

Health and Wellbeing Board

Wednesday, 07 March 2018 at 14:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
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Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 977 2826) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting **HEALTH AND WELLBEING BOARD**

Date Wednesday, 10 January 2018 (commencing at 2.00 pm)

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Dr John Doddy (Chair)
Joyce Bosnjak
Glynn Gilfoyle
Martin Wright

DISTRICT COUNCILLORS

A	Amanda Brown	-	Ashfield District Council
	Jim Anderson	-	Bassetlaw District Council
	Lydia Ball	-	Broxtowe Borough Council
A	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
	Neill Mison	-	Newark and Sherwood District Council
	Andrew Tristram	-	Mansfield District Council

OFFICERS

David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
Colin Pettigrew	-	Corporate Director, Children, Families and Cultural Services
Barbara Brady	-	Interim Director of Public Health

CLINICAL COMMISSIONING GROUPS

A	Dr Nicole Atkinson	-	Nottingham West Clinical Commissioning Group
	Dr Thilan Bartholomeuz	-	Newark and Sherwood Clinical Commissioning Group
	Idris Griffiths	-	Bassetlaw Clinical Commissioning Group
	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group (Vice-Chair)

- | | | | |
|---|--------------------|---|--|
| A | Dr James Hopkinson | - | Nottingham North and East Clinical Commissioning Group |
| A | Dr Gavin Lunn | - | Mansfield and Ashfield Clinical Commissioning Group |

LOCAL HEALTHWATCH

Michelle Livingston - Healthwatch Nottinghamshire

NHS ENGLAND

A Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Kevin Dennis

OFFICERS IN ATTENDANCE

Martin Gately	-	Democratic Services
Nicola Lane	-	Public Health
Jonathan Gribbin	-	Public Health
John Wilcox	-	Public Health
Sean Parks	-	Place
Dr Kate Allen	-	Public Health
Jenny Brown	-	Public Health

OTHER ATTENDEES

Ilana Freestone - Active Partnership Trust

MINUTES

The minutes of the last meeting held on 6 December 2017 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Kevin Dennis, Chief Executive, Police and Crime Commissioner's Office, Councillor Nicole Atkinson and Councillor Henry Wheeler. Councillor Debbie Mason was replaced by Councillor Sarah Bailey for this meeting only.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017 AND UPDATE ON PROGRESS AND RECOMMENDATIONS

Barbara Brady presented the report. Mrs Brady explained that 10% of the health of a local population is linked to access to health care. In addition, there is a 14.9 year gap in healthy life expectancy for men, as well as a 14.4. year gap in healthy life expectancy. Members heard about the 'social gradient' in relation to health inequalities – the socio-economic circumstances which benefit some more than others so that not everyone has the same opportunities to lead a healthy life. The NHS has not made a difference to health inequalities because these reside outside the NHS.

- Members heard about Adverse Childhood Events (ACEs) and how these can cause the erosion of telomeres.
- Health and wealth are two sides of the same coin – good employment impacts on health.
- The origins of Public Health in England can be traced back to the time of the Boer War, when there was concern that young people were insufficiently healthy to be conscripted into the army.
- Councillor Doddy reflected on how when the NHS was formed in 1948 smallpox and TB were still major health problems and people still died from a case of diarrhoea. There were great benefits in Public Health responsibility resting with the County Council because it allowed place to be influenced and the Health and Wellbeing Board to be at the forefront.
- Dr Griffiths requested that there should be assurance on the implementation of the recommendations with reports on implementation coming back to the board regularly and health inequalities a key line of enquiry.
- Barbara Brady reminded Members that the next meeting of the Board was a workshop and their engagement and support would be crucial.
- David Pearson commented that the STP does not replace existing agencies and fora and agencies. If you 'do nothing' there is a £628 million funding gap.

RESOLVED: 2018/001

That:

- 1) The Director of Public Health Annual Report be received and commented on by Health and Wellbeing Board.
- 2) The Health and Wellbeing Board agree to contribute towards implementing the recommendations contained within the 2017 report where applicable.

- 3) The progress on implementing the recommendations from the previous 2016 DPH Annual Report be noted.

Update on the Leaving Care Service and Partnership Strategy for looked After Children and Care Leavers in Nottinghamshire 2018-21

Colin Pettigrew introduced the report which provided an update on the work of the Leaving Care Service, which provides advice, support and guidance to young people over the age of 18 who have left the care of the local authority.

- In 2009, there were several hundred children still at home who should have been in care – this was a cohort of children with significant needs, and their transition into care resulted in two fold increase in numbers.
- Some local authorities make care leavers exempt from Council Tax – a challenge for the Board to reflect on.
- Care Leavers are also more likely to have mental health problems and substantially reduced life expectancy – especially if living on the street.
- Members of the Board wanted to see changes to the system to improve mental health provision, as well as more collegiate working to address the challenges of transition.
- David Pearson explained that there is a specialist adult social care team for Asperger's and the Adult Social Care and Health Committee has recently agreed more resources for this.

RESOLVED: 2018/002

That:

- 1) Additional actions required by Health and Wellbeing Board Members in relation to issues in the report be considered
- 2) Members of the Health and Wellbeing Board provide feedback on the vision and ambitions of the draft Partnership Strategy for Looked After Children and Care Leavers in Nottinghamshire.
- 3) Members of the Health and Wellbeing Board agree to receive the final Partnership Strategy for Looked After Children and Care Leavers in Nottinghamshire in 3 months' time, including recommendations regarding the role of the Board in the enactment of the Strategy and its ambitions

NOTTINGHAMSHIRE HEALTH AND WELLBEING STRATEGY PHYSICAL ACTIVITY PRIORITY

John Wilcox, Ilana Freestone, Theresa Hodgkinson and Sean Parks gave an overview of the importance of physical activity and recommended how the Board and its partners can work together to enable people to lead more active lives.

- National data suggests that only 21% of boys and 16% of girls aged 5-15 years achieve the recommended 60 minutes of physical activity per day to benefit their health. Being physically active is required for healthy child development, can help children maintain a healthy weight, and be beneficial to academic performance
- Nottinghamshire County Council received £2.15 million from the D2N2 growth fund for the development of a cycle network, which will promote active and healthy travel.
- Walking and cycling are two of the most accessible and sustainable ways in which people can be physically active. Walking and cycling improvements to encourage residents to be more active, and to help enable them access jobs, services and leisure opportunities.
- Lana Freestone indicated that there had been some good examples of cooperation with general practice, particularly around the Sport England funding stream for diabetes prevention.

RESOLVED: 2018/003

That:

- 1) The objectives set out under paragraph 20 be delivered – which describes areas of policy and service delivery the Health and Wellbeing Board can influence to reduce physical inactivity and develop Nottinghamshire as a more physically active place for health and wellbeing:
 - Undertake and share “Insight mapping” and utilise behaviour change principles to shape local services and places for physical activity.
 - Embed the principles of Active Design within policy and local plans for employment and residential development.
 - Implement physical activity within workplace wellbeing plans and active travel within workplace travel plans.
 - Develop ways to ensure green and open space is used to its full potential to enable people to be active.
 - Work together to ensure programmes to get children and young people to be more active are focused on competence and enjoyment.
 - Deliver physical activity brief intervention and commissioning in health and social care.
 - Contribute to a Countywide programme of physical activity for older people

NOTTINGHAMSHIRE LOCAL MATERNITY TRANSFORMATION – BETTER BIRTHS

Dr Jeremy Griffiths introduced the report. He explained that the integrated commissioning hub was leading on this work. This transformation plan does not cover Bassetlaw CCG, since Bassetlaw CCG is part of the South Yorkshire and Bassetlaw STP and Local Maternity System.

The NHS *Better Births* report sets out the Five Year Forward view for NHS Maternity Services in England. The report stated:

‘Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.’

- Members recognised that when things go wrong with maternity services the response in terms of support and apologies has not always been appropriate – a debriefing service will therefore be introduced to explain what is happening to the affected women and their families.
- Dr Griffiths highlighted that a quarter of the maternity services workforce are in their fifties – and flowing from that there are issues regarding the sustainability of the workforce.
- Members heard that while there are two GPs on the Local Maternity System Board there is still a lot of work to do around relationships. A robust system which delivers interoperability is required.

RESOLVED: 2018/004

That:

1. The report on the Local Maternity Transformation Plan be considered.
2. Comments be provided on how the Health and Wellbeing Board can contribute towards the implementation of the Nottinghamshire Maternity Transformation Plan.
3. The South Yorkshire and Bassetlaw Maternity Transformation plan be considered by the Board.

CHAIR’S REPORT

The Chairman introduced his report, and Barbara Brady highlighted that the Public Health grant had been extended to 2020.

RESOLVED: 2018/005

That the contents of the report be noted.

WORK PROGRAMME

The Chairman reminded Members that the next meeting of the Board would be a workshop focussing on governance issues.

RESOLVED: 2018/006

The meeting closed at 5:10 PM

CHAIR

7 March 2018**Agenda Item: 4****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****CHAIR'S REPORT****Purpose of the Report**

1. An update by Councillor John Doddy, Chair of the Health and Wellbeing Board on relevant local and national issues.

Information**PROGRESS FROM PREVIOUS MEETINGS**

2. **Building Resilience & Emotional Health & Well-being in Children and Young People attending Nottinghamshire Schools (2017-2020)**

This work is driven by 'Futures in Mind 2015 (Chapter 4: Resilience)', and an integrated and coproduction approach lead by Public Health Nottinghamshire funded and supported by nine partner organisations. There are two providers;

Each Amazing Breath CIC have launched their latest [Take Five at School](#) impact report - A '[Celebration in Film of Children Growing Stronger and More Resilient at Misterton Primary & Nursery School, Nottinghamshire](#)'. In a new [4-minute film](#) of the children sharing their insights and hear a Year 6 pupil explain '...it helps me get over stuff' is also available.

The report also celebrates the integrated partnership working across Nottinghamshire & how, together, we have now facilitated 46 schools to bring 'Take Five at School' alive. By Easter 2018, over 8000 children in North & West Nottinghamshire will have a daily resilience building practice, & over 500 children will be trained to lead their peers in practices to help build their sense of resilience & capacity.

The report is additional work outside current commissioning and showcases strong & sustainable impact on chapter 4 of *Future in Mind*, funded through a Health Education England Innovation pilot, & Bassetlaw CCG.

Young Minds, Academic Resilience Approach is being implemented in 15 primary, secondary and special Schools. To date a total of 149 pupils and teachers have been consulted in whole school action planning and 115 staff trained. By Easter this will have increased to almost 300 and include schools champions & 'significant adults' supporting the most vulnerable pupils & students. [Young Minds Academic Resilience](#)

In addition YoungMinds are a partner in the success of **The National Crimebeat Award for Dragons Den Project 8** <http://www.national-crimebeat.org.uk/>

The Project has been chosen as winner in the National Crimebeat Awards for promoting Emotional Health & Well Being and Resilience to prevent Crime.

The project involved Nottinghamshire County Council, Nottinghamshire Police, Ashfield & Mansfield CSP working with the Year 10 group in 6 secondary schools. Teachers in each school were trained by Young Minds & the learning & student devised campaigns to promote emotional health & well-being to prevent crime were cascaded by students across each of the schools.

For more information contact Ann Berry e: ann.berry@nottscc.gov.uk

3. Nottinghamshire County Council and Mansfield District Council working collaboratively with Town and Country Planning Association (TCPA).

Nottinghamshire County Council and Mansfield District Council have been supporting the Town and Country planning Association (TCPA) [Developers and Wellbeing project](#).

The project aims improve understanding between developers & local authorities and encourage a positive approach to delivering healthy developments. Locally this has involved a local workshop to review a local case study across a range of disciplines from health to planners and developers to gain their perspective on building healthy places.

As a result a joint [article](#) has been published on the TCPA website and contributed to the final report for the national project alongside a wide range of partners. The final report was launched at a parliamentary briefing on Tuesday 27th February 2018.

For more information contact Jenny Charles Jones, jenny.charles-jones@nottscc.gov.uk, Nina Wilson nina.wilson@nottscc.gov.uk or Clare Cook ccook@mansfield.gov.uk

4. Spatial Planning for Health and Wellbeing showcase at the Public Health England Annual Conference in September 2017 and recently at East Midlands Public Health Showcase event in January 2018

The role of 'planning' on health and wellbeing in Nottinghamshire championed by the Health and Wellbeing Board was accepted for a poster and abstract presentation at both the Public Health England Annual Conference in September 2017 and an East Midlands Public Health Showcase event in January 2018.

The [poster](#) explained the use of the Nottinghamshire Rapid Health Impact Assessment, health checklist when developing local plans and assessing planning application to ensure that the positive and negative impacts on health and well-being are considered.

For more information contact Jenny Charles Jones, jenny.charles-jones@nottscc.gov.uk or Nina Wilson nina.wilson@nottscc.gov.uk

PAPERS TO OTHER LOCAL COMMITTEES

5. [Adult Social Care and Health Consultation](#)

6. [The Health and Development of Adult Social Care and Public Health Workforce](#)

Report to Adult Social Care and Public Health Committee
8 January 2018

7. [Local Pharmaceutical Council](#)
8. [Obesity Services](#)
9. [Suicide Prevention Plans](#)
Paper to Health Scrutiny Committee
9 January 2018
10. [Partnership Strategy for LAC and care leavers in Nottinghamshire 2018-2021](#)
Children and Young People's Committee
15 January 2018
11. [Departmental Strategies](#)
Policy Committee
24 January 2018
12. [Public Health Commissioning Intentions 2019 Onwards](#)
13. [Update on the Development of an Integrated Health and Social Care Partnership in South Nottinghamshire and Nottingham](#)
Report to Adult Social Care and Public Health Committee
5 February 2018
14. [New Police and Crime Plan 2018-21](#)
Nottinghamshire Police & Crime Panel
7 February 2018
15. [Annual refresh of the Local Transformation Plan for Children and young peoples emotional and mental health](#)
Children and Young People's Committee
12 February 2018

A GOOD START IN LIFE

16. [The wellbeing of 15-year-olds: further analysis of the 2014 What About YOUth survey](#)
Public Health England
This report highlights associations between health behaviours, other self-rated life factors (such as bullying and body image) and wellbeing in 15 year olds. The report is intended to help commissioners and providers of health, social care and education to target resources where they are likely to have most impact in improving the wellbeing of young people.
17. [Teenage pregnancy prevention framework](#)
Public Health England/Local Government Association
This framework aims to help local areas assess their teenage pregnancy prevention programmes to see what's working well and identify any gaps. It will support local services to take a multi-agency whole-system approach to prevent unplanned pregnancies and support young people to develop healthy relationships. The framework is accompanied by a presentation and data reports that will help to inform local authority commissioning decisions.
18. [Don't be left in the dark: children and young people's mental health.](#)
Local Government Association
This guide provides an overview of the challenges facing mental health and wellbeing services for children and young people.

HEALTHY & SUSTAINABLE PLACES

19. [Keeping us well: how non-health charities address the social determinants of health](#)
New Philanthropy Capital
This report aims to support non-health charities to better understand and use the evidence about the social factors that impact on people's health and well-being in order to benefit the health of those they work for.
20. [Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: a manual for health managers.](#)
World Health Organisation
This manual aims to strengthen and enable health systems to provide confidential, effective and women-centred services to survivors of violence. It is intended for health managers at all levels of the health system and supports the implementation of the global plan of action on violence.
Additional link: [WHO press release](#)
21. [Healthy high streets: good place making in an urban setting.](#)
Public Health England
This report is aimed at local decision makers and examines how high streets are used as an asset to improve the overall health of local communities. It highlights the health impacts of poor-quality high street environments and presents the strongest evidence for interventions that can improve them.
22. [Healthy by design: the Healthy New Towns Network prospectus.](#)
NHS England
This prospectus explains the rationale for the Healthy New Towns Network which brings together health providers, commissioners, local government and developers to create healthier places.
23. [A green future: our 25-year plan to improve the environment](#)
Department for Environment, Food & Rural Affairs
This report sets out the Department for Environment, Food and Rural Affairs plans to improve the environment within a generation. One priority area for the department focuses on how connecting people with the environment can contribute to improving health and wellbeing.
24. [Evidence review of e-cigarettes and heated tobacco products 2018](#)
Public Health England.
The report covers e-cigarette use among young people and adults, public attitudes, the impact on quitting smoking, an update on risks to health and the role of nicotine. It also reviews heated tobacco products.
Additional link: [PHE press release](#)
25. [Tackling loneliness and social isolation: the role of commissioners.](#)
Social Care Institute for Excellence
This briefing draws on discussion from a seminar held in September 2017 to explore the opportunities and barriers faced by commissioners seeking to address social isolation in older people. It also looks at previous research and evaluations in this field.
Additional link: [SCIE press release](#)

26. [Evidence review: adults with complex needs \(with a particular focus on street begging and street sleeping\).](#)

Public Health England

This document provides an overview of the homeless situation across England with insights into the current evidence base to support action to prevent and reduce homelessness. It advises a system-wide, integrated approach to dealing with homelessness.

HEALTHIER DECISION MAKING

27. [Policies for healthy lives: a look beyond Brexit.](#)

The Health Foundation

This collection of essays underlines the value of taking a health-in-all-policies approach to the legislative programme that will follow the UK's departure from the EU. The authors identify some common challenges and point towards the necessary conditions required to deliver better domestic policymaking for health, while exploiting opportunities to innovate, be progressive and put health at the heart of policy.

WORKING TOGETHER TO IMPROVE HEALTH & CARE SERVICES

28. [Heartbeats on the high street: how community pharmacy can transform Britain's health, wealth and wellbeing.](#)

Think tank Res Publica

The report highlights the unique role and "social capital" of community pharmacy. It argues they can become vital institutions of localism, care and social reform. It makes a series of recommendations for the Government, CCGs, STPs, local authorities and local pharmaceutical committees to reduce social inequality and increase economic savings.

29. [Department of Health and Social Care single departmental plan](#)

Department of Health & Social Care

This plan sets out the Department's five key objectives, how it will achieve them and the lead ministers and officials responsible for each objective. The plan outlines the Department's ambitions for delivering more care outside of hospitals.

30. [Making sense of accountable care](#)

Kings Fund

Accountable care is the latest health policy buzz phrase. Two new articles from the King's Fund explain what it is, how it is being implemented and what it has achieved.

31. [Sustainability and transformation in the NHS](#)

National Audit Office.

This report examines the progress the Department of Health and Social Care, NHS England and NHS Improvement have made towards achieving financial balance. It provides a summary of the financial position of NHS England, CCGs and trusts; looks at what the Department, NHS England and NHS Improvement have done to support local NHS bodies to improve their financial positions; and examines the support the national bodies have given local NHS bodies to help them work better in partnership.

32. **Accountable care**

The King's Fund has published two articles relating to accountable care:

- [Making sense of accountable care](#) - answers key questions about accountable care, what it is, how it is being implemented and what it has achieved so far.
- [Accountable care explained](#) – explains where accountable care came from and what it means

33. **STPs and accountable care: background briefing.**

NHS Providers

This document provides an overview of how national policy has evolved to promote system-based collaboration, including the development of STPs, accountable care systems and accountable care organisations. It includes definitions of key terms and five conditions for success.

34. **Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England**

The King's Fund

This updated long read looks at work under these systems and at NHS England's proposals for an accountable care organisation contract. The author concludes that integrated care should be supported as it is the best hope for the NHS and its partners to provide services to meet the needs of the growing and ageing population.

35. **Improving health and social care in the community**

NHS England is highlighting [how health and local government can come together to improve the health of their communities](#). This news article provides links to a film showing how a council in Sussex is working with the NHS to help older people stay healthy and highlights other schemes where local authorities and the NHS have formed partnerships that have improved services in their communities.

GENERAL

36. **Poverty and health infographic**

The Health Foundation has published an infographic on [poverty and health](#) which looks at how poverty can influence health.

37. **Reduce inequalities in health**

Public Health England

Resources to support local authorities, commissioners and decision makers include guidance for system wide approaches; children and young people; work, health and inclusive growth; healthy places; community engagement and asset based approaches; prevention and early treatment; economics and health equity; inclusion health; and intelligence reports.

38. **Healthwatch has made recommendations to NHS England for the 2018-19 NHS Mandate.**

Healthwatch England

The six recommendations, based on views shared by patients and the public, include improving public involvement in service changes, using people's experience of hospital discharge as a way of measuring how well services work together, demonstrating that feedback is improving care, increasing evaluation of mental health services, shifting the focus of targets to take greater account of people's experiences and tackling access issues in NHS dentistry.

Police and health collaboration

Public Health England has published documents looking at [policing and health collaboration in England and Wales](#). These documents highlight case studies of initiatives between police and health colleagues and identify barriers and enablers to collaboration.

Other Options Considered

39. Report is for information only.

Reason for Recommendation

40. Report

Statutory and Policy Implications

41. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

42. There are no financial implications arising from this report.

RECOMMENDATION/S

- 1) To note the contents of this report and consider whether there are any actions required in relation to the issues raised.

Councillor John Doddy
Chairman of Health and Wellbeing Board

For any enquiries about this report please contact:

Nicola Lane
Public Health and Commisisoning Manager
t: 0115 977 2130
nicola.lane@nottsgov.uk

Constitutional Comments (SB 12.02.2018)

43. Health and Wellbeing Board is the appropriate body to consider the content of this report. If the Board resolves that any actions are required it must be satisfied that such actions are within its terms of reference.

Financial Comments (DG 07.02.2018)

44. The financial implications are contained within paragraph 42 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

7 March 2018**Agenda Item: 5****REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD****HEALTH AND WELLBEING BOARD GOVERNANCE AND MANAGEMENT****Purpose of the Report**

1. This paper describes proposed changes to the Health and Wellbeing Board, its supporting structures and the way it is managed.

Information

2. The Health and Wellbeing Board held a workshop on 7 February 2018 to review the governance arrangements in order to give confidence in executing its statutory duties which are to:
 - ✓ Improve the health & wellbeing of the people in their area
 - ✓ Reduce health inequalities
 - ✓ Promote integration & closer working

The Board considered various aspects of its governance in the context of these statutory duties:

3. Terms of reference

The terms of reference for the Board are attached as Appendix 1. The terms of reference remain relevant but need to be updated to include the statutory responsibility for production & maintenance of the Pharmaceutical Needs Assessment. It also includes the power to establish any sub groups required to deliver the work of the Board.

4. Roles & responsibilities

Board members considered their roles as members of the Health & Wellbeing Board and identified key responsibilities. These have been included in a role description previously circulated.

5. Board management

The Board currently holds 10 formal meetings per year. As a Council Committee papers are published 8 days prior to the meetings for discussion, this can be challenging for external organisations.

Members agreed to a proposal to reduce the number of formal meetings & to move to a meetings programme which includes workshops. All decisions will continue to be made within formal meetings but issues will be discussed & proposals for action developed through workshops.

Workshops will enable Board members to consider issues in more detail and challenge options, allowing the Board to shape the proposals made for formal agreement. They will enable contribution from members & wider stakeholders & allow time to consider options with Board member's own organisations prior to formal Board meetings.

Attendance at workshops and formal Board meetings will be essential to shape and drive the work of the Board.

The Board has a wide remit which is recognised across stakeholders which can result in agenda items being requested which are for noting or are not the sole responsibility of the Health and Wellbeing Board. Future papers presented should be partnership based with a clear purpose relating to the role of the Board, a clear explanation of what the issue is & the specific actions required of the Board. Reports for noting will normally be included within the Chairs report.

Priority will be given to issues which have not previously been considered by the Health and Wellbeing Board or where there has been a significant change.

Authors will be asked to ensure that reports reference the relevant section of the Nottinghamshire JSNA.

6. Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) is a statutory responsibility of the Board, including its development, application & accessibility to and use by wider partners. Responsibility is currently delegated to the Health & Wellbeing Implementation Group (HWIG).

Members agreed to support a vision for the JSNA which would mean:

- The HWB defining topics & prioritising them for refresh
- All reports to reference the JSNA
- The HWB to identify owning groups for JSNA chapters as required
- A flexible approach to populations within the JSNA to fit with the emerging system landscape
- Developing a range of JSNA products to meet the needs of a wider audience
- The HWB scrutinises the application of the JSNA

In order to deliver these changes the JSNA Steering Group will become a sub-group of the Health & Wellbeing Board.

7. Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) is also a statutory responsibility of the Board. It is currently managed by a PNA Steering Group, again reporting through HWIG.

In order to maintain the oversight required to deliver its statutory duty the PNA Steering Group would also become a sub-group of the HWB.

8. Joint Health & Wellbeing Strategy

In order to deliver its vision:

'Working together to enable the people of Nottinghamshire, from the youngest to the oldest, to live happier and healthier lives in their communities, particularly where the need is greatest.'

The Board has agreed 4 ambitions. The workshop considered the potential delivery mechanisms for each of these ambitions.

9. A Good Start

The Children's Trust is currently established as a partnership sub-group of the Health & Wellbeing Board and is well placed to deliver the Good Start ambition on behalf of the Board.

The corporate director for children's services is a statutory member of the Health & Wellbeing Board & able to provide leadership. There is also potential to align Board membership with other decision making structures locally.

10. To work together to improve health and care services

This ambition will be delivered through the Integrated Care Systems (ICS), which are being developed based on the previous STP footprints for Nottingham and Nottinghamshire and South Yorkshire and Bassetlaw, and the Better Care Fund.

The Health and Wellbeing Board will establish appropriate oversight of the ICS work with regard to integration and the health and wellbeing of the public.

Leadership will be provided through the corporate director for adult social care, who is the Nottingham and Nottinghamshire ICS lead and a statutory member of the Health & Wellbeing Board, and through the representative for Bassetlaw CCG on behalf of the South Yorkshire and Bassetlaw ICS.

11. Healthier decision making

There is a clear framework for delivery of this ambition through the implementation of the LGA's Health in All Policies: a manual for local government.

This is primarily aimed at local government and could be achieved through a task and finish group to be established under the leadership of the Director of Public Health who is a statutory member of Health and Wellbeing Board.

12. Healthier and sustainable places

Members agreed that delivery of this ambition would benefit from a place based approach, although there may be some flexibility to suit individual priorities.

There is currently no clear leadership within the Health & Wellbeing Board for this priority & this would need to be identified. There is also no natural fit with an owning group.

The Board are asked to consider potential leadership from within the Health and Wellbeing Board in order to progress this ambition.

13. Other duties

The Board was asked to consider oversight of the Health Protection function within its governance structure as it required a partnership approach. There is currently a Health Protection Steering Group which would benefit from the joint oversight of both the County & City Health and Wellbeing Boards.

14. Membership

The Board was asked to consider whether its membership would enable delivery of the ambitions. Gaps have previously been identified within the acute trusts and the third sector.

The acute trusts are currently represented through the structures delivering the Integrated Care Systems and Better Care Fund.

There is potential to include third sector representatives within the proposed place based delivery groups for the healthy & sustainable places ambition, however they would not be part of the strategic level decision making within the Board.

15. Communications

Stakeholder communication through summaries, newsletters & emails would continue to be sent & developed further. The Stakeholder Network would continue to operate and offer opportunities for wider engagement on specific topics.

16. Champions

The role of the Board champions was raised for consideration. Previously champions were identified for individual priority areas. This gave a clear lead for each individual area but potentially missed the opportunity to see utilise synergies & connections between priority areas. It would also not align with the place based approach agreed for delivery.

Within the Board membership there are clear officer leads for three of four ambitions. There is an opportunity to consider champions for each ambition – potentially from the clinical commissioning groups and elected members in addition to the senior officers. This would encourage wider & shared ownership of the priorities across the partners.

17. Relationships with other bodies

The Board acknowledged that other bodies exist which will interface with the Nottinghamshire Health and Wellbeing Board. There are acknowledged overlaps with the Safer Nottinghamshire Board and Health Scrutiny Committee.

In particular the Board recognised the relationship between the Nottinghamshire Health & Wellbeing Board and the Nottingham City Health and Wellbeing Board. There has been a history of joint working and members were keen to recognise that and develop potential to work together in the future. This also reflects the footprint for the Integrated Care System for Nottingham and Nottinghamshire.

18. Next steps

As a committee of the County Council all recommendations made will need to be agreed within the appropriate democratic processes.

Other Options Considered

19. A number of options were considered by the Health & Wellbeing Board within the governance workshop held on 7 February 2018. This paper summarises the views arising from that workshop.

Reason/s for Recommendation/s

20. The current structures do not align with the new Joint Health and Wellbeing Strategy and need to be reviewed in order to ensure delivery.

Statutory and Policy Implications

21. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

22. There are no financial implications arising from this report.

RECOMMENDATION/S

1. That the Health and Wellbeing Board considers the outcomes of the governance workshop and makes recommendation regarding future working arrangements to Full Council accordingly.
2. That the Health and Wellbeing Board supports the amendment terms of reference outlined in Appendix 1, to include responsibility for the Pharmaceutical Needs Assessment and the power to establish required sub groups, and recommends it to Full Council for approval.
3. That the Health and Wellbeing Board requests a paper for a future meeting on the membership of the Health and Wellbeing Board and Board champion roles.

Councillor John Doddy
Chairman of Health and Wellbeing Board

For any enquiries about this report please contact:

Nicola Lane
Acting Senior Public Health & Commissioning Manager
e: nicola.lane@nottscg.gov.uk
t: 0115 977 2130

Constitutional Comments (SMG 27/02/18)

23. The Health and Wellbeing Board is the appropriate body to consider the contents of this Report. If the Board resolves that any actions are required it must be satisfied that such actions are within the Board's terms of reference.

Financial Comments (DG 23.02.2018)

24. The financial implications are held within paragraph 22 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Health in All Policies: a manual for local government](#)

Local Government Association

[Joint Health and Wellbeing Strategy for Nottinghamshire 2018-2022](#)

Nottinghamshire Health and Wellbeing Board



Proposed structure
chart.docx

Proposed governance structure for Nottinghamshire Health and Wellbeing Board

Electoral Division(s) and Member(s) Affected

- All

Appendix 1: Revised terms of reference for Nottinghamshire Health and Wellbeing Board

Proposed changes highlighted in italics & underlined

1. To prepare, publish & maintain a joint strategic needs assessment.
2. To prepare, publish and maintain a Pharmaceutical Needs Assessment.
3. To prepare and publish a joint health and wellbeing strategy based on the needs identified in the joint strategic needs assessment and to oversee the implementation of the strategy.
4. Discretion to give Nottinghamshire County Council an opinion on whether the Council is discharging its statutory duty to have due regard to the joint strategic needs assessment and health & wellbeing strategy.
5. To promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate, and joint working with services that impact on wider health determinants.
6. To discuss all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.
7. The Board will be responsible for its own projects but, where it considers it appropriate, it may establish project steering groups to consider projects and report back to the Board.

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE MENTAL HEALTH CRISIS CARE CONCORDAT

Purpose of the Report

1. Provide the Health and Wellbeing Board (HWB) with an update on the local response to the implementation of the 'Mental Health Crisis Care Concordat, Improving outcomes for people experiencing mental health crisis care'.

Information

2. The National Mental Health Crisis Care Concordat was published in February 2014. In April 2015, in response to this report, Nottinghamshire County Council worked collaboratively with all key stakeholders in signing up to a Crisis Concordat declaration and action plan.
3. In September 2015, following the Local Government Association peer challenge, the Health and Wellbeing Board identified crisis support for people with mental health problems living in the community as a strategic action. The Board agreed to facilitate a joint approach to crisis support, including work around the crisis care concordat, to maximise resources to support individuals in the community and help people maintain their independence. The Board agreed to maintain this as a strategic action in November 2016 pending refresh of the Health and Wellbeing Strategy.
4. The Crisis Concordat action plan was developed by a large number of partner organisations including the NHS, Police, Local Authorities and the voluntary sector.
5. The Crisis Concordat action plan is arranged around the key elements of a good mental health crisis care service and include:
 - Access to support before crisis point
 - Urgent and emergency access to crisis care
 - The right quality of treatment and care when in crisis
 - Recovery and staying well
 - Preventing future crises.
6. The Nottinghamshire Crisis Concordat Partnership Board was formed in October 2015. The main role of this board is to provide the strategic lead in the implementation of the local Crisis Concordat action plan, and to give direction to the Crisis Concordat sub-group. The Partnership Board is currently chaired by Paddy Tipping, Nottinghamshire Police and Crime Commissioner.

7. The HWB were last updated on the progress and achievements of the Crisis Concordat in their meeting on the 6 September 2017. Since then, the Crisis Concordat Partnership Board, in their meeting on the 29 September 2017 have agreed a refreshed action plan. A number of the existing actions are progressing well, and remain on the action plan so that progress can continue to be monitored by the Board. The key updates to the action plan are as follows:
- **Training:** both County and City Public Health commissioned training on Mental Health First Aid and Suicide Prevention up until 31st March 2017. This training evaluated successfully and the refreshed action is built upon this success and seek to commission further training – possibly through bidding in to 5YFV monies. The County Council have committed to further training in 2018/19. The action also puts the onus on agencies to share their resources and look at what they can learn from one another in terms of mental health, with links into the workforce development that will be taking place through the STP.
 - **Suicide Prevention:** The Partnership Board is working to improve the interface with the County-wide Suicide Prevention Steering Group, and that the Crisis Concordat forums will work to support the delivery of the Suicide prevention action plan.
 - **Crisis Services:** work has been ongoing to ensure equitable crisis provision across the County and this is now in line with the Core Fidelity standards as outlined in the Five Year Forward View. Learning has been taken from best practice around the country and work is ongoing to develop pathways.
 - **Conveyance:** this remains the highest priority for the Partnership Board and discussions are ongoing with both EMAS the provider and the lead commissioner Hardwick CCG. Innovative solutions are being sought through winter resilience monies, and EMAS have submitted a capital bid for two ambulances for Nottinghamshire specifically for mental health conveyance.
8. In addition to the action plan, the Partnership Board has agreed that its sub-group will focus upon the following for 2018/19:
- Conveyance
 - Prevention and after –care and preventing future Crisis.
 - A focussed session around Children and Young People, and this will include looking at the recommendations of the S136 audit that was recently conducted.
 - Access to services and in particular in relation to seldom heard communities.
 - Funding opportunities – how we might be innovative with the funding which is available and work together as a partnership to support those organisations who are best placed to bid.
 - Undertaking some meaningful service user engagement and consultation.
 - High Intensity Network – tasked by the Board to explore the feasibility of this.
 - Blue Light Hub – continue to work on this integrated model.
9. The Health and Wellbeing Board, in its meeting on the 4th January 2017 asked if an evaluation of the Concordat could be considered. This has been discussed at the Partnership Board, and a scope for an evaluation was agreed at the meeting held 29th September 2017. The Board has been considering how the evaluation could be managed as there are no additional

resources which can be allocated towards it, therefore the support of the partnership will be invaluable in undertaking this piece of work.

Other Options Considered

10. Do nothing – this is not appropriate as it is a national requirement that areas have a Crisis Care Concordat and there has historically been funding associated with it. The Concordat is not about funding or commissioning but about partnership working to improve care

Reason for Recommendation

11. The recommendation has been made as the Concordat supports the delivery of the Board's strategic action in relation to crisis care.

Statutory and Policy Implications

- 12 This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial implications

11. There are no financial implications arising from this report.

RECOMMENDATION

The Health and Wellbeing Board are asked to:

- 1) Consider whether there are any actions they require in relation to the issues contained within the report.

Clare Fox

Head of Mental Health Contracting and Transformation, Nottingham City CCG

Katy Dunne

Commissioning Manager for Mental Health, Nottingham City CCG

Constitutional Comments (SLB 01.02.2018)

13. Health and Wellbeing Board is the appropriate body to consider the content of this report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (DG 07.02.2018)

14. The financial implications are contained within paragraph 11 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [Mental Health Crisis Care Concordat](#)
Paper to Health and Wellbeing Board December 2014
- 'Closing the gap: priorities for essential change in mental health. (HM Government, January 2014) [https://www.gov.uk/.../Closing_the_gap_V2 - 17 Feb 2014.pdf](https://www.gov.uk/.../Closing_the_gap_V2_-_17_Feb_2014.pdf)
- [Valuing mental health equally with physical health or "Parity of Esteem"](#)
NHS England
- Mental Health Crisis Care Concordat - Improving outcomes for people
- Experiencing mental health crisis. (Department of Health February, 2014)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf
- [The Five Forward View for Mental Health](#)
- Report of the Mental Health Taskforce to NHS England, February 2016
- [Implementation of the health and wellbeing board peer challenge findings](#)
Paper to Health & Wellbeing Board September 2015
- [Nottinghamshire Mental Health Crisis Concordat](#)
Paper to Health and Wellbeing Board January 2017
- [Nottinghamshire Mental Health Crisis Concordat](#)
Paper to Health and Wellbeing Board February 2016
-

Electoral Division(s) and Member(s) Affected

- 'All'

7 March 2018**Agenda Item: 7****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****APPROVAL OF THE PHARMACEUTICAL NEEDS ASSESSMENT****Purpose of the Report**

1. The purpose of the report is to present the final draft Nottinghamshire Pharmaceutical Needs Assessment (PNA) for approval and publication by 1 st April 2018.

Information

2. Pharmaceutical services within Nottinghamshire are provided by:
 - a. 165 community pharmacies¹
 - b. 7 distance selling (or internet) pharmacies²
 - c. 17 dispensing practices³
 - d. 5 Dispensing appliance contractors⁴
3. Pharmaceutical services include contracted 'essential services' such as providing prescription medicines and safe disposal of medicines. In addition, community pharmacies are important providers of supplementary health services to their communities such as medicines reviews, health promotion and self-care services (such as emergency hormonal contraception and minor ailments).
4. The local Pharmaceutical Needs Assessment (PNA) describes available pharmaceutical services across Nottinghamshire County and assesses whether these services meet the needs of the population and that they are in the correct locations to support the residents of Nottinghamshire.

¹ formerly known as chemists they are contracted by NHSE to provide 'essential services' and may be commissioned to provide other additional services

² receives a prescription via post or on-line and dispenses it the next day, sending it via courier

³ general practice with a dispensary on site to issue prescribed medications to patients

⁴ dispense appliances including specialist dressings and continence aids

5. The PNA also provides NHS England with robust and relevant information to support decisions around new and altered pharmaceutical services. The Health & Wellbeing Board is included in the consultation for these pharmacy applications.
6. The PNA includes an overview of the pharmacy regulations with regard to pharmaceutical needs assessment and sets out the process followed by the PNA steering group in the development of the PNA. The steering group included representatives from Public Health from Nottinghamshire County and Nottingham City Council, Nottinghamshire Local Pharmaceutical Committee, Nottinghamshire Medical Committee, NHS England North Midlands (Derbyshire & Nottinghamshire team), NHS England Yorkshire & Humber (South Yorkshire and Bassetlaw team), Nottingham City and Nottinghamshire Clinical Commissioning Groups Medicines Management teams, Communications and legal representation.
7. The steering group noted the complexity of the task in drawing together the relevant information on pharmaceutical services. Since the implementation of the Health & Social Care Act, the responsibility for commissioning community pharmacy services has become the responsibility of NHS England, Clinical Commissioning Groups and Local Authorities. This fragmentation of the system is viewed as a major barrier for commissioning new community pharmacy services. The Health & Wellbeing Board is well placed to provide oversight to support a coordinated approach to commissioning across a multitude of providers, including community pharmacies.

Statement of Pharmaceutical Need

8. The PNA has not identified any significant gaps in pharmaceutical services for the Nottinghamshire County population. Nottinghamshire County is well served by community pharmacies providing a range of services that correspond to local health needs. Access is good and there is a good spread of pharmacies with extended opening hours in the evening and at weekends.
9. According to the regulations governing PNAs, the council will need to ensure the PNA is reviewed after 3 years, in 2021. However an earlier review will be carried out if there are significant changes to local need or provision that need to be re-assessed. Supplementary statements will be issued regularly to publish small changes in pharmaceutical services that are not deemed to warrant a full review of the PNA (such as changes in ownership, opening hours or change in number of pharmacies, that do not cause a significant impact on the level of pharmaceutical services or need).

Future Community Pharmacy Services

10. The formal consultation raised some new ideas for services that pharmacies could offer. Specific reference was made for easy access for Urinary Tract Infection treatment to reduce burden on GPs or Walk in Centre. Furthermore, older people in care homes are at a greater risk of medication errors than most other groups, and additional services could help improve patient safety for these people. There were some concerns that the proposed Integrated Care implementation would overlook the potential for community pharmacists and clinical pharmacy, leading to gaps in services.
11. The widespread access to community pharmacies across Nottinghamshire County provides an opportunity to make better use of the skills and experience of this workforce to contribute to improvements in health and wellbeing. Commissioners of services may wish to explore new

delivery models to utilise this resource. Commissioning of new services would need to be considered subject to further research into need, acceptability, clear evidence of benefit and value for money and improved health outcomes.

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

Other Options Considered

None.

Reason/s for Recommendation/s

13. The Pharmaceutical Needs Assessment (PNA) is a statutory requirement of the Health and Wellbeing Board and the regulations require that the PNA be published by April 2018.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

15. There are no direct implications related to the PNA. Any plans to commission new services will need to explore financial implications and value for money.

Public Sector Equality Duty implications

16. An Equality Impact Assessment was carried out to confirm that all relevant population groups had been considered in the health needs assessment and is included as an appendix of the PNA.

RECOMMENDATION/S

- 1) The Health & Wellbeing Board is asked to approve the final Pharmaceutical Needs Assessment for publication on the Nottinghamshire County Council website and Nottinghamshire Insight.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:

Kristina McCormick: Acting Senior Public Health & Commissioning Manager

Constitutional Comments (SLB 13.02.2018)

17. Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (DG 13.02.2018)

18. The financial implications are contained within paragraph 15 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- 'Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013
www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf
- [PNA 2015](#)

Electoral Division(s) and Member(s) Affected

- 'All'



Nottinghamshire County Pharmaceutical Needs Assessment 2018-2021:

Appendices 1-6

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A1 PNA Steering Group Terms of Reference

Nottinghamshire County and Nottingham City

Pharmaceutical Needs Assessment (PNA) Steering Group

FINAL Terms of Reference – agreed 20/07/2017

PNA Purpose

Introduction

From April 2013 Health and Wellbeing Boards have been responsible for producing a Pharmaceutical Needs Assessment (PNA). The regulations state that each Health and Wellbeing Board must produce a revised PNA by April 2018. Nottingham City and Nottinghamshire County have chosen to undertake this work jointly in order to increase efficiencies although two separate PNAs will be published. A variety of stakeholders will need to make significant contributions to this work. Public Health Nottinghamshire County and Nottingham City will lead the development of the PNAs and keep up to date a statement of the needs for pharmaceutical services of the relevant populations.

Aims of the PNA

1. Identify the pharmaceutical needs of the population of Nottinghamshire.
2. Support the decision making process for pharmacy applications (subject to regulation).
3. Support commissioning decisions in relation to pharmacy services.
4. To identify gaps in provision when mapped against health need.
5. To determine which directed services (advanced and enhanced) exempt applications (e.g. 100 hour pharmacies) must provide

The objectives of the PNA

1. To have a clear picture of the distribution and provision of essential and advanced pharmaceutical services in Nottinghamshire
2. Provide a clear picture to commissioned and potential contractors of current service provision by community pharmacies and identify any gaps in provision
3. To facilitate the planning process of possible future community pharmaceutical service requirements as identified within the PNA
4. To enable robust commissioning decisions for enhanced services from community pharmacies where needs are identified
5. To facilitate the directing of enhanced services that community pharmacies under the „exempt“ category within the current control of entry regulations (100 hour and wholly internet pharmacies) should provide.

The PNA will enable health and social care organisations in Nottinghamshire to commission services from community pharmacy that meet local needs and deliver services that are demonstrated to be evidence based and value for money to enable community pharmacy to become an intrinsic element of the local health system.

The PNA will be used as a basis to determine future pharmaceutical service provision and market entry to support local health needs. It will also be used to take current stock of services and to identify gaps in current services relating to population health needs. The scope of services included is to be agreed.

Proposed service Scope

- Community pharmacies
- Dispensing practices
- Appliance contractors
- Community pharmacies within hospitals

- Internet pharmacies

Steering group membership

The steering group will drive and oversee the development and production of both PNAs, in the appropriate timescales. The membership will consist of:

- Consultant in Public Health x2 (PNA Sponsor City and County)
- Public Health Manager x2 (City and County)
- Public Health Intelligence (City and County)
- NHS England Area Team Derbyshire and Nottinghamshire
- NHS England Area Team South Yorkshire and Bassetlaw
- Local Pharmaceutical Committee (LPC)
- County CCG representative (for the 5 CCGS) – Medicines Management
- City CCG representative – Medicines Management
- Local Medical Committee (LMC)

Accountability

The steering group will be accountable to both Nottingham City and Nottinghamshire County Health and Wellbeing Boards.

The group may delegate responsibility for delivery of specific areas of the PNA to subgroups e.g. PNA working group or specific task and finish groups.

Responsibilities of all partners

Partners will agree the action plan and assist in the delivery of interventions in their locality and for their client group.

Meetings and communication

Meetings will be held bi-monthly or as required at venues accessible to all partners. The Steering Group will also utilise virtual meeting technology and the public sector online collaboration platform, Knowledge Hub to maximise efficiency.

Chair

The group will be chaired on an alternating basis by Jonathan Gribbin and Shade Agboola (Consultants in Public Health Medicine, Nottinghamshire County and Nottingham City).

Quoracy

Meetings will be deemed quorate when one third of the membership is present.

Administration

Public Health, Nottinghamshire County and Nottingham City will provide admin support.

