



# Pharmaceutical Needs Assessment 2022

## Milton Keynes Health and Care Partnership

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Milton Keynes Council. The production has been overseen by the PNA Steering Group for Milton Keynes Health and Care Partnership (previously known as Milton Keynes Health and Wellbeing Board) with authoring support from Soar Beyond Ltd.

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## Executive summary

### 1. Introduction

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. A PNA was last published in Milton Keynes in 2018 and updated with supplementary statements reflecting changes in needs as required, with the next PNA due to be published in April 2021. Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Milton Keynes Health and Care Partnership (previously known as Milton Keynes HWB) fulfils the regulatory requirement.

#### 1.1. Aim, objectives, and methodology

The aim of the Milton Keynes PNA is to enable local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This was achieved by gathering the views on the adequacy of pharmaceutical services from a wide range of stakeholders, including the public, through the distribution of surveys, one aimed at members of the public and one at pharmacy contractors. These were co-produced by a steering group that included representation from NHS England and NHS Improvement (NHSE&I)<sup>1</sup>, the Local Medical Committee, the Local Pharmaceutical Committee, the Clinical Commissioning Group (CCG)<sup>2</sup>, Healthwatch Milton Keynes and Public Health. The surveys addressed five key themes:

1. Necessary Services: current provision
2. Necessary Services: gaps in provision
3. Other relevant services:<sup>3</sup> current provision
4. Improvements and better access: gaps in provision
5. Other services

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<sup>1</sup> Since the time of writing this has now changed to NHS England (NHSE).

<sup>2</sup> Since the time of writing, CCGs have been replaced by ICBs/ICSs. For Milton Keynes the following information pages provide detail on the various new structure: <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/>

<sup>3</sup> This includes Advanced, Enhanced and Locally Commissioned Services.

One hundred and eighty responses were received from members of the public. Five responses were received from pharmacy contractors (out of a total of 45 pharmacies in Milton Keynes). The relatively low response rate has been noted.

## 2. NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHSE&I. The types of providers are:

- **Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs):** Community contractors refer to persons providing local pharmaceutical services from registered pharmacy premises in Milton Keynes, neighbouring areas and remote suppliers, including DSPs, who are required to offer services throughout England.
- **Dispensing Appliance Contractors (DACs):** DACs are required to provide a range of 'Essential Services' including advice on and home delivery of appliances, but they are unable to supply medicines.
- **Local Pharmaceutical Service (LPS):** LPS refers to pharmacy providers contracted by NHSE&I to perform specified services to their local population or a specific population, outside the national framework.
- **Dispensing doctors:** refers to GPs who are allowed to dispense the medicines they prescribe for their patients.

NHS pharmaceutical services refers to services commissioned through NHSE&I. The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF)<sup>4</sup> are as follows:

- **Essential Services:** These are services that every community pharmacy providing NHS pharmaceutical services must provide and are set out in their terms of service. These include: the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance, and promotion of healthy lifestyles.
- **Advanced Services:** These are services community pharmacy contractors and DACs can choose to provide, subject to accreditation as set out in the Secretary of State Directions.
- **Enhanced Services:** These are services commissioned directly by NHSE&I, introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services.

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<sup>4</sup> The CPCF was last agreed in 2019.

However, in the absence of a particular service being commissioned by NHSE&I, it is in some cases addressed by **Locally Commissioned Services**, funded by the local authority or CCG. These are services community pharmacy contractors could choose to provide and are therefore included in the PNA.

### 3. Milton Keynes population

The population of Milton Keynes was estimated to be 270,200 in 2020, with a projected growth of around 5,000 (1.7%) between 2022 and 2032. The distribution and demographics of the population vary in different areas of Milton Keynes.

For the purpose of this PNA, Milton Keynes has been divided into four localities: East, North, South and West Neighbourhoods<sup>5</sup> (see [Map 9](#)). There is a distinct difference in levels of deprivation across the four neighbourhoods with East Neighbourhood being the most deprived and North Neighbourhood being the least deprived. East Neighbourhood is also the most densely populated locality, with 84,200 residents, and approximately 28% identifying as being of Black, Asian and Minority Ethnic (BAME) origin. This compares to North Neighbourhood, which is the least deprived, is the least populated with 55,700 residents and has a lower proportion of those identifying as BAME (approximately 16%).

### 4. Lifestyle

In Milton Keynes the prevalence of hypertension (12.7%) and adult obesity (62%) are similar to the England average (14% and 63% respectively). Whilst not statistically different to England, this level of obesity represents nearly two-thirds of the adult population and presents a significant health burden.

The prevalence of smoking in those aged over 18 in Milton Keynes is 15.1%, which is statistically similar to England (13.9%). There are inequalities in smoking prevalence between certain groups with higher prevalence amongst those living in areas of higher deprivation, and those in routine and manual occupations.

Advanced, Enhanced and Locally Commissioned Services are provided by many community pharmacies to contribute to addressing these lifestyle issues although this is varied and would benefit from additional communication across professionals and the public.

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<sup>5</sup> The four neighbourhoods are based on Middle Layer Super Output Areas (MSOAs).

## **5. Pharmaceutical service providers in Milton Keynes**

Milton Keynes has 47 community pharmacies (as of December 2021), including two DSPs, for a population of around 270,200. This equates to an average of 17.4 community pharmacies per 100,000 population (including DSPs), compared with 20.5 per 100,000 in England. Whilst there has been no change in the number of community pharmacies since the 2018 PNA, the population growth has led to a reduction in community pharmacies per 100,000 from 18 to 17.4 (2018 and 2021 respectively). Recent information obtained since the data collection and analysis for this PNA has identified the confirmed closure of two pharmacies, which will reduce this further.

Across Milton Keynes, independent pharmacies represent 57% of all pharmacy providers, which is higher than the England average (40%). No one provider has a monopoly in any locality, allowing for a greater choice of pharmacy type for Milton Keynes residents.

Provision of current pharmaceutical services and Locally Commissioned Services are distributed across localities, although more rural localities, especially on the boundaries of North Neighbourhood, appear to be less well served.

There are no LPS providers and no dispensing GP practices across Milton Keynes, as Milton Keynes is not considered to be a rural locality.

## **6. Adequacy of pharmaceutical services in Milton Keynes**

### **6.1. Current provision of Necessary (Essential) Services**

There are 47 pharmacies (including two DSPs) in Milton Keynes, and all pharmacies provide all Essential Services as per the current CCPF. No gaps have been identified, although recommendations to enhance provision have been highlighted in section 8 of this Executive Summary.

Access to a community pharmacy within a 20-minute walk is better in Milton Keynes than in England (92.9% compared with 89%), and 94.9% can access their nearest pharmacy within 2 km of their home. Access within 15 minutes via car is over 99%, irrespective of the time of day.

In addition, analysis of dispensing data, has highlighted that 93% of Milton Keynes prescription items are dispensed by Milton Keynes pharmacies. The other 7% are dispensed by pharmacies located outside of Milton Keynes or DSPs.

## **6.2. Current provision of services that provide improvement or better access in Milton Keynes (Advanced, Enhanced, Locally Commissioned)**

### **Advanced Services**

There is currently provision of six Advanced Services in Milton Keynes (two COVID-19 related services have been decommissioned), these include:

- Stoma Appliance Customisation (SAC)
- Community Pharmacist Consultation Service (CPCS)
- Flu vaccination service
- Hypertension case-finding service
- New Medicine Service (NMS)
- Smoking cessation Advanced Service

There is good access to the Advanced Services, i.e. New Medicines Service and Community Pharmacist Consultation Service, with 94% and 87% of community pharmacies, respectively, providing these services across Milton Keynes. This is higher than the England figures of 91% and 81%, respectively.

The new hypertension case-finding service started in October 2021. Activity data is still low nationally, regionally and in Milton Keynes.

The smoking cessation Advanced Service<sup>6</sup> commenced on 10 March 2022 and has been put into place in 13 pharmacies across Milton Keynes. However, only five of these are in the two most deprived neighbourhoods (East and South), where there are higher rates of smoking.

To date, there has been no data recorded on the use of the community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally and regionally). There was a delay in introducing this service due to the COVID-19 pandemic.

### **Enhanced Services**

There are currently two Enhanced Services commissioned in Milton Keynes:

- COVID-19 vaccination service through three pharmacies in Milton Keynes, and
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days to access medication if required.

### **Locally Commissioned Services**

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<sup>6</sup> Smoking cessation Advanced Service: NHS trusts can refer patients to a community pharmacy of their choice for continuation of smoking cessation support on discharge.

The following services are commissioned in Milton Keynes by the local authority or CCG:

1. **Sexual health service:** emergency hormonal contraception service, chlamydia screening and treatment – 25 (53%) pharmacies provide this service
2. **Stop smoking service:** 27 (57%) pharmacies provide this service
3. **Harm reduction services:** supervised consumption, needle exchange; 20 (43%) and 9 (19%) pharmacies provide these services respectively
4. **Minor ailments service:** service withdrawn, and aligned with current offering of CPCS
5. **End of life medicines service:** 8 (17%) pharmacies provide this service

### 6.3. Public survey feedback

From the responses (180) received from the public questionnaire:

- 85% (153 out of 180) have a regular or preferred pharmacy
- 66% (119 out of 180) describe the service as 'Good' or 'Excellent'; 11% (19) identified the service from their pharmacy as 'Poor'
- 54% (94 out of 176) have visited a pharmacy once a month or more frequently for themselves in the past six months
- 72% (129 out of 180) found it very easy or easy to speak to their pharmacy team during the pandemic
- 57% (98 out of 172) use a car for their main method of travel to a pharmacy, followed by walking with 33% (57 out of 172)
- An average of 69% (114 out of 165) had awareness of 'Essential Services' provided from community pharmacies
- Awareness of some of the available 'Advanced Services' was limited but respondents did wish for these services to be provided.

It should be noted the public responses are based on a small sample size and reflects the views of respondents only.

## 7. Conclusions

There are a wide range of pharmaceutical services provided in Milton Keynes to meet the health needs of the population. The provision of current pharmaceutical services and Locally Commissioned Services is distributed across localities, providing good access throughout Milton Keynes. However, whilst access for communities within isolated areas has not been identified as a concern, this needs further consideration.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed necessary

by the Milton Keynes Health and Care Partnership. Factors such as population growth and pharmacy closures have, and will, result in a reduction of the number of pharmacies per population in the area. With future housing growth in Milton Keynes, it is imperative that accessibility to pharmacy services is monitored, and the recommendations actioned to ensure services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this report.

#### **8. Recommendations: Opportunities to enhance local community pharmacy services in Milton Keynes**

Whilst no gaps have been identified in the current provision of pharmaceutical services across Milton Keynes or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of Milton Keynes residents in the following areas:

- a. Given the future housing growth anticipated in Milton Keynes, the provision of pharmaceutical services should be monitored and reviewed to ensure the demands of the population are met.
- b. Community pharmacy teams should promote healthy lifestyle messages and participate in national and local health campaigns.
- c. Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered. This could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in South and East Neighbourhoods, which are more deprived.
- d. All pharmacies and pharmacists should be encouraged to become accredited to deliver Advanced Services, delivering those services where there is identified need.
- e. Incentives should be considered for existing providers to deliver all services within localities where deprivation is higher: East and South Neighbourhoods.
- f. Pharmacies, especially those in more deprived neighbourhoods, should consider to work to increase the offer, and the uptake, of smoking cessation services (Essential, Advanced and Locally Commissioned Services).
- g. Further investigation into accessibility of pharmaceutical services in more rural, isolated areas, given the current locations of pharmacies and distribution of services, should be considered
- h. Additional approaches to improve stakeholder and public engagement should be adopted for future PNAs to increase responses rate and better understand the needs of the community.



## Section 1: Introduction

### 1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),<sup>7</sup> hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for Milton Keynes was published in February 2018 and since then has been kept updated with accompanying supplementary statements.

Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Milton Keynes Health and Care Partnership fulfils this regulatory requirement.

**Table 1: Timeline for PNAs**

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulation 2013 outline PNA requirements for HWBs	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the COVID-19 pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), including national directives and environmental factors, which need to be considered as part of this PNA.

### 1.2 National changes since the last PNA

- **NHS Long Term Plan (LTP):**<sup>8</sup> The NHS LTP was published in January 2019 and set out the priorities for healthcare over a ten-year period. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in [Section 2.1.1](#).
- From 1 January 2021, being a **Healthy Living Pharmacy (HLP)** was an essential requirement for all community pharmacy contractors in England. The HLP

<sup>7</sup> The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 [www.legislation.gov.uk/uksi/2013/349/contents/made](http://www.legislation.gov.uk/uksi/2013/349/contents/made)

<sup>8</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.<sup>9</sup>

- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided.<sup>10</sup> In response to the pandemic, two Advanced Services were also created: the pandemic delivery service and COVID-19 Lateral Flow Device (LFD) provision, which were decommissioned on 5 March and 1 April 2022 respectively. The COVID-19 vaccination service was added as an Enhanced Service provided from community pharmacies and commissioned by NHS England and NHS Improvement (NHSE&I)<sup>11</sup>.
- **Remote access:** From November 2020, community pharmacies were enabled to facilitate remote access to certain pharmaceutical services at or from the pharmacy premises. The use of these services increased during the COVID-19 pandemic.<sup>12</sup>
- **Community Pharmacist Consultation Service (CPCS):**<sup>13</sup> An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Scheme (NUMSAS) and local pilots of the Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. From 1 November 2020; GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS LTP.

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<sup>9</sup> PSNC. Healthy Living Pharmacies. <https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

<sup>10</sup> Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

<sup>11</sup> Since the time of writing this has now changed to NHS England (NHSE).

<sup>12</sup> PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 2 June 2021.

<https://psnc.org.uk/our-news/regs-reminder-12-facilitating-remote-access-to-pharmacy-services/>

<sup>13</sup> PSNC. Community Pharmacist Consultation Service (CPCS). <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>14</sup>
- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme which forms part of the CPCF.<sup>15</sup> It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the DHSC and NHSE&I.

### 1.3 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE&I to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to NHS Resolution, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

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<sup>14</sup> PSNC. Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

<sup>15</sup> NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. [www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf](http://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf)

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. Information and JSNA products will be updated on the Milton Keynes Data Hub, which is kept live and informs the Joint Health and Wellbeing Strategy (JHWS), which will take into account the findings of JSNA products.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE&I and the Clinical Commissioning Groups (CCGs), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

CCGs are to be replaced by Integrated Care Boards (ICBs) as part of the Integrated Care Systems (ICS). ICS delegation has been delayed nationally until July 2022 due to the COVID-19 pandemic, and in some areas, this will not go live until April 2023. For East of England, pharmaceutical services will not be delegated until 1 April 2023 and as a result some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services (see [Section 1.4.1.3](#) for service descriptions). For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I under the regulations have been considered 'pharmaceutical services'.<sup>16</sup>

Although the Steering Group is aware that during the lifetime of this PNA CCGs will transition into ICBs, it has referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

#### **1.4 Scope of the PNA**

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

#### **What are Necessary Services?**

The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identified as being necessary to meet the need for

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<sup>16</sup> Since the time of writing, CCGs have been replaced by ICBs/ICSS. For Milton Keynes the following information pages provide detail on the various new structure: <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/>

pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

The Milton Keynes Health and Care Partnership has decided that all Essential Services are Necessary Services in Milton Keynes.

**What is classed as relevant?**

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are necessary then the remaining services will be other relevant services.

For the purpose of the Milton Keynes PNA, Advanced and Enhanced Services are therefore considered relevant.

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

To appreciate the definition of pharmaceutical services as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHSE&I. They are:

- Community pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those that are/may be commissioned under the provider's contract with NHSE&I. A detailed description of each provider type, and the pharmaceutical services as defined in the contract with NHSE&I, is set out below.

#### **1.4.1 Community pharmacy contractors**

Community pharmacy contractors comprise those located within the Milton Keynes Health and Care Partnership area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services as per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore likely that residents within Milton Keynes will be receiving pharmaceutical services from a DSP outside Milton Keynes.

NHSE&I is responsible for administering opening hours for pharmacies, which is handled locally by its regional offices. A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHSE&I. Supplementary hours, which are all the additional opening hours, can be amended by the pharmacy subject to giving three months' notice (or less if NHSE&I consents). A pharmacy may also have more than 40 core hours, which has been agreed with NHSE&I, in this case, the pharmacy cannot amend these hours without the consent of NHSE&I.<sup>17</sup>

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<sup>17</sup> PSNC. Opening hours. <https://psnc.org.uk/contract-it/pharmacy-regulation/opening-hours/>

The CPCF, last agreed in 2019,<sup>18</sup> is made up of three types of service:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they must not provide Essential Services face to face on the premises, provision must be by mail order and/or wholly through the internet.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

#### **1.4.1.1 Essential Services (ES)**

Milton Keynes Health and Care Partnership has designated that all Essential Services are to be regarded as Necessary Services.

There are seven Essential Services, which are nationally negotiated and **must** be provided by all community pharmacy contractors. The Essential Services are listed below:

- ES.1 Dispensing of medicine
- ES.2 Repeat dispensing/electronic repeat dispensing (eRD)
- ES.3 Disposal of unwanted medicines
- ES.4 Public health (promotion of healthy lifestyles)
- ES.5 Signposting patients to other healthcare providers
- ES.6 Support for self-care
- ES.7 Discharge Medicines Service (DMS)

For more information on the Essential Services please visit: <https://psnc.org.uk/services-commissioning/essential-services/>

#### **1.4.1.2 Advanced Services (A)**

Milton Keynes Health and Care Partnership has designated that all Advanced Services are to be regarded as relevant services, however they encourage existing pharmaceutical service providers to make available all Advanced Services where appropriate.

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<sup>18</sup> DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. 4 July 2022. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](http://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

There are ten Advanced Services, which are nationally negotiated and **can** be provided by any community pharmacy contractor if they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Milton Keynes can be seen in [Section 3.1.4](#).

- A.1 Appliance Use Review (AUR)
- A.2 Stoma Appliance Customisation (SAC)
- A.3 COVID-19 lateral flow device distribution service (stopped 1 April 2022)
- A.4 Pandemic delivery service (stopped 5 March 2022, at 23:59)
- A.5 Community Pharmacist Consultation Service (CPCS)
- A.6 Flu vaccination service
- A.7 Hepatitis C testing service
- A.8 Hypertension case-finding service
- A.9 New Medicine Service (NMS)
- A.10 Smoking cessation Advanced Service

Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances.

For more information on the Advanced Services please visit: <https://psnc.org.uk/services-commissioning/advanced-services/>

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-savings for the commissioner.

#### **1.4.1.3 Enhanced Services (EnS)**

There are currently two Enhanced Services commissioned through community pharmacies from NHSE&I in Milton Keynes:

- EnS.1 COVID-19 vaccination service
- EnS.2 Christmas Day and Easter Sunday service



### **COVID-19 vaccination service**

The COVID-19 vaccination service is provided from community pharmacies and commissioned by NHSE&I. The number of pharmacies currently providing the COVID-19 vaccination service nationally under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).

### **Christmas Day and Easter Sunday service**

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required.

#### **1.4.2 Dispensing Appliance Contractors (DACs)**

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings and bandages. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AURs and SAC.

Pharmacy contractors, dispensing doctors and LPS providers may supply appliances, but DACs are unable to supply medicines.

There are no DACs in Milton Keynes.

#### **1.4.3 Local Pharmaceutical Service (LPS) providers**

A pharmacy provider may be contracted to perform specific services to their local population or a specific population group (these services usually include those that are not traditionally associated with a pharmacy).

This contract is locally commissioned by NHSE&I and provision for these is made in the Pharmaceutical Regulations 2013 (Part 13 and Schedule 7). Such contracts are agreed outside the national framework. Payment for service delivery is locally agreed and funded.

There are no pharmacy providers in Milton Keynes with an LPS contract.

#### **1.4.4 Pharmacy Access Scheme (PhAS) Providers<sup>19</sup>**

The aim of the Pharmacy Access Scheme (PhAS) is to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected. The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close, for example, where a local population relies on a single pharmacy. The PhAS takes isolation and need levels into account.

Pharmacies in areas with high numbers of pharmacies remain excluded from the PhAS, as public access to NHS pharmaceutical services is not at risk.

The scheme is paid for from the funding for the CPCF.

DSPs, DACs, LPS contractors and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS continues to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services are protected.

There are three contractors in Milton Keynes which are eligible for the PhAS payments. The criteria for PhAS can be found here:

<https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance>

#### **1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas**

There are five other HWB areas that boarder the Milton Keynes Health and Care Partnership area:

- Central Bedfordshire
- Bedford
- Buckinghamshire
- North Northamptonshire
- West Northamptonshire

In determining the needs of, and pharmaceutical service provision to, the population of the Milton Keynes Health and Care Partnership area, consideration has been made to pharmaceutical service provision from the neighbouring HWB areas. [Figure 1](#) shows all pharmacies within Milton Keynes and neighbouring HWB areas which may provide pharmaceutical services to Milton Keynes residents.

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<sup>19</sup> DHSC. 2022 Pharmacy Access Scheme: guidance. 3 February 2022. [Community Pharmacy Contractual Framework: 2019 to 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

### 1.4.6 Other services and providers in Milton Keynes

As stated in [Section 1.4](#), for the purpose of this PNA, ‘pharmaceutical services’ have been defined as those which are or may be commissioned under the provider’s contract with NHSE&I.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Milton Keynes commissioned by organisations other than NHSE&I or provided privately, and which are therefore out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and CCG.

### 1.5 Process for developing the PNA

Public Health Milton Keynes has a duty to complete and publish the results of a PNA every three years on behalf of Milton Keynes Health and Care Partnership. After a competitive tender process, Public Health Milton Keynes commissioned Soar Beyond Ltd to conduct the PNA and produce a report for publication, the process by which this was achieved can be seen in Table 2.

**Table 2: Process for developing the PNA**

Process	Activity
Step 1: Steering group established	On 21 October 2021 Milton Keynes PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.
Step 2: Project planning and governance	Project plan and milestones agreed by Steering Group, see Appendix E
Step 3: Review of 2018 PNA and JSNA	PNA Steering Group reviewed the existing PNA and subsequent supplementary statements and JSNA.
Step 4a: Public questionnaire on pharmacy provision	Public questionnaire, co-produced by Steering Group, to establish views about pharmacy services. Further detail is provided in <a href="#">Section 5</a> . A total of 180 responses were received. Details can be found in Appendix C.
Step 4b: Pharmacy contractor questionnaire	A questionnaire was co-produced by the Steering Group. This was distributed to the local community pharmacies (via the Local Pharmaceutical Committees (LPC)) A total of five responses were received. Details can be found in Appendix D.

<b>Process</b>	<b>Activity</b>
Step 5: Mapping of services	Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. NHSE&I, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE&I dated March 2022 was used for this assessment.
Step 6: Preparing the draft PNA for consultation	The Steering Group reviewed and revised the content and detail of the existing PNA. The draft PNA was approved for circulation by the Deputy Director of Public Health, Milton Keynes Council, the Steering Group and shared with Milton Keynes Health and Care Partnership as part of the consultation process. The process considered the JSNA and other relevant strategies in order to ensure the priorities were identified correctly.  The Steering Group supported the engagement exercise for the draft PNA to extend the reach during the consultation.
Step 7: Consultation	In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 1 June and 31 July 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix F. The draft PNA was also posted on Milton Keynes' Council website.
Step 8: Collation and analysis of consultation responses	The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix G.
Step 9: Production of final PNA - future stage	The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group.  The final PNA was presented to the Milton Keynes Health and Care Partnership for approval and publication before 1 October 2022.

The Steering Group were fully aware of the potential changes (e.g. amendments to community pharmacy contractor hours) brought about with the easing of restrictions due to the COVID-19 pandemic. However, as the PNA is an assessment taken at a defined moment in time, it was agreed the pragmatic way forward would be to monitor such changes and if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group identified the need to review and reassess.

## **1.6 Localities for the purpose of the PNA**

The PNA Steering Group, at its first meeting, considered how the localities within the Milton Keynes Health and Care Partnership geography would be defined. As the majority of health and social care data is available at Middle Layer Super Output Area (MSOA) and provides reasonable statistical rigour, it was agreed that MSOAs would be grouped geographically into four localities or 'neighbourhoods'. The localities used for the PNA for Milton Keynes are:

- North Neighbourhood
- South Neighbourhood
- East Neighbourhood
- West Neighbourhood

A list of providers of pharmaceutical services in each locality is found in Appendix A.

## Section 2: Context for the PNA

### 2.1 Policy context

#### 2.1.1 NHS Long Term Plan (LTP)<sup>20</sup>

The LTP was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention
  - Smoking
  - Obesity
  - Alcohol
  - Antimicrobial resistance
  - Hypertension
  - Stronger NHS action on health inequalities
- Better care for major health conditions
  - Cancer
  - Cardiovascular disease
  - Stroke care
  - Diabetes
  - Respiratory disease
  - Adult mental health services

For community pharmacy, the plan states:<sup>21</sup>

- NHS England will work with government to make greater use of community pharmacists' skills and opportunities to engage patients
- NHS England and the government will explore further efficiencies through reform of reimbursement and wider supply arrangements
- NHS England will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.

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<sup>20</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

<sup>21</sup> PSNC. The NHS Long Term Plan. 30 March 2022. <https://psnc.org.uk/the-healthcare-landscape/the-nhs-long-term-plan/>

- From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who can support urgent care and promote patient self-care and self-management. The Community Pharmacist Consultation Service (CPCS) has been developed and has been available since 31 October 2019 as an Advanced Service.

### **2.1.2 Joint Strategic Needs Assessment (JSNA)**

In summary, the JSNA is an assessment of the health and wellbeing needs of the local area. The purpose of the JSNA is to provide insight and intelligence on the current picture of the use of services by and needs of the local population. The JSNA highlights where there might be unmet need. This allows for general or targeted interventions ensuring the efficient use of public funds and resources to improve health, care and wellbeing and reduce inequity in access and inequality of outcomes.

The PNA is undertaken in the context of the current and future health, care and wellbeing needs of the borough and the community to inform local decision-making as defined by the Milton Keynes JSNA.<sup>22</sup>

The PNA should therefore be read alongside the JSNA. The Milton Keynes JSNA is in the process of being updated. This will inform a new JHWS which will take into account the findings of the new JSNA.

### **2.1.3 Joint Health and Wellbeing Strategy (JHWS)<sup>23</sup>**

The vision of Milton Keynes Health and Care Partnership is to enable people in Milton Keynes to live healthier, happier lives. The Health and Care Partnership want to narrow the differences in healthy life expectancy between those living in the most deprived communities and those in the more affluent communities.

Milton Keynes's JHWS 2018-2028<sup>24</sup> sets the long-term strategic framework for improving health and wellbeing in Milton Keynes. The JHWS was refreshed in 2022 to review and (where relevant), take into account the impact of the pandemic.

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<sup>22</sup> Milton Keynes JSNA 2016/17. [www.milton-keynes.gov.uk/social-care-and-health/2016-2017-joint-strategic-needs-assessment](http://www.milton-keynes.gov.uk/social-care-and-health/2016-2017-joint-strategic-needs-assessment)

<sup>23</sup> Milton Keynes Council HWB. JHWS. [www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board](http://www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board)

<sup>24</sup> Milton Keynes Council HWB. JHWS 2018-2028. [www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board/joint-health-and-wellbeing-strategies](http://www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board/joint-health-and-wellbeing-strategies)

The state of Milton Keynes and wider JSNA products informed the refresh of the JHWS, ensuring that the JHWS is evidence-based and focused on the relevant key issues, including inequalities, demographic pressures, and redesigning services to meet need and enhance opportunities for prevention.

The most recent refresh of the JHWS (2018-2028) is based on **four priorities**:

- Start Well – Every child in Milton Keynes to have the best start in life
- Living Well – People of working age in Milton Keynes are supported to optimise their health and wellbeing
- Ageing Well – Older people in Milton Keynes have a good quality of life
- Working Together – People in Milton Keynes have the opportunity to improve their own health and wellbeing

## 2.2 The Milton Keynes population

An understanding of the size and characteristics of Milton Keynes population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This section provides a summary of the demographics of Milton Keynes residents, how healthy they are, and what changes can be expected in the future.

Full details of the demographics and health needs can be found in Appendix J.

### 2.2.1 Population overview

The latest 2020 estimate for the Milton Keynes population is 270,200. East Neighbourhood is the most populated locality, with around 84,200 residents, and North Neighbourhood the least populated, at 55,700 residents, see Table 3. [Map 1](#) shows community pharmacies are located where population density is high.

**Table 3: Locality population estimates, 2020**

Locality	All ages
East Neighbourhood	84,207
North Neighbourhood	55,672
South Neighbourhood	64,757
West Neighbourhood	65,567

Source: ONS 2020 mid-year estimates, 2021

The age structure of Milton Keynes population is similar to that of England. The proportion under 18 years old is between 22 and 27%, (England 21%). Those aged 18–64 represent over half of the population (57–67%, England 60%). Those aged 65 and over represent 10–21% of the population (England 19%).



Between 2022 and 2032, the overall population of Milton Keynes is projected to grow by 4,628 (1.7%) which is lower than the projected growth for England (4%). The largest growth is expected to be in those aged 80 and over, at 5,763 (58%), higher than for England (36%). Population growth for children aged 0–14 and adults aged 25–44 is expected to fall by 13% and 9%, compared with England (6% and 2% respectively).

Within the next 10 years in Milton Keynes there is a 6.6% projected increase in the number of households from 108,334 to 115,505.

For further details please refer to Appendix J.

Table 4 shows the ethnic composition by the defined localities of Milton Keynes (2011). Milton Keynes has a diverse population, with approximately 20% identifying themselves as being of Black, Asian or Minority Ethnic (BAME) origin and 80% identifying as White, compared with 15% and 85% for England. East Neighbourhood has the highest number of BAME residents (~28%) and North neighbourhood has the lowest number of BAME residents (~16%).

**Table 4: Population by broad ethnic group, 2011**

Locality	Asian/Asian British	Black/African/ Caribbean/ Black British	Mixed/ multiple ethnic group	Other ethnic group	White
East Neighbourhood	11.8%	11.7%	3.9%	0.9%	71.7%
North Neighbourhood	5.2%	3.7%	2.3%	0.4%	88.4%
South Neighbourhood	7.9%	5.3%	3.3%	0.5%	82.9%
West Neighbourhood	10.9%	5.5%	3.5%	0.8%	79.3%
England	7.8%	3.5%	2.3%	1.1%	85.3%

Source: ONS 2011 Census

### 2.2.2 Health inequalities

The socioeconomic status of an individual or population is determined by characteristics including income, education and occupation, and lower socioeconomic status is associated with poorer health outcomes, including low birthweight, cardiovascular disease, diabetes and cancer.

The Indices of Multiple Deprivation (IMD) 2019 combine socioeconomic indicators to produce a relative socioeconomic deprivation score. IMD data (2019) shows that Milton Keynes is ranked 107 out of 152 local authorities across the whole of England where one is the most deprived and 152 is the least deprived. There is a distinct difference in levels of deprivation across the four localities in Milton Keynes with East Neighbourhood being the most deprived and North Neighbourhood being the least deprived.

Table 5 shows the IMD 2019 quintile breakdown by locality.

[Map 2](#) shows pharmacy contractor locations and IMD Score by Lower Layer Super Output Area (LSOA).

**Table 5: IMD 2019 quintile breakdown by locality**

Locality	1 (most deprived)	2	3	4	5 (least deprived)
East Neighbourhood	32%	23%	20%	9%	16%
North Neighbourhood	8%	27%	14%	22%	30%
South Neighbourhood	28%	17%	17%	25%	14%
West Neighbourhood	11%	11%	29%	26%	23%

Source: ONS IMD, 2019

### 2.2.3 Health of the population

Population health indicators provide a high-level overview of the collective health of populations at a national, regional, and local level. These indicators allow comparisons to be made regarding the health of different populations and can highlight issues or trends in time that require a more detailed investigation.

- **Life expectancy** – Life expectancy has increased across the country. Over the period 2018-20, life expectancy at birth in Milton Keynes was 83.2 years for women and 79.3 years for men, in both cases slightly lower than the average for England.
- **Lifestyle** – In Milton Keynes the prevalence of hypertension (12.7%) and adult obesity (62%) are similar to the England average (14% and 63% respectively). Whilst not statistically different to England, this level of obesity represents nearly two-thirds of the adult population and presents a significant health burden.
- **Smoking** – The prevalence of smoking in those aged over 18 years in Milton Keynes is 15.1%, which is statistically similar to England (13.9%). There are inequalities in smoking prevalence between certain groups with higher prevalence amongst those living in areas of higher deprivation, and those in routine and manual occupations.

- **Drug and alcohol misuse** – Admission episodes for alcohol-related conditions for Milton Keynes is statistically higher to that of England.
- **Sexual health and teenage pregnancy**
  - The under-18s conception rate for Milton Keynes is statistically similar to England
  - The rates for all new Sexually Transmitted Infection (STI) diagnosis for Milton Keynes, is statistically higher to that of England

### 2.2.3.1 Burden of disease

Long-term conditions are more prevalent in people over the age of 60 (58%) compared with people under the age of 40 (14%), and in people in more deprived groups, with those in the poorest social class having a 60% higher prevalence than those in the richest social class and 30% more severity of disease<sup>25</sup>.



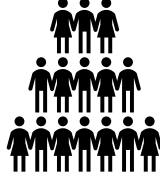
The prevalence of long-term conditions, such a chronic heart disease, hypertension, diabetes, COPD and asthma, is statistically lower in Milton Keynes than in England. The data presented in Appendix J is not broken down by locality and therefore it is difficult to ascertain if there is a correlation between prevalence and age and those in more in more deprived areas.

