



Herefordshire Pharmaceutical Needs Assessment 2025

June 2025

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Glossary

CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance Contractor
DSP	Distance Selling Pharmacy
DHSC	Department for Health and Social Care
GP	General Practitioner
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LCS	Locally Commissioned Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LSOA	Lower Super Output Area
NHS	National Health Service
NHS BSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
PCN	Primary Care Network
PNA	Pharmaceutical Needs Assessment

Part 1 - Introduction & Context

Introduction

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

Aim

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

Legislation

Roles and responsibilities

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

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 state that HWBs must produce their first PNA by no later than 1st April 2015, and every 3 years thereafter. The 2013 Regulations set out the legislative basis for developing and updating

PNAs, which can be found on [The Relevant Page of the Government Legislation Website](#).

Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list, transferred from PCTs to NHS England from 1 April 2013. This document replaces the most recent Herefordshire PNA which was published in 2022. There is national guidance available for the development of PNAs which can be found on the [Relevant Page of the Government Website](#). However, it should be noted some areas of the document remain open to local interpretation.

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

Minimum requirements

The content of PNAs is set out in Regulation 4, Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Here, the minimum content requirements for PNAs are detailed across seven Regulatory Statements. These statements, along with the corresponding Herefordshire PNA 2025 summary findings, can be found at the end of this chapter.

Scope of the PNA

The localities defined in the 2022 PNA were PCNs, and these are used again in this PNA. They remain the most relevant and help to facilitate cross-referencing with the 2022 PNA. They also aid in the use of relevant geographic, demographic and health and social information.

There are 5 PCNs in Herefordshire. East, North & West, South & West, Wargrave, Belmont and Cantilupe (WBC) and Hereford Medical Group (HMG). However, throughout the PNA, for population calculation and geographical purposes, WBC and HMG are aggregated and referred to 'Hereford City'.

The PNA is primarily an assessment of community pharmacy provision. Pharmacists working in other areas e.g. distance selling pharmacies, GP practices, prisons, secondary and tertiary care centres, and the services they provide, are outside the scope of this assessment. Internet service providers, or distance selling pharmacies (DSPs), have been included and it is stated where this is the case.

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

PNA Approach

Processes

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

1. Regular working group meetings.
2. Distribution of contractor questionnaires.
3. Distribution of public questionnaires.
4. Focus groups of populations who are often under-represented in responses to public questionnaires.
5. Review and assessment of the current local pharmaceutical service provision.
6. Assessment of the need for pharmaceutical services in the local population.
7. Mandatory 60-day consultation period which runs from 04th Jul 02nd Sep 25. Responses received during this period are considered and incorporated into an accompanying report.

PNA Working Group

The Herefordshire HWB has delegated responsibility for the development of the PNA to a working group. Members include representatives of:

- Herefordshire Council (HC). To ensure that the services the Council provides meet the needs of residents and those who work in the county.
- NHS England West Midlands Region. NHS England is responsible for commissioning services under the national community pharmacy contract.

- Herefordshire Local Pharmaceutical Committee (LPC). This is the local statutory representative committee (LRC) for community pharmacies in Herefordshire.
- Herefordshire Local Medical Committee (LMC). LMCs are statutory representative committees of General Practitioners (GPs), who plan and provide health care in the community.
- Herefordshire and Worcestershire Integrated Care Board (ICB). ICBs have responsibility for planning and commissioning health services.
- Healthwatch Herefordshire. This is the independent consumer champion for the public, patients and users of health and social care services in Herefordshire.
- A full list of members and the Terms of Reference of the PNA working group is given in Appendix 2.

Relevant local/national policies

Herefordshire and Worcestershire Integrated Care Partnership Assembly

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

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

It focuses on the wider determinants of health, including housing, education and leisure, and is responsible for developing an integrated care strategy. This strategy sets out how the wider health needs of the local population will be met. The ICPA recently published their integrated care strategy for 2023-2033, titled 'Good health and wellbeing for everyone.' The strategy details 8 commitments for how care will be integrated:

- Maximising the opportunity to work together as partners to build connections, share learning and address shared challenges in the short and long term.

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

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

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

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

Herefordshire Joint Local Health and Wellbeing Strategy

This is the local authority's 10-year strategy and, whilst most priorities link more indirectly with pharmaceutical need, they are useful in aligning recommendations. The core priorities are:

- Best start in life for children
- Good mental wellbeing throughout life

The supporting priorities are:

- Improving access to local services
- Support people to live and age well
- Good work for everyone
- Support those with complex vulnerabilities
- Improve housing / reduce homelessness
- Reducing our carbon footprint

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

NHS Long Term Plan

The NHS Long Term Plan (NHS LTP) was published in January 2019, and details how the NHS plans to improve the quality of patient care and health outcomes.

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

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

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

A new NHS 10-year Plan is due to be published in July 2025. Whilst this is not available at the time of writing, it is expected to be underlined by 3 big shifts in healthcare:

- Hospital to Community
- Analogue to Digital
- Sickness to Prevention

Pharmacy landscape and changes since previous PNA

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

Pharmacy first

The UK Government and NHSE launched the Pharmacy First scheme on 31 January 2024. Pharmacy First includes referrals into community pharmacy from other healthcare professionals for minor illness, the urgent supply of repeat medication and seven Clinical Pathways. In addition, for the Clinical Pathways, the initiative encourages patients to self-refer directly into the community pharmacy without needing a GP appointment.

The initiative aims to alleviate pressure on GP services by freeing up GP appointments for more complex cases. The scheme is part of broader efforts to make greater use of community pharmacists' clinical skills while providing improved access to quicker and more convenient high-quality healthcare. Nearly 10,000 pharmacies, covering over 95% of pharmacies in England, have signed up to Pharmacy First.

As the PNA is required to assess the needs related to all pharmaceutical services, Pharmacy First as an advanced service is included in that assessment. This can be found in the relevant section below.

Fuller Stocktake

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

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

The Fuller stocktake points out that pharmacists could play 'a more active role in signposting eligible people to screening and supporting early diagnosis, building on a number of successful pilots such as those from the Accelerate, Coordinate, Evaluate programme'. The report calls for integrated neighbourhood 'teams of teams' to evolve from primary care networks (PCNs) and highlights the importance of community pharmacy teams in urgent care and prevention, including early diagnosis of cancers. This integration is reflected in this PNA's recommendations below.

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

Darzi Review

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

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

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

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

100-Hour Pharmacies

Since the 2022 PNA, 100-hour pharmacies have been replaced by 72-hour pharmacy contracts and the application process for opening 100-hour contracts is no longer available. Some restrictions were imposed, however, for example the requirement to maintain Sunday hours and evening hours of 1700-1900 within the 72 hours. The implications are discussed in detail below.

Data Sources

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

- NHS England through the Office for West Midlands (OWM)
- Herefordshire and Worcestershire LPC
- Herefordshire Joint Strategic Needs Assessments (JSNA)
- Herefordshire Council public health intelligence team
- Public Health Outcomes Framework (PHOF)

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

Source	Released	Data	Link
LPC	Up to date	Opening times (split core/supplementary) Advanced service activity	Herefordshire and Worcestershire LPC Website
NHSBSA	Quarterly	Consolidated pharmaceutical list (opening hours, names, addresses)	NHSBSA Website for the Pharmaceutical List
NHSBSA	Monthly (3 months behind)	Advanced services (Pharmacy and appliance contractor dispensing data)	NHSBSA Website for Contractor Dispensing Data

Source	Released	Data	Link
NHSBSA	Monthly	Dispensing practice name/address	NHSBSA Website for Dispensing Practices List
NHSE	6 Monthly	Bank holiday opening times	NHSE Website for Bank Holiday Opening Times

Table 1. Data sources for pharmaceutical service provision in Herefordshire.

Regulatory Statements

Detailed below are the seven regulatory statements included in Regulation 4 Schedule 1, of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Below each of which are the corresponding Herefordshire PNA 2025 Statement Findings.

Regulatory Statement 1: Current provision of necessary services

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

- In the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area.
- 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).

Herefordshire PNA 2025 - Statement 1 Summary Findings:

The PNA has assessed that there is currently sufficient provision of Pharmacies and Dispensing GP Practices in Herefordshire, delivering essential pharmaceutical and dispensing services. There are 27 Pharmacies and 10 Dispensing GP Practices. This is the same total number as the 2022 PNA but includes one 'bricks and mortar' pharmacy closure and replacement by a DSP.

The contractors serve a mixed urban and rural population of 189,900 people (ONS 2023 mid-year estimate) and this equates to one pharmacy per 7,033 people. This figure is above the average in

England of one pharmacy per 5,543 people. However, when Dispensing Practices are included, there is parity with the national average, with one contractor per 5,132 people in Herefordshire, compared to one contractor per 5,092 in England.

Statement 2: Gaps in provision of necessary services

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:

- 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
- 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

Herefordshire PNA 2025 - Statement 2 Summary Findings:

No gaps were found in provision of necessary services. Travel time analysis indicates good access to services by car. The entire population lives within a 20-minute journey by car to a Pharmacy or GP Dispensing Practice in weekdays up to 1800hrs. On Saturdays the entire population are within a 30-minute journey by car, and this only drops slightly to 97% on Sundays. There is also good access by foot for most of the urban population during weekdays. However, access on foot is poorer out of hours and at weekends. Public Transport is also more limited, particularly in rural areas. 18 of the 27 Pharmacies in the county are open on Saturdays and 6 of the 27 are open on Sundays.

Statement 3: Current provision of other relevant services

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

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

Herefordshire PNA 2025 - Statement 3 Summary Findings

Overall, there is good coverage of Advanced Services. Pharmacy First is offered at nearly all pharmacies (96%). Flu Vaccination Service is offered at 89%, Hypertension Case Finding at 81% and Lateral Flow Devices at 81%. Contraception services are slightly lower, however, and only offered by just over half of pharmacies (59%). The lowest coverage is for smoking cessation services (for patients discharged from hospital), which is only offered by a third of pharmacies (29%). Additionally, geographical variation in these services exists, both by PCN and between more deprived and affluent areas.

Statement 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:

- 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.
- 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.

Herefordshire PNA 2025 - Statement 4 Summary Findings

Weekday evening provision after 1900hrs is now reliant on a single pharmacy in Hereford City. Therefore, the consideration of commissioning of a rota is included in the recommendations (see below). Additionally, increasing smoking cessation services is an area that would secure future improvements (see statements 3, 4 and main recommendations).

Statement 5: Other NHS services

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

- The need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- 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.

Herefordshire PNA 2025 - Statement 5 Summary Findings

Herefordshire Council currently commissions the following services from local designated pharmacies:

- Emergency Hormonal Contraception via Solutions 4 Health (Sexual Health Herefordshire)
- Needle Exchanged and Supervised Consumption via Turning Point

Additionally, the recommissioning of Smoking Cessation services via Stop Smoking Herefordshire is currently ongoing. However, at the time of writing uptake of the tender offer by pharmacies has been poor. Given the lower provision also identified as an advanced service (see statement 4 above), this remains a key priority amongst the recommendations from this PNA (see recommendations).

Herefordshire and Worcestershire ICB currently commissions the following services in Herefordshire:

- Palliative Care Medicine Hubs
- Antivirals for Pandemics

Analysis indicates adequate provision of most services across the county (see Part 2). Services with reduced coverage include needle and syringe exchange, where Hereford City and North and West PCNs are both reliant on provision from single pharmacies. Also, whilst some of this reduced coverage reflects a lack of demand, one pharmacy has withdrawn from its contract with Turning Point. It is hoped that this issue can be resolved in future. Otherwise, coverage of supervised consumption is good.

Sharps disposal is not currently commissioned in Herefordshire pharmacies, but this has been a success in Worcestershire and remains a recommendation of this PNA.

Finally, the service user survey indicated the most common additional services that would be taken up by the public. These are GP blood tests/ phlebotomy, NHS Health Checks, screening tests, wider vaccinations, and extension of Pharmacy First treatment, especially where medication may be required.

Statement 6: How the assessment was carried out

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

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

Herefordshire PNA 2025 Summary Statement 6:

The 2022 PNA has assessed pharmaceutical needs and service provision within Herefordshire at County and PCN level where possible. Needs of different PCNs have been considered in terms of population size, rurality, access and levels of deprivation. Information has been reported on

protected characteristics within the Joint Strategic Needs Assessment (JSNA) summaries and public surveys.

Statement 7: Map of provision

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

Herefordshire PNA 2025 Summary Statement 7:

Part 3 contains mapping of all pharmacies and dispensing practices. These also show the access and travel times for weekdays, weekends and out-of-hour periods.

Part 2 - Services

NHS Pharmaceutical Services

Overview

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

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

Pharmaceutical lists

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

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

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

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

Dispensing Doctors

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

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

Distance selling (internet) pharmacies (DSPs)

Distance selling pharmacies do not have a local presence in the community as they do not have a community pharmacy premises that service users can readily access. They are internet-based

and as a result provide a service to users across the country irrespective of the locality in which the pharmacy is based.

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

Dispensing Appliance Contractors

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

Service Provision

The Community Pharmacy Contract

Community pharmacies provide pharmaceutical services under the NHS Community Pharmacy Contractual Framework (PCFC Contract). This consists of three sets of services:

Essential Services

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

Advanced Services

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

Locally Commissioned and Enhanced Services.

As well as national services provided by all pharmacies, the NHS Community Pharmacy Contractual Framework also includes services that are commissioned at a local level. These are

known as Local Enhanced Services (LES). In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a new type of Enhanced service, the National Enhanced Service. Under this type of service, NHS England commissions an enhanced service that is nationally specified.

Enhanced services are therefore further divided into:

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

Locally Commissioned services:

- Local to Herefordshire only – via the Local Authority

In summary, pharmacies must provide all Essential Services, but they can choose whether to provide Advanced and Enhanced services. Service level data for Herefordshire and HWICS are included in full in Appendix 6 & 7. An explanation of each service and the provision of these for Herefordshire and at PCN level is discussed below.

Essential Services

There are currently 6 essential services offered within the CPCF.

1. Discharge Medicines Service

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

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

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

- A discharge referral is received by the pharmacy
- The first prescription is received by the pharmacy following discharge (this may not be a repeat prescription)

- Check of the patient's understanding of their medicine's regimen

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

Additionally, research by the National Institute for Health Research shows that people over 65 are less likely to be readmitted to hospital if they are given help with their medication after discharge. Research on local schemes implemented around the country has also demonstrated that patients who see their community pharmacist after they have been in hospital are less likely to be readmitted and will experience a shorter stay if they are.

Finally, NICE Guideline NG5 includes the following recommendations:

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

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

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

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions

- Support the development of effective team-working across hospital, community and primary care networks pharmacy teams and general practice teams and provide clarity about respective roles

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

2. Dispensing Medicines

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

The Electronic Prescription Service (EPS) has also been implemented as part of the dispensing service. Patients across England can choose to download the NHS App which will allow them to order repeat prescriptions, check their patient record or book and manage GP appointments.

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

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

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

- Pharmacy staff providing information and advice to the patient on the safe use of their medicine or appliance

- Pharmacy staff providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances

3. Disposal of unwanted medicines

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

The local NHS contract management team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

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

4. Healthy Living Pharmacies

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

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

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

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

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

- Environment (Premises Requirements) – Premises that facilitate health promoting interventions with a dedicated health promotion zone.

The adoption of HLPs marked a significant development for community pharmacy and its contribution to health promoting interventions. The HLP framework aims to improve people's health, help reduce health inequalities and ensures community pharmacy can continue to contribute to the Government's ambition of putting prevention at the heart of the NHS, as set out in the NHS Long Term Plan.

It provides a mechanism for community pharmacy teams to utilise their local insight and experience in the delivery of high-quality health promoting initiatives. By requiring contractors to have trained Health Champions on site who pro-actively engage in local community outreach within and outside the pharmacy, HLPs have cemented the idea that every interaction in the pharmacy and the community is an opportunity for a health promoting intervention.

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

5. Public Health (Promotion of Healthy Lifestyles)

Each financial year (1st April to 31st March), pharmacies are required to participate in up to six health campaigns at the request of NHS England. This generally involves the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

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

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

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

- Who smoke
- Are overweight

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

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

6. Repeat Dispensing

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

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

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

Under the repeat dispensing service pharmacy teams will:

- Dispense repeat dispensing prescriptions issued by a general practice
- Ensure that each repeat supply is required
- Seek to ascertain that there is no reason why the patient should be referred back to their general practice.

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

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

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

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

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

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

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

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

Advanced Services

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

1. Pharmacy First

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

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

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

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

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

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

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

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

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

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

Currently, **26 of the 27** Pharmacies across Herefordshire offer this service. The only pharmacy that does not offer the service is in Leominster (North & West PCN), where there are 2 alternative pharmacies that do offer this. A full list of pharmacies signed up to provide this service is shown in Appendix....

2. Flu Vaccination Service

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

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

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

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

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

Currently **24 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **4 of 4 in East, 13 of 14 in Hereford City, 4 of 6 in North & West** and **3 of 3 in South & West**. A full list of pharmacies signed up to provide this service is shown in Appendix...

3. Contraception Service (PCS)

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

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

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

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

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

Currently **16 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **3 of 4 in East, 9 of 14 in Hereford City, 3 of 6 in North & West** and **1 of 3 in South & West**. A full list of pharmacies signed up to provide this service is shown in Appendix...

4. Hypertension Case Finding Service

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

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

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

- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension.

- Patients, by exception, under the age of 40 who request the service because they have a recognised family history of hypertension may be provided the service at the discretion of pharmacy staff.
- Patients between 35 and 39 years old who are approached about or request the service may be tested at the discretion of the pharmacy staff
- Patients referred by their GP

Those ineligible for the service are as follows:

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

Currently **22 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **4 of 4 in East, 13 of 14 in Hereford City, 1 of 6 in North & West** and **3 of 3 in South & West**. A full list of pharmacies signed up to provide this service is shown in Appendix...

5. New Medicines Service

This service provides support for people with long-term conditions (LTCs), who are newly prescribed a medicine, to help improve adherence. It is focused on specific patient groups and conditions and is designed to improve patients' understanding of a newly prescribed medicine.

Research has shown that after 10 days, two thirds of patients prescribed a new medicine report problems, including side effects, difficulties taking the medicine and a need for further information. The New Medicine Service (NMS) has been designed to fill this identified gap in patient need. The service has been running since 01 Oct 2011. The service is divided into 3 main stages as follows:

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

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

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

The conditions eligible for the service are:

- Asthma and COPD
- Diabetes (Type 2)
- Hypertension
- Hypercholesterolemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes
- Atrial fibrillation

- Long term risks of venous thromboembolism/embolism
- Stroke / transient ischemic attack
- Coronary heart disease

Currently **27 of the 27** pharmacies across Herefordshire offer this service.

6. Smoking Cessation Service

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

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

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

- Carbon Monoxide (CO) testing
- Behavioural Support
- Nicotine Replacement Therapy (NRT)
- A combination of the above
- Note that Medication in the form of Varenicline and Cytisinicline are also due to be reintroduced in 2025 (see Latest CPCF Arrangements for 2025/26 below)

The inclusion criteria for this service are as follows:

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

The exclusion criteria for this service are as follows:

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

Smoking cessation services are also provided as a locally commissioned service (see below).

Currently **6 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **1 of 4 in East, 2 of 14 in Hereford City, 1 of 6 in North & West** and **2 of 3 in South & West**. A full list of pharmacies signed up to provide this service is shown in Appendix...

7. Application Use Review (AUR)

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

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

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

Information on which Pharmacies in Herefordshire currently offer this service was not supplied by the NHS Business Service Authority. However, service level data shows no activity for any Herefordshire pharmacy over 2024/25.

8. Stoma Appliance Customisation (SAC)

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

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

Information on which Pharmacies in Herefordshire currently offer this service was not supplied by the NHS Business Service Authority. However, service level data shows no activity for any Herefordshire pharmacy over 2024/25.

9. Lateral Flow Device (LFD) Service

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

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

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

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

Currently **22 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **4 of 4 in East, 12 of 14 in Hereford City, 3 of 6 in North & West** and **3 of 3 in South & West**. A full list of pharmacies signed up to provide this service is shown in Appendix...

National Enhanced Services

1. Covid-19 Vaccination Service

The aim of this service is to maximise the uptake and co-administration of COVID-19 and seasonal influenza vaccinations where possible and to ensure that vaccination services are provided from a variety of settings and effectively utilise available staff from across primary care.

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

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

Currently **10 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **2 of 4 in East, 4 of 14 in Hereford City, 2 of 6 in North & West** and **2 of 3 in South & West**.

Locally Commissioned Services – via Herefordshire Council

2. Emergency Hormonal Contraception (EHC)

This service is commissioned as part of Sexual Health Herefordshire, which is run by the organisation Solutions 4 Health (S4H). They in turn sub-contract to individual pharmacies.

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

All services are conducted face to face in the pharmacy and allow an opportunity for the pharmacist to advise the patient in a confidential, non-judgmental and easily accessible environment.

Currently **21 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **4 of 4 in East, 12 of 14 in Hereford City, 3 of 6 in North & West** and **2 of 3 in South & West**.

3. Smoking Cessation Services

This service is commissioned as part of Stop Smoking Herefordshire. They in turn sub-contract to individual pharmacies to provide Nicotine Replacement Therapy (NRT) and Behavioural Support (NB. Varenicline is not currently included). As of Jun 2025, this contract has not as yet been renewed with roll out expected later in the year.

4. Supervised Consumption and Needle Exchange Services

This service is commissioned as part of Substance Misuse Herefordshire, which has been run by the organisation Turning Point since Oct 2021. They in turn sub-contract to individual pharmacies.

As part of these services, the pharmacist is required to supervise the consumption of a medicine prescribed to the patient, for the purposes of dependence and/or addiction to ensure the entire

dose is taken as directed. Common medicines which may have to be supervised include methadone and buprenorphine.

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

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

Supervised Consumption. Currently **24 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **4 of 4 in East, 14 of 14 in Hereford City, 3 of 6 in North & West** and **3 of 3 in South & West**.

