

Gloucestershire Pharmaceutical Needs Assessment (PNA)

2025 – 2028

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1: Executive Summary

Pharmacies play a pivotal role in supporting the population of Gloucestershire to manage and improve their own health and wellbeing. This report, the Gloucestershire Pharmaceutical Needs Assessment (PNA) for 2025 to 2028, describes the current range of pharmaceutical services available across the county, outlines the need for such services and makes an assessment to identify any potential future need. It highlights any service gaps and any new services that may be required. The assessment draws upon information from local demographic and health data, supplemented by stakeholder and public feedback and additional analysis of current service provision.

This PNA was undertaken in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The 2019 NHS Long Term Plan emphasized the growing role of community health services in addressing increasing patient demand and complexity. It introduced Primary Care Networks (PCNs)—multidisciplinary teams including GPs, pharmacists, and nurses—to deliver more integrated and personalized care to populations of 30,000–50,000. Community pharmacies were recognized as key to supporting urgent care and encouraging self-care and self-management, with a commitment to better utilise pharmacists' expertise.

On 13 March 2025, the UK Government announced that NHS England will be fully integrated into the Department of Health and Social Care within two years. At the same time, local Integrated Care Boards (ICBs) will face a 50% cut to their running and programme costs. Despite this, ICBs will remain central to improving population health, reducing inequalities, and ensuring better access to high-quality care. These reforms align with the forthcoming 10 Year Health Plan (due summer 2025), which will be built around three shifts:

- Moving care from hospitals to communities
- Making better use of technology
- Focusing on preventing sickness, not just treating it

Pharmaceutical services are provided by pharmacy contractors operating under the Community Pharmacy Contractual Framework (CPCF), which includes both community pharmacies and distance selling pharmacies (DSPs). Dispensing doctors and dispensing appliance contractors (DACs) also provide pharmaceutical services, and both operate under an NHS Standard Contract. Within the NHS CPCF, pharmaceutical services are either essential, advanced, enhanced, or locally commissioned services. Wider locally commissioned pharmaceutical services are commissioned through a combination of regional, ICB and local authority commissioning for nationally determined and locally tailored services. The NHS South West Collaborative Commissioning Hub (CCH), hosted by Somerset ICB and working on behalf of all South West ICBs, reflects a change since the previous PNA, following the delegation of Prescription Ordering Direct (POD) service in April 2023.

A steering group led by Gloucestershire County Council's Public Health & 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 ICB, 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 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 May 2025, there were 103 community pharmacies, 30 dispensing doctors, two dispensing appliance contractors (DACs), and two distance selling pharmacies in Gloucestershire. This is five fewer community pharmacies than at the time of the 2022 PNA (due to closures and consolidations), two additional dispensing doctors, one additional distance selling pharmacy and the no change to the number of DACs.

In Gloucestershire there are, on average, 20.4 pharmaceutical providers (community pharmacies and dispensing doctors) per 100,000 population. The value varies across the districts, with the lowest ratio of providers to population in Tewkesbury (16.2) and the highest ratio in the Forest of Dean (29.2).

Almost all (99.9%) of Gloucestershire residents can drive to a pharmacy or dispensing doctor in under 15 minutes and over 90% can drive to a pharmacy or dispensing doctor in under 15 minutes that is open until at least 6.30pm. Nearly three quarters (74%) of the population of Gloucestershire can walk to a pharmacy or dispensing doctor in under 20 minutes. Over 90% of Gloucestershire residents can travel to a community pharmacy or dispensing doctor via public transport in under 30 minutes and over 80% can travel to a community pharmacy or dispensing doctor via public transport after 6pm. 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 six of these in Gloucestershire. Dispensing doctors are open Monday to Friday only and the average total weekly opening hours are 52.5. The DACs and distance selling pharmacies in Gloucestershire are also contactable Monday to Friday.

All community pharmacies providing an NHS service are required to provide essential services. At the time of writing, all community pharmacies in Gloucestershire provide the advanced new medicine service and the advanced pharmacy first service. 97 provide the flu vaccination service, 90 provide the pharmacy contraception service and 101 provide the hypertension case finding service. Three pharmacies in Gloucestershire provide the appliance use review (AUR) service and four provide the stoma appliance customisation service. These services are predominantly carried out by DACs.

Nationally enhanced services commissioned by NHS England include Covid-19 vaccinations. Locally commissioned services in Gloucestershire include services commissioned by GCC that may be sub-contracted to pharmacies to deliver (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 GICB (out of hours access to medicines call out scheme, emergency access to seasonal antivirals, covid antiviral stockholding, just in case boxes).

183 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 both inside and outside of regular hours, communications between the GP practice and pharmacy, delays in medication being ready, and errors in dispensed prescriptions. Other problems include staffing and service issues, queues, cramped premises, and not receiving sufficient information on medications.

Since the publication of previous PNAs, there has been a consistent trend of community pharmacy closures, with five pharmacies closing since 2022 and a total of eight closures since 2018 (see Appendix 1). The impact of these closures was assessed as part of the PNA process. After analysing access to alternative pharmaceutical provision, it was concluded that the only closure that had the potential to create a gap in provision was the closure of a pharmacy located in Sainsbury's (Dudbridge) in Stroud. More detailed analysis of travel times to this pharmacy concluded that all residents residing within the area can still access three other community pharmacies with a minimal increase in travel time.

Pharmaceutical service accessibility on Sundays is primarily concentrated in the urban areas of Gloucestershire, however the ICB commission a Sunday Rota service for the Forest of Dean and the Cotswold districts through the NHS South West CCH.

In conclusion, almost all (99.9%) Gloucestershire residents can access a community pharmacy or dispensing doctor within 10-15 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 doctors to support access to pharmaceutical services in these areas. All community pharmacies are open until 5:00 pm on weekdays and approximately 91% 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. The ICB are reviewing how this could be improved with existing contractors. Given this, and the fact that Gloucestershire residents are able to use any of the 409 distance selling pharmacies in England, there is sufficient choice for obtaining pharmaceutical services in Gloucestershire.

It has been concluded that the essential services delivered by community pharmacies are sufficient to meet the pharmaceutical needs of Gloucestershire.

In terms of future need, it is noted that there are planned increases in housing provision across the county in the next five years. However, this is not expected to have a significant impact on the provision of, or access to, pharmaceutical services within the county. It is also recognised that public expectations of community pharmacies are evolving, with growing demand for advanced and enhanced services. These services are increasingly seen as integral to strengthening the resilience of the local health system. Ongoing monitoring will be essential to ensure that any emerging gaps in future service provision are identified and addressed in a timely manner.

2: Introduction

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 need¹. 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'.

On 13 March 2025 it was confirmed that the UK Government will legislate to abolish NHS England and fully integrate it into the Department of Health and Social Care over the next two years. At the same time, it was announced that the running and programme costs of local Integrated Care Boards (ICBs) will also be reduced by around 50%. ICBs will continue to have a critical role to play in local health and care systems: working to improve population health; reduce inequalities; and improve access to more consistently high-quality care. ICBs are described as central to realising the ambitions that will be set out in the 10 Year Health Plan, due to be published summer 2025.

The 10 Year Health Plan will be built around three shifts:

- Moving care from hospitals to communities
- Making better use of technology
- Focusing on preventing sickness, not just treating it

The Community Pharmacy Contractual Framework (CPCF) (2019 to 2024) set out how community pharmacy would support delivery of the 2019 NHS Long Term Plan, including their involvement in PCNs². The revised CPCF for 2025/26 introduced significant changes regarding the amendment of core opening hours for community pharmacies in England. From 31 March 2025, the Department of Health and Social Care (DHSC), in collaboration with NHS England (NHSE) and Community Pharmacy England (CPE) announced regulatory amendments aimed at providing greater flexibility to pharmacy owners to adjust their core opening hours to better align with patient needs and operational capacities. The application process for changes mean that pharmacy owners can apply to their local ICB to amend the days and times of core opening hours. The application must demonstrate that the proposed hours better meet the needs of patients and potential users of the pharmacy and its services. Total core hours must remain the same, it is only the timing of core hours that can be adjusted. ICBs may consider evidence provided by pharmacy owners regarding the economic viability of their opening hours, alongside patient demand and other relevant factors.

Gloucestershire currently has 16 PCNs - three in Cheltenham, two in Cotswold, two in the Forest of Dean, five in Gloucester, three in Stroud, and one in Tewkesbury³. These are aligned within six Integrated Locality Partnerships (ILPs), one for each of the six Gloucestershire districts.

The table below reflects the number of pharmacies by district and the number of pharmacies in Grouped PCNs.

¹ 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>

Locality	Number of pharmacies by District	Number of pharmacies in grouped PCNs
Forest of Dean	13	12
Cotswold	15	15
Stroud	16	16
Gloucester	24	28
Cheltenham	23	27
Tewkesbury	14	6

Gloucestershire Health and Wellbeing Board (HWB) has identified seven priorities in its 2019-2030 strategy⁴:

- 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 2025 to 2028.

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.

This work takes place within the context of ongoing structural and policy changes within the NHS and ICBs in England. It also builds on the foundations set by the 2019 NHS Long Term Plan, which recognised the vital role of community pharmacies in supporting urgent care and

¹ 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>

² 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

³ Integrated Locality Partnerships (ILPs) and Primary Care Networks. (2025). <https://www.nhsglos.nhs.uk/about-us/who-we-are-and-what-we-do/integrated-locality-partnerships-ilps-and-primary-care-networks>

⁴ Gloucestershire County Council. (2020). *Gloucestershire Joint Health and Wellbeing Strategy 2019-2030*.

https://www.goucestershire.gov.uk/media/2091568/gcc_2596-joint-health-and-wellbeing-strategy-summary-version_dev2.pdf

promoting self-care. Looking ahead, the forthcoming 10 Year Health Plan—expected to be published in Summer 2025—is anticipated to signal a shift in strategic priorities, centred on three core aims: transitioning more care from hospitals to community settings, making better use of digital technologies, and placing a greater emphasis on prevention rather than solely treatment. Community pharmacies are expected to continue playing a significant role in delivering on these ambitions.

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 Integrated Care Board. 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)⁵, 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 2. This PNA had a publication deadline of 1st October 2025.

⁵*The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.*
<https://www.legislation.gov.uk/uksi/2013/349/contents>

3. Scope of the Pharmaceutical Needs Assessment

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

It is important to note that all references and analysis related to the current provision of pharmaceutical services within this PNA are limited to services located within the boundaries of Gloucestershire. It is acknowledged that some Gloucestershire residents may access pharmacies that are out of county, however pharmaceutical provision in neighbouring local authorities has not been considered directly in this PNA. This exclusion is because Gloucestershire ICB does not have jurisdiction over pharmaceutical services in neighbouring areas, and such provision may change at any time without notice. Including pharmacies from other areas may therefore result in inaccuracies in analysis and have therefore been excluded from this PNA.

3.1 Pharmaceutical Service 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. Under delegation from NHS England, ICBs hold 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 service 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 1968⁶. 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 nominate 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 digitally or by phone and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide essential 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 who live in a defined area. 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 2013⁷

- The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013⁸.

⁶ Medicines Act 1968. <https://www.legislation.gov.uk/ukpga/1968/67>

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 Integrated Care Boards. Reference is made to these within the PNA.

3.2.1 Pharmaceutical services provided by pharmacy contractors

- **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, clinical governance, signposting, and a hospital 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, pharmacy first service, LFD service, pharmacy contraception service, appliance use review (AUR) service, flu vaccination service, stoma appliance customisation (SAC) service, stop smoking service (SSC) and hypertension-case finding service.
- **Enhanced and locally commissioned services** are additional pharmaceutical services provided by pharmacy contractors which may be commissioned locally by the local authority or the ICB. National enhanced services include the community pharmacy COVID-19 vaccination programme.

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.
- **Dispensing appliances** - Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIIIA listed) medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the

- pharmacist supplies such products “in the normal course of business”.
- **Disposal of unwanted medicines** - Acceptance by community pharmacies of unwanted medicines which require safe disposal from households and individuals. NHS England has delegated the ICB 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)** - 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.

- ⁷*The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.*
<https://www.legislation.gov.uk/uksi/2013/349/contents>
- ⁸ The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.
<https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

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:

- **Pharmacy First Service** – This service commenced 31st January 2024. With elements of the previous Community Pharmacist Consultation Service, this service involves pharmacists providing advice and treatment for seven common conditions (with age restrictions applying). The service also includes emergency supply of medications following referral from NHS 111 and minor illness consultations following referral from NHS 111 or general practice.
- **LFD Service** – This service commenced 6th November 2023 and is similar to the previously commissioned COVID-19 Lateral Flow Device Distribution Service. Patient groups eligible for NHS COVID-19 treatments may obtain LFD tests from their pharmacy in advance of symptoms, without cost.

- **Pharmacy Contraception Service** – This service started on 24th April 2023. The service provides a model for community pharmacy teams to initiate provision of Oral Contraceptives (OC), and to continue the provision of OC supplies initiated in primary care or sexual health clinics and equivalent. The service is due to be extended in October 2025 to include provision of emergency hormonal contraception (EHC).
- **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.
- **Flu Vaccination Service**- The provision of influenza vaccinations to patients over the age of 18 in at-risk groups, to provide more opportunities for eligible patients to access vaccination, with the aim of sustaining and maximising uptake.
- **New medicine service (NMS)** – The service promotes 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 one to two weeks and then again at three to four weeks with the aim of improving concordance with medication regimens, helping with early identification of side effects or issues affecting adherence to treatment and providing advice and information about medications and conditions.
- **Stoma Appliance Customisation (SAC) Service** - The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- **Smoking Cessation Service (SCS)** - This service 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.
- **Hypertension case-finding service** - This service includes two stages- the first involving identifying people at risk of hypertension and offering them blood pressure measurement, the second involving offering 12 or 24-hour ambulatory blood pressure monitoring where clinically indicated. Results are shared with the patient's GP.

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 the ICB on behalf of NHS England.

National enhanced commissioned services include:

- Covid-19 Vaccination Service

Local enhanced services commissioned by the ICB through delegation from NHS England in Gloucestershire include:

- Forest of Dean Sunday Rota

- Bank Holiday Rota Service

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 Integrated Care Boards 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 ICSs.

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

- **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).
- **Disposal of used sharps** - Local Authorities have a statutory responsibility to make arrangements for disposing of any waste generated in the patient's home (by the patient). 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.

Services commissioned by the **Gloucestershire Integrated Care Board** 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.
- **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).

The NHS (pharmaceutical and local pharmaceutical services) (amendment) regulations 2023⁹ brought a number of changes including the ability for ICBs to remove the 100-hour condition from pharmacies and the ability of some 100-hour pharmacies to reduce their hours to between 100 and 72 hours. These regulations also allow 100-hour pharmacies to include a pre-designated rest break within their core hours providing certain conditions are met. 100-hour pharmacies which have successfully applied to reduce their hours to between 72 and 100 hours are still labelled "100-hour pharmacies".

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.

⁹ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023.
<https://www.legislation.gov.uk/uksi/2023/479/contents/made>

- **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 kilometres (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 the Integrated Care Board which affect the need for pharmaceutical services are also included within the PNA. These include hospital pharmacies and the GP out of hours service.

The Community Pharmacy Independent Prescribing Pathfinder Programme is a strategic initiative by NHS England designed to integrate independent prescribing into community pharmacy services. This programme aims to enhance patient access to care, alleviate pressures on general practice, and prepare for the 2026 mandate requiring all newly qualified pharmacists to be independent prescribers upon registration.

The purpose of the initiative is to establish a framework for commissioning NHS community pharmacy clinical services that incorporate independent prescribing, thereby expanding the role of community pharmacists in primary care.

Key elements include:

- Integrated working of community pharmacist independent prescribers at pathfinder sites (3 in Gloucestershire and 210 across England), testing collaboration with general practice teams to deliver integrated clinical services and enhancing patient care pathways.
- Digital infrastructure to safe and secure prescribing processes within community pharmacies utilising electronic prescription services (EPS) and systems such as CleoSOLO.
- Evaluation support has been commissioned by NHSE with University of Manchester delivering research around the programme outcomes, including patient experiences, prescribing data and impact on health inequalities. Findings will inform future commissioning of independent prescribing services in our community pharmacies.

The pathfinder programme aligns with broader NHS initiatives to enhance primary care access and address health inequalities. By empowering community pharmacists with independent prescribing capabilities, the programme supports the delivery of more comprehensive and accessible healthcare services in our communities.

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 wish 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 wishes to change their supplementary opening hours, they are required to give five weeks' notice to the commissioner. Pharmacies can increase their supplementary opening hours without notice, although they must inform the commissioner of this change.

If a 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 and Data and Analysis), Integrated Care Board (ICB), Integrated Care System (ICS), NHS, Gloucestershire Health and Care NHS Foundation Trust, the Local Pharmaceutical Committee (LPC), the Local Medical Committee (LMC), and Healthwatch Gloucestershire (for full membership see Appendix 3).

The Steering Group was convened in November 2024 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. 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 survey was hosted on Have Your Say Gloucestershire (the GCC Consultation website) and promoted on social media and Get Involved Gloucestershire (GiG).

3.3.4 Contractor engagement

The main contractor survey (for community pharmacies and distance selling pharmacies) was adapted from the template previously 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, promoted via email by the PNA authors and promoted via an email bulletin by the Integrated Care Board.

3.3.5 Other sources of information

Data from sources of information on local demographics and health outcomes including the Census, Inform Gloucestershire and Office for Health Improvement and Disparities (OHID) Public Health Profiles has been utilised in this PNA. 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 ICB, 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 PNA 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;
- NHSE;
- any neighbouring HWB.

The consultation period must be at least 60 days; for this PNA the consultation ran from the 30th of June to the 29th of August 2025.

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. Since the last PNA, data for the census 2021 has been made available and so many sections have been updated.

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 county¹⁰.

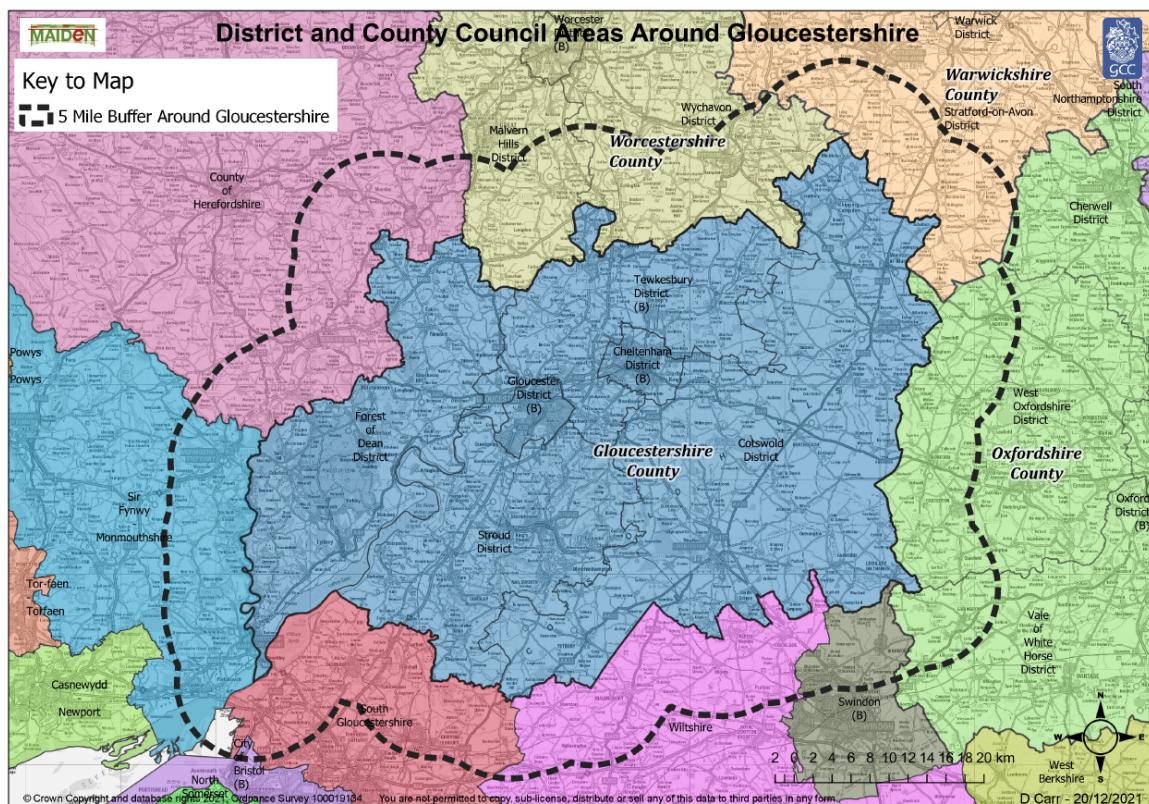


Figure 1: Gloucestershire and neighbours

4.1 Population and Age Structure

The mid-year population estimate for Gloucestershire was estimated to be 659, 276¹¹

¹⁰Inform Gloucestershire. (2017). Environment. <https://www.goucestershire.gov.uk/media/jlhjcpla/enviornment-overview.pdf>

¹¹Inform Gloucestershire. County and District Data. <https://www.goucestershire.gov.uk/inform/population/population-figures/county-and-district-data/>

Population Pyramid Comparing the Age Structure of Gloucestershire, South West and England and Wales Using the 2021 Census

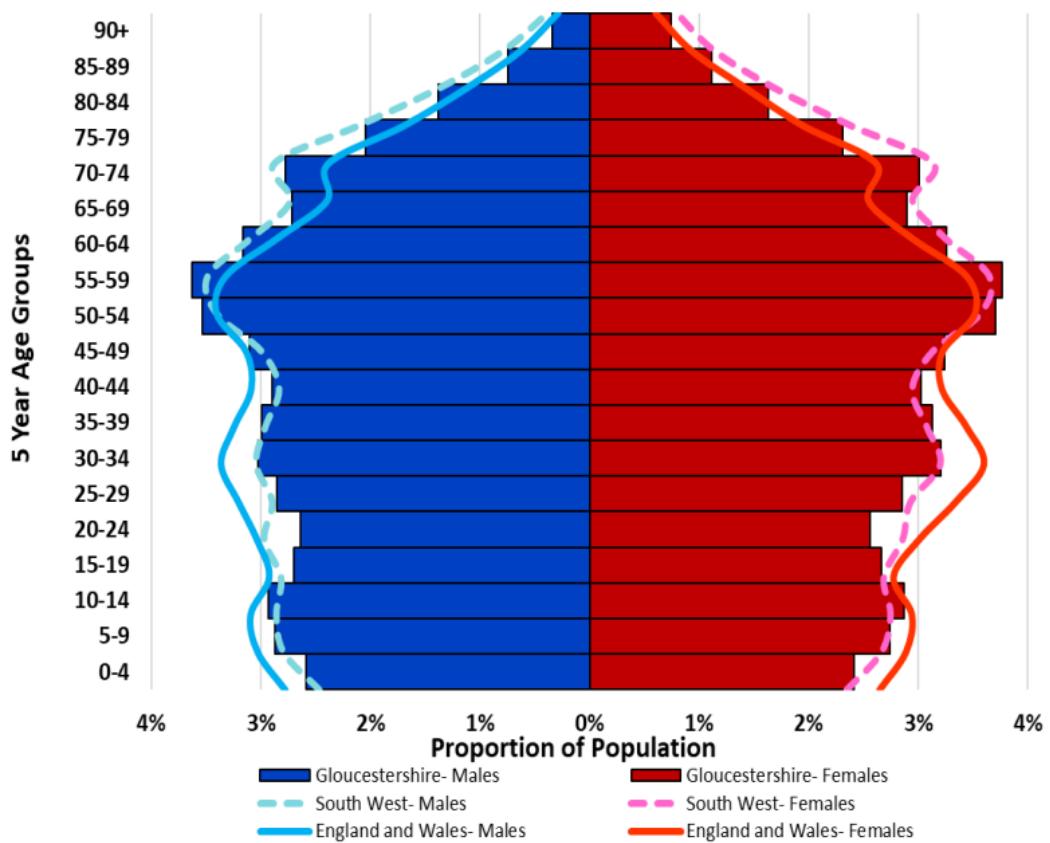


Figure 2: Population Pyramid for Gloucestershire (Source: InformGloucestershire)

The age structure of the Gloucestershire population (based on 2023 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 population¹². 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 3¹².

District	Total Population	0-19 years	20-64 years	65 years and over
Cheltenham	120,255	22.03%	58.29%	19.68%
Cotswold	91,490	20.05%	52.99%	26.97%
Forest of Dean	89,104	20.74%	53.93%	25.33%
Gloucester	134,991	23.85%	59.13%	17.02%
Stroud	124,540	21.27%	55.10%	23.64%
Tewkesbury	98,896	22.44%	55.17%	22.39%
Gloucestershire	659,276	21.87%	56.07%	22.06%

Table 1: Population by district council, Gloucestershire, 2023 (Source: ONS)

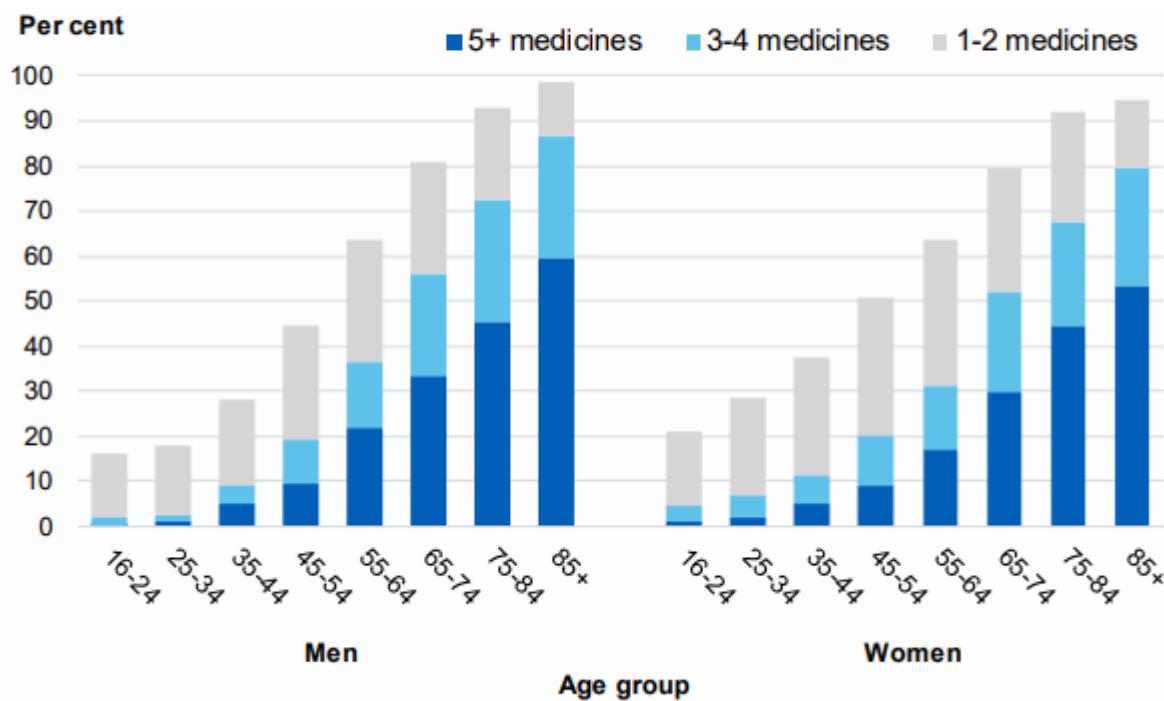


Figure 3: Number of prescribed medicines taken in the last week by age and sex, England (Source: National Statistics & NHS Digital)

The population of the county grew by 8.1% between census day 2011 and 2021. This growth was slightly higher than that of England¹³. Population growth in Tewkesbury was much higher than the other districts (15.8% change) while that of Cheltenham is far lower (2.7% change). In the same period the over-65 population in Gloucestershire increased by 25.6%- a greater increase than for the South West and England, and higher than the 4.5% increase in Gloucestershire's working age population.

Assuming current population trends continue, the Office for National Statistics (ONS) projections suggest that the Gloucestershire population will rise to 703,810 by 2032, and to 766,595 by 2047¹⁴. This is an annual average growth rate of 0.7%, higher than that for England. Tewkesbury, Stroud and Cotswold local authorities 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 43.4% between 2022 and 2047, a greater increase than the national trend¹⁵. Within this group, the largest increase is expected among those aged 90 and over (124%)¹⁶. By 2047 the over-65 age group will account for 26.8% of the population (as opposed to the current 21.9%). 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.

¹²National Statistics & NHS Digital. (2017). Health Survey for England 2017 Prescribed medicines. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2016>

¹³Office for National Statistics. (Accessed 2024). Census 2021. <https://www.ons.gov.uk/census>

¹⁴<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

¹⁵ibid

¹⁶Gloucestershire Market Position Statement (2024). <https://www.goucestershire.gov.uk/health-and-social-care/goucestershire-market-position-statement-mps-2024/demographics-mps/>

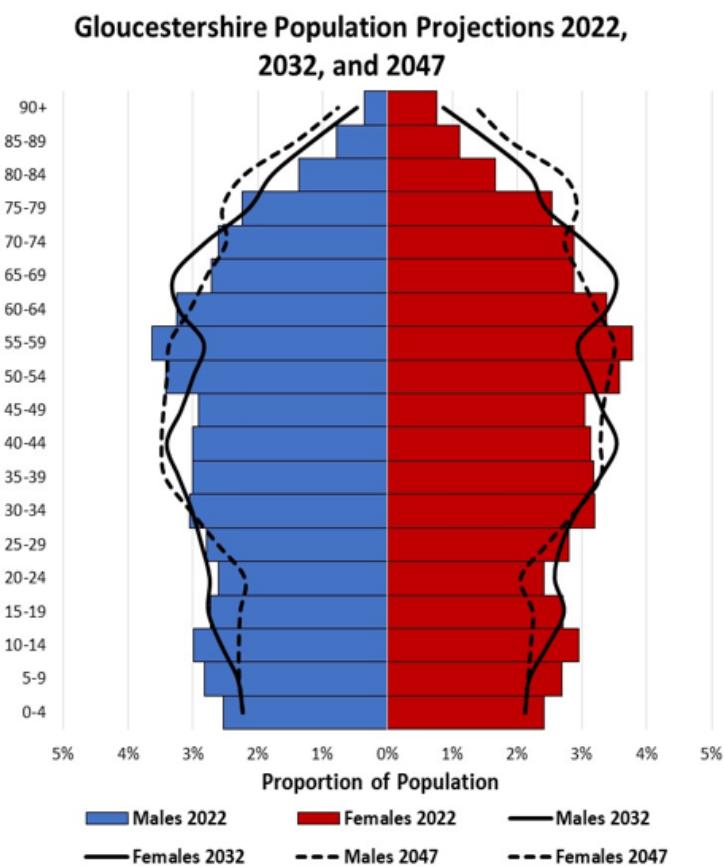


Figure 4: Gloucestershire population projection for 2022 to 2047

4.1.2 Future Housing Developments

Population predictions from the Office for National Statistics do not take into account increases from new housing developments. However, it is possible to consider likely future

increases in population size by looking at housing development plans. Potential housing growth in each of the districts is shown in Table 2, with Tewkesbury and Cheltenham predicted to have the greatest growth over the next 5 years.

- Allocations refer 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.

District	Total Allocations/Commitments (as at February 2025) for the next 5 years
Cheltenham	7,868
Tewkesbury	4,694
Cotswold	3,284
Stroud	2,684
Gloucester	1,367
Forest of Dean	1,153
Grand Total	21,050

Table 2: Potential housing growth in Gloucestershire districts

It is recognised that future housing developments may place strain on future pharmaceutical services. However, the full impacts of these developments will only become clear once they are completed. This situation will be kept under review throughout the life course of this PNA.

Table 3 looks at the numbers in more detail, listing the 10 LSOAs in the county that have the highest number of potential housing.

Lower Super Output Area Local Name (based on the centre of development which may not match the district council in charge of planning for that site)	Allocation/Commitments Total (as at February 2025) for the next 5 years
SEVERN VALE NORTH (Tewkesbury)	4020
FOUR ACRES (Tewkesbury)	2282
BADGEWORTH 1 (Tewkesbury)	1100
SPRINGBANK 4 (Cheltenham)	1030
TEWKESBURY EAST 1 (Tewkesbury)	987
INNSWORTH 3 (Tewkesbury)	708
ISBOURNE 2 (Tewkesbury)	698
CHURCHDOWN BROOKFIELD WITH HUCCLECOTE 3 (Tewkesbury)	693
SEVERN 3 (Stroud)	471
INNSWORTH 1 (Tewkesbury)	425

Table 3: Top 10 Gloucestershire LSOAs for potential future housing

Figure 5 shows the population change in Gloucestershire LSOAs between 2017 and 2022 mapped against the potential for new housing increases over the next five years.

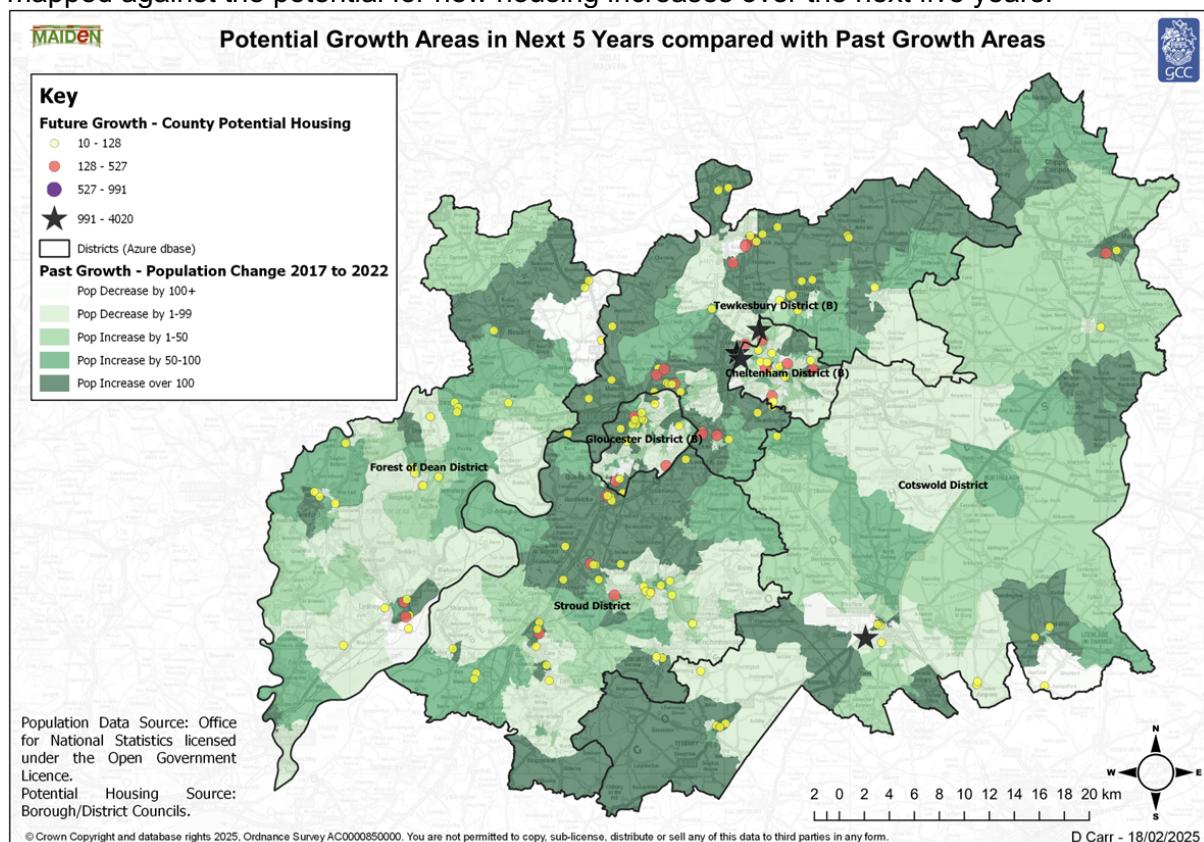


Figure 5: Past and potential growth areas in Gloucestershire

It should also be noted that there may be new housing developments in localities that 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 England¹⁷. 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 6 shows the IMD quintiles for Gloucestershire LSOAs, and Figure 7 shows the percentage of the population in each district who are in each deprivation quintile^{18,19}.

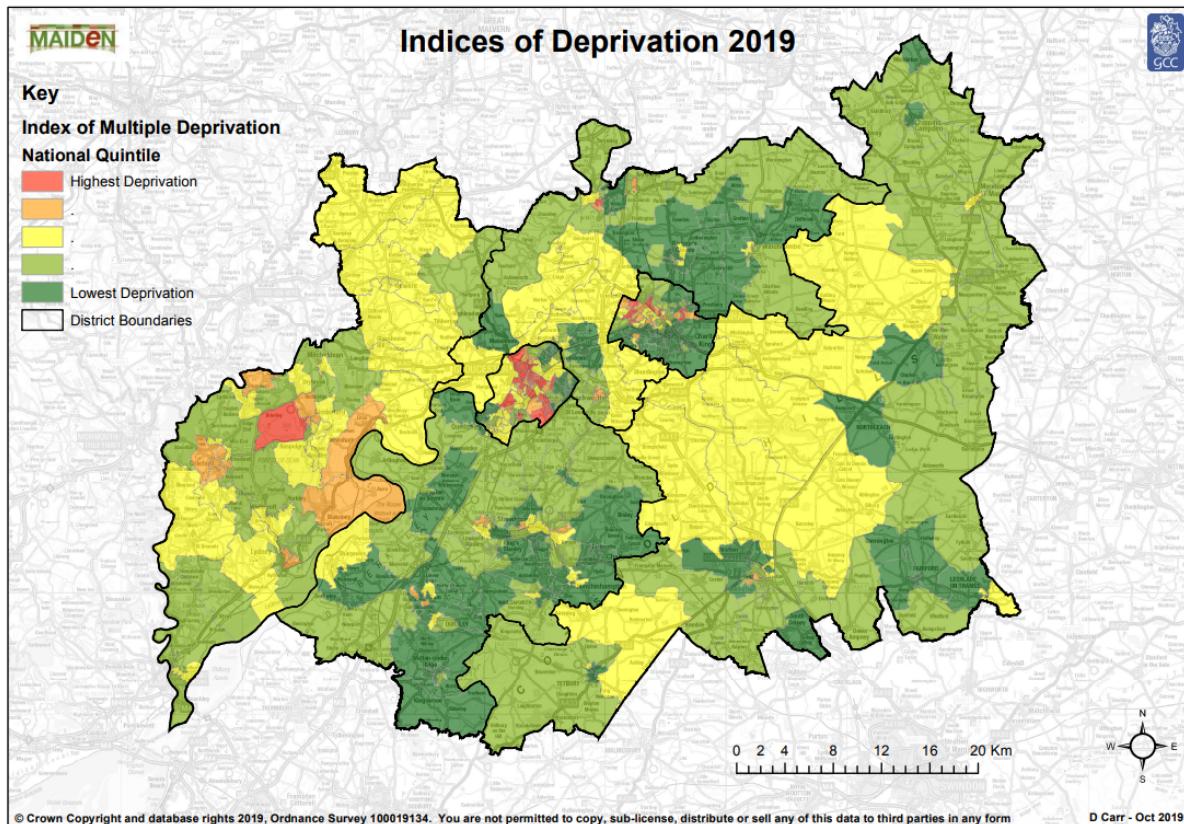


Figure 6: IMD for Gloucestershire, 2019

¹⁷ 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/ID2019_FAQ_v4.pdf

¹⁸ Inform Gloucestershire. (2019). Indices of Deprivation 2019. https://www.goucestershire.gov.uk/media/yo1dwg54/goucestershire_deprivation_2019_v13.pdf

¹⁹ ibid

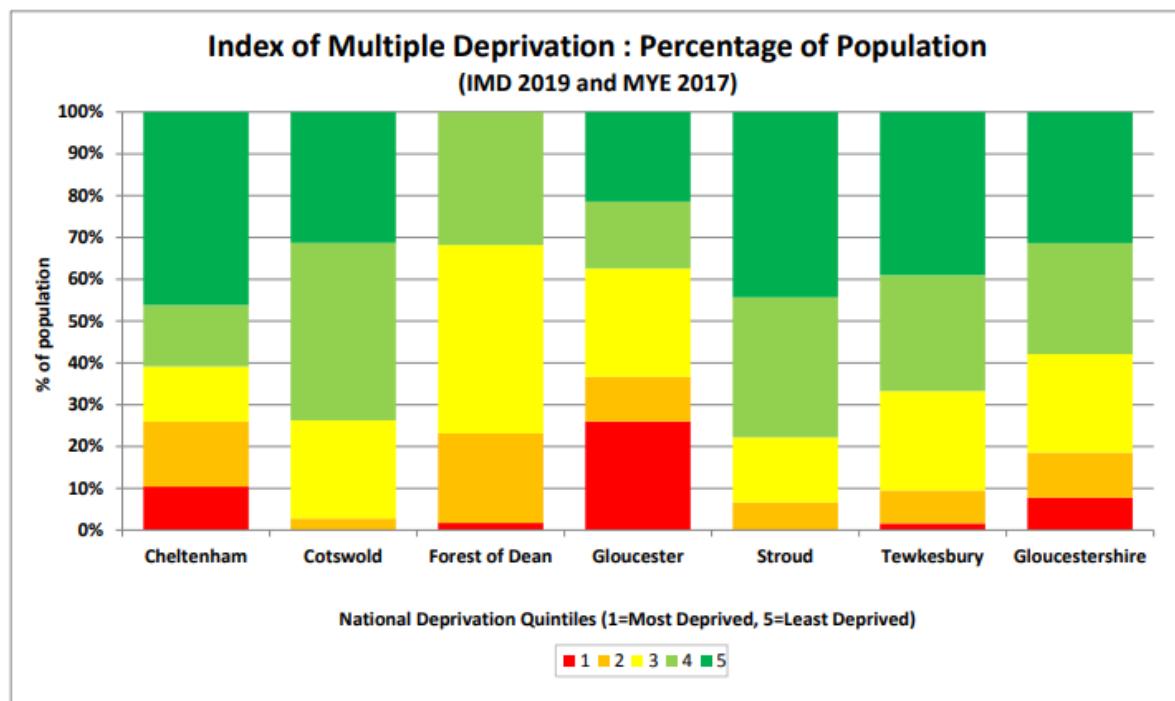


Figure 7: IMD for Gloucestershire by district, 2019

Although Gloucestershire as a county has low levels of deprivation (it is in the least deprived 20% of local authorities nationally), pockets of high deprivation do exist within the county as seen on the map above²⁰. 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.

