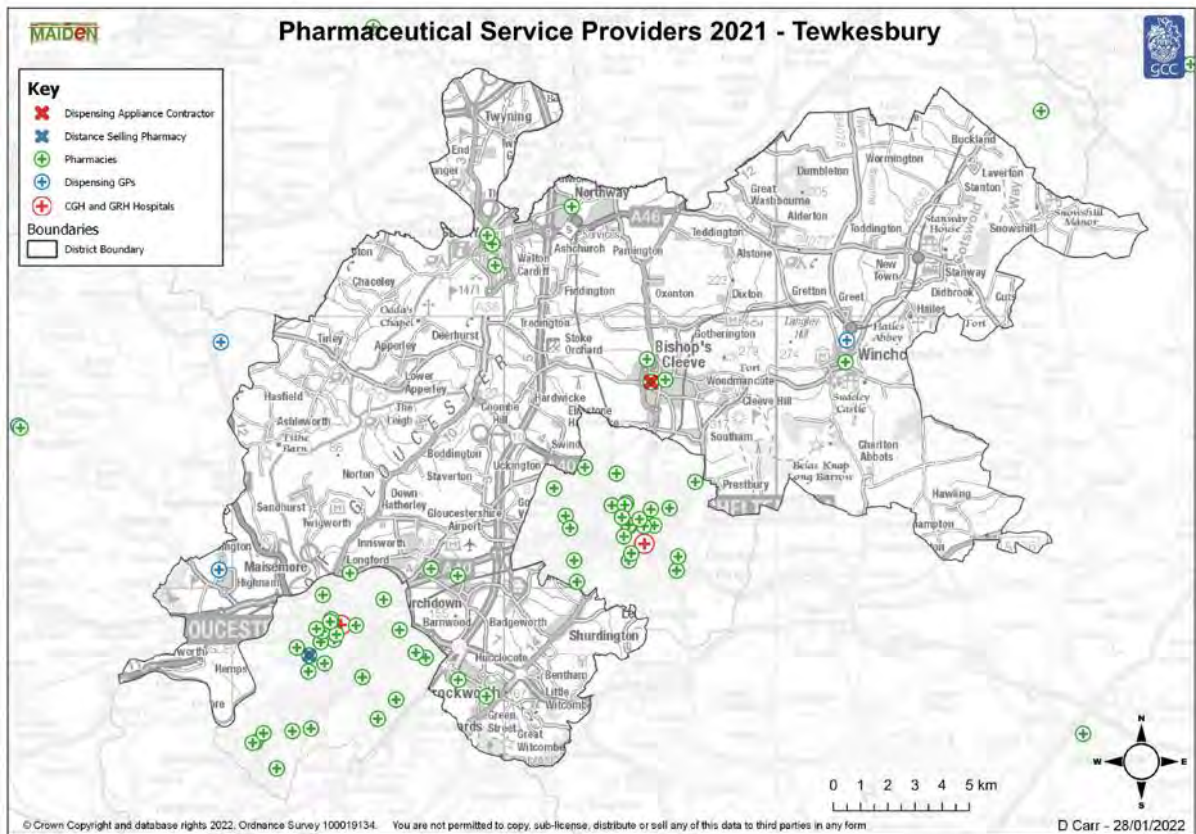


Figure 49: Pharmaceutical Providers- Tewkesbury



## 7. Public Feedback

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An online survey was open between the 8<sup>th</sup> of December 2021 and the 31<sup>st</sup> of January 2022 to capture public views regarding current and future provision of pharmaceutical services in Gloucestershire. The survey was hosted on the Gloucestershire County Council consultation website (Have your say Gloucestershire), on which it was available in a variety of language options. It was also available as a paper copy upon request.

The survey was promoted in a variety of ways

- A press release which was shared with the media, with district councils, on social media and on the GCC website
- Paid social media adverts
- Posters sent to libraries, GP practices and pharmacies
- Articles in newsletters to councillors, parish councils, GCC staff, adult social care staff and those signed up to notifications about consultations

It was also promoted by Healthwatch Gloucestershire.

*Please note that percentages in the text below have been rounded up to 0 decimal places so figures may not add up to 100%.*

### 7.1 General Information

269 responses were received, a greater number than for the 2018 PNA (243 responses). Of these 269, 92% were members of the public. The remainder included pharmacists/providers of pharmaceutical services, health and social care professionals, those responding on behalf of a district/parish/town council, and those responding on behalf of a voluntary and community sector organisation. One survey was requested and completed on paper, and the remainder were completed online.

Participants were asked to comment on their experiences over the last 12 months. Of those responding to the survey, the majority (96%) usually visit a pharmacy to collect prescribed medications. It was also common for respondents to visit to buy over the counter medication (53%) and get advice from a pharmacist (44%). None of the respondents usually visit a pharmacy to collect appliances. Of those that hadn't visited a pharmacy in the last year (11%), the most common reason for this was that the pharmacy delivers their medication (55%). 35% of those who hadn't visited had not needed pharmacy services in the last year.

10% (3 people) hadn't visited because they were unable to get to the pharmacy due to its location, and 3% (1 person) due to its opening hours.

85% of respondents usually collect their medication from a pharmacy, 7% from a dispensing GP practice, and 8% have their medications delivered to their house. The majority (88%) usually use the same pharmacy rather than different pharmacies. It was most common for respondents to visit a pharmacy or dispensing practice monthly (48%). 11% visit more frequently (at least weekly), with 23% visiting every 2-3 months. 14% visit less than every 2-3 months, and 4% do not visit at all. 92% of respondents usually visit a pharmacy for themselves, and 49% visit for a family member. 5% of respondents visit a pharmacy for someone they care for.

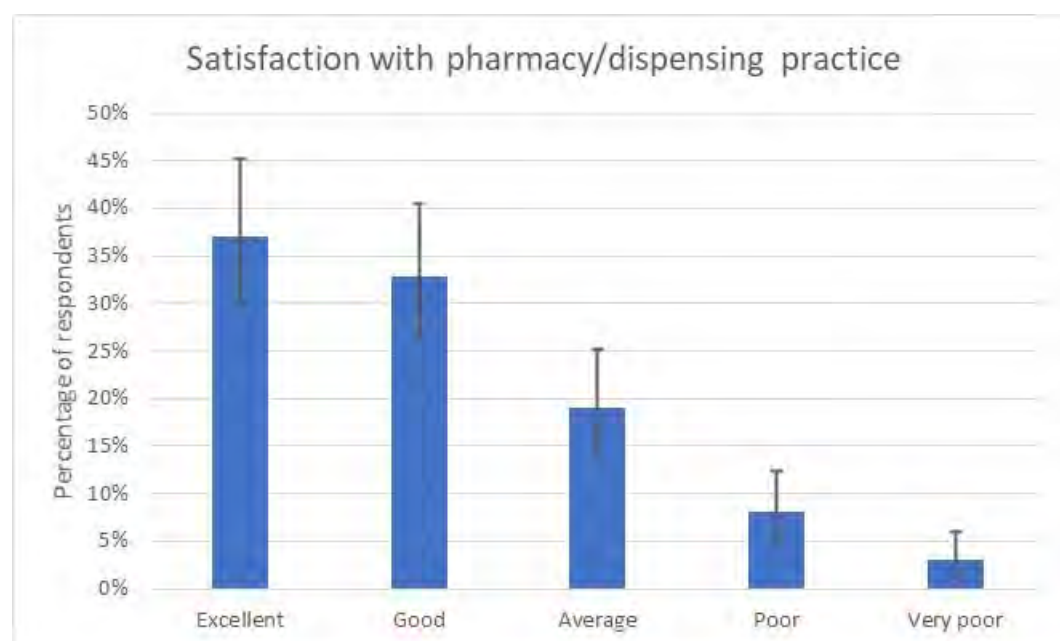
The most common reason for an individual to use their usual pharmacy is because it is near to their home (60%). 16% use their chosen pharmacy because of the quality of the service/staff, 8% because of the opening hours, 4% because it is close to their place of work, and 2% because of the range of services available. Other reasons related to location (it being close to their GP surgery, in their usual supermarket, or located where they usually spend leisure time), accessibility (parking facilities, accessible without a car, home delivery availability), stock (having all required medications available), and nature of the pharmacy business (preference for local businesses rather than chain pharmacies).

For those that have a more convenient/closer pharmacy that they do not use (33%), the most common reasons related to poor service/lack of staff, crowded premises, long waiting times, and unreliability. Other common reasons for using an alternative pharmacy were poor availability of medications, parking issues, limited opening hours, and another pharmacy being more convenient due to it being close to their GP practice or in their usual supermarket.

42% of respondents stated that their use of pharmacy services had changed during the Covid-19 pandemic. For some, their use of the pharmacy had increased- making use of the advice available on minor ailments due to it being more difficult to see their GP during the pandemic. Others had used the pharmacy for vaccines and lateral flow device collection. For others, their use of the pharmacy had decreased due to their concerns about being in close proximity to others or needing to shield, and the increased availability of home delivery options.

82% of respondents feel that their pharmacy/dispensing practice presents a professional image. 85% feel the staff are helpful and professional, and 77% feel the staff are knowledgeable.

37% of respondents rated their overall satisfaction with their pharmacy as Excellent, and 70% as Excellent or Good. 19% rated it as Average. 11% of respondents rated it as Poor or Very Poor (8% Poor, 3% Very poor)- see Figure 50.



**Figure 50: Overall satisfaction with pharmacy/dispensing practice (Source: PNA public survey)**

Theme	Example quotation(s)
Apparent staffing issues in some pharmacies/dispensing practices, impacting quality of service	<i>'They are currently operating reduced hours due to no staff'</i>
Queues and long delays when visiting pharmacies/dispensing practices	<i>'Last time I visited I waited in a queue of 12 for 48 minutes. There was only one member of staff serving.'</i>
Positive comments about staff- friendly, professional, knowledgeable	<i>'Staff are always polite and helpful'</i> <i>'Friendly and engaging staff'</i>
Some pharmacy premises are small and cramped (this became more of an issue due to Covid-19)	<i>'It is small and crowded'</i> <i>'I don't go as often as the queues are usually too long and you can't maintain social distancing inside (very small space)'</i>
Expressed preference for use of independent pharmacies	<i>'Independent pharmacies are preferable. Not tied to a particular chain . Better access to medication. Local knowledge of GP practices.'</i>

In some pharmacies there is a lack of privacy when talking to a pharmacist	<i>'Most of them don't have a quiet room to discuss anything with customers needing help. Often there is no privacy at all.'</i>
Use of pharmacy services increased for many during the pandemic due to difficulty accessing GPs; for others it decreased due to desire to social distance or need to shield	<i>'Very often we are having to depend on our pharmacists instead of or GP's who are not available!' 'I go as infrequently as possible because I've been shielding. I often ask a family member to go instead.'</i>
Mixed comments about adequacy of Covid-19 precautions- good in some, poor in others	<i>'Limited number of people in pharmacy and masking up. Both welcome changes.' 'Social distancing was not observed number of people in pharmacy needs to be restricted'</i>

**Table 12: General themes and example quotations**

## 7.2 Accessibility

51% of respondents usually travel to their pharmacy/dispensing practice by car. 40% walk. 2% travel by bicycle and 2% by public transport. 5% do not travel because, for example, someone else collects their medication for them or they get it delivered.

56% of respondents can usually travel to their pharmacy/dispensing practice in under 10 minutes, 37% in 10-20 minutes and 5% in 20-30 minutes. For 1% (3 respondents) it usually takes more than 30 minutes to travel. 41% of respondents believed that an acceptable amount of time to have to travel to a pharmacy/dispensing practice was under 10 mins, with a further 47% believing under 20 minutes was acceptable. The remaining 12% believed it was acceptable to have to spend up to 30 minutes travelling to get to a pharmacy.

Most respondents (69%) prefer to visit a pharmacy between 9am and 5pm. 27% prefer to visit between 5pm and 9pm, 4% before 9am and less than 1% after 9pm. Most (86%) prefer to visit on a week day (Monday to Friday), whereas 13% prefer to visit on a Saturday and 1% on a Sunday.

Regarding opening hours, only 39% of respondents knew which pharmacies in their area are open outside of typical working hours (i.e. early mornings, evenings, Saturdays, Sundays).

67% of respondents stated that wheelchair access is available at their usual pharmacy (5% stated it was not, and 27% were unsure). 25% stated handrails were available and 24% stated they were not, however the majority (51%) were unsure. 12% stated a hearing loop was available, 2% stated it wasn't, but 87% were unsure.

Theme	Example quotation
Home delivery seen to be beneficial, has become more accessible since the pandemic	<i>'Many more people in our village use the home delivery service which suits them better, this has greatly expanded during the pandemic'</i>
Many have a preference for using the pharmacy adjacent to their GP practice (if this exists)	<i>'The one I use is next door to the GP Practice'</i>
Parking is important for access to pharmacies, including disabled parking	<i>'Chosen Pharmacy is slightly further away but is located in the same building as my GP's medical centre that has disabled parking'</i>
Opening hours may impede going to particular pharmacies including lunchtime closures	<i>'The opening hours at this pharmacy keep reducing. They're opening later than previously on a Saturday morning and close for an hour and a half in the middle of the day on weekdays.'</i>
Issues noted with unscheduled closures during the day or for entire days	<i>'...beyond their control is the provision of a pharmacist and there have been several days recently when one was not available and as a result the pharmacy was closed'</i>
Suggestion that there should be at least one pharmacy in Gloucestershire open on Sunday evenings	<i>'It would be good if at least one pharmacy in the County was open on a Sunday Evening for emergencies.'</i>

**Table 13: Themes related to accessibility and example quotations**

## 7.3 Obtaining Medications

32% rated the ease of obtaining medications as Excellent, and 64% as either Excellent or Good. 20% rated this as Average. 16% rated this as Poor or Very Poor (10% Poor, 6% Very Poor). 89% of respondents stated that they are provided with sufficient information about their medication. 68% of respondents are eligible for free prescriptions. Of those who were not eligible, 42% find that the costs put them off collecting prescribed medication.

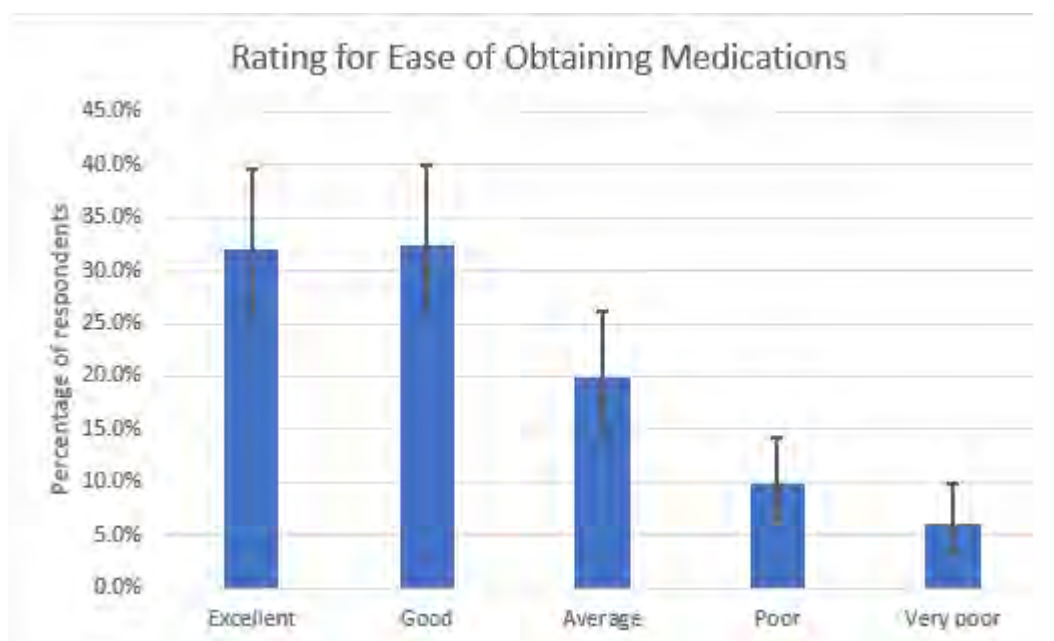


Figure 51: Rating for ease of obtaining medications (Source: PNA public survey)

Theme	Example quotation
Pharmacies often have issues with medication stock which can lead to delays, wasted trips, or even patients running out of medication	<i>'Usually something missing from the prescription and have to return to it later when they have it in stock'</i>
There appear to be communication issues between GP practices and pharmacies when sending through prescriptions	<i>'Frequent miscommunication between GP and pharmacy often results in wasted visits - in my last 6 visits to collect prescribed medication that the pharmacy say it has, there has been missing items.'</i>
There are often delays in being able to collect a prescription	<i>'Sometimes have to wait several days for prescribed drug to arrive'</i>
Some pharmacies are quick to dispense and have good stock as well as good range of over-the-counter medication	<i>'Excellent service and majority of the time good stock availability. If supply issues then they work hard to find/ supply an alternative.'</i>
It is beneficial to receive a text or call when a prescription is ready to collect	<i>'The one service I would like to see and which would improve service is to receive a text message informing me that they have my prescription ready for collection - currently I telephone them to see if my prescription has arrived and is ready for collection'</i>
It is useful to be able to order medications online	<i>'I reorder online with my GP surgery and two days later can collect. Brilliant service that works well for me.'</i>
Pharmacists do not tend to provide information about medications- for some the information in the leaflet is sufficient, for	<i>'Information leaflet provided but I struggle to read it would prefer pharmacist to tell you what side effects may be.'</i>



others it is not, some feel this is the role of their GP	<i>'I get this information from my GP and the prescription information in the packet.'</i>
Medication errors occur, for example the wrong item, insufficient amount of an item or missing items	<i>'I often get wrong item or missing item from my batch prescription.'</i>
Cost of prescriptions can be an issue, especially if have lots of regular medications or have a long term condition but only get medications for that condition free	<i>'Many older people (those not eligible for free prescriptions if the entitlement age drops to 60) do tell us they will be put off collecting prescribed medication.'</i>
Prepayment certificates are helpful for managing prescription costs	<i>'I have a pre paid prescription which saves me a lot of money'</i>

**Table 14: Themes relating to obtaining medications and example quotations**

## 7.4 Additional Services

The most common additional service used in a pharmacy by respondents is advice and treatment for minor ailments (62% of respondents had used this service). Other commonly used services include flu vaccination (38%), LFD collection (38%), medication review (25%), prescription home delivery service (18%), emergency supply of medications (15%), and Covid-19 vaccination (9%). Those services with several specific positive comments included flu and Covid-19 vaccination and minor ailment/injury advice.

