Nottinghamshire County Council

# Nottinghamshire County Pharmaceutical Needs Assessment 2018

**Approval Date:** 7th March 2018
**Publication Date:** March 2018
**Review Date:** 2020 / 2021

# Contents

1. EXECUTIVE SUMMARY ..... 4
2. Introduction ..... 5
2.1 Wider context ..... 6
2.2 PNA development in Nottinghamshire County Council ..... 8
2.3 Determination of localities for the PNA ..... 9
3. Overview of pharmaceutical services ..... 10
3.1 Contracted Hours (100 hours) ..... 11
3.2 Essential services ..... 11
3.3 Advanced services ..... 11
3.4 Locally Commissioned Services ..... 13
3.5 Non-commissioned services offered by pharmacies ..... 15
3.6 Dispensing practices ..... 15
3.7 Dispensing Appliance Contractors ..... 15
3.8 Out of area providers of pharmaceutical services ..... 16
3.9 Mail order / Distance Selling pharmacies ..... 16
3.10 The effectiveness of services provided by pharmacies ..... 17
3.11 Future services ..... 21
4. Current provision of services provided by community pharmacy by district ..... 23
4.1 Change since 2015 PNA ..... 26
5. Nottinghamshire County demographic profile ..... 26
5.1 Social and environmental context ..... 28
5.2 Health and Wellbeing ..... 30
5.3 Access to health care services by public transport ..... 31
5.4 Housing plans ..... 31
6. Analysis of pharmaceutical services provision by district ..... 33
6.1 Ashfield District ..... 33
6.2 Bassetlaw District ..... 39
6.3 Broxtowe District ..... 45
6.4 Gedling District ..... 51
6.5 Mansfield District ..... 57
6.6 Newark & Sherwood District ..... 63
6.7 Rushcliffe District ..... 69

7. Summary and gap analysis.....75

8. Glossary.....77

9. List of appendices .....80

1. PNA steering group terms of reference
2. Work Plan
3. List of pharmacies by District and services provided
    a. List of pharmacies and services commissioned by NHS England and Nottinghamshire County
    b. List of Dispensing Appliance Contractors and Distance Selling Pharmacies
4. Formal Consultation
5. Equity Impact Assessment
6. List of GP Practices in Nottinghamshire County
7. Map Appendices

# Nottinghamshire Pharmacy Needs Assessment 2018

## 1. EXECUTIVE SUMMARY

The local Pharmaceutical Needs Assessment (PNA) is a document that outlines services and ensures that pharmaceutical services across Nottinghamshire both meet the needs of the population and that they are in the correct locations to support the residents of Nottinghamshire.

The PNA became the responsibility of the Council following the Health and Social Care Act 2012. The previous PNA was produced by Nottinghamshire County Council HWB in 2015. Commissioners may use the PNA for commissioning 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 relating 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 County has been divided into districts for the purpose of reviewing health needs and service provision at local level.

Pharmaceutical services are provided by Community Pharmacies, Dispensing Practices, Distance Selling Pharmacies and Dispensing Appliance Contractors.

The County has 165 community pharmacies and seven Distance Selling Pharmacies. There are also 18 Dispensing practices and 5 Dispensing Appliance Contractors (DACs).

In addition to their traditional role of providing prescription medicines, community pharmacies are important providers of further health services to their communities. Examples include services which improve patients' adherence and outcomes from their prescribed medicines; provision of advice on prevention and self-care; Pharmacy First minor ailments service and influenza vaccinations for at risk groups.

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

- Population demographics: age, deprivation and health needs
- Number and location of community pharmacies, dispensing practices, Distance Selling pharmacies, DACs and the services commissioned
- Identification 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 the final draft PNA

**Statement of pharmaceutical need**

The current balance of community pharmacies, dispensing practices and Dispensing Appliance Contractors provides a comprehensive range of services to the local population. 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 to increase the local population beyond current capacity**.**

**The PNA will be reviewed during 2020 and republished in April 2021 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. Nottinghamshire County Council has its own Health and Wellbeing Board and one of their responsibilities, transferred from Primary Care Trusts in 2013 is the development and updating of Pharmaceutical Needs Assessments (PNAs).

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

### 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

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

- The extent to which the PNA must take account of likely future needs
- The date by which a HWB must publish their first PNA
- The circumstances in which a HWB must make a new PNA

In particular, the regulations determine

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

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

"The opinion of the Health & Wellbeing Board (HWB) on whether or not a gap in pharmaceutical service provision would be created by the consolidation must be given when the application is notified locally and representations sought. If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its PNA recording its view". (Pharmacy Regulations, 2013).

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

**Review of the 2013 Regulations**

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

## 2.1 Wider context

**Strategic fit**

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

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

**Commissioning and funding of community pharmacies**

Since the publication of the previous PNA in April 2015, there have been changes in the way community pharmacies receive their funding[2].

The reforms will consolidate a range of fees into a single activity fee, phase out establishment payments and introduce a Pharmacy Access Scheme (PhAS) to protect access in areas of low provision. The PhAS will support access where pharmacies are sparsely spread and patients depend on them most. This has been defined as any pharmacy that is more than a mile from another pharmacy by road, is on the pharmaceutical list on September 1st 2016 and is not in the top quartile by dispensing volume.

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

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

• provision of at least one specified advanced service

• NHS Choices entry up to date

• ability for staff to send and receive NHS mail

• ongoing utilisation of the Electronic Prescription Service

Implementation was initiated on December 1st, 2016 through amendments to the December Drug Tariff[3] and changes to market entry regulation to facilitate consolidation of pharmacies.

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

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

[3] The Drug Tariff is produced monthly by the Pharmaceutical Directorate of the NHS Business Services Authority, NHS Prescription Services for the Secretary of State and is supplied primarily to pharmacists, doctors' surgeries and (twice yearly) to Nurse Prescribers

**Local Organisational change**

In December 2015, the NHS document 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21'[4] outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every part of the health and social care system in England is required to produce a multi-year Sustainability and Transformation Partnership (STP) plan. This plan outlines how local services will evolve and become sustainable over the next five years and deliver the Five Year Forward View vision of better health (for Nottinghamshire better health is defined in terms of improved Healthy Life Expectancy), better patient care and improved NHS efficiency. The residents of Nottinghamshire are covered by 2 STPs;

- Nottingham and Nottinghamshire (N&N STP)
- South Yorkshire and Bassetlaw (SY&B STP)

The Better Care Fund (more recently the Improved Better Care Fund) incentivises the integration of care services in line with the STP. It creates a local single pooled budget to encourage the NHS and social care to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources accordingly. More recently in the Next Steps on the NHS Five Year Forward View (2017)[5], both N&N STP and SY&B STP have been identified as two of a small number of STPs that will become Integrated Care Systems (ICSs). ICSs involve all NHS organisations in a local area working together and in partnership with local authorities to take collective responsibility for resources and population health. These are to operate in 'shadow' form in 2017/18, becoming 'full' ICSs from 2018/19. They are expected to make faster progress than other STPs in transforming the way care is delivered, to the benefit of the population they serve. For Nottingham and Nottinghamshire, the initial focus will be on the Greater Nottinghamshire Area (Nottingham City, Broxtowe, Gedling and Rushcliffe).

The GP Forward View[6] has identified pharmacists and community pharmacies as key components of the system improvements to be introduced over the next five years, expanding the workforce to take on more roles in GP practices, care homes and urgent care. Although this may not impact community pharmacy directly there may be implications for the workforce.

## 2.2 PNA development in Nottinghamshire County Council

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

A working group was established to produce the document under the guidance of the steering group. The steering group was chaired in rotation by a consultant in Public Health

[4] https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf
[5] https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf
[6] https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

from Nottinghamshire County and Nottingham City Council respectively and had further representation from Nottinghamshire Local Pharmaceutical Committee, Nottinghamshire Medical Committee, NHS England North Midlands (Derbyshire & Nottinghamshire team), NHS England Yorkshire & Humber (South Yorkshire and Bassetlaw team), Nottingham City and Nottinghamshire Clinical Commissioning Groups Medicines Management teams, Public Health, Communications and legal representation. Steering group terms of reference were agreed (Appendix 1).

The steering group met regularly as required. They directed the work programme (Appendix 2) and agreed the activities of the group. Activities included collation of health and pharmacy data, compilation of up to date pharmacy lists and services provided (Appendix 3), and the formal consultation on the draft PNA (Appendix 4). In order to ensure clarity, accuracy and timeliness for the refresh of the PNA, the data contained within the final approved version of the report will be accurate for data received by 15th December 2017. No further amendments to the data will be required prior to publication unless issues of data accuracy would affect the recommendations within the report.

The regulations stipulate that the HWB must consult formally for a minimum period of 60 days on a draft of their PNA at least once during its development and lists the persons and organisations that must be consulted with (Dept Health, 2013).

In accordance with the Regulations, the HWB, as a minimum, must publish a statement of its revised assessment within three years of the publication of this document in April 2018. In addition, the HWB will make a new assessment of pharmaceutical need as soon as is reasonably practicable sooner than this, should it identify any significant changes to the availability of pharmaceutical services that have occurred since the publication of this PNA. This will be undertaken only where, in the Local Authorities view, the changes are so substantial that the publication of a new assessment is a proportionate response.

This PNA replaces that of 2015. The PNA will be reviewed in 2021 or before if there is a substantial change in need or supply, e.g. if planned housing developments result in greater than expected population numbers. 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 Nottinghamshire County Council website at www.nottinghamshire.gov.uk.

An Equality Impact Assessment was carried out in order to determine whether all relevant population groups had been considered in the pharmaceutical health needs assessment (Appendix 5).

The Health and Wellbeing Board is responsible for final approval of the PNA.

## 2.3 Determination of localities for the PNA

Nottinghamshire County Council is one of five County Councils and four Unitary Authorities in the East Midlands. It shares boundaries with Doncaster, Rotherham, Derbyshire, Leicestershire, Lincolnshire, North Lincolnshire and Nottingham City Unitary Authority.

In accordance with the regulations, the PNA steering group considered how to assess the differing needs of the localities in the area. It concluded that the best approach was to divide Nottinghamshire into the 7 District Councils.

A summary of demographic information for the County was produced. A locality profile was developed for each of the 7 district councils (Figure 2.1) using information from the Nottinghamshire JSNA and Nottingham Insight. Nottingham City is a Unitary Authority and has its own PNA. The responses to the formal consultation were considered in the overall assessment of need (Appendix 4).

The responses to the formal consultation were considered in the overall assessment of need. A full report on responses is available on request.

**Figure 2.1 Map of Nottinghamshire District Councils**




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

## 3. Overview of pharmaceutical services

Pharmaceutical services provided by community pharmacies, dispensing practices and appliance contractors are defined by the regulations.

## 3.1 Contracted Hours (100 hours)

Out of hours prescribing in Nottinghamshire is undertaken by Nottinghamshire Emergency Medical Services (NEMS) in the south of the County, North Nottinghamshire Out of Hours Service and Bassetlaw Out of Hours service in the north. There are 26 pharmacies contracted to provide a 100 hours service within Nottinghamshire (most pharmacies are contracted to provide 40 hours). They are open 7 days a week and are open until at least 10pm Monday to Saturday.

The opening hours of all 165 pharmacies in Nottinghamshire County are available on NHS Choices. Accurate information on the NHS Choices website is one of the gateway criteria for pharmacies linked to the quality scheme.

There are three tiers of community pharmacy services; Essential Services (applies to all pharmacies), Advanced Services and Locally Commissioned Services[7].

## 3.2 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 165 community pharmacies in Nottinghamshire County provide these services in accordance with the requirements of the national community pharmacy contractual framework (and requirements of distance selling regulations in the case of the distance selling pharmacies).

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

## 3.3 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 six advanced services; Medicines Use Review, New Medicines Service, Influenza Vaccination, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Appliance Use Reviews and Stoma Appliance

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

Customisation. Appliance Use Reviews and Stoma Appliance Customisation are provided by Dispensing Appliance Contractors or pharmacies, the other advanced services are provided by community pharmacies only.

**The Medicines Use Review (MUR)**

The Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. Four national target groups have been agreed in order to guide the selection of patients to whom the service will be offered; patients on high risk medicines, patients recently discharged from hospital where changes to their medicines have been made, patients with respiratory disease and patients at risk of or diagnosed with cardiovascular disease. The MUR process 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 and aims to help them to improve their medication adherence. The service helps patients and carers manage newly prescribed medicines for a Long Term Condition (LTC) and make shared decisions about their Long Term Condition. It recognises the important and expanding role of pharmacists in optimising the use of medicines and increases patient adherence to treatment and consequently reduces medicines wastage. The service links the use of newly-prescribed medicines to lifestyle changes or other non-drug interventions to promote wellbeing and promote health in people with LTCs. It also promotes and supports self-management of LTCs, and increases access to advice to improve medicines adherence and knowledge of potential side-effects.

**Influenza Vaccination**

The service can be provided by any community pharmacy in England subject to meeting the requirements and notifying NHS England of their intentions[8]. The advanced service allows community pharmacies to vaccinate patients 18 years and over in at-risk groups against influenza. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

**NHS Urgent Medicine Supply Advanced Service (NUMSAS)**

On 20th October 2016, the Department of Health (DH) and NHS England announced that as part of the community pharmacy funding settlement, money from the Pharmacy Integration Fund (PhIF) would be used to fund a national pilot of a community pharmacy Urgent Medicine Supply Advanced Service (NUMSAS). The service is commissioned as an Advanced Service and ran from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017. The objectives of the service are to manage appropriately NHS 111 requests for urgent medicine supply; reduce demand on the rest of

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

the urgent care system; resolve problems leading to patients running out of their medicines; and increase patients' awareness of electronic repeat dispensing. Phase 1 of the pilot starting December 2016/January 2017 includes Nottingham City CCG. East Midlands (covering Nottinghamshire) will commence in February/March 2017. The new service will run alongside the Emergency Supply Service of prescribed medicines offered in many pharmacies.

**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.

## 3.4 Locally Commissioned Services

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 4.2 for a summary of services offered in each district.

**Commissioned by NHS England**
Services for Nottinghamshire with the exception of Bassetlaw are commissioned by NHS England (Nottinghamshire and Derbyshire). Services for Bassetlaw are commissioned by NHS England (South Yorkshire and Bassetlaw).

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

**Palliative Care Drug Stockists' Scheme**
The aim of the scheme is to provide easy access to Palliative Care Drugs by ensuring that there is on-demand supply of palliative care drugs from a small network of community pharmacies spread geographically across 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 free of charge, for a defined range of minor problems, that their GP would have given them. The scheme is available to patients aged 3 months and above who are exempt from prescription charges.

**Out of Hours Rota**
Under 'The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013', Community Pharmacies are permitted to close on a declared bank holiday or substitute bank.

To ensure pharmacy provision on bank holidays / substitute bank holiday, NHS England commission a rota in Nottinghamshire County. Participation by the pharmacies is usually on a voluntary basis, unless the needs of the people in an area are not met in which case NHS England have the power to issue a direction requiring a pharmacy to open. Pharmacies that open on bank holiday / substitute bank holidays will provide the full range of services that the pharmacy usually provides.

**Commissioned by Nottinghamshire County Council**

**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 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.

**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. Young people aged under 13 years are not eligible for the scheme. Some pharmacies are commissioned to register clients and provide condoms, others for pick-up only.

**Supervised Consumption**
This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient.

**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**
Stop smoking services are commissioned by Nottinghamshire County Council with a local provider Smoke Free Life. As of 8th November, 2017, the local stop smoking provider subcontracts 17 community pharmacies to provide stop smoking services. The number of pharmacies participating is expected to increase due to a refreshed contract offer issued to all Nottinghamshire community pharmacies.

## 3.5 Non-commissioned services offered by pharmacies

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

## 3.6 Dispensing practices

Dispensing practices are GP services that provide dispensing services in rural areas where patients may have difficulty accessing a community pharmacy (though this is not always the case) and where it is not viable for a community pharmacy to operate.

There are 18 dispensing practices in Nottinghamshire (see Figure 4.1).

## 3.7 Dispensing Appliance Contractors

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

The PNA has considered and assessed the provision of pharmaceutical services to its population by 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 County.

NHS England currently has five dispensing appliance contractors in Nottinghamshire included on its own pharmaceutical list.

- Amcare Ltd T/A Trent Direct, Broxtowe
- Fittleworth Medical Limited (DAC) trading as Wilkinson Dispensing Ltd, Broxtowe
- Fittleworth Medical Ltd (DAC), Mansfield
- Countrywide, Newark and Sherwood
- Countrywide Supplies Ltd (DAC), Rushcliffe

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 County boundaries.

## 3.8 Out of area providers of pharmaceutical services

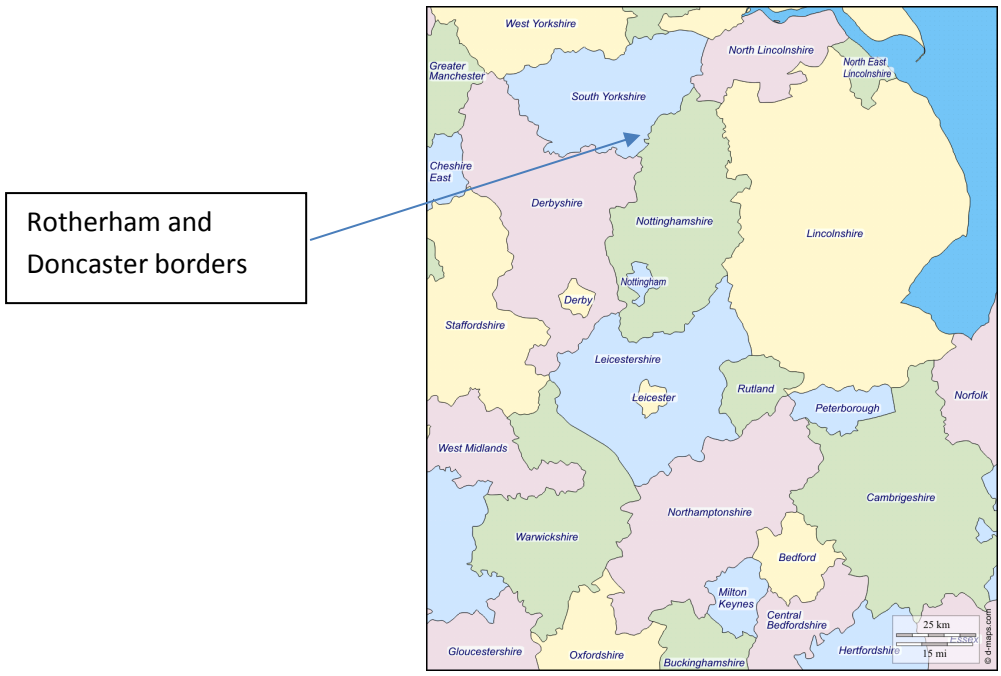
The regulations[9] require Local Authorities (LA) to identify any pharmaceutical services that are provided outside the area of the LA, and do not contribute towards meeting the need for pharmaceutical services in the LAs area, but which have secured improvements, or better access, to pharmaceutical services within its area.

To meet this requirement, consideration has been given in this assessment to pharmaceutical services provided by community pharmacy contractors on neighbouring pharmaceutical lists.

In terms of neighbouring Councils, Nottinghamshire (including Bassetlaw) has direct borders with Nottingham City, Derbyshire, Leicestershire, Lincolnshire, North Lincolnshire, Rotherham and Doncaster (Figure 3.1).

Analysis of prescribing data indicates that the number of prescriptions dispensed by pharmacies immediately beyond the County/City boundary is small (less than 5.0% of the total number of prescriptions dispensed by pharmacies) and therefore concludes that there is no significant impact on the provision of pharmaceutical services across the County. Less than 2% of prescriptions prescribed by Nottinghamshire County practices are dispensed by City pharmacies.

**Figure 3.1 Nottinghamshire and surrounding Counties**




## 3.9 Mail order / Distance Selling pharmacies

Nottinghamshire County 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. Distance selling pharmacies do not provide Essential services face-

[9] Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

to-face (they may provide Advanced and Enhanced Services). They receive a prescription via post, by e-prescription or by local collection and dispense it the next day, usually via courier though some may go by post or company delivery driver.
There are seven distance selling pharmacies in Nottinghamshire County, increased from one in 2015 but they provide their services nationwide rather than to the local population.

**Table 3.1 Distance Selling Pharmacies**

| District | Distance Selling Pharmacy |
|---|---|
| **Nottinghamshire County** | **7** |
| Ashfield | 1 |
| Bassetlaw | 0 |
| Broxtowe | 2 |
| Gedling | 2 |
| Mansfield | 1 |
| Newark and Sherwood | 0 |
| Rushcliffe | 1 |

The volume of prescriptions dispensed by mail order/distance selling pharmacies is relatively small and is not thought significantly impact on the provision of pharmaceutical services across the County.

## 3.10 The effectiveness of services provided by pharmacies

In 2016, the Chief Pharmaceutical Officer, Dr Keith Ridge commissioned the Kings Fund[10] to review community pharmacy clinical services in the light of the opportunities presented by the Five Year Forward View[11] and the General Practice Forward[12]. The review found:

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

The review included a rapid review of peer reviewed literature by Professor David Wright of the evidence base for the effectiveness and cost effectiveness of community pharmacy based clinical services, both in the UK and internationally[13]. This review considered the evidence for advanced and locally commissioned services (excluding Stoma Appliance Customisation and review for which evidence is not available).

***Essential and Advances Services***

1. **Repeat Dispensing scheme**
   Introduced in 2002, the scheme allows patients to pick up repeat prescriptions of their medication without repeated visits to see the GP and to reduce wastage. There is evidence that the scheme is popular with GP practices and patients, practice

[10] Murray, R., 2016, Community Pharmacy Clinical Services Review, The King's Fund.
[11] Five Year Forward View, (2014), NHS England (5YFV, 2014).
[12] General Practice Forward View (2016) NHS England, (GP Forward View, 2016)
[13] Wright, D., (2016), A rapid review of evidence regarding clinical services. NHS England.

workload is reduced and patient adherence is improved. With an average of 9% of patients registered for the service the NHS England Medicines Optimisation Dashboard has identified wide variation by CCG in uptake of repeat dispensing scheme (0% - 63.28% repeat dispensing items). The remuneration for this service is fixed and is therefore independent of the number of patients accessing it. With a fixed service delivery cost the greater number of patients who receive the service the greater the value of the service. Current remuneration models do not however incentivise community pharmacists or GPs to increase service uptake. Community pharmacists and GPs could be incentivised to work together to achieve better implementation rates.

2. **Medicine Use Reviews (MURs)**
   Medicines Use Reviews (MURs), defined as 'a patient-pharmacist consultation to discuss the patient's use of medicines and improve their knowledge about their purpose', were introduced in 2005 to improve patient satisfaction with medicines related information and adherence, thereby improving patient outcomes and reducing medicines wastage.

