Nottingham City Council

Nottingham City Pharmaceutical Needs Assessment 2018



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DOCUMENT CONTROL

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Nottingham City Pharmaceutical Needs Assessment 2018

1 Executive Summary

The local Pharmaceutical Needs Assessment (PNA) is a document that outlines services and ensures both that pharmaceutical services across Nottingham City meet the needs of the population and that they are in the correct locations to support the residents of Nottingham. This version replaces the previous PNA published by Nottingham City Health and Wellbeing Board in 2015.

Pharmaceutical services are provided by community pharmacies, dispensing GP practices and dispensing appliance contractors. The Nottingham City has 68 community pharmacies, including two distance selling pharmacies and three dispensing appliance contractors. There are no dispensing GP practices. In addition to their traditional role of providing prescription medicines, community pharmacies are important providers of further health services to their communities. Examples include services that improve patients' adherence and outcomes from their prescribed medicines; provision of advice on prevention and self-care.

For the purposes of the PNA, pharmaceutical services include:

- Essential services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service, such as dispensing prescription medicines.
- Advanced services – services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these include Medicines Use Reviews for community pharmacists and Stoma Customisation Service for dispensing appliance contractors
- Locally commissioned services (known as Enhanced Services) commissioned by NHS England or local authority Public Health services.

This report includes an overview of the pharmacy regulations with regard to pharmacy needs assessment in addition to a review of the range of pharmaceutical services that are currently provided or may be commissioned in the future. The geographical area of the city has been divided into Care Delivery Group areas (CDGs) for the purpose of reviewing health needs and service provision at local level. These are co-terminus with Local Area Committees (LACs).

A comprehensive range of sources has been used to describe the health and social conditions of the CDG populations. This document provides details of:

- Population demographics: age, deprivation and health needs
- Number and location of community pharmacies and DACs and the services commissioned
- Analysis of any gaps in necessary services
- Analysis of any gaps in locally commissioned services or access to services
- Impact of population changes and house building
- A description of any NHS service (or similar) which may affect pharmaceutical need
- Formal consultation on final draft PNA

Statement of pharmaceutical need

The current balance of community pharmacies and dispensing appliance contractors provide a comprehensive range of services to their local populations. Analysis of health needs and a formal consultation did not provide any evidence of a lack of provision of pharmaceutical services in existing pharmacies. Housing projections in the short to medium term (3-5 years) are not expected to increase the local population to a level that would affect the ability of current providers to meet the pharmaceutical need.

The PNA will be reviewed in 2021 or before if there is a substantial change in need or supply, for example if planned housing developments result in greater than expected population numbers, or there are several community pharmacy closures.

2 Introduction

2.1.1 Background to Pharmaceutical Needs Assessment

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWB) with defined statutory duties in every upper tier or unitary authority. The Board includes leaders from the local health and local government system who work together to improve the health and wellbeing of their local population and reduce health inequalities. Nottingham City Council has its own Health and Wellbeing Board and one of their responsibilities, transferred from Primary Care Trusts in 2013 is the development and updating of Pharmaceutical Needs Assessments (PNAs).

The PNA is used to inform the planning of services that can be delivered by community pharmacies to meet the health needs of the population and is used by NHS England to identify the pharmaceutical needs of the local population and to support the decision-making process for pharmacy applications. This PNA replaces the previous Pharmaceutical Needs Assessment published by Nottingham City HWB in 2015.

2.1.2 Legislative Background

The development of the PNA is covered by regulations issued by the Department of Health[1]. These regulations set out the legislative basis for developing and updating PNAs.

Each Health and Wellbeing Board must in accordance with regulations to:

- Assess the need for pharmaceutical services in its area
- Publish a statement of its first assessment and of any revised assessment.

Under the 2013 regulations, a person who wishes to provide NHS pharmaceutical services generally must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance selling (internet or mail order only) basis.

The regulations contain the following requirements for PNAs:

- An outline of the information that must be provided
- The extent to which the PNA must take account of likely future needs
- The date by which a HWB must publish their first PNA
- The circumstances in which a HWB must make a new PNA.

In particular, the regulations determine:

- The pharmaceutical services to which a PNA must relate
- Which specific persons must be consulted about specific matters when making an assessment
- The manner in which an assessment is made
- Which matters a HWB must have regard to when making an assessment

In December 2016, an amendment to the current regulations clarified the rules around mergers of pharmacies onto one site.

“The opinion of the Health & Wellbeing Board (HWB) on whether or not a gap in pharmaceutical service provision would be created by the consolidation must be given when

[1] Pharmaceutical Services and Local Pharmaceutical Services Regulations, 2013

the application is notified locally and representations sought. If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its PNA recording its view"[2]

If NHS England grants the application, it must then refuse any further "unforeseen benefits applications" seeking inclusion in the pharmaceutical list, if the applicant is seeking to rely on the consolidation as a reason for saying there is now a gap in provision, at least until the next revision of the PNA.

2.1.3 Review of the 2013 Regulations

The Secretary of State must carry out reviews of the Regulations, set out the conclusions of each review in a report; and publish each report. The first report was due to be published before the end of 31st August 2017. It is understood that this has been extended until 31 March 2018 as a result of the General Election which took place in June 2017. As such, it is unlikely that new guidance relating to the production of the PNA will be issued before April 2018. As such this PNA has been prepared according to the 2013 regulations.

2.2 Wider context

2.2.1 Strategic fit

The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The aim of the JSNA is to describe the health and wellbeing of the local community and support the reduction of inequalities. They are not an end in themselves, but a continuous process of strategic assessment for the health and wellbeing needs of the local population. They will be used to develop the local health and wellbeing strategy to determine what actions local authorities, the NHS and other partners need to take to meet needs and to improve health outcomes and address health inequalities.

The preparation and consultation on the PNA should take account of the JSNA, the Health and Wellbeing Strategy and other relevant strategies, such as the Children and Young People and Families Plan, the local housing plans and the Crime and Disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs as PNAs will inform commissioning decisions by NHS England, Local Authorities (public health services from community pharmacies) and by Clinical Commissioning Groups (CCGs).

2.2.2 Commissioning and funding of community pharmacies

Since the publication of the previous PNA in April 2015, there have been changes in the way community pharmacies receive their funding[3].

The reforms will consolidate a range of fees into a single activity fee, phase out establishment payments and introduce a Pharmacy Access Scheme (PhAS) to protect access in areas of low provision. The PhAS will support access where pharmacies are sparsely spread and patients depend on them most. This has been defined as any pharmacy that is more than a mile from

[2] Pharmaceutical Services and Local Pharmaceutical Services Regulations, 2013

[3] Community Pharmacy Reforms, (2016) Department of Health [Link]

another pharmacy by road, is on the pharmaceutical list on September 1st 2016 and is not in the top quartile by dispensing volume. Only one pharmacy in Nottingham City fits these criteria.

Nationally there are 1,356 pharmacies in the scheme based on these criteria. These pharmacies received additional funding based on their 2015/16 funding but incorporating an efficiency saving of 1% in 2016/17 and 3% in 2017/18. Pharmacies not in receipt of PhAS were required to make greater efficiency savings of 4.6% in 2016/17 and 8.3% in 2017/18. The PhAS list will be fixed up until March 2018 to provide certainty to these pharmacies.

A Quality Payments Scheme was introduced in April 2017 which will make £75M available to qualifying pharmacies based on a points system. Pharmacies must meet four gateway criteria in order to qualify:

- provision of at least one specified advanced service
- NHS Choices entry up to date
- ability for staff to send and receive NHS mail
- ongoing utilisation of the Electronic Prescription Service

Implementation was initiated on December 1st, 2016 through amendments to the December Drug Tariff[4] and changes to market entry regulation to facilitate consolidation of pharmacies.

The impact of the reforms is to reduce the national funding settlement by 4% in 2016/17 and a further 3.4% in 2017/18. It is not clear how this reduction will impact on individual pharmacies. Changes beyond 2018/19 are subject to further consultation.

2.2.3 Local Organisational change

In December 2015, the NHS document 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21'[5] outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every part of the health and social care system in England is required to produce a multi-year Sustainability and Transformation Partnership plan (STP). The STP outlines how local services will evolve and become sustainable over the next five years and deliver the Five Year Forward View vision of better health (for Nottingham City better health is defined in terms of improved Healthy Life Expectancy), better patient care and improved NHS efficiency. The Nottingham and Nottinghamshire STP[6] covers the City and County populations (excluding Bassetlaw).

The Better Care Fund (more recently the Improved Better Care Fund) incentivises the integration of care services in line with the STP. It creates a local single pooled budget to encourage the NHS and social care to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources accordingly.

More recently in the Next Steps on the NHS Five Year Forward View (2017)[7], both the Nottingham and Nottinghamshire STP were identified as one of the small number of STPs to become Accountable Care Systems (ACSs). ACSs involve all NHS organisations in a local area working together and in partnership with local authorities to take collective responsibility for resources and population health. These are to operate in 'shadow' form in 2017/18, becoming 'full' ACSs from 2018/19, now known as Integrated Care Systems (ICSs). They are

4 The Drug Tariff is produced monthly by the Pharmaceutical Directorate of the NHS Business Services Authority, NHS Prescription Services for the Secretary of State and is supplied primarily to pharmacists, doctors' surgeries and (twice yearly) to Nurse Prescribers
5 https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf
6 http://www.stpnotts.org.uk/
7 https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

expected to make faster progress than other STPs in transforming the way care is delivered, to the benefit of the population they serve. For Nottingham City the initial focus will be on the Greater Nottinghamshire Area (Nottingham City, Broxtowe, Gedling and Rushcliffe). Pharmacies will be part of the new ICSs, alongside GP practices, dentists and optometrists.

The GP Forward View[8] has identified pharmacists and community pharmacies as key components of the system improvements to be introduced over the next five years, expanding the workforce to take on more roles in GP practices, care homes and urgent care. Although this may not affect community pharmacy directly there may be implications for the workforce. For example, Nottinghamshire Local Medical Committee have trained GP receptionists to signpost patients to the most appropriate health care, and community pharmacies are key.

2.3 Development of the Nottingham City PNA

The Director of Public Health is the HWB member accountable for the development of the Nottingham City Pharmaceutical Needs Assessment. Nottinghamshire County and Nottingham City public health teams worked closely on the development of their two respective PNAs to ensure consistency of approach and to make effective use of scarce resources (Appendix 1).

A working group was established to produce the document under the guidance of the steering group. The steering group was chaired in rotation by a consultant in Public Health from Nottinghamshire County and Nottingham City Council respectively. It had representation from Nottinghamshire Local Pharmaceutical Committee, Nottinghamshire Local Medical Committee, NHS England North Midlands (Derbyshire & Nottinghamshire team), NHS England Yorkshire & Humber (South Yorkshire and Bassetlaw team), Nottingham City and Nottinghamshire Clinical Commissioning Groups' Medicines Management teams, Public Health, Communications and legal representation. Steering group terms of reference were agreed (Appendix 1).

The steering group met regularly as required. They directed the work programme (Appendix 2) and agreed the activities of the group. Activities included collation of health and pharmacy data, compilation of up to date pharmacy lists and services provided and the formal consultation on the draft PNA. A full consultation report is available in Appendix 3. In order to ensure clarity, accuracy and timeliness for the refresh of the PNA, the data contained within the final approved version of the report will be accurate for data received by 15th December 2017. No further amendments to the data will be required prior to publication unless issues of data accuracy would affect the recommendations within the report.

In accordance with the regulations, the PNA steering group considered how to assess the differing needs of localities in the area. It concluded that the best approach was to use the Care Delivery Group areas used by Nottingham City Council and Nottingham City CCG for a wide range of planning purposes. There are eight CDGs in the city, each made up of two to three electoral wards, out of a total of 20 wards.

The regulations stipulate that the HWB must consult formally for a minimum period of 60 days on a draft of their PNA at least once during its development and lists the persons and organisations that must be consulted with[9].

In accordance with the Regulations, the HWB, as a minimum, must publish a statement of its revised assessment within three years of the publication of this document in April 2018. In addition, the HWB will make a new assessment of pharmaceutical need as soon as is

8 https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
9 Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

reasonably practicable sooner than this, should it identify any significant changes to the availability of pharmaceutical services that have occurred since the publication of this PNA. This will be undertaken only where, in the Local Authorities view, the changes are so substantial that the publication of a new assessment is a proportionate response.

This PNA replaces that of 2015. The PNA will be reviewed in 2021 or before if there is a substantial change in need or supply, e.g. if planned housing developments result in greater than expected population numbers, or there are several community pharmacy closures . In accordance with the Regulations, a supplementary statement explaining any significant changes to the availability of pharmaceutical services since the publication of this PNA will be issued where the change does not warrant a complete review of the PNA. All supplementary statements will be published with the PNA on the Nottingham Insight website.

An Equality Impact Assessment was carried out in order to determine whether all relevant population groups had been considered in the PNA (Appendix 4).

The Nottingham City Health and Wellbeing Board was responsible for final approval of the PNA at the Board meeting in March 2018.

3 Overview of pharmaceutical services

Community pharmacies may hold a 40 hour or 100 hour contract. Of the 68 pharmacies in Nottingham City, 11 are open for 100 hours per week and of these, three until midnight, Monday to Saturday. There are 14 pharmacies open on Sundays. The opening hours of all 68 pharmacies in Nottingham City are available in Appendix 6 and on NHS Choices. Accurate information on the NHS Choices website is one of the gateway criteria for pharmacies linked to the quality scheme.

Out of hours prescribing in Nottingham is undertaken by the GP Out of Hours Service, provided by Nottinghamshire Emergency Medical Services (NEMS). NEMS hold limited stocks of medicines likely to be urgently required by patients in the out-of-hours period.

Pharmaceutical services provided by community pharmacies, dispensing practices and appliance contractors are defined by the regulations. There are three tiers of community pharmacy services; Essential Services (applies to all pharmacies), Advanced Services and Locally Commissioned Services[10].

3.1 Essential services

Under the community pharmacy contractual framework, essential services are defined as those services or core activities that must be provided by all community pharmacy contractors. These are nationally agreed services and are not open to local negotiation. These include:

- Dispensing of medicines and appliances
- Repeat dispensing
- Disposal of waste / unwanted medication
- Promotion of healthy lifestyles (Public Health)
- Signposting of patients
- Support for self-care
- Clinical governance

All of the 68 community pharmacies in Nottingham City provide these services in accordance with the requirements of the national community pharmacy contractual framework (and requirements of distance selling regulations in the case of the distance selling pharmacies).

In addition, Dispensing Appliance Contractors provide dispensing of appliances, repeat dispensing and meet contractual clinical governance requirements in relation to appliances only.

3.2 Advanced services

Advanced services are nationally specified. Community Pharmacies can choose whether or not to provide advanced services. Advanced services require the premises to be accredited by NHS England. There are currently six advanced services:

- Medicines Use Review
- New Medicines Service
- Flu Vaccination Service
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- Appliance Use Reviews

[10] Pharmaceutical Services Negotiating Committee. Community Pharmacy Contractual Framework. http://psnc.org.uk/contract-it/the-pharmacy-contract/ Accessed 11 September 2017.

- Stoma Appliance Customisation.

Dispensing Appliance Contractors or community pharmacies provide Appliance Use Reviews and Stoma Appliance Customisation, the other advanced services are provided by community pharmacies only. The Advanced Services provided by community pharmacies in Nottingham City are shown in Table 4.2.

3.2.1 The Medicines Use Review (MUR)

The Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. Four national target groups have been agreed in order to guide the selection of patients to whom the service will be offered; patients on high-risk medicines, patients recently discharged from hospital where changes to their medicines have been made, patients with respiratory disease and patients at risk of or diagnosed with cardiovascular disease. The MUR process aims to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and identify any problems they are experiencing along with possible solutions. An MUR feedback form is provided to the patient's GP where an issue is identified during the MUR consultation that the pharmacist believes the patient's GP should be informed of.

3.2.2 The New Medicines Service

The New Medicines Service provides support to people who are newly prescribed a medicine to manage a long-term condition and aims to help them to improve their medication adherence. The service helps patients and carers manage newly prescribed medicines for a long term condition (LTC) and make shared decisions about their long term condition. It recognises the important and expanding role of pharmacists in optimising the use of medicines, increases patient adherence to treatment and consequently reduces medicines wastage. The service links the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote wellbeing and promote health in people with LTCs. It also promotes and supports self-management of LTCs, and increases access to advice to improve medicines adherence and knowledge of potential side effects.

3.2.3 Flu Vaccination Service

The service may be provided by any community pharmacy in England subject to meeting the requirements and notifying NHS England of their intentions[11]. The advanced service allows community pharmacies to vaccinate patients 18 years and over in at-risk groups against seasonal influenza (flu). The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

3.2.4 NHS Urgent Medicine Supply Advanced Service (NUMSAS)

On 20th October, 2016, the Department of Health (DH) and NHS England announced that as part of the community pharmacy funding settlement, money from the Pharmacy Integration Fund (PhIF) would be used to fund a national pilot of a community pharmacy Urgent Medicine Supply Advanced Service (NUMSAS). The service was originally commissioned as an

11 http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-05517-guidance-on-the-seasonal-influenza-vaccination-advanced-service-201718/

Advanced Service to run from 1st December 2016 to 31st March 2018. A review in September 2017 decided to extend the pilot for a further six months to the end of September 2018. The objectives of the service are to appropriately manage NHS 111 requests for urgent medicine supply; reduce demand on the rest of the urgent care system; resolve problems leading to patients running out of their medicines; and increase patients' awareness of electronic repeat dispensing. Phase 1 of the pilot that started December 2016/January 2017 includes Nottingham City CCG. The service runs alongside the Emergency Supply Service of prescribed medicines offered in many pharmacies.

3.2.5 Advanced Services offered by Dispensing Appliance Contractors (DAC)

Appliance contractors (and pharmacies providing an appliance dispensing service) may also offer to provide the following advanced services:

- Stoma Appliance Customisation aims to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- Appliance Use Reviews aim to improve the patient's knowledge and use of any specified pharmaceutical appliance. They may be provided in the patient's home or at the contractor's premises.

3.3 Locally Commissioned Services

Pharmacy provided locally commissioned services may be commissioned by NHS England, Clinical Commissioning Groups and Local Authorities according to local health needs.

NHS England North Midlands commission:

- Pharmacy First (Minor Ailment Scheme)
- Palliative Care Drug Stockist Scheme
- Out of Hours Rota
- Emergency Supply Service
- Domiciliary Medicine Use Reviews

Nottingham City Council commission:

- Supervised consumption service
- Needle exchange services
- Supply of Naloxone injection kits
- Emergency hormonal contraception
- Chlamydia screening and treatment service
- C card condom scheme for young people
- Pregnancy testing

NHS Nottingham City CCG do not at present commission local pharmaceutical services.

There are also options for sub-contracting to pharmacies by primary providers. This does not currently happen in Nottingham City but may be a future change.

These services are optional and the pharmacies taking part in the locally commissioned services are shown in Appendix 5. See Table 4.2 for a summary of services offered in the City.

Further details regarding health needs related to these services can be found in the Nottingham City Joint Strategic Needs Assessment[12].

3.3.1.1 Local Services Commissioned by NHS England North Midlands

Pharmacy First

The Pharmacy First minor ailments scheme offers patients the opportunity to see the pharmacist without an appointment, and if necessary get the same medicines free of charge, for a defined range of minor problems, that their GP would have prescribed. The scheme is available to patients aged 3 months and above who are exempt from paying NHS prescription charges. This will be reviewed locally if there is changing national guidance on self-care.

Palliative Care Drug Stockists' Scheme

The aim of the scheme is to provide easy access to Palliative Care Drugs by ensuring that there is on-demand supply of palliative care drugs from a small network of community pharmacies spread geographically across Nottingham City.

Out of Hours Rota

Under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, community pharmacies are permitted to close on a declared bank holiday or a substitute bank holiday. To ensure pharmacy provision on bank holidays or substitute bank holidays, NHS England commission a rota in Nottingham City. Participation by the pharmacies is usually on a voluntary basis, unless the needs of the people in an area are not met, in which case NHS England have the power to issue a direction requiring a pharmacy to open. Pharmacies that open on bank holidays or substitute bank holidays will provide the full range of services that the pharmacy usually provides.

Emergency Supply Service

The Emergency Supply Service allows patients to access an urgent supply of their regular medication where they are unable to obtain a prescription before they need to take their next dose. The service may be needed because the patient has run out of medicines, or because they have lost or damaged their medicines, or because they have left home without them. The aim of this service is to relieve pressure on urgent and emergency care services and general practitioner appointments at times of high demand. The Emergency Supply Service allows pharmacists to supply medicines where the pharmacist deems that the patient has immediate need for the medicines and that it is impractical to obtain a prescription without undue delay.

Domiciliary Medicine Use Reviews

Domiciliary Medicine Use Reviews involve the pharmacist visiting housebound people at home. This service mirrors the nationally commissioned MURs and 24 pharmacies in Nottingham City are commissioned to deliver domiciliary MURs on a rolling 6-month basis. It targets people with long term conditions on 6 or more medications and aims to prevent emergency hospital admissions.

See Table 4.2 for a summary of services locally commissioned by NHS England North Midlands.

[12] https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/

3.3.2 Local Services Commissioned by Nottingham City Council

Supervised Consumption

Suitably trained pharmacists are responsible for ensuring that doses of Opioid Substitution Therapy are taken correctly and in line with prescriber recommendations. This aims to support service users by providing regular contact with a healthcare professional, reduce incidents of accidental death through overdose and minimise the misdirection of controlled drugs through supervision.

Needle Exchange

This service provides anonymous access to clean injecting equipment for use with substances including opioids, amphetamines and image and performance enhancing drugs such as steroids. The provision aims to reduce the prevalence of blood-borne viruses, reduce injecting-related harm, and reduce drug-related litter. In addition the service prevents harm to drug-using and non-drug using citizens and reduces the financial strain on police, community safety and healthcare services.

