

# Rotherham Pharmaceutical Needs Assessment

**Approved: Version V2.0  
Issue Date: 01 April 2018  
Full Review Required by: 01 April 2021**

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## 1.0 Document Control

Title	Rotherham Pharmaceutical Needs Assessment 2018
Status	Consultation draft
Version	2.0
Date created	19 February 2018
Approved by	Jo Abbott, Assistant Director Public Health
Audience	Health and Wellbeing Board
Author	Stephen Turnbull, Specialty Registrar Public Health
Distribution	Web – paper copies available on request
Owner	Health and Wellbeing Board
Amendment History	V1.0 initial draft V1.1 Amended following comments from Public Health and the Local Pharmaceutical Committee V2.0 Amended following statutory consultation. Final published version
Review Date	April 2021
Comments	

## **2.0 Acknowledgements**

The following people are thanked for their help, advice and input into the Pharmaceutical Needs Assessment.

**Stephen Turnbull** – Public Health Specialty Registrar, Rotherham Council

**Giles Ratcliffe** – Consultant in Public Health, Rotherham Council

**Sally Jenks** – Public Health Specialist, Rotherham Council

**Barbara Coyle** – Knowledge and Information Service, Public Health England

**Ashley Clough** – Parallel (SHAPE)

**Nick Hunter** – Rotherham Local Pharmaceutical Committee

**Victoria Lindon** – Senior Primary Care Manager, NHS England

**Matt Auckland** – Clinical Advisor (Pharmacy), NHS England

## **3.0 Executive Summary**

### **3.1 What are Pharmaceutical Needs Assessments (PNA)?**

Legislation requires that Health and Wellbeing Boards (HWBB) produce an assessment of the need for pharmaceutical services. These assessments (Pharmaceutical Needs Assessments or PNA) are due every three years. The last PNA was due on 1 April 2015 and a refreshed PNA is due on 1 April 2018.

PNAs describe:

- current pharmaceutical services;
- the need for such services;
- potential future need and;
- potential need for new services.

The duty to publish a PNA falls on the HWBB of each local authority. The Director of Public Health (DPH) in the local authority leads on the process and makes sure the PNA meets regulations.

### **3.2 How was this PNA produced?**

The DsPH across South Yorkshire discussed how to approach the 2018 PNAs. This consideration was to make the most of current resources and support South Yorkshire health care strategy. The DsPH agreed to combine resource in the production of the PNA to make the most efficient use of resources.

Local leads gathered data from NHS England, local authorities and clinical commissioning groups. This data was collated into a single master spreadsheet. Public Health England (PHE) manage mapping software known as SHAPE. SHAPE stands for Strategic Health Asset Planning and Evaluation. PHE have provided support to the South Yorkshire PNAs to help use SHAPE to map the provision and access to pharmaceutical services. SHAPE can layer geographical information with other indicators. SHAPE maps pharmacy locations against demographic information and indicators of health status and need.

To identify health and pharmaceutical need the PNA uses a wide variety of data and information. These include the Joint Strategic Needs Assessments and other relevant strategies. The PNA uses these sources of information to assess current and future population size, measures of health and ill-health and other service provision.

The current provision of pharmacy and pharmaceutical services was compared with current and potential future demographic and health needs.

A 60-day consultation on the PNA was conducted. This consultation was sent to the list of stakeholders as defined by the regulations. The feedback from the consultation has been incorporated into the PNA.

### **3.3 What are the Health and Wellbeing Needs of the Rotherham population?**

The PNA for Rotherham is undertaken in the context of the needs of the local population. Rotherham borough covers an area of 110 square miles and has a population of 262,000.

Rotherham is currently the 52<sup>nd</sup> most deprived borough out of 326 English districts according to the Index of Multiple Deprivation (IMD). Health and Disability is one of the most challenging domains for Rotherham within the IMD.

Compared with the England average, Rotherham has lower life expectancy and higher mortality from circulatory disease and cancer.

There are also inequalities within Rotherham with significant health differences between the most and least deprived parts of the borough.

The main causes of death that contribute to the gap are circulatory disease, cancer and respiratory problems. These three causes are also the main contributors to the slope of inequality that exists between the most and least deprived parts of Rotherham.

Mental Health, quality of life and wellbeing also follow a socio-economic gradient and are an important consideration when addressing health inequalities.

### **3.4 What are the findings of the PNA?**

There are a total of 71 providers of pharmaceutical services in Rotherham. This includes 64 Community Pharmacies, 6 distance selling pharmacies and one dispensing appliance contractor (Figure 3). There is one more Community Pharmacy than in the previous PNA.

Dispensing Doctors provide services to patients in rural areas and often where there are no Community Pharmacies or where access is restricted. In Rotherham there are 4 Dispensing Doctor practices.

Rotherham is well provided for with respect to pharmaceutical dispensing services having a greater than the national average of pharmacies per 100,000 people. The availability of pharmaceutical services across the borough is adequate and necessary to meet need.

95% of the population is within a 1 mile walk of a provider of pharmaceutical services. More than half of the residents further than 1 mile are from the less deprived communities in Rotherham.

No gaps in the provision of essential services, such as dispensing medicines, signposting and promoting healthy lifestyles, have been identified. This includes access to these services outside of normal working hours.

No gaps in the provision of advanced or locally commissioned services, e.g. Medicine Use Reviews, Minor Ailments service or Palliative Drug provision have been identified.

### **3.5 Next Steps**

The PNA will be published on the Rotherham Council website and copies made available to Rotherham Council, NHS England and to Rotherham Clinical Commissioning Group. The PNA will assist these organisations when considering commissioning services that could be provided by providers of pharmaceutical services. It will also assist NHS England in assessing any requests to open new pharmacies.

A summary of the process of preparing PNAs collaboratively with neighbouring authorities will be produced and discussed with the Directors of Public Health. This will include feedback to Public Health England on potential future improvements to the SHAPE mapping tool.

Supplementary statements will be produced and published in accordance with regulations. These will be needed when there changes in either population or health need or a change in the provision of pharmaceutical services, e.g. merging of Community Pharmacies.

A revised PNA will be produced by 1 April 2021 in accordance with current regulations.

## 4.0 INTRODUCTION

Legislation requires that Health and Wellbeing Boards (HWBB) produce an assessment of the need for pharmaceutical services. These assessments (Pharmaceutical Needs Assessments or PNA) are due every three years. The last PNA was due on 1 April 2015 and a refreshed PNA is due on 1 April 2018.

PNAs describe:

- current pharmaceutical services;
- the need for such services;
- potential future need and;
- potential need for new services.

Pharmaceutical services are an important part of the health care system. They play a major role in improving health and reducing health inequalities. The main roles of pharmacies include:

- supplying prescribed medicines and appliances; and
- delivering a wide range of advanced and commissioned services. These include treating minor ailments, reviewing medications and helping those with specific needs.

Community Pharmacies provide most of these services. There are other types providers of pharmaceutical services, e.g. dispensing GPs and dispensing appliance contractors, and the PNA describes these where relevant. Assessment of pharmacy services in hospitals or in prisons are considered separately.

A range of organisations use PNAs to guide developments and commissioning intentions. NHS England considers all applications to introduce new pharmacies and uses the PNA to help assess such applications. Local Authorities and Clinical Commissioning Groups use the PNA to guide commissioning of services from pharmacies. The PNA is not a stand-alone document and organisations use other evidence in their planning. Other evidence includes Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

As part of developing PNAs a consultation must be undertaken for a minimum of 60 days. The regulations list those persons and organisations that must be consulted.

The PNA must be approved by the HWBB. The HWBB includes representatives from the local authority, Health Watch and other relevant partners.

This PNA will be valid for three years from 1 April 2018 to 31 March 2021.

There is a range of legislation and regulation that specifies the development of PNAs and the information they must contain. This PNA complies with these regulations.

For more information see: <https://goo.gl/RMBTRF>

## 4.1 Pharmacy Contractual Framework

NHS England does not hold contracts with pharmacy contractors, unlike for GPs, dentists and optometrists. Instead they provide services under a contractual framework. In addition to this framework pharmacies can be commissioned by local commissioners to provide services for residents. Some locally commissioned services in Rotherham are subcontracted by a primary provider.

### Essential Services

Essential services are those which each Community Pharmacy must provide. All community and distance selling pharmacies provide the full range of Essential services. These are:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Pharmacies are required to deliver up to 6 Public Health campaigns throughout the year to promote healthy lifestyles.

Signposting and referral: is the provision of information on other health and social care providers or support organisations to people visiting the pharmacy, which require further support, advice or treatment that cannot be provided by the pharmacy.

It intends to inform or advise people who require assistance, which cannot be provided by the pharmacy of other appropriate health and social care providers or support organisations and enable people to contact and / or access further care and support appropriate to their needs

### Opening hours

Core hours: Each Community Pharmacy is required to be open for 40 hours a week minimum and this is provided as an Essential service. There are also 100-hour pharmacies. These pharmacies are required to be open for at least 100 hours each week.

Supplementary hours: These are provided as a voluntary service and are additional to the core hours provided. Supplementary hours can be changed by giving 90 days' notice to NHS England.

NHS choices advertises opening hours to the public ([www.nhs.uk](http://www.nhs.uk)). Community Pharmacies produce their own information leaflets detailing opening hours which are available from individual pharmacies.

### **Advanced Services**

Advanced Services are those which can be provided if the pharmacist or specialist healthcare professional is suitably accredited against a competency framework and the pharmacy premises meets standards that facilitate the provision of these services in a suitable, confidential environment. These services are agreed nationally and monitored by NHS England

### **Locally commissioned services**

Locally commissioned pharmaceutical services can be commissioned by different commissioners, including Rotherham Borough Council, Rotherham Clinical Commissioning Groups (CCG) and the local NHS England teams. These services are responses to the local needs of the population and the opportunities presented by providers of pharmaceutical services. In some cases, locally commissioned services in Rotherham are subcontracted by a primary provider.

## 5.0 Pharmaceutical Needs Assessment Process

This section outlines the approach that was taken to produce the Pharmaceutical Needs Assessment.

### 5.1 Combined approach

The duty to publish a PNA falls on the HWBB of each local authority. The Director of Public Health (DPH) in the local authority leads on the process and makes sure the PNA meets regulations. The DsPH across South Yorkshire discussed how to approach the 2018 PNAs. This consideration was to make the most of current resources and support South Yorkshire health care strategy.

The DsPH agreed to combine resource in the production of the PNA to make the most efficient use of resources.

This combined approach would only apply to the production of the 2018 refresh. It does not, at this stage, apply to the production of any supplementary statements. Any future collaboration is dependent on an evaluation of this approach and any changes to PNA regulations.

The DsPH agreed a project governance structure. A Public Health Specialty Registrar led the work on the combined approach supported by a Consultant in Public Health. PNA leads from each local authority agreed to act as a steering group. The South Yorkshire Local Pharmaceutical Network agreed to act as a stakeholder / reference group for the combined approach. Each individual Health and Wellbeing Board would continue to consult and work with their respective Local Pharmaceutical Committee(s).

### 5.2 Scope

Regulation 3(2) in the 2013 regulations (see <https://goo.gl/FgiSRZ>) defines the scope of PNAs. These state:

*“The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by NHS England:*

- *The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list.*
- *The provision of local pharmaceutical services under an LPS (Local Pharmaceutical Service) – not local pharmaceutical services which are not pharmaceutical services.*
- *The dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements by the NHS Commissioning board with a dispensing doctor).”*

There are 3 main types of pharmaceutical services in relation to PNAs:

- **Essential Services** – services that every community pharmacy providing NHS pharmaceutical services must provide. These include dispensing medicines, promoting healthy lifestyles and supporting self-care.
- **Advanced Services** – Community Pharmacies can provide advanced services subject to accreditation by NHS England. These include Medicine Use Reviews, New Medicines Service and Appliance Use Reviews.
- **Locally Commissioned Services** – Local Authorities and CCGs commission providers of pharmaceutical services to provide local services. Examples include Emergency Hormonal Contraception, Needle Exchange and Palliative Care Drugs Services.

A pharmaceutical list includes the following:

- **Pharmacy contractors** – healthcare professionals working for themselves or as employees who practice in pharmacy.
- **Dispensing appliance contractors** - appliance suppliers supply, on prescription, appliances including stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- **Dispensing doctors** –medical practitioners authorised to provide drugs and appliances in designated rural areas.
- **Local Pharmacy service contractors** – these provide a level of pharmaceutical services in some HWBB areas

Community Pharmacies can provide services to patients that are not commissioned by NHS England, Local Authorities or CCGs. For example, some pharmacies provide a home delivery service as an added value service to patients. Community Pharmacies are free to choose whether to charge for these services as part of their business model.

In line with the 2013 regulations this PNA does not consider pharmacy provision in prisons or hospital settings.

### 5.3 Process

#### Mapping

Local leads gathered data from NHS England, local authorities and clinical commissioning groups. This data was collated into a single master spreadsheet detailing the following:

- Name / Contacts: Pharmacy name, lead pharmacist and contact details
- Geographical information: address, postcode
- Opening Times
- Advanced Services
- Commissioned Services

Public Health England (PHE) manage mapping software known as SHAPE. SHAPE stands for Strategic Health Asset Planning and Evaluation. PHE have provided support to the South Yorkshire PNAs to help use SHAPE to map the provision and

access to pharmaceutical services. SHAPE can layer geographical information with other indicators. SHAPE maps pharmacy locations against demographic information and indicators of health status and need. More information on SHAPE is below.

### **Health Need**

To identify health and pharmaceutical need the PNA uses a wide variety of data and information. These include the Joint Strategic Needs Assessments and other relevant strategies. The PNA uses these sources of information to assess current and future population size, measures of health and ill-health and other service provision.

### **Analysis**

The current provision of pharmacy and pharmaceutical services was compared with current and potential future demographic and health needs.

### **Consultation**

A 60-day consultation on the PNA was conducted. This consultation was sent to the list of stakeholders as defined by the regulations.

## **5.4 Introduction to SHAPE**

SHAPE was developed to help the NHS plan its physical estate. Over time it has developed a more sophisticated interface and incorporates many different information sources.

