



**Pharmaceutical Needs
Assessment
for Central Bedfordshire
Council
2025 - 2028**

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Executive Summary

This Pharmaceutical Needs Assessment (PNA) examines the current provision of pharmacy services in Central Bedfordshire and evaluates potential gaps in service delivery. The Health and Social Care Act 2012¹ shifted the responsibility for developing and updating PNAs from Primary Care Trusts (PCTs) to Health and Wellbeing Boards. Under this legislation, each Health and Wellbeing Board was required to produce and publish its first PNA by 1 April 2015. Updated assessments must be published every three years or sooner if significant changes in pharmaceutical services occur, provided an earlier update is deemed proportionate. Central Bedfordshire's Health and Wellbeing Board published the last PNA² on 1 October 2022 and has prepared an updated PNA for publication by 1 October 2025.

The Health and Care Act 2022³ delegated responsibility of commissioning community pharmacy services from NHS England (NHSE) to Integrated Care Boards (ICBs), with NHSE retaining accountability. NHS Bedfordshire, Luton and Milton Keynes (BLMK) ICB took responsibility from 1 April 2023, with NHS Hertfordshire and West Essex (HWE) ICB delivering this function on behalf of the East of England. Recent announcements indicate that the architecture of the NHS is likely to undergo significant changes during the lifespan of this Pharmaceutical Needs Assessment (2025-2028). These potential changes include shifts in service delivery models and integration with local healthcare systems. As these developments are subject to ongoing policy discussions and government reviews, the information provided in this document reflects the current position as of the date of publication.

The PNA serves as a critical document for the ICB in reviewing applications for inclusion in the pharmaceutical list. It is also a key resource for commissioning of enhanced community pharmacy services and locally commissioned services.

To develop this iteration of the PNA, an independent subject matter expert organisation was commissioned; North of England Commissioning Support (NECS). NECS worked with Central Bedfordshire Council's Shared Public Health team who led the development of this PNA on behalf of the Central Bedfordshire Health and Wellbeing Board. A steering group was convened to guide the process, and input was gathered from various stakeholders, including BLMK ICB, Central Bedfordshire Council, Community Pharmacy BLMK & Northants, Bedfordshire and Hertfordshire Local Medical Committee (LMC), Healthwatch Central Bedfordshire, and local community pharmacists. The objective was to address issues affecting Central Bedfordshire's commissioning of community pharmacy services and identify future priorities for these services.

A statutory consultation took place between 14th April 2025 and 13th June 2025 to gather feedback from statutory consultees, the public, and other stakeholders on the PNA's content. This feedback has been incorporated into the final revised version. The PNA also

aligns with the health needs identified in Central Bedfordshire's Joint Strategic Needs Assessment (JSNA)⁴. The reference section in appendix 10 details data sources utilised in the production of this PNA and time periods covered by the data utilised. The information relating to services is correct as of April 2025.

This PNA covers the following areas:

- An overview of the PNA process, including the identification of localities.
- An analysis of current and future health needs.
- A description of community pharmacies in Central Bedfordshire.
- An evaluation of existing service provision, accessibility, and any gaps.
- Insights into potential future roles for community pharmacies.
- An assessment of community pharmacy's contributions to the Joint Health and Wellbeing Strategy⁵.
- Key findings from stakeholder engagement and the statutory consultation.
- A summary of findings and the PNA statement.

The assessment concludes that:

- No gaps have been identified in the provision of necessary services within the four localities of Central Bedfordshire to meet the needs of the population. For the purpose of this PNA, Central Bedfordshire Health and Wellbeing Board has agreed that necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework (see section 3.3).
- No gaps have been identified in the need for pharmaceutical services in specified future circumstances (including housing developments and population changes anticipated between 2025 and 2028) across Central Bedfordshire.
- No gaps in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances (including housing developments and population changes anticipated between 2025 and 2028) have been identified in any of the localities.

Whilst there are no gaps in the provision of necessary services, the PNA process highlighted some opportunities for service improvement.

Better access to the existing provision of essential services in Ivel Valley could be secured by their provision on Saturday evening after 5:30pm and by some provision on Sundays. Access issues should be better understood to establish whether any further action is required. For example, there may be an opportunity to work with Community Pharmacy BLMK and Northants and local pharmacies to review the potential of exploring an extended rota.

Community pharmacy services play an important role in supporting the health and wellbeing of the local population. In addition to essential services, almost all pharmacies

provide some of the advanced services, and we would wish to encourage all community pharmacies to make greater use of all advanced services, and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service.

The existing 100-hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed. Loss of any of the 100-hour pharmacies could cause gaps in access to both essential pharmaceutical services and locally commissioned services that respond to particular population health needs.

There is adequate provision of existing locally commissioned services across Central Bedfordshire, although access and equity of provision could be improved for some services e.g., needle exchange, supervised consumption of opiate substitutes and services under the PHES contract. The results of the pharmacy questionnaire indicated that there are community pharmacies who would be willing to provide these services if commissioned.

With regard to locally commissioned services, the Public Health team should work with the ICB, Community Pharmacy BLMK and Northants, community pharmacies and PCNs to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access, and choice.

Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Central Bedfordshire and with other healthcare professional teams to increase awareness of engagement and interaction with services.

The Central Bedfordshire economy of community pharmacies has been relatively stable since the last PNA, with no changes resulting in the identification of gaps, despite some pharmacy closures. However, it is not certain that this stability will continue and any changes occurring in the life of the PNA will need to be considered fully to ensure their impact is understood.

1 Introduction

1.1 Background

The Health Act 2009⁶ introduced a legal obligation for all Primary Care Trusts (PCTs) to publish a PNA by 1 February 2011. The Health and Social Care Act 2012¹¹ subsequently transferred the responsibility for preparing and updating PNAs to Health and Wellbeing Boards (HWB).

Each HWB was required to produce and publish its first PNA by 1 April 2015. A revised assessment must be published every three years from publication of the previous PNA or sooner if significant changes occur in the availability of pharmaceutical services, provided that early updates are proportionate to those changes.

Central Bedfordshire Health and Wellbeing Board (HWB) published its previous PNA in October 2022 and has now produced an updated PNA for publication by 1 October 2025.

The requirements for PNAs are defined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷. The development of this PNA followed guidance outlined in the PNA Information Pack for Local Authority Health and Wellbeing Boards⁸, published by the Department of Health in October 2021.

According to the regulations, the PNA must include a statement identifying any pharmaceutical services that the HWB Board has identified are absent in its area but are required to:

- address a current need,
- meet a future need in specified circumstances
- provide improvements or better access if implemented or
- provide future improvements or better access in specified future circumstances

This PNA relates to community pharmacies (including distance selling pharmacies and dispensing appliance contractors). Prison pharmacy and hospital pharmacy are beyond the scope of the PNA.

1.2 Purpose

The PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population. It describes the health needs of the population (section 4), current pharmaceutical services provision and any gaps in that provision (sections 7 and 8). It also identifies potential new services to meet health needs and help achieve the objectives of the Joint Health and Wellbeing Strategy⁵. It takes account of the Joint Strategic Needs Assessment (JSNA)⁴ and is a strategic commissioning document which will be primarily used by BLMK ICB in its determination as to whether to approve applications to join the

pharmaceutical list under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷.

The PNA will also be used to:

- Ensure that decisions about applications for market entry for pharmaceutical services are based on robust and relevant information.
- Inform commissioning plans about pharmaceutical services that could be provided by community pharmacists and other providers to meet local need - these services can be commissioned by local authorities, NHS England and BLMK (ICB) (see sections 7 and 8).
- Support commissioning of high-quality pharmaceutical services including locally enhanced services.
- Ensure that pharmaceutical and medicines optimisation services are commissioned to reflect the health needs and ambitions outlined within the Joint Health and Wellbeing Strategy⁵.
- Facilitate opportunities for community pharmacy to make a significant contribution to the health of the population of Central Bedfordshire.

1.3 Pharmacy market

Community pharmacies (including distance selling pharmacies and dispensing appliance contractors) are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public.

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷, a person – i.e., a pharmacist, a dispenser of appliances or, in some rural areas, a GP – who wishes to provide NHS pharmaceutical services must apply via Primary Care Support England (PCSE) to be included on the relevant pharmaceutical list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. These application types are governed by Regulations 18 and 19 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which set out the legal framework for inclusion in the pharmaceutical list. There are exceptions to this such as applications to provide pharmaceutical services on a distance-selling (i.e., internet or mail order only) basis.

There are five types of market entry application that can be made to be included on the Pharmaceutical List. These are:

- To meet a current need identified in the PNA
- To meet a future need identified in the PNA
- To improve current access
- To improve future access

- To fulfil an unforeseen benefit, where the applicant provides evidence of a need that was not foreseen when the PNA was published.

1.4 National context

The NHS Long Term Plan in 2019⁹ set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead. The plan acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy.

The government has developed a new plan for the NHS – Fit for the Future: 10-year Health Plan for England¹⁰. The first step in developing the plan was Lord Darzi’s independent report on the State of the NHS in England¹¹. The report was published in September 2024, and it identified challenges faced by the health service which will be addressed by the plan. Recent announcements suggest that there will be future changes to the architecture of the NHS during the lifespan of this PNA, including abolition of NHSE, to help build the health service for the future.

Building directly on Lord Darzi’s findings, the NHS 10-Year Health Plan¹⁰ outlines a vision to unlock the "huge potential" he identified by transforming community pharmacies into integrated, clinically active “neighbourhood health service” centres. These enhanced roles will see pharmacies contribute more significantly to prevention, long-term condition management, and local care delivery - addressing the risks Darzi warned of by shifting resources and services closer to where patients need them most.

HWBs, along with relevant partners, should continue to ensure that community pharmacy services continue to meet the needs of their populations.

1.5 Pharmacy Services NHS overview

The NHS Business Services Authority (NHSBSA) published a report on General Pharmaceutical Services in England 2015/16 – 2023/24¹².

Community pharmacies in England provide a range of services including:

- Dispensing and Repeat Dispensing
- Support for self-care
- Signposting patients to other healthcare professionals
- Participation in set public health campaigns (e.g. to promote healthy lifestyles)
- Disposal of unwanted medicines.

Key findings of General Pharmaceutical Services in England 2015/16 - 2023/24¹² indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023/24. This is the first increase shown since 2017/19. For a typical pharmacy, NHS income accounts for around 90% of their total income¹³.
- It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies.
- The number of items dispensed by community pharmacies in England between 2022/23 and 2023/24 increased by 3.15% from 1.08 billion to 1.11 billion. Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16.
- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023/24, 96.1% of all items dispensed in the year. This is an increase of 60.7 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023/24. Costs reimbursed to contractors increased in 2023/24 for the fifth consecutive year. Costs increased by 4.97% between 2022/23 and 2023/24 from £9.72 billion to £10.2 billion, the highest costs in 9 years.
- The number of vaccines administered by pharmacies as part of the Influenza Vaccination advanced service decreased in 2023/24 after increasing every year since the service began in 2015/16. In 2023/24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2022/23.
- New medicines services (NMSs) have shown sizable increases for the last three financial years. Thirteen additional conditions were added to the specification list in September 2021. The number of NMSs claimed in 2023/24 has increased by 42% from 2022/23.
- Pharmacy First, which was introduced on 31st January 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

1.6 Community Pharmacy Contractual Framework

The Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Pharmaceutical Services Negotiating Committee (PSNC) agreed a five-year plan, 2019-2024, the Community Pharmacy Contractual Framework (CPCF) which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan⁹.

In April 2025, agreement was reached between the Department of Health and Social Care (DHSC), NHSE and Community Pharmacy England (CPE), on the funding arrangements for both the Community Pharmacy Contractual Framework (CPCF)¹⁴ for 2024 to 2025 and 2025 to 2026, and Pharmacy First. These new arrangements aim to reflect joint ambition to focus on stabilising medicines supply and pharmacy funding for this core function. This funding also provides an uplift to key clinical service fees, while supporting Pharmacy First to continue to grow and embed at pace. At the time of publication of the 2025-28 PNA there was no community pharmacy contractual framework in place to support delivery of the NHS 10 Year Health Plan¹⁰ as contractual arrangements post April 2026 have yet to be agreed. It is clear however that the role of community pharmacy within healthcare systems is evolving, and that there may be consequent changes in pharmaceutical need. These will become clearer in the future.

The success of the Pharmacy Quality Scheme (PQS) across the CPCF in 2019-2024 was recognised within the review of the CPCF with a targeted PQS being reinstated from 1st April 2025.

The criterial focus included:

- Being signed up to deliver Pharmacy First pathway and the pharmacy contraception service
- Develop or update a palliative and end of life care action plan
- Referral of patients aged 5 to 15 years who do not have a spacer and all patients using 3 or more short-acting bronchodilators without any corticosteroid inhaler in 6 months
- Pharmacy First – completion of clinical audit and ensure all registered professionals have completed appropriate training.
- Emergency contraception: ensure relevant staff have completed appropriate training
- New medicine service: ensure relevant staff have completed relevant depression training
- Enhanced Disclosure and Barring Service (DBS) checks undertaken for all registered pharmacy professionals within the last 3 years

Current clinical services are described in further detail in section 7 of this PNA.

1.7 Working across the Bedfordshire, Luton and Milton Keynes Integrated Care System

Integrated care systems (ICSs) were set up in 2022 to facilitate joint working across local partners, such as the NHS, councils, voluntary sector organisations and others. Their aim is to improve health and care services – with a focus on prevention, better outcomes and reducing health inequalities. They achieve this by creating services based on local need.

The 42 ICSs in England are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. ICSs were legally established on 1 July 2022, covering all of England. These arrangements built on partnerships that were already in place across the country.

They aim to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Integrated care boards (ICBs) are NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the integrated care partnership's integrated care strategy.

The NHS organisations and upper-tier local authorities in each ICS run a joint committee called an Integrated Care Partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care and wellbeing. They may also include social care providers, the voluntary, community and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services.

Each ICP must develop a long-term strategy to improve health and social care services and people's health and wellbeing in the area. They may also take on additional responsibilities, as agreed locally between the members.

1.8 Central Bedfordshire strategic objectives

The Central Bedfordshire Health and Wellbeing Board brings together Central Bedfordshire Council, BLMK ICB, and various partners to foster collaboration among health service commissioners, public health, and social care providers. This partnership aims to enhance the health and wellbeing of the Central Bedfordshire residents. As part of its responsibilities, the board develops a Joint Strategic Needs Assessment (JSNA)⁴, which evaluates the health and wellbeing of Central Bedfordshire population and compares it with national averages. The Pharmaceutical Needs Assessment (PNA) is an integral component of the JSNA and informs the Central Bedfordshire Joint Health and Wellbeing Strategy 2024–2029⁵.

The strategy aims to "improve the health and wellbeing of residents in Central Bedfordshire and reduce inequalities now and for future generations."

The areas of focus for 2024-2029 are:

- Giving children in Central Bedfordshire the best start in life with a focus on educational attainment
- Tackling social isolation and loneliness across all sectors of society
- Making Central Bedfordshire a smoke-free place
- Securing improved and integrated health and care outcomes through delivery of our place plan.

Our existing place plan priorities are:

- Reducing excess weight in children and adults
- Earlier diagnosis of cancer
- Positive mental health for children and young people
- Improving mental health services and support for people with learning disabilities and autism
- Improving access to primary care and dentistry
- Improving out of hospital services

The Health and Wellbeing Board oversees the implementation of the Joint Health and Wellbeing Strategy.

2 The Health System in Central Bedfordshire

2.1 General practice

There are 23 GP Practices (plus eight branch surgeries) physically located within Central Bedfordshire delivering primary medical services (Appendix 1); all are open for the same core hours of 8.00am until 6.30pm, Mondays to Fridays. This includes branch surgeries physically located within Central Bedfordshire where the main practice is in a neighbouring Health and Wellbeing Board area.

2.2 GP enhanced services

NHS England or ICBs may commission “enhanced services” from general practice. These are primary medical services (other than essential services, additional services or out of hours services) that go beyond what is required through the GP core contract. These have previously been referred to as Directed Enhanced Services (DES), National Enhanced Services (NES) or Local Enhanced Services (LES).

Enhanced services that are currently available with national specifications produced by NHS England are:

- Targeted immunisation programmes
- Weight Management¹⁵

Community pharmacies could and many do, help to deliver elements of the enhanced services by providing advice and support, helping with self-care and signposting to other services. Community pharmacies make a significant contribution to improving access to COVID-19 and seasonal influenza vaccines for targeted groups of patients. For other immunisation programmes, community pharmacies can support uptake by promoting the benefits of immunisation and providing accurate information and advice.

BLMK ICB has in place a Primary Care Framework which sets out locally commissioned services beyond the scope of the core services and Quality and Outcomes Framework. This includes provision of treatment room services, long term condition management, shared care arrangements (drug monitoring and administration), respiratory diagnostics, ear care and phlebotomy. There are also locally commissioned services covering minor surgery, safeguarding, severe mental illness, anti-coagulation and long-acting reversible contraception (for non-contraceptive purposes).

2.3 Primary Care Networks (including GP extended access arrangements)

Primary Care Networks (PCNs) are groups of GP practices that work together to deliver services to registered populations of between 30,000 and 50,000 patients. Appendix 1 details the GP surgeries within Central Bedfordshire and which PCN they are a member of.

PCNs have a Clinical Director providing strategic leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system. In Central Bedfordshire, there are 7 PCNs. In addition, two branch sites in Central Bedfordshire have a main surgery in a neighbouring Health and Wellbeing Board area and are a part of PCNs outside of Central Bedfordshire.

A PCN has four key functions:

- a) co-ordinate, organise and deploy shared resources to support and improve resilience and care delivery at both PCN and practice level;
- b) improve health outcomes for its patients through effective population health management and reducing health inequalities;
- c) target resource and efforts in the most effective way to meet patient need, which includes delivering proactive care; and
- d) collaborate with non-GP providers to provide better care, as part of an integrated neighbourhood team.

Mechanisms of delivering this are outlined in the Network Contract Directly Enhanced Service (DES) Specification¹⁶ and includes:

1. Improving Health Outcomes and Reducing Health Inequalities:
 - Population Health Management
 - Health Inequalities
 - CVD prevention and diagnosis
 - Early Cancer diagnosis
2. Targeting resource and efforts:
 - Proactive care (for frailty)
 - Structured Medication Reviews (SMRs) and Medicines Optimisation
 - Social Prescribing
 - Enhanced Health in Care Homes (EHCH)
3. Delivering Enhanced Access to GP services

Within Central Bedfordshire, PCNs provide enhanced access for their patients between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. Some PCNs provide some or all the extended access arrangements themselves, while some are provided by BEDOC at sites within Central Bedfordshire.

Clinical pharmacists are increasingly working as part of general practice teams. They are highly qualified experts in medicines and can help people in a range of ways. This includes carrying out structured medication reviews for patients with ongoing health problems and improving patient safety, outcomes and value through a person-centred approach.

Community pharmacy services play an important role in supporting the services provided by general practice and the PCNs as reflected by the changes in the essential, advanced and locally commissioned services as described later in this report.

2.4 GP out-of-hours

The GP out-of-hours service in Central Bedfordshire is provided by Herts Urgent Care (HUC). The service offers remote and face to face appointments and is available weekdays 18:30-08:00 and weekends. The service is accessed by calling NHS 111. The service includes telephone triage and if required appointments at a base or by home visiting. There are 4 bases across Bedfordshire and Luton where patients can be seen (in Dunstable, Luton, Biggleswade and Bedford) including Grove View Integrated Health and Care Hub and Ivel Medical Centre, within Central Bedfordshire.

2.5 Urgent treatment centres and walk in centre

There are no urgent treatment centres or walk in centres in Central Bedfordshire. Residents of Central Bedfordshire can access facilities in neighbouring Health and Wellbeing Board areas:

Milton Keynes Urgent Care Centre

- Open 24 hours a day, 7 days a week
- The service accepts walk in patients and direct booking appointments from NHS 111 where appropriate

Bedford Urgent Treatment Centre

- Open 11:00-23:00, 7 days a week
- Access to this service is via NHS 111 (or from being streamed from A&E at Bedford Hospital South Wing).

Luton Urgent Treatment Centre

- Open 08:00-20:00, 7 days a week
- This service accepts walk in patients and direct booking appointments from NHS 111 where appropriate

Putnoe Walk in Centre

- Open Monday - Friday 08:00-14:00 and weekends and bank holidays 08:00 – 17:00.

2.6 Hospital services

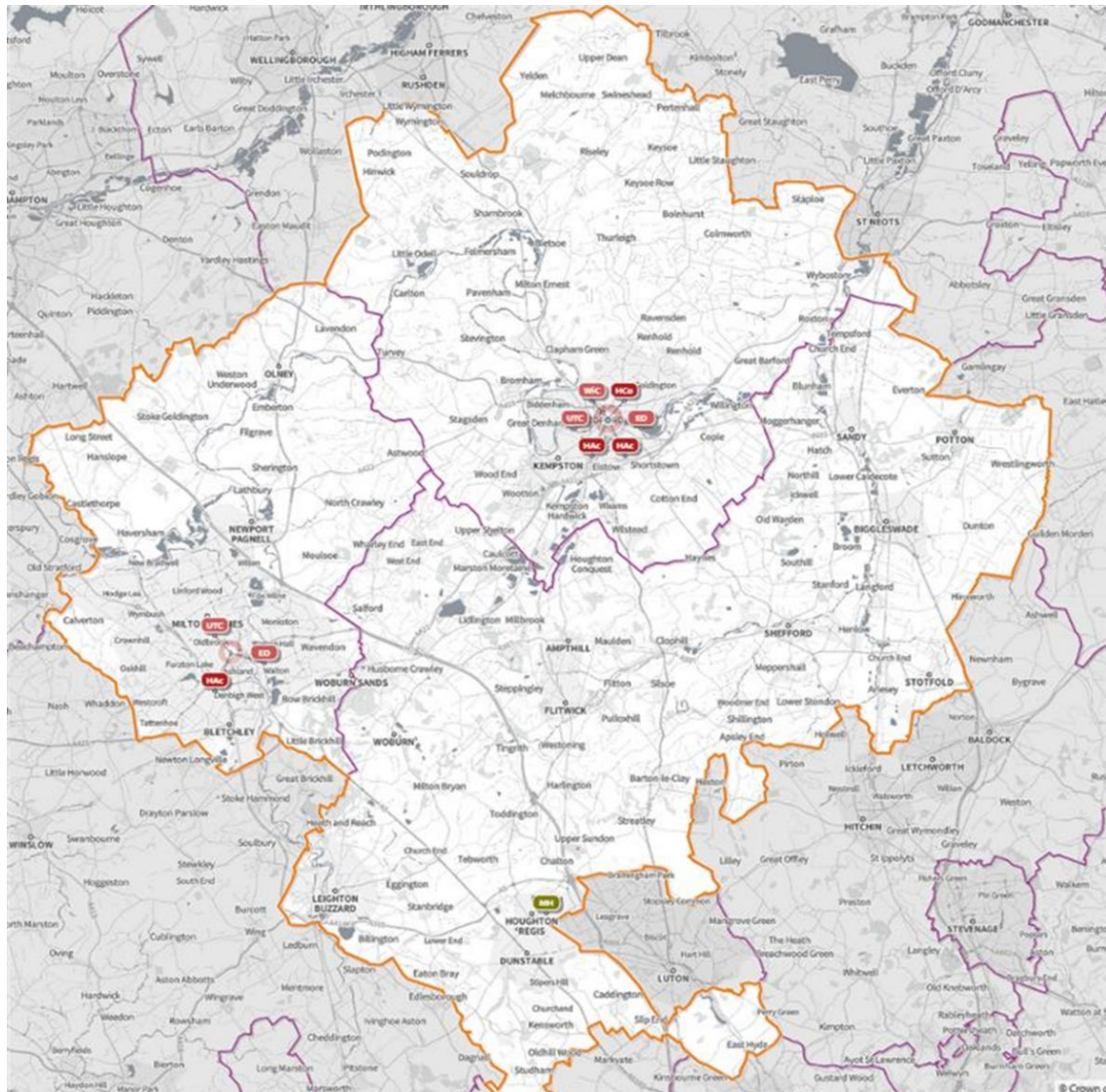
The population of Central Bedfordshire is served by Bedfordshire Hospitals NHS Foundation Trust, with some patients also choosing to be referred to Milton Keynes University Hospitals NHS Foundation Trust.

Hospital sites are outside of Central Bedfordshire as shown in Figure 1.

East London NHS Foundation Trust provides inpatient mental health services for the residents of Central Bedfordshire. It also provides community mental health teams and crisis mental health teams.

Hospital pharmacies do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

Figure 1: Map showing the locations of Hospitals, Urgent Treatment Centres and Walk in Centres for Central Bedfordshire



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Key

- MH - Mental Health Facility
- HAC - Acute Hospital
- HCo - Community Hospital
- UTC - Urgent Treatment Centre
- ED - Emergency Department
- WIC - Walk in centre

3 Pharmaceutical Needs Assessment process

3.1 PNA development group

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings
- Determination of localities for the PNA
- Definition of necessary pharmaceutical services, other relevant services and other NHS services
- Content of a PNA questionnaire to pharmacists and dispensing practices in Central Bedfordshire
- Timeline of the PNA process
- Structure of the PNA document
- Process and questionnaires for engagement and consultation
- Appropriate governance, including declaration of interests, and reporting arrangements.

The group was responsible for overseeing the completion of the PNA and ensuring it meets the minimum requirements set out in the regulations.

3.2 Determination of localities

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷ state that, in making its assessment of needs, the Health and Wellbeing Board should have regard to the different needs of different localities in its area.

In accordance with this, the steering group considered how to assess these different needs and concluded that the most appropriate means of dividing the Central Bedfordshire area was to adopt the four neighbourhood footprints used by Central Bedfordshire Council as the localities for the PNA.

The development of seven PCNs, established prior to the COVID-19 pandemic, provided a good platform for the expansion of integrated neighbourhood working. In line with the recommendations of The Fuller Stocktake Report (2022)¹⁷, the four neighbourhood footprints were agreed to define the geographical focus of neighbourhood teams. These neighbourhoods have been established based on how well the geographies are recognised and understood by the local population. The seven PCNs align with the neighbourhood footprints, shown in Figure 2 below:

Figure 2: Localities within Central Bedfordshire



Source: Central Bedfordshire council

3.3 Necessary pharmaceutical services

The 2013 regulations require the Health and Wellbeing Board to include a statement of necessary pharmaceutical services. Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

For the purpose of this PNA, Central Bedfordshire Health and Wellbeing Board has agreed that necessary services are defined as the **essential services** in the NHS Community Pharmacy Contractual Framework. Essential services are mandatory for community pharmacies. This definition aligns with Regulation 3(2) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which requires identification of services necessary to meet current or future needs, or to secure improvements or better access.

At the time of publication, the essential services are:

- Dispensing medicines.
- Repeat Dispensing (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).
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns.
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services.
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities.
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- Dispensing of appliances (in the "normal course of business").

The statement of pharmaceutical needs in section 12 is based on this definition of necessary pharmaceutical services.

3.4 Other relevant services

Pharmaceutical services not included as necessary services have been deemed by the HWB as other relevant services. These are pharmaceutical services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision contributes to meeting the health and wellbeing needs of the population. The provision of these has secured improvements, or better access, to pharmaceutical services for the population of Central Bedfordshire.

The Health and Wellbeing Board has determined that relevant services for the purposes of this PNA are **advanced services and enhanced services** within the NHS Community Pharmacy Contractual Framework. These are:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service
- COVID-19 Vaccination Programme

In accordance with Regulation 9(1)(d) of the 2013 Regulations, this PNA has considered pharmaceutical services provided in neighbouring Health and Wellbeing Board areas that affect access for Central Bedfordshire residents. The Health and Wellbeing Board has determined that services provided by pharmacies located in neighbouring Health and Wellbeing Board areas are considered relevant services where they play a role in meeting patient needs, particularly in border regions.

The statement of pharmaceutical services in section 12 is based on this definition of other relevant services.

3.5 Other NHS services

Other NHS services that the HWB considers affect the need for pharmaceutical services are deemed to be:

- a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:
 - Hospital pharmacies
 - Personal administration of items by GP practices
 - Public health services commissioned by the local authority:

- Stop Smoking Letter of Recommendation Scheme
 - Supervised consumption
 - Needle exchange
 - Sexual health service- Public Health Enhanced Services (PHES) contract
 - ICB-commissioned pharmacy services (as this reduces the need for such services to be commissioned as national enhanced services):
 - End of Life Care Medicines Services
 - Gluten Free Foods Scheme
 - Influenza and COVID-19 vaccination by GP practices.
- b) NHS services that increase the demand for pharmaceutical services including:
- GP out of hours services (where a prescription is issued)
 - Walk-in centres and minor injury units (where a prescription is issued)
 - Community nursing prescribing
 - Dental service

The statement of pharmaceutical services in section 12 is based on this definition of other NHS services.

3.6 Assessing health needs

The Local Government and the Public Involvement in Health Act 2007¹⁸ created the duty to undertake JSNAs. From April 2008, this duty was carried out by local authorities and PCTs. The Health and Social Care Act 2012¹ transferred this duty, to local authorities and CCGs to be exercised by Health and Wellbeing Boards, with the Health and Care Act 2022³ transferring the CCG's responsibilities to ICBs.

This PNA is directly aligned to the Central Bedfordshire JSNA⁴ and the statement of health needs, presented in section 4 of this document, are consistent with it.

3.7 Current provision within Central Bedfordshire

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline, with updated information being provided by the ICB and the shared Public Health service in Central Bedfordshire.

The information was then supplemented using a questionnaire made available to all community pharmacies including the distance selling pharmacy. An online survey was also sent to dispensing GP practices. The survey was open from the 12 August 2024- 30 January 2025.

A total of 6 out of 38 community pharmacy contractors responded, giving a response rate of 16%. 6 out of the 10 dispensing doctors responded, giving a response rate of 60%.

A summary of the findings from both surveys are described in section 10 with detail within Appendix 3 and 4.

In the absence of nationally defined or prescriptive criteria for determining what constitutes a gap in pharmaceutical service provision, the PNA Steering Group adopted a deliberative and evidence-informed approach. A wide range of qualitative and quantitative data sources were considered, including pharmacy service provision data, geographical access mapping, population health indicators, population growth and anticipated housing developments, stakeholder engagement feedback, and public survey responses. These sources were used collectively to assess provision of pharmaceutical services across the area - including in terms of both the geographical distribution of pharmacy locations and the availability of essential services, and opening hours and days on which essential services are provided. The information used in the assessment was accurate as of April 2025.

Through discussion, the Steering Group applied professional judgement to determine whether there was a gap in pharmaceutical services provision relative to the current and future needs of the local population within the lifecycle of this PNA. This balanced approach ensured that conclusions were based on both measurable factors and contextual insights.

3.8 Future provision

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2)⁷, had regard to:

- The demography of Central Bedfordshire
- Whether there is sufficient choice with regard to obtaining pharmaceutical services within Central Bedfordshire
- The different needs of the localities within Central Bedfordshire
- The pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Boards
- Any other NHS services provided for the population in or outside of Central Bedfordshire
- Likely changes to the demography of Central Bedfordshire and/or the risks to the health or well-being of people in Central Bedfordshire
- Projected population growth (including housing developments during 2025-2028).

The Equality Act (2010)¹⁹ requires that in making this assessment, the needs of different population groups have been taken into account. This final PNA has been subject to an equality impact assessment; this is included as Appendix 5. The questionnaire for community pharmacies also provided the opportunity for pharmacy contractors to comment on services not currently provided, that they felt could contribute to meeting the health needs of the local population. Therefore, only the views of those who responded to the survey have been considered in this regard.

3.9 Resident engagement

The views of the public were gathered in the form of a resident survey on Pharmacy Services. The survey was available from 21 December 2024 - 6 January 2025 on Central Bedfordshire Council's website. It was available in an online format, with paper copies available on request. It was promoted through emails to those who had given permission to receive consultation/survey updates, as well as through social media and Healthwatch Central Bedfordshire.

In total, 3520 survey responses were received. These have been considered as part of this PNA. Section 10 and Appendix 6 of this document provide a summary of the analysis and outcomes of the public engagement.

3.10 Statutory consultation

The formal consultation on the draft PNA for Central Bedfordshire ran from 14th April to 13th June 2025, in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 20137 and section 242 of the National Health Service Act 2006²⁰, which stipulates the need to involve the public in planning and changes to NHS services. Neighbouring Health and Wellbeing Boards were consulted during the statutory consultation process, as required under Regulation 8(1)(h). 619 responses to the consultation questionnaire were received. Responses from this consultation have helped inform the conclusions and recommendations of this final PNA document. Section 10 and Appendix 8 of this document provide a summary of the consultation responses.

3.11 Recommendations and update from the previous PNA 2022 – 2025

Following development of the PNA 2022-2025², Central Bedfordshire Health and Wellbeing Board made the following statements:

"The provision of current pharmaceutical services and Locally Commissioned Services is adequate, with better provision in the more densely populated areas. The rural nature, with sparse population of some parts of Central Bedfordshire, means that there are fewer community pharmacies present however access to these pharmacies is adequate. The

dispensing GP practices are important to ensure that medicines and services are available to these populations (especially West Mid Beds and Ivel Valley).

As part of this assessment, there is no evidence to suggest there is a gap in service that would equate to the need for additional access to Essential Services outside normal hours anywhere in Central Bedfordshire. There is also adequate access to a range of services commissioned from pharmaceutical service providers across the whole of Central Bedfordshire. However, Central Bedfordshire HWB will monitor the uptake and need for Essential Services. It will also consider the impact of any changes in this locality in the future, including population growth, which may provide evidence that a need exists. Any required amendments should be made through the three-year life cycle of this report. Whilst no gaps have been identified in the current provision of pharmaceutical services across Central Bedfordshire or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of Central Bedfordshire residents in the following areas:

- Given the future housing and population growth anticipated in Central Bedfordshire, the provision of pharmaceutical services should be monitored and reviewed by the HWB to ensure the demands of the population are met
- Community pharmacy teams should promote healthy lifestyle messages and participate in national and local health campaigns especially in relation to obesity, diabetes and smoking in line with NHS Long Term Plan and NHS 10 year Health Plan priorities
- Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered by commissioners (where service specifications and service level agreements permits); this could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in Chiltern Vale, which is more deprived
- All pharmacies and pharmacists should be encouraged to sign up to deliver Advanced Services, delivering those services where there is identified need
- Incentives should be considered by commissioners for existing providers to deliver all services within the localities where deprivation is higher
- Pharmacies, especially those in more deprived neighbourhoods, should work to increase the offer and the uptake of all Essential, Advanced and Locally commissioned public health services including sexual health services and smoking cessation services, and should promote NHS Health Checks
- Consider the provision of new LCS to meet specific health needs, e.g. respiratory services to support those with asthma and COPD"

Update since 2022 PNA:

- Closure of 2 pharmacies with 40-hour contracts, and one with a 100-hour contract.
- 3 out of the 4 100-hour pharmacies in the Central Bedfordshire area have reduced their opening times, following a change in the 2013 regulations.
- There have also been reductions in the number of supplementary hours offered by 40-hour contractors, affecting mainly early morning, evening and weekend opening.
- A reduction in the number of dispensing GP practices (there are now 10 rather than 11)

4 An Overview of Health Needs in Central Bedfordshire

This section includes information from the latest published Central Bedfordshire JSNA⁴ and data from the Office for Health Improvement and Disparities Fingertips tool²⁵. Data from both sources was based on the most up to date information available when accessed in February 2025.

The JSNA provides a summary of the health needs of Central Bedfordshire and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA. For more detailed information on health needs, the JSNA can be accessed at: <https://centralbedfordshire.jsna.uk/>.⁴

4.1 Introduction

Central Bedfordshire is a local government district in the ceremonial county of Bedfordshire, England. It is administered by Central Bedfordshire Council, a unitary authority. Central Bedfordshire was created on 1 April 2009 as part of a structural reform of local government in Bedfordshire. Central Bedfordshire comprises a mix of market towns and rural villages. The largest town is Leighton Buzzard followed by Dunstable and Houghton Regis. Dunstable and Houghton Regis form part of the Luton/Dunstable urban area.

Central Bedfordshire is focused on creating new, sustainable communities with attractive, affordable homes and high-quality local services. 32,000 new homes are planned for completion by 2035²¹ including development of new villages, each with their own individual character, shops and community facilities. Local families have access to high-performing state schools and colleges. 84.8% of the area's schools achieve Ofsted ratings²² of 'outstanding' or 'good', and new schools are being built to provide state of the art facilities for residents, families and their children.

4.2 Population profile and demography

Central Bedfordshire has a population of 307,230 according to the Office of National Statistics (ONS) 2023 mid-year estimate²³. ONS estimates are used in the PNA where comparisons with the England average are useful for the purposes of the PNA. Locally, Central Bedfordshire Council has produced more accurate population forecasts⁴ as previous ONS projections have underestimated the population growth. The local forecasts take into account housing growth. Local figures estimate the population at time of publication is 315,713 and this is projected to reach 330,124 by 2028.

According to ONS estimates²⁸, between 2011 and 2021, the population of Central Bedfordshire increased by 15.7%, from just under 254,400 in 2011 to around 294,300 in 2021.

The population here increased by a greater percentage than the overall population of the East of England (8.3%), and by a greater percentage than the overall population of England (up 6.6% since the 2011 Census).

Between the last two censuses, the average (median) age of Central Bedfordshire increased by one year, from 40 to 41 years of age. The age group with the highest number of residents is 35-49yrs at 20.3% of the population closely followed by 50-64yrs at 20.2%.

In 2021, 3.0% of Central Bedfordshire residents identified their ethnic group within the "Mixed or Multiple" category, up from 1.9% in 2011. Across the East of England, the percentage of people from "Mixed or Multiple ethnic groups" increased from 1.9% to 2.8%, while across England the percentage increased from 2.3% to 3.0%.

In 2021, 90.2% of people in Central Bedfordshire identified their ethnic group within the "White" category (compared with 93.8% in 2011), while 3.5% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 2.5% the previous decade).

The percentage of people who identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category increased from 1.4% in 2011 to 2.4% in 2021.

Table 1 shows the population by broad ethnic group across the four localities.

Table 1: Population by broad ethnic group by locality, 2021

Area	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ multiple ethnic group	Other ethnic group	White
Chiltern Vale	5.3%	4.6%	3.6%	1.0%	85.6%
Ivel Valley	2.8%	1.5%	2.8%	0.6%	92.3%
Leighton Buzzard	2.2%	1.5%	2.9%	0.6%	92.8%
West Mid Beds	3.2%	1.5%	2.8%	1.1%	91.5%
England	9.6%	4.2%	3.0%	2.2%	81.1%

Source: ONS Census, 2021

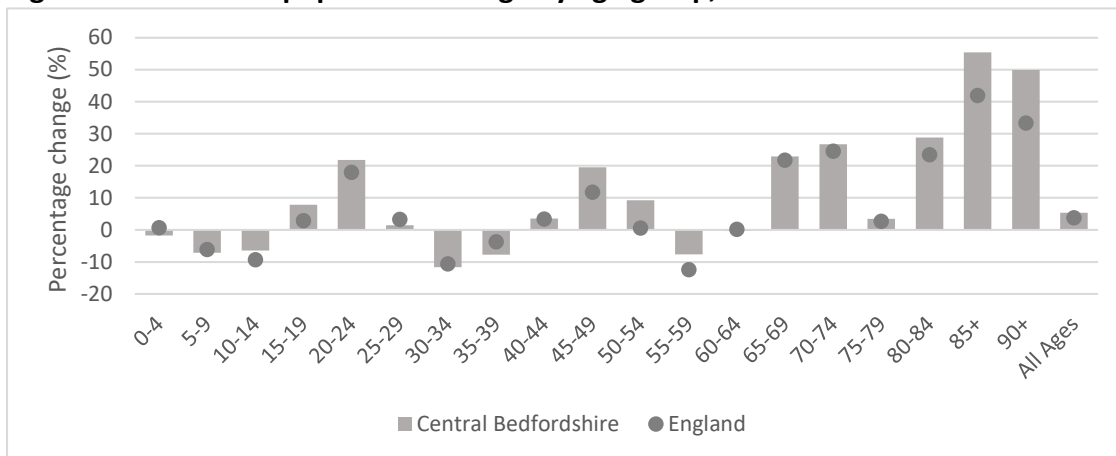
4.2.1 Predicted population growth

This section summarises patterns of forecasted population changes for the next 10 years (2024 to 2034). Local forecasts show that forecasted total population growth varies notably by age group. Figure 3 shows the forecasted percentage change in populations by age group from 2024 to 2034 (bars) together with forecasted changes for England overall (dots). This shows that the largest percentage increases are forecasted among those aged 90 and over and aged 80 and over. These increases in the older age groups are estimated to be greater

for Central Bedfordshire than for England overall. Populations of those aged 0-14, 30-39 and 55-59 years age groups are expected to fall.

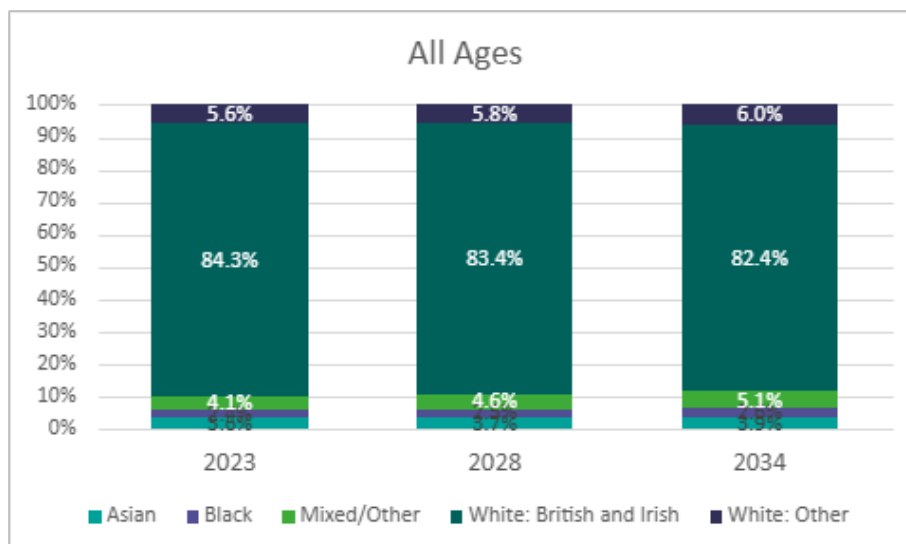
Figure 4 shows the forecasted population change by ethnicity (2024-2034) using local forecasts.^a This shows that the proportion of people who are white British/Irish is forecasted to fall, while the proportion of those who are Asian, mixed/other, black and white other are predicted to grow. For more information about how these forecasts have been calculated please see: <https://centralbedfordshire.jsna.uk/jsna/population-place/population-forecasts-2023-2043-cbc/#projections>

Figure 3: Forecasted population change by age group, 2024-34



Source: Local population forecasts, 2024⁴

Figure 4: Forecasted population change by ethnicity, 2024-34



Source: Local population projections, 2024⁴

^a The ethnic forecasts take the age and sex breakdown of each area’s population forecasts for each year and then apply the forecasted ethnic breakdowns to the forecasts- the forecasts age the current ethnic breakdown of the population and do not attempt to forecast international migration. The 2021 census is used as the starting point because the ONS mid- year estimates are not published with an ethnic breakdown. No specific data about fertility, mortality and migration figures by ethnic group are available from the ONS so these figures forecast the current age and ethnic structure of Central Bedfordshire into the future.

