



Milton Keynes
City Council

Pharmaceutical Needs Assessment for Milton Keynes Health and Care Partnership

2025 – 2028



Publication Date
1 October 2025

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Executive Summary

This Pharmaceutical Needs Assessment (PNA) evaluates the current landscape of pharmacy services in Milton Keynes and identifies potential service gaps. The Health and Social Care Act 2012¹ transferred responsibility for developing and maintaining PNAs from Primary Care Trusts (PCTs) to Health and Wellbeing Boards. Under this legislation, each board was mandated to publish its first PNA by 1 April 2015, with subsequent updates required every three years or sooner if significant changes in service provision arise, provided an earlier review is justified. The previous PNA² for Milton Keynes was published on 1 October 2022. This updated PNA has been prepared for publication by 1 October 2025.

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

The PNA remains a crucial document for the ICB in evaluating applications for inclusion in the pharmaceutical list and plays a key role in commissioning enhanced community pharmacy and locally tailored services.

To develop this PNA, Milton Keynes Health and Care Partnership commissioned North of England Commissioning Support (NECS), an independent subject matter expert organisation. NECS collaborated with Milton Keynes City Council's shared Public Health team, which led the development process. A steering group, comprising representatives from BLMK ICB, Milton Keynes City Council, Community Pharmacy BLMK & Northants and Healthwatch Milton Keynes provided strategic guidance. Their collective aim was to assess current service provision, address commissioning challenges, and set future priorities for community pharmacy services in Milton Keynes.

A statutory consultation was conducted between 22nd April and 21st June 2025, gathering input from statutory consultees, the public, and other stakeholders. The final PNA integrates this feedback and aligns with the health priorities outlined in Milton Keynes's Joint Strategic Needs Assessment (JSNA)⁴. The reference section in appendix 10 details data sources utilised in the production of this PNA and time periods covered by the data utilised. The information relating to services is correct as of April 2025.

This PNA examines the current provision of pharmacy services in Milton Keynes and evaluates potential gaps in service delivery.

This PNA covers the following areas:

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

The assessment concludes that there are no gaps in the provision of necessary services across localities in Milton Keynes.

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

Better access to the existing provision of essential services in the North locality could be secured by their provision on weekday evenings after 6pm and by some provision on Saturday evenings and Sundays. Access issues should be better understood to establish whether any further action is required. For example, there may be an opportunity to work with Community Pharmacy BLMK and Northants and local pharmacies to review the potential of exploring an extended rota.

Almost all pharmacies provide some advanced services, and a recommendation of the PNA is that further work be undertaken with partners to understand variation in provision to encourage all community pharmacies to make greater use of all advanced services. There is adequate provision of existing locally commissioned services across Milton Keynes, although access and equity of provision could be improved for some services. In addition, it is recommended that further work is undertaken so community pharmacies better understand how to access translation services.

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

1. Introduction

1.1 Background

The Health Act 2009⁶ established a legal requirement for all Primary Care Trusts (PCTs) to publish a Pharmaceutical Needs Assessment (PNA) by February 1, 2011. Subsequently, the Health and Social Care Act 2012¹ transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs).

Under this framework, each HWB was mandated to publish its first PNA by April 1, 2015. Thereafter, updates must be issued every three years following the previous publication or sooner if significant changes affect pharmaceutical service availability, provided an early update is warranted.

Milton Keynes Health and Care Partnership (HCP) last published its PNA in October 2022² and has now prepared an updated version for release by 1 October 2025.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷ define the statutory requirements for PNAs. The development of this PNA adhered to the guidance outlined in the PNA Information Pack for Local Authority Health and Wellbeing Boards⁷, published by the Department of Health in October 2021.

As stipulated by these regulations, the PNA must include a statement identifying any pharmaceutical services that the HWB has determined are lacking within its area but are deemed necessary to:

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

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

1.2 Purpose

The PNA provides a comprehensive evaluation of both current and future pharmaceutical needs within the local population. It outlines the area's health needs (Section 4), assesses the availability of existing pharmaceutical services, and identifies any service gaps (Sections 7 and 8). Additionally, it highlights potential new services to address unmet health needs and support the objectives of the Health and Wellbeing Strategy⁵.

The PNA is informed by the Joint Strategic Needs Assessment (JSNA)⁴ and serves as a key strategic commissioning document, primarily guiding Bedfordshire, Luton, and Milton Keynes Integrated Care Board (BLMK ICB) in determining applications for inclusion in the pharmaceutical list, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷.

Beyond this primary function, the PNA is also instrumental in:

- Ensuring that decisions regarding market entry for pharmaceutical services are based on robust and relevant data
- Informing commissioning plans for pharmaceutical services that could be delivered by community pharmacists or other providers to meet local needs—these services may be commissioned by local authorities, NHS England, or BLMK ICB (Sections 7 and 8)
- Supporting the commissioning of high-quality pharmaceutical services, including locally enhanced services
- Ensuring that pharmaceutical and medicines optimisation services align with the health priorities outlined in the Health and Wellbeing Strategy⁵
- Promoting opportunities for community pharmacies to play a vital role in improving the health and well-being of Milton Keynes residents.

1.3 Pharmacy market

Community pharmacies (including distance selling pharmacies and dispensing appliance contractors) play a crucial role in dispensing medications, medical appliances, and devices to NHS patients. While they operate independently from the NHS, they deliver essential healthcare services on its behalf to the public.

Under the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013⁷, individuals or entities—such as pharmacists, appliance dispensers, or, in some rural areas, GPs—who wish to provide NHS pharmaceutical services must apply through Primary Care Support England (PCSE) for inclusion on the Pharmaceutical List. Applicants must demonstrate their ability to meet a pharmaceutical need as outlined in the PNA. However, some exceptions exist, such as applications for distance-selling pharmacies (i.e., internet or mail-order services).

There are five types of market entry applications for inclusion on the Pharmaceutical List:

- Meeting a current need identified in the PNA
- Addressing a future need projected in the PNA
- Enhancing current access to pharmaceutical services
- Improving future access to meet anticipated demand

- Providing an unforeseen benefit, where an applicant presents evidence of an unanticipated need not identified in the existing PNA.

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

1.4 National context

The NHS Long Term Plan in 2019⁸ set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead. The plan acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy.

The government has developed a new plan for the NHS – Fit for the Future: 10-year Health Plan for England⁹. The first step in developing the plan was Lord Darzi’s independent report on the State of the NHS in England¹⁰. The report was published in September 2024, and it identified challenges faced by the health service which will be addressed by the plan. Recent announcements suggest that there will be future changes to the architecture of the NHS during the lifespan of this PNA, including abolition of NHSE, to help build the health service for the future.

Building directly on Lord Darzi’s findings, the NHS 10-Year Health Plan⁹ outlines a vision to unlock the "huge potential" he identified by transforming community pharmacies into integrated, clinically active “neighbourhood health service” centres. These enhanced roles will see pharmacies contribute more significantly to prevention, long-term condition management, and local care delivery - addressing the risks Darzi warned of by shifting resources and services closer to where patients need them most.

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

1.5 Pharmacy services NHS overview

The NHS Business Services Authority (NHSBSA) published a report on General Pharmaceutical Services in England 2015/16 – 2023/24¹¹.

Community pharmacies in England provide a range of services including:

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

- Disposal of unwanted medicines.

Key findings of General Pharmaceutical Services in England 2015/16 - 2023/24¹¹ indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023/24. This is the first increase shown since 2017/19. For a typical pharmacy, NHS income accounts for around 90% of their total income¹².
- It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies.
- The number of items dispensed by community pharmacies in England between 2022-23 and 2023/24 increased by 3.15% from 1.08 billion to 1.11 billion. Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16.
- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023/24, 96.1% of all items dispensed in the year. This is an increase of 60.7 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023/24. Costs reimbursed to contractors increased in 2023/24 for the fifth consecutive year. Costs increased by 4.97% between 2022-23 and 2023/24 from £9.72 billion to £10.2 billion, the highest costs in 9 years.
- The number of vaccines administered by pharmacies as part of the Influenza Vaccination advanced service decreased in 2023/24 after increasing every year since the service began in 2015/16. In 2023/24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2022/23.
- New medicines services (NMSs) have shown sizable increases for the last three financial years. Thirteen additional conditions were added to the specification list in September 2021. The number of NMSs claimed in 2023/24 has increased by 42% from 2022-23.
- Pharmacy First, which was introduced on 31 January 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

1.6 Community Pharmacy Contractual Framework 2019-2024

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

In April 2025, agreement was reached between the Department of Health and Social Care (DHSC), NHSE and Community Pharmacy England (CPE), on the funding arrangements for both the Community Pharmacy Contractual Framework (CPCF)¹³ for 2024 to 2025 and 2025 to 2026, and Pharmacy First. These new arrangements aim to reflect joint ambition to focus on stabilising medicines supply and pharmacy funding for this core function. This funding also provides an uplift to key clinical service fees, while supporting Pharmacy First to continue to grow and embed at pace. At the time of publication of the 2025-28 PNA there was no community pharmacy contractual framework in place to support delivery of the NHS 10 Year Health Plan⁹ as contractual arrangements post April 2026 have yet to be agreed. It is clear however that the role of community pharmacy within healthcare systems is evolving, and that there may be consequent changes in pharmaceutical need. These will become clearer in the future.

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

The criterial focus included:

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

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

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

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

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

They aim to:

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

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

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

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

1.8 Milton Keynes strategic objectives

The Milton Keynes Health and Care Partnership brings together Milton Keynes City Council, BLMK ICB, and various partners to foster collaboration among health service commissioners, public health, and social care providers. This partnership aims to enhance the health and wellbeing of the Milton Keynes residents. As part of its responsibilities, the partnership

develops a Joint Strategic Needs Assessment (JSNA)⁴, which evaluates the health and wellbeing of Milton Keynes population and compares it with national averages. The PNA is an integral component of the JSNA.

The Health and Care Partnership oversees the implementation of the Health and Wellbeing Strategy, with local organisations working together to focus on the agreed priorities for the residents of Milton Keynes. In 2022, there was a formal agreement between the Milton Keynes Health and Care Partnership and the BLMK ICB board through the establishment of the MK Deal. This is place-based partnership with three key aims: closer working, driving forwards change in key local priorities and establishing a clear remit and resourcing. The four priorities of the MK Deal include: improving system flow (hospital discharge); tackling obesity; children and young people's mental health; and the Bletchley Pathfinder (Milton Keynes's response to Fuller Neighbourhood working). More details can be found here:

<https://milton-keynes.moderngov.co.uk/documents/s21779/2028%20MK%20Health%20and%20Care%20Report.pdf>.

2. The Health System in Milton Keynes

2.1 General practice

There are 23 GP Practices (plus 8 branch surgeries) in Milton Keynes delivering primary medical services (Appendix 1); all are open for the same core hours of 8.00am until 6.30pm, Mondays to Fridays. This includes branch surgeries located physically within Milton Keynes where the main practice is in a neighbouring Health and Wellbeing Board area.

2.2 GP enhanced services

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

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

- Targeted immunisation programmes
- Weight Management¹⁴

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

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

2.3 Primary Care Networks (including GP extended access arrangements)

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

PCNs have a Clinical Director providing strategic leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system. In Milton Keynes, there are 8 PCNs. In addition to these 8 PCNs, one practice is part of a PCN in Bedford and a branch surgery is part of the PCN of the main site within West Northamptonshire.

A PCN has four key functions:

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

Mechanisms of delivering this are outlined in the Network Contract Directly Enhanced Service (DES) Specification¹⁵ and includes:

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

Within Milton Keynes, PCNs ensure enhanced access for their patients is in place between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

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

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

2.4 GP out-of-hours

The GP out-of-hours service in Milton Keynes is provided by Milton Keynes Urgent Care Services (MKUCS). The service offers remote and face to face appointments and is available weekdays 18:30-08:00 and weekends. The service is accessed by calling NHS 111. The service includes telephone triage and, if required, appointments at the urgent care centre or by home visiting.

2.5 Urgent treatment centres and walk in centre

The Milton Keynes Urgent Care Centre is located on the Milton Keynes University Hospital site and is open 24 hours a day, 7 days a week. The service accepts walk in patients and direct booking appointments from NHS 111 where appropriate.

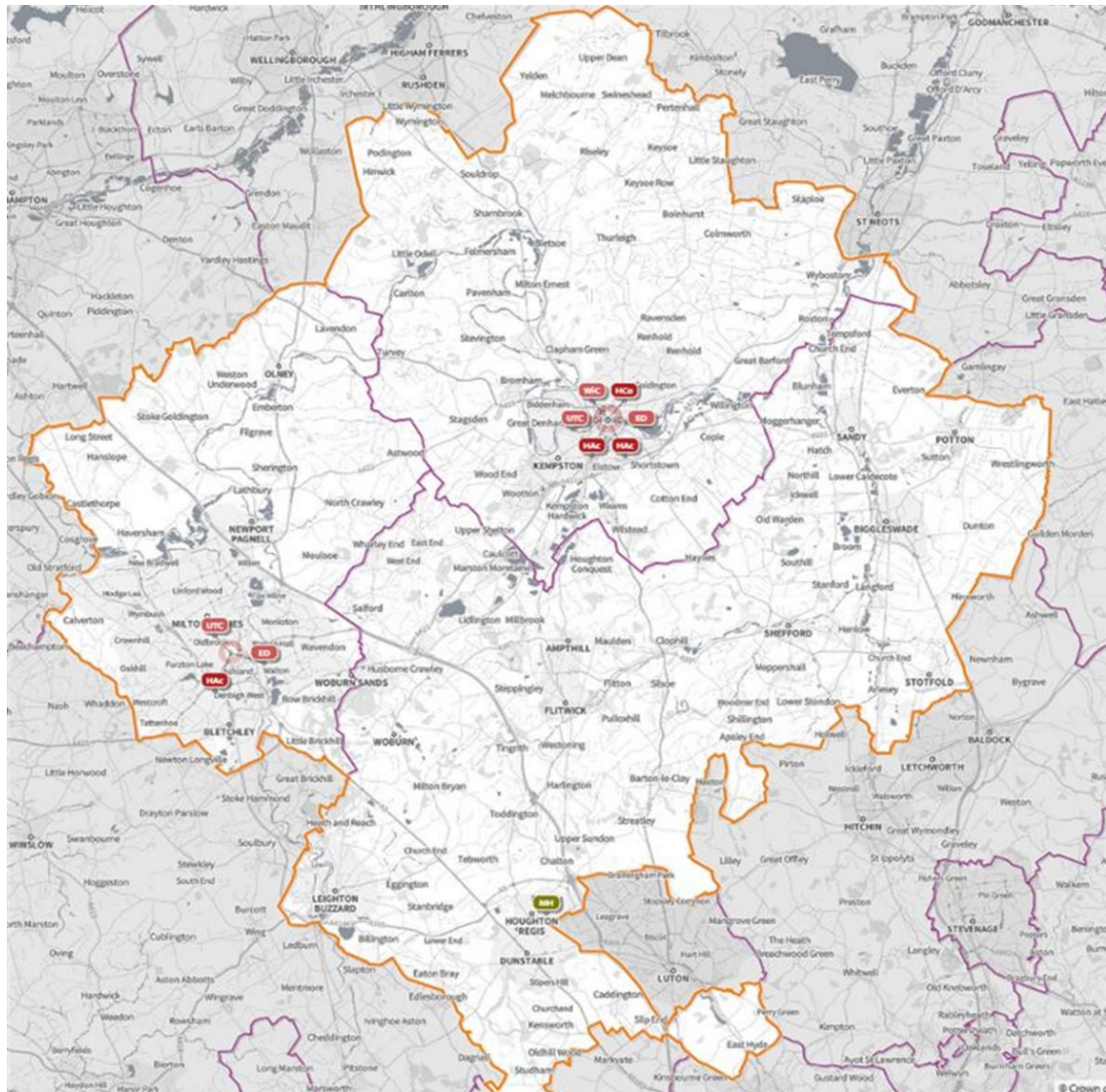
2.6 Hospital services

The population of Milton Keynes is served by Milton Keynes University Hospital NHS Foundation Trust.

Central and North West London NHS Foundation Trust provides inpatient mental health services for the residents of Milton Keynes. It also provides community support including reablement and mental health teams and crisis mental health teams.

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

Figure 1: Map showing the locations of hospitals, urgent treatment centres and walk in centres for Milton Keynes



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Key

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

3. Pharmaceutical Needs Assessment Process

3.1 PNA development group

As set out within section 1 of this PNA, the legislation that describes the duties of the Health and Wellbeing Board in regard to PNAs is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷ (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The shared public health service across Milton Keynes, Bedford Borough and Milton Keynes City Councils oversaw the development of this PNA on behalf of the Milton Keynes Health and Care Partnership. In the process of undertaking the PNA, a steering group was established in June 2024. The core membership of the group included representatives from the Public Health shared service team, BLMK ICB, Community Pharmacy BLMK and Northants, and Healthwatch Milton Keynes. Membership is set out in Appendix 2.

The steering group agreed the following:

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

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

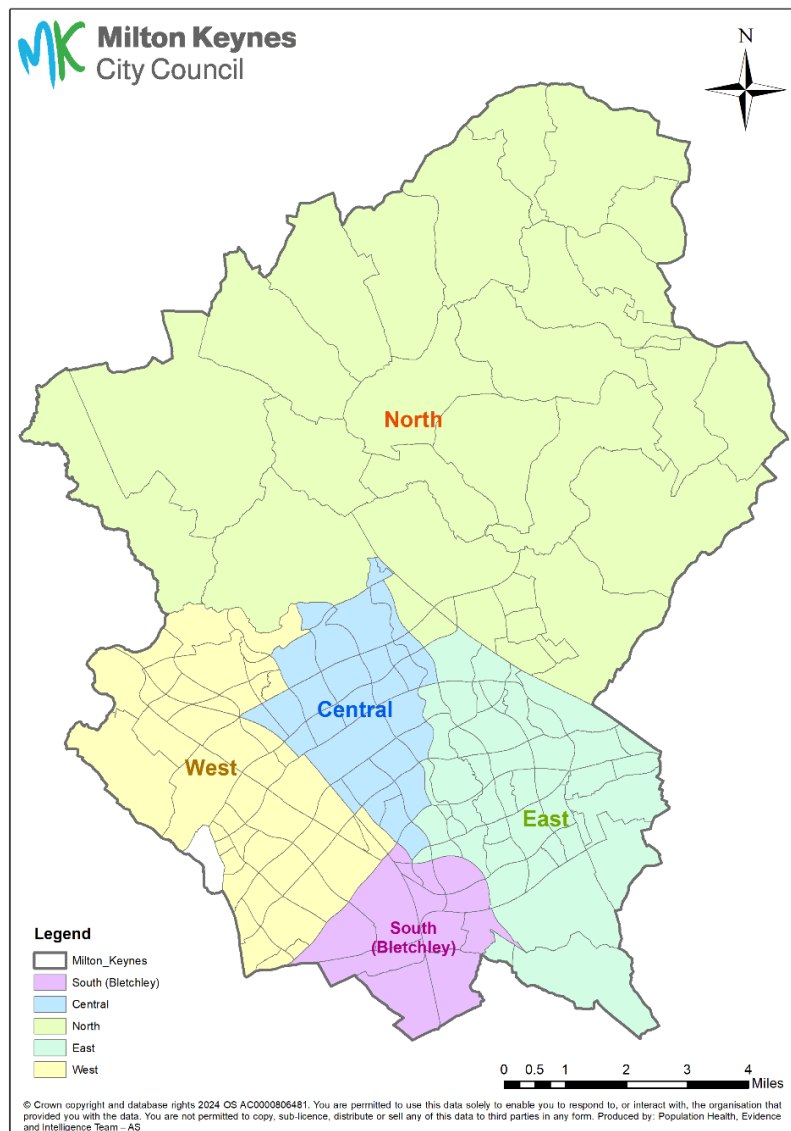
1.2 Determination of localities

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 state that, in making its assessment of needs, the Health and Wellbeing Board should have regard to the different needs of different localities in its area. In accordance with this, the steering group considered how to assess these different needs and concluded that the most appropriate

means of dividing the Milton Keynes area was to adopt the five neighbourhood footprints that are being used across Milton Keynes as the localities for the PNA.

As part of the recommendations of the Fuller Stocktake Report, five neighbourhoods across Milton Keynes have been defined. These are: North, Central, West, East and South (Bletchley). These neighbourhoods were established through a MK neighbourhood working group comprising membership from BLMK ICB, Local Authority, Central and North West London NHS Foundation Trust (CNWL), Primary Care, Public Health, Voluntary Section and Healthwatch Milton Keynes. These have been approved by the Milton Keynes Joint Leadership Team (JLT). These neighbourhoods were felt to represent the most natural geographies across Milton Keynes that meet the recommendations for neighbourhood footprints as well as be recognised by residents and enable a coalition of services and professionals as required.

Figure 2: Localities within Milton Keynes



Source: Milton Keynes City Council

3.3 Necessary pharmaceutical services

The 2013 regulations⁷ require the health and wellbeing board to include a statement of necessary pharmaceutical services. Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

For the purpose of this PNA, Milton Keynes Health and Care Partnership has agreed that necessary services are defined as the **essential services** in the NHS Community Pharmacy Contractual Framework. Essential services are mandatory for community pharmacies.

At the time of publication, the essential services are:

- Dispensing medicines
- Repeat Dispensing (a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time)
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home
- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital
- Dispensing of appliances (in the "normal course of business").

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

3.4 Other relevant services

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

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

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

The Health and Care Partnership has also determined that services provided by pharmacies located in neighbouring Health and Wellbeing Board areas are considered relevant services where they play a role in meeting patient needs, particularly in border regions.

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

3.5 Other NHS services

Other NHS services that the Health and Care Partnership considers to affect the need for pharmaceutical services are deemed to be:

- a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:
 - hospital pharmacies
 - personal administration of items by GP practices
 - Public Health services commissioned by the local authority
 - Stop Smoking Letter of Recommendation Scheme

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

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

3.6 Assessing health needs

The Local Government and the Public Involvement in Health Act 2007¹⁶ created the duty to undertake JSNAs. From April 2008, this duty was carried out by local authorities and PCTs. The Health and Social Care Act 2012¹ transferred this duty, to local authorities and CCGs to be exercised by Health and Wellbeing Boards, with the Health and Care Act 2022² transferring the CCG's responsibilities to ICBs.

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

3.7 Current provision within Milton Keynes

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

The information was then supplemented using a questionnaire made available to all community pharmacies including the distance selling pharmacies. The survey was undertaken between 12 August 2024 - 30 January 2025.

A total of 18 out of 43 community pharmacy contractors responded, giving a response rate of 42% (43 pharmacies were sent the questionnaire, but one of these pharmacies has now closed so only 42 pharmacies are described in the PNA).

A summary of the findings from the survey is described in section 10 with detail within Appendix 3.

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

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

3.8 Future provision

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

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

The Equality Act (2010)¹⁷ requires that in making this assessment, the needs of different population groups have been taken into account. This final PNA has been subject to an equality impact assessment; this is included as Appendix 4. The questionnaire for community pharmacies also provided the opportunity for pharmacy contractors to

comment on services not currently provided that they felt could contribute to meeting the health needs of the local population. Therefore, only the views of those who responded to the survey have been considered in this regard.

3.9 Stakeholder engagement

The views of the public were gathered in the form of a survey on Pharmacy Services. The survey was made available between 21 December 2024 - 6 January 2025, promoted using social media, Healthwatch Milton Keynes and the Public Health outreach team.

In total, 466 survey responses were received. These have been considered as part of this PNA. Section 10 and Appendix 5 of this document provide a summary of the analysis and outcomes of the public engagement.

3.10 Statutory consultation

The formal consultation on the draft PNA for Milton Keynes ran from 22nd April to 21st June 2025 in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷ and section 242 of the National Health Service Act 2006¹⁸, which stipulates the need to involve the public in planning and changing of NHS services.

13 responses to the consultation questionnaire were received. 95% of the responses received were from members of the public. Section 10.2 provides an overview of the responses and a detailed summary can be found in Appendix 7.

3.11 Recommendations and update from the previous PNA 2022 – 2025

Following development of the PNA 2022-2025² Milton Keynes Health and Care Partnership made the following statements:

"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."

"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
- 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"

Since the 2022 PNA, 2 dispensing doctor sites have been identified. There have 5 pharmacy closures (3 were 40-hour pharmacies and 2 were 100-hours). 2 of the 3 remaining 100-hour pharmacies have reduced their hours to not less than 72 hours. There has also been a reduction in the number of supplementary hours offered across the council area.

4. An Overview of Health Needs in Milton Keynes City

This section includes information from the latest published Milton Keynes JSNA⁴ and data from the Office for Health Improvement and Disparities Fingertips tool²¹. Data from both sources was based on the most up to date information available when accessed in February 2025.

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

4.1 Introduction

Milton Keynes City Council is a unitary authority within Buckinghamshire. Milton Keynes was created as a new town in 1967, with the aim of developing to relieve housing pressures in London. It is known for its grid like road system and green spaces. The borough includes the towns of Bletchley, Fenny Stratford, Newport Pagnell, Stony Stratford, Woburn Sands, and Wolverton, as well as a number of villages. Milton Keynes now has city status.

4.2 Population profile and demography

Milton Keynes has a population of 298, 270 according to the 2023 mid-year Office for National Statistics (ONS) estimate¹⁹. ONS estimates are used in the PNA where comparisons with the England average are useful for the purposes of the PNA. However, locally, Central Bedfordshire Council has produced more accurate population forecasts⁴ as previous ONS projections have underestimated the population growth. The local forecasts take into account housing growth. Local projections estimate the current population in 2025 is 305,280, which is projected to rise to 313,221 by 2028⁴. For more information about the methodology of the local projections, including data caveats, please see: <https://miltonkeynes.jsna.uk/jsna/population-place/population-forecasts-2023-2043-mk/>.

Between the last two censuses (held in 2011 and 2021), the population of Milton Keynes increased by 15.4%, from just over 248,800 in 2011 to around 287,100 in 2021, compared to an England-wide growth of 6.6%. This was the second largest increase in the South-East over the period. Between the last two censuses, the percentage of residents that were ethnicities other than white increased from 20.0% to 28.2%, with the largest increase in the Asian Group. In 2021, 71.8% of residents identified as White ethnicity, 12.4% Asian, 9.7% Black, 4.1% mixed, and 2.0% other. The ethnic composition of the population does vary widely with ward⁴.

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

Area	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ multiple ethnic group	Other ethnic group	White
Bletchley Neighbourhood	10.3%	10.0%	4.2%	1.6%	73.9%
Central Neighbourhood	13.2%	14.5%	4.1%	3.0%	65.3%
North East Neighbourhood	2.4%	1.7%	2.3%	0.5%	93.1%
South East Neighbourhood	13.6%	10.5%	4.6%	2.2%	69.1%
West Neighbourhood	16.1%	8.4%	4.5%	1.9%	69.1%
England	9.6%	4.2%	3.0%	2.2%	81.1%

Source: ONS Census, 2021

Milton Keynes City's overall score for deprivation relative to all other local authorities in England (using the 2019 Index of Multiple Deprivation²⁰), puts it in the fourth least deprived decile. However, there is substantial variation within the Unitary Authority geography (see section 4.4).

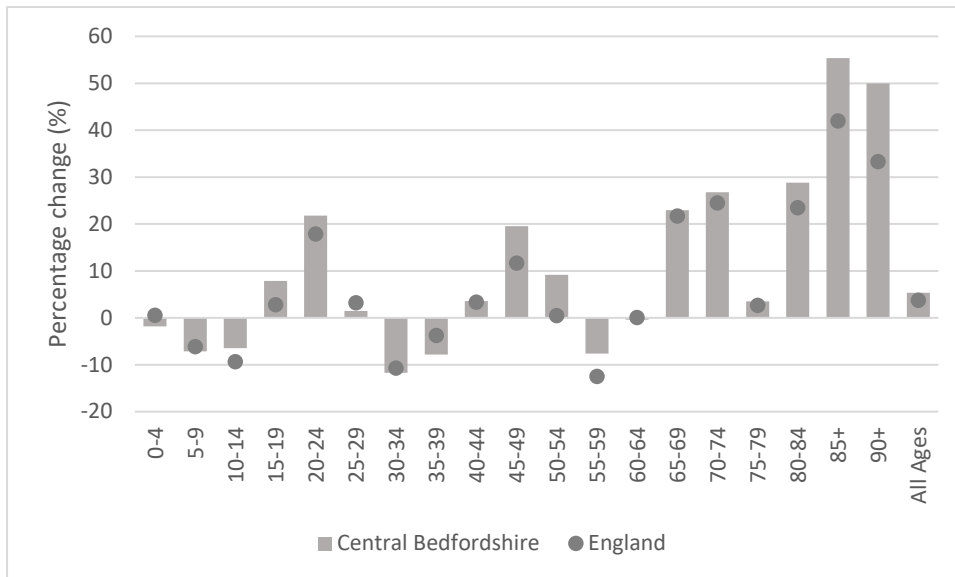
4.2.1 Predicted population growth

This section summarises patterns of forecasted population changes for the next 10 years (2024 to 2034). Local forecasts show that forecasted total population growth varies notably by age group. Figure 3 shows the forecasted percentage change in populations by age group from 2024 to 2034 (bars) together with forecasted changes for England overall (dots). This shows that the largest percentage increase is forecasted among the older age groups (65+ years), particularly so for 80+ years. These increases in the older age groups are estimated to be greater for Milton Keynes than for England overall. Populations of those aged 0-14 and 30-44 age groups are expected to fall.

Figure 4 shows the forecasted population change by ethnicity (2024-2034) using local forecasts.¹ This shows that the proportion of people who are white British/Irish is forecasted to fall, while the proportion of those who are Asian, mixed/other, black and white other are predicted to grow. For more information about how these forecasts have been calculated please see: <https://miltonkeynes.jsna.uk/jsna/population-place/population-forecasts-2023-2043-mk/>.

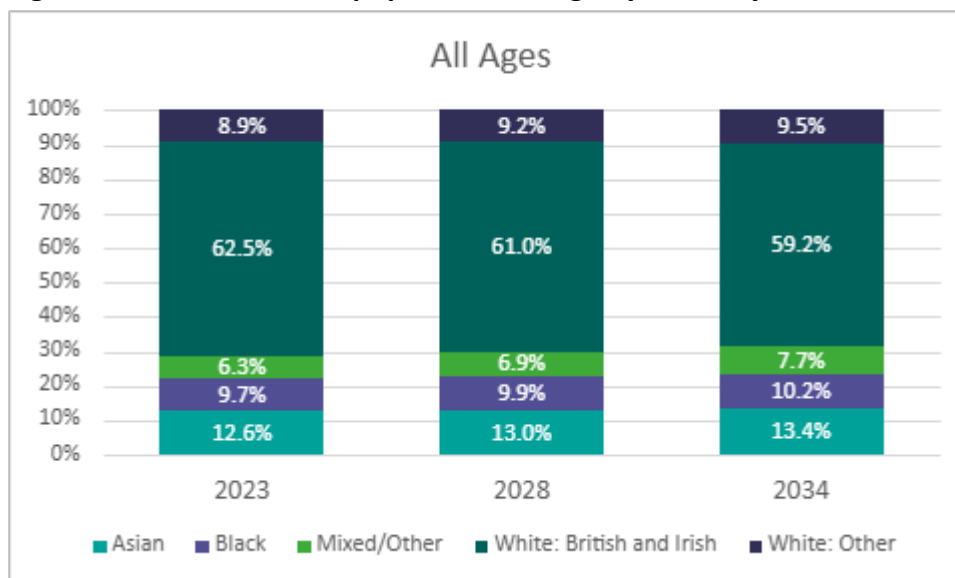
¹ The ethnic forecasts take the age and sex breakdown of each area's population forecasts for each year and then apply the forecasted ethnic breakdowns to the forecasts- the forecasts age the current ethnic break-down of the population and do not attempt to forecast international migration. The 2021 census is used as the starting point because the ONS mid- year estimates are not published with an ethnic breakdown. No specific data about fertility, mortality and migration figures by ethnic group are available from the ONS so these figures forecast the current age and ethnic structure of Milton Keynes into the future.

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



Source: Local population forecasts, JSNA⁴

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



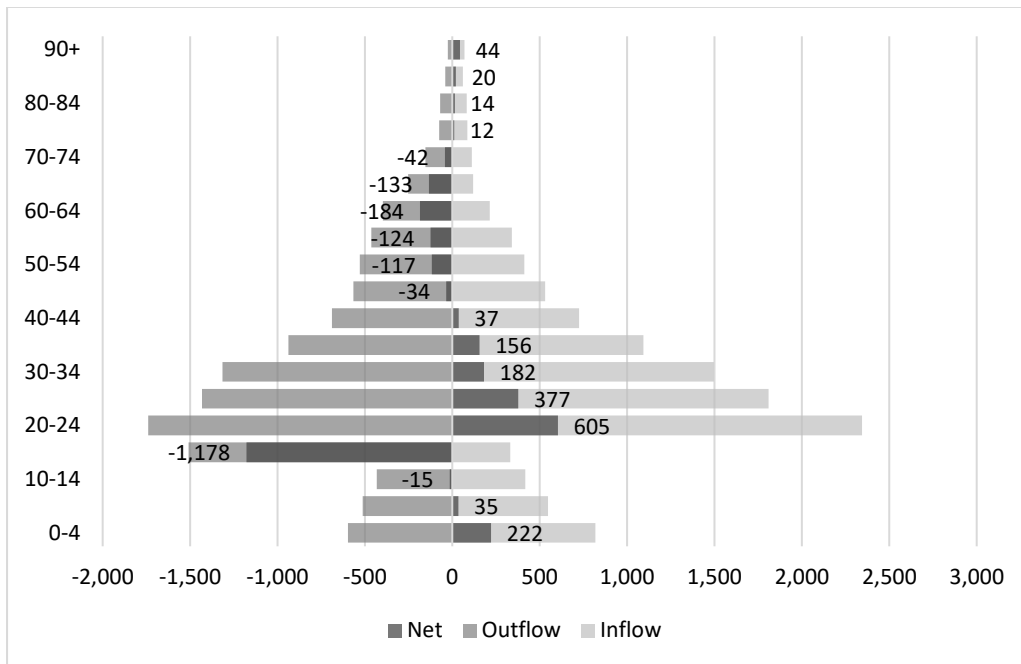
Source: Local forecasted projections, JSNA⁴

4.2.2 Internal migration

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

Figure 5 illustrates outward and inward movement of populations by age group for the most recently available data (2020, ONS). The most movement by volume is occurring among those aged 15 to 39, with 15-19-year-olds accounting for the largest net outflow for a single age band (1,178 persons) and 20-24-year-olds for the largest net inflow (605 persons).

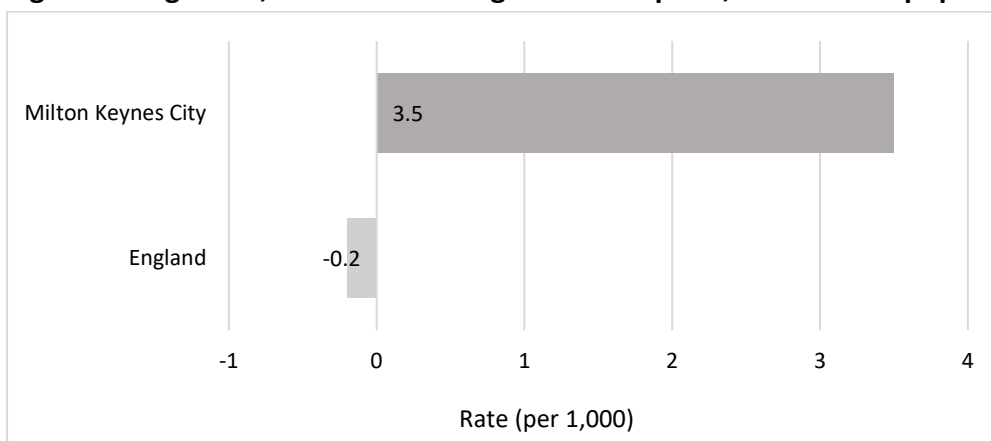
Figure 5: Outward and inward movement of total populations by age band, for year ending June 2020



Source: ONS Internal migration, 2024²⁸

Figure 6 shows the internal net migration rate per 1,000 resident population for Milton Keynes and England. The internal net migration for Milton Keynes was 3.5 people per 1,000 resident population. In England, the internal migration moves contributed to a loss of 0.2 people per 1,000 population in 2023.

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



Source: ONS Population estimates, 2024²⁸

4.3 Life expectancy and inequality

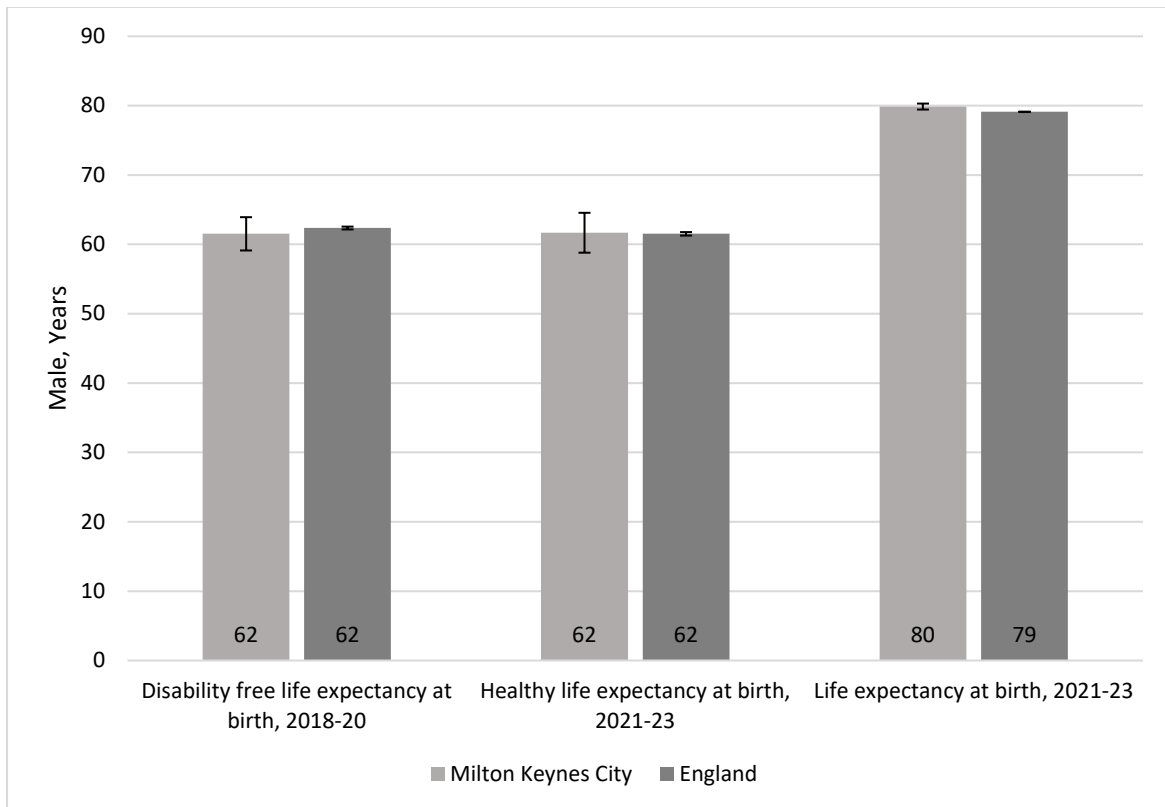
Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy at birth shows the years a person can expect to live in good health (rather than in poor health). Disability-free

expectancy at birth is a measure of the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits activities.