   Government requirements state that 70% of MURs were to be targeted on: patients prescribed high risk medicines (NSAIDs, anticoagulants, diuretics); those discharged from hospital with medicine changes; patients with respiratory conditions; and patients with CVD who are prescribed at least four medicines. Wright[14] has summarised a wide range of studies on MURs both at home and abroad. As yet, there have been no randomised controlled trials within the UK and most studies have looked at process outcomes rather than health outcomes. To date, there are no studies estimating the cost per additional year of quality of life (Cost per QALY) which is required in order to determine services that should be commissioned. A review of systematic reviews of interventions similar to that MUR concluded that whilst such interventions improved patient knowledge there was less evidence supporting the assertion that they improve patient adherence. In summary, there is little evidence in terms of costs or outcomes about the cost effectiveness or otherwise of the service.

3. **New Medicines Service**
   The New Medicines Service (NMS) was introduced in 2011 in order to improve medicine adherence in patients newly prescribed asthma, hypertension, COPD, diabetes and anticoagulant therapy. The design of the service was based on a small feasibility study and followed up with a randomised controlled trial to determine effectiveness and cost effectiveness of the service. The overall results have been inconclusive but did show a significant difference in adherence at 10 weeks in the intervention arm[15]. There is some evidence that NICE thresholds for cost effectiveness were not met, but the economic analysis has not yet been published.

4. **Influenza Vaccination**

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

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

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

***Enhanced Services***

1. **Domiciliary Visiting Services**
   Service aimed at visiting housebound patients with LTCs. There is currently limited evidence as to effectiveness. Domiciliary MURs can only be provided by pharmacies with NHS England approval. This service is not offered locally and there is limited evidence to support effectiveness.

2. **Medication Review**
   Clinical Medication Review is aimed at reaching agreement with the patient about drug therapy and reducing medication related problems in patients taking four or more medicines (FOMM). There is limited evidence of clinical benefit found in systematic review, but some suggestion of improved quality of life and falls reduction in a relatively large service review[16] and assuming improvements could be sustained over 12 months, there was a likelihood that the intervention was cost effective.

3. **Chronic Disease Management**
   Community Pharmacists have a well-recognised role in chronic disease management and there have been recommendations that community pharmacists could assume responsibility for the management of patients with controlled hypertension. Evidence exists for financial and outcome benefits for patients with hypertension, diabetes and chronic obstructive pulmonary disease (COPD). The transfer of workload from general practices to community pharmacies has been seen as an opportunity to create capacity for other services provided through general practice[17]. The roll out of summary care should help reduce some of the barriers to transfer of care between GPs and pharmacists and support the recommended pilot and future definitive study.

4. **Care Homes Service**
   Evidence suggests that for each event involving prescribing, dispensing or administration of medicine in UK care homes, there was an 8-10% chance of an error. Systematic reviews and RCTs have examined the benefits of community pharmacist involvement in care home medicines administration. Evidence suggests

[16] Wright, D., (2016), A rapid review of evidence regarding clinical services. NHS England.
[17] West R, Isom M. Management of patients with hypertension: general practice and community pharmacy working together. British Journal of General Practice. 2014;64(626):477-478

improvements in medicine appropriateness, but no evidence has been gathered on cost effectiveness so far.

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

***Public Health based services***

In terms of public health interventions, the Wright review generally supported the findings of the earlier PHE review in 2013[18].

1. **Emergency Hormonal Contraception supply**
   The services currently offered to women have been found to reduce access times to contraception compared to family planning clinics. Moreover, these services are unlikely to provide unwanted effects such as increasing risky sexual behaviour or increasing STIs.
2. **Chlamydia screening and treatment services**
   Chlamydia screening, introduced across England in 2010, aims to treat this symptom-free condition before it progresses to pelvic inflammatory disease and reduced fertility in women. A systematic review of screening services for women under 25 years showed community pharmacy provision to be both cost-effective and accessible.
3. **Case finding**
   Community pharmacies can effectively screen for Type 2 Diabetes: screening with intervention is cost-effective, but screening alone is uncertain. There is no RCT evidence yet for models which include risk assessment, testing and intervention. Earlier identification of COPD, which is possible through community pharmacies who frequently encounter recurrent requests for cough medicines, antibiotic prescriptions for chest infection, patients purchasing nicotine replacement therapy, can prevent disease progression where health service resource utilization significantly. Identification of the condition is also effective as a trigger for smoking patients to access cessation services.

   Health Checks: The NHS health check service was introduced free of charge in 2009 for all patients who meet the eligibility criteria (i.e. are between 40 & 74 years of age, not pregnant, have not received another NHS health check within five years and have not been pre-diagnosed with medical conditions such as hypertension and diabetes). Although the evidence underpinning NHS Health Checks has been questioned, other evaluations have shown improvements in behavioural and psychological risk factors. Pharmacies have been shown to identify appropriate

[18] Newton, J., (2013). Consolidating and developing the evidence base and research for community pharmacy's contribution to Public Health, Pharmacy and Public Health Forum, Public Health England

patients and patients have reported positive experience of receiving this service through pharmacy.

4. **Harm reduction services**
   Supervised consumption of opioids results in a sustained reduction in methadone deaths, but cost-effectiveness of the service is currently unknown. Needle exchange services are a cost-effective use of resources.
5. **Weight management**
   Systematic review shows community pharmacy based weight management services were as effective as other primary care strategies. However, they may not be as effective as commercial programmes and the actual cost of service delivery, whilst cost effective, seemed to be greater than private providers and consequently the cost-effectiveness of commissioning services via this route is unclear.
6. **Brief alcohol intervention**
   Two RCTs examining brief alcohol interventions in the UK demonstrated no long-term benefits.
7. **Smoking cessation**
   There is substantial evidence across reviews and RCTs for effectiveness and cost-effectiveness of smoking cessation services.

## 3.11 Future services

Nationally, an estimated 1.6 million people choose to visit a pharmacy each day, of which 1.2 million do so for health-related reasons, such as for their medicines and advice and to buy over the counter and other healthcare products[19]. Pharmacies provide a convenient, trusted and less formal environment for people to access readily available professional advice and support and therefore offer a useful alternative to general practice, and community services and other healthcare professionals.

Review of local health needs suggests that current Pharmacy services correspond with health and wellbeing priorities. However, demand for current health and social care services continue to pose a significant pressure for the system as a whole. National strategies such as the Five Year Forward View[20] and GP Forward View[21] are explicit in their intentions to develop the skills of clinical pharmacists within community pharmacies and beyond. The Community Pharmacy Forward View[22] sets out the contribution community pharmacy can support the health and healthcare system. In 2017, Public Health England published 'Pharmacy - A Way Forward for Public Health'[23]. The report sets out potential opportunities for commissioners and pharmacy teams, to make a marked difference to the public's health. At local level, led through health and wellbeing strategies and Sustainability and Transformation Partnerships (STP), the report identifies many opportunities where pharmacy teams can offer effective and impactful interventions, which

[19] http://pharmacyvoice.com/community-pharmacy/facts-and-figures/
[20] Five Year Forward View, (5YFV, (2014), NHS England
[21] GP Forward View, (2016), NHS England.
[22] Community Pharmacy Forward View (2016), Pharmacy Voice, PSNC
[23] Pharmacy - A Way Forward for Public Health, (PHE, (2017), Public Health England

could help to reduce the burden of disease and premature mortality and reduce health inequalities in this country.

The Quality Payments scheme introduced by the Department of Health as part of the community pharmacy contractual framework in 2017/18 incentivises pharmacies to meet new quality criteria on patient safety, patient experience, public health, digital standards, clinical effectiveness and workforce. In terms of workforce, pharmacies are encouraged to train staff as Dementia Friends. The Dementia Friends initiative is about giving people an understanding of dementia and the small things that could make a difference to people living with dementia in their community. To achieve the quality criteria for public health the pharmacy must demonstrate accreditation as a Public Health England Level 1 Healthy Living Pharmacy[24]. The aim of this quality criterion is to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. Good progress is being made with at least 200 health champions and leaders trained locally.

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

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[25], 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 7 for a map of care homes and pharmacies in Nottinghamshire).

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

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

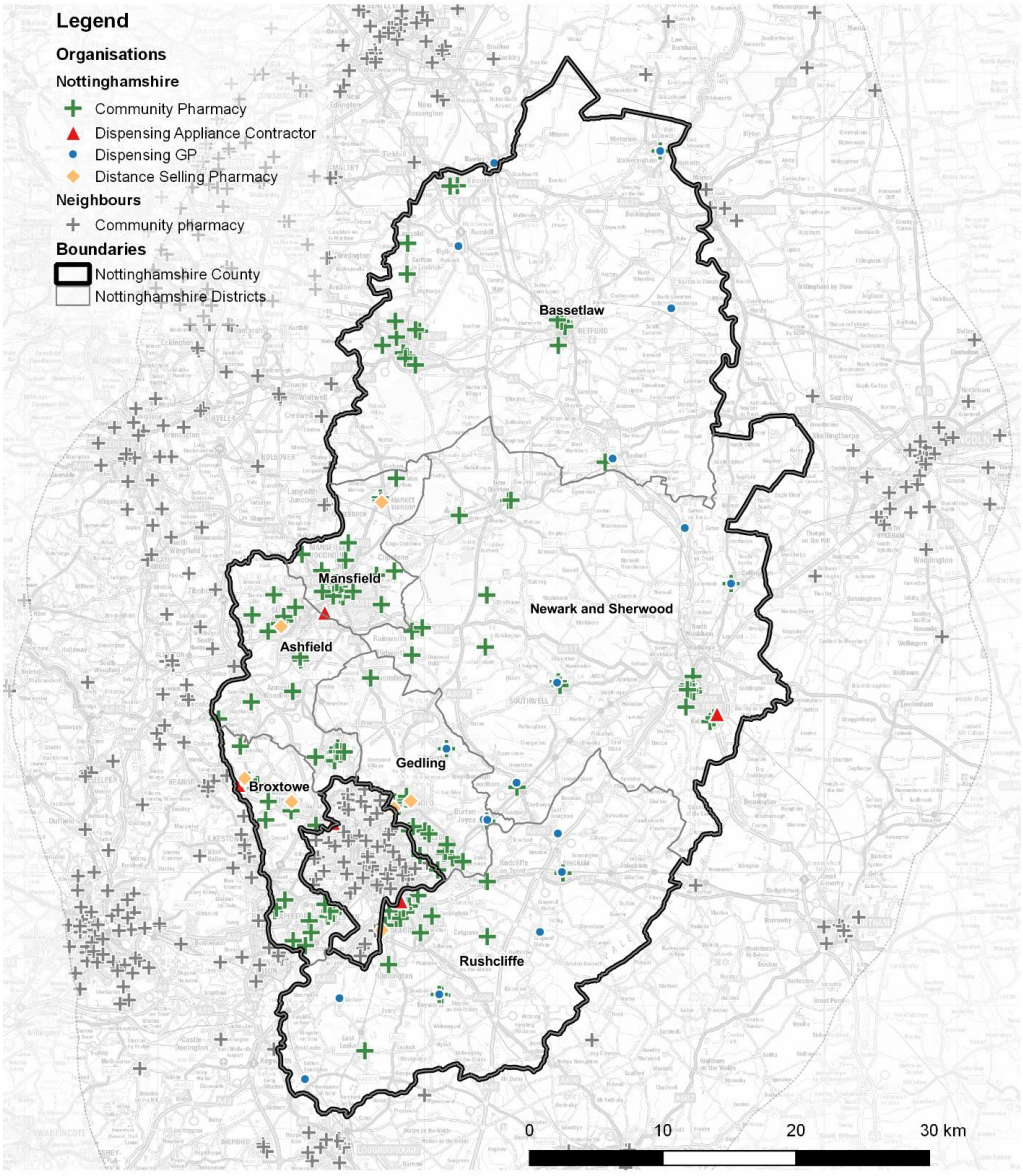
New commissioning opportunities would need to be considered subject to further research into need, acceptability, clear evidence of benefit and value for money and improved health outcomes.

[24] https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register.html
[25] CHUMS (2009). The Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people.

## 4. Current provision of services provided by community pharmacy by district

There are currently 165 community pharmacies across Nottinghamshire and seven Distance Selling Pharmacies. The distance selling pharmacies are not able to offer essential services on the premises and have not been included in the analysis.

**Figure 4.1 Nottinghamshire County Pharmacies and dispensing practices**




*Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers*

*Contains Ordnance Survey data (C) Crown copyright and database right 2018*

*Produced by Nottinghamshire County Public Health Intelligence Team (IB)*

Figure 4.1 shows dispensing practices and pharmacies within Nottinghamshire and pharmacies located outside the County boundary. Dispensing practices outside the county boundaries have not been shown. Full details of Nottingham City pharmacies can be found in the Nottingham City PNA.

Table 4.1 below shows the distribution of community pharmacies by District. In addition, there are 18 dispensing practices and 5 Dispensing Appliance Contractors.

**Table 4.1 Community Pharmacy Providers by District**

| Area name | Number of Community pharmacies | District Population Mid 2016 | *Community pharmacies per 10,000 resident population*[a] |
|---|---|---|---|
| **ENGLAND** | **11,699** | **55,268,067** | ***2.1*** |
| **County** | **165** | **810,710** | ***2.0*** |
| Ashfield | 25 | 124,482 | *2.0* |
| Bassetlaw[b] | 23 | 114,847 | *2.0* |
| Broxtowe | 24 | 112,671 | *2.1* |
| Gedling | 22 | 116,501 | *1.9* |
| Mansfield | 24 | 107,435 | *2.2* |
| Newark and Sherwood | 26 | 119,570 | *2.2* |
| Rushcliffe | 21 | 115,204 | *1.8* |

*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.

[a] Pharmacies per 10,000 population = Number of Pharmacies / District Population x 10,000

[b] One pharmacy in Bassetlaw (Worksop) has given notice to close in June 2018 reducing the number to 22

Table 4.1 shows the number of pharmacies in each district and the number of pharmacies per 10,000 population. The districts forming the Nottingham conurbation; Broxtowe, Gedling and Rushcliffe have relatively easy access to Nottingham City centre pharmacies. The catchment area for a pharmacy in these districts is therefore unlikely to be reflected by the resident population. However, the table illustrates that the resident District population has access to a minimum of 21 pharmacies within the District, and is broadly comparable with the England average of 2.1 pharmacies per 10,000 population, ranging from 1.8 to 2.2 pharmacies per 10,000 population. There is no set target for pharmacy provision across the country; the England value has been included as a guide.

A wide range of services commissioned by NHS England and by local authorities are provided by pharmacies across the County. Some services have been targeted at specific populations depending on health needs and so may not be available in every District. Some pharmacies may provide services privately to their customers; these services have not been included in the PNA. Pharmaceutical need is considered at District level. Services provided by community pharmacies in each district are shown in table 4.2. The data on services commissioned by NHS England are based on services delivered (claimed for) in 2017/18 so may exclude pharmacies where the service is offered but has not been claimed for. The data on services commissioned by Nottinghamshire County Council is based on those pharmacies that have completed all the relevant paperwork (by December, 2017) and so may change over the year. A full range of services offered by pharmacies is available on NHS Choices. A complete list of GP practices is provided in Appendix 6.

As at April 2018 NHS England will commission:

Advanced

- Appliance use reviews
- Influenza vaccination
- Medicines use reviews
- New Medicines Service
- NHS Urgent Medicine Supply
- Stoma Appliance Customisation

Locally Commissioned

- Out of Hours Rota
- Emergency Supply Service
- Palliative Care Drug Stockists Scheme
- Pharmacy First
- *Domiciliary MUR pilot*

The Domiciliary MUR project has been commissioned on a rolling 6 month basis, based on available funding. This local project mirrors the advanced service medication use review (MUR) and also classifies the intervention according to the likely effect the intervention has on preventing a hospital admission, hence the additional remuneration for participating pharmacists. There are currently 125 pharmacies signed up in Nottinghamshire County although as with all services / projects, the number actively participating is probably lower.

**Table 4.2 Community Pharmacy Services in Nottinghamshire**

| Community pharmacy service | Nottingham-shire County | Ashfield | Bassetlaw | Broxtowe | Gedling | Mansfield | Newark and Sherwood | Rushcliffe |
|---|---|---|---|---|---|---|---|---|
| **Total Community pharmacies in Nottinghamshire County** | **165** | **25** | **23** | **24** | **22** | **24** | **26** | **21** |
| **Commissioned by NHS England** | | | | | | | | |
| **Advanced** | | | | | | | | |
| Appliance Use Reviews | **1** | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Influenza Vaccination | **144** | 19 | 21 | 21 | 18 | 21 | 25 | 19 |
| Medicines Use Reviews | **164** | 25 | 23 | 24 | 22 | 24 | 26 | 20 |
| New Medicines Service | **148** | 21 | 22 | 23 | 16 | 22 | 24 | 20 |
| NHS Urgent Medicine Supply | **22** | 1 | 5 | 4 | 2 | 0 | 5 | 5 |
| Stoma Appliance Customisation | **14** | 1 | 2 | 1 | 1 | 5 | 4 | 0 |
| **Locally commissioned** | | | | | | | | |
| Out of Hours Rota | **28** | 2 | 14 | 1 | 4 | 2 | 2 | 3 |
| Emergency Supply Service | **118** | 19 | 6 | 18 | 13 | 24 | 24 | 14 |
| Palliative Care Drug Stockists Scheme | **13** | 2 | 0 | 3 | 1 | 1 | 5 | 1 |
| Pharmacy First | **94** | 19 | 0 | 20 | 15 | 15 | 25 | 0 |
| **Core** | | | | | | | | |
| Contracted hours - 100 | **26** | 2 | 5 | 2 | 3 | 6 | 5 | 3 |
| **Commissioned by Nottinghamshire County Council** | | | | | | | | |
| **Locally commissioned** | | | | | | | | |
| C-Card scheme: Pick-up only | **26** | 3 | 2 | 2 | 5 | 6 | 4 | 4 |
| C-Card scheme: Registration and pick-up | **8** | 0 | 1 | 1 | 2 | 2 | 2 | 0 |
| Emergency Hormonal Contraception | **100** | 17 | 13 | 13 | 13 | 15 | 17 | 12 |
| Needle Exchange | **18** | 4 | 2 | 3 | 3 | 3 | 2 | 1 |
| Supervised Consumption | **121** | 22 | 18 | 16 | 18 | 21 | 15 | 11 |

Detailed breakdown of pharmacies participating in Domiciliary MURs not available at this time
Figures accurate as of December 2017. See NHS Choices for most up to date status.

NHS England South Yorkshire and Bassetlaw Team commission services for Bassetlaw.

Nottinghamshire County Council commissions the following services from community pharmacies (including Bassetlaw):

Locally Commissioned

- C-Card scheme; Pick-up only
- C-Card scheme; Registration and pick-up
- Emergency hormonal contraception
- Needle Exchange programmes
- Supervised consumption

## 4.1 Change since 2015 PNA

Since the publication of the last PNA in 2015 the number of community pharmacies has reduced from 171 to 165 premises. The greatest change was in Broxtowe with three fewer pharmacies. There has been an increase in Distance Selling pharmacies from one to seven. The number of dispensing practices increased from 17 to 18. There are now five Dispensing Appliance Contractors, reduced from eight in 2015.

## 5. Nottinghamshire County demographic profile

(More information about the County population can be found in the Nottinghamshire County Joint Strategic Needs Assessment; Nottinghamshire Insight).




Nottinghamshire covers an area of 2,160 square kilometres (835 square miles). The County Council area (excluding the City of Nottingham) is 2,085 square kilometres or 805 square miles.

- The 2016 mid-year estimate of the County's resident population is 810,710 having risen by around 24,000 since the 2011 census (3.0% increase) compared with an increase of 4.1% in the East Midlands and 4.1% in England. Ashfield had the highest increase of 4.2% compared with Bassetlaw which only increased by 1.6% over the five year period.

- The factors that drive the changes in an area's population are a combination of natural change due to births and deaths and migration.

- The ONS Mid 2016 population estimates[26] show that the County have 5.6% of its population aged under 5 years, slightly lower than regional and national proportions. Rushcliffe (5.1%) had the lowest proportion in this age group, and Mansfield the highest (6.2%), matching the national level of 6.3%. The County has a slightly lower proportion of young people (under 25 years) and slightly higher proportion of older people (over 65 years) than the national average. Population projections to 2026[27] suggest it is the older population that will show the greatest increase. The number of people aged 90 and over is expected to almost double from 7000 to 11,000 by 2026. Maps A1, A2 and A3 (Appendix 7) show population density at LSOA area for children under 18 years, women age 15-44 and older people age 65 and over as these groups are particularly high users of pharmacies.

- There are seven Districts in Nottinghamshire with an average population of 115,800 people. The largest district in terms of population is Ashfield with 124,482 people and the smallest is Mansfield with 107,435. The Unitary Authority of Nottingham City (population over 325,000) is situated within the south of the County, surrounded by Hucknall (in Ashfield), Broxtowe, Gedling and Rushcliffe creating a conurbation in excess of 669,000 people.

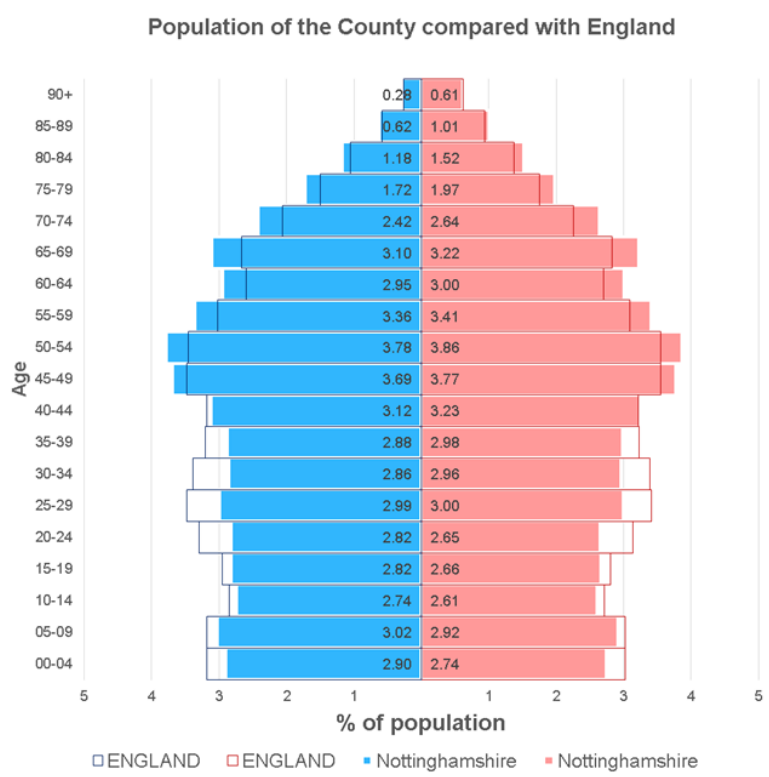
- The population structure of the County is slightly older than England with slightly lower than average proportion of children and young people and slightly higher proportion of older people. However, it is the older population that is expected to increase at a higher rate over the next 10 years. The number of people aged 90 and over is expected to increase by 20%, from 7,250 in 2016 to 8,700 by 2021 (ONS 2014-based Subnational Population Projections).

