



Agenda for a meeting of the Bradford and Airedale Health and Wellbeing Board to be held on Tuesday, 13 February 2018 at 10.00 am in Committee Room 1 - City Hall, Bradford

Dear Member

You are requested to attend this meeting of the Bradford and Airedale Health and Wellbeing Board.

The membership of the Board and the agenda for the meeting is set out overleaf.

Yours sincerely

Michael Bowness

Interim City Solicitor

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Michael Bowness

Interim City Solicitor

Agenda Contact: Fatima Butt

Phone: 01274 432227

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To:

MEMBER	REPRESENTING
Councillor Susan Hinchcliffe	Leader of Bradford Metropolitan District Council (Chair)
Councillor Val Slater	Portfolio Holder for Health and Wellbeing
Councillor Jackie Whiteley	Bradford Metropolitan District Council
Kersten England	Chief Executive of Bradford Metropolitan District Council
Dr Andy Withers	Bradford Districts Clinical Commissioning Group
Helen Hirst	Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups
Dr James Thomas	Airedale, Wharfedale and Craven Clinical Commissioning Group
Dr Akram Khan	Bradford City Clinical Commissioning Group (Deputy Chair)
Laura Smith	Head of Transformation (North), NHS England
Anita Parkin	Director of Public Health
Bev Maybury	Strategic Director Health and Wellbeing
Michael Jameson	Strategic Director of Children's Services
Sam Keighley	Bradford Assembly Representing the Voluntary, Community and Faith Sector
Sarah Hutchinson	HealthWatch
Bridget Fletcher	Representative of the main NHS Providers
Clive Kay	Representative of the main NHS Providers
Nicola Lees	Representative of the Main NHS Providers

Non-Voting Co-opted Members

Two Co-opted representatives of the three main NHS Providers (from the list above)
 Dr Richard Haddad – Co-opted representatives of the Community Interest Company (representing primary care)

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.



An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) *Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) *Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 19 December 2017 be signed as a correct record (previously circulated).

(Fatima Butt – 01274 432227)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.



Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Fatima Butt - 01274 432227)

B. BUSINESS ITEMS

5. A WHOLE SYSTEM APPROACH TO LEARNING FROM DEATHS

Previous Reference: Minute 23 (2016/17)

The Chief Officer of NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City and NHS Bradford Districts CCG will submit **Document “K”** which will be supported by a presentation provides the Health and Wellbeing Board with the local picture of how lessons are currently learned from deaths across the health and social care system, the challenges ahead and how the system plans to work together to utilise learning from deaths. It was prepared at the request of the Board, which, early in 2017, asked for an overview of how learning from deaths takes place in the Bradford and Airedale system. The presentation, will do the following:

- Enable key healthcare providers to summarise their own work on developing systems and processes to learn from deaths.
- Summarise how providers and commissioners have collaborated to learn from deaths of people with a learning disability

Recommended-

- (1) That the progress already made in response to guidance and commitment to further explore solutions to the challenges be noted.**
- (2) That the contribution and commitment which needs to be made by the whole system to learn openly from deaths, to translate learning into improving how care is delivered be considered.**

(Kate Varley – 01274 256088)

6. UPDATE ON BRADFORD'S TRANSFORMING CARE PROGRAMME (TCP) FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTUSIM

The Senior Responsible Officer for Bradford Transforming Care Partnership for Learning Disabilities and Autism will submit **Document “L”** which provides an update to the Board on the progress made in the Transforming Care Programme (TCP).



The report highlights key pieces of work that will improve the quality of life and opportunities for people with a learning disability and autism in the district. In doing so, it highlights the need for changes in service delivery across health and social care.

Recommended-

That the progress already made in delivering the national transforming care programme for people with learning disabilities and autism and to be aware of the identified financial risks as they are currently understood be noted.

(Mairead O'Donnell – 01274 431517)

7. HAPPY, HEALTHY AND AT HOME - A HEALTH AND CARE PLAN FOR THE BRADFORD DISTRICT AND CRAVEN

Previous Reference: Minute 19 (2017/18)

Members are reminded that the Board at its meeting on 19 December 2017 considered a first draft of a Health Care Plan for Bradford District and Craven for early discussion and feedback. It was resolved amongst other things that a finance report be presented to the Board in February 2018.

In response to the above a presentation will be provided to the Board Members on the information requested.

(Julie Lawreniuk – 01274 237642)
(Andrew Crookham – 01274 433656)

8. CHAIRS HIGHLIGHT REPORT

The Health and Wellbeing Board Chair's highlight report (**Document "M"**) summaries business conducted between Board meetings. February's report includes the Pharmaceutical Needs Assessment, an update on Localities, prevention and Early Help, a proposal on the Future Governance of the Health and Wellbeing Board, a letter from Duncan Selbie (National Chief Executive of Public Health England) and updates from the Board's sub- groups.

Recommended-

That the report be noted and the Pharmaceuticals Needs Assessment (Appendix "A" to Document "M") be approved.

(Bev Maybury – 01274 432900)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER



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Report from the, Chief Officer of NHS Airedale, Wharfedale and Craven CCG, NHS Bradford Districts CCG and NHS Bradford City CCG to the meeting of the Health and Wellbeing Board to be held on 13th February 2018

k

Subject:

A whole system approach to learning from deaths

Summary statement:

This report provides an update on local progress in implementing the recommendations of the 'Mazars Report', which examined the deaths of people with a learning disability or mental health problem at Southern Health NHS Foundation Trust, but which has relevance for every part of the English Health and Social Care system.

The report also considers the next steps to be taken in responding to the Mazars Report, together with the challenges that this presents.

In so doing, the report aims to assist the Bradford and Airedale Health and Wellbeing Board in achieving its long-term vision 'to learn together from deaths openly, involve families, and share and celebrate success across the system'.

Michelle Turner
Director of Quality & Nursing
NHS Airedale, Wharfedale and Craven CCG
NHS Bradford City and NHS Bradford Districts CCG
E-mail: michelle.turner@bradford.nhs.uk

Portfolio:
Health and Wellbeing

Report Contact: Kate Varley
Tel: 01274 256088
E-mail: kate.varley2@bradford.nhs.uk

Overview & Scrutiny Area:
Health & Social Care

1. SUMMARY

This paper supported by a presentation provides the Health and Wellbeing Board with the local picture of how we currently learn from deaths across the health and social care system, the challenges ahead and how the system plans to work together to utilise learning from deaths. It was prepared at the request of the Health and Wellbeing Board, which, early in 2017, asked for an overview of how learning from deaths takes place in the Bradford and Airedale system. The presentation, will do the following:

- Enable key healthcare providers to summarise their own work on developing systems and processes to learn from deaths.
- Summarise how providers and commissioners have collaborated to learn from deaths of people with a learning disability

Death is of course inevitable and universal, the large majority of deaths do not require any form of formal review. Many people receive excellent care, whether from family and friends or from formal health and social care services. However, as with any other human system there are times when things go wrong and parts of the system do not always work together well. In Bradford and Airedale, local commissioners and providers have agreed that the deaths of people with learning disabilities will be prioritised as the starting point for the development of a comprehensive approach to learning from deaths by the health and social care system.

Deaths of vulnerable groups such as people with learning disabilities or mental health problems provide a greater opportunity for learning as they often receive care across the health and social care system.

Understanding and sharing learning from deaths across the system is a challenge. Our NHS providers are taking steps in the right direction, but the whole system and all its components needs to be taking the same steps to share information and learning.

Locally NHS Trusts' progress against the *National Guidance on Learning from Deaths* (see below) is on track. The learning disabilities mortality review (LeDeR) programme, which was commissioned by NHS England, has posed a significant challenge to both resource and capacity across the system and requires commitment from every organisation to deliver its aims.

This report will also provide an update on:

- Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015 (i.e.the Mazars Report, 2015)
- Local roll-out of the learning disabilities mortality review programme (LeDeR).
- Progress against key guidance; Learning, Candour and Accountability (2016 Care Quality Commission, CQC) and National Guidance on Learning from Deaths (2017, National Quality Board, NQB)
- Child Death Overview Panel work which is statutory and has been in place since 2008

2. BACKGROUND

In May 2017, an update was provided to the Health & Wellbeing Board on LeDeR and the Mazars Report. A further update was planned in November 2017; this was deferred until February 2018.

Following events at the former Mid Staffordshire NHS Foundation Trust, close scrutiny was given to every hospital's mortality records and statistics. After some time, however, it became apparent that over-emphasis on what appeared to be statistical evidence of high mortality in individual hospitals was distracting Trust boards from taking practical steps to improve care and service delivery. Nationally, it is now recognised that there are major limitations to mortality statistics and how they can be interpreted.

Instead, a series of guidance documents and standardised processes have been published and introduced to help provide a stronger basis for learning from hospital-related deaths. The standardised processes include the Structured Judgement Review (SJR) for acute trusts and the NHS Serious Incident Process, the Child Death Overview Panel (CDOP) and Domestic Homicide Review.

Important guidance includes *Learning, Candour and Accountability* (2016 Care Quality Commission, CQC) which was published in response to the Mazars Report, which itself highlighted the very low numbers of investigations or reviews into deaths at Southern Health NHS Foundation Trust. The guidance provides a basis for better engagement with families and carers following a death, as their insights are vital sources of learning.

The National Guidance on Learning from Deaths (2017, National Quality Board, NQB) was published last year and sets out a framework for all NHS Trusts to identify, report, investigate and learn from deaths in care. Since the publication of the guidance, there has been a significant shift in expectation about how NHS Trusts should respond to hospital-related deaths.

In Bradford and Airedale, local NHS Trusts have made good progress on implementing the relevant guidance summarised above. Trusts have/will

- Published a 'learning from deaths' policy
- Publish from quarter 3 (2018/19) information on deaths, reviews, investigations and reviews of care provided to people with a learning disability or severe mental health problems
- From June 2018, to publish a yearly overview of the quarterly information in their formal quality accounts
- Pledged to review and investigate deaths where care and service delivery problems have occurred so that everyone can learn and prevent recurrence

The Child Death Overview Panel (CDOP) is statutory and has been in place since 2008 and currently works to the principles outlined in 'Working Together' published in 2015. CDOP is a multiagency group chaired by Public Health which reviews all deaths of children under 18 years of age who are resident in Bradford district. CDOP seeks to identify potentially modifiable causes of child deaths and to ensure the relevant organisations and partners have completed all recommended actions to reduce the risk of

similar deaths in the future. CDOP produces an annual report; CDOP members share the findings of this report at training events and during safeguarding week as well as within a regular Newsletter. Since April 2017, it has also begun to identify all child deaths aged 4 - 17 years that have been reviewed where the child has an identified Learning Disability; this is in order to commence notifications as required as part of the national approach to LeDeR. New guidance on the CDOP process is due to be published in April 2018 as the responsibility for CDOP moves to the Department of Health and will be jointly owned by the CCGs and Local Authority.

In addition, there is key work as part of the district wide Suicide Prevention partnership group which informs the delivery of the Suicide Prevention Action Plan. The learning from the NHS Serious Incident process for deaths where people have had contact with Mental Health services is shared with partners and also the findings from the analysis of Learning Disability deaths are shared with the Transforming Care Programme Board.

In relation to the Learning Disabilities Mortality Review Programme (LeDeR) it is clear that the capability and capacity of staff to complete reviews remains a national challenge. In Airedale and Bradford, the recent allocation of new resources will improve the picture and help us all understand (in line with Mazars' recommendations) how people with learning disabilities move through our health and social care system.

A key next step is to champion and raise awareness in primary care and within local authorities, as approximately 90% of deaths of people with a learning disability are in the community, and of course many people with a learning disability live in residential settings commissioned by the local authority.

Next steps in the implementation of the LeDeR programme include:

- A cross-system collaborative learning from deaths session planned for autumn 2018, with a focus on LeDeR and revisiting the gaps and challenges
- Exploration of how NHS Trusts engage with primary care and local authorities at critical points in the learning from deaths process
- Involving families and carers in the review process, beginning with LeDeR
- Championing the engagement of primary care and local authority in the LeDeR process
- Exploring what vehicles are in place or can be created to improve the sharing of learning across the system

3. OTHER CONSIDERATIONS

There are no known other considerations at this point

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial issues arising

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

There are no known significant risks arising out of the implementation of the proposed recommendations

6. LEGAL APPRAISAL

Not applicable

7. OTHER IMPLICATIONS

Not applicable

7.1 EQUALITY & DIVERSITY

Not applicable

7.2 SUSTAINABILITY IMPLICATIONS

Not applicable

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable

7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable

7.5 HUMAN RIGHTS ACT

Not applicable

7.6 TRADE UNION

Not applicable

7.7 WARD IMPLICATIONS

Not applicable

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**

Not applicable

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None

10. RECOMMENDATIONS

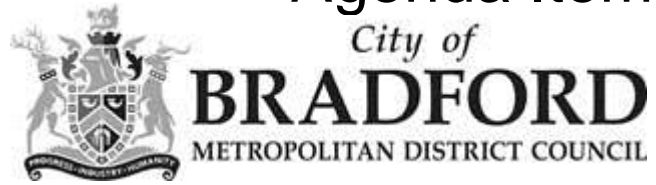
- That the progress already made in response to guidance and commitment to further explore solutions to the challenges be noted.
- That the contribution and commitment which needs to be made by the whole system to learn openly from deaths, to translate learning into improving how we deliver care be considered.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None



Report from the, Senior Responsible Officer for Bradford Transforming Care Partnership for Learning Disabilities and Autism to the meeting of the Health and Wellbeing Board to be held on 13th February 2018

L

Subject:

Update on Bradford’s Transforming Care Programme (TCP) for people with Learning Disabilities and/or Autism

Summary statement:

‘Transforming Care for people with learning disabilities – next steps’ by Stephen Bubb, is an all age, change programme focusing on improving services for people with learning disabilities who may have autism, who display behaviour that challenges, including those with a mental health condition. This programme will drive system-wide change and enable more people with a learning disability who have complex behaviour presentations, to have a home within their community, be able to develop and maintain relationships and get the support they need to live healthy, safe and rewarding lives.

The programme embeds existing approaches for integrated personalisation, co-production, engagement and communication with people with learning disabilities and/or autism and family carers.

As an all age programme (0 – end of life) it is aligned to existing programmes such as ‘Future in Mind’, Children and Young People – SEND, ‘Home First’ and ‘New Models of Care’ to ensure there is wide system change as to how services are delivered.

Helen Hirst
 Chief Officer, Bradford District and Craven CCGs and SRO for the Transforming Care Programme

Portfolio:

Health and Wellbeing

Report Contact:
 Mairead O’Donnell – Joint Head of Commissioning – Learning Disabilities

Overview & Scrutiny Area:

Health and Social Care

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 E-mail: mairead.odonnell@bradford.gov.uk

1. SUMMARY

The purpose of this report is to provide an update to the Health and Well Being Board on the progress made in the Transforming Care Programme (TCP).

Bradford's plan for people with Learning Disabilities across the three CCGs and the Local Authority, goes wider than the national NHS England agenda of the TCP programme in that we are working to develop our community provision for all people with learning disabilities and/or autism by 'building the right support' for people, not just those who find themselves in in-patient beds. However, the national focus on this programme has meant a closer concentration on those who are in beds, both within area and out of area and in particular those who have been an in-patient for over five years.

As the programme reaches its final year (from an NHS England perspective) we have dedicated our March programme board to the wider issues facing people with learning disabilities and/or autism and seek to broaden the scope of our programme going forwards. This may require some changes in the current organisation and governance arrangements and these are to be worked through. Our intent behind these changes is sustainability and improvement for all.

This report highlights key pieces of work that will improve the quality of life and opportunities for people with a learning disability and autism in our district. In doing so, it highlights the need for changes in service delivery across health and social care to deliver on this.

2. BACKGROUND

The delivery of the programme within Bradford involves a collaborative approach across health and social care. It was a requirement of the national programme that the SRO was an 'accountable officer' from a CCG within the area covered by the programme and that the deputy SRO came from a local authority. This is a 3 year delivery programme (2016 – 2019).

Bradford district and Craven CCGs and the Bradford Council are focusing on three key areas for change:

1. Reshaping current provision of services to reduce dependency on in patient provision to support people with complex behaviour presentations
2. Develop the provider market with specialist providers to support people with complex presentations in the community
3. Promote mainstream health provision for people with Learning Disabilities.

Key objectives and outcomes for delivery of the programme

- Activity and Finance – the programme requires us to review and reinvest existing funding around LD services across health and social care that lead to new and innovative approaches for how people with complex presentations are supported in the community.
- Personal Health Budgets – the TCP programme needs to support the implementation of PHB and personalisation for people with LD. The use of PHB will create different options for people with LD and their families to get support to meet their needs.

- Market Development and Workforce Development Plans – a cultural shift is required across health and social care providers, community teams and clinicians. We need a skilled workforce who can support people with complex presentations using person centred approaches and to shift the power of decision making to one of engagement and enablement.
- Stakeholder and Co-production – this will be central to the whole programme delivery. We will develop an engagement Strategy Plan that will be co-produced
- Preparing for Adulthood – this plan must align with the integrated Preparing to Adulthood team. Journey to Excellence and the Children and Young People programme.

The scope of the programme since it started in September 2016 has grown to now include people with autism who do not have a learning disability or mental health issue and children and young people. In addition to this, the transforming care partnership now reports to NHS England on the LeDeR and STOMP (Stopping The Over Medication of People with Learning Disabilities) programmes.

The following summarises the progress made against work-streams:

Market shaping and development:

1) Housing:

- i) We are developing seven new housing schemes across Bradford and Keighley districts. In total this will offer people a choice of single and shared tenancies for up to eighty two people. The sites will vary in how support is delivered in that some of the schemes will offer a Core and Cluster housing model. This will support people with varied support needs from medium needs to those with complex presentations. There has been some slippage against the original timescales but we are confident that this aspect will be back on track this year.

2) Skilled Providers:

The support network is crucial to the success of people avoiding hospital admissions and continuing to live successfully within their local communities; this includes having a responsive health and social care provision and also skilled support providers. In addition to our housing plan above;

- i) We have held two provider events which were attended by 42 providers – many of them new to Bradford and some with good track records in supporting people with complex health and behaviour presentations.
- ii) As part of the Home First strategy we are discussing with these providers how the use of Individual Service Funds (ISFs - including the use of a Person Health Budget) can enable people to have more choice and say in planning their lives.
- iii) NHS England is also working with Bradford and other local TCPs to commission a regional response for individuals with complex needs who are currently residing out of area.
- iv) Bradford is in communication with Leeds CCGs to jointly commission a locked rehabilitation and/or a community rehabilitation service for people who are transferring from low secure services currently managed by NHS England.

Reducing hospital beds:

1) NHSE Specialised Commissioned beds

- i) There are fifteen people from the district in low/medium secure services currently managed by Specialised Commissioning and funded by NHSE. The programme is focussing on reviewing and supporting (where possible) those people to return to the funding and commissioning responsibility of the CCG and/or LA. The current pathway for five of the fifteen people is as follows:
 - (a) Three people are planning to move to a community service.
 - (b) Two people are planning to move to a locked rehab service or a community rehab service.
- ii) Bradford does not have a local forensic community service to support people returning to our area from secure services. NHSE Specialised Commissioning is developing a regional 'Forensic Outreach Liaison Service' (FOLS) to support local TCPs where local forensic community support is not available. The aim is to have this service 'referral-ready' by March 2018.
- iii) The financial plan is showing a net cost pressure of £3.1m as at March 2019 (the end of the programme) but it is expected that this will reduce to a pressure of £2.0m on a recurrent basis.
- iv) This is partly offset by a non-recurrent dowry payment of approximately £120k per person paid by NHSE for people who are in a hospital setting for five years plus as of April 2016. The payment is only made when those people transfer to a non-hospital setting when they become the funding responsibility of CCG and/or LA. (Although it remains unclear how and if this funding will transfer to the CCG.)

There are eight people from Bradford who have been in a hospital setting for five years plus. Of these, three people are currently on a pathway to transfer from a hospital setting to either a locked rehabilitation service or community setting. Making the assumption that funding will transfer with these three people, there remains a risk of £2.7m which CCGs have accounted for in their financial plans but creates a cost pressure?

2) CCG commissioned beds:

- i) The CCG commission six learning disability beds managed by Bradford District Care Foundation Trust. Three local transforming care partnerships (Bradford, Leeds and Calderdale, Wakefield, Kirklees, Barnsley - CWKB) are in discussion to commission a West Yorkshire assessment and treatment service that will support all three transforming care partnerships within a risk sharing arrangement.

STOMP - Medication reductions for adults with learning disabilities:

In June 2016, a national 3 year campaign (STOMP) was started to ensure that people had medication reviews with a focus on reducing anti-psychotic medications when these were prescribed inappropriately. There does need to be recognition that for people with mental health issues, for example schizophrenia or manic depression, anti-psychotic medications may be required and can improve people's mental health and quality of life – so it's not a blanket statement that all anti-psychotic medications are inappropriate but that a review of medication is undertaken to ensure that what is prescribed is right for the person and not just given to manage people's behaviour.

www.england.nhs.uk/stomp.

- 1) What's happening locally?

- (i) Primary care: We do not have a clear picture at present of numbers of people who are being prescribed anti-psychotic medications which are overseen by primary care, i.e. GP practices. However there are likely to be a number of people who fall under this remit. These are potentially the people most in need of medication reviews and reductions as they are likely to be settled and well - they do not need input from specialist services. They may have been on medications for a number of years. Medication reviews are completed as part of the Annual Health Checks, but this has not highlighted the need to look in particular at those medications involved in STOMP campaign. Plans for this aspect are being developed.
- (ii) Specialist LD psychiatry, BDCFT: There are approx. 300 – 350 people under the care of the three Learning disability psychiatrists. Some of these people are prescribed one or more of the medications that fall under the STOMP remit (i.e. being prescribed off license for behavioural issues). Other people are prescribed these medications for a clear mental health issue and the medications are of benefit to the person.

We know that those people seen by psychiatry are getting, as a minimum, annual reviews and the large majority of people are being reviewed 2 or 3 times a year.

MAZAR's /LeDeR Project.

The previous report has updated the board on work taking place on LeDeR. The transforming care partnership is supporting the delivery of LeDeR across health and social care. The Health and Wellbeing Board is receiving a separate report at this meeting.

Autism.

Last year Bradford held a local autism event, hosted with representation across the statutory and voluntary sector, to understand current provision and pressure points and to steer the development of an action plan that will deliver the Autism Strategy. It is recognised that meeting the needs of people with autism is not just an issue for Bradford but is also an issue across the Yorkshire and Humber footprint. More work is required in order to respond to the needs of people with Autism. As a result, Bradford is part of scoping a response through the West Yorkshire and Harrogate Sustainable and Transformational Programme footprint on a collective approach to meeting the needs of people with autism.

Children and Young People.

Following a recent peer review of SEND - work is underway to develop a single pathway for children and young people that will sit across Children's, Adults, Education and Health. The transforming care programme is linking into this work.

Currently we are development a central 'Dynamic Risk Register' for young people at risk of admission to hospital or other residential placements. This register will help inform and plan preventative work for young people and their families and will form part of individuals Education, Health and Care plans (EHP). The register will link closely to the new Positive Behavioural Support Service within children's services.

We also carry out Care Education and Treatment Reviews (CETR) when it is identified that a young person is at risk of a hospital admissions. This process is a multi-disciplinary approach with support from experts who have had experience of being in hospital and ensure that the person's voice is heard within the review and clinical experts who act as a critical friend to finding alternatives to hospital. These reviews have had positive outcomes for individuals and also feed into the persons EHCP.

3. OTHER CONSIDERATIONS

There are no known other considerations at this point

4. FINANCIAL & RESOURCE APPRAISAL

The transforming care programme has flagged a risk to both Finance Director's for the CCG and LA of the financial implications of people transferring from NHSE funded low secure services to the funding responsibility of the CCG and/or the LA. It is unclear if dowries will move with those people who have been in hospital for five years plus. This is being tracked through the transforming care local and regional programme boards.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

As above

6. LEGAL APPRAISAL

Not applicable

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Not applicable

7.2 SUSTAINABILITY IMPLICATIONS

Not applicable

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable

7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable

7.5 HUMAN RIGHTS ACT

Not applicable

7.6 TRADE UNION

Not applicable

7.7 WARD IMPLICATIONS

Not applicable

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (For reports to Area Committees only)

Not applicable

8. NOT FOR PUBLICATION DOCUMENTS

Not applicable

9. OPTIONS

Not applicable

10. RECOMMENDATIONS

That the progress already made in delivering the national transforming care programme for people with learning disabilities and autism and to be aware of the identified financial risks as they are currently understood be noted.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None

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Report of the Chair to the meeting of Bradford and Airedale Health and Wellbeing Board to be held on 13th February 2018.

M

Subject: Chairs Highlight report

- a. Pharmaceutical Needs Assessment
- b. Localities, prevention and Early help
- c. Terms of reference – Future Governance proposal
- d. Letter from Duncan Selbie, National Chief Executive of Public Health England
- e. Sub-group updates: ECB, ICB

Summary statement:

The Health and Wellbeing Board Chair's highlight report summaries business conducted between Board meetings. February's report includes the Pharmaceutical Needs Assessment, an update on Localities, prevention and Early Help, a proposal on the Future Governance of the Health and Wellbeing Board, a letter from Duncan Selbie and updates from the Board's sub- groups.

Councillor Susan Hinchcliffe
Chair, Bradford and Airedale Health
and Wellbeing Board

Report Contact: Bev Maybury
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Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The Health and Wellbeing Board Chair's highlight report summaries business conducted between Board meetings. February's report includes the Pharmaceutical Needs Assessment, a progress update on the Health and Care plan and updates from the Boards sub-groups.

2. BACKGROUND

As the report covers multiple items, the background to each item appears together with the update in Section 3 below.

3. OTHER CONSIDERATIONS

3.1 Pharmaceuticals Needs Assessment

The background, purpose and key findings are summarised below. The full report is attached as Appendix 1 to this report.

Background and purpose

A Pharmaceutical Needs Assessment (PNA) is a statement of needs for pharmacy services in a local area. It provides information for commissioners to help ensure that pharmacies across the District are located in the right places, and that pharmacies are commissioned to provide services according to the needs of the local population.

Under the Health and Social Care Act (2012), all Health and Wellbeing Boards have a statutory duty to produce a PNA every three years, or earlier if there have been significant changes. This is the second PNA of the Health and Wellbeing Board.

One of the main purposes of the PNA is to support decision making in terms of market entry for NHS England. It can, however, also be used to support local commissioners to identify opportunities to deliver health and wellbeing services and interventions within pharmacy settings.

A Pharmaceutical Needs Assessment Steering Group was established on behalf of the Health and Wellbeing Board to oversee the development of the PNA. The Steering Group included representation from NHS England, Community Pharmacy West Yorkshire (CPWY) Bradford City CCG, Bradford District CCG, Airedale, Wharfedale and Craven CCG, and City of Bradford Metropolitan District Council Public Health.

Key findings

- There do not appear to be any current gaps in the provision of *necessary* pharmacy services in the District.
- Pharmacies appear to be located in areas of greatest need, as determined by population density, deprivation and identified health needs.
- A range of *additional/enhanced services* are provided; there do not appear to be any current gaps in the provision of other relevant services in the District.

- Population growth is unlikely to influence the need for pharmacy services over the next 3 years to the extent that new services would need to be commissioned.
- There are, however, likely to be changes to GP extended access schemes that may impact on the need for pharmacy services, particularly pharmacies opening beyond 6pm and at weekends. It is not possible to assess the impact of this at this time, however, it should remain under review.

3.2 Localities, Prevention and Early help

The concepts of locality working, prevention and early help are common themes that run through the strategies and plans of many local organisations and strategic partnerships. The Health and Wellbeing Strategy and Health and Care Plan describe our shared strategic intent to work in local places with communities.

As the senior strategic partnership within the reformed Bradford District Partnership arrangements, the Health and Wellbeing Board will take ownership for ensuring that a coherent approach to these concepts is put into action everywhere. The result will be a connected and holistic approach to working with people that recognise their strengths and makes best use of all resources to enable people to live well.

This work will build upon the learning of the ‘People Too’ report commissioned by the Bradford District Partnership in 2017. An initial focus on the Keighley East ward will be used to test ways of working and lessons learned which will later be applied across the District.

At the Health and Wellbeing Board Development session on 30th January a commitment was made to clarify the design principles and hold each other to account for their application; to agree short, medium and long term objectives ensuring that communities are at the heart of this work and to report to the Health and Wellbeing Board in April 2018

3.3 Terms of reference – Future Governance proposal

Reform of the strategic partnership arrangements across the wider Bradford District propose that the Health and Wellbeing Board will become the senior strategic partnership board, ensuring that the work of all local strategic partnerships is aligned.

At the same time the focus of the Health and Wellbeing Board has been refined to ensure that the wider determinants of health and wellbeing are addressed. This necessitates a number of changes;

- Changes to the membership of the Health and Wellbeing Board. It is noted that representatives of West Yorkshire Fire and Rescue, West Yorkshire Police, InCommunities, and the CBMDC Place Directorate have now joined the Health and Wellbeing Board.
- Changes to the agenda setting and reporting processes associated with the Health and Wellbeing Board and other strategic partnerships. It is noted that a workshop has taken place between the support teams of the local strategic partnerships to develop proposals.

- Changes to the Terms of Reference of the Board

In order to enact these changes a proposal will be made to the Council Executive and the Governance and Audit Committee will be requested to make a recommendation to the Full Council, confirming the terms of reference including membership and voting arrangements.

It is proposed that the recommendation that is put forward will reflect the following principles and ways of working;

- Clarity – reflecting the Health and Wellbeing Boards role as lead strategic partnership
- Mutual accountability between strategic partnerships for the delivery of our goals in the District Plan and Health and Wellbeing Strategy.
- Common goals and measures between strategic partnerships, with clarity on the additional focus of each partnership – with ambition towards a common data set
- Shared reporting and forward planning – where it makes sense to do so, facilitated through the network of support officers for each strategic partnership
- Intra-partnership thematic workshops to address cross cutting issues

It is proposed that a draft revised terms of reference for Health and Wellbeing Board is considered for approval at the April meeting.

3.4 Letter from Duncan Selbie.

Please see Appendix B for the letter from Duncan Selbie, Chief Executive of Public Health England, providing some positive words of the work taking place across Bradford District.

3.5 Working group updates

3.5.1 Executive Commissioning Board

The Executive Commissioning Board met on the 24th November 2017 & 12th January 2018

- An overview of the new vision for Early Help was presented to the Board. The proposed vision for Early Help which is currently being consulted upon. The vision is set within the context of a challenging budget verses increasing needs. Prevention and targeted support remains a commitment, helping universal services to assist and addressing demand as social care level. The proposal is to move from separate centres across Bradford, into a new preventative and early help service. Potentially 47-51% reduction in staff (220-240 FTE). Working closely with Public Health to ensure schools services are appropriate and retendering these. Integration will be key. The consultation runs to Feb 18 and go live of new service will be 1st October 2018.
- An update on the Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs financial position and respective financial challenges was provided.

CCGs Financial position is that reporting to achieve all targets. Some areas reporting more risks than others, for example prescribing and CHC are both difficult areas.

- An update on the Local Authority financial position was also provided. 2017-18 is very difficult and an important year for budgetary pressures particularly in Adult Social Care. 2018-21 budget proposals are due to be published for consultation. There was disappointingly no additional money flowing through in the budget and experience in social care this year has been that savings have been very difficult. As such the savings for 2017-18 have been reprofiled and timescales have now been extended.
- A facilitated discussion took place to enable the Board to have a richer understanding of the current Councils Budget Proposals which are out for consultation. The focus was around 4A1 – Demand Management, 4PH1 - Health Visiting/School Nursing , 4PH2 - SMS , 5PH1 - BRICCS, 5C1 - Review of respite provision after the introduction of personalised budgets. The Board were supportive of the changes but cited the need to ensure that unintended impact in the wider system is monitored.
- An update on the Substance Misuse service was presented to the board. Following a consultation process, the outcome was a recommendation for service redesign. It found that some service users were using 4 or 5 services and there was no communication between those services, a co-ordinated, over-arching service that covers all areas and knows where each user is up to was desirable. Successful procurement has now taken place and the new service went live 1/11/2017 consisting of 3 hubs with community based provision across 20 locations. Staff configuration has taken place and the delivery of service has been maintained.
- An update on the Local Authority lead Reimagining Days work was received. The focus is on community involvement and fits with the community led social work model. The model aims to we support people to be part of their community. Community connectors are now being reviewed with a focus on short term interventions rather than activities being centre based. The focus is to support people to reengage with community activities via volunteers rather than paid workers. The programme has ambitions to assist people to define their own activity choices and support them to start and run their own groups in the community.
- The Board was briefed on the CQC Peer review process which is taking place week commencing 12th February 2018.

3.5.2 Integration and Change Board

The Integration and Change Board met on 15th December. Key points to note include;

- Commissioned further investigation into the care home and home care market to understand the risks of service failure by sector and by locality. Agreed to;
 - Undertake an audit of the risks to the effective functioning of the health and care system posed by capacity and capability gaps in nursing and residential care home sectors. Audit to reflect differential impact in localities across

Bradford District & Craven. The vulnerability of provision in home care and care home sectors recognised as a risk to the whole system.

- Initiate a project to review and harmonise NHS Continuing Healthcare and local authority fee structures for residential and nursing home care
- Make the case for a regional approach to work on care market sustainability and quality, via connections in WYCA and STP
- Supported the Born in Bradford bid to the UK Prevention Research Partnership, which will if successful enable innovative approaches to address primary prevention of social causes of ill health.
- Prepared for participation in the Learning and Innovation Event on 19th January, which focused on children and young people's health.
- Noted the Childrens Early Help and Prevention Consultation and agreed to promote participation with colleagues.
- Agreed the proposed timeline for completion of the refresh of the place based plan and related financial efficiency proposals. Agreed to;
 - Test mutual impacts on system partners of proposed efficiency schemes. Including deliverability by programmes and system wide quality impact
 - Review the focus of programmes and enablers in light of collective system financial challenge. Clarify the 'ask' of each programme, and develop proposals for the robust monitoring of system wide programme delivery. Clarify the role of ICB in these arrangements
- Discussed connectivity with HWB and agreed to develop proposals for the alignment of agenda setting between HWB and ICB
- Noted the forthcoming CQC local system review, and the need for detailed preparation including stakeholder briefings. Also noted the cumulative impact of several reviews and inspections within a short period of time.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The proposed changes in section 3.3 within this report, to the Health and Wellbeing Board are suggested in collaboration with Legal Services.

6. LEGAL APPRAISAL

The proposed changes in section 3.3 within this report, to the Health and Wellbeing Board are suggested in collaboration with Legal Services.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No direct implications.

7.4 COMMUNITY SAFETY IMPLICATIONS

No direct implications.

7.5 HUMAN RIGHTS ACT

No direct implications.

7.6 TRADE UNION

No direct implications.

7.7 WARD IMPLICATIONS

A pilot is taking place in Keighley East as part of the Localities, early help and prevention work to be rolled out District wide.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

Include details of contribution to priorities within the Area Committee's Action Plan. For further guidance contact the relevant Area Co-ordinator.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

No options are provided

10. RECOMMENDATIONS

That the report be noted and the Pharmaceuticals Needs Assessment be approved.

11. APPENDICES

A. Pharmaceutical Needs Assessment

B. Letter from Duncan Selbie, National Chief Executive of Public Health England

12. BACKGROUND DOCUMENTS

None

Bradford District Health and Wellbeing Board Pharmaceutical Needs Assessment

2018-2021



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The production of the Pharmaceutical Needs Assessment has been overseen by the Pharmaceutical Needs Assessment Steering Group on behalf of the Bradford District Health and Wellbeing Board.

The PNA covers the time period 2018-2021. A revision of the PNA will be published within 3 years of the publication of this document in line with the regulations, or sooner if a substantial change occurs within this time.

It is the responsibility of the Health and Wellbeing Board to decide whether a new assessment is a proportionate response to the change in the availability of services.

Director of Public Health: Anita Parkin

Date Issued: 01/04/2018

VALIDITY STATEMENT

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Abbreviations

Acronym/Word	Definition
AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CPWY	Community Pharmacy West Yorkshire
EC	Emergency Contraception
EHC	Emergency Hormonal Contraception
ESA	Employment and Support Allowance
HWB	Health and Wellbeing Board
IMD	Indices of Multiple Deprivation
JSA	Job Seekers Allowance
JSNA	Joint Strategic Needs Assessment
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LSOA	Lower Super Output Area- geographical areas containing a minimum population of 1,000; the average is 1,500. There are 310 LSOAs within Bradford District.
MAR Chart	Medication Administration Record Chart
MUR	Medicine Use Review
NMS	New Medicine Service
NOMIS	NOMIS is a service provided by the Office for National Statistics, ONS, to give you free access to the most detailed and up-to-date UK labour market statistics from official sources.
NUMSAS	NHS Urgent Medicine Supply Service
NX	Needle Exchange
ONS	Office for National Statistics
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
PURM	Pharmacy Urgent Repeat Medicine
SAC	Stoma Appliance Customisation

1. Executive Summary

A Pharmaceutical Needs Assessment (PNA) is a statement of needs for pharmacy services in a local area. It provides information for commissioners to help ensure that pharmacies across the district are located in the right places, and that pharmacies are commissioned to provide services according to the needs of the local population. The PNA aims to identify any gaps in the current provision and assess whether there will be any gaps in the near future by looking at prospective commissioning intentions, housing developments within the Bradford District and the population demographics.

The PNA is a statutory requirement which came out of the National Health Service (NHS) Regulations 2013, which states that Health and Wellbeing Boards must complete a PNA by the 1st April 2015 and are required to produce a revised assessment within 3 years of publication of their first assessment.

The Bradford District HWB has prepared this PNA in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, SI 2013/349 (“the Regulations”), which covers the Bradford District geographical area. This includes Bradford City CCG, Bradford Districts CCG, and the Airedale and Wharfedale communities in Airedale, Wharfedale and Craven CCG.

The statement of need for pharmacy services in the Bradford District has been made based on a range of information sources:

- Public Engagement exercise
- Pharmacy Questionnaire
- Public Health data on health needs
- Details of CCG and Local Authority commissioning plans
- Details of future housing developments
- Demographic trends

Conclusions

- Having considered likely changes to the number of people requiring pharmaceutical services, the demography of the area, and the health and wellbeing of people in the District, the PNA has not identified any future needs which are not already met by providers currently on the pharmaceutical list.
- Pharmacies appear to be located in areas of greatest need, as determined by population density, deprivation and identified health needs.
- There are no gaps in necessary provision, in accordance with the regulations in an area.
- There are no gaps in provision to suggest more services in the area, would result in better access to pharmaceutical services. This is supported by the public engagement exercise in which 91% of respondents said that they can get to a pharmacy of their choice when they want to.
- A range of additional/enhanced services are provided; these appear to be based on population need.
- Population growth is unlikely to influence the need for pharmacy services over the next 3 years to the extent that new services would need to be commissioned.
- There are, however, likely to be changes to GP extended access schemes. There is a good geographical spread of pharmacies operating extending opening hours. These are likely to

be sufficient to cover any extended GP opening hours, and any additional cover is likely to be met by an existing pharmacy contractor currently on the pharmaceutical list. The situation will, however, remain under review by Public Health and the CCG lead for Medicines Management.

2. Background

2.1 Purpose of the Bradford District Pharmaceutical Needs Assessment

A Pharmaceutical Needs Assessment (PNA) is a statement of needs for pharmacy services in the local area. It provides information for commissioners to help ensure that pharmacies across the District are located in the right places, and that pharmacies are commissioned to provide services according to the needs of the local population. Under the Health and Social Care Act (2012), all Health and Wellbeing Boards have a statutory duty to produce a PNA every three years, or earlier if there have been significant changes. Bradford District Health and Wellbeing Board published its first PNA in 2015. This is, therefore the second PNA of the Health and Wellbeing Board.

One of the main purposes of the PNA is to support decision making in terms of market entry for NHS England. It can, however, also be used to support local commissioners to identify opportunities to deliver health and wellbeing services and interventions within pharmacy settings. If an individual or organisation wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system. Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

In addition to the PNA, the Bradford District Health and Wellbeing Board have a statutory duty to publish a Joint Strategic Needs Assessment (JSNA). The JSNA describes the current and future health and care needs of the local population to inform the commissioning of health and care services. The PNA should therefore be considered alongside the Bradford District JSNA, which is accessible via the following link: <http://jsna.bradford.gov.uk>.

2.2 Development of the Bradford District Pharmaceutical Needs Assessment

A Pharmaceutical Needs Assessment Steering Group was established on behalf of the Health and Wellbeing Board to oversee the development of the PNA. The Steering Group convened in October 2017 and included representation from NHS England, Community Pharmacy West Yorkshire (CPWY), Bradford City CCG, Bradford District CCG, Airedale, Wharfedale and Craven CCG, and City of Bradford Metropolitan District Council Public Health. The terms of reference for this group are available in Appendix 1.

In accordance with the Bradford District Health and Wellbeing Board, this PNA covers the Bradford District geographical area. This includes Bradford City CCG, Bradford Districts CCG, and the Airedale and Wharfedale communities in Airedale, Wharfedale and Craven CCG. The Craven element will be included in the North Yorkshire Health and Wellbeing Board PNA.

In producing the 2018-2021 PNA a number of tasks were undertaken:

- We reviewed the previous PNA to understand gaps and amended the methodology accordingly.
- We published a public questionnaire to seek views from the public on their experience of using pharmacies in Bradford District. This was the first time that we had issued a public questionnaire as part of the PNA process. The importance of seeking the views of people in

the District to identify needs was recognised following feedback on the previous PNA. A copy of the questionnaire and the results can be found in Appendix 2.

- We published a pharmacy questionnaire to map out current provision and to identify intentions for the future. A copy of the questionnaire and the results can be found in Appendix 3.
- Additional information on current service provision was provided by NHS England, Community Pharmacy West Yorkshire, the three Bradford CCGs and local commissioners in Public Health.
- Information on population health was provided by the Bradford Council Public Health Analysis Team.
- The draft PNA was compiled based on all of the above sources of information.

As required by the regulations set out in the Health Act 2009, the Bradford District Health and Wellbeing Board has a duty to publically consult on the Pharmaceutical Needs Assessment for a minimum period of 60 days. The consultation commenced on 7th November 2017 and ended on the 7th January 2018.

3. Understanding Provision and Scope of Pharmacy Services

3.1 Market Entry by means of Pharmaceutical Needs Assessment

NHS England are responsible for commissioning pharmacies. Market entry is the process by which NHS Pharmacy contracts are considered to be granted for inclusion on, or removed from the pharmaceutical list¹ held by NHS England; applications for new, additional or relocated premises are considered by the NHS England local area team. This is known as the Market Entry Test and the PNA supports with this decision making.

The detail of the basis for applications is covered by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. This gives the regulatory framework under which applications should be made to NHS England Area Teams and how they should determine those applications. This supersedes the “Control of Entry” test which had previously been the method for determining pharmacy applications.

There have been regulatory changes (5th December 2016) which state that when two pharmacy businesses apply to consolidate from two sites to one single existing site, a new pharmacy would be prevented from ‘stepping in’ where this does not create a gap in service.

It is important that the PNA document reflects this change and that local Health and Wellbeing Boards are aware of their responsibility to respond to consolidation applications.

3.2 Definition of Pharmaceutical Services

Whilst NHS England is the commissioner of pharmacies, community pharmacies may also be commissioned to provide additional services which are described in table 1. There are three types of pharmaceutical services: Essential; Advanced; and Enhanced. Essential services are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service. Advanced and Enhanced services are additional services which pharmacies may offer but are not obliged to do so; these are often dependant on the needs of the population the pharmacy is serving.