²⁰ Inform Gloucestershire. (2019). Indices of Deprivation 2019. https://www.goucestershire.gov.uk/media/yo1dwg54/goucestershire_deprivation_2019_v13.pdf

4.3 Protected Characteristics and Groups with Particular Needs

Age

The census 2021 shows that residents over 65 in Gloucestershire were more likely to have a disability, be in poor health, be living alone, without access to a car, be providing unpaid care over 50 hours and live without central heating²¹.

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. Being a mainly rural county, owning a vehicle helps residents to access healthcare and other services. 2021 Census figures suggest that to 20% of all households in Gloucestershire do not have access to a car or van²². The lowest proportion of households without access to a car or van is found in Cotswold, the most rural district in Gloucestershire (11%). Over-65-year-olds are more likely to not own a car- one in five did not own a car in the 2021 Census and this figure was around half for those with a long-term illness that limited their daily activities a lot²³. Figure 8 shows the percentage of households without access to a car or van in each LSOA in Gloucestershire.

²¹Office for National Statistics. (Accessed 2024). Census 2021. <https://www.ons.gov.uk/census>

²²ibid

²³ibid

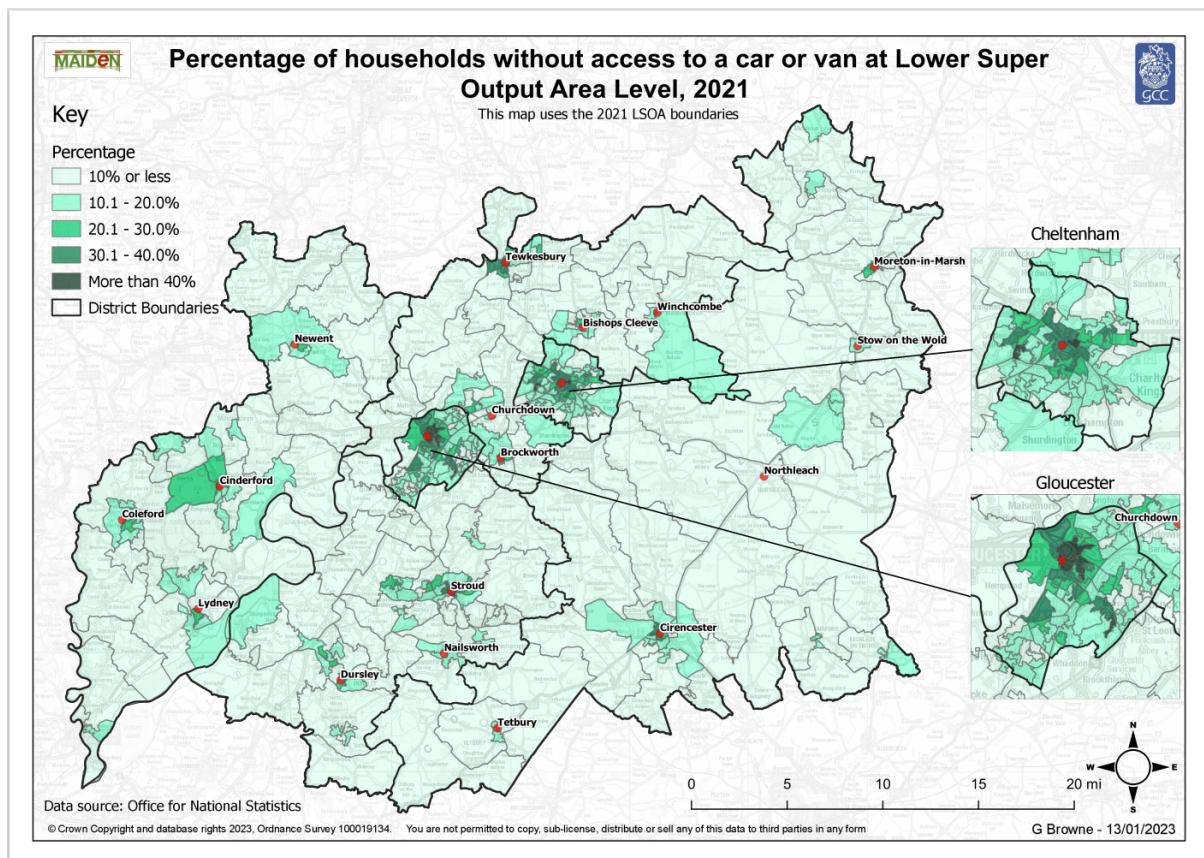


Figure 8: Proportion of households by LSOA without access to a car or van, Gloucestershire

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)²⁴. Figure 9 shows the distribution across the county of individuals 66 and over living alone.

²⁴Projecting Older People Population Information (POPPI). <https://www.poppi.org.uk/index.php?pageNo=324&areaID=8656&loc=8656>

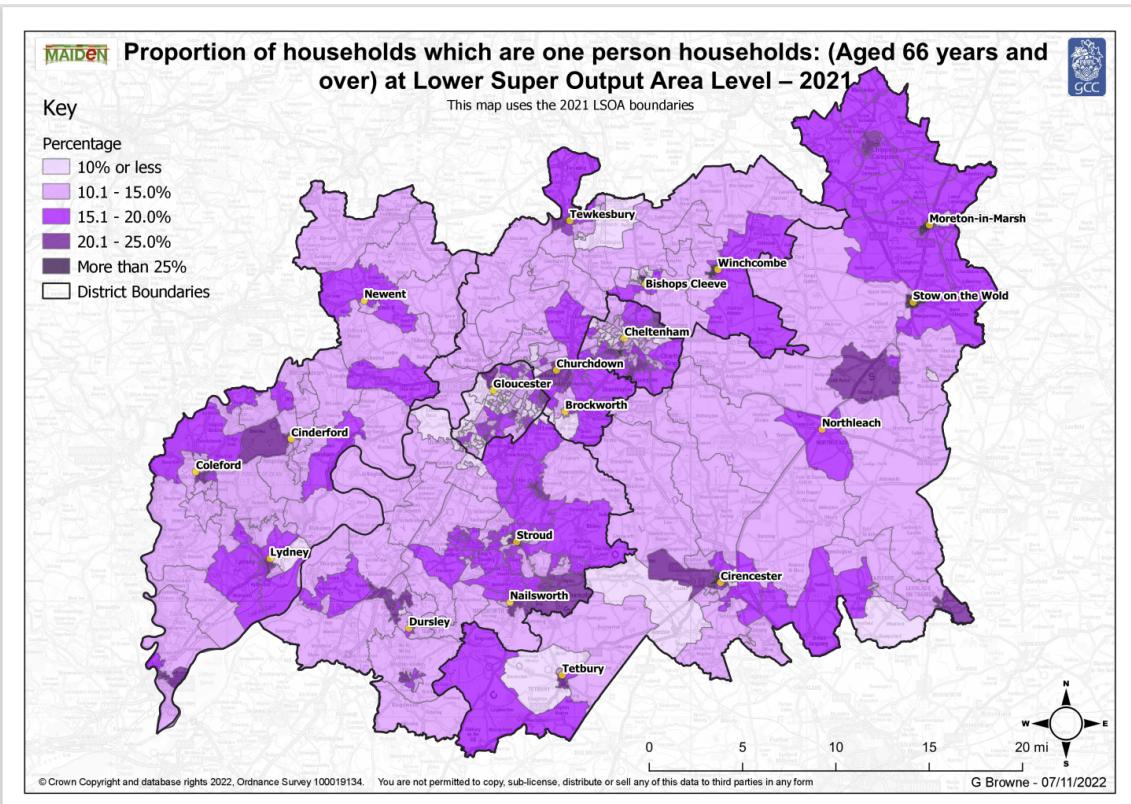


Figure 9: Proportion of people aged 66 and older living alone by LSOA (Source: ONS)

Analysis of the 2021 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 heating²⁵.

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. Internet access is another important factor in accessibility of health and broader services. 2020 ONS data showed that 5.9% of Gloucestershire residents had not used the internet in over three months (or had never used it), compared to 6.6% in the South West and 7.8% in the UK²⁶. These figures are also affected by age and ability, with data showing that 44.6% of over 75-year-olds with a disability have never used the internet²⁶.

²⁵ Office for National Statistics. (Accessed 2024). Census 2021. <https://www.ons.gov.uk/census>

²⁶ Office for National Statistics. (2021). Internet users, UK: 2020 <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2020>

Sex

The overall population split by sex in Gloucestershire is slightly skewed towards females, with females making up 51.1% of the population and males making up the remaining 48.9%²⁷. The difference becomes more apparent in increasing age groups, with 61.43% 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 difference²⁸.

Ethnicity

According to the 2021 Census, 87.7% of the total population of Gloucestershire identified their ethnic group as "English, Welsh, Scottish, Northern Irish or British", this was considerably higher than the national average of 74.4% and similar to the South West average of 6.2%. All districts in Gloucestershire had a higher proportion of residents identifying as "English, Welsh, Scottish, Northern Irish or British" than nationally. The urban districts of Gloucester and Cheltenham (78.0% and 83.3%) had the lowest proportion of "English, Welsh, Scottish, Northern Irish or British" residents, while the Forest of Dean had the highest (94.7%)²⁹. Ethnic minority groups can face barriers to access to health services, including pharmacies, for a variety of reasons including language and cultural barriers.

Language

According to the 2021 Census 26,993 people in Gloucestershire (4.3% of the population) did not speak English as their main language³⁰. Amongst these people Polish (1.1%) was the most common language, followed by Romanian (0.4%), and then Portuguese (0.2%). 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.

²⁷Office for National Statistics. (2024). Population estimates for England and Wales: mid-2023. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2023>

²⁸National Statistics & NHS Digital. (2017). Health Survey for England 2017 Prescribed medicines. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2016>

Religion

Religion was a voluntary question in the census 2021. Out of Gloucestershire's population, 266,959 people said they had no religion (equivalent to 41.4% of the population). This is a higher proportion than in 2011 when 26.7% of the population answered that they had no religion. The biggest change in proportion out of the categories given was the Christian category which decreased from a 63.5% share of the population in 2011 to a 49.2% share of the population in 2021 (equivalent to 61,534 fewer people)³¹.

Marital Status, Civil Partnerships and Sexual Orientation

According to the census 2021 48.0% of the Gloucestershire population over the age of 16 were married or in a civil partnership, 33.6% were never married or in a civil partnership, the remaining 18.4% were either separated, widowed or divorced from a marriage or civil partnership. (census data). 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 services³².

The census 2021 was the first to include a question on sexual orientation, this question was voluntary and relates to individuals over the age of 16. 90.4% of residents (481,191 people) stated that they are straight or heterosexual, 1.28% (6,814) said they are gay or lesbian, 1.21% (6,432) answered they are bisexual and 0.31% (1,660 people) of the population is classified as all other sexual orientations. In comparison, there was a similar proportion of the population in each of the sexual orientation categories in the South West and England

and Wales. 6.80% (36,188) of Gloucestershire's population over the age of 16 chose not to answer the sexuality question³³.

²⁹Inform Gloucestershire. (2021). Ethnicity, Identity, Language and Religion – a briefing <https://www.goucestershire.gov.uk/media/hoablwh/ethnicity-identity-language-and-religion-briefing-v2.docx>

³⁰Inform Gloucestershire. (2021). 2021 Census Detailed Results - Gloucestershire. <https://www.goucestershire.gov.uk/media/sljhnc3/2021-census-topic-summary-goucestershire.pdf>

³¹Inform Gloucestershire. (2021). Ethnicity, Identity, Language and Religion – a briefing <https://www.goucestershire.gov.uk/media/hoablwh/ethnicity-identity-language-and-religion-briefing-v2.docx>

³²Office for National Statistics. (Accessed 2024). Census 2021. <https://www.ons.gov.uk/census>

³³ibid

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Gender Identity

The census 2021 was the first to include a question on gender identity, this question was voluntary and relates to individuals over the age of 16. Gender identity refers to a person's sense of their own gender, whether male, female, or another category such as non-binary. This may or may not be the same as the sex registered at birth. In Gloucestershire, 94.39% of the population (502,440 people) over the age of 16 years have the same gender identity as their sex registered at birth, this is a higher proportion than both the South West (93.99%) and England and Wales (93.46%), shown in Table 2. In comparison, 0.41% of the population (2,163 people) answered that their gender identity is different to the sex they were assigned at birth. This is similar to the proportion in the South West and England and Wales. In more detail, 0.08% of the population of Gloucestershire (423 people) identify as a transgender woman, 0.07% of the population (380 people) as a transgender man, 0.07% of the population (355 people) as non-binary and 0.04% of the population (229 people) specified other gender identities. These proportions are in-line with the regional and national proportions. Overall, 5.20% of Gloucestershire's population chose not to answer the gender identity question³⁴.

Pregnancy and Maternity

There were 5,834 live births in Gloucestershire in 2022³⁵. The highest proportion of deliveries were to women aged 30 to 34, showing the continuing trend of later motherhood. Gloucester had the highest number of live births in 2022 (1,398). Cotswold district saw the lowest number of live births in 2022, where 705 live births were registered. A large multi-national study showed that 81.2% of pregnant women used at least one medication (prescribed or over the counter) during pregnancy³⁶.

Older women were more likely to report use of medication for a long-term condition during pregnancy.

³⁴Office for National Statistics. (Accessed 2024). Census 2021. <https://www.ons.gov.uk/census>

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 2021 Census 16.8% of the Gloucestershire population reported having a limiting long-term health problem or disability (6.4% reported that their activities were limited a lot and 10.4% reported their activities were limited a little)³⁷. The number of over-65s with a limiting long-term illness is predicted to increase to 80,600 by 2030³⁸.

30.3% of households had at least one person with a long-term limiting health problem or disability. This is similar to 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 10 shows the number of people in Gloucestershire whose day-to-day activities are limited a lot by LSOA.

³⁵Inform Gloucestershire. (2022). Birth Trends in Gloucestershire An Overview (2022 Data). <https://www.goucestershire.gov.uk/media/nyefaklh/birth-trends-report-2022.pdf>

³⁶Lupattelli 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

³⁷Inform Gloucestershire. (2021). Population Profile 2021. <https://www.goucestershire.gov.uk/media/sljhnc3/2021-census-topic-summary-goucestershire.pdf>

³⁸Projecting Older People Population Information (POPPI). <https://www.poppi.org.uk/index.php?pageNo=331&sc=1&loc=8260&np=1>

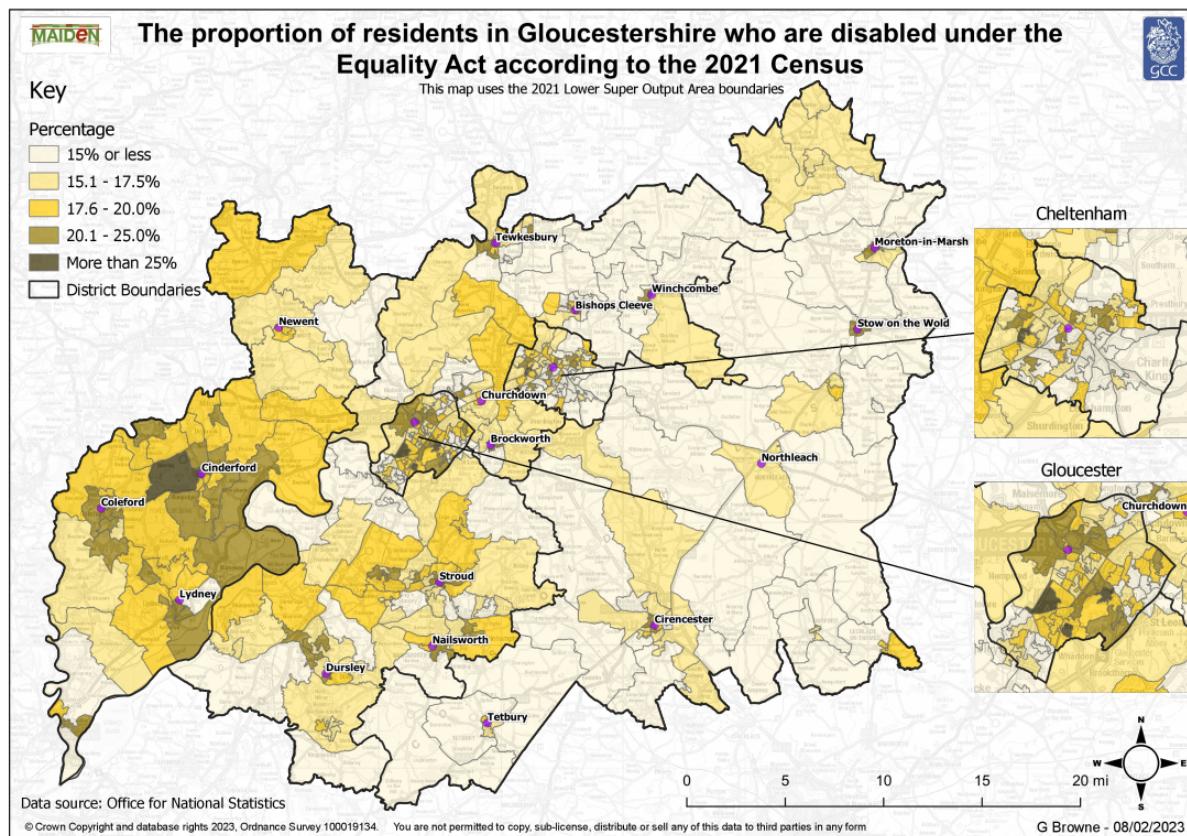


Figure 10: Number of people who are disabled under the Equality Act according to the 2021 Census (Source: ONS and Inform Gloucestershire:)

Given the ageing population, the number of people with a limiting long-term illness is likely to increase in future. The 2021 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 housing³⁹. Long-term conditions are more prevalent in older people and in more deprived groups⁴⁰. 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%)⁴¹. Those in bad/very bad health were also more likely to be taking three or more medicines (62% versus 17%).

³⁹Inform Gloucestershire. (2024). *Population Profile 2024*. <https://www.goucestershire.gov.uk/media/it2lekpy/equality-profile-2024-refresh-v2.pdf>

⁴⁰The 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).)

Learning Disabilities

Modelled data estimates that nearly 12,000 adults in Gloucestershire have a learning disability, with one in five of these individuals having a severe or moderate learning disability⁴². 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.

Carers

There were 51,862 unpaid carers in Gloucestershire at the time of the 2021 Census (8.5% of the total population, slightly lower than the national value of 8.9%)⁴³. 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. Caring responsibilities can have an adverse impact on the physical and mental health, education and employment potential of those who care, which can result in significantly poorer health and quality of life outcomes⁴⁴. Figure 11 shows the proportion of people providing unpaid care in Gloucestershire by LSOA.

Across all districts in Gloucestershire, the highest proportion of individuals providing 50 or more hours of unpaid care per week who reported being in 'bad' or 'very bad' health were those aged 25 to 64 years. The proportion in Gloucester was the highest among all districts. Figure 12 for further breakdown of ages by district.

⁴¹National Statistics & NHS Digital. (2017). *Health Survey for England 2017 Prescribed medicines*. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2016>

⁴²Inform Gloucestershire. (2020) Adults with Learning Disabilities in Gloucestershire Prevalence of Needs. https://www.goucestershire.gov.uk/media/bxqltscu/l_d_prevalence_of_need_2020_final.pdf

⁴³Office for National Statistics (2021). *Census*. <https://www.ons.gov.uk/census>

⁴⁴Inform Gloucestershire (2022). *Census 2021*. <https://www.goucestershire.gov.uk/inform/population/census-of-population/census-2021/>

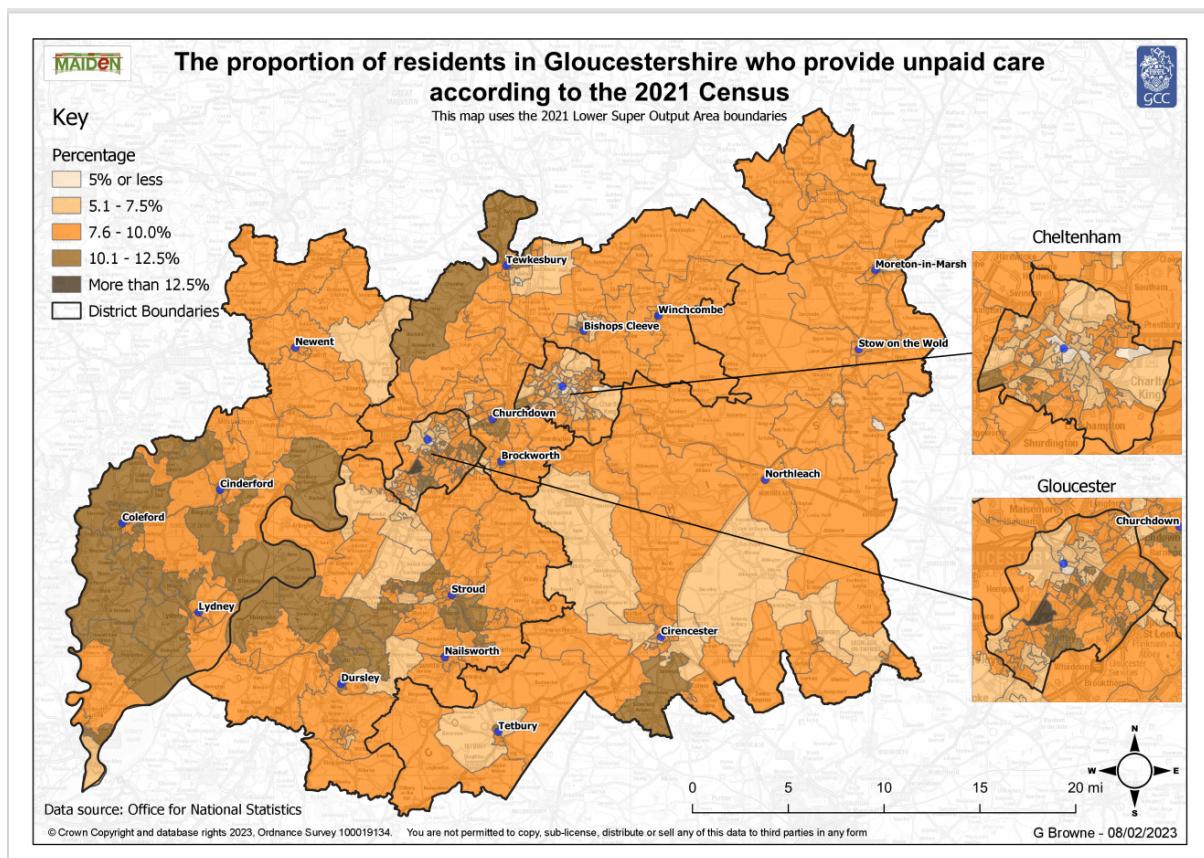


Figure 11: Proportion of people by LSOA providing unpaid care, Gloucestershire

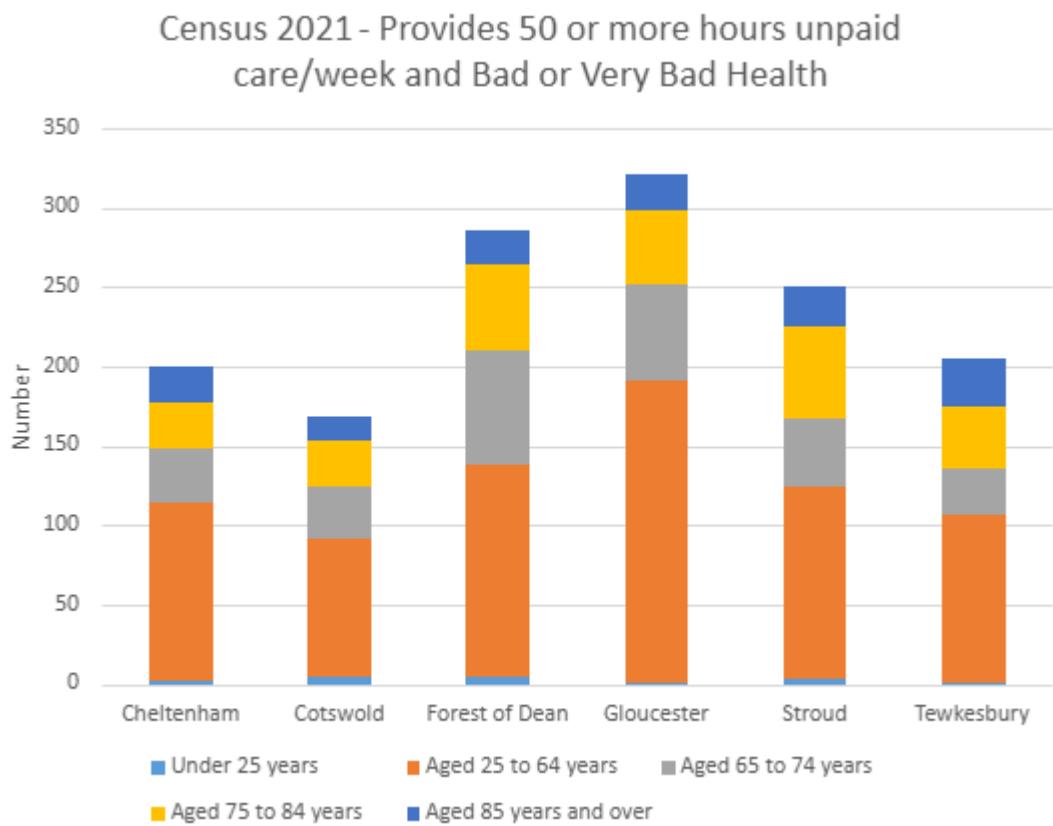


Figure 12: Proportion of people by district providing 50 or more hours of unpaid care per week in bad or very bad health

Gypsy, Roma and Travellers

The term Gypsy, Roma and Traveller has been used to describe a range of ethnic groups or people with nomadic ways of life who are not from a specific ethnicity. The term Traveller can also encompass groups that travel including but not limited to, New Travellers, Boaters, Bargees and Showpeople.

Gloucestershire County Council has four residential traveller sites. 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, Tewkesbury
- Cursey Lane, Elmstone Hardwicke, Tewkesbury
- Showborough, Twyning, Tewkesbury
- Culkerton, Tetbury, Cotswold

These sites represent 84 individual plots/families. In the 2021 Census 965 individuals (0.15% of total population) in Gloucestershire identified their ethnic group as White: Gypsy or Irish Traveller while 714 (0.11% of total population) identified as White: Roma, equating to 0.1% of the population (equivalent to the national average)⁴⁵. 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 GP⁴⁶. For this reason, community pharmacies may be a particularly useful setting for health advice and services.

Homeless

In 2022/23 2,960 households were owed a prevention or relief duty in Gloucestershire^{47,48}. In 2023, Gloucester and Stroud had the highest number of individuals registered with home seekers.

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. 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 families⁴⁹.

The census 2021 was the first in which questions were asked about a person's previous armed forces service. In Gloucestershire veterans made up just over 5% of the population at 27,418 individuals at the time of the census⁵⁰. Veterans in Gloucestershire are more likely to be older, male, white, likely to describe themselves having a poorer state of health and likely to provide over 50 hours of unpaid care than the general population⁵¹. Veterans' needs may be the same as any other community, and the services to meet those needs may be available, but unique elements of the veteran experience create additional barriers to that service.

⁴⁵Inform Gloucestershire (2022). *Census 2021*. <https://www.goucestershire.gov.uk/inform/population/census-of-population/census-2021/>

⁴⁶www.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>

Refugees and Asylum Seekers

Refugees and asylum seekers may have a variety of different physical and mental health needs, shaped by experiences in their country of origin, their migration journey, and their lives once inside the host country⁵².

June 2024 data showed that there were 436 asylum seekers on Section 95 support by the local authority in Gloucestershire⁵³.

Students

There are three universities in Gloucestershire- the University of Gloucestershire, Hartpury University 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)⁵⁴. 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 work⁵⁵. Term times can impact service needs.

Visitors to the area

On average, between October 2021 and September 2023 (24 months/2 years), 1.55 million overnight trips were taken per 12 months / per year to Gloucestershire. Whilst away from their local GP, visitors may be likely to use pharmacy services as the first point of call for health advice⁵⁶.

⁴⁷Prevention 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.

⁴⁸GOV.UK. (2022). Homelessness Statistics. <https://www.gov.uk/government/collections/homelessness-statistics>

⁴⁹Local 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

⁵⁰Office for National Statistics (2021). *Census*. <https://www.ons.gov.uk/census>

⁵¹ibid

⁵²World Health Organisation (2022). Refugee and migrant health. <https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health>

⁵³House of Commons Library. (2021). Asylum statistics. <https://commonslibrary.parliament.uk/research-briefings/sn01403/>

⁵⁴Office for National Statistics. (2018). Number of students in student only household. <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/adhocs/008207ct07732011censusnumberofstudentsinstudentonlyhouseholdnationaltolocalauthoritylevel>

⁵⁵Association for Young People's Health. (2017). An overview of research on key issues in student health. <https://ayph.org.uk/wp-content/uploads/2022/01/An-overview-of-research-on-student-health-briefing.pdf>

⁵⁶VisitBritain/VisitEngland. (2023). <https://www.visitbritain.org/research-insights/england-domestic-overnight-trips-and-day-visits-subnational-data>

4.4 Health Outcomes within Gloucestershire

Life expectancy for both men (80 years) and women (83.8 years) is higher than the England average. Figure 12 shows the life expectancy for males and females by district. In the 2021 Census 83% of people in Gloucestershire described themselves as being in good or very good health⁵⁷.

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 8.2 years lower for men and 6.6 years lower for women in the most deprived areas of Gloucestershire compared to the least deprived areas.

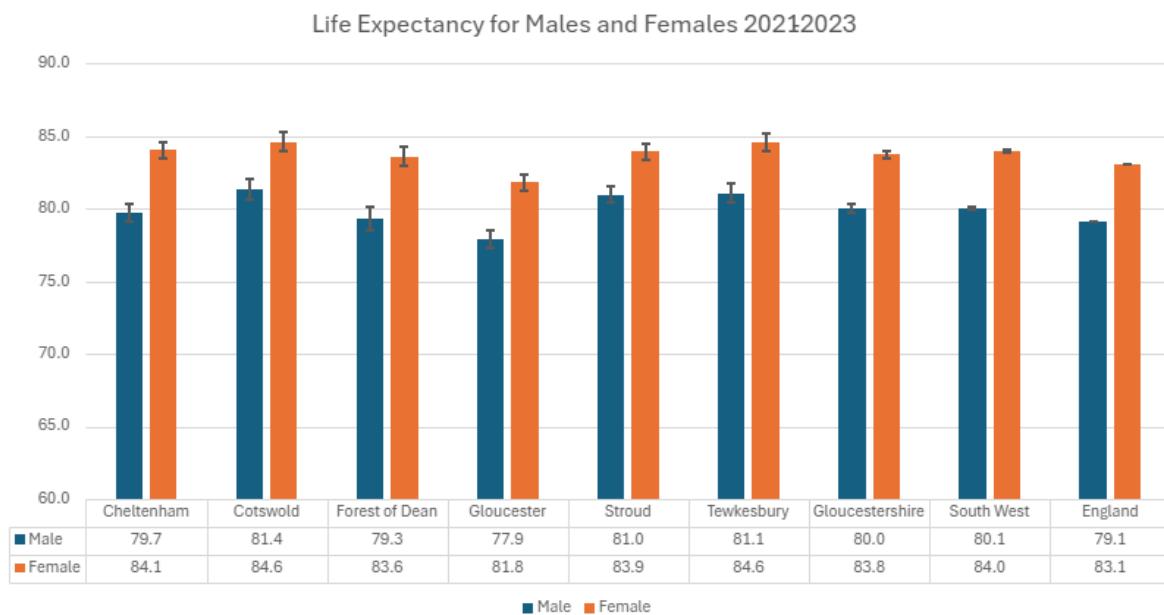


Figure 12: Male and female life expectancy in Gloucestershire by district (Source: OHID public health profiles)

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 13 and 14 below show that the life expectancy of both males and females in Gloucestershire has changed little between 2011 and 2023. Male and female healthy life expectancy has decreased, increasing the average amount of time that males and females in Gloucestershire are expected to live in non-optimum health.

⁵⁷Office for National Statistics (2022) *Census*. <https://www.ons.gov.uk/census>

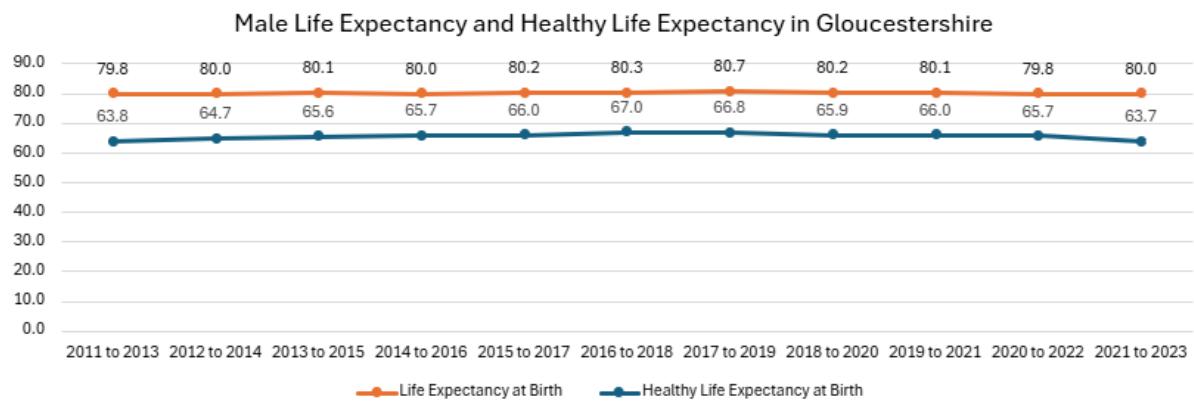


Figure 13: Male life expectancy and healthy life expectancy in Gloucestershire, 2009-2020 Source: OHID public health profiles)

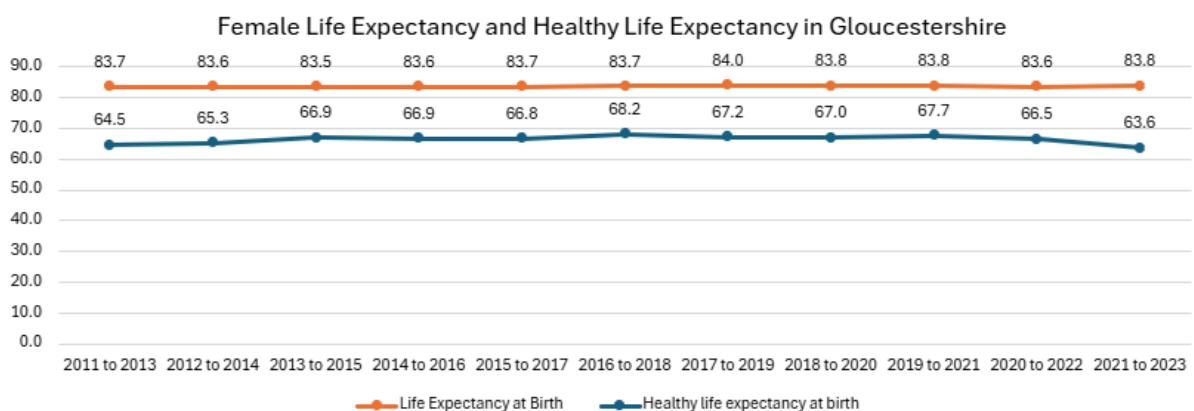


Figure 14: Female life expectancy and healthy life expectancy in Gloucestershire, 2009-2020 (Source: OHID public health profiles)

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.

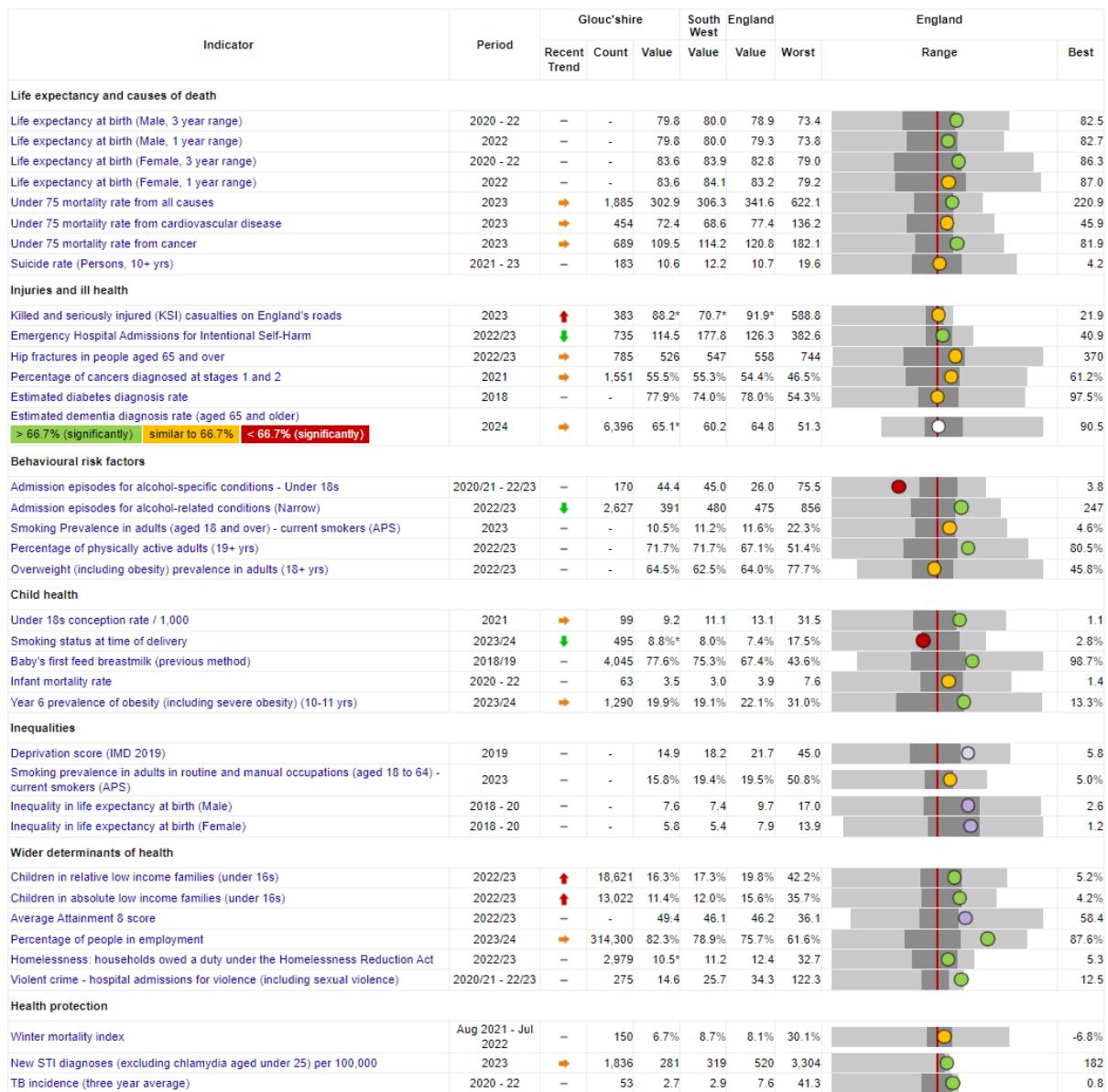


Figure 15: OHID Health Profile for Gloucestershire 2024



Figure 16: OHID Child Health Profile for Gloucestershire 2024 Ref

Mortality

During 2020 the three leading causes of death in Gloucestershire were cancer (24.9%), circulatory disease (21.0%) and respiratory disease (9.1%)⁵⁸.