- In 2015, there were 8,798 live births in Nottinghamshire. The number of births has fallen in recent years from a peak of just over 9,000 in 2012.

- At the time of the 2011 Census, 92.6% of the County's population classed themselves as White British, with 2.9% being Other White and the remainder, 4.5%, belonging to the Black and Minority Ethnic (BME) Groups. In comparison, the East Midlands and England had significantly lower rates of the White populations, with 89.3% and 85.4% respectively, and consequently higher rates of the BME groups (11.0% and 15.2% respectively).

[26] ONS Mid 2016 Population Estimates
[27] ONS Mid 2014 Population Projections

**Figure 5.1 Population of Nottinghamshire County by age and sex**




Source: Office for National Statistics, 2016

- The majority of people from BME groups are concentrated in the south of the County with 75% living in Broxtowe, Gedling and Rushcliffe. Broxtowe is the most ethnically diverse district with 7.3% BME groups. Ashfield has the lowest proportion of BME groups at 2.3%.

- The age profile of BME groups is younger than the white population; particularly the mixed / multiple ethnic groups where 70% are aged under 25 years. Only 16.6% of the BME population are aged 50 and over, compared to 39% of the white population.

- Gypsy Travellers: There are significant numbers of travellers in the County, with the largest numbers being in Newark & Sherwood (estimated 256 households) and Ashfield (48 households). Recent local research suggests that travellers have higher mortality and morbidity, higher accident rates and poorer access to and uptake of health services[28].

## 5.1 Social and environmental context

- Nottinghamshire County is relatively affluent and deprivation levels are comparable with England. However, within Nottinghamshire there are communities with both some of the highest levels of deprivation in the country and some of the lowest levels of deprivation (see Map A4 in Map Appendix 7).

- The most deprived areas are Mansfield, Ashfield and Bassetlaw and the least deprived area is Rushcliffe. In Nottinghamshire there are 25 Lower Super Output Areas

[28] Gypsy and Traveler accommodation needs assessment for the Nottinghamshire local authorities

(LSOA)[29] in the 10% most deprived LSOA's in England (from a total of 497 LSOA's in the County). The most deprived LSOA's are concentrated in the districts of Ashfield (9 LSOA's), Mansfield (6 LSOAs), Bassetlaw (6 LSOAs) and Newark & Sherwood (3 LSOAs). There are 72 County LSOA's ranked in the 20% most deprived LSOA's in England (Index of Multiple Deprivation, 2015).

- Nottinghamshire ranks 56th out of the 149 upper tier counties in England in the 2009 Child Wellbeing Index – higher than average for Child Wellbeing in the Country. At district level, Rushcliffe ranks highly in 19th place and Mansfield ranks lowest at 321/354[30] Child Wellbeing Index.

- Unemployment in the County as at November, 2017 was 1.5% of the resident population aged 16-64 (using the claimant count measure). This is similar to the rate for the East Midlands (1.6%) but lower than the UK rate (1.9%). The rates in the districts range from 2.0% in Mansfield to 0.9% in Rushcliffe[31].

- The mean annual pay for Nottinghamshire residents was £27,391 in 2016 compared to £28,788 nationally. Annual mean pay ranged from £20,240 in Mansfield to £35,870 in Rushcliffe[32].

- 8.2% of County residents have no formal qualifications (NVQ1 and above) compared to 7.8% in England. Bassetlaw and Mansfield have above average proportions with no qualifications; 13.7% and 13.4% respectively. All other districts are similar to the national and regional average[33].

- In May, 2017 there were 36,181 Disability Living Allowance claimants in payment in the County. In addition, In October, 2017 there were 18,803 residents receiving Personal Independence allowance (latest published figures for DLA and PIP). Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term ill-health or a disability for people aged 16 to 64. PIP started to replace Disability Living Allowance (DLA) for people aged 16 to 64 from 8 April 2013. Over half (59%) of those on either DLA or PIP were aged 50 and over. DLA and PIP claimants account for 6.6% of the population compared to 5.8% of the England population[34].

- 21% of households in Nottinghamshire (excluding Nottingham City) have no car, however this figure rises substantially when car ownership levels are broken down by population groups such as all single person households (45% have no access to a car), elderly people living alone (58% have no access to a car) and lone parent families with dependent children (33% have no access to a car).

- Car ownership levels are lowest in urban districts where there are higher levels of deprivation, such as Mansfield (75%) and Ashfield (76%). Rural areas of Nottinghamshire such as Newark & Sherwood and Bassetlaw have some of the highest levels of car ownership at around 80%. However, residents in these areas without a car may experience

[29] 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.
[30] Child Wellbeing Index
[31] Employment Bulletin November 2017
[32] Annual survey of hours and earnings; NOMIS
[33] Annual Population Survey, NOMIS, 2016
[34] Stat-Xplore: https://stat-xplore.dwp.gov.uk

difficulties in accessing services by public transport as this is poorest in these areas[35]. In Nottinghamshire, 96% of households are within 800 metres of an hourly or better bus service (0600-1800 Monday to Saturdays). Within the more rural parts of the county, access to an hourly or better bus service is less good, particularly in the villages, hamlets and isolated dwellings.

## 5.2 Health and Wellbeing

- Life expectancy for men in Nottinghamshire is 79.4 years (2013-2015), similar to the national and regional average. For women, life expectancy is 82.8 years, significantly lower than the national average, though comparable to the regional average. Healthy Life Expectancy (HLE) – the average number of years a person can expect to live in good health – is an important measure of mortality and morbidity (ill health) and can give an indication of the burden of morbidity in a population. HLE for men (2013-2015) is 61.1 years, meaning that men can expect to spend 18 years or 23% of their life span in ill health. HLE for women is 62.2 years, meaning that women can expect to spend over 20 years or 25% of their life span in ill health (PHOF, 2017)[36].

- The 2011 Census asked two questions related to health and limited daily activity. Nottinghamshire had a slightly higher percentage of people reporting bad or very bad health in 2011 – 6.0% compared to 5.3% nationally. The people living in the districts of Ashfield, Bassetlaw and Mansfield reported significantly higher levels of poor or very poor health compared with the East Midlands. The people living in Rushcliffe reported the lowest levels of poor or very poor health in Nottinghamshire, significantly lower than national or regional average.

- The percentage of people for whom their day-to-day activities were limited a lot was significantly higher in Nottinghamshire (9.7%) compared with the East Midlands (8.7%) or England (8.3%). The people living in the districts of Ashfield, Bassetlaw and Mansfield reported significantly higher levels of long-term illness which limited day-to-day activities a lot compared with the East Midlands. Only the people living in Rushcliffe reported significantly lower levels of long-term illness which limited day-to-day activities a lot compared with the East Midlands.

- 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[37].

- For children aged under 16 just 4.1% are limited a lot or a little in their day to day activities by a long-term health problem or disability and just 0.6% report bad or very bad health. Amongst older people, this rises to 54.9% and 15.2% of over 65s.

- Poor health increases with age and follows a broadly similar pattern across all BME groups. For people over 64, 16% of white groups are in poorer health (defined as bad or very bad health) compared to 18% for non-white groups.

[35] Nottinghamshire Local Transport Plan 2011-2026, (2011) Nottinghamshire County Council.
[36] Public Health Outcomes Framework, Public Health England, [link].
[37] 2011 Census, Topic Note - Disability, Health and Carers
http://www.nottinghaminsight.org.uk/d/101850

- Irrespective of health status, 10% of white groups and 5% of non-white groups find their daily activities to be limited a lot. This increases to 29% and 30% of older (65 and over) white and non-white groups.

## 5.3 Access to health care services by public transport

Nottinghamshire is a diverse mix of urban and rural communities. Transport links in the Nottingham Conurbation and in the larger towns are good. National Core Indicator data provided by the Department for Transport in 2017[38] showed that 51% of the LSOAs in the County are within 15 minutes of a GP practice by public transport and that 94% of county LSOAs are within 30 minutes of a practice by public transport. As many community pharmacies are situated close to GP practices, this is a useful proxy measure. Access is poorer in rural areas such as Bassetlaw and Newark & Sherwood where 60-70% of households are within 15 minutes travel time and public transport frequency is lower. For people who have difficulty accessing services, Nottinghamshire County provides a community and voluntary transport scheme to supplement the public transport network by offering services tailored to the needs of people who may have difficulty in using, or are unable to use, ordinary buses and trains[39]. There are three acute trusts; Kings Mill Hospital in Mansfield, Bassetlaw Hospital in Worksop and Newark Hospital in Newark.

## 5.4 Housing plans

A useful source of information on projected housing plans are the Annual Monitoring Reports that district councils are required to publish each year to report on progress against their local plans and Strategic Housing Land Availability Assessments. Planning documents on housing plans are necessarily long term and where possible the figures used relate to the period 2018-2023 to align with the PNA time scale.

In the last full year (ending 31/03/2016) 2,450 residential units have been completed; 10,120 in the last 5 years[40]. A further 25,575 units are estimated to be deliverable by 2022/23 (Planning documents from each local authority district vary in timescales and do not always publish annual projections). The impact of these builds is considered at local district council level. As a rule of thumb, it has been assumed that the population would increase by an average of 2.3 people per dwelling (household average size, Census 2011). Therefore, total population gain generated by the proposed residential units would be 53,000 residents (see table 5.1). This is likely to be an overestimate as many of these units may be inhabited by people already living in the district, particularly where there is local pressure on housing; existing populations take up a substantial proportion of any new housing with a lower number of people from outside the area. Even if new housing lead to an increase in population of 25,575 (table 5.1), the number of pharmacies per 10,000 population would only decrease from 2.0 to 1.97 per 10,000.

[38] https://www.gov.uk/government/collections/journey-time-statistics
[39] http://www.nottinghamshire.gov.uk/transport/community-accessible-transport/community-voluntary-transport-schemes
[40] Net additional dwellings (provisional), Housing Statistics, Department for Communities and Local Government https://www.gov.uk/government/collections/net-supply-of-housing

**Table 5.1 Estimated net gain in residential housing units planned 2017/1-2022/23**

| District | Number of dwellings deliverable by 2022/23 in HMRs* and other district planning sources |
|---|---|
| Ashfield | 4489 |
| Bassetlaw | 2698 |
| Broxtowe | 2580 |
| Gedling | 2559 |
| Mansfield | 2457 |
| Newark & Sherwood | 4565 |
| Rushcliffe | 6297 |
| Total | 25575 |

* HMR: Housing Monitoring Reports are produced annually by each district and report on implementation of local development plans.

Housing plans for each district are published in the Strategic Housing Land Availability Assessments (SHLAA) and other planning documents. The inclusion of a site in the SHLAA will not necessarily result in its allocation for housing or other forms of development, or indicate that planning permission will be granted. This will be determined through plan making and/or the planning application process.

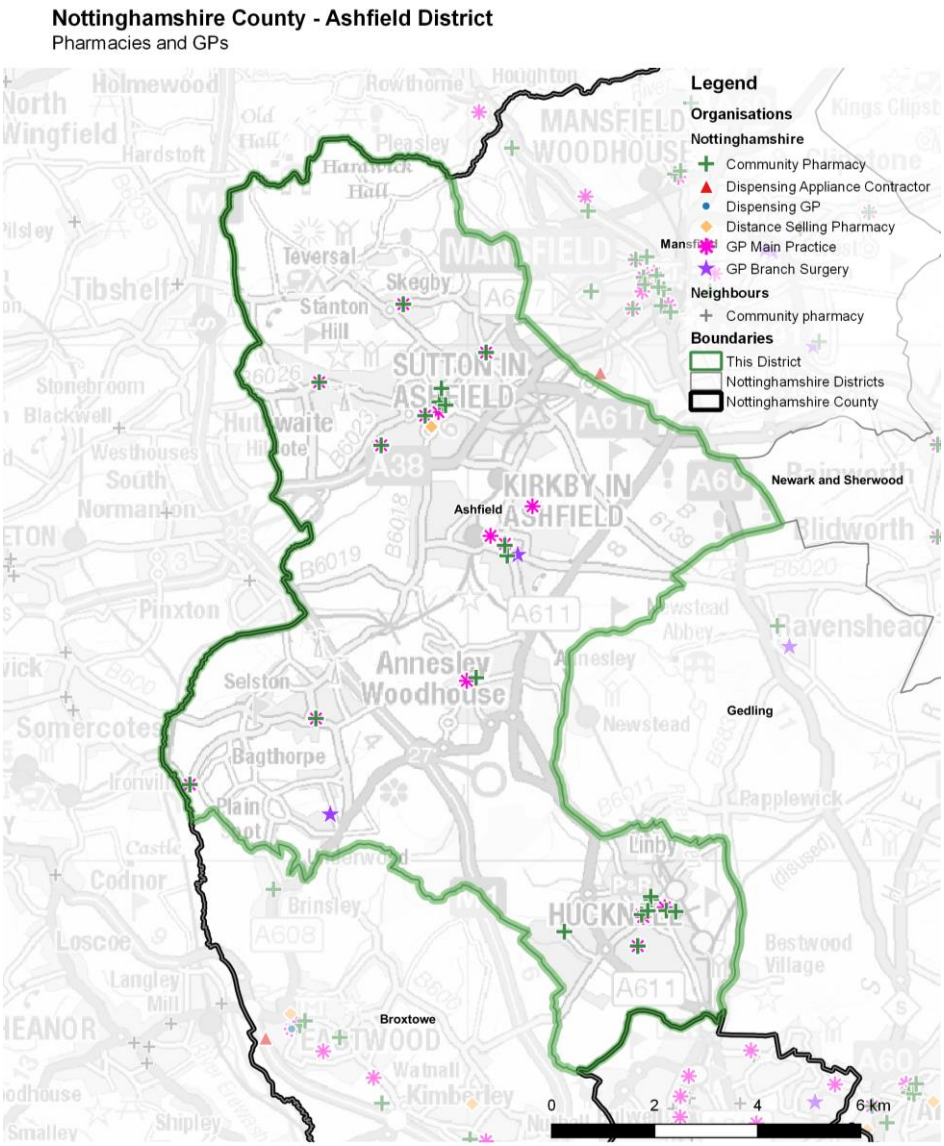
The impact of housing developments will be considered within each District Health Profile. For the purposes of the PNA, it has been assumed that developments are likely to be built within the next 3-5 years and are therefore taken as a potential source of population expansion.

# 6. Analysis of pharmaceutical services provision by district

Nottinghamshire County has seven district authorities which allow more detailed analysis of the issues which may impact on pharmacy provision at a local level.

## 6.1 Ashfield District

**Figure 6.1.1 Map of pharmacies and GPs in Ashfield**




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

**Population Overview**

** references to County exclude Nottingham City unless specifically stated*

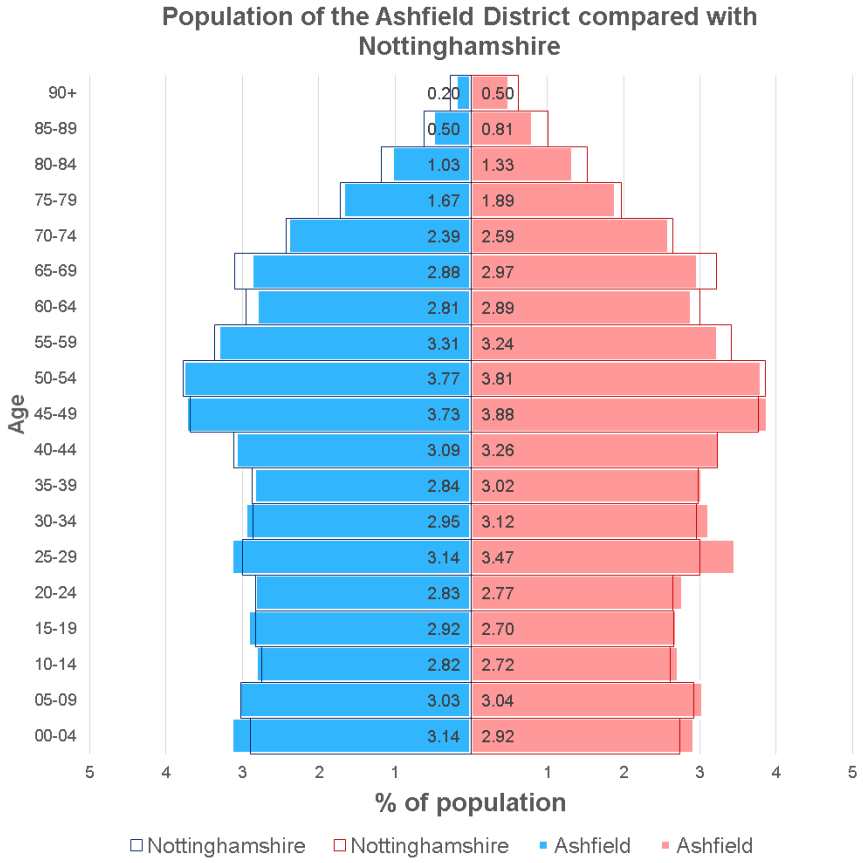
Ashfield is to the west of Nottinghamshire County and shares a boundary with Bolsover in Derbyshire to the west, Mansfield, Newark & Sherwood and Gedling to the east and

Nottingham City to the south. The main urban centres are Hucknall in the south and Kirby in Ashfield and Sutton in Ashfield in the north.

Ashfield has 18 of the 92 practices in the County plus 2 branch surgeries and 25 of 165 pharmacies and one Distance Selling pharmacy. There are 3 pharmacies on the PhAS list. In 2016/17, practices in Ashfield prescribed on average 197,400 items per month (based on 50% Mansfield & Ashfield CCG number of items, 2016/17, NHS Digital).

Ashfield has a population of 124,482, an increase of 4,382 (3.6%) since 2012 (ONS Mid 2016 Population Estimate) and accounts for just over 15% of the County population. Almost two thirds (62.5%) of the population are of working age (16-64 years), comparable with the County average of 62%. In Ashfield, 97.7% of the population are White; Asian and mixed ethnicity groups make up just under 1% each and only 0.4% are Black (under 500 people). In the over 64 age group, 99.4% of the population are White (ONS Census, 2011).

**Figure 6.1.2 Population Structure (2016)**




Just under a quarter (24%) of households have no access to a car or van compared to 26% nationally and 21% across the County. The majority (51%) of households are within 15 minutes distance of a GP practice (as a proxy for pharmacy) by bus or walking. All households can access a GP practice within 30 minutes (Department of Transport Statistics, 2017).

Ashfield has a slightly higher proportion of children (under 5 years) than the County average; 6.1% compared to 5.6%. Just over 16% of the County's children under 5 years live in Ashfield (see figure 6.1.2).

There are 23,365 older people (over 64 years) living in Ashfield of which 2,514 (2,500) are 85 years or over. Although the proportion of older people has increased by 10% since 2012, the number of people over 85 years has remained stable. 66% of people aged 85 and over are women. There are 2,570 people aged 65 years and over living alone (based on 2011 Census prevalence of 11% of households).

In terms of health, 7.0% of the population feel their health is bad or very bad and 10.5% of the population report that their day to day activities are limited a lot. For the population aged over 64 years, 18% feel their health is bad or very bad and 32% report their day to day activities are limited a lot. Reported health and disability is higher than the County average.

Ashfield is home to 6,669 claimants of Disability Living Allowance (May, 2017) and 3,761 PIP claimants (October, 2017; 19% of the County total).

The teenage conception rate of 29.8 per 1000 (2015) is higher than the County average of 20.3 conceptions per 1000 women age 15-17years. Although the overall downward trend is encouraging, Ashfield is currently significantly higher than the England average and ranks as second highest rate in the East Midlands after Nottingham City[41]. Ashfield accounts for 23% of all teenage pregnancies in the County (63/271 conceptions in 2015).

Smoking prevalence in Ashfield is 21.1%, significantly higher than the County average of 15.7% and has the highest prevalence in the County.

Ashfield has a high proportion (69.3%) of adults with excess weight and is significantly higher than England. (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m$^2$).

Life expectancy for men in Ashfield is 78.1 years (2013-2015) and for women, 81.7 years, the lowest Life Expectancy in the County apart from Mansfield. It is significantly lower than both England and the County for both genders. Healthy Life Expectancy (based on 2011 health status census data) was 59.1 years for man and 60.8 years for women. This means Ashfield residents on average have around 20 years of ill health (the difference between life expectancy and healthy life expectancy)[42].

Ashfield is relatively deprived compared to the County; 19 of the 74 (26%) Lower Super Output Areas in the district are in the most deprived 20% in England (IMD 2015, Map A4 Appendix 7).

**Current Provision**

Maps A1, A3 and A3 show the population density of children, women of reproductive age and older people age 75 respectively. As expected, the population is concentrated in the larger towns of Hucknall, Sutton in Ashfield and Kirby in Ashfield which are well supplied with pharmacies. There are also pharmacies in the larger settlements of Jacksdale, Skegby, Annersley and Selston.

Residents of Ashfield have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.0 pharmacies per 10,000 population is the same as the County average (see table 6.1).

[41] Public Health Outcomes Framework Public Health England, 2017
[42] Life Expectancy Public Health England, 2017; Healthy Life Expectancy Local Health

**Table 6.1 Services commissioned from Ashfield Pharmacies**

| Community pharmacy service | Nottinghamshire County | Ashfield |
|---|---|---|
| **Total Community pharmacies in Nottinghamshire County** | **165** | **25** |
| Commissioned by NHS England | | |
| **Advanced** | | |
| Appliance Use Reviews | **1** | 0 |
| Influenza Vaccination | **144** | 19 |
| Medicines Use Reviews | **164** | 25 |
| New Medicines Service | **148** | 21 |
| NHS Urgent Medicine Supply | **22** | 1 |
| Stoma Appliance Customisation | **14** | 1 |
| **Local Commissioned** | | |
| Out of Hours Rota | **28** | 2 |
| Emergency Supply Service | **118** | 19 |
| Palliative Care Drug Stockists Scheme | **13** | 2 |
| Pharmacy First | **94** | 19 |
| **Core** | | |
| Contracted Hours - 100 | **26** | 2 |
| Commissioned by Nottinghamshire County Council | | |
| **Locally Commissioned** | | |
| C-Card scheme: Pick-up only | **26** | 3 |
| C-Card scheme: Registration and pick-up | **8** | 0 |
| Emergency Hormonal Contraception | **100** | 17 |
| Needle Exchange | **18** | 4 |
| Supervised Consumption | **121** | 22 |

The data on services commissioned by NHS England are based on services delivered (claimed for) in 2017/18 so may exclude pharmacies where the service is available but has not been claimed for. A full range of services offered by pharmacies is available on NHS Choices.

Ashfield has 2 pharmacies open for 100 hours or more. Two pharmacies are open on Sundays.