A2 Work Plan

PNA refresh 2018-21: project plan															
	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	
Milestone															
Plan for 18-21 refresh agreed															
HWB/HWIG approved process and timescales															
Formation of PNA Steering Group (PNA SG)															
Current PNA and supplementary statements up to date															
Data collection plan															
Communication and engagement plan															
Quality Management: quality criteria and approval process															
Data collection							04-09-17			15-12-17					
Pharmaceutical data analysed							25-09-17			15/12/2017 - 12/01/2018					
Needs data analysed and profiles completed							25-09-17								
Pharmaceutical and needs data made available to PNA SG							27-09-17								
Interpretation of pharmacy & demographic data							27-09-17	04-10-17							
Prepare for 60 day consultation															
First draft of PNA ready								13-10-17							
PNA SG review first draft								13-19/10/2017							
PNA amended based on feedback from PNA SG								20-27/10/2017							
PNA endorsed by PNA SG								27-10-17	03-11-17						
Draft PNA ready for consultation									09-11-17						
60 day consultation period									13-11-17		12-01-18				
Analyse and respond to public consultation											12-23/01/2018				
Review consultation responses and data updates											24-01-17				
Final papers submitted to HWB												26-02-18			
HWBs approval of PNA													07-03-18		
Publish PNA														30-03-18	

A3 List of Pharmacies by District and services provided

List of Pharmacies in Nottinghamshire County by District

Key to Table

100Hr	Contracted hours - 100
AUR	Appliance use reviews
Flu	Flu vaccination
MUR	Medicines use reviews
NMS	New medicine service
NUMSAS	NHS urgent medicine supply advanced service
OOH	Out of Hours rota
EmS	Emergency supply (at NHS expense)
Pall	Palliative Care Drug Stockist Scheme
Ph1st	Pharmacy first
SAC	Stoma appliance customisation
C-Reg	C-Card scheme - Registration
C-Pick	C-Card scheme - Pick-up
EHC	Emergency hormonal contraception
NEx	Needle Exchange
SupAd	Supervised administration (consumption of prescribed medicines)
CMDMR	Full clinical multi-disciplinary medications review

1. Ashfield

Pharmacy Code	Pharmacy Name	Pharmacy Address	Postcode	100Hr	AUR	Flu	MUR	NMS	NHSUMS	OOH	EmS	Pall	Ph1st	SAC	C-Reg	C-Pick	EHC	NEx	SupAd
FAF29	Brisco's Chemists	1-3 Kingsway	NG177BB				Y	Y			Y		Y				Y	Y	Y
FEL73	Mann's Pharmacy	13-15 Portland Road	NG157SL				Y	Y					Y						Y
FF262	Boots Pharmacy	The Health Centre, Curtis Street	NG157JE				Y	Y											
FFP08	Superdrug	37 Central Square, Forest Mall, Idlewells Shopping Centre	NG171BP			Y	Y	Y			Y		Y				Y		Y
FFV66	Manor Pharmacy	Harwood Close, Skegby Road	NG174PD			Y	Y	Y			Y		Y				Y		Y
FGP78	Boots Pharmacy	52-54 High Street	NG157AX			Y	Y	Y										Y	Y
FJ638	Well	48a Lowmoor Road	NG177BG			Y	Y	Y			Y		Y						
FJH25	Lloyds Pharmacy Ltd	Unit 1, Farleys Lane	NG156DY			Y	Y	Y			Y			Y					Y
FL215	Nabbs Lane Pharmacy	63 Nabbs Lane	NG156NT			Y	Y				Y		Y			Y			Y
FLN81	Acorn Pharmacy	8-10 Main Road	NG165JW			Y	Y	Y	Y		Y		Y				Y		Y
FM502	Asda Pharmacy	Asda, Priestsic Road	NG172AH	Y		Y	Y				Y	Y	Y				Y		Y
FM991	Boots Pharmacy	48 Lowmoor Road	NG177BG			Y	Y	Y					Y				Y		Y
FMG21	Oza Pharmacy Ltd	50 Lowmoor Road	NG177BG				Y				Y		Y				Y		Y
FMQ15	Well	130-132 Forest Road	NG179HH			Y	Y	Y			Y		Y				Y		Y
FMQ46	Harts Chemist	106-110 Watnall Road	NG157JW				Y	Y		Y	Y		Y			Y	Y		Y
FP697	Boots Pharmacy	35 Idlewells Shopping Centre	NG171BN			Y	Y	Y									Y	Y	Y
FPH67	Manor Pharmacy	49 Brook Street	NG171ES			Y	Y	Y			Y		Y				Y		Y
FQE29	Well	137 Nottingham Road	NG166BT				Y	Y			Y		Y				Y		Y
FR232	Manor Pharmacy	38 Low Street, Portland Square	NG171DG			Y	Y	Y			Y						Y		Y
FRF20	Lowmoor Chemist	Unit 5, 58 Lowmoor Road	NG177BG			Y	Y			Y	Y		Y				Y		Y
FRL99	Peak Pharmacy	127 Sutton Road, Huthwaite	NG172NF			Y	Y	Y			Y		Y				Y	Y	Y
FV678	Manor Pharmacy	Blue Bell Wood Way, Ashfield Park	NG171JW			Y	Y	Y			Y		Y				Y		Y
FVL34	Boots Pharmacy	55 High Street	NG157AW			Y	Y	Y					Y						Y
FWC45	Gilbody Pharmacy	Mansfield Road	NG173EE			Y	Y	Y			Y		Y			Y	Y		Y
FX727	Tesco Pharmacy	Ashgate Road	NG157UQ	Y		Y	Y	Y			Y	Y							

2. Bassetlaw

Pharmacy Code	Pharmacy Name	Pharmacy Address	Postcode	100Hr	AUR	Flu	MUR	NMS	NHSUMS	OOH	EmS	Pall	Ph1st	SAC	C-Reg	C-Pick	EHC	NEX	SupAd
FA031	BRIDGEGATE CHEMIST	54 BRIDGEGATE	DN227UZ			Y	Y	Y	Y	Y							Y		Y
FDT82	WORKSOP PHARMACY (PROSPECT)	UNIT 4	S810RS	Y		Y	Y	Y		Y									Y
FE204	TUXFORD PHARMACY	5 NEWCASTLE STREET	NG220LN		Y		Y	Y											
FEC61	BOOTS MIDNIGHT PHARMACY	RETFORD PRIMARY CARE CTR	DN227XF	Y		Y	Y	Y	Y	Y							Y		Y
FED86	CELTIC POINT	6 CELTIC POINT	S817AZ			Y	Y	Y	Y	Y						Y		Y	Y
FEV81	M & R PHARMACY	UNIT B	DN118JN	Y		Y	Y	Y	Y					Y			Y		Y
FF376	Boots Uk Limited	24-26 BRIDGE STREET	S801JQ			Y	Y	Y		Y							Y		Y
FG599	Lloyds Pharmacy	RIVERSIDE MEDICAL CENTRE	DN226AA			Y	Y	Y		Y								Y	Y
FJC70	DUDLEY TAYLOR PHARMACIES LTD	DONCASTER ROAD	S819QG			Y	Y	Y									Y		Y
FKG06	MANTON PHARMACY	1 RICHMOND ROAD	S802TP			Y	Y	Y		Y					Y	Y	Y		Y
FKL62	Superdrug Pharmacy	11-15 CAROLGATE	DN226BZ			Y	Y	Y		Y									
FLW87	LloydsPharmacy	HIGHGROUND ROAD	S803AT	Y		Y	Y	Y		Y							Y		
FM196	Boots Uk Limited	46-48 CAROLGATE	DN226DY			Y	Y	Y		Y							Y		Y
FMX90	TESCO STORES LTD	PHARMACY	S817AP			2	Y	Y		Y							Y		Y
FNH80	ORDSALL PHARMACY	1A WELBECK ROAD	DN227RP			Y	Y	Y											
FNL68	MISTERTON PHARM.	THE RETORT HOUSE	DN104DL			Y	Y	Y											
FNM79	LloydsPharmacy	6 NEWGATE STREET	S802HD			Y	Y	Y		Y							Y		Y
FQL77	WORKSOP PHARM.	5 POTTER STREET	S802AF	Y		Y	Y	Y		Y									Y
FRQ47	WELDRICKS PHARM.	67 SCROOBY ROAD	DN118JN			Y	Y	Y						Y			Y		Y
FRT31	WELL WORKSOP - NEWGATE STREET HC	WORKSOP HEALTH CENTRE	S801HP			Y	Y			Y									Y
FRV23	Boots Uk Limited	LARWOOD HEALTH CENTRE	S810HH				Y	Y	Y								Y		Y
FV782	Your Local Boots Pharmacy	HARWORTH MEDICAL CENTRE	DN118JT			Y	Y	Y											Y
FV890	DUDLEY TAYLOR PHARMACIES LTD	LONG LANE	S819AN				Y	Y									Y		Y

3. Broxtowe

Pharmacy Code	Pharmacy Name	Pharmacy Address	Postcode	100Hr	AUR	Flu	MUR	NMS	NHSUMS	OOH	EmS	Pall	Ph1st	SAC	C-Reg	C-Pick	EHC	NEx	SupAd
FAK38	Jhoots Pharmacy	Hicklings Lane Medical Centre, Ryecroft Street	NG98PN			Y	Y	Y		Y	Y		Y		Y	Y			
FC184	Grewal Chemist	38-40 Chilwell Road	NG91EJ			Y	Y	Y			Y		Y						Y
FC486	Boots Pharmacy	31 High Road	NG92JQ			Y	Y	Y			Y		Y				Y		Y
FCH51	Tesco Pharmacy	Middle Street	NG92AR	Y		Y	Y	Y				Y	Y						
FD664	Manor Pharmacy	40 Derby Road	NG97AA			Y	Y	Y			Y		Y				Y		Y
FDA88	Boots Pharmacy	45b Green Lane	NG162PB			Y	Y	Y											Y
FF702	Manor Pharmacy	24 Chilwell Road	NG91EJ			Y	Y	Y			Y		Y				Y		Y
FF951	Manor Pharmacy	27 Greens Lane	NG162PB			Y	Y	Y			Y		Y				Y		Y
FFR60	Well	23 Lawrence Avenue	NG162SN			Y	Y	Y			Y		Y				Y		Y
FH469	Nuthall Pharmacy	Unit 1, 2 Upminster Drive	NG161PT				Y				Y								
FJC63	Boots Pharmacy	205 Nottingham Road, Hill Top	NG163GS			Y	Y	Y			Y		Y				Y		
FJT64	Jardines	Unit 9, Sainsburys Precinct, Stoney Street	NG92LA			Y	Y	Y	Y		Y		Y	Y					Y
FM004	Brinsley Pharmacy	1 Brynsmoor Road	NG165DD				Y	Y	Y		Y		Y						
FM303	Boots Pharmacy	Giltbrook Retail Park, Ikea Way	NG162RP			Y	Y	Y			Y	Y	Y			Y	Y		
FN220	Boots Pharmacy	2 Church Street	NG98GA			Y	Y	Y			Y		Y				Y		Y
FN288	Abbey Pharmacy	63 Central Avenue	NG92QP			Y	Y	Y					Y				Y	Y	Y
FN669	Well	Stapleford care Centre, Church Street	NG98DB	Y		Y	Y	Y			Y	Y					Y	Y	Y
FNP89	Well	81 Bramcote Lane	NG94ET			Y	Y	Y			Y		Y				Y		Y
FP250	West Point Pharmacy	Unit 5, West Point Shopping Centre, Ransom Road	NG96DX			Y	Y	Y	Y		Y		Y						Y
FP283	Well	2a Church Walk	NG163BG			Y	Y	Y			Y		Y				Y		Y
FQ033	Tesco Pharmacy	Swiney Way	NG96GZ			Y	Y	Y			Y		Y						Y
FR014	Worsley Pharmacy	435 High Road	NG95EA				Y	Y	Y				Y						
FT787	Boots Pharmacy	110-116 Nottingham Road	NG163NP			Y	Y	Y										Y	Y
FXY78	Boots Pharmacy	Middle Street	NG91GA			Y	Y	Y					Y				Y		

4. Gedling

Pharmacy Code	Pharmacy Name	Pharmacy Address	Postcode	100Hr	AUR	Flu	MUR	NMS	NHSUMS	OOH	EmS	Pall	Ph1st	SAC	C-Reg	C-Pick	EHC	NEx	SupAd
FCD08	Boots Pharmacy	85 Front Street	NG57EB			Y	Y	Y									Y		Y
FDK08	Boots Pharmacy	49 Main Street	NG145DX			Y	Y	Y					Y						Y
FE056	Rowlands Pharmacy	1 Salop Street	NG56HP			Y	Y	Y						Y					Y
FFT75	Asda Pharmacy	111-127 Front Street	NG57ED	Y		Y	Y	Y			Y		Y						Y
FG577	Manor Pharmacy	35 Plains Road	NG35JU			Y	Y	Y			Y		Y				Y		Y
FJE15	Manor Pharmacy	Arnold Health Centre High Street	NG57BQ			Y	Y	Y			Y		Y			Y	Y	Y	Y
FJN22	Manor Pharmacy	Carlton Health & Social Care Centre, 61 Burton Road	NG43DQ			Y	Y				Y		Y				Y		Y
FJY92	Mann's Pharmacy	852a Woodborough Road	NG35QQ				Y											Y	Y
FLC61	Carlton Hill Pharmacy	359 Carlton Hill	NG41HW			Y	Y	Y		Y	Y		Y			Y	Y		Y
FMK43	Singhs Pharmacy	77 High Street	NG57DJ				Y			Y	Y		Y				Y		Y
FQ546	Westdale Pharmacy	354-356 Westdale Lane	NG36ET	Y			Y			Y									
FQE44	Lloyds Pharmacy	Sainsburys Store, Nottingham Road	NG56BN			Y	Y	Y			Y	Y							Y
FQX00	Manor Pharmacy	1 Milton Court	NG159BD			Y	Y	Y			Y		Y				Y		Y
FQX56	Mann's Pharmacy	271 Westdale Lane	NG44FG				Y						Y						
FR064	Manor Pharmacy	1a Forrester Street	NG42LJ			Y	Y	Y			Y		Y			Y	Y		Y
FR363	Boots Pharmacy	944 Woodborough Road	NG35QS			Y	Y	Y			Y		Y				Y		Y
FRR42	Boots Pharmacy	3-5 St Wilfrids Square	NG146FP			Y	Y	Y					Y						Y
FTK30	Medina Chemist	89 Victoria Road	NG42NN	Y		Y	Y		Y	Y	Y		Y		Y	Y	Y		Y
FVQ48	Boots Pharmacy	Victoria Retail Park	NG42PE			Y	Y	Y	Y		Y		Y		Y	Y	Y		
FVY64	Boots Pharmacy	19 Carlton Square	NG43BP			Y	Y	Y									Y		Y
FWQ03	Manor Pharmacy	18 Westdale Lane	NG43JA			Y	Y	Y			Y		Y				Y	Y	Y
FX191	Vantage Vale Chemist	66 Vale Road	NG42EB			Y	Y	Y											

5. Mansfield

Pharmacy Code	Pharmacy Name	Pharmacy Address	Postcode	100Hr	AUR	Flu	MUR	NMS	NHSUMS	OOH	EmS	Pall	Ph1st	SAC	C-Reg	C-Pick	EHF	NEx	SupAd
FAJ48	Boots Pharmacy	Unit 1, St Peters Retail Park	NG181BE	Y		Y	Y	Y			Y		Y				Y		Y
FDM62	Rowlands Pharmacy	29a/29b Church Street	NG200AU			Y	Y	Y			Y			Y					Y
FDN93	Well	113 Clipstone Road West	NG190BT			Y	Y	Y			Y		Y				Y		Y
FDR29	Peak Pharmacy	93-97 Westgate	NG181RT			Y	Y	Y			Y		Y				Y		Y
FEL27	Mansfield Delivery Chemist	1 Wood Street	NG181QB			Y	Y	Y			Y		Y				Y	Y	Y
FEL83	Manor Pharmacy	40 Rosemary Street	NG181QL			Y	Y	Y			Y		Y				Y		Y
FF391	Tesco Pharmacy	Chesterfield Road South	NG197BQ	Y		Y	Y	Y			Y		Y				Y		
FF678	Rowlands Pharmacy	112 Chesterfield Road North	NG197HZ			Y	Y	Y			Y		Y	Y		Y			Y
FFK74	Oakwood Pharmacy	The Parliament Oak, 14 Church Street	NG198AH	Y			Y			Y	Y							Y	Y
FG727	Pleasley Pharmacy	6 Poplar Drive	NG197TA				Y	Y			Y		Y					Y	Y
FGD85	Rowlands Pharmacy	123 Newgate Lane	NG182LG			Y	Y	Y			Y								Y
FH057	Rowlands Pharmacy	6 Sherwood Street	NG200JN			Y	Y	Y			Y		Y	Y	Y	Y	Y		Y
FHJ14	Rowlands Pharmacy	36 High Street	NG198AN			Y	Y	Y			Y			Y		Y	Y		Y
FJ091	Rosemary Street Ph.	Rosemary Street	NG196AB	Y		Y	Y	Y			Y								
FJL98	Boots Pharmacy	39 Four Seasons Shopping Ctre	NG181SU			Y	Y	Y			Y		Y			Y	Y		Y
FJQ88	Rowlands Pharmacy	Shop 3, Ossington Close	NG209PZ			Y	Y	Y			Y						Y		Y
FKW61	Asda Pharmacy	Old Mill Lane, Forest Town	NG198QT	Y		Y	Y	Y			Y								Y
FMT00	Superdrug	14-18 Stockwell Gate	NG181LE			Y	Y				Y						Y		Y
FN473	Averroes Pharmacy Ltd	Orchard Medical Stockwell Gate	NG185GG	Y			Y	Y		Y	Y		Y						
FP158	Well	Crown Farm Medical centre, Crown Farm Way	NG190FW			Y	Y	Y			Y		Y				Y		Y
FTN89	Lloyds Pharmacy (due to close June 2018)	Sainsburys Store, Nottingham Road	NG181BN			Y	Y	Y			Y	Y			Y	Y	Y		Y
FV300	Lloyds Pharmacy Ltd	12 High Street	NG198AN			Y	Y	Y			Y		Y	Y		Y	Y		Y

FWJ83	Ladybrook Pharmacy (MANOR)	18 Ladybrook Place, Ladybrook Lane	NG185JP			Y	Y	Y			Y		Y				Y		Y
FWJ86	Tesco Pharmacy	Oaktree Lane Shopping Centre	NG183RT			Y	Y	Y			Y		Y						Y

6. Newark & Sherwood

Pharmacy Code	Pharmacy Name	Pharmacy Address	Postcode	100Hr	AUR	Flu	MUR	NMS	NHSUMS	OOH	EmS	Pall	Ph1st	SAC	C-Reg	C-Pick	EHC	NEx	SupAd
FCM46	Blidworth Pharmacy - Dudley Taylor	57 Mansfield Road	NG210RB			Y	Y	Y			Y		Y				Y		Y
FE228	Lloyds Pharmacy Ltd	1 Robin Hood Walk	NG241XH			Y	Y	Y			Y		Y	Y	Y	Y			Y
FE666	Well	47 Sherwood Avenue	NG241QH			Y	Y	Y			Y		Y						Y
FF338	Well	Primary Care Centre, Lowfield Lane, Balderton	NG243HJ			Y	Y	Y			Y		Y				Y		
FG989	Boots Pharmacy	Forest Road	NG229PR			Y	Y	Y			Y				Y	Y			Y
FGG30	Evans Pharmacy	12-14 Bridge Street, 2 Carter Gate	NG241EE			Y	Y	Y	Y		Y		Y				Y	Y	Y
FH735	Whistlers Pharmacy	Beaumont Chambers, London Road	NG241TN			Y	Y				Y	Y	Y			Y	Y		
FK205	Well	Forest Road	NG229PL			Y	Y	Y			Y		Y				Y	Y	Y
FKD28	Collingham Pharmacy	High Street, Collingham	NG237LB				Y	Y					Y				Y		
FKH45	Tesco Pharmacy	Forest Road	NG229PL	Y		Y	Y	Y			Y	Y	Y						
FKJ41	Lloyds Pharmacy Ltd	4 Sherwood Parade, Kirklington Road	NG210JP			Y	Y	Y			Y		Y	Y			Y		Y
FLF28	Asda Pharmacy	Lombard Street	NG241XG	Y		Y	Y	Y			Y		Y				Y		Y
FLH78	Boots Pharmacy	Northgate Retail Park	NG241GA	Y		Y	Y	Y			Y	Y	Y				Y		Y
FLV10	Boots Pharmacy	14-15 Stodman Street	NG241AT			Y	Y	Y			Y		Y				Y		Y
FM537	Well	31 Main Street, Balderton	NG243LG			Y	Y	Y			Y		Y						Y
FPT74	Imaan Pharmacy	77b Eaton Avenue	NG244JH			Y	Y	Y	Y	Y	Y		Y						
FQ855	Lloyds Pharmacy Ltd	2-4 King Street	NG250EN			Y	Y	Y			Y		Y	Y			Y		Y
FR529	Boots Pharmacy	17-19 King Street	NG250EH	Y		Y	Y	Y			Y		Y				Y		
FR912	Well	Rainworth Primary Care Centre, Warsop Lane	NG210AD			Y	Y	Y			Y		Y				Y		
FTC04	Evans Pharmacy	48a Barnby Gate	NG241QD			Y	Y	Y	Y		Y		Y				Y		
FTJ30	Superdrug	36 Stodman Street	NG241AW			Y	Y	Y					Y				Y		
FV368	Farnsfield Pharmacy	The Old Surgery, Station Lane	NG228LA			Y	Y				Y	Y	Y						Y
FW058	Lowdham Pharmacy	49 Main Street	NG147AB			Y	Y	Y	Y	Y	Y	Y	Y	Y			Y		
FWE36	Well	The Ropewalk	NG250AL	Y		Y	Y	Y			Y		Y						

FX019	Knights Bilsthorpe Pharmacy	46-48 Church Street, Bilsthorpe	NG228QR			Y	Y	Y	Y		Y		Y			Y			Y
FxE30	Dudley Taylor	25 High Street	NG219QP			Y	Y	Y			Y		Y				Y		Y

7. Rushcliffe

Pharmacy Code	Pharmacy Name	Pharmacy Address	Postcode	100Hr	AUR	Flu	MUR	NMS	NHSUMS	OOH	EmS	Pall	Ph1st	SAC	C-Reg	C-Pick	EHC	NEx	SupAd
FA945	Evans Pharmacy	12 High Street	NG116EH			Y	Y	Y	Y		Y						Y		Y
FAD07	Manor Pharmacy	97a Melton Road	NG26EN			Y	Y	Y			Y						Y		Y
FCQ75	Well	2 The Square	NG125JT			Y	Y	Y			Y						Y		Y
FCX46	Radcliffe Day & Night Pharmacy	1 Shelford Road	NG122AE	Y		Y	Y	Y	Y	Y	Y								
FDE08	Evans Pharmacy	12-14 Gotham Lane	LE126JG			Y	Y	Y	Y		Y						Y		Y
FDW83	Keyworth Pharmacy	5 The Square	NG125JT			Y	Y	Y		Y	Y					Y	Y		Y
FEC60	KMP Pharmacy	Bunny Lane	NG125JU	Y		Y	Y	Y			Y					Y			
FEN54	Singh S	Unit 6, Tudor Square	NG26BT			Y	Y	Y											
FFD37	Bingham Pharmacy	23 Eaton Place	NG138BD					Y			Y					Y			
FFR64	Well	Unit 4b The Precinct, Candleby Lane	NG123JG			Y	Y	Y			Y						Y		Y
FGM17	My Local Chemist	Embankment PCC 50/60 Wilford Lane	NG27RL	Y		Y	Y	Y		Y	Y								
FHG97	Ladybay Pharmacy	145 Trent Boulevard	NG25BX			Y	Y	Y											
FHK40	Wm Morrison	The District Centre, Lings Bar Road	NG26PS			Y	Y	Y	Y		Y						Y		
FHP20	Boots Pharmacy	16 Eaton Place	NG138BD			Y	Y	Y											Y
FJF20	Boots Pharmacy	24 Central Avenue	NG25GR			Y	Y	Y									Y	Y	Y
FJX53	Green Cross Pharmacy	95 Musters Road	NG27PX				Y		Y										
FM387	LP Pharmacy	Unit 3, Shopping Centre, Compton Acres	NG27RS			Y	Y	Y			Y					Y	Y		
FQ820	Well	22a Main Road	NG122FH			Y	Y	Y			Y						Y		Y
FQK48	Orina (UK)Pharmacy	40 Earlswood Drive	NG124AZ			Y	Y	Y											
FT633	Asda Pharmacy	184 Loughborough Road	NG27JA			Y	Y	Y			Y	Y					Y		Y
FVR38	Manor Pharmacy	185 Loughborough Road	NG27JR			Y	Y	Y									Y		Y

3b. List of Dispensing Appliance Contractors and Distance Selling Pharmacies

Distance Selling Pharmacies

Pharmacy Code	Name	Address	Postcode	District
FD614	Willowbrook Delivery Chemist	Unit 6a Springbank House, 2 Craster Street	NG175AG	Ashfield
FRW46	Church Walk Pharmacy	2-6 Mansfield Road	NG163AQ	Broxtowe
FAW72	Home Pharmacy	21 Cirrus Drive	NG161FS	Broxtowe
FCN84	Care to Home Pharmacy	Unit C13a Arnold Business Centre	NG57ER	Gedling
FQD45	Dosette Pharmacy	Sherbrook Business Centre, Sherbrook Road	NG56AT	Gedling
FWW24	National Delivery Chemist - distance selling pharmacy	28a Sherwood Street,	NG200JW	Mansfield
FHM02	Tower Pharmacy	Unit 24, Tower House	NG117EP	Rushcliffe

Dispensing Appliance Contractors

Pharmacy Code	Name	Address	Postcode	District
FXW61	Amcare Ltd T/A Trent Direct	Unit 14, Eastwood Links, Business Park	NG163BF	Broxtowe
FC879	Fittleworth Medical Limited (DAC) trading as Wilkinson Dispensing Ltd	Unit 1, Phoenix Centre, Millenium Way West	NG86AS	Broxtowe
FYL81	Fittleworth Medical Ltd (DAC)	Suite 2a, Oakham Business Park	NG185BU	Mansfield
FC197	Countrywide	Unit 5 Bullpit Road	NG243PS	Newark & Sherwood
FLE95	Countrywide Supplies Ltd (DAC)	Cartwright House, Tottle Road, Riverside Business Park, Nottingham, NG2 1RT	NG27LJ	Rushcliffe



Nottinghamshire County Pharmaceutical Needs Assessment 2018

Consultation Summary Report

Contents

1.	Introduction
2.	Methodology
3.	Navigation of the PNA - Questions asked?
4.	Common Themes arising.....
5.	Conclusion

INTRODUCTION

The Pharmaceutical Needs Assessment (PNA) outlines services commissioned from pharmacies and ensures that pharmaceutical services across Nottinghamshire both meet the needs of the population, and are suitably located.

When making an assessment for the purpose of publishing a PNA, and in line with Section 8 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Nottinghamshire County Council carried out a 60 day consultation on the final draft of the PNA between 13th November, 2017 and 12th January 2018.

METHODOLOGY

A formal consultation exercise was undertaken to obtain the views of a range of interested parties as stated within the pharmacy regulations, such as service providers, public bodies, user groups and businesses. The steering group also agreed to consult the local Clinical Commissioning Groups (CCGs)

and GP practices (that dispense pharmaceutical equipment). The consultation was also open to the general public if they wished to respond. The full list of consultees is as follows:

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- Persons on the Pharmaceutical List
- Dispensing Doctors
- Nottinghamshire Healthwatch
- Voluntary and Community Sector organisations
- Other patients, consumer or community groups with an interest in provision of pharmaceutical services (CCG patient groups)
- Local NHS Trusts and NHS Foundation Trusts (NUH, KMH, CHP, Nottinghamshire Healthcare Trust)
- CityCare
- NHS England
- Nottinghamshire County Health and Wellbeing Board
- Neighbouring Health and Wellbeing Boards
- Nottinghamshire CCGs
- Nottinghamshire GPs

The consultation was published on the Nottinghamshire County Council website along with the PNA document and its appendices. PNA Regulations and development guidance links were also provided and the consultees were notified. The consultation ran between 13th November, 2017 and 12th January 2018; individuals and groups were invited to provide feedback via an online survey with contact details provided for access to alternative formats or help with completion of the survey.

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

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

This report summarises responses and identifies a number of themes. It also explains how the comments have been addressed, incorporated or discounted and on what basis.

NAVIGATION OF THE PNA – QUESTIONS ASKED?

Consultees were asked to agree or disagree with the following statements and given the opportunity to add comments of upto 500 words.

- The PNA provides sufficient information to assess the current and future (3 years ahead) pharmaceutical need in each District
- The recommendations within the PNA reflect the assessment of pharmaceutical need

Information was also collected about the consultees background as either members of the public or members of organisations.

Statement 1 received 16 responses agreeing sufficient information had been provided to assess pharmaceutical need. Four responses neither agreed or disagreed and 3 responses disagreed. All those responding on behalf of organisations agreed that sufficient information had been provided.

Statement 2 received 14 responses agreeing with the recommendations. Five responders, one of whom was on behalf of an organisation neither agreed or disagreed but made no further comment and four people disagreed.

The majority of responses were from members of the public (15/23) and seven were on behalf of organisations. All districts were represented with at least 1 response.

All the comments received, including those submitted by email have been collated and analysed by emerging themes.

COMMON THEMES ARISING

Theme A – Housing

One respondent commented that provision appeared sufficient even with projected housing developments. Two commentators felt not enough weight had been given to the impact of developments on provision of pharmacies.

Our response:

Housing projections are complex and try to strike a balance between how much land is available for development and how many houses are needed to respond to population needs and growth. As far as can be ascertained by the available information, Nottinghamshire has sufficient pharmacies to meet demand for the next three years. Even if new housing lead to an increase in population of 25,575 (table 4.1 of the PNA), the number of pharmacies per 10,000 population would only decrease from 2.0 to 1.97 per 10,000.

Theme B – Information and data

The majority of respondents felt sufficient information had been presented to assess need. Of those who disagreed, there were conflicting views of the amount of detail (too much and too little) and whether the information presented was 'independent'. Some respondents pointed out specific factual data errors or changes since the consultation draft was published and these have been corrected in the final published version of the PNA.

Our response:

Every effort has been made to make the PNA as accessible and as informative as possible. The main purpose of the document is to help NHS England assess need for pharmacy in the next three years so must necessarily contain a reasonably detailed picture of the county. With respect to the lack of 'independent published data' highlighted by one respondent, all data sources have been referenced and publicly available data has been used where possible.

Theme C – Patients

There were two respondents highlighting issues for patients:

- "Patients have not been asked until now so cannot form an informed judgement."
- "The PNA is very statistical and structural. It fails to address some of the key patient needs of having Medicines /NHS wide information availability for each patient - without which any Pharmacy based service has to be suboptimal."

Our response:

The purpose of the consultation was to provide an opportunity to respond to the PNA and it has been widely circulated to organisations and the public. The PNA will be a public document from April 2018, giving interested parties further opportunities to feedback to the Health and Wellbeing Board.

The PNA has focussed on population needs for pharmacy based services across the county rather than addressing individual patient needs at the point of contact. The respondent appears to be referring to lack of a patient health record within the pharmacy (based on other comments submitted in the survey) which is not within the scope of the PNA but is an important issue of which NHS England is aware and addressing through the Connected Notts IT project.

Theme D – Recommendations / services

A number of comments related to services that could be developed and concerns over the future role of the pharmacy workforce. One responder felt that pharmacies could expand their minor ailments service to cover UTIs (Urinary Tract Infections) to reduce waiting times at the GP or Walk-In centre. Another set of responses, on behalf of an organisation, raised issues about the role of pharmacists in supporting nursing homes and reducing medicines wastage. In addition, there were concerns about potential loss of services and workforce as a result of organisational changes brought about by the implementation of the STP and Accountable Care across the County.

Our response:

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

With regard to refreshes of the PNA in the light of organisational change brought about by the STP and Accountable Care, NHSE already have responsibility for ensuring the PNA is fit for purpose and will require a new PNA if significant need arises.

CONCLUSION

Following the closure of the consultation all responses were collated. Suggestions were investigated and a response given. The themes within this report were shared with the PNA steering group members and the group agreed the action to be taken for each. Where necessary, amendments were made to produce the final version of the PNA.

We would like to thank everyone who contributed to Nottingham County Pharmaceutical Needs assessment and everyone who participated in the consultation process.



Equality Impact Assessment (EqIA)

Introduction

This EqIA is for:

Nottinghamshire County Pharmaceutical Needs Assessment 2018 (PNA)

Details are set out:

This Equity Impact Assessment forms Appendix 5 of the Nottinghamshire County Pharmaceutical Needs Assessment 2018

No negative impacts have been identified.

Officers undertaking the assessment:

Pharmaceutical Needs Assessment Steering Group

Kristina McCormick – Public Health Manager / Lead Officer undertaking this EqIA

Assessment approved by:

Jonathan Gribbin, Consultant in Public Health

Date: 20/01/2018

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation; Advance equality of opportunity between people who share a protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Equality Duty.

Part A: Impact, consultation and proposed mitigation

1 What are the potential impacts of proposal? *Has any initial consultation informed the identification of impacts?*

The PNA has used the Joint Strategic Needs Assessment (JSNA) and other Board approved documents to identify the local health status of the Nottinghamshire population and the access to community pharmacies. It looks at current demographics and future trends and developments which may impact on the health and health needs of the local population. The PNA looks at issues that may affect it for the next three years (April 2018 to March 2021).

The PNA also identifies where pharmaceutical services are currently used to address health needs and where changes may be required to fill any current identified gaps or to address possible future health needs.

The PNA is a tool which is used to inform commissioners of the current provision of pharmaceutical services and where there are any gaps, in relation to the local health priorities, which could be addressed by improving services or access to services in that area.

The commissioners who find it most useful are Clinical Commissioning Groups (CCGs), Local Authority Public Health and NHS England.

The PNA is of particular importance to NHS England who since 1 April 2013, have been responsible for maintaining pharmaceutical lists. The PNA is a key document in making decisions with regard to applications made under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 to open or close pharmacies. As part of the PNA process, a wide range of stakeholders, including the general public were formally consulted on the content and recommendations of the PNA giving the opportunity to feedback on any gaps or limitations of services.

The PNA document identifies groups of people by different factors e.g. their health needs, age ranges, or social demographics, whose health needs could be addressed by pharmaceutical providers to bring those with lower health outcomes more in line with the average for the area.

The PNA does not look in any detail at each of the 9 local protected characteristic groups and any associated health inequalities but the health profiles are based on JSNA chapters that have considered these groups in more detail. More specific research to look at the health needs and recognise the specific health inequalities of these protected groups can be found in the JSNA or other documents which will help inform future PNAs.

The PNA aims to scrutinise along with Equality Impact Assessment process, for any significant gaps in pharmaceutical service provision for local vulnerable people. The PNA document identifies groups of people by different factors e.g. their health needs, age ranges, or social demographics, whose health needs could be addressed by pharmaceutical providers.

The overall effect would be improved access to services which will impact disadvantaged groups in a positive manner. The PNA will make recommendations which the HWB will consider to determine how services will be shaped.

PNA presents an opportunity to add value for equality and inclusion for local vulnerable people from protected groups. By consulting and engaging with the harder to reach, more marginalised groups we can improve our knowledge of the needs the pharmacies can meet through re-shaping of services such as location, services available, Equality Diversity and Human Rights aware staff who are confident in dealing with the needs of different groups who are often more vulnerable in many different ways. Also an awareness of the anticipatory duty to provide reasonable adjustments for vulnerable patients linked to fair access to information, services and premises is required

2 Protected Characteristics: Is there a potential positive or negative impact based on:

Age	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Disability	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Gender reassignment	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact
Pregnancy & maternity	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Race including origin, colour or nationality	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Religion	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact
Gender	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact
Sexual orientation including gay, lesbian or bisexual	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Neutral Impact

3 Where there are potential negative impacts for protected characteristics these should be detailed including consideration of the equality duty, proposals for how they could be mitigated (where possible) and meaningfully consulted on:

How do the potential impacts affect people with protected characteristics <i>What is the scale of the impact?</i>	How might negative impact be mitigated or explain why it is not possible	How will we consult
No negative impacts anticipated and therefore no actions to mitigate for.		

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Part B: Feedback and further mitigation

4 Summary of consultation feedback and further amendments to proposal / mitigation

The formal consultation feedback did not raise any concerns regarding protected characteristics or where there where access to pharmacy services was an issue. (Both of the survey analysis will be published with the Pharmaceutical Needs Assessment in April 2018 on the Local Authority / Health and Wellbeing website)

The PNA must legally be reviewed every 3 years to assess whether the new pharmacy provision has addressed local health needs and will discuss new areas for improvement. In addition to this if there is a significant change to service provision in the area before the 3 year deadline then the PNA will be reviewed at the earliest opportunity. The Local Authorities and the CCGs will use their current communications systems with the public and specifically the protected groups to identify if there are any ongoing issues around the service provision from their areas. Local communities of interest patient reps should be encouraged to provide feedback to their local CCG or to NHS England on any barriers they perceive in accessing pharmacy services for local vulnerable people.

Completed EqlAs should be sent to equalities@nottscg.gov.uk and will be published on the Council's website.

A6 List of GP practices in Nottinghamshire County

GP Practices, Nottinghamshire, NHS Digital download, December 2017

Ashfield

Type of Practice	Practice Code	Practice Name	Address	Postcode	CCG Code	Parent practice code	Dispensing practice
practice	C84012	WILLOWBROOK MEDICAL PRACTICE	WILLOWBROOK MEDICAL PRACT	NG171ES	04E	C84012	
practice	C84014	WOODLANDS MEDICAL PRACTICE	WOODLANDS MED/PRACTICE	NG171JW	04E	C84014	
practice	C84053	TORKARD HILL MEDICAL CTRE	TORKARD HILL MEDICAL CTRE	NG156DY	04L	C84053	
practice	C84061	HARWOOD CLOSE SURGERY	HARWOOD CLOSE SURGERY	NG174PD	04E	C84061	
practice	C84067	ASHFIELD HOUSE (ANNESLEY)	ASHFIELD HOUSE	NG179JB	04E	C84067	
branch	C84067001	ASHFIELD HOUSE (ANNESLEY) BRANCH	THE SURGERY	NG177GQ	04E	C84067	
practice	C84074	FAMILY MEDICAL CENTRE (KIRKBY)	FAMILY MEDICAL CENTRE	NG177DG	04E	C84074	
practice	C84076	KIRKBY HEALTH CENTRE	THE HLTH CTR, LOWMOOR ROAD	NG177LG	04E	C84076	
practice	C84077	BRIERLEY PARK MEDICAL CENTRE	BRIERLEY PARK MED CTR	NG172NF	04E	C84077	
practice	C84095	OAKENHALL MEDICAL PRACT	OAKENHALL MEDICAL PRACT	NG157UA	04L	C84095	
practice	C84114	SKEGBY FAMILY MEDICAL CENTRE	SKEGBY FAMILY MEDICAL CTR	NG173EE	04E	C84114	
practice	C84124	WHYBURN MEDICAL PRACTICE	WHYBURN MEDICAL PRACTICE	NG157JE	04L	C84124	
practice	C84140	LOWMOOR ROAD SURGERY	THE SURGERY	NG177BG	04E	C84140	
practice	C84142	SELSTON SURGERY	SELSTON SURGERY	NG166BT	04E	C84142	
practice	C84629	HEALTH CARE COMPLEX, KIRKBY	THE HEALTH CARE COMPLEX	NG177BG	04E	C84629	
practice	C84654	JACKSDALE MEDICAL CENTRE	MEDICAL CENTRE	NG165JW	04E	C84654	
branch	C84654001	UNDERWOOD SURGERY BRANCH	1 HANKIN AVENUE	NG165FU	04E	C84654	
practice	C84712	ASHFIELD MEDICAL CENTRE	KINGS STREET	NG171AT	04E	C84712	
practice	Y00026	THE OM SURGERY	THE SURGERY	NG157JP	04L	Y00026	
practice	Y05690	KIRKBY COMMUNITY PRIMARY CARE CENTRE (3)	THE KIRKBY COMMUNITY PCC	NG177AE	04E	Y05690	

Bassetlaw

Type of Practice	Practice Code	Practice Name	Address	Postcode	CCG Code	Parent practice name	Dispensing practice	Clinical Pharmacist Role
practice	C84001	LARWOOD SURGERY	LARWOOD SURGERY	S810HH	02Q	C84001		Y
branch	C84001001	LARWOOD SURGERY BRANCH	THE VILLAGE SURGERY	S819AR	02Q	C84001		Y
branch	C84001002	LARWOOD SURGERY BRANCH	THE LAKESIDE SURGERY	S819NW	02Q	C84001		
branch	C84001003	LARWOOD SURGERY BRANCH	HARWORTH PRIMARY CARE CENTRE	DN118JT	02Q	C84001		
practice	C84008	TUXFORD MEDICAL CENTRE	THE SURGERY	NG220HT	02Q	C84008	Y	Y
practice	C84013	KINGFISHER FAMILY PRACTICE	RETFORD PRIMARY CARE CTR	DN227XF	02Q	C84013		Y
practice	C84024	NEWGATE MEDICAL GROUP	NEWGATE MEDICAL GROUP	S801HP	02Q	C84024		Y
practice	C84035	CROWN HOUSE SURGERY	RETFORD PRIMARY CARE CTR	DN227XF	02Q	C84035		Y
practice	C84052	THE MISTERTON GROUP PRACT	THE MISTERTON GROUP PRACT	DN104DL	02Q	C84052	Y	Y
branch	C84052001	THE MISTERTON GROUP BRANCH	THE SURGERY	DN104QU	02Q	C84052		
practice	C84094	RIVERSIDE HEALTH CENTRE	RIVERSIDE HEALTH CENTRE	DN226FB	02Q	C84094		Y
branch	C84094001	RIVERSIDE HEALTH CENTRE BRANCH	RIVERSIDE HARWORTH MEDICAL CENTRE	DN118JT	02Q	C84094		
branch	C84101001	BAWTRY AND BLYTH BRANCH	THE ARCHWAY	S818EQ	02Q	C84101	Y	
practice	C84692	NORTH LEVERTON SURGERY	THE SURGERY	DN220AB	02Q	C84692	Y	Y
practice	Y05346	WESTWOOD SURGERY	PELHAM STREET	S802TR	02Q	Y05346		Y

Broxtowe

Type of Practice	Practice Code	Practice Name	Address	Postcode	CCG Code	Parent practice name	Dispensing practice	Clinical Pharmacist Role
practice	C84002	CHURCH WALK SURGERY	THE SURGERY	NG163BH	04M	C84002		
practice	C84003	WEST END SURGERY	WEST END SURGERY	NG91EH	04M	C84003		
practice	C84030	THE OAKS MEDICAL CENTRE	THE OAKS MEDICAL CENTRE	NG92NY	04M	C84030		
practice	C84032	CHURCH STREET MEDICAL CTR	CHURCH STREET MEDICAL CTR	NG163BS	04M	C84032	Y	
practice	C84042	SAXON CROSS SURGERY	STAPLEFORD CARE CENTRE	NG98DA	04M	C84042		
practice	C84065	ABBAY MEDICAL CENTRE	ABBAY MEDICAL CENTRE	NG92QP	04M	C84065		
practice	C84080	THE MANOR SURGERY	THE MANOR SURGERY	NG91GA	04M	C84080		
practice	C84107	THE LINDEN MEDICAL GROUP	STAPLEFORD CARE CENTRE	NG98DA	04M	C84107		
practice	C84112	BRAMCOTE SURGERY	2A HANLEY AVENUE	NG93HF	04M	C84112		
practice	C84120	THE VALLEY SURGERY	THE VALLEY SURGERY	NG94ET	04M	C84120		
branch	C84120001	THE VALLEY SURGERY BRANCH	CHILWELL MEADOWS SURGERY	NG96DX	04M	C84120		
practice	C84131	NEWTORPE MEDICAL PRACTICE	NEWTORPE MEDICAL CENTRE	NG163HU	04L	C84131		
practice	C84624	HAMA MEDICAL CENTRE	THE SURGERY	NG162NB	04M	C84624		
practice	C84667	GILTBROOK SURGERY	GILTBROOK SURGERY	NG162GE	04L	C84667		
branch	C84688001	KHALIQUE A BRANCH	ASSARTS FARM MEDICAL CENTRE	NG161PT	04K	C84688		
practice	C84705	HICKINGS LANE MEDICAL CTR	120 RYECROFT STREET	NG98PN	04M	C84705		

Gedling

Type of Practice	Practice Code	Practice Name	Address	Postcode	CCG Code	Parent practice name	Dispensing practice
practice	C84010	TRENTSIDE MEDICAL GROUP	TRENTSIDE MEDICAL GROUP	NG42NJ	04L	C84010	
branch	C84010001	COLWICK VALE SURGERY BRANCH	VALE ROAD	NG42GP	04L	C84010	
practice	C84026	STENHOUSE MEDICAL CENTRE	STENHOUSE MEDICAL CENTRE	NG57BP	04L	C84026	
practice	C84033	WESTDALE LANE SURGERY	THE SURGERY	NG43JA	04L	C84033	
branch	C84037001	BUTLER & PARTNERS RAVENSHEAD BRANCH	THE SURGERY	NG159EA	04H	C84037	
practice	C84047	THE CALVERTON PRACTICE	THE CALVERTON PRACTICE	NG146FP	04L	C84047	Y
practice	C84055	HIGHCROFT SURGERY	HIGHCROFT SURGERY	NG57BQ	04L	C84055	
practice	C84066	DAYBROOK MEDICAL PRACTICE	DAYBROOK HEALTH CENTRE	NG56HP	04L	C84066	
branch	C84085001	HEPDEN M BRANCH	THE SURGERY	NG35QQ	04K	C84085	
practice	C84115	PLAINS VIEW SURGERY	PLAINS VIEW SURGERY	NG35LB	04L	C84115	
practice	C84125	APPLE TREE MEDICAL PRACTICE	APPLE TREE MEDICAL PRACT	NG145EA	04L	C84125	Y
practice	C84133	PEACOCK HEALTHCARE	428 CARLTON HILL	NG41HQ	04L	C84133	
practice	C84150	UNITY SURGERY	THE UNITY SURGERY	NG36EU	04L	C84150	
practice	C84646	THE IVY MEDICAL GROUP	LAMBLEY LANE SURGERY	NG145BG	04L	C84646	Y
practice	C84696	WEST OAK SURGERY	WEST OAK SURGERY	NG36EW	04L	C84696	
practice	C84709	PARK HOUSE MEDICAL CENTRE	PARK HOUSE MEDICAL CENTRE	NG43DQ	04L	C84709	

Mansfield

Type of Practice	Practice Code	Practice Name	Address	Postcode	CCG Code	Parent practice name	Dispensing practice	Clinical Pharmacist Role
practice	C84016	OAKWOOD SURGERY	OAKWOOD SURGERY, CHURCH ST	NG198BL	04E	C84016		
practice	C84020	CHURCHSIDE MEDICAL PRACTICE	CHURCHSIDE MED PRACTICE	NG181QB	04E	C84020		
practice	C84031	ST PETERS MEDICAL PRACTICE	CHAUCER HOUSE	NG181EE	04E	C84031		
practice	C84036	FOREST MEDICAL	FOREST MEDICAL	NG196AB	04E	C84036		
branch	C84036001	OAK TREE LANE SURGERY BRANCH	JUBILEE WAY SOUTH	NG183SF	04E	C84036		
practice	C84051	ORCHARD MEDICAL PRACTICE	ORCHARD MEDICAL PRACTICE	NG185GG	04E	C84051		
practice	C84059	SHERWOOD MEDICAL PARTNERSHIP	CROWN MEDICAL CENTRE	NG190FW	04H	C84059		
branch	C84059001	POLLARD & PARTNERS FOREST TOWN BRANCH	FOREST TOWN CLINIC	NG190AA	04H	C84059		
practice	C84069	ROUNDWOOD SURGERY	ROUNDWOOD SURGERY	NG181QQ	04E	C84069		
branch	C84069001	FOREST TOWN BRANCH	47 ELLESMERE ROAD	NG190EG	04E	C84069		
practice	C84106	MILLVIEW SURGERY	MILL VIEW SURGERY	NG185PF	04E	C84106		
practice	C84127	RIVERBANK MEDICAL SERVICES	THE HEALTH CENTRE	NG200BP	04E	C84127		
practice	C84637	SANDY LANE SURGERY	SANDY LANE SURGERY	NG182LT	04E	C84637		
practice	C84658	MEDEN MEDICAL SERVICES	MEDEN VALE MED CTR	NG209QN	04E	C84658		
branch	C84658001	CHURCH STREET BRANCH	WARSOP	NG200BP	04E	C84658		
practice	C84679	ACORN MEDICAL PRACTICE	11-13 WOOD STREET	NG181QA	04E	C84679		
practice	C84710	BULL FARM PRIMARY CARE RESOURCE CENTRE	CONCORDE WAY	NG197JZ	04E	C84710		

Newark and Sherwood

Type of Practice	Practice Code	Practice Name	Address	Postcode	CCG Code	Parent practice name	Dispensing practice	Clinical Pharmacist Role
practice	C84009	BARNBY GATE SURGERY	THE SURGERY	NG241QD	04H	C84009		
practice	C84019	FOUNTAIN MEDICAL CENTRE	THE FOUNTAIN MEDICAL CTR.	NG241QH	04H	C84019		
practice	C84021	MIDDLETON LODGE PRACTICE	MIDDLETON LODGE SURGERY	NG229SZ	04H	C84021		
practice	C84029	LOMBARD MEDICAL CENTRE	LOMBARD MEDICAL CENTRE	NG244XG	04H	C84029		
practice	C84037	ABBEY MEDICAL GROUP	THE SURGERY	NG210RB	04H	C84037		
practice	C84045	COLLINGHAM MEDICAL CENTRE	COLLINGHAM MEDICAL CENTRE	NG237LB	04H	C84045	Y	
practice	C84049	SOUTHWELL MEDICAL CENTRE	SOUTHWELL MEDICAL CENTRE	NG250AL	04H	C84049	Y	
practice	C84087	RAINWORTH HEALTH CENTRE	RAINWORTH HEALTH CENTRE	NG210AD	04H	C84087		
practice	C84113	MAJOR OAK MEDICAL PRACTICE	MAJOR OAK MED PRACTICE	NG219QS	04H	C84113		
practice	C84123	BILSTHORPE SURGERY	BILSTHORPE SURGERY	NG228QB	04H	C84123		
practice	C84613	THE JUBILEE PRACTICE	LOWDHAM MEDICAL CTR	NG147BG	04L	C84613	Y	
branch	C84646001	MCHALE NP BRANCH	FRANKLIN ROAD	NG147BG	04L	C84646		
practice	C84656	HILL VIEW SURGERY	HILL VIEW SURGERY	NG210JP	04H	C84656		
practice	C84660	HOUNSFIELD SURGERY	THE SURGERY	NG236PX	04H	C84660	Y	
practice	Y05369	BALDERTON SURGERY	BALDERTON PCC	NG243HJ	04H	Y05369		

Rushcliffe

Type of Practice	Practice Code	Practice Name	Address	Postcode	CCG Code	Parent practice name	Dispensing practice	Clinical Pharmacist Role
practice	C82040	ORCHARD SURGERY	ORCHARD SURGERY	DE742EL	04N	C82040		
branch	C82040001	ANDERSON CM BRANCH	NOTTINGHAM ROAD	NG110HE	04N	C82040	Y	
practice	C84005	EAST LEAKE MEDICAL GROUP	EAST LEAKE HEALTH CENTRE	LE126JG	04N	C84005		
branch	C84005001	CHURCH HOUSE SURGERY BRANCH	SHAW STREET	NG116HF	04N	C84005		
branch	C84005002	SUTTON BONINGTON BRANCH	45 ORCHARD CLOSE	LE125NF	04N	C84005	Y	
branch	C84005003	EAST LEAKE BRANCH	39 MAIN STREET	LE126PF	04N	C84005		
practice	C84017	BELVOIR HEALTH GROUP	BINGHAM MEDICAL CENTRE	NG138FD	04N	C84017	Y	
branch	C84017001	LOWE JR BRANCH	THE HEALTH CENTRE	NG123JG	04N	C84017		
branch	C84017002	LOWE JR BRANCH	BINGHAM SURGERY	NG138FD	04N	C84017	Y	
branch	C84017003	CROPWELL BISHOP SURGERY BRANCH	THE SURGERY	NG123BU	04N	C84017		
practice	C84025	EAST BRIDGFORD MED CENTRE	EAST BRIDGFORD MED CENTRE	NG138NY	04N	C84025	Y	
practice	C84028	THE RUDDINGTON MED CENTRE	THE RUDDINGTON MED CENTRE	NG116HD	04N	C84028		
practice	C84048	KEYWORTH MEDICAL PRACTICE	KEYWORTH MEDICAL PRACTICE	NG125JU	04N	C84048	Y	
practice	C84084	RADCLIFFE-ON-TRENT. HEALTH CENTRE	RADCLIFFE-ON-TRENT H/C	NG122GD	04N	C84084		
practice	C84086	ST GEORGES MED PRACTICE	ST GEORGES MED PRACTICE	NG27PG	04N	C84086		
practice	C84090	MUSTERS MEDICAL PRACTICE	50-60 WILFORD LANE	NG27SD	04N	C84090		
practice	C84605	CASTLE HEALTHCARE PRACTICE	50/60 WILFORD LANE	NG27SD	04N	C84605		
practice	C84621	WEST BRIDGFORD MEDICAL CENTRE	97 MUSTERS ROAD	NG27PX	04N	C84621		
practice	C84703	THE GAMSTON MEDICAL CTR.	THE GAMSTON MEDICAL CTR.	NG26PS	04N	C84703		

Appendix 7

PNA Maps

29 January 2018

Executive Summary

Aims and Objectives

List of documents that are to be considered supplemental to the PNA document.