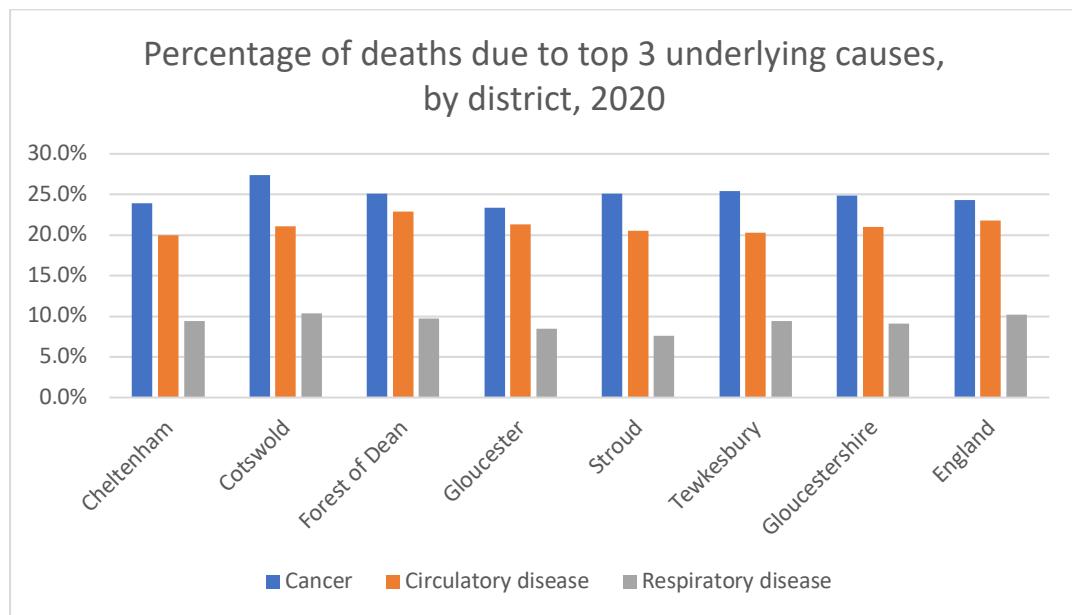


Figure 17: Percentage of deaths by top 3 underlying causes, by district, 2020 (Source: OHID Palliative and End of Life Care Profiles)

The under-75 all-cause mortality rate in Gloucestershire is lower than the England average⁵⁹. Early deaths from cancer and cardiovascular disease are below the national average. The under-75 mortality rates from dementia and Alzheimer's are better than national rate for women and slightly worse for men, while the rates of liver disease are slightly better than national and significantly better for respiratory disease.

⁵⁸Office 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/yrr/1/cid/4/tbm/1>

⁵⁹Office 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/yrr/3/cid/4/tbm/1>

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 8.5%⁶⁰. 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%⁶¹. The number of people aged 18 years and over in Gloucestershire diagnosed by GPs with depression has increased from 27,043 people in 2012/13 to 52,777 people in 2018/19, an increase of 95%⁶².

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%⁶³. It is estimated that 65.1% 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.

⁶⁰Office 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>

⁶¹Office 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>

⁶²Inform Gloucestershire (2020). Adults with Mental Health Conditions Prevalence of Needs. https://www.gloscestershire.gov.uk/media/peicuph/mh-2020_final.pdf

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

Influenza Vaccination Uptake

In 2023/24 the uptake of flu vaccination in Gloucestershire in at-risk individuals was 49.9%, which was the 3rd highest amongst all local authorities in the country and in those aged 65 and over was 83.5% which was the 6th highest coverage⁶⁴. Both values fell since the last PNA.

Palliative Care

QOF data shows that 0.7% of patients registered with GPs in Gloucestershire are on the palliative care/support register, a total of 4,836 individuals in 2019/20⁶⁵. 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 5.5% in 2023 (far lower than the national value of 11.6%). This figure has decreased sharply from 18.1% since 2022⁶⁶.

The percentage of physically active adults in Gloucestershire 2022/23 was 69.6%, higher than the national figure of 67.1%. This is higher than the 2021/22 value of 68%⁶⁷.

The percentage of adults in Gloucestershire classified as overweight or obese in 2022/23 was 67.7%, a decrease since the previous year (70.6%) but higher than the national value of 67.7%⁶⁸.

The rate of admissions for alcohol-related conditions in Gloucestershire in 2022/23 was 438 per 100,000 individuals, lower than the national figure of 475 per 100,000⁶⁹. This local figure is lower than the 2021/22 figure of 507 per 100,000. The rate of alcohol-specific admissions in under 18s in Gloucestershire was 29 per 100,000 in 2022/23, lower than the national value of 26.0 and reduced since the previous year⁷⁰.

In 2020/21 3.8 per 1,000 of the Gloucestershire adult population were in treatment at specialist drug misuse services, compared to 4.5/1,000 nationally⁷¹. In 2023 5.4% of opiate users and 23.5% of non-opiate users successfully completed drug treatment. The value for opiate users was similar to the national value while that for non-opiate users was significantly lower.

⁶⁴Office 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>

⁶⁵Office 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/1/cid/4/tbm/1>

⁶⁶Office 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>

⁶⁷As per 66

⁶⁸As per 66

⁶⁹As per 66

⁷⁰As per 66

⁷¹As per 66

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. In quarter 2 of 2024/25, 65% of the eligible population in Gloucestershire received a health check⁷². This is in comparison to 36.0% of people in England receiving a health check.

Sexual Health

The under-18s conception rate in Gloucestershire in 2021 was 9.2 per 1,000, lower than the national value of 13.1/1,000⁷³. The chlamydia detection rate for young people aged 15 to 24 in 2020 in Gloucestershire was 1544 per 100,000 (lower than the national rate of 1962/100,000). The rate of new STI diagnoses (excluding chlamydia) in under 25s was 281/100,000 (lower than the national rate of 520/100,000). Although the HIV diagnosed prevalence rate in those aged 15-59 in Gloucestershire in 2023 was lower than the national rate (1.33/1,000 versus 2.4/1,000), the proportion of late HIV diagnoses is higher in Gloucestershire (61.1% versus 43.5%).

Oral Health

In 2021/22, 16.8% of 5-year-olds in Gloucestershire had visually obvious dental decay, compared to 23.0% nationally⁷⁴.

⁷²As per 66

⁷³Office for Health Improvement and Disparities. (2021). Sexual and Reproductive Health Profiles. <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0>

⁷⁴Office for Health Improvement and Disparities (2023). Local Authority Health Profiles. <https://fingertips.phe.org.uk/search/dental#page/4/gid/1/pat/6/par/E12000009/ati/502/are/E10000013/iid/93563/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

5. Current Provision of Pharmaceutical Services

This section identifies and maps current provision of pharmaceutical services within Gloucestershire (as of May 2025 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 May 2025, there was a total of 103 community pharmacies in Gloucestershire. This is five less pharmacies than when the 2022 Gloucestershire PNA was published. The names and addresses of community pharmacies in Gloucestershire are listed in Appendix 4, and their location shown on relevant maps below and in [PNA maps](#).

There are six pharmacies that have opened since the 2022 PNA, and nine pharmacies that are no longer operating, but were open at the time of the 2022 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 five fewer community pharmacies in existence in the county than there were in 2022 due to either consolidations or closures.

Distance selling pharmacies

There are two wholly internet/mail order pharmacies within Gloucestershire. This is one additional distance selling pharmacy since the 2022 Gloucestershire PNA. The name and addresses of the distance selling pharmacies in Gloucestershire are listed in Appendix 4 and can be found in Figure 18 below.

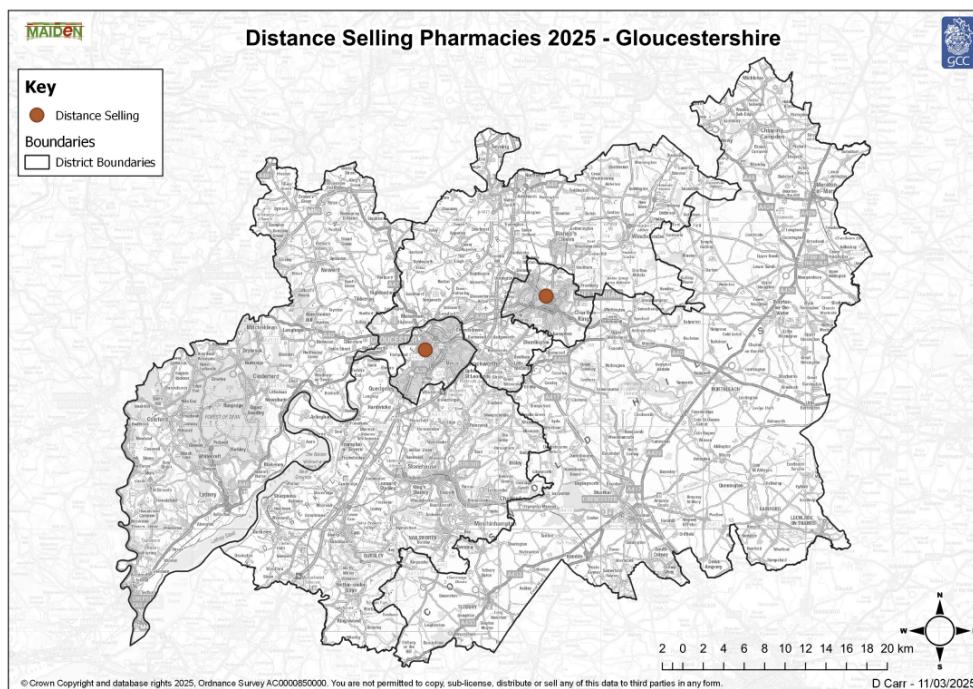


Figure 18: Distance Selling Pharmacies – Gloucestershire

Every resident in Gloucestershire has the choice of using any of the 409⁷⁵ (as of October 2024) 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 Doctors

There are 30 dispensing doctors, two more than at the time of the 2022 PNA, one in the Forest of Dean and one in Stroud. Only eligible patients can receive the dispensing services; the majority will live in a controlled area and their registered residence will be approximately 1 mile from the nearest pharmacy. The names and addresses of dispensing doctors in Gloucestershire are listed in Appendix 5, and their location shown on relevant maps below and in [PNA maps](#).

⁷⁵NHS Business Services Authority (2024). *General Pharmaceutical Services – England*. <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england>

Dispensing Appliance Contractors (DACs)

There are 2 DACs in Gloucestershire, the same as at the time of the 2022 PNA. The names and addresses of the DACs in Gloucestershire are listed in Appendix 4. 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 doctors 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 a private pharmacy (Fairview Pharmacy) located in Gloucester which supplies services to local Gloucestershire community hospitals against hospital prescriptions.

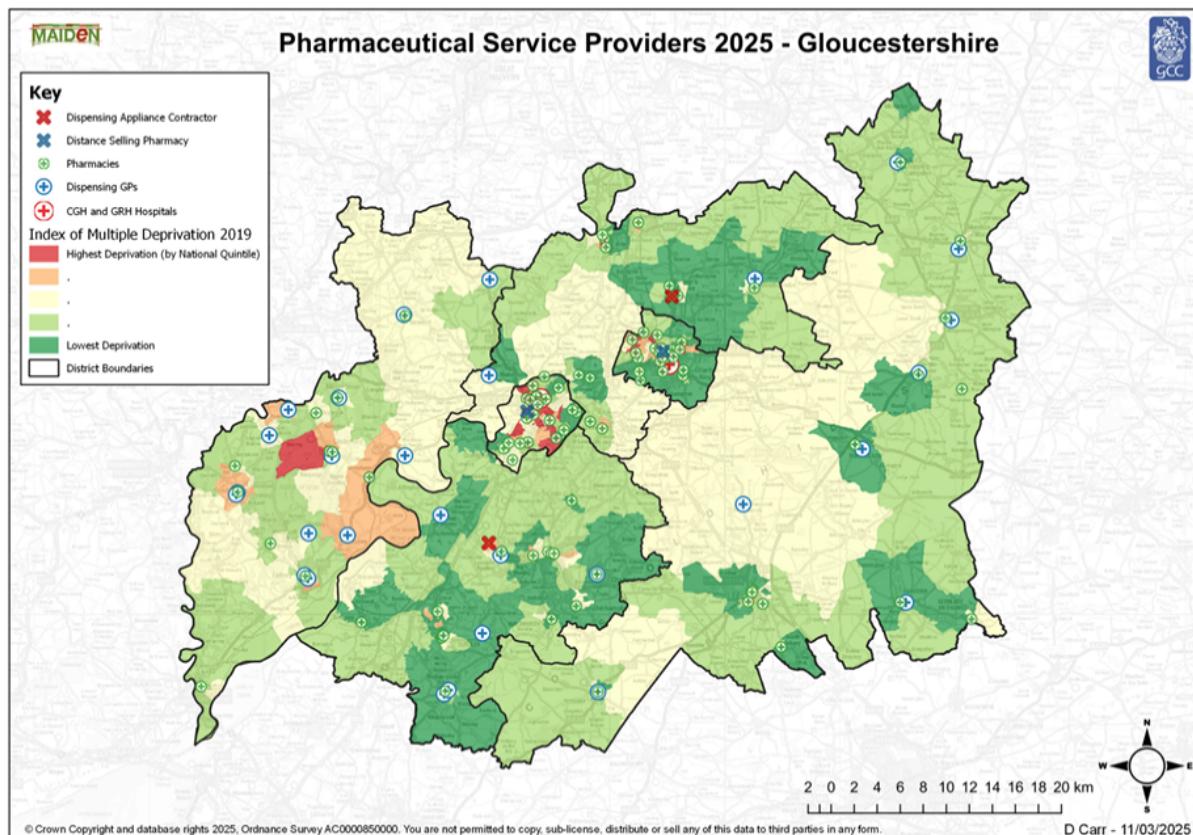


Figure 19: Pharmaceutical Providers- Gloucestershire and 5-mile radius around county

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 20, and in the locality summaries in Section 6, as well as on [PNA maps](#). With an estimated 652,409 residents and 133 providers of pharmaceutical services, there is on average one pharmaceutical service provider per 4,905 people in Gloucestershire (slightly higher than the figure of 4,711 in the 2022 PNA). Of note, these figures do not include the 2 DACs, 2 distance selling pharmacies, and 2 hospital pharmacies in Gloucestershire.

Within the Gloucestershire districts the number of community pharmacies per 100,000 population ranges from 12.8 in Stroud to 19.1 in Cheltenham. All districts are below the rate

for England. The districts which contain rural areas are also home to dispensing doctors to provide pharmaceutical services in these locations. Within the Gloucestershire districts the number of pharmaceutical providers (community pharmacies plus dispensing doctors) per 100,000 population ranges from 16.1 in Tewkesbury to 29.1 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 2025, NHSEI)	Dispensing Doctor (Jan 2025, NHSEI)	ONS Population estimates (mid-year 2023, ONS)	Community Pharmacies per 100,000 population	Pharmaceutical Providers per 100,000 population
England rate	12,009	921	57,690,323	20.8	22.41
Gloucestershire	105	30	659,276	15.9	20.48
Cheltenham	23	0	120,255	19.1	19.13
Cotswold	15	9	91,490	16.4	26.23
Forest of Dean	13	13	89,104	14.6	29.18
Gloucester	24	0	134,991	17.8	17.78
Stroud	16	6	124,540	12.8	17.67
Tewkesbury	14	2	98,896	14.2	16.18

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

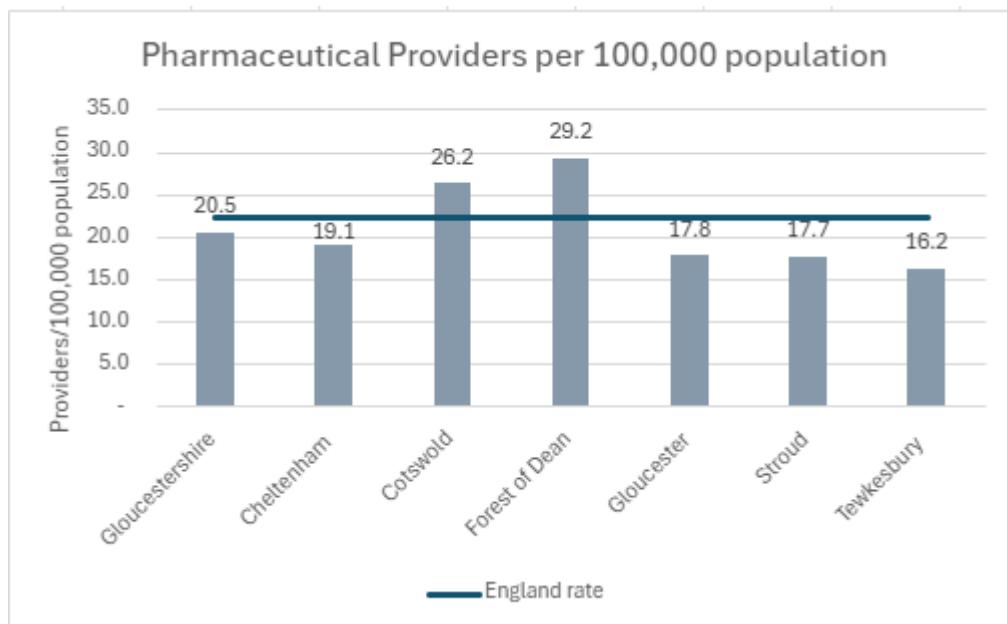


Figure 20: Pharmaceutical providers per 100,000 population at county and district level

5.3 Access to Services

5.3.1 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 6 100-hour pharmacies in Gloucestershire. This is 4 less 100-hour pharmacies than the 2022 PNA. Since May 2023, 100-hour pharmacies have

been allowed to reduce their total weekly core hours to 72, provided they meet certain conditions.

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.

25 pharmacies open before 9.00 on weekdays, and all but one are open after 17.00 on weekdays. There are 89 community pharmacies that open on a Saturday (i.e. all but 18). These have a range of opening hours. 16 pharmacies open on Sundays. Figure 21 and 22 below, shows a map of Sunday pharmacies and pharmacies that are open after 6pm (also available on [PNA maps](#)). 29 pharmacies are open until at least 6:30 pm and 14 pharmacies are open until at least 7pm. The pharmacies open until at least 7pm can be viewed in Appendix 8.

Dispensing doctors are open Monday to Friday only. Based on our survey of dispensing doctors in Gloucestershire (response rate 3%), the average total daily opening hours are 10.5, and average total weekly opening hours are 52.5.

Both Gloucestershire DACs are contactable Monday to Friday and are closed at the weekend, each with total opening hours of 42.5 per week. Both distance selling pharmacies in Gloucestershire are also contactable Monday to Friday and closed at the weekend, both with total opening hours of 40 per week.

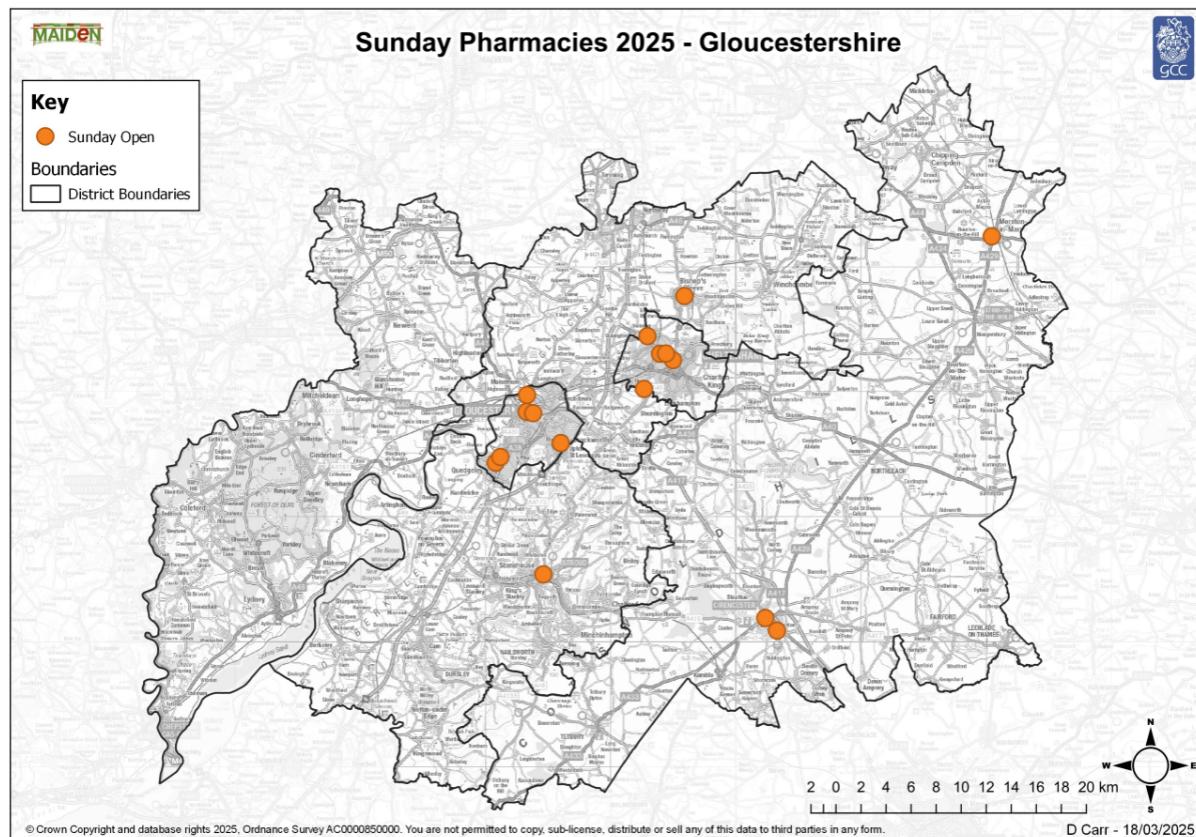


Figure 21: Pharmacies open on Sunday in Gloucestershire

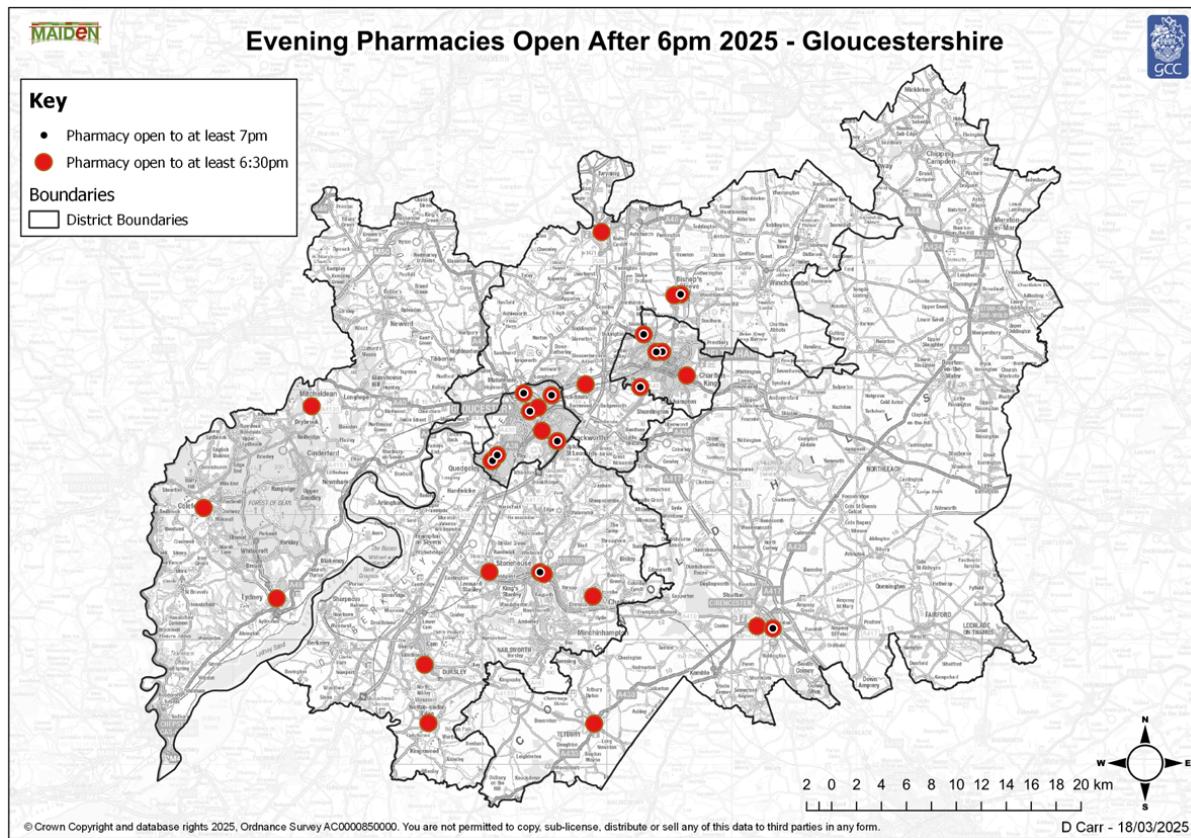


Figure 22: Pharmacies open after 6pm in Gloucestershire

5.3.2 Travel Times

Travel times to services (community pharmacies or dispensing doctors) have been calculated and mapped- see figures 23-32 below and [PNA maps](#).

Walking

Nearly three quarters (74%) of Gloucestershire residents can walk to a community pharmacy or dispensing doctor in under 20 minutes (39% can walk within 10 minutes). This figure is over 95% for both Cheltenham and Gloucester, but as low as 62.2% for Cotswold. See Figure 23 and 28.

Driving

99.9% of Gloucestershire residents can drive to a community pharmacy or dispensing doctor in under 15 minutes (and over 97% within 5-10 minutes). The poorest access by driving is in Cotswold and Forest of Dean. See Figure 24 and 29.

Over 65% of Gloucestershire residents can drive to a community pharmacy or a dispensing doctor that is open after 6.30pm in under 15 minutes. The poorest access by driving to a pharmacy open after 6.30pm is Cotswold. See Figure 25.

Public transport

Over 82% of Gloucestershire residents can travel to a community pharmacy or dispensing doctor via public transport in under 15 minutes (and over 92% within 30 minutes). The poorest access by public transport is in Cotswold. See Figure 26 and 31.

Over 50% of Gloucestershire residents can travel to a community pharmacy or dispensing doctor via public transport that is open after 6.30pm in under 30 minutes (and over 35% within 45 minutes). The poorest access by public transport to pharmacies open after 6.30pm is in Cotswold. See Figure 27 and 32.

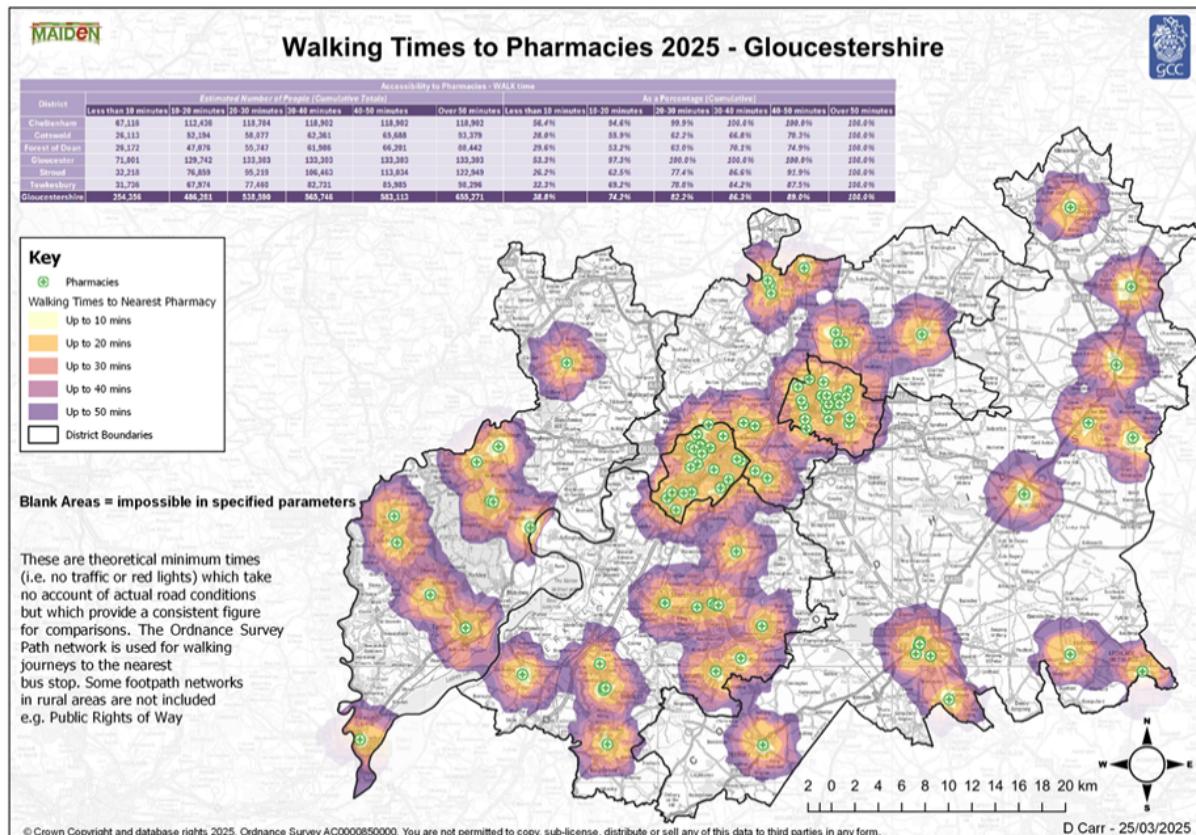


Figure 23: Walking times to pharmaceutical service providers in Gloucestershire

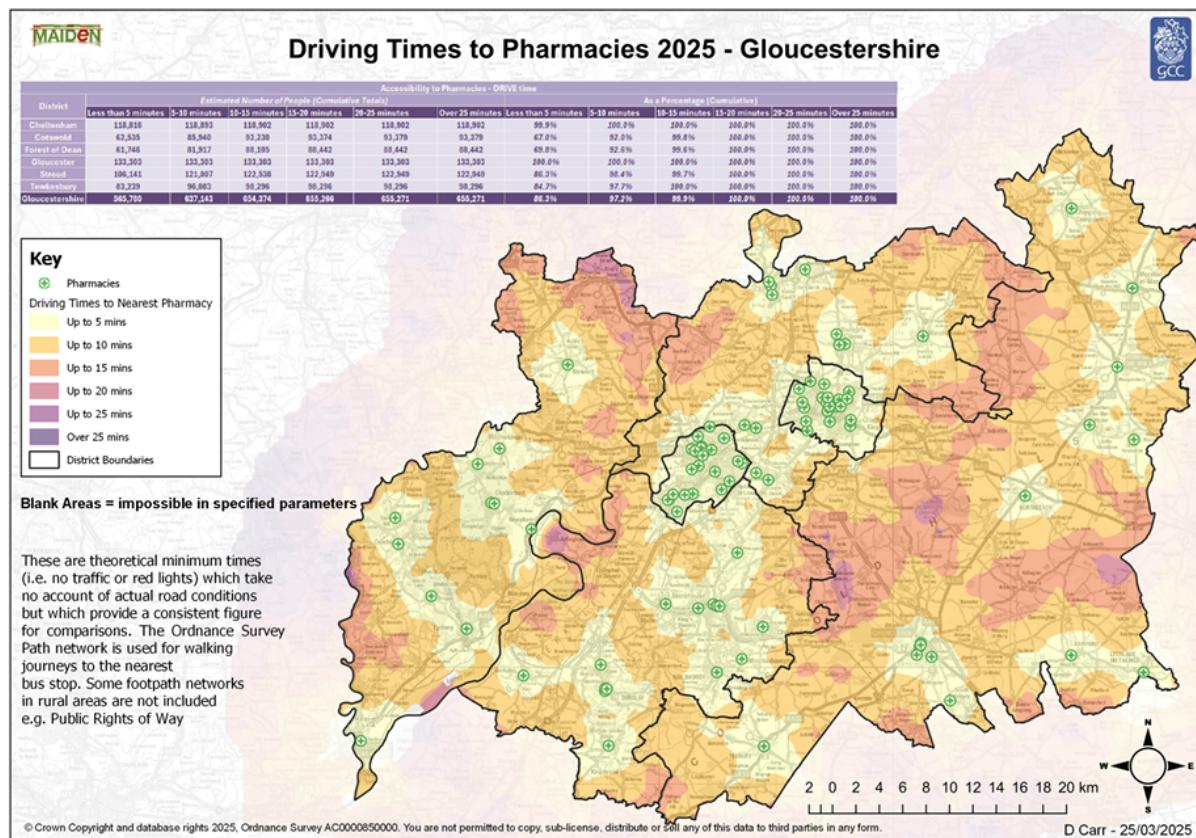


Figure 24: Drive times to pharmaceutical service providers in Gloucestershire

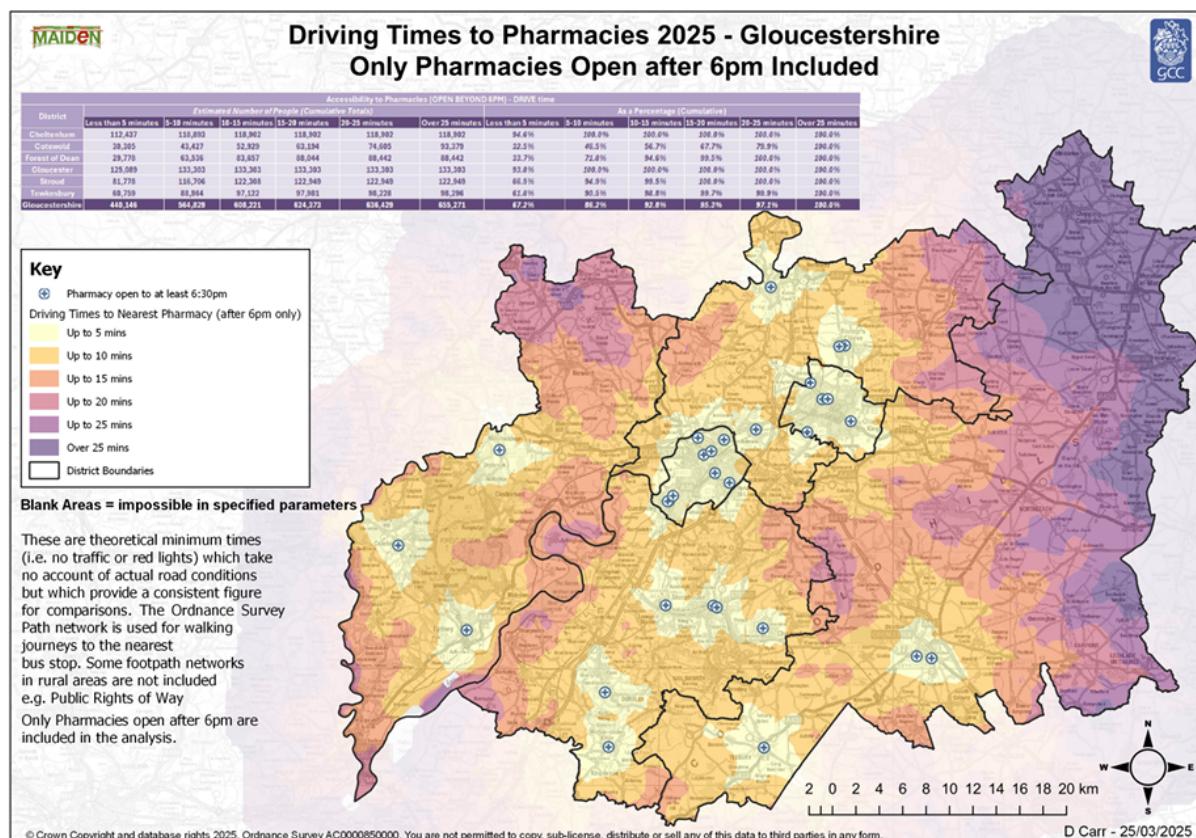


Figure 25: Drive times to pharmaceutical service providers open after 6pm in Gloucestershire

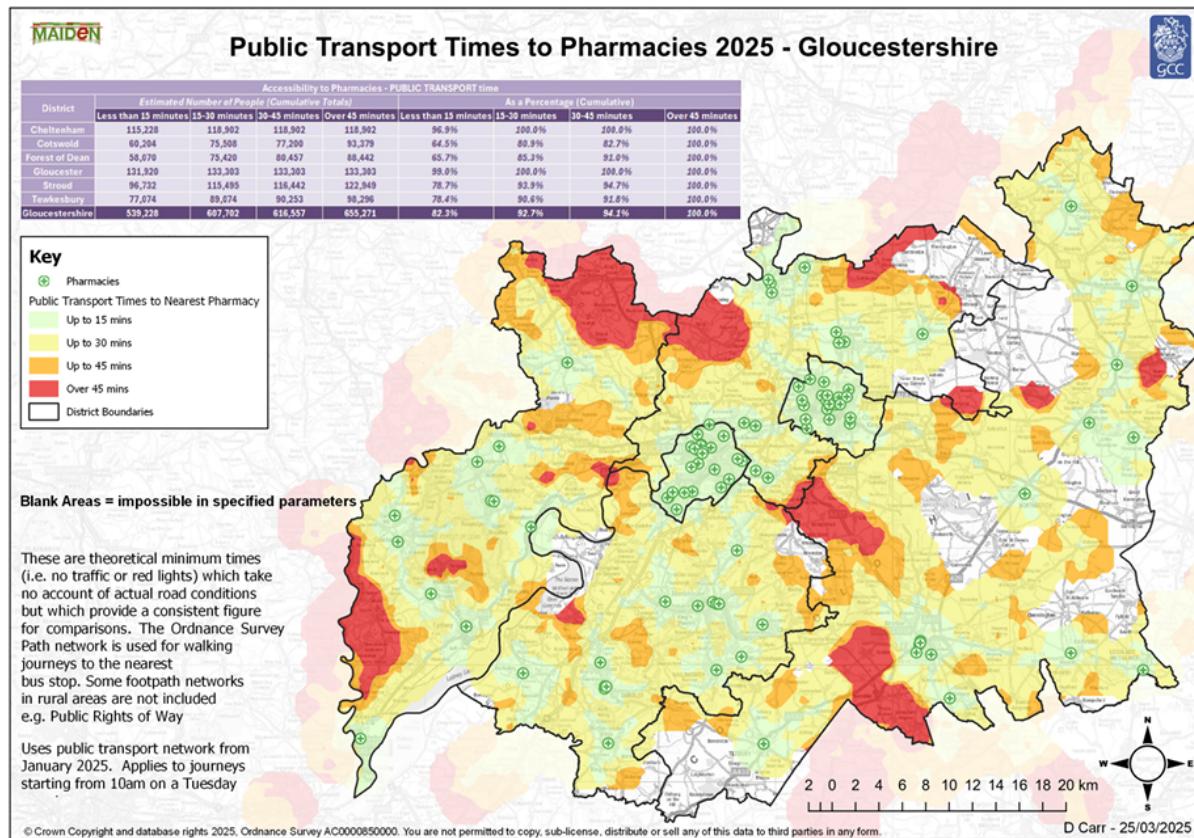


Figure 26: Public transport times to pharmaceutical service providers in Gloucestershire