The services that the most respondents would like to see offered are testing for diabetes; blood pressure checking; cholesterol testing; ear wax removal; emergency supply of medications; UTI test and treat; Covid-19 vaccinations; sore throat test and treat; and other NHS vaccinations.

<b>Theme</b>	<b>Example quotation</b>
Preference to book additional services such as flu jab online	<i>'I went to the same pharmacy twice to get my flu jab. ... I wish I could have booked an appointment to make sure they would have stock and staff available to avoid 2 wasted trips.'</i>
It is useful for pharmacies to provide these services, especially when doctors are busy	<i>'Really convenient to go to my local pharmacy for my flu vaccination rather than trying to get an appointment at my GP practice.'</i>
Uncertainty regarding which services are available and how to access these	<i>'It is not obvious which pharmacies provide which services and if an appointment needs to be booked.'</i>

**Table 15: Themes relating to additional services and example quotations**

## 7.5 Demographics of Respondents

The table below shows what proportion of respondents had their usual pharmacy in each district.

District	Proportion of respondents whose usual pharmacy is in this district
Cheltenham	16%
Cotswold	11%
Forest of Dean	12%
Gloucester	24%
Stroud	25%
Tewkesbury	13%

Table 16: Proportion of respondents to PNA public survey whose usual pharmacy was in each district

The table below summarises the demographics of the survey respondents.

<b>Gender</b>	Male: 27% Female: 66% Another gender: Less than 1% Prefer not to say: 6%
<b>Is gender you identify with same as sex registered at birth?</b>	Yes: 93% No: Less than 1% Prefer not to say: 6%
<b>Sexual Orientation</b>	Heterosexual/straight: 76% Gay woman or lesbian: Less than 1% Bisexual: 4% Asexual: 4% Other: Less than 1% Prefer not to say: 15%
<b>Age</b>	16-17: Less than 1% 18-24: Less than 1% 25-34: 6% 35-44: 9% 45-54: 16% 55-64: 27% 65-74: 25% 75 or older: 11% Prefer not to say: 5%
<b>Ethnicity</b>	White British: 87% White Irish: 2% White European: 1% Mixed Race: 1% Asian/British Asian: Indian: Less than 1% Black/British Black: Caribbean: Less than 1% Other: Less than 1% Prefer not to say: 7%
<b>Religion</b>	Christian: 51% Hindu: Less than 1%

	Jewish: Less than 1% Buddhist: Less than 1% No religion: 34% Other: 1% Prefer not to say: 13%
<b>Do you have a disability, long-term illness or health condition?</b>	Yes: 50% No: 41% Prefer not to say: 8%

**Table 17: Demographics of respondents to public survey**

## 7.6 Specific areas

Multiple comments were received in the public survey around pharmacy in two specific areas: Nailsworth and Podsmead.

Six comments were received about pharmacy provision in Nailsworth. One of these comments was positive, reporting that the pharmacy in Nailsworth was accessible, important to the town and was felt to “take the pressure off” the local GP practice. However, the remaining five comments all expressed similar concerns about local pharmacy provision. These responses all reported that since one of two previous pharmacies in Nailsworth had closed, the remaining pharmacy is felt to be experiencing an increased workload with residents reporting long wait times and delays in accessing prescriptions.

Three comments were received about Podsmead. One of these comments was positive, expressing that there are many pharmacies around the area. However, the other two comments were more negative, feeling that there was a lack of support locally for Podsmead residents and highlighting the “multiple and complex barriers” that many households faced.

## 7.7 Summary

The majority of respondents to the PNA public survey were members of the public. Most of them collect medications from a pharmacy, however a substantial number use a dispensing doctor and some use predominantly delivery. The sample was not representative of the Gloucestershire population, with a large proportion of respondents from Stroud and an over-representation of females and older people (aged over 55). Despite wide promotion of the survey there was limited diversity in respondents, with the majority of White ethnicity and with religion of Christian or No religion. Half of the sample had a health condition, disability or long-term illness, and the majority were eligible for free prescriptions.

Most respondents use a pharmacy to collect prescribed medications, with no respondents collecting appliances from a pharmacy. Most visit between every 1 and 3 months. It was most common for the preferred pharmacy to be chosen because of it being close to home, although quality of service was also an important factor in choice and was the main reason for an individual not using their most convenient pharmacy. Other things that may influence choice include parking facilities, useful and reliable opening hours, and the opportunity to use a pharmacy adjacent to the GP practice. The majority either travel by car or on foot to their pharmacy, with only a very small number using public transport. For most, they can reach their pharmacy in under 20 minutes- most respondents thought being able to reach their pharmacy in either under 10 or under 20 minutes was acceptable. Delivery of medications is seen as a beneficial service. A small number of respondents had experienced barriers to access (location or opening hours) that had prevented them visiting a pharmacy. Most respondents do not know when their local pharmacies are open, but prefer to visit on weekdays between 9am and 5pm (with 5pm-9pm also being a popular time).

Overall satisfaction with pharmacy services varied, with 30% rating this as average or below average (poor/very poor). Ease of obtaining medication was an issue, with problems including low stock, communications between the GP practice and pharmacy, delays in medication being ready, and errors in dispensed prescriptions. Other problems including staffing and service issues, queues, cramped premises, and not receiving sufficient information on medications. For some respondents that are not eligible for free prescriptions, the cost can put them off collecting medications. Additional services were seen as beneficial, especially minor ailment advice, flu and Covid-19 vaccinations, and LFD collection. However, it can be difficult to know which services are offered.

## 8. Further analyses

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Further statistical analyses were conducted to investigate any potential issues with pharmacy access in Podsmead and Nailsworth. A needs matrix was developed to help assess possible gaps in pharmacy provision, creating a score for each lower super output area (LSOA) in Gloucestershire (n = 373) based on the following variables: population change from 2015 to 2020; 0-4 population size; the number of people whose day-to-day activities are limited a lot; the number of people providing 50 or more hours of unpaid care per week; the number of one person households containing people aged 65 and over; the number of households with no car or van; overall deprivation score; geographical barriers sub-domain deprivation score (an indicator of transport accessibility); number of potential housing in the next five years; and the number of pharmacies or dispensing GPs within the LSOA. Scores for the 20 LSOAs with the greatest need are displayed in Appendix 7.

According to the needs matrix, both LSOAs in Podsmead were among the 20 LSOAs across Gloucestershire with the highest need: Podsmead 1 was ranked 9<sup>th</sup> and Podsmead 2 was ranked 16<sup>th</sup>. When factoring in areas that are having >100 new houses built in the next five years, Podsmead and Shurdington are the only two areas among those with the greatest need that do not have a pharmacy in their ward. No comments were raised regarding Shurdington in the public survey.

Data were further interrogated for Podsmead and Shurdington, as well as Nailsworth, as summarised below.

### 8.1 Podsmead

At the time of the 2011 Census, 34% (438/1,291) of households in Podsmead (Podsmead 1 and Podsmead 2 LSOAs combined) did not have a car or van. In Podsmead 1 specifically, the rate of households that do not have a car or van is 2.8 times higher than that seen for Gloucestershire as a whole. In Podsmead 2, the rate of households that do not have a car or van is 1.2 times (i.e., 20%) higher than the county average.

Data was also examined on informal carers. In Podsmead ward (Podsmead 1 and Podsmead 2 LSOAs combined) at the time of the 2011 Census, 4% (107/2,994) residents provide 50 or more hours of unpaid care per week. When looking at this by LSOA, the rate of residents providing informal care (as defined above) is more than double (2.2 times) the

average rate for Gloucestershire. In Podsmead 2, the rate of residents providing informal care is 1.2 (i.e., 20%) higher than the county average.

Finally, the Health Deprivation and Disability Domain of the IMD measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation. When ranking this domain for the 32,844 LSOAs nationally, Podsmead 1 is ranked 760<sup>th</sup> – in the top 10% of most deprived LSOAs nationally on this health domain and the 4<sup>th</sup> most deprived LSOA in Gloucestershire. Podsmead 2 is ranked 13,070<sup>th</sup> in the country, and 84<sup>th</sup> of the 373 LSOAs in the county.

## 8.2 Shurdington

Similar analyses were undertaken for Shurdington ward, which consists of a single LSOA. 17.5% (151/861) households in Shurdington do not have a car or van – corresponding to a rate of 1.0, which means that it is equal to the county average. 2.5% (49/1,936) residents in Shurdington are classed as informal carers, providing 50 or more hours of unpaid care per week. This is 1.1 times (i.e., 10%) higher than the average rate for Gloucestershire.

On the Health Deprivation and Disability Domain of the IMD, Shurdington is ranked 21,625<sup>th</sup> most deprived of the 32,844 LSOAs nationally and the 179<sup>th</sup> most deprived LSOA in Gloucestershire.

## 8.3 Nailsworth

Nailsworth performed well in the needs matrix. The four LSOAs included in Nailsworth ward were ranked 172<sup>nd</sup> (Nailsworth 3), 211<sup>th</sup> (Nailsworth 1), 267<sup>th</sup> (Nailsworth 2) and 278<sup>th</sup> (Nailsworth 4) of all 373 LSOAs in Gloucestershire in terms of need.

In order to further investigate the concerns raised in the public survey regarding the pharmacy in Nailsworth experiencing increased demand following the closure of another pharmacy in the town, travel catchments were calculated for Stroud District. These use the existing road network across Stroud to calculate the closest pharmaceutical provision for residents, and therefore an estimated catchment population per pharmaceutical provision in the district (see Table 18). These travel catchments are based on the assumption that customers are travelling from their home addresses to the nearest pharmaceutical provision,



rather than travelling to an alternative provision that may be closer to their workplace, for example.

These data indicate that Nailsworth has the second largest catchment population (both all age and 65 and over) per pharmacy in Stroud. However, Cam has a higher catchment population and, like Nailsworth, has a single source of pharmaceutical provision. Other areas in Stroud District with a slightly lower, but similar, catchment population also have a single source of pharmaceutical provision in the notional catchment area. These data indicate that the availability of pharmaceutical provision in Nailsworth is similar to that seen in other areas of Stroud District.

Notional Travel Catchment	Count Pharmaceutical Provision	Total Pop (MYE 2020)	Pop Aged 65+	<i>Population in Catchment per Pharmaceutical Provision</i>	<i>65 and Over Population in Catchment per Pharmaceutical Provision</i>
<b>Cam</b>	1	9955	2527	9955	2527
<b>Nailsworth</b>	1	8452	2239	8452	2239
<b>Stonehouse</b>	2	15373	3400	7687	1700
<b>Painswick</b>	1	7591	1981	7591	1981
<b>Berkeley</b>	1	6049	1351	6049	1351
<b>Minchinhampton</b>	1	5205	1623	5205	1623
<b>Stroud Town</b>	6	30479	6212	5080	1035
<b>Bussage (Chalford)</b>	2	8316	2086	4158	1043
<b>Wotton Under Edge</b>	3	8926	2201	2975	734
<b>Frampton on Severn</b>	1	2946	701	2946	701
<b>Dursley</b>	3	8514	1626	2838	542
<b>Uley</b>	1	2057	535	2057	535
<b>Quedgeley (Gloucester)</b>	3	7040	1005	2347	335

Table 18: Notional travel catchments for pharmaceutical provision in Stroud

## 8.4 Summary

Specific concerns were raised around pharmaceutical provision in Podsmead and Nailsworth. Further statistical analyses were therefore conducted to investigate these areas in more depth. A needs matrix was developed to assess possible gaps in pharmaceutical provision. This identified that the two LSOAs in Podsmead ward (Podsmead 1 and Podsmead 2) were among the 20 LSOAs across Gloucestershire with the highest need for pharmaceutical provision. When considering areas anticipated to have >100 new houses

built in the next five years, Podsmead and Shurdington were the two areas among those with the greatest need that do not already have a pharmacy in their ward.

In Podsmead, the rate of households that do not have a car or van is higher than the Gloucestershire average; while this may reflect the proximity of Podsmead to Gloucester city centre, this may create additional challenges for residents when trying to access a pharmacy. In addition, rates of informal carers and the Health Deprivation and Disability Domain ranking all indicate that Podsmead residents may experience both a greater need for pharmaceutical provision and additional barriers to accessing this provision than those living in other areas of the county.

While Shurdington was identified as a potential area of need according to the needs matrix, further analyses identified that car/van ownership in the area is the same as the average for the county. In addition, the rate of informal carers is only slightly higher than the Gloucestershire average, and the area performs well on the health domain of the IMD both locally and nationally. This, together with the fact that no comments were raised around Shurdington in the public survey, indicates that pharmaceutical provision in Shurdington is appropriate.

Travel catchments were calculated for Stroud, to further investigate concerns raised about the pharmacy in Nailsworth experiencing high demand. These indicate that Nailsworth has the second largest catchment population (both all age and 65 and over) per pharmacy in Stroud. However, Cam has a higher catchment population and, like Nailsworth, also has a single source of pharmaceutical provision, as do other areas in Stroud District with a slightly lower, but similar, catchment population. These data indicate that the availability of pharmaceutical provision in Nailsworth is similar to that seen in other areas of Stroud District.

## 9. Summary and Recommendations

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An increasingly ageing population presents challenges for the health and social care system. As life expectancy has increased over recent decades, so too has the number of people living with long-term, often complex, health conditions. Community pharmacies therefore play a crucial role in improving health outcomes, providing vital services to both prevent and treat long-term health conditions.

### 9.1 Current provision

In this PNA, Gloucestershire HWB have considered the current provision of pharmaceutical services across the county, as well as the identified and expressed needs of the local population. Using a travel time standard of 10 minutes for urban areas and 20 minutes for rural areas, 99.9% of Gloucestershire residents can access a community pharmacy or dispensing GP practice within 20 minutes (and over 98% within 10 minutes). While access to community pharmacies is more limited in rural compared to urban areas of the county, the Gloucestershire districts containing rural areas also have dispensing GP practices to support access to pharmaceutical services in these areas. All community pharmacies are open after 17.00 on weekdays, and the vast majority (89%) also open on a Saturday. Fewer community pharmacies open on a Sunday, largely in the more urban areas of the county with the highest population density.