Public Health England have taken over the management of the SHAPE tool and are looking to improve its take up and usefulness for local areas. When the South Yorkshire authorities agreed to work together on the development of their 2018 PNAs there was a need to geographically map the provision of pharmaceutical services. The mapping of services is a core part of the PNA regulations and a map not only has to be produced but the regulations ask that this be maintained.

Each local authority has access to specialist mapping software used to produce the PNA maps. These systems are not always compatible with each other. Furthermore, access to officer time to produce the maps has become limited. The SHAPE tool is detailed and intuitive and can be used by officers without specialist knowledge of mapping software.

SHAPE lends itself to a range of functions including mapping of basic information such as locations of pharmacies but also more complicated analysis such as mapping different services offered by pharmacies and mapping these against various population indicators.

SHAPE incorporates a sophisticated analysis of access. Access to pharmacies can now be analysed by walking distance, walking time, or by access via car, cycle or public transport. Whilst these functions are a genuine step forward in analysing access

to services they are not perfect. Care should be taken with access analysis – and should be cross referenced with local knowledge particularly when examining small areas.

Some of the known issues with SHAPE access mapping are described below. The examples below all assume that we are analysing access to pharmacies by a 1.6km (1 mile) walk.

The SHAPE tool uses Lower Super Output Areas (LSOA) as the unit of analysis for access. LSOAs have an average population of around 1600 people. Each LSOA has an identifier code, e.g. Rotherham 007B. SHAPE identifies a centre point within each LSOA and it is this point that defines whether the whole of the LSOA population is within a 1.6km walk. This can misrepresent access on a local level. For example, the LSOA Rotherham 007B has a central location near Keppel's Column. This location is further than 1.6km walk from the nearest pharmacy and the whole of the LSOA is deemed to be not within 1.6km. This is despite the access map showing that most of the residents are within 1.6km walk.

The SHAPE tool sometimes incorrectly labels areas as outside of the 1.6km walking distance. This can bias the data towards reporting reduced access. There are no specific examples of this in the Rotherham area although there are examples in other areas, e.g. Barnsley.

### **Guide to interpreting SHAPE maps**

SHAPE works best when viewed interactively on screen via a website. Table 1 provides links to the interactive SHAPE maps used in the PNA **for those with SHAPE access only**. Registered SHAPE users will be able to explore the maps provided in the PNA and can zoom into neighbourhood level for a more detailed view. Users can also explore the potential implications of opening or closing pharmacies at a given location. This functionality will be of great use to NHS England commissioning team when considering new applications and for CCG and local authority commissioners if service provision alters at a local level.

Commissioners of pharmaceutical services in the NHS and in local authorities should register for access to SHAPE.

SHAPE is free to NHS professionals and Local Authority professionals with a role in Public Health or Social Care. Access to the application is by formal registration and licence agreement. Applications to use SHAPE can be made by:

Email: [shape@phe.gov.uk](mailto:shape@phe.gov.uk)

Telephone: 0191 374 2219

**Table 1: Links to SHAPE maps used in the PNA (Registered users only)**

SHAPE map	Link
Figure 3: All pharmacists and ward boundaries	<a href="https://goo.gl/Rg7ANv">https://goo.gl/Rg7ANv</a>
Figure 7: 100-hour pharmacies and population density	<a href="https://goo.gl/uXM9y2">https://goo.gl/uXM9y2</a>
Figure 8: Pharmacies within 1.6km of Rotherham	<a href="https://goo.gl/hvWhF8">https://goo.gl/hvWhF8</a>
Figure 9: Population within 1.6km walk of a provider of pharmaceutical services	<a href="https://goo.gl/xxmrpn">https://goo.gl/xxmrpn</a>
Figure 11: Needle Exchange scheme and crime deprivation	<a href="https://goo.gl/7rLRXy">https://goo.gl/7rLRXy</a>

The maps show the location of specific services and other indicators. The service sites are highlighted by a service marker. Table 2 shows some of the common services used on the maps

**Table 2: Guide to basic service icons used in SHAPE**

Service type	Icon indicator
Community Pharmacy	
Dispensing practice	
Where more than one service occupies the same location or the level of detail on the map restricts the amount of detail visible then the number of services in that location is indicated, e.g.	
2 Community Pharmacies	
1 Community Pharmacy and 1 Dispensing practice	

Specific services are highlighted by specific letters appended to the location indicator: these are detailed in Table 3 but also highlighted in the specific maps for ease of reference.

**Table 3: Guide to specific service icons used in SHAPE**

Service provided	Service indicator
<b>Type of pharmacy and essential services</b>	<b>Purple</b>
40-hour contract	4
100-hour contract	1
Distance selling pharmacy	D
<b>Services</b>	<b>Orange</b>
New Medicine Service	N
Appliance Use Review	A
Medicines Use review	M
<b>Opening Hours</b>	<b>Green</b>
Evening opening	E
Saturday morning opening	M
Saturday afternoon opening	A
Sunday opening	S
<b>Commissioned Services</b>	<b>Blue</b>
Emergency Hormonal Contraception	H
Flu vaccination	K
Minor Ailments Scheme	O
Needle Exchange Scheme	P
Palliative Care Drugs	T
Smoking cessation	V
Supervised consumption	Z

This example shows that there is a community pharmacy that opens on Saturday morning and offers Emergency Hormonal Contraception.



## Indicators

There are three main types of indicators used in the PNA analysis.

### Geography layers

SHAPE can map various geographies. The following are available:

- Postcode Boundaries
- Lower Super Output Area boundaries
- Ward Boundaries

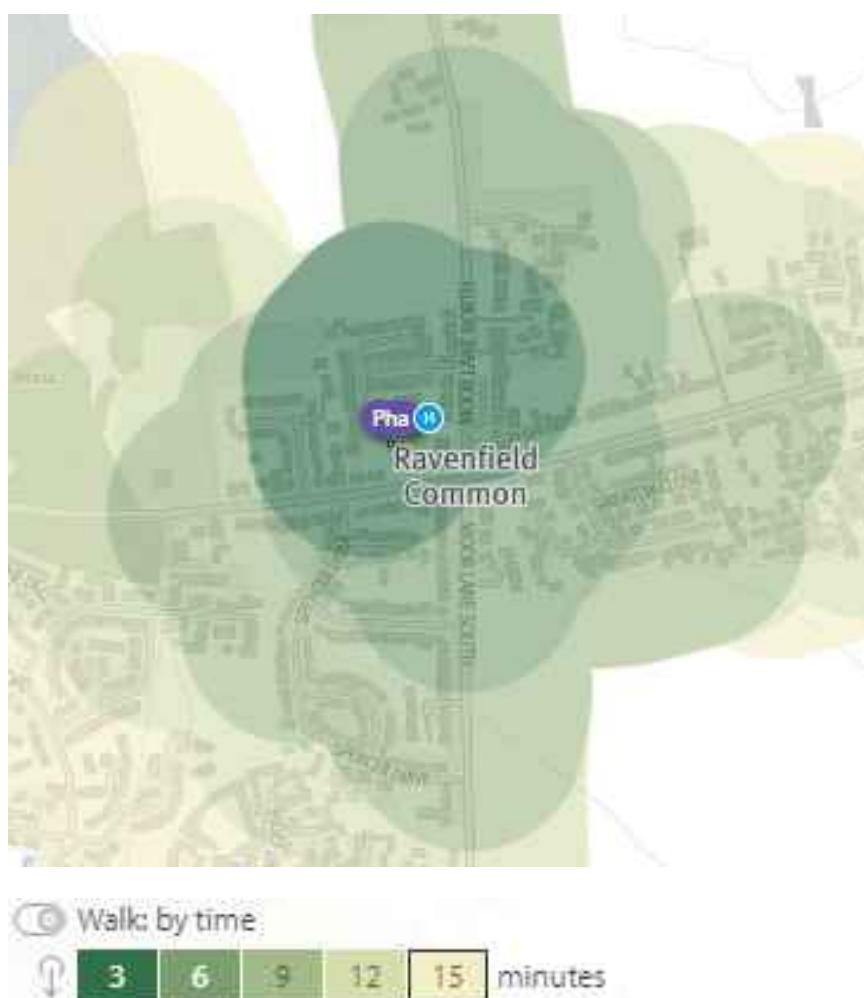
- CCG Boundaries
- Local Authority boundaries

### Access indicators

Access to pharmacies is estimated in different ways – SHAPE shades access in green – with darker greens relating to closer measures of access. The following are available on SHAPE:

- Walk: by time (in 3,4 or 5-minute intervals)
- Walk: by distance (different bands are available but the one used in the PNA represents 100m, 400m, 800m (half mile), 1200m and 1600m (mile))
- Cycle (in 3,4, or 5-minute intervals)
- Car (in 4,5 or 10-minute intervals). Rush hour adjustment is enabled on SHAPE but has not been used in this PNA
- Rail, tram & tube. This has not been used in this PNA as this is currently works better in city areas.

**Figure 1: Example SHAPE map showing walking times to a pharmacy in 3 minutes bands.**



## Indicators

SHAPE has access to many different indicators. This will enable registered users to undertake more detailed, bespoke analysis relevant to their interests.

These indicators can be mapped at the geographical level for the data available. The following indicators are some of those of most use

- Population density
- Population estimates
- Population projection
- Ethnicity
- Deprivation: overall index of multiple deprivation and sub-classifications

Interactive mapping can show detail of individual pharmacies – thus for example all the services that the pharmacy offers can be displayed by selecting individual pharmacies. Figure 2 provides an example for a Weldricks pharmacy.

**Figure 2: Example Summary information for a pharmacy on SHAPE**

<p>○ Pharmaceutical Needs Assessment</p> <p>Pharmacy name <b>H1Weldricks</b></p> <p>Contractor name <b>H1 WELDRICK LIMITED</b></p> <p>40 hour contract <input checked="" type="checkbox"/></p> <p>Saturday <input checked="" type="checkbox"/></p> <p>morning opening</p> <p>Sunday opening <input checked="" type="checkbox"/></p> <p>Electronic transfer of prescriptions <input checked="" type="checkbox"/></p> <p>New Medicine Service <input checked="" type="checkbox"/></p> <p>Appliance utilisation review <input checked="" type="checkbox"/></p> <p>Medicines utilisation review <input checked="" type="checkbox"/></p>	<p>○ Core hours</p> <table><tbody><tr><td>Monday</td><td>09:00-13:00 15:00-18:00</td></tr><tr><td>Tuesday</td><td>09:00-13:00 15:00-18:00</td></tr><tr><td>Wednesday</td><td>09:00-13:00 15:00-18:00</td></tr><tr><td>Thursday</td><td>09:00-13:00 15:00-18:00</td></tr><tr><td>Friday</td><td>09:00-13:00 15:00-18:00</td></tr><tr><td>Saturday</td><td>09:00-12:00</td></tr><tr><td>Sunday</td><td></td></tr></tbody></table> <p>○ Opening hours</p> <table><tbody><tr><td>Monday</td><td>09:00-18:00</td></tr><tr><td>Tuesday</td><td>09:00-18:00</td></tr><tr><td>Wednesday</td><td>09:00-18:00</td></tr><tr><td>Thursday</td><td>09:00-18:00</td></tr><tr><td>Friday</td><td>09:00-18:00</td></tr><tr><td>Saturday</td><td>09:00-17:00</td></tr><tr><td>Sunday</td><td>Closed</td></tr></tbody></table>	Monday	09:00-13:00 15:00-18:00	Tuesday	09:00-13:00 15:00-18:00	Wednesday	09:00-13:00 15:00-18:00	Thursday	09:00-13:00 15:00-18:00	Friday	09:00-13:00 15:00-18:00	Saturday	09:00-12:00	Sunday		Monday	09:00-18:00	Tuesday	09:00-18:00	Wednesday	09:00-18:00	Thursday	09:00-18:00	Friday	09:00-18:00	Saturday	09:00-17:00	Sunday	Closed	<p>○ Commissioned services</p> <table><tbody><tr><td>Emergency hormonal contraception</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Minor ailments scheme</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Needle exchange</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Palliative care drugs</td><td><input checked="" type="checkbox"/></td></tr><tr><td>Supervised consumption</td><td><input checked="" type="checkbox"/></td></tr></tbody></table>	Emergency hormonal contraception	<input checked="" type="checkbox"/>	Minor ailments scheme	<input checked="" type="checkbox"/>	Needle exchange	<input checked="" type="checkbox"/>	Palliative care drugs	<input checked="" type="checkbox"/>	Supervised consumption	<input checked="" type="checkbox"/>
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## 5.5 Equality Impact Screening

The RMBC Equality Impact screening pro-forma was completed (Appendix 4). The outcome of which was that a full Equality Impact Assessment was not necessary for the Pharmaceutical Needs Assessment. The process included:

- Sources of information used in the needs assessment
- The consultation process

- The findings of the PNA in particular in relation to communities and individuals with protected characteristics
- The purpose and use of the PNA in supporting commissioning decisions

## **6.0 Context for the Pharmaceutical Needs Assessment**

The PNA for Rotherham is undertaken in the context of the needs of the local population. This section provides an overview of Rotherham and its population.

### **6.1 Overview of Rotherham**

Rotherham borough covers an area of 110 square miles and has a population of 262,000. Around half of the borough's population lives in the Rotherham urban area (including Rawmarsh and Wickersley), in the central part of the borough. Most of the rest live in many outlying small towns, villages and rural areas.

Rotherham is a diverse borough with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large council built housing estates, leafy private residential suburbs, industrial areas, rural villages and farms. About 70% of the borough's land area is rural so the most notable feature of Rotherham is its extensive areas of open countryside, mainly agricultural with some parkland and woodland.

Rotherham is strategically located and well connected to other areas of the region and country via the M1 and M18, both of which run through the borough, and by the rail network which links to Sheffield, Doncaster and Leeds. There are five airports within 55 miles of Rotherham, at Doncaster (Robin Hood), Manchester, Leeds & Bradford, East Midlands and Humberside.