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<sup>25</sup> The King's Fund. Long-term conditions and multi-morbidity. 2012-2013. [www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity](http://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity)

## Section 3: NHS pharmaceutical services provision in Milton Keynes

### 3.1 Community pharmacies

<p>47 community pharmacies, which includes 2 DSPs, in Milton Keynes</p> 	<p>270,200 population of Milton Keynes</p> 	<p>17.4 community pharmacies per 100,000 population (including DSPs)*</p> 
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\*Correct as of March 2022

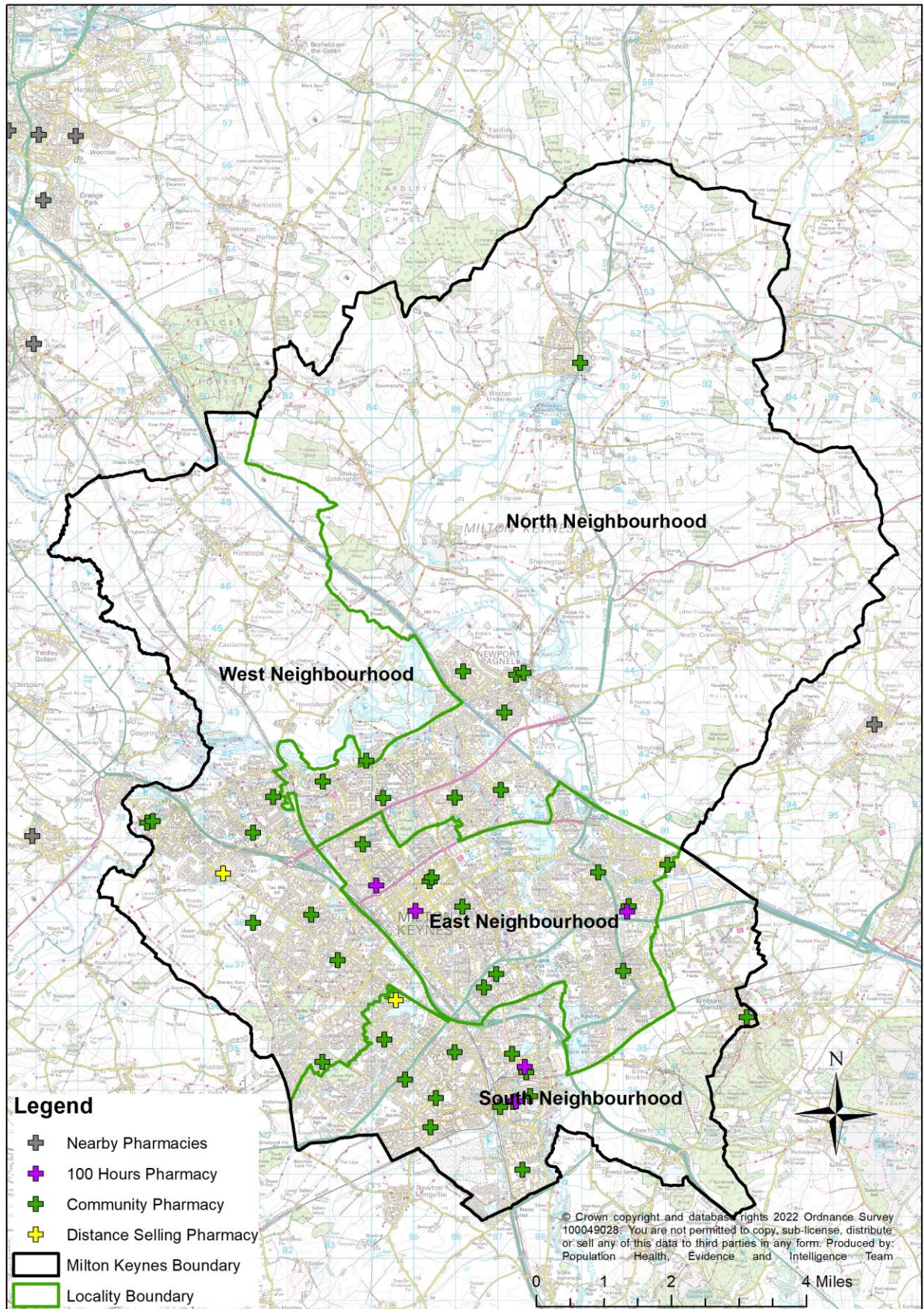
Milton Keynes has 47 community pharmacies (as of March 2022) including two DSPs for a population of around 270,200. This equates to an average of 17.4 community pharmacies per 100,000 population (including DSPs), compared with 20.5 per 100,000 in England. Whilst there has been no change in the number of community pharmacies since the 2018 PNA, the population growth has led to a reduction in community pharmacies per 100,000 from 18 in 2018 to 17.4 in 2021. Information obtained since the data collection and analysis for this PNA has identified the confirmed closure of a number of pharmacies, which will reduce this even further.

Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas: Central Bedfordshire (20.6), Bedford (18.3), Buckinghamshire (16.3), North Northamptonshire (17.7) and West Northamptonshire (16.5).

Where discussed, the total number of community pharmacies includes DSPs, i.e. 47 community pharmacies. DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet; when discussing services provided by the community pharmacies it may be appropriate to exclude the DSP from the analysis as they cannot or do not provide the service being discussed. This information will be annotated in the tables and made clear in the discussion.

Figure 1 shows all community pharmacy contractor locations within Milton Keynes.

Figure 1: All contractors in Milton Keynes Health and Care Partnership area



A list of community pharmacies in Milton Keynes and their opening hours can be found in Appendix A.

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list for each HWB area), Milton Keynes Council, Bedfordshire, Luton and Milton Keynes (BLMK) CCG and from local intelligence.

There has been a change in the number of community pharmacies over recent years compared with regional and national averages. Milton Keynes is well served with community pharmacies, but the number is lower than to the East of England and national averages (see Table 6)

**Table 6: Number of community pharmacies per 100,000 population**

	England	East of England	Milton Keynes
2020-21	20.6	19.4	17.4
2019-20	21.0	21.6	17.4
2018-19	21.2	20.4	18.0

Source: ONS Mid-Year Population<sup>26</sup>

The number and rates of community pharmacies also vary widely by locality (see Table 7).

**Table 7: A breakdown of average community pharmacies per 100,000 population**

Area	No of community pharmacies (March 2022)	Total population (ONS mid-year 2020)	Average no of community pharmacies per 100,000 population
East Neighbourhood	13	84,207	15.4
North Neighbourhood	9	55,672	16.2
South Neighbourhood	15	64,757	23.2
West Neighbourhood	10	65,567	15.3
Milton Keynes	47	270,200	17.4
East of England (2021)	1,216	6,269,161	19.4
England (2021)	11,636	56,760,975	20.5

\* Data includes DSPs, which do not provide face-to-face services

<sup>26</sup> ONS. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalescotlandandnorthernireland)

### 3.1.1 Choice of community pharmacies

The breakdown of community pharmacy ownership in Milton Keynes is shown in Table 8. Milton Keynes has a much higher percentage of independent pharmacies compared with nationally, with no one provider having a monopoly in any locality. People in Milton Keynes therefore have a good choice for the type of pharmacy provider they wish to use.

**Table 8: Community pharmacy ownership, 2020-21**

Area	Multiples (%)	Independent (%)
England	60%	40%
East of England	56%	44%
Milton Keynes	43%	57%

### 3.1.2 Weekend and evening provision

Milton Keynes has a higher percentage of its pharmacies open for 100 hours or more compared with regionally and nationally (see Table 9). There are no 100-hour pharmacies in North and West Neighbourhoods. Most 100-hour pharmacies are open late and at the weekends.

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

**Table 9: Number of 100-hour pharmacies (and percentage of total)**

Area	Number (%) of 100-hour pharmacies
England (2020-21 data)	1,094 (9.4%)
East of England	121 (10.0%)
Milton Keynes	5 (11.0%)
East Neighbourhood	3 (23.1%)
North Neighbourhood	0
South Neighbourhood	2 (13.3%)
West Neighbourhood	0

### 3.1.3 Access to community pharmacies

Community pharmacies in Milton Keynes are particularly located around areas with a higher density of population. Many also provide extended opening hours and/or open at weekends.

A previously published article<sup>27</sup> suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates. [Map 2](#) shows there are more pharmacies in those areas in Milton Keynes where deprivation is higher.

### **3.1.3.1 Routine daytime access to community pharmacies**

Travel times to community pharmacies using different modes of transport can be seen in [Maps 3–8](#)

In summary:

- 92.9% of the population can reach their nearest pharmacy by walking within 20 minutes (94.9% in 30 minutes) which is better than England (89%);<sup>28</sup> 94.9% can reach their nearest pharmacy by walking within 2 km; 82.9% of the population can reach their nearest pharmacy by public transport on weekday mornings and in evenings in 10 minutes (99.0% within 20 minutes)
- 99.0% can reach their nearest pharmacy within 10 minutes by car (99.5% in 15 minutes) in rush hour
- 99.0% can reach their nearest pharmacy within 10 minutes by car (100% within 15 minutes) during off-peak times
- 81% of community pharmacies are open on a Saturday
- 23% of community pharmacies are open on Sunday, however a majority of Milton Keynes residents can reach their nearest pharmacy open on Sunday within 30 minutes by car

Data from the 2011 census indicates that 81% of households in Milton Keynes report having one or more cars/vans.

The above demonstrates good access to community pharmacies in Milton Keynes.

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<sup>27</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

<sup>28</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>



### 3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each locality. ‘Average’ access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level where consistently a third or more are open beyond 6 pm in each locality (see Table 10).

**Table 10: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, and on Saturday and Sunday**

Area	Percentage of pharmacies open beyond 6 pm	Percentage of pharmacies open on Saturday	Percentage of pharmacies open on Sunday
East Neighbourhood	62%	77%	46%
North Neighbourhood	33%	89%	0%
South Neighbourhood	47%	87%	80%
West Neighbourhood	60%	70%	10%
Milton Keynes	51%	81%	23%

Full details of all pharmacies’ opening hours can be found in Appendix A.

### 3.1.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. In Milton Keynes, 81% of pharmacies are open on Saturdays, the majority of which are open into the late afternoon. ‘Average’ access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on Saturdays can be found in Appendix A.

### 3.1.3.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies (23%) are open on Sundays than on any other day in Milton Keynes. Full details of all pharmacies open on a Sunday can be found in Appendix A. [Map 8](#) shows that majority of Milton Keynes residents can access a community pharmacy open on Sunday within 30 minutes.

### 3.1.3.5 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

NHSE&I has commissioned an Enhanced Service to provide coverage on Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days with their location near to the hubs and out-of-hours providers, so patients can easily access medication if required.

### 3.1.4 Advanced Service provision from community pharmacies<sup>29</sup>

Data supplied from NHSE&I has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services listed in Table 11.

**Table 11: Providers of Advanced Services in Milton Keynes (2021-22): percentage of community pharmacy providers signed up to services by locality (number of pharmacies)<sup>30</sup>**

NHSE Advanced or Enhanced Service	East (13)	North (9)	South (15)	West (10)
NMS	12 (92%)	9 (100%)	14(93%)^	9 (90%)
CPCS (includes GP CPCS)	13 (100%)	8 (89%)	13 (87%)^	7 (70%)
Flu vaccination	11 (85%)	9 (100%)	15(100%)^	9 (90%)
SAC	0	0	1 (7%)	1 (10%)
AUR	0	0	0	0
Hep C testing	0	0	0	0
Hypertension finding	8 (62%)	6 (67%)	9 (60%)^	5 (50%)
Smoking cessation Advanced Service	2 (15%)	5 (56%)	3 (33%)	3 (30%)
COVID-19 vaccination*	1 (8%)	1 (11%)	0	1 (10%)

\* Enhanced

^ services also provided by DSP

Based on the information provided, none of the community pharmacies in Milton Keynes have signed up to provide AURs, or community pharmacy hepatitis C antibody-testing service (currently commissioned until 31 March 2023). The hepatitis C service has had a very low uptake in Milton Keynes and nationally. However, it should be noted that for some of these services, such as AUR, it doesn't preclude them from providing the service.

<sup>29</sup> Note: Community pharmacy COVID-19 lateral flow distribution service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022, at 23:59, and have therefore not been included in the table.

<sup>30</sup> To note: the DSP in South Neighbourhood does provide some Advanced Services and so it is included in Table 11 (the DSP in West does not provide Advanced Services and is not included). A DSP may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided to persons present at the premises.

The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally (1%) and five community pharmacy or DAC providers (0.4%) in the East of England in 2020-21. There has been low recorded provision of the AUR service from community pharmacy providers in Milton Keynes to the end of January 2022.

Detail of the recorded activity of Advanced Service delivery in Milton Keynes for 2021-22 (10 months) can be seen in Table 12. It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

**Table 12: Advanced Service provision: percentage of providers actively providing the service**

<b>Advanced Service*</b>	<b>England</b>	<b>East of England</b>	<b>Milton Keynes</b>
NMS	91%	92%	94%
Community pharmacy seasonal influenza vaccination	85%	84%	98%
CPCS including GP CPCS	81%	83%	87%
Hypertension case-finding service	8%	7%	6%
Community pharmacy hepatitis C antibody-testing service	0.1%	0.1%	0%
AUR	0.5%	0.4%	0%
SAC	8.6%	7%	4%

Source: NHS BSA Dispensing Data

\* Data from NHSA BSA 2021-22 across 10 months (1 April 2021–1 January 2022)

New services such as CPCS are in place but data shows low uptake nationally, which is based on referrals into the service.<sup>31</sup> A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.<sup>32</sup> This is improving, particularly in GP CPCS. Service provision in Milton Keynes is good.

The new hypertension case-finding service started in October 2021. Activity data is still low nationally, regionally and in Milton Keynes.

The smoking cessation Advanced Service started on 10 March 2022 and has been put into place in 13 pharmacies across Milton Keynes, although no activity data is available at time of writing.

To date, there has been no data recorded on the use of community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally and regionally). There was a delay in introducing these services due to the COVID-19 pandemic.

### **3.1.5 Enhanced Service provision**

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I and outside the scope of the PNA. Therefore, any Locally Commissioned Services commissioned by CCGs or the local authority are not considered here but are reflected in Section 4.

There are currently two Enhanced Services commissioned in the Milton Keynes area: the delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic. The other Enhanced Service is for coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so patients can easily access medication if required.

## **3.2 Dispensing Appliance Contractors (DACs)**

There are no DACs in Milton Keynes, however DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received seven responses and 33% of respondents reported that they provide all appliances.

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<sup>31</sup> NHS BSA. Dispensing Data. [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

<sup>32</sup> Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. [www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs](http://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs)

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Milton Keynes.

### **3.3 Distance-Selling Pharmacies (DSPs)**

There are two DSPs in Milton Keynes, accounting for 4.3% of the total number of pharmacies. Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

It should be noted that DSPs located within Milton Keynes provide services to the whole population of England and, likewise, DSPs elsewhere in England can provide services to Milton Keynes residents.

The two DSPs in Milton Keynes are:

- Jardines Direct, Lakeside, Shirwell Crescent, Furzton, Milton Keynes MK4 1GA
- Hot Chemist, 39 Carters Lane, Kiln Farm, Milton Keynes MK11 3HL

### **3.4 Local Pharmaceutical Service (LPS) providers**

There are no LPS pharmacies in Milton Keynes.

### **3.5 Dispensing GP practices**

There are no dispensing GP practices in Milton Keynes.

### **3.6 Pharmaceutical service provision provided from outside Milton Keynes Health and Care Partnership area**

Milton Keynes is bordered by five other HWB areas: Central Bedfordshire, Bedford, Buckinghamshire, North Northamptonshire, and West Northamptonshire. As previously mentioned, like East of England, Milton Keynes has good transport links. As a result, it is anticipated that some residents in Milton Keynes will have access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside the HWB area by which Milton Keynes residents will access pharmaceutical services. A small number of providers lie in proximity to the borders of Milton Keynes and are marked on [Map 9](#).

However, analysis of dispensing data has highlighted out of approximately 4,250,000 prescription items dispensed (between April 2021 – March 2022) around 93% of Milton Keynes prescription items are dispensed by Milton Keynes pharmacies. The other 7% are dispensed by community pharmacies located outside of Milton Keynes (including DSPs) and these are noted below:

DSPs:

- Pharmacy2u Ltd, West Yorkshire
- OCT Direct Limited, Leigh
- Pill Time Limited, Unit 9 St Andrews TR EST, Third Way, Avonmouth, Bristol, BS11 9YE (DSP)
- Fittleworth Medical Limited, Northampton
- Bestway National Chemists Limited, Stoke-on-Trent

Community pharmacies in neighbouring areas:

- Smarta Healthcare Ltd, 5 Stephenson Court, Priory Business Park, Bedford, Bedfordshire, MK44 3WJ
- X-Pharm Limited, 4 Malvern Grove, Duston, Northampton, NN5 6AY
- Boots UK Limited, 33-37 The Harpur Street, Harpur Street, Bedford, MK40 1TN
- Charter Healthcare, Unit 2 Artemis Way, Alwalton Hill, Peterborough, PE7 3FU
- Patel S, 3 Mill Road, Cranfield, Bedford, MK43 0JG

## Section 4: Other services that may support pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the Local Authority (LA) or CCG.

The services commissioned from community pharmacy contractors in Milton Keynes by the local authority and CCG are listed in Table 13 and service details are found in Appendix K.

Data supplied from the CCG and LA has been used to demonstrate how many community pharmacies per locality have signed up to provide these services listed in Table 13.

**Table 13: Provision of Locally Commissioned Services (LCS) per locality (number of pharmacies)<sup>33</sup>**

<b>LCS – CCG</b>	<b>East (13)</b>	<b>North (9)</b>	<b>South (15)</b>	<b>West (10)</b>
End of life medicines service	1 (8%)	2 (22%)	4 (27%) <sup>^</sup>	0
Minor ailments	6 (46%)	5 (56%)	7 (47%) <sup>^</sup>	7 (70%)

<b>LCS – LA</b>	<b>East (13)</b>	<b>North (9)</b>	<b>South (15)</b>	<b>West (10)</b>
Stop smoking	6 (46%)	6 (67%)	8 (53%) <sup>^</sup>	6 (60%) <sup>^</sup>
Sexual health	8 (62%)	7 (78%)	6 (40%) <sup>^</sup>	4 (40%)
Supervised consumption	7 (54%)	4 (44%)	4 (27%)	5 (50%)
Needle exchange	5 (38%)	1 (11%)	2 (13%)	1 (10%)

<sup>^</sup> services provided by DSPs

Details of other NHS providers in Milton Keynes (such as hospitals, urgent care service and prisons) that provide pharmaceutical services and privately funded services have been listed in Appendix K and are outside of the scope of this PNA.

<sup>33</sup> To note: The DSPs in both localities do provide some LCS and so they are included in Table 13.

## Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (see Appendix C) and compiled by Milton Keynes PNA Steering Group. This was circulated to a range of stakeholders listed below:

- PNA Steering Group
- Community and faith leaders/professionals
- Third-sector heads including MK community foundation

Various routes were used to engage stakeholders including:

- Social media posts
- Milton Keynes Council’s website with signposting
- E-alerts to 60,000 subscribers
- ‘Have your say’ added to the Health and Wellbeing Hub
- Healthwatch website
- E-bulletin

There were 180 responses received from the public questionnaire, which is a relatively small number and may reflect the data collection period being over the Christmas holiday period. A breakdown of respondents by sex, age and disability status is shown in the table below.

**Table 14: Demographic analysis of the community pharmacy user questionnaire respondents**

<b>Sex – male</b>			<b>Sex – female</b>		
23%			76%		
<b>Age: 25–34</b>	<b>Age: 35–44</b>	<b>Age: 44–54</b>	<b>Age: 55–64</b>	<b>Age: 65–74</b>	<b>Age: 75+</b>
10%	10%	23%	26%	19%	11%
<b>Illness or disability – Yes</b>			<b>Illness or disability – No</b>		
15%			84%		

### 5.1 Visiting a pharmacy

- 135 respondents (85%) have a regular or preferred pharmacy
- 119 respondents (66%) describe the service as good or excellent (19 respondents (11%) identified the service from their pharmacy as poor)
- 94 respondents (54%) have visited a pharmacy once a month or more frequently for themselves in the past six months
- 7 respondents (4%) have not visited a pharmacy in the last 6 months



- 9 respondents (out of 29 who answered the question) stated that they preferred to use an internet or online pharmacy (DSP)
- 129 respondents (72%) found it very easy or easy to speak to their pharmacy team during the pandemic

## 5.2 Choosing a pharmacy

The following table shows the percentage of respondents who consider the reasons in the table as very important or importance when choosing a pharmacy.

Reason for choosing pharmacy	% respondents (very important/important)	No of respondents (out of 175)
Quality of service	85%	166
Convenience	97%	169
Accessibility	78%	135
Availability of medication	98%	172

## 5.3 Mode of transport to a community pharmacy

Out of 172 respondents: respondents reported their main mode of transport to access a pharmacy as follows:

- Car – 98 respondents (57%)
- Walk – 57 respondents (33%)
- Wheelchair/mobility scooter – 2 respondents (1%)
- Public transport – 1 respondent (1%)

Out of 163 respondents, 158 (97%) report travelling from home to their pharmacy

## 5.4 Time to get to a pharmacy

The following table shows the travel time to the respondent's pharmacy.

≤30 mins	≤15 mins
99%	87%

- 153 respondents (93%) report no difficulty in travelling to a pharmacy
- Of the 11 respondents reporting any difficulty (some reported more than one issue):
  - 5 stated public transport availability
  - 3 stated parking difficulties
  - 4 suggest that the distance to or the location of the pharmacy was a problem
  - 3 respondents stated walking difficulties or access issues

## 5.5 Preference for when to visit a pharmacy

- The information from respondents showed that there was no preferred day or time of day to visit a pharmacy
- 84% of respondents suggest that the pharmacy is open when they need it and 74% at the time it is needed

## 5.6 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (average of 69% across all Essential Services, 114 respondents) (details of these services can be found in [Section 1.4.1.1](#)), with the exception of the Discharge Medicines Service (19%, 28 respondents). However due to DMS being a service provided to patients discharged from hospital, you would not expect a high percentage to be aware, due to the lack of need or perceived need.

Table 15 shows the awareness of respondents for certain services and a second column that identifies the percentage that would wish to see the service provided.

**Table 15: Awareness of services**

Advanced Service	% of respondents who were aware	% of respondent who would wish to see provided
DMS	19%	65%
Disposal of unwanted medicines	73%	89%
CPCS	14%	62%
Flu vaccination	82%	82%
NMS	22%	52%
Needle exchange	19%	44%
Stop smoking	47%	49%
Supervised consumption	23%	32%
Sexual health services	34%	57%
Immediate access to specialist drugs e.g. palliative care medicines	13%	63%
Hepatitis C testing	5%	38%
COVID-19 vaccination	46%	75%

Responses indicate that there is a lack of awareness of many of the services that are currently provided, with the exception of flu vaccination. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy although specific needs may vary within the community (e.g. not everyone would require a needle exchange service). A full copy of the responses can be found in Appendix C.

## Section 6: Analysis of health needs and pharmaceutical service provision

### 6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Milton Keynes have been analysed, taking into consideration the priorities outlined in the NHS Long Term Plan, Milton Keynes Council Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy (JHWS), other local policies, strategies and health needs ([Section 2](#) and Appendix J).

Several of the priorities in these strategies and policies can be supported by the provision of pharmaceutical services within Milton Keynes. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

#### Role of community pharmacies during the COVID-19 pandemic

It is important to note the role that community pharmacy has played in preventing and containing the COVID-19 pandemic.<sup>34</sup> The PSNC agreed changes with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.<sup>35</sup> Pandemic-specific services introduced were temporary, with the Advanced Services now stopped, but it should be acknowledged how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.<sup>36</sup>

At present it is not clear what shape services locally commissioned by CCG will take in the long-term future. The development of the ICS across Milton Keynes (and the wider area) will conceivably lead to an alignment of these LCS across the ICS area.

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<sup>34</sup> Itani R et al. Community pharmacists' preparedness and responses to COVID-19 pandemic: A multinational study. *Int J Clin Pract.* 2021. DOI: <https://doi.org/10.1111/ijcp.14421>

<sup>35</sup> To note: there have been temporary changes to the service requirements within the NHS CPGF that were introduced during the pandemic.

<sup>36</sup> PSNC Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

## 6.2 PNA localities

There are 47 pharmacies within Milton Keynes including two DSPs in South and West Neighbourhoods.

Information obtained since the data collection and analysis for this PNA has identified the confirmed closure of a number of pharmacies (annotated in Appendix A). Populations will therefore need to find alternative community pharmacies, which may be neighbouring Milton Keynes localities, or other HWB areas.

The health needs of the Milton Keynes population influence pharmaceutical service provision in Milton Keynes, however there is limited health needs data presented at locality level. As such, the impact on community pharmacy services is therefore discussed in relation to the whole of Milton Keynes (see [Section 6.4](#)). Health needs are illustrated in Appendix J.

For the purposes of the PNA, Necessary Services for Milton Keynes are:

- All **Essential** Services

The following **Advanced** Services are considered **relevant**:

- CPCS
- NMS
- Flu vaccination
- AUR
- SAC
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking cessation Advanced Service

Milton Keynes Health and Care Partnership has identified **Enhanced** Services as pharmaceutical services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the Health and Care Partnership area.

Milton Keynes Health and Care Partnership has identified **Locally Commissioned** Services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the Health and Care Partnership area.

### **6.2.1 Population**

The latest 2020 estimate for the Milton Keynes population is 270,200. Between 2022 and 2032, the overall population is projected to grow by 4,628 (1.7%), with the largest growth expected in those aged 80+. This information has not been broken down by locality and the life-span of this PNA is three years to 2025; an assumption of linear growth of the population by approximately 1,400 people has been applied.

In 2022, Milton Keynes had 108,334 households and this is projected to increase by 7,171 households within the next ten years (6.6% increase), which mirrors national projected growth.

### **6.2.2 East Neighbourhood**

#### **6.2.2.1 Necessary Services: current provision**

East Neighbourhood has a population of 84,207 and is the most deprived locality in Milton Keynes.

There are 13 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 15.4, lower than the Milton Keynes (17.4) and England (20.6) averages ([Section 3.1](#)). Of these pharmacies, ten hold a standard 40-core hour contract while three hold a 100-core hour contract. There is one PhAS pharmacy.

Of the 13 pharmacies:

- 6 (46%) pharmacies are open after 6.30 pm on weekdays
- 10 (77%) pharmacies are open on Saturdays
- 6 (46%) pharmacies are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

#### **6.2.2.2 Necessary Services: gaps in provision**

It is not possible to assess the impact of any growth in population although it is assumed to be small.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

There is good provision and access to services in the locality and more community pharmacies are easily accessed in South Neighbourhood.

Milton Keynes Health and Care Partnership will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for East Neighbourhood.**

### 6.2.2.3 Other relevant services: current provision

Regarding access to **Advanced** Services:

- 12 (92%) pharmacies provide NMS
- All pharmacies provide CPCS
- 11 (85%) pharmacies provide flu vaccination services
- 8 (62%) pharmacies signed up to the hypertension case-finding service
- 2 (17%) pharmacies signed up to the smoking cessation Advanced Service

### 6.2.2.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced** Services:

- 1 (8%) pharmacy provides the COVID-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 13 pharmacies:

- 1 (8%) pharmacy provides the end-of-life medicines service commissioned via the CCG
- Almost half of pharmacies provide the minor ailments service commissioned by the CCG
- Stop smoking is provided in 6 (46%) pharmacies
- Sexual health services are provided in 8 (62%) pharmacies
- Supervised consumption is provided in 7 (54%) pharmacies
- Needle exchange provided in 5 (38%) pharmacies

The pharmacies providing these Locally Commissioned Services are geographically spread across the locality and have varying opening times.

Health needs information was not provided by locality, but ill health and the causes of ill health are discussed in [Section 2](#) and Appendix J and expanded upon in [Section 6.4](#) as to improvements and better access to pharmacy services across Milton Keynes as a whole.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for the implementation of the recently introduced Advanced Service – the hypertension case-finding service – and the smoking cessation Advanced Service.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

**No gaps have been identified that if provided either now or in the future (over the next three years) would secure improvements or better access to services in East Neighbourhood.**

### **6.2.3 North Neighbourhood**

#### **6.2.3.1 Necessary Services: current provision**

North Neighbourhood has a population of 55,672; this is the smallest population and it covers the largest geographic area of the Milton Keynes localities.

There are nine community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 16.2, lower than the Milton Keynes (17.4) and England (20.6) averages ([Section 3.1](#)). Of these pharmacies, all nine hold a standard 40-core hour contract.

Of the 9 pharmacies:

- 1 (11%) pharmacy is open after 6.30 pm on weekdays
- 8 (89%) pharmacies are open on Saturdays
- No pharmacies are open on Sundays

#### **6.2.3.2 Necessary Services: gaps in provision**

It is not possible to assess the impact of any growth in population although it is assumed to be small.

There are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday.

While there are no pharmacies open on Sunday in North Neighbourhood, there are pharmacies open on Sunday in East Neighbourhood, although this would involve travel of over 5 miles to access from some areas in North Neighbourhood. [Map 8](#) shows that the majority of Milton Keynes can travel to a Sunday opening pharmacy within 30 minutes travel by car.

A number of community pharmacies provide free prescription delivery services (non-commissioned service), which many residents may find helpful.

There is adequate provision and access to services in the locality.

Milton Keynes Health and Care Partnership will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for North Neighbourhood.**

### **6.2.3.3 Other relevant services: current provision**

Regarding access to **Advanced** Services:

- All pharmacies provide NMS
- 8 (89%) pharmacies provide CPCS
- All pharmacies provide flu vaccination services
- 6 (67%) pharmacies have signed up to the hypertension case-finding service
- 5 (56%) pharmacies provide the smoking cessation Advanced Service

### **6.2.3.4 Improvements and better access: gaps in provision**

Regarding access to **Enhanced** Services:

- 1 (11%) pharmacy provides the COVID-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 9 pharmacies:

- 2 (22%) pharmacies provide the end-of-life medicines service commissioned via the CCG
- 5 (56%) pharmacies provide the minor ailments service commissioned by the CCG
- Stop smoking is provided in 6 (67%) pharmacies
- Sexual health services are provided in 7 (78%) pharmacies, providing Emergency Hormonal Contraception (EHC) and chlamydia screening and treatment
- Supervised consumption is provided in 4 (44%) pharmacies
- Needle exchange provided in 1 (11%) pharmacy



Health needs information was not provided by locality, but ill health and the causes of ill health are discussed in [Section 2](#) and Appendix J and expanded upon in [Section 6.4](#) as to improvements and better access to pharmacy services across Milton Keynes as a whole.

Whilst Milton Keynes is not classed as being rural, there are some more isolated areas such as within the North Neighbourhood. Future PNAs should consider the accessibility of pharmaceutical services within North Neighbourhood to ensure that residents can access appropriate pharmaceutical services within this locality.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for the implementation of the recently introduced Advanced Service – the hypertension case-finding service – and the smoking cessation Advanced Service.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

**No gaps have been identified that if provided either now or in the future (over the next three years) would secure improvements or better access to services in North Neighbourhood.**

## 6.2.4 South Neighbourhood

### 6.2.4.1 Necessary Services: current provision

South Neighbourhood has a population of 64,757 and has 45% of its wards in the top two deciles for deprivation, making it the second most deprived locality in Milton Keynes.

There are 14 community pharmacies and one DSP in this locality, and the estimated average number of community pharmacies per 100,000 population is 21.6, higher than the Milton Keynes (17.4) and England (20.6) averages ([Section 3.1](#)). This ratio rises to 23.2 when the DSP is included. Of these pharmacies, 12 hold a standard 40-core hour contract, two hold a 100-hour contract, and two are PhAS pharmacies.

Of the 14 community pharmacies:

- 4 (29%) pharmacies are open after 6.30 pm on weekdays
- 13 (93%) pharmacies are open on Saturdays
- 4 (29%) pharmacies are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

#### **6.2.4.2 Necessary Services: gaps in provision**

It is not possible to assess the impact of any growth in population although it is assumed to be small.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

There is good provision and access to services in the locality.

Milton Keynes Health and Care Partnership will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for South Neighbourhood.**

#### **6.2.4.3 Other relevant services: current provision**

Regarding access to **Advanced** Services within the 15 pharmacies:

- 14 (93%) pharmacies provide NMS
- 13 (87%) pharmacies provide CPCS
- All pharmacies provide flu vaccination services
- 9 (60%) pharmacies have signed up to the hypertension case-finding service
- 1 (7%) pharmacy provides SAC
- 3 (20%) pharmacies provide the smoking cessation Advanced Service

#### **6.2.4.4 Improvements and better access: gaps in provision**

Regarding access to **Enhanced** Services:

- No pharmacies provide the COVID-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 15 pharmacies:

- 4 (27%) pharmacies provide the end-of-life medicines service commissioned via the CCG
- 7 (47%) pharmacies provide the minor ailments service commissioned by the CCG

- Stop smoking is provided in 8 (53%) pharmacies
- Sexual health services are provided in 6 (40%) pharmacies, providing EHC and chlamydia screening and treatment
- Supervised consumption is provided for in 4 (27%) pharmacies
- Needle exchange provided for in 2 (13%) pharmacies

Health needs information was not provided by locality, but ill health and the causes of ill health are discussed in [Section 2](#) and Appendix J and expanded upon in [Section 6.4](#) as to improvements and better access to pharmacy services across Milton Keynes as a whole.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for the implementation of the recently introduced Advanced Service – the hypertension case-finding service – and the smoking cessation Advanced Service.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

**No gaps have been identified that if provided either now or in the future (over the next three years) would secure improvements or better access to services in South Neighbourhood.**

## 6.2.5 West Neighbourhood

### 6.2.5.1 Necessary Services: current provision

West Neighbourhood has a population of 65,567.

There are nine community pharmacies (and one DSP) in this locality and the estimated average number of community pharmacies per 100,000 population is 13.7, lower than the Milton Keynes (17.4) and England (20.6) averages ([Section 3.1](#)); this ratio increases to 15.3 when the DSP is included. Whilst this is lower than the local and national average, Map 1 shows pharmacies are located in densely populated area. This combined with the travel access data in [Section 3.1.3](#), suggests there is adequate access to community pharmacies in the West Neighbourhood.

Of these pharmacies, all nine hold a standard 40-core hour contract.

Of the 9 community pharmacies:

- 2 (22%) pharmacies are open after 6.30 pm on weekdays
- 7 (78%) pharmacies are open on Saturdays

- 1 (11%) pharmacy is open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

#### **6.2.5.2 Necessary Services: gaps in provision**

It is not possible to assess the impact of any growth in population although it is assumed to be small.

Whilst the ratio per 100,000 for West Neighbourhood (15.3) is lower than the local and national average, [Map 1](#) shows that pharmacies are located in densely populated area. This combined with the travel access data in [Section 3.1.3](#) suggests there is adequate access to community pharmacies in West Neighbourhood.

There are also pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

There is adequate provision and access to services in the locality.

Milton Keynes Health and Care Partnership will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for West Neighbourhood.**

#### **6.2.5.3 Other relevant services: current provision**

Regarding access to **Advanced** Services within the 10 pharmacies:

- All pharmacies provide NMS and flu vaccination services
- 7 (70%) pharmacies provide CPCS
- 5 (50%) pharmacies have signed up to the hypertension case-finding service
- 1 (10%) pharmacy provides SAC
- 3 (30%) pharmacies have signed up for the smoking cessation Advanced Service

#### **6.2.5.4 Improvements and better access: gaps in provision**

Regarding access to **Enhanced** Services:

- Only 1 (10%) pharmacy provides the COVID-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 10 pharmacies:

- No pharmacy provides the end-of-life medicines service commissioned via the CCG
- 7 (70%) pharmacies provide the minor ailments service commissioned by the CCG
- Stop smoking is provided in 6 (60%) pharmacies, including the DSP
- Sexual health services are provided in 4 (40%) pharmacies, providing EHC and chlamydia screening and treatment
- Supervised consumption is provided for in 5 (50%) pharmacies
- Needle exchange provided for in 1 (10%) pharmacy

Health needs information was not provided by locality, but ill health and the causes of ill health are discussed in [Section 2](#) and Appendix J and expanded upon in [Section 6.4](#) as to improvements and better access to pharmacy services across Milton Keynes as a whole.

West Neighbourhood is considered relatively rural in some areas. Future PNAs should consider accessibility of pharmaceutical services in more rural, isolated areas, to ensure that residents in these areas can access appropriate pharmaceutical services. Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies including plans for the implementation of the recently introduced Advanced Service – the hypertension case-finding service – and the smoking cessation Advanced Service.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

**No gaps have been identified that if provided either now or in the future (over the next three years) would secure improvements or better access to services in West Neighbourhood.**

### 6.3 Necessary Services: gaps in provision in Milton Keynes

The following have been considered when assessing the provision of Necessary Services in Milton Keynes and each of the four localities:

- The health needs of the population of Milton Keynes from the JSNA, JHWS and nationally from the NHS LTP
- IMD and deprivation by locality
- Population changes and housing developments (Appendix J)

- Access by various modes of travel to community pharmacies including walking, car and by public transport
- The location of pharmacies in Milton Keynes ([Section 3](#), Figure 1)
- The number, distribution and opening times of pharmacies within each of the four localities and across the whole of Milton Keynes (Appendix A)
- Results of the public questionnaire ([Section 5](#) and Appendix C)
- Results of the contractor questionnaire (Appendix D)

Over the next ten-year period there is planned population growth of 1.7% within Milton Keynes. There is a proposed increase in new households of approximately 7,171 over the same period.

There is good provision of Necessary Services within Milton Keynes and no current gap in the provision of pharmaceutical services. The provision of pharmaceutical services should be monitored during the lifetime of this PNA (three years) and reviewed to ensure the demands of the population are met.

#### **6.4 Improvements and better access: gaps in provision in Milton Keynes**

The Steering Group considers that it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services.

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

The health needs of the population of Milton Keynes were summarised in [Section 2](#) and outlined further in Appendix J.

Below are the health conditions or interventions where community pharmacies can contribute to improving access to health information and advice, medications or services:

Factor or area of ill health:

- Smoking
- Diabetes (increasing prevalence)
- Flu vaccination for at-risk individuals
- Cancer
- Cardiovascular disease
- Respiratory disease (increasing prevalence)

Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies. There were no responses to the commissioner questionnaire, so it is not clear if there are any services that commissioners 'would consider commissioning' from community pharmacies.