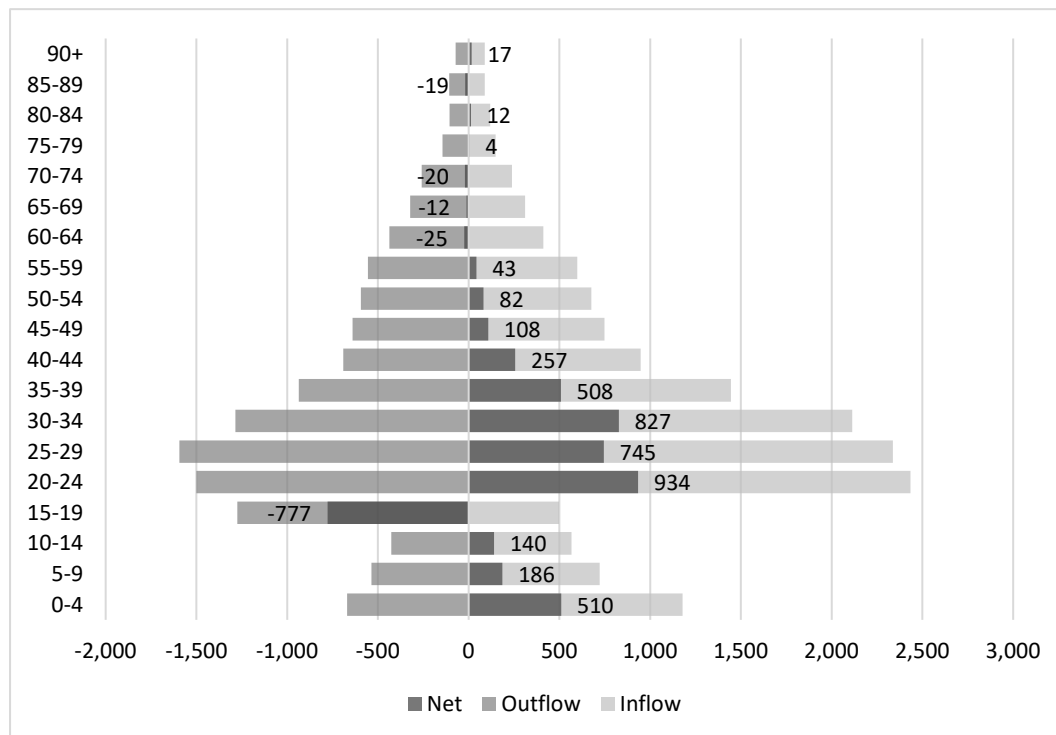
4.2.2 Internal migration

Internal migration describes moves made between local authorities, regions, or countries within the UK.

Figure 5 illustrates outward and inward movement of populations by age group for the most recently available data (2020, ONS). The most movement by volume is occurring among those aged 15 to 39, with 15-19-year-olds accounting for the largest net outflow for a single age band (777 persons) and 20-24-year-olds for the largest net inflow (934 persons).

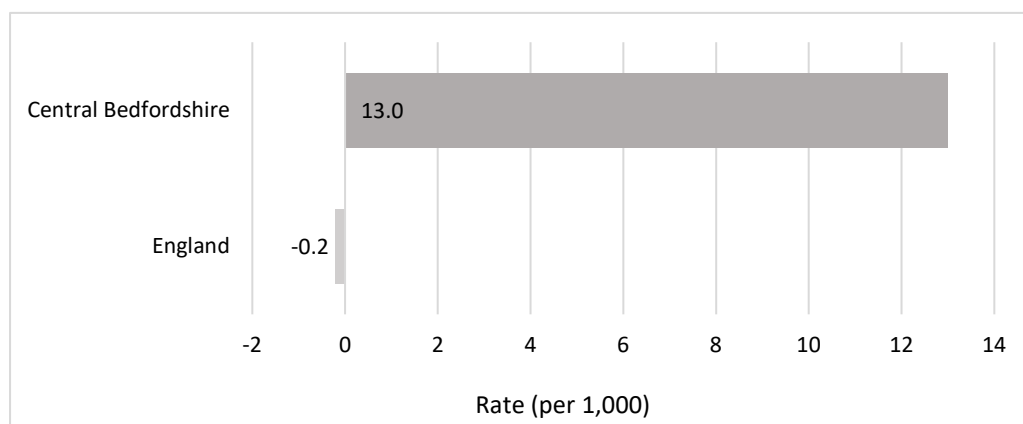
Figure 6 shows the internal net migration rate per 1,000 resident population for Central Bedfordshire and England. The internal net migration for Central Bedfordshire was 13 people per 1,000 resident population. In England, the internal migration moves contributed to a loss of 0.2 people per 1,000 population in 2023.

Figure 5: Outward and inward movement of populations by age band, year ending June 2020



Source: ONS Internal migration, 2024²⁴Error! Bookmark not defined.

Figure 6: Migration, internal - net migration rate per 1,000 resident population, 2023



Source: ONS Population estimates²³

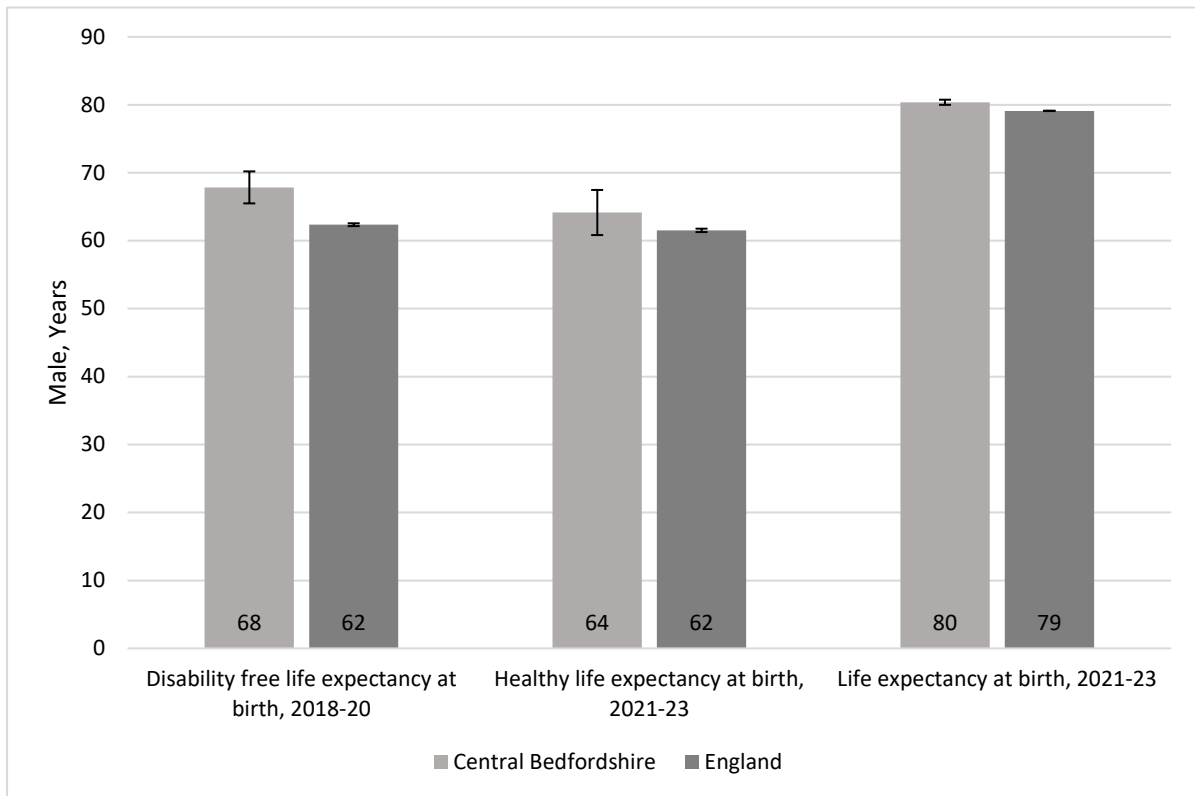
4.3 Life expectancy and Inequality

Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy at birth shows the years a person can expect to live in good health (rather than in poor health). Disability-free expectancy at birth is a measure of the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits activities.

Figure 7 and Figure 8 show the disability-free life expectancy at birth, the healthy life expectancy at birth, and the life expectancy at birth for both males and females across Central Bedfordshire and England. These use the most recently available data (2018-20 for disability-free life expectancy, and 2021-2023 for healthy life expectancy and life expectancy).

- The disability free life expectancy at birth for males in Central Bedfordshire is 67.84 which is statistically significantly higher than the England average (62.35).
- The healthy life expectancy at birth for males in Central Bedfordshire is 64.15, similar to the England average (61.52).
- The life expectancy at birth for males in Central Bedfordshire is 80.37, which is statistically significantly higher than the England average (79.11).

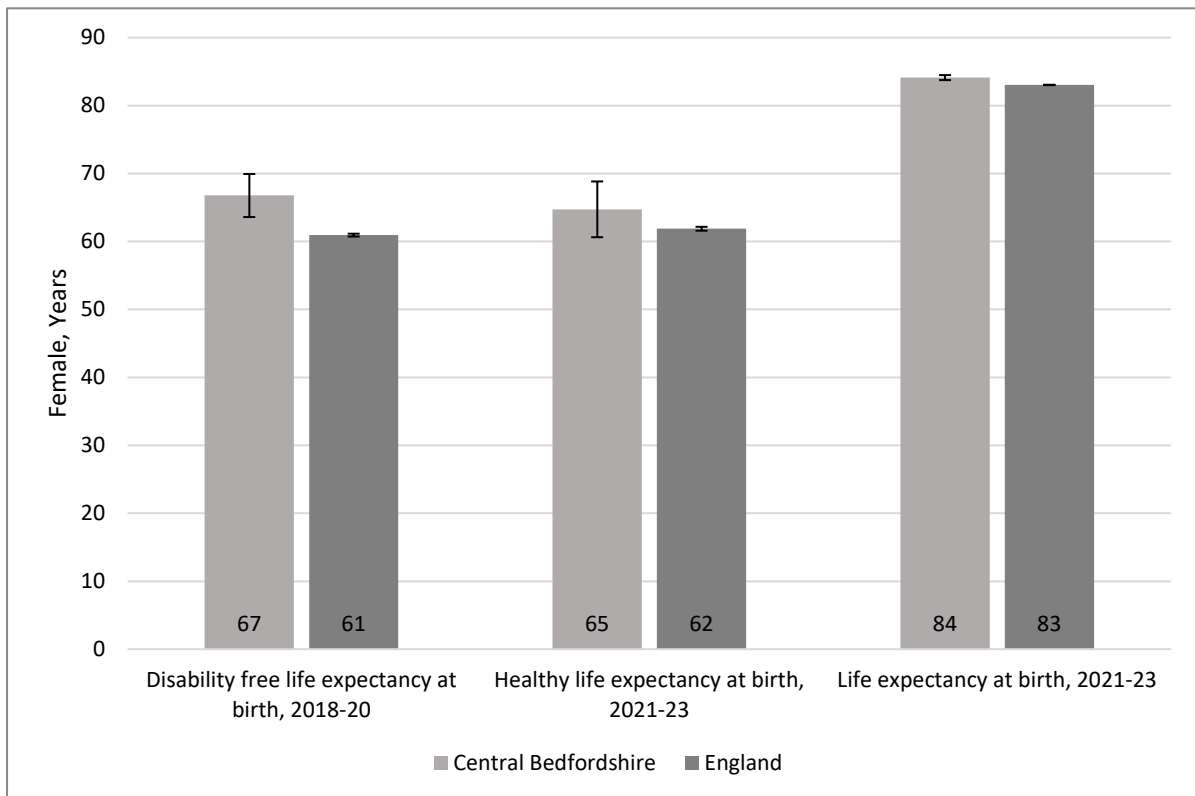
Figure 7: Life expectancy, healthy life expectancy and disability-free life expectancy at birth (males)



Source: OHID Fingertips, 2025²⁵

- The disability free life expectancy at birth for females in Central Bedfordshire is 66.77 which is statistically significantly higher than the England average (60.94).
- The healthy life expectancy at birth for females in Central Bedfordshire is 64.73, similar to the England average (61.88).
- The life expectancy at birth for females in Central Bedfordshire is 84.12 which is statistically higher than England average (83.05).

Figure 8: Life expectancy, healthy life expectancy and disability-free life expectancy at birth (females)

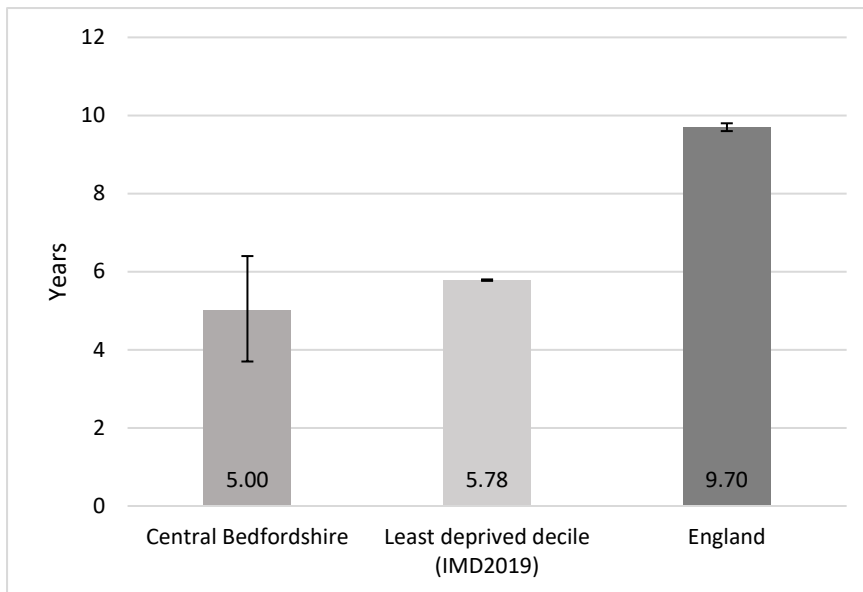


Source: OHID Fingertips, 2025²⁵

Figure 9 and Figure 10 shows the slope index of inequality (SII) in life expectancy in males and females in Central Bedfordshire and England respectively. The SII is a measure of the social gradient in life expectancy, that is how much life expectancy varies with deprivation. It represents the range in years of life expectancy across the social gradient from most to least deprived. These are the most recent data for the period 2018-2020.

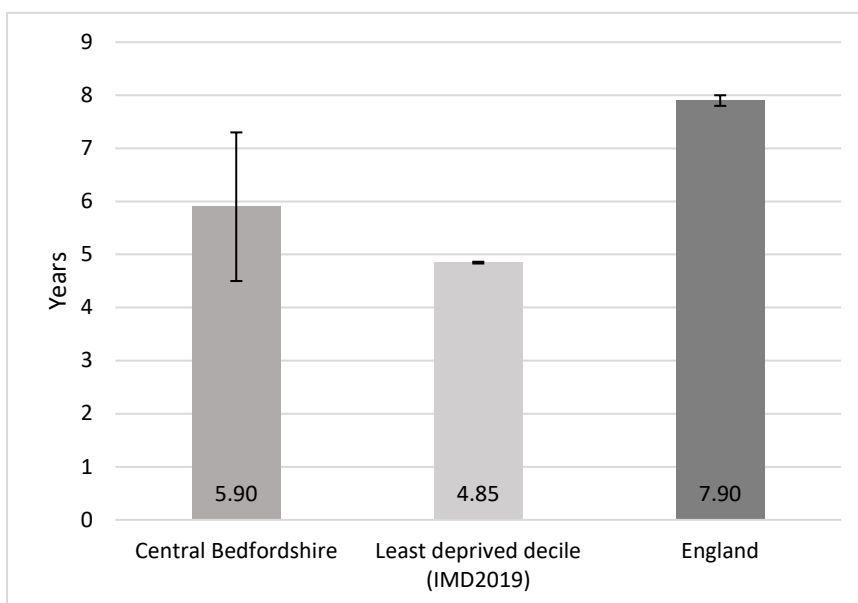
- Figure 9 shows the inequality in life expectancy at birth for males in Central Bedfordshire is 5.0 years which is similar to the least deprived decile (5.78 years) and statistically lower than England average (9.70 years).
- Figure 10 shows the inequality in life expectancy at birth for females in Central Bedfordshire is 5.90 years, similar to the least deprived decile (4.85 years) but statistically significantly lower than the England average (7.90 years).

Figure 9: Inequality in life expectancy at birth (males), 2018-20



Source: OHID Fingertips, 2025²⁵

Figure 10: Inequality in life expectancy at birth (females), 2018-20



Source: OHID Fingertips, 2025²⁵

4.4 Wider determinants of health

Health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. Evidence suggests that the social determinants of health contribute more than healthcare in ensuring a healthy population.

The reason there are different health outcomes in different areas of Central Bedfordshire is because health inequalities are strongly linked to deprivation. There is a substantial amount of evidence showing that people living in the most deprived areas have poorer health and health outcomes than those in the more affluent areas. People living in more deprived areas

are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects.

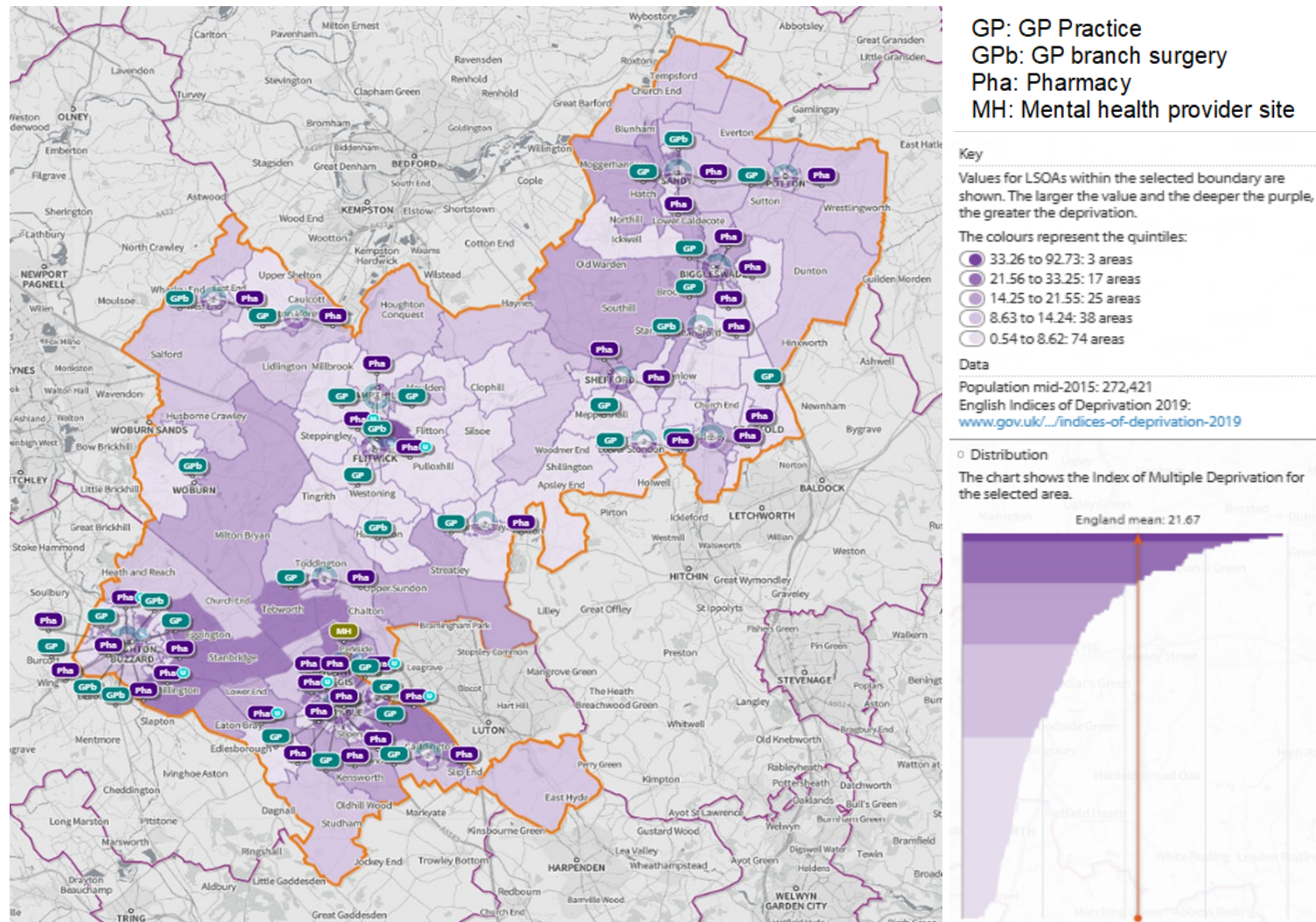
The Index of Multiple Deprivation 2019 (IMD2019) measures socioeconomic disadvantage across seven domains:

- Income
- Employment
- Health
- Education
- Barriers to housing and services
- Crime
- Living environment.

The overall IMD2019 is a weighted average of the indices for the seven domains. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas have an average population of 1500.

Central Bedfordshire is in the least deprived decile for overall score for deprivation relative to all other local authorities in England (2015), but this does mask increasing deprivation in some areas⁴. The most deprived areas fall within the wards of Dunstable-Manshead, Parkside and Flitwick²⁶. 77 LSOAs rank as less deprived in the IMD 2019 than they did in 2015, while 80 are ranked as more deprived. Figure 11 shows IMD by LSOA for Central Bedfordshire.

Figure 11: Index of Multiple Deprivation – LSOA Central Bedfordshire, 2019



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4.4.1 Income

The impacts of economic disadvantage and low income are far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low-income households are particularly vulnerable to changes in the cost of living and increased health risks associated with poverty.

The ONS report on exploring local income deprivation²⁷ noted the following:

- In Central Bedfordshire, 7.7% of the population was income-deprived in 2019. Of the 316 local authorities in England (excluding the Isles of Scilly), Central Bedfordshire is ranked 247th most income deprived.
- The average salary in Central Bedfordshire is £35,594, according to figures published by the ONS for 2023 which is 1.4% higher than England's national average salary of £35,106.
- 11% of children aged 0-19 are in relative low-income families in Central Bedfordshire compared with 19% across England.
- 1% of households lack central heating in Central Bedfordshire compared with 2% across England.
- In 2020 12,865 households were living in fuel poverty – 11.3% compared to a national average of 13.2%.

4.4.2 Employment

Good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, poor work and unemployment has an adverse effect on health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

The ONS report on local income deprivation²⁷ (based on IMD 2019) noted that:

- Employment rates in Central Bedfordshire compare favourably to England. 40% people aged 16-74 are in full-time employment in Central Bedfordshire compared with 34% across England.
- The percentage of out of work benefit claimants (Job Seekers Allowance, Universal Credit and Incapacity Benefit) in Central Bedfordshire in Dec 2022 was 5%, lower than the England average of 8%.
- The claimant count of JSA and UC in 18–24-year-olds was 3.4% compared to England average of 4.8%.

4.4.3 Education, skills, qualifications

Education and health and wellbeing are intrinsically linked. Education is strongly associated with healthy life expectancy, morbidity and health behaviours. Educational attainment plays

an important role in health by shaping opportunities, employment, and income. Low educational attainment is correlated with poorer life outcomes and poor health.

The average levels of education, skills and qualifications in Central Bedfordshire are more favourable than the national average:

- 15% of people have no qualifications in Central Bedfordshire compared with 18% across England.²⁸

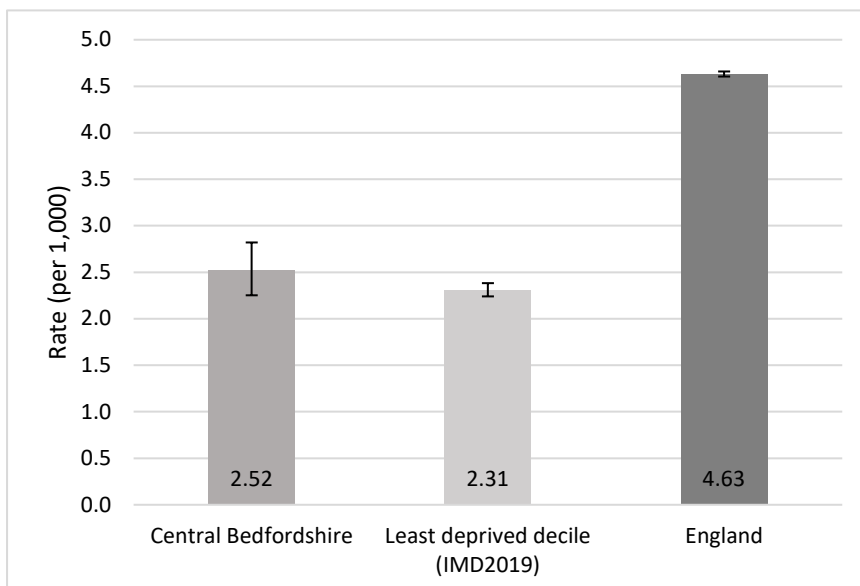
4.4.4 Housing and homelessness

The Office for National Statistics Census 2021²⁸ reported that:

- 0.8% of households in Central Bedfordshire are living in a caravan or temporary structure.
- 13.3% of households are in social housing and 13.8% in private renting.

Figure 12 shows the rate (per 1,000) households in temporary accommodation across Central Bedfordshire, the least deprived decile and in England. The 2023-24 rates for Central Bedfordshire were 2.52 per 1,000 people. This is statistically similar to the least deprived decile (2.31 per 1,000), but statistically significantly lower than the England average of 4.63 per 1,000.

Figure 12: Homelessness: households in temporary accommodation, 2023/24

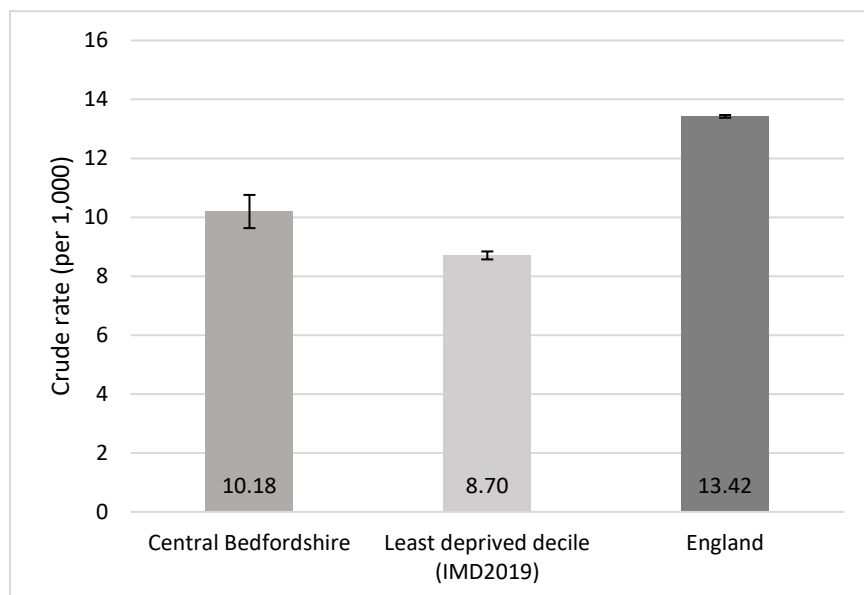


Source: OHID Fingertips, 2025²⁵

Figure 13 shows the rate (per 1,000) households owed a duty under the Homelessness Reduction Act across Central Bedfordshire, the least deprived decile and in England. The 2023-24 rates for Central Bedfordshire were 10.18 per 1,000 people. This is statistically

significantly higher than the least deprived decile (8.70 per 1,000), but statistically significantly lower than the England average of 13.42 per 1,000.

Figure 13: Homelessness: households owed a duty under the Homelessness Reduction Act, 2023/24



Source: OHID Fingertips, 2025²⁵

4.4.5 Crime

Crime can have a wide-ranging effect on people’s health. In Central Bedfordshire, indicators relating to crime are lower than England as a whole:²⁹

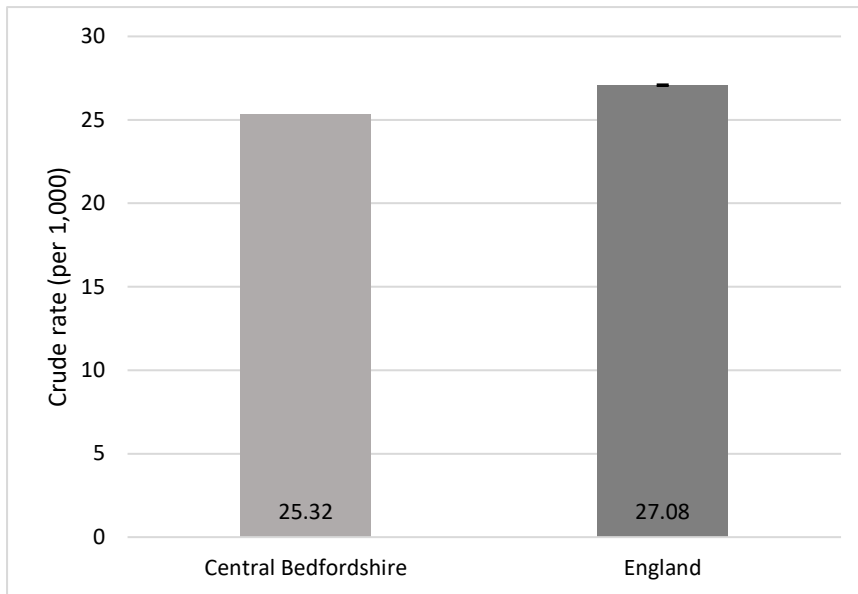
- The crime rate in Central Bedfordshire is 72 per 1000 5,206 incidents per 100,000 population, compared to 8,785 for England, according to figures published by the ONS for the year ending September 2023²⁹.
- In the year ending September 2023, there were 15,696 incidents of crime, a 397 decrease in incidents when compared to the previous year²⁹.
- Central Bedfordshire is the 11th safest unitary authority in England (of 63 total) when ordered by crime rate²⁹.
- Between the year ending September 2022 and the year ending September 2023, there was an overall 2.5% reduction in crime in Central Bedfordshire. In England, crime decreased by 0.2% year on year²⁹.

4.4.6 Domestic abuse related incidents and crimes

Figure 14 shows the rate per 1,000 of domestic abuse related incidents and crimes in 2023-24 across Central Bedfordshire and England. The rates for Central Bedfordshire were 25.32

per 1,000 compared to 27.08 per 1,000 for England (statistical significance is not calculated for this indicator).^b

Figure 14: Domestic abuse-related incidents and crimes, 2023/24



Source: OHID Fingertips, 2025²⁵

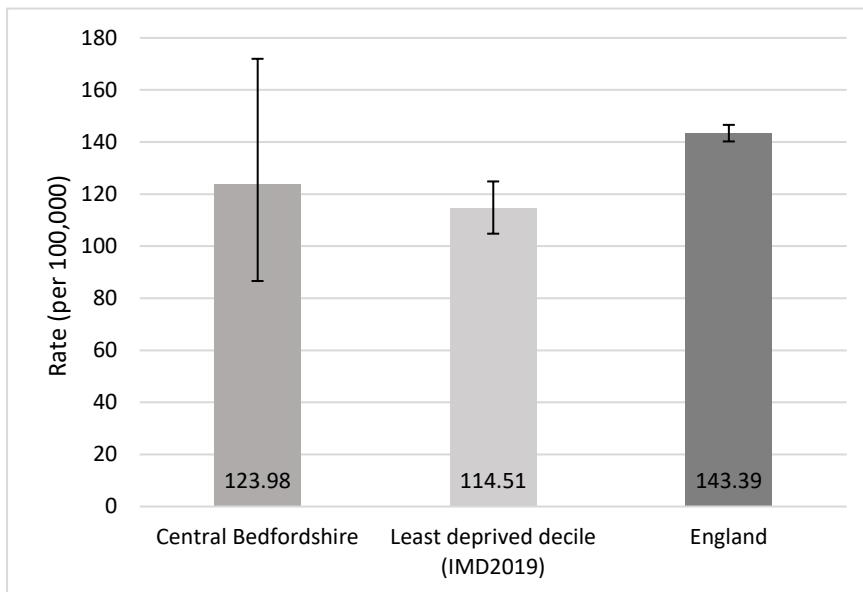
4.4.7 Prison populations

A first-time entrant to the youth justice system is a child aged between 10 and 17 who received their first caution or court sentence and was residing in England and Wales at the time of their first offence.

Figure 15 shows the rate per 100,000 of first-time entrants to the youth justice system in 2023 across Central Bedfordshire, the least deprived decile and in England. The rates for Central Bedfordshire were 123.98 per 100,000. This is higher (but not statistically significantly so) than the least deprived decile (114.51 per 100,000) and is lower (but not statistically significantly so) than the England value (143.39 per 100,000).

^b Local Authorities (LAs) are allocated the crude rate of the Police Force Area (PFA) within which they sit.

Figure 15: First time entrants to the youth justice system, 2023



Source: OHID Fingertips, 2025²⁵

4.4.8 Living environment

The quality of the built and natural environment such as air quality and the quality of green spaces also affects health. Key points to note for Central Bedfordshire as outlined in the Joint Health and Wellbeing Strategy 2024-2029⁵ are:

- Central Bedfordshire is well served with community assets such as libraries, green spaces, community centres and swimming pools, but these are not equitably distributed or accessed.
- Tackling social isolation and loneliness across all sectors of society will be an area of focus.
- Aiming to make “Central Bedfordshire a smoke-free place” to reduce premature deaths from preventable illnesses.

Central Bedfordshire has set out ambitious targets to be a carbon neutral local authority by 2030 and produces yearly updates on progress³⁰.

4.5 Housing and regeneration

Central Bedfordshire's Local Plan (2015-2035)²¹ seeks, through the provision of new housing, to meet the needs and aspirations of existing and future residents, creating sustainable neighbourhoods in which residents want to live and work.

The plan aims to have delivered 39,350 new homes by 2035, with 27,000 of these already built or in the planning process. Areas for growth include:

- 1) The South Area – close to Luton and extending west to Leighton Linlade and north to Flitwick:
 - North of Luton - approximately 3,600 homes and approximately 7 hectares for
 - Employment
 - Extensions to Barton le Clay, Eaton Bray, Flitwick, Harlington, Hockliffe, Houghton
 - Regis, Leighton Linlade, Luton (Caddington), Toddington and Westoning
 - Sundon Rail Freight Interchange (RFI) (around 45 hectares for employment).
- 2) The A1 Corridor – Arlesey, Biggleswade, Sandy and north to Tempsford
 - East of Biggleswade (around 1,500 homes)
 - East of Arlesey (around 2,000 homes)
 - Extensions to Arlesey, Biggleswade, Dunton, Everton, Langford, Potton and Sutton (approximately 740 dwellings)
 - Holme Farm, Biggleswade (around 78 hectares for employment).
- 3) The East-West axis – from the M1 through the Marston Vale to Wixams
 - Marston Vale New Villages (around 5,000 homes and approximately 30 hectares of employment)
 - Extensions to Cranfield, Wixams and Marston Moreteyne
 - Marston Gate (around 35 hectares for employment).
- 4) The Central Area – small towns and villages, from Ampthill to Moggerhanger
 - Extensions to Campton, Clifton, Haynes, Henlow, Lower Stondon, Maulden, Meppershall, Moggerhanger, Northill, Shefford, Shillington and Upper Gravenhurst.

By 2028, Central Bedfordshire Council anticipates the population will grow to 330,124³¹. This is based on estimates which incorporate local housing projections as well as demographic changes.

4.6 Transport

The Local Transport Plan³² covers the whole of Central Bedfordshire and has been developed in close co-operation with neighbouring authorities because transport issues often go beyond local boundaries. The vision of the Local Transport Plan for Central Bedfordshire is that by 2026 it will be: “Globally connected, delivering sustainable growth to ensure a green, prosperous and ambitious place for the benefit of all by creating an integrated transport system that is safe, sustainable and accessible”.

The Local Transport Plan (LTP) forms a long-term framework for investment in transport infrastructure and services across the whole of Central Bedfordshire. The council is currently working on an updated plan that is set to be published in 2026.

An efficient and well-connected transport network is a key component of a thriving local economy, ensuring that goods and services are delivered quickly and reliably. Central Bedfordshire is a well-connected area, with strategic road and rail links to a number of

major urban areas such as London, Milton Keynes, Cambridge, and Birmingham. However as good as the links are North to South there are strategic gaps in allowing movement East to West, this has been partially rectified with the opening of the A421 towards the North of Central Bedfordshire and the South of the area will be greatly improved following the proposed A5-M1 link road.

Central Bedfordshire is relatively unique in that it is characterised by a number of smaller towns and villages rather than one large Urban City, with major urban areas on its immediate peripheries providing significant employment.

There is a strong link between how people travel and their health. People who walk and cycle as part of an active lifestyle are less likely to be overweight and are more likely to live longer. However, the use of active modes of travel such as walking and cycling has declined over the last 30 years. Inactive lifestyles are a key factor in the increase in many health problems, such as obesity, heart problems, and circulatory diseases. In Central Bedfordshire encouraging walking and cycling is challenging due to the longer distances travelled to access services and employment, the quality of the walking and cycling networks and perceptual barriers such as safety concerns and estimations of time and distance.

Residents in Central Bedfordshire are on average³²:

- 46 minutes journey time by public transport from their nearest hospital, compared to 30 minutes nationally³²;
- 14% of journey to work trips are by walking and cycling, compared to 12.7% nationally³²

4.7 Lifestyle factors affecting health outcomes

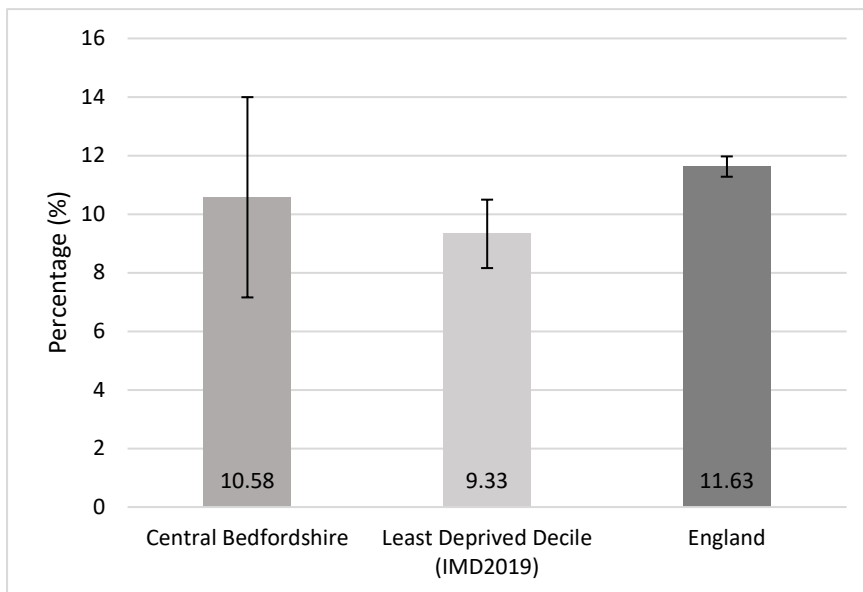
In 2012, work by the King's Fund³³ examined how four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four behaviours.

4.7.1 Smoking

Smoking is identified as the greatest contributor to premature death and disease. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

Figure 16 shows the proportion of the adult population which were recorded in the annual population survey (APS) as current smokers in 2023. The prevalence of smoking in those aged 18 years and over in Central Bedfordshire was recorded as 10.56%. This is statistically similar to the least deprived decile (9.32%) and England average of 11.63%.

Figure 16: Smoking prevalence in adults (18+) – current smokers (APS), 2023



Source: OHID Fingertips, 2025²⁵

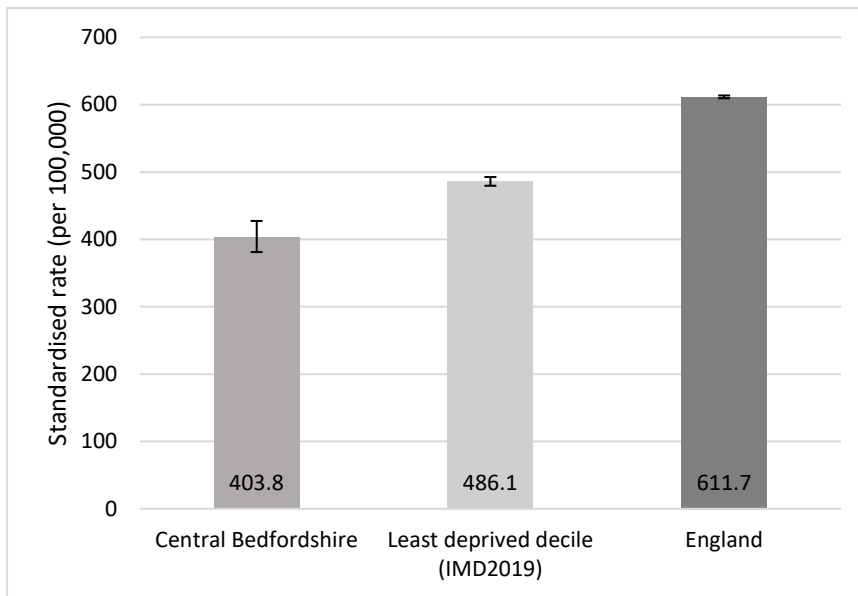
How pharmacies support:

- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking Cessation Advanced Service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyle and signposting to Local Authority provided Stop Smoking Services

4.7.2 Alcohol

Figure 17 shows the admission episodes for alcohol-specific conditions in Central Bedfordshire, the least deprived decile and England recorded in 2023/24. The rates for Central Bedfordshire were 403.8 per 100,000 which is statistically significantly lower than the least deprived decile (486.1 per 100,00), and the England average of 611.7 per 100,000.

Figure 17: Admission episodes for alcohol-specific conditions 2023/24



Source: OHID Fingertips, 2025²⁵

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

4.7.3 Healthy weight

Excess weight is one of the most significant and complex public health challenges. It can have a significant impact on individual and family health and wellbeing, business and education, and contribute to significant costs across health, social care and a wide range of services.

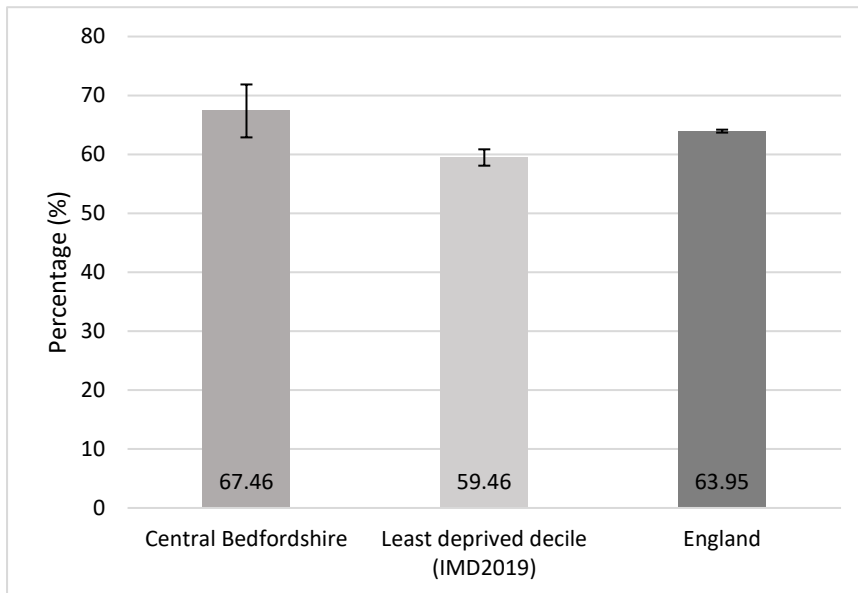
Overweight and obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly:

- Type 2 diabetes
- Hypertension (high blood pressure)
- Some cancers
- Heart disease
- Stroke
- Liver disease

Figure 18 shows the percentage of adults classified as overweight or obese in Central Bedfordshire, the least deprived decile, and England in 2022/23. The rates for Central Bedfordshire were 67.46%, statistically significantly higher than the rate for the least deprived decile (59.46%) and higher, but not statistically significantly so, than the rate for

England (63.95%). In 2023/24, 18.6% of children in Year R (aged 4-5 years old) in Central Bedfordshire were living with excess weight (overweight, including obesity), statistically significantly lower than the England average (22.1%). In 2023/24, 30.4% of Year 6 children in Central Bedfordshire (aged 10-11 years old) were living with excess weight (overweight, including obesity), again statistically significantly lower than the England average of 35.8%.²⁵

Figure 18: Percentage of adults (aged 18+) classified as overweight or obese, 2022/23

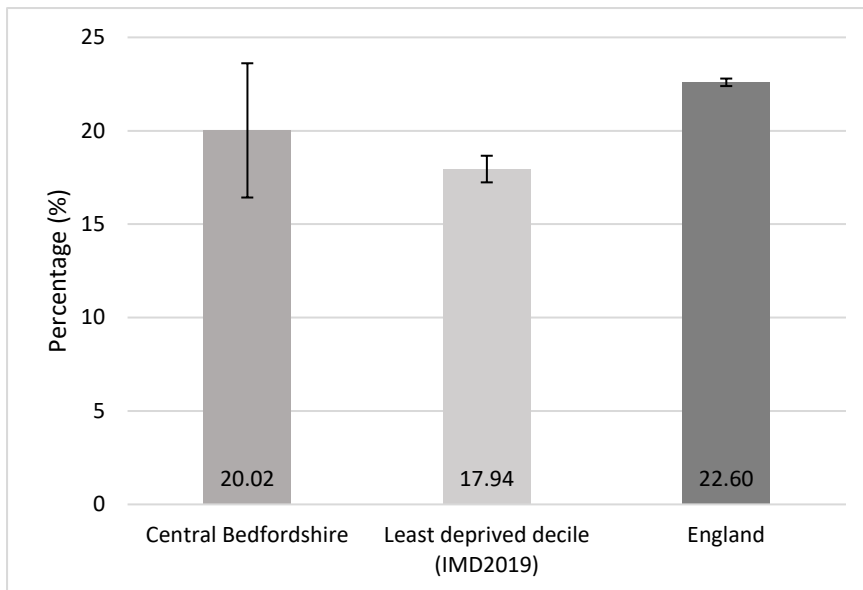


Source: OHID Fingertips, 2025²⁵

4.7.4 Physical activity

Figure 19 the percentage of physically inactive adults in Central Bedfordshire, the least deprived decile and England in 2022-23. The rates for Central Bedfordshire were 20.02% which is statistically similar to the deprived decile (17.94%) and England average (22.60%).