Pre-industrial Rotherham developed as a small market town serving a rural hinterland. It became a major industrial centre during the Nineteenth Century, built around steel making and coal mining. Rotherham attracted workers from other areas, growing rapidly between 1890 and 1910. In 1951, manufacturing industries employed 33,100 people and 27,600 worked in coal mining and quarrying, a total of 65% of all workers. The last coal mine closed in 2013 and the steel industry has declined to employ just 1,600 workers in 2015.

The boundary of Rotherham Metropolitan Borough Council (RMBC) is coterminous with Rotherham Clinical Commissioning Group (CCG). The borough consists of 21 electoral wards, grouped as follows:

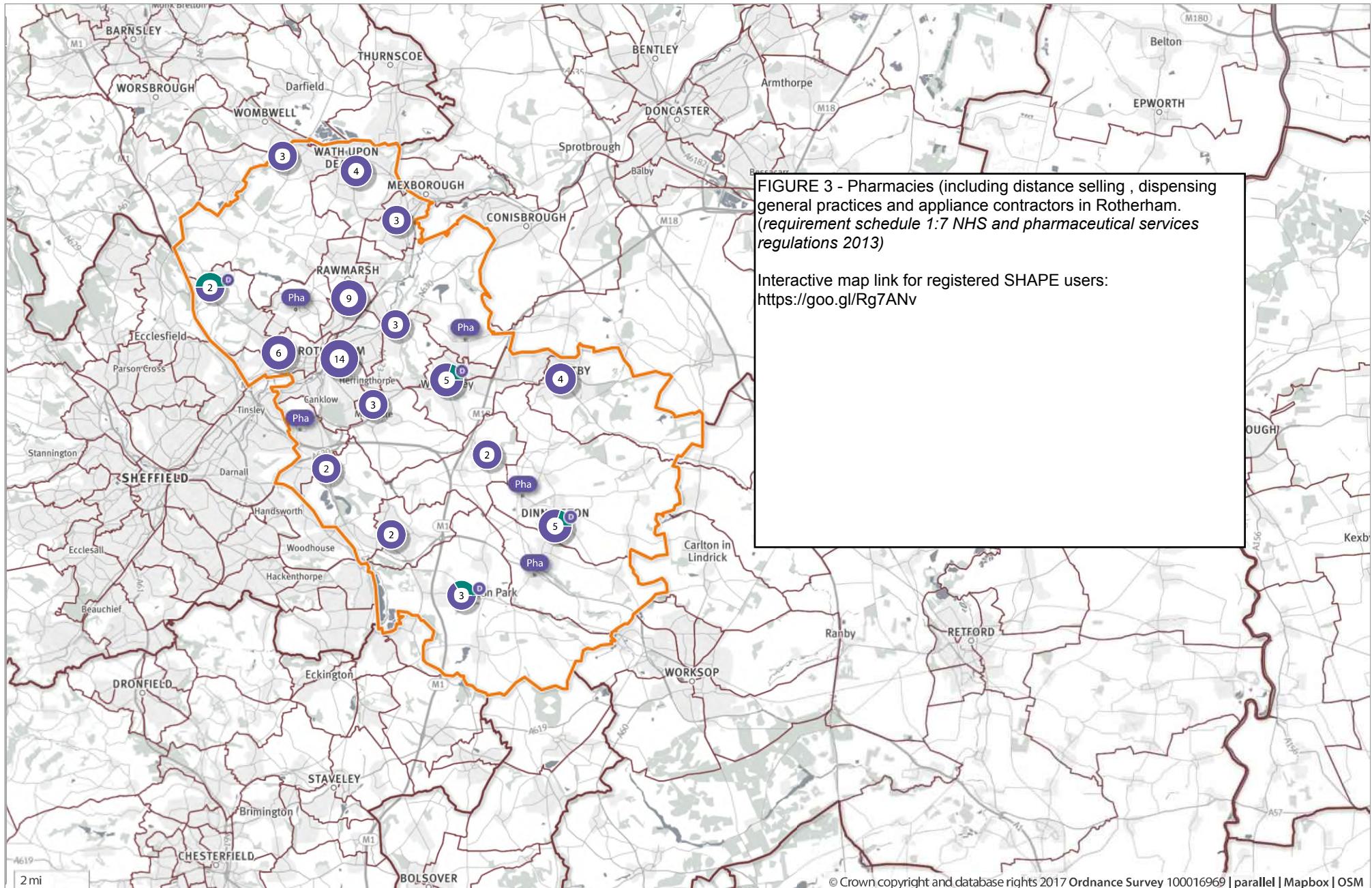
**North Rotherham and Dearne Valley:** Hoober, Rawmarsh, Silverwood, Swinton, Valley, Wath

**Central Rotherham:** Boston Castle, Keppel, Rotherham East, Rotherham West, Sitwell, Wingfield

**South Rotherham and Rother Valley:** Anston & Woodsetts, Brinsworth & Catcliffe, Dinnington, Hellaby, Holderness, Maltby, Rother Vale, Wickersley

Rotherham is currently the 52<sup>nd</sup> most deprived borough out of 326 English districts according to the Index of Multiple Deprivation (IMD). Health and Disability is one of the most challenging domains for Rotherham within the IMD.

Figure 3 identifies the wards and locations of providers of pharmaceutical services including Community Pharmacies, dispensing practices and Dispensing Appliance Contractors within Rotherham and surrounding areas.



## 6.2 Population

Rotherham has an estimated resident population of 261,900 (Office for National Statistics (ONS) Mid-year population estimate, 2016 – see <https://goo.gl/N4gAxP> ). Figure 4 illustrates the resident population age and gender structure.

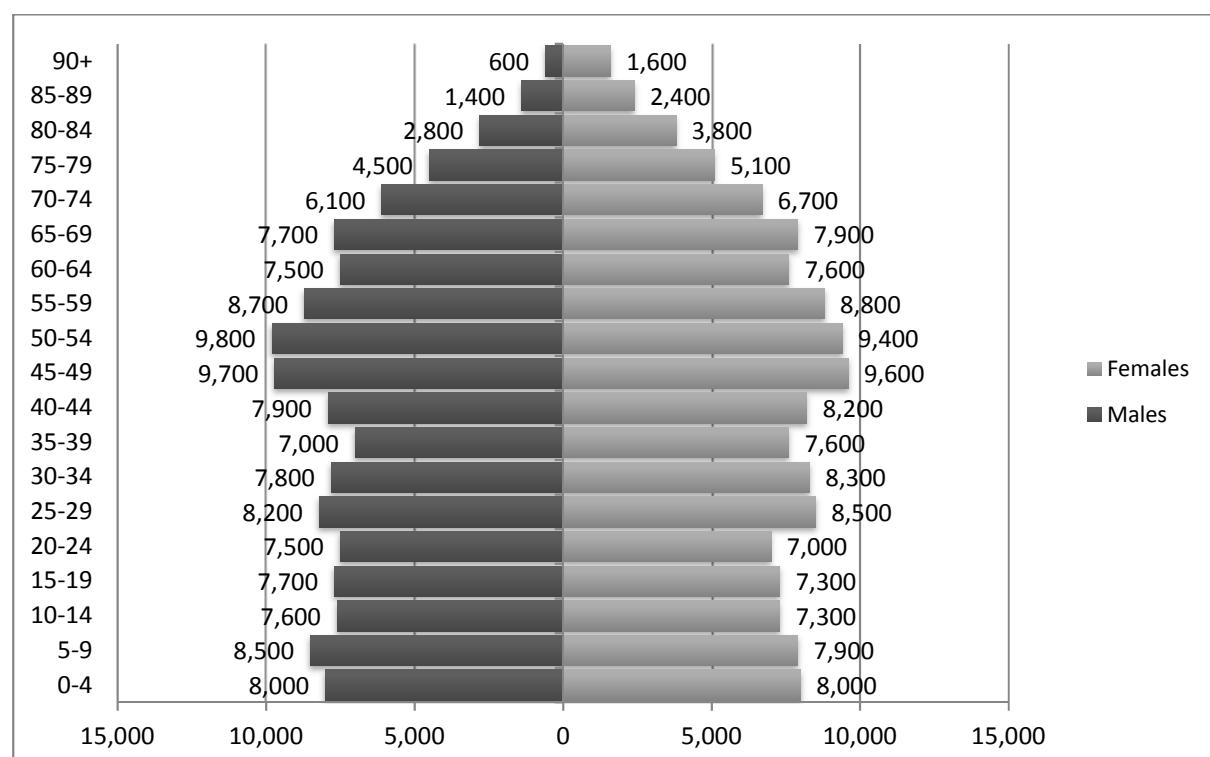
There has been a marked increase in the population aged 65 and over. Rotherham has as many people aged over 63 or over as children under 18. The oldest age groups have increased the most. Those aged over 85 have increased by 44% between 2001 and 2016 - compared to a 5% overall rise.

The population is expected to continue to rise to reach 269,900 by 2026. The projected increase reflects a combination of rising life expectancy, continued natural increase (more births than deaths) and net migration into the borough.

The number of people aged 85+ is projected to increase from 5,900 to 8,300 (40%) between 2016 and 2026. A 41% increase is projected in those aged 90+ who will number 3,000 by 2026.

The number of young people aged 16-24 is projected to reduce by 2,100 (-8%) between 2016 and 2022 but increase again by 1,000 between 2022 and 2026.

**Figure 4: Rotherham population by age group and gender**



## **Black and Minority Ethnic (BME) Population profile**

Rotherham's Black and Minority Ethnic (BME) population is relatively small but has been growing and becoming more diverse. The BME population more than doubled between 2001 and 2011, increasing from 10,080 to 20,842. 8.1% of the population belonged to ethnic groups other than White British in 2011, well below the English average of 20.2%. 91.9% of Rotherham residents were White British.

The largest BME community is Pakistani & Kashmiri who numbered 7,912 in 2011 - (3.1%) of the population. The second largest group being '*other white*', mainly Slovak and Czech Roma.

### **6.3 Life expectancy**

Healthy Life Expectancy at Birth is the average number of years a person would expect to live in good health based on existing local mortality rates and prevalence of self-reported good health.

In Rotherham healthy life expectancy, based on 2013-15 data, is 58.7 years for men and 58.0 for women. This is at the lower end of healthy life expectancy in England. The England averages are a healthy life expectancy of 63.4 years for men and 64.1 years for women. (Public Health Outcomes Framework-PHOF [www.phoutcomes.info](http://www.phoutcomes.info) )

Life expectancy at birth is 78.1 years for Rotherham men; compared to 79.5 years in England. For women life expectancy is 81.3 years compared with 83.1 years in England. (PHOF)

Life expectancy for both men and women living in the most deprived areas is less than for residents living in the least deprived areas (ONS). For men this life expectancy gap is 9.8 years between those living in the most deprived parts of Rotherham and the least deprived part of Rotherham. For women this gap is 7.6 years (Health Profile, 2017)

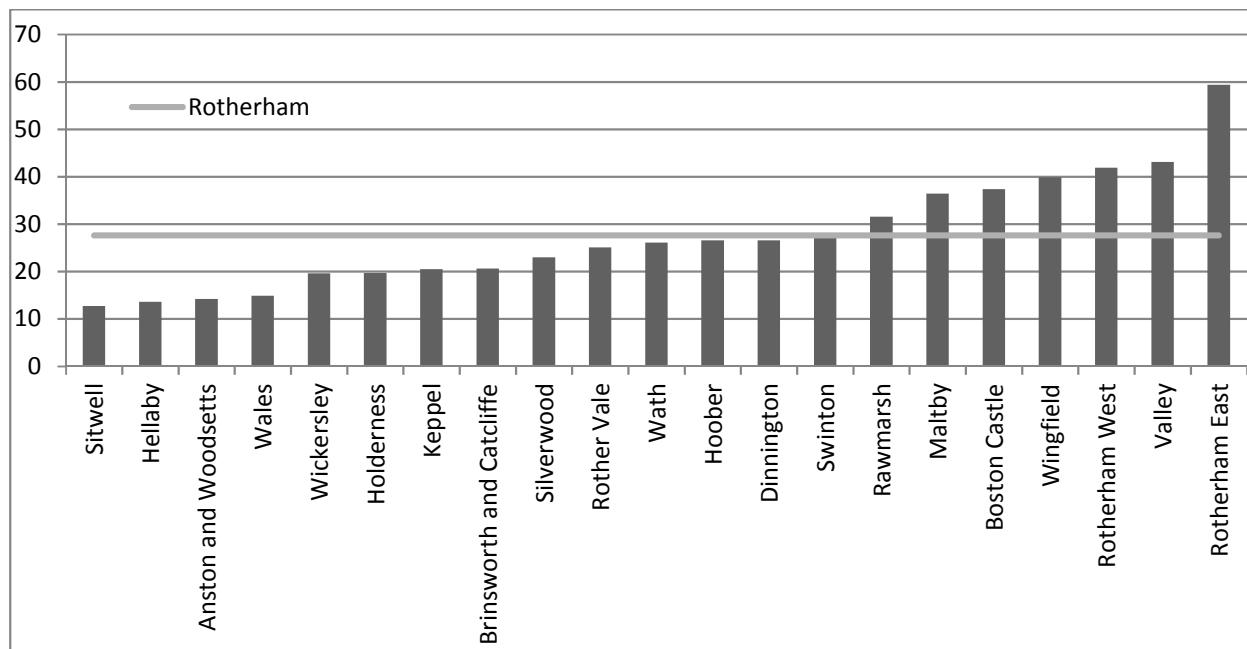
### **6.4 Deprivation**

The Index of Multiple Deprivation (IMD) 2015 measures overall deprivation. It also provides information on specific aspects of deprivation (The English Indices of Deprivation 2015).

There is a wide range of deprivation within Rotherham highlighted by IMD 2015 ward scores ranging from 12.7 to 59.4 – Figure 5.

Rotherham is currently the 52nd most deprived borough out of 326 English districts. In 2010 Rotherham ranked 53<sup>rd</sup> out of 326.