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

- The disability free life expectancy at birth for males in Milton Keynes is 61.52 years, similar to the England average (62.35 years).
- The healthy life expectancy at birth for males in Milton Keynes is 61.68 years, similar to England (61.52 years).
- The life expectancy at birth for males in Milton Keynes is 79.87 years, this is statistically significantly higher than that for England (79.11 years).

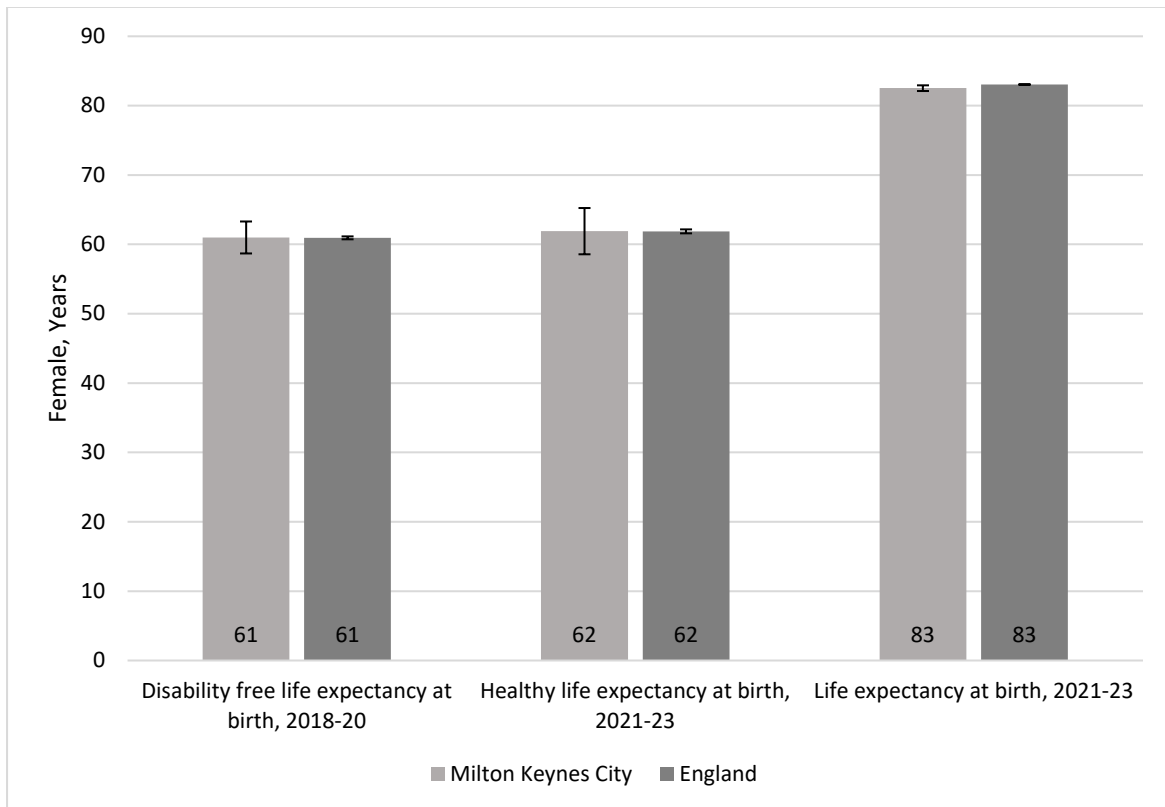
Figure 7: Life expectancy, healthy life expectancy and disability-free life expectancy at birth (males)



Source: OHID Fingertips, 2025²¹

- The disability free life expectancy at birth for females in Milton Keynes is 60.99 years similar to the England average (60.94 years).
- The healthy life expectancy at birth for females in Milton Keynes is 61.91, similar to the England average (61.88 years).
- The life expectancy at birth for females in Milton Keynes is 82.52 years, this is statistically significantly lower than that for England (83.1 years).

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

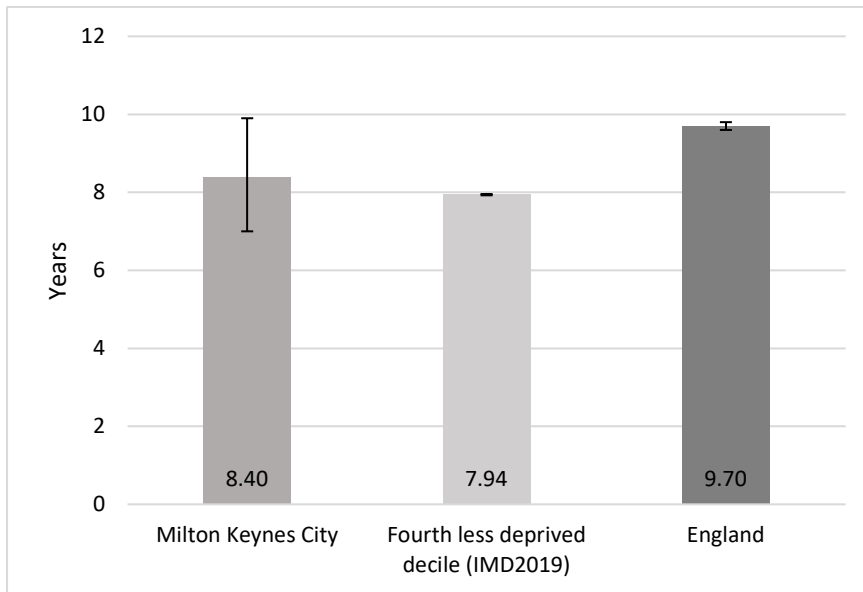


Source; OHID Fingertips, 2025²¹

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

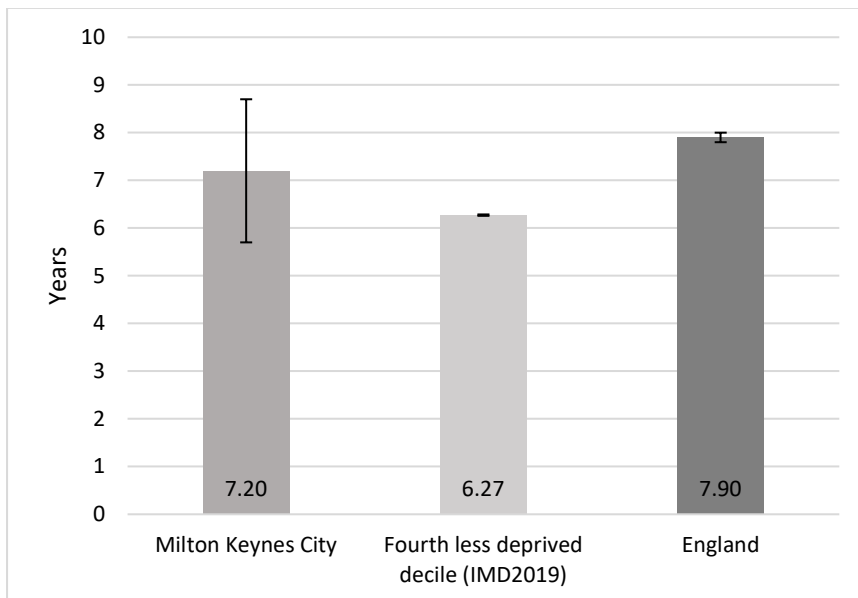
- Figure 9 shows the inequality in life expectancy at birth for males in Milton Keynes is 8.40 years, this is similar to the fourth least deprived decile (7.94 years) and the England average (9.70 years).
- Figure 10 shows the inequality in life expectancy at birth for females in Milton Keynes is 7.20 years, similar to fourth least deprived decile (6.27 years) and the England average (7.90 years).

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



Source: OHID Fingertips, 2025²¹

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



Source: OHID Fingertips, 2025²¹

4.4 Wider determinants of health

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

The reason there are different health outcomes in different areas of Milton Keynes is because health inequalities are strongly linked to deprivation. There is a substantial amount

of evidence showing that people living in the most deprived areas have poorer health and health outcomes than those in the more affluent areas. People in deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects.

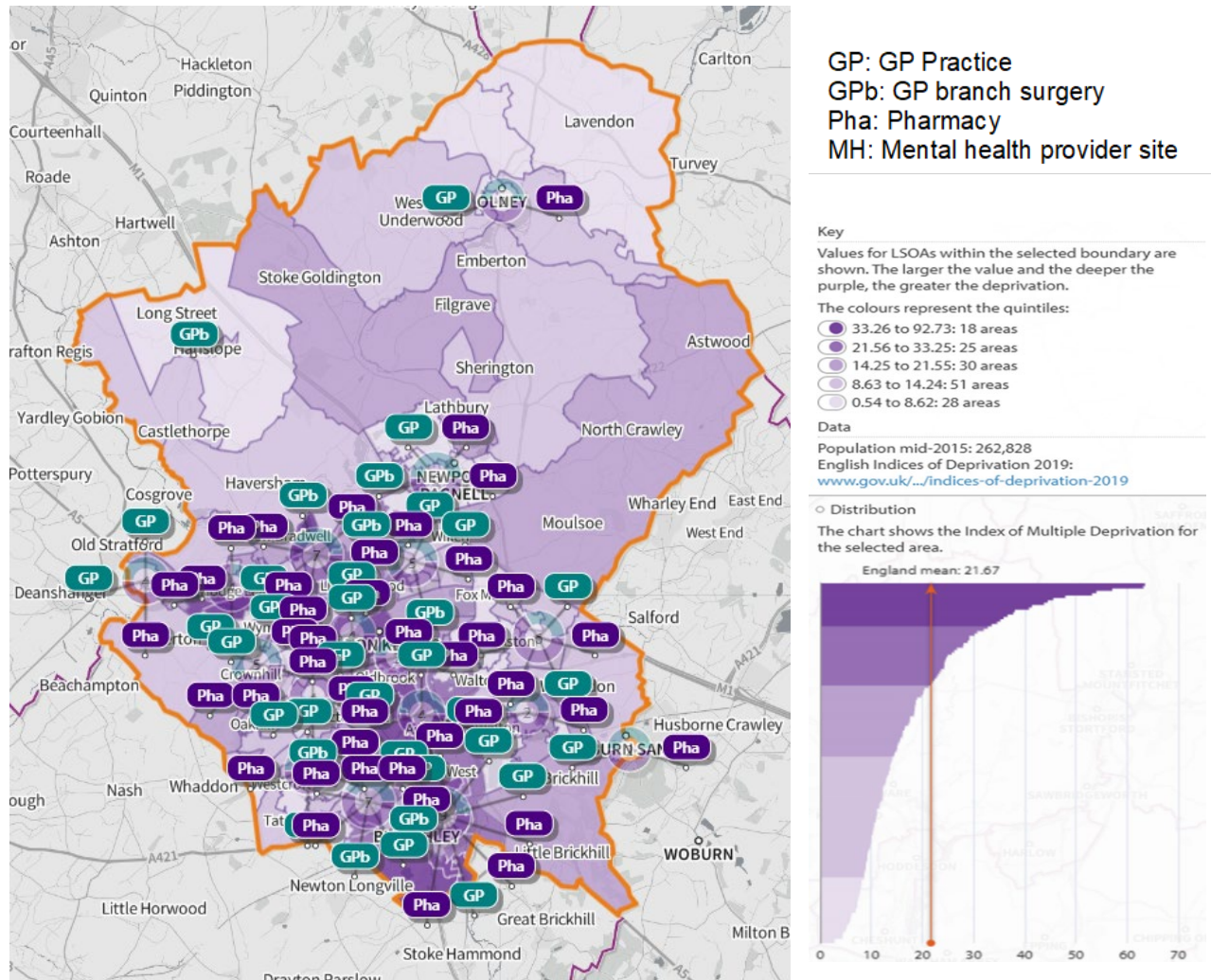
The Index of Multiple Deprivation 2019 (IMD2019)²⁰ measures socioeconomic disadvantage across seven domains:

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

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

Milton Keynes City is in the fourth least deprived decile for overall score for deprivation relative to all other local authorities in England. However, 18 out of 152 LSOAs in Milton Keynes are in the most deprived 20% nationally, with 8 among the most deprived 10%. The most deprived wards are Bletchley East, and Woughton & Fishermead⁴.

Figure 11: Index of Multiple Deprivation – LSOA Milton Keynes, 2019



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4.4.1 Income

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

- In Milton Keynes, there was a decrease in the number of areas in the most deprived 20% nationally (from 23 in the IMD 2015 to 17 areas in the IMD 2019). The most deprived areas based on income are Woughton & Fishermead and Bletchley East⁴.

4.4.2 Employment

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

Employment rates in Milton Keynes compare favourably to England. 80.7% people aged 16-64 are in employment in Milton Keynes compared with 75.7% across England (2022/23 data). However, there has been an increase in the number of areas among the most deprived areas nationally from 7 LSOAs in the IMD 2015 to 9 LSOAs in the IMD 2019. The areas which are most deprived are Woughton & Fishermead and Bletchley East⁴.

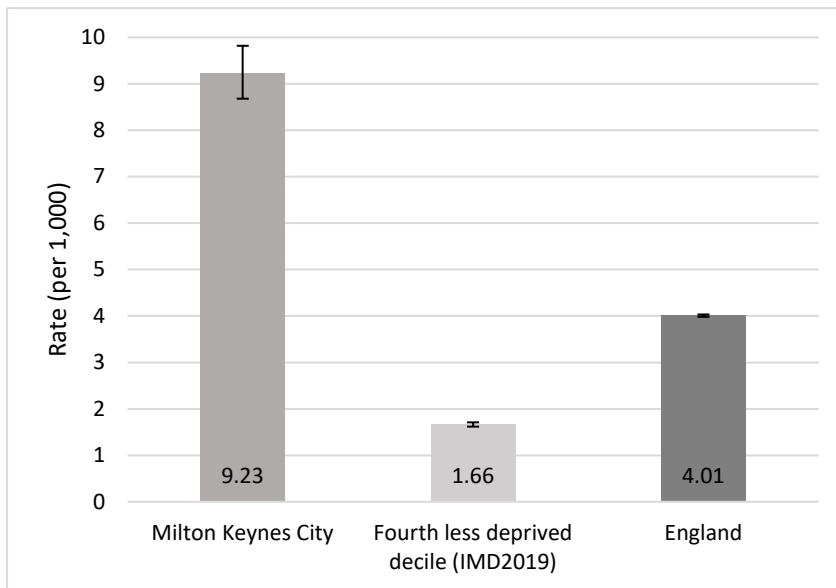
4.4.3 Education, skills, qualifications

Education and health and wellbeing are intrinsically linked. Education is strongly associated with healthy life expectancy, morbidity and health behaviours. Educational attainment plays an important role in health by shaping opportunities, employment, and income. Low educational attainment is correlated with poorer life outcomes and poor health. There has been an increase in the number of areas amongst the most deprived nationally from 8 in the IMD 2015 to 9 areas in the IMD 2019, while the number amongst the top 20% has decreased. The most deprived areas in the local authority area are Stony Stratford and Woughton & Fishermead⁴.

4.4.4 Housing and homelessness

Figure 12 shows the rate (per 1,000) households in temporary accommodation across Milton Keynes, the fourth least deprived decile and in England. The 2021/22 rates for Milton Keynes were 9.23 per 1,000 people. This is statistically significantly higher than the fourth least deprived decile (1.66 per 1,000) and the England average of 4.01 per 1,000.

Figure 12: Homelessness: households in temporary accommodation, 2021/22

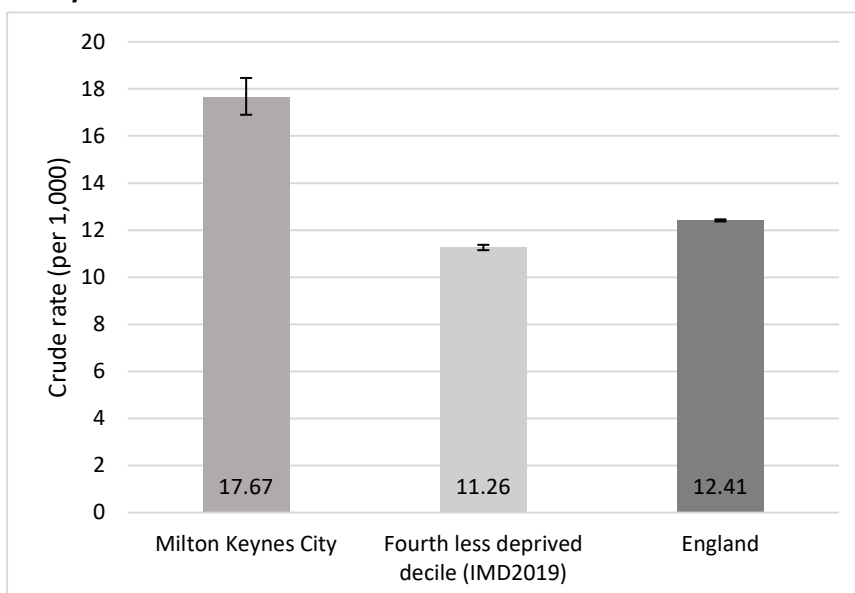


Source: OHID Fingertips²¹

Figure 13 shows the rate (per 1,000) households owed a duty under the Homelessness Reduction Act across Milton Keynes, the fourth least deprived decile and in England.

The 2022/23 rates for Milton Keynes was 17.67 per 1,000 people. This is statistically significantly higher than both the fourth least deprived decile (11.26 per 1,000), and the England average of 12.41 per 1,000.

Figure 13: Homelessness: households owed a duty under the Homelessness Reduction Act, 2022/23



Source: OHID Fingertips, 2025²¹

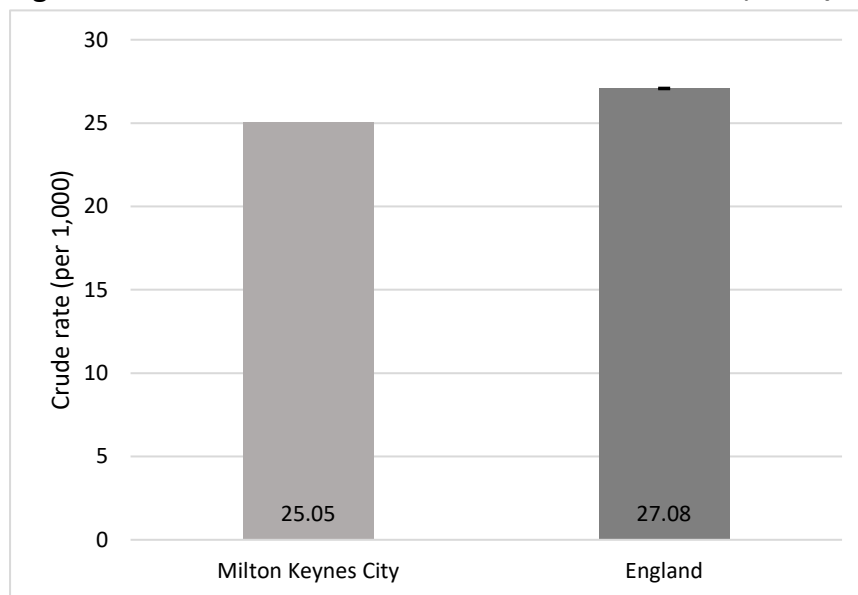
4.4.5 Crime

Crime can have a wide-ranging effect on people’s health. In Milton Keynes, indicators relating to crime are lower than England. The number of areas among the 10% most deprived nationally has decreased from 11 to 3, and the 20% most deprived has decreased from 25 to 14 areas between 2015 and 2019⁴. The most deprived wards for the IMD 2019 crime domain are: Bletchley Park, Bletchley East, Woughton & Fishermead and Campbell Park and Old Woughton⁴.

4.4.6 Domestic abuse related incidents and crimes

Figure 14 shows the rate per 1,000 of domestic abuse related incidents and crimes in 2023/24 across Milton Keynes and England. The rates for Milton Keynes were 25.05 per 1,000 and the England average rate was 27.08 per 1,000²¹ (statistical significance is not calculated for this indicator).

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



Source: OHID Fingertips, 2025²¹

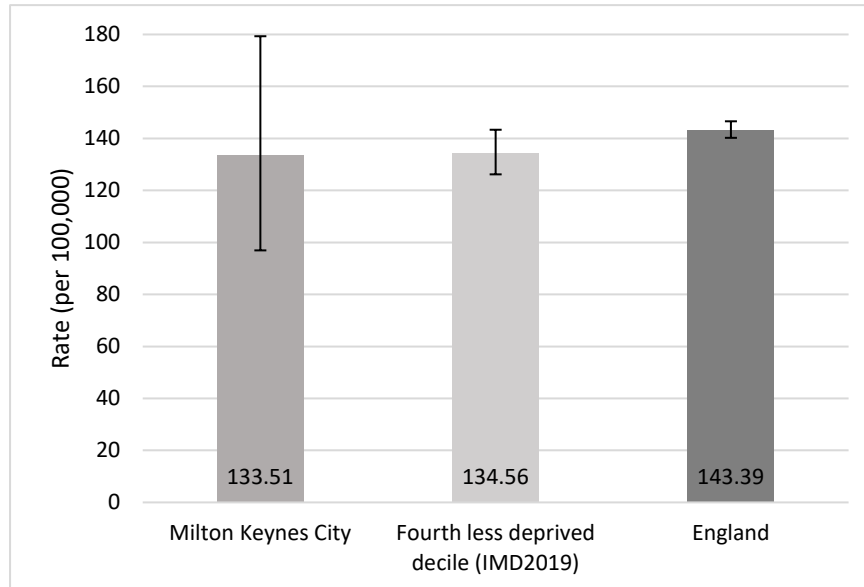
4.4.7 Prison populations

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

Figure 15 shows the rate per 100,000 of first-time entrants to the youth justice system in 2023 across Milton Keynes, the fourth least deprived decile and in England.

The rates for Milton Keynes were 133.51 per 100,000, which is lower than both the fourth least deprived decile (134.56 per 100,000), and the England average of 143.39 per 100,000 but this is not a statistically significant difference.

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



Source: OHID Fingertips, 2025²¹

4.4.8 Living environment

The quality of the built and natural environment such as air quality and the quality of green spaces also affects health. Milton Keynes has seen an increase in areas for living environments that are amongst the more deprived 10% and 20% nationally (from 0 to 1 and 2 to 3 respectively from IMD 2015 to IMD 2019). The most deprived areas for living environment in Milton Keynes are Newport Pagnell North & Hanslope, Olney, Wolverton and Bradwell.

4.5 Housing and regeneration

Milton Keynes's Local Plan was outlined in Plan: MK 2016-2031²². The plan has a vision of making Milton Keynes known internationally as a great city within a thriving rural hinterland, with open green spaces and high-quality places to live with facilities easily accessible to all. The plan aims to deliver a minimum of 26,500 net dwellings across the area as follows:

- Milton Keynes City Council – includes uncompleted city estates and expansion areas. Central Milton Keynes is identified as a key area for development.
- Key Settlements – the plan designates Newport Pagnell, Olney and Woburn Sands as key settlements where new development will also be concentrated.

- Villages and Rural settlements – development in these areas will occur within defined settlement boundaries in compliance with neighbourhood plans.

4.6 Transport

Milton Keynes City Council is in the process of developing an updated Local Transport Plan. The new plan will build on the vision outlined in the current Local Transport Plan (the Mobility Strategy for Milton Keynes 2018-2036²³) for a transport system that makes its facilities easily accessible to all by using smart methods of travel that combine effective use of road and parking space with improved personal mobility.

Enabling and encouraging sustainable travel is the theme of the developing new transport plan, recognising that to support the growth planned for in Milton Keynes, there needs to be a transition away from private car dominated transport to a transport network that offers attractive modal choice for journeys. This will also support delivering the Health and Wellbeing Strategy⁵. The improved public transport network will support walking and cycling schemes, including 'soft' measures such as cycling training and better access to cycles and bike ownership. The population of Milton Keynes City Council benefits from MK Redways, an off-road walking, cycling, wheeling and scooting network, and future investment will help support better access and utilisation of MK Redways in the future.

4.7 Lifestyle factors affecting health outcomes

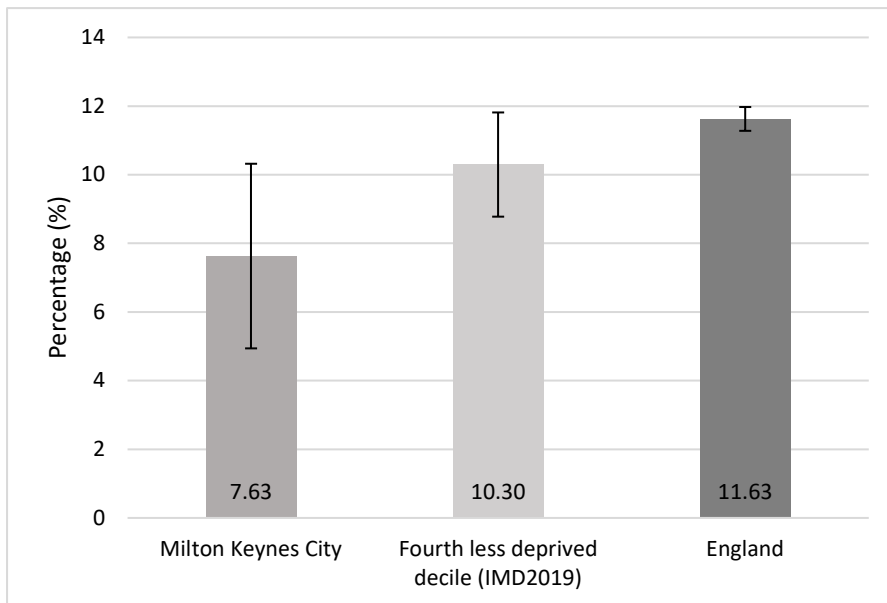
In 2012, work by the King's Fund²⁴ examined how four lifestyle risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four poor behaviours.

4.7.1 Smoking

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

Figure 16 shows the proportion of the adult population which were recorded in the annual population survey (APS) as current smokers in 2023. The prevalence of smoking in those aged 18 years and over in Milton Keynes was recorded as 7.63%. This is similar to the fourth least deprived decile (10.30%) but statistically significantly lower than the England average of 11.63%.

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



Source: OHID Fingertips, 2025²¹

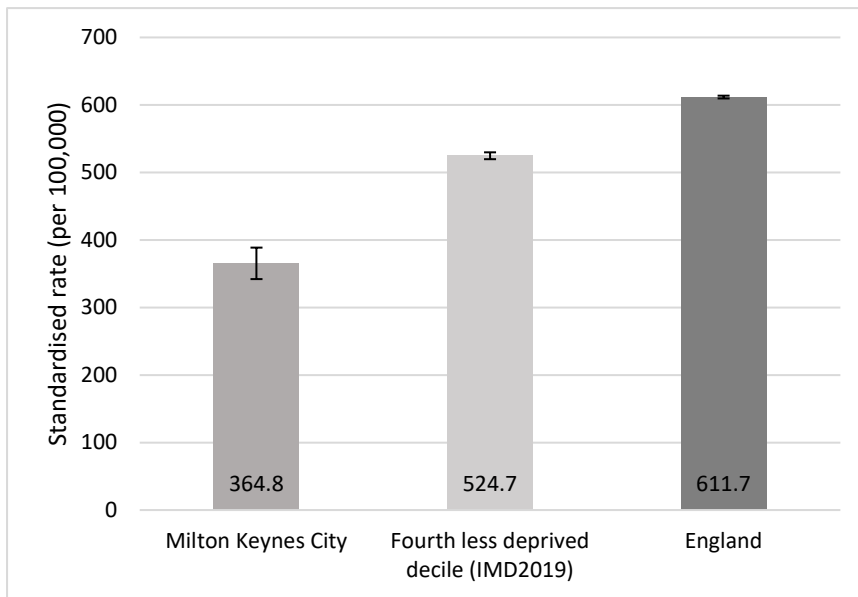
How pharmacies support:

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

4.7.2 Alcohol

Figure 17 shows the admission episodes for alcohol-specific conditions in Milton Keynes, deprived decile and England recorded in 2023/24. The rates for Milton Keynes were 364.83 per 100,000 which is statistically significantly lower than both the fourth least deprived decile (524.72 per 100,000), and the England average of 611.67 per 100,000.

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



Source: OHID Fingertips, 2025²¹

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

4.7.3 Healthy weight

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

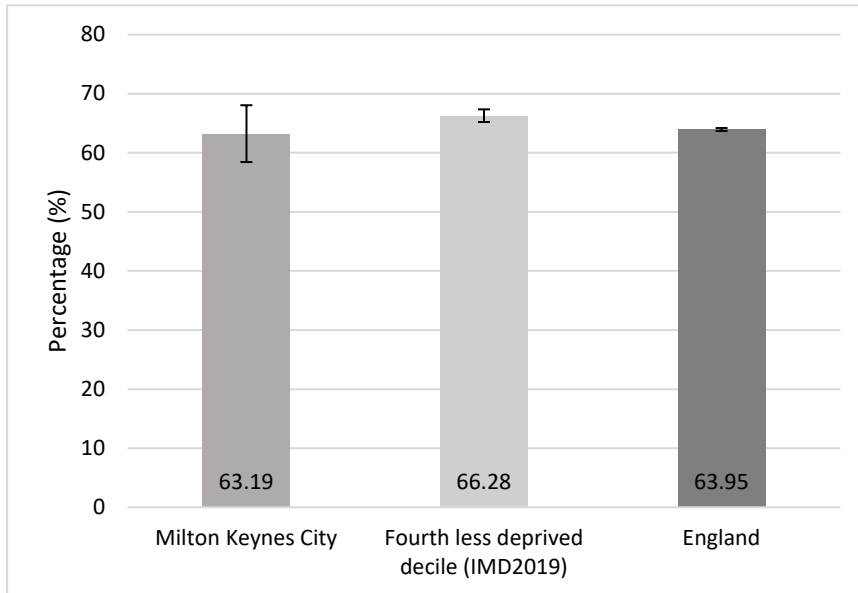
Overweight and obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly:

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

Figure 18 shows the percentage of adults classified as overweight or obese in Milton Keynes, the fourth least deprived decile, and England in 2022/23. The rates for Milton Keynes were 63.19% which is statistically similar to the rates in the fourth least deprived decile (66.28%) and the England average of 63.95%. In 2023/24, 21.1% of children in Year R

(aged 4-5 years old) in Milton Keynes were living with excess weight (overweight, including obesity), similar to the England average (22.1%). In 2023/24, 36.2% of Year 6 children in Milton Keynes (aged 10-11 years old) were living with excess weight (overweight, including obesity), again similar to the England average of 35.8%.²¹

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

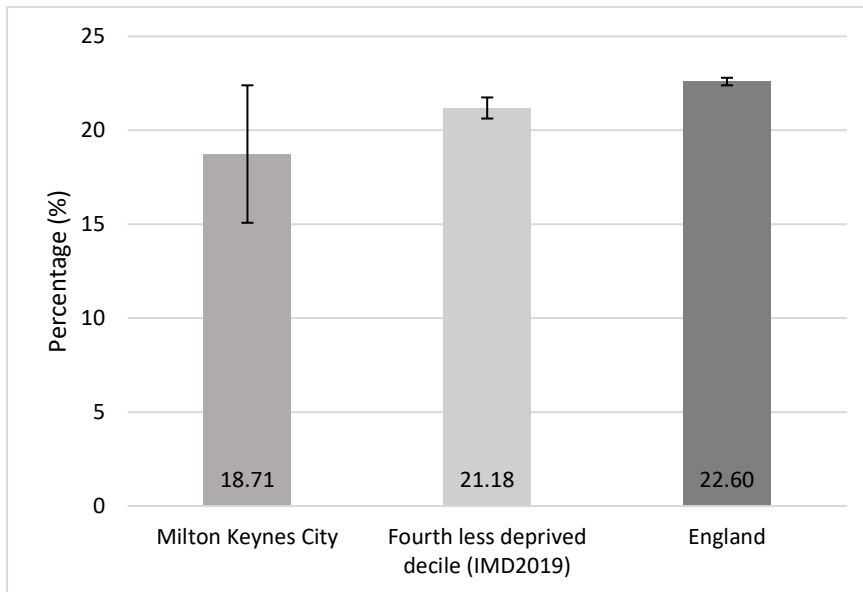


Source: OHID Fingertips, 2025²¹

4.7.4 Physical activity

Figure 19 shows the percentage of physically inactive adults in Milton Keynes, the fourth least deprived decile and England in 2022/23. The percentage of physically inactive adults in Milton Keynes was 18.71%. This is lower than for the fourth least deprived decile (21.18% but not statistically significant). The England average is 22.60%.

Figure 19: Percentage of physically inactive adults, 2022/23



Source: OHID Fingertips, 2025²¹

How pharmacies support:

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

4.7.5 Sexual health

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

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

- The diagnostic rate (per 100,000) of syphilis and gonorrhoea in Milton Keynes is statistically significantly better than England average.
- The Chlamydia detection rate per 100,000 aged 15 to 24 years (female) in Milton Keynes is similar to the England average.

- However, the STI testing rate (excluding chlamydia under 25) per 100,00 is significantly lower in Milton Keynes than England average.

Figure 20: Sexual health indicators for Milton Keynes

Indicator	Period	Milt Keynes				England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Violent crime - hospital admissions for violence (including sexual violence) New data	2021/22 - 23/24	–	235	25.6	34.2	170.5		12.0	
Violent crime - sexual offences per 1,000 population New data	2023/24	↑	894	3.1	2.9	0.9		13.7	
Genital warts diagnostic rate per 100,000	2023	→	98	33.5	45.8	175.2		0.0	
Syphilis diagnostic rate per 100,000	2023	→	19	6.5	16.7	184.4		0.0	
Gonorrhoea diagnostic rate per 100,000	2023	→	254	87	149	1,295		33	
Chlamydia detection rate per 100,000 aged 15 to 24 (Female)	2023	→	415	2,739	1,962	984		4,800	
<2,400 2,400 to 3,250 ≥3,250									
Chlamydia proportion of females aged 15 to 24 screened	2023	–	3,713	24.5%	20.4%	11.6%		41.3%	
Genital herpes diagnosis rate per 100,000	2023	↑	111	38.0	47.6	176.4		0.0	
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2023	↑	1,214	415	520	3,304		177	
STI testing rate (exclude chlamydia aged under 25) per 100,000	2023	↑	10,547	3,609.8	4,110.7	1,117.1		21,742.2	
STI testing positivity (excluding chlamydia aged under 25)	2023	→	572	5.4%	7.3%	3.9%		14.9%	
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	2023	→	669	2,100	1,546	803		3,379	
Chlamydia detection rate per 100,000 aged 15 to 24 (Male)	2023	→	235	1,406	1,042	478		2,657	
Chlamydia diagnostic rate per 100,000	2023	→	1,146	392	341	149		1,420	
Chlamydia diagnostic rate per 100,000 aged 25 years and older	2023	↑	468	233	223	1,368		75	
All new STI diagnoses rate per 100,000	2023	→	1,892	648	704	289		3,730	
Total prescribed LARC excluding injections rate / 1,000	2022	→	2,930	48.8	44.1	5.4		74.6	
SRH Services prescribed LARC excluding injections rate / 1,000	2022	↑	725	12.1	17.7	0.0		52.8	
Women choose injections at SRH Services (%)	2020	→	180	7.6%	8.1%	1.6%		25.7%	
Women choose user-dependent methods at SRH Services (%)	2020	↓	1,405	59.2%	54.9%	34.2%		72.4%	
Women choose hormonal short-acting contraceptives at SRH Services (%)	2020	↓	820	34.5%	41.7%	20.3%		66.4%	
Under 25s choose LARC excluding injections at SRH Services (%)	2022	↑	265	30.3%	36.2%	10.8%		77.9%	
Over 25s choose LARC excluding injections at SRH Services (%)	2022	→	655	56.7%	53.2%	18.2%		92.3%	
Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18	2018	–	40	5.9	21.2	59.0		3.0	
Mycoplasma genitalium diagnostic rate per 100,000	2023	↑	49	16.8	15.6*	0.5		113.9	
Trichomoniasis diagnostic rate per 100,000	2023	→	67	22.9	16.0*	0.5		131.6	
Women prescribed injectable contraception at SRH services: rate per 1,000	2022	–	130	2.2	3.7	0.0		34.1	
Initiation or continuation of PrEP among those with PrEP need	2023	–	290	75.7%	73.0%	0.0%		87.4%	
Determining PrEP need	2023	–	383	10.3%	10.1%	0.0%		38.7%	
Sexually transmitted Shigella spp. per 100,000 adult male population	2023	→	4	4.0	9.0	113.0		0.0	
HIV testing rate per 100,000 population	2023	↑	7,923	2,711.7	2,770.7	360.9		15,587.5	

Source: OHID Fingertips²¹

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

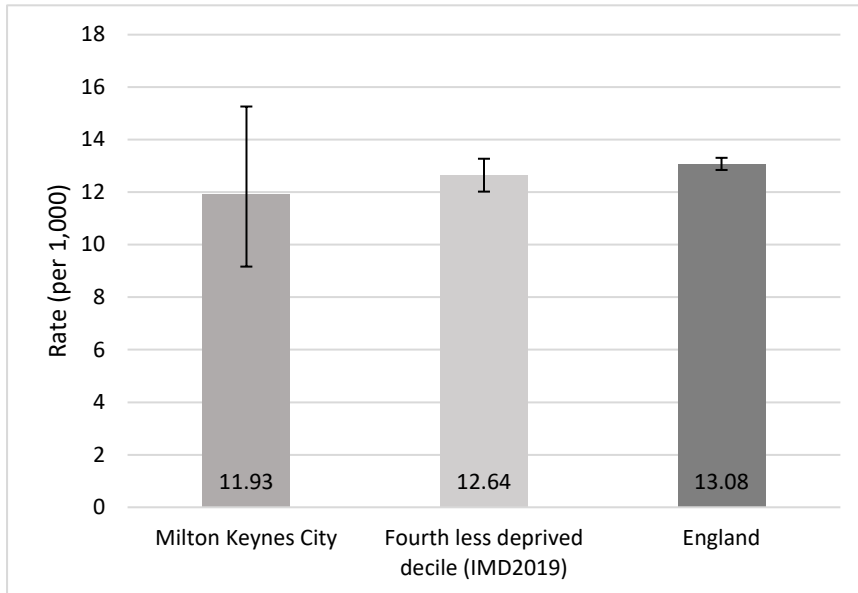
4.7.6 Teenage pregnancy

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

Children born to mothers under 20 have higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health²⁵. Teenage mothers are also three times more likely to suffer from post-natal depression²⁶ and experience poor mental health for up to three years after the birth²⁷.