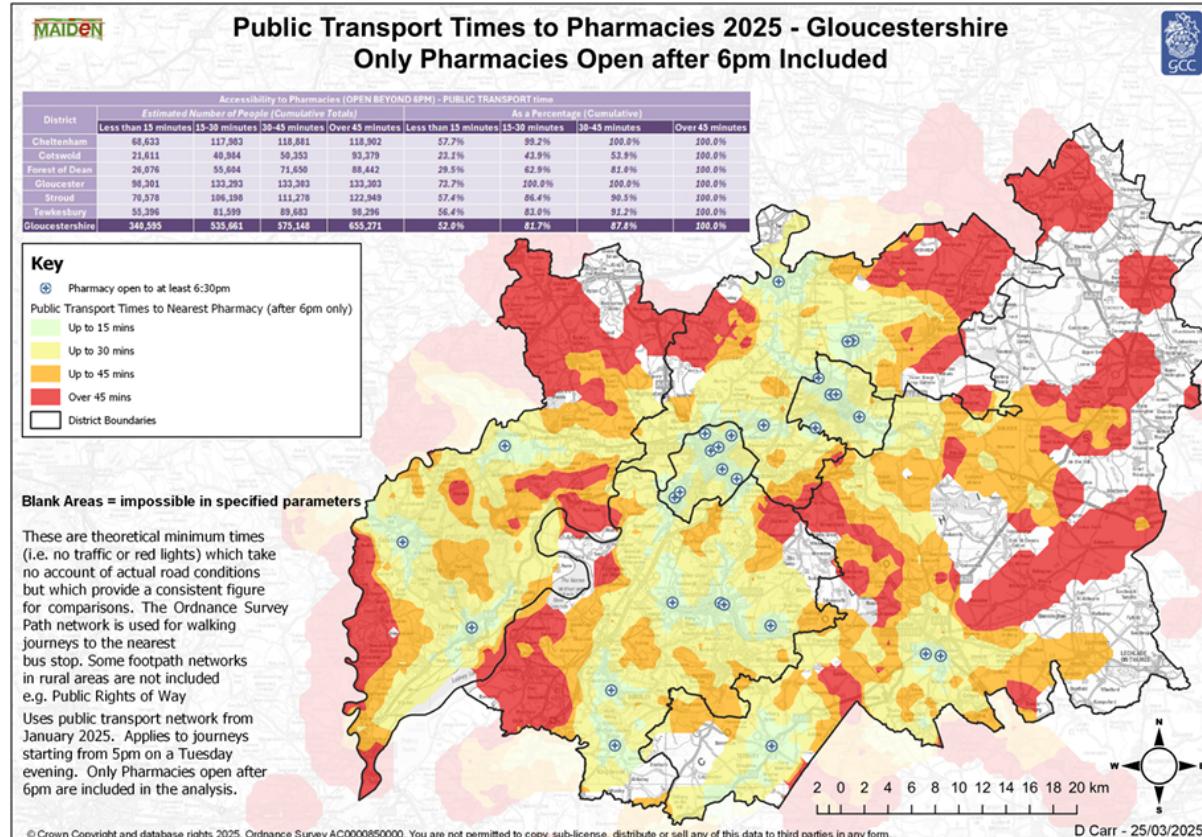


Figure 27: Public transport times to pharmaceutical service providers open after 6pm in Gloucestershire

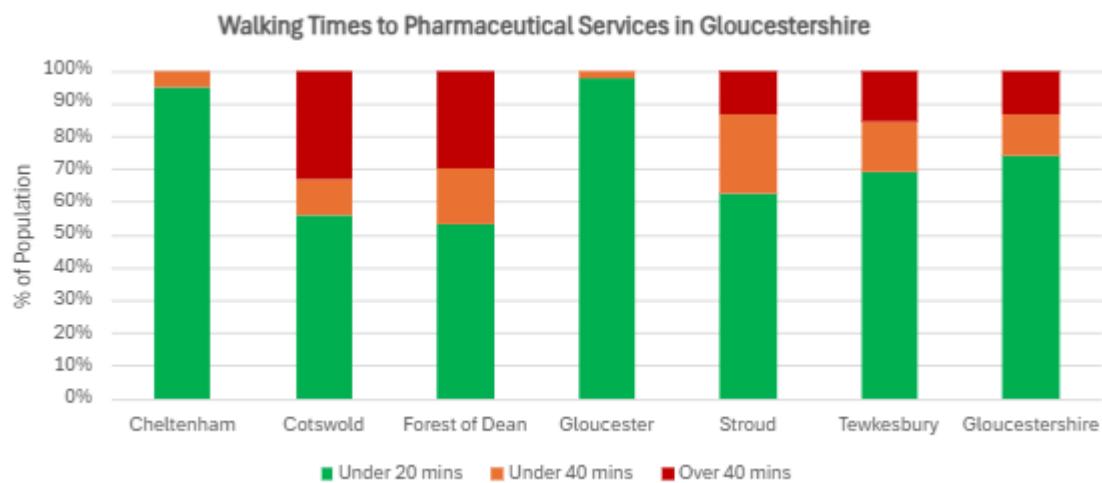


Figure 28: Walking times to pharmaceutical services in Gloucestershire by district

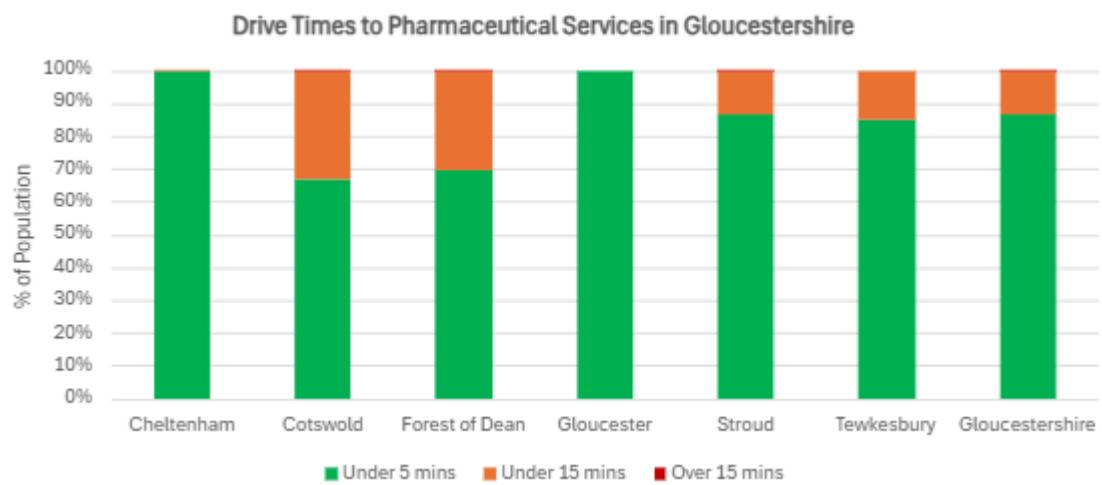


Figure 29: Drive times to pharmaceutical services in Gloucestershire by district

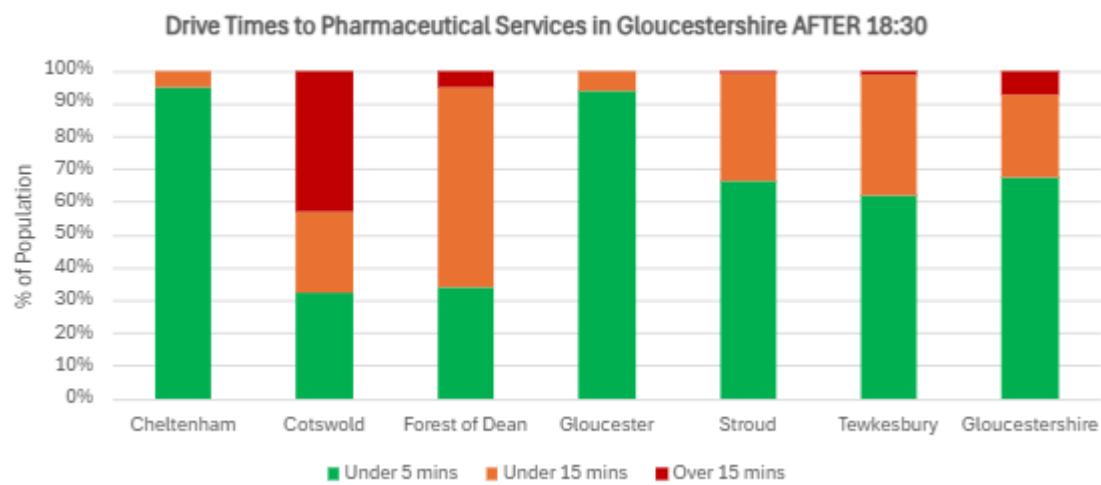


Figure 30: Drive times to pharmaceutical services in Gloucestershire after 6.30pm by district

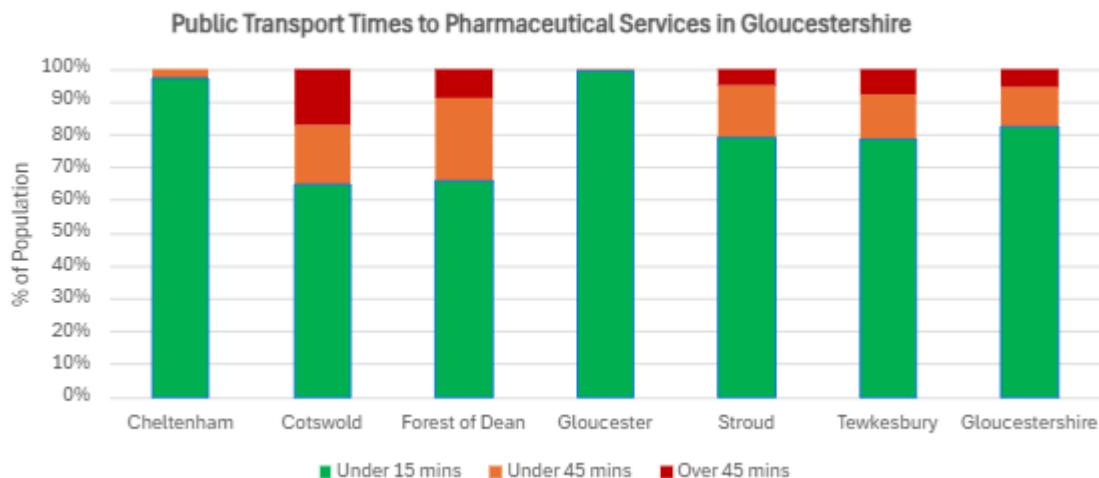


Figure 31: Public transport times to pharmaceutical services in Gloucestershire by district

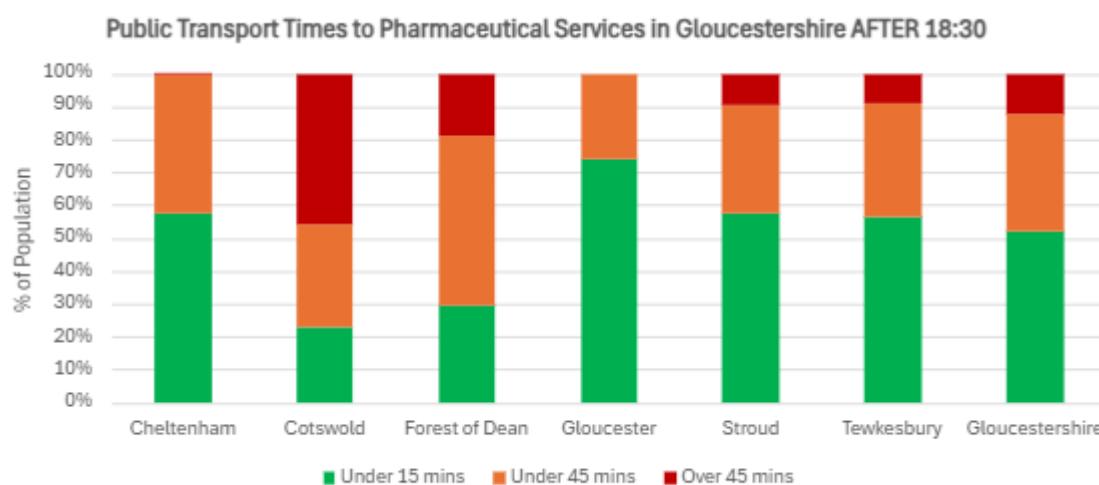


Figure 32: Public transport times to pharmaceutical services after 6.30pm in Gloucestershire by district

5.4 Services Provided

For the purposes 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 2025.

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, Gloucestershire Integrated Care Board, and Gloucestershire County Council. Additional information was gathered by distribution of a questionnaire to all community pharmacy contractors in Gloucestershire in December/January 2024/25. The response rate was 62%, lower than the response rate for the 2022 PNA questionnaire which was 67%. 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 6.

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 that responded to the PNA questionnaire, 95% dispense all types of appliances. 5% dispense some types of appliances.

Advanced Services

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

All 103 community pharmacies in Gloucestershire provide the New Medicine Service (100%). 97 pharmacies provide the community pharmacy seasonal influenza vaccination service (94%). All community pharmacies provide the pharmacy first service (100%). These are shown on the maps in Figures 33 to 37, also available on [PNA maps](#).

101 pharmacies (98%) are currently providing the hypertension case-finding service. In the pharmacy questionnaire, 96% of pharmacies stated they were currently providing this service and a further 3% stated they would be providing it soon.

31% of pharmacies responding to the PNA questionnaire stated that they currently provide the NHS stop-smoking service, and a further 55% stated they would be providing it soon.

There are 2 advanced appliance services- appliance use review (AUR) service and stoma appliance customisation. 3 pharmacies in Gloucestershire are commissioned to provide AUR and 4 pharmacies are commissioned to provide stoma appliance customisation see Figures 36 and 37 below, also available on [PNA maps](#). These services are predominantly carried out by the DACs (see below), which community pharmacies can refer to.

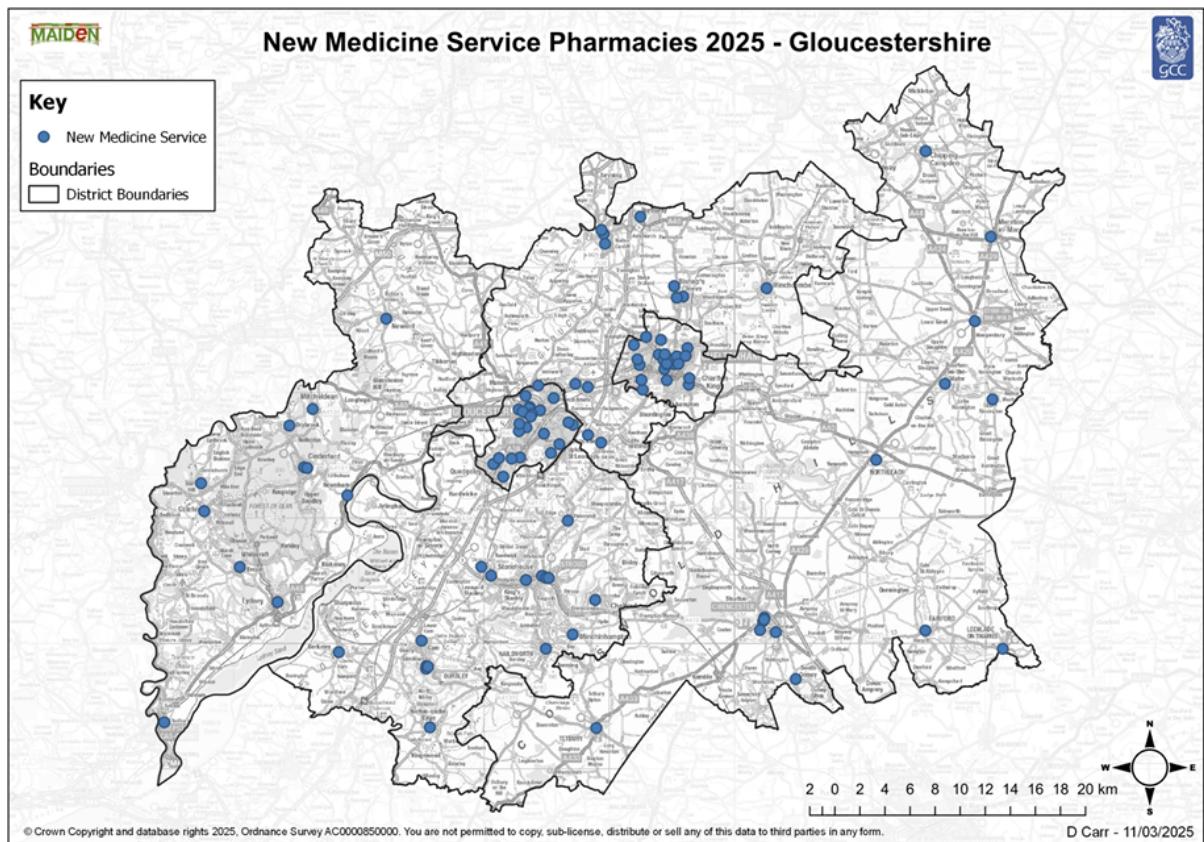


Figure 33: Pharmacies providing the New Medicines Service in Gloucestershire

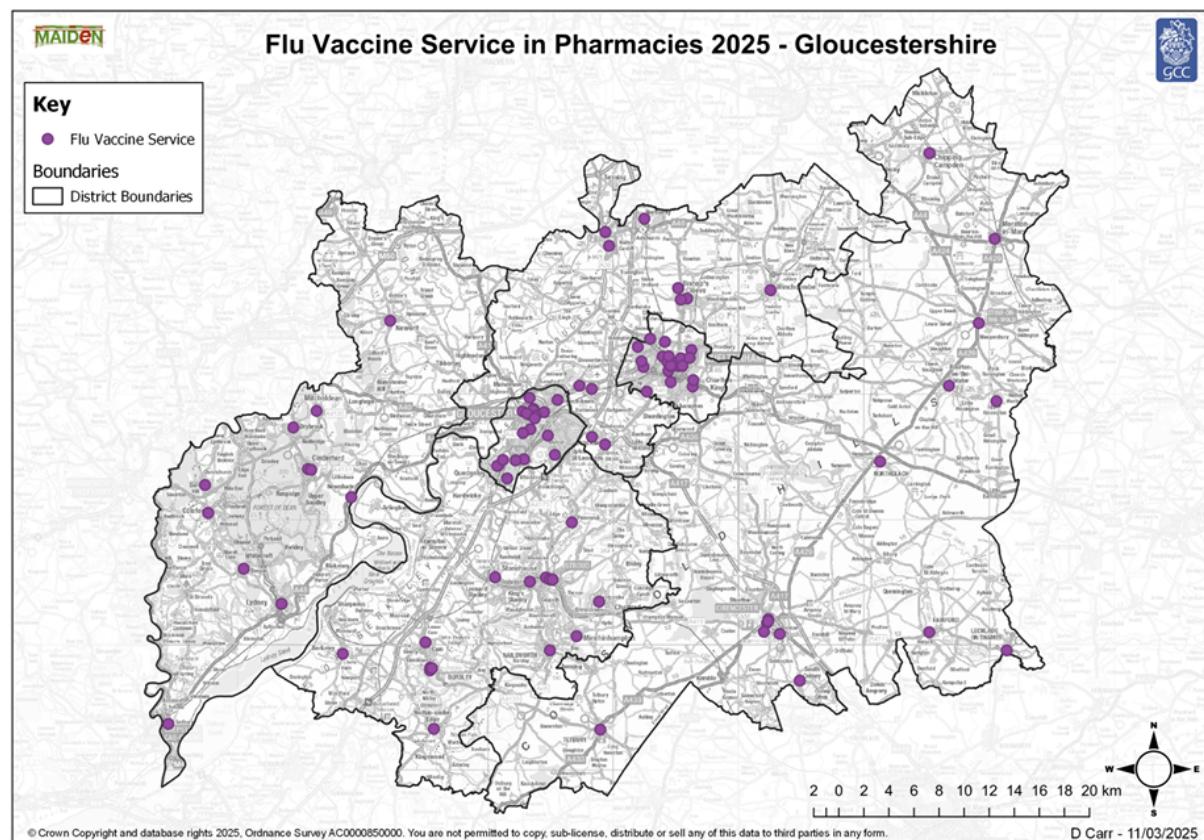


Figure 34: Pharmacies providing the seasonal influenza vaccination service in Gloucestershire

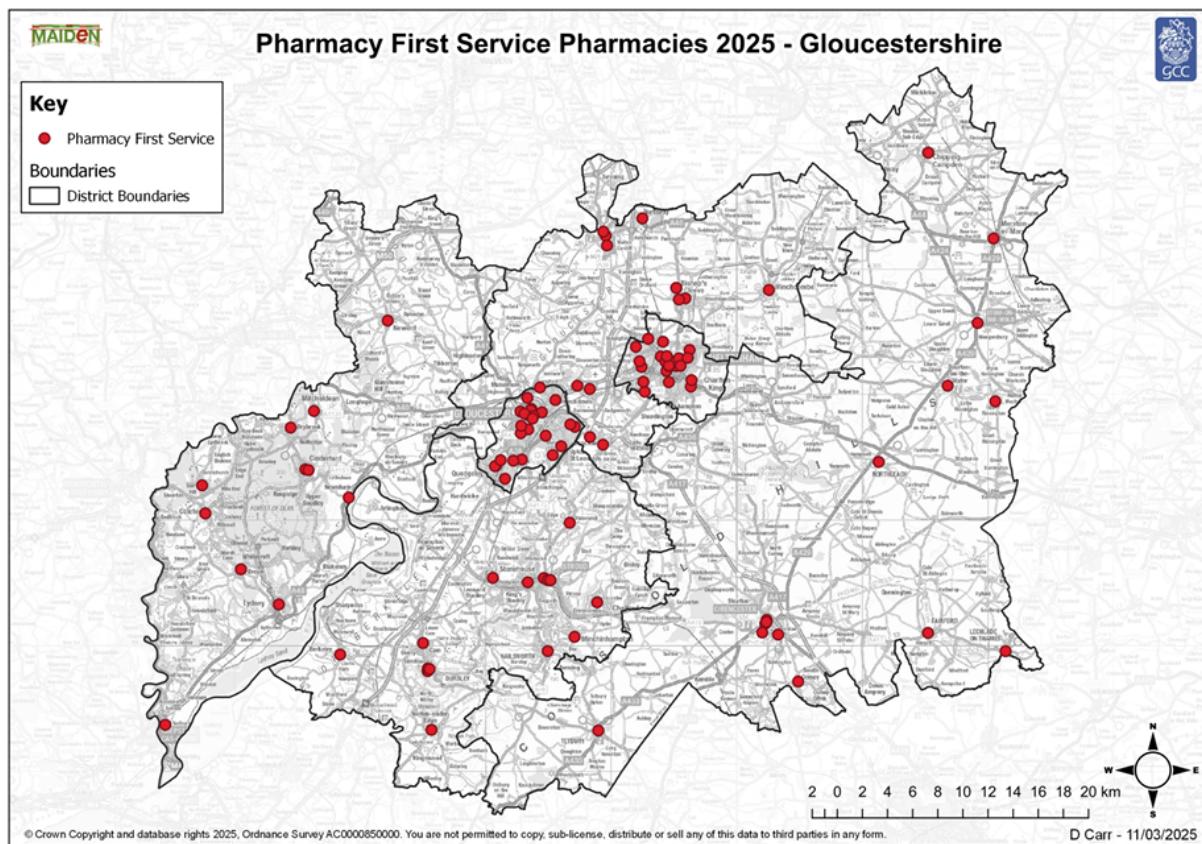


Figure 35: Pharmacies providing the Community Pharmacy Consultation Service in Gloucestershire

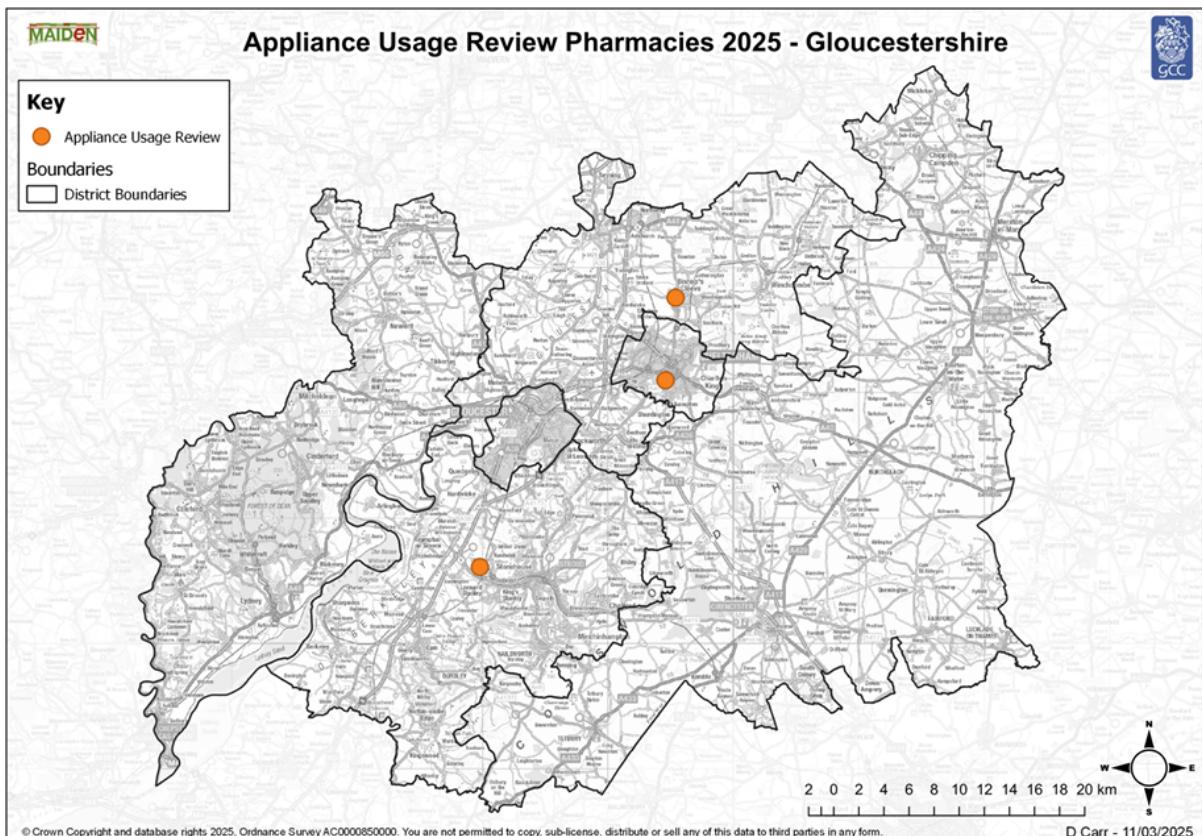


Figure 36: Pharmacies providing the Appliance Usage Review service in Gloucestershire

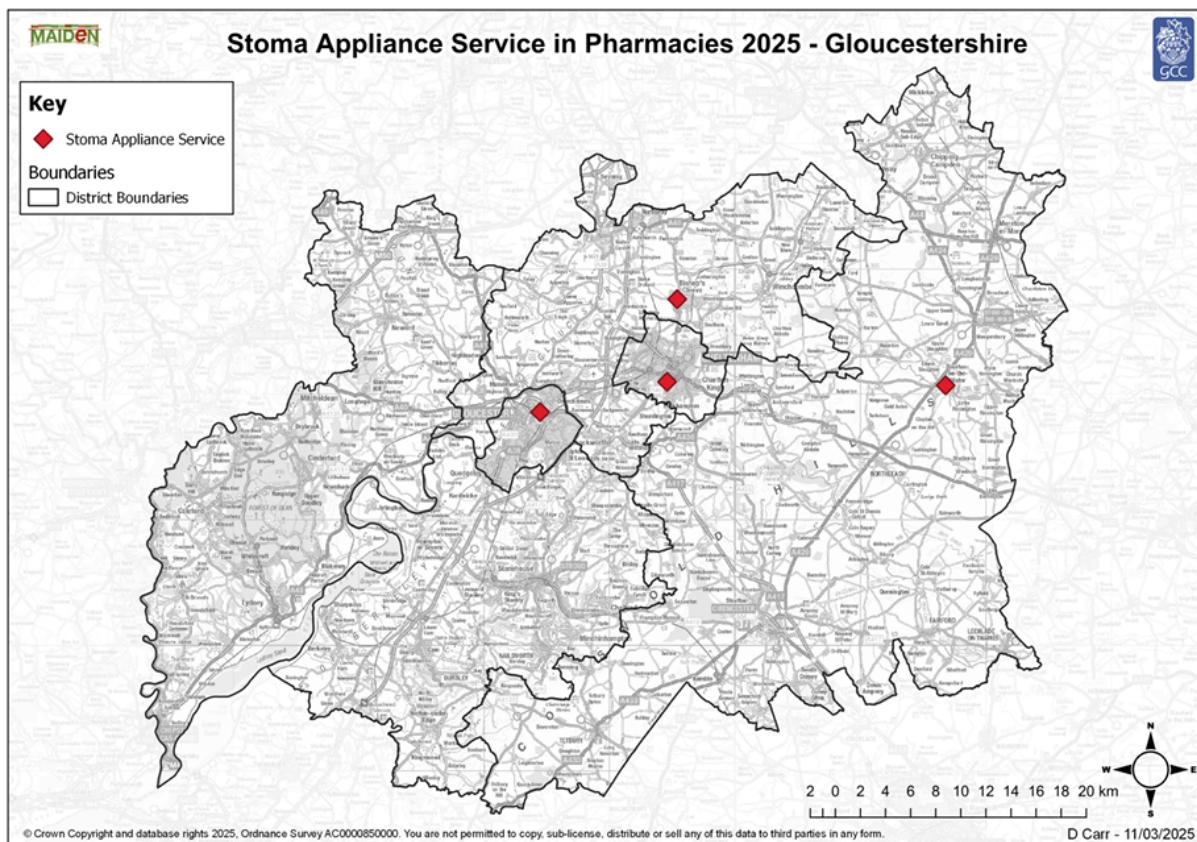


Figure 37: Pharmacies providing the Stoma Appliance service in Gloucestershire

Enhanced Services

Enhanced services are a third tier of pharmacy services. They include the Specialist Medicines Service that is commissioned by NHSE. Locally Commissioned Services are known as local enhanced services (LESs) and NHS commissioned LESs are commissioned under Pharmacy Directions. Additional LESs are provided by certain pharmacies commissioned by the ICB or Local Authority (see Locally Commissioned Services below).

Locally Commissioned Services

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

Commissioned by Gloucestershire County Council:

- Needle and syringe exchange programme (see Figure 38 and [PNA maps](#))
 - 29 pharmacies
- Supervised consumption of methadone and Subutex (see Figure 39 and [PNA maps](#))
 - 60 pharmacies
- Sharps disposal (see Figure 40 and [PNA maps](#))
 - 91 pharmacies
- Community pharmacy contraception services (see Figure 41 and [PNA maps](#))
 - 88 pharmacies are signed up to provide Emergency Hormonal Contraception Services. However, this figure may not reflect actual availability, as the service is pharmacist-led and dependent on individual pharmacist accreditation and availability.
 - All pharmacies provide the NHS Pharmacy Contraception Service

- Stop smoking interventions in community pharmacies (see Figure 42 and [PNA maps](#))
 - All pharmacies providing the Smoking Cessation Service
- 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 ICB:

- Access to medicines- call out scheme (see Figure 43 and [PNA maps](#))
 - 7 pharmacies
- Emergency Supply Service (See Figure 44 and [PNA maps](#))
 - 59 pharmacies
- Just In Case Boxes
 - All pharmacies providing Just In Case Boxes (See Figure 45 and [PNA maps](#))

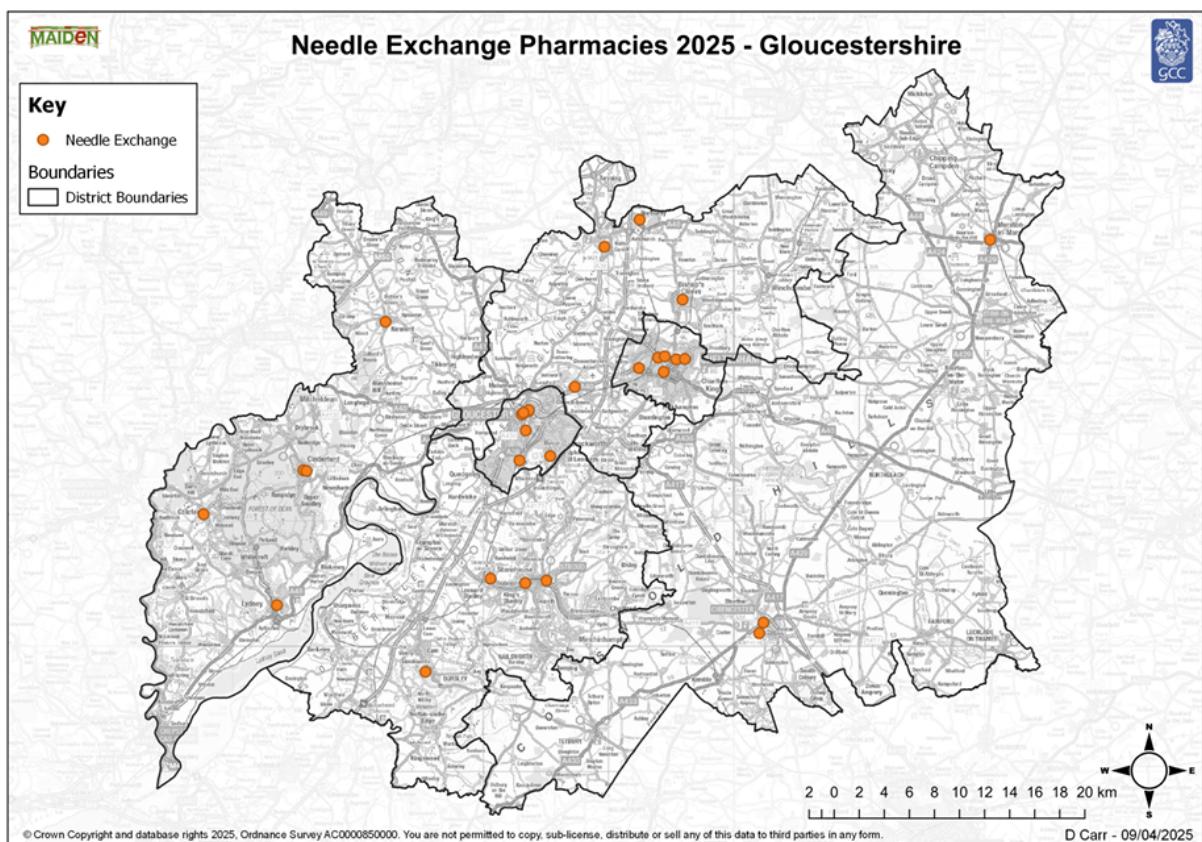


Figure 38: Pharmacies commissioned to provide needle and syringe exchange programme in Gloucestershire

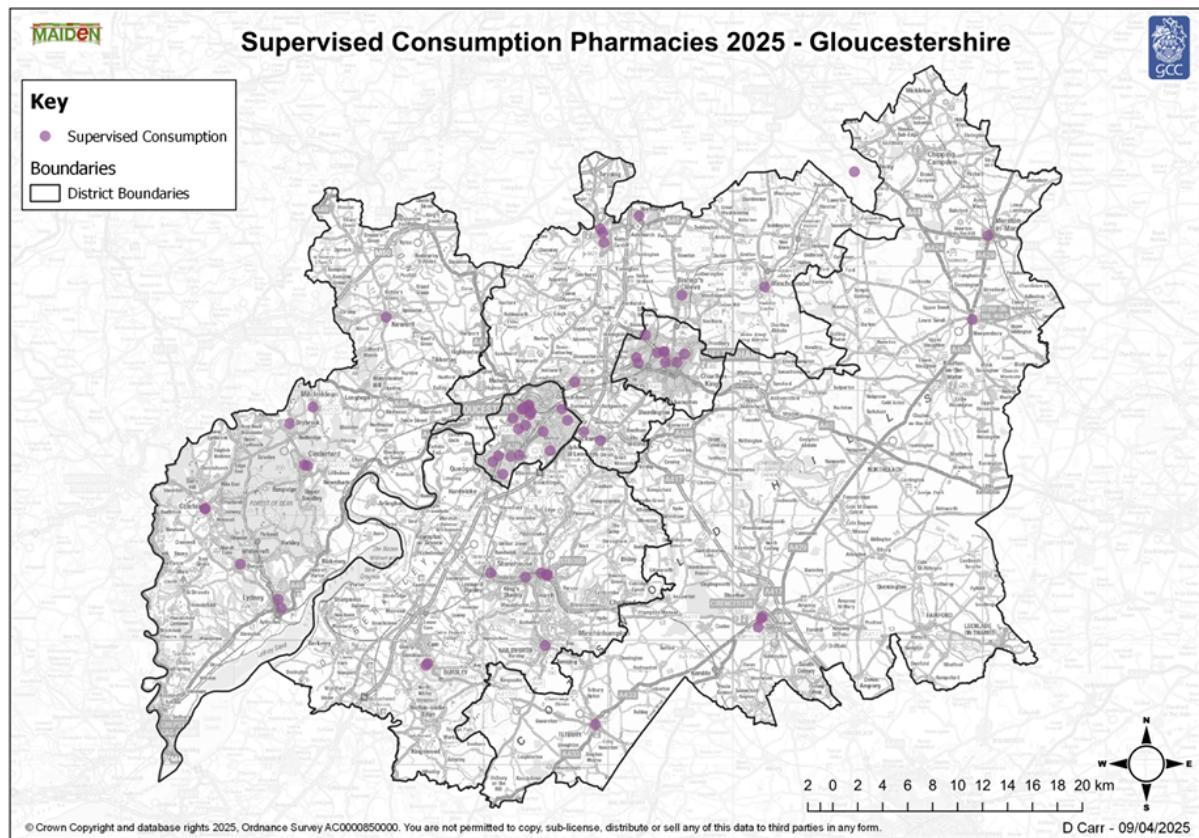


Figure 39: Pharmacies commissioned to provide supervised consumption of Methadone and Subutex in Gloucestershire

