Somerset Pharmaceutical Needs Assessment

2025-2028

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1 Executive Summary

The Pharmaceutical Needs Assessment (PNA) is produced by Public Health Somerset for the Somerset Board (the committee in common of the Health and Wellbeing Board (HWB) and the Integrated Care Partnership). This report includes community pharmacy and dispensing GPs across Somerset, considering if the current provision of pharmaceutical services is adequate and will continue to be so over the next three years. The main purpose of the PNA is to support NHS England, Somerset Integrated Care Board, Somerset Council in their commissioning, and supporting decisions around encouraging or permitting new pharmacies to open.

Somerset is a highly rural county with low levels of ethnic diversity and pockets of deprivation, particularly around more urban areas. Across the county there is an aging population, with the largest population growth being in the 65+ age group. The health needs are consistent across the localities.

There have been many changes in the provision of pharmaceutical services in Somerset since the last PNA, with changes in ownership, opening hours, and services. As of January 2025, there were 91 community pharmacies and 23 dispensing GPs in Somerset. The gap analysis shows that the distribution and opening times are generally appropriate, and services are commissioned in ways that largely cover the county. There are a few geographic areas for which access times fall outside the set access criteria, however there is a good spread of community pharmacies across the county, concentrated in the urban locations where the population density is highest. There is an average of 1.59 pharmacies per 10,000 population, which is lower than regionally (1.94 per 10,000 population) and nationally (2.13 per 10,000 population), however the Somerset population is also served by 23 dispensing GP's.

All pharmacies provide the full range of essential pharmaceutical services, thus meaning that there is good provision across the county based on the information available at the time of writing this PNA.

There is good provision generally of the advanced services across Somerset, with all being available in every locality; except appliance use review (AUR) and stoma appliance customisation, which are only available in some localities. These services are however available via different means such as dispensing appliance contractors (DAC) but could be seen as an area for improvement within pharmaceutical provision.

Based on the information we have available at the time of writing this PNA, there are no gaps identified in provision and the current provision should continue to serve the population as it changes throughout the next three years.

2 Introduction

This document has been produced by Public Health Somerset for the Somerset Board (the committee in common of the Health and Wellbeing Board (HWB) and the Integrated Care Partnership).

2.1 Purpose of a Pharmaceutical Needs Assessment

A Pharmaceutical Needs Assessment (PNA) is a statement of the pharmaceutical provision needs within the local area. Its aim is to understand if pharmacy services are currently being offered in the right places to meet the pharmaceutical needs of the local communities they serve and if they will continue to do so for the next three years.

The primary objective of the PNA is to facilitate the planning of pharmaceutical services commissioning and to contribute to decision-making regarding new applications or changes to pharmacy premises. This includes 'market entry' decisions conducted by NHS England, particularly concerning applications for new pharmacies or alterations to existing pharmacy locations. Whilst the PNA is primarily a document for use in commissioning decisions, it may also be used by local authorities and Integrated Care Boards (ICBs).

2.2 Health and Wellbeing Board (HWB) duties regarding the PNA

Since April 2013, Health and Wellbeing Boards (HWBs) have had the duty to develop and publish PNAs. The legislation containing the HWB's specific duties in relation to PNAs can be found at https://www.legislation.gov.uk/uksi/2013/349/contents, however, in summary the HWB must:

- Produce its first PNA which complies with the regulatory requirements;
- Publish its first PNA by 1 April 2015;
- Publish subsequent PNAs on a three yearly basis;
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes.
- Produce supplementary statements in certain circumstances.

The legislation containing the specific duties of the HWB in relation to PNAs can be found in Appendix 2: Legislation relating to PNAs.

2.3 Scope of this PNA

NHS England must keep lists of contractors who provide pharmaceutical services in the area of the HWB. The principal types of contractor are:

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

Within this group there are:

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

- **Dispensing appliance contractors (DACs)**: DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule five of the 2013 regulations and also in the 2013 directions.
- **Dispensing doctors**: Medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities". Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule six of the 2013 regulations.

Out of scope

Evaluating service quality aspects, such as staff and staff expertise, medicine availability, and waiting times, falls outside the scope of the PNA.

2.4 Development of the PNA

2.4.1 PNA steering group

The Somerset Board (Health and Wellbeing Board) has overall responsibility for the publication of the PNA and the Director of Public Health is accountable for its development. A PNA steering group was established to ensure that the PNA developed is robust, complies with the 2013 regulations, and accurately considers the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and a list of the group's members can be found in Appendix 3: Steering Group membership.

2.4.2 PNA localities

The steering group agreed to use locality boundaries for the PNA based on Primary Care Networks (PCNs). The only variation to this was the merge of two PCNs. The justification for this was the fact that both depended heavily upon Taunton town centre for services, and keeping the two separate would involve dividing a single shopping district in half, using a boundary that would have no meaning in real life.

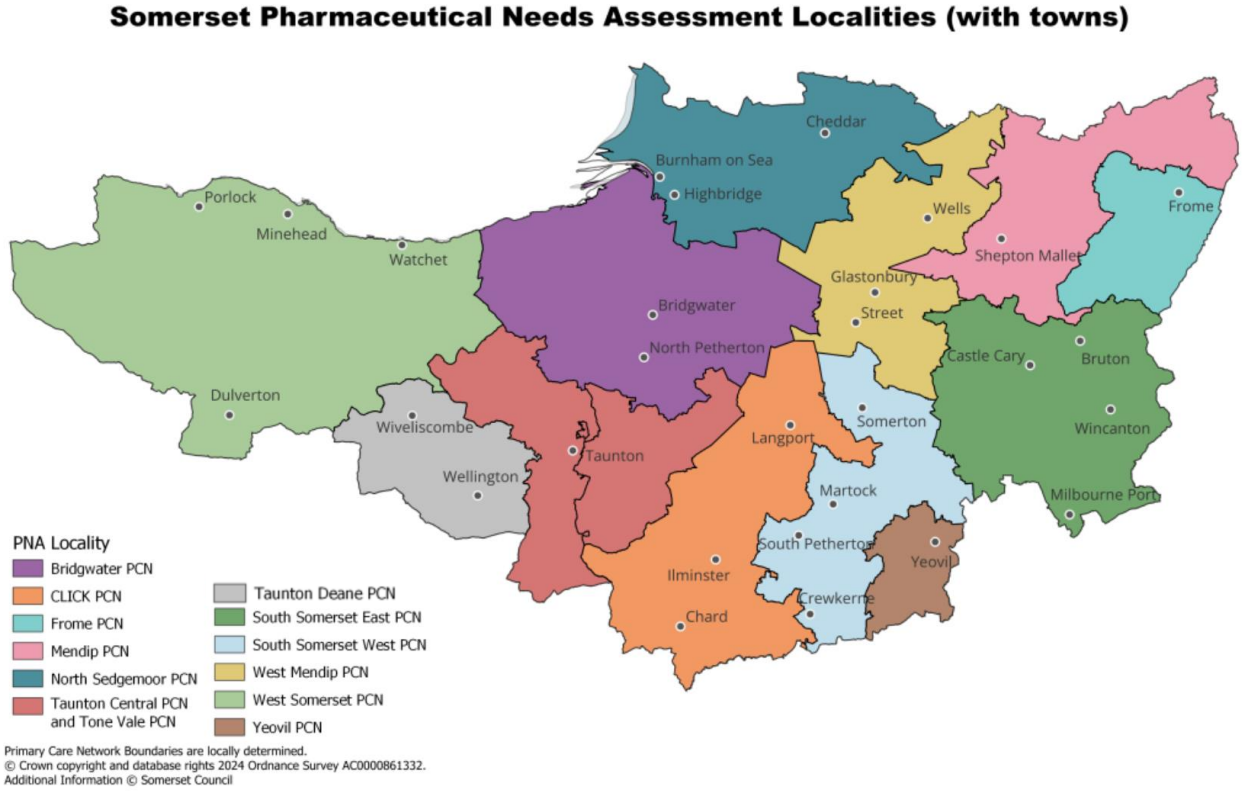

Figure 1: PNA Localities (with towns). *(N.b. Tone Vale is used throughout the document in the place of Tone Valley for consistency with previous Somerset PNA's)*

2.4.3 Engagement

Patient and public engagement took place in the preparation of the consultation draft of the PNA and on the contents of that draft. Pre-consultation engagement was through Healthwatch Somerset. This received 353 responses; a summary of this consultation can be found in Appendix 5: Public Engagement Survey Summary. Due to time and resource constraints, and with agreement from the PNA steering group, the contractor engagement questionnaire was not undertaken. There will however still

be the possibility for all to feedback and comment during the 60-day formal consultation period.

2.4.4 Formal Consultation

The statutory 60-day consultation commenced on [date] and ran until [date]. A report on the consultation can be found in Appendix 6: Consultation report.

To be completed post consultation.

2.4.5 Equality and safety impact assessment

Somerset Council uses equality analysis as a tool to ensure that everyone can access its services and that no particular group is put at a disadvantage. Equality impact assessments (EIAs) are carried out when policies, strategies, procedures, functions, and services are developed and reviewed. The staff who develop the policy or service complete a template which gives them a series of prompts to consider how to promote equality and avoid unlawful discrimination. They consider the following nine protected characteristics as part of the assessment: gender reassignment, race, disability, age, sex, sexual orientation, religion or belief, pregnancy and maternity, and marriage and civil partnership. The EIA for the PNA can be found in Appendix 7: Equality impact assessment.

3 Context

The PNA captures a snapshot in time, of provision and need for pharmaceutical services, as such we will not be highlighting the changes in provision since the last PNA but assessing the current picture. In Somerset since the last PNA we are, however, aware of a notable reduction in opening hours and pharmacies. This in turn could have knock on effects, such as, reducing the promptness in which patients receive prescribed medicine, and increasing the distances that patients must travel. There is a risk that this may lead to a reduction in the quality and availability of pharmaceutical services. These closures and changes to opening hours are not only an issue seen in Somerset, but also nationally. Additionally, there have been changes in policy for community pharmacy since 2022, including the change to commissioning responsibilities for pharmaceutical provision from NHS England to ICBs and the launch of Pharmacy First, a consultation service which enables patients to utilise community pharmacy for a minor illness or an urgent repeat medicine supply.

3.1 Overview of Somerset

The Somerset Board covers the administrative area of the county. Somerset is a highly rural county with low levels of ethnic diversity and pockets of deprivation, particularly around more urban areas[1]. Similar to the trends seen nationally, the 65+ age group has seen the biggest increase in population size between 2011 and 2021, however, Somerset has an exceptionally high number of older people equating to 25% of the population. The demographic makeup of our residents, in particular our ageing population has implications for our economy, services, and communities. The population of Somerset has increased to 571,600 (2021); this is an increase of 7.8% (41,600) since 2011[2]. This is projected to rise to 599,382 by 2029[3].

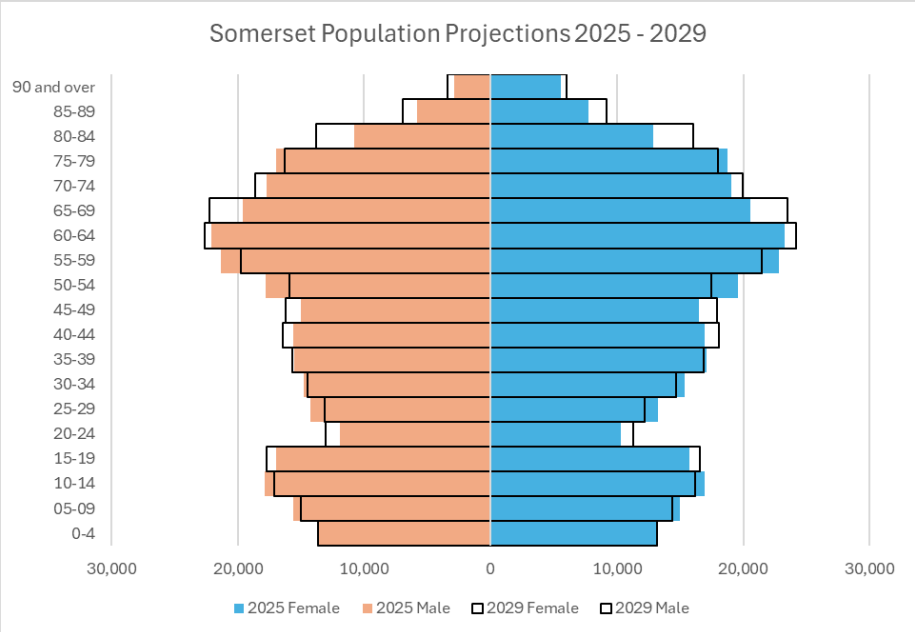

Figure 2: Population Pyramid showing Population Projections for Somerset 2025 – 2029. There is an estimated population change of 12,725 across this 5-year period, with the biggest increase being seen in the 65-69 age group. Source: Mid-year population estimates, ONS.

Population projections for 2025 show that 20.5% of the population is aged 18 and under, (compared to 19.8% in 2029), and 27.0% of the population are aged 65 and over (compared to 29.0% in 2029)[4].

Somerset is a predominantly rural county; the figure below, shows the rurality across the county. Census data in 2011 identified that 48.2% of the population in Somerset live in rural areas, which is significantly higher than the national average (18.5%)[5].

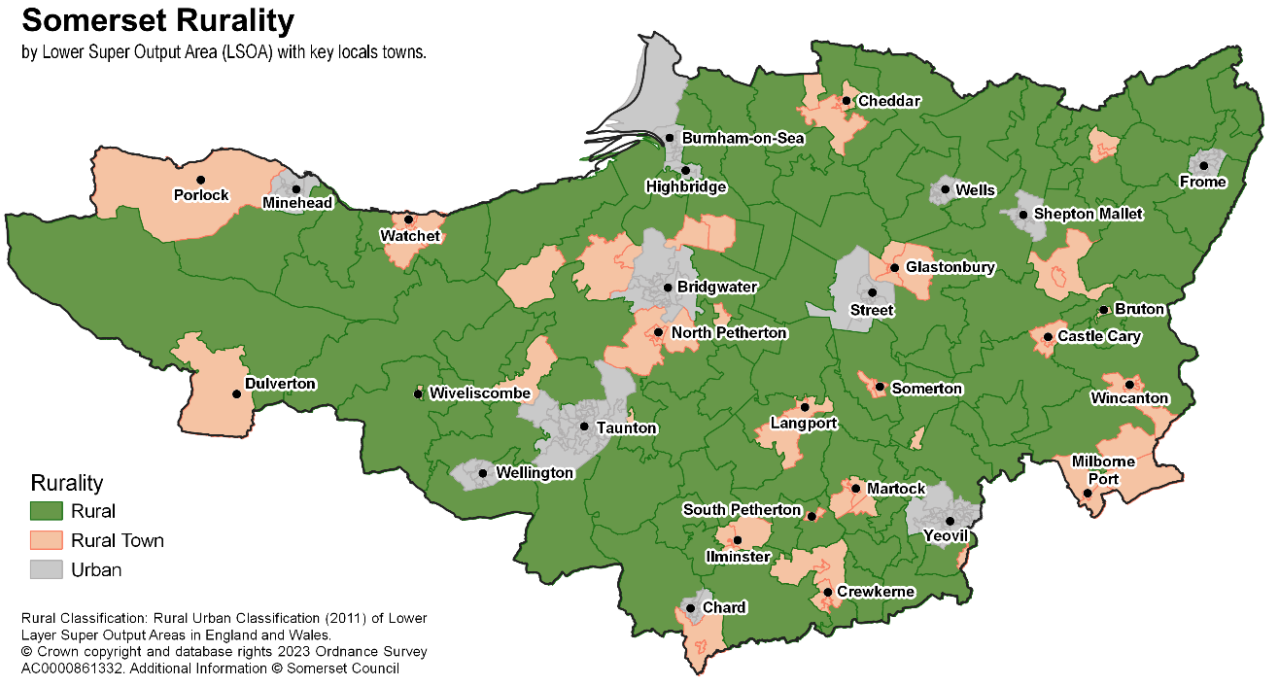

Figure 3: Somerset Rurality. Source: Census 2011.

3.1.1 Housing Projections

This report uses the best available estimates of housebuilding over the period 2025-28 based on Local Plans. Factors such as excess phosphates and the opinions of local planners may change these estimates. It is recognised that changed circumstances may mean that these figures are an over- or under-estimates. Housebuilding at lower rates than expected will not lead to the creation of gaps in provision and so will not affect the conclusions of the PNA. Housebuilding at higher rates *may* create gaps and increase pharmaceutical need, therefore, a level of contingency is included.

The difference in expected housebuilding rates between PNA localities means that a simple percentage or a simple numerical excess cannot be applied to all. The table below gives a contingency for excess growth of 50%, or 500 dwellings whichever is greater. If these thresholds are breached, then it will be considered whether a new statement of need is required, dependent upon the location of the dwellings and their ease of access to existing pharmacies.

Table 1: Housebuilding and contingency. Source: Somerset Council Housing Teams

Locality	Approximate planned dwellings 2025/26 - 2027/8	50%	Contingency (Total + 50% or 500, whichever is greater)
Bridgwater	1200	600	1800
Central Mendip	500	250	1000
CLICK	200	100	700
Frome	500	250	1000
North Sedgemoor	550	275	1050
South Somerset East	400	200	900
South Somerset West	300	150	800
Taunton Central and Tone Vale	1400	700	2100
Taunton Deane West	800	400	1300
West Mendip	200	100	700
West Somerset	750	375	1250
Yeovil	400	200	900

Local plans suggest that approximately 7,200 dwellings will be built during the timeframe of this PNA. The largest sites are adjacent to the major towns of Taunton, Bridgwater, Frome and Yeovil, as well as significant developments in smaller market towns such as Crewkerne, Chard, Watchet, Somerton, Wellington, Highbridge, and Cheddar. Rural housebuilding is limited, thus there is little planned which would be at a more significant distance from existing pharmaceutical provision. Housing is considered in more detail in the PNA locality annexe.