Needle Exchange. Currently **4 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **1 of 4 in East, 1 of 14 in Hereford City, 1 of 6 in North & West** and **1 of 3 in South & West**.

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

As of 1 June 2025, HWICB currently commissions 2 local enhanced services and 2 small scale pilot schemes, which are discussed below. Note that the anti-viral Covid-19 (Paxlovid) Service ended 31 May 25 on the expiry of government procured medication from the pandemic.

1. Palliative Care

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

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

The aims of the service are as follows:

- To improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply
- To support people, carers and clinicians by providing them with up-to-date information and advice, and referral where appropriate

Currently **13 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **2 of 4 in East, 6 of 14 in Hereford City, 3 of 6 in North & West** and **2 of 3 in South & West**.

2. Anti-virals (Pandemic)

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

Currently **3 of the 27** Pharmacies across Herefordshire offer this service. By PCN, this equates to **0 of 4 in East, 1 of 14 in Hereford City, 1 of 6 in North & West** and **1 of 3 in South & West**.

3. Independent Prescriber (Pilot Pathfinder Programme)

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

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

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

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

Currently, there are only 3 pilot pharmacies, all in Worcestershire.

4. Intervention Service (Pilot)

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

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

Latest CPFC arrangements for 2025/26

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

Key changes are summarised below:

Funding Changes

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

- A further £215 million (the 'Pharmacy First' budget) will fund the cost of Pharmacy First clinical pathways, the Pharmacy Contraception Service (PCS) and the Hypertension Case-Finding Service (HCFS).

Regulatory Changes

- During 2025/26, there will be no requirement to complete a nationally chosen or pharmacy owner selected clinical audit.
- During 2025/26, pharmacies will only have to take part in a maximum of two national health campaigns and two campaigns selected by their Integrated Care Board (ICB).
- The requirement to produce a practice leaflet will be removed.
- The requirement for patients that pay an NHS prescription charge to complete and sign the declaration on the rear of the prescription form or EPS token will be removed
- Regulatory amendments should enable pharmacy owners to change their opening hours to days and times that better serve their patients. However, the number of core hours must remain the same and the application process for this is through the ICB.

Note that flexibility of opening hours to suit local need was a recommendation in the 2022 PNA.

Services Changes

Pharmacy First and the phased introduction of 'bundling' requirements:

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

Hypertension Case Finding Service:

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

Pharmacy Contraception Service:

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

Smoking Cessation Services:

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

New Medicine service

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

Herefordshire Dispensing Practices

The 10 Herefordshire Dispensing Practices are listed below. Note, there are 3 practices with additional dispensing branches separate to the named practice. These are denoted by bullets and are also identified on the mapping where included. Note Cradley is within the Herefordshire boundary but is a Worcestershire postcode.

1. Cradley Surgery
2. Fownhope Medical Centre
3. Golden Valley Practice (Ewyas Harold)
 - Peterchurch Branch
4. Kingstone Surgery
5. Kington Medical Practice
6. Mortimer (Croase Orchard)
 - Leintwardine Branch
 - Orleton Branch
7. Much Birch Surgery
8. Nunwell Surgery
9. Bodenham Surgery (merged with Ryeland Surgery)
10. Weobley Surgery
 - Staunton Branch

Herefordshire Pharmacy Density

Pharmacy Density Overview

The latest population estimates for Herefordshire available at the time of writing are mid-2023. This figure is 189,900. With 27 Community Pharmacies, this equates to 1 pharmacy for every 7,033 people or approx. 1.42 per 10,000. However, if Dispensing Practices are included, these figures change to 1 contractor for every 5,132 people or approx. 1.95 per 10,000.

Density variation by PCN areas is given in table 2 below. Note (as discussed previously), that WBC and HMG PCNs are aggregated as 'Hereford City'. PCN population figures are from mid-2022 and this would equate to a Herefordshire population of 188,719. The estimates for England are 1.8 pharmacies for every 10,000 people and 1.97 including dispensing practices.

Note also that these figures do not include Tenbury. This is in Worcestershire but is included in the primary care provision by Herefordshire's North and West PCN and adds an additional 12,746 to the population. Tenbury also includes a pharmacy and dispensing practice (see Buffer Area in Mapping section below).

The above data is drawn from several sources. The England population data is taken from ONS mid-2023 estimates. These can be found on the [Relevant Page of the ONS website](#). The England pharmacy count is contentious, and NHS BSA provide a figure for active pharmacies based on total opening and closures over a given year. However, this may be misinterpreted as a comparative figure. More accurate is total number of open pharmacies at the end of each month. Here the NHSBSA lists the open pharmacy count as of 31 Mar 2025 as 10,407. This figure was chosen as it corresponds to the same date that service data was also provided. This can be found on the [Relevant Page of the NHSBSA Website for Pharmacy Openings and Closures](#). The figures for dispensing practices are also taken from the NHSBSA list of Dispensing Practices for March 2025, which lists as 921 in total. This is found on the [Relevant Page of the NHSBSA Website](#).

Pharmacy Density Comparison Measures

Pharmacy and Total Contractor Density in Herefordshire for each PCN

PCN	Dispensing practices	Community Pharmacy	Total Contractors	Population per pharmacy	Population per contractor	Total number of pharmacies per 10,000 population	Total number of contractors per 10,000 population
East	2	4	6	7384	4922	1.35	2.03
Hereford City	0	14	14	5473	5473	1.83	1.83
North & West	4	6	10	6705	4023	1.49	2.49
North & West Exclude DSP	4	5	9	8046	4470	1.24	2.24
South & West	4	3	7	14108	6046	0.71	1.65
Herefordshire	10	27	37	7033	5132	1.42	1.95
Herefordshire Exclude DSP	10	26	36	7304	5275	1.37	1.90
England	921	10407	11328	5543	5092	1.80	1.96

Table 2. Contractor density by population for each PCN in Herefordshire and National comparison.

Pharmacy Advanced Services offered by percentage for each PCN

PCN	PF	FVS	PCS	HCFS	NMS	SCS	AUR	SAC	LFD
East	100%	100%	75%	100%	100%	25%	-	-	100%
Hereford City	100%	93%	64%	93%	100%	14%	-	-	86%
North & West*	80%	67%	50%	17%	100%	17%	-	-	50%
South & West	100%	100%	33%	100%	100%	67%	-	-	100%
Total	96%	89%	59%	81%	100%	22%	-	-	81%

Table 3. Percentage of advanced pharmacy services offered in Herefordshire by PCN. *Of those eligible (excludes DSP)

National Enhanced & Locally Commissioned Services Offered (%) in Herefordshire by PCN

PCN	CVS	EHC	SCS	SC	NES	PC	AV	IP*	IS*
East	50%	100%	-	100%	25%	50%	0%	0%	0%
Hereford City	29%	86%	-	100%	7%	43%	7%	0%	7%
North & West*	33%	50%	-	50%	17%	50%	17%	0%	0%
South & West	67%	67%	-	100%	33%	67%	33%	0%	0%
Total	37%	78%	-	89%	15%	48%	11%	0%	4%

Table 4. Percentage of national enhanced and locally commissioned services offered in Herefordshire by PCN. *Pilots

Key changes to services in Herefordshire since the 2022 PNA

Pharmacies

Although the total number of community pharmacies is the same as the PNA in 2022, these 27 are now comprised of 26 'brick and mortar' pharmacies and 1 distance selling pharmacy. This change is due to the closure of Lloyds Pharmacy in Sainsbury's in Hereford City in April 2023 and the opening of the DSP Drugs2U in Leominster in August 2023. The full list of Herefordshire Community Pharmacies can be found at Appendix 3.

Opening Hours

All other changes relate to opening hours and provision of advanced and enhanced services which are summarised above. The main change in terms of opening hours is the reduction of 100-hour pharmacies to 72-hour contracts. Out of hours cover beyond 1900hrs on weekdays is now only provided by the Asda Pharmacy in Hereford City, which is open until 2100hrs. This has

itself reduced from 2300hrs in 2022. Previously Morrisons and Lloyds in Hereford also provided opening hours until 2000hrs and 2100hrs respectively. However, this does not affect travel times (see below) as these pharmacies were previously also only in Hereford. A full list of pharmacy opening hours is included in Appendix 4.

Summary of key differences for contractor numbers

Measure	2022	2025
Community Pharmacies	27	26
Dispensing Practices	10	10
Distance selling pharmacy (DSP)	0	1
Dispensing Practices	10	10
Total Contractors	37	37
Number of pharmacies open on Saturday	20	18
Number of pharmacies open on Sunday	7	6
100-hour (now 72-hour only)	3	1

Table 5. Key differences in Herefordshire pharmacies and opening hours from 2022 to 2025.

Summary of key differences for contractor hours

PCN	Pharmacies offering extended hours*	Pharmacies offering out of hours opening**	Pharmacies open on Saturday	Pharmacies open on Sunday
East	75%	0%	100%	0%
Hereford City	72%	7%	57%	36%
North & West*	50%	0%	83%	0%
South & West	67%	0%	33%	33%
Herefordshire	67%	4%	67%	22%

Table 6. Coverage by PCN for extended hours, out of hours and weekend opening hours * Extended opening hours: open after 17:30 & close before 19:00pm) ** Out of hours opening: Open after 19:00pm

Part 3 – Mapping & Gap Analysis

Herefordshire Pharmacy and Dispensing Practices

Overview

This section contains tables and maps to illustrate pharmacy and dispensing practice coverage and travel times for the Herefordshire population. Strategic Health Asset Planning and Evaluation (SHAPE) has been used to produce maps showing various travel times to pharmacies and dispensing practices in Herefordshire. SHAPE is a web-enabled, evidence-based application that informs and supports the strategic planning of services and assets across a whole health economy. SHAPE is managed by the Office for Health Improvement and Disparities (OHID). Where specifically denoted, shaded areas have access to a pharmacy or dispensing practice within each travel time stated. Numbers represent the total number of pharmacies in that area. Dispensing Practices and Branches are identified by GP and GPb symbols respectively. Note also that the inclusion or exclusion of the DSP in Leominster does not otherwise affect travel times but is included within the mapping.

Buffer Area

Due to cross border use of pharmaceutical services, this analysis was expanded to examine access where a 3km buffer radius was added to the mapping. Access times for Car, Walking and Public Transport for weekdays, evenings and weekends were all assessed using this metric. The addition of this buffer area did not significantly affect these travel times. Note, as mentioned previously, that Tenbury contains both a Pharmacy and Dispensing Practice. It also forms part of Herefordshire North and West PCN's responsibility.

Herefordshire Pharmacies and Dispensing Practices

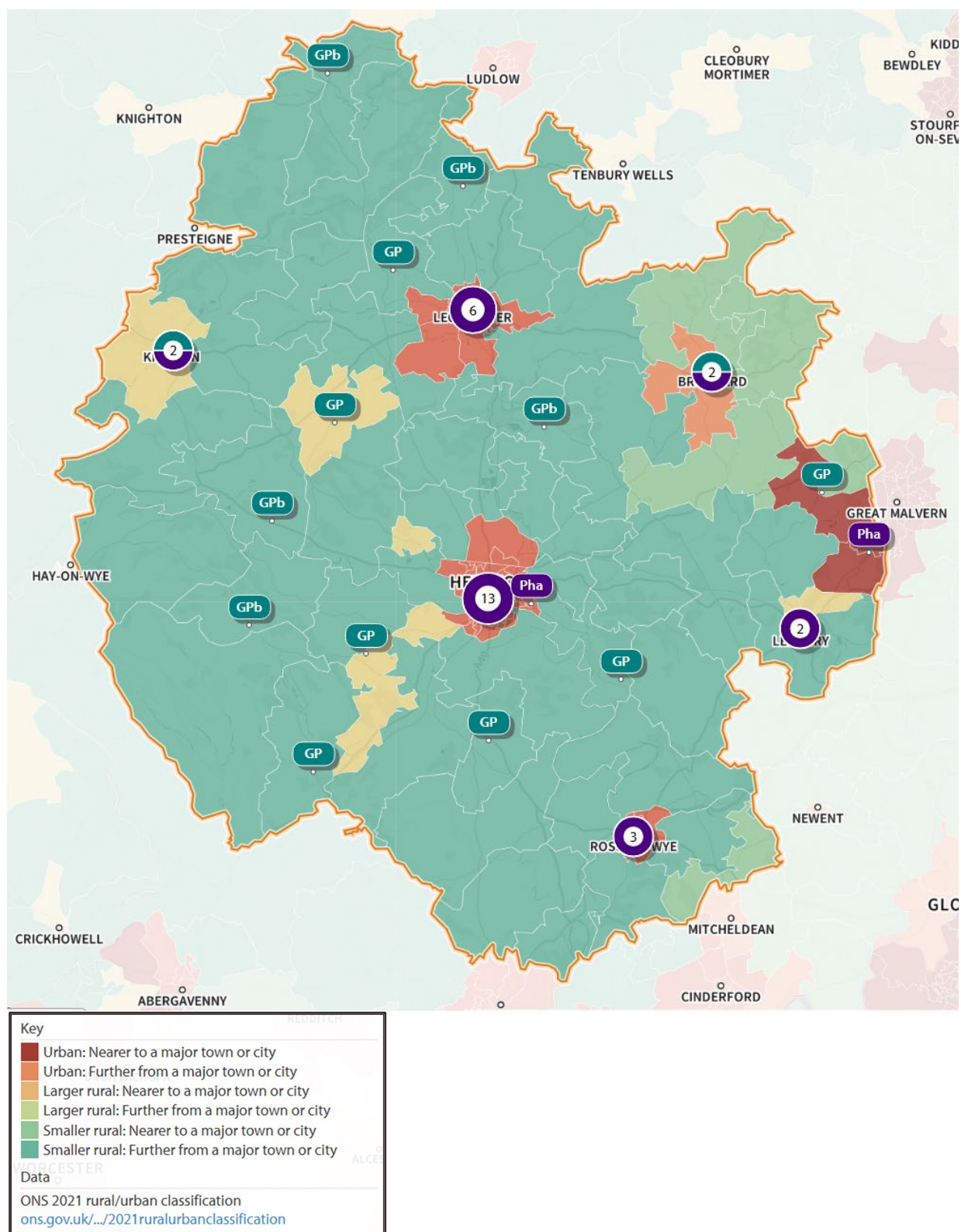


Figure 1. The location of all pharmacies and dispensing practices within Herefordshire and the Urban/ Rural Classification of lower super output areas (LSOAs) as denoted in the accompanying Key.

Herefordshire Pharmacies and Dispensing Practices including the 3km Buffer Area

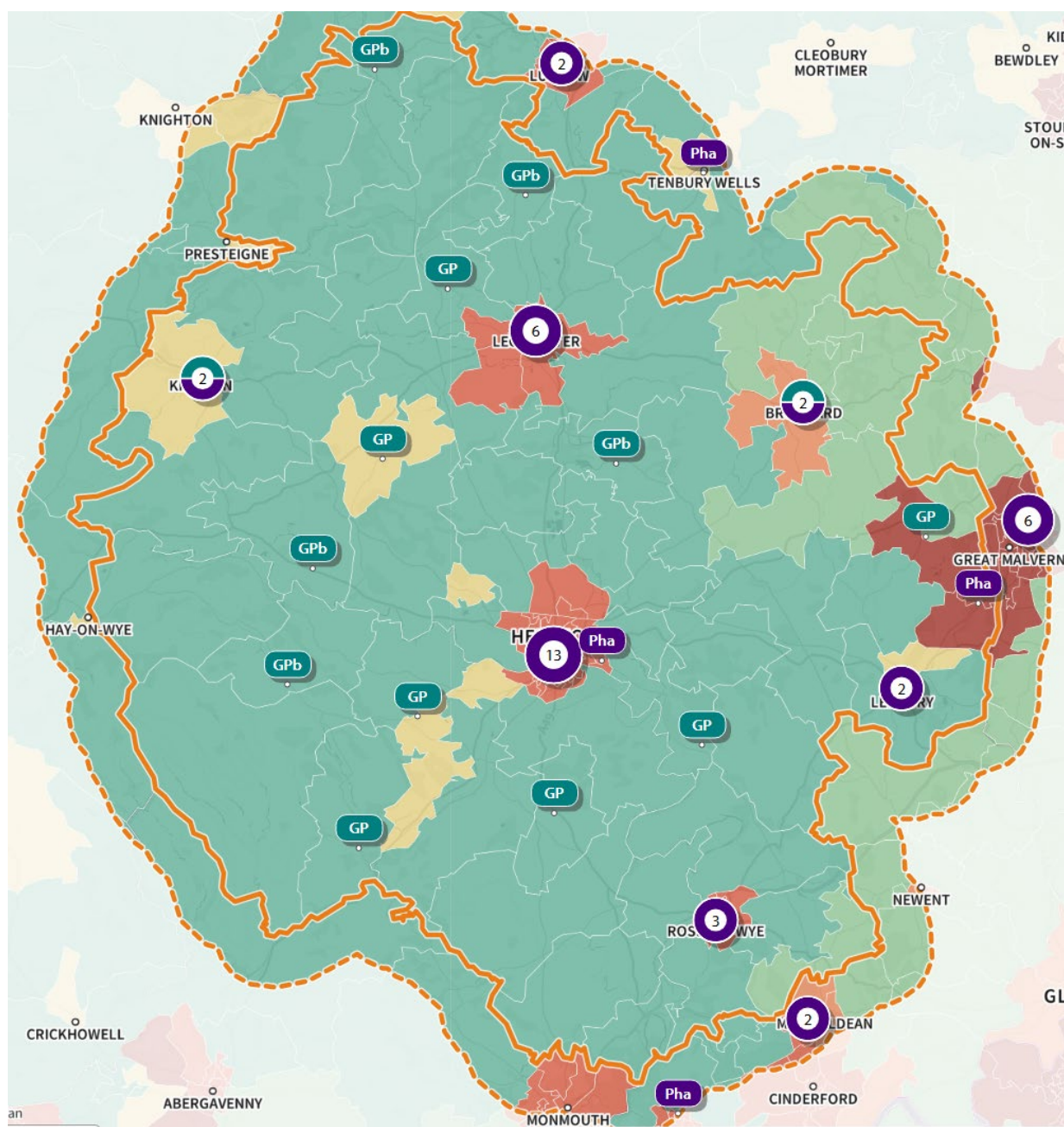


Figure 2. Extension of Herefordshire by a 3km buffer radius and the additional pharmacies contained within this area.

Pharmacy Access – weekdays in normal working hours

Pharmacy and Dispensing Practice travel times by Car in 5min & 10min

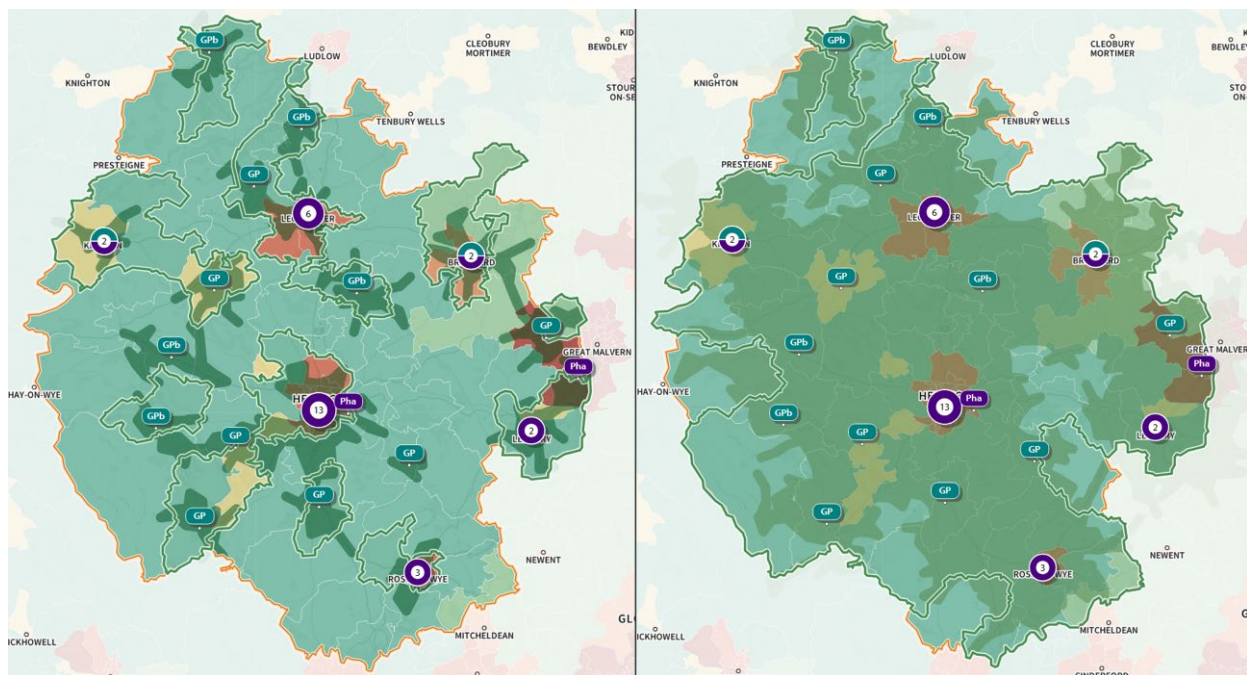


Figure 3. Pharmacies and Dispensing Practices in Herefordshire. Shaded areas denote the coverage of travel time by car within 5 mins (Left) and 10mins (Right). NB. There is 100% coverage within 15mins.