**Figure 5: Index of Multiple Deprivation (2015): Rotherham residents by Ward**



## 6.5 Housing Growth

The Rotherham Local Plan Core Strategy 2013-2028 sets out a spatial strategy for Rotherham. This plan was based on population growth estimates available at this time. The latest population growth estimates show a reduced rate of growth. The general spatial strategy was based on distributing growth across the borough in relation to the size of the current settlements. This strategy considered the provision of local services and facilities, including health, education, sports provision, the retail offer and access to public transport. A new community, such as that at Waverley, would be an exception to this general rule. Most new developments during the period that the strategy covers will therefore take place within Rotherham's urban area and at Principal Settlements for Growth (Table 4).

As such the distribution of providers of pharmaceutical services corresponds to where future new housing is likely to be located. The pace of home building and changes to the spatial strategy should continue to be a factor in examining commissioning or market entry decisions related to providers of pharmaceutical services.

It is anticipated that the Sites and Policies document that details specific housing allocations to meet housing growth targets will be adopted in the summer of 2018 as part of the statutory development of local plan for the borough. More information is available at <https://goo.gl/Dd4p6f>

**Table 4: Local Plan summary of housing developments**

<b>Settlement</b>	<b>Approx. number of dwellings</b>	<b>Percentage of borough requirement</b>
<b>Principal settlements for growth</b>		
Rotherham Urban area (including Bassingthorpe Farm strategic allocation)	5471	38%
Wath-upon-Dearne, Brampton Bierlow and West Melton	1300	9%
Dinnington, Anston and Laughton Common (including Dinnington East Broad Location for Growth)	1300	9%
Bramley, Wickersley and Ravenfield Common	800	6%
<b>Principal settlements</b>		
Waverley	2500	17%
Maltby and Hellaby	700	5%
Aston, Aughton and Swallownest	560	4%
Swinton and Kilnhurst	560	4%
Wales and Kiveton Park	370	3%
<b>The remaining housing requirements will be met through smaller developments.</b>		

Source: adapted from Rotherham Local Plan Core Strategy 2013 – 2028

<https://goo.gl/BtTdYH>

## **7.0 Health and Wellbeing**

The Rotherham Joint Strategic Needs Assessment (JSNA) describes the health and wellbeing needs of the local population.

<http://www.rotherham.gov.uk/jsna/>

This does not duplicate these detailed descriptions of health needs and should be read in conjunction with the JSNA. This section outlines some of the health and wellbeing priority for Rotherham relevant to access to pharmaceutical services.

A new Health and Wellbeing Strategy for Rotherham will be published by April 2018. The aims of this strategy are:

- All children get the best start in life and go on to achieve their potential.
- All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.
- All Rotherham people live well for longer, and
- All Rotherham people live in healthy, safe and resilient communities.

### **7.1 Health Inequalities**

Inequalities in health outcomes such as life expectancy at birth and preventable years of life lost are unfair.

The weight of scientific evidence supports a socio-economic basis for inequalities. This means that a citizen's risk of ill health is determined to a varying degree by things like where they live, how much they earn, what sort of education they've had as well as their lifestyle choices and constitution.

Inequalities can exist when comparing Rotherham with the England average and within the borough

Compared with the England average, Rotherham has lower life expectancy and higher mortality from circulatory disease and cancer.

There are also inequalities within Rotherham with significant health differences between the most and least deprived parts of the borough.

The main causes of death that contribute to the gap are circulatory disease, cancer and respiratory problems. These three causes are also the main contributors to the slope of inequality that exists between the most and least deprived parts of Rotherham.

Mental Health, quality of life and wellbeing also follow a socio-economic gradient and are an important consideration when addressing health inequalities.

## 7.2 Headline health indicators

**Table 5: Headline health indicators**

Indicator	Rotherham	England
Premature mortality from cancer (directly age standardised rate per 100,000 population under 75)	<b>153.7</b>	<b>138.8</b>
Premature mortality from Cardiovascular disease (directly age standardised rate per 100,000 population under 75)	<b>89.2</b>	<b>74.6</b>
Percentage of adults who smoke (modelled data from national survey)	<b>18.3%</b>	<b>15.5%</b>
Percentage of 10-11-year olds overweight and obese (National Child Weighing and Measuring Programme 2015-16)	<b>35.8%</b>	<b>34.2%</b>
Alcohol attributable mortality (directly age standardised rate per 100,000 population over 35)	<b>47.8</b>	<b>46.1</b>
Teenage pregnancy (conception per 1000 11-17-year olds)	<b>25.5</b>	<b>20.8</b>

Source: Public Health Fingertips tool ([www.phoutcomes.info](http://www.phoutcomes.info))

## 7.3 Health and Wellbeing Priorities

The priority areas set out below reflect the importance of the topic to Rotherham and the ability of providers of pharmaceutical services to contribute to local strategy and action to address these priority areas.

Providers of pharmaceutical services have a variety of roles to play in these and other areas. They play a large role in:

- supporting treatment plans by dispensing medicines
- giving help and advice to patients
- signposting onto specialist services
- running public health campaigns
- helping make treatment plans more effective by reviewing medicines usage
- supporting the healthcare system by advising and treating minor ailments
- providing specialist services to support priority areas, e.g. flu vaccinations and emergency hormonal contraception

### Tobacco

Smoking remains the main cause of preventable morbidity and premature death in England, leading to 79,100 deaths in 2011 (Statistics on Smoking, England 2013, NHS National Statistics). Tobacco use is a major cause of coronary heart disease, lung and

other cancers and respiratory diseases. Around 510 people in Rotherham die from smoking related illness each year. This is significantly worse than the England average (PHE, Local Tobacco Control Profiles).

### **Substance Misuse**

Substance misuse causes harm not only to the individual but also to other members of the community and wider society. Injecting drug use increases the risk of acquiring blood borne diseases such as viral hepatitis and HIV. The sharing and irresponsible disposal of used needles presents a risk to others.

Substance misuse is not the norm in Rotherham, although opiate use is higher than the national average. Estimates for 2014/15 suggest that the Rotherham rate is 9.82 per 1000 population (aged 15-64) compared to 7.33 per 1000 population (aged 15-64) nationally. These estimates suggest that there are around 1,900 problematic opiate and/or crack users aged 15-64 years.

### **Alcohol**

Alcohol is not only important as a cause of liver cirrhosis; it also contributes to deaths from cancer, heart disease, accidents and mental health.

In 2015/16 there were 2586 hospital admission episodes per 100,000 population that were alcohol-related. The England rate for the same period was 2179 episodes per 100,000 population.

In 2015/16 Rotherham had 490 people in receipt of specialist treatment for alcohol misuse. Only a small number of those believed to have problematic drinking are seeking treatment.

### **Obesity**

Modelled data from the Active People Survey (2013-15) suggests that 76.2 % of Rotherham adults are overweight or obese. This is significantly higher than the England average and is the highest rate in Yorkshire and Humber. This level of obesity will mean that there is an increasing number of health problems associated with this e.g. Type 2 diabetes, heart disease and cancer.

The data for obesity in children is more detailed than that available for adults because of the comprehensive National Child Measurement Programme (NCMP), which weighs and measures all children in Reception and Year 6. We know from this information that childhood is an important time in the development of obesity, as levels more than double between Reception (aged 4-5 years) and Year 6 (aged 10-11 years).

The NCMP data shows that in 2015/16 22.1% of Reception year children had excess weight and 35.8% of Year 6 children had excess weight. Data from 2016/17 shows that these figures continue to rise with 24.1% of Reception year children having excess weight and 36.9% of Year 6 children having excess weight.

Unhealthy diets and sedentary lifestyles play a role in obesity – although there are many complex factors at play, including early life experiences, social norms, the degree of control people have over their life and the built environment.

Physical activity and exercise not only benefit physical health but have also been shown to help people with problems such as anxiety and depression and may even reduce the chances of someone developing such problems in the first place.

The Active Lives Survey is a survey of adults aged 16+ living in England. (<http://www.sportengland.org>). The latest information shows that 54.8% of adults in Rotherham are active on a weekly basis and 31.9% are inactive. The England averages are 60.6% active and 25.6% inactive.

### **Sexual Health**

Teenage Pregnancy rates for Rotherham have fallen significantly and consistently over the past ten years. The rate of conceptions in under 18s was 54.7 per 1000 in 2008. The rate in 2015 was less than half of the 2008 rate at 25.5 / 1000. The Rotherham rate now approaches the regional rate for Yorkshire and Humber.

In 2016 there were 91 positive diagnosis of Gonorrhoea in Rotherham – representing a rate of 34.9 / 100,000 population. This compares to a national rate of 64.9 / 100,000 and a regional rate of 45.7 / 100,000.

### **Mental Health**

Mental health is a growing public health concern in the UK. Most mental health problems are related to deprivation, poverty and inequality – emphasising the importance of these wider determinants of health.

People with serious mental health problems have their lives shortened by 14-18 years on average. Many mental health problems are often found coexisting with physical health problems such as diabetes.

Depression and anxiety disorders are common. The reported prevalence of depression in Rotherham in 2016/17 was 12.57%. The England prevalence is 8.95%. The Rotherham prevalence is in the upper quartile.

### **Dementia**

Dementia mainly affects people over the age of 65 and the incidence increases with age. People under the age of 65 can develop dementia and this is often referred to as early onset dementia. With more people living longer and the rising numbers in older age groups, more people are likely to develop dementia. This is likely to impact on health and social care and on carers.

Estimates suggest that around 80% of the population with dementia have a diagnosis and are registered with their GP. The proportion is one of the highest in Yorkshire

and the Humber and significantly higher than the national goal of 66.7. Rotherham has seen an increase in the number diagnosed with dementia and this will continue to increase. It is currently estimated that there are around 2,500 people over 65 years diagnosed with dementia in Rotherham.

The Dementia Friends initiative helps to improve understanding of dementia and the small things that could make a difference to people living with dementia. It forms part of the Community Pharmacy Quality Scheme.

### **Influenza (Flu)**

The influenza virus can affect a large proportion of the population annually. The effect of this virus can be more serious for certain groups of people. The influenza (flu) vaccine is recommended on a yearly basis to at-risk groups. Those eligible to receive a free flu jab for the 2017/18 season include:

- People 65 years of age or older
- pregnant women
- those with defined medical conditions, e.g. COPD, asthma or diabetes
- those living in a long stay residential care home or other such facility
- those who receive a carer's allowance or are the main carer for an elderly or disabled person
- paid carers
- children over 6 months with a long-term health condition
- children in reception class and school years 1 to 4
- health and social care workers

## **8.0 CURRENT PROVISION AND ACCESS**

This section outlines the current provision of pharmaceutical services available for Rotherham residents.

### **8.1 Current provision**

There are a total of 71 providers of pharmaceutical services in Rotherham. This includes 64 Community Pharmacies, 6 distance selling pharmacies and one dispensing appliance contractor (Figure 3). There is one more Community Pharmacy than in the previous PNA.

The NHS (Pharmaceutical and Local Pharmaceutical Services) regulations 2013 were amended in December 2016 by the introduction of Section 26A consolidations. Section 26A consolidations is a merger of two pharmacy businesses that does not create a gap in the provision of pharmaceutical services. To date, there have been no Section 26A consolidations in Rotherham.

Assuming a population of 261,000 and 64 Community Pharmacies there is an average of one Community Pharmacy provider per 4078 people. This is more provision than the national average for England of one Community Pharmacy provider per 4647 people.

Another way of expressing this is to say there are 24.5 pharmacies per 100,000 people in Rotherham. This is higher than the national average of 22 pharmacies per 100,000 people.

The number of Community Pharmacies per 100,000 varies across England from 26 community pharmacies per 100,000 population in Lancashire & Greater Manchester and Cheshire & Merseyside to 18 per 100,000 population in South Central region.

**Table 6: Community pharmacies and population by NHS region 2015/16**

	Number of community pharmacies	ONS population mid-year 2014 (000s)	Pharmacies per 100,000 population
ENGLAND	11688	54317	22
North of England	3723	15259	24
- Yorkshire & Humber	1275	5468	23
- Lancashire & Greater Manchester	1089	4238	26
- Cumbria and North East	727	3123	23
- Cheshire & Merseyside	632	2430	26
Midlands & East	3446	16487	21
- North Midlands	775	3591	22
- West Midlands	980	4123	24
- Central Midlands	890	4518	20
- East	801	4255	19
London	1853	8539	22
South	2666	14032	19
- Wessex	511	2742	19
- South West	637	3171	20
- South East	880	4540	19
- South Central	638	3578	18

Source: NHS Prescription Services, population estimates – Office for National Statistics, NHS Digital <http://digital.nhs.uk/pubs/genphasernov16>

### **Dispensing Doctors**

Dispensing Doctors provide services to patients in rural areas and often where there are no Community Pharmacies or where access is restricted. In Rotherham there are 4 Dispensing Doctor practices. These practices are located at Thorpe Hesley, Wickersley, Dinnington and Kiveton Park.

### **Dispensing Appliance Contractors**

Dispensing Appliance Contractors dispense specified appliances such as stoma, catheter or incontinence appliances. They provide a home delivery service, a reasonable supply of supplementary items (e.g. disposable wipes) and access to expert clinical advice.

In 2015/16 there were 112 appliance contractors in England. There is one DAC based in Rotherham – South Yorkshire Ostomy Supplies.

### **Distance Selling Pharmacies**

Online pharmacies, internet pharmacies or Mail Order pharmacies are pharmacies that operate over the internet and send order to customers through the mail or shipping companies. Distance Selling pharmacies must provide the full range of essential

services during opening hours to all persons in England presenting prescriptions – but, they cannot provide essential services face to face.

There are 6 distance selling pharmacies in Rotherham.

