Nottinghamshire County Council

Nottinghamshire County Pharmaceutical Needs Assessment 2015

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Nottinghamshire Pharmacy Needs Assessment 2015

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 and replaces the previous PNA published by Nottinghamshire County and Bassetlaw Primary Care Trusts in 2010. Commissioners will use the PNA for commissioning of new services within community pharmacies and NHS England will use the PNA as the basis for informing decisions when applications for new pharmacies are received.

This report includes an overview of the pharmacy regulations 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 and Dispensing Appliance Contractors.

The County has 171 community pharmacies including one Distance Selling (Internet) Pharmacy. There are also 17 Dispensing practices and 8 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 such as medicines reviews and smoking cessation.

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
- Public survey of pharmacy needs
- Number and location of community pharmacies, dispensing practices, DACs and the services commissioned
- Analysis of any gaps in necessary services
- Analysis of any gaps in locally commissioned services or access to services
- Impact of population changes and house building
- A description of any NHS service (or similar) which may affect pharmaceutical need
- Formal consultation on final draft PNA

Statement of pharmaceutical need
The current balance of community pharmacies, 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 in 2018 unless there are significant changes to local need or provision.

2. Introduction

Background to Pharmaceutical Needs Assessment

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWB) with defined statutory duties in every upper tier or unitary authority. The Board includes leaders from the local health and local government system who work together to improve the health and wellbeing of their local population and reduce health inequalities. Nottinghamshire County Council has its own Health and Wellbeing Board and one of their responsibilities, transferred from PCTs is the development and updating of Pharmaceutical Needs Assessments (PNAs). This PNA replaces the NHS Bassetlaw PCT and NHS Nottinghamshire County PCT Pharmaceutical Needs Assessments published in 2010. The PNA is used to inform the planning of services that can be delivered by community pharmacies to meet the health needs of the population and is used by NHS England to identify the pharmaceutical needs of the local population and to support the decision making process for pharmacy applications.

Legislative Background

The development of the PNA is covered by regulations issued by the Department of Health[1]. These regulations set out the legislative basis for developing and updating PNAs.

Each Health and Wellbeing Board must in accordance with regulations

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

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

The regulations contain the following requirements for PNAs;

- It outlines the information that must be provided
- The extent to which the PNA must take account of likely future needs

[1]Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

- 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

2.1 Wider context

The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for 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 Peoples 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 and clinical commissioning groups (CCGs).

2.2 PNA development in Nottinghamshire County Council

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

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

Nottinghamshire Clinical Commissioning Groups Medicines Management teams, Public Health, Communications and legal representation. Steering group terms of reference were agreed (Appendix 1b).

The steering group met at least every 2 months. They directed the work programme (Appendix 2) and agreed the activities of the group. Activities included collation of health and pharmacy data, compilation of upto date pharmacy lists and services provided (Appendix 3), a public survey on current service provision (Appendix 4) to understand public perception of pharmaceutical provision / services and the formal consultation on the draft PNA (Appendix 5). A full consultation report is available on the Nottinghamshire County Council website.

The regulations stipulate that the HWB must consult formally for a minimum period of 60 days on a draft of their PNA at least once during its development and lists the persons and organisations that must be consulted with (Appendix 5).

In accordance with the Regulations, the HWB, as a minimum, must publish a statement of its revised assessment within 3 years of the publication of this document in April 2015. In addition, the HWB will make a new assessment of pharmaceutical need as soon as is reasonably practicable sooner than this, should it identify any 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.

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 health needs assessment (Appendix 6).

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

3. Overview of current pharmaceutical services provision in Nottinghamshire County

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

3.1 Essential services

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

- Dispensing of medicines
- 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 171 the 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).

Dispensing appliance contractors provide dispensing, repeat dispensing and meet contractual clinical governance requirements in relation to appliances only.

3.2 Advanced services

Advanced services are nationally specified. Community Pharmacies can choose whether or not to undertake advanced services. Advanced services require the premises to be accredited by NHS England. There are currently 4 advanced services; Medicines Use Review, New Medicines Service, Appliance Use Reviews and Stoma Appliance Customisation. Medicines Use Reviews and New Medicines Service are provided by community pharmacies; Appliance Use Reviews and Stoma Appliance Customisation by Dispensing Appliance Contractors.

The Medicines Use Review (MUR)

The Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and identify any problems they are experiencing along

with possible solutions. An MUR Feedback Form will be provided to the patient's GP where there is an issue for them to consider

The New Medicines Service
The new medicines service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence. The service helps patients and carers manage newly prescribed medicines for a Long Term Condition (LTC) and make shared decisions about their Long Term Condition. It recognises the important and expanding role of pharmacists in optimising the use of medicines and increases patient adherence to treatment and consequently 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.

Advanced Services offered by Dispensing Appliance Contractors (DAC)
Appliance contractors (and pharmacies providing an appliance dispensing service) may also offer to provide the following advanced services:

- Stoma Appliance Customisation aims to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

- Appliance Use Reviews aim to improve the patient's knowledge and use of any specified pharmaceutical appliance in their own home.

3.3 Locally commissioned services

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

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

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

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

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

Out of Hours provision
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 29 pharmacies commissioned to provide a 100 hours service within Nottinghamshire. They are open 7 days a week and are open until at least 10pm Monday to Saturday.

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

The opening hours (current as of January 2015 and subject to change) of all 171 pharmacies in Nottinghamshire County are shown in Appendix 7. Current opening hours can be found on the NHS Choices website.

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

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.

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

The pharmacist will provide one to one advice and support to young people aged 15-24 years old on the management of their sexual health, including the provision of a chlamydia testing kit. Pharmacies will signpost to other sexual health and social care services. They should also signpost to services which are c-card pickup/registration points so that young people have better access to free condoms in order reduce teenage pregnancy and STIs. The pharmacist will provide chlamydia testing kits, with explicit emphasis on the importance of return within specified time requirements and the process that will then occur for both positive and negative results.

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

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

Smoking Cessation / Nicotine Replacement Therapy
New Leaf Nottinghamshire is the smoking cessation service for Nottinghamshire County. The service includes support and guidance to break habits and routines and advice and provision of different treatments.

Nicotine Replacement Therapy Voucher Scheme
The voucher scheme provides patients attempting to stop smoking with vouchers which can be redeemed at pharmacies. The service is normally free to patients exempt of NHS prescription charges or for the cost of an NHS prescription. Patients normally receive up to 2 weeks supply at any one time.

3.4 Non-commissioned services offered by pharmacies

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

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

3.5 Dispensing practices

Dispensing practices 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 17 dispensing practices in Nottinghamshire.

3.6 Dispensing Appliance Contractors

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

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

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

- Amcare Ltd, Newark & Sherwood
- Countywide Supplies Ltd, Newark & Sherwood
- Amcare Ltd, Rushcliffe
- Ostomart Ltd, Gedling
- Amcare Ltd, Broxtowe
- Countywide Supplies Ltd, Gedling
- Amcare Ltd, Trent House, Broxtowe
- Fittleworth Medical Ltd, Ashfield

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.

3.7 Out of area providers of pharmaceutical services

The regulations[2] 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.

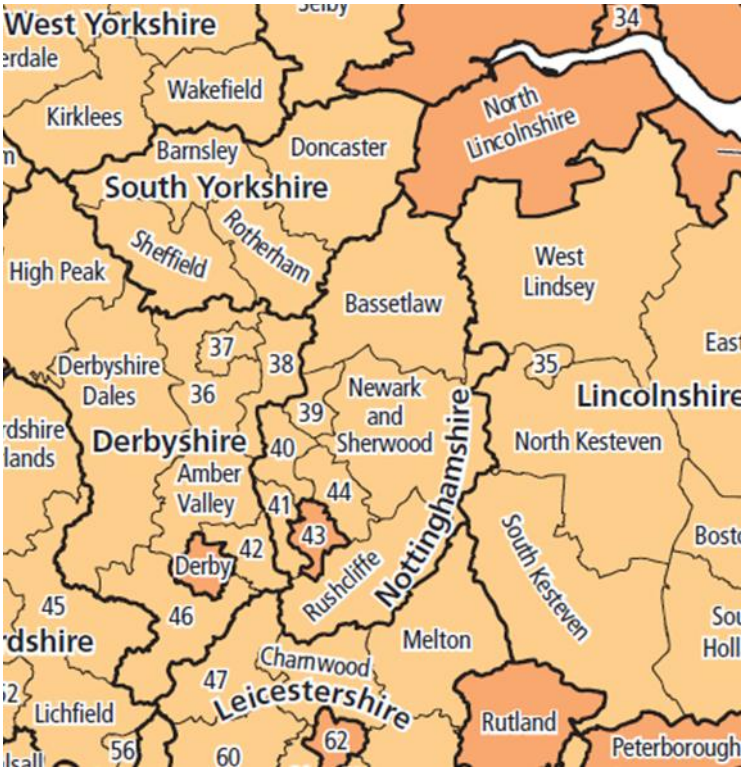
[2] Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013

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



3.8 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. There is one distance selling pharmacy in Nottinghamshire County (UK Pharmacy Service, Beeston). Analysis of prescribing data indicates that the number of prescriptions dispensed by mail order/distance selling pharmacies is small (<0.01% of the total number of prescriptions dispensed) and has therefore no significant impact on the provision of pharmaceutical services across the County.

3.9 Future services

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

Although there is no requirement for any new pharmacy premises in Nottinghamshire County to provide services beyond their core essential services, there are opportunities available to maximise existing and future Locally Commissioned Services.

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. 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 hospital and primary care medical services.

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

- Weight management
- NHS Health Checks
- Cholesterol testing & blood pressure monitoring
- Pain management
- Support for older people
- People living with dementia
- Tackling loneliness
- Falls prevention and bone health checks

Furthermore, older people in care homes are at greater risk of medication errors than most other groups. It is important that patients get the medicines they need when they need them and in a safe way. The Care Homes Use of Medicines Study, 2009[3] (CHUMS) report examined medication prescribing, dispensing, administration and monitoring practices across a number of care homes in England. The study findings indicate that there is a risk of medication errors in care homes and there may be scope for improvement in how medicines are dispensed administered and monitored for patients in residential care and nursing home settings (see Appendix 11 for a map of care homes and pharmacies in Nottinghamshire).

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

3.10 The effectiveness of services provided by pharmacies

Public Health England has reviewed the effectiveness of delivering public health services in a pharmacy setting[4]. A systematic review was carried out covering the period from August

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

[4] Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public

2002 and August 2012. The search focused on reviews rather than individual or primary studies and included the grey literature including websites such as Department of Health, Royal Pharmaceutical Society, Pharmaceutical Services Negotiating Committee, General Pharmaceutical Council and contributions from the Pharmacy and Public Health Forum.
The review found:

Good evidence of effectiveness in a pharmacy setting for

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

Moderate quality evidence of effectiveness in a pharmacy setting for

- Methadone supervision
- Needle exchange schemes

More evidence of effectiveness in a pharmacy setting is required for

- Weight Management programmes
- Drug and alcohol misuse
- Minor ailments schemes

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

3.11 Determination of localities for the PNA

Nottinghamshire County Council is one of 5 County Councils and 4 Unitary Authorities in the East Midlands. It shares boundaries with Doncaster, Rotherham, Derbyshire, Leicestershire, Lincolnshire, North Lincolnshire and Nottingham City Unitary Authority.

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

A summary of demographic information for the County was produced. A locality profile was developed for each of the 7 district councils (Figure 3.2) using information from the Nottinghamshire JSNA and Nottingham Insight. Nottingham City is a Unitary Authority and has its own PNA.