Figure 19: Percentage of physically inactive adults (19 + yrs), 2022-23



Source: OHID Fingertips, 2025²⁵

How pharmacies support:

- Healthy Lifestyle Advice - offering information, advice and support
- NHS Weight Management Programme referral
- Signposting to Local Authority Tier 2 weight management programmes
- Hypertension case finding service
- Supporting annual public health campaigns

4.7.5 Sexual health

Good sexual health is also an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional and health costs as well as stark health inequalities. A number of key population groups can be identified for whom there are greater risks of experiencing sexual ill health including gay, bisexual or other men who have sex with men, black and minority ethnic groups and women of reproductive age.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility.

Figure 20: Sexual health indicators for Central Bedfordshire

Indicator	Period	Central Beds					England	
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Violent crime - hospital admissions for violence (including sexual violence) New data	2021/22 - 23/24	—	190	21.8	34.2	170.5		12.0
Violent crime - sexual offences per 1,000 population New data	2023/24	↑	483	1.6	2.9	0.9		13.7
Genital warts diagnostic rate per 100,000	2023	→	127	42.1	45.8	175.2		0.0
Syphilis diagnostic rate per 100,000	2023	→	8	2.7	16.7	184.4		0.0
Gonorrhoea diagnostic rate per 100,000	2023	→	170	56	149	1,295		33
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2023	→	215	1,548	1,962	984		4,800
Chlamydia proportion of females aged 15 to 24 screened	2023	—	2,256	16.2%	20.4%	11.6%		41.3%
Genital herpes diagnosis rate per 100,000	2023	→	108	35.8	47.6	176.4		0.0
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	→	795	264	520	3,304		177
STI testing rate (exclude chlamydia aged under 25) per 100,000	2023	↑	8,068	2,675.9	4,110.7	1,117.1		21,742.2
STI testing positivity (excluding chlamydia aged under 25)	2023	→	392	4.9%	7.3%	3.9%		14.9%
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	2023	→	339	1,163	1,546	803		3,379
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	2023	→	109	715	1,042	478		2,657
Chlamydia diagnostic rate per 100,000	2023	→	569	189	341	149		1,420
Chlamydia diagnostic rate per 100,000 aged 25 years and older	2023	→	230	106	223	1,368		75
All new STI diagnoses rate per 100,000	2023	→	1,134	376	704	289		3,730
Total prescribed LARC excluding injections rate / 1,000	2022	↓	1,980	35.1	44.1	5.4		74.6
SRH Services prescribed LARC excluding injections rate / 1,000	2022	→	525	9.3	17.7	0.0		52.8
Women choose injections at SRH Services (%)	2020	↓	55	5.0%	8.1%	1.6%		25.7%
Women choose user-dependent methods at SRH Services (%)	2020	↓	580	52.5%	54.9%	34.2%		72.4%
Women choose hormonal short-acting contraceptives at SRH Services (%)	2020	↓	335	30.3%	41.7%	20.3%		66.4%
Under 25s choose LARC excluding injections at SRH Services (%)	2022	↑	185	40.2%	36.2%	10.8%		77.9%
Over 25s choose LARC excluding injections at SRH Services (%)	2022	→	495	50.0%	53.2%	18.2%		92.3%
Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18	2018	—	66	10.7	21.2	59.0		3.0
Mycoplasma genitalium diagnostic rate per 100,000	2023	→	21	7.0	15.6*	0.5		113.9
Trichomoniasis diagnostic rate per 100,000	2023	→	31	10.3	16.0*	0.5		131.6
Women prescribed injectable contraception at SRH services: rate per 1,000	2022	—	70	1.2	3.7	0.0		34.1
Initiation or continuation of PrEP among those with PrEP need	2023	—	196	64.9%	73.0%	0.0%		87.4%
Determining PrEP need	2023	—	302	6.0%	10.1%	0.0%		38.7%
Sexually transmitted Shigella spp. per 100,000 adult male population	2023	→	8	7.0	9.0	113.0		0.0
HIV testing rate per 100,000 population	2023	↑	6,025	1,998.3	2,770.7	360.9		15,587.5

Source: OHID Fingertips, 2024²⁵

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with access to a full range of contraception choices alongside safe sex health promotion and the promotion of safer sexual behaviour.

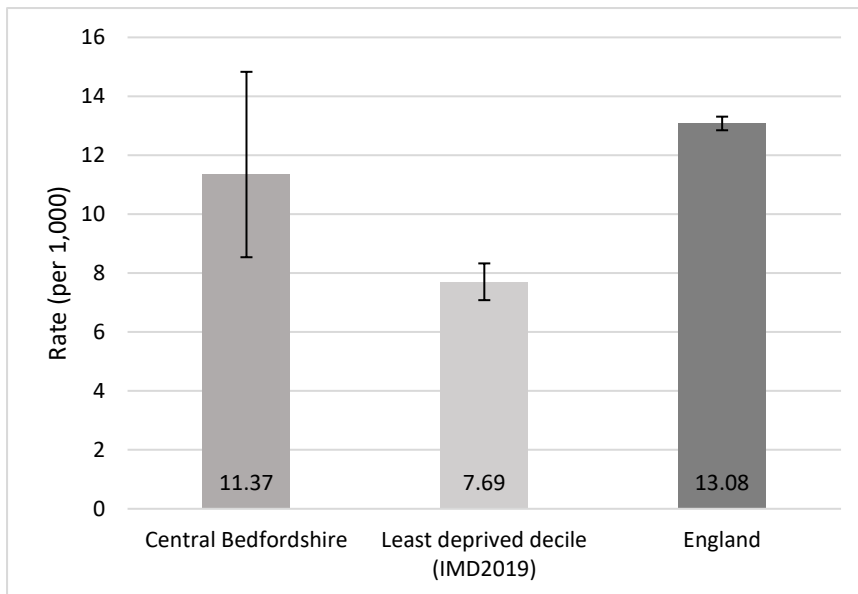
4.7.6 Teenage pregnancy

Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas can have comparatively high incidence of teenage maternities and can be therefore disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to mothers under 20 have higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health³⁴. Teenage mothers are also three times more likely to suffer from post-natal depression³⁵ and experience poor mental health for up to three years after the birth³⁶.

Figure 21 shows that the under-18 conception rate in 2021 for Central Bedfordshire, and the averages for the least deprived decile and England. The rates per 1,000 for Central Bedfordshire were 11.37 per 1,000, statistically significantly higher than the least deprived decile of 7.69 per 1,000 but statistically similar to the England average (13.08 per 1,000).

Figure 21: Under 18s conception rate, 2021



Source: OHID Fingertips, 2025²⁵

How pharmacies support:

- Provision of free condoms (C-card scheme)
- Free emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services
- Dual screening service

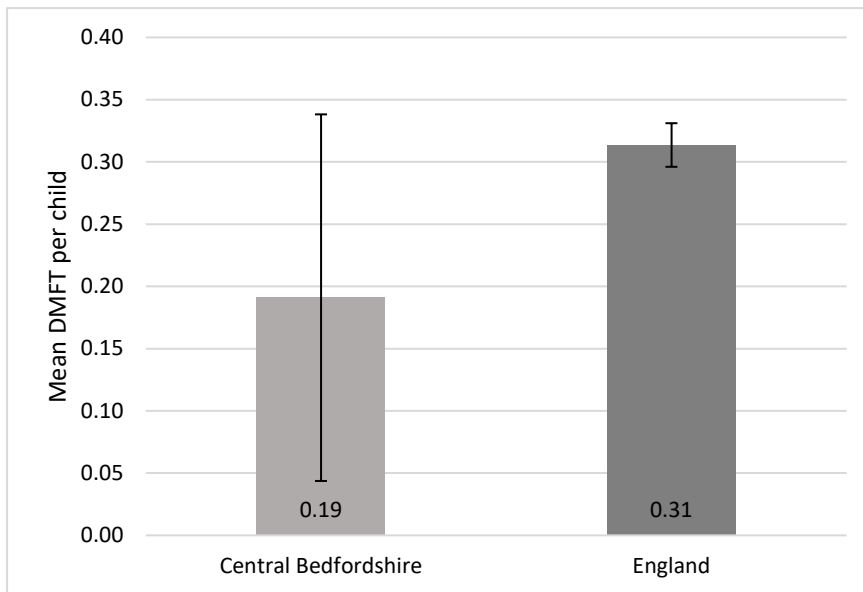
4.7.7 Oral health

Figures 22 and 23 show the mean decayed, missing or teeth (DMFT) per child in Central Bedfordshire and England for both three-year-olds and five-year-olds.

The average number of decayed, missing or filled teeth for three-year-olds in Central Bedfordshire was 0.19. This was lower compared to the England average of 0.31, but not statistically significantly so.

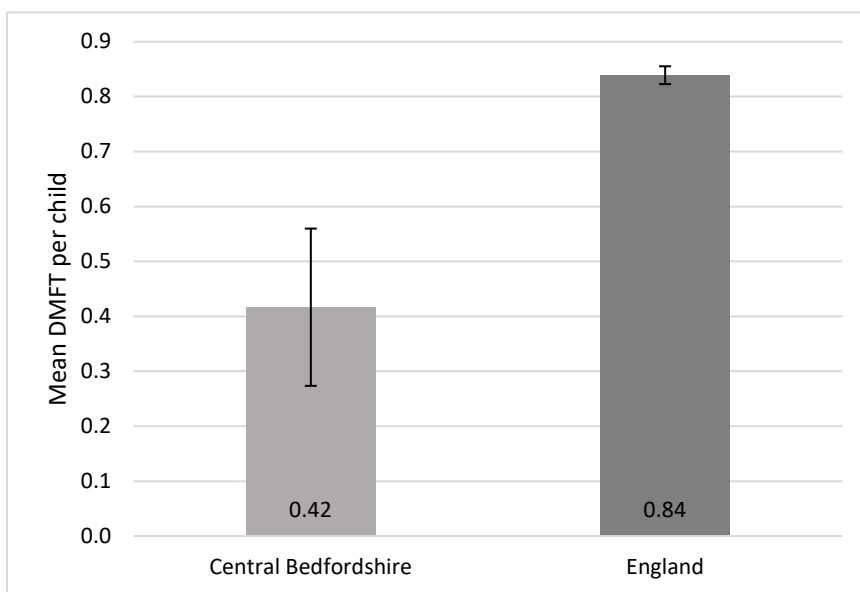
The average number of decayed, missing or filled teeth for five-year-olds in Central Bedfordshire was 0.42. This was statistically significantly lower compared to the England average of 0.84.

Figure 22: DMFT in three-year olds, 2019/20



Source: OHID Fingertips, 2025²⁵

Figure 23: DMFT in five-year olds, 2022



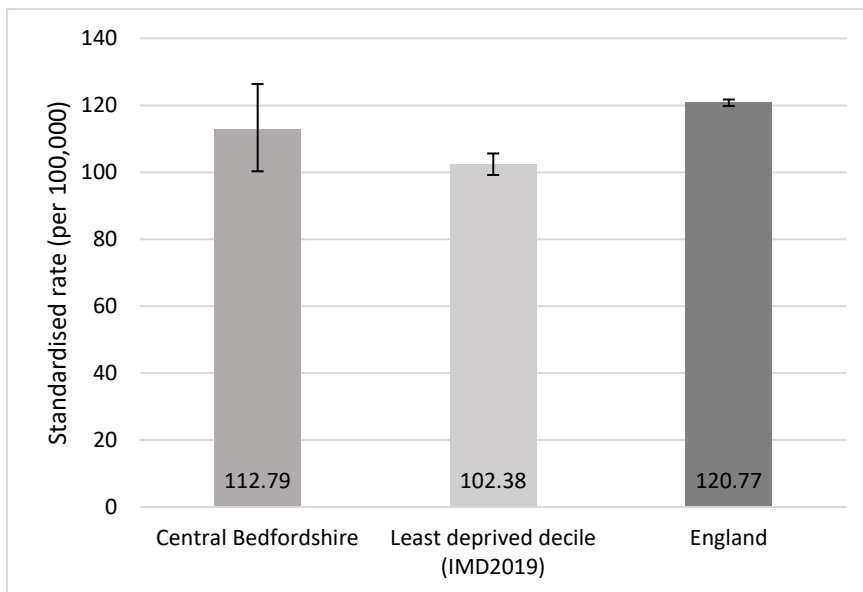
Source: OHID Fingertips, 2025²⁵

4.8 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment.

Figure 24 shows the under-75 mortality rate from cancer in 2023 for Central Bedfordshire compared to the least deprived decile in England and the England average. The standardised mortality rate per 100,000 people under-75 who died from cancer (112.79) was statistically similar in Central Bedfordshire compared to the rate for the least deprived decile (102.38) and to the rate for England (120.77).

Figure 24: Under 75 mortality rate from cancer, 2023



Source: OHID Fingertips, 2025²⁵

How pharmacies support:

- Advice and support
- Signposting
- Medicines optimisation
- New medicine service
- Discharge medicine service

4.9 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS 10 Year Plan¹⁰ has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer healthier lives and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of developing long-term conditions; better management can help to reduce health inequalities.

People with long-term conditions are likely to be more intensive users of health and social care services, including community services, urgent and emergency care and acute services. They account for:

- 50% of all GP appointments
- 64% of outpatient appointments
- 70% of all inpatient bed days
- Around 70% of the total health and care spend in England.

For all of the conditions discussed below, the identification of people who already have or who are at risk of developing disease followed by successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health. Data from this section is predominantly obtained from the Quality and Outcomes Framework (QOF). It should be noted that this only includes patients who are recorded on GP practice disease registers.

4.9.1 Cardiovascular disease

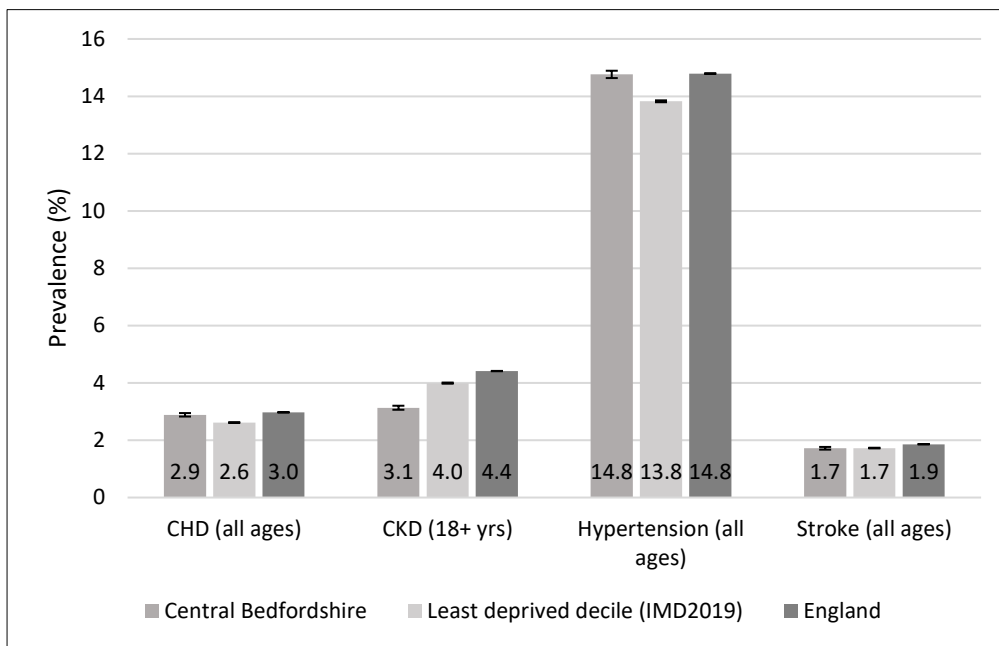
Cardiovascular disease (CVD) includes a number of different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease and is more prevalent in lower socio-economic and minority ethnic groups.

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment.

Figure 25 shows the QOF prevalence for coronary heart disease (CHD) and Stroke in 2023/24 in Central Bedfordshire, the least deprived decile and England. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

- CHD prevalence in Central Bedfordshire is 2.89%, which is statistically significantly higher than the least deprived decile in England (2.62%) and statistically significantly lower than the England average (2.97%).
- Stroke (all ages) prevalence in Central Bedfordshire (1.72%) is statistically similar to the least deprived decile (1.73%) and statistically significantly lower than the England average (1.86%).

Figure 25: QOF prevalence of CHD, CKD, hypertension, and stroke, 2023/24



Source: OHID Fingertips, 2025²⁵

How pharmacies support:

- Education and support
- Signposting to preventative services e.g. smoking cessation, weight management
- New medicine service – using this to support patients with hypertension management/adherence to new medication
- Discharge medicine service
- Hypertension case finding service

4.9.2 Hypertension

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events. Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease.

Figure 24 shows the QOF prevalence for hypertension (all ages) in 2023/24 in Central Bedfordshire (14.76%) was statistically significantly higher than the least deprived decile (13.83%) but is statistically similar to the England average (14.79%).

How pharmacies support:

- Signposting to preventative services e.g. smoking cessation, weight management
- Hypertension case finding service
- Medicines Optimisation
- New medicine service
- Discharge medicine service

4.9.3 Chronic kidney disease

Chronic kidney disease (CKD) is the progressive loss of kidney function over time, due to damage or disease. It becomes more common with increasing age and is more common in people from black and South Asian ethnic communities. Chronic kidney disease is usually caused by other conditions that put a strain on the kidneys such as high blood pressure, diabetes, high cholesterol, infection, inflammation, blockage due to kidney stones or an enlarged prostate, long-term use of some medicines or certain inherited conditions. People with chronic kidney disease are at increased risk of cardiovascular diseases.

Figure 25 shows the QOF prevalence for chronic kidney disease (CKD) for people aged 18 years and over in 2023/24 in Central Bedfordshire is 3.13% which is statistically significantly lower than the least deprived decile (3.97 %) and the England average (4.42%).

How pharmacies support:

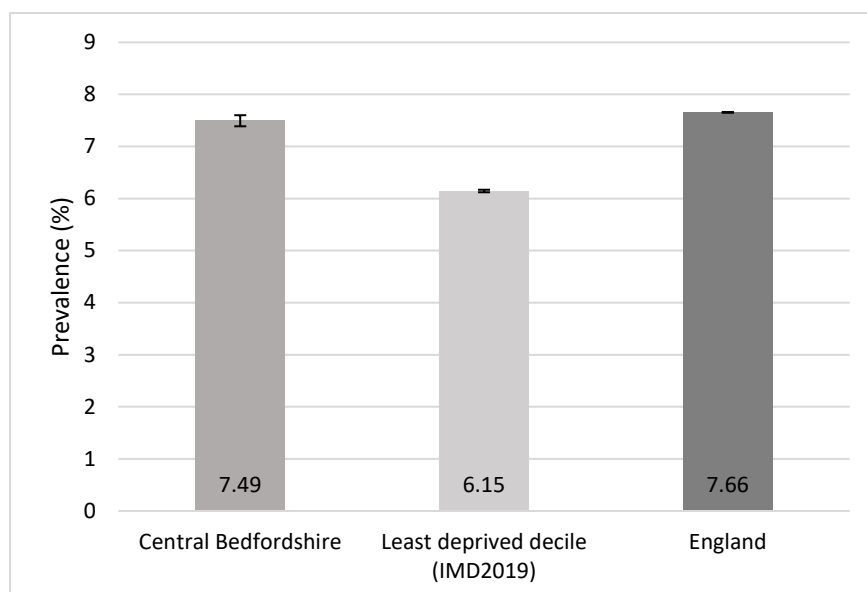
- Hypertension case finding
- New medicine service
- Over the counter medicines advice

4.9.4 Diabetes

Diabetes is a chronic and progressive disease that can have a significant impact on health and wellbeing. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Preventing Type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity, diet and physical activity.

Figure 26 shows the QOF prevalence of diabetes in people aged 17 years and over in 2023/24 in Central Bedfordshire (7.49%), which is statistically significantly higher than the least deprived decile (6.15%) but similar to the England average of 7.66%.

Figure 26: QOF prevalence of diabetes (17+ yrs), 2023/24



Source: OHID Fingertips, 2025²⁵

How pharmacies support:

- Lifestyle advice and support including low carbohydrate diet and exercise
- Signposting to preventative services e.g. smoking cessation, weight management
- Healthy living advice

4.9.5 Respiratory

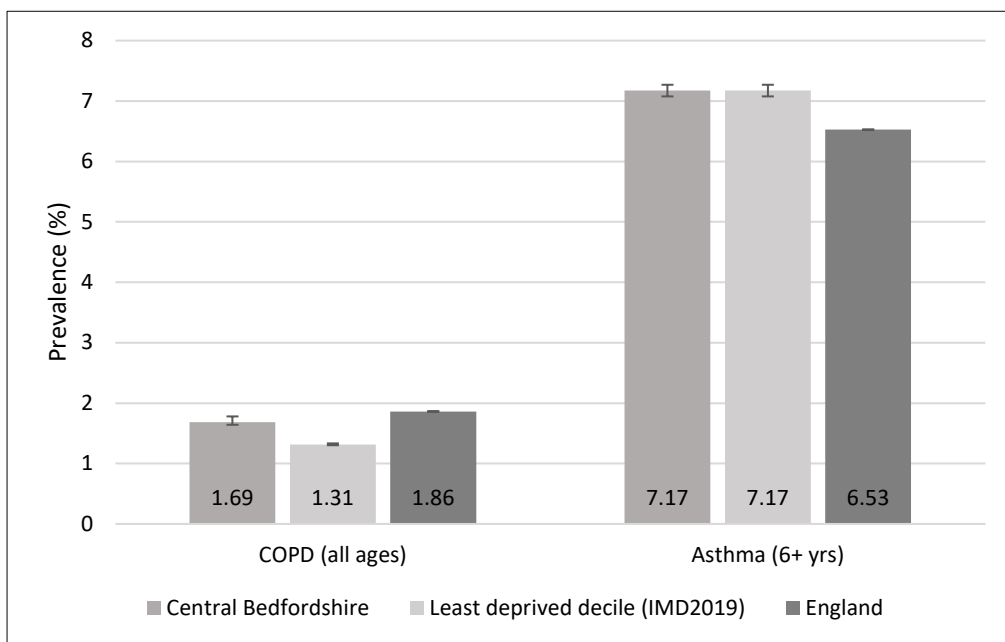
Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a wide variety of conditions, including common conditions such as asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and influenza, and less common diseases such as interstitial lung disease and mesothelioma.

Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control.

Asthma is a long-term condition which affects the airways. In England, 1 in 11 people are currently receiving treatment for asthma.

Figure 27 shows the QOF prevalence of COPD and asthma in 2023/24 in Central Bedfordshire. The prevalence of COPD in Central Bedfordshire (1.69%) is statistically significantly higher than the least deprived decile (1.31%) but statistically significantly lower than the England average of 1.86%. The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Central Bedfordshire was 7.17%, statistically similar to the least deprived decile (7.17%) but statistically significantly higher than the England average (6.53%).

Figure 27: QOF prevalence of COPD and asthma, 2023/24



Source: OHID Fingertips, 2025²⁵

How pharmacies support:

- Advice and support
- Signposting to smoking cessation services
- Correct inhaler technique
- New medicine service
- Discharge medicine service

4.9.6 Older people

As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is

well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

However, although we are adding years to life, healthy life expectancy describes a different picture with significant variation seen across England. Declines in mortality rates have not been matched by declines in morbidity and marked inequalities between the least deprived and the most deprived communities remain. Over 4 million (or 40%) of people in the UK over the age of 65 have limiting long-term conditions³⁷. These include conditions such as diabetes, heart disease, respiratory disease, cancer and dementia.

The UK population is projected to continue growing and will reach over 74 million by 2039³⁷. The population in the UK is ageing with 18% aged 65 and over and 2.4% aged 85 and over³⁷. This poses significant challenges not only to the health and social care sector but also economic challenges in terms of employability and business growth. Prevention and early intervention offer opportunities to reduce long-term conditions and increase healthy life expectancy.

How pharmacies support:

- New medicine service
- Discharge medicine service
- Repeat prescription service
- Reasonable adjustments to aid medicine compliance (large print, non-child-proof lids, reminder charts)
- Provision of medicine in compliance aids (Not a commissioned service but may be reasonable adjustment to meet person's needs)
- Advice to carers and supported living services regarding medicines
- Care home advice and support

4.9.7 Dementia

Dementia is a group of related symptoms associated with an on-going decline of brain functioning. This may include problems with memory loss, confusion, mood changes and difficulty with day-to-day tasks.

The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of dementia.

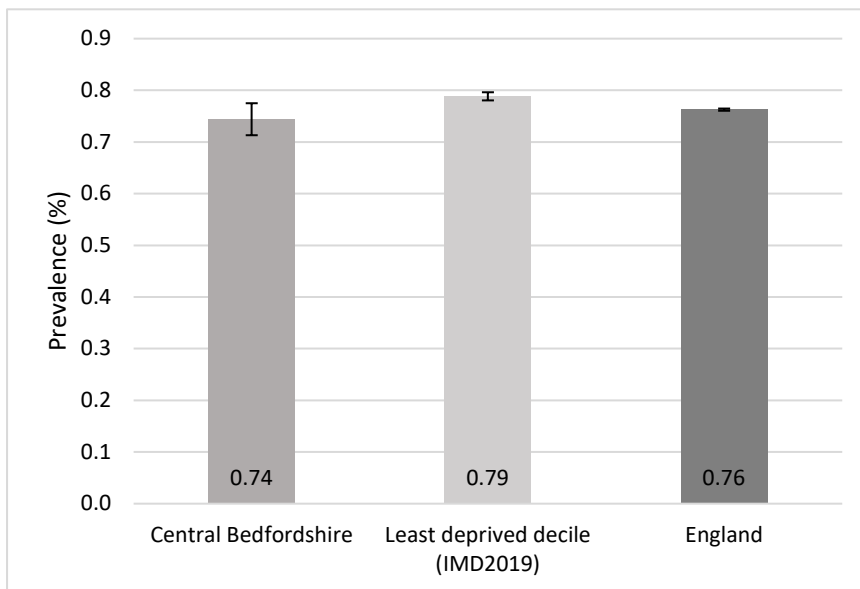
There are different types of dementia; all of them are progressive and impact on daily life. Alzheimer's disease and vascular dementia together make up the vast majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its

progress, help to maintain mental function, and give time to prepare and plan for the future.

Locally the number of cases of dementia is predicted to increase as the proportion of older people in the population grows. Even after diagnosis, people continue to live at home for many years, often with support from family carers. Accurate diagnosis of dementia is the first step to getting help and support.

Figure 28 shows the QOF of dementia (all ages) in 2023/24 in Central Bedfordshire was 0.74%. This is statistically similar to both the least deprived decile (0.79%) and the England average of 0.76%.

Figure 28: QOF prevalence of dementia (all ages), 2023/24



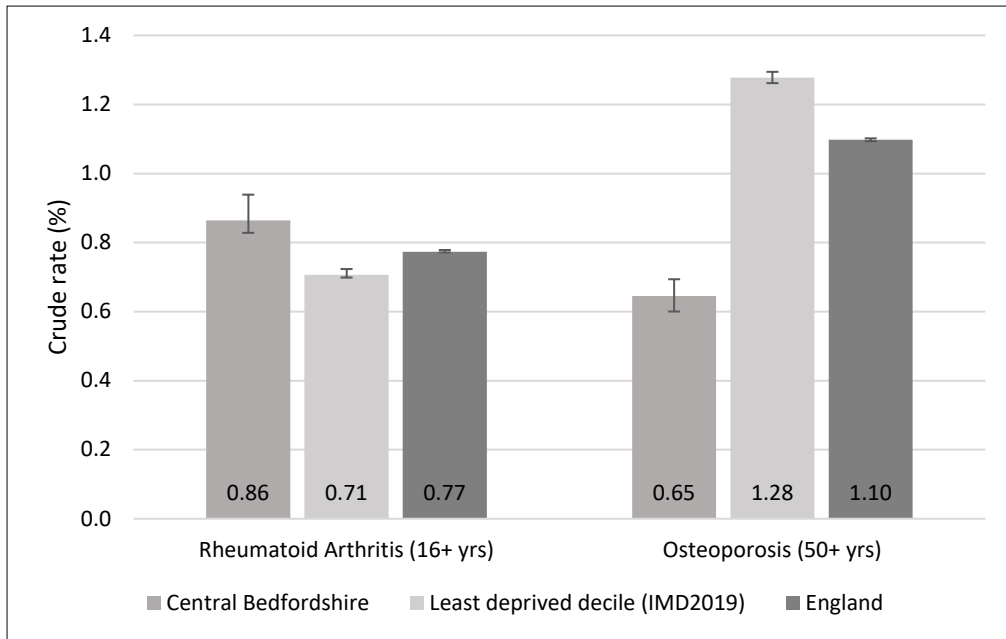
Source: OHID Fingertips, 2025²⁵

4.9.8 Rheumatoid arthritis and osteoporosis

Figure 29 shows the Quality Outcome Framework (QOF) prevalence of rheumatoid arthritis and osteoporosis in 2023-24 in Central Bedfordshire, the least deprived decile and England.

The recorded (diagnosed) prevalence for Rheumatoid arthritis in those aged 16 years and over in Central Bedfordshire was 0.86%, statistically significantly higher than the least deprived decile (0.71%) and the England average (0.77%). The recorded prevalence for Osteoporosis in those aged 50 years and over in Central Bedfordshire was 0.65%, statistically significantly lower than the least deprived decile (1.28%) and the England average (1.10%).

Figure 29: QOF prevalence of rheumatoid arthritis and osteoporosis, 2023/24

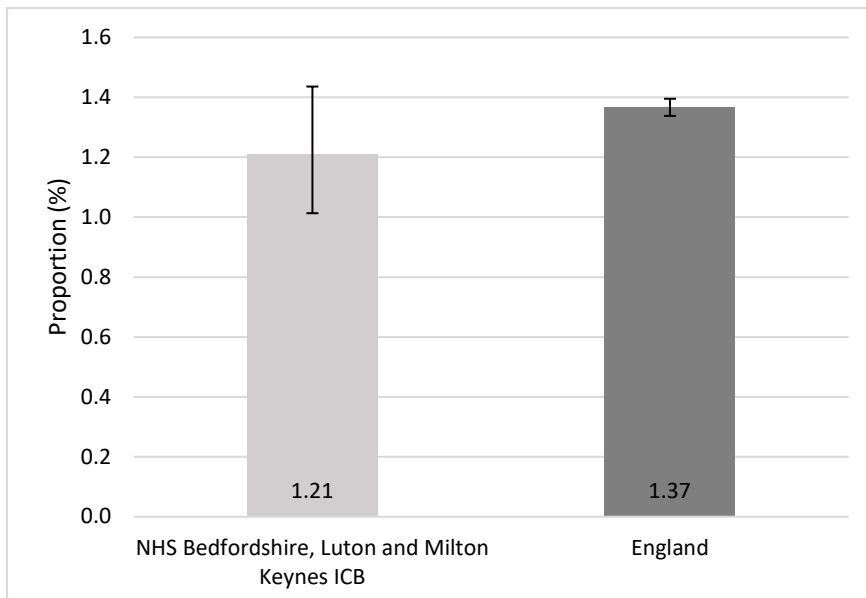


Source: OHID Fingertips, 2025²⁵

4.9.9 Visually impaired

Figure 30 shows the percentage of people reporting blindness or partial sight in 2024 across BLMK ICB compared to England. The recorded prevalence in BLMK ICB was 1.21%, statistically similar to the England value (1.37%).

Figure 30: Percentage of people reporting blindness or partial sight, 2024

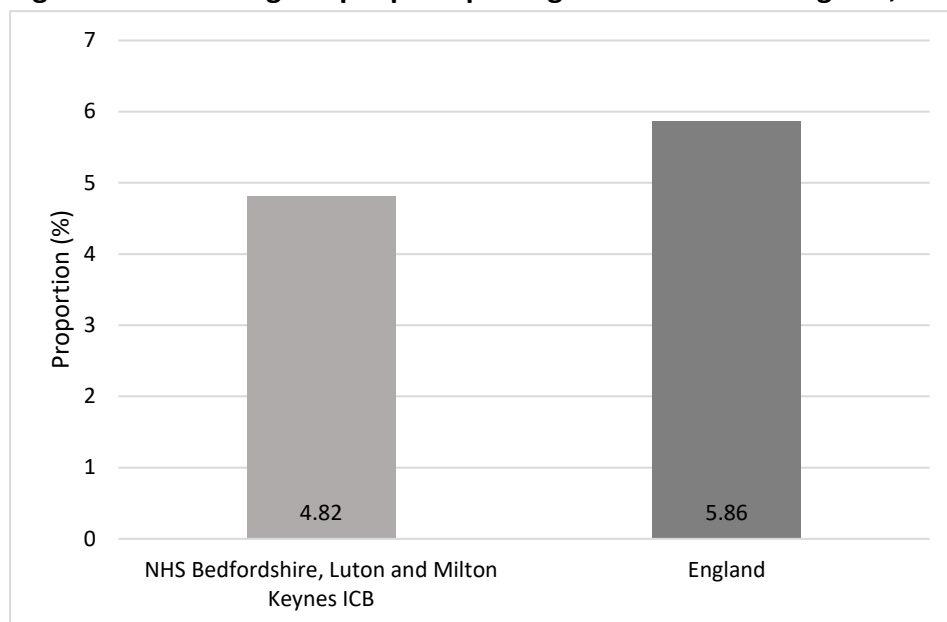


Source: OHID Fingertips, 2025²⁵

4.9.10 Hearing Impaired

Figure 31 shows the percentage of people reporting deafness or hearing loss in 2024 in BLMK ICB and England. The prevalence for BLMK ICB was 4.82% and the England average is 5.86% (statistical significance is not calculated for this indicator).

Figure 31: Percentage of people reporting deafness or hearing loss, 2024



Source: OHID Fingertips, 2025²⁵

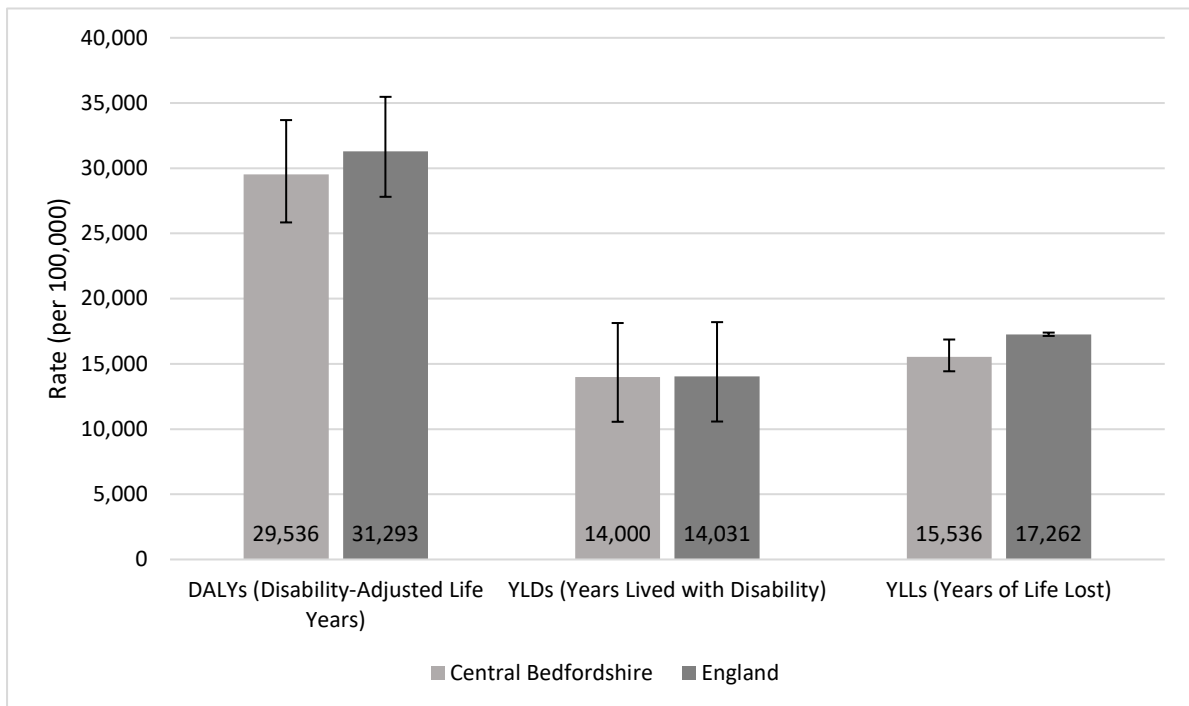
4.9.11 Burden of disease

Mortality does not give a complete picture of the burden of disease borne by individuals in different populations. The overall burden of disease is assessed using the Disability Adjusted Life Year (DALY), a time-based measure that combines Years of Life Lost due to premature mortality (YLLs) and years of life lost due to time lived in states of less than full health, or Years of Healthy Life Lost due to Disability (YLDs). One DALY represents the loss of the equivalent of one year of full health. Using DALYs, the burden of diseases that cause premature death but little disability (such as drowning or measles) can be compared with that of diseases that do not cause death but do cause disability (such as cataracts causing blindness).

Figure 32 shows the burden of disease measures for Central Bedfordshire and England.

- The rate for DALYs for Central Bedfordshire was 29,536 per 100,000, which is statistically similar to the England average of 31,293 per 100,000.
- The rate for YLDs for Central Bedfordshire was 14,000 per 100,000, which was statistically similar as the England average of 14,031 per 100,000 across England.
- The rate for YLLs for Central Bedfordshire was 15,536 per 100,000, which was statistically lower than the England average of 17,262 per 100,000 across England.

Figure 32: Burden of disease measures, 2021

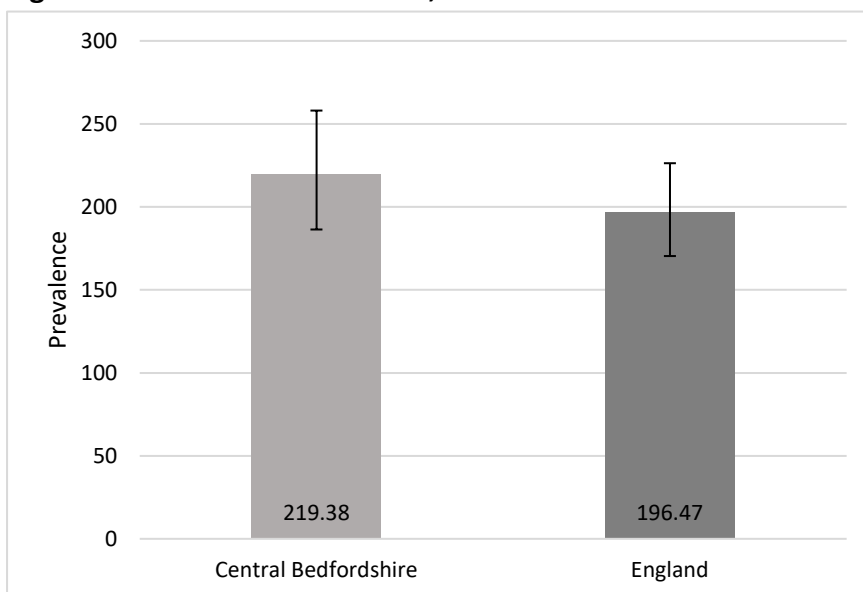


Source: Institute for Health Metrics and Evaluation, GDB Results Tool, 2024³⁸

4.9.12 Digestive diseases – Inflammatory Bowel Disease

Figure 33 shows the estimated rate of Inflammatory Bowel Disease (IBD) for Central Bedfordshire. The rate for Central Bedfordshire (219.38 per 100,000) which is higher than England (196.47 per 100,000) but this is not a statistically significant difference.

Figure 33: Estimated rate of IBD, 2021



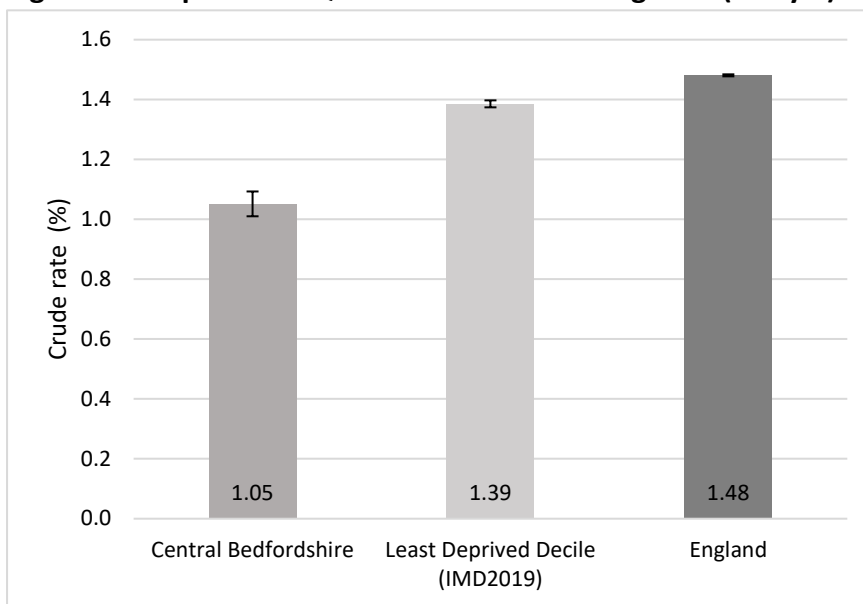
Source: OHID Fingertips, 2025²⁵

4.10 Mental health and mental wellbeing

In recent years, there has been increasing recognition of the impact of mental illness on the population. Differences in the allocation of resources between mental health and physical health, with historic underinvestment in mental health care across the NHS, are being addressed through the ambition of “parity of esteem”. At the same time, the interplay between physical and psychological symptoms is becoming better understood, and the very real inequalities in health outcomes for people with mental health problems are being quantified. We know that people with long-term physical illnesses suffer more complications if they also develop mental health problems.

Figure 34 shows the QOF prevalence of depression – new diagnosis in people aged 18 and over in 2023/24 in Central Bedfordshire. The prevalence for a new diagnosis of depression in Central Bedfordshire was 1.05%, statistically significantly lower than the least deprived decile of 1.39% and the England average of 1.48%.

Figure 34: Depression: QOF incidence - new diagnosis (18+ yrs) 2023/24



Source: OHID Fingertips, 2025²⁵

4.11 Learning disabilities

A learning disability affects the way a person understands information and how they communicate, which means they can have difficulty understanding new or complex information, learning new skills and coping independently.