## **8.2 Distribution and Access to Pharmaceutical Services**

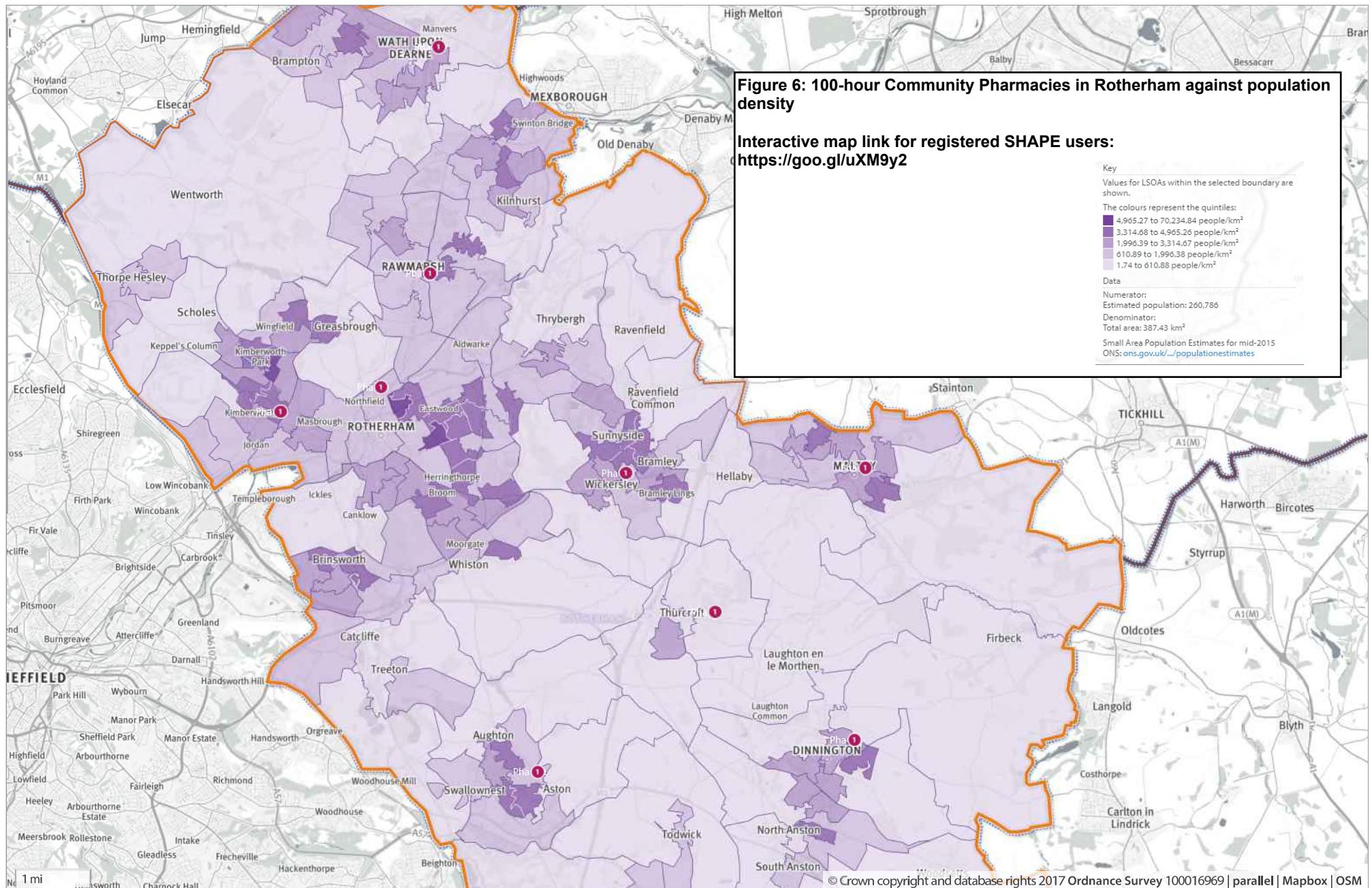
There is a good distribution of providers of pharmaceutical services across Rotherham, including areas of high deprivation and population. Furthermore, there are nine pharmacies located across Rotherham that are contracted to provide 100-hour service. The 100-hour pharmacies are distributed across Rotherham and mirror the areas of highest population (Figure 6). Analysis shows that 36% of residents are within a 20 minute walk of a 100-hour pharmacy. 99% of residents are within a 10 minute drive of a 100-hour pharmacy.

### **Opening and Closing Hours**

Access to Community Pharmacies across Rotherham is well provided for during core and supplementary opening hours. Table 7 summarises opening and closing hours across Rotherham. The numbers relate to the Community Pharmacies open at the given times – the numbers are additional to each other. Thus, there are 13 Community Pharmacies contracted to be open before 09:00 on a normal weekday. The actual number open is more likely to be 26 as the supplementary hours better describes the reality of opening and closing times.

**Table 7: Summary of opening and closing hours**

<b>Opening Time</b>	<b>Core Hours</b>	<b>Supplementary Hours</b>
Open before 08:00	2	4
Open before 09:00	11	22
Closed after 17:00	31	28
Closed after 18:00	10	24
Open on Saturday morning	36	46
Open on Saturday afternoon	16	27
Open on Sunday	9	16



## Geographical Access

An important part of the PNA is to assess how accessible pharmacies are to residents. This is measured by the proportion of residents who are within a 1.6km (1mile) walk of a pharmacy and by the proportion of residents who are within a 10-minute drive of a pharmacy.

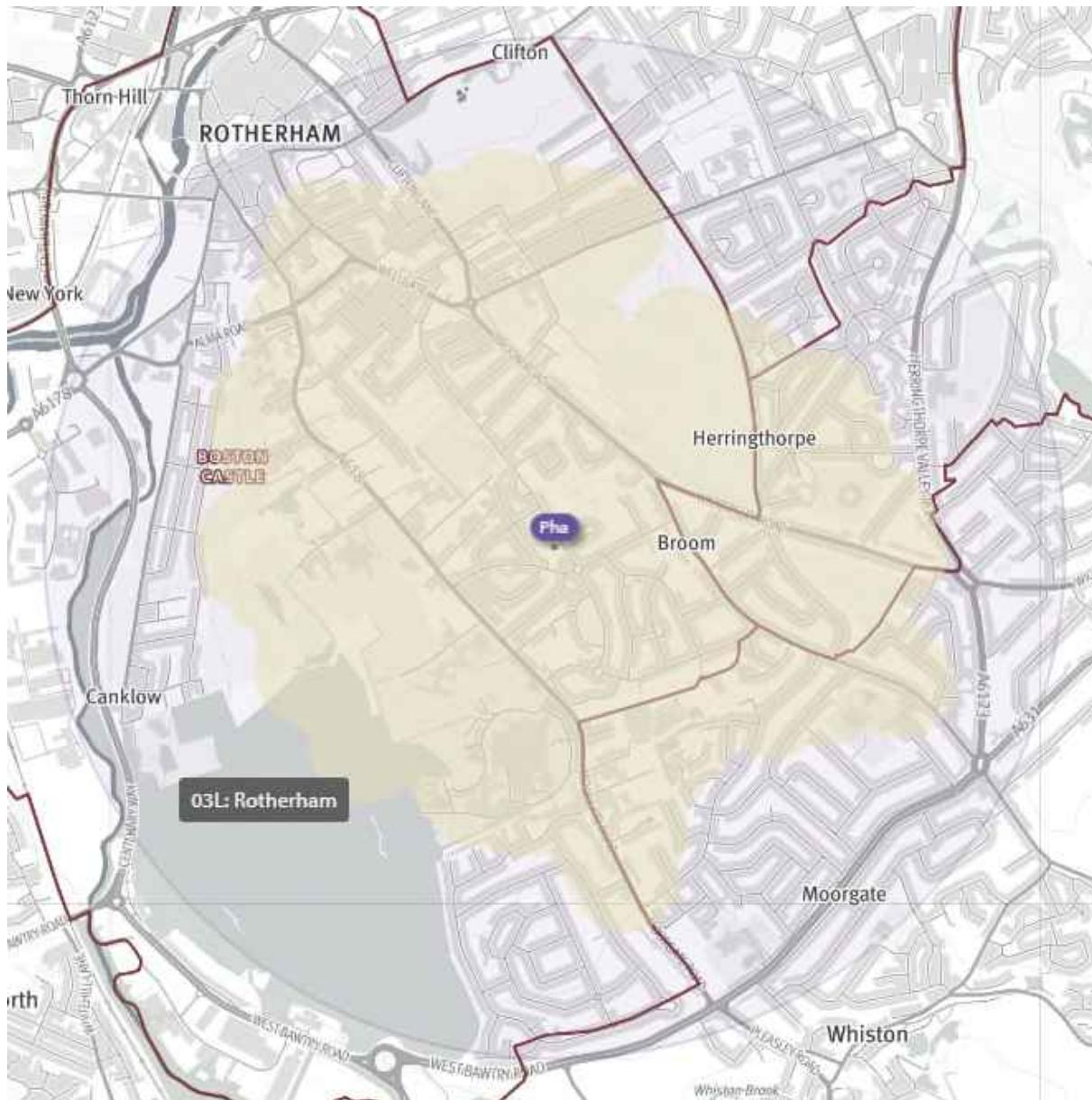
The method of calculating these measures has changed since the last PNA in 2015. The method now uses mapping software to calculate access. This gives a better assessment of access. This can be seen by comparing a walking distance of 1.6km with a 1.6km radius around a Community Pharmacy. Figure 7 illustrates the difference this can make by showing a 1.6km circle around the Whitworth Pharmacy in light purple and a 1.6km walking distance in pale yellow.

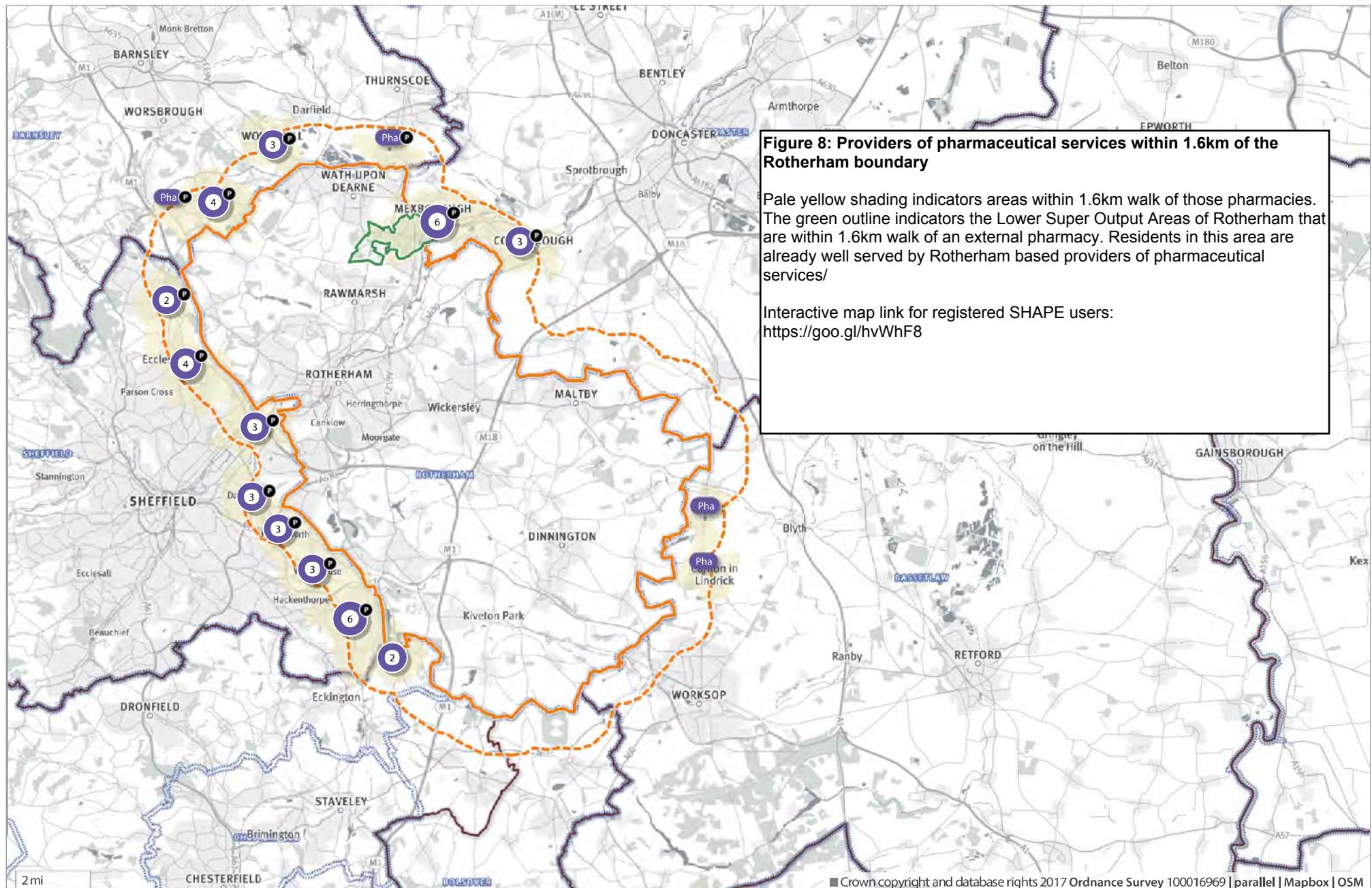
Using the SHAPE access tool, the results shown in Table 8 have been calculated. Consideration was also given to the providers of pharmaceutical services outside Rotherham that could be reached by a 1.6km walk. There are 46 providers of pharmaceutical services within 1.6km of the Rotherham boundary (Figure 8). Of these only one (in Mexbrough) was close enough to improve access. Those residents are already within a 1.6km walk of pharmacies in Swinton. The pharmacies outside of Rotherham do not improve access to pharmaceutical services but do improve the choice of pharmacies that are available for Rotherham residents.