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

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

Figure 3.2 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.

3.12 Current provision of services provided by community pharmacy by district

There are currently 171 community pharmacies across Nottinghamshire including 1 Distance Selling Pharmacy in Broxtowe. The distance selling pharmacy is not able to offer essential services on the premises. However, it does provide some public health services, and its services are available to the community on-line, it has been included with community pharmacies.

Figure 3.3 Nottinghamshire County border pharmacies

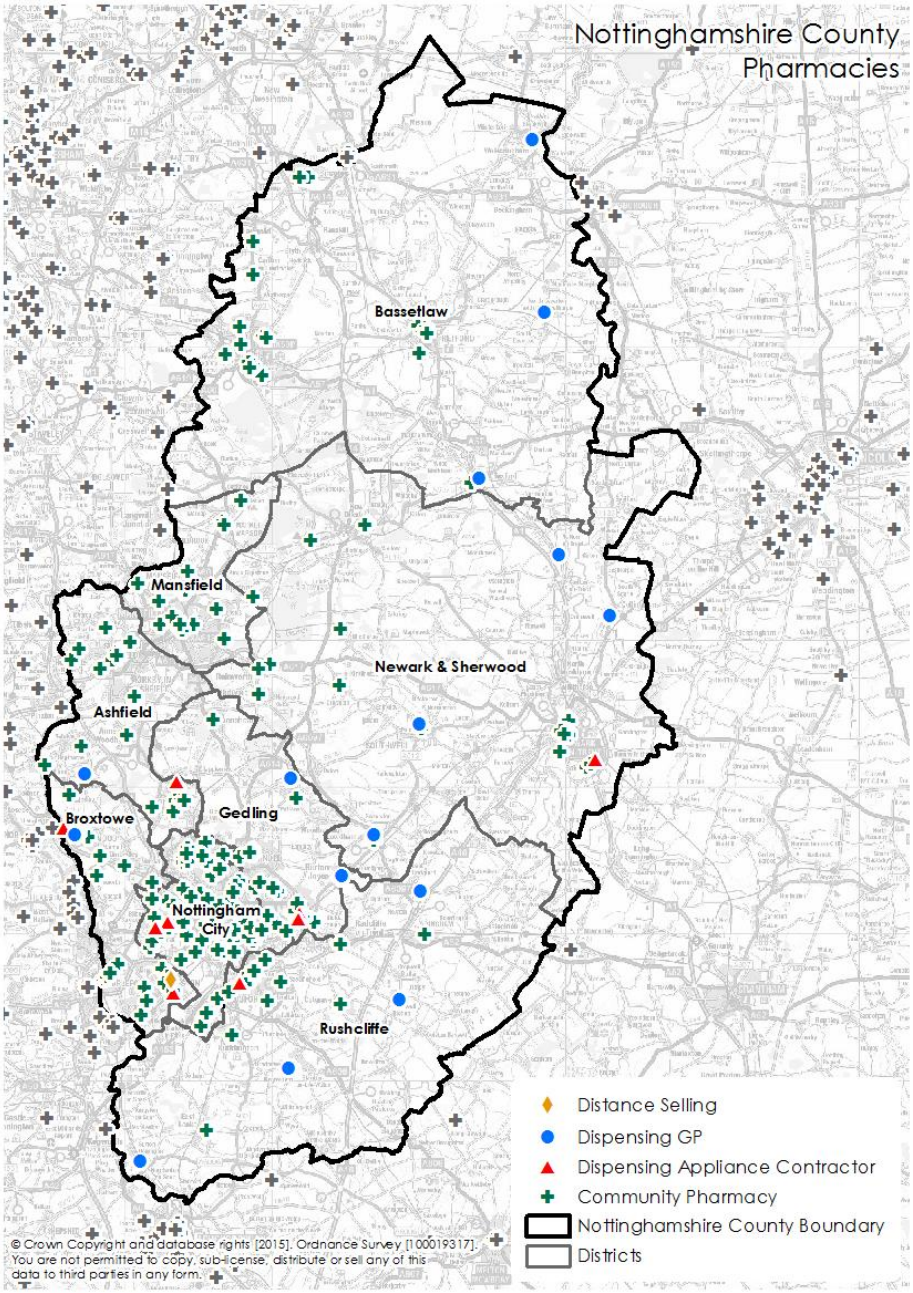


Figure 3.3 shows dispensing practices and pharmacies within Nottinghamshire and pharmacies located outside the County boundary. Dispensing practices outside the county boundaries have not been shown. Full details of Nottingham City pharmacies can be found in the Nottingham City PNA.

Table 3.1 below shows the distribution of community pharmacies by District. In addition, there are 17 dispensing practices and 8 Dispensing Appliance Contractors.

Table 3.1 Community Pharmacy Providers by District

Districts	No. Pharmacies	District Population	Pharmacies per 10,000 population [a]
Ashfield	26	120,100	2.2
Bassetlaw	24	113,200	2.1
Broxtowe	27	110,700	2.4
Gedling	22	114,100	1.9
Mansfield	24	104,700	2.3
Newark & Sherwood	27	115,800	2.3
Rushcliffe	21	111,600	1.9
County	171	790,200	2.2
England	11,495	53,865,800	2.1

*The Jayplex Pharmacy at Woodthorpe is positioned on the border of Nottingham City and Nottinghamshire County. The PNA process found that the pharmacy's postcode positions the pharmacy within NHS Nottinghamshire County. However, the pharmacy has historically been on the pharmaceutical list of NHS Nottingham City and is included in the Nottingham City PNA.
[a]Pharmacies per 10,000 population = Number of Pharmacies / District Population x 10,000

Table 3.1 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 1.9 to 2.3 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 3.2. A complete list of GP practices is provided in Appendix 8.

As at April, 2015 NHS England will commission:

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

South Yorkshire and Bassetlaw Area Team will commission (for Bassetlaw):

- Urgent Prescriptions
- Palliative Care Drug Stockist Scheme

- Out of hours roster
- 100 hour service

Nottinghamshire CCGs locally commission:

- Not dispensed scheme (excluding Bassetlaw)

Nottinghamshire County Council commissions the following services from community pharmacies:

- Stop Smoking Services (New Leaf) / Nicotine Replacement Voucher Scheme
- Emergency hormonal contraception
- Chlamydia Treatment
- C – Card (excluding Bassetlaw)
- Supervised consumption service
- Needle exchange services

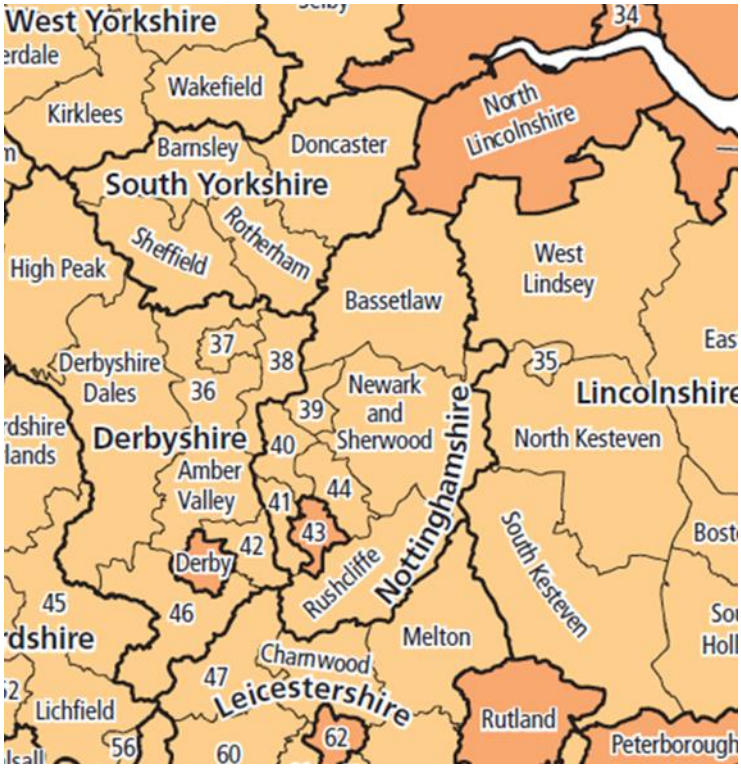
Table 3.2 Community Pharmacy Services in Nottinghamshire

Nottinghamshire County Community Pharmacy Services	Number of pharmacies commissioned	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark & Sherwood	Rushcliffe
Pharmacy First [a]	91	19	0	26	14	11	21	0
Palliative Care [a]	16	1	3	3	1	1	5	2
Medicines Use Review [a]	166	25	24	25	22	24	27	19
New Medicines Service [a]	122	20	19	21	11	18	22	11
Emergency Supply Service [a]	104	19	1	20	12	18	20	14
100 HOUR [a]	29	2	6	2	4	7	4	4
Sexual Health / Chlamydia Treatment [b]	109	17	17	17	15	15	15	13
Emergency Hormonal Contraception [b]	147	25	13	26	19	22	24	18
Nicotine Replacement Therapy [b]	160	26	19	25	22	23	26	19
Supervised Consumption [b]	123	22	18	17	17	21	17	11
Needle exchange [b]	19	4	1	3	3	3	2	3
C-Card [b]	22	3	1	2	4	3	5	5
Smoking Cessation [b]	129	22	19	20	21	15	17	15
Total Number of Pharmacies	171	26	24	27	22	24	27	21

[a] Commissioned by NHS England, [b] Commissioned by Local Authority
Bassetlaw has 1 pharmacy offering an urgent prescription service; this has been included under the Emergency Supply Service category.

4. Nottinghamshire County demographic profile

(Taken from the Nottinghamshire County Joint Strategic Needs Assessment 2014; 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 2012 mid-year estimate of the County's resident population is 790,173, having risen by 4,400 since the 2011 census. The population rose by 39,300 (5%) between 2001 and 2011, compared with an increase of 8.7% in the East Midlands and 7.9% in England. Newark & Sherwood had the highest increase of 8% compared with Gedling which only increased by 1.6% over the10 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.

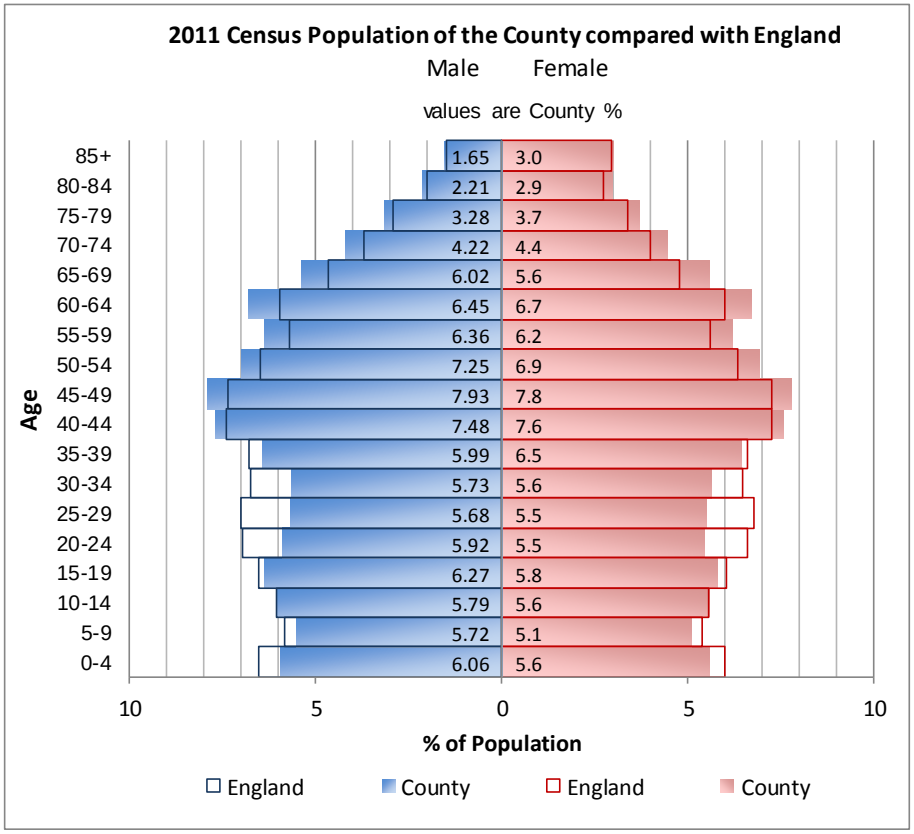
- The Mid 2012 population estimates show the County have 5.5% of its population aged under 5 years, slightly lower than regional and national proportions. Bassetlaw (5.5%) had the lowest proportion in this age group, and Ashfield and Mansfield the highest, matching the national level of 6.3%. The County 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 2020 suggest it is the older population that will show the greatest increase.