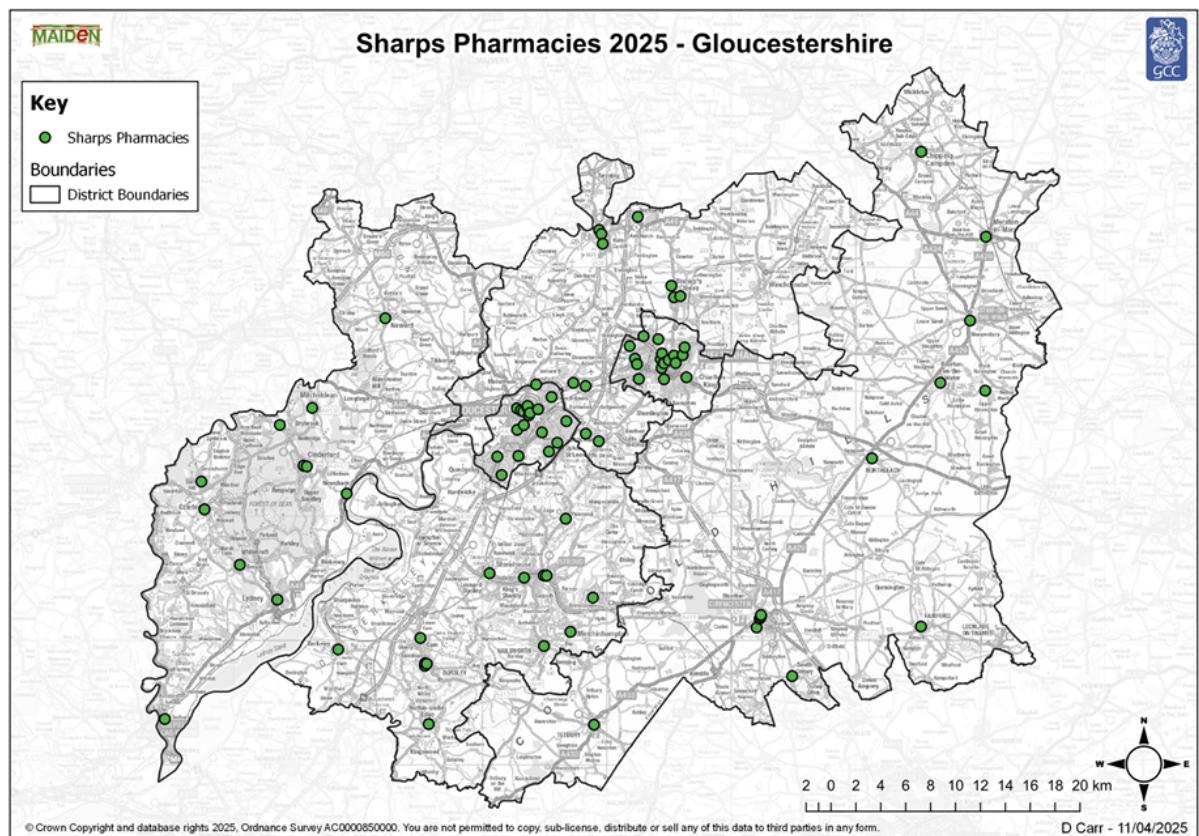


Figure 40: Pharmacies commissioned to provide sharps disposal in Gloucestershire

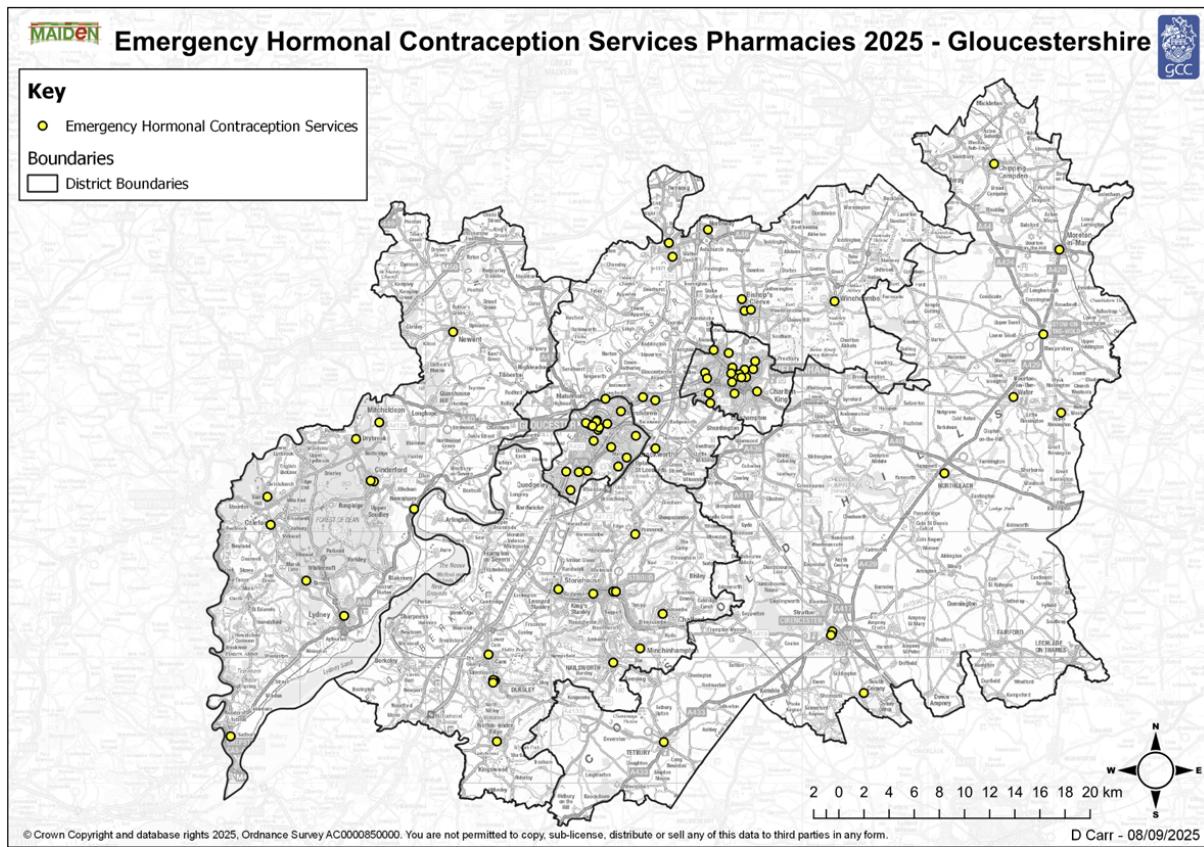


Figure 41: Pharmacies commissioned to provide Emergency Hormonal Contraception Services in Gloucestershire

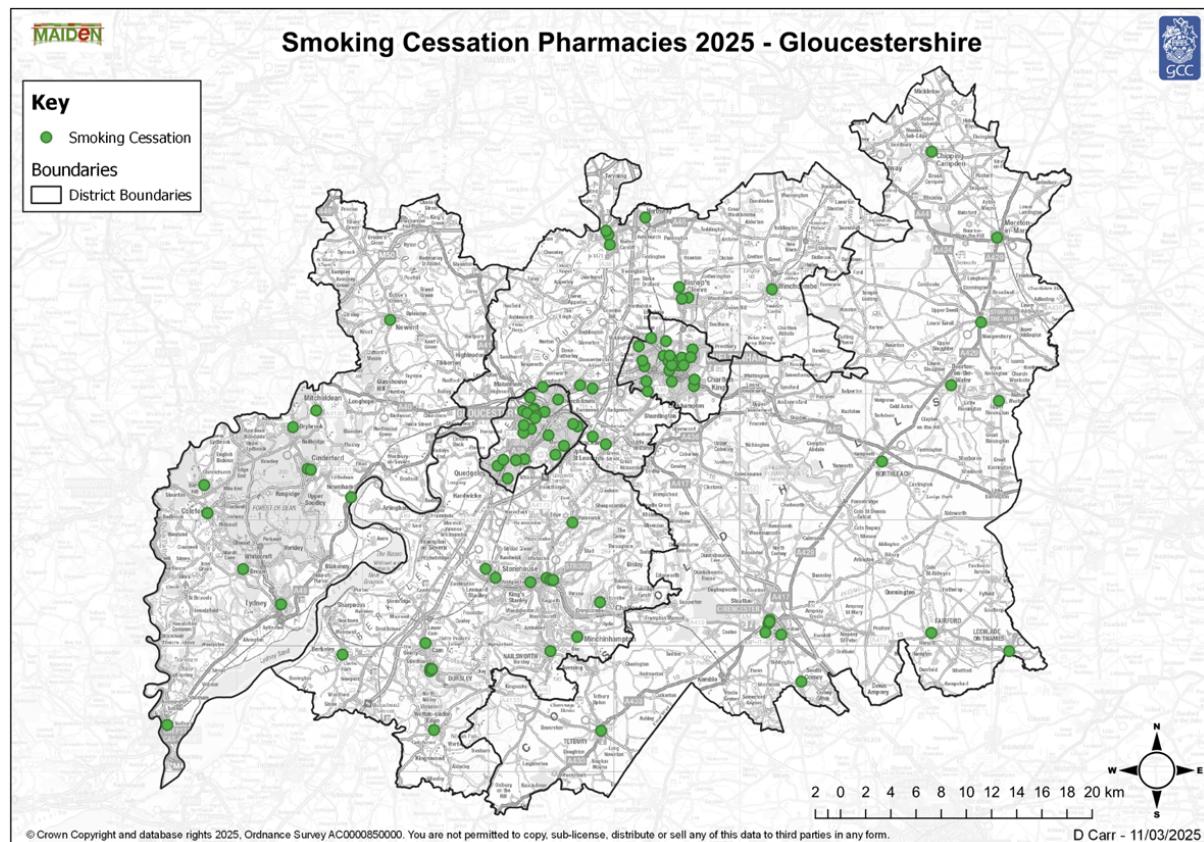


Figure 42: Pharmacies commissioned to provide stop smoking interventions in Gloucestershire

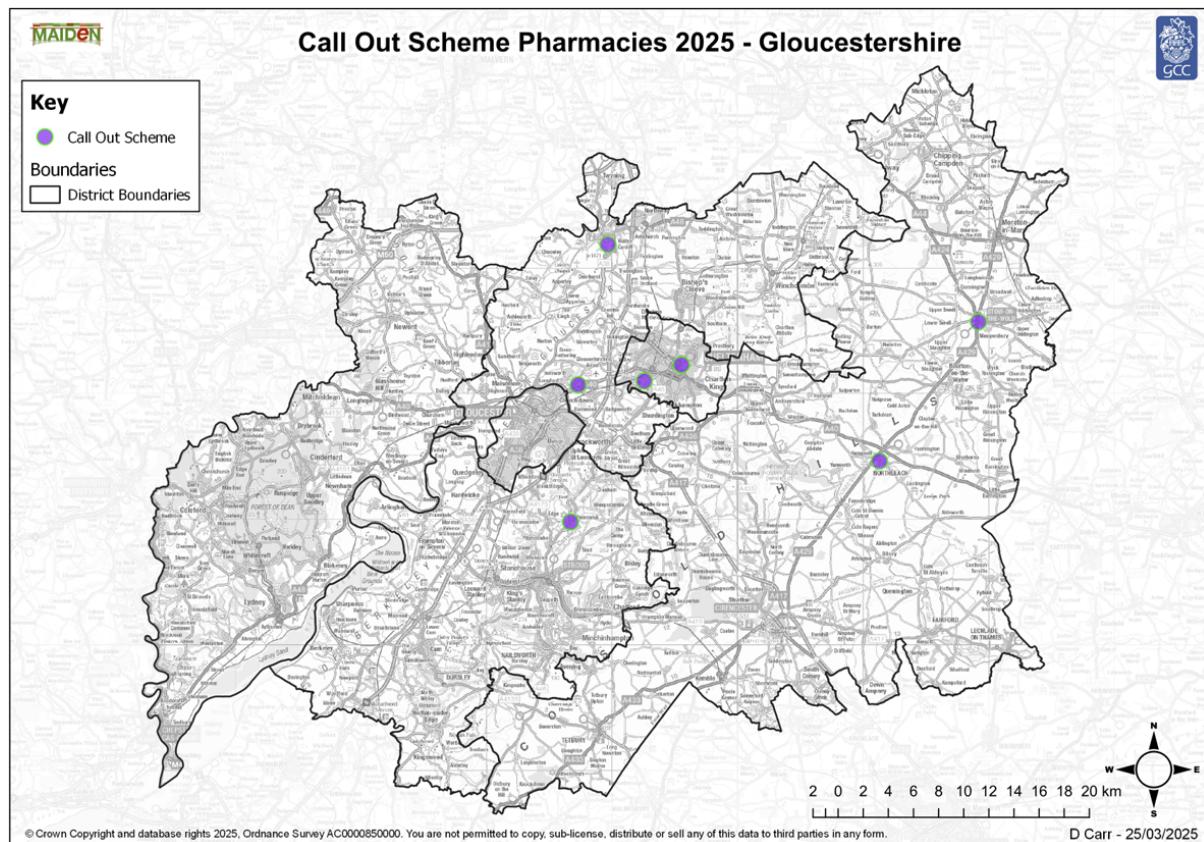


Figure 43: Pharmacies commissioned to provide call out scheme in Gloucestershire

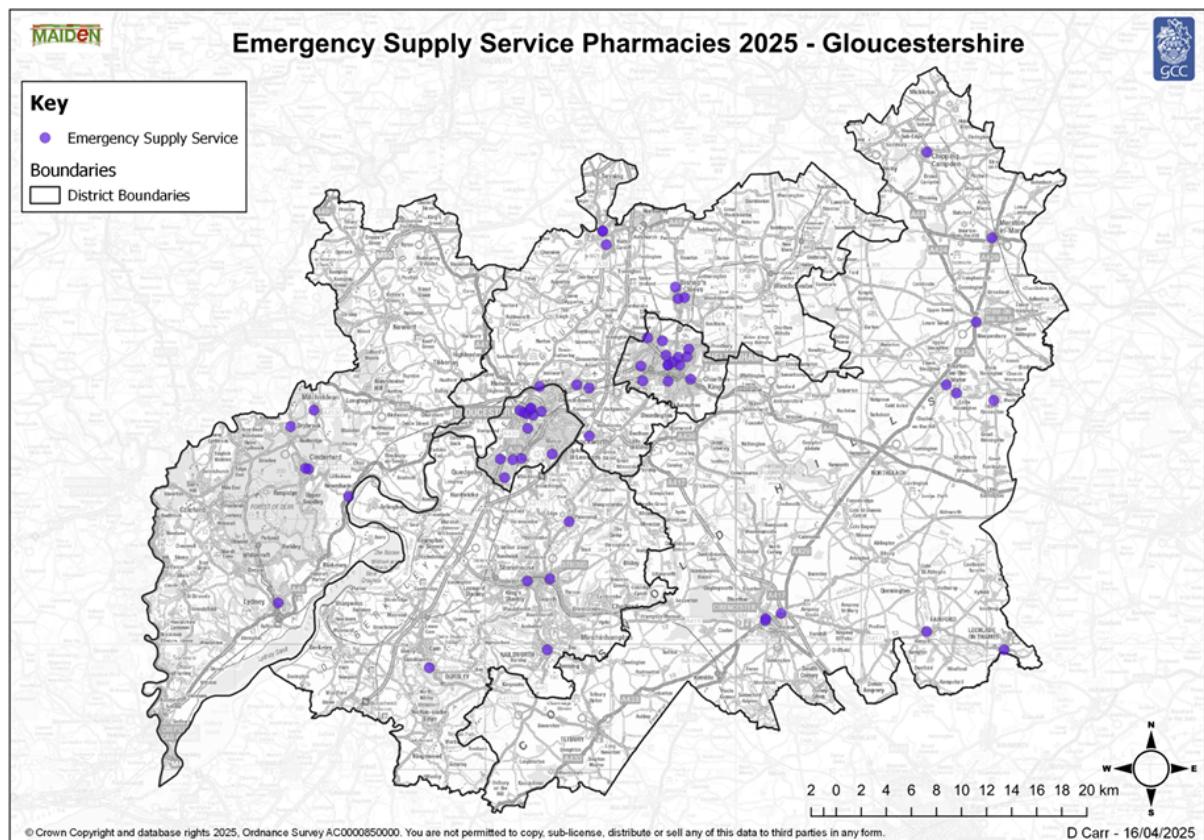


Figure 44: Pharmacies commissioned to provide emergency supply service in Gloucestershire

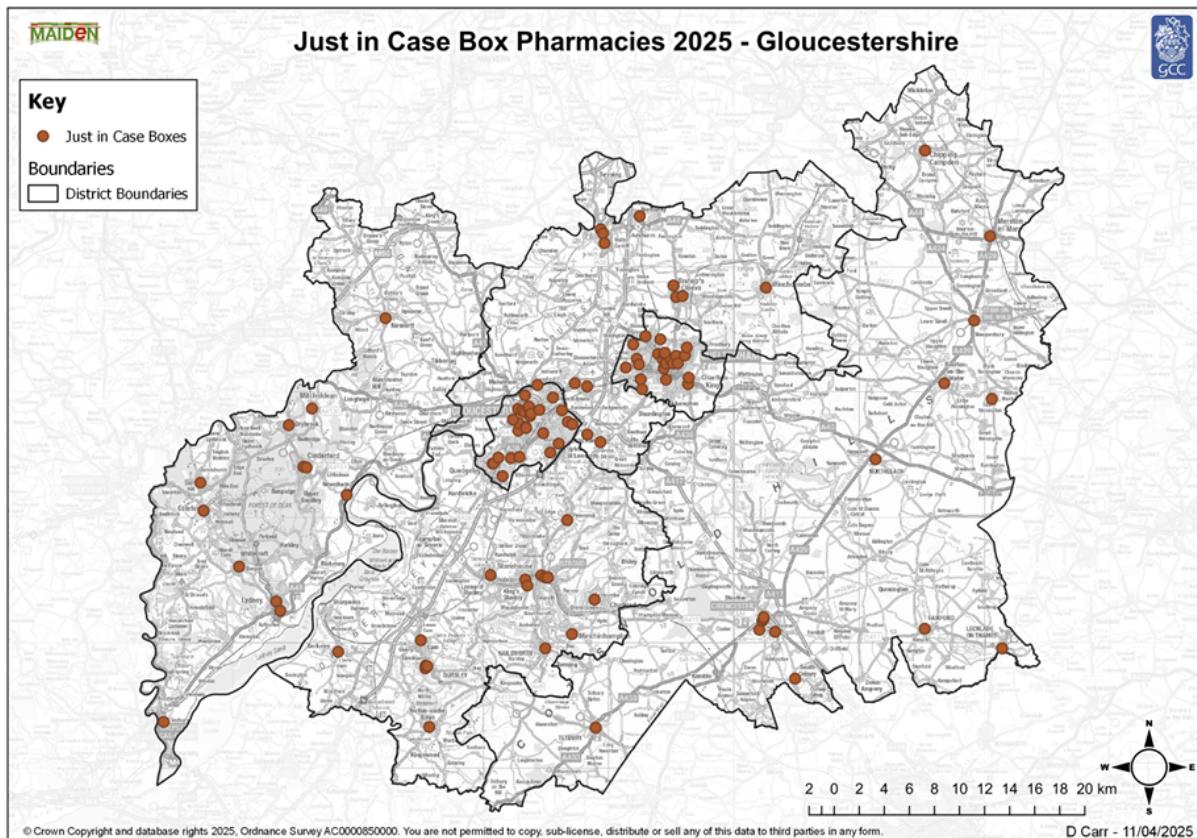


Figure 45: Pharmacies commissioned to provide Just In Case Boxes in Gloucestershire

Additional pharmacy information gathered from PNA questionnaire

- 100% of pharmacies that responded to the questionnaire had an onsite consultation room.
- 76% of pharmacies that responded to the questionnaire offer delivery of medications to all patients. Of these pharmacies, 71% offered the service for free. 20% offered delivery to certain groups of patients- of these 16% offered the service for free. 3% 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.
- At 66% of pharmacies, English is the only language spoken. Where additional languages are spoken in pharmacies, the most common are Urdu, Hindi, Punjabi and Polish. 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.

5.4.2 Dispensing Doctors

The only available information on services provided by dispensing doctors is from the PNA survey that was distributed in December/January 2024/25. The response rate to the survey was 3% (1 out of 30 practices). The practice that responded is based in the Cotswolds. Full details of the response to the dispensing doctor questionnaire can be found in Appendix 6.

The practice that responded reported that:

- They have a dispensary consultation room, which is wheelchair accessible and is a closed room.
- The practice does not dispense appliances.
- The practice does not offer stoma appliance customisation, or the appliance use review service.
- The practice offers delivery services for all patients for free.
- The practice does not feel that there is a need for more pharmaceutical services in the area.

5.4.3 DACs

Only 1 of the 2 DACs in Gloucestershire responded to the DAC PNA questionnaire (see Appendix 6 for full details). Information below about DACs is from NHSE 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 or provide the service remotely. Only 1 DAC offers stoma appliance customisation.
- The DAC that responded to the questionnaire stated that they offer services in person and remotely. Consultation facilities are also available.
- 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 two distance selling pharmacies in Gloucestershire did not respond to the PNA questionnaire; we therefore do not have any information about these pharmacies 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:

- Personal administration of items by GP practices (24 practices in Gloucestershire, with approximately 222,500 registered patients altogether)
- 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 a hospital site across the county, or a home visit, or a FP10 prescription form may be issued at a community pharmacy)
- Prison pharmacy services (there are no prison pharmacies in Gloucestershire)
- Substance misuse services (these services are provided by Via, predominantly at four hubs across the county, FP10 prescription form can also be issued)

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)
- NHS 111 referrals
- Out of hours referrals
- 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-2023 of 120,255, the third largest district in Gloucestershire. There is potential for 7,868 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 237th most deprived of the 317 districts in England⁷⁶. The health of people in Cheltenham is varied compared with the England average. Life expectancy for males is similar to the national average but higher for females. The life expectancy gap between the most and least deprived areas of Cheltenham is 9.0 years for males and 8.4 years for females⁷⁷.

⁷⁶Inform Gloucestershire. (2019). *Indices of Deprivation 2019 Gloucestershire*.
https://www.goucestershire.gov.uk/media/0ukjwgon/goucestershire_deprivation_2019_v13.pdf

⁷⁷Office for Health Improvement and Disparities (2025) *Public health profiles*. Available at: https://fingertips.phe.org.uk/search/life%20exp#page/7/gid/1/pat/6/par/E12000009/ati/501/are/E07000078/lid/92901/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0_ine-ao-0_ine-ct_ine-yo-3:2018:-1:-1 (Accessed: 30 April 2025).

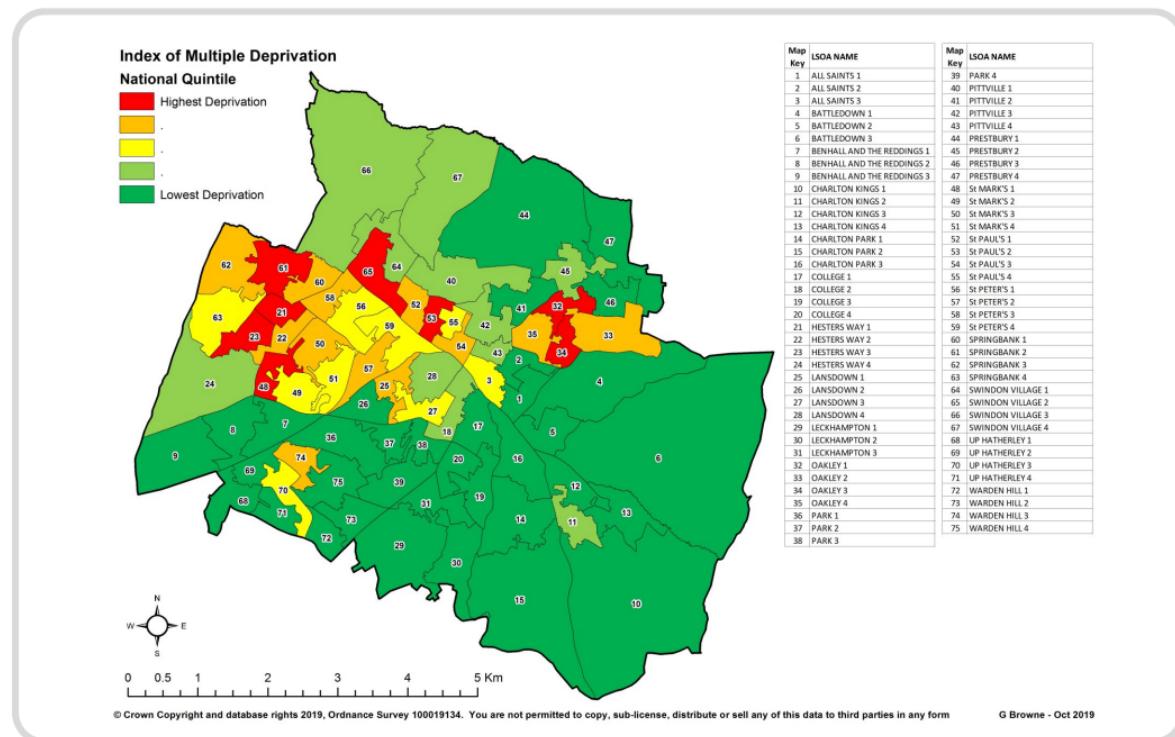


Figure 46: Index of Multiple Deprivation for LSOAs in Cheltenham

Pharmaceutical Services

There are 23 community pharmacies and 4 dispensing doctors in Cheltenham. This equates to 22.4 pharmaceutical providers per 100,000 population, higher than the Gloucestershire average (20.5) and the same as the England average (22.4). Neighbouring provision of pharmaceutical services is that of other Gloucestershire districts (Tewkesbury and Cotswold).

There were 3,172,766 items dispensed in pharmacies in Cheltenham in 2024- an average of 26 items per head.

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

- Walking, 56.4% of individuals in Cheltenham can reach a pharmacy within 10 minutes, 94.6% 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, 96.9% 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	21
Community pharmacy consultation service	23

Hypertension case-finding service	21
Stop-smoking service (NHSEI commissioned)	23
Appliance use review service	1
Stoma appliance customisation	1
Needle and syringe exchange programme	6
Community pharmacy sexual health service	20
Stop smoking interventions in community pharmacies (GCC commissioned)	18
Supervised consumption of Methadone and Subutex	9
Disposal of used sharps	18
Access to emergency medicines	14
Call out scheme	2

Table 5: Advanced and locally commissioned pharmaceutical services in Cheltenham

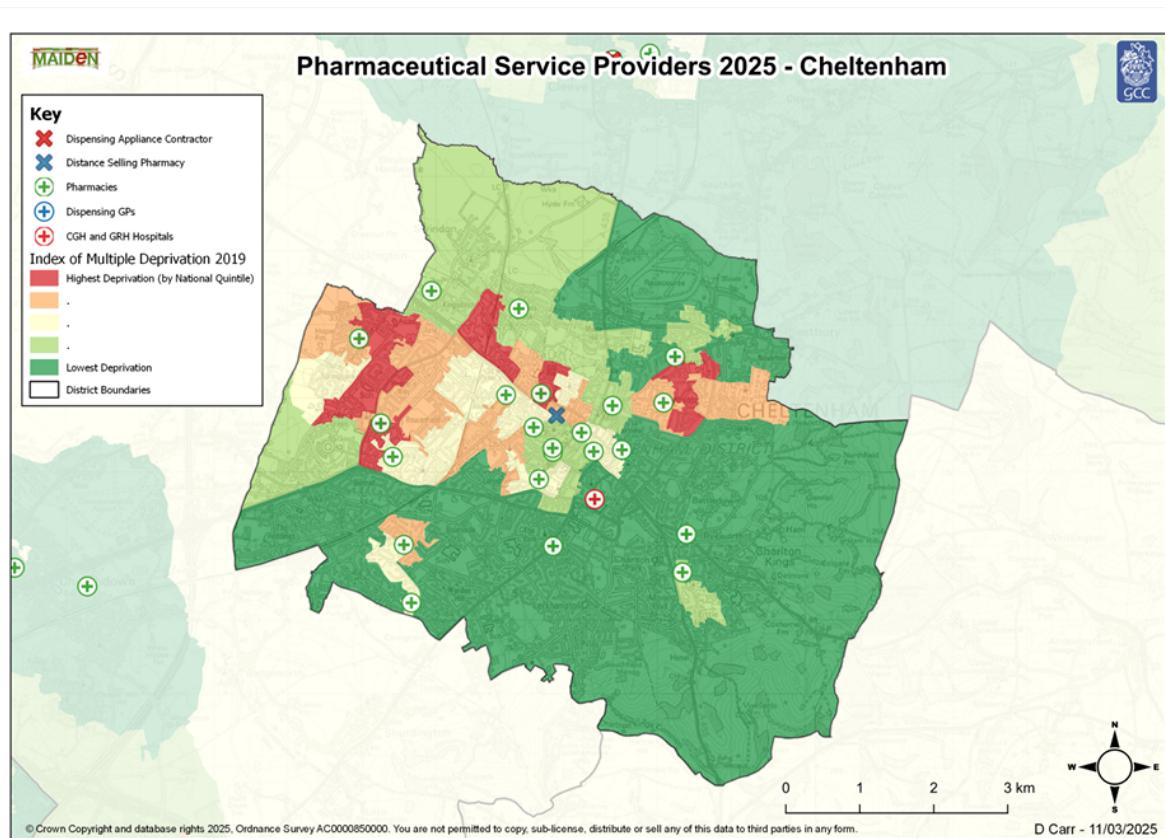


Figure 47: Pharmaceutical Providers- Cheltenham

6.2 Cotswold

Overview

Cotswold had an estimated population in mid-2023 of 91,490, the second smallest district in Gloucestershire. There is potential for 3,284 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 272nd most deprived of the 317 districts in England (one of the 20% least deprived districts in the country)⁷⁸. 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 1.1 years for males and -1.0 years for females⁷⁹.

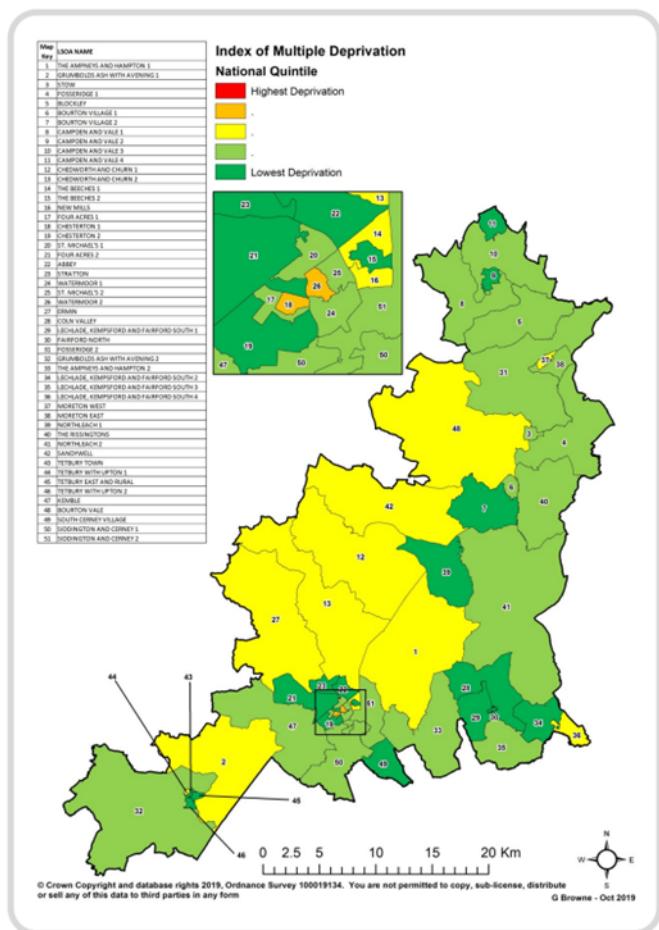


Figure 48: Index of Multiple Deprivation for LSOAs in Cotswold

Pharmaceutical Services

There are 15 community pharmacies and six dispensing doctors in Cotswold. This equates to 22.8 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.

There were 1,989,103 items dispensed in pharmacies in Cotswold in 2024- an average of 22 items per head.

⁷⁸Inform Gloucestershire. (2019). *Indices of Deprivation 2019 Gloucestershire*. https://www.goucestershire.gov.uk/media/0ukjwgon/goucestershire_deprivation_2019_v13.pdf

⁷⁹Office for Health Improvement and Disparities (2025) *Public health profiles*. Available at: https://fingertips.phe.org.uk/search/life%20exp#page/7/gid/1/pat/6/ati/501/are/E07000079/iid/92901/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do_0_ine-ao_0_ine-yo-3:2018:-1:-1_ine-ct--1 (Accessed: 30 April 2025).

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 doctor within 10 minutes, 55.9% within 20 minutes, and 66.8% within 30 minutes. For 33.2% (31,018 people) it takes over 40 minutes to walk to a pharmacy/dispensing doctor.
- Driving, 67% can reach a pharmacy/dispensing doctor within 5 minutes, 92% within 10 minutes, and 100% within 20 minutes.
- Using public transport, 64.5% can reach a pharmacy/dispensing doctor within 15 minutes and 80.9% within 30 minutes. For 17.3% (16,179 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	15
Community pharmacy consultation service	15
Hypertension case-finding service	15
Stop-smoking service (NHSEI commissioned)	15
Appliance use review service	0
Stoma appliance customisation	1
Needle and syringe exchange programme	3
Community pharmacy sexual health service	12
Stop smoking interventions in community pharmacies (GCC commissioned)	13
Supervised consumption of Methadone and Subutex	6
Disposal of used sharps	13
Access to emergency medicines	11
Call out scheme	2

Table 6: Advanced and locally commissioned pharmaceutical services in Cotswold

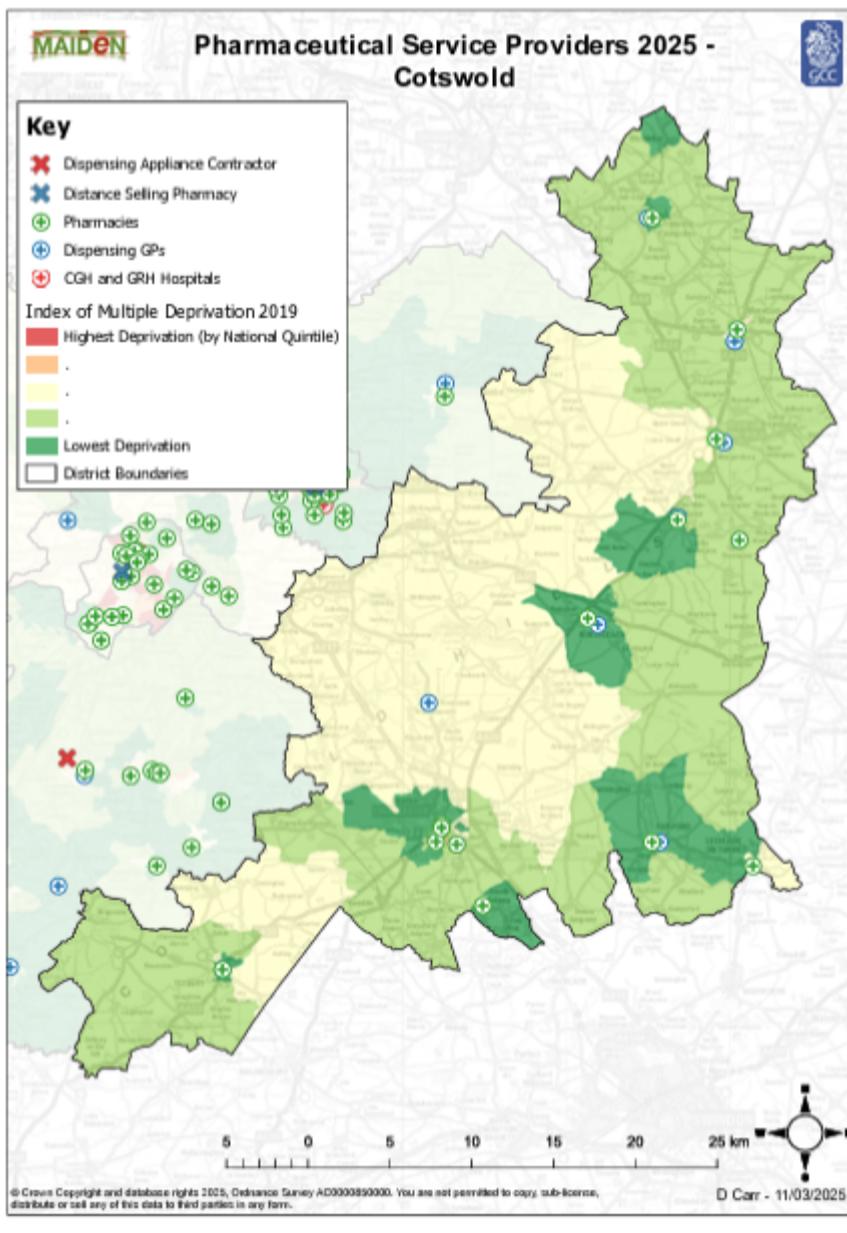


Figure 49: Pharmaceutical Providers- Cotswold

6.3 Forest of Dean

Overview

The Forest of Dean had an estimated population in mid-2023 of 89,104, the smallest district in Gloucestershire. There is potential for 1,153 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 143rd most deprived of the 317 districts in England⁸⁰. The health of people in the Forest of Dean is varied compared with the England average. Life expectancy for males and females is not significantly different to the national average. The life expectancy gap between the most and least deprived areas of the Forest of Dean is 5.8 years for males and 3.8 years for females⁸¹.

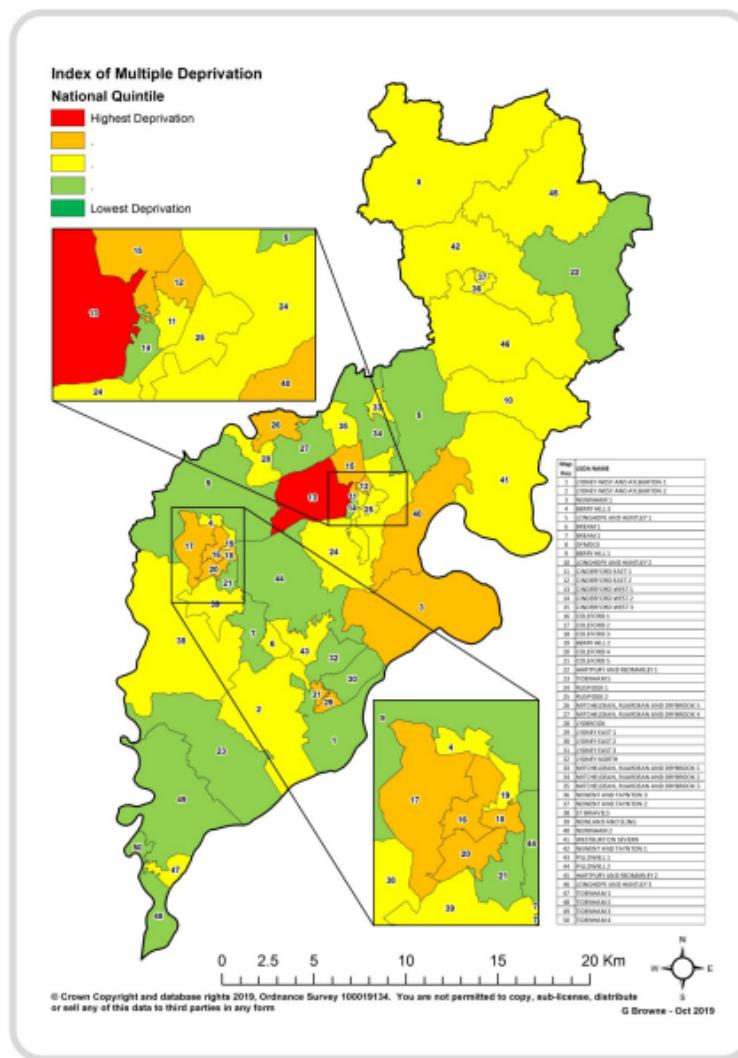


Figure 50: Index of Multiple Deprivation for LSOAs in Forest of Dean

Pharmaceutical Services

There are 13 community pharmacies and 13 dispensing doctors in the Forest of Dean. This equates to 29.2 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.

⁸⁰Inform Gloucestershire. (2019). *Indices of Deprivation 2019 Gloucestershire*. https://www.goucestershire.gov.uk/media/0ukjwgon/goucestershire_deprivation_2019_v13.pdf

⁸¹Office for Health Improvement and Disparities (2025) *Public health profiles*. Available at: https://fingertips.phe.org.uk/search/life%20exp#page/7/gid/1/pat/6/ati/501/are/E07000080/iid/92901/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0_ine-ao-0_ine-yo-3:2018:-1:-1_ine-ct--1 (Accessed: 30 April 2025).

There were 2,264,785 items dispensed in pharmacies in the Forest of Dean in 2024- an average of 25 items per head.