¹ List of pharmacies which have a contact with NHS England through market entry or the previous control of entry

Table 1: Range of services potentially offered by Pharmacies

Service level	Service	Service Description
Essential	Dispensing Medicines and/or Appliances	Supply of medicines or appliances ordered on NHS Prescriptions, advice will be given to the patient on medicine being dispensed and how it can interact with other medicines they are currently taking.
	Repeat Dispensing	The management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery.
	Disposal of unwanted Medicines	Acceptance of unwanted medicines for households and individuals via pharmacies.
	Promotion of Healthy Lifestyles (Public Health)	The provision of opportunistic one to one advice on healthy lifestyle topics such as, stopping smoking and weight management. In addition pharmacies are involved in up to six local campaigns a year e.g.; Stoptober and self-care week
	Signposting patients to other Healthcare providers	Pharmacists and staff will refer patients who require further support, advice or treatment that they cannot provide.
	Support for Self-care	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
	Clinical Governance	Pharmacies must have a system of clinical governance to support the provision of excellent care; requirements include: provision of a practice leaflet for patients; use of standard operating procedures; patient safety incident reporting to the National Reporting and Learning Service (NRLS); conducting clinical audits and patient satisfaction surveys; having complaints and whistle-blowing policies; acting upon drug alerts and product recalls to minimise patient harm; and having cleanliness and infection control measures in place.
Advanced	Medicines Use Review (MUR) & Prescription Intervention Service	The pharmacist conducts an adherence focussed medicines review with the patient. The review assesses the patient's use of their medicines and attempts to identify and address any problems they may be experiencing. Where necessary, a referral is made to the patient's GP. The service aims to increase the patient's knowledge of their medication and improve their adherence to the regimen. MURs are conducted in a private consultation area which ensures patient confidentiality.
	New Medicine Service (NMS)	This service is designed to improve patients' understanding of a newly prescribed medicine for a long term condition, and help them get the most from the medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine reported problems including side effects, difficulties

		taking the medicine and a need for further information. The NMS has been designed to fill this identified gap in patient need.
	Stoma Appliance Customisation Service (SAC)	This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
	Appliance Use Review Service (AUR)	This service is similar to the MUR service, but it aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by: establishing the way the patient uses the appliance and the patient's experience of such use; identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient; and advising the patient on the safe and appropriate storage of the appliance and proper disposal of the appliances that are used or unwanted. The service is conducted in a private consultation area or in the patient's home.
	Seasonal Influenza Vaccination	Each year from September through to January the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.
	NHS Urgent Medicine Supply Advanced Service (NUMSAS)	NUMSAS is a national pilot of a Community Pharmacy Urgent Medicine Supply Service. Patients who contact NHS 111 to request access to urgently needed medicines or appliances will be referred to a pharmacy which is providing this service. A pharmacist can only supply a prescription only medicine, without a prescription, which the patient has been previously prescribed.
Enhanced	Minor Ailments Management	An enhanced service for patients who are exempt from prescription charges can present to an accredited community pharmacy to receive advice and an appropriate medicine for a limited range of minor ailments for example coughs and colds.
	Palliative care services	If a patient is deemed to be coming to the end of their life, a Doctor may prescribe drugs to make them comfortable. Pharmacies commissioned to provide this service stock a locally agreed list of medicines and make a commitment to ensure that the users of the service have prompt access to these medicines, in response to the presentation of an NHS prescription and during the pharmacies contracted opening hours.
	Care home services	Care Home services are commissioned to provide medicines governance advice from community pharmacies into care homes to assist them in having systems and processes in place to ensure the safe and secure handling of medicines within the care home.
	Out of hours services	Pharmacies which are open additional hours or 100 hour pharmacies which opened under the formal exemption from the control of entry test.

	Gluten free food supply	Patients with confirmed diagnosis of gluten enteropathy or dermatitis herpetiformis, who have a written referral from either a GP or dietitian contracted to specified CCGs, can be provided with free gluten free foods that are listed in the current Drug Tariff under this service.
	Supplementary and independent prescribing by pharmacists	Pharmacist Independent Prescribers are able to prescribe any medicine for any medical condition within their competence.
	Medicines assessment and compliance support	The pharmacy will help support independent living in groups of vulnerable people, or those with special needs, who do not fall within the Disability Discrimination Act 1995 criteria. The aim of the programme is to support independent living and help people manage their medicines safely and appropriately.
Local Authority Commissioned Public Health Services	Substance Misuse Services	Needle and syringe services; supervised consumption of medicines to treat addiction, e.g. methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations.
	Sexual Health Services	Emergency hormonal contraception services; condom distribution; pregnancy testing and advice; Chlamydia screening and treatment; other sexual health screening, including syphilis, HIV and gonorrhoea; contraception advice and supply (including oral and long acting reversible contraception).
	Stop Smoking services	Proactive promotion of smoking cessation through to provision of full NHS stop smoking programmes.
	NHS Health Checks for people aged 40-74	Carrying out a full vascular risk assessment and providing advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity.
	Weight management services	Promoting healthy eating and physical activity through to provision of weight management services for adults who are overweight or obese.
	Alcohol misuse services	Providing proactive brief interventions and advice on alcohol, with referral to specialist services for problem drinkers.
	Pandemic and seasonal Flu services	Providing continuity of dispensing of essential medicines, provision of antiviral medicines; flu vaccination services.

3.3 Dispensing GPs and Controlled Localities

A GP may dispense NHS prescriptions for their own patients who live in a controlled locality, and live more than 1.6 km (1 mile in a direct line) from a pharmacy. Controlled localities are defined as areas which are 'rural in character' and were introduced to improve access for rural patients to pharmaceutical services. There are two GP Practices within the Bradford District that are dispensing GPs; these are based in the controlled localities of Addingham and Haworth. New applications by doctors to dispense are not considered if there is a pharmacy within 1.6km of the premises from which the practice wishes to dispense (Regulation 51).

3.4 Distance Selling

Distance selling pharmacies (e.g. internet pharmacies) are pharmacies who do not provide essential services at their premises. A distance selling pharmacist will receive a prescription via post or online and dispense it the next day. A distance selling pharmacist may provide advanced or enhanced services at their premises as long as they do not receive essential service at the same time.

3.5 Dispensing appliance contractors

Dispensing appliance contractors are a specific subset of NHS pharmaceutical contractors who supply on prescription, appliances such as stoma and incontinence aids, dressings, and bandages. They cannot supply medicines. There is one Dispensing Appliance Contractor in the District.

3.6 Healthy living pharmacies

'A Healthy Living Pharmacy (HLP) is one which has been recognised as consistently demonstrating a healthy living ethos and a proactive approach to health and health improvement. The pharmacy must also show that it meets set quality criteria, have appointed one or more qualified Health Champion(s) and has at least one member of the pharmacy team has undergone leadership training. Pharmacies in England that meet these criteria are awarded the HLP quality mark' (National Pharmacy Association).

There has been significant growth in the number of Healthy Living Pharmacies (HLPs) since the last PNA. Currently there are 112 HLPs in the District.

3.7 Community Pharmacy Forward View

The Community Pharmacy Forward View was published by PSNC and Pharmacy Voice with the support of the RPS English Pharmacy Board, in August 2016. It sets out the sectors ambitions to radically enhance and expand the personalised care, support, and wellbeing services, that community pharmacies provide. In the scenarios outlined in the document, pharmacy teams would be fully integrated with other local health and care services, in order to improve quality and access for patients, increase NHS efficiency, and produce better health outcomes for all. The Community Pharmacy Forward View sets out the organisations' shared ambition for the sector, which focuses on three key roles for the community pharmacy of the future:

1. As the facilitator of personalised care for people with long-term conditions
2. As the trusted, convenient first port of call for episodic healthcare advice and treatment
3. As the neighbourhood health and wellbeing hub.

Within the current context for community pharmacy there must be a recognition of the Community Pharmacy Forward View and that this sets out the direction going forward.

4. Understanding the population of Bradford District

4.1 Population of Bradford District

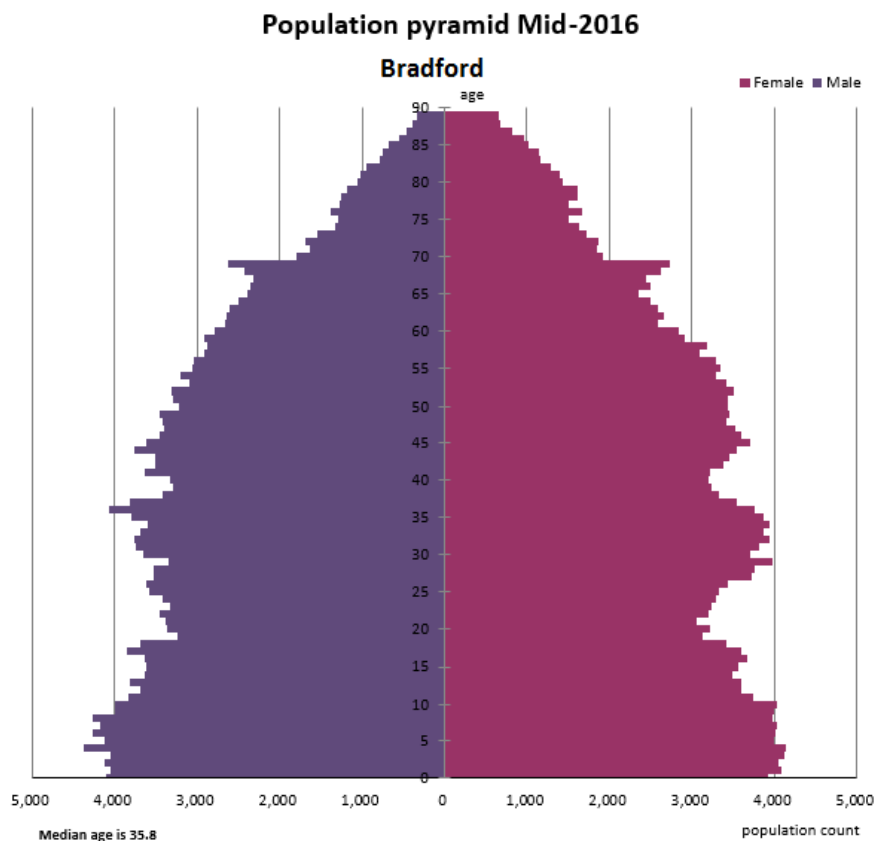
4.1.1 Overall Bradford

The current resident population for Bradford is 534,279. Bradford has a higher than average young population (0-19 year olds) when compared to the overall national picture; this is more evident among the South Asian population. Over the next 10 years (2016-2026), the population of Bradford is projected to increase by 23,200 (+4.3%). This increase is lower than the average for England, where the population is expected to increase by 7.1%. The population projections are based on the 2014 mid-year population estimates from the Office of National Statistics (ONS), which uses a variety of sources to calculate the projections including; national population projections, registration of births and deaths, long term migration data from the International Passenger Survey (IPS), and Asylum seeker data from the home office.

Bradford is a university city which affects the influx (both on a daily and term-time basis) of predominantly young people. The needs of the university population are met by the current pharmaceutical provision.

Consistent with other patterns of health care use, a high proportion of service users for pharmacies would be expected from the younger child population (i.e. parents and families) as well as the older population. The current population of 0-9 year olds in Bradford is 81,852; this is projected to decrease by 3,200 (-4.0%) over the next ten years (2014-2024). The current population of 65 year olds in Bradford is 74,900, which is projected to increase by 16,400 (+21.9%) over the next ten years.

Figure 1: Age structure of the Bradford District Population



The population has a diverse ethnic base with 36% of the Bradford District population from Black and Minority Ethnic groups. 22% of the population of Bradford District are of South Asian origin, which are predominantly people of Pakistani heritage. A further 14% are from other non-white British nationalities.

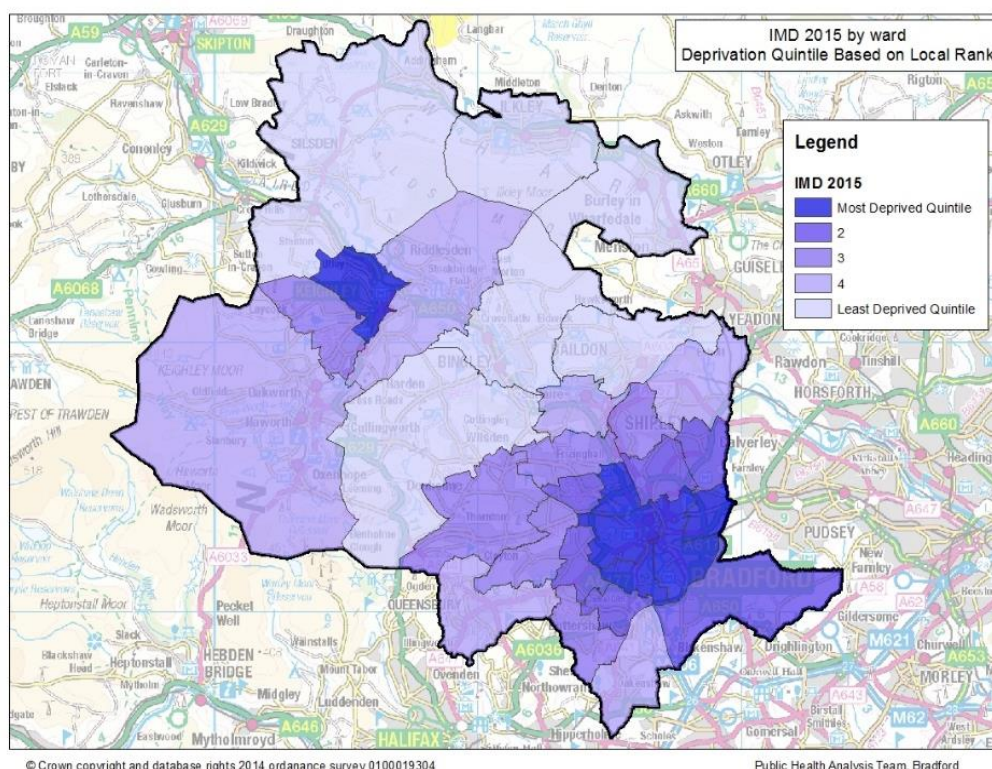
The average life expectancy for females in Bradford is 81.3; this compares to 77.6 in males. This is lower than the national average of 83.1 and 79.5 respectively. Life expectancy varies across the District with those living in the least deprived areas living on average 9 years longer than those living in the most deprived areas.

Although, like most other parts of the country, life expectancy in Bradford District is increasing, people in Bradford District are living longer in poorer health. The healthy life expectancy for females is 60.5 years, which means on average females are spending 20.8 years of their lives in poor health. For males the average healthy life expectancy is 62.9, which means that on average males in Bradford spend 14.7 years in poor health.

Bradford as a whole is a relatively deprived district which faces unusual challenges relating to deprivation. Bradford is the second most deprived local authority in Yorkshire, with Hull being the most deprived. 34.1% of people in Bradford live in areas which are in the most deprived 10% areas of England.

Severe deprivation affects many different areas; parts of **City, Eccleshill, Great Horton, Keighley Central, Little Horton, Manningham, and Tong** wards are all amongst the most deprived 10% of areas in England. Some deprived areas have become less so since Indices of Multiple Deprivation (IMD) 2010. This is particularly the case in **Tong** and **Little Horton** wards.

Figure 2: Deprivation in Bradford District



The rate of teenage conception among those under 18 (per 1,000 females aged 15-17) in Bradford (22.3) is higher than the England average (20.8) but lower than the regional average (24.3). The proportion of under 18 conceptions leading to an abortion in Bradford was 44% in 2015; this is

lower than the national average of 51.2% but slightly higher than the regional average of 43.4%. The estimated conception rate of those aged 15-17 (conceptions per 1,000 women aged 15 to 17) in 2013-15 was highest in the Eccleshill ward and lowest in Ilkley, with high rates among the wards of Tong, Wyke, and Windhill and Wrose.

Estimated smoking prevalence (18+) in Bradford District is 22.2% (Annual Population Survey 2016); prevalence is higher in the Bradford District than both regional (17.7%) and national (15.5%) averages. Smoking prevalence rates increase among those who are in routine and manual occupations was 35.9%.

The proportion of adults in the Bradford District, estimated to be overweight or obese was 67.9% (Public Health Outcomes Framework, 2013-15); this is higher than the national average (64.8%) but similar to the regional average (67.4%) Excess weight in children aged 10 and 11 in the Bradford District is higher than the national and regional averages at 36.4% compared to 34.2% in England and 34.6% in Yorkshire and the Humber.

4.1.2 Local area profiles

Recognising the variation in health and care needs across the district, area profiles are routinely published by the local authority. The area profiles show the key characteristics of the main localities in the Bradford District. The profiles include a range of demographic information and outline the key health issues pertinent to those local areas. Detailed local area profiles have been provided in Appendix 4. There are five recognised areas in Bradford District, made up of 6 wards in each area (30 wards in total) - see Table 2.

Table 2: list of areas and wards

Area	Ward
Bradford East	Bolton and Undercliffe
	Bowling and Barkerend
	Bradford Moor
	Eccleshill
	Idle and Thackley
	Little Horton
Bradford South	Great Horton
	Queensbury
	Royds
	Tong
	Wibsey
	Wyke
Bradford West	City
	Clayton and Fairweather Green
	Heaton
	Manningham
	Thornton and Allerton
	Toller

Keighley	Craven
	Ilkley
	Keighley Central
	Keighley East
	Keighley West
	Worth Valley
Shipley	Baildon
	Bingley
	Bingley Rural
	Shipley
	Wharfedale
	Windhill and Wrose

4.2 Health and Care Services in Bradford District.

Table 3 outlines the range of health and care services in the Bradford District. There are 80 general practices, two acute hospital trusts, 68 dental practices and 150 pharmacies, in addition to a number of community services offered from a range of locations across the District.

Table 3: Provision of health care in Bradford²

Service Type	Number of services/ Name	Address
General Practice	As at November 2017 there are 80 medical contracts (some practices have more than one site, and some premises house more than one practice). There are two planned closures for April 2018 which will leave 78. There are currently 2 dispensing GP practices in the Bradford District sited at Addingham and Haworth.	
Extended GP Access	<p>There are currently 2 extended GP access hubs. 1 in Bradford and 1 in Keighley.</p> <p><u>Bradford City CCG and Bradford District CCG</u> From June 2017, Bradford City CCG and Bradford District CCG have been offering extended hours to 25% of their registered population, as set out in the GP Forward View. Currently this involves 23 practices and delivers additional hours (6.30pm – 9.30pm) Monday to Friday out of a hub at Westbourne Green. From the 1st December 2017 this will expand to also include a Saturday and Sunday offer (which will mean the weekday hours are amended). Appointments with GPs, physiotherapists and Voluntary and Community Sector (VCS) services are available as part of this offer and include both pre-bookable and on the day appointments.</p> <p><u>Airedale, Wharfedale and Craven CCG</u> From June 2017, Airedale, Wharfedale and Craven CCG have offered extended access to 40% of the registered population. This currently includes Farfield, Holycroft, North Street, Ling House, Kilmeny and Haworth surgeries; these are all Keighley based practices. The additional hours offered by this hub approach cover 6:30pm – 8pm, and is delivered Monday to Friday. Appointments available currently include:</p> <ul style="list-style-type: none"> - Face to Face GP - Face to Face Advanced Nurse Practitioner 	<p><u>Bradford</u> Picton Medical Centre Westbourne Green Healthcare Centre Manningham Bradford BD8 8RA</p> <p><u>Keighley</u> Farfield Group Practice West Lane, Keighley, West Yorkshire, BD21 2LD</p>

² This is not a comprehensive list of services and locations as some providers operate out of a range of locations, VCS also provide care and support services.

	<ul style="list-style-type: none"> - Telephone Appointments with Practice Nurses - Telephone Appointments with Pharmacists <p>These are a combination of pre-bookable and on the day appointments.</p>	
Other health care providers	Airedale Hospital NHS Foundation Trust	Airedale Hospital, Skipton Road, Steeton, BD20 6TD.
	Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary, Duckworth Lane, Bradford BD9 6RJ & St Luke's Hospital, Little Horton Lane, Bradford, BD5 0NA
	Bradford District Care Foundation Trust	New Mill, Victoria Road, Saltaire, BD18 3LD
	Eccleshill Independent Sector Treatment Centre	450 Harrogate road, Eccleshill, Bradford BD10 0EP
	The Yorkshire Clinic	Bradford Road, Bingley BD16 1TW
	Westbourne Green Community Health Care Centre	50 Heaton Road Bradford BD8 8RA
	Westwood Park Diagnostic Treatment Centre	Swift Drive, off Cooper Lane, Bradford BD6 3NL
	Yorkshire Eye Hospital	Optegra Yorkshire Eye Hospital 937 Harrogate Road, Apperley Bridge, Bradford, West Yorkshire, BD10 0RD

	Locala Sexual Health Services	Howard House 2nd Floor Howard House, Bank Street, Bradford, BD1 1EE.
	Local Care Direct (GP out of hours)	
Dental Services	There are 58 dental contracts currently in place, with an additional 3 orthodontic only contracts. The district also has an emergency dental service that offers emergency appointments on a daily basis for those not registered with a dentist currently, as well as offering emergency provision at bank holidays and weekends.	
Optometry Services	There are currently 57 mandatory contracts (shop based) and 36 additional contracts (that allow practitioners to undertake sight tests within patient homes) in place as of November 2017.	
Pharmacies	There are currently 150 pharmacies within Bradford District. 14 of these are Distance selling pharmacies, and 31 are 100 hour pharmacies.	

5. Community Pharmacy Services in Bradford

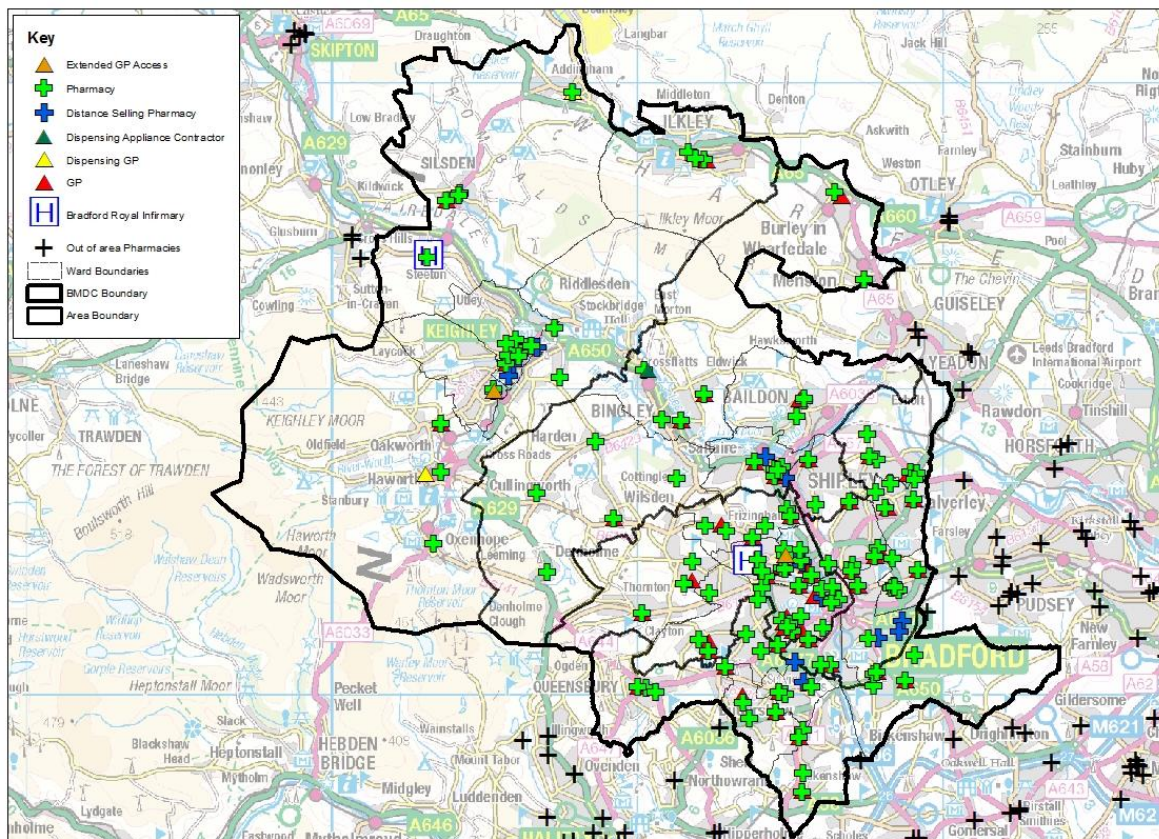
5.1 Current Provision

There are currently 150 pharmacies within Bradford District, 14 of which are Distance selling and do not provide essential services on their premises. There are 31 100 hour pharmacies. A breakdown of current provision by area is provided in Table 4.

Table 4: Number of Pharmacies per 100,000 population

Area	Number of Pharmacies (Excl. distance selling)	Number of Distance selling Pharmacies	Number of 100 hour pharmacies	Pharmacies per 100,000 population	Estimated Population Served Per Pharmacy
Bradford East	28	4	6	24	4,177
Bradford South	23	1	5	22	4,522
Bradford West	37	3	11	32	3,150
Keighley	24	4	5	25	4,072
Shipley	24	2	4	25	3,998
Bradford	136	14	31	26	3,906
Yorkshire and Humber	1,275	-	-	24	4,228
England	11,688	-	-	21	4,687

Figure 3: Map of premises at which pharmaceutical services are provided in Bradford District



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Public Health Analysis Team, Bradford

5.2 Changes in provision since previous PNA

Since the previous PNA was published there have been a number of changes in terms of the advanced and enhanced services provided by local pharmacies. These changes are summarised in Table 5.

Table 5: Changes in provision

Advanced/ Enhanced Service	Number of pharmacies currently providing	Number of pharmacies providing in the previous PNA	Reason for change
MAR Charts	0	46	MAR charts were commissioned by the then Primary Care Trust as an initiative to stop dosette boxes. This was used by very few people and, therefore the documentation ran out.
Palliative Care	11	12	This service is currently in the process of being reviewed and updated across West Yorkshire to ensure there is adequate coverage in each area; there are currently 11 pharmacies across the Bradford District that are providing this service.
Pharmacy First	0	67	Bradford City and Districts CCG decommissioned this service to support the self-care agenda within the CCGs. AWC CCG ceased commissioning this service at the end of March 2018. 19 of the 78 pharmacies which responded to the questionnaire said that they provide this service, with a further 50 stating they are willing to provide if they were commissioned to do so.
Medicine Use Review (MUR)	128	106	
Appliance Use Review (AUR)	14	-	The number of pharmacies providing this service was not specified in the previous PNA. This was because any or all pharmacies can provide this service. Currently, 13 pharmacies are providing this service in Bradford.
Stoma Appliance Customisation (SAC)	97	-	The number of pharmacies providing this service was not specified in the previous PNA. This is because any or all pharmacies can provide this service. There are currently 101 pharmacies providing this service in Bradford.
New Medicine Service (NMS)	127	91	The number of pharmacies who provide this service is not currently recorded. Of the 78 responses to the pharmacy questionnaire 76 are currently providing this

			service and the remaining 2 are intending to provide this service within the next 12 months.
NUMSAS (NHS Urgent Medicine Supply Advanced Service) previously West Yorkshire Pharmacy Urgent Repeat Medicine (PURM) Service.	22	10	The West Yorkshire Urgent Repeat Medicine Service (PURM) was replaced by the Nationally commissioned NHS Urgent Medicine Supply Advanced Service (NUMSAS). This service is a pilot and will be reviewed in early 2018 to determine whether it will be continued to be commissioned.
Stop Smoking Service	21	24	There are currently 21 pharmacies providing stop smoking support in the Bradford District. This is a reduction on the previous 24 pharmacies. If a new pharmacy wishes to provide stop smoking support the decision to commission would be based on 1) areas of need in terms of smoking prevalence; and 2) current access to a quit programme in that area. They would also need to have the capacity to provide a service, and staff would need to undergo the expected training and demonstrate competency.
Emergency Hormonal Contraception (EHC)	0	39	The Community Pharmacy Emergency Contraception service will cease on the 01/04/2018. Emergency contraception is available free of charge from other services including GP practices and Sexual Health Hubs.
EHC Plus (including Chlamydia testing)	0	14	
Needle Exchange	22	43	Community pharmacies provide an important harm reduction intervention, to ensure that high risk individuals are provided with clean injecting equipment, which aims to reduce drug related deaths and blood-borne virus infection. Provision of the Community Pharmacy Needle Exchange programme has recently undergone a review. Pharmacies were invited to submit a bid to provide this service. The successful pharmacies now deliver the service in identified areas of need. There is no process for increasing the number of pharmacies during the lifetime of the needle exchange contract. Any new contract will be advertised following the expiry of the contract and any current or new pharmacy can apply. The current contract expires on 31st July 2018 with an option to extend by 1 year. In addition to the community pharmacy needle exchange provision there is a

			specialist needle exchange service, which is delivered through the new Substance Misuse Recovery Service in both Bradford and Keighley. This is an enhanced service providing additional harm reduction, interventions, and healthcare assessments, with a view to engaging with individuals and referring them on to structured drug treatment.
Flu immunisation service	102	40	Pharmacies provide a flu vaccination service; this is free of charge to patients who are eligible. Eligibility would depend on whether patients are classed as being in an at risk group, however the service is chargeable to all other patients. This service was previously commissioned locally, and is now nationally commissioned as patients are becoming more aware of the service and more pharmacists are becoming trained. The number of pharmacies providing this service is increasing to meet demand.
Supervised Medication	110	135	There are currently 110 Community Pharmacies across the district providing a supervised medication service. Supervised medication provision is commissioned on the basis of a pharmacy having the facilities and the workforce to provide supervised medication to drug users. The need of this service is based upon the numbers of individuals in structured drug treatment who are issued with a prescription. There is no restriction on pharmacies applying to providing this service, however they would need to meet the criteria set out in the service specification.

6. Understanding factors likely to impact on pharmacy provision over the next 3 years

6.1 Future Housing Plans: The Local Plan for the Bradford District

Bradford Council are preparing a new Local Plan which will assess the needs of the population for new homes, jobs, formal and informal green spaces, and services and infrastructure over the period to 2030.

It will provide strategic policies to manage and accommodate change in a sustainable way, encourage the use of brownfield sites, and secure regeneration. It will also identify and allocate land for development as well as identifying and protecting valued open spaces such as playing fields, sports pitches, and allotments.

The Local Plan is being supported by and informed by analysis of service and infrastructure needs in the form of a Local Infrastructure Plan, which has been prepared in consultation with service providers, both within and outside the Council. Once the Local Plan is in place it will allow providers to plan with more certainty and draw down investment where required.

The Local Plan will comprise several documents which are at different stages of completion as follows:

- The Core Strategy, which determines the scale and broad distribution of future development across the district, and sets development targets by settlement and sub area. It indicates that the district will need to see the provision of 42,100 new homes over the period 2013-30. This document does not however identify specific sites. The Core Strategy was adopted by the Council on the 18th July 2017.
- A Waste Management Development Plan, which was adopted by the Council on the 17th October 2017;
- Three other plans which will allocate housing development sites, designate greenspace, and identify any sites required for new infrastructure such as roads and schools. These are:
 - The Bradford City Centre Area Action Plan, which will identify land to deliver 3,500 new homes. This plan is nearing completion, and subject to Council approval, could be adopted in early December.
 - The Shipley and Canal Road Corridor Area Action Plan which will identify land to deliver 3,100 new homes. This plan is also nearing completion, and subject to Council approval, could be adopted in early December.
 - The Site Allocations Development Plan, which will identify land for 35,500 new homes. This document is in the early stages of preparation and is unlikely to be completed until 2021. This period will see several stages of consultation and an examination carried out by a government appointed Planning Inspector.

Although the sites which will meet the projected needs of the district are yet to be finalised for the majority of the district, the Core Strategy, by setting housing targets for 27 different settlement and sub areas, provides a good indication of the scale and development which is likely to take place over the planned period to 2030.

Given that the sites have yet to be allocated, it is not possible to say at this time how the need for pharmacy services will vary over next three years. This will need to be monitored and assessed as the sites are allocated.

The targets for new housing developments are set out in Table 6 as follows:

Table 6: Targets for housing developments

Regional City of Bradford	
Bradford City Centre	3,500
Shipley & Canal Rd Corridor	3,100
Shipley	750
Bradford North East	4,400
Bradford South East	6,000
Bradford South West	5,500
Bradford North West	4,500

Airedale	
Keighley	4,500
Bingley	1,400
Silsden	1,200
Steeton with Eastburn	700
Baildon	350
Cottingley	200
East Morton	100

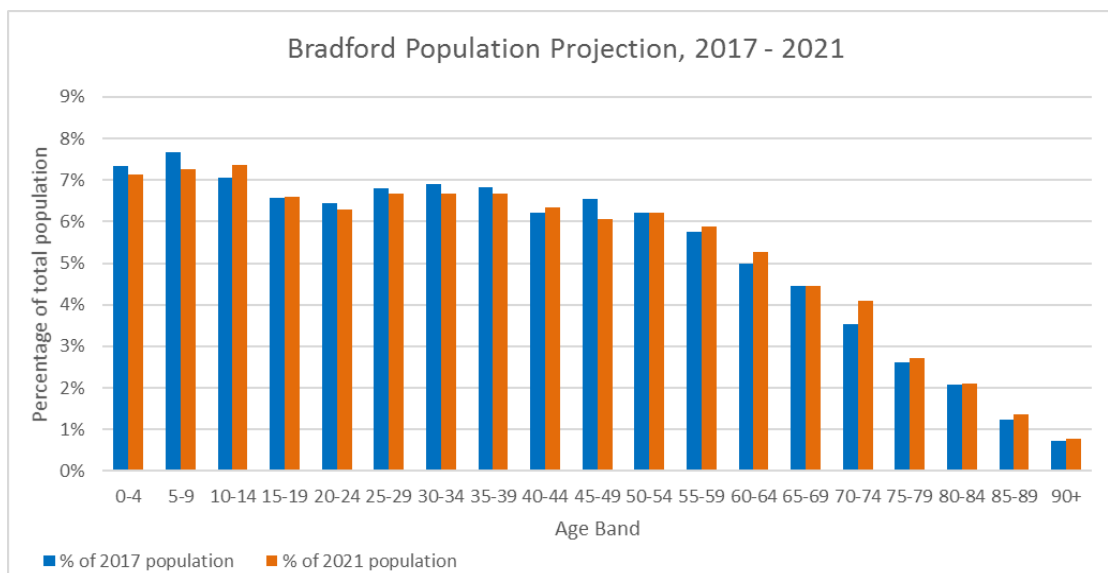
Wharfedale	
Ilkley	1,000
Burley in Wharfedale	700
Menston	600
Addingham	200

South Pennine Towns & Villages	
Queensbury	1,000
Thornton	700
Cullingworth	350
Denholme	350
Harden	100
Haworth	400
Oakworth	200
Oxenhope	100
Wilsden	200

6.2 Population Change

The Bradford population is projected to increase by 1.8% (9,700 people) throughout the life of the PNA. The largest growth is expected among those aged 70 and above, with the largest decrease expected in those aged 45-49.

Figure 4: Projected population change, Bradford 2017-2021



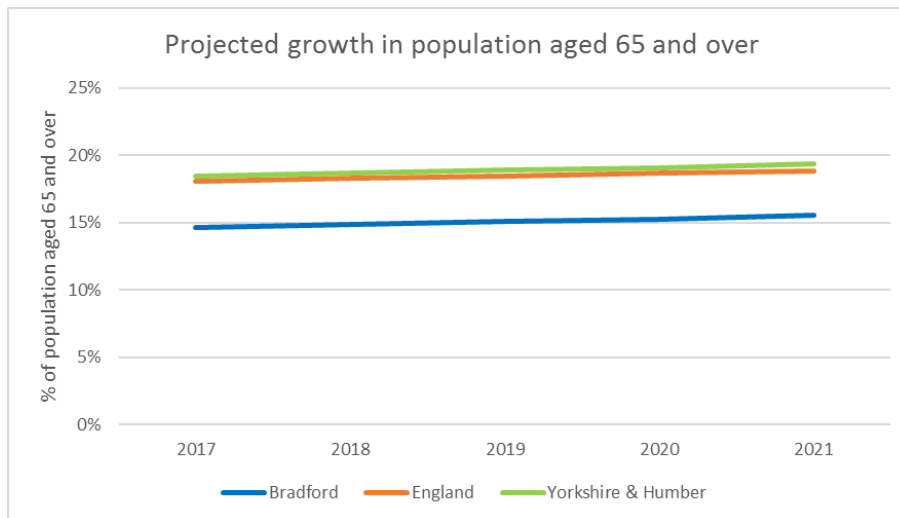
Source: Office of National Statistics

Older People

As people get older they begin to experience poorer health. Bradford has a large gap between life expectancy and healthy life expectancy which suggests that people in Bradford are living longer in

poor health. The 2014 population projections indicate that 14.7% of the population in 2017 are aged 65 and over. This is expected to increase to 15.5% by 2021. This growth is a similar rate to that of England and Yorkshire and Humber, however the proportion of those aged 65 and over is less in Bradford with 18.1% in England aged 65 and over in 2017 and 18.5% in Yorkshire and Humber. By 2021 the projections show an expected increase of 6,100 people who will be aged 65 and over

Figure 5: over 65 projected population growth



Despite the predicted growth in the number of people aged over 65, this change is gradual and, therefore unlikely to significantly affect the need for pharmaceutical services over the next three years.

6.3 Extended GP Hours

In addition to the two GP hubs operating extended hours as described in Table 3, the following outlines the future intentions for expanding extended GP provision across the district.

Bradford City CCG and Bradford District CCG

From April 2018, this service will expand to cover 50% of our population with 100% coverage from October 2018 and will also be delivered via a hub model. The location of these hubs to be determined – there will possibly be an additional 3 hubs, which will have travel criteria linked to these. Once up to 100% coverage, any patient in Bradford will be able to attend any of the hubs – not necessarily their nearest one, but this will be up to the individual patient to choose.

Airedale, Wharfedale and Craven CCG

The CCG are currently developing plans towards increasing coverage to 50% of the Airedale, Wharfedale and Craven population by March 2018 as set out in the requirements of the GP Forward View. The CCG are looking to establish where the remaining hub(s) will be located and any technological options that may support hub working. A consultation with patients and public is to be carried out to obtain views regarding weekend opening, particularly towards which services would be most appropriate for delivery in weekend opening.

A number of pharmacies across the District are open beyond 6pm and/or at weekends. There is a good geographical spread of pharmacies operating extending opening hours, as shown on maps 15,16 and 17 in Appendix 7. These are likely to be sufficient to cover any extended GP opening hours, and any additional cover is likely to be met by an existing pharmacy contractor currently on the pharmaceutical list. The situation will, however, remain under review by Public Health and the CCG lead for Medicines Management.

6.4 NHSE Five Year Forward View

The main points that have come out of the NHSE Five Year Forward View, that have the potential to impact on pharmaceutical services are:

- Focus more on prevention – the role of pharmacists in supporting this and the self-care agenda enabling patients to take more control over their health care.
- Integrate community pharmacy services more fully into the NHS – increase the number of clinical pharmacists working within GP practices.
- Helping patients get the right care, at the right time, in the right place, and making more appropriate use of primary care services including pharmacists.

6.5 GP Five Year Forward View

The GP Forward View was published on the 1st April 2016 and illustrates the vision for the future of GP services. The key elements include:

- Workforce – more clinical pharmacists within the GP Practices as set out in the NHSE five year forward view, with 1,500 more proposed nationally.
- Highlights the underutilisation of pharmacists and pharmacy services nationally, and the need to utilise their skills more.
- Current investment of £31 million to pilot 470 clinical pharmacists in over 700 practices to be supplemented by new central investment of £112 million as well as to extend the programme by one pharmacist per 30,000 population, for all practices that are not in the initial pilot – leading to a further 1,500 pharmacists in general practice by 2020.
- Better data sharing across primary care organisations.
- Introduction of a new Pharmacy integration fund which will have a focus on:
 - Improving care and quality;
 - Improving health and wellbeing; and
 - Closing the finance and efficiency gap.

6.6 Happy, Healthy and at Home

Happy, Healthy and at Home is the place based plan for the future of health and care in Bradford District and Craven. The plan sets out a vision to create a sustainable health and care economy that supports people to be healthy, well and independent. In doing so it recognises the importance of community, and the association between people and the communities they live in in creating health and wellbeing in neighbourhoods. The model of care conveyed in the plan describes neighbourhood health and care services, which will be tailored to meet the needs of people living in neighbourhoods of around 30-50,000 people. They will be delivered through networks such as primary care home communities, which will support extended access to GPs. Networks will also help neighbourhood services work more seamlessly together with hospitals and social care. Community pharmacies are an important part of the move towards locality working, particularly with the increasing focus on self-care and prevention.

6.7 Funding cuts

The government imposed a two-year funding package on community pharmacy, which included a £113 million reduction in funding nationally in 2016/17. This took funding to £2,687 billion for the year with an additional £95 million reduction in 2017/18, which took funding to £2,592 billion. Over the next three years, the cuts could have a potential impact on the following:

- Reduction in staff
- Reduction in pharmacies through consolidation, or through the pharmacies closing due to not being viable to continue.
- Withdrawal in services e.g. prescription delivery for all
- Reduction in stock holding.

7. Analysis of Needs

7.1 Analysis of need by area

The analysis of needs is presented in Table 7. Although the analysis is presented at an area level (five constituency areas in the Bradford District), the analysis has been informed by the district wide JSNA available at: <https://jsna.bradford.gov.uk/> and ward profiles available at: <https://www.bradford.gov.uk/open-data/understanding-bradford-district/bradford-observatory/>.

This section considers all of the information presented in the PNA, describing a range of factors which contribute to a need for pharmacy services now and for the life span of this PNA. This has been used together with the results of the public and pharmacy surveys, and the maps describing current service provision, to make an assessment of need for each local area in the District.

Table 7: Analysis of Needs by area

Bradford East	
Area Profile: Population	<ul style="list-style-type: none"> • The population of Bradford East (based on 2015 ONS mid-year population estimates) was 116,943. • The proportion of residents who are non-White British (47%) (2011 Census) is higher than the Bradford average (33%). • Population density is considerably higher than the Bradford average at 45.9 people per hectare (Bradford average 14.1). • Bradford East has a lower life expectancy for both males (75.9) and females (80.4) when compared to the district average (M 77.6 F 81.3). Within Bradford East life expectancy for males is lowest in Bradford Moor (73.2) and highest in Eccleshill (77.3). For Females rates are lowest in Bowling and Barkerend (78.6) and highest in Eccleshill (83.0).
Employment and Deprivation	<ul style="list-style-type: none"> • Bradford East is the most deprived area within the Bradford District, with 59% of the LSOAs within the area in the most deprived decile nationally, compared to 32.6% across all Bradford LSOAs. • The proportion of the population living in families that are income-deprived in Bradford East (26.3%) is higher than the Bradford average (20.5%). • The proportion of people claiming benefits is higher in this area than the Bradford average. The proportion of those of a pensionable age claiming Pension Credit is 24.9% (Bradford Average 17.5%) and those claiming Employment and Support Allowance (ESA) is 8.1% (Bradford average 7.2%) (NOMIS, Feb 2017). • Unemployment in Bradford East is also higher than the Bradford average with 2.3% compared with 1.8% claiming Job Seekers Allowance (JSA) (NOMIS, Sept 2017).
Health Need (See Appendix 5)	<ul style="list-style-type: none"> • The data within the Area Profile (Appendix 5) indicates that excess weight among 4-5 year olds is higher (20.5%) compared to the Bradford average (19.9%), this is more so among 10-11 year olds with 39.3% compared to 35.7%

	<p>across Bradford.</p> <ul style="list-style-type: none"> Under 75 mortality from cancer, cardiovascular disease and respiratory disease is higher in Bradford East than the Bradford Average. 		
Planned Development	<ul style="list-style-type: none"> There is potential for up to 42,100 new homes in the area before 2030; the location of these homes is to be determined. It is unlikely that these developments will result in a change to the need for services within the life of the PNA. 		
Necessary Services: Current provision	Pharmacies	32 (including 4 Distance Selling pharmacies).	
	GP surgeries	20	
	GP Extended Hours	0	
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.		
Other Relevant Services: Current provision		Currently Provide	Not Currently Providing
	Medicine Use Reviews	26 Pharmacies	6 Pharmacies
	New Medicine Service	26 Pharmacies	6 Pharmacies
	Stoma Customisation	20 Pharmacies	12 Pharmacies
	Commissioned Services	A list of commissioned services can be found in Appendix 6.	
Relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.		
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	The PNA has not identified any future needs which could not be met by pharmacies currently on the pharmaceutical list which would form part of its commissioning intentions.		

Bradford South		
Area Profile: Population	<ul style="list-style-type: none"> • The population of Bradford South (based on 2015 ONS mid-year population estimates) was 104,012. • The proportion of residents who are non-White British (21%) (2011 Census) is lower than the Bradford average (33%). • Population density is higher than the Bradford average at 21.0 people per hectare (Bradford average 14.1). • Bradford South has a similar life expectancy for both males (77.3) and females (80.6) when compared to the district average (M 77.6 F 81.3). • Within Bradford South life expectancy for males is lowest in Tong (75.0) and highest in Wyke (79.4). For Females rates are lowest in Tong and Royds (78.6) and highest in Wyke (83.0). 	
Employment and Deprivation	<ul style="list-style-type: none"> • Bradford South is the 3rd most deprived area within the Bradford District, with 35% of the LSOAs within the area in the most deprived decile nationally, compared to 32.6% across all Bradford LSOAs. • The proportion of the population living in families that are income-deprived in Bradford South (22.9%) is higher than the Bradford average (20.5%). • The proportion of people claiming benefits is slightly higher than the Bradford average. The proportion of those of a pensionable age claiming Pension Credit is 18.8% (Bradford Average 17.5%) and those claiming Employment and Support Allowance (ESA) is 8.3% (Bradford Average 7.2%) (NOMIS, Feb 2017). • Unemployment in Bradford South is the same as the Bradford average with 1.8% claiming Job Seekers Allowance (NOMIS, Sept 2017). 	
Health Need	<ul style="list-style-type: none"> • The data within the Area Profile (Appendix 5) indicates that excess weight among 4-5 year olds is higher (22.4%) compared to the Bradford average (19.9%), the rate among 10-11 year olds is similar to the Bradford average (35.9%) compared to 35.7% across Bradford. • Under 75 mortality from cancer, cardiovascular disease and respiratory disease is higher in Bradford South than the Bradford average. 	
Planned Development	<ul style="list-style-type: none"> • There is potential for up to 42,100 new homes in the area before 2030; the location of these homes is to be determined. It is unlikely that these developments will result in a change to the need for services within the life of the PNA. 	
Necessary Services: Current provision	Pharmacies	24 (Including 1 Distance Selling pharmacy)
	GP surgeries	10
	GP Extended Hours	0
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.	