- There are 7 Districts in Nottinghamshire with an average population of 113,000 people. The largest district in terms of population is Ashfield with 120,130 people and the smallest is Mansfield with 104,700. The Unitary Authority of Nottingham City (population over 300,000) is situated within the south of the County, surrounded by Hucknall (in Ashfield), Broxtowe, Gedling and Rushcliffe creating a conurbation in excess of 600,000 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 almost double, from 6,000 to 10,000 by 2021 (ONS Population Projections 2011).

- The number of births has risen in recent years from 8,766 in 2008 to 9,197 in 2012. The population pyramid (Figure 4.1) shows a small increase in the proportion of 15-19 year olds, probably due to students attending the two universities in Nottingham City.

Figure 4.1 Population of Nottinghamshire County by age and sex



Source: Office for National Statistics, 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).

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

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

- Gypsy Travellers: There are significant numbers of travellers in the County, with the largest numbers being in Newark & Sherwood (estimated 256 households) and Ashfield (48 households). Recent local research suggests that travellers have higher mortality and morbidity, higher accident rates and poorer access to and uptake of health services[5].

4.1 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. The most deprived areas are Mansfield, Ashfield and Bassetlaw and the least deprived area is Rushcliffe. In Nottinghamshire there are 31 Lower Super Output Areas (LSOA)[6] 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 Mansfield (12 LSOA's), Ashfield (10), Bassetlaw (6) and Newark & Sherwood (3). There are 82 LSOA's in the 20% most deprived LSOA's in England.

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

- Unemployment in the County as at October 2013 was 2.6% of the resident population aged 16-64 (using the claimant count measure). This is lower than both the rate for the East Midlands (2.9%) and for England (3.0%). The rates in the districts range from 3.6% in Mansfield to 1.5% in Rushcliffe.

- The mean annual pay for Nottinghamshire residents was £25,172 in 2013 compared to £27,737 nationally. Annual pay ranged from £19,298 in Mansfield to £34,088 in Rushcliffe (Annual survey of hours and earnings; NOMIS).

[5] Gypsy and Traveller accommodation needs assessment for the Nottinghamshire local authorities (http://www.newark-sherwooddc.gov.uk/media/newarkandsherwood/imagesandfiles/housing/Image59880.pdf)

[6] 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.

- 9.2% of County residents have no formal qualifications (NVQ1 and above) compared to 9.5% in England. Ashfield and Mansfield have above average proportions with no qualifications; 17% and 13.6% respectively. All other districts are above average.

- In August 2013 there were 47,390 Disability Living Allowance claimants in the County; 62% were aged 50 and over. DLA claimants account for 5.0% of the population compared to 5.8% of the England population.

- 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 difficulties in accessing services by public transport as this is poorest in these areas

Over 90% of households in Nottinghamshire have access to an hourly bus service within 10 minutes walking distance during the day. However this is lower (just over 70%) for evenings and Sundays and in the rural districts of Bassetlaw and Newark & Sherwood the figure is just over 50% of households.

4.2 Health and wellbeing

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

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

- The 2011 Census shows a clear link between age and ill health, with the percentage with bad health or a long term disability rising with age. [7]

- 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.

- 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.

4.3 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 2011 showed that 87% of all households and 91% of households without a car in the County are within 15 minutes travel time of a GP surgery by public transport and 98% of households within 30 minutes travelling time. As many community pharmacies are situated close to GP practices, this is a useful proxy measure (Department of Transport 2011). Access is poorer in rural areas such as Bassetlaw and Newark & Sherwood where 60-70% of households are within 15 minutes travel time and public transport frequency is lower. For people who have difficulty accessing services, Nottinghamshire County provides a community and voluntary transport scheme to supplement the public transport network by offering services tailored to the needs of people who may have difficulty in using, or are unable to use, ordinary buses and trains (http://tata.nottinghamshire.gov.uk/). There are three acute trusts; Kings Mill Hospital in Mansfield, Bassetlaw Hospital in Worksop and Newark Hospital in Newark.

4.4 Housing plans 2014-2019

In the last full year (year ending 31/03/2014) 1,690 residential units have been completed; 6,820 in the last 5 years. A further 20,026 units are considered to be deliverable by 2018/19. 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 46,000 residents (see table 4.1). This may be an overestimate as many of these units may be inhabited by people already living in the District.

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

Table 4.1 Net gain in residential housing units planned 2013/14-2018/19

District	Number of dwellings deliverable by 2018/19 in Strategic Plans*
Ashfield	4146
Bassetlaw	2257
Broxtowe	1693
Gedling	3712
Mansfield	980
Newark & Sherwood	4614
Rushcliffe	2624
Total	20026

*Strategic Plans are subject to review. These figures may change

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 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 with planning permission are likely to be built within the next 3-5 years and are therefore taken as a potential source of population expansion. Longer term plans will be considered in future PNAs.

4.5 Overview of findings from the public survey on needs (April 2014)

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

There were 167 responses from County residents and 9 responses on behalf of groups or organisations. Women were more likely to respond than men; of those who responded to this question, 92 (52%) were female and 60 (34%) male; 14% were of undisclosed gender. Respondents tended to be older, 125 (71%) were aged 45 or older, perhaps reflecting the views of those who are more likely to use pharmacy based services. Only 6% were under 34 years old. 62 (37%) of respondents were limited in their daily activities due to health or disability (excluding group responses). All Districts were represented averaging 25 responses per district. The majority of respondents were white (85%); 2% stated they were from an ethnic group. 13% declined to respond to this question. Although the number of respondents was low, 58% used the services offered by the pharmacy at least once a month so the survey may reflect the views of more frequent users.

The responses were generally positive with high levels of satisfaction with customer service, services available and opening hours. This reflects the experience of NHS England which receives very few pharmacy complaints. Most respondents used the same pharmacy all or most of the time because it was either close to home or to their GP. Over three quarters of respondents were frequent users of their pharmacy (6 times a year or more). There was high awareness of some of the services such as dispensing and repeat prescriptions, home delivery services and over the counter drugs. A high proportion of respondents were also aware of advice, disposing of unwanted medicines and medicines use services. Less than half were aware of other services such as smoking cessation, sexual health services, palliative care, free medicines for minor ailments, supervised consumption and needle exchange suggesting that the respondents were either not from groups that use these services or that these services need to be promoted.

The most commonly used services were dispensing and repeat prescriptions and buying over the counter medicines. Very few respondents had ever used smoking cessation, sexual health or supervised consumption services.

Over half of respondents indicated they would be interested in a range of additional services in their pharmacy (NHS Health checks, weight management clinics, cholesterol testing, blood pressure testing, pain management and vaccinations). There was also some support for anticoagulation monitoring and alcohol brief interventions.

Although 84% were satisfied or very satisfied with opening hours, 50% expressed a desire for additional opening hours, mainly after 6pm and at weekends. The majority of respondents (80%) were aware that there were pharmacies with extended opening hours and 36% had used one. Only 24% of respondents had used NHS Choices to check opening times and locations.

There were a small number of negative comments. 11% were unhappy with the waiting time for a prescription. Three people disagreed that the quality of information leaflets was good, 3 people disagreed that information in different languages was available, 2 people thought signposting to other services was poor. In the free comment section, deaf awareness for pharmacy staff was highlighted and there were some generalised complaints about medicines not being in stock. Confidentiality was raised on several occasions, where patients were unhappy about having their address and contents of their prescription packs read out loud. The responses have been shared (anonymously) with NHS England in order that they are aware of this feedback.

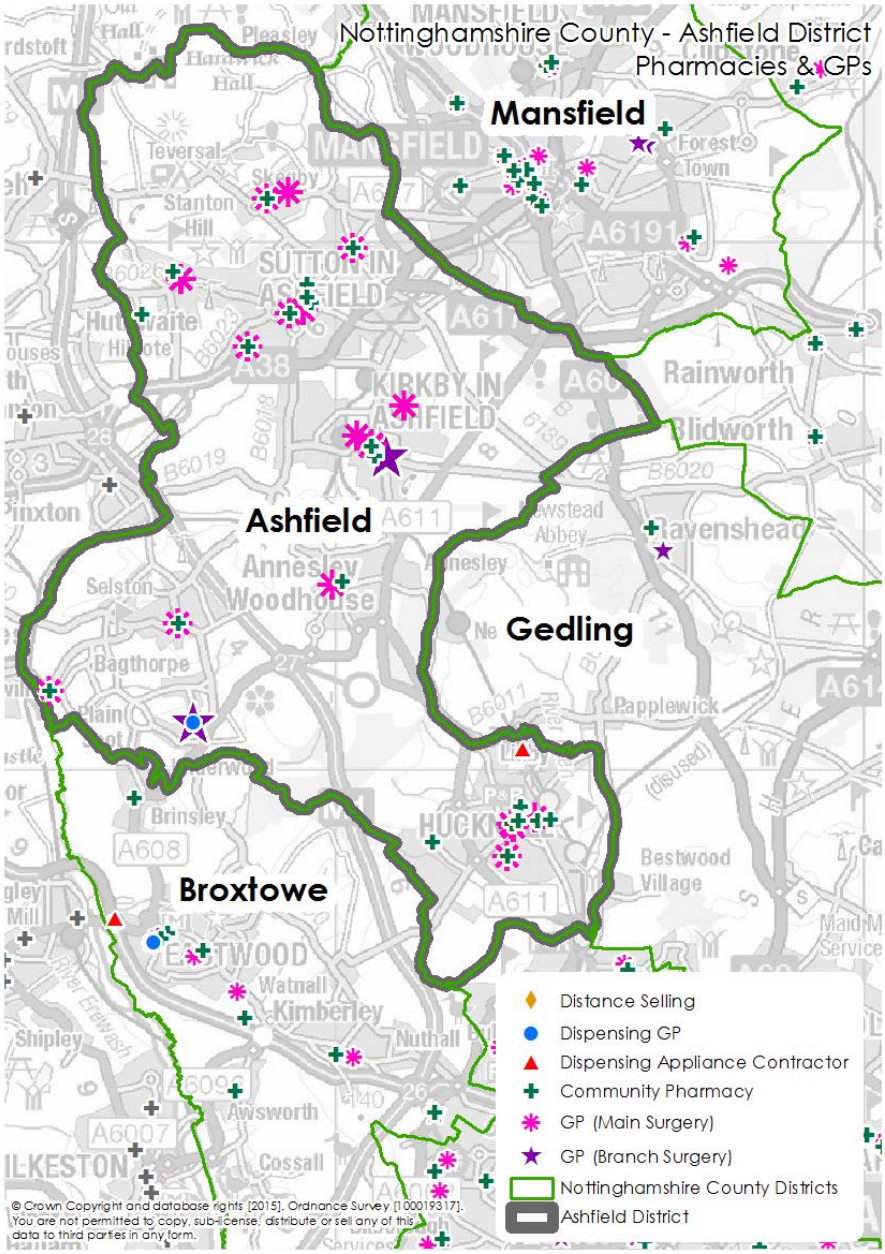
As the number of responses was very low at district level (averaging 25 per district), meaningful analysis at district level has not been possible. The survey did not reveal any gaps in services.