### Future Developments

Ashfield housing strategy has estimated that around 4,489 houses could be built by 2022/23[43]. These figures are subject to approval by the Inspector and final figures will be published in 2018.The largest developments will be in the Sutton / Kirkby area and Hucknall which are well provided with pharmacies. The potential population growth would be in the region of 10,300 (9%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 5% increase in Ashfield population by 2023.

### Statement of pharmaceutical need

The PNA found that that pharmaceutical need in Ashfield is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2020/21 when the PNA is revisited or in the event of significant changes affecting need.

[43] Ashfield HMR, April 2017

**Rationale**

Ashfield is relatively deprived with higher than average reported ill health, high smoking prevalence and lower than average life expectancy and lower than average healthy life expectancy and so is likely to need access to a wide range of health services.

The map shows that there are currently 25 community pharmacies and one Distance Selling pharmacy within Ashfield. There are 2.0 community pharmacies per 10,000 population, matching the County average and just below the England average of 2.1 per 10,000 population. The majority of the population are within 30 minutes of a pharmacy by walking or public transport. Car ownership is around 75% and all pharmacies are within a 20-minute drive. The small settlement of Underwood has no pharmacy but is within 2km of a pharmacy in neighbouring Brinsley (Broxtowe).

The advanced and locally commissioned services currently commissioned from these pharmacies are shown in Table 6.1. The opening hours of these pharmacies are available on NHS Choices.

Ashfield has good public transport infrastructure and the majority of the population are within 2km of a pharmacy and so should be able to access services easily.

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. In addition, support for lifestyle changes is met through widespread services for drug dependency and sexual health.

The maps in Appendix 7 have been included to allow some comparison of the population density of groups likely to need pharmacy services and access to pharmacies for advanced and enhanced services.

All 25 pharmacies provide Medicine Use Reviews providing good access across the district (Maps A3 and C3).

Over three quarters of pharmacies (19/25) provide Influenza Vaccination (Map C2) providing good coverage across the district.

New Medicines Service (Map C4) is available in 21 of the 25 pharmacies but coverage is good. Pharmacies that do not provide the service are close to those that do.

The new NHS Urgent Medicines Supply pilot is currently available in one pharmacy in Ashfield but the locally enhanced Emergency Supply Service has good coverage (Maps C5 and C8).

The Out of Hours Rota is commissioned annually by NHS England to ensure access to a pharmacy on Christmas Day and Easter Sunday. Map C7 in Appendix 7 shows those pharmacies open at Christmas in 2016 and Easter in 2017. There were 2 pharmacies on the Out of Hours Rota commissioned to open on Christmas Day and Easter Sunday, one in the north of one in the south of the district within reasonable travel times.

There are 2 pharmacies providing Palliative Care Drug Stockists Scheme (Map C9), one in each of the north and south of the district providing reasonable access.

The majority of pharmacies provide Pharmacy First (Map C10) and those that don't are close to pharmacies that do.

Three pharmacies offer the C-Card pick-up scheme; one in the north (Skegby) and two in the south (Hucknall). There is no provision (in pharmacies) in the centre of Sutton in Ashfield or Kirkby in Ashfield. As Sutton in Ashfield is a teenage conception hotspot, access to C-Card in this area could be improved.

Around two-thirds of all pharmacies provide Emergency Hormonal Contraception (Maps C14 and A2) with good access across the district.

Needle Exchange is available in 4 pharmacies in larger towns with good access across the district (Map C15). Supervised consumption available at almost all pharmacies (22/25) with good access across the district (Map C16).

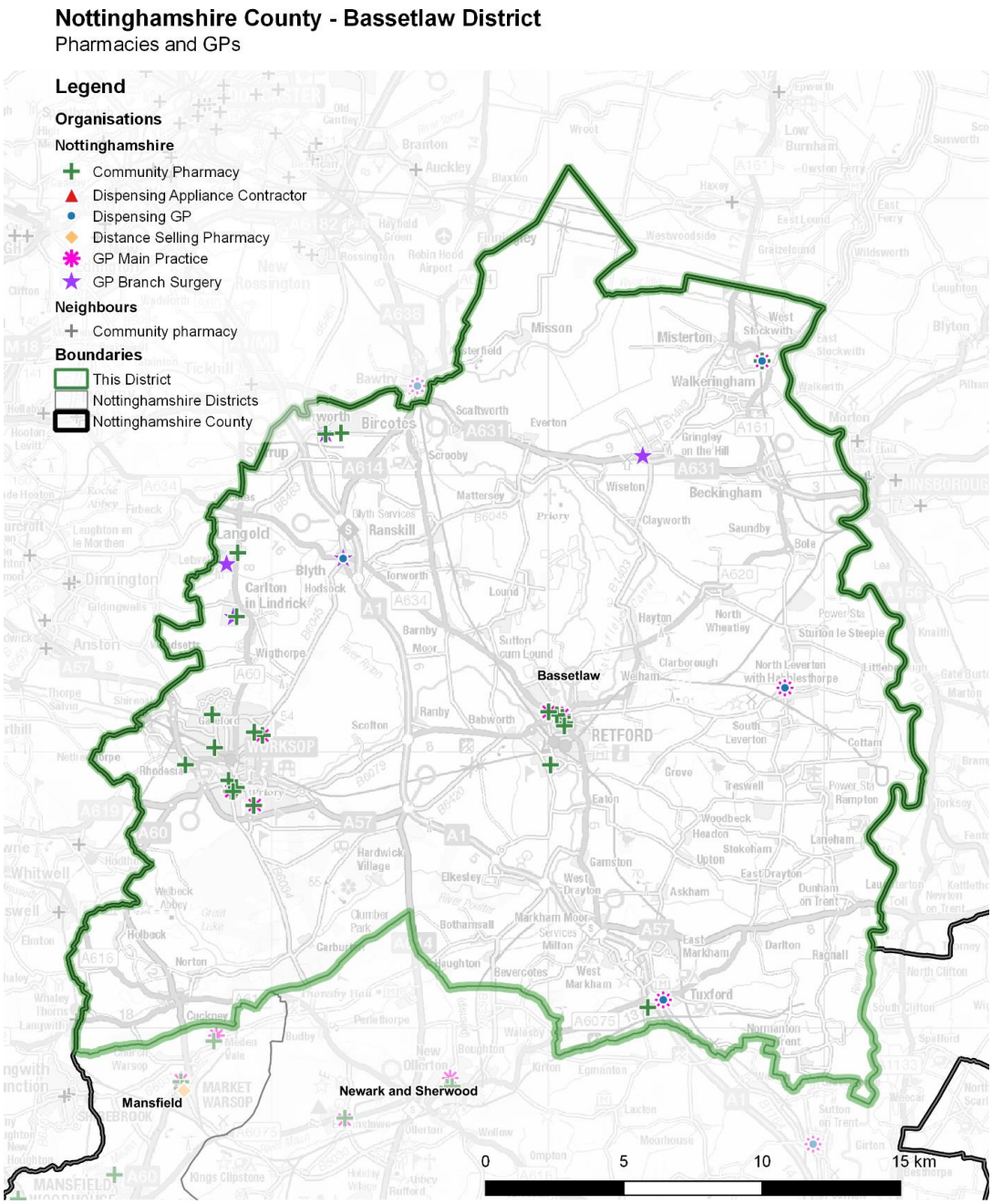
Two pharmacies hold 100-hour contracts (Map C11), one each in the North and South of the district providing reasonable access within 5km. There are also pharmacies with 100 hour contracts in neighbouring Bolsover and Amber Valley in Derbyshire.

The range and distribution of advanced and enhanced services meets the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

## 6.2 Bassetlaw District

**Figure 6.2.1 Map of pharmacies and GPs in Bassetlaw**




*Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers*

*Contains Ordnance Survey data (C) Crown copyright and database right 2018*

*Produced by Nottinghamshire County Public Health Intelligence Team (IB)*

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

**Population Overview**

** References to County exclude Nottingham City unless specifically stated*

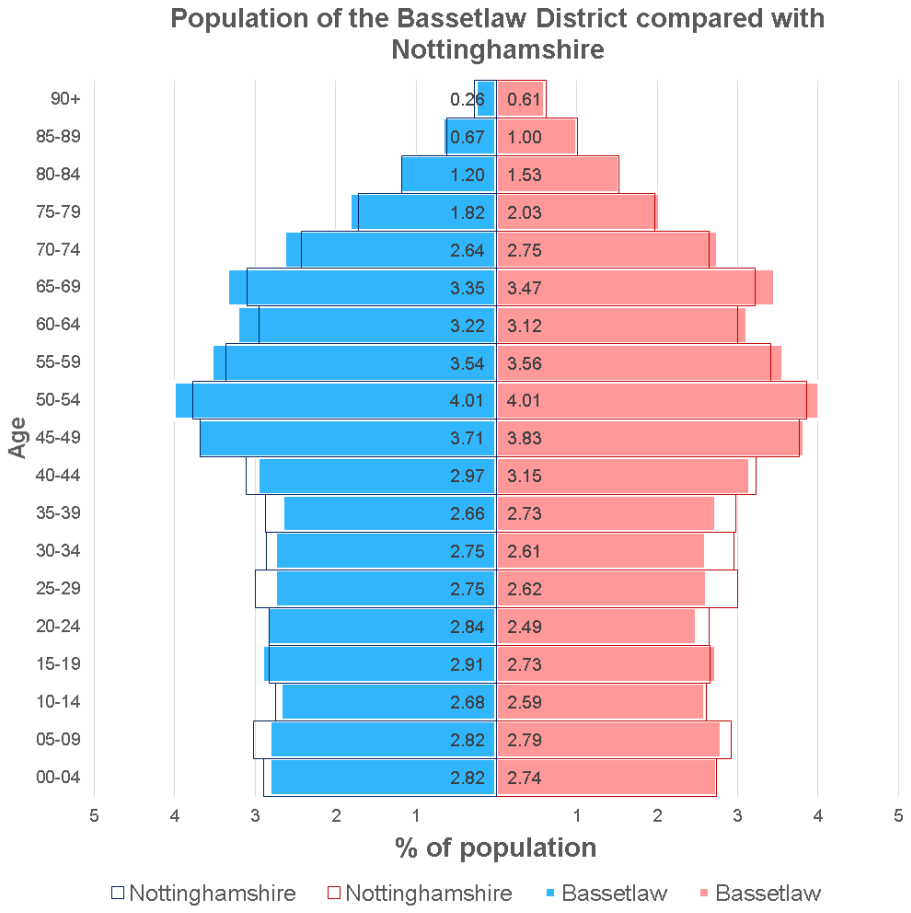
Bassetlaw is located to the north of Nottinghamshire County and shares a boundary with Doncaster and Rotherham in South Yorkshire, Bolsover in Derbyshire, Mansfield and

Newark & Sherwood in Nottinghamshire, North Lincolnshire and West Lindsey in Lincolnshire. The main urban centres are Worksop in the west and Retford towards the centre of the district.

Bassetlaw has nine of the 92 practices in the County and an additional eight branch practices. It has 23 of the 165 pharmacies plus four dispensing practices. One pharmacy in Worksop has given notice of closure in June 2018, reducing the total to 22. There are four pharmacies on the PhAS list. In 2016/17 practices in this area prescribed 220,650 items per month (based on Bassetlaw CCG, NHS Digital 2016/17).

Bassetlaw has a population of 114,850 (ONS Mid 2016 Population Estimate) an increase of 1,650 since 2012 (1.5%) and accounts for 14.2% of the County population. Under two thirds (61.0%) of the population are of working age (16-64 years), which is slightly under the County average of 63.0%. In Bassetlaw, 97.4% of the population are White. Asian and mixed ethnicity groups make up around 1% each (0.9% and 1.1% respectively) and 0.5% are Black (around 530 people). In the over 64 year age group, 99.3% of the population are White.

**Figure 6.2.2 Population Structure (2016)**




One fifth (20%) of households have no access to a car or van compared to 26% nationally and 21% in the County. Only 39% of households are within 15 minutes of a GP practice (as

a proxy for pharmacy) by bus or walking and 93% are within 30 minutes. All households can access a GP practice within 1 hour[44].

Bassetlaw has a similar proportion of children (aged 5 years or below) than the County average (5.6%). 14% of the County's children under 5 years live in Bassetlaw.

There are 24,500 older people (over 64 years) living in Bassetlaw of which 2,900 are 85 years or over and of these, 63% are women. Although the proportion of older people has increased by 11% since 2012, the number of people over 85 years has only increased by 8%. There are approximately 3,200 people aged 65 years and over living alone (based on 2011 Census prevalence 13% of all households).

In terms of health, 6.5% of the population feel that their health is bad or very bad and 10.2% of the population report that their day to day activities are limited a lot. For the over 64 years population, 17% feel that their health is bad or very bad and 29% report that their day to day activities are limited a lot. Reported health and disability is slightly higher than the County average[45].

Bassetlaw is home to 5,340 claimants of Disability Living Allowance (May, 2017) and 3,097 PIP claimants (October, 2017), 15.3% of the County total.

The teenage conception rate of 19.9 per 1,000 (2015) is comparable to the County average of 20.3 conceptions per 1,000 women aged 15-17 years[46]. Bassetlaw accounts for 15% of all teenage pregnancies in the County (41/271 conceptions in 2015).

Smoking prevalence in Bassetlaw is just under 15%, significantly lower than the County average and is the second the lowest prevalence in the County (PHOF 2016).

Bassetlaw has a high proportion (69.4%) of adults with excess weight (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m2.) This is the third highest proportion in the County and significantly higher than England.

Life expectancy for men in Bassetlaw is 78.6 years (2013-2015) and for women, 81.8 years. It is significantly lower than the national average for both genders. Healthy Life Expectancy (based on 2011 health status census data) was 61.4 years for men and 62.5 years for women. This means Bassetlaw residents on average have around 17 and 19 years of ill health (the difference between life expectancy and healthy life expectancy) respectively for men and women. Women can expect to spend 24% of their life in ill health; 22% for men[47].

Bassetlaw is relatively more deprived compared to the County, 12 of the 70 (17%) Lower Super Output Areas in the district are in the most deprived 20% in England.

**Current Provision**

Maps A1, A3 and A3 show the population density of children, women of reproductive age and older people age 75 respectively. As expected, the population is concentrated in the larger towns of Worksop and Retford which are well supplied with pharmacies. There are

[44] Department of Transport Statistics, 2017)
[45] ONS Census, 2011
[46] Public Health Outcomes Framework Public Health England, 2017
[47] Life Expectancy Public Health England, 2017; Healthy Life Expectancy Local Health

also pharmacies in the larger settlements of Tuxford in the south, Langwold and Harworth to the west and Misterton in the east. Settlements on the east of the district are served by a dispensing practice in North Leverton. Residents of more rural areas in the north and east of the district also have access to pharmacies in Bawtry and Gainsborough.

Residents of Bassetlaw have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.0 pharmacies per 10,000 population is matches the County average and just under the national average of 2.1 per 10,000 population (see table 4.1).

**Table 6.2 Services commissioned from Bassetlaw Pharmacies**

| Community pharmacy service | Nottinghamshire County | Bassetlaw |
|---|---|---|
| **Total Community pharmacies in Nottinghamshire County** | **165** | **23** |
| **Commissioned by NHS England** | | |
| **Advanced** | | |
| Appliance Use Reviews | **1** | 1 |
| Influenza Vaccination | **144** | 20 |
| Medicines Use Reviews | **164** | 23 |
| New Medicines Service | **148** | 22 |
| NHS Urgent Medicine Supply | **22** | 5 |
| Stoma Appliance Customisation | **14** | 2 |
| **Locally Commissioned** | | |
| Out of Hours Rota | **28** | 14 |
| Emergency Supply Service | **118** | 6 |
| Palliative Care Drug Stockists Scheme | **13** | 0 |
| Pharmacy First | **94** | 0 |
| **Core** | | |
| Contracted Hours - 100 | **26** | 5 |
| **Commissioned by Nottinghamshire County Council** | | |
| **Locally Commissioned** | | |
| C-Card scheme: Pick-up only | **26** | 2 |
| C-Card scheme: Registration and pick-up | **8** | 1 |
| Emergency Hormonal Contraception | **100** | 13 |
| Needle Exchange | **18** | 2 |
| Supervised Consumption | **121** | 18 |

Clinical multidisciplinary medications review with a clinical pharmacist available in 9 practices. The data on services commissioned by NHS England are based on services delivered (claimed for) in 2017/18 so may exclude pharmacies where the service is available but has not been claimed for. A full range of services offered by pharmacies is available on NHS Choices.

Bassetlaw has 5 pharmacies open for 100 hours or more. In total, seven pharmacies are open on Sundays.

### Future Developments

Bassetlaw housing strategy has estimated that around 2,698 houses could be built by 2022/23[48]. The largest developments are expected to be in Retford, Worksop and Harworth which are well provided with pharmacies. The potential population growth would be in the

[48] Five Year Housing Land Supply Statement, 2016 [link]

region of 6,200 (5.4%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 1.5% increase in Bassetlaw population by 2023.

**Statement of pharmaceutical need**

The PNA found that that pharmaceutical need in Bassetlaw is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2020/21 when the PNA is revisited or in the event of significant changes affecting need.

**Rationale**

Bassetlaw is rural in nature, with high car ownership, average levels of reported ill health, low smoking prevalence and low teenage conception rates. However, life expectancy is lower than the national average.

The map shows that there are currently 23 pharmacies within Bassetlaw. There are 2.0 pharmacies per 10,000 population, slightly lower than the county average or 2.1 per 10,000 and the same as the national average. The majority of the population are within 30 minutes of a pharmacy by walking or public transport. Car ownership is around 80% and all pharmacies are within a 20-minute drive (Map B1, Appendix 7). Bassetlaw is very rural and some patients may have to travel up to 10km to a pharmacy and for other goods and services. However, car ownership is higher than the national average and there is good provision of pharmacies across the district and on the borders of neighbouring counties so access to pharmacies is adequate.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 6.2. Unlike the rest of the County, pharmacy services in Bassetlaw are commissioned by NHS England Yorkshire & Humber (South Yorkshire and Bassetlaw team) rather than by NHS England North Midlands (Derbyshire & Nottinghamshire team). The opening hours of these pharmacies are available on NHS Choices.

Patients with long term conditions are likely to have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. Bassetlaw CCG also commissions a clinical pharmacist in General Practice scheme in nine practices. The pharmacist carries out full clinical multi-disciplinary medications review with the patient (including in care home setting, especially for those on polypharmacy) and make recommendations to the GP regarding medication. As this service is commissioned by the CCG from practices, it does not form part of the PNA but clearly addresses a need.

The maps in Appendix 7 have been included to allow some comparison of the population density of groups likely to need pharmacy services and access to pharmacies for advanced and enhanced services.

All 23 pharmacies provide Medicine Use Reviews providing good access across the district (Maps A3 and C3).

Almost all of pharmacies (21/23) provide Influenza Vaccination (Map C2) providing good coverage across the district.

New Medicines Service (Map C4) is available in 22 of the 23 pharmacies and coverage is good.

The new NHS Urgent Medicines Supply pilot is available in five pharmacies covering Retford, Worksop and Harworth (Map C5). Bassetlaw CCG has also commissions the Emergency Supply Service from 6 pharmacies (locations not provided).

The Out of Hours Rota is commissioned annually by NHS England (South Yorkshire & Bassetlaw) to ensure access to a pharmacy on Christmas Day and Easter Sunday. Map C7 in Appendix 7 shows those pharmacies on the rota to provide cover.

There are no pharmacies providing Palliative Care Drug Stockists Scheme Medicines in Bassetlaw.

Bassetlaw CCG is developing a Pharmacy First / Minor Ailments pilot scheme to starting January 2018.

Two pharmacies provide the C-Card pickup scheme and one of these also offers c-card registration (Maps C12 and C13). C-Card scheme; both are in Worksop which correlates with a teenage conception hot spot.

Thirteen pharmacies provide Emergency Hormonal Contraception (Appendix 7, Maps C14 and A3) covering the west and central areas of the district.

Needle Exchange is available in two pharmacies in larger towns (Worksop and Retford) with reasonable access across the district (Map C15). Supervised consumption is available at almost all pharmacies (18/23) with reasonable access across the district, given the rural nature.

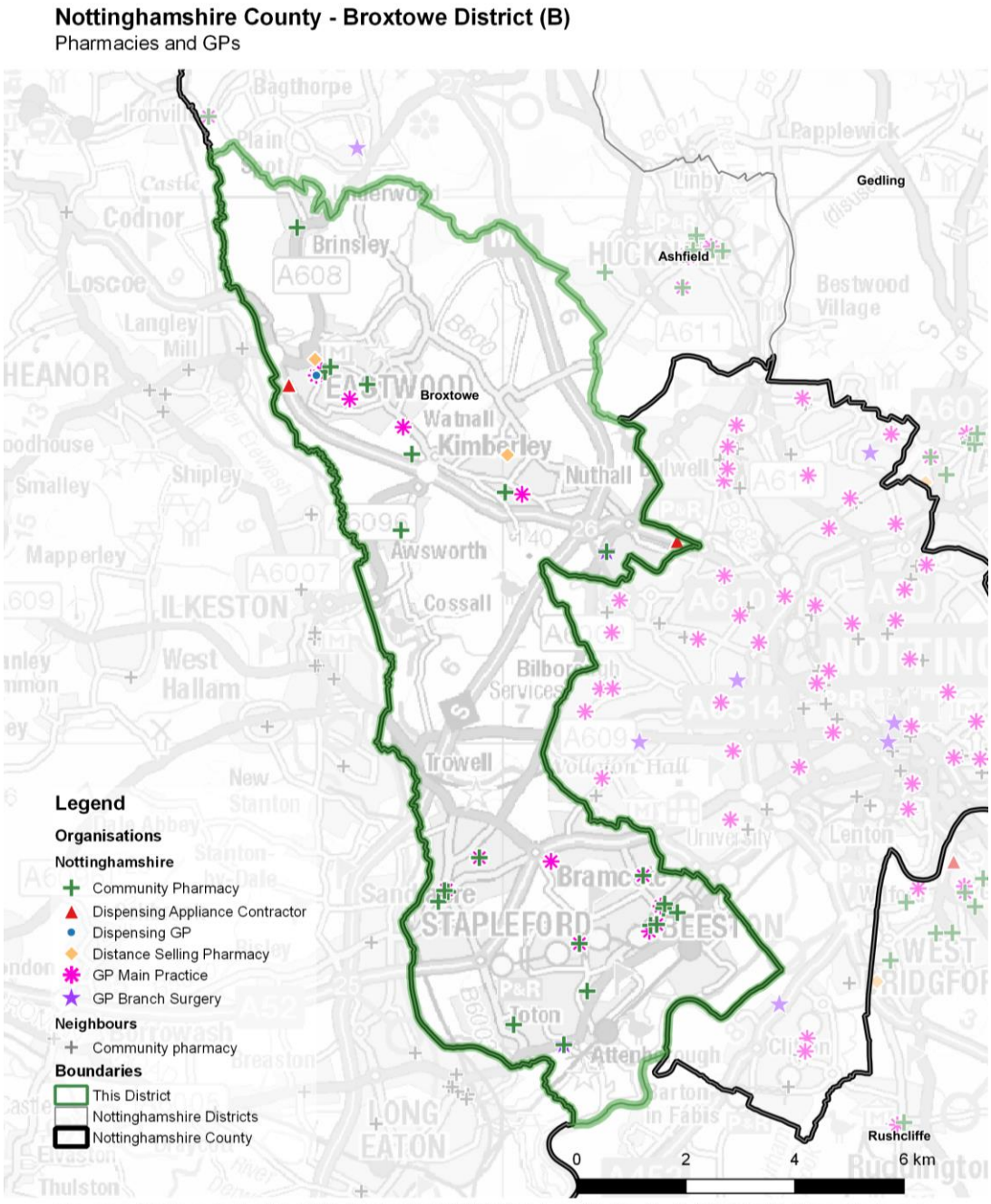
Five pharmacies hold 100-hour contracts (Map C11), providing good access to areas around Retford, Worksop and Harworth. Most residents should be able to access a pharmacy within 10km.