Learning disabilities can be mild, moderate or severe. Some people with a learning disability live independently without much support; others need help to carry out most daily activities. Many people with learning disabilities also have physical and/or sensory impairments, and some might behave in a way that others find difficult or upsetting (called behaviour that 'challenges').

People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

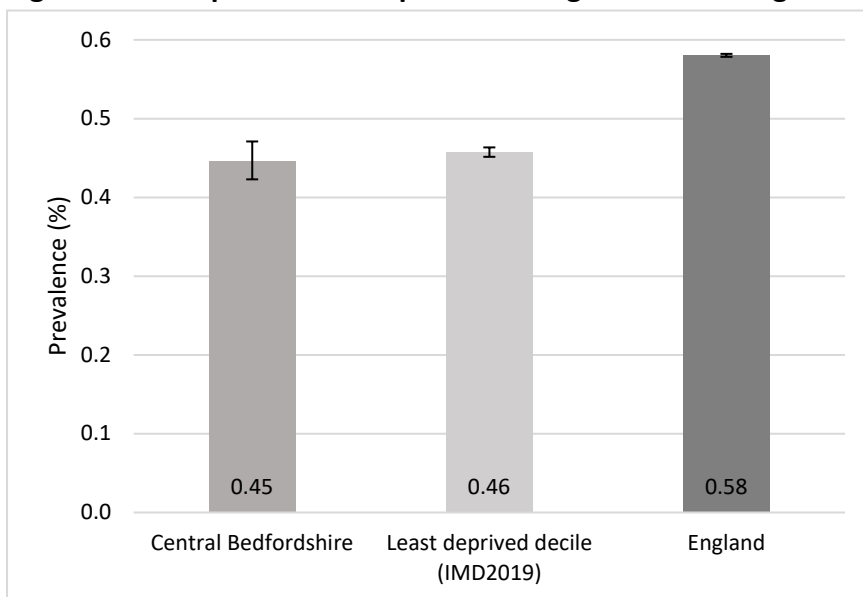
- Mental illness
- Chronic health problems
- Epilepsy
- Physical disabilities and sensory impairments.

Based on their greater health needs, it is critical that people with a learning disability have full access to health and care services and full access to preventative services.

Figure 35 shows the QOF prevalence of people living with a learning disability (all ages) in 2023/24 in Central Bedfordshire, the least deprived decile and England.

The recorded (diagnosed) prevalence for people living with a learning disability in Central Bedfordshire was 0.45%, statistically similar to the prevalence in the least deprived decile (0.46%) but statistically significantly lower than the England average (0.58%).

Figure 35: QOF prevalence of persons living with a learning disability (all ages), 2023/34



Source: OHID Fingertips, 2025²⁵

How pharmacies support:

- Information, advice and support on self-management and signposting to services
- Compliance aid assessment and other adjustments to support independence with medicines
- Repeat prescription service
- New medicine service
- Discharge medicine service

4.12 Health protection

4.12.1 Seasonal influenza and COVID-19

Immunisation programmes help to protect individuals and communities from particular diseases and changes are made to immunisation programmes in response to emerging and changing risks from vaccine preventable illnesses.

Community pharmacies make a significant contribution to the seasonal influenza and COVID-19 immunisation campaigns and continued support for this remains critical in protecting the population.

4.12.2 Population vaccination coverage

Rotaviruses are the most common cause of diarrhoeal disease among infants and young children. Nearly every child in the world is infected with a rotavirus at least once by the age of five. Immunity develops with each infection, so subsequent infections are less severe. Adults are rarely affected.

The MMR vaccine is a vaccine against measles, mumps, and rubella (German measles), abbreviated as MMR. The first dose is generally given to children around 9 months to 15 months of age, with a second dose at 15 months to 6 years of age, with at least four weeks between the doses.

Diphtheria, tetanus, and acellular pertussis vaccine (also known as DTaP) combined with inactivated poliovirus vaccine (also known as IPV) is a combination vaccine that is given to protect against infections caused by diphtheria, tetanus (lockjaw), pertussis (whooping cough), and poliovirus.

The DTaP/IPV/Hib/HepB vaccine, also commonly known as the '6-in-1 vaccine', helps protect your baby against six serious diseases: Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B.

Figure 36 shows the population vaccination coverage of the seven vaccination indicators by Central Bedfordshire, the least deprived decile and England.

Rotavirus (Rota) (1 year): the population vaccination coverage in Central Bedfordshire was 92.33% which is statistically similar to the least deprived decile (91.34%) and statistically significantly higher than the England average (88.48%).

MMR for one dose (5 years old): the population vaccination coverage in Central Bedfordshire was 94.83%, which is statistically similar to the least deprived decile (93.78%) but statistically higher than the England average of 91.93%.

MMR for two doses (5 years old): the population vaccination coverage in Central Bedfordshire was 89.86%, which is statistically significantly higher than the least deprived decile (86.67%) and statistically higher England average (83.91%).

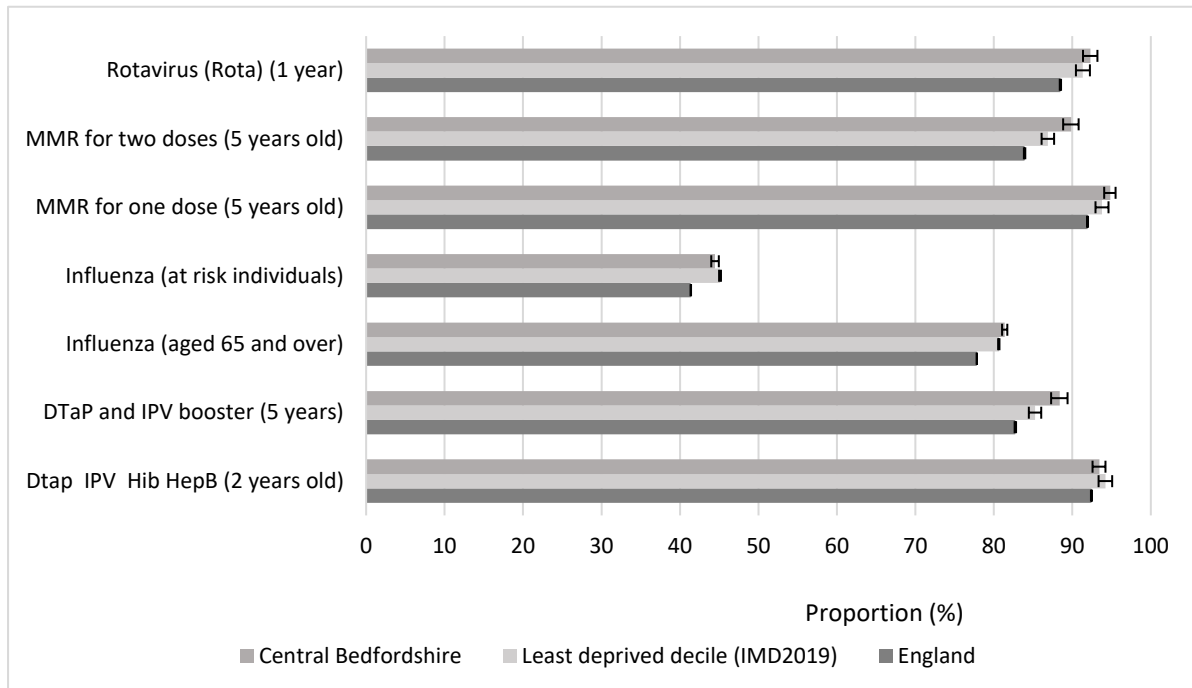
Influenza (at risk individuals): the population vaccination coverage in Central Bedfordshire was 44.46%, which is statistically significantly lower than the least deprived decile (45.10%); however, it is statistically significantly higher than the England average (41.37%).

Influenza (aged 65 and over): the population vaccination coverage in Central Bedfordshire was 81.38%, which is statistically significantly higher than the least deprived decile (80.63%) and statistically significantly higher than the England average (77.82%).

DTaP and IPV booster (5 years): the population vaccination coverage in Central Bedfordshire was 88.38%, which is statistically significantly higher than both the least deprived decile (85.24%) and England average (82.74%).

DTaP IPV Hib HepB (2 years old): the population vaccination coverage in Central Bedfordshire was 93.44%, which is statistically similar to the least deprived decile (94.21%) but statistically significantly higher than the England average (92.44%).

Figure 36: Population vaccination coverage, 2023/24

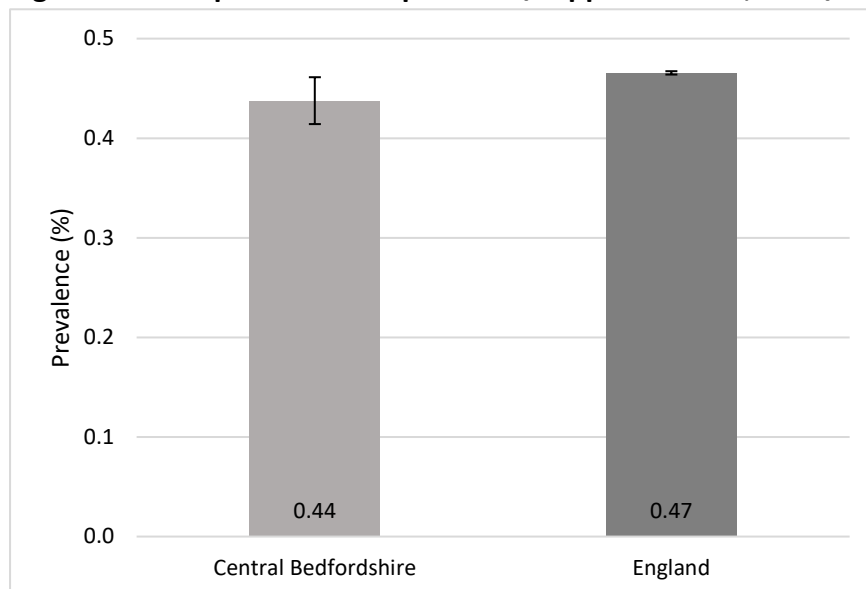


Source: OHID Fingertips, 2025²⁵

4.13 Palliative care

Figure 37 shows the QOF prevalence of palliative/supportive care in 2022-23 in Central Bedfordshire and England. The prevalence rate in Central Bedfordshire was 0.44% which is statistically significantly lower than England average (0.47%).

Figure 37: QOF prevalence of palliative/supportive care, 2022/23

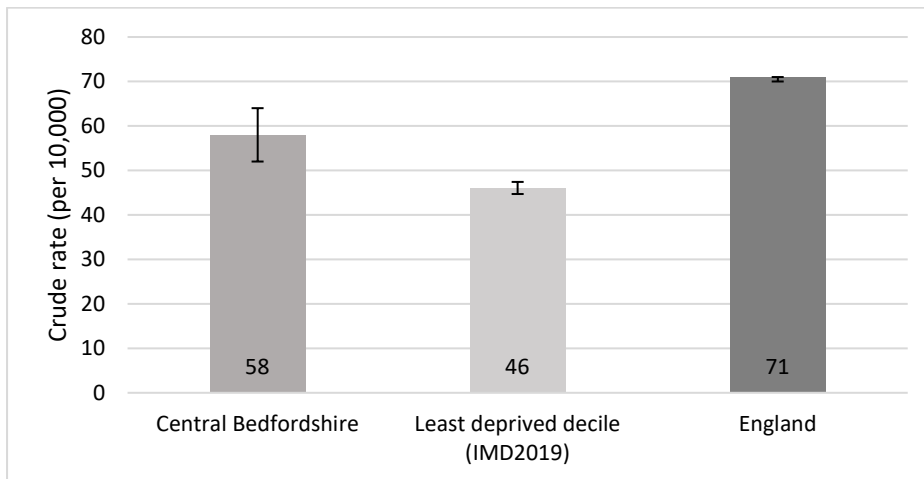


Source: OHID Fingertips, 2025²⁵

4.14 Children in care

Figure 38 shows the rate of children in care in 2022/23 per 10,000 in Central Bedfordshire, the least deprived decile and England. The rate for Central Bedfordshire was 58.00 per 10,000 children which is statistically significantly higher than the least deprived decile of 46.00 per 10,000. However, it is statistically significantly lower than the England average of 71.00 per 10,000 across England.

Figure 38: Children in care, 2022/23

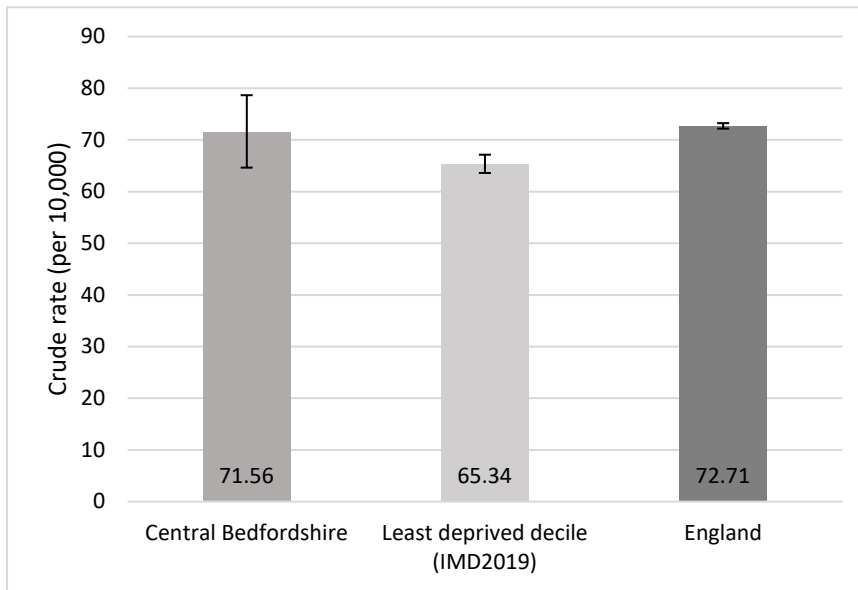


Source: OHID Fingertips, 2025²⁵

4.15 Accidental injuries

Figure 39 shows the prevalence of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) in 2023-24 in Central Bedfordshire, the least deprived decile and England. The prevalence rate in Central Bedfordshire was 71.56 per 10,000, statistically similar to the least deprived area of 65.34 per 10,000, and to the England average of 72.71 per 10,000.

Figure 39: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), 2023/24



Source: OHID Fingertips, 2025²⁵

4.16 Summary of health needs analysis

Community pharmacy can, and does, make a significant contribution to improving the health of the population and supporting a reduction in premature mortality. The population of Central Bedfordshire is increasing, with further growth anticipated. The largest increase is in those aged 80 and over. Long term conditions are more prevalent in the older population. Whilst in line with the England average, the prevalence of excess weight (including overweight and obesity) and the under 18 conception rate statistically significantly higher in Central Bedfordshire compared to the average for the least deprived decile. While generally, long term condition prevalence in Central Bedfordshire is in line with the England average, the recorded prevalence of asthma in people aged 6 years and older is statistically higher than for England.

While the majority of people living in Central Bedfordshire are fortunate enough to have good health when compared with the national averages, this isn't the experience for everyone. There are some deprived LSOAs within Central Bedfordshire and the needs of those in deprived pockets can be masked by looking at the needs of the population as a whole.

The increasingly ageing population will have an impact on demand for pharmaceutical services. Older patients often have more complex health needs and will require more support with their medicines and to access pharmaceutical services.

5 Current Provision of Pharmaceutical Services

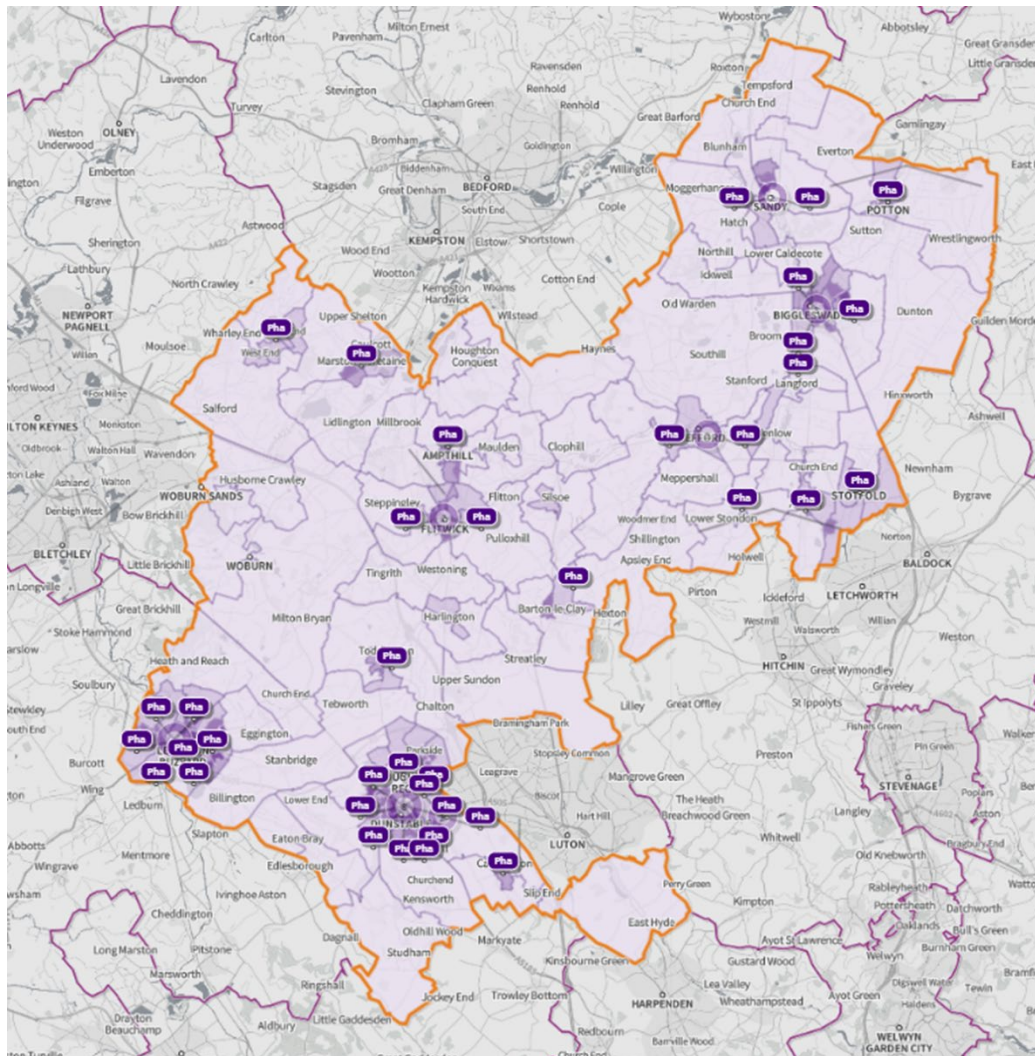
5.1 Overview

From 1 July 2022 all ICBs assumed delegated responsibility for primary medical services and some ICBs took on delegated responsibility for one or more pharmaceutical, ophthalmic, and dental functions. However, NHS England still retains overall accountability for the discharge of these delegated functions, under the Health and Care Act 2022. This delegated authority for pharmaceutical services was transferred to Hertfordshire and West Essex ICB (HWE ICB) (on behalf of all ICBs in the East of England) and reference to the commissioner of the community pharmacy services will be HWE ICB throughout this PNA.

HWE ICB is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies. The information reflects the number of pharmacies at the time the data was reported. A table listing the current pharmacies and key opening times is included in appendix 7.

Figure 40 shows the location of essential pharmacy services within Central Bedfordshire, with population density.

Figure 40: Location of essential pharmaceutical services within Central Bedfordshire



Key
 Values for LSOAs within the selected boundary are shown.

The colours represent the quintiles:

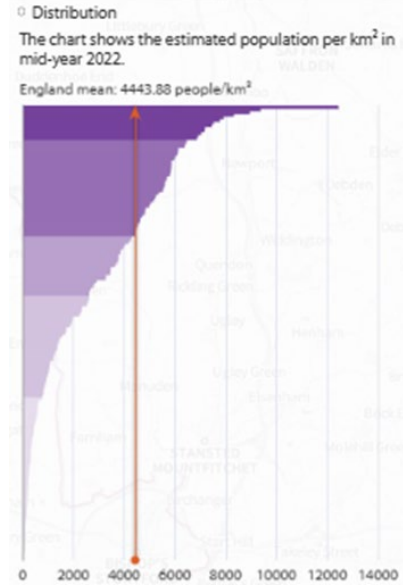
- 6,572.41 to 115,876 pop/km²: 13 areas
- 4,388.01 to 6,572.4 pop/km²: 37 areas
- 2,628.01 to 4,388 pop/km²: 23 areas
- 780.01 to 2,628 pop/km²: 39 areas
- 2 to 780 pop/km²: 63 areas

Data

Numerator:
 Estimated population: 301,501

Denominator:
 Total area: 715.67 km²

Small Area Population Estimates for mid-year 2022
 ONS: [ons.gov.uk/.../populationestimates](https://ons.gov.uk/populationestimates)



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5.2 Standard contract (40 hours)

5.2.1 Core hours

Community pharmacy contractors provide Essential Services (see section 7 essential services) as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Most community pharmacies provide a core of 40 hours per week although some pharmacies may be contracted to provide a 100-hour (now minimum 72 hours) pharmacy service, and some may offer less than 40 hours.

Core opening hours can only be changed by first applying to HWE ICB and as with all applications, these may be granted or refused.

5.2.2 Supplementary hours

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving the ICB a minimum of 5 weeks' notice of the intended change where a decrease in hours will occur. Although notification must also be given to the ICB for an increase in hours, there is no notice period stated, however owners are encouraged to give as much notice as possible.

28 pharmacies in Central Bedfordshire currently provide some supplementary hours, ranging from 2 to 39 hours per week.

5.3 100-hour pharmacies

100-hour pharmacies were required to open for at least 100 hours per week until May 2023 when the Department of Health and Social Care (DHSC) introduced a number of changes to the regulations. Amongst those changes was the option for 100-hour pharmacies to reduce their weekly opening hours to no less than 72, subject to various requirements, which included continuation of 7-day provision and late opening on weekdays. The changes were introduced in an effort to maintain the availability of this provision against a backdrop of pharmacy closures. 100-hour pharmacies were seen as particularly vulnerable to closure due to higher operating costs.

Since this change in the regulations was introduced, all 4 100-hour pharmacies in Central Bedfordshire have reduced their opening hours.

5.4 Pharmacy Access Scheme

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. Information provided by HWE ICB in January 2025 indicated that nine pharmacies in Central Bedfordshire were identified as being eligible for the Pharmacy Access Scheme. These are:

- Arlesey Pharmacy, 31 High Street, Arlesey, SG15 6RA
- D R Allen Pharmacy, 3 Mill Road, Cranfield, MK43 0JG
- Henlow Pharmacy, 197A Station Road, Lower Stondon, SG16 6JE
- Jardines Pharmacy, 17 Market Square, Potton, Sandy, SG19 2NP
- Jardines Pharmacy, 5 Kingsfield Road, Saxon Centre, Biggleswade, SG18 8AT
- Langford Pharmacy, 73a Church Street, Langford, SG18 9QA
- McLaren Pharmacy, Unit 2 Moretyne Retail Park, Bedford Road, Bedford, MK43 0LA
- Touchwood Pharmacy, 47 Coniston Road, Leighton Buzzard, LU7 2PJ
- Tuda Pharmacy, Toddington Medical Centre, Toddington, LU5 6DE

5.5 Dispensing appliance contractors

Dispensing appliance contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Dispensing appliance contractors are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely and on a national level, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. They are not therefore directly linked to the provision of pharmaceutical services in any specific locality so are not considered as part of the needs assessment.

There is no appliance contractors located in Central Bedfordshire; however, geographical location is less relevant as they operate a 100% delivery model.

5.6 Distance selling pharmacies

Distance selling pharmacies (DSPs) are required to deliver the full range of essential services, though the 2013 regulations⁷ do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then deliver them to the patient free of charge.

They must provide essential services to anyone, anywhere in England, where requested to do so and may currently choose to provide advanced and enhanced services, but when doing so must ensure that they do not provide any essential services whilst the patient is at

the pharmacy premises. In April 2025, it was announced³⁹ that the 2013 regulations will be amended so that DSPs will no longer be able to provide advanced and enhanced services to patients on the pharmacy premises. Where the service specification for individual services allows remote consultations to be provided or off-site provision of a service, that will still be possible for all pharmacies, including for DSPs. This is likely to be effective from 2 October 2025, after the regulations have been amended.

As of 31 March 2024, there were 409 DSPs in England, based in 115 health and wellbeing board areas. Not every health and wellbeing board therefore has one in their area, however it is likely that some of their residents will use one.

In Central Bedfordshire, there is one DSP, which opened in April 2024.

5.7 Dispensing doctors

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

There are 10 dispensing doctors in the Central Bedfordshire area and they are detailed in Table 2.

Table 2: Dispensing doctors in Central Bedfordshire

Code	Practice / branch located within Central Bedfordshire	Main or Branch Surgery	Address
E81003	Bassett Road Surgery	Main	29 Bassett Road, Leighton Buzzard LU7 1AR
E81046	Dr A Sulakshana & Partners	Main	Hexton Road, Barton-le-Clay MK45 4TA
E81015	Flitwick Surgery	Main	Highlands, Flitwick, MK45 1DW
E81012	Greensands Medical Practice	Main	Brook End, Potton SG19 2QS
E81074	Houghton Close Surgery	Main	1 Houghton close, Ampthill MK45 2TG
E81061	Lower Stondon Surgery, Dr Collins & Carragher	Main	The Hawthorns, 109 Station Road, Lower Stondon SG16 6JJ
E81057	Saffron Health Partnership	Main	Saffron Road, Biggleswade SG18 8DJ
E81035	Sandy Health Centre	Main	Northcroft, Sandy SG19 1JQ
E81050	Asplands Medical Centre: Woburn Surgery	Branch	Eleanor Close, Woburn, MK17 9QU
E81040	Sundon Medical Centre: Harlington Surgery	Branch	Westoning Road, LU5 6PL

Source: HWE ICB

5.8 Hospital pharmacy services

NHS hospital trusts and private hospitals do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

5.9 Out of area providers of pharmaceutical services

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Central Bedfordshire area that provide dispensing services to the registered population of Central Bedfordshire. This is detailed in section 6.2

5.10 Government consultations

5.10.1 Pharmacy supervision

The Government has recently undertaken a consultation exercise to gather views on a proposed change to the regulations on pharmacy supervision. The changes, if enacted, would allow greater delegation of tasks in a community pharmacy, allowing the pharmacist to focus more on clinical services and other patient facing activity. This could free up capacity and enable community pharmacists to deliver a wider range of NHS services.

The results of the consultation have not been shared at the time of writing.

5.10.2 Hub and spoke dispensing

Hub and spoke dispensing occurs when a community pharmacy 'spoke' sends prescriptions to another pharmacy 'hub' to be dispensed and is used currently by pharmacy multiples to free up pharmacist time at the spoke and achieve economies of scale at the hub. Legislation permits this provided certain conditions are met, but both parties must be part of the same legal entity.

In March 2025⁴⁰ the Government confirmed that it is introducing Hub and Spoke dispensing Model 1, and changes to the Human Medicines Regulations 2012 will be made in the coming weeks. Model 1 is where the medicines are returned assembled from the hub to the spoke pharmacy for supply to the patient (patient – spoke – hub – spoke – patient). It is intended that this will be available later in the year.

This change should create and/or preserve capacity for pharmacists to deliver patient facing services.

5.10.3 Independent prescribing

Independent prescribing by pharmacists has been available since 2006, and in recent years there has been a drive to upskill the current pharmacist workforce, enabling a large number of pharmacists to qualify as independent prescribers. Alongside this, newly registered pharmacists qualifying from 2026 will automatically become independent prescribers following changes made by schools of pharmacy to reflect this significant change to pharmacists' workload.

Despite there being a number of independent prescribing pharmacists working in community pharmacy in England, there are currently no clinical services commissioned nationally by NHS England that enable NHS prescriptions to be issued by independent prescribing pharmacists working in community pharmacy. In 2024, NHS England and ICBs have continued to develop the Community Pharmacy Independent Prescribing Pathfinder Programme, designed to establish a framework for the commissioning of community pharmacy services that incorporate independent prescribing.

Over the next few years, there could be a significant change to the delivery of community pharmacy services, as the skills and capabilities of community pharmacists are utilised to build on clinical services already commissioned as advanced pharmaceutical services, or to add into locally commissioned services.

6 Access to Community Pharmacy services in Central Bedfordshire

Since the last PNA in 2022 the following significant changes to pharmacy provision in Central Bedfordshire include:

- Closure of Lloyds Pharmacy, Sainsbury Store, 2-8 Luton Road, Dunstable, LU5 4RF
- Closure of Lloyds Pharmacy, Sainsbury Store, Bells Brook, Biggleswade, SG18 0NA
- Closure of Lloyds Pharmacy, 3-5 Market Square, Leighton Buzzard, LU7 1EU
- One distance selling pharmacy has opened: Medino, Unit 6, Union Park, Grovebury Road, Leighton Buzzard, LU7 4UX

Two of the pharmacies that closed held 40-hour contracts, one was 100-hour.

Following the change in the 2013 regulations (see section 5.3) regarding 100-hour pharmacies, the vast majority of 100-hour pharmacies nationally, and all 4 100-hour pharmacies in the Central Bedfordshire area have reduced their opening times. There have also been reductions in the number of supplementary hours offered by 40-hour contractors, affecting mainly early morning, evening, and weekend opening.

6.1 Number, type of pharmacies and geographical distribution

Table 3: Distribution of community pharmacies, by locality

Locality	Number of community pharmacies			
	40-hour	Distance selling	100-hour	TOTAL
Chiltern Vale	10	0	3	13
Ivel Valley	12	0	0	12
Leighton Buzzard	6	1	0	7
West Mid Beds	5	0	1	6
TOTAL	33	1	4	38

Source: HWE ICB

Table 4: Average number of pharmacies (not including dispensing doctors) per 100,000 population and persons per pharmacy, by locality

Locality	No. of community pharmacies	Mid 2022 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Chiltern Vale	13	86,564	15	6,659
Ivel Valley	12	92,954	12.9	7,746
Leighton Buzzard	7	48,358	14.5	6,908
West Mid Beds	6	73,625	8.1	12,271
Central Bedfordshire	38	301,501	12.6	7,934
ENGLAND	10,430	57,112,542	18.3	5,476

Sources BSA Pharmaceutical list⁴¹ ONS⁴², NHSBSA⁴³, and Public Health Evidence and Intelligence (PHEI) team- shared Public Health team Bedford Borough, Central Bedfordshire and Milton Keynes City Councils

Consideration of the number of pharmacies compared to the resident population, based on ONS 2022 mid-year population estimates for wards, aggregated up to Central Bedfordshire localities is shown in Table 4. This shows that Central Bedfordshire has comparatively low provision of community pharmacies, having a smaller number of pharmacies per 100,000 population than the England average.

Chiltern Vale has the highest number of pharmacies per 100,000 population out of all of the Central Bedfordshire localities. West Mid Beds is much lower than all other localities, however it does benefit from five dispensing doctors surgeries (not included in the above table).

6.2 Dispensing activity in Central Bedfordshire

To assess the average dispensing activity levels of Central Bedfordshire community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity⁴³ was mapped to Central Bedfordshire using pharmacy codes and addresses.

Table 5: Average number of items dispensed per pharmacy (not including dispensing doctors) in Central Bedfordshire, 2023/24

	No of pharmacies	Number of prescription items dispensed by pharmacies (2023/24)	Average no. of prescription items dispensed per pharmacy (2023/24)
Central Bedfordshire	38	4,118,360	108,378
ENGLAND	10,430	1,113,000,000	106,711

Source: NHSBSA

The figures show that pharmacies in Central Bedfordshire dispense a slightly higher average number of items than the national average.

Prescribing and analysis of data reports (ePACT2) published by NHS Business Services Authority in October 2024, indicated that in 2023/24, 80% of the items prescribed by GP practices in Central Bedfordshire were dispensed by pharmacies in the Central Bedfordshire area and 20% were dispensed "out of area".

To counter this information, Central Bedfordshire pharmacies also dispense some prescriptions that are sourced from prescribers located out of the council's boundaries. In 2023/24, 6.4% of the dispensing activity of pharmacies in Central Bedfordshire was from prescribers out of area.

Out of area dispensing may be due to people choosing to use a distance selling pharmacy for their medicine supplies or people who live on the boundaries of the area accessing pharmacies which are convenient to visit but are in a neighbouring HWB area.

6.3 Access to pharmacies by opening hours

As described in section 5.2, community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with the ICB. These core hours are provided as part of essential pharmacy services. There are four 100-hour pharmacies in Central Bedfordshire, opened under the previous exemption which enabled longer opening hours, and these pharmacies must now be open for at least 72 hours per week as core hours.

In Central Bedfordshire, all but six of the 40-hour pharmacies provide supplementary hours, so are open for more than the core contract hours. One of these is the distance-selling pharmacy.

In Central Bedfordshire, there are currently:

- 21 pharmacies that are not 100-hour pharmacies and open on Saturday mornings,
- 14 pharmacies that are not 100-hour pharmacies and remain open after 1pm on Saturday afternoons,
- Four pharmacies that are not 100-hour pharmacies that are open on Sundays.

These operating hours allow pharmacies greater scope to respond to local population needs and preferences.

The distance selling pharmacy does not open on Saturdays or Sundays.

There are four 100-hour pharmacies (3 in Chiltern Vale and 1 in West Mid Beds localities) out of a total of 38 pharmacies in Central Bedfordshire. These pharmacies provide access to services on weekday evenings and Saturdays until at least 9pm, as well as on Sundays.

In addition, there are 15 pharmacies that provide at least 10 supplementary hours beyond their 40-hour core contracts. 14 of these provide access to services on Saturdays until at least 1pm, with four of these also open on Sundays. Of these pharmacies, three are in West Mid Beds, six are in Ivel Valley, four are in Chiltern Vale and two are in Leighton Buzzard localities.

Figures 41, 42 and 43 illustrate the opening hours of each pharmacy on weekdays, Saturdays, and Sunday.

Figure 41: Weekday opening hours (correct as of April 2025)

Locality	Pharmacy Name	ODS Code	Monday to Friday																				
			6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM			
Chiltern Vale	Asda Pharmacy	FPX06																					
	Boots Pharmacy	FKP98																					
	Herington (Chemists) Ltd	FGM33																					
	Houghton Regis Pharmacy	FRR79																					
	Jardines Pharmacy	FKJ53																					
	Jhoots Pharmacy	FWH58																					
	Langdale Pharmacy	FTT68																					
	Mayfield Pharmacy	FQE61																					
	Medigreen Ltd	FE283																					
	Tesco in-store Pharmacy	FE049																					
	Titan Pharmacy	FGQ94																					
	Tuda Pharmacy	FJ560																					
	West Street Pharmacy	FDL16																					
Ivel Valley	Arlesey Pharmacy	FK555																					
	Biggleswade Pharmacy	FTX06																					
	Boots Pharmacy	FL588																					
	Britannia Pharmacy	FD869																					
	Britannia Pharmacy	FX692																					
	Henlow Pharmacy	FD129																					
	Jardines Pharmacy	FD578																					
	Jardines Pharmacy	FF736																					
	Jardines Pharmacy	FKP67																					
	Langford Pharmacy	FHT06																					
	Shefford Pharmacy	FJM95																					
	Stotfold Pharmacy	FGV90																					
Leighton Buzzard	Boots Pharmacy	FK386																					
	Grovebury Pharmacy	FGW87																					
	Medino	FQF90																					
	Peak Pharmacy	FD698																					
	Rosehill Pharmacy	FTR05																					
	Tesco in-store Pharmacy	FMK63																					
Touchwood Pharmacy	FG827																						
West Mid Beds	C&H (Barton) Ltd	FH609																					
	D R Allen Pharmacy	FCH27																					
	McLaren Pharmacy	FC090																					
	Tesco in-store Pharmacy	FE912																					
	The Highlands Pharmacy Ltd	FE843																					
W Cheeseman & Son Ltd	FEL81																						

Source: HWE ICB

Figure 42: Saturday opening hours (correct as of April 2025)

Locality	Pharmacy Name	ODS Code	Saturday Opening Hours																		
			6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	
Chiltern Vale	Asda Pharmacy	FPX06																			
	Boots Pharmacy	FKP98																			
	Herington (Chemists) Ltd	FGM33																			
	Houghton Regis Pharmacy	FRR79																			
	Jardines Pharmacy	FKJ53																			
	Jhoots Pharmacy	FWH58																			
	Langdale Pharmacy	FTT68																			
	Mayfield Pharmacy	FQE61																			
	Medigreen Ltd	FE283																			
	Tesco in-store Pharmacy	FE049																			
	Titan Pharmacy	FGQ94																			
	Tuda Pharmacy	FJ560																			
West Street Pharmacy	FDJ16																				
Ivel Valley	Arlesey Pharmacy	FK555																			
	Biggleswade Pharmacy	FTX06																			
	Boots Pharmacy	FL588																			
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	Langford Pharmacy	FHT06																			
	Shefford Pharmacy	FJM95																			
	Stotfold Pharmacy	FGV90																			
Leighton Buzzard	Boots Pharmacy	FK386																			
	Grovebury Pharmacy	FGW87																			
	Medino	FQF90																			
	Peak Pharmacy	FD698																			
	Rosehill Pharmacy	FTR05																			
	Tesco in-store Pharmacy	FMK63																			
Touchwood Pharmacy	FG827																				
West Mid Beds	C&H (Barton) Ltd	FH609																			
	D R Allen Pharmacy	FCH27																			
	McLaren Pharmacy	FC090																			
	Tesco in-store Pharmacy	FE912																			
	The Highlands Pharmacy Lt	FE843																			
W Cheeseman & Son Ltd	FEL81																				

Source: HWE ICB

Figure 43: Sunday opening hours (correct as of April 2025)

Locality	Pharmacy Name	ODS Code	Sunday Opening Hours																	
			6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
Chiltern Vale	Asda Pharmacy	FPX06																		
	Boots Pharmacy	FKP98																		
	Herington (Chemists) Ltd	FGM33																		
	Houghton Regis Pharmacy	FRR79																		
	Jardines Pharmacy	FKJ53																		
	Jhoots Pharmacy	FWH58																		
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	Tesco in-store Pharmacy	FE049																		
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	Tuda Pharmacy	FJ560																		
	West Street Pharmacy	FDJ16																		
Ivel Valley	Arlesey Pharmacy	FK555																		
	Biggleswade Pharmacy	FTX06																		
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	D R Allen Pharmacy	FCH27																		
	McLaren Pharmacy	FC090																		
	Tesco in-store Pharmacy	FE912																		
	The Highlands Pharmacy Lt	FE843																		
	W Cheeseman & Son Ltd	FEL81																		

Source: HWE ICB

The HWB board recognises that these pharmacies provide extended opening hours as supplementary hours which, if reduced, could impact access for the population of Central Bedfordshire. However, should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision within this locality. Early involvement of Community Pharmacy BLMK and Northants, and local community pharmacies in this process would allow for local solutions to be explored.

6.4 Ease of access to pharmacies

The following sections provide a summary of the opening hours of community pharmacies in Central Bedfordshire, split between weekdays and weekend provision. For the weekdays, a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days. Full information regarding opening hours is described in appendix 7, including any variations to this general overview.

6.4.1 Weekday opening

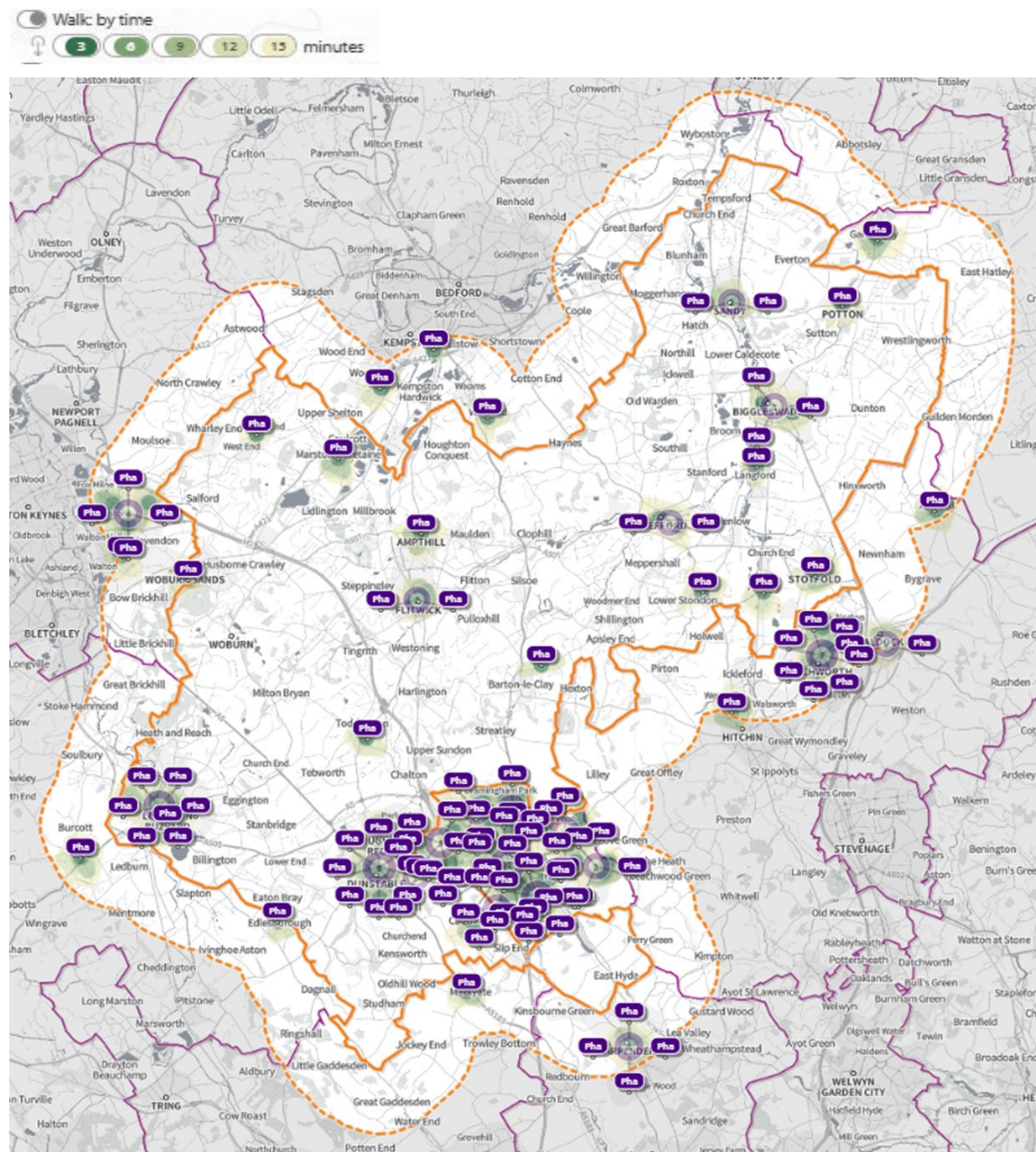
There is extensive access to community pharmacy across Central Bedfordshire during the hours from 9:00 am until 6:00 pm on weekdays in all localities. 21 pharmacies that are not 100-hour pharmacies remain open without closing for lunchtime. Of those that do close at lunchtime, all close for one hour apart from one which closes for 30 minutes.

6.4.1.1 Weekday daytime

All community pharmacies in Central Bedfordshire are open from 9am on Weekday mornings. Some pharmacies offer earlier opening times, which are often provided as supplementary hours. All localities have at least one pharmacy open from 8.30am. During the weekday daytime, there is adequate access to pharmacies across all localities, with residents in all areas able to access a pharmacy within 15 minutes using private transport. 99% of the population are within a 30-minute travel time using public transport.

Figures 44, 45 and 46 illustrate the travel times on foot, by public transport and by car.