There were only five contractors in Milton Keynes who responded to the questionnaire, making it difficult to draw any conclusions or make any recommendations based on these responses.

There is good access to the Advanced Services, i.e. NMS and CPCS, with 89% and 98% of community pharmacies, respectively, providing these services across Milton Keynes.

While the uptake of existing services (e.g. NMS, CPCS) has been difficult to assess completely, methods to enhance the uptake should be considered, including awareness campaigns (healthcare professionals and public, where possible when service level agreements allow) and gaining a clear understanding of the pandemic impact. The public questionnaire does indicate a lack of awareness of some of these services from community pharmacies.

Consideration should be given to incentivise further uptake from current providers and extending provision through community pharmacies. Delivery of the recently implemented Advanced Services – stop smoking and hypertension case-finding service – would seem appropriate. Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across Milton Keynes. This will mean that more eligible patients are able to access and benefit from these services.

The public questionnaire did not record any specific themes relating to pharmacy opening times ([Section 5](#)). This and other information on current provision allows us to conclude, therefore, that there is no significant information to indicate that there is a gap in the current provision of pharmacy opening times. However, it should be noted, the public responses are based on a small sample size.

The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times based upon the current information and evidence available.

It is anticipated that, in all cases, pharmaceutical service providers will make reasonable adjustments under the Equality Act 2010 to ensure that services are accessible to all populations. The PNA was not provided with any evidence to identify a gap in service provision for any specific population.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers, which would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Milton Keynes, this has been included within the document. Appendix L discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Milton Keynes will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE&I and all CCGs to commission pharmacy services that meet local needs but are beyond the scope of the PNA.



## Section 7: Conclusions

There is a wide range of pharmaceutical services provided in Milton Keynes to meet the health needs of the population. The provision of current pharmaceutical services and Locally Commissioned Services is distributed across localities, providing good access throughout Milton Keynes. However, whilst access for rural communities has not been identified as a concern, this needs further consideration.

As part of this assessment, no gaps have been identified in provision either now or in the future (over the next three years) for pharmaceutical services deemed necessary by the Milton Keynes Health and Care Partnership. Factors such as population growth and pharmacy closures have resulted, and will result, in a reduction of the number of pharmacies per population in the area. With future housing growth in Milton Keynes, it is imperative that accessibility to pharmacy services is monitored, and the recommendations actioned to ensure services remain appropriate to the needs. Any required amendments should be made through the three-year life cycle of this PNA.

### 7.1 Statements of PNA

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for Milton Keynes Health and Care Partnership are defined as Essential Services.

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Milton Keynes Health and Care Partnership area.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Milton Keynes Health and Care Partnership area, and are commissioned by the CCG or local authority, rather than NHSE&I.

### **7.1.1 Current Provision of Necessary Services**

#### **7.1.1.1 Necessary Services – gaps in provision**

Necessary Services are Essential Services that are described in [Section 1.4.1.1](#). Information on access to Necessary Service provision in Milton Keynes is provided by locality in [Section 6.2](#).

In reference to [Section 6](#), and as required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

#### **7.1.1.2 Necessary Services – normal working hours**

**There are no current gaps in the provision of Necessary Services during normal working hours across Milton Keynes Health and Care Partnership area to meet the needs of the population.**

#### **7.1.1.3 Necessary Services – outside normal working hours**

**There are no current gaps in the provision of Necessary Services outside normal working hours across Milton Keynes Health and Care Partnership area to meet the needs of the population.**

### **7.1.2 Future provision of Necessary Services**

**No gaps have been identified in the need for pharmaceutical services in specified future circumstances (over the next three years) across Milton Keynes Health and Care Partnership area.**

### **7.1.3 Improvements and better access – gaps in provision**

Advanced Services are considered relevant as they contribute toward improvement in provision of and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Milton Keynes Health and Care Partnership area.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Milton Keynes Health and Care Partnership area, and are commissioned by the CCG or local authority, rather than NHSE&I.

### **7.1.3.1 Current and future access to Advanced Services**

Details of the services are outlined in [Section 1.4.1.2](#) and the provision in each locality discussed in [Section 6.2](#). [Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Milton Keynes.

There are no gaps in the provision of Advanced Services across the whole Health and Care Partnership area.

[Section 8](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Milton Keynes.

**There are no gaps in the provision of Advanced Services at present or in the future (over the next three years) that would secure improvements or better access to Advanced Services in Milton Keynes.**

### **7.1.3.2 Current and future access to Enhanced Services**

Details of the Enhanced Services are outlined in [Section 1.4.1.3](#) and the provision in each locality discussed in [Section 6.2](#). [Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Milton Keynes.

**No gaps have been identified that if provided either now or in the future (over the next three years) would secure improvements or better access to Enhanced Services across Milton Keynes Health and Care Partnership area.**

### 7.1.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in Section 4 and Appendix K and their provision by locality discussed in [Section 6.2](#). [Section 6.4](#) discusses improvements and better access to LCS in relation to the health needs of Milton Keynes Health and Care Partnership area.

[Section 8](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Milton Keynes.

Based on current information, the Steering Group has not considered that any of the LCS should be decommissioned or that any of these services should be expanded. A full analysis has not been conducted on which LCS might be of benefit as this is out of scope of the PNA.

**Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances (over the next three years), across Milton Keynes Health and Care Partnership area to meet the needs of the population.**

## **Section 8: Opportunities for service provision from community pharmacies in Milton Keynes**

### **8.1 Introduction**

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the Pharmaceutical Regulations 2013.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned services for Milton Keynes as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and that service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

National and Milton Keynes health needs priorities have been considered when outlining opportunities for further community pharmacy provision below. The highest risk factors for causing death and disease for the Milton Keynes population are listed in [Section 6.4](#) and are considered when looking at opportunities for further community pharmacy provision.

### **8.2 Opportunities for further community pharmacy provision**

Health needs and highest risk factors for causing death and disease for the Milton Keynes population are stated in [Section 6](#). Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help manage and support in these areas.

#### **8.2.1 Existing Services**

##### **8.2.1.1 Essential Services**

- Signposting for issues such weight management and health checks.
- Promote a self-referral route to the National Diabetes Prevention Programme (NDPP)

### 8.2.1.2 Advanced Services

Some of the existing Advanced Services could be better used within Milton Keynes, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services e.g. diabetes, respiratory and coronary heart disease.

### 8.2.1.3 Locally Commissioned Services

Sexual health services are provided in many community pharmacies, although only about a third of the respondents to the public questionnaire were aware that they were available. Rates for sexual health and teenage pregnancy in Milton Keynes are higher than in England and, based on this, the promotion and future provision of these services may be beneficial to improve these rates. In addition, coupling such services with the Advanced Service of hepatitis C testing service could be advantageous.

## 8.2.2 New Services

### 8.2.2.1 Advanced Services

These services would be commissioned by NHSE&I.

There are several new or recently introduced Advanced Services being implemented that could be beneficial in further improving the health outcomes of the population of Milton Keynes where health needs have been identified. These include:

- Hypertension case-finding service

This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (clinic check). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

- Smoking cessation Advanced Service

There is a new smoking cessation Advanced Service for people referred to pharmacies by a hospital, has been commissioned from March 2022 (delayed). The service is aimed at 'stop smoking support' for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The DHSC and NHSE&I proposed the commissioning of this service as an **Advanced Service**.

### 8.2.2.2 Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

The NHS Health Check is a national programme for people aged 40–74 that assesses a person’s risk of developing **diabetes, heart disease, kidney disease and stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

As hypertension, stroke and circulatory disease are all priority health areas nationally and in Milton Keynes, the provision of Health Checks through community pharmacies within the existing infrastructure could be considered or reviewed.

Appendix J provides examples of services that have been commissioned in some areas of England either by NHSE&I or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are also many examples of different service types on the PSNC website, those described in Appendix J give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Milton Keynes or in the NHS LTP.

### **8.3 Recommendations**

Whilst no gaps have been identified in the current provision of pharmaceutical services across Milton Keynes or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of Milton Keynes residents in the following areas:

- a. Given the future housing growth anticipated in Milton Keynes, the provision of pharmaceutical services should be monitored and reviewed to ensure the demands of the population are met
- b. Community pharmacy teams should promote healthy lifestyle messages and participate in national and local health campaigns
- c. Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered. This could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in the South and East Neighbourhoods which are more deprived

This will help to manage the following issues:

- The existing services can have improved utilisation
  - The public questionnaire made it clear that members of the public were not aware of all the available services
  - Members of the public wish to see many of these services provided ([Section 5](#))
- d. All pharmacies and pharmacists should be encouraged to sign up to deliver Advanced Services, particularly where there is identified need, i.e. smoking cessation Advanced Service and hypertension case-finding, which can meet the health needs of the Milton Keynes population
  - e. Incentives should be considered for existing providers to deliver all services within the localities where deprivation is higher: East and South Neighbourhoods
  - f. Pharmacies, especially those in more deprived neighbourhoods, should consider to work to increase the offer and the uptake of smoking cessation services (Essential, Advanced, and Locally Commissioned)
  - g. Commissioners should consider the provision of new Locally Commissioned Services to help meet the health need in Milton Keynes
  - h. Further investigation into accessibility of pharmaceutical services in more rural, isolated areas, given the current locations of pharmacies and distribution of services, should be considered
  - i. Additional approaches to improve stakeholder and public engagement should be adopted for future PNAs to increase response rates and better understand the needs of the community



## Appendix A: List of pharmaceutical service providers in Milton Keynes Council Health and Care Partnership area

### North Neighbourhood

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding			Stop smoking	C-19 vaccination	Minor ailments	End of life care	Stop smoking	Sexual health
Stantonbury Pharmacy	FD333	Community	Portacabin in car park, adjacent to Stantonbury Centre, Stantonbury Campus, Milton Keynes	MK14 6BN	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	Y
Willen Pharmacy	FDW46	Community	Unit 1, Willen Healthcare Plus, Beaufort Drive, Willen, Milton Keynes	MK15 9ET	09:00-13:00, 14:00-18:00	09:00-11:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	Y	Y	-	-
McLaren Pharmacy	FGF03	Community	32 St James Street, New Bradwell, Milton Keynes	MK13 0BH	09:00-13:00, 14:00-18:30	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	Y	-	Y	-	-	-	-
Lloyds Pharmacy	FGP72	Community	2 Kingfisher Centre, Elthorne Way, Newport Pagnell	MK16 0JR	08:30-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	Y	-	Y	Y
Jardines Pharmacy	FJY69	Community	65 High Street, Newport Pagnell, Milton Keynes	MK16 8AQ	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	Y	Y	-	-
Jardines Pharmacy	FPK87	Community	3 Tower Crescent, Neath Hill, Milton Keynes	MK14 6JY	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	Y	-	Y
Boots	FQ512	Community	Coopers Yard, 86 High Street, Newport Pagnell	MK16 8PY	09:00-18:00	08:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Cox and Robinson Pharmacy	FT700	Community	14 Market Place, Olney, Milton Keynes	MK46 4BA	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y	Y
Astons Pharmacy	FY790	Community	44 Wordsworth Avenue, Newport Pagnell, Milton Keynes	MK16 8SB	09:00-13:00, 14:00-17:30	Closed	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	-	-

## South Neighbourhood

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG		LA			
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding		Stop smoking	C-19 vaccination	Minor ailments	End of life care	Stop smoking	Sexual health
Queensway Pharmacy	FA796	Community	143 Queensway, Bletchley, Milton Keynes	MK2 2DY	08:00-23:00	08:00-23:00	11:00-21:00	Y	-	-	-	-	Y	-	Y	-	-	Y	Y	Y	-	-	-
Boots*	FAM80	Community	Unit 2A, Beacon Retail Park, Bletchley Way, Milton Keynes	MK1 1BN	06:00-22:00	06:00-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y
Peak Pharmacy	FCV71	Community	239 Queensway, Bletchley, Milton Keynes	MK2 2EH	08:30-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	Y
Tesco Pharmacy	FD207	Community	Watling Street, Bletchley, Milton Keynes	MK1 1DD	09:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	Y	-	Y	-	-	-
Lloyds Pharmacy	FD795	Community	127-129 Queensway, Bletchley, Milton Keynes	MK2 2DH	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	Y	Y	Y	-
Jardines Pharmacy	FFV85	Community	69 Dulverton Drive, Furzton, Milton Keynes	MK4 1EW	08:30-18:00	09:00-12:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	Y	Y	-
Bleep Chemist	FHC90	Community	14 St Mary's Avenue, Bletchley, Milton Keynes	MK3 5DT	09:00-13:00, 14:00-17:30	09:00-12:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-
Jardines Pharmacy	FJD57	Community	106 Serpentine Court, Lakes Estate, Bletchley, Milton Keynes	MK2 3QL	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	-	Y	Y	Y	-	Y	-	Y	Y	-	-
Asda Pharmacy	FLF60	Community	1 Bletcham Way, Milton Keynes	MK1 1QB	09:00-20:00	09:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	Y	Y	-	-
Boots*	FM359	Community	1 The Concourse, Brunel Centre, Bletchley, Milton Keynes	MK2 2ES	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Peak Pharmacy	FNP23	Community	13 Melrose Avenue, Bletchley, Milton Keynes	MK3 6PB	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	Y
Smiths Pharmacy	FR402	Community	206 Whaddon Way, Bletchley, Milton Keynes	MK3 7DG	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y
Jardines Direct	FR715	DSP	Lakeside, Shirewell Crescent, Furzton, Milton Keynes	MK4 1GA	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	Y	-	-
Woburn Sands Pharmacy	FV652	Community	47 High Street, Woburn Sands, Milton Keynes	MK17 8QY	09:00-13:00, 13:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	-
Rainbow Pharmacy	FW866	Community	21 Witham Court, Bletchley, Milton Keynes	MK3 7QU	09:00-13:00, 14:00-18:30	09:00-12:00	Closed	-	-	Y	-	-	-	Y	Y	-	-	Y	-	Y	-	-	-

\*These pharmacies have closed in April 2022

## East Neighbourhood

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding			Stop smoking	Minor ailments	End of life care	Stop smoking	Sexual health	Needle exchange
Chapharm Ltd	FE971	Community	3 Swindon Court, Glovers Lane, Heelands, Milton Keynes	MK13 7PN	08:30-18:30 (Wed 08:30-14:00)	09:00-13:00	Closed	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	-	-	-	
Jardines Pharmacy	FFD48	Community	Brooklands Medical Centre, Montague Crescent, Brooklands, Milton Keynes	MK10 7LN	09:00-13:00, 14:00-18:00	09:00-13:00	10:00-13:00	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	
Boots	FM314	Community	Milton Keynes Medical Centre, 68 Bradwell Common Boulevard, Milton Keynes	MK13 8RN	07:00-23:00	08:00-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	
Peak Pharmacy	FM996	Community	95 Fishermead Boulevard, Fishermead, Milton Keynes	MK6 2AG	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	Y	
Lloyds Pharmacy	FME40	Community	Sainsbury's, 799 Witan Gate, Milton Keynes	MK9 2FW	07:00-23:00	07:00-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	Y	-	-
Peak Pharmacy	FMN28	Community	23 Walnut Tree Centre, 12 Fyfield Barrow, Milton Keynes	MK7 7AN	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	Y	
Superdrug Pharmacy	FRD67	Community	Unit 4, Woolworths Development, Midsummer Arcade, Central Milton Keynes	MK9 3BB	09:00-20:00	09:00-13:30, 14:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	Y	Y	
Tesco Pharmacy	<a href="#">FTP28</a>	Community	Kingston Central Shopping Centre, 1 Winchester Circle, Kingston, Milton Keynes	MK10 0AH	09:00-13:00, 14:00-20:00	09:00-13:00, 14:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	Y
Peak Pharmacy	FVN76	Community	9 Farthing Grove, Netherfield Local Centre, Netherfield, Milton Keynes	MK6 4JH	08:45-13:30, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	Y	
Boots	FW787	Community	14 Winchester Circle, Kingston, Milton Keynes	MK10 0BA	08:00-24:00	08:00-24:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	
Peak Pharmacy	FXF16	Community	2 Perrydown, Beanhill, Milton Keynes	MK6 4NE	08:45-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	
Boots	FXG76	Community	18 Crown Walk, Secklow Gate West, Central Milton Keynes	MK9 3AH	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	
Jardines Pharmacy	FXX59	Community	Griffith Gate, Middleton, Milton Keynes	MK10 9BQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	Y	-	-

## West Neighbourhood

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG		LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding		Stop smoking	C-19 vaccination	Minor ailments	End of life care	Stop smoking	Sexual health	Needle exchange
Boots	FHH81	Community	Unit A Westcroft Retail Park, 19 Barnsdale Drive, Milton Keynes	MK4 4DD	09:00-14:00, 15:00-20:00	09:00-13:00, 14:00-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	
Jardines Pharmacy	FMM65	Community	32 Benbow Court, Shenley Church End, Milton Keynes	MK5 6JG	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	Y	Y	Y
Well Pharmacy	FMV89	Community	6 Ardwell Lane, Greenleys, Milton Keynes	MK12 6AX	09:00-18:30	09:00-12:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	-	-	Y
Jardines Pharmacy	FRH86	Community	Unit 1, Texcel Close, Oakridge Park, Milton Keynes	MK14 6GL	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	Y	Y	-	-
Boots	FRM66	Community	43 High Street, Stony Stratford, Milton Keynes	MK11 1AA	09:30-17:30	09:00-16:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Hilltops Pharmacy	FTH95	Community	Hilltops Medical Centre, Kensington Dr, Great Holm, Milton Keynes	MK8 9HN	09:00-13:00, 14:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	-
Cox and Robinson Pharmacy	FTR22	Community	1 Market Square, Stony Stratford, Milton Keynes	MK11 1BE	08:45-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	-	Y
Hot Chemist	FTW55	DSP	39 Carters Lane, Kiln Farm, Milton Keynes	MK11 3HL	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-
Lloyds Pharmacy	FVJ36	Community	15 The Square, Wolverton, Milton Keynes	MK12 5DG	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	Y	Y	-	Y
Jardines Pharmacy	FVR25	Community	Whitehouse Health Centre (Ground Floor), Dorset Way, Whitehouse, Milton Keynes	MK8 1EQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	Y	-	Y	-	-	-

## **Appendix B: PNA Steering Group terms of reference**

### **Objective / Purpose**

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of Milton Keynes Council, to ensure that it satisfies the relevant regulations including consultation requirements.

### **Accountability**

The Steering Group is to report to the Consultant in Public Health.

### **Membership**

Core members:

- Consultant in Public Health
- NHS England representative
- Local Medical Committee representative
- Local Pharmaceutical Committee (LPC) representative
- CCG representative
- Council – public health principal
- Council – primary care and performance public health practitioner
- Healthwatch representative (lay member)

Soar Beyond is not to be a core member however will chair the meetings. Each core member has one vote. The public health principal/practitioner will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG commissioning managers
- NHS trust chief pharmacists
- Dispensing doctors representative

In attendance at meetings will be representatives of Soar Beyond Ltd who has been commissioned by Milton Keynes Council to support the development of the PNA. Other additional members may be co-opted if required.

### **Frequency of meetings**

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the Health and Care Partnership.

### **Responsibilities**

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
  - Any LPC for its area
  - Any Local Medical Committee for its area
  - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - Any LPS Chemist in its area
  - Any local Healthwatch organisation for its area
  - Any NHS trust or NHS foundation trust in its area
  - NHS England
  - Any neighbouring Health and Wellbeing Board
- Ensure that due process is followed
- Report to the Health and Care Partnership on both the draft and final PNA
- Publish the final PNA by 1 October 2022.

## Appendix C: Public questionnaire

Total responses received:<sup>1</sup> 180






### 1) What could a pharmacy offer to make it your first point of call for your health needs?

Answered – 164; skipped – 16

Friendly and efficient staff	47	Longer opening hours	18
Simple health checks	11	More parking available	9
Easier consultation	6	More staff	6
Better privacy	5	Quick and efficient service	5
Minor ailment service	4	eRD service	3
Booking service	2	Online services	2
Location	1	Vaccinations	1
Sexual health services	1	Blood tests	1






### 2a) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months for yourself? (Please select one answer)

Answered – 176; skipped – 4

Once a week or more		9%	15
Once a month		45%	79
Once every few months		32%	57
Once in six months		10%	18
I haven't visited/contacted a pharmacy for myself in the last 6 months		4%	7

### 2b) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months for someone else? (Please select one answer)

Answered – 141; skipped – 39

Once a week or more		11%	16
Once a month		37%	52
Once every few months		21%	29
Once in six months		13%	19
I haven't visited/ contacted a pharmacy for someone else in the last 6 months		18%	25

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.




**3) If you have not visited/contacted a pharmacy in the last six months, is there a reason why? (Please select one answer)**

Answered – 29; skipped – 151

I regularly prefer to use an internet/online pharmacy	9	Not required	7
Medication delivered by pharmacy	3	Long waiting times	2
Poor service	2	Poor opening times	1
Some has gone on my behalf	1	Over-the-counter medicines from supermarket	1

**4) Do you have a regular or preferred pharmacy that you visit/contact? (Please select one answer) (Please note this question is mandatory)**





Answered – 180; skipped – 0

Yes – If happy to do so, please provide the name and address		85%	153
No		13%	24
I regularly prefer to use an online pharmacy – If happy to do so, please provide the website		2%	3

Provided name and address of pharmacy – 139; provided name and website of online pharmacy – 1

**5) How would you rate your overall satisfaction with your regular/preferred pharmacy? (Please select one answer) (Please note this question is mandatory)**

Answered – 180; skipped – 0

Excellent		34%	61
Good		32%	58
Fair		23%	42
Poor		11%	19

**6) How easy has it been to speak to your pharmacy team over the last 18 months, during the pandemic? (Please select one answer) (Please note this question is mandatory)**

Answered – 180; skipped – 0

Very easy		26%	46
Easy		46%	83



Difficult		21%	37
Very difficult		8%	14

**7)** On a scale from 1 to 10 (1 = extremely poorly, 10 = extremely well) how well does your local community pharmacy meet your need for treating a minor illness? (Please select one answer) (Please note this question is mandatory)

Answered – 180; skipped – 0

1		6%	10
2		4%	7
3		3%	5
4		10%	18
5		11%	20
6		6%	10
7		9%	17
8		20%	36
9		13%	24
10		18%	33

**8)** When considering a choice of pharmacy, please select the importance of each of the following aspects:

Answered – 175; skipped – 5

Quality of service (friendly staff, expertise)

Very important		75%	131
Important		20%	35
Neutral		4%	7
Not important		0%	0
Completely irrelevant		1%	2

Convenience (e.g. location, opening times)

Very important		70%	122
Important		27%	47
Neutral		2%	4
Not important		1%	1
Completely irrelevant		1%	1

## Accessibility (e.g. parking, clear signage)

Very important		40%	70
Important		38%	65
Neutral		15%	26
Not important		6%	10
Completely irrelevant		1%	2

## Availability of medication/services (e.g. stocks, specific services)

Very important		74%	130
Important		24%	42
Neutral		1%	2
Not important		0%	0
Completely irrelevant		1%	1

## Other, please specify:

Speed of service	8	Friendly and efficient	6
Able to give good advice	5	Private area	3
Opening outside of business hours	2	Accessibility	2
Delivery service	2	Open on weekends	1
No errors in medication	1	Price	1
Communication about prescription	1	Female pharmacist	1
Prescription ready on time	1	Disabled parking	1
Consistent staff	1	Independent pharmacy	1

## 9) Who would you normally visit/contact a pharmacy for? (Please select all that apply)

Answered – 173; skipped – 7

Yourself		91%	157
A family member		55%	96
A neighbour/ friend		6%	10
Someone you are a carer for		7%	12
All of the above		2%	4
Other		2%	4

## Other, please specify:

Family	3	I don't – delivery service	1
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**10)** If you visit/contact a pharmacy regularly on behalf of someone else, please give a reason why? (Please select all that apply)

Answered- 109; skipped- 71

Opening hours not suitable for the person		15%	16
Most convenient		29%	32
Access (e.g. disability/transport)		13%	14
The person cannot use the delivery service		4%	4
For a child/dependant		24%	26
The person is too unwell		19%	21
The person does not have access to digital or online services		11%	12
All of the above		3%	3
Other		18%	20

Other, please specify:

Convenience	5	Person has mobility issues	4
Not applicable	4	Short notice	2
I am a carer	2	Pick up emergency meds	1
Unable to go during opening hours	1	No delivery service	1

**11)** How would you usually travel to the pharmacy? (Please select one answer)

Answered – 172; skipped – 8



Car		57%	98
Taxi		0%	0
Public transport		1%	1
Walk		33%	57
Bicycle		3%	5
Scooter		0%	0
Wheelchair/mobility scooter		1%	2
I don't, someone goes for me		0%	0
I don't, I use an online pharmacy or delivery service		2%	4
Other		1%	2

Other, please specify:

MK Connect	1	Black box system	1
Varies	1		

**12) If you travel, where do you travel from? (Please select all that apply)**

Answered – 163; skipped – 17



Home		97%	158
Work		15%	25
Other		4%	7

Other, please specify:

Varies	3	Doctor's surgery	2
Shopping	1	School	1



**13) On average, how long would it take you to travel to a pharmacy? (Please select one answer)**

Answered – 164; skipped – 16

0 to 15 minutes		87%	143
16 to 30 minutes		12%	20
Over 30 minutes		0%	0
Varies		1%	1

**14) Do you have any difficulties when travelling to a pharmacy? (Please select one answer)**







Answered – 166; skipped – 14

Yes		7%	11
No		93%	154
I don't, someone goes for me		1%	1

If you have answered No or I don't, please go to question 16.

**15) What difficulties do you have when travelling to a pharmacy? (Please select all that apply)**

Answered – 11; skipped – 169






Location of pharmacy		18%	2
Parking difficulties		27%	3
Public transport availability		45%	5
It's too far away		18%	2
Access issues		9%	1
Other		45%	5

Other, please specify:

It's too far to walk	1	Broken pavement	1
MK Connect not always available	1	Housebound	1

**16)** What is the most convenient day for you to visit/contact a pharmacy? (Please select one answer)

Answered – 163; skipped – 17

Monday to Friday		27%	44
Saturday		10%	16
Sunday		1%	2
Varies		31%	50
I don't mind		31%	51








**17)** Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)

Answered – 163; skipped – 17

Yes		84%	137
No		16%	26

**18)** When do you prefer to visit/contact a pharmacy? (Please select one answer)

Answered – 163; skipped – 17

Morning (8 am–12 pm)		18%	30
Lunchtime (12 pm–2 pm)		3%	5
Afternoon (2 pm–6 pm)		15%	24
Early evening (6 pm–8 pm)		15%	25
Late evening (after 8 pm)		1%	2
Varies		28%	46
I don't mind/No preference		19%	31

**19)** Is your preferred pharmacy open at the most convenient time for you/at your preferred time? (Please select one answer)

Answered – 164; skipped – 16

Yes		77%	126
No		23%	38

**20)** How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

Answered – 165; skipped – 15

Daily		0%	0
Weekly	█	4%	6
Fortnightly	█	4%	7
Monthly	█████	21%	34
Yearly		1%	2
Varies – when I need it	██████████████	49%	81
Rarely	█████	20%	33
Never		1%	2

**21)** Which of the following [pharmacy services](#) are you aware that a pharmacy may provide? (Please select one answer for each service – even if you do not use the service).

Answered – 165; skipped – 15

Service	Yes (%)	Yes	No (%)	No	Answered
Advice from your pharmacist	96%	155	4%	6	161
COVID-19 lateral flow device distribution service	77%	122	23%	37	159
COVID-19 vaccination services	46%	71	54%	83	154
Flu vaccination services	82%	131	18%	28	159
Buying over-the-counter medicines	100%	164	0%	0	164
Dispensing medicines	99%	162	1%	2	164
Dispensing appliances	53%	80	47%	72	152
Repeat dispensing services	92%	147	8%	13	160
Home delivery and prescription collection services	62%	96	38%	58	154
Medication review	31%	48	69%	106	154
New medicine service	22%	33	78%	115	148
Discharge from hospital medicines service	19%	28	81%	120	148

Service	Yes (%)	Yes	No (%)	No	Answered
Emergency supply of prescription medicines	37%	55	63%	95	150
Disposal of unwanted medicines	73%	117	27%	43	160
Appliance Use Review	14%	20	86%	124	144
Community Pharmacist Consultation Service (urgent care referral)	14%	20	86%	128	148
Hepatitis testing service	5%	7	95%	138	145
Stoma appliance customisation service	4%	6	96%	139	145
Needle exchange	19%	27	81%	118	145
Stopping smoking/nicotine replacement therapy	47%	70	53%	78	148
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	34%	50	66%	98	148
Immediate access to specialist drugs e.g. palliative care medicines	13%	19	87%	127	146
Supervised consumption of methadone and buprenorphine	23%	33	77%	109	142

Other, please specify:

I don't know / don't have the need	3	Collect expired auto injector	1
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**22)** Which of the following [pharmacy services](#) would you like to see always provided by your pharmacy? (Please select one answer for each service).

Answered – 161; skipped – 19

Service	Yes (%)	Yes	No (%)	No	No opinion (%)	No opinion	Answered
Advice from your pharmacist	92%	147	1%	2	6%	10	159
COVID-19 lateral flow device distribution service	82%	131	0%	0	18%	28	159
COVID-19 vaccination services	75%	117	4%	6	21%	32	155
Flu vaccination services	82%	129	3%	5	15%	23	157
Buying over-the-counter medicines	98%	156	0%	0	3%	4	160
Dispensing medicines	96%	154	0%	0	4%	7	161
Dispensing appliances	58%	88	1%	1	42%	64	153
Repeat dispensing services	91%	145	0%	0	9%	14	159
Home delivery and prescription collection	79%	126	1%	1	21%	33	160
Medication review	61%	96	11%	18	28%	44	158
New medicine service	52%	80	7%	10	41%	63	153
Discharge from hospital medicines service	65%	101	3%	5	32%	50	156
Emergency supply of prescription medicines	90%	140	0%	0	10%	16	156
Disposal of unwanted medicines	89%	140	0%	0	11%	17	157



Service	Yes (%)	Yes	No (%)	No	No opinion (%)	No opinion	Answered
Appliance Use Review	34%	50	6%	9	60%	90	149
Community Pharmacist Consultation Service (urgent care referral)	62%	96	5%	8	32%	50	154
Hepatitis testing service	38%	57	3%	5	59%	90	152
Stoma appliance customisation service	34%	52	1%	2	64%	98	152
Needle exchange	44%	67	3%	4	53%	80	151
Stopping smoking/nicotine replacement therapy	49%	75	1%	2	49%	75	152
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	57%	88	2%	3	41%	64	155
Immediate access to specialist drugs e.g. palliative care medicines	63%	98	3%	4	34%	53	155
Supervised consumption of methadone and buprenorphine	32%	49	7%	11	60%	91	151

Other, please specify:

Prescription medication in a timely manner	1	Pharmacist prescription service	1
Antibiotic creams	1	No need	1

**23)** Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact? (Please select one answer)

Answered – 164; skipped – 16

Yes		63%	104
No		12%	20
I don't know		24%	40

**24)** If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs? (Please select one answer)

Answered – 102; skipped – 78






Yes		47%	48
No		8%	8
I don't know		45%	46

Any other comments you would like to make about the consultation room?

The room is very small	4
Accessible but too small	2
Not very private	2
Never seen it used	1
Room is good and private	1
Needs a space to lie down in the event of fainting	1
I do not need	1
Used as a storeroom	1
Not accessible	1








**25)** Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please select one answer)

Answered – 161; skipped – 19

Yes		37%	59
No – it normally takes one day		12%	19
No – it normally takes two or three days		25%	40
No – it normally takes more than three days		16%	25
I don't know		11%	18

**26)** If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

Answered – 153; skipped – 27

Paper request form to my GP practice		16%	25
Paper request form through my pharmacy		1%	1
By email to my GP practice		4%	6
Online request to my GP practice		73%	111
My pharmacy orders on my behalf		0%	0
Electronic Repeat Dispensing (eRD)		6%	9
NHS app		8%	12
Varies		6%	9
Other		4%	6

Other, please specify:

Not applicable	3	Phone GP practice	2
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**27)** Have you ever used [Electronic Repeat Dispensing](#) (eRD) (Electronic repeat dispensing (eRD) is a process that allows you to obtain repeated medication/appliances without the need for your GP to hand-sign authorised repeat prescriptions each time. This allows your GP to authorise and issue a batch of repeat prescriptions until you need to be reviewed. The prescriptions are then available for dispensing at the specified intervals at your nominated pharmacy). (Please select one answer)

Answered – 158; skipped – 22

Yes		27%	42
No		35%	55
I don't know/I have never heard of it		39%	61

Please tell us if you have any comments about it

Offers a good service	12
Sounds like a good idea, but not offered	5
I would like to use	2
Can be issues caused by pharmacy	1
Is rarely ready in given time	1
Very convenient	1
Doesn't work for all medications	1
Is a nuisance, pushed my pharmacist	1
Do not want to use	1
Fails due to miscommunication between GP and pharmacy	1
Can be unreliable	1
Family member uses this service	1



**28) Do you have any other comments you would like to make about your pharmacy?**

Answered – 183; skipped – 97

Excellent service	33
Poor customer service	11
Short-staffed	7
Struggles with stock levels	6
Slow service	4
Needs to be open longer hours/evening/weekends	4
Too busy	2
No/N/A/don't know	2
Should be used to relieve pressure on GPs	1
Service is poor for prescriptions	1
More staff	1
Larger premises	1
Should stock health products not beauty/food/cosmetics	1
Disorganised	1
Should offer eRD	1
Needs to be GDPR-compliant	1
Prices can be too high	1
Better link between pharmacy and GP	1
Performed poorly during COVID	1
Online advice service would be appreciated	1
Flu jab service	1
Need more pharmacies in my area	1
Small and cramped	1
Difficult to access	1
No consultation room	1
GP should be the one giving medical advice	1

**A bit about you****29) Are you: (Please select one answer)**

Answered – 153; skipped – 27

Female		76%	116
Male		23%	35
Prefer not to say		0%	0
Other		1%	2

Other, please specify:

Non-binary	2
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Prefer not to say		2%	3
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Any other ethnic group, please specify:

No responses

### 32) Are you: (Please select one answer)

Answered – 154; skipped – 26


Employed full time		38%	58
Employed part time		9%	14
Unemployed		5%	7
Student		0%	0
Unpaid carer		3%	4
Retired		36%	56
Volunteer		1%	1
Prefer not to say		6%	10
Other		3%	4

Other, please specify:

Self-employed		2
Disabled		1
Acting chair		1




### 33) Do you consider yourself disabled? (Please select one answer)

Answered – 155; skipped – 25

Yes		15%	23
No		84%	130
Prefer not to say		1%	2

### 34) How would you define your sexual orientation? (Please select one answer)

Answered – 154; skipped – 26

Gay		0%	0
Lesbian		0%	0
Bisexual		2%	3
Heterosexual		84%	130
Prefer not to say		9%	14
Other		5%	7

Other, please specify:

Not relevant	4	Queer	1
Asexual	1	Normal	1

**35) Which of the following faith and belief groups do you identify with? (Please select one answer)**

Answered – 153; skipped – 27

Buddhist		1%	2
Christian	██████████	41%	62
Hindu		2%	3
Jewish		0%	0
Muslim		2%	3
Sikh		0%	0
No religion	██████████	37%	57
Prefer not to say	███	13%	20
Other		4%	6

Other, please specify:

Not relevant	4	Church of England	1
Pagan	1		

**36) What is your postcode? (Please note this will only be used for analysis purposes and will not be used to identify you in any way)**

Answered – 155; skipped – 25

Postcode provided	██████	21%	33
Prefer not to say	████████████████████	79%	122

## Appendix D: Pharmacy contractor questionnaire

Total responses received:<sup>1</sup> 5




### 1) Premises and contact details

Answered – 4; skipped – 1

- Provided contractor code (ODS Code) – 4
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 4
- Provided trading name – 3
- Provided address of contractor pharmacy – 4

### 2) Does the pharmacy dispense appliances?

Answered – 5; skipped – 0

None		20%	1
Yes – All types		60%	3
Yes, excluding stoma appliances, or		20%	1
Yes, excluding incontinence appliances, or		0%	0
Yes, excluding stoma and incontinence appliances, or		0%	0
Yes, just dressings, or		0%	0
Other (please specify)		0%	0

### 3) Is there a particular need for a locally commissioned service in your area?

Answered – 5; skipped – 0

Yes (please specify below what is the service requirement and why)		0%	0
No		100%	5

### 4) Non-commissioned services: Does the pharmacy provide any of the following?

Answered – 5; skipped – 0

Collection of prescriptions from GP practices

Yes		100%	5
No		0%	0

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.