This PNA is required to consider whether there is sufficient choice with regard to obtaining pharmaceutical services in Gloucestershire. Gloucestershire is classified as a predominantly rural county, but with several large urban areas. The choice of pharmaceutical providers is greatest in these urban areas, with less choice available for those accessing pharmacies in more rural parts of the county. However, the growing provision of distance-selling (internet) pharmacies provides increased choice for patients to access essential pharmaceutical services online and have dispensed items delivered. All Gloucestershire residents has the choice of using any of the 379 distance selling pharmacies available to them in England. It is also important to consider the increasing diversity of Gloucestershire's population when considering choice. Differences in culture, health systems and language skills may impact on the choice of appropriate health care services, including community pharmacies, and services need to respond to this.

## 9.2 Current gaps in necessary provision

The Gloucestershire PNA steering group has decided that the services which are necessary to meet the need for pharmaceutical services in Gloucestershire are the essential services provided by community pharmacies; the dispensing service provided by dispensing doctors in controlled localities; and the appliance services provided by DACs. All services beyond these are classed as other relevant services.

Taking into account the information included in this PNA, the Gloucestershire HWB has identified that there are no gaps in the provision of necessary services in Gloucestershire.

## 9.3 Improvements or better access

Taking into account the information included in this PNA, there is opportunity to improve access to essential, national advance, and local enhanced pharmaceutical services in the Podsmead ward of Gloucester. The Gloucestershire HWB have identified that there is not currently a pharmacy providing:

- all essential services,
- the new medicines service,
- the community pharmacist consultation service,
- flu vaccinations,
- the hypertension case-finding service, and
- the stop-smoking service,

from Monday to Saturday, in the Podsmead ward of Gloucester. The Gloucestershire HWB is satisfied that if this service was provided, this would secure better access to essential and enhanced pharmaceutical services in the Podsmead ward of Gloucester. This PNA conclusion allows a pharmacy who wish to open a premises in Podsmead to apply to NHSEI to be included in the pharmaceutical list for Gloucestershire.

It can be concluded that there is adequate pharmaceutical provision in all other areas of Gloucestershire. Nevertheless, further work should be done to build consensus around “what good looks like” to ensure the consistency and quality of pharmaceutical provision across the county. This would help enable pharmacies to effectively support patients to manage their health and to reduce avoidable use of other health services. In addition, it is important to ensure that patients are aware of the choice of pharmaceutical provision available to them, including distance selling services.

## 9.4 Future gaps in provision

This PNA has outlined the planned increases in housing provision across Gloucestershire in the coming five years. The Gloucestershire HWB do not anticipate that this increase in housing will significantly impact provision of, or access to, pharmaceutical services in the county and therefore conclude that no additional pharmaceutical provision will be required, beyond the current need outlined above. However, this will be reviewed on an ongoing basis in accordance with the recommendations in the legislation, and supplementary statements will be published where necessary.

In addition, commissioning arrangements for pharmacies are due to change with the development of Integrated Care Systems across England. These arrangements, and any changes resulting from them, will be reviewed on an ongoing basis, and supplementary statements will be published where required.

## 10. Changes to the Draft PNA

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### 10.1 Changes to pharmaceutical services

On the 1<sup>st</sup> of June 2022 an updated pharmacy dataset for Gloucestershire was provided by NHSEI. This showed that, since the draft PNA was produced, 2 additional pharmacies have opened in Gloucestershire:

- Cheltpharm Ltd, 18 Darwin Close, Cheltenham, GL51 0UE (FA338)
- Badham Pharmacy Ltd, Quayside House, Quay Street, Gloucester, GL1 2TZ (FFR82)

Changes to the PNA document and mapping have not been made due to the close proximity of other pharmacies to those which have opened.

### 10.2 Changes made to document following Consultation

The full PNA consultation report can be found in Appendix 8, including Gloucestershire PNA Steering Group's responses to the comments received.

Changes made to the PNA document as a result of the consultation are as follows:

- 1) Addition to Section 9.3: 'This PNA conclusion allows a pharmacy who wish to open a premises in Podsmead to apply to NHSEI to be included in the pharmaceutical list for Gloucestershire.'
- 2) Addition to Section 4.1.1: 'It should also be noted that there may be new housing developments in the Health and Wellbeing Board areas which neighbour Gloucestershire in future. If these developments are in close proximity to the border, residents may choose to access pharmaceutical services in Gloucestershire rather than their own Health and Wellbeing Board area. Development in the areas surrounding Gloucestershire must therefore also be considered and reviewed in future when considering pharmaceutical service provision in the county.'



## Appendix 1: NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, in particular Part 2 and Schedule 1

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

### **Section 128A Pharmaceutical needs assessments**

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

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

## Part 2: Pharmaceutical needs assessments

### 3. Pharmaceutical needs assessments

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

(2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—

the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;

(b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or

(c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

### 4. Information to be contained in pharmaceutical needs assessments

(1) Each pharmaceutical needs assessment must contain the information set out in Schedule 1.

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

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

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

### 6. Subsequent assessments

(1) After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

(2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—

(a) the number of people in its area who require pharmaceutical services;

(b) the demography of its area; and

(c) the risks to the health or well-being of people in its area,

unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

(3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—

(a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and

(b) the HWB—

(i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or (ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

(4) Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application—

(a) to meet a current or future need for pharmaceutical services; or

(b) to secure improvements, or better access, to pharmaceutical services,

the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment

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

(1) Before the publication by an HWB of the first pharmaceutical needs assessment that it prepares for its area, the pharmaceutical needs assessment that relates to any locality within that area is the pharmaceutical needs assessment that relates to that locality of the Primary Care Trust for that locality immediately before the appointed day, read with—

(a) any supplementary statement relating to that assessment published by a Primary Care Trust under the 2005 Regulations or the 2012 Regulations; or

(b) any supplementary statement relating to that assessment published by the HWB under regulation 6(3).

(2) Each HWB must ensure that the NHSCB has access to—

(a) the HWB's pharmaceutical needs assessment (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);

(b) any supplementary statement that the HWB publishes, in accordance with regulation 6(3), in relation to a Primary Care Trust's pharmaceutical needs assessment; and

(c) any pharmaceutical needs assessment of a Primary Care Trust that it holds,

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

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

- (a) is treated as served with the draft by virtue of paragraph (5); or
- (b) has been served with copy of the draft in an electronic form,

**8. Consultation on pharmaceutical needs assessments** When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—

- (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
- (f) any NHS trust or NHS foundation trust in its area;
- (g) the NHSCB; and
- (h) any neighbouring HWB.

(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—

- (a) must consult that Committee before making its response to the consultation; and
  - (b) must have regard to any representations received from the Committee when making its response to the consultation.
- (4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.
- (5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

(6) If a person consulted on a draft under paragraph (2)—

but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

**9. Matters for consideration when making assessments**

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—

- (a) the demography of its area;
- (b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
- (c) any different needs of different localities within its area;
- (d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—
  - (i) the need for pharmaceutical services in its area, or
  - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
- (e) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (d)) which affect—
  - (i) the need for pharmaceutical services in its area, or
  - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—

- (a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
- (b) having regard to likely changes to—
  - (i) the number of people in its area who require pharmaceutical services,
  - (ii) the demography of its area, and
  - (iii) the risks to the health or well-being of people in its area.

## **Schedule 1: Information to be contained in pharmaceutical needs assessments**

### **1. Necessary services: current provision**

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

### **2. Necessary services: gaps in provision**

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

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

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

### **3. Other relevant services: current provision**

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

(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

### **4. Improvements and better access: gaps in provision**

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

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

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

### **5. Other NHS services**

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

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

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

### **6. How the assessment was carried out**

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

(a) how it has determined what are the localities in its area;

(b) how it has taken into account (where applicable)—

(i) the different needs of different localities in its area, and

(ii) the different needs of people in its area who share a protected characteristic; and

(c) a report on the consultation that it has undertaken.

### **7. Map of provision**

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

## Appendix 2: Steering Group Membership

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Name	Organisation	Role in organisation
Ruth Woolley	Gloucestershire County Council (GCC)	Consultant in Public Health
Florence Lock	GCC	Public Health Registrar
Beth Smout	GCC	Public Health Registrar
Dermot Carr	GCC	Senior Research Analyst
Amy Davies	GCC	Senior Consultation Officer
Rebecca Myers	Gloucestershire Local Pharmaceutical Committee (LPC)	Community Pharmacy Partnership Manager
Andrew Lane	Gloucestershire Local Pharmaceutical Committee (LPC)	Chair
Helen Webb	Healthwatch Gloucestershire	Manager
Chris Llewellyn	Gloucestershire Clinical Commissioning Group (CCG)	Senior Medicines Management Pharmacist
Sian Williams	Gloucestershire Clinical Commissioning Group (CCG)	Strategic Pharmacy Workforce Lead
Sharon Greaves	NHS England & Improvement	South West primary Care Programme Manager
Tom Yerburch	Gloucestershire Local Medical Committee (LMC)	Chair
Helen Baxter	Gloucestershire LMC	Member

## Appendix 3: List of Pharmaceutical Service Providers

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### Community Pharmacies

ODS CODE	Contractor Name	Trading Name (if different)	Address	Town	Postcode	Locality
FA317	Lloyds Pharmacy Ltd	Lloyds pharmacy	Devereux Medical Centre, Barton Road	Tewkesbury	GL20 5QN	Tewkesbury
FA323	Badham Pharmacy Ltd	Badham Pharmacy	The Medical Centre, Rudloe Drive, Kingsway	Gloucester	GL2 2FY	Gloucester
FA561	Tesco Stores Ltd	Tesco In-Store Pharmacy	Kings Meadow, Cricklade Road	Cirencester	GL7 1NP	Cotswold
FA641	Dudley Taylor Pharmacies Ltd	The Laurels Pharmacy	3 The Laurels, Clarks Hay	South Cerney	GL7 5UA	Cotswold
FAG66	Gary Barber Pharmacies Ltd	Wymans Brook Pharmacy	Wymans Shopping Centre, Windyridge Road	Cheltenham	GL50 4RA	Cheltenham
FAH31	Boots UK Ltd	Boots Pharmacy	39-43 Cricklade Street	Cirencester	GL7 1HY	Cotswold
FAJ67	Bartongate Ltd	AllCare Pharmacy	113 Barton Street	Gloucester	GL1 4HR	Gloucester
FAL29	Tesco Stores Ltd	Tesco In-Store Pharmacy	Colletts Drive	Cheltenham	GL51 8JQ	Cheltenham
FAM78	Day Lewis PLC	Day Lewis Pharmacy	14 Pyart Court, Old Station way	Coleford	GL16 8RG	Forest Of Dean
FAQ29	Gary Barber Pharmacies Ltd	James Pharmacy	19 St Georges Road	Cheltenham	GL50 3DT	Cheltenham
FAQ35	Badham Pharmacy Ltd	Badham Pharmacy	Parton Road, Churchdown	Gloucester	GL3 2JH	Tewkesbury
FAQ87	Boots UK Ltd	Boots Pharmacy	92 High Street	Tewkesbury	GL20 5JZ	Tewkesbury
FAV45	Badham Pharmacy Ltd	Badham Pharmacy	5 High Street, Prestbury	Tewkesbury	GL52 3AR	Tewkesbury
FC162	AD Byers	Moreton Pharmacy	High Street	Moreton-In-Marsh	GL56 0AL	Cotswold
FC964	Lloyds Pharmacy Ltd	Lloydspharmacy	11 High Street, Winchcombe	Cheltenham	GL54 5LJ	Cheltenham



<b>FCF51</b>	Badham Pharmacy Ltd	Badham Pharmacy	62 Hewlett Road	Cheltenham	GL52 6AH	Cheltenham
<b>FCM79</b>	Badham Pharmacy Ltd	Badham Pharmacy	Cleevelands Medical Centre, Sapphire Road, Bishops Cleeve	Cheltenham	GL52 7YU	Tewkesbury
<b>FCR00</b>	Dudley Taylor Pharmacies Ltd	Matson Pharmacy	87 Matson Avenue	Gloucester	GL4 6LL	Gloucester
<b>FCW11</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	St Ann Way, Gloucester Quays	Gloucester	GL2 5SA	Gloucester
<b>FCW44</b>	Day Lewis PLC	Day Lewis Pharmacy	42 Park Road, Berry Hill	Coleford	GL16 7AG	Forest Of Dean
<b>FD597</b>	Wm Morrisons Supermarkets Plc	Morrisons Pharmacy	Caernarvon Road, Up Hatherley	Cheltenham	GL51 3BW	Cheltenham
<b>FD740</b>	Day Lewis PLC	Day Lewis Pharmacy	19 Broad Street	Newent	GL18 1AQ	Forest Of Dean
<b>FD865</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	Rowcroft Medical Centre	Stroud	GL5 3BE	Stroud
<b>FD928</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	56 Edinburgh Place	Cheltenham	GL51 7SA	Cheltenham
<b>FDH89</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	94 High Street	Tewkesbury	GL20 5JZ	Tewkesbury
<b>FDT34</b>	Tesco Stores Ltd	Tesco In-Store Pharmacy	Tesco Superstore, Stratford Road	Stroud	GL5 4AG	Stroud
<b>FE200</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	19 Holmleigh Parade, Tuffley	Gloucester	GL4 0QU	Gloucester
<b>FEA00</b>	Boots UK Ltd	Boots Pharmacy	57 High Street	Stroud	GL5 1AS	Stroud
<b>FEJ34</b>	Badham Pharmacy Ltd	Badham Pharmacy	84 St Georges Place	Cheltenham	GL50 3QD	Cheltenham
<b>FEN73</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	St Paul's Medical Centre, 121 Swindon Road	Cheltenham	GL50 4DP	Cheltenham
<b>FFF73</b>	NKD Healthcare Ltd	Spa Pharmacy	12 Rotunda Terrace, Montpellier Street	Cheltenham	GL50 1SW	Cheltenham
<b>FFJ93</b>	Gary Francis Barber	Cotswold Pharmacy	Market Place	Northleach	GL54 3EG	Cotswold
<b>FFM05</b>	K & L Healthcare Ltd	Dursley Family Pharmacy	20 Parsonage Street	Dursley	GL11 4EA	Stroud
<b>FFR82</b>	Badham Pharmacy Ltd	Badham Pharmacy	Rikenel Health Centre, Montpellier	Gloucester	GL1 1LY	Gloucester
<b>FG509</b>	O'Connor Pharmacies Ltd	Hucclecote Pharmacy	7 Glenville Parade, Hucclecote	Gloucester	GL3 3ES	Gloucester
<b>FG766</b>	Gary Barber Pharmacies Ltd	St Marks Pharmacy	80 Tennyson Road, St. Marks	Cheltenham	GL51 7DB	Cheltenham

<b>FG953</b>	Badham Pharmacy Ltd	Badham Pharmacy	102 Whaddon Road	Cheltenham	GL52 5NF	Cheltenham
<b>FGC79</b>	Boots UK Ltd	Boots Pharmacy	1 High Street	Bream	GL15 6JS	Forest Of Dean
<b>FGD72</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	24 Ashcroft Gardens	Cirencester	GL7 1RB	Cotswold
<b>FGK88</b>	Painswick Pharmacy Ltd	The Painswick Pharmacy	New Street, Painswick	Stroud	GL6 6XH	Stroud
<b>FGN26</b>	J Robinson Pharmacies Ltd	Charlton Pharmacy	39 Lyefield Road West, Charlton Kings	Cheltenham	GL53 8EZ	Cheltenham
<b>FGV91</b>	Tesco Stores Ltd	Tesco In-Store Pharmacy	Bristol Road, Quedgeley	Gloucester	GL2 4PF	Gloucester
<b>FH018</b>	Pharmacy Complete Ltd	Stroud Road Pharmacy	153a Stroud Road	Gloucester	GL1 5JJ	Gloucester
<b>FH568</b>	Badham Pharmacy Ltd	Badham Pharmacy	6 Prestbury Road, Cheltenham	Cheltenham	GL52 2PW	Cheltenham
<b>FH680</b>	Chesterton Pharmacy (Esoms Ltd)	Chesterton Pharmacy	16 Chesterton Lane	Cirencester	GL7 1XQ	Cotswold
<b>FHA63</b>	H A McParlands (Chemists) Ltd	Lechlade Pharmacy	High Street, Lechlade	Lechlade	GL7 3AA	Cotswold
<b>FHG31</b>	Boots UK Ltd	Boots Pharmacy	38-46 Eastgate Street	Gloucester	GL1 1PU	Gloucester
<b>FHW99</b>	Tuffley Healthcare Ltd	Tuffley Pharmacy	16 Seventh Avenue, Tuffley	Gloucester	GL4 0EB	Gloucester
<b>FJD37</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	Units 9-10 Pyart Court	Coleford	GL16 8RG	Forest Of Dean
<b>FJE64</b>	Boots UK Ltd	Boots Pharmacy	London House, The Cross	Minchinhampton	GL6 9JA	Stroud
<b>FJJ69</b>	Asda Stores Ltd	Asda Pharmacy	Asda Superstore, Bruton Way	Gloucester	GL1 1DS	Gloucester
<b>FJR01</b>	Dudley Taylor Pharmacies Ltd	Saintbridge Pharmacy	Askwith Road	Gloucester	GL4 4SH	Gloucester
<b>FJV57</b>	Badham Pharmacy Ltd	Badham Pharmacy	Sixways Pharmacy 256 London Road, Charlton Kings	Cheltenham	GL52 6HS	Cheltenham
<b>FKD88</b>	Badham Pharmacy Ltd	Badham Pharmacy	9 High Street	Newnham on Severn	GL14 1BB	Forest Of Dean
<b>FKG65</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	5 Brookfield Road, Hucclecote	Gloucester	GL3 3HA	Gloucester
<b>FKJ18</b>	Superdrug Stores Plc	Superdrug Pharmacy	57-62 High Street	Stroud	GL5 1AS	Stroud
<b>FKJ50</b>	H C Pharma Ltd	Linden Pharmacy	92-94 Linden Road	Gloucester	GL1 5HE	Gloucester
<b>FL213</b>	Opal Pharmacy Ltd	Cheltenham Pharmacy	Springbank Community Resource Centre, Springbank Way	Cheltenham	GL51 0LG	Cheltenham