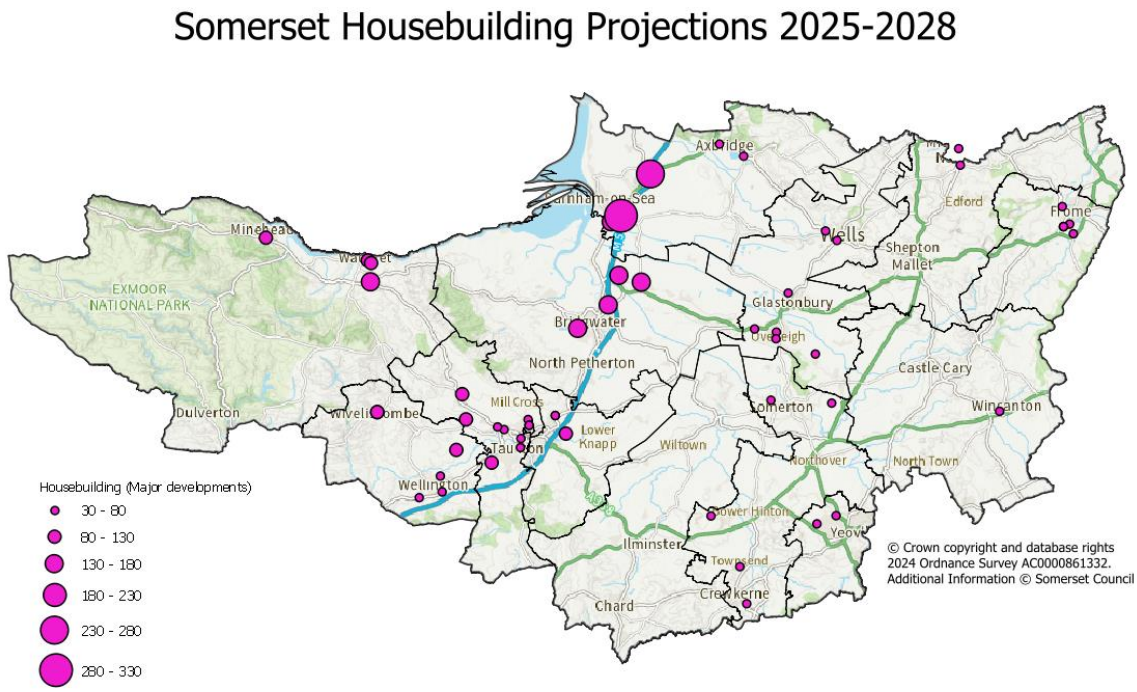

Figure 4: Somerset Housebuilding Projections, 2025 – 2028. Sites with over 30 dwellings.

3.1.2 Index of Multiple Deprivation

This index (IMD) uses a wide range of indicators including health, income, education, environment, and access to services to rank small areas (Lower Super Output Areas – LSOAs) according to their combined level of deprivation. It is, therefore, a good general measure of need at the neighbourhood level. With other things being equal, areas of higher deprivation will normally have higher need for pharmaceutical services.

Figure 5 shows that the most deprived LSOAs in the county are in the urban areas, notably in Taunton, Yeovil and Bridgwater. This greater need close to town centres – and thus generally close to community pharmacies – is typical of rural southern England. Large areas of West Somerset district stand out as being deprived. They tend to be areas of low income and long distances to services, on which domains they score particularly highly; the number of people in a typical sparse LSOA is, at about 1500, approximately the same as that of the densely populated urban LSOAs with the highest level of deprivation.

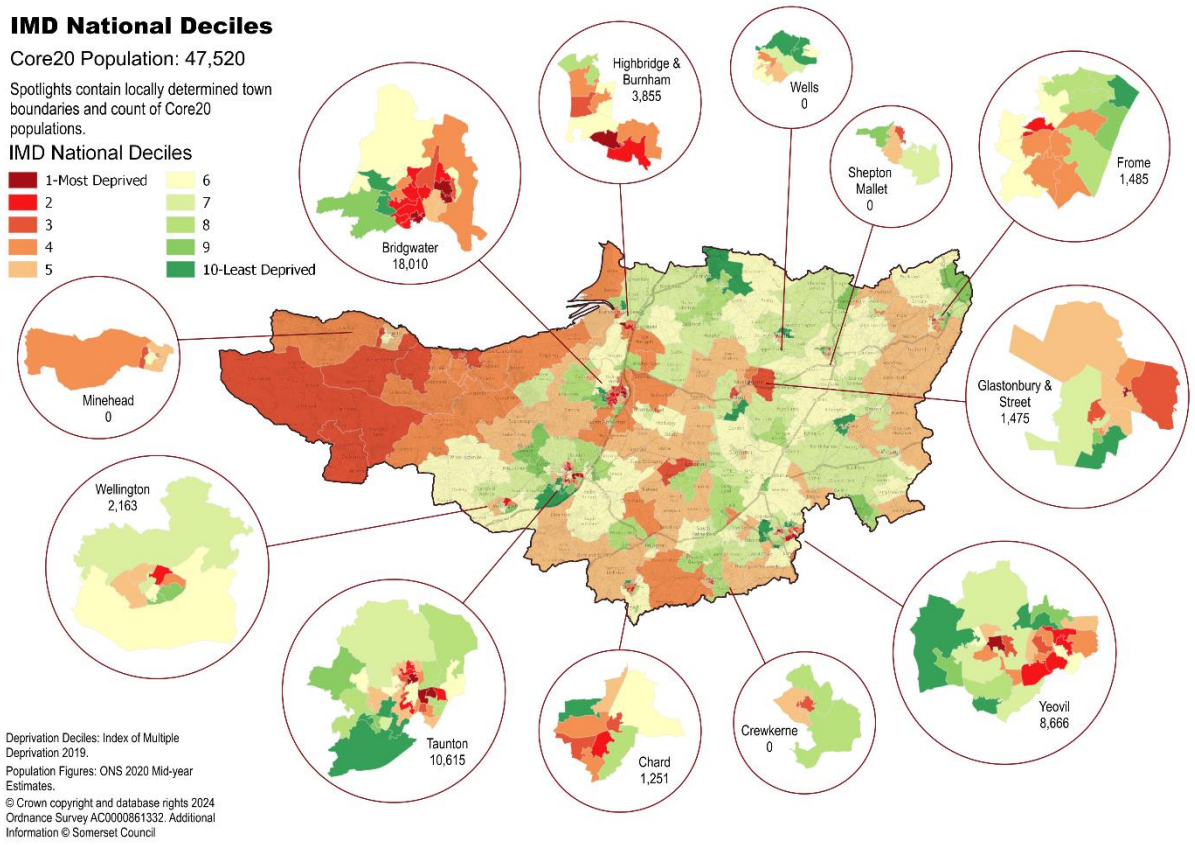

Figure 5: Index of Multiple Deprivation. Source: IMD 2019

3.1.3 Population Density

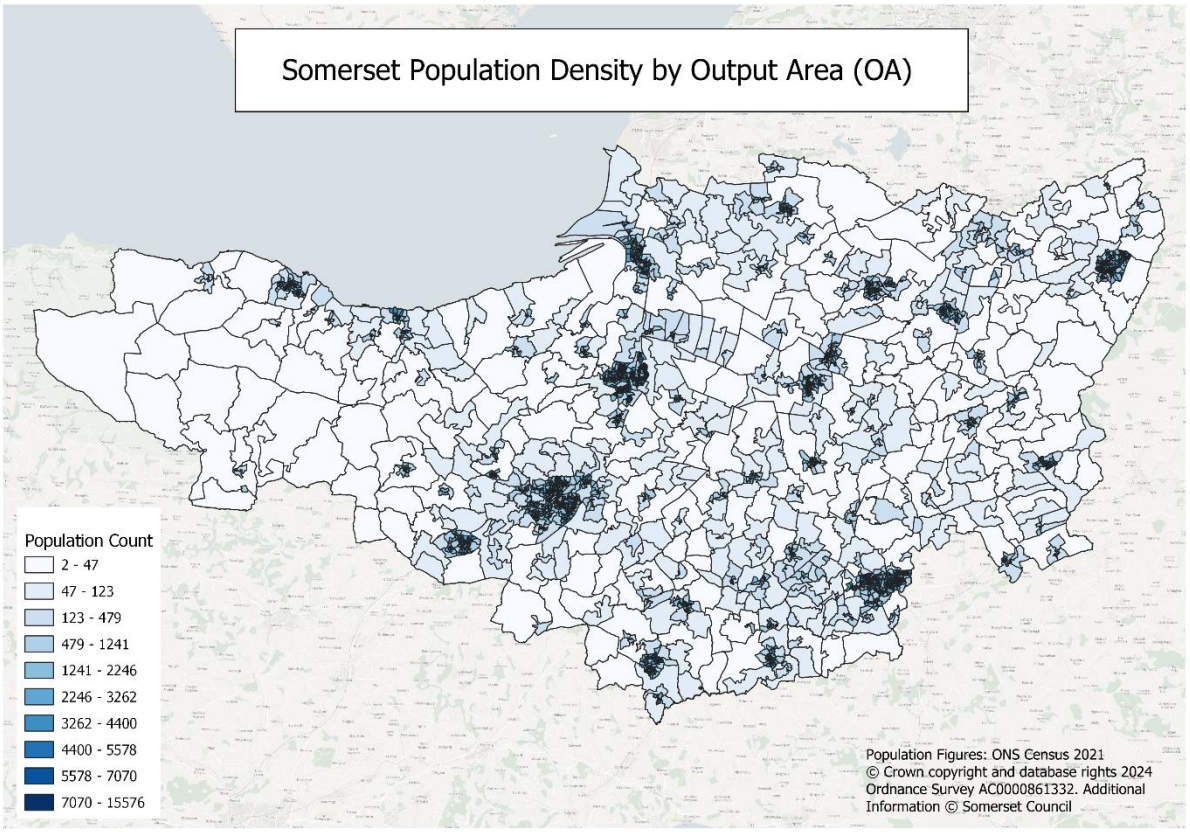

Figure 6: Somerset Population Density by Output Area (OA). Source: 2021 Census

The highest population density by OA is unsurprisingly seen in the urban towns: Taunton, Bridgwater, Frome, Yeovil, Burnham-on-Sea, with the more rural areas such as Exmoor, in West Somerset, having very low population density.

3.2 Overall picture of health in Somerset

The 2021 census reported that 48.1% of the Somerset population is in very good health; the table below shows Somerset reported health compared to regionally and nationally.

Table 2: General Health, Age standardised proportions. Source: 2021 Census. TS037ASP - General health - Age-standardised proportions - Nomis - Official Census and Labour Market Statistics

General Health	Somerset (2021)	South West (2021)	England (2021)
Very good health	48.1	48.7	47.0
Good health	34.8	34.1	34.2
Fair health	12.5	12.5	13.3
Bad health	3.6	3.7	4.2
Very bad health	1.0	1.1	1.3

An outline of health in Somerset can be found in the Public Health Outcomes Framework, which is included as an annexe to this report.

In summary, the health of people in Somerset is varied. Life expectancy for both men and women is higher than the England average. Life expectancy at birth is 3.8 years lower for men than women (2020-22), with those in less deprived areas having a higher life expectancy and higher healthy life expectancy (see figure below)[6].

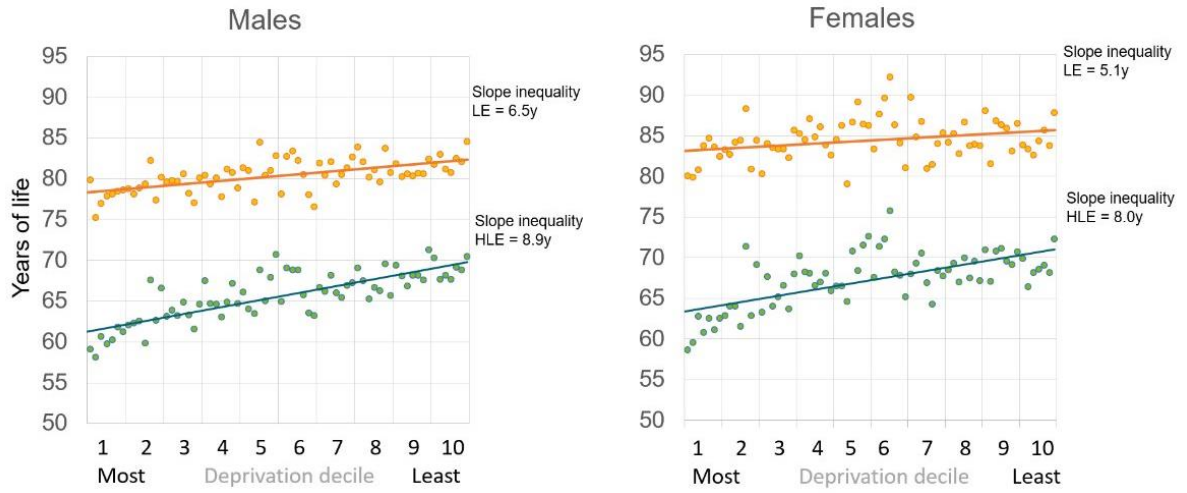

Figure 7: Somerset life expectancy (LE) and healthy life expectancy (HLE) for males and females, split by IMD national decile for Somerset. Source: Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care

The gap between the most deprived and least deprived areas is greater for healthy life expectancy (HLE) than life expectancy (LE); this means that not only are individuals in the most deprived areas expected to live shorter lives they will also live a longer time in poor health.

Child health

In Year 6, 20.3% (1,030) of children are classified as obese (incl. severe obesity), this is showing a worsening trend in Somerset but is better than the average for England (22.1%)[7] (2023/4). The rate for alcohol-specific hospital admissions among those under 18 is 54.0 per 100,000, significantly higher than the average for England 22.6 (2021/22-23/24). Levels of GCSE attainment (average attainment 8 score) and smoking in pregnancy are worse than the England average[8].

Adult health

The rate for alcohol-related harm hospital admissions is 508 per 100,000, worse than the average for England (475 per 100,000) (2022/23); this represents 3,145 admissions per year[9]. The rate for emergency hospital admission for intentional self-harm is 193.4 per 100,000 (1,030 admissions), this is worse than nationally (2022/23)[10]. Obesity prevalence (aged 18+) is 27.8%, which is worse than the England average (2022/23)[11]. The rates of new sexually transmitted infection diagnosis, persons killed and seriously injured casualties on roads, and tuberculosis incidence are better than the England average[12]. Additionally, the rates of statutory homelessness, violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are better than the England average.

3.2.1 Somerset Health and Wellbeing Strategy ('Improving Lives') 2019-2028

The Somerset 'Improving Lives Strategy' sets out how the council, with key partners plans to improve the lives of residents. The vision includes:

- A thriving and productive Somerset that is ambitious, confident, and focused on improving people's lives.
- A county of resilient, well-connected, safe, and strong communities working to reduce inequalities.
- A county infrastructure that supports affordable housing, economic prosperity, and sustainable public services.
- A county and environment where all partners, private and voluntary sector, focus on improving the health and wellbeing of all our communities.

The priority issues for Somerset include the growing and ageing population, the concentration of deprivation and health need in the larger urban centres, and the inaccessibility of services in rural areas, especially for those people without the use of a car.

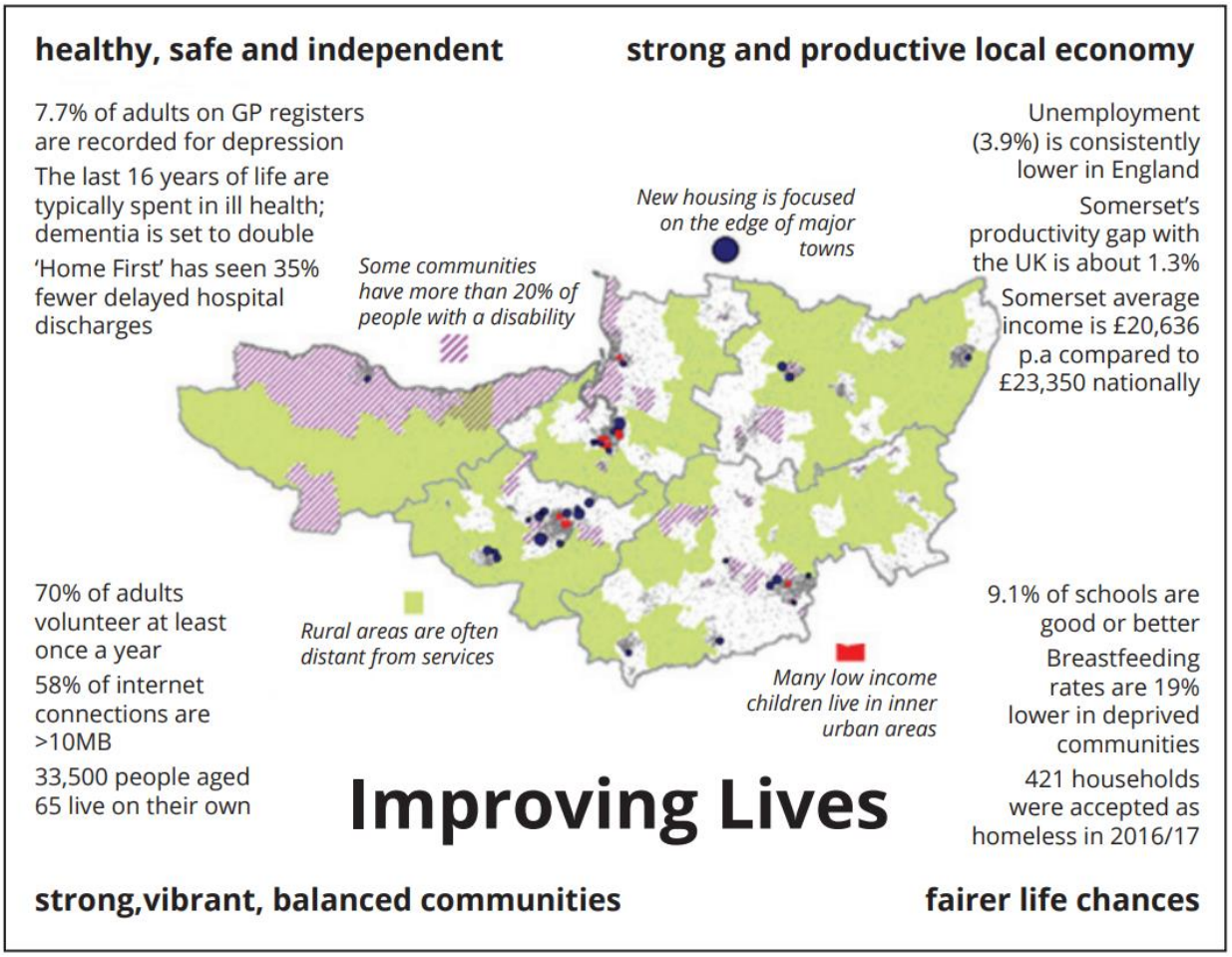

Figure 8: Summary profile of the needs of Somerset, 'JSNA on a page'. Source: Improving Lives in Somerset Strategy 2019 - 2028.pdf

3.3 Identified patient groups – particular health issues

There are differing health needs in relation to pharmacies from some groups with protected characteristics, as well as other population groups; the table below

considers some of these but is not an all-encompassing list. There is an Equality Impact Assessment in Appendix 7: Equality impact assessment.