May or may not be included in the final document

Support statements made in the main text but deemed best not to include in the main document due to size (page or electronic)

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Appendices

A Spatial variation in 'need' and 'provision'

Need/ provision maps for:

- Population aged under 18 (high use population)
- Emergency hormonal contraception (females aged 15 to 44)
- Medicine use review/ population aged 75 or older
- Deprivation

Need by age

These maps are based on small areas – LSOAs – with the relevant populations. The pharmacies with/ without MUR or EHC are plotted on top of these.

The underlying assumption for need for MUR is population aged 75 or older. These maps can thus also be used to assess need for this age group (a high use population).

Need by deprivation

This map is based on small areas – LSOAs. The data shown is the overall Index of Multiple Deprivation (IMD). All community pharmacies are shown.

From the "The English Indices of Deprivation 2015 report:"

"The Indices of Deprivation 2015 provide a set of relative measures of deprivation for small areas (Lower-layer Super Output Areas) across England, based on seven different domains of deprivation:

- *Income Deprivation*
- *Employment Deprivation*
- *Education, Skills and Training Deprivation*
- *Health Deprivation and Disability*
- *Crime*
- *Barriers to Housing and Services*
- *Living Environment Deprivation*

Each of these domains is based on a basket of indicators. ... The Index of Multiple Deprivation 2015 combines information from the seven domains to produce an overall relative measure of deprivation."

The overall Index of Multiple Deprivation is represented as a national decile where LSOAs labelled as decile '1' are those in the most deprived 10% of LSOAs in England.

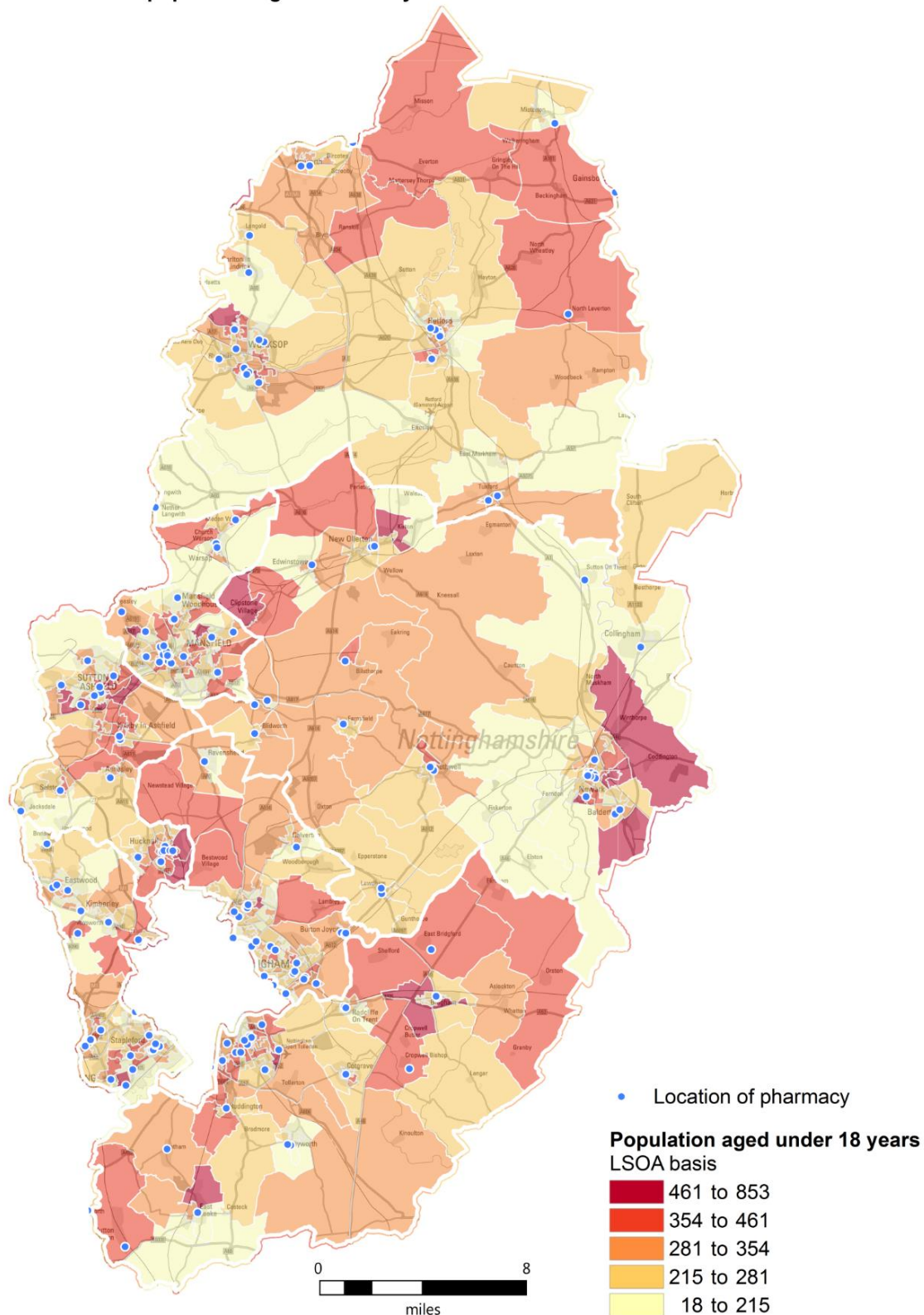
Sources

All **population** data: ONS 'Lower Super Output Area Mid-Year Population Estimates for mid-2015', URL: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates> , last accessed October 2017

Deprivation data: "English indices of deprivation 2015", URL: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015> , last accessed November 2017.

A.1 Need based on population aged under 18 – LSOA

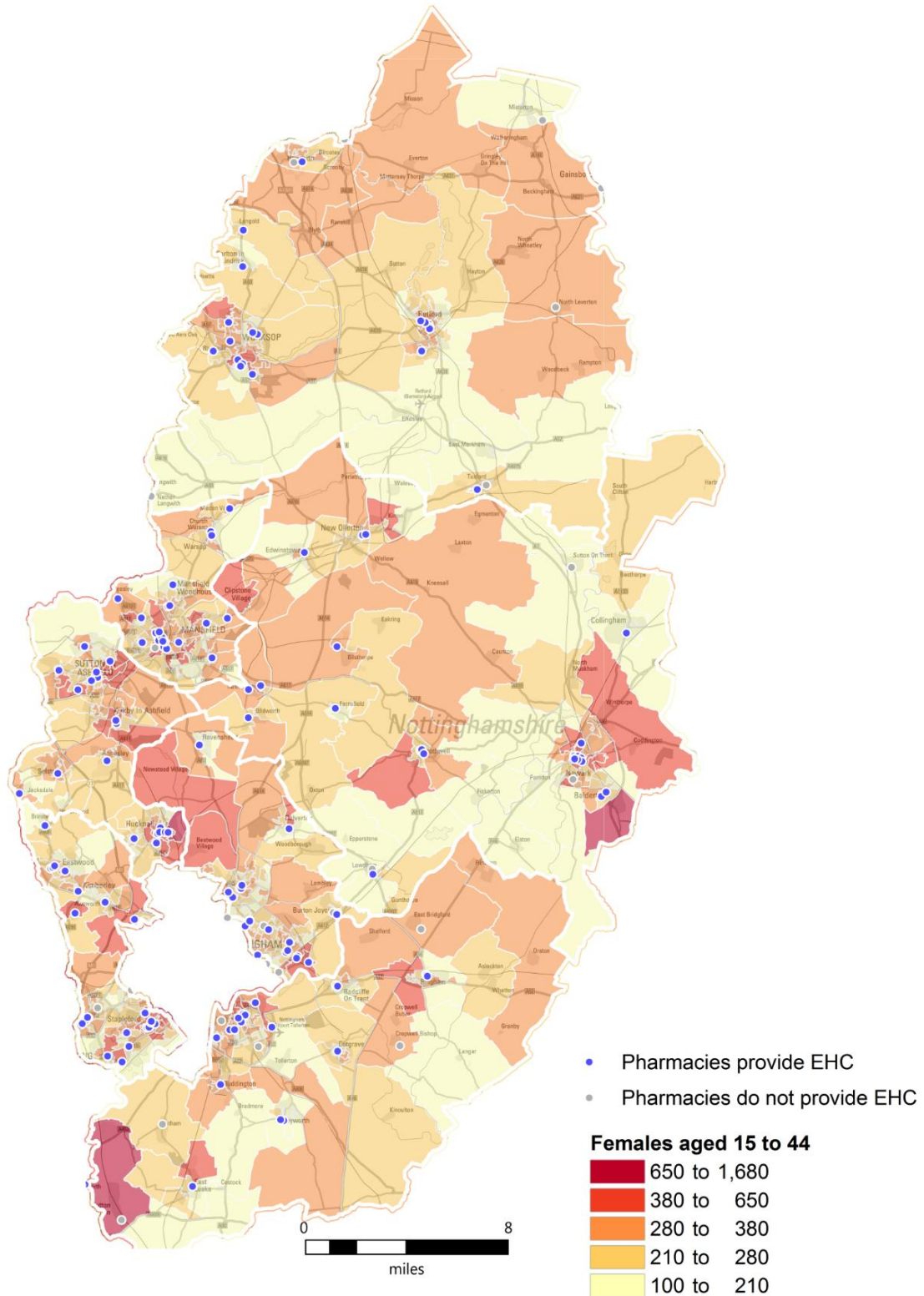
Need based on population aged under 18 years



A.2

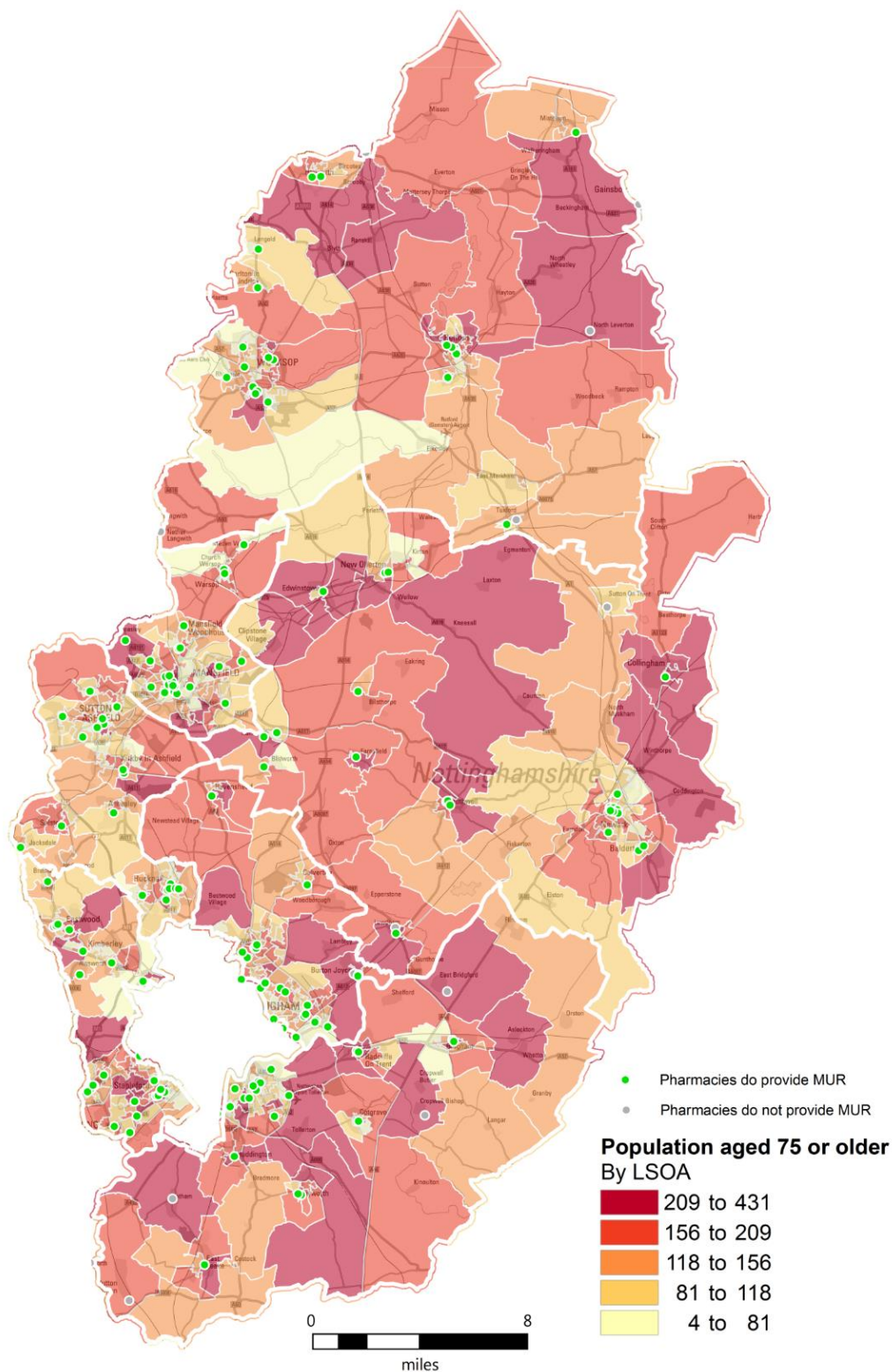
Need for EHC (females aged 15 to 44 as proxy) – LSOA

Need for EHC (all females aged 15 to 44 as proxy)



A.3 Need for medicine use reviews (all persons aged 75 or older as proxy) – LSOA

Need for medicine use reviews (all persons aged 75 or older as proxy)



A.4 Deprivation

Nottinghamshire County

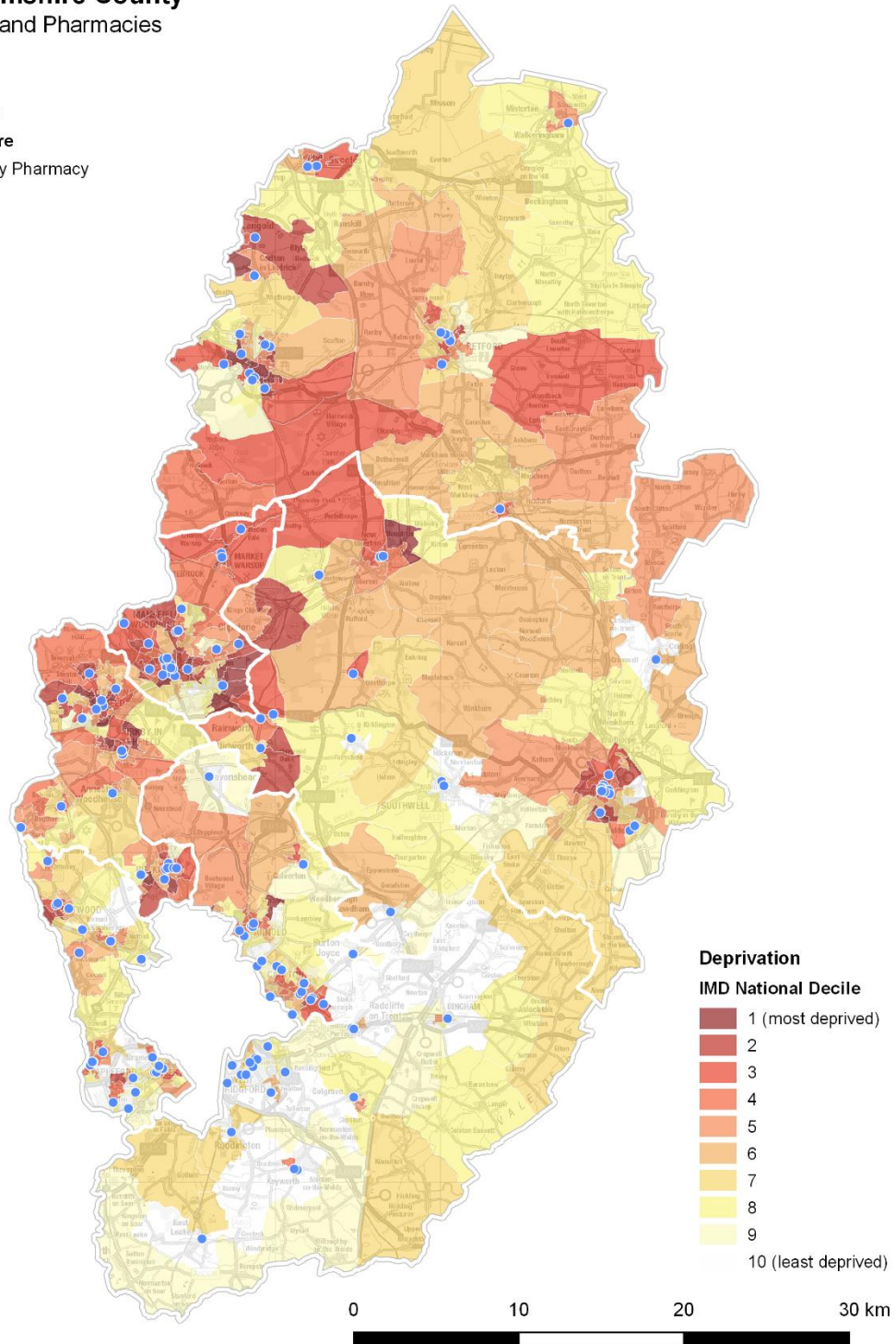
Deprivation and Pharmacies

Legend

Organisations

Nottinghamshire

- Community Pharmacy



Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers, DCLG indices of deprivation

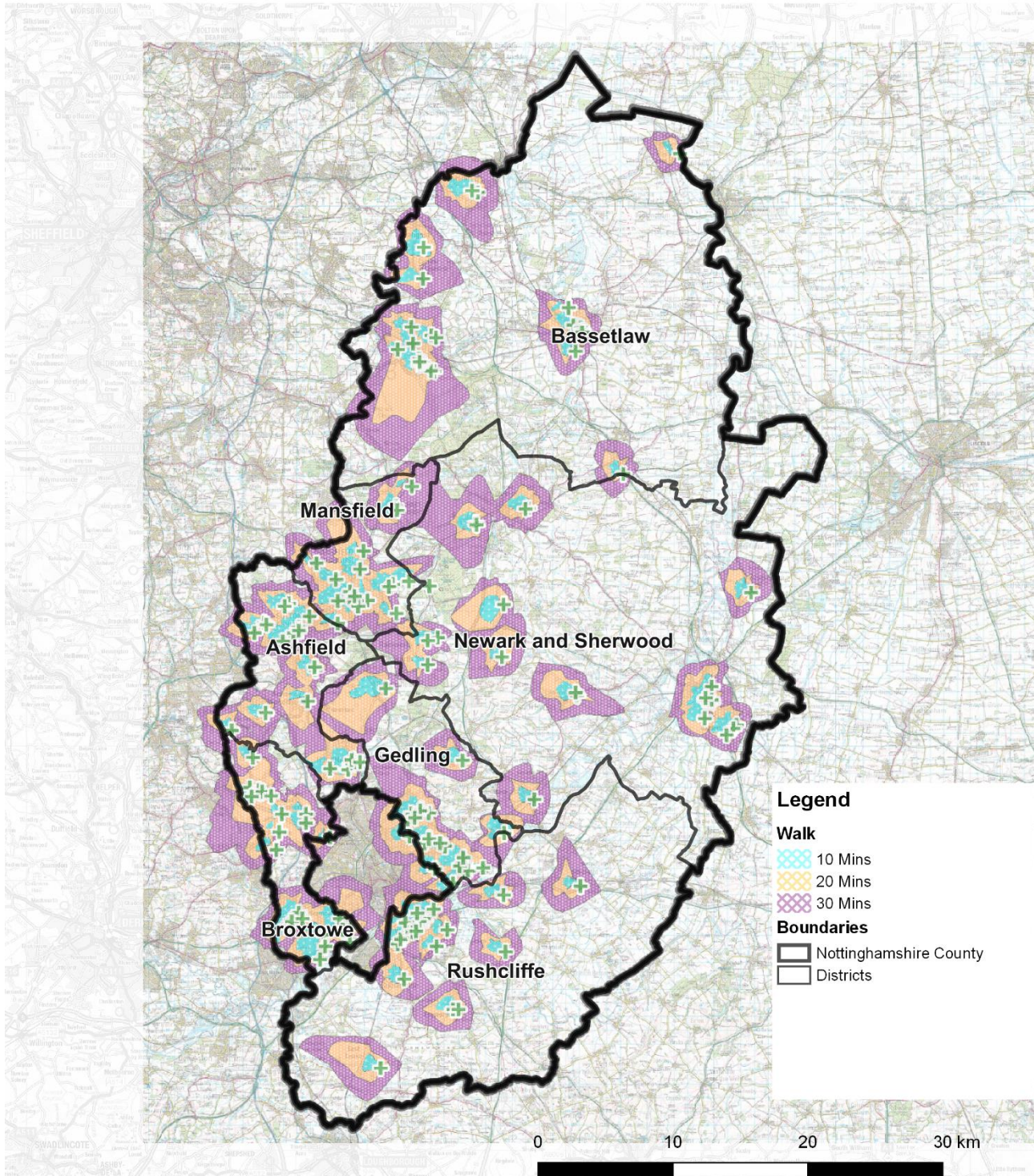
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Produced by Nottinghamshire County Public Health Intelligence Team (IB)

B Drive and walking time analysis

B.1 Walking time to County Pharmacies

Nottinghamshire County Pharmacies - Walk and Drive time



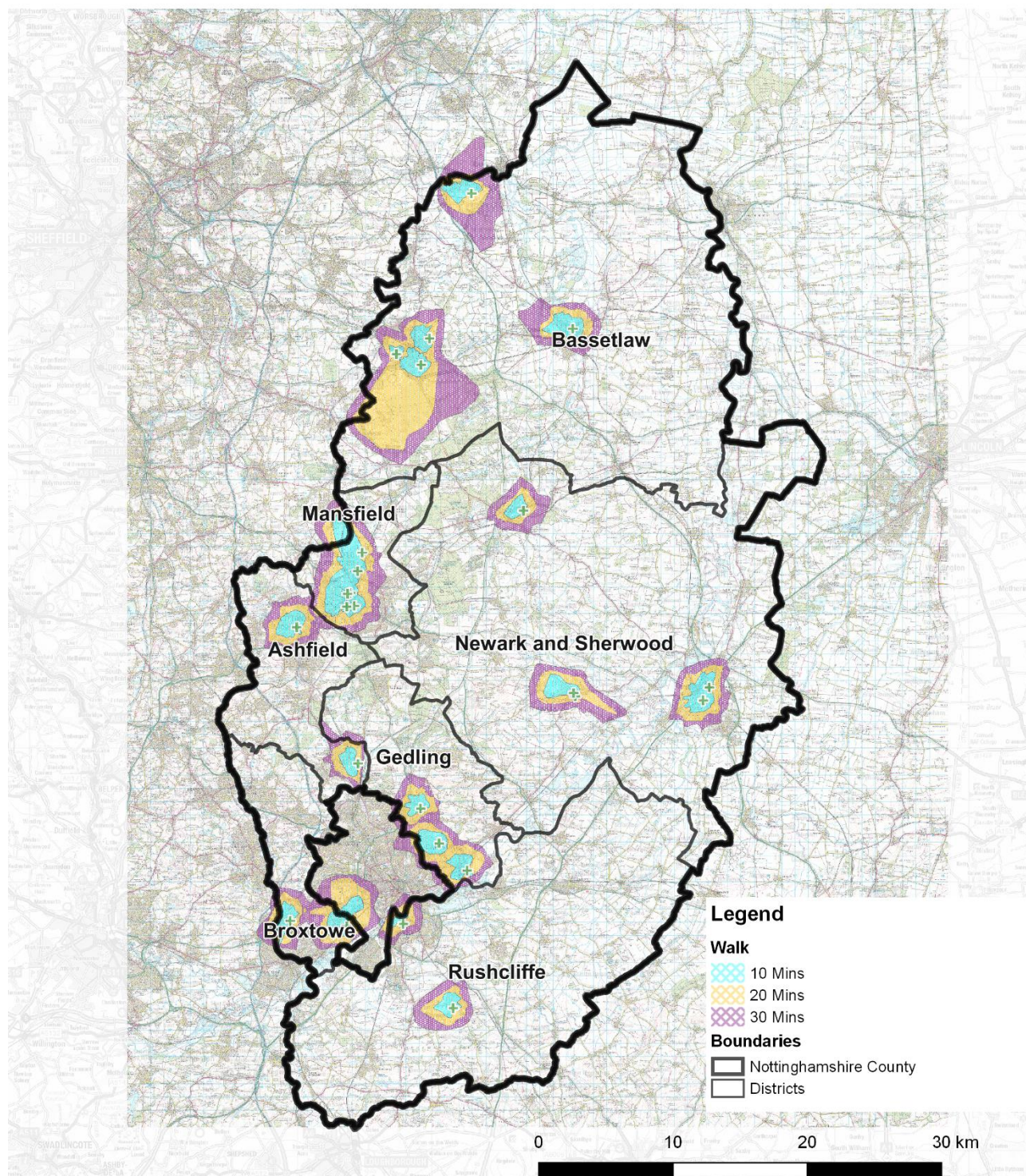
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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

Produced by Nottinghamshire County Public Health Intelligence Team (IB)

B.2 Walking time to 100hr Pharmacies

Nottinghamshire County Pharmacies - Walk and Drive time



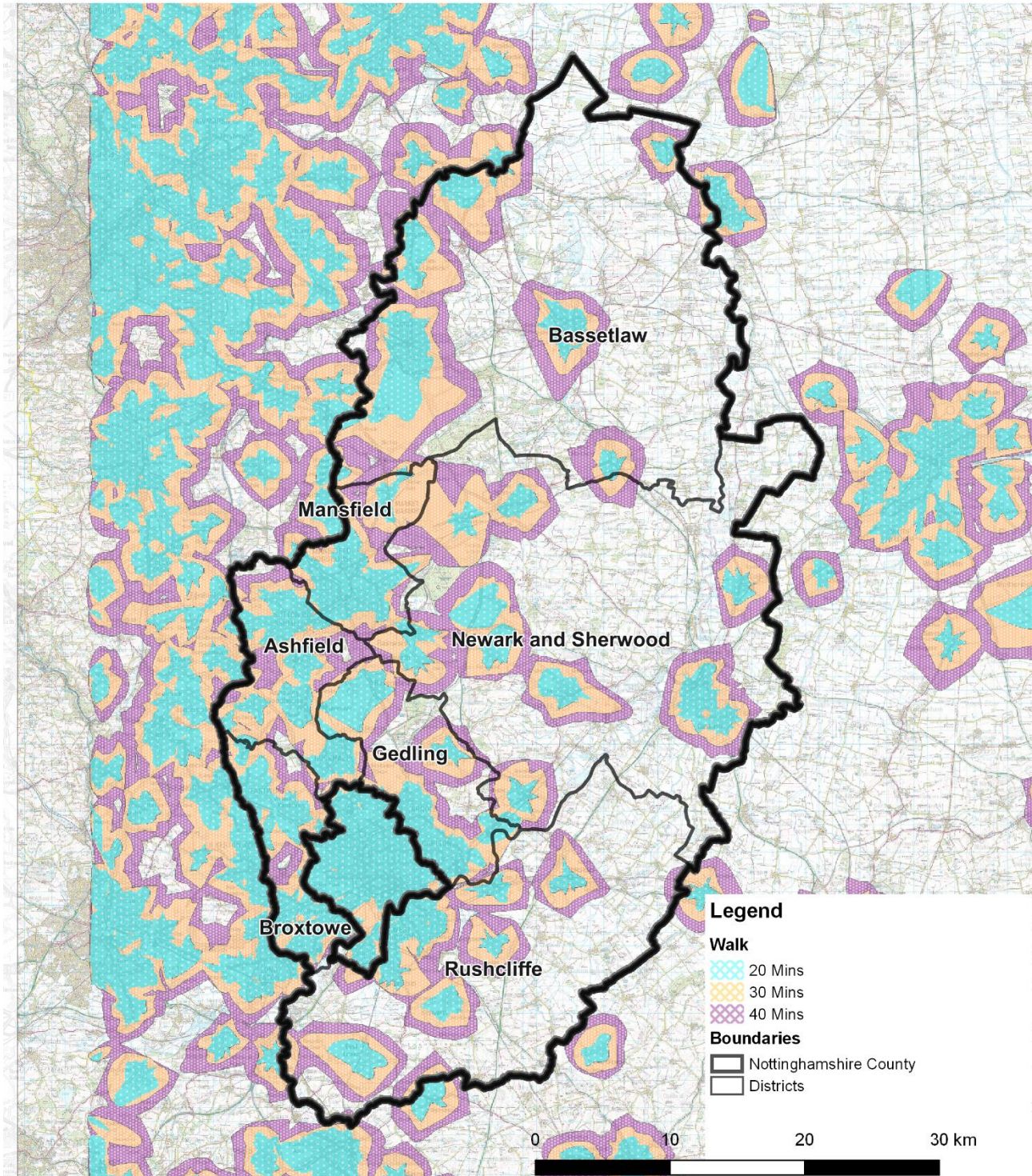
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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Produced by Nottinghamshire County Public Health Intelligence Team (IB)

B.3 Walking time to all pharmacies including neighbouring areas

Nottinghamshire County Pharmacies - Walk and Drive time



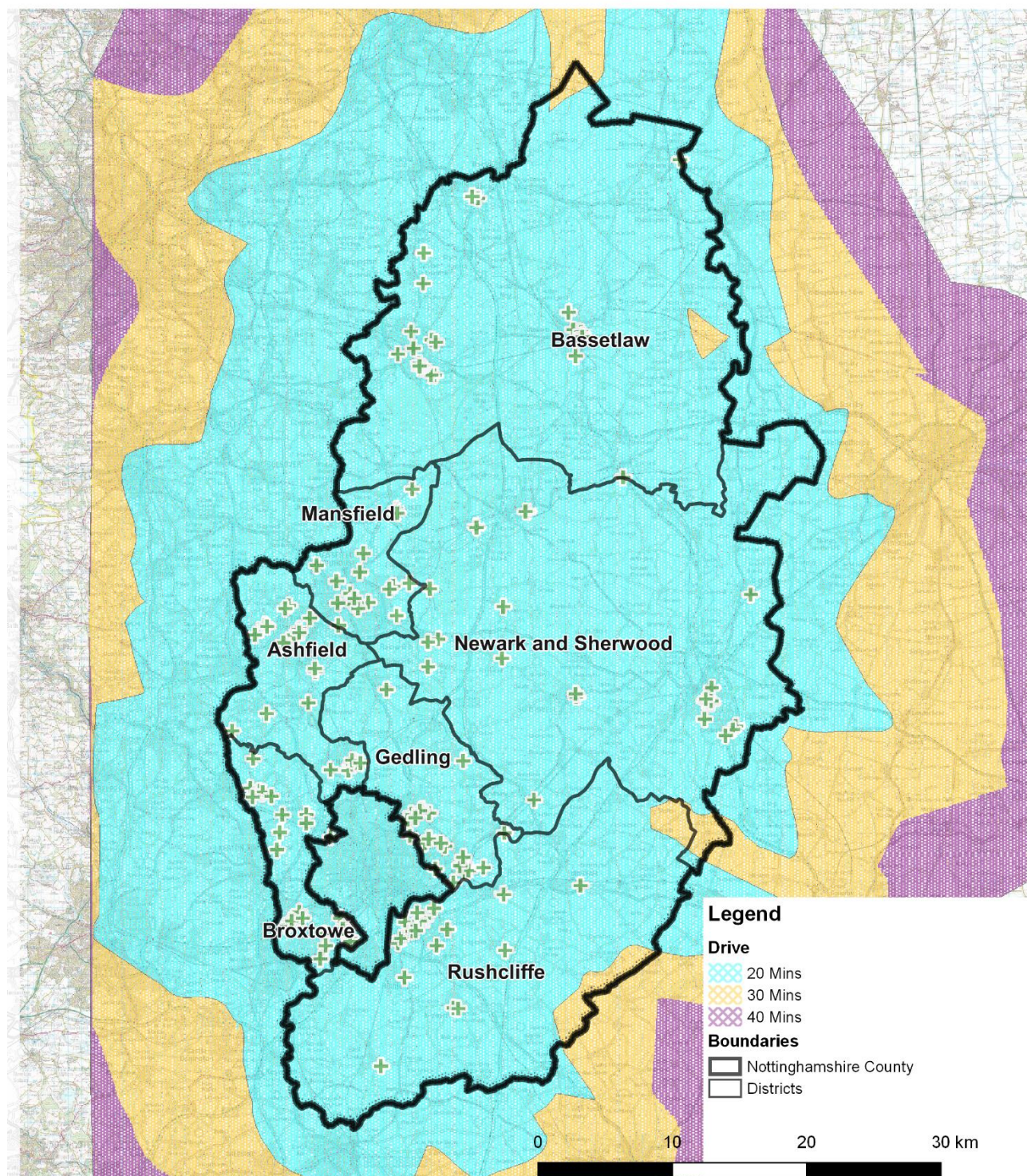
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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B.4 Drive time to all County pharmacies

Nottinghamshire County Pharmacies - Walk and Drive time



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

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C Location of pharmacies commissioned to provide specific services

Services known to commission a service are shown

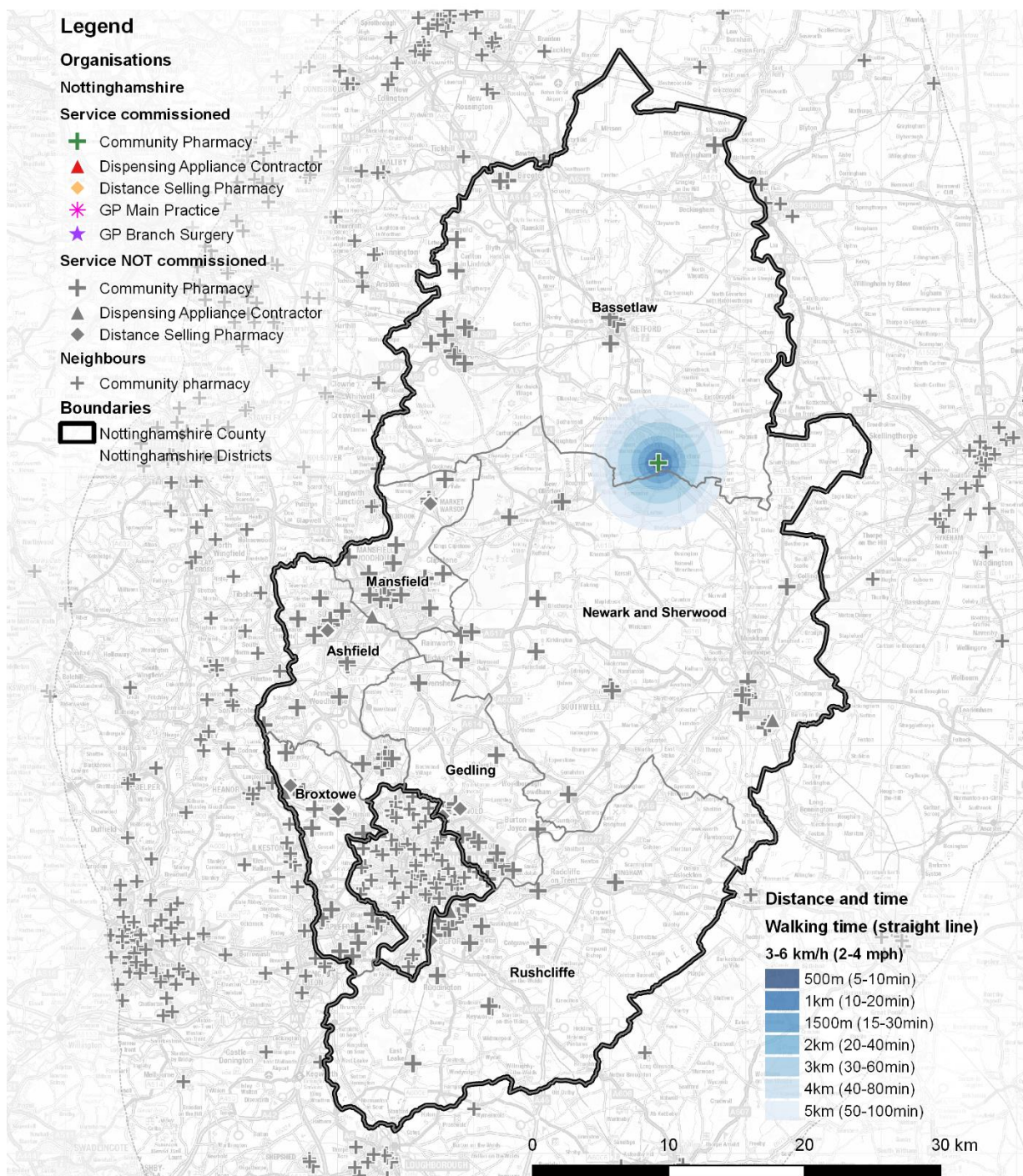
Simple distance buffers around these pharmacies are included – crude way to assess walk time’ – to aid inspection of gaps – see calculated walk-time figure for a more accurate walk-time determination