Pharmacy travel times by Car within 5min and 10min

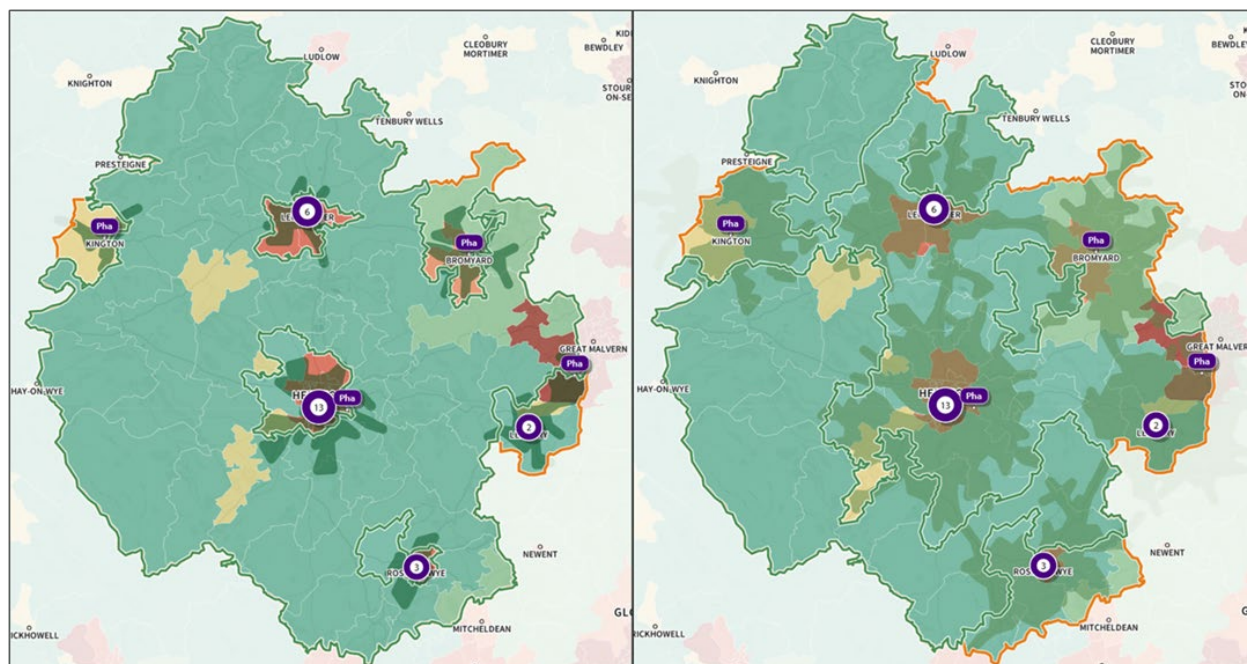


Figure 4. Pharmacies within Herefordshire. Shaded areas denote the coverage of travel time by car within 5 mins (Left) and 10mins (Right). This indicates the importance of dispensing practices, particularly to the rural population.

Pharmacy and Dispensing Practice travel times by Public Transport within 30mins

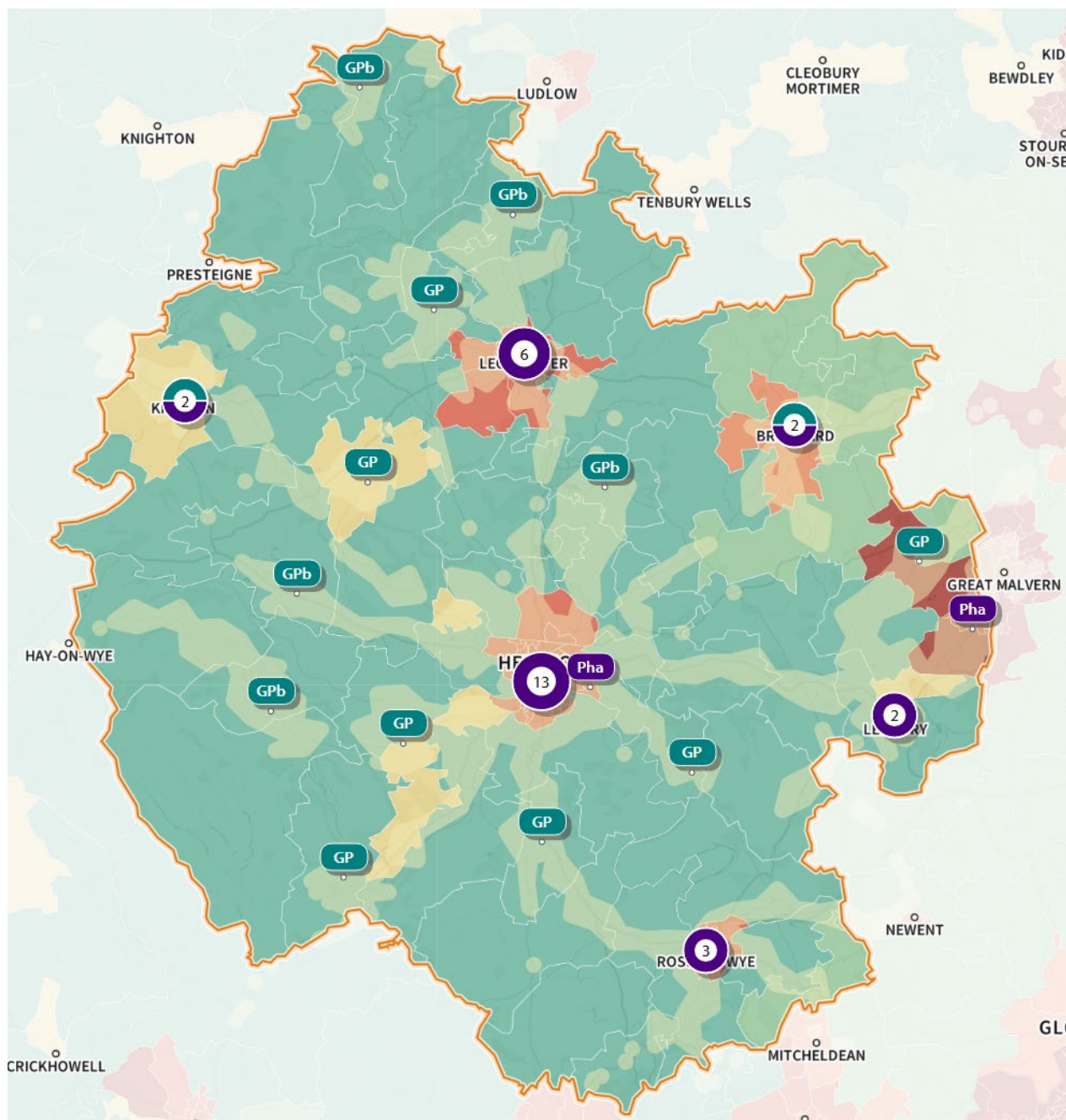


Figure 5. Shaded areas show coverage of access to pharmacies and dispensing practices in Herefordshire within a 30mins travel time by Public Transport.

Pharmacy and Dispensing Practice travel times by Walking in 30mins

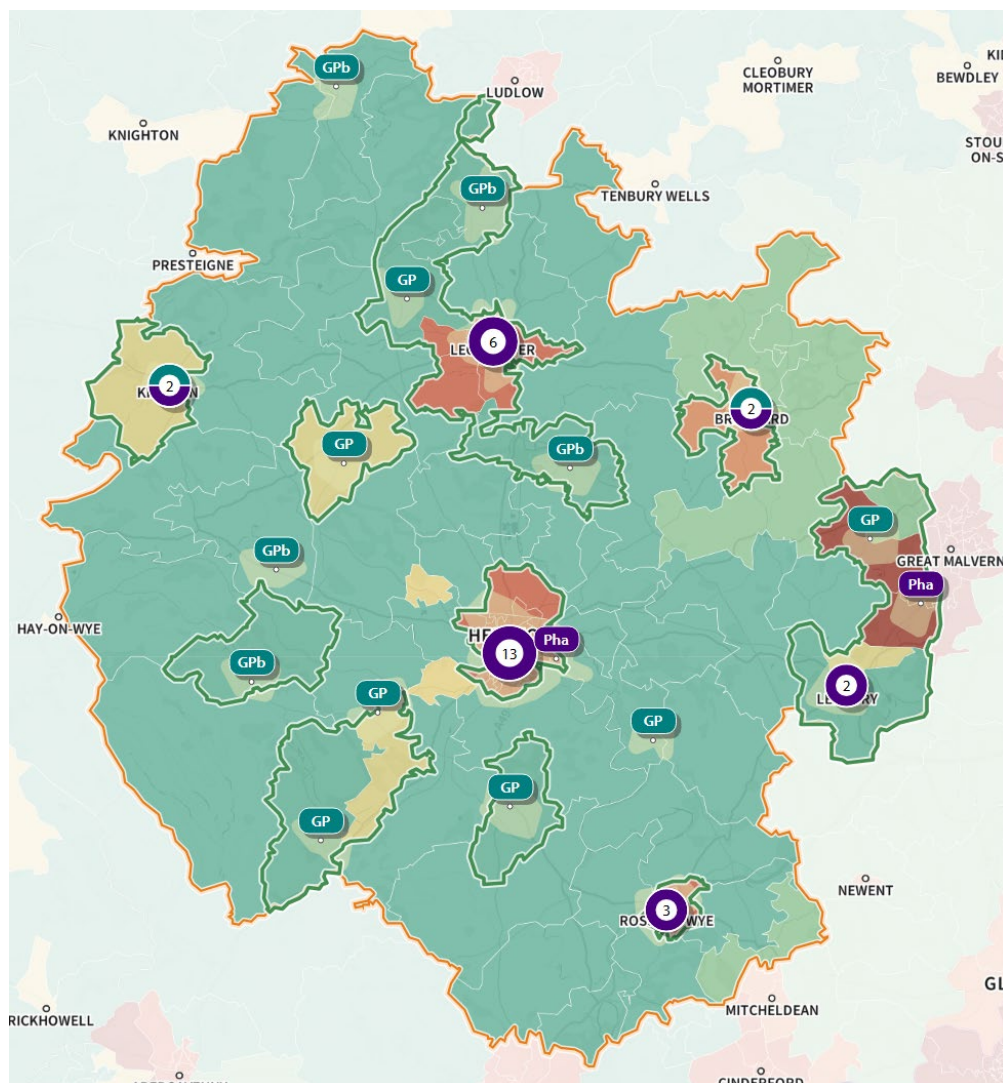


Figure 6. Outlined areas show the coverage of access to a pharmacy or dispensing practices within a 30mins walk.

Summary of access on weekdays during normal working hours

Car	Walking	Public Transport
Within 5mins = 68% of the population	Within 30mins = 63% of the Population	Within 30mins = 83% of the Population
Of those 33% excluded, 97% are from Rural areas	Of those 37% excluded, all are from Rural areas	Of those 17% excluded, all are from Rural areas
Within 10mins = 96% of the Population		
Within 15mins = 100% of the Population		

Table 7. Summary of travel times on weekdays during normal working hours by Car, Walking and Public Transport.

Pharmacy Access – Travel times during weekdays up to 1800hrs



Figure 7. The location of pharmacies and dispensing practices that are open until at least 1800hrs in Herefordshire (shading denotes car access within a 20mins travel time (100% of the population)).

Summary of access on weekdays up to 1800hrs

Car	Walking	Public Transport
Within 20mins = 100% of the Population	Within 30mins = 59% of the Population	Within 30mins = 37% of the Population
	Of those 41% excluded, 98% are from Rural areas	Of those 63% excluded, 78% are from Rural areas

Table 8. Summary of travel times on weekdays up to 1800hrs by Car, Walking and Public Transport.

Pharmacy Access – Travel times during weekdays up to 1900hrs

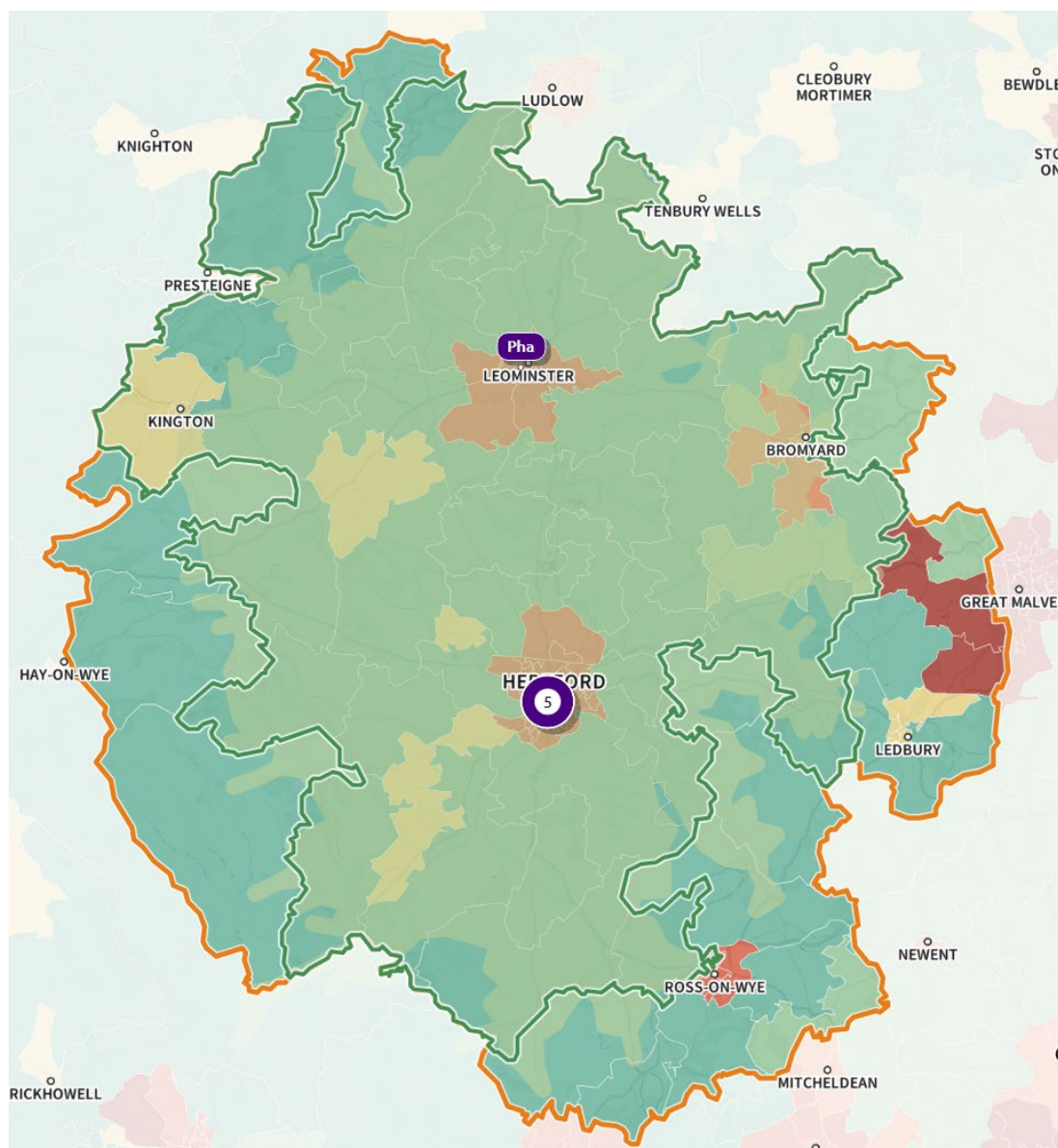


Figure 8. The location of Herefordshire Pharmacies that are open until at least 1900hrs. Shading denotes coverage of access within 20min travel time by Car (75%).

Summary of access on weekdays up to 1900hrs

Car	Walking	Public Transport
Within 20mins = 75% of the Population	Within 30mins = 37% of the Population	Within 30mins = 57% of the Population
Of those 25% excluded, 73% are from Rural areas	Of those 63% excluded, 84% are from Rural areas	Of those 43% excluded, 83% are from Rural areas
Within 30mins = 99% of the Population		

Table 9. Summary of travel times on weekdays up to 1900hrs by Car, Walking and Public Transport.

Pharmacy Access – Travel times during weekdays after 1900hrs

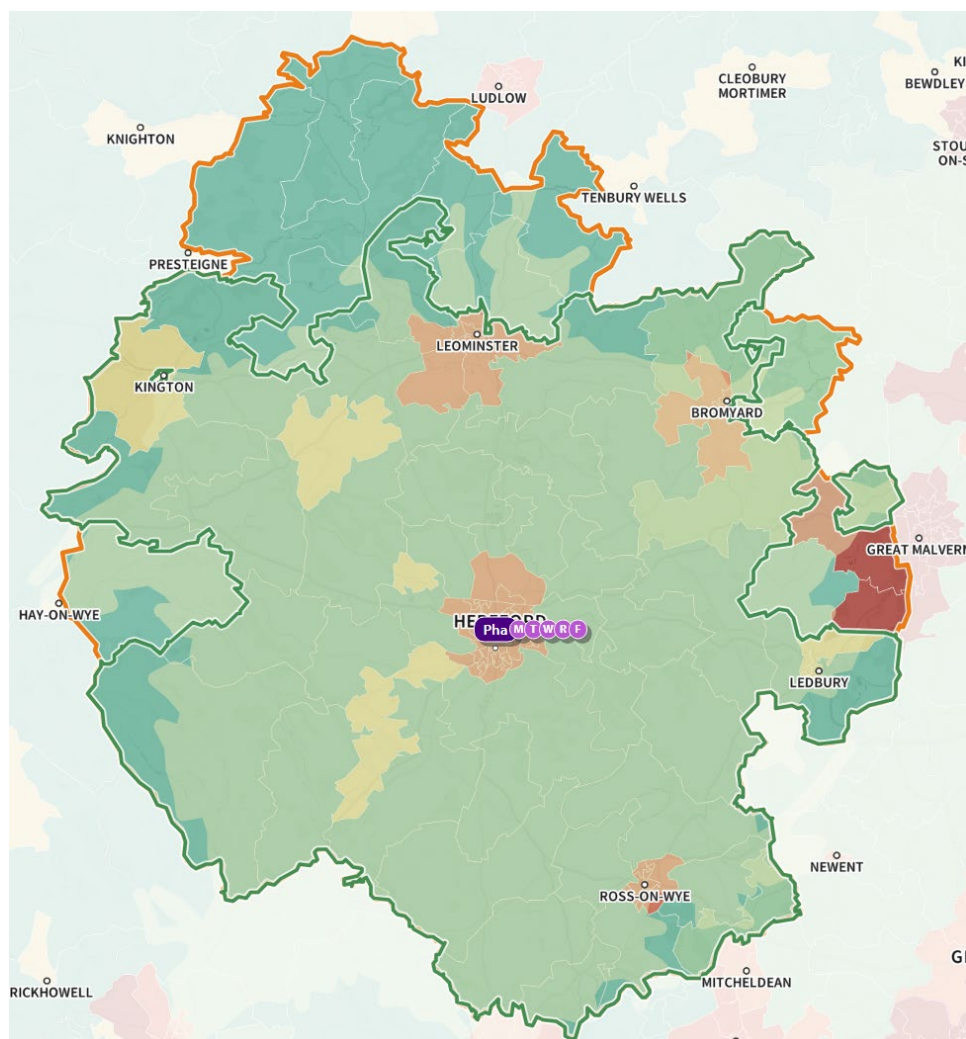


Figure 9. The location of Pharmacies that are open after 1900hrs in Herefordshire. Shading denotes coverage of access within 30min travel time by Car (90%).

Summary of travel times on weekdays after 1900hrs

Car	Walking	Public Transport
Within 20mins = 52% of the Population	Within 30mins = 20% of the Population	Within 30mins = 38% of the Population
Of those 48% excluded, 73% are from Rural areas	Of those 80% excluded, 68% are from Rural areas	Of those 62% excluded, 78% are from Rural areas
Within 30mins = 90% of the Population		
Of those 10% excluded, 84% are from Rural areas		
Within 45mins = 100% of the Population		

Table 10. Summary of travel times on weekdays after 1900hrs by Car, Walking and Public Transport.

Herefordshire Pharmacy Access – Travel times on Saturdays

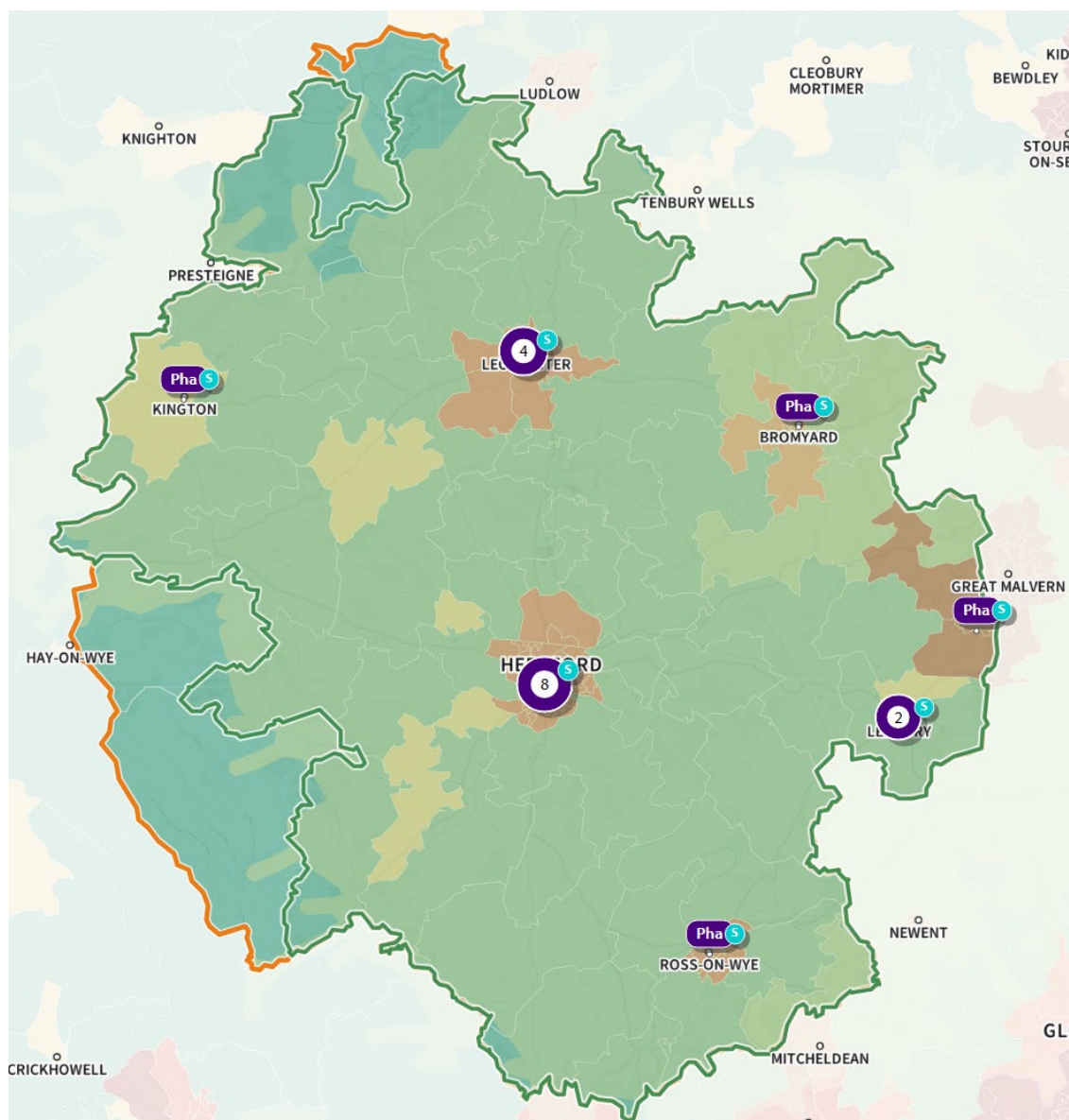


Figure 10. The location of Pharmacies that are open on Saturdays in Herefordshire. Shading denotes coverage of access within 20min travel time by Car (97%).