Table 3: Health issues in identified specific patient groups

Patient Group	Health Issues
Age	Older people are more likely to need medicines than the young but be less mobile. This is especially so for older people in residential care. Younger people may be more willing to approach pharmacists for advice than GPs, especially in relation to sexual health. See Figure 2 for age breakdown of Somerset.
Disability (incl. learning disabilities)	People with disabilities or long-term illness are almost certain to require more pharmaceutical services than the general population and are also likely to be less mobile. 18.6% of the Somerset population are disabled under the equality act, with 7.4% having their day-to-day activities limited a lot[13].
Pregnancy and maternity	There are generally higher pharmaceutical needs for pregnant women, mothers and infants.
Gypsies, Travellers, and Roma Groups	Members of these groups have significantly worse health than the general population and likely to have less contact with GPs. In Somerset the 2021 census reported a Gypsy or Irish traveller population of 825, this is, however, likely an underestimate[14],[15].
Sex	Women may have requirements for Emergency Hormonal Contraception. 51.1% of the Somerset population is female[16].
Sexual orientation and gender reassignment	GBMSM are likely to have particular needs in relation to sexual health, including HIV testing. Nearly 12,000 Somerset residents selected a sexual orientation other than Straight or Heterosexual: representing 2.5% of the population aged 16 and over, or around 1 in 40 people. Over 1,600 Somerset residents stated that their gender identity differs from their sex as registered at birth. This represents 0.35% of the Somerset population aged 16 and over[17].
Ethnic Minorities	Somerset has low ethnic diversity, with over 96% of Somerset residents class themselves as being from a White ethnic group[18]. Differences in cultural background, language spoken and residence time in a new country may impact on the access and utilisation of health care services. There is access to interpretation and translation services[19].
Other groups without 'protected characteristics' are:	
Substance misusers	This group is likely to have poorer health than the general population, in addition to specific needs in relation to supervised consumption.
Transient populations	Glastonbury Festival, in most years, accommodates approximately 250,000 people for a few days in June. Such a large group clearly has multiple health needs; these are met by NHS England through an LPS contract and, in detail, out of scope for this document.
Tourists	The resident population is added to by tourists, particularly in the summer in coastal towns such as Minehead, Burnham-on-Sea and Brean. It is unlikely that their health needs are significantly different from the resident population.
Homeless or rough sleepers	Homeless people can register with a General Practice and then access community pharmacies for dispensing medication. In addition, anybody who is homeless can also access advice and support from a community pharmacy without GP registration or the need to provide an address. There are an estimated 600 individuals who are homeless in Somerset[20].
Refugee and asylum	The health needs of refugees and asylum seekers are well-documented,[21], including untreated communicable diseases, poorly controlled chronic conditions, maternity care, and mental health and specialist support needs. In addition, a sizeable minority continue to experience physical injuries and trauma from mistreatment. Asylum seekers and refugees can face

	additional barriers to accessing or receiving suitable health care because of language barriers, poverty, the impact of existing trauma, or if they have no recourse to public funds in the UK.
Military	Serving military personnel have access the MOD primary care services while serving and their dependents (entitled persons who reside within two miles of the military primary care centre) would have a choice of using the MOD services or choose to register with the local GP surgery. Military personnel and dependents who are registered with an MOD primary care service would have access to pharmaceutical services via their dispensing surgeries and/or outsourcing contract with a private pharmacy provider.

4 Pharmaceutical Services

The services that a PNA must include are defined within both the NHS Act 2006 and the 2013 regulations. Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and may choose to supply appliances.

For the purposes of this PNA we consider a 'necessary' service to be the essential services. All other advanced, enhanced and locally commissioned services are not considered necessary but secure improvements or better access to pharmaceutical services.

4.1 Essential Services

All pharmacies must provide the following services:

- **Dispensing of prescriptions** – The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.
- **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.
- **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions and proactive participation in national/local campaigns to promote public health messages to general pharmacy visitors during specific targeted campaign periods.
- **Signposting** – The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- **Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.
- **Discharge medicines service -** Introduced in February 2021, the referral of patients to community pharmacy on discharge with information about medication changes made in hospital, as such community pharmacy can support patients to improve outcomes, prevent harm and reduce readmissions.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services also apply.

While not classed as separate services, pharmacies may also provide the following as enhancements to the provision of essential services:

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release one involved paper prescriptions including a bar code which the pharmacy could scan to retrieve an electronic copy of the patient's details, and the medication prescribed. EPS Release two involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient.
- **Access to the NHS Summary Care Record** – The pharmacy has access to an electronic summary of key clinical information about a patient, including medicines, allergies, and adverse reactions – and possibly additional information if the patient consents, sourced from the patient's GP record to support care and treatment. This can, for example, be used to confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

4.2 Advanced Services

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

- **New medicine service (NMS)** – Promotion of the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, by providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications and enabling the patient to make appropriate lifestyle changes and self-manage their condition.
- **Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- **Hypertension case-finding service** - This service was introduced on 01/10/2021. It includes two stages- the first involving identifying people at risk of hypertension and offering them blood pressure measurement, the second involving offering 24-hour ambulatory blood pressure monitoring where clinically indicated. Results are shared with the patient's GP.
- **Hepatitis C Antibody Testing Service Activity** - The Hepatitis C Antibody Testing Service is a new advanced service for community pharmacy commencing in September 2020. Through this service, people who inject drugs who are not currently accessing community drug and alcohol treatment services, will have the opportunity to be tested for the hepatitis C virus (HCV) at a participating community pharmacy. Where individuals test positive for hepatitis C antibodies, they will be referred for appropriate further testing and treatment via the relevant NHS Operational Delivery Network[22]. The Community Pharmacy leadership network in Somerset has been approached

by the South West Hepatitis Operational Network to commission a regional service on hepatitis screening. The additional pharmacies to be onboarded for this will likely give us the extra focused delivery we need to boost case finding in those areas of highest risk.

- **Stop-smoking service** - This service was introduced in March 2022. It enables NHS trusts to refer patients discharged from hospital to a community pharmacy to continue their smoking cessation care pathway, including provision of medication and behavioural support as required.
- **Pharmacy First service** - The NHS Pharmacy First consultation service was launched in January 2024 to give patients quick and accessible care for a minor illness or an urgent repeat medicine supply and ease pressure on GP services. Commissioned by NHS England in agreement with the DHSC and Community Pharmacy England, the service builds on but replaces the Community Pharmacy Consultation Service (CPCS). The service enables community pharmacists to complete episodes of care without the need for the patient to visit their GP, shifting demand away from general practice[23]. Through the Pharmacy First service community pharmacies are enabled to manage patients for seven conditions: acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat and uncomplicated urinary tract infections. It is expected that this service will continue to develop over the lifetime of this PNA.

There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:

- **Stoma appliance customisation service** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- **Appliance use review service (AUR)** – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary, making recommendations to prescriber

4.3 Enhanced Services

The 2013 directions contain a list of enhanced services which the ICB may commission and broadly describe the underlying purpose of each one. The ICB may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification.

We have not been made aware of any enhanced services commissioned by the ICB.

Clinical Governance

Underpinning the provision of all these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- A patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire.

- A clinical audit programme.
- A risk management programme.
- A clinical effectiveness programme.
- A staffing and staff programme.
- An information governance programme.
- A premises standards programme.

Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule five of the 2013 regulations and in the 2013 directions.

4.4 Appliance services

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

- **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers. Also, the urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.
- **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient's home in a way that does not indicate what is being delivered.
- **Supply of appropriate supplementary items** – The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances. • Provision of expert clinical advice regarding the appliances – To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.
- **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers

All DACs must provide the above services. DACs may also receive electronic prescriptions through the Electronic Prescription Service (EPS) where they have been nominated by a patient.

4.5 Advanced services

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

Clinical governance

As with pharmacies, DACs are required to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme.

4.6 Pharmaceutical services provided by dispensing doctors

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

Eligibility

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

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

Services

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

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

If a dispensing doctor participates in the Dispensary Services Quality Scheme, then they will provide dispensing reviews of the use of medicines (DRUMs), which are similar to the medicines use reviews carried out in pharmacies.

4.7 Locally Commissioned Services

4.7.1 Services commissioned from pharmacies by Somerset Council (Public Health)

- Emergency Hormonal Contraception (EHC)
- Varenicline

- Nicotine Replacement Therapy
- NHS Health Checks

4.7.2 Other NHS Services

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

5 Current provision of pharmaceutical services

This section identifies and maps current provision of pharmaceutical services within Somerset (as of January 2025 unless stated otherwise) to assess the levels and appropriateness of the provision. It gives an overview of the service providers, services being provided, and accessibility to these services.

5.1 Health needs that can be met by pharmaceutical services

5.1.1 Need for drugs and appliances

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section 5. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long-term condition. This health need can only be met within primary care by the provision of pharmaceutical services, be that by pharmacies, DACs or dispensing doctors, and is applicable to all the JSNA themes.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHS England and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal. Many of the pharmacies in Somerset will offer a collection and delivery service on a private basis.

Distance selling pharmacies are required to deliver all dispensed items and this will clearly be of benefit to people who are unable to access a pharmacy. As noted earlier, DACs tend to operate in the same way and this is evidenced by the fact that the vast majority of items dispensed by DACs were dispensed at premises some considerable distance from Somerset

5.2 Pharmaceutical Services

As of January 2025, there were 91 community pharmacies in Somerset, 23 dispensing GP, and one DAC. These are shown on the map in the figure below (Figure 9). Larger scale maps are available for each PNA locality in the annexe. Additionally, all residents of Somerset have the choice of using any of the 112 distance selling pharmacies in England; all of which are required to provide the essential services remotely to individuals who request these.

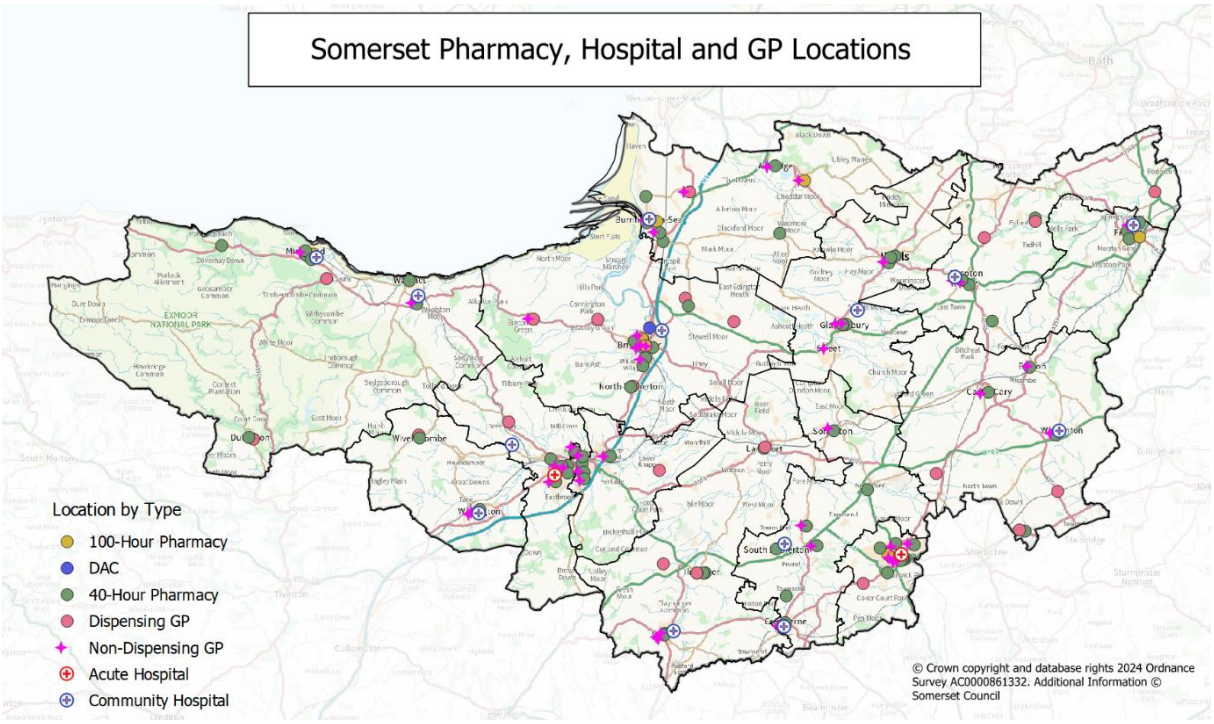

Figure 9: Provision of healthcare services in Somerset, by type. As of January 2025.

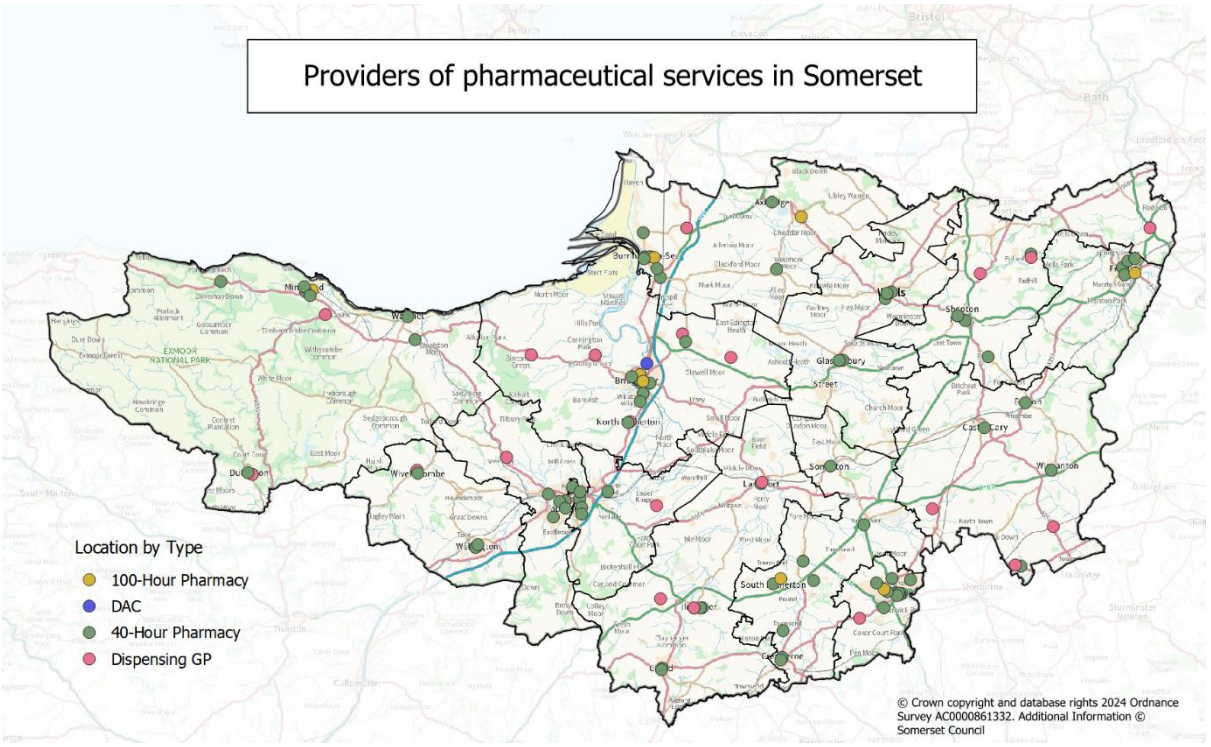

Figure 10: Providers of pharmaceutical services in Somerset. As of January 2025.

5.3 National and Regional Comparisons

*Table 4: National and Regional Comparisons of delivery. Sources: General Pharmaceutical Services in England 2015-16 - 2023-24 | NHSBSA (Supporting Summary Tables: Table 16 and Table 17) and Dispensing contractors' data | NHSBSA (Pharmacy and appliance contractor dispensing data). *Caveat it is not clear if distance selling (online) prescriptions are represented in the regional and local figures, which may lead to these being underestimates.*

	Population	Number of Pharmacies	Pharmacies per 100,000 population	Total Number of Items Dispensed	Items Per Head
Somerset	571,600	91	1.59	8,862,744	15.51
South West	5,701,186	1,107	1.94	99,164,702	17.39
England	56,490,048	12,009	2.13	1,112,920,890	19.70

5.4 Hospital pharmacies

Hospital pharmacies reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Some hospital pharmacies are operated by commercial providers which manage outpatient dispensing services, but they are not able to dispense prescriptions issued by other prescribers, for example GP surgeries.

There are acute hospitals at:

- Taunton, Musgrove Park Hospital (Taunton and Somerset Acute Trust)
- Yeovil, Yeovil District Hospital.

There are community hospitals at[24,25]: Bridgwater, Burnham-on-Sea, Chard, Crewkerne, Dene Barton (Taunton), Frome, Minehead, Shepton Mallet, South Petherton, Wellington, West Mendip (Glastonbury), Williton, Wincanton.

5.5 Services provided by other organisations

Defence medical service dispensaries:

- RNAS Yeovilton
- Norton Manor Camp

These provide services to military personnel and families.

Pharmacy services are provided by EDF for workers on the construction site at Hinkley Point.

5.6 Current provision outside the area

As stated above, distance-selling pharmacies are required to provide the essential services to patients anywhere in England and will deliver medication to a patient's home address. Their services are therefore available to residents of the HWB's area. There is one distance selling pharmacy in the locality, as well as numerous others across the country; a list is available at: NHS Internet Pharmacies.

Community pharmacies provide the majority of prescriptions, but internet provision increases accessibility and choice of services. As of 2023/24 there were 409 distance selling pharmacies in England[26].

DACs generally supply appliances by home delivery and are required to do so for certain types of appliance and tend to operate remotely; thus services are available to residents of the HWB's area. As of 2023/24 there were 112 DAC in England, including one in Somerset[27].

5.7 Necessary services

All community pharmacies providing an NHS service are required to provide essential services. These services are listed in section 4.1 Essential Services.