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 demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

## 6.3 Broxtowe District

**Figure 6.3.1 Map of pharmacies and GPs in Broxtowe**




*Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers*

*Contains Ordnance Survey data (C) Crown copyright and database right 2018*

*Produced by Nottinghamshire County Public Health Intelligence Team (IB)*

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

**Population Overview**

** References to County exclude Nottingham City unless specifically stated*

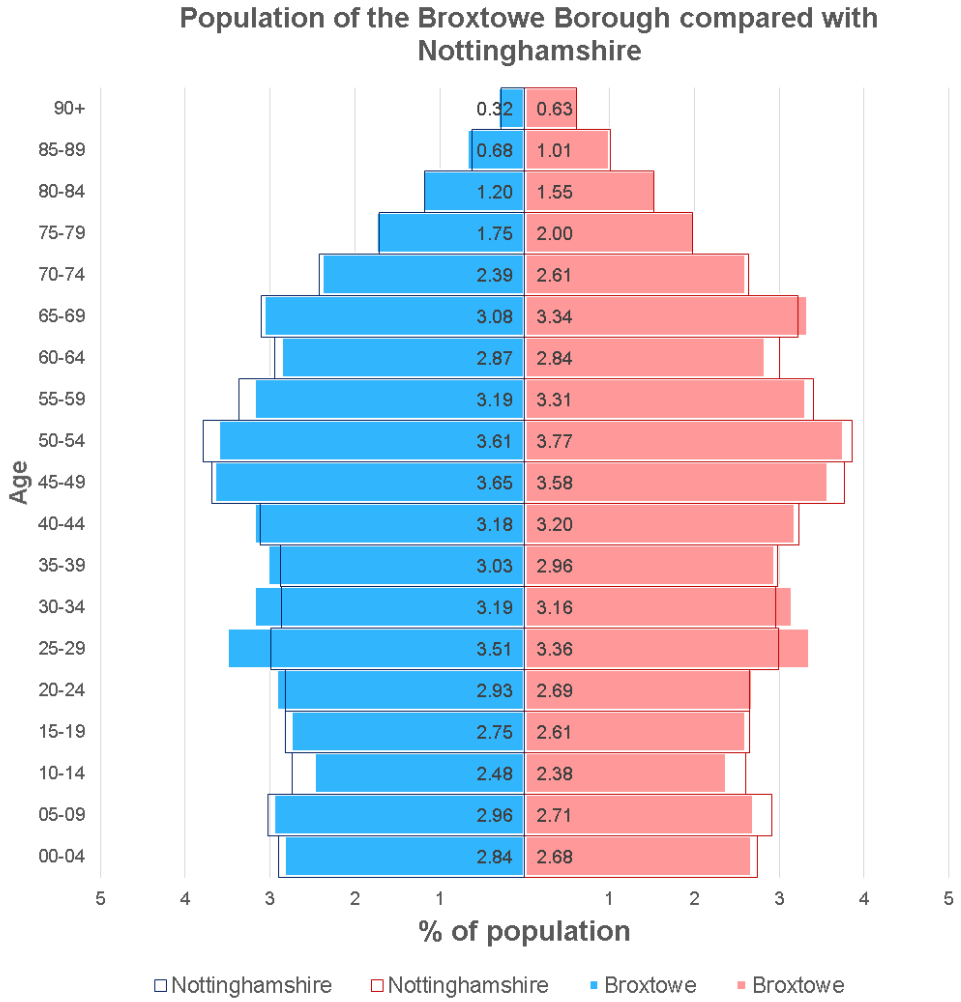
Broxtowe is to the west of Nottinghamshire County and shares a boundary with Nottingham City to the east, Erewash in Derbyshire to the west and Ashfield to the north. Its short

southern border is the River Trent shared with Rushcliffe. The main population centres are Eastwood in the north and in the south, Beeston, which is part of the conurbation of Nottingham.

Broxtowe has 14 of the 92 practices in the County plus two branch surgeries and 24 of 165 pharmacies plus 2 Distance Selling pharmacies. There are two Dispensing Appliance Contractors and one dispensing practice. Three of the community pharmacies are on the PhAS list. In 2016/17, practices in Broxtowe prescribed on average 133,000 per month (based on Nottingham West CCG).

Broxtowe has a population of 112,671, an increase of 1,971 since 2012 (ONS Mid 2016 Population Estimate) and accounts for 14% of the County population. Just under two thirds (62.4%) of the population are of working age (16-64 years), comparable with the County average of 62%. In Broxtowe, 92.7% of the population are White. Asians (4,500 people) make up just over 4% of the population, mixed ethnicity groups just under 2% and just under 1% are Black. In the over 64 years age group, 98% of the population are White[49].

**Figure 6.3.2 Population Structure (2016)**




Only 21.6% of households have no access to a car or van compared to 26% nationally and 21% in the County. The majority (62%) of households are within 15 minutes of a GP

[49] ONS Census, 2011

practice (as a proxy for pharmacy) by public transport or walking and all can access a GP practice within 30 minutes[50].

Broxtowe has a similar proportion of children under 5 years as the County average; 5.5%. Just under 14% of the County's children aged under 5 years live in Broxtowe.

There are 23,166 older people (over 64 years) living in Broxtowe of which 2,970 are 85 years or over; 62% are women. The proportion of older people has increased by 9% since 2012, although the increase in people over 85 is a little lower at 6%. There are approximately 2,550 people aged 65 years and over living alone (based on census prevalence of 11% of households).

In terms of health, just over 5% of the population feel their health is bad or very bad and 8.2% of the population report that their day to day activities are limited a lot. For the over 64 year's population, 14% feel their health is bad or very bad and 25% report their day to day activities are limited a lot. Reported health and disability is slightly lower than the County and England averages.

Broxtowe is home to 4,319 claimants of Disability Living Allowance (May, 2017) and 2,092 PIP claimants (October, 2017), 11.7% of the County total.

The teenage conception rate of 15.8 per 1000 (2015) is below the County average of 20.3 conceptions per 1000 women age 15-17 years and comparable with the national rate. Broxtowe accounts for just 10% of all teenage pregnancies in the County, the 2nd lowest district after Rushcliffe (27/271 conceptions in 2015)[51].

Smoking prevalence in Broxtowe is 16.5%, similar to the County average of 15.7%.

Broxtowe has 62% of adults with excess weight (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/$m^2$). This is the lowest proportion in the County and significantly lower than England.

Life expectancy for men in Broxtowe is 80.4 years (2013-2015) and for women, 83.2 years, which is significantly higher than the England average for men and comparable to England for women. Healthy Life Expectancy (based on 2011 health status census data) was 64.3 years for men and 65.6 years for women. This means Broxtowe residents on average have around 16 years of ill health for men and 17.6 years for women (the difference between life expectancy and healthy life expectancy)[52].

Broxtowe is relatively prosperous compared to the County; just 4 of the 73 (5.5%) Lower Super Output Areas in the district are in the most deprived 20% in England (IMD 2015, Map A4 Appendix 7).

**Current Provision**

Maps A1, A3 and A3 show the population density of children, women of reproductive age and older people age 75+ respectively. As expected, the population is concentrated in the larger towns of Beeston, Stapleford, Eastwood and Kimberley which are well supplied with pharmacies. There are also pharmacies in the larger settlements of Awsworth and Brinsley.

[50] Department of Transport Statistics, 2017
[51] Public Health Outcomes Framework Public Health England, 2017

[52] Life Expectancy Public Health England, 2017; Healthy Life Expectancy Local Health

There is no pharmacy in Trowell village but there are pharmacies within 2km in Stapleford, and over the border in Ilkeston.

Residents of Broxtowe have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.1 pharmacies per 10,000 population is higher than the County average of 2.0 per 10,000 and matches the national average (see table 4.1).

**Table 6.3 Services commissioned from Broxtowe Pharmacies**

| Community pharmacy service | Nottinghamshire County | Broxtowe |
|---|---|---|
| **Community pharmacies in Nottinghamshire County** | **165** | **24** |
| **Commissioned by NHS England** | | |
| **Advanced** | | |
| Appliance Use Reviews | **1** | 0 |
| Influenza Vaccination | **144** | 21 |
| Medicines Use Reviews | **164** | 24 |
| New Medicines Service | **148** | 23 |
| NHS Urgent Medicine Supply | **22** | 4 |
| Stoma Appliance Customisation | **14** | 1 |
| **Locally Commissioned** | | |
| Out of Hours Rota | **28** | 1 |
| Emergency Supply Service | **118** | 18 |
| Palliative Care Drug Stockists Scheme | **13** | 3 |
| Pharmacy First | **94** | 20 |
| **Core** | | |
| Contracted Hours - 100 | **26** | 2 |
| **Commissioned by Nottinghamshire County Council** | | |
| **Locally Commissioned** | | |
| C-Card scheme: Pick-up only | **26** | 2 |
| C-Card scheme: Registration and pick-up | **8** | 1 |
| Emergency Hormonal Contraception | **100** | 13 |
| Needle Exchange | **18** | 3 |
| Supervised Consumption | **121** | 16 |

The data on services commissioned by NHS England are based on services delivered (claimed for) in 2017/18 so may exclude pharmacies where the service is available but has not been claimed for. A full range of services offered by pharmacies is available on NHS Choices.

Broxtowe has two 100-hour pharmacies, one in Beeston and one in Stapleford. Six pharmacies are open on Sundays.

### Future Developments

Broxtowe housing strategy has estimated that around 2,510 houses could be built by 2022/23. Most proposed sites are in built up areas with smaller provision in Brinsley and Awsworth[53]. A proposed retirement village on the land vacated by Bramcote Hills golf course has been identified in the SHLAA as not allocated and without planning permission. However, the planning permission decision was overturned at appeal in March 2017 and outline permission has been granted for around 100 one and two bed units. The potential

[53] Broxtowe SHLAA 2015/16

population growth across the district would be in the region of 5,800 people (5.3%) assuming a household average of 2.3 people per house. However, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 4.6% increase in Broxtowe population by 2023.

**Statement of pharmaceutical need**

The PNA found that that pharmaceutical need in Broxtowe is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2020/21 when the PNA is revisited or in the event of significant changes affecting need.

**Rationale**

Broxtowe forms part of the Nottingham conurbation and is relatively urban in nature. Car ownership is slightly lower than average. Reported ill health is lower than average and smoking prevalence and teenage conception rates are low. Life expectancy is higher than the national average and the area is relatively affluent.

The map shows that there are currently 24 community pharmacies within Broxtowe, two Distance Selling pharmacies and one dispensing practice. There are 2.1 community pharmacies per 10,000 population, higher than the County average (2.0 per 10,000). The majority of the population (62%) are within 15 minutes of a pharmacy by walking or public transport and all are within 30 minutes. Car ownership is around 78% and all pharmacies are within a 20-minute drive. Although there are no pharmacies in Trowell Village, residents are within easy reach of pharmacies in Stapleford and Ilkeston.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 6.3. The opening hours of these pharmacies can be found on NHS Choices.

Broxtowe has good public transport infrastructure and the majority of the population are within 2km of a pharmacy and so should be able to access services easily.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users and sexual health (Appendix 3).

The maps in Appendix 7 have been included to allow some comparison of the population density of groups likely to need pharmacy services and access to pharmacies for advanced and enhanced services.

All 24 pharmacies provide Medicine Use Reviews providing good access across the district (Maps A3 and C3).

Almost all pharmacies (21/24) provide Influenza Vaccination (Map C2) providing good coverage across the district.

New Medicines Service (Map C4) is available in 23 of the 24 pharmacies and coverage is good. Pharmacies that do not provide the service are close to those that do.

The new NHS Urgent Medicines Supply pilot is available in four pharmacies, one in the north and 3 in the south of the district. In addition, 18 pharmacies provide the emergency supply service providing good coverage (Maps C5 and C8).

The Out of Hours Rota is commissioned annually by NHS England to ensure access to a pharmacy on Christmas Day and Easter Sunday. Map C7 in Appendix 7 shows those pharmacies open at Christmas in 2016 and Easter in 2017. There was one pharmacy in Stapleford on the Out of Hours Rota commissioned to open on Christmas Day and Easter Sunday. Residents in the north of Broxtowe have access to pharmacies in Hucknall and Nottingham City.

There are three pharmacies providing Palliative Care Drug Stockists Scheme (Map C9), one in the north and two in the south of the district providing good access.

The majority of pharmacies provide Pharmacy First (Map C10) and those that don't are close to pharmacies that do.

Two pharmacies provide the C-Card pick-up scheme, one in Eastwood and one in Stapleford which also offers registration; (Maps C13 and E2).

Thirteen pharmacies provide Emergency Hormonal Contraception (Maps C14 and A3) with good access across the district.

Needle Exchange is available in three pharmacies in larger towns with good access across the district (Map C15). Supervised consumption available in 16 pharmacies with good access across the district.

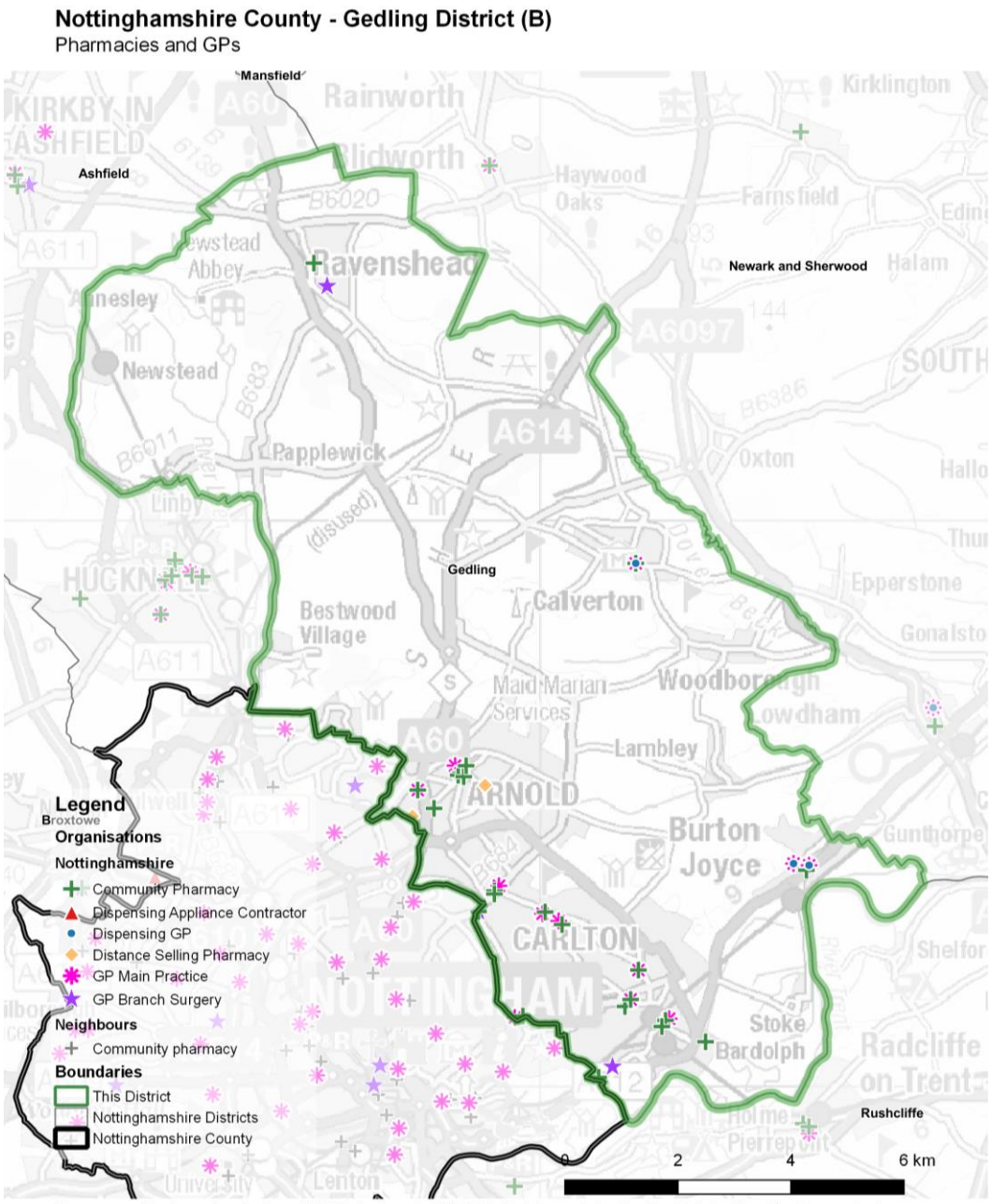
Two pharmacies hold 100-hour contracts (Map C11). Although both are in the south, for residents in the north of Broxtowe, there are 100-hour pharmacies in nearby Bulwell (Nottingham City) and Hucknall in Ashfield. Provision could be improved with additional access in the Eastwood area.

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 demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

## 6.4 Gedling District

**Figure 6.4.1 Map of pharmacies and GPs in Gedling**




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

**Population Overview**

** References to County exclude Nottingham City unless specifically stated*

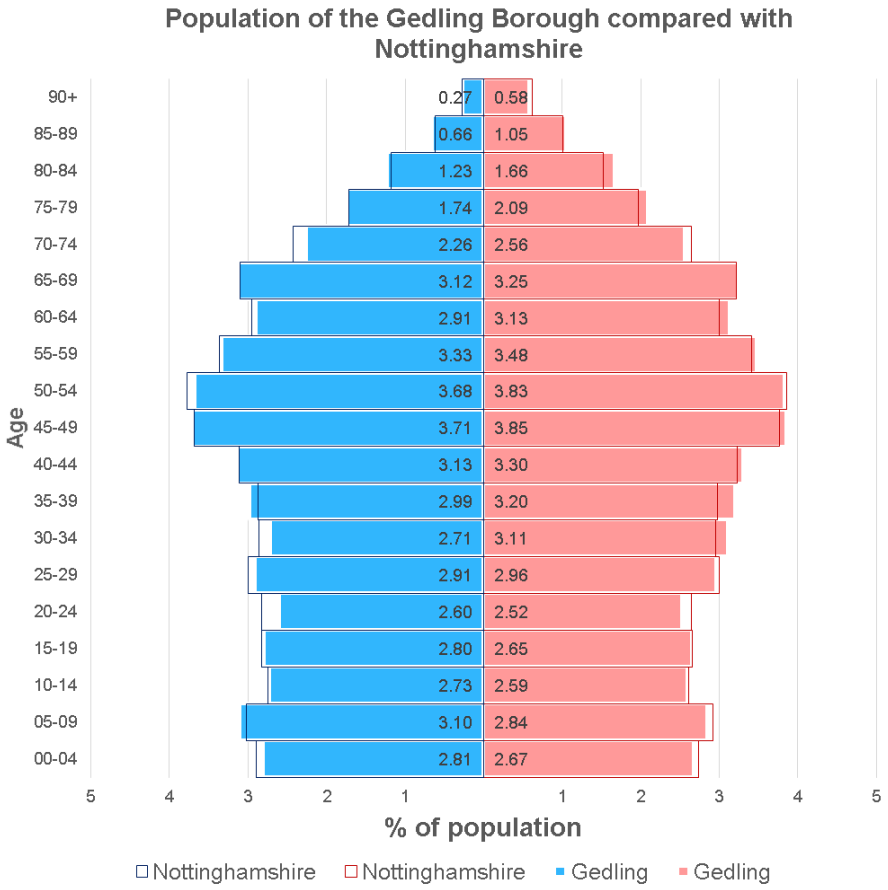
Gedling is to the east of Nottinghamshire County and shares a boundary with Ashfield to the north, Nottingham City to the west, Newark & Sherwood to the east and Rushcliffe to

the south. The main urban centres are Arnold, Gedling and Carlton close to Nottingham City and the larger villages of Burton Joyce, Calverton and Woodborough. Apart from Nottingham City, the largest nearby towns are Hucknall and Mansfield.

Gedling has 13 of the 92 practices in the County plus 3 branch practices and 22 of 165 community pharmacies. There are two pharmacies on the PhAS list. There are three dispensing practices and two Distance Selling pharmacies. In 2016/17, practices in Gedling prescribed, on average 232,500 items per month (based on Nottingham North and East CCG which also covers Hucknall and parts of Newark and Sherwood so this will be an overestimate).

Gedling has a population of 116,500, an increase of 1,971 (2.1%) since 2012 (ONS Mid 2016 Population Estimate) and accounts for just over 14% of the County population. Almost two thirds (61.6%) of the population are of working age (16-65 years), slightly lower than the County average of 63%. In Gedling, 93.1% of the population are White. The largest BME group is Asian (3%) followed by mixed ethnicity (2.3%). Black groups make up 1.5% of the population. In the over 64 age group, 97.6% of the population are White.

**Figure 6.4.2 Population Structure (2016)**




Just over one fifth (21.5%) of households have no access to a car or van compared to 26% nationally and 21% in the County. Two thirds of the population (64%) are within 15 minutes

of a GP practice (as a proxy for pharmacy) by public transport or walking and almost all households (97%) can access a GP practice within 30 minutes[54].

Gedling has a similar proportion of children to the County average; 5.5% compared to 5.6%. Just over 14% of the County's children under 5 years live in Gedling.

There are 23,800 older people (over 64 years) living in Gedling of which 2,800 are 85 years or over and of these, 64% are women. Although the proportion of older people has increased by 9% since 2012, the number of people over 85 years has increased by only 6%. There are 3,100 people aged 65 years and over living alone (based on Census 2011 prevalence of 13% of households).

In terms of health, 5.1% of the population feel their health is bad or very bad and 8.4% of the population report that their day to day activities are limited a lot. For the over 64 years population, 13.5% feel their health is bad or very bad and 25% report their day to day activities are limited a lot. Reported health and disability is lower than the County average; indicating a relatively healthy population.

Gedling is home to 4,740 claimants of Disability Living Allowance (May, 2017) and 2,316 PIP claimants (October, 2017), 12.8% of the County total.

