

# Rotherham Pharmaceutical Needs Assessment February 2015

**Issue Date: 28<sup>th</sup> February 2015**

**Review Date: 1<sup>st</sup> April 2018**

# Pharmaceutical Needs Assessment

## EXECUTIVE SUMMARY

### The Rotherham Pharmaceutical Needs Assessment (PNA)

A PNA has been undertaken across Rotherham to:

- Inform our commissioning plans about future pharmaceutical services that could be provided by community pharmacists and other providers to meet local need.
- Contribute to the overall Joint Strategic Needs Assessment and commissioning strategy to ensure that pharmacy and medicines management services play a key part in the development of health services in Rotherham.
- Ensure that NHS England has robust and relevant information on which to base decisions about applications for market entry for pharmaceutical services.
- Commission high quality pharmaceutical services.
- Determine which directed services (Advanced and Enhanced) exempt applications (e.g. 100 hour pharmacies) must provide.

This document outlines the process followed for Rotherham Health and Wellbeing Board to meet its statutory duty in producing and publishing a PNA which fulfils the legal requirements laid down in National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The document has undergone a broad consultation process in line with statutory requirements for 60 days during October and November 2014. A report of this consultation including any updates and amendments are included.

Pharmaceutical services should complement and contribute to the key strategic health targets for Rotherham. The PNA will facilitate the opportunities for pharmacists to make a significant contribution to the health of the population of Rotherham.

## Key Findings

- Rotherham is a relatively deprived population. It is well provided with community pharmacies. The overall coverage for access to medicines in and out of hours has increased since 2010.
- Across Rotherham the number of pharmacies per 100 thousand population is greater than the national average. There is therefore no requirement for any new premises to provide dispensing services.
- Access to Community Pharmacies across Rotherham is well provided for during core and supplementary opening hours, with access to eight 100-hour pharmacies, one of which is open 365 days a year.
- A number of localities have health needs that would benefit from improved access to existing locally commissioned services, in conjunction with those currently in development. These include:
  - Opening Hours – Weekend availability
  - Emergency Hormonal Contraception
  - Needle Exchange
- All pharmacies should make full use of NHS Choices to promote their services, to improve communications so patients and carers are aware of the range and availability of all local pharmaceutical services.
- Community Pharmacies not currently providing services should be encouraged to deliver Advanced and Local Commissioned services across the breadth of Rotherham to enable better access and improve choice for patients.
- Medicines Management in Care Homes is an area with an identified gap in service provision. Commissioners of such services need to address this.
- Commissioners need to ensure all elements of contracts are delivered, including Essential services such as Public Health Campaigns.
- Plans for the re-location of the Walk-in centre must address the provision of pharmaceutical services, and ensure the town centre maintains well provided for, regarding both Essential and Locally Commissioned services.

## Rotherham

Rotherham has a total population of approximately 258 thousand people. Most of Rotherham's population live in urban areas but large parts of the borough are rural. The health of people in Rotherham is generally worse than that of the health of England with significant variation in levels of deprivation.

### Pharmaceutical Services in Rotherham

Rotherham is well provided for with respect to dispensing pharmaceutical services; There are:

- 63 Community Pharmacies,
- One Appliance Contractor,
- Six Distance Selling/ Internet Pharmacies
- Four Dispensing Doctor Practices (NHS England Area Team June 2014).

Rotherham has greater than the national average of pharmacies per 100 thousand head of population (26, compared to 22), however has significantly less than the national average of GPs per 100 thousand head of population, with Rotherham at 58 GPs compared to compared to the national average of 68 as of May 2013 (*Source NHS Health and Social Care Information centre statistics [www.hsci.gov.uk](http://www.hsci.gov.uk)*).

Patient surveys locally and nationally indicate that patients are satisfied with the services they receive from Community Pharmacies.

In 2005 the national framework for community pharmaceutical services identified three levels of pharmaceutical service: Essential, Advanced and Enhanced. The purpose of this PNA, as well as identifying overall pharmacy and medicines management needs for the population, will identify how, within the existing contractual framework these needs can be addressed.

Rotherham Health and Wellbeing Board wishes to ensure that all the opportunities within the currently funded, Essential and Advanced service elements of the Community Pharmacy Contractual Framework are fully utilised to ensure maximum health gain for our population. Where it is evident that additional pharmaceutical services may be needed, or where opportunities for alternatives in provision may be appropriate, the evidence-base for this is presented so that commissioners can make informed decisions for investment.

## **Essential Pharmaceutical Services**

Community Pharmacies in Rotherham receive approximately £12.4 million of national funding to provide pharmaceutical services, both Essential and Advanced within the national framework. This is based on Rotherham receiving 0.5% of national monies, the total national funding for 2012/13 being £2,486 million (Pharmaceutical Services Negotiating Committee [PSNC]).

The national framework for community pharmacy requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of “Essential services” comprising:

- Dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (Promotion of healthy lifestyles)
- Signposting patients to other healthcare providers
- Support for self-care
- Clinical governance (including clinical effectiveness programmes)

Across the borough, including areas of high deprivation, there is a good distribution of 40+hour pharmacies and eight 100-hour pharmacies as well as six distance selling (internet/mail-order) pharmacies. The overall improved access to pharmacy services “out-of-hours” reflects the excellent coverage provided by the 100-hour pharmacies, which are contracted to be open at least 100 hours per week (NHS England Pharmacy List June 2014).

Access to ‘Essential’ pharmacy services is therefore good across the borough.

There are, however, potential improvements in service highlighted in this analysis:

1. Improving communications so that patients and carers are aware of the range and availability of all local pharmaceutical services. In particular the use of NHS Choices.
2. Improving access to Emergency Hormonal Contraception (EHC) and Minor Ailments (Pharmacy First) treatment through supporting existing pharmacy contractors who do not currently provide these services to do so.

3. Maximising the opportunities of the current pharmaceutical contractual framework. There are significant opportunities for community pharmacy to improve patient care and experience and reduce health inequalities. In many areas this should be achieved by ensuring the appropriate delivery of services already funded within the pharmaceutical contractual framework.

Rotherham commissioners should work with existing pharmacy contractors in Rotherham, to address the gaps in service which have been identified and to improve access and choice.

### **Advanced Services**

In addition to the Essential services the community pharmacy contractual framework allows for Advanced services which currently include:

- Medicines Use Review (MUR) and prescription intervention services
- New Medicines Service (NMS)
- Stoma Appliance Customisation Service (SAC)
- Appliance Use Review Services (AUR)

Advanced services have nationally agreed specifications and payments. They are funded by the NHS and incur no charges by patients.

Each pharmacy can provide a maximum of 400 MURs a year. Each MUR costs £28, potentially representing approximately £ 773,000 local investment annually. We are keen to ensure that this investment provides significant health gain for our population and is targeted to areas of local need by pharmacists working together with their GP colleagues. In addition there are significant funds available for the provision of NMS.

### **Enhanced and Local Commissioned Services**

Enhanced Services are only those local services directly commissioned by NHS England. Pharmacy contractors are also able to provide services commissioned by Local Authorities and Clinical Commissioning Groups (CCGs). Although these Locally Commissioned Services are not Enhanced services, they reflect the services that could be (and in other parts of the Country are) commissioned by NHS England. Rotherham currently has one Enhanced Service. Therefore they are included within the list of Pharmaceutical Services to provide a comprehensive assessment of service for Rotherham

There are currently 7 such services commissioned from Community Pharmacies in Rotherham. These services include:

- a) Minor Ailments Service Pharmacy First (Rotherham Clinical Commissioning Group (RCCG))
- b) Substance Misuse (RMBC)
  - Supervised Consumption

- Needle Exchange Service
- c) Emergency Hormonal Contraception (RMBC)
- d) Palliative Care Drug Provision (RCCG)
- e) Stop Smoking Support (RMBC)
- f) Seasonal Influenza Vaccination (NHSE)

The commissioning organisations are shown in brackets.

Both Rotherham CCG and Rotherham MBC Public Health Teams are developing new Pharmaceutical Services which reflect local need as identified by Rotherham's key health needs.

An Enhanced service is being developed by Rotherham CCG on behalf of NHS England for Emergency Supplies of regular Prescription medications.

This PNA identifies opportunities in provision of healthcare services which could be provided by pharmacies and pharmacists. It also identifies where pharmacy can be considered as a cost-effective alternative service provider to support service redesign, and/or local implementation of evidence-based care pathways.

## Contents

EXECUTIVE SUMMARY .....	2
Key Findings .....	3
A: Introduction .....	12
1. Rotherham Overview .....	12
2. Background and Legislation .....	13
a) The Health Act 2009 .....	13
b) The Health and Social Care Act 2012 .....	13
c) NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 .....	14
3. NHS England .....	15
4. Rotherham Clinical Commissioning Group (CCG) .....	15
5. Joint Health and Wellbeing Strategy .....	16
6. Rotherham Public Health Priorities .....	16
7. Pharmaceutical Services .....	17
8. Pharmacy Contractual Framework .....	17
B: PNA Process Summary .....	21
1. Summary of Overall Process .....	21
2. Data Sources .....	22
3. Stakeholder Engagement .....	23
4. Equality Impact Screening .....	25
C: Identified Health Needs .....	26
1. Population and Birth Rate .....	26
2. Ethnicity and Cultural Identity .....	27
3. Population Projections .....	27
4. Life Expectancy .....	28
5. Deprivation .....	29
6. Transport .....	30
7. Wider Determinants for Health .....	30
8. Lifestyle Risk Factors .....	30
a) Smoking .....	31
b) Drug Misuse .....	31
c) Alcohol Misuse .....	31
d) Physical Activity and Eating Habits .....	32
e) Obesity in Adults and Children .....	33



f) Sexual Behaviour (Teenage Pregnancy and Sexual Transmitted Infection (STI)) ..	34
9. Cancer.....	34
10. Mental Health .....	35
a) Depression and Anxiety .....	35
b) Dementia .....	36
11. Immunisation .....	36
D: How Pharmacy can meet the Current Needs .....	37
E: Current Provision of Pharmaceutical Services .....	38
1. Dispensing Pharmacies .....	38
2. Dispensing Doctors.....	38
3. Dispensing Appliance Contractors (DACs) .....	38
4. Distance Selling Pharmacies.....	39
5. Distribution and Access to Community Pharmacies .....	39
6. Community Pharmacies' Opening and Closing Hours.....	42
7. Pharmacies Outside Rotherham .....	42
8. Current 'Advanced' Pharmacy Service provision .....	45
a) Consultation Room Provision.....	45
b) Medicines Use Review and Prescription Intervention Service (MUR) .....	45
c) Appliance Use Review (AUR) .....	45
d) New Medicines Service (NMS) .....	46
9. Locally Commissioned Services.....	48
a) Minor Ailments Service (Pharmacy First) .....	48
b) Substance Misuse .....	50
c) Emergency Hormonal Contraception (EHC) .....	53
d) Palliative Care Drug Provision .....	55
e) Stop Smoking Support .....	57
f) Seasonal Influenza Vaccination.....	57
10. Non-commissioned services provided by Pharmacies.....	58
F: Access to NHS Services.....	59
1. GP and Dispensing Doctor 'Out-of-Hours' service provision .....	59
2. Hospital Pharmacies .....	59
3. Alcohol and Drug Misuse Services.....	60
4. Obesity Services .....	60
5. Healthy Start Vitamins .....	61
6. Sexual Health Services.....	61

7. Prescriber Support Service.....	61
8. Medication Review Service.....	62
9. Gluten Free Food Supply Service .....	62
10. Stoma and Continence Services .....	62
11. Mental Health Services .....	62
12. Translation Services.....	63
G: Pharmaceutical Services – Future Provision .....	64
1. Necessary Pharmaceutical Service - Gaps in Provision.....	64
a) General Access .....	64
b) Weekend and Extended Hours .....	65
c) Access to Advanced and Enhanced Services .....	65
2. Improvements and Better Access to Pharmaceutical Services .....	66
a) General Access .....	66
b) Emergency Planning .....	66
c) Minor Ailments (Pharmacy First).....	67
d) Substance Misuse Services.....	67
e) Sexual Health Services .....	67
f) Palliative Care Drug Provision .....	68
g) Pharmaceutical Advice to Nursing and Residential Homes .....	68
3. Future Health Needs.....	69
4. Development of Pharmaceutical Services .....	70
Public Health Campaigns .....	70
H: Conclusions.....	74
I: Summary relating to Complacence with NHS Regulations 2013, Schedule 1 .....	75
Other NHS Services.....	76
<b>How the assessment was carried out</b> .....	76
<b>Map of provision</b> .....	76
J: Sources .....	77
K: Appendices.....	78
Appendix 1 Consultation Reply Form .....	79
Appendix 2 Consultation Report.....	84
Appendix 3 Equality Impact Assessment (EIA) Screening Tool .....	91
Appendix 4: Supplementary Service Provision Map .....	95
Appendix 5: Key for Supplementary map (including Local Commissioned Services by Pharmacy).....	96

Appendix 6: Glossary of Terms .....	98
L: Acknowledgements.....	100

## A: Introduction

The Pharmaceutical Needs Assessment (PNA) is a key tool in the process of achieving high quality accessible pharmaceutical services responsive to local need. The purpose of the PNA is to assess local needs and service provision across Rotherham to identify any unmet needs of the local population, any service gaps, and to identify any services that community pharmacists could provide to address these needs.

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by Local Authorities and Clinical commissioning groups (CCGs). A robust PNA will ensure those who commission services from Pharmacies and Dispensing Appliance Contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

This is not a stand-alone document. It is important that the PNA contributes to and becomes an integral part of the Rotherham Joint Strategic Needs Assessment (JSNA).

### 1. Rotherham Overview

This document provides an overview of the health of Rotherham, encompassing the key messages. Further in-depth needs assessments can be found within the Rotherham Joint Strategic Needs Assessment and other sources listed in section J.

#### ***Rotherham Joint Strategic Needs Assessment***

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

Rotherham borough covers an area of 28,278 hectares and has a registered population of nearly 258 thousand. Most of Rotherham's population live in urban areas but large parts of the borough that are rural. (*Census 2011*)

Rotherham is currently the 53rd most deprived borough out of 326 English districts. In 2007 Rotherham ranked 68<sup>th</sup> out of 354. (*Index of Multiple Deprivation (IMD 2010)*) Health and Disability is one of the most challenging domains for Rotherham within the IMD.

## **2. Background and Legislation**

### **a) The Health Act 2009**

The Health Act 2009 made amendments to the National Health Service (NHS) Act 2006 stating that each Primary Care Trust (PCT) must in accordance with regulations

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

The regulations stated that a Pharmaceutical Needs Assessment (PNA) must be published by each PCT by the 1st February 2011. There was a duty to rewrite the PNA within 3 years or earlier if there were any significant changes which would affect the current or future pharmaceutical needs within the PCTs locality. This meant that subsequently revised PNAs were due to be produced by February 2014.

However, the Health and Social Care Act 2012 brought about the most wide-ranging reforms to the NHS since its inception in 1948. These reforms included the abolition of PCTs and the introduction of Clinical Commissioning Groups (CCGs) who now commission the majority of NHS services. Public Health functions however were transferred to the Local Authorities.

[www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england](http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england)

### **b) The Health and Social Care Act 2012**

In order to ensure integrated working and plan how best to meet the needs of any local population and tackle local inequalities in health, the 2012 legislation called for Health and Wellbeing Boards (HWB) to be established and hosted by local authorities. These boards should bring together the NHS, Public Health, Adult Social Care and Children's Services, including Elected Representatives and Local Healthwatch.

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs. It also made provision for a temporary extension of PCT's PNAs and access to them by NHS England and HWBs.

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

### **c) NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013**

Under the revised NHS Pharmaceutical Services regulations, newly established HWB must publish its first Pharmaceutical Needs Assessment by 1st April 2015.

The preparation and consultation on the PNA should take account of the HWBs Joint Strategic Needs Assessment (JSNA) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

The PNA, published by the HWB by April 2015, will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.

As part of developing the first PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts. PNAs will also inform the commissioning of Enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners e.g. CCGs.

<http://www.legislation.gov.uk/ukxi/2013/349/regulation/6/made>

### **3. NHS England**

From April 2013, NHS England has taken on many of the functions of the former primary care trusts (PCTs) with regard to the commissioning of primary care health services, as well as some nationally-based functions previously undertaken by the Department of Health.

The new arrangements comprise a single operating model for the commissioning of primary care services, which up until now has been done differently by PCTs and their predecessors.

NHS England has Area Teams to deliver and manage their functions. South Yorkshire and Bassetlaw is one of 27 Area Teams nationally and sits within the North Region.

The Area Teams have many roles, many of which play an important role in Pharmaceutical Services. These include:

- Assess and assure performance.
- Undertake direct commissioning of primary care services (medical, dental, pharmacy, and optometry).
- Manage and cultivate local partnerships and stakeholder relationships, including membership of Local Health and Wellbeing boards.
- Emergency planning, resilience and response.
- Ensure quality and safety.

### **4. Rotherham Clinical Commissioning Group (CCG)**

The Rotherham Clinical Commissioning Group (CCG) works for the people of Rotherham buying the health services that they need.

There are 36 GP practices in Rotherham, who are all members of the Clinical Commissioning Group. They work very closely with Rotherham Metropolitan Borough Council to make sure that health and social care is linked together whenever possible.

The CCG works with a range of providers to make sure that health services meet the needs of local people.






They have responsibility for a budget of £334 million to improve the health of people in Rotherham and to provide safe, high quality health services.

They are responsible for commissioning community health services, hospital health services, health aspects of social and continuing care, GP prescribing and GP out of hours services that Rotherham people use.

## 5. Joint Health and Wellbeing Strategy

The Rotherham Joint Health and Wellbeing Strategy 2012-2015, sets out the priorities that the local health and wellbeing board will deliver to improve the health of people in the borough. The strategy and its priorities have been developed based on evidence of local need described in the Joint Strategic Needs Assessment.

The six priorities are:

-  **Priority 1 - Prevention and early intervention**  
Outcome: Rotherham people will get help early to stay healthy and increase their independence.
-  **Priority 2 - Expectations and aspirations**  
Outcome: The expectations and aspirations of Rotherham people will be understood and matched by services that are delivered to borough-wide standards, tailored to an individual's personal circumstances.
-  **Priority 3 - Dependence to independence**  
Outcome: Rotherham people will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances.
-  **Priority 4 - Healthy lifestyles**  
Outcome: People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles.
-  **Priority 5 – Long term conditions**  
Outcome: Rotherham people will be able to manage long term conditions so that they are able to enjoy the best quality of life.
-  **Priority 6 - Poverty**  
Outcome: Reduce poverty in disadvantaged areas through policies that enable people to fully participate in everyday social activities and the creation of more opportunities to gain skills and employment.

Provision of high quality pharmaceutical services can contribute positively to these outcomes.

## 6. Rotherham Public Health Priorities

Rotherham Council has new Public Health responsibilities to improve health and reduce health inequalities, responsibilities shared with the NHS and Rotherham CCG. The Rotherham Director of Public Health Annual Report 2013-14 sets out to develop a common understanding of the reasons for these inequalities and the interventions needed to address them.

In particular Rotherham needs to focus on

- Cardiovascular disease
- Cancer
- Liver disease
- Respiratory disease
- Mental health

**Rotherham Director of Public Health Annual Report 2013-14**

[http://bit.ly/RPH\\_annualreport\\_2014](http://bit.ly/RPH_annualreport_2014)



## 7. Pharmaceutical Services

Rotherham is well provided with 63 Community Pharmacies which provide a potential resource for delivering existing services to more people or delivering new or innovative services to improve access and reduce inequalities or to help address other local needs. Six distance selling/internet pharmacies are located within Rotherham along with one appliance contractor.

## 8. 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. The terms of service are set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions). This currently has three tiers of services – Essential, Advanced and Enhanced.

- **Essential Services**

Essential services are those which each community pharmacy must provide.

All Community and Distance Selling/Internet Pharmacies with NHS contracts 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

**Public Health:** Pharmacies are required to deliver up to 6 Public Health campaigns through-out 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' pharmacy service. There are also a '100 hour' pharmacies. These pharmacies are required to 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 Area Teams. There are currently 4 Advanced services.

*97% of pharmacies in Rotherham have consultation rooms (total =61) appropriate for MURs (RMBC data, June 2014)*

## Medicines Use Review and Prescription Intervention Service (MUR)

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions, such as Diabetes, Coronary Heart Disease (CHD), and Chronic Obstructive Pulmonary Disease (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 where there is an issue for them to consider.

## Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse 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 patient's 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 on the safe and proper disposal of the appliances that are used or unwanted.

### **Stoma Appliance Customisation (SAC)**

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

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

The New Medicine Service (NMS) is the latest nationally developed service for community pharmacy. It is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed.

The underlying purpose of the NMS is to promote the health and well-being of patients who are prescribed new medicines for Long Term Conditions (LTC) in order 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
- Adhere to the agreed treatment programme
- Make appropriate lifestyle changes

- **Enhanced and Locally Commissioned Services (LCS)**

Enhanced services are only those local services directly commissioned by NHS England. Rotherham currently has one Enhanced Service. Pharmacy contractors are also able to provide services commissioned by Local Authorities and Clinical Commissioning Groups (CCGs). Although these Locally Commissioned Services (LCS) are not Enhanced services, they reflect the services that could be (and in other parts of the Country are) commissioned by NHS England. Therefore they are included within the list of Pharmaceutical Services to provide a comprehensive assessment of service for Rotherham.

There are currently 7 such services commissioned from Pharmacies in Rotherham. These services include:

- a) Minor Ailments Service Pharmacy First (Rotherham Clinical Commissioning Group (RCCG))
- b) Substance Misuse (RMBC)
  - Supervised Consumption
  - Needle Exchange Service
- c) Emergency Hormonal Contraception (RMBC)
- d) Palliative Care Drug Provision (RCCG)
- e) Stop Smoking Support (RMBC)
- f) Seasonal Flu Vaccination (NHSE)

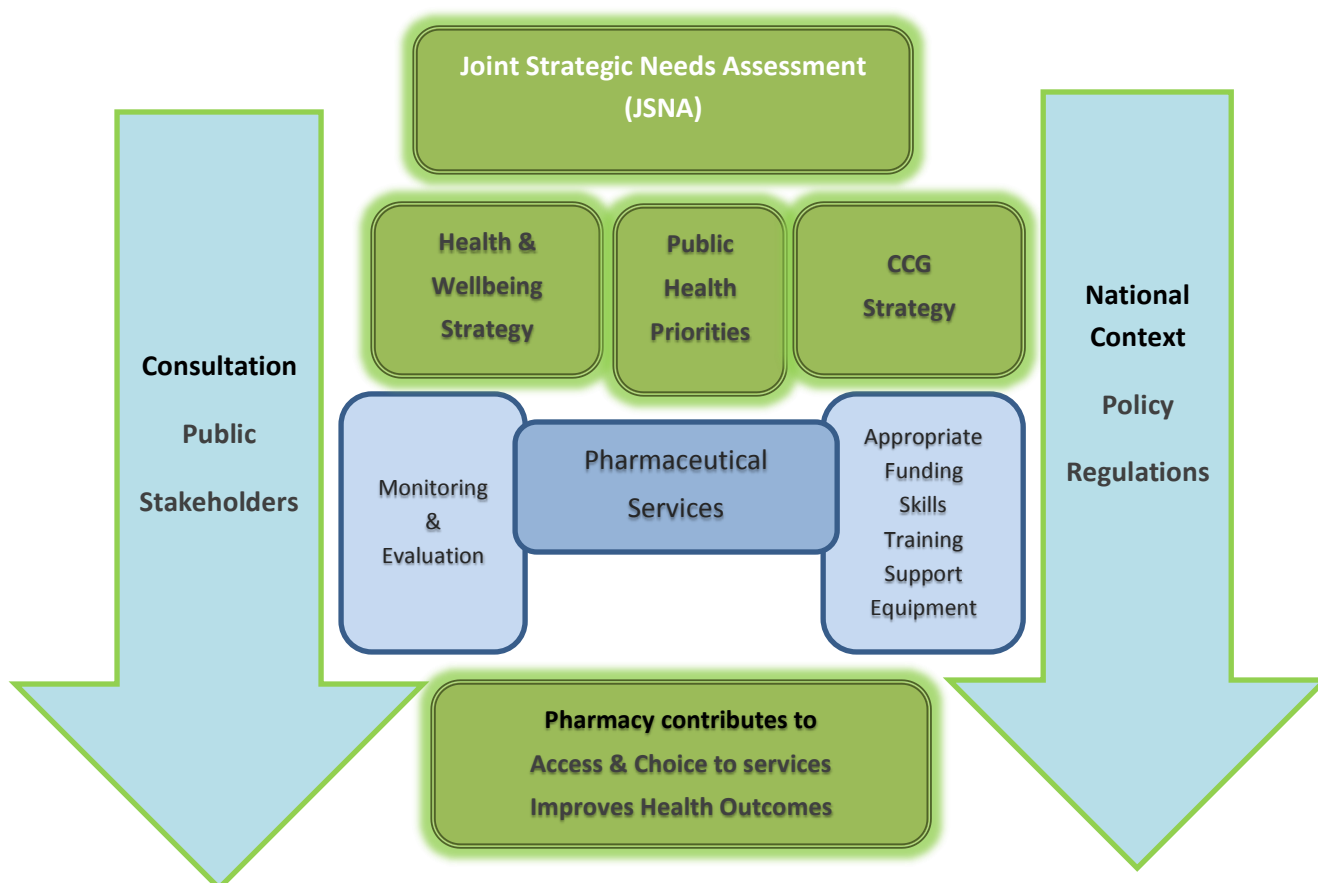
The commissioning organisations are shown in brackets.

## B: PNA Process Summary

### 1. Summary of Overall Process

During the development process Community Pharmacies, Dispensing Doctors and Appliance Contractors were contacted to verify the services provided.

The overall process of developing the PNA was undertaken by a Steering Group under the direction of the HWB.



In developing the PNA, Rotherham is considered as a single area, with needs and provision analysed on both Ward and Lower Super Output Area (LSOA) basis.

Rotherham was not divided into smaller localities for the purpose of this assessment as each of these localities would have a similarly heterogeneous set of needs.

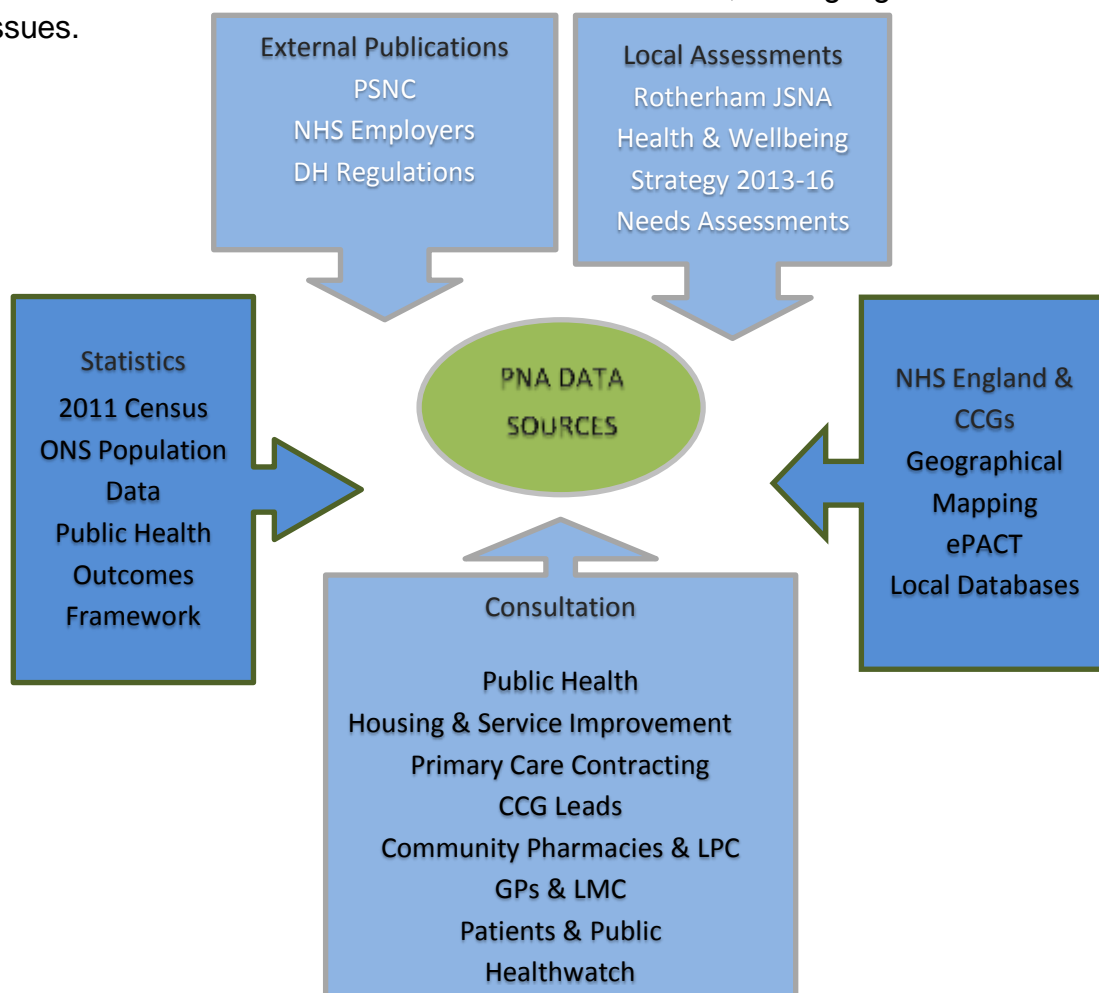
Wards have been used in previous Rotherham's needs assessments'. This enables aggregation into Area Assemblies and link into the JSNA.

During the analysis, data was mapped of specific demographics and overlaid with corresponding services which can address the particular health need. Initially Pharmaceutical services alone were considered against highest needs (including proximity and access times). Distance to access a service was approximated by plotting an average aerial distance of 1 mile for usual access. Where the one mile radius did not include a relevant service, but one was available just outside this area a detailed evaluation took place taking into account road networks, public transport etc.

If a gap was identified, other commissioned health services were considered e.g. Specialist service or General Practices. Finally, services available to Rotherham residents that are provided by bordering boroughs (within a one mile radius as before) were to be considered before a conclusion of a gap in service was determined.

## 2. Data Sources

Rotherham MBC has conducted significant needs and health assessment work, including the JSNA. The PNA draws on this and other complimentary data sources such as The Public Health Outcomes Framework, to highlight Rotherham’s key issues.



### **3. Stakeholder Engagement**

Rotherham RMBC consulted with key stakeholders including all local providers, the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) NHS England and Rotherham CCG, throughout the development process. Good working relationships and regular communications with local GPs and Community Pharmacies will be essential in developing future services. Furthermore, as part of the quality commissioning process NHS England Area Team will also need to support the performance and quality improvement of Essential and Enhanced services provided.

The formal consultation gives both stakeholders and the public further opportunity to contribute to the PNA. The formal consultation reply form for collating feedback is included in Appendix 1. The consultation was for 60 days and ran from 1<sup>st</sup> October to 30<sup>th</sup> November 2014. A report on the consultation and its impact on the document is included in Appendix 2

#### **Patient Satisfaction**

All pharmacies are required to conduct and publish an Annual Community Pharmacy Patient Questionnaire (formerly referred to as the Patient Satisfaction Questionnaire). The questionnaire allows patients to provide valuable feedback to the pharmacy on the services they provide. Strengths and areas for improvement are identified and actively pursued by the pharmacy.

Pharmacies publish these either by;

- in the pharmacy, as a leaflet or poster;
- on the pharmacy's website or
- on the pharmacy's NHS Choices profile

At the time of writing the PNA, a limited number of these were available for consideration.

Healthwatch Rotherham, who represent the views of people of Rotherham and support people who make a complaint about services, were able to provide information regarding pharmaceutical services to inform this assessment.

Pharmacy as a whole was very rarely the subject of comments received by Healthwatch Rotherham from October 2012 to June 2014. Out of the 7 comments relating to Community Pharmacy, two were distinctly positive and were regarding efficiency and ease of accessing the services. There were 5 incidents reported where patients were unsatisfied with the service. These related to dispensing and

sales of medicines and wanting to see pharmacies provide additional services. Specifically the supply of hearing aid batteries was raised.

In addition the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)) provides patients with the opportunity to comment on and rate almost any NHS service, including pharmacies. Virtually all of the comments posted about pharmacies in Rotherham are positive and rated them with 5 stars. The comments complement the pharmacists and staff for being polite, helpful and efficient, as well as providing additional services such as deliveries and 'going the extra mile'. The one negative remark was regarding insufficient stock to full the prescription and not being able to order the items.

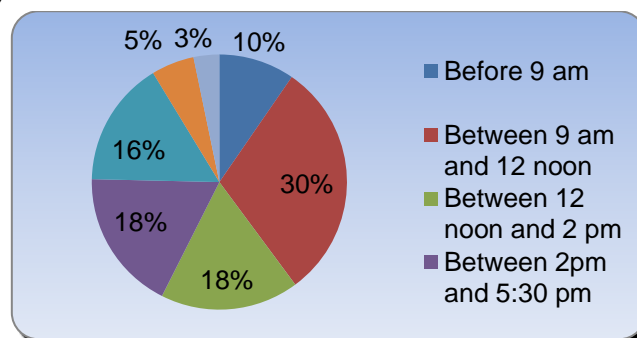
In 2010 NHS Rotherham undertook a Pharmacy Services Survey to actively capture public opinion. The data was collected through high-street and workplace surveys over a period of approximately 5 weeks. Total number of participants was 399. The survey captured a good cross section of population of Rotherham and provided information relating to patient requirements.

### Key Messages of Survey

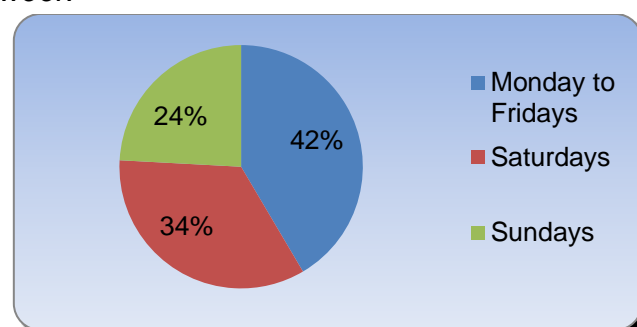
- The majority used pharmacies more than 6 times in a 12 month period.
- There was a slight preference for morning use (*figure a*), also a strong preference (69%) for using pharmacies close to where people live.

*Figure a Preference to visit pharmacies*

- *Times of day*



- *Days of the week*





66 % preferred to access pharmacy services between 9 am and 5:30 pm which is consistent with pharmacy core hours.

- Over a quarter would prefer to use a pharmacy before 9am or between 5:30pm and 8pm. These hours are covered well by 100-hour pharmacies and those offering extended supplementary hours.
- Weekend access was preferred by 68% of those surveyed.
- Over 70% used pharmacies more than 3 times a year for dispensed medicines
- Less than half (45.6%) using the dispensing service on a monthly basis.
- One in 5 people surveyed used a delivery and collection service;

Services people would like pharmacies to provide in the future were:

- |                       |     |
|-----------------------|-----|
| • Health Checks       | 71% |
| • Vaccinations        | 69% |
| • Weight loss support | 59% |

Under 18s demonstrated slightly higher interest than average in all services except Health Checks. This may indicate a potential to offer better access to healthcare services for younger people as an alternative to GP led services.

#### **4. Equality Impact Screening**

The RMBC Equality Impact screening pro-forma was completed (*Appendix 3*). The outcome of which was that a full Equality Impact Assessment was not necessary for the Pharmaceutical Needs Assessment. The process included:

- Evidence to support the decision making process.
- Identifying current research and opportunities for new research / data relevant to the PNA.
- Socio-economic groups as a category for consideration.
- A range of factors indicating that the policy could have a significant positive impact on equality by reducing inequalities that already exist.

## C: Identified Health Needs

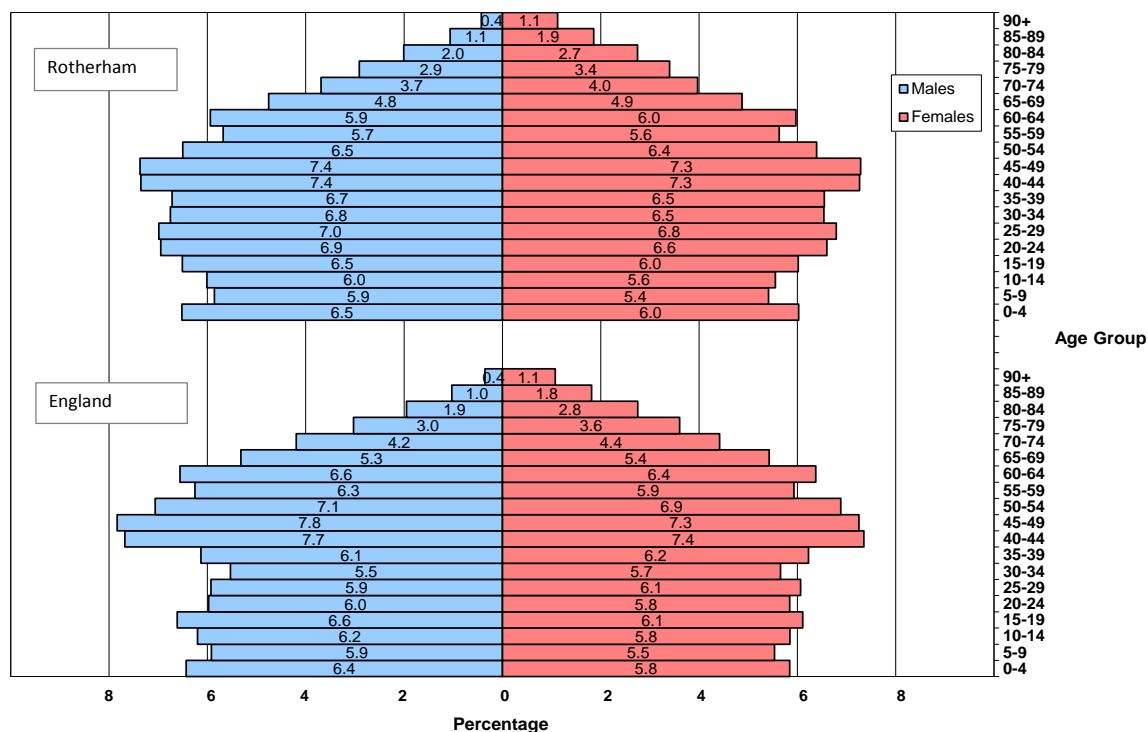
The health of people in Rotherham is generally worse than the England average. Life expectancy, deaths from smoking and early deaths from cancer remain worse than the England average.

### 1. Population and Birth Rate

Rotherham has a registered population of 256,900 (NHS Health and Social Care Information Centre July 2013). The resident population age/sex structure can be seen below (*figure b*) and compared to England, Rotherham's age/sex structure reflects to the national profile (Office National Statistics (ONS)).

Rotherham does not experience seasonal trends in populations which may exist in other areas (E.g. Holiday, Higher Education Institutions or seasonal working).

Figure b Rotherham Population Age/Sex Structure 2011



Source: Office For National Statistics.

## 2. Ethnicity and Cultural Identity

Rotherham's population is not homogenous and people with different cultural identities may have different needs or require different approaches to service provision. The cultural composition of Rotherham has been changing at a fast pace with new communities emerging.

Rotherham had (91.9%) White British and (8.1%) Black and Minority Ethnic (BME) residents in the 2011 Census. The largest BME community is Pakistani & Kashmiri who numbered 7,912 in 2011 (3.1%) of the population, with the second largest group being other white, being Slovak and Czech Roma.

Rotherham's BME population is relatively low compared with the national average of 20.2%.

## 3. Population Projections

The key population changes anticipated in Rotherham are the ageing population and the increase in the non-white population. Rotherham's BME population has more than doubled between 2001 and 2011, and is projected to increase by about a third over the next twenty years. The population will continue to change and become more culturally diverse, which is particularly evident in younger residents.



A striking feature of the changing demography of Rotherham is the increasing number of people living alone. Potential consequences of this include lack of capacity to cope at home with illness, loneliness and mental ill-health. Mental ill-health is the biggest cause of illness and incapacity in the Borough.

On average, people in Rotherham will develop long term conditions around 8 years before the new state pension age of 67. (*Rotherham Director of Public Health Annual Report 2013-14*).

## 4. 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 is 58.2 years for men and 59.9 for women. This is at the lower end of healthy life expectancy in England, with the best area in the country having a healthy life expectancy of 70.3 years for men and 72.1 years for women.



Life expectancy for both men and women living in the most deprived areas is nearly 7 years less than for residents living in the least deprived areas (ONS). The link between deprivation and life expectancy can be clearly seen.