For the purposes of this PNA, 'necessary services' are defined as:

- dispensing of medicines and the other essential services in relation to both medicines and appliances
- the advanced service of New Medicines Service

The current PNA is the fourth produced under the aegis of the Somerset Board, and the fifth in total. We observe that the existence or otherwise of a gap in the provision of necessary services at the local level is dependent on local issues of availability and accessibility that are beyond the scope of a strategic needs assessment.

5.8 Access

Most pharmacies are required to open for at least 40 hours per week, and these are referred to as core opening hours. However, many choose to open for longer and these hours are referred to as supplementary opening hours. A pharmacy can decide to stop providing supplementary hours by giving notice to NHS England. Between April 2005 and August 2012, some contractors were able to open new premises using an exemption under which they agreed to have 100 core opening hours per week (referred to as 100-hour pharmacies). These pharmacies are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). Although the exemption for new 100-hour pharmacies no longer applies, existing 100-hour pharmacies remain under an obligation to be open for 100 hours per week. In addition, these pharmacies may open for longer hours. Many of these pharmacies are located within large supermarkets.

As a result of Somerset's large areas of rurality, there is variability in the time taken to access pharmacies in across the county. A 'drive time' analysis was conducted to determine how accessible pharmacies are to residents, travelling by car.

The PNA Steering group agreed that the minimum threshold for identifying and investigating potential gaps in provision should be set at:

- Weekday: 20 minutes' drive time
- Saturday: 20 minutes' drive time
- Sunday: 30 minutes' drive time

We base accessibility on *total* opening hours, not core opening hours. If supplementary hours are reduced, then this may result in the creation of a gap in provision. We have included maps based on only core hours in the appendix of this report to support this being a more robust assessment of access. Based on the maps in Appendix 9: Additional Maps, there would still be similar access on weekdays, and Sundays, on Saturday there are slightly more areas around the centre of the county

which would fall outside the 20 minute drive time. The main implication of core hours would be a reduction in overall opening hours, which may reduce the choice in services individuals have.

The analysis of access is based on the localities defined in section 2.4.2 PNA localities and the availability of community pharmacies being closely related to the size of the main settlements. Dispensing doctors are typically in smaller settlements and serve rural dwellers away from pharmacies.

We recognise that not all people, especially those without access to cars or with otherwise limited mobility in this rural county, will be able to get to pharmaceutical services within the times described. The fact that not *all* people will have access on the terms described does not, in itself constitute a gap in provision.

Somerset Board recognises that identifying a gap in provision is not a trivial matter. Since the last PNA there have been significant improvements in access to pharmaceutical services on-line; that productivity has increased in the sector whilst the ability to provide face to face services has faced challenges of staffing (in common with the health sector as a whole).

There are additional maps showing access by public transport (Weekday 20 Minutes, Saturday 30 Minutes, Sunday 60 Minutes), and walking access in main urban locations, see Appendix 9: Additional Maps.

Based on the public engagement survey 58.9% of the respondents access a pharmacy using a car, with 30.6% walking, and 1.7% utilising public transport. The 2021 Census reports 86% of the Somerset population have car or van availability, this is higher than nationally (74.5%) and regionally (80.8%). The map below shows that the urban areas across Somerset see the lower percentages of car availability[28].

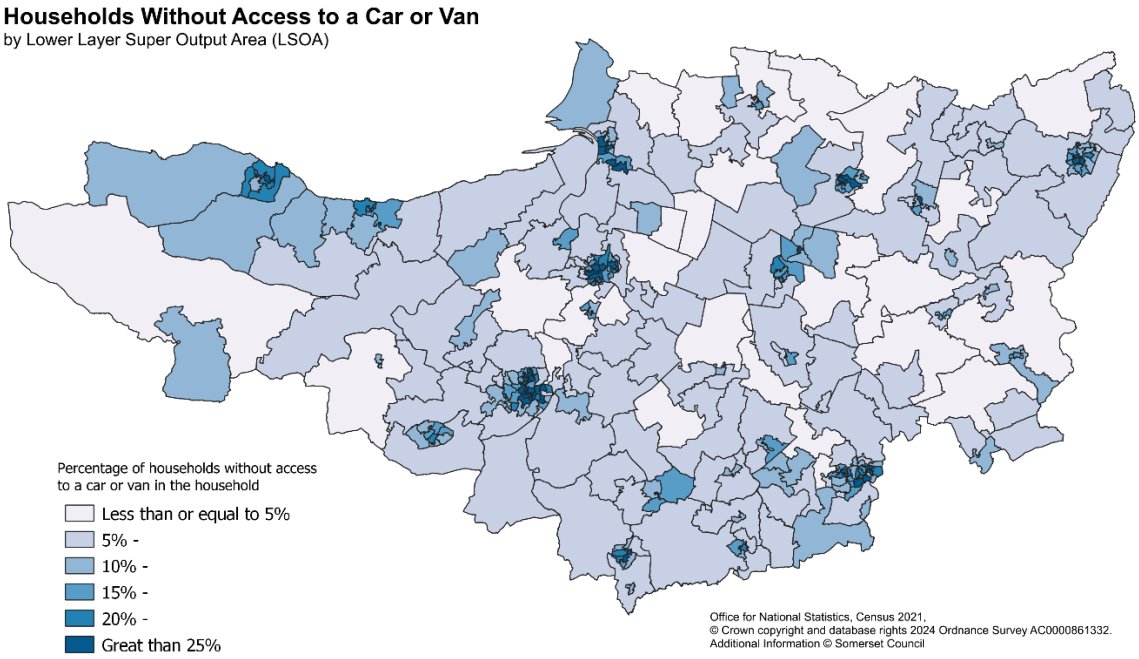

Figure 11: Households without access to a Car or Van. Source: Census 2021 (ONS)

Access Maps

Access by travel time for weekday daytime is shown in Figure 12. This shows that access by car is within 20 minutes for the majority of the county, except for some of the sparsely populated areas of Exmoor and the Steart Peninsula (for a map showing the population density of Somerset see Figure 6). The areas which fall outside the set drive time access criteria are not necessarily considered to be gaps in provision, as highlighted, these areas are generally sparsely populated and would be expected to travel further for all services, not just pharmaceutical services. For more information regarding this, please see the locality profiles.

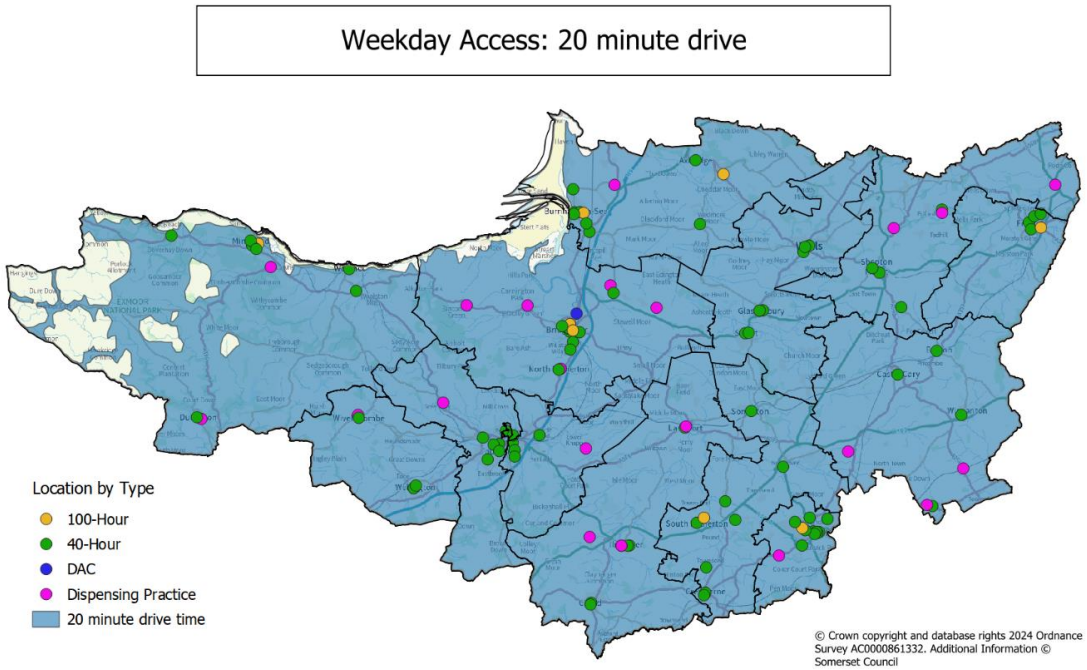

Figure 12: Weekday access to pharmacy and dispensing practices. 20-minute drive time. As of January 2025. This map includes access to Community pharmacy and dispensing practices, although DAC is mapped on this is not included in the travel time analysis.

Access by travel time for Saturday daytime is shown in Figure 13. This shows a similar pattern to weekdays, access by car is within 20 minutes for the majority of the county, except for the sparsely populated areas of Exmoor, and the Steart Peninsula.

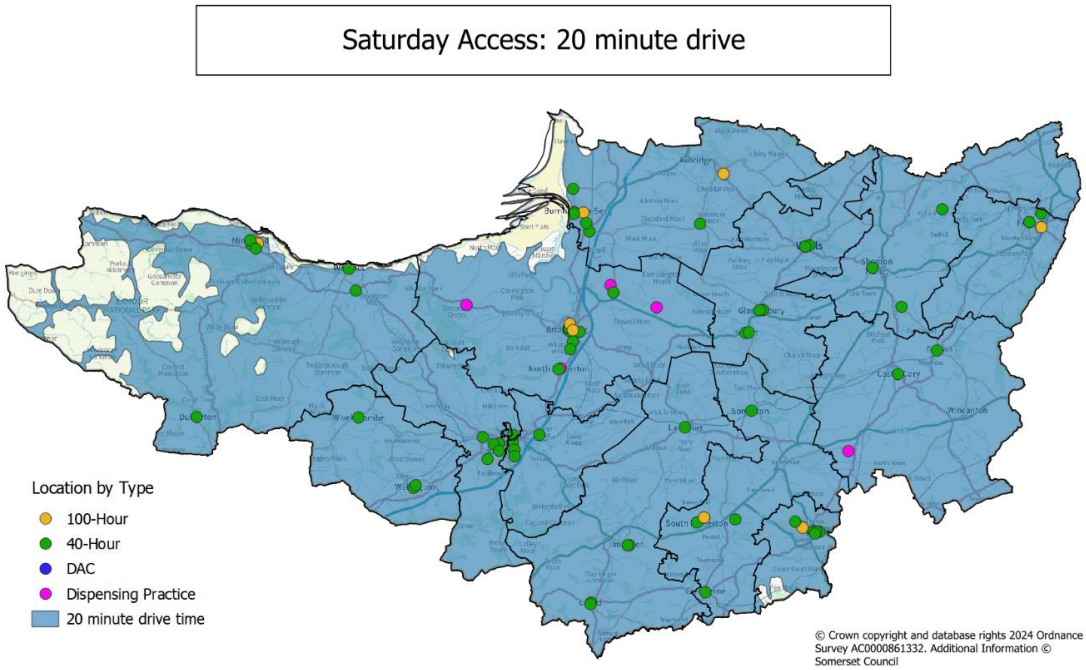

Figure 13: Saturday access to pharmacy and dispensing practices: 20-minute drive time. As of January 2025. This map includes access to Community pharmacy and dispensing practices.

Access on Sunday daytime can be found in Figure 14. Choice is more limited on Sunday's, as is access. Based on the set access criteria of 30-minute drive time, the main areas of population will have access to pharmaceutical services. Some of the rural sparsely populated areas of the county unsurprisingly do not have access within 30 minutes on a Sunday, these areas are shown in the map below (around Dulverton and West Somerset, Steart Peninsula, and North Quantock Hills).

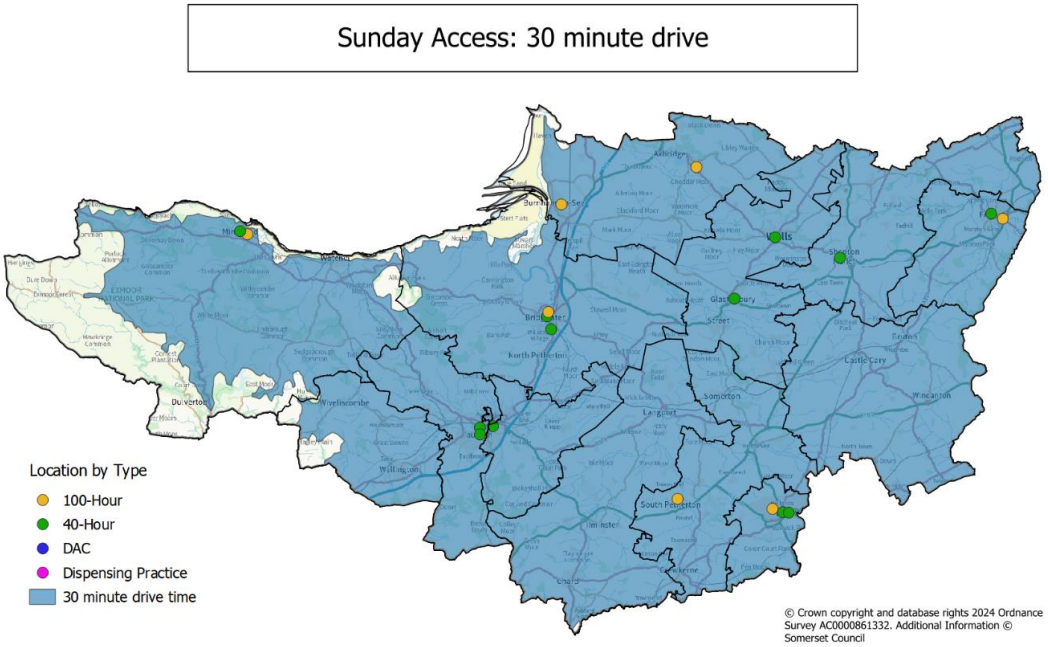

Figure 14: Sunday access to pharmacy and dispensing practices: 30-minute drive time. As of January 2025.

Access through walking or public transport is unsurprisingly much more limited across the county, however given the response to the public engagement survey as to how many individuals walk to access these services maps showing this in the urban centres is shown in the appendix. Additionally, maps showing the same access criteria as above based on solely core opening hours is shown in Appendix 9: Additional Maps.

Daytime access has been the focus for access following the patient engagement survey, this reported that 72.8% stated that weekday daytime access is the most convenient, followed by 33.7% reporting Saturday access as convenient. For more information on the public engagement see Appendix 5: Public Engagement Survey Summary.

More detailed maps for each of the localities is shown in the Localities Annexe.

The graphs below show the opening hours covered by community pharmacies in each of the PNA localities. During the week all areas have pharmacies open from at least the start of working hours into at least the early evening, there may however be less choice of pharmacy earlier and later in the day. There is a similar spread of opening hours on Saturdays, however there may be less choice of pharmacy than seen during the week. Three of the localities do not have any pharmacies open on a Sunday (CLICK, South Somerset East and Taunton Deane West) all these areas have large rural populations, who might expect to travel to towns for services on Sundays, not just pharmaceutical. Based on the travel time access maps, these areas still generally have provision within an acceptable travel time even when there is not a premises open in their locality, and thus there is still an acceptable level of access.

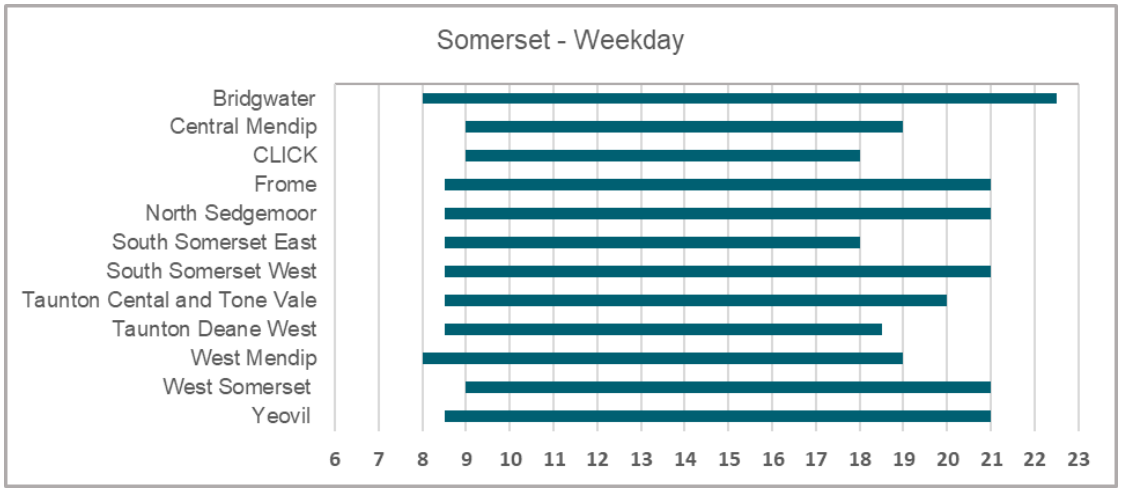

Figure 15: Weekday opening times by PNA locality. As of January 2025.

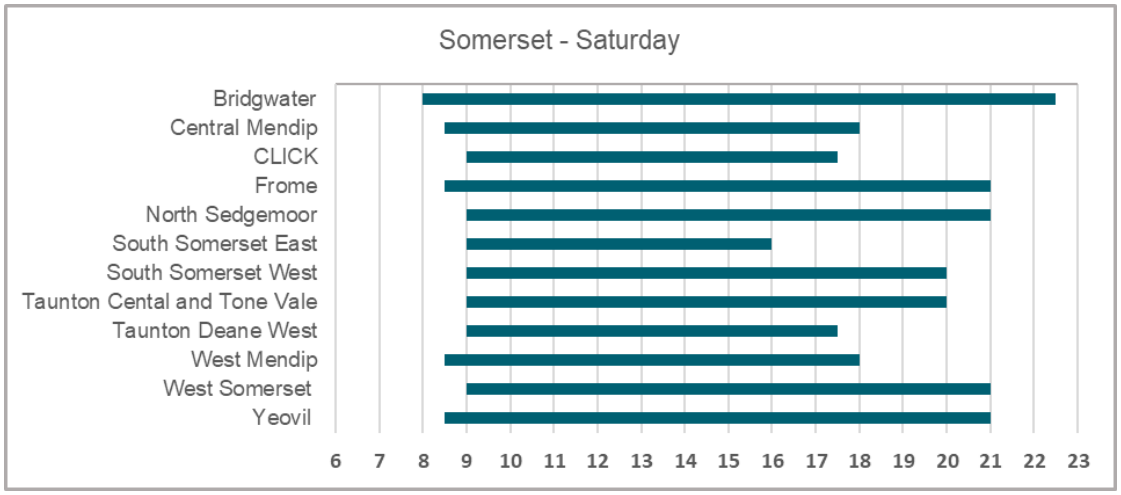

Figure 16: Saturday opening times by PNA locality. As of January 2025.

