Nottingham City Pharmaceutical Needs Assessment 2015

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Nottingham City Pharmacy Needs Assessment 2015

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.

The PNA became the responsibility of the council following the Health and Social Care Act in 2012 and replaces the previous PNA published by Nottingham City Primary Care Trust in 2010. Commissioners will use the PNA for commissioning of new services within community pharmacies and NHS England will use the PNA as the basis for informing decisions when applications for new pharmacies are received.

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 Local Area Committee areas (LACs) for the purpose of reviewing health needs and service provision at local level.

Pharmaceutical services are provided by Community Pharmacies, Dispensing GP Practices and Dispensing Appliance Contractors. The Nottingham City has 67 Community Pharmacies one of which is a Distance Selling Pharmacy and 2 Dispensing Appliance Contractors (DACs). 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 such as medicines reviews and smoking cessation.

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

- Population demographics: age, deprivation and health needs
- Public survey of pharmacy 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 public 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 increase the local population beyond current capacity.

The PNA will be reviewed in 2018 unless there are significant changes to local need or provision.

2. Introduction

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 PCTs, is the development and updating of Pharmaceutical Needs Assessments (PNAs). This PNA replaces the NHS Nottingham City PNA published in 2010. 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.

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

- 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 must generally 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;

- It outlines 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

[1]Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

- 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

2.1 Wider context

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 Health and Wellbeing Boards (HWBs) in relation to Joint Strategic Needs Assessments (JSNAs). The aim of the JSNA is to describe the health and wellbeing needs of the local community and to support the reduction of inequalities. They are not an end in themselves, but a continuous process of strategic assessment of 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 children and young people's and families' plan, the local housing plan 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 local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).

2.2 PNA development in Nottingham City Council

The Director of Public Health is the HWB member accountable for the development of the Nottingham City Pharmacy Needs Assessment. Nottingham City and Nottinghamshire County public health teams worked closely on the development of their 2 respective PNAs to ensure consistency of approach and to make effective use of scarce resources (Appendix 1a).

A working group was established to produce the document under the guidance of the steering group. The steering group was chaired by the Associate Director of Public Health (Nottinghamshire County) and had further representation from Nottinghamshire Local Pharmaceutical Committee, NHS England (Derbyshire & Nottinghamshire Area Team), NHS England (South Yorkshire and Bassetlaw Area 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 1b).

The steering group met at least every 2 months. 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 (Appendix 3), a public survey on current service provision (Appendix 4) to understand public perception of pharmaceutical provision / services and the formal consultation on the draft PNA (Appendix 5). The responses to the formal consultation were considered in the overall assessment of need. A full report on responses is available on Nottingham City Council website.

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.

In accordance with the Regulations, the HWB, as a minimum, must publish a statement of its revised assessment within 3 years of the publication of this document in April 2015. In addition, the HWB will make a new assessment of pharmaceutical need as soon as is reasonably practicable sooner than this, should it identify any 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 Authority's view, the changes are so substantial that the publication of a new assessment is a proportionate response.

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 City Council website at http://www.nottinghaminsight.org.uk/insight/partnerships/public-health/PNA-profiles.aspx.

An Equality Impact Assessment was carried out in order to determine whether all relevant population groups had been considered in the health needs assessment (Appendix 6).

The Health and Wellbeing Board is responsible for final approval of the PNA at the Board meeting in February 2015.

3. Overview of current pharmaceutical services provision in Nottingham City

Pharmaceutical services provided by community pharmacies, dispensing GPs and appliance contractors are defined by the regulations. There are 3 tiers of community pharmacy services; Essential Services, Advanced Services and Locally commissioned Services.

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 67 of the 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).

Dispensing appliance contractors provide dispensing, 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 undertake advanced services. Advanced services require the premises to be accredited by NHS England. There are currently 4 advanced services; Medicines Use Review, New Medicines Service, Appliance Use Reviews and Stoma Appliance Customisation. Medicines Use Reviews and New Medicines Service are provided by community pharmacies; Appliance Use Reviews and Stoma Appliance Customisation by Dispensing Appliance Contractors.

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. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts 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 will be provided to the patient's GP where there is an issue for them to consider

The New Medicines Service

The new medicines service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence. 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 and increases patient adherence to treatment and consequently reduce medicines wastage. The service links the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote health and wellbeing 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.

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 in their own home.

3.3 Locally commissioned services

Locally commissioned services are those commissioned by NHS England (also known as 'enhanced services'), Clinical Commissioning Groups (CCGs) and Local Authorities. These services are optional.

Emergency supply of prescribed medicines
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 at NHS expense 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.

Palliative care drug stockists' scheme
The aim of the service 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 Nottinghamshire County.

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, for a defined range of minor problems, that their GP would have given them. It is open to patients aged 3 months and above who are exempt from prescription charges.

Locally commissioned services can be commissioned by a number of routes by NHS England, Clinical Commissioning Groups and Local Authorities. These services are optional and the pharmacies taking part in the locally commissioned services are shown in Appendix 3. See Table 3.2 for a summary of services offered in each district.

Not Dispensed Scheme (NHS Nottingham City)
The "Not Dispensed" scheme is to help address the substantial waste medicines problem estimated to account for approximately £7M of prescribing in NHS Nottingham City each year. The scheme allows the pharmacist to intervene, identify and thus prevent the dispensing of those items included on repeat prescriptions, which the patient didn't actually require at that time.

The Vulnerable Patients Pilot
The Vulnerable Patients Service provides seamless pharmaceutical care for particularly vulnerable patients on discharge and transfer to the community from secondary care / Hayward House / Intermediate care. The community pharmacy takes the lead in establishing which medications are needed by liaising closely with the secondary or intermediate care provider and the patients GP and ensures that these medicines are provided to the patient using the most suitable compliance aids, if appropriate. The service is specifically for patients who are vulnerable, including poly-pharmacy patients, those with multiple long-term conditions and patients with multiple admissions, including those receiving end of life care.

Out of Hours provision
Out of hours prescribing in Nottingham is undertaken 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. There are 11 pharmacies open for 100 hours or more per week in Nottingham City. They are open 7 days a week and open until at least 10pm Monday to Saturday.

Out of Hours Roster
A limited out of hours roster is commissioned on Christmas Day, Boxing Day and Easter Sunday from selected pharmacies to ensure that patients are able to obtain medicines and get urgent prescriptions dispensed when other pharmacies are closed.

The opening hours (current as of January 2015 and subject to change) of all 67 pharmacies in Nottingham City are shown in Appendix 7. Current opening hours can be found on the NHS Choices website.

Emergency Hormonal Contraception
Emergency contraception has the potential to reduce unintended pregnancy rates, thereby reducing the number of terminations. Equitable provision of and easier access to Emergency Hormonal Contraception via pharmacies has the potential to improve the effectiveness of this contraceptive method by reducing the time interval between unprotected intercourse and initiation of treatment. Pharmacists will supply Levonorgestrel Emergency Hormonal Contraception when appropriate to clients aged 14 years to 24 years free of charge. The Pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs.

Pregnancy Testing
The service will be offered to women aged between 14-24 years free of charge. The service aims to provide a comprehensive sexual health service via an accessible local service which will contribute to the improvement of sexual health and wellbeing and reduce inequalities in sexual health. The Pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs.

C-Card
The C-Card Scheme is a condom distribution scheme for young people age 13 to 24 which 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 (STI) & HIV. Under 13s are NOT eligible for the scheme.

Chlamydia Screening and Treatment
Chlamydia is currently the commonest curable sexually transmitted disease in England. Prevalence of infection is highest in sexually active young men and women, especially those aged less than 25 years.

The pharmacist will provide one to one advice and support to young people aged 15-24 years old on the management of their sexual health, including the provision of a chlamydia screening kit. Pharmacies will signpost to other sexual health and social care services. They should also signpost to services which are c-card pickup/registration points so that young

people have better access to free condoms in order reduce teenage pregnancy and STIs. The pharmacist will provide chlamydia screening kits, with explicit emphasis on the importance of return within specified time requirements and the process that will then occur for both positive and negative results.

Supervised Consumption
Pharmacists are instrumental in supporting drug users in complying with their prescribing regime, therefore reducing incidents of accidental death through overdose. Also through supervision, pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help to reduce drug related deaths in the community.

Needle Exchange
Provision of access to sterile needles and syringes and to sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers will be provided. Used equipment is normally returned by the service user for safe disposal.

Smoking Cessation / Nicotine Replacement Therapy
New Leaf is the smoking cessation service for Nottingham City. It is commissioned by Public Health in Nottingham City Council and provided by CityCare. CityCare recruit and train pharmacists to provide the service. The service includes support and guidance to break habits and routines and advice and provision of different treatments.

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 websites. Each pharmacy will have its own set of criteria for a service and 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 Appliance Contractors

Dispensing appliance contractors (DAC) are unable to supply medicines. Most specialise in supplying stoma appliances.

The PNA has considered and assessed the provision of pharmaceutical services to its population by dispensing appliance contractors that are not on its own pharmaceutical list. Analysis of prescribing data suggests that only 0.5% of the total prescription volume is dispensed by dispensing appliance contractors 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 two dispensing appliance contractors in Nottingham City included on its own pharmaceutical list.

- Charles Bullen Stomacare Ltd, 4 Swinstead Close, Nottingham, NG8 3JG

- Wilkinsons Healthcare, Unit 9, Glaisdale Business Centre, Glaisdale Parkway, Bilborough, Nottingham, NG8 4GA

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.

3.6 Out of area pharmaceutical provision

The regulations[2] requires local authorities to identify any pharmaceutical services that are provided outside the area of the local authority and do not contribute towards meeting the need for pharmaceutical services in the local authority area, but which have secured improvements, or better access, to pharmaceutical services within its area.

In terms of neighbouring LA's Nottingham City has a direct border with Nottinghamshire County only.

Prescription data has been used to analyse the volume of prescriptions dispensed within and outside the City. Approximately 91% of prescriptions written by City GPs are dispensed by pharmacy contractors in Nottingham City. Analysis of the data showed that approximately 8% of prescriptions were dispensed in pharmacies in Nottinghamshire County and these were dispensed mainly in pharmacies in Gedling and Broxtowe, areas directly adjacent to the City. A further 1% was dispensed beyond Nottinghamshire County. Over half of all prescriptions dispensed outside the City were in Mapperley, Arnold and Woodthorpe (Gedling).

3.7 Mail order / Distance selling pharmacies

Nottingham City Council PNA has also considered and assessed pharmaceutical services provided to its population by mail order/distance selling pharmacies that are not on its pharmaceutical list. There is one distance selling pharmacy in Nottingham City (Midland Pharmacy, Southwold Drive, Wollaton). Analysis of prescribing data indicates that the number of prescriptions dispensed by mail order/distance selling pharmacies is small (<0.01% of the total number of prescriptions dispensed) and has therefore no significant impact on the provision of pharmaceutical services across the Local Authority.

3.8 Future services

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 and advice and to buy over the counter and other healthcare products. Pharmacies provide a convenient 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.

Although there is no requirement for any new 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.

[2] Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

Review of local health needs suggests that current pharmacy services correspond with health and wellbeing priorities. However 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.

During the public survey and the formal consultation, specific reference was made to additional pharmacy services. These included services in the following areas:

- weight management
- NHS Health Checks
- cholesterol testing & blood pressure monitoring
- pain management
- support for older people
- people living with dementia
- tackling loneliness
- falls prevention and bone health checks

Furthermore, 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, 2009[3] (CHUMS) report examined medication prescribing, dispensing, administration and monitoring practices across a number of care homes in 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 (see Appendix 11 for a map of care homes and pharmacies in Nottingham City).

Nottingham City CCG has noted that the LACs are co-terminus with the development of the Nottingham City CCG Care Delivery Groups (CDGs) incorporating groups of GP practices, multi-disciplinary neighbourhood teams, social care link workers and care coordinators. It is anticipated that pharmacists will be linked to these emerging CDGs and will have a greater opportunity to participate in multi-disciplinary team working.

New commissioning opportunities would need to be considered subject to further research into need, acceptability, clear evidence of benefit and value for money and improved health outcomes.

3.9 The effectiveness of pharmacy services

Public Health England has reviewed the effectiveness of delivering public health services in a pharmacy setting[4]. A systematic review was carried out covering the period from August 2002 and August 2012. The search focused on reviews rather than individual or primary studies and included the grey literature including websites such as Department of Health,

[3] The Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people" (CHUMS), October, 2009

[4] Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum, John Newton, Chief Knowledge Officer, on behalf of Task Group 3 of the Pharmacy and Public Health Forum, December 2013

Royal Pharmaceutical Society, Pharmaceutical Services Negotiating Committee, General Pharmaceutical Council and contributions from the Pharmacy and Public Health Forum.

Good evidence of effectiveness in a pharmacy setting for
- Stop smoking services
- Emergency Hormonal Contraception in terms of timely access, though less evidence on outcomes, i.e. reducing teenage pregnancy rates
- Chronic disease management - community pharmacists made an important contribution to the management of people with diabetes for screening, improved adherence with medicines and reduced blood glucose levels or HbA1c

Moderate quality evidence in a pharmacy setting for
- Methadone supervision
- Needle exchange schemes

More evidence of effectiveness in a pharmacy setting is required for
- Weight Management programmes
- Drug and alcohol misuse
- Minor ailments schemes

No reviews were available for immunisations.
NB: recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination.

3.10 Determination of localities for PNA

Nottingham City Council is one of four Unitary Authorities and five County Councils in the East Midlands. It shares a boundary with Nottinghamshire County only.

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 divide Nottingham City into the eight Local Area Committee areas used by the council for a wide range of planning purposes.

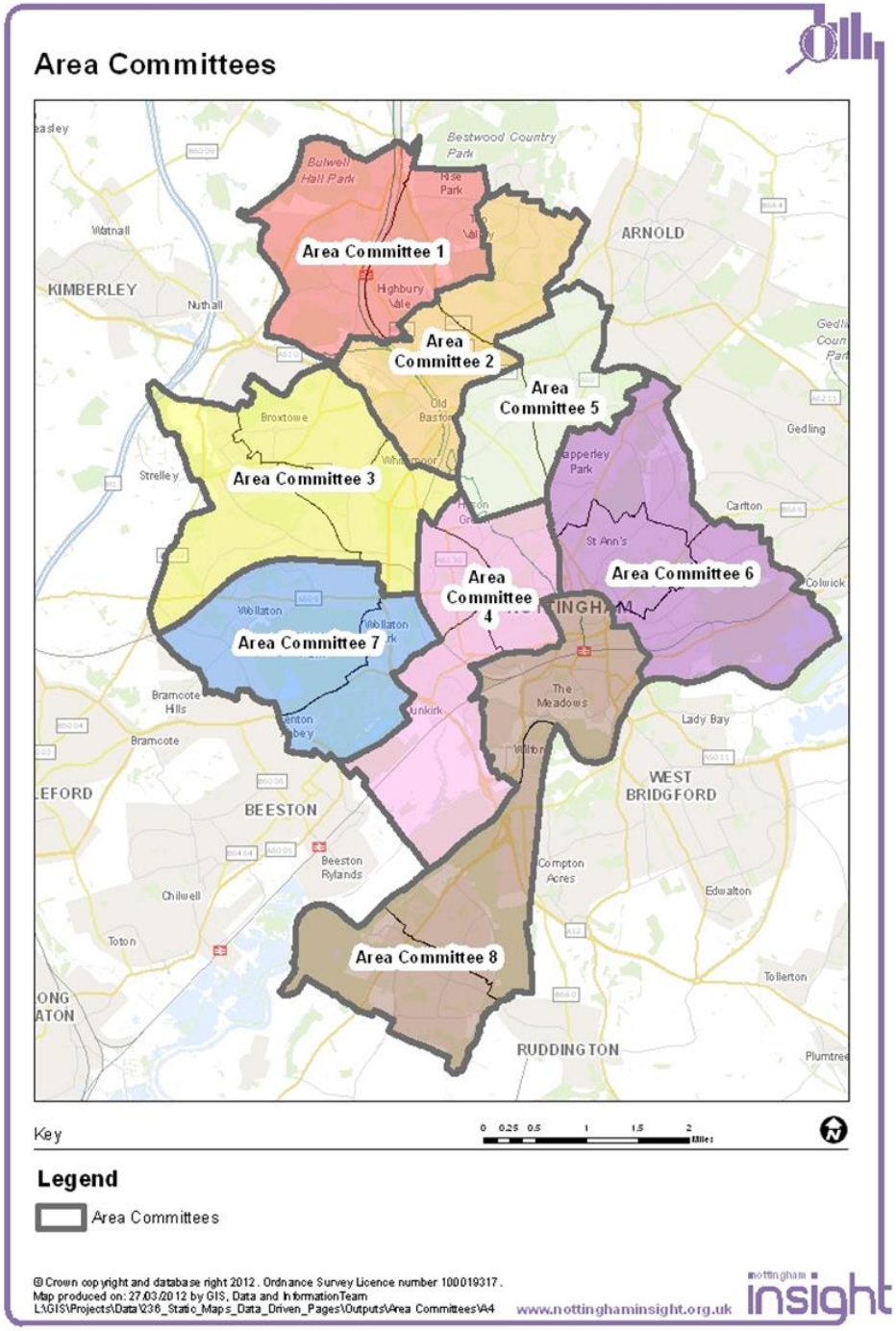
A summary of demographic information for the City was produced. A locality profile was developed for each of the eight localities using information from the JSNA and Nottingham Insight.