Figure c Life Expectancy - Males

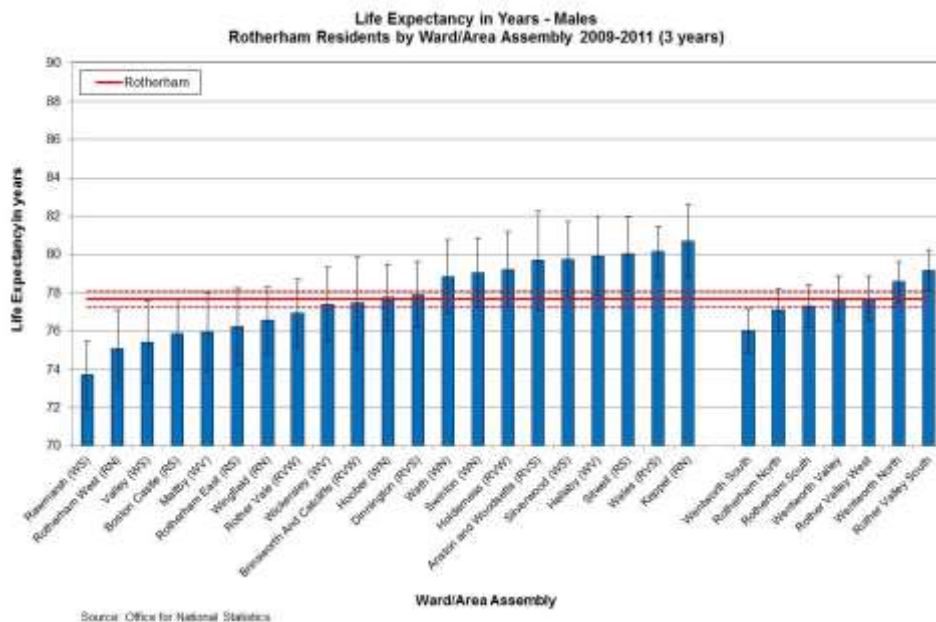
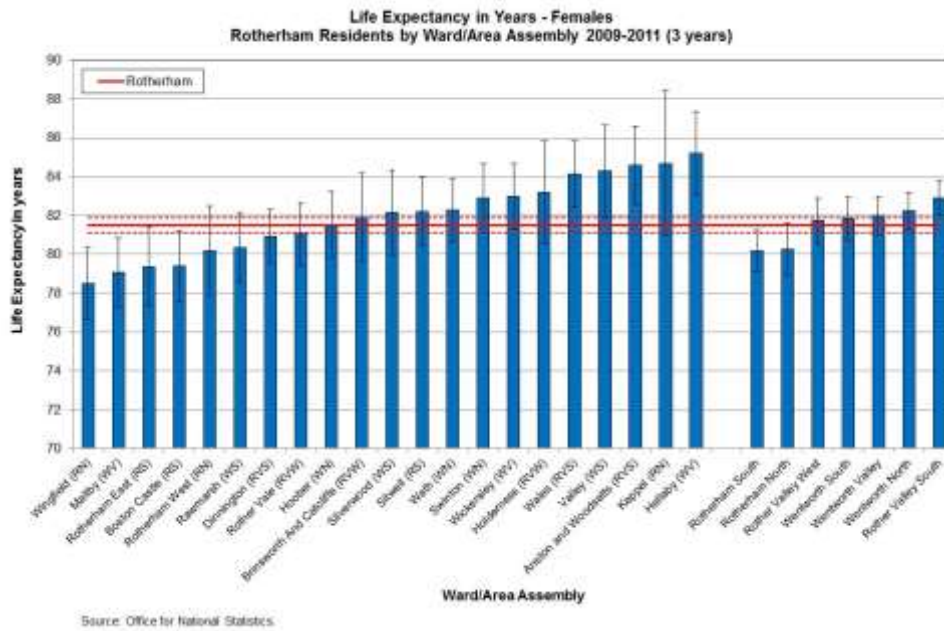


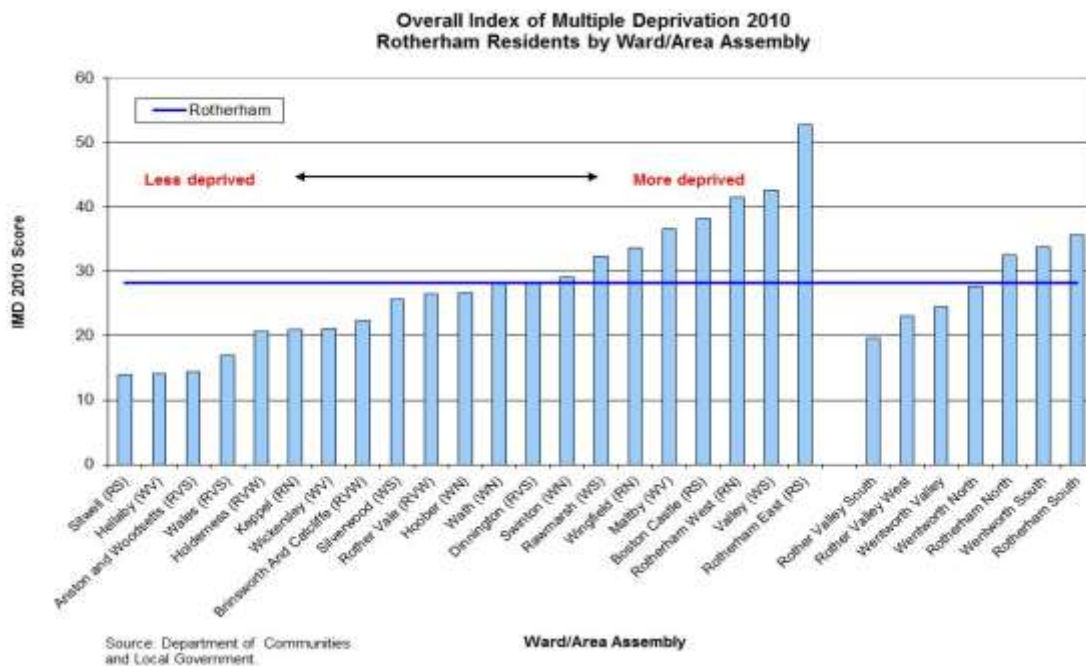
Figure d Life Expectancy- Females



## 5. Deprivation

Deprivation is shown by the Indices of Multiple Deprivation (IMD) 2010, which brings together 37 different indicators that cover specific aspects or dimensions of deprivation (The English Indices of Deprivation 2010).

Figure e Rotherham Deprivation Variations



There is a wide range of deprivation within Rotherham highlighted by IMD 2010 ward scores ranging from 13.9 to 52.7 (Public Health England) and a significant slope of inequality (life expectancy compared to deprivation). Rotherham as a whole however has a high level of deprivation (IMD 2010 of 28.1).

Rotherham is currently the 53rd most deprived borough out of 326 English districts. In 2007 Rotherham ranked 68<sup>th</sup> out of 354. (*IMD 2010*) Health and Disability is one of the most challenging domains for Rotherham within the IMD

## **6. Transport**

There were a total of 123,783 cars or vans available to households in the borough at the time of the Census in 2011. There is just over 1 car per household in Rotherham with 26.6% of households (28,756) having no car. This is above the national average of 25.8% but below the regional average of 27.6% (ONS).

## **7. Wider Determinants for Health**

The number of people in Rotherham depending on out of work benefits (job seekers' allowance, employment support allowance and other income related benefits) is well above the national rate.

Although the rate of young adults not in education, employment or training is improving, it is still above average. These issues are strongly linked to levels of disability particularly mental ill health.

Levels of recorded crime have been falling for some years and have levelled out more recently. While violent crime is rare, there has been a recent growth in acquisitive crimes such burglary, vehicle crime and shoplifting. The wider economic situation gives rise to a concern that this trend will continue.

## **8. Lifestyle Risk Factors**

There is a socio-economic gradient in that people living in more deprived areas of the borough are more likely to have unhealthy behaviours. Deprived areas are also more likely to have people with multiple unhealthy factors leading to increased long term illness. Lifestyle factors include:

- a) Smoking
- b) Drug misuse
- c) Alcohol misuse
- d) Physical activity and eating habits
- e) Obesity
- f) Sexual behaviour

### a) Smoking

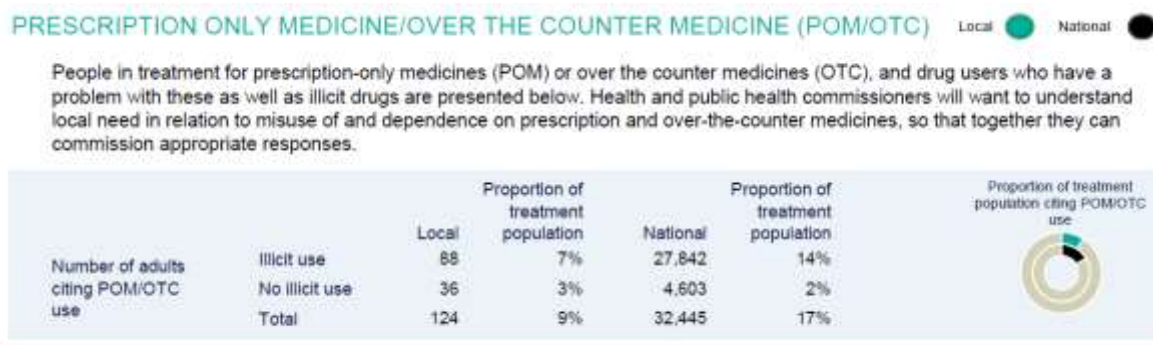
Smoking remains the main cause of preventable morbidity and premature death in England, leading to 79,100 deaths in 2011 (Statistics on Smoking, England 2013, NHS National Statistics). Smoking accounts for a third of all cancer disease and a seventh of all cardiovascular disease (CVD) in England.

### b) Drug 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. Injecting drug use in Rotherham is higher than the national average, 7.59 compared to 3.97 (*Public Health England Estimates per 100,000 populations 2013*).

Substance misuse is not the norm in Rotherham, although opiate use is higher than the national average 10.3 compared to 7.59 (*Public Health England Estimates per 100,000 populations 2013*).

The trend in substance misuse has remained stable over time and is projected to remain that way.



### c) Alcohol Misuse

In 2012/13 Rotherham had 591 people in receipt of specialist treatment for alcohol dependency; 77% of those in treatment live with children. In addition many more children have parents with harmful and risky drinking patterns, which mean the number of children impacted by their parents' alcohol dependency is significant. Only a small number of those believed to have problematic drinking are seeking treatment. This may be for a number of reasons including a lack of awareness of the risks



Alcohol is not only important as a cause of liver cirrhosis; it also contributes to deaths from cancer, heart disease, accidents and mental health. National Alcohol Concern<sup>11</sup> calculations based on hospital activity statistics (2009/10) for Rotherham there were 53,689 alcohol related hospital attendances at Rotherham Hospital. Of these, 28,827 were in A&E, 18,275 in outpatients and 6,587 inpatient stays were related to alcohol. The majority of inpatients (2,658) were aged 55-74.

#### d) Physical Activity and Eating Habits

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.

Based on the Health Survey for England (APHO Profiles), 21.3% of adults in Rotherham eat healthily compared to 28.7% nationally. 10.4% of adults are estimated to be physically active compared to 11.2% nationally. The level of healthy eating is significantly worse than the national levels.

The Active People Survey is a survey of adults aged 16+ living in England, details of the survey can be found at <http://www.sportengland.org>. In 2005/6, Rotherham was ranked in the bottom 25% of all local authorities against the Active People Performance Indicators. In 2010/12 Rotherham participation rate lagged 2.4% behind the national average. If Rotherham was as active as the rest of England, a further 5,000 people aged 16+ would be leading active lives. This strengthens the scope for signposting activity through the Essential Service element of the contractual framework.

*Figure f Active People Survey Summary*

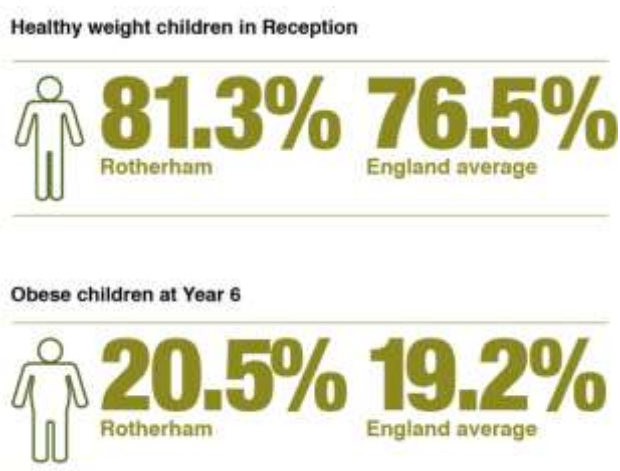
<b>Active People Survey Summary</b>	<b>2005/06</b>	<b>2010/12</b>
At least 3 days a week x 30 minutes moderate participation (all adults) - <b>Rotherham</b>	18.8%	20.0%
At least 3 days a week x 30 minutes moderate participation (all adults) - <b>England</b>	21.3%	22.3%



## e) Obesity in Adults and Children

Modelled data from the Health Survey for England suggests 27.6% of Rotherham adults are obese compared to 24.2% nationally. This means Rotherham has significantly higher obesity levels than England as a whole. There are increasing numbers of adults who are overweight or obese in Rotherham and consequently 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, 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).



Obesity in childhood can lead to earlier onset of raised blood pressure, coronary heart disease, Type 2 diabetes and the development of some cancers. Obese children are also more likely to be obese as adults.

## f) Sexual Behaviour (Teenage Pregnancy and Sexual Transmitted Infection (STI))

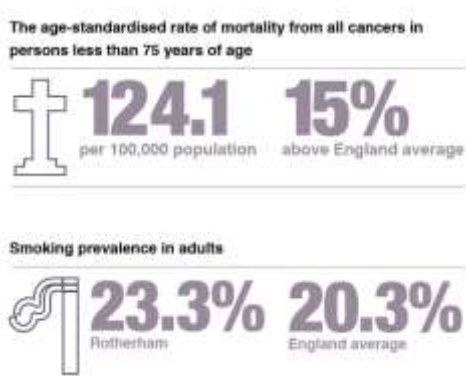
Teenage Pregnancy rates for Rotherham have fluctuated greatly between 1998 and 2011 but overall there was a 27% reduction, with rates falling from 56.6 to 40.9 (per 1,000 15-17 year olds). Rotherham East ward had rates significantly higher than the Rotherham average for 2009-2011 (*RMBC-estimates derived from hospital episodes data*).

Sexually Transmitted Infections: In 2009 there were 793 cases of uncomplicated gonorrhoea and 23 cases of complicated gonorrhoea, including Pelvic Inflammatory Disease and Epididymitis among Rotherham residents (Heath Protection Agency data [HPA]).

By March 2010 25% of patients (persons aged 15-24) were screened for Chlamydia thus meeting the national Vital Signs target for 2009 of 25% (based on population of 32,800). Targets for 2010 are to rise to 35%.

## 9. Cancer

Cancer mortality rate is improving in Rotherham but remains above the regional and national level.



Cancer incidence in Rotherham is higher than the average with lung and colorectal cancers being especially high. This reflects the higher than average prevalence of smoking and other lifestyle risk factors. Tackling tobacco use and obesity are priorities for sustaining the long-term reduction in premature cancer deaths. Smoking is the single most important factor in causing avoidable cancer deaths. Over 90% of lung cancer is caused by smoking and it is also a significant contributory factor for head and neck, stomach, bladder and kidney cancers. Obesity is causal in an increased risk of breast and ovarian cancer.

## 10. Mental Health

Mental ill health is a growing public health concern in the UK. Statistics show that one in six of the general population will have a common mental health problem at any one time and the World Health Organisation (WHO) forecasts that by 2020 depression will be the second leading contributor to the global burden of disease.

Mental health problems are related to deprivation, poverty, inequality as the social and economic determinants of poor health.

People with long term mental health problems are also more likely to be in the most disadvantaged sections of society. Austerity increases the risk factors for poor mental health of the whole population, in addition to the people affected and their families.

The population groups most affected are those on low income, those who face loss of income and/or housing. In Rotherham the underlying economic determinants of mental health are worse than the national average. Rotherham's strong sense of community is a solid local factor that helps people cope.

### a) Depression and Anxiety

Depression and anxiety disorders account for 25% of primary care consultations. Since 2007-8 Rotherham has seen an increase in the number diagnosed with depression as illustrated in *figure g*. This data represents all patients aged 18+ on the practice lists with a current diagnosis of depression.

*Figure g: Rotherham Depression Registers 2007/08 to 2011/12*

	Total numbers of patients on Rotherham register				
	2007/8	2008/9	2009/10	2010/11	2011/12
Depression	20,636	22,852	25,781	27,697	29,854

## b) Dementia

Dementia mainly affects people over the age of 65 and the incidence increases with age. However 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.

In Rotherham it is estimated that around 50% of the population with dementia have a diagnosis and are registered with their GP. The proportion is higher than the regional rate of 39%. Rotherham has seen an increase in the number diagnosed with dementia and this will continue to increase (*see in figure h*).

*Figure g Rotherham Dementia rate - 2008/09 to 2011/12*

	Total numbers of patients on Rotherham register				
	2007/8	2008/9	2009/10	2010/11	2011/12
Dementia	1,223	1,320	1,455	1,567	1,718

## 11. Immunisation

Vaccination is the most effective strategy in dealing with preventable communicable diseases and is therefore one of the most cost effective activities undertaken by health professionals. The challenges to achieve herd immunity by meeting the national uptake targets for immunisations in children and young adults continues to be a public health priority.

**Influenza (Flu)** virus can affect a large proportion of the population annually. The effect of this virus, however, can be more serious for 'older people' in particular those aged over 65 years. The influenza (flu) vaccine is therefore recommended in at-risk groups i.e. over 65 year olds, pregnant women and those with defined underlying conditions under the age of 65.

Seasonal Flu uptake for 2012/13 is shown in *figure i*. Locally uptake was around the national average for clinical risk groups and uptake in healthcare staff was well above the national average.

*Figure i: Seasonal Flu (source: [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk))*

	National (Target 75%)	Rotherham Data 2012/13
Those aged 65 and over	73.4%	75.7%
Clinical risk groups under the age of 65 years	51.3%	55.0%
Healthcare Workers	45.6%	75.7%

## D: How Pharmacy can meet the Current Needs

Pharmacists are health professionals who have, and are recognised to have, a specific expertise in the use of medicines. Pharmacies provide a convenient and less formal environment for people to access readily available professional advice and support to deal with everyday health concerns and problems.

- Every year in England, 438 million visits are made to community pharmacy for health related reasons. This is more than any other NHS care setting (*NHS England - Improving Health and Patient Care Through Community Pharmacy December 2013*).
- NHS Rotherham survey data showed that 83.5% of those surveyed visited a pharmacy more than 3 times a year (NHS Rotherham Pharmacy Survey July 2010).

There are 69 dispensing contractors in Rotherham, 63 of which are Community Pharmacies which are accessible and many offer extended opening times. These are often late into the evenings and/or at weekends, to suit patients and consumers. Details are updated and are available on the NHS Choices website <http://www.nhs.uk>. Furthermore most Community Pharmacies (61) have dedicated consultation areas specifically designed for private discussion (RMBC data June 2014).

A number of factors were considered when assessing the distance it was considered reasonable for a Rotherham resident to travel in order to access pharmaceutical services. These included:

- Average walking speeds (3 miles per hour)
- Government Statutory walking distance for schools (8 years and younger)
- Consistency with Rotherham neighbouring HBWs when considering border pharmacy provision
- Access to public transport

A one mile radius from the service sites was used during the mapping exercise.

## **E: Current Provision of Pharmaceutical Services**

### **1. Dispensing Pharmacies**

At the end of June 2014 there were a total of 69 dispensing pharmacies in Rotherham. This represents a 13% increase in less than 4 years (October 2010, total 60). This provides an average of 3.5% per annum.

The National average growth of pharmacy provision for England between March 2012 and March 2013 was 2.3 % (*Source NHS Health and Social Care Information centre statistics [www.hsci.gov.uk](http://www.hsci.gov.uk)*).

Data for Rotherham shows that the average number of pharmacies per 100 thousand population in 2012-13 was well over the National average of 22 at 26 (*Source NHS Health and Social Care Information centre statistics [www.hsci.gov.uk](http://www.hsci.gov.uk)*).