Figure 44: Access to pharmacies by travel time on foot – weekday daytime

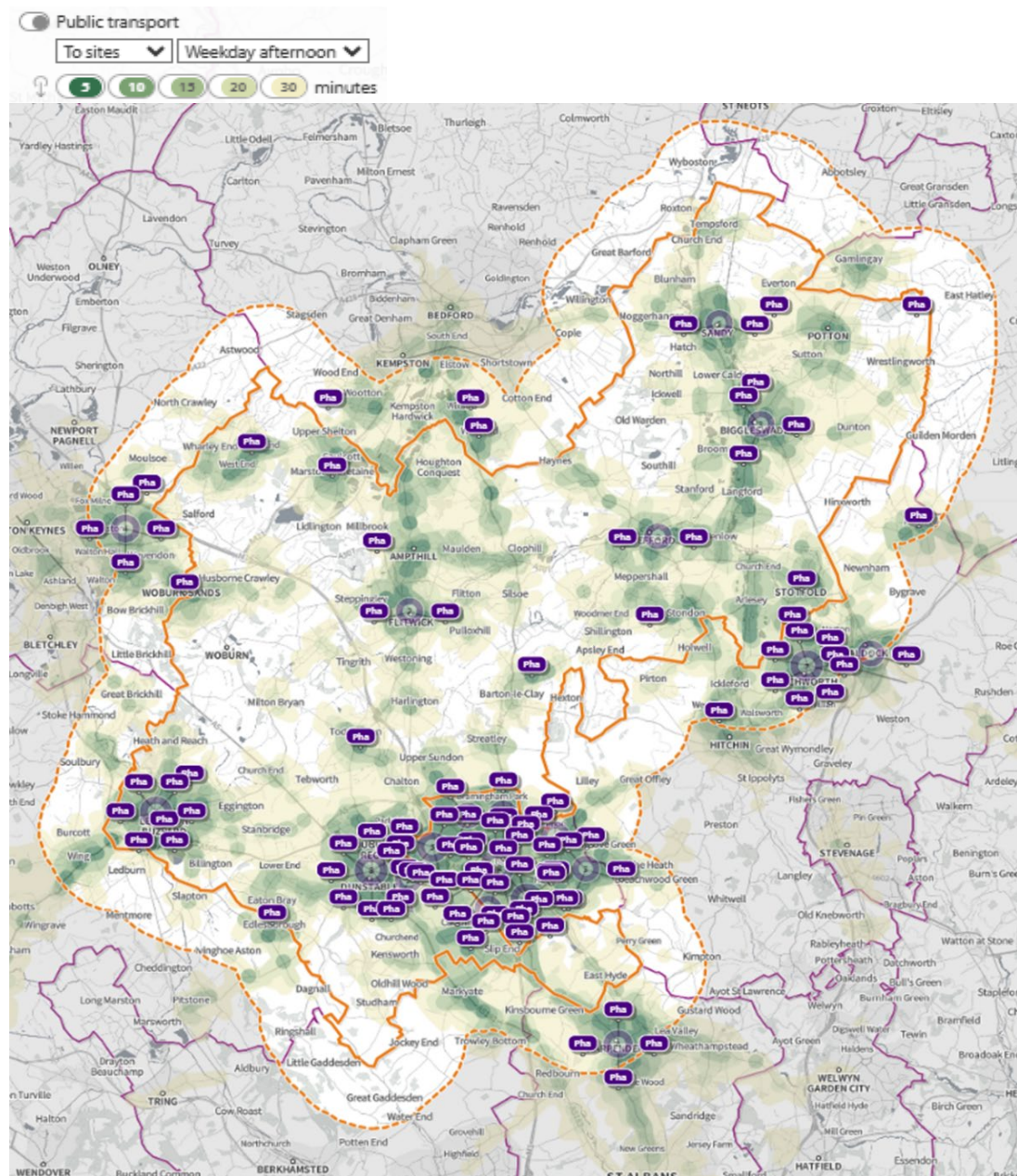


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Table 6: Travel time on foot during weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	38,209	262,292	301,501	12.7%
6	87,188	214,313	301,501	28.9%
9	133,852	167,649	301,501	44.4%
12	158,498	143,003	301,501	52.6%
15	187,033	114,468	301,501	62.0%

Figure 45: Access to pharmacies by travel time on public transport – weekday daytime

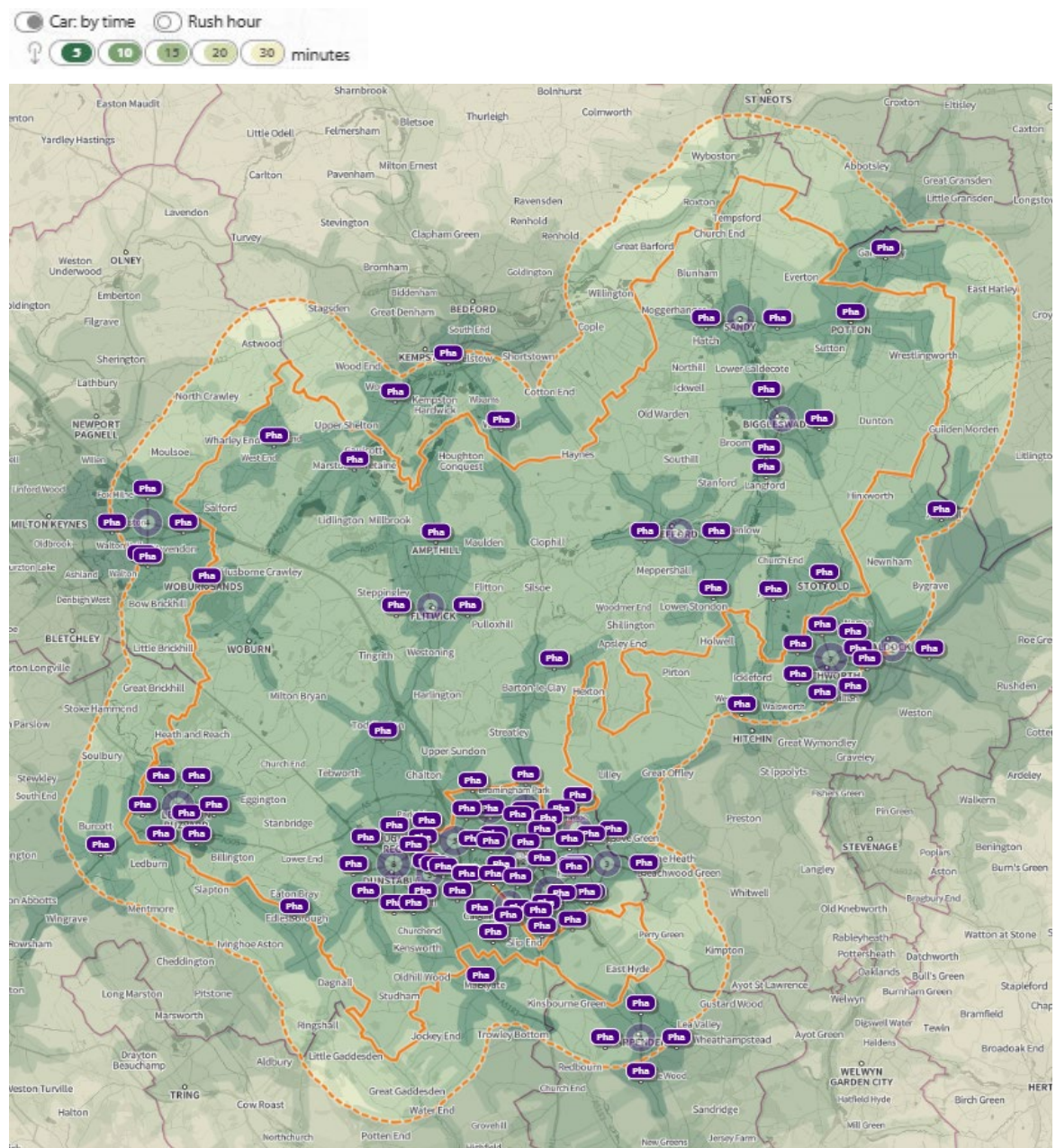


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Table 7: Travel time on public transport during weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	120,150	181,351	301,501	39.9%
10	247,229	54,272	301,501	82.0%
15	285,416	16,085	301,501	94.7%
20	292,598	8,903	301,501	97.0%
30	298,615	2,886	301,501	99.0%

Figure 46: Access to pharmacies by travel time by car – weekday daytime



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Table 8: Travel time by car during weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	262,859	38,642	301,501	87.2%
10	301,501	0	301,501	100.0%
15	301,501	0	301,501	100.0%
20	301,501	0	301,501	100.0%
30	301,501	0	301,501	100.0%

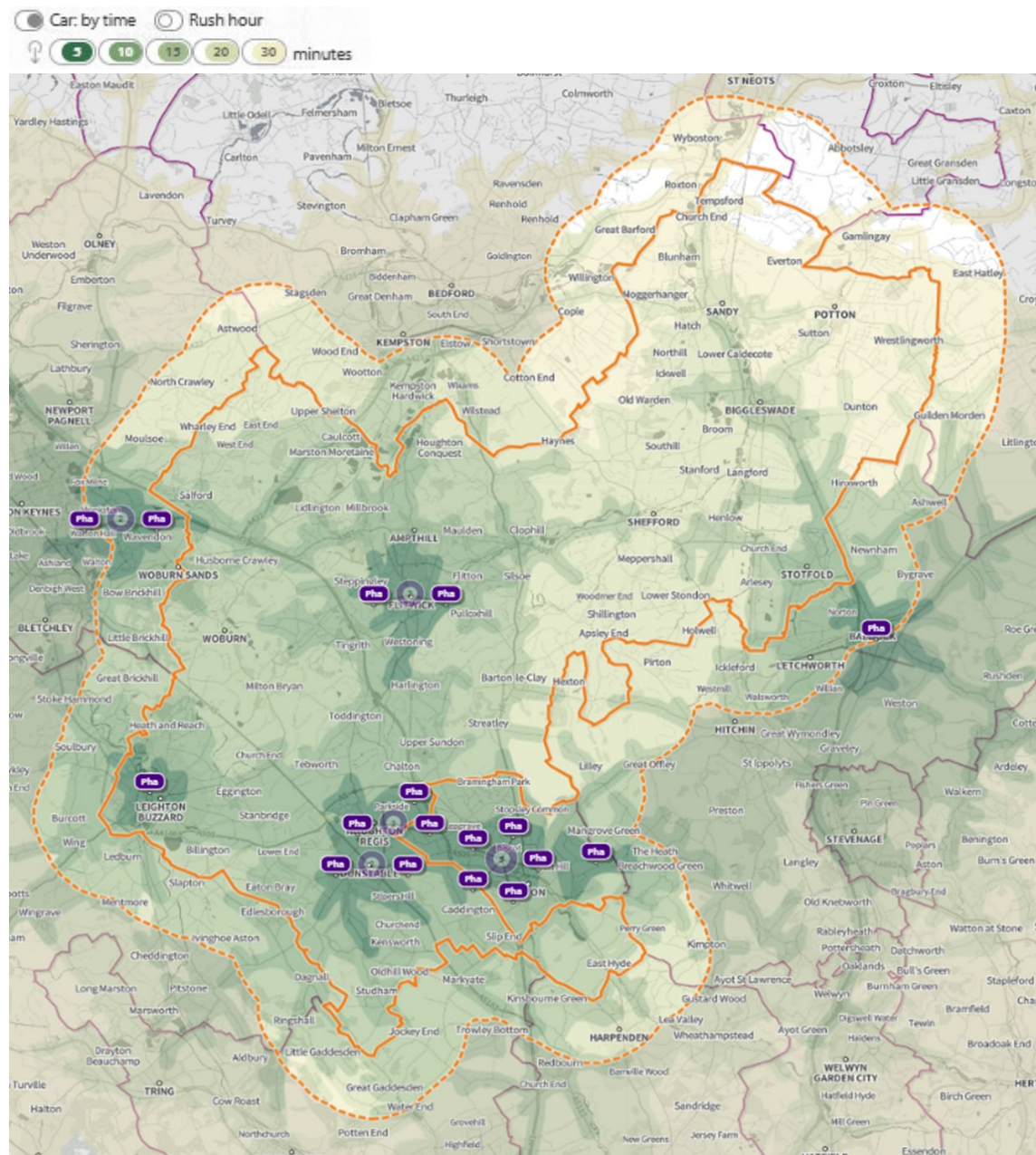
6.4.1.2 Weekday evenings

Most pharmacies remain open until at least 6.00pm after which there is a noticeable reduction in provision. There is some provision on weekday evenings in three localities. Evening opening is provided as follows:

- Chiltern Vale: one pharmacy open until 7:30pm, two open until 9pm and one open until 9:30pm
- Leighton Buzzard: one pharmacy open until 8pm
- West Mid Beds: one pharmacy open until 8pm and one open until 9pm

There is no provision within the Ivel Valley area after 6.30pm on weekday evenings. Whilst evening opening during this time within the locality may improve access and choice, it is considered that the community pharmacies that open later in the evening in other localities of Central Bedfordshire, and just across the council boundary, allow adequate access to services by people living in Ivel Valley. Figure 47 shows that travel time by car to the nearest pharmacy in the evenings is within 20 minutes for 97% of the Central Bedfordshire population. 57.7% of the population are within a 30-minute travel time by public transport (see figure 48).

Figure 47: Map showing travel time by car on weekday evenings after 7pm

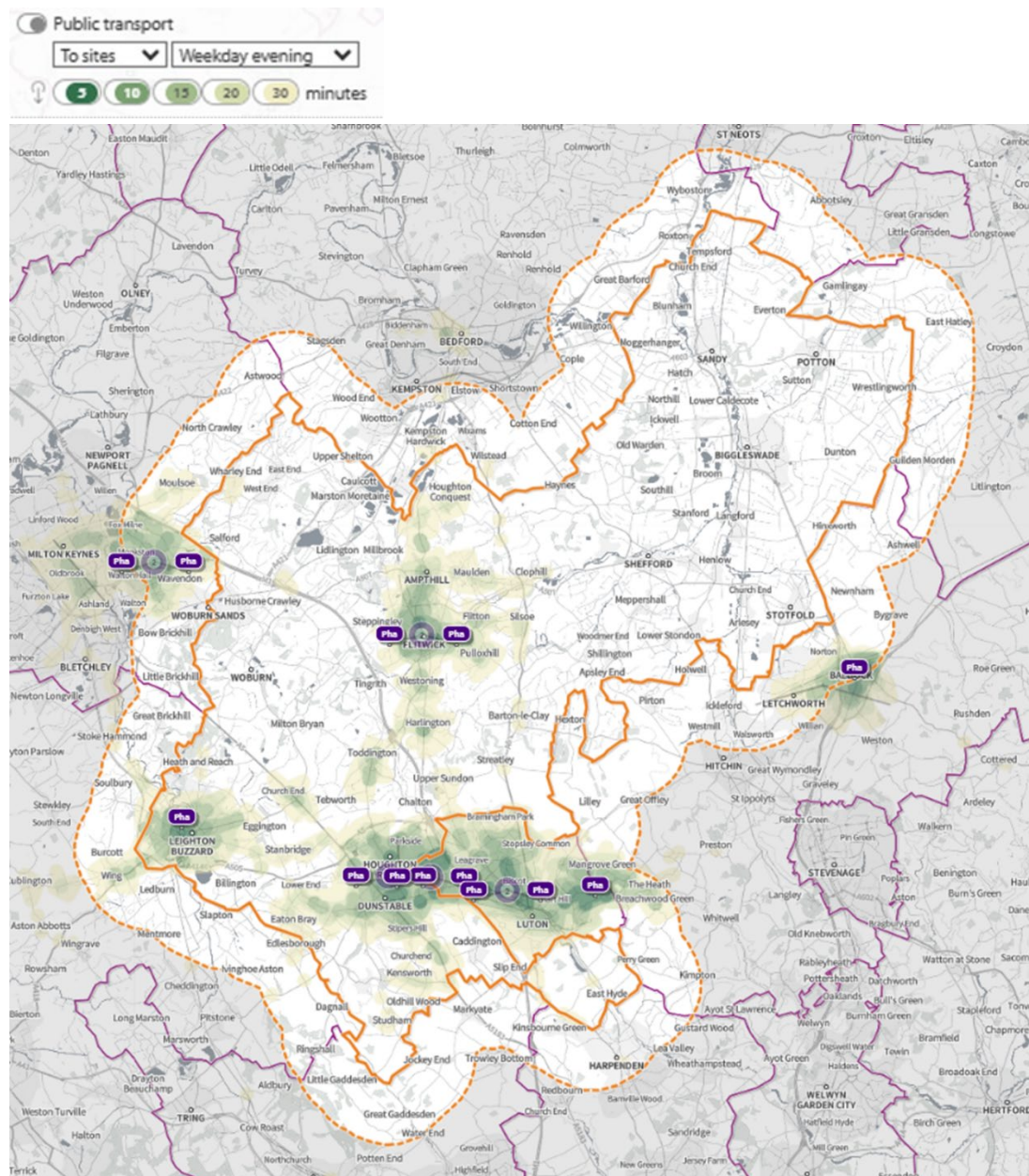


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Table 9: Travel time by car on weekday evenings after 7pm

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	111,603	189,898	301,501	37.0%
10	185,646	115,855	301,501	61.6%
15	244,901	56,600	301,501	81.2%
20	292,034	9,467	301,501	96.9%
30	301,501	0	301,501	100.0%

Figure 48: Map showing travel time by public transport weekday evenings after 7pm



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Table 10: Travel time by public transport weekday evenings after 7pm

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	13,492	288,009	301,501	4.5%
10	67,786	233,715	301,501	22.5%
15	114,068	187,433	301,501	37.8%
20	150,470	151,031	301,501	49.9%
30	173,865	127,636	301,501	57.7%

Section 6.4.3 gives an overview of provision of pharmacy services close to urgent treatment centres and the walk-in centre, located outside of Central Bedfordshire.

6.4.2 Weekend opening

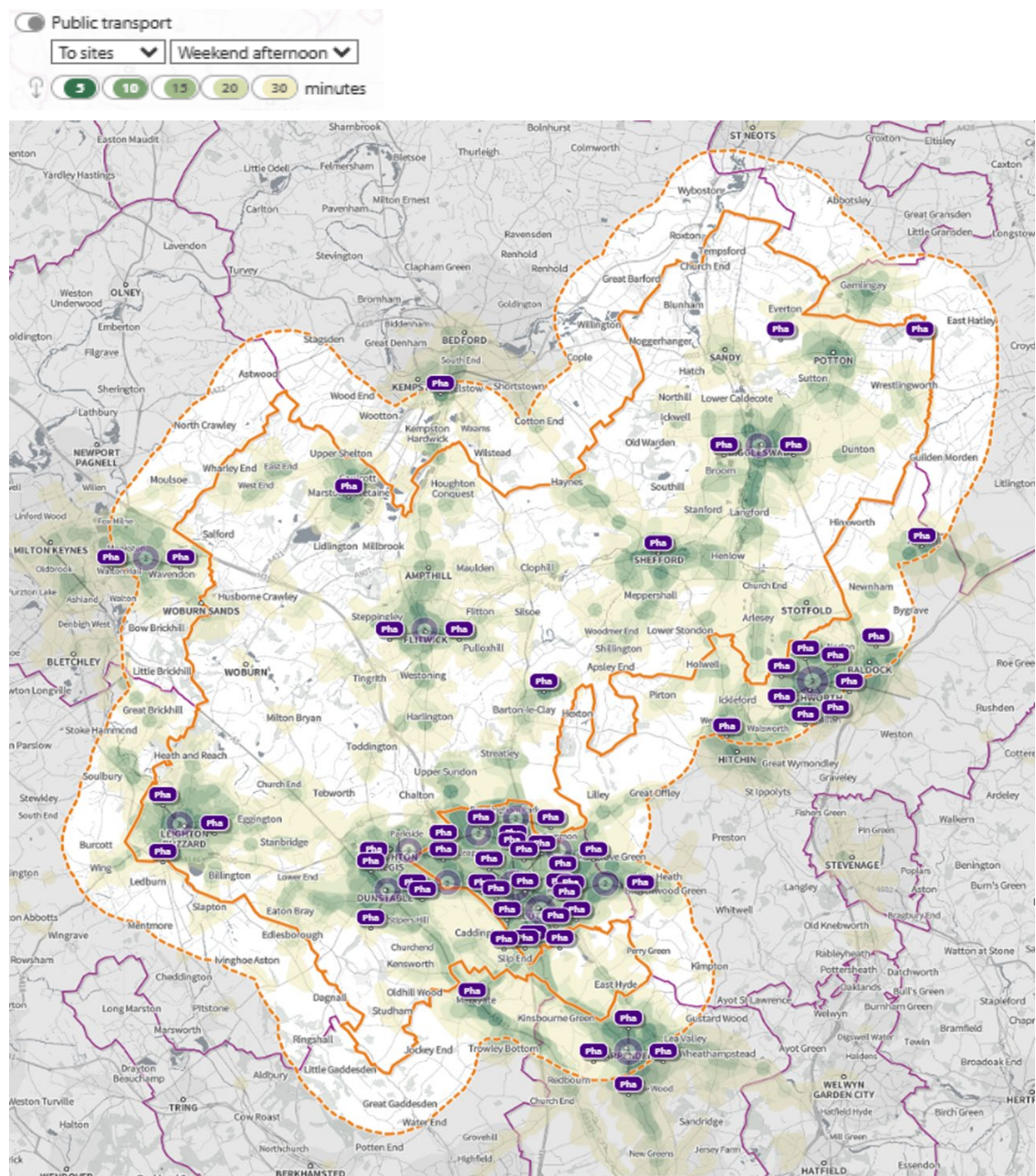
6.4.2.1 Saturday opening

In total, 31 pharmacies across Central Bedfordshire open on Saturdays. All these pharmacies open on Saturday mornings, and there is access in all localities. This reduces to 14 pharmacies that remain open on Saturday afternoons after 2pm, again across all localities.

After 5:30pm, six pharmacies remain open, with none in the Ivel Valley locality. In the previous PNA, a 100-hour pharmacy was open until 10pm, but this pharmacy has now closed. Although 100% of residents are within a 30-minute journey time to their nearest pharmacy by car, just 58% are within a 30-minute public transport journey time, with Ivel Valley particularly affected (see figures 49, 50, 51 and 52 for travel times on Saturdays).

Whilst access on Saturdays is considered adequate in all localities during the daytime, better access to essential services in Ivel Valley would be secured by their provision on Saturday evenings after 5:30pm.

Figure 49: Map showing travel time by public transport Saturday afternoon

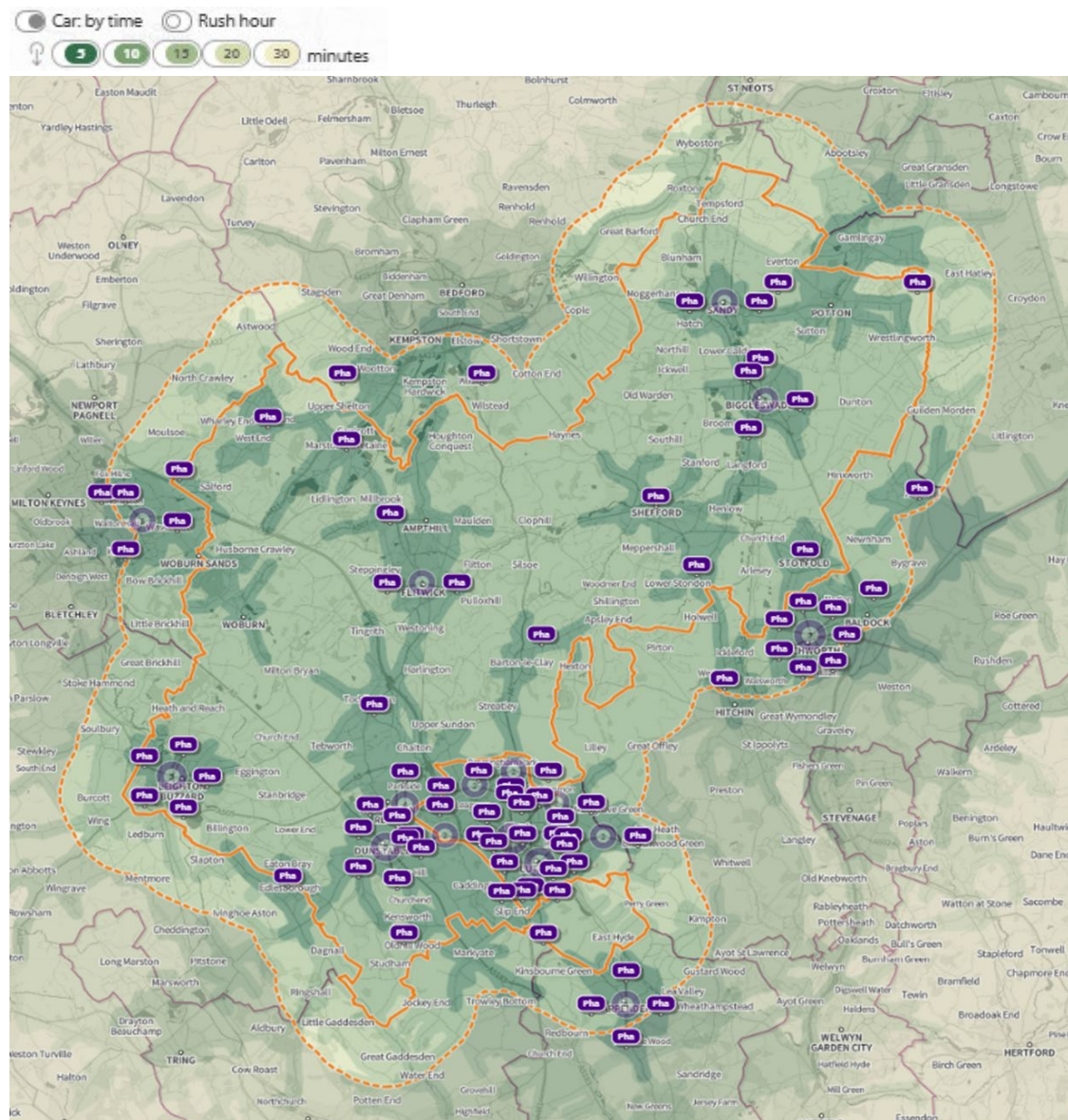


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Table 11: Travel time by public transport on Saturday afternoon

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	50,456	251,045	301,501	16.7%
10	147,510	153,991	301,501	48.9%
15	231,239	70,262	301,501	76.7%
20	270,244	31,257	301,501	89.6%
30	294,164	7,337	301,501	97.6%

Figure 50: Map showing travel time by car Saturday daytime

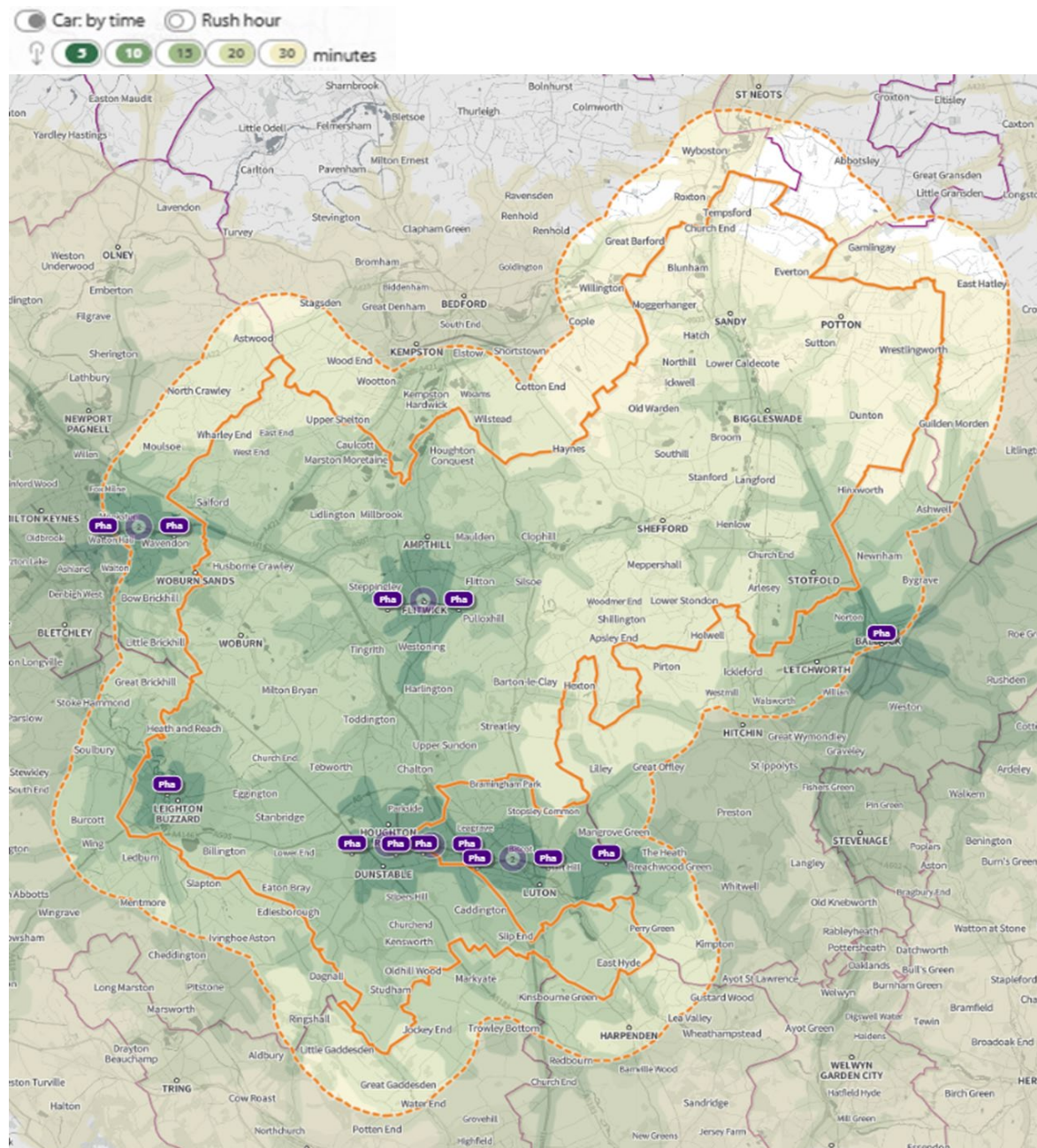


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Table 12: Travel time by car on Saturday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	247,314	54,187	301,501	82.0%
10	301,501	0	301,501	100.0%
15	301,501	0	301,501	100.0%
20	301,501	0	301,501	100.0%
30	301,501	0	301,501	100.0%

Figure 51: Map showing travel time by car Saturday evening

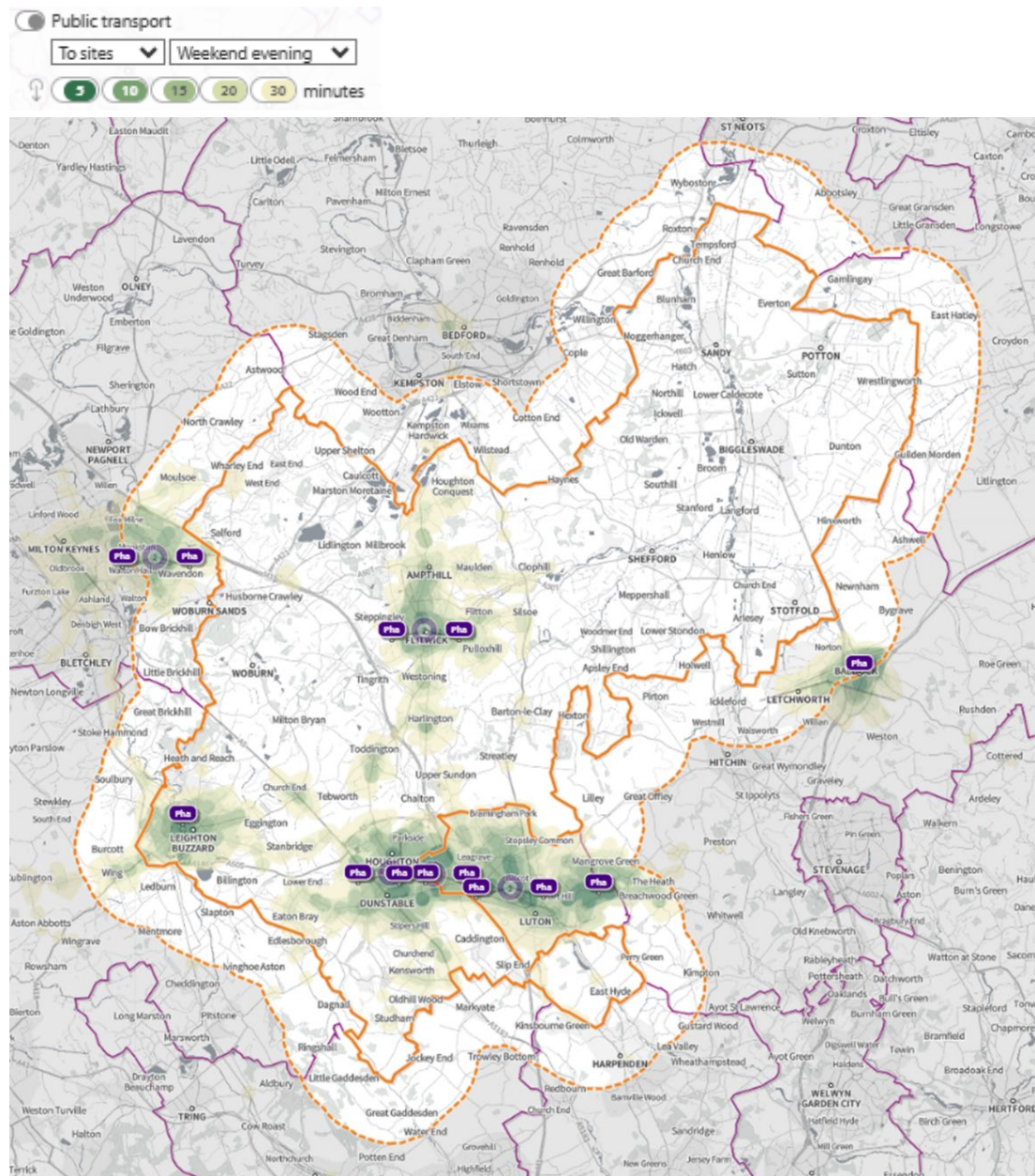


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Table 13: Travel time by car on Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	101,760	199,741	301,501	33.8%
10	184,371	117,130	301,501	61.2%
15	244,901	56,600	301,501	81.2%
20	292,034	9,467	301,501	96.9%
30	301,501	0	301,501	100.0%

Figure 52: Map showing travel time by public transport on Saturday evening



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Table 14: Travel time by public transport on Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	13,492	288,009	301,501	4.5%
10	67,786	233,715	301,501	22.5%
15	114,068	187,433	301,501	37.8%
20	150,470	151,031	301,501	49.9%
30	173,865	127,636	301,501	57.7%

6.4.2.2 Sunday opening

In total, eight pharmacies across three localities in Central Bedfordshire are open on Sundays.

- Chiltern Vale: provision from 10am until 4pm by 3 100-hour pharmacies and 10am until 3pm by one pharmacy providing supplementary hours.
- Leighton Buzzard: provision from 9am/10am until 4pm by two pharmacies, both providing supplementary hours.
- West Mid Beds: provision from 10am to 4pm by one pharmacy providing supplementary hours, and one 100-hour pharmacy.

There is no provision within Ivel Valley area on Sundays. In the previous PNA, there was one pharmacy open on a Sunday in this locality, but it no longer opens on this day.

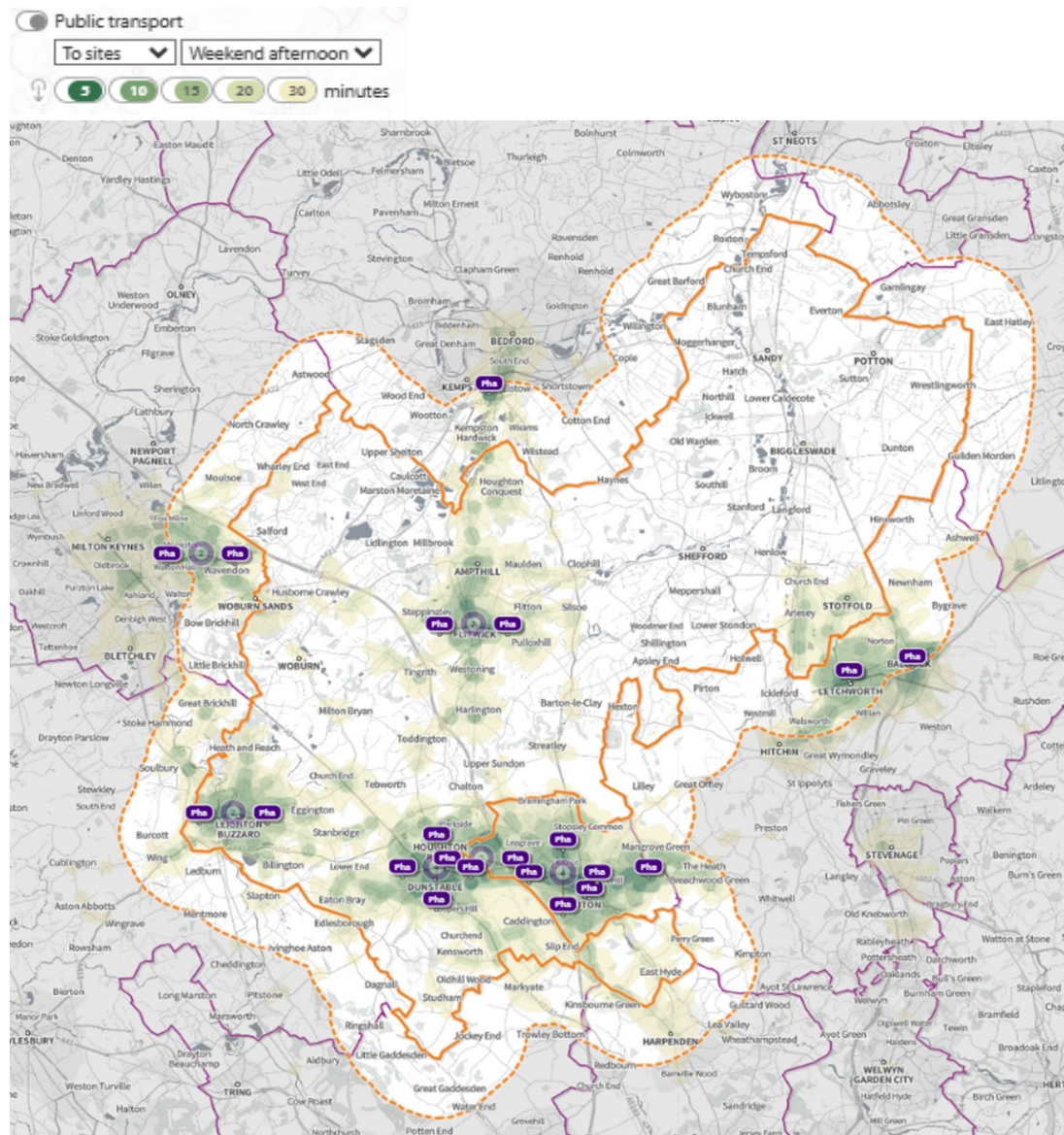
Although 100% of residents across Central Bedfordshire are within a 30-minute journey time to their nearest pharmacy by car (see figure 54), only 69.1% are within a 30-minute public transport journey time (see figure 53), with Ivel Valley particularly affected.

It is important to note that access to pharmacy services in the weekday evenings and the weekends, specifically Saturday afternoon and Sundays, is largely made via the 100-hour pharmacies and the pharmacies providing significant extended supplementary hours.

No pharmacies are open on Sundays after 4pm, but there is provision in a neighbouring health and wellbeing board. There are no A&E, urgent care or walk-in centres located within Central Bedfordshire, and no extended access to GPs is in place on Sundays. There is GP out of hours provision.

Whilst access on Sundays is considered adequate in all the Chiltern Vale, Leighton Buzzard, West Mid Beds localities, better access to essential services in Ivel Valley would be secured by some provision on Sundays.