A public survey to seek views on pharmaceutical need was carried out between February and April 2014. The survey was provided on-line and in paper form accessible in pharmacies. Survey results were considered in the overall assessment of need. The responses to the formal consultation were considered in the overall assessment of need.

Pharmaceutical need was assessed for each locality. Other areas where community pharmacy could contribute to improving health needs in line with Local Authority priorities were also identified.

For the purposes of pharmaceutical needs assessment the Local Authority has been divided into the eight Local Area Committee areas used by the City Council for a variety of planning purposes (see map below). Each LAC consists of 2 or 3 electoral wards. The City has 20 wards in total.

Figure 3.1 Nottingham City Council Local Area Committees (LACs)



A summary of demographic information for the City was produced. A locality profile was developed for each of the 8 LACs councils (Figure 3.1) using information from the Nottingham City JSNA and Nottingham Insight.

3.11 Current provision of community pharmacy services by locality

There are currently 67 community pharmacies across Nottingham City plus 2 Dispensing Appliance Contractors. There are no Dispensing Practices. The table below shows the distribution of community pharmacies by Local Area Committee area.

Table 3.1 Community Pharmacies by LAC

LAC	Wards	Number of Pharmacies	Dispensing Appliance Contractor	LAC Population	Pharmacies per 10,000 population
LAC1	Bulwell, Bulwell Forest	10		29,615	3.4
LAC2	Basford, Bestwood	4		33,156	1.2
LAC3	Aspley, Bilborough, Leen Valley	9	2	45,368	2.0
LAC4	Arboretum, Dunkirk and Lenton, Radford & Park	10		47,091	2.1
LAC5	Berridge, Sherwood*	8		34,207	2.3
LAC6	Dales, Mapperley, St Ann's	10		51,963	1.9
LAC7	Wollaton East & Lenton Abbey, Wollaton West	6		25,039	2.4
LAC8	Bridge, Clifton North, Clifton South	10		42,296	2.4
	Nottingham City	67	2	308,735	2.2
	England	11,495		53,865,800	2.1

*The Jayplex Pharmacy at Woodthorpe is positioned 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 LAC 5. Pharmacies per 10,000 = the number of pharmacies / LAC population x 10,000.

Table 3.1 shows the number of pharmacies in each LAC and the number of pharmacies per 10,000 population. As an urban area in the centre of a large conurbation there will be a lot of 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 reflected by the resident population. However, the table illustrates that the resident LAC population has access to a minimum of 4 pharmacies within each LAC. Some services have been targeted at specific populations depending on health needs and so may not be available in every LAC. Some pharmacies may provide services privately to their customers; these services have not been included in the PNA. There is no set target for pharmacy provision across the country; the England value has been included as a guide.
As at April, 2015 NHS England will commission:

- Pharmacy First (Minor Ailment Scheme)
- Palliative Care Drug Stockist Scheme
- Out of Hours roster
- Emergency supply of prescription medicines service
- 100 hours service

Nottingham City CCG locally commissions:

- Healthy Living Leads Service
- Supporting vulnerable patients with medicines (under review)
- Not Dispensed Scheme

Nottingham City Council commissions the following services from community pharmacies:

- Supervised consumption service
- Needle exchange services
- Emergency hormonal contraception
- Chlamydia screening and treatment service
- C card condom scheme for young people
- Pregnancy testing
- Stop Smoking Services (New Leaf)

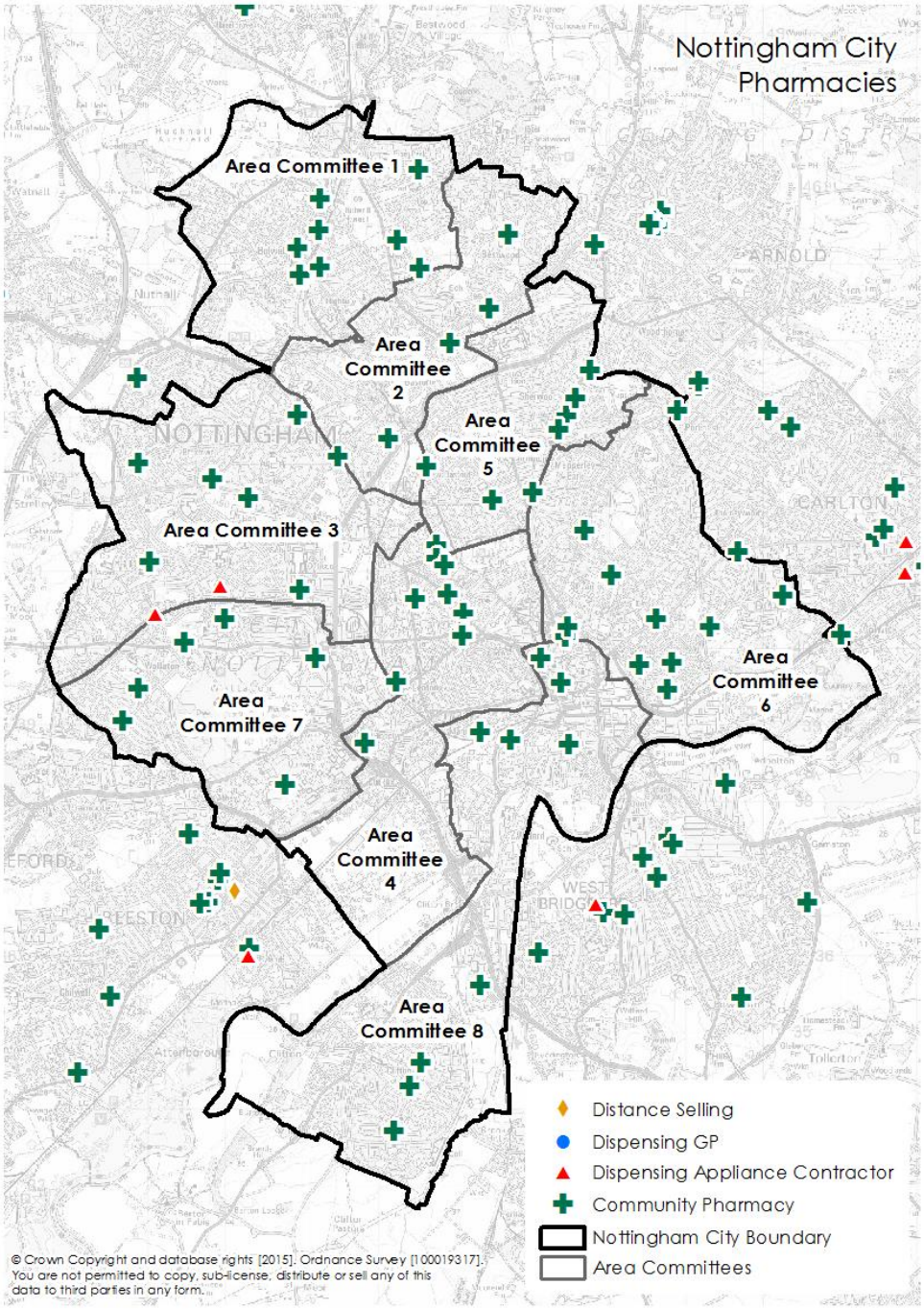
Table 3.2 Pharmacy Services in Nottingham City

Nottingham City Pharmaceutical Services	Total	LAC1	LAC2	LAC3	LAC4	LAC5	LAC6	LAC7	LAC8
Medicines Use Review (MUR)	63	10	3	9	9	8	9	6	9
New Medicines Service	55	9	3	9	7	2	9	6	10
Not Dispensed Scheme	27	5	3	3	3	2	5	2	4
Pharmacy First	63	10	4	8	9	7	10	5	10
Palliative Care Drug Stockist Scheme	11	2	0	1	1	1	2	0	4
Emergency Supply Service	44	7	2	7	7	4	5	5	7
100 Hours	11	3	0	2	3	1	0	0	2
Healthy Living Lead	14	2	2	2	1	1	3	2	1
Smoking Cessation (New Leaf)	27	4	2	1	6	3	4	2	5
Pregnancy Testing	45	9	1	6	7	5	6	4	7
Emergency Hormonal Contraception	57	9	3	8	9	6	8	5	9
C-Card	58	10	4	8	9	6	7	5	9
Chlamydia Screening	6	0	0	1	3	0	1	1	0
Sexual Health / Chlamydia Treatment	34	8	1	3	6	5	5	2	4
Supervised Consumption	55	9	4	7	7	5	10	4	9
Needle Exchange	11	2	0	2	2	0	2	0	3
Number of Pharmacies	**67**	**10**	**4**	**9**	**10**	**8**	**10**	**6**	**10**

There is good representation across all local area committees for the majority of services. Some services have been targeted at specific populations depending on health needs and so may not be available in every LAC. Gaps in need will be considered at LAC level.

Nottingham City is bordered by Nottinghamshire County. The District boroughs of Broxtowe, Gedling, Rushcliffe and Hucknall (in Ashfield) 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.

Figure 3.2 Nottingham City border pharmacies



Full details of Nottinghamshire pharmacies can be found in the Nottinghamshire County PNA.

4. Nottingham City Demographic Profile

(With reference to the Nottingham City Joint Strategic Needs Assessment 2014; Nottingham Insight).

- The latest (2012 mid-year estimate) estimate of the City's resident population is 308,700, having risen by 3,000 since the 2011 census. The population rose by 41,700 (15.6%) between 2001 and 2012. The main reasons for this increase are international migration (recently from Eastern Europe) and an increase in university students, together with an excess of births over deaths. As yet, there is no consistent trend suggesting that population increase is slowing down substantially, despite the recession and the recent slowdown in house building. The population has increased by an average 1.3% since 2001. The increase has been largely due to the student population which has increased at a rate of 4.4% per year. Children (under 16) and older people (65 and over) have remained relatively stable though the very old population (85 and over) has increased at a rate of 1.9% per year. However, in this age group, numbers are relatively small, increasing from 4,400 in 2001 to 5,350 in 2012. Of the 78,600 older people (aged 50+) living in the City, 42,430 (54%) are under 65 years, 10,217 (13%) are aged from 65 to 74 years, and 18,000 (23%) are aged 75 years and over. The proportion of people aged 65 years and over in Nottingham City is relatively low (11.7%) compared to England (16.9%). However, the high levels of deprivation in the City mean that the older population is more likely to be in poorer health.

- Almost 25% of the pensioner-aged population (65 years and over) live in 3 wards; Bilborough (LAC3), Clifton South (LAC 8) and Wollaton West (LAC7).

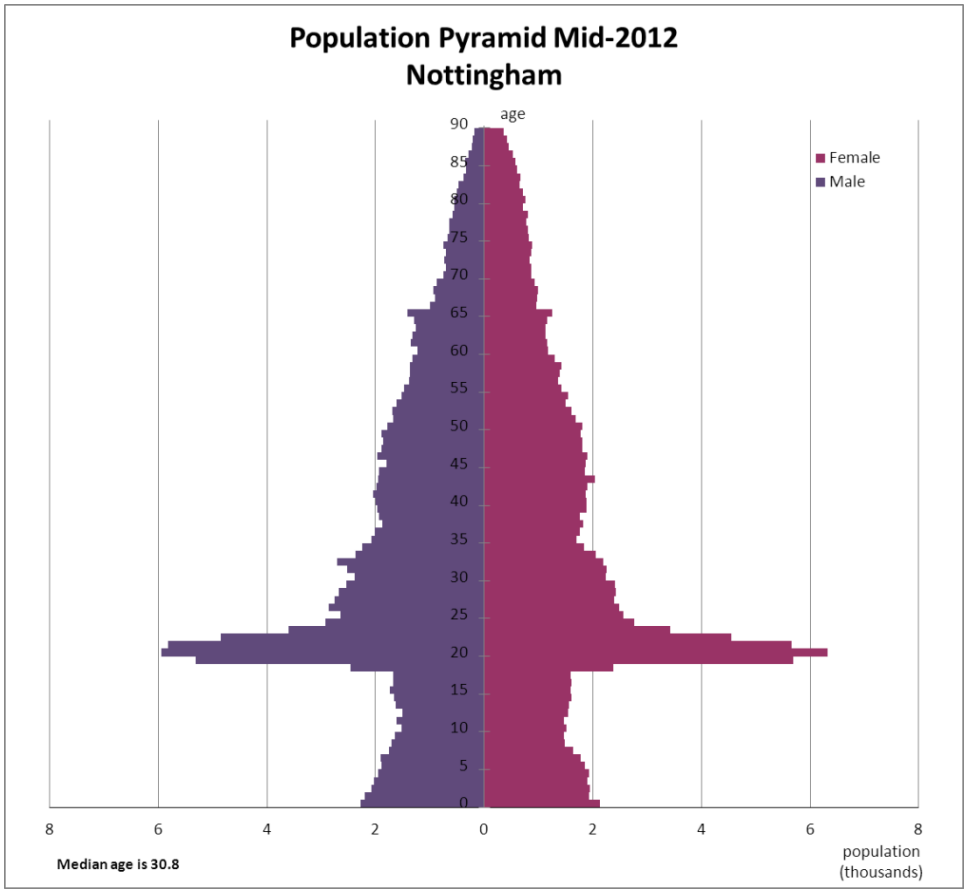
- In Nottingham 12.8% of the population are aged 18 to 21 which include full time university students. Without university students, the City would expect to have 5% of the population in this age group.

- Over the next 10 years, the over 50 population is expected to increase gradually by about 1% per year. The numbers of people aged 85 and over are expected to increase from around 5,200 to 5,700 people (ONS Population Projections 2011).

- The number of births has risen in recent years from 4,181 in 2008 to 4,408 in 2012 though it has stabilised around 4,450 for the last 3 years. The population pyramid (Figure 1) shows that the number of children falls as children approach school age as children leave the City before starting school.

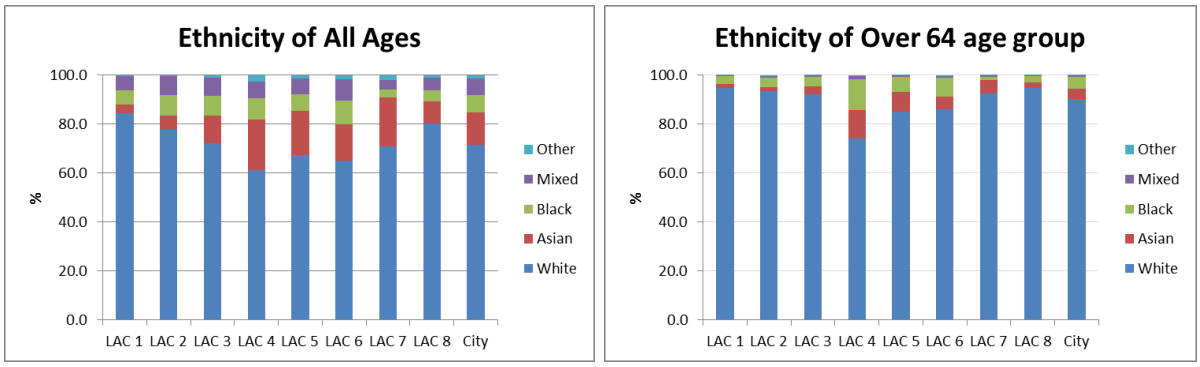
- Nottingham has a very ethnically diverse population. Some areas of the City are largely White British; for instance LAC1 (Bulwell) and LAC 8 (Clifton) are over 80% White whereas the inner city covered by LAC 4 has almost 40% of the population from Black, Asian and Mixed groups.