### **2. Dispensing Doctors**

Dispensing Doctors provide services to patients mainly in rural areas and often where there are no Community Pharmacies or where access is restricted. In Rotherham there are 4 Dispensing Doctor practices (NHS England data June 2014). One practice provides Dispensing Review of the Use of Medicines (DRUMs) which is a similar service to the Pharmacist Medicines Use Review MUR (see section 8).

### **3. Dispensing Appliance Contractors (DACs)**

There are 122 Dispensing Appliance Contractors in England ([www.hsci.gov.uk](http://www.hsci.gov.uk)); one is based in Rotherham, South Yorkshire Ostomy Supplies.

Many dispensing appliance contractors provide services above basic dispensing services, such as home delivery, help lines, product customisation (i.e. cutting to fit) and specialist nurse visits.

DACs can dispense against repeatable prescriptions, and are required to participate in systems of clinical governance.

DACs dispensing “specified appliances” such as stoma, catheter or incontinence appliances are required to provide:

- Home delivery services.
- Reasonable supplies of supplementary items such as disposable wipes.
- Access to expert clinical advice.

They may choose whether to offer an Appliance Usage Review (AUR) service.

#### **4. Distance Selling Pharmacies**

Online pharmacies, Internet pharmacies, or Mail Order Pharmacies are pharmacies that operate over the Internet and send orders to customers through the mail or shipping companies. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 detail a number of conditions for distance selling pharmacies:

- Must provide the full range of essential services during opening hours to all persons in England presenting prescriptions
- Cannot provide essential services face to face
- Must have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours and
- Must be registered with the General Pharmaceutical Council

Patients have the right to access pharmaceutical services from any Community Pharmacy including those operating one-line. Rotherham currently has 6 Distance Selling pharmacies.

#### **5. Distribution and Access to Community Pharmacies**

There is a good distribution of 40+ hour Community Pharmacies across Rotherham, including areas of high deprivation and population. Furthermore there are 8 pharmacies located across the breadth of Rotherham which are contracted to provide 100-hour service (*figure 1*).

As well as identifying the premises at which pharmaceutical services and dispensing services are provided within Rotherham, *figure 1* shows pharmacies that have been identified as services that a significant number of Rotherham patients use in other areas.

An additional map specifically identifying Rotherham Pharmacies is available as Appendix 4. Appendix 5 is a detailed key relating both to Appendix 4 and *figures 1 to 7* providing information regarding pharmacies and some of the services they provide.



Figure 1a Map identifying the location of pharmaceutical services and dispensing services (Requirement Schedule 1:7 NHS Pharmaceutical & Local Pharmaceutical Services Regulations 2013) based on data verified November 2014)

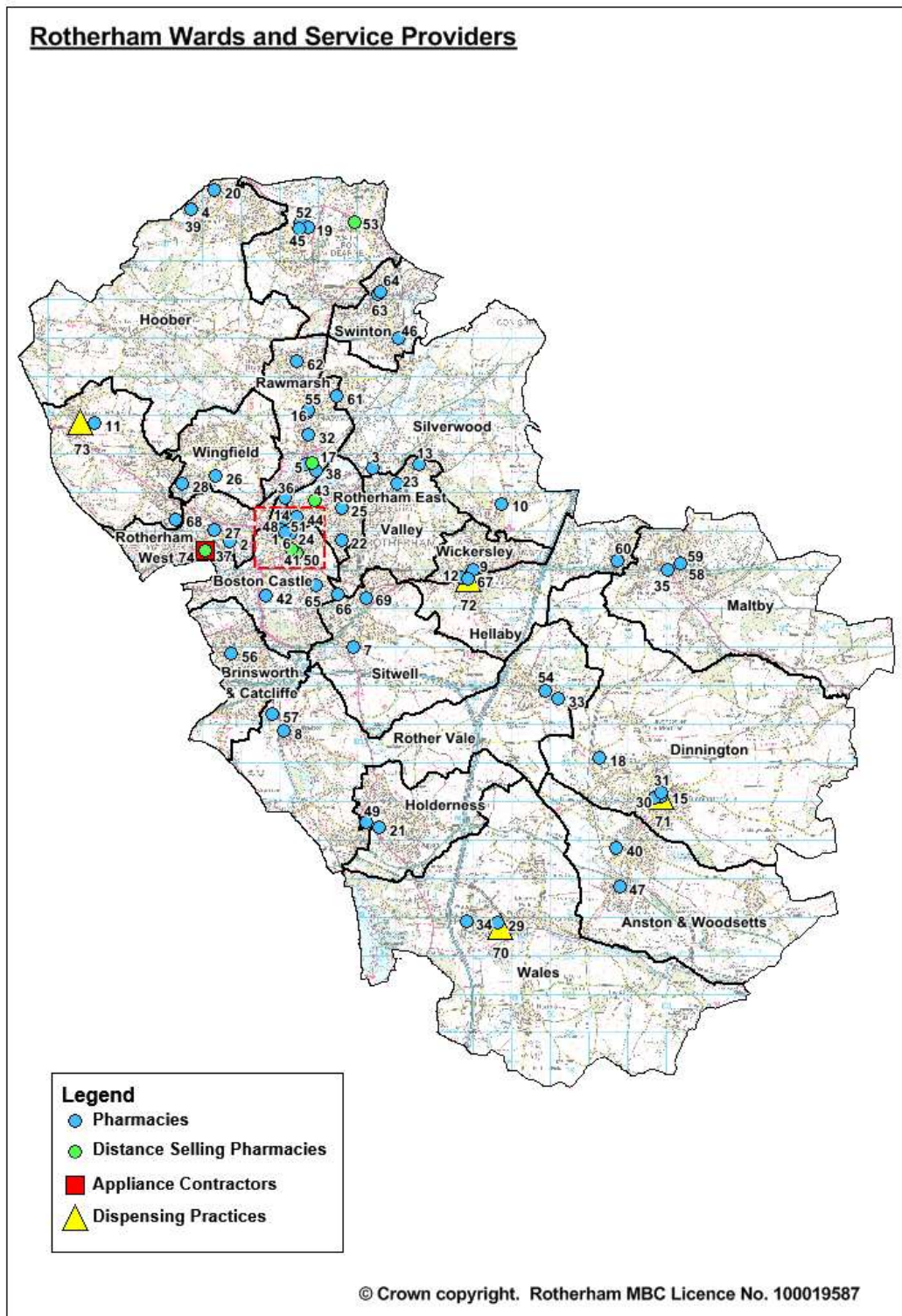
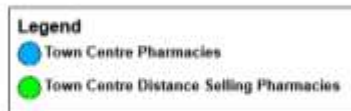
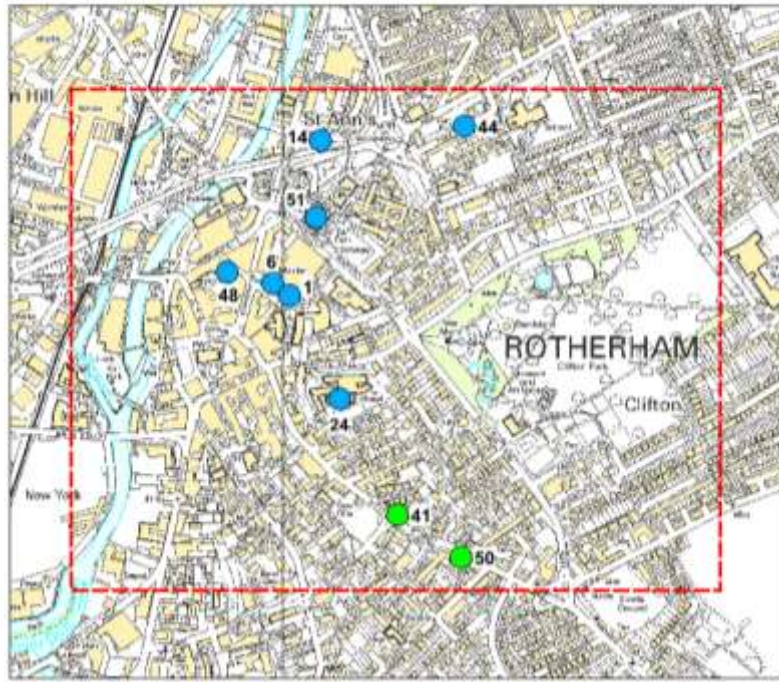




Figure 1b Detailed Map of Rotherham Town Centre, identifying the location of pharmaceutical services and dispensing services (based on data verified November 2014)



© Crown copyright, Rotherham MBC Licence No. 100019587

For full Key to Maps (Figures 1a and 1b) see Appendix 5

## 6. Community Pharmacies' Opening and Closing Hours

Access to Community Pharmacies across Rotherham is well provided for during core and supplementary opening hours. There are also eight 100 hour pharmacies in Rotherham. These are located across the breadth of Rotherham and cover the hours of 7am to 11pm Monday to Saturday and 8am to 10pm on Sundays.

Rotherham has one 100-hour pharmacy which operates every day of the year. This pharmacy is open Monday to Friday 7:30am-10pm; Saturday 8am-10pm and Sunday 8:30am to 10pm.

The map shown in *figure 2* shows the distribution of Community Pharmacies and the immediate population they serve. This has been approximated by plotting an average aerial distance of 1 mile for usual day time access.

## 7. Pharmacies Outside Rotherham

Rotherham residents access pharmaceutical services from Community Pharmacies located within other Health and Wellbeing Board areas. Patients can access Essential and Advanced services, including dispensing from any pharmacy in the UK.

Enhanced or Local Commissioned Services have specific criteria which usually restricts the services to their GP registered population.

Pharmacies that Rotherham residents use for dispensing were identified using ePACT data from April 2013 to March 2014. Pharmacies outside Rotherham whose dispensing quantities appeared in the Top 100 places Rotherham's prescriptions were dispensed were determined significant.

The map shown in *figure 1c* identifies those pharmacies in neighbouring HWB areas which provide a significant contribution to the Essential and Advanced pharmaceutical services to Rotherham residents.

Out of the 18 services identified, one is an appliance contractor. This contractor, along with an Internet Pharmacy, is not identified on *figure 1c* as it does not fall with the immediate vicinity of the Rotherham boundary.

Figure 1c Map identifying the location of pharmaceutical services and dispensing services, including those in neighbouring HWB areas that are accessed regularly.

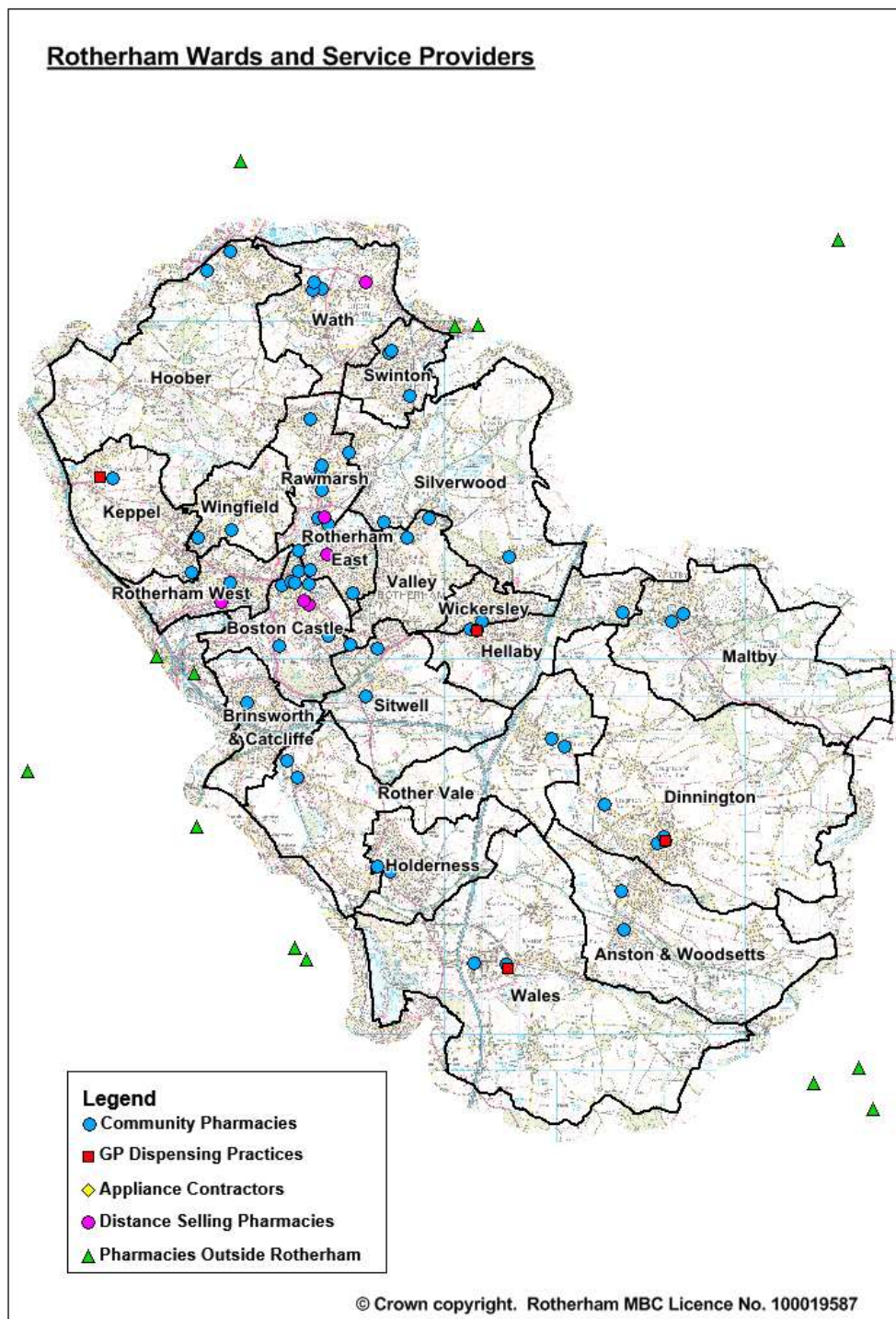
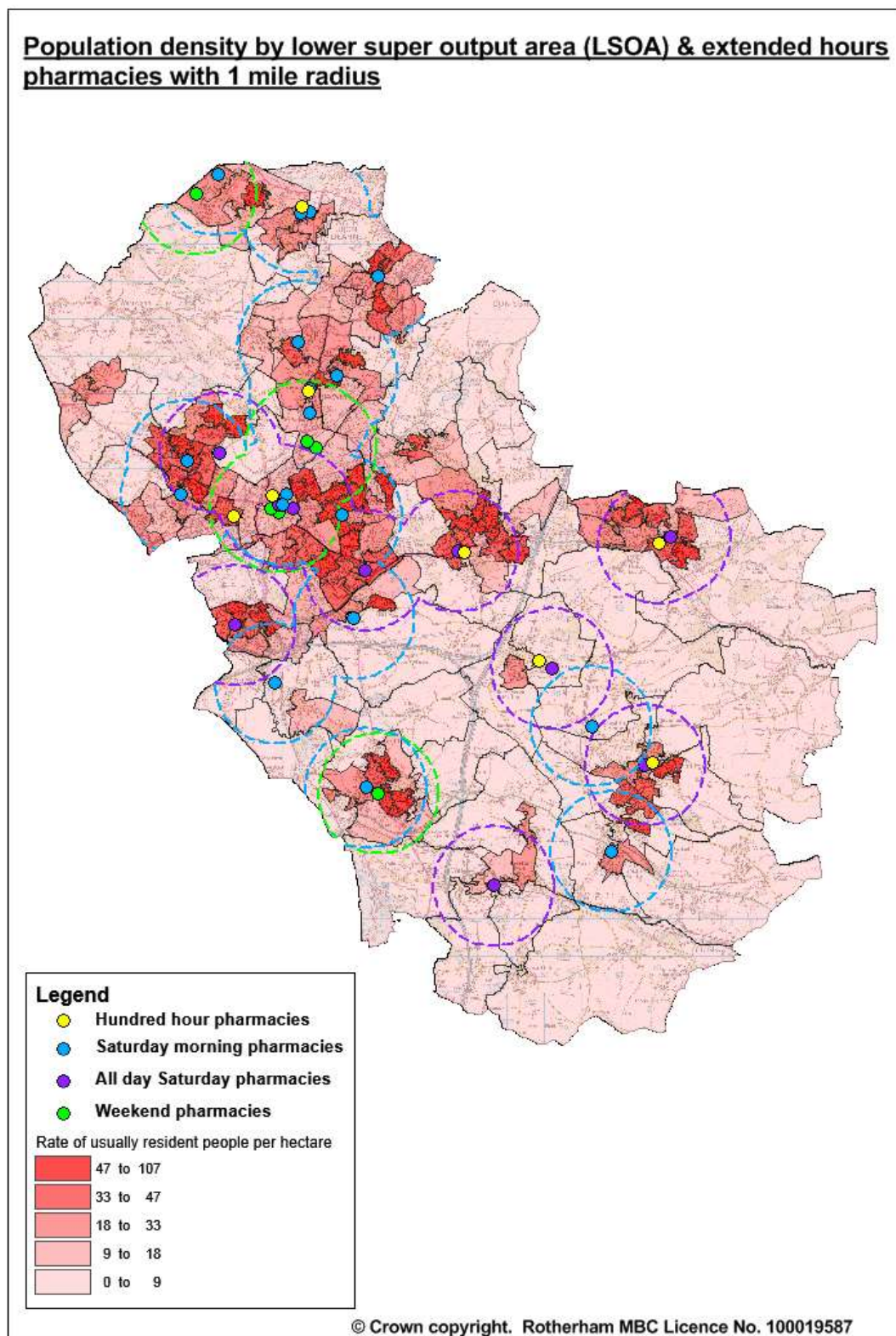




Figure 2 Opening Hours of Rotherham Community Pharmacies



## **8. Current 'Advanced' Pharmacy Service provision**

### **a) Consultation Room Provision**

Pharmacies are able to provide a number of additional services that include face-to-face consultations, if they are able to provide an appropriate consultation room. Consultation rooms must meet the following national requirements.

- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- The consultation area should be where both the patient and pharmacist can sit down together.
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties.

Rotherham has 61 (97%) Community Pharmacies that have consultation rooms (RMBC data June 2014)

### **b) Medicines Use Review and Prescription Intervention Service (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 where there is an issue for them to consider.

Rotherham has 61 (97%) Community Pharmacies which offer the MUR service

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

AURs can be carried out by a pharmacist or a specialist nurse 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 patient's 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 on the safe and proper disposal of the appliances that are used or unwanted.

Rotherham has 5 Community Pharmacies that provide this service. In addition one Distance Selling/internet pharmacy and an Appliance contractor based in Rotherham offer this service.

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

The New Medicine Service (NMS) is the latest nationally developed service for community pharmacy. It is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed.