**Table 8: Population distance and time from a provider of pharmaceutical services - walking**

Distance / Time	Number of residents	Percentage of residents
100 metres	35177	13.5
400 metres	91000	34.9
800 metres (half mile)	178745	68.5
1200 metres	224266	86.0
1600 metres (1 mile)	247154	94.8
3 minutes' walk	60204	23.1
6 minutes' walk	104174	40.0
9 minutes' walk	146395	56.1
12 minutes' walk	195402	74.9
15 minutes' walk	222529	85.3

**Figure 7: Example showing difference between 1.6km radius and 1.6km walking distance**





**Proportion of Rotherham residents within 1.6km (1 mile) walk of a provider of pharmaceutical services. (Figure 9)**

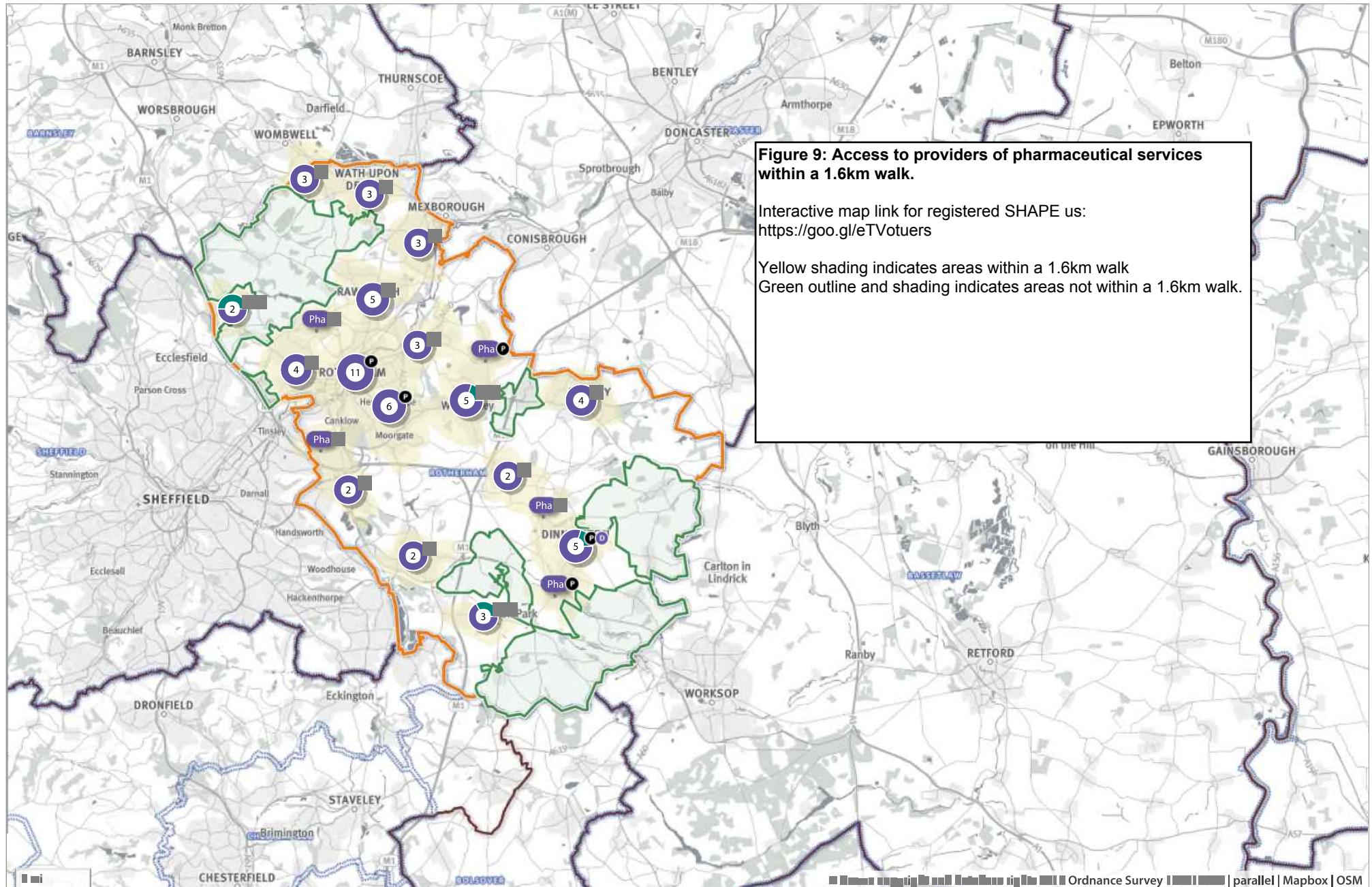
Total population: 260, 786

Number within 1.6km walking distance: 250,609

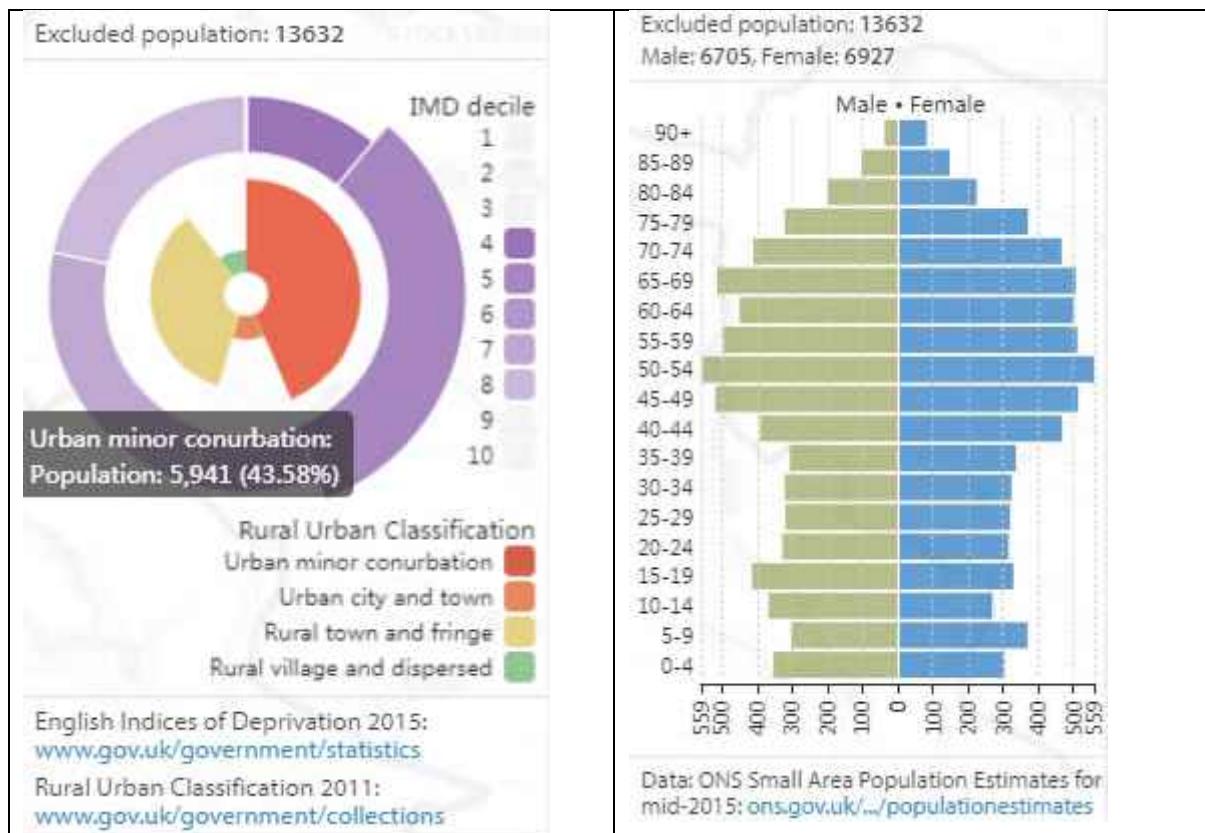
Number not within 1.6km walking distance: 13,632

Proportion of Rotherham residents within 1.6km (1 mile) walk of a pharmacy is thus 94.8%

More than half of the residents further than 1.6km from a provider of pharmaceutical services are from deprivation deciles 6,7 and 8 – meaning they are less deprived than the average Rotherham population. They also show an older age profile than the Rotherham population (Figure 10)



**Figure 10: Deprivation status and rural / urban classification of residents further than a 1.6km walk from a provider of pharmaceutical services.**



### Proportion of Rotherham residents within 10-minute drive of a pharmacy.

Total population: 260,786

Number within 10 minute drive of a pharmacy: 260,786

Number not within 10 minute drive of a pharmacy: 0

Proportion of Rotherham residents within 10-minute drive of a pharmacy is thus 100%

The walking access measure used here is an improved method of analysing access to pharmaceutical services. This new method of analysing access does still have some weaknesses which could bias the results on a very local level. We will work with Public Health England to continue to improve the analysis within the SHAPE tool as we believe that over time this will give a more accurate measure of access.

### 8.3 Provision of services

#### Medicines Use Review (MUR)

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions, such as diabetes, CHD and COPD. The MUR process attempts to establish a picture of the

patient's use of their medicines – both prescribed and non-prescribed. The review helps a patient understand their therapy and can identify any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to their GP when there is an issue for them to consider.

Rotherham has 56 (88%) of Community Pharmacies that offer the MUR service. During the consultation, the Local Pharmaceutical Committee noted that all bar two Community Pharmacies are offering MURs. There is therefore a discrepancy between the information provided by NHS England and local knowledge. We will work to reconcile the information to provide an accurate picture of provision – but acknowledge that there is good coverage of the service throughout Rotherham.

### **Appliance Use Review (AUR)**

Pharmacists or specialist nurses, working for either a Community Pharmacy or a Dispensing Appliance Contractor, carry out AURs in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliance(s) by:

- Establishing the way the patient uses the appliance and the patients experience of such use
- Identifying discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
- Advising the patient on the safe and appropriate storage of the appliance
- Advising the patient of the safe and proper disposal of the appliances that are used or unwanted

Rotherham has 7 (11%) of providers of pharmaceutical services that provide this service. An appliance contractor based in Rotherham also offers this service.

### **New Medicines Service (NMS)**

The New Medicines Service is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed.

The purpose of the NMS is to promote the health and wellbeing of patients who are prescribed new medicines for long-term conditions (LTC) to:

- Help reduce the symptoms and long-term complications of the LTC
- Identify problems with the management of the condition and the need for further information or support

Additionally, the service will help patients

- Make informed choices about their care,
- self-manage their LTC, and
- adhere to the agreed lifestyle changes

Rotherham has 53 (83%) Community pharmacies that provide this service. During the consultation, the Local Pharmaceutical Committee noted that all bar one Community Pharmacies have provided this service in the past 12 months. There is therefore a discrepancy between the information provided by NHS England and local knowledge. We will work to reconcile the information to provide an accurate picture of provision – but acknowledge that there is good coverage of the service throughout Rotherham.

### **NHS Urgent Medicines Supply (NUMSAS) and Pharmacy Urgent Repeat Medicines service (PURM)**

The NHS Urgent Medicines Supply service is a new advanced service commissioned by NHS England with the aim of referring people directly from NHS 111 to Community Pharmacy for urgent repeat prescriptions. To date, there are 12 (19%) of Community Pharmacies in Rotherham offering this service. This service complements the Pharmacy Urgent Repeat Medicines service. This service can be accessed directly from participating Community Pharmacies. Four Community Pharmacies offer this service in Rotherham.

### **Minor Ailments Service (Pharmacy First)**

The aim of the minor ailments service is to improve access and choice for patients wishing to consult a healthcare professional in relation to a range of minor conditions. The service provides improved access to both advice and treatment for minor conditions and ensures a consistent, evidence based message is delivered to patients

Patients that don't pay NHS prescription charges received medicine supplied under the minor ailments scheme free of charge

There are 54 (84%) pharmacies providing a minor ailments services in Rotherham.

### **Substance Misuse**

Supervised consumption services support clients by ensuring compliance with agreed treatment plans.

Both methadone and buprenorphine can be dispensed in specified instalments where each dose is supervised to ensure that the dose is correctly consumed by the service user for whom it was intended.

Supervised consumption aims to reduce the risk to local communities of:

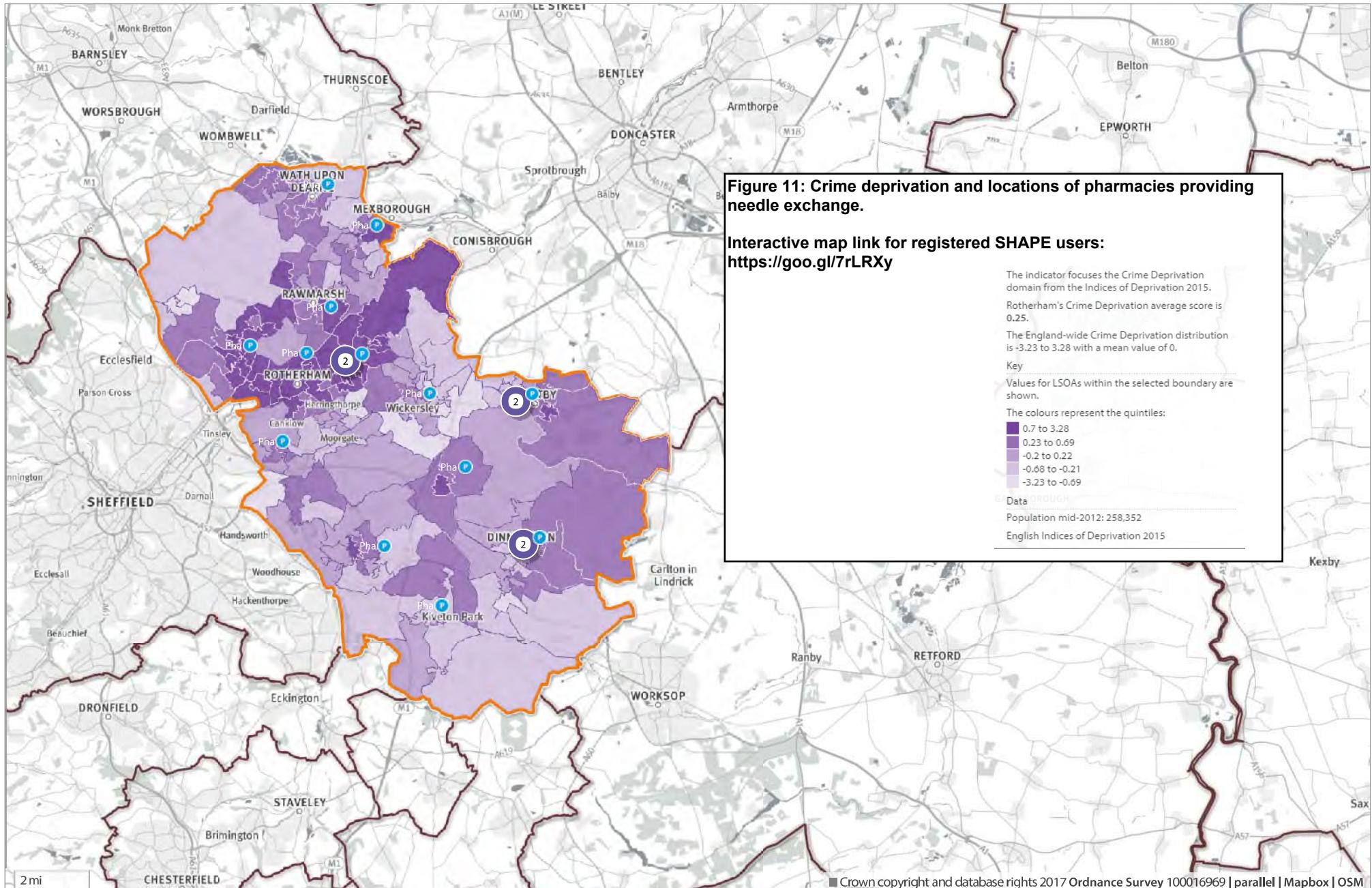
- Over or under usage of medicines
- Diversion of prescribed medicines onto the illicit drugs market
- Protect vulnerable individuals from pressure to relinquish their medication
- Accidental exposure to the prescribed medicines

There are 56 (88%) Community Pharmacies providing supervised consumption services in Rotherham.