C.1 Advanced - Appliance Use Reviews

aur

Nottinghamshire County

Pharmacies providing Advanced service - Appliance Use Reviews



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

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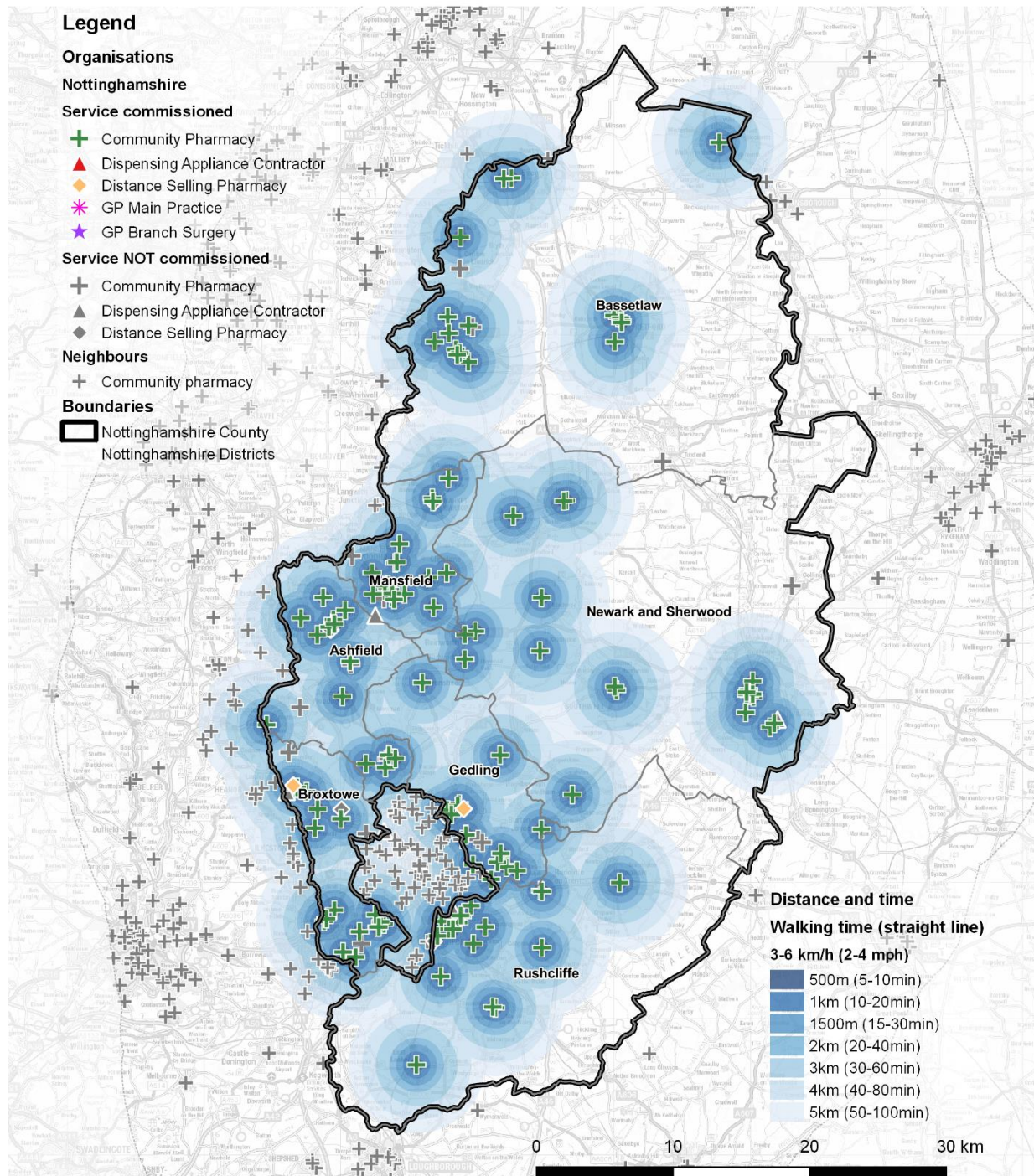
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.2 Advanced – Flu Vaccination

flu

Nottinghamshire County

Pharmacies providing Advanced service - Flu Vaccination



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

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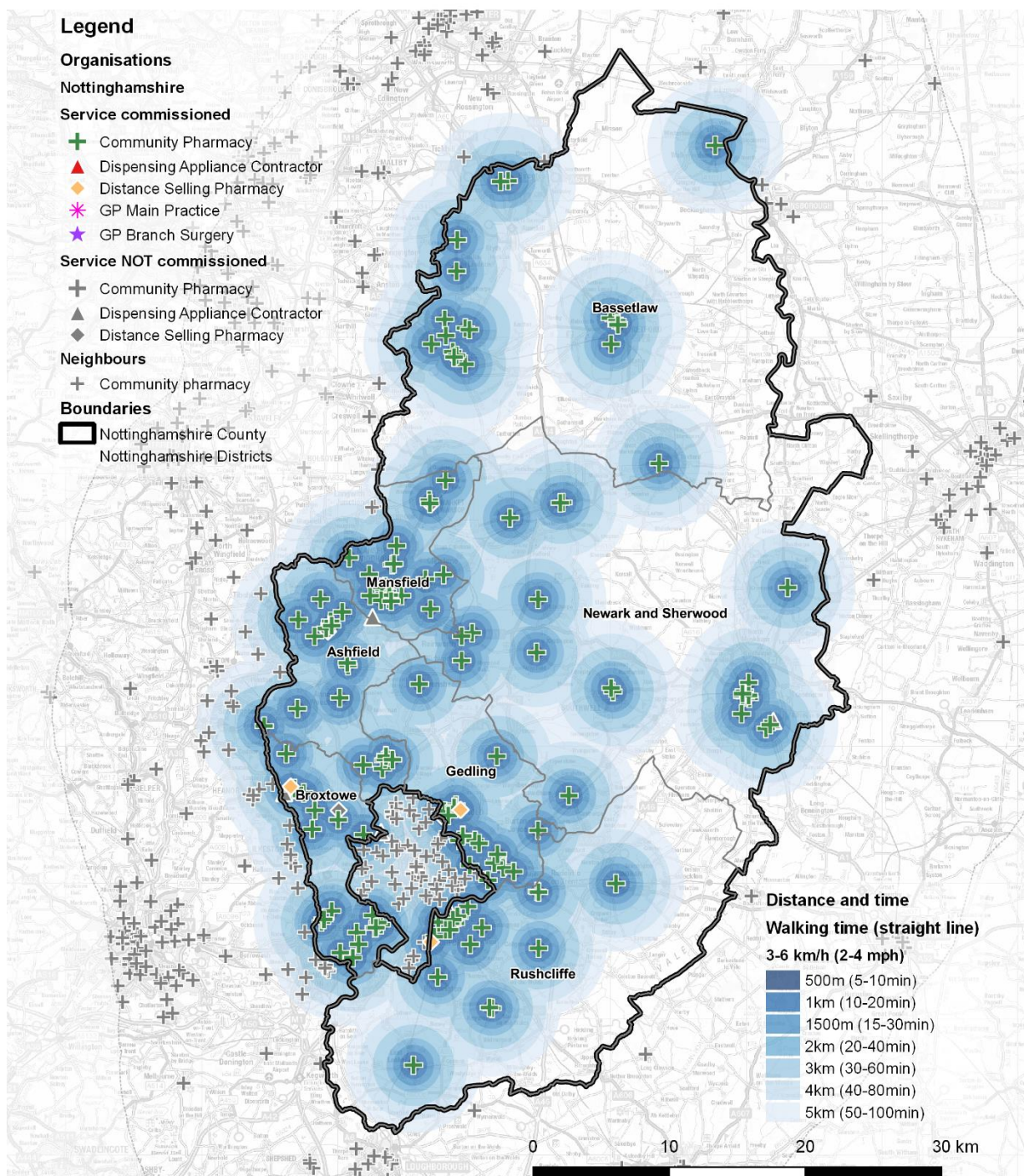
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.3 Advanced – Medicines Use Reviews (MUR)

mur

Nottinghamshire County

Pharmacies providing Advanced service - Medicines Use Reviews



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

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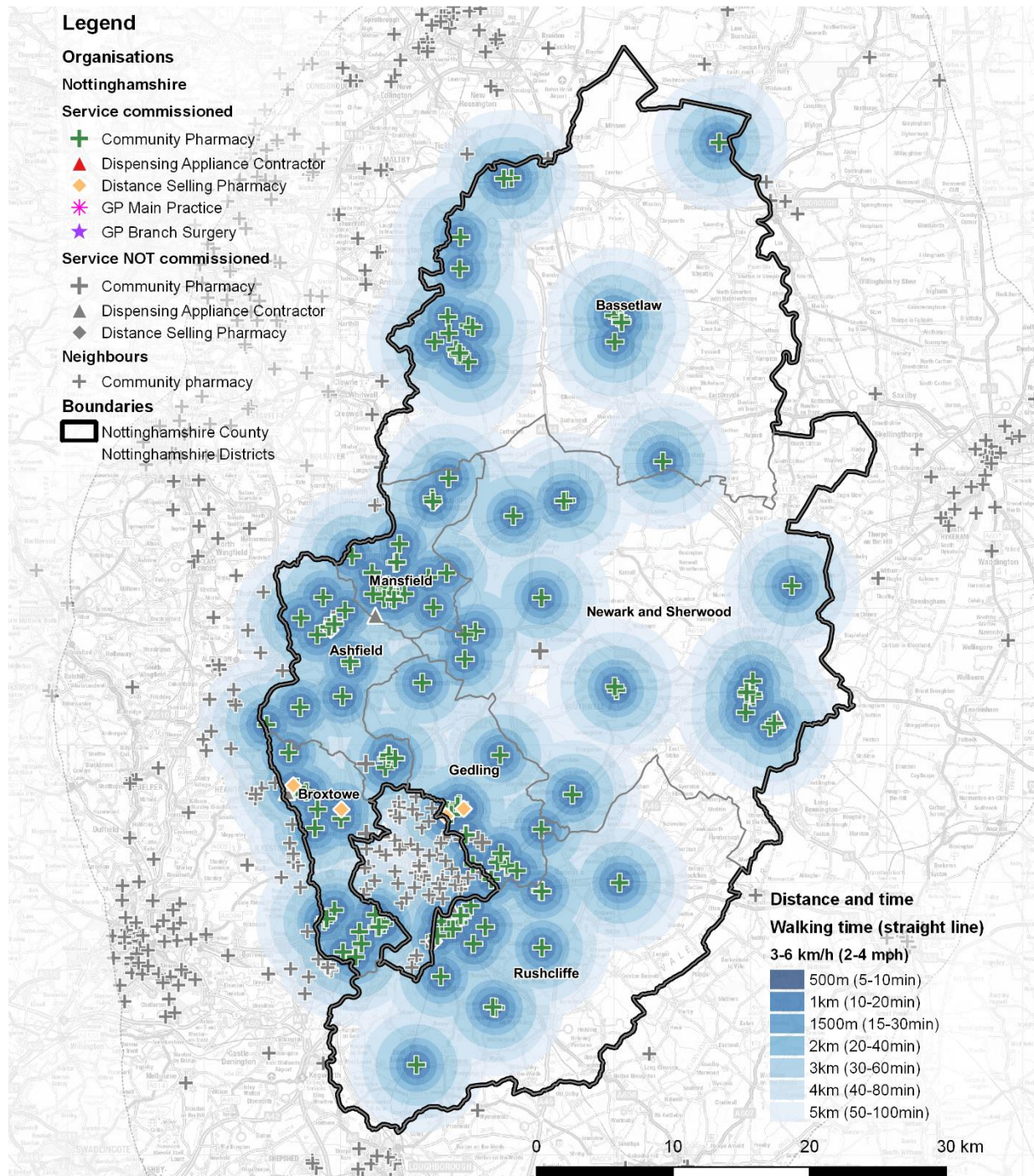
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.4 Advanced – New Medicine Service (NMS)

nms

Nottinghamshire County

Pharmacies providing Advanced service - New Medicine Service



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

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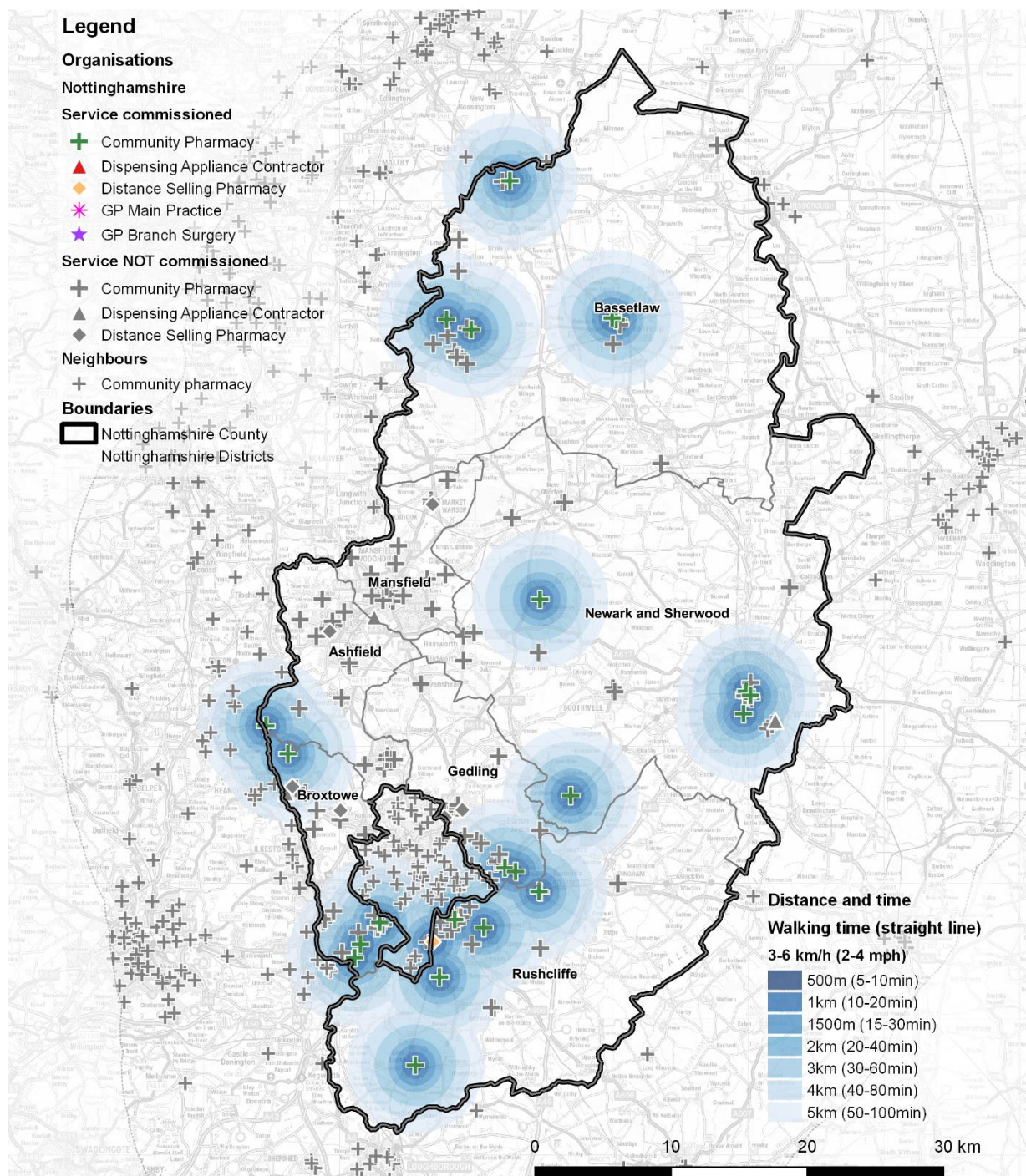
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.5 Advanced – NHS Urgent Medicine Supply (NUM)

num

Nottinghamshire County

Pharmacies providing Advanced service - NHS Urgent Medicine Supply



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

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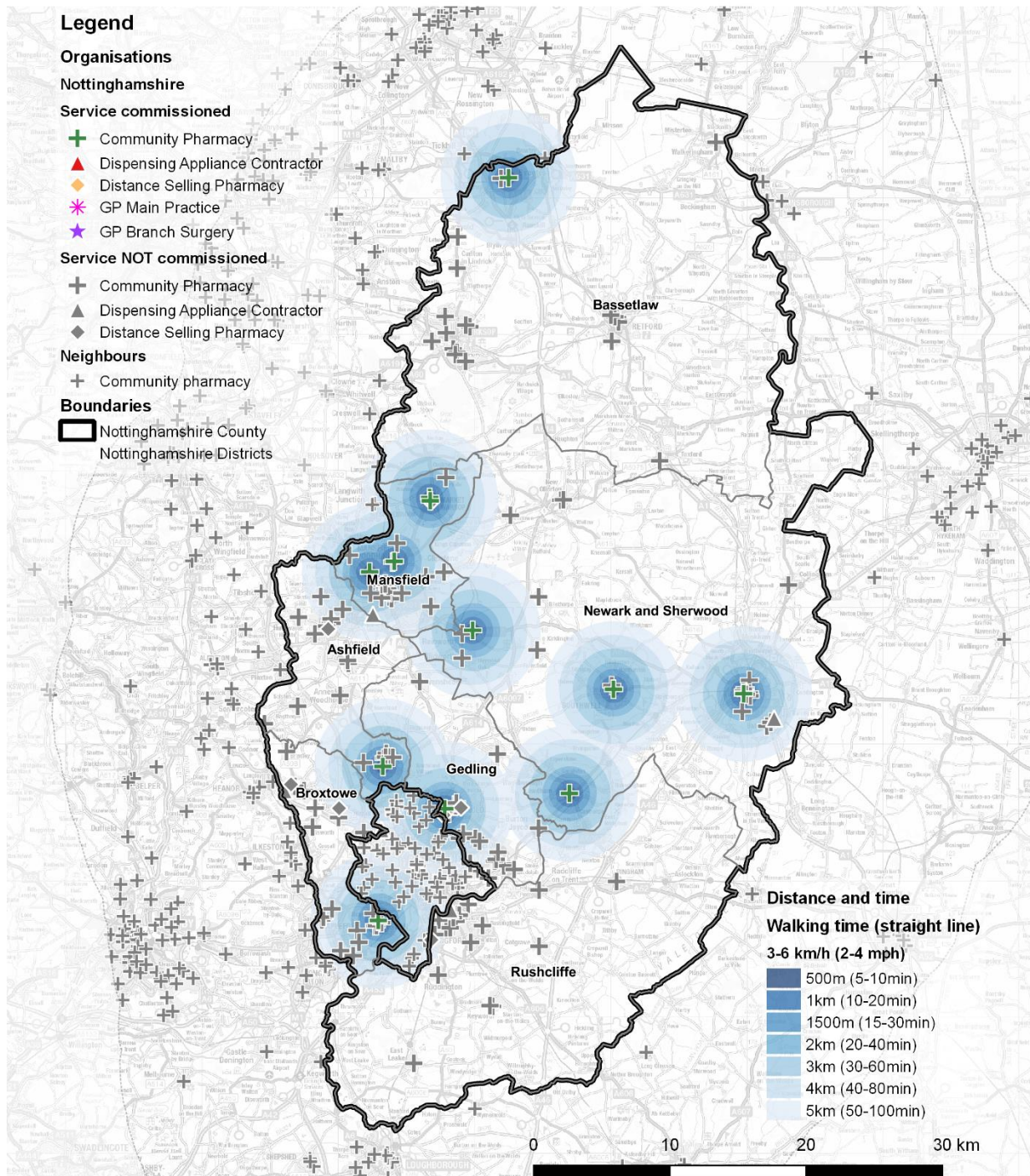
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.6 Advanced – Stoma Appliance Customisation

sac

Nottinghamshire County

Pharmacies providing Advanced service - Stoma Appliance Customisation



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

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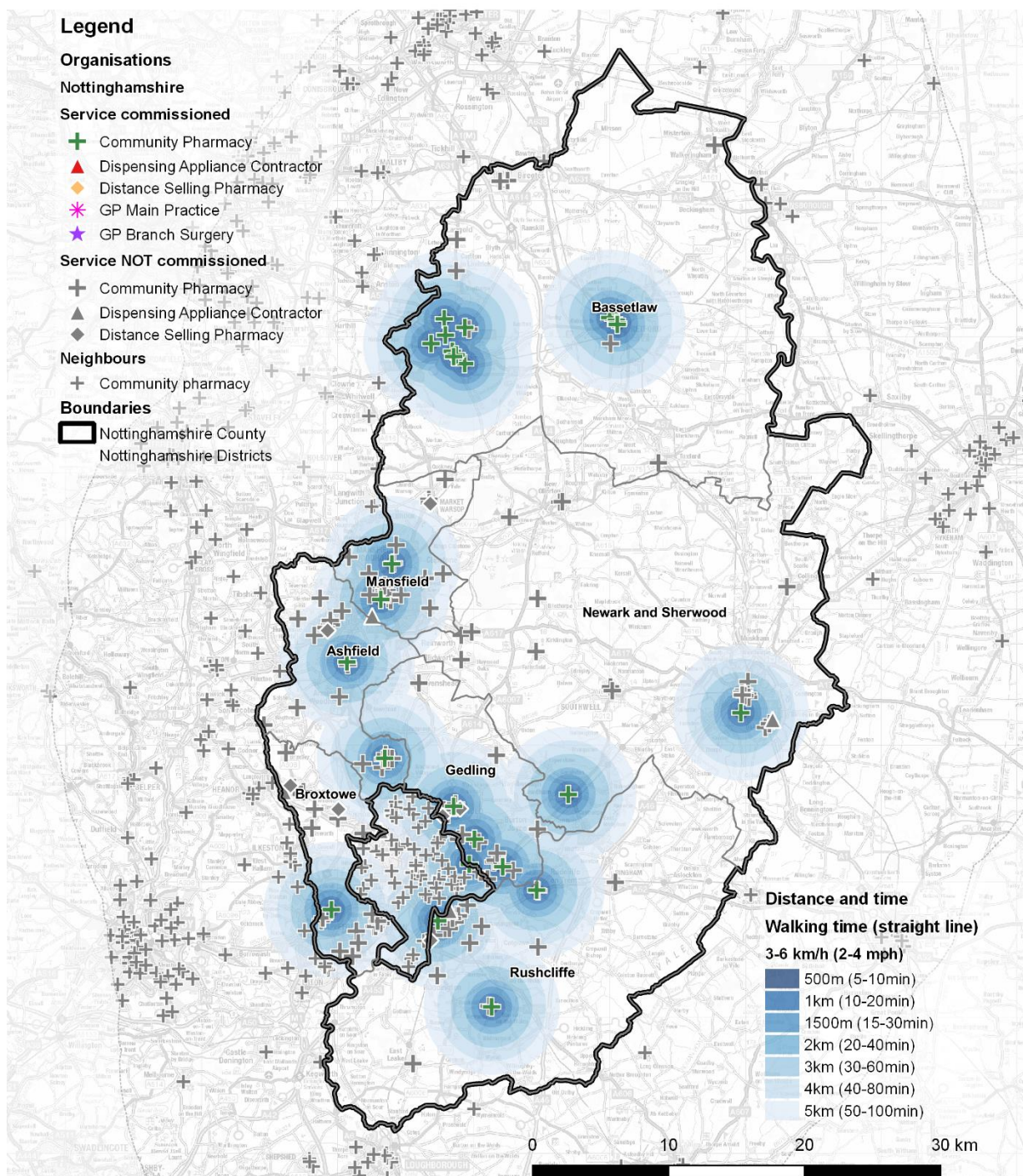
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.7 Locally commissioned – Out of Hours Rota (Christmas and Easter opening)

che

Nottinghamshire County

Pharmacies providing Locally Commissioned service - Out of Hours Rota



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

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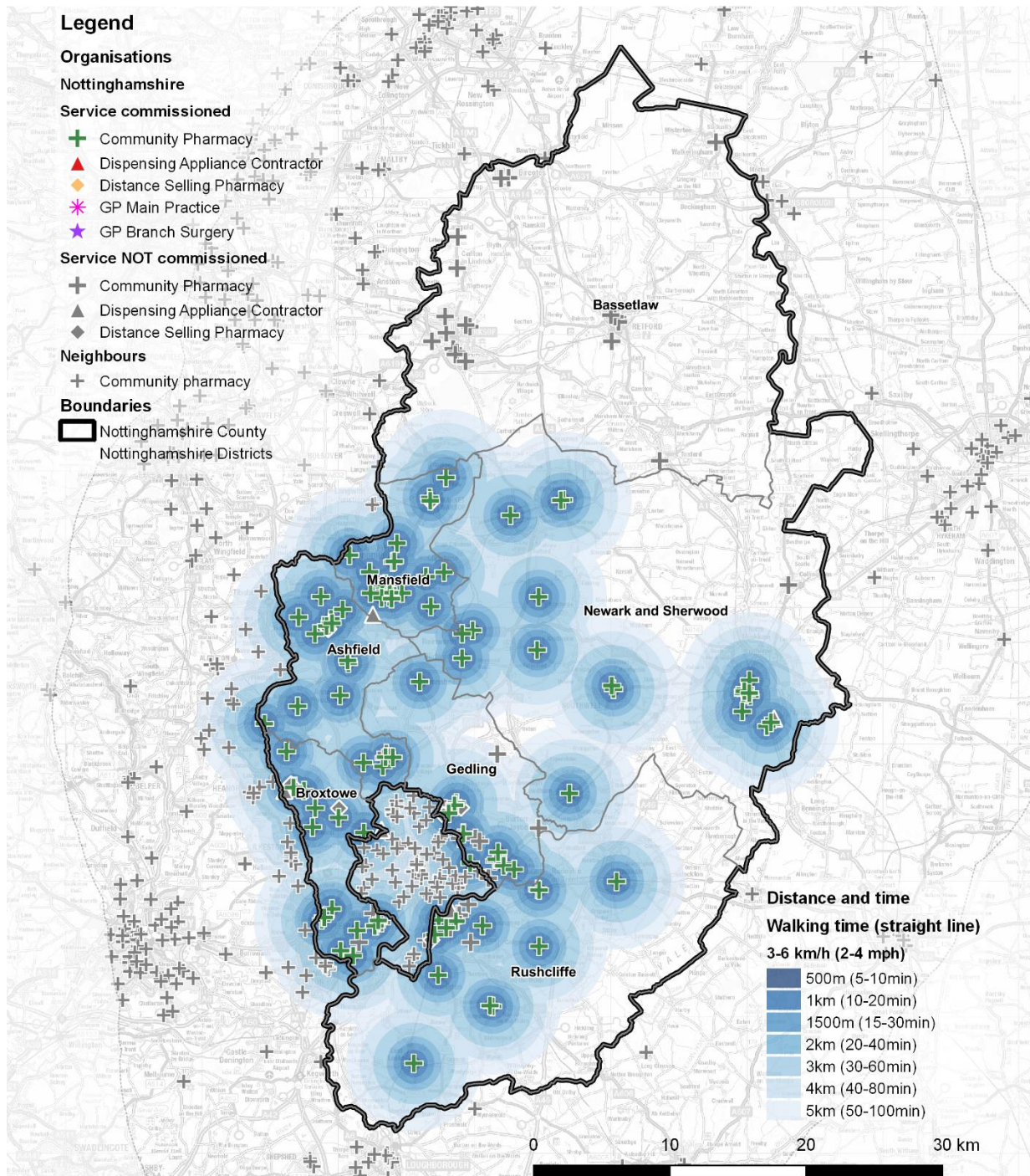
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.8 Locally commissioned – Emergency Supply Service

ess

Nottinghamshire County

Pharmacies providing Locally Commissioned service - Emergency Supply Service



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

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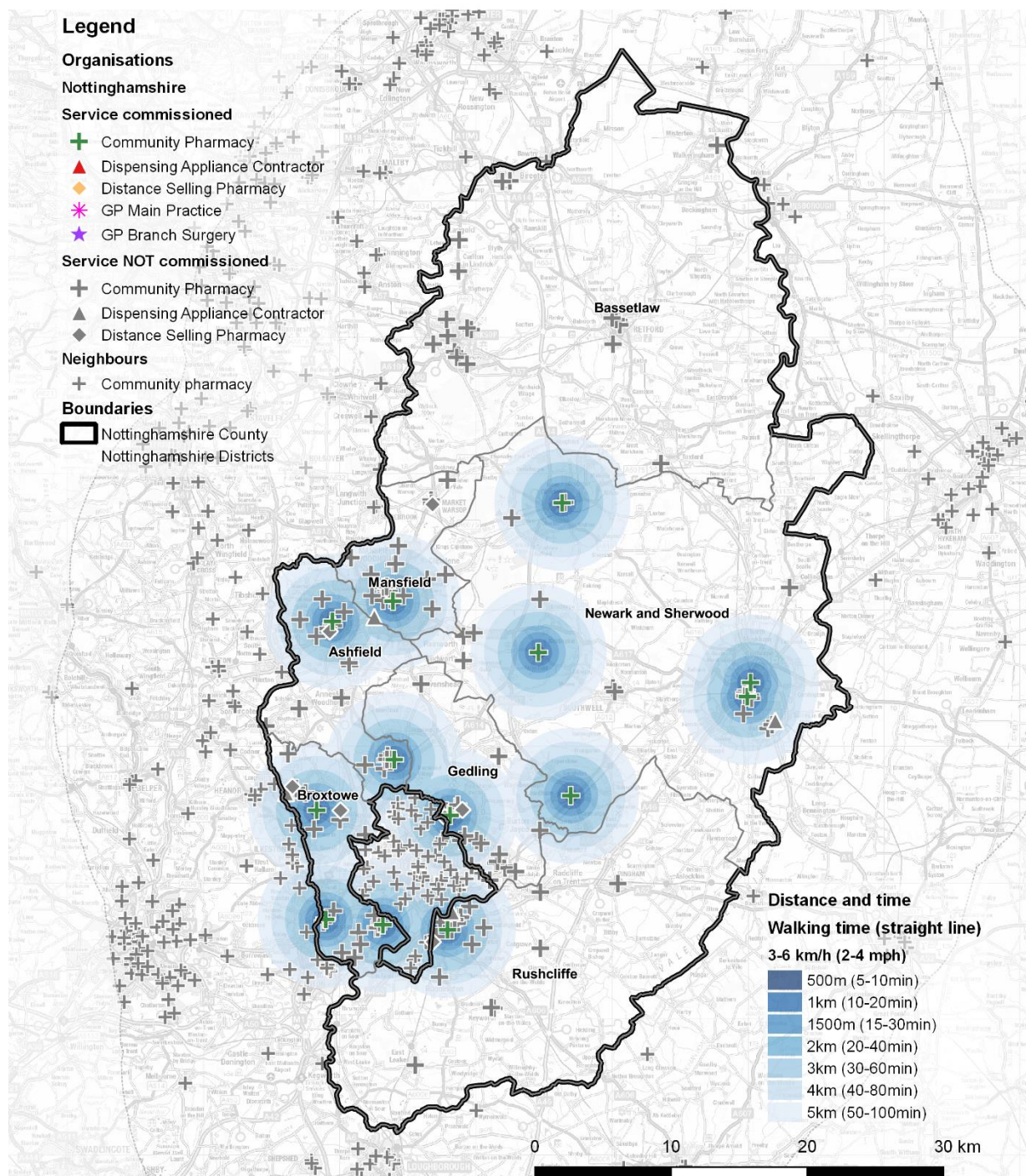
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.9 Locally commissioned – Palliative Care Drug Stockists Scheme

pcd

Nottinghamshire County

Pharmacies providing Locally Commissioned service - Palliative Care Drug Stockists Scheme



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

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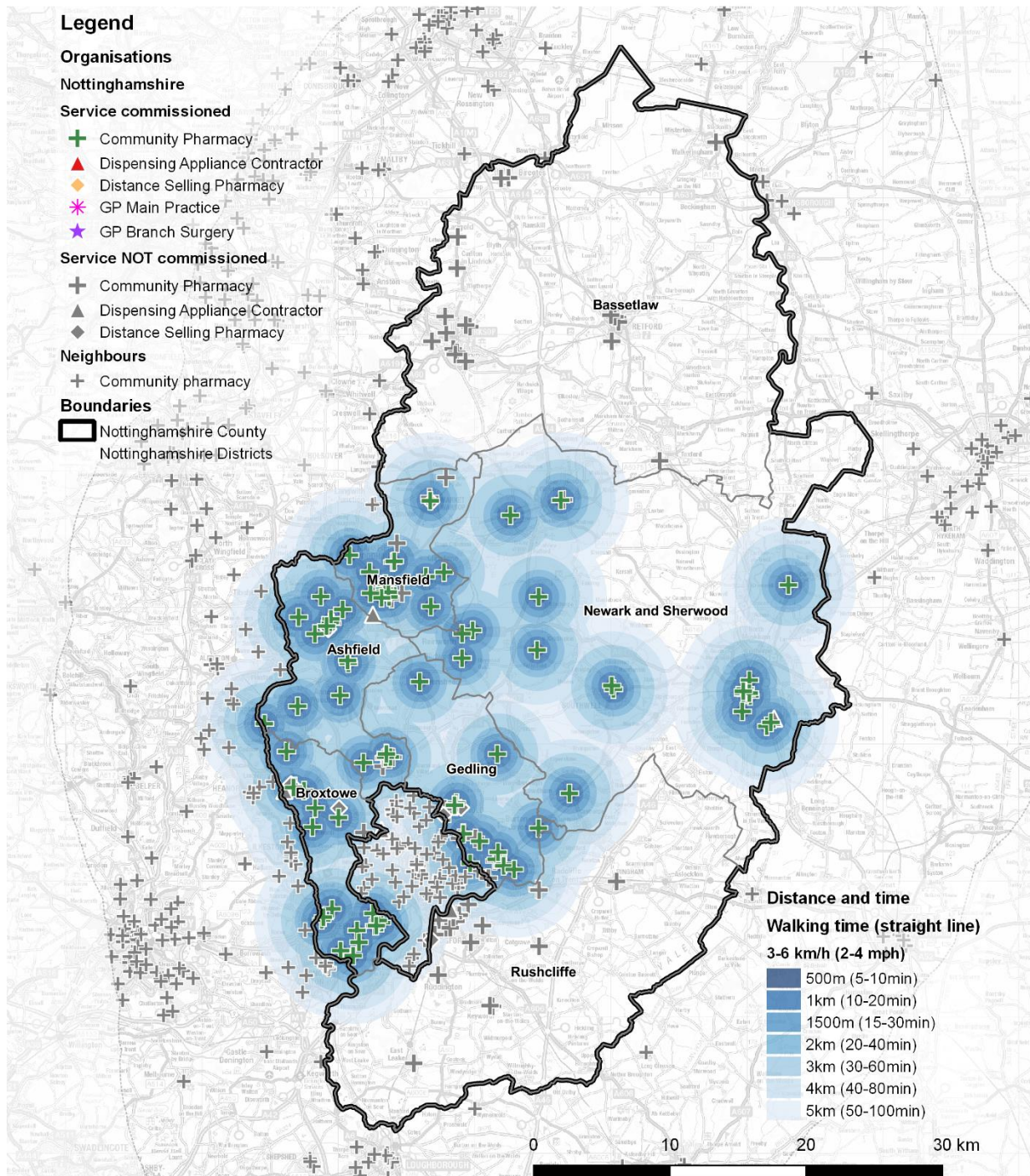
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.10 Locally commissioned – Pharmacy First

ph1

Nottinghamshire County

Pharmacies providing Locally Commissioned service - Pharmacy First



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

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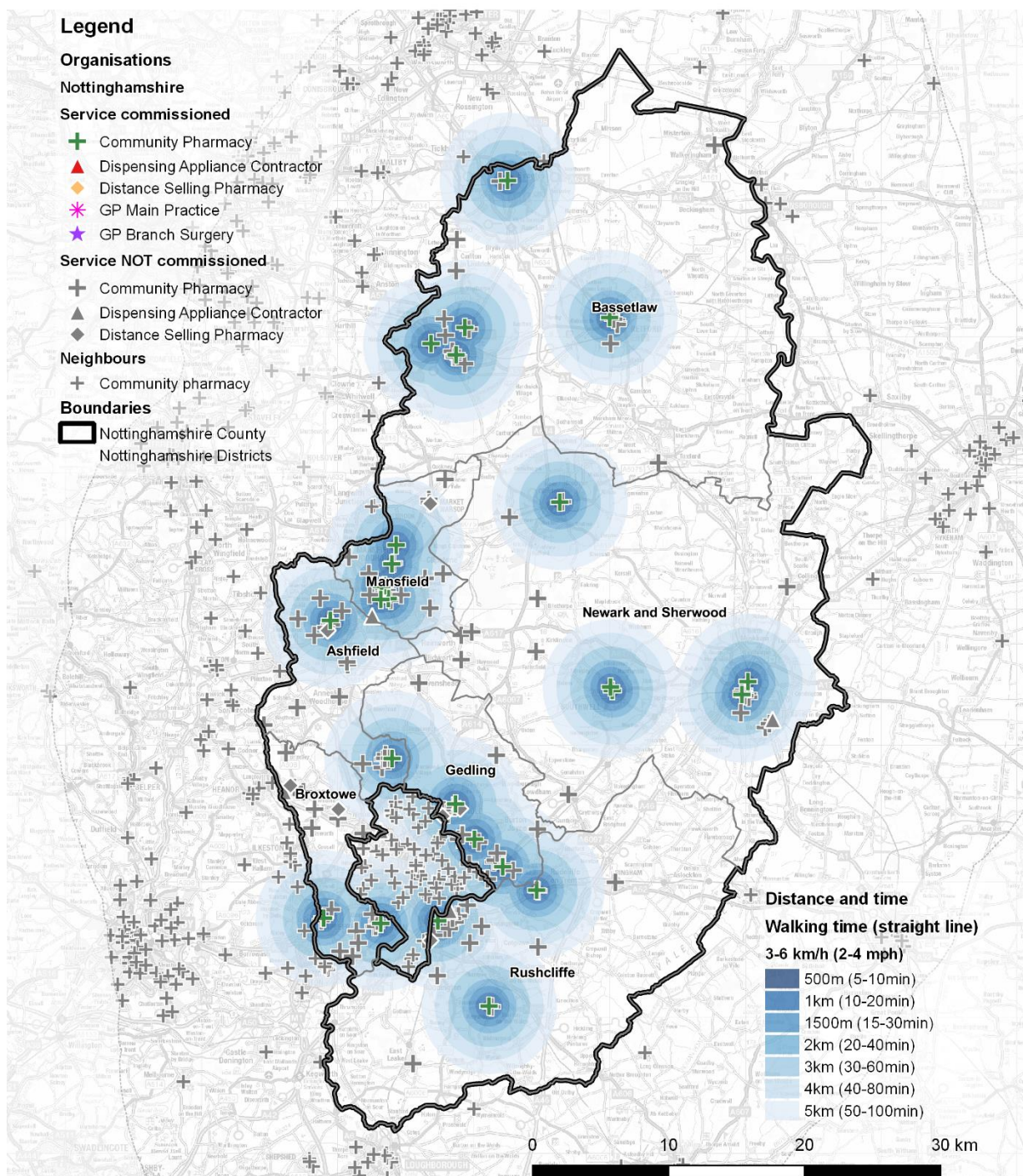
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.11 Core – Contracted Hours – 100 hours

cho

Nottinghamshire County

Pharmacies providing Core service - Contracted hours - 100



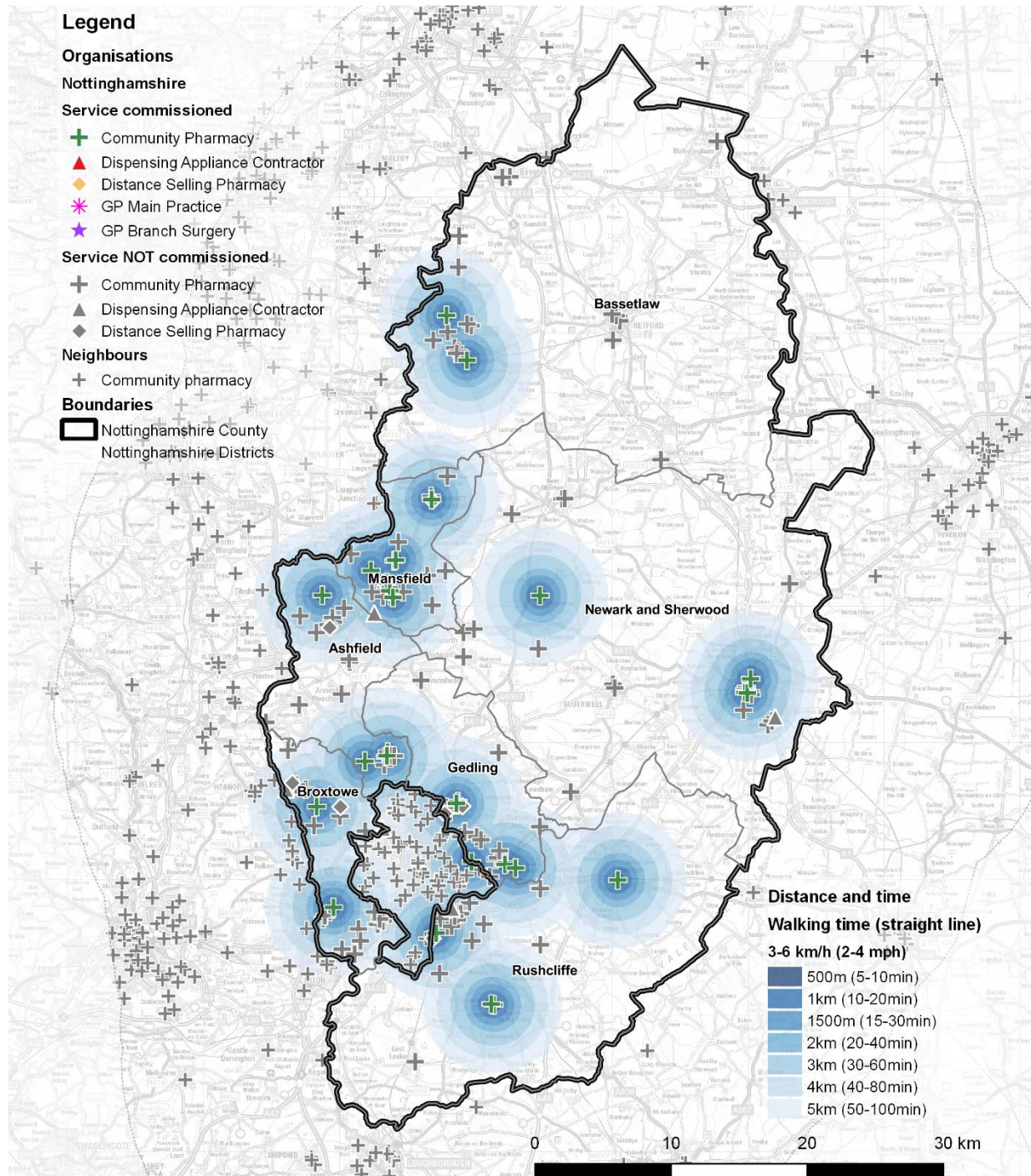
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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Produced by Nottinghamshire County Public Health Intelligence Team (IB)

Nottinghamshire County

Pharmacies providing Commissioned by Nottinghamshire County Council service - C-Card scheme. Pick-up only



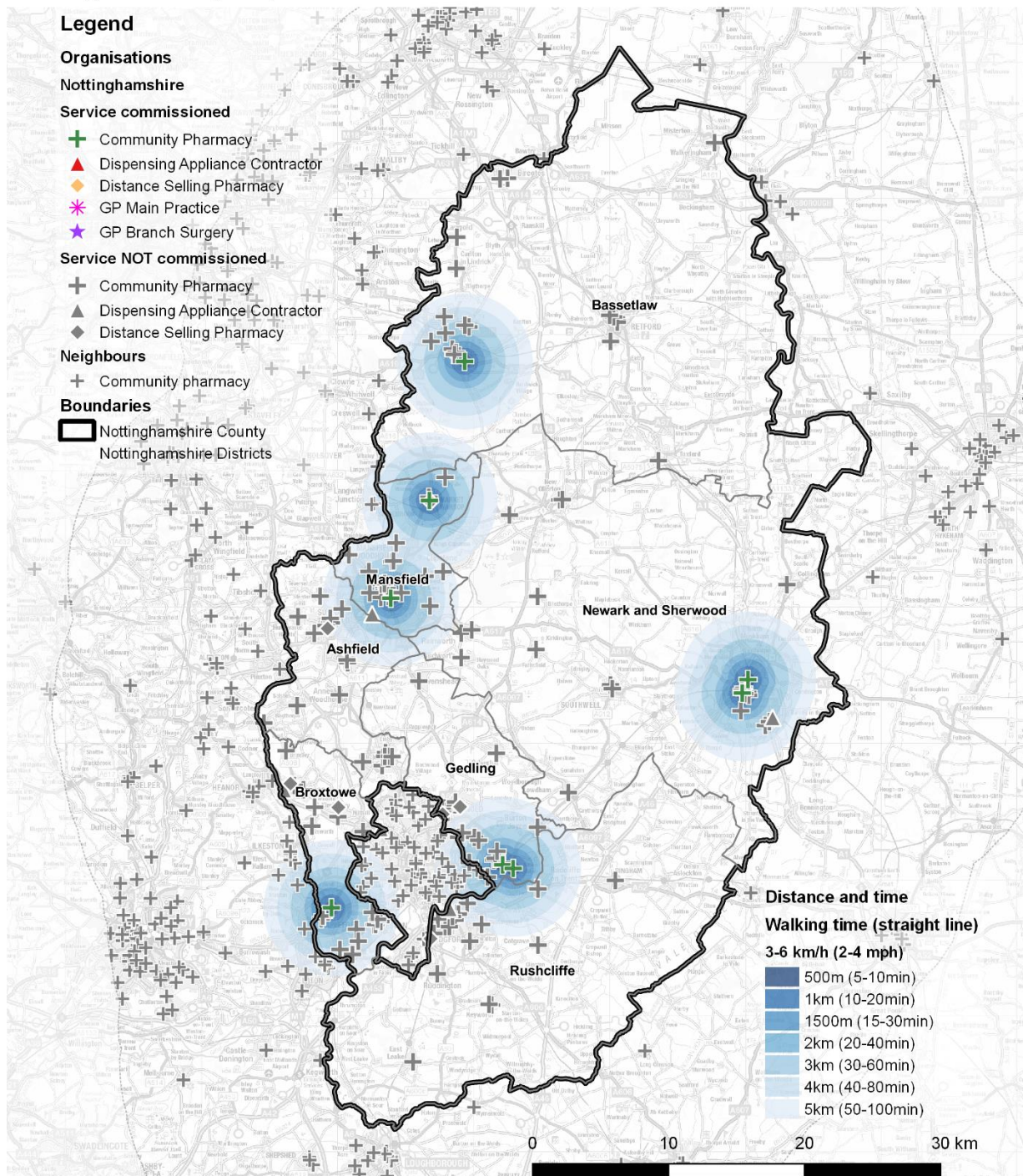
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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Nottinghamshire County

Pharmacies providing Commissioned by Nottinghamshire County Council service - C-Card scheme.
Registration and pick-up



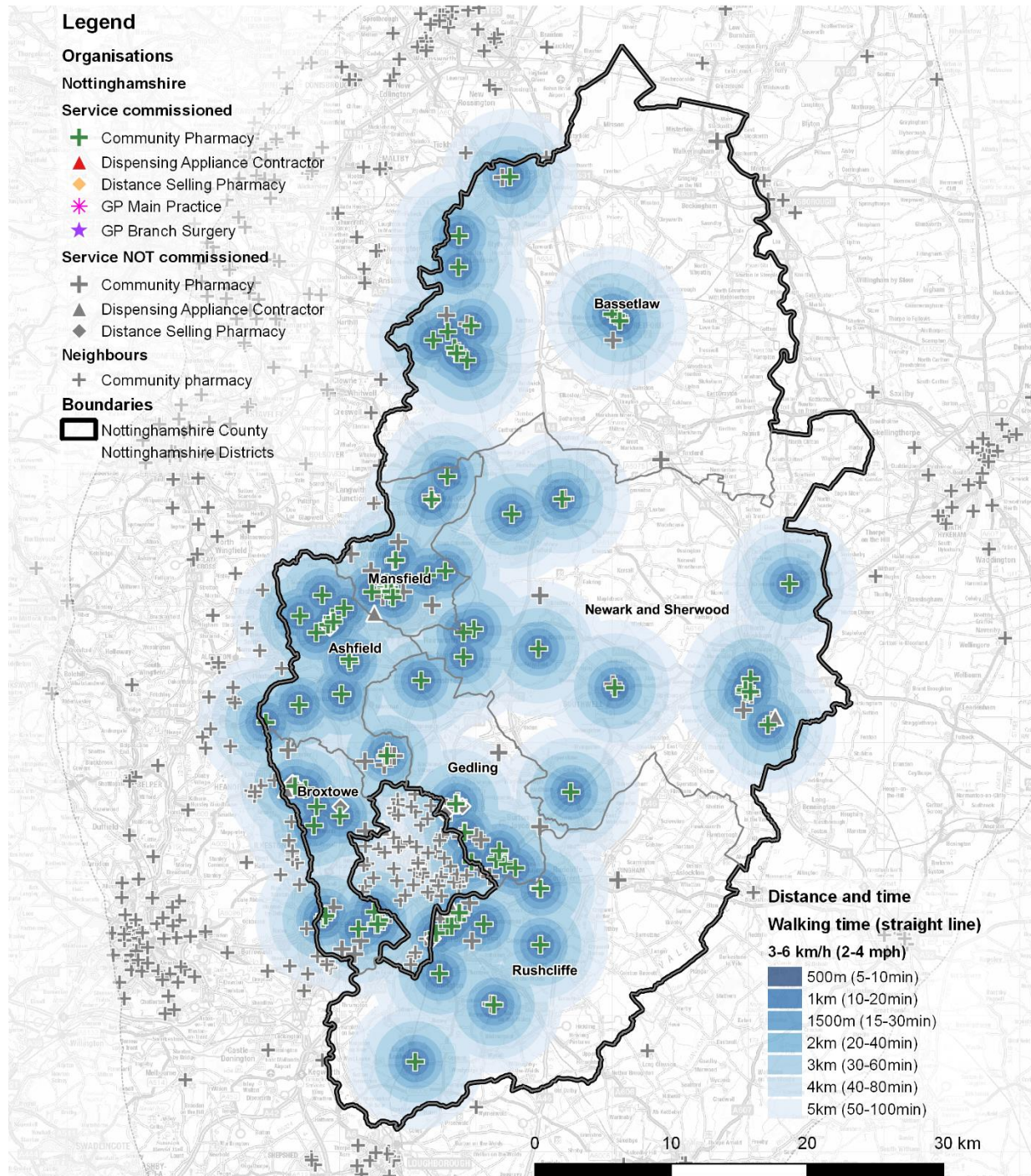
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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Nottinghamshire County