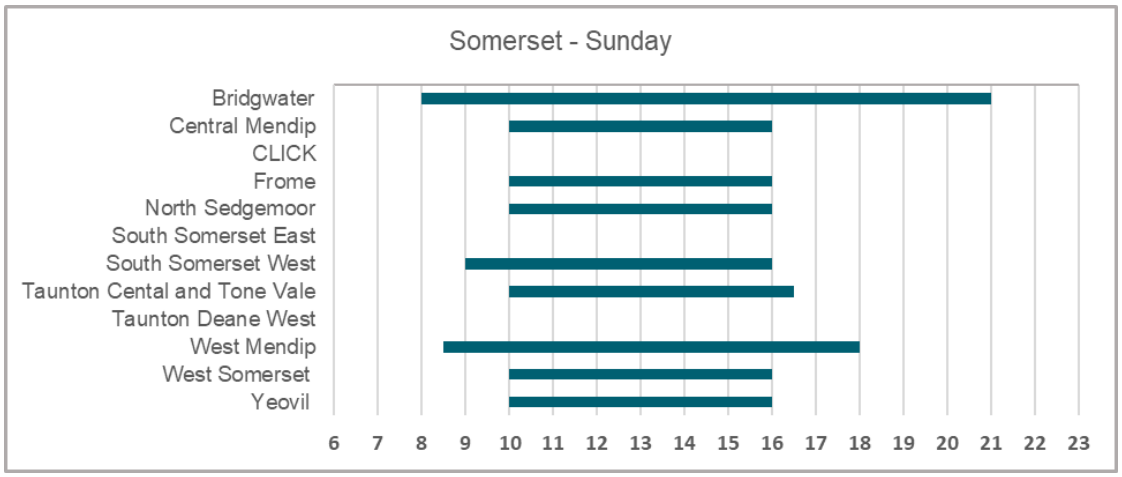

Figure 17: Sunday opening times by PNA locality. As of January 2025.

Residents should have access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so; contractors confirm their intentions regarding these days and where necessary will be directed to open on one or more of these days to ensure adequate access.

There are some localities which do not have a pharmacy open on all days of the week, notably Sunday (see Figure 17), these are further commented upon in the locality summaries; however, this does not constitute a gap in provision. Access for residents in these localities without Sunday opening are still predominantly covered within our minimum level of access threshold of 30-minute drive time, this however does impact upon choice of pharmacy.

5.9 Dispensing

Somerset pharmacies dispensed 8,862,744 items (2023/24), which equates to approximately 738,562 items a month[29].

The availability of services by locality and dispensing per locality is presented in 6 Locality summaries as a table.

5.10 Other relevant services

Other relevant services are services there are not defined as necessary but have secured improvement or better access to pharmaceutical services.

For the purposes of this PNA, 'other relevant services' includes services commissioned from pharmacies by Somerset Council.

5.10.1 Services commissioned from pharmacies by the Somerset Council

The services commissioned by Somerset Council, as shown in Table 6, are available from the large majority of Somerset community pharmacies and can be obtained in all Primary Care Network areas; except for Health Checks these are however predominantly delivered through GPs.

Table 5: Services commissioned by Somerset Council Public Health 2025 (as of March 2025)

	Somerset Council Commissioned Emergency Hormonal Contraception	Somerset Council Commissioned Varenicline	Somerset Council Commissioned Nicotine Replacement Therapy	Somerset Council Commissioned Health Checks	Total pharmacies
Bridgwater	10	3	1	1	12
Central Mendip	3	1	1	0	4
CLICK	5	2	2	1	5
Frome	3	5	3	0	5
North Sedgemoor	9	1	7	4	10
South Somerset East	3	4	3	1	4
South Somerset West	8	4	3	0	9
Taunton central and Tone Vale	12	4	4	1	12
Taunton Deane West	4	3	3	1	4
West Mendip	4	3	2	0	7
West Somerset	7	4	2	0	8
Yeovil	10	8	3	1	11
Total	78	42	34	10	91

6 Locality summaries

The following sections summarise the findings, and set out the conclusions, of this PNA for each locality.

For more detailed information, including demographics, services, and key health needs for each area, please see the Localities annex.

Additionally for mapping of services, and opening times by provider please see the annex for PNA data.

Table 6: Locality Summary, Population and Providers (for reference average items dispensed per population in Somerset 15.4 items, South West 17.4 Items, England 19.7 Items).

Locality	Population[30]	Planned Housing (2025/26 - 2027/8)[31]	Core20 Population[32]	% Population in Core20	Pharmacy[33]	Dispensing GP's[34]	Total providers	Providers per 10,000 population	Items dispensed in locality (2023/24)[35]	Average items per pop
Bridgwater	81,255	1166	18498	23%	12	5	17	2.1	951,835	11.7
Mendip	32,837	511	0	0	4	4	8	2.4	322,825	9.8
CLICK	44,772	196	1279	3%	5	4	9	2.0	431,144	9.6
Frome	33,247	483	1541	5%	5	0	5	1.5	528,092	15.9
North Sedgemoor	48,239	544	3967	8%	10	1	11	2.3	863,267	17.9
South Somerset East RPN	31,659	414	0	0%	4	3	7	2.2	459,966	14.5
South Somerset West	40,871	305	0	0%	9	0	9	2.2	561,014	13.7
Taunton Central & Tone Vale	95,574	1,396	11,125	12%	12	2	14	1.5	1,166,689	12.2
Taunton Deane West	26,931	756	2076	8%	4	1	5	1.9	281,565	10.5
West Mendip	47,712	211	1528	3%	7	0	7	1.5	723,859	15.2
West Somerset	32,798	755	0	0%	8	2	10	3.0	565,875	17.3
Yeovil	55,652	393	8855	16%	11	1	12	2.2	788,543	14.2

Table 7: Locality Summary, services. Data as of January 2025, Source: Pharmacy South West.

Locality	Pharmacy First	NMS	Influenza Vax	Hypertension Case Finding	Stop Smoking Service	Appliance Usage Review	Lateral Flow Dist service	Stoma Appliance Customisation	Contraception Service	EHC (Council Commissioned)	Varenicline (Council Commissioned)	NRT (Council Commissioned)	Health Checks (Council Commissioned)
Bridgwater	10	12	9	10	10	0	9	1	8	10	3	1	1
Mendip	4	4	4	4	4	0	2	0	4	3	1	1	0
CLICK	5	5	5	5	5	0	4	0	4	5	2	2	1
Frome	5	5	5	5	5	0	5	0	5	3	5	3	0
North Sedgemoor	10	10	9	10	10	0	8	1	9	9	1	7	4
South Somerset East RPN	4	4	4	4	4	0	4	0	4	3	4	3	1
South Somerset West	8	9	8	8	9	0	8	0	7	8	4	3	0
Taunton Central & Tone Vale	10	11	10	10	10	0	10	0	8	12	4	4	1
Taunton Deane West	4	4	3	4	4	0	4	0	3	4	3	3	1
West Mendip	7	7	6	7	7	0	7	0	4	4	3	2	0
West Somerset	8	8	5	8	8	0	6	0	5	7	4	2	0
Yeovil	11	11	11	11	11	0	11	0	10	10	8	3	1

Table 8: Locality Summary, adequacy of provision

Locality	Necessary services	Improvements and better access	Future gaps?
Bridgwater	Provided	No gap, opening hours on all days, and areas outside 20-minute access around Steart Peninsula and Quantock Hills, are either sparsely populated or unpopulated. AUR not provided but is by DAC	No gaps expected based on forecasted housebuilding or population change
Mendip	Provided	No gap, opening hours on all days, and all areas within access criteria. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecast housebuilding or population change
CLICK	Provided	No gap, all areas within access criteria, no opening hours on a Sunday but provision in other localities covers this. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecasted housebuilding or population change. Gaps may be created if there is only provision of core hours.
Frome	Provided	No gap, opening hours on all days, and all areas within access criteria. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecasted housebuilding or population change
North Sedgemoor	Provided	No gap, opening hours on all days, and areas outside 20-minute access around Brean Down, are either sparsely populated or unpopulated. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecast housebuilding or population change
South Somerset East RPN	Provided	No gap, all areas within access criteria, no opening hours on a Sunday but provision in other localities covers this. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecasted housebuilding or population change
South Somerset West	Provided	No gap, opening hours on all days, and all areas within access criteria. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecasted housebuilding or population change
Taunton Central & Tone Vale	Provided	No gap, opening hours on all days, and all areas within access criteria. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecasted housebuilding or population change

Taunton Deane West	Provided	No gap, no Sunday Opening in the locality however this is mainly covered by other areas within the access criteria, areas outside the Sunday access criteria are rural and sparsely populated. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecasted housebuilding or population change
West Mendip	Provided	No gap, opening hours on all days, and all areas within access criteria. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecasted housebuilding or population change
West Somerset	Provided	No gap, there is opening from services on all days of the week, and although there are larger areas outside the 20-minute access criteria, much of this is Exmoor, and the Brendon Hills, which is very sparsely populated. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecast housebuilding or population change. Gaps may be created if there is only provision of core hours.
Yeovil	Provided	No gap, opening hours on all days, and all areas within access criteria (except for Saturday access, which an area in the south of the locality is outside 20 minutes, this area is very sparsely populated, and residents would need to travel further for all services not just pharmacy. AUR and Stoma Appliance Customisation not provided but is by DAC.	No gaps expected based on forecast housebuilding or population change

7 Conclusion

Do existing pharmaceutical services meet current needs?

There is a good geographical spread of community pharmacies across the county, concentrated in the urban locations where the population density is highest. There is an average of 1.59 pharmacies per 10,000 population, which is lower than regionally (1.94 per 10,000 population) and nationally (2.13 per 10,000 population), however, the Somerset population is also served by 23 dispensing GP's.

All pharmacies provide the full range of essential pharmaceutical services, thus meaning that there is good provision across the county based on the information available at the time of writing this PNA.

There is good provision generally of the advanced services across Somerset, with all being available in every locality; except appliance use review (AUR) and stoma appliance customisation, which are only available in some localities. These services are however available via different means such as DAC.

Based on the information we have, we therefore conclude that there is no current gap in the provision of necessary services.

It is acknowledged that some community pharmacies have closed or reduced opening hours since the last PNA was published. The impact of this will be noticeable, especially for residents in certain areas, however the purpose of this report is to systematically assess provision across the county against the set access criteria to ensure gaps are not identified inaccurately or in areas where the market cannot sustain another provider.

Based on the information at the time of writing this PNA it is considered that the number, distribution, and service provision across the county meets the current needs of the population.

Do existing pharmaceutical services meet future needs?

There is a projected to be approximately 7,200 new dwellings built in Somerset over the time period this PNA covers, the majority of these in more urban areas near current provision. With this housebuilding and general population growth it is not expected that current provision will not be able to continue to be sufficient in terms of geographical accessibility and opening hours.

It is recognised that if there is a continuation in the trend of closures and reduction in opening hours for community pharmacies there may be gaps created in provision. To ensure this is a more robust assessment should this occur, based on the access criteria set out should all providers reduce to core hours provision only there could be gaps created in two localities – this reduction is however incredibly unlikely to be the case. If some providers were to reduce to core hour provision only, it would likely impact upon individuals' ability to have choice to provider, but suitable levels of access would remain.

It is also acknowledged that there may be issues with access to pharmaceutical services for Somerset residents which fall outside the scope of this report, such as

medication availability, waiting times, and staffing. Comments regarding these areas from the public engagement will be shared with the relevant individuals.

Based on the information we have, we conclude there will be no future gap in provision.

8 Acknowledgements

We would like to express our sincere gratitude to all those who contributed to the completion of this PNA. The authors would like to thank they members of the steering group for their input. Thanks to Healthwatch Somerset for their support around the public engagement survey, enabling this to reach as many members of the Somerset population as possible. Finally, we would like to thank all individuals who contributed to the consultations and engagement for this PNA.

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Appendix 1: Acronyms and definitions

Abbreviation	Meaning
A&E	Accident and Emergency
AUR	Appliance Use Review
CLICK	Chard, Ilminster and Langport
CPCS	Community Pharmacy Consultation Service
DAC	Dispensing Appliance Contractors
DHSC	Department for Health and Social Care
DSP	Distance Selling Pharmacy
EHC	Emergency Hormonal Contraception
EIA	Equality Impact Assessment
EPS	Electronic Prescription Service
GBMSM	Gay, bisexual, and men who have sex with men
GCSE	General Certificate of Secondary Education
GP	General practice
HCV	Hepatitis C
HLE	Healthy Life Expectancy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LARC	Long-acting Reversible Contraception
LE	Life Expectancy
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower layer super output area
NHS	National Health Service
NHSBA	National Health Service Business Services Authority
NMS	New Medicines Service
NOMIS	National Online Manpower Information System (ONS Service)
NVQ	National Vocational Qualification
OA	Output Area
ONS	Office for National Statistics
PCN	Primary Care Network
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
QOF	Quality Outcomes Framework
RNAS	Royal Naval Air Service
UK	United Kingdom

Appendix 2: Legislation relating to PNAs

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

Section 128A Pharmaceutical needs assessments

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

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

(3) The regulations may in particular make provision--
- (a) as to the pharmaceutical services to which an assessment must relate;
- (b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;
- (c) as to the manner in which an assessment is to be made;
- (d) as to matters to which a Health and Well-being Board must have regard when making an assessment.

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

Part 2: Pharmaceutical needs assessments

3. Pharmaceutical needs assessments

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

(2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—
(a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;

(b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
(c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

4. Information to be contained in pharmaceutical needs assessments

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

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

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

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

6. Subsequent assessments

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

(2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—
(a) the number of people in its area who require pharmaceutical services;
(b) the demography of its area; and
(c) the risks to the health or well-being of people in its area,
unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

(3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—
(a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
(b) the HWB—
(i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or
(ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in

order to prevent significant detriment to the provision of pharmaceutical services in its area.

(4) Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application—
(a) to meet a current or future need for pharmaceutical services; or
(b) to secure improvements, or better access, to pharmaceutical services,
the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment

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

(1) Before the publication by an HWB of the first pharmaceutical needs assessment that it prepares for its area, the pharmaceutical needs assessment that relates to any locality within that area is the pharmaceutical needs assessment that relates to that locality of the Primary Care Trust for that locality immediately before the appointed day, read with—
(a) any supplementary statement relating to that assessment published by a Primary Care Trust under the 2005 Regulations or the 2012 Regulations; or
(b) any supplementary statement relating to that assessment published by the HWB under regulation 6(3).

(2) Each HWB must ensure that the NHSCB has access to—
(a) the HWB's pharmaceutical needs assessment (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);
(b) any supplementary statement that the HWB publishes, in accordance with regulation 6(3), in relation to a Primary Care Trust's pharmaceutical needs assessment; and
(c) any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations.

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

8. Consultation on pharmaceutical needs assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—
(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

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

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

(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—
(a) must consult that Committee before making its response to the consultation; and
(b) must have regard to any representations received from the Committee when making its response to the consultation.

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

(6) If a person consulted on a draft under paragraph (2)—
(a) is treated as served with the draft by virtue of paragraph (5); or
(b) has been served with copy of the draft in an electronic form,
but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

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

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

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—
(a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
(b) having regard to likely changes to—
(i) the number of people in its area who require pharmaceutical services,
(ii) the demography of its area, and
(iii) the risks to the health or well-being of people in its area.

Schedule 1: Information to be contained in pharmaceutical needs assessments

1. Necessary services: current provision

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

2. Necessary services: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—
(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

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

3. Other relevant services: current provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—
(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

4. Improvements and better access: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—
(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

5. Other NHS services

A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—
(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

6. How the assessment was carried out

An explanation of how the assessment has been carried out, and in particular—
(a) how it has determined what are the localities in its area;
(b) how it has taken into account (where applicable)—
(i) the different needs of different localities in its area, and
(ii) the different needs of people in its area who share a protected characteristic; and

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

7. Map of provision

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

Finally, specifically in relation to controlled localities, regulation 39 provides:

39. Process of determining controlled localities: formulation of the NHSCB's decision

(2) Once it has determined whether or not an area is or is part of a controlled locality, the NHSCB must—
(a) if it determines that the area is to become or become part of a controlled locality, or is to cease to be part of a controlled locality—
(i) delineate precisely the boundary of the resulting controlled locality on a map,
(ii) publish that map, and
(iii) make that map available as soon as is practicable to any HWB that has all or part of that controlled locality in its area;
…
(4) A HWB to which a map is made available under paragraph (2)(a)(iii) must—
(a) publish that map alongside its pharmaceutical needs assessment map (once it has one); or
(b) include the boundary of the controlled locality (in so far as it is in, or part of the boundary of, the HWB's area) in its pharmaceutical needs assessment map (once it has one).

Appendix 3: Steering Group membership

Orla Dunn (Public Health Consultant, Somerset Council)

Jack Layton (Public Health Specialist Epidemiology, Somerset Council)

Cori Robbins (Public Health Information and Evidence Analyst, Somerset Council)

Matthew Mills (Head of Pharmaceutical, Optical and Dental Services (PODS), NHS Somerset)

Gareth Jones (Dispensing Doctors Lead, LMC)

Yvonne Lamb (Operations Manager Somerset, LPC)

Victoria Hill (Planning Engagement Officer, Somerset Council)

Michelle Alan (Chair, LPC)

Gillian Keniston-Goble (Manager, Healthwatch Somerset)

Shaun Green (Chief Pharmacist, NHS Somerset)

Appendix 4: Maps of controlled localities

These have not changed since the last PNA and are available at: Pharmaceutical Needs Assessment 2022-25 - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations.