The teenage conception rate of 18.8 per 1000 (2015) is lower than the County average of 20.3 conceptions per 1000 women age 15-17 years. Conception rates are decreasing steadily and are similar to the national average and rank third lowest in the county. Gedling accounts for 14% of all teenage pregnancies in the County (37/271 conceptions in 2015)[55].

Smoking prevalence (2016) in Gedling is around 12%, lower (though not significantly) than the County average.

Gedling has a high proportion (69.6%) of adults with excess weight (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m$^2$). This is the second highest proportion in the County and significantly higher than England.

Life expectancy for men in Gedling is 79.4 years (2013-2015) and for women, 83.6 years, similar to the County and national average. Healthy Life Expectancy (based on 2011 health status census data (Local Health, PHE)) was 64 years for men and 65.4 years for women. This means Gedling residents on average have around 15.4 years of ill health for men and 18.2 years for women (the difference between life expectancy and healthy life expectancy)[56].

Gedling is relatively affluent compared to the County; only 3 of the 77 (4%) Lower Super Output Areas in the district are in the most deprived 20% in England (IMD 2015, Map A4 Appendix 7).

**Current Provision**

Maps A1, A3 and A3 show the population density of children, women of reproductive age and older people age 75 respectively. The population is concentrated in the conurbation along the border of Nottingham City and in the larger villages of Calverton, Burton Joyce,

[54] Department of Transport Statistics, 2017)
[55] Public Health Outcomes Framework Public Health England, 2017
[56] Life Expectancy Public Health England, 2017; Healthy Life Expectancy Local Health

Lambley and Bestwood Village. Most of the pharmacies are towards the south of the district with a reasonable supply in the more rural areas.

Residents of Gedling have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 1.9 pharmacies per 10,000 population is slightly lower than the County average (2.0 per 10,000) and England average of 2.1 per 10,000 (see table 4.1).

**Table 6.4 Services commissioned from Gedling Pharmacies**

| Community pharmacy service | Nottinghamshire County | Gedling |
|---|---|---|
| **Community pharmacies in Nottinghamshire County** | **165** | **22** |
| **Commissioned by NHS England** | | |
| **Advanced** | | |
| Appliance Use Reviews | **1** | 0 |
| Influenza Vaccination | **144** | 18 |
| Medicines Use Reviews | **164** | 22 |
| New Medicines Service | **148** | 16 |
| NHS Urgent Medicine Supply | **22** | 2 |
| Stoma Appliance Customisation | **14** | 1 |
| **Locally Commissioned** | | |
| Out of Hours Rota | **28** | 4 |
| Emergency Supply Service | **118** | 13 |
| Palliative Care Drug Stockists Scheme | **13** | 1 |
| Pharmacy First | **94** | 15 |
| **Core** | | |
| Contracted Hours - 100 | **26** | 3 |
| **Commissioned by Nottinghamshire County Council** | | |
| **Locally Commissioned** | | |
| C-Card scheme: Pick-up only | **26** | 5 |
| C-Card scheme: Registration and pick-up | **8** | 2 |
| Emergency Hormonal Contraception | **100** | 13 |
| Needle Exchange | **18** | 3 |
| Supervised Consumption | **121** | 18 |

The data on services commissioned by NHS England are based on services delivered (claimed for) in 2017/18 so may exclude pharmacies where the service is available but has not been claimed for. A full range of services offered by pharmacies is available on NHS Choices.

Gedling has three pharmacies open for 100 hours or more. Six pharmacies are open on Sundays.

### Future Developments

Gedling housing strategy has estimated that around 2,559 houses could be built by 2022/23[57]. The majority will be in urban areas with good access to community pharmacies. Developments are planned in Bestwood Village, Calverton and Ravenshead. Calverton and Ravenshead both have a pharmacy and Bestwood village is within easy reach of pharmacies in Hucknall and Rise Park in the Nottingham City. The potential population growth would be in the region of 5,900 (5%) assuming a household average of 2.3 people

[57] Gedling HMR, 2015/16

per house. However, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 5% increase in the Gedling population by 2023.

**Statement of pharmaceutical need**

The PNA found that that pharmaceutical need in Gedling is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2020/21 when the PNA is revisited or in the event of significant changes affecting need.

**Rationale**

Gedling forms part of the Greater Nottingham Conurbation, though it is relatively rural in some areas. It is relatively affluent, with high levels of car ownership, good self-reported health, low smoking prevalence and teenage conception rates and good life expectancy.

The map shows that there are currently 22 community pharmacies within Gedling. There are 1.9 pharmacies per 10,000 population, slightly under the County and England average of 2.1 per 10,000. All the larger settlements are within 2 km of a pharmacy or dispensing practice and all residents are within 5km of a pharmacy.

The majority of the population are within 30 minutes of a pharmacy by walking or public transport. Car ownership is around 79% and all pharmacies are within a 20-minute drive.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 6.4. The opening hours of these pharmacies are available on NHS Choices.

Public transport links and high car ownership means the population have good access to existing pharmacies.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users and sexual health (Appendix 3).

The maps in Appendix 7 have been included to allow some comparison of the population density of groups likely to need pharmacy services and access to pharmacies for advanced and enhanced services.

All 22 pharmacies provide Medicine Use Reviews providing good access across the district (Maps A3 and C3).

Over three quarters of pharmacies (18/22) provide Influenza Vaccination (Map C2) providing good coverage across the district.

New Medicines Service (Map C4) is available in 16 of the 22 pharmacies but coverage is good. Pharmacies that do not provide the service are close to those that do.

The new NHS Urgent Medicines Supply pilot is provided by two pharmacies in Netherfield (Map C5) and the locally enhanced Emergency Supply Service in 13 pharmacies ensuring provision across the district (Maps C5 and C8). Access could be improved by additional provision in Calverton where the nearest access is in Arnold, around 7km by road.

The Out of Hours Rota is commissioned annually by NHS England to ensure access to a pharmacy on Christmas Day and Easter Sunday. Map C7 in Appendix 7 shows those pharmacies open at Christmas in 2016 and Easter in 2017. There were four pharmacies on the Out of Hours Rota commissioned to open on Christmas Day and Easter Sunday, all in the more urban areas in the south of the district (Map C7). Residents in Calverton and Ravenshead were able to access pharmacies in Hucknall, Kirkby in Ashfield and Lowdham.

There is one pharmacy in Arnold providing Palliative Care Drug Stockists Scheme Medicines (Map C9), providing reasonable access. The service is also available in Hucknall, Mansfield and Lowdham which may be more accessible for those in more rural areas.

Over two thirds of pharmacies provide Pharmacy First (Map C10) and those that don't are close to pharmacies that do.

Five pharmacies providing the C-Card scheme offer pick-up and two also provides registration (Maps C12 and C13). All are in the more urban areas bordering Nottingham City. Although there are no pharmacies providing this service in Ravenshead or Calverton, young people are able to access alternative providers in these areas[58].

Thirteen pharmacies provide Emergency Hormonal Contraception (Maps C14 and A3) with reasonable access across the district. Residents in Calverton and Burton Joyce can access the service in Arnold, Netherfield and Lowdham.

Needle Exchange is available in three pharmacies in the more urban areas on the border of Nottingham City. Residents of Calverton, Ravenshead and Burton Joyce are within 5 km of a pharmacy offering the service (Map C15). Supervised consumption available at almost all pharmacies (18/22) with good access across the district.

Three pharmacies hold 100-hour contracts (Map C11), all in the more urban area along Nottingham City border. These are within 5km of people living in Burton Joyce and Calverton. Residents of Ravenshead can access the service in Hucknall.

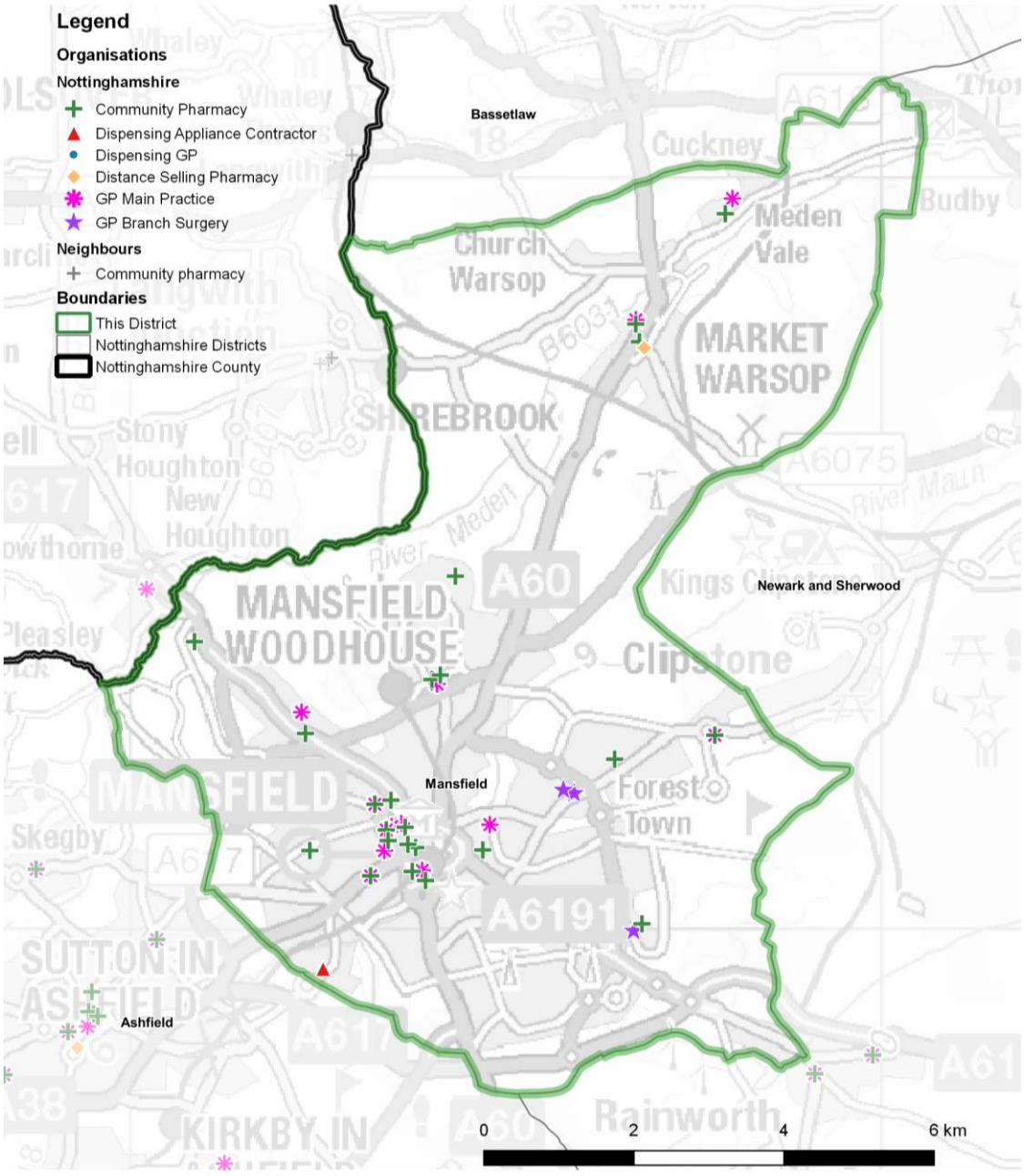
The range and distribution of advanced and locally commissioned services meet the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

[58] JSNA, 2017

## 6.5 Mansfield District

**Figure 6.5.1 Map of pharmacies and GPs in Mansfield**




*Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers*

*Contains Ordnance Survey data (C) Crown copyright and database right 2018*

*Produced by Nottinghamshire County Public Health Intelligence Team (IB)*

Note: Pharmacies located very close to each other may overlap and be hidden on the map. One pharmacy in Worksop has given notice to close in June 2018 reducing the total from 25 to 24 pharmacies.

## Population Overview

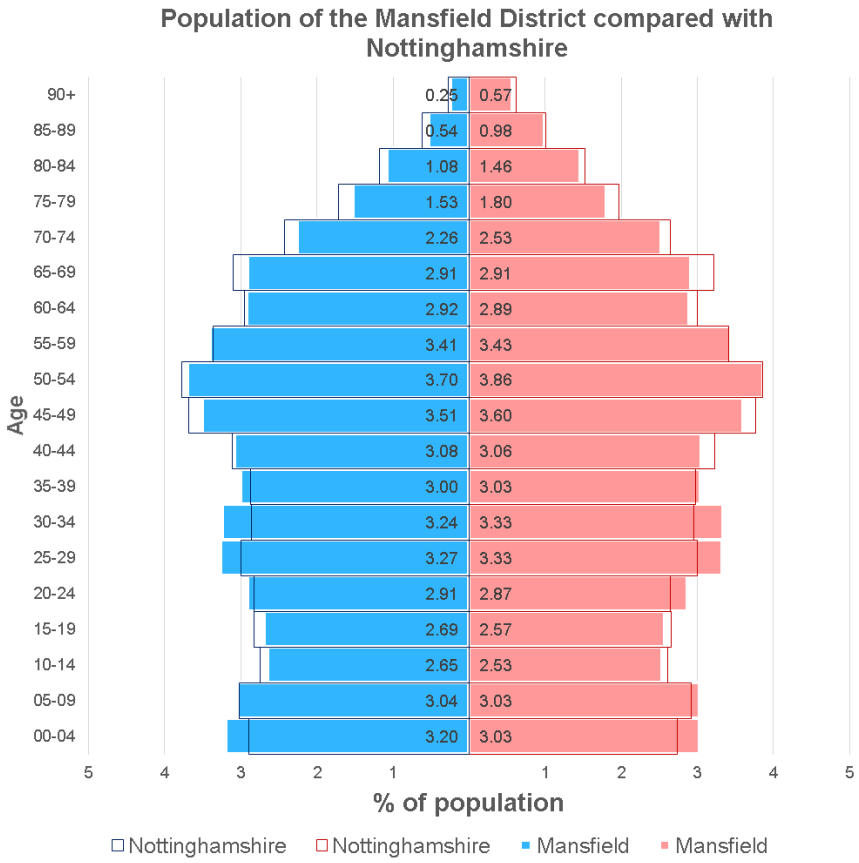
** References to County exclude Nottingham City unless specifically stated*

Mansfield is to the northwest of Nottinghamshire County and shares a boundary with Bassetlaw to the North, Newark & Sherwood to the East, Ashfield to the South and North-East Derbyshire to the west. The main urban centre is Mansfield town.

Mansfield has 13 of the 92 practices in the County plus four branch practices and 24 of 165 pharmacies. There is one Distance Selling pharmacy and there are no dispensing practices. There are two pharmacies on the PhAS list. In 2016/17, practices in the district prescribed on average 197,400 items per month (based on 50% of Mansfield and Ashfield CCG).

Mansfield has a population of 107,435 (ONS Mid 2016 Population Estimate) an increase of 2,735 and accounts for just over 13% of the County population which makes it the smallest District in the County. Almost two thirds (62.6%) of the population are of working age (16-64 years), comparable with the County average of 63%. In Mansfield, 97.2% of the population are white. Asian and mixed ethnicity groups make up just over 1% each and 0.4% are Black (under 500 people). In the over 64-year age group 99% of the population are White[59].

**Figure 6.5.2 Population Structure (2016)**




[59] ONS Census, 2011

Just over a quarter (25.2%) of households have no access to a car or van compared to 26% nationally and 21% in the County. The majority (45%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy) by public transport or walking. All households can access a GP practice within 30 minutes (Department of Transport Statistics, 2017).

Mansfield has a higher proportion of children under 5 years than the County average; 6.2% compared to 5.6%. Just over 14% of the County's children under 5 years live in Mansfield.

There are 20,200 older people (over 64 years) living in Mansfield of which 2,500 are 85 or over. The proportion of older people has increased by 9% since 2012, as has the proportion of people aged 85 and over. 66% of people aged 85 and over are women. There are 2,550 people aged 65 years and over living alone (based on prevalence in 2011 census).

In terms of health, 7.7% of the population feel their health is bad or very bad and 11.5% of the population report that their day to day activities are limited a lot. Both of these figures are higher than the County averages of 5.7% and 8.9% respectively. For the over 64 years population, 19% feel their health is bad or very bad and 32% report their day to day activities are limited a lot. The County averages are 14% and 25% respectively.

Mansfield is home to 6,714 claimants of Disability Living Allowance (May, 2017) and 3,490 PIP claimants (October, 2017), 18.6% of the County total.

The teenage conception rate of 27.0 per 1000 (2015) is higher than the County average of 20.3 conceptions per 1000 women age 15-17 years. Conception rates have been falling and are now not significantly different to the national rate[60]. Mansfield accounts for 17% of all teenage pregnancies in the County (45/271 conceptions in 2015).

Smoking prevalence in Mansfield is 21%, is higher than the County average of 15.7% and has the second highest prevalence in the County after Ashfield.

Mansfield has a high proportion (70.8%) of adults with excess weight (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m$^2$.) This is the highest proportion in the County and significantly higher than England.

Life expectancy for men in Mansfield is 78.0 years (2013-2015) and for women, 81.6 years, the lowest Life Expectancy for men and women in the County. It is significantly lower than both England and the County for both genders. Healthy Life Expectancy (based on 2011 health status census data) was 58.9 years for men and 60.3 years for women[61]. This means Mansfield residents on average have around 19 years of ill health for men and 21 years of ill health for women (the difference between life expectancy and healthy life expectancy); around a quarter of their life span spent in ill health.

Mansfield is relatively deprived compared to the County; 24 of the 67 (36%) Lower Super Output Areas in the district are in the most deprived 20% in England.

**Current Provision**

Maps A1, A3 and A3 show the population density of children, women of reproductive age and older people age 75 respectively. As expected, the population is concentrated in the

[60] Public Health Outcomes Framework Public Health England, 2017
[61] Life Expectancy Public Health England, 2017; Healthy Life Expectancy Local Health

south in Mansfield town which is well supplied with pharmacies. There are also pharmacies in the larger settlements of Market Warsop and Meden Vale in the North of the district.

Residents of Mansfield have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.2 pharmacies per 10,000 population is slightly higher than County average of 2.1 per 10,000 (see table 4.1).

**Table 6.5 Services commissioned from Mansfield Pharmacies**

| Community pharmacy service | Nottinghamshire County | Mansfield |
|---|---|---|
| **Community pharmacies in Nottinghamshire County** | **165** | **24** |
| **Commissioned by NHS England** | | |
| **Advanced** | | |
| Appliance Use Reviews | **1** | 0 |
| Influenza Vaccination | **144** | 21 |
| Medicines Use Reviews | **164** | 24 |
| New Medicines Service | **148** | 22 |
| NHS Urgent Medicine Supply | **22** | 0 |
| Stoma Appliance Customisation | **14** | 5 |
| **Locally Commissioned** | | |
| Out of Hours Rota | **28** | 2 |
| Emergency Supply Service | **118** | 24 |
| Palliative Care Drug Stockists Scheme | **13** | 1 |
| Pharmacy First | **94** | 15 |
| **Core** | | |
| Contracted Hours – 100 | **26** | 6 |
| **Commissioned by Nottinghamshire County Council** | | |
| **Locally Commissioned** | | |
| C-Card scheme: Pick-up only | **26** | 6 |
| C-Card scheme: Registration and pick-up | **8** | 2 |
| Emergency Hormonal Contraception | **100** | 15 |
| Needle Exchange | **18** | 3 |
| Supervised Consumption | **121** | 21 |

The data on services commissioned by NHS England are based on services delivered (claimed for) in 2017/18 so may exclude pharmacies where the service is available but has not been claimed for. A full range of services offered by pharmacies is available on NHS Choices.

Mansfield has 6 pharmacies open for 100 hours or more. Nine pharmacies are open on Sundays.

### Future Developments

Mansfield housing strategy has estimated that around 2,457 houses could be built by 2022/23[62]; The majority will be in urban areas all of which are within reach of an existing pharmacy. The potential population growth would be in the region of 5,650 (5.2%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 2.4% increase in the Mansfield population by 2023.

### Statement of pharmaceutical need

[62] Mansfield HMR, 2016

The PNA found that that pharmaceutical need in Mansfield is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2020/21 when the PNA is revisited or in the event of significant changes affecting need.

**Rationale**

Mansfield is relatively deprived with higher than average reported ill health, high smoking prevalence, high teenage pregnancy rates and lower than average life expectancy and so is likely to need access to a wide range of health services.

The map shows that there are currently 24 pharmacies within Mansfield. There are 2.2 pharmacies per 10,000 population, slightly over the County average of 2.0 per 10,000 and the England average of 2.1 per 10,000. Almost half the population are within 15 minutes of a GP practice (proxy for a pharmacy) and all are within 30 minutes of a pharmacy by walking or public transport. Car ownership is around 75% and all pharmacies are within a 20-minute drive.

The advanced and locally commissioned services currently commissioned from these pharmacies are shown in Table 6.5. The opening hours of these pharmacies are available on NHS Choices.

Patients with long term conditions are likely to 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. In addition, support for lifestyle changes is met through widespread services for drug users and sexual health (Appendix 3).

The maps in Appendix 7 have been included to allow some comparison of the population density of groups likely to need pharmacy services and access to pharmacies for advanced and enhanced services.

All 24 pharmacies provide Medicine Use Reviews providing good access across the district (Maps A3 and C3).

Almost all pharmacies (21/24) provide Influenza Vaccination (Map C2) providing good coverage across the district.

New Medicines Service (Map C4) is available in 22 of the 24 pharmacies but coverage is good. Pharmacies that do not provide the service are close to those that do.

The new NHS Urgent Medicines Supply pilot is not currently available in Mansfield but the locally enhanced emergency supply service is available in all 24 pharmacies so there is good coverage (Maps C5 and C8).

The Out of Hours Rota is commissioned annually by NHS England to ensure access to a pharmacy on Christmas Day and Easter Sunday. Map C7 in Appendix 7 shows those pharmacies open at Christmas in 2016 and Easter in 2017. There were 2 pharmacies on the Out of Hours Rota commissioned to open on Christmas Day and Easter Sunday, one in Mansfield town and one in Mansfield Woodhouse. The majority of the population are within 5km of the service; residents of Meden Vale are under 10km (Map C7).

The District has 1 of the 12 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life (Map C9).

Over half of pharmacies provide Pharmacy First (Map C10) and those that don't are close to pharmacies that do.

Six pharmacies provide the C-Card pick-up scheme and two also offer registration (Maps C12 and C13). There is good access in the north and south of the district.

Fifteen of the 24 pharmacies provide Emergency Hormonal Contraception (Maps C14 and A3) with good access across the district.

Needle Exchange is available in three pharmacies in the south of the district though residents in Market Warsop and Meden Vale would need to travel to Mansfield Woodhouse to access the service (Map C15). Supervised consumption is available at almost all pharmacies (21/24) with good access across the district.