Figure 4.1 Population of Nottingham City by age and sex



- The City's age structure is generally influenced by the 'White British' group, with 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 (2011 Census, Ethnicity Topic Note http://www.nottinghaminsight.org.uk/d/97952)

Figure 4.2 Structure of City population by ethnicity



4.1 Social and Environmental Context

- Nottingham City is one of the most deprived Local Authorities in England outside London. In the District level Index of Multiple Deprivation results, Nottingham ranks 20th most deprived out of the 326 districts in England using the Average Score measure and 17th using the Average Rank measure.

- Nottingham City can be subdivided into 176 Lower Super Output Areas[5] (LSOA). One quarter of the LSOAs in the City are amongst the 10% most deprived in the country and half of them fall within the 20% most deprived LSOAs in England. Over half of the City's population live in these most deprived LSOAs.

- Nottingham ranks 346th out of the 354 districts in England in the 2009 Child Wellbeing Index - effectively the 9th worst district for Child Well-being in the Country.

- Unemployment in the City as at October 2013 was 5.5% of the resident population aged 16-64 (using the claimant count measure). This is almost double the rate for the East Midlands (2.9%) and for England (3.0%).

- The mean annual pay for Nottingham residents was £21,338 in 2013 compared to £27,737 nationally. Average gross pay in Nottingham City based workplaces was £25,013 compared to £27,733 nationally (Annual survey of hours and earnings; NOMIS).

- 42,000 Nottingham City children live in families where no adults work or where the household income is low. This is equivalent to 67% of children compared to rates of 50% in Greater Nottingham and 45% in England (Child Poverty in Nottingham, July 2013, Nottingham City Council).

- 26% of the population have no formal qualifications compared to 22.5% nationally.

- In August 2013, there were 19,230 Disability Living Allowance claimants in the City; 56% were aged 50 and over. DLA claimants account for 6.3% of the population compared to 5.8% of the England population.

- 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.

- The current recession is likely to lead to an overall increase in deprivation of various types, but its precise effects cannot yet be known.

4.2 Health and Wellbeing

- The 2011 Census asked two questions about health. In 2011, 9.1% of people said they were limited a lot in their day to day activities by a health problem or disability, with a further 9.1% limited a little, compared with 8.3% and 9.3% nationally. The difference is greater for working age adults – Nottingham has 14.2% limited a lot or a little, compared to 12.7% nationally.[6]

[5] LSOA's: Lower Super Output Areas are geographical areas defined by the 2001 ONS Census designed to improve the reporting of small area statistics. They have a population of 1000-3000 people.

[6] 2011 Census Key Statistics. Table KS301

- Nottingham had a higher percentage of people reporting bad or very bad health in 2011 – 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%. This is despite the City having a comparatively young population.

- 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.[7]

- 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.

- 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.

- Irrespective of health status, 9.1% of white groups and 5.6% of non-white groups find their daily activities to be limited a lot. This increases to 35% and 40% of older (65 and over) white and non-white groups.

4.3 Access to health care services by public transport

- Hospital services are very accessible for City residents. The latest data from December 2011 shows that 87% of households (88% of households without a car) are within 30 minutes travel time of Nottingham University Hospital (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.

- Hospital services are provided by Nottingham University Hospital Trust at the QMC and City Hospital campuses and the link between the two sites has been improved following the introduction of the Medilink, a free shuttle bus service running every 10 minutes, linking

[7] 2011 Census, Topic Note - Disability, Health and Carers
http://www.nottinghaminsight.org.uk/d/101850

the two sites and with connections to other bus and tram services at Queens Drive and Wilkinson Street Park and Ride sites.

- Please note these experimental statistics relate to the percentage of households within specified travel times by public transport to the nearest Nottingham University Hospital site. However not all medical services will be available at both sites and patients may need to access a specific site for the treatment they require.

- 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 2011 showed that 99% of all households and 99% of households without a car in the City are within 15 minutes travel time of a GP surgery by public transport compared with 94% of total households and 97% 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 (Department of Transport 2011).

4.4 Projections over 3 - 5 and 5 - 10 years

- 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 Publication Draft Core Strategy (June 2012). 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 for Joint Strategic Needs Assessment purposes to account for the fact that the population in the 2011 estimate (based upon the 2011 Census) is lower than projected. Change from 2011 in the Core Strategy population forecasts (May 2012) has been added to the ONS 2011 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 5,100 (1.7%) from 2011 to 2016 and a further 12,300 (4.0%) from 2016 to 2021. These would be considerably slower rates of increase than occurred between 2005 and 2010 (20,500 or 7.2%). It may be that these should be regarded as minimum increases, although the current state of the housing market must throw all projections based upon recent trends into some doubt. It should also be borne in mind the period 2005 to 2010 included a growth of over 6,000 full-time university students, which may not be repeated, and the influx of people from the EU Accession countries.

- 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 (see section 4.5). These are in LACs 4, 6 and 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.

4.5 Housing Plans 2014-2019

In the last full year (ending 31/03/2014), 691 residential units have been completed, of which 286 were student accommodation. Planning permission has been granted for a further 4041 units with a net gain (after removals) of 3988 residential units. Approval has been given for 9 sites of over 100 units each of which 3 are for student accommodation and a further 10 developments of 50-100 units each of which 5 are for student accommodation. The impact of these builds will be considered at local LAC level. As a rule of thumb, it has been assumed that each unit of student housing will generate an increase in population of 1 person. For other units, it has been assumed that the population would increase by an average of 2.5 people. Therefore total population gain generated by the proposed residential units would be 1,012 students and 7,440 non student residents. This may be an overestimate as many of these units may be inhabited by people already living in the City. The student population is considered to have levelled off (http://nottinghamaction.org.uk/news/nottingham-news/report-launched-on-student-housing-market-conditions-in-nottingh/) so there may be a shift from rented terraced housing into purpose built accommodation rather than an overall increase in student numbers.

Table 4.1 Net gain in residential housing units planned 2014-2019

LAC	Wards	Non Student Units	Student Units	Grand Total
1	Bulwell, Bulwell Forest	39		39
2	Basford, Bestwood	71		71
3	Aspley, Bilborough, Leen Valley	910	1	911
4	Arboretum, Dunkirk & Lenton, Radford & Park	761	491	1252
5	Berridge, Sherwood	174	6	180
6	Dales, Mapperley, St Ann's	749	54	803
7	Wollaton East and Lenton Abbey, Wollaton West	13	1	14
8	Bridge, Clifton North, Clifton South	259	459	718
Grand Total	Nottingham City	2976	1012	3988

4.6 Overview of findings from the public survey on needs

The questionnaire used in the public survey into pharmaceutical need and satisfaction is in Appendix 4 with a full analysis of the responses. The survey was carried out as part of the needs assessment and was made available on-line and in pharmacies across the City. The survey asked for people's views on their use of pharmacies, satisfaction with services and opening hours and the services they used. It also asked questions about interest in new services that could be offered in pharmacies.

There were 74 responses from City residents and 2 responses on behalf of a group or organisation. Women were more likely to respond than men; 42 (57%) were Female and 22 (30%) Male; 10 (13%) people were unknown or undisclosed gender. Respondents tended to be older; 44 people (61%) were aged 45 or older. Only 4% were under 24 years old reflecting a low response from the student population. Almost half (45%) of respondents

were limited in their daily activities due to health or disability. All LACs were represented, though 2 wards had no responses (Aspley & Bulwell). The majority of respondents were white (80%); 7% were Asian and 3% Black. 11% declined to respond.

The responses were generally positive with high levels of satisfaction with customer service, services available and opening hours. Most respondents used the same pharmacy all or most of the time because it was either close to home or to their GP. Three quarters of respondents were frequent users of their pharmacy. The most commonly used services were for prescriptions and over the counter drugs. A high proportion also used their pharmacy for advice, disposing of unwanted medicines and medicines use. Other services used included smoking cessation, sexual health services, palliative care, free medicines for minor ailments, supervised consumption and needle exchange.

Over half of respondents indicated they would be interested in a range of additional services in their pharmacy (NHS Health Checks, weight management clinics, cholesterol testing, blood pressure testing and vaccinations). There was also some support for anticoagulation monitoring, alcohol brief interventions and pain management. Pharmacy based NHS Health Checks and weight management services have been piloted in Nottingham City but uptake was poor and they have been discontinued. Reasons for poor uptake of Health Checks and weight management need to be understood and addressed before new services are introduced.

Although 82% were satisfied or very satisfied with opening hours, 43% would like additional opening hours after 6pm and at weekends. The majority of respondents (78%) were aware that there were pharmacies with extended opening hours and 38% had used one. Only 20% of respondents had used NHS Choices to check opening times and locations.

There were a very small number of negative comments. Four people disagreed that the quality of information leaflets was good, 5 people thought signposting to other services was poor. Five people were dissatisfied with opening times, wanting more opening hours at weekends. In the free text comment section, lack of deaf awareness skills of pharmacy staff was mentioned and there were some generalised complaints about medicines not being in stock. The responses have been shared (anonymously) with NHS England in order that they are aware of this feedback.

Other forms of feedback included in the needs survey included e-mails from
one practice raising awareness of a local petition for a new pharmacy on the practice premises.

As the number of responses was very low at LAC level, meaningful analysis at small area level has not been possible. The survey did not reveal any gaps in services.

Nottingham City is a mid-sized city with a relatively deprived, ethnically diverse population, surrounded by the more affluent conurbation of south Nottinghamshire. The City has a large student population and a lower than average older population. However, the older population has high levels of ill health. Population growth over the next 5 to 10 years is expected to be modest. Transport links are good, with good access to hospitals and GP practices. Satisfaction with current pharmacy services is high and there is some interest in expanding the range of services on offer.

5. Analysis of pharmaceutical services provision by Local Area Committee

The 20 Nottingham City wards have been grouped into 8 Local Area Committees (LACs) which allow more detailed analysis of the issues which may impact on pharmacy provision at a local level. Each LAC comprises of 2 or 3 wards as listed below (see figure 3.1 for map).

Area 1 Bulwell and Bulwell Forest

Area 2 Basford and Bestwood

Area 3 Aspley, Bilborough and Leen Valley

Area 4 Arboretum, Radford & Park and Dunkirk & Lenton

Area 5 Berridge and Sherwood

Area 6 Mapperley, St Ann's and Dales

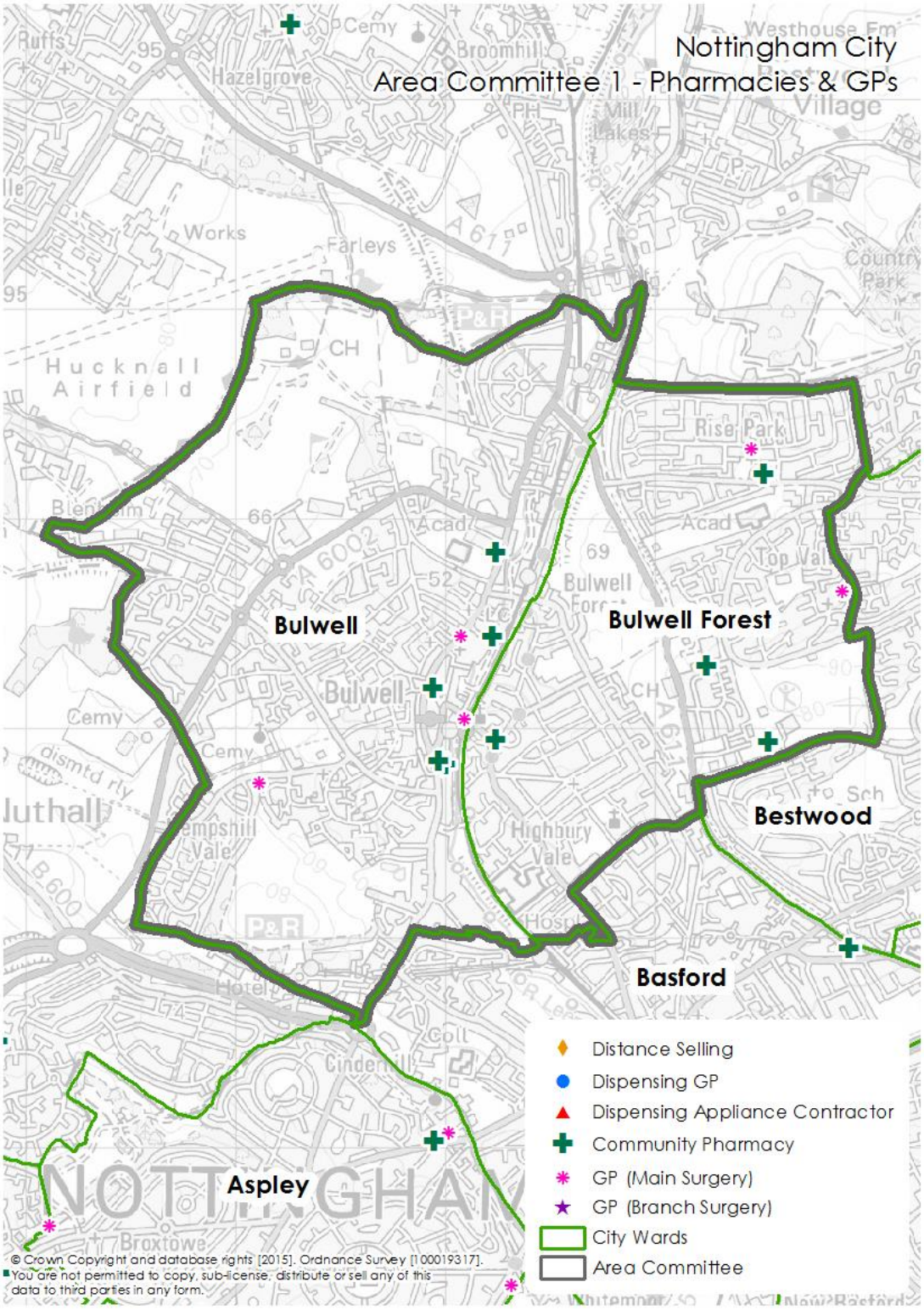
Area 7 Wollaton East & Lenton Abbey and Wollaton West

Area 8 Bridge, Clifton North and Clifton South

The City covers an area of approximately 30 square miles. The largest LAC (8) covers around 6 square miles and the smallest, 2 square miles (LAC 5).

5.1 Health Profile of Local Area Committee 1 (Bulwell and Bulwell Forest)

Figure 5.1 Map of pharmacies in LAC1

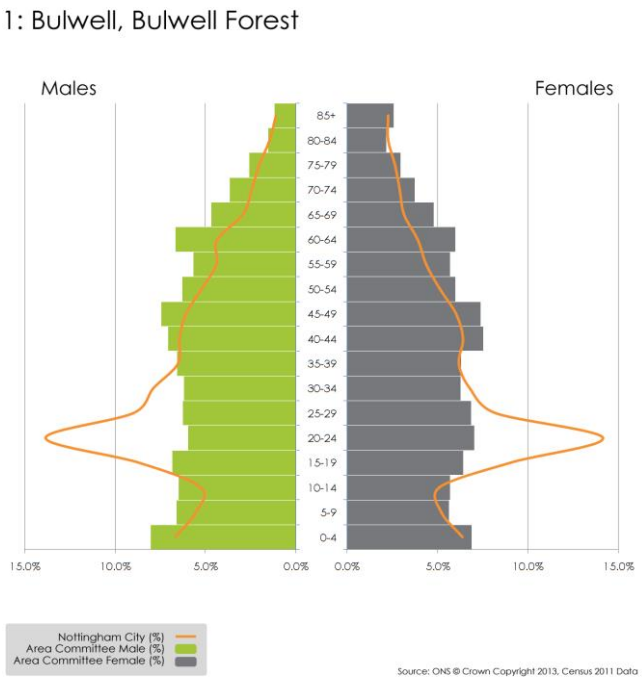


Note: Pharmacies located very close to each other may overlap and be hidden on the map

Area Committee 1 (LAC 1) comprises 2 wards to the north of the City; Bulwell and Bulwell Forest. There are 10 pharmacies and 8 GP practices in the area. In 2012/13, pharmacies in the LAC1 area dispensed 58,800 items per month. Three pharmacies are open for 100 hours or more per week; 6 of the pharmacies are open on Saturday and 4 on Sunday.