Figure 21 shows that the under-18 conception rate for Milton Keynes, the fourth least deprived decile and England for the most recently available data (2021). The rates per 1,000 for Milton Keynes were 11.93, which is lower, but not statistically significantly different, to the fourth least deprived decile (12.64) and the England average of 13.08.

Figure 21: Under 18s conception rate, 2021



Source: OHID Fingertips, 2025²¹

How pharmacies support:

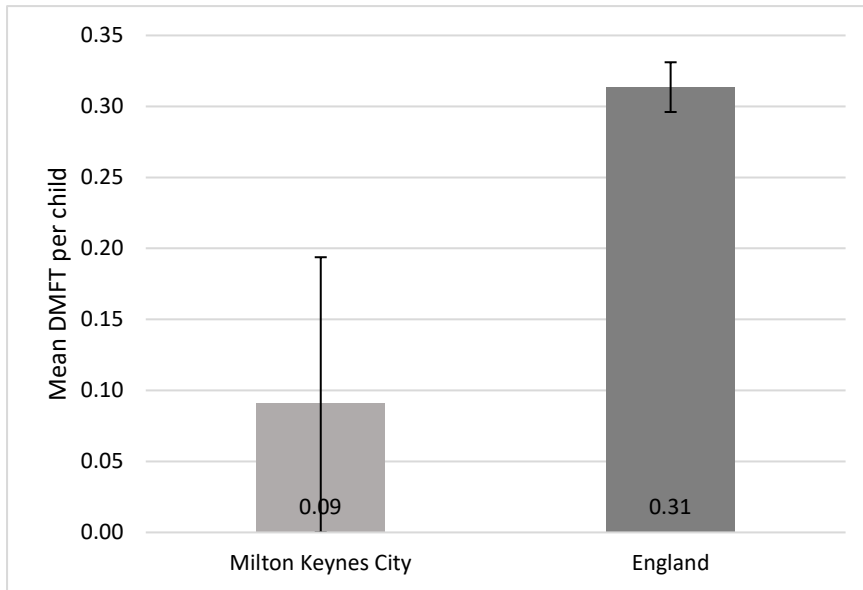
- Provision of free condoms (C-card scheme)
- Free emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services
- Dual screening service

4.7.7 Oral health

Figures 22 and 23 show the mean DMFT (Decayed, Missing or Filled teeth) per child in Milton Keynes and across England, for both three-year-olds and five-year-olds.

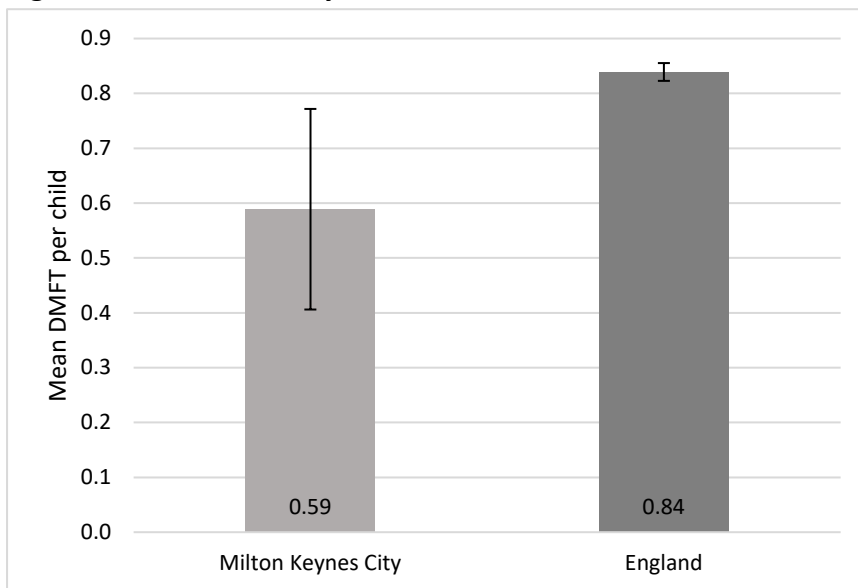
The average number of decayed, missing or filled teeth for three-year-olds in Milton Keynes in 2019/20 was 0.09, which is statistically significantly lower than England average of 0.31. The average number of decayed, missing or filled teeth for five-year-olds in Milton Keynes in 2022 was 0.59. This is statistically significantly lower than the England average of 0.84.

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



Source: OHID Fingertips, 2025²¹

Figure 23: DMFT in five-year olds, 2022



Source: OHID Fingertips, 2025²¹

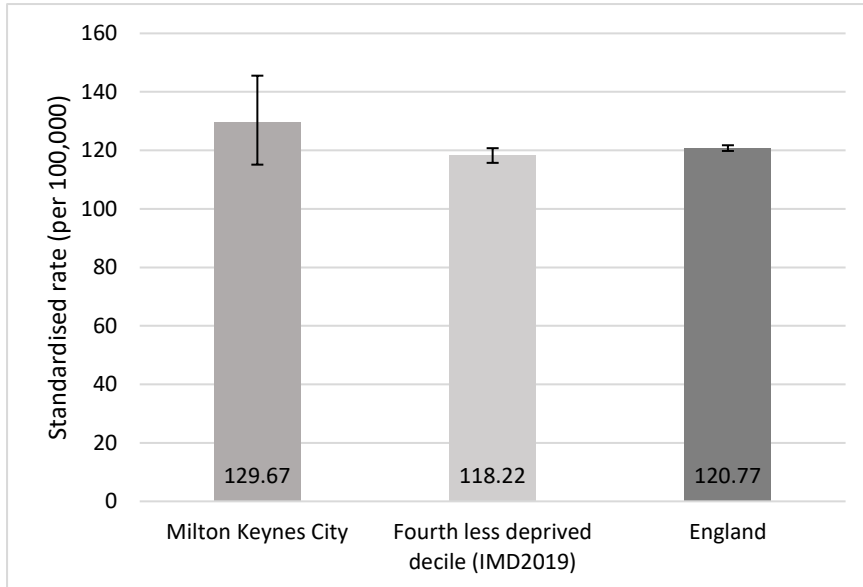
4.8 Cancers

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

Figure 24 shows the under-75 mortality rate from cancer in 2023 for Milton Keynes compared to the fourth least deprived decile and England.

The standardised mortality rates per 100,000 people under-75 who died from cancer was higher in Milton Keynes (129.67) than both the fourth least deprived decile of 118.22 and the England average of 120.77, but this was not a statistically significant difference.

Figure 24: Under 75 mortality rates from cancer, 2023



Source: OHID Fingertips, 2025²¹

How pharmacies support:

- Advice and support
- Signposting to preventative services
- Medicines optimisation
- New medicine service
- Discharge medicine service

4.9 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS Long Term Plan⁸ has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer healthier lives and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have

increased risk of developing long-term conditions; better management can help to reduce health inequalities.

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

They account for:

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

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

4.9.1 Cardiovascular disease

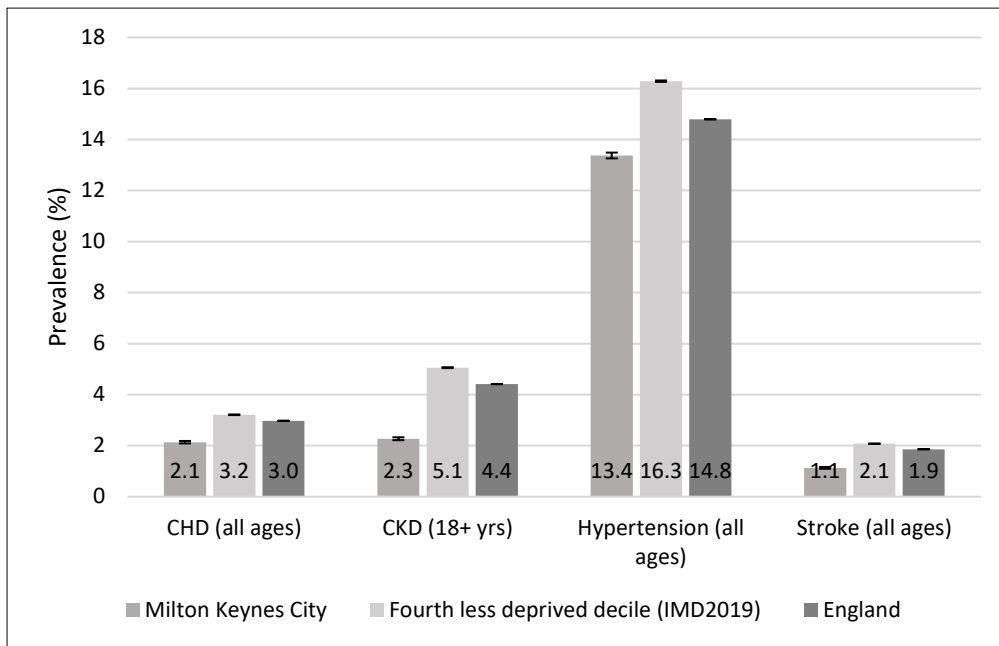
Cardiovascular disease (CVD) includes a number of different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease and is more prevalent in lower socio-economic and minority ethnic groups. Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment.

Figure 25 shows the QOF prevalence for coronary heart disease (CHD) and stroke in 2023/24 in Milton Keynes, the fourth least deprived decile and England.

The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

- CHD prevalence in Milton Keynes was 2.13%, which is statistically significantly lower than both the fourth least deprived decile (3.21%) and England averages (2.97%).
- Stroke (all ages) prevalence in Milton Keynes was 1.13%, which is statistically significantly lower than the fourth least deprived decile (2.07%) and England averages (1.86%).

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



Source: OHID Fingertips, 2025²¹

How pharmacies support:

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

4.9.2 Hypertension

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events.

Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease.

Figure 25 shows the QOF prevalence for hypertension (all ages) in 2023/24. Milton Keynes (13.37%) was statistically significantly lower than both the fourth least deprived decile (16.29%) and the England average (14.79%).

How pharmacies support:

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

4.9.3 Chronic kidney disease

Chronic kidney disease (CKD) is the progressive loss of kidney function over time, due to damage or disease. It becomes more common with increasing age and is more common in people from black and South Asian ethnic communities.

Chronic kidney disease is usually caused by other conditions that put a strain on the kidneys such as high blood pressure, diabetes, high cholesterol, infection, inflammation, blockage due to kidney stones or an enlarged prostate, long-term use of some medicines or certain inherited conditions.

People with chronic kidney disease are at increased risk of cardiovascular diseases.

Figure 25 shows the QOF prevalence for chronic kidney disease (CKD) for people aged 18 years and over in 2022/23 in Milton Keynes (2.27%) is statistically significantly lower than both the fourth least deprived decile (5.06%) and the England averages (4.41%).

How pharmacies support:

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

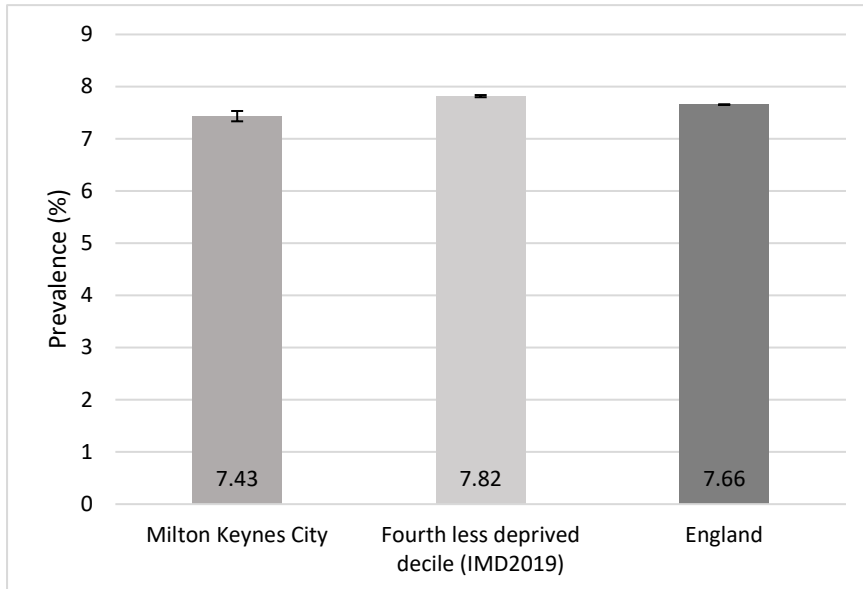
4.9.4 Diabetes

Diabetes is a chronic and progressive disease that can have a significant impact on health and wellbeing. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care.

Preventing Type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity, diet and physical activity.

Figure 26 shows the QOF prevalence of diabetes in people aged 17 years and over in 2023/24. Milton Keynes (7.43%) is statistically significantly lower than both the fourth least deprived decile (7.82%) and the England average of 7.66%.

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



Source: OHID Fingertips, 2025²¹

How pharmacies support:

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

4.9.5 Respiratory

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable.

Respiratory disease covers a wide variety of conditions, including common conditions such as asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and influenza, and less common diseases such as interstitial lung disease and mesothelioma. COPD is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on

the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control.

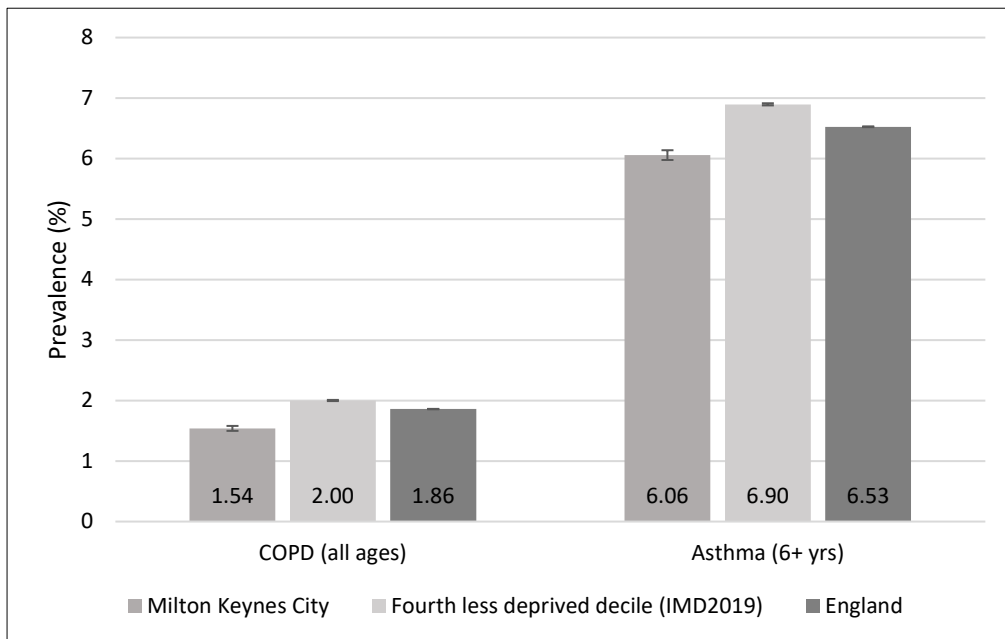
Asthma is a long-term condition which affects the airways. In England, 1 in 11 people are currently receiving treatment for asthma.

Figure 27 shows the QOF prevalence of COPD and asthma in 2023/24 in Milton Keynes, the fourth least deprived decile and England.

The recorded (diagnosed) prevalence for COPD (all ages) in Milton Keynes was 1.54%, which is statistically significantly lower than both the fourth least deprived decile (2.00%) and the England average of 1.86%.

The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Milton Keynes was 6.06%, which is statistically significantly lower than both the fourth least deprived decile (6.90%) and the England averages of 6.53%.

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



Source: OHID Fingertips, 2025²¹

How pharmacies support:

- Advice and support
- Support with smoking cessation
- Support with correct inhaler technique
- New medicine service
- Discharge medicine service

4.9.6 Older people

As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

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

The UK population is projected to continue growing and will reach over 74 million by 2039. The population in the UK is ageing with 18% aged 65 and over and 2.4% aged 85 and over²⁸. This poses significant challenges not only to the health and social care sector but also economic challenges in terms of employability and business growth. Prevention and early intervention offer opportunities to reduce long-term conditions and increase healthy life expectancy.

How pharmacies support:

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

4.9.7 Dementia

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

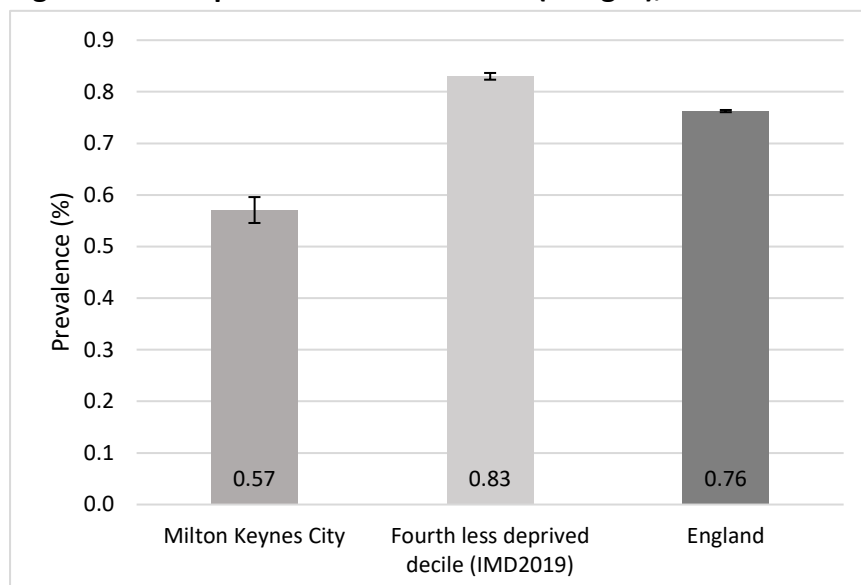
The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk of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

There are different types of dementia; all of them are progressive and interfere with daily life. Alzheimer's disease and vascular dementia together make up the vast majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, and give time to prepare and plan for the future.

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

Figure 28 shows the QOF prevalence of dementia (all ages) in 2023-24 in Milton Keynes was 0.57%. This is statistically significantly lower than both the fourth least deprived decile (0.83%) and the England average of 0.76%.

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



Source: OHID Fingertips, 2025²¹

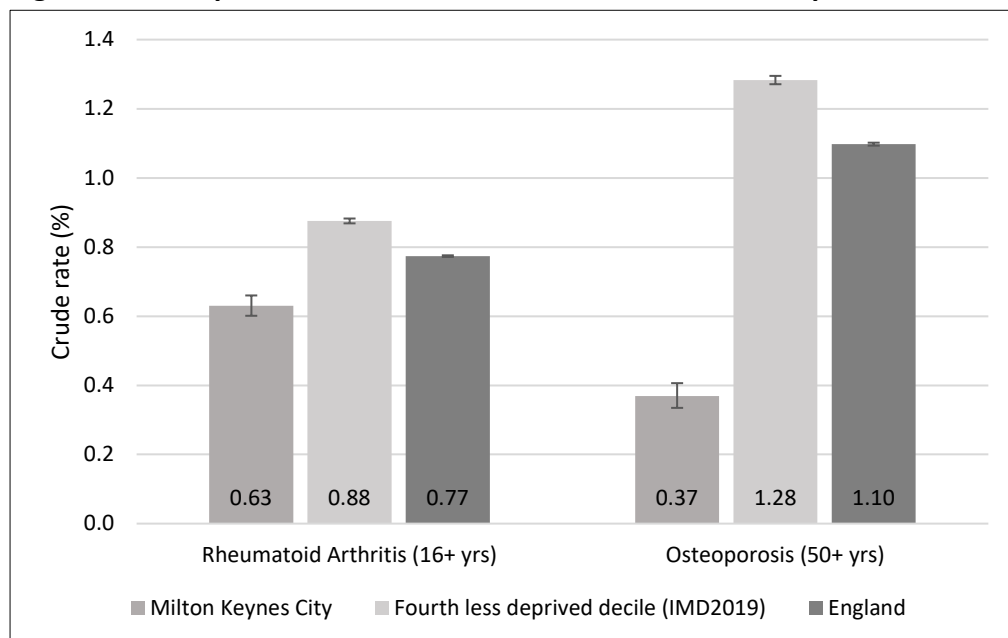
4.9.8 Rheumatoid arthritis and osteoporosis

Figure 29 shows the QOF prevalence of rheumatoid arthritis and osteoporosis in 2023/24 in Milton Keynes, the fourth least deprived decile and England.

The recorded (diagnosed) prevalence for Rheumatoid arthritis in those aged 16 years and over in Milton Keynes was 0.63%. This is statistically significantly lower than both fourth least deprived decile (0.88%), and the England average of 0.77%.

The recorded prevalence for Osteoporosis in those aged 50 years and over in Milton Keynes was 0.37%, which is statistically significantly lower than both fourth least deprived decile (1.28%) and the England average of 1.10%.

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

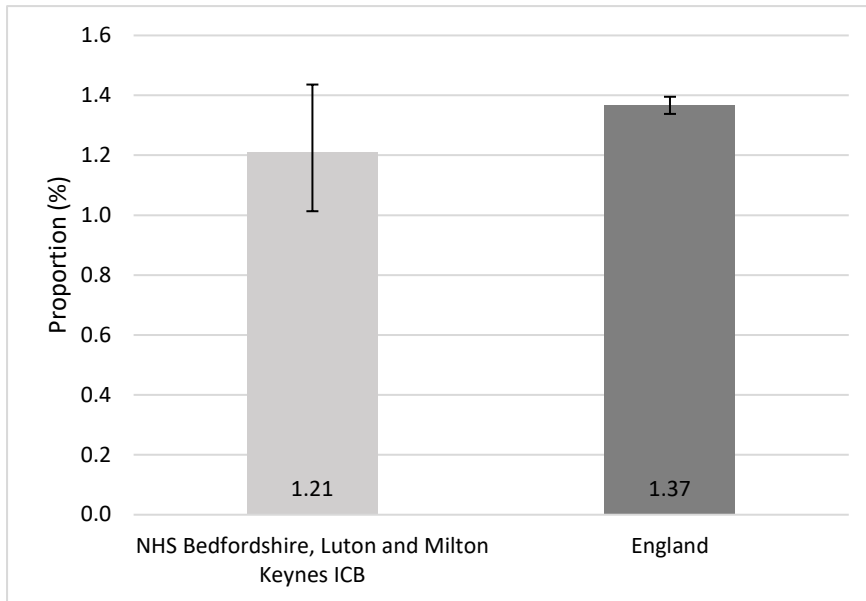


Source: OHID Fingertips, 2025²¹

4.9.9 Visually impaired

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

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

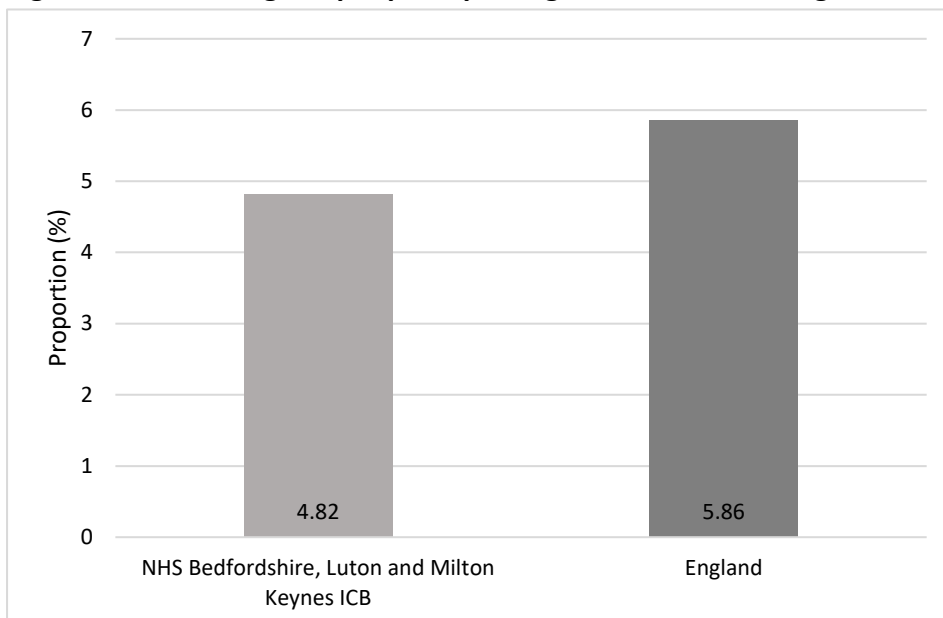


Source: OHID Fingertips, 2025²¹

4.9.10 Hearing impaired

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

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



Source: OHID Fingertips, 2025²¹

4.9.11 Burden of disease

Mortality does not give a complete picture of the burden of disease borne by individuals in different populations. The overall burden of disease is assessed using the Disability Adjusted Life Year (DALY), a time-based measure that combines Years of Life Lost due to premature mortality (YLLs) and years of life lost due to time lived in states of less than full health, or Years of Healthy Life Lost due to Disability (YLDs).

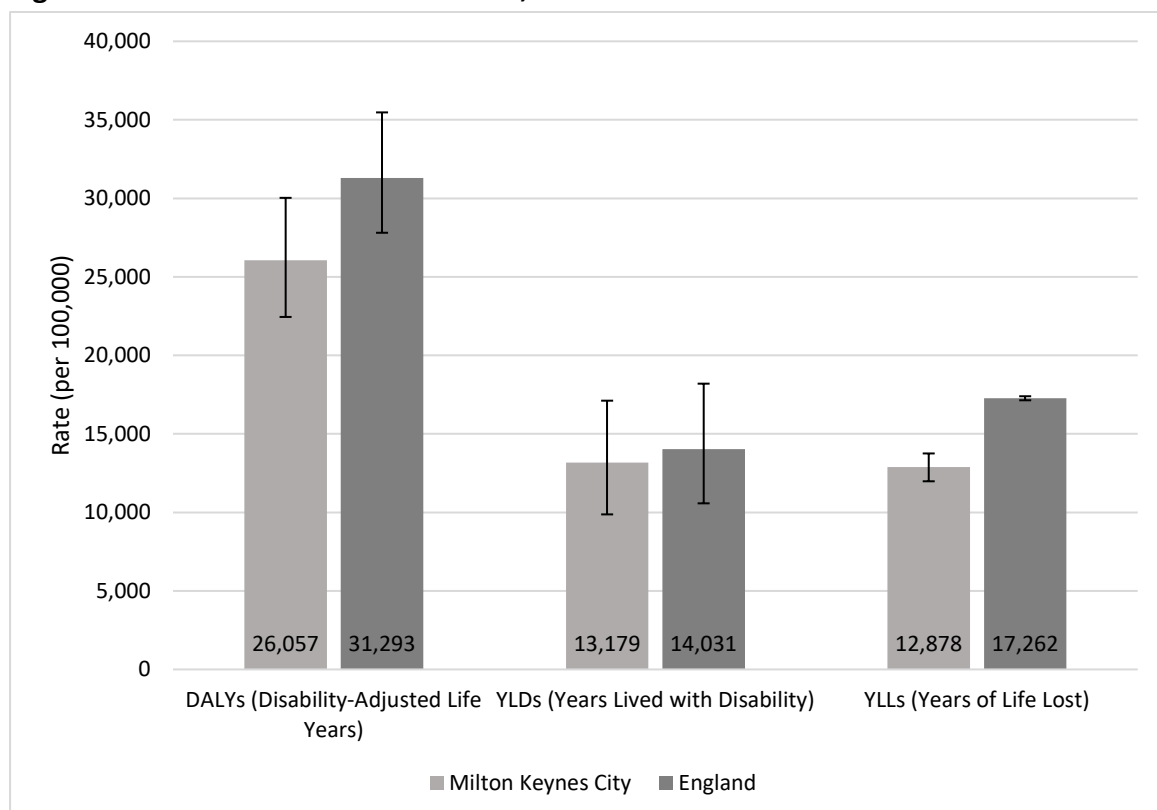
One DALY represents the loss of the equivalent of one year of full health. Using DALYs, the burden of diseases that cause premature death but little disability (such as drowning or measles) can be compared with that of diseases that do not cause death but do cause disability (such as cataracts causing blindness).

Figure 32 shows the burden of disease measures in 2021 for Milton Keynes and England. The rate for DALYs for Milton Keynes was 26,057 per 100,000, which was lower than the England average of 31,293 per 100,000 but this was not a statistically significant difference.

The rate for YLDs for Milton Keynes was 13,179 per 100,000, which was lower than the England average of 14,031 per 100,000, but this was not a statistically significant difference.

The rate for YLLs for Milton Keynes was 12,878 per 100,000, which was statistically significantly lower than the England average of 17,262 per 100,000.

Figure 32: Burden of disease measures, 2021

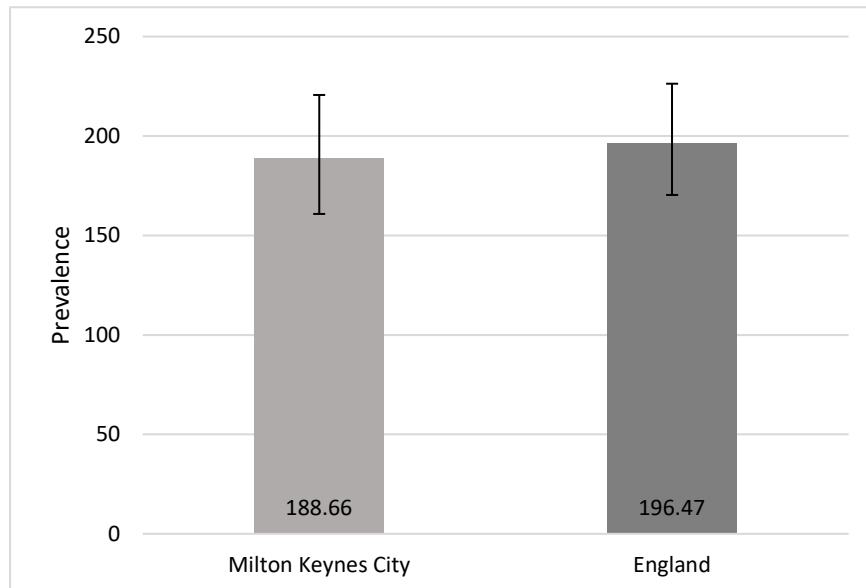


Source: Institute for Health Metrics and Evaluation, GBD Results Tool, 2024²⁹

4.9.12 Digestive diseases – IBD

Figure 33 shows the estimated prevalence rate of Inflammatory Bowel Disease (IBD) in 2021 for Milton Keynes and England. The rate for Milton Keynes was 188.66 per 100,000, which is statistically similar to the England average of 196.47 per 100,000.

Figure 33: Estimated rate of IBD, 2021



Source: OHID Fingertips, 2025²¹

4.10 Mental health and mental wellbeing

In recent years, there has been increasing recognition of the impact of mental illness on the population.

Differences in the allocation of resources between mental health and physical health, with historic underinvestment in mental health care across the NHS, are being addressed through the ambition of “parity of esteem”.

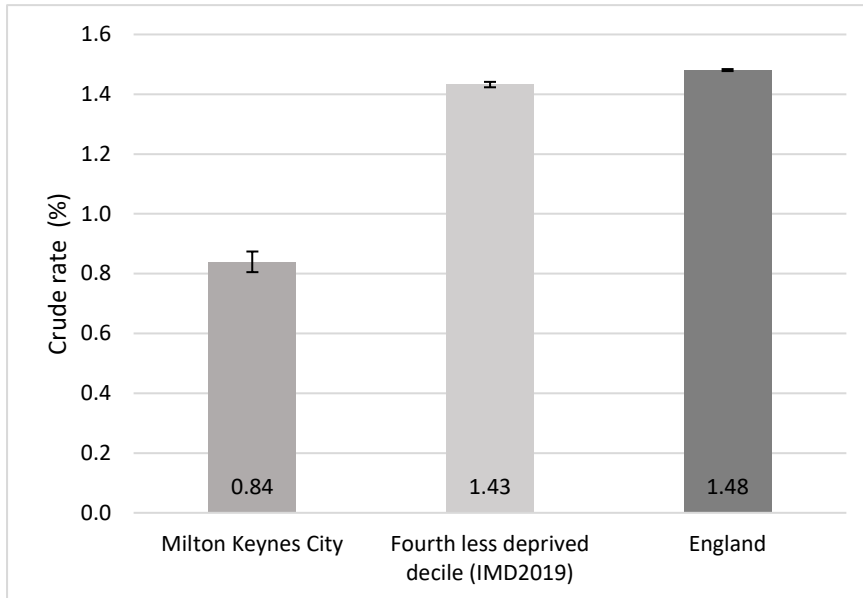
At the same time, the interplay between physical and psychological symptoms is becoming better understood, and the very real inequalities in health outcomes for people with mental health problems are being quantified.

We know that people with long-term physical illnesses suffer more complications if they also develop mental health problems.

Figure 34 shows the QOF incidence of depression in people aged 18 and over (registered with depression for the first time in the financial year) in 2023/2024 in Milton Keynes, the fourth least deprived decile and across England.

The incidence of new cases of depression in the year 23/24 is 0.84%, which is statistically significantly lower than both the fourth least deprived decile of 1.43% and the England average of 1.48%.

Figure 34: QOF incidence of new cases of depression (18+ yrs), 2023/24



Source: OHID Fingertips, 2025²¹

4.11 Learning disabilities

A learning disability affects the way a person understands information and how they communicate, which means they can have difficulty understanding new or complex information, learning new skills and coping independently. Learning disabilities can be mild, moderate or severe. Some people with a learning disability live independently without much support; others need help to carry out most daily activities.

Many people with learning disabilities also have physical and/or sensory impairments, and some might behave in a way that others find difficult or upsetting (called behaviour that 'challenges').

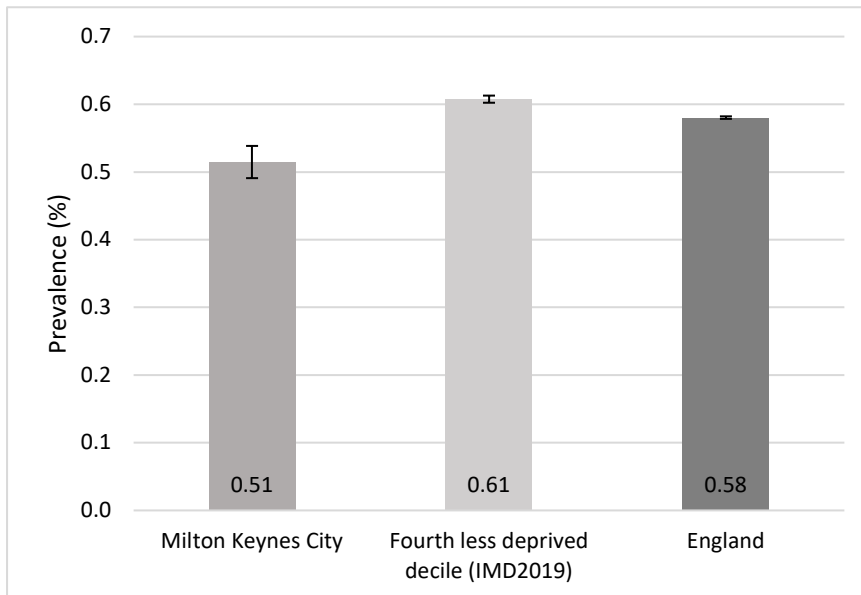
People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

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

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

Figure 35 shows the QOF prevalence of people living with a learning disability (all ages) in 2023/24 in Milton Keynes, the fourth least deprived decile and England. The recorded (diagnosed) prevalence for people living with a learning disability in Milton Keynes was 0.51%, which is statistically significantly lower than the fourth least deprived decile (0.61%) and England average of 0.58%.

Figure 35: QOF prevalence of persons living with a learning disability (all ages), 2023/24



Source: OHID Fingertips, 2025²¹

How pharmacies support:

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

4.12 Health protection issues

4.12.1 Seasonal influenza and COVID-19

Immunisation programmes help to protect individuals and communities from particular diseases and changes are made to immunisation programmes in response to emerging and changing risks from vaccine preventable illnesses. Community pharmacies make a significant contribution to the seasonal influenza and COVID-19 immunisation campaigns and continued support for this remains critical in protecting the population.

4.12.2 Population vaccination coverage

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

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

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

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

Figure 36 shows the population vaccination coverage of the seven vaccination indicators in 2023/24 in Milton Keynes, the fourth least deprived decile and across England

Rotavirus (Rota) (1 year): the population vaccination coverage in Milton Keynes was 91.02%, which is similar to the fourth least deprived decile average (91.30%) but statistically significantly higher than the England average of 88.48%.

MMR for one dose (5 years old): the population vaccination coverage in Milton Keynes was 91.92%, which is statistically significantly lower than the fourth least deprived decile average (93.70%) but statistically similar to the England average of 91.93%.

MMR for two doses (5 years old): the population vaccination coverage in Milton Keynes was 87.32%, which is statistically similar to the fourth least deprived decile average (87.29%) but statistically significantly higher than the England average of 83.91%.