Other Relevant Services: Current provision		Currently Provide	Not Currently Providing
	Medicine Use Reviews	22 Pharmacies	2 Pharmacies
	New Medicine Service	22 Pharmacies	2 Pharmacies
	Stoma Customisation	17 Pharmacies	7 Pharmacies
	Commissioned Services	A list of commissioned services can be found in Appendix 6.	
Relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.		
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.		

Bradford West		
Area Profile: Population	<ul style="list-style-type: none"> • The population of Bradford West (based on 2015 ONS mid-year population estimates) was 116,556. • The proportion of residents who are non-White British (63%) (2011 Census) is almost double than the Bradford average (33%). • Population density is higher than the Bradford average at 38.7 people per hectare (Bradford average 14.1). • Bradford West has a lower life expectancy for both males (76.0) and females (79.6) when compared to the district average (M 77.6 F 81.3). • Within Bradford West life expectancy for both males and females is lowest in Manningham (M 72.3, F 77.0) and highest in Thornton and Allerton (M 77.7, F 81.6). 	
Employment and Deprivation	<ul style="list-style-type: none"> • Bradford West is the 2nd most deprived area within the Bradford District, with 47% of the LSOAs within the area in the most deprived decile nationally, compared to 32.6% across all Bradford LSOAs. • The proportion of the population living in families that are income-deprived in Bradford West (25.3%) is higher than the Bradford average (20.5%). • The proportion of people claiming benefits is higher than the Bradford average. The proportion of those of a pensionable age claiming Pension Credit is 28.1% (Bradford average 17.5%) and those claiming Employment and Support Allowance (ESA) is 7.8% (Bradford average 7.2%) (NOMIS, Feb 2017). • Unemployment in Bradford West is also higher than the Bradford average with 2.4% compared with 1.8% (NOMIS, Sept 2017). 	
Health Need	<ul style="list-style-type: none"> • The data within the Area Profile (Appendix 5) indicates that excess weight among 10-11 year olds is higher than the Bradford average (39.5%) compared to 35.7% across Bradford. • Under 75 mortality from cardiovascular disease and respiratory disease is higher in Bradford West than the Bradford Average. 	
Planned Development	<ul style="list-style-type: none"> • There is potential for up to 42,100 new homes in the area before 2030; the location of these homes is to be determined. It is unlikely that these developments will result in a change to the need for services within the life of the PNA. 	
Necessary Services: Current Provision	Pharmacies	40 (including 3 Distance Selling pharmacies)
	GP surgeries	28
	GP Extended Hours	1

Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.		
Other Relevant Services: Current provision		Currently Provide	Not Currently Providing
	Medicine Use Reviews	39 Pharmacies	1 Pharmacy
	New Medicine Service	38 Pharmacies	2 Pharmacies
	Stoma Customisation	27 Pharmacies	13 Pharmacies
	Commissioned Services	A list of commissioned services can be found in Appendix 6.	
Relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.		
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.		

Keighley		
Area Profile: Population	<ul style="list-style-type: none"> • The population of Keighley (based on 2015 ONS mid-year population estimates) was 97,716. • The proportion of residents who are non-White British (16%) (2011 Census) is half that of the Bradford average (33%). • Population density is lower than the Bradford average at 5.5 people per hectare (Bradford Average 14.1). • Keighley has a higher life expectancy for both males (78.4) and females (82.1) when compared to the district average (M 77.6 F 81.3). • Within Keighley life expectancy for both males and females is lowest in Keighley Central (M 74.4, F 77.4) and highest in Ilkley for Males (82.9) and Worth Valley and Craven for females (84.0). 	
Employment and Deprivation	<ul style="list-style-type: none"> • Keighley is the 2nd least deprived area within the Bradford District, with 9% of the LSOAs within the area in the least deprived decile nationally, compared to 4.7% across all Bradford LSOAs. • The proportion of the population living in families that are income-deprived in Keighley (14.7%) is lower than the Bradford average (20.5%). • The proportion of people claiming benefits is lower than the Bradford average. • The proportion of those of a pensionable age claiming Pension Credit is 11.9% (Bradford average 17.5%) and those claiming Employment and Support Allowance (ESA) is 6% (Bradford average 7.2%) (NOMIS, Feb 2017). • Unemployment in Keighley is also lower than the Bradford Average with 1.1% compared with 1.8% (NOMIS, Sept 2017). 	
Health Need	<ul style="list-style-type: none"> • The data within the Area Profile (Appendix 5) indicates that Keighley has a higher proportion of people aged 65+ (19%) compared with the Bradford average (14%), which has its own challenges. Conversely, it is a relatively less deprived area than others in the District. • Under 75 mortality from cancer, cardiovascular disease and respiratory disease is lower in Keighley than the Bradford average. 	
Planned Development	<ul style="list-style-type: none"> • There is potential for up to 42,100 new homes in the area before 2030; the location of these homes is to be determined. It is unlikely that these developments will result in a change to the need for services within the life of the PNA. 	
Necessary Services: Current provision	Pharmacies	28 (Including 4 Distance Selling pharmacies)
	GP surgeries	11
	GP Extended Hours	1

Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.		
Other Relevant Services: Current provision		Currently Provide	Not Currently Providing
	Medicine Use Reviews	22 Pharmacies	6 Pharmacies
	New Medicine Service	22 Pharmacies	6 Pharmacies
	Stoma Customisation	16 Pharmacies	10 Pharmacies
	Commissioned Services	A list of commissioned services can be found in Appendix 6.	
Relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.		
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.		

Shipley	
Area Profile: Population	<ul style="list-style-type: none"> • The population of Shipley (based on 2015 ONS mid-year population estimates) was 95,949. • The proportion of residents who are non-White British (8%) (2011 Census) is considerably lower than that of the Bradford average (33%). • Population density is lower than the Bradford average at 8.2 people per hectare (Bradford average 14.1). • Shipley has a higher life expectancy for both males (79.6) and females (83.5) when compared to the district average (M 77.6 F 81.3). • Within Shipley life expectancy for both males and females is lowest in the Shipley Ward (M 77.9, F 82.2) and highest in Wharfedale for both males and females (M 84.7, F 85.3).
Employment and Deprivation	<ul style="list-style-type: none"> • Shipley is the least deprived area within the Bradford District, with 16.5% of the LSOAs within the area in the least deprived decile nationally, compared to 4.7% across all Bradford LSOAs. • The proportion of the population living in families that are income-deprived in Shipley (11.0%) is lower than the Bradford average (20.5%). • The proportion of people claiming benefits is lower than the Bradford average. The proportion of those of a pensionable age claiming Pension Credit is 10.3% (Bradford average 17.5%) and those claiming Employment and Support Allowance (ESA) is 5.1% (Bradford average 7.2%) (NOMIS, Feb 2017). • Unemployment in Shipley is also lower than the Bradford Average with 1.0% compared with 1.8% (NOMIS, Sept 2017).
Health Need	<ul style="list-style-type: none"> • The data within the Area Profile (Appendix 5) indicates that Shipley has a higher proportion of people aged 65+ (20%) compared with the Bradford average (14%), which has its own challenges. Conversely, it is a relatively less deprived area than others in the District. • It has a lower than average proportion of children aged both 4 to 5 and 10 to 11 who are overweight or obese. Under 75 mortality from cancer, cardiovascular disease and respiratory disease is lower in Shipley than the Bradford average.
Planned Development	<ul style="list-style-type: none"> • There is potential for up to 42,100 new homes in the area before 2030; the location of these homes is to be determined. It is unlikely that these developments will result in a change to the need for services within the life of the PNA.

Necessary Services: Current Provision	Pharmacies	26 (Including 2 Distance Selling pharmacies)	
	GP surgeries	11	
	GP Extended Hours	0	
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.		
Other Relevant Services: Current provision		Currently Provide	Not Currently Providing
	Medicine Use Reviews	24 Pharmacies	2 Pharmacies
	New Medicine Service	24 Pharmacies	2 Pharmacies
	Stoma Customisation	17 Pharmacies	9 Pharmacies
	Commissioned Services	A list of commissioned services can be found in Appendix 6.	
Relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.		
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.		

7.2 Public Questionnaire

7.2.1 Purpose of the public engagement exercise

As part of the needs analysis it was recognised that in order to fully understand the population health and care needs that could be met through pharmacy services, a community engagement exercise would need to be carried out. Such an exercise was conducted with the purpose of providing people in the Bradford District with the opportunity to tell us what their experience of community pharmacies is, and to identify any health and care needs that could potentially be met through community pharmacies. An online survey, with the option of providing a paper copy for those who could not access the survey, was developed to maximise the response rate. The survey was promoted through social media and could be accessed via the council website.

A total of 135 responses were received. The greatest number of responses were from individuals aged between 55 and 64; 58% of respondents were female, and 81% were White British. This is not representative of the Bradford District population.

7.2.2 Key findings

The following gives a summary of the key findings; full results can be located in Appendix 2. Respondents were asked to rate how important certain aspects of pharmaceutical service provision were to them. Responses showed that the location of the pharmacy was important to respondents with the majority opting for a pharmacy close to either their home or their GP practice. Almost half of respondents (48%) would prefer to visit a pharmacy on a weekday between 9 and 6pm, with a third wishing to visit on a Saturday. There was less of a preference for visiting a pharmacy before 9 am on a weekday and on a Sunday.

The convenience of being able to pick up items on prescription without going back to the pharmacy, and the pharmacy having the things that the individual needs were the aspects that were considered very important for the majority of respondents. Knowledgeable staff was also

considered very important. Offerings which were considered least important by respondents, were home delivery of medication, and early opening times before 9am.

The majority of respondents use a pharmacy for its primary function – to obtain medication on prescription or over the counter. 48% had used the minor ailments service and a further 33% would use this service if it was available. Respondents were less likely to use nor wished to use the pharmacy for ‘support to lose weight’ and ‘emergency contraception’. However, this in part is likely to reflect the demographics of those who completed the survey.

7.3 Pharmacy Questionnaire

7.3.1 Purpose of the pharmacy engagement exercise

The purpose of the questionnaire for pharmacies was to map out the current provision against what commissioners had provided, and to scope out future intentions. Out of a possible 150 responses, 78 pharmacies responded, giving a response rate of 52%. The questionnaire was available online with a paper option available for those who could not access the link. The link was distributed by NHS England and a further follow up email to those who hadn’t responded was sent by Community Pharmacy West Yorkshire. Bradford East had the highest response rate of 63% with 20 out of the 32 pharmacies responding to the questionnaire. The lowest response rate was in Bradford South with 42%.

Table 8: Pharmacy survey response rate

Area	Number of responses	Number of pharmacies in the area	Response Rate
Bradford East	20	32	63%
Bradford South	10	24	42%
Bradford West	21	40	53%
Keighley	15	28	54%
Shipley	12	26	46%
Grand Total	78	150	52%

7.3.2 Key findings

The following gives a summary of the key findings; the full results can be located in Appendix 3. The main findings from the exercise were, that there is a lot of willingness (78%) from pharmacies to provide additional services including weight management services. 78% of pharmacies had staff members who spoke an additional language to English; the greatest proportion of which, spoke Urdu and Punjabi.

8. Conclusions

- The PNA, having regard to likely changes to the number of people requiring pharmaceutical services, the demography of the area, and the health and wellbeing of people in the District, has not identified any future needs which are not already met by providers currently on the pharmaceutical list.
- Pharmacies appear to be located in areas of greatest need, as determined by population density, deprivation and identified health needs.
- There are no gaps in necessary provision, in accordance with the regulations in an area.
- There are no gaps in provision to suggest more services in the area would result in better access to pharmaceutical services. This is supported by the public engagement exercise in which 91% of respondents said that they can get to a pharmacy of their choice when they want to.
- A range of additional/enhanced services are provided; these appear to be based on population need.
- Population growth is unlikely to influence the need for pharmacy services over the next 3 years to the extent that new services would need to be commissioned.
- There are, however, likely to be changes to GP extended access schemes. There is a good geographical spread of pharmacies operating extending opening hours. These are likely to be sufficient to cover any extended GP opening hours, and any additional cover is likely to be met by an existing pharmacy contractor currently on the pharmaceutical list. The situation will, however, remain under review by Public Health and the CCG lead for Medicines Management.

Appendices

1. Pharmaceutical Needs Assessment (PNA) Steering Group Terms of Reference



Department of Health & Wellbeing

Pharmaceutical Needs Assessment (PNA) Steering Group

Terms of Reference

Context / Background

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

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBBs). The Act also transferred responsibility to develop and update PNAs from PCTs to HWBBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 01 April 2013.

The NHS Act 2006 (the “2006” Act), amended by the Health and Social Care Act 2012, sets out the requirements for HWBBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.

128A Pharmaceutical needs assessments

- (1) Each Health and Wellbeing Board must in accordance with regulations:
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.

- (2) The regulations must make provision:
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs;
 - (c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment.

(3) The regulations may in particular make provision:

- (a) as to the pharmaceutical services to which an assessment must relate;
- (b) requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
- (c) as to the manner in which an assessment is to be made;
- (d) as to matters to which a Health and Wellbeing Board must have regard when making an assessment.

1. Purpose

The purpose of the Pharmaceutical Needs Assessment Steering Group is to direct and oversee the production of, and consultation on, the Bradford and Airedale Pharmaceutical Needs Assessment (PNA), on behalf of the Health and Wellbeing Board. The PNA must be published by 01 April 2018.

2. Responsibilities

The primary role of the group is to oversee the publication of an evidence based and up to date Pharmaceutical Needs Assessment, building on expertise from across the local healthcare community. Specifically, the Group will

- Coordinate the PNA in line with current legislation and within the required timescales;
- Agree the statement of the need for pharmaceutical services in Bradford and Airedale;
- Agree and oversee the process for assessing the current provision of pharmaceutical services by pharmacies, appliance contractors and dispensing practices within Bradford and Airedale (and neighbouring areas)
- Ensure that accurate maps identifying the premises where services are provided are produced;
- Oversee the consultation ensuring that this meets the requirements set out in the Regulations;
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNA;
- Develop and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA;
- Submit the final PNA to the Health & Wellbeing Board for approval prior to publication.

3. Membership

Membership of the Group shall be:

- Public Health Consultant
- Public Health Analyst
- Local Pharmaceutical Committee representative
- CCG representative(s) with responsibility for primary care and medicines management
- NHS England Pharmacy Contracting representative and managerial representative
- Other representatives as required

A deputy may be used where the named member of the Group is unable to attend.

Other staff members may be invited to attend meetings for the purpose of providing advice and/or clarification to the Group.

4. Quoracy

A meeting of the Group shall be regarded as quorate provided that a representative from the local authority, CCG and LPC is present.

5. Frequency of Meetings

The Group will meet bi-monthly at a minimum. Wherever possible business will be conducted virtually to facilitate communication and maximise involvement of stakeholders.

The PNA Steering Group will be a time-limited group, established for the purpose of developing the 2018-2021 PNA. The Steering Group will be disbanded when the PNA has been published.

6. Accountability

The Group will be accountable to the Health and Wellbeing Board. The Health and Wellbeing Board will sign off the 2018-2021 PNA.

Terms of Reference agreed 18/10/2017

2. Analysis of findings from Public Engagement Questionnaire

Pharmaceutical Needs Assessment- Public Questionnaire

Purpose of the public engagement exercise

As part of the needs analysis it was recognised that in order to fully understand the population health and care needs that could be met through pharmacy services, a community engagement exercise would need to be carried out. Such an exercise was conducted with the purpose of providing people in Bradford District the opportunity to tell us what their experience of community pharmacies is, and to identify any health and care needs that could potentially be met through community pharmacies. An online survey, with the option of providing a paper copy for those who could not access the survey, was developed to maximise the response rate. The survey was promoted through social media and could be accessed via the council website.

135 responses were received. The greatest number of responses was from individuals aged between 55 and 64; 58% of respondents were female, and 81% were White British. This is not representative of the Bradford District population.

Key findings

Respondents were asked to rate how important certain aspects of pharmaceutical service provision were to them. Responses showed that location of the pharmacy was important to respondents with the majority opting for a pharmacy close to either their home or their GP practice. Almost half of respondents (48%) would prefer to visit a pharmacy on a weekday between 9 and 6pm, with a third wishing to visit on a Saturday. There was less of a preference for visiting a pharmacy before 9 am on a weekday and on a Sunday.

The convenience of being able to pick up items on prescription without going back to the pharmacy, and the pharmacy having the things that the individual needs are the aspects which were considered very important for the majority of respondents. Knowledgeable staff was also considered very important. Aspects which were considered least important were home delivery of medication, and early opening times before 9 am.

The majority of respondents use a pharmacy for its primary function – to obtain medication on prescription or over the counter. 48% had used the minor ailments service and a further 33% would use this service if it was available. Respondents were less likely to use nor wished to use the pharmacy for 'support to lose weight' and 'emergency contraception'. However, this in part is likely to reflect the demographics of those who completed the survey.

Response rates and coverage

135 responses were received, due to short timescales to collect the information the questionnaire was available to complete online. With the option of providing a paper copy if required. The questionnaire was promoted through the council website and social media including Facebook and twitter.

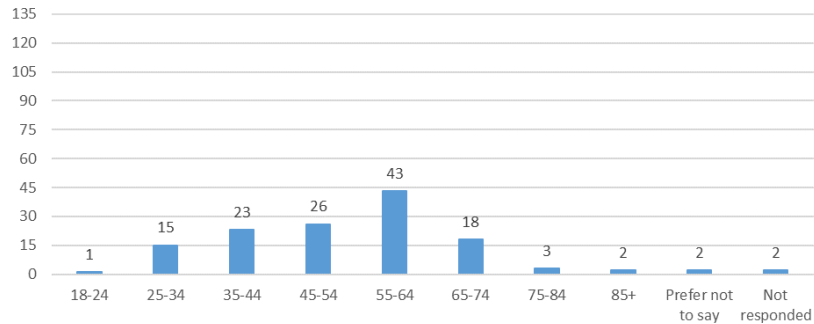
The questionnaire collected the following factual data about the respondents:

- Age
- Disability
- Gender
- Ethnicity

- Religion
- Sexual Orientation
- Marital Status

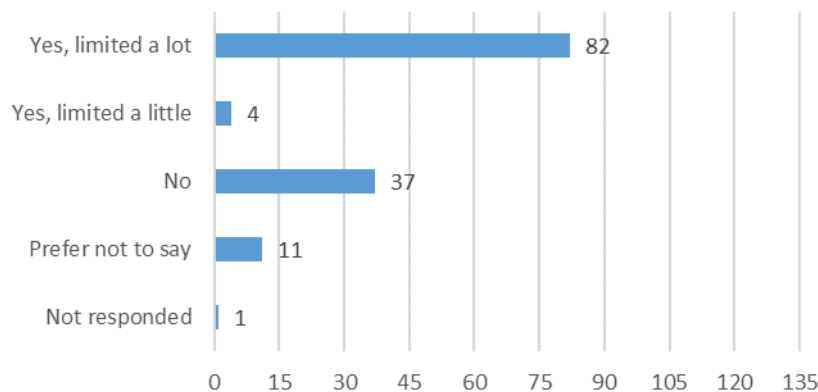
Age

Please state your age category



Disability

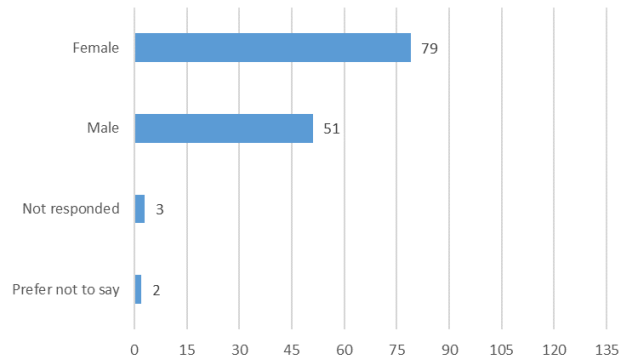
Does your health or disability prevent you from doing things you want to, need to or have to? (Your disability or health issue includes one which has lasted, or is expected to last, at least 12 months, and includes problems relating to old age.)



If Yes, which of the following options best describes you...	Number of responses
Physical Disability (including mobility difficulties)	
Physical Disability (including mobility difficulties)	23
Other substantial and long term condition	16
Other	10
Mental ill Health	9
Visual impairment	3
Prefer not to say	2
Learning disabilities	1
Autism Spectrum Conditions	1
Hearing impairment	1
Deaf BSL user	0
Speech impairment	0
Learning difficulties e.g. Dyslexia	0

Gender

Which of the following options best describes your gender identity?



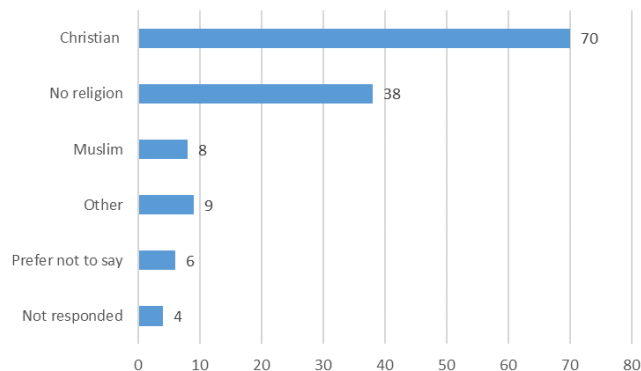
Ethnicity

Which of the following options best describes your race, ethnic or cultural origin?

81% of respondents identified as 'English/Welsh/Scottish/Northern Irish/British' with a further 6% identifying as 'Pakistani.' the remaining 13% identified as various different ethnicities.

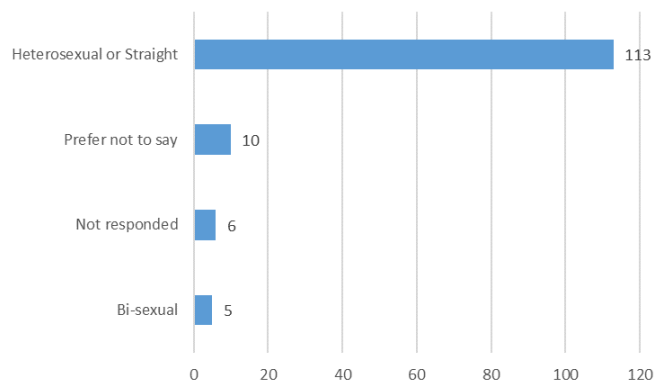
Religion

Which of the following options best describes your religion or belief?



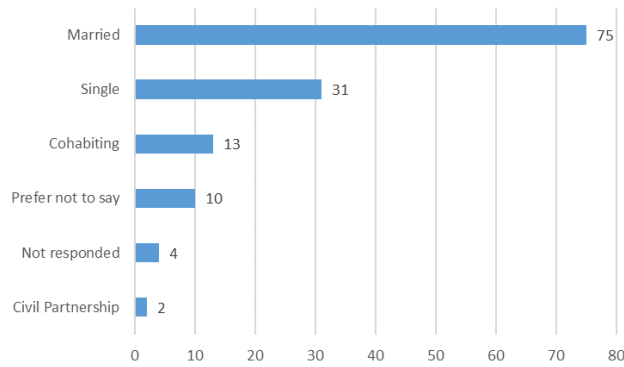
Sexual Orientation

Which of the following options best describes your sexual orientation?



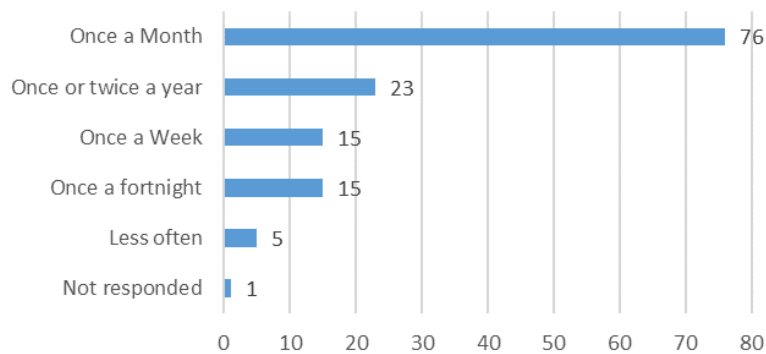
Marital Status

Which of the following options best describes your relationship status?

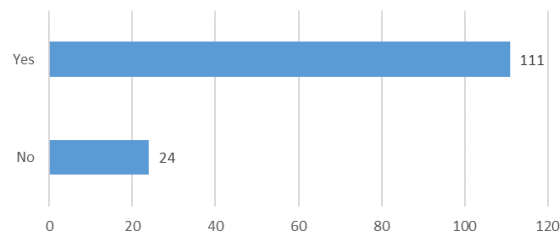


Responses by question

How often do you use a Pharmacy?

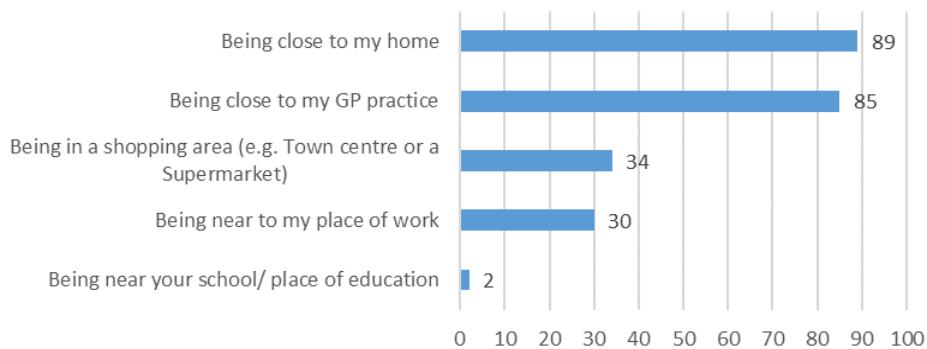


Do you tend to use the same Pharmacy?



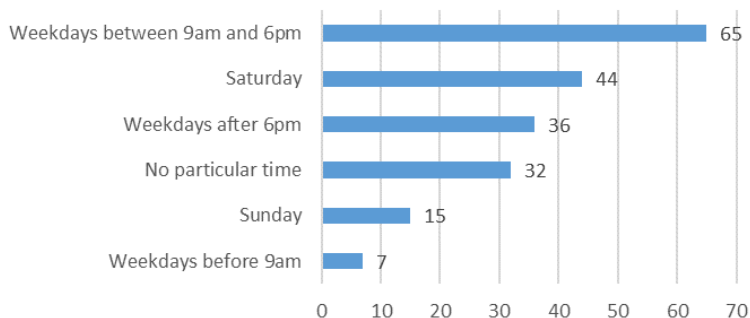
What is important to you about the location of a Pharmacy?

the majority of respondents would prefer a pharmacy which was either close to their home or their GP practice.

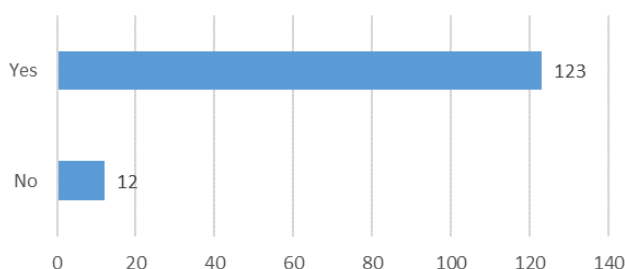


When do you prefer to visit a pharmacy?

Almost half of respondents (48%) would prefer to visit a pharmacy on a weekday between 9 and 6, with a third wishing to visit on a Saturday. There was less of a preference for visiting a pharmacy before 9am on a weekday and on a Sunday.



Are you able to get to a pharmacy of your choice when you need to?



If not, why not?

Opening hours are the main reason why people cannot access the pharmacy of their choice when they want to.

If not, why not?
Closes early -
It's closed at weekends
Local chemists are closed out of hours
Long commute means pharmacy is closed near to GP.
Not always one near by
Not open outside 9-5
Pharmacy of my choice shut when I finish work and get home
Restricted Opening Hours
They close at 7 p.m.
Work commitments or closing hours

In your opinion, how important are the following aspects of pharmacy services?

Convenience of being able to pick up items of prescription without going back to the pharmacy and the pharmacy having the things that the individual needs are the aspects which are considered very important for the majority of respondents, knowledgeable staff is also considered very important. Aspects which were considered least important was home delivery of medication and early opening times before 9am.

In your opinion, how important are the following aspects of pharmacy services?	Very important	Important	Not important	Very Unimportant
Early opening times (before 9am)	43	36	40	7
Late opening times (after 6pm)	64	50	15	4
Location	86	44	2	1
Knowledgeable staff	110	23	0	1
Friendly staff	83	46	1	1
Short waiting times	62	56	13	1
Private areas to speak to the pharmacist	66	46	20	1
The pharmacist taking time to listen to you	89	37	6	1
The pharmacy having the things you need	110	21	0	1
Being able to pick up the items on your prescription without going back to your GP surgery	113	14	4	3
Home delivery of your medication	28	26	57	16

Which of the following pharmacy services have you used, or would you use if they were available?

Which of the following pharmacy services have you used, or would you use if they were available?	Currently use/ Have used	Would use if available	Not responded
Prescription dispensing (e.g. handing in a prescription and receiving medication)	128	4	3
Purchasing over-the-counter medicines (e.g. paracetamol)	128	2	5
Collection services (e.g. Being able to pick up the items on your prescription without going back to your GP surgery)	102	22	11
Delivery Service (Where medicines are delivered to your home)	42	35	58
Health and medicines advice (e.g. Medicine use reviews for long term conditions, inhaler techniques)	75	25	35
Minor Ailment Service/ Pharmacy first	65	44	26
Health Checks (e.g. cholesterol, blood pressure, diabetes)	26	56	53
Vaccinations (e.g. flu/ travel vaccinations)	31	43	61
Support to Stop Smoking	13	22	100
Testing for Sexually Transmitted Infections	6	25	104
Emergency contraception	15	20	100
Needle Exchange Service	8	13	114
Support to lose weight	9	35	91
Supervised administration of Opiate substitute medicine (e.g. Methadone)	5	16	114

Is there anything else you would like to say about your experience of pharmacy services in your area, or any other service you would like from your Pharmacist that isn't currently being provided? If so, tell us here:

This was an 'open' question which allowed respondents to express themselves freely, rather than to select from a number of options. The responses which were received were coded into themes. Many responses could be categorised into more than one theme. For instance, a comment such as *"Found it difficult to get my prescription as it is not always in stock, it was easier when the pharmacist could order the repeat prescription from the doctors then they could ensure it was in stock before I collected it"* would be coded as both 'Stock availability' and 'Change in repeat prescriptions'. The following table illustrates the most common themes, in descending order of recurrence.

Theme	Number of occurrences
Praise	19
Stock availability	11
Change in repeat prescriptions	5
Negative experience	4
Replacement drugs/ change in manufacturer	4
EPS praise	3
Minor ailments	3
Opening hours/ accessibility	3

The majority of responses were to highlight a positive experience and to praise the service they receive from their GP. There were concerns over the future of services and the importance of local pharmacies. To reiterate the purpose of the PNA is to ensure that there are adequate services for the population, which includes location of services.

3 respondents praised the EPS service where they can order prescriptions online which are then delivered to the GP. However, there were some concerns that if you did not have access to a computer or a device that enabled you to go online then you would have to call into the GP practice – for those who have a disability or are elderly, this may not be very easy.

The main concerns were around the changes to the repeat prescription service from pharmacies and the lack of availability of stock, which often resulted in them having to return at a later time or being given a different brand than usual, which may have resulted in side effects. Unfortunately, these concerns are not in the scope of the PNA, however responses will be shared with key stakeholders.

3. Responses from the Pharmacy Questionnaire

Pharmacy Questionnaire

Purpose of the pharmacy engagement exercise

The purpose of the questionnaire for pharmacies, was to map out the current provision against what commissioners had provided, and to scope out future intentions. The main findings from the exercise were that there is a lot of willingness from pharmacies to provide enhanced services if they were commissioned to do so, in particular Obesity management, which 78% of responses showing a willingness to provide. 78% of pharmacies had staff members who spoke an additional language to English; the greatest proportion of these spoke Urdu and Punjabi.

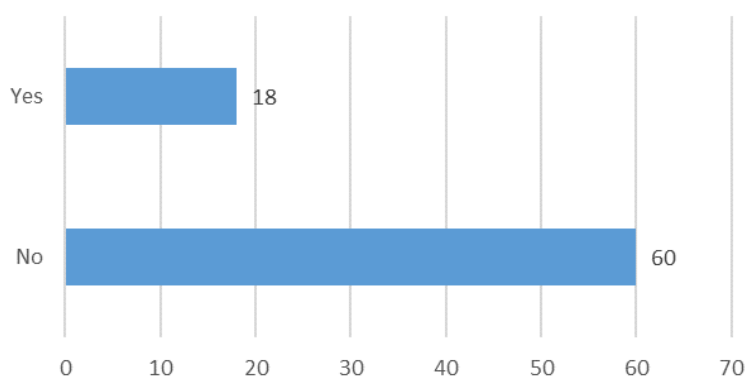
Response Rate

Out of a possible 150 responses, 78 pharmacies responded giving a response rate of 52%. The questionnaire was available online with a paper option available for those who could not access the link. The link was distributed by NHS England and a further follow up email to those who hadn't responded was sent by Community Pharmacy West Yorkshire. Bradford East had the greatest response rate of 63%, with 20 out of the 32 pharmacies responding to the questionnaire. The lowest response rate was in Bradford South with 42%.

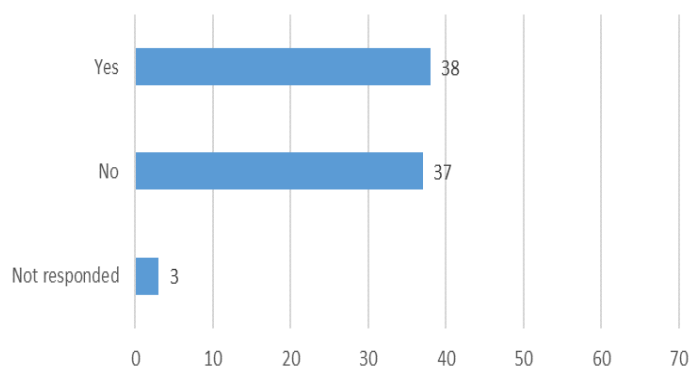
Area	Number of responses	Number of pharmacies in the area	Response Rate
Bradford East	20	32	63%
Bradford South	10	24	42%
Bradford West	21	40	53%
Keighley	15	28	54%
Shipley	12	26	46%
Grand Total	78	150	52%

Responses by question

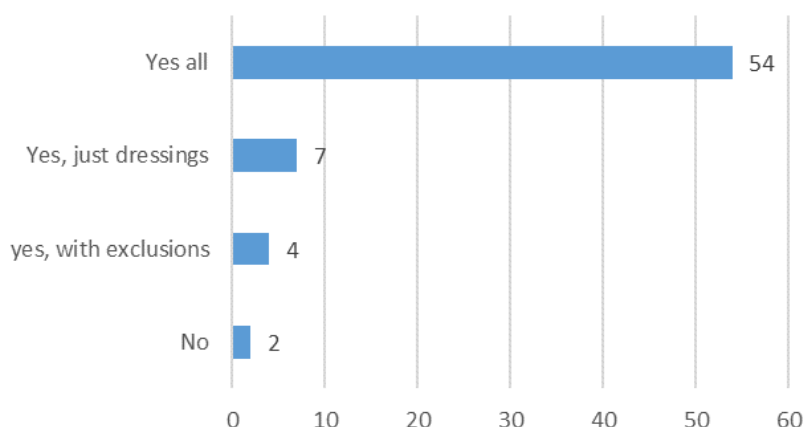
Is this a 100-hour Pharmacy?



Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?



Does the Pharmacy dispense Appliances?



Core Opening Hours

The core opening hours were checked against what was recorded on NHS choices and amendments were made where necessary. Opening hours can be found in Appendix 5.

Advanced, Enhanced and Locally Commissioned Services

Does the Pharmacy Provide the following services?

Advanced Service	Yes	Intending to begin within next 12 months	No - not intending to provide	Not responded
Medicine Use Review service	76	2	0	0
New Medicine Service	76	2	0	0
Appliance Use Review Service	18	11	43	6
Stoma Appliance Customisation service	10	8	52	8
Flu Vaccination Service	63	10	4	1
NHS Urgent Medicine Supply Advanced Service	26	20	29	3

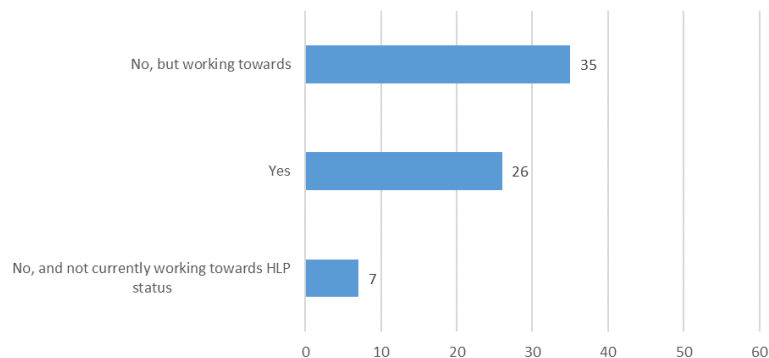
Enhanced Services	Currently providing	Willing to provide if commissioned	Not able or willing to provide	Not responded
Home Delivery Service (not appliances)	61	12	5	0
Supervised administration Service	57	10	10	1
Medicine Review Service	48	25	5	0
Medicines Use Review Plus/ Medicines Optimisation Service	25	47	6	0
Emergency Contraception Service	24	46	8	0
Minor Ailment Scheme/ Pharmacy First	19	50	9	0
Medicines Assessment and Compliance Support Service	14	49	11	4
Stop Smoking Service	14	54	10	0
Care Home Service	12	46	20	0
Needle and Syringe Exchange Service	10	39	29	0
Language Access Service	8	44	23	3
Out of Hours Services	7	33	36	2
On Demand Availability of Specialist Drugs Service	5	45	27	1
Gluten Free Food Supply Service (i.e. not via FP10)	5	53	20	0
NHS Health Checks	5	60	12	1
Chlamydia Testing Service	4	51	22	1
Contraceptive service (not EC)	4	59	15	0
Chlamydia Treatment Service	2	54	22	0
Prescriber Support Service	2	54	20	2
Anticoagulant Monitoring Service	1	55	22	0
Obesity Management (Adults and Children)	1	61	16	0
Phlebotomy Service	0	42	35	1
Independent Prescribing Service	0	54	24	0
Anti- viral Distribution Service	0	55	22	1
Not Dispensed Scheme	0	55	22	1

Disease Specific Medicines Management Service:	Not able or willing to provide	Willing to provide if commissioned	Not responded
Alzheimer's/dementia	9	68	1
Asthma	10	68	0
Allergies	10	67	1
COPD	11	67	0
Diabetes Type 1	12	66	0
Depression	12	65	1
Diabetes Type 2	12	65	1
Hypertension	12	65	1
Epilepsy	14	63	1
Heart Failure	15	62	1
CHD	15	61	2
Parkinson's Disease	13	61	4

Screening and Vaccinations Service:	Currently providing (additional charge to patients)	Currently providing (free of charge)	Willing to provide if commissioned	Not able or willing to provide	Not Responded
Seasonal Influenza Vaccination Service	32	24	16	6	0
Travel Vaccinations	18	2	42	15	1
Diabetes	8	16	45	9	0
Cholesterol	7	3	56	12	0
Hepatitis	7	2	47	21	1
Hepatitis (at risk workers or patients)	7	2	47	21	1
Childhood Vaccinations	3	2	48	22	3
HPV	2	2	48	22	4
Alcohol	0	2	61	13	2
Gonorrhoea	0	2	55	19	2
HbA1C	0	2	57	17	2
HIV	0	2	53	21	2

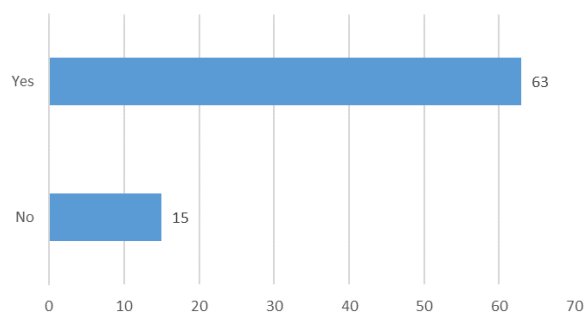
Healthy Living Pharmacies (HLP)

Has your pharmacy achieved HLP Status?

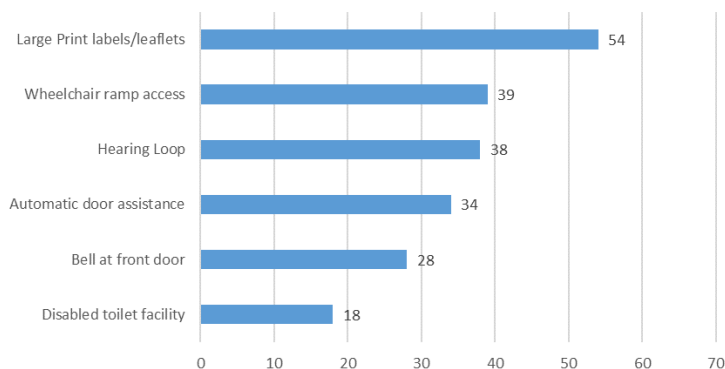


Accessibility

Is the entrance to the pharmacy accessible for wheelchair users?

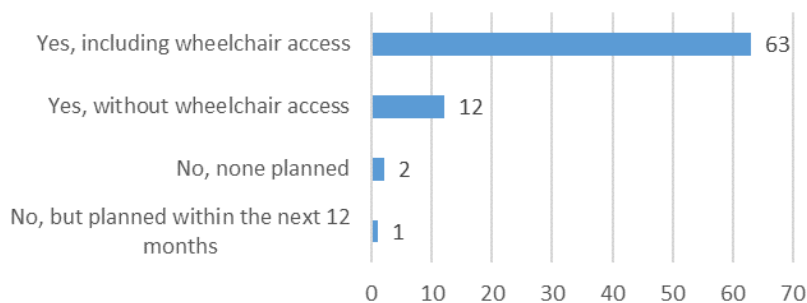


Do you have any of the following facilities in the pharmacy to support people with disabilities?

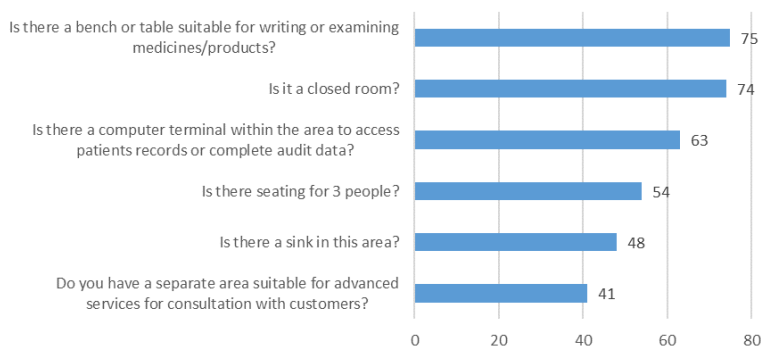


Consultation facilities

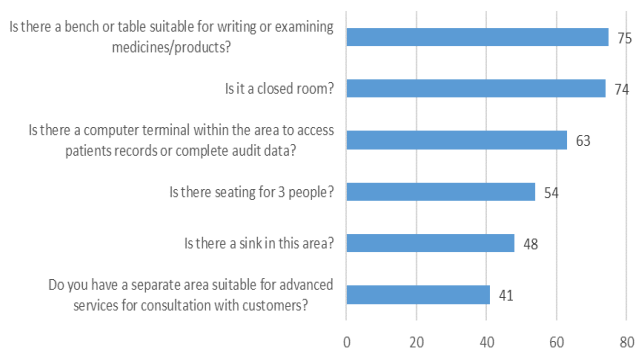
Is there a consultation area (meeting the criteria for the Medicine Use Review service) on the premises?



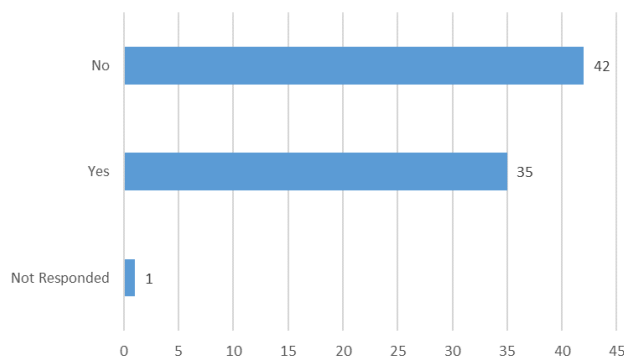
If Yes:



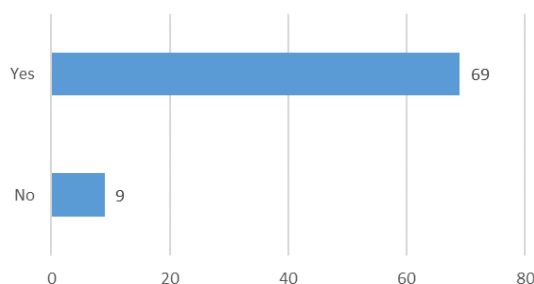
During consultations are there hand washing facilities?