Summary during Saturdays

Car	Walking	Public Transport
Within 20mins = 97% of the Population	Within 30mins = 53% of the Population	Within 30mins = 53% of the Population
Of those 3% excluded, all are from Rural areas	Of those 47% excluded, all are from Rural areas	Of those 47% excluded, all are from Rural areas
Within 30mins = 100% of the Population		

Table 11. Summary of travel times on Saturdays by Car, Walking and Public Transport.

Herefordshire Pharmacy Access – Travel times on Sundays

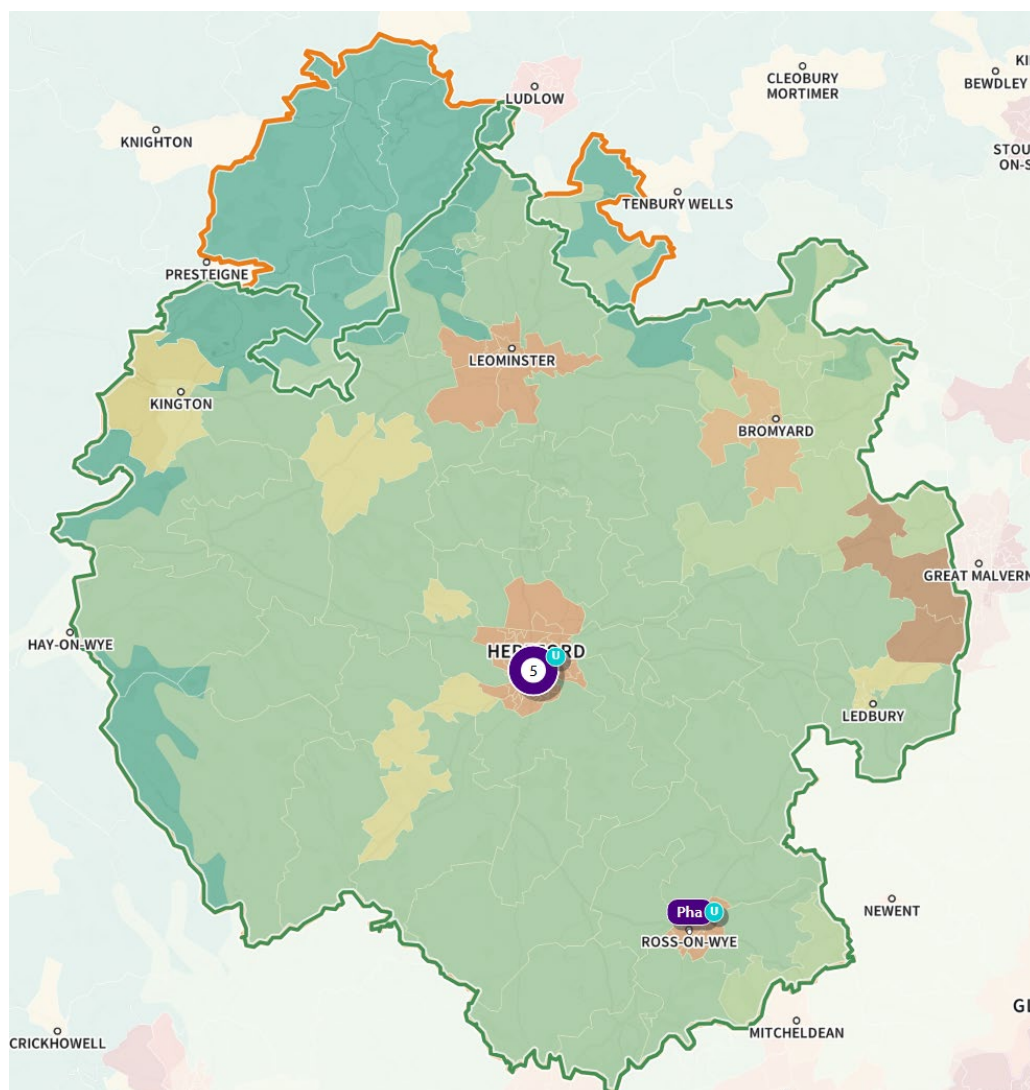


Figure 11. The location of Pharmacies that are open on Sundays in Herefordshire. Shading denotes coverage of access within 30min travel time by Car (77%).

Summary of travel times on Sundays

Car	Walking	Public Transport
Within 20mins = 77% of the Population Of those 23% excluded, 76% are from Rural areas	Within 30mins = 33% of the Population Of those 67% excluded, 81% are from Rural areas	Within 30mins = 34% of the Population Of those 66% excluded, 82% are from Rural areas
Within 30mins = 97% of the Population (all excluded are rural)		
Within 45mins = 100% of the Population		

Table 12. Summary of travel times on Sundays by Car, Walking and Public Transport.

Summary of access and coverage for Herefordshire

There are 27 Pharmacies and 10 Dispensing Practices in Herefordshire, and these are accessible in the following travel times:

- 100% are within a 20 min drive during Normal Weekday Hours and up to 1800hrs.
- 99% are within a 30 min drive up to 1900hrs on Weekdays.
- 90% are within a 30 min on Weekdays after 1900hrs (over 3/4 excluded are rural areas).
- 100% are within a 45min drive on Weekdays after 1900hrs.
- 100% are within a 30 min drive on Saturdays.
- 97% are within a 30 min drive on Sundays (all excluded are from rural areas).
- 100% are within a 45 min drive on Sundays.
- Most of the urban population are always within a 30min walk, however this is significantly lower on Sundays and after 1900hrs on weekdays.
- Public Transport access is also more limited on Sundays and after 1900hrs on weekdays.

Gap Analysis

Regulations

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

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

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

PNA Working Group agreed criteria

PNA Working Group agreed essential criteria of pharmacy access – below which would constitute a gap

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

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

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

Summary of agreed essential and non-essential criteria

Transport	Weekday Normal Working Hours	Weekdays Up to 1800hrs	Weekdays Up to 1900hrs	Weekdays After 1900hrs	Saturdays	Sundays
Car	20mins	20mins	30mins	30mins	20mins	30mins
Car Rural	20mins	30mins	30mins	30mins	30mins	40mins

Table 13. PNA working group agreed analysis measures for pharmacy access. Essential criteria are denoted in **bold**

Decisions of PNA Working Group for Herefordshire

- Overall, there are no gaps by pre-defined and agreed measures
- However, out of hours cover beyond 1900hrs is limited to a single pharmacy

Part 4 – Local Need

Strategic Need in Herefordshire

Overview

To fully assess need, it is important to understand the unique aspects of Herefordshire and how these relate to pharmaceutical services. The following chapter, therefore, summarises this and specifically links to both the gap analysis and recommendations.

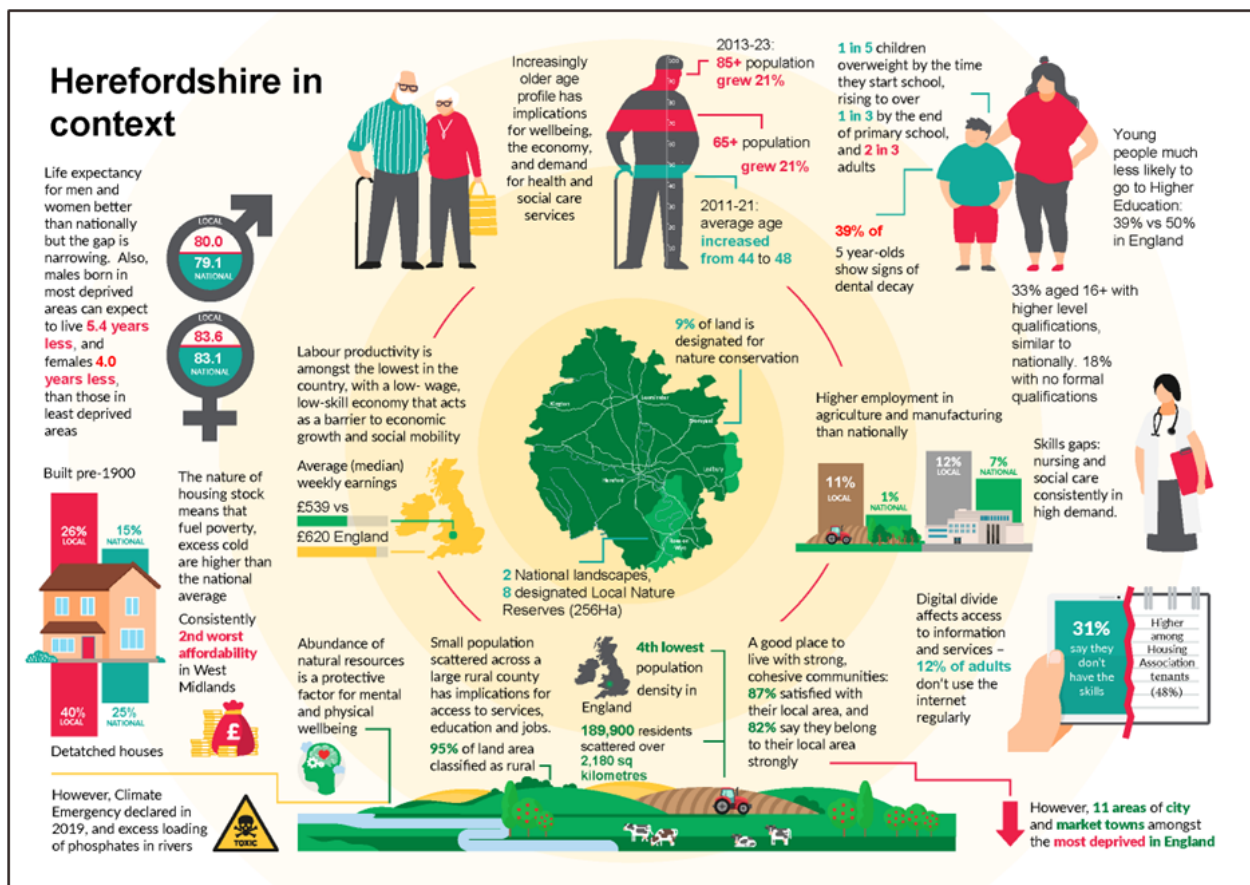


Figure 12. Infographic highlighting key summary statistics and insights for Herefordshire.

Overall deprivation and poverty are relatively low compared to the rest of England, but there are persistent pockets in the city and market towns. Although life expectancy is better than nationally,

the gap is narrowing and people born in the most deprived areas can expect to live at least four years less than other parts of the county.

Technology provides opportunities to make it easier for people to access services, and there has been significant investment in infrastructure to improve connectivity. However, there is still a digital divide whereby some people are less likely than others to use the internet.

Herefordshire is characterised by its rurality and demography, both of which influence many of the other factors affecting life in the county. 189,900 residents are scattered across 2,180 square kilometres mainly reliant on a network of B and C roads, posing an almost unique challenge for providing services. The average age of 48 is eight years older than England's, and older age groups continue to grow disproportionately to the rest of the population.

Population

Population overview

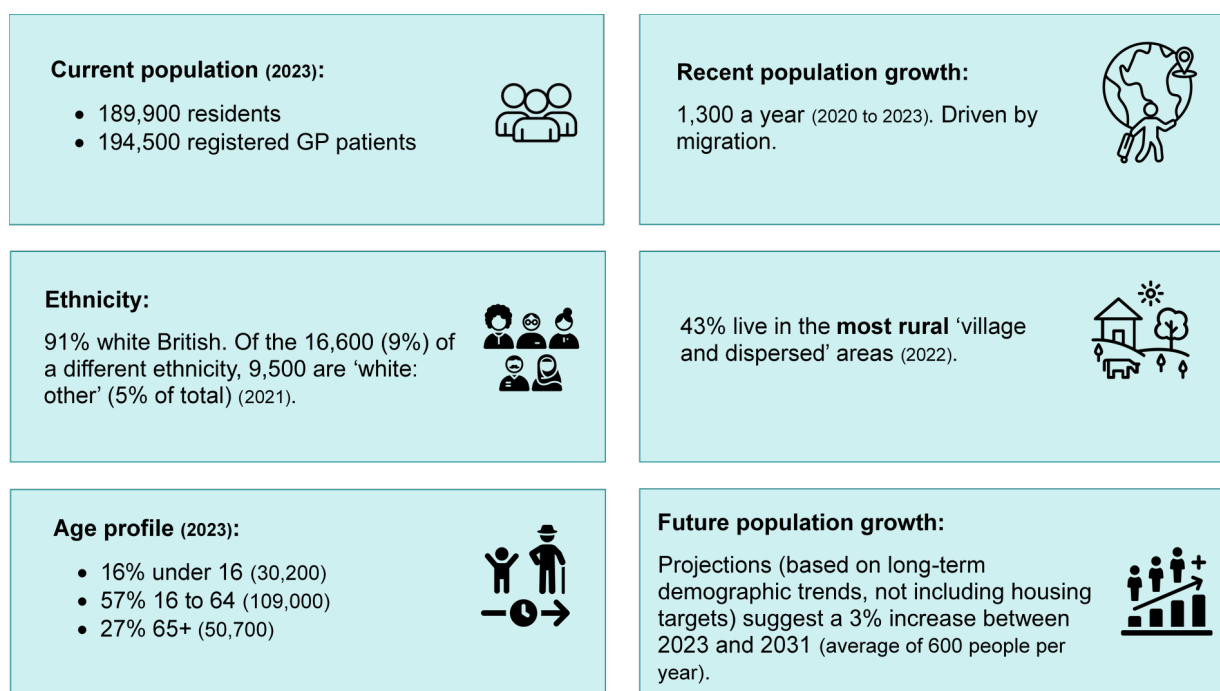


Figure 13. Infographic highlighting key summary statistics and insights for Herefordshire's population

Population Density

Neither population density, nor the proportion living in rural areas (53%), adequately illustrates quite how scattered the Herefordshire population is. No other English county has a greater proportion of its population living in areas described as 'very sparse'. This presents particular challenges for service delivery in the county.

Population density across Herefordshire

Population density by square kilometre of Lower Super Output Areas (LSOAs) in Herefordshire, mid-2022

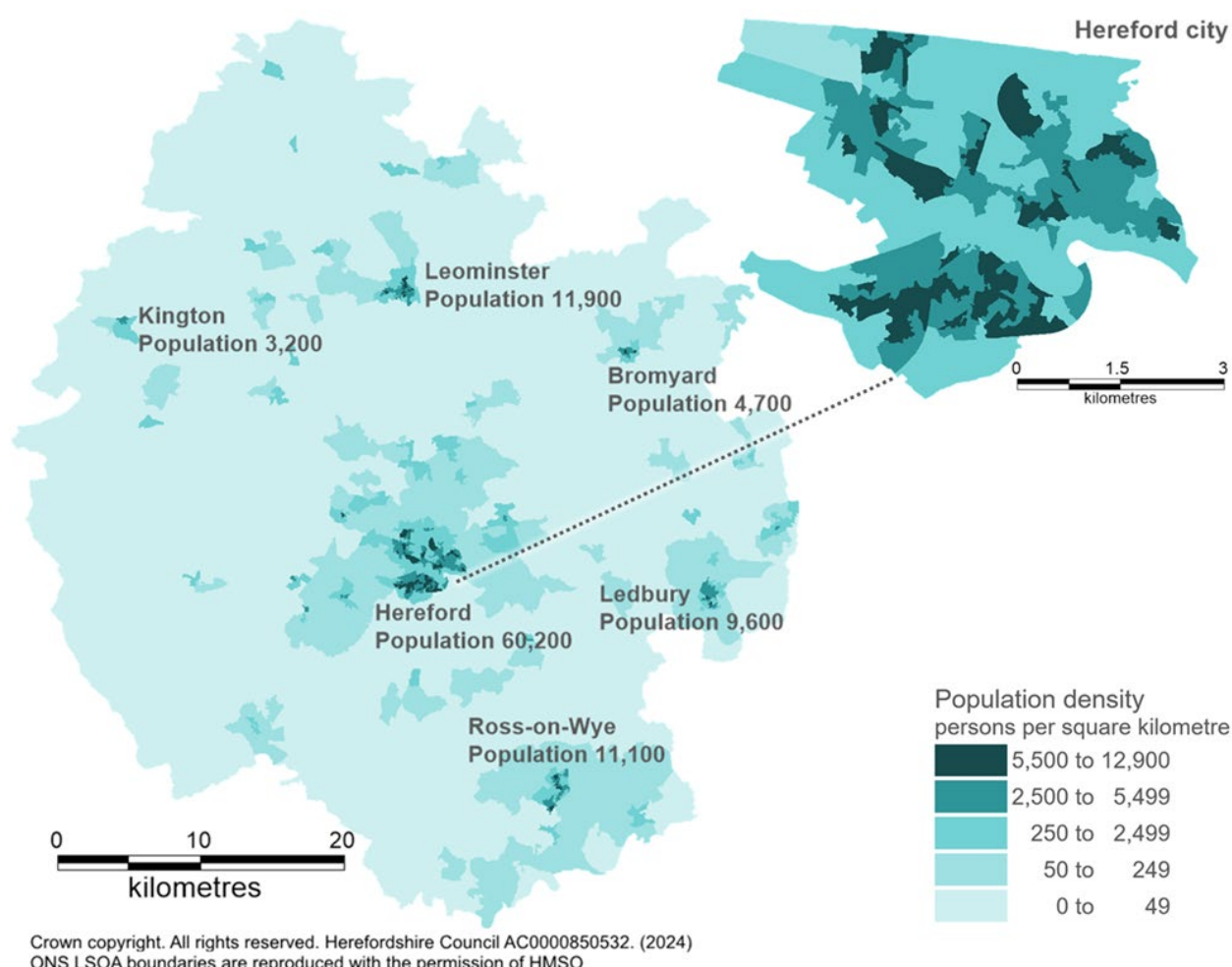


Figure 14. Population density in Herefordshire. Data source: Mid-2022 population estimates for small areas, Office for National Statistics. Last accessed 12 June 2025.

Population by urban-rural divide

Herefordshire's rural areas have older populations, but the market towns have higher proportions of the very elderly. Hereford city has a younger population
Proportion of population in broad age groups for different areas of Herefordshire, mid-2022

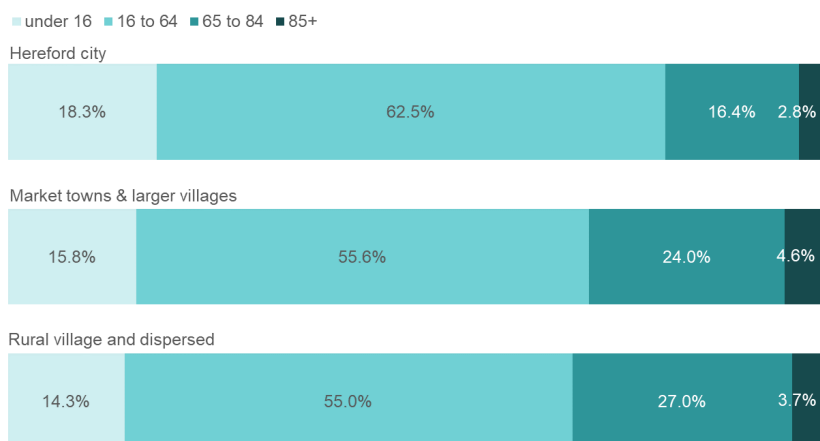


Figure 15. Infographic showing age distribution by urban-rural divide

Ageing population

Herefordshire's age structure remains older than the England average. Numbers of children have fallen and there is a lower proportion of working age adults than nationally.