5. Analysis of pharmaceutical services provision by district

Nottinghamshire County has 7 district authorities which allow more detailed analysis of the issues which may impact on pharmacy provision at a local level.

5.1 Ashfield District

Figure 5.1.1 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

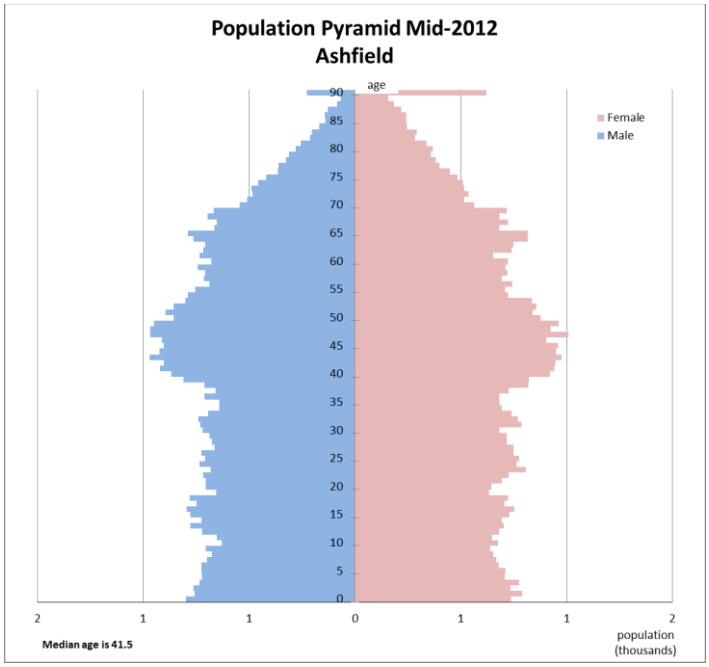
** references to County exclude Nottingham City unless specifically stated*

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 19 of the 106 practices in the County plus 2 branch surgeries and 26 of 171 pharmacies. There is 1 dispensing practice and 1 Dispensing Appliance Contractor. In June – November 2013, pharmacies in Ashfield dispensed, on average 202,451 items per month. Items were not necessarily dispensed to the District resident population.

Ashfield has a population of 120,100 (2012 Population estimate) and accounts for just over 15% of the County population. Almost two thirds (63.4%) of the population are of working age (16-64 years), comparable with the County average of 63%. 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.

Figure 5.1.2 Population Structure (2012)



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 (86%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy). All households can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Ashfield has a slightly higher proportion of children than the County average; 6.2% compared to 5.8%. Just over 16% of the County's children under 5 years live in Ashfield.

There are 21,200 older people (over 64 years) living in Ashfield of which 2,500 are 85 years or over; 68% are women. There are 6,100 people aged 65 years and over living alone (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 8,565 claimants of Disability Living Allowance (August 2013); 18.1% of the County total.

The teenage conception rate of 40.4 per 1000 (2010-2012) is higher than the County average of 31.1 conceptions per 1000 women age 15-17 years and ranks 37th highest district in England. Ashfield accounts for 20% of all teenage pregnancies in the County (262/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Ashfield is just under 30%, significantly higher than the County average of 19.4% and, with Mansfield, has the highest prevalence in the County.

Life expectancy for men in Ashfield is 77.6 years (2010-2012) and for women, 81.7 years, the lowest Life Expectancy in the County. It is significantly lower than both England and the County for both genders.

Ashfield is relatively deprived compared to the County; 18 of the 74 (24%) Lower Super Output Areas in the district are in the most deprived 20% in England.

Current Provision

Residents of Ashfield 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 the same as the County average (see table 3.1).

Table 5.1 Services commissioned from Ashfield Pharmacies

Community Pharmacy Services	Ashfield
Pharmacy First	19
Palliative Care	1
Medicines Use Review	25
New Medicines Service	20
Emergency Supply Service	19
100 Hour	2
Sexual Health / Chlamydia Treatment	17
Emergency Hormonal Contraception	25
Nicotine Replacement Therapy	26
Supervised Consumption	22
Needle exchange	4
C-Card	3
Smoking Cessation	22
Total Number of Pharmacies	26

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

Future Developments

Ashfield housing strategy has estimated that around 4,146 houses could be built by 2018/19. The 5 largest developments (of over 100 units) will be in Hucknall, Sutton in Ashby or Kirkby in Ashfield which are well provided with pharmacies. The potential population growth would be in the region of 9,500 (8%) 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 4.5% increase in Ashfield population by 2019.

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 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

Ashfield is relatively deprived with higher than average reported ill health, high smoking prevalence 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 26 pharmacies within Ashfield. There are 2.2 pharmacies per 10,000 population, the same as the County average and slightly higher than the England average of 2.1 per 10,000 population. The majority of the population are within 2km of a pharmacy. The small settlement of Underwood has no pharmacy but has a dispensing practice and 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 5.1. The opening hours of these pharmacies are shown in Appendix 7.

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.

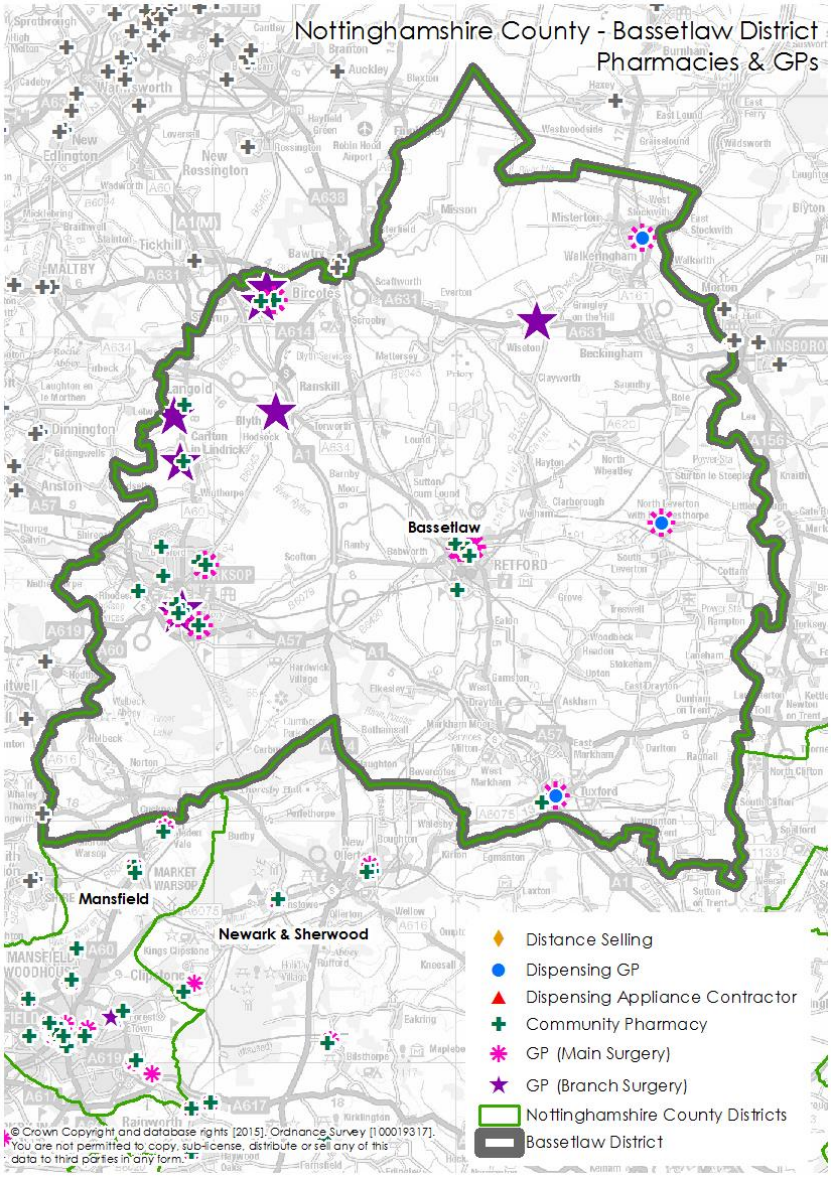
Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 1 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist scheme for people at end of life.

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.

5.2 Bassetlaw District

Figure 5.2.1 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*

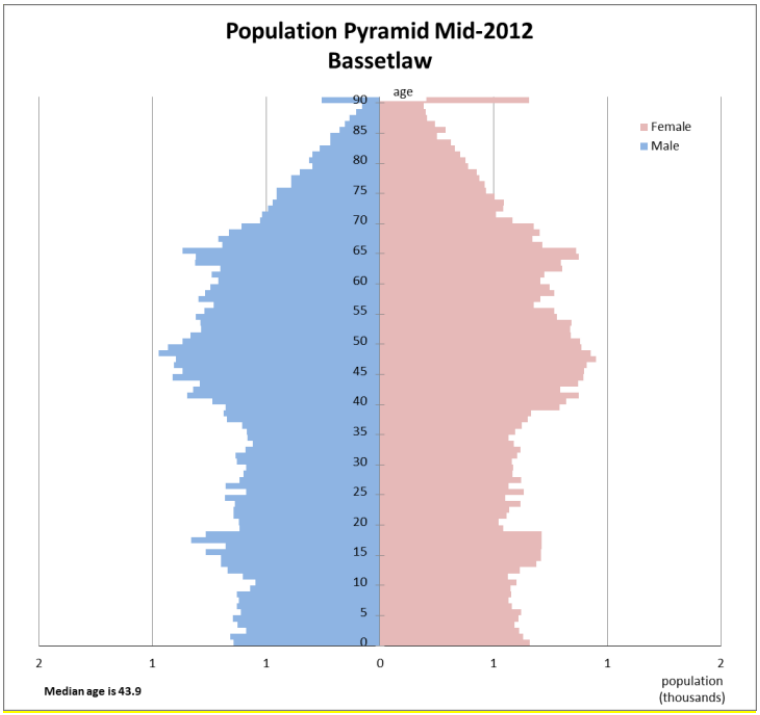
Bassetlaw is located to the north of Nottinghamshire County and shares a boundary with Doncaster and Rotherham in South Yorkshire, Bolsover in Derbyshire, Mansfield and Newark & Sherwood in Nottinghamshire, North Lincolnshire and West Lindsey in Lincolnshire. The main urban centres are Worksop in the west and Retford towards the centre of the district.

Bassetlaw has 12 of the 106 practices in the County and an additional 8 branch practices. It has 24 of the 171 pharmacies plus 4 dispensing practices. In 2012/13 pharmacies in this

area dispensed 166,900 items per month (items were not necessarily dispensed to the resident population).