The underlying purpose of the NMS is to promote the health and well-being of patients who are prescribed new medicines for Long Term Conditions (LTC) in order 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

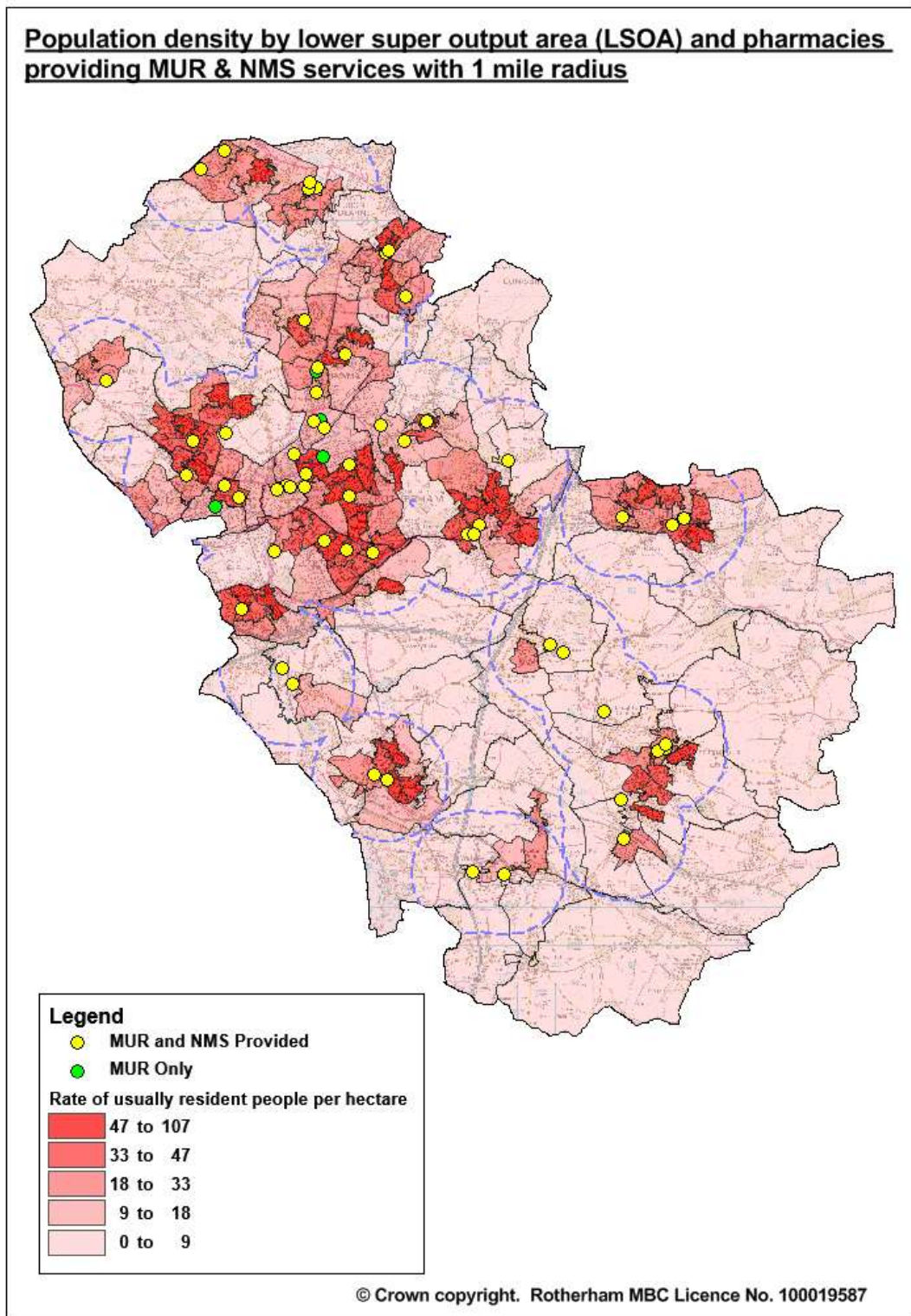
Additionally the service will help patients:

- Make informed choices about their care
- Self-manage their LTC
- Adhere to the agreed treatment programme
- Make appropriate lifestyle changes

Rotherham has 60 (95%) Community Pharmacies that provide this service (RMBC data June 2014)

The map in *figure 3* shows the distribution of Pharmacies which provide the MUR service and both the MUR and NMS services and the immediate population they serve compared to population density figures, which closely resemble the pattern for Multiple Deprivation Indices. This has been approximated by plotting an average aerial distances of one mile for all pharmacies.

Figure 3 Map showing location of pharmacies providing the MUR and NMS Services





## 9. Locally Commissioned Services

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

The Minor Ailments Service in Rotherham is called Pharmacy First.

The aim of this 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 normally pay NHS prescription charges receive medicine supplied under the Pharmacy First scheme free of charge.

The conditions covered by the scheme are:

- Acute Cough
- Allergic Conjunctivitis
- Allergic Rhinitis (Hay fever)
- Common Warts And Verruca
- Constipation
- Diarrhoea
- Fever in Children
- Head Lice
- Infantile Colic
- Infective Conjunctivitis
- Scabies
- Threadworm
- Vaginal Thrush

There are 51 (74%) pharmacies providing the Pharmacy First Scheme (RCCG data November 2014).

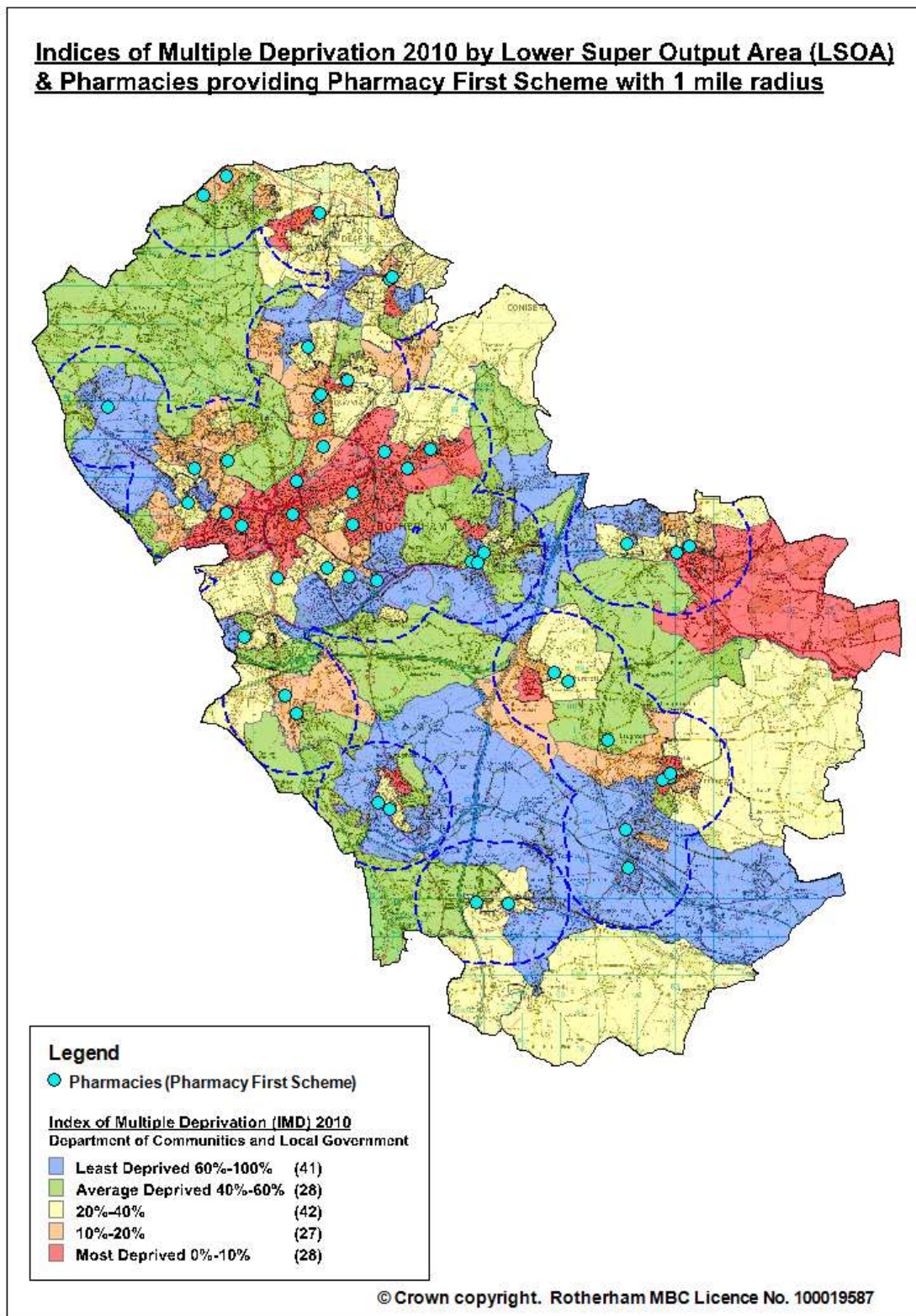
More details of service and the Pharmacies providing it are available on the Rotherham CCG Rotherham website. This service is commissioned by Rotherham CCG.

<http://www.rotherhamccg.nhs.uk/pharmacy-first.htm>

The map shown in *figure 4* shows the distribution of Pharmacies which provide the Pharmacy First Service and the immediate population they serve compared to the Multiple Deprivation Indices for deprivation (which closely resembles the pattern for population density across Rotherham). This has been approximated by plotting an average aerial distance of one mile for all pharmacies.



Figure 4 Map showing location of pharmacies providing the Pharmacy First Scheme



## **b) Substance Misuse**

### **• Supervised Consumption**

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

Both methadone and buprenorphine (Subutex®) can be dispensed in specified instalments, where each dose is supervised to ensure the dose is correctly consumed by the service user for whom it was intended. Doses will be dispensed for the service user to take away to cover days when the pharmacy is closed.

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 58 Community Pharmacies (92%) providing supervised consumption services in Rotherham. (RMBC data June 2014)

### **• Needle Exchange**

Needle exchange services in Rotherham are now provided almost exclusively by Community Pharmacies. All Pharmacies providing Needle Exchange also provide the Supervised Consumption service.

There are currently 16 (25%) needle exchange pharmacies in Rotherham. (RMBC data June 2014)

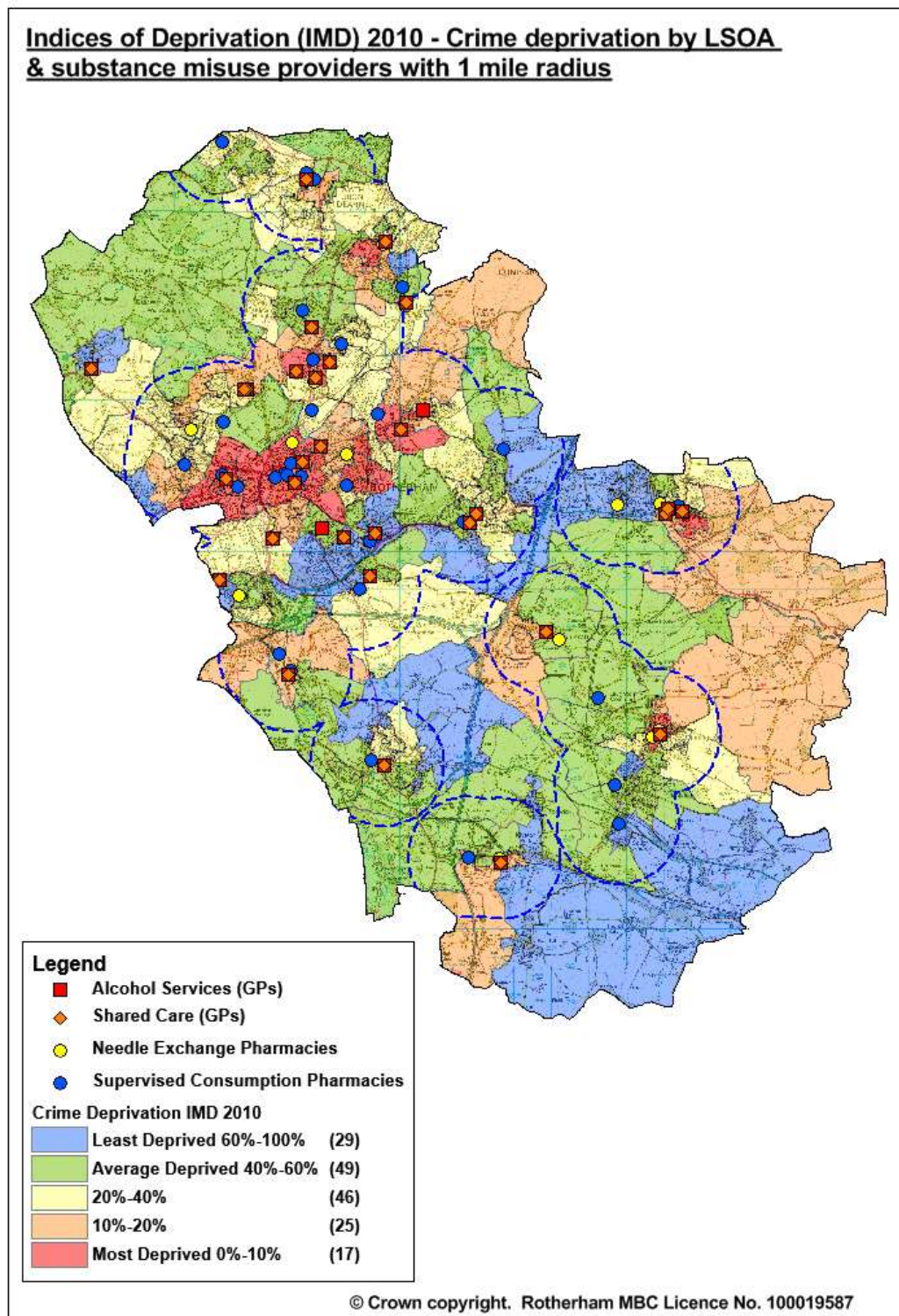
Clients use multiple outlets and are able to exercise choice in the services they access. Pharmacies work in conjunction with the Drug Service and are provided with advice, support and have regular visits from the Drug Service Team. One pharmacy, central to Rotherham also hosts drug workers sessions three times each week.

The map shown in *figure 5* shows the distribution of Community Pharmacies which provide both the supervised consumption and needle exchange services and the immediate population they serve. This has been approximated by plotting an average aerial distance of one mile for all pharmacies. The background map shows Crime Deprivation figures from 2010. Substance misuse issues have a strong relationship with areas of high crime rates. (*Public Health England Alcohol and Drugs JSNA Supporter pack Rotherham November 2013*)

In addition related Shared Care services provided by accredited GPs are also depicted to demonstrate the overall coverage of these services.

Both the Supervised Consumption and Needle Exchange services are commissioned by RMBC.

Figure 5 Map showing location of pharmacies providing the Substance Misuse Services





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

Community Pharmacy is an important provider of sexual health services to young people in Rotherham. The service reflects the Department of Health guidance and promotes an integrated approach.

The EHC service incorporates:

- Emergency Hormonal Contraception and related advice.
- Information and signposting.

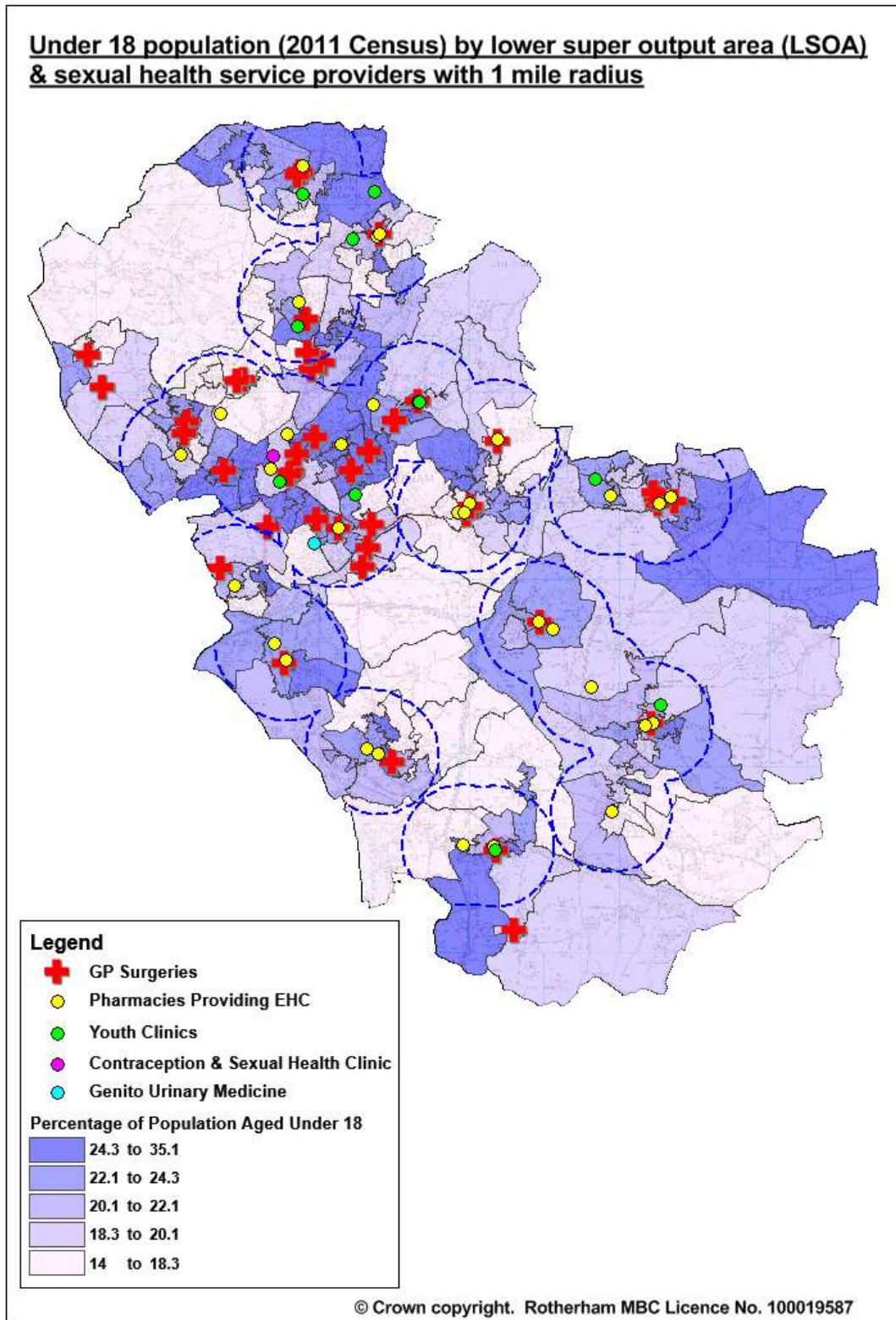
Safer sex messages are crucial in improving the health of sexually active young people in Rotherham and contribute to the multi- agency approach that helps reduce the rate of unwanted conceptions and pregnancies.

There are currently 33 (52%) Community Pharmacists that provide the EHC service (RMBC data June 2014). This service is commissioned by Rotherham MBC.

The map shown in *figure 6* shows the distribution of Community Pharmacies which provide EHC and the immediate population they serve compared to the levels of the population under 18. This has been approximated by plotting an average aerial distance of one mile for all pharmacies.

In addition similar services provided by GP practices, Youth Clinics and specialist Clinics are also depicted to demonstrate the overall coverage of these services.

Figure 6 Map showing location of Sexual Health Services



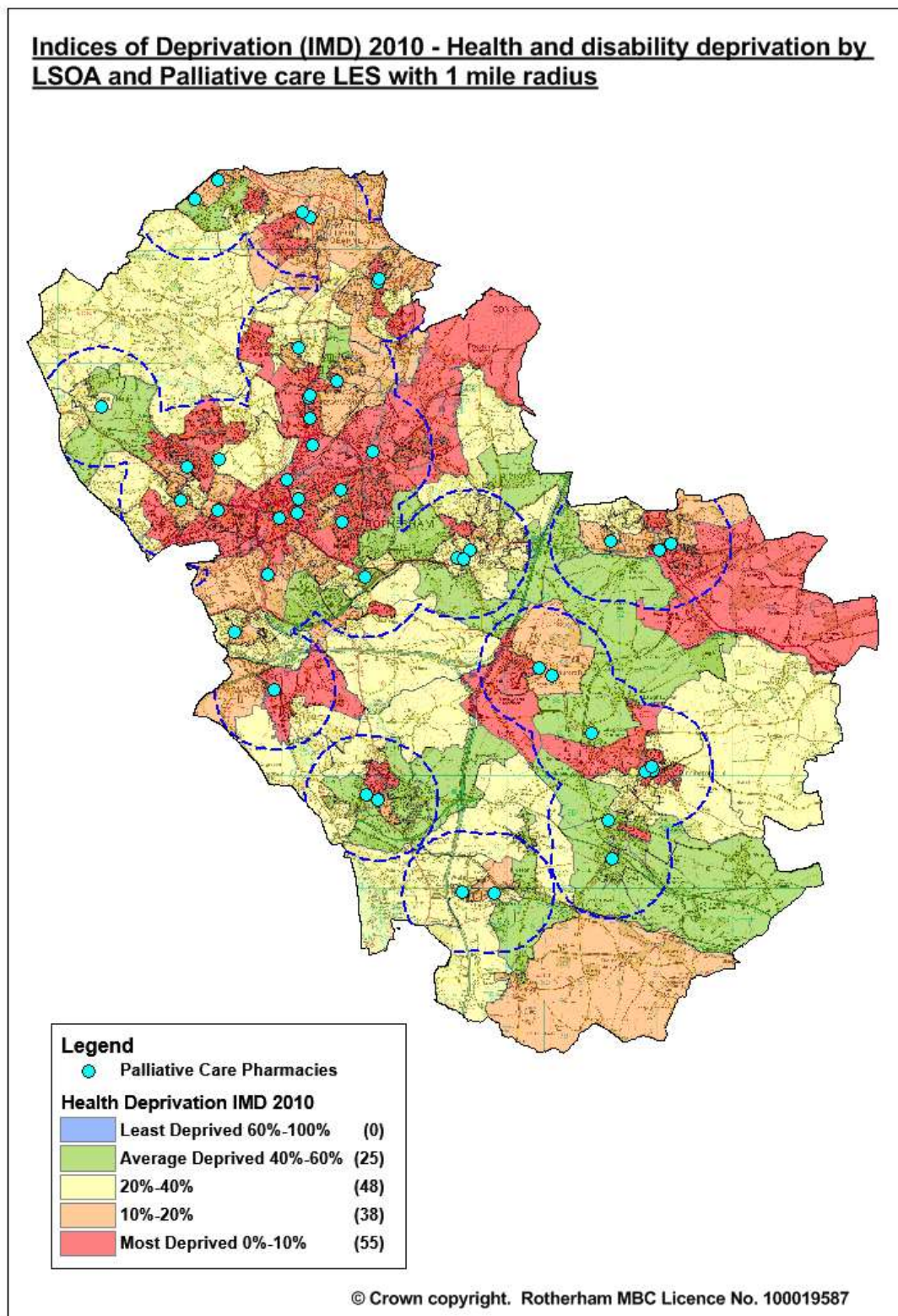
#### **d) Palliative Care Drug Provision**

Palliative Care Drugs are specialist medicines that are not routinely 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 professionals when they are required, in order to ensure that there is no delay 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 pharmacies (67%) that provide the Palliative Care service (*figure 6*) (Rotherham CCG data November 2014). This service is commissioned by Rotherham CCG.