<b>FLH40</b>	Boots UK Ltd	Boots Pharmacy	37 Tanglewood Way, Bussage	Stroud	GL6 8DE	Stroud
<b>FLJ58</b>	Badham Pharmacy Ltd	Badham Pharmacy	118 Swindon Road	Cheltenham	GL50 4BJ	Cheltenham
<b>FLV17</b>	Badham Pharmacy Ltd	Badham Pharmacy	Whittle Way, Brockworth	Gloucester	GL3 4FE	Tewkesbury
<b>FLW74</b>	Dudley Taylor Pharmacies Ltd	Chipping Campden Pharmacy	High Street	Chipping Campden	GL55 6HB	Cotswold
<b>FLX14</b>	L Rowland & Co (Retail) Ltd	Rowlands Pharmacy	Alvin Street	Gloucester	GL1 3EN	Gloucester
<b>FLY52</b>	Hawkes Pharmacy 2007 Ltd	Hawkes Pharmacy	52 Windermere Road	Cheltenham	GL51 3PH	Cheltenham
<b>FM338</b>	Berkeley Pharmacy Ltd	Berkeley Pharmacy	The Former George Inn, 14 Market Place	Berkeley	GL13 9BB	Stroud
<b>FMC79</b>	L Rowland & Co (Retail) Ltd	Rowlands Pharmacy	244 Bath Road, Leckhampton	Cheltenham	GL53 7NB	Cheltenham
<b>FML07</b>	Bell Walk Healthcare Ltd	Allied Pharmacy	28 Southgate Street	Gloucester	GL1 2DP	Gloucester
<b>FML28</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	Barnett Way, Barnwood	Gloucester	GL4 3RT	Gloucester
<b>FMR55</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	Waitrose Store, Honeybourne Way	Cheltenham	GL50 3QW	Cheltenham
<b>FMT24</b>	Lloyds Pharmacy Ltd	Lloydspharmacy Inside Sainsbury's	Dudbridge Road	Stroud	GL5 3HG	Stroud
<b>FN213</b>	Boots UK Ltd	Boots Pharmacy	Unit F, Gallagher Retail Park, Tewkesbury Road	Cheltenham	GL51 9RR	Cheltenham
<b>FN795</b>	G Horton Ltd	Horton G Ltd	7 Market Place	Cirencester	GL7 2NX	Cotswold
<b>FNM51</b>	Tesco Stores Ltd	Tesco In-Store Pharmacy	St Oswald's Road	Gloucester	GL1 2SG	Gloucester
<b>FNW96</b>	Badham Pharmacy Ltd	Badham Pharmacy	105 Queens Road, Priors Park	Tewkesbury	GL20 5EN	Tewkesbury
<b>FP399</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	1 Old Cheltenham Road, Longlevens	Gloucester	GL2 0AS	Gloucester
<b>FP764</b>	Badham Pharmacy Ltd	Badham Pharmacy	12 London Road	Gloucester	GL1 3NE	Gloucester
<b>FPH91</b>	Daychem Ltd	Glevum Pharmacy	Hadwen Medical Practice, Glevum Way, Abbeydale	Gloucester	GL4 4BL	Gloucester
<b>FPL54</b>	Boots UK Ltd	Boots Pharmacy	70-72 Parsonage Street	Dursley	GL11 4AA	Stroud
<b>FPM05</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	Severnvale Surgery St James, Quedgeley	Gloucester	GL2 4WD	Gloucester

<b>FQ451</b>	Badham Pharmacy Ltd	Badham Pharmacy	The Village Square, Victory Fields	Upper Rissington	GL54 2FL	Cotswold
<b>FQC20</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	41 Newerne Street	Lydney	GL15 5RA	Forest Of Dean
<b>FQF06</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	1-2 Abbotswood Road, Brockworth	Gloucester	GL3 4NY	Tewkesbury
<b>FQJ46</b>	Superdrug Stores Plc	Superdrug Pharmacy	91-97 High Street	Cheltenham	GL50 1DP	Cheltenham
<b>FQL86</b>	Boots UK Ltd	Boots Pharmacy	16b Chapel Street, Cam	Dursley	GL11 5NU	Stroud
<b>FQP21</b>	Drybrook Pharmacy Ltd	Drybrook Pharmacy	Drybrook Road	Drybrook	GL17 9JA	Forest Of Dean
<b>FQV02</b>	Badham Pharmacy Ltd	Badham Pharmacy	Aspen Centre, Horton Road	Gloucester	GL1 3PX	Gloucester
<b>FR045</b>	Boots UK Ltd	Boots Pharmacy	9-11 Market Street	Cinderford	GL14 2RT	Forest Of Dean
<b>FRN12</b>	Badham Pharmacy Ltd	Badham Pharmacy	23 Church Road, Bishops Cleeve	Cheltenham	GL52 8LR	Tewkesbury
<b>FRQ45</b>	Boots UK Ltd	Boots Pharmacy	Gloucester House, Market Place	Fairford	GL7 4AB	Cotswold
<b>FRR69</b>	Gorgemead Ltd	Cohens Chemist	37 Long Street	Tetbury	GL8 8AA	Cotswold
<b>FT390</b>	Maroch Healthcare Ltd	Mitcheldean Pharmacy	5 Churchill Way	Mitcheldean	GL17 0AZ	Forest Of Dean
<b>FTH50</b>	Sharief Healthcare Ltd	Cainscross Pharmacy	16 Cashes Green Road, Cainscross	Stroud	GL5 4JG	Stroud
<b>FTT60</b>	Boots UK Ltd	Boots Pharmacy	197-199 High Street	Cheltenham	GL50 1DB	Cheltenham
<b>FV408</b>	Badham Pharmacy Ltd	Badham Pharmacy	Unit 2, Longford Local Centre, Horsbere Drive	Longford	GL2 9DH	Tewkesbury
<b>FVC88</b>	Badham Pharmacy Ltd	Badham Pharmacy	33 Morley Avenue, Churchdown	Gloucester	GL3 2BL	Tewkesbury
<b>FVL01</b>	Boots UK Ltd	Boots Pharmacy	Units 3-6 Quedgeley Retail Park, Quedgeley	Gloucester	GL2 4NF	Gloucester
<b>FW044</b>	Day Lewis PLC	Day Lewis Pharmacy	Beachley Road	Sedbury	NP16 7AA	Forest Of Dean
<b>FW199</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	Gallagher Retail Park, Tewkesbury Road	Cheltenham	GL51 9RR	Cheltenham
<b>FW495</b>	Oisaac Ltd	Northway Chemist	Northway Centre	Tewkesbury	GL20 8TW	Tewkesbury
<b>FW544</b>	Bristol Pharma Ltd	May Lane Pharmacy	Maylane Surgery, 27 May Lane	Dursley	GL11 4JN	Stroud

<b>FWC75</b>	Clinpharm Plus Ltd	Lydney Pharmacy	33 Newerne Street	Lydney	GL15 5RA	Forest Of Dean
<b>FWR99</b>	L Rowland & Co (Retail) Ltd	Rowlands Pharmacy	2-3 The Chestnuts	Bourton-On-The-Water	GL54 2AN	Cotswold
<b>FX472</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	3 Old Market	Nailsworth	GL6 0DU	Stroud
<b>FXD56</b>	Lloyds Pharmacy Ltd	Lloydspharmacy	Grantley House, 43 Long Street	Wotton-Under-Edge	GL12 7BX	Stroud
<b>FXW94</b>	Clinpharm Plus Ltd	Cinderford Pharmacy	Dockham Road	Cinderford	GL14 2AQ	Forest Of Dean
<b>FY942</b>	Shaunaks Ltd	Stonehouse Pharmacy	High Street Medical Centre, 31 High Street	Stonehouse	GL10 2NG	Stroud
<b>FYE05</b>	Badham Pharmacy Ltd	Badham Pharmacy	11 Market Square	Stow on the Wold	GL54 1BQ	Cotswold
<b>FYR63</b>	Badham Pharmacy Ltd	Badham Pharmacy	4 Stoke Road, Bishops Cleeve	Cheltenham	GL52 8RP	Tewkesbury

#### Dispensing Appliance Contractors

<b>ODS CODE</b>	<b>Contractor Name</b>	<b>Trading Name (if different)</b>	<b>Address</b>	<b>Town</b>	<b>Postcode</b>
<b>FMY99</b>	Moody Bells		Unit 2, Guillimont Health Centre, Stoke Road, Bishops Cleeve	Cheltenham	GL52 8RP
<b>FQ608</b>	Wellspect Ltd		Brunel Way, Stroudwater Business Park	Stonehouse	GL10 3GB

#### Distance Selling Pharmacy

<b>ODS CODE</b>	<b>Contractor Name</b>	<b>Trading Name (if different)</b>	<b>Address</b>	<b>Town</b>	<b>Postcode</b>
<b>FVM62</b>	First Call Pharmacy Ltd	First Call Pharmacy	Office 1G, Unit 1, Morelands Trading Estate, Bristol Road	Gloucester	GL1 5RZ

## Appendix 4: List of Dispensing GP Practices

Organisation_Code	Name	Postcode	District	Dispensing List Size
L84004	WINCHCOMBE MEDICAL CENTRE	GL54 5GZ	Tewkesbury	2832
L84006	STAUNTON & CORSE SURGERY	GL19 3RB	Forest of Dean	6675
L84011	LYDNEY PRACTICE	GL15 5NQ	Forest of Dean	1465
L84012	PHOENIX HEALTH GROUP	GL7 1XG	Cotswold	6074
L84016	FRITHWOOD SURGERY	GL6 8DE	Stroud	1540
L84021	YORKLEY HEALTH CENTRE(WG)	GL15 4RS	Forest of Dean	2871
L84024	DRYBROOK SURGERY	GL17 9JE	Forest of Dean	1239
L84027	CULVERHAY SURGERY	GL12 7LS	Stroud	3020
L84028	FOREST HEALTH CARE	GL14 2NX	Forest of Dean	1781
L84029	BLAKENEY SURGERY	GL15 4ED	Forest of Dean	2260
L84031	STOW SURGERY	GL54 1AX	Cotswold	803
L84037	HOLTS HEALTH CENTRE	GL18 1BA	Forest of Dean	4770
L84038	COTSWOLD MEDICAL PRACTICE	GL54 2AZ	Cotswold	5247
L84043	CHIPPING CAMPDEN SURGERY	GL55 6AU	Cotswold	1205
L84045	MITCHELDEAN SURGERY	GL17 0AU	Forest of Dean	3062
L84051	CHIPPING SURGERY	GL12 7BD	Stroud	5828
L84053	HILARY COTTAGE SURGERY	GL7 4BQ	Cotswold	3351
L84060	CAM & ULEY FAMILY PRACTICE	GL11 5SY	Stroud	1381
L84063	RENDCOMB SURGERY	GL7 7EY	Cotswold	3972
L84068	MANN COTTAGE SURGERY	GL56 0DS	Cotswold	2193
L84069	COLEFORD FAMILY DOCTORS	GL16 8RH	Forest of Dean	1086
L84071	BRUNSTON PRACTICE	GL16 8HJ	Forest of Dean	2026
L84072	WHITE HOUSE SURGERY	GL56 0DS	Cotswold	2022
L84078	FRAMPTON SURGERY	GL2 7HU	Stroud	4687
L84080	REGENT STREET SURGERY	GL10 2AA	Stroud	1504



<b>L84085</b>	SEVERNBANK SURGERY	GL15 5PF	Forest of Dean	741
<b>L84606</b>	THE ALNEY PRACTICE	GL2 8DH	Tewkesbury	3124
<b>L84615</b>	NEWNHAM SURGERY	GL14 1BE	Forest of Dean	1867

## Appendix 5: Responses of Pharmaceutical Services Providers to Contractor Questionnaires

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### Community Pharmacies

#### Response Rate

<b>Gloucestershire</b>	<b>67% (72/108)</b>
<b>Cheltenham</b>	63% (15/24)
<b>Cotswold</b>	60% (9/15)
<b>Forest of Dean</b>	77% (10/13)
<b>Gloucester</b>	63% (19/30)
<b>Stroud</b>	71% (12/17)
<b>Tewkesbury</b>	78% (7/9)

#### General Questions

<b>Question</b>	<b>Response Summary</b>
Entitled to Pharmacy Access Scheme Payments?	Yes: 31% Possibly: 38% No: 32%
100-hour pharmacy?	Yes: 11% No: 89%
Local Pharmaceutical Services (LPS) contract?	Yes: 36% No: 64%
On-site consultation facilities?	Yes: 100%
Willing to undertake consultations in patient's home/other suitable site?	Yes: 40% No: 60%
Languages spoken	Included Polish (2 pharmacies), Chinese (2), Italian (2), Hindi (7), Malayalan (1), Tamal (1), Gujarati (4), Urdu (8), French (3), Mirpuri (1), Spanish (4), German (1), Portuguese (2), Punjabi (6), Mandarin (2), Bosnian (1), Croatian (2), Cantonese (3), Greek (1), Malay (2), Ukrainian (1), Iranian (1), Nepalese (1), Bulgarian (1), Hungarian (1) No additional languages spoken in 61% of pharmacies
Recognising demand for services is increasing, do you have capacity to manage that increase within your existing premises and staffing levels?	Yes: 60% No: 40% Of those answering No- Could make adjustments to manage increase in demand: 48% Do not have sufficient premises or staffing and would have difficulty managing an increase in demand: 52%

## Services Offered

Question	Response Summary
Does pharmacy dispense appliances?	All types: 83% Yes, excluding stoma and incontinence appliances: 3% Yes, excluding stoma appliances: 4% Yes, just dressings: 3% None: 7%
Does pharmacy offer delivery of dispensed medicines?	Yes, all patients: 74% (Of those 68% free, 32% with charge) Yes, certain patients: 18% (Of those 39% free, 62% with charge) No: 8%
Does pharmacy offer monitored dosage systems?	Yes, free: 89% Yes, with charge: 1% No: 10%
<b>Advanced Services</b>	
Appliance Use Review	Yes: 39%      Soon: 6%      No: 56%
Community Pharmacy Consultation Service	Yes: 99%      Soon: 1%
LFD distribution	Yes: 100%
Flu vaccination service	Yes: 99%      No: 1%
Hepatitis C antibody testing	Yes: 1%      Soon: 31%      No: 68%
Hypertension case finding service	Yes: 43%      Soon: 21%      No: 36%
New Medicine Service	Yes: 100%
Pandemic delivery service	Yes: 61%      Soon: 26%      No: 13%
Stoma appliance customisation	Yes: 29%      Soon: 3%      No: 68%
Stop smoking service	Yes: 26%      Soon: 38%      No: 36%
<b>Other Services</b> (CP= currently providing; WP= willing to provide if commissioned; NA= not able or willing to provide; PP- currently providing private service)	
Antiviral distribution service	CP: 3%      WP: 72%      NA: 25%      PP: 0%
Emergency hormonal contraception service	CP: 75%      WP: 17%      NA: 6% PP: 3%
Emergency supply service	CP: 90%      WP: 7%      NA: 3% PP: 0%
Covid-19 vaccinations	CP: 7%      WP: 58%      NA: 35%      PP: 0%
GCC staff flu service	CP: 58%      WP: 28%      NA: 14% PP: 0%
Language access service	CP: 26%      WP: 39%      NA: 35% PP: 0%
LFT assisted testing service	CP: 44%      WP: 17%      NA: 38% PP: 1%
Sharps disposal service	CP: 97%      WP: 1%      NA: 1% PP: 0%
Needle and syringe exchange service	CP: 32%      WP: 39%      NA: 29% PP: 0%
Supervised administration service	CP: 53%      WP: 33%      NA: 14% PP: 0%
Not dispensed scheme	CP: 56%      WP: 29%      NA: 15% PP: 0%
On demand emergency care meds	CP: 47%      WP: 28%      NA: 25% PP: 0%
Out of hours call out	CP: 36%      WP: 17%      NA: 47% PP: 0%
Out of hours rota	CP: 46%      WP: 19%      NA: 35% PP: 0%