Supply of Naloxone Injection Kits

Naloxone is a drug that temporarily reverses the effects of opioids such as heroin, methadone and morphine. On 1 October 2015, new regulations[13] came into force widening the availability of naloxone to save a life in an emergency. A six-month pilot commissioned to start in the spring of 2018 will enable several community pharmacies to deliver the service in Nottingham City. It consists of suitably trained and qualified pharmacy staff delivering training on how to recognise opioid overdose and its first line management including the supply and use of naloxone injection. The training will be provided to staff, service users, family members, carers or friends of a drug user at risk. At the time of writing, the location of community pharmacies delivering this service was not confirmed, therefore this service will not be reflected in the tables that follow in sections 4 and 6.

Emergency Hormonal Contraception

Emergency contraception has the potential to reduce unintended pregnancy rates, thereby reducing the number of teenage pregnancies and terminations. Equitable provision of and easier access to Emergency Hormonal Contraception (EHC) via pharmacies can lead to a reduced time interval between unprotected intercourse and initiation of treatment. Levonorgestrel EHC is supplied free of charge to appropriate clients aged 14 to 24 years. The pharmacy provides advice and support to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use and advice on the use of regular contraceptive methods. They also signpost clients to services that provide long-term contraceptive methods and the diagnosis and management of STIs.

Chlamydia Screening and Treatment

Chlamydia is the commonest curable sexually transmitted disease in England and untreated can lead to long term consequences, including infertility. Prevalence of infection is highest in sexually active young men and women, especially those aged under 25 years. Community pharmacies may act as either chlamydia screening or treatment points or both (this may be due to facilities such as an accessible toilet or private consulting room). The pharmacist

[13] DH/MHRA/PHE Guidance: Widening the availability of naloxone. Updated 1 August 2017.

provides one to one advice and support to young people aged 15-24 years old on the management of their sexual health. This includes signposting to other sexual health and social care services such as c-card pickup/registration points (see below). Chlamydia-screening kits are supplied with explicit emphasis on the importance of return within specified time requirements, and the process for both positive and negative results. This service complements the provision of EHC.

C-Card condom provision

The C-Card Scheme is a condom distribution scheme for young people age 13 to 24 that offers access to free condoms in a wide range of places and aims to reduce both unintended conceptions and the number of sexually transmitted infections. Young people aged under 13 years are not eligible for the scheme. Some pharmacies are commissioned to register clients and provide condoms, most provide pick-up only.

Pregnancy Testing

Free pregnancy testing is currently offered to women aged between 14-24 years. This service complements the other sexual health services (as above) and aims to provide a comprehensive sexual health service, accessible locally, which contributes to improved sexual health and wellbeing and reduces inequalities in sexual health. Due to low uptake of this service in pharmacies, it will be discontinued from April 2018.

See Table 4.2 for a summary of services locally commissioned by Nottingham City Council.

3.4 Non-commissioned services offered by pharmacies

Most pharmacies provide additional services, which are either free of charge or provided for a fee depending on the service or level to which patients require advice, products or support. Pharmacies advertise these services though the pharmacies themselves and/or via their own website or NHS Choices. Each pharmacy will have its own set of criteria for a service and the corresponding charge.

There is also a need to communicate the range of Essential, Advanced and Locally Commissioned Pharmaceutical Services that each Community Pharmacy is able to provide. By advertising and utilising the skills of community pharmacists, significant health improvements can be made to help reduce health inequalities.

3.5 Dispensing practices

Dispensing practices provide dispensing services in rural areas where patients may have difficulty accessing a community pharmacy (though this is not always the case) and where it is not viable for a community pharmacy to operate. There are no dispensing practices in Nottingham City.

3.6 Dispensing Appliance Contractors

Dispensing Appliance Contractors (DAC) are unable to supply medicines. Most specialise in supplying continence and stoma appliances.

The PNA has considered and assessed the provision of pharmaceutical services to its population by DACs that are not on its own pharmaceutical list. There are several branch distribution centres in Nottingham for DACs that are registered on other pharmaceutical lists, and these provide an additional local service to Nottingham's population. Analysis of

prescribing data suggests that only 0.5% of the total prescription volume is dispensed by DACs not on its own pharmaceutical list. The PNA therefore considers that the dispensing of prescriptions by dispensing appliance contractors not on its pharmaceutical list has no significant impact on the provision of pharmaceutical services across the City.

NHS England currently has three dispensing appliance contractors in Nottingham City included on its pharmaceutical list:

- Charles Bullen Stomacare Ltd, 4 Swinstead Close, Nottingham, NG8 3JG (Bilborough ward)
- Respond Healthcare, 97 Manvers Street, Nottingham, NG2 4PB (Dales ward)
- Countrywide Supplies, Tottle Road, Riverside Retail Park, Nottingham NG2 1RT (Bridge ward). NB. This contractor recently moved from Nottinghamshire County.

A new contract for appliance contractors was published in April 2010, which allows appliance contractors to provide Appliance Use Reviews (AUR) and stoma appliance customisation services. Community Pharmacies who dispense appliances can also choose to provide these Advanced Services. NHS England will ensure that, whilst the requirement for such services is low, people who need to access these services can do so within the City boundaries. Several community pharmacists also provide a stoma customisation service.

3.7 Out of area providers of pharmaceutical services

The regulations[14] require Local Authorities (LA) to identify any pharmaceutical services that are provided outside the area of the LA, and do not contribute towards meeting the need for pharmaceutical services in the LAs area, but which have secured improvements, or better access, to pharmaceutical services within its area.

To meet this requirement, consideration has been given in this assessment to pharmaceutical services provided by community pharmacy contractors on neighbouring pharmaceutical lists. In terms of neighbouring local authorities, Nottingham City has a direct border with Nottinghamshire County only.

Analysis of 2016/17 prescribing data shows that pharmacy contractors within the city dispensed 91% of 5.3 million items prescribed by City GPs. Approximately 8% (400,000) were dispensed in pharmacies in Nottinghamshire County. Of this 8%, almost all were dispensed by pharmacies directly bordering the city, particularly in the Arnold & Daybrook (adjacent to CDG 2; 22% of County dispensed items) and Porchester areas (adjacent to CDG 3, 21%). A further 1% of items prescribed were dispensed in areas beyond Nottingham City and Nottinghamshire County, this may include distance selling pharmacies which are not situated locally (see below).

3.8 Distance Selling Pharmacies

Nottingham City PNA has also considered and assessed pharmaceutical services provided to its population by distance selling pharmacies that are not on its pharmaceutical list. There is no limit to the geographical area which they may cover and they are required to provide a national service. Distance selling pharmacies are not allowed to provide Essential services face-to-face (they may provide Advanced and Enhanced services if they are unrelated to the provision of Essential services). They receive a prescription via post, electronic prescription or local collection and dispense it the next day, via post, courier or company delivery driver.

[14] Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

There are two distance selling pharmacies within Nottingham City:

- Midland Pharmacy, Southwold Drive, Nottingham NG8 1PA (Leen Valley ward)
- Clickcare Pharmacy Ltd, Ashworth Street, Nottingham NG3 4BG (St Ann's ward)

The volume of prescriptions dispensed by distance selling pharmacies located in the City is 0.7% (2016/17 prescribing data) and is not thought to impact significantly on the provision of pharmaceutical services across the City.

3.9 The effectiveness of services provided by pharmacies

In 2016, the Chief Pharmaceutical Officer, Dr Keith Ridge commissioned the Kings Fund[15] to review community pharmacy clinical services in the light of the opportunities presented by the Five Year Forward View[16] and the General Practice Forward View[17]. The review found:

- strong evidence to support development of pharmacy services to support patients with long-term conditions
- evidence to support minor ailments services: will help to alleviate pressure on urgent care and GP services
- support for a wide range of other public health services, particularly stopping smoking, recommending that this should become a national service offer

The review included a rapid review of peer-reviewed literature by Professor David Wright of the evidence base for the effectiveness and cost effectiveness of community pharmacy based clinical services, both in the UK and internationally[18]. This review considered the evidence for advanced and locally commissioned services (excluding stoma appliance customisation and review for which evidence is not available). It is worth noting that a lack of evidence of effectiveness does not necessarily mean that services are not effective.

3.9.1 Essential and Advanced Services

Repeat Dispensing scheme

Introduced in 2002 the scheme allows patients to pick up repeat prescriptions of their medication without repeated visits to see the GP and reduces wastage. There is evidence that the scheme is popular with GP practices and patients, practice workload is reduced and patient adherence is improved. With an average of 9% of patients registered for the service, the NHS England Medicines Optimisation Dashboard has identified wide variation by CCG in uptake of repeat dispensing scheme (0% - 63% of repeat dispensing items). The remuneration for this service is fixed and is therefore independent of the number of patients accessing it. With a fixed service delivery cost the greater number of patients who receive the service the greater the value of the service. Current remuneration models do not however incentivise community pharmacists or GPs to increase service uptake. Community pharmacists and GPs could be incentivised to work together to achieve better implementation rates.

Medicine Use Reviews (MURs)

Medicines use reviews (MURs), defined as 'a patient-pharmacist consultation to discuss the patient's use of medicines and improve their knowledge about their purpose', were introduced

[15] Murray, R., (2016). Community Pharmacy Clinical Services Review, The King's Fund.
[16] Five Year Forward View, (2014), NHS England.
[17] General Practice Forward View (2016) NHS England
[18] Wright, D., (2016), A rapid review of evidence regarding clinical services. NHS England.

in 2005 to improve patient satisfaction with medicines related information and adherence, thereby improving patient outcomes and reducing medicines wastage.

Government requirements state that 70% of MURs were to be targeted on: patients prescribed high-risk medicines (NSAIDs, anticoagulants, diuretics); those discharged from hospital with medicine changes; patients with respiratory conditions; and patients with CVD who are prescribed at least four medicines. Wright[19] has summarised a wide range of studies on MURs both at home and abroad. As yet, there have been no randomised controlled trials (RCTs) within the UK and most studies have looked at process outcomes rather than health outcomes. To date, there are no studies estimating the cost per additional year of quality life (Cost per QALY) which is required in order to determine services that should be commissioned. A systematic review of interventions similar to MUR concluded that whilst such interventions improved patient knowledge there was less evidence supporting the assertion that they improve patient adherence. In summary, there is little evidence in terms of costs or outcomes about the cost effectiveness or otherwise of the service.

New Medicines Service

The New Medicines Service (NMS) was introduced in 2011 in order to improve medicine adherence in patients newly prescribed asthma, hypertension, COPD, diabetes and anticoagulant therapy. The design of the service was based on a small feasibility study and followed up with a randomised controlled trial to determine effectiveness and cost effectiveness of the service. The overall results have been inconclusive but did show a significant difference in adherence at 10 weeks in the intervention arm[20]. There is some evidence that NICE thresholds for cost effectiveness were not met, but the economic analysis has not yet been published.

Influenza Vaccination

Nationally funded access to the influenza vaccine has been available via community pharmacies since 2015. The vaccine is targeted at high-risk groups: people over 65 years; people with long term conditions such as asthma and diabetes; pregnant women; people resident in long-stay care facilities. The service is cost effective, increasing uptake and improving choice for patients[18].

NHS Urgent Medicine Supply Advanced Service

NHS England is piloting a national urgent medicines supply service, where people calling NHS 111 requiring urgent repeat medicines will be referred directly to community pharmacies. Funded from the Pharmacy Integration Fund, as part of the work to embed pharmacy into the NHS Urgent Care pathway. The pilot will test and evaluate the service in order to inform future commissioning.

3.9.2 Enhanced Services

Domiciliary Visiting Services

A service aimed at visiting housebound patients with long-term conditions. There is limited published evidence as to the effectiveness of domiciliary medicine use reviews; however a 6-

[19] Wright, D., (2016), A rapid review of evidence regarding clinical services. NHS England.
[20] Elliott RA et al, (2014). A randomised controlled trial and economic evaluation with qualitative appraisal comparing the effectiveness and cost effectiveness of the New Medicines Service in community pharmacies in England. Department of Health Policy Research Programme Project, Division for Social Research in Medicines and Health, The School of Pharmacy, University of Nottingham.

month pilot in Croydon is estimated to have avoided 52 emergency hospital admissions and saved £183,400 in total[20]. Domiciliary MURs can only be provided by pharmacies with NHSE approval. This service is commissioned locally on a rolling 6-month basis, based on available funding (not under an Enhanced Service).

Medication Use Review

Clinical Medication Review is aimed at reaching agreement with the patient about drug therapy and reducing medication related problems in patients taking four or more medicines (FOMM). There is limited evidence of clinical benefit found in systematic review, but some suggestion of improved quality of life and falls reduction in a relatively large service review[21] and assuming improvements could be sustained over 12 months, there was a likelihood that the intervention was cost effective.

Chronic Disease Management

Community Pharmacists have a well-recognised role in chronic disease management and there have been recommendations that community pharmacists could assume responsibility for the management of patients with controlled hypertension. Evidence exists for financial and outcome benefits for patients with hypertension, diabetes and chronic obstructive pulmonary disease (COPD). The transfer of workload from general practices to community pharmacies has been seen as an opportunity to create capacity for other services provided through general practice[22]. The roll out of summary care should help reduce some of the barriers to transfer of care between GPs and pharmacists and support the recommended pilot and future definitive study.

Care Homes Service

Evidence suggests that for each event involving prescribing, dispensing or administration of medicine in UK care homes, there was an 8-10% chance of an error. Systematic reviews and RCTs have examined the benefits of community pharmacist involvement in care home medicines administration. Evidence suggests improvements in medicine appropriateness, but no evidence has been gathered on cost effectiveness so far[22].

Minor Ailments Service

Introduced with the aim of reducing visits to A&E or GP practices, a systematic review suggested that services led by community pharmacy were largely cost effective (albeit with some caveats around the financial and outcome comparison model employed), and had high levels of patient satisfaction. Evidence was shown for a reduction in GP consultations for minor ailments, and other studies have suggested a positive impact on antimicrobial stewardship[22].

3.9.3 Public Health based services

In terms of public health interventions, the review[23] generally supported the findings of the earlier PHE review in 2013[24].

[21] South West London Croydon Borough Team (2012) Pharmacy reablement project, domiciliary MUR six-month pilot review report 2011-12
[22] West R, Isom M. Management of patients with hypertension: general practice and community pharmacy working together. British Journal of General Practice. 2014;64(626):477-478
[23] Wright, D., (2016), A rapid review of evidence regarding clinical services. NHS England.
[24] Newton, J., (2013). Consolidating and developing the evidence base and research for community pharmacy's contribution to Public Health, Pharmacy and Public Health Forum, Public Health England

Emergency Hormonal Contraception supply

The EHC service offered to women was found to reduce access times compared to family planning clinics. Moreover, these services are unlikely to provide unwanted effects such as increasing risky sexual behaviour or increasing STIs[25].

Chlamydia screening and treatment services

Chlamydia screening, introduced across England in 2010, aims to treat this symptom-free condition before it progresses to pelvic inflammatory disease and reduced fertility in women. A systematic review of screening services for women under 25 years showed community pharmacy provision to be both cost-effective and accessible [24].

Case finding

Type 2 Diabetes: community pharmacies can effectively screen for Type 2 Diabetes: screening with intervention is cost-effective, but screening alone is uncertain. There is no randomised controlled trial (RCT) evidence yet for models which include risk assessment, testing and intervention[24].

COPD: Earlier identification of COPD is possible through community pharmacies who frequently encounter recurrent requests for cough medicines, antibiotic prescriptions for chest infection, or patients purchasing nicotine replacement therapy. This can prevent disease progression and significantly reduce lifetime health service resource utilisation. Identification of the condition is also effective as a trigger for smoking patients to access cessation services[24].

Harm reduction services

Supervised consumption of opioids results in a sustained reduction in methadone deaths, but cost-effectiveness of the service is currently unknown. Needle exchange services are a cost-effective use of resources[25]. The supply of naloxone without prescription as an emergency antidote for overdoses caused by heroin and other opiates/opioids has been facilitated nationally since regulations came into force in October 2015.[26]

Weight management

Systematic review shows community based weight management services were as effective as other primary care strategies. The actual cost of service delivery, whilst cost effective, seemed to be greater than private providers and consequently the cost-effectiveness of commissioning services via this route is unclear[25].

Brief alcohol intervention

Two RCTs examining brief alcohol interventions in the UK demonstrated no long-term benefits[25].

Smoking cessation

There is substantial evidence across reviews and RCTs for the effectiveness and cost-effectiveness of smoking cessation services, with the King's Fund review recommending this should be a national service offer [27],[28].

[25] Wright, D., (2016), A rapid review of evidence regarding clinical services. NHS England.

[26] DH/MHRA/PHE Guidance: Widening the availability of naloxone. Updated 1 August 2017.
[27] Murray, R., (2016). Community Pharmacy Clinical Services Review, The King's Fund.
[28] Wright, D., (2016), A rapid review of evidence regarding clinical services. NHS England.

3.10 Future services

Nationally an estimated 1.6 million people choose to visit a pharmacy each day, of which 1.2 million do so for health-related reasons, such as for their medicines or to buy over the counter and other healthcare products[29]. Pharmacies provide a convenient, trusted and less formal environment for people to access readily available professional advice and support and therefore offer a useful alternative to general practice, and community services and other healthcare professionals.

Review of local health needs suggests that current pharmacy services correspond with health and wellbeing priorities. However, demand for current health and social care services continue to pose a significant pressure for the system as a whole. National strategies such as the Five Year Forward View[30] and GP Forward View[31] are explicit in their intentions to develop the skills of clinical pharmacists within community pharmacies and beyond. The Community Pharmacy Forward View[32] sets out the contribution of community pharmacy to support the health and healthcare system. In 2017, Public Health England published 'Pharmacy - A Way Forward for Public Health'[33]. The report sets out potential opportunities for commissioners and pharmacy teams to make a marked difference to the public's health. At local level, led through health and wellbeing strategies and Sustainability and Transformation Partnerships (STP), the report identifies many opportunities where pharmacy teams can offer effective and impactful interventions, which could help to reduce the burden of disease and premature mortality and reduce health inequalities in this country.

The Quality Payments scheme introduced by the Department of Health as part of the community pharmacy contractual framework in 2017/18 incentivises pharmacies to meet new quality criteria on patient safety, patient experience, public health, digital standards, clinical effectiveness and workforce. In terms of workforce, pharmacies are encouraged to train staff as Dementia Friends. The Dementia Friends initiative is about giving people an understanding of dementia and the small things that could make a difference to people living with dementia in their community. To achieve the quality criteria for public health, the pharmacy must demonstrate accreditation as a Public Health England Level 1 Healthy Living Pharmacy[34]. The aim of this quality criterion is to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. Good progress is being made locally with at least 200 health champions and leaders trained.

Community pharmacy leaders and public health colleagues will need to work closely to realise the potential offered by the healthy living pharmacy concept and the upskilled workforce in Nottingham City.

Older people in care homes are at greater risk of medication errors than most other groups. It is important that patients get the medicines they need when they need them and in a safe way. The Care Homes Use of Medicines Study[35], report examined medication prescribing, dispensing, administration and monitoring practices across a number of care homes in

[29] http://pharmacyvoice.com/community-pharmacy/facts-and-figures/
[30] Five Year Forward View, (2014), NHS England
[31] General Practice Forward View (2016) NHS England.
[32] Community Pharmacy Forward View (2016), Pharmacy Voice, PSNC
[33] Pharmacy - A Way Forward for Public Health, (2017), Public Health England
[34] https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register.html
[35] CHUMS (2009). The Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people.

England. The study findings indicate that there is a risk of medication errors in care homes and there may be scope for improvement in how medicines are dispensed, administered and monitored for patients in residential care and nursing home settings.

Commissioners of services may wish to explore new delivery models to utilise the skills and experience of the community pharmacy workforce to reach out to more people and help them maintain good health and wellbeing. This will support reducing the demand on other services, especially urgent care and primary care medical services.

Although there is no requirement for any additional pharmacy premises in Nottingham City to provide services beyond their core Essential Services, there are opportunities available to maximise existing and future Locally Commissioned Services and to use the Quality scheme to improve and extend the services offered to customers.

New commissioning opportunities would need to be considered subject to further research into need, acceptability, value for money and improved health outcomes for that particular service.

4 Current pharmaceutical services provision in Nottingham City

Pharmaceutical services are summarised for the city as a whole and each of eight Care Delivery Group (CDG) areas. The location of the CDGs are shown on the map overleaf (Figure 4.1).

There are currently 68 community pharmacies in Nottingham City, including two distance selling pharmacies plus three dispensing appliance contractors. There are no dispensing practices in the City. A full list of pharmacies, the services commissioned and opening hours can be found in Appendices 5 and 6. These data are supplemented by a list of GP practices in Appendix 7.

The location of pharmacies across the city and bordering areas are illustrated on a map in Figure 4.2. Appendices 8 to 11 illustrate the location of pharmacies in relation to care homes, measures of deprivation, and density of over 75s and under 17 year olds in the city.

Nottingham City is bordered by Nottinghamshire County with the district boroughs of Broxtowe, Gedling, Rushcliffe and Hucknall (in Ashfield) to form the wider Nottingham conurbation. Beeston (Broxtowe), Hucknall (Ashfield), West Bridgford (Rushcliffe) and Carlton and Arnold in Gedling are well provided with pharmacies accessible by City residents. As an urban area in the centre of a large conurbation, there is considerable cross border flow into the surrounding county, and city pharmacies are likely to be frequented by county residents. The catchment area for a pharmacy in the city is therefore unlikely to be exclusively city residents. Full details of Nottinghamshire pharmacies may be found in the Nottinghamshire County PNA, which is located on the Nottinghamshire Insight website.