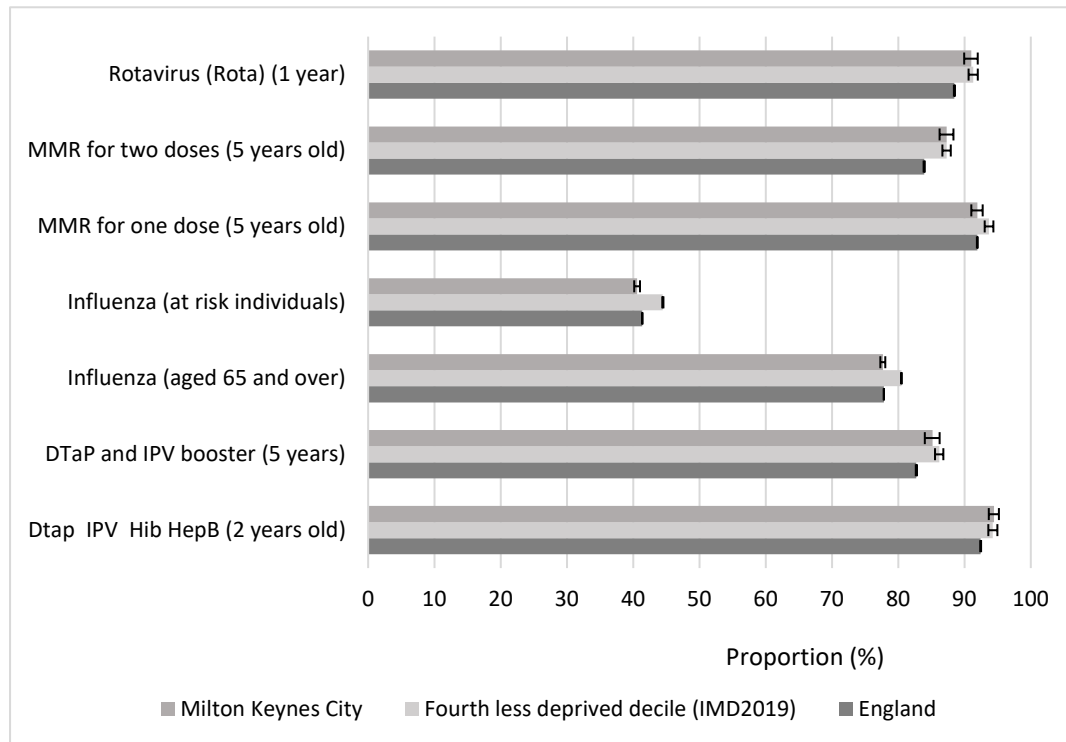
Influenza (at risk individuals): the population vaccination coverage in Milton Keynes was 40.59%, which is statistically significantly lower than both the fourth least deprived decile average (44.48%) and the England average of 41.37%.

Influenza (aged 65 and over): the population vaccination coverage in Milton Keynes was 77.67%, which is statistically significantly lower than the fourth least deprived decile average (80.48%) but similar to the England average of 77.82%.

DTaP and IPV booster (5 years): the population vaccination coverage in Milton Keynes was 85.16%, which is similar to the fourth least deprived decile average (86.18%) but statistically significantly higher than the England average of 82.74%.

DTaP IPV Hib HepB (2 years old): the population vaccination coverage in Milton Keynes was 94.48%, which is similar to the fourth least deprived decile average (94.27%) but statistically significantly higher than the England average of 92.44%.

Figure 36: Population vaccination coverage, 2023/24

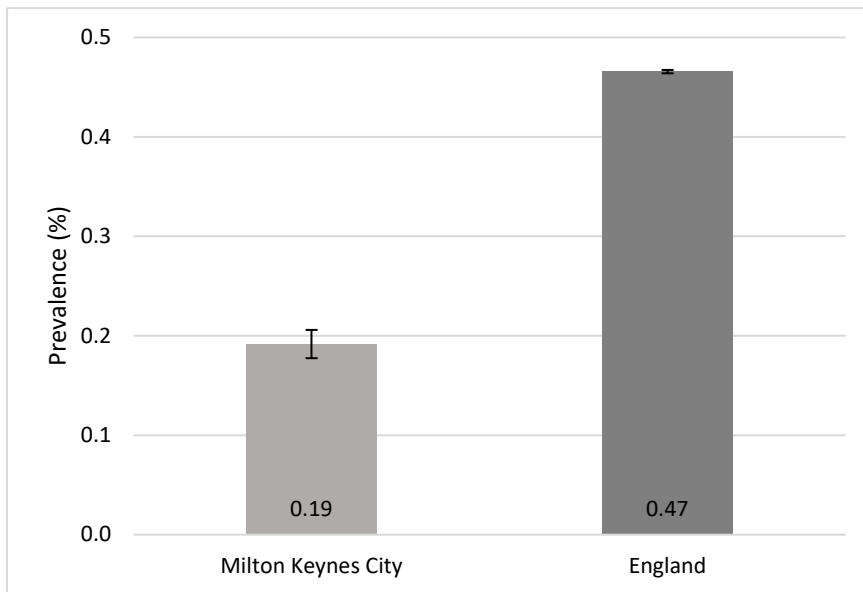


Source: OHID Fingertips, 2025²¹

4.13 Palliative care

Figure 37 shows the QOF prevalence of palliative/supportive care in 2022/23 in Milton Keynes was 0.19%, which was statistically significantly lower than the England average of 0.47%.

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

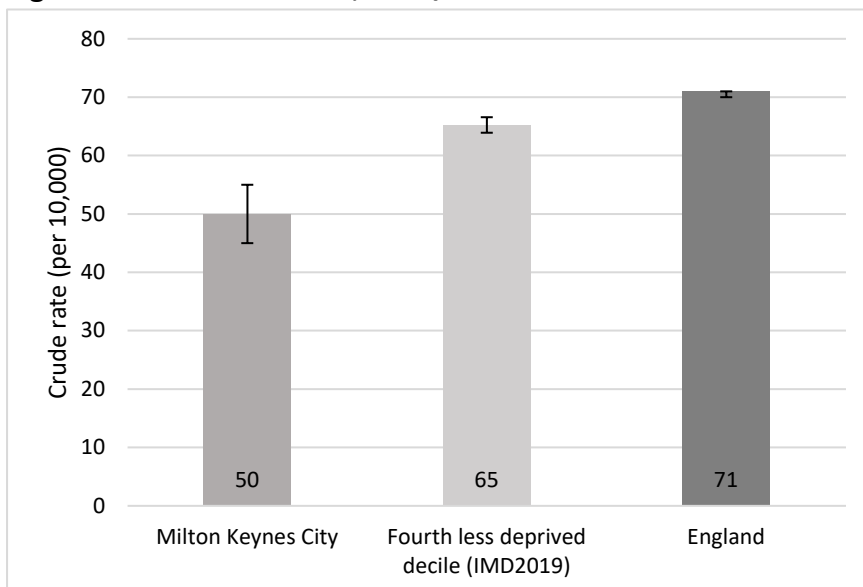


Source: OHID Fingertips, 2025²¹

4.14 Children in care

Figure 38 shows the rate of children in care in 2022/23 per 10,000 in Milton Keynes, the fourth least deprived decile and England. The rate for Milton Keynes was 50.00 per 10,000 children, which is statistically significantly lower than both the fourth least deprived decile of 65.23 per 10,000 and the England average of 71.00 per 10,000.

Figure 38: Children in care, 2022/23

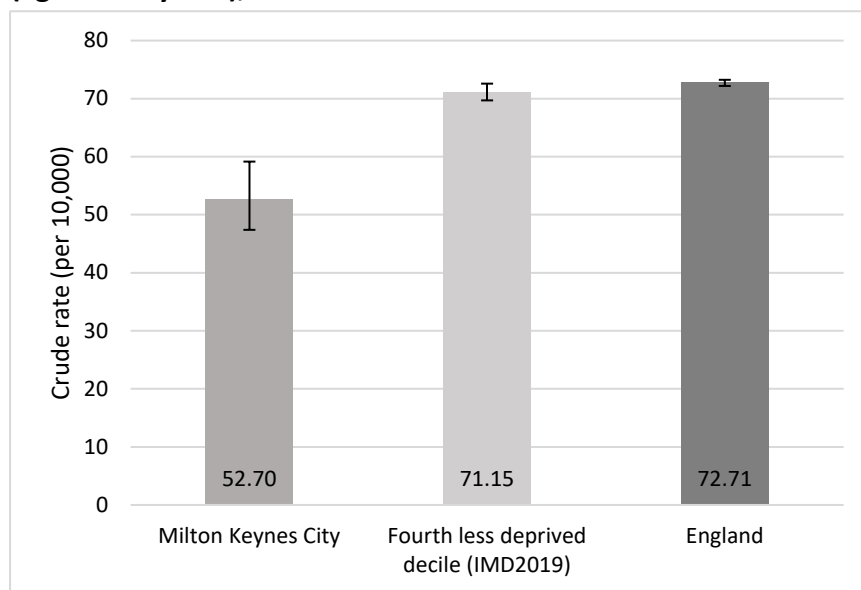


Source: OHID Fingertips, 2025²¹

4.15 Accidental injuries

Figure 39 shows the prevalence of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) in 2023-24 in Milton Keynes, the fourth least deprived decile and England. The prevalence rate in Milton Keynes was 52.70 per 10,000, which is statistically significantly lower than both the fourth least deprived area of 71.15 per 10,000 and the England average of 72.71 per 10,000.

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



Source: OHID Fingertips, 2025²¹

4.16 Summary of health needs analysis

Community pharmacy can, and does, make a significant contribution to improving the health of the population and supporting a reduction in premature mortality. The population of Milton Keynes is increasing, with further growth anticipated. The largest projected increase is in those aged 80 and over. While generally, long term condition prevalence in Milton Keynes is not significantly above the England average, long term conditions are more prevalent in the older population.

While the majority of people living in Milton Keynes are fortunate enough to have good health when compared with the England averages, this isn't the experience for everyone. There are some deprived LSOAs within Milton Keynes and the needs of those in deprived pockets can be masked by looking at the needs of the population as a whole. Homelessness (measured by rate of households owed a duty under the Homelessness Reduction Act) is higher than the England average, and the Local Plan recognises the need for affordable, high-quality housing to meet current and future needs.

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

5. Current Provision of Pharmaceutical Services

5.1 Overview

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

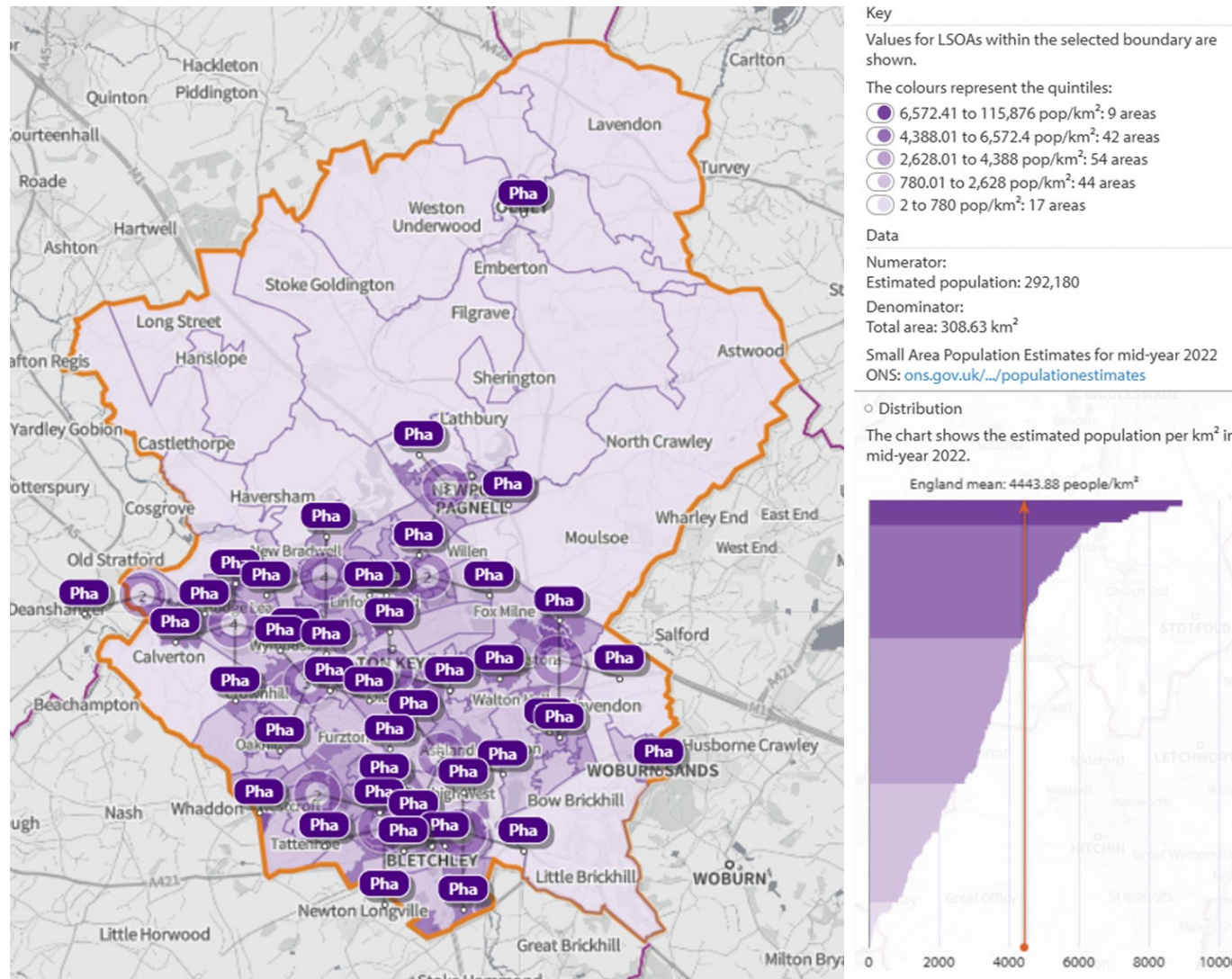
HWE ICB is responsible for administering pharmacy services and for maintaining information regarding opening hours for all pharmacies.

The information reflects the number of pharmacies at the time the data was reported (February 2025).

A table listing the current pharmacies and key opening times is included in Appendix 6.

Figure 40 shows the location of essential pharmacy services within Milton Keynes, with population density.

Figure 40: Location of essential pharmaceutical services within Milton Keynes



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5.2 Standard contract (40 hours)

5.2.1 Core hours

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

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

5.2.2 Supplementary hours

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided.

Supplementary hours can be amended by giving the ICB a minimum of 5 weeks' notice of the intended change where a decrease in hours will occur. Although notification must also be given to the ICB for an increase in hours, there is no notice period stated, however owners are encouraged to give as much notice as possible.

36 pharmacies in Milton Keynes currently provide some supplementary hours, ranging from 2.5 to 32 hours per week.

5.3 100-hour pharmacies

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

Since this change in the regulations was introduced, 2 out of the 3 100-hour pharmacies in Milton Keynes have reduced their opening hours.

5.4 Pharmacy Access Scheme

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access

Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy. Information provided by HWE ICB in January 2025 indicated that 9 pharmacies in Milton Keynes were identified as being eligible for the Pharmacy Access Scheme. These are:

- Astons Pharmacy, 44 Wordsworth Avenue, Newport Pagnall, MK16 8SB
- Jardines Pharmacy, Unit A (Ground Floor), Brooklands Medical Centre, Montague Crescent, Brooklands, MK10 7LN
- Jardines Pharmacy, 69 Dulverton Drive, Furzton, MK4 1EW
- Jardines Pharmacy, 32 Benbow Court, Shenley Church End, MK5 6JG
- Jardines Pharmacy, Pharmacy Unit, Whitehouse Health Centre, Dorset Way, Whitehouse, MK8 1EQ
- Jardines Pharmacy, Milton Keynes Village Practice, Griffith Gate, Middleton, MK10 9BQ
- Peak Pharmacy, 13 Melrose Avenue, MK3 6PB
- Willen Pharmacy, Unit 1, Willen Healthcare Plus, Beaufort Drive, Willen, MK15 9ET
- Woburn Sands Pharmacy, 47 High Street, Woburn Sands, MK17 8QY

5.5 Dispensing appliance contractors

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

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

There are no appliance contractors in Milton Keynes. However, geographical location is less relevant as they operate a 100% delivery model.

5.6 Distance selling pharmacies

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

They must provide essential services to anyone, anywhere in England, where requested to do so and may currently choose to provide advanced and enhanced services, but when doing so must ensure that they do not provide any essential services whilst the patient is at the pharmacy premises. In April 2025, it was announced that the 2013 regulations will be amended so that DSPs will no longer be able to provide advanced and enhanced services to patients on the pharmacy premises³⁰. Where the service specification for individual services allows remote consultations to be provided or off-site provision of a service, that will still be possible for all pharmacies, including for DSPs. This is likely to be effective from 2 October 2025, after the regulations have been amended.

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

In Milton Keynes, there are 2 distance-selling pharmacies.

5.7 Dispensing doctors

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

There are 2 dispensing doctors sites in the Milton Keynes area and they are detailed in table 2.

Table 2: Dispensing doctors within the Milton Keynes area

Code	Practice / branch located within Milton Keynes area	Main or Branch Surgery	Address
E81050	Asplands Medical Centre	Main	Asplands Close, Woburn Sands, Milton Keynes, MK17 8QP
K83052001	The Parks Medical Practice	Branch	Hanslope Surgery, 1 Weston Drive, Hanslope, Milton Keynes, MK19 7LA

5.8 Hospital pharmacy services

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

5.9 Out of area providers of pharmaceutical services

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

5.10 Government consultations

5.10.1 Pharmacy supervision

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

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

5.10.2 Hub and spoke dispensing

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

In March 2025 the Government confirmed that it is introducing Hub and Spoke dispensing Model 1, and changes to the Human Medicines Regulations 2012 will be made in the coming weeks³¹. Model 1 is where the medicines are returned assembled from the hub to the spoke pharmacy for supply to the patient (patient – spoke – hub – spoke – patient). It is intended that this will be available later in the year.

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

5.10.3 Independent prescribing

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

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

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

6. Access to Community Pharmacy services in Milton Keynes

Since the last PNA in 2022 the following significant changes to pharmacy provision in Milton Keynes include:

- Closure of Boots Pharmacy, Unit 2A Beacon Retail Park, Bletchley Way, MK1 1BN
- Closure of Boots Pharmacy, 1 The Concourse, Brunel Centre, Bletchley, MK2 2ES
- Closure of Boots Pharmacy, Coopers Yard, 86 High Street, Newport Pagnall, MK16 8PY
- Closure of Jardines Pharmacy, 106 Serpentine Court, Lakes Estate, Milton Keynes, MK2 3QL
- Closure of Lloyds Pharmacy, Sainsbury's store, 799 Witan Gate, MK9 2FW

Three of these pharmacies held 40-hour contracts, 2 were 100-hour.

Following the change in the 2013 regulations (see section 5.3) regarding 100-hour pharmacies, the vast majority of 100-hour pharmacies nationally, and 2 out of the 3 100-hour pharmacies in Milton Keynes, have reduced their opening times.

There have also been reductions in the number of supplementary hours offered by 40-hour contractors, affecting mainly early morning, evening, and weekend opening.

6.1 Number, type of pharmacies and geographical distribution

Table 3: Distribution of community pharmacies, by locality

Locality	Number of community pharmacies			
	40-hour	Distance selling	100-hour	TOTAL
South (Bletchley)	8	0	1	9
Central	8	1	1	10
North	4	0	0	4
East	7	0	1	8
West	10	1	0	11
TOTAL	37	2	3	42

Source: HWE ICB, and Public Health Evidence and Intelligence (PHEI) team - shared Public Health team Bedford Borough, Central Bedfordshire, and Milton Keynes City Councils

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

Locality	No. of community pharmacies	2021 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
South (Bletchley)	9	44,484	20.2	4,943
Central	10	70,102	14.3	7,012
North	4	34,772	11.5	8,693
East	8	51,732	15.5	6,468
West	11	85,986	12.8	7,817
Milton Keynes	42	287,076	14.9	6,987
ENGLAND	10,430	57,112,542	18.3	5,476

Source: NHSBSA Pharmaceutical list³², ONS & Public Health Evidence and Intelligence (PHEI) team-shared Public Health team Bedford Borough, Central Bedfordshire, and Milton Keynes City Councils

Consideration of the number of pharmacies compared to the resident population, based on population estimates per locality is shown in Table 4. This shows that Milton Keynes has comparatively low provision of community pharmacies, having a smaller number of pharmacies per 100,000 population than the England average.

South (Bletchley) has the highest number of pharmacies per 100,000 population out of all of the Milton Keynes localities. North, Central and West are much lower. However North (and East) do benefit from 1 dispensing doctors surgery in each locality (not included in the above table).

6.2 Dispensing activity in Milton Keynes

To assess the average dispensing activity levels of Milton Keynes community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity³³ was mapped to Milton Keynes using pharmacy codes and addresses.

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

	No of pharmacies	Number of prescription items dispensed by pharmacies (2023/24)	Average no. of prescription items dispensed per pharmacy (2023/24)
Milton Keynes	42	3,939,588	93,800
ENGLAND	10,430	1,113,000,000	106,711

Source: NHSBSA³⁴

The figures show that pharmacies in Milton Keynes dispense a lower average number of items than the national average.

Prescribing and analysis of data reports (ePACT2) published by NHS Business Services Authority in October 2024, indicated that in 2023/24, 89% of the items prescribed by GP practices in Milton Keynes were dispensed by pharmacies in the Milton Keynes area and 11% were dispensed "out of area".

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

To counter this information, Milton Keynes pharmacies also dispense some prescriptions that are sourced from prescribers located out of the council's boundaries. In 2023/24, 14% of the dispensing activity of pharmacies in Milton Keynes was from prescribers out of area.

6.3 Access to pharmacies by opening hours

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

In Milton Keynes, all but 5 of the 40-hour pharmacies provide supplementary hours, so are open for more than the core contract hours. One of these is a distance-selling pharmacy.

In Milton Keynes, there are currently:

- 28 pharmacies that are not 100-hour pharmacies and open on Saturday mornings,
- 11 pharmacies that are not 100-hour pharmacies and remain open after 1pm on Saturday afternoons,
- 5 pharmacies that are not 100-hour pharmacies that are open on Sundays.

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

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

There are three 100-hour pharmacies (1 each in South (Bletchley), Central and East localities) out of a total of 42 pharmacies in Milton Keynes. These pharmacies provide access to services on weekday evenings and Saturdays until at least 9pm, as well as on Sundays.

In addition, there are 12 pharmacies that provide at least 10 supplementary hours beyond their 40-hour core contracts. 9 of these provide access to services on Saturdays until at least 1pm, with 5 of these also open on Sundays. Of these pharmacies, 2 are in South (Bletchley), 4 are in Central, 2 are in East and 4 are in West localities.

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

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

Locality	Pharmacy Name	ODS Code	Monday to Friday																	
			6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
South (Bletchley)	Asda Pharmacy	FLF60																		
	Bliiep Chemist	FHC90																		
	Jardines Pharmacy	FCM53																		
	Peak Pharmacy	FCV71																		
	Peak Pharmacy	FNP23																		
	Queensway Pharmacy	FA796																		
	Rainbow Pharmacy	FW866																		
	Smiths Pharmacy	FR402																		
	Tesco In-Store Pharmacy	FD207																		
Central	Boots Pharmacy	FM314																		
	Boots Pharmacy	FXG76																		
	Chapharm Ltd	FE971																		
	Jardines Direct	FR715																		
	Jardines Pharmacy	FPK87																		
	Jardines Pharmacy	FRH86																		
	Peak Pharmacy	FM996																		
	Peak Pharmacy	FXF16																		
	Stantonbury Pharmacy	FD333																		
Superdrug Pharmacy	FRD67																			
North	Astons Pharmacy	FY790																		
	Cox & Robinson Pharmacy	FT700																		
	Jardines Pharmacy	FJY69																		
	Kingfisher Pharmacy	FFA60																		
East	Boots Pharmacy	FW787																		
	Jardines Pharmacy	FFD48																		
	Jardines Pharmacy	FXX59																		
	Peak Pharmacy	FMN28																		
	Tesco Pharmacy	FTP28																		
	Willen Pharmacy	FDW46																		
	Peak Pharmacy	FVN76																		
	Woburn Sands Pharmacy	FL139																		
West	Boots Pharmacy	FHH81																		
	Boots Pharmacy	FRM66																		
	Cox & Robinson Pharmacy	FTR22																		
	Hilltops Pharmacy	FG006																		
	Hot Chemist	FTW55																		
	Jardines Pharmacy	FAK27																		
	Jardines Pharmacy	FFV85																		
	Jardines Pharmacy	FMM65																		
	Jardines Pharmacy	FVR25																		
	McLaren Pharmacy	FGF03																		
	WELL Pharmacy	FMV89																		

Key
Opening Hours

Source: HWE ICB

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

Locality	Pharmacy Name	ODS Code	Saturday																	
			6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
South (Bletchley)	Asda Pharmacy	FLF60																		
	Bliiep Chemist	FHC90																		
	Jardines Pharmacy	FCM53																		
	Peak Pharmacy	FCV71																		
	Peak Pharmacy	FNP23																		
	Queensway Pharmacy	FA796																		
	Rainbow Pharmacy	FW866																		
	Smiths Pharmacy	FR402																		
	Tesco In-Store Pharmacy	FD207																		
Central	Boots Pharmacy	FM314																		
	Boots Pharmacy	FXG76																		
	Chapharm Ltd	FE971																		
	Jardines Direct	FR715																		
	Jardines Pharmacy	FPK87																		
	Jardines Pharmacy	FRH86																		
	Peak Pharmacy	FM996																		
	Peak Pharmacy	FXF16																		
	Stantonbury Pharmacy	FD333																		
	Superdrug Pharmacy	FRD67																		
North	Astons Pharmacy	FY790																		
	Cox & Robinson Pharmacy	FT700																		
	Jardines Pharmacy	FJY69																		
	Kingfisher Pharmacy	FFA60																		
East	Boots Pharmacy	FW787																		
	Jardines Pharmacy	FFD48																		
	Jardines Pharmacy	FXX59																		
	Peak Pharmacy	FMN28																		
	Tesco Pharmacy	FTP28																		
	Willen Pharmacy	FDW46																		
	Peak Pharmacy	FVN76																		
	Woburn Sands Pharmacy	FL139																		
West	Boots Pharmacy	FHH81																		
	Boots Pharmacy	FRM66																		
	Cox & Robinson Pharmacy	FTR22																		
	Hilltops Pharmacy	FG006																		
	Hot Chemist	FTW55																		
	Jardines Pharmacy	FAK27																		
	Jardines Pharmacy	FFV85																		
	Jardines Pharmacy	FMM65																		
	Jardines Pharmacy	FVR25																		
	McLaren Pharmacy	FGF03																		
WELL Pharmacy	FMV89																			

Key
Opening Hours

Source: HWE ICB

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

Locality	Pharmacy Name	ODS Code	Sunday																	
			6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
South (Bletchley)	Asda Pharmacy	FLF60																		
	Bliep Chemist	FHC90																		
	Jardines Pharmacy	FCM53																		
	Peak Pharmacy	FCV71																		
	Peak Pharmacy	FNP23																		
	Queensway Pharmacy	FA796																		
	Rainbow Pharmacy	FW866																		
	Smiths Pharmacy	FR402																		
	Tesco In-Store Pharmacy	FD207																		
Central	Boots Pharmacy	FM314																		
	Boots Pharmacy	FXG76																		
	Chapharm Ltd	FE971																		
	Jardines Direct	FR715																		
	Jardines Pharmacy	FPK87																		
	Jardines Pharmacy	FRH86																		
	Peak Pharmacy	FM996																		
	Peak Pharmacy	FVN76																		
	Peak Pharmacy	FXF16																		
	Stantonbury Pharmacy	FD333																		
Superdrug Pharmacy	FRD67																			
North	Astons Pharmacy	FY790																		
	Cox & Robinson Pharmacy	FT700																		
	Jardines Pharmacy	FJY69																		
	Kingfisher Pharmacy	FFA60																		
East	Boots Pharmacy	FW787																		
	Jardines Pharmacy	FFD48																		
	Jardines Pharmacy	FXX59																		
	Peak Pharmacy	FMN28																		
	Tesco Pharmacy	FTP28																		
	Willen Pharmacy	FDW46																		
	Woburn Sands Pharmacy	FL139																		
West	Boots Pharmacy	FHH81																		
	Boots Pharmacy	FRM66																		
	Cox & Robinson Pharmacy	FTR22																		
	Hilltops Pharmacy	FG006																		
	Hot Chemist	FTW55																		
	Jardines Pharmacy	FAK27																		
	Jardines Pharmacy	FFV85																		
	Jardines Pharmacy	FMM65																		
	Jardines Pharmacy	FVR25																		
	McLaren Pharmacy	FGF03																		
WELL Pharmacy	FMV89																			

Key
Opening Hours

Source: HWE ICB

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

6.4 Ease of access to pharmacies

The following sections provide a summary of the opening hours of community pharmacies in Milton Keynes, split between weekdays and weekend provision. For the weekdays, a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days. Full information regarding opening hours is described in appendix 6 including any variations to this general overview.

6.4.1 Weekday opening

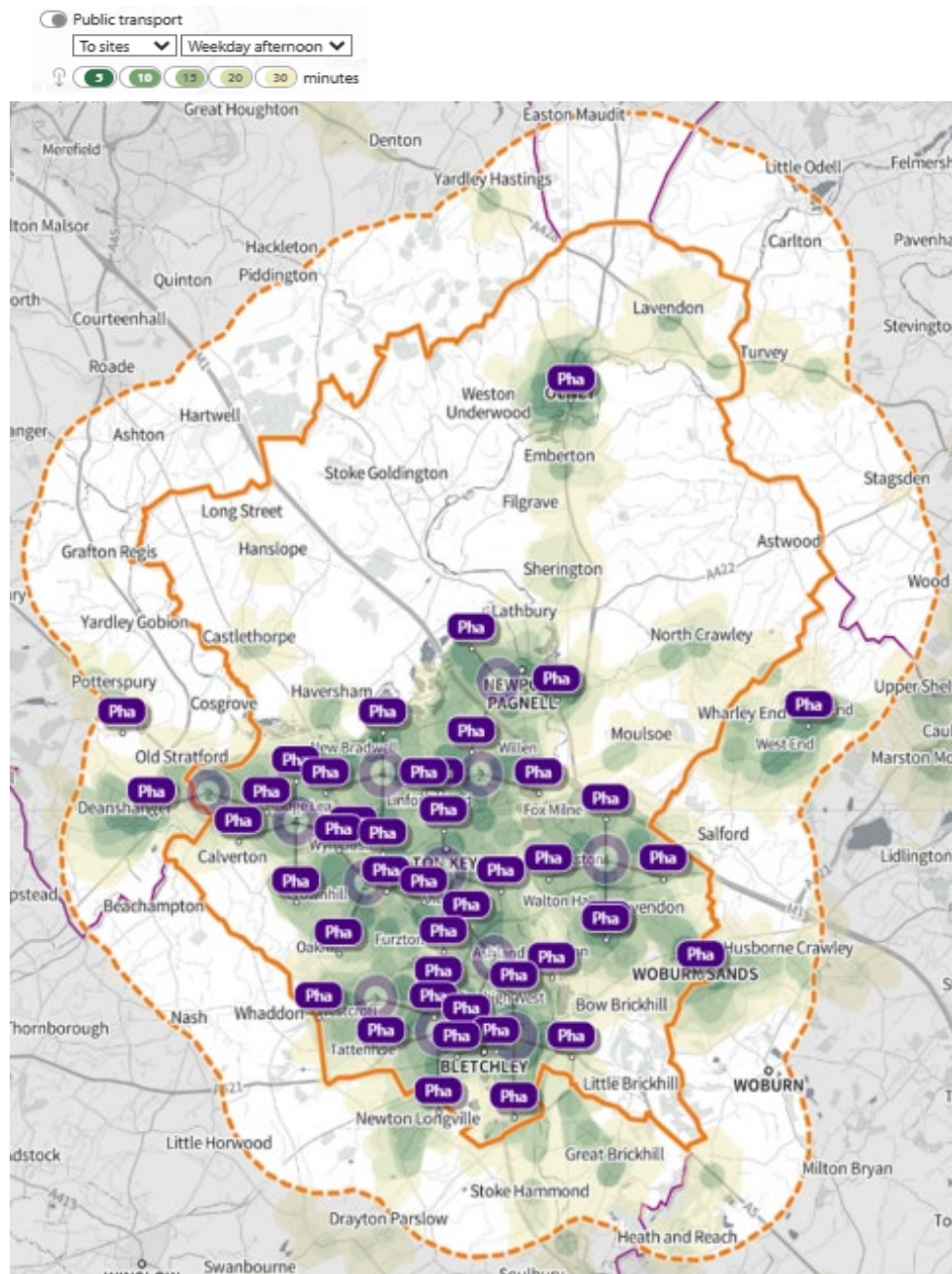
There is extensive access to community pharmacy across Milton Keynes during the hours from 9:00 am until 6:00 pm on weekdays in all localities. 16 pharmacies that are not 100-hour pharmacies remain open without closing for lunchtime. Of those that do close at lunchtime, all close for one hour apart from two which close for 30 minutes.

6.4.1.1 Weekday daytime

All community pharmacies in Milton Keynes are open from 9am on Weekday mornings, except for one which opens at 9:30am. Some pharmacies offer earlier opening times, which are often provided as supplementary hours. All localities, except for North, have at least one pharmacy open from 8.30am. During the weekday daytime, there is adequate access to pharmacies across all localities, with residents in all areas able to access a pharmacy within 15 minutes using private transport. 99.5% of the population are within a 30-minute travel time using public transport (96.5% are within a 20-minute travel time). This is illustrated in figures 44 and 45 below.

Figure 44 illustrates that 81.2% of the population are able to get to their nearest pharmacy within 15 minutes' walk.

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

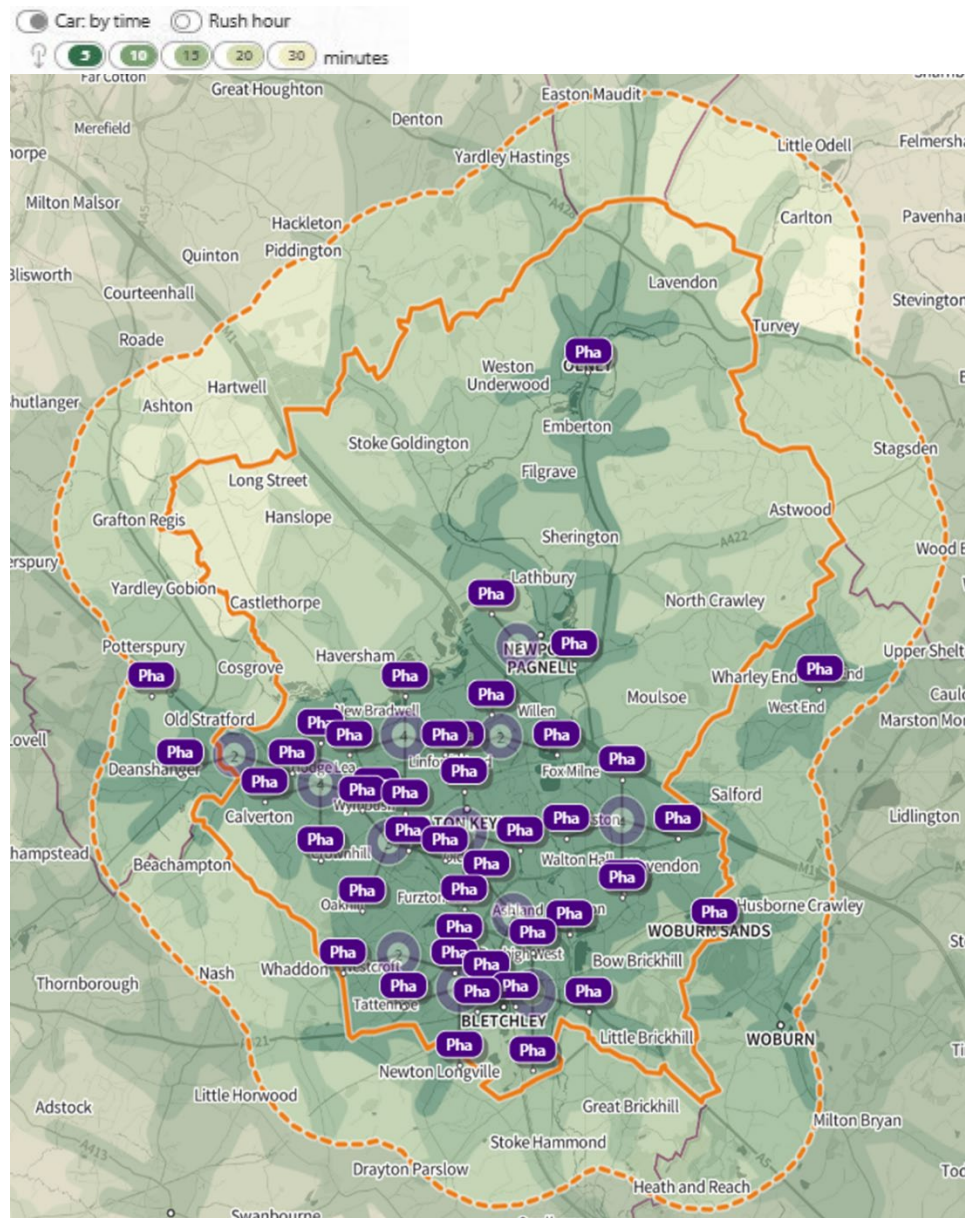


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Table 7: Travel time by public transport during weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	89,049	203,131	292,180	30.5%
10	211,317	80,863	292,180	72.3%
15	266,872	25,308	292,180	91.3%
20	281,860	10,318	292,178	96.5%
30	290727	1453	292180	99.5%

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



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Table 8: Travel time by car during weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	275,580	16,600	292,180	94.3%
10	287,611	4,569	292,180	98.4%
15	292,180	0	292,180	100.0%
20	292,180	0	292,180	100.0%
30	292,180	0	292,180	100.0%

6.4.1.2 Weekday evenings

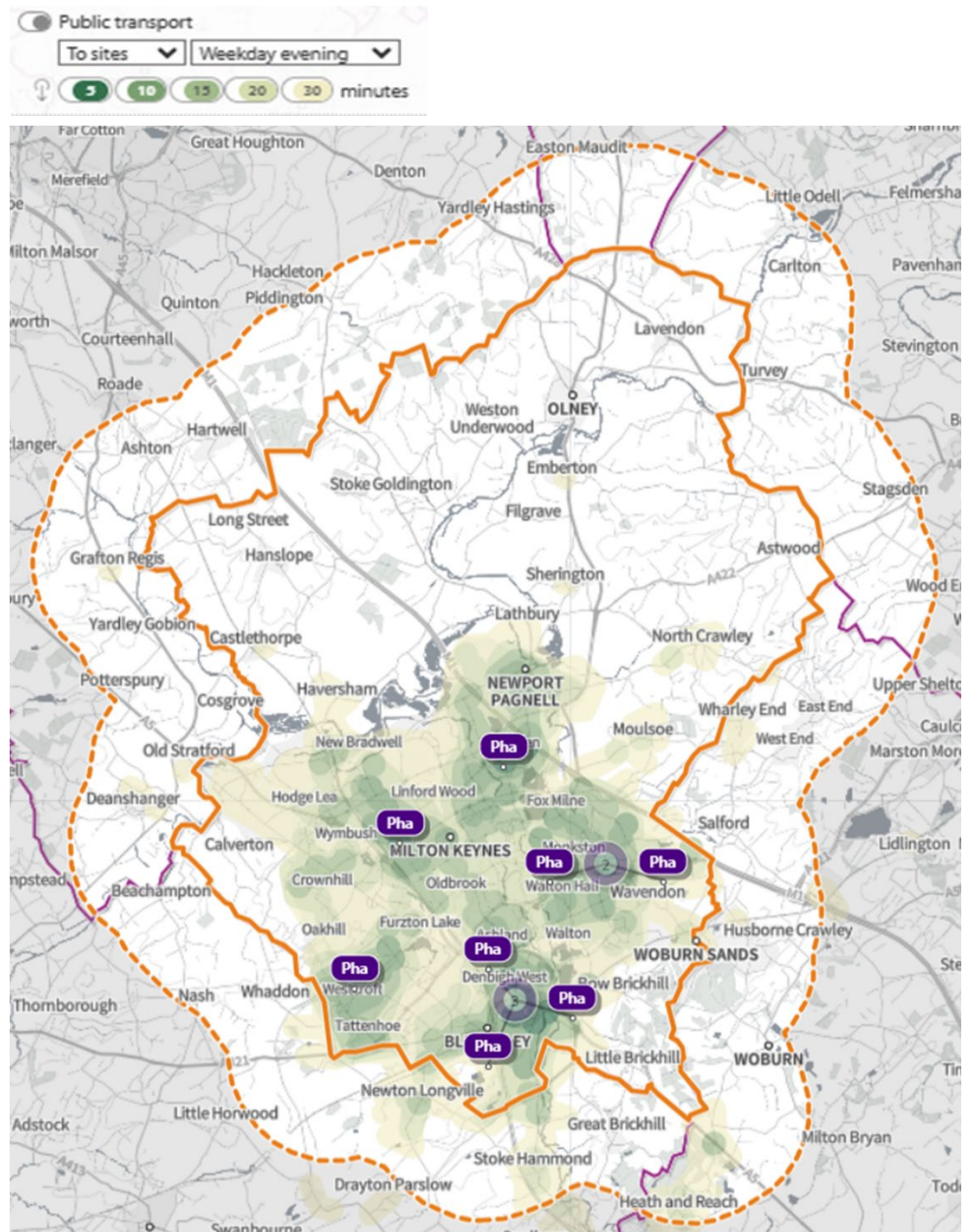
Most pharmacies (37) remain open until at least 6.00pm after which there is a noticeable reduction in provision. There is some provision on weekday evenings in 3 localities. Evening opening is provided as follows:

- South (Bletchley): 1 pharmacy open until 6:30pm, 2 open until 8pm and 1 open until 10pm
- Central: 4 pharmacies close at 6:30pm, 2 close at 7pm and 1 remains open until 9pm
- East: 1 pharmacy is open until 6:30pm, 1 is open until 7:30pm, 1 is open until 8pm and 1 other closes at 9pm.
- West: 2 pharmacies are open until 6:30pm, 1 is open until 7pm and 1 other closes at 8pm

There is no provision within the North area after 6pm on weekday evenings. Whilst evening opening during this time within the locality may improve access and choice, it is considered that the community pharmacies that open later in the evening in other localities of Milton Keynes, allow adequate access to services by people living in North.