NRT voucher scheme	CP: 93% PP: 0%	WP: 7%	NA: 0%	
Stop smoking service	CP: 51% PP: 0%	WP: 32%	NA: 16%	
Anticoagulant monitoring service	CP: 4%	WP: 68%	NA: 28%	PP: 0%
Care home service	CP: 40% PP: 0%	WP: 24%	NA: 36%	
Chlamydia testing service	CP: 1%	WP: 67%	NA: 32%	PP: 0%
Chlamydia treatment service	CP: 22% PP: 0%	WP: 50%	NA: 28%	
Contraceptive service	CP: 31% PP: 1%	WP: 47%	NA: 21%	
Smoking cessation counselling service	CP: 38% PP: 0%	WP: 42%	NA: 21%	
Vascular risk assessment service (NHS health check)	CP: 22% PP: 0%	WP: 49%	NA: 29%	
Home delivery service	CP: 69% PP: 11%	WP: 10%	NA: 10%	
Medication review service	CP: 14% PP: 1%	WP: 61%	NA: 24%	
Medicines assessment and compliance support service	CP: 11% PP: 3%	WP: 59%	NA: 25%	
Minor ailment scheme	CP: 10% PP: 0%	WP: 75%	NA: 15%	
Medicines optimisation service	CP: 7%	WP: 68%	NA: 25%	PP: 0%
Obesity management	CP: 11% PP: 3%	WP: 69%	NA: 17%	
Patient group direction service	CP: 21% PP: 6%	WP: 60%	NA: 14%	
Phlebotomy service	CP: 0%	WP: 57%	NA: 43%	PP: 0%
Prescriber support service	CP: 1%	WP: 63%	NA: 36%	PP: 0%
Schools service	CP: 4%	WP: 58%	NA: 38%	PP: 0%
Childhood vaccinations	CP: 0%	WP: 57%	NA: 40%	PP: 3%
Seasonal influenza vaccination service	CP: 90% PP: 1%	WP: 4%	NA: 4%	
Hepatitis (at risk workers or patients) service	CP: 0%	WP: 63%	NA: 31%	PP: 7%
HPV vaccination	CP: 1%	WP: 63%	NA: 28%	PP: 8%
Meningococcal vaccination	CP: 3%	WP: 61%	NA: 32%	PP: 4%
Pneumococcal vaccination	CP: 10% PP: 14%	WP: 54%	NA: 22%	
Travel vaccinations	CP: 3%	WP: 56%	NA: 31%	PP: 11%
Disease specific medicine management- Allergies	CP: 6%	WP: 69%	NA: 24%	PP: 1%
Disease specific medicine management- Dementia	CP: 4%	WP: 67%	NA: 28%	PP: 1%
Disease specific medicine management- Asthma	CP: 33% PP: 3%	WP: 43%	NA: 21%	
Disease specific medicine management- CHD	CP: 28% PP: 1%	WP: 47%	NA: 24%	
Disease specific medicine management- COPD	CP: 26% PP: 3%	WP: 50%	NA: 21%	
Disease specific medicine management- Depression	CP: 3%	WP: 72%	NA: 24%	PP: 1%
Disease specific medicine management- Diabetes Type 1	CP: 3%	WP: 72%	NA: 24%	PP: 1%

Disease specific medicine management- Diabetes Type 2	CP: 3%	WP: 72%	NA: 22%	PP: 3%
Disease specific medicine management- Epilepsy	CP: 3%	WP: 69%	NA: 26%	PP: 1%
Disease specific medicine management- Heart failure	CP: 3%	WP: 71%	NA: 25%	PP: 1%
Disease specific medicine management- Hypertension	CP: 32% PP: 2%	WP: 44%	NA: 21%	
Disease specific medicine management- Parkinson's disease	CP: 3%	WP: 69%	NA: 26%	PP: 1%
Disease specific medicine management- Gluten free food supply service	CP: 22% PP: 1%	WP: 47%	NA: 29%	
Screening- Alcohol	CP: 28% PP: 1%	WP: 43%	NA: 28%	
Screening- Cholesterol	CP: 4%	WP: 69%	NA: 25%	PP: 1%
Screening- Diabetes	CP: 29% PP: 6%	WP: 46%	NA: 19%	
Screening- Gonorrhoea	CP: 0%	WP: 63%	NA: 36%	PP: 1%
Screening- H. pylori	CP: 0%	WP: 64%	NA: 35%	PP: 1%
Screening- HbA1C	CP: 0%	WP: 64%	NA: 35%	PP: 1%
Screening- Hepatitis	CP: 0%	WP: 61%	NA: 36%	PP: 3%
Screening- HIV	CP: 0%	WP: 61%	NA: 38%	PP: 1%

## **DACs**

### **Response Rate**

Gloucestershire	50% (1/2)
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### **General Questions**

<b>Question</b>	<b>Response Summary</b>
Operate remotely or have a premise which public can visit?	Remote: 100%
Languages spoken	English only
Capacity to manage an increase in demand?	Yes: 100%

### **Services Offered**

<b>Question</b>	<b>Response Summary</b>
Delivery of appliances?	Yes, free: 100%
Appliance use review service?	Yes, staff visit clients at home: 100%
Stoma appliance customisation?	No: 100%

## **Distance Selling Pharmacies**

The 1 DSP in Gloucestershire did not respond to questionnaire.

## **Dispensing GP Practices**

### **Response Rate**

Gloucestershire	75% (21/28)
Cheltenham	N/a
Cotswold	50% (4/8)
Forest of Dean	75% (9/12)
Gloucester	N/a
Stroud	100% (6/6)
Tewkesbury	100% (2/2)

### **General Questions**

<b>Question</b>	<b>Response Summary</b>
Languages spoken	Romanian at 1 practice, others English only
Consultation facilities on site?	Yes: 81% (all wheelchair accessible) No: 21%
Feel there is a need for more pharmaceutical services in the area?	Yes: 0%                      No: 100%
Capacity to meet increased demand?	Yes: 40% Could make adjustments to manage: 45% Would struggle to manage: 15%

### **Services Offered**

<b>Question</b>	<b>Response Summary</b>
Dispense appliances?	Yes: 67%
Appliance use review service?	Yes: 5%                      No: 95%
Stoma customisation?	Yes: 0%                      No: 100%
Delivery of medicines?	Yes: 62% (100% of these for free; 23% to all patient groups and 77% to certain groups only)



## Appendix 6: Responses to Public Survey

### Responses

Online: 268

Paper: 1

Question	Response Summary
Who are you responding to the consultation as?	Member of the public: 92% Health or social care professional: 2% Pharmacist/provider of pharmaceutical services: 1% On behalf of a voluntary community sector organisation: 2% On behalf of a parish or town council: 2% Other: 1%
Why do you usually visit a pharmacy? (could give more than one answer)	To collect prescribed medication: 96% To buy over the counter medication: 53% To get advice from a pharmacist: 44% Other: 3%
If you haven't visited a pharmacy in the last year, why is this?	11% of respondents had not visited a pharmacy in the last year Of those- Haven't needed pharmacy services: 35% Pharmacy delivers medications: 55% Unable to get to pharmacy due to location: 10% Unable to get to pharmacy due to opening hours: 3% Other: 14%
Where do you normally collect your prescribed medication?	Pharmacy: 85% GP: 7% Delivered to my house: 8%
Do you usually use the same or different pharmacies?	Same: 88% Different: 12%
How frequently do you visit your pharmacy/dispensing practice?	At least weekly: 11% Monthly: 48% Every 2-3 months: 23% Every 3-6 months: 7% Less than twice a year: 7% I don't visit: 4%
Who would you normally visit the pharmacy/dispensing practice for? (could give more than one answer)	Myself: 92% A family member: 49% Someone I care for: 5% Other: 1%
Why do you use the pharmacy that you normally use?	Near my home: 60% Near my place of work: 4% Quality of service/staff: 16% Range of services available: 2% Opening hours: 8% Other: 11%
Is there a more convenient/closer pharmacy that you don't use?	Yes: 33% No: 68%

How do you usually travel to your pharmacy/dispensing practice?	Car: 51% Bicycle: 2% Walk: 40% Public transport: 2% Don't travel: 5%		
How long does it usually take to travel to your pharmacy/dispensing practice?	Less than 10 minutes: 41% 10-20 minutes: 37% 20-30 minutes: 5% More than 30 minutes: 1%		
What do you think is an acceptable amount of time to have to travel to a pharmacy/dispensing practice?	Less than 10 minutes: 41% Less than 20 minutes: 47% Less than 30 minutes: 12% Over 30 minutes: 0%		
Do you know which pharmacies in your area are open early in the mornings, in the evenings or on Saturdays and Sundays?	Yes: 39% No: 61%		
What time do you prefer to visit a pharmacy?	Before 9am: 4% 9am-5pm: 69% 5pm-9pm: 27% After 9pm: Less than 1%		
Which day do you prefer to visit a pharmacy?	Monday to Friday: 86% Saturday: 13% Sunday: 1%		
Does your pharmacy/dispensing practice present a professional image?	Yes: 82% No: 13% Don't know: 6%		
Are the staff helpful and professional?	Yes: 85% No: 9% Don't know: 6%		
Are the staff knowledgeable?	Yes: 77% No: 6% Don't know: 17%		
Is disabled access available?	Wheelchair access- Yes: 67% Don't know: 27% Handrails on steps- Yes: 25% know: 51% Hearing loop- Yes: 12% Don't know: 87%	No: 5% No: 24% No: 2%	Don't
How would you rate the ease of obtaining medications?	Excellent: 32% Good: 32% Average: 20% Poor: 10% Very poor: 6%		
Are you provided with sufficient information about your medication?	Yes: 89% No: 11%		
Are you eligible for free prescriptions and, if not, do costs put you off collecting your prescription?	Eligible for free: 68% Not eligible, and costs do not put me off: 19% Not eligible, and costs do put me off: 14%		

How would you rate your overall satisfaction with your pharmacy/dispensing practice?	Excellent: 37% Good: 33% Average: 19% Poor: 8% Very poor: 3%
Has the way you use pharmacy services changed during the Covid-19 pandemic?	Yes: 42% No: 58%

#### Services used by respondents/respondents would like to see

<b>Service</b>	<b>Have used</b>	<b>Would like to see</b>
Advice and treatment for minor ailments	62%	17%
BP checking	5%	39%
Prescription home delivery service	18%	27%
Cholesterol testing	3%	39%
Meeting to talk about your meds	25%	26%
Testing for diabetes	1%	39%
Flu vaccination	38%	20%
Childhood vaccinations	2%	23%
Covid-19 vaccinations	9%	36%
Other NHS vaccinations	6%	33%
Healthy lifestyles advice	5%	26%
Weight management programme	1%	28%
Contraception	5%	20%
Emergency contraception	5%	23%
Stop smoking treatment	3%	22%
Chlamydia testing and treatment	1%	21%
LFD collection	38%	28%
LFD supervised testing	1%	30%
Advice on meds after discharge from hospital	6%	29%
Emergency supply of meds	14%	38%
Sore throat test and treat	3%	35%
UTI test and treat	2%	36%
Ear wax removal	2%	39%
Erectile dysfunction service	1%	15%
Referral from GP	4%	23%
Referral from 111	4%	23%

#### Demographics of respondents

Gender	Male: 27% Female: 66% Another gender: Less than 1% Prefer not to say: 6%
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Is gender you identify with same as sex registered at birth?	Yes: 93% No: Less than 1% Prefer not to say: 6%
Sexual Orientation	Heterosexual/straight: 76% Gay woman or lesbian: Less than 1% Bisexual: 4% Asexual: 4% Other: Less than 1% Prefer not to say: 15%
Age	16-17: Less than 1% 18-24: Less than 1% 25-34: 6% 35-44: 9% 45-54: 16% 55-64: 27% 65-74: 25% 75 or older: 11% Prefer not to say: 5%
Ethnicity	White British: 87% White Irish: 2% White European: 1% Mixed Race: 1% Asian/British Asian: Indian: Less than 1% Black/British Black: Caribbean: Less than 1% Other: Less than 1% Prefer not to say: 7%
Religion	Christian: 51% Hindu: Less than 1% Jewish: Less than 1% Buddhist: Less than 1% No religion: 34% Other: 1% Prefer not to say: 13%
Do you have a disability, long-term illness or health condition?	Yes: 50% No: 41% Prefer not to say: 8%

For Deprivation				
Most deprived				Least deprived
1	2	3	4	5

[illegible]

Cheltenham	St MARK'S 1	St. Mark's									0	1	15
Forest of Dean	CINDERFORD EAST 2	Cinderford East									0	0	15
Forest of Dean	CINDERFORD WEST 3	Cinderford West									195	1	15
Forest of Dean	LYDNEY EAST 1	Lydney East									267	0	15
Forest of Dean	NEWENT AND TAYNTON 2	Newent & Taynton									0	1	15
Gloucester	MATSON AND ROBINSWOOD 4	Matson & Robinswood									0	0	15
Gloucester	PODSMEAD 2	Podsmead									258	0	15
Cheltenham	OAKLEY 2	Oakley									65	0	16
Forest of Dean	COLEFORD 1	Coleford									0	3	16
Forest of Dean	COLEFORD 2	Coleford									180	0	16
Gloucester	MATSON AND ROBINSWOOD 1	Matson & Robinswood									0	1	16



## Appendix 8: Consultation Report

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### 8.1 The Consultation Process

Consultation on the draft Gloucestershire PNA 2022-2025 took place between the 4<sup>th</sup> of May and the 3<sup>rd</sup> of July 2022, matching the minimum consultation period of 60 days required by legislation. Consultees were notified of the consultation via email and directed to the link to the consultation on the Gloucestershire County Council website.

The questions asked were as follows (not including participant information and equality questions):

- Do you think that the information contained within the draft PNA accurately reflects the current pharmacy and prescription dispensing services available in your area?
- Do you feel that the pharmaceutical needs of the population of your area have been adequately reflected in the draft PNA document?
- Has the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
- Do you agree with the conclusions?
- From the information in the draft PNA, do you believe that your future pharmaceutical needs will be met in the next 3 years?
- Would you like to add any further comments?

Question options were yes or no with a comments box to enable the responder to expand on their answer.

Stakeholder groups with whom the consultation was shared included:

- Healthwatch Gloucestershire
- Gloucestershire Local Pharmaceutical Committee
- Gloucestershire Local Medical Committee
- Neighbouring Health and Wellbeing Boards
  - Worcestershire
  - Herefordshire
  - Oxfordshire
  - South Gloucestershire
  - Warwickshire

- Swindon
- Wiltshire
- All Pharmacy Contractors ( including DACs)
- All Dispensing GPs
- Gloucestershire Clinical Commissioning Group
- Gloucestershire Hospitals NHS Foundation Trust
- 2gether NHS Foundation Trust
- Gloucestershire Care Services
- NHS England
- District Councils

## 8.2 Response to the Consultation

There were 96 responses to the online consultation questionnaire and 4 responses received directly via email. 85 individuals were responding as a member of the public, and 13 were responding on behalf of an organisation or other body.

A full summary of the consultation responses are presented in the tables at the bottom of section 8.2. The vast majority of comments concerned issues with pharmacy services in Nailsworth, Stroud. Comments related to issues with opening hours, unexpected closures, queues, delayed prescriptions, stock issues, unprofessional staff, inadequate staffing, lack of provision of advanced/enhanced services, medication errors, and unanswered complaints. It was noted that the population in the area is increasing, public transport links to alternative pharmacies are poor, and there are many elderly individuals particularly suffering.

Comments stated that provision had deteriorated since the PNA public survey was completed. The majority of other comments related to desire for a pharmacy for Podsmead. There were a small number of comments about quality of pharmaceutical provision in Wotton-under-Edge.