## Delivery of dispensed medicines – Selected patient groups

Yes	████████████████████	75%	3
No	██████	25%	1

## Delivery of dispensed medicines – Selected areas

Yes	████████████████████	60%	3
No	██████████	40%	2

## Delivery of dispensed medicines – Free of charge on request

Yes	██████	20%	1
No	████████████████████	80%	4

## Delivery of dispensed medicines – With charge

Yes	████████████████████	50%	2
No	████████████████████	50%	2

## Please list your criteria for selected patient groups:

Those who pay the delivery charge	2	Those unable to collect	1
Internet pharmacy orders	1		

## Please list your criteria for selected areas:

Milton Keynes local area	3	Milton Keynes, Newport Pagnell, Olney	1
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5) Are there any services you would like to provide that are not currently commissioned in your area?

Answered – 5; skipped – 0

Yes		0%	0
No	████████████████████	100%	5

6) Details of the person completing this form:

Answered – 5; skipped – 0

Provided contact name of person completing questionnaire on behalf of the contractor – 5

Provided contact telephone number – 5

## Appendix E: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<p>Stage 1: Project Planning and Governance</p> <ul style="list-style-type: none"> <li>Stakeholders identified</li> <li>First Steering Group meeting conducted</li> <li>Project Plan, Communications Plan and Terms of Reference agreed</li> <li>PNA localities agreed</li> <li>Questionnaire templates shared and agreed</li> </ul>													
<p>Stage 2: Research and analysis</p> <ul style="list-style-type: none"> <li>Collation of data from NHSE&amp;I, Public Health, LPC and other providers of services</li> <li>Listing and mapping of services and facilities with the borough</li> <li>Collation of information regarding housing and new care home developments</li> <li>Equalities Impact Assessment</li> <li>Electronic, distribution and collation</li> <li>Analysis of questionnaire responses</li> <li>Steering Group meeting two</li> <li>Draft update for Health and Care Partnership</li> </ul>													

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<p>Stage 3: PNA development</p> <ul style="list-style-type: none"> <li>• Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs</li> <li>• Develop Consultation Plan</li> <li>• Draft PNA</li> <li>• Engagement for consultation</li> <li>• Steering Group meeting three</li> <li>• Draft update for Health and Care Partnership</li> </ul>													
<p>Stage 4: Consultation and final draft production</p> <ul style="list-style-type: none"> <li>• Coordination and management of consultation</li> <li>• Analysis of consultation responses</li> <li>• Production of consultation findings report</li> <li>• Draft final PNA for approval</li> <li>• Steering Group meeting four</li> <li>• Minutes to meetings</li> <li>• Edit and finalise final PNA 2022</li> <li>• Draft update for Health and Care Partnership</li> </ul>													

## Appendix F: Consultation plan and list of stakeholders

### Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public)	Draft PNA link sent
LPC Chief Officer, Milton Keynes	Y	Y	All	Y
LPC Member, Milton Keynes	Y	Y	All	Y
LMC Chair, Milton Keynes	Y	Y	All	Y
Any person on pharmaceutical List (Community Pharmacies)	-	-	Contractor	Y
Healthwatch Milton Keynes	Y	Y	All	Y
Milton Keynes University Hospital - Chief Pharmacist	-	-	-	Y
NHSE&I	Y	Y	All	Y
Central Bedfordshire HWB	-	-	-	Y
Bedford HWB	-	-	-	Y
Buckinghamshire HWB	-	-	-	Y
North Northamptonshire HWB	-	-	-	Y
West Northamptonshire HWB	-	-	-	Y
Hosted on Milton Keynes Council Website	-	-	Public	Y
Sign-posting on Milton Keynes Website	-	-	Public	-
Targeted e-alerts to 60K subscribers	-	-	Public	-
Social Media channels	-	-	Public	Y

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public)</b>	<b>Draft PNA link sent</b>
Internal staff for advocacy	-	-	Public	Y
Paper Copies of Questionnaires & Easy Read available on request	-	-	Public	-
PNA Posters distributed to all 46x Pharmacies in the borough.	-	-	Public	-

### Other consultees

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public)</b>	<b>Draft PNA link sent</b>
GP Practices	-	-	-	Y
CCG – Local Pharmaceutical Lead	Y	Y	All	Y
Central Bedfordshire LMC	-	-	-	Y
Bedford LMC	-	-	-	Y
Buckinghamshire LMC	-	-	-	Y
North Northamptonshire LMC	-	-	-	Y
West Northamptonshire LMC	-	-	-	Y
Central Bedfordshire LPC	-	-	-	Y
Bedford LPC	-	-	-	Y
Buckinghamshire LPC	-	-	-	Y
North Northamptonshire LPC	-	-	-	Y

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public)</b>	<b>Draft PNA link sent</b>
West Northamptonshire LPC	-	-	-	Y
Public Health Head of Service, Milton Keynes	Y	Y	All	Y
Primary Care and Performance Public Health Practitioner, PH Milton Keynes	Y	Y	All	Y
Public Health Business & Project Support, PH, Milton Keynes	Y	Y	All	Y
Public Health Data Team, PH, Bedford Borough	Y	Y	All	Y
Public Health Analyst, PH, Bedford Borough	Y	Y	All	Y
Equalities Lead, Milton Keynes	-	-	Public	Y
Public Health Officer (Population Health Analyst), Bedford Borough	-	-	Public	Y
Communications Manager, Milton Keynes	-	-	Public	Y
Deputy Director of Public Health (Acting), Milton Keynes	-	-	-	Y
Digital Communications Manager, Milton Keynes	-	-	Public	Y
Legal Team, Milton Keynes	-	-	-	Y
CNWL Community Health	-	-	-	Y
Head of Ops Urgent Care	-	-	-	Y

## Appendix G: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,<sup>39</sup> Milton Keynes Health and Care Partnership held a 60-day consultation on the draft PNA from 1 June to 31 July 2022.

The draft PNA was hosted on the Milton Keynes Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Milton Keynes. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Milton Keynes as identified by Milton Keynes Council and Milton Keynes Healthwatch. Responses to the consultation were possible via an online survey or email.

There were in total **22 responses**, all of them from the internet survey; responses received:

- 12 (55%) from the public
- 3 (14%) from a pharmacist
- 1 (5%) from a healthcare or social care professional
- 2 (9%) from a GP
- 2 (9%) from a business
- 1 (5%) who described as other
- 1 (5%) who did not describe how they were responding

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 15 August 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. These comments can be found in Appendix H.

Below is a summary of responses to specific questions, asked during the consultation.<sup>40</sup>

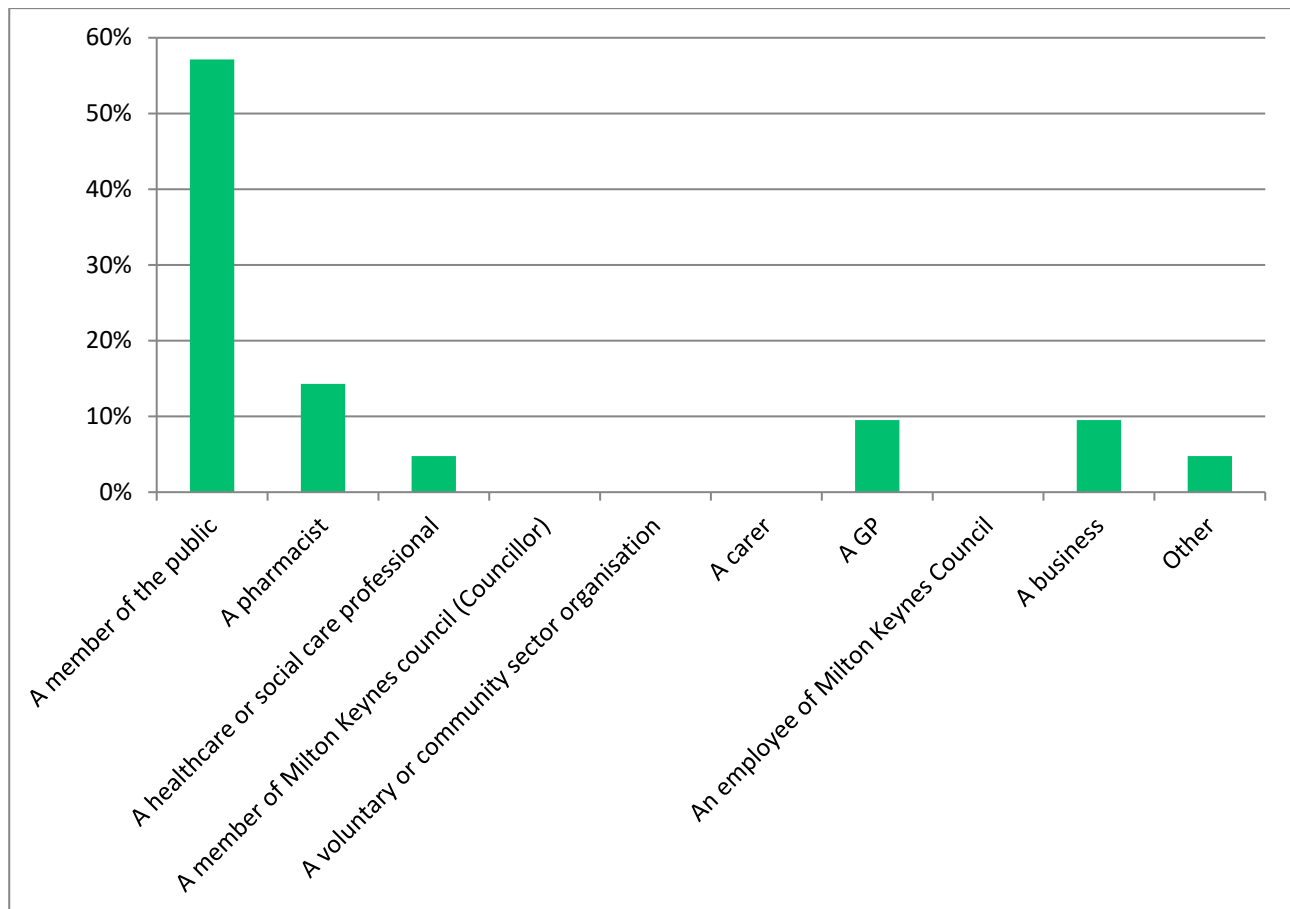
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<sup>39</sup> Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

<sup>40</sup> Please note that some percentage figures will add up to more or less than 100%. These figures have been rounded up to the nearest whole percent.

### Consultation questions and responses:

**Q1 - Which of the following best describes how you are responding to the consultation?  
(Please select one option)**

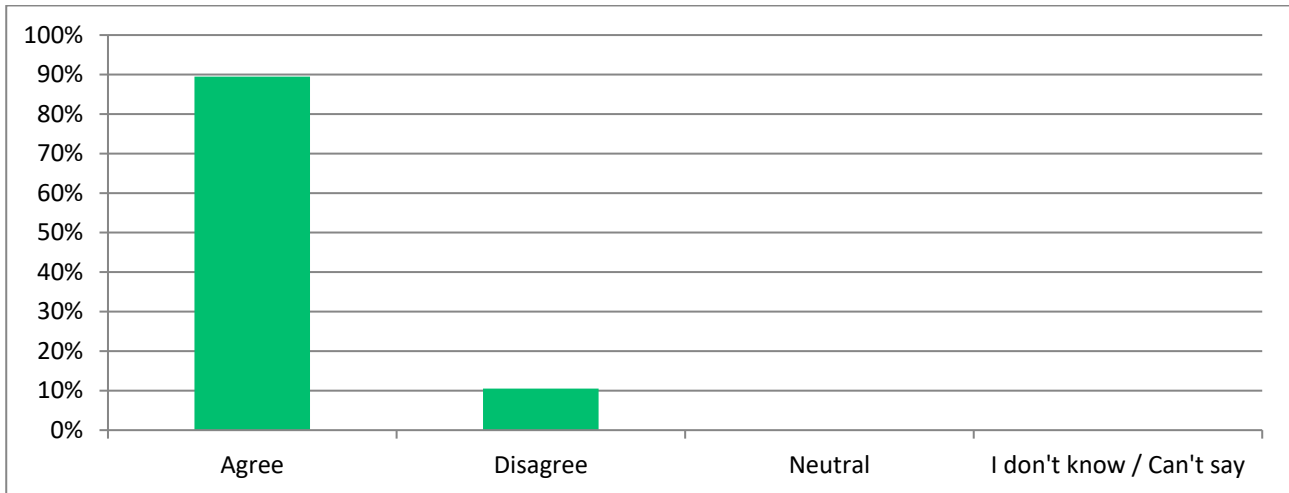


Answer choices	Percentage	Responses
A member of the public	57%	12
A pharmacist	14%	3
A healthcare or social care professional	5%	1
A member of Milton Keynes council (Councillor)	0%	0
A voluntary or community sector organisation	0%	0
A carer	0%	0
A GP	10%	2
An employee of Milton Keynes Council	0%	0
A business	10%	2
Other	5%	1

Answered – 21; skipped – 1



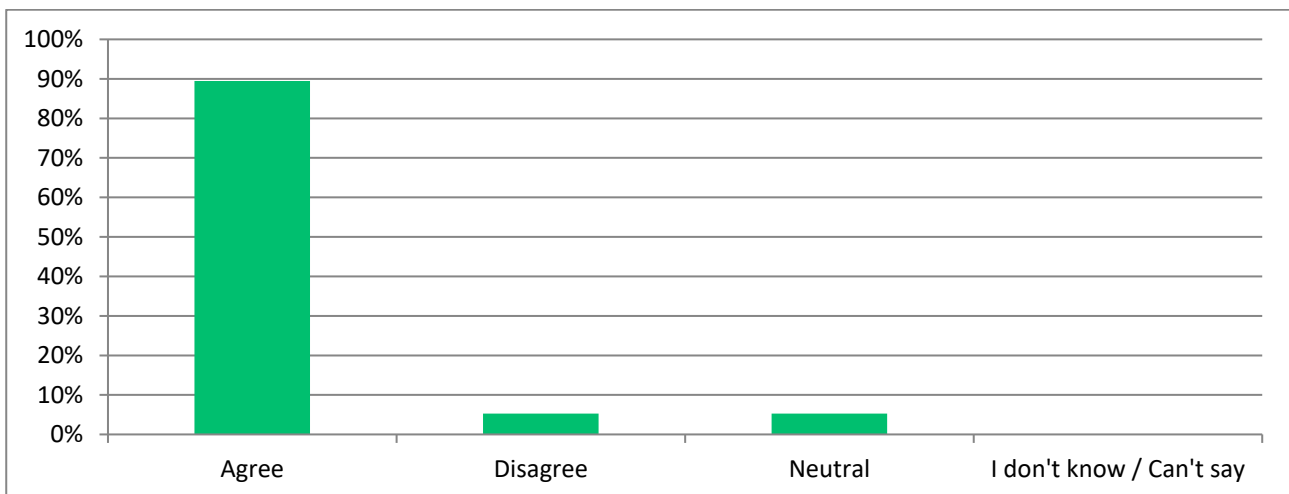
**Q2- The Draft PNA currently does not identify any gaps in the provision (supply) of pharmaceutical services in Milton Keynes**



Answer choices	Percentage	Responses
Agree	89%	17
Disagree	11%	2
Neutral	0%	0
I don't know / can't say	0%	0

Answered – 19; skipped – 3

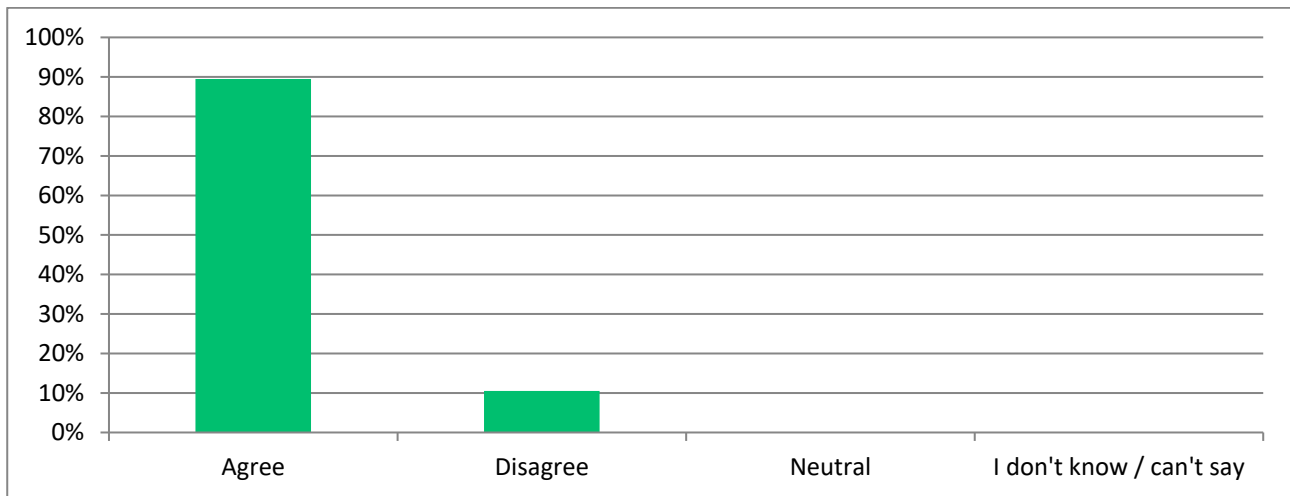
**Q3- The Draft PNA reflects the current provision (supply) of pharmaceutical services within Milton Keynes**



Answer choices	Percentage	Responses
Agree	89%	17
Disagree	5%	1
Neutral	5%	1
I don't know / can't say	0%	0

Answered – 19; skipped – 3

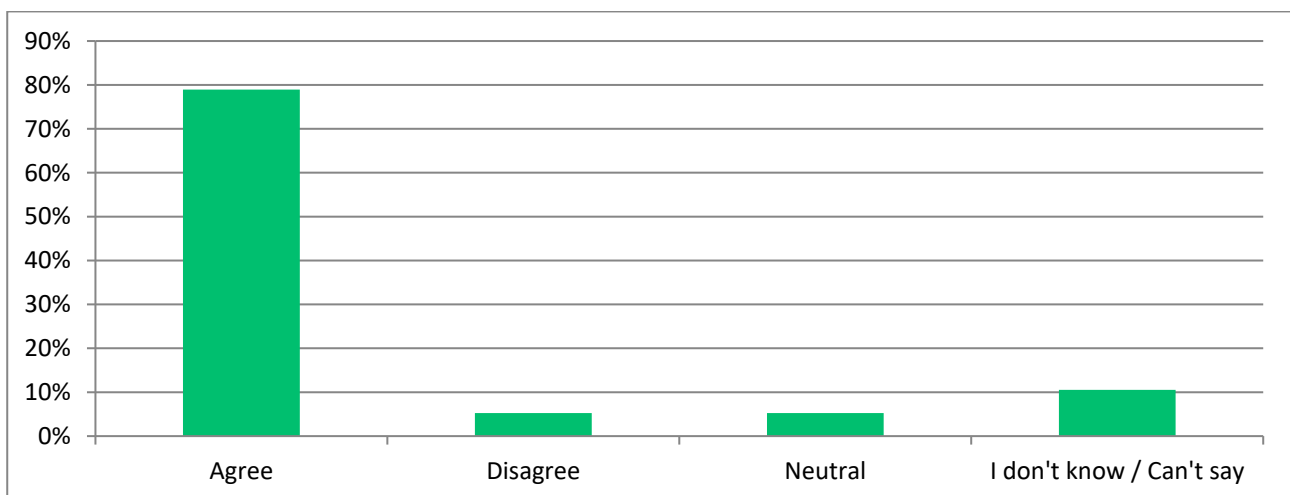
**Q4- The Draft PNA reflects the current pharmaceutical needs of the Milton Keynes population/people**



Answer choices	Percentage	Responses
Agree	89%	17
Disagree	11%	2
Neutral	0%	0
I don't know / can't say	0%	0

Answered – 19; skipped – 3

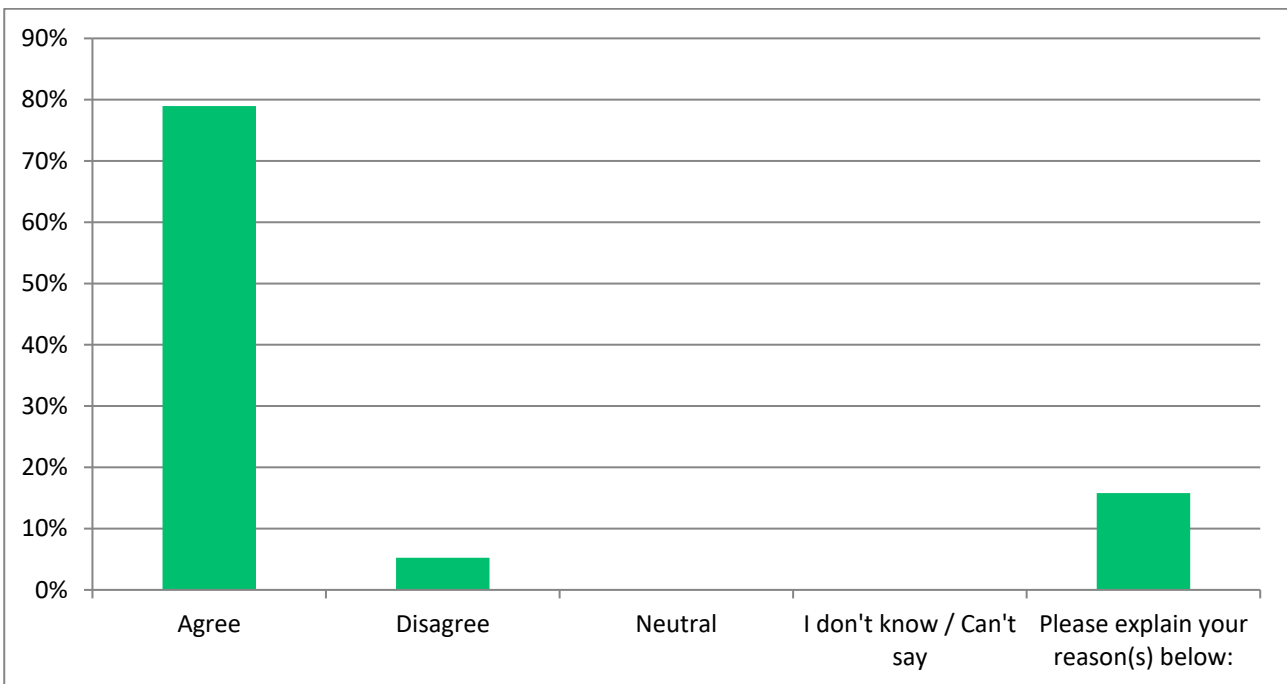
**Q5- The Draft PNA reflects the future (over the next three years) pharmaceutical needs of the Milton Keynes population/people**



Answer choices	Percentage	Responses
Agree	79%	15
Disagree	5%	1
Neutral	5%	1
I don't know / can't say	11%	2

Answered – 19; skipped – 3

**Q6 - Based on the recommendations within the Draft PNA for Milton Keynes do you:**



<b>Answer choices</b>	<b>Percentage</b>	<b>Responses</b>
Agree	79%	15
Disagree	5%	1
Neutral	0%	0
I don't know / can't say	0%	0

Answered – 19; skipped – 3

*All free text comments are included in the full consultation report available under request.*

## Appendix H: Consultation comments report

Comment number	Question	Responding as	Comment	SG response
1	Q2. Currently no gaps	Other- Milton Keynes University Hospital Foundation Trust	In the narrow context of services commissioned by NHSE&I, the PNA demonstrates adequate provision of the services within the scope of the national contract (essential, advanced and enhanced). However, almost 25% public respondents said that their preferred pharmacy was not open at a time convenient to them and 41% said the prescription took 2 or more days. The PNA does identify gaps in service provision in services commissioned by the CCG and LA. These should also be considered - it states on page 9 of the draft PNA that these are services community pharmacy contractors could choose to provide and are therefore included in the PNA.	For the purposes of this PNA, 'pharmaceutical services' have been defined as those that are commissioned by NHS England and are provided nationally. These include Essential, Advanced and Enhanced services as mentioned in Section 1.4.1 in the PNA. The PNA does however note that community pharmacies provide a range of other services and in the absence of a particular service being commissioned by NHSE, it is in some cases addressed by Locally Commissioned Services (LCS). These are funded by the local authority or CCG and commissioned locally to meet the health needs of the local population. These LCS services are out of scope of the PNA but considered within the PNA as they are service improvements and help to provide better access. Regarding public response to opening hours: the response rate for the public questionnaire has been noted as low within the assessment and has been considered in the PNA conclusions. It is important to note that the public engagement is one consideration of the PNA assessment and is triangulated with the access data, demographic and health needs data to determine the conclusions. The assessment has concluded that there are no gaps identified in provision during normal and outside of normal working hours.
2	Q2. Currently no gaps	A member of the public	Incorrect opening hours are recorded for Lloyds Pharmacy next to Kingfisher Surgery, which does not open at all on Saturdays, and is	NHSE have confirmed this pharmacy changed to the stated hours in June 2022 – added as supplementary statement.

Comment number	Question	Responding as	Comment	SG response
			only open from 9am to 5.30pm weekdays: FGP72	
3	Q2. Currently no gaps	Other- Milton Keynes University Hospital Foundation Trust	(p10 and p32 and p34) States that there has been no decrease in pharmacies since last PNA. However, Boots have closed two NHS dispensaries - Beacon Retail Park and Bletchley Brunel Centre. This alters the number of pharmacies per 100,000 population and the percentage of independent pharmacies. The closures are noted in Appendix G but the text on p10 and elsewhere has not been updated.	The number of community pharmacies has been taken from the March 2022 list. It states within the PNA assessment that the two Boots in Beacon Retail Park and Bletchley Brunel Centre closed in April 2022. These changes will be issued as a supplementary statement.
4	Q2. Currently no gaps	NHSE	Current service provision has been considered alongside future growth, development, population etc and no needs identified.	Thank you for your comment.
5	Q2. Currently no gaps	NHSE	Details of local provision is clearly set out.	Thank you for your comment.
6	Q2. Currently no gaps	A member of the public	I noticed just one inaccuracy in the PNA, how many more might there be?	Thank you for your comment. The PNA assessment is taken at a moment in time. During the PNA development process the contractor opening hours were checked and verified by NHS England and the Local Pharmaceutical Committee. Pharmacy contractors have also had the opportunity to correct hours if incorrect as part of the engagement and consultation process. Any hours which have been updated from the point of writing to the point of publishing will be issued within a supplementary statement.

Comment number	Question	Responding as	Comment	SG response
7	Q3. Current provision	Other- Milton Keynes University Hospital Foundation Trust	The methodology looks robust. However the low number of contractor responses to the questionnaire is particularly disappointing. The predominance of white British respondents to the public questionnaire is unrepresentative of the MK population. Some of the public's questions may have been misinterpreted. For example, in Q26, 9 people said they used eRD but in Q27, 42 people said they used it. Likewise, 19% said they knew about the discharge medicines scheme but this is not yet live in MK. The lack of a response from the commissioner is also unhelpful (it is unclear which commissioner(s) were approached)	Re: contractor questionnaire: Noted. The contractor questionnaire was endorsed and supported by the Local Pharmaceutical Committee (LPC). The LPC sent out periodic reminders to contractors to complete the questionnaire. Re Public questionnaire: The PNA does address the low respondent rate and has considered this in its conclusions - "There were 180 responses received from the public questionnaire, which is a relatively small number and may reflect the data collection period being over the Christmas holiday period". The steering group did cascade the public questionnaire via various channels which have been detailed in section 4. Re Commissioner - no commissioner questionnaire was circulated.
8	Q3. Current provision	Other- Milton Keynes University Hospital Foundation Trust	p10 and p41) No dispensing doctors - however, Woburn Sands pharmacy has historically been an MK pharmacy (and included in Appendix G) and whilst Asplands Medical Centre is historically a Bucks practice, the presence of a DD in Woburn Sands impacts on it. In addition, there is an incorrect reference to dispensing doctors in the West neighbourhood on page 54.	Woburn Sands Pharmacy is included in the PNA, within South Neighbourhood Reference to dispensing doctors has been amended.

Comment number	Question	Responding as	Comment	SG response
9	Q3. Current provision	Other- Milton Keynes University Hospital Foundation Trust	(p21) Covid vaccinations - would be good to include the local figures - how many pharmacies and how many doses administered to date. No mention of the supply of lateral flow tests via community pharmacy. One pharmacy signed up to be "on call" during the first 6 months of the pandemic for the provision of end of life / urgent Covid medicines out of hours.	Covid vaccinations – Activity data is not included; however provision of service is included. Covid Lateral Flow Test – Steering group decided to exclude Covid related temporary services as these have stopped and the PNA is an assessment of pharmacy provision at a moment in time. End of Life Out of Hours - noted.
10	Q3. Current provision	Other- Milton Keynes University Hospital Foundation Trust	(p22) PhAS Providers - the 5 of these are not listed but it is hard to believe that any MK pharmacies meet the criteria of being "isolated"	The number of PhAS providers has changed from 5 to 3. This was confirmed by NHSE, as providers are required to meet the necessary 'eligibility criteria'.  <a href="https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance">https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance</a>
11	Q3. Current provision	Other- Milton Keynes University Hospital Foundation Trust	p 49 6.2.1.4, p51 6.2.2.4, p53 6.2.3.4, p55 6.2.4.4) Mentions minor ailments service but this has ceased.	The MK minor ailment scheme was live at the time of writing the PNA, however, it mentioned that BLMK CCG were due to withdraw the service. The service ended as of 30 June 2022.

Comment number	Question	Responding as	Comment	SG response
12	Q4. Current needs	Other- Milton Keynes University Hospital Foundation Trust	The draft PNA does not reflect some of the needs of the population set out in their responses to the questionnaire including longer opening hours, more satisfactory counselling areas and quicker turn round time for prescriptions to be dispensed. There are also gaps in provision relating to services commissioned by LA and CCG that are not addressed eg stop smoking and hypertension case finding as the focus of the PNA is too narrow.	<p>It is important to note that the public engagement is one part of the PNA assessment, and this is triangulated with the access data, demographic and health needs data to determine the conclusions. The assessment has concluded that there are no gaps in provision during normal and outside of normal working hours. Provision is deemed adequate based upon patient need and mirroring other healthcare service providers open during these extended hours.</p> <p>Regarding counselling area - Noted. The assessment of the appropriateness of consultation rooms is out of scope of the PNA*</p> <p>Prescription turnaround time - Noted. Nationally there is a workforce and supply issue currently which is out of scope of the PNA*</p> <p>Locally commissioned services - See response to Comment 1.</p>
13	Q4. Current needs	Other- Milton Keynes University Hospital Foundation Trust	The population estimate looks low. Whilst correct for 2020, MK has a high rate of growth and the figure of + 5000 by 2032 seems to underestimate this based on the massive building that is going on. Either there is a typo and 2032 should be 2023 or the 5000 / 1.7% is a very low estimate. In addition, the registered GP practice population for MK GPs is already in excess of 300,000 and this is the population most likely to use MK pharmacies. I understand that population	<p>Section 6 considers the population growth: Between 2022 and 2032, the overall population is projected to grow by 4,628 (1.7%). The PNA has assumed linear growth of the population by approximately 1,400 people and taken into consideration.</p> <p>These estimates have then been used to determine the pharmaceutical service provision for the future, i.e. the lifetime of the PNA, which is 3 years. It has been concluded that there are no gaps identified in the need for pharmaceutical services in specified future circumstances across Milton Keynes. A process for monitoring population growth over the next three years will be agreed with Public Health and the Health and Care Partnership to identify if</p>



Comment number	Question	Responding as	Comment	SG response
			<p>predictions from the Office for National Statistics do not take into account increases from new housing developments. The statement that it is not possible to assess the impact of any growth in population although it is assumed to be small is therefore inaccurate</p>	<p>further consideration of pharmaceutical need is required within the next three years.</p>
14	Q4. Current needs	A member of the public	<p>with the population growing, doesn't seem to be adequate pharmacy provision available at times that are convenient for residents.</p>	<p>The assessment concluded there is adequate provision across Milton Keynes, taking into consideration evening and weekend provision. It is important to note that PNA assessment gathers and analyses access, data, demographics and health needs and public view which is then triangulated to determine the conclusions. Provision is deemed adequate based upon patient need and mirroring other healthcare providers; however, the PH team and Health and Care Partnership will monitor this during the lifetime of the PNA and review to ensure the demands of the population are met.</p>

Comment number	Question	Responding as	Comment	SG response
15	Q4. Current needs	Other- Milton Keynes University Hospital Foundation Trust	(p28) The high growth of elderly is very important in terms of medicines and will be an important driver of increased demand for prescriptions and medicines optimisation. We think this needs emphasising.	Section 6 considers the population growth: Between 2022 and 2032, the overall population is projected to grow by 4,628 (1.7%), with the largest growth expected in those aged 80+. This information has not been broken down by locality and the life-span of this PNA is three years to 2025; an assumption of linear growth of the population by approximately 1,400 people has been applied. These estimates have then been used to determine the pharmaceutical service provision for the future, i.e. the life time of the PNA, which is 3 years. It has been concluded that there are no gaps identified in the need for pharmaceutical services in specified future circumstances across Milton Keynes. In addition, free delivery is also available from some community pharmacies (not a commissioned service), and all Distance-Selling Pharmacies (DSPs) (internet pharmacies) to patients who request it throughout England. It has been concluded there is no issue with access to pharmaceutical services, however, the Public Health team and Health and Care Partnership will monitor this during the lifetime of the PNA and review to ensure the demands of the population are met.
16	Q4. Current needs	NHSE	Information provided does not outline any gaps or difficulties for patients in accessing services.	Noted.