Bassetlaw has a population of 113,200 (2012 population estimate) and accounts for 14.3% of the County population. Almost two thirds (62.8%) 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 5.2.2 Population Structure



One fifth (20%) of households have no access to a car or van compared to 26% nationally and 21% in the County. The majority (74%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy) by public transport or walking. Almost all households (99%) can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Bassetlaw has a slightly lower proportion of children (aged 5 years or below) than the County average; 5.6% compared to 5.8%. 13.7% of the County's children under 5 years live in Bassetlaw.

There are 22,000 older people (over 64 years) living in Bassetlaw of which 2,700 are 85 years or over, 67% are women. There are approximately 6,200 people aged 65 years and over living alone (13% of all households).

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

day to day activities are limited a lot. Reported health and disability is slightly higher than the County average.

Bassetlaw is home to 7,745 claimants of Disability Living Allowance (August 2013); 16.3% of the County total.

The teenage conception rate of 29.5 per 1,000 (2010-2012) is lower than the County average of 31.1 conceptions per 1,000 women aged 15-17 years and 154th highest district in England. Bassetlaw accounts for 14% of all teenage pregnancies in the County (192/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Bassetlaw is just under 15%, significantly lower than the County average and is in fact the lowest prevalence in the County.

Life expectancy for men in Bassetlaw is 78.6 years (2010-2012) and for women, 82.1 years. It is significantly lower than the County and national averages for both genders.

Bassetlaw is relatively more deprived compared to the County, 21 of the 70 (30%) Lower Super Output Areas in the district are in the most deprived 20% in England.

Current Provision

Residents of Bassetlaw 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 the same as the County average and slightly below the England average of 2.2 per 10,000 population (see table 3.1).

Table 5.2 Services commissioned from Bassetlaw Pharmacies

Community Pharmacy Services	Bassetlaw
Palliative Care	3
Medicines Use Review	24
New Medicines Service	19
Emergency Supply Service	1
100 Hour	6
Sexual Health / Chlamydia Treatment	17
Emergency Hormonal Contraception	13
Nicotine Replacement Therapy	19
Supervised Consumption	18
Needle exchange	1
C-Card	1
Smoking Cessation	19
Total Number of Pharmacies	24

Bassetlaw has 6 pharmacies open for 100 hours or more. Eight are open on Sundays..

Future Developments

Bassetlaw housing strategy has estimated that around 2,257 houses could be built by 2018/19. The 3 largest developments (of over 100 units) will be in Carlton in Lindrick, Harworth Bircotes and Retford all of which have at least one pharmacy. The potential population growth would be in the region of 5.600 (5%) 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 3.0% increase in Bassetlaw population by 2019.

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 2018 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 24 pharmacies within Bassetlaw. There are 2.1 pharmacies per 10,000 population, slightly lower than the county average or 2.2 per 10,000 and the same as the national average. Larger settlements are within 2km of a pharmacy or dispensing practice.

The advanced and locally commissioned services currently provided by these pharmacies are shown in Table 5.2. The opening hours of these pharmacies are shown in Appendix 7. Pharmacies open on a 2 week rota to ensure there is cover for longer hours and weekends.

Bassetlaw is very rural and some patients may have to travel upto 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.

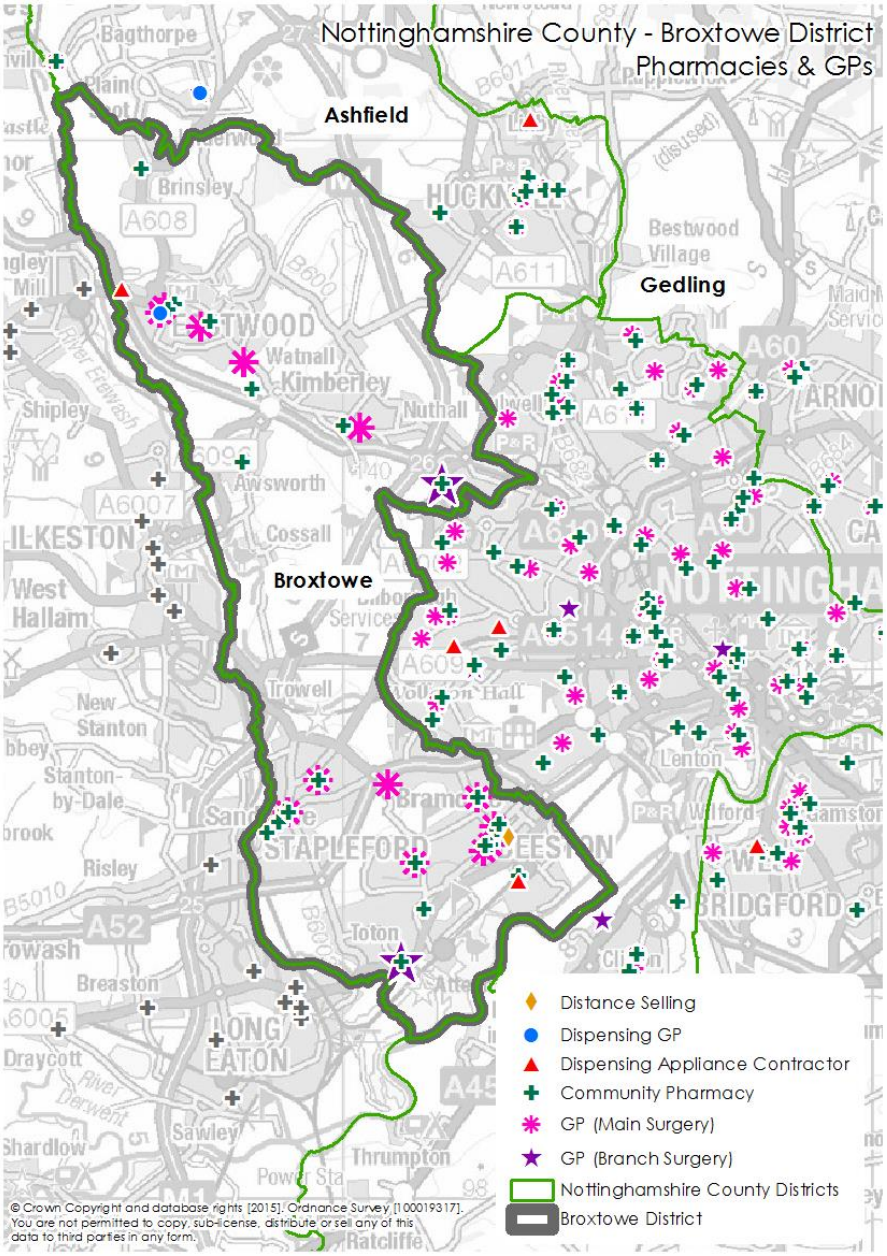
Patients with long term conditions are likely to have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for emergency contraception and nicotine replacement (Appendices 9 and 10). The District has 3 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life.

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.

5.3 Broxtowe District

Figure 5.3.1 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

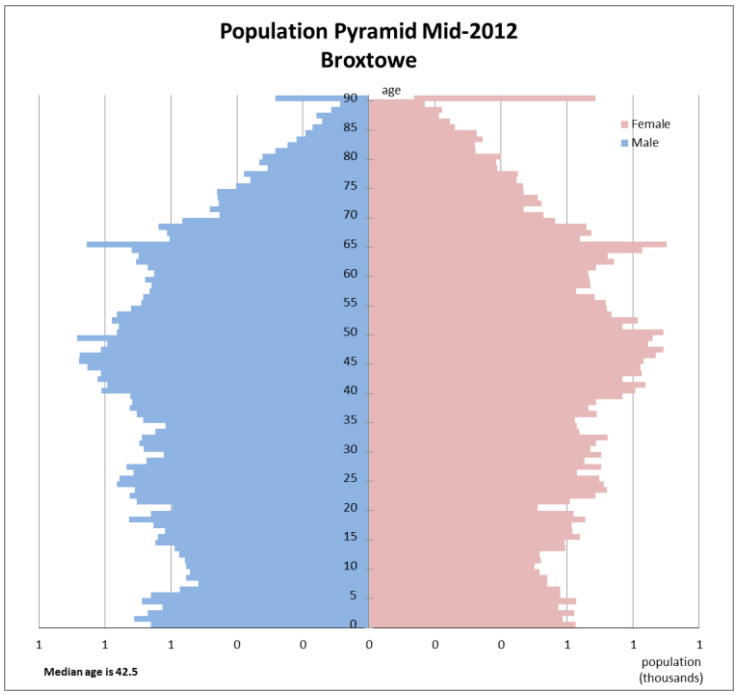
** References to County exclude Nottingham City unless specifically stated*

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 106 practices in the County plus 2 branch surgeries and 27 of 171 pharmacies. One of the pharmacies is a distance selling pharmacy. There are 2 Dispensing Appliance Contractors and 1 dispensing practice. Between June and November 2013, pharmacies in Broxtowe dispensed 153,400 items per month (Items were not necessarily dispensed to the resident population).

Broxtowe has a population of 110,700 (2012 Population estimate) and accounts for 14% of the County population. Just under two thirds (63.9%) of the population are of working age (16-64 years), comparable with the County average of 63%. In Broxtowe, 92.7% of the population are White. Asians (4,500 people) make up just over 4% of the population, mixed ethnicity groups just under 2% and just under 1% are Black. In the over 64 years age group, 98% of the population are White.

Figure 5.3.2 Population Structure



21.6% of households have no access to a car or van compared to 26% nationally and 21% in the County. The majority (94%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy) by public transport or walking. One practice is not located near a pharmacy (see figure 5.3.1) but based on the distribution of the patients, it is likely that the majority of the registered patients can access pharmacies in either Beeston or Chilwell, or on Wollaton Vale just inside the city boundary. All households can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Broxtowe has the same proportion of children under 5 years as the County average; 5.8%. Just under 14% of the County's children aged under 5 years live in Broxtowe.

There are 21,200 older people (over 64 years) living in Broxtowe of which 2,800 are 85 years or over; 64% are women. There are 6,060 people aged 65 years and over living alone (13% 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 years 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 5,560 claimants of Disability Living Allowance (August 2013); 11.7% of the County total.

The teenage conception rate of 24.2 per 1000 (2010-2012) is below the County average of 31.1 conceptions per 1000 women age 15-17 years and the district ranks 218th highest in England. Broxtowe accounts for just 10.3% of all teenage pregnancies in the County, the 2nd lowest district after Rushcliffe (137/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Broxtowe is just over 15%, below the County average of 20%.

Life expectancy for men in Broxtowe is 80 years (2010-2012) and for women, 83.6 years. It is slightly higher than both England and the County for both genders.

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.

Current Provision

Residents of Broxtowe have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.4 pharmacies per 10,000 population is the highest in the County (see table 3.1) and higher than the England average of 2.2 per 10,000 population.

Table 5.3 Services commissioned from Broxtowe Pharmacies

Community Pharmacy Services	Broxtowe
Pharmacy First	26
Palliative Care	3
Medicines Use Review	25
New Medicines Service	21
Emergency Supply Service	20
100 Hour	2
Sexual Health / Chlamydia Treatment	17
Emergency Hormonal Contraception	26
Nicotine Replacement Therapy	25
Supervised Consumption	17
Needle exchange	3
C-Card	2
Smoking Cessation	20
Total Number of Pharmacies	27

Broxtowe has two 100 hour pharmacies. Four pharmacies are open on Sundays.