The map shown in *figure 7* shows the distribution of Pharmacies which provide the Palliative Care Service and the immediate population they serve compared to Health and Disability deprivation levels. This has been approximated by plotting an average aerial distance of one mile for all pharmacies.

Figure 7 Map showing location of Palliative Care services





### **e) Stop Smoking Support**

Yorkshire Smoke Free service is provided by the South West Yorkshire Partnership NHS Foundation Trust. They work with Rotherham pharmacies to provide stop smoking medications and specialist advice across the borough. The comprehensive service provides evidence based stop smoking support to people who are motivated to quit.

There are 47 pharmacies (75%) that provide the Stop Smoking Service in Rotherham with the majority able to offer Champix® (a specialist prescription only medication (Yorkshire Smoke Free data November 2014). This service is commissioned by RMBC.

### **f) Seasonal Influenza Vaccination**

Influenza vaccine has been recommended in the UK since the late 1960s and had been provided by the NHS to a variety of patient groups in Rotherham through pharmacies since 2010.

During the seasonal influenza vaccination campaign period for 2014-2015, pharmacy staff will identify people who fall within the agreed target groups who are a priority for influenza vaccination and will encourage them to be vaccinated, making that offer during the period from 1st August to 31st March.

The purpose of the Community Pharmacy Seasonal Influenza Vaccination Service is to ensure that patients have choice of where to access flu vaccinations and offer extended range of venues and times available. It is an extension of the GP service.

Patient eligible to receive the service are:

- people over 65 years
- adults aged from 18 – 65 years in a specified risk group
- pregnant women
- carers

Eligible patients who do not have any contra-indications to vaccination will be offered vaccination by a pharmacist at NHS expense.

This service is commissioned as an Enhanced service by NHS England and as of August 2014 it was expected that 35 (56 %) of pharmacies in Rotherham would be providing this service.

## 10. Non-commissioned services provided by Pharmacies

Most pharmacies provide additional services, which are either free of charge or provided for a fee depending on the either the service or the level to which patients require advice, products or support.

Pharmacies advertised these services though the pharmacies themselves and or via websites.

Each pharmacy will have its own set of criteria for a service and /or to which point a charge may occur. In Rotherham these include:

**Home Delivery and Prescription Collection Services:** Are offered to patients to varying degrees at Community Pharmacies across Rotherham. Housebound patients and those with large, bulky prescription items are offered this at no charge by the majority of pharmacies.

**Community Dosage Systems:** Pharmacies can provide a variety of aids and advice to patients to support them in making it easier for patients to take medications and remember their medications. This may be undertaken by a formal assessment. Depending on the outcome, a community dosage system (or tablet tray) may be recommended. If it is determined by the pharmacist a dosage system is most appropriate option, medicines will be dispensed this way at no cost to the patient. Some pharmacies offer this service to other patients either free or at a small charge if they simply find this method of dispensing convenient.

**Travel Advice and Medication:** Travel advice and medications for the prevention of travel related illnesses are available in varying degrees across Rotherham. Depending to the individual's requirements, medications to prevent malaria can be purchased. Travel vaccinations such as Yellow fever, may shortly be available in the area through pharmacies.

**Blood Pressure and Healthy Heart Checks:** Pharmacies across Rotherham offer combinations of tests. These can include:

- Blood pressure, blood glucose and cholesterol measurement
- Calculation of Body Mass index (BMI)

In conjunction with lifestyle consultations and medical and family histories, they can provide specific guidance and advice to patients to improve their health or refer patients to the healthcare providers. Weight management support is often available through Rotherham pharmacies.

*(Data: Pharmacy own websites –accessed September 2014)*

## **F: Access to NHS Services**

The following NHS services are deemed to affect the need for Pharmaceutical Services within Rotherham

### **1. GP and Dispensing Doctor 'Out-of-Hours' service provision**

There are 36 GP practices (including 4 Dispensing Doctors surgeries) in Rotherham (NHS England June 2014)

Rotherham has less than the national average of GPs per 100 thousand head of population. Rotherham has approximately 58 GPs compared to the national average of 68 (*Source May 2013: NHS Health and Social Care Information centre statistics [www.hsci.gov.uk](http://www.hsci.gov.uk)*).

Personal administration of items by GPs reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses, saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.

Care UK provides an 'Out-of Hours' GP service specifically for those who have an urgent need, and cannot wait until surgery opening hours. They are open Monday to Friday from 6.30pm to 8.30am, and for 24 hours at weekends and during bank holidays. It is accessed by patients calling their normal GP's normal telephone number. More information is available via:

<http://www.careuk.com/rotherham-out-hours>

### **2. Hospital Pharmacies**

Rotherham is service by one main Hospital, the Rotherham NHS Foundation Trust. The main Rotherham Hospital site is situated two miles south of Rotherham town centre within close proximity to the M1 and M18 motorways. They operate a large number of community services out of other sites across Rotherham including Rotherham Community Health Centre, close to the town centre.

There are two pharmacies located in Rotherham General Hospital who do not hold contracts to dispense regular prescriptions (FP10s). They are registered Pharmacies with the General Pharmaceutical Council (GPhC), the governing body for all pharmacies.

One mainly dispenses out-patient hospital prescriptions; however they do sell a small range of Over the Counter (OTC) medications. They stock specialised

Prescription Only Medications (POM). The other pharmacy provides a wide selection of OTC medicines for the public to purchase and provides advice on medications; therefore reduce the demand for Essential pharmaceutical services.

### **3. Alcohol and Drug Misuse Services**

Rotherham MBC Drug and Alcohol team work in partnership with other key stakeholders including General Practitioners, the criminal justice system, Health Professionals, users and carers.

**Alcohol Misuse:** GPs and specialists alcohol workers employed by RDaSH provide a primary care alcohol service as part of the Rotherham alcohol treatment service. There are 34 GP practices (94%) that are providing the alcohol screening programme via a local commissioned service (RMBC data July 2014).

**Shared Care:** GPs and specialists drug workers employed by RDaSH provide a primary care service as part of the Drug Misusers treatment service. There are 31 GP practices (86%) that are providing the Shared Care via a local commissioned activity (RMBC data July 2014).

There is a comprehensive consultant led specialist service, Clearways which is located in the town centre.

Rotherham's main source of advice, information and resources for young people, their parents/carers and professionals on Alcohol and its associated issues is the Call it a night website.

More information on can be found at:

<http://www.callitanight.co.uk/>

In addition, Lifeline, Milton House Project based on Sheffield road provides a telephone and drop in service providing advice.

### **4. Obesity Services**

Rotherham services are currently under review. At this point in time services available as part of Rotherham's Healthy weight framework. This is a trier approach which addresses various needs of patients. Rotherham residents are provided by Rotherham Institute for Obesity (RIO), Reshape Rotherham the Carnegie Clubs.

More details are available via the RMBC website:

[http://www.rotherham.gov.uk/info/200048/health\\_and\\_wellbeing/599/get\\_help\\_looking\\_after\\_your\\_weight](http://www.rotherham.gov.uk/info/200048/health_and_wellbeing/599/get_help_looking_after_your_weight)

## 5. Healthy Start Vitamins

Healthy Start is a means tested scheme. Women and children getting Healthy Start food vouchers are also entitled to free vitamin supplements.

Healthy Start vitamins are specifically designed for pregnant and breastfeeding women and growing children.

Healthy Start vitamins are offered in the 21 Children's centres across the Rotherham borough (RMBC data June 2014).

More information on Healthy Start can be found at

<http://www.healthystart.nhs.uk/healthy-start-vouchers/>

## 6. Sexual Health Services

**S Word Rotherham:** Help72 forms part of Rotherham's Sexual Health and Teenage Pregnancy Strategies and is an element of the 'S Word' Services, which are aimed at improving access to EHC with a view to reducing unplanned pregnancies.

The Contraception and Sexual Health services commissioned for Rotherham include a wide variety of Clinics and Out-reach services, which are tailored to specific populations. They include: Youth Start, CASH and Call it a Night.

More details are available via the S Word website

<http://www.s-wordrotherham.co.uk/>

## 7. Prescriber Support Service

Rotherham Medicines Management Team (MMT) (currently part Rotherham CCG), support all aspects of Practice Prescribing, offering advice and support to practices. They produce local guidelines in accordance with NICE and other national guidelines working closely with Rotherham Foundation Trust and RDaSH. The team provide medicines information support to GP Practices, Rotherham Health Community Services and on occasion Community Pharmacies.

Rotherham NHS Foundation Trust (RFT or Rotherham Hospital) Pharmacy Department also provide support through their Medicines Information Services to both primary and secondary care medical teams, nursing, pharmaceutical and other NHS staff as well as patients.

## **8. Medication Review Service**

Rotherham CCG has a Medicines Management Team who provides a range of services. When practices require a medicines review for their patients e.g. In specific therapeutic areas, patient groups or for individual complex or unusual patient need then they are able to provide this service.

## **9. Gluten Free Food Supply Service**

The provision of Gluten Free food products and nutritional supplements (including specialised feeds) to Rotherham residents is provided by the Dietetic service based at The Rotherham Foundation Trust.

Vouchers, similar to prescriptions, are issued by the service. They can be dispensed by any pharmacy, just like a prescription. The service is commissioned by Rotherham CCG.

## **10. Stoma and Continence Services**

In Rotherham most continence and stoma appliances are prescribed by specialist nurses working in a centralised service. This service issues the patient with a regular prescription (FP10) for the necessary products. The prescription is sent to a Dispensing Appliance Contractor (DAC), if the patient requests. The patient has the choice of which dispensing services is used.

## **11. Mental Health Services**

A single point of access is available to the specialist mental health services where referrals are reviewed and allocated according to their need for the most appropriate follow-up from the service.

Rotherham CCGs largest mental health contract is with Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) providing Children and Adolescent Mental Health Services (CAMHS), adults and older people's mental health services.

Other services are provided by Sheffield Care and Social Care Trust (SHSC) and South West Yorkshire Partnership Foundation Trust (SWYPFT) and through the voluntary sector.

## 12. Translation Services

Translation or Interpretation services in Rotherham are commissioned by NHS England from two providers and can be accessed by healthcare professionals.

- Sheffield Community Access and Interpreting Service (SCAIS) for language assistance and interpreters.
- Action on Hearing loss for Sign language and interpreter services.

## **G: Pharmaceutical Services – Future Provision**

### **1. Necessary Pharmaceutical Service - Gaps in Provision**

#### **a) General Access**

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

NHS Rotherham patients 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.

The Contractual Framework for Community Pharmacies require them to have monitoring arrangements in respect of compliance with the Disability Discrimination Act 1995 in place (in terms of facilities and patient assessments), thereby pharmacies that do not have wheelchair access have another mechanism of enabling access.

There are no known access problems to pharmacies for patients with disabilities.

Patients choose where they have their prescriptions dispensed. This includes any available registered internet pharmacy. Rotherham has six distance selling pharmacies; however there are other internet pharmacies outside the boundaries of Rotherham which are used by some Rotherham registered patients.

Rotherham residents currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within Rotherham the 63 Community pharmacies are operated by 26 different contractors, and one DAC. Outside of the area residents chose to regularly access a further 18 pharmacies.

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



## **b) Weekend and Extended Hours**

Community Pharmacies in Rotherham are accessible and offer extended opening times (often late into the evenings or 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

## **c) Access to Advanced and Enhanced Services**

NHS England may commission these services. The Seasonal Flu Vaccination service is currently only Enhanced service commissioned in Rotherham. Both the MUR and NMS services are provided by most pharmacies in Rotherham. Although very few pharmacies provide either the Advance Services associated with medical appliances, Rotherham has an overarching Stoma and Continence service that encompasses these elements.

Based on the information available at the time of developing this PNA no current gaps in the provision of Advanced or Enhanced Services have been identified

## **2. Improvements and Better Access to Pharmaceutical Services**

### **a) General Access**

The areas of Thorpe Hesley and Thrybergh are less well served than other localities with reduced local access to Essential and Advanced pharmaceutical services. There may be a need for longer opening hours particularly at weekends.

The residents of Todwick, although they sit outside a 1 mile aerial radius of any pharmacy and have restricted access to pharmaceutical services, have good transport links, both private and public to nearby health services. A recent pharmacy application for the area, looked in to the needs of the residents in great detail and the application was considered to not to provide better access to pharmaceutical services.

To improve communication to both the public and other Healthcare professionals all pharmacies should make full use of NHS choices to promote their services.

Community Pharmacies should be encouraged to ensure that their opening hours reflect the needs of the population and GP practice opening hours.

Based on the information available at the time of developing this PNA there are two towns within Rotherham that pharmaceutical service provision may improve upon for Essential and Advanced Service by existing pharmacies opening over the weekend.

### **b) Emergency Planning**

Services required in any future event will depend on the nature of the emergency. Rotherham contractors have demonstrated in the past that they can respond to the local needs of patients and provide a network of professionals to deliver effective services.

Rotherham MBC have sort expressions of interest from Rotherham Pharmacies and have 30 pharmacies across the borough ready to work with the Public Health team in developing Emergency planning services. It would be useful to for pharmacies to share business continuity plans with commissioners, particularly Rotherham MBC for the purposes of inclusion of pharmacies in emergency planning activities.

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

There is wide spread coverage of the Pharmacy First service, however, Kilnhurst, does have this service. Although patients can access treatment from other pharmacies and by GP prescription, this area has one of the highest deprivation indices and population rates in Rotherham. There is a pharmacy in Kilnhurst, therefore NHS Rotherham CCG should look to working with the existing contractor improve access to this service.

Kilnhurst is relatively close to the borough of Doncaster however similar neighbouring services may only be accessed by their residents and not Rotherham residents.

### **d) Substance Misuse Services**

- Supervised Consumption

The provision of supervised consumption of methadone and buprenorphine (Subutex®) is widespread across the borough; no additional need for provision has been identified.

- Needle Exchange

Although Rotherham has a more extensive coverage for needle exchange having increased greatly over the last few years, there is one area, Greasbrough that would benefit from the provision of a needle exchange service.

The basis for this recommendation is based on previous audits and represents areas with significant numbers of substance misusers living within them who have to travel outside their area to access the service. RMBC will continue to work with pharmacies in these areas to provide greater choice to clients.

### **e) Sexual Health Services**

Overall the provision on the Emergency Hormonal Contraception Service (EHC) via Community Pharmacies is poor. In Canklow, Thorpe Hesley, Brampton and Kilnhurst, through East Rawmarch to Parkgate, there is very little access to any service. There are Community Pharmacies in all these areas which do not offer an EHC service. Although patients can access treatment from other pharmacies and clinics, these areas have some of the highest under 18 years' populations in Rotherham and high levels of deprivation. RMBC Public Health Team intends to work with existing Community Pharmacy contractors to address these gaps.

Doncaster and Sheffield Community Pharmacies provide a similar service, however neighbouring services may be subject to restrictions. The Rotherham MBC service is available free of charge to *all* age groups.

Subject to the provision of appropriate infrastructures, existing pharmacies not currently providing the EHC service should be encouraged to do so to improve access.

#### **f) Palliative Care Drug Provision**

Existing pharmacies not currently providing the Palliative Care Service should be encouraged to do so to increase access.

#### **g) Pharmaceutical Advice to Nursing and Residential Homes**

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. Across Rotherham there are over 70 residential or nursing homes.

The *Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people*".(CHUMS) October 2009 report examined medication prescribing, dispensing, administration and monitoring practices across a number of care homes in England. The study determined the prevalence of errors in these specific aspects of the medicines system.

Anecdotal information collected during the development of this PNA strong suggests that this is the case for Rotherham residents and that there is considerable scope for improvement in how medicines are dispensed, administered and monitored for patients in residential care and nursing home settings.

The previous 'Enhanced service' to support nursing and homes provided by pharmacies, was not continued nor reviewed as recommend in the previous PNA (January 2011) and was identified gap in service provision.

Based on the information available at the time of developing this PNA there is scope for the development of a Locally Commissioned Pharmaceutical service to provide additional Medicines Management Support to Residential and Care Homes

### 3. Future Health Needs

The key population changes anticipated in Rotherham are the ageing population and the increase in the non-white population. The number of people over 65 is anticipated to increase by approximately 30% by 2025 and the number of over 85s is anticipated to increase by 60%. This will be associated with an increase in people with dementia (50%) and people with social care need (increase of 25% by 2018).

Overall, the target is for 958 new homes to be built in Rotherham each year, however due to market conditions it is more likely that the figure will be in the region of 700.

- **Waverley Community**

An application for approximately 4000 homes and 60,000 square metres of government office accommodation was approved by RMBC Planning Committee in January 2010.

The overall programme at Waverley could take up to 25 years to complete. It is currently estimated that the new Waverley Community will contain up to 3890 new homes, however this could reduce slightly due to the introduction of the High Speed Rail network through the area.

Approximately 180 homes are expected to be built each year. The new homes are proving to be very popular and as demand increases, this rate may accelerate to 200-250 per year. As of August 2014, 198 people are currently living at Waverley. It is therefore not anticipated this new community will need additional local health services within the scope of this assessment.

- **Bassingthorpe Farm Communities**

A second new, large-scale community is planned for the Bassingthorpe Farm site. This will be included in the RMBC Core Strategy in September 2014 and if approved, master planning will be carried out over the next 2-3 years. 2,400 homes are planned here at a build rate of 150-200 per year.

Rotherham MBC is unable to estimate the pharmaceutical needs of either of these communities at this early stage.

Based on the information available at the time of developing this PNA no gaps in the need for Essential, Advance or Enhanced Pharmaceutical Services in the specified future have been identified or would they provide improved access and choice.

#### **4. Development of Pharmaceutical Services**

The PNA will be used as a tool in commissioning decisions for new pharmaceutical services, where the clinical resource within community pharmacy can be used to maximum effect in meeting the health needs of the Rotherham population and after a holistic review of service provision from all providers. New services or expansion of current services will be dependent on contractor performance on existing services and Rotherham MBC or Rotherham CCG having sufficient financial resources.

There is scope to design and commission a range of new services to be delivered in a community pharmacy setting such as NHS Health Checks.

These services could either give greater access, where these types of services are already being delivered by other healthcare professionals, or result in service re-designs to maximise efficiency savings and improve the quality of patient care.

#### **Public Health Campaigns**

One of the essential services that all pharmacies provide is the promotion of healthy lifestyle. Pharmacies are required to deliver up to 6 Public Health campaigns through-out the year to promote Healthy Lifestyles, although these campaigns are directed by local NHS England Team, Rotherham HWB would expect them to reflect the Public Health priorities for Rotherham.

- Alcohol
- Smoking
- Obesity
- Dementia
- Mental Health
- Physical Activity

- **Making Every Contact Count**

Making Every Contact Count (MECC) is an evidence based framework that looks at disease prevention and lifestyle behaviour change. A significant difference can be made through directing people to local services, brief interventions for behaviour change and through intensive actions throughout the public sector. MECC creates the potential to put behaviour change at the centre of every customer contact.

The aim of MECC is to use each contact with a customer to offer the appropriate opportunistic brief advice in support of behaviour change. The principles of MECC fit with the Public Health Campaigns and Signposting elements of the Pharmacy Contract.

- **Dementia**

Dementia affects everyone differently. No two people with dementia are the same.