Area Committee 1 has a population of 29,600 (2012 population estimate); 15,400 females and 14,200 males and accounts for just under 10% of the City population. Almost two thirds (64.5%) of the population are of working age (16-65 years), slightly lower than the City average of 71%. 85% of the population are White, 3.3% are of Asian ethnicity and 6% are of Black African or Caribbean ethnicity. In the over 64 age group, 95% of the population are White.

Figure 5.2 Population Structure of LAC 1, 2012



Life expectancy for men in Area 1 ranges from 72.8 years in Bulwell to 77.6 years in Bulwell Forest. Female life expectancy ranges from 78.3 years in Bulwell to 83.6 years in Bulwell Forest. Bulwell ranks 3rd and 4th 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 19th for Males and Females respectively.

Twelve of the 20 Lower Super output Areas in LAC 1 are in the most deprived quintile (20%) in England.

Over one third of the households (39%) in LAC 1 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City.

The low proportion of young people (6%) suggests LAC 1 has relatively few students. However, the area does have a higher than average proportion of children under 5 years; 7.4% compared to City average of 6.6%. 11% of the City's under 5 years population live in Area 1.

There are 4,600 older people (over 64 years) living in LAC 1 of which 550 are 85 years or over. There are 1,500 people aged 65 years and over living alone (12% of households).
7.3% of the population feel their health is bad or very bad and 10% of the population report that their day to day activities are limited a lot. For the over 64 years population, 20% feel their health is bad or very bad and 31% report their day to day activities are limited a lot.

2,570 claimants of Disability Living Allowance live in Area 1 (August 2013); 13.4 % of people aged 16-64, compared to the 9.2% City average.

The teenage conception rate of 67.7 per 1000 (2009-2011) is higher than the City average of 56.8 conceptions per 1000 women aged 15-17 years and ranks 2nd highest of the 8 LACs. Area 1 accounts for 15% of all teenage conceptions in the City (117 of 779 conceptions between 2009 and 2011).

Smoking prevalence is 32.7% compared with the City average of 29% (Citizens Survey, 2010-2012 pooled).

Current Provision
Residents of LAC1 have access to a range of pharmaceutical services commissioned to meet the needs of the area. The density of pharmacies is the highest in the City at 3.4 pharmacies per 10,000 residents, higher than the City average of 2.2 per 10,000 (see table 3.1).

Table 5.1 Services commissioned from pharmacies in LAC1

Nottingham City Pharmaceutical Services	LAC1
Medicines Use Review (MUR)	10
New Medicines Service	9
Not Dispensed Scheme	5
Pharmacy First	10
Palliative Care Drug Stockist Scheme	2
Emergency Supply Service	7
100 Hours	3
Healthy Living Lead	2
Smoking Cessation (New Leaf)	4
Pregnancy Testing	9
Emergency Hormonal Contraception	9
C-Card	10
Chlamydia Screening	0
Sexual Health / Chlamydia Treatment	8
Supervised Consumption	9
Needle Exchange	2
Number of Pharmacies	**10**

Future Developments
There will be a net gain of 39 residential units in the area between 2014 and 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in LAC1 is adequately met by the current pharmacy providers.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

The population has high levels of poor health indicated by high smoking prevalence, low life expectancy, high teenage pregnancy and high levels of benefits dependency and is likely to need a range of pharmacy based services.

The map shows that there are currently 10 pharmacies within LAC 1 offering a range of services. There are 3.4 pharmacies per 10,000 population, the highest provision in the City and higher than the City and England average. All areas of the LAC are within 2 km of a pharmacy and several are open for 100 hours per week.

The advanced and locally commissioned services currently provided by these pharmacies are shown in table 5.1. The opening hours of these pharmacies are shown in Appendix 7.

The area is directly on the NCTX tram line meaning that pharmacies in the city centre are easily accessible to this population offering further choice and access.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies.

LAC1 has 2 of the 11 pharmacies across the City offering the Palliative Care stockist scheme.

There are currently 2 needle exchanges within this LAC and the majority of pharmacies offer supervised consumption to meet the needs of drug users.

Most of the locally commissioned services relating to sexual health (Emergency Hormonal Contraception, C-Card Scheme, pregnancy testing, Chlamydia treatment) are undertaken by more than half of the pharmacies in LAC1. These pharmacy based services add capacity to the wider sexual health services available across the City (Appendix 7). There are no pharmacies offering Chlamydia screening in LAC1 but this is accessible from GUM and on-line.

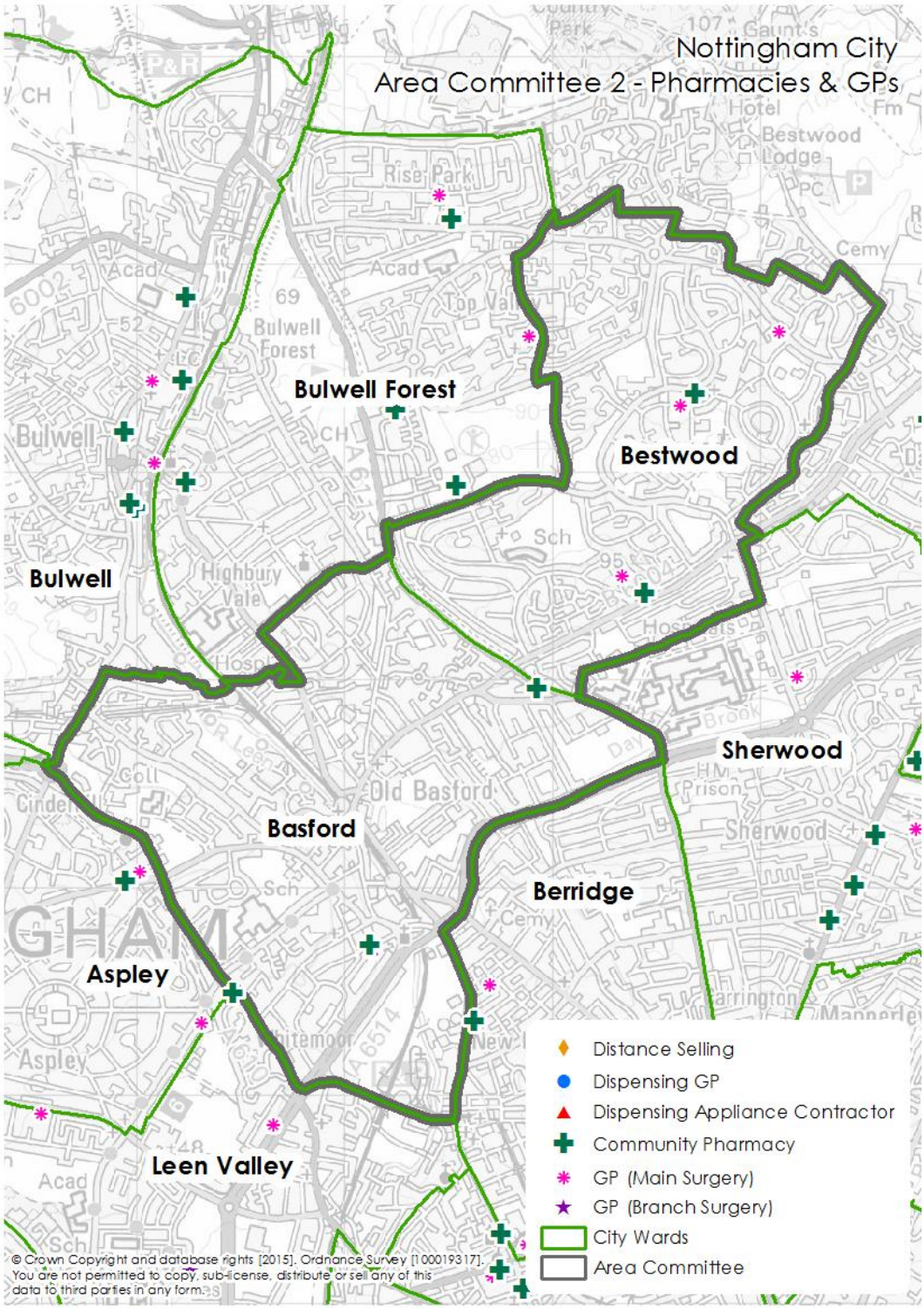
New Leaf Smoking Cessation services are available at two of the pharmacies in the LAC. This adds capacity to the wider New Leaf Specialist Stop Smoking Service available through a number of settings across the City (Appendix 6).

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to add appreciably to the population.

5.2 Health Profile of Local Area Committee 2 (Basford and Bestwood)

Figure 5.2.1 Map of pharmacies in LAC2

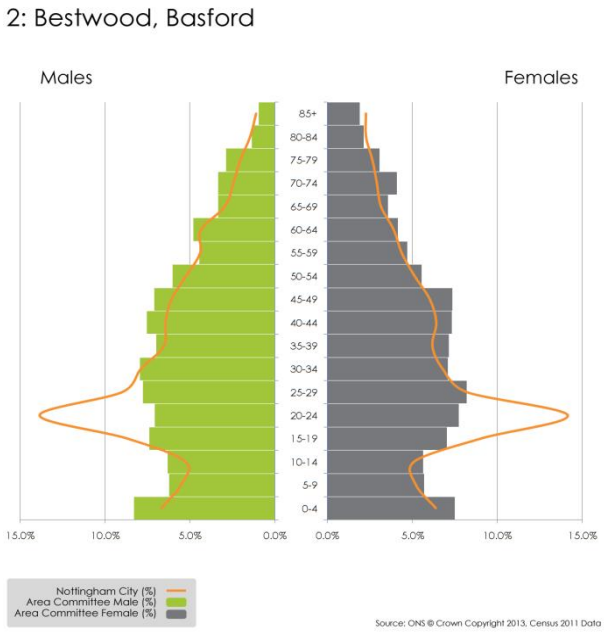


Note: Pharmacies located very close to each other may overlap and be hidden on the map

LAC 2 comprises 2 wards to the north west of the City; Basford and Bestwood. There are 4 pharmacies and 5 GP practices in the area plus 1 branch practice. Pharmacies in the LAC2 area dispensed 29,327 items per month. There are no 100 hour pharmacies in the LAC or any open on a Sunday but there are at least 17 pharmacies within easy reach in neighbouring LACs 1 and 5 and the Tesco 100 hour pharmacy at Top Valley is easily accessible.

Area Committee 2 has a population of 33,156 (2012 population estimate); 17,141 females and 16,015 males and accounts for 10.7% of the City population. Over two thirds (65.9%) of the population are of working age (16-65 years), similar to the City average of 71%. The area has a largely white population making up 78% of the total and a slightly higher than average Black population (8.3%). A further 8% are of mixed ethnicity and 6% Asian. In the over 64 age group 93.5% of the population are White and the Black population falls to 4%.

Figure 5.2.2 Population structure of LAC 2, 2012



Life expectancy for men in Area 2 ranges from 76.8 years in Basford to 74.3 years in Bestwood. Female life expectancy is 80.4 years in Basford and 80.3 in Bestwood.

14 of the 20 Area Lower Super Output Areas are in the most deprived quintile (20%) in England, making LAC 2 relatively deprived compared to the rest of the City.

Nearly half of the households (41.1%) in LAC 2 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City.

Area 2 has a low proportion of young people of student age compared to the City; 6.9% compared to 12.8% City wide. The area has a higher than average proportion of children under 5 years; 8.2% compared to the City average of 6.6%.

The area also has a higher proportion of older people than the City average (figure 2) and is home to 12.5% of all people over 65 years in the City.

There are 4,525 older people (over 64 years) living in Area 2, of which 499 are 85 years or over. There are 1,685 people aged 65 years and over living alone (11.5% of households).

7.1% of the population feel their health is bad or very bad and 10.1% of the population report that their day to day activities are limited a lot. For the over 64 years population, 20.2% feel their health is bad or very bad and 33.3% report their day to day activities are limited a lot.

2,535 claimants of Disability Living Allowance live in Area 2 (August 2013), 11.6 % of people aged 16-64 years, compared to the 9.2% City average.

The teenage conception rate of 66.1 per 1000 (2009-2011) is higher than the City average of 56.8 conceptions per 1000 women aged 15-17 years and ranks 3rd highest rate of all LACs. Area 2 accounts for 15.1% of all teenage conceptions in the City (118 of 799 conceptions between 2009 and 2011).

Smoking prevalence is 28% compared with the City average of 29% (Citizens Survey, 2010-2012 pooled).

Current Provision

Residents of LAC2 have access to a range of pharmaceutical services commissioned to meet the needs of the area. The density of pharmacies is the lowest in the City at 1.2 pharmacies per 10,000 residents compared to 2.2 per 10,000 in Nottingham City (see table 3.1) but the residents are within easy access of pharmacies in Bulwell (LAC1).

Table 5.2 Services commissioned from pharmacies in LAC2

Nottingham City Pharmaceutical Services	LAC2
Medicines Use Review (MUR)	3
New Medicines Service	3
Not Dispensed Scheme	3
Pharmacy First	4
Palliative Care Drug Stockist Scheme	0
Emergency Supply Service	2
100 Hours	0
Healthy Living Lead	2
Smoking Cessation (New Leaf)	2
Pregnancy Testing	1
Emergency Hormonal Contraception	3
C-Card	4
Chlamydia Screening	0
Sexual Health / Chlamydia Treatment	1
Supervised Consumption	4
Needle Exchange	0
Number of Pharmacies	**4**

Future Developments

There will be a net gain of 71 residential units in the area between 2014 and 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in LAC2 is adequately met by the current pharmacy providers.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

The population has relatively high levels of poor health indicated by high smoking prevalence, high teenage pregnancy and high levels of benefits dependency. On the other hand, life expectancy for men and women is mid-range for the City.

The map shows that there are currently 4 pharmacies within LAC offering a range of services. There are 1.2 pharmacies per 10,000 population, the lowest provision in the city and lower than the city and national average. However, this represents a reasonable choice of pharmaceutical services provider as there are many pharmacies in neighbouring LACs. All areas of the LAC are within 1km of a pharmacy and within 3km of the 100 hour pharmacy at Top Valley.

The advanced and locally commissioned services currently provided by these pharmacies are shown in table 5.2. The opening hours of these pharmacies are shown in Appendix 7.

The area is on the NCTX tram line and is well served by bus routes meaning that pharmacies in the city centre are easily accessible to this population offering further choice and access.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies.

With the exception of Chlamydia screening, all of the locally commissioned services relating to sexual health (Emergency Hormonal Contraception, C-Card Scheme, pregnancy testing, Chlamydia screening and treatment) are undertaken by at least one of the four pharmacies in LAC2. These pharmacy based services add capacity to the wider sexual health services available across the City including GUM at City Hospital.