Comment number	Question	Responding as	Comment	SG response
17	Q5. Future needs	A member of the public	Possibly an underestimate of population growth and pharmacy decline	<p>Section 6 considers the population growth: Between 2022 and 2032, the overall population is projected to grow by 4,628 (1.7%), with the largest growth expected in those aged 80+. This information has not been broken down by locality and the life-span of this PNA is three years to 2025; an assumption of linear growth of the population by approximately 1,400 people has been applied. These estimates have then been used to determine the pharmaceutical service provision for the future, i.e. the life time of the PNA, which is 3 years. It has been concluded that there are no gaps identified in the need for pharmaceutical services in specified future circumstances across Milton Keynes. In addition, free delivery is also available from some community pharmacies (not a commissioned service) and all Distance-Selling Pharmacies (DSPs) (internet pharmacies) to patients who request it throughout England.</p> <p>It has been concluded there is no issue with access to pharmaceutical services, however, the Public Health team and Health and Care Partnership will monitor this during the lifetime of the PNA and review to ensure the demands of the population are met.</p>
18	Q5. Future needs	A business or organisation - Boots	The points raised about rural provision and access is not completely clear on what needs to be considered in the future (see conclusion section)	<p>The assessment concluded that there are a wide range of pharmaceutical services provided in Milton Keynes to meet the health needs of the population. The provision of current pharmaceutical services and Locally Commissioned Services is distributed across localities, providing good access throughout Milton Keynes.</p> <p>Milton Keynes does have rural isolated areas, however, Milton Keynes is not regarded as a rural locality/area. Access to pharmaceutical service provision across all</p>

Comment number	Question	Responding as	Comment	SG response
				localities within Milton Keynes has been analysed and it shows that 99% of the population can get to their nearest open pharmacy with 10 mins by car regardless of time (peak / off peak hours). Additionally, data from the 2011 census indicates that 81% of households in Milton Keynes report having one or more cars/vans.
19	Q5. Future needs	NHSE	Future growth and development has been considered and no gaps identified.	Noted.
20	Q5. Future needs	A member of the public	I can't say, but taking into account I have highlighted one inaccuracy in the document, around pharmacy opening hours, not sure how assured I am of the accuracy of the remainder of the document.	Noted. See response to comment 6.
21	Q5. Future needs	Other- Milton Keynes University Hospital Foundation Trust	One of the most pressing concerns the community pharmacy sector faces is a growing workforce challenge. Businesses are already struggling to recruit, and there are huge workforce pressures on the horizon in the medium term particularly when additional clinical roles are introduced (as flagged in recent Secretary of State speech). There are a number of reasons for this, among them: a. Reduction in number of students training to be a pharmacist; b. Workforce issues related to	Noted. There is currently a national workforce issue, however this is out of scope of the PNA*

Comment number	Question	Responding as	Comment	SG response
			<p>Brexit; and c. Pharmacists choosing to work elsewhere in primary care, rather than in the pressured community pharmacy (and secondary care) sector.</p> <p>The document is lacking any insight into pharmacy recruitment and retention issues and the impact this has on the community pharmacy sector and the other pharmacy services within Milton Keynes.</p>	
22	Q6. Recommendations	Other- Milton Keynes University Hospital Foundation Trust	The recommendations are appropriate. However, they do not set out which organisation(s) will take them forward. As the PNA features almost exclusively on NHSE&I being the commissioner, it is unlikely that they will deliver incentives to contractors in deprived areas or consider the provision of new services. It would be helpful if the PNA was supported by an action plan with responsibilities and time lines.	Comment noted. A strategy on commissioning services for community pharmacy is out of scope of the PNA. We have however included an opportunities section to the PNA to explore further the potential services to support commissioners should they wish to investigate further*
23	Q6. Recommendations	A member of the public	Could be more forcefully expressed	Noted. A strategy and action plan is also being developed where these points will be taken forward*
24	Q6. Recommendations	NHSE	From the data provided it appears that all current and future needs are met.	Noted.

Comment number	Question	Responding as	Comment	SG response
25	Q7. Any other comments	NHSE	From 1 July, NHS England will be known as NHSE only so I would remove references to NHSE/I. CCGs are no longer in existence. The PNA references that ICBs will take over but considering that this will be published in October 2022, would it make sense to remove reference to CCG now?	At the time of writing, it was known as NHSE&I. A footnote has been added to acknowledge the change. At the time of writing, it was known as CCG. A footnote has been added to acknowledge the change.
26	Q7. Any other comments	NHSE	P.17 - for clarity, primary medical services have been fully delegated. For EoE, pharmaceutical services will not be delegated until 1 April 2023.	East of England delegation from April 2023 – amended.
27	Q7. Any other comments	NHSE	Page. 26 Table 3 "Stronger NHS action on health inequalities" is listed twice in the table. Not sure if this is deliberate.	Amended.
28	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	(p9) The PNA is based on the four neighbourhoods - shouldn't it now be based on the 7 PCNs? This is also picked up on page 25 - Data at PCN level may not be as robust, but Public Health have been supporting the PCN Clinical Directors to look at their local data so it should be valid.	As the majority of health and social care data is available at Middle Layer Super Output Area (MSOA), the localities for the purpose of the PNA has been based on groups of MSOAs. This provided reasonable statistical rigour, it was agreed by the steering group that this would be used to define the localities of the Milton Keynes geography.
29	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	(p 36 & 139/140) The public transport times for mornings and evenings is the same which is surprising given the generally poor bus services in MK.	Public transport analysis used is a snapshot in time and regularly changing.

Comment number	Question	Responding as	Comment	SG response
30	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	p40) Smoking cessation advanced service- only 13 pharmacies but 24 deliver the LA commissioned stop smoking service. Is there need for both / can they be aligned?	The smoking cessation advanced service is a national NHS England commissioned service which enables NHS trusts to refer patients discharged from hospital to a community pharmacy. This service therefore relies on NHS Trusts to refer patients and be seen in community pharmacy. The Locally commissioned stop smoking service is a local stop smoking treatment service and services 'walk-in' patients.
31	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	(p126) Covid impact section - somewhat meaningless without an exact time point rather than simply 2020-21 during which period rates varied greatly. Refers to table 41 but there isn't a table 41.	Timing of data has been checked and confirmed. The date was between April 2020 and March 2021.
32	Q7. Any other comments	A member of the public	Regular monitoring is essential, especially at the neighbourhood level and in the growth areas, as the distribution of services is unpredictable. The planning of medical, including pharmaceutical services in MK is a weak element within the overall MK Plan and is an urgent component for the  Health and care Partnership to pick up.	Noted. Section 7 concluded that although no gaps have been identified, pharmaceutical service provision will be monitored due to the changing factors of population growth, future housing, pharmacy closures and health needs of the residents in Milton Keynes.
33	Q7. Any other comments	A business or organisation - Boots	Pharmacies, especially those in more deprived neighbourhoods should work to increase the offer, and the uptake, of smoking cessation services' we suggest that this is amended to read 'Pharmacies, especially those in more deprived neighbourhoods should consider to	Amended.

Comment number	Question	Responding as	Comment	SG response
			work to increase the offer, and the uptake, of smoking cessation services' as this is not an essential service, it should be considered as it may not always be viable for each pharmacy	
34	Q7. Any other comments	A pharmacist	Provision is great in MK	Noted.
35	Q7. Any other comments	A member of the public	Lloyd's pharmacy I use has on several occasions recently told me the medication is not available, but then it has subsequently been found to have been there at the time I visited to collect. I have been told in the past there was a supply issue and no resolution was offered even though the items were urgently needed. On one occasion when I contacted the manufacturer direct they advised there was no supply issue and suggested the pharmacy contact them if they have future supply issues with the supplier they deal with.	Noted. Patients can follow the complaints process and can complain to the pharmacy in the first instance and if this is not resolved please take this further to NHSE.
36	Q7. Any other comments	A member of the public	Nothing else.	Noted.
37	Q7. Any other comments	A GP	Good report	Noted.



Comment number	Question	Responding as	Comment	SG response
38	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	<p>The document is lacking any insight into pharmacy recruitment and retention issues and the impact this has on the community pharmacy sector and the other pharmacy services within Milton Keynes. The PNA is also light on ambition and recognition of the new opportunities in community pharmacy. For example,</p> <p>a) the new General Pharmacy Council education and training standards for pharmacists which will mean that from 2026 all newly qualified pharmacists will be Independent Prescribers. The timescale is outside the life of the PNA but more urgent consideration has to be given to how community (and other) pharmacists who aren't already prescribers can attain the qualification ahead of 2026 should they wish to.</p> <p>b) the recommendations of the Fuller review which include the need for improved support to patients who need ongoing care and ensuring they see the same clinicians on a regular basis. The heavy reliance on locum staff precludes this.</p> <p>c) the Fuller review identifying the</p>	<p>a) Noted. Pharmacist training is outside of the scope of this PNA*</p> <p>b) Noted. There is a national workforce issue currently, however this is out of scope of the PNA*</p> <p>c) Noted. A strategy on commissioning services for community pharmacy is out of scope of the PNA. We have however included an opportunities section to the PNA to explore further the potential services to support commissioners should they wish to investigate further*</p>

Comment number	Question	Responding as	Comment	SG response
			scope for greater harnessing of community pharmacists (and others in the wider primary care team such as optometrists, audiologists) in the prevention agenda and, for community pharmacy specifically, supporting early diagnosis of cancers.	
39	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	Another omission is reference to the expected move from community pharmacy being commissioned by NHSE&I to the ICS in 2023 which will open up new opportunities for locally sensitive commissioning and possible alignment of information systems / digital integration which will improve the current clinical services provided in community pharmacy as well as opening up new services.	Noted. A strategy on commissioning services for community pharmacy is out of scope of the PNA. We have however included an opportunities section to the PNA to explore further the potential services to support commissioners (including the ICS) should they wish to investigate further*
40	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	There is no mention of genomics nor sustainability as future challenges.	Noted, and out of scope of the PNA*
41	Q7. Any other comments	Other- Milton Keynes University	p16) Discharge medicines scheme - states that Trusts can refer patients for extra guidance around new	Amended.

Comment number	Question	Responding as	Comment	SG response
		Hospital Foundation Trust	medicines - but the scheme dose not limit referrals to new medicines so "new" should be removed.	
42	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	(p17) Statement about CCGs becoming ICS needs to be updated to reflect BLMK position. The references to CCGs should be updated as by the time the PNA is published, the successor organisation will be in place.	At the time of writing, it was known as CCG. A footnote has been added to acknowledge the change
43	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	(p22) DACs - states no DAC in MK but important to note that MK patients will be accessing DACs based in other parts of the country. This does provide challenges for local GP practices. Its is difficult to impose local policies and there is no clear route for escalating concerns with DACs.	Noted. The assessment mentions Dispensing Appliance Contractor services are available to the population from elsewhere in the UK. The impact of this for local GP practices is out of scope of the PNA*
44	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	(P38) Table notes services provided by DSP - would be more accurate if legend read services <u>also</u> provided by DSP	Amended.
45	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	(p39) Instead of focussing on the non- delivery of AUR service it would be good to compliment the pharmacies on very high % delivering flu vaccination.	Noted.

Comment number	Question	Responding as	Comment	SG response
46	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	p45) DMS had not started when the survey went out so it is surprising that any respondents were aware of it - may have misinterpreted the question	Noted. Discharge Medicines Service was introduced in July 2020 and MK was under obligation to start from that date. However community pharmacies needed to be ready and set up to mobilise the services should they receive any referrals from NHS Trusts. Those who may have commented in the public survey may have been recipients of the service via a referral from a Trust outside of MK.
47	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	(p86,87) Interestingly there is no text to comment on the answers to any of the questions 23 to 28. Further insight may have been helpful.	Noted. This may be considered for the next PNA.
48	Q7. Any other comments	Other- Milton Keynes University Hospital Foundation Trust	The PNA does not include any prescribing data - this is set out as a requirement in Pharmaceutical needs assessments: Information pack for local authority health and <a href="https://publishing.service.gov.uk">publishing.service.gov.uk</a>	Prescribing data is one element of information that can be used for the analysis and assessment of the PNA. This information provides data to see where prescriptions are being dispensed. We have carried out this analysis to highlight those pharmacies outside MK which have dispensed a significant number of MK prescriptions in 2020-21.

\*Some comments have highlighted points which are currently out of scope of the PNA, however, these will be forwarded to the respective organisations and reviewed by the appropriate stakeholders

## Appendix I: Alphabetical list of pharmaceutical service providers in Milton Keynes Council Health and Care Partnership area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG		LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding		Stop smoking	C-19 vaccination	Minor ailments	End of life care	Stop smoking	Sexual health	Needle exchange
Asda Pharmacy	FLF60	Community	1 Bletcham Way, Milton Keynes	MK1 1QB	09:00-20:00	09:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	-	
Astons Pharmacy	FY790	Community	44 Wordsworth Avenue, Newport Pagnell, Milton Keynes	MK16 8SB	09:00-13:00, 14:00-17:30	Closed	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	-	-
Bliep Chemist	FHC90	Community	14 St Mary's Avenue, Bletchley, Milton Keynes	MK3 5DT	09:00-13:00, 14:00-17:30	09:00-12:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	
Boots*	FAM80	Community	Unit 2A, Beacon Retail Park, Bletchley Way, Milton Keynes	MK1 1BN	06:00-22:00	06:00-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y
Boots	FW787	Community	14 Winchester Circle, Kingston, Milton Keynes	MK10 0BA	08:00-24:00	08:00-24:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Boots	FRM66	Community	43 High Street, Stony Stratford, Milton Keynes	MK11 1AA	09:30-17:30	09:00-16:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Boots	FM314	Community	Milton Keynes Medical Centre, 68 Bradwell Common Boulevard, Milton Keynes	MK13 8RN	07:00-23:00	08:00-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y
Boots	FQ512	Community	Coopers Yard, 86 High Street, Newport Pagnell	MK16 8PY	09:00-18:00	08:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Boots*	FM359	Community	1 The Concourse, Brunel Centre, Bletchley, Milton Keynes	MK2 2ES	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Boots	FHH81	Community	Unit A Westcroft Retail Park, 19 Barnsdale Drive, Milton Keynes	MK4 4DD	09:00-14:00, 15:00-20:00	09:00-13:00, 14:00-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y
Boots	FXG76	Community	18 Crown Walk, Secklow Gate West, Central Milton Keynes	MK9 3AH	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	Y
Chapharm Ltd	FE971	Community	3 Swindon Court, Glovers Lane, Heelands, Milton Keynes	MK13 7PN	08:30-18:30 (Wed 08:30-14:00)	09:00-13:00	Closed	-	-	-	-	-	Y	-	-	-	-	-	Y	-	Y	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG		LA				
										NIMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Minor ailments	End of life care	Stop smoking	Sexual health	Needle exchange	Supervised consumption
Cox and Robinson Pharmacy	FTR22	Community	1 Market Square, Stony Stratford, Milton Keynes	MK11 1BE	08:45-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	-	Y
Cox and Robinson Pharmacy	FT700	Community	14 Market Place, Olney, Milton Keynes	MK46 4BA	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y	Y
Hilltops Pharmacy	FTH95	Community	Hilltops Medical Centre, Kensington Dr, Great Holm, Milton Keynes	MK8 9HN	09:00-13:00, 14:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	-
Hot Chemist	FTW55	DSP	39 Carters Lane, Kiln Farm, Milton Keynes	MK11 3HL	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-
Jardines Direct	FR715	DSP	Lakeside, Shirewell Crescent, Furzton, Milton Keynes	MK4 1GA	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	Y	-	-	-
Jardines Pharmacy	FFD48	Community	Brooklands Medical Centre, Montague Crescent, Brooklands, Milton Keynes	MK10 7LN	09:00-13:00, 14:00-18:00	09:00-13:00	10:00-13:00	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-
Jardines Pharmacy	FXX59	Community	Griffith Gate, Middleton, Milton Keynes	MK10 9BQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	Y	-	-
Jardines Pharmacy	FRH86	Community	Unit 1, Texcel Close, Oakridge Park, Milton Keynes	MK14 6GL	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	Y	Y	-	-
Jardines Pharmacy	FPK87	Community	3 Tower Crescent, Neath Hill, Milton Keynes	MK14 6JY	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	Y	-	Y
Jardines Pharmacy	FJY69	Community	65 High Street, Newport Pagnell, Milton Keynes	MK16 8AQ	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	Y	Y	-	-
Jardines Pharmacy	FJD57	Community	106 Serpentine Court, Lakes Estate, Bletchley, Milton Keynes	MK2 3QL	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	-	Y	Y	Y	Y	-	Y	-	Y	Y	-	-
Jardines Pharmacy	FFV85	Community	69 Dulverton Drive, Furzton, Milton Keynes	MK4 1EW	08:30-18:00	09:00-12:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	Y	Y	-	-
Jardines Pharmacy	FMM65	Community	32 Benbow Court, Shenley Church End, Milton Keynes	MK5 6JG	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	Y	Y	Y
Jardines Pharmacy	FVR25	Community	Whitehouse Health Centre (Ground Floor), Dorset Way, Whitehouse, Milton Keynes	MK8 1EQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	Y	Y	Y	Y	-	Y	-	Y	-	-	-
Lloyds Pharmacy	FVJ36	Community	15 The Square, Wolverton, Milton Keynes	MK12 5DG	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	Y	Y	-	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG		LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Minor ailments	End of life care	Stop smoking	Sexual health	Needle exchange	Supervised consumption
Lloyds Pharmacy	FGP72	Community	2 Kingfisher Centre, Elthorne Way, Newport Pagnell	MK16 0JR	08:30-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	Y	-	Y
Lloyds Pharmacy	FD795	Community	127-129 Queensway, Bletchley, Milton Keynes	MK2 2DH	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	Y	Y	Y	-
Lloyds Pharmacy	FME40	Community	Sainsbury's, 799 Witan Gate, Milton Keynes	MK9 2FW	07:00-23:00	07:00-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	Y	-	-
McLaren Pharmacy	FGF03	Community	32 St James Street, New Bradwell, Milton Keynes	MK13 0BH	09:00-13:00, 14:00-18:30	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	Y	-	Y	-	-	-
Peak Pharmacy	FCV71	Community	239 Queensway, Bletchley, Milton Keynes	MK2 2EH	08:30-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	Y
Peak Pharmacy	FNP23	Community	13 Melrose Avenue, Bletchley, Milton Keynes	MK3 6PB	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	Y
Peak Pharmacy	FM996	Community	95 Fishermead Boulevard, Fishermead, Milton Keynes	MK6 2AG	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	Y
Peak Pharmacy	FVN76	Community	9 Farthing Grove, Netherfield Local Centre, Netherfield, Milton Keynes	MK6 4JH	08:45-13:30, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	Y	Y	Y
Peak Pharmacy	FXF16	Community	2 Perrydown, Beanhill, Milton Keynes	MK6 4NE	08:45-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-
Peak Pharmacy	FMN28	Community	23 Walnut Tree Centre, 12 Fyfield Barrow, Milton Keynes	MK7 7AN	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	Y
Queensway Pharmacy	FA796	Community	143 Queensway, Bletchley, Milton Keynes	MK2 2DY	08:00-23:00	08:00-23:00	11:00-21:00	Y	-	-	-	-	Y	-	Y	-	-	-	Y	Y	Y	-	-	-
Rainbow Pharmacy	FW866	Community	21 Witham Court, Bletchley, Milton Keynes	MK3 7QU	09:00-13:00, 14:00-18:30	09:00-12:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	Y	-	Y	-	-	-
Smith's Pharmacy	FR402	Community	206 Whaddon Way, Bletchley, Milton Keynes	MK3 7DG	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y
Stantonbury Pharmacy	FD333	Community	Portacabin in car park, adjacent to Stantonbury Centre, Stantonbury Campus, Milton Keynes	MK14 6BN	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG		LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Minor ailments	End of life care	Stop smoking	Sexual health	Needle exchange	Supervised consumption
Superdrug Pharmacy	FRD67	Community	Unit 4, Woolworths Development, Midsummer Arcade, Central Milton Keynes	MK9 3BB	09:00-20:00	09:00-13:30, 14:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	Y	Y	Y
Tesco Pharmacy	FD207	Community	Watling Street, Bletchey, Milton Keynes	MK1 1DD	09:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	-
Tesco Pharmacy	FTP28	Community	Kingston Central Shopping Centre, 1 Winchester Circle, Kingston, Milton Keynes	MK10 0AH	09:00-13:00, 14:00-20:00	09:00-13:00, 14:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	Y
Well Pharmacy	FMV89	Community	6 Ardwell Lane, Greenleys, Milton Keynes	MK12 6AX	09:00-18:30	09:00-12:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-	Y
Willen Pharmacy	FDW46	Community	Unit 1, Willen Healthcare Plus, Beaufort Drive, Willen, Milton Keynes	MK15 9ET	09:00-13:00, 14:00-18:00	09:00-11:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	Y	Y	-	-
Woburn Sands Pharmacy	FV652	Community	47 High Street, Woburn Sands, Milton Keynes	MK17 8QY	09:00-13:00, 13:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-	-	-

\* These pharmacies have closed in April 2022



## Appendix J: Milton Keynes demographics and health needs

### 1 Demographics

#### 1.1 Overview

The latest 2020 estimates for Milton Keynes population is 270,200. East Neighbourhood is the most populated locality with around 84,200 residents and North Neighbourhood the least populated with 55,700 residents, see Table 16.

Between 2022 and 2032, the overall population is projected to grow by 4,628 (1.7%), with the largest growth expected in those aged 80 years and over. Compared with England, the overall population growth is higher (4%) for England, see Figure 2.

**Table 16: Locality population estimates, 2020**

Area	All Ages
East Neighbourhood	84,207
North Neighbourhood	55,672
South Neighbourhood	64,757
West Neighbourhood	65,567

Source: ONS 2020 mid-year estimates, 2021

#### 1.2 Age structure

Table 17 shows the population by age band and locality compared with England. The proportion of those under 18 years old was 22–27%, slightly more than the England value of 21%. Those that were 18–64 years old comprised over half of the population, with 57–67%, which is comparable to England’s proportion (60%). The proportion aged 65 and over was 10–21%, also similar to England (19%).

**Table 17: Population by broad age band by locality, 2020**

Area	<18	<18 (%)	18–64	18–64 (%)	65+	65+ (%)	All ages
East Neighbourhood	22,535	26.8%	53,621	63.7%	8,051	9.6%	84,207
North Neighbourhood	12,230	22.0%	31,644	56.8%	11,798	21.2%	55,672
South Neighbourhood	16,781	25.9%	37,154	57.4%	10,822	16.7%	64,757
West Neighbourhood	17,762	27.1%	39,459	60.2%	8,346	12.7%	65,567
England	12,093,288	21.4%	33,992,831	60.1%	10,464,019	18.5%	56,550,138

Source: ONS 2020 mid-year estimates, 2021

### 1.3 Ethnicity

Table 18 shows the ethnic composition by locality of Milton Keynes. East Neighbourhood and West Neighbourhood were different from North and South Neighbourhoods. The White group was 72–79% for East and West Neighbourhoods, whereas North and South Neighbourhoods were above 83%, compared with an England figure of 85%. These figures were collected as part of the 2011 Census.

**Table 18: Population by broad ethnic group, 2011**

Area	Asian/Asian British	Black/African/Caribbean/Black British	Mixed/multiple ethnic group	Other ethnic group	White
East Neighbourhood	11.8%	11.7%	3.9%	0.9%	71.7%
North Neighbourhood	5.2%	3.7%	2.3%	0.4%	88.4%
South Neighbourhood	7.9%	5.3%	3.3%	0.5%	82.9%
West Neighbourhood	10.9%	5.5%	3.5%	0.8%	79.3%
England	7.8%	3.5%	2.3%	1.1%	85.3%

Data Source: ONS 2011 Census

### 1.4 Religion

Table 19 shows self-reported religion by locality. Those that answered Christian made up around half, with 50–59% (England: 59%), ‘no religion’ was roughly approaching one-third, with 30–33% (England: 25%) and ‘all other religions’ was 5–12% (England: 9%). These figures were collected as part of the 2011 Census.

**Table 19: Self-reported religion by locality, 2011**

Area	All other religions	Christian	No religion	Religion not stated
East Neighbourhood	12.4%	49.9%	31.2%	6.4%
North Neighbourhood	5.3%	56.9%	31.0%	6.8%
South Neighbourhood	7.6%	55.2%	30.5%	6.6%
West Neighbourhood	10.9%	49.8%	32.5%	6.7%
England	8.7%	59.4%	24.7%	7.2%

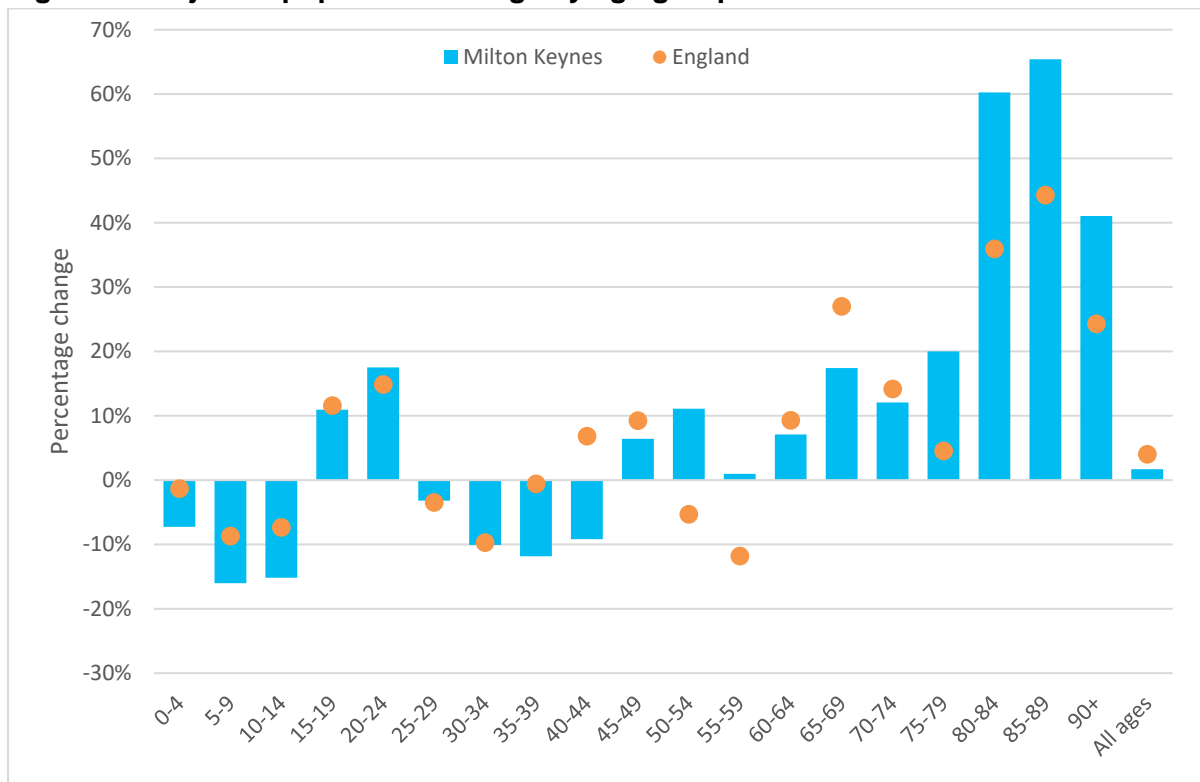
Source: ONS 2011 Census

### 1.5 Predicted population growth

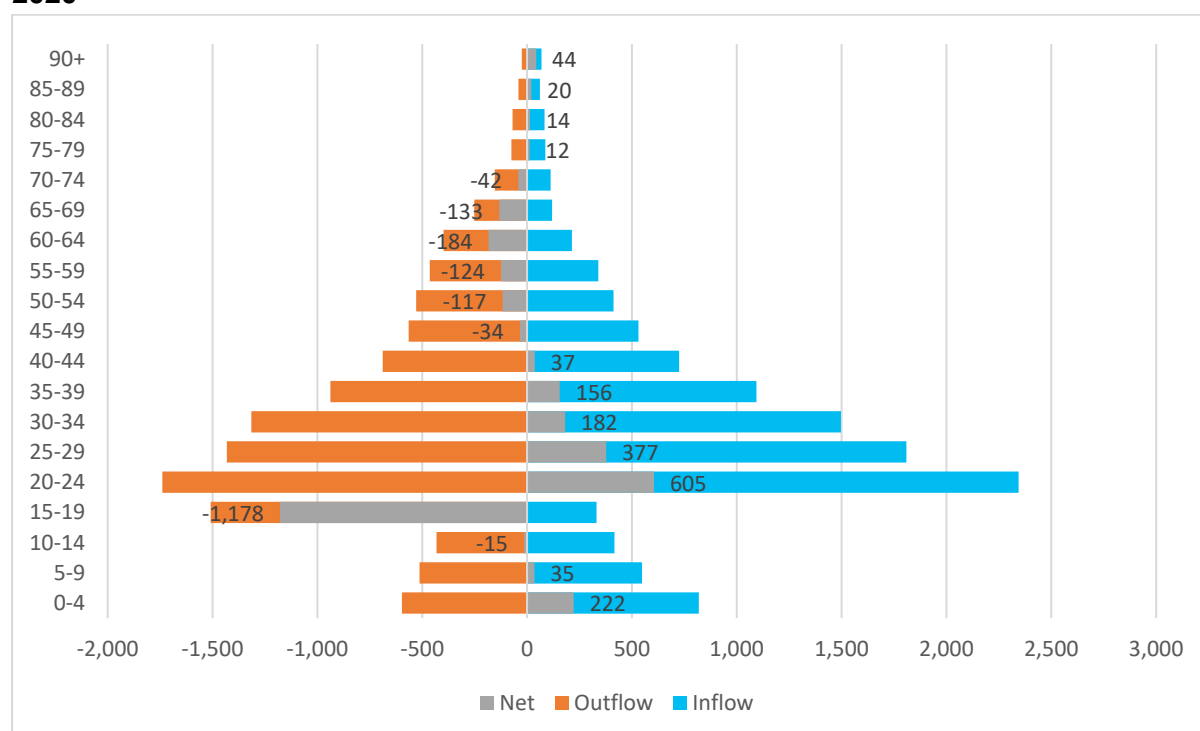
Figure 2 shows the projected percentage change in populations by age band from 2022 to 2032. The largest increase is projected among those aged 80 years and older, more than the projected increases for England. Populations of those aged 0–14 and 25–44 are expected to fall, often more so than projected nationally. Figure 3 looks at outward and inward movement of populations by age band. The most movement by volume is occurring among those aged 15–39, with 15–19-year-olds accounting for the largest net outflow for a single age band (1,178 persons).

In 2022, Milton Keynes has 108,334 households and Table 21 shows that this is projected to increase by 7,171 to 115,505 households within the next ten years. This is a 6.6% increase and similar to the national projected growth (also 7%).

**Figure 2: Projected population change by age group 2022-32**



Source: ONS 2018-based subnational population projections, 2020

**Figure 3: Outward and inward movement of populations by age band, year ending June 2020**

Data Source: ONS Internal migration, 2021

Table 20 shows that Milton Keynes will see 3,915 new households.

**Table 20: Predicted population**

Locality	2022	2027	2032	Population growth 2022-32
East Neighbourhood	84,927	85,905	86,364	1,437
North Neighbourhood	56,148	56,795	57,098	950
South Neighbourhood	65,311	66,063	66,416	1,105
West Neighbourhood	66,128	66,889	67,246	1,119

Source: ONS 2020 mid-year estimates; ONS 2018-based population projections

**Table 21: Household projections 2022 to 2032**

Locality	2022	2032	New households 2022-32
East Neighbourhood	31,545	32,685	1,140
North Neighbourhood	25,804	26,737	933
South Neighbourhood	26,378	27,332	953
West Neighbourhood	24,607	25,496	889

Source: Census 2011; ONS 2018-based household projections

## 1.6 GP-registered population

The GP population shown in Table 22 and is about 63,000 to 93,000 per locality.

**Table 22: Population by GP-registered patients, 2021**

Area	All patients
East Neighbourhood	93,308
North Neighbourhood	62,936
South Neighbourhood	73,964
West Neighbourhood	72,300

Data Source: NHS Digital, January 2021 Patients Registered at a GP Practice, 2021

## 2 Vulnerable populations

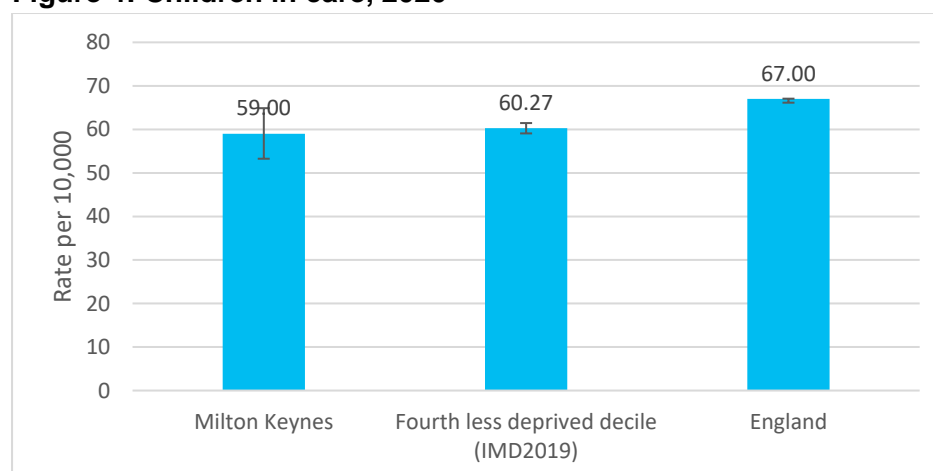
### 2.1 Children and adults in care and adult safeguarding

Table 23 shows looked-after children by locality. The rates vary from 2.7 per 1,000 (East Neighbourhood) to 4.9 per 1,000 (South Neighbourhood). Figure 4 is of Milton Keynes's children in care compared with their deprivation decile and England, and it shows that Milton Keynes is statistically similar to the deprivation decile but statistically lower than England. Overall, the England rates are slowly increasing (not shown). Figure 5 shows that Milton Keynes was statistically similar to the deprivation decile and England for learning disabilities involved in Section 42 safeguarding enquiries. Overall, the England rates are slowly decreasing (not shown).

**Table 23: Looked-after children by locality, 2021**

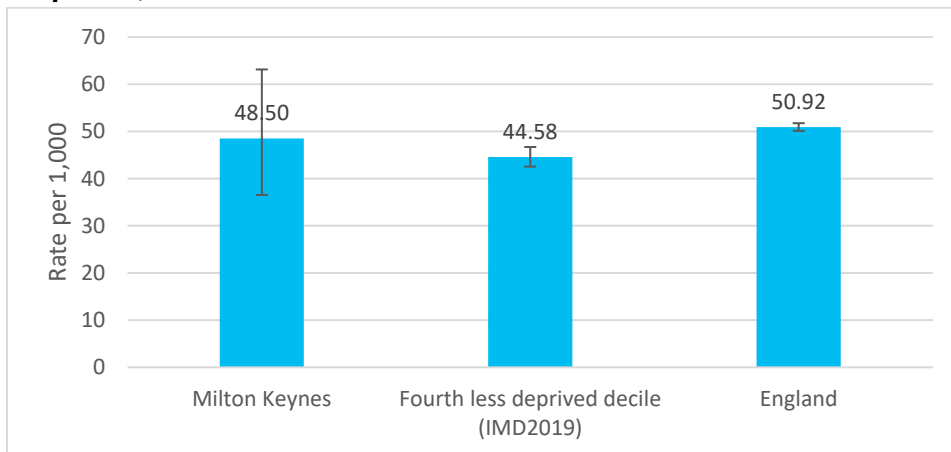
Area	Count	Rate per 1,000 under 18 years
East Neighbourhood	60	2.7
North Neighbourhood	42	3.4
South Neighbourhood	82	4.9
West Neighbourhood	53	3.0

Source: Milton Keynes Council, 1 April 2021 snapshot of looked-after children by LSOA

**Figure 4: Children in care, 2020**

Source: OHID Fingertips, 2021

**Figure 5: Individuals with learning disabilities involved in Section 42 safeguarding enquiries, 2018-19**

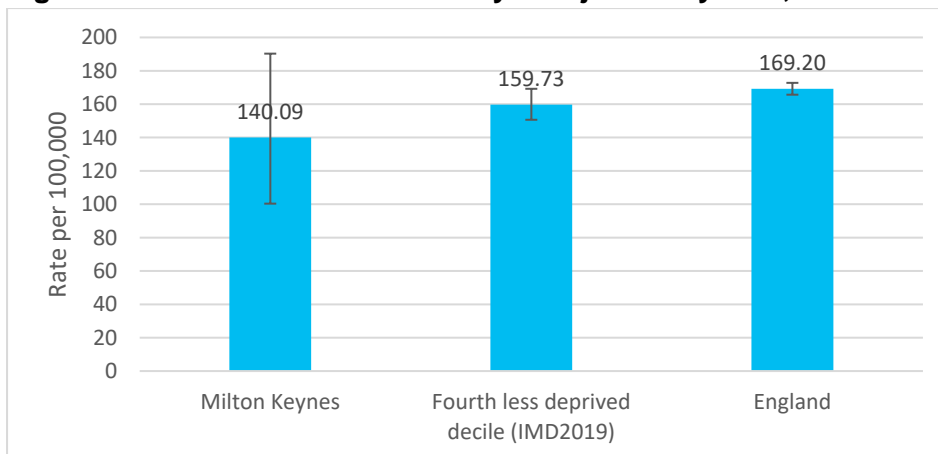


Source: OHID Fingertips, 2021

## 2.2 Prison populations

Figure 6 shows that Milton Keynes was lower, but statistically similar, to its deprivation decile and England for first-time entrants to the youth justice system. All three rates are decreasing with time (not shown).