When a person has dementia it is important that they are encouraged and supported to look after their physical and mental health, for example eating healthily, taking part in physical activity, keeping warm, limiting alcohol consumption, stopping smoking and enjoying hobbies and interests. The same is true for carers of people with dementia.

Pharmacies can:

- Become Dementia friendly pharmacies <http://www.alzheimers.org.uk>
- Promote and provide advice and support in relation to stopping smoking, reducing alcohol consumption and maintaining a healthy weight.
- Providing advice and support to carers, signposting people to services and groups within their community.
- Promote the Seasonal influenza vaccination for people with dementia and their carers.
- Become a Dementia Friend

Dementia Friends learn a little bit about what it's like to live with dementia and turns that understanding into action.

<https://www.dementiafriends.org.uk>

Rotherham Dementia Action Alliance is already working with a local pharmacy chain to build on this to support patients and carers. They are working alongside organisations to encourage, stimulate and support them to develop dementia related action plans and related activities with the objective of developing a genuinely dementia friendly community. In addition Rotherham Public Health, RMBC are keen to support these processes though all Rotherham pharmacies

<http://www.dementiaaction.org.uk>

- **Drink Aware**

Alcohol has become a normal and accepted part of life, but the amount of alcohol that can be drunk in a day without risking health is less than people might think. Drinkers often cram their drinking into a few sessions, usually on a Friday or Saturday night. However, this way of drinking can not only harm their health, but also put their personal safety and that of others at risk. It can also impact on relationships with family, friends and employers.

Pharmacies can support the locally community by signposting posting patients to services and advising them of information sources such as the Drink Aware website.

<http://www.Drinkaware.co.uk>

- **Mental Health**

Everyone has mental health like we all have physical health. Wellbeing and good mental health are essential for each of us to reach our full potential. By promoting good mental health and building emotional resilience we can make improvements to peoples physical health, reduce the risk of mental health problems and suicide, promote recovery from mental health problems, reduce risk taking behaviour, improve employment rates and productivity, reduce anti-social behaviour and criminality and increase levels of social interaction and participation.

To promote improved mental health and wellbeing within the general population, a combination of universal approaches which raise awareness and understanding and reduce the stigma around mental illness. There is the need to identify those people within the local population most at risk of developing mental health problems and to develop and target health promoting interventions directly to them.

Pharmacies can:

- Signpost to mental health services and support groups in the community
- Provide advice and support to carers, signposting them to services and groups within their community.
- Promote the Seasonal influenza vaccination for people with mental health problems and carers.
- Sign up to the Time to Change campaign

<http://www.time-to-change.org.uk/>



Four tiers of support are offered and all clients will be assessed and triaged into appropriate treatment programmes taking the following factors into account:

- Level of addiction using a recognised assessment tool
- Socio-economic classification
- Previous quitting and medical history
- Key target groups

Where appropriate referral to other public health services such as weight management, health trainers, and NHS Health Checks will be offered and documented. Advice on smoke free homes and cars is a key component of every client interaction.

## **H: Conclusions**

Community Pharmacies in Rotherham are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on week days and at the weekend (often until late at night) without the need for an appointment.

Whilst there is no requirement for any new pharmacy premises in Rotherham to provide essential services, there are opportunities available to maximise existing and future Locally Commissioned Services.

Pharmaceutical services which are available need to be advertised more widely and there should be better access to and information about availability of services. By advertising and utilising the skills of community pharmacists significant health improvements can be made to help reduce health inequalities.

There is a need to communicate the range of Essential, Advanced and Locally Commissioned Pharmaceutical Services that each Community Pharmacy is able to provide.

## **I: Summary relating to Complacence with NHS Regulations 2013, Schedule 1**

### Current provision – necessary and other relevant services

As described in particular in the section E and required by paragraphs 1 and 3 of schedule 1 to the Regulations, Rotherham HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Rotherham HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of the current provision by those on the pharmaceutical list within normal hours was likely to be necessary as described in the section E with the remainder identified in those sections as providing improvement or better access without the need to differentiate in any further detail.

### Necessary services – current gaps in provision

As described in particular in the section G and required by paragraph 2 of schedule 1 to the 2013 Regulations, Rotherham HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

In order to assess the provision of pharmaceutical services against the needs of the population the HWB consider access (distance and opening hours) as the most important factor in determining the extent to which the current provision of pharmaceutical services meets the needs of the population.

### Improvements and better access – gaps in provision

As described in particular in the section G.1 and required by paragraph 4 of schedule 1 to the 2013 Regulations, Buckinghamshire HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services in the area of the HWB.

Rotherham HWB considered the conclusion in respect of whole HWB area. Where a gap in the provision of pharmaceutical services by those on the pharmaceutical list was identified in respect of times and additional services, those are reflected section G.2

### Future gaps in provision

Rotherham HWB has had regard to the developments shown in section G.3

Based on the information available at the time of developing this PNA, no additional requirements specific to this locality have been identified either as a need or improvement or better access that would be occasioned by those developments during the lifetime of this PNA.

### Other NHS Services

As required by paragraph 5 of schedule 1 to the 2013 Regulations, Rotherham HWB has had regard in particular to section 6 in considering any other NHS Services that may affect the determination in respect of pharmaceutical services in the area of the HWB and are detailed in section F of the PNA.

### **How the assessment was carried out**

As required by paragraph 6 of schedule 1 to the 2013 Regulations:

In respect of how the HWB considered whether to determine localities in its area for the purpose of this PNA, see section B. The Rotherham HWB considered the area a one locality.

In respect of how the HWB took into account the different needs in its area, including those who share a protected characteristic, see sections C and D.

In respect of the consultation undertaken by the HWB, see Appendix 2.

### **Map of provision**

As required by paragraph 7 of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical services at figure 1 with a detailed the town centre figure 1b. Appendix 5 also includes additional information to the maps.

## J: Sources

All references and web links current as of September 2014

- Association of Public Health Observatories Health Profiles <http://www.apho.org.uk/>
- Active People Survey <http://www.sportengland.org>
- CHUMs Care Home Use of Medicines Study Report <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhcp/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf>
- ImmForm - Department of Health data collection website [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk)
- Health and Social Care Information centre <http://www.hscic.gov.uk/>
- Healthwatch Rotherham <http://www.healthwatchrotherham.org.uk/>
- NHS Choices <http://www.nhs.uk/Pages/HomePage.aspx>
- NHS England <http://www.england.nhs.uk>
- NHS England South Yorkshire and Bassetlaw Area Team Pharmaceutical List June 2014
- NHS Prescription Services [http://www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm)
- NHS Rotherham Pharmaceutical Needs Assessment Patient Survey 2010
- NHS Rotherham CCG website <http://www.rotherhamccg.nhs.uk/>
- NHS Primary Care Commissioning <http://www.pcc.nhs.uk>
- Office for National Statistics <http://www.statistics.gov.uk>
- Pharmaceutical Services Negotiating Committee <http://www.psnc.org.uk/>
- Rotherham Borough Joint Health and Wellbeing Strategy (2012-2015) [http://www.rotherham.gov.uk/info/200048/health\\_and\\_wellbeing/812/health\\_and\\_wellbeing\\_board/5](http://www.rotherham.gov.uk/info/200048/health_and_wellbeing/812/health_and_wellbeing_board/5)
- Rotherham Joint Strategic Needs Assessment 2014 <http://www.rotherham.gov.uk/jsna>
- Rotherham Metropolitan borough Council Ward profiles <http://www.rotherham.gov.uk>
- The English Indices of Deprivation 2010 <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>

## **K: Appendices**

- 1. Consultation Reply Form**
- 2. Consultation Report**
- 3. Equality Impact Assessment (EIA) Screening Tool**
- 4. Supplementary Service Provision Map**
- 5. Key for Supplementary map (including Local Commissioned Services by Pharmacy)**
- 6. Glossary of Terms**



## Appendix 1 Consultation Reply Form

### Pharmaceutical Needs Assessment Consultation Reply Form

Responses can be completed and sent in online at:

<https://www.surveymonkey.com/s/VCM8WX7>

Alternatively please complete and return to:

PNA- Public Health Team  
Rotherham MBC  
Riverside House  
Main Street  
S60 1EA

Closing date for responses: **30<sup>th</sup> November 2014**

Any responses received after this date will not be included in the response report, but may be taken into consideration when the document is reviewed

Name	
Contact address including postcode	
Organisation representing (if appropriate)	
Email address	
Brief description of organisation (if appropriate)	

#### Freedom of Information

We will manage the information you provide in response to this consultation in accordance with the Department of Health's Information Charter.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals with amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for

disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on RMBC.

RMBC will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be passed on to departments within RMBC and / or published in a summary of responses to this consultation.

<b>I do not wish my response to be passed on to other departments within NHS Rotherham</b>	
<b>I do not wish my response to be published in a summary of responses</b>	

**Are you responding?**

As a member of the public	
As a health or social care professional	
As a pharmacist / appliance contractor	
On behalf of an organisation	

**Area of work:**

NHS		Trade Body	
Social Care		Independent Contractor to NHS	
Private Health		Manufacturer	
Third Sector		Supplier	
Regulatory Body			
Professional Body		Other (please give details)	
Education			
Trade Union			
Local Authority			

**If you are responding on behalf of an organisation, please indicate which type of organisation you represent:**

NHS		Trade Body	
Social Care		Independent Contractor to NHS	
Private Health		Manufacturer	
Third Sector		Supplier	
Regulatory Body			
Professional Body		Other (please give details)	
Education			
Trade Union			
Local Authority			

## Consultation Comments and Views

Rotherham Health and Wellbeing Board welcome comments and views from all interested parties on the draft Pharmaceutical Needs Assessment (PNA)

Q1. Do you feel that the purpose of the PNA has been explained sufficiently?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q2. Do you feel that the information contained within the PNA adequately reflects the current community pharmacy provision within Rotherham?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q3. Do you feel the needs of the population of Rotherham have been adequately reflected?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q4. Are you aware of any pharmaceutical services currently provided that you are aware of that are not currently highlighted within the PNA?

Yes / No      *please circle as appropriate*

If yes, please let us know which services.

Q5. Has the PNA given you adequate information to inform your own future service provision? (*Pharmacies only*)

Yes / No      *please circle as appropriate*

If no, please let us know why.

Q6. Is there any additional information that you feel should be included?

Yes / No      *please circle as appropriate*

If yes, please let us know which organisations should be contacted

Q7. Do you have any other comments?

Yes / No *please circle as appropriate*

If yes, please let us know

*Thank you for contributing to the consultation process.*

A report of on the consultation will be including in the final document which is due for publication February 2015.

## Appendix 2 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 (HWB) area are accurately reflected in the final PNA document, which is to be published by 1<sup>st</sup> April 2015. 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 and doctor dispensing lists.

In addition, other local stakeholders and residents were invited to consult on the draft. This process was undertaken in conjunction with Rotherham Healthwatch.

Healthwatch Rotherham publicised the consultation via their website, Facebook page, Twitter and the October 2014 Newsletter. Members of Healthwatch Rotherham were sent the newsletter directly via email or hard copy with a Self-Addressed envelope to members receiving the newsletter in the post. Copies were made available in the reception area of the Healthwatch Rotherham office in Rotherham Town centre throughout the consultation period.

Healthwatch Rotherham membership consists of over 580 individuals, NHS organisations, health support groups, GPs, and Rotherham health networks.

Each statutory consultee was contacted via a letter (postal and e-mail) explaining the purpose of the PNA and that as a statutory party, their opinion on whether they agreed with the content of the proposed draft would be welcome. They were directed to the Rotherham Metropolitan Borough Council website to access the document and executive summary, and offered the option of a hard copy if they wanted one.

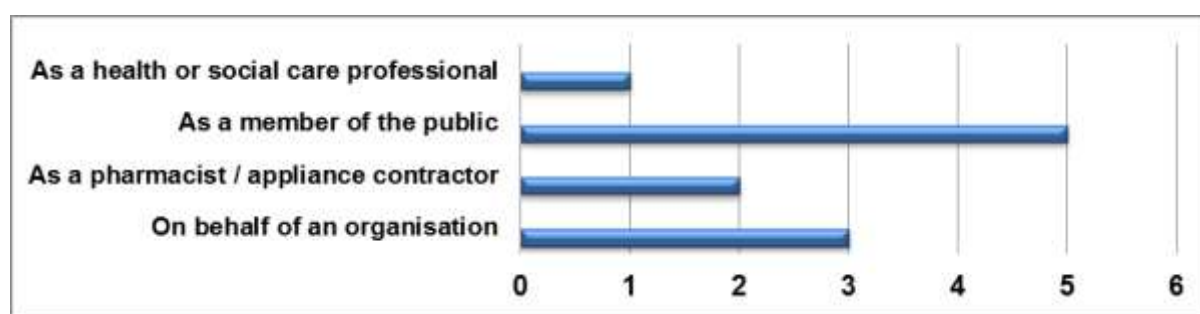
All consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online, via a link or alternatively email, post or paper copy.

The questions derived were 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 1<sup>st</sup> October 2014 until 30<sup>th</sup> November 2014.

## Results

The consultation received a total of 11 responses, which identified themselves as the following:



Participants in the consultation were not required to complete every question. As a result percentages are derived from the number of responses to the questions rather than the number of overall respondents.

## Summary of Responses and Considerations

1. In asking “**Does the PNA reflect the current provision of Community Pharmacy service provision in Rotherham**”, the 55% responded positively, comments were received from 3 of the 5 dissenting parties which stated that they did not understand the question. The other comments and responses are shown below:

Summary of comments	Response
1. Information was provided by the LPC in reference to typographical errors and questioned patient choice in regard to the stoma continence service being delivered without the use of FP10 prescriptions.	The HWB used the information supplied by commissioners of the services to develop the PNA. These comments will be forwarded to them for information.

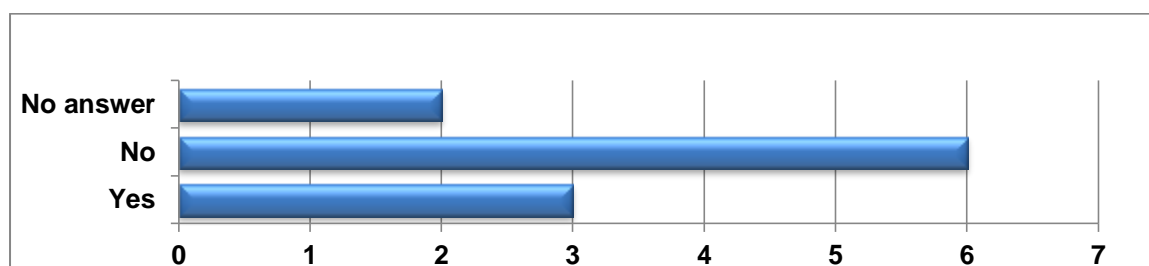


2. One comment requested case studies be included in the PNA and noted they were unaware that not all pharmacies provided the same services.	The HWB was pleased to receive feedback from the local community with regards informing the public of services available through the PNA, however determined case studies were not appropriate for the document.
--	--

Overall response:

The HWB was pleased to note the high positive response to this question and made corrections to the document in regards to typographical errors.

2. In asking “**Are you aware of any pharmaceutical services currently provided that you are aware of that are not currently highlighted within the PNA**”, the question received the following responses:



The HWB were pleased to see that additional comments were received from all three categories of responses. They are summarised below, with any responses:

Summary of comments	Response
1. A question was raised regarding the format of the document and why some services were described as ‘in development’ rather than ‘current provision’.	At the time of writing the document, some services, although being provided in the past by Community Pharmacies were under development and the exact nature of the service providers was undetermined. Confirmation of the status of these services was sort from the commissioners and the final document update accordingly.
2. A comment was received provided information that additional accredited pharmacists are working in the area and are able to provide the EHC service.	The HWB was pleased to receive this information and forward the details to the service commissioner.

3. The communication between pharmacies and GP was commented on in a positive manner.	The HWB was pleased to receive a positive comment regarding the communication between Primary Care professionals.
4. A concern was raised regarding the time available for patients to get the information they need with regards to medication.	The HBW are not able to consider this as part of the PNA development, however would pass the comment to the LPC for information.
5. Two comments were none-responsive.	

Overall response:

The HWB was pleased to note the responses to this question and additional information received. Both the Influenza vaccination and Stop Smoking Support services are to be included in the Current Provision sections of the final document

3. In asking “**Do you feel the needs of the population of Rotherham have been adequately reflected**”, the majority, 64% responded positively, with four comments offered, as follows:

Summary of comments	Response
1. A comment was received that stated “ <i>I do not believe all the population have been</i> ”	The HBW are not able to consider this as part of the PNA development as there is no specific details to address.
2. A comment was a person anecdote regarding the dispensing service at the hospital.	The HBW are not able to consider this as part of the PNA development
3. Two comments were received indicated that there were neutral regarding the question and did not have any opinion either way.	

Overall response:

The HWB was pleased to note the overall positive response to this question

4. In asking “**Has the purpose of the PNA been explained sufficiently**”, the HWB were pleased to note the majority (73%) confirmed that it had, with all three descending respondents adding comments noting that the document was not simple to understand, however no suggestions were made to address this. The HWB noted that these comments were from members of the public rather than statutory consultees and did not provide contact information for follow up.

The HWB was pleased to note the high positive response to this question. In order to publish the document in a more user friendly way, the final PNA will be made available on the RMBC website in several formats, one of which will be in smaller ‘bite size’ sections, in the same style as the Rotherham JSNA

5. Pharmacies were asked specifically “**Has the PNA given you adequate information to inform your own future service provision**”, the HWB were pleased to note all the responses from pharmacies and pharmacy organisations replied positively.
6. Respondents were given the opportunity to provide any other comments on the draft PNA. Seven chose to submit further comments. These are summarised in the table below with responses:

Comments	Response
1. An opinion was given, which indicated that although pharmacies want to deliver some services, it is perceived not to be financially viable.	The HWB are unable to consider this issue as part of the PNA process; however we have noted the comment. The information will be forwarded to the service commissioners.
2. Updated information regarding job titles and roles were submitted.	Amendments for accuracy were made during the consultation period.
3. It was noted that some repetition had occurred in the document.	Unnecessary duplications were removed from the document.
4. A query regarding consistency of questions asked during the consultation by different formats, i.e. on-line and paper was raised.	The survey questions were revised prior to consultation, which involved an external organisation. Both sets of responses were considered during the process.

5. A question was raised regarding the opening hours used in the determinations.	The hours used in the determination were provided by NHSE Area Team. Opening times are available via the NHS choices website and the document has a direct link to this.
6. A question was raised regarding the plotting of pharmacies on the maps produced.	The HWB board reviewed the statutory map and determined that, for clarification a more detailed area map would be included of the town centre so pharmaceutical services could be more easily identified.
7. A comment was received which highlighted the restrictions relating to 'directing services' through the pharmacy application process as the majority of new pharmaceutical services are now commissioned via CCGs or LAs.	The HWB welcome the comment, however this falls outside the scope of the PNA.
8. The following comment was submitted. "Good piece of work."	The HWB were pleased to receive such a positive comment.
9. Concerns were raised regarding the communication between GP surgeries and pharmacies.	The HWB are unable to consider this issue as part of the PNA process, however noted that comments of an opposite nature were also received during the consultation.
10. A queried was raised regarding public engagement in the PNA consultation.	The HWB worked with Healthwatch Rotherham to conduct the public engagement element of the consultation due to its relationship with the community and patients groups. The general public also had the opportunity to access the consultation via the RMBC website.
11. A comment was made regarding the hospital pharmacy service.	The HWB are unable to consider this issue as part of the PNA process.

The HWB was pleased to receive additional information and points of accuracy. The following amends were made in response:

- Unnecessary duplications removed
- Additional detailed map of the town centre included
  - Contributors details updated

### **Additional Processes Undertaken During the Consultation Period**

*Refresh of data from service commissioners:* Each of the commissioning organisations and the leads for each of the LCS, including Enhanced services, were asked to confirm the information provided to inform the PNA and provide updates on either developments or provision of those services described in the draft for consultation. Updated information received and was integrating into the document; however, this did not affect the original determinations made.

*Meetings:* A range of meetings were held as part of the consultation process. This was to provide an additional opportunity for determinations to be discussed and information to be verified. They included:

- Healthwatch Rotherham
- Rotherham LPC
- Joint meeting of the neighbouring PNA steering groups.

As a result of these meetings the following actions were taken:

- Additional information was added to the maps to identify dispensing practices and appliance contractors.
- An additional section at the end of the conclusions, was included to clarify how the document meets the regulatory requirements

### **Conclusions**

The HWB would like to thank those who participated in the consultation process. The information gleaned was constructive and helpful. The consultation did not result in any major changes to the document, or any of its determinations, however provided valuable feedback on key factors.