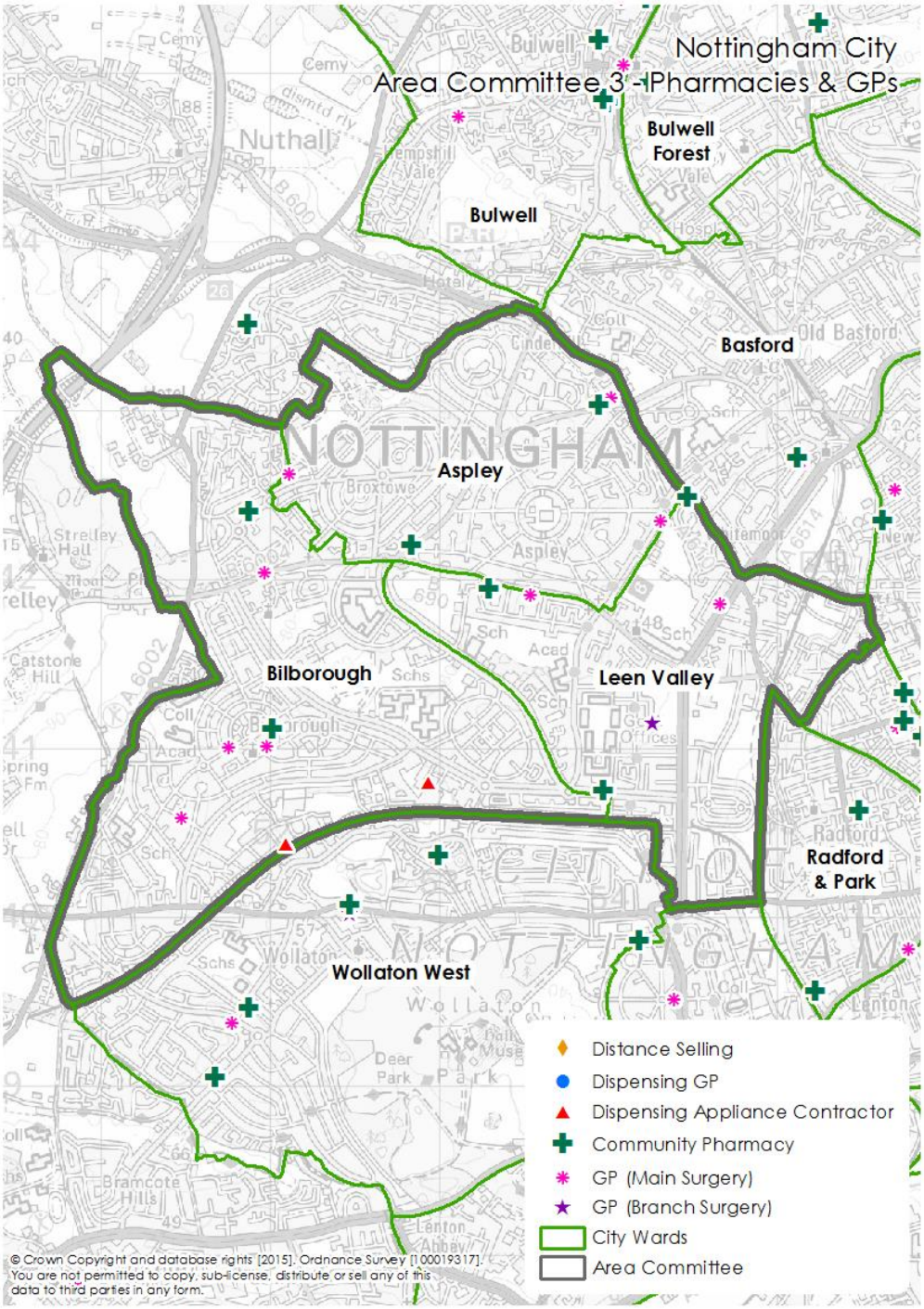
New Leaf Smoking Cessation services are available at 2 of the pharmacies in the LAC. This adds capacity to the wider New Leaf Specialist Stop Smoking Service available through a number of settings across the City (Appendix 6).

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to add appreciably to the population.

5.3 Health Profile of Local Area Committee 3 (Aspley, Bilborough and Leen Valley)

Figure 5.3.1 Map of pharmacies in LAC 3



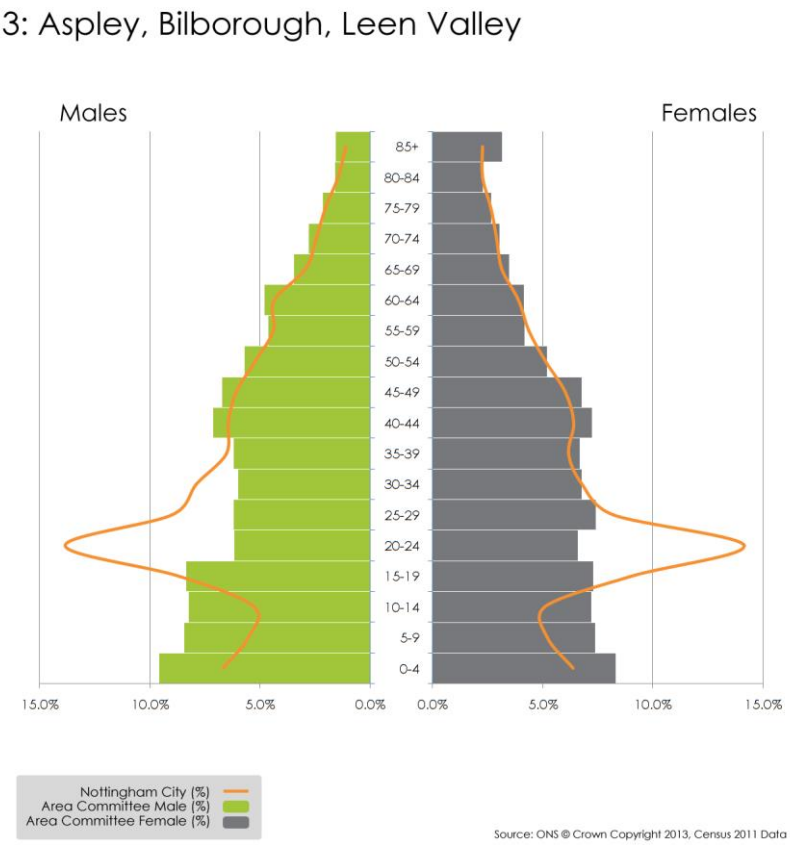
Note: Pharmacies located very close to each other may overlap and be hidden on the map

Area Committee 3 (LAC 3) comprises 3 wards to the north and west of the City; Aspley, Bilborough and Leen Valley. There are 9 pharmacies and 11 GP practices in the area including 1 branch practice. Both of the City's Dispensing Appliance Contractors are within

the LAC. Community pharmacies in the LAC3 area dispensed 56,274 items per month. Two pharmacies are open for 100 hours per week; 6 of the pharmacies are open on Saturday and 1 on Sunday.

Area Committee 3, has a population of 45,368 (2012 population estimate); 23,661 females and 21,707 males and accounts 14.7% of the City population. Just under two thirds (61.5%) of the population are of working age (16-65 years), lower than the City average of 71%. The largest ethnic group is Asian, making up 11.3% of the total; 72.1% of the population are White and 8.0% are of Black African or Caribbean ethnicity. In the over 64 age group, 92.1% of the population are White and the Asian population falls to 3.4%.

Figure 5.3.2 Population structure of LAC 3, 2012



Life expectancy for men in Area 3 ranges from 73.8 years in Bilborough to 76.8 years in Leen Valley. Female life expectancy ranges from 78.4 years in Bilborough to 81.7 years in Leen Valley. Bilborough ranks 6th lowest life expectancy for men and women in the City.

21 of the 27 Area Lower Super Output Areas are in the most deprived quintile (20%) in England, making LAC 3 the most deprived LAC in the City.

Nearly half of the households (43.9%) in LAC 3 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City.

Area 3 has a low proportion of young people of student age compared to the City; 6.8% compared to 12.8% City wide. The area has the highest proportion of children under 5 years; 8.9% compared to City average of 6.6%. The area has a higher proportion of people over 84 years than the City average (figure 5.3.2) and is home to 16.8% of all people over 65 years and 20% of people age 85 years and over in the City.

There are 6,070 older people (over 64 years) living in LAC 3 of which 1,064 are 85 or over. There are 2,354 people aged 65 and over living alone (13.0% of households).

8.5% of the population feel their health is bad or very bad and 11.7% 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 39.1% report their day to day activities are limited a lot. Area 3 has the highest levels of poor health and limited daily activity across all LACs.

4,240 claimants of Disability Living Allowance live in Area 3 (August 2013), 15.2 % of people aged 16-64 years, compared to the 9.2% City average.

The teenage conception rate of 67.8 per 1000 (2009-2011) is higher than the City average of 56.8 conceptions per 1000 women aged 15-17 years and ranks highest of all LACs. Area 3 accounts for 25.4% of all teenage conceptions in the City (198 or 779 conceptions between 2009 and 2011).

Smoking prevalence is 29% similar to the City average (Citizens Survey, 2010-2012 pooled).

Current Provision

Residents of LAC3 have access to a range of pharmaceutical services commissioned to meet the needs of the area. The density of pharmacies is slightly under the average for the City at 2.0 pharmacies per 10,000 residents (see table 3.1).

Table 5.3 Services commissioned from pharmacies in LAC3

Nottingham City Pharmaceutical Services	LAC3
Medicines Use Review (MUR)	9
New Medicines Service	9
Not Dispensed Scheme	3
Pharmacy First	8
Palliative Care Drug Stockist Scheme	1
Emergency Supply Service	7
100 Hours	2
Healthy Living Lead	2
Smoking Cessation (New Leaf)	1
Pregnancy Testing	6
Emergency Hormonal Contraception	8
C-Card	8
Chlamydia Screening	1
Sexual Health / Chlamydia Treatment	3
Supervised Consumption	7
Needle Exchange	2
Number of Pharmacies	9

Future Developments

There will potentially be a net gain of 911 residential units in the area between 2014 and 2019. Outline planning permission has been granted for 475 units in Leen Valley and a large development of 300 in Bilborough. This may increase the LAC 3 population by 4-5% (approximately 2,250 people).

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in LAC3 is adequately met by the current pharmacy providers.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

The population has high levels of poor health indicated by high smoking prevalence, low life expectancy, high teenage pregnancy and high levels of deprivation. A high proportion of people report poor health and limited daily activity and are likely to need a range of pharmacy based services.

The map shows that there are currently 9 pharmacies and 2 DACs within LAC 3. There is access to two 100 hour pharmacies in the area and weekend access is adequate. All parts of the LAC are within 1-1.5 km of a pharmacy either within the LAC or on its borders. The area is well served with bus services to the city centre.

The advanced and locally commissioned services currently provided by these pharmacies are shown in table 5.3. The opening hours of these pharmacies are shown in Appendix 7.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies.

There are currently 2 needle exchanges within this LAC and the majority of pharmacies offer supervised consumption to meet the needs of drug users.

Locally commissioned services relating to sexual health (Emergency Hormonal Contraception, C-Card Scheme, pregnancy testing, Chlamydia screening and treatment) are undertaken by most of the pharmacies in LAC3. These pharmacy based services add capacity to the wider sexual health services available across the City.

New Leaf Smoking Cessation services are available at one of the pharmacies in the LAC.

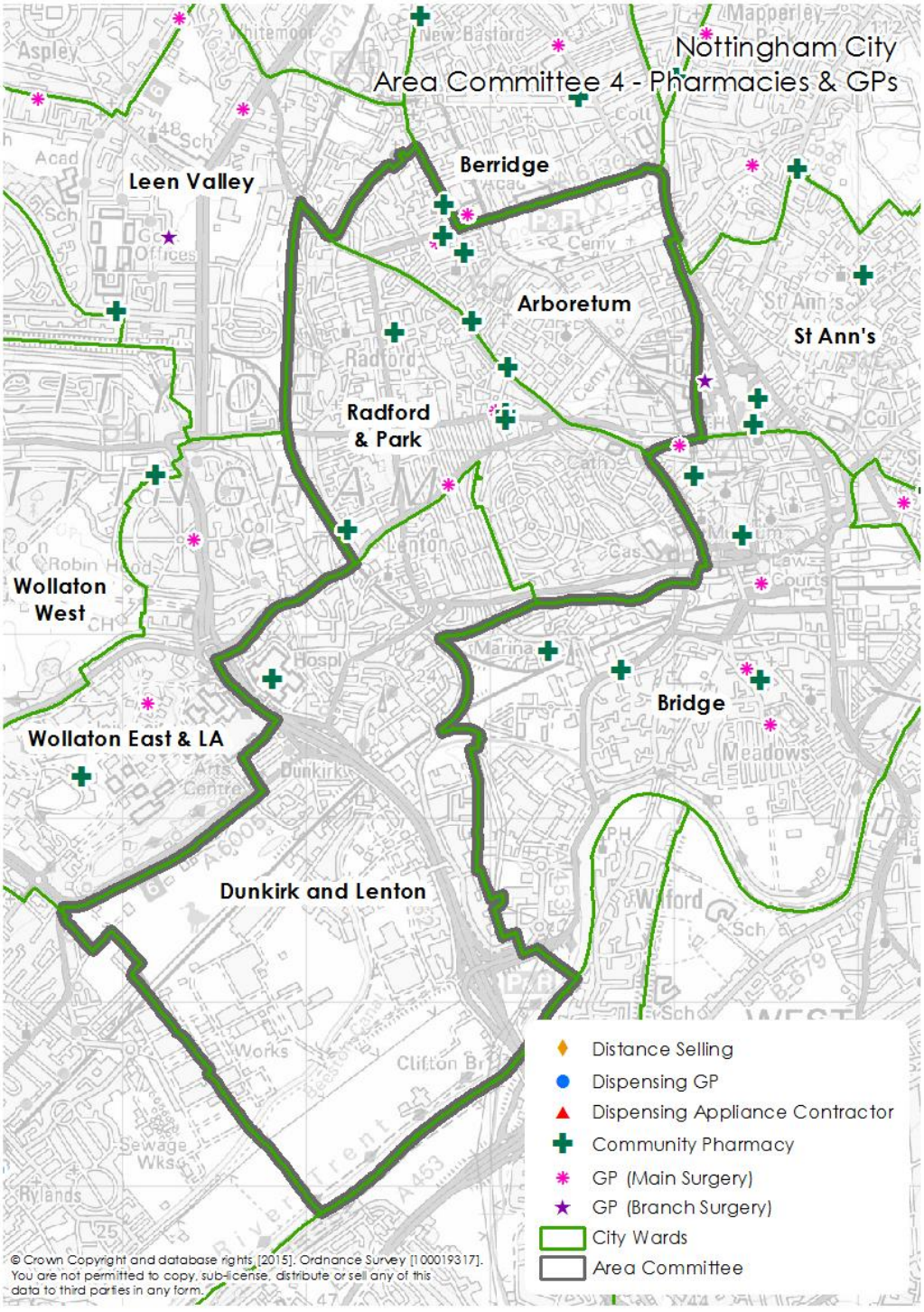
The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans may add around 5% to the population by 2019. The development at Woodhouse way in Bilborough is on the edge of the City. There is access to a pharmacy within 1km and several others within 2 km. Existing capacity should be sufficient. The planning application has considered access to facilities and concluded existing infrastructure was adequate; Woodhouse Way Planning Application. The development at Chalfont Drive in Leen Valley is not expected to significantly impact on the local infrastructure and services Chalfont Drive Development.

There has been a long running campaign for a pharmacy in a GP practice premises in Bilborough. However, there are at least 2 pharmacies less than 1 kilometre from the practice and applications to NHS England have already been turned down and their decision has been upheld on appeal to the Litigation Authority.
(http://www.nhsla.com/FHSAU/Documents/17134%20-%20Pharmaceutical%20Decisions%20(2012).pdf).

5.4 Health Profile of Local Area Committee 4 (Arboretum, Radford & Park and Dunkirk & Lenton)

Figure 5.4.1 Map of pharmacies in LAC 4



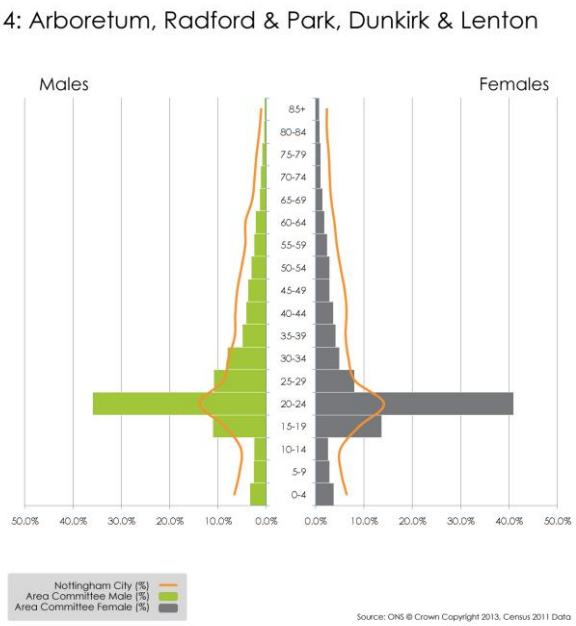
Note: Pharmacies located very close to each other may overlap and be hidden on the map

Area Committee 4 (LAC 4) comprises 3 wards running from the centre of the City to the south west. There are 10 community pharmacies and 10 GP practices in the area. In 2012/13, pharmacies in the LAC4 area dispensed 54,795 items per month. Three

pharmacies are open for 100 hours or more per week; eight of the pharmacies are open on Saturday and 4 on Sunday.