Future Developments

Broxtowe housing strategy has estimated that around 1,693 houses could be built by 2018/19. The 7 largest developments (of over 100 units) will be in Eastwood, Chilwell, Stapleford, Beeston and Toton all of which are well provided with pharmacies. A proposed retirement village on the land vacated by Bramcote Hills golf course has not yet received planning permission. The proposed site has easy access to a Nottingham City pharmacy on Wollaton Vale (within the city boundary). If the proposed build is achieved, further assessment of need may be necessary in the 2018 PNA. The potential population growth would be in the region of 3,900 people (3.5%) 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 4.8% increase in Broxtowe population by 2019.

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 2018 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 27 pharmacies within Broxtowe and 1 dispensing practice. There are 2.4 pharmacies per 10,000 population, higher than the County average (2.2 per 10,000).

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

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.

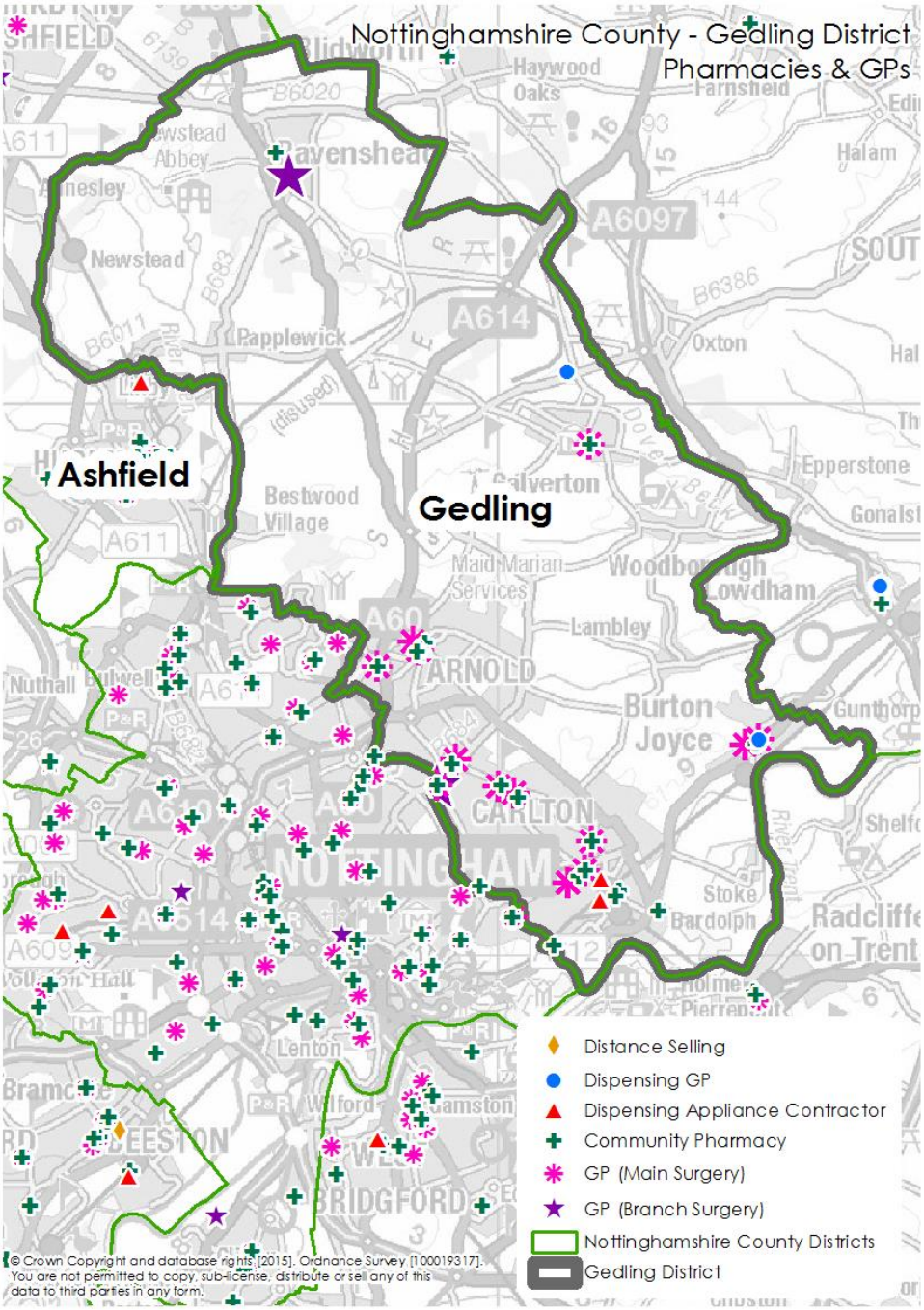
Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 3 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life.

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.

5.4 Gedling District

Figure 5.4.1 Map of pharmacies and GPs in Gedling



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

Population Overview

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

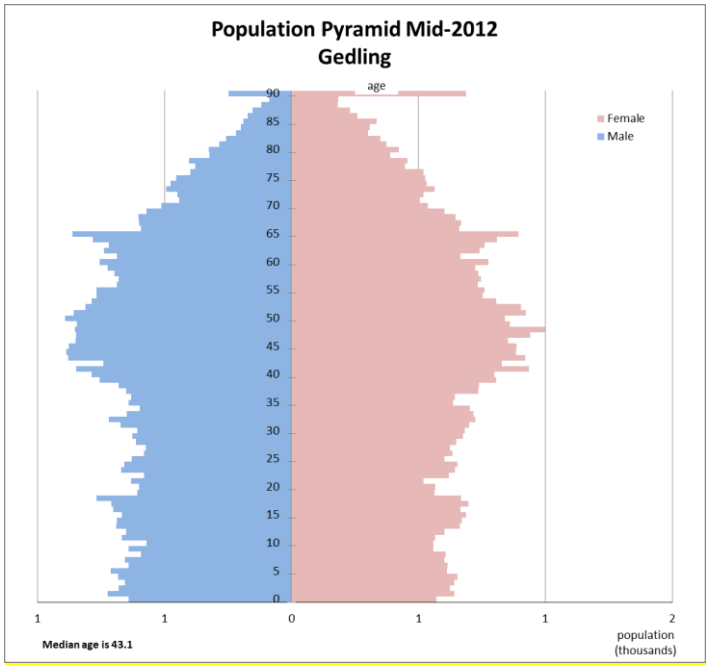
Gedling is to the east of Nottinghamshire County and shares a boundary with Ashfield to the north, Nottingham City to the west, Newark & Sherwood to the east and Rushcliffe to the south. The main urban centres are Arnold, Gedling and Carlton close to Nottingham

City and the larger villages of Burton Joyce, Calverton and Woodborough. Apart from Nottingham City, the largest nearby towns are Hucknall and Mansfield.

Gedling has 13 of the 106 practices in the County plus 2 branch practices and 22 of 171 pharmacies. There are 2 Dispensing Appliance Contractors and 2 dispensing practices. From June – November 2013, pharmacies in the Gedling area dispensed on average 159,000 items per month (Items were not necessarily dispensed to the District resident population).

Gedling has a population of 114,100 (2012 Population estimate) and accounts for just over 14% of the County population. Almost two thirds (62.8%) of the population are of working age (16-65 years), comparable with 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 5.4.2 Population Structure



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. The majority (95%) 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, 2011).

Gedling has a similar proportion of children to the County average; 5.7% compared to 5.8%. Just over 14% of the County's children under 5 years live in Gedling.

There are 21,800 older people (over 64 years) living in Gedling of which 2,800 are 85 years or over and of these, 64% are women. There are 6,300 aged 65 years and over living alone (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 6,050 claimants of Disability Living Allowance (August 2013); 12.8% of the County total.

The teenage conception rate of 29.6 per 1000 (2010-2012) is lower than the County average of 31.1 conceptions per 1000 women age 15-17 years and also lower than the national average. Gedling accounts for 14% of all teenage pregnancies in the County (185/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Gedling is around 16%, comparable to the County average.

Life expectancy for men in Gedling is 80.5 years (2010-2012) and for women, 83.1 years. Male Life Expectancy in Gedling is significantly higher than both England and the County.

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.

Current Provision

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 lower than the County and England average (see table 3.1).

Table 5.4 Services commissioned from Gedling Pharmacies

Community Pharmacy Services	Gedling
Pharmacy First	14
Palliative Care	1
Medicines Use Review	22
New Medicines Service	11
Emergency Supply Service	12
100 Hour	4
Sexual Health / Chlamydia Treatment	15
Emergency Hormonal Contraception	19
Nicotine Replacement Therapy	22
Supervised Consumption	17
Needle exchange	3
C-Card	4
Smoking Cessation	21
Total Number of Pharmacies	22

Gedling has 4 pharmacies open for 100 hours or more. Six are open on Sundays.

Future Developments

Gedling housing strategy has estimated that around 3,712 houses could be built by 2018/19. The majority will be in urban areas with good access to community pharmacies. Developments are also planned in Bestwood Village (386 units), Calverton (412 units) and Ravenshead (144 units). 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 8,500 (7.5%) 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% increase in the Gedling population by 2019.

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 2018 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 pharmacies within Gedling. There are 1.9 pharmacies per 10,000 population, slightly under the County average of 2.2 per 10,000 and the 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 advanced and locally commissioned services currently provided by these pharmacies are shown in Table 5.4. The opening hours of these pharmacies are shown in Appendix 7.

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

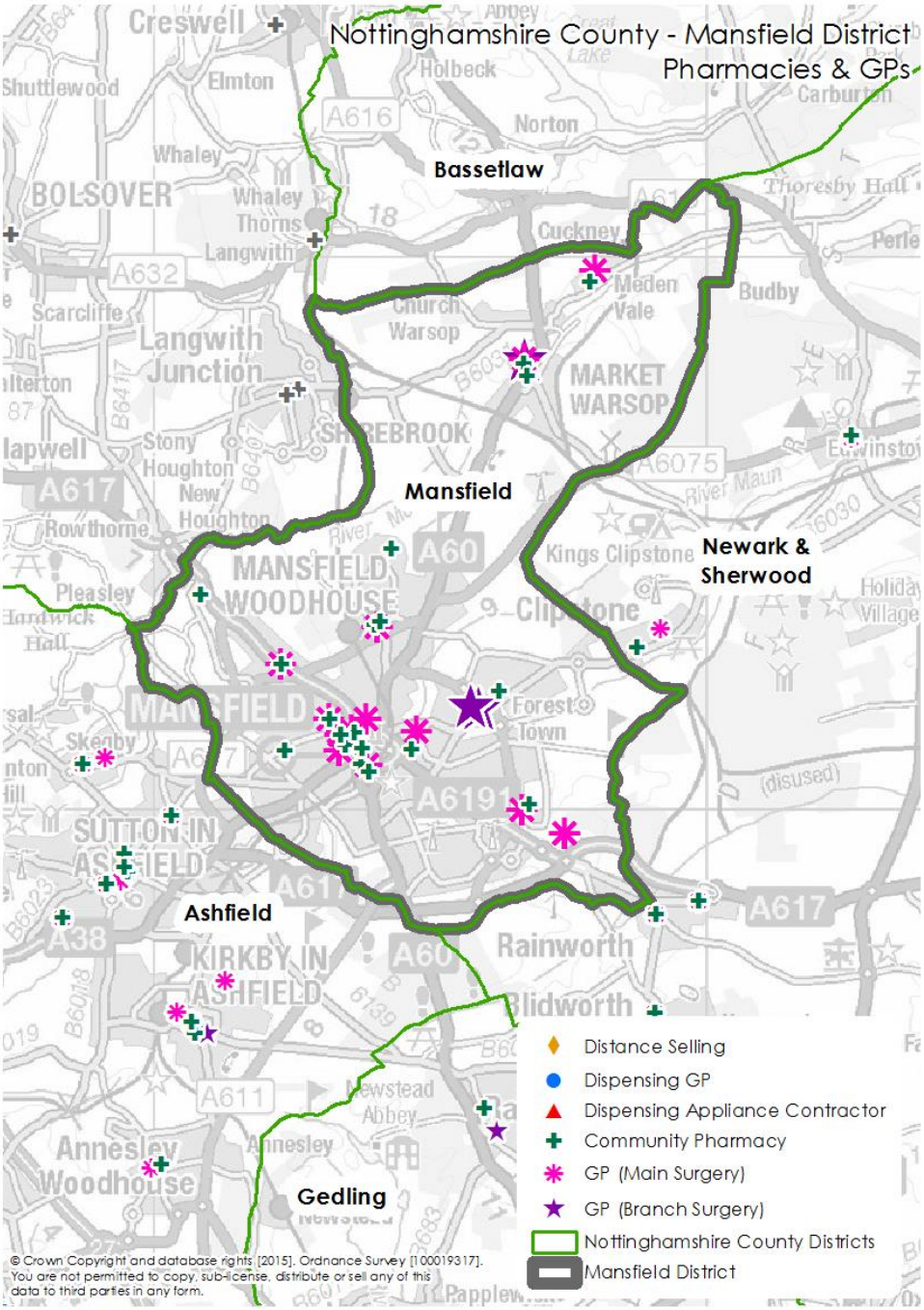
Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 1 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life.

