Pharmaceutical Provision Snapshot

Adults and Communities Directorate

Introduction

- Community Pharmacy plays an important role in communities
 and prevention
- Commercial providers providing NHS and PH services
- Shifting patterns eg more online
- HWBB responsible for market analysis (PNA)
- Strict criteria applied to market analysis
- Bristol on cusp of reviewing PNA
- Multiple commissioners of Pharmacy Services



Adults and Communities Directorate

Pharmacy Provision 2022/24

	Bristol North and West		Bristol City and East		Bristol South	
	2022	2024	2022	2024	2022	2024
Estimated resident population*	167,152	177,863	150,080	140,573	148,247	154,042
Number of contractors	29	28	26	25	24	22
Pharmacies per 100,000 population:	17.3	15.7	17.3	17.8	16.2	14.3
100 hour pharmacy	1	1	2	0	2	2
Open 7 days a week	4	4	5	5	5	4
Open 6 days a week	10	10	11	11	11	8
Open 5 ½ days per week	25	24	19	19	21	19
Open in the evening Mon – Fri after 18:00	9	7	12	8	12	9
Plus 1 distance selling pharmacy						

*for 2022 PNA the 2020 mid-year population estimates were latest available. For the current calculation (2024) the 2021 census population is the latest available.

Adults and Communities Directorate



Pharmacy closures

- Closures (3):
 - Boots, Southmead Road, Henleaze (North and West)
 - Lloyds, Sainsburys, Ashton (South)
 - Boots, Symes Avenue, Hartcliffe closing March 2024 (South)
- Consolidations (1):
 - Bhogals, 79 and 103 St Marks Road, Easton (City and East)



Adults and Communities Directorate

Public Health Services delivered by pharmacy

Sexual Health

73 of 75 pharmacies deliver this service (77 of 79 in 2022)

Substance use

- 72 of 75 pharmacies deliver supervised consumption services (76 of 79 in 2022)
- Needle exchange 16 pharmacies participate in this scheme (17 in 2022)

Tariffs and delivery models being reviewed within constraints of no uplifts to PH grant.

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Adults and Communities Directorate

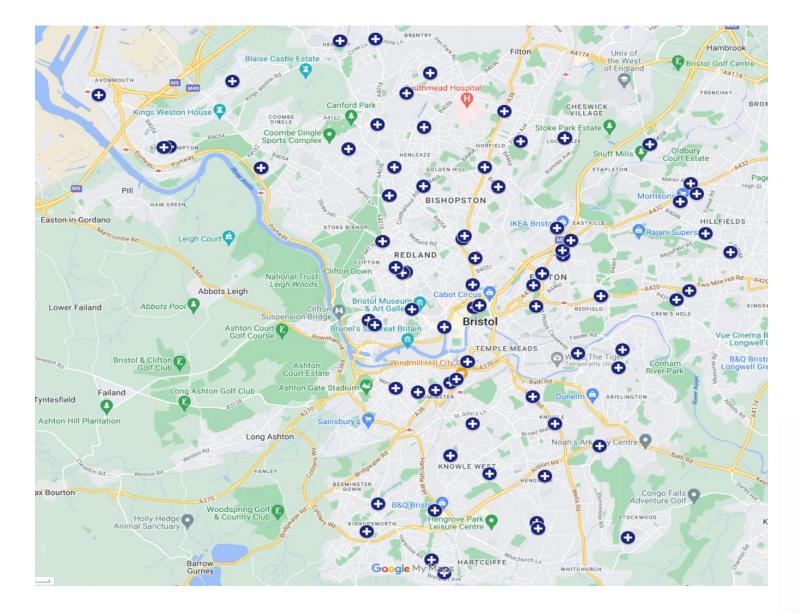


South West Collaborative Commissioning Hub

Information for Bristol Health Scrutiny Meeting February 2024

Current Community Pharmacy Network

South West Collaborative Commissioning Hub





Managing Community Pharmacy Closures

On receipt of a notice to close:

- Ensure the correct notice is being given: 3 or 6 months, depending on the type of contract.
- Communicate with local pharmacies, general practices, HWB, HealthWatch and Local Authority Public Health Teams to gain feedback on provision locally in light of the closure.
- Work with the closing pharmacy to support patients in transferring to a new pharmacy and follow the close down procedure.
- Sharing patient information with local practices, about how to change their pharmacy using the online service.
- Regular review meetings with the closing pharmacy contractor, including high level review of patients transferring to a new pharmacy.
- Boots Pharmacy closures January-March 2024. All sites have an alternative community pharmacy within 1 mile
- General feedback from remaining contractors is that they have taken a variety of steps to be able to support patients – such as reviewing and increasing staffing, refits or concluding that they have sufficient resource to manage any expected increase in demand.
- Contact local pharmacies 4-6 weeks after closure, to gain insight on how the teams are managing any increased demand.





Bristol, North Somerset and South Gloucestershire

Community Pharmacy Update

Richard Brown Chief Pharmaceutical Officer Community Pharmacy Avon

Alison Mundell Community Pharmacy Clinical Lead BNSSG Feb 24

Delivery Plan for Recovering Access to Primary Care

Community Pharmacy has been seen as an **essential part of primary care** offering patients easy access to health services in the heart of their communities. **Over 80% of patients live within a 20-minute walk of their pharmacy** who give expert clinical advice.