The consultation responses were collated for review by the PNA steering group between the 3<sup>rd</sup> and the 11<sup>th</sup> of July. The steering group agreed the below responses to the main issues identified:

Issue identified	Response
Pharmaceutical service provision in Nailsworth, Stroud	All comments made in relation to pharmaceutical services in Nailsworth have been shared with the NHSEI South West Community Pharmacy Team. This team is responsible for commissioning and managing

	<p>performance of community pharmacies. Services in Nailsworth are a priority, and action is currently being taken to make improvements to services in this area. Issues raised do not affect the recommendations made in this PNA, as they relate to pharmacy performance rather than a potential gap in service provision.</p> <p>Several comments stated that the draft PNA was based on the previous provision of two pharmacies in Nailsworth- we can confirm that the draft PNA utilised recent data and only included the one existing pharmacy in Nailsworth in the analysis.</p>
Lack of pharmaceutical services in Podsmead, Gloucester	The draft Gloucestershire PNA identified that the opening of a pharmacy in the Podsmead ward of Gloucester would secure better access to essential, national advanced, and local enhanced pharmaceutical services in this area. This allows a pharmacy who wish to open a premises in Podsmead to apply to NHSEI to be included in the pharmaceutical list for Gloucestershire.
Pharmaceutical service provision in Wotton-under-Edge, Stroud	The NHSEI South West Community Pharmacy Team are aware of the issues raised and action is being taken to make improvements to services in this area. Issues raised do not affect the recommendations made in this PNA, as they relate to pharmacy performance rather than a potential gap in service provision.

The steering group agreed to make the following changes to the PNA document as a result of the consultation:

- 1) Addition to Section 9.3: 'This PNA conclusion allows a pharmacy who wish to open a premises in Podsmead to apply to NHSEI to be included in the pharmaceutical list for Gloucestershire.'
- 2) Addition to Section 4.1.1: 'It should also be noted that there may be new housing developments in the Health and Wellbeing Board areas which neighbour Gloucestershire in future. If these developments are in close proximity to the border, residents may choose to access pharmaceutical services in Gloucestershire rather than their own Health and Wellbeing Board area. Development in the areas surrounding Gloucestershire must therefore also be considered and reviewed in future when considering pharmaceutical service provision in the county.'

A summary of consultation and steering group responses were taken to the Gloucestershire Health and Wellbeing Board on the 19<sup>th</sup> of July 2022. The Health and Wellbeing Board were satisfied with the responses and changes made to the draft PNA, and the final PNA was signed off by the Gloucestershire Health and Wellbeing Board on this date.

QUESTION	CONSULTEE RESPONSES	CONSULTEE COMMENT SUMMARY
<b>1) DO YOU THINK THAT THE INFORMATION CONTAINED WITHIN THE DRAFT PNA ACCURATELY REFLECTS THE CURRENT PHARMACY AND PRESCRIPTION DISPENSING SERVICES AVAILABLE IN YOUR AREA?</b>	Yes: 30 No: 68 No response: 2	Comments regarding Nailsworth: 51 Comments regarding Podsmead: 2 Comments regarding other areas: 1 (Wotton-under-Edge) Comments for which area referred to could not be identified: 9
<b>2) DO YOU FEEL THAT THE PHARMACEUTICAL NEEDS OF THE POPULATION OF YOUR AREA HAVE BEEN ADEQUATELY REFLECTED IN THE DRAFT PNA DOCUMENT?</b>	Yes: 24 No: 74 No response: 2	Comments regarding Nailsworth: 41 Comments regarding Podsmead: 2 Comments regarding other areas: 2 (1 for Wotton-under-Edge, other 2 Cheltenham pharmacies) Comments for which area referred to could not be identified: 8
<b>3) HAS THE PNA PROVIDED ENOUGH INFORMATION TO INFORM FUTURE PHARMACEUTICAL SERVICES PROVISION AND PLANS FOR PHARMACIES AND DISPENSING APPLIANCE CONTRACTORS?</b>	Yes: 33 No: 57 No response: 10	Comments regarding Nailsworth: 26 Comments regarding Podsmead: 2 Comments regarding other areas: 1 (Cotswold district) Comments for which area referred to could not be identified: 2
<b>4) DO YOU AGREE WITH THE CONCLUSIONS?</b>	Yes: 28 No: 62 No response: 10	No comment option for this question
<b>5) FROM THE INFORMATION IN THE DRAFT PNA, DO YOU BELIEVE THAT YOUR FUTURE PHARMACEUTICAL NEEDS WILL BE MET IN THE NEXT 3 YEARS?</b>	Yes: 25 No: 71 No response: 4	Comments regarding Nailsworth: 43 Comments regarding Podsmead: 3 Comments regarding other areas: 1 (Wotton-under-Edge) Comments for which area referred to could not be identified: 6
<b>6) WOULD YOU LIKE TO ADD ANY FURTHER COMMENTS?</b>		Comments regarding Nailsworth: 28 Comments regarding Podsmead: 11 Comments regarding other areas: 1 (Cotswold district) Comments for which area referred to could not be identified: 6

## Summary of Comments:

<b>Nailsworth</b>	
<b>Q 1</b>	<p>'There are many assumptions made, for instance there is an assumption that a pharmacy is actually open and has a pharmacist on duty. The LloydsPharmacy in Nailsworth is often not open at short notice, has long queues outside and along the road, and at times when it is closed (often with no warning) it means that prescriptions can't be returned to the SPINE so that patients can try to get medication elsewhere. This puts a huge burden on both the patients and the GP surgeries. There is also an assumption that people in rural areas have access to dispensing surgeries. I live in a rural village but my surgery is in Nailsworth and they are not a dispensing surgery. There is reference to 'distance selling pharmacies' by which I take it to mean those that are online only and send medication through the post. It is true that these are available, but they are not suitable for acute prescriptions, only for repeat ones. It appears to say there are hospital pharmacies for outpatient clinics but I have yet to see one. I have asked. Therefore when a consultant at either of the acute hospitals or any of the community hospitals writes a prescription at an outpatient appointment, the patient has to have the prescription filled in a community pharmacy. Additionally, the hospitals do not produce electronic prescriptions which means that patients have to take a paper prescription to a community pharmacy. This real life experience contradicts the draft on page 60.'</p> <p>'In Nailsworth Lloyd's chemist it is a regular occurrence to queue for 30 mins or more and the queue to consist of 15 people or more going out of the door and when you get to the desk the prescription isn't ready so you have to queue again. It is not possible to get through by phone. The staff are stressed, unhappy and at breaking point. On a number of occasions the pharmacy is shut completely for lunchtime to give the staff a break or all day. In the past this was because of no pharmacist being available, but now usually due to no staff (I would imagine off ill with stress) and too much backlog of work. So prescriptions can't be collected and have to be obtained again from the GP or wait till they get put back on the spine by the chemist and taken elsewhere. This can be scary and difficult if you have a lot of medications and are not mobile. Not to mention the hours of time wasted queuing up. This is not just down to covid. This has been building up for years. It feels as if Lloyds do not care about their staff or their own reputation as they have been contacted many times about this situation since the other chemist was shut in Nailsworth about 4 years ago. My husband and I have asked for our medications to now be sent to another chemist further away. So not local'</p> <p>'The pharmacy in nailsworth is failing to serve the community. It's the only one, so those without cars in nailsworth, horsley and surrounding areas rely on it. But it cannot be relied on. This is a matter of record, not opinion. The gp surgery has advised all patients in writing. More than a week to wait for processing of prescriptions. Often randomly shut. No communication. Regular waits of over an hour to queue in store. And extremely discourteous staff.'</p> <p>'The one pharmacy currently in Nailsworth is woefully inadequate at the moment. Its opening hours are dreadful and erratic; it appears to lack any real systems for operating its dispensary; there are always long queues with wait times of half an hour or more; you are frequently asked to return later as your prescription isn't ready, even though it was sent by the doctor several days previously; two prescriptions in the system at once causes total confusion; the pharmacy is often unexpectedly closed as there is no pharmacist available. The pharmacy is currently unfit for purpose and the population is left without any adequate provision.'</p>

'The one pharmacy in Nailsworth is not functioning properly so therefore Nailsworth has no pharmacy.'

'The Lloyds pharmacy in Nailsworth is failing its clients dismally. Not the fault of the staff but of the company'

'Lloyds in Nailsworth are very poor at the moment there are people waiting up to 3/4 of an hour to get their prescriptions staff shortages but the same amount of staff at Minchinhampton boots and they have no problems'

'We may have a pharmacy in Nailsworth but it is increasingly difficult to find it open! Very frustrating to go to collect a prescription to not be able to get essential medication. If you do find it open, frequently you have to return as item not available. Lloyds are running the stock down, no point in even trying there anymore. We need a working pharmacy that is staffed properly.'

'Woefully short of pharmacy provision in Nailsworth. For months we've experienced significant problems; prescriptions not being completed promptly after being received from the GP, stock not available, lack of staff available in Lloyds, 45-60 minute standing queues are the norm. We have no reliable supply of prescribed medicines.'

'The only chemist in Nailsworth is Lloyds has queue daily outside with massive waiting times. Is closed for 2 hours at lunch time. Does not have standard drugs in stock, takes weeks to get stock in. Are rude and dismissive and is not fit for purpose.'

'The situation in Nailsworth is unacceptable there is not enough staff to run the pharmacy I have witness people collapsing whilst waiting over an hour in the rain outside this has been going on for over 2 months I work opposite and see it every day'

'Pharmacy not able to cope with the number of patients using it. Long queues and short of staff'

'Nailsworth does not have acceptable provision for prescription dispensing services. The only pharmacy in Nailsworth regularly does not have a pharmacist on site, is often closed and often has an hours queue'

'The pharmacy is exceedingly busy. Often we wait for half an hour in a queue, and my husband waited for 1.5 hours last week to collect a prescription'

'The PNA does not reflect the appalling service of our one and only pharmacy in Nailsworth. It is regularly closed with no warning or explanation and waiting times are unacceptable when it is open. They frequently do not have drugs required and urgent prescriptions go unfulfilled. Our local GP has advised us to complain to LLOYDS but to no avail. So you cannot include the ONLY chemist we have in your survey - we need a new pharmacy.'

'The current service in Nailsworth is not meeting the needs of the community'

'We have 1 Lloyds chemist in Nailsworth, they closed the other a few years ago. The service at the only chemist is atrocious, only 1 member of staff, not stock on the shelves . You cannot buy a toothbrush there. The license needs to be passed on to a better company.'

'Poor pharmacy provision in Stroud especially Nailsworth where there is one pharmacy for the local population and is often shut due to having no Pharmacist. The local GP Surgery cannot manage the number of repeat prescription requests which are as a result of scripts being sent to Lloyds, not issued and not being put back on the spine. What a huge impact on a practice which is already overloaded with work post-pandemic. The elderly population are disadvantaged as many cannot get to another town to get their prescriptions and online postal services often take several days.'

'Nailsworth Lloyds Pharmacy is inefficient, understaffed and poor service'

'The pharmacy provision in Nailsworth has deteriorated markedly in the last 6 months, to the point where the pharmacy is shut for up to four weekdays at a time, leaving patients without a car in very precarious positions. The next nearest pharmacy is in Minchinhampton which is a 10-minute drive away. That pharmacy has always been a very good pharmacy but even that has recently been affected by shortages and has had to close. Also, public transport to Minchinhampton is sparse and getting worse; the same applies to the buses from Nailsworth to Stroud, particularly since the bus to Dudsbridge, where there is a pharmacy in Sainsburys, was removed. The issues with the single pharmacy in Nailsworth existed well before the pandemic - it has struggled to cope since the other pharmacy closed - but they have become very serious this year, and have resulted in some patients running out of medication before they're able to collect from the current pharmacy. If the pharmacy in Nailsworth was open full-time, that would help, but it's not even managing that at the moment and the situation is getting significantly worse.'

'Doesn't really reflect the dire situation in Nailsworth with one pharmacy that was struggling to cope prior to this year but since May 2022 has been hopelessly understaffed and frequently closed when needed'

'The PNA seems to presume that since a pharmacy is signed up to Enhanced Services that they provide them. Our experience of FX472 is that despite patients attempting to utilise the CPCS, URMS, flu vaccination service and sexual health services especially, the practical ability of the branch to provide these is not reliable or even happening. We would urge that utilisation is examined, rather than corporate sign-up.'

Despite having a clinical pharmacist in our surgery for over 5 years and attempting to work with the branch on many occasions, they just do not seem to be able to improve their provision. We have previously written to the head office, the GPC and have also engaged frequently with regional management.'

'Lloyds chemist in Nailsworth is an absolute joke ! It's closed most of the time due to staffing issues and now there is only 1 chemist in the town it's impossible to get your tablets'

'Staff shortages, shut due to no pharmacy, buses unreliable'



'There is one pharmacy in Nailsworth which is constantly overwhelmed by the demand for prescriptions. One of the main problems is that Lloyds doesn't provide the town with a regular pharmacist and, in fact, there is no pharmacist on a regular basis for days on end. It is annoying to queue for sometimes 20 minutes to be told that a prescription isn't ready and it is dangerous for someone like my husband who orders his insulin in plenty of time but has to wait until he almost runs out before he is able to get his next issue. Please please help us.'

'The pharmacy in Nailsworth is not adequate in any way. I understand that it may only need one pharmacy due to population size and demand, but this pharmacy is not running efficiently and needs investigating. Dispensing errors and missed medications are common daily themes of this pharmacy. It opens infrequently and the staff cannot manage the workload. The GPHC must get involved.'

'Lloyds pharmacy in Nailsworth is often shut due to staff shortages plus lack of stock. Prescription is never ready and waiting. Always have to return later when it has been made up'

'There isn't a working pharmacy for Nailsworth. Lloyd's pharmacy in Nailsworth is almost always closed or short staffed. The staff can be incredibly rude, often refuse to make up prescriptions due to being too busy, or will give a paper prescription to take elsewhere. I have queued outside the store for over an hour to be told my prescription has disappeared and to go elsewhere. I drive so I have switched pharmacies, now travelling 5 miles to pick up my prescription. This isn't an option for elderly locals or people who don't drive.'

'Nailsworth has only one pharmacy run by Lloyds. It is frequently short staffed opening late or not open for that day. When it is open there are long queues, with some people waiting for over an hour. There are many elderly people unable to access their medication when needed.'

'The current pharmaceutical provision for Nailsworth is not adequate and I believe quite dangerous. On last consultation there were two pharmacies and now there is only one. The one pharmacy has very regular staffing problems causing the pharmacy to often be closed, very frequently without notice. Local residents unable to travel can't access their prescriptions. If Dr's surgeries send electronically then when the pharmacy is closed it causes issues getting prescriptions reuploaded to the 'spine' for collection elsewhere ( if indeed this is an option for those who can't travel or have access elsewhere) The work load on Dr's and the surgery staff is increased massively when coordinating the logistics of people accessing their prescriptions when their work should be focussed on the clinical issues not the logistics of a pharmacy staffing or drug sourcing problem.'

'I do not recognise the provision in Nailsworth that you mention in the report. I have had an ongoing exchange of emails with the provider regarding their woeful service. Queues of between 15 and 20 people down the street with waits of 30 minutes not unusual. An inability to find prescriptions or supply is the norm. Not sufficient staff so that our Facebook page frequently advises pharmacy closed. Since the closure of the second pharmacy some years ago the service has declined. Even the stock on shelves is minimal most of the time. Many people have given up and prefer to travel to Boots in Minchinhampton. Where is the provision for elderly non driving customers?'

'One pharmacy that is barely open is not adequate for the needs of Nailsworth and surrounding villages .You have to wait days for your prescription to be dispensed and then go to collect only to be told there is no pharmacist available so you can't have it .'

'Third world provision in Nailsworth, absolutely shocking service. Someone needs to visit Nailsworth and see the queue every single day, having to wait 7 days for your prescription is beyond belief'

'Our pharmacy in Nailsworth Glos, just cannot cope, often closed, and every day people queuing outside on the pavement as well as inside the shop. Often have to go back about 4 times to get your medication!'

'Getting hold of prescriptions in my area is tricky, the pharmacy is not running effectively, the staff are possibly too stretched and a times rude. Queues are often outside to enter the pharmacy, with wait times to enter at around 45 minutes outside, let alone waiting once seen inside.'

'Nailsworth's has a sole pharmacy that has had major issues, for months, resulting in people not getting their prescriptions fulfilled, , queuing for over an hour, having to return on another day or asking for it to be returned to the spine. These problems have caused distress, worry and massive inconvenience. The pharmacy, itself, has very low stock and appears neglected.'