There are 16 (25%) of Community Pharmacies providing needle exchange services. All pharmacies providing needle exchange services also provide the supervised consumption service

Clients use multiple outlets and can exercise choice in the services they access.

The map shown in Figure 11 shows the distribution of Community Pharmacies that provide needle exchange services. Supervised consumption was not mapped as the coverage is extensive. The background map shows crime deprivation figures from the 2015 Indicators of Multiple Deprivation. Substance misuse issues have a strong relationship with areas of high crime. Analysis shows that over 25% of residents living within 400 metres walk of Community Pharmacies offering needle exchange services are in the most deprived decile.



**Figure 11: Crime deprivation and locations of pharmacies providing needle exchange.**

Interactive map link for registered SHAPE users:  
<https://goo.gl/7rLRXy>

The indicator focuses the Crime Deprivation domain from the Indices of Deprivation 2015. Rotherham's Crime Deprivation average score is 0.25.

The England-wide Crime Deprivation distribution is -3.23 to 3.28 with a mean value of 0.

#### Key

Values for LSOAs within the selected boundary are shown.

The colours represent the quintiles:

■	0.7 to 3.28
■	0.23 to 0.69
■	-0.2 to 0.22
■	-0.68 to -0.21
■	-3.23 to -0.69

#### Data

Rotherham  
 Population mid-2012: 258,352

English Indices of Deprivation 2015



## **Emergency Hormonal Contraception (EHC)**

Community Pharmacy is an important provider of sexual health services in Rotherham. The EHC service is currently open to all ages and incorporates:

- Emergency hormonal contraception and related advice
- Information and signposting

There are currently 34 (53%) Community Pharmacists that provide the EHC service.

## **Palliative care drug provision**

Palliative care drugs are specialist medicines that are not available in all Community Pharmacies. The aim of the palliative care drug provision service is to ensure the availability of palliative care drugs across Rotherham. The service improves access to palliative care medicines for patients, carers and healthcare professional when they are required to ensure that there are no delays to treatment whilst also providing access and choice. Improved clinical management of end of life care and anticipatory prescribing reduces the need to access palliative care medication out of hours.

There are 46 (72%) Community Pharmacies that provide the palliative care service.

## **Flu vaccination**

The yearly flu vaccination is free of charge for various groups, e.g. over 65s or people with some chronic long-term conditions. Community Pharmacies sign up to deliver the vaccination on a yearly basis.

At the time of writing 52 (81%) of Community Pharmacies in Rotherham had signed up to deliver the flu vaccination for the 2017 winter season.

## **8.4 Patient Satisfaction**

The NHS Choices website provides patients with the opportunity to comment and rate NHS services. As at 5<sup>th</sup> November 2017 there were 14 Rotherham Community Pharmacies for which a rating had been submitted. In total 27 reviews had been submitted. Of these most were positive reviews and related to the care, professionalism and attitude of staff. The remaining reviews related to problems with new staff, opening times and delays in receiving medicines.

The Quality Payments scheme – a new part of the Community Pharmacy Contractual framework announced by the Department of Health in October 2016 rewards pharmacies for delivering quality criteria in three dimensions; clinical effectiveness, patient safety and patient experience. It encourages a range of activities designed to widen the pharmacy role beyond dispensing, to improve the quality of health care and to ease demand on the health care system. Such activities could include:

- Supporting the development of Healthy Living Pharmacies and ensuring each pharmacy achieves Healthy Living Pharmacy level 1 status
- Encouraging patient facing staff take part in the Alzheimer's society dementia friends training.

## **9.0 Conclusions**

This section provides analysis of the current provision of pharmaceutical services and considers whether there are any gaps in provision currently. It also looks forward to assess whether there may be issues to address in the future. There is also a consideration of the issues highlighted in the previous PNA to reflect on progress.

### **9.1 General access to pharmaceutical services**

Rotherham is well provided for with respect to pharmaceutical dispensing services having a greater than the national average of pharmacies per 100,000 people. The availability of pharmaceutical services across the borough is adequate and necessary to meet need.

Rotherham residents can access supplies of appliances from a range of appliance contractors nationally, one who is based in Rotherham. Community Pharmacies within Rotherham also supply appliances.

Patients choose where they have their prescriptions dispensed. This includes any available registered distance selling pharmacy. Rotherham has 6 distance selling pharmacies. There are other distance selling pharmacies outside the boundaries of Rotherham which are used by Rotherham residents.

Rotherham residents currently exercise their choice of where to access pharmaceutical services to a considerable degree.

This PNA has not analysed whether there are any areas where a Section 26A consolidation would create a gap in the provision of pharmaceutical services. Any such applications would need to be considered on a case by case basis. The SHAPE tool could be used to assess such applications.

**Based on the information available at the time of developing this PNA no current gaps in the provision of Essential Services have been identified.**

### **9.2 Weekend and Extended hours**

Community Pharmacies in Rotherham are accessible and offer extended opening times – often into the evening and at weekends – to suit patients and consumers including 100-hour pharmacies that give good geographical cover.

**Based on the information available at the time of developing this PNA no current gaps in the provision of essential services outside normal working hours have been identified.**

### 9.3 Access to advanced and locally commissioned services

Rotherham has good coverage of many of the advanced services.

Rotherham Public Health team are in the process of reshaping their approach to the commissioning of lifestyle services. The commissioning intention is to move away from single lifestyle issues to a holistic approach based on the needs of the individual.

**Based on the information available at the time of developing this PNA no current gaps in the provision of advanced or locally commissioned services have been identified.**

### 9.4 Update on previous findings

The previous PNA identified that the areas of Thorpe Hesley and Thrybergh are being less well served than other localities with reduced local access to essential and advanced services, particularly at weekends.

#### **Thorpe Hesley**

The village of Thorpe Hesley is currently served by one Community Pharmacy. Over 4100 people are estimated to be within a 1.6km walk of this pharmacy. The GP practice serving the area is also a dispensing practice. Access to pharmaceutical services within the village is therefore good.

The Community Pharmacy offers NMS, MUR and flu vaccination advanced services as well as palliative care drugs and the minor ailments service, Pharmacy First.

The Community Pharmacy is not open beyond 18:00 and is closed at weekends. Patients requiring pharmacy services beyond normal working hours will need to be able to access private or public transport.

In October 2016 as part of a funding review of Community Pharmacies the Department of Health introduced the Pharmacy Access Scheme with the aim of ensuring a baseline level of patient access to Community Pharmacy services. The scheme is designed to make sure that no area will be left without access to NHS Community Pharmacies services. Qualifying pharmacies will receive an additional payment to protect them from the full effect of the reduction in funding. The pharmacy in Thorpe Hesley has been eligible for the Pharmacy Access scheme. This scheme, however, has only been confirmed to March 2018.

## Thrybergh

Thrybergh is also served by a single Community Pharmacy. Over 5700 people are estimated to be within a 1.6km walk of this pharmacy – so there is currently good access to the Community Pharmacies services for residents of Thrybergh.

The pharmacy offers NMS, MUR and flu vaccination advanced services as well as EHC, supervised consumption and the minor ailments service, Pharmacy First.

The pharmacy closes at 6pm but is open on Saturday morning. Patients requiring pharmacy services beyond these times will need to be able to access private or public transport.

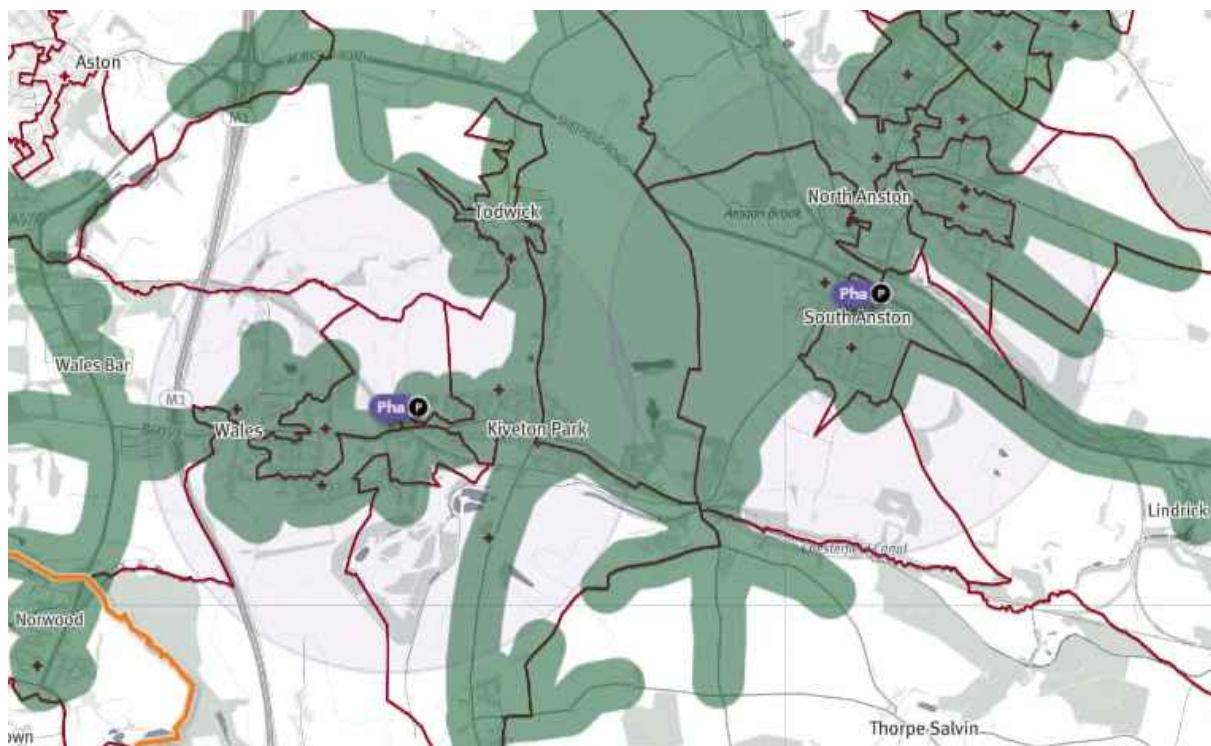
This pharmacy is not included in the Pharmacy access scheme.

## Todwick

The previous PNA identified that Todwick sits outside a 1 mile radius of any pharmacy but does have good access to private and public transport.

Figure 12 confirms that only part of Todwick is outside of a 1 mile radius of the pharmacies in Kiveton Park. The analysis also confirms that two pharmacies in Kiveton Park and two in North and South Anston are within a 5 minute drive.

**Figure 12: Access to pharmacy services in Todwick – n.b. two pharmacies and the dispensing GP practice at Kiveton Park have been removed from the map for clarity. The green shading indicates 5 minute drive time; the light purple circles are 1.6km radius from the pharmacies**



### **Kilnhurst: Minor Ailments**

The previous PNA highlighted that whilst there was wide spread coverage of the Pharmacy First minor ailments scheme this service was absent in Kilnhurst.

This pharmacy now provides the Pharmacy First scheme.

### **Greasborough: Substance misuse**

The previous PNA highlighted that Greasborough may benefit from the provision of a needle exchange service. The pharmacy in Greasborough does not currently offer this service.

Of the 16 Community Pharmacies offering needle exchange in Rotherham 3 of them are within 1.5 miles (2.4km) of Greasborough.