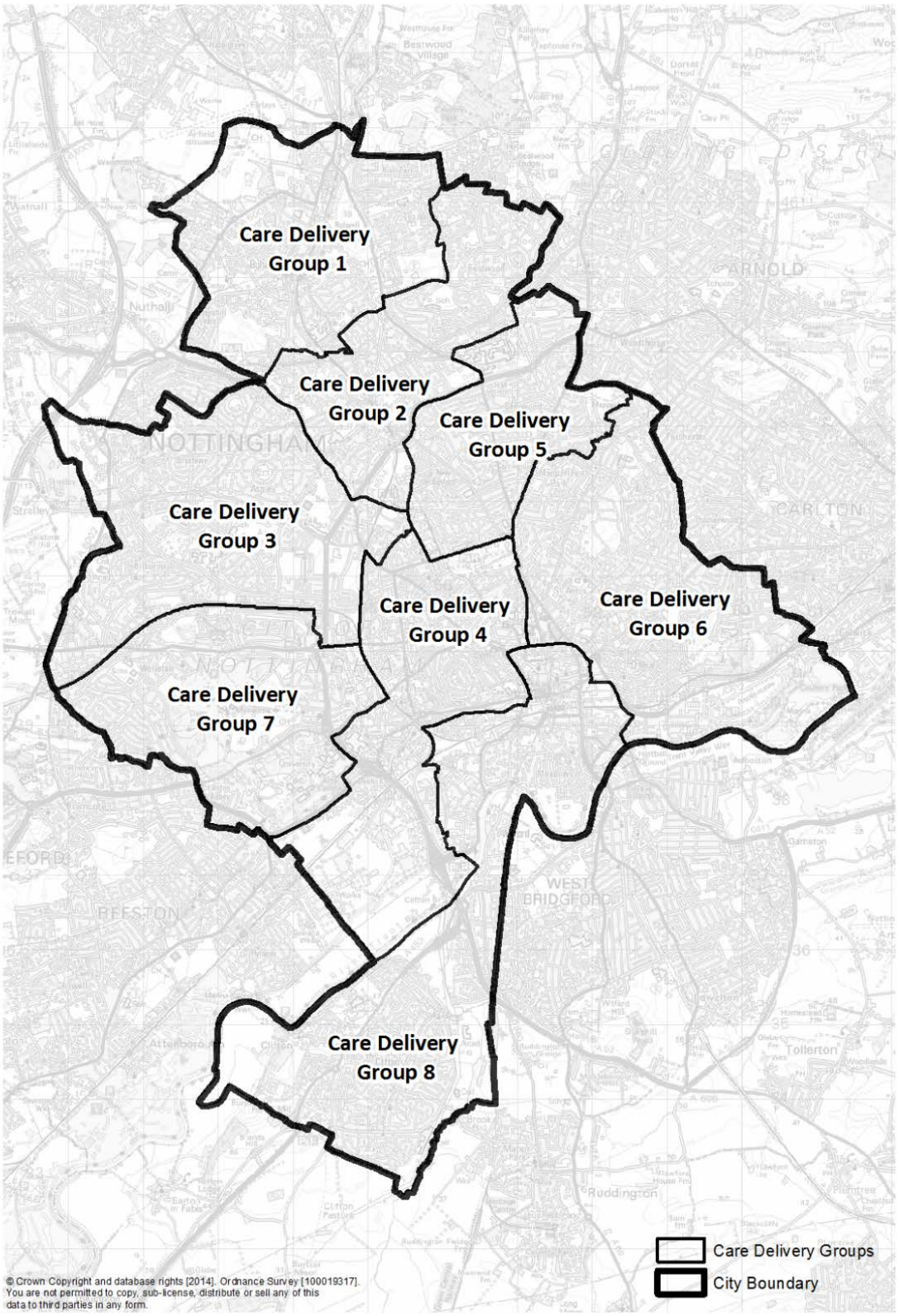


Figure 4-1 Nottingham City Care Deliver Group Areas

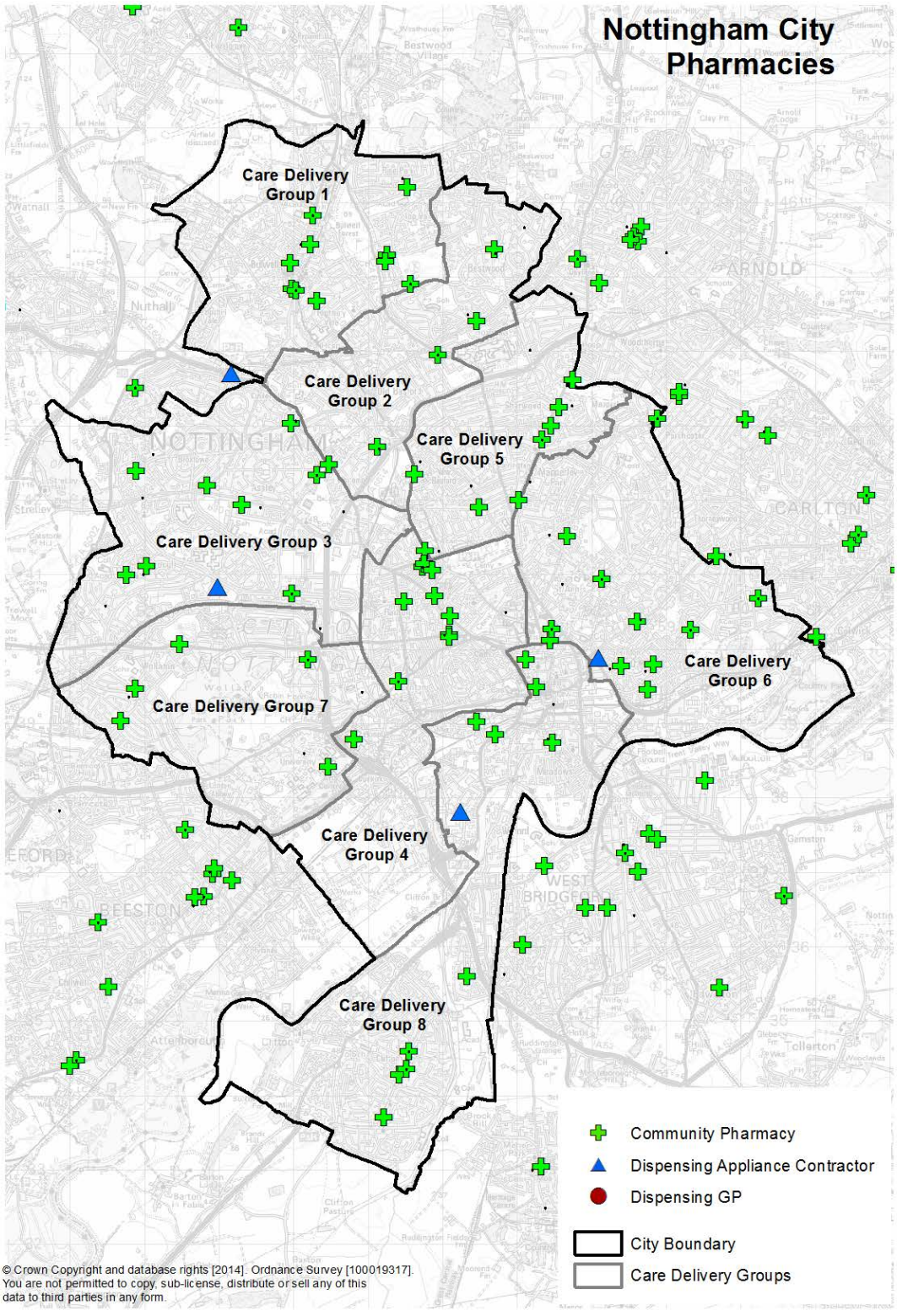


Figure 4-2 Nottingham City and border pharmacies

Note: Pharmacies located very close to each other may overlap and be hidden on the map

4.1.1 Density of pharmacies by locality

Table 4.1 below shows the distribution of community pharmacies by Care Delivery Group area and the number of pharmacies per 10,000 population.

When interpreting numbers of pharmacies in each CDG it is important to note that CDGs are administrative boundaries and may not necessarily relate to where local residents access services especially as Nottingham City has excellent provision of public transport, including bus, tram and train routes.

To help with this interpretation Appendix 12 shows a map of major public transport routes across the city.

CDG	Wards	Number of Pharmacies	Dispensing Appliance Contractor	CDG Population	Pharmacies per 10,000 population
CDG 1	Bulwell, Bulwell Forest	10		29,785	3.4
CDG 2	Basford, Bestwood	4		33,953	1.2
CDG 3	Aspley, Bilborough, Leen Valley	10	1	46,683	1.9
CDG 4	Arboretum, Dunkirk and Lenton, Radford Park	11		50,147	2.2
CDG 5	Berridge, Sherwood[36]	7		35,200	2.0
CDG 6	Dales, Mapperley, St Ann's	11	1	53,610	2.1
CDG 7	Wollaton East & Lenton Abbey, Wollaton West	5		25,582	2.0
CDG 8	Bridge, Clifton North, Clifton South	10	1	43,941	2.3
	Nottingham City total	**68**	**3**	**318,901**	**2.1**
	England total	**11674**		**54,786,300**	**2.1**

Table 4-1 Community Pharmacies by CDG

There are an average of 2.1 pharmacies per 10,000 across the city (range 1.2 – 3.4). Residents within each CDG area have access to a minimum of four pharmacies. The density of pharmacies within the city is in line with the average provision for England although it should be noted that there is no set density for pharmacies.

[36] The Jayplex Pharmacy in Woodthorpe is located on the border of Nottingham City and Nottinghamshire County. The PNA process found that the pharmacy's postcode positions the pharmacy within NHS Nottinghamshire County. However, the pharmacy has historically been on the pharmaceutical list of NHS Nottingham City and is included in the Nottingham City PNA. For statistical purposes, the pharmacy has been included in CDG 5. Pharmacies per 10,000 = the number of pharmacies / CDG population x 10,000.

4.1.2 Advanced and locally commissioned services

As described above, a wide range of services commissioned by NHS England and Nottingham City Council are provided by pharmacies across the city, these are shown in table 4.2 below (data supplied by NHS England and Nottingham City Council as of 15/12/2017). Some services have been targeted at specific populations depending on health needs and so may not be available in every area. Some pharmacies may provide services privately to their customers; these services have not been included in the PNA.

In general there is good provision of advanced and locally commissioned services across Nottingham City.

SERVICE	Total	CDG							
		1	2	3	4	5	6	7	8
Number of Pharmacies	**68**	**10**	**4**	**10**	**11**	**7**	**11**	**5**	**10**
100 Hours	11	3	0	2	3	1	0	0	2
ADVANCED									
Medicines Use Review	63	10	3	10	10	6	9	5	10
New Medicines Service	56	10	2	10	7	5	8	5	9
Flu Vaccination	50	8	2	9	9	4	5	5	8
Urgent Medicine Supply (NUMSAS)	12	4	0	0	3	1	1	1	2
Stoma Customisation	6	0	0	1	1	1	1	2	0
LOCALLY COMMISSIONED NHS ENGLAND									
Pharmacy First	62	9	4	9	9	7	10	4	10
Palliative Care Drug Stocklist Scheme	10	2	0	1	1	2	2	0	2
Emergency Supply Services	46	4	1	7	8	6	7	5	8
Out of hours rota	10	1	0	1	3	1	2	1	1
LOCALLY COMMISSIONED NOTTINGHAM CITY COUNCIL									
Needle Exchange	11	2	0	2	2	0	2	0	3
Supervised Consumption	50	6	4	8	9	5	8	3	7
Emergency Hormonal Contraception	41	7	2	4	10	4	6	3	5
Chlamydia Treatment	41	7	2	4	10	4	6	3	5
Chlamydia Screening and Treatment	18	4	1	2	5	3	2	1	0
C-Card	56	9	3	8	11	5	8	5	7
Pregnancy Test	29	7	1	2	5	4	5	2	3

Table 4-2 Pharmacy Services in Nottingham City

5 Nottingham City demographic profile

5.1 Age, sex and ethnicity

(With reference to the Demography chapter of Nottingham City Joint Strategic Needs Assessment 2017; Nottingham Insight).

The latest estimate of the City's resident population is 318,900, having risen by 4,600 since 2014. The population is projected to rise to 332,700 in 2024 and to 361,300 in 2039. International migration (recently from Eastern Europe) and natural change (the excess of births over deaths) are the main reasons for the population growth recently. The City gains young adults due to migration, both international and within Britain, whilst losing all other age groups - this includes losing families with children as they move to the surrounding districts. There is a high turnover of population: 21% of people changed address in the year before the 2011 Census.

The wards that had the greatest population increase between 2014 and 2015 were Arboretum, which is in part due to new student properties near Nottingham Trent University, and St Ann's. In four wards (Bulwell, Radford and Park, and Wollaton East and Lenton Abbey), the population has declined slightly since 2014.

The number of births has risen slightly in the last year and remains higher than the start of the 2000s. There were slightly more live births in 2015 (4,308) than in 2014 (4,242), and the number was much higher than at the low-point of 2000, where there were 3,275 live births. The number in 2010 (4,477) was the highest since before 1977 (the earliest date for which information is available). The only period in the last 35 years when it was close to this was between 1989 and 1991.

The proportion of children is lower than the England average, although not for under-4s. This may indicate that a considerable number of children leave the City before starting school.

The latest (2015) mid-year estimates show that the City has a very high proportion (29%) of people aged 18 to 29. This is due largely, but not entirely, to the presence of the two universities; full-time university students account for approximately 1 in 8 of the population. The percentages in other age-groups are lower than the average for England, with the proportions of those between 65 and 79 being particularly low. Of the 81,900 people aged 50+ living in the City, 44,700 (55%) are under 65, 19,400 (24%) aged from 65 to 74, and 17,800 (22%) aged 75 and over (see Figure 4.1).

Taking older people (aged 50+) as a whole, the highest percentages (of a ward's total population) are in Bulwell Forest (40%), Wollaton West (39.1%) and Clifton South (37.5%), but the pattern for the age-groups is sometimes very different. Bulwell Forest, Clifton South and Wollaton West have the highest proportions in their 50s (13.7%, 13.2% and 13.0% respectively). Bulwell Forest (12.6%) and Wollaton West (11.2%) have the highest percentages in their 60s, and Bulwell Forest has the highest proportion in their 70s (8.9%), followed by Wollaton West (8.2%). Clifton South (7.8%) is the highest for those aged 80 and over.

In age-structure terms, the City can broadly be categorised into three area types:

- Those with a concentration of younger adults, including students – primarily the city centre, Lenton, Dunkirk, Radford, Arboretum and Hyson Green.
- Those with a concentration of older people, many of whom have lived in their houses since they were built – primarily Bilborough, Beechdale, Clifton and parts of Wollaton.
- Other, more mixed areas, although Aspley ward, in particular has notably more children.

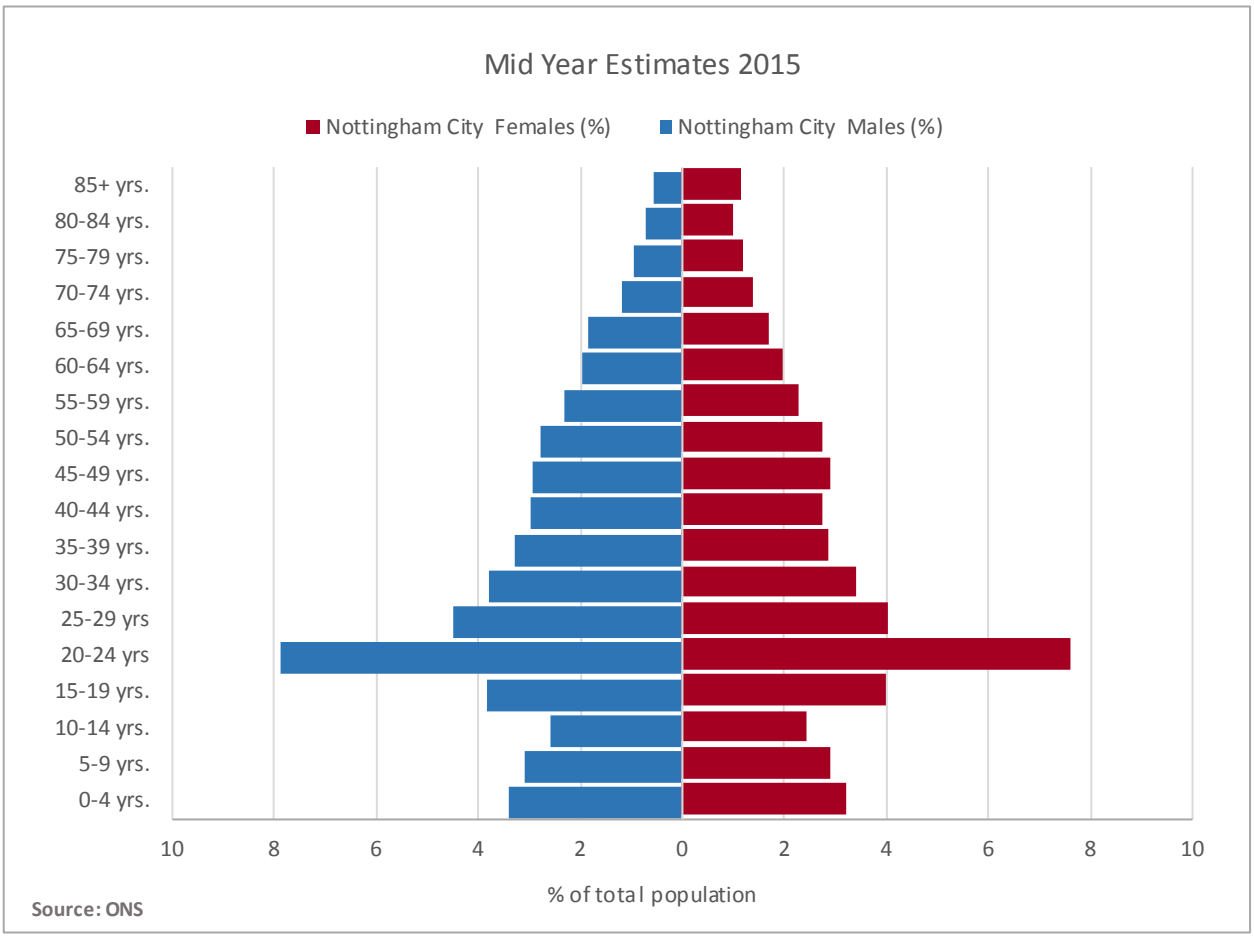


Figure 5-1 Population of Nottingham City by age and sex

The 2011 Census shows 35% of the population as being from Black and Minority Ethnic (BME) groups; an increase from 19% in 2001. The City's age structure is generally influenced by the 'White British' group, most other ethnic groups having a younger age profile than the City average. The youngest age profiles are amongst the mixed ethnic groups where 15-20% of people are aged under 5[37].

[37] 2011 Census, Ethnicity Topic Note http://www.nottinghaminsight.org.uk/d/97952

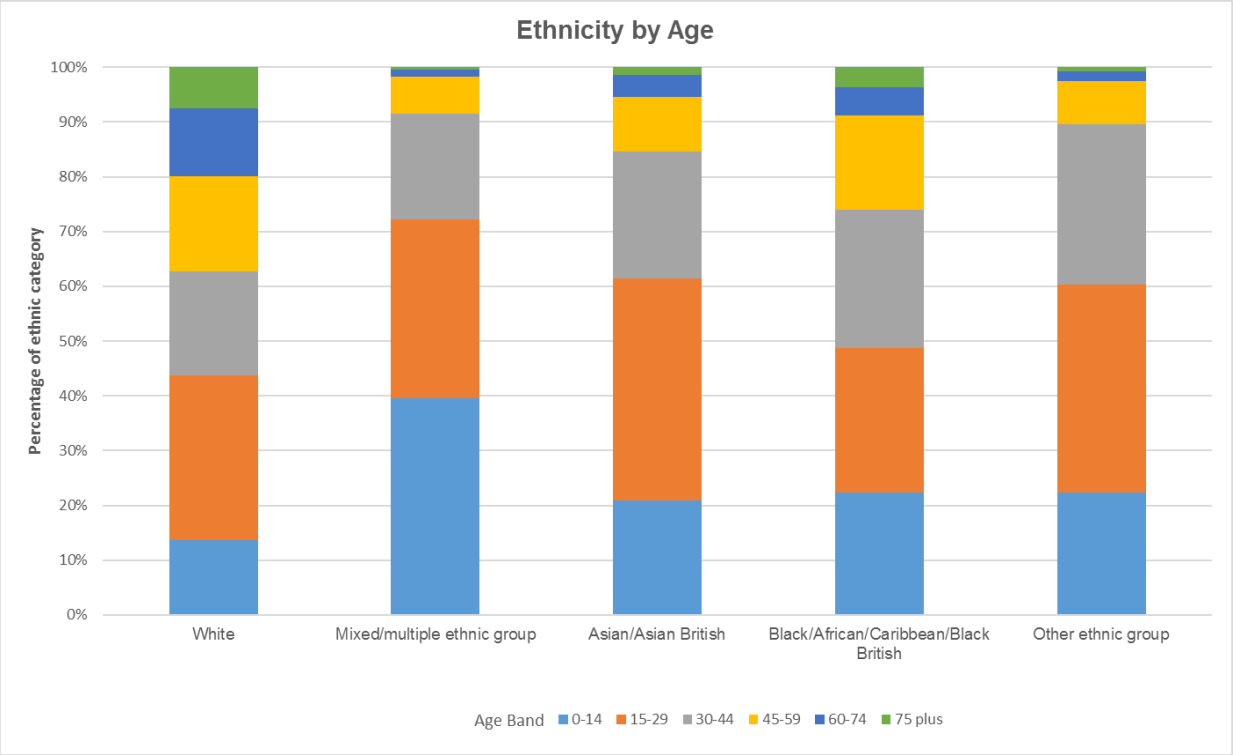


Figure 5-2 Structure of City population by ethnicity

5.2 Social and Environmental Context

Nottingham City is one of the most deprived Local Authorities in England outside of London. In the District level Index of Multiple Deprivation results, Nottingham ranks 8th most deprived out of the 326 districts in England using the Average Score measure and 10th using the Average Rank measure (ONS 2015 Index of Multiple Deprivation)

Nottingham City can be subdivided into 182 Lower Super Output Areas (LSOA). One third of the LSOAs in the City are amongst the 10% most deprived in the country and 60% of them fall within the 20% most deprived LSOAs in England. Over half of the City's population live in these most deprived LSOAs (ONS 2015 Index of Multiple Deprivation)

Unemployment in the City as at March 2017 was 3.3% of the resident population aged 16-64 (using the claimant count measure). This is higher than the rate for the East Midlands (1.6%) and for England (1.9%). (Nottingham City Council Benefits Bulletin May 2017).