Do patients who are attending for consultations have access to toilet facilities?



Are there any staff members who speak an additional language to English?



Those who said that they have staff members who speak an additional language were asked to provide a list of the languages spoken, the main additional languages spoken were Urdu and Punjabi.

IT facilities

IT facilities	Yes	No	Not Responded
Do you provide the electronic prescription service 2 (EPS2)?	69	9	0
Do you provide the electronic prescription service (EPS)?	66	1	11
Does your pharmacy have a website?	53	10	15
Does your pharmacy have an up to date NHS Choice entry?	68	0	10
Is your pharmacy NHS Summary Care record enabled?	65	4	9

Open ended question

Pharmacies were given the opportunity to give any additional information that they didn't feel was captured within the questionnaire. There were 16 responses. Responses highlighted that there is a clear willingness to provide services if they were commissioned to do so, in order to meet the needs of their local community. Concerns were raised over the decommissioning of the Pharmacy First service and the Emergency Hormonal Contraception service in community pharmacies.

4. Area Profiles

Bradford East Public Health Profile

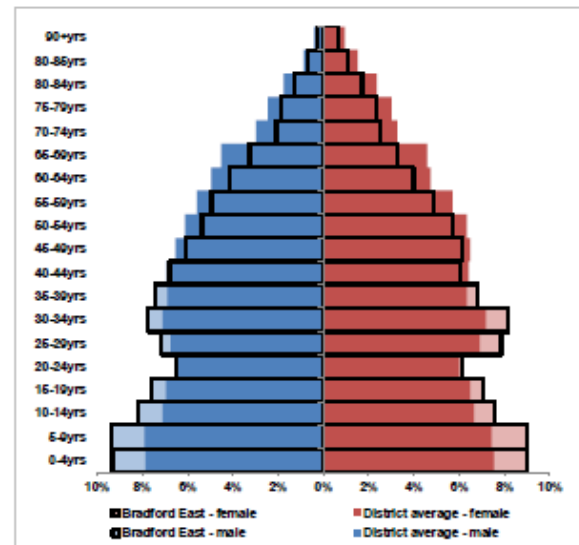
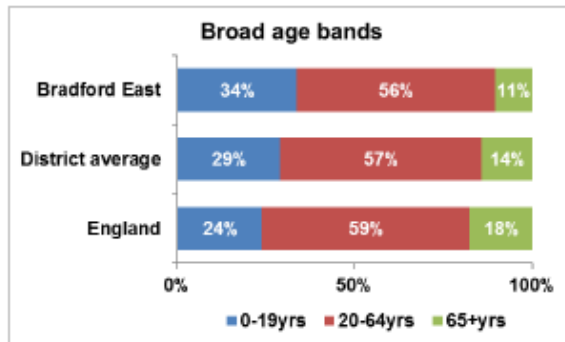
Population

Bradford East has a younger population distribution than Bradford as a whole, particularly in males and females aged between 0-19 years. The population of Bradford East has grown more than the average for Bradford since 2011. Bradford East has the second highest proportion of non-white residents in the district.

116,943 ↑

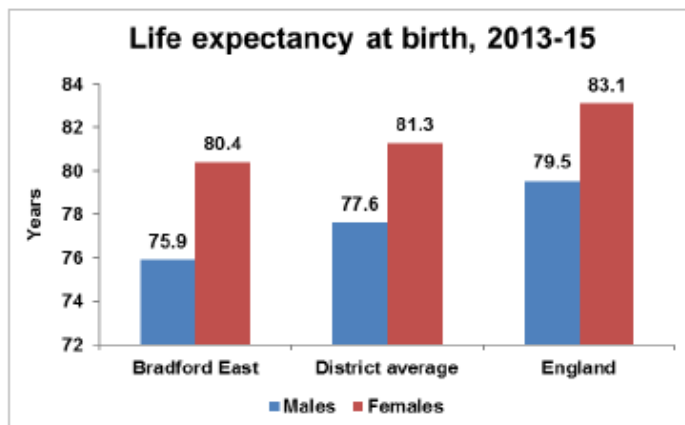
Bradford East population, 2015 (+2.5% since 2011)
(Bradford District population +1.5% since 2011)

% Bradford East population non-white = 47%
(District average = 33%)



Life expectancy at birth

Bradford East has a lower life expectancy from birth for both males and females when compared to the district average. Life expectancy from birth is on average 1.7 years lower for males and 0.9 years lower for females in Bradford East than the average for Bradford.

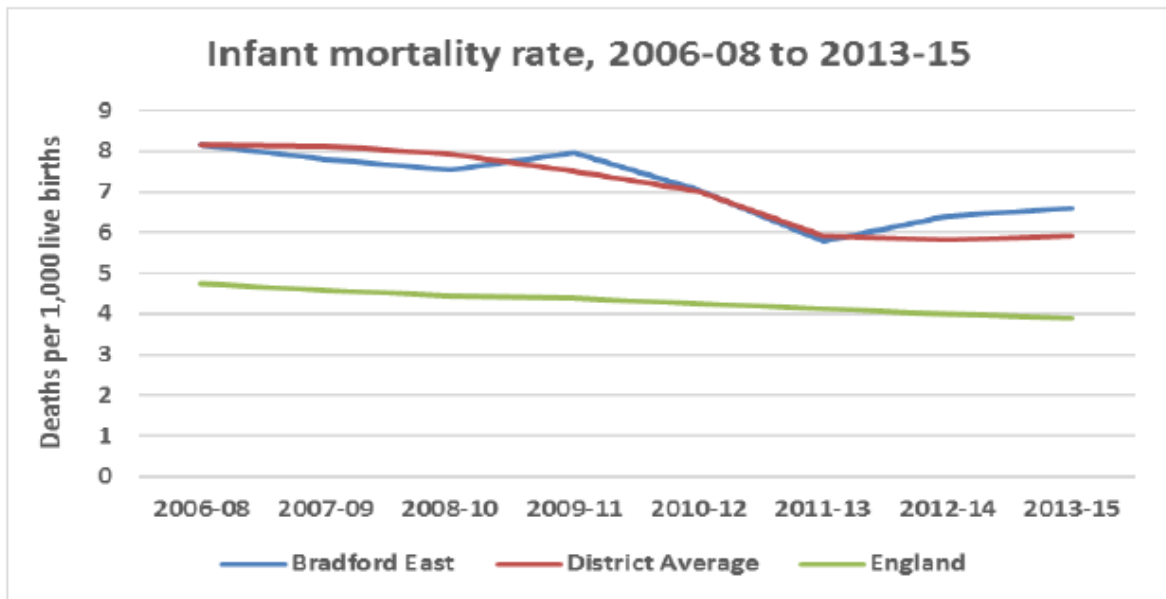


Ward	Males	Females
Bolton and Undercliffe	77.0	81.1
Bowling and Barkerend	74.3	78.6
Bradford Moor	73.2	79.8
Eccleshill	77.3	83.0
Idle and Thackley	76.6	81.3
Little Horton	76.8	79.2

Life expectancy at birth is generally lower than average across all the wards within Bradford East.

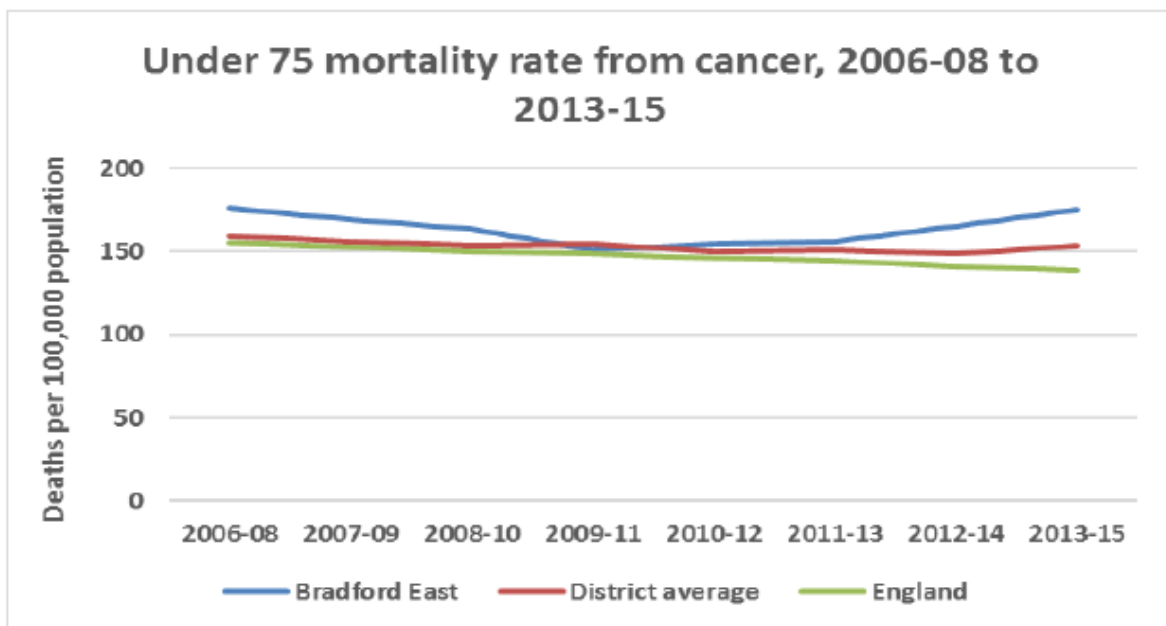
Infant mortality

Bradford East has the second highest infant mortality rate of the five areas of the district. Between 2013-15 there were 42 infant deaths, with an infant mortality rate of 6.6 deaths per 1,000 live births compared to the district average of 5.9 deaths per 1,000 live births.



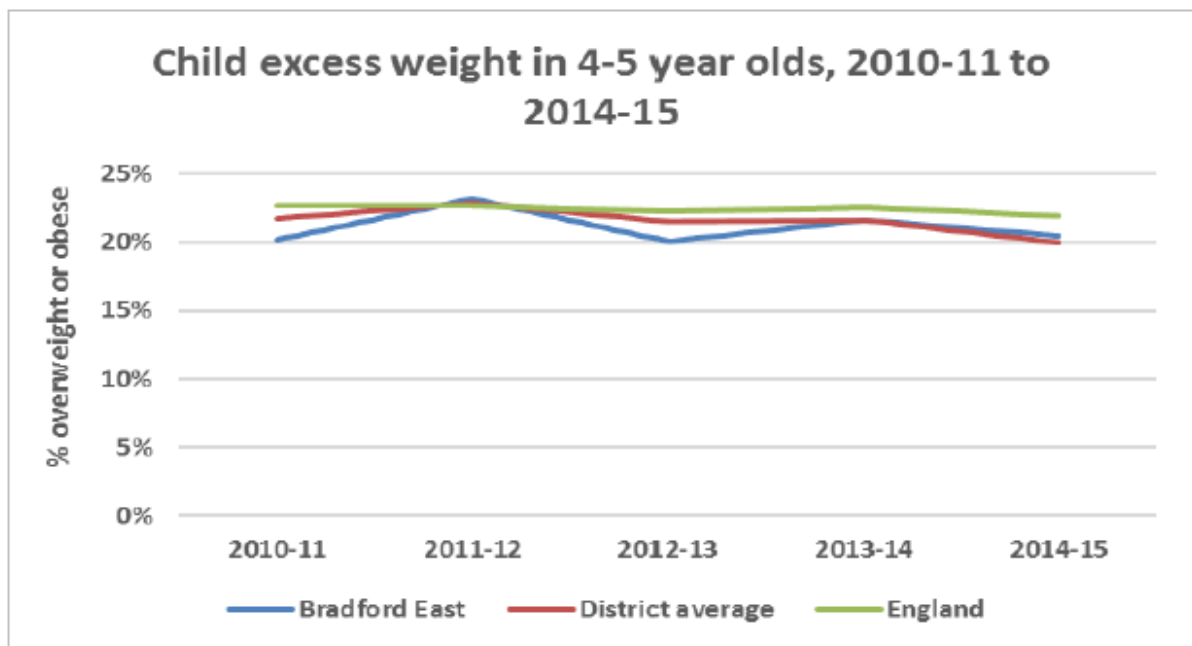
Cancer mortality

On average there are over 100 deaths per year due to cancer in the under 75's in Bradford East. Rates have been rising year on year since 2010-12 and are now the highest in the district.



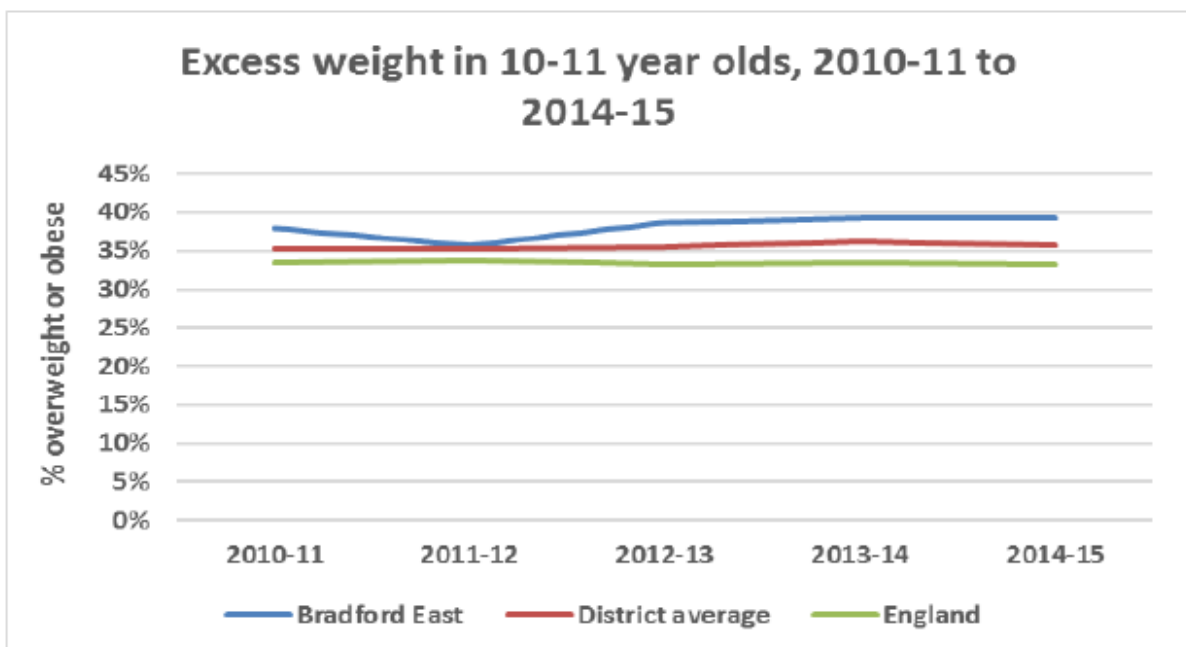
Child excess weight – 4-5 year olds

Over the last five years, the proportion of Reception aged children who are classified as overweight or obese has varied. In 2014-15 Bradford East had the second highest proportion of overweight or obese Reception aged children in the district.



Child excess weight – 10-11 year olds

The proportion of Year 6 aged children who are classified as overweight or obese has increased over the last five years. As with Reception aged children, in 2014-15 Bradford East had the second highest proportion of overweight or obese Year 6 children in the district.



Bradford East Public Health Outcomes Framework Area Profile

Indicator	Year	Number	Rate	Change over last year	Comparison
1. Infant mortality	2013-15	42	6.6		Bradford East Lowest ward in area Highest ward in area District average 6.6 per 1,000 live births 2.8 per 1,000 live births 13.2 per 1,000 live births 5.9 per 1,000 live births
2. Life expectancy at birth - males	2013-15	75.9	-		Bradford East Lowest ward in area Highest ward in area District average 75.9 years 73.2 years 77.3 years 77.6 years
3. Life expectancy at birth - females	2013-15	80.4	-		Bradford East Lowest ward in area Highest ward in area District average 80.4 years 78.6 years 83.0 years 81.3 years
4. Child excess weight in 4-5 year olds	2014-15	361	20.5%		Bradford East Lowest ward in area Highest ward in area District average 20.5% 16.4% 22.0% 19.9%
5. Child excess weight in 10-11 year olds	2014-15	615	39.3%		Bradford East Lowest ward in area Highest ward in area District average 39.3% 32.1% 43.9% 35.7%
6. Under 75 mortality rate from cancer	2013-15	340	175.3		Bradford East Lowest ward in area Highest ward in area District average 175.3 per 100,000 159.6 per 100,000 206.3 per 100,000 153.8 per 100,000
7. Under 75 mortality rate from cardiovascular diseases	2013-15	242	124.3		Bradford East Lowest ward in area Highest ward in area District average 124.3 per 100,000 100.4 per 100,000 175.6 per 100,000 102.7 per 100,000
8. Under 75 mortality rate from respiratory disease	2013-15	134	70.3		Bradford East Lowest ward in area Highest ward in area District average 70.3 per 100,000 51.6 per 100,000 114.2 per 100,000 50.9 per 100,000

Indicator definitions

- Mortality rate per 1000 live births (age under 1 year).
- The average number of years a person would expect to live based on the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life
- As Indicator 2
- % school children in Reception year classified as overweight or obese
- % school children in Year 6 classified as overweight or obese
- Directly age standardised rate per 100,000 population aged under 75
- Directly age standardised rate per 100,000 population aged under 75
- Directly age standardised rate per 100,000 population aged under 75

Bradford South Public Health Profile

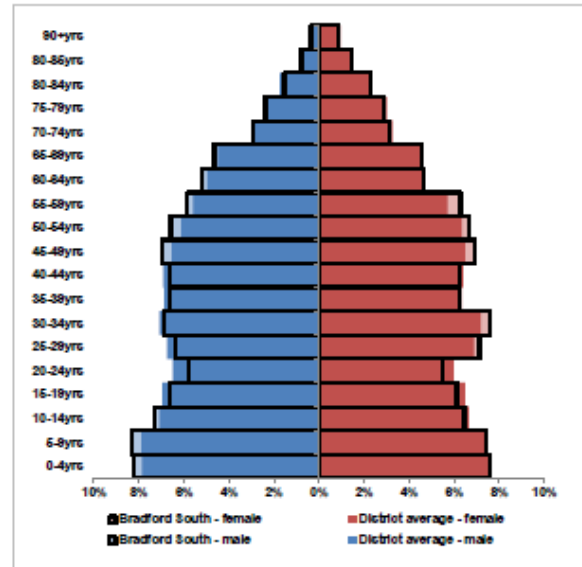
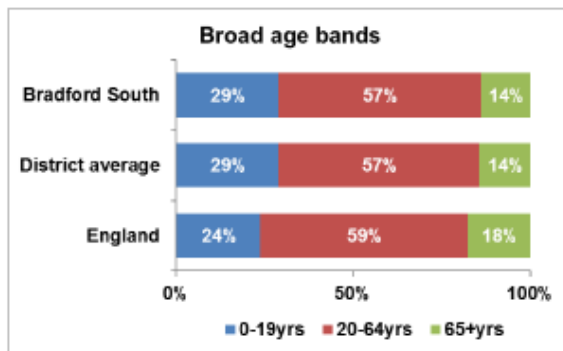
Population

Bradford South generally has a similar population to the average for the district, but has a higher proportion of males and females aged 45-59 years. The population of Bradford South has grown more than the average for Bradford since 2011. Bradford South has the third highest proportion of non-white residents in the district.

104,012 ↑

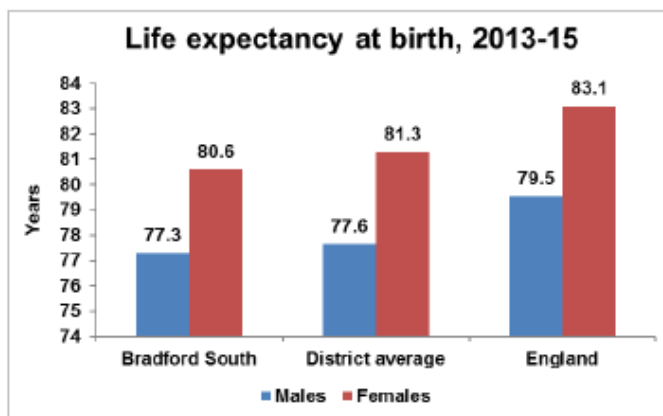
Bradford South population, 2015 (+2.3% since 2011)
(Bradford District population +1.5% since 2011)

% Bradford South population non-white = 21%
(District average = 33%)



Life expectancy at birth

Bradford South has a lower life expectancy from birth for both males and females when compared to the district average. Life expectancy from birth is on average 0.3 years lower for males and 0.7 years lower for females in Bradford South than the average for Bradford.

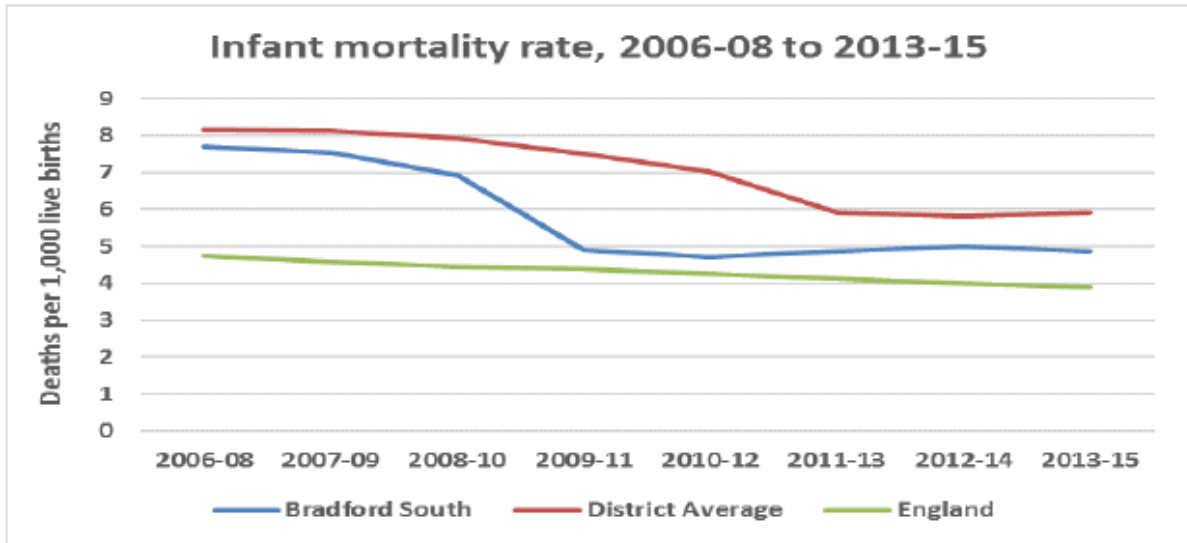


Ward	Males	Females
Great Horton	78.7	82.0
Queensbury	77.1	81.6
Royds	76.2	78.6
Tong	75.0	78.6
Wibsey	79.1	82.1
Wyke	79.4	83.0

Life expectancy at birth is generally lower than average across the wards within Bradford South for females and varied across the wards for males.

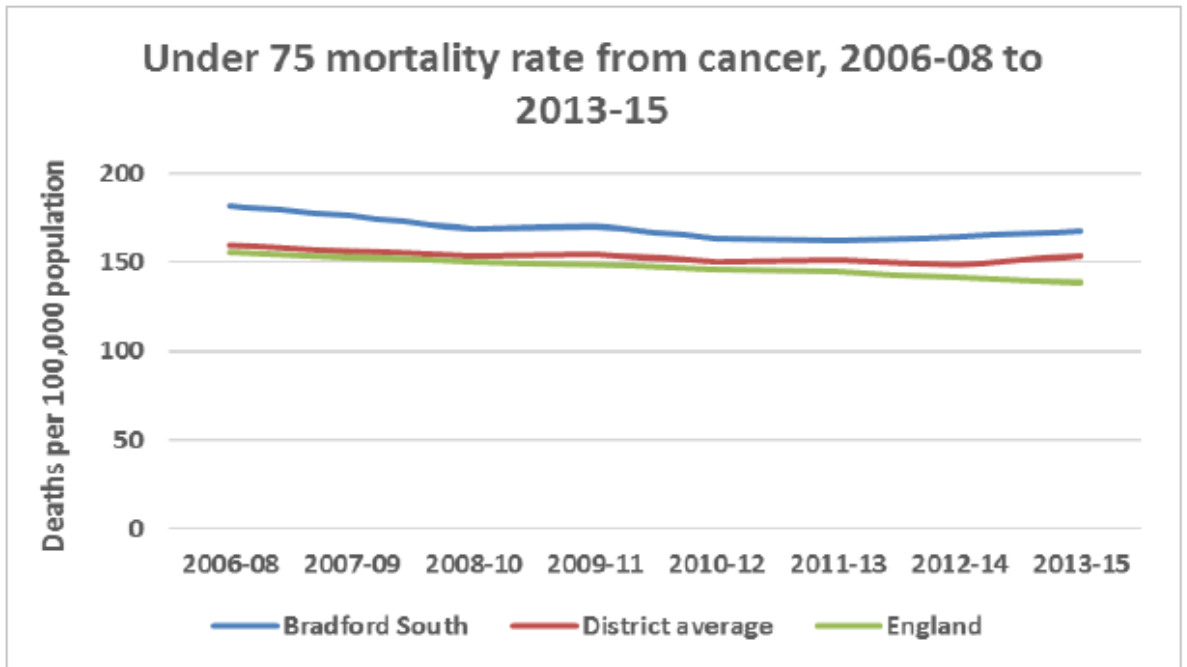
Infant mortality

Although Bradford South now has the third highest infant mortality rate of the five areas of the district, rates fell slightly between 2013 and 2015 and remain below the average for the district but remain higher than the average for England. Between 2013-15 there were 23 infant deaths, with an infant mortality rate of 4.9 deaths per 1,000 live births compared to the district average of 5.9 deaths per 1,000 live births.



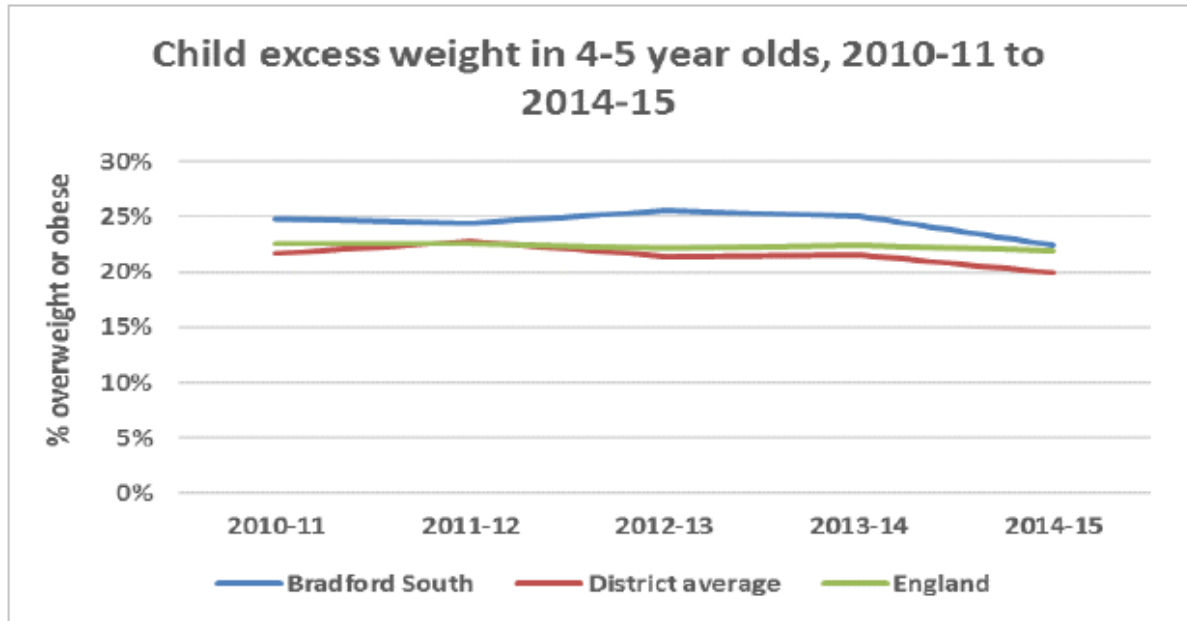
Cancer mortality

On average there are over 120 deaths per year due to cancer in the under 75's in Bradford South. Bradford South continues to have the second highest mortality rate due to cancer of the five areas of the district.



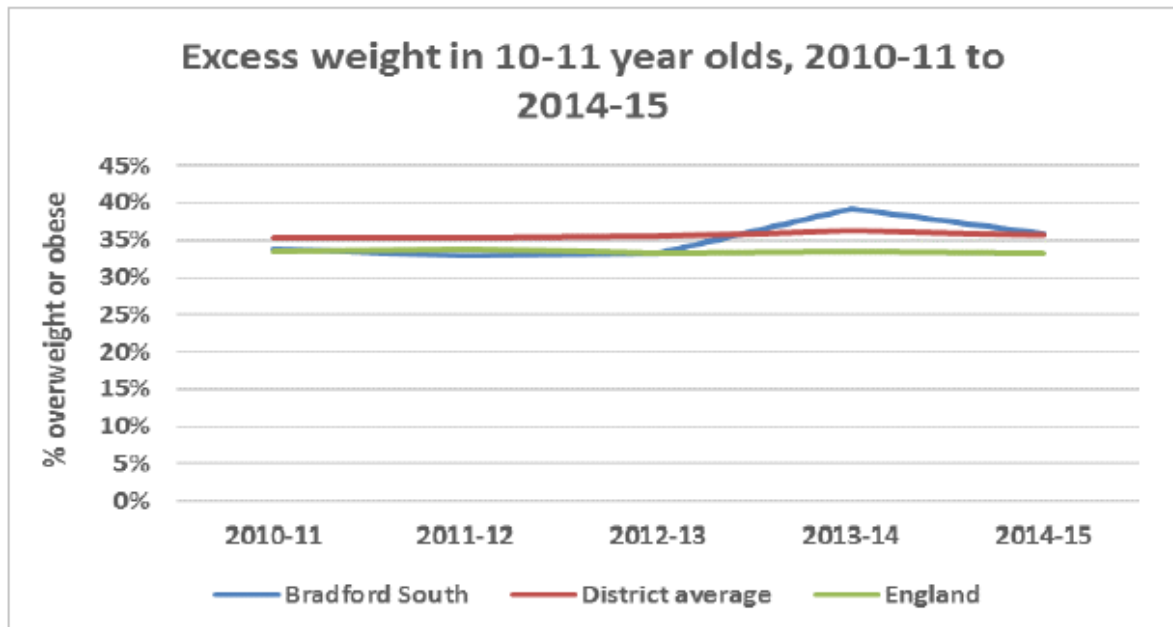
Child excess weight – 4-5 year olds

Over the last five years, Bradford South has had the highest proportion of overweight or obese Reception aged children in the district.








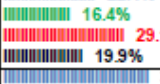

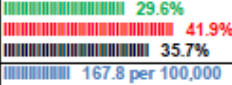



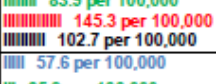




Child excess weight – 10-11 year olds

The proportion of Year 6 aged children who are classified as overweight or obese has increased over the last five years. In 2014-15 Bradford South had a similar proportion of overweight or obese Year 6 children to the average for the district.



Bradford South Public Health Outcomes Framework Area Profile

Indicator	Year	Number	Rate	Change over last year	Comparison
1. Infant mortality	2013-15	24	4.9		Bradford South Lowest ward in area Highest ward in area District average 
2. Life expectancy at birth - males	2013-15	77.3	-		Bradford South Lowest ward in area Highest ward in area District average 
3. Life expectancy at birth - females	2013-15	80.6	-		Bradford South Lowest ward in area Highest ward in area District average 
4. Child excess weight in 4-5 year olds	2014-15	270	22.4%		Bradford South Lowest ward in area Highest ward in area District average 
5. Child excess weight in 10-11 year olds	2014-15	408	35.9%		Bradford South Lowest ward in area Highest ward in area District average 
6. Under 75 mortality rate from cancer	2013-15	363	167.8		Bradford South Lowest ward in area Highest ward in area District average 
7. Under 75 mortality rate from cardiovascular diseases	2013-15	245	110.7		Bradford South Lowest ward in area Highest ward in area District average 
8. Under 75 mortality rate from respiratory disease	2013-15	123	57.6		Bradford South Lowest ward in area Highest ward in area District average 

Indicator definitions

- Mortality rate per 1000 live births (age under 1 year).
- The average number of years a person would expect to live based on the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life
- As Indicator 2
- % school children in Reception year classified as overweight or obese
- % school children in Year 6 classified as overweight obese
- Directly age standardised rate per 100,000 population aged under 75
- Directly age standardised rate per 100,000 population aged under 75
- Directly age standardised rate per 100,000 population aged under 75

Bradford West Public Health Profile

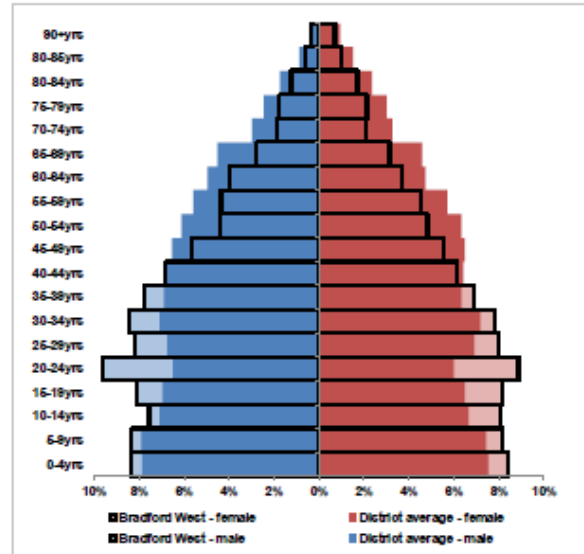
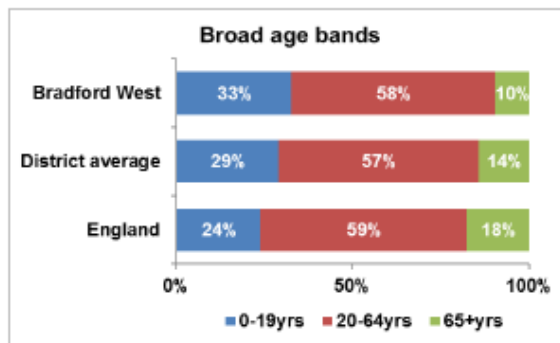
Population

Bradford West has a younger population distribution than Bradford as a whole, particularly in males and females aged 0-39 years. The population of Bradford West has grown slightly above the average for Bradford since 2011. Bradford West has the highest proportion of non-white residents in the district.

116,556 

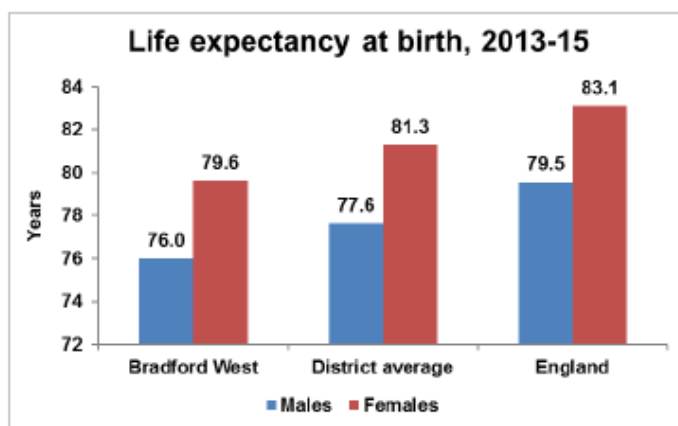
Bradford West population, 2015 (+1.3% since 2011)
(Bradford District population +1.0% since 2011)

% Bradford West population non-white = 63%
(District average = 33%)



Life expectancy at birth

Bradford West has a lower life expectancy from birth for both males and females when compared to the district average. Life expectancy from birth is on average 1.6 years lower for males and 1.7 years lower for females in Bradford West than the average for Bradford.

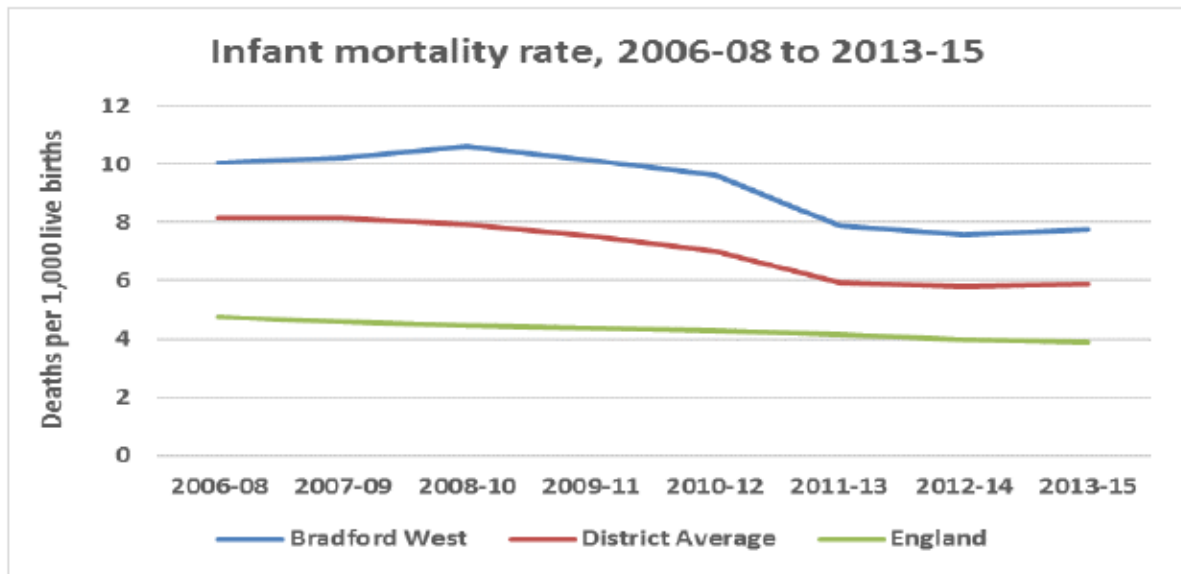


Ward	Males	Females
City	76.2	81.4
Clayton and Fairweather	76.3	78.0
Heaton	76.2	79.6
Manningham	72.3	77.0
Thornton and Allerton	77.7	81.6
Toller	76.1	81.3

Life expectancy at birth is generally lower than average across most wards within Bradford West.

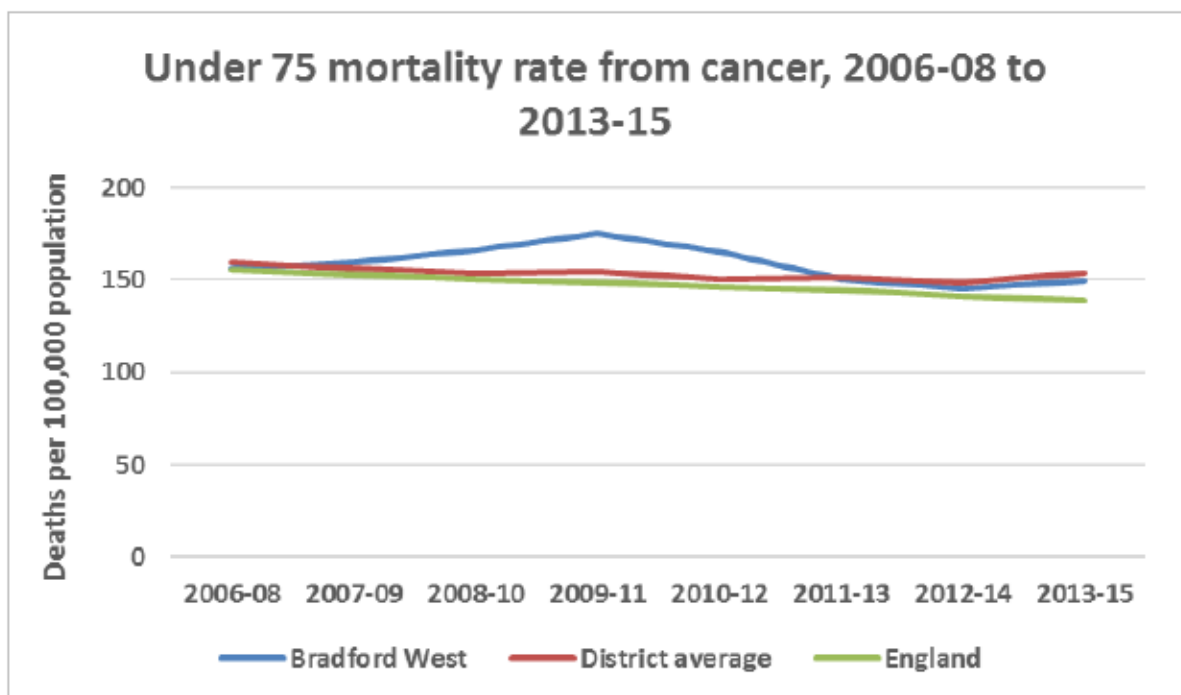
Infant mortality

Bradford West has the highest infant mortality rate of the five areas of the district. Between 2013-15 there were 48 infant deaths, with an infant mortality rate of 7.8 deaths per 1,000 live births compared to the district average of 5.9 deaths per 1,000 live births.



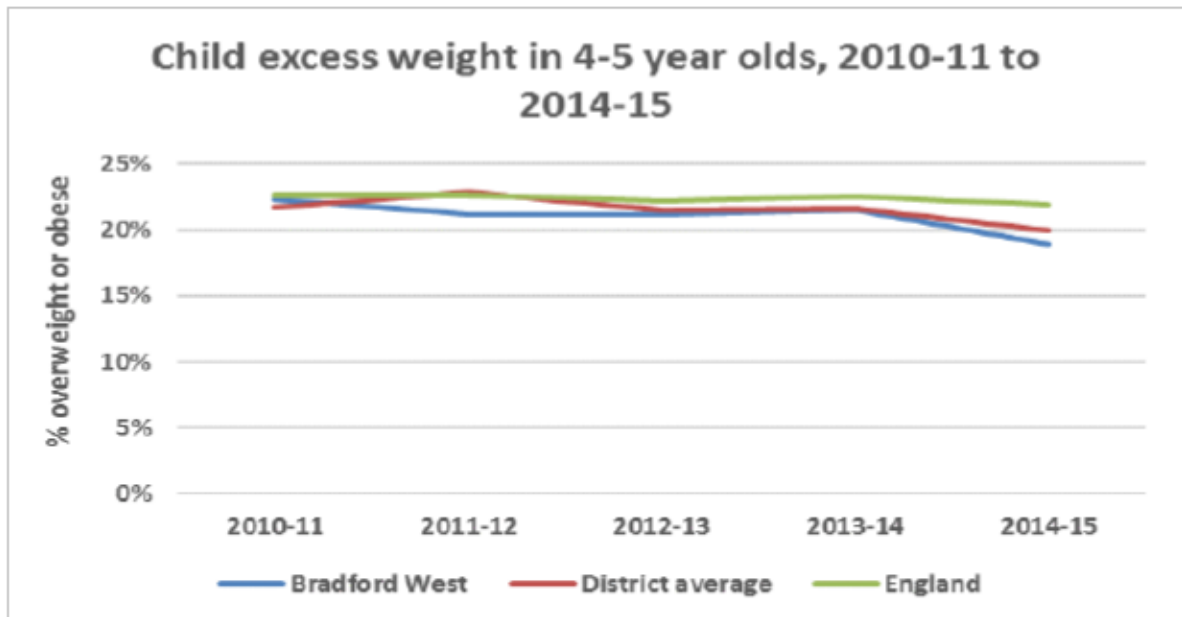
Cancer mortality

On average there are over 90 deaths per year due to cancer in the under 75's in Bradford West. Mortality rates have risen for the first time since 2009-11 but remain just below the district average.



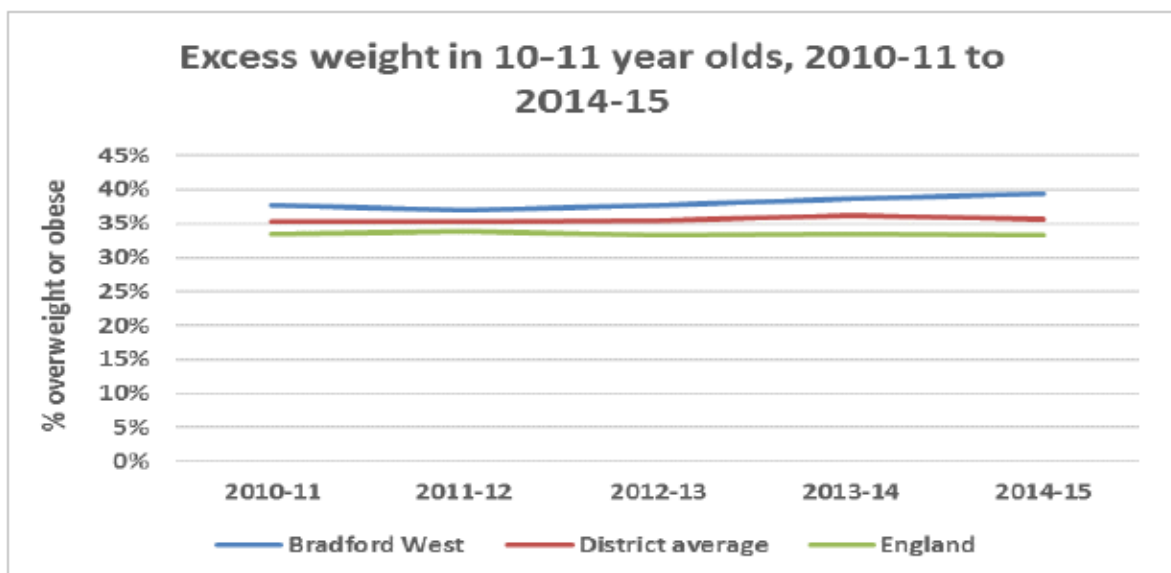
Child excess weight – 4-5 year olds

Over the last five years, the proportion of Reception aged children who are classified as overweight or obese has generally fallen in Bradford West. In 2014-15 Bradford West had the second lowest proportion of overweight or obese Reception aged children in the district.




