Health Overview & Scrutiny Committee – 10th October 2025
Report

Two items on the agenda.

1. **Pharmaceutical Needs Assessment (PNA)**
2. **Winter Planning**

Pharmaceutical Needs Assessment (PNA)

Purpose & Legal Role

- The PNA is a statutory document produced by the Worcestershire Health & Wellbeing Board to assess local pharmaceutical service needs and provision.
- It informs NHS England when considering new pharmacy applications and guides commissioning decisions.
- The 2025 PNA is the fourth such assessment for Worcestershire, published on 1 October 2025.

Key Findings

Pharmacy Landscape & Access

- As of 2025, 109 contractors serve the county: 88 community pharmacies + 21 dispensing GP practices.
- This represents a 6 % decline in provider numbers since 2022.
- Recent regulatory changes allow "100-hour" pharmacies to reduce core hours (from 100 → 72), leading many to cut evening and weekend hours.
- Several pharmacies have reduced or withdrawn supplementary (non-core) hours, particularly in evenings and weekends.
- Despite these reductions, nearly all residents are within a 20-minute drive of a pharmacy; 86 % can reach one via public transport within 30 minutes.

Gaps, Barriers & Inequalities

- No *major* service access gaps are identified overall, though rural areas (especially Malvern Hills) have faced pharmacy closures.
- Worcestershire has fewer pharmacies per capita than the national average.
- Survey respondents cite limitations in opening hours, transport difficulties, and low public awareness of services beyond dispensing.
- Vulnerable or "lesser-heard" groups (e.g. persons with sensory impairments, those in substance-use services) report barriers such as stigma, privacy concerns, communication difficulties, and lack of tailored materials.

Service Opportunities & Health Needs

- Worcestershire has higher rates of chronic conditions (asthma, hypertension) than national averages; its ageing population increases demand for robust pharmaceutical support.
- There is appetite among stakeholders to expand pharmacy roles into chronic disease management, screenings, vaccinations, and harm reduction services.

Key Conclusions & Recommendations

Conclusions

- No systemic access gaps, though rural areas are vulnerable to service contraction.
- Evening and weekend access has diminished; no late-night services remain.
- Public awareness of non-dispensing pharmacy services is low.
- Some populations continue to experience disproportionate barriers.

Recommendations

1. Increase public awareness and trust in pharmacy services (beyond dispensing).
2. Align pharmacy services with local health priorities and support staff wellbeing.
3. Explore improved evening/extended access (e.g. via commissioning rotas) and simplify contracting/commissioning processes.

4. Enhance privacy, communication, and accessibility, especially for marginalized groups.
5. Ensure respectful, private care for supervised medicine users.
6. Monitor and reduce health inequalities related to pharmaceutical access.

Impacts & Next Steps

- The PNA process included broad engagement: public surveys, contractor feedback, and focus groups with underrepresented groups, to triangulate quantitative and qualitative evidence.
- An Equality Relevance Screening found no significant equality issues requiring further legal consideration in implementation.
- The Health Overview & Scrutiny Committee will review and comment on the PNA findings, request further information if needed, and make recommendations to relevant decision-makers (e.g. Health & Wellbeing Board, ICB).

Concerns raised by me and fellow members

- **Access and Opening Hours**
  "Many residents, especially shift-workers and older people, struggle to find a pharmacy open in the evenings or weekends. What assessment has been made of gaps in out-of-hours access, and what can be done to encourage pharmacies to extend their hours in areas with greatest need?"
- **Rural and Transport Inequality**
  "Some rural and semi-rural wards have lost pharmacies or face poor bus links. What is being done to ensure residents without cars can still access essential pharmacy services, including prescriptions and health advice?"
- **Expanding Clinical Services ('Pharmacy First')**
  "How well prepared are Worcestershire's pharmacies to deliver the new 'Pharmacy First' and chronic-condition support schemes, and what training or funding will they receive to do this safely and effectively?"
- **Public Awareness and Engagement**
  "Many residents are unaware that pharmacies can provide health checks, vaccinations, and minor-illness advice. What communication or outreach plans are in place to raise awareness and improve uptake of these services?"
- **Workforce and Sustainability**
  "With ongoing reports of pharmacist shortages and financial pressures, what actions are being taken locally to support the pharmacy workforce and prevent further closures or reductions in service?"