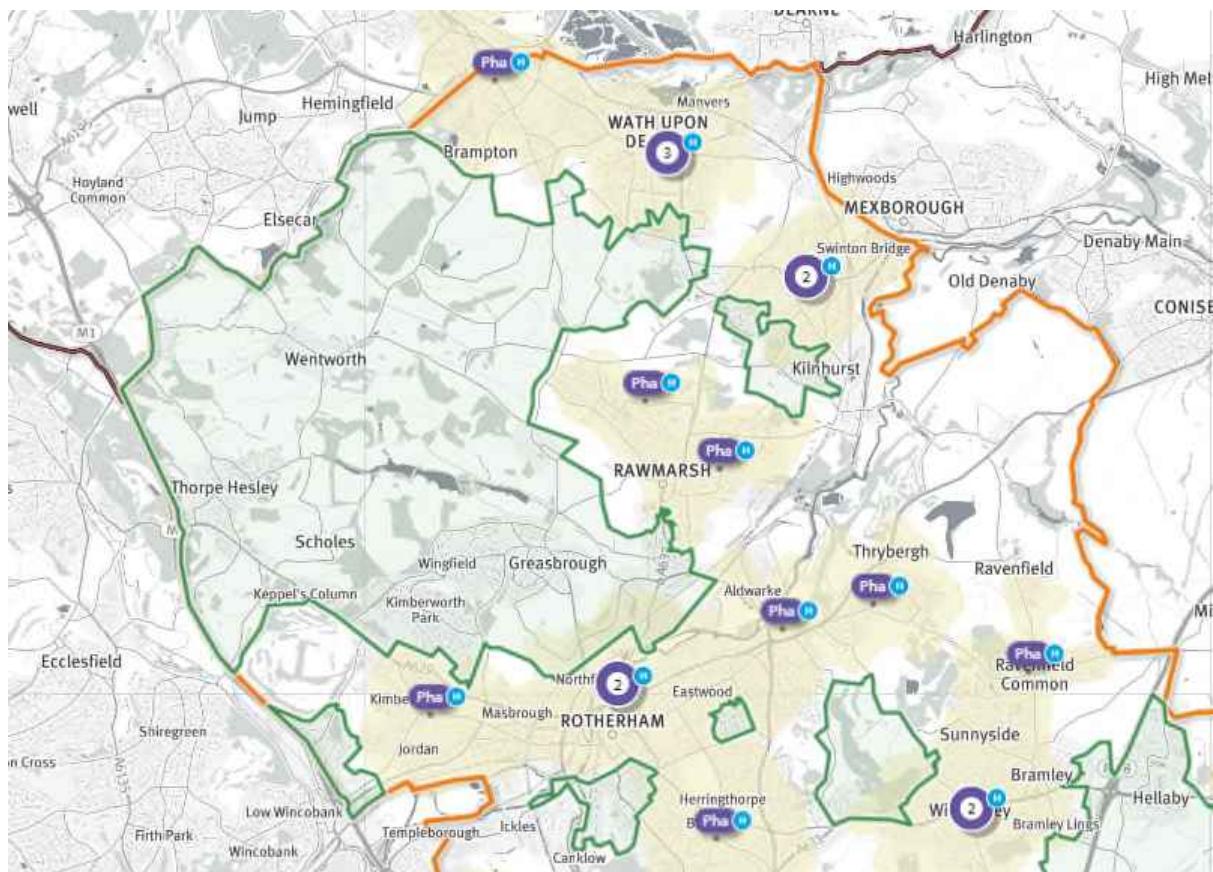
### **EHC: Various locations**

The previous PNA reported poor access to EHC in Canklow, Thorpe Hesley, Brampton and Kilnhurst, through East Rawmarsh to Parkgate.

Figure 13 shows current access to EHC based on a 1.6km walk. This shows continuing gaps in Thorpe Hesley, Canklow and Kilnhurst but improved access in Brampton, Rawmarsh and Parkgate.

Sexual Health Services for Rotherham will move to a new provider from 1 April 2018. The new provider will be responsible for ensuring sexual health services are carried out in primary care settings, including pharmacies.

**Figure 13: Access to EHC: Northern and Central Rotherham**



## 9.5 Future health needs

The key population changes anticipated in Rotherham are the aging population. The growth in the number of over 85s will be associated with an increase in people with dementia and other conditions.

In addition, the local plan for Rotherham will begin to shape the spatial pattern in Rotherham with new communities emerging at Waverley and at Bassingthorpe Farm.

These two drivers of future need should be kept in mind when considering applications for market entry and when commissioning services from providers of pharmaceutical services.

## 9.6 Community Pharmacy: Forward View

The Community Pharmacy Forward View sets out the sector's ambitions to radically enhance and expand the personalised care, support and wellbeing services that Community Pharmacies provide. The document outlines how pharmacy teams could integrate with other services to improve quality and access for patients, increase efficiency and produce better outcomes.

It focuses on three roles for the Community Pharmacies of the future:

- The facilitator of personalised care for people with LTC
- The trusted, convenient first port of call for episodic healthcare advice and treatment
- The neighbourhood health and wellbeing hub

As South Yorkshire develops its Sustainable Transformation plans it will be important to integrate the role of providers of pharmaceutical services into the primary care element of the Accountable Care System.

## Appendix 1: Glossary

Community Pharmacy	Community pharmacies are situated in a variety of community locations such as high streets, community centres and in supermarkets. There are several different types and sizes of community pharmacies, ranging from the large chains to small individually owned pharmacies in small communities, in the suburbs and often in deprived areas or rural settings.  They provide a range of services and over 1.6 million people visit a Community Pharmacy every week in England.
Dispensing Appliance Contractors	Dispensing appliance contractors (DACs) supply, on prescription, appliances including stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
Dispensing GP	Dispensing doctors are general practitioners (GPs) who provide primary healthcare to UK rural patients many of whom live more than a mile from a Community Pharmacy. Dispensing doctors can dispense the medicines they prescribe for these patients.
Distance Selling Pharmacies	Distance Selling Pharmacies receive prescriptions from patients who choose to use their service and dispense the medicines to the patients via a courier or postal service. There are regulations that specific how Distance Selling Pharmacies must operate.
Equality Impact Assessment	A process to assess whether a policy, proposal or scheme would disadvantage groups or communities of people with protected characteristics.
Health and Wellbeing Board (HWBB)	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. They have the responsibility of publishing the Pharmaceutical Needs Assessment.
Index of Multiple Deprivation	The Index of Multiple Deprivation provides comprehensive statistics on relative deprivation across several specific domains, e.g. health and crime across England.
JSNA	A Joint Strategic Needs Assessment looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area.
Local Plan	A local plan sets out local planning policies and identifies how land is used, determining what will be built where
SHAPE: Strategic Health Asset Planning and Evaluation	SHAPE is a piece of software, managed by Public Health England and is used for mapping the locations of services and analysing how services are accessed by local populations.

## Appendix 2: References

1. Pharmaceutical Needs Assessments: Information pack  
<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>
2. The NHS (Pharmaceutical and Local Pharmaceutical Services) regulations 2013  
<http://www.legislation.gov.uk/ksi/2013/349/contents/made>
3. Office for National Statistics (ONS) Mid-year population estimate, 2016  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/latest>
4. Public Health Outcomes Framework  
<http://www.phoutcomes.info>
5. Rotherham Local Plan Core Strategy  
[http://www.rotherham.gov.uk/downloads/file/1571/adopted\\_rotherham\\_core\\_strategy](http://www.rotherham.gov.uk/downloads/file/1571/adopted_rotherham_core_strategy)
- 5a. Rotherham Local Plan: Sites and policies  
[http://www.rotherham.gov.uk/info/2000074/planning\\_and\\_regeneration/806/a\\_guide\\_to\\_the\\_sites\\_and\\_policies\\_document4](http://www.rotherham.gov.uk/info/2000074/planning_and_regeneration/806/a_guide_to_the_sites_and_policies_document4)
6. Rotherham Joint Strategic Needs Assessment  
<http://www.rotherham.gov.uk/jsna/>
7. Active Lives Survey  
<http://www.sportengland.org>
8. NHS Prescription Services, population estimates – Office for National Statistics, NHS Digital  
<http://digital.nhs.uk/pubs/genphasernov16>

## **Appendix 3: Consultation Report**

### **Introduction**

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the Health and Wellbeing Board area are accurately reflected in the final PNA document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

### **Consultation process**

In order to complete this process those parties identified under Regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services regulations) 2013 , were consulted to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services.

Examples of statutory consulted parties included:

- Rotherham LPC
- Rotherham LMC
- Neighbouring HWB areas such as Sheffield, Doncaster and Barnsley
- Those on the pharmaceutical lists

Each consultee was contacted via email explaining the purpose of the PNA and that as a statutory consultee their opinion on whether they agreed with the content of the proposed draft would be welcome. A copy of the draft PNA was attached to each consultation email.

Also attached to the consultation email was a word document outlining a set of questions. The questions were derived to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 15 December 2017 to 16 February 2018.

### **Results**

The consultation received a total of 8 responses.

### **Summary of responses and considerations**

#### **Was the purpose and background of the draft PNA clearly explained?**

Of the 5 respondents who answered this question all of them answered positive. There was one additional comment on the wording of one section. The wording on this section has been reviewed and amended.

The Health and Wellbeing Board was pleased to note the high positive response to this question.

**Was the information in the draft PNA clear and understandable?**

Of the 5 respondents who answered this question all of them answered positive. There were no additional comments.

The Health and Wellbeing Board was pleased to note the high positive response to this question.

**Do you agree that the process that was followed was appropriate?**

Of the 5 respondents who answered this question all of them answered positive. There were three additional comments highlighting minor issues in the text. The relevant sections have been reviewed and amended.

The Health and Wellbeing Board was pleased to note the high positive response to this question.

**Do you feel that the draft PNA accurately describes pharmaceutical service provision in the borough?**

Of the 6 respondents who answered this question 5 of them answered positive. The one negative response referred to discrepancies in the number of Community Pharmacies providing advanced services. The text of the PNA has been reviewed and amended to reflect this comment. Further work will be undertaken to reconcile the discrepancies in the information.

The Health and Wellbeing Board was pleased to note the high positive response to this question.

**Do you feel the draft PNA accurately describes the pharmaceutical needs of the Rotherham population?**

Of the 6 respondents who answered this question all of them answered positive. There were no additional comments.

The Health and Wellbeing Board was pleased to note the high positive response to this question.

**Do you feel that there are any unidentified gaps in service provision?**

Of the 6 respondents who answered this question all of them answered negative – indicating that there were no unidentified gaps in service provision. There were no additional comments.

The Health and Wellbeing Board was pleased to note the responses to this question.

## **Any other comments on the draft PNA**

Four additional comments were received. These are detailed below alongside the responses.

<b>Comment</b>	<b>Response</b>
A comment noting the high quality and comprehensiveness of the PNA.	The Health and Wellbeing Board were pleased to note this comment.
A comment drawing attention to the overall health priorities being tobacco, substance misuse, alcohol, obesity, sexual health, mental health, dementia and flu and noted that the locally commissioned pharmacy services do not address obesity, sexual health and mental health	The local authority and CCG meet regularly with the Local Pharmaceutical Committee to explore how pharmacies can support health and wellbeing priorities.
A comment regarding the accuracy of information used in an example.	The information illustrated was drawn from the NHS Pharmaceutical list. A different example has been used and the information passed to NHS England.
A comment drawing attention to a typing mistake	Now corrected

## **Conclusions**

The Health and Wellbeing Board would like to thank those who participated in the consultation process. The information provided was helpful and constructive. The consultation did not result in any major changes to the document or any of its determinations.

## Appendix 4: Equality Impact Assessment

<p><b>Under the Equality Act 2010 Protected characteristics</b> are age, disability, gender, gender identity, race, religion or belief, sexuality, civil partnerships and marriage, pregnancy and maternity. Page 6 of guidance. Other areas to note see guidance appendix 1</p>	
<b>Name of policy, service or function. If a policy, list any associated policies:</b>	Pharmaceutical Needs Assessment 2018-2021
<b>Name of service and Directorate</b>	Public Health
<b>Lead manager</b>	Jo Abbott, Assistant Director of Public Health
<b>Date of Equality Analysis (EA)</b>	16/10/17
<b>Names of those involved in the EA (Should include at least two other people)</b>	Stephen Turnbull, Specialty Registrar Sally Jenks, Public Health Specialist
<b>Aim/Scope</b> (who the Policy /Service affects and intended outcomes if known) See page 7 of guidance step 1	Local authorities have the responsibility for the production and maintenance of the PNA. A revised PNA is due to be published by 1 April 2018. PNAs are used to guide commissioning of health care and public health services by CCGs and local authorities and are used by NHS England to help determine market entry applications.
<b>What equality information is available? Include any engagement undertaken and identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics? See page 7 of guidance step 2</b>	Information used to inform the PNA has been sourced from <ul style="list-style-type: none"> <li>- The JSNA</li> <li>- NHS pharmaceutical list</li> </ul>

<ul style="list-style-type: none"> <li>- CCG</li> <li>- Public Health</li> <li>- Census and other national datasets</li> </ul> <p>Any substantial changes to pharmacy provision have to be considered and supplementary statements issued</p>	
<p><b>Engagement undertaken with customers. (date and group(s) consulted and key findings)</b> See page 7 of guidance step 3</p>	<p>The PNA is subject to a statutory 60 day consultation with a defined list of stakeholders.</p> <ul style="list-style-type: none"> <li>• Healthwatch</li> <li>• Health and Wellbeing Board</li> <li>• VAR</li> <li>• LPC</li> <li>• LMC</li> <li>• RFT</li> <li>• RDaSH</li> <li>• Rotherham CCG</li> <li>• NHS England</li> <li>• Neighbouring HWB</li> <li>• All pharmacy providers on the NHS pharmaceutical list</li> </ul>
<p><b>Engagement undertaken with staff about the implications on service users (date and group(s) consulted and key findings)</b> See page 7 of guidance step 3</p>	<p>None to date. The PNA and findings will be widely circulated.</p>
<p><b>The Analysis</b></p>	
<p><b>How do you think the Policy/Service meets the needs of different communities and groups?</b> Protected characteristics of age, disability, gender, gender identity, race, religion or belief, sexuality, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other social economic factors. This list is not exhaustive - see guidance appendix 1 <b>and</b> page 8 of guidance step 4</p> <p>The PNA is an assessment of whether current pharmaceutical services meet the current and future needs of the Rotherham population. The analysis specifically assesses access to pharmaceutical services and to locally commissioned services, such as Emergency Hormonal Contraception and substance misuse services. The analysis within the PNA</p>	

found no service gaps, either in the provision of universal services or to specific services that may be of more relevance to different communities and groups.

**Analysis of the actual or likely effect of the Policy or Service:**

See page 8 of guidance step 4 and 5

**Does your Policy/Service present any problems or barriers to communities or Group?** Identify by protected characteristics **Does the Service/Policy provide any improvements/remove barriers?** Identify by protected characteristics

The PNA does not directly change the provision of services but commissioners of pharmaceutical services do need to take the findings into account in their future commissioning intentions. Commissioners include the local authority, the CCG and NHS England. As such, the PNA is an important document that would help remove barriers to accessing pharmaceutical services.

**What affect will the Policy/Service have on community relations?** Identify by protected characteristics

The PNA is publicly available although its main use is as a technical document to be used by the commissioners of pharmaceutical services.