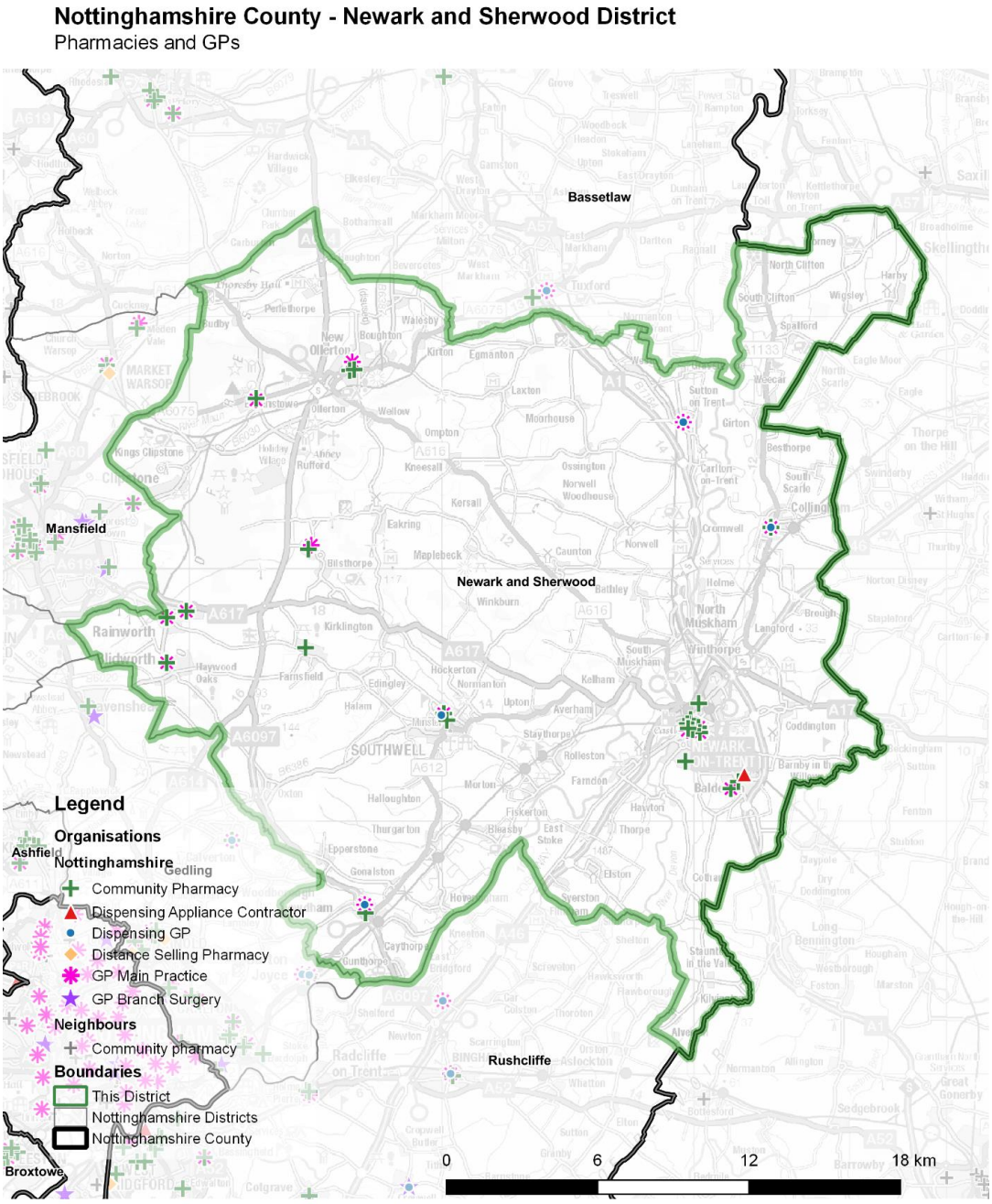
Six pharmacies hold 100-hour contracts (Map C11), with good spread across the south of the district. Residents of Market Warsop and Meden Vale can access the service in Mansfield Woodhouse.

The range and distribution of advanced and enhanced services meets the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

## 6.6 Newark & Sherwood District

**Figure 6.6.1 Map of pharmacies and GPs in Newark & Sherwood**




*Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers*

*Contains Ordnance Survey data (C) Crown copyright and database right 2018*

*Produced by Nottinghamshire County Public Health Intelligence Team (IB)*

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

**Population Overview**

** References to County exclude Nottingham City unless specifically stated*

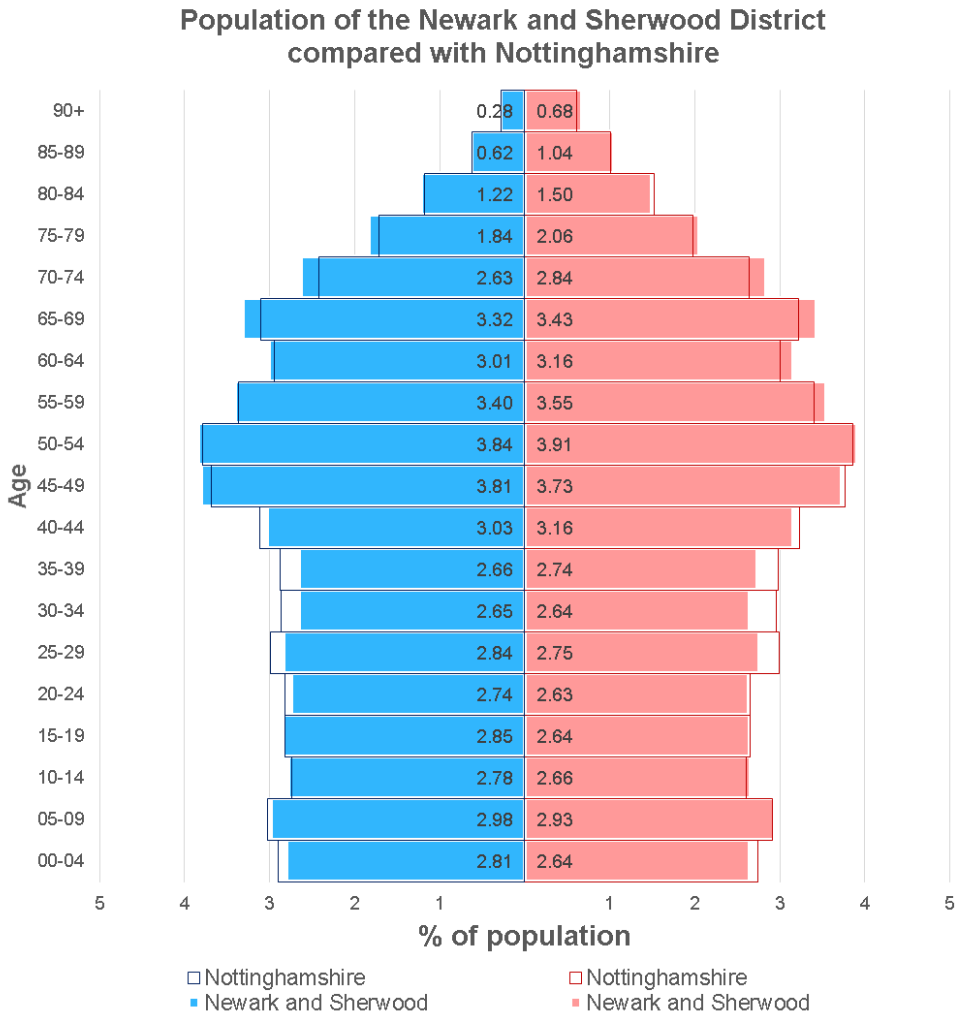
Newark & Sherwood is located to the north-east of Nottinghamshire County and borders on Lincolnshire to the East. Within the County, Newark & Sherwood shares boundaries with

Bassetlaw, Mansfield, Gedling and Rushcliffe. The main urban centres are Newark, Ollerton and Southwell.

Newark & Sherwood has 14 of the 92 practices in the County plus one branch practice and 26 of 165 pharmacies. In addition, four of the practices are dispensing practices. Four pharmacies are on the PhAS list. There is one Dispensing Appliance Contractor. In 2016/17, practices in the Newark & Sherwood area prescribed on average 238,300 items per month (based on Newark and Sherwood CCG, 2016/17 NHS Digital).

Newark & Sherwood has a population of 119,570 (ONS Mid 2016 Population Estimate) an increase of 3,770 since 2012 (3.3% increase and accounts for just under 15% of the County population. Under two thirds (60.7%) of the population are of working age (16-64 years), comparable with the County average of 63%. In Newark & Sherwood, 97.5% of the population are White. The largest BME groups are Asian and mixed ethnicity accounting for 1% each. In the over 64 years age group, 99.4% of the population are White.

**Figure 6.6.2 Population Structure (2016)**




Less than one fifth (18.6%) of households have no access to a car or van compared to 26% nationally and 21% in the County. Just under half (45%) of households are within 15

minutes distance of a GP practice (as a proxy for pharmacy) by bus or walking and 82% are within 30 minutes. 5% of the population are more than an hour away (2 LSOAs)[63].

Newark & Sherwood has a slightly lower proportion of children to the County average; 5.4% compared to 5.6%. Just over 14% of the County's children under 5 years live in Newark & Sherwood.

There are 25,655 older people (over 64 years) living in Newark & Sherwood (2016) of which 3,143 are 85 years or over and of these, 65.4% are women. There are an estimated 3,100 people aged 65 years and over living alone (based on 2011 census prevalence of 13% of households).

In terms of health, 5.6% 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, 13.9% feel their health is bad or very bad and 25% report their day to day activities are limited a lot. Reported health and disability is slightly lower than the County average; indicating a relatively healthy population.

Newark & Sherwood is home to 5,334 claimants of Disability Living Allowance (May, 2017) and 2,666 PIP claimants (October, 2017), 14.5% of the County total.

The teenage conception rate of 23.6 per 1000 (2015) is higher than the County average of 20.3 conceptions per 1000 women age 15-17 years and also higher than the national average but not significantly. Newark & Sherwood ranks third highest of the 7 county districts and accounts for 17% of all teenage pregnancies in the County (46/271 conceptions in 2015)[64].

Smoking prevalence in Newark & Sherwood is around 16%, comparable to the County average of 15.7% (PHOF 2016).

Newark and Sherwood has a high proportion (68.3%) of adults with excess weight (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m$^2$.) This is the fifth highest proportion in the County and significantly higher than England.

Life expectancy for men in Newark & Sherwood is 79.8 years (2013-2015) and for women, 82.9 years, ranking third highest for men and fourth highest for women in the district. It is comparable to both England and the County for both genders. Healthy Life Expectancy (based on 2011 health status census data) was 63 years for men and 64.7 years for women. This means Newark & Sherwood residents on average have around 17 years of ill health for men and 18 years for women (the difference between life expectancy and healthy life expectancy); just over a fifth of their life expectancy spent in ill health[65].

Newark & Sherwood is relatively affluent compared to the County; only 10 of the 70 (14%) Lower Super Output Areas in the district are in the most deprived 20% in England (IMD 2015, Map A4 Appendix 7). The most deprived areas are to be found in Newark and Ollerton.

[63] Department of Transport Statistics, 2017)
[64] Public Health Outcomes Framework Public Health England, 2017
[65] Life Expectancy Public Health England, 2017; Healthy Life Expectancy Local Health

### Current Provision

Maps A1, A3 and A3 show the population density of children, women of reproductive age and older people age 75 respectively. As expected, the population is concentrated in the largest town of Newark on Trent in the east of the district which has a number of pharmacies. There are pharmacies in the larger settlements across the western half of the district. The more sparsely populated north eastern area is served by a pharmacy in Collingham and two dispensing practices and can access pharmacies close by in Bassetlaw and Lincolnshire.

Residents of Newark & Sherwood have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.2 community pharmacies per 10,000 population is slightly higher than the County average of 2.0 per 10,000 (see table 4.1).

**Table 6.6 Services commissioned from Newark & Sherwood Pharmacies**

| Community pharmacy service | Nottinghamshire County | Newark and Sherwood |
|---|---|---|
| **Total Community pharmacies in Nottinghamshire County** | **165** | **26** |
| **Commissioned by NHS England** | | |
| **Advanced** | | |
| Appliance Use Reviews | **1** | 0 |
| Influenza Vaccination | **144** | 25 |
| Medicines Use Reviews | **164** | 26 |
| New Medicines Service | **148** | 24 |
| NHS Urgent Medicine Supply | **22** | 5 |
| Stoma Appliance Customisation | **14** | 4 |
| **Locally Commissioned** | | |
| Out of Hours Rota | **28** | 2 |
| Emergency Supply Service | **118** | 24 |
| Palliative Care Drug Stockists Scheme | **13** | 5 |
| Pharmacy First | **94** | 25 |
| **Core** | | |
| Contracted Hours - 100 | **26** | 5 |
| **Commissioned by Nottinghamshire County Council** | | |
| **Locally Commissioned** | | |
| C-Card scheme: Pick-up only | **26** | 4 |
| C-Card scheme: Registration and pick-up | **8** | 2 |
| Emergency Hormonal Contraception | **100** | 17 |
| Needle Exchange | **18** | 2 |
| Supervised Consumption | **121** | 15 |

The data on services commissioned by NHS England are based on services delivered (claimed for) in 2017/18 so may exclude pharmacies where the service is available but has not been claimed for. A full range of services offered by pharmacies is available on NHS Choices.

Newark & Sherwood has five pharmacies open for 100 hours or more. Six pharmacies are open on Sundays.

**Future Developments**

Newark & Sherwood housing strategy has estimated that around 4,565 houses could be built by 2022/23, focussing on Newark and the larger principle villages[66]. The largest area for development is in Balderton, south of Newark which could provide around 3,000 homes. Balderton has a number of pharmacies which should be able to meet any new demands. The potential population growth would be in the region of 10,500 people (9%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 4.6% increase in the Newark & Sherwood population by 2023.

**Statement of pharmaceutical need**

The PNA found that that pharmaceutical need in Newark & Sherwood is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2020/21 when the PNA is revisited or in the event of significant changes affecting need.

**Rationale**

Newark & Sherwood is largely rural in nature. However, car ownership is high which will enable access to pharmacies and other services. It has similar levels of ill health, teenage conception and smoking prevalence to the County average, with average life expectancy.

The map shows that there are currently 26 community pharmacies within Newark & Sherwood. In addition, there are four dispensing practices and one Dispensing Appliance Contractor. There are no Distance Selling pharmacies. There are 2.2 pharmacies per 10,000 population, higher than the County average of 2.0 per 10,000 and England average of 2.1 per 10,000 population. The majority of the population in the larger settlements are within 2-3 km of a pharmacy. Of the 4 dispensing practices, 3 are located close to existing pharmacies in Lowdham, Collingham and Southwell.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 6.6. The opening hours of these pharmacies are available on NHS Choices.

Public transport links and high car ownership (over 80%) mean that residents have good access to existing pharmacies.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users and sexual health (Appendix 3).

The maps in Appendix 7 have been included to allow some comparison of the population density of groups likely to need pharmacy services and access to pharmacies for advanced and enhanced services.

All 26 pharmacies provide Medicine Use Reviews providing good access across the district (Maps A3 and C3).

[66] Newark & Sherwood HMR, 2016

Almost all pharmacies (25/26) provide Influenza Vaccination (Map C2) providing good coverage across the district.

New Medicines Service (Map C4) is available in 24 of the 26 pharmacies with the exception of the pharmacy in Farnsfield, where the closest pharmacy offering the service is in Rainworth or Bilthorpe.

The new NHS Urgent Medicines Supply pilot is available in 5 pharmacies and the locally enhanced Emergency Supply Service has good coverage (Maps C5 and C8).

The Out of Hours Rota is commissioned annually by NHS England to ensure access to a pharmacy on Christmas Day and Easter Sunday. Map C7 in Appendix 7 shows those pharmacies open at Christmas in 2016 and Easter in 2017. There were two pharmacies on the Out of Hours Rota commissioned to open on Christmas Day and Easter Sunday, one in Newark and one in Lowdham. The service is also available in neighbouring Mansfield and Ashfield (Map C7).

There are five pharmacies providing Palliative Care Drug Stockists Scheme Medicines (Map C9) across the district providing reasonable access within 10km.

Almost all pharmacies provide Pharmacy First (Map C10); only one pharmacy in Newark does not provide this service.

Four pharmacies provide the C-Card pick-up scheme and two also offer registration (Maps C12 and C13). There is good access in Newark, where teenage conceptions are highest. Pharmacies in Bilsthorpe and New Ollerton also offer this service, providing reasonable access to residents in the more rural areas. There are no pharmacies offering the service in Southwell but young people are able to access the service from alternative providers[67].

Emergency Hormonal Contraception is available from 17 pharmacies (Maps C14 and A3) with reasonable access across the district, matching where higher proportions of women live and teenage conception hotspots.

Needle Exchange is available in two pharmacies; one in Newark and one in New Ollerton. Outside the district, the service is available in the larger towns of Mansfield, Ashfield and Gedling (Map C15). Supervised consumption is available at over half of all pharmacies (15/25) with reasonable access across the district.

Five pharmacies hold 100-hour contracts (Map C11), two each in Newark and Southwell, and one in New Ollerton providing reasonable access to communities in the North.

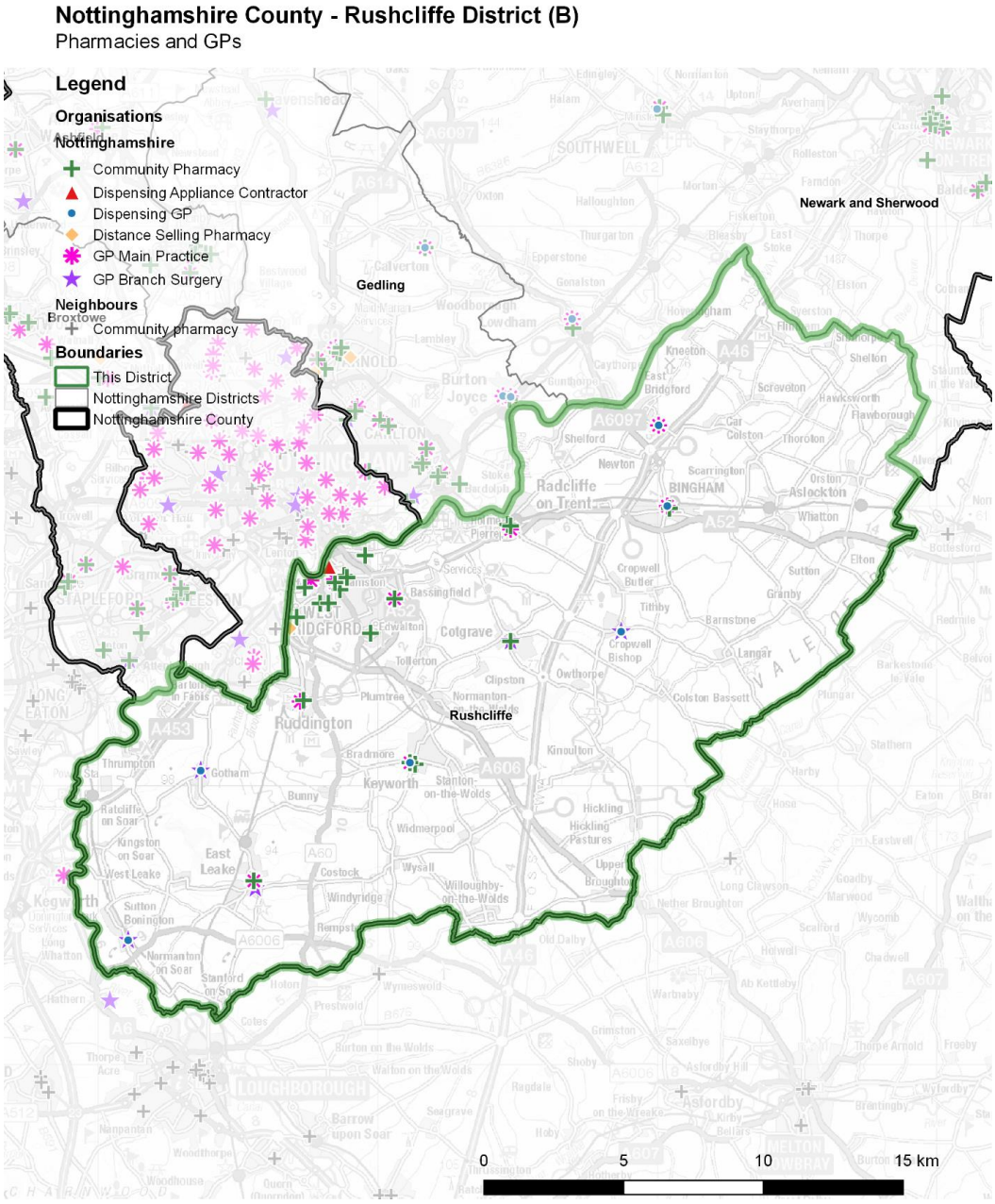
The range and distribution of advanced and enhanced services meets the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

[67] JSNA, 2017

## 6.7 Rushcliffe District

**Figure 6.7.1 Map of pharmacies and GPs in Rushcliffe**




*Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers*

*Contains Ordnance Survey data (C) Crown copyright and database right 2018*

*Produced by Nottinghamshire County Public Health Intelligence Team (IB)*

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

**Population Overview**

** References to County exclude Nottingham City unless specifically stated*

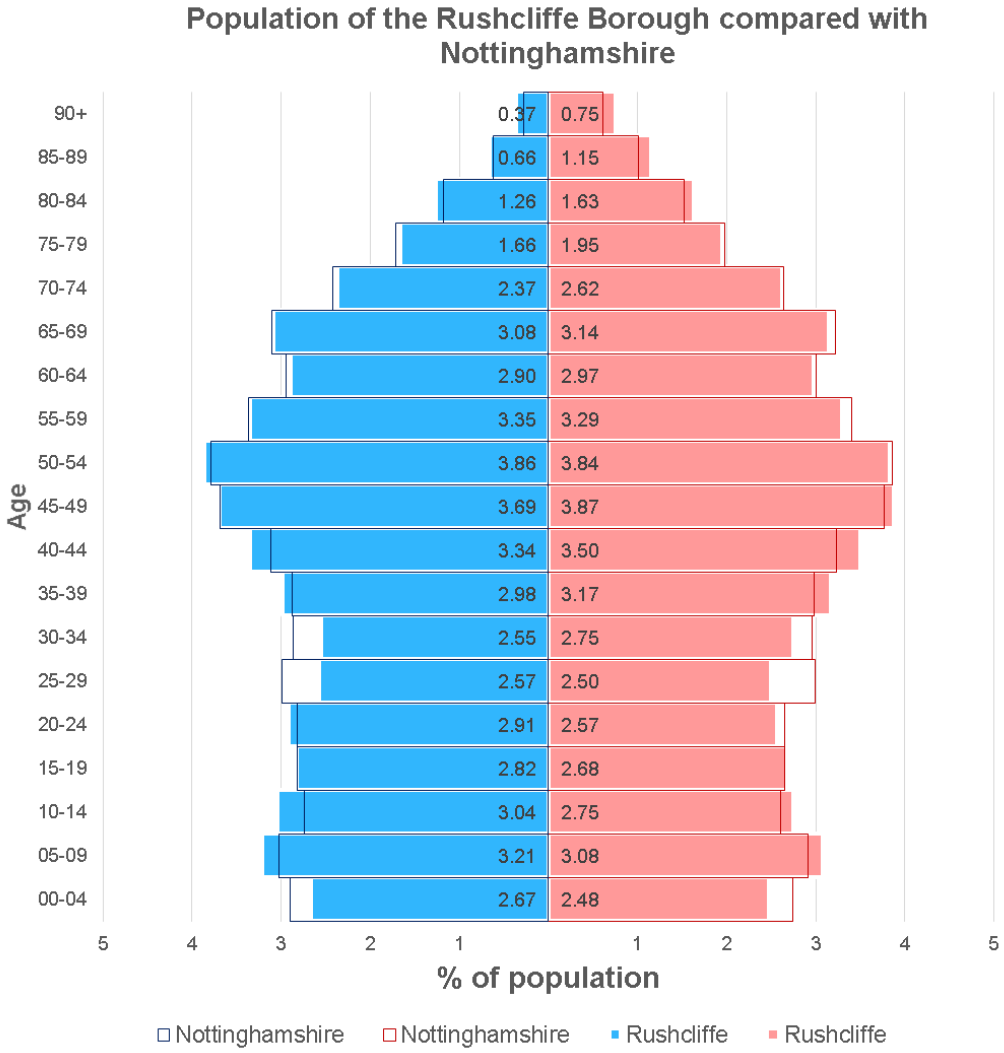
Rushcliffe is located to the south of Nottinghamshire County and shares borders with six other authorities; Leicestershire to the south, Derbyshire to the west, Nottingham City to the north and the districts of Broxtowe, Gedling and Newark & Sherwood in the County. The

River Trent runs across the northern border between Rushcliffe and Nottingham City. The larger urban centres include West Bridgford, Keyworth, Cotgrave, Bingham and East Leake.