34.3% of City children aged under 16 live in low income families where the average income is less than 60% of the median income. This compares to 19.1% in the East Midlands and an England average of 20.1% (Public Health Outcomes Framework 2014)

In February 2017 there were 15,925 Disability Living Allowance claimants in the City. 8,860 (56%) of these were aged 50 and over. DLA claimants account for 4.8% of the City population compared to 3.6% of the England population (Nomis DLA data February 2017)

Rates of car ownership are low (43.7% of households have no access to a car or van), particularly amongst pensioners living alone and lone parents.

5.3 Health and Wellbeing

Despite its young age-structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability. This is largely attributable to the deprivation and ethnic mix of the population. Healthy life expectancy is a summary measure of mortality (death) and morbidity (illness); in other words the average number of years a person could expect to live in good health. The Healthy Life Expectancy at birth for women in Nottingham City is 57.2 years and for men 56.7. Both of these are significantly worse than the England average of 64.1 years female and 63.4 years male (ONS Life Expectancies 2013-15).

Nottingham had a higher percentage of people reporting bad or very bad health in the 2011 census – 6.6% compared to 5.3% nationally, and a slightly lower proportion of people reporting that their health is good or very good – 79.9% compared to 81.4%.

The Nottingham Citizens Survey includes questions about health. In the surveys conducted between 2013 and 2015, 9.1% of respondents said they were limited a lot in their day-to-day activities by a health problem or disability with a further 8.0% limited a little. For respondents aged 65 and over, 15.8% were limited a lot and 17.2% limited a little.

For children aged under 16 years, just 2.0% are limited a lot or a little in their day-to-day activities by a long term health problem or disability and just 0.9% report bad or very bad health. Amongst older people, this rises to 33.1% with limited activity and 20.3% of over 65s in poor health.

The 2011 Census shows a clear link between age and ill health, with the percentage with bad health or a long term disability rising with age[38]. With the exception of the student dominated 16-24 age group, health in Nottingham is worse than the national average in each age group. The differences are small for the under 35s but increase for the age groups between 35 and 74. Differences get smaller again for the over 75 groups but the Nottingham figures remain higher than the national average.

Women are more likely to have a long term health problem or disability than men although the differences vary with age. For under 16s a higher percentage of males have a health problem, and between the ages of 16 and 24, men and women are equally as likely to have a health problem. From the age of 25 onwards, the gap increases with age, with more women than men having health problems. Between 25 and 65 years, the biggest increases are in problems which limit daily activities a little but for the over 65s a higher proportion of women experience problems which limit their activities a lot.

The BME (non-white) population has a much younger age profile than the white population with between 6 and 18% of the population aged 50 and over, compared to 30% of the white population. Poor health increases with age and follows a broadly similar pattern across all BME groups up to age 65. For people over 64, 60% of white groups are in poorer health (defined as fair, bad or very bad health) compared to 71% for non-white groups.

[38] 2011 Census, Topic Note - Disability, Health and Carers
http://www.nottinghaminsight.org.uk/d/101850

5.4 Access to health care services by public transport

Hospital services are provided by Nottingham University Hospitals NHS Trust (NUH) at the Queens Medical Centre (QMC) and Nottingham City Hospital. These sites are easily accessible to City residents. The latest data from September 2014 shows that 95% of households (96% of households without a car) are within 30 minutes travel time of NUH (either the Queens Medical Centre or the City Hospital site) by public transport. In previous years, household accessibility data was also captured for a 15-minute travel time but the Department for Transport no longer publishes these data.

The link between QMC and the City Hospital campuses has been improved following the introduction of the Medilink, a low cost shuttle bus service running every 10 minutes. This links the two sites and has connections to other bus and tram services at Queens Drive and Wilkinson Street Park and Ride sites. There is also a new tram stop at Queens Medical Centre.

Geographical access to local GP services by public transport is also very good for residents of Nottingham. National Core Indicator data provided by the Department for Transport in 2013 showed that all households are within 15 minutes travel time of a GP surgery by public transport compared with 98% of total households and 99% of non-car households in the Greater Nottingham area. As many community pharmacies are situated close to GP practices, this is a useful proxy measure. See Appendix 12 for a map of local of pharmacies and major public transport routes in the city.

5.5 Population projection and housing developments

As in the recent past, the main determinants of future changes in the total population are house building, natural change (the excess of births over deaths), international migration and the number of university students.

The number of residential properties built in 2006-07 was the highest since the 1970s. Although the rate of building has slowed down more recently due to the recession, it is still at a higher level than it was in much of the 1990s, particularly if student housing is included. Judging by the low number of sites being started, it is likely that completion levels will be low for the next few years, but in the longer term, it is anticipated that house building will rise again. In order to meet house building targets there will need to be a rise in the number of new dwellings to about 1,000 per annum.

The Greater Nottingham local authorities commissioned population projections taking into account the number of dwellings to be provided up to 2028 in the Core Strategy (September 2014). The projections allowed for the fact that the average household size in Nottingham has not been declining as quickly as in the ONS trend-based projections. These projections have been adjusted to account for the fact that the population in recent mid-year estimates is lower than had been projected. Change from 2016 in the Core Strategy population forecasts has been added to the ONS 2016 Mid-Year Estimate. These can be regarded as giving a reasonable indication of what the future population is likely to be, based upon current trends and policies.

The total population is very likely to continue to rise. The City Council estimates indicate a rise of 11,000 (3.4%) from 2017 to 2022 and a further 8,500 (2.5%) from 2022 to 2027. These would be slower rates of increase than occurred in recent years for example between 2010

and 2015 (19,100 or 6.4%).The latest population projections were published in May 2016 and take into account information from the Census.

The ONS 2014-based population projections show the population of Nottingham rising from 314,300 in 2014 to 332,700 in 2024, an increase of 18,500 (6%), and to 361,300 in 2039, an increase of 47,000 (15%). While this is still a large increase, it is not dissimilar to the projected figures in projections commissioned for the Aligned Core Strategy (Adopted September 2014) which controlled the future population to the likely housebuilding in the City.

There is a high turnover of population – 21% of people changed address in the year before the 2011 Census. The areas showing the greatest population increase in the next few years are likely to be those with the most house building, including purpose-built student accommodation. These are in CDGs 4,6 & 8 across the centre and east of the city (particularly if Waterside begins to deliver new housing). In other areas the total population is likely to change comparatively little.

5.5.1 Housing Plans 2017-2022

In the last full year (ending 31/03/2017), 1,617 residential units (974 after demolition) have been completed, of which 940 were student accommodation. Planning permission has been granted for a further 5,705 residential units. The Core Strategy predicts 5,640 dwellings will be built between 2017 and 2022, and a further 5,870 dwellings between 2022 and 2027. These figures are presented for each ward in Table 5.1 overleaf.

The following areas are likely to have the greatest gains in residential units:

- Aspley, Bilborough, Leen Valley (CDG 3)
- Arboretum, Dunkirk & Lenton, Radford & Park (CDG 4)
- Dales, Mapperley. St Ann's (CDG 6)
- Bridge, Clifton North, Clifton South (CDG8)

The student population continues to rise and there have been some signs of a shift from rented terraced housing into Purpose Built Student Accommodation (PBSA) with over half of the students living within Nottingham City accommodation in PBSA. PBSA tends to be single occupancy whereas an average of 2.5 persons is assumed for other dwellings.

Ward	Dwellings 2017-22	CCG Area	Dwellings 2017-22	Potential new residents *
Bulwell Forest	127			
Bulwell	94	1	221	221-553
Bestwood	585			
Basford	71	2	656	651-1628
Bilborough	453			
Leen Valley	436			
Aspley	62	3	951	951-2378
Radford and Park	848			
Arboretum	497			
Dunkirk and Lenton	304	4	1649	1649-4123
Berridge	235			
Sherwood	71	5	306	306-765
St Ann's	886			
Dales	252			
Mapperley	230	6	1368	1368-3420
Wollaton West	115			
Wollaton East and Lenton Abbey	7	7	122	122-305
Bridge	1472			
Clifton South	438			
Clifton North	29	8	1939	1939-4848
CITY TOTAL	**7212**		**7212**	**7212- 18030**

Table 5-1 Net gain in residential housing units planned 2017-2022

*Potential new residents calculated assuming between 1 – 2.5 persons per dwelling.

6 Analysis of pharmaceutical need by Care Delivery Group

Data sourced from: ONS Indices of Multiple Deprivation 2015, ONS Census 2011, PHE Local Health / ONS 2010-14, Citizens Survey 2013-2015 pooled, Nomis DLA report February 2017, ONS Teenage Conceptions 2012-14, NHSE 15/12/2017; Nottingham City Council.

6.1 Care Delivery Group 1 (Bulwell and Bulwell Forest)

6.1.1 Population and health need

Care Delivery Group 1 (CDG 1) comprises two wards to the north of the City: Bulwell and Bulwell Forest.

CDG 1 has a population of 29,785; 15,530 females and 14,255 males, accounting for just under 10% of the City population. Almost two-thirds (63.3%) are of working age (16-65 years), slightly lower than the City average of 69.9%. From housing projections we would expect between 221 and 553 additional residents (0.7 to 1.9% of the population) between 2017 and 2022 (See Table 5.1).

The low proportion of young people aged under 25 (32.1% compared to a City average of 40.9%) suggests CDG 1 has relatively few students. However, the area does have a higher than average proportion of children under 5 years; 7.1% compared to City average of 6.6%. There are 5,128 older people aged over 64 years living in CDG 1. This is 17.2% of the CDG population, much higher than the city average of 11.7%. Of these 611 are 85 years or over which is 2.1% of the CDG population compared to the city average of 1.7%.

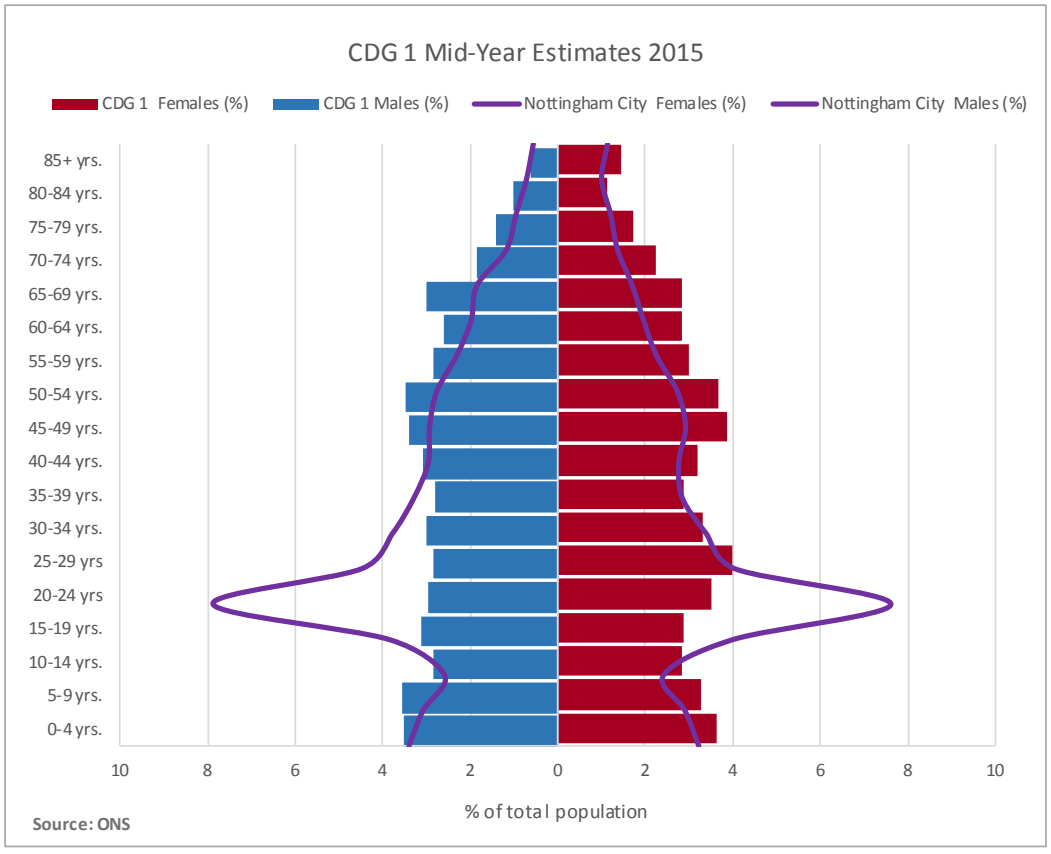


Figure 6-1. Population Structure of CDG 1, 2015

At the time of the 2011 census, 85% of the population were White, 3.3% Asian and 6% Black African or Caribbean ethnicity. In the over 64 age group, 95% of the population were White.

Fourteen of the 20 Lower Super Output Areas in CDG 1 are in the most deprived quintile (20%) in England. Over one third of households (39%) have a no access to a car or van compared to 26% nationally and 44% in Nottingham City.

Life expectancy for men in CDG 1 is 74.9 years in Bulwell and 80.6 years in Bulwell Forest. Female life expectancy is 78.6 years in Bulwell and 81.6 years in Bulwell Forest. Bulwell ranks 6th and 3rd lowest life expectancy for wards in the City for males and females respectively, whereas Bulwell Forest has one of the highest life expectancy rates ranking 18th and 13th for Males and Females respectively. The figures for both men and women in Bulwell are significantly worse than the England average whilst the Bulwell Forest figures are not significantly different.

The gap between Life Expectancy and Healthy Life Expectancy for men in CDG1 is 19.6 years compared to a City average of 18.9 years. For women the CDG1 average is 21.7 years against 22.8 years for the City.

7.3% of the population feel their health is bad or very bad and 11.8% of the population report that their day-to-day activities are limited a lot. For the population over 64 years, 16% feel their health is bad or very bad and 31% report their day-to-day activities are limited a lot[39]. 1,935 claimants of Disability Living Allowance live in CDG 1, which is 10.5% of the population aged 16-64, compared to the 6.9% City average.

Smoking prevalence is 27.9% compared with the City average of 25.3%. 19.8% of adult residents of CDG 1 are obese or morbidly obese compared to an average of 16.4% for the City as a whole.

The teenage conception rate of 41.3 per 1000 (2012-2014) is higher than the City average of 36.4 conceptions per 1000 women aged 15-17 years and ranks 2nd highest of the 8 CDGs. CDG 1 accounts for 12.6% of all teenage conceptions in the City (65 of 514 conceptions between 2012 and 2014).

Summary of population and health need

CDG 1 is made up of a high proportion of older adults, and under 5s and a low proportion of students. It is a less affluent area and this translates to a less healthy population, compared to the city average.

[39] Citizens Survey 2013-2015 pooled

6.1.2 Pharmaceutical services and access

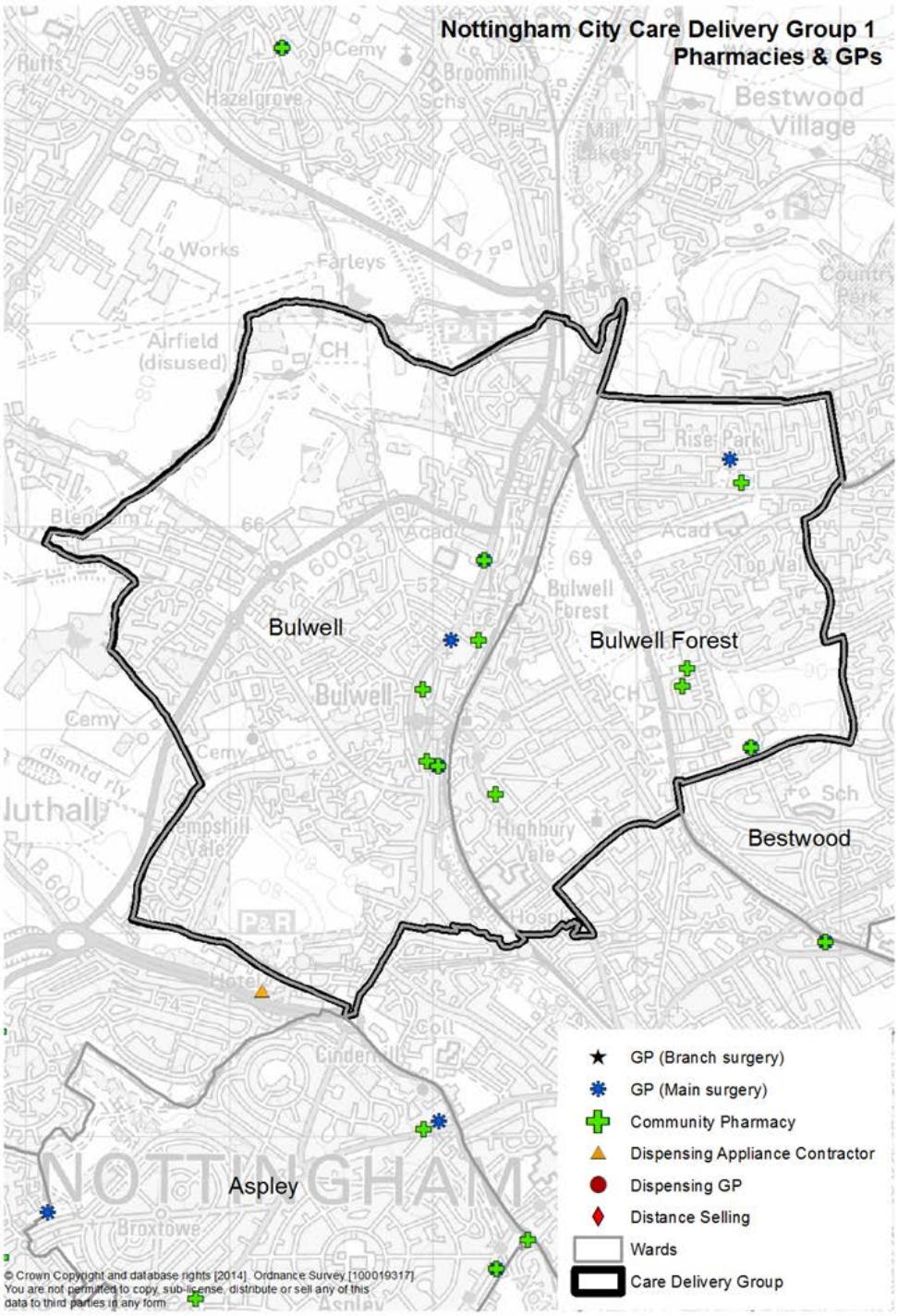


Figure 6-2. Map of pharmacies in CDG 1

Note: Pharmacies and GP Practices located very close to each other may overlap and be hidden on the map

There are ten pharmacies and six GP practices in the area. In 2016/17, pharmacies in the CDG1 area dispensed on average 78,138 items per month. Three pharmacies are open for 100 hours or more per week; seven of the pharmacies are open on Saturday and three on Sunday. Table 6.1 shows the range of services commissioned in CDG 1. The density of pharmacies at 3.4 pharmacies per 10,000 population is the highest in the City and higher than the England average.

Although car ownership is low, the area has excellent transport links to the city centre and Hucknall in the county by bus, tram or train. However many residents prefer to access services in Bulwell town centre.

Services	**CDG 1**
Number of Pharmacies	**10**
100 Hours	3
ADVANCED	
Medicines Use Review	10
New Medicines Service	10
Influenza vaccination	8
Urgent Medicine Supply (NUMSAS)	4
Stoma Customisation	0
LOCALLY COMMISSIONED **NHS ENGLAND**	
Pharmacy First	9
Palliative Care Drug Stockist Scheme	2
Emergency Supply Services	4
Out of hours rota	1
LOCALLY COMMISSIONED **NOTTINGHAM CITY COUNCIL**	
Needle Exchange	2
Supervised Consumption	6
Emergency Hormonal Contraception	7
Chlamydia Treatment	7
Chlamydia Screening and Treatment	4
C-Card	9
Pregnancy Test	7

Table 6-1 Services commissioned from pharmacies in CDG1

6.1.3 Summary of pharmaceutical need

- The life expectancy of the population varies across CDG1 and there are higher rates of ill health overall.
- There is a high density of pharmacists and services, with excellent public transport links allowing residents to reach out of area pharmacies for further choice and access.

6.1.4 Recommendation

The current pharmaceutical needs of the CDG 1 population are adequately met through current services and no further provision is required.

6.2 Care Delivery Group 2 (Basford and Bestwood)

6.2.1 Population and health need

Care Deliver Group 2 (CDG 2) comprises two wards to the north west of the City: Basford and Bestwood.

CDG 2 has a population of 33,953; 17,541 females and 16,412 males and accounts for 10.6% of the City population. Almost two-thirds (64.8%) are of working age (16-65 years), below the City average of 69.9%. From housing projections we expect between 651 and 1628 new residents (1.9-4.8% of the population) between 2017 and 2022 (See Table 5.1).