Figure 48 below illustrates that travel time by car to the nearest pharmacy in the evenings is within 20 minutes for 100% of the Milton Keynes population. However, for public transport, travel time is within 30 minutes for 93% of the population (see figure 47).

Figure 47: Map showing travel time by public transport weekday evenings after 7pm

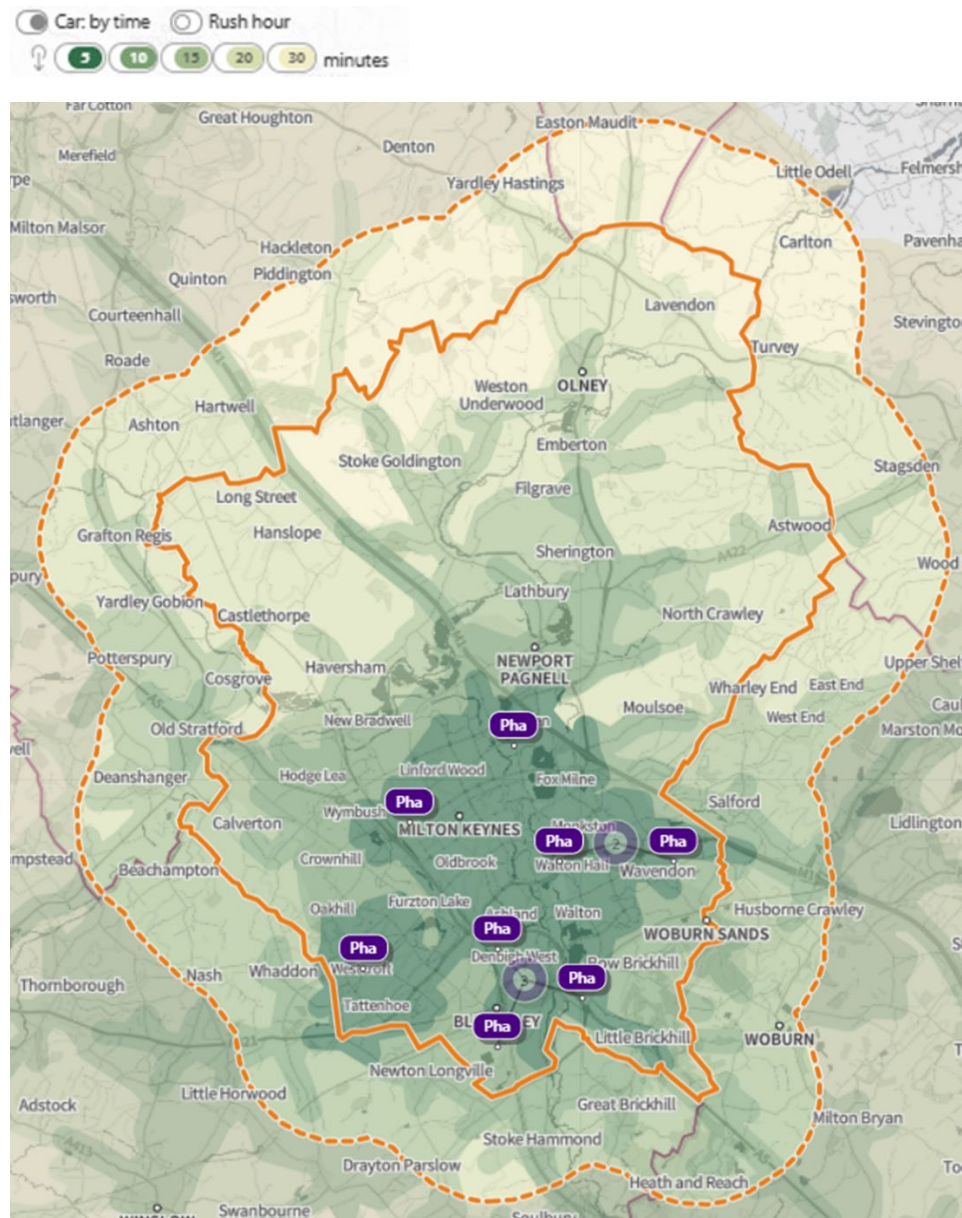


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Table 9: Travel time by public transport on weekday evenings after 7pm

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	6,910	285,270	292,180	2.4%
10	53,894	238,286	292,180	18.4%
15	120,774	171,406	292,180	41.3%
20	203,941	88,239	292,180	69.8%
30	271,825	20,355	292,180	93.0%

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



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Table 10: Travel time by car on weekday evenings after 7pm

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	164,005	128175	292,180	56.1%
10	267,956	24224	292,180	91.7%
15	284,305	7875	292,180	97.3%
20	292,180	0	292,180	100.0%
30	292,180	0	292,180	100.0%

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

6.4.2 Weekend opening

6.4.2.1 Saturday opening

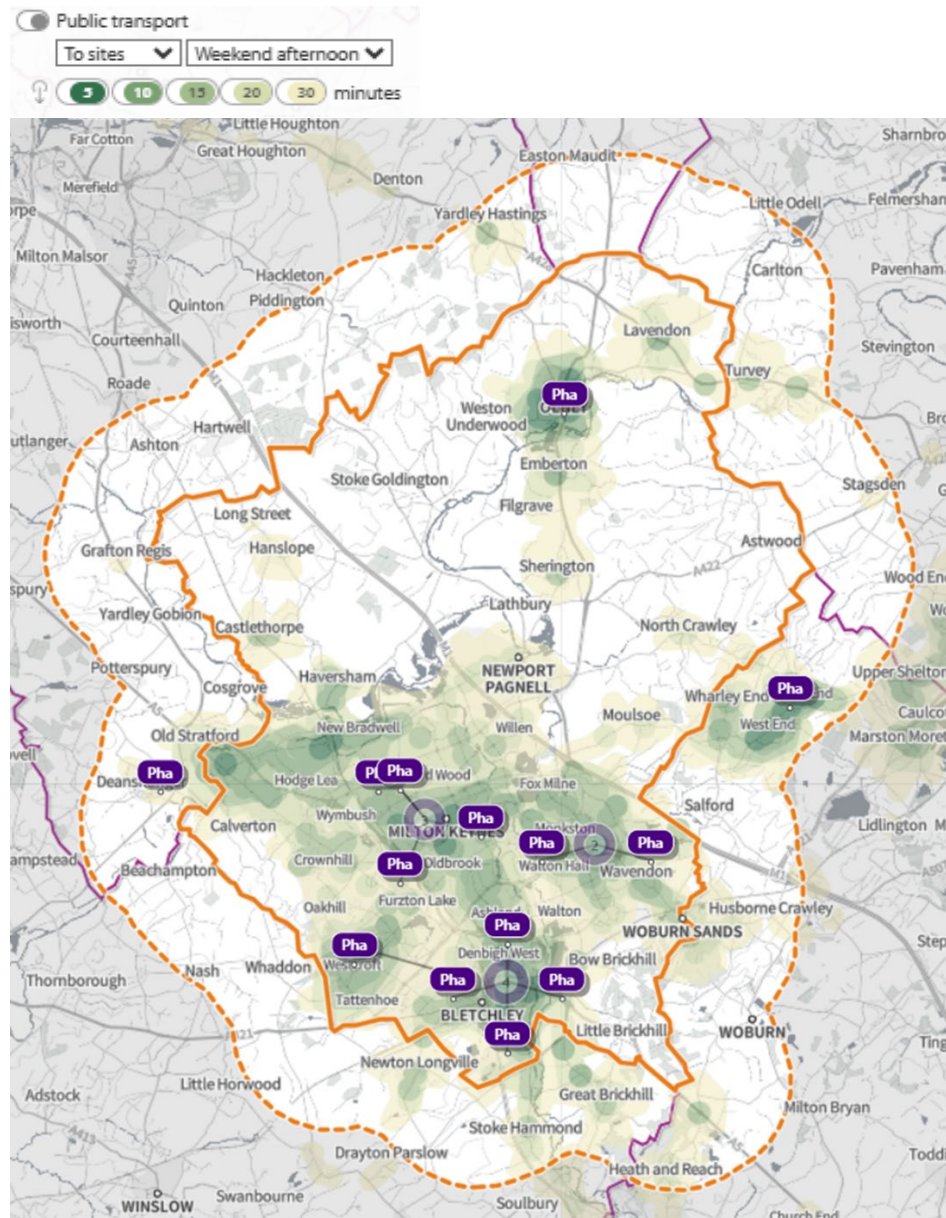
In total, 31 pharmacies across Milton Keynes open on Saturdays. All of these pharmacies open on Saturday mornings, although one closes at 11:30am, and there is access in all localities. This reduces to 13 pharmacies that remain open on Saturday afternoons after 2pm, again across all localities. 99.5% of the Milton Keynes population are within a 30-minute travel time via public transport on Saturday afternoons.

After 7pm, 6 pharmacies remain open, with none in the North or West localities. North has provision until 3pm and West until 6pm. 100% of residents are within a 30-minute journey time by car to the nearest pharmacy, and 98.9% are within a 20-minute journey time (see figure 51). However, 81% of residents are within a 30-minute journey time on public transport, with those in North particularly affected.

Figures 49, 50, 51 and 52 illustrate travel time by public transport and car during Saturday daytime and on Saturday evenings.

Whilst access on Saturdays is considered adequate in all localities, better access to essential services in North and West would be secured by their provision after 3pm in North, and after 6pm in West.

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

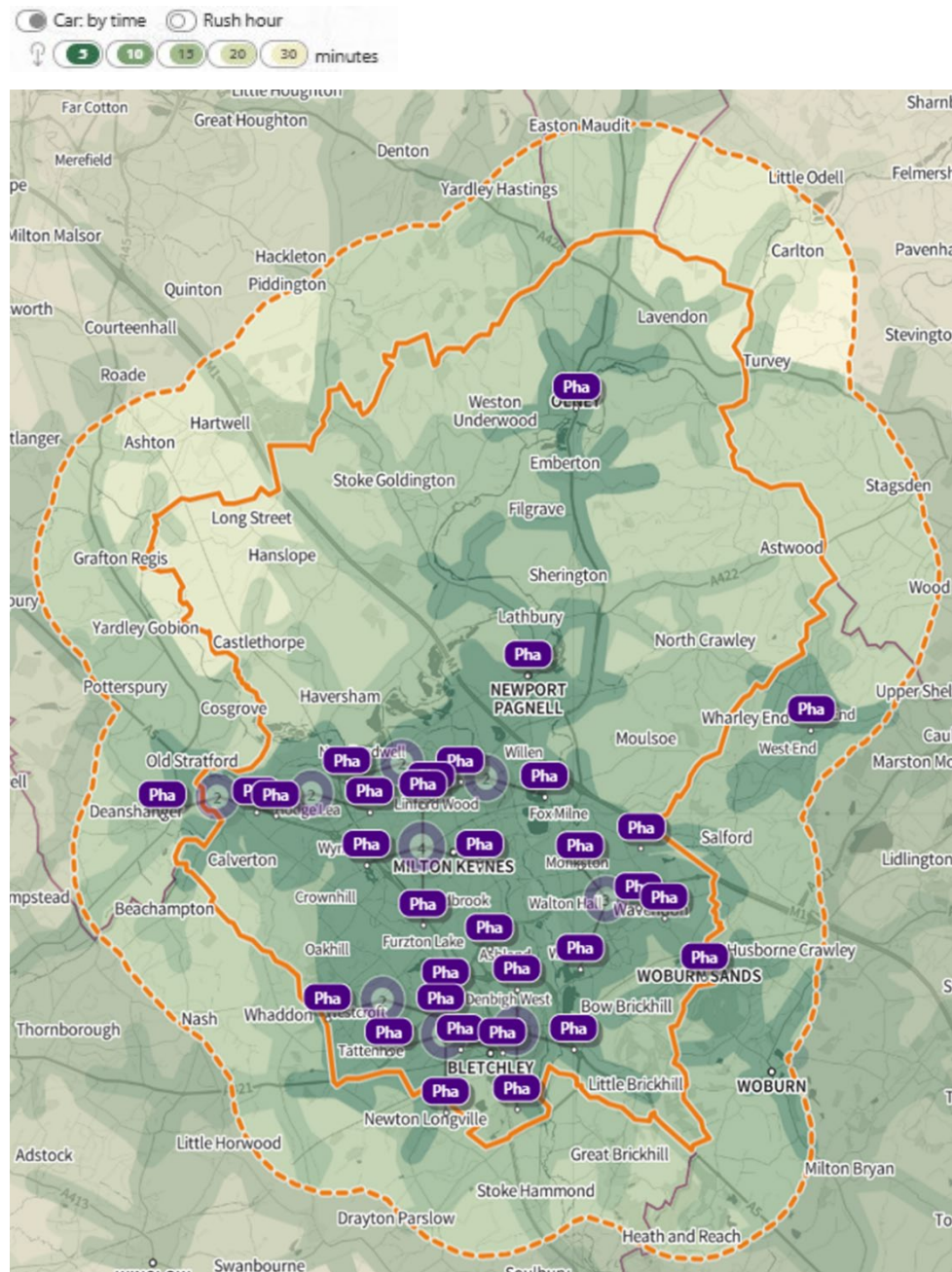


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Table 11: Travel time by public transport on Saturday afternoon

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	20,929	271,251	292,180	7.2%
10	88,127	204,053	292,180	30.2%
15	164,579	127,601	292,180	56.3%
20	242,718	49,462	292,180	83.1%
30	290,727	1453	292,180	99.5%

Figure 50: Map showing travel time by car during Saturday daytime

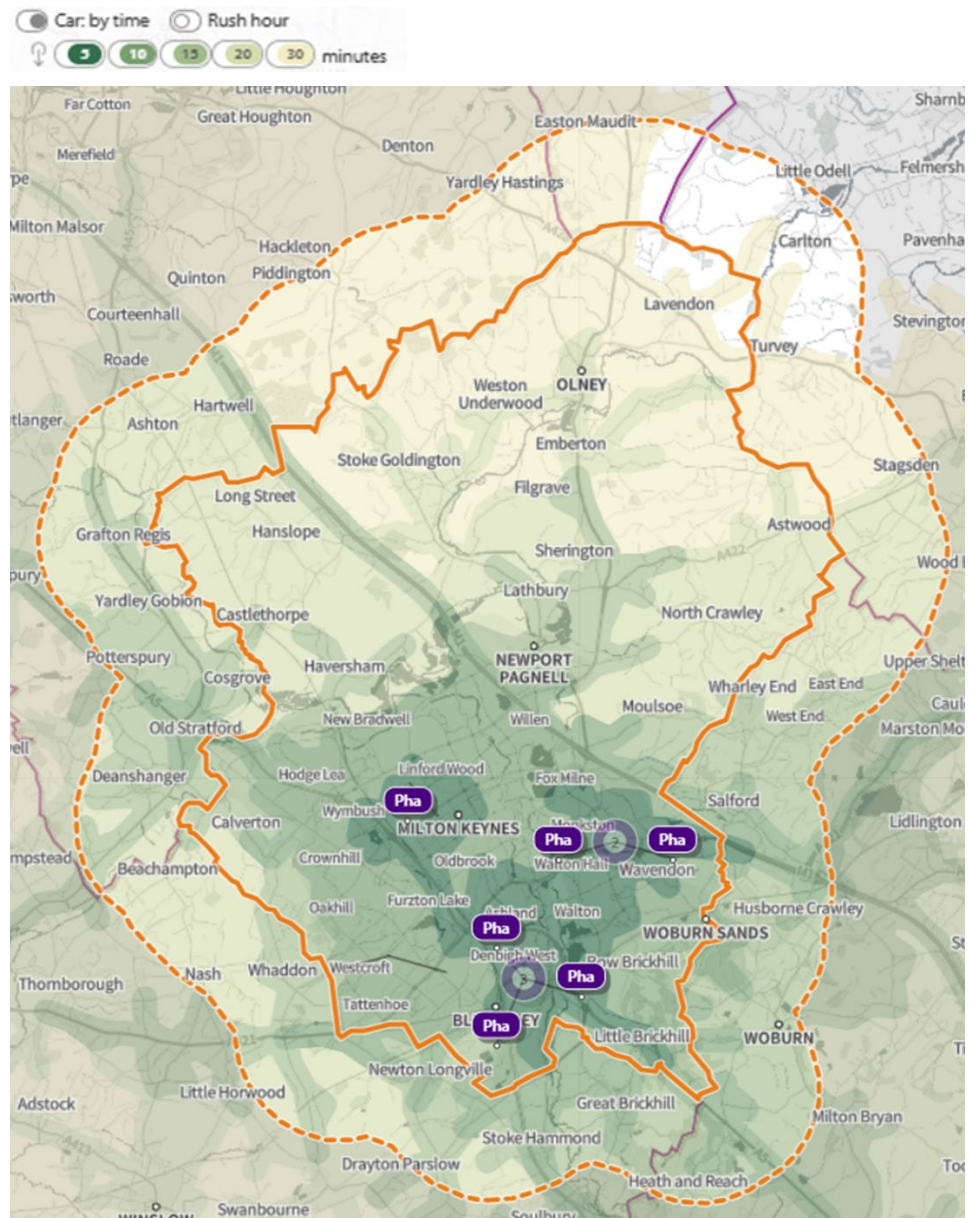


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Table 12: Travel time by car during Saturday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	270,989	21,191	292,180	92.7%
10	287,611	4,569	292,180	98.4%
15	292,180	0	292,180	100.0%
20	292,180	0	292,180	100.0%
30	292,180	0	292,180	100.0%

Figure 51: Map showing travel time by car on Saturday evening

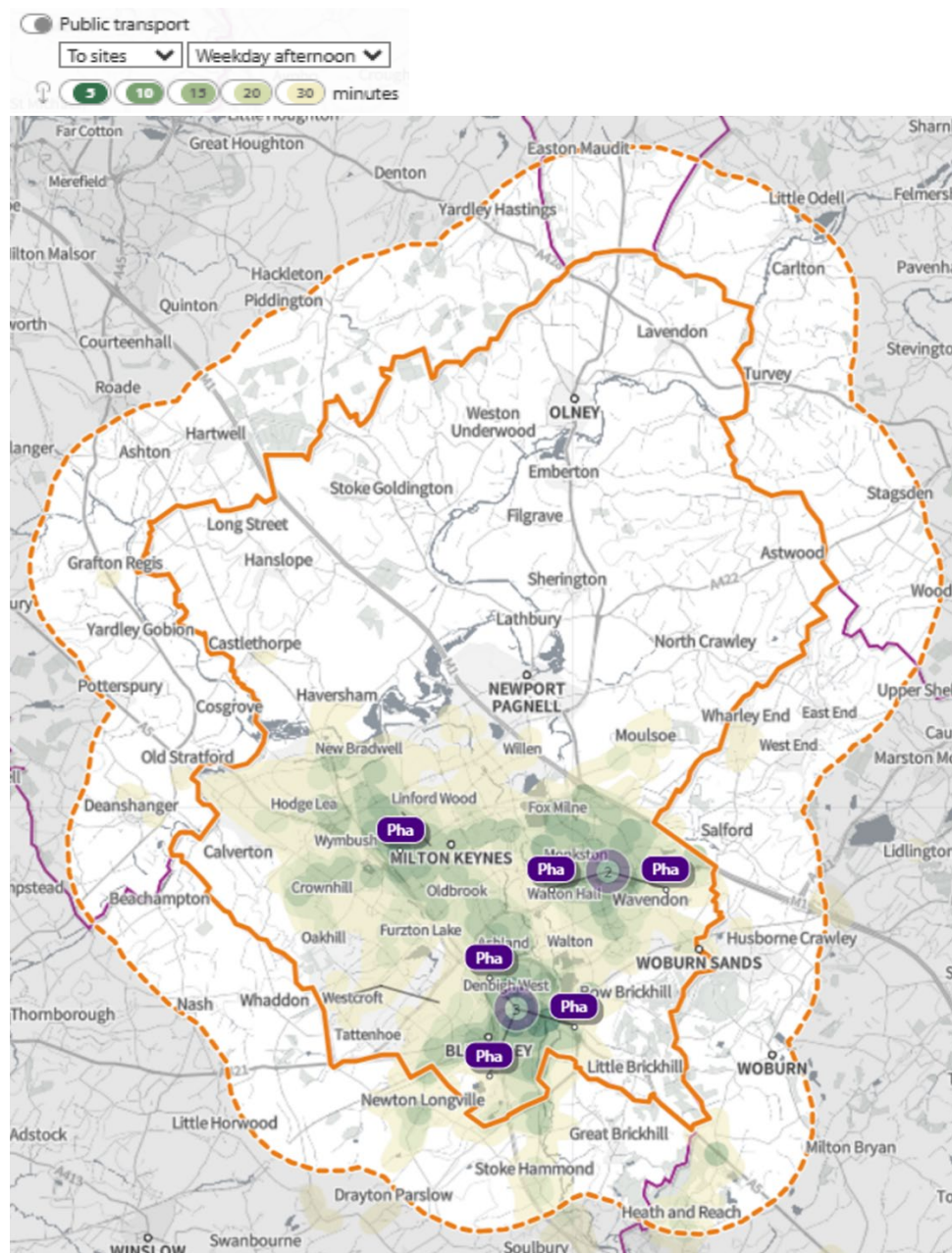


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Table 13: Travel time by car on Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	88,188	203,992	292,180	30.2%
10	253,690	38,490	292,180	86.8%
15	274,168	18,012	292,180	93.8%
20	288,874	3,306	292,180	98.9%
30	292,180	0	292,180	100.0%

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



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Table 13: Travel time by public transport on Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	5,571	286,609	292,180	1.9%
10	32,158	260,022	292,180	11.0%
15	76,432	215,748	292,180	26.2%
20	146,657	145,523	292,180	50.2%
30	236,609	55,571	292,180	81.0%

6.4.2.2 Sunday opening

In total, 8 pharmacies across 4 localities in Milton Keynes open on Sundays.

- South (Bletchley): provision from 10am until 4pm by 2 pharmacies providing supplementary hours, and until 8pm by one 100-hour pharmacy
- Central: provision from 11am until 5pm by 2 pharmacies, with 1 providing supplementary hours and the other being a 100-hour pharmacy
- East: provision from 10am until 4pm by 2 pharmacies, both providing core hours
- West: provision from 10am to 4pm by 1 pharmacy providing supplementary hours.

There is no provision within the North area on Sundays.

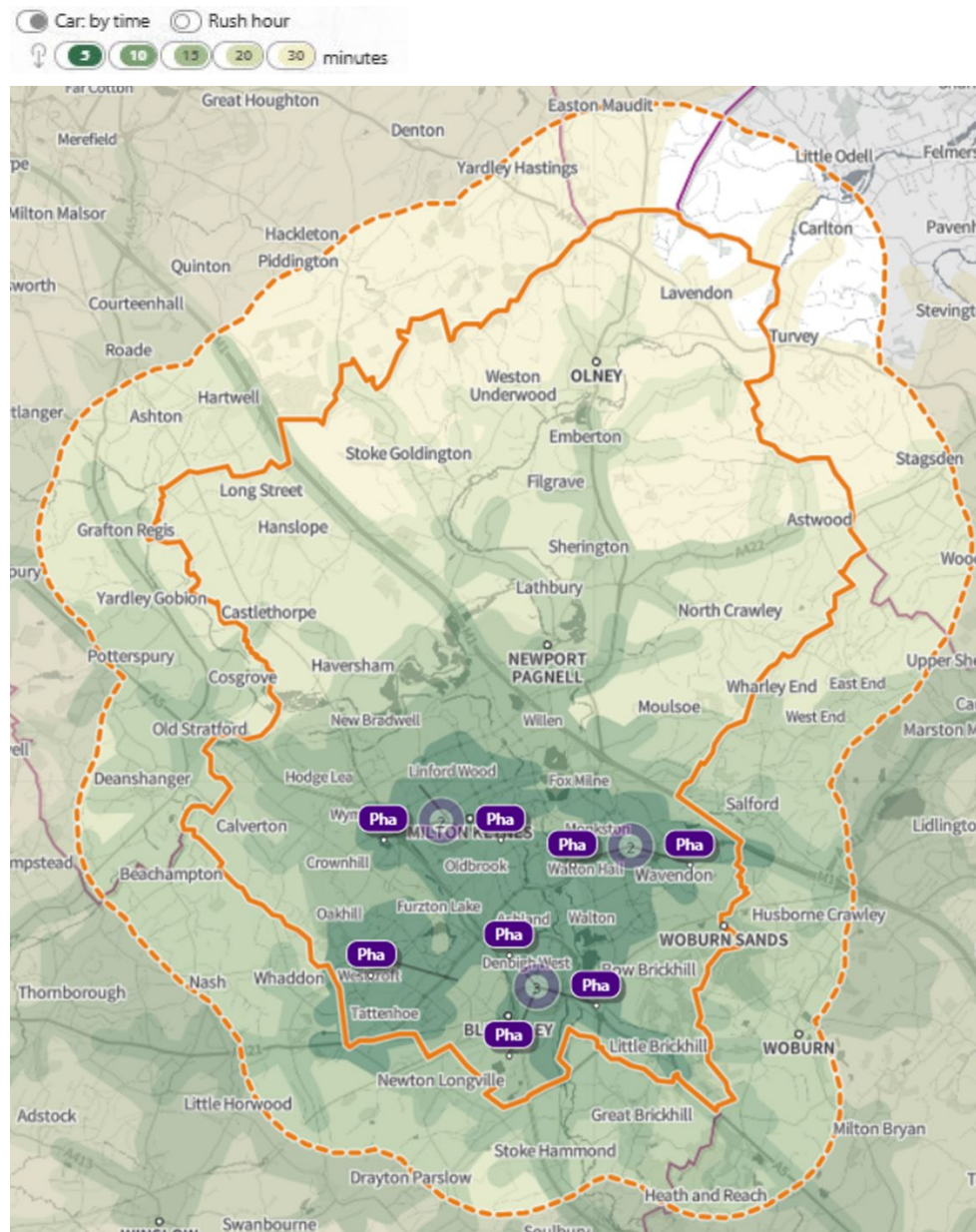
Figure 53 shows that 100% of residents across Milton Keynes are within a 30-minute journey time to their nearest pharmacy by car (99.4% of these are within a 20-minute car journey) and 93.3% are within a 30-minute public transport journey time (see figure 54). Residents in North, and parts of West and East face longer public transport journey times.

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

One pharmacy is open on Sundays after 5pm and does not close until 8pm. This pharmacy is located close to the Urgent Care Centre, which is open 24 hours a day.

Whilst access on Sundays is considered adequate in all localities, better access to essential services in North would be secured by some provision on Sundays.

Figure 53: Map showing travel time by car Sunday daytime

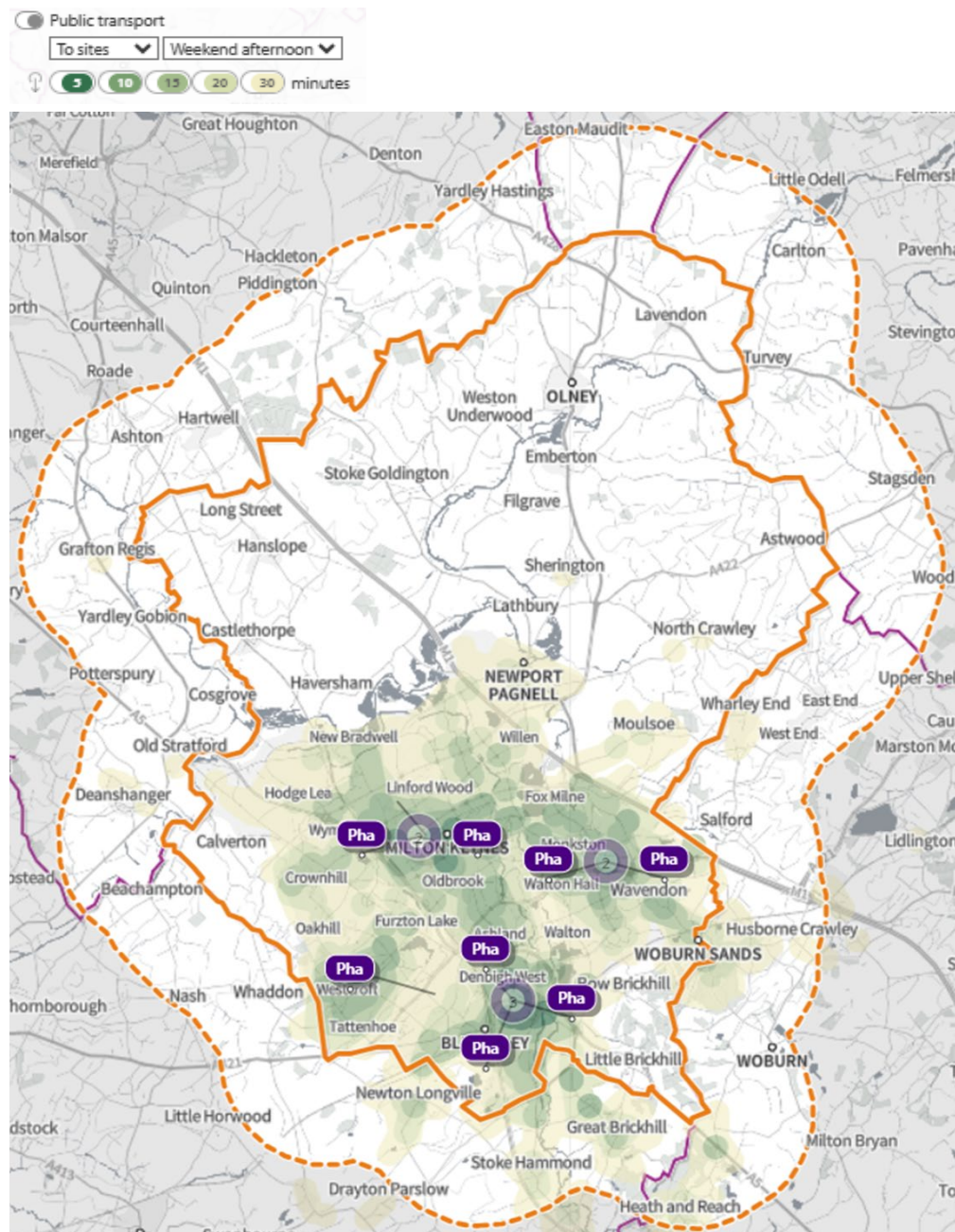


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Table 14: Travel time by car on Sunday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	145816	146,364	292,180	49.9%
10	259261	32,919	292,180	88.7%
15	275527	16,653	292,180	94.3%
20	290327	1,853	292,180	99.4%
30	292180	0	292,180	100.0%

Figure 54: Map showing travel time by public transport Sunday afternoon



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Table 15: Travel time by car on Sunday daytime

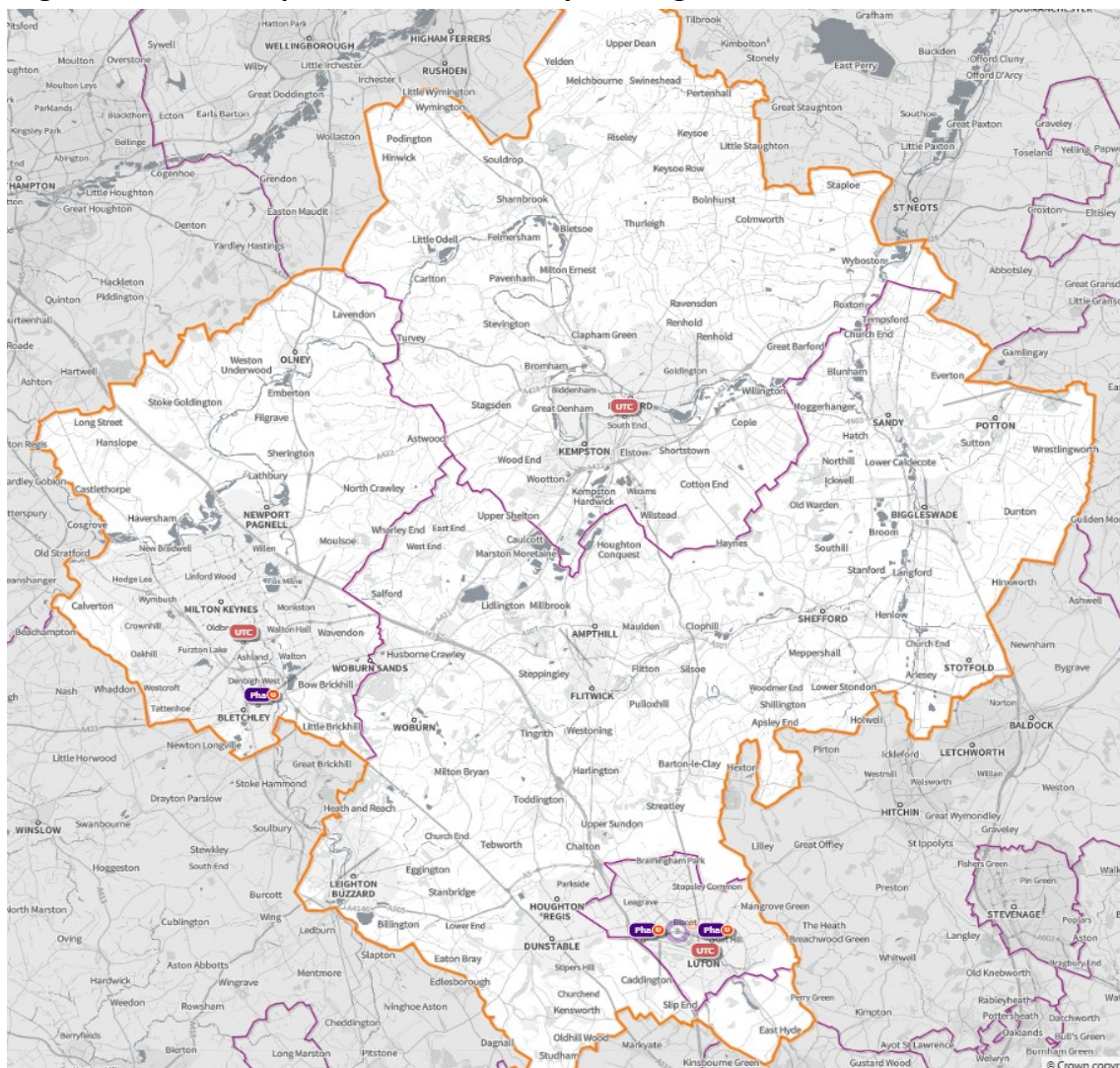
Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	10,388	281,792	292,180	3.6%
10	50,638	241,542	292,180	17.3%
15	126,112	166,068	292,180	43.2%
20	189,708	102,472	292,180	64.9%
30	272,734	19,446	292,180	93.3%

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

The urgent treatment centre for the residents of Milton Keynes is located at the hospital site. There is also provision in neighbouring health and wellbeing board areas.

There is adequate provision for accessing prescribed medicines close to the Milton Keynes sites for weekdays, Saturdays and Sundays. The map below shows access on Sunday evenings (when less pharmacies are open).