'Only 1 pharmacy now in Nailsworth & it has been closed more than it has been open over the last 6 months. Lloyds only seem able to staff with locums, 1 of them told me Lloyds struggling to recruit as pay & conditions poor. Pharmacists can earn more working for NHS. Elderly mother has been waiting since 29th May to be able to collect prescription, has now run out of her medication. Pharmacy either closed / queue to get in too long (only letting 1 person in at a time) or she is told will be ready next day& someone will call - which they never do. Lloyds pharmacy in Stroud Sainsburys only marginally better. Lloyds should not be allowed to run pharmacies they cannot adequately/ safely run.'

'Pharmacy often closed as no pharmacist.'

'The service within our area is understaffed, under resourced and wholly inadequate. It is taking over 10 days to get a prescription processed for medication that I have to take daily. I have missed days of medication due to the inadequate resourcing of nailsworth pharmacy'

'We cannot access a pharmacy in our town currently due to inadequate provision from the pharmacy which serves the entire town. Is always closed or in chaos'

'We need another pharmacy in Nailsworth. We have one which is frequently understaffed and there are constant long queues to collect prescriptions.'

'The survey was taken when Nailsworth had two pharmacists. We now have one, that is either never open due to lack of a pharmacist, or has an extremely poor service.'

	<p>'The one pharmacy in Nailsworth is not adequate for the town now. There was two Lloyds pharmacies in 2018. There are current pharmacist problems at the current shop.'</p> <p>'The chemist in Nailsworth is very very poor and dangerous to vulnerable people my husband suffers with dementia and is very disabled he has been waiting 8 weeks now for new support sto kings. each week I queue outside the chemist for up to an hour .that's if they open at all..to be told to try later on again in the week also at times they don't have his medication for high blood pressure .we are both in our seventies .I can't sleep at night worrying that the chemist will be closed again when we need to get urgent life saving meds.we need a proper reliable chemist that is open every day and to provide a good service'</p> <p>'Lloyds Chemist in Nailsworth is on restricted hours with long waits for prescriptions. Sometimes several weeks. Long queues to collect medication and the shop has a shortage of stock and staff. It closes regularly when there is no staff and sometimes there are only two staff are available. Even when there is staff the pharmacist is missing so the chemist has to close.'</p> <p>'Nailsworth pharmacy is not functioning efficiently and causes anxiety and distress to the older members of the community.'</p> <p>'Nailsworth totally inadequate. Hassle , confusion and after one of the two pharmacies closed long queues. No longer use the Nailsworth pharmacy.'</p> <p>'The single pharmacy that now exists in Nailsworth has proved to be wholly inadequate as a service. It is frequently and unexpectedly closed for portions of the day and the queues for prescriptions (and presumably other services) often extend outside the shop and down the street.Comments in the queue reflect deep dissatisfaction. It has gone from being a perfectly satisfactory service to virtually unusable. I'm fortunate to have transport and have been able to pick up a paper copy from the surgery and drive to another (speedy and efficient) pharmacy.But I am very concerned for older people who have no means of transport and for whom queuing is not a good option.'</p> <p>'This is all out of date, the service that people of Nailsworth have now is totally inadequate as we are reduced to one pharmacy now instead of two and in our opinion is they have always struggled to cope with the ever increasing population.'</p> <p>'There is now only one pharmacy in Nailsworth and it is severely under- staffed and often closed.'</p> <p>'Nailsworth does not have an adequate pharmacy service. I believe the draft was based on 2 Lloyd's chemists in town but one has been closed'</p>
<b>Q 2</b>	<p>'I feel that the needs of the people in Nailsworth and the many that live in the surrounding rural area are not being reflected accurately. Just saying that because another area copes with one pharmacy for a similar number of people therefore Nailsworth can does not take into consideration other aspects of the system that impact the community. In particular the high number of patients requiring prescriptions filled due to the closure of one of the pharmacies in conjunction with reduced opening hours including closing for lunch, means that the staff can't cope, and patients are often left without their medication. I also feel that more attention should be given to rural communities where there</p>

are no pharmacies and no public transport, as well as no dispensing GP surgery. It is one thing to say 'on average' but that does not accurately reflect the spread and those at the far end of the data who struggle to obtain medication. There may not be as many people in rural areas subject to deprivation as there is in Gloucester and Cheltenham, but they are often further disadvantaged because of the lack of public transport for which wealthier people make up for with privately owned cars.'

'We can't get in to see the pharmacist or collect medications'

'The pharmacy in Nailsworth is failing to serve the community. It's the only one, so those without cars in Nailsworth, Horsley and surrounding areas rely on it. But it cannot be relied on. This is a matter of record, not opinion. The GP surgery has advised all patients in writing. More than a week to wait for processing of prescriptions. Often randomly shut. No communication. Regular waits of over an hour to queue in store. And extremely discourteous staff.'

'If the pharmacy in Nailsworth doesn't work then there is no nearby alternative within easy access. Minchinhampton requires a car to access as does Stroud Sainsbury's as the bus no longer goes that way. The bus service to Stroud is currently unpredictable and pretty dire.'

'Although Nailsworth problems are mentioned there is no mention of how they will be addressed.'

'Very patchy availability and long queues to collect prescriptions. Shop very often closed without notice'

'I don't think population or demand is the problem with Nailsworth pharmacy but efficiency and effort.'

'Often the only dispensary is shut'

'One pharmacy is not enough.'

'The current pharmacy is not fit for purpose.'

'See above elderly particularly are suffering'

'Nailsworth does not have acceptable provision for prescription dispensing services. The only pharmacy in Nailsworth regularly does not have a pharmacist on site, is often closed and often has an hours queue'

'Sometimes there is no pharmacist available, so the chemist stays shut. This is quite a regular thing at the moment.'

'The pharmacy can't cope with the number of customers'

'The PNA does not reflect the appalling service of our one and only pharmacy in Nailsworth. It is regularly closed with no warning or explanation and waiting times are unacceptable when it is open. They frequently do not have drugs required and urgent prescriptions go unfulfilled. Our local GP has advised us to complain to LLOYDS but to no avail. So you cannot include the ONLY chemist we have in your survey - we need a new pharmacy.'

'Nailsworth requires a more efficient service. Current branch frequently closes on an ad hoc basis and customers can queue for 30+minutes to get inside'

'We had 2 chemists when the population was 3,000 now it has doubled'

'Not enough pharmacy service provision for the area. One Pharmacy is not enough for this population especially when it is shut for days on end. See how many times Lloyds has been shut in recent months due to lack of a Pharmacist. Please see answer to Qu 1 for further information.'

'Lloyds pharmacy closes regularly with long queues when open'

'The report fails to take account of the provision of public transport. When the pharmacy in Nailsworth is closed, patients without a car of their own have to rely on public transport. The buses to both Minchinhampton and Stroud are deeply unreliable, and the provision is being cut. The recent removal of the route to Dudbridge Sainburys - where there is a pharmacy - is a good example of this. In addition, the complaints about Nailsworth's pharmacy are mentioned in the report, but the situation has deteriorated significantly since even the public consultation took place. It has now reached critical levels where patients are having to have their prescriptions sent to the NHS Spine and fulfilled at an alternative pharmacy. But, as outlined above, accessing those alternative pharmacies is difficult. How is an 80-year old without a car meant to collect a prescription from Minchinhampton?'

'The report states that there was ONE positive report and FIVE negative reports of this branch. While it is heartening to see that extra attention was paid to assessing our town's provision, it seems that the point was missed somewhat. The positive feedback describes the pharmacy taking burden away from the local GP surgery: this truth is quite the opposite. We are unable to rely on the provision of enhanced services, especially CPCS. There is also undue workload for us from their inability to forecast stock levels, operate their own IT systems effectively and communicate with us. The queues outside this branch are also the talk of the town; with people lining up down the street regularly, prescriptions not ready, patients inappropriately being told to return to the GP surgery and ultimately having to return to the queue later the same day. These observations are made on and above the national backdrop. Another omission from the PNA's consideration is of the next-nearest pharmacy option for patients. While a comparison is made between Nailsworth and Cam, the GP surgery in Cam is part of a dispensing practice in Uley and once dispensing patients are discounted from their population, the numbers are even more similar to Nailsworth. If a patient's needs are unmet in Cam, there are 3 pharmacies in Dursley less than 3km away. If a patient's needs are unmet in Nailsworth, there is only one alternative less than 3km away; then next is twice as far away!

Our patients' choices also speak volumes: Prior to the closure of the other pharmacy in Nailsworth since the last PNA, over 70% of our prescription footfall was to FX472: today it has been eroded to 46%.'

'Too much for one pharmacy to handle, it worked well when Nailsworth had 2 pharmacies'

'Long queues. Regularly no pharmacist.'

'Nobody can be sure of if or when they'll get their prescription, and whether they'll endure judgement or rudeness when they go to collect it.'

'The last few months have left the population of Nailsworth and myself personally unable to access required medication for days.'

'We have a high density population both in Nailsworth and along the Five Valley close to the town. Many estates with young families and retired persons for whom a 30 minute standing wait on the street is unacceptable.'

'Nailsworth community has grown hugely in the last 2 years with an influx of city dwellers moving to our countryside. More people means more prescriptions and pharmacy needs.'

'The Lloyds Chemist in town just cannot cope with the number of people using it.'

'It's important that the local population of Nailsworth can access a pharmacy and have a prescription dispensed or pick up a product and this not case.'

'Not enough resource in Nailsworth - & possible another large housing estate to be built on current football ground which will increase population even more. Many surrounding villages serviced by pharmacy in Nailsworth'

'Cannot access pharmacy when closed. When open there is always a long queue. Can take over 2 weeks for prescription to be available for collection then 1.1/2 hours to queue.'

'One pharmacy serves the entire town, it currently isn't open every week day. The document states it's adequate, it's not. People are missing medication and it's taking weeks to get things.'

'The people of Nailsworth have an extremely poor service. The frustration is felt by doctors surgery's and the public alike.'

'Not adequate for the population of Nailsworth. Queues of people outside the shop daily due to staffing and pharmacist problems. With one pharmacy in Nailsworth and their staffing cannot cope with the current demands of the town.'

'We need more more than one chemist in Nailsworth'

	<p>'I'm not sure the aging population with patchy access to transport has been represented.'</p> <p>'There has been many occasions when the Chemist shop has been completely shut through a lack of a pharmacist on the premises. Every day there is a queue outside on the pavement of at least 10 to 15 people INCLUDING elderly and disabled having to stand sometimes for an hour!'</p> <p>'No, because based on 2 pharmacies from past times, not the one we have now'</p> <p>'Nailsworth pharmacy cannot cope with the number of people using the service. Everyday this week there have been queues outside the shop for all hours. I got to the shop before 8.30 and was 5th in the queue. I then waited an hour in the shop to be served, to be told they could not find my made up prescription. This wait is happening everyday and is not fair on the staff. The service and staffing is totally inadequate despite the 2 staff working hard'</p> <p>'I am a member of the public living in Horsley, Gloucestershire. My nearest pharmacy is Lloyd's in Nailsworth. I feel that since the consultation was drafted, pharmacy provision issues here have deteriorated significantly. That there were only 6 comments from local residents does not provide a representative sample and I am confident residents in the area will feel much more strongly now. I am very concerned about pharmacy provision in the area. Lloyd's in Nailsworth cannot deal with the number of people using its services. I visited two weeks ago and queued for 55 minutes before I was served. This is not unusual, long waits are the norm and the queue is usually out of the door at all times of the day. In addition they are often closed completely at short notice, or closed for 2 hours for lunch due to short staffing (often the only time many people can visit the pharmacy). I have witnessed elderly and unwell people having to stand during these long waits. It is often the case that when you are eventually seen at the counter, they don't have what you need, be this over the counter medications or what you have ordered on prescription. Meaning that in addition to you not getting what you need, you are also then faced with having to return another day and face the extremely long waits again. There is no attempt to 'triage the queue', so you have to endure the wait to even find out whether or not they can assist you. People can't call first to check as the phone, by their own admission, is very rarely answered. If you are fortunate and they do have what you have ordered from your GP, you must still incur a further wait for it to be prepared as this is not done in advance, no matter how far in advance you may have sent in the request. I can only assume that is because they don't have enough staff or time to do this. I and many other locals don't drive, so visiting other pharmacies relies on someone else taking us, or using infrequent and expensive public transport to visit an alternative.'</p> <p>'Nailsworth pharmacy covers not only Nailsworth but many boarding village population over 10,000 . One poor Lloyds chemist is not enough, has very long queues. Had 2 chemist when the population was much smaller.'</p>
<b>Q 3</b>	<p>'There needs to be a finer grained examination of rural areas, the outliers in terms of where they live, and also their place in the data. Again, the figures may be acceptable when looking at averages but those that lay outside the range of average can be disadvantaged.'</p>



'The pharmacy in Nailsworth is failing to serve the community. It's the only one, so those without cars in Nailsworth, Horsley and surrounding areas rely on it. But it cannot be relied on. This is a matter of record, not opinion. The GP surgery has advised all patients in writing. More than a week to wait for processing of prescriptions. Often randomly shut. No communication. Regular waits of over an hour to queue in store. And extremely discourteous staff.'

'It is not reflecting the true current situation/crisis here in Nailsworth'

'Nailsworth needs at least one functioning pharmacy for all its users that have no car.'

'We need better services'

'Not enough provision in Nailsworth'

'There is no recognition of the problems Nailsworth face'

'I think it is wrong to say Nailsworth has enough pharmacists'

'The PNA does not reflect the appalling service of our one and only pharmacy in Nailsworth. It is regularly closed with no warning or explanation and waiting times are unacceptable when it is open. They frequently do not have drugs required and urgent prescriptions go unfulfilled. Our local GP has advised us to complain to LLOYDS but to no avail. So you cannot include the ONLY chemist we have in your survey - we need a new pharmacy. Who holds LLOYDS to account?'

'Possibly if just taking population into account, but not considering quality of service'

'There is need for a second pharmacy option for the population in Nailsworth.'

'They are saying there is adequate provision which is based on old information when there were 2 pharmacies in Nailsworth.'

'If the information provided by PNA is accurate and compares with other areas of similar density my conclusion is that this provider is offering a very sub standard service.'

'Whole thing in Nailsworth is a shambles'

'It appears that the status quo is adequate and that is definitely not the way forward for Nailsworth.'

'Unrealistic'

	<p>'No Nailsworth needs additional pharmacy'</p> <p>'One pharmacy for the whole of the Nailsworth area is inadequate for the size of the residents'</p> <p>'You have not taken into account that one pharmacy closed years ago.'</p> <p>'Come and visit the chemist if it's open at all'</p> <p>'We need a fully functioning chemist(s) that will cater for the needs of Nailsworth. There are two licences for the town.'</p> <p>'My answer would be I don't know'</p> <p>'More research is needed'</p> <p>'Based on old services, not present situation.'</p> <p>'The PNA is not giving the true picture of the service in Nailsworth'</p> <p>'Need a better service for Nailsworth'</p>
<b>Q 5</b>	<p>'The conclusions will have been arrived at by false premises due to inaccurate information found in the draft PNA, as well as only superficial information informing decisions. There needs to be a deeper understanding of why some community pharmacies cope well, and others don't.'</p> <p>'The pharmacy in Nailsworth is failing to serve the community. It's the only one, so those without cars in Nailsworth, Horsley and surrounding areas rely on it. But it cannot be relied on. This is a matter of record, not opinion. The GP surgery has advised all patients in writing. More than a week to wait for processing of prescriptions. Often randomly shut. No communication. Regular waits of over an hour to queue in store. And extremely discourteous staff. '</p> <p>'This overview does not reflect the current situation in Nailsworth. Without a functioning pharmacy here then an aging population is being forced to drive or journey by bus into Stroud.'</p> <p>'The document does not say how they will rectify Nailsworth's ongoing problems. It has a pharmacy that is broken.'</p> <p>'The company, Lloyds, needs a wake up call. It is letting customers down badly?'</p> <p>'Nailsworth pharmacy needs to be changed'</p>

'We haven't got any now'

'We need a working pharmacy in Nailsworth'

'One pharmacy as poorly run as it is for nailsworth is not good. Especially for those who can't get to another pharmacist outside of nailsworth'

'There is no profession to enhance Nailsworth we need a permanent pharmacy to help our doctors surgery'

'I will have to travel to other locations for prescriptions, as Nailsworth's provision is unacceptable'

'The pharmacy service in Nailsworth is under pressure now. With more building works in Forestgreen and Nailsworth over the coming years, it's only going to get worse.'