The low proportion of young people aged under 25 (34.6% compared to a City average of 40.9%) suggests CDG 2 has relatively few students. However, the area does have a higher than average proportion of children under 5 years; 8.3% compared to City average of 6.6%. There are 4,688 older people aged over 64 years living in CDG 2. This is 13.8% of the CDG population, compared to the city average of 11.7%. Of these, 518 are 85 years or over which is 1.5% of the CDG population, slightly below the city average of 1.7%.

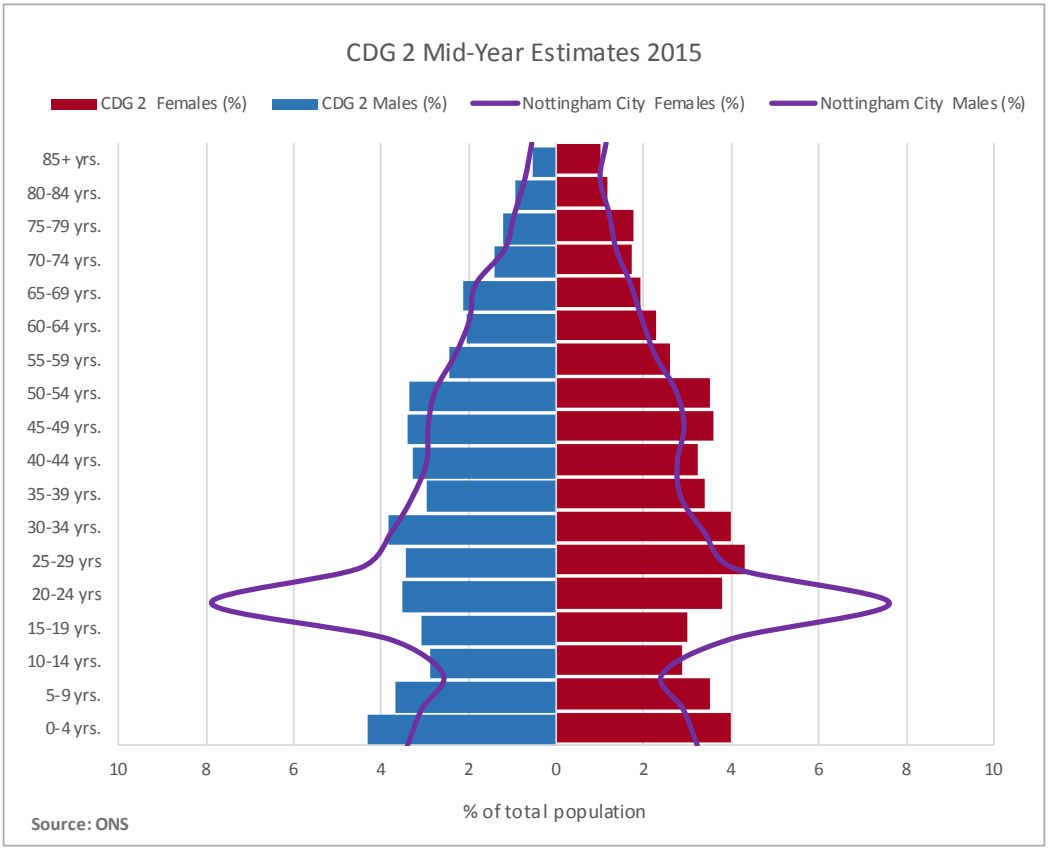


Figure 6-3 Population structure of CDG 2, 2015

At the time of the 2011 census the area had a largely White population making up 78% of the total and a slightly higher than average Black population (8.3%). A further 8% were of

mixed ethnicity and 6% Asian. In the over 64 age group 93.5% of the population were White and the Black population fell to 4%.

Sixteen of the 21 Lower Super Output Areas in CDG 2 are in the most deprived quintile (20%) in England, making CDG 2 relatively deprived compared to the rest of the City. There are 1,685 people aged 65 years and over living alone, 11.5% of households.

Life expectancy for men in CDG 2 is 75.3 years in Bestwood and 77.8 years in Basford. Female life expectancy is 80.3 years in Bestwood and 76.9 years in Basford. Bestwood ranks 7th and 8th lowest life expectancy for wards in the City for males and females respectively, whilst Basford ranks 15th for Males and for Females 20th, which is the worst in the City. The figures for both men and women in Bestwood are significantly worse than the England average whilst the Basford figures are not significantly different.

The gap between life expectancy and healthy life expectancy for men in CDG2 is 19.5 years compared to a City average of 18.9 years. For women the CDG2 average is 23.6 years against 22.8 years for the City.

7.1% of the population feel their health is bad or very bad and 11.5% of the population report that their day-to-day activities are limited a lot. For the over 64 years population, 15.9% feel their health is bad or very bad and 33.3% report their day to day activities are limited a lot. 1,950 claimants of Disability Living Allowance live in CDG 2, which is 9.0% of the population aged 16-64, compared to the 6.9% City average.

Smoking prevalence is 28.5% compared with the City average of 25.3%. This is the second highest rate in the City. 21.5% of adult residents of CDG 2 are obese or morbidly obese compared to an average of 16.4% for the City as a whole. This is the second highest rate in the City.

The teenage conception rate of 40.4 per 1000 (2012-2014) is higher than the City average of 36.4 conceptions per 1000 women aged 15-17 years and ranks 3rd highest rate of all CDGs. CDG 2 accounts for 13.6% of all teenage conceptions in the City, 70 of 514 conceptions between 2012 and 2014.

Summary of population and health need

CDG 2 consists of a mixture of older adults, under 5s and some working age adults. It has a low proportion of students and is a less affluent area which translates to a less healthy population.

6.2.2 Pharmaceutical services and access

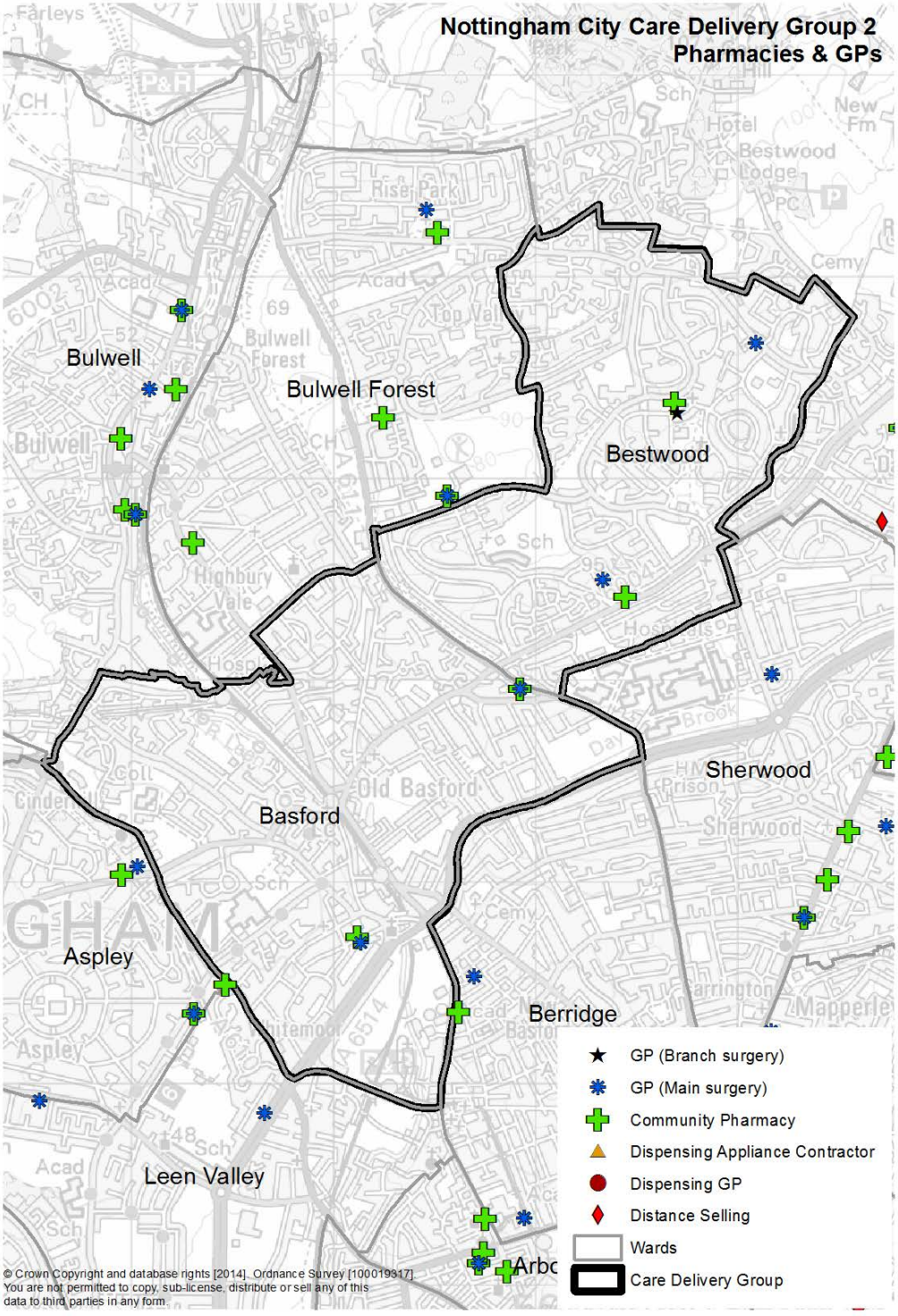


Figure 6-4 Map of pharmacies in CDG 2

Note: Pharmacies and GP Practices located very close to each other may overlap and be hidden on the map

There are four pharmacies and five GP practices in the area including one branch practice. Pharmacies in the CDG2 area dispensed on average 29,800 items per month. There are no 100 hour pharmacies in the CDG or any open on a Sunday. Two pharmacies are open on Saturdays and at least 17 pharmacies within easy reach in neighbouring CDGs 1 and 5 and the Tesco 100 hour pharmacy at Top Valley is easily accessible. Table 6.2 shows the range of commissioned services in CDG 2. The Bailey Street Pharmacy in Basford is one of very few in the country without a consultation room, this limits the advanced or enhanced services offered. The density of pharmacies per 10, 000 population is 1.2, the lowest in the city, which perhaps reflects the lack of high streets or shopping centres in the CDG area. However, there are several pharmacies very close to the CDG border.

Nearly half of households (41.1%) in CDG 2 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City. However, there are good bus and tram links into the city centre, Bulwell, plus Arnold in the county giving alternative access.

Services	**CDG 2**
Number of Pharmacies	**4**
100 Hours	0
ADVANCED	
Medicines Use Review	3
New Medicines Service	2
Influenza vaccination	2
Urgent Medicine Supply (NUMSAS)	0
Stoma Customisation	0
LOCALLY COMMISSIONED NHS ENGLAND	
Pharmacy First	4
Palliative Care Drug Stockist Scheme	0
Emergency Supply Services	1
Out of hours rota	0
LOCALLY COMMISSIONED **NOTTINGHAM CITY COUNCIL**	
Needle Exchange	0
Supervised Consumption	4
Emergency Hormonal Contraception	2
Chlamydia Treatment	2
Chlamydia Screening and Treatment	1
C-Card	3
Pregnancy Test	1

Table 6-2 Services commissioned from pharmacies in CDG2

6.2.3 Summary of pharmaceutical need

- The population in parts of CDG 2 experience the lowest life expectancy in the city and high levels of ill health.
- The area has the lowest density of pharmacies and services in the city, yet access to public transport is good and there are several pharmacies just outside the CDG area, allowing residents to reach out of area pharmacies for further choice and access.

6.2.4 Recommendation

The pharmaceutical needs of the CDG 2 population are adequately met through current services and no further provision is required.

6.3 Care Delivery Group 3 (Aspley, Bilborough and Leen Valley)

6.3.1 Population and health need

Care Delivery Group 3 (CDG 3) comprises three wards to the north and west of the City: Aspley, Bilborough and Leen Valley.

CDG 3 has a population of 46,683: 24,184 females and 22,499 males and accounts 14.6% of the City population. Just under two thirds (61.1%) of the population are of working age (16-65 years), lower than the City average of 69.9%. From housing projections we would expect between 951 and 2378 new residents (2.0 -5.1% of the population), between 2017 and 2022 particularly in Bilborough and Leen Valley (See Table 5.1).

39% of the population of CDG 3 are young people aged under 25, similar to the City average of 40.9%. However, the area has the highest percentage of children under 5 years in the City, 8.9% compared to City average of 6.6%. There are 6,118 older people aged over 64 years living in CDG 3. This is 13.1% of the CDG population, slightly higher than the city average of 11.7%. Of these 936 are 85 years or over which is 2.0% of the CDG population compared to the city average of 1.7%.

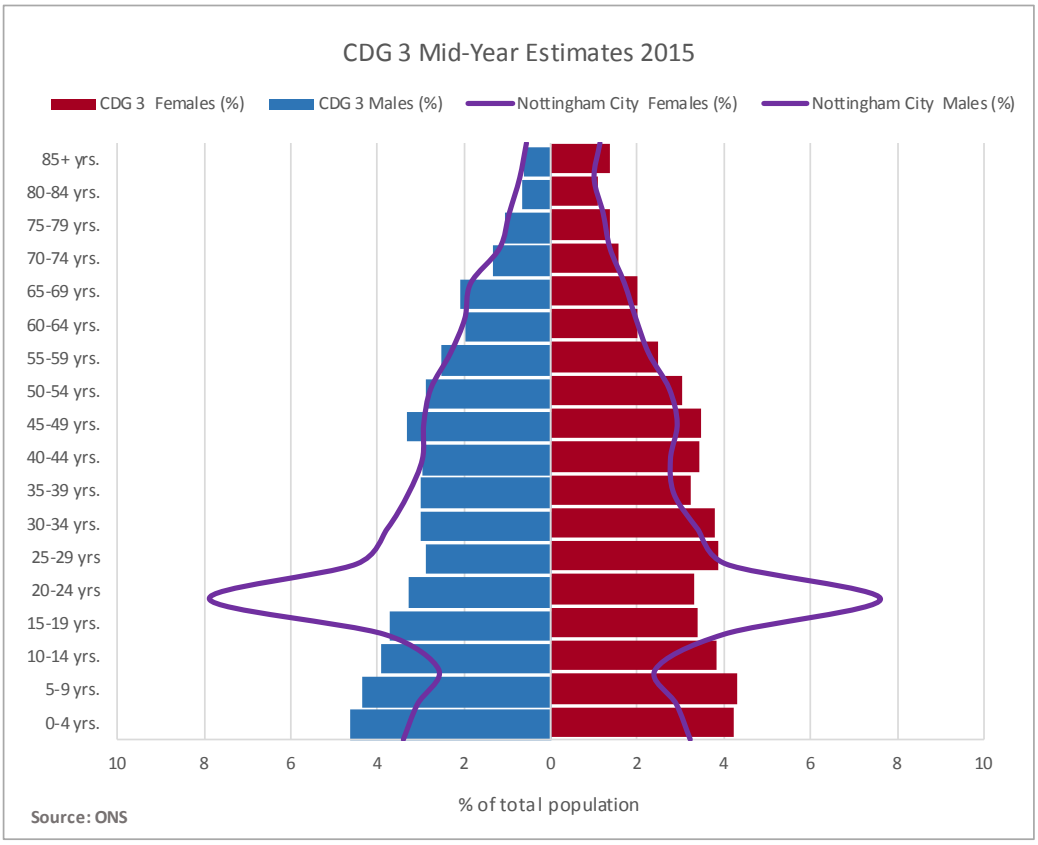


Figure 6-5 Population structure of CDG 3, 2015

At the time of the 2011 census, the largest ethnic group was Asian, making up 11.3% of the total; 72.1% of the population were White and 8.0% Black African or Caribbean ethnicity. In the over 64 age group, 92.1% of the population were White and the Asian population fell to 3.4%.

Twenty-one of the 27 Area Lower Super Output Areas are in the most deprived quintile (20%) in England. There are 2,354 people aged 65 and over living alone, 13.0% of households.

Life expectancy for men in CDG3 is 74.3 years in Bilborough, 77.6 in Leen Valley and 76.1 years in Aspley. Female life expectancy is 79.7 years in Bilborough, 80.8 in Leen Valley and 81.9 years in Aspley. Bilborough ranks 3rd and 5th lowest life expectancy for wards in the City for males and females respectively. Leen Valley ranks 14th for Males and 9th for females, whilst Aspley ranks 9th for men and 15th for women. The figures for both men and women in Bilborough and Leen Valley are significantly worse than the England average whilst the Aspley figures are significantly worse for men but not significantly different for women.

The gap between Life Expectancy and Healthy Life Expectancy for men in CDG3 is 20.7 years compared to a City average of 18.9 years. For women the CDG3 average is 25.2 years against 22.8 years for the City.

8.5% of the population feel their health is bad or very bad and 11.6% of the population report that their day-to-day activities are limited a lot. For the over 64 years population, 24.5% feel their health is bad or very bad and 16.5% report their day to day activities are limited a lot. CDG 3 has the highest levels of poor health and limited daily activity across all CDGs. 3,300 claimants of Disability Living Allowance live in CDG 3, which is 11.7% of the population aged 16-64, compared to the 6.9% City average.

Smoking prevalence is the highest in the City at 29.3%, compared to the City average of 25.3%7. 23.1% of adult residents of CDG 3 are obese or morbidly obese compared to an average of 16.4% for the City as a whole. This is the highest rate in the City.

The teenage conception rate of 43.8 per 1000 (2012-2014) is higher than the City average of 36.4 conceptions per 1000 women aged 15-17 years and ranks highest of all CDGs. CDG 3 accounts for 24.3% of all teenage conceptions in the City (125 of 514 conceptions between 2012 and 2014).

Summary of population and health need

CDG 3 has a large, mixed population, including the largest proportion of under 5s in the city. It has low levels of students and is a less affluent area. This translates to a less healthy population compared to the city average.

6.3.2 Pharmaceutical services and access

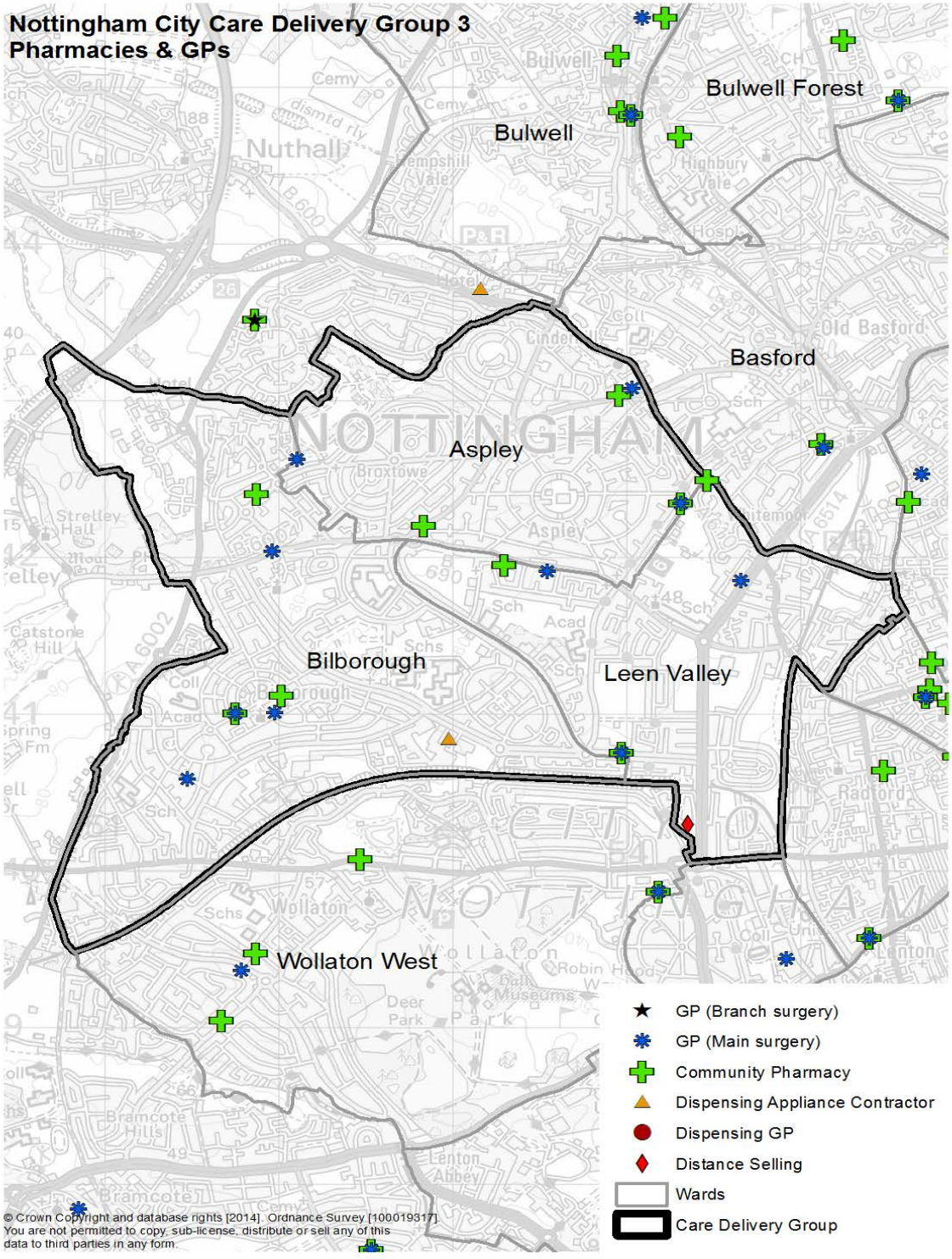


Figure 6-6 Map of pharmacies in CDG 3

Note: Pharmacies and GP Practices located very close to each other may overlap and be hidden on the map

There are 10 pharmacies and 10 GP practices in CDG 3. One of the City Dispensing Appliance Contractors and one of the Distance Selling Pharmacies is located in the area. In 2016/17, pharmacies in the CDG 3 area dispensed on average 71,457 items per month. Two pharmacies are open for 100 hours per week; seven of the pharmacies are open on Saturday and two on Sunday. The density of pharmacies is 1.9 per 10,000 population, slightly lower than the city average of 2.1 pharmacies per 10,000 residents (see Table 6.3).