Figure 53: Map showing travel time by public transport Sunday afternoon

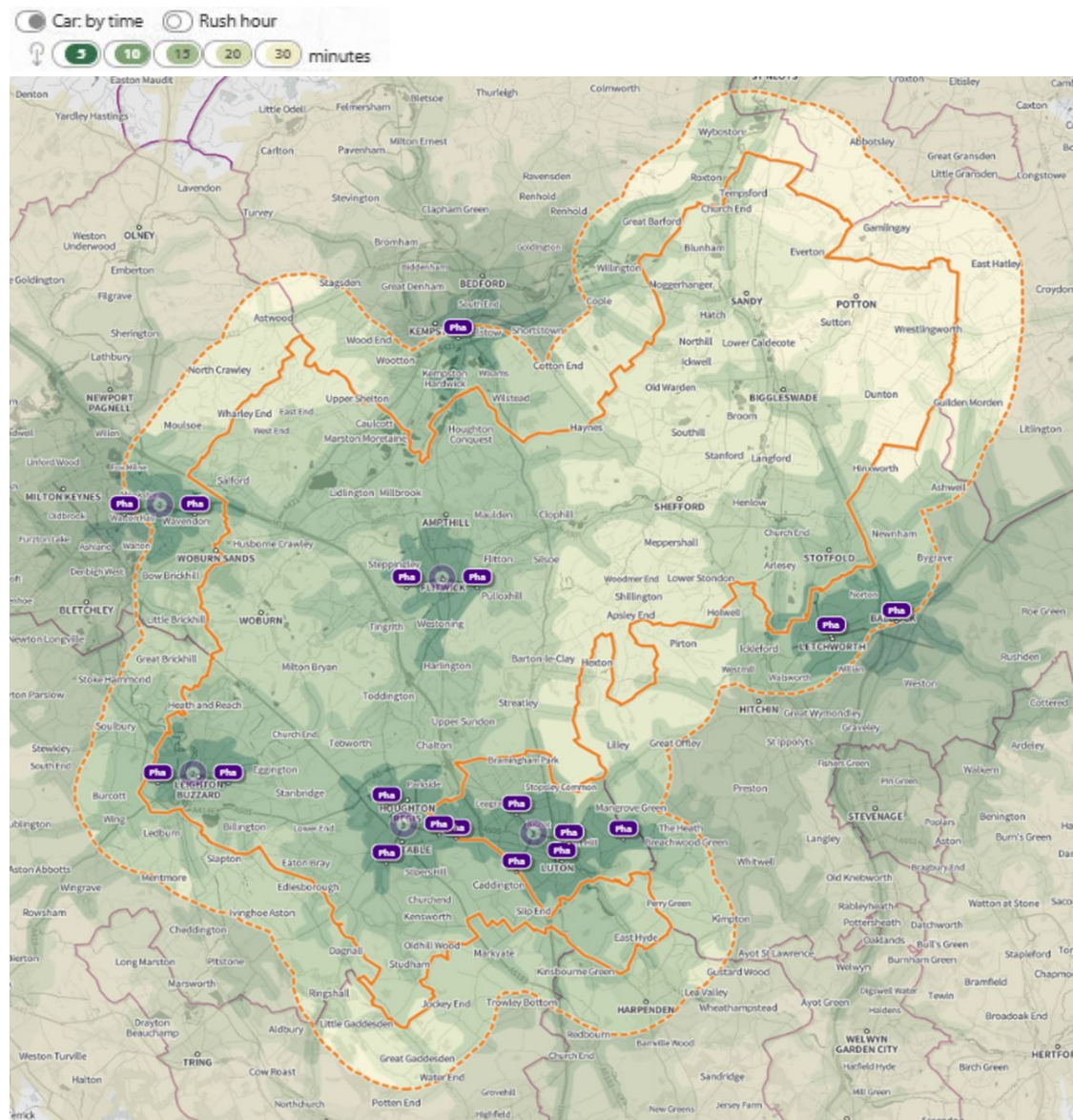


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Table 15: Travel time by public transport on Sunday afternoon

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	26,315	275,186	301,501	8.7%
10	95,138	206,363	301,501	31.6%
15	152,494	149,007	301,501	50.6%
20	180,058	121,443	301,501	59.7%
30	208,373	93,128	301,501	69.1%

Figure 54: Map showing travel time by car Sunday daytime



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Table 16: Travel time by car on Sunday daytime

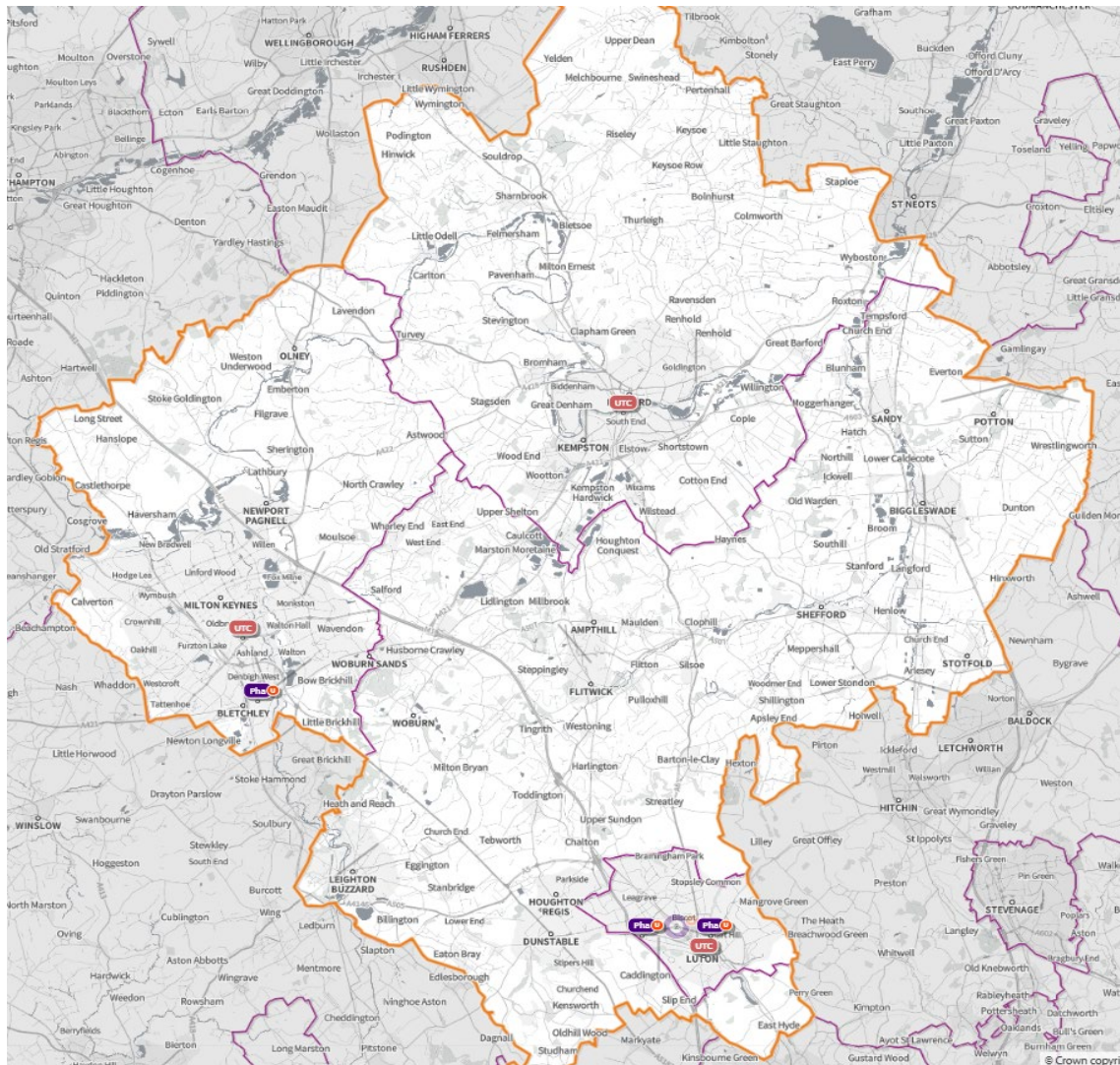
Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	125,745	175,756	301,501	41.7%
10	205,796	95,705	301,501	68.3%
15	254,019	47,482	301,501	84.3%
20	297,878	3,623	301,501	98.8%
30	301,501	0	301,501	100.0%

6.4.3 Access to pharmaceutical services during urgent treatment centre and walk in centre opening hours

The urgent treatment centres and the walk-in centre for the residents of Central Bedfordshire are located in neighbouring health and wellbeing board areas.

There is adequate provision for accessing prescribed medicines close to these sites for weekdays, Saturdays (daytime and evenings) and Sunday daytimes. On Sunday evenings, there is provision close to two of the three urgent treatment centres.

Figure 55: Access to pharmacies on Sunday evenings



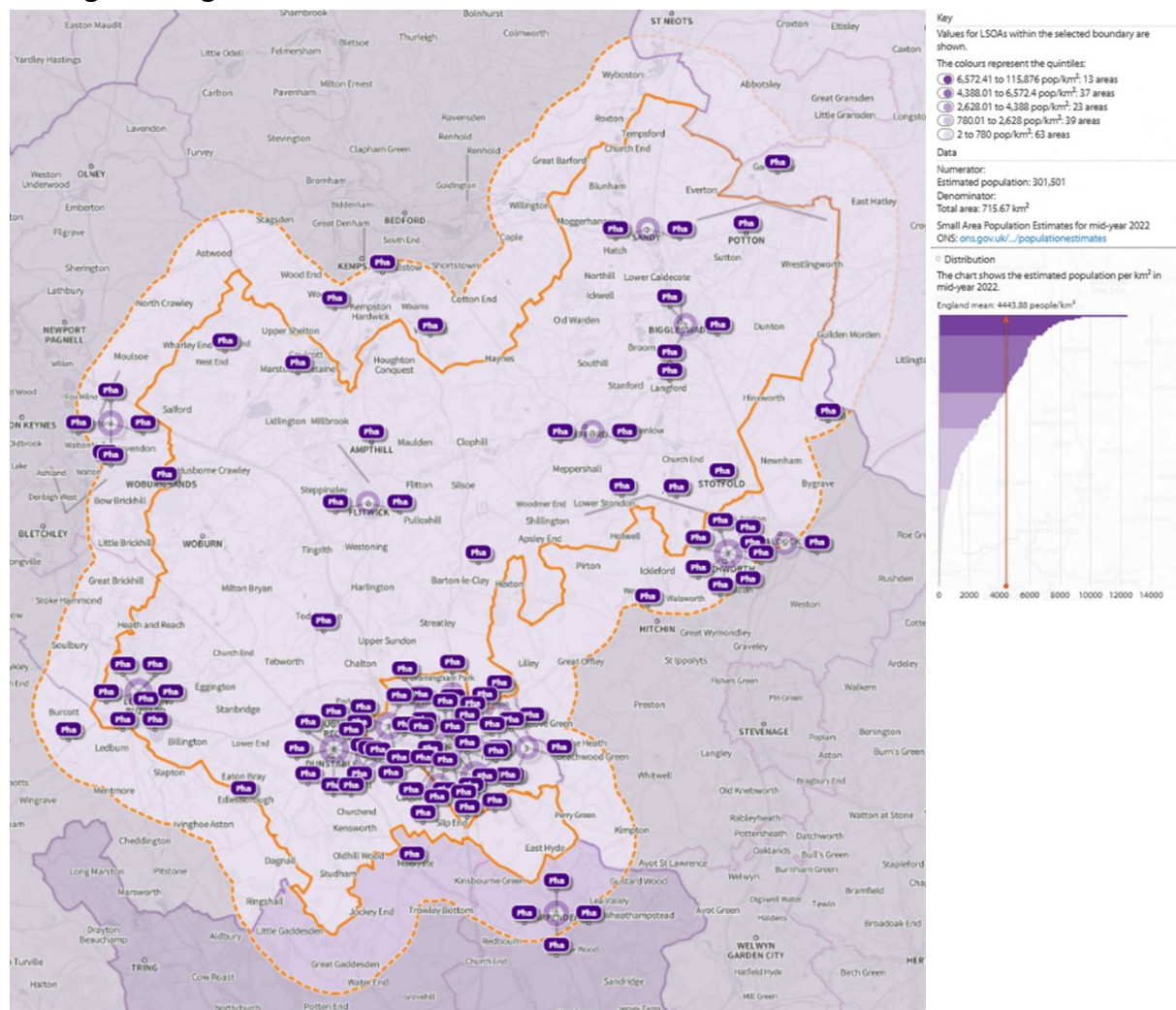
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6.4.4 Access to pharmacy services out of the Central Bedfordshire area

It is important to note that pharmacy services that are out of the Central Bedfordshire area may provide additional alternatives for people to access medicines and advice.

In particular, there may be pharmacies close to residents who live on or close to the Central Bedfordshire boundary. These maps demonstrate the population density (darker colour indicating the denser population) and pharmacy locations within the Central Bedfordshire boundary and the neighbouring areas.

Figure 56: Location of Pharmacies within Central Bedfordshire and 3km over the border in to neighbouring areas



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Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services.

In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

6.4.5 Feedback from the public regarding pharmacy opening hours

Most people responding to the question about times they use their pharmacy stated they use it on weekdays during the daytime, with 66% using it mornings, 22% during lunchtime and 53% in the afternoons. 10% stated that they use their pharmacy on weekday evenings between 17:00 and 20:00. More people than those currently using their pharmacies in the early mornings (before 09:00), evenings (17:00 – 20:00) and late nights (20:00 – 22:00) stated they would prefer to use their pharmacy at these times.

More people used their pharmacy on Saturdays than Sundays. 25% used their pharmacy on Saturday mornings, 8% on Saturday lunchtimes and 13% on Saturday afternoons. More people stated that they would prefer to use their pharmacy on a Saturday (at any time of the day) than those currently using their pharmacy on Saturdays.

Less people reported utilising their pharmacy on Sundays and overall less people also stated a preference to utilise their pharmacy on Sundays. Less people would prefer to use their pharmacy on a bank holiday compared to Sundays. However more people than those currently using their pharmacy on bank holidays stated that they would prefer to use their pharmacy then.

6.5 Disability access

To comply with the Equality Act 2010¹⁹, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers
- Large print labels
- Being conscious of placement of labels and position of braille
- Reminder charts, showing which times of day medicines are to be taken
- Monitored dosage system (MDS) to improve their adherence to medicines taking.

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSE regulations and guidance almost all pharmacies now comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying Consultation room
- Distinct from the general public areas of the pharmacy premises
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

6.6 Access to translation services

NHS England has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL)) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other settings, such as other primary care settings.

The Denny Review was commissioned by the BLMK ICS in April 2022 and was published in September 2023⁴⁴, aiming to address health inequalities in local communities. Lack of interpreters and no disabled access were identified as two key factors causing barriers to healthcare access. The Denny review recommended a review of all translation services provided in BLMK's health and care sector to ensure it complies with Accessible Information Standards. This should mean that residents are asked about or offered information in a format or language that they can understand, that interpreters are always available and that British Sign Language (BSL) interpreters are included in the list of available languages. It recommended that Hospital trusts and primary care should undertake a review of what, if any, interpreter and translation services are available and accessible to ensure patient needs are being met.

Pharmacies across the Central Bedfordshire area currently have access to 'DA languages' for spoken language and translation materials and 'Language Empire' for non-spoken BSL.

Through the PNA process, an opportunity was identified to strengthen accessibility via improved understanding of how to access translation services in community pharmacy. While the provision and commissioning of translation services sits outside the scope of the PNA and the remit of the Health and Wellbeing Board, the Board may wish to note this finding as part of its wider strategic oversight of accessibility and inclusion. Further consideration of actions to improve awareness and access to translation services may be more appropriately progressed through system-level work already underway following the Denny Review⁴⁴.

7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

NHS England (NHSE) commissions pharmaceutical services via the national Community Pharmacy Contractual Framework (CPCF). Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- **Essential Services:** services all community pharmacies are required to provide.
- **Advanced Services:** services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide providing they meet the requirements set out in the directions.
- **National Enhanced Services:** nationally specified services that are commissioned by NHS England. Currently, there is just one such service – COVID-19 vaccination programme.

In addition, a Local Pharmaceutical Service (LPS) contract allows the ICB to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements.

Locally commissioned community pharmacy services can also be contracted via a number of different routes and by different commissioners, including Local Authorities, the Integrated Care Board (ICB) and NHSE.

7.1 Essential services

The CPCF states that all pharmacies, including distance selling pharmacies, are required to provide the essential services.

The essential services are:

- Dispensing medicines
- Repeat Dispensing, i.e., 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
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home
- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns

- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital
- Dispensing of appliances (in the "normal course of business").

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions for appliances
- Dispensing of repeat prescriptions for appliances
- For certain appliances, offer to deliver them to the patient and provide access to expert clinical advice
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

7.1.1 Digital solutions

Under the terms of service, community pharmacies are now required to have digital solutions in place to provide connectivity across healthcare settings.

Staff working at the pharmacy can access a patient's NHS Summary Care Record (SCR) via the National Care Records Service (NCRS), and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement, that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

7.2 Advanced services

In addition to the essential services, the NHS CCPF allows for the provision of 'advanced services'. Community pharmacies can choose to provide any of these services, providing they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements regarding premises. They are commissioned by NHSE and the specification and payment is agreed nationally.

Advanced services currently (2024) include:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service

From June 2025, "bundling" requirements are to be introduced for the services below:

- Hypertension Case-Finding Service
- Pharmacy Contraception Service
- Pharmacy First Service

This is described in further detail in section 7.2.7.

Local information about whether a pharmacy is signed up to deliver an advanced service was unavailable for some services, and activity data from NHSBSA was used with the assumption that zero activity indicated the pharmacy was not signed up to deliver the service. It should also be noted that some pharmacies may be signed up to deliver the service but may not have actively delivered the service.

Table 17: Number of community pharmacies providing advanced services, in Central Bedfordshire

Pharmacy Advanced Service	Number of pharmacies providing this service	% of pharmacies providing this service
Appliance Use Review	0	0%
Influenza Vaccination Service	21	55%
Hypertension Case-Finding Service	34	89%
Lateral Flow Device Tests Supply Service	30	79%
New Medicines Service	36	95%
Pharmacy Contraception Service	25	66%
Pharmacy First Service	36	95%
Smoking Cessation Service	14	37%
Stoma Appliance Customisation service	0	0%

Source: HWE ICB, NHSBSA, and Pharmacy Contractor Survey

7.2.1 Appliance use review (AUR)

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 (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance.'

This service is usually provided by the mail order appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies. In Central Bedfordshire, no pharmacies are signed up to this service.

7.2.2 Influenza vaccination service

Community pharmacy has been providing influenza vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal influenza vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

Information from HWE ICB indicated that 21 of the community pharmacies in Central Bedfordshire provided the Influenza Vaccination service.

7.2.3 Hypertension case-finding service (HCFS)

The HCFS was commenced as an Advanced service in October 2021 to support the programme of identification of undiagnosed cardiovascular disease. Previously only being provided by pharmacists and pharmacy technicians, from December 2023, the service was further extended to be provided by suitably trained and competent non-registered pharmacy staff.

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Provide another opportunity to promote healthy behaviours to patients.
- Information from HWE ICB in December 2024 indicated that 34 pharmacies were signed up to deliver the HCFS in Central Bedfordshire.

7.2.4 Lateral flow device (LFD) tests supply 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 an 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 tests supply service was introduced in November 2023 to provide eligible patients with access to LFD tests. It replaced a similar service known as 'COVID-19 Lateral Flow Device Distribution Service', or 'Pharmacy Collect'.

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, NICE recommended COVID-19 treatments.

Information from HWE ICB in December 2024 indicated that 30 pharmacies were signed up to provide LFD in Central Bedfordshire.

7.2.5 New medicine service (NMS)

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. However, reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

The service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service.

Information from NHSBSA indicates that between August and October 2024, 36 community pharmacies were signed up to provide NMS in Central Bedfordshire.

7.2.6 Pharmacy contraception service (PCS)

The service provides an opportunity for community pharmacy to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE Guidelines (NG102).

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of Oral Contraception (OC), and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide:

- Greater choice from where people can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The service involves community pharmacists providing:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and
- Ongoing supply: where a person has been supplied with OC by a primary care provider or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The supplies are authorised via a Patient Group Direction (PGD), with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken where necessary.

The contractual settlement for 2025/26 include plans for further changes to the PCS⁴⁵ service specification including:

- Recognition of suitably trained pharmacists and competent pharmacy technicians will be able to provide the service, thereby utilising a greater skill mix and provision of service
- Expanding the list of products available via PGD
- From October 2025, expanding the service to include Emergency Contraception

Information from HWE indicates that in December 2024, 25 community pharmacies were signed up to provide PCS in Central Bedfordshire.

Note that Central Bedfordshire Council also commissions the supply of free emergency contraception and other sexual health services via community pharmacy. This is described in more detail in the local enhanced services section.

7.2.7 Pharmacy First service

The Pharmacy First service, which commenced on 31st January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women. Consultations for these seven clinical pathways can be provided to patients self-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 CPCS, 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).

Following the contractual settlement, further changes to the Pharmacy First Service⁴⁶ included "bundling" requirements such that providers must provide the Hypertension Case Finding Service (HCFS) and Pharmacy Contraception Service (PCS) in order for them to receive Pharmacy First monthly payments (from June 2025).

36 pharmacies in Central Bedfordshire are signed up to provide this service.

7.2.8 Smoking cessation advanced service

The Smoking Cessation Advanced Service commenced in March 2022 for people referred to community pharmacies by hospital services. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required. It supplements other locally commissioned smoking cessation services, such as the Central Bedfordshire Council commissioned Public Health-commissioned "Stop Smoking Service" detailed further in this document.

14 pharmacies in Central Bedfordshire have signed up to provide this service.

7.2.9 Stoma appliance customisation service (SAC)

The stoma appliance customisation service is based on modifying stoma appliance(s) to suit 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.

As with the AUR service, this is typically undertaken by mail order appliance contractors. No pharmacies in Central Bedfordshire are signed up to provide the service.

7.3 National enhanced services

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 (NES). Under this type of service, NHSE commissions an Enhanced service that is nationally specified. This requires NHSE to consult with Community Pharmacy England (CPE) on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that is locally developed and designed to meet local health needs, and for which NHSE would consult with Community Pharmacy BLMK and Northants. An NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

At the time of writing, there is one NES commissioned by NHSE - COVID-19 vaccination programme.

7.3.1 COVID-19 vaccination programme

Pharmacies have been central to the Government's COVID-19 response, and figures from NHSE, in January 2022, show just how significant a contribution they have made to the vaccination efforts. In the previous 12 months to January 2022, which marked the one-year anniversary of the sector providing COVID-19 vaccinations, more than 22 million vaccinations were administered by community pharmacy-led COVID vaccination sites. NHSE also highlighted a 50% increase in the number of pharmacies delivering COVID-19 boosters since October 2021.

Data provided by HWE ICB showed that 21 pharmacies in Central Bedfordshire are signed up to provide COVID-19 vaccinations.

8 Central Bedfordshire Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations, but the term is often used to describe those services commissioned from pharmacies by Local Authorities, the Integrated Care board (ICB) and NHSE.

In the Central Bedfordshire area, pharmacy services are currently commissioned locally by the council's Public Health Team and Bedfordshire, Luton, and Milton Keynes ICB (BLMK ICB).

8.1 ICB Locally Commissioned Services

At the time of preparing this PNA, BLMK ICB commissioned the following services with community pharmacy:

- End of Life Care Medicines Services
- Gluten Free Foods Scheme

8.1.1 End of life care medicines scheme

The end-of-life care medicines scheme aims to improve and ensure the availability of palliative care medicines in the BLMK ICB area through community pharmacies during normal opening hours.

BLMK ICB commissions the end-of-life medicines service from selected community pharmacies across the county. This service aims to ensure that patients receiving palliative care in the community have access to specialised drugs when these are required in an emergency. The service is available within the normal opening hours of the pharmacy contractor. Out of hours centres hold their own supplies to meet the demand outside normal pharmacy opening hours.

The pharmacies are required within the service specification to hold minimum quantities of a prescriptive list of medicines and to provide additional medicines management support to healthcare professionals and carers accessing the service.

As of January 2025, nine community pharmacies in Central Bedfordshire are currently participating in this scheme.

8.1.2 Gluten-free foods scheme

As per the BLMK ICB Gluten Free Foods Policy⁴⁷, gluten-free bread and flour is no longer prescribed for residents in BLMK ICB with a diagnosis of a gluten sensitive enteropathy. Due to increases in the cost of living and the pressures on households, provisions are in place to allow residents who are at risk of dietary neglect to access gluten-free breads and flour

mixes off prescription where required. For patients on no income or low income this will be via a direct access scheme through community pharmacy. For any other residents this will be via the dietetic teams and an approval process.

As of January 2025, nine community pharmacies in Central Bedfordshire are currently participating in this scheme.

8.2 Central Bedfordshire Public Health commissioned services

As part of its range of public health interventions the Central Bedfordshire Public Health team currently commissions the following services from community pharmacies:

- Stop Smoking Letter of Recommendation Scheme
- Supervised consumption
- Needle exchange
- Sexual health service (PHES)

8.2.1 Stop smoking letter of recommendation scheme

The aim of the Central Bedfordshire stop smoking service is to provide individuals who wish to quit smoking with access to stop smoking advice and support as appropriate and in convenient locations. The service offers both group and one to one sessions, telephone support and specialist pregnancy support across a range of venues such as health centres, community centres and libraries. If the client and their advisor decide that using Nicotine Replacement Therapy (NRT) products is the best route to help support them to quit, the community pharmacy will be issued a letter of recommendation, which enables the client to collect their chosen products.

In January 2025, there were 16 community pharmacies in Central Bedfordshire registered to deliver this service.

8.2.2 Drug and alcohol dependence services

8.2.2.1 Supervised consumption

Substances such as heroin, opium and morphine are known as 'opioids.' Many opioids are 'psychoactive,' which means they affect the way the brain works and can change a person's mood or behaviour. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems. It also presents a danger that a person could take a fatal overdose.

Services are commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or buprenorphine) for dependent drug users. To use the services, patients must have been

assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services prescribe an opioid substitute, tailoring the selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

As the pharmacy staff supervise the patient's consumption of the opioid substitute in the pharmacy, risk of illegal diversion or consumption by anybody other than the patient is minimised.

In Central Bedfordshire, 26 pharmacies provide the supervised consumption service, the same number as in the 2022 PNA.

8.2.2.2 Needle exchange

The aim of the needle exchange scheme is to reduce the spread of blood borne viruses (such as HIV, hepatitis B and hepatitis C) and other infections associated with use of non-sterile injection equipment. It does so through the provision of sterile injecting equipment and other associated products. It also helps to reduce the risk of needle stick injuries to others by reducing drug related litter through the safe collection and disposal of equipment. In addition, the service provides information and advice, and acts as a gateway to other services, such as drug treatment centres.

The service is currently provided by two community pharmacies in Central Bedfordshire. Four community pharmacies offered this service in the 2022 PNA.

8.2.3 Sexual health service

Sexual and reproductive health is a vital aspect of public health. Access to appropriate sexual health services and interventions can significantly enhance the health and wellbeing of both individuals and the wider population.

Pharmacies work as part of a wider network of providers, helping to extend access to emergency hormonal contraception (EHC) and chlamydia testing and treatments across Central Bedfordshire. Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient. The supply of EHC and chlamydia treatments is via local PGD arrangements.

In Central Bedfordshire, there are four pharmacies that have signed up to deliver the EHC and chlamydia treatment/testing service. However, just one pharmacy is known to be actively delivering the service. In the 2022 PNA, 17 community pharmacies were commissioned to provide the sexual health services. As EHC can be purchased from pharmacies and online, it is unclear if this has resulted in reduced access to EHC. The Public

Health Sexual Health team are working with Community Pharmacy BLMK and Northants and the iCASH outreach team to increase the access to free EHC as a priority in 2025/26.

Under the new CPCF, community pharmacies will be able to provide Emergency Contraception as part of the Pharmacy Contraception Service (PCS) from October 2025.

Table 18: Provision of locally commissioned services, by locality

	Stop smoking letter of recommendation service	Sexual Health	Supervised consumption	Needle exchange
Chiltern Vale	5	0	8	0
Ivel Valley	7	2	9	1
Leighton Buzzard	2	1	4	1
West Mid Beds	2	1	5	0
CENTRAL BEDFORDSHIRE	16	4	26	2

Source: Bedford Borough, Central Bedfordshire, and Milton Keynes City Councils Shared Public Health team

8.3 Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Local Authority Council, ICB or NHSE. These services may not be aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for certain patient groups e.g., the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services identified in the Pharmacist PNA questionnaire included:

- Collection of prescriptions from GP practices
- Delivery of dispensed medicines
- Dispensing of medicines into Monitored Dosage Systems

Some respondents to the pharmacy questionnaire stated that some of these services may incur a fee for the patient. It is worth noting that patients are often surprised to find that these are not NHS services.

8.4 Collection and delivery services

The responses from the pharmacy contractor survey show that all six respondents provide a prescription delivery service, although this may incur a fee for the patient. Three out of the six respondents offer a prescription collection service.

To gain a clearer understanding of service provision, further information may need to be gathered. This could help identify where these non-commissioned services are being offered and whether there are any gaps in access for patients who may rely on them.

8.5 Monitored dosage systems

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67⁴⁸ published in March 2017 recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

This information sharing should help to identify patients who would benefit from interventions such as the provision of medicines in a MDS and evidence assessments that have been undertaken to support this decision.

Four out of six respondents to the pharmacy contractor survey offer an MDS service, but due to the low response rate, this cannot be assumed to be representative of all pharmacy contractors across Central Bedfordshire.

9 The Evolving Role of Pharmacists

9.1 Current and Future Pharmacist Role

Central Bedfordshire HWB strongly values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services, and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

Central Bedfordshire Council's Public Health team and BLMK ICB strongly support the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and substance misuse, as outlined in the BLMK ICS Primary Care Prevention Delivery Plan⁴⁹.

The national vision for community pharmacy is in line with the local strategy and aspirations that community pharmacy has a critical role to play in the Central Bedfordshire health system. It is essential that community pharmacy continues to be recognised and supported to support the health needs of the population of Central Bedfordshire and that the people of Central Bedfordshire are aware of and fully utilise the services available from their community pharmacies.

The demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff, and this has been further exacerbated by the demand for, and recruitment of community pharmacists (and other staff) employed within PCNs and other pharmacy services. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, and have been tenacious, innovative, and agile when launching them, locally, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy.

The NHS 10 Year Health Plan¹⁰ sets out a vision for community pharmacy being an integral part of neighbourhood health services, with a move from a dispensing focussed role to offering more clinical services. This will include:

- More community pharmacists becoming able to independently prescribe
- Management of long-term conditions
- Management of complex medication regimes
- Treatment of obesity, high blood pressure and high cholesterol
- Increased role in vaccine delivery (including human papillomavirus for those who have missed out on the school programme)
- Increased role in screening for risk of cardiovascular disease and diabetes

The plan also includes a move to modernise the approach to dispensing of medicines by using available technology, including dispensing robots, and developing hub and spoke models.

9.2 Climate change, sustainability and community pharmacy

Climate change is recognised as the greatest public health threat of the 21st century, with direct and indirect impacts on population health and wellbeing and health systems⁵⁰. The NHS has committed to becoming the world's first net zero national health service, as outlined in the NHS Net Zero Plan (2020)⁵¹ and supported by the Greener NHS Programme⁵².

This PNA acknowledges and supports the ambitions set out in the recently published BLMK ICS Green Plan (2025-2032)⁵³. That document outlines a long-term commitment and delivery plan for working with partner organisations on addressing climate change and creating a sustainable health and care system. Sustainable healthcare meets the needs of our populations, without damaging the health or ability to meet the healthcare needs of vulnerable people now or in the future (Centre for Sustainable Healthcare).

The PNA recognises the important role of community pharmacy and community pharmacy services in climate change and sustainability. For example, medicines account for approximately 25% of NHS carbon emissions, largely from production, transport, and waste. The Royal Pharmaceutical Society (RPS)⁵⁴ and the General Pharmaceutical Council (GPhC)⁵⁵ have each issued declarations and strategic plans urging pharmacy professionals and commissioners to prioritise sustainable practice, reduce waste, and support environmentally responsible prescribing. Community pharmacy also plays a key role in contributing to a sustainable health care approach using the four principles of sustainable healthcare⁵⁶:

1. Prevention – promoting health and preventing disease by tackling the causes of illness and inequalities
2. Patient self-care – empowering patients to take a greater role in managing their own health and healthcare
3. Lean service delivery – streamlining care systems to minimise wasteful activities
4. Low carbon alternatives – prioritising treatments and technologies with a lower environmental impact

This PNA encourages the use of nationally available resources to support community pharmacy to take action on climate change and sustainability. For example, The Royal Pharmaceutical Society has recently launched the Greener Pharmacy Toolkit⁵⁷ to support community pharmacy to take practical action and introduce more sustainable practices to reduce emissions, improve patient care, prevent ill health, tackle medicines waste and achieve efficiency savings.

9.3 Considerations for Future PNAs: Climate Change and Sustainability

The following potential actions are offered as non-binding suggestions to support the further integration of sustainability and climate change considerations into future Pharmaceutical Needs Assessments. These are intended to inform local discussion and may be adopted, adapted, or disregarded depending on local priorities, capacity, and context. They are not statutory requirements, but rather illustrative opportunities aligned with national and local NHS commitments and best practice guidance. Subject to local agreement, the steering group may wish to consider:

- Public and stakeholder views and preferences around sustainable pharmacy services
- Using local data and insight to map current practices contributing to carbon emissions, including data or narratives on
 - Medicine waste schemes
 - Local recycling and recovery opportunities
 - Use of digital systems, e.g. the NHS App

Further opportunities may be highlighted in the upcoming BLMK ICS Primary Care Green plan (currently in development, anticipated for publication 2026).

10. Engagement and Consultation

10.1 Stakeholder engagement

10.1.1 Overview of response to the resident survey

An online survey was produced to enable people living in Central Bedfordshire to feed their views into the PNA. This is detailed in appendix 6.

87% of people responding to the question stated they have a regular pharmacy they visit in person and 9% stated they have a regular pharmacy they order items to be delivered to home from.

49% of people responding to the question on services they have used in the past year stated they have collected prescriptions from their pharmacy, with 18% getting general health advice.

60% of people responding normally visit the pharmacy for themselves, with 28% visiting for an adult family member and 4% for a child.

54% of those responding to the question usually travel by car to their pharmacy, with 40% walking. 89% of those responding to the question reported no issues in accessing their pharmacy. For those experiencing issues with access, 17% reported distance being an issue and 41% stated parking was an issue. 51 respondents reported issues with opening times, 47 stated that long wait times and queues were an issue, and 10 respondents stated that wheelchair access was an issue.

Most people responding to the question about times they use their pharmacy stated they use it on weekdays during the daytime, with 65% using it mornings, 22% during lunchtime and 53% in the afternoons. 10% stated that they use their pharmacy on weekday evenings between 17:00 and 20:00. More people than those currently using their pharmacies in the early mornings (before 09:00), evenings (17:00 – 20:00) and late nights (20:00 – 22:00) stated they would prefer to use their pharmacy at these times.

More people used their pharmacy on Saturdays than Sundays. 25% used their pharmacy on Saturday mornings, 8% on Saturday lunchtimes, 13% on Saturday afternoons, and 3% on Saturday evenings. More people stated that they would prefer to use their pharmacy on a Saturday (at any time of the day) than those currently using their pharmacy on Saturdays.

Less people reported utilising their pharmacy on Sundays and overall, less people also stated a preference to utilise their pharmacy on Sundays. Of those expressing a preference regarding hours of pharmacies, 9% stated they would like to access their pharmacy on Sunday mornings, 5% during Sunday lunchtimes and 8% on Sunday afternoons.

More people than those currently using their pharmacy on bank holidays stated that they would prefer to use their pharmacy then, with 6% expressing a preference for 09:00 – 12:00, 4% at lunchtimes and 4% 14:00 – 17:00.

Of those people who found themselves unable to access their usual chemist in the last year, 56% choose to return on another day while 22% choose to go to another pharmacy. 3% went to a walk-in centre, 6% called 111.

The table below summarises services that people utilise at their pharmacy, and services that they would use if necessary.

Table 19: Services people have used or would use if necessary

% are rounded off To whole numbers	Have used		Would use if necessary	
	%	Count	%	Count
Access to free or low-cost medicines for common illnesses	60%	508	40%	332
Alcohol advice	1%	1	99%	191
Blood pressure check	40%	319	60%	478
Blood sugar check	16%	87	84%	474
Cholesterol check	15%	95	85%	542
COVID-19 vaccination	82%	1469	18%	330
Dietary advice	8%	21	92%	247
Emergency contraception e.g. (morning after pill)	5%	11	95%	215
Family planning e.g. (contraceptives/the pill/condoms)	11%	25	89%	200
Healthy Lifestyle advice/support	12%	34	88%	258
Minor illnesses e.g. hay fever, cough	68%	743	32%	346
Needle exchange or methadone supply	3%	6	97%	175
Out of hours urgent supply e.g. overnight, Christmas Day	11%	55	89%	465
Pharmacy First	23%	146	77%	479
Seasonal 'Flu' vaccine	81%	1540	19%	370
Stop smoking services	6%	15	94%	232
Weight concerns	5%	13	95%	239

10.1.2 Overview of response to pharmaceutical service providers survey

Six of 38 pharmacies responded to the survey, giving a response rate of 16%. One pharmacy responding was distance selling only, so some questions regarding services available would not be relevant to this pharmacy.

All pharmacies responding (excluding the distance selling pharmacy) had access to parking facilities and 83% had disabled parking available. They also all had private consultation room(s), and 67% of those responding had consultation room(s) with wheelchair access. All had some access to hand-washing facilities during consultations. 20% of those responding to the question stated they have toilet facilities available for customers.

All pharmacies responded to the question about translation services were unaware or unsure of how to access translation services, but some languages are spoken in addition to English.

Two pharmacies responding did not dispense appliances, one dispensed dressings only, one dispensed all appliances except stoma and incontinence appliances. Two pharmacies dispensed all types of appliances.

The table below summarises provision of advanced services based on responses to the survey:

Table 20: Provision of advanced services responses

Advanced Service	Yes		No - not intending to provide		Intending to begin within next 12 months	
	%	Count	%	Count	%	Count
Appliance Use Review service	0%	0	83%	5	17%	1
Flu Vaccination Service	83%	5	17%	1	0%	0
Hypertension case finding service	50%	3	33%	2	17%	1
Lateral Flow Device (LFD) service	33%	2	67%	4	0%	0
New Medicine Service (NMS)	83%	5	0%	0	17%	1
Pharmacy contraception services (PCS)	0%	0	50%	3	50%	3
Pharmacy First - 7 Clinical Pathways	67%	4	33%	2	0%	0
Pharmacy First – Minor Ailment Service	67%	4	33%	2	0%	0
Pharmacy First – Urgent Medicine Supply	67%	4	43%	2	0%	0
Smoking cessation services	0%	0	50%	3	50%	3
Stoma Appliance Customisation service	0%	0	100%	6	0%	0

Table 21 summarises the provision of local enhanced services, based on responses to the survey:

Table 21: Provision of local enhanced services responses

Local Enhanced Service	Currently providing under contract with the local NHS England Team		Not able or willing to provide		Willing to provide if commissioned	
	%	Count	%	Count	%	Count
Anti-viral Distribution Service	0%	0	33%	2	67%	4
Care Home Service	0%	0	50%	3	50%	3
Chlamydia Testing Service	0%	0	50%	3	50%	3
Chlamydia Treatment Service	0%	0	50%	3	50%	3
COVID-19 Vaccination	50%	3	33%	2	17%	1
On Demand Availability/ End of Life Specialist Drugs Service	20%	1	40%	2	40%	2
Supervision of methadone consumption	33%	2	67%	4	0%	0

Table 22 shows the proportion of respondents able/willing to provide screening services if commissioned to do so.

Table 22: Respondents willing to provide screening services if commissioned

Screening Service	Not able or willing to provide		Willing to provide if commissioned	
	50%	3	50%	3
Alcohol	50%	3	50%	3
Cholesterol	50%	3	50%	3
Diabetes	50%	3	50%	3
Gonorrhoea	50%	3	50%	3
H. pylori	50%	3	50%	3
HbA1C	50%	3	50%	3
Hepatitis	50%	3	50%	3
HIV	50%	3	50%	3

Table 23 shows the proportion of respondents providing and able/willing to provide disease specific medicines management services if commissioned to do so.

Table 23: Respondents willing to provide disease specific management services if commissioned

Disease Specific Medicines Management Services	Currently providing under contract with the local NHS England Team		Not able or willing to provide		Willing to provide if commissioned	
	%	Count	%	Count	%	Count
Allergies	0%	0	33%	2	67%	4
Alzheimer's/dementia	0%	0	33%	2	67%	4
Asthma	17%	1	33%	2	50%	3
CHD	17%	1	33%	2	50%	3
COPD	17%	1	33%	2	50%	3
Depression	17%	1	33%	2	50%	3
Diabetes type I	17%	1	33%	2	50%	3
Diabetes type II	17%	1	33%	2	50%	3
Emergency Contraception Service	0%	0	50%	3	50%	3
Emergency Supply Service	17%	1	50%	3	33%	2
Epilepsy	17%	1	33%	2	50%	3
Gluten Free Food Supply Service (i.e. not via FP10)	0%	0	50%	3	50%	3
Heart Failure	17%	1	33%	2	50%	3
Home Delivery Service (not appliances)	0%	0	50%	3	50%	3
Hypertension	17%	1	33%	2	50%	3
NHS - Independent Prescribing Service	0%	0	33%	2	67%	4
Other (please state)	0%	0	100%	3	0%	0
Parkinson's disease	0%	0	33%	2	67%	4
Private - Independent Prescribing Service	0%	0	33%	2	67%	4

All pharmacies responding deliver dispensed medicines, but some charge for this service.

Appendix 3 details the results of the contractor survey.

10.1.3 Overview of responses to the dispensing GP survey

Six dispensing doctors responded to the survey. 40% responded stating they had sufficient capacity to manage an increase in demand within their existing premises and staffing levels, while one felt they would have difficulty in managing an increase in demand.

The hours dispensing was offered varied. All but one respondent stated their dispensaries are open from 09:00 at the latest, and close by 17:00 at the earliest, each with an hour closure over lunchtime. One other dispensary is open for three hours each day (one hour in each of the morning, lunchtime, and afternoon). None of them open on a Saturday morning.

All but one of the practices responding dispense appliances, although just two of these dispense all types, with others excluding incontinence appliances or dispensing dressings only.

Appendix 4 details the results of the dispensing GP survey.

10.2 Formal consultation

The formal consultation on the draft PNA for Central Bedfordshire ran from 14 April to 13 June in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷ and section 242 of the National Health Service Act 2006²⁰, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

619 responses were received to the consultation questionnaire. 98% of responses received were from members of the public. The feedback received during the consultation process is summarised below:

- 70.5% of respondents agreed that the PNA accurately reflects the current provision of pharmaceutical services.
- 60% of respondents believed that there were no gaps in provision of pharmaceutical services for Bedford Borough that were not identified in PNA.
- 60% of respondents felt the PNA reflects the pharmaceutical needs of the local population.
- 65% of respondents agreed that the PNA contains sufficient information to support future planning of pharmaceutical services and commissioning for pharmacies and dispensing appliance contractors.
- 65% of respondents agreed with the overall conclusions presented in the PNA.

Key themes from the comments received were as follows:

- Provision and access to services based on geography
- Provision and access to services based on opening times
- Equity of access to services for different groups of the population
- Impact of population growth on adequacy of pharmaceutical provision
- Quality of the services provided
- Medicines supply and availability
- Better awareness / provision of advanced / enhanced / locally commissioned services needed
- Provision of services not currently commissioned

A detailed summary of the consultation process including a list of the stakeholders invited to contribute to the process, consultation questions posed, responses and further feedback to the PNA and the HWB response including a list of amendments made to the document is described in Appendix 8.

11 Summary of Findings

There are 37 community pharmacy services in Central Bedfordshire, being delivered by 33 standard contract (40 hour) pharmacies and four 100-hour pharmacies, located primarily in areas of higher population density and in or near to areas with the highest levels of deprivation, which patients can visit in person. In addition, there is one distance selling pharmacy. There are ten dispensing doctors' services.

Residents of Central Bedfordshire have adequate access to community pharmacies, although they have a lower number of pharmacies per 100,000 population than the England average. Chiltern Vale and Ivel Valley are the localities with the highest populations and contain the majority of community pharmacies (with 13 in Chiltern Vale and 12 in Ivel Valley).

Ivel Valley and West Mid Beds both have much lower-than-average community pharmacies per 100,000 population. However, their rural nature is reflected in the number of dispensing doctors' practices located in them, with four in Ivel Valley and five in West Mid Beds. One further dispensing practice is located in Leighton Buzzard. This increases access to dispensing services for the local population.

Whereas the majority of pharmacies provide additional supplementary hours to the 40 hours of their core contracted service delivery, some pharmacies are open for significantly longer. These pharmacies, along with the four 100-hour pharmacies provide extended and out of hours cover for pharmaceutical services across Central Bedfordshire, as they open on weekday evenings and both Saturdays and Sundays. In total, 31 pharmacies open on Saturdays across all localities, although after 2pm, 14 of these remain open, which reduces again to 6 after 5:30pm. None of those open on Saturday evenings are located in the Ivel Valley locality.

Eight pharmacies across three localities are open on Sundays. No pharmacies are open on Sunday in Ivel Valley, however there is provision in nearby localities and just across the council boundary.

Since the 2022 PNA, two 40-hour pharmacies and one 100-hour pharmacy have closed in the Central Bedfordshire area, and one distance selling pharmacy has opened. However, there continues to be adequate pharmacy provision across the area, and this does not require additional pharmacy provision through market entry.

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, Hypertension Case-Finding and New Medicines Services are well supported by the community pharmacies in Central Bedfordshire, with almost all pharmacies signed up to deliver these services.

Additionally, a range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies. These are: supply of end-of-life care medicines, gluten-free foods, letter of recommendation scheme for stop smoking, sexual health services, supervised consumption of opiate substitutes, and needle exchange.

When community pharmacy provision is taken into account alongside that of other service providers, it is considered that provision of existing locally commissioned services across Central Bedfordshire is adequate and meets identified health needs. However, the number of community pharmacies across Central Bedfordshire offering needle exchange and that are contracted to deliver free EHC and chlamydia testing and treatment services is low. For some services, access and equity of provision could be improved, and some existing community pharmacies not currently providing these services indicated in their survey responses that they would be willing to provide these services if commissioned.

Community pharmacies make a valuable contribution to the objectives of the Central Bedfordshire Health & Wellbeing Strategy and engagement work shows that people value the services provided by their local community pharmacy.

Community pharmacies may also offer a wide range of non-NHS services. Whilst some of these services are not aligned with the strategic priorities of the ICB or the council, they may be fulfilling a customer generated demand.

It is recognised that out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other.

The Central Bedfordshire economy of community pharmacies has been relatively stable since the last PNA, with no changes resulting in identification of gaps, despite some pharmacy closures. However, it is not certain that this stability will continue and any changes occurring in the life of the PNA will need to be considered fully to ensure their impact is understood.

12 Statement of Pharmaceutical Needs Assessment

Health and wellbeing boards should note that opening hours of themselves are not pharmaceutical services. Therefore, they should avoid identifying a need for, or improvement or better access to, opening hours. If there is a gap in the provision of services at certain times this would be articulated as an improvement or better access to specified services at specified times.

After considering all the elements of the PNA, Central Bedfordshire Health and Wellbeing Board makes the following statements:

- For the purpose of this PNA, Central Bedfordshire Health and Wellbeing Board has agreed that necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework (see section 3.3).
- No gaps have been identified in the provision of necessary services within the four localities of Central Bedfordshire to meet the needs of the population.
- No gaps have been identified in the need for pharmaceutical services in specified future circumstances (including housing developments and population changes anticipated between 2025 and 2028) across Central Bedfordshire.
- No gaps in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances (including housing developments and population changes anticipated between 2025 and 2028) have been identified in any of the localities.