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.

5.5 Mansfield District

Figure 5.5.1 Map of pharmacies and GPs in Mansfield



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

Population Overview

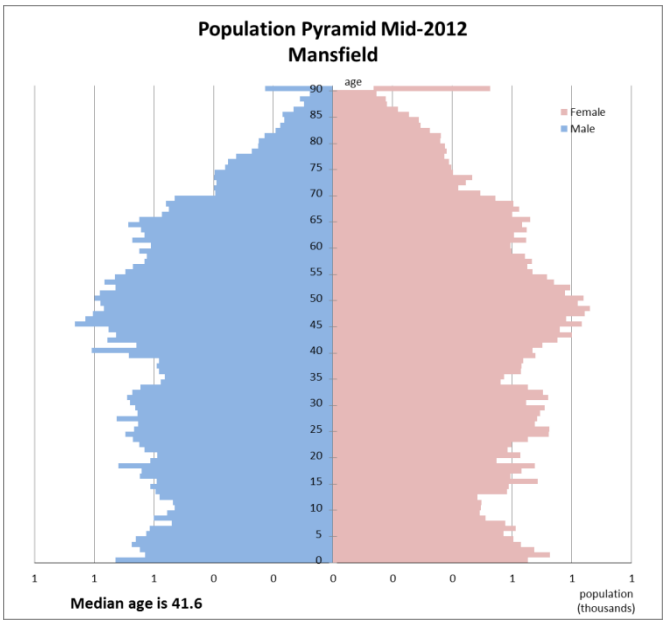
** References to County exclude Nottingham City unless specifically stated*

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 16 of the 106 practices in the County plus 3 branch practices and 24 of 171 pharmacies. There are no dispensing practices. In 2012/13 pharmacies in the district dispensed on average 197,301 items per month.

Mansfield has a population of 104,700 (2012 Population estimate) and accounts for just over 13% of the County population which makes it the smallest District in the County. Almost two thirds (64.1%) of the population are of working age (16-64 years), comparable with the County average of 63%. In Mansfield 97.2% of the population are white. Asian and mixed ethnicity groups make up just over 1% each and 0.4% are Black (under 500 people). In the over 64 year age group 99% of the population are White.

Figure 5.5.2 Population Structure



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 (89%) 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, 2011).

Mansfield has a higher proportion of children under 5 years than the County average; 6.3% compared to 5.8%. Just over 14% of the County's children under 5 years live in Mansfield.

There are 18,500 older people (over 64 years) living in Mansfield. This is 17.7% of the population which is slightly lower than the County average of 18.9%. Of these, 2,300 are 85 years or over. 5,679 people over 64 years live alone, this equates to 12.6% of all households in the district which is similar to the national average of 12.4%.

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 8,825 claimants of Disability Living Allowance (August 2013); 18.6% of the County total. This is the highest percentage of any district in the County.

The teenage conception rate of 41.5 per 1000 (2010-2012) is higher than the County average of 31.1 conceptions per 1000 women age 15-17 years and ranks 35th highest district in England. Mansfield accounts for 18% of all teenage pregnancies in the County (241/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Mansfield is just under 30%, significantly higher than the County average and, with Ashfield, has the highest prevalence in the County.

Life expectancy for men in Mansfield is 78.3 years (2010-2012) and for women 82.1 years. These figures are significantly lower than both England (79.2 and 82.7 years respectively) and the County (79.3 and 83.0 years).

Mansfield is relatively deprived compared to the County; 26 of the 66 (39%) Lower Super Output Areas in the district are in the most deprived 20% in England.

Current Provision

Residents of Mansfield have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.3 pharmacies per 10,000 population is slightly higher than County average (see table 3.1).

Table 5.5 Services commissioned from Mansfield Pharmacies

Community Pharmacy Services	Mansfield
Pharmacy First	11
Palliative Care	1
Medicines Use Review	24
New Medicines Service	18
Emergency Supply Service	18
100 Hour	7
Sexual Health / Chlamydia Treatment	15
Emergency Hormonal Contraception	22
Nicotine Replacement Therapy	23
Supervised Consumption	21
Needle exchange	3
C-Card	3
Smoking Cessation	15
Total Number of Pharmacies	24

Mansfield has 7 pharmacies open for 100 hours or more. Nine are open on Sundays.

Future Developments

Mansfield housing strategy has estimated that around 980 houses could be built by 2019/20; 540 will be in larger developments of over 100 units all of which are within reach of an existing pharmacy. The potential population growth would be in the region of 2,250 (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 2.2% increase in the Mansfield population by 2019.

Statement of pharmaceutical need

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 2018 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 2.3 pharmacies per 10,000 population, slightly over the County average of 2.2 per 10,000 and the England average of 2.1 per 10,000. The majority of the population are within 2km of a pharmacy and all are within 3km making them easily accessible.

The advanced and locally commissioned services currently commissioned from these pharmacies are shown in Table 5.5. Opening hours are shown in Appendix 7.

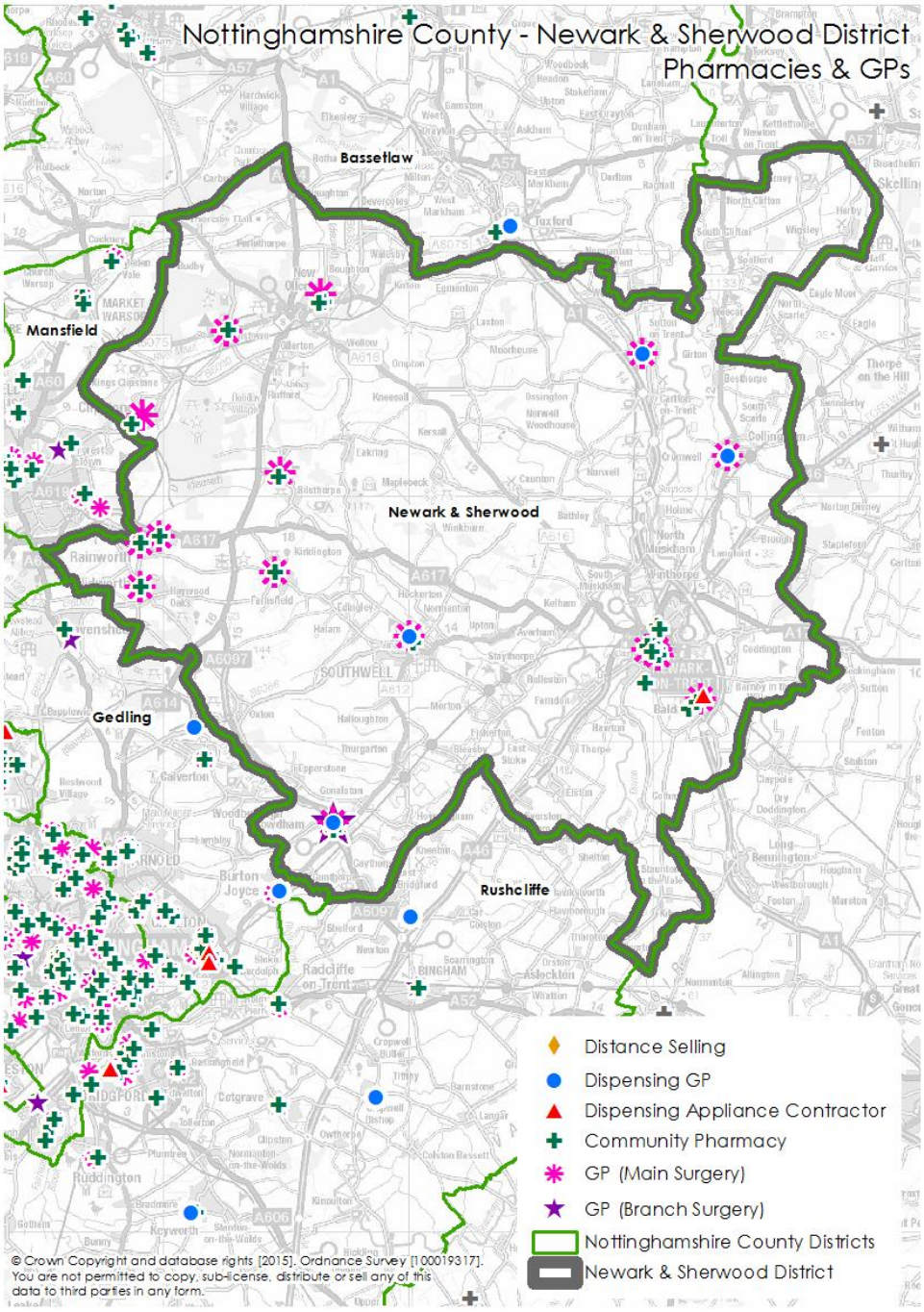
Patients with long term conditions are likely to have higher than average levels of pharmaceutical need and these needs are being met by a range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 1 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life.

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.