Nearly half of households (43.9%) in CDG 3 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City. Public transport is fair with bus routes into the city centre and neighbouring areas. Current provision is located in frequented areas to take into account that many residents prefer to access services locally.

Services	**CDG 3**
Number of Pharmacies	**10**
100 Hours	2
ADVANCED	
Medicines Use Review	10
New Medicines Service	10
Influenza vaccination	9
Urgent Medicine Supply (NUMSAS)	0
Stoma Customisation	1
LOCALLY COMMISSIONED - NHS ENGLAND	
Pharmacy First	9
Palliative Care Drug Stockist Scheme	1
Emergency Supply Services	7
Out of hours rota	1
LOCALLY COMMISSIONED - NOTTINGHAM CITY COUNCIL	
Needle Exchange	2
Supervised Consumption	8
Emergency Hormonal Contraception	4
Chlamydia Treatment	4
Chlamydia Screening and Treatment	2
C-Card	8
Pregnancy Test	2

Table 6-3 Services commissioned from pharmacies in CDG 3

6.3.3 Summary of pharmaceutical need

- The population of CDG 3 experience lower life expectancy and high levels of ill health compared to the city average, which is likely to require a range of pharmaceutical services.
- The area includes a good selection of pharmacies and services and fair access to public transport allowing residents to reach out of area pharmacies for further choice and access.
- Planned housing developments may increase the population by up to 5%. This may impact on the ability of current services to meet future need.

6.3.4 Recommendation

The pharmaceutical needs of the CDG 3 population are adequately met through current services and no further provision is required.

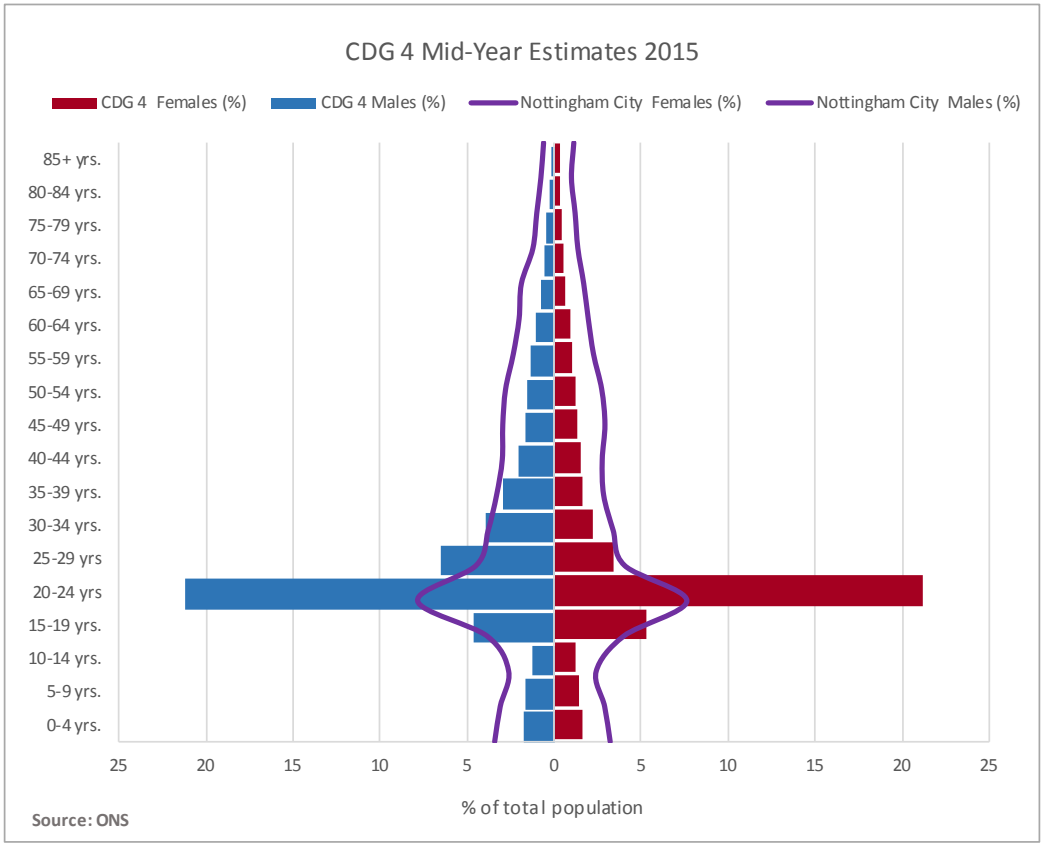
6.4 Care Delivery Group 4 (Arboretum, Radford & Park and Dunkirk & Lenton)

6.4.1 Population and health need

Care Delivery Group 4 (CDG 4) comprises three wards running from the centre of the City to the southwest: Arboretum; Radford and Park; and Dunkirk and Lenton Abbey.

Care Delivery Group 4 has a population of 50,147; 23,250 females and 26,897 males and accounts for 15.7% of the City population. Most (86.5%) of the population are of working age (16-65 years), partly due to the large student population. From housing projections, we expect between 1,649 and 4,123 additional residents (3.3-8.2% of the population) between 2017 and 2022 (See Table 5.1). This is likely to be the lower end of the estimate due to the proximity to the two universities (Purpose Built Student Accommodation tends to be single person units).

There are 30,736 young people aged under 25 living in CDG 4, 61.3% of the population compared to a City average of 40.9%. This is due to the large number of students living in the area. The area has a correspondingly lower than average proportion of children under 5 years; 3.5% compared to City average of 6.6%. There are 2,205 older people aged over 64 years living in CDG 4. This is 4.4% of the CDG population, less than half of the city average of 11.7%. Of these 254 are 85 years or over, again a much smaller proportion than the City average: 0.5% against 1.7%.



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Figure 6-7 Population structure of CDG 4, 2015

At the time of the 2011 census, the area was ethnically diverse with 61% of the population White, 21% Asian ethnicity and 9% Black and 7% mixed. In the over 64 age group (under 5% of the total population), 74% of the population were White; 12% were Asian and 12% Black.

Eleven of the 22 CDG 4 Lower Super Output Areas are in the most deprived quintile (20%) in England. Six of these are in Arboretum (ONS Indices of Multiple Deprivation 2015). 1,125 claimants of Disability Living Allowance live in CDG 4, which is 2.6% of the population aged 16-64, compared to the 6.9% City average. There are 1,000 people aged 65 years and over living alone, 6% of households.

Life expectancy for men in CDG 4 is 73.0 years in Arboretum, 74.4 in Radford and Park and 74.2 years in Dunkirk and Lenton. Female life expectancy is 77.7 years in Arboretum, 80.3 in Radford and Park and 81.9 years in Dunkirk and Lenton. Arboretum ranks worst in the city for male life expectancy and 2nd worst for wards in the City for females. Radford and Park ranks 4th worst for Males and 6th worst for females, whilst Dunkirk and Lenton ranks 2nd worst for men and 14th worst for women. The figures for both men and women in Arboretum and Radford and Park are significantly worse than the England average whilst the Dunkirk and Lenton figures are significantly worse for men but not significantly different for women.

The gap between life expectancy and healthy life expectancy for men in CDG4 is 18.3 years compared to a City average of 18.9 years. For women the CDG4 average is 22.4 years against 22.8 years for the City.

4.4% of the population feel their health is bad or very bad and 6.0% of the population report that their day-to-day activities are limited a lot. For the population over 64 years, 21% feel their health is bad or very bad and 17.0% report their day-to-day activities are limited a lot.

Smoking prevalence is 22.4% compared with the City average of 25.3%. This is the second lowest rate of the eight CDGs. 6.9% of adult residents of CDG 4 are obese or morbidly obese compared to an average of 16.4% for the City as a whole. This is the lowest rate in the City.

The teenage conception rate of 35.3 per 1000 (2012-2014) is slightly lower than the City average of 36.4 conceptions per 1000 women aged 15-17 years and ranks 4th lowest of the eight CDGs. CDG 4 accounts for 7% of all teenage conceptions in the City (36 of 514 conceptions between 2012 and 2014). NOTE: These figures exclude Dunkirk and Lenton as data was not available for this ward due to low numbers.

Summary of population and health need

CDG 4 consists of a predominately-healthy student population, with other residents experiencing lower life expectancy and higher ill health compared to the city average.

6.4.2 Pharmaceutical services and access

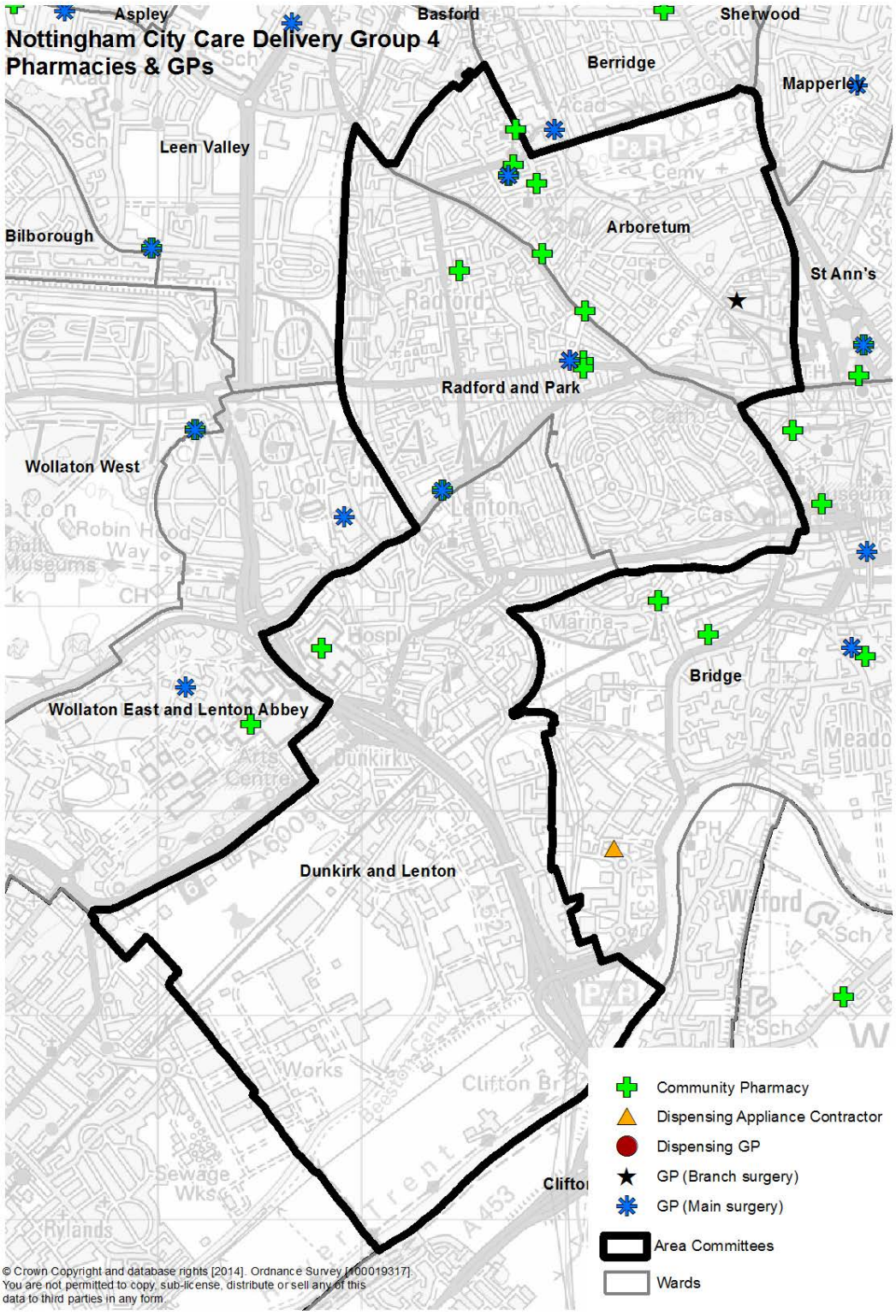


Figure 6-8 Map of pharmacies in CDG 4

Note: Pharmacies located very close to each other may overlap and be hidden on the map

There are 11 pharmacies and nine GP practices in the area including one branch practice. In 2016/17, pharmacies in the CDG 4 area dispensed on average 64,074 items per month. Three pharmacies are open for 100 hours or more per week; eight of the pharmacies are open on Saturday and four on Sunday. The density of pharmacies is 2.2 pharmacies per 10,000 residents, slightly higher than the City average of 2.1 per 10,000 and the England average of 2.1 per 10,000 (see Table 4.1).

Over half of the households (53%) in CDG 4 have no access to a car or van compared to 26% nationally and 44% in Nottingham City. However, the area is well served by public transport including bus and tram routes to the QMC, city centre and Beeston in the county. A large part of the Dunkirk and Lenton ward consists of retail parks and industrial units.

Services	CDG 4
Number of Pharmacies	11
100 Hours	3
ADVANCED	
Medicines Use Review	10
New Medicines Service	7
Influenza vaccination	9
Urgent Medicine Supply (NUMSAS)	3
Stoma Customisation	1
LOCALLY COMMISSIONED - NHS ENGLAND	
Pharmacy First	9
Palliative Care Drug Stockist Scheme	1
Emergency Supply Services	8
Out of hours rota	3
LOCALLY COMMISSIONED - NOTTINGHAM CITY COUNCIL	
Needle Exchange	2
Supervised Consumption	9
Emergency Hormonal Contraception	10
Chlamydia Treatment	10
Chlamydia Screening and Treatment	5
C-Card	11
Pregnancy Test	5

Table 6-4 Services commissioned from pharmacies in CDG 4

6.4.3 Summary of pharmaceutical need

- The population of CDG 4 experience lower life expectancy and higher levels of ill health compared to the city average.
- The area includes a good selection of pharmacies and services and there are good public transport routes allowing residents to reach out of area pharmacies for further choice and access.

6.4.4 Recommendation

The pharmaceutical needs of the CDG 4 population are adequately met through current services and no further provision is required.

6.5 Care Delivery Group 5 (Berridge and Sherwood wards)

6.5.1 Population and health need

Care Delivery Group 5 (CDG 5) comprises two wards to the centre and east of the City: Berridge and Sherwood.

CDG 5 has a population of 35,200, 17,421 females and 17,779 males and accounts for 11% of the City population. Almost two-thirds (64.5%) of the population are of working age (16-65 years), slightly less than the City average of 69.9%. From housing projections we expect between 306 and 765 new residents (0.9-2.2% of the population) between 2017 and 2022 (See Table 5.1).

CDG 5 has a lower proportion of young people aged under 25 than the City average (33.8% against 40.9%); suggesting that there are relatively few students in the area. The area has a slightly higher proportion of children under 5 years; 7.5% compared to City average of 6.6%. There are 3,712 older people (over 64 years) living in CDG 5, this is 10.5% of the population, compared to a City average of 11.7%. Of these 576 are 85 years or over, very similar to the City average, 1.6% against 1.7%.

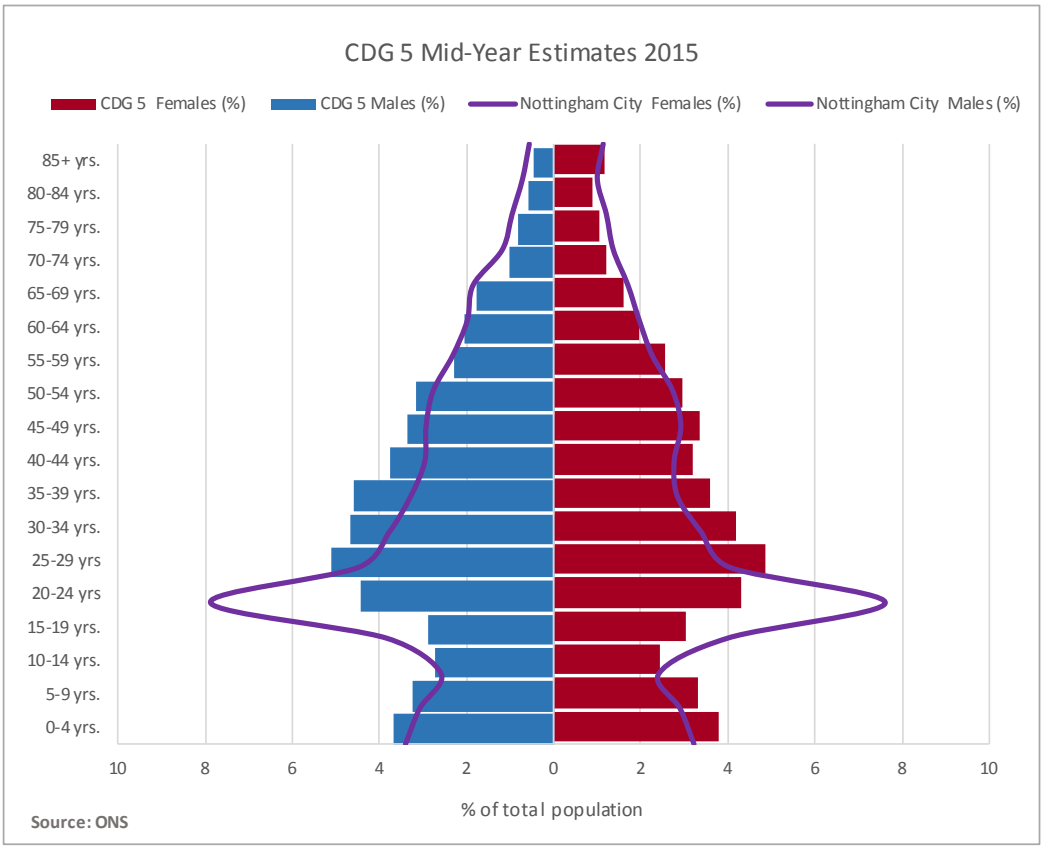


Figure 6-9 Population structure of CDG 5, 2015

The area is ethnically diverse: at the time of the 2011 census 67% of the population were white; 18% Asian and 7% Black with a further 6% of mixed ethnicity. In the over 64 age group, 85% of the population were White, 6% Black and 8% Asian. This suggests that the BME groups are relatively young.

Twelve of the 21 CDG 5 Lower Super Output Areas (57%) are in the most deprived quintile (20%) in England. There are 1,364 people aged 65 years and over living alone, 9.6% of households.

Life expectancy for men in CDG 5 is 77.2 years in Berridge and 76.7 years in Sherwood. Female life expectancy is 81.1 years in Berridge and 83.1 years in Sherwood. Berridge ranks 13th and 11th lowest life expectancy for wards in the City for males and females respectively, whereas Sherwood ranks 11th and 19th (2nd highest) for males and females respectively. The figures for both men and women in Berridge are not significantly different than the England average whilst the Sherwood figures are significantly worse for men but not significantly different for women.

The gap between Life Expectancy and Healthy Life Expectancy for men in CDG 5 is 18.2 years compared to a City average of 18.9 years. For women the CDG 5 average is 22.9 years against 22.8 years for the City.

5.6% of the population feel their health is bad or very bad and 8.4% of the population report that their day-to-day activities are limited a lot. For the population over 64 years, 19.2% feel their health is bad or very bad and 15.9% report their day-to-day activities are limited a lot. 1,480 claimants of Disability Living Allowance live in CDG 5, which is 6.1% of the population aged 16-64, compared to the 6.9% City average.

Smoking prevalence is 25.2% compared with the City average of 25.3% and is the 3rd lowest rate in the City. 15.8% of adult residents of CDG 5 are obese or morbidly obese compared to an average of 16.4% for the City as a whole.

The teenage conception rate of 34.8 per 1000 (2012-2014) is lower than the City average of 36.4 conceptions per 1000 women aged 15-17 years and ranks 3rd lowest of the 8 CDGs. Area 5 accounts for 11.3% of all teenage conceptions in the City with 58 of 514 conceptions between 2012 and 2014.

Summary of population and health need

CDG 5 consists of a mixed age population, with few students and more under 5s compared to the city average. It is a relatively affluent area and this translates to a relatively healthy population, in line with the city average.