Herefordshire has higher proportions of residents in their early fifties and above than nationally and generally lower relative proportions of young people
Percentage of the mid-2023 population estimates in age band
Herefordshire (bars) and England & Wales (lines)

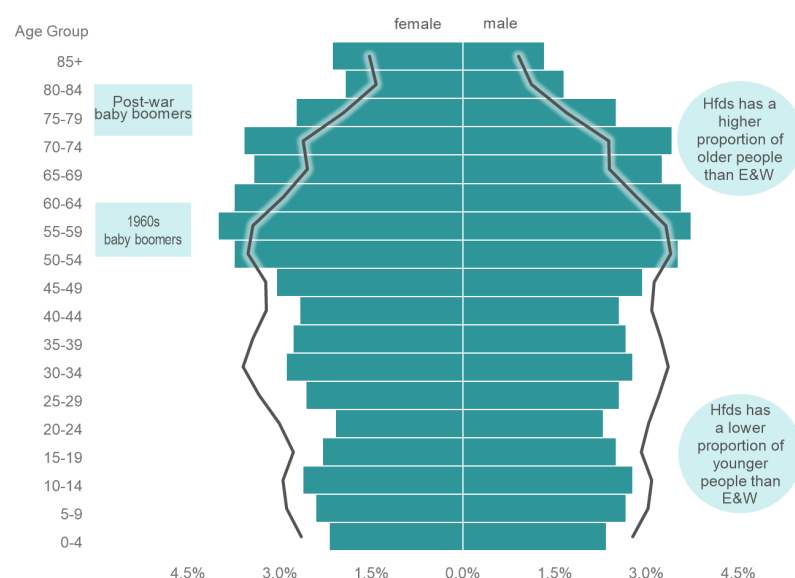


Figure 16. Proportion of Herefordshire population by quintile age bands.

Population Projections

The projection is for a continuation of current trends, whereby there is an increase in the older population and decreases in working age and child populations.

Herefordshire's population of older adults (65+) will rise, while the proportion of children (<16) and working-age individuals (16–64) will fall
Resident population estimates, mid-2001 to mid-2023 & projections

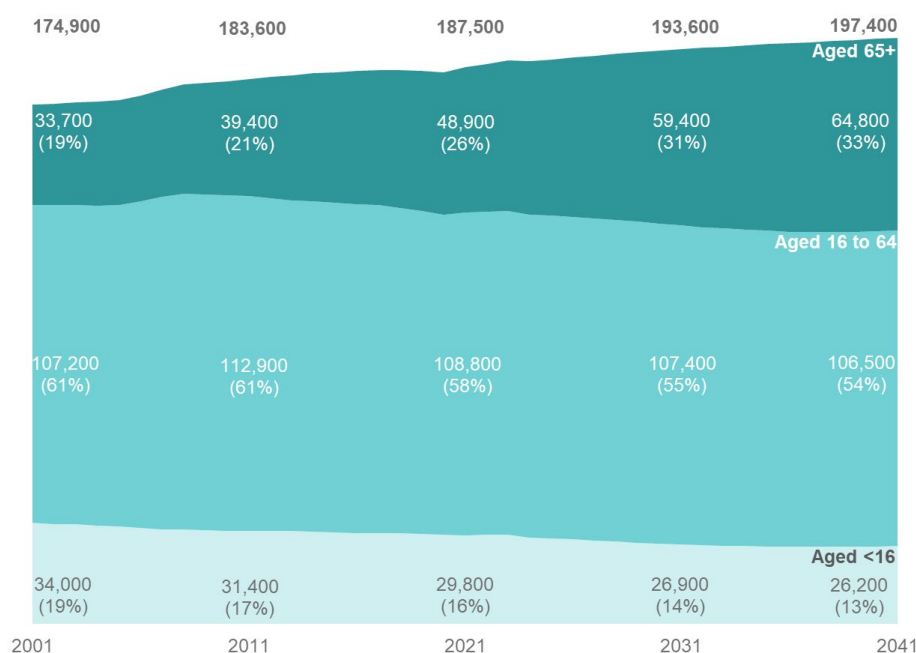


Figure 17. Herefordshire population projections by age brackets

Registered Population

A final important note to add, with regards population estimates, is that many health statistics, for example disease prevalence, are based on patients who are registered with a GP surgery in the county. However, for various reasons these can be different. For example, in 2023 the Herefordshire registered population was 194,500, compared to the resident population of 189,900. This makes pharmaceutical need harder to assess and will also apply to those who work in Herefordshire and use the local pharmaceutical services.

Ethnicity

In the 2021 Census, most Herefordshire residents identified themselves as being 'white: British' (91%). A total of 16,600 identified themselves as being of other ethnicities, an increase of 44% from 2011, and almost four times as many as in 2001. However, at 9% of the total population, it was still very low compared to England and Wales (26%). People of 'white: other' origin (not including British; Irish; Gypsy or Irish Traveller) made up the largest single minority group in the county with 9,500 people or 5% of the population.

Herefordshire's ethnicity differs from nationally, with fewer people identifying as other than White British

Percentage of residents by ethnic group, 2021 Census

■ Herefordshire ■ England & Wales

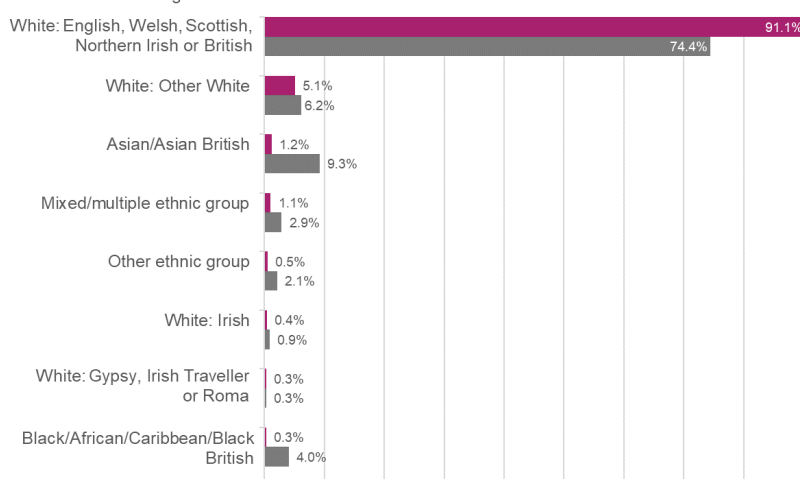


Figure 18. Herefordshire ethnicity breakdown by percentage per category

Deprivation

Overall levels of deprivation are lower than the national average. However, 11 LSOAs are ranked among the lowest 20% nationally and these are marked in red in figure 19 below.

Relative levels of deprivation across Herefordshire

Lower Super Output Areas by Index of Multiple Deprivation (IMD) 2019 quintiles, highlighting the 20% most deprived areas in Herefordshire

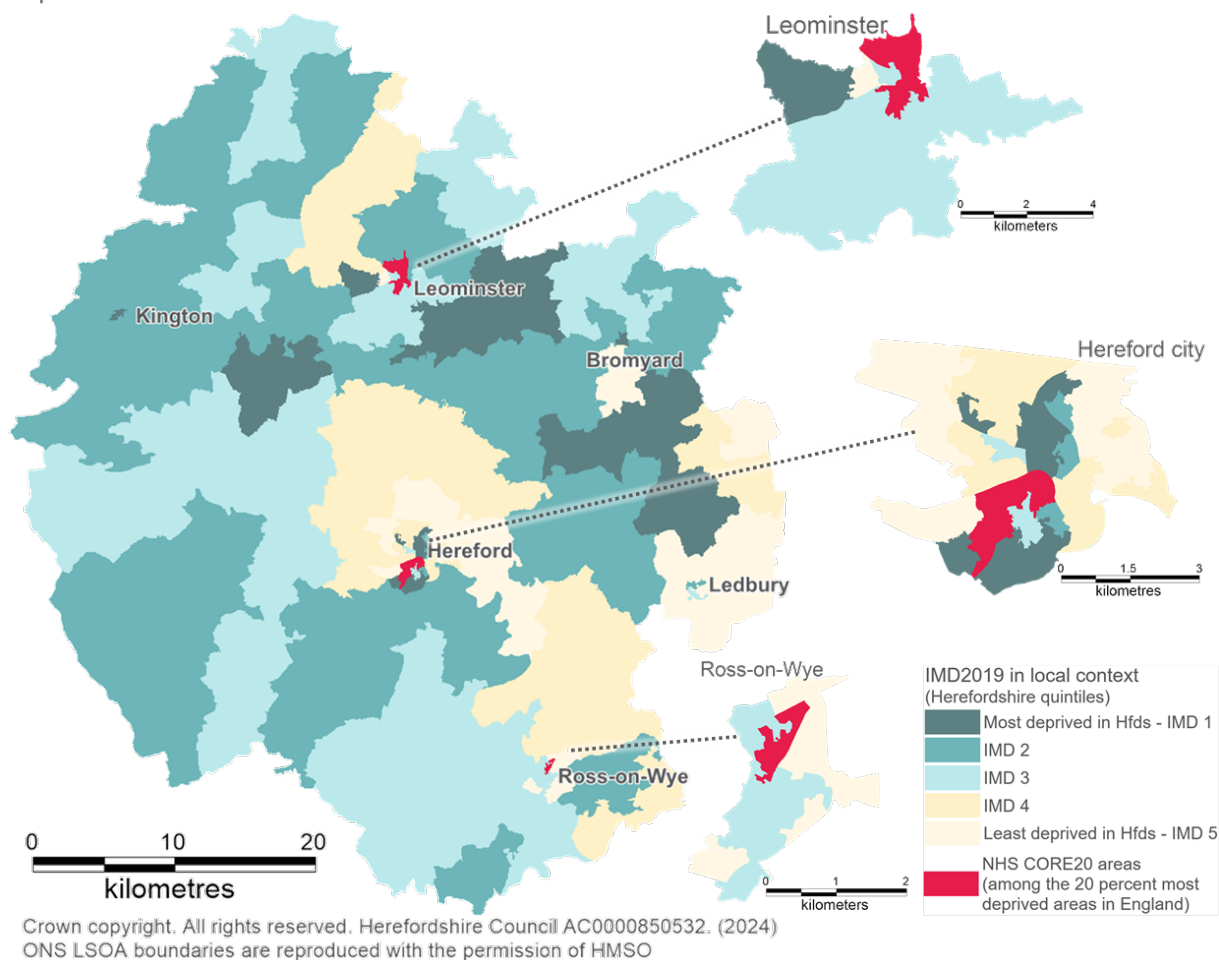


Figure 19. Areas of deprivation in Herefordshire by LSOA. Data source: English Indices of Deprivation, 2019. Ministry of Housing, Communities and Local Government. Last accessed 12 June 2025.

Population Health

Overview

Herefordshire has low healthy life expectancy and high rates of chronic disease which increase the burden on services. Obesity and hypertension are above the national average and are key disease risks along with smoking.

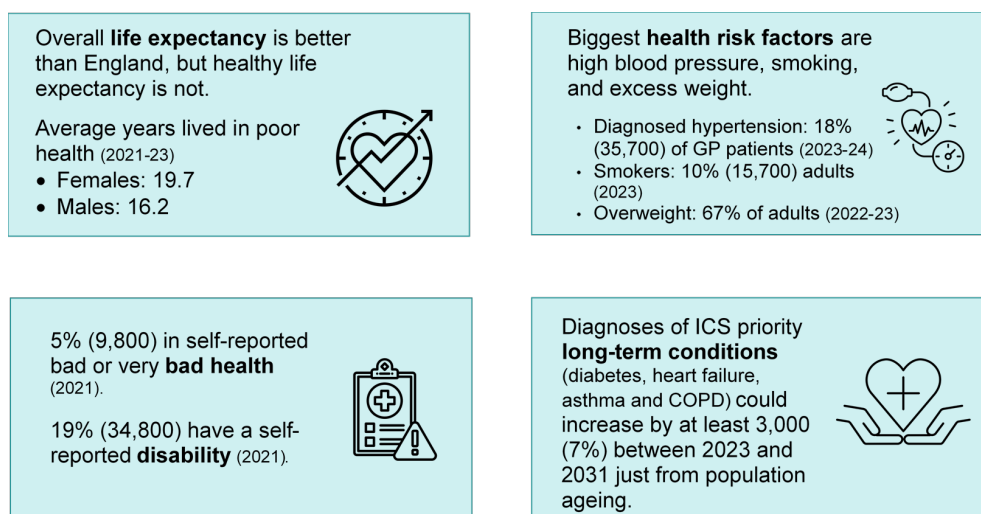


Figure 20. Infographic of selected population health statistics and insights

Priority and Long-term conditions (LTCs)

Rates of most priority conditions and LTCs continue to increase across all ages. LTCs are more common in older populations with over 50% having at least 2 by age 80

Diagnosed condition	Number of patients in 2023-24	Proportion of population (not age-standardised)	Recent trend
ICS priority conditions			
Diabetes (17+ years)	12,208	7.5%	↑
Heart failure (all ages)	2,554	1.3%	↑
Asthma (6+ years) <small>(note only includes those using prescribed medication during past year, which is only half those recorded as having asthma on GP systems: 22,700 April 2023)</small>	12,843	6.9%	-
COPD (all ages)	4,758	2.4%	→
Other long-term conditions			
Hypertension (all ages)	35,691	18.3%	↑
Depression (18+ years) <small>(Note 2022-23 data as indicator has been retired)</small>	20,335	12.8%	↑
Chronic kidney disease (CKD) (18+ years)	8,228	5.1%	↑
Coronary heart disease (CHD) (all ages)	6,926	3.6%	→
Atrial fibrillation (all ages)	6,012	3.1%	↑
Stroke	4,993	2.6%	→
Osteoporosis (50+ years)	1,228	1.3%	↑
Schizophrenia, bipolar affective disorder and other psychoses (all ages)	1,594	0.8%	→
Rheumatoid arthritis (16+ years)	1,818	1.1%	→

Figure 21. Herefordshire disease prevalence rates by priority and LTC

Long-term conditions (LTCs) increase with age: 50% of 60 year-olds have at least one and 50% of 80 year-olds have at least two

Percentage of Herefordshire GP patients with number of LTCs by age, February 2024

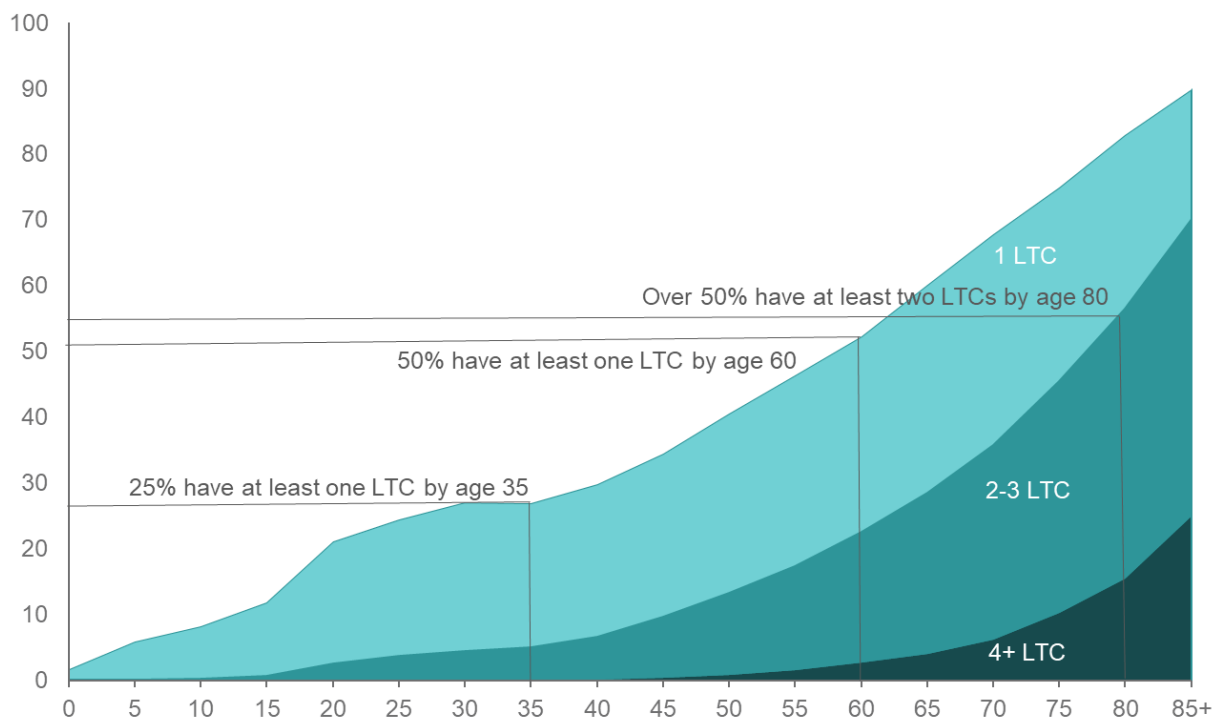


Figure 22. Proportion of people by age and corresponding number of likely LTCs

Health inequalities

LTCs, preventable disease and mortality are all increased in deprived populations. Some of this increased burden is due to service access and uptake which is particularly applicable to pharmaceutical services such as, health promotion, hypertension case finding and smoking cessation.

Mortality rates for the most deprived areas are significantly higher than the rest of the county

Age standardised mortality rates per 10,000 for all deaths, Herefordshire IMD quintiles, each year 2020 to 2023 and 5-year average for the period 2015 to 2019

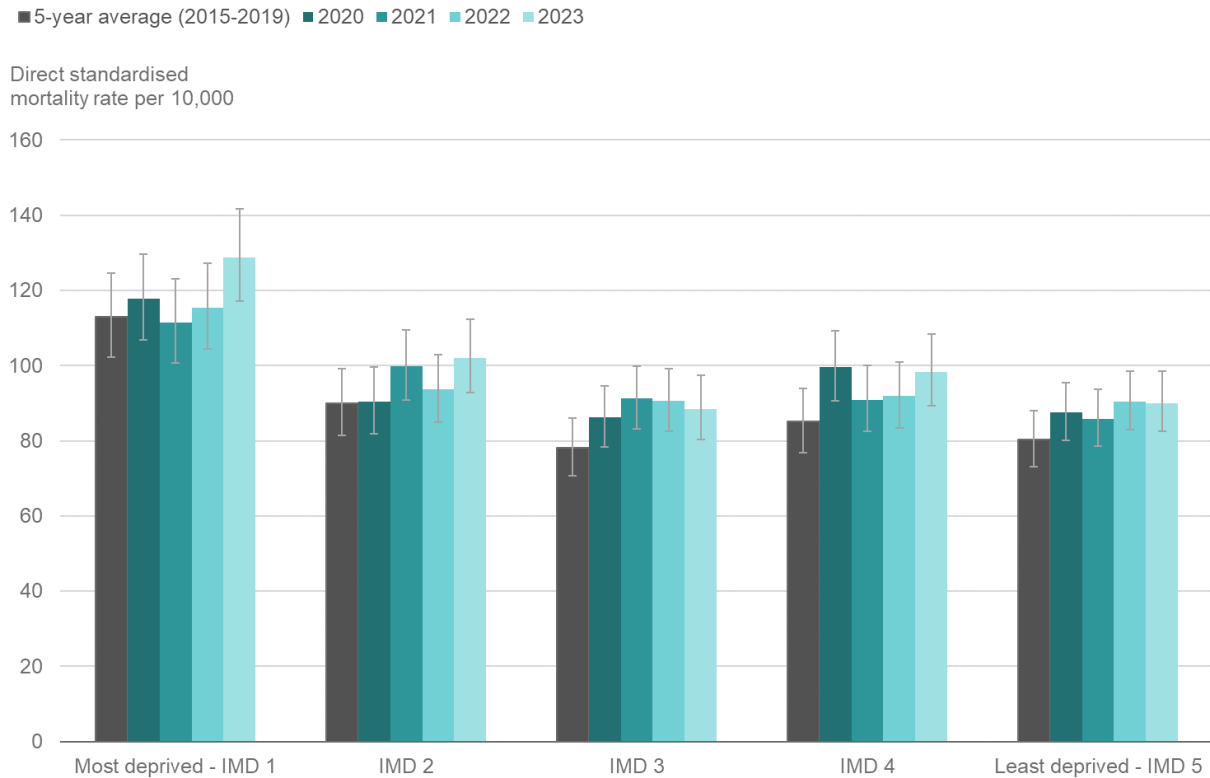


Figure 23. Mortality rates over 5 years by IMD quintiles

Health conditions specifically related to pharmaceutical services

The main conditions directly related to pharmaceutical services are smoking, pregnancy, hypertension and vaccine preventable illnesses.

The following sections examine where Herefordshire sits compared to the national average in the key performance measures for each condition. These are taken from the Public Health Outcomes Framework (PHOF) website [Public Health Outcomes Framework \(PHOF\) website](#). This is produced by the Office for Health Improvements and Disparities (OHID).

Smoking

The smoking prevalence in adults in Herefordshire is 10.1% which is below the national average. However, it is significantly higher in deprived areas. Other metrics where we remain a national outlier is smoking rates in early pregnancy.

Teenage pregnancy and abortion

Access to both regular and emergency contraception as part of pharmaceutical services is important in helping prevent unwanted pregnancies, particularly in younger age groups. The conception and birth rate for those under 18 years old in Herefordshire are both above the national average. However, the percentage of conceptions leading to abortion in this age group is slightly below the national average. It is also noteworthy that Herefordshire has significantly higher rates of children in care.

Hypertension and Cardiovascular Disease

Herefordshire has a hypertension prevalence of 18.3%, which is higher than the national average. Whilst this does reflect an older population, undiagnosed rates are also thought to be high. The recent Health Survey England in 2021 estimated 9.3% across the county. This shows the value of early detection through schemes like the Hypertension Case Finding Service.

Vaccination

Vaccination plays a vital role in preventing illness and whilst Herefordshire is above the national average across most measures for vaccine coverage, we remain below target thresholds in most areas. Flu vaccination is an advanced pharmacy service (as discussed above). Herefordshire is above the target threshold for population coverage in over 65-year-olds. However, it remains under the target threshold for those clinically vulnerable (at risk individuals). Herefordshire is also under the target threshold for shingles vaccination in over 70-year-olds. Whilst this is not a commissioned service, it is often provided privately at pharmacies and therefore included for wider interest here.