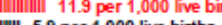
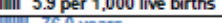



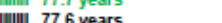


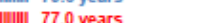

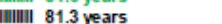
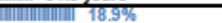



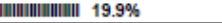







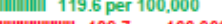
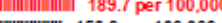



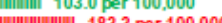
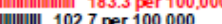
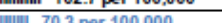



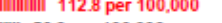
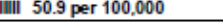



Child excess weight – 10-11 year olds

The proportion of Year 6 aged children who are classified as overweight or obese has increased over the last five years. In 2014-15 Bradford West had the highest proportion of overweight or obese Year 6 children in the district.



Bradford West Public Health Outcomes Framework Area Profile

Indicator	Year	Number	Rate	Change over last year	Comparison
1. Infant mortality	2013-15	48	7.8		Bradford West  Lowest ward in area  Highest ward in area  District average 
2. Life expectancy at birth - males	2013-15	76.0	-		Bradford West  Lowest ward in area  Highest ward in area  District average 
3. Life expectancy at birth - females	2013-15	79.6	-		Bradford West  Lowest ward in area  Highest ward in area  District average 
4. Child excess weight in 4-5 year olds	2014-15	276	18.9%		Bradford West  Lowest ward in area  Highest ward in area  District average 
5. Child excess weight in 10-11 year olds	2014-15	590	39.5%		Bradford West  Lowest ward in area  Highest ward in area  District average 
6. Under 75 mortality rate from cancer	2013-15	278	149.9		Bradford West  Lowest ward in area  Highest ward in area  District average 
7. Under 75 mortality rate from cardiovascular diseases	2013-15	251	142.4		Bradford West  Lowest ward in area  Highest ward in area  District average 
8. Under 75 mortality rate from respiratory disease	2013-15	115	70.3		Bradford West  Lowest ward in area  Highest ward in area  District average 


Indicator definitions

1. Mortality rate per 1000 live births (age under 1 year).
2. The average number of years a person would expect to live based on the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life
3. As Indicator 2
4. % school children in Reception year classified as overweight or obese
5. % school children in Year 6 classified as overweight obese
6. Directly age standardised rate per 100,000 population aged under 75
7. Directly age standardised rate per 100,000 population aged under 75
8. Directly age standardised rate per 100,000 population aged under 75

Keighley Public Health Profile

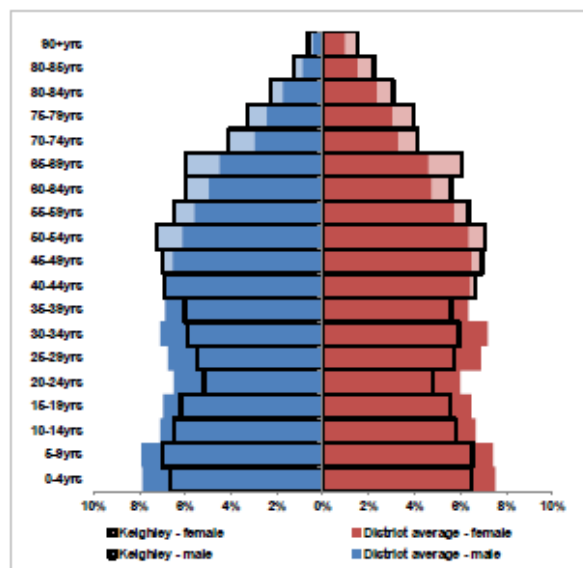
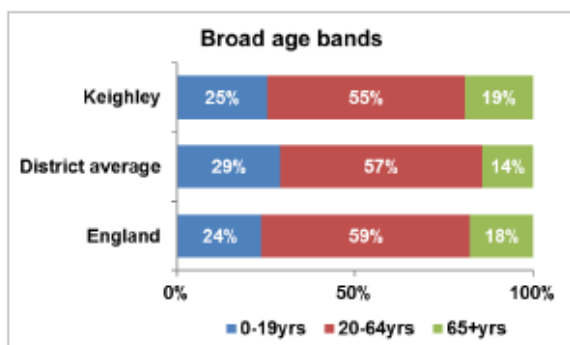
Population

Keighley has an older population distribution than Bradford as a whole, particularly from the age of 45 years and upwards. The population of Keighley has grown below the average for the district since 2011. Keighley has the second lowest proportion of non-white residents in the district.

97,716 

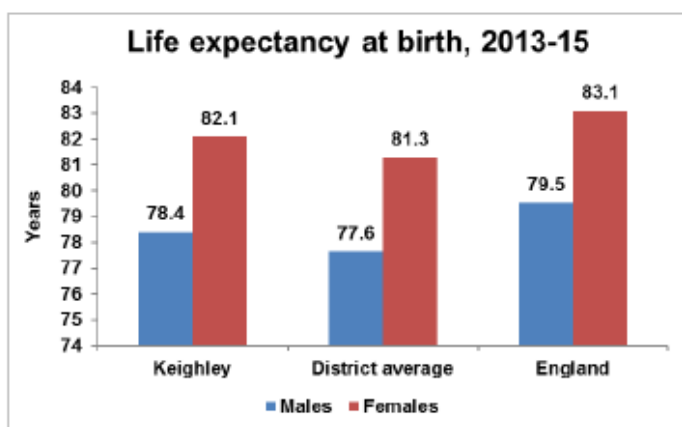
Keighley population, 2015 (0.6% change since 2011)
(Bradford District population +1.0% since 2011)

% Keighley population non-white = 16%
(District average = 33%)



Life expectancy at birth

Keighley has a higher life expectancy from birth for both males and females when compared to the district average. Life expectancy from birth is on average 0.8 years higher for both males and females in Keighley than the average for Bradford.

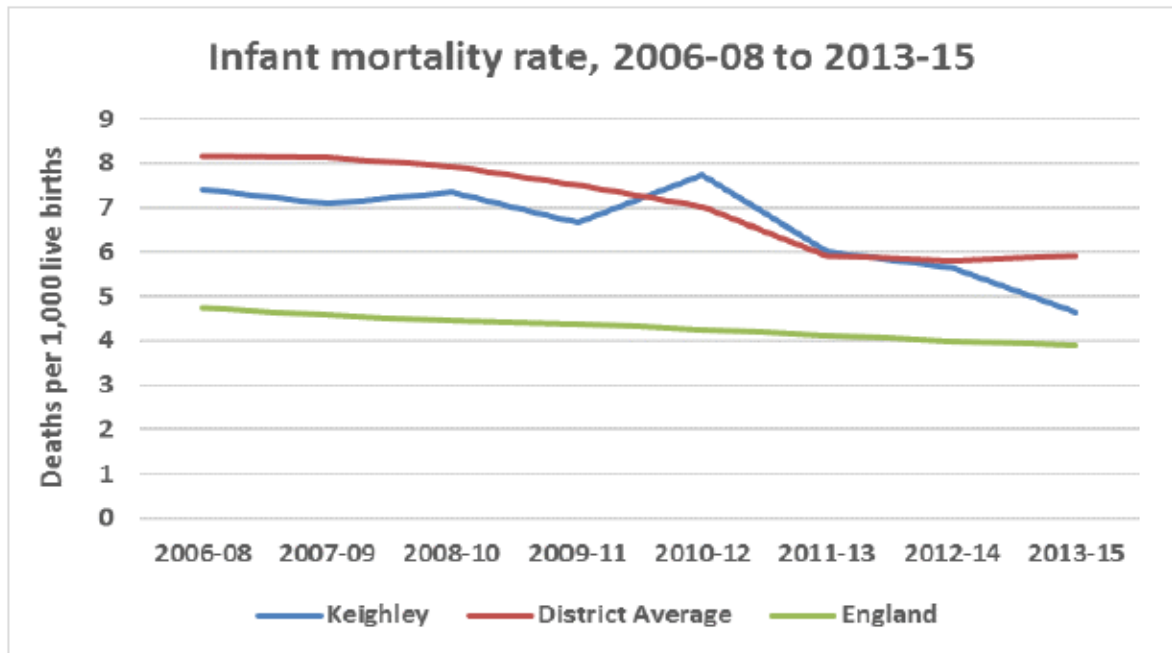


Ward	Males	Females
Craven	78.9	84.0
Ilkley	82.9	83.7
Keighley Central	74.4	77.4
Keighley East	80.5	82.2
Keighley West	76.0	82.1
Worth Valley	80.9	84.0

Life expectancy is higher than average across most wards within Keighley, the exception being Keighley Central

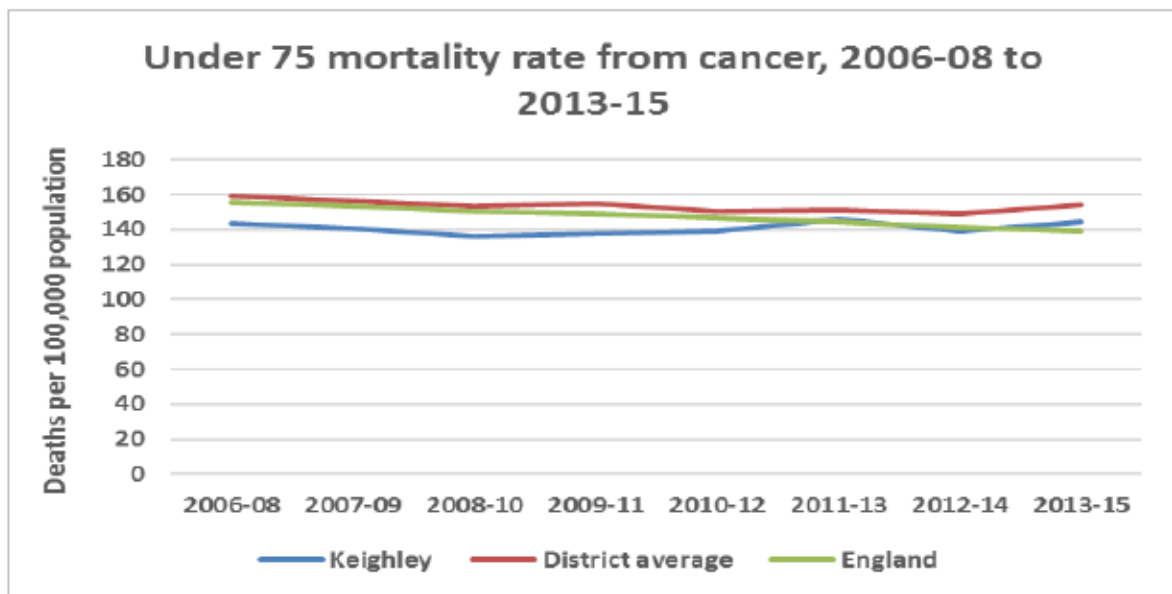
Infant mortality

Keighley continues to have the second lowest infant mortality rate of the five areas of the district. Between 2013-15 there were 17 infant deaths, with an infant mortality rate of 4.6 deaths per 1,000 live births compared to the district average of 5.9 deaths per 1,000 live births.



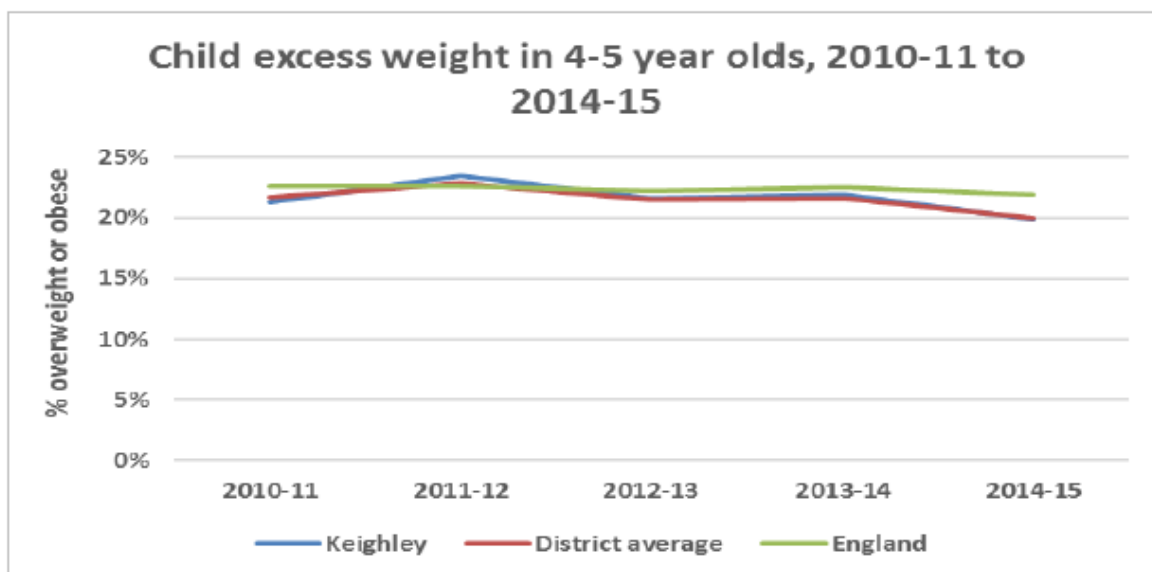
Cancer mortality

On average there are 120 deaths per year due to cancer in the under 75's in Keighley. Although between 2006 and 2015 the area has on average had the second lowest mortality rate cancer, Keighley is the only area to see an increase in mortality rate over this period.



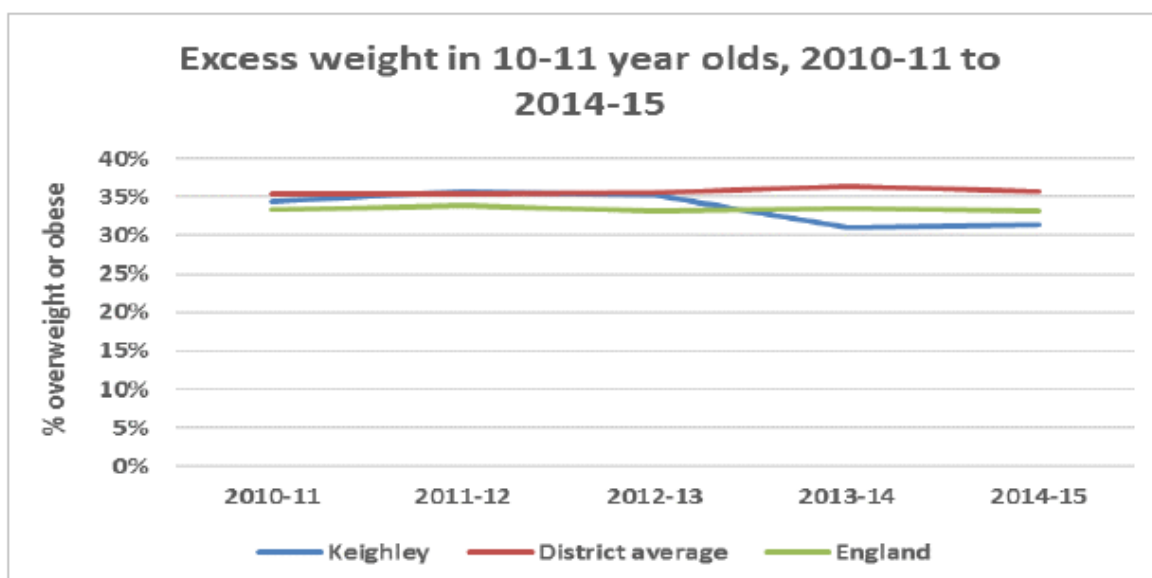
Child excess weight – 4-5 year olds

Over the last five years, the proportion of Reception aged children who are classified as overweight or obese has remained similar to the district average. In 2014-15 Keighley had the third highest proportion of overweight or obese Reception aged children in the district.











Child excess weight – 10-11 year olds

The proportion of Year 6 aged children who are classified as overweight or obese has fallen over the last five years. In 2014-15 Keighley had the second highest lowest of overweight or obese Year 6 children in the district.



Keighley Public Health Outcomes Framework Area Profile

Indicator	Year	Number	Rate	Change over last year	Comparison
1. Infant mortality	2013-15	17	4.6		Keighley 4.6 per 1,000 live births Lowest ward in area 0.0 per 1,000 live births Highest ward in area 6.9 per 1,000 live births District average 5.9 per 1,000 live births
2. Life expectancy at birth - males	2013-15	78.4	-		Keighley 78.4 years Lowest ward in area 73.6 years Highest ward in area 82.4 years District average 77.6 years
3. Life expectancy at birth - females	2013-15	82.1	-		Keighley 82.1 years Lowest ward in area 76.8 years Highest ward in area 84.5 years District average 81.3 years
4. Child excess weight in 4-5 year olds	2014-15	220	19.9%		Keighley 19.9% Lowest ward in area 17.1% Highest ward in area 22.1% District average 19.9%
5. Child excess weight in 10-11 year olds	2014-15	307	31.4%		Keighley 31.4% Lowest ward in area 21.5% Highest ward in area 41.9% District average 35.7%
6. Under 75 mortality rate from cancer	2013-15	362	144.5		Keighley 144.5 per 100,000 Lowest ward in area 99.6 per 100,000 Highest ward in area 190.1 per 100,000 District average 153.8 per 100,000
7. Under 75 mortality rate from cardiovascular diseases	2013-15	199	78.7		Keighley 78.7 per 100,000 Lowest ward in area 44.3 per 100,000 Highest ward in area 154.0 per 100,000 District average 102.7 per 100,000
8. Under 75 mortality rate from respiratory disease	2013-15	98	39.3		Keighley 39.3 per 100,000 Lowest ward in area 11.8 per 100,000 Highest ward in area 84.2 per 100,000 District average 50.9 per 100,000

Indicator definitions

1. Mortality rate per 1000 live births (age under 1 year).
2. The average number of years a person would expect to live based on the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life
3. As Indicator 2
4. % school children in Reception year classified as overweight or obese
5. % school children in Year 6 classified as overweight obese
6. Directly age standardised rate per 100,000 population aged under 75
7. Directly age standardised rate per 100,000 population aged under 75
8. Directly age standardised rate per 100,000 population aged under 75

Shipley Public Health Profile

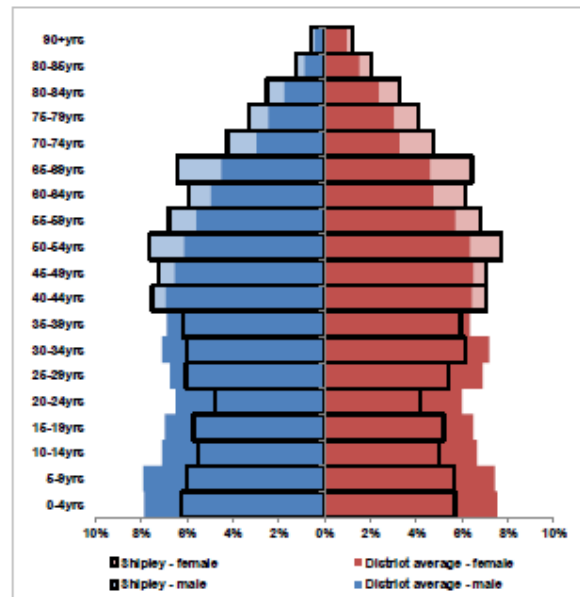
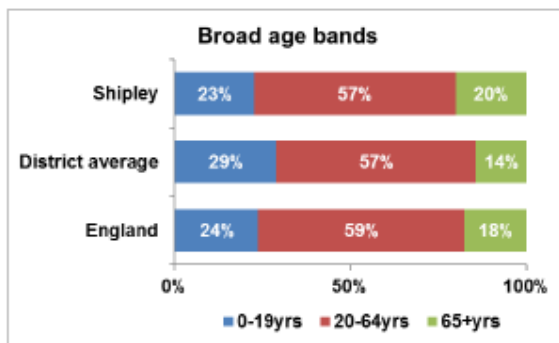
Population

Shipley has an older population distribution than Bradford as a whole, particularly from the age of 40 upwards. The population of Shipley has grown slightly less than the average for the district since 2011. Shipley has the lowest proportion of non-white residents in the district.

95,949 

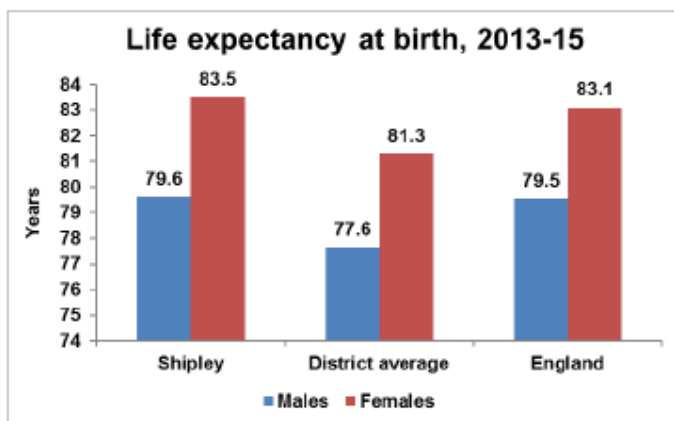
Shipley population, 2015 (+0.9% since 2011)
(Bradford District population +1.0% since 2011)

% Shipley population non-white = 8%
(District average = 33%)



Life expectancy at birth

Shipley has a higher life expectancy from birth for both males and females when compared to the district average. Life expectancy from birth is on average 2.0 years higher for males and 2.2 years higher for females in Shipley than the average for Bradford.

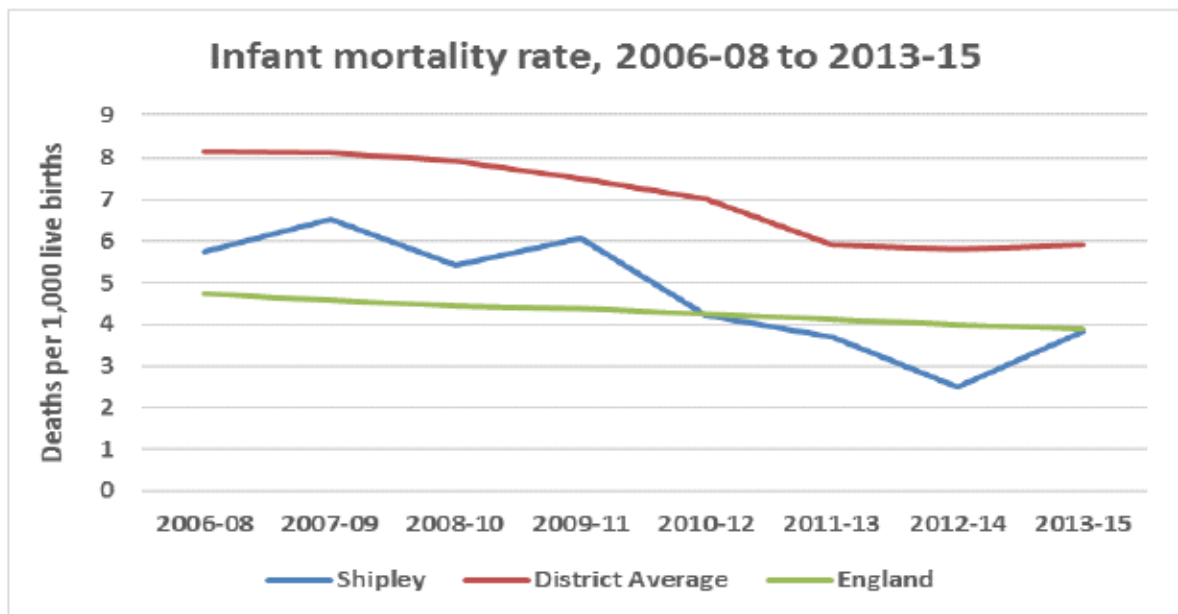


Ward	Males	Females
Baildon	78.4	84.8
Bingley	79.5	83.5
Bingley Rural	80.2	84.0
Shipley	77.9	82.2
Wharfedale	84.7	85.3
Windhill and Wrose	77.9	82.3

Life expectancy at birth is higher than average across all the wards within Shipley.

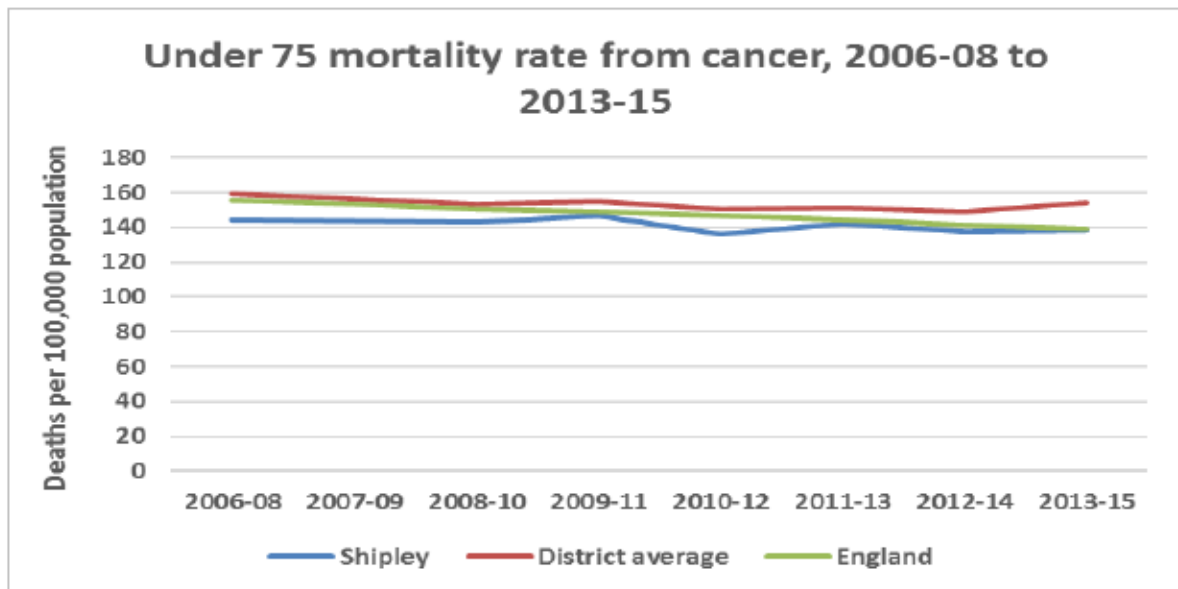
Infant mortality

Although Shipley has the lowest infant mortality rate of the five areas of the district, rates have increased to close to the average for England. Between 2013-15 there were 12 infant deaths, with an infant mortality rate of 3.8 deaths per 1,000 live births compared to the district average of 5.9 deaths per 1,000 live births and the England average of 3.9 deaths per 1,000 live births.



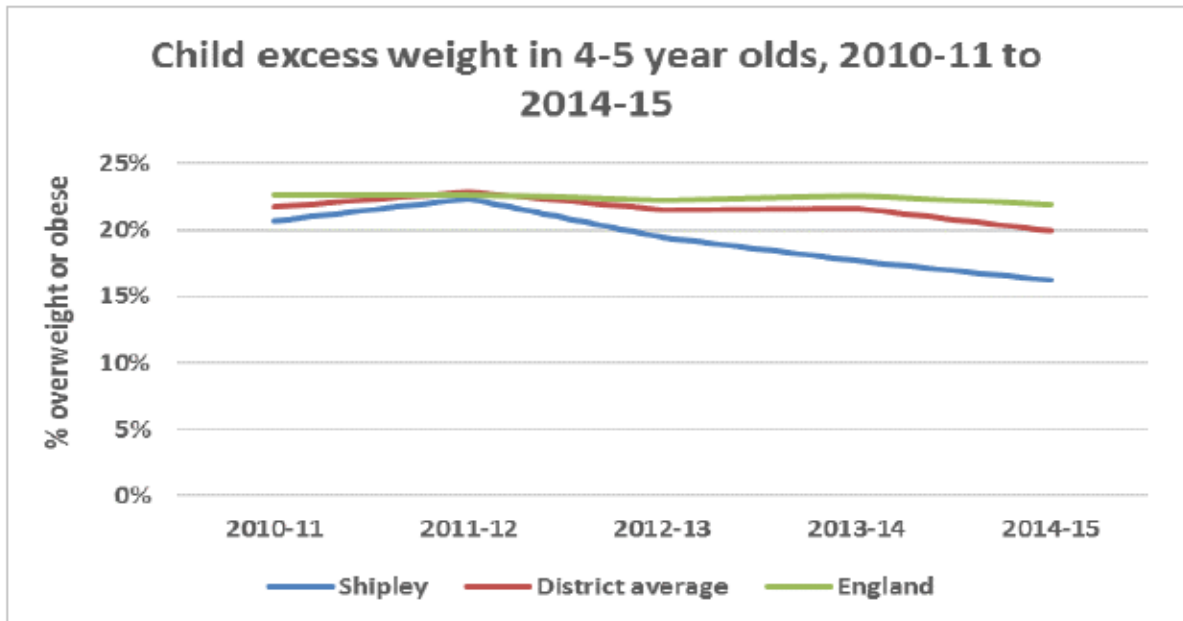
Cancer mortality

On average there are nearly 120 deaths per year due to cancer in the under 75's in Shipley. Shipley has had the lowest mortality rate from cancer since 2009-11.



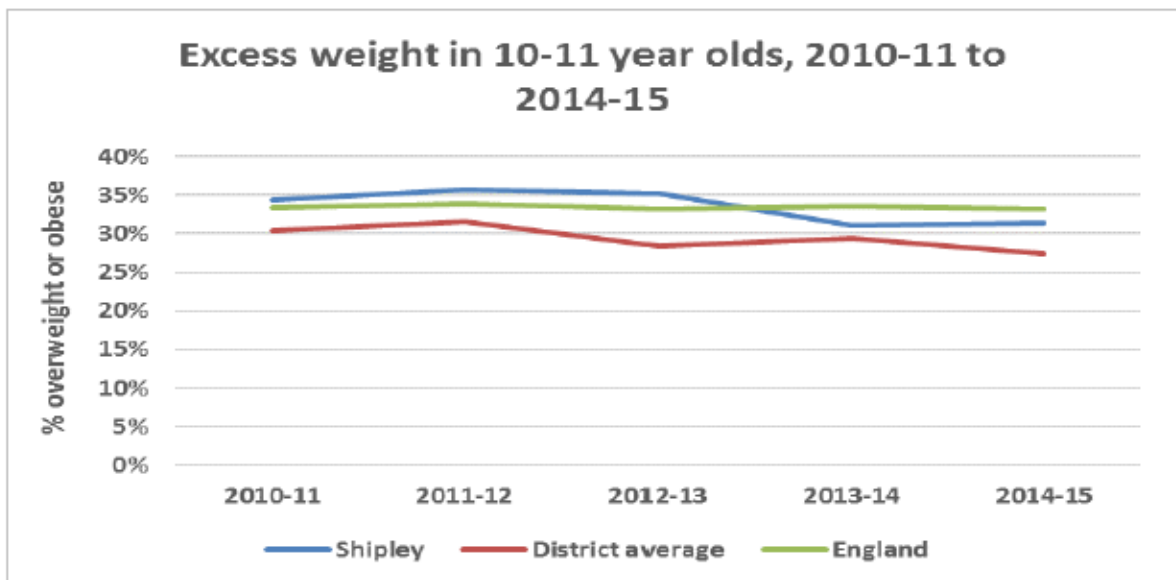
Child excess weight – 4-5 year olds

Over the last five years, the proportion of Reception aged children who are classified as overweight or obese has generally fallen. In 2014-15 Shipley had the lowest proportion of overweight or obese Reception aged children in the district.






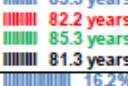

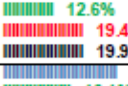

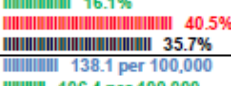

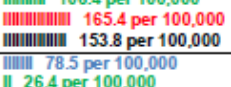



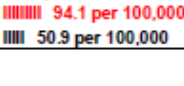


Child excess weight – 10-11 year olds

The proportion of Year 6 aged children who are classified as overweight or obese has fallen over the last five years. As with Reception aged children, in 2014-15 Shipley had the lowest proportion of overweight or obese Year 6 children in the district.



Shipley Public Health Outcomes Framework Area Profile

Indicator	Year	Number	Rate	Change over last year	Comparison
1. Infant mortality	2013-15	12	3.8		Shipley Lowest ward in area Highest ward in area District average  3.8 per 1,000 live births 0.0 per 1,000 live births 7.6 per 1,000 live births 5.9 per 1,000 live births
2. Life expectancy at birth - males	2013-15	79.6	-		Shipley Lowest ward in area Highest ward in area District average  79.6 years 77.9 years 84.7 years 77.6 years
3. Life expectancy at birth - females	2013-15	83.5	-		Shipley Lowest ward in area Highest ward in area District average  83.5 years 82.2 years 85.3 years 81.3 years
4. Child excess weight in 4-5 year olds	2014-15	170	16.2%		Shipley Lowest ward in area Highest ward in area District average  16.2% 12.6% 19.4% 19.9%
5. Child excess weight in 10-11 year olds	2014-15	234	27.3%		Shipley Lowest ward in area Highest ward in area District average  27.3% 16.1% 40.5% 35.7%
6. Under 75 mortality rate from cancer	2013-15	359	138.1		Shipley Lowest ward in area Highest ward in area District average  138.1 per 100,000 106.4 per 100,000 165.4 per 100,000 153.8 per 100,000
7. Under 75 mortality rate from cardiovascular diseases	2013-15	200	78.5		Shipley Lowest ward in area Highest ward in area District average  78.5 per 100,000 26.4 per 100,000 108.9 per 100,000 102.7 per 100,000
8. Under 75 mortality rate from respiratory disease	2013-15	86	33.5		Shipley Lowest ward in area Highest ward in area District average  33.5 per 100,000 5.8 per 100,000 94.1 per 100,000 50.9 per 100,000

Indicator definitions

- Mortality rate per 1000 live births (age under 1 year).
- The average number of years a person would expect to live based on the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life
- As Indicator 2
- % school children in Reception year classified as overweight or obese
- % school children in Year 6 classified as overweight obese
- Directly age standardised rate per 100,000 population aged under 75
- Directly age standardised rate per 100,000 population aged under 75
- Directly age standardised rate per 100,000 population aged under 75

5. List of pharmacies including opening hours

Pharmacy Name & Address	Organisation Code	Opening Times
1st Pharmacy, Fountain Hall, BD1 3RA	FNM60	Sunday 12:00-22:00; Monday 08:00-23:00; Tuesday 08:00-23:00; Wednesday 08:00-23:00; Thursday 08:00-23:00; Friday 08:00-23:00; Saturday 08:00-23:00
Airedale Pharmacy, 55 South Street, BD21 1AD (Distance Selling)	FCG80	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00
Aireworth Chemist 3 Aireworth Road, BD21 4DH	FEF17	Monday 09:00-17:30; Tuesday 09:00-17:30; Wednesday 09:00-17:30; Thursday 09:00-17:30; Friday 09:00-17:30
Asda In Store Pharmacy, Bingley Street, BD21 3ER	FMQ19	Sunday 10:00-16:00; Monday 08:00-23:00; Tuesday 07:00-23:00; Wednesday 07:00-23:00; Thursday 07:00-23:00; Friday 07:00-23:00; Saturday 07:00-22:00
Asda In Store Pharmacy, Cemetery Road, BD7 2NB	FRJ55	Sunday 11:00-17:00; Monday 08:00-23:00; Tuesday 07:00-23:00; Wednesday 07:00-23:00; Thursday 07:00-23:00; Friday 07:00-23:00; Saturday 07:00-22:00
Asda In Store Pharmacy, Manor Lane, BD18 3RY	FWG94	Sunday 10:00-16:00; Monday 08:00-23:00; Tuesday 07:00-23:00; Wednesday 07:00-23:00; Thursday 07:00-23:00; Friday 07:00-23:00; Saturday 07:00-22:00

Asda In Store Pharmacy, Rooley Lane, BD4 7SR	FJT97	Sunday 10:00-16:00; Monday 08:00-23:00; Tuesday 07:00-23:00; Wednesday 07:00-23:00; Thursday 07:00-23:00; Friday 07:00-23:00; Saturday 07:00-22:00
Ashcroft Pharmacy, 1st Floor Suite A, BD1 2AW (Distance Selling)	FXL19	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00
Barkerend Pharmacy, Bluebell Building, BD3 8QH	FQR81	Sunday 10:00-20:00; Monday 08:00-23:00; Tuesday 08:00-23:00; Wednesday 08:00-23:00; Thursday 08:00-23:00; Friday 08:00-23:00; Saturday 08:00-23:00
Bierley Pharmacy, The Old School Building, BD4 6AA	FF248	Monday 09:00-17:45; Tuesday 09:00-17:45; Wednesday 09:00-17:45; Thursday 09:00-17:45; Friday 09:00-17:45; Saturday 09:00-12:00
Bilton Pharmacy, 120 City Road, BD8 8JT	FQT06	Sunday 10:00-14:00; Monday 07:00-23:00; Tuesday 07:00-23:00; Wednesday 07:00-23:00; Thursday 07:00-23:00; Friday 07:00-23:00; Saturday 07:00-23:00
Biomed Care Services, 11 Rowan Trade Park, BD4 8TQ (Distance Selling)	FJC72	
Boots UK Ltd, 147-149 Main Street, BD16 1AJ	FQ576	Monday 08:30-18:00; Tuesday 08:30-18:00; Wednesday 08:30-18:00; Thursday 08:30-18:00; Friday 08:30-18:00; Saturday 08:30-17:30
Boots UK Ltd, 22-28 Queensway, BD21 3PY	FMK44	Sunday 10:30-16:00; Monday 08:30-17:30; Tuesday 08:30-17:30; Wednesday 08:30-17:30; Thursday 08:30-17:30; Friday 08:30-17:30; Saturday 08:30-17:30

Boots UK Ltd, 37 Market Square, BD18 3QJ	FC686	Monday 08:30-17:30; Tuesday 08:30-17:30; Wednesday 08:30-17:30; Thursday 08:30-17:30; Friday 08:30-17:30; Saturday 08:30-17:30
Boots UK Ltd, 37-39 Brook Street, LS29 8AG	FCE76	Sunday 11:00-16:00; Monday 08:30-17:30; Tuesday 08:30-17:30; Wednesday 08:30-17:30; Thursday 08:30-17:30; Friday 08:30-17:30; Saturday 08:30-17:30
Boots UK Ltd Unit 3 Forster Square Retail Park, BD1 4AG	FNV14	Sunday 11:00-17:00; Monday 08:00-23:59; Tuesday 08:00-23:59; Wednesday 08:00-23:59; Thursday 08:00-23:59; Friday 08:00-23:59; Saturday 08:00-22:00
Boots UK Ltd Unit 8, Charles Street Mall, BD1 1US	FD543	Sunday 11:00-17:00; Monday 09:00-19:00; Tuesday 09:00-19:00; Wednesday 09:00-19:00; Thursday 09:00-20:00; Friday 09:00-19:00; Saturday 09:00-19:00
Bradford Delivery Chemist, 9 Southfield Road, BD5 9EE (Distance Selling)	FDR48	Monday 09:00-13:00; Monday 14:00-18:00; Tuesday 09:00-13:00; Tuesday 14:00-18:00; Wednesday 09:00-13:00; Wednesday 14:00-18:00; Thursday 09:00-13:00; Thursday 14:00-18:00; Friday 09:00-13:00; Friday 14:00-18:00
Bradford Health Pharmacy, Unit 20, Holroyd Business Centre, BD5 9BP	FVC38	Monday 09:00-13:00; Monday 14:00-18:00; Tuesday 09:00-13:00; Tuesday 14:00-18:00; Wednesday 09:00-13:00; Wednesday 14:00-18:00; Thursday 09:00-13:00; Thursday 14:00-18:00; Friday 09:00-13:00; Friday 14:00-18:00
Bradford Pharmacy, 238 Girlington Road, BD8 9NR	FP395	Sunday 08:00-21:30; Monday 08:00-22:30; Tuesday 08:00-22:30; Wednesday 08:00-22:30; Thursday 08:00-22:30; Friday 08:00-22:30; Saturday 08:00-22:30
Brooklands Pharmacy, 21 Sticker Lane, BD4 8DP (Distance Selling)	FWG18	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00

Browgate Pharmacy, 5 Browgate, BD17 6BP	FDC57	Monday 09:00-13:00; Monday 14:00-18:30; Tuesday 09:00-13:00; Tuesday 14:00-18:30; Wednesday 09:00-13:00; Wednesday 14:00-18:30; Thursday 09:00-13:00; Thursday 14:00-18:30; Friday 09:00-13:00; Friday 14:00-18:30; Saturday 09:00-12:00
Chemist 2 Patient 195a Lumb Lane, BD8 7SG (Distance Selling)	FRK15	Monday 10:00-18:00 Tuesday 10:00-18:00 Wednesday 10:00-18:00 Thursday 10:00-18:00 Friday 10:00-18:00
Circle Pharmacy, 90 Otley Road, BD18 2BH (Distance Selling)	FPM15	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00
City Road Pharmacy, 100-102 City Road, BD8 8JT	FMV73	Monday 09:00-19:00; Tuesday 09:00-19:00; Wednesday 09:00-19:00; Thursday 09:00-19:00; Friday 09:00-19:00; Saturday 09:00-13:00
Cliffe Avenue, Pharmacy 1 Cliffe Avenue, BD17 6NX	FEX40	Monday 09:00-13:00; Monday 14:00-18:30; Tuesday 09:00-13:00; Tuesday 14:00-18:30; Wednesday 09:00-13:00; Wednesday 14:00-18:30; Thursday 09:00-13:00; Thursday 14:00-18:30; Friday 09:00-13:00; Friday 14:00-18:30
Cohen's Chemist, 120 Lumb Lane, BD8 7RS	FKQ70	Monday 09:00-13:00; Monday 14:00-18:30; Tuesday 09:00-13:00; Tuesday 14:00-18:30; Wednesday 09:00-13:00; Wednesday 14:00-18:30; Thursday 09:00-13:00; Thursday 14:00-18:30; Friday 09:00-13:00; Friday 14:00-18:30
Cohen's Chemist, 123 Main Street, LS29 7JN	FV319	Monday 09:00-13:00; Monday 14:00-18:00; Tuesday 09:00-13:00; Tuesday 14:00-18:00; Wednesday 09:00-13:00; Wednesday 14:00-18:00; Thursday 09:00-13:00; Thursday 14:00-18:00; Friday 09:00-13:00; Friday 14:00-18:00; Saturday 09:00-12:00
Cohen's Chemist, 392a Little Horton Lane, BD5 0NX	FX301	Monday 08:30-13:00; Monday 13:00-18:30; Tuesday 08:30-13:00; Tuesday 13:00-18:30; Wednesday 08:30-13:00; Wednesday 13:00-18:30; Thursday 08:30-13:00; Thursday 13:00-18:30; Friday 08:30-13:00; Friday 13:00-18:30; Saturday 09:00-13:00
Cohen's Chemist, Mayfield Medical Centre, BD14 6NF	FK719	Monday 08:30-12:00; Monday 13:00-18:00; Tuesday 08:30-12:00; Tuesday 13:00-18:00; Wednesday 08:30-12:00; Wednesday 13:00-18:00; Thursday 08:30-12:00; Thursday 13:00-18:00; Friday 08:30-12:00; Friday 13:00-18:00

Cohen's Chemist, The Willows Medical Centre, BD13 2GD	FQT13	Monday 08:30-13:00; Monday 13:00-18:00; Tuesday 08:30-13:00; Tuesday 13:00-18:00; Wednesday 08:30-13:00; Wednesday 13:00-18:00; Thursday 08:30-13:00; Thursday 13:00-18:00; Friday 08:30-13:00; Friday 13:00-18:00
Cottingley Pharmacy, 7 The Parade, BD16 1RP	FP078	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:30; Thursday 09:00-18:00; Friday 09:00-18:00; Saturday 09:00-16:00
Coventry Street, Pharmacy 43 Coventry Street, BD4 7HX	FL435	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00
Crossflatts Pharmacy, 30 Keighley Road, BD16 2EZ	FFD58	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00; Saturday 09:00-12:00
Currie's Chemists (Wyke) Ltd, Unit 2, Asda Supermarket, BD12 9JQ	FLT42	Monday 08:45-18:30; Tuesday 08:45-18:30; Wednesday 08:45-18:30; Thursday 08:45-18:30; Friday 08:45-18:30; Saturday 09:00-12:00
Dalesway Pharmacy, 5-7 Kingsway, BD16 4RP	FFV94	Sunday 10:00-16:00; Monday 07:00-23:00; Tuesday 07:00-23:00; Wednesday 07:00-23:00; Thursday 07:00-23:00; Friday 07:00-23:00; Saturday 07:00-21:00
Dalton Lane Pharmacy, 2 Berry Street, BD21 4HX (Distance Selling)	FWW82	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00
Day Lewis Pharmacy, 21 & 23 Mill Hey, BD22 8NQ	FWF76	Monday 09:00-12:45; Monday 13:45-18:30; Tuesday 09:00-12:45; Tuesday 13:45-18:30; Wednesday 09:00-12:45; Wednesday 13:45-18:30; Thursday 09:00-12:45; Thursday 13:45-18:30; Friday 09:00-12:45; Friday 13:45-18:30; Saturday 10:00-12:30