6.5.2 Pharmaceutical services and access

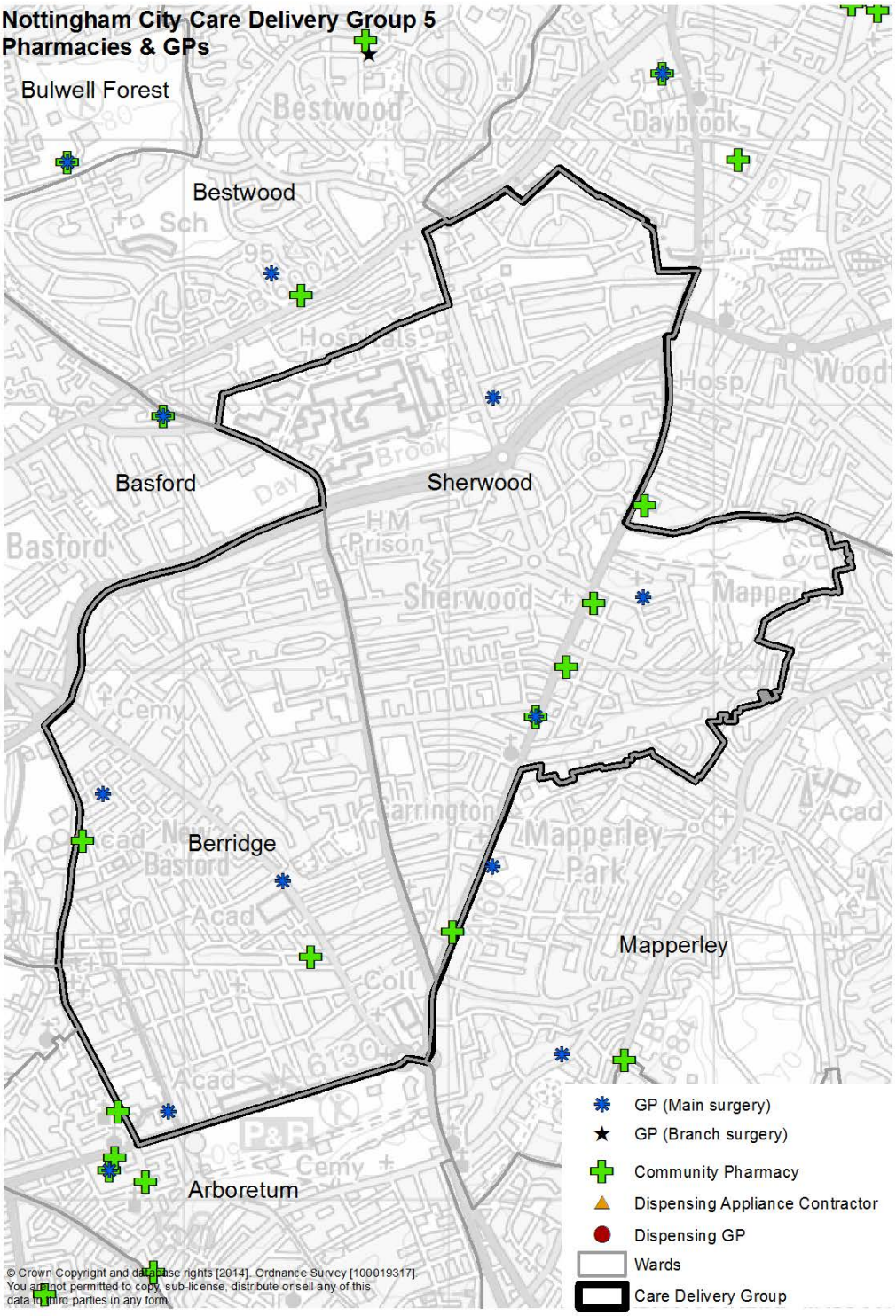


Figure 6-10 Map of pharmacies in CDG 5

Note: Pharmacies located very close to each other may overlap and be hidden on the map

There are seven pharmacies and seven GP practices in the area. The Continence Prescription Service is based at Sherwood Rise Health Centre. In 2016/17, pharmacies in the CDG 5 area dispensed on average 39,609 items per month. One pharmacy is open for 100 hours per week; five of the pharmacies are open on Saturday and one on Sunday. The density of pharmacies is 2.0 pharmacies per 10,000 residents, slightly below the City and England average of 2.1 per 10,000 (see Table 3.1).

Over a third of the households (39.5%) in CDG 5 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City. The area has good public transport routes, enabling easy access to the city centre and Arnold in the county.

Services	CDG 5
Number of Pharmacies	7
100 Hours	1
ADVANCED	
Medicines Use Review	6
New Medicines Service	5
Influenza vaccination	4
Urgent Medicine Supply (NUMSAS)	1
Stoma Customisation	1
LOCALLY COMMISSIONED - NHS ENGLAND	
Pharmacy First	7
Palliative Care Drug Stockist Scheme	2
Emergency Supply Services	6
Out of hours rota	1
LOCALLY COMMISSIONED - NOTTINGHAM CITY COUNCIL	
Needle Exchange	0
Supervised Consumption	5
Emergency Hormonal Contraception	4
Chlamydia Treatment	4
Chlamydia Screening and Treatment	3
C-Card	5
Pregnancy Test	4

Table 6-5 Services commissioned from pharmacies in CDG 5

6.5.3 Summary of pharmaceutical need

- The population of CDG 5 experience life expectancy and levels of ill health similar to the city average.
- The area includes a good selection of pharmacies and services, car ownership is high and there is good public transport allowing residents to reach out of area pharmacies.

6.5.4 Recommendation

The pharmaceutical needs of the CDG 5 population are adequately met through current services and no further provision is required.

6.6 Care Delivery Group 6 (Dales, Mapperley and St Ann's)

6.6.1 Population and heath need

Care Delivery Group 6 (CDG 6) comprises three wards to the east of the City: Dales, Mapperley and St Ann's.

CDG 6 has a population of 53,610, 25,947 females and 27,663 males and accounts for 16.8% of the City population. It is the most populated of the eight CDGs. Over two thirds (71.4%) of the population are of working age (16-65 years). From housing projections, we expect between 1368 and 3420 new residents (2.6-6.4% of the population) between 2017 and 2022 (See Table 5.1).

The area has a similar proportion of young people aged under 25 (38.5%) to the City (40.9%). This is also the case for children under 5 years: 7.0% compared to City average of 6.6%. There are 5,680 people aged over 64, this is 10.6% of the CDG population as against 11.7% City average. Of these, 757 are aged over 84, 1.4% compared to a City average of 1.7%.

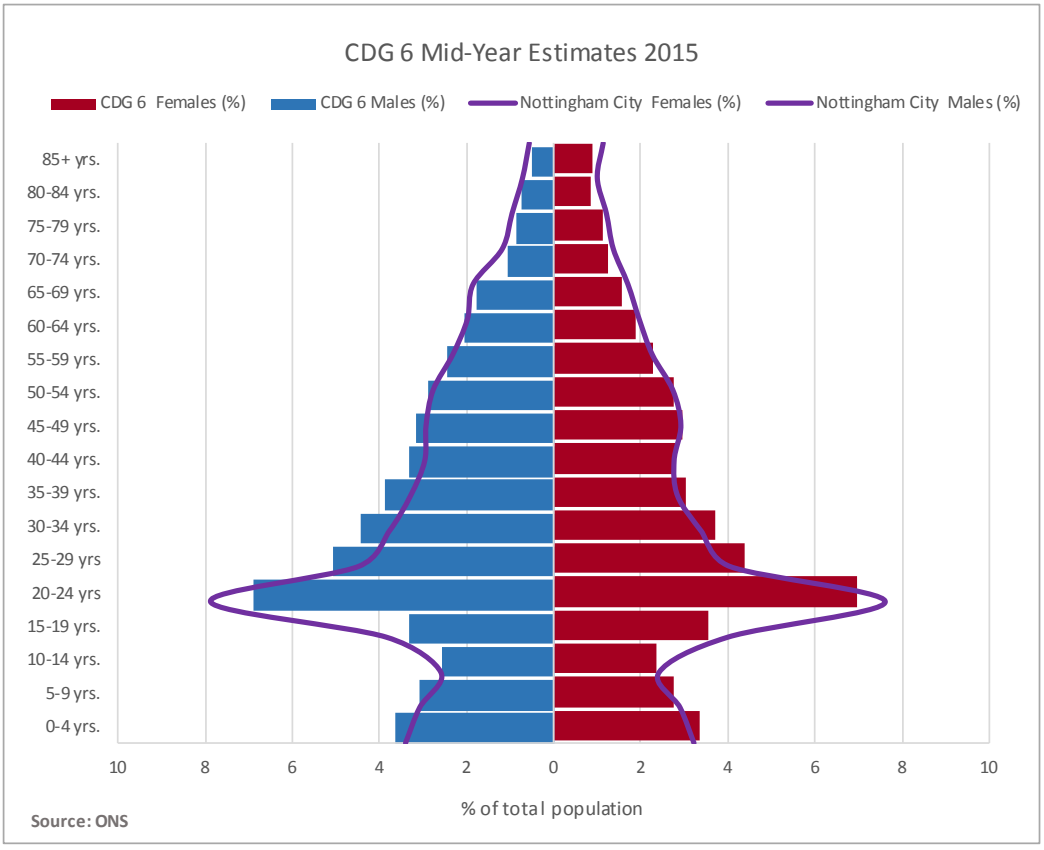


Figure 6-11 Population structure of CDG 6

CDG 6 is very ethnically diverse; at the time of the 2011 census 65% of the population were white; 15% Asian and 10% Black. In the over 64 age group, 86% of the population were White, 8% Black and 5% Asian. This suggests that the Black population is ageing but the Asian population is relatively young.

Nineteen of the 30 Area 6 Lower Super Output Areas (LSOAs) are in the most deprived quintile (20%) in England, making CDG 6 relatively deprived compared to the rest of the City. 11 of the 13 LSOAs in St Ann's are in the most deprived national quintile. There are 2,056 people aged 65 years and over living alone, 9% of households.

Life expectancy for men in CDG 6 is 77.1 years in Dales, 76.4 in Mapperley and 74.5 years in St Ann's. Female life expectancy is 82.6 years in Dales, 80.9 in Mapperley and 80.3 years in St Ann's. Dales ranks 12th and 18th lowest life expectancy for wards in the City for males and females respectively. Mapperley ranks 10th lowest for both males and females, whilst St. Ann's ranks 5th lowest for men and 7th lowest for women. The figures for both men and women in Mapperley and St Ann's are significantly worse than the England average whilst the Dales figures are significantly worse for men but not significantly different for women.

The gap between Life Expectancy and Healthy Life Expectancy for men in CDG 6 is 20.4 years compared to a City average of 18.9 years. For women the CDG 6 average is 24.8 years against 22.8 years for the City.

6.8% of the population feel their health is bad or very bad and 9.5% of the population report that their day to day activities are limited a lot. For the population over 64 years, 20.6% feel their health is bad or very bad and 12.3% report their day to day activities are limited a lot. 2,675 claimants of Disability Living Allowance live in CDG 6 which is 7.1% of the population aged 16-64, compared to the 6.9% City average.

The teenage conception rate of 37.1 per 1000 (2012-2014) is similar to the City average of 36.4 conceptions per 1000 women aged 15-17 years. CDG 6 accounts for 18% of all teenage conceptions in the City, 93 of 514 conceptions between 2012 and 2014.

Summary of population and health need

CDG 6 has a similar age breakdown to that of the City overall yet is more densely populated compared to others. There is an ageing Black population and a relatively young Asian population. The population is less healthy compared to the City average, particularly in St Ann's.

6.6.2 Pharmaceutical services and access

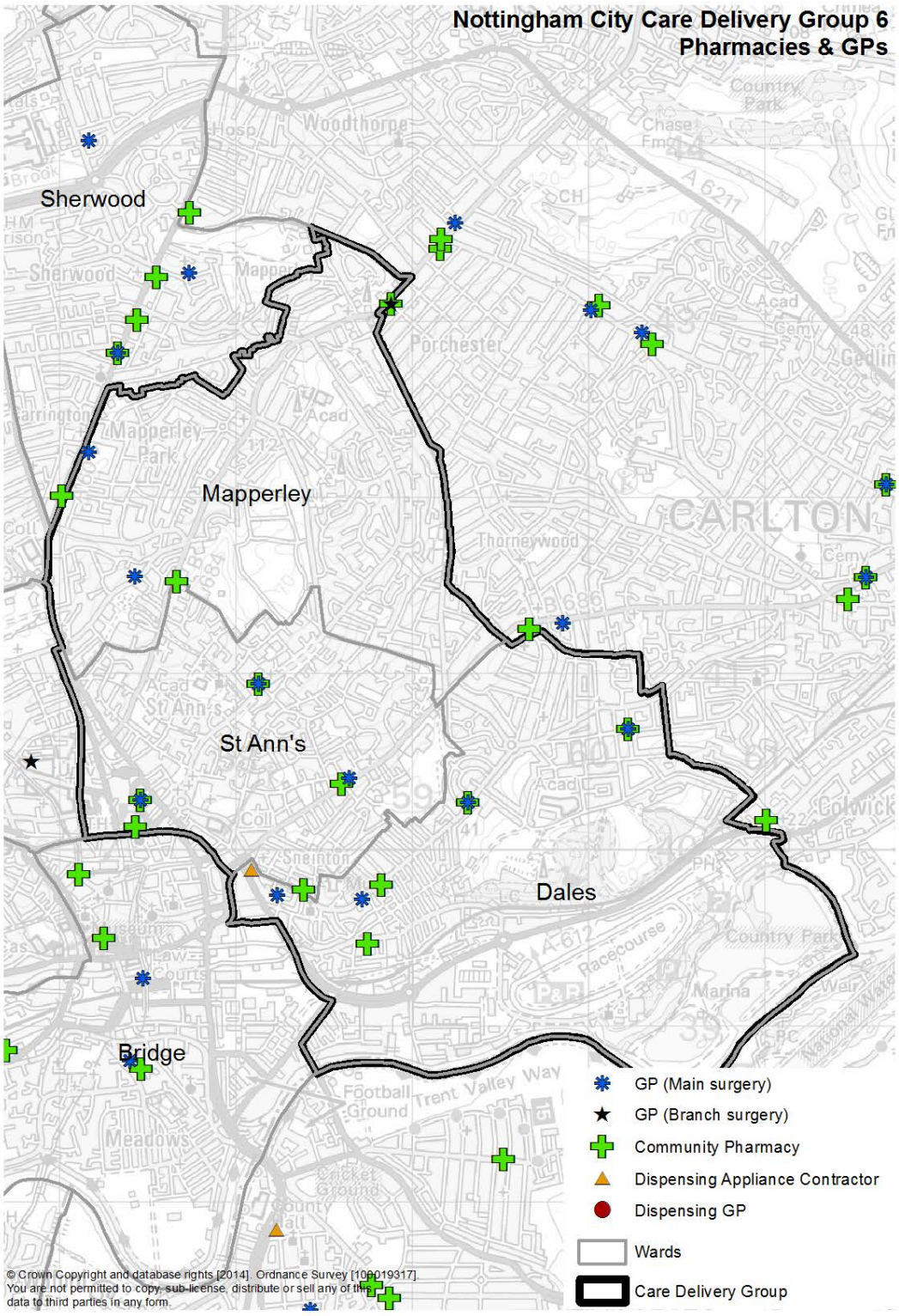


Figure 6-12 Map of pharmacies in CDG 6

Note: Pharmacies located very close to each other may overlap and be hidden on the map

There are 11 pharmacies and 9 GP practices in the area. One of the Dispensing Appliance Contractors and one of the Distance Selling Pharmacies in Nottingham city is located within the CDG. In 2016/17, pharmacies in the CDG 6 area dispensed on average 65,424 items per month. There are 8 pharmacies open on Saturdays, one open on Sundays and no 100 hour pharmacies in this CDG. 100 hour pharmacies are available in the neighbouring CDGs. There are 2.1 pharmacies per 10,000 population, same as both the City and England average of 2.1 per 10,000 (See Table 3.1). All areas of the CDG are within 1.5km of a pharmacy.

Half of the households (49.8%) in CDG 6 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City. The area is well served by public transport meaning that pharmacies in the City Centre, Sherwood plus Arnold and Carlton in the county are easily accessible to this population offering further choice and access.

Services	CDG 6
Number of Pharmacies	11
100 Hours	0
ADVANCED	
Medicines Use Review	9
New Medicines Service	8
Influenza vaccination	5
Urgent Medicine Supply (NUMSAS)	1
Stoma Customisation	1
LOCALLY COMMISSIONED NHS ENGLAND	
Pharmacy First	10
Palliative Care Drug Stockist Scheme	2
Emergency Supply Services	7
Out of hours rota	2
LOCALLY COMMISSIONED NOTTINGHAM CITY COUNCIL	
Needle Exchange	2
Supervised Consumption	8
Emergency Hormonal Contraception	6
Chlamydia Treatment	6
Chlamydia Screening and Treatment	2
C-Card	8
Pregnancy Test	5

Table 6-6 Services commissioned from pharmacies in CDG 6

6.6.3 Summary of pharmaceutical need

- The population of CDG 6 is diverse, ranging from high levels of deprivation in St Ann's to relative affluence in Mapperley. The health of the population broadly reflects this diversity.
- The area includes a good selection of pharmacies and services and there is good access to public transport allowing residents to reach out of area pharmacies.

6.6.4 Recommendation

The pharmaceutical needs of the CDG 6 population are adequately met through current services and no further provision is required.

6.7 Care Delivery Group 7 (Wollaton East & Lenton Abbey and Wollaton West)

6.7.1 Population and health need

Care Delivery Group 7 (CDG 7) comprises two wards to the west of the City: Wollaton East & Lenton Abbey (WELA) and Wollaton West.

As the smallest of the CDGs, CDG 7 has a population of 25,582; comprising 12,383 females and 13,199 males and accounts for 8% of the City population. Over two thirds (70.8%) of the population are of working age (16-65 years), similar to the City average of 69.9%. From housing projections we expect between 122 and 305 new residents (0.5-1.2% of the population) between 2017 and 2022 (See Table 5.1).

44.9% of the population of Area 7 is aged under 25, which is higher than the City average of 40.9%. The percentage of under 5's (5.1%) is considerably less than the City average of 6.6%. There are 3,828 people aged over 64 (15.0%), much higher than the City average of 11.7%, 641 of these are aged over 84, 2.5% of the area population against the City average of 1.7%.

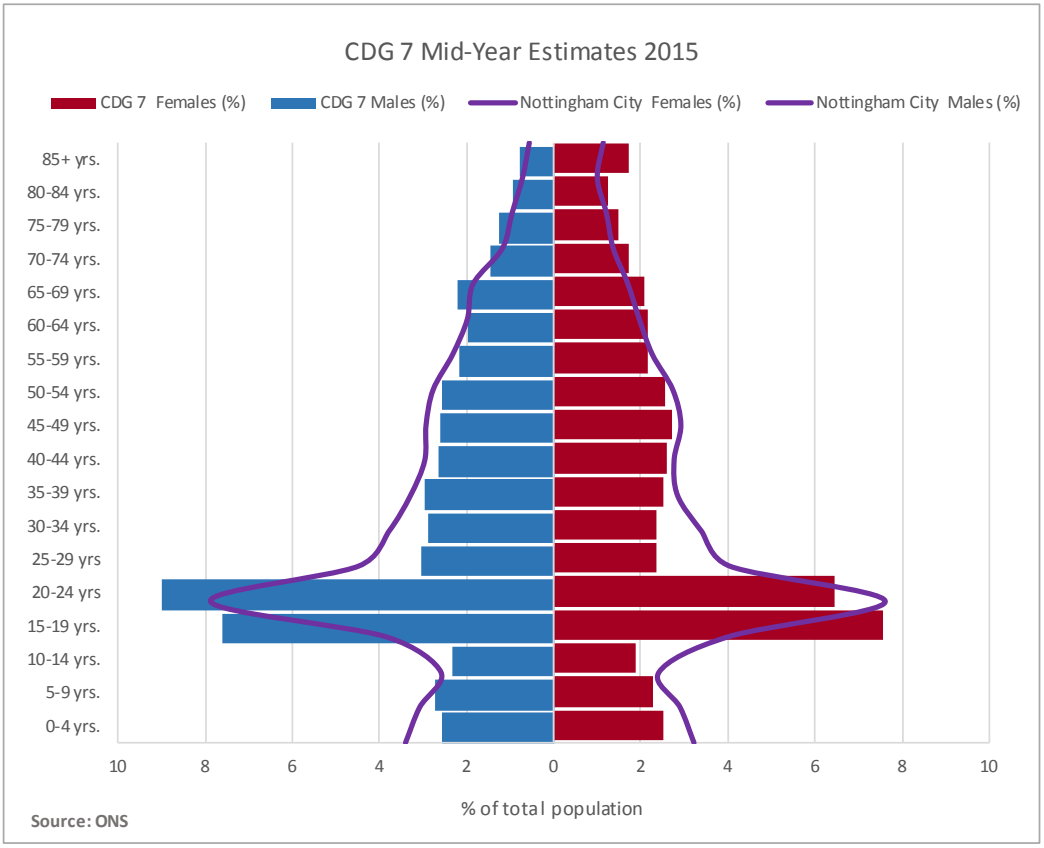


Figure 6-13 Population structure of CDG 7, 2015

At the time of the 2011 census the area had a large Asian population, making up 20% of the total; 71% of the population were White and 3.4% are of Black African or Caribbean ethnicity. In the over 64 years age group, 92% of the population were White and 5.5% Asian.

Only one of the 13 Lower Super Output Areas in CDG 7 are in the most deprived quintile (20%) in England, making CDG 7 the most affluent area in the City. There are 1,216 people aged 65 years and over living alone, 15% of households.

Life expectancy for men in Area 7 is 78.0 years in Wollaton East & Lenton Abbey and 82.1 years in Wollaton West. Female life expectancy is 82.4 years in Wollaton East & Lenton Abbey and 87.4 years in Wollaton West. Wollaton East & Lenton Abbey ranks 5th and 4th highest life expectancy for wards in the City for males and females respectively. Wollaton West has the highest life expectancy in both males and females. The figures for both men and women in Wollaton East & Lenton Abbey are not significantly different from the England average whilst the Wollaton West figures are significantly better than England for both men and women.

The gap between Life Expectancy and Healthy Life Expectancy for men in CDG 7 is 16.0 years compared to a City average of 18.9 years. For women the CDG 7 average is 20.1 years against 22.8 years for the City.

5.3% of the population feel their health is bad or very bad 5 and 6.7% of the population report that their day-to-day activities are limited a lot. For the population over 64 years, 13.9% feel their health is bad or very bad and 16.5% report their day to day activities are limited a lot. 770 claimants of Disability Living Allowance live in CDG 7, which is 4.3% of the population aged 16-64, compared to the 6.9% City average.

Smoking prevalence is 13.5%, much lower than the City average of 25.3% and is the lowest of all eight CDGs. 11.2% of adult residents of CDG 7 are obese or morbidly obese compared to an average of 16.4% for the City as a whole.

The teenage conception rate of 8.3 per 1000 (2012-2014) is the lowest of the 8 CDGs. CDG 7 accounts for 1.2% of all teenage conceptions in the City (6 of 514 conceptions between 2012 and 2014). NOTE: These figures do not include Wollaton East and Lenton Abbey as no data was available for this ward due to low numbers.

Summary of population and health need

CDG 7 consists of a mixture of working age adults, with school age children, older adults and some students. It is a relatively affluent area and this translates to a healthy population compared to the city average.