How this local intelligence relates to pharmaceutical service need

- The older age of the population in Herefordshire indicates likely increased pharmacy use and helps to contextualise pressure on services and pharmacy density per 10,000.
- Geography, travel and access are contextualised by population and demographic, further highlighting the importance of provision in rural areas for older people.
- Additionally, the importance of dispensing practices. However, the direct equivalence of these must be considered with regards service and appointment availability.
- Population density aligns to pharmacy density and mapping (as above).
- The high rate of LTCs reflects likely increased medication requirements. Additionally, multiple LTCs seen in older age and an older population highlight the dangers of polypharmacy, correct understanding and therefore the importance of NMS and DMS.
- Consideration of service preferences amongst areas with a significantly older population.
- The digital divide is noteworthy with regards to ensuring appropriate methods of communication and service provision.
- Ensuring advanced services in areas of deprivation – particularly smoking cessation and hypertension case finding. This is within the service specification aims (as listed above).
- Unwanted pregnancy rates are reflective of contraception service need which are covered in part by community pharmacy. Note that Long-Acting Reversible Contraception (LARC) is provided by S4H via the Hereford Sexual Health Hub and within Primary Care.

Part 5 – Engagement

Service User (Public) Survey

The public survey was an amended version of the one used in 2022. Changes reflected both the key differences in services as well as feedback, recommendations and previously identified gaps and limitations from the qualitative research. It was designed in conjunction with the team from Worcestershire County Council Public Health and following consultation and agreement with the PNA working group.

The survey was available online via snap survey hosted by Worcestershire Council from November 22, 2024, to February 28, 2025. Paper copies were also supplied to Herefordshire Library services in Hereford, Leominster, Ledbury and Ross. In total 165 responses were received, including 18 paper returns. The means of distribution and raising awareness of the survey through various teams and channels was coordinated by Herefordshire Council and HWICB Communications Teams.

Given the limited responses and demographics (see below), the survey results cannot be seen as an accurate representation of public views. However, it serves to highlight themes that can help guide specific recommendations, even with this caveat withstanding.

The public survey itself is available in Appendix 9. A summary of the key findings is presented below:

Who are our respondents and how do they use pharmacy services?

Demographics

The survey respondents were majority female (74%). They were also an older demographic, with 30% of respondents over 70 years old, 67% between 30 and 69 years old and the under 29 age group unfortunately unrepresented with only 3%. There were more employed (52%) than retired (39%) respondents, however. A significant majority identified as White English/ Welsh/ Scottish/

Northern Irish/ British (94%.) Many respondents also reported being prescribed regular medicine (85%,) having physical disabilities (52%) or long-term conditions (48%).

Access to services

Private cars (67%) and walking (44%) were the primary modes of transport, whilst only 2% reported using a bicycle and 3% reported using public transport. Significant issues with public transport links were reported by 31% of respondents. Most reported no problems with consultation rooms, communication, building accessibility, or distance. Just over half of respondents (56%) reported some issue with access in terms of parking or opening times (52%). Concerns included lunchtime and weekend opening, demand and pharmacist availability.

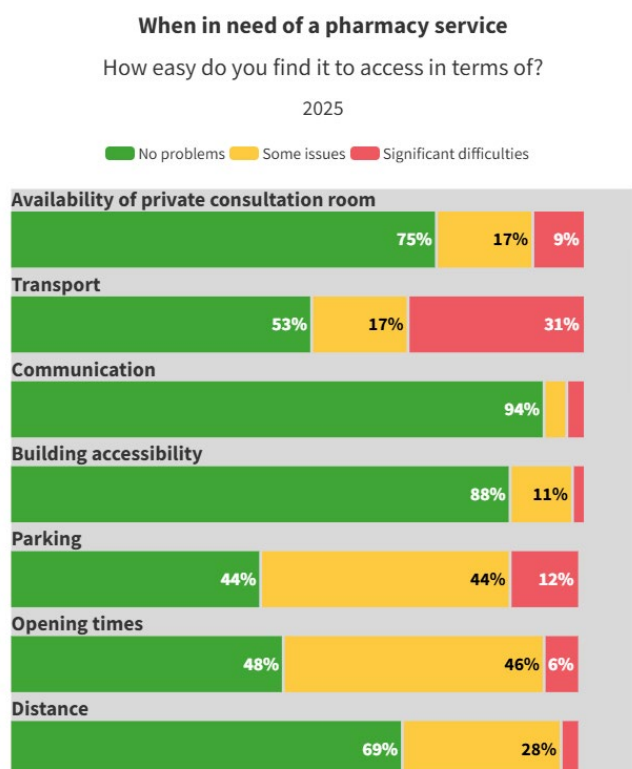


Figure 24. Survey responses regarding ease of access by potential use or attribute

Primary reasons for pharmacy use

Prescription collection was by far the most common reason for visiting (97%), followed by buying over-the-counter medicines (70%), obtaining advice on medicines (49%) and vaccinations (39%).

Pharmacy usage patterns and level of convenience

Most respondents (68%) used pharmacy services once a month. Standalone community pharmacies were mostly used by respondents (53%). Most usage occurred during weekdays (0900-1800hrs) or Saturday mornings, with 32% and 76% reporting never visiting on Saturdays or Sundays respectively. Overall, 72% reported being able to access a pharmacy at a time convenient to them either always or most of the time.

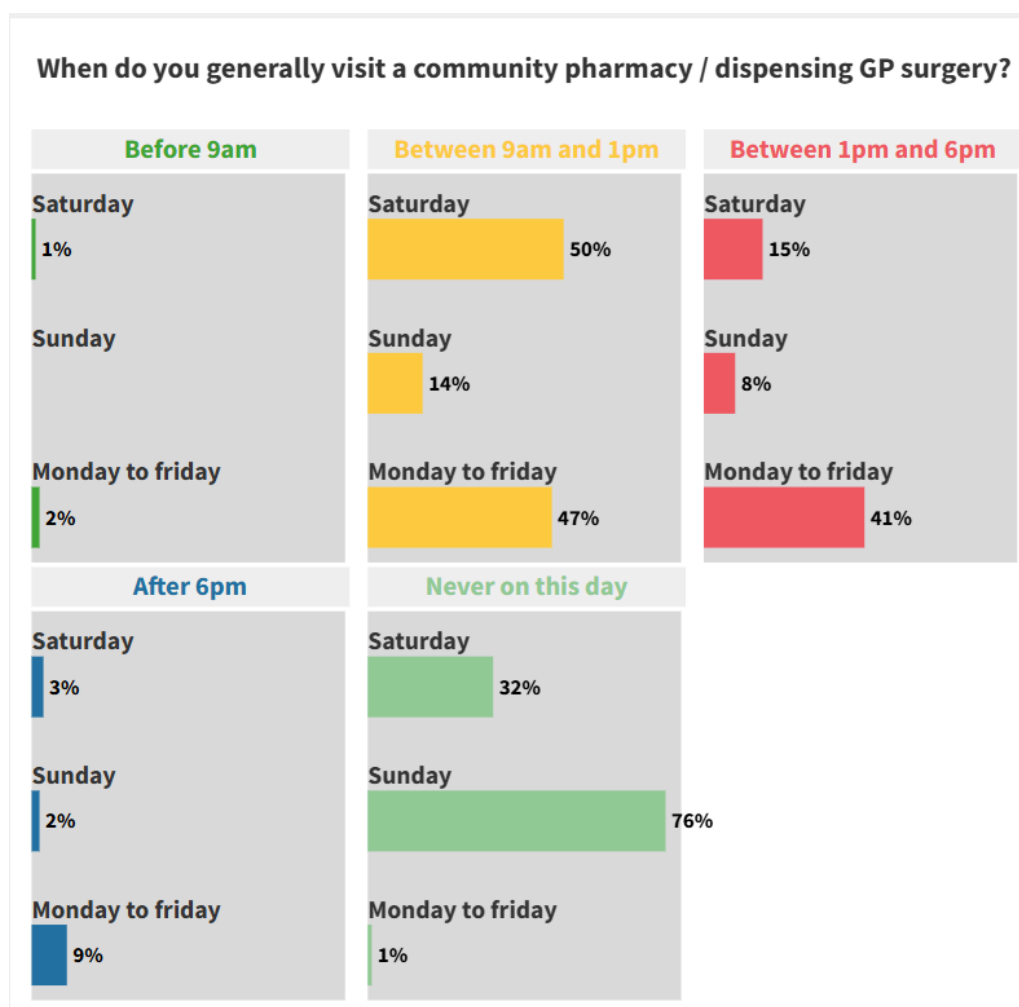


Figure 25. Survey responses on time and day of pharmacy visits

How aware of the pharmaceutical services are our respondents?

Awareness of pharmacy services, opening times and confidence in staff

Overall, 84% reported no issues with finding pharmacy opening times. However, specific comments included these changing frequently. A significant proportion (63%) were also unaware of the pharmacy leaflet about services. Confidence in pharmacy teams' advice and knowledge of medications was rated either quite or very high by 76% of respondents respectively. However, this dropped to 53% with regards minor illnesses, 52% for vaccines, 36% for lifestyle advice and only 17% for contraception. Although the latter may reflect the survey demographics.

How would you rate the extent of your confidence in your pharmacy team's advice and knowledge on the following?

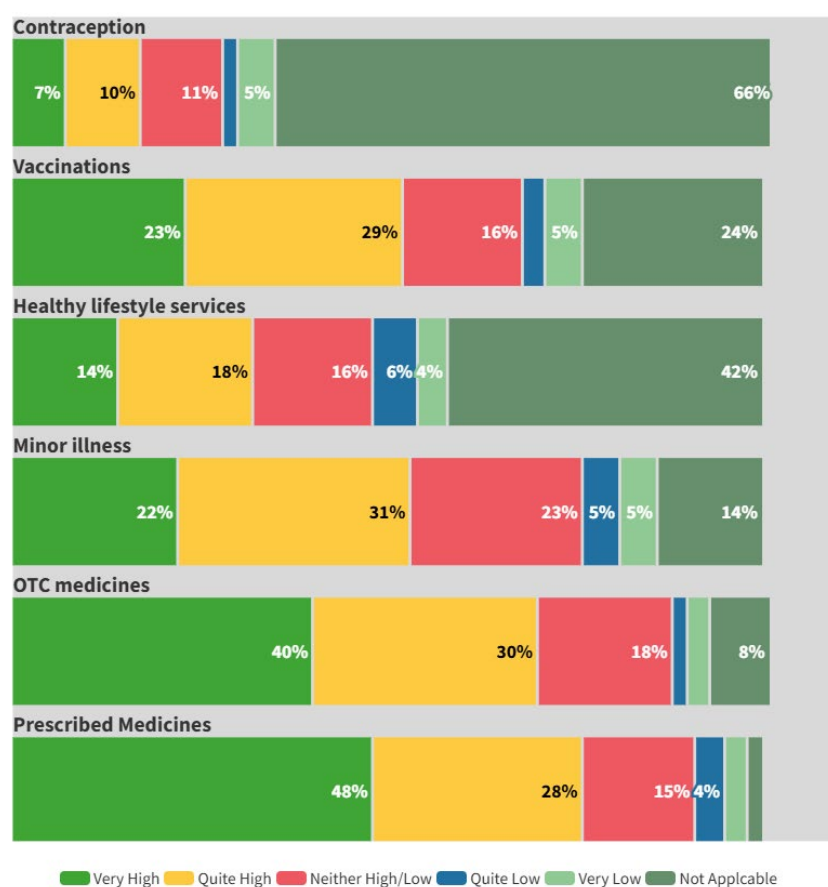


Figure 26. Survey responses on confidence in pharmacy staff knowledge and advice for each service.

42% of respondents were unaware of the New Medicine Service (NMS) and only 16% had accessed this. Overall, awareness was lower for services related to screening or lifestyle. Additionally, despite overall high awareness of pharmacists providing general health advice, only 23% utilised these services, preferring GPs or online resources.

This suggests a potential knowledge gap regarding the pharmacist's role and training but may also reflect a generational preference amongst the survey demographic. Given Herefordshire's older population, however, both are important considerations.

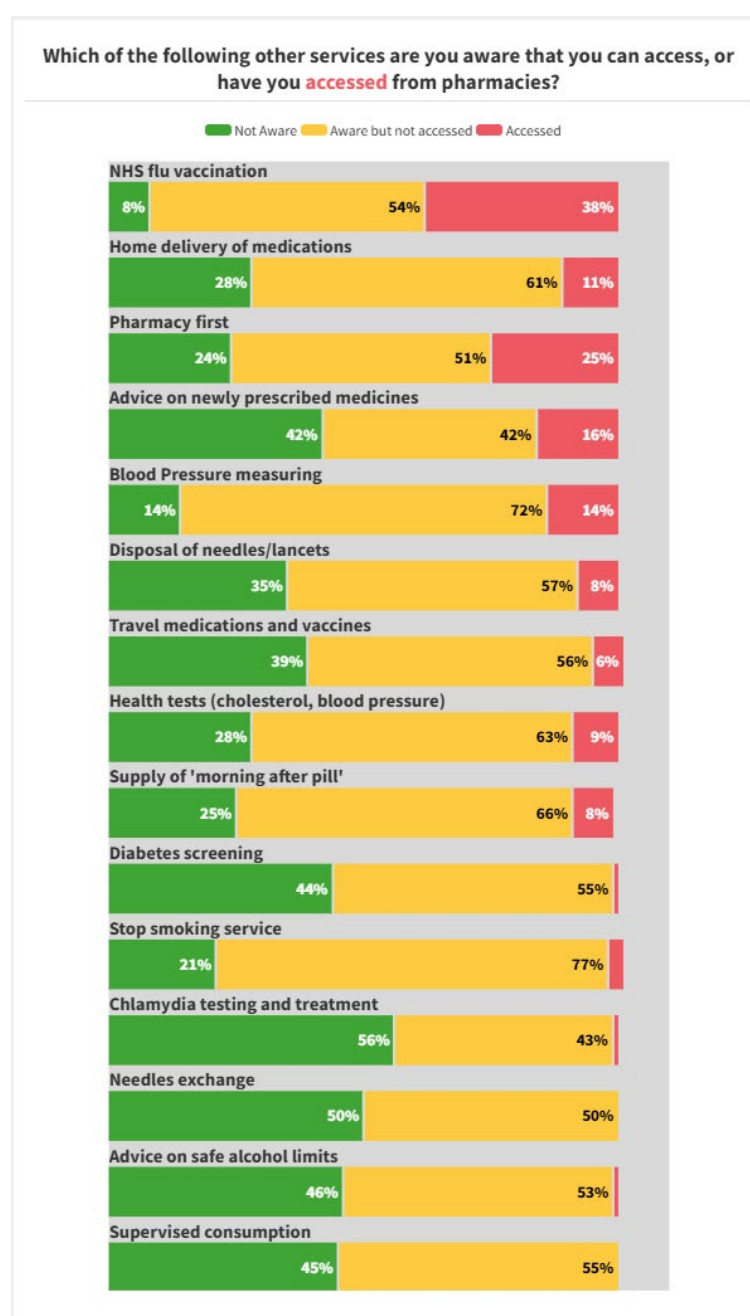


Figure 27. Survey responses on service awareness, use and likelihood of uptake.

Awareness and Use of Additional Services

NHS flu vaccinations was the most utilised additional service (38%). When asked about likelihood of using specific services if offered, the most likely to be used were blood tests (47%), out-of-hours support (41%), NHS health checks (38%), and wider vaccinations (35%). Services like NHS stop smoking support, children's vaccinations and regular contraception were least likely to be used. Although, again, this is likely a reflection of the survey demographics. Equally, smoking prevalence rates are only 10% but remain a priority.

If the following were available from your pharmacy, how **likely** would you be to use them?

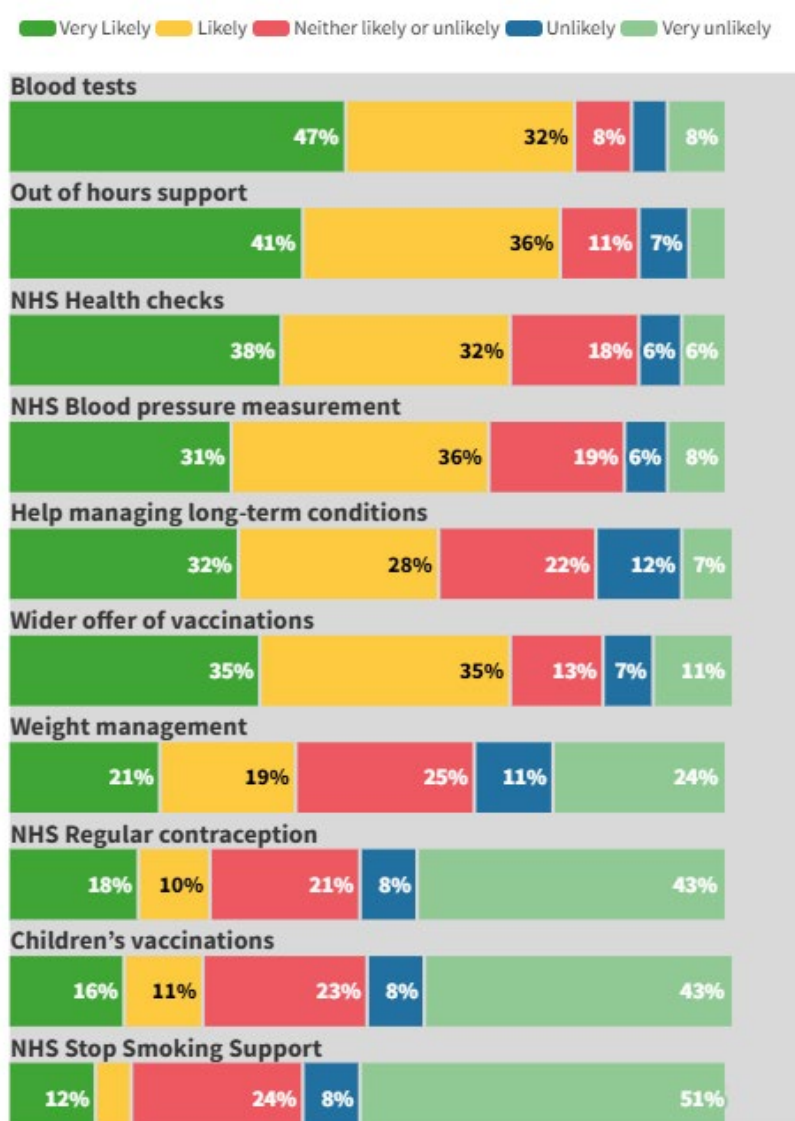


Figure 28. Survey responses of likelihood to take up potential services if offered.

Pharmacy First Service

A quarter (24%) of survey respondents were unaware of the pharmacy first service. Overall, reported use was similar at 25%, potentially due to demographics and recent introduction. Willingness to use this service varied depending on the medical condition requiring treatment.

The service least likely to be accessed by respondents was for management of uncomplicated UTI in women 16-64 years, with 32% saying they would not use this service. Otherwise, this figure ranged from 16-28% for the remaining conditions.

Pharmacy First awareness and use

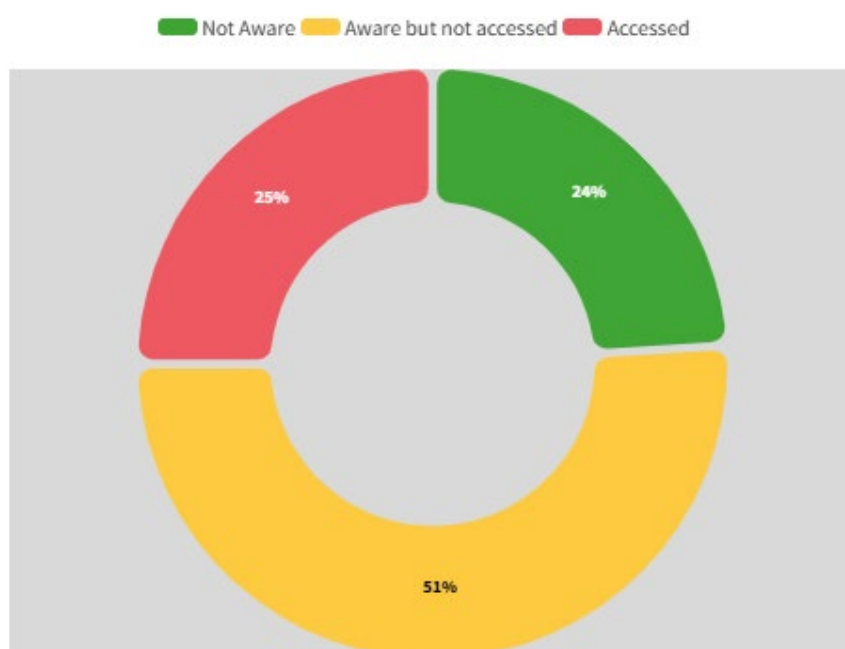


Figure 29. Survey responses on pharmacy first awareness and use

The majority (63%) of respondents accessed pharmacy first as the first place of contact for their condition. Overall respondents were very satisfied (36%) or fairly satisfied (25%) with the process. 66% of respondents said their issues were successfully resolved by the service.

Have you used the Pharmacy First service for any of the following conditions?

■ No, I would not use this service
 ■ No, but I would if I need to
 ■ Yes, I have used this service

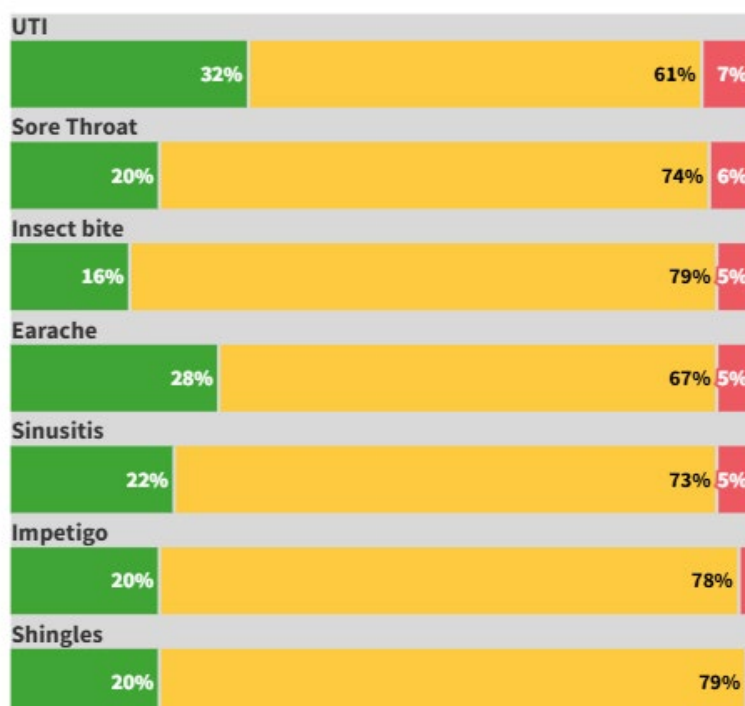


Figure 30. Survey responses on Pharmacy First use by treated condition

How do our respondents feel about pharmaceutical services?