Area Committee 4 has a population 47,000 (2012 population estimate); 21,600 females and 25,500 males and accounts for just over 15% of the City population. Virtually all (86%) of the population are of working age (16-65 years), partly due to the large student population. The area is ethnically diverse with 61% of the population White, 21% Asian ethnicity and 9% Black and 7% mixed. In the over 64 age group (only 5% of the total population), 74% of the population are White; 12% are Asian and 12% Black.

Figure 5.4.2 Population structure of LAC 4, 2012



Life expectancy for men in Area 4 ranges from 69.4 years in Arboretum to 75 years in Dunkirk & Lenton. Female life expectancy ranges from 78.1 years in Arboretum to 82.7 years in Dunkirk & Lenton. Arboretum has the lowest Life Expectancy in the City for men and 2nd lowest for women, and Radford & Park rank 3rd and 4th lowest for women and men respectively. Life expectancy for women is good in Dunkirk & Lenton (17th) but average for men (10th).

Ten of the 24 Area 4 Lower Super Output Areas are in the most deprived quintile (20%) in England. Six of these are in Arboretum.

Over half of the households (53%) in LAC 4 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City.

Almost a third of the population are aged 18-21 years (students) with only 3.5% under 5 years old and 5% aged 65 years and over.

There are 2,240 older people (over 64 years) living in Area 1 of which 250 are 85 years or over. There are 1,000 people aged 65 years and over living alone (6% of households).

4.4% of the population feel their health is bad or very bad and 5.3% of the population report that their day to day activities are limited a lot. For the over 64 years population, 21% feel their health is bad or very bad and 31% report their day to day activities are limited a lot.

1,655 claimants of Disability Living Allowance live in Area 4 (August 2013), 8.2 % of people aged 16-64, compared to the 9.2% City average.

The teenage conception rate of 57.2 per 1000 (2009-2011) is slightly higher than the City average of 56.8 conceptions per 1000 women aged 15-17 years and ranks 4th highest of the 8 LACs. Area 4 accounts for 6% of all teenage conceptions in the City (49 of 779 conceptions between 2009 and 2011).

Smoking prevalence is 26.6% compared with the City average of 29% (Citizens Survey, 2010-2012 pooled).

Current Provision
Residents of LAC4 have access to a range of pharmaceutical services commissioned to meet the needs of the area. The density of pharmacies is 2.1 pharmacies per 10,000 residents, slightly lower than the City average of 2.2 per 10,000 and the same as the England average of 2.1 per 10,000 (see table 3.1).

Table 5.4 Services commissioned from pharmacies in LAC 4

Nottingham City Pharmaceutical Services	LAC4
Medicines Use Review (MUR)	9
New Medicines Service	7
Not Dispensed Scheme	3
Pharmacy First	9
Palliative Care Drug Stockist Scheme	1
Emergency Supply Service	7
100 Hours	3
Healthy Living Lead	1
Smoking Cessation (New Leaf)	6
Pregnancy Testing	7
Emergency Hormonal Contraception	9
C-Card	9
Chlamydia Screening	3
Sexual Health / Chlamydia Treatment	6
Supervised Consumption	7
Needle Exchange	2
Number of Pharmacies	10

Future Developments
There will potentially be a net gain of 1,252 residential units in the area between 2014 and 2019 of which 491 are student accommodation. This may increase the LAC 4 population by around 5%.

Statement of pharmaceutical need
The PNA found that that pharmaceutical need in LAC4 is adequately met by the current pharmacy providers.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

The population profile is distorted by the very high proportion of students living in the area. The non- student population of Arboretum and parts of Radford & Park have high levels of health need, high levels of deprivation and diverse ethnicity. There are relatively few older people but they suffer poor health and are likely to need a range of pharmacy based services.

The map shows that there are currently 10 pharmacies within LAC 4. All areas of the LAC are within 1km of a pharmacy. There are three 100 hour pharmacies; 8 pharmacies open on Saturday and 4 open on Sunday.

The advanced and locally commissioned services currently provided by these pharmacies are shown in table 5.4. The opening hours of these pharmacies are shown in Appendix 7.

The Arboretum area is directly on the NCTX tram line meaning that pharmacies in the City centre are easily accessible to this population offering further choice and access. The new tram line, opening in 2015, will serve Dunkirk & Lenton.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies.

Supervised consumption is available at 7 pharmacies and there are currently 2 needle exchanges within this LAC (table 5.4) to meet the needs of drug users.

The population is relatively young and has a high proportion of students. Sexual Health services are available at most of the pharmacies. These pharmacy based services add capacity to the wider sexual health services available across the City.

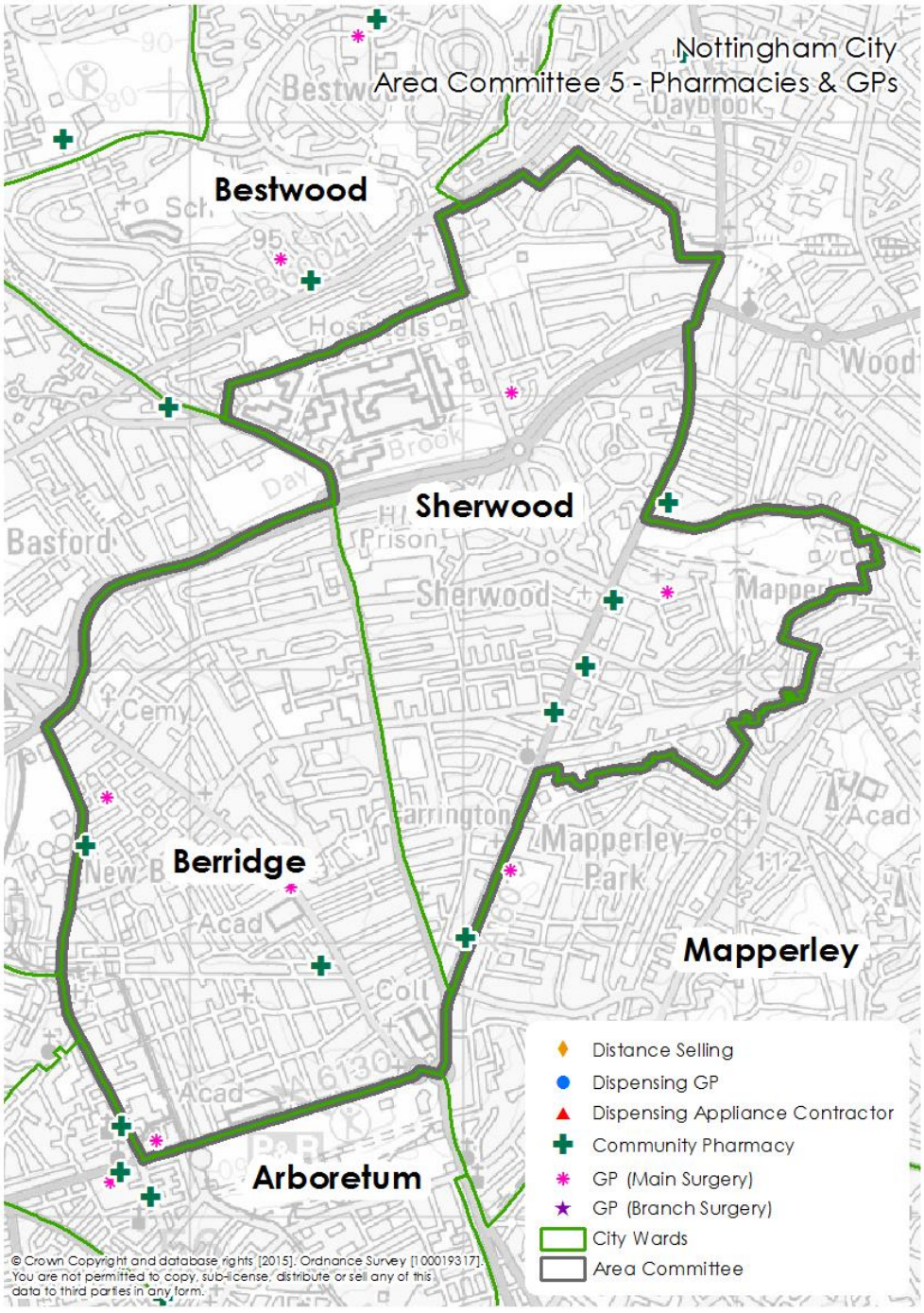
New Leaf Smoking Cessation services are available at 6 of the pharmacies in the LAC. This adds capacity to the wider New Leaf Specialist Stop Smoking Service available through a number of settings across the City (Appendix 6).

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans may add around 5% to the population by 2019. This is an urban area well provided with pharmacies offering a range of services. Existing capacity should be sufficient.

5.5 Health Profile of Local Area Committee 5 (Berridge and Sherwood wards)

Figure 5.5.1 Map of pharmacies in LAC 5



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

LAC 5 comprises 2 wards to the centre and east of the City; Berridge and Sherwood. There are 8 pharmacies and 7 GP practices in the area. Sherwood also has the Continence Prescription Service. In 2012/13, pharmacies in the LAC5 area dispensed 27,965 items per

month. One pharmacy is open for 100 hours per week; 6 of the pharmacies are open on Saturday and 3 on Sunday.

Area Committee 5 has a population of 34,207 (2012 population estimate), 16,732 females and 17,475 males and accounts 11.1% of the City population. Over two thirds (71%) of the population are of working age (16-65 years), same as the City average of 71%. The area is ethnically diverse; 67% of the population are white; 18% Asian and 7% Black with a further 6% of mixed ethnicity. In the over 64 age group, 85% of the population are White, 6% Black and 8% Asian. This suggests that the BME groups are relatively young.

Figure 5.5.2 Population structure of LAC 5, 2012



Life expectancy for men in Area 5 ranges from 73.9 years in Berridge to 75.7 years in Sherwood. Female life expectancy ranges from 79.6 years in Berridge to 82.1 years in Sherwood. Both wards are similar to the City average.

Eight of the 21 LAC 5 Lower Super Output Areas (38%) are in the most deprived quintile (20%) in England, making LAC 5 relatively affluent compared to the rest of the City.

Over a third of the households (39.5%) in LAC 5 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City.

Area 5 has a lower proportion of young people of student age compared to the City; suggesting that there are relatively few students in the area, though there is a higher proportion of young adults aged 20-35 years. The area has a slightly higher proportion of children under 5 years; 7.7% compared to City average of 6.6%. The area is home to 12% of all people over 85 years in the City.

There are 3,600 older people (over 64 years) living in Area 5, of which 642 are 85 years or over. There are 1,364 people aged 65 years and over living alone (9.6% of households).

5.6% of the population feel their health is bad or very bad and 7.6% of the population report that their day to day activities are limited a lot. For the over 64 years population, 19.2% feel their health is bad or very bad and 31.9% report their day to day activities are limited a lot.

2,010 claimants of Disability Living Allowance live in Area 5 (August 2013); 8.3 % of people aged 16-64, compared to the 9.2% City average.

The teenage conception rate of 45.9 per 1000 (2009-2011) is lower than the City average of 56.8 conceptions per 1000 women aged 15-17 years and ranks 2nd lowest of the 8 LACs. Area 5 accounts for 9.5% of all teenage conceptions in the City (74 of 779 conceptions between 2009 and 2011).

Smoking prevalence is 27.7% compared with the City average of 29% (Citizens Survey, 2010-2012 pooled) and is the 3rd lowest rate in the City.

Current Provision

Residents of LAC5 have access to a range of pharmaceutical services commissioned to meet the needs of the area. The density of pharmacies is 2.3 pharmacies per 10,000 residents, similar to the City average of 2.2 per 10,000 and higher than the England average of 2.1 per 10,000 (see table 3.1).

Table 5.5 Services commissioned from pharmacies in LAC 5

Nottingham City Pharmaceutical Services	LAC5
Medicines Use Review (MUR)	8
New Medicines Service	2
Not Dispensed Scheme	2
Pharmacy First	7
Palliative Care Drug Stockist Scheme	1
Emergency Supply Service	4
100 Hours	1
Healthy Living Lead	1
Smoking Cessation (New Leaf)	3
Pregnancy Testing	5
Emergency Hormonal Contraception	6
C-Card	6
Chlamydia Screening	0
Sexual Health / Chlamydia Treatment	5
Supervised Consumption	5
Needle Exchange	0
Number of Pharmacies	8

Future Developments

There will potentially be a net gain of 180 residential units in the area between 2014 and 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in LAC5 is adequately met by the current pharmacy providers.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

The population is relatively healthy compared to other areas in the City and has a young population. Smoking prevalence and teenage pregnancy are lower than the City average.

The map shows that there are currently 8 pharmacies within LAC offering a range of services. There are 2.3 pharmacies per 10,000 population, slightly higher than the city average. All areas of the LAC are within 1 km of a pharmacy and one is open for 100 hours per week.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 5.5. The opening hours of these pharmacies are shown in Appendix 7.

Pharmacies in the City centre are easily accessible by bus to this population offering further choice and access.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies.

Locally commissioned services relating to sexual health (Emergency Hormonal Contraception, C-Card Scheme, pregnancy testing, Chlamydia treatment) with the exception of Chlamydia screening are undertaken by at least 5 pharmacies in LAC5. These pharmacy based services add capacity to the wider sexual health services available across the City. GUM is based at City Hospital which is located in LAC5.

New Leaf Smoking Cessation services are available at 3 of the pharmacies in the LAC. This adds capacity to the wider New Leaf Specialist Stop Smoking Service available through a number of settings across the City (Appendix 6).

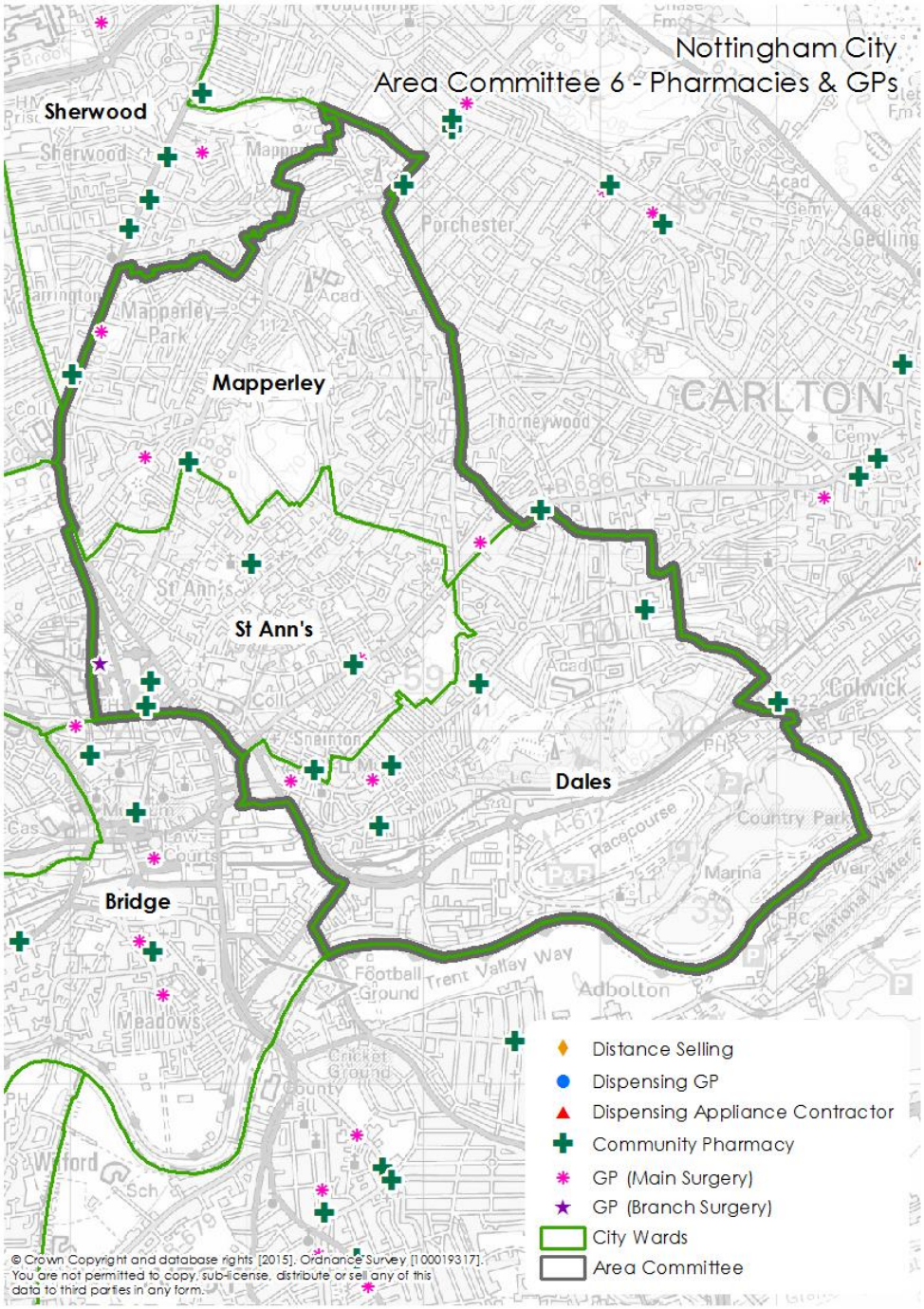
Supervised consumption is available at 5 pharmacies within this LAC (table 5.5) to meet the needs of drug users.