6.7.2 Pharmaceutical services and access

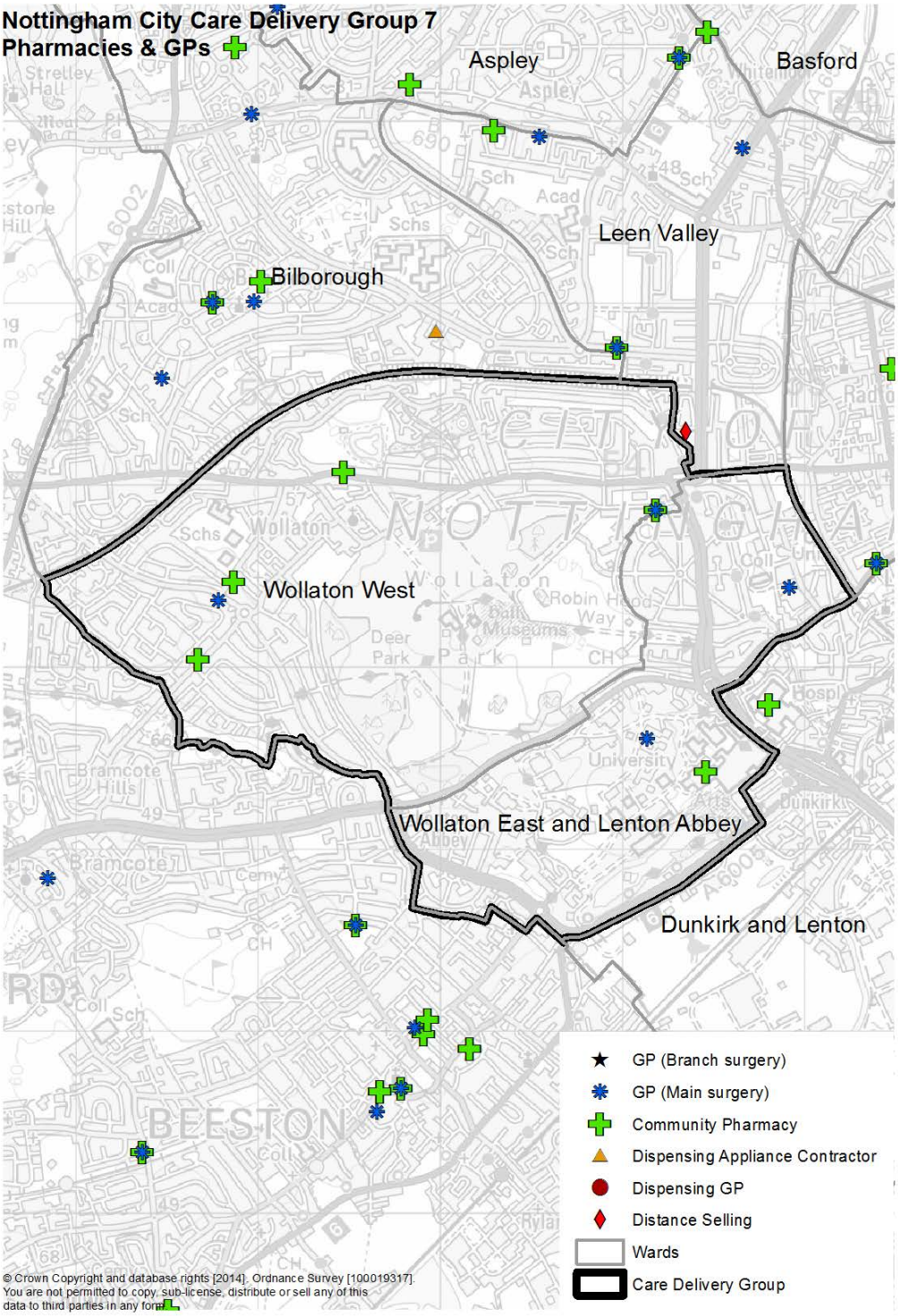


Figure 6-14 Map of pharmacies in CDG 7

Note: Pharmacies and GP Practices located very close to each other may overlap and be hidden on the map

There are 5 pharmacies and 4 GP practices in the area. In 2016/17, pharmacies in the CDG 7 area dispensed on average 29,409 items per month. Two pharmacies are open on Saturday; none open on Sunday. There are three 100-hour pharmacies in the neighbouring CDG 4. Table 5.7 shows the range of services commissioned in CDG 7. The density of pharmaceutical services per 10, 000 population is 2.0, almost identical to the city and national average.

Car ownership is high and the area is well served by public transport, enabling easy access into the city and neighbouring areas in the county, such as Beeston, which has several pharmacies.

Services	CDG 7
Number of Pharmacies	5
100 Hours	0
ADVANCED	
Medicines Use Review	5
New Medicines Service	5
Influenza vaccination	5
Urgent Medicine Supply (NUMSAS)	1
Stoma Customisation	2
LOCALLY COMMISSIONED - NHS ENGLAND	
Pharmacy First	4
Palliative Care Drug Stockist Scheme	0
Emergency Supply Services	5
Out of hours rota	1
LOCALLY COMMISSIONED NOTTINGHAM CITY COUNCIL	
Needle Exchange	0
Supervised Consumption	3
Emergency Hormonal Contraception	3
Chlamydia Treatment	3
Chlamydia Screening and Treatment	1
C-Card	5
Pregnancy Test	2

Table 6-7 Services commissioned from pharmacies in CDG 7

6.7.3 Summary of pharmaceutical need

- The population of CDG 7 experience high life expectancy and low levels of ill health compared to the city average.

- The area includes a good selection of pharmacies and services and car ownership is high allowing residents to reach out of area pharmacies.

6.7.4 Recommendation

The pharmaceutical needs of the CDG 7 population are adequately met through current services and no further provision is required.

6.8 Care Delivery Group 8 (Bridge, Clifton North and Clifton South)

6.8.1 Population and health need

Care Delivery Group 8 (CDG 8) comprises three wards to the south of the City: Bridge, Clifton North and Clifton South. Bridge ward covers the part of the City Centre.

CDG 8 has a population of 43,941; 21,552 females and 22,398 males and accounts for 13.8% of the City population. Over two thirds (70.9%) of the population are of working age (16-65 years), similar to the City average of 69.9%1. From housing projections, we expect between 1939 to 4848 new residents (4.4 – 11% of the population) between 2017 and 2022 (See Table 5.1). This is likely to be the lower end of the estimate due to the proximity of several university campuses (Purpose Built Student Accommodation tends to be single person units).

CDG 8 has 37.1% of the population aged under 25 compared to a City average of 40.9%. 6.0% of the population are aged under 5, slightly less than the City average of 6.6%. There are 5,844 people aged over 64 (13.3%, against 11.7% for the City). Of these, 1110 are aged over 84, the joint highest rate for the City at 2.5% against an average of 1.7%. 20.5% of all the over 84's in the City live in CDG 8.

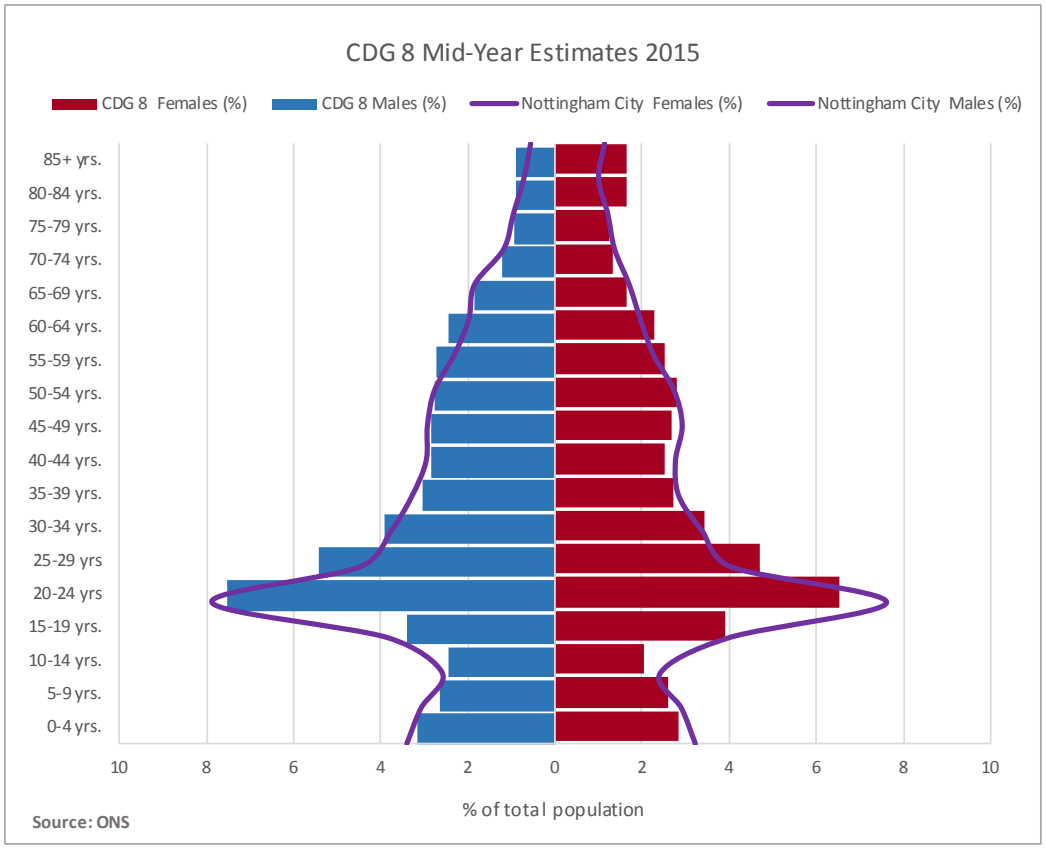


Figure 6-15. Population structure of CDG 8, 2015

At the time of the 2011 Census, 80.3% of the population were White, 9.1% of Asian ethnicity and 4.5% of Black African or Caribbean ethnicity. In the over 64 age group, 95% of the population were White.

Sixteen of the 28 Area 8 Lower Super Output Areas are in the most deprived quintile (20%) in England. There are 2,424 people aged 65 years and over living alone, comprising 13% of households.

Life expectancy for men in Area 8 is 75.9 years in Bridge, 80.2 years in Clifton North and 78.1 years in Clifton South. Female life expectancy is 78.9 years in Bridge, 82.2 years in Clifton North and 81.5 years in Clifton South. Bridge ranks 8th and 4th lowest life expectancy for wards in the City for males and females respectively. Clifton North ranks 3rd highest for males and 5th highest for females, whilst Clifton South ranks 4th highest for men and 9th highest for women. The figures for both men and women in Bridge are significantly worse than the England average whilst the Clifton North figures are not significantly different and the Clifton South figures are significantly better for both men and women.

The gap between Life Expectancy and Healthy Life Expectancy for men in CDG 8 is 18.3 years compared to a City average of 18.9 years. For women the CDG 8 average is 21.6 years against 22.8 years for the City.

6.8% of the population feel their health is bad or very bad and 8.3% of the population report that their day-to-day activities are limited a lot. For the population over 64 years, 20.5% feel their health is bad or very bad and 16.9% report their day to day activities are limited a lot. 2,060 claimants of Disability Living Allowance live in CDG 8, which is 4.8% of the population aged 16-64, similar to the City average of 6.9%.

Smoking prevalence is 26.2% compared with the City average of 25.3%. 19.1% of adult residents of CDG 8 are obese or morbidly obese compared to an average of 16.4% for the City as a whole.

The teenage conception rate of 29.9 per 1000 (2012-2014) is lower than the City average of 36.4 conceptions per 1000 women aged 15-17 years and ranks 2nd lowest of the eight CDGs. CDG 8 accounts for 11.9% of all teenage conceptions in the City, 61 of 514 conceptions between 2012 and 2014.

Summary of population and health need

CDG 8 has average levels of health overall and a comparatively older population, compared to the city average. However, the Meadows area of Bridge ward is a less affluent area, translated into a less healthy population compared to the city average.

6.8.2 Pharmaceutical services and access

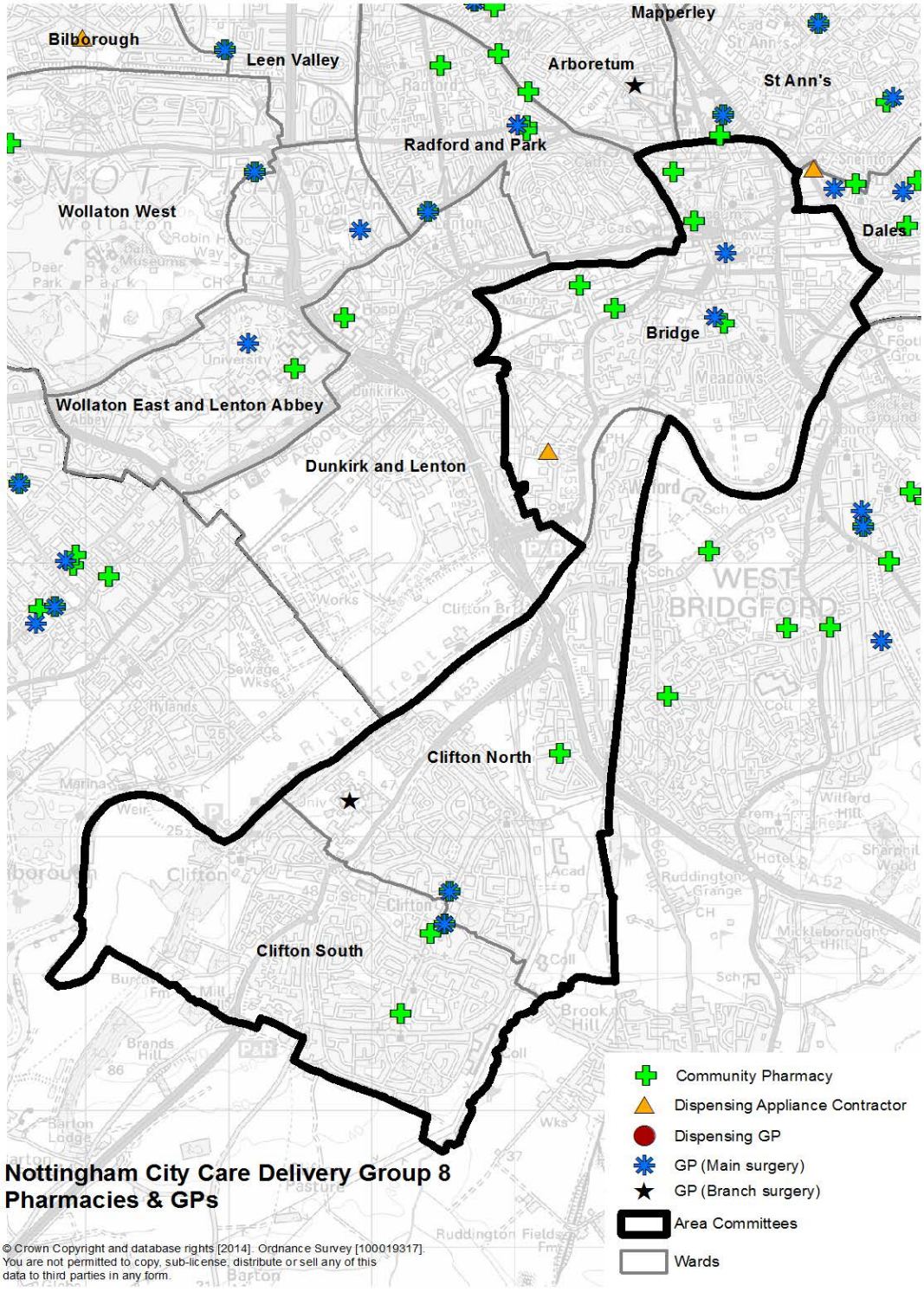


Figure 6-16 Map of pharmacies in CDG 8

Note: Pharmacies located very close to each other may overlap and be hidden on the map

There are 10 pharmacies and 8 GP practices in CDG 8 including one branch practice. One of the City Dispensing Appliance Contractors is located within the area. The Walk in Centre and the Nottingham Homeless team at the Health Shop are located in Bridge ward, as is the GP Out of Hours' Services (delivered by Nottingham Emergency Medical Service (NEMS) near the railway station). In 2016/17, pharmacies in the CDG 8 area dispensed 61,453 items per month. Two pharmacies are open for 100 hours or more per week; eight of the pharmacies are open on Saturday and three on Sunday. There are 2.3 pharmacies per 10,000 population, higher than the City and England average of 2.1 per 10,000. All areas of the CDG are within 1km of a pharmacy and there are two 100 hour pharmacies.

Almost half of the households (44%) in CDG 8 have no access to a car or van compared to 26% nationally and 44% in Nottingham City. However, access to public transport, including the tram, means City Centre and Clifton pharmacies are easily accessible to this population.

Services	CDG 8
Number of Pharmacies	10
100 Hours	2
ADVANCED	
Medicines Use Review	10
New Medicines Service	9
Influenza vaccination	8
Urgent Medicine Supply (NUMSAS)	2
Stoma Customisation	0
LOCALLY COMMISSIONED - NHS ENGLAND	
Pharmacy First	10
Palliative Care Drug Stockist Scheme	2
Emergency Supply Services	8
Out of hours rota	1
LOCALLY COMMISSIONED - NOTTINGHAM CITY COUNCIL	
Needle Exchange	3
Supervised Consumption	7
Emergency Hormonal Contraception	5
Chlamydia Treatment	5
Chlamydia Screening and Treatment	0
C-Card	7
Pregnancy Test	3

Table 6-8 Services commissioned from pharmacies in CDG 8

6.8.3 Summary of pharmaceutical need

- The population of CDG 8 experience levels of health similar to the Nottingham City average.
- The area includes a good selection of pharmacies and services. Car ownership is in line with the City overall and access to public transport is good.
- Planned housing developments may increase the population by up to 11%. If all these developments are to be realised it may impact on the ability of current services to meet future need.

6.8.4 Recommendation

The pharmaceutical needs of the CDG 8 population are adequately met through current services and no further provision is required.

7 Summary and gap analysis

7.1 Population need & health need

Nottingham has a population of 320,000 people and is expected to increase by 9% by 2024. The city has a very high proportion of young adults, in part influenced by the two universities and 1 in 8 of the population are full-time university students.

Despite Nottingham's young age structure, the health of people in the city is generally worse than the England average. Nottingham City is one of the 20% most deprived local authorities in England and life expectancy for both men and women is lower than the England average. Significant health inequalities exist across the city with higher levels of ill health in large parts of the city with small pockets of higher life expectancy in the more affluent areas. Low life expectancy and lower healthy life expectancy is underpinned by higher levels of long-term conditions such as diabetes and cardiovascular disease. The number of people aged 65 and over in Nottingham City is projected to increase from 38,000 in 2017 to 42,000 in 2023 (an increase of 10.5%).

Due to the increase in frail elderly and high levels of long-term limiting illness or disability in the population, the demand for pharmacy services is likely to remain relatively high.

7.2 Services

The population of Nottingham City is served by 68 community pharmacies, including two distance selling pharmacies, plus three dispensing appliance contractors. These provide a range of services generally designed to support people with acute or long term medical conditions. There are, on average, two community pharmacies per 10,000 population. Due to the urban location and good transport links, the majority of the population have good access to a number of different pharmacies. In addition, the City population may access pharmaceutical services in Nottinghamshire County, especially those living or working near the border.

The PNA has not identified any significant gaps in essential pharmaceutical services for the population. Access is good and there is a good spread of pharmacies with extended opening hours in the evening and at weekends. Community pharmacies within Nottingham City also provide a good range of additional services that correspond to local health needs, for example sexual health services and medicines use review.

7.3 Consultation

A formal 60 day consultation exercise was undertaken to obtain the views of a range of stakeholders, as stated in the pharmacy regulations. The steering group also agreed to consult the local Clinical Commissioning Groups (CCGs) and GP practices. Responses from the public were also invited. The consultation was placed on the Engage Nottingham Hub.

The process attracted 30 submissions (28 online and 2 email responses were received) and generated response from the following:

- The Local Pharmaceutical Committee (LPC)
- The Local Medical Committee (LMC)
- General Practitioners (GPs)
- Pharmacies

- Members of the public

On the whole responses were positive, with the majority agreeing that the information provided was sufficient to assess pharmaceutical need and that the recommendations were appropriate. Analysis of comments identified a number of themes, namely housing, information, and services. A full Consultation Summary Report may be found in Appendix 3.

7.4 Opportunities

The high levels of demand on current health services continue to pose a significant pressure across the health and social care system, and work is being progressed to transform and integrate services to tackle the problem. Given the high priority in the Nottingham and Nottinghamshire Strategic Transformation Plan on reducing demand for urgent care and reducing hospital admissions, the extension of pharmacy-based services could have a major part to play in achieving the reduction.

Community pharmacies also provide an opportunity to make better use of the skills and experience of this workforce to contribute to improvements in health and wellbeing. This is highlighted in the Five Year Forward View.[40]

7.5 Recommendations

- Analysis of current health needs by CDG area indicate that the pharmaceutical needs of each of these populations are adequately met through current services and no further provision is recommended at this time.
- Commissioners of services may wish to explore new delivery models to utilise this resource of pharmacy-based services, alongside raising awareness of existing services through advertising. Decisions regarding the commissioning of new services would need to be considered subject to further research into need, acceptability, clear evidence of benefit, value for money and improved health outcomes.
- Recent changes in funding models and other structural changes may result in the need to refresh the PNA in advance of its three year cycle. The implications of these changes are not fully realised, for example if several community pharmacies were to close in an area. The PNA steering group agreed to meet in the summer of 2018 to assess whether the PNA remains fit for purpose and to consider triggers to escalate issues to respective Health and Wellbeing Boards.

[40] Five Year Forward View, (2014), NHS England.