Satisfaction with Services

Overall satisfaction with pharmacy services was high, with 84% reported as being either highly or fairly satisfied. Similarly, 68% were dealt with within a 10-minute wait and any medication problems reported were also largely resolvable by the pharmacist (80%).

Challenges with Medication Availability

While 69% either agreed or strongly agreed that there was a sufficient supply of medicines, some issues were reported with medication readiness for collection, with 80% saying it was ready all or most of the times and 11% some of the time.

Priorities for Pharmacy Services

Efficient and quick service was rated as the most important aspect (93%), followed by friendly staff (85%), knowledge (78%) and pharmacy location (74%).

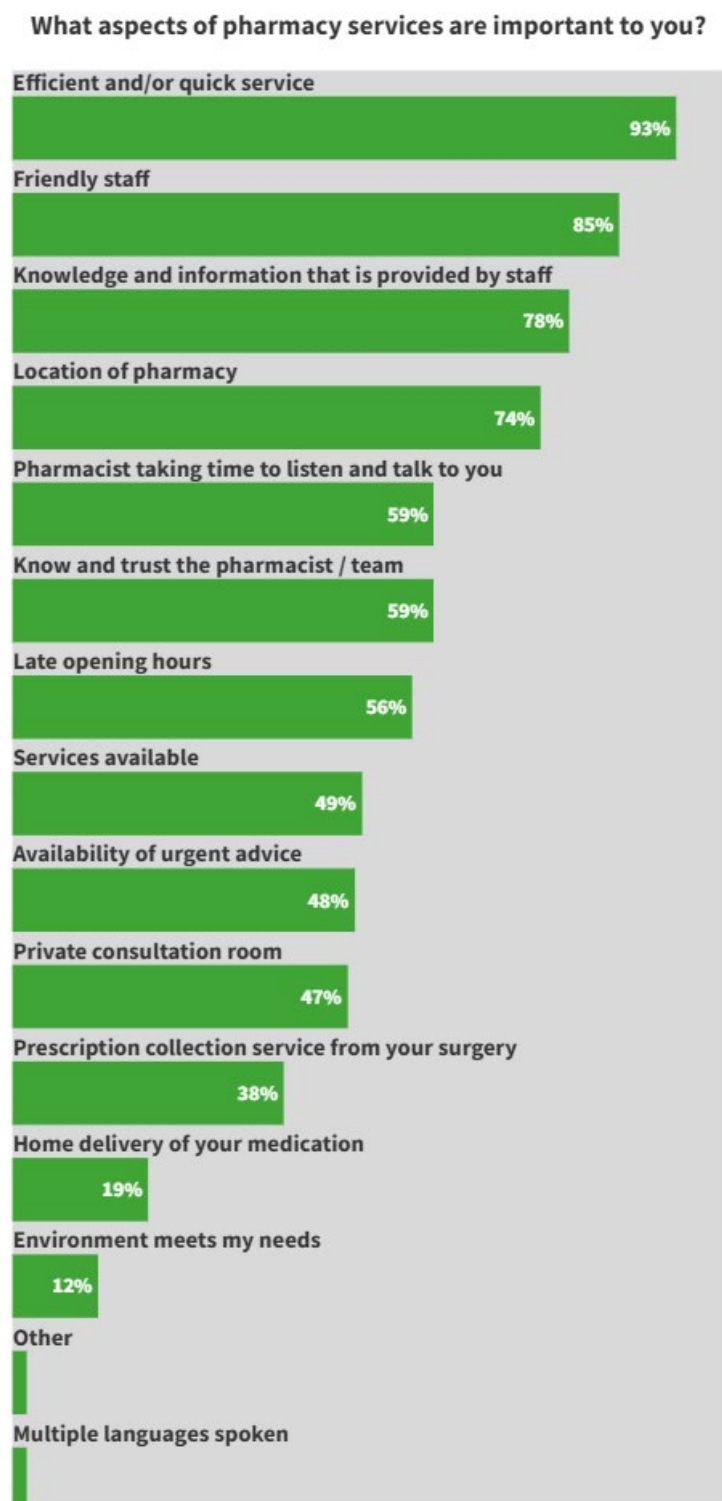


Figure 31. Survey responses rated by importance of pharmacy services and attributes.

Suggested Improvements

Key suggestions for improvement centred on:

- Extended hours, lunchtime and weekend opening
- Efficiency service provision given the busyness during peak hours
- Privacy either at the counter or in consultation
- Communication with GP Practices
- Accessibility of websites and apps

Desired New Services

Respondents expressed a desire for pharmacies to offer services such as common GP blood tests/ phlebotomy, NHS Health Checks, screening, wider vaccinations, and extension of Pharmacy First treatment, especially where medication may be required. However, there were few striking themes to this question.

Conclusion

In conclusion, satisfaction with current pharmacy services is relatively high, as is trust in staff knowledge and skills. However, this survey does highlight certain areas for consideration including accessibility, efficiency, and public awareness and confidence in the full range of services pharmacies and pharmacists can offer. Particularly, health promotion, the management of minor conditions and other lower acuity but traditional GP roles. Addressing these may better serve community needs and potentially alleviate pressure on Primary Care. However, many areas remain outside the remit of community pharmacy alone and must be considered as part of wider strategic need.

Public Focus Groups

Overview

PNA 2025 Public Focus Group sessions were held over the period 01 Feb – 31 Mar 2025 and were kindly conducted by Health Watch Herefordshire, in conjunction with pre-existing community groups representing selected populations.

Selection process

The process for selecting suitable populations for this engagement followed consultation with the PNA working group and initial analysis from the public survey and previous PNA. The aim was to target key demographics that fell into one of three categories. Firstly, marginalised communities, secondly, those facing potential challenges with regards pharmaceutical services and finally, those under-represented in feedback, but where their use was important, particularly of pharmacy first services.

This process led to a potential list as follows:

- Drug and Alcohol Service Users
- Gypsy Roma Traveller Community (GRT)
- Those with Sensory Impairment
- Parents of Young Children
- Those with Long Term Conditions (LTC)
- Those with Severe Mental Illness (SMI)
- Migrant and Refugee Populations

Funding and tender process

Funding for focus groups was £250 per group, per session and was allocated through the Public Health Grant for 2024/25 spend. Due to the above groups being pre-nominated, the tender process was only offered to these specifically.

Formal sessions completed

In total 4 formal sessions were held in addition to several ad hoc discussions during other contacts.

- **Herefordshire Vision Links** – A total of 8 people attended over a single session
- **Herefordshire MIND** – A total of 5 people attended over a single session
- **Ukraine Project Support Hereford** – A total of 6 people attended over a single session

- **Belmont and Holmer Mums and Tots** – A total of 19 people attended over 2 sessions

The format followed a semi-structured questionnaire with 6 titled themes:

- Access
- Services
- Pharmacy First
- Barriers and issues
- Unmet need
- Solution focused research

Each also included several sub-headings and prompts in addition to free discussion. The full semi-structured questionnaire can be found at Appendix 8.

Findings

General overview

- Overall, most respondents talked positively about their experiences of using pharmaceutical services. The Ukrainian group were the most satisfied and spoke very highly of their provision.
- Smaller standalone pharmacies and dispensing practices were more highly rated among all groups.
- Supermarket pharmacies were particularly criticised for being busy, with long waits and a lack of privacy being universal themes.
- Specific issues to groups included high use and potential turnover of medications amongst those with SMI. This was due to high-risk drugs and shorter dispensing intervals and trialling new regimes for short periods only.
- Vision Links also reported patient print out labels being placed over the braille lettering on medication packets.
- Most groups were satisfied with travel and to a slightly lesser extent, opening times.

- Almost all access issues related to queuing, but some specific comments included pharmacist availability and lunchtime and extended hours.
- NHS App received mixed reviews, with some finding it useful and others reporting poor user friendliness.
- Interestingly, the more positive NHS App comments came from the Ukrainian and Vision Links groups.

Awareness

- Perhaps the most important theme was the lack of awareness of both range of services and the specific details of these.
- Pharmacy First had particularly low recognition. Given common childhood complaints make up 4 of the 7 treated conditions, this was particularly pertinent within the parent and toddler groups.
- Less than half of participants had heard of the service and of those that had, very few had used it, with only 1 of the 19 parent and toddler groups for example.
- It was also interesting to note a criticism of incorrect referrals to this service from a GP and therefore, increasing awareness is important for both referrers and the public.
- Awareness of pharmacy first conditions was often solely confined to 'rashes', and this may also be a cause of confusion given the specificity of treated skin conditions.

Privacy

- The issue of privacy came up repeatedly in all sessions except for the Ukrainian group.
- This was again a greater issue in Supermarket Pharmacies despite the known provision of consultation rooms, as it is the initial consultation that often still takes place in the queue.
- This was compounded during busier hours and was highlighted as a potential barrier to service use.

Queuing

- Queuing was raised repeatedly by all groups. It was a particularly strong issue for the MIND group in supermarket pharmacies, and often linked to privacy above.

Neurodivergence

- With regards supermarket pharmacies again, the queuing or waiting is often under strip lighting which can be distressing.
- Equally, many commented on how busy pharmacies were and this can also be a barrier to neurodivergent individuals. It also, again, links to issues raised around privacy.
- Locum pharmacists and the importance of continuity was raised several times in relation to neurodivergence and mental health in general.

Medication shortages

- ADHD medication was mentioned several times in different groups and there is a known national shortage
- Previous antibiotic shortage during Strep B outbreak was mentioned in the parent group
- Niche medications were mentioned as being very difficult to acquire elsewhere when a regular pharmacy is closed.
- Drugs2U was used as cover by several persons due to unavailability.

Summary

- Generally positive
- Many themes support the service user survey responses
- Access appears satisfactory but extended hours and queuing most common issues
- Awareness of and uptake of services is poor
- However, more positive responses about likelihood of use when informed of these than in the public survey
- Privacy was raised to a greater degree than the public survey, although specific issues were similar being busy queues and initial discussions happening in public
- Key issues relating to specific groups, highlighted the value in increased awareness of needs for marginalised and underrepresented populations

Contractor (Community Pharmacy) Survey

Overview

Herefordshire County Council conducted an online Pharmacy Survey to gather vital information from local pharmacies to best inform the Pharmaceutical Needs Assessment. The questionnaire ran from Monday 14th February to Fri 02nd May 2025. Responses were received from 8 pharmacies within Herefordshire.

Findings

Access

All of the pharmacies surveyed were accessible to customers using pushchairs, wheelchairs and walking frames (100%). 57% had free car parking available outside the pharmacy, and 71% had disabled parking. None had steps required to access the pharmacy.

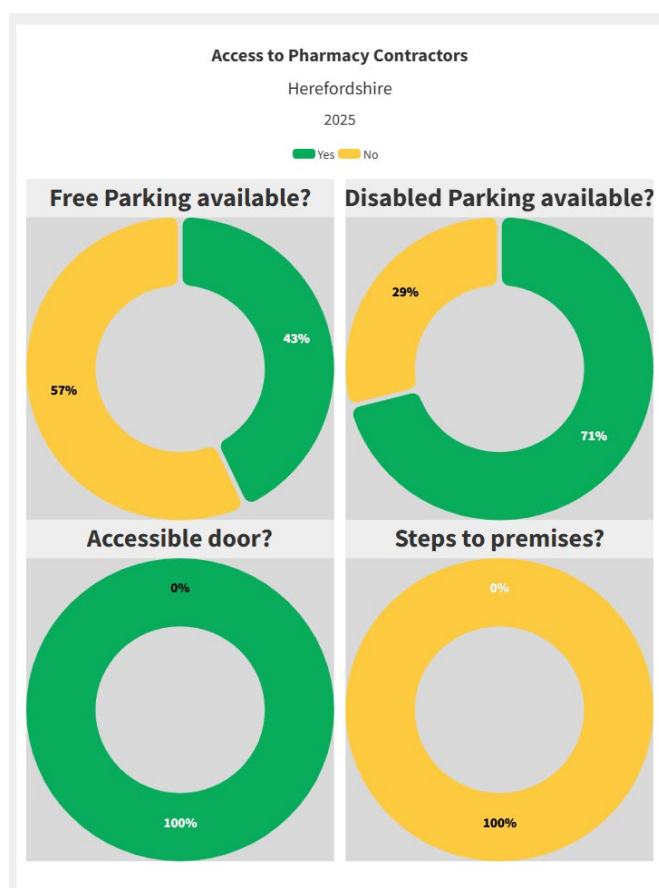


Figure 32. Access and accessibility to the surveyed pharmacies.

Physical Access

43% of the pharmacies had adjusted or made alterations to enable physical access to the pharmacy. Examples of adjustments made to enable physical access were automatic doors fitted, ramps. 57% reported no adjustments were required.

On-site consultation facilities

100% of the pharmacies reported that there is a consultation area with a closed door available. 85% reported hand washing facilities available either within or near to the consultation room. 71% reported having a hearing loop available within the pharmacy.

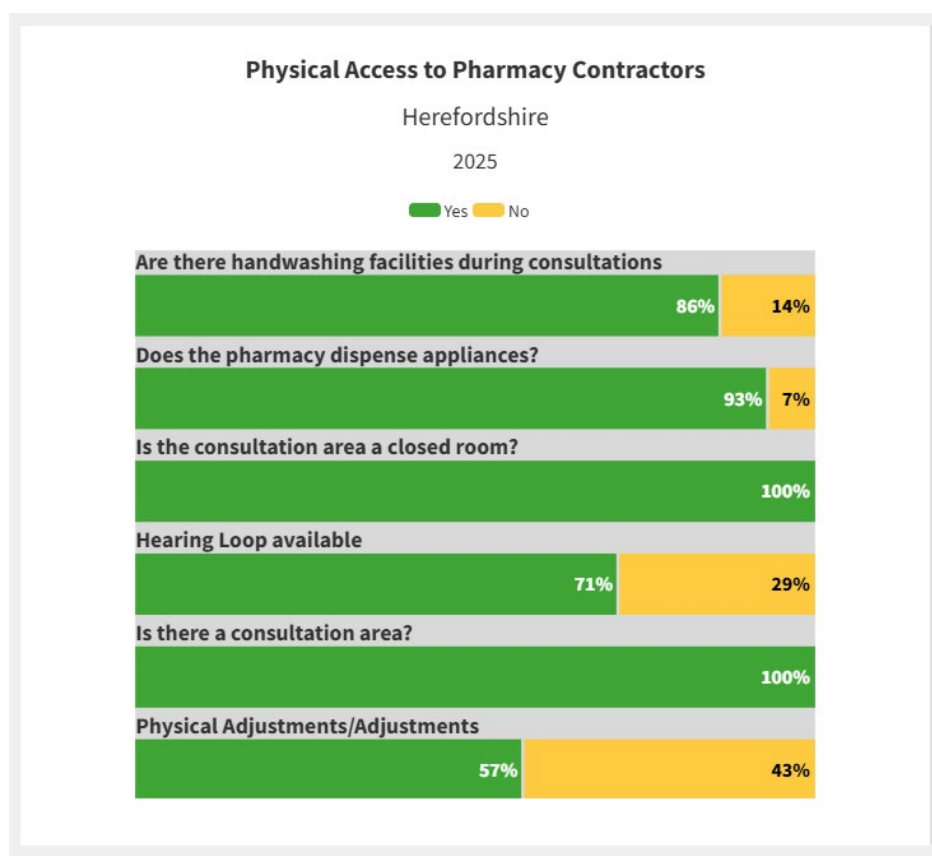


Figure 33. Physical access and onsite facilities to surveyed pharmacies.

Staff morale and difficulties in providing contracted hours and services

- Most pharmacies reported either no difficulty (57%) or some difficulty (29%) in fulfilling contracted opening hours.
- Very similar results were found with delivering contracted services. The majority reported either no difficulty (43%) or minor difficulties (29%).

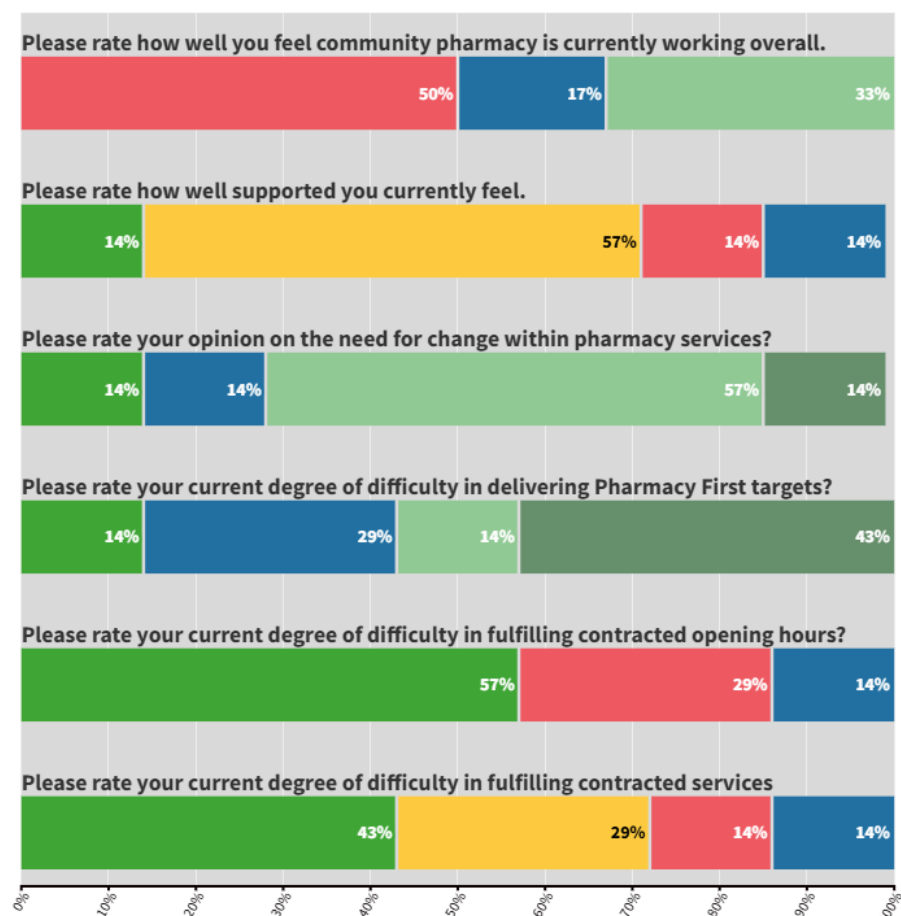
- In further details, pharmacies reported difficulties with funding and medication shortages.

Staff Morale - Pharmacy Contractors

Herefordshire

2025

1 2 3 4 5 6



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

Figure 34. Insight into staff moral and difficulties experienced in delivering services at the surveyed pharmacies.

Pharmacy First

- 14% of pharmacies reported no difficulties in delivering Pharmacy first targets, 43% reported that it was impossible to deliver.
- When asked for further details pharmacies reported low numbers of referrals from GP surgeries

Need for change

- Many of the pharmacies reported a strong need for change within pharmacy services. 57% reporting major changes required compared to only 14% suggesting a no changes were required.
- When asked for further details pharmacies reported drug remuneration and government support were factors that required changes.

Support

- Many pharmacies (57%) reported feeling some degree of support.
- When asked for further details pharmacies reported funding from DOH, more support for pharmacy first to be factors that required changes.

Overall view of how well community pharmacies are working

- Half of the pharmacies reported feeling that the service was running either very well (33%) and moderately well (17%).
- This compared to 50% reporting a neutral opinion.
- When asked for further details pharmacies reported pharmacies were working well with vaccinations.

Reduced services

- Most of the pharmacies reported no reduction in either commissioned or free services in the last 12-24 months.
- A small number reported a reduction in deliveries to patients

Services reported by pharmacists as interested in providing

- Smoking Cessation was highlighted as a service that pharmacies would be interested in providing along with Vitamin B12 and Tetanus boosters.

Contractor (Dispensing Practice) Survey

Overview

Herefordshire Council conducted an online Dispensing Practices Survey to gather vital information to best inform the Pharmaceutical Needs Assessment. The questionnaire ran from Monday 14th February to Fri 02nd May 2025. 7 out of the 10 contractors responded to the survey.

Findings

Transport

Figure 35 below gives an overview of the transport facilities available around the 7 dispensing practices that were surveyed. Most of the practices provided free (71%), onsite (71%), and disabled parking facilities (71%). 71% reported a bus stop within 100 meters of the premises. There were only 29% with a cycle rack and 14% with motorcycle parking.

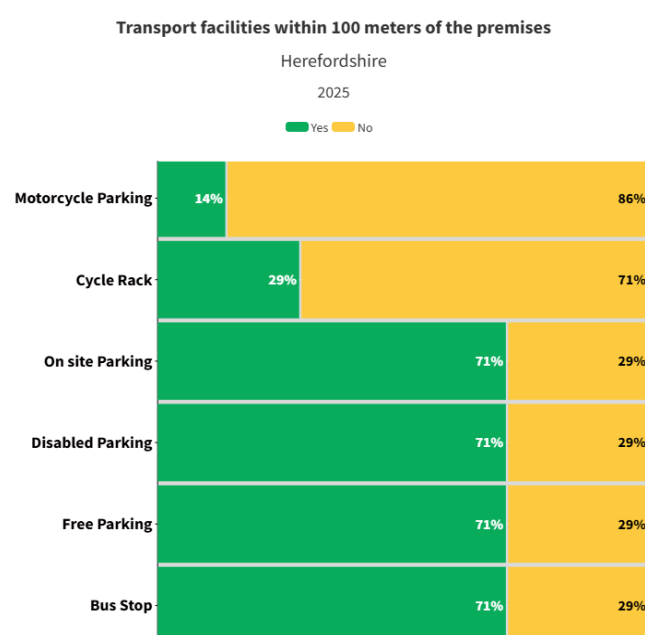


Figure 35. Transport facilities within 100 meters of the surveyed dispensing practices.