2.Winter Planning

Current Performance & Situation

- The system has made **notable improvements** in key UEC performance metrics ahead of winter:
    - The average time for ambulance handover (i.e. transfer of patient from ambulance to Emergency Department) was 31 minutes in August 2025, a 21-minute improvement from April 2025.
    - The proportion of patients waiting over 12 hours in the ED has reduced: in April 2025 it was ~17 %, while in August 2025 it was 11.8 %.
- Nonetheless, challenges remain. The system acknowledges that more work is needed to reduce delays, improve flow, and ensure capacity across the UEC journey.

3. Winter Planning & Key Priorities

- The system commenced winter planning in **summer 2025**. The joint **Winter Plan 2025/26** was submitted to NHS England in August, with subsequent assurance visits and stress testing in September.
- Regulators observed that the winter plan is “comprehensive, multi-agency” and well aligned with national UEC priorities.
- The **key priorities** for winter 2025 are:
    1. Further reductions in ambulance handover delays (with a target that no ambulance waits more than 45 minutes).
    2. Improved Emergency Department waiting times and Emergency Access Standards (EAS) performance.
    3. Reducing use of “corridor care” (i.e. patients waiting in hallways).
    4. Enhancing the patient experience, particularly for frail or end-of-life patients requiring urgent/emergency care.
- These priorities are underpinned by several interventions and capacity expansions planned across partner organisations.

4. System-Level Interventions & Capacity Measures

4.1 Capacity Enhancements & Alternative Pathways

- **Virtual Wards**: capacity to be increased from 9 to 45 beds, focussing particularly on respiratory and frailty cases.
- **Urgent Community Response (UCR)** teams will be expanded (by ~4 %) to treat more patients at home or in community settings.
- **Single Point of Access (SPA)**: further development to triage more referrals (e.g. from NHS 111) and direct patients to appropriate care rather than defaulting to ED.
- **Acute trust reconfiguration**: assessment areas will be restructured to support flow.
- **Earlier discharge / rehabilitation pathways**: models to move patients into community rehab beds sooner, and ensure all discharge capacity (domiciliary care, community beds) is fully utilised and able to surge.

4.2 Demand Management & Prevention

- Primary care investment: over **130,000 additional appointments** between October 2025 and March 2026, of which ~30,000 are same-day urgent access.
- Immunisation programme (flu, COVID-19 etc.): delivered via 75+ sites, pharmacies, outreach vehicles, with extended hours and efforts to reach underserved groups.
- **Pharmacy First** service expansion: more consultations in pharmacies to treat minor illnesses (e.g. sore throats, UTIs) to relieve pressure on GPs and ED.
- Dental care: ~12,970 additional urgent dental appointments across the region from April 2025 to March 2026.
- Targeted vaccination outreach pilot (Oct–Dec 2025): home-based vaccinations for high-risk patients (e.g. COPD, asthma) who missed prior flu vaccinations, along with clinical review and self-care advice.

4.3 Flow, Discharge & Hospital Efficiency

- Within hospitals, focus is on **Same Day Emergency Care (SDEC)** to reduce burden on ED by redirecting appropriate patients to day units or outpatient settings.
- Internal process improvements: better discharge planning, documentation, and a "zero tolerance" approach to internal delays.
- Re-introduction of "discharge to assess" model: patients discharged home or to reablement settings as soon as it's safe, with assessment of support needs afterwards.
- A system-wide length-of-stay reduction campaign is being relaunched ahead of winter, aiming to reduce unnecessary inpatient stays.
- Integration of bed management across acute & community settings (so that all beds are managed via a consistent, joined process).
- The "out-by-day 5" initiative (encouraging patients to be discharged or moved by Day 5 where clinically feasible) is already showing positive results.