**Figure 6: First-time entrants to the youth justice system, 2020**

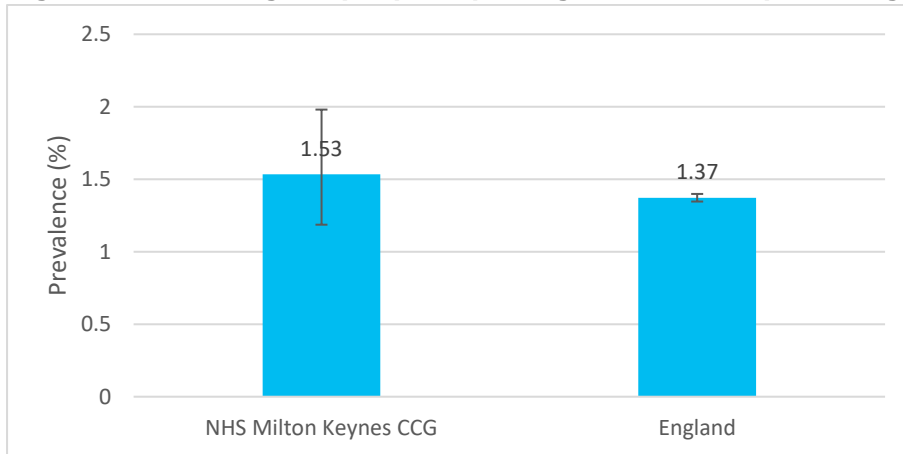


Source: OHID Fingertips, 2021

### 2.3 People with sensory, physical and learning challenges

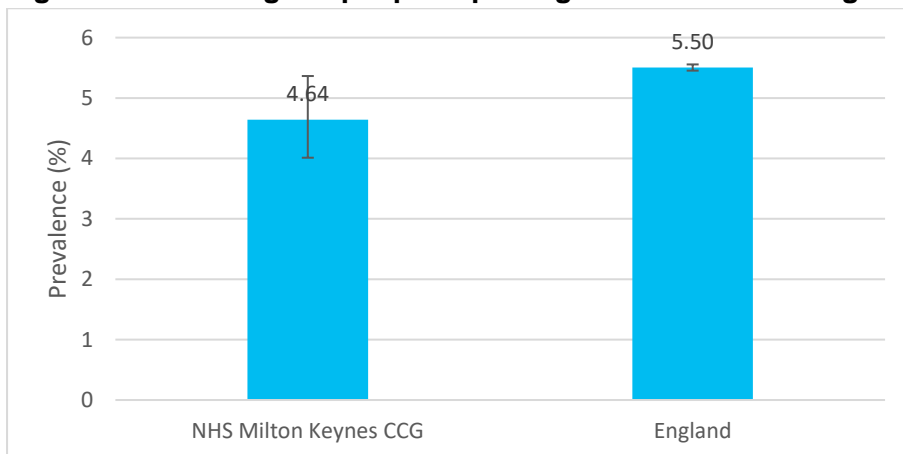
Figures 7 to 9 show the prevalence of people with sensory challenges and learning disabilities. All measures have a prevalence statistically similar to England.

**Figure 7: Percentage of people reporting blindness or partial sight, 2021**



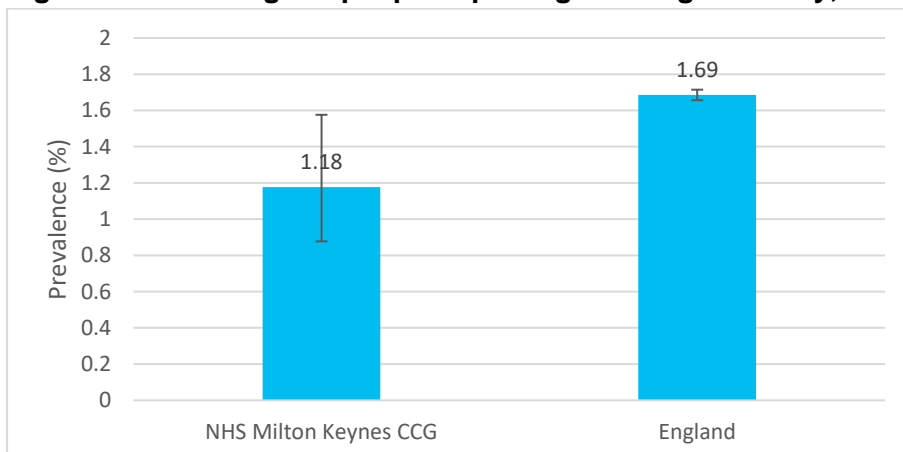
Source: OHID Fingertips, 2021

**Figure 8: Percentage of people reporting deafness or hearing loss, 2021**



Source: PHE Fingertips, 2021

**Figure 9: Percentage of people reporting learning disability, 2021**

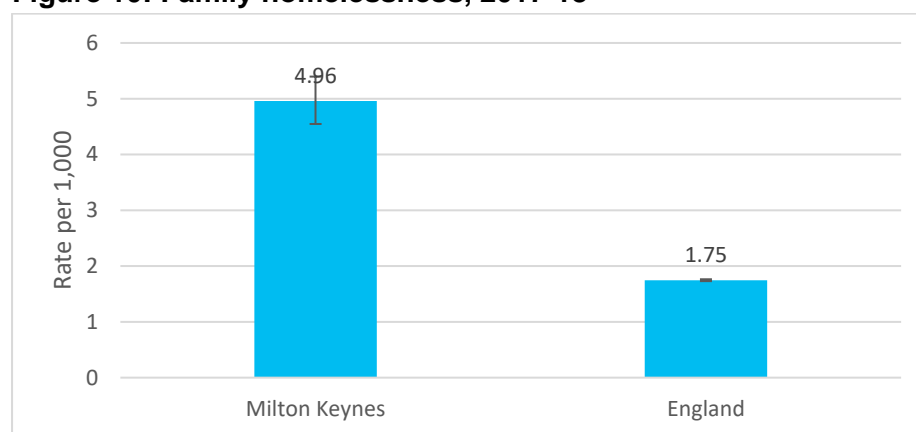


Source: OHID Fingertips, 2021

## 2.4 Homeless populations

Milton Keynes can be seen to have had a statistically higher rate of family homelessness (4.9 per 1,000 households) compared with England (1.7 per 1,000 households), see Figure 10.

**Figure 10: Family homelessness, 2017-18**



Source: OHID Fingertips, 2021

## 2.5 Gypsy and Traveller population

Table 24 shows that the rates of Gypsy/Traveller population varied across the Milton Keynes localities from 0.2 (East and South Neighbourhood) to 0.6 (West Neighbourhood) per 1,000 population. The England rate was 1.0.

**Table 24: Gypsy/Traveller/Irish Traveller population by locality, 2011**

Area	Gypsy/Traveller/Irish Traveller	Rate per 1,000 population
East Neighbourhood	15	0.2
North Neighbourhood	15	0.3
South Neighbourhood	9	0.2
West Neighbourhood	33	0.6
England	54895	1.0

Source: ONS 2011 Census

## 2.6 Housebound populations

In Milton Keynes, 28% of the population aged 65 and over needed help with at least one self-care activity (England: 28%). This is shown in Table 25.

**Table 25: Total population aged 65 and over who need help with at least one self-care activity, 2020**

Area	Value	Denominator	Rate
Milton Keynes	10,850	39,300	28%
England	2,989,663	10,505,500	28%

Source: POPPI, 2020



## 2.7 Residential and nursing home populations

The proportion of the total population of Milton Keynes and England who were aged 65 and over living in a care home with or without nursing is shown in Table 26.

**Table 26: Total population aged 65 and over living in a care home with or without nursing, 2020**

Area	Value	Denominator	Rate
Milton Keynes	1,295	39,300	3%
England	328,750	10,505,500	3%

Source: POPPI, 2020

## 3 Wider determinants of health

### 3.1 IMD 2019

The average IMD score for Milton Keynes is 17.98 and is ranked 107 out of 152 local authorities across the whole of England.

Table 27 shows the IMD 2019 quintile breakdown by locality. The split of the four localities' deprivations were quite different from each other. North Neighbourhood was the least deprived and East Neighbourhood was the most. Milton Keynes falls into the fourth least deprived decile nationally.

**Table 27: IMD 2019 quintile breakdown by locality**

Area	1 (most deprived)	2	3	4	5 (least deprived)
East Neighbourhood	32%	23%	20%	9%	16%
North Neighbourhood	8%	27%	14%	22%	30%
South Neighbourhood	28%	17%	17%	25%	14%
West Neighbourhood	11%	11%	29%	26%	23%

Source: ONS IMD, 2019

### 3.2 Employment

Table 28 shows the proportion of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work. East Neighbourhood and South Neighbourhood have the highest proportion, at 5.1%. This is also higher than the England rate of 4.6%

**Table 28: Unemployment claimants by locality, November 2021**

	<b>Claimant count</b>	<b>Percentage of 16-64 population</b>
East Neighbourhood	2,855	5.1%
North Neighbourhood	1,325	4.0%
South Neighbourhood	1,990	5.1%
West Neighbourhood	1,525	3.7%
England	1,617,805	4.6%

Source: Department for Work and Pensions, 2021

### 3.3 Housing

Table 29 shows the percentage of socially rented households by locality against England. East Neighbourhood had the highest (24%) and North Neighbourhood the lowest (13%). England had 18%.

**Table 29: Percentage of socially rented households by locality, 2011**

<b>Area</b>	<b>Socially rented households</b>
East Neighbourhood	24%
North Neighbourhood	13%
South Neighbourhood	19%
West Neighbourhood	15%
England	18%

Source: ONS Census, 2011

The proportion of overcrowded households by locality is shown in Table 30. North Neighbourhood had the lowest (3%), East Neighbourhood the highest (8%) compared with England (5%).

**Table 30: Percentage of overcrowded households by locality, 2011**

<b>Area</b>	<b>Overcrowded households</b>
East Neighbourhood	8%
North Neighbourhood	3%
South Neighbourhood	4%
West Neighbourhood	4%
England	5%

Source: ONS Census, 2011

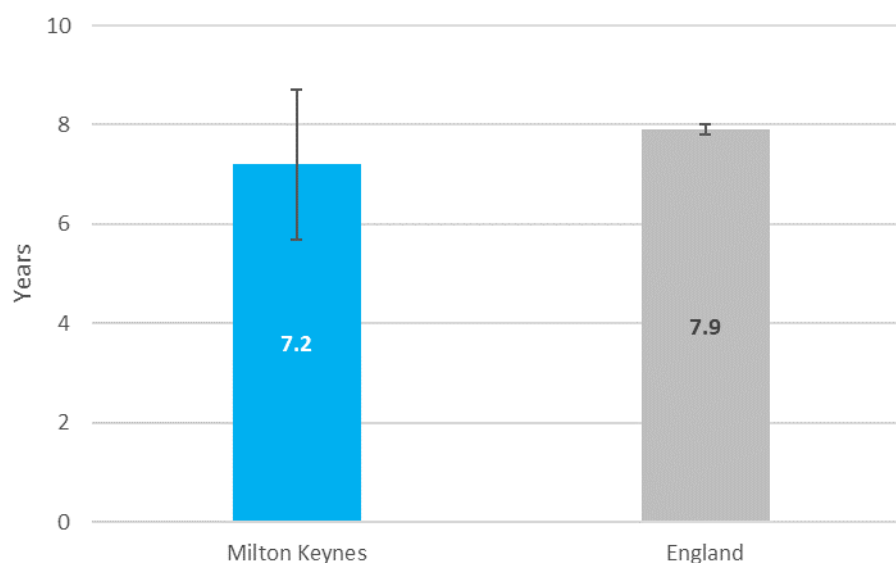
## 4 High-level health and wellbeing indicators

### 4.1 Life expectancy

Figures 11 and 12 shows the inequality in life expectancy in females and males in Milton Keynes and England respectively. Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. These graphs represent the range in years of life expectancy across the social gradient from most to least deprived across all deprivation deciles.

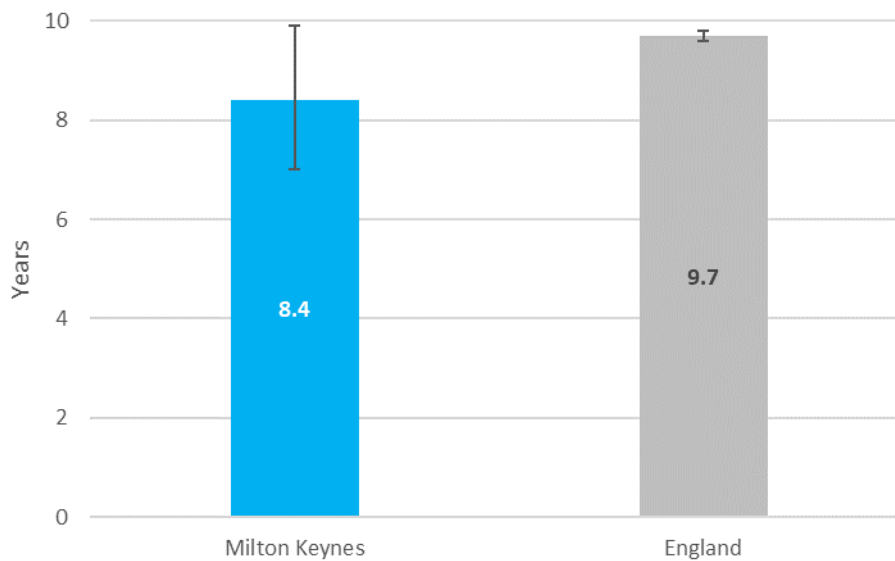
Figure 11 shows that Milton Keynes's years of inequality in life expectancy at birth for females (almost 7 years) was statistically similar to England (over 7 years). England's years of inequality has been slowly increasing with time (not shown). Likewise for males, Figure 12 **Error! Reference source not found.** shows Milton Keynes's years of inequality in life expectancy at birth (over 7 years) was statistically similar compared to England (nearly 10 years). England's years of inequality has been steady with time (not shown).

**Figure 11: Inequality in life expectancy at birth, females, 2018-20**



Source: OHID Fingertips, 2021

**Figure 12: Inequality in life expectancy at birth, males, 2018-20**

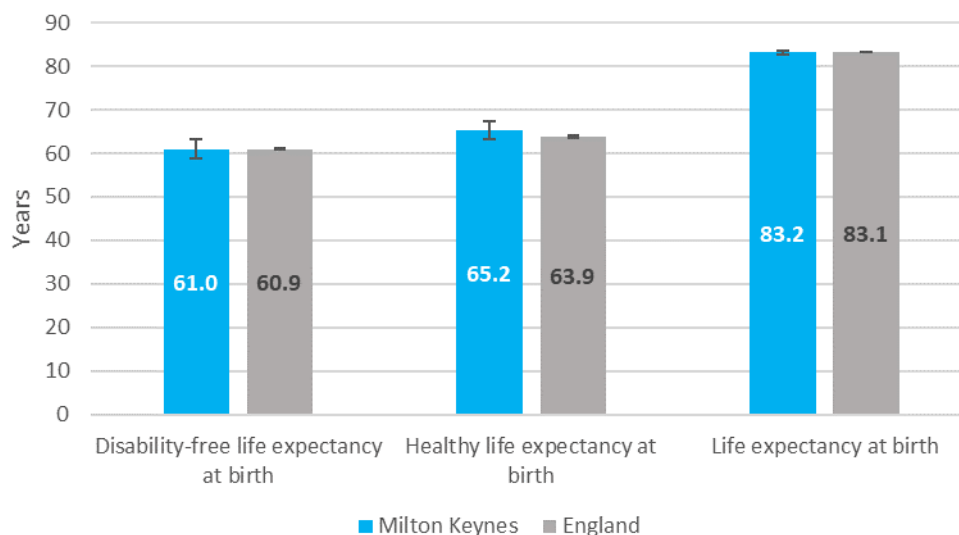


Data Source: OHID Fingertips, 2021

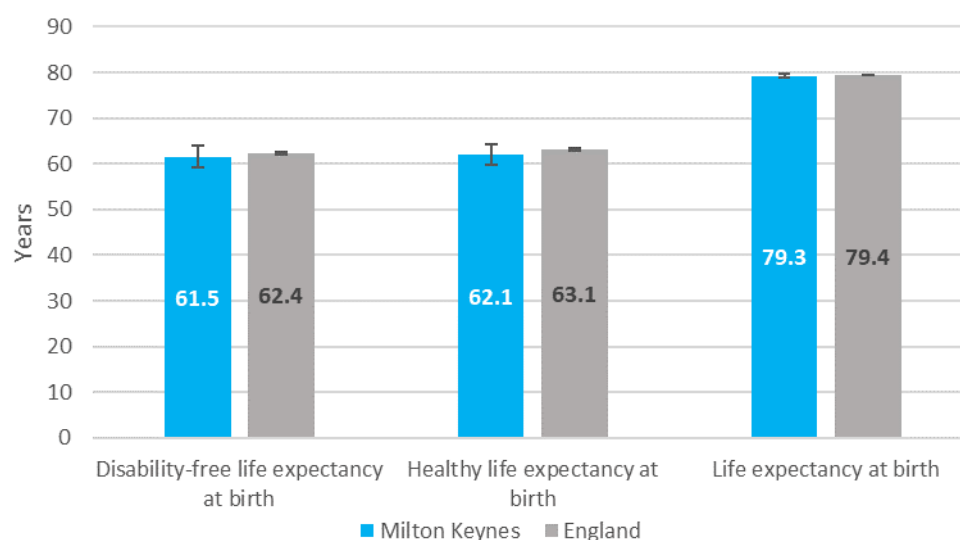
#### 4.2 Healthy life expectancy and disability-free life years

Life expectancy, healthy life expectancy and disability-free life expectancy at birth for females and males across Milton Keynes and England is shown in Figures 13 and 14 respectively. For females, healthy life expectancy at birth in Milton Keynes was statistically similar to England. For disability-free life expectancy and life expectancy at birth the two values were also similar. For males, all three indicators were statistically similar to England.

**Figure 13: Life expectancy, healthy life expectancy and disability-free life expectancy at birth, females, 2018-20**



Source: OHID Fingertips, 2022

**Figure 14: Life expectancy, healthy life expectancy and disability-free life expectancy at birth, males, 2018-20**

Source: OHID Fingertips, 2022

### 4.3 Wellbeing indicators

Table 31 shows the mean score for wellbeing indicators as measured by the Annual Population Survey (APS). Figures appear very close to the England means but with consistently lower average for positive metrics and higher for anxiety.

**Table 31: Mean wellbeing scores by metric, 2021**

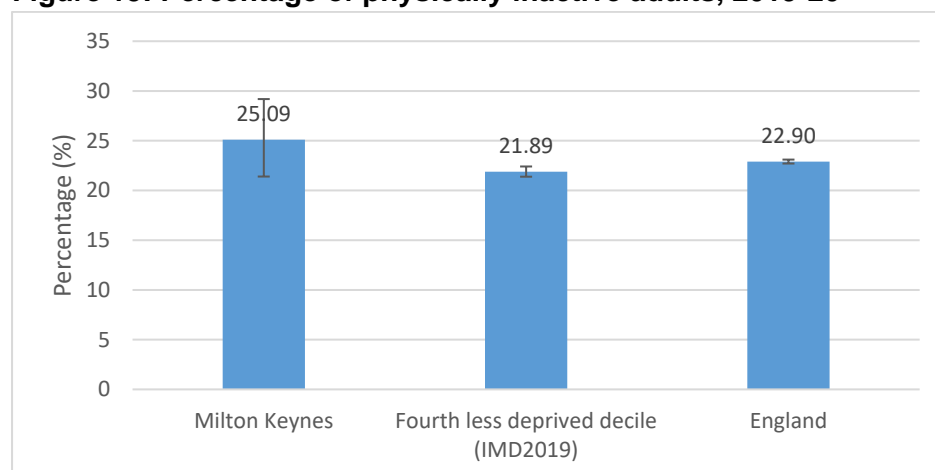
Area	Life satisfaction	Worthwhile	Happy	Anxiety
Milton Keynes	7.36	7.59	7.22	3.44
England	7.38	7.71	7.31	3.31

Source: Annual Population Survey, 2021

## 5 Lifestyle

### 5.1 Physical activity and diet

Physically inactive adults' indicator is shown in Figure 15, with Milton Keynes (25%) being statistically similar to the deprived decile (22%) and England (23%). England's rate of physically inactive adults has been steady with time (not shown).

**Figure 15: Percentage of physically inactive adults, 2019-20**

Source: OHID Fingertips, 2021

## 5.2 Obesity

Tables 32 and Table 33 show the excess weight (overweight and obese) children by locality. Excess weight in Reception (4–5-year-olds) was approaching a quarter (20–24%) and Year 6 (10–11-year-olds) about a third (32–36%).

**Table 32: Excess weight (overweight and obese) children in Reception, 2019-20**

	Total measured	Excess weight	Excess weight %
East Neighbourhood	895	184	<b>20.6%</b>
North Neighbourhood	493	98	<b>19.9%</b>
South Neighbourhood	591	141	<b>23.9%</b>
West Neighbourhood	655	137	<b>20.9%</b>

Source: National Child Measurement Programme, LSOA level data, 2021

**Table 33: Excess weight (overweight and obese) children in Year 6, 2019-20**

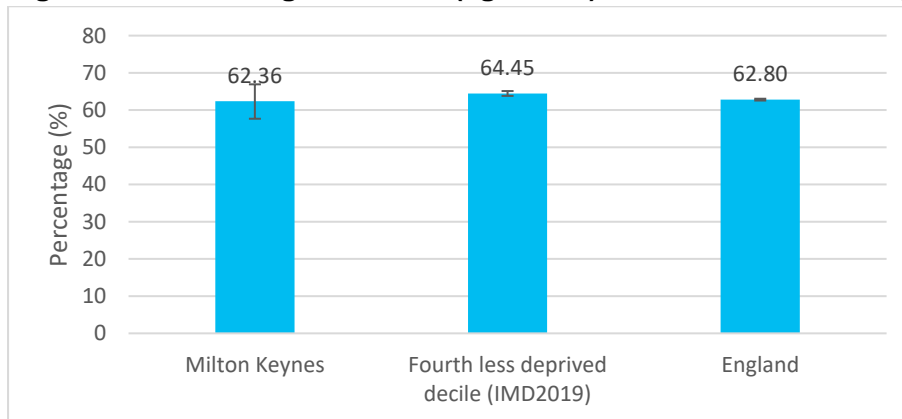
	Total measured	Excess weight	Excess weight %
East Neighbourhood	1,044	372	<b>35.6%</b>
North Neighbourhood	614	198	<b>32.2%</b>
South Neighbourhood	581	184	<b>31.7%</b>
West Neighbourhood	885	285	<b>32.2%</b>

Source: National Child Measurement Programme, LSOA level data, 2021

The percentage of adults classified as overweight or obese for Milton Keynes, deprived decile and England is shown in Figure 16. Milton Keynes (62%) was statistically similar

to the deprived decile (64%) and England (63%). England's rate of adult excess weight has been steady with time (not shown).

**Figure 16: Percentage of adults (aged 18+) classified as overweight or obese, 2019-20**

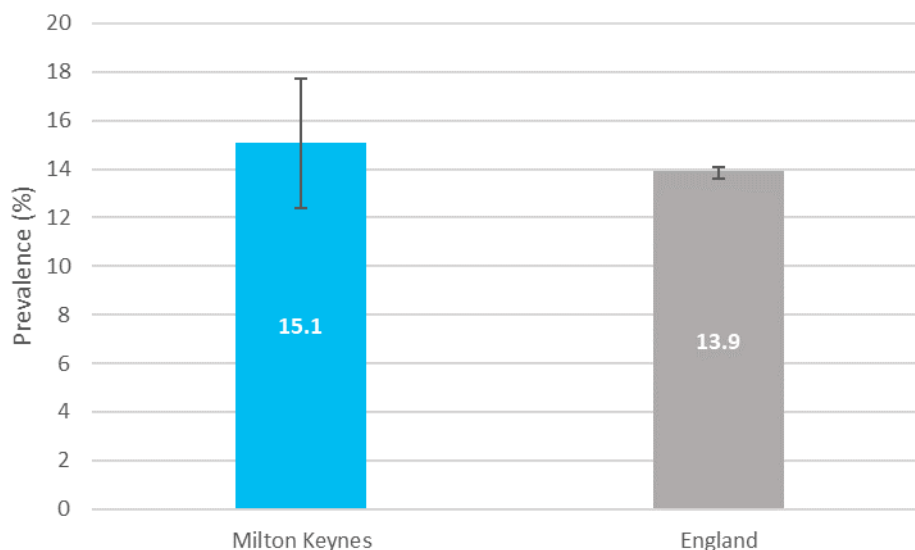


Source: OHID Fingertips, 2021

### 5.3 Smoking

Figure 17 shows the proportion of the adult population that are smokers. The prevalence of smoking in those aged 18 years and over (APS) in Milton Keynes is 15.1 (LCL 12.4, UCL 17.7), which is statistically similar to England (13.9). Recent trend shows a slow decline from 2011 to 2019.

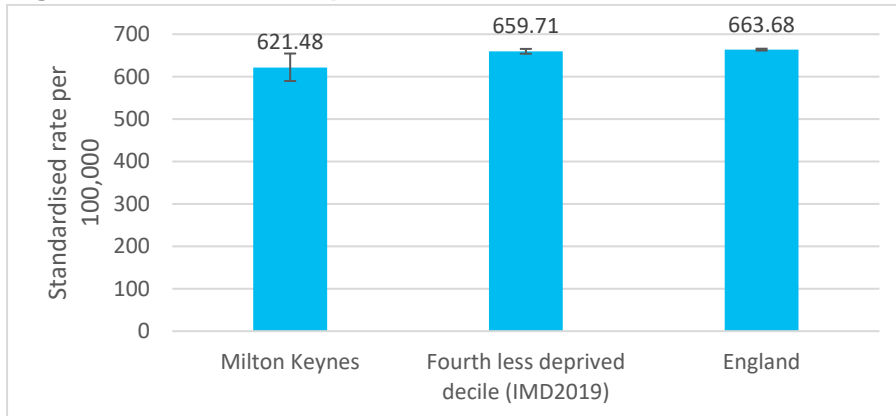
**Figure 17: Smoking prevalence in adults aged 18+, 2020-21**



Source: OHID Fingertips, 2021

### 5.4 Drug and alcohol misuse

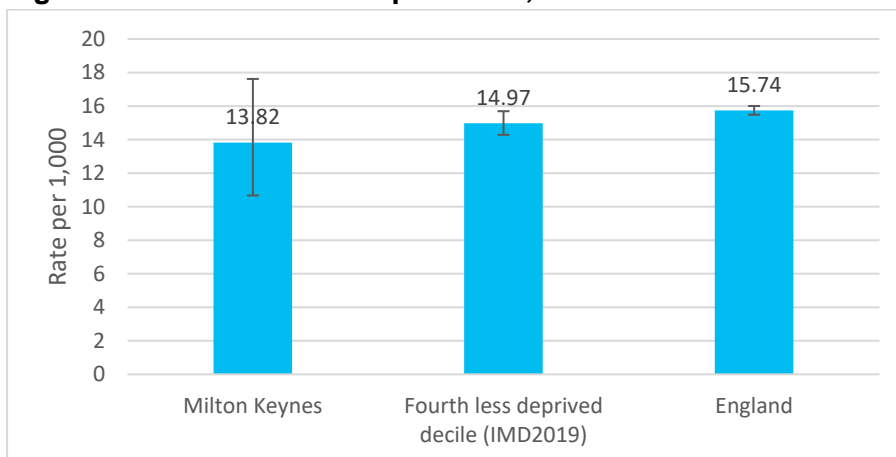
Figure 18 shows the admission episodes for alcohol-related conditions for Milton Keynes, deprived decile and England. The rate for Milton Keynes (612 per 100,000) was statistically better compared with the other two areas (deprived decile 670 per 100,000, England 664 per 100,000).

**Figure 18: Admission episodes for alcohol-related conditions, 2018-19**

Source: OHID Fingertips, 2021

### 5.5 Sexual health and teenage pregnancy

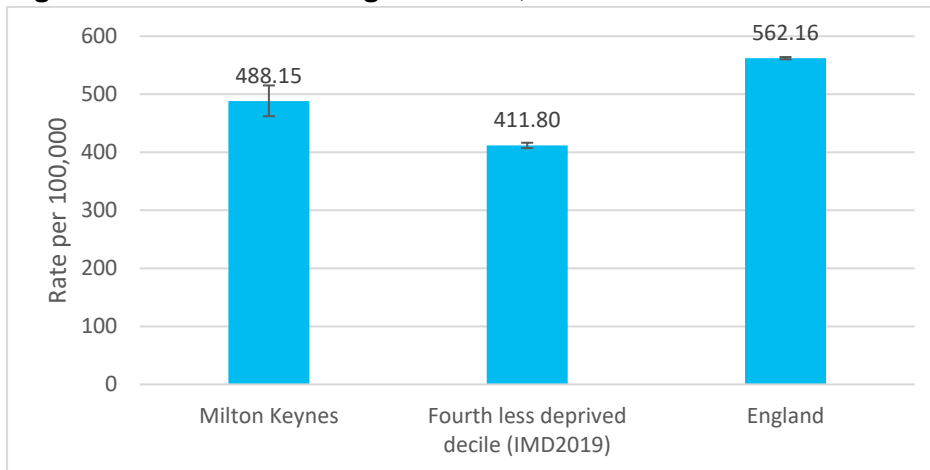
The under-18s conception rate for Milton Keynes, deprived decile and England is shown in Figure 19. The rate for Milton Keynes (14 per 1,000) was lower, but statistically similar, to the deprived decile (16 per 1,000) and England (16 per 1,000). The rate is decreasing with time (not shown).

**Figure 19: Under-18s conception rate, 2019**

Source: OHID Fingertips, 2021

Figure 20 shows the rates for all new STI diagnosis for Milton Keynes, deprived decile and England. Milton Keynes (490 per 100,000) was statistically worse compared with the deprived decile (410 per 100,000). Milton Keynes (490 per 100,000) was statistically better compared with England (562 per 100,000).

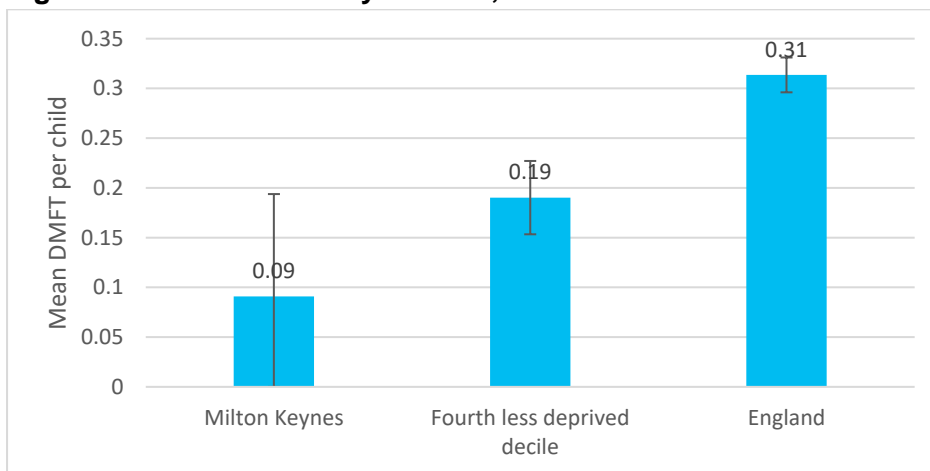


**Figure 20: All new STI diagnosis rate, 2020**

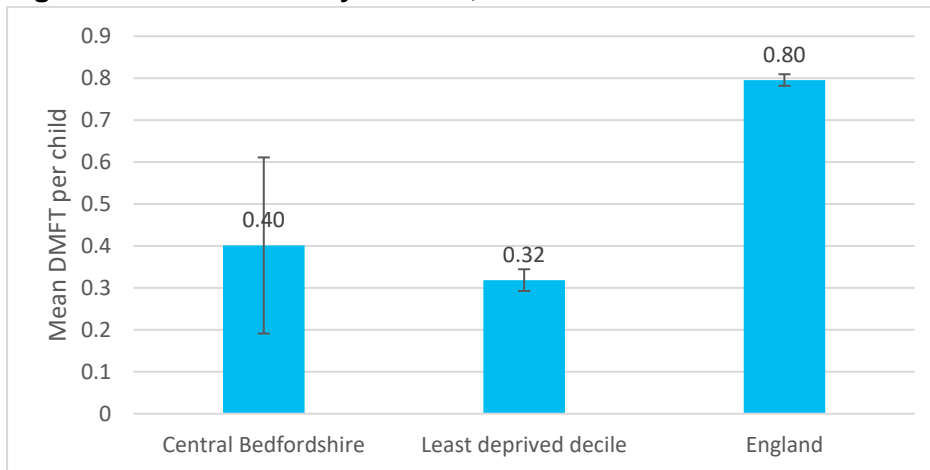
Source: OHID Fingertips, 2021

## 5.6 Oral health

The graphs showing Decayed, Missing or Filled Teeth (DMFT) in three-year-olds and five-year-olds are shown in Figures 21 and 22 respectively. Milton Keynes (0.09) was lower, but statistically similar, for three-year-olds compared with the deprived decile (0.19). For five-year-olds, Milton Keynes (0.40) was statistically similar compared with the deprived decile (0.32).

**Figure 21: DMFT in three-year-olds, 2019-20**

Source: OHID Fingertips, 2021

**Figure 22: DMFT in five-year-olds, 2018-19**

Source: OHID Fingertips, 2021

## 6 Burden of disease

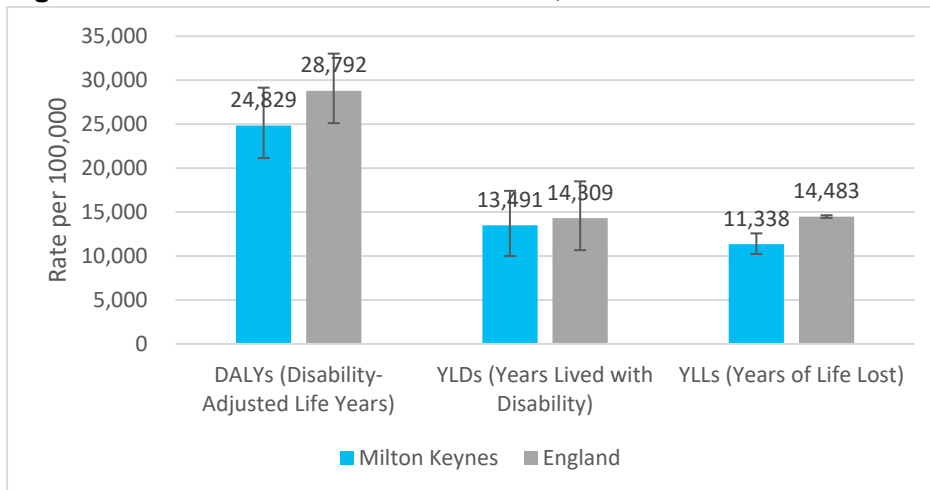
### 6.1 YLL and YLD (preventable and avoidable burden)

Mortality does not give a complete picture of the burden of disease borne by individuals in different populations. The overall burden of disease is assessed using the Disability-Adjusted Life Year (DALY), a time-based measure that combines Years of Life Lost due to premature mortality (YLL) and years of life lost due to time lived in a state of less than full health, or Years Lived with Disability (YLDs). One DALY represents the loss of the equivalent of one year of full health. Using DALYs, the burden of diseases that cause premature death but little disability (such as drowning or measles) can be compared with that of diseases that do not cause death but do cause disability (such as cataracts causing blindness).<sup>41</sup>

For DALYs and YLDs, Milton Keynes was statistically similar to England. However, for YLL, Milton Keynes is statistically better than England, see Figure 23.