Pharmacies providing Commissioned by Nottinghamshire County Council service - Emergency Hormonal Contraception



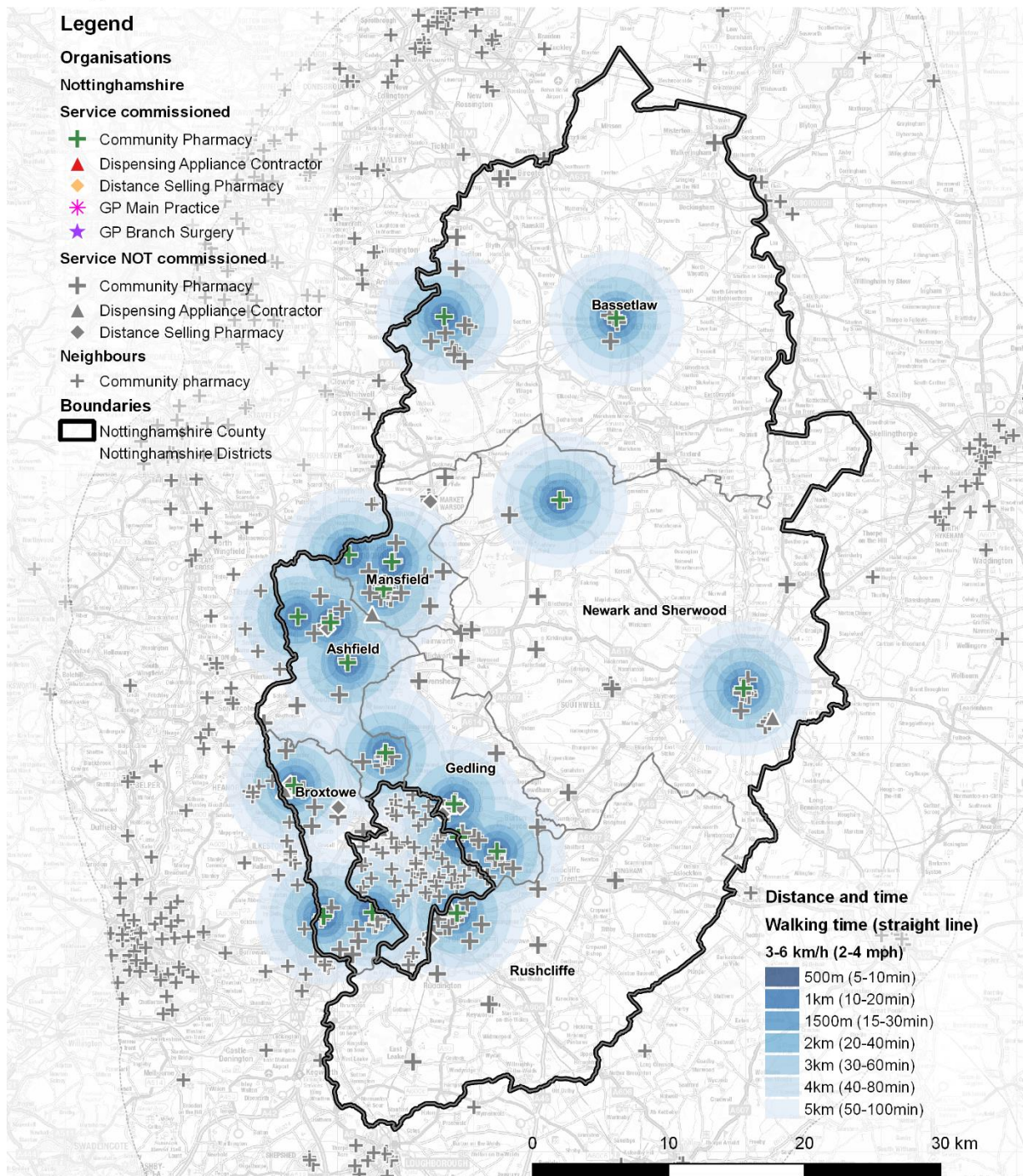
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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Produced by Nottinghamshire County Public Health Intelligence Team (IB)

Nottinghamshire County

Pharmacies providing Commissioned by Nottinghamshire County Council service - Needle Exchange Programmes



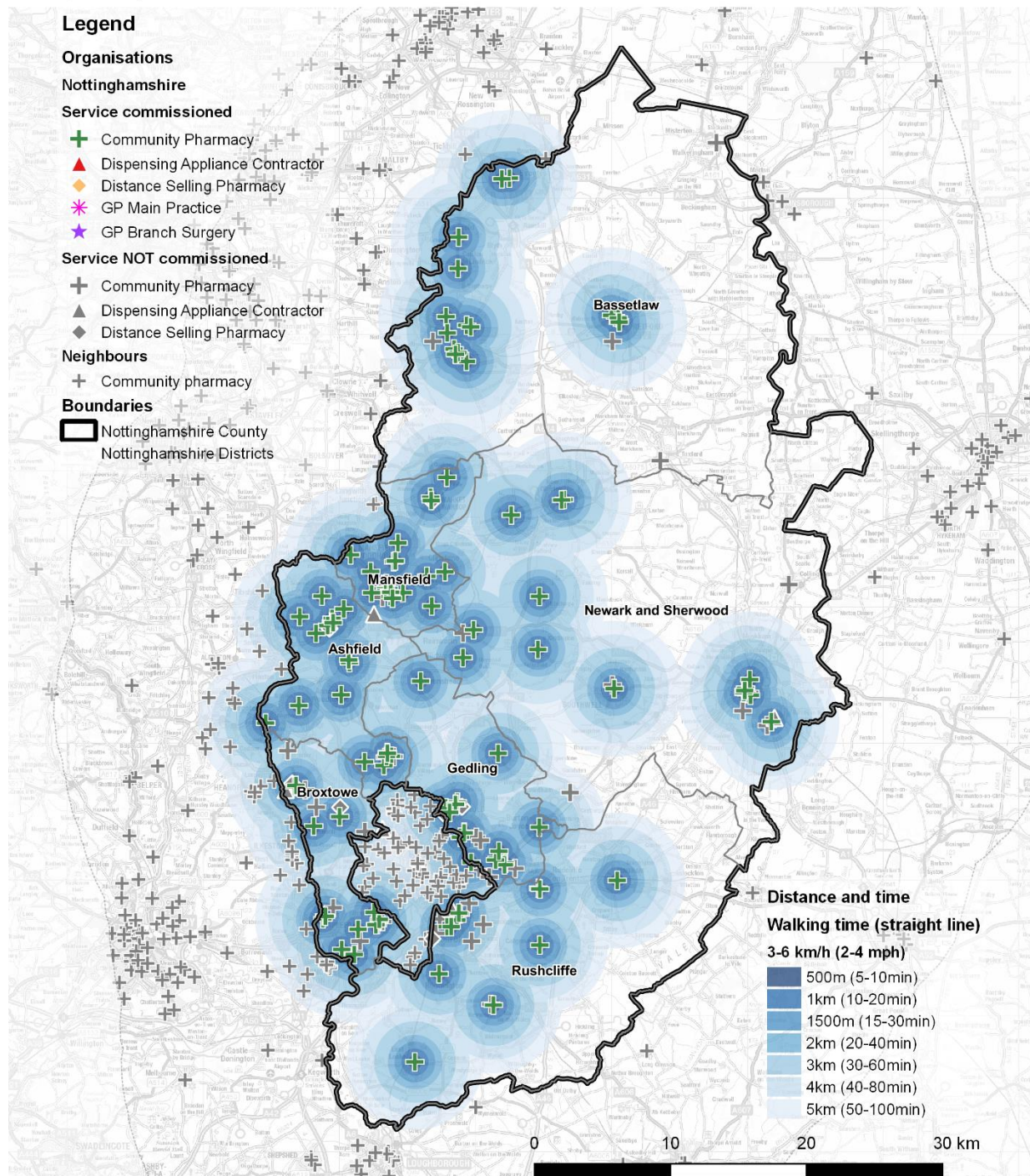
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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Nottinghamshire County

Pharmacies providing Commissioned by Nottinghamshire County Council service - Supervised Consumption



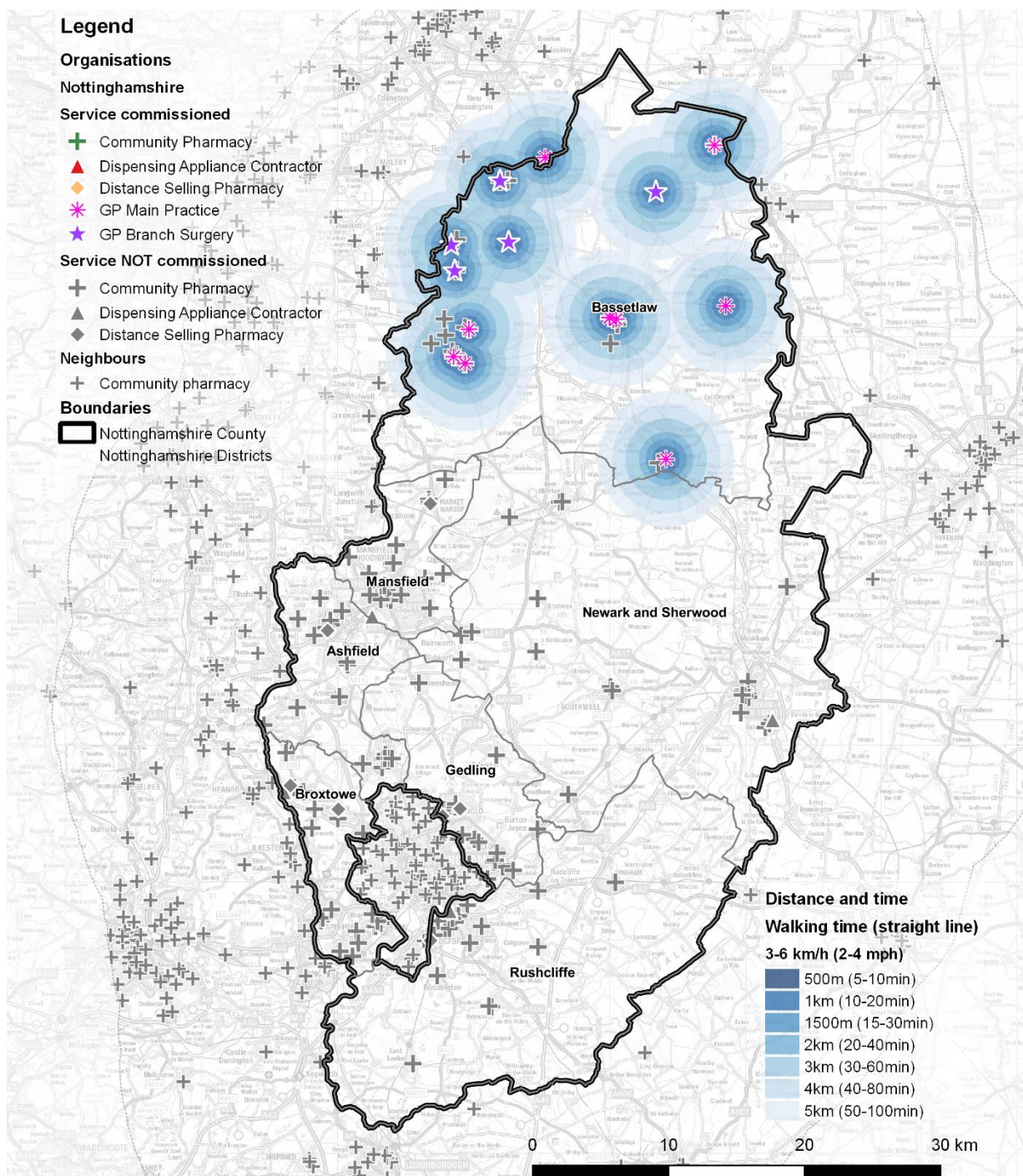
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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Nottinghamshire County

Pharmacies providing CCG Commissioned service - Full Clinical Multi-Disciplinary Medications Review



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

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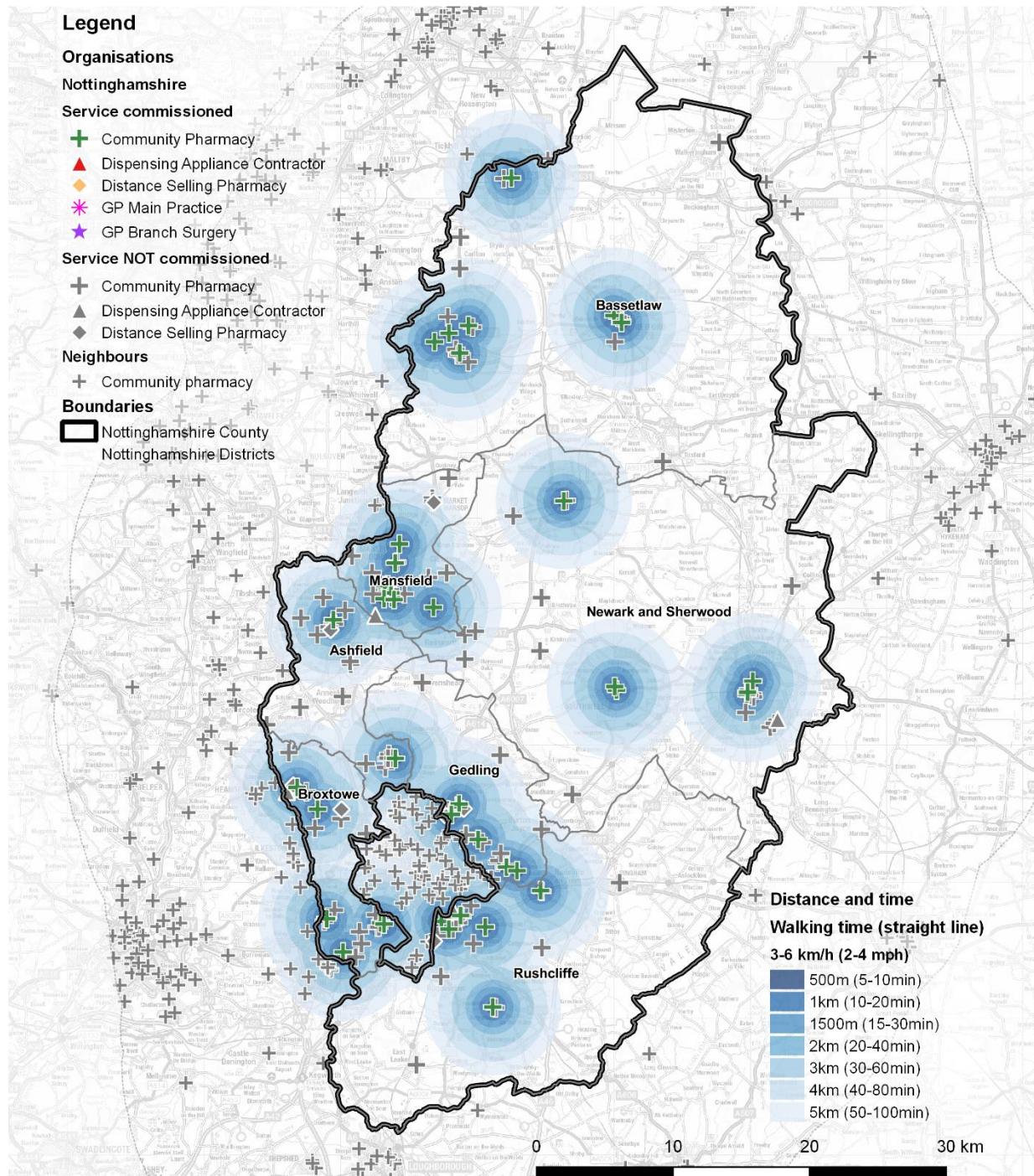
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.18 Weekend opening – Open both days

all

Nottinghamshire County

Pharmacies providing Weekend Opening service - Open both days



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

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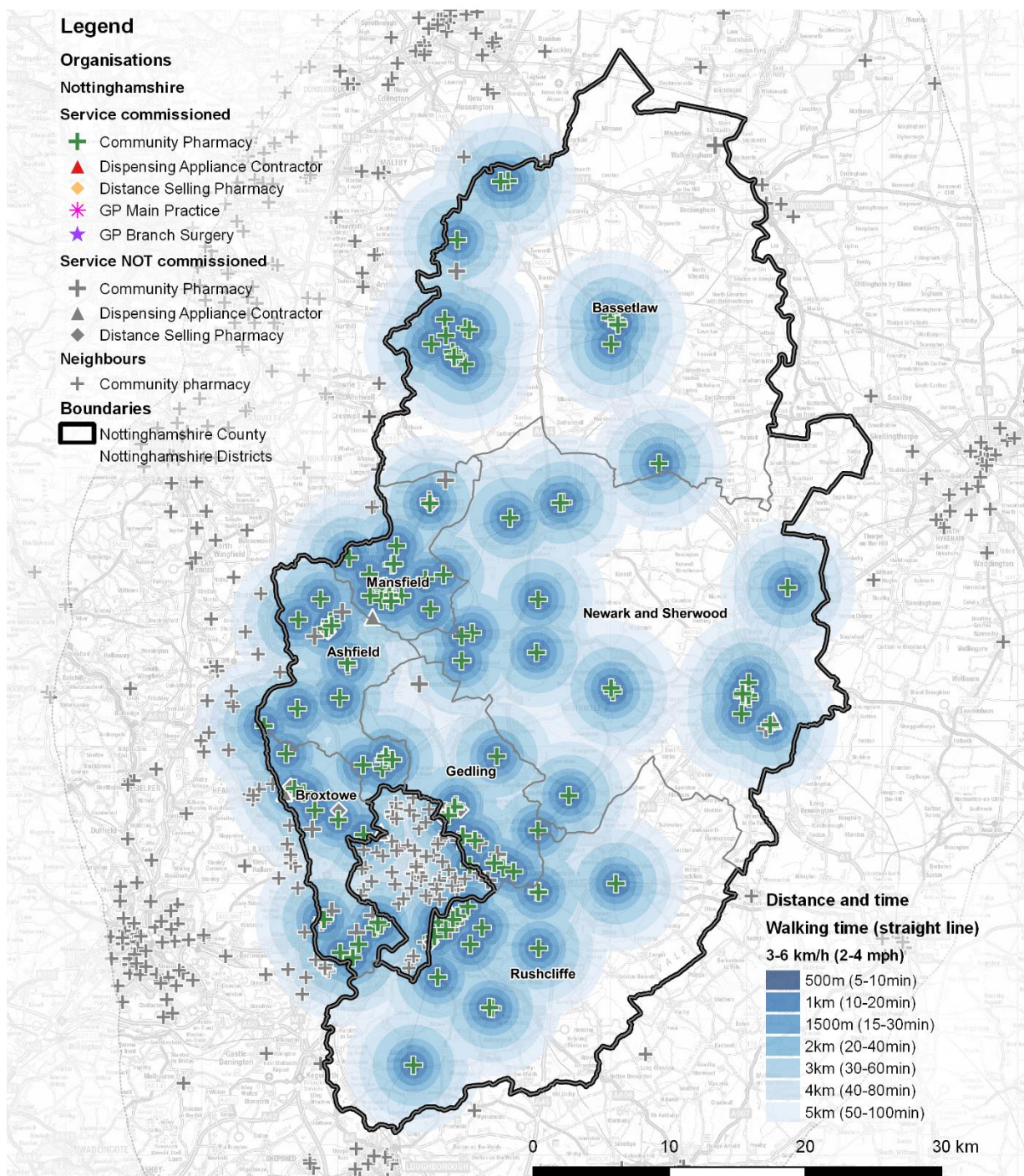
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.19 Weekend opening – Open either Saturday or Sunday

any

Nottinghamshire County

Pharmacies providing Weekend Opening service - Open either Saturday or Sunday



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

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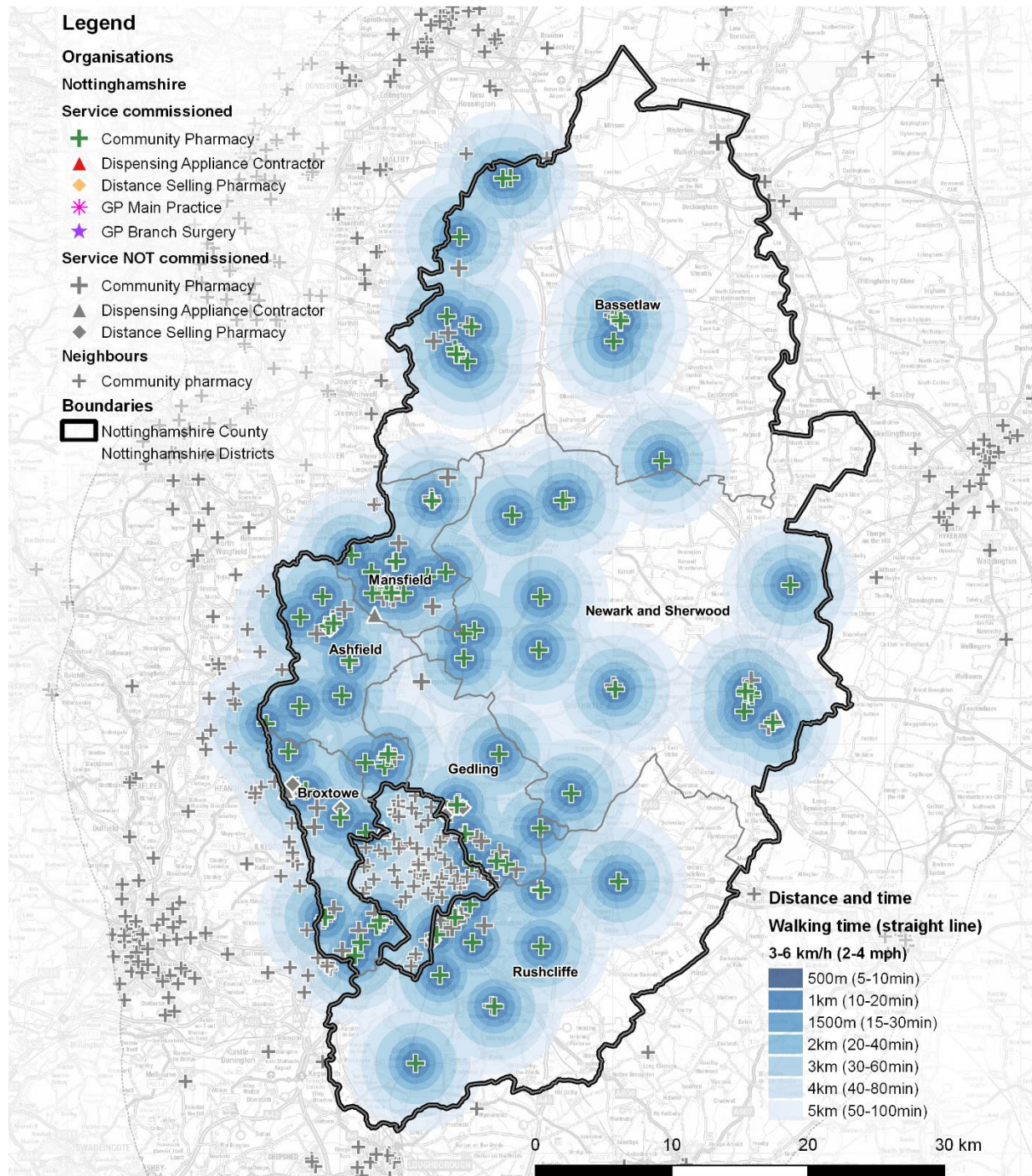
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.20 Weekend opening – Open only Saturday

osa

Nottinghamshire County

Pharmacies providing Weekend Opening service - Open only Saturday



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

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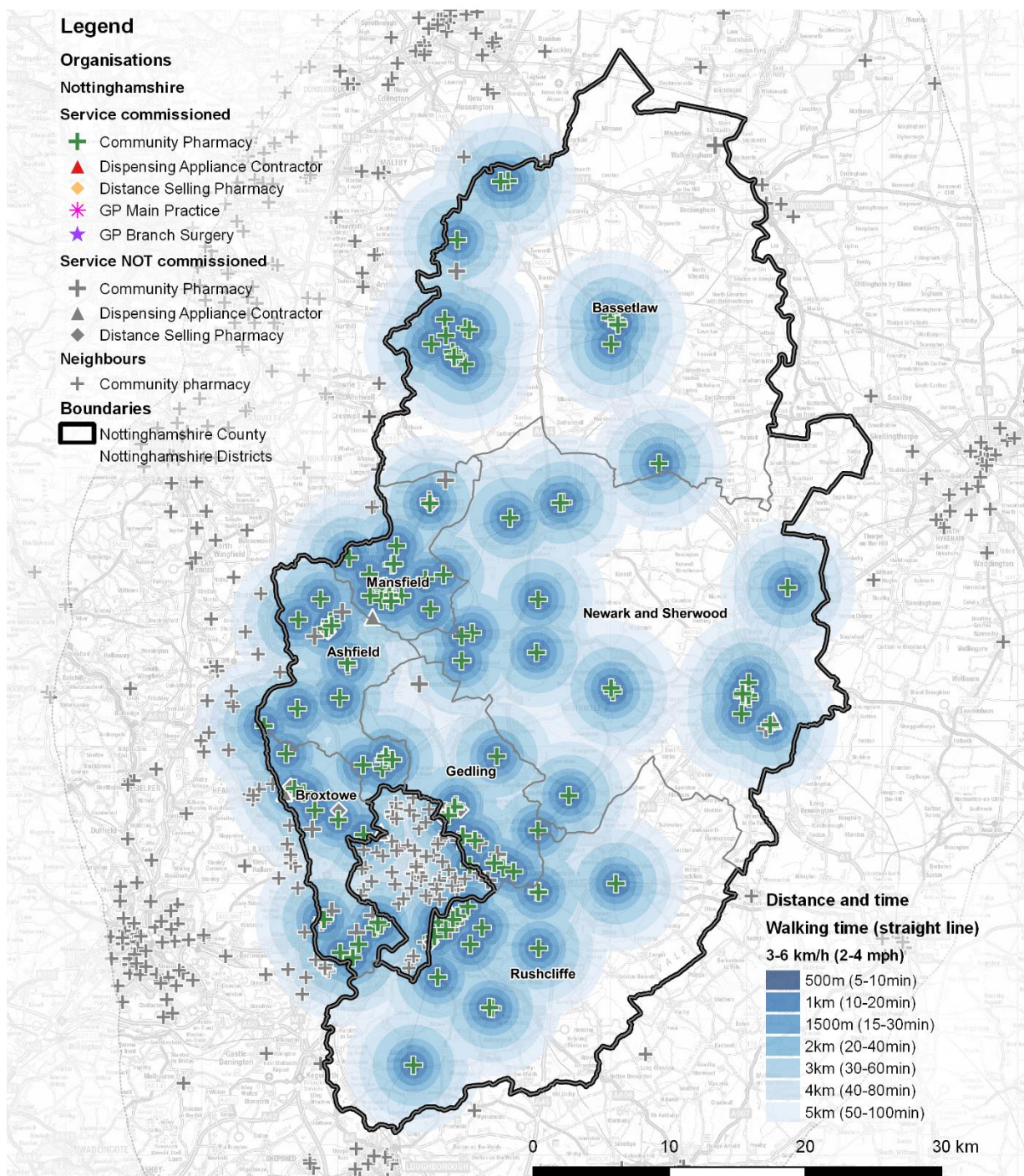
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.21 Weekend opening – Open Saturday

sat

Nottinghamshire County

Pharmacies providing Weekend Opening service - Open Saturday



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

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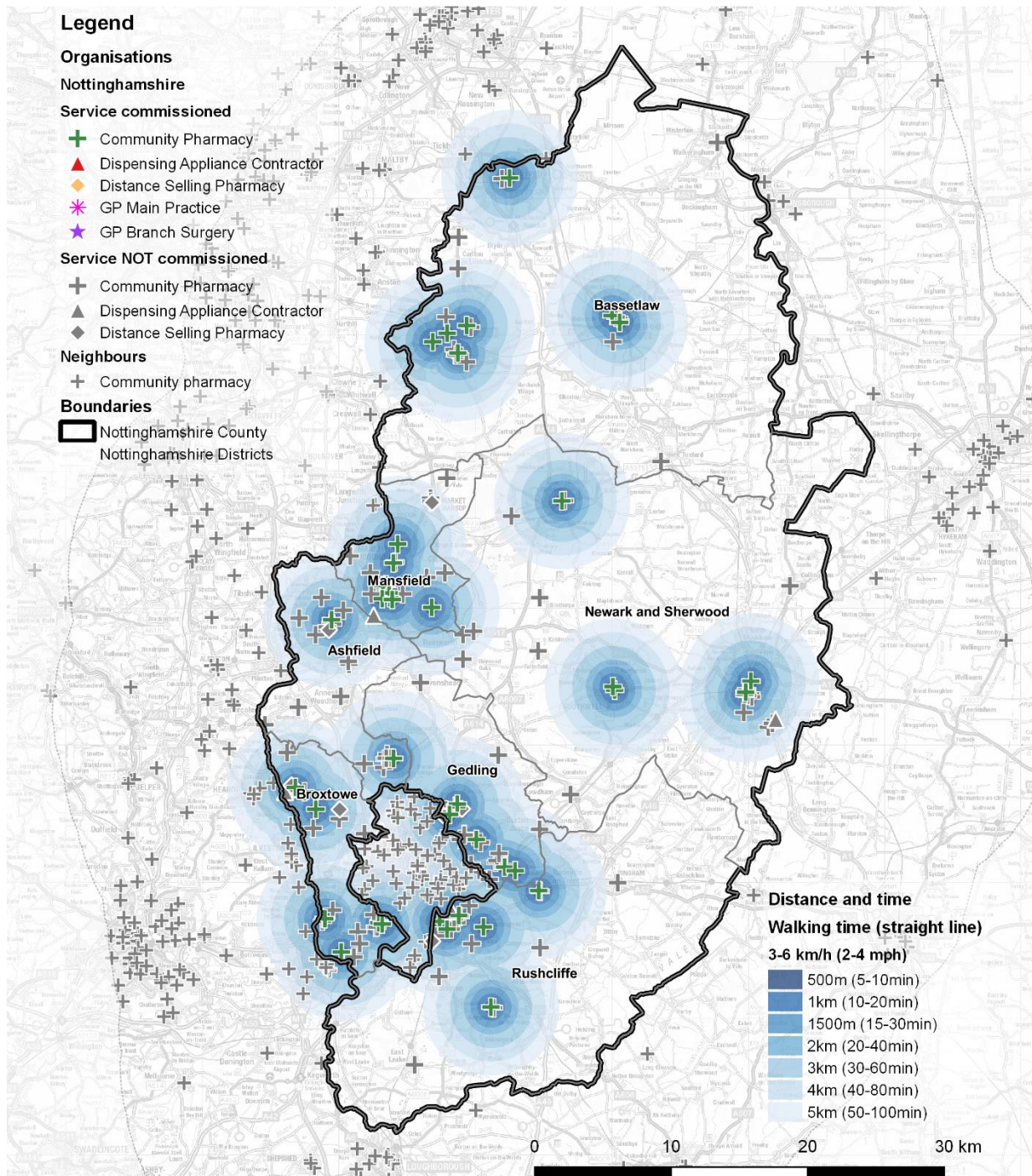
Produced by Nottinghamshire County Public Health Intelligence Team (IB)

C.22 Weekend opening – Open Sunday

sun

Nottinghamshire County

Pharmacies providing Weekend Opening service - Open Sunday



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

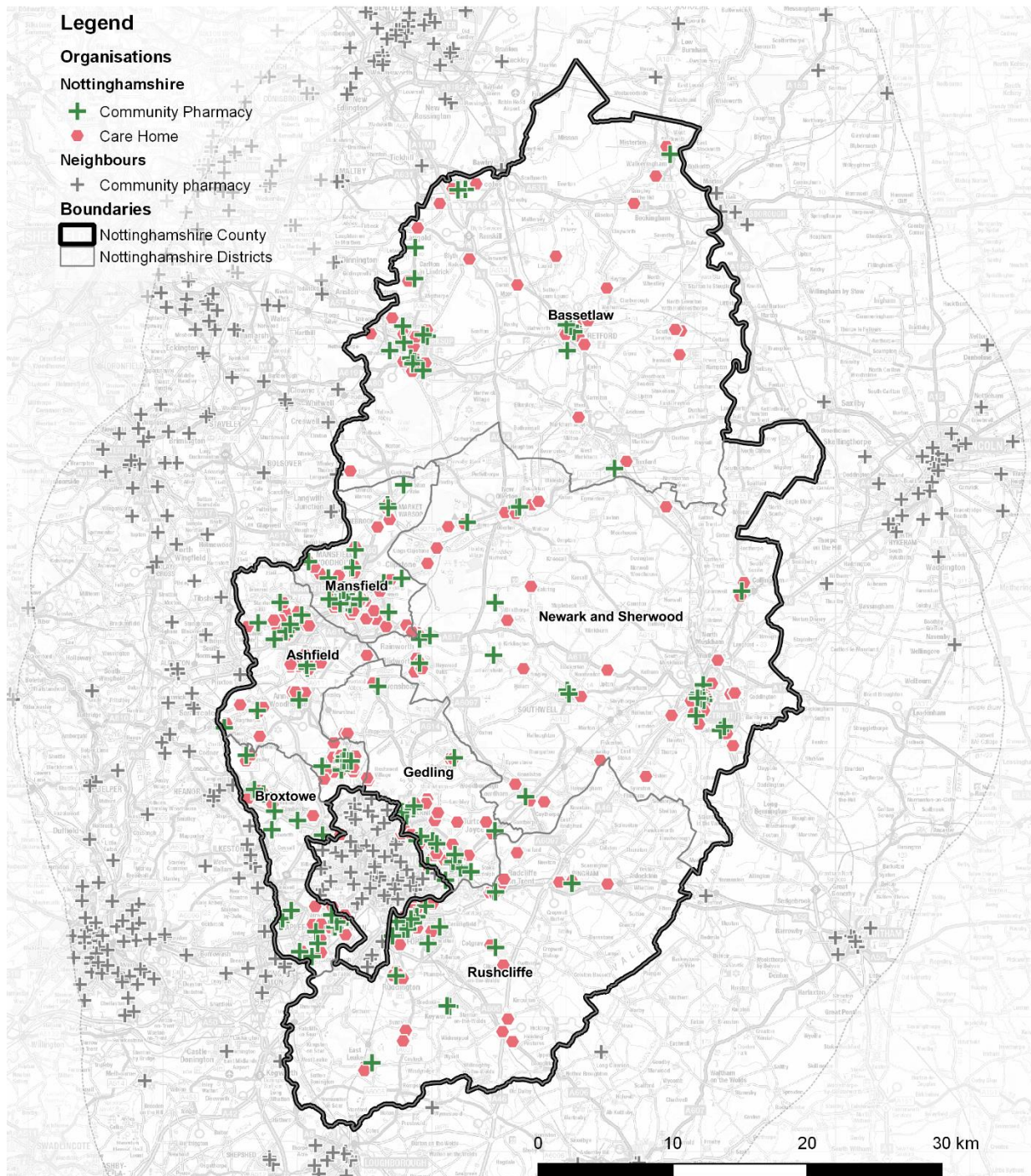
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D Care and residential homes

D.1 Location of care homes

Nottinghamshire County Care Homes and Pharmacies



Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers, CQC Care home locations

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E Teenage conceptions

District level teenage conception data is the public domain

Only comparative ward level data is available

- we can determine local 'hotspots' as rates that lie in the top 20% of wards nationally
- We can show wards whose rates are statistically different to the England rate

Sources: ONS conceptions data, ONS ward level conception data (official –restricted)

E.1 Table of number and rate of teenage conceptions by District

- Decrease since baseline across all districts – more than 50%
- Decrease over last three years seen across all districts
- Variable change (increases and decreases) in rates over since the last year
- District rates are broadly high in the north of the County and lower in the south of the County

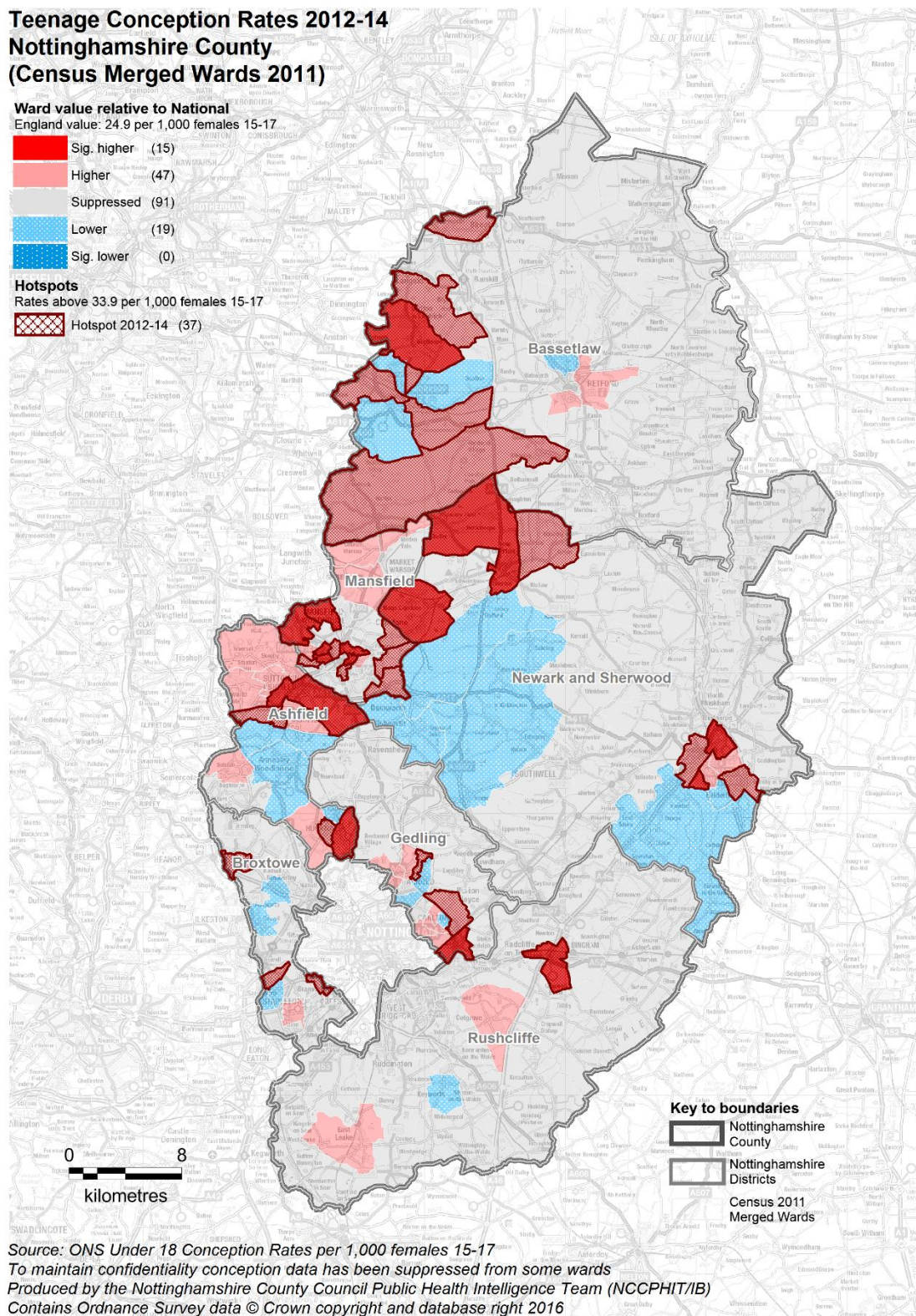
Area Type	Area Name	2015		2014	2012	1998
		No. of conceptions for 15-17 year old females	Conception rate per 1,000 15-17 year old females	%change in conception rate 2014 to 2015	%change in conception rate 2012 to 2015	%change in conception rate 1998 to 2015
County	Nottinghamshire	271	20.3	-3.8%	-31.0%	-56.3%
District	Bassetlaw	41	19.9	-19.4%	-22.9%	-55.8%
	Mansfield	45	27.0	8.4%	-34.6%	-52.2%
	Ashfield	63	29.8	16.4%	-19.7%	-59.2%
	Newark and Sherwood	46	23.6	27.6%	-31.6%	-44.6%
	Gedling	37	18.8	-8.3%	-32.4%	-63.2%
	Broxtowe	27	15.8	-16.4%	-18.1%	-59.1%
	Rushcliffe	12	6.3	-55.3%	-66.5%	-61.8%
City	Nottingham UA	152	31.2	-4.9%	-17.2%	-58.2%

Decrease	-50.0%
Increase	50.0%

Source: ONS Conceptions 2015

E.2 Map of hotspot wards

- Rates vary spatially below district level – here shown based on census merged wards (equivalent to electoral wards at the time of the 2011 census)
- Note: data pooled over three years to reduce effect statistical variation



E.3 Table of number of hotspot wards by District

- 37 wards in Nottinghamshire County were in the top 20% nationally by rate
- 28 of these wards were hotspots in the preceding period
- Districts towards the north of the County have higher number of hotspot wards
- Districts towards the south of the County have fewer hotspot wards

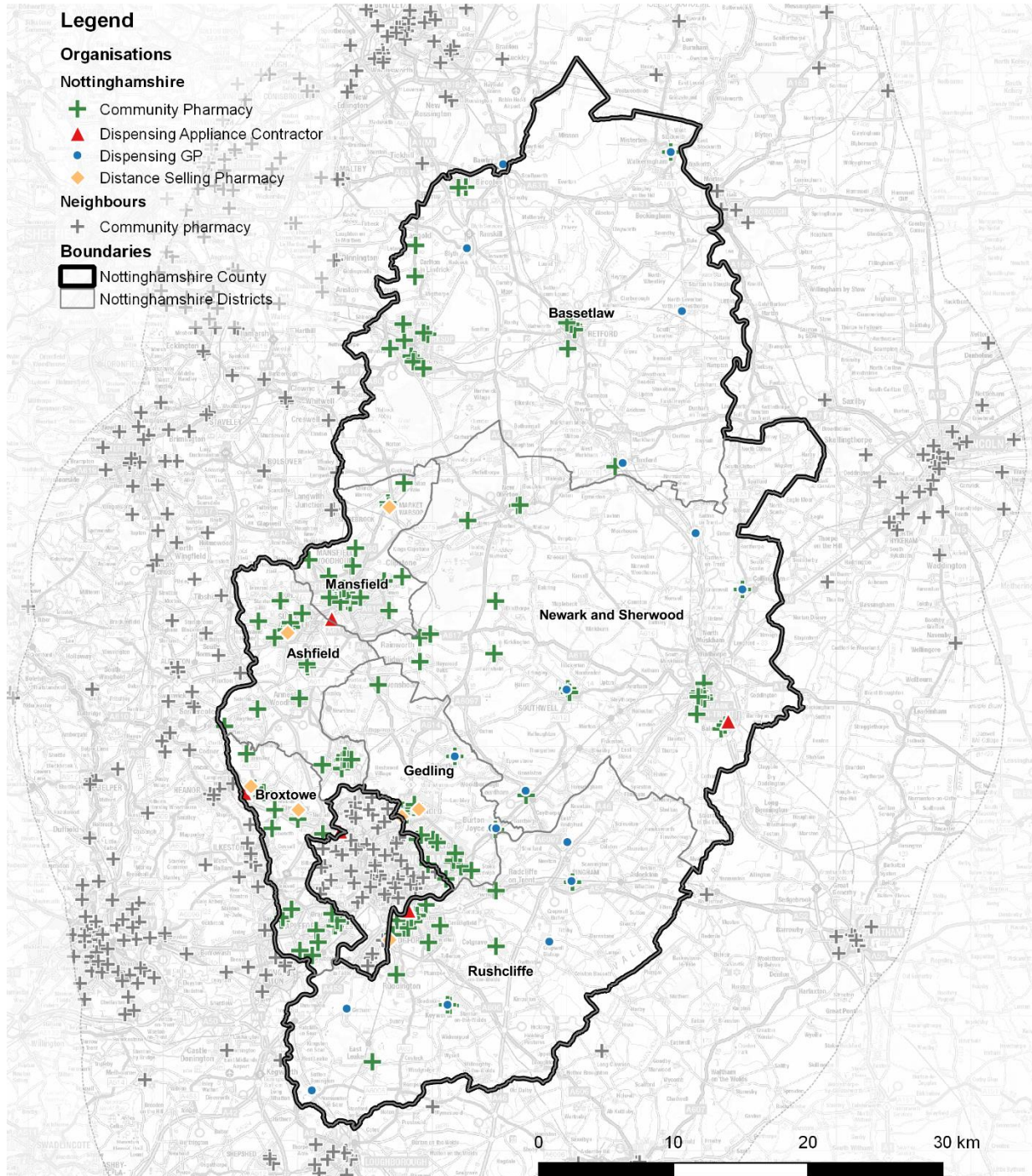
District	District rate	CMW2011 Ward Name	Hotspot status	Conception rate 'Hotspot' (above a certain cutoff)		Conception rate significance relative to England	
				Top 20% National			
				2012-14	2011-13	2012-14	2011-13
ENGLAND	24.9	ENGLAND	-	*	*	Similar	Similar
Nottinghamshire	24.9	Nottinghamshire	28	37	38	Similar	Similar
Mansfield	34.2	Mansfield	8	12	12	Higher	Higher
Ashfield	30.3	Ashfield	4	4	7	Higher	Higher
Newark and Sherwood	27.1	Newark and Sherwood	7	7	8	Similar	Similar
Bassetlaw	25.5	Bassetlaw	4	7	5	Similar	Similar
Gedling	23.9	Gedling	2	3	3	Similar	Similar
Broxtowe	17.7	Broxtowe	2	3	2	Lower	Lower
Rushcliffe	15.1	Rushcliffe	1	1	1	Lower	Lower