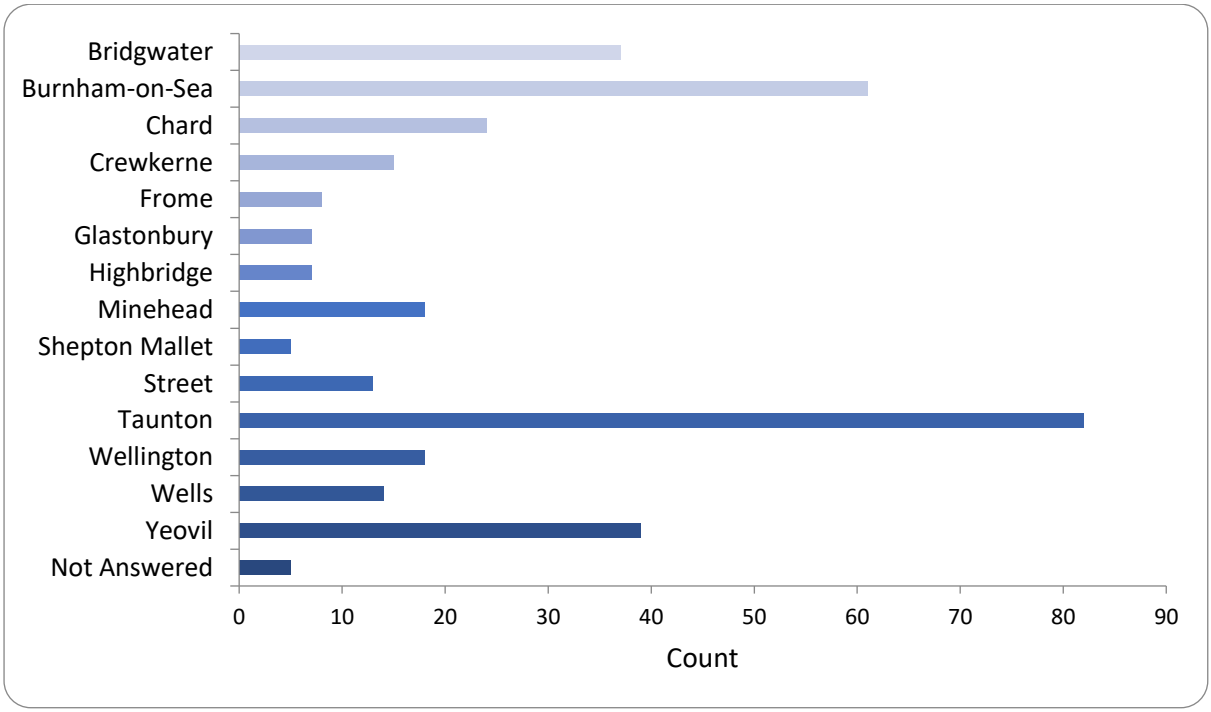
Please contact: Public Health PublicHealth@somerset.gov.uk if you require copies in another format.

Appendix 5: Public Engagement Survey Summary

This section gives the results of the public engagement survey undertaken during the preparation of the draft PNA, this survey was open from the 1st November 2024 to the 1st January 2025. There were 353 responses to this survey. This survey was circulated through Somerset Council social media profiles, through the steering group, and by Healthwatch Somerset. Due to time and resource constraints this survey was predominantly carried out online, Healthwatch Somerset however circulated paper versions of the survey where needed. The findings do indicate a broad level of consistency with the criteria set out in the body of the text.

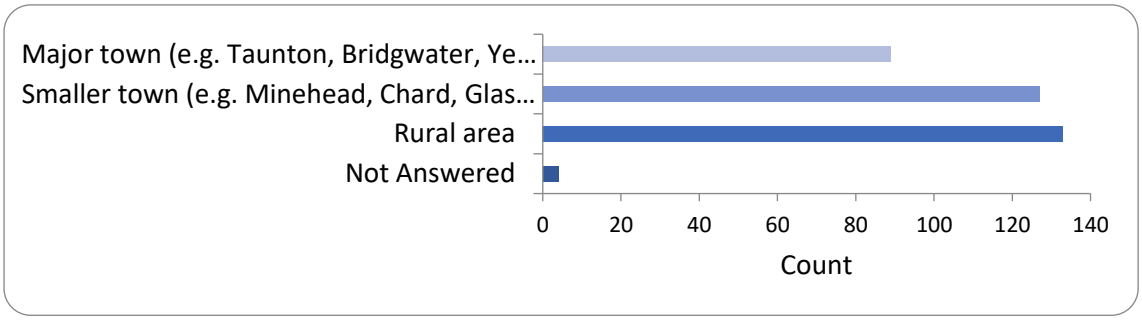
1: Which town do you live closest to?

There were 348 responses to this part of the question.



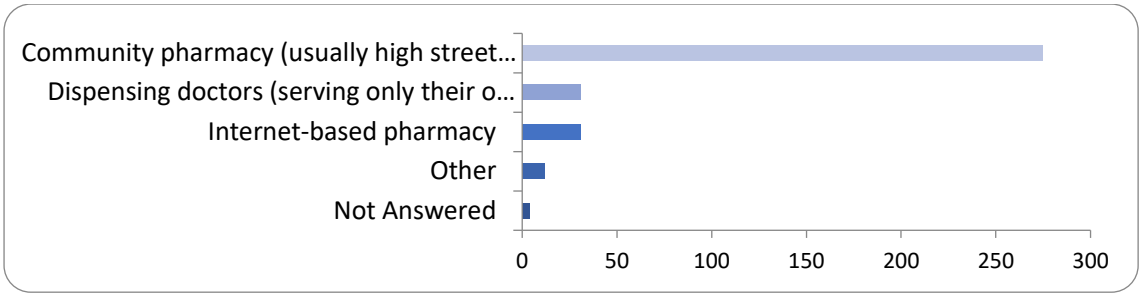
2: Do you live in a

There were 349 responses to this part of the question.



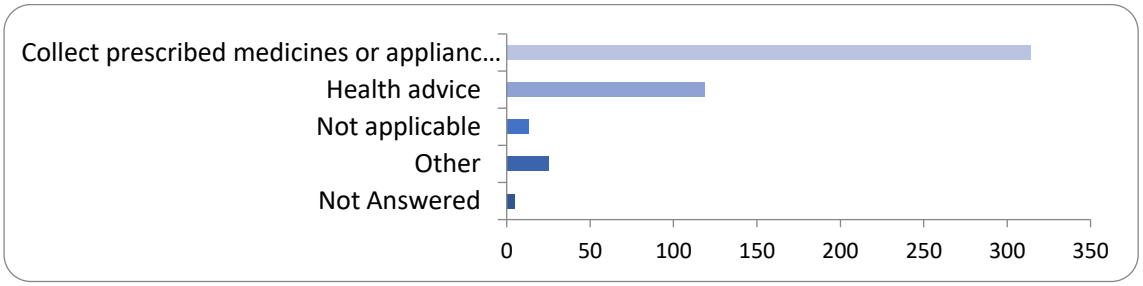
3: For medical prescriptions, do you make use of:

There were 349 responses to this part of the question.



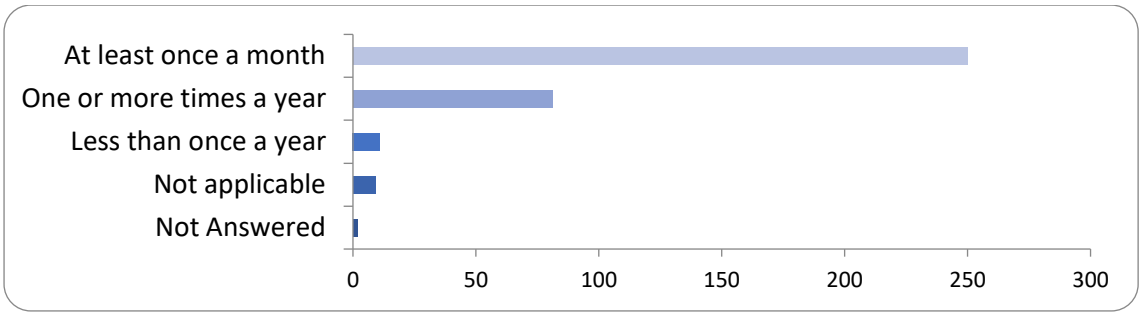
4: Why do you normally visit a pharmacy?

There were 348 responses to this part of the question.



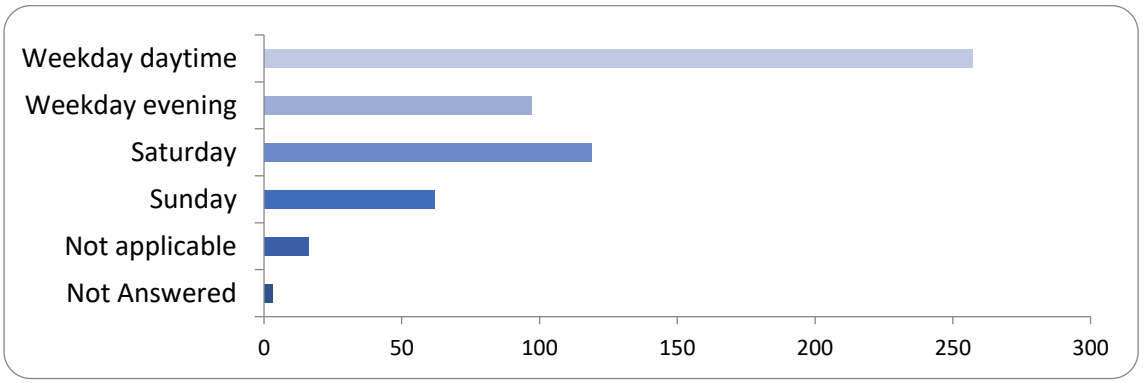
5: How often do you visit a pharmacy?

There were 351 responses to this part of the question



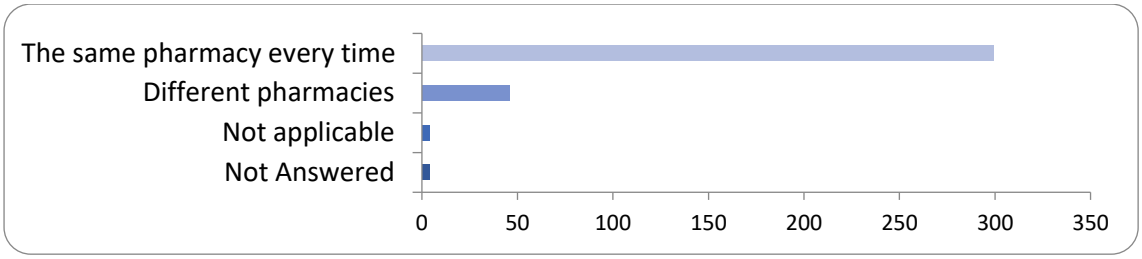
6: When is it most convenient for you to visit a pharmacy?

There were 350 responses to this part of the question.



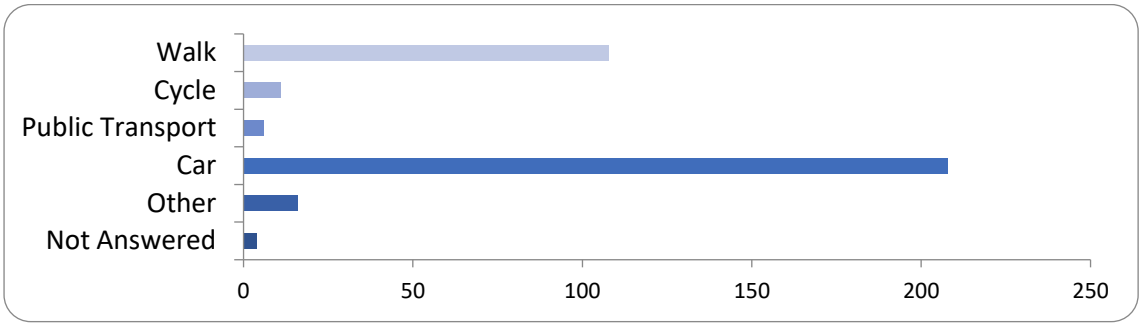
7: Do you generally use:

There were 349 responses to this part of the question



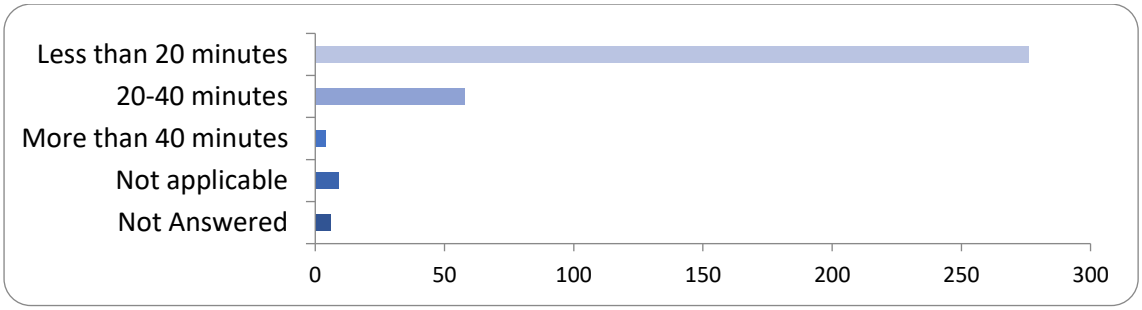
8: How do you normally get to the pharmacy?

There were 349 responses to this part of the question.



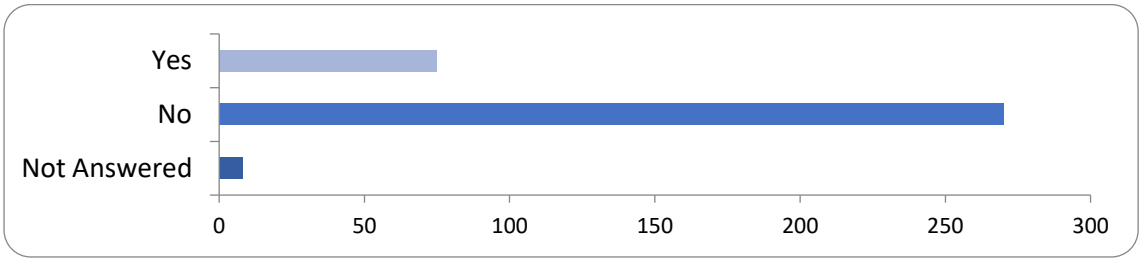
9: How long does it take you to get to the pharmacy/dispensing doctor?

There were 347 responses to this part of the question



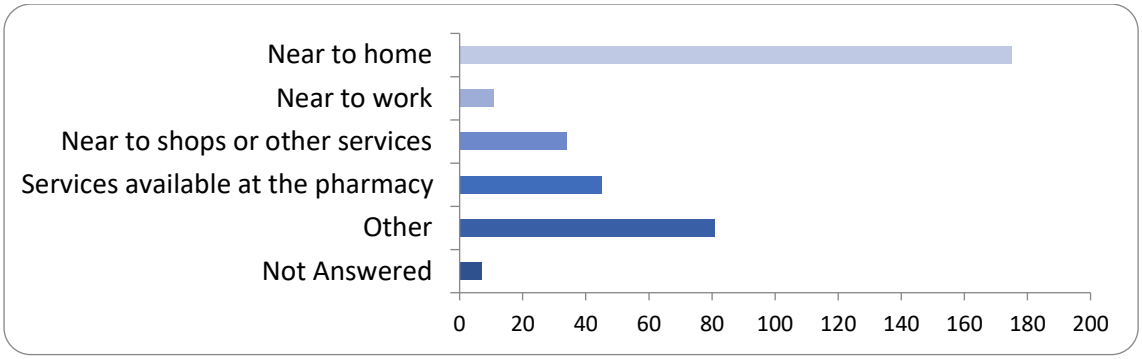
10: Do you avoid a more convenient pharmacy to visit a different one?

There were 345 responses to this part of the question.



11: What influences your choice of pharmacy?

There were 346 responses to this part of the question.



12: Do you have any additional comments about access to pharmaceutical services in Somerset, if so please let us know below

The free text answers are summarised below. The overall sentiment of the comments on pharmaceutical provision in Somerset is mixed, with a significant number of concerns about closures, access, and stock issues. Many respondents are worried about the impact of pharmacy closures on vulnerable populations, increased travel times, and the pressure on remaining pharmacies. On a positive note, respondents appreciate the friendly and knowledgeable staff, convenient locations, and the wide range of services offered by their pharmacies.

Comments about Closures

1. **Increased Travel Time.** Respondents mentioned that closures would result in increased travel time to the nearest pharmacy. This is particularly problematic for those living in rural areas where public transport options are limited.
2. **Impact.** Many respondents expressed concerns about the impact of pharmacy closures on elderly and disabled individuals who rely heavily on local pharmacies for their medication and health advice. They fear that closures will make it difficult for these vulnerable groups to access essential services, leading to potential health risks
3. **Pressure on Remaining Pharmacies.** There is a concern that the closure of some pharmacies will put additional pressure on the remaining ones. Respondents worry that this will lead to longer waiting times, reduced quality of service, and overworked staff, ultimately affecting patient care.
4. **Local Pharmacy Closures.** Respondents highlighted the loss of personalised service that comes with the closure of local pharmacies. They value the relationships they have built with their pharmacists, who understand their medical history and provide tailored advice.
5. **Closures.** Many respondents highlighted the importance of keeping as many pharmacies as possible open, and ensuring they are funded correctly.

Comments on Access

1. **Extended Opening Hours.** Some respondents suggested that pharmacies should have extended opening hours, including evenings and weekends, to accommodate those who work during regular business hours.

2. **Home Delivery Services.** There were comments advocating for the expansion of home delivery services for medications. Respondents noted that this would be particularly beneficial for elderly and disabled individuals who may have difficulty traveling to a pharmacy. Respondents had started to use more delivery services and online services.
3. **Proximity to Public Transport.** Respondents mentioned the importance of having pharmacies located near public transport routes. This would make it easier for individuals without access to a car to reach a pharmacy and obtain their medications.
4. **Availability of Parking**. Several respondents highlighted the need for adequate parking facilities near pharmacies. They noted that limited parking can be a barrier to accessing pharmaceutical services, especially for those with mobility issues.