Access

All of the dispensaries surveyed were accessible to customers using pushchairs, wheelchairs and walking frames (100%). 100% had free car parking available outside the pharmacy, and 86% had disabled parking available outside the dispensary. None required steps to access the dispensary.

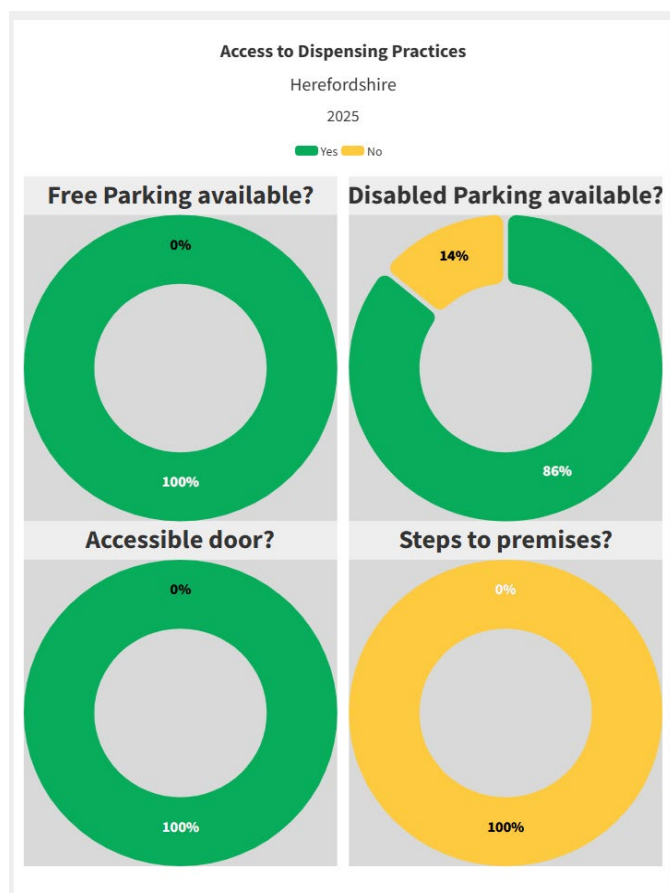


Figure 36. Access and accessibility of the surveyed dispensing practices

Physical Access

- 43% of the pharmacies had adjusted or made alterations to enable physical access to the dispensary.
- Examples of adjustments made to enable physical access were automatic doors fitted, ramps.
- 57% reported no adjustments were required.
- 100% were compliant with the 2010 Equalities Act

- 43% had a hearing loop.
- 29% had improvements planned to include a hearing loop.
- 57% were limited by room for expansion.

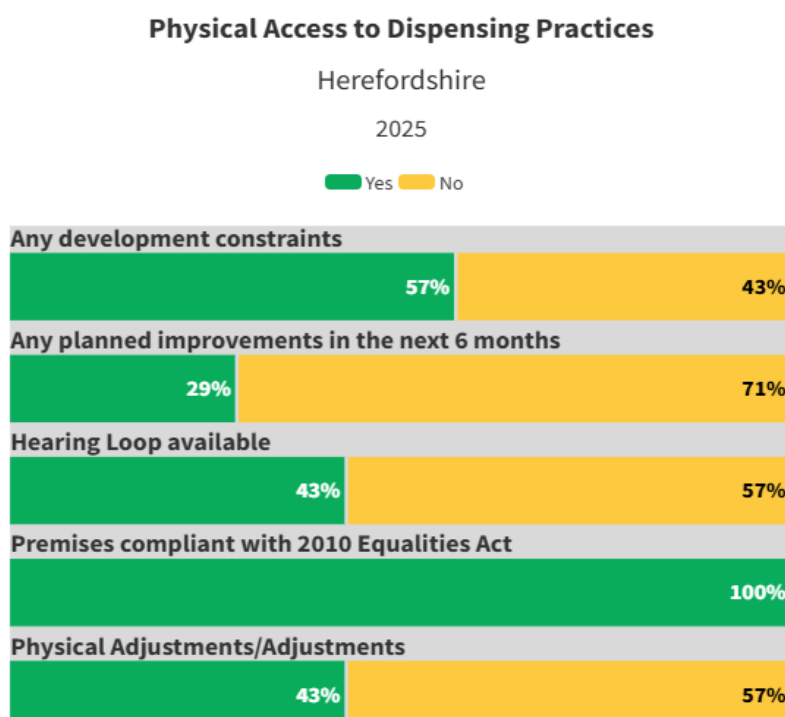


Figure 37. Physical access to the surveyed dispensing practices

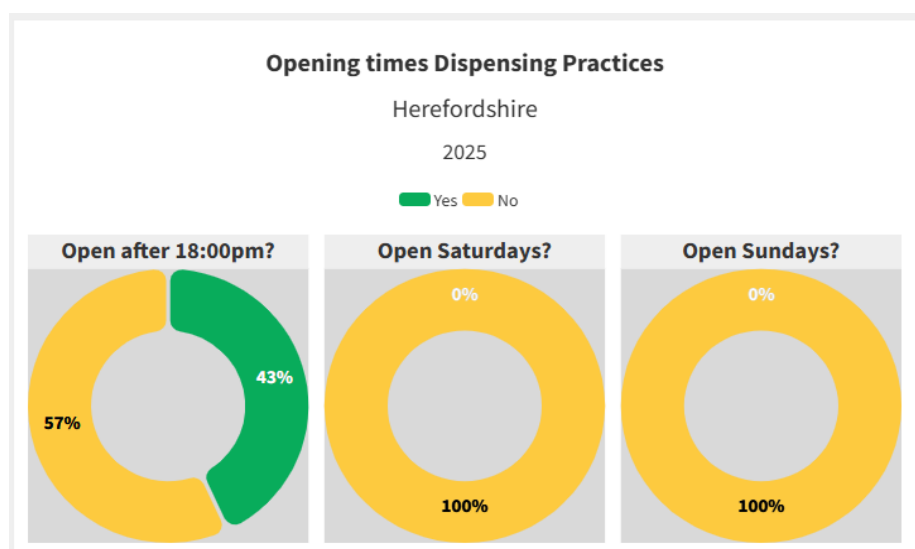


Figure 38. Opening hours of the surveyed dispensing practices.

Opening Hours and services

- None of the dispensaries were open on either Saturday or Sunday
- 43% were open after 18:00pm

Services provided at Dispensing Practices

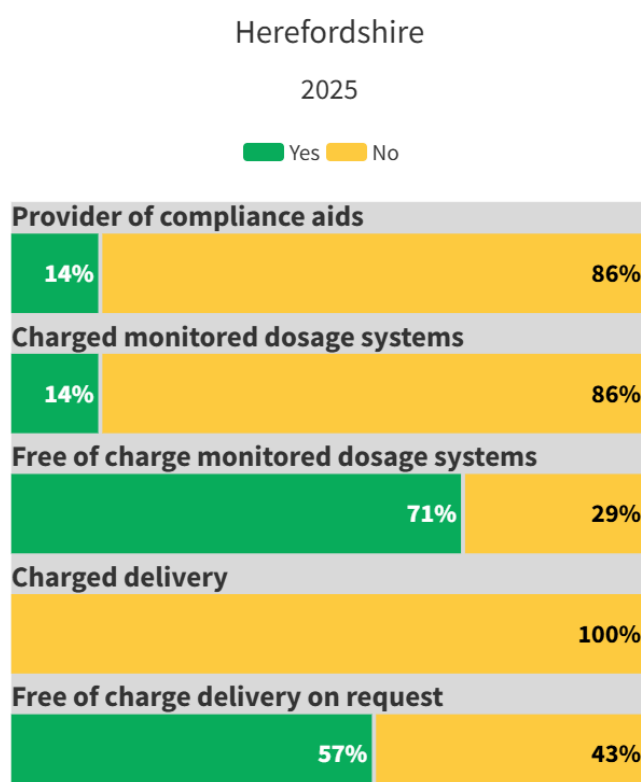


Figure 39. Services provided at the surveyed dispensing practices

Services provided

- 43% had a clinical pharmacist working at the practice.
- 57% of dispensaries provided delivery free of charge on request
- None charged for deliveries
- 71% provided Monitored Dosage Systems - Free of charge on request
- 14% charged for Monitored Dosage Systems - Free of charge on request
- 91% provided other medication compliance aids.

Staff morale and difficulties in providing contracted hours and services

- Most dispensaries reported either no difficulty (86%) or some difficulty (14%) in fulfilling contracted opening hours.
- Similar results were found with delivering contracted services. The majority reported either no difficulty (86%) or minor difficulties (14%).
- When asked for further details pharmacies reported difficulties surrounding space and staffing

Need for change

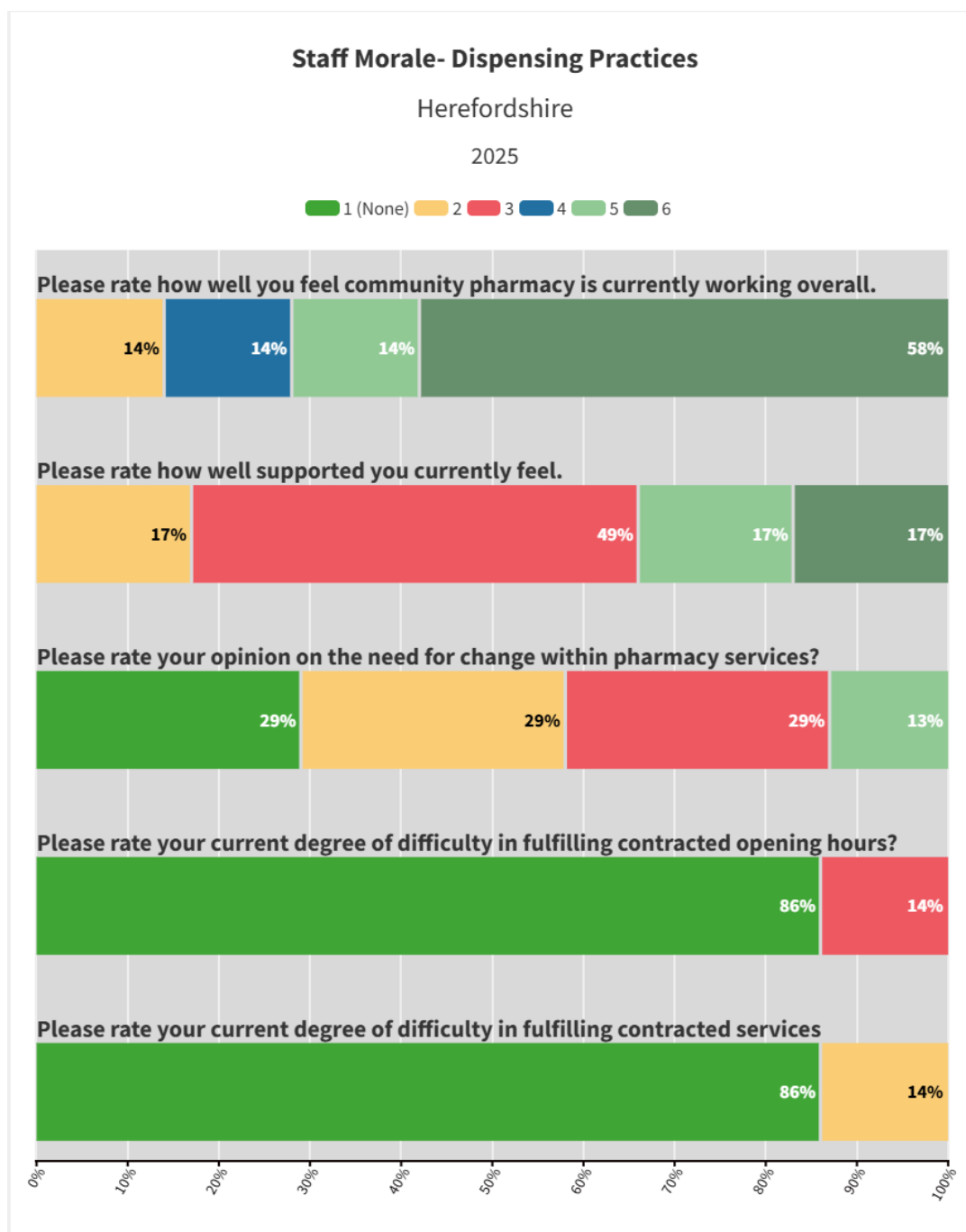
- Most dispensaries reported that no changes were required to the service (29%) or little change required (29%).
- When asked for further details dispensaries reported that a 24-hour pharmacy box would improve access. A hearing loop was also highlighted as a potential improvement.

Support

- Half of the dispensaries (50%) reported a neutral opinion to support felt.
- There were a small number (17%) of dispensaries reported feeling little support was given.
- When asked for further details dispensaries reported shortages of medications to be a major factor that required better support.

Overall view of how well community pharmacies are working

- Most of the dispensaries reported feeling that the service was running either excellent (58%) or very well (14%).
- When asked for further details dispensaries reported that they were working well despite the current climate and were vital and valued by rural communities.



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

Figure 40. Insight into staff moral and difficulties experienced in delivering services at dispensing practices.

Engagement summary and conclusions

- In total the PNA 2025 engagement consisted of 164 public survey responses, 4 focus groups, 7 out of 10 dispensing practices and 8 out of 27 pharmacy responses.
- Limited numbers, demographics and geographical spread means survey responses cannot be viewed as representative for Herefordshire in general.
- Marginalised communities were better represented in focus group work.
- Young adults remained underrepresented however, and whilst pharmacy use by this demographic is more limited, this is a key limitation in the engagement analysis.
- Public satisfaction remains high for pharmacies and dispensing practices overall, and this was the case for both the survey and focus groups.
- Awareness of, confidence in and uptake of services outside the traditional pharmacy remit are limited.
- This was also reflected in the focus groups, particularly for health promotion and pharmacy first.
- The main issues raised in the survey relate to extended hours. This included lunchtimes, evenings and weekends as well as Pharmacist availability during these times.
- Privacy with a key issue in focus groups. This was regarding initial consultations and in relation to busy queuing systems and crowding, particularly in supermarket pharmacies.
- Access is relatively well rated, and this is reflected in the mapping and gap analysis
- Staff morale and ability to provide current services effectively is reasonable across dispensing practices.
- However, this is poor in community pharmacy and particular areas included significant difficulties in delivering pharmacy first.
- Poor survey response from community pharmacies is also likely to be indicative of workload pressures.

Part 6 – Conclusions & Recommendations

Progress of PNA 2022 Recommendations

Recommendation	Who	Progress
Pharmacies should work with partners in the system to reduce vaccine inequalities, promoting the flu vaccine offer, particularly in deprived communities. Pharmacies should also contribute to other vaccination programmes.	Pharmacies PCNs Taurus Healthcare Local Authority Public Health Team	Flu vaccine coverage remains below the national target and widening vaccine services was a key theme of engagement feedback from users and providers. This therefore remains a priority area
Flexibility around opening hours should be considered, including the option of extending existing contractors' opening hours on a locally commissioned rota basis.	Pharmacies Pharmacy Commissioning Lead	This is part of the new CPCF changes for 2025/26 discussed above.
Encourage secondary care-based pharmacy colleagues to begin to incorporate DMS into their discharge processes. The focus should be on discharges for frail patients, those on high-risk medicines and those whose primary diagnosis is shown to be a frequent cause of readmission before 30 days.	ICB/ICS and system partners	This is now standard practice as part of DMS.
Pharmacies in areas of deprivation should be particularly encouraged to implement and promote blood pressure checks.	Pharmacies	This remains a priority; however, coverage should improve with introduction of bundling of advanced services

Recommendation	Who	Progress
Formation of a network of pharmacy Health Champions should be explored, in partnership with the local public health team. This could be utilised to achieve improved and consistent practice to maximise the health promoting role of community pharmacies.	Local Authority Public Health Team Integrated Care System (ICS) Pharmacy Lead for Herefordshire Local Pharmaceutical Committee	This remains a priority area and is considered within the updated recommendations below.
Clear pathways need to be established for the disposal of all sharps and waste medicines as part of a redefined service.	Pharmacy Commissioning Lead	This remains a priority area and is considered within the updated recommendations below.
Volunteer efforts initiated during COVID-19 lockdowns, to facilitate pharmacy access for those living in rural communities should continue where possible under the responsibility and discretion of the pharmacist/pharmacy.	Talk Community Local Authority Public Health Team	These schemes continue to exist but are not formalised or under community pharmacy responsibility
Ensure that pharmacies have access to up-to-date information about non-medical service directories, for example, social prescribing. Pharmacies should also be aware of key local issues such as fuel poverty, domestic violence and mental health.	Local Authority Public Health Team Health Champions Network	This information is now provided via the Talk Community Directory. Liaison and communication on wider issues remains a priority.
If child oral health is not identified as a national priority, local resource should be provided to enable pharmacies to give this support and advice on a voluntary basis.	Local Authority Public Health Team Health Champions Network	Child oral health remains a priority and strategies to address this are may also consider community pharmacy involvement. This can instead be considered in the wider recommendation of joint working (see below)
Consider increasing the availability of commissioned services such as: <ul style="list-style-type: none"> weight management pharmacotherapy and behavioural support for smoking cessation NHS Health checks 	Commissioners across the system	Provision has been increased via the various new health check contracts in place. Also, healthy lifestyle and weight management and smoking cessation and the National Diabetes Prevention Programme.

Recommendation	Who	Progress
<ul style="list-style-type: none"> Diabetes Prevention <p>This would reduce geographical barriers to these services and provide more convenient one-stop support, particularly in deprived communities.</p>		<p>However, these are not linked to the health promotion services with community pharmacy in Herefordshire and this is incorporated into the updated recommendations below.</p>
<p>Consider and further explore the availability and use of translation services in pharmacies. NHSE do not currently commission translation services for pharmacies to access. This is important now and will become more important as more clinical services develop and our populations change.</p>	<p>PNA Working Group</p>	<p>Interpretation services are now commissioned by the ICB. The service provided is DALs (DA Languages). It is mandatory for pharmacies to offer translation services.</p>

PNA 2025 Conclusions

- There are the same total number of Pharmacies (27) and Dispensing Practices (10) when compared to the last PNA in 2022.
- However, one 'bricks and mortar' Pharmacy has closed and has been replaced in the total figure by a Distance Selling Pharmacy (DSP).
- There have been small reductions in out of hours provision, both during weekday evenings and weekends, particularly due to the change to the 100-hour pharmacy contract.
- Weekday evening provision after 1900hrs is now reliant on a single pharmacy.
- However, there are no gaps, as pre-defined by the PNA 2025 Working Group, identified in terms of access and travel times for essential services.
- Overall, there is good coverage of Advanced Services, however, geographical variation remains, particularly between more deprived and affluent areas.

- The exception is smoking cessation, where coverage is low. The locally commissioned service Stop Smoking Herefordshire is currently undergoing recommissioning, however, at the time of writing, uptake of the offer by pharmacies has been poor.
- The projected health burden and demand on pharmacies in Herefordshire are likely to increase due to an ageing population and higher levels of disease management.
- There are good overall levels of public satisfaction with Pharmaceutical Services.
- However, awareness and public confidence may be limiting uptake of some services.
- Some specific access and service provision issues were raised through engagement work. However, these may not be generalisable to the whole population.
- Some recommendations from 2022 PNA have been addressed through CPCF 2025/26 contractual changes.
- Others, including sharps disposal and equitable coverage of advanced services remain relevant issues and are incorporated into the current recommendations.
- Many previous and proposed recommendations are reliant on partnership working with the ICB, local authority public health team and primary care. Therefore, these are not the sole responsibility of community pharmacy.

PNA 2025 Recommendations

Joint Recommendations Across HWICS

1. Increase public confidence, awareness and uptake of pharmacy services, particularly Pharmacy First.
2. Increase strategic oversight and alignment of services with health priority areas.
3. Ensure sustainability of current services and staff morale.

4. Improve joint working with Local Authority Public Health Teams and PCNs. Particularly with regards Population Health Management, Neighbourhood Health Plans, information sharing and data capture.

Herefordshire Specific Recommendations

5. Consideration for commissioning a rota to allow for increased out of hours provision beyond 1900hrs during weekday evenings.
6. Aim to ensure Hypertension Case Finding and Smoking Cessation services are provided within areas of greatest need. This may be by levels of deprivation, or ideally, identified using local data and intelligence.
7. Consideration of commissioning a new sharps' disposal service.
8. Increase partnership working with regards Public Health (Promotion of Healthy Lifestyles) as an essential service. This should be through collaboration with the Public Health Team, PCNs and local Health Champion initiatives.
9. Use of local data intelligence to inform services. This should also be two-way and links to data capture and sharing of pharmacy data, as above.
10. Alignment with local health priorities and key performance indicators. Particularly, vaccination coverage and promotion, hypertension and smoking in early pregnancy.
11. Consideration of streamlining the existing local commissioning process. With the aim of increasing uptake of services by pharmacies who are under significant workload pressures and may be otherwise put off by the time taken to complete this.
12. Consideration of the environment, crowding and queuing systems within community pharmacies. This is to allow for greater customer privacy and inclusivity to those neurodivergent individuals. This may also increase uptake of pharmacy first and other services.

13. Finally, greater accountability for tracking and enabling these recommendations should occur through the creation of a PNA Recommendation Action Matrix. This should be used for updates at subsequent PNA working groups. The proposed example is given in Appendix 1.

References