F County overview

F.1

Map

Nottinghamshire County Pharmacies



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

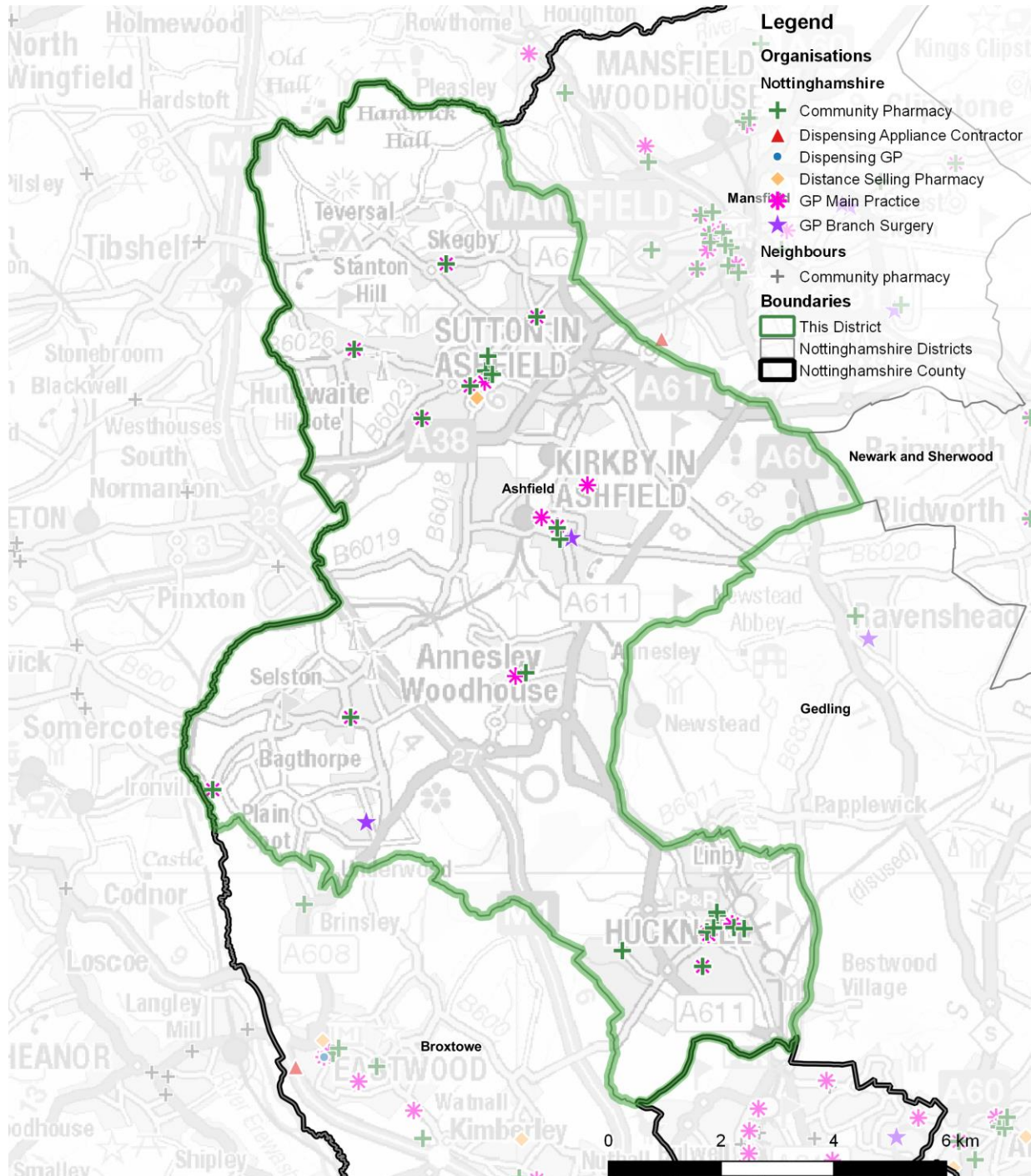
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G District detail

G.1 Ashfield

Nottinghamshire County - Ashfield District
Pharmacies and GPs



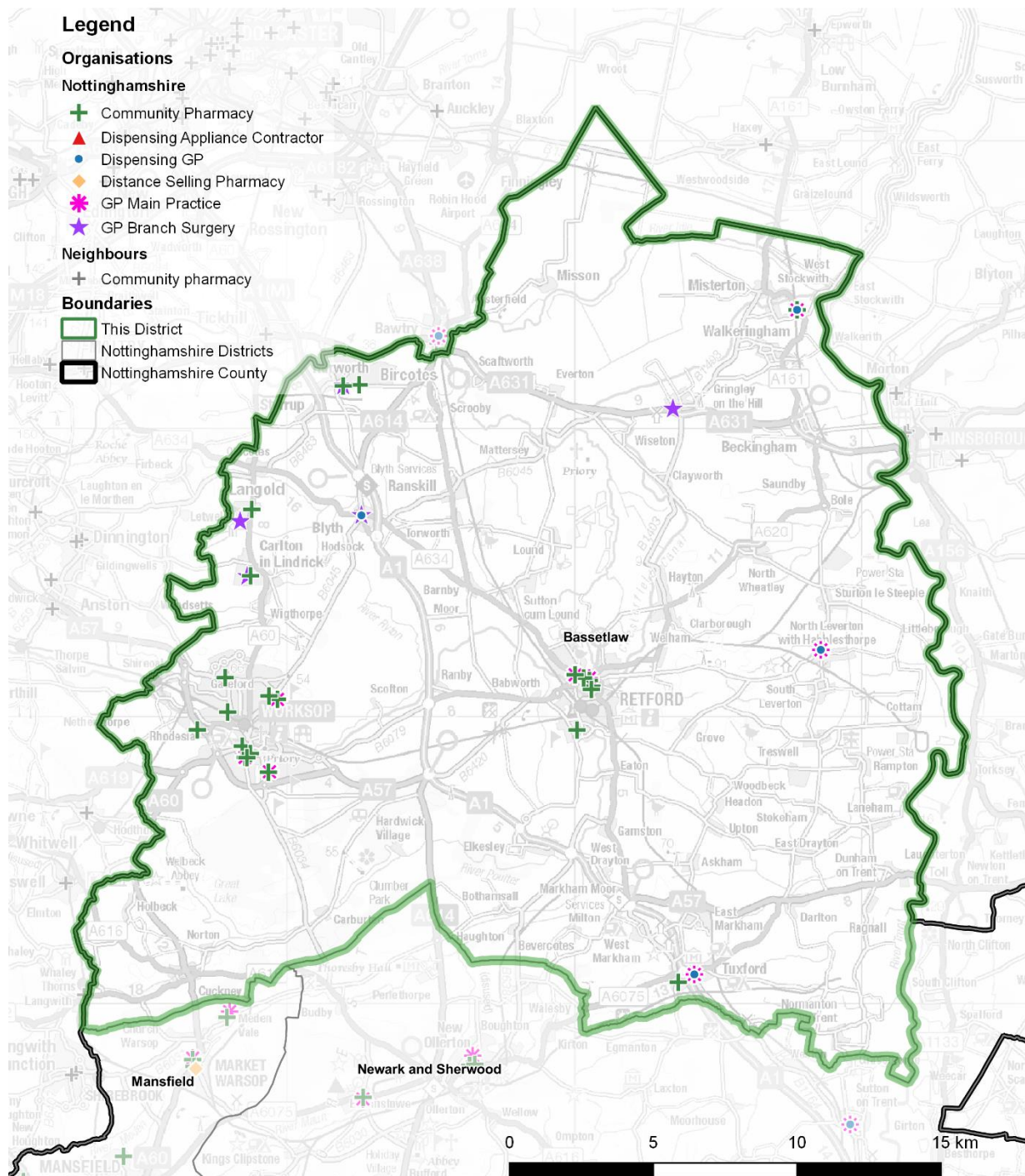
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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G.2 Bassetlaw

Nottinghamshire County - Bassetlaw District
Pharmacies and GPs



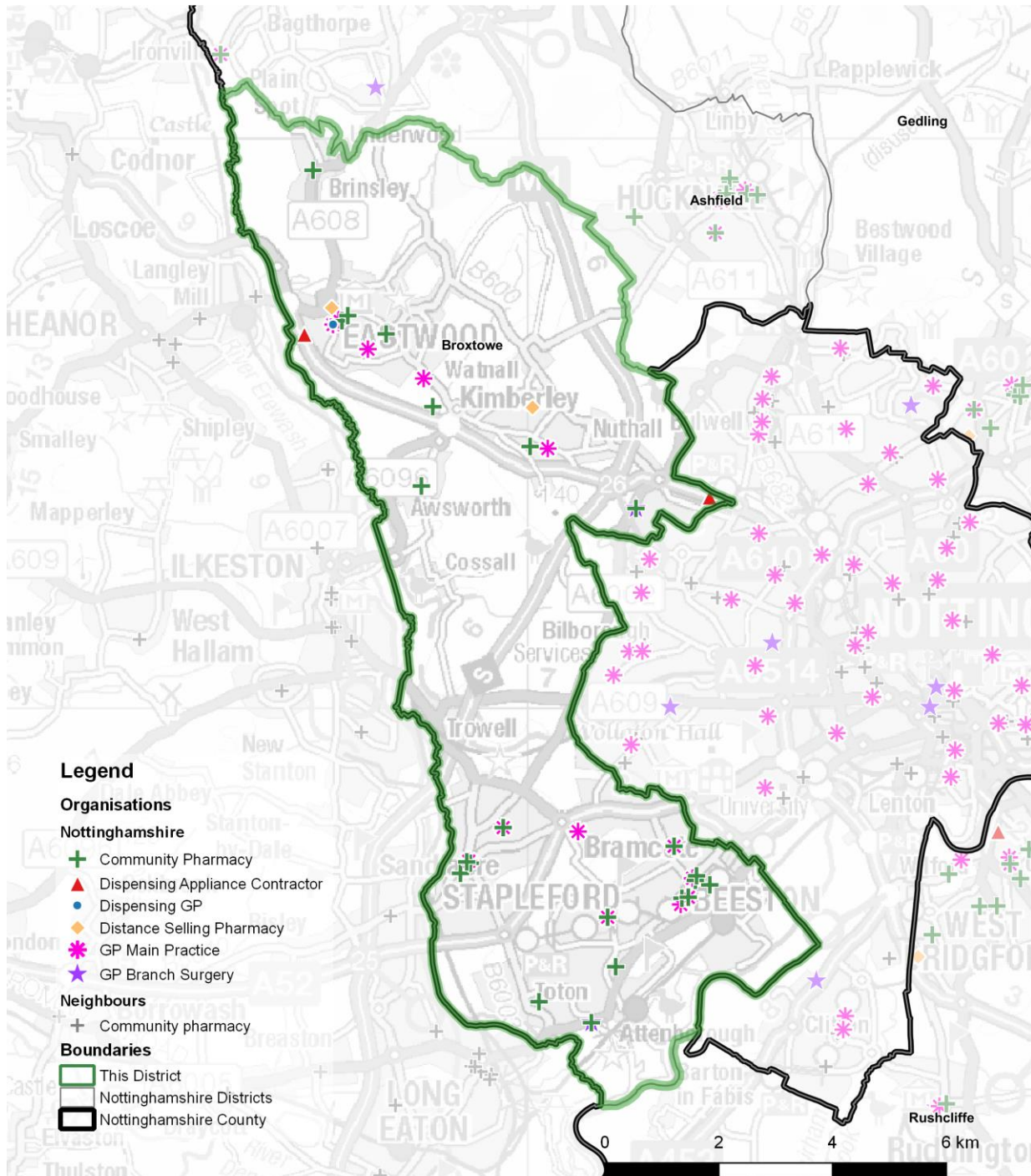
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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G.3 Broxtowe

Nottinghamshire County - Broxtowe District (B)
Pharmacies and GPs



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

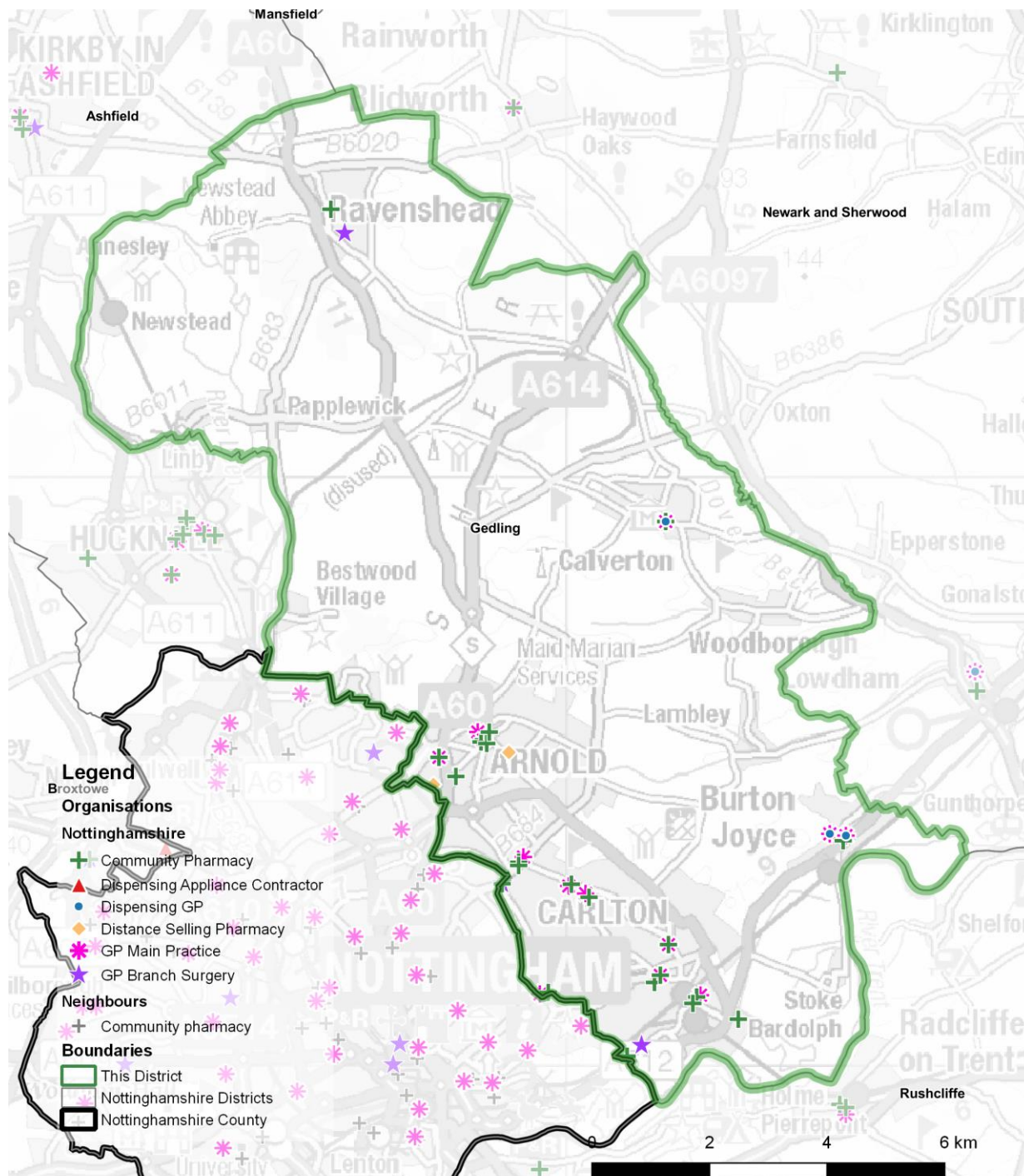
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G.4 Gedling

Nottinghamshire County - Gedling District (B)

Pharmacies and GPs



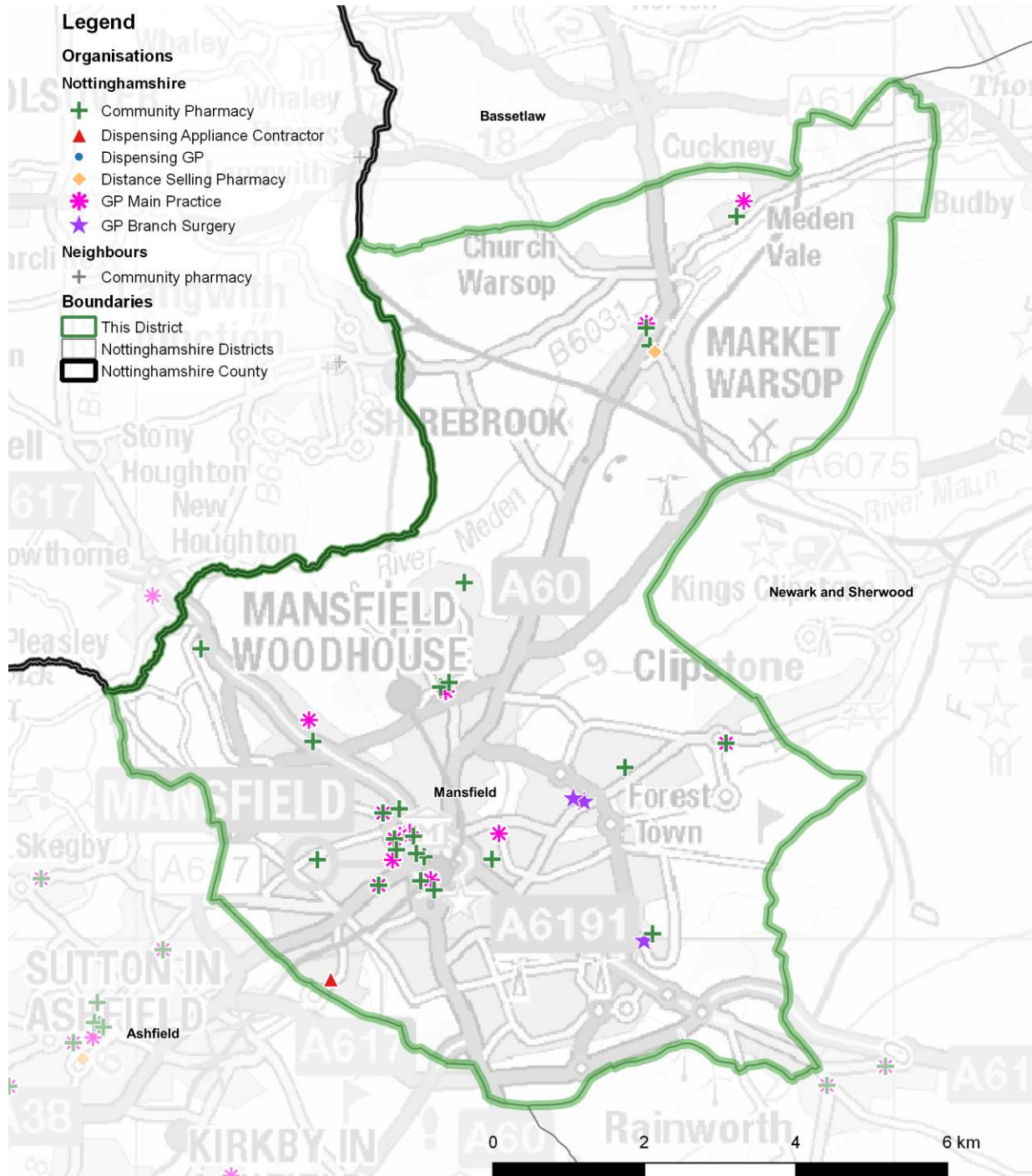
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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G.5 Mansfield

Nottinghamshire County - Mansfield District
Pharmacies and GPs



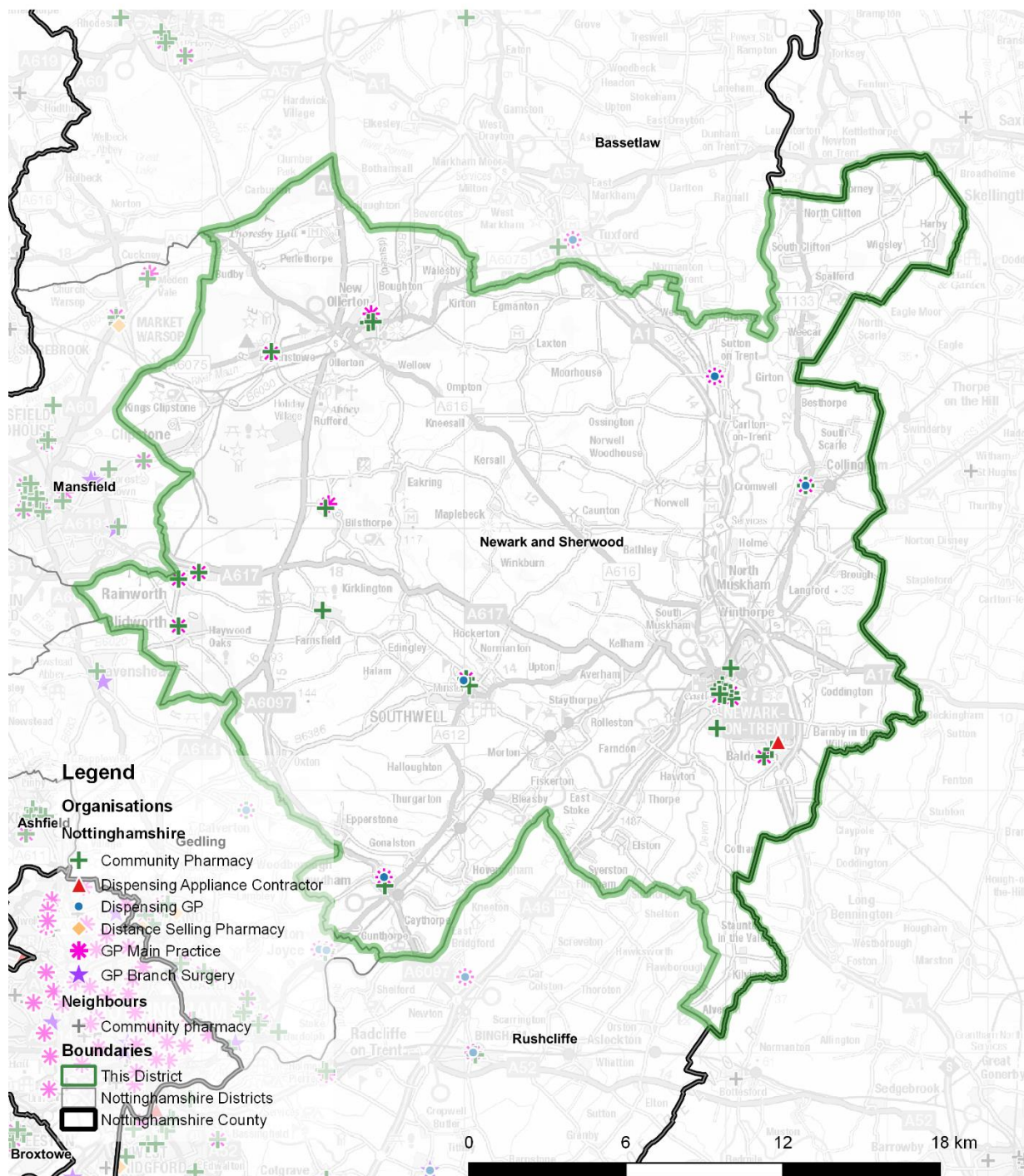
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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G.6 Newark and Sherwood

Nottinghamshire County - Newark and Sherwood District
Pharmacies and GPs



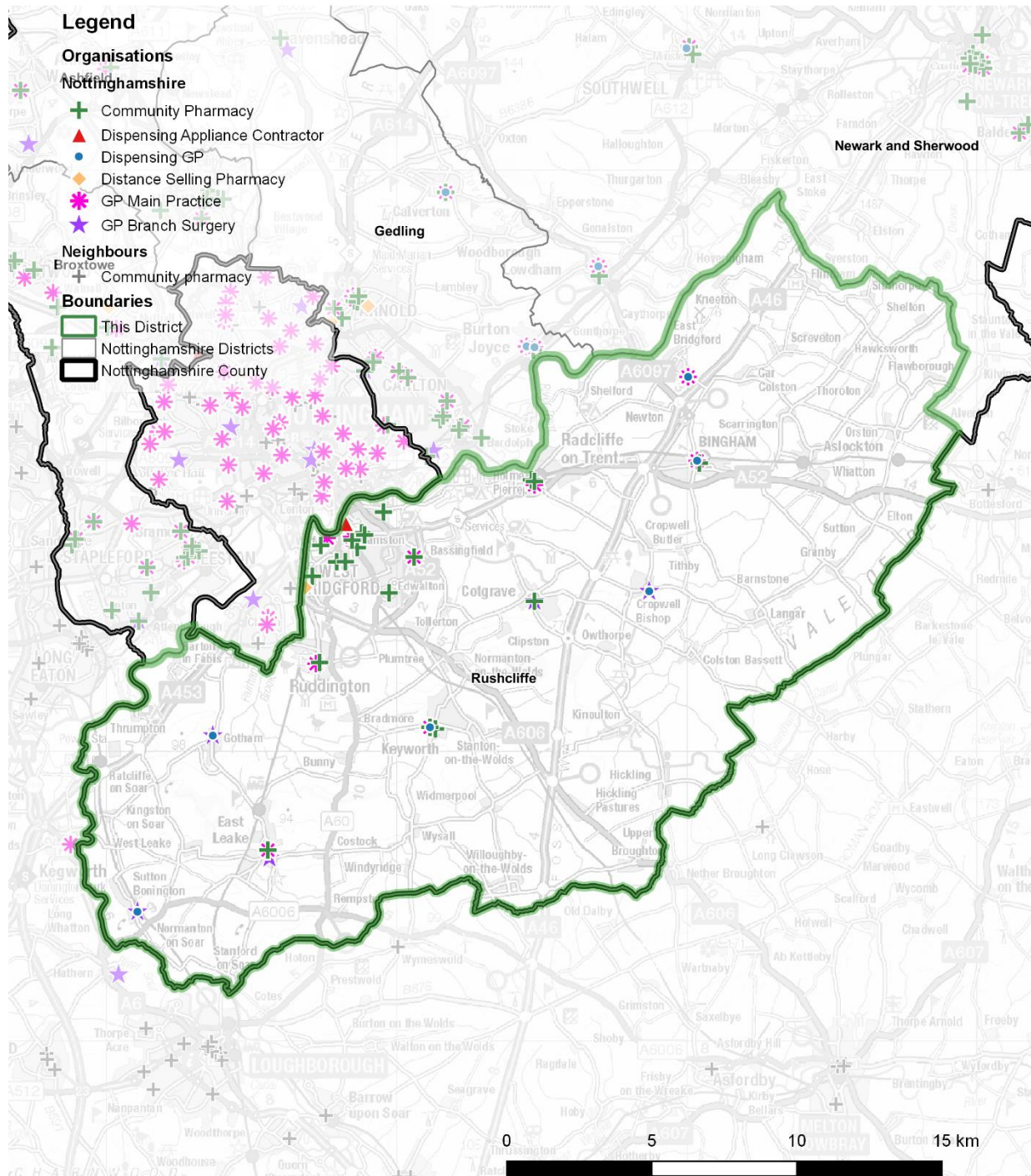
Sources: Various, including NHS England, NHS Digital, Local Authority Public Health Commissioners and Commissioned Providers

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G.7 Rushcliffe

Nottinghamshire County - Rushcliffe District (B) Pharmacies and GPs



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

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Nottinghamshire County Pharmaceutical Needs Assessment 2018

Publication Date: April 2018

Review Date: 2020 / 2021

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Nottinghamshire County Pharmaceutical Needs Assessment 2018

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

Nottinghamshire Pharmacy Needs Assessment 2018

1. EXECUTIVE SUMMARY

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

The PNA became the responsibility of the Council following the Health and Social Care Act 2012. The previous PNA was produced by Nottinghamshire County Council HWB in 2015. Commissioners may use the PNA for commissioning new services within community pharmacies and NHS England will use the PNA as the basis for informing decisions when applications for new pharmacies are received.

This report includes an overview of the pharmacy regulations relating to pharmacy needs assessment in addition to a review of the range of pharmaceutical services that are currently provided or may be commissioned in the future. The geographical area of the County has been divided into districts for the purpose of reviewing health needs and service provision at local level.

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

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

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

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

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

Statement of pharmaceutical need

The current balance of community pharmacies, dispensing practices and Dispensing Appliance Contractors provides a comprehensive range of services to the local population. Analysis of health needs and a public consultation did not provide any evidence of a lack of provision of pharmaceutical services in existing pharmacies. Housing projections in the short to medium term (3-5 years) are not expected to increase the local population beyond current capacity.

The PNA will be reviewed during 2020 and republished in April 2021 unless there are significant changes to local need or provision.

2. Introduction

Background to Pharmaceutical Needs Assessment

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

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

Legislative Background

The development of the PNA is covered by regulations issued by the Department of Health¹. These regulations set out the legislative basis for developing and updating PNAs.

Each Health and Wellbeing Board must in accordance with regulations

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

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

The regulations contain the following requirements for PNAs;

- It outlines the information that must be provided

¹ Pharmaceutical Services and Local Pharmaceutical Services Regulations, 2013

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

In particular, the regulations determine

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

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

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

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

Review of the 2013 Regulations

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

2.1 Wider context

Strategic fit

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

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

Commissioning and funding of community pharmacies

Since the publication of the previous PNA in April 2015, there have been changes in the way community pharmacies receive their funding².

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

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

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

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

Implementation was initiated on December 1st, 2016 through amendments to the December Drug Tariff³ and changes to market entry regulation to facilitate consolidation of pharmacies.

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

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

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

Local Organisational change

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

- [Nottingham and Nottinghamshire \(N&N STP\)](#)
- [South Yorkshire and Bassetlaw \(SY&B STP\)](#)

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

The GP Forward View⁶ has identified pharmacists and community pharmacies as key components of the system improvements to be introduced over the next five years, expanding the workforce to take on more roles in GP practices, care homes and urgent care. Although this may not impact community pharmacy directly there may be implications for the workforce.

2.2 PNA development in Nottinghamshire County Council

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

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

⁴ <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

⁵ <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

⁶ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

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

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

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

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

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

All supplementary statements will be published with the PNA on The Nottinghamshire County Council website at www.nottinghamshire.gov.uk.

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

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

2.3 Determination of localities for the PNA

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

Nottinghamshire County Pharmaceutical Needs Assessment 2018

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

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

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

Figure 2.1 Map of Nottinghamshire District Councils



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

3. Overview of pharmaceutical services

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

3.1 Contracted Hours (100 hours)

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

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

There are three tiers of community pharmacy services; Essential Services (applies to all pharmacies), Advanced Services and Locally Commissioned Services⁷.

3.2 Essential services

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

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

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

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

3.3 Advanced services

Advanced services are nationally specified. Community Pharmacies can choose whether or not to undertake advanced services. Advanced services require the premises to be accredited by NHS England. There are currently six advanced services; Medicines Use Review, New Medicines Service, Influenza Vaccination, NHS Urgent Medicine Supply Advanced Service (NUMSAS), Appliance Use Reviews and Stoma Appliance

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

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

The Medicines Use Review (MUR)

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

The New Medicines Service

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

Influenza Vaccination

The service can be provided by any community pharmacy in England subject to meeting the requirements and notifying NHS England of their intentions⁸. The advanced service allows community pharmacies to vaccinate patients 18 years and over in at-risk groups against influenza. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

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

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

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

Advanced Services offered by Dispensing Appliance Contractors (DAC)

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

- Stoma Appliance Customisation aims to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.
- Appliance Use Reviews aim to improve the patient's knowledge and use of any specified pharmaceutical appliance in their own home.

3.4 Locally Commissioned Services

Locally commissioned services can be commissioned by a number of routes by NHS England, Clinical Commissioning Groups and Local Authorities. These services are optional and the pharmacies taking part in the locally commissioned services are shown in Appendix 3. See Table 4.2 for a summary of services offered in each district.

Commissioned by NHS England

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

Emergency Supply Service

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

Palliative Care Drug Stockists' Scheme

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

Pharmacy First

The Pharmacy First minor ailments scheme offers patients the opportunity to see the pharmacist without an appointment, and if necessary get the same medicines free of charge, for a defined range of minor problems, that their GP would have given them. The scheme is available to patients aged 3 months and above who are exempt from prescription charges.

Out of Hours Rota

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

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

Commissioned by Nottinghamshire County Council

Emergency Hormonal Contraception

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

C-Card

The C-Card Scheme is a condom distribution scheme for young people age 13 to 24 which offers access to free condoms in a wide range of places and aims to reduce both unintended conceptions and the number of Sexually Transmitted Infections (STI) & HIV. Young people aged under 13 years are not eligible for the scheme. Some pharmacies are commissioned to register clients and provide condoms, others for pick-up only.

Supervised Consumption

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

Needle Exchange

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

Smoking Cessation / Nicotine Replacement Therapy

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

3.5 Non-commissioned services offered by pharmacies

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

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

3.6 Dispensing practices

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

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

3.7 Dispensing Appliance Contractors

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

The PNA has considered and assessed the provision of pharmaceutical services to its population by dispensing appliance contractors that are not on its own pharmaceutical list. Analysis of prescribing data suggests that only 0.5% of the total prescription volume is dispensed by dispensing appliance contractors not on its own pharmaceutical list. The PNA therefore considers that the dispensing of prescriptions by dispensing appliance contractors not on its pharmaceutical list has no significant impact on the provision of pharmaceutical services across the County.

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

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

A new contract for appliance contractors was published in April 2010, which allows appliance contractors to provide Appliance Use Reviews (AUR) and Stoma Appliance Customisation services. Community Pharmacies who dispense appliances can also choose to provide these advanced services. NHS England will ensure that, whilst the requirement for such services is low, people who need to access these services can do so within the County boundaries.

3.8 Out of area providers of pharmaceutical services

The regulations⁹ require Local Authorities (LA) to identify any pharmaceutical services that are provided outside the area of the LA, and do not contribute towards meeting the need for pharmaceutical services in the LAs area, but which have secured improvements, or better access, to pharmaceutical services within its area.

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

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

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

Figure 3.1 Nottinghamshire and surrounding Counties



3.9 Mail order / Distance Selling pharmacies

Nottinghamshire County Council PNA has also considered and assessed pharmaceutical services provided to its population by mail order/distance selling pharmacies that are not on its pharmaceutical list. Distance selling pharmacies do not provide Essential services face-

⁹ Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

to-face (they may provide Advanced and Enhanced Services). They receive a prescription via post, by e-prescription or by local collection and dispense it the next day, usually via courier though some may go by post or company delivery driver.

There are seven distance selling pharmacies in Nottinghamshire County, increased from one in 2015 but they provide their services nationwide rather than to the local population.

Table 3.1 Distance Selling Pharmacies

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

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

3.10 The effectiveness of services provided by pharmacies

In 2016, the Chief Pharmaceutical Officer, Dr Keith Ridge commissioned the Kings Fund¹⁰ to review community pharmacy clinical services in the light of the opportunities presented by the Five Year Forward View¹¹ and the General Practice Forward¹². The review found:

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

The review included a rapid review of peer reviewed literature by Professor David Wright of the evidence base for the effectiveness and cost effectiveness of community pharmacy based clinical services, both in the UK and internationally¹³. This review considered the evidence for advanced and locally commissioned services (excluding Stoma Appliance Customisation and review for which evidence is not available).

Essential and Advances Services

1. Repeat Dispensing scheme

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

¹⁰ [Murray, R., 2016](#), Community Pharmacy Clinical Services Review, The King's Fund.

¹¹ Five Year Forward View, (2014), NHS England ([5YFV, 2014](#)).

¹² General Practice Forward View (2016) NHS England, ([GP Forward View, 2016](#))

¹³ [Wright, D., \(2016\)](#), A rapid review of evidence regarding clinical services. NHS England.

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

2. Medicine Use Reviews (MURs)

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

Government requirements state that 70% of MURs were to be targeted on: patients prescribed high risk medicines (NSAIDs, anticoagulants, diuretics); those discharged from hospital with medicine changes; patients with respiratory conditions; and patients with CVD who are prescribed at least four medicines. Wright¹⁴ has summarised a wide range of studies on MURs both at home and abroad. As yet, there have been no randomised controlled trials within the UK and most studies have looked at process outcomes rather than health outcomes. To date, there are no studies estimating the cost per additional year of quality of life (Cost per QALY) which is required in order to determine services that should be commissioned. A review of systematic reviews of interventions similar to that MUR concluded that whilst such interventions improved patient knowledge there was less evidence supporting the assertion that they improve patient adherence. In summary, there is little evidence in terms of costs or outcomes about the cost effectiveness or otherwise of the service.

3. New Medicines Service

The New Medicines Service (NMS) was introduced in 2011 in order to improve medicine adherence in patients newly prescribed asthma, hypertension, COPD, diabetes and anticoagulant therapy. The design of the service was based on a small feasibility study and followed up with a randomised controlled trial to determine effectiveness and cost effectiveness of the service. The overall results have been inconclusive but did show a significant difference in adherence at 10 weeks in the intervention arm¹⁵. There is some evidence that NICE thresholds for cost effectiveness were not met, but the economic analysis has not yet been published.

4. Influenza Vaccination

¹⁴ [Wright, D., \(2016\)](#), A rapid review of evidence regarding clinical services. NHS England.

¹⁵ [Elliot, RA et al, \(2014\)](#). A randomised controlled trial and economic evaluation with qualitative appraisal comparing the effectiveness and cost effectiveness of the New Medicines Service in community pharmacies in England. Department of Health Policy Research Programme Project, Division for Social Research in Medicines and Health, The School of Pharmacy, University of Nottingham.

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

5. NHS Urgent Medicine Supply Advanced Service

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

Enhanced Services

1. Domiciliary Visiting Services

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

2. Medication Review

Clinical Medication Review is aimed at reaching agreement with the patient about drug therapy and reducing medication related problems in patients taking four or more medicines (FOMM). There is limited evidence of clinical benefit found in systematic review, but some suggestion of improved quality of life and falls reduction in a relatively large service review¹⁶ and assuming improvements could be sustained over 12 months, there was a likelihood that the intervention was cost effective.

3. Chronic Disease Management

Community Pharmacists have a well-recognised role in chronic disease management and there have been recommendations that community pharmacists could assume responsibility for the management of patients with controlled hypertension. Evidence exists for financial and outcome benefits for patients with hypertension, diabetes and chronic obstructive pulmonary disease (COPD). The transfer of workload from general practices to community pharmacies has been seen as an opportunity to create capacity for other services provided through general practice¹⁷. The roll out of summary care should help reduce some of the barriers to transfer of care between GPs and pharmacists and support the recommended pilot and future definitive study.

4. Care Homes Service

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

¹⁶ [Wright, D., \(2016\)](#), A rapid review of evidence regarding clinical services. NHS England.

¹⁷ West R, Isom M. Management of patients with hypertension: general practice and community pharmacy working together. British Journal of General Practice. 2014;64(626):477-478

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

5. Minor Ailments Service

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

Public Health based services

In terms of public health interventions, the Wright review generally supported the findings of the earlier PHE review in 2013¹⁸.

1. Emergency Hormonal Contraception supply

The services currently offered to women have been found to reduce access times to contraception compared to family planning clinics. Moreover, these services are unlikely to provide unwanted effects such as increasing risky sexual behaviour or increasing STIs.

2. Chlamydia screening and treatment services

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

3. Case finding

Community pharmacies can effectively screen for Type 2 Diabetes: screening with intervention is cost-effective, but screening alone is uncertain. There is no RCT evidence yet for models which include risk assessment, testing and intervention. Earlier identification of COPD, which is possible through community pharmacies who frequently encounter recurrent requests for cough medicines, antibiotic prescriptions for chest infection, patients purchasing nicotine replacement therapy, can prevent disease progression where health service resource utilization significantly. Identification of the condition is also effective as a trigger for smoking patients to access cessation services.

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

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

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

4. Harm reduction services

Supervised consumption of opioids results in a sustained reduction in methadone deaths, but cost-effectiveness of the service is currently unknown. Needle exchange services are a cost-effective use of resources.

5. Weight management

Systematic review shows community pharmacy based weight management services were as effective as other primary care strategies. However, they may not be as effective as commercial programmes and the actual cost of service delivery, whilst cost effective, seemed to be greater than private providers and consequently the cost-effectiveness of commissioning services via this route is unclear.

6. Brief alcohol intervention

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

7. Smoking cessation

There is substantial evidence across reviews and RCTs for effectiveness and cost-effectiveness of smoking cessation services.

3.11 Future services

Nationally, an estimated 1.6 million people choose to visit a pharmacy each day, of which 1.2 million do so for health-related reasons, such as for their medicines and advice and to buy over the counter and other healthcare products¹⁹. Pharmacies provide a convenient, trusted and less formal environment for people to access readily available professional advice and support and therefore offer a useful alternative to general practice, and community services and other healthcare professionals.

Review of local health needs suggests that current Pharmacy services correspond with health and wellbeing priorities. However, demand for current health and social care services continue to pose a significant pressure for the system as a whole. National strategies such as the Five Year Forward View²⁰ and GP Forward View²¹ are explicit in their intentions to develop the skills of clinical pharmacists within community pharmacies and beyond. The Community Pharmacy Forward View²² sets out the contribution community pharmacy can support the health and healthcare system. In 2017, Public Health England published 'Pharmacy - A Way Forward for Public Health'²³. The report sets out potential opportunities for commissioners and pharmacy teams, to make a marked difference to the public's health. At local level, led through health and wellbeing strategies and Sustainability and Transformation Partnerships (STP), the report identifies many opportunities where pharmacy teams can offer effective and impactful interventions, which

¹⁹ <http://pharmacyvoice.com/community-pharmacy/facts-and-figures/>

²⁰ Five Year Forward View, (5YFV, (2014), NHS England

²¹ GP Forward View, (2016), NHS England.

²² Community Pharmacy Forward View (2016), Pharmacy Voice, PSNC

²³ Pharmacy - A Way Forward for Public Health, (PHE, (2017), Public Health England

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

The Quality Payments scheme introduced by the Department of Health as part of the community pharmacy contractual framework in 2017/18 incentivises pharmacies to meet new quality criteria on patient safety, patient experience, public health, digital standards, clinical effectiveness and workforce. In terms of workforce, pharmacies are encouraged to train staff as Dementia Friends. The Dementia Friends initiative is about giving people an understanding of dementia and the small things that could make a difference to people living with dementia in their community. To achieve the quality criteria for public health the pharmacy must demonstrate accreditation as a Public Health England Level 1 Healthy Living Pharmacy²⁴. The aim of this quality criterion is to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. Good progress is being made with at least 200 health champions and leaders trained locally.

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

Older people in care homes are at greater risk of medication errors than most other groups. It is important that patients get the medicines they need when they need them and in a safe way. The Care Homes Use of Medicines Study²⁵, report examined medication prescribing, dispensing, administration and monitoring practices across a number of care homes in England. The study findings indicate that there is a risk of medication errors in care homes and there may be scope for improvement in how medicines are dispensed administered and monitored for patients in residential care and nursing home settings (see Appendix 7 for a map of care homes and pharmacies in Nottinghamshire).

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

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

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

²⁴ <https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register.html>

²⁵ CHUMS (2009). The Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people.

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

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

Figure 4.1 Nottinghamshire County Pharmacies and dispensing practices

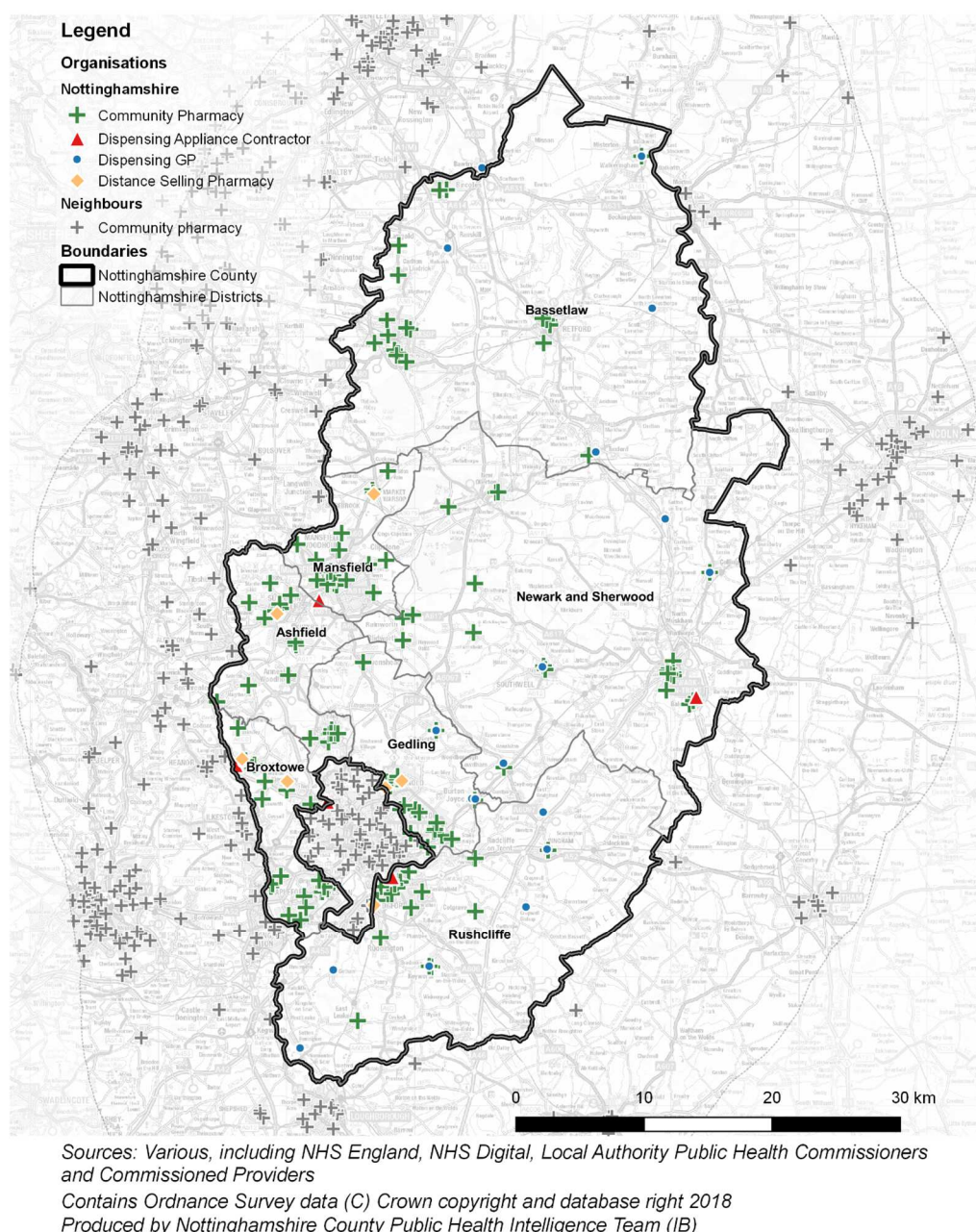


Figure 4.1 shows dispensing practices and pharmacies within Nottinghamshire and pharmacies located outside the County boundary. Dispensing practices outside the county boundaries have not been shown. Full details of Nottingham City pharmacies can be found in the Nottingham City PNA.