Figure 55: Access to pharmacies on Sunday evenings

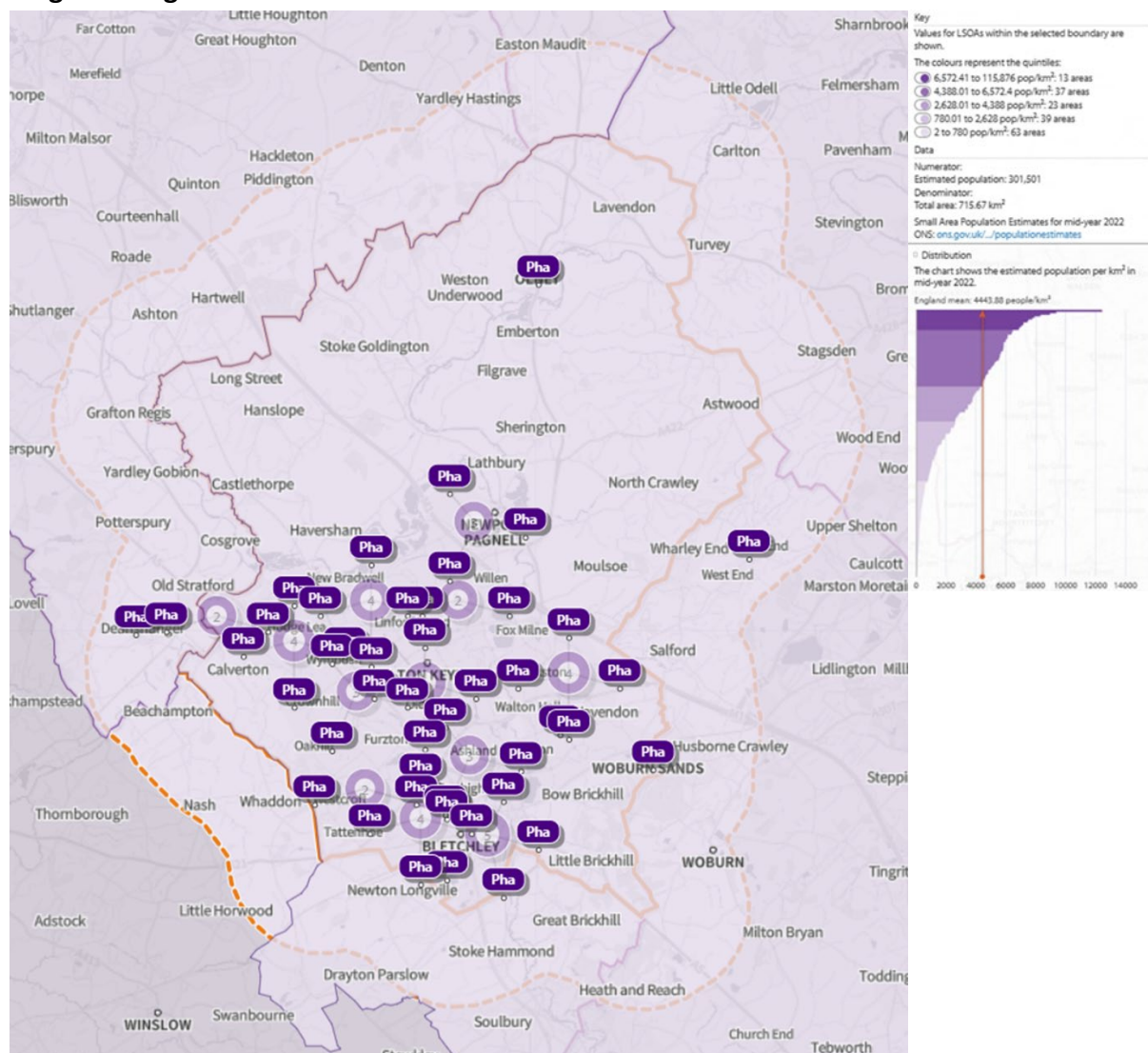


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6.4.4 Access to pharmacy services out of the Milton Keynes area

It is important to note that pharmacy services that are out of the Milton Keynes area may provide additional alternatives for people to access medicines and advice. In particular, there may be pharmacies close to residents who live on or close to the city boundaries. Figure 56 demonstrates the pharmacy locations within the Milton Keynes boundaries and the neighbouring areas.

Figure 56: Location of pharmacies within Milton Keynes and 3km over the border in to neighbouring areas



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Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services. In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

6.4.5 Feedback from public regarding pharmacy opening hours

82% (381 respondents) of those responding to the question about issues accessing their preferred pharmacy stated they had no issues. Of the 59 respondents detailing issues other than distance, location, parking and wheelchair access experienced in accessing their preferred pharmacy, 32% (19 respondents) stated issues with opening hours.

6.5 Disability access

To comply with the Equality Act 2010¹⁷, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

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

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

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying 'consultation room'
- Distinct from the general public areas of the pharmacy premises

- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

6.6 Access to translation services

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

The Denny Review was commissioned by the BLMK ICS in April 2022 and was published in September 2023³⁵, aiming to address health inequalities in local communities. Lack of interpreters and no disabled access were identified as two key factors causing barriers to healthcare access. The Denny review recommended a review of all translation services provided in BLMK's health and care sector to ensure it complies Accessible Information Standards. This should mean that residents are asked about or offered information in a format or language that they can understand, that interpreters are always available and that British Sign Language (BSL) interpreters are included in the list of available languages. It recommended that Hospital trusts and primary care should undertake a review of what, if any, interpreter and translation services are available and accessible to ensure patient needs are being met.

The pharmacies that responded to the contractor survey did not know or were not sure how to access the funded translation services. Pharmacies across the Milton Keynes area currently have access to 'DA languages' for spoken language and translation materials and 'Language Empire' for non-spoken BSL. Further work could be done to increase contractors' awareness of the funded translation services.

7. Pharmaceutical Services

Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷ and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013³⁶.

NHS England (NHSE) commissions pharmaceutical services via the national Community Pharmacy Contractual Framework (CPCF)¹³. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

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

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

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

7.1 Essential Services

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

The essential services are:

- Dispensing medicines
- Repeat Dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time

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

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

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

7.1.1 Digital solutions

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

Staff working at the pharmacy can access a patient's NHS Summary Care Record (SCR) via the National Care Records Service (NCRS), and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor.

Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement, that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

7.2 Advanced services

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

Advanced services currently (2024) include:

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

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

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

This is described in further detail in section 7.2.7.

Local information about whether a pharmacy is signed up to deliver an advanced service was unavailable for some services, and activity data from NHSBSA was used with the assumption that 0 activity indicated the pharmacy was not signed up to deliver the service. It should also be noted that some pharmacies may be signed up to deliver the service but may not have actively delivered the service.

Table 16: Number of community pharmacies providing advanced services, in Milton Keynes

Pharmacy Advanced Service	Number of pharmacies providing this service	% of pharmacies providing this service
Appliance Use Review	1	2%
Influenza Vaccination Service	28	67%
Hypertension Case-Finding Service	41	98%
Lateral Flow Device Tests Supply Service	38	90%
New Medicines Service	42	100%
Pharmacy Contraception Service	31	74%
Pharmacy First Service	42	100%
Smoking Cessation Service	22	52%
Stoma Appliance Customisation service	0	0%

Source: HWE ICB, NHSBSA and Pharmacy Contractor Survey

7.2.1 Appliance use review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient’s home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient’s knowledge and use of any ‘specified appliance ‘.

This service is usually provided by the mail order appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies. In Milton Keynes, responses received from the pharmacy contractor survey showed that one pharmacy is signed up to this service.

7.2.2 Influenza vaccination service

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

Information from HWE ICB and the pharmacy survey indicated that 28 of the community pharmacies in Milton Keynes provided the Influenza Vaccination service.

7.2.3 Hypertension case-finding service (HCFS)

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

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements
- Provide another opportunity to promote healthy behaviours to patients.

Information from HWE ICB in December 2024 indicated that 41 pharmacies were signed up to deliver the HCFS in Milton Keynes.

7.2.4 Lateral flow device (LFD) tests supply service

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using an LFD test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test.

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

If a patient tests positive, they are advised to call their general practice, NHS 111, or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

Information from HWE ICB in December 2024 indicated that 38 pharmacies were signed up to provide LFD in Milton Keynes.

7.2.5 New medicine service (NMS)

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

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

Information from NHSBSA and the pharmacy survey indicates that between August and October 2024, 42 community pharmacies were signed up to provide NMS in Milton Keynes.

7.2.6 Pharmacy contraception service (PCS)

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

The objectives of the service are to:

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

The service aims to provide:

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

The service involves community pharmacists providing:

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

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

The contractual settlement for 2025/26 includes plans for further changes to the PCS service specification³⁷, including:

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

Information from HWE and the pharmacy survey indicates that in December 2024, 31 community pharmacies were signed up to provide PCS in Milton Keynes.

Note that Milton Keynes City Council Public Health also commissions the supply of emergency contraception and other sexual health services via community pharmacy (PHES). This is described in more detail in the local enhanced services section.

7.2.7 Pharmacy First service

The Pharmacy First service, which commenced on 31 January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women. Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

Following the contractual settlement, further changes to the Pharmacy First Service included "bundling" requirements such that providers must provide the Hypertension Case Finding Service (HCFS) and Pharmacy Contraception Service (PCS) in order for them to receive Pharmacy First monthly payments (from June 2025)³⁸.

42 pharmacies in Milton Keynes are signed up to provide this service.

7.2.8 Smoking cessation advanced service

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

22 pharmacies in Milton Keynes are signed up to provide this service.

7.2.9 Stoma appliance customisation service (SAC)

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

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

7.3 National enhanced services

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁷ for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHSE commissions an Enhanced service that is nationally specified. This requires NHSE to consult with Community Pharmacy England (CPE) on matters relating to the service specification and remuneration for the service.

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

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

7.3.1 COVID-19 vaccination programme

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

Data provided by HWE ICB and the pharmacy survey showed that 24 pharmacies in Milton Keynes are signed up to provide COVID-19 vaccinations.

8. Milton Keynes Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations⁷, but the term is often used to describe those services commissioned from pharmacies by Local Authorities, the Integrated Care board (ICB) and local NHSE teams.

In the Milton Keynes area, pharmacy services are currently commissioned locally by the council's shared Public Health Team and BLMK ICB.

8.1 ICB locally commissioned services

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

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

8.1.1 End of life care medicines scheme

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

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

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

As of January 2025, 8 community pharmacies in Milton Keynes are currently participating in this scheme.

8.1.2 Gluten-free foods scheme

As per the BLMK ICB Gluten Free Foods Policy³⁹, gluten-free bread and flour is no longer prescribed for residents in BLMK ICB with a diagnosis of a gluten sensitive enteropathy. Due

to increases in the cost of living and the pressures on households, provisions are in place to allow residents who are at risk of dietary neglect to access gluten-free breads and flour mixes off prescription where required. For patients on no income or low income this will be via a direct access scheme through community pharmacy. For any other residents this will be via the dietetic teams and an approval process.

As of January 2025, 9 community pharmacies in Milton Keynes are currently participating in this scheme.

8.2 Milton Keynes Public Health commissioned services

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

- Stop smoking letter of recommendation scheme
- Supervised consumption
- Needle exchange
- Sexual health service (PHES)

8.2.1 Stop smoking letter of recommendation scheme

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

In January 2025, there were 18 community pharmacies in Milton Keynes registered to deliver this service, compared to 27 in the 2022 PNA.

8.2.2 Drug and alcohol dependence services

8.2.2.1 Supervised consumption

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

Services are commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or buprenorphine) for dependent drug users. To use the services, patients must have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services prescribe an opioid substitute, tailoring the selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

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

In Milton Keynes, 24 pharmacies provide the supervised consumption service, which is 4 more than in the 2022 PNA.

8.2.2.2 Needle exchange

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

The service is currently provided by 4 community pharmacies in Milton Keynes. Nine community pharmacies offered this service in the 2022 PNA.

8.2.3 Sexual health service

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

Pharmacies work as part of a wider network of providers, helping to extend access to emergency hormonal contraception (EHC) and chlamydia testing and treatments across Milton Keynes. The Local Authority commissions enhanced services (under PHES) to compliment services provided under the core integrated Contraception and Sexual Health contract. Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient. The supply of **free** EHC and chlamydia treatments is via local Patient Group Direction (PGD) arrangements.

In Milton Keynes, there are 6 pharmacies have signed up to deliver the free EHC and chlamydia treatment/testing service. However not all of these pharmacies are known to be actively delivering the service, with 1 of them recording no activity for 24/25 up to January 2025. In the 2022 PNA, 25 community pharmacies were commissioned to provide the sexual health services. As EHC can be purchased from pharmacies and online, it is unclear if this has resulted in reduced access to EHC. The Public Health Sexual Health team are working with Community Pharmacy England - BLMK and Northants and the iCASH outreach team to increase the access to **free** EHC as a priority in 2025/26.

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

Table 17: Provision of local authority locally commissioned services, by locality

	Stop smoking letter of recommendation service	Sexual Health	Supervised consumption	Needle exchange
South (Bletchley)	4	1	4	1
Central	4	2	5	2
North	2	1	3	1
East	3	1	5	0
West	5	1	7	0
MILTON KEYNES	18	6	24	4

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

8.3 Non-commissioned services

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

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

- Collection of prescriptions from GP practices
- Delivery of dispensed medicines

- Dispensing of medicines into Monitored Dosage Systems for patients not requiring reasonable adjustments

It is worth noting that patients are often surprised to find that these are not NHS services.

8.4 Collection and delivery services

The responses from the pharmacy contractor survey show that 2 out of 5 respondents provide a prescription delivery service, although one respondent was the distance-selling pharmacy. 1 out of the 5 respondents offers a prescription collection service (although as EPS is now used for almost all prescriptions, there is little need for this service). Due to the low response rate this cannot be assumed to be representative of all pharmacy contractors across Milton Keynes.

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

8.5 Monitored dosage systems

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010¹⁷. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

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

NICE guidance NG67⁴⁰ published in March 2017 recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

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

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

9. The Evolving Role of Pharmacists

9.1 Current and Future Pharmacist Role

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

Milton Keynes City Council's Public Health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and substance misuse, as outlined in the BLMK ICS Primary Care Prevention Delivery Plan⁴¹.

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

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

The NHS 10 Year Health Plan⁹ sets out a vision for community pharmacy being an integral part of neighbourhood health services, with a move from a dispensing focussed role to offering more clinical services. This will include:

- More community pharmacists becoming able to independently prescribe
- Management of long-term conditions
- Management of complex medication regimes
- Treatment of obesity, high blood pressure and high cholesterol

- Increased role in vaccine delivery (including human papillomavirus for those who have missed out on the school programme)
- Increased role in screening for risk of cardiovascular disease and diabetes

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

9.2 Climate change, sustainability and community pharmacy

Climate change is recognised as the greatest public health threat of the 21st century, with direct and indirect impacts on population health and wellbeing and health systems⁴². The NHS has committed to becoming the world's first net zero national health service, as outlined in the NHS Net Zero Plan (2020)⁴³ and supported by the Greener NHS Programme⁴⁴.

This PNA acknowledges and supports the ambitions set out in the recently published BLMK ICS Green Plan (2025-2032)⁴⁵. That document outlines a long-term commitment and delivery plan for working with partner organisations on addressing climate change and creating a sustainable health and care system. Sustainable healthcare meets the needs of our populations, without damaging the health or ability to meet the healthcare needs of vulnerable people now or in the future (Centre for Sustainable Healthcare).

The PNA recognises the important role of community pharmacy and community pharmacy services in climate change and sustainability. For example, medicines account for approximately 25% of NHS carbon emissions, largely from production, transport, and waste. The Royal Pharmaceutical Society (RPS)⁴⁶ and the General Pharmaceutical Council (GPhC)⁴⁷ have each issued declarations and strategic plans urging pharmacy professionals and commissioners to prioritise sustainable practice, reduce waste, and support environmentally responsible prescribing. Community pharmacy also plays a key role in contributing to a sustainable health care approach using the four principles of sustainable healthcare⁴⁸:

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

This PNA encourages the use of nationally available resources to support community pharmacy to take action on climate change and sustainability. For example, The Royal Pharmaceutical Society has recently launched the Greener Pharmacy Toolkit⁴⁹ to support community pharmacy to take practical action and introduce more sustainable practices to reduce emissions, improve patient care, prevent ill health, tackle medicines waste and achieve efficiency savings.

9.3 Considerations for Future PNAs: Climate Change and Sustainability

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

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

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

10. Engagement and Consultation

10.1 Stakeholder engagement

10.1.1 Overview of response to the public survey

An online survey was produced to enable people living in Milton Keynes to feed their views into the PNA. A paper copy was available on request and was also distributed by Milton Keynes Healthwatch. 466 people responded, with all respondents stating they live within the Milton Keynes area.

88% of those responding to the question about whether they have a regular pharmacy stated that they have a regular pharmacy that they order items to home and 4% stated they have a regular pharmacy that they visit in person.

464 people answered the question about services they have used in the past 12 months at their pharmacy. The table below summarises these results:

Table 18: Pharmacy services used in the past 12 months

Service	% are rounded off to whole numbers	% utilising	Number utilising
Appliance services e.g. stoma appliance customization		0%	1
Collection of prescriptions from dispensing practice (General Practice which dispenses medicines)		7%	52
Collection of prescriptions from local community pharmacy (chemist)		53%	416
Don't know		0%	3
General health advice from local pharmacy (chemist)		17%	134
Medicines use check e.g. pharmacist offers advice		1%	6
New Medicine Service e.g. new medication prescribed for asthma		2%	13
None of the services in question 3		1%	7
Online pharmacy (chemist)		2%	17
Other		0%	3
Over the counter medicines from local community pharmacy (chemist)		16%	122
Pharmacy First services from local community pharmacy (chemist)		1%	7

57% of those responding stated they visit the pharmacy for themselves, with 35% visiting for a family member.

62% of those responding travelled by car to the pharmacy, while 32% walked. 18% of those responding stated they had issues in accessing their preferred pharmacy, with long waiting times and queues being the main issue. Parking was noted as an issue.

The majority of those responding usually use their pharmacy between 09:00 and 17:00, Monday – Friday. 22.7% of those responding to this question used their pharmacy 17:00 – 20:00 on weekdays, and 25.5% on a Saturday morning. Relatively few respondents stated they usually use their pharmacy on Sundays.

The table below summarises when respondents stated they would prefer to use their pharmacy.

Table 19: Preferred days and times for accessing pharmacies

	Monday-Friday	Saturday	Sunday	Bank Holidays
Early morning, before 9am	69	40	25	18
Morning, 9am - 12 noon	199	128	56	41
Lunchtime, 12 noon - 2pm	108	77	43	35
Afternoon, 2pm - 5pm	179	98	54	35
Evening, 5pm - 8pm	143	79	58	41
Late night, 8pm - 10pm	45	34	28	22

There were 334 responses to the question asking which services respondents had utilised at their pharmacy in the last 12 months, and which they would like to use. This is summarised below:

Table 20: Services people have used or would use if necessary

	Have used		Would use if necessary	
Access to free or low-cost medicines for common illnesses	54%	66	46%	56
Alcohol advice	3%	1	97%	34
Blood pressure check	22%	22	78%	77
Blood sugar check	7%	5	93%	68
Cholesterol check	5%	4	95%	72
COVID-19 vaccination	64%	113	36%	63
Dietary advice	2%	1	98%	41
Emergency contraception e.g. (morning after pill)	26%	15	74%	43
Family planning e.g. (contraceptives/the pill/condoms)	15%	8	85%	44
Healthy Lifestyle advice/support	14%	6	86%	38
Minor illnesses e.g. hay fever, cough	67%	115	33%	57
Needle exchange or methadone supply	8%	3	92%	36
Out of hours urgent supply e.g. overnight, Christmas Day	13%	13	87%	89
Pharmacy First	23%	28	77%	93
Seasonal 'Flu' vaccine	68%	141	32%	66
Stop smoking services	9%	5	91%	49
Weight concerns	7%	3	93%	38

10.1.2 Overview of response to pharmaceutical service providers survey

18 of 43 pharmacies responded to the pharmacy contractor survey, giving a response rate of 42%. 43 pharmacies were sent the questionnaire, but one of these pharmacies has now closed so only 42 pharmacies are described in the PNA. One pharmacy responding was distance selling only, so some questions regarding services available would not be relevant to this pharmacy.

All pharmacies responding had access to parking facilities including disabled parking. They also all had private consultation room(s), and 80% of those responding had consultation room(s) with wheelchair access. 6% did not have access to hand-washing facilities during consultations. 35% of those responding to the question stated they have toilet facilities available for customers.

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

One pharmacy responding did not dispense appliances. 94% of pharmacies responding to the question dispense appliances (with 44% dispensing all types of appliances, 13% excluding stoma appliances and 31% dispensing dressings only. 1 pharmacy responding stated they dispensed appliance as little as possible due to space limitations.

All of those who responded offered 7 clinical pathways and urgent medicine supply services through Pharmacy First. The table below summarises provision of advanced services based on responses to the survey:

Table 21: Provision of advanced services responses

Advanced Service	Yes		No - not intending to provide		Intending to begin within next 12 months	
	%	n	%	n	%	n
Appliance Use Review service	7%	1	93%	13	0%	0
Flu Vaccination Service	88%	14	0%	0	13%	2
Hypertension case finding service	94%	16	6%	1	0%	0
Lateral Flow Device (LFD) service	82%	14	18%	3	0%	0
New Medicine Service (NMS)	94%	16	6%	1	0%	0
Pharmacy contraception services (PCS)	73%	11	13%	2	13%	2
Pharmacy First - 7 Clinical Pathways	100%	17	0%	0	0%	0
Pharmacy First – Minor Ailment Service	88%	14	13%	2	0%	0
Pharmacy First – Urgent Medicine Supply	100%	17	0%	0	0%	0
Smoking cessation services	40%	6	47%	7	13%	2
Stoma Appliance Customisation service	0%	0	93%	14	7%	1

Table 22 summarises the provision of local enhanced services, based on responses to the survey:

Table 22: Provision of local enhanced services responses

	Currently providing under contract with Local Authority		Currently providing under contract with the local NHS England Team		Not able or willing to provide		Willing to provide if commissioned	
	0%	0	7%	1	80%	12	13%	2
Anti-viral Distribution Service	0%	0	7%	1	80%	12	13%	2
Care Home Service	0%	0	0%	0	87%	13	13%	2
Chlamydia Testing Service	0%	0	0%	0	87%	13	13%	2
Chlamydia Treatment Service	0%	0	0%	0	87%	13	13%	2
COVID-19 Vaccination	0%	0	19%	3	56%	9	25%	4
On Demand Availability/ End of Life Specialist Drugs Service	0%	0	13%	2	63%	10	25%	4
Supervision of methadone consumption	20%	3	40%	6	40%	6	0%	0

14 pharmacies responded to the query about provision of screening services and most were not able or willing to provide these services. The table below shows the proportion of respondents willing to provide each service if commissioned to do so.

Table 23: Respondents willing to provide screening services if commissioned

Screening service	Willing to provide if commissioned	
Alcohol	14%	2
Cholesterol	29%	4
Diabetes	36%	5
Gonorrhoea	21%	3
H. pylori	21%	3
HbA1C	21%	3
Hepatitis	14%	2
HIV	14%	2

54% of the 13 pharmacies responding to the question on delivery of dispensed medicines stated they deliver free of charge on request. 31% offer delivery as a chargeable service.

10.2 Formal consultation

The formal consultation on the draft PNA for Milton Keynes ran from 22nd April to 21st June 2025 in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical

Services) Regulations 2013⁷ and section 242 of National Health Service Act 2006¹⁸, which stipulates the need to involve the public in planning and changing health services.

13 responses were received to the consultation questionnaire. 95% of responses received were from members of the public. The feedback received during the consultation process is summarised below:

- 69% of respondents agreed that the PNA accurately reflects the current provision of pharmaceutical services.
- 46% of respondents believed that there were no gaps in provision of pharmaceutical services for Bedford Borough that were not identified in PNA.
- 42% of respondents felt the PNA reflects the pharmaceutical needs of the local population.
- 38% of respondents agreed that the PNA contains sufficient information to support future planning of pharmaceutical services and commissioning for pharmacies and dispensing appliance contractors.
- 25% of respondents agreed with the overall conclusions presented in the PNA.

Key themes from the comments received were as follows:

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

While many comments received fell outside the scope of the PNA, these have been noted and form part of the consultation report, which will be shared with key stakeholders.

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

11. Summary of Findings

There are 40 community pharmacy services in Milton Keynes which patients can visit in person for essential services, being delivered by 37 standard contract (40 hour) pharmacies and three 100-hour pharmacies, located primarily in areas of higher population density and in or near to areas with the highest levels of deprivation, which patients can visit in person. In addition, there are two distance selling pharmacies and two dispensing doctors' sites.

Residents of Milton Keynes have adequate access to community pharmacies, although they have a lower number of pharmacies per 100,000 population than the England average. Central and West are the localities with the highest populations, and contain the majority of community pharmacies, with 11 in each.

All localities have lower than average community pharmacies per 100,000 population. East and North both have one dispensing doctors' site each, which increases access to dispensing services for the local population.

Whereas the majority of pharmacies provide additional supplementary hours to the 40 hours of their core contracted service delivery, some pharmacies are open for significantly longer. These pharmacies, along with the three 100-hour pharmacies, provide extended and out of hours cover for pharmaceutical services across Milton Keynes, as they open on weekday evenings and both Saturdays and Sundays. In total, 31 pharmacies open on Saturdays across all localities, although after 1pm, 14 of these remain open, which reduces again to seven after 6pm. None of those open on Saturday evenings are located in the North or West localities.

Eight pharmacies across four localities are open on Sundays. No pharmacies are open on Sunday in North, however there is provision in nearby localities.

Since the 2022 PNA, two 100-hour pharmacies and three 40-hour pharmacies have closed in the Milton Keynes area. However, there continues to be adequate pharmacy provision across the area, and this does not require additional pharmacy provision through market entry.

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, Hypertension Case-Finding and New Medicines Services are well supported by the community pharmacies in Milton Keynes, with almost all pharmacies signed up to deliver these services. The contraception, LFD supply and influenza vaccination services are also provided by well over half of the community pharmacies.

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

When community pharmacy provision is taken into account alongside that of other service providers, it is considered that provision of existing locally commissioned services across Milton Keynes is adequate and meets identified health needs. For some services, access and equity of provision could be improved, and other community pharmacies have stated in their survey responses that they would be willing to provide these services if commissioned.

Community pharmacies make a valuable contribution to the objectives of the MK Deal and engagement work shows that people value the services provided by their local community pharmacy.

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

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

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

12. Statement of Pharmaceutical Needs Assessment

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

After considering all the elements of the PNA, Milton Keynes Health and Care Partnership makes the following statements:

- For the purpose of this PNA, Milton Keynes Health and Care Partnership has agreed that necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework (see section 3.3).
- No gaps have been identified in the provision of necessary services within the four localities of Milton Keynes to meet the needs of the population.
- No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Milton Keynes. Housing developments planned over the next 3 years will be concentrated in areas where provision of necessary services is adequate and will meet the needs of the anticipated developments.
- No gaps in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances (including housing developments and population changes anticipated between 2025 and 2028) have been identified in any of the localities.

Opportunities for service improvements:

- Better access to the existing provision of essential services in North could be secured by their provision on weekday evenings after 6pm and by some provision on Saturday evenings and Sundays. Access issues should be better understood to establish whether any further action is required. For example, there may be an opportunity to work with Community Pharmacy BLMK and Northants and local pharmacies to review the potential of exploring an extended rota.
- A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of these services, and we would wish to encourage all community pharmacies to make greater use of all advanced services, and also that referrals via healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service.
- There is adequate provision of existing locally commissioned services across Milton Keynes when community pharmacy provision is taken into account alongside that of

other service providers, although access and equity of provision could be improved for some services. It is recommended that the Public Health team should work with partners, including the ICB and Community Pharmacy BLMK and Northants, to explore this further and scope any further work necessary (for example in the needle exchange service, supervised consumption of opiate substitutes service and free EHC).

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

In addition:

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

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

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

Correct as of January 2025

Code	Milton Keynes Practice	Main or Branch Surgery	PCN	Address
K82054	Ashfield Medical Centre	Main	East MK	1 Perrydown, Wastel, Beanhill, Milton Keynes, MK6 4NE
E81050	Asplands*	Main	Ascent	Asplands Close, Woburn Sands, Milton Keynes, MK17 8QP
K82039	Bedford Street Surgery	Main	South West	4 Bedford Street, Bletchley, Milton Keynes, MK2 2TX
K82039	Bedford Street Surgery	Branch	South West	Furztown Branch, 67 Dulverton Drive, Furztown, Milton Keynes, MK4 1EW
Y02900	Brooklands Health Centre	Main	One MK	Montague Crescent, Brooklands, Milton Keynes, MK10 7LN
K82065	CMK Medical Centre	Main	East MK	68 Bradwell Common Blvd, Bradwell Common, Milton Keynes MK13 8RN
K82057	Cobbs Garden Surgery	Main	Unity (Bedford)	West Street, Olney, Bucks MK46 5QG
K82064	Fishermead Medical Centre	Main	Ascent	Fishermead Boulevard, Fishermead, Milton Keynes MK6 2LR
K82610	Grove Surgery	Main	East MK	Farthing Grove, Netherfield, Milton Keynes, MK6 4NG
K82631	MK Village Practice	Main	East MK	Griffith Gate, Middleton, Milton Keynes, MK10 9BQ
K82016	Newport Pagnell Medical Centre	Main	The Bridge	Queens Avenue, Newport Pagnell, Milton Keynes MK16 8QT
K82016	Newport Pagnell Medical Centre	Branch	The Bridge	Newport Pagnell Branch, Beaufort Drive, Willen, Milton Keynes, MK15 9EY
K82016	Newport Pagnell Medical Centre	Branch	The Bridge	Kingfisher Branch, Elthorne Way, Newport Pagnell MK16 0JR
K82032	Oakridge Medical Centre	Main	Nexus MK	30 Texel Close, Oakridge Park, Milton Keynes MK14 6GL
K82015	Parkside Medical Centre	Main	South West	Whalley Drive, Bletchley, Milton Keynes MK3 6EN
K82027	Purbeck Health Centre	Main	Nexus MK	Stantonbury, Milton Keynes MK14 6BL
K82013	Red House Surgery	Main	Crown	241 Queensway, Bletchley, Milton Keynes MK2 2EH
K82025	Sovereign Medical Centre	Main	Nexus MK	Sovereign Drive, Pennylands, Milton Keynes MK15 8AJ
K82617	Stonedean Practice	Main	Nexus MK	The Health Centre, Market Square, Stony Stratford, MK11 1YA
K82615	Walnut Tree Health Centre	Main	Ascent	Blackberry Court, Walnut Tree, Milton Keynes MK7 7PB
K82009	Watling Street Practice	Main	Watling St Network	The Health Centre, Market Square, Stony Stratford, Milton Keynes MK11 1YA
K82009	Watling Street Practice	Branch	Watling St Network	Kensington Drive, Great Holm, Milton Keynes MK8 9HN
K82009	Watling Street Practice	Branch	Watling St Network	Burchard Crescent, Shenley Church End, Milton Keynes MK5 6EY
K82633	Westcroft Medical Centre	Main	South West	1 Savill Lane, Westcroft, Milton Keynes, MK4 4EN
K82059	Westfield Road Surgery	Main	South West	11 Westfield Road, Bletchley, Milton Keynes MK2 2DJ
K82026	Whaddon Medical Practice	Main	Crown	25 Witham Court, Tweed Drive, Bletchley, Milton Keynes MK3 7QU
K82026	Whaddon Medical Practice	Branch	Crown	Water Eaton Branch, Fern Grove, Bletchley, Milton Keynes MK2 3HN
Y06810	Whitehouse Health Centre	Main	One MK	Unit 1 - Unit 7, Whitehouse Health Centre, Dorset Way, Whitehouse, Milton Keynes MK8 1EQ
Y06810	Whitehouse Health Centre	Branch	One MK	Neath Hill Branch 1 Tower Crescent, Neath Hill, Milton Keynes, MK14 6JY
K82003	Wolverton Health Centre	Main	Nexus MK	Wolverton Health Centre, Gloucester Road, Wolverton Milton Keynes MK12 5DF
K83052	The Parks Medical Practice*	Branch (main practice in West Northamptonshire)	Parkwood PCN (West Northamptonshire)	Hanslope Surgery, 1 Weston Drive, Hanslope, Milton Keynes, MK19 7LA

*Dispensing

Appendix 2 - Membership of Steering Committee

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

Appendix 3 - Survey of Pharmaceutical Contractors

Summary of Milton Keynes Pharmacy Contractor Questionnaire

Milton Keynes

Total responses received: 18

Response rate: 42% (43 pharmacies in MKC at the time of the questionnaire)

Premises Details

1. Contact details

- Answered – 18; Skipped – 0
- Provided contractor code (ODS Code) – 17
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 18
- Provided trading name – 18
- Provided address of contractor pharmacy – 17
- Provided pharmacy.ODScode@nhs.net email address – 11
- Other Email address used – 3
- Provided pharmacy telephone – 17
- Provided pharmacy website address (if applicable) – 4

2. Can the LPC store the above information and use it to contact you?

Answered – 13; Skipped – 5

No		15%	2
Yes		85%	11

3. Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

Answered – 16; Skipped – 2

No		44%	7
Possibly		50%	8
Yes		6%	1

4. How many hours do you open in total?

Answered – 18; Skipped – 0

72	4
40	3
78	1
50	1
45	4
49	1
75	1
58	1
84	1
47	1

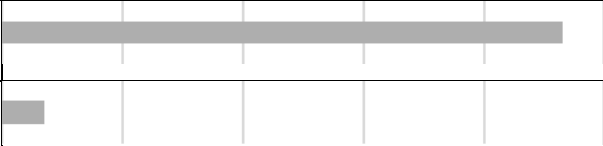
5. If you are classed as a 100-hour pharmacy, how many hours do you open for (72hrs to 100hrs)?

Answered – 1; Skipped – 17

75	1
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6. Have you changed your opening hours since the last PNA in October 2022?

Answered- 15; Skipped -3

No		93%	14
Yes		7%	1

If yes, please state your previous opening hours in October 2022



100	1
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If yes, please state your current opening hours

75	1
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7. Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)

Answered – 16; Skipped – 2

No		88%	14
Yes		13%	2

Access



8. Do you have the following within a 100-metre radius of the pharmacy?

Answered – 17; Skipped – 1

	Yes		No	
Bus Stop	86%	12	14%	2
Disabled parking	94%	15	6%	1
Parking	100%	17	0%	0

9. Are you able to provide professional advice to patients in their own homes?


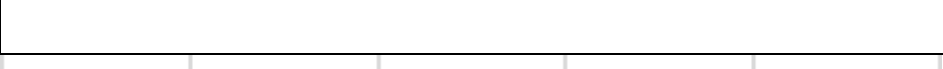
Answered – 13; Skipped – 5

No		92%	12
Yes		8%	1

Consultation facilities


10. Is there a consultation area on the premise that meets premise requirements as per Terms of Service paragraph 28A, Schedule 4 (with the exception of a small pharmacy exemption granted by the ICB)?

Answered – 15; Skipped – 3

Yes (including wheelchair access)		80%	12
Yes (without wheelchair access)		20%	3

11. Where there is a consultation area, is it a closed room?

Answered – 17; Skipped – 1

Yes		100%	17
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12. During consultations are there hand-washing facilities?