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

- Walking, 29.6% of individuals in the Forest of Dean can reach a pharmacy or dispensing doctor within 10 minutes, 53.2% within 20 minutes, and 70.1% within 40 minutes. For 25.1% (22,241 people) it takes over 50 minutes to walk to a pharmacy/dispensing doctor.
- Driving, 69.8% can reach a pharmacy/dispensing doctor within 5 minutes, 92.6% within 10 minutes, and 99.6% within 15 minutes.
- Using public transport, 65.7% can reach a pharmacy/dispensing doctor within 15 minutes and 85.3% within 30 minutes. For 9% (7,985 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	13
Stop-smoking service (NHSEI commissioned)	13
Appliance use review service	0
Stoma appliance customisation	0
Needle and syringe exchange programme	5
Community pharmacy sexual health service	9
Stop smoking interventions in community pharmacies (GCC commissioned)	14
Supervised consumption of Methadone and Subutex	10
Disposal of used sharps	14
Access to emergency medicines	6
Call out scheme	0

Table 7: Advanced and locally commissioned pharmaceutical services in Forest of Dean

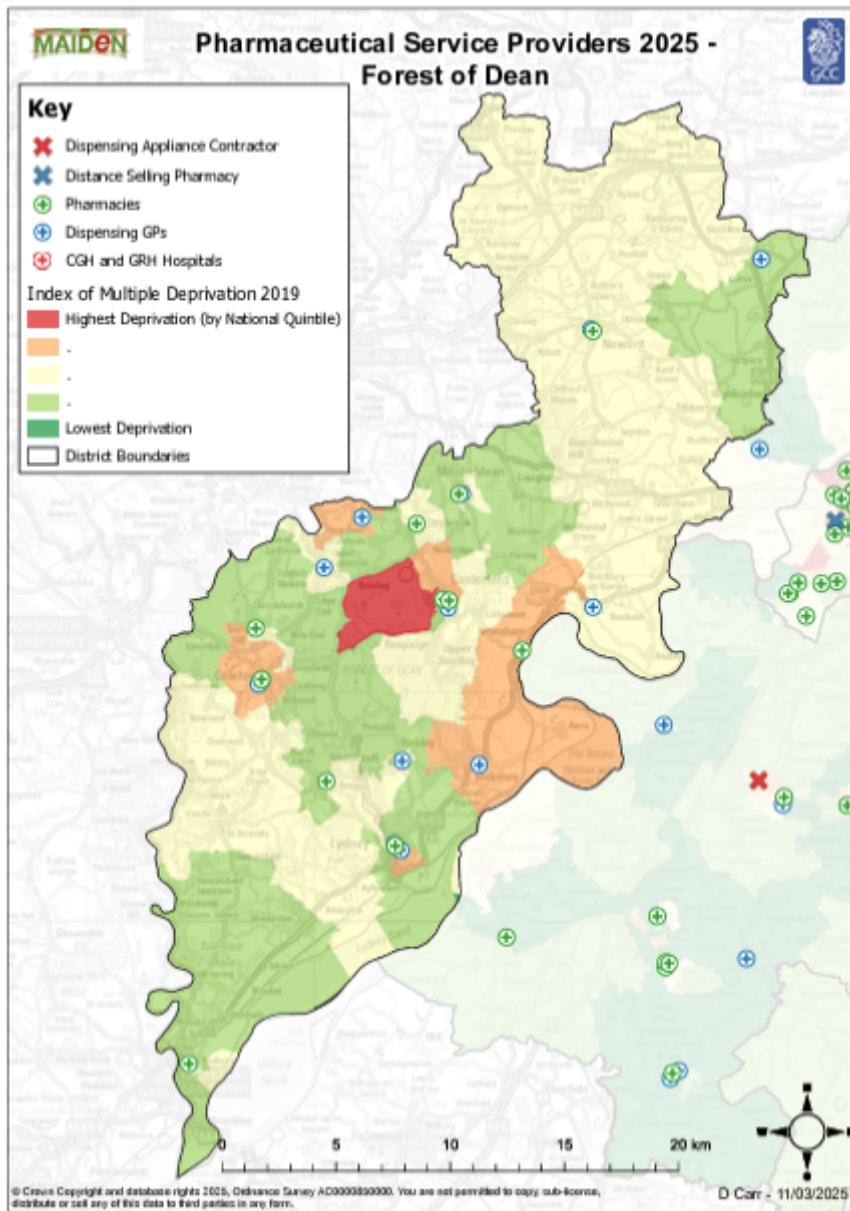


Figure 51: Pharmaceutical Providers- Forest of Dean

6.4 Gloucester

Overview

Gloucester had an estimated population in mid-2023 of 134,991, the largest district in Gloucestershire. There is potential for 1,367 new houses to be built in Gloucester during the next 5 years.

Gloucester is the most deprived district in Gloucestershire and ranks as the 138th most deprived of the 317 districts in England⁸². The health of people in Gloucester is varied compared with the England average. Life expectancy for males and females is lower than the national average. The life expectancy gap between the most and least deprived areas of Gloucester is 13.5 years for males and 10.2 years for females- these are the largest gaps out of all the Gloucestershire districts⁸³.

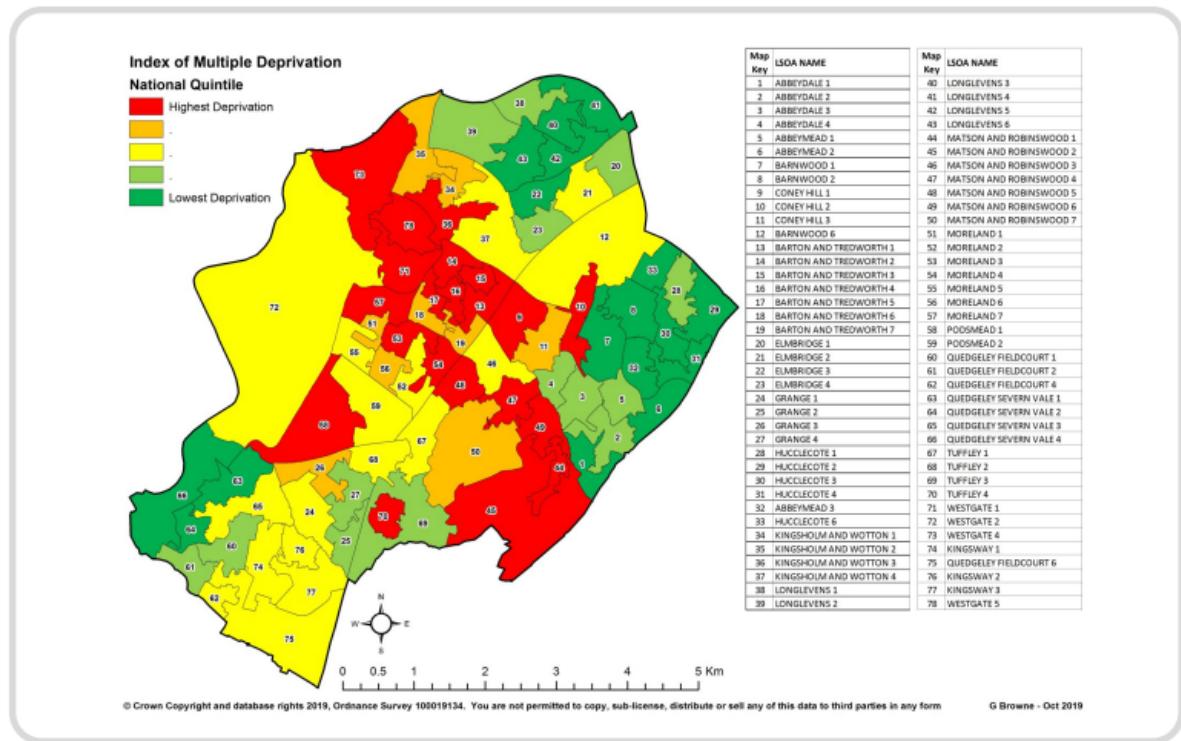


Figure 52: Index of Multiple Deprivation for LSOAs in Gloucester

Pharmaceutical Services

There are 24 community pharmacies and two dispensing doctors in Gloucester. This equates to 19.2 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 3,436,250 items dispensed in pharmacies in Gloucester in 2024- an average of 26 items per head.

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

- Walking, 53.3% of individuals in Gloucester can reach a pharmacy within 10 minutes, 97.3% 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.

⁸² Inform Gloucestershire. (2019). *Indices of Deprivation 2019 Gloucestershire*. https://www.goucestershire.gov.uk/media/0ukjwgon/goucestershire_deprivation_2019_v13.pdf

⁸³Office for Health Improvement and Disparities (2025) *Public health profiles*. Available at: https://fingertips.phe.org.uk/search/life%20exp#page/7/gid/1/pat/6/ati/501/are/E07000081/iid/92901/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0_ine-ao-0_ine-yo-3:2018:-1:-1_ine-ct--1 (Accessed: 30 April 2025).

Service	Number of community pharmacies providing service
New Medicine Service	24

Community pharmacy seasonal influenza vaccination	20
Community pharmacy consultation service	24
Hypertension case-finding service	27
Stop-smoking service (NHSEI commissioned)	21
Appliance use review service	0
Stoma appliance customisation	0
Needle and syringe exchange programme	7
Community pharmacy sexual health service	25
Stop smoking interventions in community pharmacies (GCC commissioned)	25
Supervised consumption of Methadone and Subutex	18
Disposal of used sharps	24
Access to emergency medicines	13
Call out scheme	0

Table 8: Advanced and locally commissioned pharmaceutical services in Gloucester

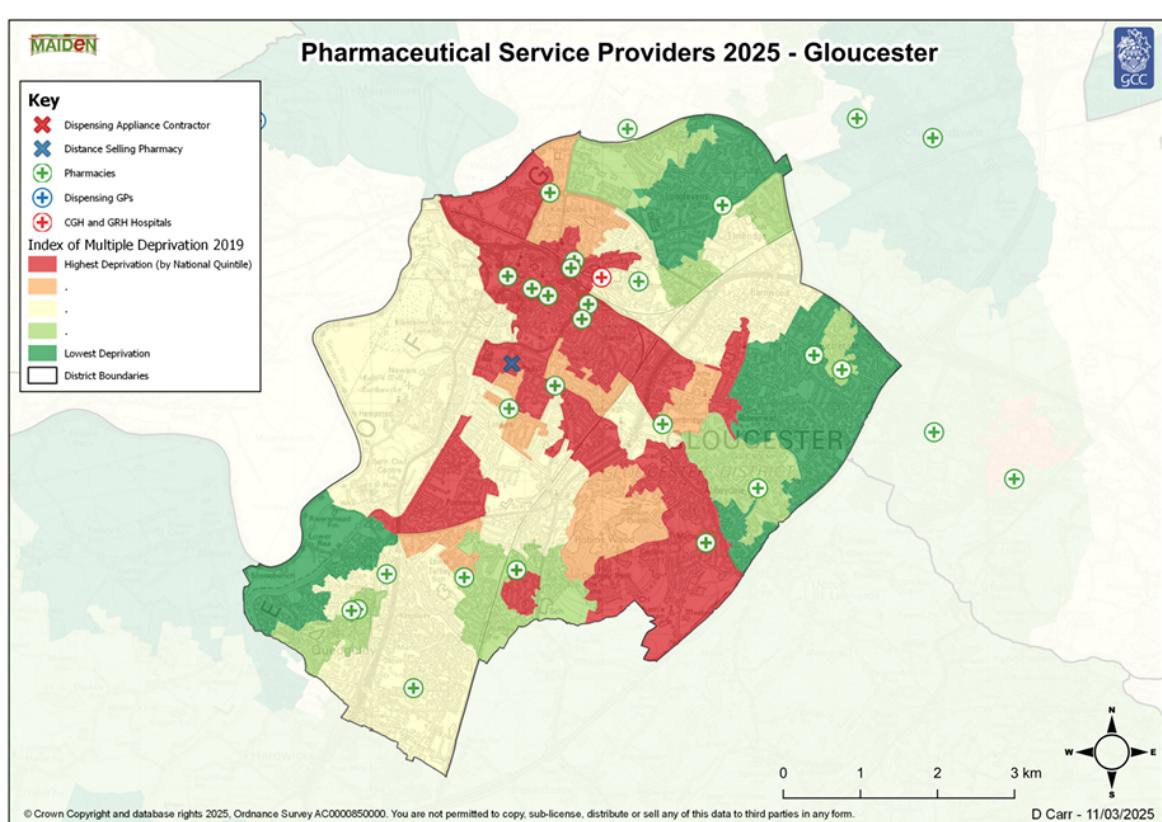


Figure 53: Pharmaceutical Providers- Gloucester

6.5 Stroud

Overview

Stroud had an estimated population in mid-2023 of 124,540, the second largest district in Gloucestershire. There is potential for 2,684 new houses to be built in Stroud during the next 5 years.

Stroud is the least deprived district in Gloucestershire and ranks as the 279th most deprived of the 317 districts in England (one of the 20% least deprived districts in the country)⁸⁴. The health of people in Stroud 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 Stroud is 4.7 years for males and 2.9 years for females⁸⁵.

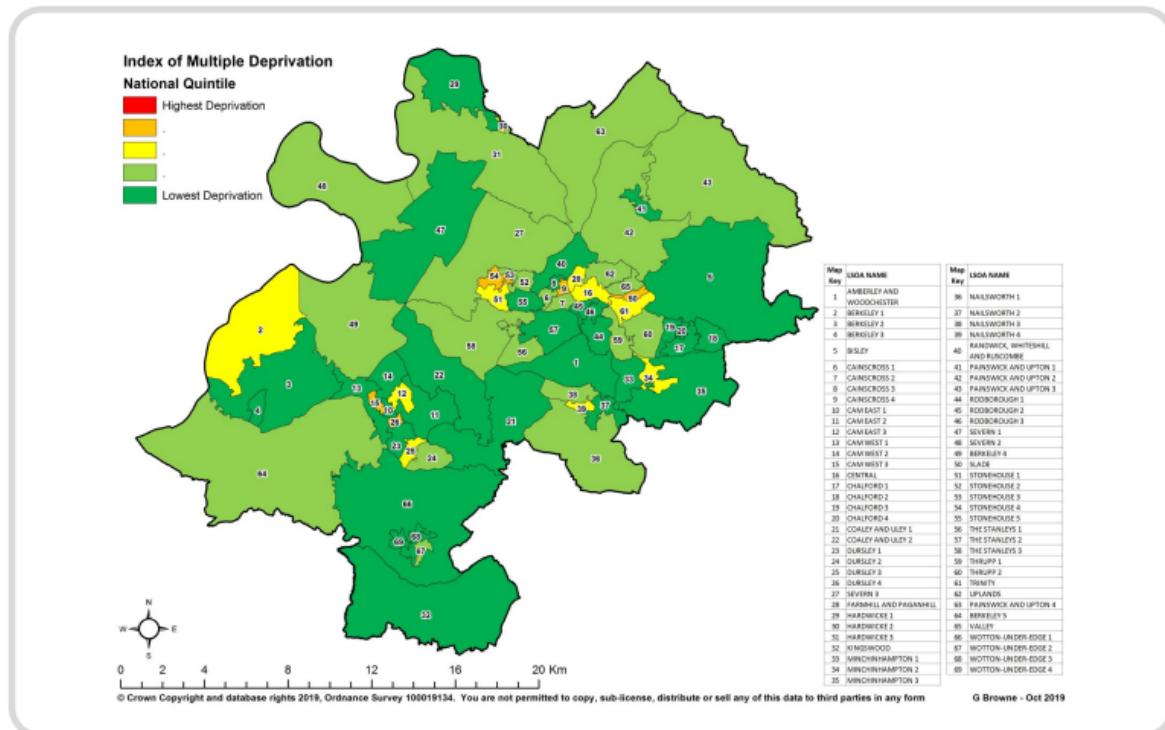


Figure 54: Index of Multiple Deprivation for LSOAs in Stroud

Pharmaceutical Services

There are 16 community pharmacies and 5 dispensing doctors in Stroud. This equates to 16.8 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.

There were 1,983,780 items dispensed in pharmacies in Stroud in 2024- an average of 16 items per head.

There are no 100-hour pharmacies in Stroud. All but three pharmacies are open on a Saturday. There is one pharmacy open on Sundays.

⁸⁴Inform Gloucestershire. (2019). *Indices of Deprivation 2019 Gloucestershire*. https://www.goucestershire.gov.uk/media/0ukjwgon/goucestershire_deprivation_2019_v13.pdf

⁸⁵Office for Health Improvement and Disparities (2025) *Public health profiles*. Available at: https://fingertips.phe.org.uk/search/life%20exp#page/7/gid/1/pat/6/ati/501/are/E07000082/iid/92901/age/1.sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0_ine-ao-0_ine-yo-3:2018-1:-1_ine-ct-1 (Accessed: 30 April 2025).

- Walking, 26.2% of individuals in Stroud can reach a pharmacy or dispensing doctor within 10 minutes, 62.5% within 20 minutes, and 86.6% within 40 minutes. For 6% (9,915 people) it takes over 50 minutes to walk to a pharmacy/dispensing doctor.

- Driving, 86.3% can reach a pharmacy/dispensing doctor within 5 minutes, 98.4% within 10 minutes, and 99.7% within 15 minutes.
- Using public transport, 78.7% can reach a pharmacy/dispensing doctor within 15 minutes and 93.9% within 30 minutes. For 5.3% (6,507 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	16
Community pharmacy seasonal influenza vaccination	16
Community pharmacy consultation service	16
Hypertension case-finding service	16
Stop-smoking service (NHSEI commissioned)	16
Appliance use review service	0
Stoma appliance customisation	0
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	8
Disposal of used sharps	14
Access to emergency medicines	5
Call out scheme	1

Table 9: Advanced and locally commissioned pharmaceutical services in Stroud

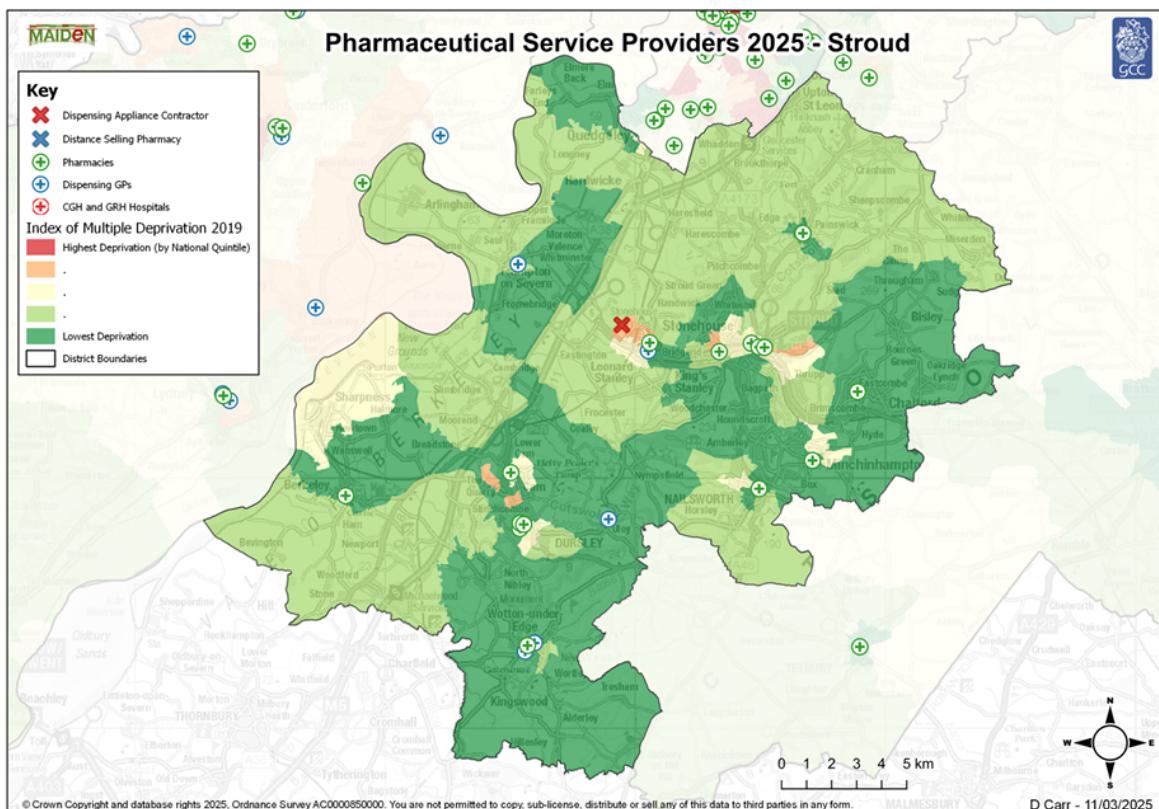


Figure 55: Pharmaceutical Providers- Stroud

6.6. Tewkesbury

Overview

Tewkesbury had an estimated population in mid-2023 of 98,896, the third smallest district in Gloucestershire. There is potential for 4,694 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 261st most deprived of the 317 districts in England (one of the 20% least deprived districts in the country)⁸⁶. 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 6.5 years for males and 7.4 years for females⁸⁷.

⁸⁶Inform Gloucestershire. (2019). *Indices of Deprivation 2019 Gloucestershire*. https://www.goucestershire.gov.uk/media/0ukjwgon/goucestershire_deprivation_2019_v13.pdf

⁸⁷Office for Health Improvement and Disparities (2025) *Public health profiles*. Available at: https://fingertips.phe.org.uk/search/life%20exp#page/7/gid/1/pat/6/ati/501/are/E07000083/iid/92901/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0_ine-ao-0_ine-yo-3:2018:-1:-1_ine-ct--1 (Accessed: 30 April 2025).

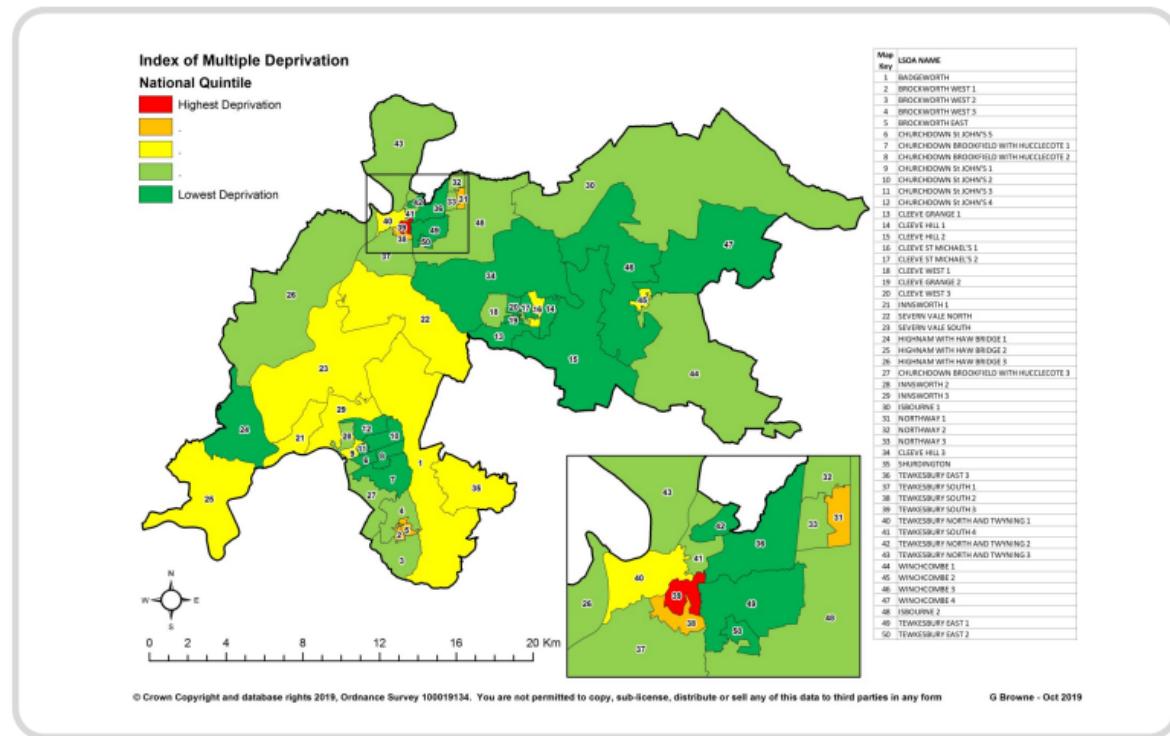


Figure 56: Index of Multiple Deprivation for LSOAs in Tewkesbury

Pharmaceutical Services

There are 14 community pharmacies and two dispensing doctors in Tewkesbury. This equates to 16.2 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.

There were 466,524 items dispensed in pharmacies in Tewkesbury in 2024- an average of 5 items per head.

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

- Walking, 32.3% of individuals in Tewkesbury can reach a pharmacy or dispensing doctor within 10 minutes, 69.2% within 20 minutes, and 84.2% within 40 minutes. For 12.5% (12,311 people) it takes over 50 minutes to walk to a pharmacy/dispensing doctor.
- Driving, 84.7% can reach a pharmacy/dispensing doctor within 5 minutes, 97.7% within 10 minutes, and 100% within 20 minutes.
- Using public transport, 78.4% can reach a pharmacy/dispensing doctor within 15 minutes and 90.6% within 30 minutes. For 8.2% (8,043 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	9
Community pharmacy seasonal influenza vaccination	8
Community pharmacy consultation service	14
Hypertension case-finding service	9
Stop-smoking service (NHSEI commissioned)	9
Appliance use review service	0
Stoma appliance customisation	0
Needle and syringe exchange programme	4
Community pharmacy sexual health service	7
Stop smoking interventions in community pharmacies (GCC commissioned)	8
Supervised consumption of Methadone and Subutex	9
Disposal of used sharps	9
Access to emergency medicines	10
Call out scheme	2

Table 10: Advanced and locally commissioned pharmaceutical services in Tewkesbury

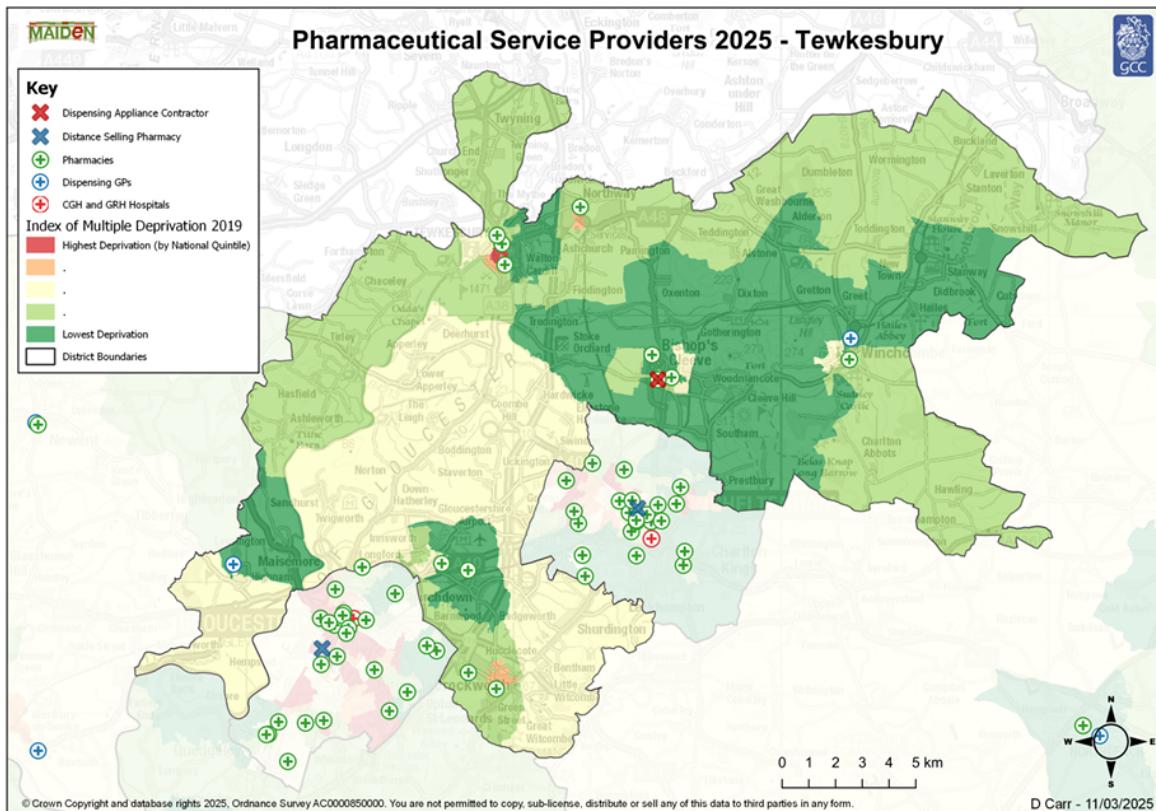


Figure 57: Pharmaceutical Providers- Tewkesbury

7. Public Feedback

An online survey was open between the 19th of December 2024 and the 3rd of March 2025 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 (Inform 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 on social media and on the GCC website
- Paid social media adverts
- Articles in newsletters to councillors, parish councils, GCC staff, adult social care staff and those signed up to notifications about consultations

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

183 responses were received, a lower number than for the 2022 PNA (269 responses). Of these 183, 97% 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. All surveys were completed online.

Participants were asked to comment on their experiences over the last 12 months. Of those responding to the survey, the majority (93%) usually visit a pharmacy to collect prescribed medications. It was also common for respondents to visit to buy over the counter medication (51%) and get advice from a pharmacist (43%). 8% of respondents usually visit a pharmacy for clinical services (such as blood pressure checks and contraception), and 2% (3 people) visit to collect appliances. Of those that hadn't visited a pharmacy in the last year (9%), the most common reason for this was that the local pharmacy delivers their medication (35%). 24% had their medication delivered by an online pharmacy, while 12% had not needed pharmacy services in the last year. One respondent (6%) hadn't visited because they are unable to get to the pharmacy due to its location.

Most respondents usually request repeat prescriptions electronically, with 41% using their GP practice's online system, 27% using the NHS app, 4% using alternative apps and 2% sending an email to their GP practice. 8% visit their local pharmacy to request repeat prescriptions, while 3% visit their GP practice. 5% submit a paper request form to their GP practice, and 3% usually phone the GP practice. Other ways of requesting repeat prescriptions include emailing the pharmacy and ordering directly from the supplier.

78% of respondents usually collect their medication from a pharmacy, and 6% from a dispensing doctor, and 16% have their medications delivered to their home. The majority (96%) usually use the same pharmacy rather than different pharmacies. It was most common for respondents to visit a pharmacy or dispensing doctor monthly (53%). 7% visit more frequently (at least weekly), with 26% visiting every 2-3 months. 10% visit less than every 2-3 months, and 4% do not visit at all. 80% of respondents usually visit a pharmacy for themselves, and 12% 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 (78%). 33% use their chosen pharmacy because of the quality of the service/staff, 18% because of the opening hours, 14% because of the range of services available, and 4% because it is close to their place of work. 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), and stock (having all required medications available).

For those that have a more convenient/closer pharmacy that they do not use (24%), 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, another pharmacy being more convenient due to it being close to their GP practice or the GP practice not dispensing medication to people living near a local pharmacy, even if the GP surgery is closer.

Theme	Example quotation(s)
Positive comments about staff- friendly, professional, knowledgeable	<p><i>'I choose the one I go to because staff are more friendly'</i></p> <p><i>'Like the way my pharmacy contacts me when they receive prescription and again when it's ready for collection.'</i></p>

Apparent staffing issues in some pharmacies/dispensing doctors, impacting quality of service	<p><i>'They don't have enough staff, you have to queue, then queue again if you have to wait for medication.'</i></p> <p><i>'Less efficient. Always a queue. Not enough staff.'</i></p> <p><i>'Closer chemist unable to offer service to me as overwhelmed.'</i></p>
Queues and long delays when visiting pharmacies/dispensing doctors	<p><i>'My nearest pharmacy won't deliver my prescription as I have to pay. They take days to process a prescription.'</i></p> <p><i>'In a supermarket - too busy!'</i></p> <p><i>'Too busy with a long queue of people. Multiple occasions when they couldn't fulfil my prescription meaning I had to return.'</i></p>
Stocking issues	<p><i>'Nearby pharmacy is unable to supply one of my medications.'</i></p> <p><i>'Often don't have what I need.'</i></p>
Expressed preference for use of independent pharmacies	<i>'Prefer to use the independent pharmacy which is the 2nd closest to where I live.'</i>
In some pharmacies there is a lack of privacy when talking to a pharmacist	<i>'The private consulting room isn't very private - can hear everything being discussed when you're waiting in the queue to be served. It doesn't make me want to have a consultation there.'</i>
Preference for variety	<p><i>'Prefer the one I use, has lots of nice things to buy.'</i></p> <p><i>'I use the pharmacy for 'off the shelf' products as they have a wider stock than the supermarket carries.'</i></p>
Dispensing restrictions	<p><i>'GP pharmacy won't dispense to people who live near to pharmacy despite GP surgery being closer.'</i></p> <p><i>'The closer pharmacy had no capacity to take additional patients.'</i></p>

Table 11: Reasons for not using a more convenient/closer pharmacy/GP dispensing doctor

7.2 Accessibility

58% of respondents usually travel to their pharmacy/dispensing doctor by car. 49% walk. 3% travel by bicycle and 4% by public transport. 4% 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 doctor in under 10 minutes, 36% in 10-20 minutes and 5% in 20-30 minutes. For 3% (5 respondents) it usually takes more than 30 minutes to travel. 34% of respondents believed that an acceptable amount of time to have to travel to a pharmacy/dispensing doctor was under 10 mins, with a further 47% believing under 20 minutes was acceptable. 19% of respondents felt it was acceptable to spend up to 30 minutes traveling to a pharmacy, while one respondent (1%) believed that more than 30 minutes was acceptable.

Most respondents (79%) prefer to visit a pharmacy between 9am and 5pm. 19% prefer to visit between 5pm and 9pm and 2% before 9am. Most (88%) prefer to visit on a weekday (Monday to Friday), whereas 9% prefer to visit on a Saturday and 3% on a Sunday.

Regarding opening hours, only 37% of respondents knew which pharmacies in their area are open outside of typical working hours (i.e. early mornings, evenings, Saturdays, Sundays).

71% of respondents stated that wheelchair access is available at their usual pharmacy (6% stated it was not, and 24% were unsure). 29% stated handrails were available and 23% stated they were not; however, the majority (44%) were unsure. 12% stated a hearing loop was available, 6% stated it wasn't, but 82% were unsure.

Theme	Example quotation
Home delivery seen to be beneficial, has become more accessible	<p><i>'I switched to online because the local pharmacy was a 20-minute drive from home and when I went there I would have to wait around for up to an hour for the medication.</i></p> <p><i>'There used to be two chemists in the town but when one closed it just became so difficult and time wasting that I gave up and switched to online.'</i></p>
Need for better location planning for pharmacies in growth areas	<p><i>'There is a need to review the location of premises to better meet growing populations particularly in housing growth areas.'</i></p> <p><i>'Lots of new housing in the catchment area and outlying villages.'</i></p>
Many have a preference for using the pharmacy adjacent to their GP practice (if this exists)	<p><i>'The one I use is adjoins the GP Practice'</i></p>
Parking is important for access to pharmacies, including disabled parking	<p><i>'Parking for Blue Badge holders is non-existent'</i></p> <p><i>'Awkward to park.'</i></p>

Preference for extended opening hours	<p><i>'Pharmacy shuts promptly at 5pm in the week. ... such sites should be commissioned to be open late in the evening and weekends.'</i></p> <p><i>'Extended hours would be good and better range of treatments able to dispense without GP.'</i></p>
Issues noted with unscheduled closures	<i>'...No notice of closures and lack of pharmacist.'</i>

Table 12: Themes related to accessibility and example quotations

7.3 Obtaining Medications

71% of respondents are eligible for free prescriptions. Of those who were not eligible, 30% find that the costs put them off collecting prescribed medication. 74% of those not eligible for free prescriptions are aware of the pre-payment service.

Theme	Example quotation
Positive comments from respondents eligible for free prescriptions	<p><i>'I really appreciate this excellent service. The advice I seek is always available from the very knowledgeable staff.'</i></p> <p><i>'Grateful for this.'</i></p> <p><i>'I am lucky enough to get free prescriptions, but the costs would definitely put me off.'</i></p>
Free prescriptions for all	<p><i>'I think everyone should be able to have free prescriptions regardless of age.'</i></p> <p><i>'I think either they should be free for all and increase NI contributions or charge for all.'</i></p>
Eligibility for free prescriptions	<p><i>'My chronic illness does not qualify for free prescriptions. Why not? This is not fair.'</i></p> <p><i>'The person I am carer for is not entitled to free prescriptions as they can't claim the benefits to receive them even though they are on the highest allowance for disability, which is a form of discrimination!!!'</i></p>
More people should pay for their prescriptions	<p><i>'I think too many people get them free, which means those few that pay have to pay a lot. It should be spread more fairly across a lot more people.'</i></p>
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	<p><i>'I had in the past not got prescriptions due to cost.'</i></p> <p><i>'If I had more than one prescription then the cost would put me off.'</i></p>

	<p><i>'Only eligible for one of my prescriptions free. I pay for my other monthly prescription and think it is a high cost, but I don't feel that I have a choice.'</i></p>
Charging prescription items separately	<p><i>'Should be one price per prescription regardless of how many items on there.'</i></p> <p><i>'It used to be on prescription, and it didn't matter how many items you have you only played one charge. Not you have to play for each item. when GP only prescribes one month supply with is normally 28 days not a full month it's very costly.'</i></p>
Prepayment certificates are helpful for managing prescription costs	<p><i>'I'm not put off because I pay for an annual NHS certificate that limits the cost to around £11 a month regardless of how many prescriptions I have.'</i></p> <p><i>'Have a pre-payment certificate which reduces the costs substantially for me.'</i></p> <p><i>'Given the amount of long-term meds my husband and I are on, we would have an issue with the costs if we were not able to buy the pre-payment certificates - these have been vital for us.'</i></p>
Prescription charges for over-the-counter medications	<p><i>'I have found that on occasion I have been prescribed something I could just buy over the counter and have to figure out for myself which is more cost effective. By default, if it is available over the counter and cheaper that way it should not be charged at prescription price'</i></p>
Cost of over-the-counter medications	<p><i>'Only prescription only medications are free anything that you can get over the counter has to be paid for, and this can be very expensive'</i></p>
Changes in prescribing of over-the-counter medicines	<p><i>'I note that the list of items that I need and can obtain free, has diminished over recent years. So, I buy them instead.'</i></p>
Supporting local pharmacies so they can continue to trade	<p><i>'As pharmacies are generally private businesses, they need to be profitable. My local pharmacy works really hard to source medication and provide good service. Steps need to be taken to make 'life easier for pharmacies', otherwise they will close.'</i></p>

Table 13: 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 (46% of respondents had used this service). Other commonly used services include the Pharmacy First Service (Advice and/or medication for common minor conditions, 43%), flu vaccination (42%), prescription home delivery (15%), blood pressure check (14%), issuing of repeat prescriptions without having to order from the GP Practice each month/prescribing for other conditions (13%) and lateral flow device (free Covid-19 testing, 10%).

The services that the most respondents would like to see offered include issuing of repeat prescriptions without having to order from the GP Practice each month/prescribing for other conditions; Covid-19 testing; testing for diabetes; blood pressure checking; cholesterol testing; Pharmacy First; other NHS vaccinations and weight management.

Theme	Example quotation
Preference to book additional services	<p><i>'The Pharmacy First option is good option but limited in criteria.'</i></p> <p><i>Mole Checks</i></p> <p><i>Nutritional advice</i></p>
It is useful for pharmacies to provide these services, especially when doctors are busy	<p><i>'Yes the availability of treatments for things like Herpes....when doctors appointments are so far ahead these are valuable services.'</i></p> <p><i>'As it is almost impossible to get a GP appointment, it would be useful to have more opportunity to be able to consult a pharmacist for minor ailments.'</i></p>
Provision of out of hours services	<p><i>'Out of hours emergency or urgent services to avoid long travel or hospital visits including out of hours prescriptions and diagnosis for childhood ear infections.'</i></p>
Uncertainty regarding which services are available and how to access these	<p><i>'It is not obvious which pharmacies provide which services and if an appointment needs to be booked.'</i></p>

Table 14: Themes relating to additional services and example quotations

In the last 12 months, 63% of respondents were referred or signposted to a pharmacy for a service from their GP practice, while 16% were referred by the NHS 111 service. Others were referred from hospital (10%), optician or dentist (8%), and other health care providers (e.g., Mental Health Services, 3%). The most common reasons for referral/signposting were assessment for minor illness (38%), vaccination (27%), running out of medication (25%),

blood pressure check (10%), blood pressure monitoring (6%) and emergency hormonal contraception (4%). One respondent (2%) was referred for smoking cessation advice and support.