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

Table 4.1 Community Pharmacy Providers by District

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

*The Jayplex Pharmacy at Woodthorpe is positioned on the border of Nottingham City and Nottinghamshire County. The PNA process found that the pharmacy's postcode positions the pharmacy within NHS Nottinghamshire County. However, the pharmacy has historically been on the pharmaceutical list of NHS Nottingham City and is included in the Nottingham City PNA.

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

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

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

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

Nottinghamshire County Pharmaceutical Needs Assessment 2018

As at April 2018 NHS England will commission:

Advanced

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

Locally Commissioned

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

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

Table 4.2 Community Pharmacy Services in Nottinghamshire

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

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

Nottinghamshire County Pharmaceutical Needs Assessment 2018

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

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

Locally Commissioned

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

4.1 Change since 2015 PNA

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

5. Nottinghamshire County demographic profile

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



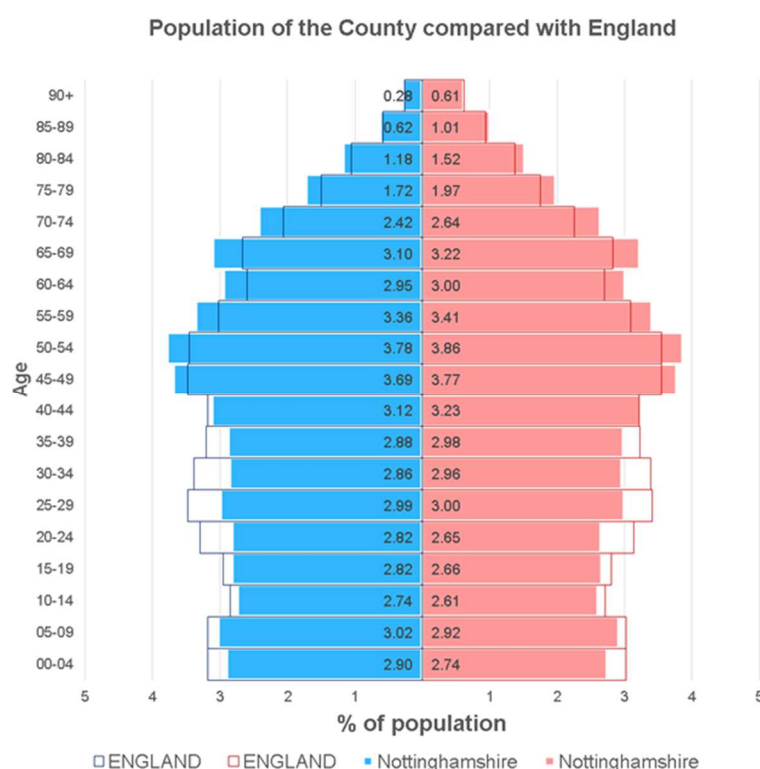
Nottinghamshire covers an area of 2,160 square kilometres (835 square miles). The County Council area (excluding the City of Nottingham) is 2,085 square kilometres or 805 square miles.

- The 2016 mid-year estimate of the County's resident population is 810,710 having risen by around 24,000 since the 2011 census (3.0% increase) compared with an increase of 4.1% in the East Midlands and 4.1% in England. Ashfield had the highest increase of 4.2% compared with Bassetlaw which only increased by 1.6% over the five year period.
- The factors that drive the changes in an area's population are a combination of natural change due to births and deaths and migration.
- The ONS Mid 2016 population estimates²⁶ show that the County have 5.6% of its population aged under 5 years, slightly lower than regional and national proportions. Rushcliffe (5.1%) had the lowest proportion in this age group, and Mansfield the highest (6.2%), matching the national level of 6.3%. The County has a slightly lower proportion of young people (under 25 years) and slightly higher proportion of older people (over 65 years) than the national average. Population projections to 2026²⁷ suggest it is the older population that will show the greatest increase. The number of people aged 90 and over is expected to almost double from 7000 to 11,000 by 2026. Maps A1, A2 and A3 (Appendix 7) show population density at LSOA area for children under 18 years, women age 15-44 and older people age 65 and over as these groups are particularly high users of pharmacies.
- There are seven Districts in Nottinghamshire with an average population of 115,800 people. The largest district in terms of population is Ashfield with 124,482 people and the smallest is Mansfield with 107,435. The Unitary Authority of Nottingham City (population over 325,000) is situated within the south of the County, surrounded by Hucknall (in Ashfield), Broxtowe, Gedling and Rushcliffe creating a conurbation in excess of 669,000 people.
- The population structure of the County is slightly older than England with slightly lower than average proportion of children and young people and slightly higher proportion of older people. However, it is the older population that is expected to increase at a higher rate over the next 10 years. The number of people aged 90 and over is expected to increase by 20%, from 7,250 in 2016 to 8,700 by 2021 (ONS 2014-based Subnational Population Projections).
- In 2015, there were 8,798 live births in Nottinghamshire. The number of births has fallen in recent years from a peak of just over 9,000 in 2012.
- At the time of the 2011 Census, 92.6% of the County's population classed themselves as White British, with 2.9% being Other White and the remainder, 4.5%, belonging to the Black and Minority Ethnic (BME) Groups. In comparison, the East Midlands and England had significantly lower rates of the White populations, with 89.3% and 85.4% respectively, and consequently higher rates of the BME groups (11.0% and 15.2% respectively).

²⁶ [ONS Mid 2016 Population Estimates](#)

²⁷ [ONS Mid 2014 Population Projections](#)

Figure 5.1 Population of Nottinghamshire County by age and sex



Source: Office for National Statistics, 2016

- The majority of people from BME groups are concentrated in the south of the County with 75% living in Broxtowe, Gedling and Rushcliffe. Broxtowe is the most ethnically diverse district with 7.3% BME groups. Ashfield has the lowest proportion of BME groups at 2.3%.
- The age profile of BME groups is younger than the white population; particularly the mixed / multiple ethnic groups where 70% are aged under 25 years. Only 16.6% of the BME population are aged 50 and over, compared to 39% of the white population.
- Gypsy Travellers: There are significant numbers of travellers in the County, with the largest numbers being in Newark & Sherwood (estimated 256 households) and Ashfield (48 households). Recent local research suggests that travellers have higher mortality and morbidity, higher accident rates and poorer access to and uptake of health services²⁸.

5.1 Social and environmental context

- Nottinghamshire County is relatively affluent and deprivation levels are comparable with England. However, within Nottinghamshire there are communities with both some of the highest levels of deprivation in the country and some of the lowest levels of deprivation (see Map A4 in Map Appendix 7).
- The most deprived areas are Mansfield, Ashfield and Bassetlaw and the least deprived area is Rushcliffe. In Nottinghamshire there are 25 Lower Super Output Areas

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

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

- Nottinghamshire ranks 56th out of the 149 upper tier counties in England in the 2009 Child Wellbeing Index – higher than average for Child Wellbeing in the Country. At district level, Rushcliffe ranks highly in 19th place and Mansfield ranks lowest at 321/354³⁰ [Child Wellbeing Index](#).
- Unemployment in the County as at November, 2017 was 1.5% of the resident population aged 16-64 (using the claimant count measure). This is similar to the rate for the East Midlands (1.6%) but lower than the UK rate (1.9%). The rates in the districts range from 2.0% in Mansfield to 0.9% in Rushcliffe³¹.
- The mean annual pay for Nottinghamshire residents was £27,391 in 2016 compared to £28,788 nationally. Annual mean pay ranged from £20,240 in Mansfield to £35,870 in Rushcliffe³².
- 8.2% of County residents have no formal qualifications (NVQ1 and above) compared to 7.8% in England. Bassetlaw and Mansfield have above average proportions with no qualifications; 13.7% and 13.4% respectively. All other districts are similar to the national and regional average³³.
- In May, 2017 there were 36,181 Disability Living Allowance claimants in payment in the County. In addition, In October, 2017 there were 18,803 residents receiving Personal Independence allowance (latest published figures for DLA and PIP). Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term ill-health or a disability for people aged 16 to 64. PIP started to replace Disability Living Allowance (DLA) for people aged 16 to 64 from 8 April 2013. Over half (59%) of those on either DLA or PIP were aged 50 and over. DLA and PIP claimants account for 6.6% of the population compared to 5.8% of the England population³⁴.
- 21% of households in Nottinghamshire (excluding Nottingham City) have no car, however this figure rises substantially when car ownership levels are broken down by population groups such as all single person households (45% have no access to a car), elderly people living alone (58% have no access to a car) and lone parent families with dependent children (33% have no access to a car).
- Car ownership levels are lowest in urban districts where there are higher levels of deprivation, such as Mansfield (75%) and Ashfield (76%). Rural areas of Nottinghamshire such as Newark & Sherwood and Bassetlaw have some of the highest levels of car ownership at around 80%. However, residents in these areas without a car may experience

²⁹ LSOA's: Lower Super Output Areas are geographical areas defined by the 2001 ONS Census designed to improve the reporting of small area statistics. They have a population of 1000-3000 people.

³⁰ [Child Wellbeing Index](#)

³¹ [Employment Bulletin November 2017](#)

³² Annual survey of hours and earnings; [NOMIS](#)

³³ Annual Population Survey, [NOMIS](#), 2016

³⁴ Stat-Xplore: <https://stat-xplore.dwp.gov.uk>

difficulties in accessing services by public transport as this is poorest in these areas³⁵. In Nottinghamshire, 96% of households are within 800 metres of an hourly or better bus service (0600-1800 Monday to Saturdays). Within the more rural parts of the county, access to an hourly or better bus service is less good, particularly in the villages, hamlets and isolated dwellings.

5.2 Health and Wellbeing

- Life expectancy for men in Nottinghamshire is 79.4 years (2013-2015), similar to the national and regional average. For women, life expectancy is 82.8 years, significantly lower than the national average, though comparable to the regional average. Healthy Life Expectancy (HLE) – the average number of years a person can expect to live in good health – is an important measure of mortality and morbidity (ill health) and can give an indication of the burden of morbidity in a population. HLE for men (2013-2015) is 61.1 years, meaning that men can expect to spend 18 years or 23% of their life span in ill health. HLE for women is 62.2 years, meaning that women can expect to spend over 20 years or 25% of their life span in ill health (PHOF, 2017)³⁶.
- The 2011 Census asked two questions related to health and limited daily activity. Nottinghamshire had a slightly higher percentage of people reporting bad or very bad health in 2011 – 6.0% compared to 5.3% nationally. The people living in the districts of Ashfield, Bassetlaw and Mansfield reported significantly higher levels of poor or very poor health compared with the East Midlands. The people living in Rushcliffe reported the lowest levels of poor or very poor health in Nottinghamshire, significantly lower than national or regional average.
- The percentage of people for whom their day-to-day activities were limited a lot was significantly higher in Nottinghamshire (9.7%) compared with the East Midlands (8.7%) or England (8.3%). The people living in the districts of Ashfield, Bassetlaw and Mansfield reported significantly higher levels of long-term illness which limited day-to-day activities a lot compared with the East Midlands. Only the people living in Rushcliffe reported significantly lower levels of long-term illness which limited day-to-day activities a lot compared with the East Midlands.
- The 2011 Census shows a clear link between age and ill health, with the percentage with bad health or a long-term disability rising with age³⁷.
- For children aged under 16 just 4.1% are limited a lot or a little in their day to day activities by a long-term health problem or disability and just 0.6% report bad or very bad health. Amongst older people, this rises to 54.9% and 15.2% of over 65s.
- Poor health increases with age and follows a broadly similar pattern across all BME groups. For people over 64, 16% of white groups are in poorer health (defined as bad or very bad health) compared to 18% for non-white groups.

³⁵ Nottinghamshire Local Transport Plan 2011-2026, (2011) Nottinghamshire County Council.

³⁶ Public Health Outcomes Framework, Public Health England, [\[link\]](#).

³⁷ 2011 Census, Topic Note - Disability, Health and Carers
<http://www.nottinghaminsight.org.uk/d/101850>

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

5.3 Access to health care services by public transport

Nottinghamshire is a diverse mix of urban and rural communities. Transport links in the Nottingham Conurbation and in the larger towns are good. National Core Indicator data provided by the Department for Transport in 2017³⁸ showed that 51% of the LSOAs in the County are within 15 minutes of a GP practice by public transport and that 94% of county LSOAs are within 30 minutes of a practice by public transport. As many community pharmacies are situated close to GP practices, this is a useful proxy measure. Access is poorer in rural areas such as Bassetlaw and Newark & Sherwood where 60-70% of households are within 15 minutes travel time and public transport frequency is lower. For people who have difficulty accessing services, Nottinghamshire County provides a community and voluntary transport scheme to supplement the public transport network by offering services tailored to the needs of people who may have difficulty in using, or are unable to use, ordinary buses and trains³⁹. There are three acute trusts; Kings Mill Hospital in Mansfield, Bassetlaw Hospital in Worksop and Newark Hospital in Newark.

5.4 Housing plans

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

In the last full year (ending 31/03/2016) 2,450 residential units have been completed; 10,120 in the last 5 years⁴⁰. A further 25,575 units are estimated to be deliverable by 2022/23 (Planning documents from each local authority district vary in timescales and do not always publish annual projections). The impact of these builds is considered at local district council level. As a rule of thumb, it has been assumed that the population would increase by an average of 2.3 people per dwelling (household average size, Census 2011). Therefore, total population gain generated by the proposed residential units would be 53,000 residents (see table 5.1). This is likely to be an overestimate as many of these units may be inhabited by people already living in the district, particularly where there is local pressure on housing; existing populations take up a substantial proportion of any new housing with a lower number of people from outside the area. Even if new housing lead to an increase in population of 25,575 (table 5.1), the number of pharmacies per 10,000 population would only decrease from 2.0 to 1.97 per 10,000.

³⁸ <https://www.gov.uk/government/collections/journey-time-statistics>

³⁹ <http://www.nottinghamshire.gov.uk/transport/community-accessible-transport/community-voluntary-transport-schemes>

⁴⁰ Net additional dwellings (provisional), Housing Statistics, Department for Communities and Local Government <https://www.gov.uk/government/collections/net-supply-of-housing>

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

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

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

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

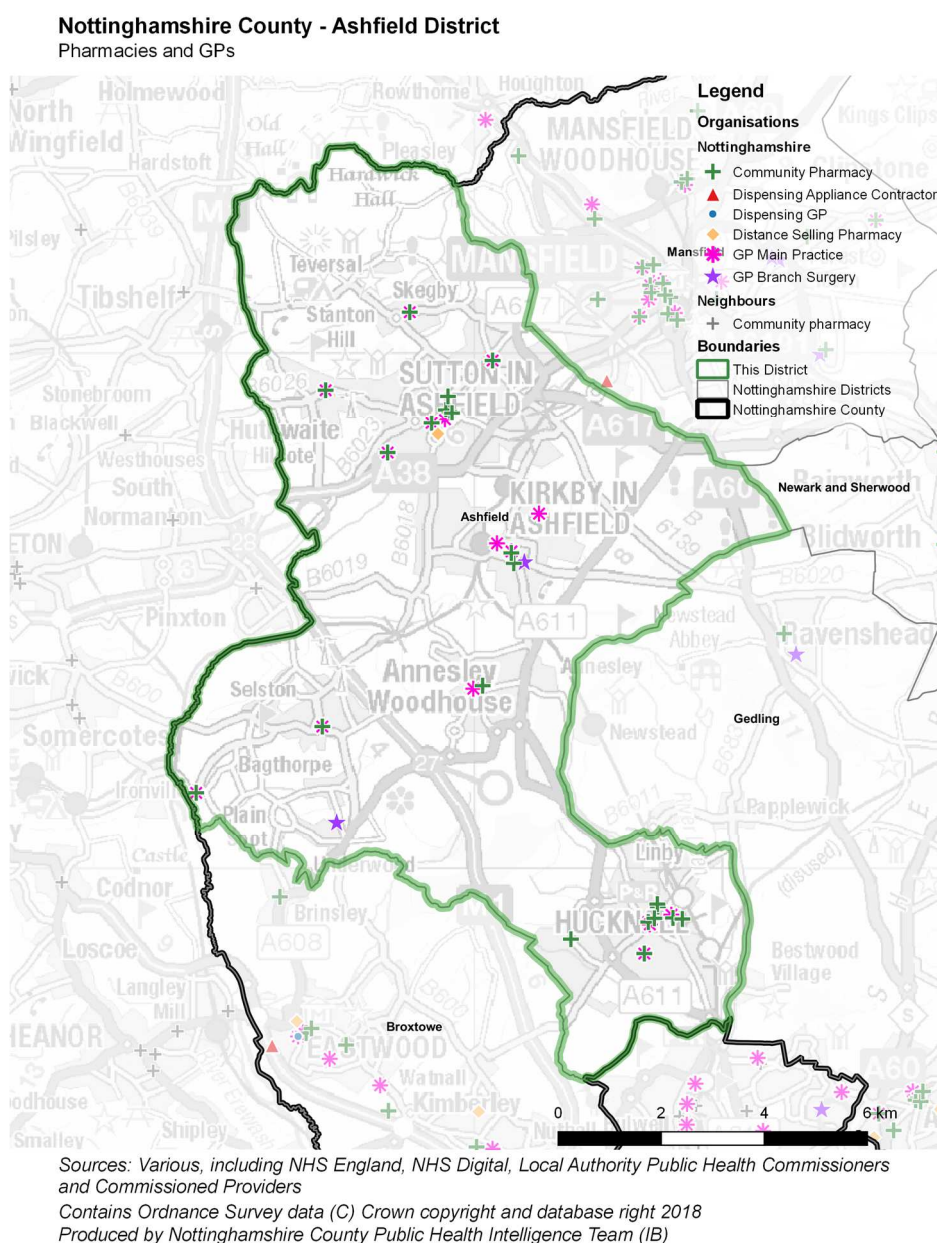
The impact of housing developments will be considered within each District Health Profile. For the purposes of the PNA, it has been assumed that developments are likely to be built within the next 3-5 years and are therefore taken as a potential source of population expansion.

6. Analysis of pharmaceutical services provision by district

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

6.1 Ashfield District

Figure 6.1.1 Map of pharmacies and GPs in Ashfield



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

Population Overview

* references to County exclude Nottingham City unless specifically stated

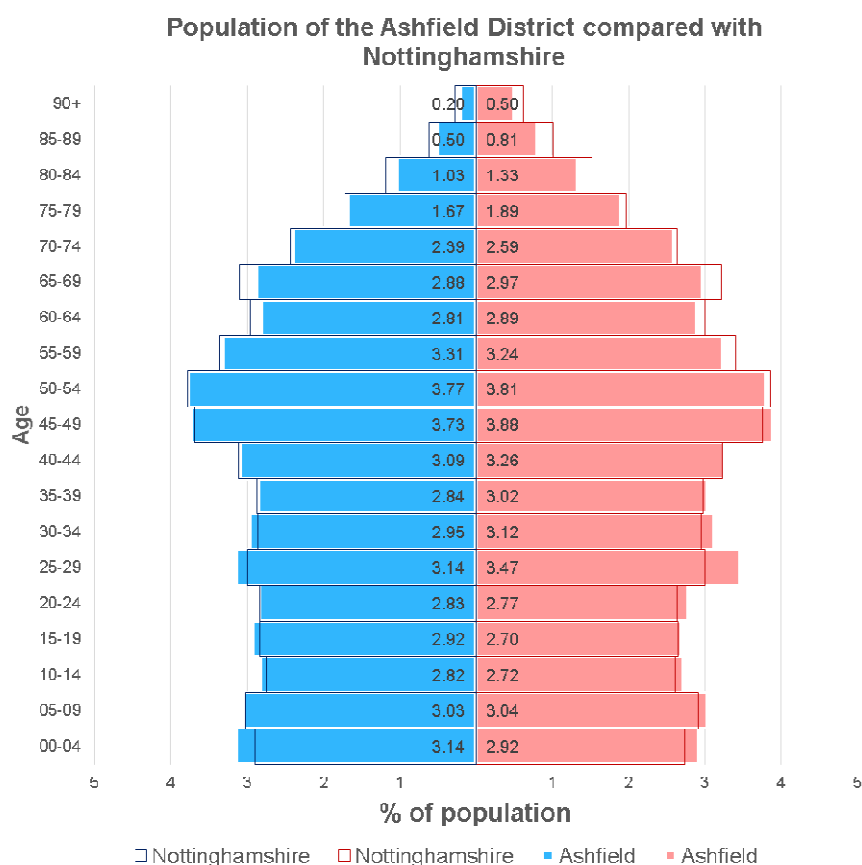
Ashfield is to the west of Nottinghamshire County and shares a boundary with Bolsover in Derbyshire to the west, Mansfield, Newark & Sherwood and Gedling to the east and

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

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

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

Figure 6.1.2 Population Structure (2016)



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

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

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

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

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

The teenage conception rate of 29.8 per 1000 (2015) is higher than the County average of 20.3 conceptions per 1000 women age 15-17years. Although the overall downward trend is encouraging, Ashfield is currently significantly higher than the England average and ranks as second highest rate in the East Midlands after Nottingham City⁴¹. Ashfield accounts for 23% of all teenage pregnancies in the County (63/271 conceptions in 2015).

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

Ashfield has a high proportion (69.3%) of adults with excess weight and is significantly higher than England. (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m²).

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

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

Current Provision

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

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

⁴¹ Public Health Outcomes Framework [Public Health England, 2017](#)

⁴² Life Expectancy [Public Health England, 2017](#); Healthy Life Expectancy [Local Health](#)

Table 6.1 Services commissioned from Ashfield Pharmacies

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

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

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

Future Developments

Ashfield housing strategy has estimated that around 4,489 houses could be built by 2022/23⁴³. These figures are subject to approval by the Inspector and final figures will be published in 2018. The largest developments will be in the Sutton / Kirkby area and Hucknall which are well provided with pharmacies. The potential population growth would be in the region of 10,300 (9%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 5% increase in Ashfield population by 2023.

Statement of pharmaceutical need

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

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

⁴³ [Ashfield HMR, April 2017](#)

Rationale

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

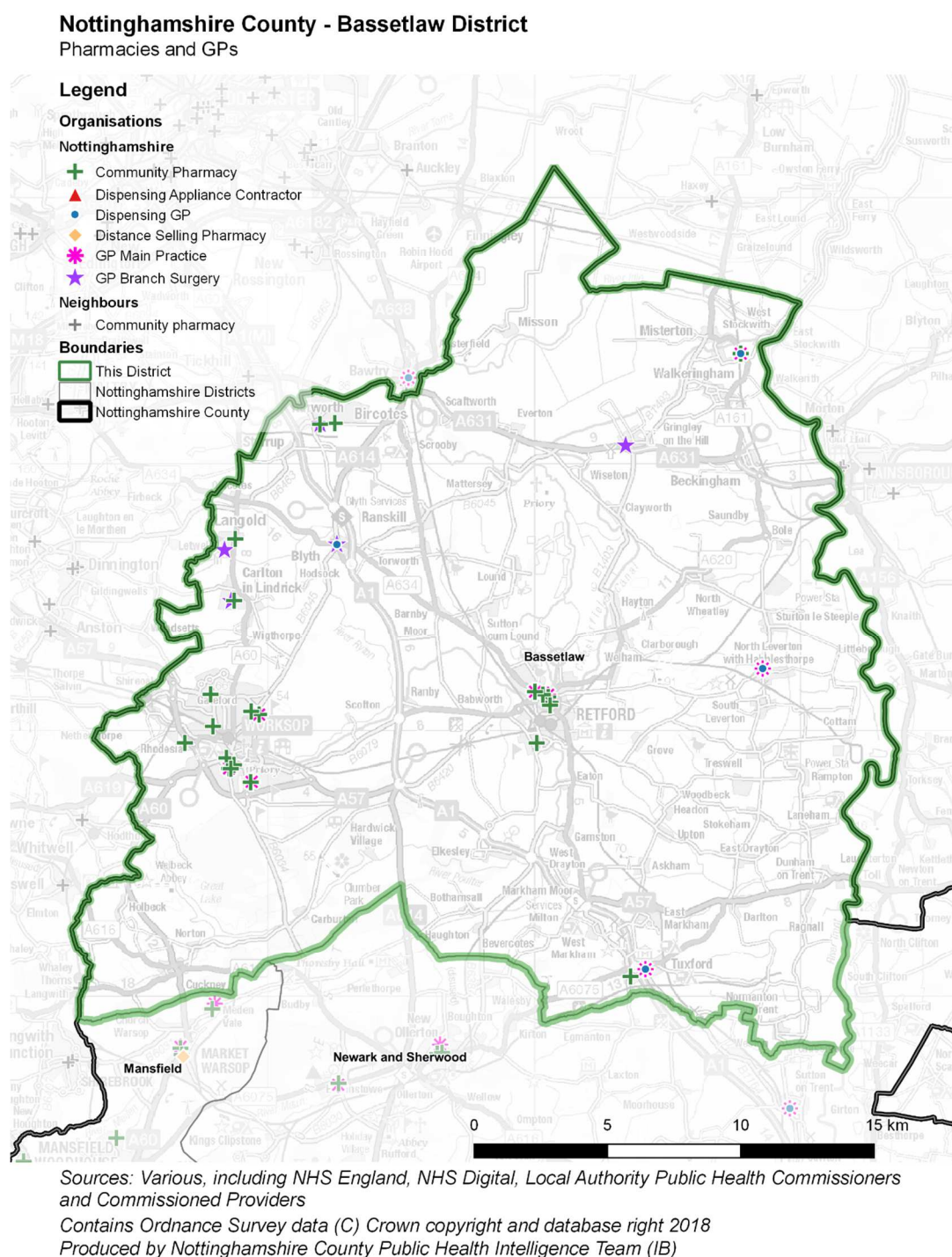
Two pharmacies hold 100-hour contracts (Map C11), one each in the North and South of the district providing reasonable access within 5km. There are also pharmacies with 100 hour contracts in neighbouring Bolsover and Amber Valley in Derbyshire.

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

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

6.2 Bassetlaw District

Figure 6.2.1 Map of pharmacies and GPs in Bassetlaw



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

Population Overview

* References to County exclude Nottingham City unless specifically stated

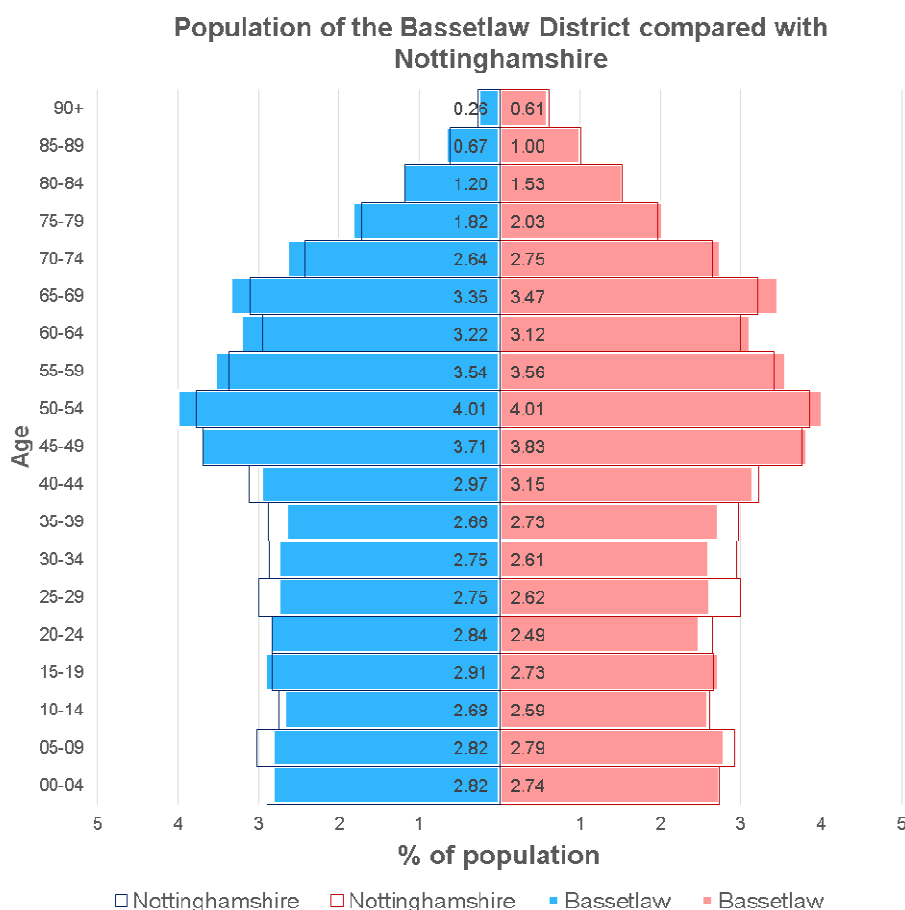
Bassetlaw is located to the north of Nottinghamshire County and shares a boundary with Doncaster and Rotherham in South Yorkshire, Bolsover in Derbyshire, Mansfield and

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

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

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

Figure 6.2.2 Population Structure (2016)



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

a proxy for pharmacy) by bus or walking and 93% are within 30 minutes. All households can access a GP practice within 1 hour⁴⁴.

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

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

In terms of health, 6.5% of the population feel that their health is bad or very bad and 10.2% of the population report that their day to day activities are limited a lot. For the over 64 years population, 17% feel that their health is bad or very bad and 29% report that their day to day activities are limited a lot. Reported health and disability is slightly higher than the County average⁴⁵.

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

The teenage conception rate of 19.9 per 1,000 (2015) is comparable to the County average of 20.3 conceptions per 1,000 women aged 15-17 years⁴⁶. Bassetlaw accounts for 15% of all teenage pregnancies in the County (41/271 conceptions in 2015).

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

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

Life expectancy for men in Bassetlaw is 78.6 years (2013-2015) and for women, 81.8 years. It is significantly lower than the national average for both genders. Healthy Life Expectancy (based on 2011 health status census data) was 61.4 years for men and 62.5 years for women. This means Bassetlaw residents on average have around 17 and 19 years of ill health (the difference between life expectancy and healthy life expectancy) respectively for men and women. Women can expect to spend 24% of their life in ill health; 22% for men⁴⁷.

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

Current Provision

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

⁴⁴ [Department of Transport Statistics, 2017](#)

⁴⁵ [ONS Census, 2011](#)

⁴⁶ Public Health Outcomes Framework [Public Health England, 2017](#)

⁴⁷ Life Expectancy [Public Health England, 2017](#); Healthy Life Expectancy [Local Health](#)

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

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

Table 6.2 Services commissioned from Bassetlaw Pharmacies

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

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

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

Future Developments

Bassetlaw housing strategy has estimated that around 2,698 houses could be built by 2022/23⁴⁸. The largest developments are expected to be in Retford, Worksop and Harworth which are well provided with pharmacies. The potential population growth would be in the

⁴⁸ Five Year Housing Land Supply Statement, 2016 [\[link\]](#)

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

Statement of pharmaceutical need

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

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

Rationale

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

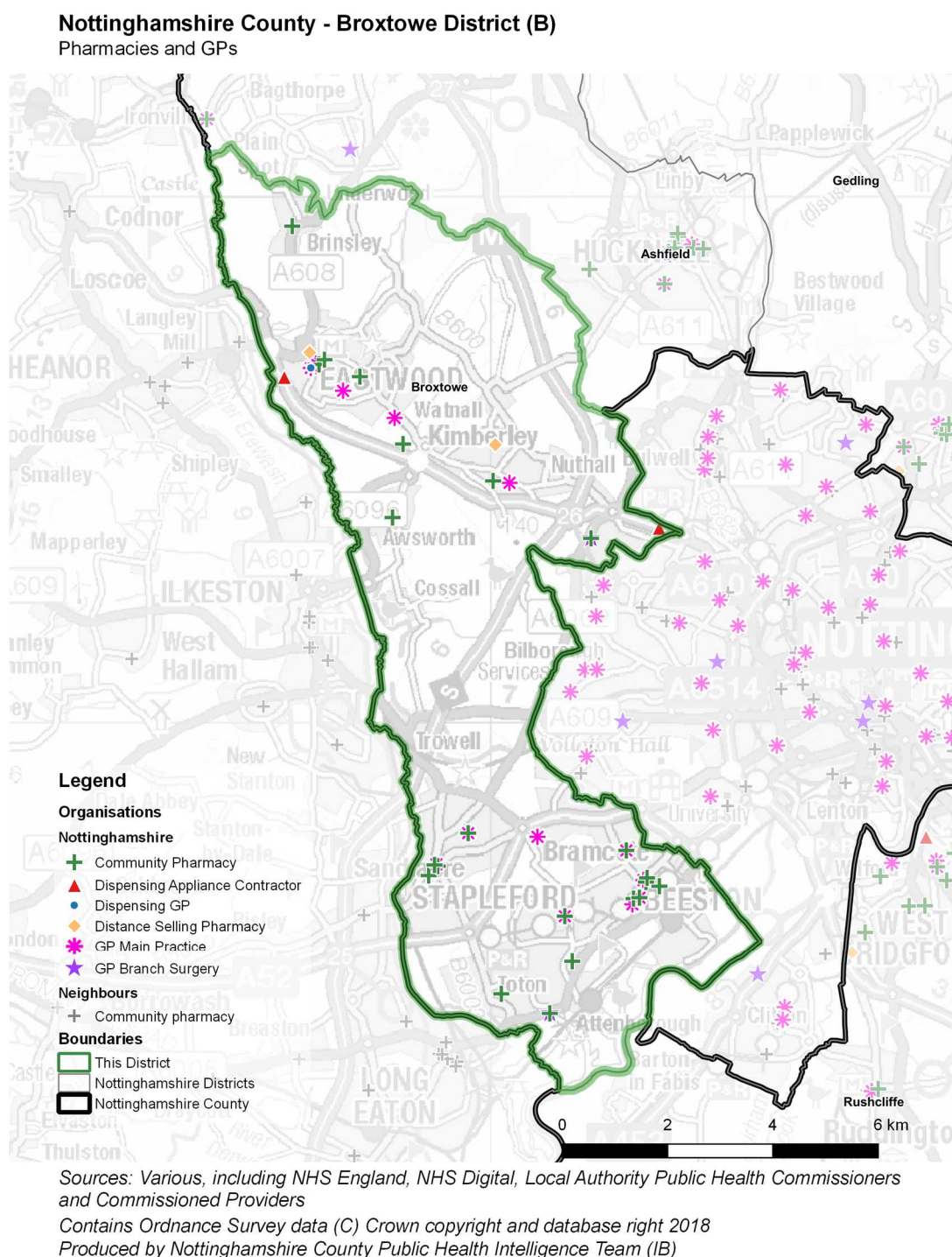
Five pharmacies hold 100-hour contracts (Map C11), providing good access to areas around Retford, Worksop and Harworth. Most residents should be able to access a pharmacy within 10km.

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

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

6.3 Broxtowe District

Figure 6.3.1 Map of pharmacies and GPs in Broxtowe



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

Population Overview

* References to County exclude Nottingham City unless specifically stated

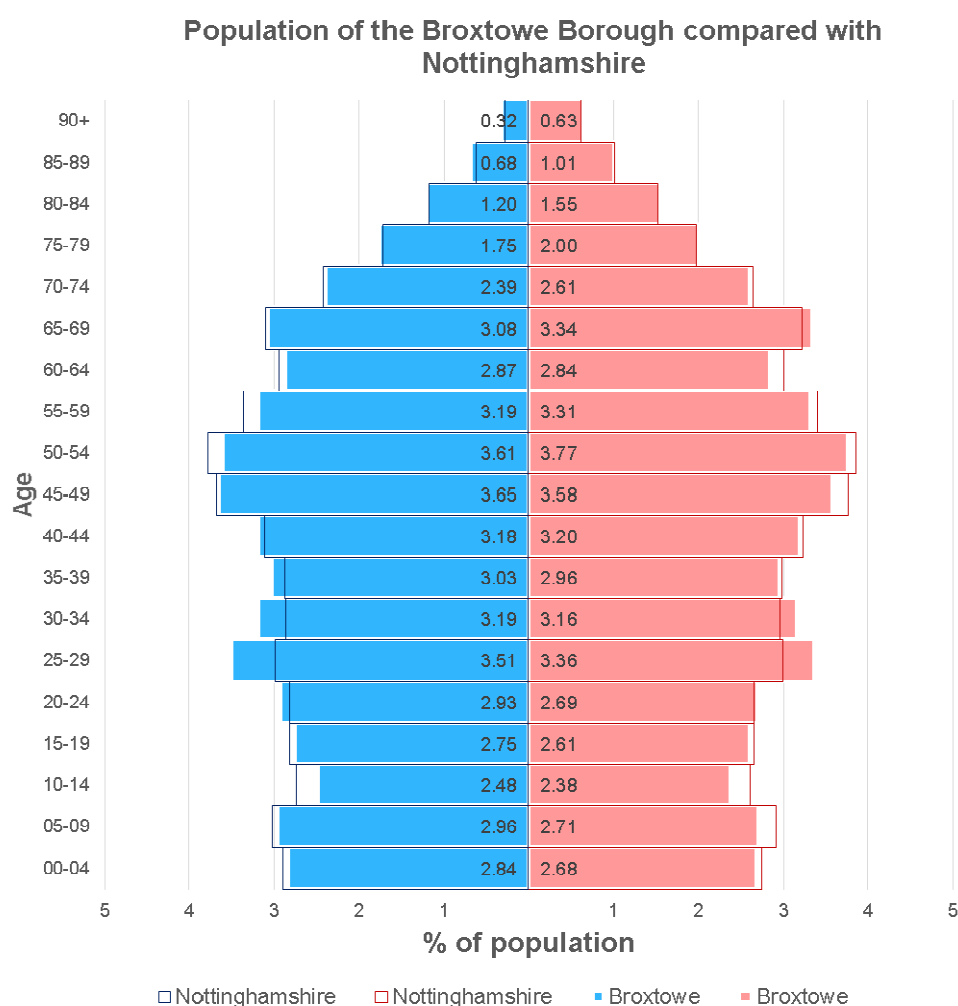
Broxtowe is to the west of Nottinghamshire County and shares a boundary with Nottingham City to the east, Erewash in Derbyshire to the west and Ashfield to the north. Its short

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

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

Broxtowe has a population of 112,671, an increase of 1,971 since 2012 (ONS Mid 2016 Population Estimate) and accounts for 14% of the County population. Just under two thirds (62.4%) of the population are of working age (16-64 years), comparable with the County average of 62%. In Broxtowe, 92.7% of the population are White. Asians (4,500 people) make up just over 4% of the population, mixed ethnicity groups just under 2% and just under 1% are Black. In the over 64 years age group, 98% of the population are White⁴⁹.

Figure 6.3.2 Population Structure (2016)



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

⁴⁹ [ONS Census, 2011](#)

practice (as a proxy for pharmacy) by public transport or walking and all can access a GP practice within 30 minutes⁵⁰.

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

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

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

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

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

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

Broxtowe has 62% of adults with excess weight (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m²). This is the lowest proportion in the County and significantly lower than England.

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

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

Current Provision

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

⁵⁰ [Department of Transport Statistics, 2017](#)

⁵¹ Public Health Outcomes Framework [Public Health England, 2017](#)

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

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

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

Table 6.3 Services commissioned from Broxtowe Pharmacies

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

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

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

Future Developments

Broxtowe housing strategy has estimated that around 2,510 houses could be built by 2022/23. Most proposed sites are in built up areas with smaller provision in Brinsley and Awsworth⁵³. A proposed retirement village on the land vacated by Bramcote Hills golf course has been identified in the SHLAA as not allocated and without planning permission. However, the planning permission decision was overturned at appeal in March 2017 and outline permission has been granted for around 100 one and two bed units. The potential

⁵³ [Broxtowe SHLAA 2015/16](#)

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

Statement of pharmaceutical need

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

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

Rationale

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

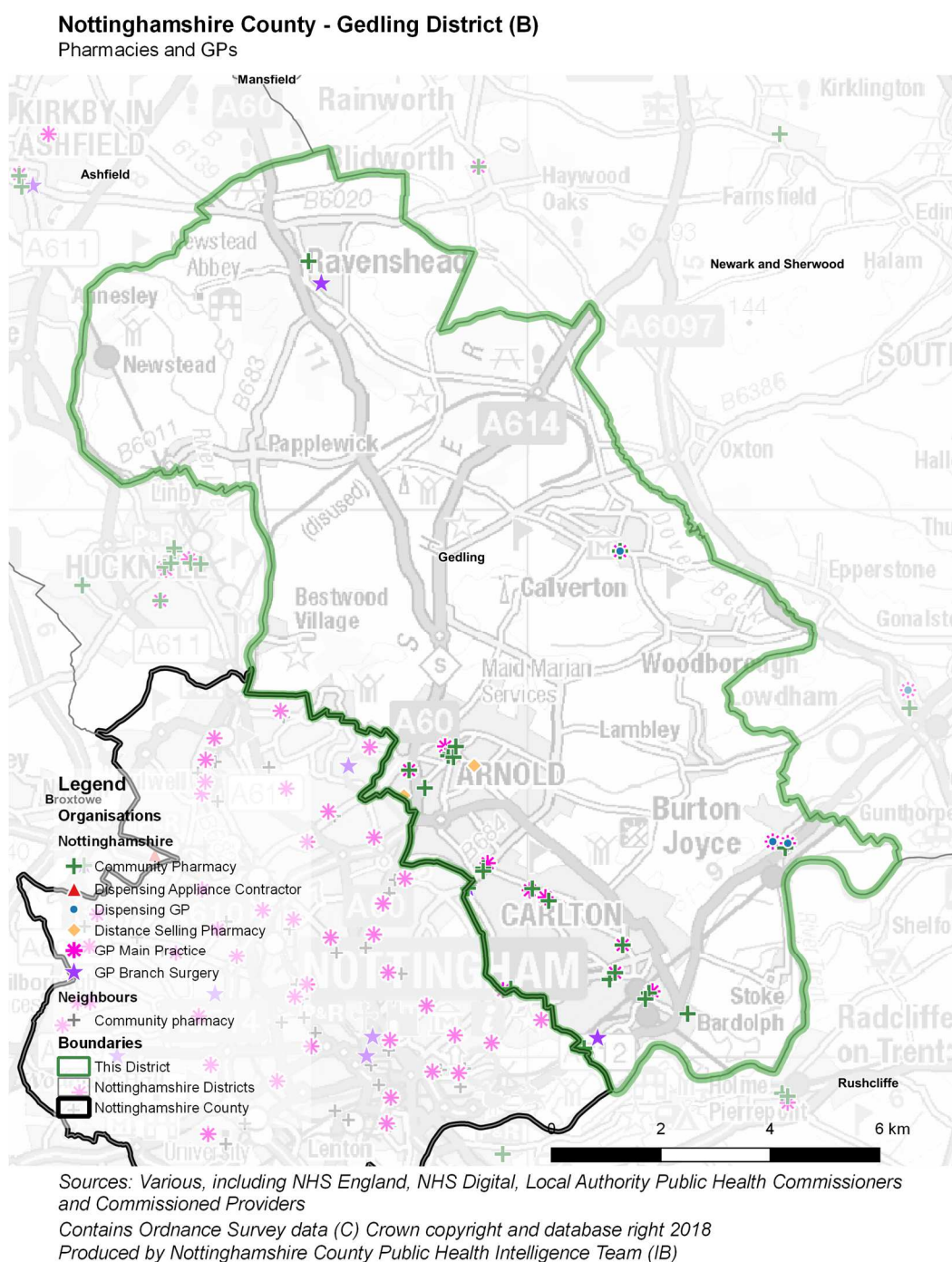
Two pharmacies hold 100-hour contracts (Map C11). Although both are in the south, for residents in the north of Broxtowe, there are 100-hour pharmacies in nearby Bulwell (Nottingham City) and Hucknall in Ashfield. Provision could be improved with additional access in the Eastwood area.