Positive Comments

1. **Friendly and Knowledgeable Staff**. Respondents praised the friendly and knowledgeable staff at their local pharmacies.
2. **Convenient Locations.** Some respondents expressed general satisfaction with the convenient locations of their local pharmacies, making it easy to access the services.
3. **Wide Range of Services** Several respondents commented positively on the wide range of services offered by their pharmacies.
4. **Efficient Service.** Some respondents appreciated the efficient service provided by their pharmacies. They noted that prescriptions were filled quickly, and they rarely had to wait long for their medications

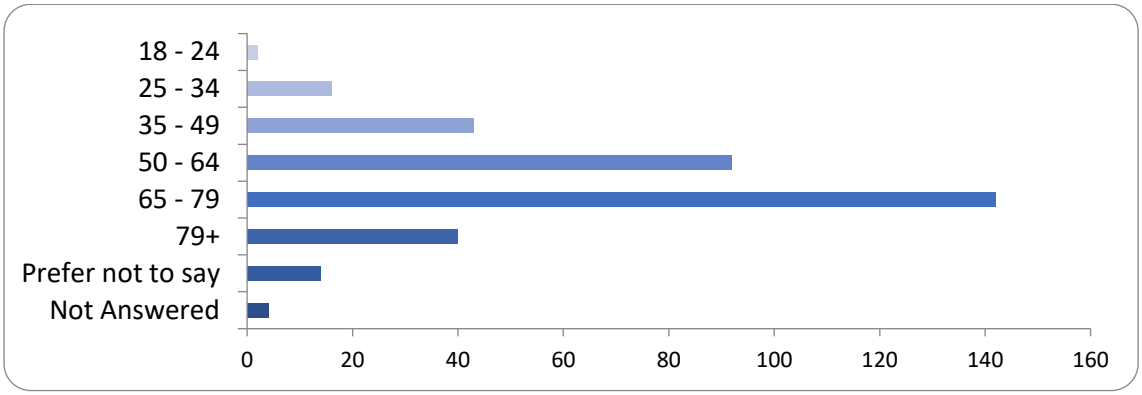
Stock Issues

1. **Frequent Stock Shortages.** Many respondents reported frequent stock shortages at their local pharmacies. They expressed frustration at not being able to obtain their prescribed medications in a timely manner. Additionally, individuals found they had to sometimes visit multiple pharmacies to acquire the medication they needed.
2. **Communication about Stock Levels** Respondents highlighted the need for better communication about stock levels. They suggested that pharmacies should inform patients in advance if a medication is out of stock and provide an estimated time for restocking.
3. **Alternative Options.** Many respondents reported they have begun using online pharmacies services and delivery services

Demographic Questions:

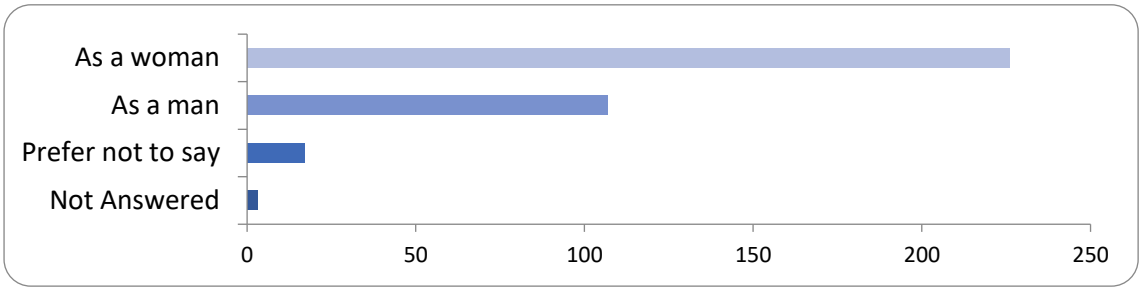
13: What is your age?

There were 349 responses to this part of the question.



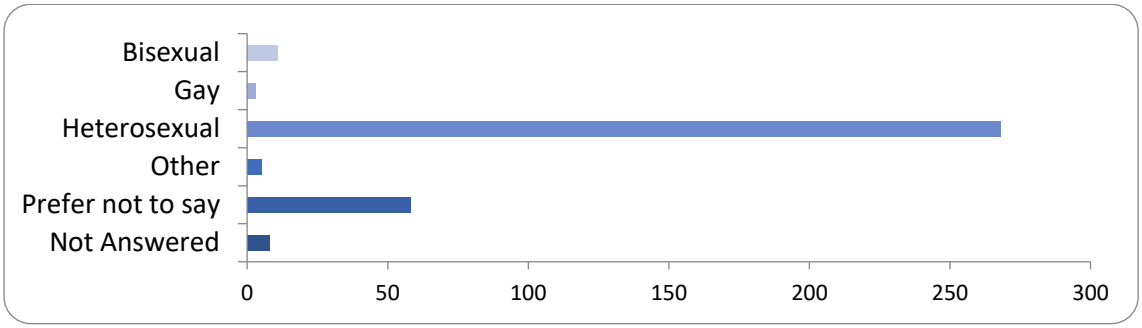
14: What sex do you identify as?

There were 350 responses to this part of the question.



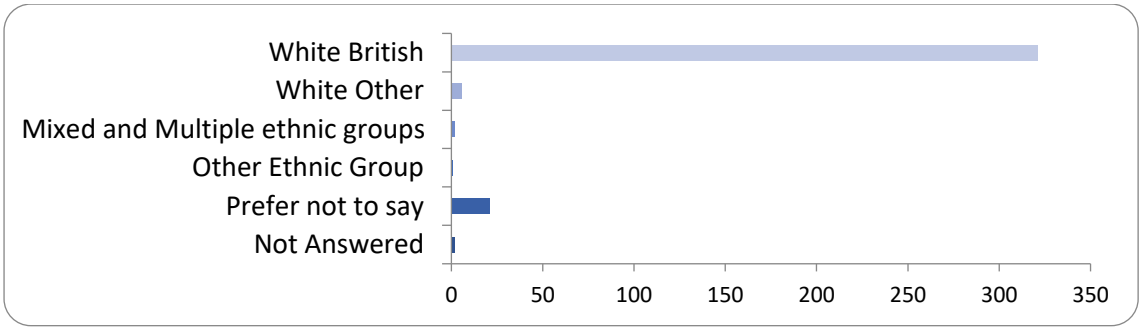
15: Which of the following options best describes your sexual orientation

There were 345 responses to this part of the question.



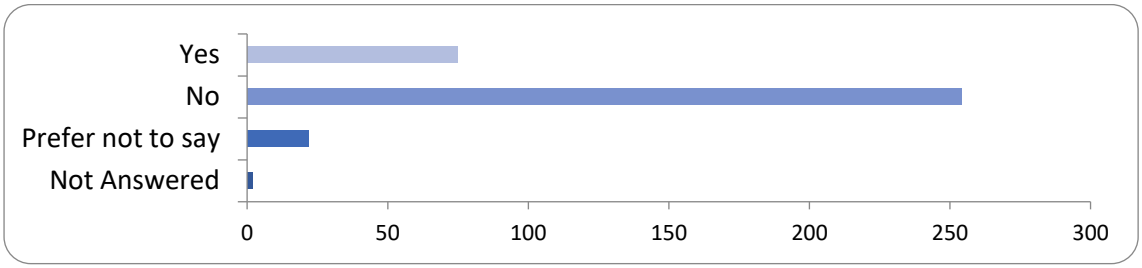
16: What is your ethnic group?

There were 351 responses to this part of the question.



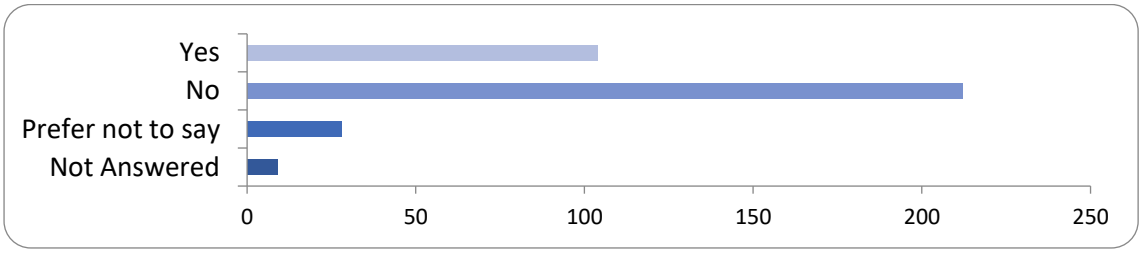
17: Do you consider yourself to be disabled?

There were 351 responses to this part of the question.



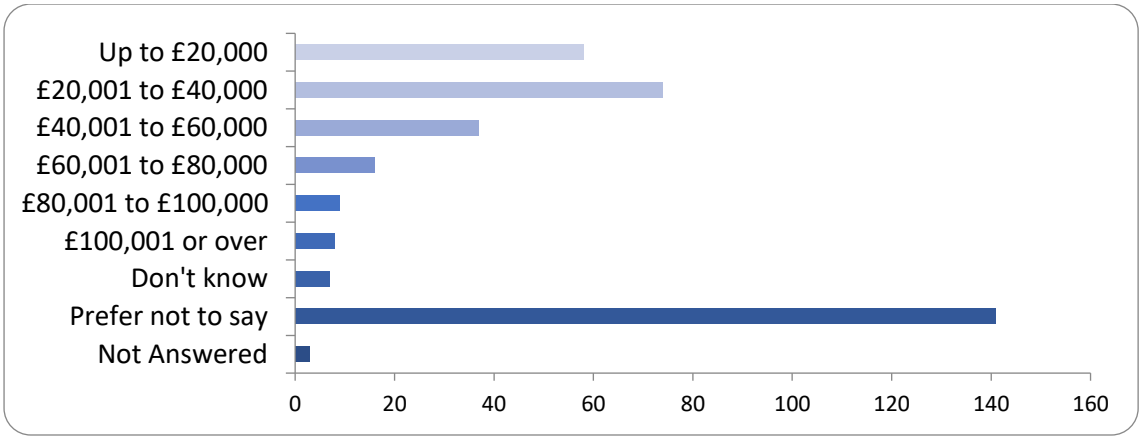
18: Do you provide care for anyone (e.g. a parent, child, other relative, an elderly person, friend or neighbour) who has any form of disability (sensory loss, physical, learning disability, mental health problem) long or terminal illness?

There were 344 responses to this part of the question.



19: What is your total household income?

There were 350 responses to this part of the question.



Appendix 6: Consultation report

Formal consultation was open from XXX to XXX, following the statutory requirements set out in: The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

To be completed after the consultation concludes.

Appendix 7: Equality impact assessment

Characteristic	Significance for Pharmacy
All minority or disadvantaged groups	Confidentiality and 'acceptance' in speaking to pharmacists may be a concern for any individual or group. For example, Asian women may be concerned about speaking to a male pharmacist. Without discreet signs LGBT people may feel less welcome in a pharmacy, or any other such formal setting.
Age	Older people are more likely to need medicines than the young, but be less mobile. This is especially so for older people in residential care. Younger people may be more willing to approach pharmacists for advice than GPs, especially in relation to sexual health, and may benefit from provision near schools. Young people showed somewhat lower satisfaction with current provision than older.
Disability	People with disabilities or long-term illness are almost certain to require more pharmaceutical services than the general population. Consultation has not found any greater difficulties of access to pharmaceutical services for disabled people than the rest of the population
Gender reassignment	There is arguably greater pharmaceutical need in relation to reassignment, but with small numbers and very limited data such issues are probably best treated at the level of the individual patient.
Marriage and civil partnership	This has limited impacts, but it may be necessary to consider issues of giving consent.
Pregnancy and maternity	Specific pharmaceutical needs for pregnant women, mothers and infants.
Race	Limited, although there is greater prevalence of certain diseases in particular ethnic groups, such as sickle cell anaemia in Black people. Female genital mutilation rates are highest in populations from sub-Saharan Africa. There may also be cultural differences in recognizing mental illness in particular ethnic groups, and refugees may be sufferers of post-traumatic stress disorder. These concerns are not specific to pharmacies but do illustrate the diversity of needs that pharmacists may encounter. Gypsies and travellers have significantly worse health than the general population and likely to have less contact with GPs. Pharmacists may be an important source of health advice.
Religion and belief	May have issues on, for example, animal products in medicines, such as vaccines.

Sex	Women may have requirements for Emergency Hormonal Contraception; there may be a need for pharmacists to be aware of a link to domestic violence in such cases. Access to pharmacies may be an issue for women in single car rural households where men use the car for work during the day
Sexual orientation	GBMSM are likely to have needs in relation to sexual health, including HIV testing. Concerns have been raised about the effectiveness of HPV screening for lesbians, who may perceive themselves to be at lower risk.
Additional characteristics	
Rurality	Physical distance to services affects health in sparse rural areas. Pharmacies are part of the limited health advice 'infrastructure'. The presence of 23 dispensing GP practices in Somerset is a clear response of rurality affecting access.
Language	Language is not a protected characteristic, but can be a barrier to pharmacy customers explaining their needs. The number of people who speak no English is small, but many others may have restricted English and be unable to describe symptoms adequately. The most frequent minority languages in Somerset are Polish, Portuguese and Tagalog. British Sign Language is further language spoken in the county
Military Status	Whilst this is a diverse community, many military veterans experience mental or physical ill-health as a consequence of their former status. This group is also disproportionately affected by homelessness. For some, poorly managed discharge from the forces can lead to difficulty in getting access to services. Pharmacies may be a useful point of face-to-face contact. Under the Armed Forces Covenant, public sector bodies are committed to ensure members of this community are not disadvantaged

Appendix 8: List of contractors and opening times, with advanced, enhanced and locally commissioned services

A list of all contactors, opening times, locations, and services provided can be found in the annexes.

Appendix 9: Additional Maps

Public Transport Maps:

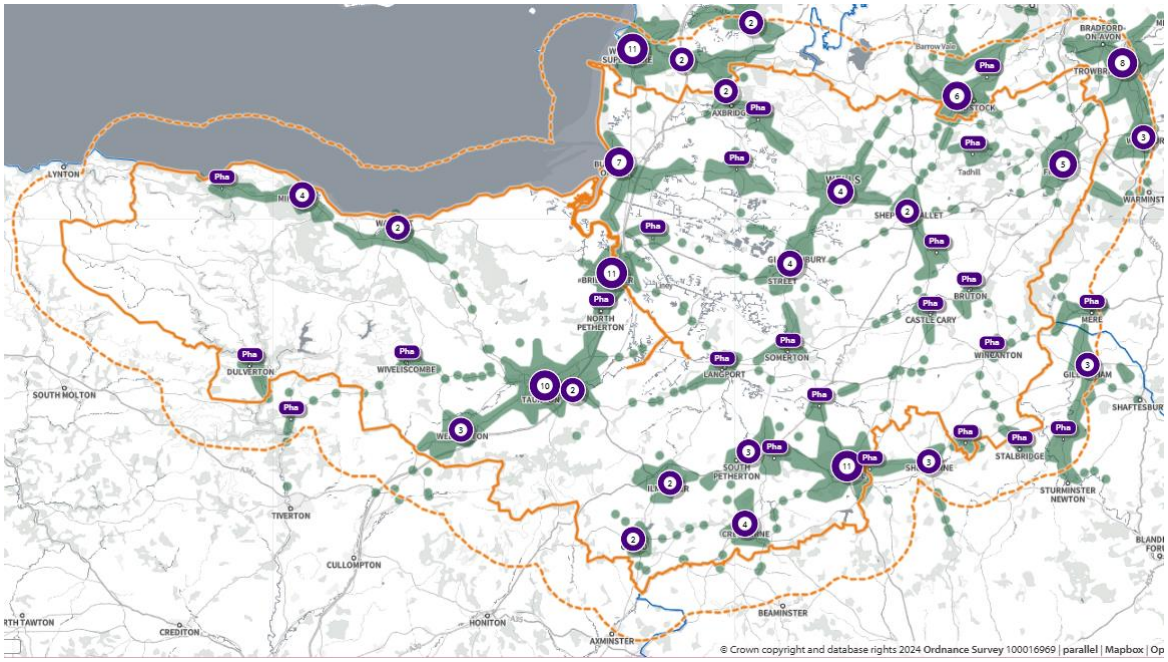


Figure 18: Map showing weekday access to pharmacies via public transport, in 20 Minutes.