Day Night Pharmacy, 101 Killinghall Road, BD3 8AB	FHX24	Sunday 08:00-23:00; Monday 08:00-23:00; Tuesday 08:00-23:00; Wednesday 08:00-23:00; Thursday 08:00-23:00; Friday 08:00-13:15; Friday 14:15-23:00; Saturday 08:00-23:00
Delivering Pharmacy Ltd, Unit 2 Carlisle Business Park, BD8 8BD (Distance Selling)	FPN62	Monday 09:00-17:00 Tuesday 09:00-17:00 Wednesday 09:00-17:00 Thursday 09:00-17:00 Friday 09:00-17:00
Exel Chemists, 149 New Line, BD10 0BU	FC602	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00; Saturday 09:00-13:00
Fagley Pharmacy, 75 Fagley Road, BD2 3LS	FFA89	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00
Farrow Pharmacy, 175 Otley Road, BD3 0HX	FG761	Sunday 10:00-18:00; Monday 07:00-23:00; Tuesday 07:00-23:00; Wednesday 07:00-23:00; Thursday 07:00-23:00; Friday 07:00-23:00; Saturday 08:00-20:00
Felkris Ltd, 516 Huddersfield Road, BD12 8AD	FGA84	Monday 09:00-18:30; Tuesday 09:00-18:30; Wednesday 09:00-18:30; Thursday 09:00-18:30; Friday 09:00-18:30; Saturday 09:00-13:00
Frizinghall Medical Centre, Pharmacy 285 Bradford Road, BD18 3AB	FTJ08	Monday 09:00-13:00; Monday 14:00-18:00; Tuesday 09:00-13:00; Tuesday 14:00-18:00; Wednesday 09:00-13:00; Wednesday 14:00-18:00; Thursday 09:00-13:00; Thursday 14:00-18:00; Friday 09:00-13:00; Friday 14:00-18:00
Frizinghall Pharmacy, 278 Keighley Road, BD9 4LH	FNH74	Sunday 10:00-20:00; Monday 08:00-23:59; Tuesday 08:00-23:59; Wednesday 08:00-23:59; Thursday 08:00-23:59; Friday 08:00-23:59; Saturday 09:00-19:00

Gibson Pharmacy, Undercliffe Health Centre, BD2 4RA	FV487	Monday 08:30-18:00; Tuesday 08:30-20:00; Wednesday 08:30-18:00; Thursday 08:30-18:00; Friday 08:30-18:00
Girlington Pharmacy, Girlington Health Centre, BD8 9NS	FWM72	Monday 08:00-19:00; Tuesday 08:00-19:00; Wednesday 08:00-19:00; Thursday 08:00-19:00; Friday 08:00-19:00; Saturday 08:00-12:00
H S Chemist, 16 Carlisle Road, BD8 8AD	FA377	Monday 09:00-13:00; Monday 14:00-19:00; Tuesday 09:00-13:00; Tuesday 14:00-19:00; Wednesday 09:00-13:00; Wednesday 14:00-19:00; Thursday 09:00-13:00; Thursday 14:00-19:00; Friday 09:00-13:00; Friday 14:00-19:00; Saturday 09:15-13:00
Harden Pharmacy, 2 Wilsden Road, BD16 1JP	FTA79	Monday 08:30-18:00; Tuesday 08:30-18:00; Wednesday 08:30-18:00; Thursday 08:30-18:00; Friday 08:30-13:00; Friday 14:00-18:00; Saturday 08:30-12:30
HBS Pharmacy, Silsden Health Centre, BD20 ODG	FDW12	Sunday 08:00-21:00; Monday 07:30-22:00; Tuesday 07:30-22:00; Wednesday 07:30-22:00; Thursday 07:30-22:00; Friday 07:30-22:00; Saturday 07:30-22:00
Health-Check Pharmacy, 127 Great Horton Road, BD7 1PS	FKJ49	Monday 09:00-13:00; Monday 14:00-18:00; Tuesday 09:00-13:00; Tuesday 14:00-18:00; Wednesday 09:00-13:00; Wednesday 14:00-18:00; Thursday 09:00-13:00; Thursday 14:00-18:00; Friday 09:00-13:00; Friday 14:00-18:00
Healthy Living Pharmacy, 40 Reevy Road West, BD6 3LX	FQW91	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00
Heaton Pharmacy, 8 Highgate, BD9 4BB	FVY82	Monday 09:00-13:00; Monday 14:00-18:00; Tuesday 09:00-13:00; Tuesday 14:00-18:00; Wednesday 09:00-13:00; Wednesday 14:00-18:00; Thursday 09:00-13:00; Thursday 14:00-18:00; Friday 09:00-13:00; Friday 14:00-18:00; Saturday 09:00-12:30fhx243

Horton Grange Pharmacy, 82-84 Horton Grange Road, BD7 3AQ	FGM53	Monday 09:00-19:00; Tuesday 09:00-19:00; Wednesday 09:00-19:00; Thursday 09:00-19:00; Friday 09:00-19:00; Saturday 09:00-14:00
Horton Park Pharmacy, Unit 4 Horton Park Centre, BD7 3EG	FKW58	Monday 09:00-13:00; Monday 14:00-19:00; Tuesday 09:00-13:00; Tuesday 14:00-19:00; Wednesday 09:00-13:00; Wednesday 14:00-19:00; Thursday 09:00-13:00; Thursday 14:00-19:00; Friday 09:00-13:00; Friday 14:00-19:00; Saturday 09:00-13:00
Hussain Dispensing Chemist, 141 North Street, BD21 3AU	FVR53	Monday 09:00-13:00; Monday 14:45-19:00; Tuesday 09:00-13:00; Tuesday 14:45-19:00; Wednesday 09:00-13:00; Wednesday 14:45-19:00; Thursday 09:00-13:00; Thursday 14:45-19:00; Friday 09:00-13:45; Friday 15:00-19:00
Idle Pharmacy, 7 The Green, BD10 9PT	FFT33	Monday 09:00-17:45; Tuesday 09:00-17:45; Wednesday 09:00-17:45; Thursday 09:00-17:45; Friday 09:00-17:45; Saturday 09:00-12:00
Ilkley Moor Pharmacy, 10 Cowpasture Road, LS29 8SR	FWC53	Sunday 09:00-19:00; Monday 08:00-23:00; Tuesday 08:00-23:00; Wednesday 08:00-23:00; Thursday 08:00-23:00; Friday 08:00-23:00; Saturday 08:00-23:00
J Robertson & Son Ltd, 195 - 197 Otley Road, BD3 0JF	FQJ15	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00; Saturday 09:00-14:00
J Robertson & Son Ltd, 5-7 Institute Road, BD2 2HY	FL676	Monday 09:00-13:00; Monday 14:00-18:00; Tuesday 09:00-13:00; Tuesday 14:00-18:00; Wednesday 09:00-13:00; Wednesday 14:00-18:00; Thursday 09:00-13:00; Thursday 14:00-18:00; Friday 09:00-13:00; Friday 14:00-18:00; Saturday 09:00-13:00
J S Langhorne Ltd, 1 Lidget Mill, BD22 7HN	FYE89	Monday 09:00-13:00; Monday 14:00-18:00; Tuesday 09:00-13:00; Tuesday 14:00-18:00; Wednesday 09:00-13:00; Wednesday 14:00-18:00; Thursday 09:00-13:00; Thursday 14:00-18:00; Friday 09:00-13:00; Friday 14:00-18:00

Kamsons Pharmacy, Newlands Way, BD10 0JE	FVP97	Monday 09:00-19:00; Tuesday 09:00-18:30; Wednesday 09:00-18:30; Thursday 09:00-18:30; Friday 09:00-18:30; Saturday 09:00-13:00
Keighley Health Centre Pharmacy, Oakworth Road, BD21 1SA	FDE21	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00
Knights Eldwick Pharmacy, 194 Swan Avenue, BD16 3PA	FWJ89	Monday 08:30-18:00; Tuesday 08:30-18:00; Wednesday 08:30-18:00; Thursday 08:30-18:00; Friday 08:30-18:00; Saturday 09:00-13:00
Lister Pharmacy, 2-4 Victor Terrace, BD9 4RQ	FJ060	Sunday 11:00-23:00; Monday 08:00-23:00; Tuesday 08:00-23:00; Wednesday 08:00-23:00; Thursday 08:00-23:00; Friday 08:00-23:00; Saturday 09:00-23:00
Lloyds Pharmacy, 1 Fair Road, BD6 1TP	FDP67	Monday 08:30-19:00; Tuesday 08:30-19:00; Wednesday 08:30-19:00; Thursday 08:30-19:00; Friday 08:30-19:00; Saturday 09:00-15:00
Lloyds Pharmacy, 2 Butler Street West, BD3 0BS	FXL18	Sunday 12:00-20:00; Monday 08:00-20:00; Tuesday 08:00-20:00; Wednesday 08:00-20:00; Thursday 08:00-20:00; Friday 08:00-20:00; Saturday 10:00-20:00
Lloyds Pharmacy, 20a Bingley Road, BD18 4RS	FM690	Monday 08:30-18:30; Tuesday 08:30-18:30; Wednesday 08:30-18:30; Thursday 08:30-18:30; Friday 08:30-18:30; Saturday 10:00-12:30
Lloyds Pharmacy, 47 Chelmsford Road, BD3 8QN	FNG63	Monday 08:30-18:15; Tuesday 08:30-18:15; Wednesday 08:30-18:15; Thursday 08:30-18:15; Friday 08:30-18:15

Lloyds Pharmacy, 81 Leylands Lane, BD9 5PZ	FEG68	Sunday 10:00-18:30; Monday 07:30-23:00; Tuesday 07:30-23:00; Wednesday 07:30-23:00; Thursday 07:30-23:00; Friday 07:30-23:00; Saturday 08:00-22:00
Lloyds Pharmacy, 95 Holmewood Road, BD4 9EJ	FXQ13	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00; Saturday 09:00-13:00
Lloyds Pharmacy, Allerton Health Centre, BD15 7WA	FFM31	Monday 08:00-18:30; Tuesday 08:00-18:30; Wednesday 08:00-18:30; Thursday 08:00-18:30; Friday 08:00-18:30
Lloyds Pharmacy, Allerton Shopping Centre, BD15 7BN	FXH84	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00; Saturday 09:00-17:00
Lloyds Pharmacy, Highfield Medical Centre, BD4 9QA	FT439	Monday 08:00-18:30; Tuesday 08:00-18:30; Wednesday 08:00-18:30; Thursday 08:00-18:30; Friday 08:00-18:30; Saturday 09:00-13:00
Lloyds Pharmacy Idle Medical Centre, BD10 8RU	FH190	Monday 08:30-18:30; Tuesday 08:30-18:30; Wednesday 08:30-18:30; Thursday 08:30-18:30; Friday 08:30-18:30
Lloyds Pharmacy Low Moor Medical Centre, BD12 0TH	FXR22	Monday 08:00-20:00; Tuesday 08:00-19:00; Wednesday 08:00-19:00; Thursday 08:00-19:00; Friday 08:00-19:00
Lloyds Pharmacy Rockwell Lane, BD10 9HT	FC412	Monday 08:30-20:30; Tuesday 08:30-18:00; Wednesday 08:30-18:00; Thursday 08:30-18:00; Friday 08:30-18:00
Lloyds Pharmacy, Rooley Lane Medical Centre, BD4 7SS	FK152	Monday 07:45-19:00; Tuesday 07:45-18:15; Wednesday 07:45-18:15; Thursday 07:45-18:15; Friday 07:45-18:15

LloydsPharmacy Springs Lane Medical Centre, LS29 8TH	FNL52	Monday 08:00 - 19:30; Tuesday 08:00 - 19:30; Wednesday 08:00 - 19:30; Thursday 08:00 - 18:30; Friday 08:00 - 18:30; Saturday 09:00 - 17:00
Lloyds Pharmacy, The Ridge Medical Centre, BD7 3JX	FEN67	Monday 09:00-20:00; Tuesday 08:00-20:00; Wednesday 08:00-14:00; Thursday 09:00-19:00; Friday 08:00-19:00; Saturday 09:00-13:00
Lloyds Pharmacy, Within Sainsbury's, BD21 3RU	FLX03	Sunday 10:00-16:00; Monday 08:00-22:00; Tuesday 08:00-22:00; Wednesday 08:00-22:00; Thursday 08:00-22:00; Friday 08:00-22:00; Saturday 08:00-22:00
Lloyds Pharmacy, Within Sainsbury's, BD10 0QF	FNQ58	Sunday 10:00-16:00; Monday 07:00-23:00; Tuesday 07:00-23:00; Wednesday 07:00-23:00; Thursday 07:00-23:00; Friday 07:00-23:00; Saturday 07:00-22:00
Mahmood Ltd, 214 Huddersfield Road, BD12 0AD	FD814	Monday 09:00-13:00; Monday 14:00-17:30; Tuesday 09:00-13:00; Tuesday 14:00-17:30; Wednesday 09:00-13:00; Wednesday 14:00-17:30; Thursday 09:00-13:00; Thursday 14:00-17:30; Friday 09:00-12:45; Friday 14:45-17:30
Medichem Pharmacy, Wibsey & Queensbury Medical Centre, BD6 1TD	FWA39	Sunday 10:00-18:00; Monday 07:00-23:00; Tuesday 07:00-23:00; Wednesday 07:00-23:00; Thursday 07:00-23:00; Friday 07:00-23:00; Saturday 08:00-20:00
Medihome Pharmacy 40-42 Main Road, BD13 4BL	FK571	Monday 09:00-13:00; Monday 14:15-18:30; Tuesday 09:00-13:00; Wednesday 09:00-13:00; Wednesday 14:15-18:30; Thursday 09:00-13:00; Thursday 14:15-17:30; Friday 09:00-13:00; Friday 14:15-18:30; Saturday 09:00-13:00
Menston Pharmacy, 88 Main Street, LS29 6HY	FNK59	Monday 09:00-13:00; Monday 13:00-18:00; Tuesday 09:00-13:00; Tuesday 13:00-18:00; Wednesday 09:00-13:00; Wednesday 13:00-18:00; Thursday 09:00-13:00; Thursday 13:00-18:00; Friday 09:00-13:00; Friday 13:00-18:00

Midnight Pharmacy, 354 Great Horton Road, BD7 1QJ	FKM28	Sunday 11:00-23:59; Monday 08:30-23:59; Tuesday 08:30-23:59; Wednesday 08:30-23:59; Thursday 08:30-23:59; Friday 08:30-23:59; Saturday 09:00-23:59
Moorside Pharmacy, 372 Dudley Hill Road, BD2 3AA	FT261	Monday 08:30-20:30; Tuesday 08:30-18:30; Wednesday 08:30-20:30; Thursday 08:30-18:30; Friday 08:30-18:30; Saturday 09:00-12:00
Morrisons Pharmacy, Rushton Avenue, BD3 7HZ	FDP07	Sunday 10:00-16:00; Monday 08:30-20:00; Tuesday 08:30-20:00; Wednesday 08:30-20:00; Thursday 08:30-20:00; Friday 08:30-20:00; Saturday 08:30-18:00
Morrisons Pharmacy, Unit 5, Victoria Shopping Centre, BD8 9TP	FF020	Sunday 10:00-16:00; Monday 08:30-20:00; Tuesday 08:30-20:00; Wednesday 08:30-20:00; Thursday 08:30-22:00; Friday 08:30-22:00; Saturday 08:30-19:00
My Pharmacy, Direct 33a Victoria Road, BD21 1HD (Distance Selling)	FVX33	Monday 09:30-17:30 Tuesday 09:30-17:30 Wednesday 09:30-17:30 Thursday 09:30-17:30 Friday 09:30-17:30
Olive Late Night Pharmacy 50 Highfield Lane, BD21 2EH	FLR72	Sunday 13:00-21:00; Monday 07:30-23:00; Tuesday 07:30-23:00; Wednesday 07:30-23:00; Thursday 07:30-23:00; Friday 07:30-23:00; Saturday 07:30-22:00
Olive Late Night Pharmacy, 7 Broomhill Avenue, BD21 1ND	FF036	Sunday 12:00-22:00; Monday 08:00-23:00; Tuesday 08:00-23:00; Wednesday 08:00-23:00; Thursday 08:00-23:00; Friday 08:00-23:00; Saturday 08:00-23:00

Oxenhope Pharmacy, 36 Station Road, BD22 9JJ	FD157	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00; Saturday 09:00-12:00
Pharmacy Care, Direct 48 Gaisby Lane, BD18 1AX	FEJ81	Monday 09:00-13:00; Monday 13:00-18:00; Tuesday 09:00-13:00; Tuesday 13:00-18:00; Wednesday 09:00-13:00; Wednesday 13:00-18:00; Thursday 09:00-13:00; Thursday 13:00-18:00; Friday 09:00-13:00; Friday 13:00-18:00
Raj's Chemist, 7 The Square, BD8 0QB	FCX96	Monday 09:00-13:00; Monday 14:00-18:00; Tuesday 09:00-13:00; Tuesday 14:00-18:00; Wednesday 09:00-13:00; Wednesday 14:00-18:00; Thursday 09:00-13:00; Thursday 14:00-18:00; Friday 09:00-13:00; Friday 14:00-18:00
Rehman Pharmacy, 238 Whetley Lane, BD8 9DJ	FG457	Sunday 08:00-23:00; Monday 08:30-22:30; Tuesday 08:30-22:30; Wednesday 08:30-22:30; Thursday 08:30-22:30; Friday 08:30-22:30; Saturday 08:00-23:00
Rimmington Pharmacy, 9 Bridge Street, BD1 1RX	FX417	Monday 08:30-18:00; Tuesday 08:30-18:00; Wednesday 08:30-18:00; Thursday 08:30-18:00; Friday 08:30-18:00; Saturday 09:00-17:00
Rooley Lane Pharmacy, Inside Rooley Lane Medical Centre, BD4 7SS	FWL07	Monday 00:00-18:30; Monday 22:30-23:59; Tuesday 00:00-18:30; Tuesday 22:00-23:59; Wednesday 00:00-18:30; Wednesday 22:00-23:59; Thursday 00:00-18:30; Thursday 22:00-23:59; Friday 00:00-18:30
Rowlands Pharmacy, 151b Main Street, LS29 0LZ	FMF94	Monday 08:30-12:30; Monday 13:30-18:30; Tuesday 08:30-12:30; Tuesday 13:30-18:00; Wednesday 08:30-12:30; Wednesday 13:30-18:00; Thursday 08:30-12:30; Thursday 13:30-18:00; Friday 08:30-12:30; Friday 13:30-18:00
Rowlands Pharmacy, 26 Station Road, BD14 6AN	FJF49	Monday 09:00-12:30; Monday 13:30-18:00; Tuesday 09:00-12:30; Tuesday 13:30-18:00; Wednesday 09:00-12:30; Wednesday 13:30-18:00; Thursday 09:00-12:30; Thursday 13:30-18:00; Friday 09:00-12:30; Friday 13:30-18:00; Saturday 09:00-13:00

Rowlands Pharmacy, 36a Halifax Road, BD13 5DE	FHP68	Monday 08:30-13:00; Monday 14:00-18:00; Tuesday 08:30-13:00; Tuesday 14:00-18:00; Wednesday 08:30-13:00; Wednesday 14:00-18:00; Thursday 08:30-13:00; Thursday 14:00-18:00; Friday 08:30-13:00; Friday 14:00-18:00; Saturday 09:00-12:30
Rowlands Pharmacy, 49 Kirkgate, BD20 0AQ	FP648	Monday 09:00-13:00; Monday 13:20-18:00; Tuesday 09:00-13:00; Tuesday 13:20-18:00; Wednesday 09:00-13:00; Wednesday 13:20-18:00; Thursday 09:00-13:00; Thursday 13:20-18:00; Friday 09:00-13:00; Friday 13:20-18:00; Saturday 09:00-12:30
Rowlands Pharmacy, 66-68 High Street, BD13 2PA	FHE30	Monday 09:00-13:00; Monday 13:20-18:00; Tuesday 09:00-13:00; Tuesday 13:20-18:00; Wednesday 09:00-13:00; Wednesday 13:20-18:00; Thursday 09:00-13:00; Thursday 13:20-18:00; Friday 09:00-13:00; Friday 13:20-18:00; Saturday 09:00-13:00
Rowlands Pharmacy, 76 Kirkgate, BD20 0PA	FNW86	Monday 09:00-13:00; Monday 13:20-18:00; Tuesday 09:00-13:00; Tuesday 13:20-18:00; Wednesday 09:00-13:00; Wednesday 13:20-18:00; Thursday 09:00-13:00; Thursday 13:20-18:00; Friday 09:00-13:00; Friday 13:20-18:00; Saturday 09:00-13:00
Rowlands Pharmacy, 81 Fair Road, BD6 1TD	FQ871	Monday 08:30-13:00; Monday 13:20-18:00; Tuesday 08:30-13:00; Tuesday 13:20-18:00; Wednesday 08:30-13:00; Wednesday 13:20-18:00; Thursday 08:30-13:00; Thursday 13:20-18:00; Friday 08:30-13:00; Friday 13:20-18:00; Saturday 09:00-13:00
Rowlands Pharmacy, Morrisons Shopping Mall, BD10 8EW	FNV77	Sunday 10:00-16:00; Monday 09:00-20:00; Tuesday 09:00-20:00; Wednesday 09:00-20:00; Thursday 09:00-20:00; Friday 09:00-20:00; Saturday 09:00-20:00
Rowlands Pharmacy, ShIPLEY Health Centre, BD18 3EG	FLE78	Monday 08:30-13:00; Monday 13:20-18:30; Tuesday 08:30-13:00; Tuesday 13:20-18:30; Wednesday 08:30-13:00; Wednesday 13:20-18:30; Thursday 08:30-13:00; Thursday 13:20-19:00; Friday 08:30-13:00; Friday 13:20-18:30; Saturday 09:00-12:00
Rowlands Pharmacy, St Andrew's Surgeries, BD21 2LD	FRL01	Monday 08:30-13:00; Monday 13:20-18:30; Tuesday 08:30-13:00; Tuesday 13:20-18:30; Wednesday 08:30-13:00; Wednesday 13:20-18:30; Thursday 08:30-13:00; Thursday 13:20-18:30; Friday 08:30-13:00; Friday 13:20-18:30

Rowlands Pharmacy, The Medical Centre, BD6 2DD	FWT08	Monday 08:00-18:00; Tuesday 08:00-18:00; Wednesday 08:00-18:00; Thursday 08:00-18:00; Friday 08:00-18:00
Rowlands Pharmacy, Westbourne Green Community Health Centre, BD8 8RA	FXM01	Monday 08:30-19:00; Tuesday 08:30-19:00; Wednesday 08:30-19:00; Thursday 08:30-19:00; Friday 08:30-19:00
Rowlands Pharmacy, Whetley Medical Centre, BD8 9DW	FJ294	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00; Saturday 09:00-12:00
Rowlands Pharmacy Wilsden Medical Practice, BD15 0NJ	FER22	Monday 08:30-13:00; Monday 13:20-18:00; Tuesday 08:30-13:00; Tuesday 13:20-18:00; Wednesday 08:30-13:00; Wednesday 13:20-18:00; Thursday 08:30-13:00; Thursday 13:20-18:00; Friday 08:30-13:00; Friday 13:20-18:00; Saturday 09:00-12:00
Rowlands Pharmacy, Windhill Green Health Centre, BD18 1QB	FX840	Monday 08:30-13:00; Monday 13:20-18:30; Tuesday 08:30-13:00; Tuesday 13:20-18:30; Wednesday 08:30-13:00; Wednesday 13:20-18:30; Thursday 08:30-13:00; Thursday 13:20-18:30; Friday 08:30-13:00; Friday 13:20-18:30; Saturday 09:00-12:00
Sahara Pharmacy, 46- 48 Duckworth Lane, BD9 5HB	FDV85	Sunday 11:30-23:59; Monday 09:00-23:30; Tuesday 09:00-23:30; Wednesday 09:00-23:30; Thursday 09:00-23:30; Friday 09:00-23:30; Saturday 09:00-23:59
Saltaire Pharmacy, 30 Bingley Road, BD18 4RS	FPW77	Sunday 12:00-18:00; Monday 07:00-23:00; Tuesday 07:00-23:00; Wednesday 07:00-23:00; Thursday 07:00-23:00; Friday 07:00-23:00; Saturday 09:00-23:00
Shakespeare's Chemist, 9 Oak Lane, BD9 4PU	FJ789	Monday 09:00-19:00; Tuesday 09:00-19:00; Wednesday 09:00-19:00; Thursday 09:00-19:00; Friday 09:00-19:00; Saturday 09:00-16:00

Sharief Healthcare Ltd, 1054 Manchester Road, BD5 8NN	FMA86	Monday 09:00-17:00; Tuesday 09:00-17:00; Wednesday 09:00-17:00; Thursday 09:00-17:00; Friday 09:00-17:00
Siddique Pharmacy, Ltd 215 Great Horton Road, BD7 3BG	FTN20	Sunday 12:00-22:00; Monday 07:00-22:00; Tuesday 07:00-22:00; Wednesday 07:00-22:00; Thursday 07:00-22:00; Friday 07:00-22:00; Saturday 07:00-22:00
Steeton Pharmacy, The Health Centre, BD20 6NU	FG960	Monday 08:45-13:00; Monday 14:15-18:00; Tuesday 08:45-13:00; Tuesday 14:15-18:00; Wednesday 08:45-13:00; Wednesday 14:15-18:00; Thursday 08:45-13:00; Thursday 14:15-18:00; Friday 08:45-13:00; Friday 14:15-18:00
Superdrug Pharmacy, 32-34 Bank Street, BD1 1PR	FAG29	Monday 08:00-18:00; Tuesday 08:00-18:00; Wednesday 08:00-18:00; Thursday 08:00-18:00; Friday 08:00-18:00; Saturday 09:00-17:30
Superdrug Pharmacy, 35-39 Low Street, BD21 3PP	FX712	Monday 09:00 - 17:30; Tuesday 09:00 - 17:30; Wednesday 09:00 - 17:30; Thursday 09:00 - 17:30; Friday 09:00 - 17:30; Saturday 09:00 - 17:30
Sykes Chemists, 191 Long Lee Lane, BD21 4UX	FP360	Monday 09:00-13:15; Monday 14:30-18:00; Tuesday 09:00-13:15; Tuesday 14:30-18:00; Wednesday 09:00-13:00; Thursday 09:00-13:15; Thursday 14:30-18:00; Friday 09:00-13:15; Friday 14:30-18:00
Tait's Pharmacy, 45 Saltaire Road, BD18 3HZ (Distance Selling)	FHX50	Monday 09:00-17:30 Tuesday 09:00-17:30 Wednesday 09:00-17:30 Thursday 09:00-17:30 Friday 09:00-17:30
Tesco In-Store Pharmacy, Brighouse Road, BD13 1QD	FQQ50	Sunday 10:00 - 16:00; Monday 08:00 - 23:00; Tuesday 07:00 - 23:00; Wednesday 07:00 - 23:00; Thursday 07:00 - 23:00; Friday 07:00 - 23:00; Saturday 07:00 - 22:00

Tesco In-Store Pharmacy, Great Horton Road, BD7 4EY	FHW84	Sunday 10:00-16:00; Monday 08:00-22:30; Tuesday 06:30-22:30; Wednesday 06:30-22:30; Thursday 06:30-22:30; Friday 06:30-22:30; Saturday 06:30-22:00
Tesco In-Store Pharmacy, Halifax Road, BD6 2DW	FM437	Sunday 10:00-16:00; Monday 08:00-21:00; Tuesday 08:00-21:00; Wednesday 08:00-21:00; Thursday 08:00-21:00; Friday 08:00-21:00; Saturday 08:00-21:00
Tesco In-Store Pharmacy, Peel Centre, BD1 4RB	FE704	Sunday 11:00-17:00; Monday 08:00-22:30; Tuesday 06:30-22:30; Wednesday 06:30-22:30; Thursday 06:30-22:30; Friday 06:30-22:30; Saturday 06:30-22:00
Thackley Pharmacy, 566 Leeds Road, BD10 8JH	FF071	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00; Saturday 09:00-12:00
The Care Pharmacy, Unit 3, Chesterfield House, BD4 8SH (Distance Selling)	FRQ71	
Well Pharmacy, 47 Scott Street, BD21 2JH	FTR43	Monday 08:30-18:30; Tuesday 08:30-18:30; Wednesday 08:30-18:30; Thursday 08:30-18:30; Friday 08:30-18:30
Westcliffe Pharmacy, Westcliffe Medical Centre, BD18 3EE	FW441	Sunday 10:00-20:00; Monday 07:00-22:00; Tuesday 07:00-22:00; Wednesday 07:00-22:00; Thursday 07:00-22:00; Friday 07:00-22:00; Saturday 07:00-22:00
Woodroyd Pharmacy, The Woodroyd Centre, BD5 8EL	FKH04	Monday 08:30-18:15; Tuesday 08:30-18:15; Wednesday 08:30-18:15; Thursday 08:30-18:15; Friday 08:30-18:15; Saturday 09:00-12:30

Wrose Pharmacy, Wrose Health Centre, BD2 1QG	FEK10	Monday 09:00-13:00; Monday 14:00-18:00; Tuesday 09:00-13:00; Tuesday 14:00-18:00; Wednesday 09:00-13:00; Wednesday 14:00-18:00; Thursday 09:00-13:00; Thursday 14:00-18:00; Friday 09:00-13:00; Friday 14:00-18:00
Your Health Pharmacy, 18a North Street, BD21 3SG (Distance Selling)	FH249	Monday 09:00-17:00; Tuesday 09:00-17:00; Wednesday 09:00-17:00; Thursday 09:00-17:00; Friday 09:00-17:00;
Your Local Boots Pharmacy, 162 Clayton Road, BD7 2RD	FVV73	Monday 09:00-18:30; Tuesday 09:00-18:30; Wednesday 09:00-18:00; Thursday 09:00-18:30; Friday 09:00-18:30; Saturday 09:00-12:30
Your Local Boots Pharmacy, 2 Oakminster House, BD17 6LR	FXX79	Monday 08:30-18:00; Tuesday 08:30-18:00; Wednesday 08:30-18:00; Thursday 08:30-18:00; Friday 08:30-18:00; Saturday 09:00-12:30
Your Local Boots Pharmacy, 202 Haworth Road, BD9 6NJ	FMK77	Monday 08:30-18:00; Tuesday 08:30-18:00; Wednesday 08:30-18:00; Thursday 08:30-18:00; Friday 08:30-18:00; Saturday 09:00-13:00
Your Local Boots Pharmacy, 34 Heights Lane, BD9 6JB	FMM57	Monday 09:00-18:30; Tuesday 09:00-18:30; Wednesday 09:00-18:30; Thursday 09:00-18:30; Friday 09:00-18:30
Your Local Boots Pharmacy, 367 Bowling Old Lane, BD5 7AT	FP055	Monday 09:00-18:00; Tuesday 09:00-18:00; Wednesday 09:00-18:00; Thursday 09:00-18:00; Friday 09:00-18:00
Your Local Boots Pharmacy, 48 Ashbourne Road, BD21 1LA	FW344	Monday 07:00-20:00; Tuesday 08:30-18:15; Wednesday 08:30-18:15; Thursday 08:00-20:00; Friday 08:30-18:15
Your Local Boots Pharmacy, 845 Barkerend Road, BD3 8QJ	FLA63	Monday 09:00-18:15; Tuesday 09:00-18:15; Wednesday 09:00-18:15; Thursday 09:00-18:15; Friday 09:00-18:15; Saturday 09:00-12:00

Your Local Boots Pharmacy, Horton Bank Practice, BD7 4PL	FV788	Monday 08:30-18:15; Tuesday 08:30-18:15; Wednesday 08:30-18:15; Thursday 08:30-18:15; Friday 08:30-18:15; Saturday 09:00-12:00
Your Local Boots Pharmacy, Kensington Street Health Centre, BD8 9LB	FX232	Monday 08:00-18:30; Tuesday 08:00-18:30; Wednesday 08:00-18:30; Thursday 08:00-18:30; Friday 08:00-18:30; Saturday 09:00-13:00
Your Local Boots Pharmacy, Kingsway Health Centre, BD16 4RP	FXT05	Monday 07:00-20:30; Tuesday 08:30-18:30; Wednesday 08:30-18:30; Thursday 08:30-18:30; Friday 08:30-18:30
Your Local Boots Pharmacy, Park Road Medical Centre, BD5 0SG	FTV45	Monday 08:00-18:30; Tuesday 08:00-18:30; Wednesday 08:00-18:30; Thursday 08:00-18:30; Friday 08:00-18:30; Saturday 09:00-12:00
Your Local Boots Pharmacy, Thornton Medical Centre, BD13 3LF	FHN56	Monday 08:30-18:00; Tuesday 08:30-18:00; Wednesday 08:30-18:00; Thursday 08:30-18:00; Friday 08:30-18:00; Saturday 09:00-12:30
Your Local Boots Pharmacy, Unit 3, New Line Retail Park, BD10 9AP	FN040	Monday 08:30-17:30; Tuesday 08:30-17:30; Wednesday 08:30-17:30; Thursday 08:30-17:30; Friday 08:30-17:30; Saturday 08:30-13:00

6. List of Pharmacies and Services provided

See separate Document Appendix 6: List of Pharmacies and Services provided

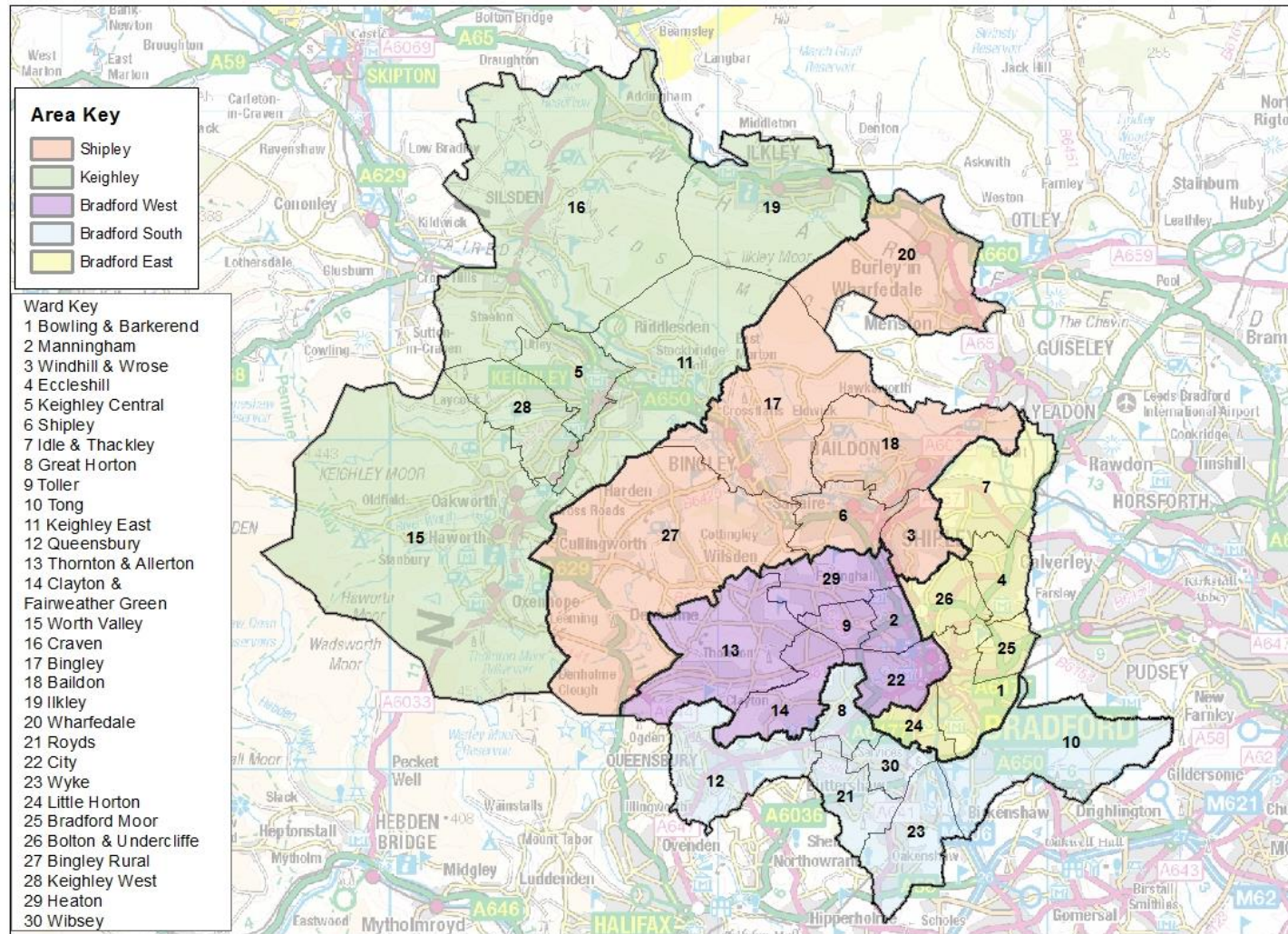
7. Maps

A number of maps have been produced showing the location of services within the District. These maps have helped to draw conclusions about whether current services meet the needs of the Bradford District population.

Map Number	Map Title
1	Map of Bradford District, including Area and Ward Boundaries
2	Map of Contractors on the pharmaceutical list within Bradford District, including Hospitals and GP practices
3	Map of Pharmacies with 1 mile radius
4	Map of Pharmacies within Bradford East
5	Map of Pharmacies within Bradford South
6	Map of Pharmacies within Bradford West
7	Map of Pharmacies within Keighley
8	Map of Pharmacies within Shipley
9	Map of Pharmacies and Deprivation
10	Map of Pharmacies providing Supervised Medication
11	Map of Pharmacies Providing Needle Exchange
12	Map of Pharmacies Providing Stop Smoking Support and Smoking Prevalence
13	Map of Pharmacies Providing Flu Vaccination
14	Map of Pharmacies providing NUMSAS
15	Map of Pharmacies open for Weekdays after 6pm
16	Map of Pharmacies open Saturdays
17	Map of Pharmacies open Sundays
18	Map of Pharmacies and Population Density
19	Map of Controlled Locality: Addingham
20	Map of Controlled Locality: Howarth

Map 1: Map of Bradford District, including boundaries of Areas used for area profiling

There are five areas in the District Compiled of 30 wards.

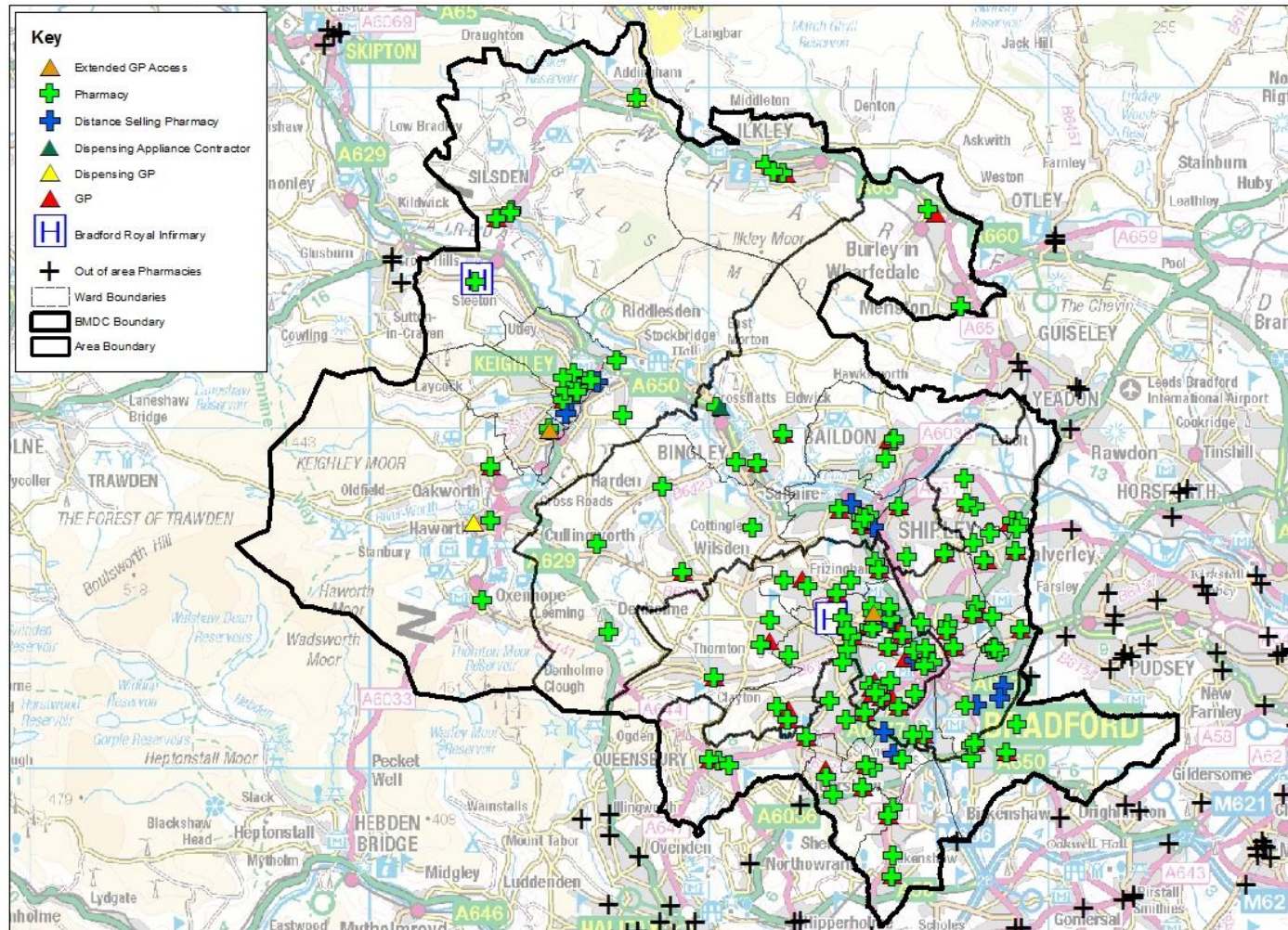


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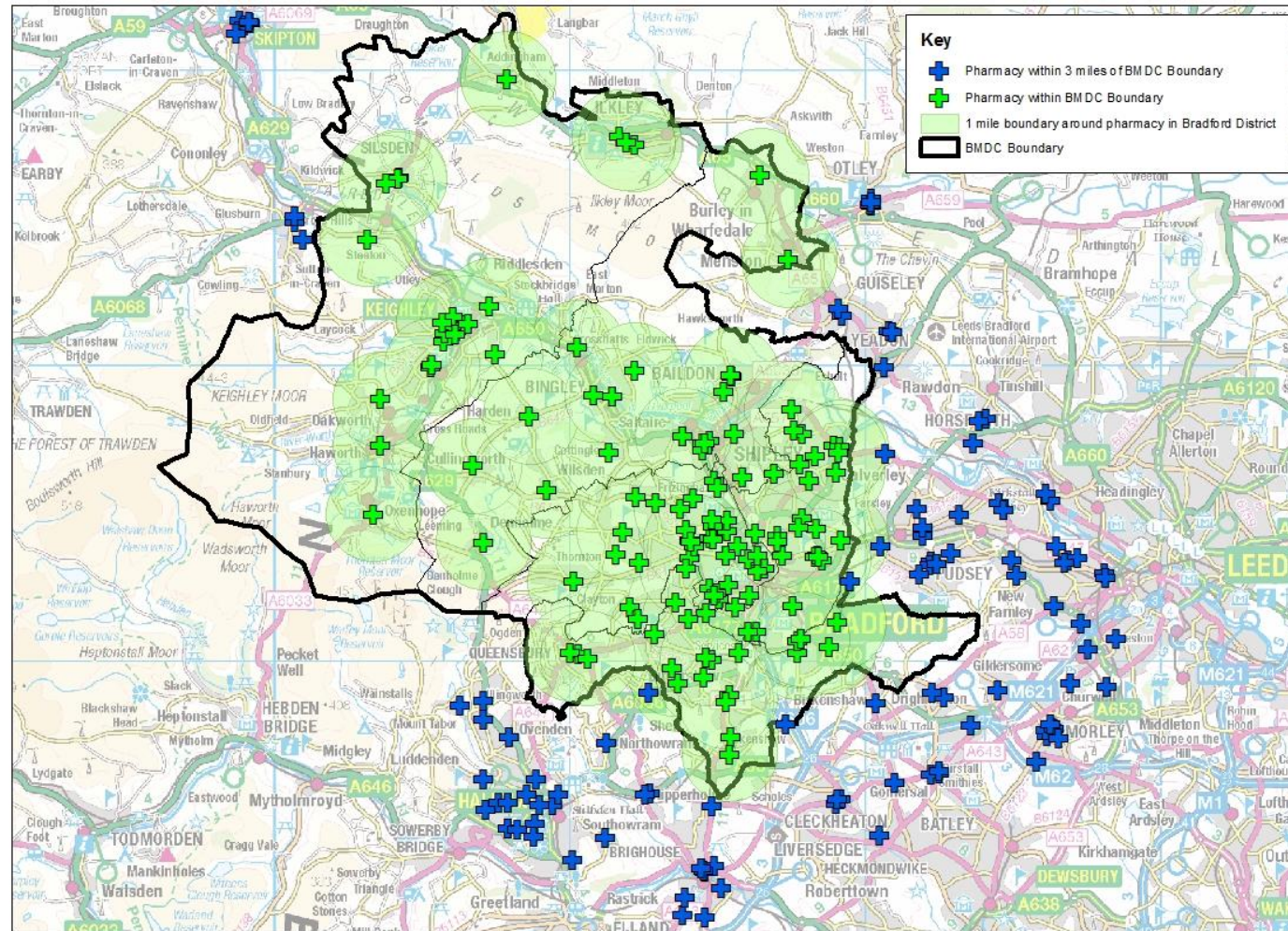
Map 2: Map of Contractors on the pharmaceutical list within Bradford District, including Hospitals and GP practices

This map shows that there is a good geographical distribution of pharmacies across the District. The number of pharmacies is greatest in the more densely populated areas of the district.