84% of respondents are happy with the range of services at their usual pharmacy/dispensing doctor. 49% of respondents rated their overall satisfaction with their pharmacy as Very Good, and 31% as Good. 19% rated it as Average. 7% of respondents rated it as Poor and 4% as Very Poor - see Figure 58.

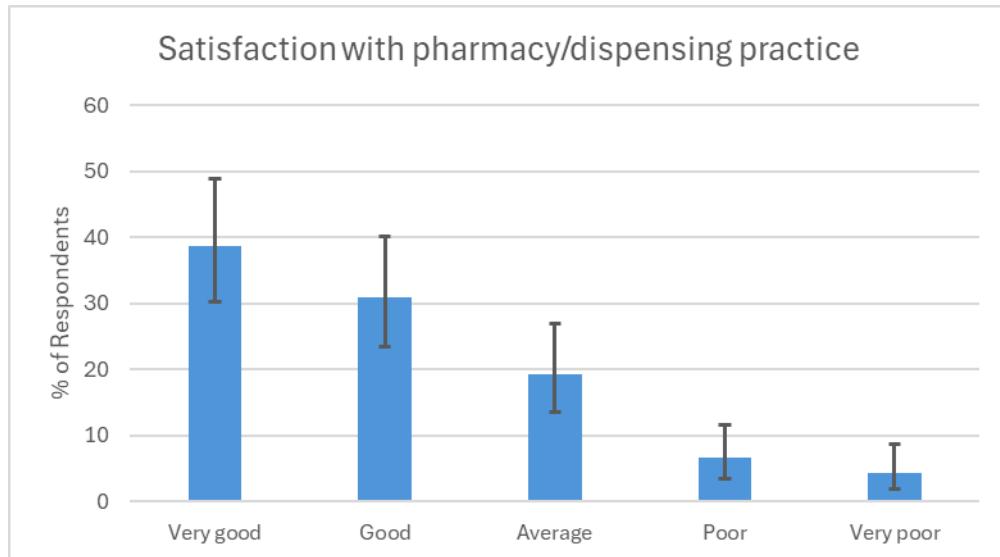


Figure 58: Overall satisfaction with pharmacy/dispensing doctor (Source: PNA public survey)

Theme	Example quotation(s)
Positive comments about staff	<p><i>'My pharmacist and staff are always happy to help.'</i></p> <p><i>'My pharmacy staff are fantastic.'</i></p> <p><i>'Fantastic service and linked to my GP so I'm able to attend an appointment and pick up a prescription immediately afterwards.'</i></p>
Capacity	<p><i>'I would like closed pharmacy to be re-opened.'</i></p> <p><i>'It needs to be larger, or two in the area. Extended housing estates at Oldbury are stretching the pharmacy too much. I feel for staff who are so busy.'</i></p> <p><i>'Lack of privacy. It is small and usually very full. They have screens in front of the counter so you have to speak very loudly to the staff which is not great in a small community.'</i></p>
Queues and long delays when visiting pharmacies/dispensing doctors	<p><i>'No other pharmacies around so overloaded and takes ages to get served and get prescription.'</i></p>

	<p><i>'Having prescriptions ready went sent through from the surgery, it takes up to 30 mins to get one.'</i></p> <p><i>'They need more staff as there is usually a large queue to collect prescriptions and at least a 10-15 minute wait to be served.'</i></p>
Accessibility	<p><i>'Later opening hours'</i></p> <p><i>'More accessible building, longer opening hours and out of hours services due to lack of alternatives...'</i></p> <p><i>'If our pharmacy could go back to opening Saturday mornings (either every week or a couple of times a month), this would be helpful to working people who maybe are not back at home before 6.30pm on a weekday.'</i></p>
Home delivery	<p><i>'Having the choice for prescriptions being delivered to my home.'</i></p>
Stocking issues	<p><i>'Higher stock of medication as I often have to return to collect my prescription or part of it.'</i></p> <p><i>'An expansion of medications they can supply without needing to visit a doctor.'</i></p> <p><i>'Good range of other products and take the time to get to know their customers.'</i></p>
Customer Service/Staffing	<p><i>'The staff aren't knowledgeable when asking for advice for minor ailments... Extremely slow and unwelcoming...'</i></p> <p><i>'Some of the staff there, including those dispensing, could benefit from some customer service and soft skills training... Often it feels like you're inconveniencing the staff when you turn up to collect your prescription.'</i></p> <p><i>'Better support to help pharmacists with difficult people who are very rude to staff when medicine is not available/ready.'</i></p>
Communication	<p><i>'Better communication on when medication is available to collect'</i></p> <p><i>'Pharmacists and GP pushing you from pillar to post both denying something is their responsibility...'</i></p>
More flexibility	<p><i>'It would be good if I could collect meds from other locations and/or it would be helpful if I could collect more than 1 month of meds at a time.'</i></p>

Table 15: General comments on improving pharmacy/GP Dispensing Doctors

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	9%
Forest of Dean	10%
Gloucester	36%
Stroud	21%
Tewkesbury	6%
Out of County	2%
Online	1%

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.

Gender	Male: 36% Female: 63% Prefer not to say: 2%
Is gender you identify with same as sex registered at birth?	Yes: 98% Prefer not to say: 2%
Sexual Orientation	Heterosexual/straight: 79% Gay woman or lesbian: 3% Bisexual: 2% Asexual: 3% Other: Less than 1% Prefer not to say: 13%
Age	26-35: 6% 36-45: 4% 46-55: 12% 56-65: 27% 66-75: 25% Over 75: 21% Prefer not to say: 4%
Ethnicity	White British: 87% White Irish: 2%

	<p>White European: 3%</p> <p>Mixed Race: Asian & White: Less than 1%</p> <p>Asian/British Asian: Indian: 3%</p> <p>Black/British Black: Caribbean 1%</p> <p>Other: Less than 1%</p> <p>Prefer not to say: 5%</p>
Religion	<p>Christian: 51%</p> <p>Hindu: 1%</p> <p>Jewish: Less than 1%</p> <p>Muslim: 1%</p> <p>No religion: 37%</p> <p>Other: 2%</p> <p>Prefer not to say: 7%</p>
Do you consider yourself to have a disability?	<p>Long term condition: 17%</p> <p>Physical disability: 4%</p> <p>Mental health problem: 4%</p> <p>Hearing impairment: 7%</p> <p>Learning difficulties: Less than 1%</p> <p>Visual impairment: Less than 1%</p> <p>No: 59%</p> <p>Prefer not to say: 7%</p>
Employment Status	<p>Retired: 59%</p> <p>Employed full-time: 25%</p> <p>Employed part-time: 10%</p> <p>Self-employed: 2%</p> <p>Full-time parent/carer: 2%</p> <p>Seeking employment: Less than 1%</p> <p>Student: Less than 1%</p> <p>Unable to work due to disability/ill-health: 1%</p> <p>Other: Less than 1%</p>
Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age?	<p>Yes, in my own household: 20%</p> <p>Yes, outside my household: 17%</p> <p>No: 63%</p>

If you have answered yes to the above question, do you identify yourself as an unpaid carer?	Yes: 82.1%
Have you, or a member of your immediate family, served in the armed forces?	A member of my immediate family is/has served in the armed forces: 13% Yes, I have previously served in the armed forces: 10% None of the above: 77%

Table 17: Demographics of respondents to public survey

7.6 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 predominantly use delivery, and some use a dispensing doctor. The sample was not representative of the Gloucestershire population, with a large proportion of respondents from Gloucester 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. A third 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 a minority 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 range of services available. 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. A small number of respondents had experienced barriers to access (location) that had prevented them visiting a pharmacy. Most respondents do not know which pharmacies in their area are open outside of regular hours and prefer to visit on weekdays between 9am and 5pm (with 5pm-9pm also being a popular time).

Overall satisfaction with pharmacy services predominantly good or very good, with 20% 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, Pharmacy First, and flu vaccination. However, it can be difficult to know which services are offered.

8. Further analyses

Additional statistical analyses were undertaken to explore potential challenges related to pharmacy access in Dursley and Tetbury, prompted by public survey feedback suggesting that population growth may have adversely affected access to pharmaceutical services. While no concerns regarding pharmacy access in Stroud were reported through survey responses, it was noted that a pharmacy had recently closed in a densely populated area of the town.

Data were further interrogated for Stroud, as well as Dursley and Tetbury, as summarised below.

8.1 Stroud

In 2022, a population of approximately 5,500 residents had Lloyds Pharmacy, located within Sainsbury's (Dudbridge), as their nearest pharmacy. As of 2025, this pharmacy has permanently closed. Consequently, analysis using public transport, walking and driving was undertaken to determine the closest alternative pharmacies available to these residents and to assess any increase in travel distance or time required. All of the residents can access an alternative pharmacy and depending on which postcode a resident lives in they can travel to either:

- Cainscross Pharmacy
- Stonehouse Pharmacy
- Stroud Family Pharmacy
- Tesco In-Store Pharmacy
- Boots Pharmacy
- Superdrug Pharmacy

On average, a resident whose nearest pharmacy used to be Lloyds in Dudbridge in 2022 will now have to travel an extra 2 minutes by public transport. If the resident is walking, then the resident will have to walk on average in extra 5½ minutes. If the resident is driving to their nearest pharmacy, then the average extra journey time would be 45 seconds. See Figure 59 below.

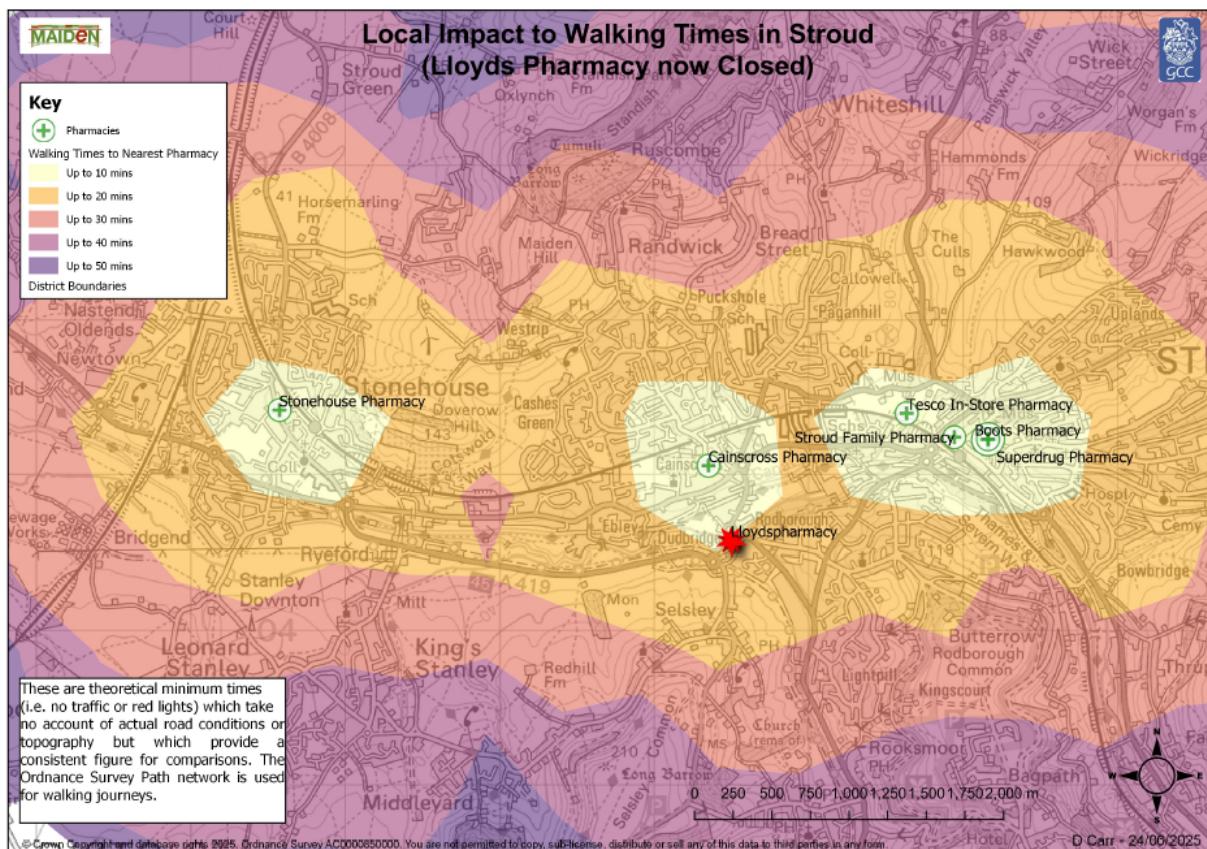


Figure 59: Local Impact to Walking Times in Stroud (Lloyds Pharmacy now Closed)

8.2 Dursley

An analysis was conducted for Dursley ward to gain a better understanding of patterns in population growth. According to the Office for National Statistics (ONS) Mid-Year Population Estimates, the population of Dursley was estimated at 5,470 in 2011. By the 2022 ONS Estimates, this figure had risen to approximately 6,247, representing a 14% increase over an 11-year period.

See Appendix 10 for graph showing population change over time in Dursley.

8.3 Tetbury

Analysis was undertaken for the Tetbury ward to gain a clearer understanding of population growth trends. According to the Office for National Statistics (ONS) Mid-Year Population Estimates, the population of Tetbury was 5,478 in 2011. By 2022, this figure had increased to approximately 5,535, reflecting a small increase of around 1% over an 11-year period.

See Appendix 10 for graph showing population change over time in Tetbury.

8.5 Opening Times

Across Gloucestershire, a total of 16 community pharmacies operate on Sundays. The highest proportion of these are located in the more urban areas of the county.

Gloucester accounts for the highest number, with 6 pharmacies open on Sundays (37%), followed by Cheltenham with 5 (31%) and Cotswold with 3 (18%).

In contrast, Sunday pharmacy provision is significantly lower in Stroud and Tewkesbury, each of which has only 1 pharmacy open (6% respectively).

Through the NHS South West CCH, the ICB commission a Sunday Rota pharmacy service within the Forest of Dean. As part of this service, one pharmacy in the Forest of Dean operates on Sundays from 11:30am to 12:30pm. See Appendix 11 for the Sunday rota in the Forest of Dean.

A drive-time analysis was undertaken to assess the accessibility of pharmaceutical services across each district in Gloucestershire on Sundays. This analysis aimed to determine the average travel times required by car for residents in each district to reach a Sunday pharmacy. This analysis considers travel times for residents of the Forest of Dean who require access to pharmaceutical services outside of the 11:30am to 12:30pm period when a single pharmacy is open on a rota basis in the area.

In the Forest of Dean, no residents (0%) are able to access pharmaceutical services in Gloucestershire on a Sunday in under 5 minutes. In contrast, approximately 92% of Cheltenham residents and 89% of Gloucester residents can do so. See Figures 60 and 61 below.

Only around 11.6% of Forest of Dean residents can access pharmaceutical services in Gloucestershire within 15 minutes on a Sunday. Similarly, less than 30% of residents in Stroud (25.8%) and Tewkesbury (28.2%) are able to reach a pharmacy within five minutes on Sundays. See Figures 60 and 61 below.

It is acknowledged that some Gloucestershire residents may access cross border pharmacies on Sundays. Pharmaceutical services in neighbouring local authority areas are out of scope of this PNA.

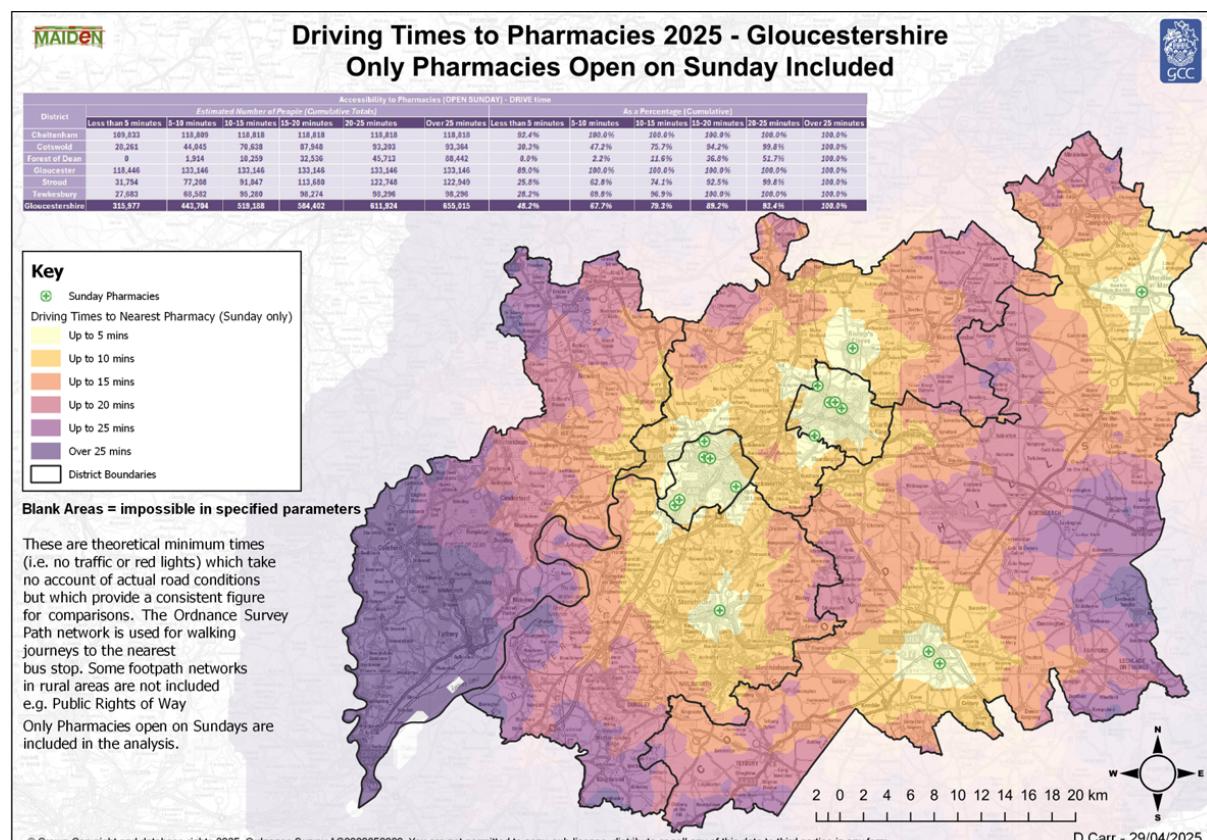


Figure 60: Driving Times to Pharmacies in Gloucester Including Sunday Pharmacies

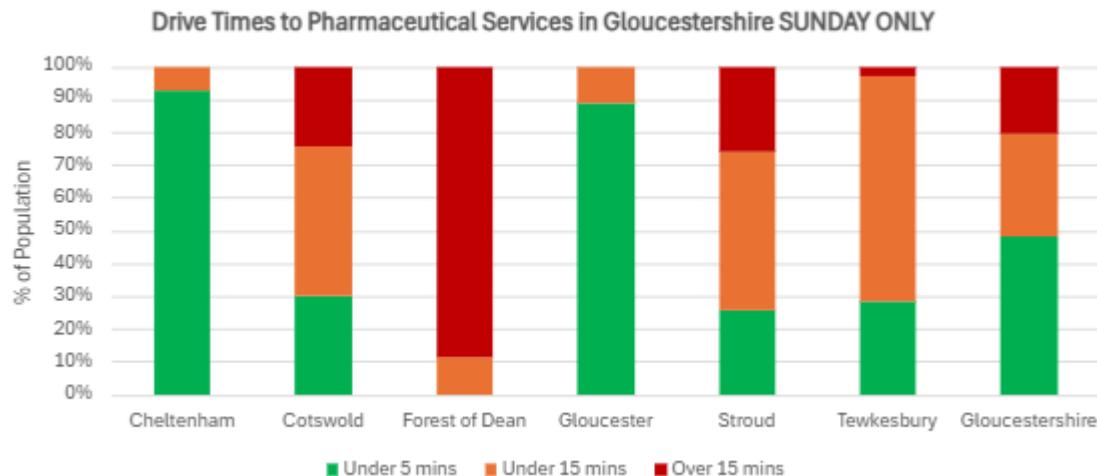


Figure 61: Drive Times to Pharmaceutical Services in Gloucester Sunday Only

13 community pharmacies are open until at least 7pm across Gloucestershire. Consistent with the pattern observed in Sunday opening hours, the highest numbers of pharmacies that are open until at least 7pm are in the more urban areas of the county.

6 community pharmacies are open to at least 7pm in Gloucester (46%), followed by 4 in Cheltenham (30%). This is followed by Cotswold, Stroud and Tewkesbury at 7% each. No pharmacies are open to at least 7pm in The Forest of Dean, however 3 are open to at least 6.30pm.

8.6 Summary

Analysis of the closures of the four Lloyds pharmacies in Gloucestershire was undertaken to identify if these closures were creating any gaps in provision. It was identified that only the closure of the Lloyds Pharmacy in Stroud Sainsbury's (Dudbridge) was at risk of presenting a new gap, with a previous catchment of up to 5,500 residents. However, analysis of access via public transport, walking, and driving shows that all residents can still access alternative pharmaceutical services at either Cainscross Pharmacy, Stroud Family Pharmacy, Tesco In-Store Pharmacy, Boots Pharmacy, Superdrug Pharmacy or Stonehouse Pharmacy. On average, this results in a minor increase in travel time - two additional minutes by public transport, 5½ minutes on foot, and 45 seconds by car.

Population growth analysis indicates a 14% increase in Dursley between 2011 and 2022, while Tetbury experienced only a 1% rise over the same period. Tetbury is located within the Cotswold district, which has 26.2 pharmaceutical providers per 100,000 population—higher than the England average of 22.4. Based on this, no gap in pharmaceutical provision has been identified in Tetbury.

Dursley is situated within the Stroud district, which has a lower provider rate of 17.7 per 100,000 population, below the national average. However, analysis of accessibility—considering walking, public transport, and driving times—did not reveal any significant gaps in access to pharmaceutical services. Therefore, despite population growth in Dursley, current pharmaceutical service provision remains adequate.

Pharmaceutical service accessibility on Sundays is primarily concentrated in the urban areas of Gloucestershire. Of the 16 pharmacies open on Sundays across Gloucestershire, Gloucester and Cheltenham account for the majority (6 and 5 respectively), while Stroud,

Tewkesbury and the Forest of Dean have one each. Correspondingly, drive-time analysis revealed significant disparities in Sunday access: 92% of Cheltenham and 89% of Gloucester residents can reach a pharmacy within 5 minutes, compared to 0% in the Forest of Dean (outside of the hour of provision from 11.30am – 12.30pm – see Appendix 11) and under 30% in Stroud and Tewkesbury. Therefore, there is opportunity to improve better access to community pharmacies on a Sunday within the Forest of Dean.

Similarly, evening provision is highest in urban areas, with 13 pharmacies open within the county until at least 7pm. Gloucester (46%) and Cheltenham (30%) lead in this category, whereas the Forest of Dean has no pharmacies open beyond 6:30pm.

9. Summary and Recommendations

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, 99.9% of Gloucestershire residents can access a community pharmacy or dispensing doctor within 10-15 minutes by driving (and 100% within 15-20 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 doctors to support access to pharmaceutical services in these areas. All community pharmacies are open until 17.00pm on weekdays, and over half (67%) 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. The ICB are reviewing how this could be improved with existing contractors.

Pharmacies have encountered a range of challenges in recent years, including rising demand on the pharmaceutical workforce and mounting financial pressures. These factors have, in some cases, contributed to the closure of pharmacy services at short notice. The cumulative effect of these pressures is placing strain on the long-term viability of pharmacy businesses.

Since the launch of the Pharmacy First service on 31st January 2024, pharmacists may face increased demand to carry out consultations. While all pharmacies in Gloucestershire now offer the Pharmacy First service, the added pressure may lead to longer wait times for other services available within the pharmacy.

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 have the choice of using any of the 409 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

Analysis conducted within this PNA has examined the provision and accessibility of pharmaceutical services across Gloucestershire. The findings indicate that the essential services delivered by community pharmacies are sufficient to meet the pharmaceutical needs of the county's population. Based on this assessment, the Gloucestershire HWB has identified that there are no gaps in the provision of necessary services in Gloucestershire.

9.3 Improvements or better access

The previous PNA (2022-2025) identified a gap in provision of pharmaceutical services in the Podsmead ward of Gloucester. The Gloucestershire HWB was satisfied that if this service was provided, this would secure better access to essential and enhanced pharmaceutical services in Podsmead. This conclusion allowed a pharmacy who wished to open a premises in Podsmead to apply to the ICB. In response, Allied Pharmacy opened in Podsmead in July 2025, effectively addressing the identified gap and enhancing healthcare access for the Podsmead community. The pharmacy is open 09:00am – 13:30pm, 14:00pm – 17:30pm Monday to Saturday.

There is adequate pharmaceutical provision in all other areas of Gloucestershire. 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 impact provision of, or access to, pharmaceutical services in the county and therefore conclude that no additional pharmaceutical provision will be required. 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.

It is also recognised that public expectations of community pharmacies are evolving, with growing demand for advanced and enhanced services. These services are increasingly seen as integral to strengthening the resilience of the local health system. Ongoing monitoring will be essential to ensure that any emerging gaps in future service provision are identified and addressed in a timely manner.

10. Changes to the Draft PNA

10.1 Changes made to document following Consultation

The full PNA consultation report can be found in Appendix 9, including Gloucestershire PNA project 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 3.2.5 – ‘If a pharmacy wishes to change their supplementary opening hours, they are required to give five weeks’ notice to the commissioner. Pharmacies can increase their supplementary opening hours without notice, although they must inform the commissioner of this change. If a DAC wishes to change their supplementary opening hours, they simply notify NHS England of the change, giving at least three months’ notice’.

2- Addition to section 4.1.2 – clearer identification of the districts to which future housing allocations and commitments apply.

Lower Super Output Area Local Name (based on the centre of development which may not match the district council in charge of planning for that site)	Allocation/Commitments Total (as at February 2025) for the next 5 years
SEVERN VALE NORTH (Tewkesbury)	4020
FOUR ACRES (Tewkesbury)	2282
BADGEWORTH 1 (Tewkesbury)	1100
SPRINGBANK 4 (Cheltenham)	1030
TEWKESBURY EAST 1 (Tewkesbury)	987
INNSWORTH 3 (Tewkesbury)	708
ISBOURNE 2 (Tewkesbury)	698
CHURCHDOWN BROOKFIELD WITH HUCCLECOTE 3 (Tewkesbury)	693
SEVERN 3 (Stroud)	471
INNSWORTH 1 (Tewkesbury)	425

Appendix 1: Supplementary statement to the Gloucestershire Pharmaceutical Needs Assessment 2022-2025

Pharmaceutical needs assessment published on 06/10/22

Supplementary statement issued on 14:08:23

Since the publication of the Gloucestershire PNA, the following four pharmacies have closed:

1. Lloyds in Sainsbury's, Gallagher Retail Park, Tewkesbury Road, Cheltenham GL51 9RR
2. Lloyds in Sainsbury's, Dudbridge Road, Stroud GL5 3HG
3. Lloyds in Sainsbury's, Barnett Way, Barnwood GL4 3RT
4. Lloyds in Sainsbury's, St Ann Way, Gloucester Quays GL2 5SA

Since the publication of the Gloucestershire PNA, the following 17 pharmacies have been bought by new owners, so have stayed open:

1. The Laurels Pharmacy, Clarks Hay, South Cerney, Cirencester GL7 5UA
2. All Care Pharmacy, Barton Street, Gloucester GL1 4HR
3. Matson Pharmacy, Matson Avenue, Gloucester GL4 6LL
4. Saintbridge Pharmacy, Askwith Road, Gloucester GL4 4SH
5. Chipping Campden Phrmacy, High Street, Chipping Campden GL55 6HB
6. Tuffley Pharmacy, Holmleigh Parade, Tuffley, Gloucester GL4 0QU
7. G Horton, Ashcroft Gardens, Cirencester GL7 1RB
8. Badham Pharmacy, High Street, Tewkesbury GL20 5JZ
9. The Forest Pharmacy, Newerne Street, Lydney GL15 5RA
10. Stroud Family Pharmacy, Rowcroft Medical Centre, Stroud GL5 3BE
11. Coleford Pharmacy, Pyart Court, Coleford GL16 8RG
12. Badham Pharmacy, Old Market, Nailsworth GL6 0DU
13. Winchcombe Pharmacy, High Street, Winchcombe, Cheltenham GL54 5LJ
14. Badham Pharmacy, Old Cheltenham Road, Longlevens, Gloucester GL2 0AS
15. Lloydspharmacy, Sevenvale, St James, Quedgeley, Gloucester GL2 4WD
16. Lloydspharmacy, Abbotswood Road, Brockworth, Tewkesbury GL3 4NY
17. Wotton Family Pharmacy, Long Street, Wotton under Edge, Stroud GL12 7BX

Since the publication of the Gloucestershire PNA, the following pharmacy plans to close and has applied for consolidation with Badham Pharmacy opposite (118 Swindon Road, Cheltenham GL50 4BJ):

1. Lloyds Pharmacy, St Pauls Medical Centre, Swindon Road, Cheltenham GL50 4DP

Since the publication of the Gloucestershire PNA, the following four pharmacies are in the process of being sold. These are still operating, but are up for sale:

1. Lloyds Pharmacy, Edinburgh Place, Cheltenham GL517SA
2. Lloyds Pharmacy, Devereaux Medical Centre, Tewkesbury GL20 6QN

3. Lloyds Pharmacy, Waitrose, Honeybourne Way, Cheltenham GL50 3QW
4. Lloyds Pharmacy, Brookfield Road, Hucclecote, Gloucester GL3 3HA

As of 14 August 2023, there are therefore only four instances of a change in provision where a pharmacy has closed. We await an announcement about the sale or closure of the remaining four Lloyds pharmacies before assessing whether a full review of the PNA is required. Lloyds have not disclosed a cutoff date for closing these pharmacies if they are not successfully sold.

Supplementary statement issued by: Ruth Woolley - Consultant in Public Health,
Gloucestershire County Council

Date: 14/08/2023

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

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

Section 128A Pharmaceutical needs assessments

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

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

Part 2: Pharmaceutical needs assessments

3. Pharmaceutical needs assessments

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

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

- 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 3: Steering Group Membership

Name	Organisation	Role in organisation
Ruth Woolley	Gloucestershire County Council (GCC)	Consultant in Public Health
Loveness Chitiyo	GCC	Senior Public Health Officer
Rachel Howard	GCC	Public Health Officer
Dermot Carr	GCC	Senior Research Analyst
Rebecca Myers	Community Pharmacy Gloucestershire	CEO
Andrew Lane	Community Pharmacy Gloucestershire	Chair
Sian Williams	Gloucestershire Integrated Care System (ICS)	Clinical Lead – Community Pharmacy Integration
Lucy White	Healthwatch Gloucestershire	Manager
Declan McLaughlin	NHS Gloucestershire	Head of Primary Care Contracting
Becky Parish	Gloucestershire Integrated Care Board (ICB)	Associate Director - Engagement and Experience
Nic Wright	Gloucestershire Local Medical Committee (LMC)	CEO
Bob Hodges	Local Medical Committee	LMC Vice Chair
Laura Bucknell	Gloucestershire Health and Care NHS Foundation Trust (GHC)	Chief Pharmacist
Gemma Artz	Integrated Care Board	Deputy Director -Strategy and Transformation
Holly Beaman	Integrated Care Board	Associate Director Urgent and Emergency Care

Appendix 4: List of Pharmaceutical Service Providers

Community Pharmacies

ODS CODE	Contractor Name	Trading Name (if different)	Address	Town	Postcode
FAG66	Gary Barber Pharmacies Ltd	Wymans Brook Pharmacy	Wymans Shopping Centre, Windyridge Road	Cheltenham	GL50 4RA
FDL37	K&L Healthcare Ltd	Wotton Family Pharmacy	Grantley House, 43 Long Street	Wotton-Under-Edge	GL12 7BX
FCW73	Winchcombe Pharma Ltd	Winchcombe Pharmacy	11 High Street, Winchcombe	Cheltenham	GL54 5LJ
FHW99	Tuffley Healthcare Ltd	Tuffley Pharmacy	16 Seventh Avenue, Tuffley	Gloucester	GL4 0EB
FGK88	Painswick Pharmacy Ltd	The Painswick Pharmacy	New Street, Painswick	Stroud	GL6 6XH
FNM51	Tesco Stores Ltd	Tesco In-Store Pharmacy	St Oswald's Road	Gloucester	GL1 2SG
FGV91	Tesco Stores Ltd	Tesco In-Store Pharmacy	Bristol Road, Quedgeley	Gloucester	GL2 4PF
FDT34	Tesco Stores Ltd	Tesco In-Store Pharmacy	Tesco Superstore, Stratford Road	Stroud	GL5 4AG

FAL29	Tesco Stores Ltd	Tesco In-Store Pharmacy	Colletts Drive	Cheltenham	GL51 8JQ
FA561	Tesco Stores Ltd	Tesco In-Store Pharmacy	Kings Meadow, Cricklade Road	Cirencester	GL7 1NP
FKJ18	Superdrug Stores Plc	Superdrug Pharmacy	57-62 High Street	Stroud	GL5 1AS
FQJ46	Superdrug Stores Plc	Superdrug Pharmacy	91-97 High Street	Cheltenham	GL50 1DP
FH018	Pharmacy Complete Ltd	Stroud Road Pharmacy	153a Stroud Road	Gloucester	GL1 5JJ
FTK49	K&L Healthcare Ltd	Stroud Family Pharmacy	Rowcroft Medical Centre	Stroud	GL5 3BE
FY942	Shaunaks Ltd	Stonehouse Pharmacy	High Street Medical Centre, 31 High Street	Stonehouse	GL10 2NG
FG766	Gary Barber Pharmacies Ltd	St Marks Pharmacy	80 Tennyson Road, St. Marks	Cheltenham	GL51 7DB
FFF73	NKD Healthcare Ltd	Spa Pharmacy	12 Rotunda Terrace, Montpellier Street	Cheltenham	GL50 1SW
FA641	Avicenna Retail Ltd	South Cerney Pharmacy	3 The Laurels, Clarks Hay	South Cerney	GL7 5UA

FJR01	Dragon Retail 537 Limited	Saintbridge Pharmacy	Askwith Road	Gloucester	GL4 4SH
FMC79	L Rowland & Co (Retail) Ltd	Rowlands Pharmacy	244 Bath Road, Leckhampton	Cheltenham	GL53 7NB
FWR99	L Rowland & Co (Retail) Ltd	Rowlands Pharmacy	2-3 The Chestnuts	Bourton-On-The-Water	GL54 2AN
FW495	Oisaac Ltd	Northway Chemist	Northway Centre	Tewkesbury	GL20 8TW
FD597	Wm Morrisons Supermarkets Plc	Morrisons Pharmacy	Caernarvon Road, Up Hatherley	Cheltenham	GL51 3BW
FC162	AD Byers	Moreton Pharmacy	High Street	Moreton-In-Marsh	GL56 0AL
FT390	Maroch Healthcare Ltd	Mitcheldean Pharmacy	5 Churchill Way	Mitcheldean	GL17 0AZ
FW544	Bristol Pharma Ltd	May Lane Pharmacy	Maylane Surgery, 27 May Lane	Dursley	GL11 4JN
FTJ73	Pharmacy Complete Ltd	Matson Pharmacy	87 Matson Avenue	Gloucester	GL4 6LL

FJC25	Drybrook Pharmacy Ltd	Market Street Pharmacy	9-11 Market Street	Cinderford	GL14 2RT
FWC75	Clinpharm Plus Ltd	Lydney Pharmacy	33 Newerne Street	Lydney	GL15 5RA
FRW06	LP SD Thirteen Limited	Jhoots Pharmacy	Severnvale Surgery St James, Quedgeley	Gloucester	GL2 4WD
FXG00	LP SD Thirteen Limited	Jhoots Pharmacy	1-2 Abbotswood Road, Brockworth	Gloucester	GL3 4NY
FKW62	LP SD Eighty Nine Limited	Jhoots Pharmacy	Waitrose Store, Honeybourne Way	Cheltenham	GL50 3QW
FDN17	LP SD Eighty Eight Limited	Jhoots Pharmacy	56 Coronation Square, Edinburgh Place	Cheltenham	GL51 7SA
FKJ50	H C Pharma Ltd	Linden Pharmacy	92-94 Linden Road	Gloucester	GL1 5HE
FHA63	H A McParlands (Chemists) Ltd	Lechlade Pharmacy	High Street, Lechlade	Lechlade	GL7 3AA
FAQ29	Gary Barber Pharmacies Ltd	James Pharmacy	19 St Georges Road	Cheltenham	GL50 3DT
FG509	O'Connor Pharmacies Ltd	Hucclecote Pharmacy	7 Glenville Parade, Hucclecote	Gloucester	GL3 3ES

FLY52	Hawkes Pharmacy 2007 Ltd	Hawkes Pharmacy	52 Windermere Road	Cheltenham	GL51 3PH
FPH91	Daychem Ltd	Glevum Pharmacy	Hadwen Medical Practice, Glevum Way, Abbeydale	Gloucester	GL4 4BL
FN795	G Horton Ltd	G Horton Ltd	7 Market Place	Cirencester	GL7 2NX
FG526	G Horton Ltd	G Horton Chemist	24 Ashcroft Gardens	Cirencester	GL7 1RB
FJW85	Maroch Healthcare Ltd	Forest Pharmacy	41 Newerne Street	Lydney	GL15 5RA
FFM05	K & L Healthcare Ltd	Dursley Family Pharmacy	20 Parsonage Street	Dursley	GL11 4EA
FQP21	Drybrook Pharmacy Ltd	Drybrook Pharmacy	Drybrook Road	Drybrook	GL17 9JA
FQC26	Opal Pharmacy Ltd	Devereux Pharmacy	Devereux Medical Centre, Barton Road	Tewkesbury	GL20 5GJ
FCW44	Day Lewis PLC	Day Lewis Pharmacy	42 Park Road, Berry Hill	Coleford	GL16 7AG
FAM78	Day Lewis PLC	Day Lewis Pharmacy	14 Pyart Court, Old Station way	Coleford	GL16 8RG

FD740	Day Lewis PLC	Day Lewis Pharmacy	19 Broad Street	Newent	GL18 1AQ
FW044	Day Lewis PLC	Day Lewis Pharmacy	Beachley Road	Sedbury	NP16 7AA
FR838	The Cotswold Pharmacy Ltd	The Cotswold Pharmacy	Market Place	Northleach	GL54 3EG
FTR27	Maroch Healthcare Ltd	Coleford Pharmacy	Units 9-10 Pyart Court	Coleford	GL16 8RG
FRR69	Gorgemead Ltd	Cohens Chemist	37 Long Street	Tetbury	GL8 8AA
FXW94	Clinpharm Plus Ltd	Cinderford Pharmacy	Dockham Road	Cinderford	GL14 2AQ
FTM79	A.D Byers Limited Ltd,	Chipping Campden Pharmacy	High Street	Chipping Campden	GL55 6HB
FH680	Chesterton Pharmacy (Esoms Ltd)	Chesterton Pharmacy	16 Chesterton Lane	Cirencester	GL7 1XQ
FH052	Pharmcare Healthcare Ltd	Cheltenham Pharmacy	Springbank Community Resource Centre, Springbank Way	Cheltenham	GL51 0LH

FGN26	J Robinson Pharmacies Ltd	Charlton Pharmacy	39 Lyefield Road West, Charlton Kings	Cheltenham	GL53 8EZ
FTH50	Sharief Healthcare Limited	Cainscross Pharmacy	16 Cashes Green Road, Cainscross	Stroud	GL5 4JG
FGQ38	O'Connor Pharmacies Ltd	Brookfield Pharmacy	5 Brookfield Road, Hucclecote	Gloucester	GL3 3HA
FHG31	Boots UK Ltd	Boots Pharmacy	38-46 Eastgate Street	Gloucester	GL1 1PU
FPL54	Boots UK Ltd	Boots Pharmacy	70-72 Parsonage Street	Dursley	GL11 4AA
FQL86	Boots UK Ltd	Boots Pharmacy	16b Chapel Street, Cam	Dursley	GL11 5NU
FGC79	Boots UK Ltd	Boots Pharmacy	1 High Street	Bream	GL15 6JS
FVL01	Boots UK Ltd	Boots Pharmacy	Units 3-6 Quedgeley Retail Park, Quedgeley	Gloucester	GL2 4NF
FAQ87	Boots UK Ltd	Boots Pharmacy	92 High Street	Tewkesbury	GL20 5JZ