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to impact on the population by 2019. Existing capacity should be sufficient.

5.6. Health Profile of Local Area Committee 6 (Dales, Mapperley and St Ann's)

Figure 5.6.1 Map of pharmacies in LAC 6



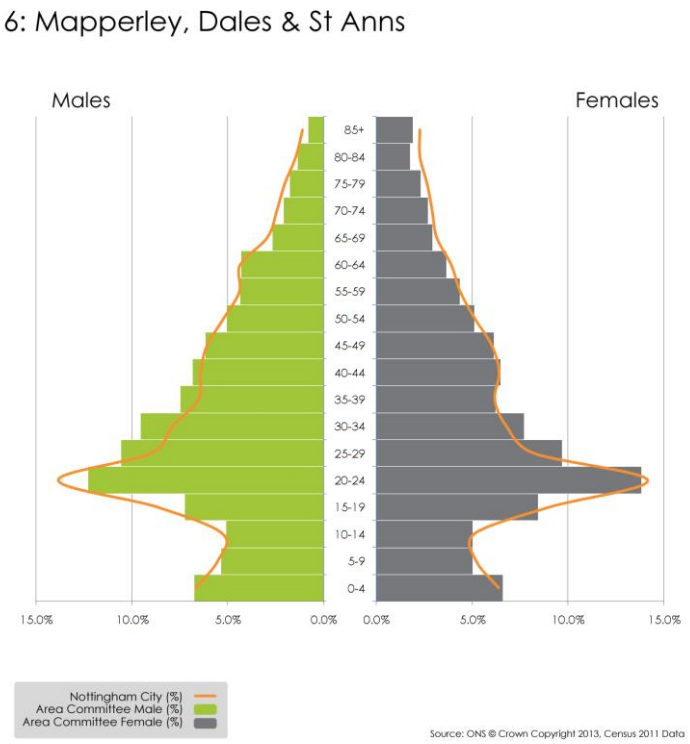
Note: Pharmacies located very close to each other may overlap and be hidden on the map

Area Committee 6 (LAC 6) comprises 3 wards to the east of the City; Dales, Mapperley and St Ann's. There are 10 pharmacies and 13 GP practices in the area including 1 branch practice. In 2012/13, pharmacies in the LAC6 area dispensed 64,436 items per month.

Seven of the pharmacies are open on Saturday and one on Sunday. 100 hour pharmacies are available in the neighbouring LACs.

Area Committee 6 has a population of 51,963 (2012 population estimate), 25,237 females and 26,726 males and accounts 16.8% of the City population. It is the most populated of the 8 LACs. Over two thirds (72%) of the population are of working age (16-65 years), similar to the City average of 71%. The area is very ethnically diverse; only 65% of the population are white; 15% Asian and 10% Black. In the over 64 age group, 86% of the population are White, 8% Black and 5% Asian. This suggests that the Black population is aging but the Asian population is relatively young.

Figure 5.6.2 Population structure of LAC 6, 2012



Life expectancy for men in Area 6 ranges from 70.6 years in St Ann's to 75.2 years in Dales. Female life expectancy ranges from 76.8 years in St Ann's to 80.3 years in Dales. St Ann's has the worst life expectancy in the City for women and the 2nd worst for men. Dales and Mapperley are mid ranking.

Sixteen of the 27 Area 6 Lower Super Output Areas (LSOAs) are in the most deprived quintile (20%) in England, making LAC 6 relatively deprived compared to the rest of the City. All 9 of the LSOAs in St Ann's are in the most deprived national quintile.

Half of the households (49.8%) in LAC 6 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City.

Area 6 has a similar proportion of young people of student age compared to the City; 10.6% compared to 12.8% City wide. The area has a similar proportion of children under 5 years; 6.8% compared to City average of 6.6%. The area also has a similar proportion of older people than the City average (figure 5.6.2) and is home to 12% of all people over 85 years in the City.

There are 5,460 older people (over 64 years) living in Area 6, of which 759 are 85 years or over. There are 2,056 people aged 65 years and over living alone (9% of households).

6.8% of the population feel their health is bad or very bad and 8.9% of the population report that their day to day activities are limited a lot. For the over 64 years population, 20.6% feel their health is bad or very bad and 33.1% report their day to day activities are limited a lot.

3,535 claimants of Disability Living Allowance live in Area 6 (August 2013); 9.4 % of people aged 16-64 years, compared to the 9.2% City average.

The teenage conception rate of 53.0 per 1000 (2009-2011) is similar to the City average of 56.8 conceptions per 1000 women aged 15-17 years and ranks lowest of the 8 LACs. Area 6 accounts for 15% of all teenage conceptions in the City (115 of 779 conceptions between 2009 and 2011).

Smoking prevalence is 33.4% compared with the City average of 29% (Citizens Survey, 2010-2012 pooled) and is the highest rate in the City.

Current Provision
Residents of LAC6 have access to a range of pharmaceutical services commissioned to meet the needs of the area. The density of pharmacies is 1.9 pharmacies per 10,000 residents, slightly lower than the City average of 2.2 per 10,000 (see table 3.1).

Table 5.6 Services commissioned from pharmacies in LAC 6

Nottingham City Pharmaceutical Services	LAC6
Medicines Use Review (MUR)	9
New Medicines Service	9
Not Dispensed Scheme	5
Pharmacy First	10
Palliative Care Drug Stockist Scheme	2
Emergency Supply Service	5
100 Hours	0
Healthy Living Lead	3
Smoking Cessation (New Leaf)	4
Pregnancy Testing	6
Emergency Hormonal Contraception	8
C-Card	7
Chlamydia Screening	1
Sexual Health / Chlamydia Treatment	5
Supervised Consumption	10
Needle Exchange	2
Number of Pharmacies	10

Future Developments
There will potentially be a net gain of 453 residential units in the area between 2014 and 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in LAC6 is adequately met by the current pharmacy providers.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

This area is very diverse ranging from high levels of deprivation in St Ann's to relative affluence in Mapperley. St Ann's in particular has high levels of poor health indicated by high smoking prevalence, low life expectancy, high teenage pregnancy and high levels of benefits dependency and is likely to need a range of pharmacy based services.

The map shows that there are currently 10 pharmacies within LAC 6 offering a range of services. There are 1.9 pharmacies per 10,000 population slightly lower than the City average of 2.2 per 10,000 and the England average of 2.1 per 10,000. All areas of the LAC are within 1.5km of a pharmacy.

The advanced and locally commissioned services currently provided by these pharmacies are shown in table 5.6. The opening hours of these pharmacies are shown in Appendix 7.

The area is well served by public transport meaning that pharmacies in the City centre are easily accessible to this population offering further choice and access.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies.

There are currently 2 needle exchanges within this LAC and the all of the pharmacies offer supervised consumption to meet the needs of drug users.

Locally commissioned services relating to sexual health (Emergency Hormonal Contraception, C-Card Scheme, pregnancy testing, Chlamydia screening and treatment) are undertaken by most of the pharmacies in LAC6. These pharmacy based services add capacity to the wider sexual health services available across the City.

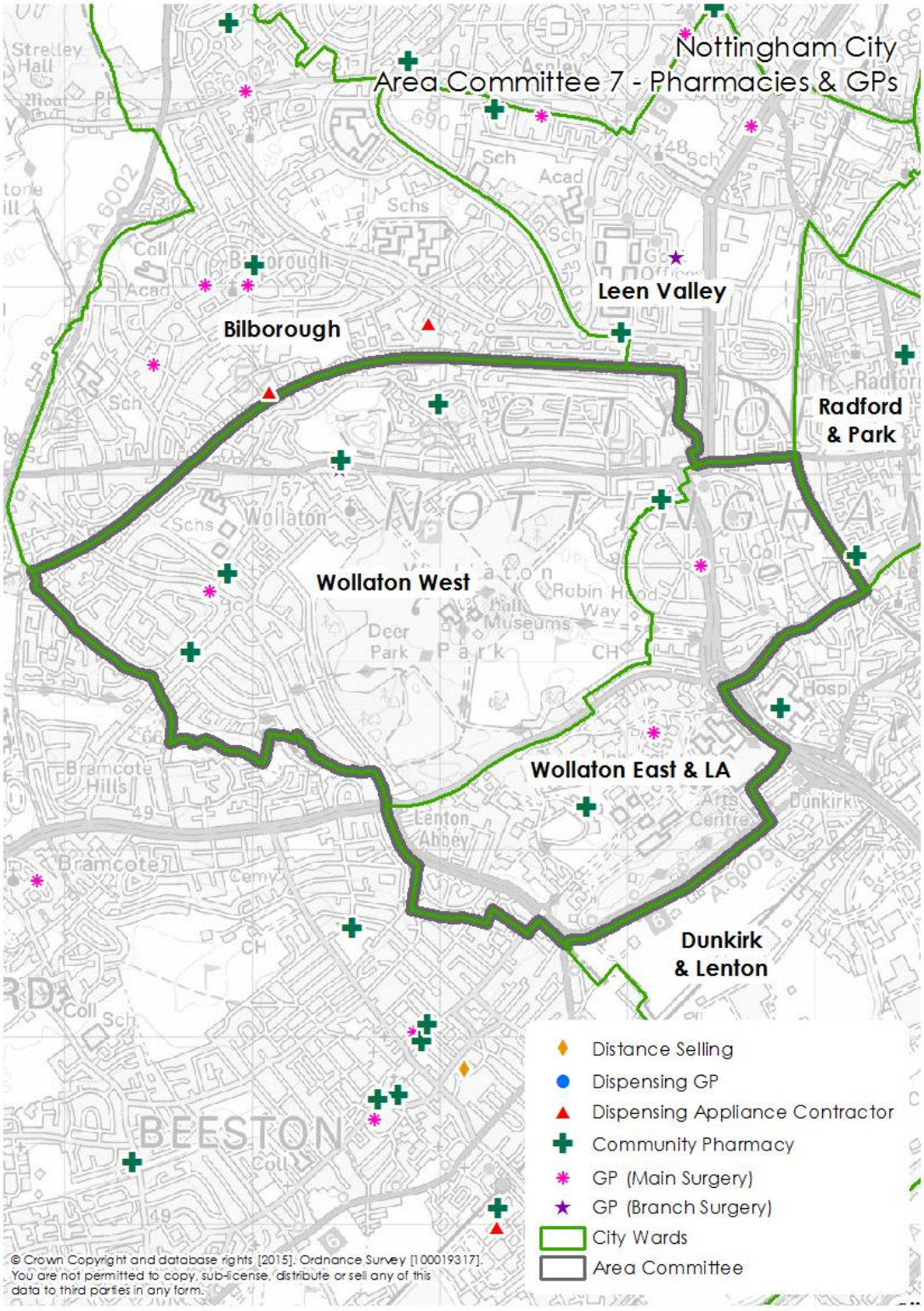
New Leaf Smoking Cessation services are available at 4 of the pharmacies in the LAC. This adds capacity to the wider New Leaf Specialist Stop Smoking Service available through a number of settings across the City (Appendix 9).

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to impact on the population by 2019. Existing capacity should be sufficient.

5.7 Health Profile of Local Area Committee 7 (Wollaton East & Lenton Abbey and Wollaton West)

Figure 5.7.1 Map of pharmacies in LAC 7

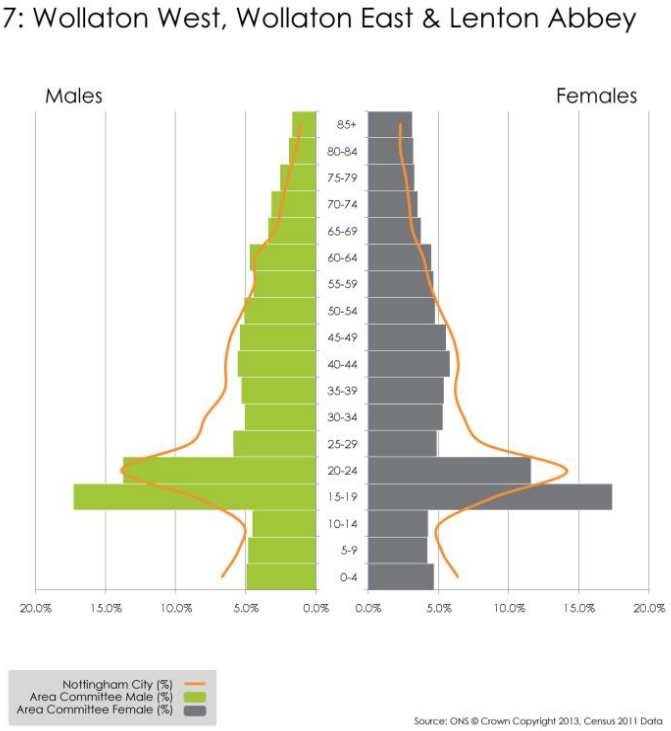


Note: Pharmacies located very close to each other may overlap and be hidden on the map

Area Committee 7 (LAC 7) comprises 2 wards to the west of the City; Wollaton East & Lenton Abbey (WELA) and Wollaton West. There are 6 pharmacies and 5 GP practices in the area including 1 branch practice. One of the pharmacies is a distance-selling pharmacy. The NEMS out of hours service is located in WELA. In 2012/13, pharmacies in the LAC7 area dispensed 24,167 items per month. Two pharmacies are open on Saturday morning; none are open on Sunday. There are three 100 hour pharmacies in the neighbouring LAC 4.

Area Committee 7, the smallest of the LACs has a population of 25,040 (2012 population estimate); 12,420 females and 12,620 males and accounts 8% of the City population. Over two thirds (71%) of the population are of working age (16-65 years), similar to the City average of 71%. The area has a large Asian population making up 20% of the total; 71% of the population are White and 3.4% are of Black African or Caribbean ethnicity. In the over 64 years age group, 92% of the population are White and the Asian population falls to 5.5%.

Figure 5.7.2 Population structure of LAC 7, 2012



Life expectancy for men in Area 7 ranges from 78.2 years in WELA to 83.3 years in Wollaton West. Female life expectancy ranges from 83.5 years in WELA to 87.2 years in Wollaton West. Wollaton West has the highest life expectancy in the City for both men and women. WELA ranks 2nd highest for men and 3rd highest for women.

None of the 13 LAC 7 Lower Super Output Areas are in the most deprived quintile (20%) in England, making LAC 7 the most affluent area in the City.

A quarter of the households (25.5%) in LAC 7 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City.

Area 7 has a high proportion of young people of student age compared to the City; 22.5% compared to 12.8% City wide. The area a lower proportion of children under 5 years; 4.8% compared to the City average of 6.6%. The area has a higher proportion of older people than the City average (figure 5.7.2) and is home to 12% of all people over 85 years in the City.

There are 3,740 older people (over 64 years) living in Area 7, of which 640 are 85 years or over. There are 1,216 people aged 65 years and over living alone (15% of households). 5.3% 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 over 64 years population, 13.9% feel their health is bad or very bad and 25.4% report their day to day activities are limited a lot.