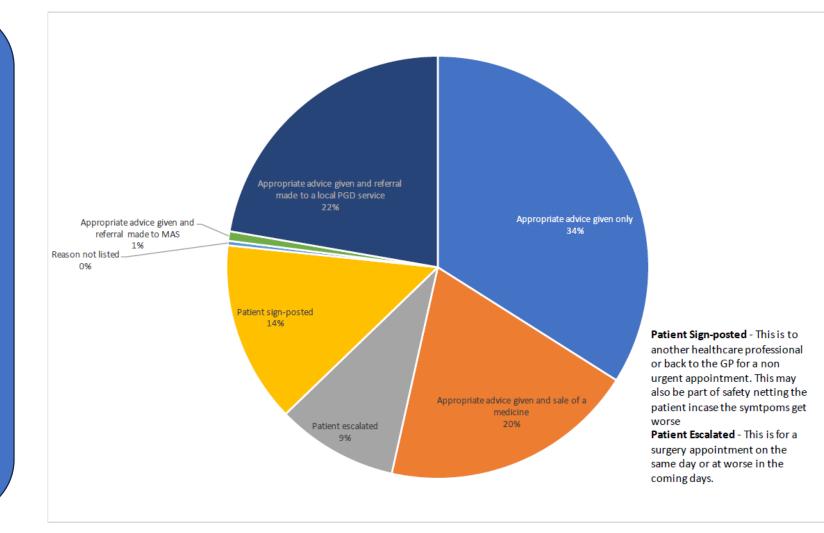
Building on the success of the existing services outlined in the CPCF delivered by Community Pharmacy - this plan wants to **expand the range of services** offered making **better use of** the **clinical skills** in community pharmacy, making them the **first port of call** for patients for many **minor illnesses**.



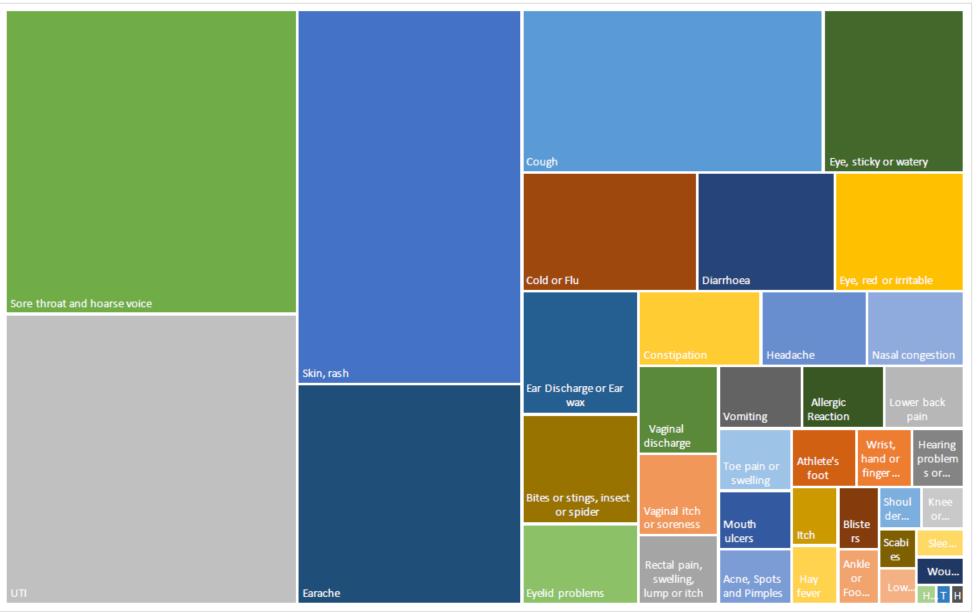
GP Community Pharmacist Consultation Service

>5000 referrals/month
from GP Practices to
Community
Pharmacist for minor
ailments

- BNSSG delivering 49% total referrals for South West
- 54% advice only or sale of a medicine
- 14% sign posted
- 9% escalated



Conditions Referred:



Pharmacy First

Pharmacy First will be a new advanced service that will include 7 new clinical pathways and will enhance the Community Pharmacist Consultation Service (CPCS).

This means the full service will consist of three elements:

Pharmacy First (clinical pathways)	Pharmacy First (urgent repeat medicine supply)	Pharmacy First (NHS referrals for minor illness)
 new element UTI, Sore Throat, Impetigo, Otitis Media, Infected insect bites, Shingles, Sinusitis 	 previously commissioned as the CPCS 	 previously commissioned as the CPCS

Hypertension Case Finding Service - Further funding for Community Pharmacies to support the ongoing monitoring in partnership with GP Surgeries has been agreed
 Oral Contraception Service - Further funding for Community Pharmacies to support the initiation and continuation in partnership with GP Surgeries has been agreed
 Currently 96% Community Pharmacies signed up within BNSSG

Infections to be managed via National Clinical Pathways

PGDs (Patient Group Directions) enable a prescription medicine to be supplied

Clinical Pathway	Age Range
Uncomplicated UTI*	Women 16-64
Shingles	18 years and over
<mark>Impetigo*</mark>	1 year and over
Infected Insect Bites	1 year and over
Sinusitis	12 years and over
<mark>Sore Throat*</mark>	5 years and over
Acute Otitis Media	1 to 17 years

*Already delivering through local enhanced services

Within BNSSG delivering approximately 2000 PGDs/month

BNSSG PGDs	Average/month
UTI	745
Sore Throat	510
Impetigo	150
Chloramphenicol	68
Hydrocortisone	65

Ear Pilot for Otitis Externa 30 pilot sites delivering approx. 300/month Plan to expand Otitis Externa and keep Hydrocortisone and Chloramphenicol PGDs

Any Questions