FEA00	Boots UK Ltd	Boots Pharmacy	57 High Street	Stroud	GL5 1AS
FTT60	Boots UK Ltd	Boots Pharmacy	197-199 High Street	Cheltenham	GL50 1DB
FN213	Boots UK Ltd	Boots Pharmacy	Unit F, Gallagher Retail Park, Tewkesbury Road	Cheltenham	GL51 9RR
FLH40	Boots UK Ltd	Boots Pharmacy	37 Tanglewood Way, Bussage	Stroud	GL6 8DE
FJE64	Boots UK Ltd	Boots Pharmacy	London House, The Cross	Minchinhampton	GL6 9JA
FAH31	Boots UK Ltd	Boots Pharmacy	39-43 Cricklade Street	Cirencester	GL7 1HY
FRQ45	Boots UK Ltd	Boots Pharmacy	Gloucester House, Market Place	Fairford	GL7 4AB
FX629	Aslam Healthcare Ltd	Berkeley Pharmacy	The Former George Inn, 14 Market Place	Berkeley	GL13 9BB
FN190	Badham Pharmacy Ltd	Badham Pharmacy Ltd	3 Old Market	Nailsworth	GL6 0DU

FFR82	Badham Pharmacy Ltd	Badham Pharmacy	Quayside House, Quay Street	Gloucester	GL1 2TZ
FJJ61	Badham Pharmacy Ltd	Badham Pharmacy	Alvin Street	Gloucester	GL1 3EN
FP764	Badham Pharmacy Ltd	Badham Pharmacy	12 London Road	Gloucester	GL1 3NE
FQV02	Badham Pharmacy Ltd	Badham Pharmacy	Aspen Centre, Horton Road	Gloucester	GL1 3PX
FKD88	Badham Pharmacy Ltd	Badham Pharmacy	9 High Street	Newnham on Severn	GL14 1BB
FQ240	Badham Pharmacy Ltd	Badham Pharmacy	1 Old Cheltenham Road, Longlevens	Gloucester	GL2 0AS
FA323	Badham Pharmacy Ltd	Badham Pharmacy	The Medical Centre, Rudloe Drive, Kingsway	Gloucester	GL2 2FY
FV408	Badham Pharmacy Ltd	Badham Pharmacy	Unit 2, Longford Local Centre, Horsbere Drive	Longford	GL2 9DH
FNW96	Badham Pharmacy Ltd	Badham Pharmacy	101- 105 Queens Road, Priors Park	Tewkesbury	GL20 5EN
FNL99	Badham Pharmacy Ltd	Badham Pharmacy	94 High Street	Tewkesbury	GL20 5JZ

FVC88	Badham Pharmacy Ltd	Badham Pharmacy	33 Morley Avenue, Churchdown	Gloucester	GL3 2BL
FAQ35	Badham Pharmacy Ltd	Badham Pharmacy	Parton Road, Churchdown	Gloucester	GL3 2JH
FLV17	Badham Pharmacy Ltd	Badham Pharmacy	Glos Business Park, Whittle Way, Brockworth	Gloucester	GL3 4BJ
FEJ34	Badham Pharmacy Ltd	Badham Pharmacy	84 St Georges Place	Cheltenham	GL50 3QD
FLJ58	Badham Pharmacy Ltd	Badham Pharmacy	118 Swindon Road	Cheltenham	GL50 4BJ
FH568	Badham Pharmacy Ltd	Badham Pharmacy	6 Prestbury Road, Cheltenham	Cheltenham	GL52 2PW
FAV45	Badham Pharmacy Ltd	Badham Pharmacy	Pharmacy Unit, The Wilson Health Centre, 236 Prestbury Road,	Cheltenham	GL52 3EY
FG953	Badham Pharmacy Ltd	Badham Pharmacy	102 Whaddon Road	Cheltenham	GL52 5NF
FCF51	Badham Pharmacy Ltd	Badham Pharmacy	62 Hewlett Road	Cheltenham	GL52 6AH
FJV57	Badham Pharmacy Ltd	Badham Pharmacy	Sixways Pharmacy 256 London Road, Charlton Kings	Cheltenham	GL52 6HS

FCM79	Badham Pharmacy Ltd	Badham Pharmacy	Clevelands Medical Centre, Sapphire Road, Bishops Cleeve	Cheltenham	GL52 7YU
FRN12	Badham Pharmacy Ltd	Badham Pharmacy	23 Church Road, Bishops Cleeve	Cheltenham	GL52 8LR
FYR63	Badham Pharmacy Ltd	Badham Pharmacy	4 Stoke Road, Bishops Cleeve	Cheltenham	GL52 8RP
FYE05	Badham Pharmacy Ltd	Badham Pharmacy	11 Market Square	Stow on the Wold	GL54 1BQ
FQ451	Badham Pharmacy Ltd	Badham Pharmacy	The Village Square, Victory Fields	Upper Rissington	GL54 2FL
FJJ69	Asda Stores Ltd	Asda Pharmacy	Asda Superstore, Bruton Way	Gloucester	GL1 1DS
FML07	Bell Walk Healthcare Ltd	Allied Pharmacy Gloucester	28 Southgate Street	Gloucester	GL1 2DP
FTC81	Tuffley Healthcare Ltd	Allied Pharmacy	19 Holmleigh Parade, Tuffley	Gloucester	GL4 0QU
FAJ67	Bartongate Ltd	AllCare Pharmacy	113-115 Barton Street	Gloucester	GL1 4HR

Dispensing Appliance Contractors

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

Distance Selling Pharmacies

ODS CODE	Contractor Name	Trading Name (if different)	Address	Town	Postcode
FA338	Chelpharm Ltd	Gloucestershire Pharmacy	305 High Street	Cheltenham	GL50 3HW
FVM62	First Call Pharmacy Ltd	First Call Pharmacy	Office 1G, Unit 1, Morelands Trading Estate, Bristol Road	Gloucester	GL1 5RZ

Appendix 5: List of Dispensing Doctors

Practice Code	Practice Name	Practice Address (Main Site)
L84029	Blakeney Surgery	Millend, Blakeney, Gloucestershire, GL15 4ED
L84060	Cam and Uley Family Practice	42 The Street, Uley, Dursley, GL11 5SY
L84043	Chipping Campden Surgery	Back Ends, Chipping Campden, GL55 6AU
L84069	Coleford Medical Practice	Railway Drive, Coleford, Gloucestershire, GL16 8RH
L84038	Cotswold Medical Practice	Moore Road, Bourton on the Water, Cheltenham, GL54 2AZ
L84028	Forest Health Care	Cinderford Medical Centre, Valley Road, Cinderford, Gloucestershire, GL14 2ND
L84016	Frithwood Surgery	45 Tanglewod Way, Bussage, Stroud, GL6 8DE
L84053	Hilary Cottage Surgery	Keble Lawns, Fairford, GL7 4BQ
L84011	Lydney Health Centre	Albert Street, Lydney, Gloucestershire, GL15 5NQ
L84068	Mann Cottage Surgery	Four Shires Medical Centre, Stow Road, Moreton in Marsh, GL56 0DS
L84045	Mitcheldean Surgery	Brook Street, Mitcheldean, Gloucestershire, GL17 0AU
L84037	Newent Doctors Practice	Watery Lane, Newent, GL18 1BA
L84012	Phoenix Health Group	9 Chesterton Lane, Cirencester, GL7 1XG
L84080	The Willow Tree Practice	73 Regent Street, Gloucestershire, GL10 2AA
L84063	Rendcomb Surgery	Rendcomb, Cirencester, GL7 7EY
L84085	Severnbank Surgery	Tutnall Street, Lydney, Gloucestershire, GL15 5PQ

L84006	Staunton Surgery	Gloucestershire Road, Corse, Gloucestershire, GL19 3RB
L84031	Stow Surgery	Maugersbury Park, Stow on the Wold, Cheltenham, GL54 1AX
L84606	The Alney Practice	16 Cheltenham Road, Gloucestershire, GL2 0LS
L84051	The Chipping Surgery	Symn Lane, Wotton Under Edge, Gloucestershire, GL12 7BD
L84027	The Culverhay Surgery	Culverhay, Wotton Under Edge, Gloucestershire, GL12 7LS
L84072	The Whitehouse Surgery	Four Shires Medical Centre, Moreton in Marsh, Gloucestershire, GL56 0DS
L84004	Winchcombe Medical Centre	Greet Road, Winchcombe, Cheltenham, GL54 5GZ
L84021	Yorkley Health Centre	Bailey Hill, Yorkley, Gloucestershire, GL15 4RS

Appendix 6: Responses of Pharmaceutical Services Providers to Contractor Questionnaires

Community Pharmacies:

Response Rate

Gloucestershire	62% (60/103)
Cheltenham	91% (22/24)
Cotswold	33% (5/15)
Forest of Dean	53% (7/13)
Gloucester	60% (17/28)
Stroud	43% (7/16)
Tewkesbury	22% (2/9)

General Questions

Question	Response Summary
Entitled to Pharmacy Access Scheme Payments?	Yes: 26% Possibly: 5% No: 68%
100-hour pharmacy?	Yes: 98% No: 1%
On-site consultation facilities?	Yes: 100%
Languages spoken	Included Polish (4 pharmacies), Italian (2), Hindi (5), Malayalam (2), Gujarati (2), Urdu (2), Spanish (3), Punjabi (3), Greek (1), Persian (1), Malaysian (1), Croatian (1), Serbian (1), Afrikaans (1), Bosnian (1). No additional languages spoken in 66% of pharmacies.

Services Offered

Question	Response Summary
Does pharmacy dispense appliances?	All types: 95% Yes, incontinence appliances: 3% Yes, just dressings: 1%
Does pharmacy offer delivery of dispenses medicines?	Yes, all patients: 27% (Of those 99% free, 1% with charge) Yes, certain patients: 20% (Of those 83% free, 17% with charge) No: 3% No response: 50%
Does pharmacy offer monitored dosage systems?	Yes, free of charge on request: 91% Yes, with charge: 5% No: 4%
Does pharmacy offer Pharmacy First service?	Yes, 100%
Advanced Services	
Appliance Use Review	Yes: 66% Soon: 1% No: 33%
LFD distribution	Yes: 85% Soon: 10% No: 5%

Flu vaccination service	Yes: 94%	Soon: 6%	
Hypertension case finding service	Yes: 97%	Soon: 3%	
New Medicine Service	Yes: 100%		
Stoma appliance customisation	Yes: 60%	Soon: 1%	No: 39%
Stop smoking service	Yes: 31%	Soon: 19%	No: 50%
Other Services (CP= currently providing; WP= willing to provide if commissioned; NA= not able or willing to provide; PP- currently providing private service)			
Emergency contraception service	CP: 100%	PP:10%	
Emergency supply service	CP: 73%	WP: 21%	PP: 6%
Supervised administration service	CP: 63%	WP: 21%	NA: 16%
	PP: 0%		
Out of hours services	CP: 14%	WP: 13%	NA: 22%
	PP: 51%		
Care home service	CP: 40%	WP: 0%	NA:
	46%	PP: 58%	
Vascular risk assessment service (NHS health check)	CP: 1%	WP: 93%	NA: 6%
	PP: 0%		
Home delivery service (not appliances)	CP: 0%	WP:7%	NA:
	3%	PP: 90%	
Phlebotomy service	CP: 0%	WP: 85%	NA: 7%
	PP: 8%		
Prescriber support service	CP: 0%	WP: 91%	NA: 9%
	PP: 0%		
Childhood vaccinations	CP: 0%	WP: 90%	NA: 2%
	PP: 8%		
Seasonal influenza vaccination service	CP: 93%	WP: 5%	NA: 1%
	PP: 1%		
Hepatitis (at risk workers or patients) service	CP: 0%	WP: 90%	NA: 0%
	PP: 10%		
HPV vaccination	CP: 0%	WP: 83%	NA: 7%
	PP: 10%		
Meningococcal vaccination	CP: 0%	WP: 81%	NA: 8%
	PP: 11%		
Pneumococcal vaccination	CP: 0%	WP: 81%	NA: 6%
	PP: 13%		
Travel vaccinations	CP: 0%	WP: 64%	NA: 0%
	PP: 36%		
Screening- Alcohol	CP: 0%	WP: 88%	NA: 12%
	PP: 0%		
Screening- Cholesterol	CP: 0%	WP: 90%	NA: 7%
	PP: 3%		
Screening- Diabetes	CP: 0%	WP: 44%	NA: 0%
	PP: 56%		
Screening- Gonorrhoea	CP: 0%	WP: 91%	NA: 8%
	PP: 1%		
Screening- H. pylori	CP: 0%	WP: 91%	NA: 8%
	PP: 1%		
Screening- HbA1C	CP: 0%	WP: 88%	NA: 4%
	PP: 8%		
Screening- Hepatitis	CP: 0%	WP: 90%	NA: 5%
	PP: 5%		
Screening- HIV	CP: 0%	WP: 91%	NA: 9%
	PP: 0%		

DACs

Response Rate

Gloucestershire	50% (1/2)
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General Questions

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

Services Offered

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

Distance Selling Pharmacies

The 2 DSPs in Gloucestershire did not respond to questionnaire.

Dispensing Doctors

Response Rate

Gloucestershire	6% (2/30)
Unknown	1
Cheltenham	50% (1/2)
Cotswold	N/a
Forest of Dean	N/a
Gloucester	N/a
Stroud	N/a
Tewkesbury	N/a

General Questions

Question	Response Summary
Languages spoken	English
Consultation facilities on site?	Yes: 100% (all wheelchair accessible)
Feel there is a need for more pharmaceutical services in the area?	Yes: 0% No: 100%
Capacity to meet increased demand?	Yes: 100%

Services Offered

Question	Response Summary	
Appliance use review service?	Yes: 0%	No: 100%
Stoma customisation?	Yes: 0%	No: 100%
Delivery of medicines?	Yes: 50% (for free for all patients)	

Appendix 7: Responses to Public Survey

Responses

Online: 183

Paper: 0

Question	Response Summary
Who are you responding to the consultation as?	Member of the public: 97% Health or social care professional: 1% Pharmacist/provider of pharmaceutical services: Less than 1% On behalf of a voluntary community sector organisation: Less than 1% On behalf of a parish or town council: Less than 1% Other: Less than 1%
Why do you usually visit a pharmacy? (could give more than one answer)	To collect prescribed medication: 93% To buy over the counter medication: 51% To get advice from a pharmacist: 43% To access clinical services, e.g. blood pressure checks, contraception: 8% To collect appliances: 2% Other: 7%
If you haven't visited a pharmacy in the last year, why is this?	9% of respondents had not visited a pharmacy in the last year Of those- Pharmacy delivers medications: 35% Online pharmacy delivers medications: 24% Haven't needed pharmacy services: 12% Unable to get to pharmacy due to its location: 6% Other: 24%
How do you usually request your repeat prescriptions?	Online: 41% NHS app: 27% Visit pharmacy: 8% Paper request form delivered to GP practice: 5% Alternative app: 4% Visit GP practice: 3% Telephone GP practice: 3% Email GP practice: 2% N/A Prescription renews automatically: 1% Other: 5%
Do you access your repeat prescriptions in another way? (e.g. order prescriptions privately)	Yes: 98% No: 2%
How do you normally collect or receive your prescribed medicines?	Collect from pharmacy: 78% Delivered by hand: 8% Delivered by post: 8% Dispensing doctor service: 6%
Do you have a pharmacy that you regularly use?	Yes: 96% No: 4%

How frequently do you visit a pharmacy/dispensing doctor?	At least weekly: 7% Monthly: 53% Every 2-3 months: 26% Every 3-6 months: 6% Less than twice a year: 4% I don't visit (e.g. because someone collects it for me, or it gets delivered to me): 4%
Who would you normally visit the pharmacy/dispensing doctor for?	Myself: 80% A family member: 12% Someone you are a carer for: 5% Other: 3%
Why do you use the pharmacy/GP dispensing doctor that you normally use? (please select all that apply)	Near my home: 78% Quality of service/staff: 33% Opening hours: 18% Range of service available: 14% Other: 14%
Is there a more convenient/closer pharmacy/GP dispensing doctor that you don't use?	Yes: 24% No: 76%
How do you usually travel to a pharmacy/dispensing doctor? (please select all that apply)	Car: 58% Walk: 49% Public transport: 4% Bicycle: 3% Motorbike: Less than 1% E-bike/e-scooter: Less than 1% Don't travel (e.g. because someone else collects for me or it gets delivered to me): 4%
How long does it usually take you to travel to a pharmacy/GP dispensing doctor?	Less than 10 minutes: 56% 10-20 minutes: 36% 20-30 minutes: 5% More than 30 minutes: 3%
What do you think is an acceptable amount of time to have to travel to a pharmacy/dispensing doctor?	Less than 10 minutes: 34% Less than 20 minutes: 47% Less than 30 minutes: 19% Over 30 minutes: Less than 1%
Regular hours for pharmacies are typically Monday – Friday, 9am – 6pm. Do you know which pharmacies in your area are open outside of regular hours (e.g. early in the mornings, in the evenings, or on Saturdays or Sundays)?	Yes: 37% No: 63%
What time do you prefer to visit a pharmacy?	Before 9am: 2% 9am – 5pm: 79% 5pm – 9pm: 19%
Which day do you prefer to visit a pharmacy?	Monday – Friday: 88% Saturday: 9% Sunday: 3%
Is the pharmacy you usually visit accessible for people with a disability?	Wheelchair accessible/bell for ramp Yes: 71% No: 6% Don't know: 24%

	<p>Handrails on steps/other aid to mobility Yes: 29% No: 23% Don't know: 44%</p> <p>Hearing Loop Yes: 12% No: 6% Don't know: 82%</p>	
Do you get your medication dispensed with an adjustment for a disability or in a compliance aid?	Yes - supplied in a medication tray/dosette box for free: 1% No - in the regular packaging: 99%	
Are you eligible for free prescriptions, and if not, do prescription costs put you off collecting prescribed medication?	Eligible for free prescriptions: 71% Not eligible, and costs do not put me off: 20% Not eligible, and costs do put me off: 9%	
If you are not eligible for free prescriptions, are you aware of the prescription prepayment service?	Yes: 74% No: 26%	
In the last 12 months, have you been referred or signposted to a pharmacy for a service? If yes from where?	GP practice: 63% NHS 111: 16% Hospital: 10% Optician or dentist: 8% Other healthcare provider (e.g. Mental Health Service): 3%	
If you answered yes to the above question, what were you referred or signposted for? (please tick all that apply)	Minor illness assessment: 38% Vaccination: 27% Ran out of medication: 25% Blood pressure check: 10% Blood pressure monitoring: 6% Stop smoking advice or support: 4% Emergency Hormonal Contraception (EHC): 2%	
Are you happy with the range of services at your usual pharmacy/dispensing doctor?	Yes: 84% No: 16%	
How would you rate your overall satisfaction with your usual pharmacy/dispensing doctor?	Very good: 39% Good: 31% Average: 19% Poor: 7% Very poor: 4%	

Services used by respondents/respondents would like to see

Service	Have used	Would like to see
Pharmacy First (Advice and/or medication for common minor conditions)	75%	64%
Lateral Flow Device (Free Covid tests for eligible patients)	17%	83%
Pharmacy Oral Contraception (Supply of free oral contraception without a prescription from pharmacies)	5%	43%

Appliance Use Review (AUR)	-	40%
NHS Flu Vaccination	73%	34%
Private Flu Vaccination	14%	34%
Private Covid Vaccination	14%	41%
Stoma Appliance Customisation (SAC)	-	33%
NHS Blood Pressure Check (Blood pressure check or provision of blood pressure monitor)	24%	55%
Prescription home delivery (either free or paid for)	26%	41%
Cholesterol or blood glucose testing (either free or paid for)	2%	75%
Other NHS vaccinations (e.g. childhood vaccines, shingles, pneumococcal)	14%	62%
Other private vaccinations (e.g. travel vaccines)	6%	68%
Advice and treatment for minor ailments	81%	45%
Weight management programme	2%	47%
Screening service (e.g. cholesterol, diabetes, HIV screening)	2%	76%
Emergency Contraception Service (Morning After Pill)	8%	35%
Stop Smoking Advice and Treatment (including prescription strength products)	3%	33%
Issuing of repeat prescriptions without having to order from GP Practice each month	22%	85%
Chlamydia Testing and Treatment Service	-	28%

Demographics of respondents

Gender	Male: 36% Female: 63% Prefer not to say: 2%
Do you identify with your gender as registered at birth?	Yes: 98% Prefer not to say: 2%
Age	26-35: 6% 36-45: 4% 46-55: 12% 56-65: 27% 66-75: 25% Over 75: 21% Prefer not to say: 4%
Ethnicity	White British: 87% White European: 3% Asian/British Asian: Indian: 3% Black/British Black: Caribbean: 1% Mixed Race: Asian & White: Less than 1% Other: Less than 1% Prefer not to say: 5%
Employment status	Retired: 59% Employed full-time: 25% Employed part-time: 10% Self-employed: 2%

	<p>Full-time parent/carer: 2%</p> <p>Unable to work due to disability or ill-health: 1%</p> <p>Seeking employment: Less than 1%</p> <p>Student: Less than 1 %</p> <p>Other: Less than 1%</p>
Do you consider yourself to have a disability?	<p>No: 59%</p> <p>Long-term condition: 17%</p> <p>Hearing impairment: 7%</p> <p>Mental Health problem: 4%</p> <p>Physical disability: 4%</p> <p>Learning difficulties: Less than 1%</p> <p>Visual impairment: Less than 1%</p> <p>Prefer not to say: 7%</p>
Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age?	<p>Yes, in my own household: 20%</p> <p>Yes, outside my household: 17%</p> <p>No: 63%</p>
Do you identify as an unpaid carer?	31%
Which of the following terms best describes how you think of yourself?	<p>Heterosexual or straight: 79%</p> <p>Gay or lesbian: 3%</p> <p>Asexual: 3%</p> <p>Bisexual: 2%</p> <p>Other: Less than 1%</p> <p>Prefer not to say: 13%</p>
Have you, or a member of your immediate family, served in the armed forces?	<p>Yes, I have previously served in the armed forces: 10%</p> <p>A member of my immediate family is/has served in the armed forces: 13%</p> <p>None of the above: 77%</p>
Which, if any, of the following best describes your religion or belief?	<p>Christian (including Church of England, Catholic, Methodist and other denominations): 51%</p> <p>Hindu: 1%</p> <p>Muslim: 1%</p> <p>Jewish: Less than 1%</p> <p>No religion: 37%</p> <p>Other: 2%</p> <p>Prefer not to say: 7%</p>

Appendix 8: List of pharmacies open from 7pm onwards

ODS CODE	Contractor Name	Trading Name (if different)	ICB	Address	Town	Postcode	Tuesday Core	Tuesday Supplementary

FN51	Tesco Stores Ltd	Tesco In-Store Pharmacy	Gloucestershire	St Oswald's Road	Gloucester	GL1 2SG	09:00- 21:00	
FGV91	Tesco Stores Ltd	Tesco In-Store Pharmacy	Gloucestershire	Bristol Road, Quedgeley	Gloucester	GL2 4PF	09:00- 21:00	
FA561	Tesco Stores Ltd	Tesco In-Store Pharmacy	Gloucestershire	Kings Meadow, Cricklade Road	Cirencester	GL7 1NP	09:00- 21:00	
FPH91	Daychem Ltd	Glevum Pharmacy	Gloucestershire	Hadwen Medical Practice, Glevum Way, Abbeydale	Gloucester	GL4 4BL	09:00- 13:00 14:00- 21:00	
FVL01	Boots UK Ltd	Boots Pharmacy	Gloucestershire	Units 3-6 Quedgeley Retail Park, Quedgeley	Gloucester	GL2 4NF	08:00- 13:00 14:00- 21:00	
FQ240	Badham Pharmacy Ltd	Badham Pharmacy	Gloucestershire	1 Old Cheltenham Road, Longlevens	Gloucester	GL2 0AS	08:30- 12:30 16:00- 19:00	12:30-16:00
FLJ58	Badham Pharmacy Ltd	Badham Pharmacy	Gloucestershire	118 Swindon Road	Cheltenham	GL50 4BJ	07:00- 22:00	
FDT34	Tesco Stores Ltd	Tesco In-Store Pharmacy	Gloucestershire	Tesco Superstore, Stratford Road	Stroud	GL5 4AG	09:00- 13:00 14:00- 17:00	08:00-09:00 13:00 14:00-17:00 17:00
FAL29	Tesco Stores Ltd	Tesco In-Store Pharmacy	Gloucestershire	Colletts Drive	Cheltenham	GL51 8JQ	09:00- 13:00 14:00- 17:00	08:00-09:00 13:00-14:00 17:00-20:00
FD597	Wm Morrisons Supermarkets Plc	Morrisons Pharmacy	Gloucestershire	Caernarvon Road, Up Hatherley	Cheltenham	GL51 3BW	09:00- 13:00 14:00- 17:00	13:00-14:00 17:00-19:00
FN213	Boots UK Ltd	Boots Pharmacy	Gloucestershire	Unit F, Gallagher Retail Park, Tewkesbury Road	Cheltenham	GL51 9RR	09:30- 14:00 15:00- 17:30	14:00-15:00 17:30-19:00

Appendix 9: Consultation Report

9.1 The Consultation Process

Consultation on the draft Gloucestershire PNA 2022-25 took place between the 30th of June and the 29th of August 2025, matching the minimum consultation period of 60 days required by legislation. Consultees were notified of the consultation via email and directed to the consultation link 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:

- Gloucestershire Local Pharmaceutical Committee
- Gloucestershire Local Medical Committee
- All pharmacy contractors (including DACs)
- All Dispensing doctors
- Healthwatch Gloucestershire
- Gloucestershire Integrated Care Board
- NHS England
- NHS Improvement
- Gloucestershire Hospitals NHS Foundation Trust
- Gloucestershire Health and Care NHS Foundation Trust
- Neighbouring Health and Wellbeing Boards
 - Worcestershire
 - Herefordshire
 - Oxfordshire
 - South Gloucestershire
 - Warwickshire
 - Swindon
 - Wiltshire
 - Monmouthshire
 - Bath & North East Somerset

Consultation feedback on individuals' experiences within pharmacy settings will be shared with the commissioners of pharmacy services to support service planning and improvement.

9.2 Response to the Consultation

There were 94 responses to the online consultation questionnaire and no responses received directly via email. 91 individuals were responding as a member of the public, and 3 were responding on behalf of an organisation or other body.

A comprehensive summary of the consultation responses is provided in the tables at the end of section 9.2. The vast majority of comments related to issues with unexpected closures, opening hours, stock issues, inadequate staffing, long waiting times, delayed prescriptions, medication errors and queues. This feedback has been shared with the commissioners of pharmacy services.

It was noted that the population in the area is increasing, public transport links to alternative pharmacies are poor and that pharmacies are under pressure from rising consultation demands due to Pharmacy First. The impacts of the increasing population size, new housing, changes in public transport provision and work pressures for pharmacists will all be kept under review throughout the life course of this PNA.

Further analysis was carried out to ensure that no additional gaps or new issues had been identified. Based on the evidence available, no unmet needs or gaps in access to pharmaceutical services were detected.

The consultation responses were collated for review by the PNA project team between the 29th of August and the 5th of September and the team agreed to make the following changes to the PNA document as a result of the consultation:

1. - Addition to Section 3.2.5 – ‘If a pharmacy wishes to change their supplementary opening hours, they are required to give five weeks’ notice to the commissioner. Pharmacies can increase their supplementary opening hours without notice, although they must inform the commissioner of this change. If a DAC wishes to change their supplementary opening hours, they simply notify NHS England of the change, giving at least three months’ notice’.
- 2- Addition to section 4.1.2 – clearer identification of the specific district to which future housing allocations and commitments apply (as clarified in the table below).

Lower Super Output Area Local Name (based on the centre of development which may not match the district council in charge of planning for that site)	Allocation/Commitments Total (as at February 2025) for the next 5 years
SEVERN VALE NORTH (Tewkesbury)	4020
FOUR ACRES (Tewkesbury)	2282
BADGEWORTH 1 (Tewkesbury)	1100
SPRINGBANK 4 (Cheltenham)	1030
TEWKESBURY EAST 1 (Tewkesbury)	987
INNSWORTH 3 (Tewkesbury)	708
ISBOURNE 2 (Tewkesbury)	698
CHURCHDOWN BROOKFIELD WITH HUCCLECOTE 3 (Tewkesbury)	693
SEVERN 3 (Stroud)	471
INNSWORTH 1 (Tewkesbury)	425

Consultation Questions and Consultee Responses:

Question:	Consultee Responses:
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?	Yes: 68% No: 30% No Response: 2%
2) Do you feel that the pharmaceutical needs of the population of your area have been adequately reflected in the draft PNA document?	Yes: 61% No: 38% No Response: 1%
3) Has the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	Yes: 63% No: 34% No Response: 3%
4) Do you agree with the conclusions?	Yes: 61% No: 33% No Response: 6%
5) From the information in the draft PNA, do you believe that your future pharmaceutical needs will be met in the next 3 years?	Yes: 53% No: 41% No Response: 5%

Examples of comments received in the consultation:

Q1: Do you think that the information contained within the draft PNA accurately reflects the current pharmacy and prescription dispensing services available in your area?

“Pharmacies continue to say they can treat UTI’s for over 60’s & they aren’t allowed to”.

“Pharmacy misdiagnosed leading to needing to see the doctor anyway and on one occasion ended with an A&E visit”.

“No pharmacy within walking distance, can only get to by car”.

“Our local one had issues with opening times, poor staffing etc and is now closed”.

“Unaware of using pharmacies for advice. Every time I’ve tried this, been directed to A+E”.

“No, extremely poor services, lack of staffing, long waiting times. Generally pharmacies are not meeting the demand anymore than the GP surgeries”.

“Our local pharmacy is totally overwhelmed due to all the new housing built in this area so cannot devote enough time to each patient”.

“You can ask to speak to a pharmacist if one is available. There is a private room but you don’t feel like asking in front of others queuing for their prescription. There is no community feel or constructive advice given”.

“Supply and demand. More people are moving to the United Kingdom and therefore the needs are greater”.

Q2: Do you feel that the pharmaceutical needs of the population of your area have been adequately reflected in the draft PNA document?

“A doctor requested that a vertigo medicine should be delivered & it wasn’t”

“Doctors need more funding and resources instead of outsourcing to pharmacies”

“Pharmacies are not spread evenly across the geographic area in relation to population and housing. This leaves some areas without a pharmacy close by”.

“We have had our pharmacy taken away”.

“As said there have been pharmacy closures and possibly more to come with more new housing areas, the system is stretched”.

“We need more pharmacies open. To many are closing down in rural areas. Difficult to get access in the Cotswolds and the Forest of Dean. Out of hours service is very urgent and important service pharmacies provide”.

“There is a need to have greater join up between pharmacies, GP surgeries and hospitals both within Gloucestershire and beyond”.

“I don’t know the content but from experience there are elements of pharmacies that need addressing: Availability of commissioned services- being turned away as the pharmacist on duty is not trained to deliver e.g. contraception or pharmacy first is inadequate”.

“New housing estates are being built all over, yet funding is not increased to keep up with this. Staff are under pressure, prescription waiting times are longer and some medications are becoming hard for pharmacies to get hold of”.

Q3: Has the PNA provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

“What about the issue of some medicines not being available. Pharmacies are not proactive in contacting you so you get left wondering why your prescription has not been issued. Not good when you have an infection you need medicine for asap”.

“I am unclear how medicine shortages will be managed”.

“I am not sure that the facilities exist to discuss confidential matters with the pharmacist”.

Q4: Do you agree with the conclusions?

“The housing expansion will soon change these figures, and the pharmacies will be struggling. Pharmacies are only trusted for basic advice, I would not be happy going to a pharmacy where they need to know some of my other details or I would prefer to see a Dr in case it is more serious, a pharmacist missed my partners and father’s shingles”.

“I agree with many of the conclusions but it does not resolve our issue of pharmacist non-attendance with no cover provided and I don’t want increased use of technology or remote provision”.

“There are clearly gaps in pharmacy provision where new build estates have significantly increased the population of an area in a short time. This will continue to impact communities as house building increases under the current government.”.

Q5: From the information in the draft PNA, do you believe that your future pharmaceutical needs will be met in the next 3 years?

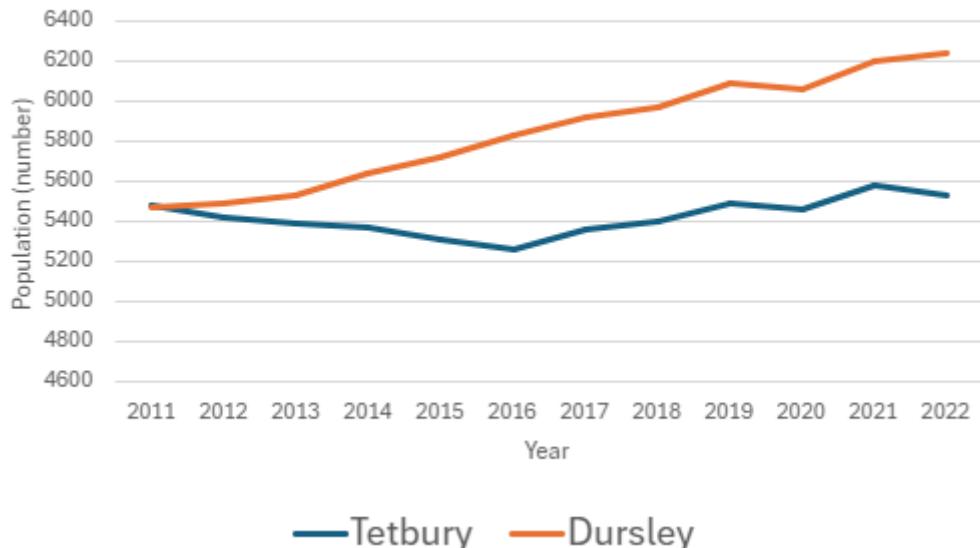
“Not if ours is closed with no indication of when it will re open or date for ‘new’ site started yet”.

“Again housing compared to pharmacies open and accessible”.

“My pharmacy is a small shop and has no room to expand. My concern is that with the ever growing population in our area we will be hard pushed to cater for the patients already on their list and the influx of more patients as they arrive in this country. Staff at the pharmacy are always eager to help and on the occasions I need advise they have come to my rescue. I would not relish a change to the well oiled machine”.

Appendix 10: Population Change Over Time Dursley and Tetbury

Population Change Over Time (ONS MidYear Population Estimates)



Appendix 11: Forest of Dean Sunday Rota

NHS SOUTH WEST COLLABORATIVE COMMISSIONING HUB

FOREST OF DEAN SUNDAY ROTA DUTIES 2025 (Updated Dec 2024)
A PHARMACY IS OPEN BETWEEN 11.30AM - 12.30PM

NHS
South West Collaborative
Commissioning Hub

MONTH	SUNDAY	STORE	TELEPHONE
JANUARY	5th	Coleford Pharmacy	01594 832151
	12th	Drybrook Pharmacy, Drybrook	01594 542517
	19th	Mitcheldean Pharmacy, Mitcheldean	01594 544997
	26th	Day Lewis, Newent	01531 820443
FEBRUARY	2nd	Day Lewis, Old Station Way, Coleford	01594 836835
	9th	Forest Pharmacy, Lydney	01594 842847
	16th	Day Lewis, Sedbury	01291 622532
	23rd	Cinderford Pharmacy, Cinderford	01594 821231
MARCH	2nd	Day Lewis, Berry Hill, Coleford	01594 832225
	9th	Market Street Pharmacy, Cinderford	01594 822332
	16th	Badham Pharmacy, Newham on Severn	01594 516276
	23rd	Lydney Pharmacy, Lydney	01594 843443
	30th	Boots Pharmacy, Bream	01594 562271
APRIL	6th	Coleford Pharmacy	01594 832151
	13th	Drybrook Pharmacy, Drybrook	01594 542517
	20th	Bank Holiday	
	27th	Mitcheldean Pharmacy, Mitcheldean	01594 544997
MAY	4th	Day Lewis, Newent	01531 820443
	11th	Day Lewis, Old Station Way, Coleford	01594 836835
	18th	Forest Pharmacy, Lydney	01594 842847
	25th	Day Lewis, Sedbury	01291 622532
JUNE	1st	Cinderford Pharmacy, Cinderford	01594 822131
	8th	Day Lewis, Berry Hill, Coleford	01594 832225
	15th	Market Street Pharmacy, Cinderford	01594 822332
	22nd	Badham Pharmacy, Newham on Severn	01594 516276
	29th	Lydney Pharmacy, Lydney	01594 843443

Additional Pharmacy Details:

Badham Pharmacy, 9 High Street, Newham on Severn GL14 1BB (01594 516276)
Boots Pharmacy, 1 High Street, Bream GL15 6IS (01594 562271)
Cinderford Pharmacy, Dockham Road, Cinderford GL14 2AQ (01594 822131)
Coleford Pharmacy, Units 9-10 Pyart Court, Coleford, GL16 8RG (01594 832151)
Day Lewis Pharmacy, 42 Park Road, Berry Hill, Coleford, GL16 7AG (01594 832225)
Day Lewis Pharmacy, 19 Broad Street, Newent, GL18 1AQ (01531 820443)
Day Lewis Pharmacy, Beachley Road, Sedbury, NP16 7AA (01291 622532)

Day Lewis Pharmacy, 14 Pyart Court, Old Station Way, Coleford GL16 8RG (01594 836835)
Drybrook Pharmacy, Drybrook Road, Drybrook GL17 9JA (01594 542517)
Forest Pharmacy, 41 Newerne Street, Lydney, GL15 5RA (01594 842847)
Lydney Pharmacy, 33 Newerne Street, Lydney GL15 5RA (01594 843443)
Mitcheldean Pharmacy, 5 Churchill Way, Mitcheldean GL17 0AQ (01594 544997)
Market Street Pharmacy, 9-11 Market Street, Cinderford GL14 2RT (01594 822332)

If you have an URGENT prescription (as written on the prescription by your doctor) requiring dispensing at a time when no pharmacies are open you should contact NHS 111

Local pharmacy details
can also be found by
scanning this code or
by visiting www.nhs.uk



MONTH	SUNDAY	STORE	TELEPHONE
JULY	6th	Boots Pharmacy, Bream	01594 562271
	13th	Coleford Pharmacy	01594 832151
	20th	Drybrook Pharmacy, Drybrook	01594 542517
AUGUST	27th	Mitcheldean Pharmacy, Mitcheldean	01594 544997
	3rd	Day Lewis, Newent	01531 820443
	10th	Day Lewis, Old Station Way, Coleford	01594 836835
SEPTEMBER	17th	Forest Pharmacy, Lydney	01594 842847
	24th	Day Lewis, Sedbury	01291 622532
	31st	Cinderford Pharmacy, Cinderford	01594 822131
OCTOBER	7th	Day Lewis, Berry Hill, Coleford	01594 832225
	14th	Market Street Pharmacy, Cinderford	01594 822332
	21st	Badham Pharmacy, Newham on Severn	01594 516276
NOVEMBER	28th	Lydney Pharmacy, Lydney	01594 843443
	5th	Boots Pharmacy, Bream	01594 562271
	12th	Coleford Pharmacy	01594 832151
DECEMBER	19th	Drybrook Pharmacy, Drybrook	01594 542517
	26th	Mitcheldean Pharmacy, Mitcheldean	01594 544997
	2nd	Day Lewis, Newent	01531 820443
JANUARY	9th	Day Lewis, Old Station Way, Coleford	01594 836835
	16th	Forest Pharmacy, Lydney	01594 842847
	23rd	Day Lewis, Sedbury	01291 622532
FEBRUARY	30th	Cinderford Pharmacy, Cinderford	01594 822131
	7th	Day Lewis, Berry Hill, Coleford	01594 832225
	14th	Market Street Pharmacy, Cinderford	01594 822332
MARCH	21st	Badham Pharmacy, Newham on Severn	01594 516276
	28th	Lydney Pharmacy, Lydney	01594 843443