Opportunities for service improvements:

- Better access to the existing provision of essential services in Ivel Valley could be secured by their provision on Saturday evening after 5:30pm and by some provision on Sundays. Access issues should be better understood to establish whether any further action is required. For example, there may be an opportunity to work with Community Pharmacy BLMK and Northants and local pharmacies to review the potential of exploring an extended rota.
- A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of these services, and we would wish to encourage all community pharmacies to make greater use of all advanced services, and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service.
- There is adequate provision of existing locally commissioned services across Central Bedfordshire when community pharmacy provision is taken into account alongside that of other service providers, although access and equity of provision could be improved for some services. It is recommended that the Public Health team should

work with partners including the ICB and Community Pharmacy BLMK and Northants to explore this further and scope any further work necessary (for example in the needle exchange service, supervised consumption of opiate substitutes service and free EHC).

- The results of the pharmacy questionnaire indicated that there are community pharmacies who would be willing to provide these services if commissioned.
- With regard to locally commissioned services, the Public Health team should work with the ICB, Community Pharmacy England - BLMK and Northants, community pharmacies and PCNs to ensure that services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access, and choice.
- Commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Central Bedfordshire and with other healthcare professional teams to increase awareness of engagement and interaction with services.
- It is recommended that further work is undertaken so community pharmacies better understand how to access translation services.
- Following the publication of the PNA, the Steering Group will meet to consider actions required to take forward service opportunities identified throughout the PNA process, including feedback received during the consultation.

In addition:

- Community pharmacy services play an important role in supporting the services provided by GP practices and Primary Care Networks as reflected by the changes in the essential, advanced, and locally commissioned services as described in this report.
- The existing 100-hour pharmacies are essential to meet the needs of patients by extending access to pharmaceutical services outside core hours when other pharmacies are closed. Loss of any of the 100-hour pharmacies could cause gaps in access to both essential pharmaceutical services and locally commissioned services that respond to particular population health needs.
- In addition to the four 100-hour pharmacies, a number of other pharmacy services, provide extended opening hours as supplementary hours which, if reduced could impact on access for the population of Central Bedfordshire. Should this be the case, a detailed review of pharmaceutical provision would need to be undertaken to explore provision within this locality. Early involvement of Community Pharmacy BLMK and Northants and local community pharmacies in this process would allow for local solutions to be explored.
- Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing,

commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

Appendix 1 - PCNs, GP Practices and Surgeries Including Dispensing Practices

Correct as of January 2025

Code	Central Beds Practice	Main or Branch Surgery	PCN	Address
E81003	Bassett Road Surgery*	Main	Leighton Linslade Health Connections	29 Bassett Road, Leighton Buzzard LU7 1AR
E81069	Caddington Surgery	Main	Chiltern Hills	33 Manor Road, Caddington, Beds LU1 4EE
E81046	Dr A Sulakshana & Partners*	Main	Hillton	Hexton Road, Barton-le-Clay MK45 4TA
E81635	Eastgate Surgery	Main	Chiltern Hills	Eastgate House, 28-34 Church St, Dunstable LU5 4RU
E81015	Flitwick Surgery*	Main	Green Vale Health	Highlands, Flitwick, MK45 1DW
E81002	Greensand Surgery (Amphill)	Main	Hillton	The Health Centre, Oliver St, Amphill MK45 2SB
E81012	Greensands Medical Practice*	Main	Sandhills PCN commissioned to provide managed network services from 01.04.25	Brook End, Potton SG19 2QS
E81074	Houghton Close Surgery*	Main	Hillton	1 Houghton close, Amphill MK45 2TG
E81027	Houghton Regis MC	Main	Titan	Peel Street, Houghton Regis, Beds, LU5 5EZ
E81036	Ivel Medical Centre	Main	Sandhills PCN commissioned to provide managed network services from 01.04.25	Chestnut Avenue, Biggleswade SG18 0RA
E81045	Kingsbury Court Surgery	Main	Chiltern Hills	Church Street, Dunstable LU5 4RS
E81052	Kirby Road Surgery	Main	Chiltern Hills	58 Kirby Road, Dunstable, Beds, LU6 3JH
E81022	Larksfield & Arlesley Surgery: Larksfield Medical Centre	Main	Ivel Valley South	Arlesley Road, Stotfold SG5 4HB
E81022	Larksfield & Arlesley Surgery: Arlesley Surgery	Branch	Ivel Valley South	144 The High Street, Arlesley, SG15 6SN
E81077	Leavale Medical Group (Previously known as Oliver St Surgery)	Branch (main site in Luton)	Lea Vale (Luton)	The Health Centre, Oliver St, Amphill MK45 2SB
E81044	Leighton Road Surgery	Main	Leighton Linslade Health Connections	1 Leighton Road, LU7 1LB
E81044	Leighton Road Surgery: Grovebury Road	Branch	Leighton Linslade Health Connections	Ridgeway Court, Grovebury Road, Leighton Buzzard LU7 4SF
E81061	Lower Stondon Surgery, Dr Collins & Carragher*	Main	Ivel Valley South	The Hawthorns, 109 Station Road, Lower Stondon SG16 6JJ
E81043	Marston Forest Healthcare	Main	Green Vale Health	59 Bedford Road, Marston Moretaine, Beds, MK43 0LA
E81043	Marston Forest Healthcare	Branch	Green Vale Health	137 High St, Cranfield, Beds, MK43 0HZ
E81014	Priory Gardens	Main	Chiltern Hills	Grove View Integrated Health Hub, First Floor, Court Drive, Dunstable, Beds, LU5 4JD
E81057	Saffron Health Partnership*	Main	Sandhills	Saffron Road, Biggleswade SG18 8DJ
E81057	Saffron Health Partnership	Branch	Sandhills	Shannon Court, High St, Sandy, Beds, SG19 1AG
E81057	Saffron Health Partnership	Branch	Sandhills	The Langford Surgery Saffron Health Partnership
E81004	Salisbury House Surgery	Main	Leighton Linslade Health Connections	Lake St, Leighton Buzzard LU7 1RS
E81035	Sandy Health Centre*	Main	Sandhills	Northcroft, Sandy SG19 1JQ
E81033	Shefford HC, Dr Baxter & Partners	Main	Ivel Valley South	Robert Lucas Drive, Hitchin Road, Shefford SG17 5FS
E81034	Toddington MC	Main	Titan	Luton Road, Toddington, Beds, LU5 6DE
E81009	West Street Surgery	Main	Chiltern Hills	89 West Street, Dunstable, Beds, LU6 1SF
E81050	Asplands Medical Centre: Woburn Surgery*	Branch (main site in Milton Keynes)	Ascent (Milton Keynes)	Eleanor Close, Woburn, MK17 9QU
E81040001	Sundon Medical Centre: Harlington Surgery*	Branch (Main site in Luton)	Hatters Health Network (Luton)	Westoning Road, LU5 6PL

*Dispensing practices

Appendix 2 - Membership of Steering Committee

- Public Health Consultant, Healthcare Public Health (chair)- Bedford Borough, Central Bedfordshire and Milton Keynes (BMK) shared Public Health team
- Public Health Practitioner for Primary Care, BMK Shared Public Health team
- Public Health Evidence and Intelligence Senior Analyst, BMK Shared Public Health team
- Assistant Director for Pharmacy and Medicines Optimisation, BLMK ICB
- BLMK ICS Community Pharmacy Integration Lead, BLMK ICB
- Healthwatch Central Bedfordshire
- HWE ICB representation for pharmacy contracting
- Chief Executive Officer, Community Pharmacy BLMK and Northants
- Liaison manager (Bedfordshire), Bedfordshire and Hertfordshire Local Medical Committee
- North of England Commissioning Support (commissioned provider)

Appendix 3 - Survey of Pharmaceutical Contractors

Summary of Central Bedfordshire Pharmacy Contractor Questionnaire

1. Overview of Responses

The total responses were received from 6 out of 38 pharmacies, which gives a response rate of 16%. To note, some discrepancies in answers from one pharmacy were excluded, especially where multiple responses were received from the same location.

2. Contact and Premises Information

- All pharmacies responding provided contractor details, trading names, and addresses.
- Only one pharmacy responding had a website listed.
- 80% of pharmacies responding agreed that the LPC can store contact information.
- 60% of pharmacies responding are not entitled to Pharmacy Access Scheme payments.

3. Opening Hours

- Hours provided by the pharmacies responding varied between 40 and 54 hours per week.
- 80% of pharmacies responding have not changed their hours since the last PNA in 2022.
- Only one pharmacy responding identified as a Distance Selling Pharmacy.

4. Access and Facilities

- Parking and bus stops are accessible within a 100-metre radius for all pharmacies that responded to the survey.
- 83% of pharmacies responding have disabled parking available.
- Home consultations: 17% of pharmacies that responded can provide professional advice at patient's homes, and 40% of pharmacies that responded are willing to undertake consultations in patients' homes and/or other suitable sites.
- Consultation Areas: 67% of pharmacies that responded have consultation areas with wheelchair access, and all pharmacies responding provided closed rooms for privacy.
- Hand-washing facilities: All pharmacies that responded have hand-washing facilities within or near the consultation areas, however only 20% of those responding have toilet facilities available.

5. IT and Translation Services

- All pharmacies responding use Electronic Prescription Service (EPS).
- Translation services: While many pharmacies responding (67%) are unaware of how to access the funded translation services, multiple languages like Gujarati, Urdu, and Hindi are spoken in the pharmacies that responded. It is recommended that further work is undertaken so community pharmacies better understand how to access translation services.

6. Advanced Services

- Influenza Vaccination Service: 83% of pharmacies responding to the survey provide this service.
- Pharmacy First: 67% of pharmacies responding to the survey offer 7 clinical pathways, minor ailments and urgent medicine supply services through Pharmacy First.
- Smoking cessation and contraception services: whilst all pharmacies responding to the survey did not current provide these services, 50% of the respondents stated they intend to begin providing within the next 12 months.

7. Enhanced and Other Locally Commissioned Services

- Services which pharmacies responding to the survey are willing to provide if they are commissioned include:
 - Anti-viral Distribution Services.
 - Care Home Services.
 - Chlamydia Testing and Treatment Services.
 - On Demand Availability / End of Life Specialist Drugs Service.
- In terms of the Disease Specific Medicines Management Services:
 - Over half of the pharmacies responding are willing to provide all of the services listed if they are commissioned.
 - Only one pharmacy responding has a current contract with NHS England for one service listed (Emergency Supply Service).
 - More than half of the pharmacies responding are willing to provide all the disease specific medicines management services if they are commissioned.
- Half of the pharmacies responding are willing to provide all the screening services if commissioned.
- More than half of the pharmacies responding are willing to provide childhood vaccinations, hepatitis, HPV and travel vaccines if other vaccination services are commissioned.

8. Non-commissioned Services

Collection of prescriptions from GP practices, delivery of dispensed medicines and monitored dosage systems are provided by around half of the pharmacies that responded to the survey. However, some of those services are chargeable.

9. Health Needs and Gaps

Pharmacies responding to the survey identified the need for various locally commissioned services, which included:

- COVID vaccinations.
- Monitored dosage system.
- Uncomplicated UTIs for over 65s.
- Shingles vaccinations.

The most important health needs of the population which pharmacies responding highlighted there being a need for included:

- Help with more emphasis on diabetes, asthma, Alzheimer's/Dementia.
- Diagnosing Type 2 Diabetes
- Childhood Eczema
- Tackling Obesity

Some pharmacies responding also highlighted challenges such as providing monitored dosage systems and delivering medicines to elderly patients due to capacity and funding issues.

10. Accessible Information Standards (AIS) and Equalities Act

Pharmacies responding to the survey reported following guidelines to meet Accessible Information Standards and the Equalities Act, including making adjustments for the local traveller community.

Appendix 4 - Results of Dispensing Doctors' Survey

Summary of Central Bedfordshire GP Dispensing Survey

1. Response Overview

- A total of 6 out of 9 dispensing GP practices responded, giving a response rate of 56%.
- To note: one practice submitted responses for both the main site and branch, but the branch was excluded from response rate calculations.
- All practices agreed that the LMC could store the survey information and contact them.

2. Premises and Contact Details

- All practices responding provided their essential details such as the GP surgery name, practice code, trading name, address, and dispensary phone number.
- None of the practices responding provided a website address.

3. Dispensary Staffing Capacity

- Dispenser availability hours per week ranged from 39 to 100 hours across the practices that responded. It was confirmed with the one practice that specified 100 that this was the combined staff hours per week.
- All six practices responding to the survey confirmed the presence of a qualified (NVQ Level 2 or 3) dispenser with hours ranging similarly from 39 to 100 hours per week.

4. Capacity to Manage Increased Demand

- 40% of practices responding agreed that they had sufficient capacity to manage an increase in demand within their existing premises and staffing levels without having to make any adjustments.
- 40% of practices responding felt that they could manage the demand if they made some adjustments for the increase.
- 20% of practices responding felt they did not have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.

5. Opening Hours

- Most practices that responded have dispensaries are open Monday to Friday, with the earliest opening time being 8am and the latest closing time being 6.30pm.
- There is a variation in lunchtime closures.
- All dispensing doctors responding to the survey are closed on weekends.

6. Accessibility Features

- General parking is available within 100-metre radius at 83% of the practices responding.
- Bus Stops are available within 100-metre radius at 67% of the practices responding.
- Disabled Parking within a 100-metre radius at 67% of the practices responding.

7. Dispensary Services Offered

- 33% of practices that responded dispense all types of appliances.
- 33% of practices that responded only dispense dressings.
- 17% of practices that responded exclude incontinence appliances.
- 17% of practices that responded do not dispense any appliances.
- Hosiery protection boots are offered by one practice responding to the survey.

8. Advanced Services

- All practices responding to the survey provide a Stoma Appliance Customisation service.
- All practices that responded to the survey provide a delivery of dispensed medicines, some with a charge.
- 83% of practices that responded do not provide:
 - free of charge (on request) delivery of dispensed medicines.
 - medicine supply services to care homes.
 - medicine appliance review services.

9. Additional Service Needs

- Only 17% of practices that responded to the survey were able to provide a delivery of dispensed medicine services.
- There was interest from the practices responding to the survey in providing over the counter medication and providing minor illness and BP through a Pharmacy Contract rather than through a GP Practice contract.
- The most important health needs of the population that practices responding felt a dispensary could help to address were:
 - Over the counter medicines.
 - Access to medication when not living near pharmacy.
 - Complete overview of patient health with access to other clinicians without necessity for appointment.
 - Review newly initiated medication.
- Additionally, practices that responded identified the following specific health needs within their dispensary population:

- Difficult and non-compliant patients
- A funded delivery service
- Incontinence aids

Evaluation of Current Pharmaceutical Services

- 50% of practices responding to the survey rated services as adequate.
- 33% of practices that responded to the survey rated services as very good.
- 17% of practices that responded to the survey rated services as good.

10. Readiness to Provide Additional Services

- 33% of dispensing practices responding to the survey are open to providing more services, especially if financially viable.
- 33% of dispensing practices responding were unsure about their readiness to provide additional services, pending resource evaluations.
- 33% of dispensing practices responding are not prepared to provide additional services due to current capacity constraints, though they may consider it at the Primary Care Network (PCN) level.

11. Accessible Information Standards (AIS) and Equalities Act

Practices responding reported following guidelines to meet Accessible Information Standards (AIS) and the Equalities Act, including the use of hearing loops, translation services, BSL interpreters, and large print materials. Equality and diversity training for staff and ensuring premises are fully accessible.

EQUALITY IMPACT ASSESSMENT (EQIA)

Central Bedfordshire PNA 2025

Produced by Central Bedfordshire
Council

Form updated July 2023

Next review Date: July 2025

A great place to live and work.

Central Bedfordshire Council Equality Impact Assessment

This Equality Impact Assessment has been completed in accordance with the Equality Act 2010. It demonstrates due regard to the Public Sector Equality Duty and confirms that the Pharmaceutical Needs Assessment has considered the needs of people with protected characteristics. The Health and Wellbeing Board will monitor implementation of recommendations to ensure equitable access to pharmaceutical services.

1. The Public Sector Equality Duty

1.1 The Equality Duty requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- Foster good relations between people who share a protected characteristic and people who do not share it.

1.2 Protected Characteristics:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership (elimination of discrimination only)
- Race
- Religion or Belief
- Sex
- Sexual Orientation

1.3 Due regard means consciously thinking about the three aims of the Duty as part of the process of decision-making. For example:

- How they act as employers
- How they develop, evaluate and review policy
- How they design, deliver and evaluate services
- How they commission and procure from others

1.4 Advancing equality of opportunity involves considering the need to:

- Remove or minimise disadvantages suffered by people because of their protected characteristics
- Meet the needs of people with protected characteristics

- Encourage people with protected characteristics to participate in public life or in other activities where their participation is low
- 1.5 Fostering good relations involves tackling prejudice and promoting understanding between people who share a protected characteristic and others.
 - 1.6 Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed in discrimination law. This could mean making use of an exception or positive action provisions to provide a service in a way that is appropriate for people who share a protected characteristic.
 - 1.7 Officers should keep an adequate record showing that the equality duties and relevant questions have been actively considered. Officers should be rigorous in both inquiring and reporting to members the outcome of the assessment and the legal duties.
 - 1.8 Final approval of a proposal can only happen after the completion of an equality impact assessment. It is unlawful to adopt a proposal contingent on an equality impact assessment.

1.9 Title of the Assessment – Central Bedfordshire PNA 2025

Date of the Assessment 21st March 2025

Aims and Objectives

2.1 What are the objectives of the proposal under consideration? *Please list here*

PNAs are used by Integrated Care Boards (ICBs) to assess applications for new, additional or relocated premises (this role is delegated to ICBs by NHS England). PNAs are also key documents that can be utilised by local authorities and ICBs in commissioning services to meet the health needs of the local population, or in planning improvements to access to pharmacy services for local residents.

PNAs consider the health needs of the local population, demographics and projected changes to needs and demographics over the lifespan of the PNA (2025-2028). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements of a PNA and outline the process for developing a robust document. The regulations require a series of statements:

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

There is also a statutory requirement to consult with statutory consultees on the draft PNA for a minimum of 60 days.

2.2 Why is this being done? *Please list here*

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up to date statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).

2.3 What will be the impact on staff and customers? *Please list here*

While the PNA itself does not contain any proposals for change, PNAs can help support efforts to reduce health inequalities and improve the health and wellbeing of the population by identifying potential gaps or unmet needs and making recommendations to inform future commissioning decisions. It is anticipated that the PNA will have a positive impact of all residents of Central Bedfordshire, including those with protected characteristics, as defined by the Equality Act 2010. No negative impacts of the PNA have been identified. Several positive benefits were identified including:

- Meeting access needs for those people with disabilities;
- Consideration of the health needs of people of all ages;
- Consideration of the needs and access to services for those in deprived communities;
- The possibility of improving pharmacy services for the local population

2.4 How does this proposal contribute or relate to other Council initiatives? *Please list here*

PNA's are a key strategic document that can be utilised by the Health and Wellbeing in work with partners to improve the Health and Wellbeing of the people of Central Bedfordshire

2.5 In which ways does the proposal support Central Bedfordshire's legal duty to:

- **Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act;**
- **Advance equality of opportunity between people who share a protected characteristic and people who do not share it;**
- **Foster good relations between people who share a protected characteristic and people who do not share it;**

Guidance: Does it consider the needs of people who are at greater risk of lower quality of life outcomes, close achievement gaps, reduce racial tensions, increase participation in decision making and service delivery processes or increase a sense of belonging amongst different communities or groups?

The PNA itself does not include plans or proposals to change pharmacy provision; it acts as a strategic document outlining the needs of the local population and gaps in provision to aid decision making about market entry in community pharmacy. As such, the PNA is a high level document and further work will need to be undertaken to identify any equality impact on any changes to commissioned services or service provision planned in response to this assessment.

2.6 Is it possible that this proposal could damage relations amongst groups of people with different protected characteristics or contribute to inequality by treating some members of the community less favorably such as people of different ages, men or women, people from black and minority ethnic communities, disabled people, carers, people with different religions or beliefs, new and expectant mothers, lesbian, gay, bisexual and transgender communities?

No impact

Stage 3 – Consideration of national and local research, data and consultation findings to understand the potential impacts of the proposal

3.1 Consideration of Relevant Data and Consultation

Guidance: In completing this section, it will be helpful to consider:

- **Publicity** – Do people know that the service exists?
- **Access** – Who is using the service? Who should be using the service? Why aren't they?
- **Appropriateness** – Does the service meet people's needs and improve outcomes?
- **Service support needs** – Is further training and development required for employees?
- **Partnership working** – Are partners aware of and implementing equality requirements?
- **Contracts & monitoring** – Is equality built into the contract and are outcomes monitored?

Guidance: You should also refer to the Equality Checklist - Pages 4 to 7 of guidance.

Please refer to the Equality Impact Assessment Screening for your Service/Business Plan for examples of relevant evidence or visit the Equality Resource Hub on SharePoint for existing consultation findings.

Further support is available from the Equality, Diversity & Inclusion Advisers within the Community Intelligence Team. Email consultations@centralbedfordshire.gov.uk

3.2 Examples of relevant evidence sources are listed below. Please identify which evidence sources are being used in this assessment and provide a summary for each protected characteristic in sections 3.3 and 3.4

3.2.1 Internal Desktop research: *Please enter your evidence under each heading below*

- Place survey/Customer Satisfaction data: Public engagement survey
- Local Needs Analysis: JSNA information and data, Council key strategic documents (Local plan, Health and Wellbeing Strategy, Local Transport plan)
- Other local research: Contractor survey
- Demographic Profiles – Census and ONS: ONS, IMD and Census data
- Service Monitoring/ Performance Information: ICB data on advanced and enhanced services uptake

3.2.2 Third Party guidance and examples:

- National/Regional Research: Reports such as Kings Fund reports to inform understanding of health needs and wider determinants

- Best Practice/Guidance: NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, Pharmaceutical Needs Assessments: Information Pack and Pharmaceutical Needs Assessment: A Guide for Local Authorities
- Inspection Reports: N/A
- Analysis of service outcomes for different groups: JSNA and impact of inclusion groups on health need and outcomes
- Benchmarking with other organisations: Comparisons to England averages and similar deprivation decile for Health Needs Analysis

3.2.3 Public consultation related activities:

- Consultation with Service Users: Public engagement has taken place and a 60 day consultation is planned
- Consultation with Staff: Contractor engagement has taken place and a 60 day consultation is planned
- Data about the physical environment e.g., housing market, employment, education and training provision, transport, spatial planning and public spaces: Local Plan, Local Transport Plan were referenced
- Consultation with Community/Voluntary Sector: Healthwatch has been a member of the Steering Group, supported the public engagement and the 60 day consultation will also include collecting views from organisations
- Customer Feedback/Complaints: Not applicable

3.2.4 Consulting Members, Stakeholder and Specialists:

- Elected Members: via the Health and Wellbeing Board
- Specialist staff/ service expertise: Community Pharmacy BLMK & Northants, pharmacist subject matter expertise from the North of England Commissioning Support unit to guide the PNA process and synthesis
- Expert views of stakeholders representing diverse groups: Healthwatch

Guidance:

Please bear in mind that whilst sections of the community will have common interests and concerns, views and issues vary within groups. For example, women have differing needs and concerns depending on age, ethnic origin, disability etc.

Lack of local knowledge or data is not a justification for assuming there is not a negative impact on some groups of people. Further research may be required.

3.3 Summary of Existing Data and Consultation Findings: - Service Delivery. Considering the impact on Customers/Residents

Guidance: Please set out in an Appendix to this assessment, the details of data and consultation findings relating to diversity areas shown below. In this section, please summarise the findings and the conclusions you have drawn, from those findings in relation to the areas.

3.3.1 AGE: e.g. Under 16 years, 16 – 19 years, 20 – 29 years, 30 – 44 years, 45 – 59 years, 60 – 64 years, 65 – 74 years, 75+.

Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by offering more services relevant to a younger / older age group. The PNA sought views from the public, examined provision of advanced and enhanced services and population data. The recommendations in the PNA seek to maintain or improve these services.

3.3.2 DISABILITY: e.g., Physical impairment, sensory impairment, mental health condition, learning disability or difficulty, long-standing illness or health condition, severe disfigurement.

The contractor survey included collecting information regarding facilities and reasonable adjustments pharmacies have in place to help people with disabilities access services. The PNA also incorporates views of the public on access for people for disabilities which pharmacies can utilise alongside other information to consider other adaptations.

3.3.3 CARERS: A person of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health, or a substance misuse problem.

The PNA identified that people who make use of pharmacies do so for their children and people they care for, as well as themselves. Pharmacies play a key role in supporting the health and wellbeing of this population, including through the provision of additional services such as Pharmacy First. This PNA considered provision of these services in determining adequacy of provision and future recommendations

3.3.4 GENDER REASSIGNMENT: People who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex.

The PNA does not contain any proposals for changes that affect this characteristic

3.3.5 PREGNANCY AND MATERNITY: e.g., pregnant women/women who have given birth and women who are breastfeeding (26-week time limit then protected by sex discrimination provisions).

The PNA does not contain any proposals for changes that affect this characteristic

3.3.6 RACE: e.g., Asian, or Asian British, Black, or Black British, Chinese, Gypsies and Travellers, Mixed Heritage, White British, White Irish, White Other.

The PNA considered current racial diversity and predicted changes. Some diseases are more prevalent in some groups. Equalities monitoring as part of the public survey also considered

race. The contractor survey also collected information regarding languages spoken. The PNA identified an improvement area in raising awareness of access to translation services.

3.3.7 RELIGION OR BELIEF: e.g., Buddhist, Christian, Hindu, Jewish, Muslim, Sikh, No religion, Other.

The PNA does not contain any proposals for changes that affect this characteristic

3.3.8 SEX: e.g., Women, Girls, Men, Boys.

Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by considering services offered based on demographics. Information regarding provision of these services was collected and considered in the PNA and this can be utilised by pharmacies and commissioners in developing proposals to improve access in the future.

3.3.9 SEXUAL ORIENTATION: e.g., Lesbians, Gay men, Bisexuals, Heterosexuals. Best practice and available guidance do not identify any impacts in relation to sexual orientation.

The PNA does not contain any proposals for changes that affect this characteristic

3.3.10 OTHER e.g., Advice and information needs, community cohesion, wellbeing and sustainability, deprivation and poverty, human rights, social class and mobility, other vulnerable groups, looked after children, offenders etc.

The PNA considers deprivation and poverty in the health needs analysis as well as considering travel times by foot and public transport when accessing access

3.4 Summary of Existing Data and Consultation Findings: - Employment. Considering the Impacts on Employees

3.4.1 AGE: e.g., 16-19, 20-29, 30-39, 40-49, 50-59, 60+. Not applicable

3.4.2 DISABILITY: e.g., Physical impairment, sensory impairment, mental health condition, learning disability or difficulty, long-standing illness or health condition, disfigurement. Not applicable
severe

3.4.3 CARERS: e.g., parent, guardian, foster carer, person caring for an adult who is a partner, civil partner, relative or person who lives at the same address. Not applicable
spouse,

3.4.4 GENDER REASSIGNMENT: People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex. Not applicable
have
physiological

3.4.5 MARRIAGE AND CIVIL PARTNERSHIP: The status of being unmarried or single is not protected. Not applicable

3.4.6 PREGNANCY AND MATERNITY: e.g., Pregnancy, Compulsory maternity leave, maternity leave, Additional maternity leave. Not applicable
Ordinary

3.4.7 RACE: e.g., Asian, or Asian British, Black, or Black British, Chinese, Gypsies and Mixed Heritage, White British, White Irish, White Other. Not applicable
Travellers,

3.4.8 RELIGION OR BELIEF: e.g., Buddhist, Christian, Hindu, Jewish, Muslim, Sikh, No religion, Other. Not applicable

3.4.9 SEX: e.g., Women, Girls, Men, Boys. Not applicable

3.4.10 SEXUAL ORIENTATION: e.g., Lesbians, Gay men, Bisexuals, Heterosexuals. Not applicable

3.4.11 OTHER: e.g., Advice and information needs, community cohesion, wellbeing and sustainability, deprivation and poverty, human rights, social class and mobility, other vulnerable groups, looked after children, offenders etc. Not applicable

3.5 To what extent are vulnerable groups more affected by this proposal compared to the population or workforce as a whole? Not applicable

3.6 To what extent do current procedures and working practices address the above issues and help to promote equality of opportunity? Not applicable

3.7 Are there any gaps in data or consultation findings? Not applicable

3.8 What action will be taken to obtain this information?

Not applicable

Stage 4 – Providing an overview of impacts and potential discrimination

4.1 Stage 4 – Assessing Positive and Negative Impacts

Analysis of Impacts on: Age

4.1.1 Age: Positive

Impact: Positive

Discrimination: No

Summary of impacts and reasons: Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by offering more services relevant to a younger / older age group. The PNA sought views from the public, examined provision of advanced and enhanced services and population data. The recommendations in the PNA seek to maintain or improve these services.

Analysis of Impacts on: Disability

4.1.2 Disability: Positive

Impact: Positive

Discrimination: No

Summary of impacts and reasons: The contractor survey included collecting information regarding facilities and reasonable adjustments pharmacies have in place to help people with disabilities access services. The PNA also incorporates views of the public on access for people for disabilities which pharmacies can utilise alongside other information to consider other adaptations.

Analysis of Impacts on: Carers

4.1.3 Carers: Positive

Impact: Positive

Discrimination: No

Summary of impacts and reasons:

The PNA identified that people who make use of pharmacies do so for their children and people they care for, as well as themselves. Pharmacies play a key role in supporting the health and wellbeing of this population, including through the provision of additional services such as Pharmacy First. This PNA considered provision of these services in determining adequacy of provision and future recommendations

Analysis of Impacts on: Gender Reassignment

4.1.4 Gender Reassignment: No impact

Impact: No impact

Discrimination: No

Summary of impacts and reasons: The PNA does not contain any proposals for changes that affect this characteristic

Analysis of Impacts on: Marriage and Civil Partnership (Employment only)

4.1.5 Marriage and Civil Partnership: Not applicable

Impact: No impact

Discrimination: No

Summary of impacts and reasons:

The PNA does not contain any proposals for changes that affect this characteristic

Analysis of Impacts on: Pregnancy and Maternity

4.1.6 Pregnancy and Disability: Not applicable

Impact: No impact

Discrimination: No

Summary of impacts and reasons:

The PNA does not contain any proposals for changes that affect this characteristic

Analysis of Impacts on: Race

4.1.7 Race: Positive

Impact: Positive

Discrimination: No

Summary of impacts and reasons:

The PNA considered current ethnic diversity and predicted changes. Some diseases are more prevalent in some groups. Equalities monitoring as part of the public survey also considered race. The contractor survey also collected information regarding languages spoken. The PNA identified an improvement area in raising awareness of access to translation services.

Analysis of Impacts on: Religion or Belief

4.1.8 Religion or Belief: No impact

Impact: State No impact

Discrimination: No

Summary of impacts and reasons:

The PNA does not contain any proposals for changes that affect this characteristic

Analysis of Impacts on: Sex

4.1.9 Sex: Positive

Impact: Positive

Discrimination: No

Summary of impacts and reasons:

Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by considering services offered based on demographics. Information regarding provision of these services was collected and considered in the PNA and this can be utilised by pharmacies and commissioners in developing proposals to improve access in the future.

Analysis of Impacts on: Sexual Orientation

4.1.10 Sexual orientation: No impact

Impact: No impact

Discrimination: No

Summary of impacts and reasons:

The PNA does not contain any proposals for changes that affect this characteristic

OTHER:

Analysis of Impacts on: Other - Looked After Children & Care Experienced

4.1.11 Looked After Children and Care Experienced: No impact

Impact: No impact

Discrimination: No

Summary of impacts and reasons:

The PNA does not contain any proposals for changes that affect this characteristic

Analysis of Impacts on: Other – Additional considerations

Guidance: For example, Advice and information needs / Community cohesion, wellbeing and sustainability / Deprivation and poverty / Human Rights / Social Class & Mobility, / Other vulnerable groups Looked After Children, Offenders etc.

4.1.11 Other: No impact

Impact: No impact

Discrimination: No

Summary of impacts and reasons:

The PNA does not contain any proposals for changes that affect these characteristics

Stage 5 – Identifying mitigating actions that can be taken to address adverse impacts

5.1 Conclusions, Recommendations and Action Planning

5.2 What are the main conclusions and recommendations from the assessment?

- Community pharmacy services play an important role in supporting the health and wellbeing of the local population. In addition to essential services, almost all pharmacies provide some of the advanced services, and we would wish to encourage all community pharmacies to make greater use of all advanced services, and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service. No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Central Bedfordshire. No gaps were identified in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances have been identified in any of the localities.

5.3 What changes will be made to address or mitigate any adverse impacts that have been identified? No adverse impacts were identified

5.4 Are there any budgetary implications? No

5.5 Actions to be taken to mitigate against any adverse impacts:

Access issues should be better understood to establish whether any further action is required. For example, there may be an opportunity to work with Community Pharmacy BLMK and Northants and local pharmacies to review the potential of exploring an extended rota.

5.5.1 ACTION: Following the publication of the PNA, the PNA Steering Group will meet to consider the actions required in response the recommendations and findings.

5.5.2 LEAD OFFICER: Louise Catling

5.5.3 DATE: by March 2026

5.3.4 PRIORITY: Medium

Guidance: Add in extra lines for each action or insert a table if preferred

Stage 6 – Checking that all relevant issues and mitigating actions have been identified

Completed

Stage 7 - Ensuring that the actual impact of proposals are monitored over time

Guidance: Please give details and make clear whether this is already planned, or just a possibility. Clear ownership in terms of team or service must be given.

7.1 Stage 7 – Monitoring Future Impact

7.2 How will implementation of the actions be monitored?

The PNA itself is a strategic document assessing pharmaceutical provision against the needs of the population. The document itself does not propose any changes. However, the council does have a process for producing supplementary statements to the PNA if changes to pharmacy provision warrant it during the life span of the PNA, which monitors changes to pharmaceutical provision.

7.3 What sort of data will be collected and how often will it be analysed?

Number and location of pharmacies and hours of operation

7.4 How often will the proposal be reviewed? No proposals for change, but the PNA will be reviewed every 3 years (or earlier if required).

7.5 Who will be responsible for this? The Health and Wellbeing Board

7.6 How have the actions from this assessment been incorporated into the proposal?

The PNA is a statutory document – it is an assessment of the adequacy of pharmaceutical provision measured against the needs of the population. Regulations and guidance guide the process of the PNA, including content. The PNA itself does not contain proposals for change. However, there is a recommendation that further work is undertaken following publication to consider any further actions. Any future plans or proposals arising from the findings of the PNA

**Central
Bedfordshire**

Central Bedfordshire in contact

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Call: 0300 300 8307

Email: customers@centralbedfordshire.gov.uk

Write to: Central Bedfordshire Council, Priory House,
Monks Walk, Chicksands, Shefford, Bedfordshire SG17 5TQ

Appendix 6 - Community Engagement Questionnaire Results

Central Bedfordshire

2025 PNA Interim Resident Survey

Total responses received: 3208

How do you usually use your pharmacy (chemist) or dispensing practice (general practice that dispenses medicines).

1. Are you a resident of: (Please select one box)

Answered- 3208; Skipped- 0

Central Bedfordshire	100%	3208
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2. Do you have a regular/usual pharmacy (chemist) or dispensing practice that you use? (Please select one box)

Answered- 3189; Skipped- 19

Don't know	0%	5
No - I use whichever pharmacy/dispensing practice is most convenient depending on my location	3%	86
Other	1%	34
Yes - I have a regular pharmacy/dispensing practice that I order items to home	9%	291
Yes - I have a regular pharmacy/dispensing practice that I visit in person	87%	2773

If you answered "Other" to question 2, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 33; Skipped- 3175

Collect from GP	3
Collected on my behalf	3
No set pharmacy	1
No visit required	2
Other/General Feedback	2
Use delivery/ online services	22

3. Have you used the following services in the past year? (Please select all boxes that apply)

Answered- 3197; Skipped- 11

Appliance services e.g. stoma appliance customization	0%	5
Collection of prescriptions from dispensing practice (General Practice which dispenses medicines)	11%	577
Collection of prescriptions from local community pharmacy (chemist)	49%	2570
Don't know	0%	7
General health advice from local pharmacy (chemist)	18%	963
Medicines use check e.g. pharmacist offers advice	1%	65
New Medicine Service e.g. new medication prescribed for asthma	2%	85
None of the services in question 3	1%	67
Online pharmacy (chemist)	2%	114
Other	0%	26
Over the counter medicines from local community pharmacy (chemist)	15%	783
Pharmacy First services from local community pharmacy (chemist)	1%	35

If you answered "Other" to question 3, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 91; Skipped- 3117

Collect medication	3
Collected on my behalf	1
Ear care	1
Haven't used pharmacy	1
Health advice	3
Other/General Feedback	1
Passport photo service	1
Purchase products e.g. make-up, toiletries	2
Return medication e.g. for disposal	4
Use delivery/ online services	14
Vaccinations e.g. flu, COVID, shingles, RSV	60

4. Who do you normally visit the pharmacy (chemist) or dispensing practice for?
(Please select all boxes that apply)

Answered- 3183; Skipped- 25

Don't know	0%	2
Family member - adult	28%	1445
Family member - children under 18	4%	225
Friend	1%	63
Neighbour	1%	75
Other	1%	36
Someone I care for	4%	210
Yourself	60%	3062

If you answered "Other" to question 4, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 35; Skipped- 3173

Collected on my behalf	1
Don't visit pharmacy	1
Family member	3
For residents through Helping Hands team	1
For service users	2
For Ukrainian family	1
Good Neighbour Scheme	8
Other/General Feedback	4
Use delivery/ online services	14

5. How do you usually travel to the pharmacy (chemist) or dispensing practice that you use most often? (Please select one box)

Answered- 3199; Skipped- 9

Bicycle	1%	31
Car	54%	1743
Not applicable	2%	66
Other	1%	31
Public Transport (e.g. bus)	2%	58
Taxi	0%	4
Walk	40%	1266

If you answered "Other" to question 5, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 31; Skipped-3177

Help from others	1
Mobility scooter	17
Motorhome/ motorbike	2
None	1
Use delivery/ online services	9
Via workplace	1

6. Do you have any issues accessing a preferred pharmacy (chemist) or dispensing practice? (Please select one box)

Answered- 3169; Skipped- 39

No	89%	2825
Yes	11%	344

7. If "Yes" to question 6, what issues do you have in accessing your preferred pharmacy (chemist) or dispensing practice? (Please select all boxes that apply)

Answered- 331; Skipped- 2877

Distance	17%	68
Location/surroundings	3%	13
Other	36%	142
Parking	41%	162
Wheelchair access	3%	10

If you answered "Other" to question 7, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 145; Skipped- 3063

Availability of medication	12
Can't phone chemist	2
Date of collection is never right	1
Inaccessible	4
Infrequent public transport	1
Lack of delivery service	1
Lack of Dosett box services	1
Long waiting times and queues	47
Miscommunication between pharmacy and doctor	1
Missed delivery	1
Mobility issues	3
No bike locks	1
Not providing covid vaccination	1
Opening times	51
Other/General Feedback	5
Poor service	13

8. When do you usually use pharmacy (chemist) or dispensing practice services?
(Please select all boxes that apply)

Answered- 3106; Skipped- 102

	Monday-Friday	Saturday	Sunday	Bank Holidays
Early morning, before 9am	148	62	15	8
Morning, 9am - 12 noon	2030	779	88	49
Lunchtime, 12 noon - 2pm	695	245	47	26
Afternoon, 2pm - 5pm	1631	390	86	41
Evenings, 5pm - 8pm	313	96	45	24
Late night, 8pm - 10pm	54	36	24	17

9. When would you prefer to use your pharmacy (chemist) or dispensing practice services? (Please select all boxes that apply)

Answered- 2970; Skipped- 238

	Monday-Friday	Saturday	Sunday	Bank Holidays
Early morning, before 9am	268	139	77	58
Morning, 9am - 12 noon	1882	893	254	174
Lunchtime, 12 noon - 2pm	783	412	160	114
Afternoon, 2pm - 5pm	1377	598	223	132
Evening, 5pm - 8pm	493	240	146	98
Late night, 8pm - 10pm	181	117	96	74

10. In the past year, if you could not access your usual pharmacy (chemist) or dispensing doctor, what did you do? (Please select all boxes that apply)

Answered- 2843; Skipped- 365

Called NHS 111	6%	214
Called the out of hours service	2%	69
Other	5%	177
Went back on another day	56%	1998
Went to a walk-in centre	3%	97
Went to another pharmacy	22%	765
Went to hospital/ Accident & Emergency	2%	63
Went to my GP	5%	162

If you answered "Other" to question 10, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 163; Skipped- 3045

Asked someone else to collect on my behalf	4
Called BUPA	1
Changed pharmacy	1
Contacted doctor	10
Contacted the cancer hub	1
Did not collect medication	9
Hasn't been a problem	95
Other/General Feedback	6
Returned at another point	4
Use delivery/ online services	21
Waited	6
Went to another pharmacy	3
Went to TESCO	2

11. Have you used any of the following services at a pharmacy (chemist) in the past year or would you like to? (Please select one box per row)

Answered- 2624; Skipped- 584

	Have used		Would use if necessary	
Access to free or low-cost medicines for common illnesses	60%	508	40%	332
Alcohol advice	1%	1	99%	191
Blood pressure check	40%	319	60%	478
Blood sugar check	16%	87	84%	474
Cholesterol check	15%	95	85%	542
COVID-19 vaccination	82%	1469	18%	330
Dietary advice	8%	21	92%	247
Emergency contraception e.g. (morning after pill)	5%	11	95%	215
Family planning e.g. (contraceptives/the pill/condoms)	11%	25	89%	200
Healthy Lifestyle advice/support	12%	34	88%	258
Minor illnesses e.g. hay fever, cough	68%	743	32%	346
Needle exchange or methadone supply	3%	6	97%	175
Out of hours urgent supply e.g. overnight, Christmas Day	11%	55	89%	465
Pharmacy First	23%	146	77%	479
Seasonal 'Flu' vaccine	81%	1540	19%	370
Stop smoking services	6%	15	94%	232
Weight concerns	5%	13	95%	239

*"Pharmacy First is a service that includes: review for impetigo (skin infection) for people aged 1 years and older; review for infected insect bites for people aged 1 years and over; review for shingles for people aged 18 years and older; review for sinusitis for people aged 12 years and over; review for sore throat for people aged 5 years and over and review for uncomplicated urinary tract infections for women aged 16-64 years old."