Map 3: Map of Pharmacies with 1-mile radius

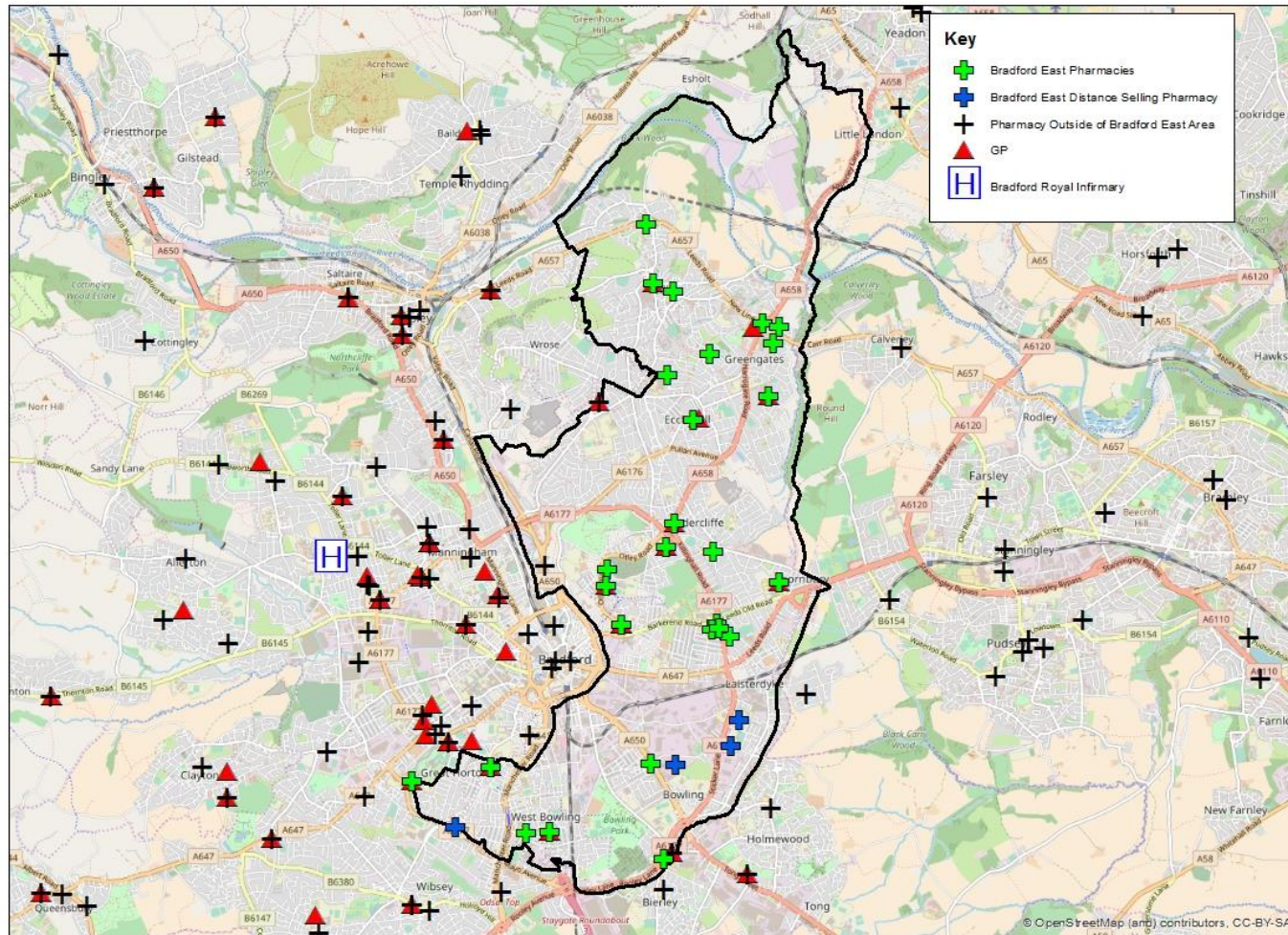
This map shows that almost all of the Bradford District population is within 1 mile of a pharmacy. The only areas where this is not the case are very rural areas in the North West of the District.



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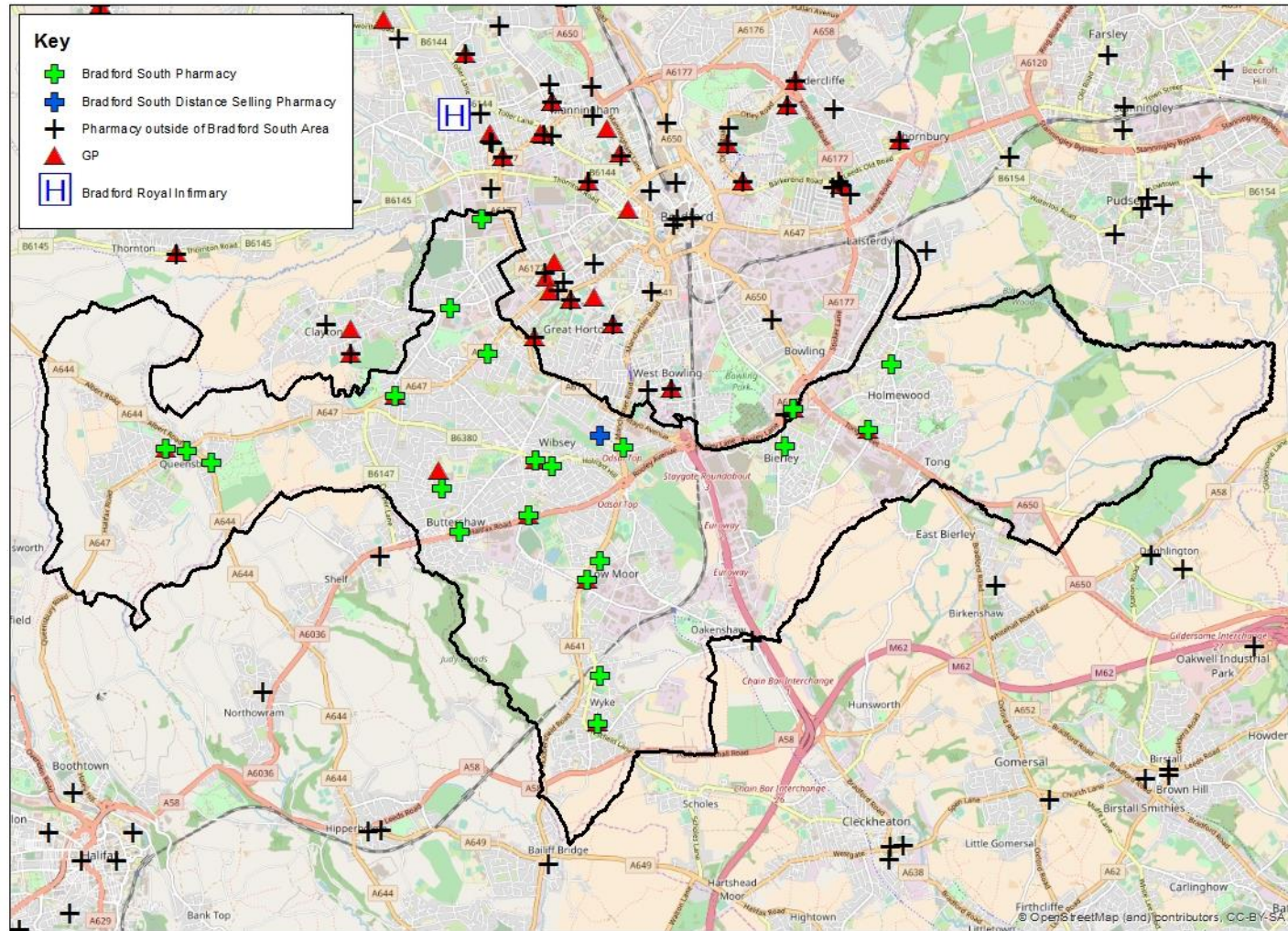
Map 4: Map of pharmacies within Bradford East Area



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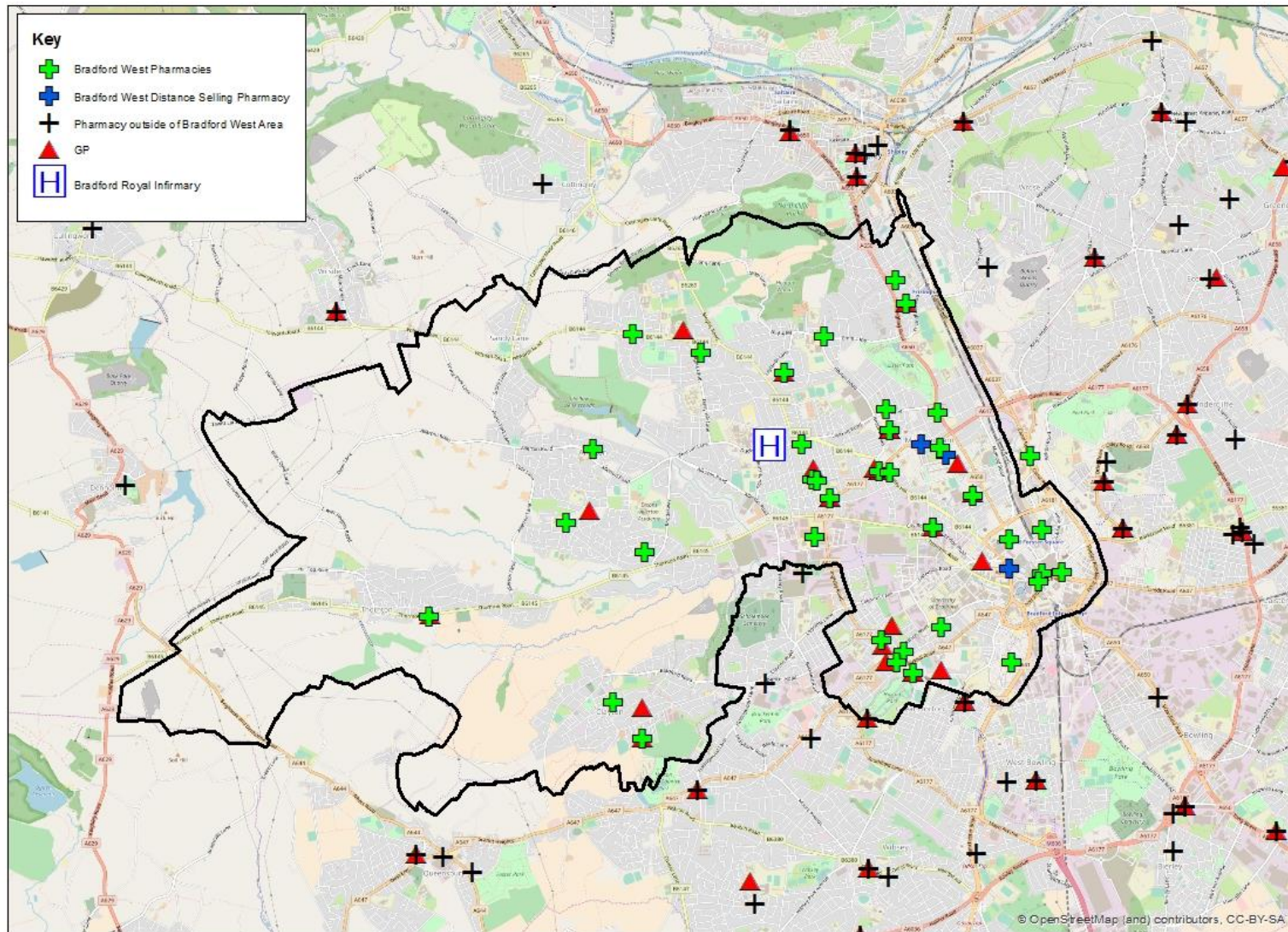
Map 5: Map of Pharmacies within Bradford South Area



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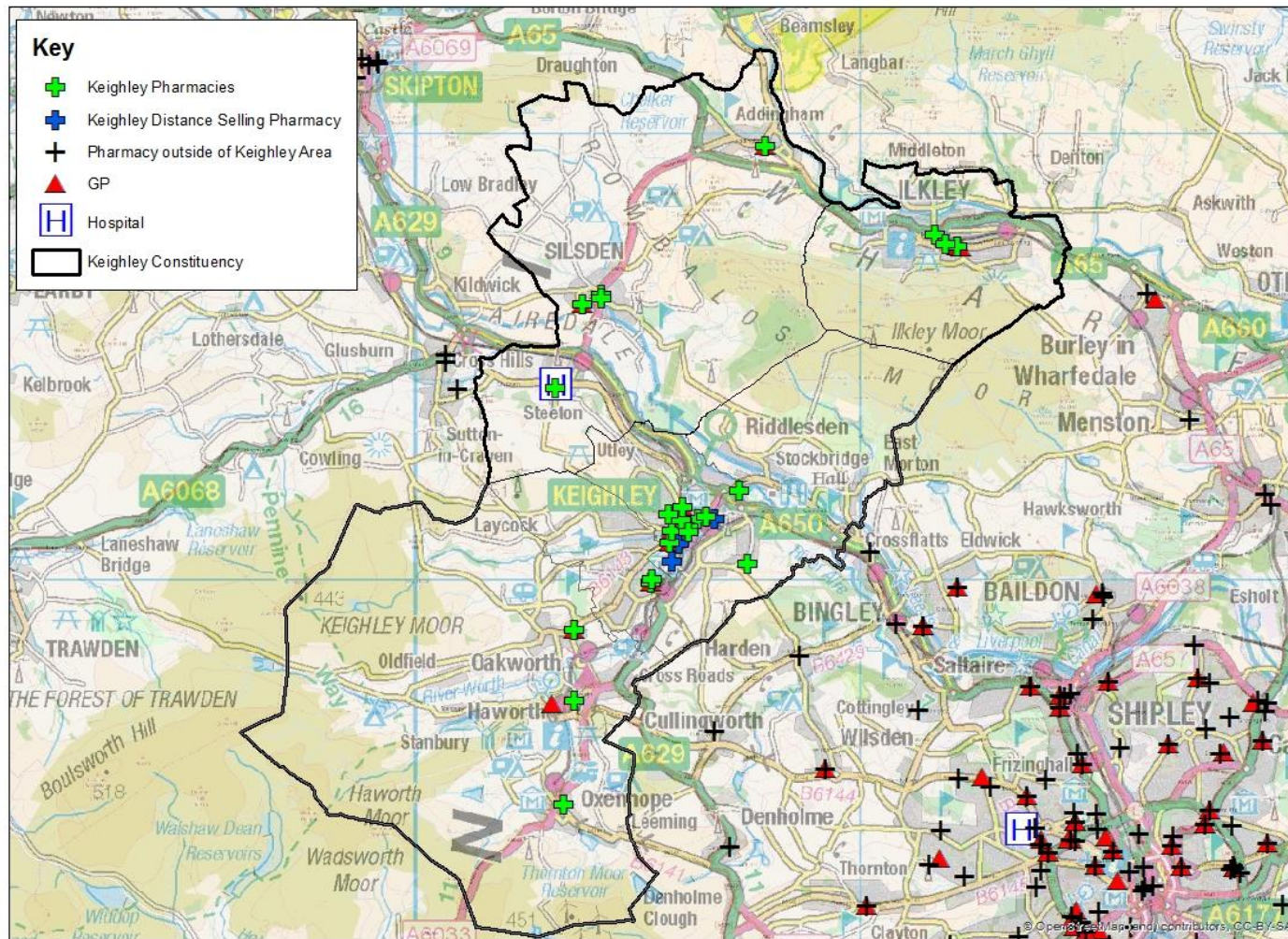
Map 6: Map of Pharmacies within Bradford West Area



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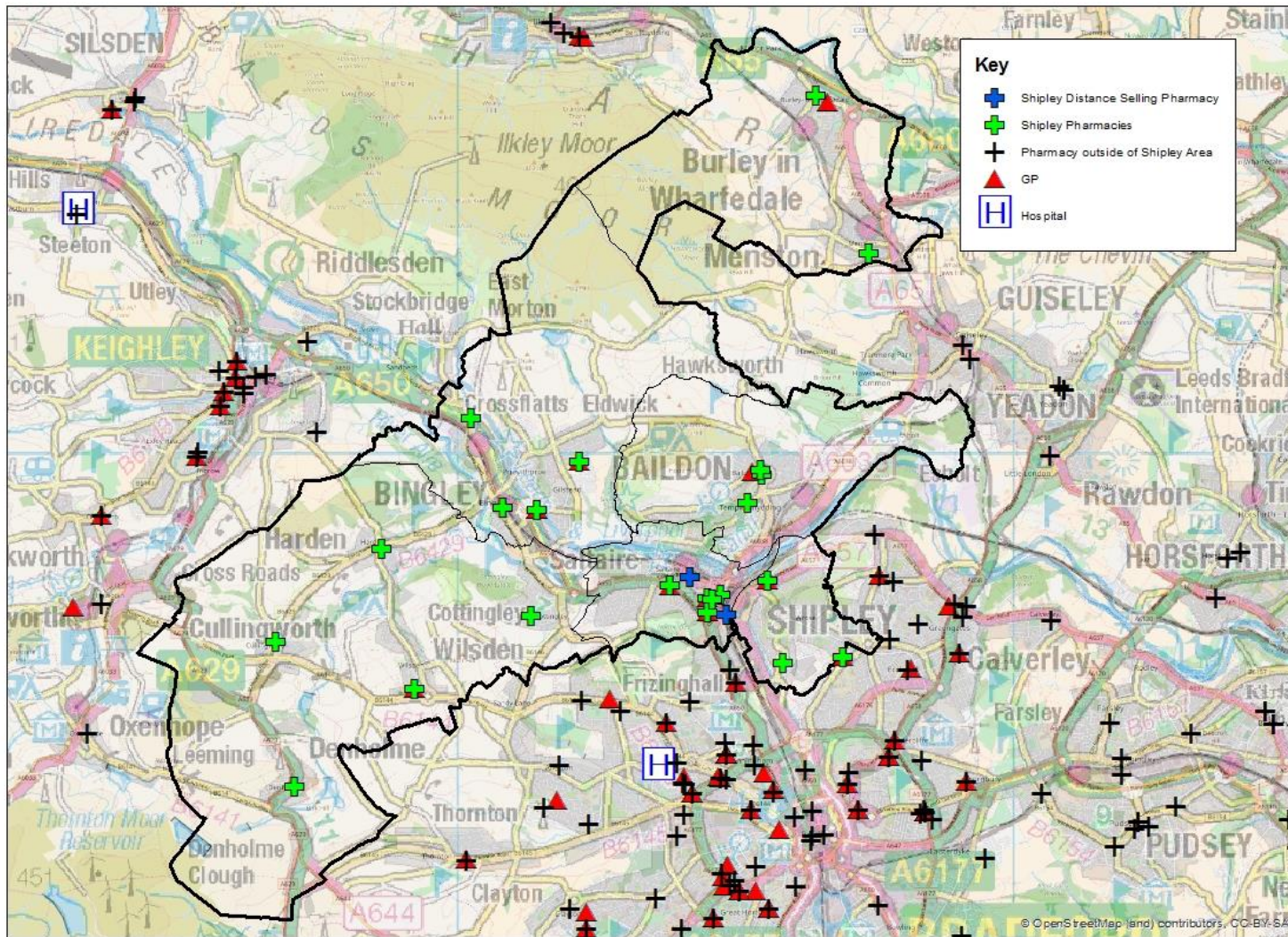
Map 7: Map of Pharmacies within Keighley Area



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Map 8: Map of Pharmacies within Shipley Area

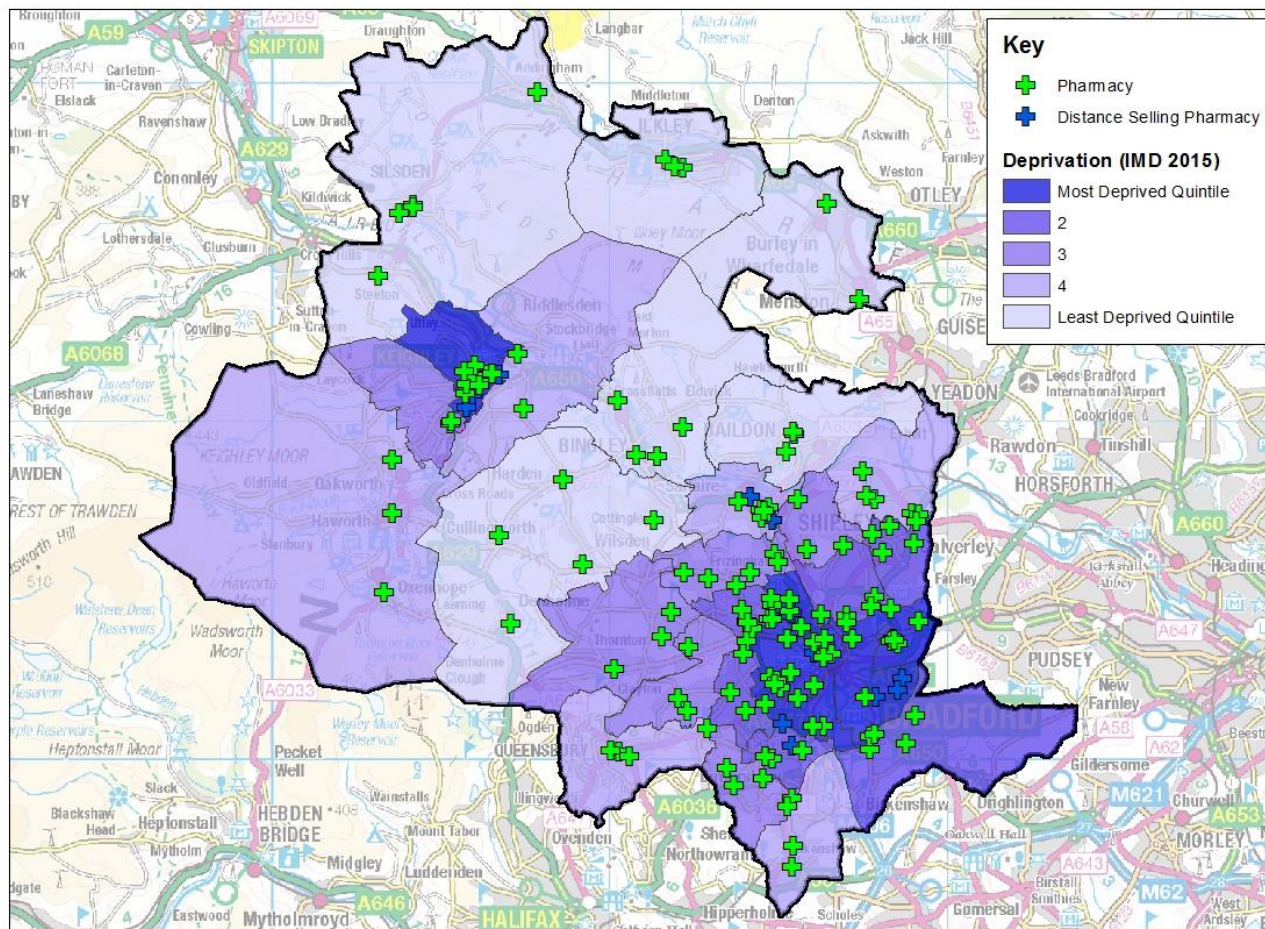


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Map 9: Map of Deprivation and Pharmacies

This map shows that the number of pharmacies is higher in the more deprived parts of the District, consistent with population need.

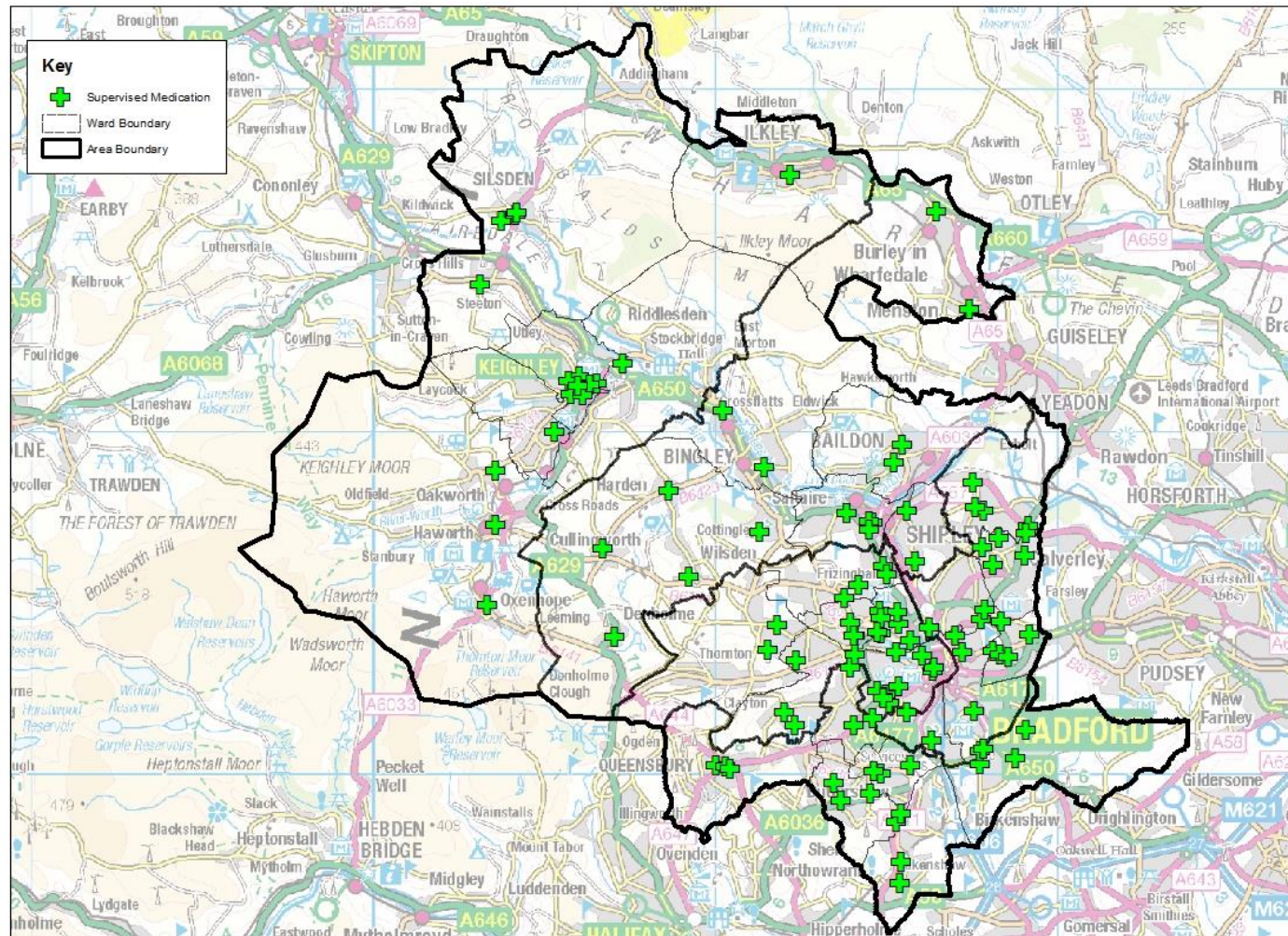


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Map 10: Map of Pharmacies providing Supervised Medication

This map shows the distribution of pharmacies which provide supervised medication for those who are in structured Drug Treatment. The distribution of services is consistent with areas of high need, as recognised in the substance misuse service review.

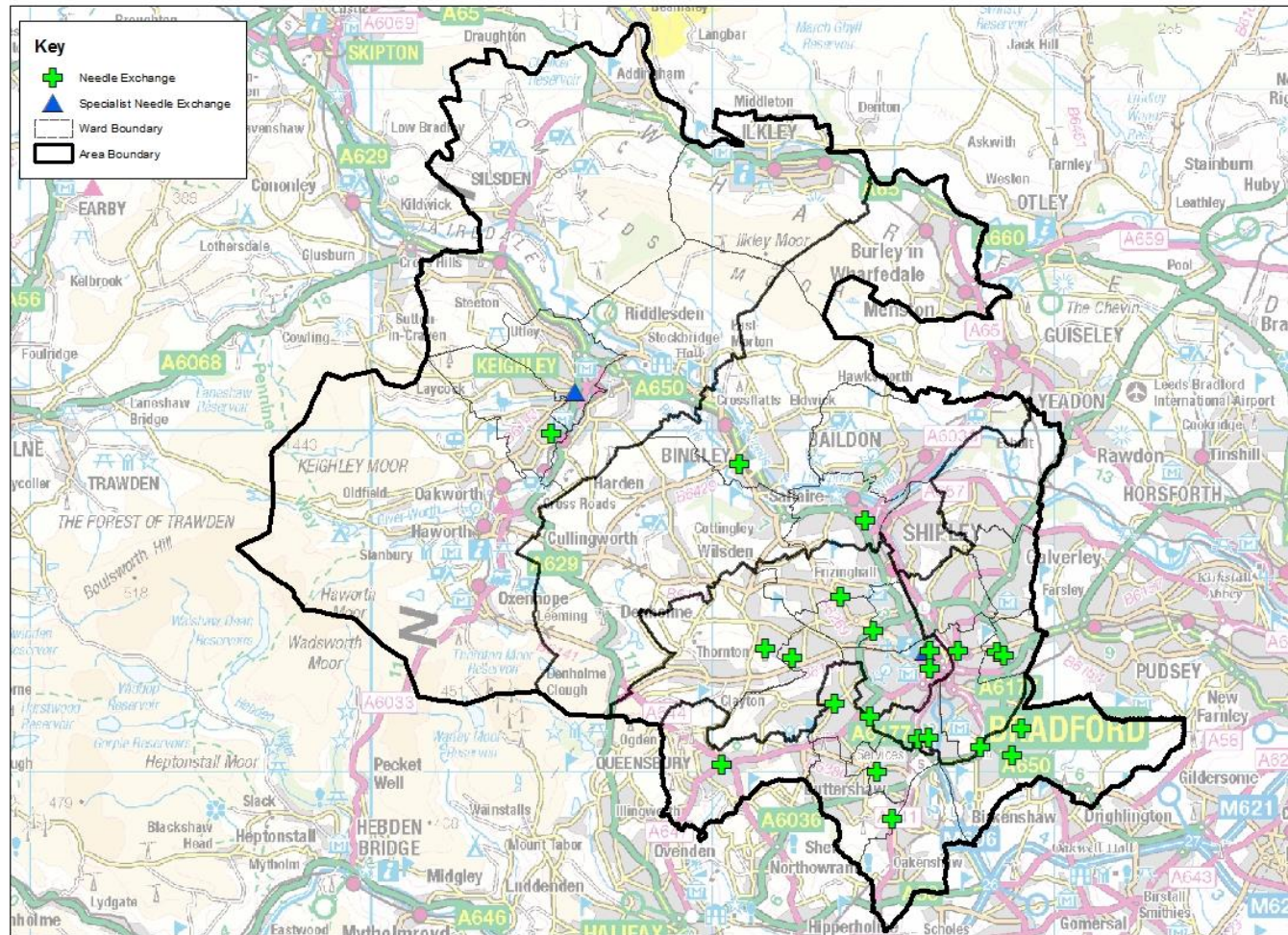


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Map 11: Map of Pharmacies Providing Needle Exchange

This map shows that there are 22 pharmacies providing Needle Exchange services. Provision is consistent with the need identified in the recent community needle exchange review.

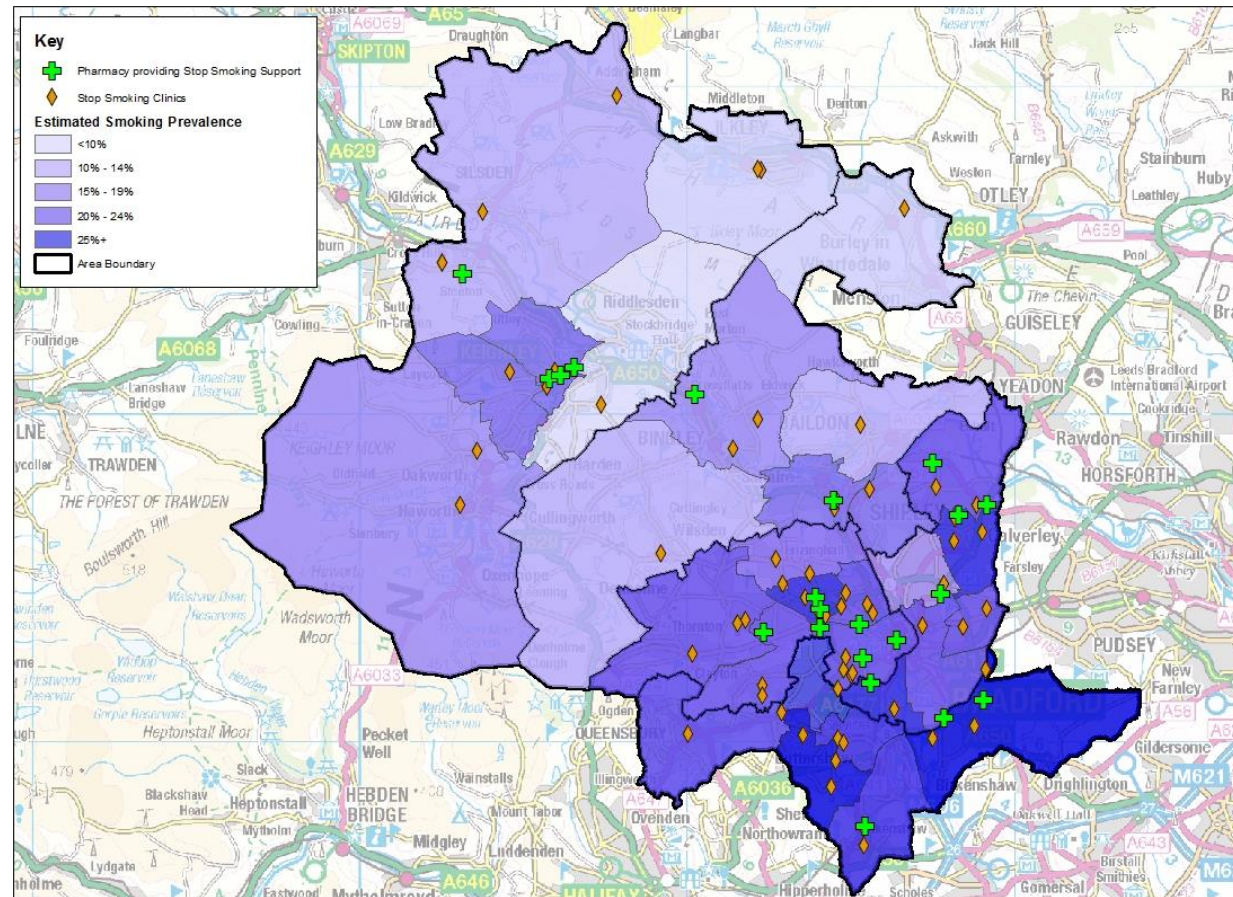


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Map 12: Map of Pharmacies Providing Stop Smoking Support and Smoking Prevalence

24 pharmacies provide stop smoking support across the District. Provision is consistent with those areas in highest need (as identified by smoking prevalence).



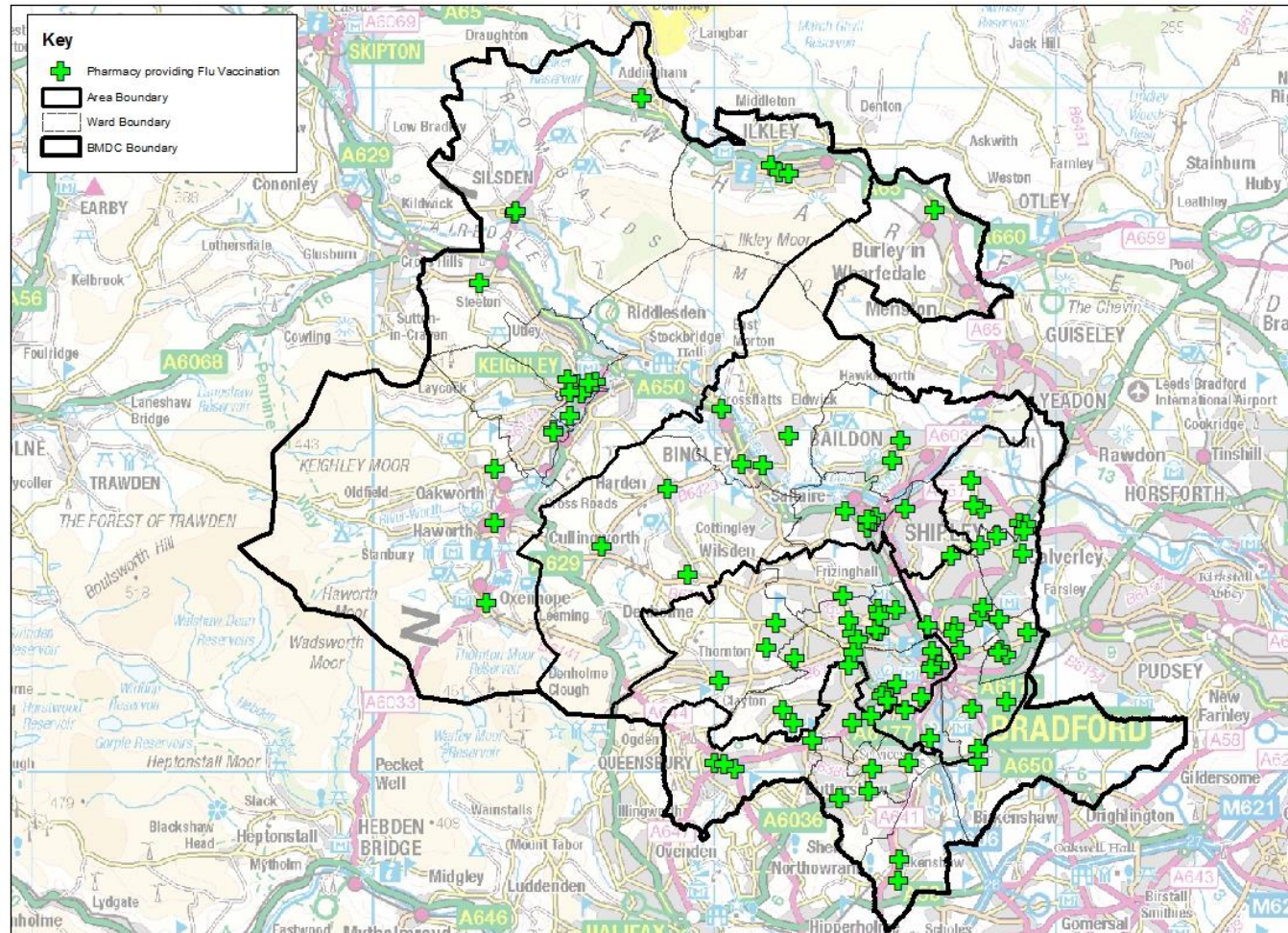
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N.B. Smoking Prevalence was calculated using the estimated smoking prevalence at GP practice level, the data was then aggregated to ward and area using postcode of GP practice, and not the postcode of where the patient is resident. Therefore, some caution needs to be used when interpreting the data.

Map 13: Map of Pharmacies Providing Flu Vaccination

A number of pharmacies offer the seasonal flu vaccine, in addition to the GP provided service. There is a good geographical distribution of locations in which people in the District can access the flu vaccine.

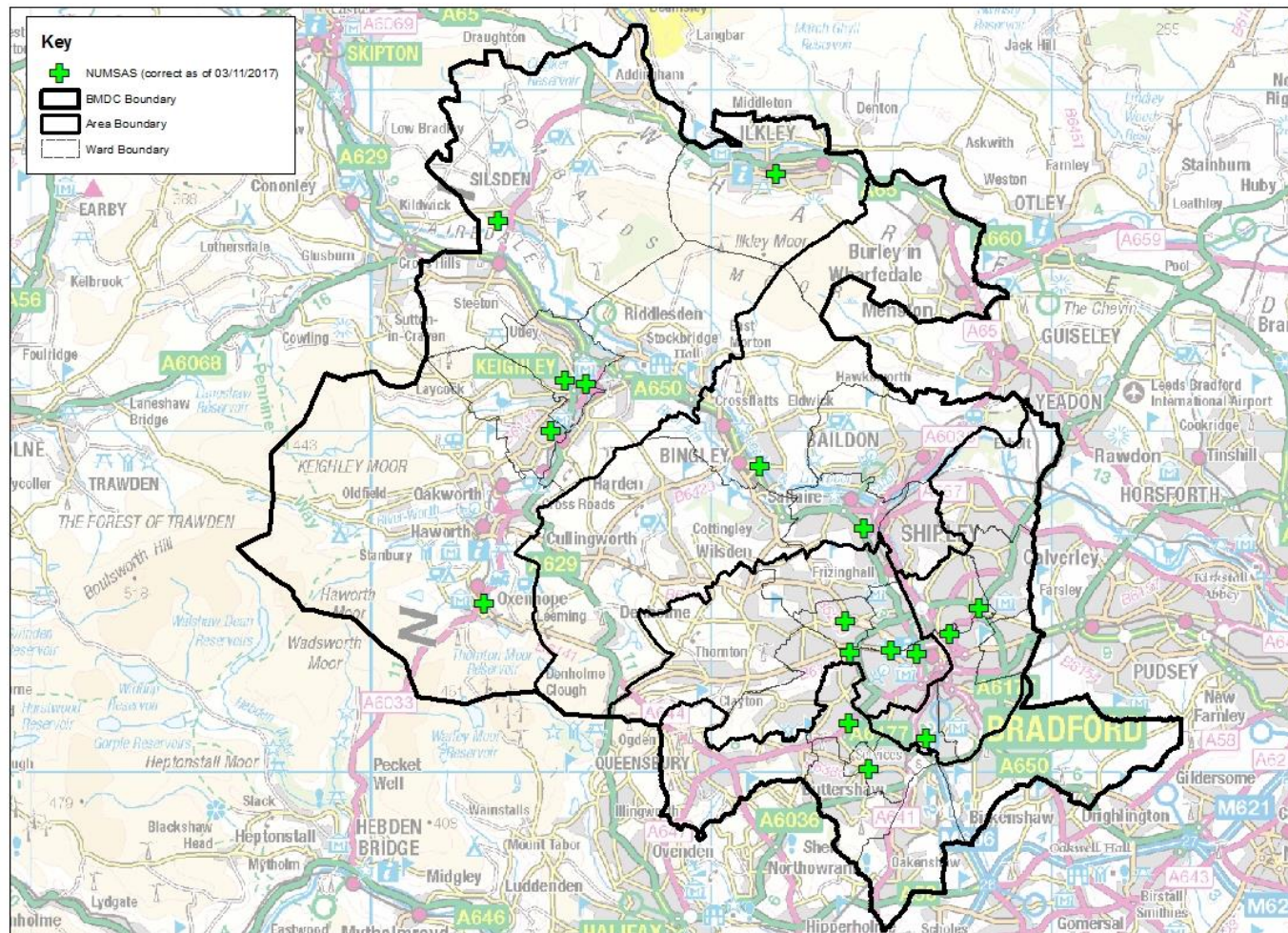


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Map 14: Map of Pharmacies providing NHS Urgent Medicine Supply Advanced Service (NUMSAS)

This map shows that the pharmacies providing the NHS Urgent Medicine Supply Advanced Service.