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

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

6.4 Gedling District

Figure 6.4.1 Map of pharmacies and GPs in Gedling



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

Population Overview

* References to County exclude Nottingham City unless specifically stated

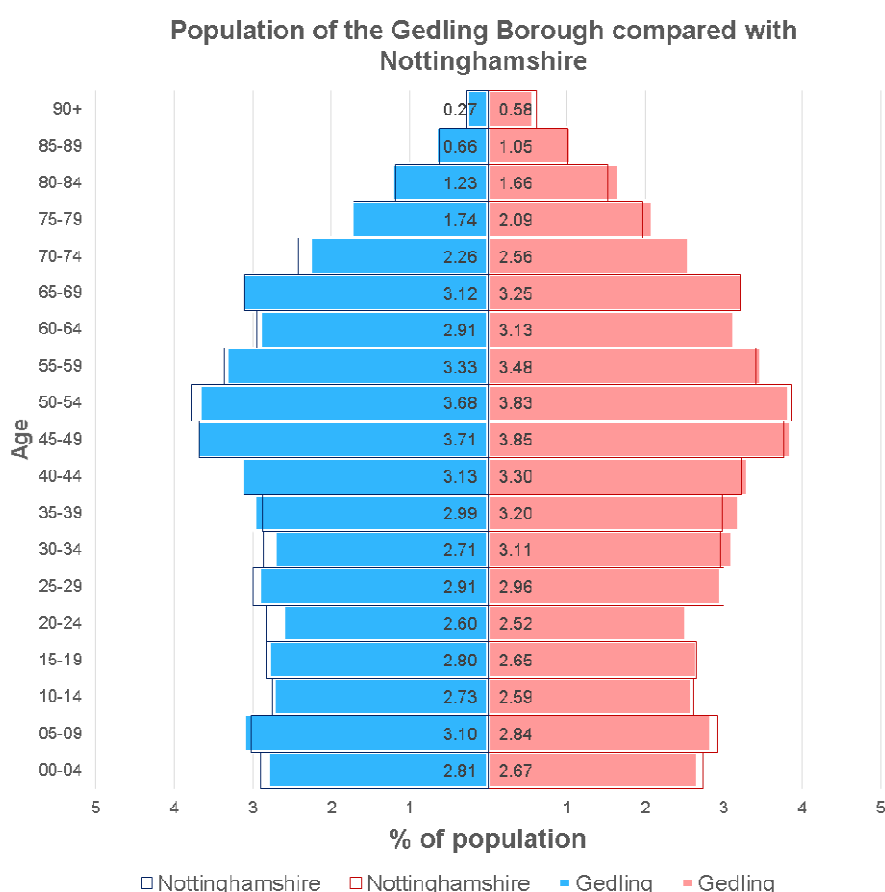
Gedling is to the east of Nottinghamshire County and shares a boundary with Ashfield to the north, Nottingham City to the west, Newark & Sherwood to the east and Rushcliffe to the south.

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

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

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

Figure 6.4.2 Population Structure (2016)



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

of a GP practice (as a proxy for pharmacy) by public transport or walking and almost all households (97%) can access a GP practice within 30 minutes⁵⁴.

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

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

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

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

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

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

Gedling has a high proportion (69.6%) of adults with excess weight (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m²). This is the second highest proportion in the County and significantly higher than England.

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

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

Current Provision

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

⁵⁴ [Department of Transport Statistics, 2017](#)

⁵⁵ Public Health Outcomes Framework [Public Health England, 2017](#)

⁵⁶ Life Expectancy [Public Health England, 2017](#); Healthy Life Expectancy [Local Health](#)

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

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

Table 6.4 Services commissioned from Gedling Pharmacies

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

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

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

Future Developments

Gedling housing strategy has estimated that around 2,559 houses could be built by 2022/23⁵⁷. The majority will be in urban areas with good access to community pharmacies. Developments are planned in Bestwood Village, Calverton and Ravenshead. Calverton and Ravenshead both have a pharmacy and Bestwood village is within easy reach of pharmacies in Hucknall and Rise Park in the Nottingham City. The potential population growth would be in the region of 5,900 (5%) assuming a household average of 2.3 people

⁵⁷ [Gedling HMR, 2015/16](#)

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

Statement of pharmaceutical need

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

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

Rationale

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Five pharmacies providing the C-Card scheme offer pick-up and two also provides registration (Maps C12 and C13). All are in the more urban areas bordering Nottingham City. Although there are no pharmacies providing this service in Ravenshead or Calverton, young people are able to access alternative providers in these areas⁵⁸.

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

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

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

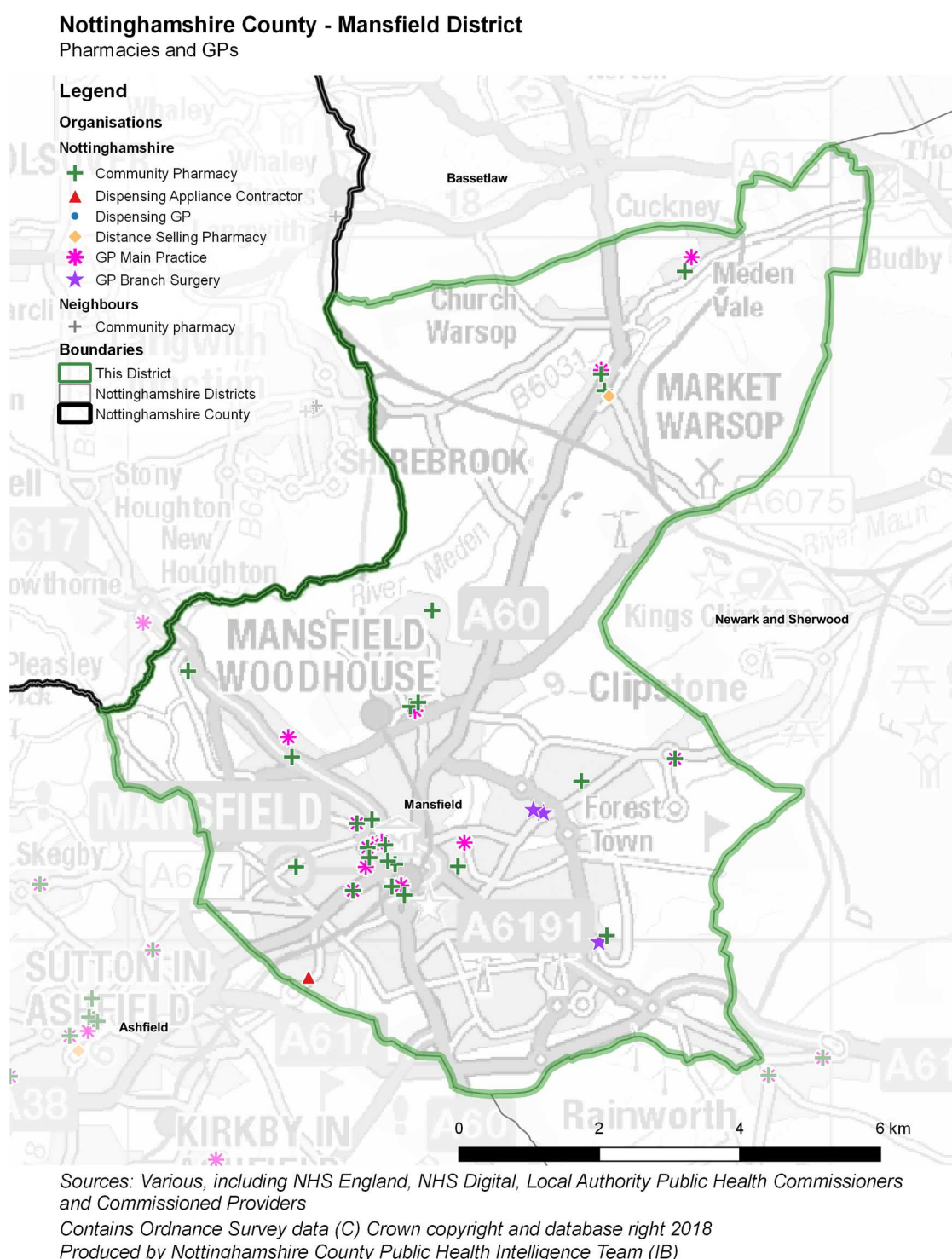
The range and distribution of advanced and locally commissioned services meet the needs of the population.

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

⁵⁸ [JSNA, 2017](#)

6.5 Mansfield District

Figure 6.5.1 Map of pharmacies and GPs in Mansfield



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

Population Overview

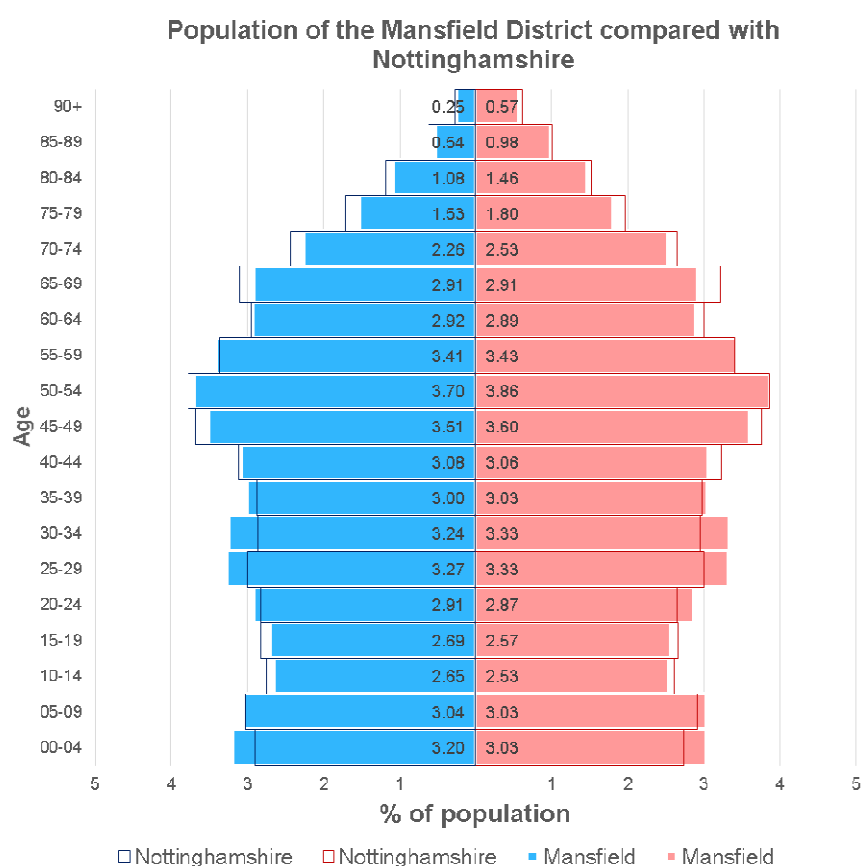
* References to County exclude Nottingham City unless specifically stated

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

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

Mansfield has a population of 107,435 (ONS Mid 2016 Population Estimate) an increase of 2,735 and accounts for just over 13% of the County population which makes it the smallest District in the County. Almost two thirds (62.6%) of the population are of working age (16-64 years), comparable with the County average of 63%. In Mansfield, 97.2% of the population are white. Asian and mixed ethnicity groups make up just over 1% each and 0.4% are Black (under 500 people). In the over 64-year age group 99% of the population are White⁵⁹.

Figure 6.5.2 Population Structure (2016)



⁵⁹ [ONS Census, 2011](#)

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

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

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

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

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

The teenage conception rate of 27.0 per 1000 (2015) is higher than the County average of 20.3 conceptions per 1000 women age 15-17 years. Conception rates have been falling and are now not significantly different to the national rate⁶⁰. Mansfield accounts for 17% of all teenage pregnancies in the County (45/271 conceptions in 2015).

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

Mansfield has a high proportion (70.8%) of adults with excess weight (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m².) This is the highest proportion in the County and significantly higher than England.

Life expectancy for men in Mansfield is 78.0 years (2013-2015) and for women, 81.6 years, the lowest Life Expectancy for men and women in the County. It is significantly lower than both England and the County for both genders. Healthy Life Expectancy (based on 2011 health status census data) was 58.9 years for men and 60.3 years for women⁶¹. This means Mansfield residents on average have around 19 years of ill health for men and 21 years of ill health for women (the difference between life expectancy and healthy life expectancy); around a quarter of their life span spent in ill health.

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

Current Provision

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

⁶⁰ Public Health Outcomes Framework [Public Health England, 2017](#)

⁶¹ Life Expectancy [Public Health England, 2017](#); Healthy Life Expectancy [Local Health](#)

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

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

Table 6.5 Services commissioned from Mansfield Pharmacies

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

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

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

Future Developments

Mansfield housing strategy has estimated that around 2,457 houses could be built by 2022/23⁶²; The majority will be in urban areas all of which are within reach of an existing pharmacy. The potential population growth would be in the region of 5,650 (5.2%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 2.4% increase in the Mansfield population by 2023.

Statement of pharmaceutical need

⁶² [Mansfield HMR, 2016](#)

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

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

Rationale

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

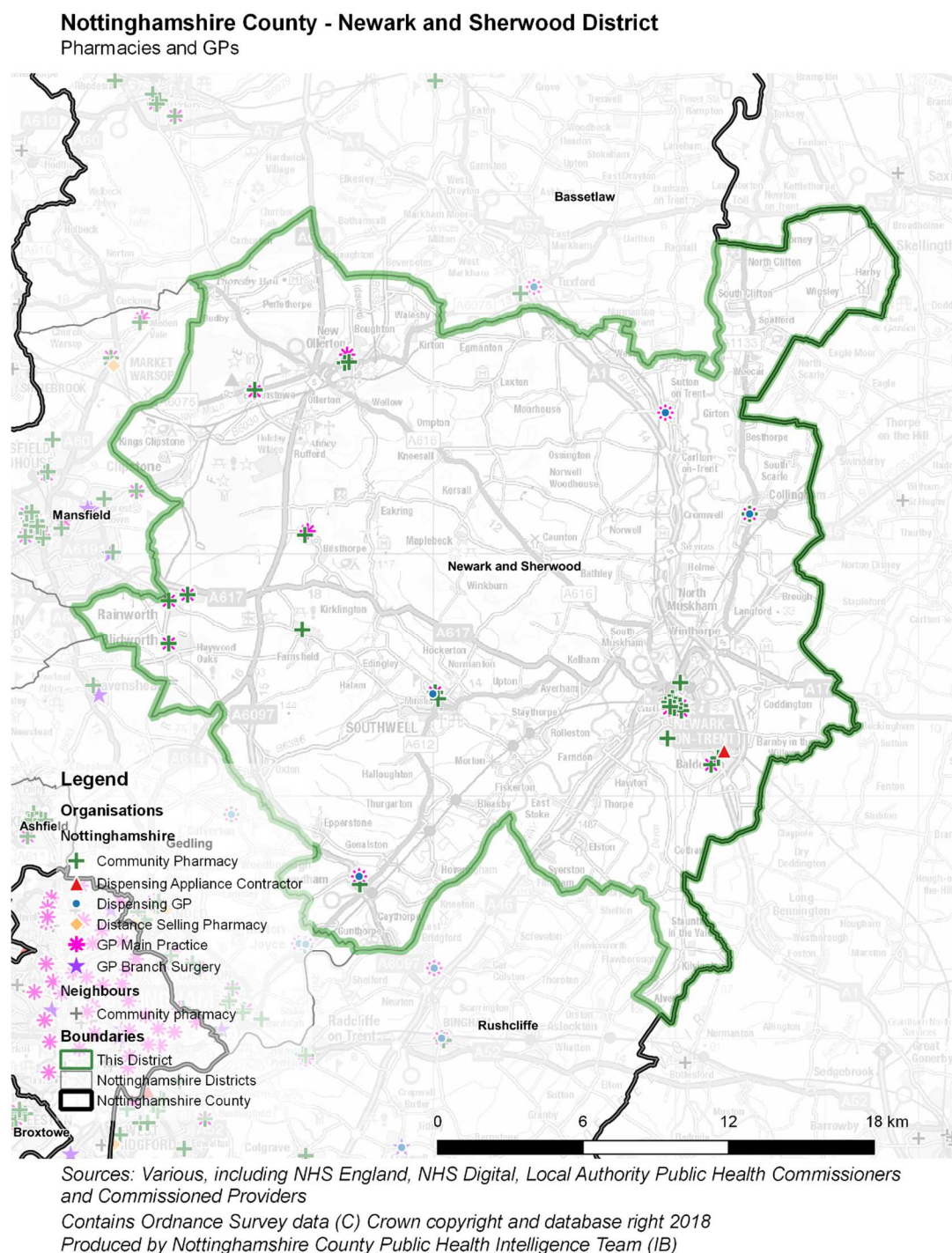
Six pharmacies hold 100-hour contracts (Map C11), with good spread across the south of the district. Residents of Market Warsop and Meden Vale can access the service in Mansfield Woodhouse.

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

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

6.6 Newark & Sherwood District

Figure 6.6.1 Map of pharmacies and GPs in Newark & Sherwood



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

Population Overview

* References to County exclude Nottingham City unless specifically stated

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

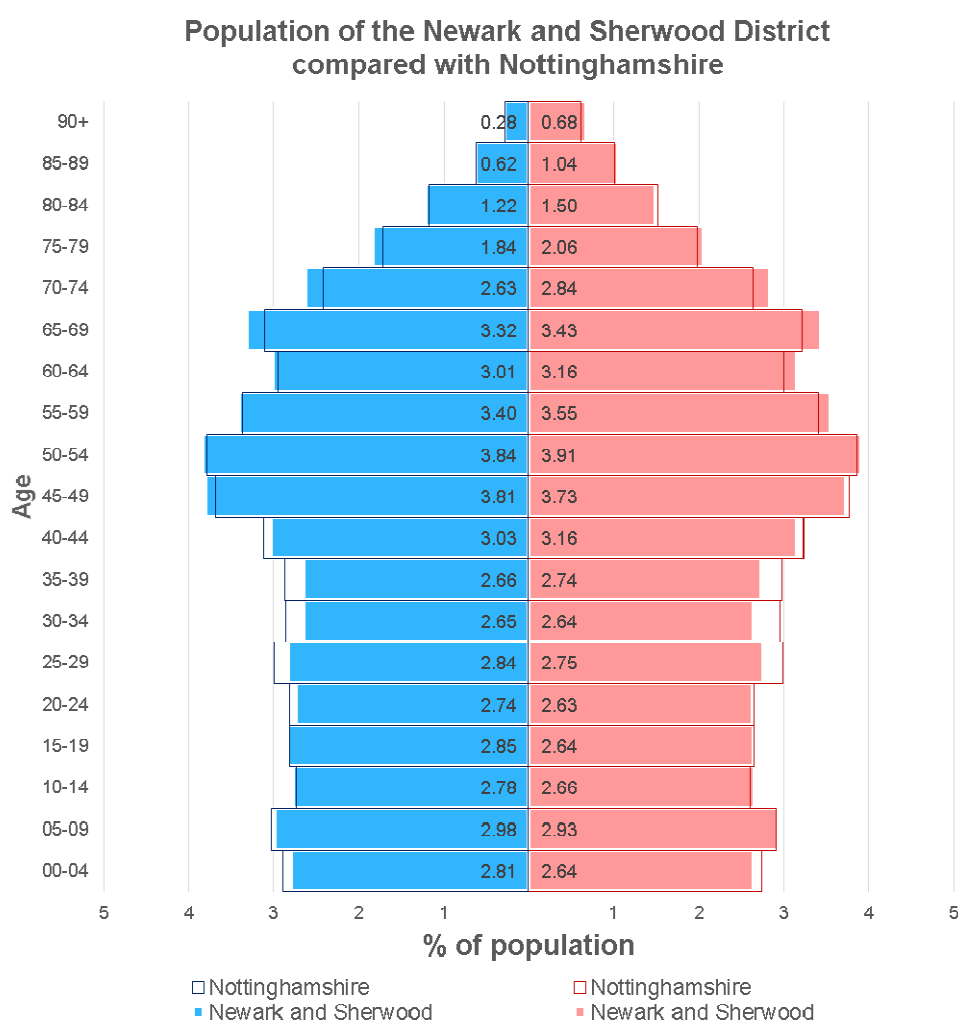
Nottinghamshire County Pharmaceutical Needs Assessment 2018

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

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

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

Figure 6.6.2 Population Structure (2016)



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

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

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

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

In terms of health, 5.6% of the population feel their health is bad or very bad and 8.9% of the population report that their day to day activities are limited a lot. For the over 64 years population, 13.9% feel their health is bad or very bad and 25% report their day to day activities are limited a lot. Reported health and disability is slightly lower than the County average; indicating a relatively healthy population.

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

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

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

Newark and Sherwood has a high proportion (68.3%) of adults with excess weight (Excess weight (overweight or obese) is defined as body mass index (BMI) greater than or equal to 25kg/m².) This is the fifth highest proportion in the County and significantly higher than England.

Life expectancy for men in Newark & Sherwood is 79.8 years (2013-2015) and for women, 82.9 years, ranking third highest for men and fourth highest for women in the district. It is comparable to both England and the County for both genders. Healthy Life Expectancy (based on 2011 health status census data) was 63 years for men and 64.7 years for women. This means Newark & Sherwood residents on average have around 17 years of ill health for men and 18 years for women (the difference between life expectancy and healthy life expectancy); just over a fifth of their life expectancy spent in ill health⁶⁵.

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

⁶³ [Department of Transport Statistics, 2017](#))

⁶⁴ Public Health Outcomes Framework [Public Health England, 2017](#)

⁶⁵ Life Expectancy [Public Health England, 2017](#); Healthy Life Expectancy [Local Health](#)

Current Provision

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

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

Table 6.6 Services commissioned from Newark & Sherwood Pharmacies

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

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

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

Future Developments

Newark & Sherwood housing strategy has estimated that around 4,565 houses could be built by 2022/23, focussing on Newark and the larger principle villages⁶⁶. The largest area for development is in Balderton, south of Newark which could provide around 3,000 homes. Balderton has a number of pharmacies which should be able to meet any new demands. The potential population growth would be in the region of 10,500 people (9%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 4.6% increase in the Newark & Sherwood population by 2023.

Statement of pharmaceutical need

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

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

Rationale

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

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

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

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

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

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

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

⁶⁶ [Newark & Sherwood HMR, 2016](#)

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

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

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

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

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

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

Four pharmacies provide the C-Card pick-up scheme and two also offer registration (Maps C12 and C13). There is good access in Newark, where teenage conceptions are highest. Pharmacies in Bilthorpe and New Ollerton also offer this service, providing reasonable access to residents in the more rural areas. There are no pharmacies offering the service in Southwell but young people are able to access the service from alternative providers⁶⁷.

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

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

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

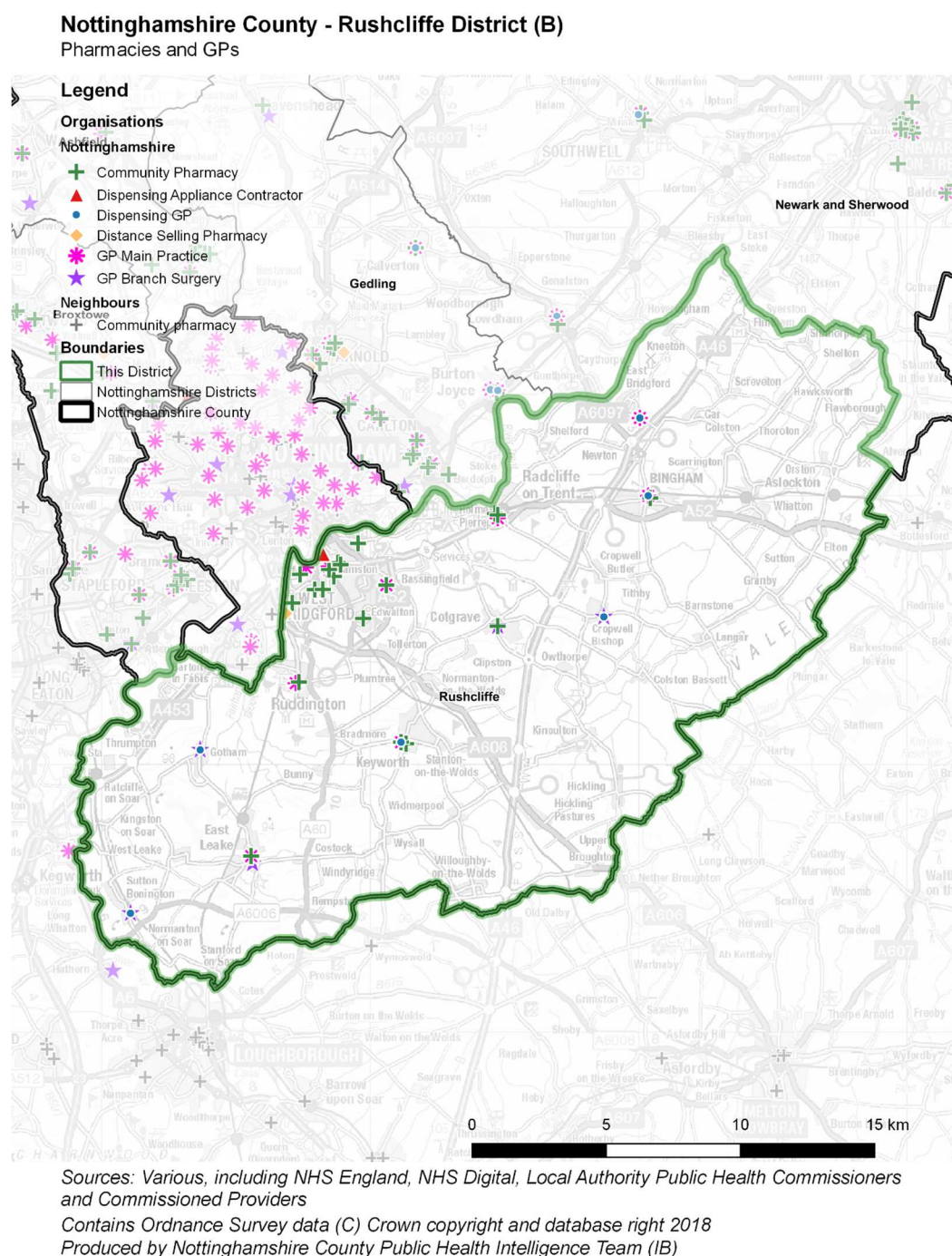
The range and distribution of advanced and enhanced services meets the needs of the population.

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

⁶⁷ [JSNA, 2017](#)

6.7 Rushcliffe District

Figure 6.7.1 Map of pharmacies and GPs in Rushcliffe



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

Population Overview

* References to County exclude Nottingham City unless specifically stated

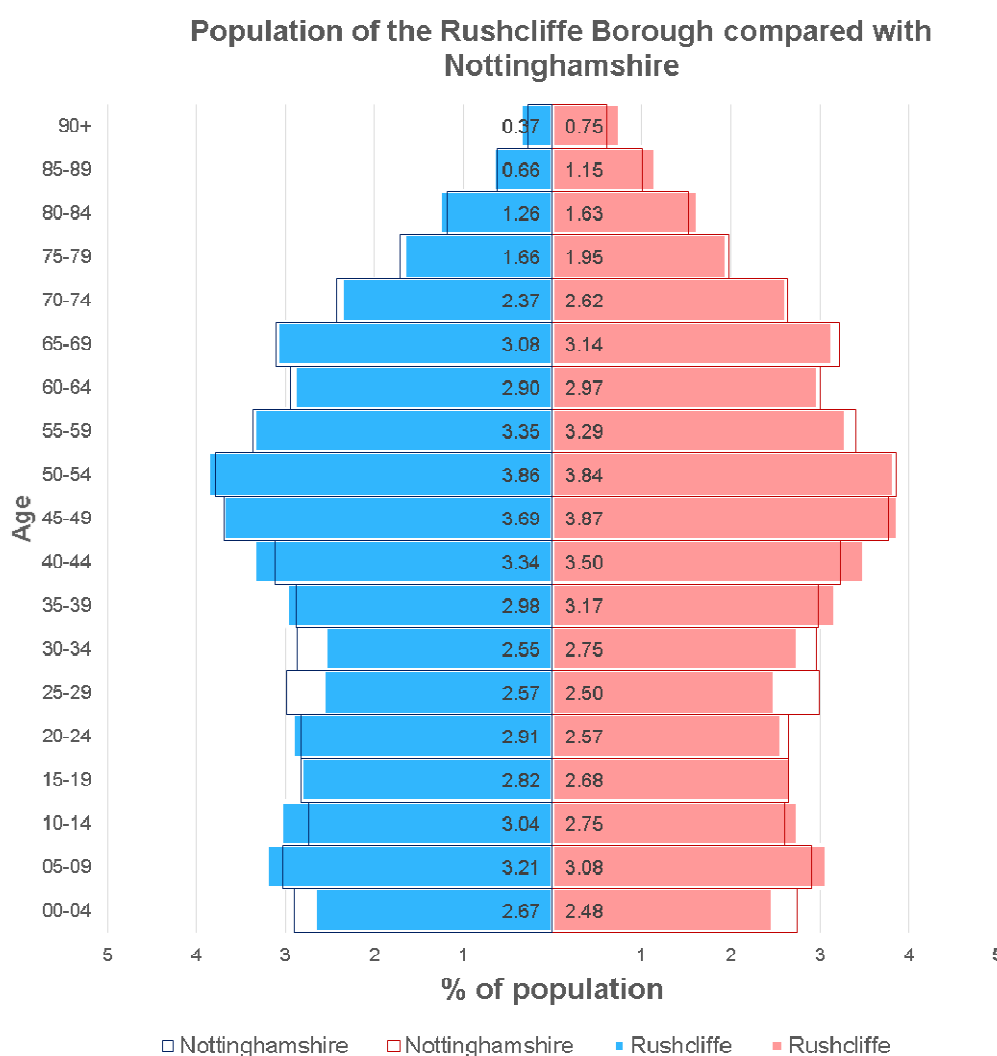
Rushcliffe is located to the south of Nottinghamshire County and shares borders with six other authorities; Leicestershire to the south, Derbyshire to the west, Nottingham City to the north and the districts of Broxtowe, Gedling and Newark & Sherwood in the County. The

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

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

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

Figure 6.7.2 Population structure (2016)



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

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

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

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

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

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

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

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

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

Life expectancy for men in Rushcliffe is 81.4 years (2013-2015) and for women, 85.1 years, the highest Life Expectancy in the County for both men and women. It is significantly higher than both England and the County for both genders. Healthy Life Expectancy (based on 2011 health status census data) was 67.8 years for men and 69.2 years for women. This means Rushcliffe men spend around 13 years in ill health (the difference between life expectancy and healthy life expectancy) and women 16 years⁷⁰.

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

Current Provision

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

⁶⁸ [Department of Transport Statistics, 2017](#)

⁶⁹ Public Health Outcomes Framework [Public Health England, 2017](#)

⁷⁰ Life Expectancy [Public Health England, 2017](#); Healthy Life Expectancy [Local Health](#)

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

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

Table 6.7 Services commissioned from Rushcliffe Pharmacies

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

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

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

Future Developments

Rushcliffe housing strategy has estimated that around 6,297 houses could be built by 2022/23⁷¹. The largest developments will be near existing settlements such as Clifton, Gamston and Bingham. The potential population growth would be in the region of 14,500 people (12.6%) assuming a household average of 2.3 people per house, however, it is unlikely that all of the new builds will be taken up by new residents to the district. ONS population projections predict a 5.5% increase in the Rushcliffe population by 2023.

Statement of pharmaceutical need

⁷¹ [Rushcliffe HMR, 2016](#)

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

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

Rationale

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

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

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

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

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

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

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

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

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

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

Nottinghamshire County Pharmaceutical Needs Assessment 2018

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

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

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

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

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

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

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

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

7. Summary and gap analysis

Population need & health need

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

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

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

Services

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

Consultation

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

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

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

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

Opportunities

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

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

Recommendations

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

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

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

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

8. Glossary

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

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

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

BME Black and Minority Ethnic groups.

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

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

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

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

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

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

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

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

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

Excess Weight The prevalence (% of people in a population) that are overweight or obese. Excess weight is defined as having a body mass index (BMI) greater than or equal to 25kg/m². It can be used as an indicator of health in the population as obesity is associated with a high risk of ill health from heart disease, diabetes and other illnesses.

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

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

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

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

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

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

*formerly referred to as Accountable Care Systems

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

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

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

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

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

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

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

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

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

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

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

ONS Office of National Statistics

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

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

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

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

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

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

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

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

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

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

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

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

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

9. List of appendices

Appendices are available as a separate document

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

7 March 2018**Agenda Item: 8****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH AND PUBLIC
PROTECTION, NOTTINGHAMSHIRE COUNTY COUNCIL****BETTER CARE FUND PERFORMANCE****Purpose of the Report**

1. This report sets out progress to date against the Nottinghamshire Better Care Fund (BCF) plan and requests that the Health and Wellbeing Board:

- 1.1. Approve the Q3 2017/18 national quarterly performance report.

Information and Advice**Performance Update and National Reporting**

2. Performance against the BCF performance metrics and financial expenditure and savings continues to be monitored on a monthly basis through the BCF Finance, Planning and Performance sub-group and the BCF Steering Group.
3. The performance update includes delivery against the six key performance indicators, the financial expenditure and savings, scheme delivery and risks to delivery for Q3 2017/18.
4. This update also includes the Q3 2017/18 national quarterly performance template submitted to the NHS England Better Care Support Team for approval by the Board.
5. Q3 2017/18 performance metrics are shown in Table 1 below.
 - 5.1. Three indicators are on track
 - 5.2. Three indicators are off track and actions are in place

Table 1: Performance against BCF performance metrics

REF	Indicator	2017/18 Target	2017/18 (to date)	RAG and trend	Trend	Summary of mitigating actions
BCF1	Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	22,407 Q3	23,160 Q3	R ↓		A&E Improvement Plans are in place in the three planning units. These plans form part of Winter Plans.
BCF2	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	565.6	500 Dec 2017	G ↔		
BCF3	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85%	85.05% Q3	G ↔		
BCF4	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month)	613.7 Q3	230 Dec 2017	R ↓		NHS DTOCs performing above target. Social care and jointly attributable DTOCs performing below target.
BCF5	Percentage of users satisfied that the adaptations met their identified needs	100%	99% Q2	A ↔	↔	
BCF6	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes directly from a hospital setting per 100 admissions of older people (aged 65 and over) to residential and nursing care homes	18%	18% YTD	G ↔		

6. Reconciliation of Q3 2017/18 spend is complete. Expenditure is broadly on target with some in year slippage.
7. The BCF Finance, Planning and Performance subgroup monitors all risks to BCF delivery on a quarterly basis and highlights those scored as a high risk to the Steering Group. The Steering Group has agreed the risks on the exception report as being those to escalate to the HWB (Table 2).

Table 2: Risk Register

Risk id	Risk description	Residual score	Mitigating actions
BCF005	There is a risk that acute activity reductions do not materialise at required rate due to delays in scheme implementation, unanticipated cost pressures and impact from patients registered to other CCG's not within or part of Nottinghamshire's BCF plans.	12	Monthly monitoring of non-elective activity by BCF Finance, Planning and Performance subgroup and Steering Group (currently only for activity in Nottinghamshire CCGs). Oversight by A&E Delivery Boards.
BCF009	There is a risk of insufficient recruitment of qualified and skilled staff to meet demand of community service staffing and new services; where staff are recruited there is a risk that existing service provision is destabilised.	16	Monthly monitoring through A&E Delivery Boards and Transformation Boards. Workforce and organisational development identified as a Sustainability and Transformation Partnership (STP) priority.
BCF14	There is a risk that the DTOC target will not be met in 2017/18.	16	Advice to the system being given on counting to ensure accurate reporting. Actions being taken forward by A&E Delivery Boards.

8. As agreed at the meeting on 7 October 2015, the Q3 2017/18 national report was submitted to NHS England on 19 January pending HWB approval (Appendix 1). Due to the timing of the report, the content for Nottinghamshire County was prepared and agreed by the BCF Finance, Planning and Performance sub-group and approved by the BCF Steering Group. If the HWB requests amendments to the report, the quarterly report will be resubmitted to the NHS England Better Care Support Team.
9. Further national reporting is due on a quarterly interval with dates to be confirmed.

Other options

10. None.

Reasons for Recommendations

11. To ensure the HWB has oversight of progress with the BCF plan and can discharge its national obligations for reporting.

Statutory and Policy Implications

12. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

13. The £73.56m for 2017/2018 is anticipated to be fully spent.

Human Resources Implications

14. There are no Human Resources implications contained within the content of this report.

Legal Implications

15. The Care Act facilitates the establishment of the BCF by providing a mechanism to make the sharing of NHS funding with local authorities mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

RECOMMENDATIONS

That the Board:

1. Approve the Q3 2017/18 national quarterly performance report.

David Pearson

Corporate Director, Adult Social Care, Health and Public Protection, Nottinghamshire County Council

For any enquiries about this report please contact:

Joanna Cooper Better Care Fund Programme Manager

Joanna.Cooper@nottscc.gov.uk

115 9773577

Constitutional Comments (LMC 07.02.2018)

16. The Health and Well Being Board is the appropriate body to consider the contents of the report

Financial Comments (XXX)

17.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16”.
<http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance1516.pdf>
- Better Care Fund – Final Plans 2 April 2014
- Better Care Fund – Revised Process 3 June 2014
- Better Care Fund Governance Structure and Pooled Budget 3 December 2014
- Better Care Fund Pooled Budget 4 March 2015
- Better Care Fund Performance and Update 3 June 2015
- BCF Performance and Finance exception report - Month 3 2015/16
- Better Care Fund Performance and Update 7 October 2015
- Letter to Health and Wellbeing Board Chairs 16 October 2015 from Department of Health and Department of Communities and Local Government “Better Care Fund 2016-17”
- Better Care Fund Performance and Update 2 December 2015
- 2016/17 Better Care Fund: Policy Framework
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf
- Better Care Fund Performance and Update 2 March 2016
- Better Care Fund 2016/17 Plan 6 April 2016
- Better Care Fund Performance and Update 6 June 2016
- Better care fund Performance, 2016/17 plan and update 7 September 2016
- Better Care Fund Performance 7 December 2016
- Better Care Fund Performance March 2017

Electoral Divisions and Members Affected

- All.

Appendix 1

Better Care Fund Template Q3 2017/18

1. Cover

Health and Wellbeing Board:	Nottinghamshire
Completed by:	Joanna Cooper
E-mail:	joanna.cooper@nottscc.gov.uk
Contact number:	0115 9773577
Who signed off the report on behalf of the Health and Wellbeing Board:	TBC

2. National Conditions & s75 Pooled Budget

Confirmation of National Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

3. Metrics

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target		Emergency Activity continues to be discussed at both the joint A&E Delivery Boards and the local Systems Resilience Groups.	
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target			
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	This year we are able to include step down services such as transfer to assess that are provided at the care and support centres as these are now recorded on FWi. This has increased the number of people that are included in this indicator as being	Since quarter one outcomes have improved and this indicator is currently on target. It is expected that this trend will continue and this indicator will be on target at year end.	

			<p>discharged from hospital into reablement services however the percentage still at home after 91 days has reduced.</p> <p>The START service are maintaining performance at 91.4% (as measured in 2015/16), however the new step down discharge services are performing at 71%, which has reduced the overall figure to 82%. This indicator is currently off target.</p>		
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	<p>South</p> <p>Growth at NUH relates to an increase in health DTOCs and occurred as NUH switched from a paper based system to using Nerve Centre as the method of coding with social care colleagues in July. An action plan is in place to address this.</p>	<p>South</p> <p>Electronic monitoring system now in place at NUH</p> <p>Mid</p> <ul style="list-style-type: none"> Commenced weekly meetings focussing on our integrated discharge transformation scheme/programme, this has senior representation from all stakeholders Commenced Better Together discharge initiative whereby Board Rounds are attended by Social Care and 	

				<p>Community Services as well as the Discharge Team on the pilot wards. (now in week 2)</p> <ul style="list-style-type: none"> • Mobilised a D2A pathway into community teams/services in M&A <p>North</p> <p>Using short term nursing care beds to ensure that DSTs aren't being done in hospital</p> <ul style="list-style-type: none"> o Bassetlaw CCG is liaising and working with the Local Authority to facilitate discharges which are out of the CHC pathway o Delays are discussed at the Urgent Care Operations Group fortnightly to resolve local issues that are not covered by routine processes o Integrated Discharge Team at Bassetlaw Hospital works well with Local Authorities – daily dialogue. 	
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4. High Impact Change Model

		Maturity assessment			Narrative			
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	Q1 18/19 (Planned) If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Plans in place	Plans in place	Established	Established	Key challenges were ensuring buy in / sign up from all system partners as well as trying to understand the concept	Integrated Discharge Functions now in place and managers appointed to oversee the function / team	Any further challenges will be noted and acted upon via the Provider to Provider meetings in place weekly.
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Timescales to deliver. Securing funding and licenses.	South NerveCentre being developed to incorporate system capacity to enable community bed stock to be visible Dashboard metrics also in development	Any further challenges will be noted and acted upon via the Provider to Provider meetings in place weekly.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Established		South Electronic Transfer of Care (eTOC) developed and agreed across all system partners	Further changes may be required to support the Trustee Assessor role /

								implementatio n
Chg 4	Home first/discharge to assess	Establishe d	Establishe d	Establishe d	Establishe d	South Discharge to Assess / HomeFirst Pathway went live in September Additional 36 community beds secured across Greater Nottingham to support Pathway	Integrated Discharge Functions now in place and managers appointed to oversee the function / team	Any key challenges will be noted and acted upon via the Provider to Provider meetings in place weekly.
Chg 5	Seven-day service	Plans in place	Plans in place	Establishe d	Establishe d	Workforce challenges in delivering this.	Refresh of mapping across the system to be completed in Q3 Primary Care at ED Reablement teams - 7 day limited Service Mental Health Assessment beds - 7 day full Service Crisis response - 7 day limited Service Social care reablement service (START) - 7 day limited Service	

							Additional beds opened for winter pressures in Q3.	
Chg 6	Trusted assessors	Plans in place	Plans in place	Established	Established	Challenge re competencies - plans now underway to develop a bespoke package in line with the principles of the holistic worker model.	Agreement to use the TOC as trusted assessment Dedicated lead for End of Life care now in post Need to identify leads from IDT	The plan is to implement the model from April and any challenges arising will be actioned via the Greater Nottingham Trusted Assessor Steering Group.
Chg 7	Focus on choice	Plans in place	Plans in place	Established	Established	Challenges in agreeing the funding/ and how providers were going to use it	South Patient leaflet developed and signed off by all system partners Hospital patient letter also designed and signed off by system partners	On-going monitoring of usage
Chg 8	Enhancing health in care homes	Established	Established	Established	Established		South Integrated teams established with key leads (community matrons and district nurses) in place aligned to each Care Home.	

		Hospital Transfer Protocol (or the Red Bag Scheme) Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.						
		Q2 17/18 (Current)	Q3 17/18 (Planned)	Q4 17/18 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Established	Established	Established		Nervousness around the loss of the red bag has led to the development of a SOP to be signed off within the task and finish group and circulated to the care homes.	Red bag scheme rolled out across Greater Nottingham care homes on 02.10.2017.	Care homes will receive continued support from their respective CCG leads.

5. Narrative

Progress against local plan for integration of health and social care

In Nottinghamshire we have maintained our ambition for a strong BCF plan across our Health and Wellbeing Board footprint. Performance against all BCF metrics continues to be monitored monthly to ensure timely actions where plans are off-track. There continues to be a high level of commitment from partners to address performance issues e.g. daily discussions within hospitals to facilitate timely discharges, the development of transfer to assess models to reduce long term admissions to care homes, District Authority alignment with Integrated Discharge Teams to ensure housing needs of patients are addressed prior to discharge and avoid unnecessary delays. At Q3, 2 performance metrics are on plan, and 2 off plan (reablement, and delayed transfers of care – we additionally measure satisfaction with Disabled Facilities Grants and Friends and Family test data which are on plan).

The 6 CCGs continue to work with local authority, District and Borough Councils, acute, mental health and community trusts and the community and voluntary sector in their 3 units of planning to ensure service transformation with a focus on reducing non-elective admissions and attendance, and care home admissions. Plans to accelerate improvement in trajectories are forecast to deliver further improvements as projects and programmes mature and transfer of investment and resources to primary and community setting manages demand more appropriately.

Integration success story highlight over the past quarter

Social Services Interoperability Link – still preventing hospital admissions –case study

Background:

In Dec 2016 an innovative integration between a Social Services information system and Healthcare information Systems was piloted in the Emergency Assessment Unit at Kings Mill Hospital. As well as being technically ground breaking, information concerning whether an EAU (Emergency Assessment Unit) attendee had a Social Care Package in place became directly available to Clinical Staff. The implications of this were profound, giving healthcare staff direct access to Social Care information without the need to always go through a third party. Access is available 24/7 irrespective of working patterns. Clinical staff reported then that it saved them time and enabled earlier discharge of patients often avoiding an overnight stay. This had obvious clinical benefits for frail elderly patients.

A year later, reviewing the system and what was classed then as a “proof of concept” it is exciting that the system is still making a return on the initial investment by facilitating earlier discharge and avoiding overnight bed stays: Read the case study that follows of an elderly lady who recently fell at an extremely busy time for the Hospital:-

A Patients’ Story:

18:00 Early Monday evening in December an elderly lady in her eighties had fallen in a local supermarket and was admitted to the Emergency Department at Kings Mill Hospital. The patient had some cognitive impairment and was not engaging with the staff either nursing, medical or therapy.

She passed her therapy assessments and was clinically safe to go home but when she was asked if she knew who her care provider was she either did not know or was unwilling to tell - it was difficult to assess her behaviour at the time. SystmOne (a healthcare computer system) was used to contact her next of kin, her elderly sister, who also was unable to say if there was a care provider in place or who they were.

At this point EDASS (a discharge facilitation service) asked one of the Discharge Nurses to access the interoperability link to see whether there was a package of care in place for the lady. The link was accessed and it was confirmed that a package was indeed in place. The Care Providers were contacted who did say that at times the patient did not always let them in but they always have to make sure she at least responds to them through the letter box! On their call that evening when she had not responded, they were worried and were going to invoke their escalation plan which may have involved forcing entry into the home.

All ended well. The care providers knew where the patient was and were happy to do subsequent calls as planned. The patient was discharged and did not need to have an overnight stay which benefited both the patient as it was in her best interest to go home. An unfamiliar environment would be disruptive to her routine and at least one night overnight hospital stay was avoided.

Positive Outcomes:

- An overnight stay in the hospital was avoided saving valuable resources.
- A bed would be freed up for more clinically appropriate patients.
- The elderly lady was able to recuperate from her fall in the familiar surroundings of her own home.
- The Care Providers were able to be kept informed giving reassurance that their client was safe and care for. The Care Package would not be suspended or stopped and valuable resources would not have to be diverted to establish whether the client was in danger i.e. potential forced entry to the living accommodation
- Health & Social Care are working together in a cohesive and unified way proactively supporting patient care.

7 March 2018**Agenda Item: 9**

REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2017/18.

Information

2. The County Council requires each committee, including the Health and Wellbeing Board to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the Board's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reason/s for Recommendation/s

5. To assist the Board in preparing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) That the Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

Jayne Francis-Ward
Corporate Director, Resources

For any enquiries about this report please contact: Martin Gately, x 72826

Constitutional Comments (HD)

1. The Board has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

2. There are no direct financial implications arising from the contents of this report. Any future reports to the Board will contain relevant financial information and comments.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All