4.4 Ambulance and Handover Interventions

- Existing initiatives such as **Ambulance "Pit Stop"**, **call before conveyance**, and SPA triage aim to reduce unnecessary hospital conveyances and align ambulance deployment to clinical need.
- The **Ambulance Pit Stop** process (clinical review upon arrival) is designed to redirect ambulances to more appropriate settings when ED is not required; it has been nationally recognised.
- As these measures reduce pressure on EDs, it supports more efficient handovers, fewer delays, and better throughput.

5. Demand Trends, Challenges & Targets

- ED / MIU activity: In August 2025, ED and Minor Injury Units saw over 9 % more attendances compared to August 2024, though recent months have shown plateauing of growth.
- Many patients continue to self-present to ED/MIU without prior contact with alternative services.
- SPA is being used to triage patients referred by NHS 111, redirecting some to MIU or community services instead of default ED.
- Worcestershire has **five MIUs** operating daily across Bromsgrove, Evesham, Kidderminster, Malvern, and Tenbury (with varying opening hours) to offer treatment for minor injuries and illnesses.
- Kidderminster MIU was closed overnight since March 2020 due to low overnight attendance; the reallocation of resources led to improved triage times during daytime hours.
- The plan includes maintaining current MIU opening hours to manage capacity across the system.

Performance targets and ambitions:

- **Emergency Access Standard (EAS)**: current performance ~64 %, up from 57.2 % in January 2025. The system hopes to reach **78 %** by March 2026.
- The system aims to reduce the proportion of patients waiting >12 hours in ED to ≤10 % by March 2026.
- The percentage of ambulance handover delays and paramedic lost hours continues to improve (i.e. reduce) and these efforts are central to winter resilience.

6. Communications & Public Engagement

- A **local winter communications strategy** has been co-produced with partners. Key aims:
    - **Prevention**: helping people stay well during winter
    - **Where to go for help**: signposting public to the most appropriate services (e.g. pharmacy, NHS 111, GP, as alternatives to ED)
    - **Supporting workforce**: ensuring consistent messaging across organisations and encouraging staff engagement

- The campaign will encourage use of alternatives to ED such as NHS 111 (online/phone), pharmacies, and the NHS App.
- Other message themes include vaccinations (flu, COVID, RSV), self-care, mental health, cancer awareness, and coping strategies (physical, mental, financial) during winter.
- Campaign materials will be made available online; Members of the Committee are asked to share messaging with constituents.
- Supporting digital presence: Worcestershire "Winters Well" website is a resource hub.

7. Summary & Actions Requested

- The report concludes that performance against many UEC metrics is improving, and the system is more resilient going into the winter season than was the case previously.
- Nevertheless, winter pressures remain a significant risk, and success depends heavily on delivery of the planned capacity, transformation, and communication interventions.

Questions asked by me and possible problems envisaged

Performance Area	2024 / Winter 2023-24 Actuals	2025 Plan / Target	Improvement Required	Realism / Commentary
Emergency Access Standard (4-hour ED waits)	~57.2 % (Jan 2025), year outturn ~62.9 %	78 % by March 2026	+15 % (approx)	*Stretch but plausible*: requires consistent daily discharge, faster triage, full SDEC use. Success depends on staff stability & SPA efficiency.
> 12-hour ED waits (proportion of attenders)	18 % (Apr 2024) → 11 % (Jan 2025)	≤ 7 % by March 2026	−4 p.p.	*Achievable*: continuing trend suggests feasible reduction if corridor care and rapid flow zones operate as planned.
Bed occupancy	~100 % (acute beds), constant surge beds in use	< 92 % sustained occupancy	−8 p.p.	*Unrealistic in practice*: occupancy rarely below 95 % even in spring; would require sustained community capacity and no surge.
Hospital discharges (per week)	+10 % YoY (Dec 2024 vs Dec 2023)	Further 5–10 % uplift + earlier discharge (Home by Lunch)	+5–10 %	*Achievable if social care aligned*: prior success gives confidence, but dependent on external partners.
Flu/COVID/Norovirus impact	150 beds lost to flu peak Dec 2024	Pre-emptive surge & vaccination drive; maintain isolation zones	—	*Uncertain*: success depends on timing of viral peaks, not purely planning.

Prepared by Cllr Bakul Kumar