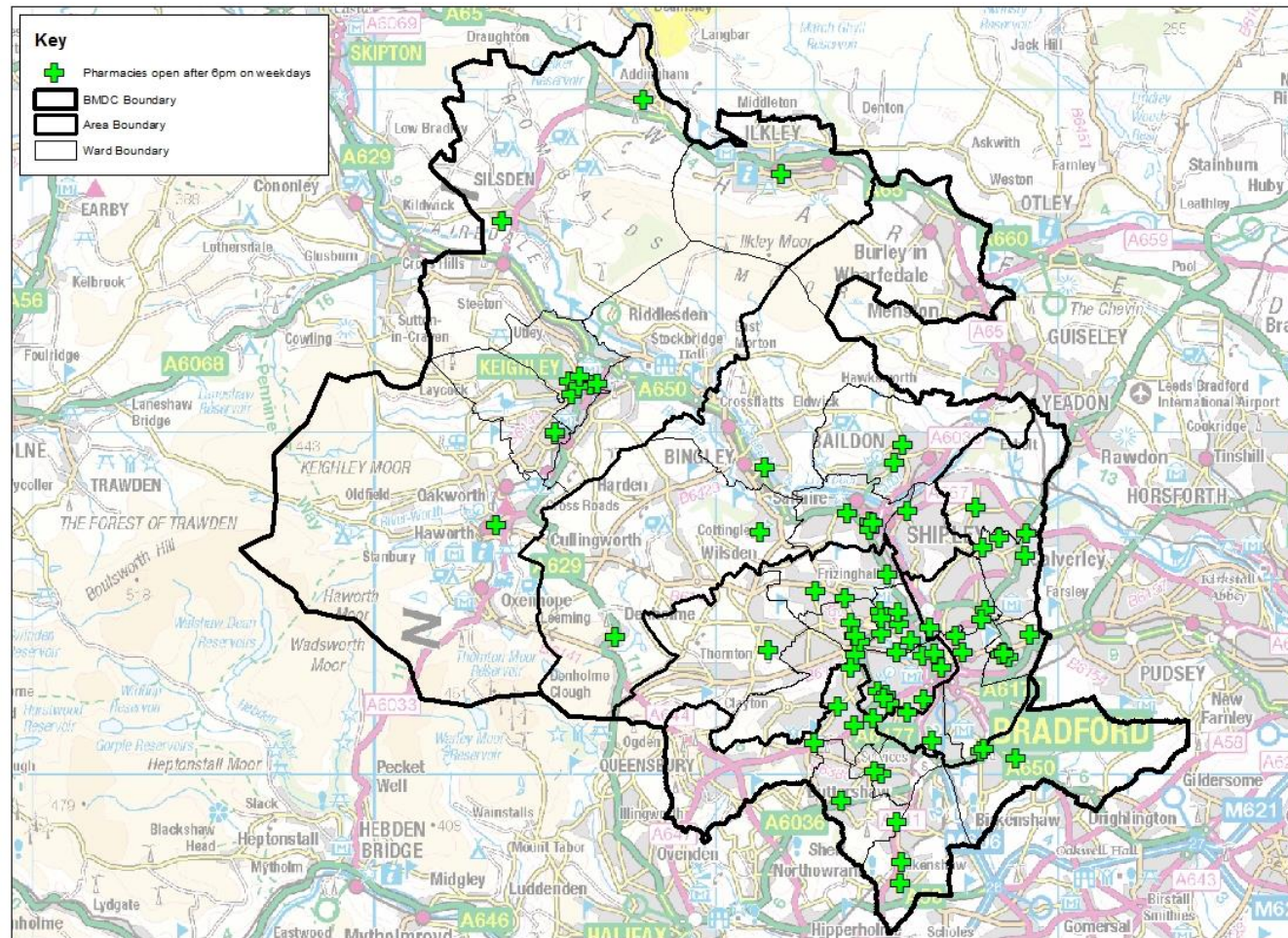


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Map 15: Map of Pharmacies Open Weekdays after 6pm

There are 81 pharmacies open past 6pm on weekdays. These are largely clustered around the urban areas which are most densely populated. There are fewer pharmacies open beyond 6pm in the more rural areas. Most pharmacies, however, appear to be easily accessible via transport links.

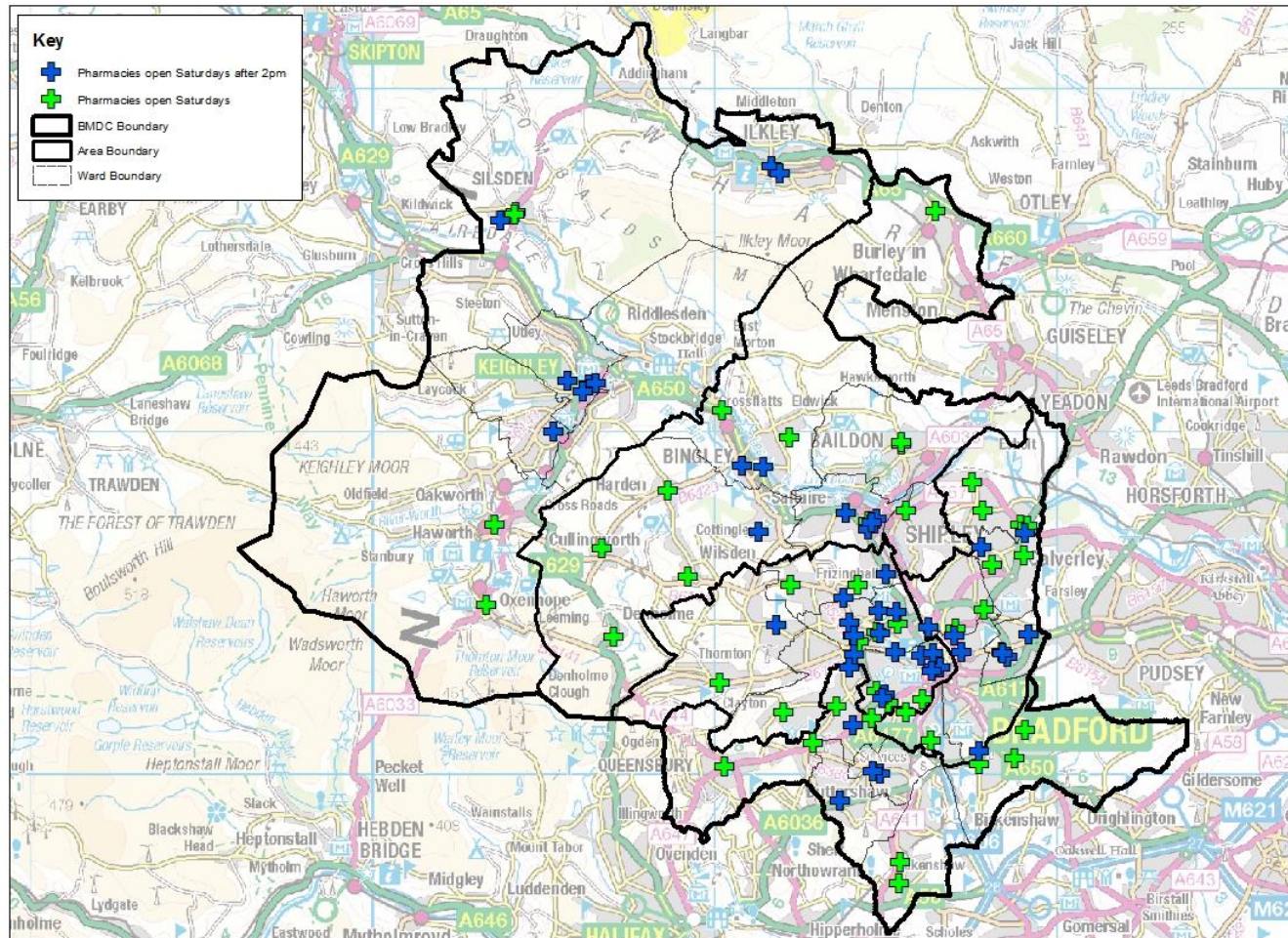


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Map 16: Map of Pharmacies open Saturdays

There are 95 pharmacies open Saturdays, 47 of which are opened past 2pm. These are largely clustered around the urban areas which are most densely populated. There are fewer pharmacies open on a Saturday in the more rural areas. However, most pharmacies appear to be easily accessible via transport links.

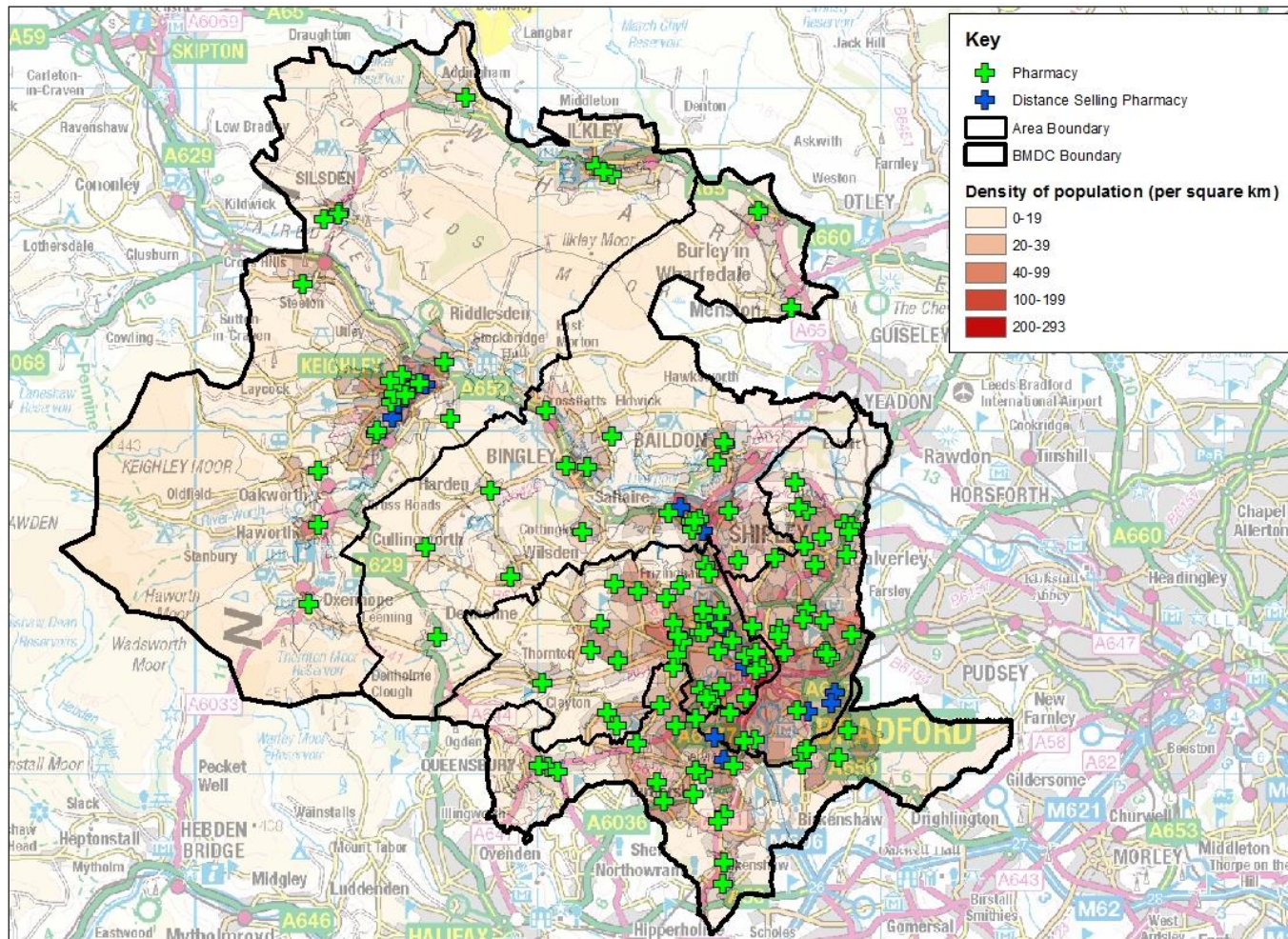


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Map 18: Map of Pharmacies including Population Density

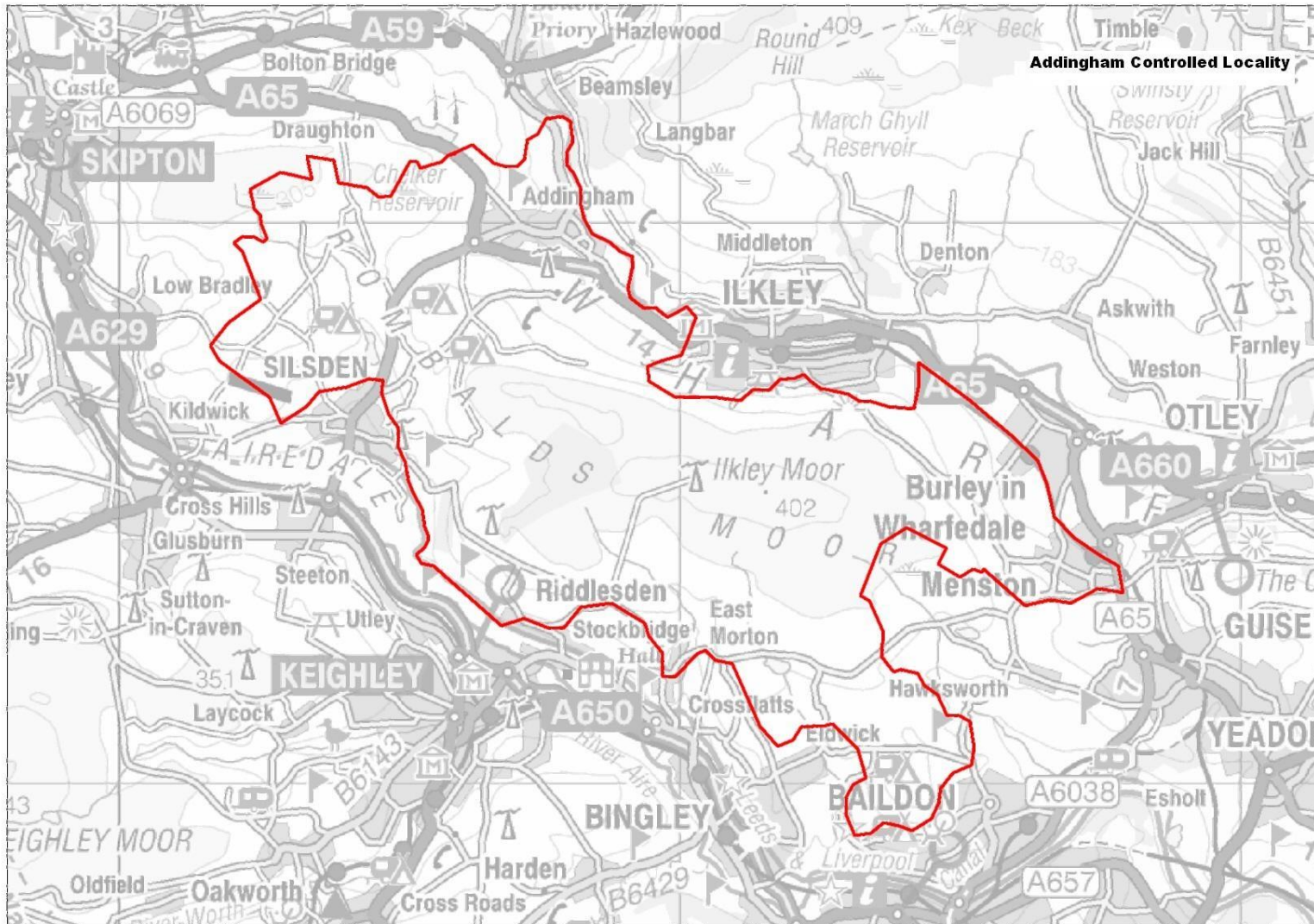
This map shows that the distribution of pharmacies closely corresponds with where people live in the District.



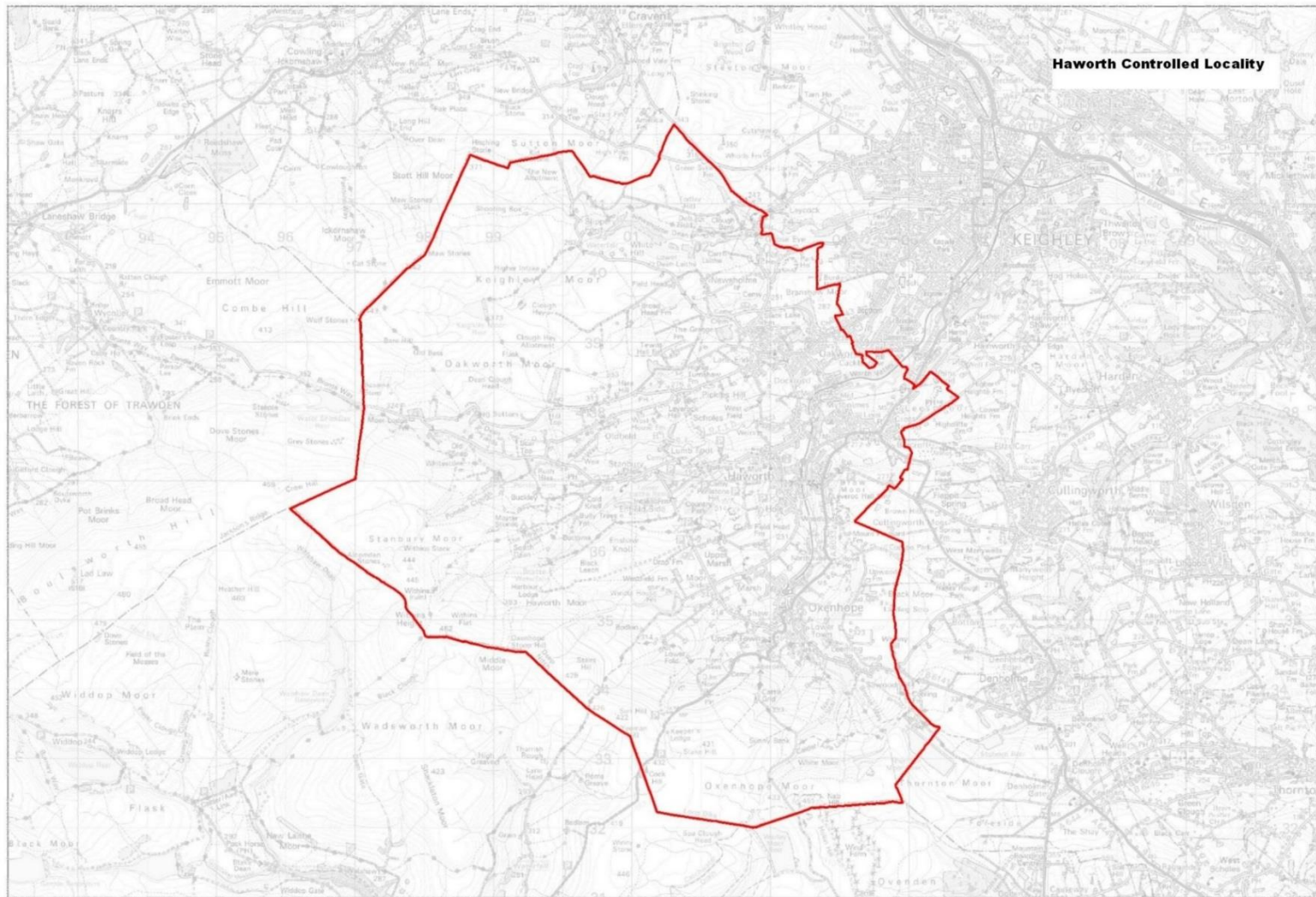
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Map 19: Map of Controlled Locality: Addingham



Map 20: Map of Controlled Locality: Howarth



Howarth Controlled Locality

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Performance and Information - Intelligence and Analysis
Map Ref. Du0101

8. Data Sources

Population	Mid 2016 population Estimates (LA level) (Mid 2015 for smaller areas) ONS
Population Density	2011 Census, ONS and ordinance survey, boundary line 2012
Indices of Deprivation	Department for Communities and Local Government 2015
Income Deprived Households	PHE Local Health, 2015
Employment Support Allowance & Incapacity Benefits	Department for Work and Pensions, February 2017
Unemployment claimant count (Job Seekers Allowance + those claiming Universal Credit who are out of work)	Department for Work and Pensions, September 2017
Overweight and Obese Children	National Child Measurement Programme, 2010-2015
Obese Adults	Public Health Outcomes Framework: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework
Life Expectancy	Primary Care Mortality Database, 2013-15
Standardised Mortality Ratios	Primary Care Mortality Database, 2006-15
Infant Mortality	Primary Care Mortality Database, 2006-2015
Smoking Prevalence	Tobacco Control Profiles: https://fingertips.phe.org.uk/profile/tobacco-control

9. PNA Consultation process, feedback and responses

PNA consultation process

Formal consultation on the draft of the PNA document, as required within the regulations, began on 7th November 2017, and continued until the 6th Jan 2018. All of the consultees required by the regulations were sent an e-mail with a link to the consultation document, with the option to request a hard document if they preferred.

The comments and responses received from this formal consultation are detailed here, including responses and amendments made to the draft PNA as a result of these comments. Only points of clarification and minor amendments have been made to the draft PNA; no substantive changes to the content have been made, and therefore no further period of consultation has been required.

What Questions were asked?

Question 1: I am responding to the questionnaire on behalf of:

- A local pharmacist
- A dispensing practice
- A non-dispensing practice
- A Health and Social Care Provider
- A Local Authority
- The Local Medical Committee
- The Local Pharmacy Committee
- A local CCG
- As an elected member/MP
- A voluntary or community sector organisation
- As a member of the public
- Other

Question 2: Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmaceutical provision in Bradford District? If no, why not?

Question 3: The Bradford PNA does not identify any gaps in the provision of pharmaceutical services. Do you agree? If not, why not?

Question 4: Do you think that the draft PNA accurately reflects the pharmacy needs of local people in Bradford? If not, why not?

Question 5: Is there any additional information that you feel should be included in the PNA? If yes, what additional information do you think should be included?

Question 6: Please use the box below to add any additional comments you have about the content of the PNA.

Responses

(i) Number of responses

21 responses were received in total from a range of stakeholders, detailed in the following table.

Respondent	Number of respondents
Dispensing practice	1
Health & Social Care provider	1
Community pharmacy	15
CCG	1
Local authority	1
Member of public	1
Local pharmacy committee	1

(ii) Summary of responses

Question	Response		
	Yes	No	Don't know
Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmaceutical provision in the Bradford District?	16	5	0
The Bradford District PNA does not identify any gaps in the provision of pharmaceutical services. Do you agree?	18	3	0
Do you think that the draft PNA accurately reflects the pharmacy needs of local people in Bradford District?	13	6	2
Is there any additional information that you feel should be included in the PNA?	6	13	2

(iii) Detailed responses to specific questions

Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmaceutical provision in the Bradford District?

Comment	Response
I do not feel the PNA goes into specific localities in enough detail. It does not take into account the levels of service patients are receiving.	The PNA draws on demographic and other information on the health and care needs of people in the District. Although this information is summarised in the PNA at an area level, the PNA has been informed by the JSNA and also the ward profiles. A statement has been added to Section 7 to highlight this.
The provision of emergency hormonal contraception services is due to discontinue in March 2018. Not all 25-year-old girls wish to see their GP about emergency hormonal contraception, or attend specialist centres.	This was a budgetary decision taken by CBMDC in 2017. Full details, including mitigation actions and the equality impact assessment are available at www.bradford.gov.uk
It is mainly a stay as we are document without thought for the future, and not particularly linked to the strategic health direction.	Section 3.5 includes a summary of, and link to the Community Pharmacy Forward View. This sets out the sector's ambitions to enhance and expand the personalised care, support and wellbeing services that community pharmacies provide. Section 6 outlines some of the factors likely to impact on pharmacy provision over the next three years, including the Five Year Forward View and the GP Forward View. This section has been amended to include the development of communities/localities in the District, including

	primary care homes, and considers the potential role of community pharmacy.
Not enough information regarding health services provided in the District.	The PNA provides a summary of health and care services in the District. This includes primary care, acute trusts, the care trust, GP out of hours, dental services, optometry services and pharmacies. The PNA recognises that not all health, care and support services are listed because there are a significant number of services across the District. Such services are provided by a range of providers in the District, including the VCS.
Yes, the PNA contains relevant information about the health and pharmaceutical needs of the population.	

The Bradford PNA does not identify any gaps in the provision of pharmaceutical services. Do you agree?

Comment	Response
Particular areas in Bradford have had growth in population numbers and reduced commissioned services. These are not addressed in the PNA.	The PNA describes the projected population growth over the next three years (which is the life span of the PNA); this includes future housing plans. Whilst there has been some population growth since the publication of the last PNA, the current community pharmacy network has absorbed the demand for services. This is supported by the findings from the public questionnaire in which 91% of respondents stated that they were able to get to a pharmacy of their choice when they needed to.
No mention of domiciliary medication use reviews. Often house bound or care home patients are those in most need of a review.	Domiciliary MURs can be completed by community pharmacies if they feel it is appropriate, after approval via NHS England. Bradford City and Districts CCGs commission MeSH (Medicines Support at Home). This is a medicines optimisation service which reduces inappropriate polypharmacy in vulnerable people. The service is unique as it is a detailed level 3 medication review carried out in the person's own home. It addresses intentional and unintentional non-adherence, rationalises, optimises and provides information on medicines for people. As it is performed in a person's own home it can also address hoarding, waste and supply issues.
Self-care is not working. Most medicines available over the counter are of dubious value.	It is not within the scope of this review to comment on the effectiveness of any medicines or other products available in pharmacy settings. Promoting self-care is a priority in the District. There is a District wide Self Care and Prevention Programme, which works with a number of partners including the VCS, general practice and community pharmacy.

<p>In some* areas we have found feedback from patients regarding local pharmaceutical services is that of overwhelming dissatisfaction.</p>	<p>The purpose of the PNA is to assess the need for local pharmaceutical services, rather than make an assessment on the quality of current services. Under the provisions of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 pharmacy contractors are required to have in place arrangements for the handling and consideration of complaints. If there are concerns about individual pharmacies then these should be raised with the relevant pharmacy or NHS England as the commissioner.</p>
<p>Yes. The draft PNA reflects our view that Bradford Metropolitan District has an excellent spread of pharmaceutical services and that there are no gaps in the provision of pharmaceutical services.</p> <p>The draft PNA conclusions make reference to changes to extended GP access schemes and this may impact on the need for pharmacy services, particularly pharmacies opening beyond 6pm and at weekends. The PNA should make reference to the existing pharmacy opening hours, which are mapped and demonstrate extensive opening beyond 6pm during the week, and over the weekend. We suggest that the conclusion should be amended to reflect the current extended opening hours, and how these are likely to be sufficient to cover and extended GP opening hours, that the situation will remain under review (with named organisations taking the lead for this), and any additional cover is likely to be met by an existing pharmacy contractor currently on the pharmaceutical list.</p>	<p>Section 6.3 of the PNA has been amended.</p>

*Please note that information naming specific pharmacies in the feedback has been suppressed.

Do you think that the draft PNA accurately reflects the pharmacy needs of local people in Bradford?

Comment	Response
<p>Population growth not taken into account.</p>	<p>The PNA describes the projected population growth over the next three years (which is the life span of the PNA); this includes future housing plans. Whilst there has been some population growth since the publication of the last PNA, the current community pharmacy network has absorbed the demand for services. This is supported by the findings from the public questionnaire in which 91% of respondents stated that they were able to get to a pharmacy of their choice when they needed to.</p>
<p>Minor ailment service. Think that should be re-</p>	<p>The commissioning of advanced, additional or</p>

introduced based on location of the pharmacy. Next to the pharmacy where I work there is a nursery and a primary school which will be useful.	other services from community pharmacies is a commissioning decision.
Pharmacies should be able to carry on providing emergency hormonal contraceptive services to 25 and under, as we have now undergone the adult and vulnerable training events, and the healthy living pharmacy assessments to give advice.	This was a budgetary decision taken by CBMDC in 2017. Full details, including mitigation actions and the equality impact assessment are available at www.bradford.gov.uk
Unnecessary hospital admissions are still a problem.	Keeping people well and in their own home is a priority for the health and care system in Bradford District. It is recognised that community pharmacy has an important role as part of the health and care system. This is recognised in section 6 of the PNA.
Lack of choice in the area has led to a perceived monopoly that many patients are compelled to utilise where if they were given a choice they probably would not.	<p>The PNA has considered a range of factors related to choice, including geographical access to pharmacies, opening hours, and services provided; it has not identified any gaps based on these factors. The regulations recognise that although more than one pharmacy may be owned by the same organisation, that individual pharmacies are separate pharmacy contractors.</p> <p><i>'Regulation 18(2)(b)(i) – Members noted that the applicant has not given any evidence that there is not a reasonable choice with regard to obtaining pharmaceutical services in this area. Although the two existing pharmacy contracts are owned by the same organisation, each pharmacy is a separate pharmacy contractor and offers the population a choice in services, pharmacy teams, responsible pharmacist, opening hours, location and style of pharmacy (health centre and high street shop).'</i></p> <p>Reference: The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013</p>
Does not identify any possible needs and does not offer any possible services to meet needs.	The PNA has examined the needs from the perspective of the NHS terms of service. The PNA describes some of the opportunities for community pharmacy to provide additional services to enhance the health and wellbeing of people in Bradford District. It is likely that such services will be commissioned from existing pharmacy providers who have expressed a willingness in the Community Pharmacy Network to provide additional services, rather than through the commissioning of new pharmacies.
Yes, the draft PNA accurately reflects the needs of the population in Bradford.	

Is there any additional information that you feel should be included in the PNA? If yes, what additional information do you think should be included?

Comment	Response
More integration with GPs and other health providers to support public health and self-care.	Section 6 of the PNA has been amended to include the development of communities and localities in the District, including primary care homes, and considers the potential role of community pharmacy.
More information about depression and mental health	The PNA has utilised information from the JSNA on mental health and mental wellbeing. This can be accessed here: https://jsna.bradford.gov.uk/
New services to help meet the needs of the population and minor ailments.	The commissioning of advanced, additional or other services from community pharmacies is a commissioning decision. The PNA describes some of the opportunities for community pharmacy to provide additional services to enhance the health and wellbeing of people in Bradford District. It is likely that such services will be commissioned from existing pharmacy providers who have expressed willingness in the Community Pharmacy Network to provide additional services, rather than through the commissioning of new pharmacies.
Regulation 4 outlines that the PNA must contain the information set out in schedule 1. Schedule 1, point 7 in turn outlines that the PNA must include a map of provision. It is recommended that the map of the premises at which pharmaceutical services are provided is included in the body of the PNA.	Map 2 from the appendix has been included in the main body of the report.
Bradford is a university city. As such there will be an influx (both on a daily and term-time basis) of (mainly young) people. The requirements of this cohort of population should be noted within the PNA. This need is met by the current pharmaceutical provision but this should be captured within the PNA.	Section 4.1 of the PNA has been amended to include a statement about the university population.
There has been a significant growth in the number of Healthy Living Pharmacies (HLP) over the past 12 months. The body of the PNA should make reference to HLPs. The number of Healthy Living Pharmacies is set to rapidly increase by November 2017. The final published PNA should include updated figures of the number of HLP pharmacies. Currently there are 112 HLPs within the district.	Section 3 of the PNA has been amended to include a statement about Health Living Pharmacies.
The PNA does not define the type of pharmacy (e.g. Distance-selling pharmacy, 100-hour pharmacy, Dispensing Appliance Contractor) and the restrictions this places upon them. E.g. Distance-selling pharmacy is not defined and it is therefore not clear that a distance-selling pharmacy cannot provide face-to-face essential services.	Section 3 of the PNA has been amended to clarify the different types of pharmacy available.

<p><u>Pharmaceutical list</u> Dispensing appliance contractors (appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc). They cannot supply medicines. There is one Dispensing Appliance Contractor in Bradford and this contractor should be included within the PNA and the relevant maps (marked as a Dispensing Appliance Contractor).</p>	
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Additional comments

Comment	Response
<p>Certain areas, particularly the outer district areas, have had substantial growth in housing and people living there. These have not been taken into account appropriately. Particularly in areas that are having increased people moving there as affordable houses are being built; these are also paired with the ageing population of that area also. When taking all this into consideration, the current pharmacy provisions of those areas are likely to be inadequate, but this is not mentioned in the PNA. I would like more consideration of these areas for this reason.</p>	<p>The PNA describes the projected population growth over the next three years (which is the life span of the PNA); this includes future housing plans. Whilst there has been some population growth since the publication of the last PNA, the current community pharmacy network has absorbed the demand for services. This is supported by the findings from the public questionnaire in which 91% of respondents stated that they were able to get to a pharmacy of their choice when they needed to.</p>
<p>As a GP in *** my colleagues and I have found the following locally:</p> <ol style="list-style-type: none"> 1) Feedback from patients regarding local pharmaceutical services is that of overwhelming dissatisfaction. 2) Lack of choice in the area has led to a perceived monopoly that many patients are compelled to utilise where if they were given a choice they probably would not. 3) Over the last 3-5 years, with the number of affordable houses being built in the area, there has been a huge influx of new patients. However, there has been no increase in the pharmacy services available. 4) GPs at some* practices have said that they have raised concerns to NHS England due to a number of recent significant events. 	<ol style="list-style-type: none"> 1) The purpose of the PNA is to assess the need for local pharmaceutical services, rather than make an assessment on the quality of current services. Under the provisions of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 pharmacy contractors are required to have in place arrangements for the handling and consideration of complaints. If there are concerns about individual pharmacies, then these should be raised with the relevant pharmacy or NHS England as the commissioner. 2) The PNA has considered a range of factors related to choice, including geographical access to pharmacies, opening hours, and services provided; it has not identified any gaps based on these factors. The regulations recognise that although more than one pharmacy may be owned by the same organisation, that individual pharmacies are separate pharmacy contractors. <i>‘Regulation 18(2)(b)(i) – Members noted that the applicant has not given any evidence that there is not a reasonable choice with</i>

	<p><i>regard to obtaining pharmaceutical services in this area. Although the two existing pharmacy contracts are owned by the same organisation, each pharmacy is a separate pharmacy contractor and offers the population a choice in services, pharmacy teams, responsible pharmacist, opening hours, location and style of pharmacy (health centre and high street shop).'</i> Reference: The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.</p> <p>3) The PNA describes the projected population growth over the next three years (which is the life span of the PNA); this includes future housing plans. Whilst there has been some population growth since the publication of the last PNA, the current community pharmacy network has absorbed the demand for services. This is supported by the findings from the public questionnaire in which 91% of respondents stated that they were able to get to a pharmacy of their choice when they needed to.</p> <p>4) The purpose of the PNA is to assess the need for local pharmaceutical services, rather than make an assessment on the quality of current services. Under the provisions of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 pharmacy contractors are required to have in place arrangements for the handling and consideration of complaints. If there are concerns about individual pharmacies then these should be raised with the relevant pharmacy or NHS England as the commissioner.</p>
<p>Bradford City and Districts CCGs understand the issues in the development of the PNA, but in future would welcome involvement of both strategic and clinical commissioning staff at the earliest opportunity. The CCGs realise that, although the current primary focus of community pharmacy is related to issuing prescriptions, the CCGs will welcome the future involvement of community pharmacy in the development of the primary care home (PCH) communities and locality hubs, as community pharmacists have a key role in promoting and supporting self-care. As the new PCH communities and locality hubs become established, it will be important to determine where the nearest pharmacies are located and whether they are open appropriately. Given there us a wide coverage of</p>	<p>A PNA Steering Group was established on behalf of the Health and Wellbeing Board to oversee the development of the PNA. The Steering Group included representation from the CCGs.</p> <p>Section 6 of the PNA has been amended to include the development of communities/localities in the District, including primary care homes, and considers the potential role of community pharmacy.</p>

<p>community pharmacies across Bradford, it is not thought to be a problem currently, nor anticipated to become so in the next few years. Related to GPs working at scale and the development of PCH communities, and greater locality hub working, it would be helpful in the future if GPs could change the nomination of a patient to another community pharmacy as a one off to enable ETP to take place.</p>	
<p>Does not identify any further needs or services where services have been withdrawn or lacking. No mention of any new services on offer or that could be offered in the future.</p>	<p>One of the main purposes of the PNA is to support decision making in terms of market entry for NHS England. It can also be used to support local commissioners to identify opportunities to deliver health and wellbeing services and interventions in pharmacy settings. The PNA highlights the Community Pharmacy Forward View which sets out the sector's ambitions to radically enhance and expand personalised care, support, and wellbeing services that community pharmacies provide. The development of any new services is a commissioning decision. The PNA describes some of the opportunities for community pharmacy to provide additional services to enhance the health and wellbeing of people in Bradford District. It is likely that such services will be commissioned from existing pharmacy providers who have expressed willingness in the Community Pharmacy Network to provide additional services, rather than through the commissioning of new pharmacies.</p>
<p>Thank you for our copy of the draft PNA. We acknowledge that a thorough process has been followed in liaising with, and seeking feedback from, the public, relevant parties, and organisations during the production of the PNA, and we confirm that we believe it meets the requirements as set out in the regulations. Access to pharmacies for residents in the Keighley District is also improved by neighbouring pharmacies e.g. on map 17 there are additional pharmacies open on a Sunday in Skipton that Bradford residents should be able to access easily. The North Yorkshire draft PNA has concluded that no changes are required to provision in these areas.</p>	<p>The conclusions of the North Yorkshire PNA are important to note. It highlights that there are community pharmacies in the North Yorkshire area that enhance access to community pharmacy services for residents in Bradford District.</p>
<p>Community Pharmacy support the overall content and sentiment expressed in the draft PNA but have a number of suggestions as to how it could be improved in line with the regulatory requirements.</p> <p>With reference to <i>“The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013”</i>:</p>	

Schedule 1 – Information to be contained in pharmaceutical needs assessments

Section 2.2. How the assessment was carried out?

Community Pharmacy West Yorkshire are confident that these points have been taken in to account but do not believe this has been explained clearly enough in the draft PNA. The PNA should include an **explanation** of how the assessment was carried out, and in particular; how it has determined what the localities are in its area and the differing needs of these localities and how it has taken in to account the different needs of people who share a protected characteristic.

The draft PNA is not, in our view, explicit enough when explaining the position taken on gaps in provision.

The current conclusion of the PNA states ‘There is no evidence from this PNA that there is insufficient pharmacy provision in the Bradford District’. This is a negative statement which does not clearly conclude that there is a reasonable and adequate choice of pharmacies in all areas of Bradford.

We suggest that terminology from the regulations is used to add to the clarity of the document for one of its significant purposes; market entry. The sentiment of the draft PNA could be summarised with the following statements which we would suggest should be added to the final version

- “There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board”
- “There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board”
- “The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.”

Part 2 – Pharmaceutical needs assessment

Regulation 9(1). Community Pharmacy West Yorkshire also believes that all areas of Bradford have a reasonable choice of pharmaceutical services.

Section 7 has been amended to include an explanation of how the assessment was carried out.

The terminology used in section 7 to describe the assessment of need has been amended to ensure consistency with the regulations.

<p>Regulation 9(2). We are not aware of any expected significant changes to demography, population size or changes to the health or wellbeing in the area which would mean, within the life of this PNA, that there would be a future need for additional pharmaceutical services for which there is a planned intention to commission. If this is supported by the PNA we would recommend including a statement to the following effect:</p> <ul style="list-style-type: none"> • “The PNA, having regard to likely changes to the number of people requiring pharmaceutical services, the demography of the area and the risks to the health and wellbeing of people in the area, has not identified any future needs which are not already met by providers currently on the pharmaceutical list” <p>Points of accuracy <u>P 12 Table 1 –Services</u> The term ‘Enhanced Services’ when used to describe pharmaceutical services only refers to those which are commissioned by NHS England. The only ‘enhanced services’ commissioned in Bradford is Palliative Care. The other services listed in the ‘enhanced services’ if commissioned would be likely done so as a locally commissioned service. It would be clearer if the table listed the services currently commissioned (under each type e.g. Enhanced, locally commissioned) and listed separately the potential services that could be commissioned.</p> <p><u>Section 3.3</u> The paragraph refers to distance-selling GPs. It is assumed that this is a typo and the term dispensing GP should be used.</p> <p><u>Section 5.2 Changes in provision since previous PNA</u> This section of the draft PNA incorrectly states that 3 pharmacies are providing the Pharmacy First service. No pharmacies in the Bradford District / Bradford City CCG geographies are commissioned to provide the Pharmacy First service. AWC CCG has written to pharmacies within their geography to state that they will no longer commission Pharmacy First and the service will end in March 2018.</p> <p><u>Section 6.6</u> The draft PNA states: If there are any changes</p>	<p>The terminology used in section 8 to describe the assessment of need has been amended to ensure consistency with the regulations.</p> <p>Table 1 refers to Enhanced services which could potentially be commissioned locally by NHS England rather than those that are currently commissioned.</p> <p>Section 3.3 amended to the term dispensing GP.</p> <p>Section 5.2 amended to state that no pharmacies will be providing Pharmacy First from April 2018.</p> <p>Introductory statement amended in line with the</p>
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<p>during the next three years that result in a significant change in need of pharmaceutical services, the Health and Wellbeing Board will make a revised assessment or publish a supplementary statement in accordance with the regulations.</p> <p>Supplementary statements can only be made about the provision of pharmaceutical services. They cannot be used to describe changes in the need for pharmaceutical services. The Health and Wellbeing Board is only required to consider a revised assessment if there is a significant change to the need for pharmaceutical services. This should be clarified in the final version of the PNA.</p>	<p>regulations.</p>
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*Please note that information naming specific pharmacies in the feedback has been suppressed

10. Additional Resources

- NHS England Five Year Forward View: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
- GP Five Year Forward View: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gp5yfv.pdf>
- The Pharmacy Integration Fund: <https://psnc.org.uk/the-healthcare-landscape/the-pharmacy-integration-fund-phif/#>
- The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf
- Pharmacy: A Way Forward for Public Health [online] PSNC and Pharmacy Voice, with the support of the RPS English Pharmacy Board https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf

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Appendix B:

Dear Cllrs Hinchcliffe and Slater, Bev and Sarah

It was a profound pleasure for Paul, Frances and me to be with you in Bradford yesterday and to meet your consultant colleagues, Rose and Toni.

The legal duty placed on upper tier Local Authorities by the 2012 Health and Care Act is to improve the health of the people and on CCGs to address inequalities. Your emphasis on partnership and connecting people and place is forward thinking and infused throughout is building trust, strong relationships across the whole system, a focus on what works, and the courage to embrace the opportunities of working together. You have so much to be proud of in how you have progressed this.

There is not much for me to say that you do not already know or have in hand.

We talked of the factors affecting the health of the people. Having and keeping a job is good for your health; a good start to life for children, young people entering adulthood ready for work and for adults a good job, a home and friendship. In short, income drives outcomes and health and wealth are inseparable, spreading economic prosperity by creating jobs that local people can get.

Some take home messages include Bradford having the most young people of any UK City with over 100 thousand children in schools, schools improving, most young people in employment, education or training, and a well regarded University, with Bradford together with Leeds being the biggest economy outside of London.

Bradford of course faces many problems of the past and present, not least the tough financial context, relatively high smoking rates and the consequences for healthy life expectancy of a relatively low wage economy and significant deprivation, high social care need and low council tax from poor quality housing and similarly from business rates.

Your growth strategy and five year health and wellbeing strategy speaks to all of this and is focused and ambitious.

Critical to both is the need to improve your transport infrastructure particularly between you and Leeds. Despite being only eight miles people find it easier to drive than take the train with 74% of journeys being by road. The imminent publication of the *transport for the north* plan should hopefully address this albeit not soon.

Amongst a sea of good practice, of special note is the work with your health and wider partners on agreeing the top ten population health outcomes that underpin decisions on priorities and budgets across the system, your unique shared data set across Bradford bringing together intelligence from multiple sources, and your five council wide outcome based boards that each have public health consultant support.

Bev spoke of your Home First programme that helps people to stay at home when unwell or needing support rather than be in a hospital or other care environment. This innovative work, funded through the Better Care Plan, has meant there were zero social care caused delays transfer of care from hospital during December last and being maintained this month which is an astonishing achievement. This is public health in action and I am sure that the CQC will highly commend the Council, and your partners, when they visit shortly to look into the background to this.

Rose described your work on the Healthy Bradford Plan, and specifically obesity including your progress as a pilot for the national whole systems obesity programme. Central to this is your growing partnership with the GP Alliance and the emergent hubs being established across the City as focal points for integrating services and importantly staff training.

We also spoke of your system leadership. This is as much about the leadership of culture change as everyone transitions to a place based understanding and where the City Council, with the local NHS leadership, can uniquely lead the system irrespective of the current multiple accountabilities of individual organisations.

And finally, two matters were raised for PHE to consider. First, on health protection, on who pays for what when an outbreak happens and second on the importance of recognising continuity of service for staff who move between the NHS and the Council and how this is key to attracting and retaining critical staff. To the first this is in hand across the region and nationally and of course, as you said, we sort the problem at the time and the money later pending this. And we agree on the importance of resolving the second and I look forward to your further advice on what needs doing about this.

I appreciate this short note cannot do justice to all you shared nor a fraction of the breadth of your leadership and collaborative work across Bradford and the wider West Yorkshire Combined Authority. PHE stands squarely with you on your mission and to assist you in every way we can.

I was sorry to miss you Kersten and will arrange a separate call soon to catch up.

Please receive and convey my warmest thanks to everyone for all they are doing to protect and improve the public's health.

Best wishes, Duncan

Duncan Selbie
Chief Executive
Public Health England
0207 654 8090

Protecting and improving the nation's health