## Appendix 3 Equality Impact Assessment (EIA) Screening Tool

<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.</p>	
<p><b>Name of policy, service or function. If a policy, list any associated policies:</b></p>	<p>Pharmaceutical Needs Assessment (PNA)</p>
<p><b>Name of service and Directorate</b></p>	<p>Public Health (NAS) on behalf of the Rotherham HWB.</p>
<p><b>Lead manager</b></p>	<p>Sally Jenks</p>
<p><b>Date of Equality Analysis (EA)</b></p>	<p>Review date – June 2014</p>
<p><b>Names of those involved in the EA</b></p>	<p>Sally Jenks Joanna Hallatt</p>
<p><b>Aim/Scope</b></p> <p>Since April 2013 Local Authorities have assumed responsibility for the production and maintenance of the PNA. The Health Act (2009) states the requirements for Local Authorities to publish the PNA as the basis for determining market entry to NHS Pharmaceutical Service provision. PNAs form the basis of market entry tests for pharmacy contract applications. As there is no “right of appeal” against a PNA, the risks of not following the published Regulations and Guidance could result in the Local Authority being taken to Judicial Review.</p>	
<p><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?</b></p> <p>Information use to inform the production of this document has been sourced from:</p> <ul style="list-style-type: none"> <li>• The JSNA</li> <li>• The Director of Public Health’s Annual Report (2013-2014)</li> <li>• Public Health Rotherham</li> <li>• Pharmaceutical Service Providers</li> <li>• The Census</li> <li>• LPC</li> <li>• LMC</li> <li>• Healthwatch</li> </ul>	
<p><b>Engagement undertaken with customers. (date and group(s) consulted and key findings)</b></p>	<p>The following have commented and contributed or, been invited to comment and contribute to the draft consultation via the following meetings:</p> <ul style="list-style-type: none"> <li>• Stakeholder Involvement meeting (13/08/14)</li> <li>• Healthwatch Rotherham</li> <li>• LPC open meetings (00/00/14 - 11/09/14)</li> <li>• LMC open meeting (00/00/14)</li> <li>• RFT</li> <li>• RDaSH</li> <li>• Rotherham CCG</li> <li>• NHS England</li> <li>• Neighbouring HWB – Barnsley, Bassetlaw, NE Derbyshire, Doncaster, Nottinghamshire.</li> </ul> <p>No significant changes made to the draft document as a result of the pre consultation exercise.</p>
<p><b>Engagement undertaken with staff about the implications on service users (date and group(s) consulted and key findings)</b></p>	<p>The draft consultation document has been to the following meetings:</p> <ul style="list-style-type: none"> <li>• Public Health DLT (15/09/14)</li> </ul>

	<ul style="list-style-type: none"> <li>• NAS DLT (16/09/14)</li> <li>• Cabinet Member: Education &amp; Public Health Services (16/09/14)</li> <li>• Health &amp; Wellbeing Board (01/10/14)</li> </ul> <p>No significant changes made to the draft document as a result of the pre consultation exercise.</p>
<b>The Analysis</b>	
<p><b>How do you think the Policy/Service meets the needs of different communities and groups?</b>  The PNA Regulations clearly outline the process for the engagement and consultation process. Healthwatch Rotherham is conducting the community consultation element.</p> <p>The guidance extends to publishing and availability for the consultation, see below:</p> <p><i>(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.</i></p> <p><i>(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation</i></p> <p><i>(6) If a person consulted on a draft under paragraph (2)—</i></p> <p><i>(a) is treated as served with the draft by virtue of paragraph (5); or</i></p> <p><i>(b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).</i></p>	
<p><b>Analysis of the actual or likely effect of the Policy or Service:</b></p> <p><b>Does your Policy/Service present any problems or barriers to communities or Group?</b> The assessment will have a neutral impact</p> <p><b>Does the Service/Policy provide any improvements/remove barriers?</b> The PNA forms the basis for determining market entry to NHS Pharmaceutical Service provision, and provides the evidence base for any subsequent changes in local provision.</p> <p><b>What affect will the Policy/Service have on community relations?</b>  The policy will have a neutral impact</p>	

**Website Key Findings Summary:** To meet legislative requirements a summary of the Equality Analysis needs to be completed and published. This document will be an appendix in the published PNA.



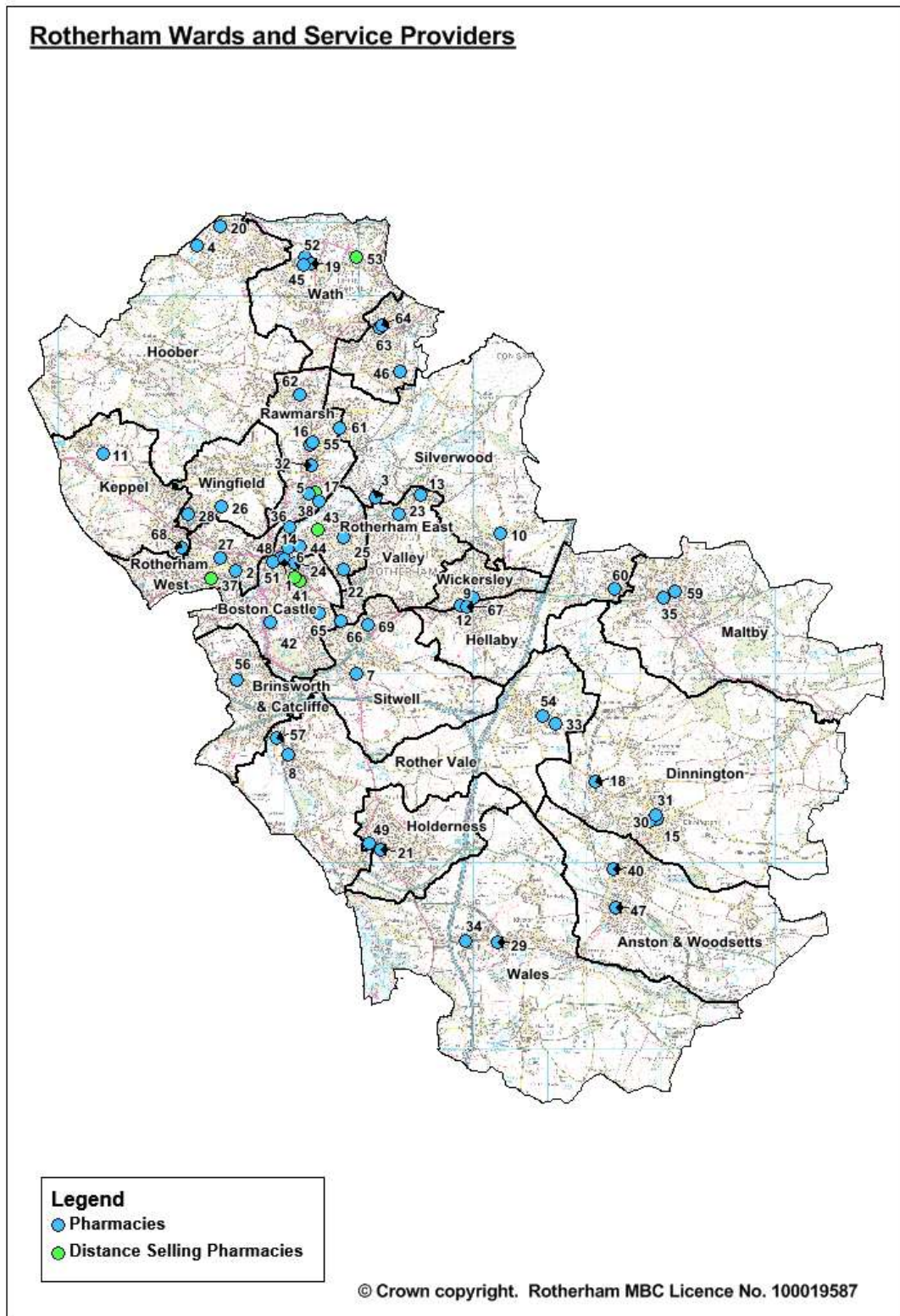


\*A = Age, C= Carers D= Disability, G = Gender, GI Gender Identity, O= other groups, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage.

## Website Summary – Please complete for publishing on our website and append to any reports to Elected Members, SLT or Directorate Management Teams

Completed Equality Analysis	Key findings	Future actions
<p><b>Directorate: Public Health (NAS)</b>.....</p> <p><b>Function, policy or proposal name:</b> Pharmaceutical Needs Assessment</p> <p><b>Function or policy status:</b> New</p> <p><b>Name of lead officer completing the assessment:</b> Sally Jenks</p> <p><b>Date of assessment:</b> June 2014</p>	<p>The PNA development process (including this analysis) has provided :</p> <p>A current assessment of Pharmaceutical Service provision within Rotherham.</p> <p>Identified any potential gaps in provision which require further exploration.</p> <p>Considered the demographic &amp; geographic data held within the JSNA in the Analysis.</p>	<p>Publication of supplementary statements highlighting any changes to pharmaceutical service provision.</p> <p>Re - review should any significant changes occur locally.</p>

## Appendix 4: Supplementary Service Provision Map



## Appendix 5: Key for Supplementary map (including Local Commissioned Services by Pharmacy)

Pharmacy	Address	Postcode	Tel no.	Consultation Room	Minor Ailments	Emergency Contraception	Palliative Care	Supervised consumption	Medicines & Syringe Exchange	Medicines Use Review	New Medicines Service	Appliance Use Review	Some Appliances Customisation
1 Abbey Pharmacy Ltd	19 - 21 Howard Street Rotherham	S65 1JQ	01709 377421										
2 Archway Pharmacy	Arch 5 Coronation Bridge, Kimberworth	S61 1AA	554232										
3 Asda Pharmacy	Asda Superstore, Aldwark Lane	S65 3SW	01709 559410										
4 Boots the Chemist	Cortonwood Retail Park	S73 0TB	341957										
5 Boots the Chemist	Retail World Parkgate	S62 6JQ	01709 780597										
6 Boots the Chemist	Howard Street Rotherham	S65 1JQ	01709 365671										
7 Brookside Pharmacy	2a Turner Lane Whiston	S60 4HY	01709 368537										
8 Cohens Chemist	10b Station Street Treeton	S60 5PN	0114 293 9039										
9 Co-operative Pharmacy	Poplar Glade Wickersley	S66 2JQ	01709 549714										
10 Co-operative Pharmacy	6 Hollings Lane Ravenfield	S65 4PU	01709 541316										
11 Co-operative Pharmacy	Sough Hall Avenue Thorpe Hesley	S61 2CJ	0114 257 1557										
12 Co-operative Pharmacy	206 Bawtry Road Wickersley	S66 1AA	01709 531914										
13 Co-operative Pharmacy	22 Park Lane Thrybergh	S65 4BT	01709 850214										
14 Croyer A Pharmacy	1 Kenneth Street Rotherham	S65 1AB	01709 364249										
15 Dinnington Pharmacy	Dinnington Surgery	S25 2EZ	01909 518338										
16 Eightlands Pharmacy	The High Street Surgery Rawmarsh	S62 6LW	01709 522244										
17 Good Measure	Unit 18 Alexander Centre Parkgate	S62 6JE	01709 750788										
18 Heritage Pharmacy	8 Heritage Court Dinnington	S25 3SA	01909 808935										
19 J. M. McGill Ltd	37 High Street Wath-Upon-Dearne	S63 7QB	01709 872163										
20 J.M. McGill Ltd	65 Knollbeck Lane Brampton	S73 0TW	01226 341281										
21 Lloyds Pharmacy - Aston	Aston cum Aughton Centre	S26 4WD	0114 287 2232										
22 Lloyds Pharmacy - Badsley Moor Lane	Central Parade Badsley Moor Lane	S65 2QN	01709 382483										
23 Lloyds Pharmacy - Dalton	Eden House, Magna Lane Dalton	S65 4HH	01709 851263										
24 Lloyds Pharmacy - Doncaster Gate	Rotherham Health Village Doncaster Gate	S65 1DW	01709 371752										
25 Lloyds Pharmacy - Doncaster Road	239 Doncaster Road Rotherham	S65 2DE	01709 364284										
26 Lloyds Pharmacy - Fenton Road	Fenton Road Greasbrough	S61 4RD	01709 551555										
27 Lloyds Pharmacy - Kimberworth Road	19 - 21 Kimberworth Road	S61 1AB	01709 563684										
28 Lloyds Pharmacy - Kimberworth Park	31-33 Langdon Road Kimberworth Park	S61 3JL	01709 552313										
29	99 Wales Road Kiveton Park	S26 6RA	01909 770214										
30 Lloyds Pharmacy - Laughton Rd Dinnington	31 - 33 Laughton Road Dinnington	S25 2PN	01909 562336										
31 Lloyds Pharmacy - New St Dinnington	New Street Dinnington	S25 2EX	01909 562523										
32 Lloyds Pharmacy - Parkgate	45C Rawmarsh Hill Parkgate	S62 6DP	01709 522448										
33 Lloyds Pharmacy - Thurcroft	65 Green Arbour Road Thurcroft	S66 9DP	01709 542224										
34 Lloyds Pharmacy - Wales	7- 8 The Square Wales	S26 5QN	01909 771418										
35 Maltby Pharmacy	8 Blyth Road Maltby	S66 8JD	01709 766665										
36 MedicX Pharmacy Ltd	NHS Rotherham Community Health Centre	S60 1RZ	01709 464464										
37 Meadowbank Pharmacy	Meadowbank Industrial Estate Rotherham	S61 1EE	01709 555100										
38 Morrison's Pharmacy	Retail World Parkgate	S60 1TG	01709 780363										
39 Morrison's Pharmacy	Cortonwood Retail Park Brampton	S73 0TB	01226 754763										
40 North Anston Pharmacy	14 Quarry Lane North Anston	S25 4DB	01909 560222										
41 PharmacyDelivered4U	145-147 Wellgate Rotherham	S60 2NN	01709 829777										
42 Rotherchem	255 Canklow Road Rotherham	S60 2JH	01709 820514										
43 Rotherham Direct Pharmacy	36 Shakespear Road Rotherham	S65 1QY	01709 374204										
44 Rowlands Pharmacy	72 - 78 York Road Rotherham	S65 1PW	01709 375304										
45 Rowlands Pharmacy	2 Church Street Wath-Upon-Dearne	S63 7QY	01709 873134										
46 S. K. Lo Pharmacy	30a Highthorn Road Kilnhurst	S62 5UT	01709 578119										
47 South Anston Pharmacy	13 Sheffield Road South Anston	S25 5DT	01909 567268										
48 Superdrug Pharmacy	12 Howard Street Rotherham	S60 1QU	01709 370971										
49 Swallownest Pharmacy	31/33 High Street Swallownest	S26 4TT	0114 287 7006										
50 Swift Delivery Pharmacy	210B Wellgate Road Rotherham	S60 2PD	01709 830111										
51 Tesco Pharmacy	Tesco Superstore Rotherham	S65 1JH	01709 840747										
52 Tesco Pharmacy	Biscay Way Wath-Upon-Dearne	S63 7DA	01709 848647										
53 The Online Pharmacy Ltd	Unit 5 Farfield Park Manvers	S63 5DB	01709 827678										
54 Thurcroft Pharmacy	24-28a Laughton Road Thurcroft	S66 9LP	01709 701524										
55 Vantage Pharmacy	Belwos Road Shopping Centre Rawmarsh	S62 6NG	01709 522184										
56 Weldrick Pharmacy	27 Brinsworth Lane Brinsworth	S60 5BS	01709 379320										
57 Weldrick Pharmacy	26 Main Street Catcliffe	S60 5SR	01709 382266										
58 Weldrick Pharmacy	Maltby Services Centre	S66 8JE	01709 813344										
59 Weldrick Pharmacy	94a High Street Maltby	S66 7BN	01709 812429										
60 Weldrick Pharmacy	3 Laburnum Parade Maltby	S66 8DP	01709 816290										
61 Weldrick Pharmacy	52 Claypit Lane Rawmarsh	S62 5HD	01709 522286										
62 Weldrick Pharmacy	The Parade Rawmarsh	S62 7HX	01709 522605										
63 Weldrick Pharmacy	1a Church Street Swinton	S64 8QA	01709 582776										
64 Weldrick Pharmacy	17 Crown Street Swinton	S64 8NB	01709 582183										
65 Whitworth Chemists	108 Broom Valley Road Rotherham	S60 2QY	01709 382731										
66 Whitworth Chemists	70a Broom Lane Rotherham	S60 3EW	01709 361398										
67 Wickersley Pharmacy	2 Morthen Road Wickersley	S66 1EU	01709 703319										
68 Winterhill Pharmacy	2 Fellowsfield Way Kimberworth	S61 1NL	01709 555295										
69 Your Local Boots Pharmacy	342 Herringthorpe Valley Road	S60 4LA	01709 365924										

Key	
Light green	Distance Selling Pharmacy
Bright Green	Pharmacy Provides Service
Red	Pharmacy Not Providing Service

## Additional details for Maps 1a and 1b

### Dispensing Practices

70	Kiveton Park Primary Care Centre	Chapel Way	Kiveton Park	S26 6QU
71	The Medical Centre	New Street	Dinnington	S25 2EZ
72	Morten Road Group Practice	Morten Road	Wickersley	S66 1EU
73	Thorpe Hesley Surgery	Sough Hall Avenue	Thorpe Hesley	S61 2QP

### Appliance Contractors

74	South Yorkshire Ostomy Supplies	Meadowband Industrial Estate	Harrison Street	S61 1EE
----	---------------------------------	------------------------------	-----------------	---------

## **Appendix 6: Glossary of Terms**

### **ePACT**

A service for pharmaceutical and prescribing advisors which allows on-line analysis of the previous sixty months prescribing data held on NHS Prescription Services Prescribing Database.

### **IMD Index or Indices of Multiple Deprivation**

The Index of Multiple Deprivation (IMD) is a measure of multiple deprivations at Super Output Area (SOA) level. The model of multiple deprivation which underpins the IMD is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately.

### **JSNA Joint Service Needs Assessment**

The purpose of JSNA is to pull together in a single, ongoing process all the information which is available on the needs of our local population ('hard' data i.e. statistics; and 'soft data' i.e. the views of local people), and to analyse them in detail to identify the major issues to be addressed regarding health and well-being, and the actions that local agencies will take to address those issues.

### **Local Commissioned Service**

Local Commissioned services address a gap in Essential services or deliver higher than specified standards, with the aim of helping reduce demand on secondary care. These services expand the range of services to meet local need, improve convenience and extend choice.

### **LPC Local Pharmaceutical Committee**

The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC). The LPC is the focus for all community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with Rotherham CCG NHS England, Local Authorities and other healthcare professionals to help plan healthcare services.

## **ONS Office National Statistics**

The Office for National Statistics produces independent information to improve our understanding of the UK's economy and society.

## **The Public Health Outcomes Framework**

The Public Health Outcomes Framework sets out a structure for public health in a way that can be measured locally. The outcomes and the indicators used are important in helping us understand how well public health is being improved and protected in Rotherham. The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how healthy they are at all stages of life.

## **PSNC Pharmaceutical Services Negotiating Committee**

The Pharmaceutical Services Negotiating Committee (PSNC) is recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters.



## L: Acknowledgements

### 1. Members of the Development Group

Dr. John Radford	Director Public Health RMBC & Member of Rotherham HWB
Sally Jenks	Public Health Specialist RMBC
Elena Hodgson	Research Analyst RMBC
Joanna Hallatt	Independent Pharmaceutical Advisor to RMBC

### 2. Contributors

Melanie Howard	Public Health Alcohol Coordinator RMBC
Debbie Stovin	Adult Treatment System Manager, Drug and Alcohol Public Health Team Rotherham RMBC
Kathy Wakefield	Screening and Immunisation Manager, South Yorkshire and Bassetlaw Area Team, Public Health England
Melanie Hall	Manager Healthwatch Rotherham
Helen Wyatt	Patient & Public Engagement Manager NHS Rotherham CCG
Gill Harrison	Public Health Specialist (Sexual Health) RMBC
Marcus Williamson	Public Health Information Analyst RMBC
Stuart Lakin	Head of Medicines Management NHS Rotherham CCG
Rebecca Atchinson	Public Health Specialist RMBC
Ruth Fletcher-Brown	Public Health Specialist (Mental Health all ages and domestic abuse) RMBC
Dr. Jason Horsley	Locum Consultant in Public Health