12. Do you consider yourself to have a long-term health condition? (Please select one box)

Answered- 3183; Skipped- 25

No	32%	1019
Yes	68%	2164

13. If "Yes" to question 12, which of these long-term conditions would you consider yourself to have or are being treated for? (Please select all boxes that apply)

Answered- 2148; Skipped- 1060

Asthma, COPD or Respiratory Condition	15%	530
Cancer	5%	167
Cardiovascular Condition (including stroke)	10%	363
Chronic Kidney Disease	2%	56
Dementia	0%	16
Diabetes	13%	458
Epilepsy	1%	39
Hypertension/ High Blood Pressure	25%	920
Mental Health Condition	5%	173
Neurodiversity (e.g. Autism)	1%	20
Other Long-Term Condition	24%	875

14. Have you used a pharmacy advice service in order to obtain the necessary advice and support to deal with your long-term condition? (Please select one box)

Answered- 2669; Skipped- 539

No - I would like to be able to obtain the necessary advice & support	77%	2043
Yes - I have obtained the necessary advice & support	23%	626

15. If "Yes" to question 14, how would you describe it? and would you like to obtain advice and support from your usual pharmacy (chemist) (Please select one box per row)

Answered- 803; Skipped- 2405

	Have		Would like support & advice	
Asthma, COPD or respiratory condition	86%	147	14%	23
Cancer	57%	42	43%	32
Cardiovascular condition (including stroke)	64%	81	36%	46
Chronic kidney disease	24%	8	76%	25
Dementia	15%	5	85%	28
Diabetes	66%	111	34%	56
Epilepsy	32%	9	68%	19
Hypertension/High blood pressure	69%	196	31%	89
Mental health condition	49%	36	51%	38
Neurodiversity (e.g. autism)	25%	7	75%	21
Other long-term condition	69%	210	31%	95

If you answered "Other long-term condition" to question 15, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 242; Skipped- 2966

Autoimmune & Inflammatory Disorders	28
Cancer & Related Conditions	5
Cardiovascular Conditions	22
Co-morbidities	1
Endocrine & Metabolic Conditions	35
Eye Conditions	2
Gastrointestinal Conditions	21
Infectious & Immune Conditions	4
Mental Health & Addiction	1
Musculoskeletal Disorders	45
Neurological Conditions	27
Other/General Feedback	22
Pain Management	5
Rare & Miscellaneous Conditions	1
Related to medication	10
Respiratory Conditions	7
Skin & Allergic Conditions	6

16. How do you prefer to communicate and/or receive information? (Please select all boxes that apply)

Answered- 3127; Skipped- 81

Braille	0%	1
British Sign Language	0%	5
Easy read	10%	427
E-mail	50%	2192
Interpreter - non-spoken	0%	3
Interpreter - spoken	0%	5
Large print	2%	78
No Preference	10%	420
Other	2%	82
SMS/Text	26%	1140

If you answered "Other" to question 16, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 89; Skipped- 3119

Accessibility/support challenges	3
Email communication	7
Face-to-face interaction	19
Internet/online platforms	4
Medical/test results	4
None	2
Other/General Feedback	4
Postal communication	13
Printed/readable materials	5
Telephone/voice communication	22
Text messaging/apps	6

17. Please describe in the box below, any other services you would like pharmacies to offer: (Please explain your answer in the box below)

Answered- 818; Skipped- 2390

Better accessibility and availability	89
Chronic condition management e.g. blood pressure checks, asthma management, diabetes monitoring, etc.	4
Other communication methods	2
Community and specialised support	4
Consultancy rooms	1
Deliver and online services e.g. text notifications, online booking system, remote consultations, collection points	56
Improved dispensing prescription service	15
Dosset box	1
Elderly care e.g. mobility support, medication management, caregiver support, etc.	14
Extended pharmacy services e.g. urine tests, smear tests, blood tests, minor injuries, etc.	82
First aid guidance	2
Foot care	2
Hearing and ear care	20
Incontinence management	1
Integration with healthcare services	19
Lifestyle and preventive advice e.g. weight management, smoking cessation, health living advice, etc.	13
Medication and supply management	42
Men's health e.g. prostate health checks, erectile dysfunction treatment, etc.	1
Mental health support e.g. mental health advice, anxiety support, etc.	1
More pharmacies	4
More pharmacy first	3
Natural remedies	2
None	68
Other/General Feedback	36
Personalised and face-to-face care	22
Positive comments	85
Service improvements	113
Stock more products	14
Sustainability and waste management e.g. recycling medicine packets, sharps box returns, eco-friendly packaging, etc.	11
Technology and innovation e.g. to contact chemist	6
Travel health e.g. vaccinations, travel advice, malaria tablets, etc.	1
Vaccination and preventive care	46
Women's health e.g. pill checks, pregnancy advice, contraception advice, menopause support, etc.	6
Write prescriptions or order repeat prescriptions	32

Your Personal Details

This section is about you. Please do not put your name or any other person identifiable information on this survey.

The following information will help us when considering your opinions and to make sure that we're getting views of all members of the community. The answers will not be used to identify any individual. You can read more about why we ask these questions on our website.

18. Are you?: (Please select one box)

Answered- 3190; Skipped- 18

Female	56%	1800
Male	42%	1333
Other	0%	11
Prefer Not To Say	1%	46

If you answered "Other" to question 18, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 0; Skipped- 3208

19. Is your present gender the one you were assigned at birth? (Please select one box)

Answered- 3170; Skipped- 38

No	0%	5
Prefer Not To Say	2%	61
Yes	98%	3104

20. How would you define your sexual orientation? (Please select one box)

Answered- 3119; Skipped- 89

Bisexual	1%	31
Gay	1%	19
Heterosexual	90%	2819
Lesbian	0%	4
Other	0%	12
Prefer Not To Say	8%	234

If you answered "Other" to question 20, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 10; Skipped- 3198

Celibate	1
I don't have one	1
Gender fluid	1
Normal	4
Pansexual	2

21. Which age group are you in? (Please select one box)

Answered- 3041; Skipped- 20

Under 16 years	0%	0
16-20 years	0%	0
21-25 years	0%	4
26-30 years	0%	10
31-35 years	1%	22
36-40 years	1%	38
41-45 years	2%	67
46-50 years	2%	73
51-55 years	5%	145
56-60 years	7%	216
61-65 years	12%	389
66-70 years	17%	557
71-75 years	18%	558
Over 75 years	32%	1023
Prefer Not To Say	3%	80

22. To which of these groups do you consider you belong? (Please select one box)

Answered- 3153; Skipped- 55

Asian, Asian British or Asian Welsh – Bangladeshi	1%	29
Asian, Asian British or Asian Welsh – Chinese	0%	6
Asian, Asian British or Asian Welsh – Indian	0%	12
Asian, Asian British or Asian Welsh - Other Asian	0%	7
Asian, Asian British or Asian Welsh – Pakistani	0%	3
Black, Black British, Black Welsh, Caribbean or African - African	0%	15
Black, Black British, Black Welsh, Caribbean or African - Caribbean	0%	4
Black, Black British, Black Welsh, Caribbean or African - Other Black	0%	2
Mixed or Multiple Ethnic Groups - Other Mixed or Multiple Ethnic Groups	0%	8
Mixed or Multiple Ethnic Groups - White and Asian	0%	5
Mixed or Multiple Ethnic Groups - White and Black Caribbean	0%	7
Other Ethnic Group - Any Other Ethnic Group	0%	11
Other Ethnic Group- Arab	0%	0
Prefer Not To Say	4%	136
White Gypsy or Irish Traveller	0%	3
White Irish	1%	45
White Roma	0%	2
White, English, Welsh, Scottish, Northern Irish or British	83%	2625
White, Other White	7%	233

23. Do you consider yourself disabled? (Please select one box)

Answered- 3177; Skipped- 31

No	80%	2553
Prefer Not To Say	3%	111
Yes	16%	513

24. If you consider yourself to have a disability(s), how would you describe your disability(s)? (Please select all boxes that apply)

Answered- 502; Skipped- 2706

Learning Disability	1%	6
Other	8%	43
Physical or Mobility Impairment	76%	425
Prefer Not To Say	2%	13
Sensory Impairment	13%	73

If you answered "Other" to question 24, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 41; Skipped- 3167

Bowel and gastrointestinal disorders	3
Cancer and serious chronic conditions	2
Chronic pain and musculoskeletal disorders	2
Diabetes and endocrine disorders	4
Energy-limiting and autoimmune conditions	2
Hearing impairments	5
Mental health conditions	7
Mobility impairments	1
Neurodiversity	2
Neurological conditions	6
Other/General Feedback	1
Respiratory and breathing conditions	5
Sensory impairments	1

25. Are you in current employment? (Please select one box)

Answered- 3175; Skipped- 33

No	75%	2372
Prefer Not To Say	3%	108
Yes	22%	695

26. If you answered "Yes" to question 25, which of these categories do you consider best reflects your employment status? (Please select one box)

Answered- 691; Skipped- 2517

Employee Full-Time	51%	355
Employee Part-Time	33%	225
Full-Time Student	0%	1
Looking After Home	0%	1
Other	1%	8
Retired	1%	7
Self-Employed	13%	91
Sick Or Disabled	0%	3
Student	0%	0
Unemployed	0%	0

If you answered "Other" to question 26, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 6; Skipped- 3202

Contractor	1
Elected Ward Cllr	1
Full time home carer	1
Director own company	1
Unpaid carer	2

27. Which of the following faith and belief groups do you identify with? (Please select one box)

Answered- 3142; Skipped- 66

Buddhist	0%	12
Christian	63%	1986
Hindu	0%	6
Jewish	0%	11
Muslim	0%	2
No Religion/Atheist	24%	760
Other	2%	69
Prefer Not To say	9%	294
Sikh	0%	2

If you answered "Other" to question 27, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 59; Skipped- 3149

Atheist/Agnostic/Non-religious	20
Christianity	15
Jediism	3
Jehovah's Witness	2
Other/General Feedback	1
Other/Unclear Beliefs	1
Paganism/Spiritual Beliefs	13
Quaker	2
Taoism	2

28. What is the first part of your home or organisation postcode e.g. MK40? (Please do not write your full postcode)

Answered- 2936; Skipped- 125

LLU6	0%	1
LU	1%	16
LU1	5%	141
LU13	0%	1
LU14	0%	7
LU2	0%	9
LU3	0%	8
LU4	0%	5
LU5	9%	274
LU54	0%	3
LU55	0%	2
LU56	0%	1
LU5P	0%	1
LU6	10%	312
LU61	0%	2
LU62	0%	3
LU63	0%	1
LU6B	0%	1
LU7	20%	601
LU72	0%	1
LU73	0%	2
LU74	0%	1
LU79	0%	1
MJ45	0%	1
MK	0%	3
MK12	0%	1
MK17	1%	36
MK18	0%	2
MK40	0%	9
MK41	0%	1
MK42	0%	3
MK43	5%	165
MK44	1%	30
MK45	16%	482
MM45	0%	1
SG	1%	24
SG1	0%	1
SG15	1%	42
SG16	2%	54

SG17	5%	149
SG18	12%	360
SG19	8%	236
SG5	3%	79
SG54	0%	1
SG6	0%	1
SG8	0%	1
TSG1	0%	1

29. How did you hear about this survey? (Please select all boxes that apply)

Answered- 3151; Skipped- 57

Friend	1%	42
Healthwatch	1%	16
Online	76%	2430
Other	19%	594
Pharmacist	0%	7
Professional	0%	11
Promotion	3%	88

If you answered "Other" to question 29, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 560; Skipped- 2648

Caddington Care	4
Council website	44
Councillor	4
Doctor	1
Email	482
Facebook	7
Local group	4
Local newspaper	4
Newsletter	1
Online	4
Other/General Feedback	2
Social media	1
Text message	2

Do you have any comments you wish to make regarding this survey? (Please explain your answer in the box below)

Answered- 684; Skipped- 2524

Comments on GP Practices	22
Convenience and opening hours	17
Feedback on this survey design/ content	111
Government and funding support	9
Importance of local pharmacy access and keeping up with demand	127
None	121
Other/General Feedback	44
Parking and infrastructure (e.g. larger premises)	12
Pharmacy service quality	76
Prescriptions and medication	13
Role of pharmacies in healthcare	10
Suggestions and improvements	2
Technological and online services	18
Waiting times and delays	102

Appendix 7 - Pharmacy Addresses

Correct as of January 2025

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
Chiltern Vale	Asda Pharmacy	FPX06	Community	Court Drive, Dunstable	LU5 4JD	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	10:00-16:00
Chiltern Vale	Boots Pharmacy	FKP98	Community	36-40 Broadwalk, Dunstable	LU5 4RH	09:00-17:30	09:00-17:00	10:00-15:00
Chiltern Vale	Herington (Chemists) Ltd	FGM33	Community	7 High Street South, Dunstable	LU6 3RZ	09:00-13:00 14:00-18:30 - Mon, Fri 14:00-17:30 - Tue, Wed, Thu	09:00-12:00	Closed
Chiltern Vale	Houghton Regis Pharmacy	FRR79	Community	Houghton Regis Medical Ctr, Peel Street, Houghton Regis	LU5 5EZ	08:30-21:30	09:00-21:00	10:00-16:00
Chiltern Vale	Jardines Pharmacy	FKJ53	Community	57 Katherine Drive, Dunstable	LU5 4NP	09:00-18:00	Closed	Closed
Chiltern Vale	Jhoots Pharmacy	FWH58	Community	116 High Street North, Dunstable	LU6 1LN	09:00-13:00 14:00-18:00	Closed	Closed
Chiltern Vale	Langdale Pharmacy	FTT68	Community	64 Langdale Road, Dunstable	LU6 3BS	09:00-18:30	09:00-13:00	Closed
Chiltern Vale	Mayfield Pharmacy	FQE61	Community	12 Mayfield Road, Dunstable	LU5 4AP	09:00-13:00 14:00-18:00	Closed	Closed
Chiltern Vale	Medigreen Ltd	FE283	Community	31 Manor Road, Caddington	LU1 4EE	09:00-13:00 14:00-18:00	09:00-12:00	Closed
Chiltern Vale	Tesco in-store Pharmacy	FE049	Community	Skimpot Road, Dunstable	LU5 4JU	09:00-21:00	09:00-21:00	10:00-16:00
Chiltern Vale	Titan Pharmacy	FGQ94	Community	17-18 Bedford Square, Houghton Regis	LU5 5ES	08:45-18:15	09:00-13:00	Closed

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
Chiltern Vale	Tuda Pharmacy	FJ560	Community	Toddington Medical Centre, Luton Road, Toddington	LU5 6DE	09:00-13:00 14:00-18:00	09:00-13:00	Closed
Chiltern Vale	West Street Pharmacy	FDF16	Community	8-10 West Street, Dunstable	LU6 1SX	09:00-19:30	09:00-18:00	Closed
Ivel Valley	Arlesey Pharmacy	FK555	Community	31 High Street, Arlesey	SG15 6RA	08:45-13:00 14:00-18:15	Closed	Closed
Ivel Valley	Biggleswade Pharmacy	FTX06	Community	Unit 1 Market Square, Biggleswade	SG18 8AP	08:30-18:00	08:30-17:30	Closed
Ivel Valley	Boots Pharmacy	FL588	Community	9-10 Market Square, Biggleswade	SG18 8AS	08:30-13:00 14:00-18:00	08:30-13:00 14:00-17:30	Closed
Ivel Valley	Britannia Pharmacy	FD869	Community	5 Market Square, Sandy	SG19 1HU	08:30-18:00	09:00-13:00	Closed
Ivel Valley	Britannia Pharmacy	FX692	Community	4 Market Square, Sandy	SG19 1HU	09:00-18:00	09:00-17:00	Closed
Ivel Valley	Henlow Pharmacy	FD129	Community	197A Station Road, Lower Stondon	SG16 6JE	08:30-13:00 14:00-18:30	09:00-13:00	Closed
Ivel Valley	Jardines Pharmacy	FD578	Community	17 Market Square, Pottton, Sandy	SG19 2NP	09:00-18:00	09:00-17:00	Closed
Ivel Valley	Jardines Pharmacy	FF736	Community	5 Kingsfield Road, Saxon Centre, Biggleswade	SG18 8AT	09:00-18:00	09:00-12:30	Closed
Ivel Valley	Jardines Pharmacy	FKP67	Community	Richard Daniels House, 7 High Street, Shefford	SG17 5DD	09:00-13:00 14:00-18:30	09:00-17:00	Closed
Ivel Valley	Langford Pharmacy	FHT06	Community	73a Church Street , Langford, Biggleswade	SG18 9QA	09:00-13:00 - Mon, Tue, Wed, Thu, Fri 13:30-17:30 - Mon, Tue, Thu, Fri	09:00-13:00	Closed

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
Ivel Valley	Shefford Pharmacy	FJM95	Community	The Surgery, Robert Lucas Drive, Hitchin Road , Shefford	SG17 5FS	08:00-18:00	Closed	Closed
Ivel Valley	Stotfold Pharmacy	FGV90	Community	1 Brook Street, Stotfold, Hitchin	SG5 4LA	09:00-18:00	09:00-13:00	Closed
Ivel Valley	Dr Collins, Carragher & Neal (Lower Stondon)	E81061	Dispensing GP Practice	109 Station Road, Lower Stondon, Henlow	SG16 6JJ	08:00-13:00 14:00-18:30 (Wed 08:00-18:30)	Closed	Closed
Ivel Valley	Greensands Medical Practice	E81012	Dispensing GP Practice	Brook End, Potton	SG19 2QS	08:30-12:00, 14:00-18:00, (Thu 08:30-12:30)	Closed	Closed
Ivel Valley	Saffron Health Partnership	E81057	Dispensing GP Practice	Saffron Road, Biggleswade	SG18 8DJ	08:30-09:30 12:00-13:00 17:00-18:00	Closed	Closed
Ivel Valley	Sandy Health Centre	E81035	Dispensing GP Practice	Northcroft, Sandy	SG19 1JQ	08:00-12:30, 14:00-17:00	Closed	Closed
Leighton Buzzard	Boots Pharmacy	FK386	Community	55 High Street, Leighton Buzzard	LU7 1DN	08:00-17:30 - Mon 08:30-17:30 - Tue, Wed, Thu, Fri	08:00-17:30	10:00-16:00
Leighton Buzzard	Grovebury Pharmacy	FGW87	Community	Unit 2 Enterprise Court, Enterprise Way, Leighton Buzzard	LU7 4SZ	08:30-13:00 14:00-18:30	Closed	Closed
Leighton Buzzard	Peak Pharmacy	FD698	Community	17-19 Lake Street, Leighton Buzzard	LU7 1RS	09:00-13:00 14:00-18:00	09:00-13:00	Closed
Leighton Buzzard	Rosehill Pharmacy	FTR05	Community	41 High Street, Leighton Buzzard	LU7 1DN	09:00-17:30	09:00-14:00	Closed
Leighton Buzzard	Tesco in-store Pharmacy	FMK63	Community	Vimy Road, Leighton Buzzard	LU7 1ER	08:00-20:00	08:00-20:00	09:00-16:00
Leighton Buzzard	Touchwood Pharmacy	FG827	Community	47 Coniston Road, Leighton Buzzard	LU7 2PJ	09:00-17:30	09:00-13:00	Closed

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
Leighton Buzzard	Bassett Road Surgery	E81003	Dispensing GP Practice	29 Bassett Road, Leighton Buzzard	LU7 1AR	08:30-13:00 14:00-18:00	Closed	Closed
Leighton Buzzard	Medino	FQF90	DSP	Unit 6, Union Park, Grovebury Road, Leighton Buzzard	LU7 4UX	09:00-17:00	Closed	Closed
West Mid Beds	C&H (Barton) Ltd	FH609	Community	79 Bedford Road, Barton-Le-Clay, Bedford	MK45 4LL	09-18:00	09:00-15:00	Closed
West Mid Beds	D R Allen Pharmacy	FCH27	Community	3 Mill Road, Cranfield	MK43 0JG	09:00-18:30 - Mon, Tue, Thu, Fri 09:00-13:00 - Wed	09:00-13:00	Closed
West Mid Beds	McLaren Pharmacy	FC090	Community	Unit 2, Moretyne Retail Park, Bedford Road, Marston Moretaine, Bedford	MK43 0LA	09:00-18:00	09:00-14:00	Closed
West Mid Beds	Tesco in-store Pharmacy	FE912	Community	10-12 Coniston Road, Flitwick	MK45 1LX	08:00-20:00	08:00-20:00	10:00-16:00
West Mid Beds	The Highlands Pharmacy Ltd	FE843	Community	Flitwick Surgery, Highlands, Flitwick	MK45 1DZ	09:00-21:00	09:00-21:00	10:00-16:00
West Mid Beds	W Cheeseman & Son Ltd	FEL81	Community	3-5 Church Street, Ampthill	MK45 2PJ	09:00-13:30 14:00-18:00	09:00-13:30	Closed
West Mid Beds	Asplands Medical Centre	E81050	Dispensing GP Practice	Woburn Surgery, Eleanor Close, Woburn, MK17 9QU	MK17 8QP	08:30-13:00, 14:00-18:30 (Thurs, Fri 08:30-13:00)	Closed	Closed
West Mid Beds	Dr A Sulakshana & Partners (Formerly Dr Hughes & Partners)	E81046	Dispensing GP Practice	Hexton Road, Barton-le-Clay	MK45 4TA	08:30-12:30 14:30-18:30 (Wed 08:30-12:30)	Closed	Closed
West Mid Beds	Flitwick Surgery	E81015	Dispensing GP Practice	Highlands, Flitwick	MK45 1DW	08:00-13:00, 17:00-18:00	Closed	Closed

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
West Mid Beds	Houghton Close Surgery	E81074	Dispensing GP Practice	1 Houghton Close, Ampthill	MK45 2TG	09:00-13:00 14:30-18:00	Closed	Closed
West Mid Beds	Sundon Medical Centre (Harlington Branch)	E81040	Dispensing GP Practice	Westoning Road, Harlington	LU5 6PB	08:30-13:00	Closed	Closed

Appendix 8 - Consultation on the Draft Pharmaceutical Needs Assessment for Central Bedfordshire

The formal consultation on the draft PNA for Central Bedfordshire ran from 14th April to 13th June 2025 in line with the guidance on developing PNAs and section 242 of the National Health Service Act 2006²⁰, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- Community Pharmacy BLMK and Northants
- Bedfordshire and Hertfordshire Local Medical Committee
- All persons on the pharmaceutical lists and all dispensing doctors' list in Central Bedfordshire
- BLMK ICB
- Bedfordshire Hospitals NHS Foundation Trust
- Stoke Mandeville Hospital, Buckinghamshire Healthcare NHS Trust
- Milton Keynes University Hospital NHS Foundation Trust
- Milton Keynes HWB
- Bedford Borough HWB
- Central Bedfordshire HWB
- Cambridgeshire and Peterborough HWB
- North Northamptonshire HWB
- West Northamptonshire HWB
- Buckinghamshire HWB
- Healthwatch Central Bedfordshire

All consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire. The draft PNA and a link to the questionnaire were also made available on the council's website to enable members of the public and other local organisations to provide their feedback.

Findings of consultation:

There were 619 responses to the consultation questionnaire. Not all respondents answered every question. Below is a summary of the responses given. Due to the volume of responses, it has been necessary to engage in a thematic analysis of the free text comments. Therefore the 'comments' below are a representative interpretation of the comments received as part of the consultation process.

Are you responding as:

Option	No. of responses	Percentage
A member of the public	608	98%
A local pharmacy	3	<1%
A health or social care provider	3	<1%
A voluntary or community sector organisation	1	<1%
An elected member	1	<1%
Other	3	<1%

One of the 'Other' responses was from Boots UK Ltd.

Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Central Bedfordshire?

Option	No. of responses	Percentage
Yes	423	70.5%
No	177	29.5%

Are there any gaps in service provision (when, where and which services are available) that have not been identified in the pharmaceutical needs assessment?

Option	No. of responses	Percentage
Yes	234	40%
No	355	60%

Does the draft pharmaceutical needs assessment reflect the needs of Central Bedfordshire's population?

Option	No. of responses	Percentage
Yes	351	60%
No	236	40%

Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Option	No. of responses	Percentage
Yes	375	65%
No	198	35%

Do you agree with the conclusions of the pharmaceutical needs assessment?

Option	No. of responses	Percentage
Yes	360	65%
No	195	35%

Respondents were given the opportunity to provide comments under each question, as well as any other comments at the end of the questionnaire. Comments received were thematically analysed as follows:

Key themes from free text comments	Response
<p>Provision and access to services based on geography:</p> <ul style="list-style-type: none"> • Pharmacies not located close to new housing developments. • Extended opening pharmacies based in urban, not rural areas. • The Ivel Valley locality and Biggleswade are poorly served • No dispensing pharmacy in Ivanhoe or Pitstone • Not enough provision in Leighton Buzzard • Provides no service level or radius of access information and ignores practicalities of access 	<p>A range of parameters were used as part of the pharmaceutical needs assessment (PNA); from local health needs, travel analysis, housing and population growth, and health needs to determine whether pharmaceutical service provision was adequate across Central Bedfordshire. Travel analysis included walking, public transport and driving times for the residents across Central Bedfordshire. It was concluded there were no gaps in pharmaceutical provision and access to services within Central Bedfordshire. This includes when considering future anticipated changes in need (e.g. housing developments). The council has a process in place to consider the impact of changes during the lifespan of the PNA (2025 - 2028) and will produce supplementary statements where required. An early review of the PNA will be triggered if a change is significant enough.</p> <p>In addition to community pharmacies, residents of Central Bedfordshire are supported by 10 GP dispensing surgeries.</p>
<p>Equity of access to services:</p> <ul style="list-style-type: none"> • Digital exclusion • Disabled people not aware or cannot access services • Older people 	<p>The purpose of the PNA is to assess whether the provision of pharmaceutical services meets the needs of the local population. As part of the PNA process, an evaluation of local needs was conducted</p>

<ul style="list-style-type: none"> • Vulnerable population 	<p>which considered the needs of different populations (section 4 of the PNA), and it was concluded that there are no gaps in the provision of necessary services.</p> <p>As well as fulfilling the statutory consultation requirements of the PNA process, we carried out a public survey to hear directly from local residents, service users, and stakeholders. The aim was to better understand their experiences with pharmacy services, including their preferences and any challenges they encounter in accessing care. The insights gathered through this engagement helped shape key parts of the assessment and were considered alongside relevant quantitative data in assessing adequacy of provision.</p> <p>While digital tools are increasingly integrated into pharmacy services, community pharmacies play a critical role in maintaining access to services for potentially digitally excluded individuals by offering face-to-face support. Whilst pharmacies do offer EPS, all pharmacies are required to accept paper prescriptions.</p> <p>While promoting awareness of the full range of services offered by community pharmacies falls outside the scope of the PNA, it is recognised that further work could be undertaken after the PNA’s publication to maximise the use of pharmacy services in supporting the health and wellbeing of the local community.</p>
<p>Population growth / housing development particularly in the following areas:</p> <ul style="list-style-type: none"> • Leighton Buzzard • Clipstone & Briggington 	<p>Section 4 considers the anticipated changes to the population of Central Bedfordshire over the lifespan of the PNA. This includes consideration of housing development locations 2025 - 2028 (the lifespan of this</p>

<ul style="list-style-type: none"> • Shefford, Clifton and surrounding villages • Potton • Harlington • Houghton Regis • Tempsford • Biggleswade. • Lower Stondon • Central Flitwick • Impact of Universal Studios development (2031) <p>Some comments reflected a need for a joined-up approach to consider health/pharmacy services and planning of housing developments</p>	<p>PNA). This information was assessed when considering adequacy of provision, and it was determined there are no current or future anticipated gaps in provision. The council has a process in place to consider the impact of changes during the lifespan of the PNA (2025 - 2028) and will produce supplementary statements where required. An early review of the PNA will be triggered if a change is significant enough.</p> <p>The council acknowledges the importance of aligning strategic planning, including housing developments with the planning of other services. This is outside the scope of the PNA. The PNA seeks to provide a comprehensive understanding of current pharmaceutical provision and future needs based on population growth and demographic changes.</p>
<p>Quality of service:</p> <ul style="list-style-type: none"> • Long waiting times in pharmacy • Time taken to process prescriptions • Poor service • IT systems • Parking • Messages received to say medication is ready when they do not have items in stock 	<p>Quality of service is outside of the scope of the PNA. Patients can follow the complaints process and can complain to the pharmacy in the first instance, and if this is not resolved can take this further to HWE ICB</p>
<p>Medicine supply -</p> <ul style="list-style-type: none"> • Provision of medication seen as unreliable in both rural and urban areas. • Respondents say multiple trips to pharmacies are not unusual due to medicine availability. 	<p>Medicines supply issues have been a concern nationwide for some time and there are several processes in place to mitigate risk to patients. However, this is outside of the scope of the PNA.</p>
<p>Opening hours:</p> <ul style="list-style-type: none"> • Weekend opening • Lunchtime closing • Evening opening • Public holidays 	<p>As part of the PNA process, the availability of pharmaceutical services outside of standard working hours, including weekday evenings (section 6.4.1.2) and weekends (section 6.4.2), was carefully reviewed.</p>

	<p>Based on this assessment, it was determined that there are no gaps in the provision of necessary services during these times.</p> <p>The majority of pharmacies offer additional supplementary hours to the 40 hours they are contracted for, and the four 100-hour pharmacies provide cover on weekday evenings, Saturdays and Sundays. Although there are no pharmacies open on Saturday evening or Sundays in the Ivel Valley locality, there is provision in nearby localities and just across the council border. We understand and appreciate concerns about pharmacy accessibility during lunchtime hours. Consistent access to pharmaceutical services is especially important for people who may only be able to visit during work breaks or limited time windows.</p> <p>While core contractual hours are set nationally, individual pharmacy opening times - including lunch closures - are determined by the pharmacy provider, within the framework of their NHS contract. Some pharmacies may close briefly during the day to ensure staff receive adequate rest and to maintain safe and effective service delivery.</p> <p>Whilst the current level of access is considered adequate to meet the needs of the local population, the PNA does note that access issues should be better understood to establish whether any further action is required.</p> <p>Bank holiday pharmacy opening is arranged by NHS England (now often delegated to ICBs), which ensures adequate access</p>
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	<p>through voluntary participation or, where necessary, through formal direction. While not part of core contractual hours, pharmacies may be compensated for opening on bank holidays to support access to urgent pharmaceutical services.</p>
<p>Respondents suggested additional services they would like to see offered in pharmacies:</p> <ul style="list-style-type: none"> • Availability of delivery e.g. for housebound patients • Waits for medication to be delivered • Prescribing of certain meds, antibiotics (e.g. for UTIs) • Blood pressure checks • Provide more “GP” services • Specialist nurses to take bloods from picc line • Blood tests • Help for minor injuries • Provision of pharmacy services at community centres / village halls / mobile services particularly in rural locations 	<p>Home delivery is not a commissioned service in community pharmacy, so pharmacies choosing to provide this service are doing so with no reimbursement from the NHS. This service is outside of the scope of the PNA, however as detailed in section 8.4, all respondents to the contractor questionnaire stated that they provide a delivery service, although in some cases this may incur a fee for the patient.</p> <p>Offering this may enhance accessibility by ensuring that patients - particularly those who are elderly or have mobility challenges - can consistently receive their medications without needing to visit the pharmacy in person. This feedback has been noted.</p> <p>As noted in section 7.2.7, the Pharmacy First Service includes the provision of NHS-funded treatment where clinically appropriate. This includes the provision of antibiotics for UTIs where clinically appropriate. Blood pressure checks are also undertaken for people meeting the criteria as part of the hypertension case finding service, as described in section 7.2.3.</p> <p>Specialist nurses are not part of the core workforce in community pharmacy. The suggestion of specialist nurses taking blood from picc lines suggestion and pharmacies providing more services currently delivered by GP practices could support a broader discussion on integrated community care</p>

	<p>pathways, though it would sit outside the scope of the PNA.</p> <p>Pharmacies can offer advice on minor injuries including advice on over the counter products or signposting on to other services were appropriate. Infected insect bites can be treated as part of the Pharmacy First scheme detailed in section 7.2.7.</p> <p>As part of the newly published NHS 10-year plan, the government has committed to shifting the focus of community pharmacy from primarily dispensing medicines to delivering a broader range of clinical services. Although specific implementation details are still limited, the plan emphasises that community pharmacies will play a crucial role in the development of a more localised, preventative model of care - referred to as the emerging 'Neighbourhood Health Service'.</p>
<p>Workforce:</p> <ul style="list-style-type: none"> • Pharmacies are struggling with demand & there is a need for more qualified pharmacists • Reliance on Locum pharmacists means issues with pharmacies not opening. • Long waiting times and queues due to poor staffing levels. • Local pharmacy needs more space and old buildings are a constraining factor 	<p>As detailed in section 9, community pharmacy is currently facing significant staffing pressures, however this is outside of the scope of the PNA. Where there are perceived issues with the quality of service received, patients can follow the complaints process and can complain to the pharmacy in the first instance, and if this is not resolved can take this further to HWE ICB</p>
<p>Lived experience of people hasn't been considered</p>	<p>We acknowledge the importance of incorporating lived experience into the PNA to ensure it reflects the real-world use and accessibility of pharmacy services within our communities.</p>

	<p>In addition to the statutory consultation as part of the PNA process we undertook a public survey to gather views from local residents, service users, and stakeholders, aiming to capture their experiences, preferences, and any barriers they face when accessing pharmaceutical services. This input informed key sections of the assessment, alongside quantitative information. All of the information gathered was considered in assessing adequacy of provision of pharmaceutical services.</p>
<p>Not enough research in to impact of online pharmacy provision and demographics using them</p>	<p>We recognise the growing role of online (distance selling pharmacies) in the delivery of pharmaceutical services, particularly since the COVID-19 pandemic, and the importance of understanding how different population groups engage with pharmacy services. Distance selling pharmacies were considered alongside community pharmacies when assessing adequacy of provision.</p>
<p>Concerns about quality of information, bias and insufficient information to inform future provision</p>	<p>We acknowledge the concerns raised regarding the quality and balance of information within the PNA and we appreciate the importance of providing a robust, transparent evidence base to support future service planning.</p> <p>The PNA draws on a wide range of data sources, including NHS service data, public health intelligence, population projections, and stakeholder engagement. Every effort has been made to ensure that the data used is accurate, up to date, and presented objectively. We also sought to balance this quantitative information with qualitative input from local communities and service users.</p>

	<p>However, we recognise that no single document can capture every aspect of future need with absolute certainty. The PNA is intended to be a living document that informs commissioning decisions, and we remain committed to reviewing and refining it as new data, insights, and priorities emerge.</p>
Not specific about actions	<p>PNAs are strategic documents with a defined and specific purpose to provide an overview of the current and future need for pharmaceutical services in a local area and assess adequacy of provision. This is utilised to inform future commissioning decisions.</p> <p>While PNAs do not include the development of formal action plans, opportunities identified through the PNA may be explored further through separate follow-up workstreams with partners, aimed at developing specific priorities for improving service delivery, addressing inequalities, or supporting better use of community pharmacy services.</p>
Document too long to be read and appreciated by the general public	<p>We appreciate that some sections of the document may be complex and also produced an easy read version of the PNA to improve the clarity and accessibility. If you have specific areas where you felt more explanation or data was needed, we would welcome further feedback to help us understand and address those concerns.</p>

Amendments made to PNA following the consultation:

- SHAPE copyright under all maps updated
- Make a clearer link between housing developments and pharmacy provision in future circumstances
- Section 5.2.2 further detail included about notice periods required for changes to supplementary hours – 5 weeks' notice for a decrease, no notice required for an increase.
- Section 9.2. and 9.3 added to reflect climate change, sustainability and pharmacy

Appendix 9 - Abbreviations

Abbreviation	
AUR	Appliance Use Review
BLMK	Bedfordshire, Luton and Milton Keynes
BSL	British Sign Language
C-card	Condom Card
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic obstructive pulmonary disease
COVID	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DALY	Disability Adjusted Life Year
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
DMFT	Decayed, Missing or Filled teeth
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine
EHC	Emergency hormonal contraception
ePACT	Prescribing data
EPS	Electronic Prescription Service
GP	General Practitioners
HCFS	Hypertension Case-Finding Service
HCP	Health and Care Partnership
HepB	Hepatitis B
HiB	Haemophilus influenzae type b
HIV	Human Immunodeficiency Virus
HWB	Health and Wellbeing Board
HWE ICB	Hertfordshire and West Essex ICB
IBD	Inflammatory Bowel Disease
iCASH	Integrated Contraception and Sexual Health Service
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
IPV	Inactivated poliovirus vaccine
JSNA	Joint Strategic Needs Assessment

Abbreviation	
LES	Local Enhanced Services
LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
MDS	Monitored Dose Systems
MK	Milton Keynes
MMR	Measles, mumps, and rubella
NCRS	National Care Records Service
NECS	North of England Commissioning Support
NES	National Enhanced Services
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and care Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PCTs	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PhIF	Pharmacy Integration Fund
PNA	Pharmacy Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral vascular disease
QOF	Quality Outcome Framework
SAC	Stoma Appliance Customisation Service
SCR	Summary Care Record
SMR	Structured Medication Review
UTI	Urinary Tract Infection
YLD	Years of Healthy Life Lost due to Disability
YLL	Years of Life Lost due to premature mortality

Appendix 10 – References and Data Sources

¹ The Health and Social Care Act 2012:

<https://www.legislation.gov.uk/ukpga/2012/7/contents>

² Central Bedfordshire Pharmaceutical Needs Assessment 2022:

<https://centralbedfordshirecouncil.sharepoint.com/sites/Communications/Website%20and%20intranet/Forms/AllItems.aspx?id=%2Fsites%2FCommunications%2FWebsite%20and%20intranet%2FWebsite%20Documents%2FAbout%20your%20council%2FConsultations%2F%7E%20Old%2FPNA%202022%2FCentral%20Bedfordshire%20PNA%202022%20Final%2Epdf&parent=%2Fsites%2FCommunications%2FWebsite%20and%20intranet%2FWebsite%20Documents%2FAbout%20your%20council%2FConsultations%2F%7E%20Old%2FPNA%202022&p=true&ga=1>

³ The Health and Care Act 2022: <https://www.legislation.gov.uk/ukpga/2022/31/contents>

⁴ Central Bedfordshire Council Joint Strategic Needs Assessment:

<https://centralbedfordshire.jsna.uk/jsna/>

⁵ Joint Health and Wellbeing Strategy:

centralbedfordshirecouncil.sharepoint.com/sites/Communications/Website and intranet/Forms/AllItems.aspx?id=%2Fsites%2FCommunications%2FWebsite and intranet%2FWebsite Documents%2FHealth and social care%2FPublic health%2FHealth and Wellbeing Board%2FPUB003_24 CBC Health and Wellbeing Strategy ACC%2Epdf&parent=%2Fsites%2FCommunications%2FWebsite and intranet%2FWebsite Documents%2FHealth and social care%2FPublic health%2FHealth and Wellbeing Board&p=true&ga=1

⁶ The Health Act 2009: <https://www.legislation.gov.uk/ukpga/2009/21/contents>

⁷ NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:

<https://www.legislation.gov.uk/uksi/2013/349/contents>

⁸ PNA, Information pack for Local Authority Health and Wellbeing Boards:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf

⁹ NHS Long Term Plan: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

¹⁰ Fit for the Future: A 10-year Health Plan for England:

<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

¹¹ The State of The NHS in England:

<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

¹² NHSBSA Report - General Pharmaceutical Services in England 2015/16 – 2023/24:

https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gphs_annual_2023_24_v001.html

¹³ Community Pharmacy England – Funding (2025). Available at: <https://cpe.org.uk/learn-more-about-community-pharmacy/funding/>

(Accessed: 09/01/2025)

¹⁴ Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026:

<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>

¹⁵ NHS England. Enhanced Service Specification Weight Management 2023/24:

<https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00269-enhanced-service-specification-weight-management-23-24.pdf>

¹⁶ PCN Network Contract DES Specification 2024/25:

<https://www.england.nhs.uk/publication/network-contract-des-contract-specification-2024-25-pcn-requirements-and-entitlements/>

¹⁷ Fuller Stocktake Report (2022):

<https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>

¹⁸ Local Government and Public Involvement in Health Act 2007:

<https://www.legislation.gov.uk/ukpga/2007/28/contents>

¹⁹ Equality Act (2010): <https://www.legislation.gov.uk/ukpga/2010/15/contents>

²⁰ National Health Service Act 2006:

<https://www.legislation.gov.uk/ukpga/2006/41/contents>

²¹ Local Plan 2035: <https://www.centralbedfordshire.gov.uk/info/153/>

²² Central Bedfordshire Schools Information:

<https://schoolsinfo.uk/top-schools-in-Central-Bedfordshire> (accessed 16th January 2025)

²³ Population Mid-Year Estimates (2023):

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2023>

²⁴ ONS Internal Migration Estimates 2024:
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/internalmigrationinenglandandwales>

²⁵ Fingertips data: <https://fingertips.phe.org.uk/>

²⁶ IMD 2019: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

²⁷ ONS Data Visualisations Income Deprivation based on 2019 IMD:
<https://www.ons.gov.uk/visualisations/dvc1371/#/E06000056>

²⁸ Office for National Statistics Census 2021 data:
<https://www.ons.gov.uk/census>

²⁹ Crime in England and Wales:
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2024>

³⁰ Central Bedfordshire: Tackling Climate Change:
<https://www.centralbedfordshire.gov.uk/info/122/climate-change/672/climate-change-tackling-it-and-our-strategy>

³¹ Central Bedfordshire Council Population Dashboard:
<https://centralbedfordshire.jsna.uk/jsna/population-place/population-forecasts-2023-2043-cbc/>

³² Central Bedfordshire Local Transport Plan:
<https://www.centralbedfordshire.gov.uk/info/55/transport-roads-and-parking/596/transport-strategy>

³³ King's Fund: Clustering of Unhealthy Behaviours over time (2012):
https://assets.kingsfund.org.uk/f/256914/x/c8e05a9788/clustering_unhealthy_behaviours_2012.pdf

³⁴ ONS Infant Mortality:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2022>

³⁵ Public Health England. A framework for supporting teenage mothers and young fathers 2019:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796582/PHE_Young_Parents_Support_Framework_April2019.pdf

³⁶ Mental Health Foundation. Young Mums Together: An evaluation of a peer support project to improve the wellbeing of young mothers and their families 2018
<https://www.bl.uk/collection-items/young-mums-together-an-evaluation-of-a-peer-support-project-to-improve-the-wellbeing-of-young-mothers-and-their-families>

³⁷ Centre for Ageing Better (2022) State of Ageing: <https://ageing-better.org.uk/state-ofageing>

³⁸ Institute for Health Metrics and Evaluation GBD Results:
<https://www.healthdata.org/data-tools-practices/interactive-visuals/gbd-results>

³⁹ Briefing 010/25: Funding Settlement for 2024/25 and 2025/26: <https://cpe.org.uk/wp-content/uploads/2025/03/Briefing-010.25-Funding-Settlement-for-2024-25-and-2025-26.pdf>

⁴⁰ DHSC to introduce Hub and Spoke Model 1: <https://cpe.org.uk/our-news/dhsc-to-introduce-hub-and-spoke-model-1/>

⁴¹ NHSBSA Pharmaceutical List: <https://opendata.nhsbsa.net/dataset/consolidated-pharmaceutical-list>

⁴² ONS Mid-2022 Population Estimates:
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2022>

⁴³ NHSBSA Prescribing Information: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

⁴⁴ The Denny Review of Health Inequalities:
<https://blmkhealthandcarepartnership.org/publications/the-denny-review/the-denny-report/?layout=file>

⁴⁵ Pharmacy Contraception Service (PCS): <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/>

⁴⁶ Pharmacy First service: <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

⁴⁷ BLMK ICB Gluten-free Foods Policy:
<https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/our-publications/policies/operational-policies/gluten-free-foods-policy/?layout=file>

⁴⁸ NICE Guidance on Managing Medicines in the community:
<https://www.nice.org.uk/guidance/ng67>

⁴⁹ A Delivery Plan for Prevention in Primary Care Settings across BLMK: [work-learn-live-blmk.co.uk/wp-content/uploads/2024/02/1.-Primary-Care-Prevention-Delivery-Plan-Main_Document_V3.0.pdf](https://www.blmk.co.uk/wp-content/uploads/2024/02/1.-Primary-Care-Prevention-Delivery-Plan-Main_Document_V3.0.pdf)

⁵⁰ The Lancet: Countdown on Health and Climate Change: <https://www.thelancet.com/countdown-health-climate> - accessed July 2025

⁵¹ Delivering a net zero NHS: <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf> - accessed July 2025

⁵² Greener NHS Programme: <https://www.england.nhs.uk/greenernhs/> - accessed July 2025

⁵³ BLMK ICS Green Plan: <https://blmkhealthandcarepartnership.org/wp-content/uploads/2025/07/The-BLMK-ICS-Green-Plan-2025-2032-published-July-2025.pdf> - accessed July 2025

⁵⁴ RPS - Pharmacy Role in Climate Change Action and Sustainability: <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/pharmacys-role-in-climate-action-and-sustainable-healthcare> - accessed July 2025

⁵⁵ General Pharmaceutical Council – Carbon Net Zero Action Plan: <https://www.pharmacyregulation.org/about-us/publications-and-insights/carbon-net-zero-sustainability-action-plan> - accessed July 2025

⁵⁶ Principles of Sustainable Healthcare: <https://sustainablehealthcare.org.uk/about/our-story/the-principles-of-sustainable-healthcare/> - accessed July 2025

⁵⁷ Greener Pharmacy Toolkit: <https://www.rpharms.com/about-us/news/details/new-rps-greener-pharmacy-toolkit-reduces-environmental-impact> - accessed July 2025