<sup>41</sup> World Health Organization, The Global Health Observatory. [Accessed 17 January 2022.] [www.who.int/data/gho/indicator-metadata-registry/imr-details/158](http://www.who.int/data/gho/indicator-metadata-registry/imr-details/158)

**Figure 23: Burden of disease measures, 2019**

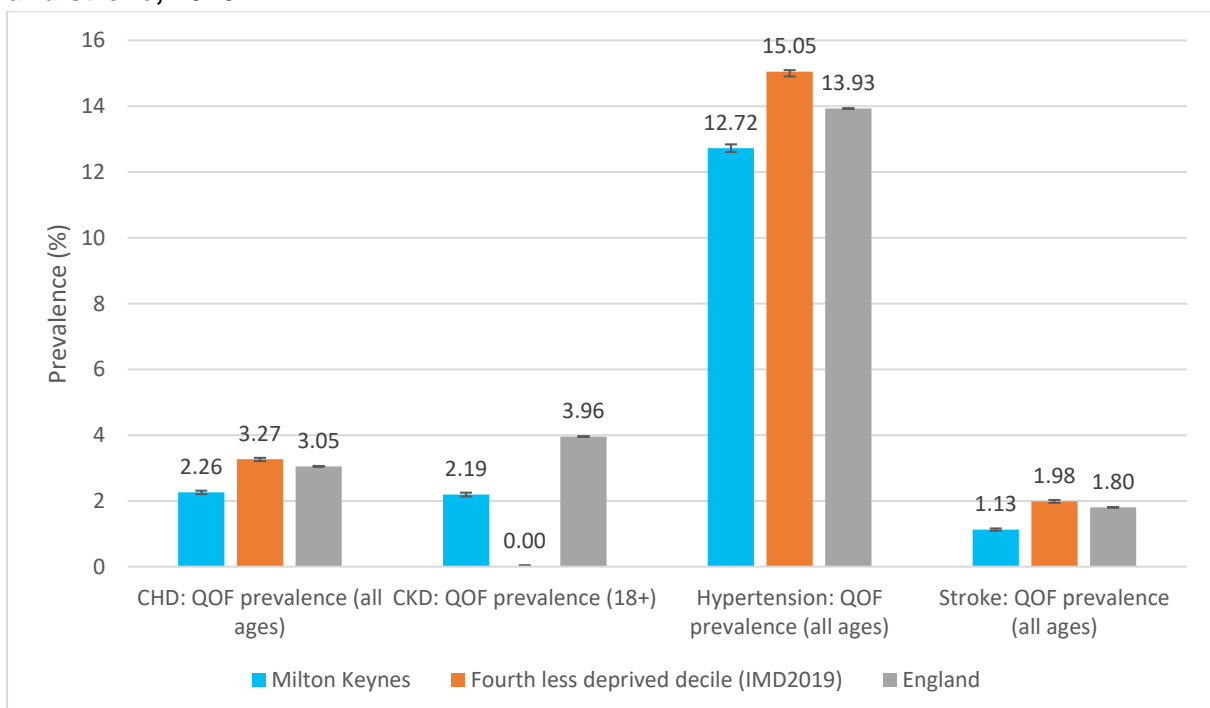


Source: Institute for Health Metrics and Evaluation, GDB Results Tool, 2021

## 6.2 Cardiovascular diseases: Coronary Heart Disease (CHD), stroke, hypertension, Chronic Kidney Disease (CKD)

Milton Keynes is statistically lower for CHD, hypertension and stroke compared with the deprivation decile (CKD does not have a deprivation decile value) and England: see Figure 24. This could be that there is a truly lower prevalence or that more of the population is undiagnosed with the condition.

**Figure 24: Quality Outcomes Framework (QOF) prevalence of CHD, CKD, hypertension and stroke, 2020-21**

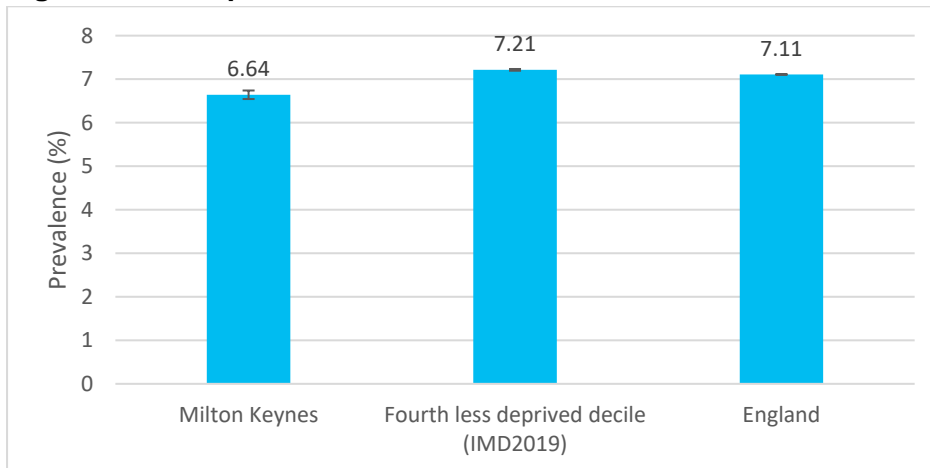


Source: OHID Fingertips, 2021

### 6.3 Diabetes and hyperglycaemia

Figure 25 shows the prevalence of adult diabetes in Milton Keynes is above 6% and rising (not shown). Milton Keynes (6.6%) is statistically lower than the deprived decile (7.2%) and England (7.1%). This could be that there is a truly lower prevalence or that more of the population is undiagnosed with the condition.

**Figure 25: QOF prevalence of diabetes, 2020-21**

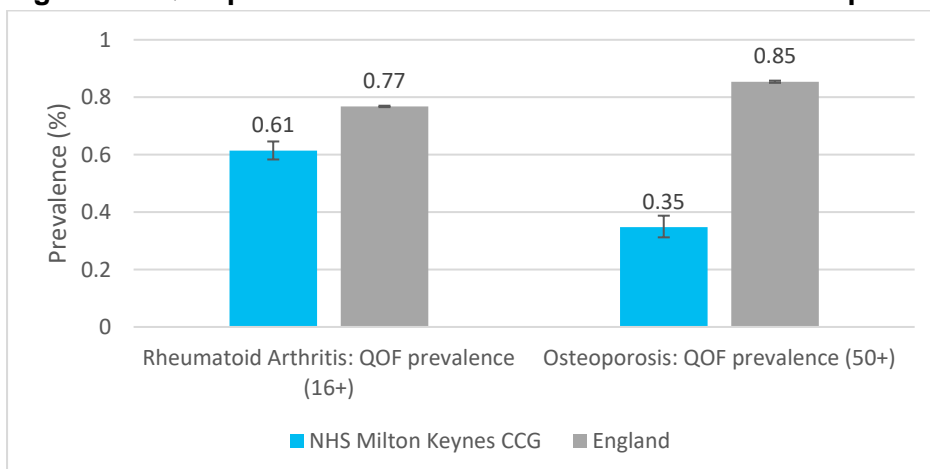


Source: OHID Fingertips, 2021

### 6.4 Musculoskeletal

The prevalence of rheumatoid arthritis and osteoporosis is shown in Figure 26. Rheumatoid arthritis in those aged 16 or more in NHS Milton Keynes CCG (0.61%) is statistically lower than England's rate (0.77%). With osteoporosis, NHS Milton Keynes CCG's rate (0.35%) is statistically lower than England's (0.85%). The rates are increasing with time (not shown). The changes in the QOF during the COVID-19 pandemic mean that the osteoporosis data may be inaccurate for the 2020-21 reporting year.

**Figure 26: QOF prevalence of rheumatoid arthritis and osteoporosis, 2020-21**

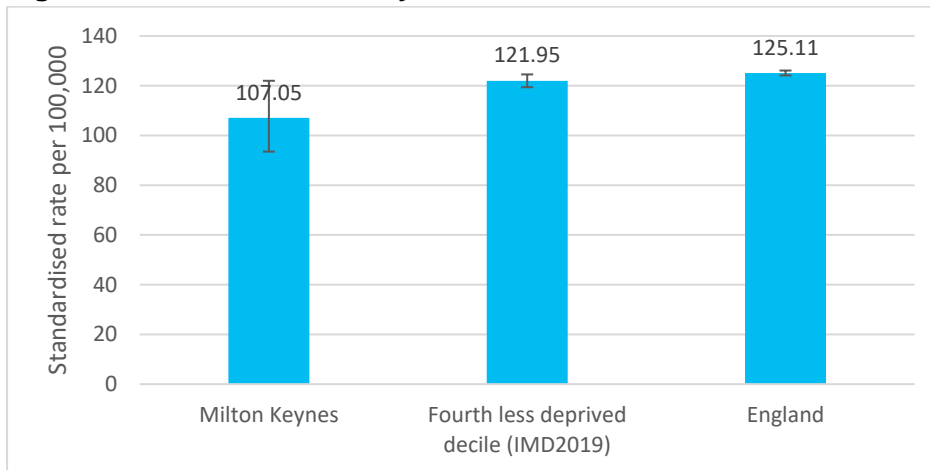


Source: OHID Fingertips, 2021

### 6.5 Cancers

The Milton Keynes rate (110 per 100,000) for under- 75-year-old mortality from cancer was statistically similar to the deprived decile (122 per 100,000) and England rate (125 per 100,000): see Figure 27. All three rates are decreasing with time (not shown).

**Figure 27: Under-75 mortality rate from cancer, 2020**

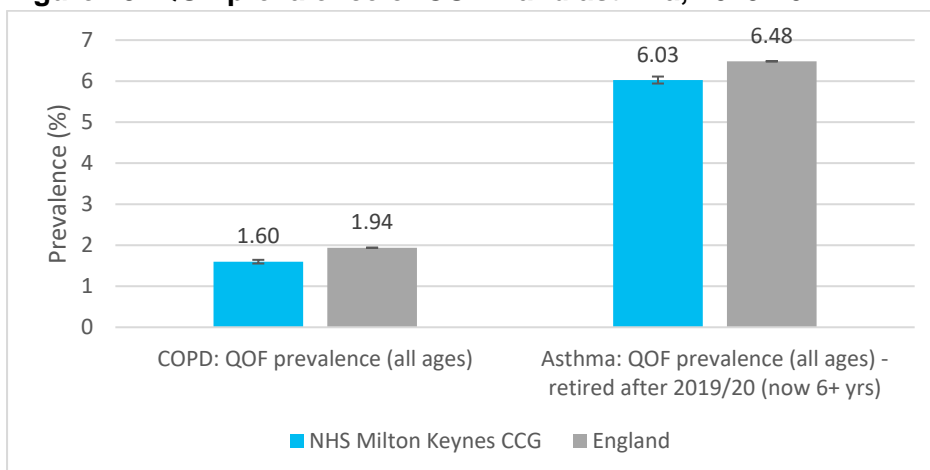


Source: OHID Fingertips, 2021

### 6.6 Respiratory diseases: asthma and COPD

Figure 28 shows the common respiratory diseases. The Chronic Obstructive Pulmonary Disease (COPD) rate for NHS Milton Keynes CCG (1.6%) was statistically lower than England (1.9%) and is increasing with time (not shown). The picture is similar with asthma: the NHS Milton Keynes CCG rate is 6.0%, statistically lower than England (6.5%). Following years of the rates being steady, they have increased after 2017-18 (not shown).

**Figure 28: QOF prevalence of COPD and asthma, 2019-20**

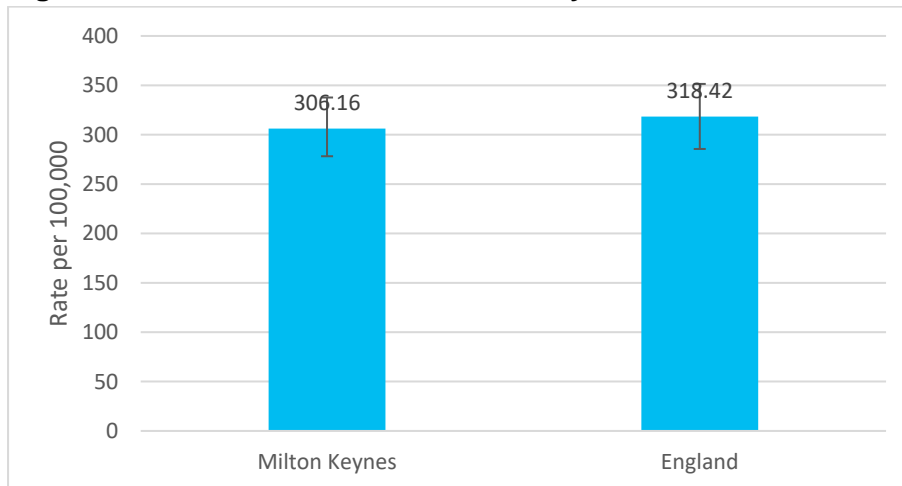


Source: OHID Fingertips, 2021

## 6.7 Digestive diseases: inflammatory bowel disease, colitis

Figure 29 shows the estimated rate of inflammatory bowel disease for Milton Keynes. The rate for Milton Keynes (306 per 100,000) is statistically similar to England (318 per 100,000).

**Figure 29: Estimated rate of Inflammatory bowel disease, 2019**

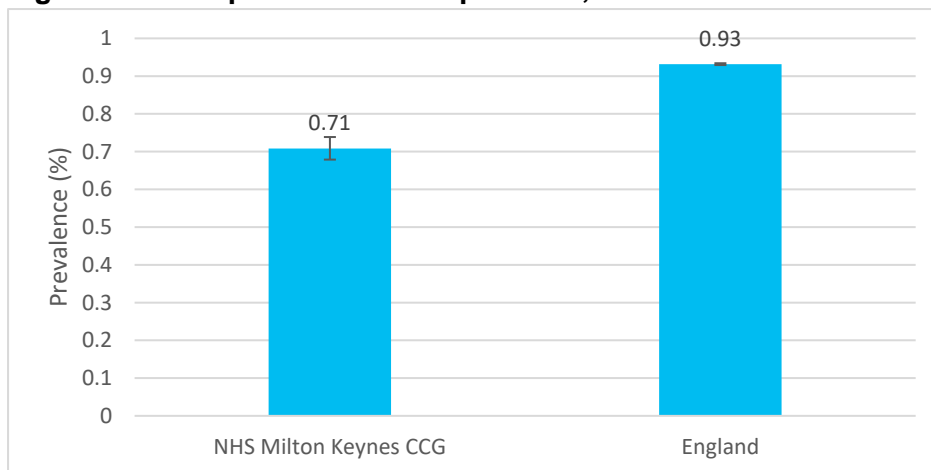


Source: Institute for Health Metrics and Evaluation, GDB Results Tool, 2021

## 6.8 Mental health

Prevalence of depression is shown in Figure 30. The NHS Milton Keynes CCG rate (0.71%) is statistically lower than England (0.93%).

**Figure 30: QOF prevalence of depression, 2020-21**

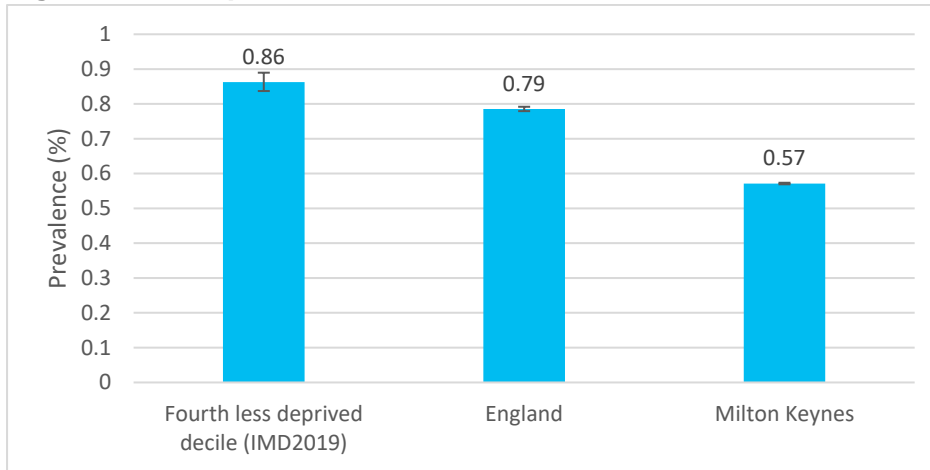


Source: OHID Fingertips, 2021

## 6.9 Dementia

Figure 31 shows the prevalence of dementia. Milton Keynes's rate (0.57%) was statistically lower than the deprived decile (0.86%).

**Figure 31: QOF prevalence of dementia, 2019-20**

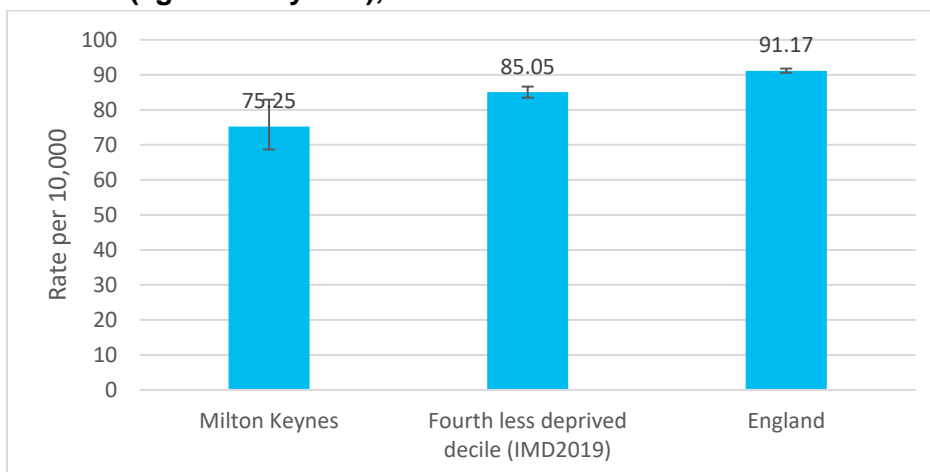


Source: OHID Fingertips, 2021

## 6.10 Accidental injuries

Milton Keynes's rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14 years) was 75 per 10,000, statistically better than the deprived decile (85 per 10,000) and England (91 per 10,000), see Figure 32. This indicator for the three areas have been decreasing with time (not shown).

**Figure 32: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14 years), 2019-20**

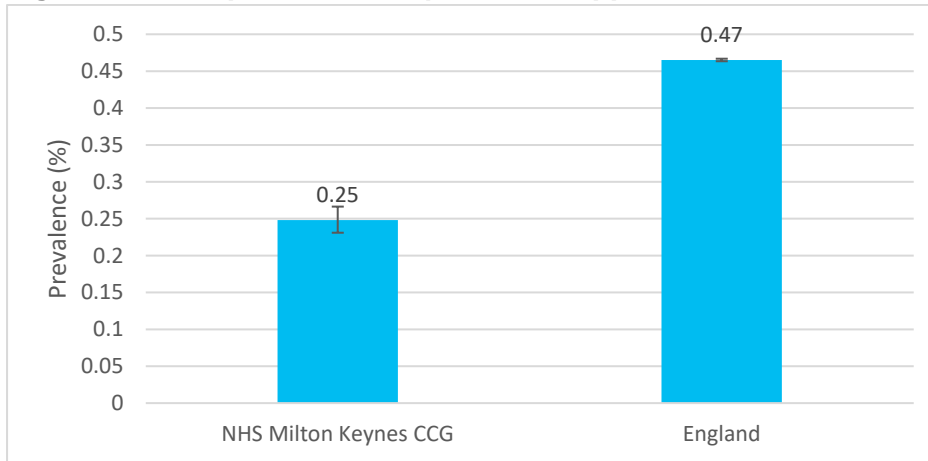


Source: OHID Fingertips, 2021

### 6.11 Palliative care

Figure 33 shows that the NHS Milton Keynes CCG rate of palliative/supportive care is 0.25%, statistically lower than England (0.47%). They are both increasing (not shown).

**Figure 33: QOF prevalence of palliative/supportive care, 2020-21**



Source: OHID Fingertips, 2021

### 6.12 Infectious diseases

Seven vaccination indicators by Milton Keynes, the deprived decile and England are presented in Figure 34. In five of these, Milton Keynes's rate is statistically similar to the deprivation decile. However, the rates for flu vaccination for at-risk individuals and DTaP/IPV/Hib for 2-year-olds are statistically worse than the deprivation decile. In 2020-21 a marked increase in the coverage for flu vaccinations occurred, which was likely to be a consequence of the COVID-19 pandemic. Also, DTaP/IPV/Hib for 2-year-olds generally has decreased with time (both not shown).



**Figure 34: Population vaccination coverage, 2020-21**



Source: OHID Fingertips, 2021

### 6.13 Covid impact

The COVID positive case rate by locality ranges between 68 per 1,000 (West Neighbourhood) to 77 per 1,000 (South Neighbourhood), see Table 34.

**Table 34: COVID-19 positive case rate per 1,000, April 2020 to Mar 2021**

<b>Area</b>	<b>Rate per 1,000</b>
East Neighbourhood	74.9
North Neighbourhood	70.5
South Neighbourhood	77.3
West Neighbourhood	67.5
Milton Keynes	72.8

Source: UKHSA, COVID-19 Situational Awareness Explorer, 2021

## Appendix K: Other NHS and relevant services and provider in Milton Keynes

### 1 Local authority-commissioned services provided by community pharmacies in Milton Keynes

Milton Keynes Council commissions three services from community pharmacies.

These services may also be commissioned from other providers, e.g. GP practices or community health services. A full list of services and community pharmacy providers can be found in Appendix A.

#### 1.1 Sexual health services

Sexual health service provision in Milton Keynes includes Emergency Hormonal Contraception (EHC) and chlamydia screening and treatment in pharmacies. Bedford Borough Council is the lead commissioning authority on behalf of Central Bedfordshire and Milton Keynes Councils.

Sexual and reproductive health is an important and wide-ranging area of public health. Most of the adult population of England is sexually active, and having the correct sexual health interventions and services can have a positive effect on both individual and population health and wellbeing. Sexual ill health is not equally distributed among the population and the government has set out its ambitions for improving sexual health in its publication 'A Framework for Sexual Health Improvement in England'.<sup>42</sup>

Reproductive Health: Women living in areas with restricted access to contraceptive services are at an increased risk of an unplanned pregnancy (including amongst those aged under 18), Sexually Transmitted Infections (STIs) and pregnancies resulting in abortion. All women of reproductive age should have universal access to services offering the full range of contraceptive options and reproductive health advice.

Teenage conception includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18.

Sexual Health: The impact of STIs remains greatest in young heterosexuals aged 15–24, black ethnic minorities and men who have sex with men. Human Immunodeficiency Virus (HIV) disproportionately affects minority groups such as gay and bisexual men, black African communities and other ethnic minority groups.

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<sup>42</sup> DHSC. A Framework for Sexual Health Improvement in England. 15 March 2013. [www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england](http://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england)

Despite testing and treatment services being universally accessible and free, combating late diagnosis remains a challenge.

Pharmacies will work as part of a wider network of sexual and reproductive health providers, to provide a comprehensive service to the populations of Bedford Borough, Central Bedfordshire and Milton Keynes.

The service specification sets out expectations of the authority for:

- The delivery of EHC, in line with local Patient Group Direction (PGD) arrangements
- Screening young people aged 15–24 as part of the National Chlamydia Screening Programme (dual testing for gonorrhoea)
- Treating positive clients and attending partners for chlamydia, in line with local PGD arrangements
- Providing advice and onward referral in relation to longer-term needs related to sexual and reproductive health and wellbeing

The service specification refers to the following types of EHC and chlamydia treatment:

- Levonorgestrel 1500 microgram tablets
- Ulipristal Acetate 30 mg tablets
- Recommended treatment for chlamydia as outlined in the PGDs

Appendix J illustrates that the under-18s conception rate for Milton Keynes (14 per 1,000) was lower than but statistically similar to England (16 per 1,000). Furthermore, the STI diagnosis for Milton Keynes (490 per 100,000) was statistically better compared with England (562 per 100,000). The provision of the sexual health services will continue to meet the local needs of Milton Keynes and possibly improve rate further.

In Milton Keynes, 25 pharmacies (53%) are commissioned to provide the sexual health service.

## **1.2 Stop Smoking Service**

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose on average 13–14 years of their lives and more than 86,000 people in the UK die from smoking each year.

The Stop Smoking Service is a well-established treatment service and has been delivered across Bedford Borough, Central Bedfordshire and Milton Keynes since 1999. Stop smoking treatment service provision is a national initiative and is delivered in line with a range of NICE guidance. Interventions are delivered at three levels:

- Level 1 – Brief interventions
- Level 2 – Intermediate interventions
- Level 3 – Specialist interventions

Level 2 intermediate stop smoking interventions are at present mainly delivered within GP practices and pharmacies across Bedford Borough, Central Bedfordshire and Milton Keynes. Due to the access and reach via their patient list and footfall, both have been identified as key providers of stop smoking treatment programmes.

Data from 2021 shows the proportion of the adult population that are smokers. Smoking prevalence in adults (over 18 years old) in Milton Keynes is statistically similar to that of England. The commissioned stop smoking service provision via community pharmacy can increase access to hard-to-reach groups and also improve the success to quit rates in Milton Keynes.

There are 27 pharmacies (57%) in Milton Keynes providing this service. Consideration can be given to incentivise the service further to encourage uptake of the service from more pharmacies in Milton Keynes.

### **1.3 Harm reduction services**

#### **1.3.1 Supervised consumption**

Community pharmacies play an important role in the care of substance misusers. They enable service users to comply with their prescribed regime by supervising the consumption of methadone/Physeptone, buprenorphine, Espranor or Suboxone.

In Milton Keynes the pharmacist supervises the consumption of the controlled drugs methadone and buprenorphine – which are used as substitute prescribed medication for opiate users. Supervised consumption ensures that service-users take their medication daily and do not stockpile or divert/sell.

There are 20 pharmacies (43%) in Milton Keynes providing this service.

### **1.3.2 Needle exchange**

The pharmacy needle exchange service is a confidential needle exchange that provides clean needles for injecting drug users and a place to safely dispose of used equipment. Needle syringe programmes supply needles, syringes and other equipment used to prepare and take illicit drugs. They reduce the transmission of blood-borne viruses including hepatitis B and C, and other infections caused by sharing injecting equipment. They aim to reduce the harm caused by injecting drugs by providing information and advice and acting as a gateway to other services, including drug treatment centres.

There are nine pharmacies (19%) in Milton Keynes providing this service.

## **2 Clinical Commissioning Group (CCG) -commissioned services**

Milton Keynes is part of Bedfordshire, Luton and Milton Keynes (BLMK) CCG, who currently commissions two services.

Note: CCGs are to be replaced by integrated Care Boards (ICBs) as part of Integrated Care Systems. It is anticipated that ICBs will take on delegated responsibility for pharmaceutical services from NHSE&I from 2023 and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services from 2023.

### **2.1 End-of-life medicines service**

Good End-of-Life Care (EoLC) ensures all residents have a dignified, controlled and peaceful end to their life, regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified, and services provided to meet these needs.

National guidance recommends that palliative care formularies should be agreed as part of EoLC pathways. There should be adequate provision to these drugs for both in-hours and out-of-hours settings, supporting home death scenarios.

BLMK CCG commissions the end-of-life medicines service from selected community pharmacies across Bedfordshire. This service aims to ensure that patients receiving palliative care in the community have access to specialised drugs when these are required in an emergency.

The service is available within the normal opening hours of the pharmacy contractor – details of the pharmacies and contact details are provided in Appendix A. Out-of-hours centres hold their own supplies to meet the demand outside normal pharmacy opening hours.

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

Within the Milton Keynes, eight (17%) pharmacies provide this service.

## **2.2 'Pharmacy First' Minor Ailments Scheme**

The Milton Keynes Pharmacy First Minor Ailment Scheme (MAS) recently went through a public consultation as the scheme was only available to patients registered in a Milton Keynes practice. The decision of the BLMK CCG governing body was to withdraw the Pharmacy First MAS in Milton Keynes, to align this service with the current offering in Bedfordshire and Luton.

BLMK CCG will adopt the NHSE&I guidance on self-care and not support the prescribing of common over-the-counter medicines for self-limiting conditions. Clinicians would continue to be able to prescribe items that can be purchased over the counter for long-term conditions or in exceptional circumstances to meet individual patient needs.

In line with the national priorities the GP Community Pharmacy Consultation Scheme (CPCS) should be promoted by all BLMK practices.

## **3 Other services provided from community pharmacies**

As part of the community pharmacy contractor questionnaire, respondents were asked to indicate whether they would be willing to provide or would not be willing to provide other services that not commissioned. The five pharmacy contractors that responded all said they are not willing to provide other services that are not commissioned.

The community pharmacy contractor questionnaire responses are detailed in Appendix D.

## **4 Collection and delivery services**

Collection and delivery services are non-commissioned services.

All pharmacies who responded to the pharmacy contractor questionnaire (total of five respondents) offer collection of prescriptions from GP practices. From the pharmacy contractor questionnaire, only one respondent provided free home delivery services on request, and two provided home delivery on request with a charge.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England.

Free delivery of appliances is also offered by Dispensing Appliance Contractors (DACs).

## 5 Language services

All community pharmacies in Milton Keynes can access interpreting and translation services commissioned by NHSE&I. The service involves interpreting, transcription and translation of spoken and non-spoken languages. These services have been commissioned to support the Accessible Information Standard (2016), which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, to enhance communication with services.

The providers are DA Languages for spoken languages and Language Empire for non-spoken languages. Summary of availability for bookable appointments is in Table 35:

**Table 35: Availability for bookable appointments for language assistance**

	<b>Spoken</b>	<b>Non-spoken</b>
Face to face	Between 08:00 and 18:00 Monday to Friday of each week and on bank holidays and weekends.	Between 08:00 and 18:00 Monday to Friday of each week and on bank holidays and weekends.
Telephone and video interpretation	24 hours a day, 365 days a year	24 hours a day, 365 days a year

## 6 Services for less-abled people

Under the Equality Act 2010,<sup>43</sup> community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. From the community pharmacy public questionnaire, 47% (48 respondents) indicated the consultation room which is accessible to wheelchair users, or other accessibility needs.

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<sup>43</sup> Equality Act 2010. [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)



## 7 GP practices providing extended hours

There are five GP hubs in Milton Keynes that provide extended hours (including evening and weekends). Identifying these allows the Milton Keynes Health and Care Partnership to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. There are five 100-hour pharmacies and the latest opening is until midnight.

- Brooklands Health Centre, Montague Crescent, Broughton, Milton Keynes MK10 7LN
- Central Milton Keynes Medical Centre, 68 Bradwell Common Boulevard, Milton Keynes MK13 8RN
- Parkside Medical Centre, Whalley Drive, Milton Keynes MK3 6EN
- The Grove Surgery, Farthing Close, Milton Keynes MK6 4NG
- Wolverton Health Centre, Gloucester Road, Milton Keynes MK12 5DF

## 8 Other NHS providers

The following are providers of pharmacy services in Milton Keynes Health and Care Partnership area but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

### 8.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the hospital:

- Milton Keynes General Hospital, Standing Way, Eaglestone, Milton Keynes MK6 5NG

### 8.2 Prisons

In Milton Keynes there is one prison:

- HMP Woodhill Prison, Tattenhoe Street, Milton Keynes MK4 4DA

Pharmacy services are built into the integrated prison healthcare contract NHSE&I contracts with a prime provider, who then either directly delivers or more commonly subcontracts pharmacy provision.

### 8.3 Urgent care centre

Residents of Milton Keynes have no access to a walk-in centre and minor injuries unit, but there is an urgent care centre:

- Urgent Care Centre, Hospital Campus, Standing Way, Eaglestone, Milton Keynes MK6 5NG

#### 8.4 Other

The following are services provided by NHS pharmaceutical providers in Milton Keynes Health and Care Partnership area, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA.

**Privately provided services** – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services that may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes
- Patient group direction service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge.

## Appendix L: Other possible disease-specific services

The below examples would support the highest risk factors for causing death and disease for the Milton Keynes population.

- Weight management

The percentage of adults (aged 18+) classified as overweight or obese in Milton Keynes (62%) is statistically similar to England (63%). To support the reduction of these rates there are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. cardiovascular disease or diabetes.

- Cardiovascular

In addition to the hypertension case-finding Advanced Service the following is possible.

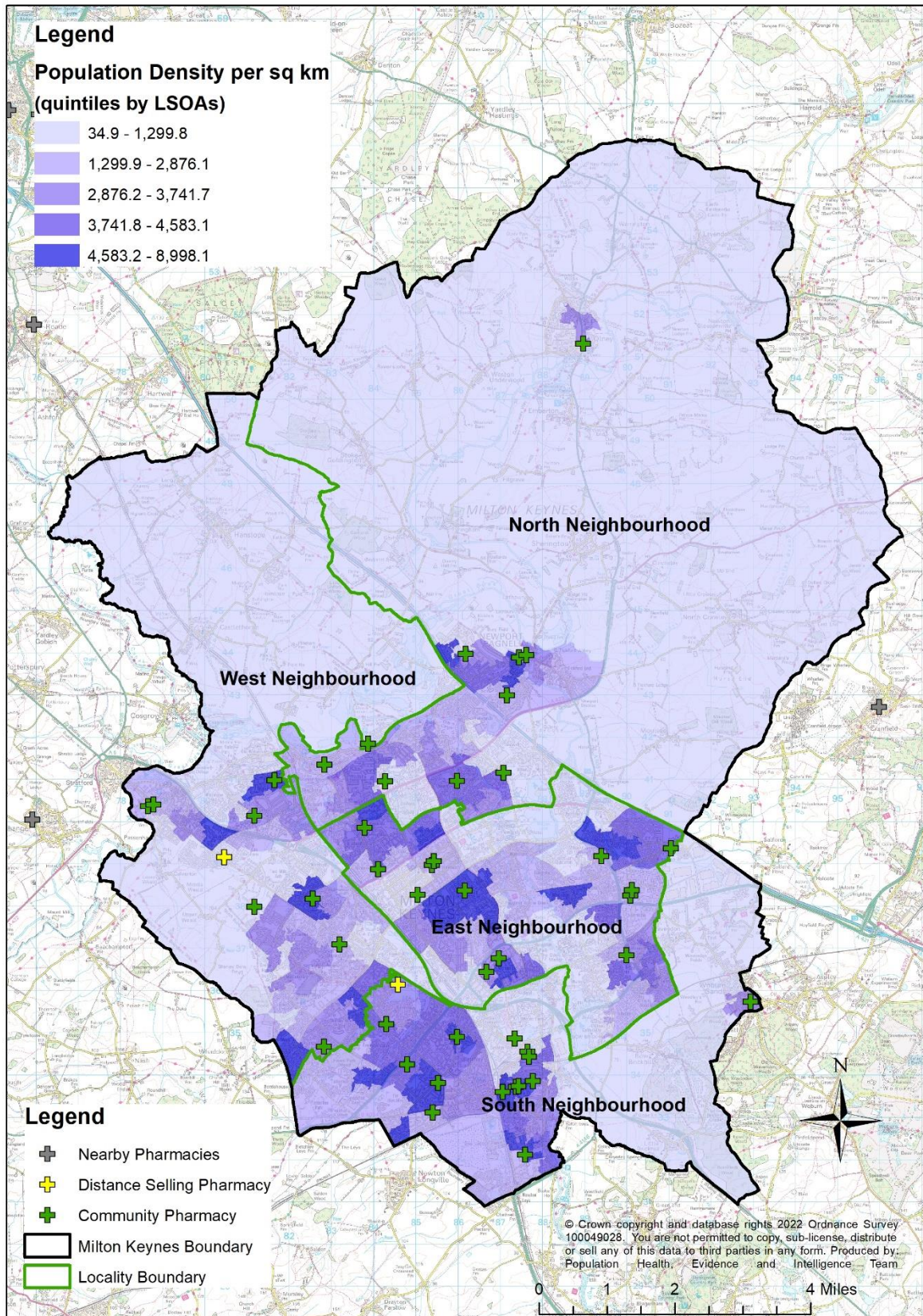
AF screening service (multiple areas). This service provides patients at high risk of Atrial Fibrillation (AF) with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service.