Rushcliffe has 11 of the 92 practices in the County plus seven branch practices and 21 of 165 community pharmacies. Six of the practices are dispensing practices. There is one Dispensing Appliance Contractor and one Distance Selling pharmacy. In 2016/17, practices in the Rushcliffe area prescribed on average 178,500 items per month (Rushcliffe CCG).

Rushcliffe has a resident population of 115,200 (ONS Mid 2016 Population Estimate) an increase of 3,600 (3.2%) since 2012 and accounts for just over 14% of the County population. Under two thirds (61.1%) of the population are of working age (16-64 years), slightly lower than the County average of 63%. In Rushcliffe, 93.1% of the population are White. The largest BME groups are Asian (4.2%) and mixed ethnicity (1.8%). In the over 64 years age group, 97.9% of the population are White.

**Figure 6.7.2 Population structure (2016)**




Less than one sixth (15.1%) of households have no access to a car or van compared to 26% nationally and 21% in the County. Under half (44%) of households are within 15 minutes distance of a GP practice (as a proxy for pharmacy) by bus or walking and 88%

are within 30 minutes. A small proportion (4%) are more than one hour from a practice (2 LSOAs)[68].

Rushcliffe has a slightly lower proportion of children to the County average; 5.1% compared to 5.6%. Just under 13% of the County's children under 5 years live in Rushcliffe.

There are 23,800 older people (over 64 years) living in Rushcliffe of which 3,377 are 85 years or over and of these, 65% are women. Although the proportion of older people has increased by 10% since 2012, the number of people over 85 years has increased more (12.6%). There are an estimated 3,100 people aged 65 years and over living alone (based on 2011 census prevalence of 13% of households).

In terms of health, 3.7% of the population feel their health is bad or very bad and 6.2% of the population report that their day to day activities are limited a lot. For the over 64 years population, 11% feel their health is bad or very bad and 21% report their day to day activities are limited a lot. Reported health and disability is the lowest in the County.

Rushcliffe is home to 3,065 claimants of Disability Living Allowance (May, 2017) and 1,381 PIP claimants (October, 2017); 8.1% of the County total.

The teenage conception rate of 6.3 per 1000 (2015) is significantly lower than the County average of 20.3 conceptions per 1000 women age 15-17 years and also significantly lower than the national average. Rushcliffe accounts for 4% of all teenage pregnancies in the County (12/271 conceptions in 2015)[69].

Smoking prevalence in Rushcliffe is around 8.6%, significantly lower than the County and the national average (PHOF, 2016).

Rushcliffe has a lower proportion (64%) of adults with excess weight compared to the County and is comparable with the national average. (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m2.) This is the second lowest proportion in the County after Broxtowe.

Life expectancy for men in Rushcliffe is 81.4 years (2013-2015) and for women, 85.1 years, the highest Life Expectancy in the County for both men and women. It is significantly higher than both England and the County for both genders. Healthy Life Expectancy (based on 2011 health status census data) was 67.8 years for men and 69.2 years for women. This means Rushcliffe men spend around 13 years in ill health (the difference between life expectancy and healthy life expectancy) and women 16 years[70].

Rushcliffe is the most affluent district in the County; none of the 68 Lower Super Output Areas in the district is in the most deprived 20% in England (IMD 2015, Map A4 Appendix 7).

**Current Provision**

Maps A1, A3 and A3 show the population density of children, women of reproductive age and older people age 75 respectively. As expected, the population is concentrated in the West Bridgford area and the larger towns of Ruddington, Bingham and East Leake which are well supplied with pharmacies. Some of the smaller settlements do not have a

[68] Department of Transport Statistics, 2017)
[69] Public Health Outcomes Framework Public Health England, 2017
[70] Life Expectancy Public Health England, 2017; Healthy Life Expectancy Local Health

pharmacy but do have dispensing practices (Sutton Bonington, Gotham, Cropwell Bishop, East Bridgford).

Residents of Rushcliffe have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 1.8 pharmacies per 10,000 population is lower than the County average of 2.0 per 10,000 (see table 4.1).

**Table 6.7 Services commissioned from Rushcliffe Pharmacies**

| Community pharmacy service | Nottinghamshire County | Rushcliffe |
|---|---|---|
| **Total Community pharmacies in Nottinghamshire County** | **165** | **21** |
| **Commissioned by NHS England** | | |
| **Advanced** | | |
| Appliance Use Reviews | **1** | 0 |
| Influenza Vaccination | **144** | 19 |
| Medicines Use Reviews | **164** | 20 |
| New Medicines Service | **148** | 20 |
| NHS Urgent Medicine Supply | **22** | 5 |
| Stoma Appliance Customisation | **14** | 0 |
| **Locally Commissioned** | | |
| Out of Hours Rota | **28** | 3 |
| Emergency Supply Service | **118** | 14 |
| Palliative Care Drug Stockists Scheme | **13** | 1 |
| Pharmacy First | **94** | 0 |
| **Core** | | |
| Contracted Hours - 100 | **26** | 3 |
| **Commissioned by Nottinghamshire County Council** | | |
| **Locally Commissioned** | | |
| C-Card scheme: Pick-up only | **26** | 4 |
| C-Card scheme: Registration and pick-up | **8** | 0 |
| Emergency Hormonal Contraception | **100** | 12 |
| Needle Exchange | **18** | 1 |
| Supervised Consumption | **121** | 11 |

The data on services commissioned by NHS England are based on services delivered (claimed for) in 2017/18 so may exclude pharmacies where the service is available but has not been claimed for. A full range of services offered by pharmacies is available on NHS Choices.

Rushcliffe has three pharmacies open for 100 hours or more. Six pharmacies are open on Sundays.

### Future Developments

Rushcliffe housing strategy has estimated that around 6,297 houses could be built by 2022/23[71]. The largest developments will be near existing settlements such as Clifton, Gamston and Bingham. The potential population growth would be in the region of 14,500 people (12.6%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 5.5% increase in the Rushcliffe population by 2023.

### Statement of pharmaceutical need

[71] Rushcliffe HMR, 2016

The PNA found that that pharmaceutical need in Rushcliffe is adequately met by the current providers of pharmaceutical services.

Pharmaceutical need will be reviewed in 2020/21 when the PNA is revisited or in the event of significant changes affecting need.

**Rationale**

Rushcliffe is the most affluent of the seven districts. Car ownership is high, smoking prevalence and teenage pregnancy rates are lower than average and self-reported ill health is good. Life expectancy is higher than average.

The map shows that there are currently 21 pharmacies within Rushcliffe and 6 dispensing practices. There are 1.8 pharmacies per 10,000 population, slightly lower than the County average of 2.0 per 10,000 and the England average of 2.1 per 10,000 population. The larger settlements are within 3km of a pharmacy, smaller villages may be upto 5 km. However, as car ownership is high, access to pharmacies and other services is adequate. Three of the dispensing practices are in areas with no pharmacy within 3 km (Gotham, Sutton Bonington, Cropwell Bishop) so offer improved access to a more limited service.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 6.7. The opening hours of these pharmacies are available on NHS Choices.

Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users and sexual health (Appendix 3).

The maps in Appendix 7 have been included to allow some comparison of the population density of groups likely to need pharmacy services and access to pharmacies for advanced and enhanced services.

Almost all pharmacies (20/21) provide Medicine Use Reviews providing good access across the district (Maps A3 and C3).

Almost all pharmacies (19/21) provide Influenza Vaccination (Map C2) providing good coverage across the district.

New Medicines Service (Map C4) is available in 20 of the 21 pharmacies providing good coverage.

The new NHS Urgent Medicines Supply pilot is available in 5 pharmacies and the locally enhanced Emergency Supply Service has good coverage, available in 14 pharmacies across the district (Maps C5 and C8).

The Out of Hours Rota is commissioned annually by NHS England to ensure access to a pharmacy on Christmas Day and Easter Sunday. Map C7 in Appendix 7 shows those pharmacies open at Christmas in 2016 and Easter in 2017. There were three pharmacies on the Out of Hours Rota commissioned to open on Christmas Day and Easter Sunday, one in West Bridgford, one in Keyworth and one in Radcliffe on Trent within reasonable travel times (Map C7).

The District has one of the 12 pharmacies across the County offering the Palliative Care drug stockist scheme, based centrally in West (Map C9) providing reasonable access.

There are no pharmacies commissioned to provide Pharmacy First in Rushcliffe (Map C10) but the service is being piloted in one pharmacy in Ruddington.

Four pharmacies provide the C-Card pick-up scheme (Maps C12 and C13) and there is reasonable provision across the District.

Over half of all pharmacies provide Emergency Hormonal Contraception (Maps C14 and A3) with good access across the south and west of the district. Access could be improved in the Bingham area which has a relatively high proportion of women age 15-44 year.

Needle Exchange is available in one pharmacy in West Bridgford (Map C15). Supervised consumption is available at around half of all pharmacies (11/21) with good access across the district.

Three pharmacies hold 100-hour contracts (Map C11), one in West Bridgford, one in Keyworth and one in Radcliffe providing reasonable access across the district. Pharmacies in Newark and Sherwood may be closer for some residents to the east of Rushcliffe.

The range and distribution of advanced and enhanced services meets the needs of the population.

The projected housing plans are not expected to add appreciably to the demand for services based in pharmacies over the next 3 years and current capacity should be sufficient.

# 7. Summary and gap analysis

**Population need & health need**

The population of Nottinghamshire is served by 165 community pharmacies providing a range of services generally designed to support people with acute or long term medical conditions. There are, on average, two community pharmacies per 10,000 population and even in rural areas the majority of the population are within 20 minutes drive of a pharmacy.

Significant health inequalities exist across the county with higher levels of poor health in the more deprived areas of Mansfield and Ashfield and higher life expectancy in the more affluent districts. Low life expectancy and lower healthy life expectancy is underpinned by higher levels of long term conditions such as diabetes and cardiovascular disease.

The population of Nottinghamshire is expected to continue to increase by 4% by 2023 but the increase in people over 64 years is expected to increase by 14% over the same period suggesting that demand for pharmacy services will continue. Over the last few years, the number of prescribed items dispensed by community pharmacies has increased by 2-3% per year (NHS Digital, 2016/17). Current predictions suggest an increase of 0.6% growth nationally in prescription items for 2018/19.

**Services**

Nottinghamshire County is well served by community pharmacies providing a range of services that correspond to local health needs and the PNA has not identified any significant gaps in pharmaceutical services for the population. Access is good and there is a good spread of pharmacies with extended opening hours in the evening and at weekends. Since the last PNA in 2015, two new advanced services have been introduced; Influenza Vaccination and access to emergency medicines via referral by the NHS 111 service (NUMSAS). Both of these services provide more convenient access for the public and should reduce the pressure on General Practice. The Local Authority Public Health budget continues to support provision of sexual health services and also addiction support services. The responsibility for commissioning of C-Card and Emergency Hormonal Contraception lies with Nottinghamshire County Council; these services are delivered across the County.

**Consultation**

A formal 60 day consultation exercise was undertaken to obtain the views of a range of stakeholders as stated within the pharmacy regulations, such as service providers, public bodies, user groups and businesses. The steering group also agreed to consult the local Clinical Commissioning Groups (CCGs) and GP practices. The consultation was also open to the general public if they wished to respond.

The process attracted 23 submissions (21 on-line responses and 2 email submissions) and generated responses from the following:

- The Local Medical Committee (LMC)
- The Local Pharmaceutical Committee (LPC)
- Pharmacies
- Neighbouring Health and Wellbeing Board
- Members of the public

On the whole, responses were positive with the majority of responses agreeing that the information provided was sufficient to assess pharmaceutical need and that the recommendations were appropriate. There was representation from all districts. Analysis of comments provided identified a number of themes, namely housing, information, patients and services. A full report outlining how the PNA has responded to these issues is provided in Appendix 4.

**Opportunities**

The evidence base for the effectiveness of pharmacy based services continues to improve though cost effectiveness is less clear. There is good evidence for the effectiveness of the advanced services commissioned by NHS England such as MUR, NMR, Pharmacy First (minor ailments) and Influenza Vaccination. Locally commissioned services such as Needle exchange, supervised consumption and emergency hormonal contraception have also shown to be effective.

There is some evidence to support development of services not currently commissioned locally such as case finding for type 2 diabetes and COPD. Smoking cessation advice and support has been shown to be highly effective and it has been suggested that this become a nationally commissioned service give the significant burden of ill health caused by smoking.

**Recommendations**

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

The widespread access to community pharmacies across Nottinghamshire County 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.

Development and commissioning of new services delivered by community pharmacy is the responsibility of CCGs and/or Local Authorities who may collaborate under the banner of the Health and Wellbeing Board. There is a well-established process of health needs assessment (supported by the JSNA), identification of gaps in services and design of evidence based services overseen by the Health and Wellbeing Board which can then implement recommendations. Links between PNA and JSNA chapters could be strengthened by ensuring that JSNA guidance includes specific instructions to consider the role of community pharmacy / pharmacy workforce when making recommendations for commissioners.

The PNA is scheduled for review before April 2021. The PNA steering group should identify criteria that will help identify if a review is needed before 2020/21 and make recommendations to the Health and Wellbeing Board.

## 8. Glossary

**5YFV Five Year Forward View** The five year forward view (5YFV) is a wide-ranging strategy for the NHS and partners in England that was published in October 2014. NHS England; Care Quality Commission; Health Education England; Monitor; Public Health England; Trust Development Authority; and NICE. It covers a number of themes, such as the importance of public health and ill-health prevention, empowering patients and communities, strengthening primary care and making further efficiencies within the health service.

**Annual Housing Monitoring Report** Local Authority Districts are required to publish an annual report on the implementation of various plans including housing. They are usually the most up to date source of completed housing builds and projections of future building based on their Strategic Housing Land Availability Assessments.

**Better Care Fund** The BCF is the national programme, through which local areas agree how to spend a local pooled budget in accordance with the programme's national requirements. The pooled budget is made up of CCG funding as well as local government grants, of which one is the Improved Better Care Fund (iBCF).

**BME** Black and Minority Ethnic groups.

**C-Card** Contraceptive service for young people where they can access free condoms.

**CCG** Clinical Commissioning Group – NHS local organisation responsible for commissioning for their local areas. Nottinghamshire has 6 CCGs; Bassetlaw, Newark & Sherwood, Mansfield & Ashfield, Nottingham West and Nottingham North & East and Rushcliffe.

**Census** National Census carried out every 10 years by the Office of National Statistics. The last census was in 2011 and is a major source of information about the population of the UK.

**Community Pharmacy** Community pharmacists were known in the past as chemists. Like GPs, community pharmacists are part of the NHS family. Community pharmacies are contracted by NHS England to provide 'essential services' and may be commissioned to provide other 'advanced' and 'enhanced' services to meet the needs of the local population.

**DAC (Dispensing Appliance Contractors)** Contracted to the NHS, these businesses dispense appliances listed in the Drug Tariff against prescriptions issued by GPs and specialist nurse prescribers. Appliances include specialist dressings and continence aids.

**Dispensing Practice** General Practice that is able to dispense medicines for some patients in rural areas for whom a pharmacy is not readily available

**Distance Selling Pharmacies** A distance selling or Distance Selling pharmacy receives a prescription via post or on-line and dispenses it the next day, sending it via courier. The pharmacist telephones the patient to counsel the patient on the medicine's correct use. They are not allowed to offer essential services face-to-face.

**DLA** Disability Living Allowance is a tax-free benefit for disabled people who need help with mobility or care costs. It is gradually being replaced by Personal Independence payments.

**Equality Impact Assessment** is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people.

**Excess Weight** The prevalence (% of people in a population) that are overweight or obese. Excess weight is defined as having a body mass index (BMI) greater than or equal to 25kg/$m^2$. It can be used as an indicator of health in the population as obesity is associated with a high risk of ill health from heart disease, diabetes and other illnesses.

**GPFV** (**General Practice Forward View)** sets out a plan, backed by a multi-billion-pound investment, to stabilise and transform general practice. It has been developed by NHS England with Health Education England (HEE) and in discussion with the Royal College of GPs (RCGP) and other GP representatives.

**HLE (Healthy Life Expectancy)** The average number of years a person would expect to live in good health based on contemporary mortality (death) rates and prevalence of self-reported good health.

**HWB (Health and Wellbeing Board)** Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health

**IMD 2015 (Indices of Material Deprivation)** The indices measures deprivation for every lower layer Super Output Area and local authority area in England. This allows all the lower layer Super Output Areas in the country to be ranked according to how deprived they are in relation to one another

**Improved Better Care Fund** The iBCF was first announced in the 2015 Spending Review, and is a paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan. The IBCF grant allocations were increased in the 2017 Spring Budget.

**Integrated Care Systems*** ICSs build on previous efforts to integrate services in the NHS and social care. NHS England has recently outlined ambitions for sustainability and transformation partnerships (STPs) to evolve into 'integrated care systems' (ICSs)'. Ten areas of England, of which Nottinghamshire is one, have now been identified to lead their development.

*formerly referred to as Accountable Care Systems

**JSNA** Joint Strategic Needs Assessment This identifies the current health issues experienced by people in Nottinghamshire and what their future health, social care and wellbeing needs are likely to be in the next few years. It is a statutory requirement of the Health and Wellbeing Board.

**Life Expectancy** Life expectancy at birth: the average number of years a person would expect to live based on contemporary mortality (death) rates.

**LSOA** A Lower Super Output Area is a geographical area. The boundaries of the areas are based on population size and they are often smaller in size than an electoral ward. Each LSOA has a minimum population size of 1000 and an average of 1500. LSOAs are designed for the collection and publication of small area statistics. They allow for more accurate comparison between areas than electoral wards, as they are composed of a more similar population size.

**LTC** Long Term Condition such as cancer, diabetes, asthma which can limit daily activities

**Morbidity** A diseased condition or state. The term is often used to describe the incidence or prevalence of a disease or of all diseases.

**Mortality** death, especially on a large scale or statistical sense. The term is often used to describe the death rate from all or specific causes.

**MUR** Medicines Use Review A non-clinical review conducted by a community pharmacist looking primarily at medicines usage.

**Needle Exchange** a service through which users of intravenous drugs can dispose of used needles and obtain clean ones in order to reduce the transmission of blood-borne infections.

**NMS New Medicines Service** The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

**NOMIS** Nomis is a service provided by the Office for National Statistics, ONS, to give you free access to the most detailed and up-to-date UK labour market statistics, census data and welfare benefits statistics from official sources.

**NUMSAS** **NHS Urgent Medicine Supply Advanced Service** A new advanced service to provide patients with urgent access to medicines via referral from NHS 111.

**ONS** Office of National Statistics

**PCT** Primary Care Trust A primary care trust (PCT) was part of the National Health Service in England from 2001 to 2013. PCTs were largely administrative bodies, responsible for commissioning primary, community and secondary health services from providers and providing community health services. Replaced by CCGs (Clinical Commissioning Groups)

**PhIF** Pharmacy Integration Fund The aim of the PhIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care patient pathway.

**PhAS** Pharmacy Access Scheme ensures that a baseline level of patient access to NHS community pharmacy services is protected. DH states that the PhAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

**PHOF** Public Health Outcomes Framework The Public Health Outcomes Framework sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. PHOF website

**PIP** Personal Independence Payment A benefit paid to people aged 16 to 64 with a health condition or disability where they have had difficulties with daily living or getting around (or both) for 3 months and expect these difficulties to continue for at least 9 months and for people who are terminally ill with less than 6 months to live.

**PNA** Pharmaceutical Needs Assessment An assessment of need across a community based on service provision mapping and identified health need

**PSNC Pharmaceutic Services Negotiating Committee** PSNC promotes and supports the interests of all NHS community pharmacies in England. They work closely with Local

Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations. PSNC website

**Quality Payments Scheme** The Department of Health (DH) has introduced a Quality Payments Scheme as part of the Community Pharmacy Contractual Framework in 2017/18. This will involve payments being made to community pharmacy contractors meeting certain gateway and quality criteria.

**SHLAA** Strategic Housing Land Availability Assessment Local Authority Districts are required to assess how much land they have that could be available for housing up to 2032.

**STP** Sustainability and Transformation Plan NHS England organised the geographical division of England into 44 Sustainability and Transformation Plan areas with populations between 300,000 and 3 million, which would implement the Five Year Forward View. Nottinghamshire has 2 STPs; i) Nottingham & Nottinghamshire covering Nottingham City and South Nottinghamshire and ii) South Yorkshire and Bassetlaw

**Supervised consumption** This harm reduction service requires the pharmacist to supervise the consumption of prescribed medicines such as opioids at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient.

**Teenage Conception** Conceptions (births and termination of pregnancy) but excluding miscarriage in women aged 15 to 17 years

## 9. List of appendices

Appendices are available as a separate document

1. PNA steering group terms of reference
2. Work Plan
3. List of pharmacies by District and services provided
    a. List of pharmacies and services commissioned by NHS England and Nottinghamshire County
    b. List of Dispensing Appliance Contractors and Distance Selling Pharmacies
4. Formal Consultation
5. Equity Impact Assessment
6. List of GP Practices in Nottinghamshire County
7. Map Appendices