Answered – 17; Skipped – 1

No		6%	1
Yes, Close to the consultation area		24%	4
Yes, In the consultation area		71%	

13. Do patients attending for consultations have access to toilet facilities?

Answered – 17; Skipped – 1

No		65%	11
Yes		35%	6


14. Does the pharmacy has access to an off-site consultation area? (i.e. one which the former PCT or NHS England local team has given consent for use)

Answered – 16; Skipped – 2

No		94%	15
Yes		6%	

15. Is the pharmacy willing to undertake consultations in patient's home / other suitable site?

Answered – 16; Skipped – 2

No		88%	14
Yes		13%	2

16. What languages are spoken across the whole pharmacy in addition to English?

Answered – 15; Skipped – 3

Arabic	2
Bengali	1
Cantonese	1
Chinese	1
French	1
Greek	1
Gujarati	5
Hindi	2
Hokkien	1
Hungarian	1
Italian	1
Korean	1
Marin	1
Parsi	1
Philippino	1
Punjabi	2
Romanian	2
Spanish	1
Swahili	1
Twi	3
Urdu	2
None	2

17. Do you know how to access the funded translation services?

Answered – 16; Skipped – 2

No	56%	9
Not Sure	44%	7

IT facilities

18. Select any that apply.

Answered – 16; Skipped – 2

Electronic Prescription Service Release 2 enabled	15
NHS Summary Care Record enabled	16
NHS Website (NHS.UK)	10
The pharmacy.ODScode@nhs.net email address is being used	11

Services

19. Does the pharmacy dispense appliances?

Answered – 16; Skipped – 2

None	1
Other (please specify)	1
Yes – All types	7
Yes, excluding stoma appliances	2
Yes, just dressings	5

Other (please specify)

Answered – 1; Skipped – 17

As little as possible we have limited space	1
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Advanced services

20. Does the pharmacy provide the following services?

Answered – 17; Skipped – 1

	Yes		No - not intending to provide		Intending to begin within next 12 months	
Appliance Use Review service	7%	1	93%	13	0%	0
Flu Vaccination Service	88%	14	0%	0	13%	2
Hypertension case finding service	94%	16	6%	1	0%	0
Lateral Flow Device (LFD) service	82%	14	18%	3	0%	0
New Medicine Service (NMS)	94%	16	6%	1	0%	0
Pharmacy contraception services (PCS)	73%	11	13%	2	13%	2
Pharmacy First - 7 Clinical Pathways	100%	17	0%	0	0%	0
Pharmacy First – Minor Ailment Service	88%	14	13%	2	0%	0
Pharmacy First – Urgent Medicine Supply	100%	17	0%	0	0%	0
Smoking cessation services	40%	6	47%	7	13%	2
Stoma Appliance Customisation service	0%	0	93%	14	7%	1

Enhanced and Other Locally Commissioned Services

Enhanced Services are those commissioned by the local NHS England Team. ICB and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the

Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

21. Which of the following services does the pharmacy provide, or would be willing to provide?

Answered – 16; Skipped – 2

	Currently providing under contract with Local Authority		Currently providing under contract with the local NHS England Team		Not able or willing to provide		Willing to provide if commissioned	
	%	n	%	n	%	n	%	n
Anti-viral Distribution Service	0%	0	7%	1	80%	12	13%	2
Care Home Service	0%	0	0%	0	87%	13	13%	2
Chlamydia Testing Service	0%	0	0%	0	87%	13	13%	2
Chlamydia Treatment Service	0%	0	0%	0	87%	13	13%	2
COVID-19 Vaccination	0%	0	19%	3	56%	9	25%	4
On Demand Availability/ End of Life Specialist Drugs Service	0%	0	13%	2	63%	10	25%	4
Supervision of methadone consumption	20%	3	40%	6	40%	6	0%	0

22. Disease Specific Medicines Management Services

Answered – 14; Skipped – 4

	Currently providing under contract with Local Authority		Currently providing under contract with the local NHS England Team		Not able or willing to provide		Willing to provide if commissioned	
	0%	0	14%	2	57%	8	29%	4
Allergies	0%	0	14%	2	57%	8	29%	4
Alzheimer's/dementia	0%	0	7%	1	71%	10	21%	3
Asthma	0%	0	14%	2	64%	9	21%	3
CHD	0%	0	7%	1	71%	10	21%	3
COPD	0%	0	14%	2	64%	9	21%	3
Depression	0%	0	14%	2	64%	9	21%	3
Diabetes type I	0%	0	14%	2	57%	8	29%	4
Diabetes type II	0%	0	14%	2	57%	8	29%	4
Emergency Contraception Service	0%	0	36%	5	29%	4	36%	5
Emergency Supply Service	0%	0	36%	5	21%	3	43%	6
Epilepsy	0%	0	14%	2	57%	8	29%	4
Gluten Free Food Supply Service (i.e. not via FP10)	0%	0	7%	1	71%	10	21%	3
Heart Failure	0%	0	14%	2	57%	8	29%	4
Home Delivery Service (not appliances)	0%	0	29%	4	57%	8	14%	2
Hypertension	8%	1	15%	2	46%	6	31%	4
NHS - Independent Prescribing Service	0%	0	7%	1	64%	9	29%	4
Other (please state)	0%	0	7%	1	71%	10	21%	3
Parkinson's disease	0%	0	8%	1	62%	8	31%	4
Private - Independent Prescribing Service	0%	0	14%	2	57%	8	29%	4

23. Screening Services

Answered – 14; Skipped – 4

	Not able or willing to provide		Willing to provide if commissioned	
Alcohol	86%	12	14%	2
Cholesterol	71%	10	29%	4
Diabetes	64%	9	36%	5
Gonorrhoea	79%	11	21%	3
H. pylori	79%	11	21%	3
HbA1C	79%	11	21%	3
Hepatitis	86%	12	14%	2
HIV	86%	12	14%	2

Other (please specify)

Answered – 1; Skipped – 17

Other - We are not able to provide a lot of the services as we are an online Pharmacy (DSP) but are willing to do so if patients are allowed to come into the Pharmacy for those specific services only and not Essential Services.	1
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24. Other vaccinations

Answered – 15; Skipped – 3

	Currently providing under contract with the local NHS England Team		Not able or willing to provide		Willing to provide if commissioned	
Childhood vaccinations	0%	0	80%	12	20%	3
Hepatitis (at risk workers or patients)	0%	0	80%	12	20%	3
HPV	0%	0	80%	12	20%	3
Travel vaccines	15%	2	69%	9	15%	2

Non-commissioned services

25. Does the pharmacy provide any of the following?

Answered – 13; Skipped – 5

Collection of prescriptions from GP practices	6
Delivery of dispensed medicines - Chargeable	4
Delivery of dispensed medicines – Free of charge on request	7
Delivery of dispensed medicines – Selected areas (list areas)	7
Delivery of dispensed medicines – Selected patient groups (list criteria)	5
Monitored Dosage Systems – chargeable	1

Delivery of dispensed medicines – Selected patient groups (list criteria)

We are a DSP so deliver Nationwide. Locally though our in house delivery service and by Royal Mail outside 5 mile radius of MK11 3HL	1
Elderly	2
Vulnerable	1
Housebound patients	2
These are supplied by our head office on request	1

Delivery of dispensed medicines – Selected areas (list areas)

Within 5 mile radius of MK11 3HL by our dedicated delivery drivers	1
Surrounding Great Holm	1
Fishermead	1
Oldbrook	1
Springfield	1
Eaglestone	1
Newport Pagnell	2
Giffard Park	1
Blakelands surrounding Villages ie - Sherrington, North Crawley, Cranfield	1
Speak to our head office	

26. Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why.

Answered – 7; Skipped – 11

Paid Monitored Dosage System for vulnerable patients. The free service we are providing is not sustainable long term. We will either have to stop it completely or start charging patients.	1
EHCPGO - High demand for EHC Cholesterol testing Blood sugar testing	1
Expanded pharmacy first conditions i.e. more than 7 currently provided such as oral thrush, eczema, constipation	1
Minor ailments service - this is because most people in the area cannot afford certain OTC medications and would benefit from the service where certain medications for minor ailments were supplied for free.	1
No	

27. What are the three most important health needs of your population that a pharmacy can help to address?

Answered – 11; Skipped – 7

Flu vaccination	1
Diabetes diagnosis and management	3
Cholesterol checks	2
Access to medication i.e. delivery Care home services Covid-19 Vacc	1
Being able to supply patient medications on time - emergency supply of medications when required	1
Weight management/ NHS Weight Loss Service/ Healthy diets	4
Stop smoking service	2
Asthma	2
Drug abuse service	1
Eye and Ear infections	1
Common cold and Flu	1
Diarrhoea and sickness	1
Medication Reviews in Patient's homes. The majority of patients we serve are elderly and unable to get out of their homes. A medication review in their homes would be of great benefit and have huge potential to save money for the NHS.	1
Mental Health	1
Upper respiratory tract infections	
Minor ailment (especially children)	2
Pharmacy first	

28. Have you identified specific health needs within your pharmacy population which would not be met by the list above?

Answered – 8; Skipped – 10

No	6
Maintain a healthy lifestyle - collaboration with local gyms and fitness centres to allow people access at reduced costs (not free).	1
Mental Health	

29. How does your pharmacy meet your obligations under the Accessible Information Standards (AIS) and Equalities Act?

Answered – 7; Skipped – 11

Adhering to the companies SOP's regarding accessible information and equality.	1
Easy access pharmacy with consultation room. All medicine boxes contain braille.	1
Please see website.	1
Hearing loops	2
Staff are aware to identify patient needs which then gets recorded on their records and communicated to other Healthcare professionals if needed. Large text is available, and most medications come with braille.	1
Most of our staff can speak a second language. We had used the google translate in the past for customers speak foreign language.	1
Training sent by Head Office all pharmacy staff required to read and sign off.	1
Wheelchair access lowered counters dispensing labels in specific format for visually impaired.	1

Appendix 4 - Equality Impact Assessment

The Pharmaceutical Needs Assessment (PNA) for Milton Keynes has undergone an equality impact assessment to ensure that it effectively considers the diverse health needs of the local population. The PNA assesses pharmaceutical service provision against demographic trends and projected changes from 2025 to 2028. In line with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, the PNA evaluates service accessibility, identifying areas where provision could be improved. Particular attention has been given to the needs of children and young people, adults of working age, older people, and those requiring pregnancy and maternity services. Consideration has also been given to individuals living in deprived areas, ensuring equitable access to essential pharmaceutical services. While the PNA concludes that there is generally adequate service provision, it notes that increased access in the North locality, particularly on weekday evenings and weekends, would provide further improvements. The document serves as a strategic resource to inform future decisions, with any proposed service changes subject to further detailed equality impact assessments to mitigate adverse impacts and promote inclusivity across all protected characteristics. This impact assessment will be reviewed following the consultation when the final PNA document is produced.

1.0 Introduction

1.1 Name of proposal:

Milton Keynes Health and Care Partnership Pharmaceutical Needs Assessment 2025.

2.0 Executive Summary

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

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

PNAs can help support efforts to reduce health inequalities and improve the health and wellbeing of the population by identifying potential gaps or unmet needs and making recommendations to inform future commissioning decisions. It is anticipated that the PNA will have a positive impact of all residents of Milton Keynes, including those with protected

characteristics, as defined by the Equality Act 2010. No negative impacts of the PNA have been identified. Several positive benefits were identified including:

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

The PNA process includes a review and assessment of information from a wide variety of sources. The information reviewed includes information on the population of Milton Keynes and demography, health needs and the wider determinants of health. Anticipated changes in need (for example resulting from population growth) have also been considered. Information on service provision was also included as part of the review.

3.0 Public Sector Equality Duty:

On 5 April 2011, the public sector equality duty (the equality duty) came into force. The equality duty was created under the Equality Act 2010. The equality duty was developed to harmonise the equality duties and to extend it across the protected characteristics. It consists of a general equality duty, supported by specific duties which are imposed by secondary legislation. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

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

3.1 Purpose of the duty:

The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. If you do not consider how a function can affect different groups in different ways, it is unlikely to have the intended effect. This can contribute to greater inequality and poor outcomes. The general equality duty therefore requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review. Compliance with the general equality duty is a

legal obligation, but it also makes good business sense. Further information relating to the Equality Duty can be found here; [Public Sector Equality Duty | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com)

4.0 General information about the organisational change proposal:

Describe the proposal. E.g., purpose of the restructure and its aims. Include any relevant data or information including positive/negative impacts on residents, service-users, wider community and colleagues.

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

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

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

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

The draft PNA concludes that there is adequate provision of necessary pharmaceutical services for the population Milton Keynes overall, while noting that whilst access is considered adequate in all localities, better access to essential services in North would be secured by their provision on weekday evenings after 6pm and by some provision on Saturday evening and Sunday. The PNA itself does not include plans or proposals to change pharmacy provision; it acts as a strategic document outlining the needs of the local population and gaps in provision to aid decision making about market entry in community pharmacy. As such, the PNA is a high-level document, and further work will need to be undertaken to identify any equality impact on changes to commissioned services or service provision once these are identified.

Specific considerations in the PNA process included health needs and provision of pharmacy services for children and young people, adults of working age, older people, pregnancy and maternity services and sex. Consideration has been given to the health needs and access to services for those in deprived areas and access to services by people with a disability including a range of common adjustments.

5.0 Assessing the impact on different groups:

Does, or could, the organisation change proposal have an adverse effect or impact on members of the equality groups?

Protected Characteristic Group	Is there a potential for positive or negative impact?	Please explain and give examples of any evidence/data used	Action to address negative impact (e.g., adjustment to the proposal)
Age (All age groups)	Positive impact	Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by offering more services relevant to a younger / older age group. The PNA sought views from the	No adverse impacts identified by the impact assessment.

		public, examined provision of advanced and enhanced services and population data. The recommendations in the PNA seek to maintain or improve these services.	
Disability (Physical, learning difficulties, mental health and medical conditions)	Positive impact	The contractor survey included collecting information regarding facilities and reasonable adjustments pharmacies have in place to help people with disabilities access services. The PNA also incorporates views of the public on access for people for disabilities which pharmacies can utilise alongside other information to consider other adaptations.	No adverse impacts identified by the impact assessment.
Sex	Positive impact	Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by considering services offered based on demographics. Information regarding provision of these services was collected and considered in the PNA and this can be utilised by pharmacies and commissioners in developing proposals to improve access in the future.	No adverse impacts identified by the diversity impact assessment.
Gender reassignment	No impact	The PNA does not contain any proposals for changes that affect this characteristic	No adverse impacts identified by the impact assessment.
Marriage and civil partnership	No impact	The PNA does not contain any proposals for changes that affect this characteristic	No adverse impacts identified by the impact assessment.

Religion or philosophical belief	No impact	The PNA does not contain any proposals for changes that affect this characteristic	No adverse impacts identified by the diversity impact assessment.
Race	Positive impact	The PNA considered current ethnic diversity and predicted changes. Some diseases are more prevalent in some groups. Equalities monitoring as part of the public survey also considered race. The contractor survey also collected information regarding languages spoken. The PNA identified an improvement area in raising awareness of access to translation services.	No adverse impacts identified by the impact assessment.
Sexual orientation	No impact	The PNA does not contain any proposals for changes that affect this characteristic	No adverse impacts identified by the diversity impact assessment.
Pregnancy and maternity	No impact	The PNA does not contain any proposals for changes that affect this characteristic	No adverse impacts identified by the impact assessment.
Other	N/A	N/A	N/A
Socio-economic	Positive impact	The PNA considers service provision against needs of the current and projected future population, mapped against the indices of deprivation. Travel time including on foot and by public transport was considered in the assessment and recommendations	No adverse impacts identified by the diversity impact assessment.
Parents/Carers	Positive impact	The PNA identified that people who make use of pharmacies do so for their children and people	No adverse impacts identified

		they care for, as well as themselves. Pharmacies play a key role in supporting the health and wellbeing of this population, including through the provision of additional services such as Pharmacy First. This PNA considered provision of these services in determining adequacy of provision and future recommendations	by the impact assessment.
People with different Gender Identities e.g., Gender fluid, Non-Binary etc	No impact	The PNA does not contain any proposals for changes that affect this characteristic	No adverse impacts identified by the diversity impact assessment.
Any other groups	N/A	N/A	N/A

6.0 Evaluation:

Question	Explanation/Justification	
Is it possible the proposed organisational change could discriminate or unfairly disadvantage people?	The PNA is an assessment of adequacy of pharmaceutical provision for the population of Milton Keynes City Council, including considering expected changes to need during the lifespan of the PNA (2025-2028). It does not contain proposals for changes.	
Final Decision	Tick the relevant box	Include any explanation/justification required
1. No barriers identified; therefore, activity will proceed.		
2. You can decide to stop the organisational change at some point because the data shows bias towards one or more groups		
3. You can adapt or change the organisational change which you think will eliminate the bias		

<p>4. Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the organisational change (e.g., in extreme cases or where positive action is taken). Therefore, you are going to proceed with caution with the organisational change knowing that it may favour some people less than others, providing justification for this decision</p>		
<p>Date completed</p>		

Version Control

Version	Date	Updated by	Comments
V1.0	April 2024	Nicole Gregory	New Template
V2.0	June 2024	Kellie Evans	New Template

Appendix 5 - Community Engagement Questionnaire Results

Milton Keynes 2025 PNA Resident Survey

Total responses received: 466

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

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

Answered- 466; Skipped- 0

Milton Keynes	100%	466
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2) Do you have a regular/usual pharmacy (chemist) or dispensing practice that you use? (Please select one box)

Answered- 465; Skipped- 1

No - I use whichever pharmacy/dispensing practice is most convenient depending on my location	4%	19
Other	1%	5
Don't know	7%	34
Yes - I have a regular pharmacy/dispensing practice that I order items to home	88%	407
Yes - I have a regular pharmacy/dispensing practice that I visit in person	4%	19

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

Answered- 5; Skipped- 461

No set pharmacy	1
Other/General Feedback	3
Use delivery/ online services	1

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

Answered- 464; Skipped- 2

Appliance services e.g. stoma appliance customization	0%	1
Collection of prescriptions from dispensing practice (General Practice which dispenses medicines)	7%	52
Collection of prescriptions from local community pharmacy (chemist)	53%	416
Don't know	0%	3
General health advice from local pharmacy (chemist)	17%	134
Medicines use check e.g. pharmacist offers advice	1%	6
New Medicine Service e.g. new medication prescribed for asthma	2%	13
None of the services in question 3	1%	7
Online pharmacy (chemist)	2%	17
Other	0%	3
Over the counter medicines from local community pharmacy (chemist)	16%	122
Pharmacy First services from local community pharmacy (chemist)	1%	7

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

Answered- 18; Skipped- 448

Collect medication	1
Gain a sick note	1
Hospital pharmacy	1
Other/General Feedback	2
Return medication e.g. for disposal	1
Use delivery/ online services	1
Vaccinations e.g. flu, COVID, shingles, rsv	11

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

Answered- 466; Skipped- 0

Don't know	0%	0
Family member - adult	25%	192
Family member - children under 18	10%	79
Friend	0%	3
Neighbour	1%	4
Other	1%	4
Someone I care for	6%	44
Yourself	57%	434

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

Answered- 4; Skipped- 462

Family member	1
Other/General Feedback	1
Use delivery/ online services	2

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

Answered- 466; Skipped- 0

Bicycle	2%	7
Car	62%	288
Don't know	0%	1
Not applicable	2%	8
Other	2%	7
Public Transport (e.g. bus)	1%	4
Taxi	0%	2
Walk	32%	149

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

Answered- 7; Skipped- 459

Combination of above	3
Help from others	1
Use delivery/ online services	2
Wheelchair	1

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

Answered- 463; Skipped- 3

No	82%	381
Yes	18%	82

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

Answered- 81; Skipped- 385

Distance	11%	11
Location/surroundings	5%	5
Other	56%	54
Parking	25%	24
Wheelchair access	3%	3

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

Answered- 59; Skipped- 407

Inaccessible	1
Long waiting times and queues	33
Mental health	1
Miscommunication between pharmacy and doctor	1
Missed delivery	1
Mobility issues	1
Opening times	19
Poor service	2

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

Answered- 458; Skipped- 8

	Monday-Friday	Saturday	Sunday	Bank Holidays
Early morning, before 9am	31	15	6	5
Morning, 9am – 12 noon	255	117	19	11
Lunchtime, 12 noon – 2pm	93	41	18	11
Afternoon, 2pm – 5pm	264	55	15	9
Evenings, 5pm – 8pm	104	31	17	11
Late night, 8pm – 10pm	11	10	7	7

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

Answered- 438; Skipped- 28

	Monday-Friday	Saturday	Sunday	Bank Holidays
Early morning, before 9am	69	40	25	18
Morning, 9am - 12 noon	199	128	56	41
Lunchtime, 12 noon - 2pm	108	77	43	35
Afternoon, 2pm - 5pm	179	98	54	35
Evening, 5pm - 8pm	143	79	58	41
Late night, 8pm - 10pm	45	34	28	22

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

Answered- 437; Skipped- 29

Called NHS 111	6%	36
Called the out of hours service	2%	11
Other	4%	25
Went back on another day	50%	304
Went to a walk-in centre	5%	31
Went to another pharmacy	27%	164
Went to hospital/ Accident & Emergency	1%	9
Went to my GP	4%	24

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

Answered- 27; Skipped- 439

Called ARC	1
Contacted doctor	2
Did not collect medication	5
Looked up symptoms	1
Hasn't been a problem	6
Returned at another point	1
Use delivery/ online services	6
Waited	4
Went to another pharmacy	1

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

Answered- 334; Skipped- 132

	Have used		Would use if necessary	
Access to free or low-cost medicines for common illnesses	54%	66	46%	56
Alcohol advice	3%	1	97%	34
Blood pressure check	22%	22	78%	77
Blood sugar check	7%	5	93%	68
Cholesterol check	5%	4	95%	72
COVID-19 vaccination	64%	113	36%	63
Dietary advice	2%	1	98%	41
Emergency contraception e.g. (morning after pill)	26%	15	74%	43
Family planning e.g. (contraceptives/the pill/condoms)	15%	8	85%	44
Healthy Lifestyle advice/support	14%	6	86%	38
Minor illnesses e.g. hay fever, cough	67%	115	33%	57
Needle exchange or methadone supply	8%	3	92%	36
Out of hours urgent supply e.g. overnight, Christmas Day	13%	13	87%	89
Pharmacy First	23%	28	77%	93
Seasonal 'Flu' vaccine	68%	141	32%	66
Stop smoking services	9%	5	91%	49
Weight concerns	7%	3	93%	38

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

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

Answered- 466; Skipped- 0

No	32%	148
Yes	68%	318

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

Answered- 315; Skipped- 151

Asthma, COPD or Respiratory Condition	14%	80
Cancer	4%	22
Cardiovascular Condition (including stroke)	7%	38
Chronic Kidney Disease	2%	9
Dementia	0%	0
Diabetes	12%	68
Epilepsy	1%	5
Hypertension/ High Blood Pressure	22%	127
Mental Health Condition	9%	50
Neurodiversity (e.g. Autism)	3%	15
Other Long-Term Condition	28%	162

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

Answered- 371; Skipped- 47

No - I would like to be able to obtain the necessary advice & support	82%	339
Yes - I have obtained the necessary advice & support	18%	74

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

Answered- 106; Skipped- 312

	Have		Would like support & advice	
Asthma, COPD or respiratory condition	91%	20	9%	2
Cancer	54%	7	46%	6
Cardiovascular condition (including stroke)	50%	10	50%	10
Chronic kidney disease	38%	3	63%	5
Dementia	0%		100%	5
Diabetes	54%	14	46%	12
Epilepsy	0%		100%	5
Hypertension/High blood pressure	54%	21	46%	18
Mental health condition	45%	9	55%	11
Neurodiversity (e.g. autism)	25%	2	75%	6
Other long-term condition	60%	35	40%	23

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

Answered- 48; Skipped- 418

Autoimmune & Inflammatory Disorders	8
Cardiovascular Conditions	5
Endocrine & Metabolic Conditions	5
Gastrointestinal Conditions	2
Mental Health & Addiction	1
Musculoskeletal Disorders	12
Neurological Conditions	4
Other/General Feedback	5
Respiratory Conditions	1
Skin & Allergic Conditions	3

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

Answered- 443; Skipped- 23

Braille	0%	0
British Sign Language	0%	1
Easy read	11%	71
E-mail	43%	272
Interpreter - non-spoken	0%	0
Interpreter - spoken	0%	2
Large print	1%	9
No Preference	12%	79
Other	2%	14
SMS/Text	30%	189

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

Answered- 11; Skipped- 455

Face-to-face interaction	3
Internet/online platforms	2
Other/General Feedback	1
Printed/readable materials	2
Telephone/voice communication	3

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

Answered- 153; Skipped- 313

Better accessibility and availability	27
Community and specialised support	1
Deliver and online Services e.g. text notifications, online booking system, remote consultations, collection points	14
Improved dispensing prescription service	2
Elderly care e.g. mobility support, medication management, caregiver support, etc.	2
Extended pharmacy services e.g. urine tests, smear tests, blood tests, minor injuries, etc.	12
Hearing and ear care	2
Integration with healthcare services	2
Lifestyle and preventive advice e.g. weight management, smoking cessation, health living advice, etc.	1
Medication and supply management	10
More pharmacies	3
None	3
Other/General Feedback	3
Paediatric services e.g. child vaccination, baby health checks, parenting support, etc.	1
Personalised and face-to-face care	2
Positive comments	7
Service improvements	42
Stock more products	1
Sustainability and waste management e.g. recycling medicine packets, sharps box returns, eco-friendly packaging, etc.	3
Vaccination and preventive care	7
Women's health e.g. pill checks, pregnancy advice, contraception advice, menopause support, etc.	1
Write prescriptions or order repeat prescriptions	7

Your Personal Details

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

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

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

Answered- 463; Skipped- 3

Female	74%	342
Male	24%	110
Other	0%	2
Prefer Not To Say	2%	9

If you answered "Other" to question 18, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 0; Skipped- 466

19) Is your present gender the one you were assigned at birth? (Please select one box)

Answered- 457; Skipped- 9

No	0%	2
Prefer Not To Say	3%	12
Yes	97%	443

20) How would you define your sexual orientation? (Please select one box)

Answered- 453; Skipped- 13

Bisexual	2%	8
Gay	2%	10
Heterosexual	83%	374
Lesbian	0%	2
Other	1%	3
Prefer Not To Say	12%	56

If you answered "Other" to question 20, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 2; Skipped- 464

Asexual	1
No longer remember	1

21) Which age group are you in? (Please select one box)

Answered- 460; Skipped- 6

Under 16 years	0%	0
16-20 years	1%	3
21-25 years	0%	2
26-30 years	1%	6
31-35 years	4%	19
36-40 years	4%	19
41-45 years	8%	39
46-50 years	10%	45
51-55 years	8%	36
56-60 years	13%	58
61-65 years	13%	60
66-70 years	13%	60
71-75 years	12%	53
Over 75 years	10%	45
Prefer Not To Say	3%	15

22) To which of these groups do you consider you belong? (Please select one box)

Answered- 458; Skipped- 8

Asian, Asian British or Asian Welsh - Bangladeshi	2%	8
Asian, Asian British or Asian Welsh - Chinese	1%	3
Asian, Asian British or Asian Welsh - Indian	2%	9
Asian, Asian British or Asian Welsh - Pakistani	0%	0
Asian, Asian British or Asian Welsh - Other Asian	0%	2
Black, Black British, Black Welsh, Caribbean or African - African	0%	1
Black, Black British, Black Welsh, Caribbean or African - Caribbean	0%	1
Black, Black British, Black Welsh, Caribbean or African - Other Black	0%	1
Mixed or Multiple Ethnic Groups - Other Mixed or Multiple Ethnic Groups	0%	1
Mixed or Multiple Ethnic Groups - White and Asian	0%	1
Mixed or Multiple Ethnic Groups - White and Black Caribbean	0%	2
Other Ethnic Group - Any Other Ethnic Group	0%	2
Prefer Not To Say	5%	24
White Irish	1%	6
White Gypsy or Irish Traveller	0%	0
White Roma	0%	0
White, English, Welsh, Scottish, Northern Irish or British	78%	359
White, Other White	8%	38
Other Ethnic Group- Arab	0%	0

23) Do you consider yourself disabled? (Please select one box)

Answered- 458; Skipped- 8

No	79%	362
Prefer Not To Say	3%	13
Yes	18%	83

24) If you consider yourself to have a disability(s), how would you describe your disability(s)? (Please select all boxes that apply)

Answered- 82; Skipped- 384

Learning Disability	5%	5
Other	5%	5
Physical or Mobility Impairment	72%	69
Prefer Not To Say	5%	5
Sensory Impairment	13%	12

If you answered "Other" to question 24, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 7; Skipped- 459

Bowel and gastrointestinal disorders	2
Mental health conditions	2
Neurodiversity	3

25) Are you in current employment? (Please select one box)

Answered- 459; Skipped- 7

No	49%	226
Prefer Not To Say	4%	19
Yes	47%	214

26) If you answered "Yes" to question 25, which of these categories do you consider best reflects your employment status? (Please select one box)

Answered- 212; Skipped- 254

Employee Full-Time	60%	127
Employee Part-Time	29%	62
Full-Time Student	0%	0
Looking After Home	0%	0
Other	1%	3
Retired	0%	1
Self-Employed	8%	17
Sick Or Disabled	1%	2
Student	0%	0
Unemployed	0%	0

**If you answered "Other" to question 26, please explain your answer in more detail.
(Please explain your answer in the box below)**

Answered- 3; Skipped- 463

Combination of above	2
Supply TA	1

27) Which of the following faith and belief groups do you identify with? (Please select one box)

Answered- 458; Skipped- 8

Buddhist	1%	5
Christian	45%	206
Hindu	1%	4
Jewish	0%	1
Muslim	0%	2
No Religion/Atheist	35%	159
Other	5%	21
Prefer Not To say	13%	58
Sikh	0%	2

If you answered "Other" to question 27, please explain your answer in more detail. (Please explain your answer in the box below)

Answered- 18; Skipped- 448

Atheist/Agnostic/Non-religious	6
Christianity	2
Jainism	2
Paganism/Spiritual Beliefs	7
Quaker	1

28) What is the first part of your home or organisation postcode e.g. MK40? (Please do not write your full postcode)

Answered- 443; Skipped- 23

LU7	0%	2
MK	0%	2
MK10	2%	10
MK11	6%	25
MK12	8%	34
MK13	6%	28
MK14	5%	24
MK15	3%	14
MK16	23%	102
MK17	2%	9
MK18	0%	1
MK19	1%	5
MK2	2%	11
MK3	7%	29
MK4	9%	40
MK43	0%	1
MK46	1%	5
MK5	4%	16
MK6	6%	28
MK62	0%	1
MK65	0%	1
MK7	3%	15
MK8	9%	38
MK9	0%	1
MO10	0%	1

29) How did you hear about this survey? (Please select all boxes that apply)

Answered- 462; Skipped- 4

Friend	4%	17
Healthwatch	7%	33
Online	77%	362
Other	10%	45
Pharmacist	1%	6
Professional	0%	1
Promotion	1%	6

**If you answered "Other" to question 29, please explain your answer in more detail.
(Please explain your answer in the box below)**

Answered- 38; Skipped- 428

Council website	3
Councillor	2
Email	3
Facebook	16
Local group	4
Mayor	2
Newsletter	1
Other/General Feedback	3
Social media	2
X/ Twitter	2

Do you have any comments you wish to make regarding this survey? (Please explain your answer in the box below)

Answered- 141; Skipped- 325

Comments on GP Practices	3
Convenience and opening hours	4
Feedback on this survey design/ content	19
Importance of local pharmacy access and keeping up with demand	14
None	7
Other/General Feedback	6
Parking and infrastructure (e.g. larger premises)	5
Pharmacy service quality	24
Prescriptions and medication	9
Suggestions and improvements	2
Technological and online services	6
Waiting times and delays	42

Appendix 6 - Pharmacy Addresses

Correct as of January 2025

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
South (Bletchley)	Asda Pharmacy	FLF60	Community	1 Bletcham Way, Milton Keynes	MK1 1QB	09:00-20:00	09:00-20:00	10:00-16:00
South (Bletchley)	Bliiep 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
South (Bletchley)	Jardines Pharmacy	FCM53	Community	127-129 Queensway, Bletchley	MK2 2DH	09:00-18:00	09:00-15:00	Closed
South (Bletchley)	Peak Pharmacy	FCV71	Community	239 Queensway, Bletchley	MK2 2EH	09:00-13:00 14:00-18:00	Closed	Closed
South (Bletchley)	Peak Pharmacy	FNP23	Community	13 Melrose Avenue, Bletchley	MK3 6PB	09:00-13:00 14:00-18:00	09:00-13:00	Closed
South (Bletchley)	Queensway Pharmacy	FA796	Community	143 Queensway, Bletchley	MK2 2DY	07:00-22:00	07:00-22:00	10:00-20:00
South (Bletchley)	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
South (Bletchley)	Smiths Pharmacy	FR402	Community	206 Whaddon Way, Bletchley	MK3 7DG	09:00-13:00 14:00-18:00	09:00-13:00	Closed
South (Bletchley)	Tesco In- Store Pharmacy	FD207	Community	Watling Street, Bletchley	MK1 1DD	09:00-20:00	08:00-20:00	10:00-16:00
Central	Boots Pharmacy	FM314	Community	Milton Keynes Medical Ctr, 68 Bradwell, Common Boulevard, Milton Keynes	MK13 8RN	08:00-21:00	08:00-21:00	11:00-17:00
Central	Boots Pharmacy	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

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
Central	Chapharm Ltd	FE971	Community	3 Swinden Court, Glovers Lane, Heelands	MK13 7PN	08:30-18:30 - Mon, Tue, Thu, Fri 08:30-14:00 - Wed	09:00-13:00	Closed
Central	Jardines Direct	FR715	DSP	Unit 1, Winterhill House, Snowdon Drive, Milton Keynes	MK6 1AP	08:00-17:00	Closed	Closed
Central	Jardines Pharmacy	FPK87	Community	3 Tower Crescent, Neath Hill Centre, Milton Keynes	MK14 6JY	09:00-18:30	09:00-13:00	Closed
Central	Jardines Pharmacy	FRH86	Community	Unit 1, Texel Close, Oakridge Park, Milton Keynes	MK14 6GL	08:30-18:30	09:00-13:00	Closed
Central	Peak Pharmacy	FM996	Community	95 Fishermead Boulevard, Fishermead, Milton Keynes	MK6 2AG	09:00-13:00 14:00-18:00	Closed	Closed
Central	Peak Pharmacy	FXF16	Community	2 Perrydown, Beanhill, Milton Keynes	MK6 4NE	09:00-13:00 14:00-18:00	Closed	Closed
Central	Stantonbury Pharmacy	FD333	Community	The Pharmacy Unit, Next to Purbeck Health Centre, Stantonbury Campus, Milton Keynes (Also on FAP as this)	MK14 6BL	09:00-13:00 14:00-18:30	09:00-13:00	Closed
Central	Superdrug Pharmacy	FRD67	Community	Unit 4, Woolworths Development, Midsummer Arcade, Milton Keynes	MK9 3BB	09:00-19:00	09:00-13:30 14:00-17:30	Closed
North	Astons Pharmacy	FY790	Community	44 Wordsworth Avenue, Newport Pagnell	MK16 8SB	09:00-13:00 14:00-17:30	Closed	Closed
North	Cox & Robinson Pharmacy	FT700	Community	14 Market Place, Olney	MK46 4BA	09:00-13:00 14:00-17:30	09:00-13:00 14:00-15:00	Closed

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
North	Jardines Pharmacy	FJY69	Community	65 High Street, Newport Pagnell	MK16 8AQ	09:00-13:00 14:00-18:00	09:00-14:00	Closed
North	Kingfisher Pharmacy	FFA60	Community	2 Kingfisher Centre, Elthorne Way, Newport Pagnell	MK16 0JR	09:00-17:30	Closed	Closed
North	The Parks Medical Practice	K83052001	Dispensing GP Practice	Western Drive, Hanslope	MK19 7LA	09:00-12:30 14:30-18:00	Closed	Closed
East	Asplands Medical Centre	E81050	Dispensing GP Practice	Asplands Close, Woburn Sands, Milton Keynes	MK17 8QP	08:30-14:00 15:00-18:30	Closed	Closed
East	Boots Pharmacy	FW787	Community	Winchester Circle, Kingston	MK10 0BA	09:00-21:00	09:00-21:00	10:00-16:00
East	Jardines Pharmacy	FFD48	Community	Unit A (Ground Floor), Brooklands Medical Centre, Montague Crescent, off Countess Way, Brooklands	MK10 7LN	09:00-13:00 14:00-18:00	09:00-13:00	Closed
East	Jardines Pharmacy	FXX59	Community	Milton Keynes Village Practice, Griffith Gate, Middleton	MK10 9BQ	09:00-13:00 14:00-18:30	Closed	Closed
East	Peak Pharmacy	FMN28	Community	12 Fyfield Barrow, Walnut Tree, Milton Keynes	MK7 7AN	09:00-18:00	09:00-13:00	Closed
East	Tesco Pharmacy	FTP28	Community	Kingston Central Shopping Centre, 1 Winchester Circle, Kingston	MK10 0AH	09:00-13:00 14:00-20:00	09:00-13:00 14:00-20:00	10:00-16:00
East	Willen Pharmacy	FDW46	Community	Unit 1, Willen Healthcare Plus, Beaufort Drive, Willen, Milton Keynes	MK15 9ET	09:00-13:00 14:00-19:30	09:00-11:30	Closed
East	Woburn Sands Pharmacy	FL139	Community	47 High Street, Woburn Sands	MK17 8QY	09:00-13:00 13:30-18:00	09:00-13:00	Closed

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
East	Peak Pharmacy	FVN76	Community	9 Farthing Grove, Netherfield Local Ctr, Netherfield	MK6 4JH	09:00-13:30 14:00-18:00	09:00-13:00	Closed
West	Boots Pharmacy	FHH81	Community	Unit A Westcroft Retail Park, Westcroft	MK4 4DD	09:00-14:00 15:00-20:00	09:00-13:00 14:00-18:00	10:00-16:00
West	Boots Pharmacy	FRM66	Community	43 High Street, Stony Stratford	MK11 1AA	09:30-17:30	09:00-16:00	Closed
West	Cox & Robinson Pharmacy	FTR22	Community	1 Market Square, Stony Stratford	MK11 1BE	09:00-13:00 14:00-18:00	09:00-13:00	Closed
West	Hilltops Pharmacy	FG006	Community	Hilltops Medical Centre, Kensington Drive, Great Holm	MK8 9HN	09:00-13:00 14:00-18:30	Closed	Closed
West	Hot Chemist	FTW55	DSP	39 Carters Lane, Kiln Farm, Milton Keynes	MK11 3HL	09:00-17:00	Closed	Closed
West	Jardines Pharmacy	FAK27	Community	15-17 The Square, Wolverton	MK12 5DG	09:00-13:00 14:00-19:00	09:00-16:30	Closed
West	Jardines Pharmacy	FFV85	Community	69 Dulverton Drive, Furzton	MK4 1EW	08:30-18:00	09:00-12:00	Closed
West	Jardines Pharmacy	FMM65	Community	32 Benbow Court, Shenley Church End, Milton Keynes	MK5 6JG	09:00-18:00	09:00-13:00	Closed
West	Jardines Pharmacy	FVR25	Community	Pharmacy Unit, Whitehouse Health Centre (Ground Floor), Dorset Way, Whitehouse, Milton Keynes	MK8 1EQ	09:00-13:00 14:00-18:00	Closed	Closed
West	McLaren Pharmacy	FGF03	Community	32 St. James Street, New Bradwell, Milton Keynes	MK13 0BH	09:00-13:00 14:00-18:00	Closed	Closed

Locality	Pharmacy Name	ODS Code	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours
West	WELL Pharmacy	FMV89	Community	6 Ardwell Lane, Greenleys, Milton Keynes	MK12 6AX	09:00-18:30	09:00-12:30	Closed

Appendix 7 - Consultation on the Draft Pharmaceutical Needs Assessment for Milton Keynes

The formal consultation on the draft PNA for Milton Keynes ran from 22 April to 21 June 2025 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- Community Pharmacy BLMK and Northants
- Milton Keynes Local Medical Committee
- All persons on the pharmaceutical lists and all dispensing doctors' list in Milton Keynes
- BLMK ICB
- Bedfordshire Hospitals NHS Foundation Trust
- Stoke Mandeville Hospital, Buckinghamshire Healthcare NHS Trust
- Milton Keynes University Hospital NHS Foundation Trust
- Milton Keynes HWB
- Bedford Borough HWB
- Central Bedfordshire HWB
- Cambridgeshire and Peterborough HWB
- North Northamptonshire HWB
- West Northamptonshire HWB
- Buckinghamshire HWB
- Healthwatch Milton Keynes

All consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire. The draft PNA and a link to the questionnaire were also made available on the council's website to enable members of the public and other local organisations to provide their feedback.

Findings of the consultation:

There were 13 responses to the consultation questionnaire. Not all respondents answered every question. Below is a summary of the responses given.

Are you responding as:

Option	No. of responses	Percentage
A member of the public	10	77%
A local pharmacy	2	15%
Other	1	8%

The 'Other' response was from Boots UK Ltd

Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Milton Keynes?