'Nailsworth pharmacy cannot cope with the town's demands. They try very hard but are just too busy'

'As stated, The PNA does not reflect the appalling service of our one and only pharmacy in Nailsworth. It is regularly closed with no warning or explanation and waiting times are unacceptable when it is open. They frequently do not have drugs required and urgent prescriptions go unfulfilled. Our local GP has advised us to complain to LLOYDS but to no avail. So you cannot include the ONLY chemist we have in your survey - we need a new pharmacy. How will Lloyds be held to account?'

'Unless something is urgently done to improve the service in Nailsworth, the pharmaceutical needs of the population will not be met. At present only a very disorganised prescription dispensing service is provided. This is due to staff shortages and chaotic systems.'

'We continue to have more houses built in Nailsworth and nearby villages.'

'Increasing population with several new builds recently and no increased service provision in term of Pharmacists.'

'It needs a new contractor'

'Massive improvement required in Nailsworth'

'With Lloyds recently acquired by a private equity company, it is our fear that FX472 will be seen as failed branch and be closed. We are aware of much long-term sickness and recent resignations. In that case, the consequences to our own patients, the population of Nailsworth and the stability of the wider pharmacy network in the locality will be destroyed.'

'The chemist in Nailsworth needs sorting ! We cannot go on with the current situation ! It's closed half the time and the doors are locked at 4.15 and one person let in at a time , means queues out onto pavement'

'I have no faith that Lloyd's Pharmacy care about the well-being of the patients. They certainly don't care about their overworked and under appreciated staff.'

'As described above, the pharmacy in Nailsworth doesn't function appropriately for the area'

'Failing to provide a service at every level already. Judging by the new housing proposals in the pipeline there is no chance of providing an adequate service.'

'We have had to move to online dispensing as my husband had complex medical issues and we need a reliable way to get his medication . We miss not being able to discuss things with a pharmacist but not driving means endless trips only to find the pharmacy is shut yet again .'

'Need a bigger Pharmacy and more staff or a 2nd Pharmacy, run by a different company.'

'Our provision is not effective at present. Continuing for 3 more years like this would be ridiculous. (GL6)'

'It looks a very inadequate service will, at the best stay the same but probably get worse.'

'Current provision not meeting towns needs - plans state our provision is adequate @ doesn't need changing!'

'Wholly inadequate service'

'They are not being met now for the town, unless changes are made it will be worse'

'The draft PNA states that the one pharmacy is adequate for the next 3years. It's not adequate now.'

'The town continues to grow and the service is already atrocious.'

'The current one shop/pharmacy provision of Lloyds is far from adequate or reliable with staffing at present. Many people have turned to other pharmacies away from Nailsworth, who are more efficient and reliable.'

'Dangerous chemist to vulnerable people'

'If they cannot cope now then we need another Pharmacy. Waiting three years will not help the current situation.'

	<p>'If action is taken to improve access to medication in Nailsworth then future needs will be met.'</p> <p>'Refer to my answer to 4.If the service in Nailsworth is not improved or expanded then my future needs will not be met'</p> <p>'We need a much more suitable system'</p> <p>'The one pharmacy is not coping due to staffing levels and increasing population the area.'</p> <p>'It's not being met now, let alone in 3 years time.'</p> <p>'If current pharmaceutical needs aren't being met, I can't see that future needs will be met either.'</p> <p>'Need better services in Nailsworth'</p>
<b>Q 6</b>	<p>'It should be possible to sound an alarm more easily and hold inadequate providers to account quickly. Lloyds is totally underperforming and not meeting required/necessary standards. It is unclear who one can complain to if Lloyds head office fails to respond to complaints and queries.'</p> <p>'Our second nearest pharmacy is in Minchinhampton but there is no way of getting there without a car.'</p> <p>'Yes. Something needs to be done urgently before someone dies for lack of availability if necessary medication. Not everyone has transport or online services! Public transport is also patchy in Nailsworth and expensive if you have a wasted journey!'</p> <p>'Please complain to Lloyd's on behalf of Nailsworth residents as they ignore individual complaints.'</p> <p>'Please take this situation seriously it is distressing for the whole town'</p> <p>'Contact Lloyds Pharmacy and Prices Mill Doctors Surgery to sort the Nailsworth problems out, or get another pharmacy company into the town'</p> <p>'Our local Lloyds pharmacy is a joke. Over a week to collect prescriptions. Closed quite often due to no pharmacist. Over the last week, staff shortages and only letting one person in at a time, resulting in over an hours wait outside. When you do finally get served, the prescription isn't ready or they haven't got the items and advise you to go elsewhere. None of this is very helpful for the local elderly people.'</p> <p>'Nailsworth needs another pharmacy again or the present pharmacy needs more capacity.'</p>

'The PNA needs to look at both qualitative and quantitative factors. Just counting pharmacies is misleading if the pharmacies are actually rubbish! The PNA does not reflect the appalling service of our one and only pharmacy in Nailsworth. It is regularly closed with no warning or explanation and waiting times are unacceptable when it is open. They frequently do not have drugs required and urgent prescriptions go unfulfilled. Our local GP has advised us to complain to LLOYDS but to no avail. So you cannot include the ONLY chemist we have in your survey - we need a new pharmacy.'

'Please do something about our chemist,, it now got desperate. Some people cannot travel and do not do the internet'

'As a local GP and member of the public who uses chemists it is a terrible situation which urgently needs addressing. Thank you'

'Nailsworth has a poor bus service so for the elderly its important to have a local pharmacy'

'I'm not sure if it's just Lloyds chemist as minchinhampton Boots send to do ok and if you have an electronic perscription you have to wait to get it back into spine to issue elsewhere'

'Please look at Nailsworth provision again. The current situation cannot be allowed to continue'

'Surely a town the size of Nailsworth and taking into account the populations of the surrounding villages deserves to be better served with a fully functioning pharmacy that can meet the needs of the community.'

'Please sort out situation in the Nailsworth area. Current service is disappointing.'

'I would like Nailsworth pharmacy and prescription dispensing services to be researched properly, The local doctors, who have borne the brunt of their patients anxieties, should be asked about these services and the residents of Nailsworth should be asked for their views. Then the PNA may realise the extent of problems and that something needs to be done, to improve things, urgently.'

'Lloyds need a serious review / shouldn't be allowed to run pharmacies they cannot staff'

'Appalling service for the residents of Nailsworth.'

'The staff in the pharmacy are in no way to blame for this service, they are always friendly and helpful but the resourcing needs to be sorted.'

'Please help the people of Nailsworth, particularly those who rely on local provision perhaps without cars to access their prescriptions reliably.'

'Please give us a decent pharmacy'

'The pharmacy in Nailsworth requires an overall inspection by Lloyds to trouble shoot it's problems. Lack of reliable staff, poor ordering system, slow working methods of staff, queues of people for an hour or more. All not good for a town with an elderly population who would prefer to stay local.'

'Services in Nailsworth are inadequate. existing pharmacy did not cope well when there were two of them in the town, they now cannot cope with demand.'

'PLEASE do something to rectify the desperate situation.'

'Adequate pharmaceutical services are essential for a community. This draft rates Nailsworth as adequate but it is far from it. Just from my example you can see that I am now having to ration my medicine so it lasts until they can reorder and I can get my supply! I had visited the pharmacy the day before at 5.20pm but the door was locked and they were not admitting further customers because they couldn't cope. Apparently they are locking the door to new customers at 5pm everyday. Talking to others (whilst in my 1hr wait at 5th in queue) this is not an isolated occurrence. There were many elderly in the queue who were in difficulty standing and only one chair available. A lady commented that they had more chairs, but removed them. I'm not sure who actually does the research and makes the decision for adequacy in the Nailsworth area, but may I suggest that someone actually visits because they will be shocked at the service here.'

'I understand that pharmacies are businesses, but people generally only use them to help manage their ill health and the stress that poor access causes is particularly unhelpful for people.'

'I live in Horsley and my nearest pharmacy is Lloyd's in Nailsworth. This pharmacy has shown itself incapable of dealing with the number of people using its services. During the Covid pandemic, the pharmacy instituted policies that meant I had to queue up for long periods in order to deposit a prescription and then again, for a similar length of time when I picked up the prescription, usually the next day. Since the pandemic restrictions ceased, matters have not improved very much and me and my wife both experience long delays if we use the Lloyds service. At numerous, and various, times of the day, the queue can be all the way out of the door onto the pavement outside the shop front. On one particular occasion a couple of weeks back, my wife queued for just under an hour before she was eventually served. And both she and I have witnessed frail and visibly ill people having to stand for this sort of time period before being served. On top of this, very often when a patient finally reaches the counter, staff will report that the pharmacy does not have the item that has been prescribed ... or indeed, many 'over the counter' medications. And this in turn means that a patient is faced with having to return another day and to go through the whole sorry experience, queue and long waits and all, once again. The pharmacy does not seem to have any place in place for assessing the requirements of each person in the queue, to see if perhaps the absence of an item could be reported before that particular patient has queued for an hour just to be told that their prescribed item is not in stock. And neither is there any system to allow people to telephone the pharmacy to check if an item is in stock before they head off to the pharmacy, since the phone is very rarely answered. If the pharmacy does happen to have the particular item in stock, even then there is a delay as it seems to take the staff an eternity to prepare the prescription. And this is the case even if the prescription has been dropped in, or perhaps sent directly from the GP practice, days in advance of the patient going to pick the item up from the pharmacy. It always seems like the pharmacy does not employ enough staff; those staff who are



	in work always seem to be stressed and have little time to discuss the needs of each patient. There are signs in the pharmacy stating that Lloyds will not tolerate 'abuse' from patients; but there seems nothing in place to stop some of the staff being rude or discourteous to patients and indeed, the lack of any system, coupled with the long waits, only serves to create an environment where rightly or wrongly, a patient or two might be tempted to be rude to staff.'
<b>Podsmead</b>	
<b>Q 1</b>	<p>'I live in Podsmead no car ill health i can get to a chemist in less than 20 mins. A large amount of people in podsmead have good jobs and cars.'</p> <p>'Podsmead require a pharmacy. There is limited transport for some residents to get to one. Our nearest one is Linden Pharmacy which often has poor stock availability.'</p>
<b>Q 2</b>	<p>'There is no pharmacy in podsmead. The nearest is tuffley which is accessible by car or bus, however, the nearest late opening pharmacies are either in town, which is accessible by bus, or in quedgeley which is less easily accessible by bus. There is also no doctors surgery here, the nearest being either a branch surgery in tuffley, or larger surgeries in tredworth or quedgeley.'</p> <p>'In Podsmead we can get to a chemist from a supermarket, Dr 's in stround road, we also have boots the chemist, one chemist in Linden road, stop listening to people who are to lazy to do things for themselves.'</p>
<b>Q 3</b>	<p>'Health and well-being should be a priority and a pharmacy would help with that in Podsmead'</p> <p>'Podsmead has been neglected for years'</p>
<b>Q 5</b>	<p>'Nothing ever happens in podsmead, we're left out of everything. We have so many vulnerable people with no adequate means to survive (no GP, no pharmacy, etc)'</p> <p>'The majority of podsmead residents are elderly with no means of getting to branches further away, also given the level of poverty in podsmead, many residents cannot afford to get the bus or to drive.'</p> <p>'Podsmead has been neglected for years'</p>
<b>Q 6</b>	<p>'Podsmead is in dire need for a doctors surgery and chemist. Its something that all residents i have spoken to have asked for.'</p> <p>'Podsmead desperately needs a pharmacy'</p> <p>'The health's gap in podsmead need fixing,'</p> <p>'This will definitely help residents with extending health needs'</p>

	<p>'I dont have a car, i am in illhealth but i can get to a chemist in less the 20 mins and also chemist will deliver to your door as people do now ..stop listening to people who are paid to tell you what they want to make a name for themselves. poverty exists for a small number of people including me in podsmead Better of trying to get more Doctors in the system.'</p> <p>'We need a chemist in podsmead as would make it a lot easier for people.'</p> <p>'This response is on behalf of 3 organisations rooted in the Podsmead ward. We only believe that the PNA will adequately reflect the local service needs in the coming period if its conclusion that the county's priority is to take the opportunity to improve services in the Podsmead ward is fully implemented. The PNA wider assessment approach and the subsequent recommendation is welcome but long overdue. Now there is an opportunity to link new services in Podsmead to a community led anchor organisation (Blackbridge CCBS) in a way that will significantly add to community resilience and well being as well as strengthening the local economy. An opportunity for added value for local residents that shouldn't be missed'</p> <p>'Because of the age and health of the residents in Podsmead there is a need for a pharmacy. Many do not have transport either.'</p> <p>'My ward of Podsmead desperately needs a pharmacy. I am pleased to see it specifically mentioned in the PNA. The community would like to see a pharmacy so I hope we can finally get one.'</p> <p>'Podsmead residents are mostly in receipt of benefits &amp; elderly, disabled or I'll, they need a pharmacy here in Podsmead'</p> <p>'The main issue identified within the PNA that might need further clarity is the wording around a potential gap of provision in Podsmead. The summary and all conclusions state that there is sufficient provision across Gloucestershire with no current or future gaps however, there is some additional wording for Podsmead which contradicts the above. Further clarity might be needed within the PNA to avoid any misinterpretation of the wording. The LPC have agreed that they feel there is sufficient Pharmacy provision in Gloucestershire at this time.'</p>
<b>Other</b>	
<b>Q 1</b>	<p>'Lloyds Chemist in Wotton under Edge has been in 'special measures' since earlier this year and previously in 2019 and then again 2021. Other Lloyds Pharmacies, such as Nailsworth, Stroud and others are in a similar state. The Pharmacy is closed at least twice a week and shelf stock is low. Medications are rarely available, and then only in dribs and drabs. Queues are often 18 people long, partially generated by the lack of medication availability the day before and the day before that and..... There are cases of wrongly prescribed medications as well. I have 161 complaints against Lloyds Pharmacy, via emails and phone calls.</p> <p>Sadly, as the sole provider, we are beholden to Lloyds in Wotton, whereas other larger towns have 2 or more pharmacies to obtain medication etc. The virtual transport-less situation we are in in this relatively rural region, means that we cannot easily get to Yate, Thornbury or Dursley, particularly for the elderly, even if we had a 'scrip in our hand.'</p>

<b>Q 2</b>	<p>'Some premises have accessibility issues eg Boots in Cheltenham requires a long trek through the store and change of floor level. James Pharmacy in Chelt has stairs access. Similar issues can occur with other in-store pharmacies. Otherwise document is comprehensive'</p> <p>'We are a dispensing practice in Wotton under Edge (with a branch surgery in Berkeley). We have a list size in Wotton of 6500 patients, of which approx 46% are dispensing patients. The remaining 54% generally rely on Lloyds Pharmacy in the High Street. The only pharmacy in town which has been woefully inadequate for a number of years (closures at short notice, lack of staff, lack of communication to patients and the practice) This has had a detrimental impact on patients and the two GP surgeries in Wotton. Wotton ideally needs another pharmacy in the High Street to offer patient choice....at the moment there is none.'</p>
<b>Q 3</b>	<p>'Swindon Health and Wellbeing Board generally feel that the Gloucestershire PNA does appear to address the needs of its local population, with 21.2 pharmacies per 100,000 population (England average 21.8). Cotswold is the single PNA area neighbouring to Swindon (25.5 pharmaceutical providers per 100,000 population, higher than the Gloucestershire and England averages). The PNA states that there is potential for 3,798 new houses to be built in Cotswold during the next 5 years. However, they do not anticipate that this will significantly impact the provision of, or access to, pharmaceutical services. We would however ask that you ensure that consideration is taken into account for any existing or new housing developments in Swindon where residents may choose to access services they consider more conveniently sited to them in Gloucestershire.'</p>
<b>Q 5</b>	<p>'For the reasons above re Wotton'</p>
<b>Q 6</b>	<p>'Swindon Health and Wellbeing Board generally feel that the Gloucestershire PNA does appear to address the needs of its local population, with 21.2 pharmacies per 100,000 population (England average 21.8). Cotswold is the single PNA area neighbouring to Swindon (25.5 pharmaceutical providers per 100,000 population, higher than the Gloucestershire and England averages). The PNA states that there is potential for 3,798 new houses to be built in Cotswold during the next 5 years. However, they do not anticipate that this will significantly impact the provision of, or access to, pharmaceutical services. We would however ask that you ensure that consideration is taken into account for any existing or new housing developments in Swindon where residents may choose to access services they consider more conveniently sited to them in Gloucestershire.'</p>