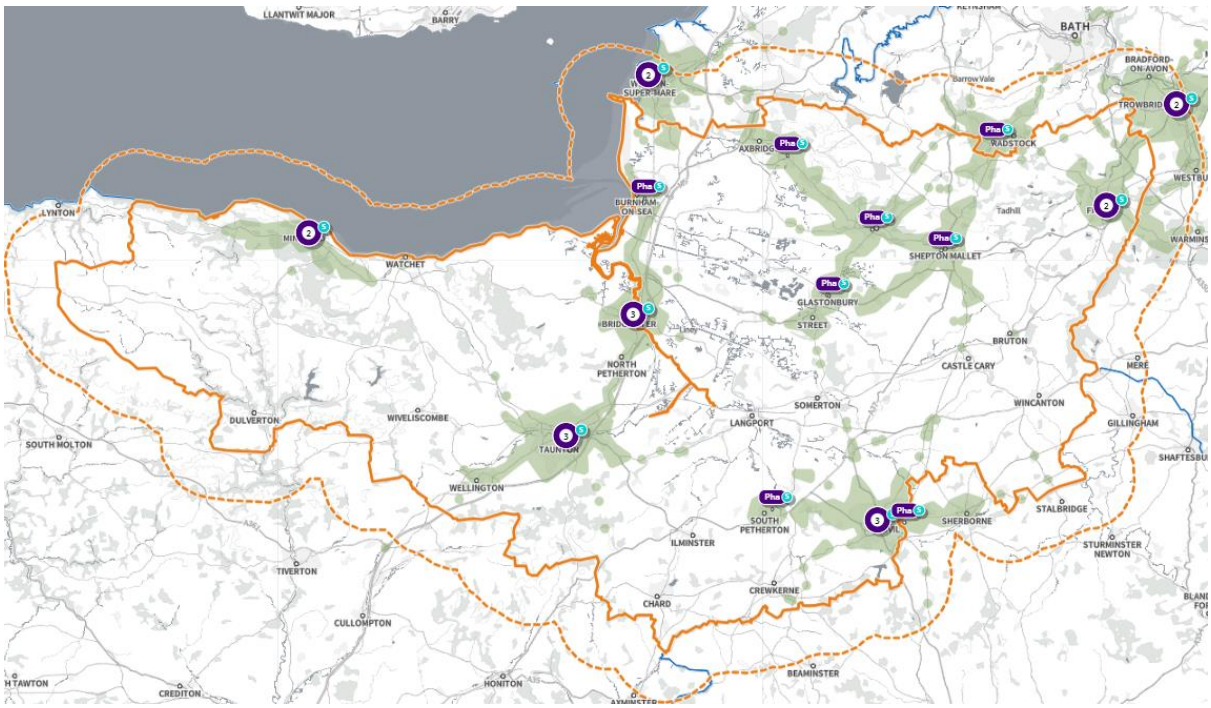


Figure 19: Map showing Saturday access to pharmacies with Saturday opening, via public transport (30 minutes)

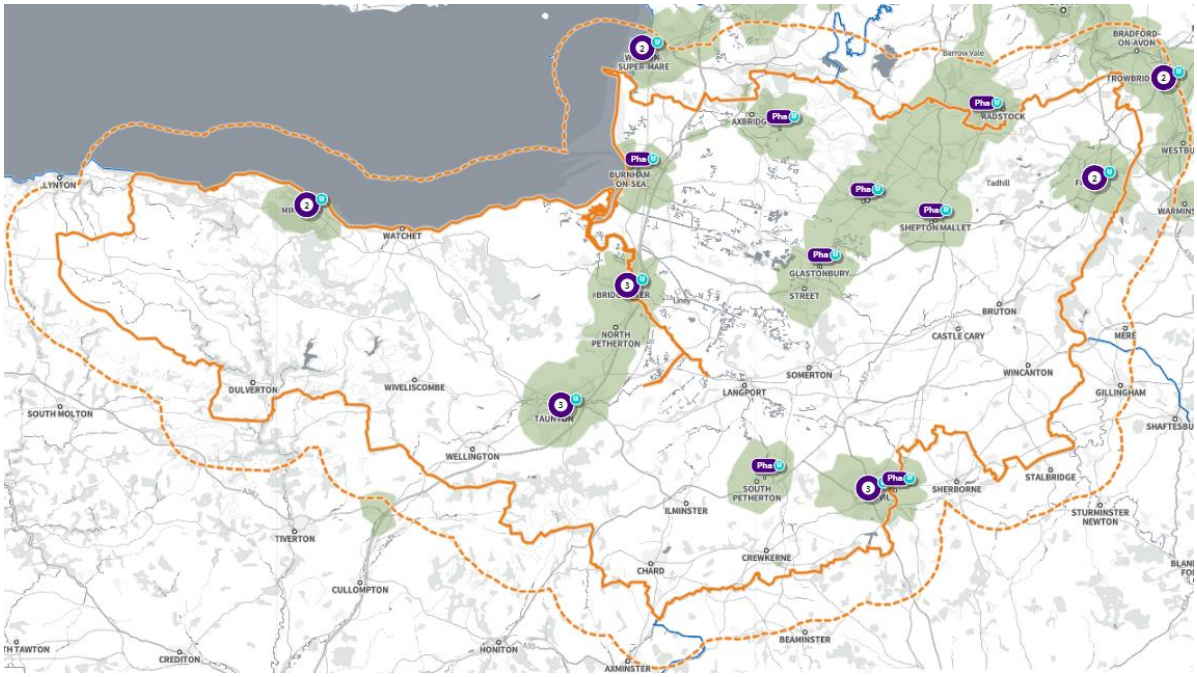
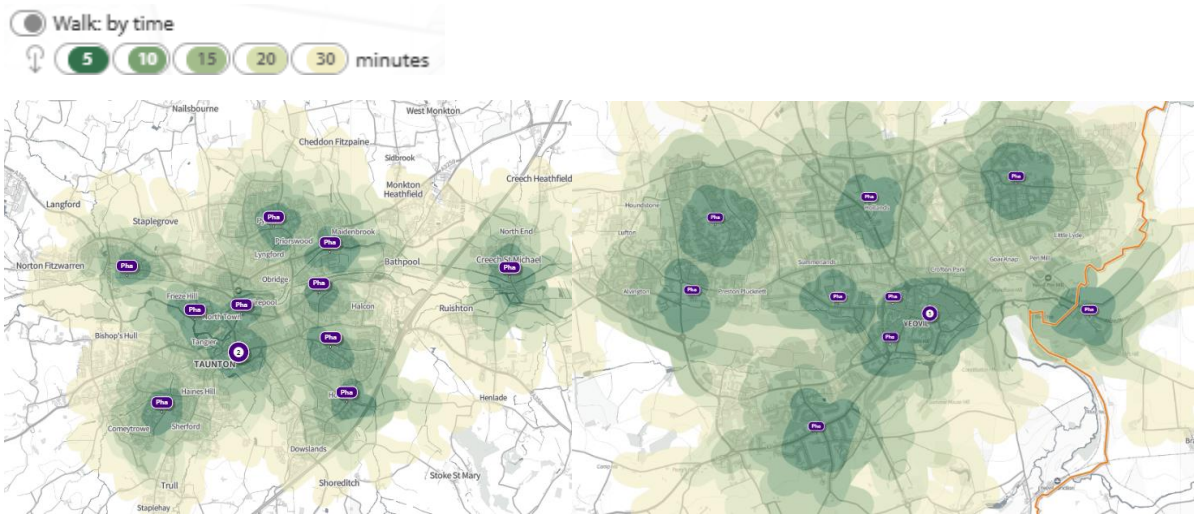


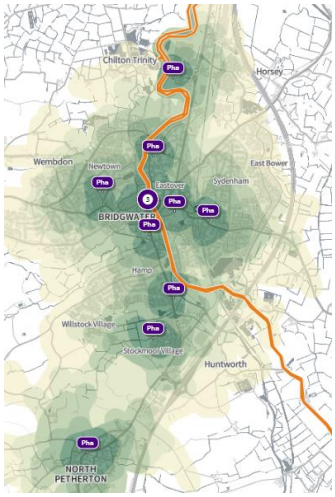
Figure 20: Map showing Sunday access to pharmacies with Sunday opening, via public transport (60 minutes)

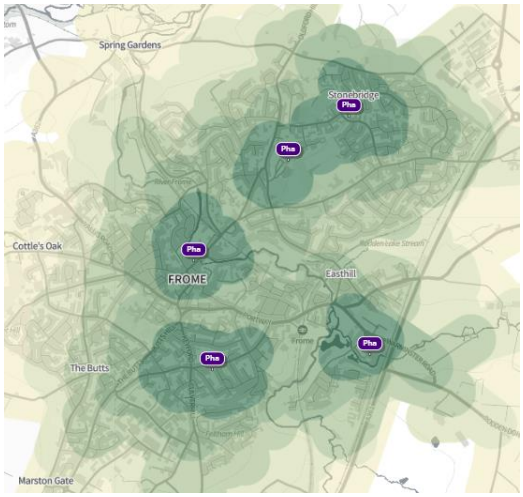
Walking Maps:

Focussing on the four biggest population centres in Somerset (Taunton, Yeovil, Bridgwater, Frome)

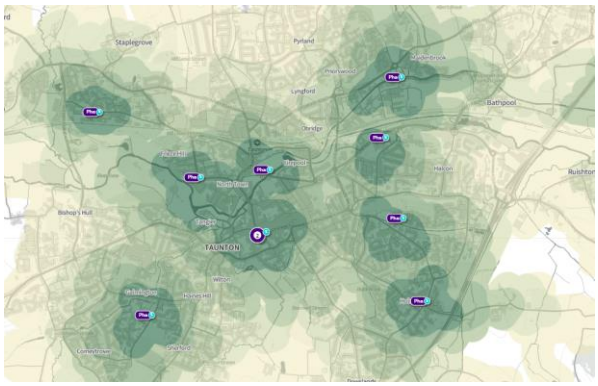
Weekday Access:

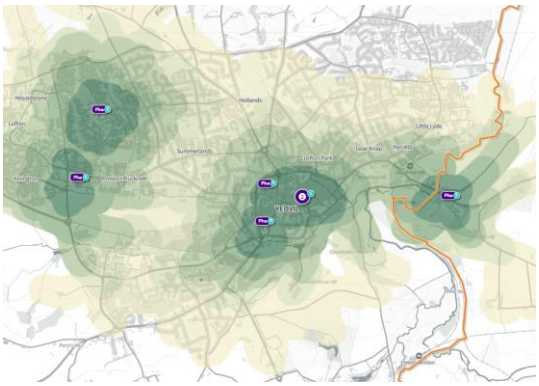


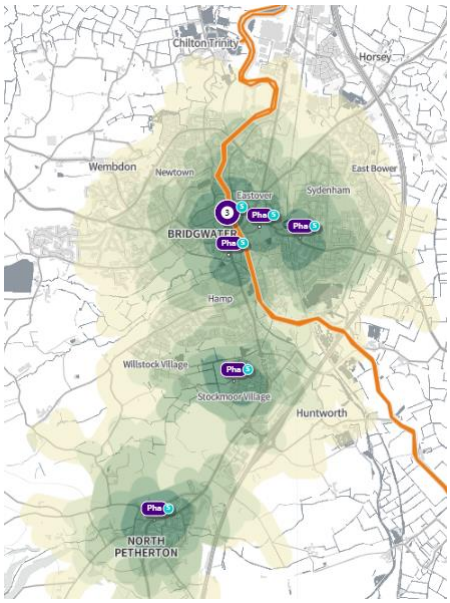


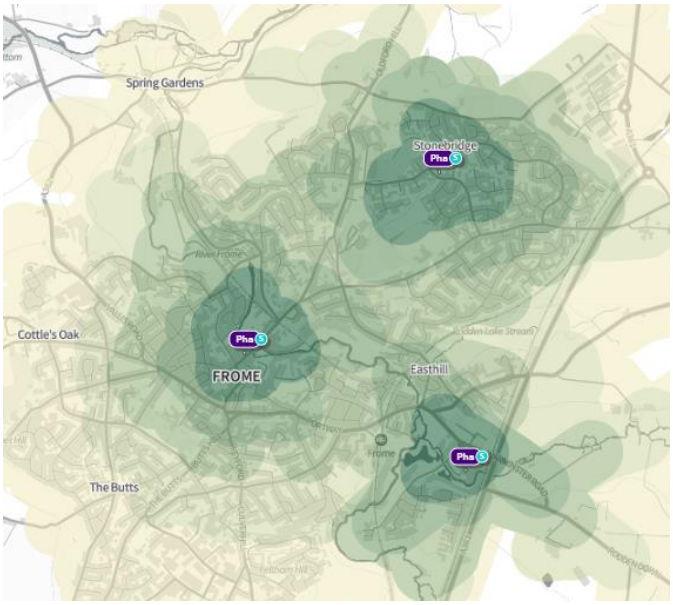


Saturday Access:









Sunday Access:

Core Opening Hours Only Maps:

Core Hours Weekday Opening: 20 minute drive

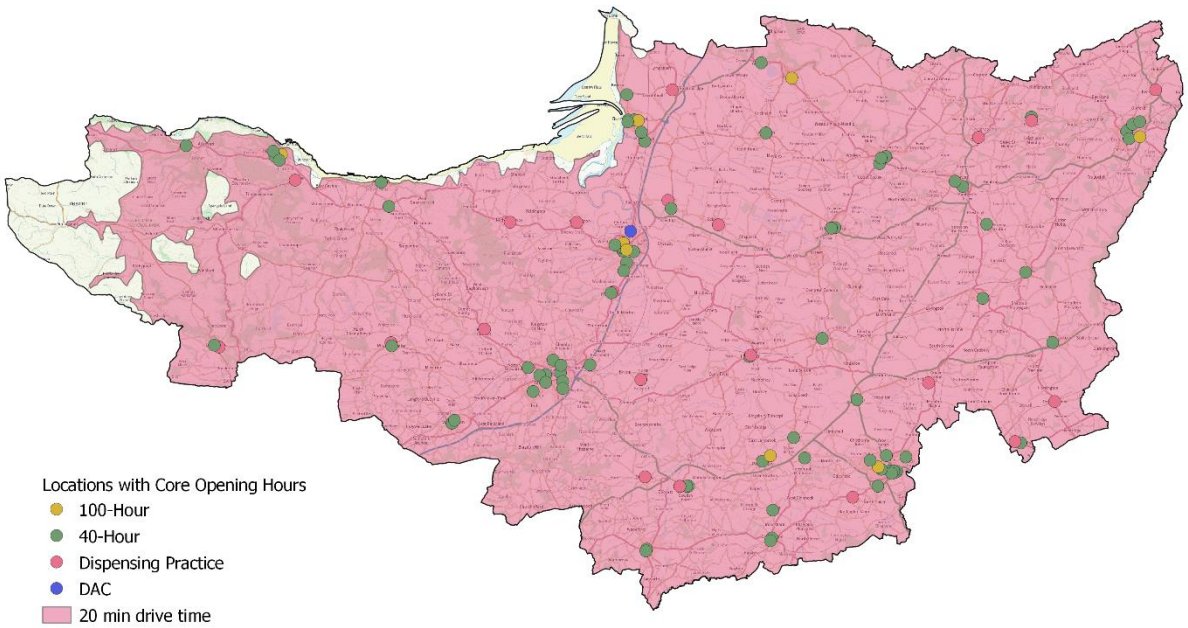


Figure 21: Weekday Core Hours Opening, 20-minute drive time

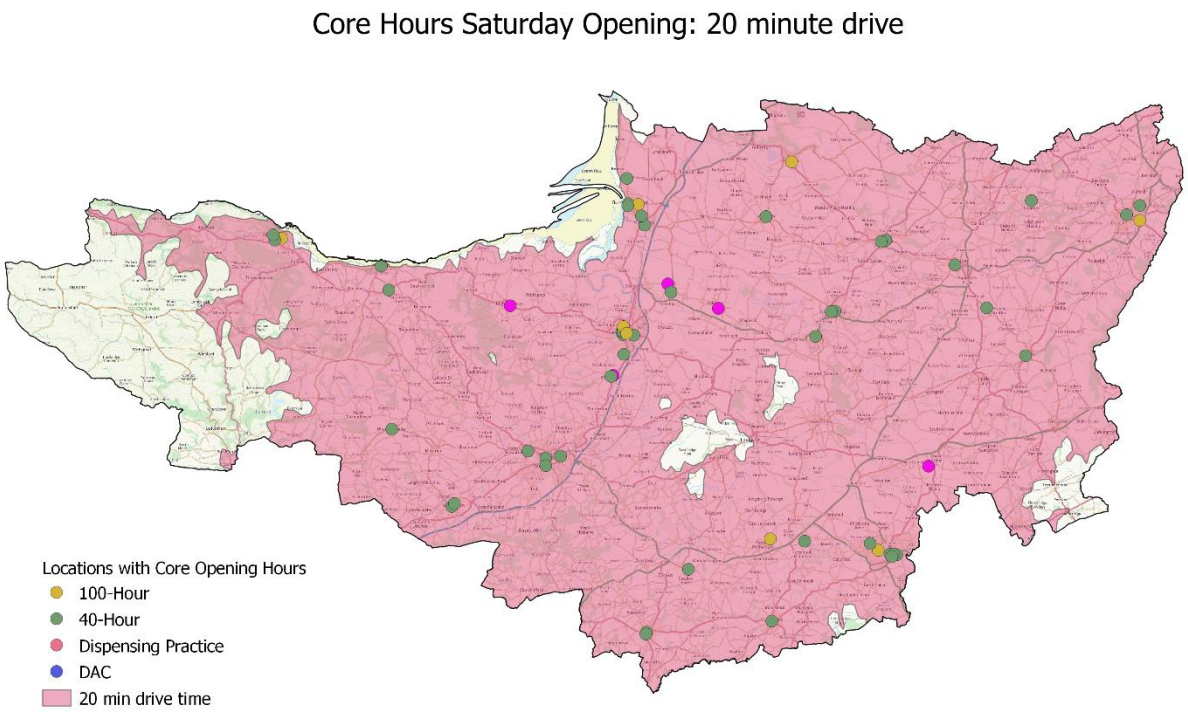


Figure 22: Saturday Core Hours Opening, 20-minute drive time

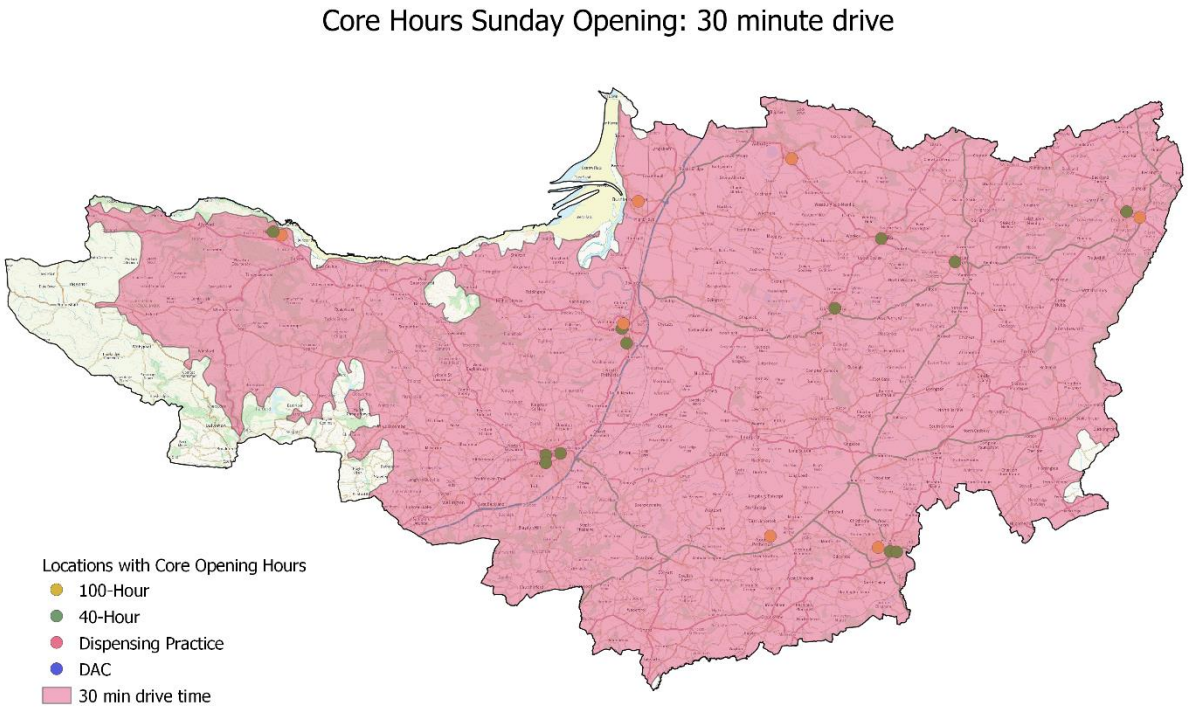


Figure 23: Sunday Core Hours Opening, 30-minute drive time