Option	No. of responses	Percentage
Yes	9	69%
No	4	31%

Comments received were:

Comment	Response
More information is needed about support offered in pharmacies for people with dementia, hearing or visual impairment, or learning difficulties	The purpose of the PNA is to assess whether the provision of pharmaceutical services meets the needs of the local population. As part of the PNA process, an evaluation of local needs was conducted (section 4 of the PNA), and it was concluded that there are no gaps in the provision of necessary services. While promoting awareness of the full range of services offered by community pharmacies (including equity of access) falls outside the scope of the PNA, it is recognised that further work could be undertaken after the PNA's publication to maximise the use of pharmacy services in supporting the health and wellbeing of the local community.
Pharmacies are not open long enough hours and weekends	As part of the Pharmaceutical Needs Assessment (PNA) process, the availability of pharmaceutical services outside of standard working hours, including weekday evenings (section 6.4.1.2) and weekends (section 6.4.2), was carefully reviewed. Based on this assessment, it was determined that there are no gaps in the provision of necessary services during these times. Whilst the current level of access is considered adequate to meet the needs

	of the local population, the PNA does note that better access in some localities would be secured by more choice in the provision of necessary services in the evenings and at weekends.
Pharmacies are not available in local areas	As part of the PNA process, provision of pharmaceutical services was considered in each locality. There is extensive access to community pharmacy across Milton Keynes during the hours from 9:00 am until 6:00 pm on weekdays in all localities (section 6.4.1). The availability of pharmaceutical services outside of standard working hours, including weekday evenings (section 6.4.1.2) and weekends (section 6.4.2) is also considered adequate to meet the needs of the local population. However the PNA does note that better access in some localities would be secured by more choice in the provision of necessary services in the evenings and at weekends.
FR715 opening hours wrong, should state 8am-5pm FJY69 Saturday opening hours wrong, should state 9am-2pm FCM53 Saturday opening hours wrong, should state 9am-3pm	Noted. These have been amended in the PNA

Are there any gaps in service provision (when, where and which services are available) that have not been identified in the pharmaceutical needs assessment?

Option	No. of responses	Percentage
Yes	7	54%
No	6	46%

Comments received were:

Comment	Response
Since the 2022 PNA, 2 dispensing doctor sites have been identified. There have 5 pharmacy closures (3 were 40-hour pharmacies and 2 were 100-hours). 2 of the 3 remaining 100-hour pharmacies have reduced their hours to not less than 72 hours. There has also been a reduction in the number of supplementary hours offered across the council area." page 26 of the PNA - how has this	As part of the PNA process, provision of pharmaceutical services was considered in each locality. Dispensing GP practices provide services under a different contractual arrangement than community pharmacies and are outside of the scope of the PNA. However, the PNA notes the contribution dispensing GP practices make in section 5.7. The PNA considers changes since the last PNA including the closures and reductions in supplementary hours. The PNA determines that current provision is considered adequate to meet the needs of the local population. However, the

<p>enormous reduction in pharmacy hours not created a gap? All the talk of 'whilst there could be more cover in rural areas' - and still - not a gap? Perhaps the PNA needs to describe what would be considered a gap because it is hard to believe there isn't one.</p>	<p>PNA does note that better access in some localities would be secured by more choice in the provision of necessary services in the evenings and at weekends. During the lifespan of the PNA (2025 - 2028), further changes to pharmacy provision will be considered and where necessary, supplementary statements to the PNA will be published. Where changes are significant, an early review of the PNA may be undertaken.</p>
<p>Nights/weekends</p>	<p>As part of the Pharmaceutical Needs Assessment (PNA) process, the availability of pharmaceutical services outside of standard working hours, including weekday evenings (section 6.4.1.2) and weekends (section 6.4.2), was carefully reviewed. Based on this assessment, it was determined that there are no gaps in the provision of necessary services during these times. Whilst the current level of access is considered adequate to meet the needs of the local population, the PNA does note that better access in some localities would be secured by more choice in the provision of necessary services in the evenings and at weekends.</p>
<p>Some gaps have not been fully identified or explored in depth.</p> <p>Details:</p> <p>1. When - Out-of-Hours and Weekend Services:</p> <p>While the PNA notes standard opening hours and some extended provision, it doesn't fully explore access during:</p> <p>Late evenings (post-7pm), especially in East and South MK</p> <p>Sundays or bank holidays, when urgent but non-emergency needs may arise</p> <p>Pharmacy-based support during NHS 111 closures or delays</p> <p>2. Where - Rapid Growth Areas:</p> <p>Neighbourhoods experiencing rapid development (e.g. South East MK, Brooklands, Whitehouse) have projected population growth that may outpace current pharmacy</p>	<p>Section 6.4.1.2 considers the weekday evening provision including after 7pm. After 7pm, 93% of the population are within 30 minutes travel time of a pharmacy using public transport and 100% are within a 20-minute car journey. The PNA considers weekend provision in 6.4.2 and concludes that access to pharmaceutical services is adequate. Section 6.4.2.2 specifically considers Sunday opening. Section 6.4.3 of the PNA considers access to pharmaceutical services during urgent treatment centre opening hours.</p> <p>Bank holiday pharmacy opening is arranged by NHS England (now often delegated to ICBs), which ensures adequate access through voluntary participation or, where necessary, through formal direction. While not part of core contractual hours, pharmacies may be compensated for opening on bank holidays to support access to urgent pharmaceutical services. NHS 111 operates 24 hours a day, seven days a week without closing.</p> <p>Section 4.5 considers predicted housing development. Location of housing developments in the lifespan of the PNA (2025 - 2028) is focussed on central Milton Keynes and other key settlement</p>

access. These areas could face future under-provision unless preemptively addressed.

3. Which Services - Preventive & Community-Centric Support:

The following services could be better highlighted or expanded:

Multilingual support and translated materials for diverse populations

Health promotion clinics (weight management, smoking cessation) in deprived areas

Digital inclusion support - elderly residents may struggle with EPS, app-based prescriptions, or remote consultations

Minor ailments and Pharmacy First expansion across all areas

Recommendation:

A deeper focus on service equity, not just quantity, would strengthen the PNA. This includes how easily services are accessed by different age, income, and ethnic groups; especially in digitally or geographically marginalised communities.

areas. Village and rural development will comply with existing neighbourhood plans and will occur in defined boundaries. Access to pharmaceutical services is considered adequate in these areas when considering the anticipated housing growth 2025 - 2028. The council has a process for considering changes to provision during the lifespan of a PNA, with options to produce supplementary statements or trigger an early review of the PNA if changes are considered significant.

The PNA is primarily focused on the adequacy of pharmaceutical service provision. The PNA assesses local health needs - such as long-term conditions, lifestyle-related illnesses, or deprivation levels - and compares them to the pharmaceutical services currently available. This may also highlight opportunities for better use of pharmacy services. Proposals to improve uptake of or access to these services is outside of the scope of the PNA, but section 12 does state that commissioners of NHS as well as local pharmacy services should consider how to communicate about the availability of services with the population of Milton Keynes and with other healthcare professional teams to increase awareness of engagement and interaction with services.

An equality impact assessment has been undertaken on the PNA. The PNA considers the needs of the local population in section 4. This includes considering the demographic profile including age, income and ethnicity. Geographic distribution is considered when determining adequacy of provision. The PNA details languages spoken across the pharmacies in addition to English based on the contractor questionnaire. Only 2 responses stated that no other language was spoken in addition to English. 16 replies indicated that pharmacists did not know or were unsure how to access the funded translation service and section 12 of the PNA recommends that further work is undertaken so community pharmacies better understand how to access translation services.

While digital tools are increasingly integrated into pharmacy services, community pharmacies play a critical role in maintaining access to services for potentially digitally excluded individuals by offering

	face-to-face support. Whilst pharmacies do offer EPS, all pharmacies are required to accept paper prescriptions.
Pharmacies are not easy to access in local areas, limited availability means long waits and queues	As part of the Pharmaceutical Needs Assessment (PNA), the availability of pharmaceutical services during weekdays (Section 6.4.1) and weekends (Section 6.4.2) was thoroughly examined. The assessment considered provision in each locality and concluded that there are no gaps in the provision of necessary services during these periods, and the current level of access is considered sufficient to meet the needs of the local population.
Not enough capacity at weekends and evenings	It is unclear what is meant by capacity in this comment. If it refers to capacity in specific pharmacies (e.g. staffing levels), it should be noted that community pharmacy is facing significant staffing pressures, however this is outside of the scope of the PNA. If this refers generally to the number of pharmacies open on evenings and weekends, Section 6.4.1.2 considers the weekday evening provision including after 7pm. After this time, 93% of the population are within 30 minutes travel time of a pharmacy using public transport and 100% are within a 20-minute car journey. The PNA considers weekend provision in 6.4.2 and concludes that access to pharmaceutical services is adequate.
Pharmacies must open all day Saturday. Some close at 1 or don't open at all.	The PNA considers weekend provision in 6.4.2. In total, 31 pharmacies open on Saturdays across all localities, with 14 of these remaining open after 1pm, which reduces to seven after 6pm. Access to pharmaceutical services on Saturdays is adequate.

Does the draft pharmaceutical needs assessment reflect the needs of Milton Keynes' population?

Option	No. of responses	Percentage
Yes	5	42%
No	7	58%

Comments received were:

Comment	Response
Queues are huge in any pharmacy and there doesn't appear to be any	Appendix 5 details the responses to the public questionnaire which informed the development of the PNA. 82% of people responding to the public

Comment	Response
<p>rush to serve people and they can never find anybody's stuff</p>	<p>questionnaire stated they had no issues in accessing their preferred local pharmacy. 33 of the 463 respondents to the questionnaire reported issues with waits/queues. PNAs assess the adequacy of provision of pharmaceutical services in meeting the needs of the local population. It does not assess operational performance metrics such as waiting times, staffing levels, or customer service. These are considered outside of the scope of the PNA.</p>
<p>Not enough</p>	<p>Not enough information in the comment to respond.</p>
<p>More detail needed. There should be a space to reply 'Don't know.'</p>	<p>Noted.</p>
<p>"The draft PNA provides a strong foundation, but strengthening its emphasis on equity, inclusion, and anticipatory planning will ensure it better reflects the full needs of a rapidly changing, diverse population.</p> <p>The following gaps in fully addressing community needs should be considered:</p> <p>1. Future-readiness in growth zones:</p> <p>New housing developments in the South and East could experience service strain without proactive pharmacy placement.</p> <p>2. Cultural and language accessibility:</p> <p>The needs of non-English-speaking residents and those requiring culturally tailored care could be more clearly identified, with proposed actions (e.g. multilingual staff, translated health materials).</p> <p>3. Digital inclusion and support:</p> <p>While electronic services are growing, the PNA doesn't sufficiently address digital literacy</p>	<p>The primary purpose of a PNA is to assess adequacy of provision of pharmaceutical services in meeting the needs of the local population to inform commissioning decisions related to community pharmacy. As a key strategic document, this information can then be utilised by the local authority, ICB and other local organisations in planning of services to improve the health and wellbeing of the local population. Developing detailed action plans for improvement is outside the formal scope of a PNA. The Health and Wellbeing Board agree that the PNA builds a strong foundation as a key advisory document which should be referenced in the planning of services to improve the health and wellbeing of the local population. This includes considering accessibility, digital inclusion and integration of pharmacies into wider public health goals.</p>

Comment	Response
<p>barriers among elderly or vulnerable groups.</p> <p>4. Preventive and public health services:</p> <p>The integration of pharmacies into broader public health goals (e.g. mental health support, obesity, smoking cessation) should be framed as a growing need."</p>	
<p>Doesn't take account of increasing population</p>	<p>Section 4 considers the anticipated changes to the population of Milton Keynes over the lifespan of the PNA. This includes consideration of housing development locations. This information was assessed when considering adequacy of provision, and it was determined there are no current or future anticipated gaps in provision. The council has a process in place to consider the impact of changes during the lifespan of the PNA (2025 - 2028) and will produce supplementary statements where required. An early review of the PNA will be triggered if a change is significant enough.</p>
<p>Not enough capacity at weekends and evenings</p>	<p>It is unclear what is meant by capacity in this comment. If it refers to capacity in specific pharmacies (e.g. staffing levels), it should be noted that community pharmacy is facing significant staffing pressures, however this is outside of the scope of the PNA.</p> <p>If this refers generally to the number of pharmacies open on evenings and weekends, Section 6.4.1.2 considers the weekday evening provision including after 7pm. After this time, 93% of the population are within 30 minutes travel time of a pharmacy using public transport and 100% are within a 20-minute car journey. The PNA considers weekend provision in 6.4.2 and concludes that access to pharmaceutical services is adequate.</p>
<p>It alludes to 'better access to essential services in North would be secured by their provision on weekday evenings after 6pm and by some provision on Saturday evening and Sunday', making this assertion without evidence. The</p>	<p>The Health and Wellbeing Board agrees that, based on the evidence reviewed, there are no gaps in the provision of necessary, advanced or enhanced pharmaceutical services or locally commissioned pharmaceutical services in any locality and that</p>

Comment	Response
document alludes to a perceived lack of provision in the locality multiple times, but there is no evidence suggesting people have problems securing access to provision a short 5-10-minute drive away in the Central or East localities. Car ownership in Milton Keynes is the highest in the nation, at 82.9% of households, according to a recent study by Sheffield Hallam University, with some areas over 90%	<p>current provision is adequate to meet the needs of the population.</p> <p>While the PNA notes that some areas in Milton Keynes benefit from a higher number of pharmacies and extended opening hours, this reflects variation in local choice and is not an indication of inadequate provision elsewhere. The observation that additional provision in the North could enhance access was included in the context of service planning and equity, rather than as an identified gap. The Board recognises that car ownership in Milton Keynes is high, which contributes positively to access across localities. However, the PNA also considers broader access factors, including non-driving populations, public transport links, and deprivation indicators, in line with its statutory scope.</p> <p>The Board remains satisfied that, based on the population needs and access standards assessed, no gaps in necessary pharmaceutical service provision were identified, and the current distribution supports adequate access across Milton Keynes.</p>

Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Option	No. of responses	Percentage
Yes	5	38%
No	8	62%

Comments received were:

Comment	Response
The PNA has provided enough information - it is the conclusion that there are no gaps which is what will be used to inform future provision	Noted.
Overcrowding and increased demand for services is underestimated	As part of the PNA process, a range of data sources were considered to assess current and future demand, including population growth projections, housing development plans, health needs indicators, and current service usage. The analysis did not identify any gaps in the

Comment	Response
	<p>provision of necessary services at the time of assessment.</p> <p>The Health and Wellbeing Board will continue to monitor population changes and local intelligence as part of future assessments. However, based on the available evidence, the current level and distribution of pharmaceutical services is considered sufficient to meet the needs of the population across all localities.</p>
No idea	Thank you for taking the time to respond to the consultation questionnaire. This comment does not provide specific feedback that can be used to inform the Pharmaceutical Needs Assessment.
This depends on future population growth, which is rather variable and thus difficult to assess.	Section 4 considers the anticipated changes to the population of Milton Keynes over the lifespan of the PNA. This includes consideration of housing development locations. This information was assessed when considering adequacy of provision, and it was determined there are no current or future anticipated gaps in provision. The council has a process in place to consider the impact of changes during the lifespan of the PNA (2025 - 2028) and will produce supplementary statements where required. An early review of the PNA will be triggered if a change is significant enough.
<p>"The PNA is well-structured and detailed, but would be even more effective if paired with:</p> <ul style="list-style-type: none"> - Strategic commissioning actions - Performance indicators - Community partnership approaches to deliver inclusive pharmacy services <p>1. Predictive Modelling:</p> <p>While population growth is acknowledged, more proactive modelling (e.g. where and when future pharmacy sites may be needed) would support commissioning decisions.</p>	<p>PNAs are strategic documents with a defined and specific purpose to provide an overview of the current and future need for pharmaceutical services in a local area and assess adequacy of provision. This is utilised to inform future commissioning decisions.</p> <p>While PNAs do not include the development of formal action plans, opportunities identified through the PNA may be explored further through separate follow-up workstreams with partners, aimed at developing specific priorities for improving service delivery, addressing inequalities, or supporting better use of community pharmacy services.</p>

Comment	Response
<p>2. Clearer Service Development Priorities:</p> <p>The PNA could offer more specific recommendations about:</p> <p>Where extended hours or weekend coverage may be needed</p> <p>How to enhance Pharmacy First and public health services</p> <p>Supporting digital service uptake while addressing digital exclusion</p> <p>3. Equity and Accessibility Planning:</p> <p>While it includes equality considerations, stronger data and next steps on health inequality, language needs, and mobility barriers would help target services where they're most needed."</p>	
<p>not really</p>	<p>Thank you for taking the time to respond to the consultation questionnaire. This comment does not provide specific feedback that can be used to inform the Pharmaceutical Needs Assessment.</p>
<p>It alludes to 'better access to essential services in North would be secured by their provision on weekday evenings after 6pm and by some provision on Saturday evening and Sunday', making this assertion without evidence. The document alludes to a perceived lack of provision in the locality multiple times, but there is no evidence suggesting people have problems securing access to provision a short 5-10-minute drive away in the Central or East localities. Car ownership in Milton Keynes is the highest in the nation, at 82.9% of households, according to a recent study by Sheffield Hallam University, with some areas over 90%</p>	<p>The Health and Wellbeing Board agrees that, based on the evidence reviewed, there are no gaps in the provision of necessary, advanced or enhanced pharmaceutical services or locally commissioned pharmaceutical services in any locality and that current provision is adequate to meet the needs of the population.</p> <p>While the PNA notes that some areas in Milton Keynes benefit from a higher number of pharmacies and extended opening hours, this reflects variation in local choice and is not an indication of inadequate provision elsewhere. The observation that additional provision in the North could enhance access was included in the context of service planning and equity, rather than as an identified gap. The Board recognises that car ownership in Milton Keynes is high, which contributes positively to access across localities. However, the PNA also considers</p>

Comment	Response
	<p>broader access factors, including non-driving populations, public transport links, and deprivation indicators, in line with its statutory scope.</p> <p>The Board remains satisfied that, based on the population needs and access standards assessed, no gaps in necessary pharmaceutical service provision were identified, and the current distribution supports equitable access across Milton Keynes.</p>

Do you agree with the conclusions of the pharmaceutical needs assessment?

Option	No. of responses	Percentage
Yes	3	25%
No	9	75%

Comments received were:

Comment	Response
<p>"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: " and then go on to list 9 'opportunities' - we all know that 'opportunity' is business speak for 'problem'.</p>	<p>The PNA is a statutory assessment tool, focused specifically on determining whether there are any gaps in the provision of necessary pharmaceutical services required to meet the health needs of the population. The PNA has concluded that no current or future gaps have been identified over the three-year assessment period.</p> <p>However, the Health and Wellbeing Board acknowledges that identifying opportunities for enhancement is a valuable part of the broader conversation about improving population health and making best use of community pharmacy services. While these opportunities do not constitute gaps as defined in the PNA regulations, they can inform future commissioning decisions, local service development, and collaborative work with Integrated Care Boards and public health teams. In the context of the PNA, opportunities are not indicative of unmet statutory need, but rather areas where the system could innovate, expand, or improve service delivery to maximise impact.</p>

Comment	Response
Increased need for increasing capacity	It is unclear what is meant by capacity in this comment. If it refers to capacity in specific pharmacies (e.g. staffing levels), it should be noted that community pharmacy is facing significant staffing pressures, however this is outside of the scope of the PNA.
No idea	Thank you for taking the time to respond to the consultation questionnaire. This comment does not provide specific feedback that can be used to inform the Pharmaceutical Needs Assessment.
<p>Yes, I agree with most of the conclusions as the current situation is well covered. However, the conclusions should be more proactive, equity-focused, and solutions-oriented to truly inform future pharmacy planning and commissioning. Why:</p> <p>The PNA concludes there are currently no significant gaps in pharmaceutical service provision across Milton Keynes, and that services are generally meeting the needs of the population. This is largely supported by the data presented. However, the following points deserve further emphasis or action in the conclusions:</p> <p>1. Future Gaps Are Likely - Not Just Possible</p> <p>With continued population growth in developing areas (like Brooklands and the South East), the conclusion should more clearly acknowledge the need for forward-looking provision planning, not just reactive reviews.</p> <p>2. Access Inequality</p> <p>While geographic access is generally sufficient, the inequality in access due to language, mobility, digital exclusion, or limited out-of-hours services could be more explicitly flagged as a public health concern, especially for vulnerable populations.</p>	<p>PNAs are strategic documents with a clearly defined statutory purpose to assess whether the provision of pharmaceutical services is adequate to meet the current and future needs of the local population. The findings are intended to inform commissioning decisions related to community pharmacy and support wider service planning by local authorities, ICBs, and other stakeholders.</p> <p>In considering future needs, PNAs are required to look ahead for a 3-year period from the publication date. This includes considering anticipated population growth. PNAs are reviewed every 3 years (or early if significant changes warrant it) to ensure that they remain current. The Health and Wellbeing Board monitors changes to pharmaceutical provision and produces supplementary statements where appropriate. The Health and Wellbeing Board has determined no current or future anticipated gaps in the lifespan of the PNA (2025 - 2028).</p> <p>PNAs provide a valuable evidence base that can inform future work aimed at improving service delivery, addressing health inequalities, and supporting better use of community pharmacy services. The Health and Wellbeing Board recognises the PNA as a key advisory document that should be referenced in the strategic planning of services to improve population health and</p>

Comment	Response
<p>3. Role of Pharmacies Beyond Dispensing</p> <p>The conclusion could do more to recognise pharmacies as first points of contact for public health and self-care, and recommend enhanced commissioning of services like:</p> <ul style="list-style-type: none"> - Smoking cessation - Mental health signposting - Community health education 	<p>wellbeing, including in areas such as accessibility, digital inclusion, and the integration of pharmacies within broader public health objectives. The PNA recognises the important contribution community pharmacy makes to the health and wellbeing of the population of Milton Keynes, beyond dispensing.</p> <p>As part of the PNA development process, contractors were given the opportunity to feed in views via a questionnaire. Questions allowed the opportunity for pharmacies to feedback about needs for locally commissioned services as well as identifying the most important health needs that pharmacies could help address for the population they serve. When published, the findings of the PNA are intended to inform commissioning decisions related to community pharmacy and support wider service planning by local authorities, ICBs, and other stakeholders.</p>
<p>needs to add capacity faster</p>	<p>It is unclear what is meant by capacity in this comment. If it refers to capacity in specific pharmacies (e.g. staffing levels), it should be noted that community pharmacy is facing significant staffing pressures, however this is outside of the scope of the PNA.</p>
<p>This encourages spurious, speculative Market Entry applications based on a perceived need for provision in North Milton Keynes, without any evidence-based data to back this up. Indeed, the data shows car ownership at a nationwide high. Encouraging new entrants will make two of the four pharmacies in North Milton Keynes (FFA60 and FY790) - that both do half the National Average in dispensing volumes - financially unviable, and at threat of closure. The PNA should be backed by evidence, not based on arbitrarily dividing the city into quadrants and making assertions thereof.</p>	<p>The PNA is a statutory document that is required to assess whether the current and future provision of pharmaceutical services is sufficient to meet the needs of the local population. As part of the assessment, no gaps in the provision of necessary services - including in North Milton Keynes - have been identified, and the Health and Wellbeing Board is satisfied that access is adequate across all localities.</p> <p>While the PNA notes variations in service density and opening hours across areas, these observations are intended to inform strategic understanding of local provision, not to promote or endorse new market entry. Any</p>

Comment	Response
	<p>application to open a new pharmacy under the NHS market entry regulations must be assessed by the ICB against strict legal criteria, including whether the application meets a current or future need identified in the PNA or is otherwise deemed necessary or expedient. This PNA acknowledges that there are no gaps in provision.</p> <p>Regarding concerns about viability, we recognise the pressures that some pharmacies face in lower-volume areas. The PNA's role is to provide a transparent and evidence-based assessment of population needs and service access. The use of geographical quadrants is a standard approach to ensure area-based equity is considered across a large and diverse locality such as Milton Keynes. This structure does not imply that unmet need exists where the evidence does not support it. In considering the needs of the population, the Health and Wellbeing Board has determined there are no gaps in provision of pharmaceutical services in Milton Keynes.</p> <p>Finally, while car ownership in Milton Keynes is high, access to pharmaceutical services must consider all population groups, including those who do not drive, experience transport disadvantage, or have additional barriers to accessing healthcare. The PNA seeks to reflect this broader understanding of accessibility and health equity. While access in all localities at different times of the day is considered adequate, there are differences in travel times in some localities during weekends and evenings.</p>
<p>More pharmacies needed. Newport needs another or for Jardines to have larger premises. Kingfisher and poets need to be open Saturdays.</p>	<p>As part of the PNA process, provision of pharmaceutical services was considered in each locality. There is extensive access to community pharmacy across Milton Keynes during the hours from 9:00 am until 6:00 pm on weekdays in all localities (section 6.4.1). The availability of pharmaceutical services outside of standard working hours, including</p>

Comment	Response
	weekday evenings (section 6.4.1.2) and weekends (section 6.4.2) is also considered adequate to meet the needs of the local population.

Do you have any other comments?

Comments received were:

Comment	Response
<p>I would appreciate a more honest PNA. One that acknowledges the gaps and problems in provision as more than 'opportunities' - and one that then goes on to say why the gaps won't be filled and the provision won't be 'enhanced'. Don't just look the other way about the actual issues and pretend everything is fine.</p>	<p>The Health and Wellbeing Board fully recognises the importance of an honest and evidence-based assessment of pharmaceutical services. The PNA is a statutory document, with a specific purpose to assess whether there are any gaps in the provision of necessary pharmaceutical services to meet the needs of the local population, both now and in the near future. It uses defined criteria set out in legislation and national guidance to make this determination. The PNA concludes there are no gaps in provision.</p> <p>It is also important to clarify that the PNA does not commission services or make funding decisions. Where the PNA identifies areas where provision could be strengthened, it is for NHS England, ICBs, local authorities, and other partners to determine whether and how services can be enhanced - based on local priorities, workforce capacity, and financial constraints. Strengthening provision includes making better use of existing services, as noted in some of the recommendations of the PNA.</p> <p>The PNA aims to be a foundation for future planning, and the insights it provides will be shared with commissioners and partners to inform longer-term improvement work. While specific actions to improve services fall outside the immediate scope of the PNA, there is a clear recommendation that the evidence presented in the assessment should be utilised in developing future priorities and plans.</p>

<p>"Page 71 - 5.2.2 - Supplementary hours can be increased without providing advanced notification. Decrease requires at least 5 weeks notice Page 79 - Our Pharmacy FRM66 is open until 4pm and not 3pm (which is correct on page 157) and therefore needs to be consistent"</p>	<p>Detail has been added to the PNA in Section 5.2.2 regarding notice period for changes to supplementary hours. The pharmacy hours are correct in figure 42.</p>
<p>Queues are huge in any pharmacy and there doesn't appear to be any rush to serve people and they can never find anybody's stuff</p>	<p>Service quality is outside of the scope of the PNA. If patients have a concern or complaint regarding an individual pharmacy, in the first instance it should be raised with the pharmacy. If the patient is not satisfied with the outcome, this can be taken up with HWE ICB.</p>
<p>Current staffing levels are seriously inadequate in both pharmacist and serving assistants. Far too often scripts aren't made up even after a week, and only go into the system after the first visit - to then be told another 48 hours wait. It seems that nobody is actually managing the business, it just blunders along :(</p>	<p>As detailed in Section 9 of the PNA, community pharmacy is facing significant staffing pressures. Service quality is outside of the scope of the PNA. If patients have a concern or complaint regarding an individual pharmacy, in the first instance it should be raised with the pharmacy. If the patient is not satisfied with the outcome, this can be taken up with HWE ICB.</p>
<p>How about give us info before the question. Then we could answer it</p>	<p>The consultation version of the PNA was available on the Milton Keynes council website alongside the link to the consultation questionnaire. It was suggested to review the document before completing the questionnaire.</p>
<p>I cannot find the document to read in full.</p>	<p>The consultation version of the PNA was available on the Milton Keynes council website alongside the link to the consultation questionnaire.</p>
<p>I'd like to commend the thorough work behind this PNA and offer a few final reflections: Pharmacies play a vital frontline role in public health, especially for underserved or lower-income communities. Expanding their role in prevention, screening, and health literacy is a major opportunity for Milton Keynes. As MK continues to grow rapidly and diversify, future needs must be anticipated, not just measured</p>	<p>Noted. Additionally, PNAs provide a valuable evidence base that can inform future work aimed at improving service delivery, addressing health inequalities, and supporting better use of community pharmacy services. The Health and Wellbeing Board recognises the PNA as a key advisory document that should be referenced in the strategic planning of services to improve population health and wellbeing.</p>

<p>retrospectively. Strategic commissioning should include mobile services, language access, digital inclusion, and youth-focused outreach.</p> <p>Finally, I would encourage continued co-design with residents, voluntary organisations, and community groups, to ensure services remain relevant, responsive, and trusted.</p> <p>Thank you for the opportunity to contribute</p>	
<p>Pharmacy need more pharmacists to deliver the services expected, reduce delays in prescription, pharmacy first, questions etc</p>	<p>As detailed in Section 9 of the PNA, community pharmacy is facing significant staffing pressures, including a shortage of local pharmacists. However, this is outside of the scope of the PNA.</p>
<p>Jardin group is too large and they are under-staffed and don't carry enough stock</p>	<p>As detailed in Section 9 of the PNA, community pharmacy is facing significant staffing pressures. Medicines supply issues have also been a concern nationwide for some time and there are a number of process in place to mitigate risk to patients. However, both of these are outside of the scope of the PNA.</p>
<p>We would like to discuss this further with the relevant committee(s) prior to publication, should the assertions with regard to North Milton Keynes not be corrected.</p>	<p>Community Pharmacy BLMK and Community Pharmacy Northamptonshire were integral members of the PNA Steering Group, contributing to the development of the document from the outset. In addition to this direct involvement, all pharmacy contractors were invited to provide feedback during both the development phase and the formal statutory consultation, in line with regulatory requirements.</p> <p>The process also included a public consultation, giving residents, patients, and local organisations an opportunity to express their views, concerns, and suggestions regarding access to pharmaceutical services across Milton Keynes.</p> <p>The Health and Wellbeing Board has reviewed all feedback carefully, including your comment. It has determined that, based on</p>

	<p>the available data and according to the legal framework under which PNAs are developed, there are no identified gaps in the provision of necessary pharmaceutical services in any part of Milton Keynes, including in the North.</p> <p>It is, however, acknowledged that there are variations in service availability, particularly in relation to opening hours and travel times, which may mean residents in some areas experience less choice at certain times. While these differences are recognised and noted in the assessment, they do not meet the regulatory threshold to be classified as a gap.</p> <p>The PNA is not intended to resolve all local service issues or operational pressures but instead provides a strategic, evidence-based assessment of need and access, which supports longer-term planning by commissioners.</p> <p>Your feedback has been recorded as part of the formal consultation and will be considered as part of the final documentation and any future work that may stem from the findings.</p>
<p>The counter at Jardines in Newport high street is far too high. I've had 3 steroid injections on shoulder and waiting for injections in the other shoulder. I keep telling them that I can't reach up to collect my medication from the high counter.</p>	<p>Noted. If patients have a concern or complaint regarding an individual pharmacy, in the first instance it should be raised with the pharmacy. If the patient is not satisfied with the outcome, this can be taken up with HWE ICB.</p>

Amendments made to PNA following the consultation:

- FR715 – Appendix table updated
- FJY69 – Appendix table updated
- FCM53 – Appendix table updated, opening hours charts updated and narrative in 6.3 and 6.4.2.1 updated.
- FGF03 – closing time stated as 6:30pm weekdays but should be 6pm. Table amended and narrative in 6.4.1.2 West locality now says 2 open until 6:30pm. Also were open Saturday 9-12 but now closed. Narrative in section 6.3 amended.
- SHAPE Copyright under all maps updated

- Section 5.2.2 further detail included about notice periods required for changes to supplementary hours – 5 weeks' notice for a decrease, no notice required for an increase.
- Sections 1.4, 1.6 and section 9 amended to include references to the NHS 10-year Health Plan

Appendix 8 - Abbreviations

Abbreviation	
AUR	Appliance Use Review
BLMK	Bedfordshire, Luton and Milton Keynes
BSL	British Sign Language
C-card	Condom Card
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
CNWL	Central and North West London NHS Foundation Trust
COPD	Chronic obstructive pulmonary disease
COVID	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DALY	Disability Adjusted Life Year
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
DMFT	Decayed, Missing or Filled teeth
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine
EHC	Emergency hormonal contraception
ePACT	Prescribing data
EPS	Electronic Prescription Service
GP	General Practitioners
HCFS	Hypertension Case-Finding Service
HCP	Health and Care Partnership
HepB	Hepatitis B
HiB	Haemophilus influenzae type b
HIV	Human Immunodeficiency Virus
HWB	Health and Wellbeing Board
HWE ICB	Hertfordshire and West Essex ICB
IBD	Inflammatory Bowel Disease
iCASH	Integrated Contraception and Sexual Health Services
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
IPV	Inactivated poliovirus vaccine
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Services

Abbreviation	
LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
MDS	Monitored Dose Systems
MK	Milton Keynes
MKUCS	Milton Keynes Urgent Care Service
MMR	Measles, mumps, and rubella
NCRS	National Care Records Service
NECS	North of England Commissioning Support
NES	National Enhanced Services
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and care Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PCTs	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PHES	Public Health Enhanced Services
PhIF	Pharmacy Integration Fund
PNA	Pharmacy Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral vascular disease
QOF	Quality and Outcome Framework
SAC	Stoma Appliance Customisation Service
SCR	Summary Care Record
SMR	Structured Medication Review
UTI	Urinary Tract Infection
YLD	Years of Healthy Life Lost due to Disability
YLL	Years of Life Lost due to premature mortality

Appendix 9 - References and Data Sources

- ¹ The Health and Social Care Act 2012: <https://www.legislation.gov.uk/ukpga/2012/7/contents>
- ² Milton Keynes PNA 2022: <https://www.milton-keynes.gov.uk/MK-PNA>
- ³ The Health and Care Act 2022: <https://www.legislation.gov.uk/ukpga/2022/31/contents>
- ⁴ Milton Keynes Joint Strategic Needs Assessment (JSNA): <https://miltonkeynes.jsna.uk/>
- ⁵ Milton Keynes Health and Wellbeing Strategy: <https://www.milton-keynes.gov.uk/health-and-wellbeing-strategy-2018-2028>
- ⁶ The Health Act 2009: <https://www.legislation.gov.uk/ukpga/2009/21/contents>
- ⁷ NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: <https://www.legislation.gov.uk/uksi/2013/349/contents>
- ⁸ NHS Long Term Plan: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- ⁹ Fit for the Future: A 10-year Health Plan for England: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>
- ¹⁰ The State of The NHS in England: <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
- ¹¹ NHSBSA Report - General Pharmaceutical Services in England 2015/16 – 2023/24: https://nhsbsa.opendata.s3.eu-west-2.amazonaws.com/gphs/gphs_annual_2023_24_v001.html
- ¹² Community Pharmacy England – Funding (2025): Available at: <https://cpe.org.uk/learn-more-about-community-pharmacy/funding/> (Accessed: 09/01/2025)
- ¹³ Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026: <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026>
- ¹⁴ NHS England. Enhanced Service Specification Weight Management 2023/24: <https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00269-enhanced-service-specification-weight-management-23-24.pdf>
- ¹⁵ Network DES Specification: <https://www.england.nhs.uk/publication/network-contract-des-contract-specification-2024-25-pcn-requirements-and-entitlements/>
- ¹⁶ The Local Government and Public Involvement in Health Act 2007: <https://www.legislation.gov.uk/ukpga/2007/28/contents>
- ¹⁷ Equality Act (2010): <https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted>
- ¹⁸ National Health Service Act 2006: <https://www.legislation.gov.uk/ukpga/2006/41/contents>

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- ¹⁹ ONS Estimates for the population of England and Wales. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales>
- ²⁰ IMD 2019: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
- ²¹ Fingertips data: <https://fingertips.phe.org.uk/>
- ²² Milton Keynes Local Plan: <https://www.milton-keynes.gov.uk/sites/default/files/2022-05/PlanMK%20Adoption%20Version%20%28March%202019%29.pdf>
- ²³ Milton Keynes Local Transport Plan 2018-2036: <https://www.milton-keynes.gov.uk/sites/default/files/2022-06/Transport%20Infrastructure%20Delivery%20Plan%20-%20October%202019.pdf>
- ²⁴ King's Fund: Clustering of Unhealthy Behaviours over time (2012): https://assets.kingsfund.org.uk/f/256914/x/c8e05a9788/clustering_unhealthy_behaviours_2012.pdf
- ²⁵ ONS Infant Mortality: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2022>
- ²⁶ Public Health England. A framework for supporting teenage mothers and young fathers 2019 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796582/PHE_Young_Parents_Support_Framework_April2019.pdf
- ²⁷ Mental Health Foundation. Young Mums Together: An evaluation of a peer support project to improve the wellbeing of young mothers and their families 2018 <https://www.bl.uk/collection-items/young-mums-together-an-evaluation-of-a-peer-support-project-to-improve-the-wellbeing-of-young-mothers-and-their-families>
- ²⁸ ONS Population and Migration: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/july2017#:~:text=The%20population%20in%202016%20was,the%20UK's%20OADR%20was%20285.>
- ²⁹ Institute for Health Metrics and Evaluation GBD Results: <https://www.healthdata.org/data-tools-practices/interactive-visuals/gbd-result>
- ³⁰ Briefing 010/25: Funding Settlement for 2024/25 and 2025/26: <https://cpe.org.uk/wp-content/uploads/2025/03/Briefing-010.25-Funding-Settlement-for-2024-25-and-2025-26.pdf>
- ³¹ DHSC to introduce Hub and Spoke Model 1: <https://cpe.org.uk/our-news/dhsc-to-introduce-hub-and-spoke-model-1/>
- ³² NHSBSA Pharmaceutical List: <https://opendata.nhsbsa.net/dataset/consolidated-pharmaceutical-list>
- ³⁴ NHSBSA Prescribing Information: <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>
- ³⁵ The Denny Review of Health Inequalities: <https://blmkhealthandcarepartnership.org/publications/the-denny-review/the-denny-report/?layout=file>
- ³⁶ NHSE Advanced and Enhanced Directions 2013: https://assets.publishing.service.gov.uk/media/5a7ae6d6ed915d670dd7f64c/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf

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- ³⁷ Pharmacy Contraception Service (PCS): <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-contraception-service/>
- ³⁸ Pharmacy First service: <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>
- ³⁹ BLMK ICB Gluten-free Foods Policy: <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/our-publications/policies/operational-policies/gluten-free-foods-policy/?layout=file>
- ⁴⁰ NICE Guidance NG67: <https://www.nice.org.uk/guidance/ng67>
- ⁴¹ A Delivery Plan for Prevention in Primary Care Settings across BLMK: [work-learn-live-blmk.co.uk/wp-content/uploads/2024/02/1.-Primary-Care-Prevention-Delivery-Plan-Main_Document_V3.0.pdf](http://blmk.co.uk/wp-content/uploads/2024/02/1.-Primary-Care-Prevention-Delivery-Plan-Main_Document_V3.0.pdf)
- ⁴² The Lancet: Countdown on Health and Climate Change: <https://www.thelancet.com/countdown-health-climate> - accessed July 2025
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