- Respiratory
  - Six pharmacies in North East Essex are piloting a Chronic Obstructive Pulmonary Disease (COPD) project aimed at reducing demand on GPs and hospitals during the busy winter period. Funded through winter pressures money, the service proactively checks that patients with COPD are aware of what to do if they start an exacerbation (whether this is a formal written plan or not) and also checks that they have a rescue pack at home if this is part of the plan. If they haven't, there is a Patient Group Direction element to supply this. The service is different from other rescue pack schemes in that rescue packs are discussed and supplied to

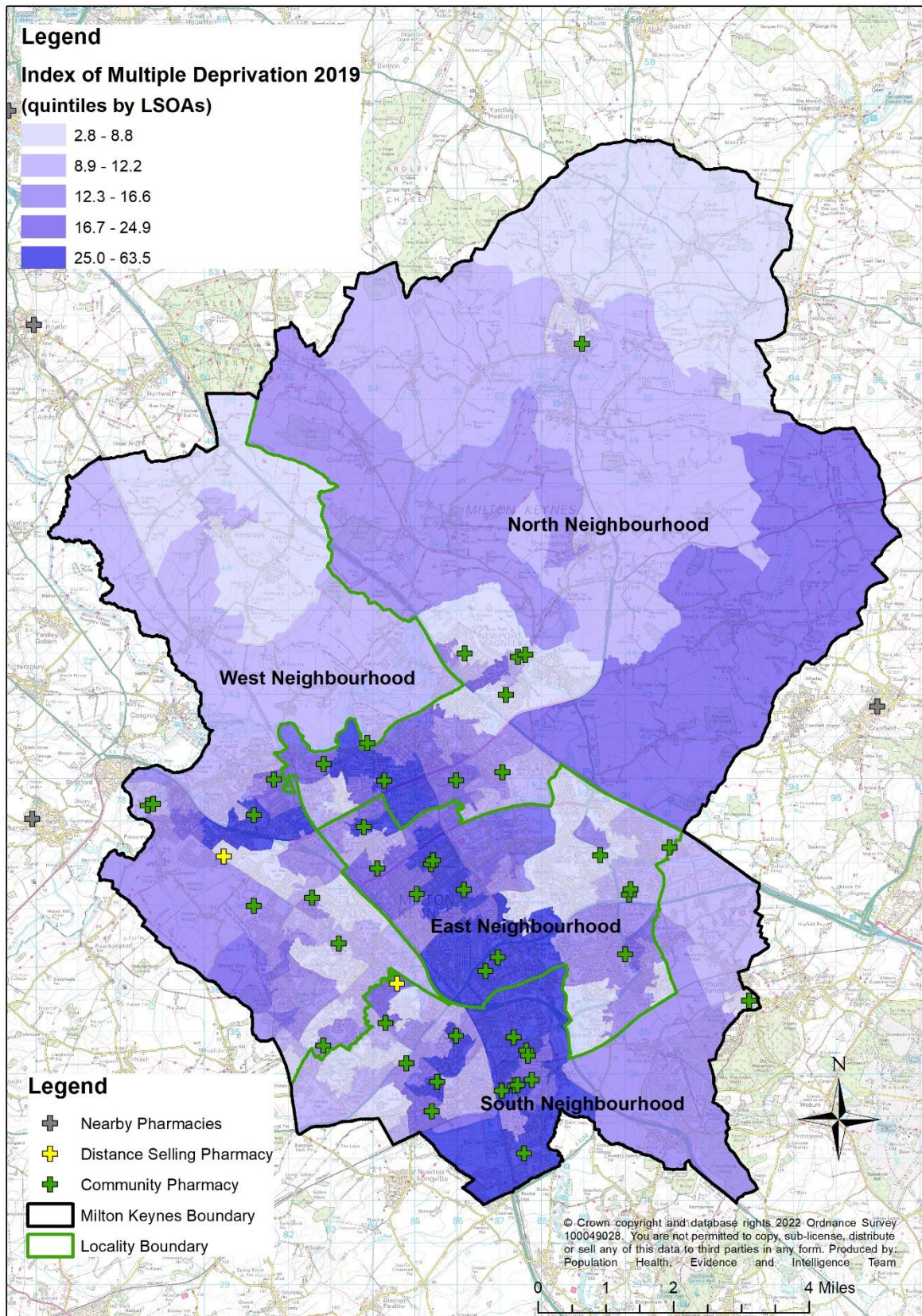
patients when they are well, rather than when they have started to exacerbate.

- Asthma Inhaler Technique (Greater Manchester). The purpose of the Improving Inhaler Technique through community pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.
- Cancer
  - Lung Cancer Initiative (East Sussex). To support pharmacies to identify symptomatic patients who may come into the pharmacy and provide a pathway for those patients which the pharmacist can use. Local defined outcomes: (1) A reduction in the numbers of late emergency presentations for patients with lung cancer in the Crawley area; (2) An increase in GP referral activity for lung cancer up to and beyond levels seen prior to COVID; (3) An increase in the number of patients who stop smoking; (4) Prevention of early deaths and patients dying undiagnosed of cancer.

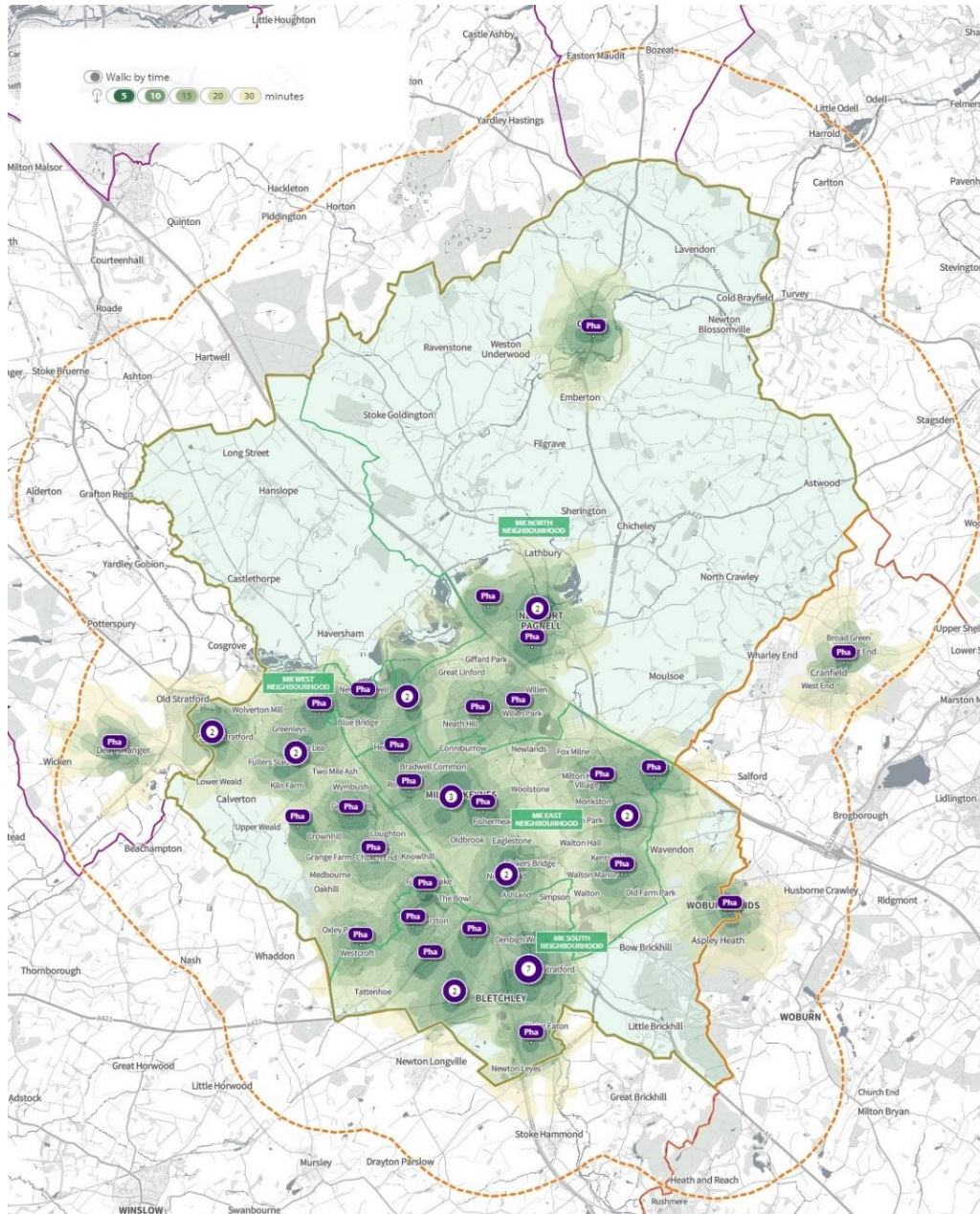
Map 1: Pharmacies and population density by LSOA



**Map 2: Pharmacies and Index of Multiple Deprivation 2019 Score by LSOA**



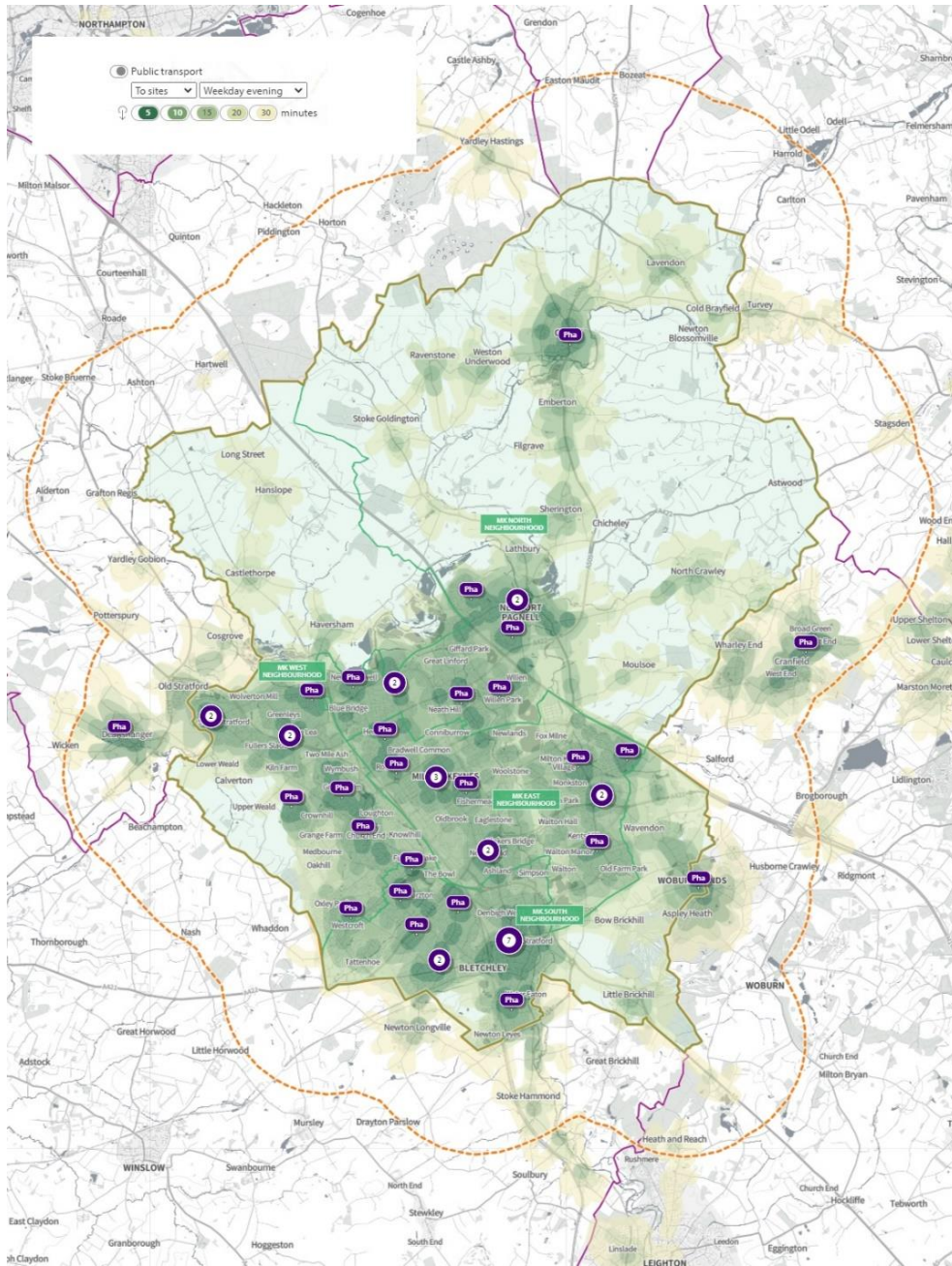
**Map 3: Average walk times to community pharmacies in Milton Keynes**



Time (minutes)	Population	Coverage	Distance (km)	Population	Coverage
5	77,684	28.8%	0.2	49,290	18.2%
10	167,927	62.1%	0.5	112,138	41.5%
15	226,231	83.7%	1	228,182	84.4%
20	251,148	92.9%	1.5	252,890	93.6%
30	256,498	94.9%	2	256,498	94.9%
Total	270,203				

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022

### Map 4: Public transport times (evenings) to the nearest pharmacy in Milton Keynes

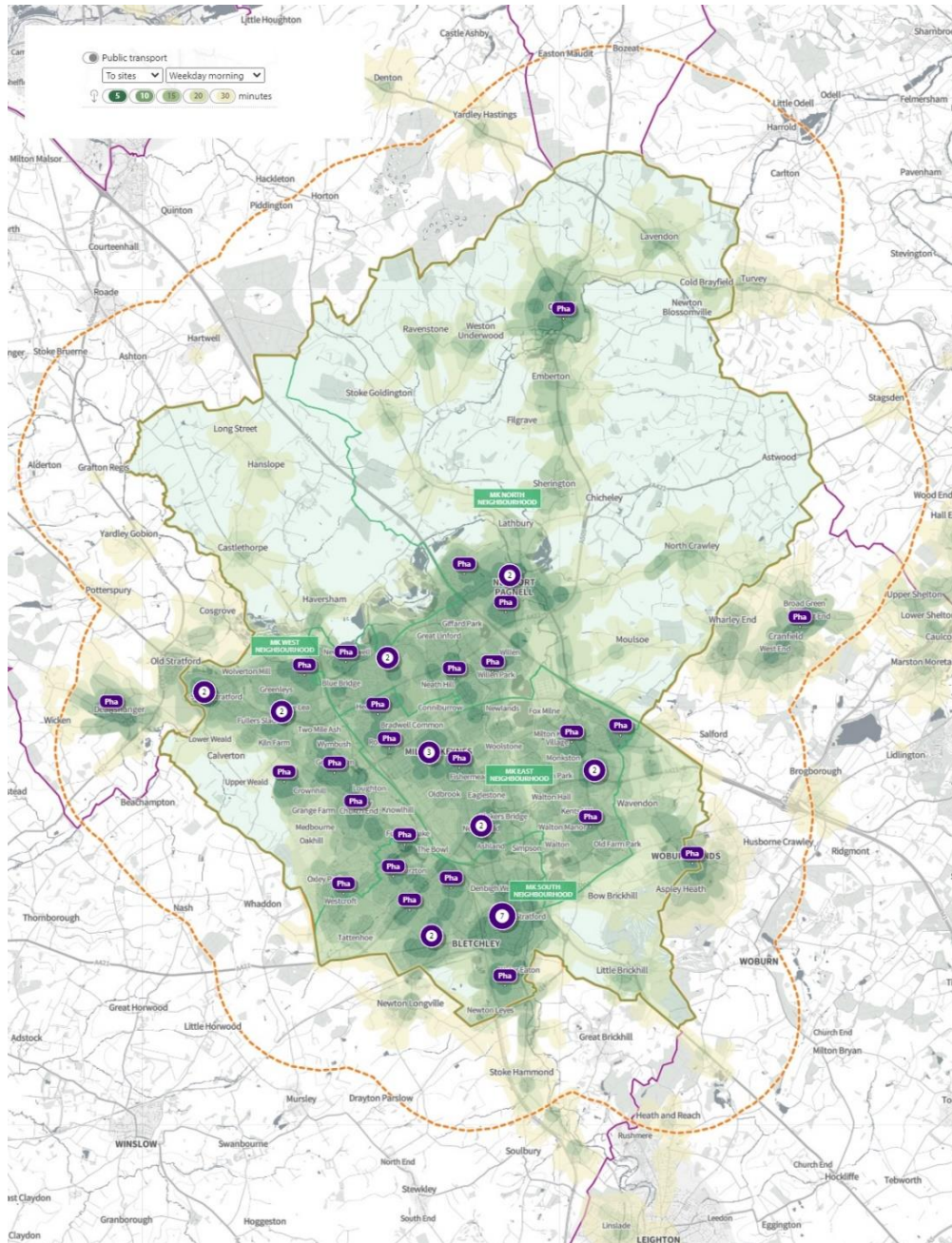


Time (minutes)	Population	Coverage
5	90,572	33.5%
10	223,917	82.9%
15	253,019	93.6%
20	267,501	99.0%
30	268,870	99.5%
Total	270,203	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022



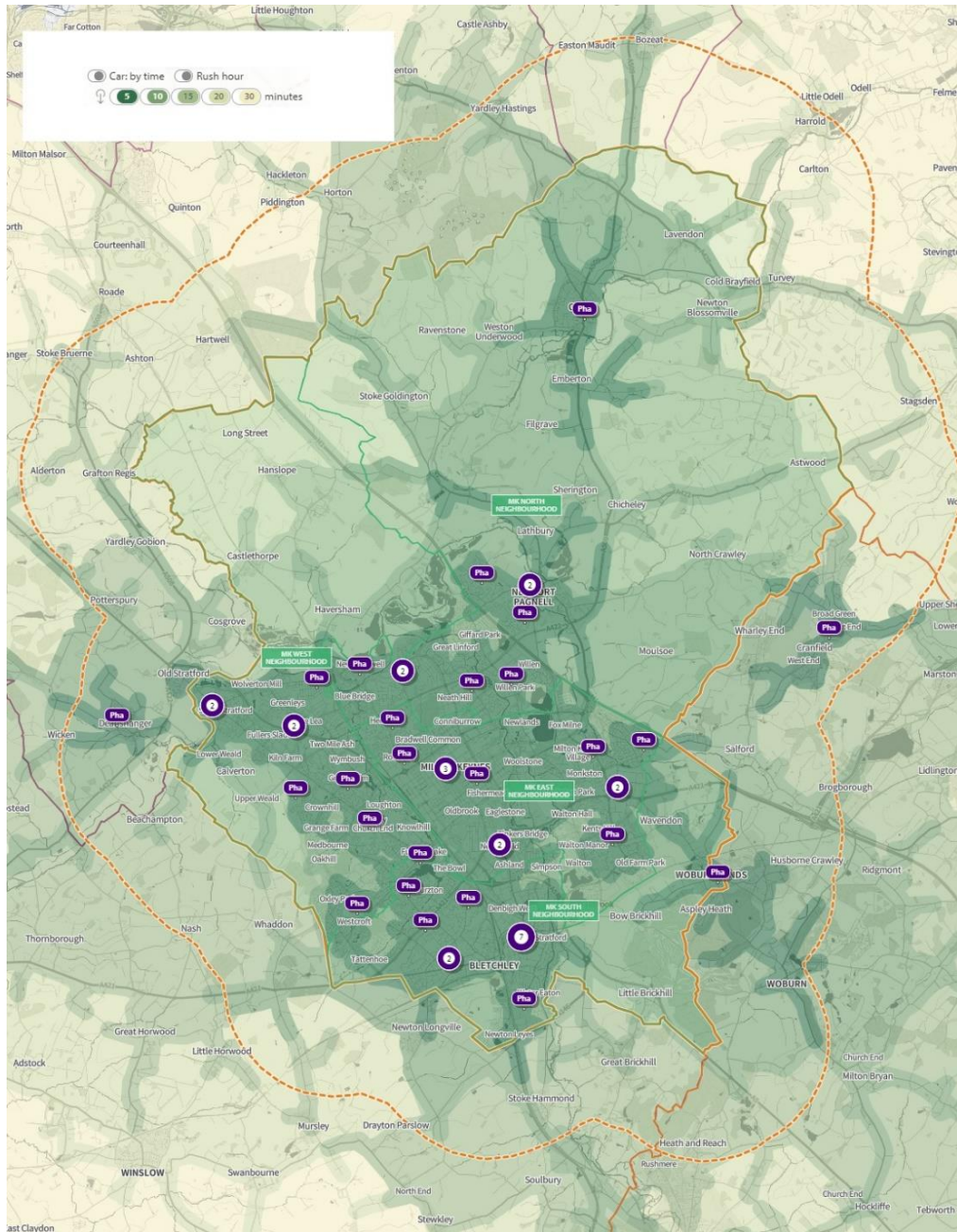
**Map 5: Public transport times (mornings) to the nearest pharmacy in Milton Keynes**



Time (minutes)	Population	Coverage
5	90,572	33.5%
10	223,917	82.9%
15	253,019	93.6%
20	267,501	99.0%
30	268,870	99.5%
Total	270,203	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022

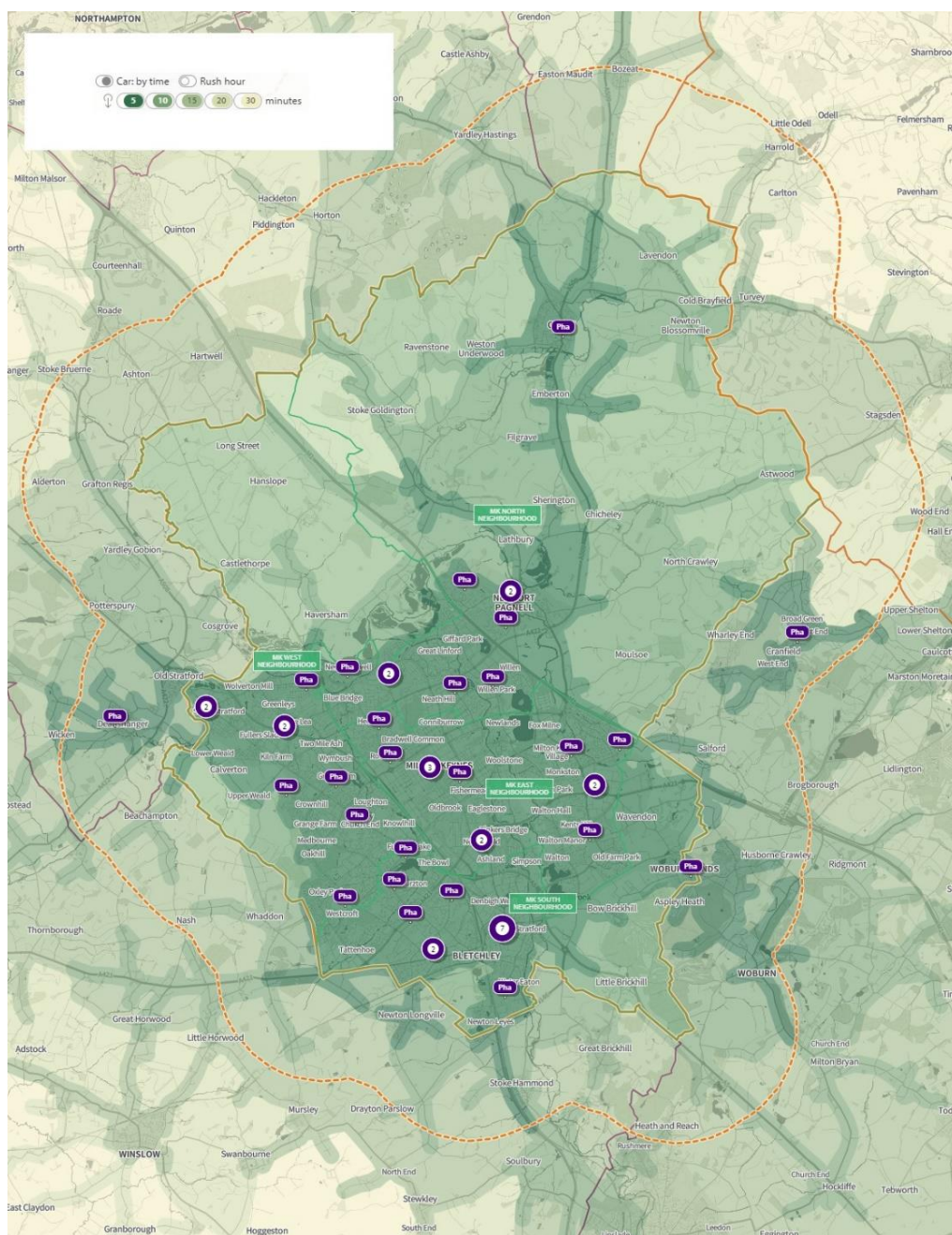
## Map 6: Average drive times by car during rush hour to pharmacies in Milton Keynes



Time (minutes)	Population	Coverage
5	238,747	88.4%
10	267,561	99.0%
15	268,834	99.5%
20	270,203	100.0%
30	270,203	100.0%
Total	270,203	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022

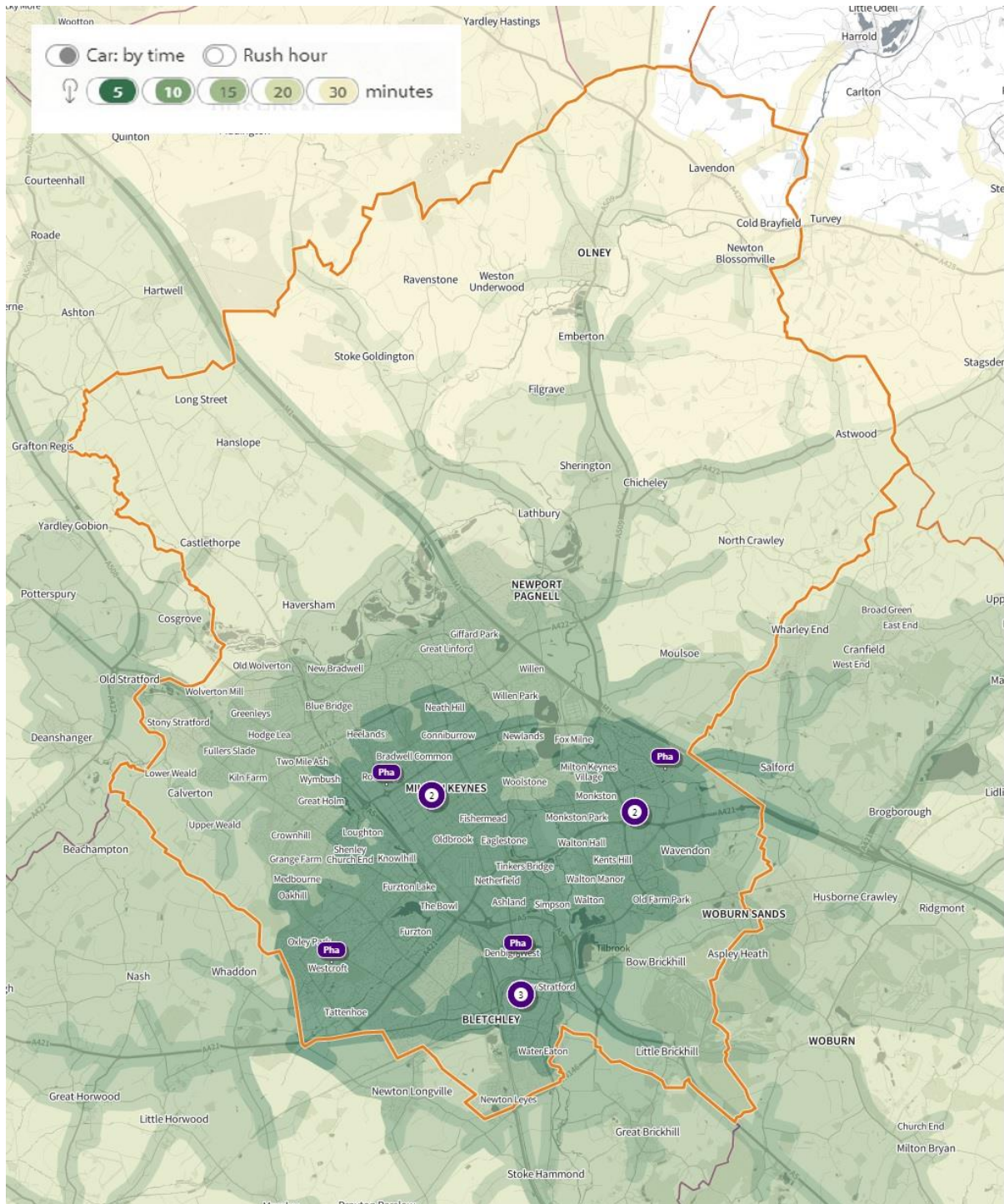
**Map 7: Average drive times during off-peak times by car to pharmacies in Milton Keynes**



Time (minutes)	Population	Coverage
5	262,027	97.0%
10	267,561	99.0%
15	270,203	100.0%
20	270,203	100.0%
30	270,203	100.0%
<b>Total</b>	<b>270,203</b>	

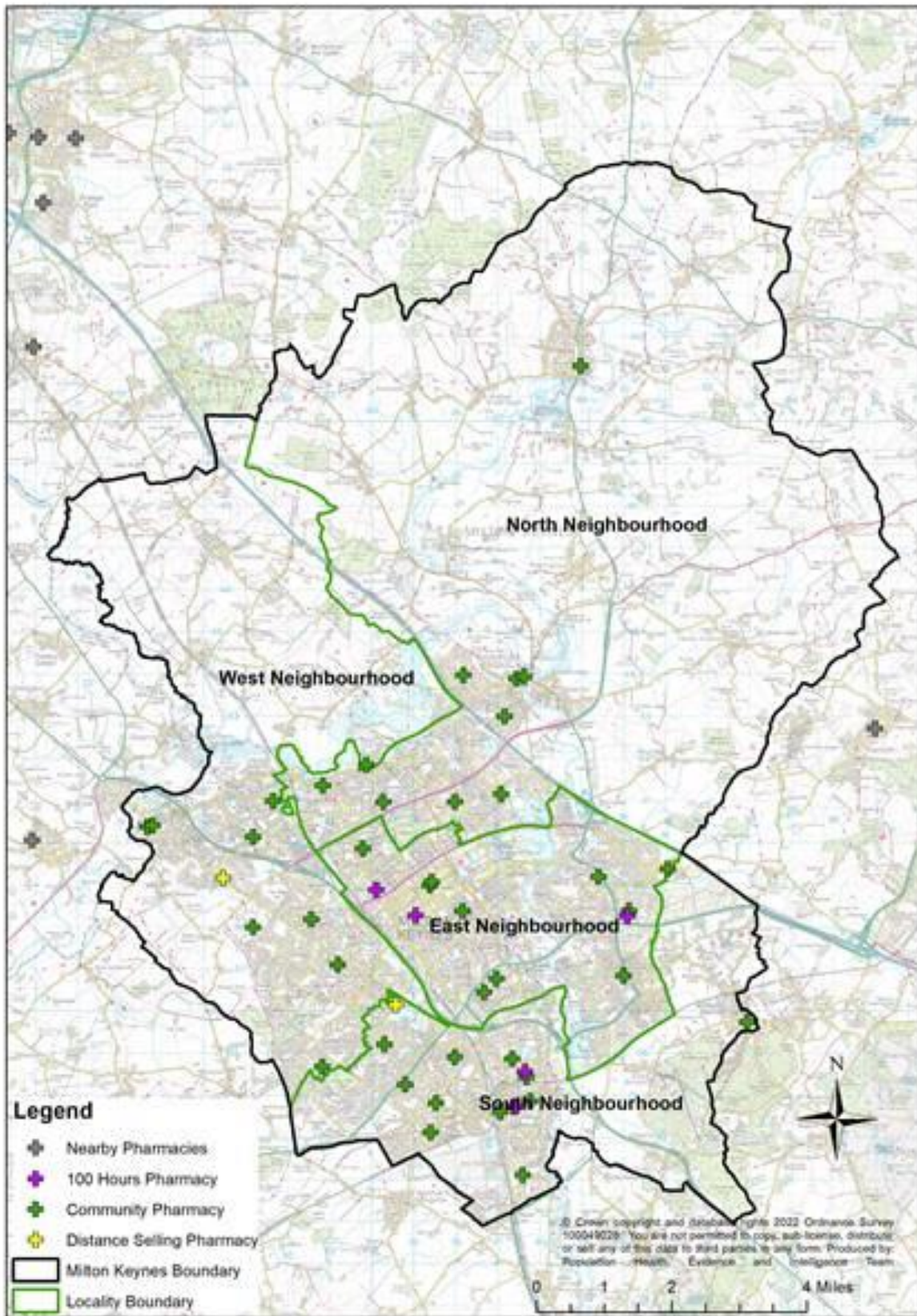
Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022

**Map 8: Average drive times during off-peak time on Sunday by car to pharmacies in Milton Keynes**



### Map 9: Pharmaceutical contractors in Milton Keynes

Health and Care Partnership area split into four neighbourhoods based on MSOAs



## **Abbreviations**

AF – Atrial Fibrillation

APS – Annual Population Survey

AUR – Appliance Use Review

BAME – Black, Asian and Minority Ethnic

BLMK – Bedfordshire, Luton and Milton Keynes

BSA – Business Services Authority

CCG – Clinical Commissioning Group

CHD – Coronary Heart Disease

CKD – Chronic Kidney Disease

COPD – Chronic Obstructive Pulmonary Disease

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

DAC – Dispensing Appliance Contractor

DALY – Disability-Adjusted Life Year

DHSC – Department of Health and Social Care

DMFT – Decayed, Missing or Filled Teeth

DMIRS – Digital Minor Illness Referral Service

DMS – Discharge Medicines Service

DSP – Distance-Selling Pharmacy

EHC – Emergency Hormonal Contraception

EoLC – End of Life Care

eRD – Electronic Repeat Dispensing

ES – Essential Services

GP – General Practitioner

HIV – Human Immunodeficiency Virus

HLP – Healthy Living Pharmacy

HWB – Health and Wellbeing Board

ICB – Integrated Care Board  
ICS – Integrated Care Systems  
IMD – Index of Multiple Deprivation  
JHWS – Joint Health and Wellbeing Strategy  
JSNA – Joint Strategic Needs Assessment  
LA – Local Authority  
LASA – Look Alike Sound Alike  
LCL – Lower Confidence Level  
LCS – Locally Commissioned Services  
LFD – Lateral Flow Device  
LPC – Local Pharmaceutical Committee  
LPS – Local Pharmaceutical Service  
LSOA – Lower Layer Super Output Areas  
LTP – Long-Term Plan  
MAS – Minor Ailments Scheme  
MSOA – Middle Layer Super Output Area  
MUR – Medicines Use Review  
NDPP – NHS Diabetes Prevention Programme  
NHS – National Health Service  
NHSE&I – NHS England and NHS Improvement  
NICE – National Institute for Health and Care Excellence  
NMS – New Medicine Service  
NUMSAS – NHS Urgent Medicine Supply Advanced Service  
OHID – Office for Health Improvement and Disparities  
ONS – Office for National Statistics  
PGD – Patient Group Direction  
PhAS – Pharmacy Access Scheme  
PNA – Pharmaceutical Needs Assessment  
POPPI – Projecting Older People Population Information System

PQS – Pharmacy Quality Scheme

PSNC – Pharmaceutical Services Negotiating Committee

QOF – Quality Outcomes Framework

SAC – Stoma Appliance Customisation

STI – Sexually Transmitted Infection

UCL – Upper Confidence Level

YLD – Years Lived with Disability

YLL – Years of Life Lost