940 claimants of Disability Living Allowance live in Area 7 (August 2013); 5.3 % of people aged 16-64 years, compared to the 9.2% City average.

The teenage conception rate of 27.4 per 1000 (2009-2011) is lower than the City average of 56.8 conceptions per 1000 women age 15-17 years and ranks lowest of the 8 LACs. Area 7 accounts for 3.2% of all teenage conceptions in the City (25 of 779 conceptions between 2009 and 2011).

Smoking prevalence is 22% compared with City average of 29% (Citizens Survey, 2010-2012 pooled).

Current Provision

Residents of LAC7 have access to a range of pharmaceutical services commissioned to meet the needs of the area. The density of pharmacies is 2.4 pharmacies per 10,000 residents, higher than the City average of 2.2 per 10,000 (see table 3.1).

Table 5.7 Services commissioned from pharmacies in LAC 7

Nottingham City Pharmaceutical Services	LAC7
Medicines Use Review (MUR)	6
New Medicines Service	6
Not Dispensed Scheme	2
Pharmacy First	5
Palliative Care Drug Stockist Scheme	0
Emergency Supply Service	5
100 Hours	0
Healthy Living Lead	2
Smoking Cessation (New Leaf)	2
Pregnancy Testing	4
Emergency Hormonal Contraception	5
C-Card	5
Chlamydia Screening	1
Sexual Health / Chlamydia Treatment	2
Supervised Consumption	4
Needle Exchange	0
Number of Pharmacies	6

Future Developments

There will potentially be a net gain of 14 residential units in the area between 2014 and 2019.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in LAC7 is adequately met by the current pharmacy providers.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

This is a relatively affluent population with high life expectancy, low smoking prevalence, low teenage conception rates and low benefits dependency. The area is ethnically diverse and apart from a large student population, has an older age profile than the City average.

The map shows that there are currently 6 pharmacies within LAC offering a range of services. There are 2.4 pharmacies per 10,000 population, higher than the City average of 2.2 per 10,000. All areas of the LAC are within 1km of a pharmacy either within the LAC or in nearby Beeston (Nottinghamshire). Weekend opening is limited but there are a number of 100 hour pharmacies in neighbouring LACs.

The advanced and locally commissioned services currently provided by these pharmacies are shown in table 5.7. The opening hours of these pharmacies are shown in Appendix 7.

The area is well supplied with public transport and car ownership is high meaning that pharmacies in the City centre are easily accessible to this population offering further choice and access.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies.

4 of the pharmacies offer supervised consumption to meet the needs of drug users.

All of the locally commissioned services relating to sexual health (Emergency Hormonal Contraception, C-Card Scheme, pregnancy testing, Chlamydia screening and treatment) are undertaken by at least one of the pharmacies in LAC7. These pharmacy based services add capacity to the wider sexual health services available across the City.

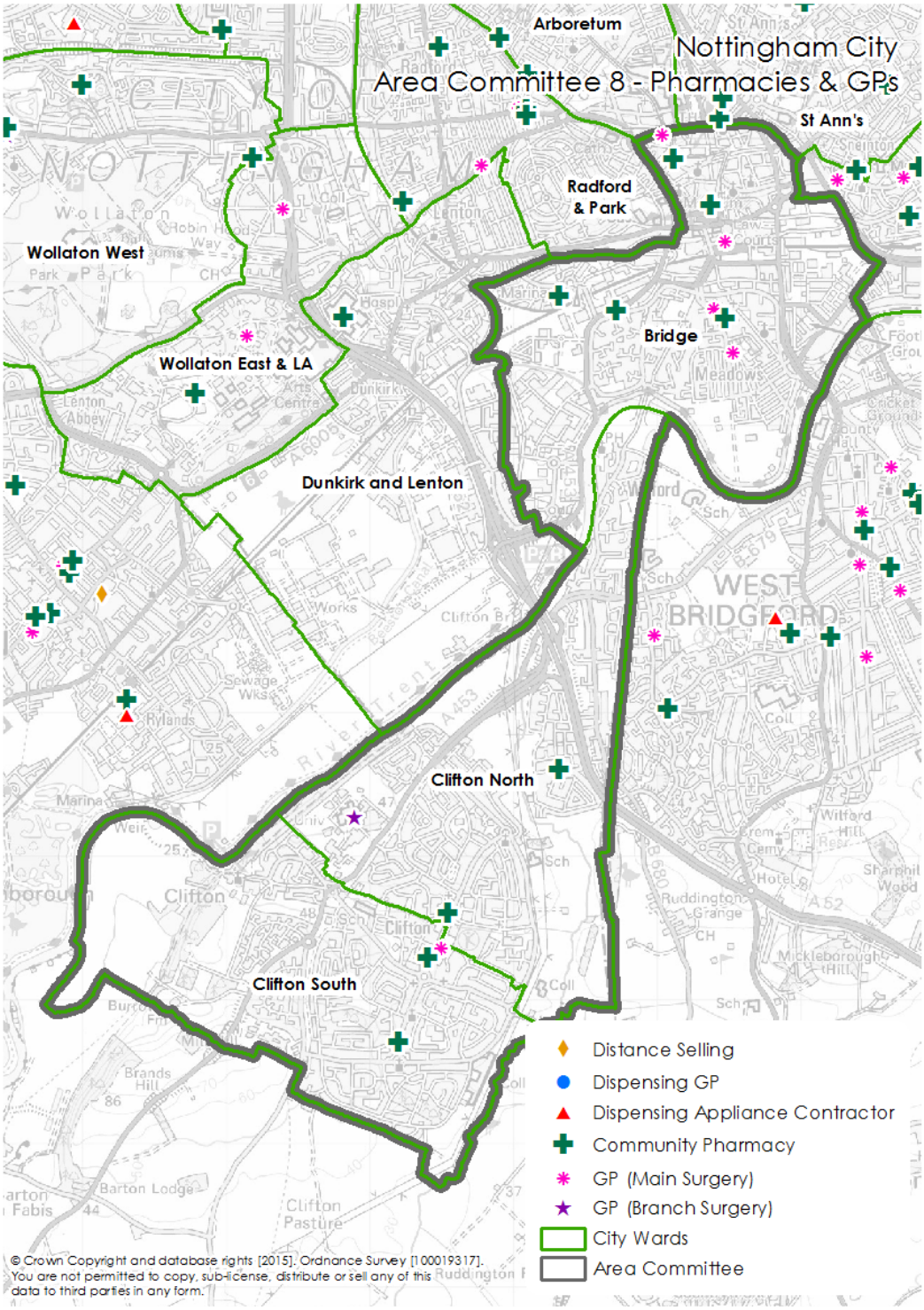
New Leaf Smoking Cessation services are available at 2 of the pharmacies in the LAC. This adds capacity to the wider New Leaf Specialist Stop Smoking Service available through a number of settings across the City (Appendix 6).

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to impact on the population by 2019. Existing capacity should be sufficient.

5.8 Health Profile of Local Area Committee 8 (Bridge, Clifton North and Clifton South)

Figure 5.8.1 Map of pharmacies in LAC 8



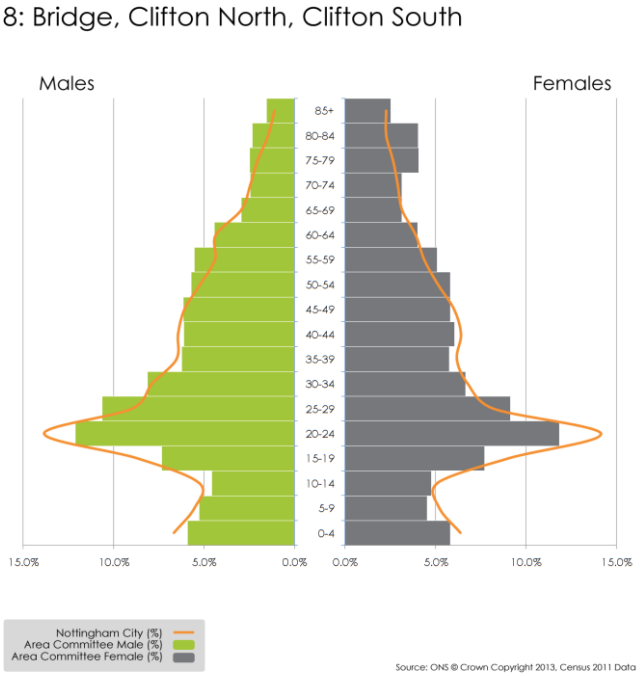
Note: Pharmacies located very close to each other may overlap and be hidden on the map

Area Committee 8 (LAC 8) comprises 3 wards to the south of the City; Bridge, Clifton North & Clifton South. Bridge ward covers the part of the City centre. There are 10 pharmacies and

9 GP practices in the area including 1 branch practice with good spread across the LAC on either side of the River Trent. The walk in centre is also located in Bridge ward and the Nottingham Homeless team at the Health Shop. In 2012/13 pharmacies in the LAC8 area dispensed 54,084 items per month. Two pharmacies are open for 100 hours or more per week; seven of the pharmacies are open on Saturday and 3 on Sunday.

LAC 8 has a population of 42,300 (2012 population estimate); 20,784 females and 21,512 males and accounts for 13.7% of the City population. Over two thirds (70%) of the population are of working age (16-65 years), similar to the City average of 71%. 80.3% of the population are White, 9.1% are of Asian ethnicity and 4.5% are of Black African or Caribbean ethnicity. In the over 64 age group, 95% of the population are White.

Figure 5.8.2 Population structure of LAC 8, 2012



Life expectancy for men in Area 8 ranges from 73.7 years in Bridge to 76.3 years in Clifton South. Female life expectancy ranges from 78.3 years in Bridge to 81.4 years in Clifton South. Bridge ranks 5th and 4th lowest life expectancy for wards in the City for males and females respectively, Clifton South ranks 14th and 13th for Males and Females respectively.

Ten of the 24 Area 8 Lower Super Output Areas are in the most deprived quintile (20%) in England.

Almost half of the households (44%) in LAC 8 have a no access to a car or van compared to 26% nationally and 44% in Nottingham City.

Area 8 has a similar proportion of young people of student age to the City; 10.5% compared to 12.8% City wide, due to location of a university campus in Clifton. The area has a similar proportion of children under 5 years; 6.1% compared to the City average of 6.6%. The area has a higher proportion of older people than the City average (figure 5.8.2) and is home to 17.6% of all people over 85 years in the City.

There are 5,900 older people (over 64 years) living in Area 8, of which 939 are 85 years or over. There are 2,424 people aged 65 years and over living alone (13% of households).

6.8% of the population feel their health is bad or very bad and 9.9% of the population report that their day to day activities are limited a lot. For the over 64 years population, 20.5% feel their health is bad or very bad and 34.3% report their day to day activities are limited a lot.
2,690 claimants of Disability Living Allowance live in Area 8 (August 2013); 9.1 % of people aged 16-64 years, compared to the 9.2% City average.

The teenage conception rate of 47.7 per 1000 (2009-2011) is lower than the City average of 56.8 conceptions per 1000 women aged 15-17 years and ranks 3rd lowest of the 8 LACs. Area 8 accounts for 10.7% of all teenage conceptions in the City (83 of 779 conceptions between 2009 and 2011).

Smoking prevalence is 30.6% compared with the City average of 29% (Citizens Survey, 2010-2012 pooled).

Current Provision
Residents of LAC8 have access to a range of pharmaceutical services commissioned to meet the needs of the area. The density of pharmacies is 2.4 pharmacies per 10,000 residents, higher than the City average of 2.2 per 10,000 (see table 3.1).

Table 5.8 Services commissioned from pharmacies in LAC 8

Nottingham City Pharmaceutical Services	LAC8
Medicines Use Review (MUR)	9
New Medicines Service	10
Not Dispensed Scheme	4
Pharmacy First	10
Palliative Care Drug Stockist Scheme	4
Emergency Supply Service	7
100 Hours	2
Healthy Living Lead	1
Smoking Cessation (New Leaf)	5
Pregnancy Testing	7
Emergency Hormonal Contraception	9
C-Card	9
Chlamydia Screening	
Sexual Health / Chlamydia Treatment	4
Supervised Consumption	9
Needle Exchange	3
Number of Pharmacies	10

Future Developments
There will potentially be a net gain of 1068 residential units in the area between 2014 and 2019, of which 459 are student accommodation. This may increase the LAC 8 population by around 5%.

Statement of pharmaceutical need

The PNA found that that pharmaceutical need in LAC8 is adequately met by the current pharmacy providers.

Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

The population has average levels of poor health as indicated by smoking prevalence and teenage pregnancy rates. However, the Meadows area of Bridge ward is very deprived with low life expectancy, high teenage pregnancy and high levels of benefits dependency, and Clifton has a high proportion of older people. Therefore the area is likely to need a range of pharmacy based services.

The map shows that there are currently 10 pharmacies within the LAC. There are 2.4 pharmacies per 10,000 population, higher than the City average of 2.2 per 10,000. All areas of the LAC are within 1km of a pharmacy and there are two 100 hour pharmacies.

A proposal to provide prescribing at the walk in centre, rather than direct provision of medicines to patients may generate a need for a late opening pharmacy (after 6pm) in the area. The nearest late opening pharmacy would be Sainsbury's on Castle Marina. Provision of a 100 hour service may need to be reviewed in the city centre area if the proposal to provide prescribing is adopted.

The advanced and locally commissioned services currently provided by these pharmacies are shown in table 6.8. The opening hours of these pharmacies are shown in Appendix 7.

The area is on the new NCTX tram line which opens in 2015, meaning that pharmacies in the City centre and West Bridgford are easily accessible to this population offering further choice and access.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies.

There are currently 3 needle exchanges within this LAC and the majority of pharmacies offer supervised consumption to meet the needs of drug users.

With the exception of chlamydia screening, all of the locally commissioned services relating to sexual health (Emergency Hormonal Contraception, C-Card Scheme, pregnancy testing, Chlamydia screening and treatment) are undertaken by a number of pharmacies in LAC8. These pharmacy based services add capacity to the wider sexual health services available across the City.

New Leaf Smoking Cessation services are available at 5 of the pharmacies in the LAC. This adds capacity to the wider New Leaf Specialist Stop Smoking Service available through a number of settings across the City (Appendix 6).

The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to add appreciably to the population. The largest non-student development of 350 units is the site on Queens Road near Hooters. This area has access to pharmacies in the City centre and in West Bridgford.

6. Summary and gap analysis

The PNA has not identified any significant gaps in pharmaceutical services for the Nottingham City population. Nottingham City is well served by community pharmacies providing a range of services sensitive to local health needs. Access is good and there is a good spread of pharmacies with longer opening hours and open at weekends.

A public consultation on pharmacy services did not identify any significant issues with current provision. Over half of respondents to the public survey expressed an interest in additional services that could be provided by pharmacies. These include weight management, NHS Health Checks, cholesterol testing, blood pressure monitoring and seasonal vaccinations. However the consultation response rate was very low (74 responses in total) and not representative of the City population so commissioners would be advised to carry out further research in this area before committing to new services.

The formal consultation raised some new ideas for services that pharmacies could offer and how they could integrate into multi-disciplinary teams. Community pharmacy delivery staff may be one of the key groups who can help to identify isolated older people (a map of care homes and pharmacies is included in Appendix 11). In addition, the skills of community pharmacies could be utilised in other areas. For instance studies have shown 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[8].

The widespread access to community pharmacies across Nottingham City provides an opportunity to make better use of the skills and experience of this workforce to contribute to improvements in health and wellbeing. Commissioners of services may wish to explore new delivery models to utilise this resource and raise awareness of existing services through advertising. Commissioning of new services would need to be considered subject to further research into need, acceptability, clear evidence of benefit and value for money and improved health outcomes.

[8] Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people (CHUMS), October 2009

7. List of Appendices

1. PNA Process Papers
   a) HWB/CEG Project Update
   b) Steering Group Terms of Reference
2. Work Plan / Communication Plan
3. List of pharmacies and services provided
4. Public Needs Survey
   a) Public Needs Survey questionnaire
   b) Results of Public Needs Survey – City
5. Formal Consultation
   a) Formal Consultation questionnaire
6. Equity Impact Assessment
7. Pharmacy opening hours
8. List of GP practices
9. List of Sexual Health Clinics
10. List of Smoking Cessation Services
11. Map of care homes and pharmacies