5.6 Newark & Sherwood District

Figure 5.6.1 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

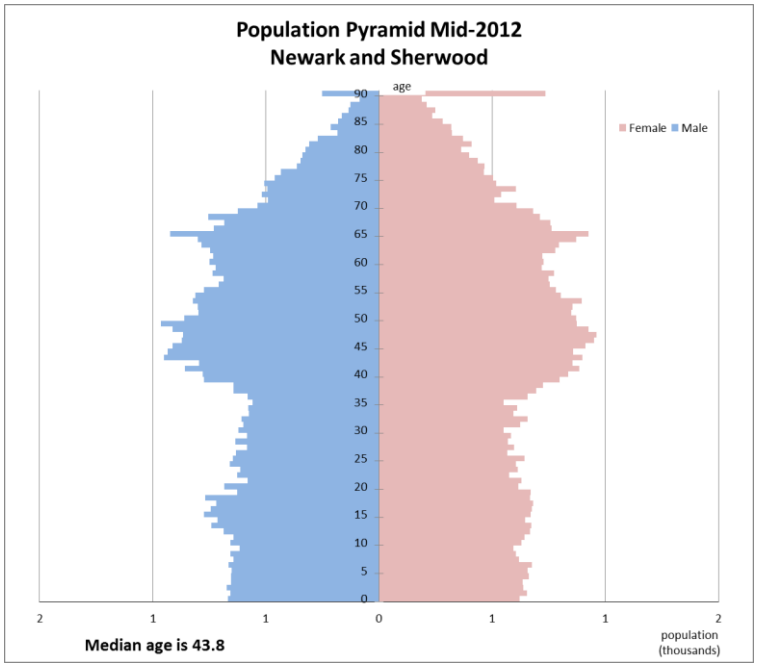
** References to County exclude Nottingham City unless specifically stated*

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

Newark & Sherwood has 16 of the 106 practices in the County plus one branch practice and 27 of 171 pharmacies. In addition, 4 of the practices are dispensing practices. There are 2 Dispensing Appliance Contractors. From June – November 2013, pharmacies in the Newark & Sherwood area dispensed on average 172,300 items per month. (Items were not necessarily dispensed to the District resident population).

Newark & Sherwood has a population of 115,800 (2012 Population estimate) and accounts for just under 15% of the County population. Almost two thirds (61.9%) 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 5.6.2 Population Structure



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. The majority (84%) of households are within 15 minutes of a GP practice (as a proxy for pharmacy) by public transport or walking. Almost all households (99%) can access a GP practice within 30 minutes (Department of Transport Statistics, 2011).

Newark & Sherwood has a slightly lower proportion of children to the County average; 5.6% compared to 5.8%. Just over 14% of the County's children under 5 years live in Newark & Sherwood.

There are 23,000 older people (over 64 years) living in Newark & Sherwood of which 2,800 are 85 years or over and of these, 68% are women. There are 6,475 people aged 65 years and over living alone (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 6,710 claimants of Disability Living Allowance (August 2013); 14.2% of the County total.

The teenage conception rate of 28.5 per 1000 (2010-2012) is lower than the County average of 31.1 conceptions per 1000 women age 15-17 years and also lower than the national average. Newark & Sherwood accounts for 15% of all teenage pregnancies in the County (201/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Newark & Sherwood is around 20%, comparable to the County average.

Life expectancy for men in Newark & Sherwood is 79.3 years (2010-2012) and for women, 82.7 years. This is comparable to County and national life expectancy.

Newark & Sherwood is relatively affluent compared to the County; only 10 of the 69 (15%) Lower Super Output Areas in the district are in the most deprived 20% in England. The most deprived areas are to be found in Newark and Ollerton.

Current Provision

Residents of Newark & Sherwood have access to a range of pharmaceutical services commissioned to meet the needs of the district. The provision of 2.3 pharmacies per 10,000 population is slightly higher than the County average (see table 3.1).

Table 5.6 Services commissioned from Newark & Sherwood Pharmacies

Community Pharmacy Services	Newark & Sherwood
Pharmacy First	21
Palliative Care	5
Medicines Use Review	27
New Medicines Service	22
Emergency Supply Service	20
100 Hour	4
Sexual Health / Chlamydia Treatment	15
Emergency Hormonal Contraception	24
Nicotine Replacement Therapy	26
Supervised Consumption	17
Needle exchange	2
C-Card	5
Smoking Cessation	17
Total Number of Pharmacies	27

Newark & Sherwood has 4 pharmacies open for 100 hours or more. Five are open on Sundays.

Future Developments

Newark & Sherwood housing strategy has estimated that around 4,614 houses could be built by 2018/19, focussing on Newark and the larger principle villages. 435 dwellings will be in 3 larger developments of over 100 units all of which are within reach of existing pharmacies in Newark. The potential population growth would be in the region of 9,500

people (9.2%) 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 4% increase in the Newark & Sherwood population by 2019.

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 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rational

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 27 pharmacies within Newark & Sherwood. In addition, there are 4 dispensing practices and 2 Dispensing Appliance Contractors. There are 2.3 pharmacies per 10,000 population, higher than the County average of 2.2 per 10,000 and England average of 2.1 per 10,000 populaiton. 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 5.6. The opening hours of all pharmacies are shown in Appendix 7.

Public transport links and high car ownership mean that residents have good access to existing pharmacies.

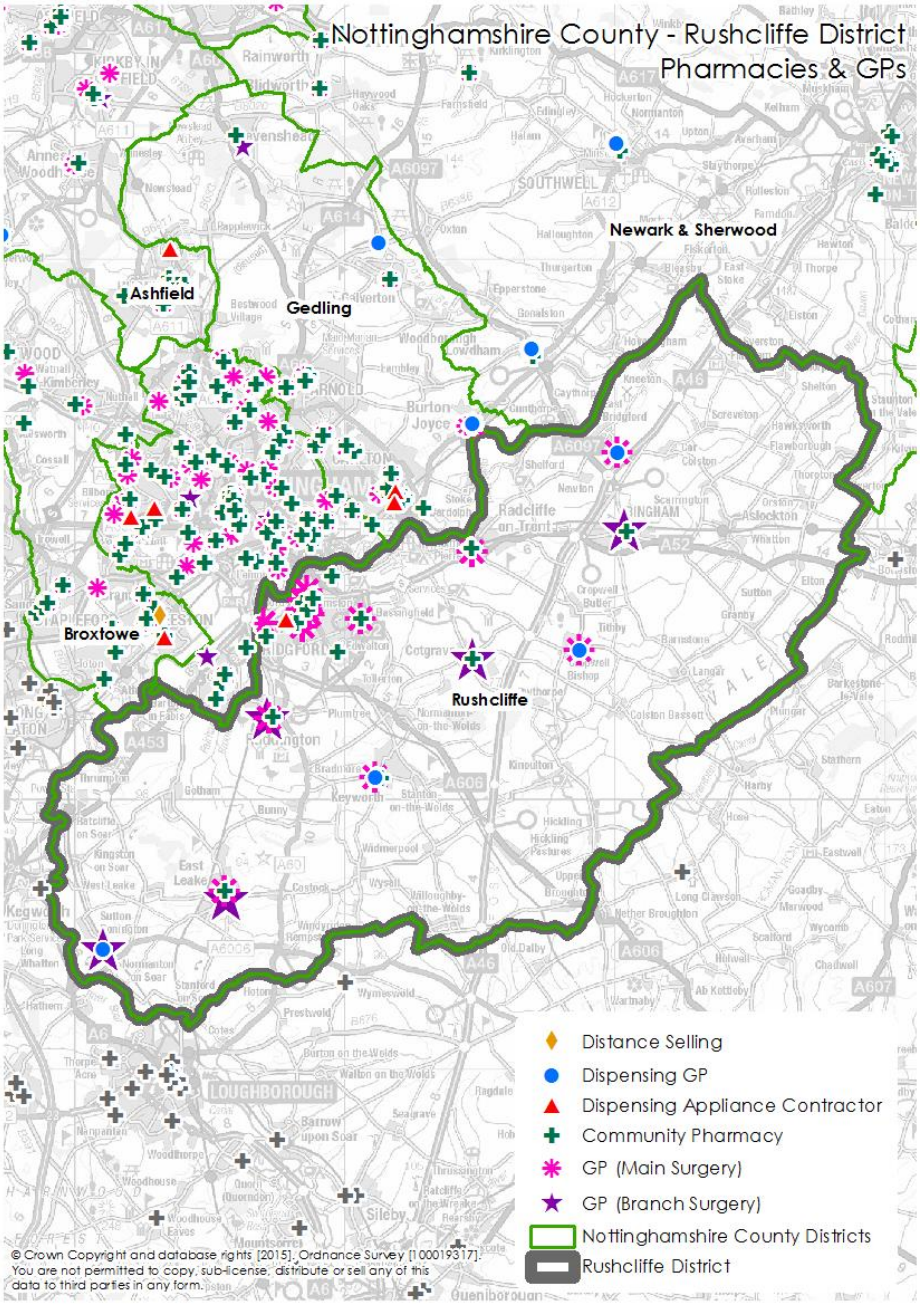
Patients with long term conditions usually have higher than average levels of pharmaceutical need and these needs are being met by the range of essential and advanced services available in pharmacies. In addition, support for lifestyle changes is met through widespread services for drug users, sexual health and smoking cessation (Appendices 9 and 10). The District has 5 of the 16 pharmacies across the County offering the Palliative Care Drug Stockist service to support those near end of life.

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.

5.7 Rushcliffe District

Figure 5.7.1 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

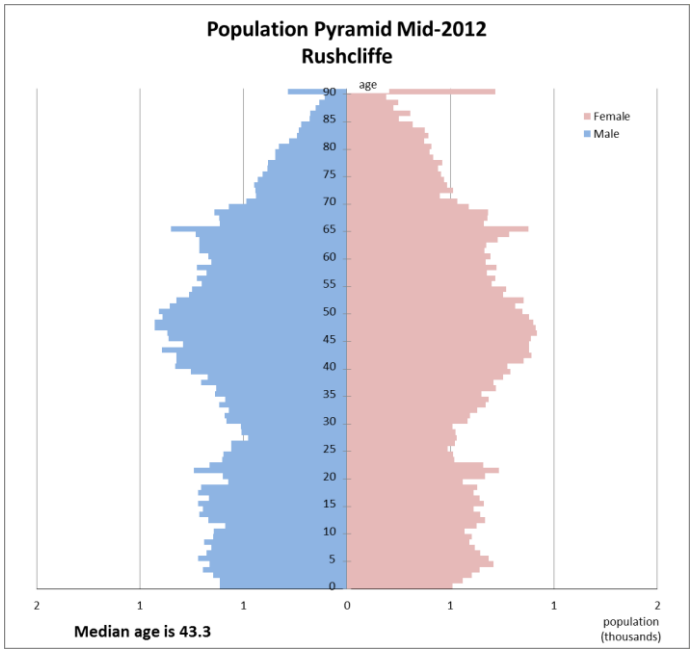
** References to County exclude Nottingham City unless specifically stated*

Rushcliffe is located to the south of Nottinghamshire County and shares borders with 6 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, Kegworth, Cotgrave, Bingham and East Leake.

Rushcliffe has 16 of the 106 practices in the County plus 5 branch practices and 21 of 171 pharmacies. Five of the practices are dispensing practices. There is one Dispensing Appliance Contractor. From June – November 2013, pharmacies in the Rushcliffe area dispensed on average 108,826 items per month (Items were not necessarily dispensed to the District resident population).

Rushcliffe has a resident population of 111,600 (2012 ONS Population estimate) and accounts for just over 14% of the County population. Almost two thirds (62.1%) of the population are of working age (16-64 years), comparable with 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 5.7.2 Population structure



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. The majority (88%) 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, 2011).

Rushcliffe has a slightly lower proportion of children to the County average; 5.6% compared to 5.8%. Just under 14% of the County's children under 5 years live in Rushcliffe.

There are 21,700 older people (over 64 years) living in Rushcliffe of which 3,000 are 85 years or over and of these, 66% are women. There are 5,900 people aged 65 years and over living alone (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 3,935 claimants of Disability Living Allowance (August 2013); 8.3% of the County total.

The teenage conception rate of 18.8 per 1000 (2010-2012) is lower than the County average of 31.1 conceptions per 1000 women age 15-17 years and also lower than the national average. Rushcliffe accounts for 8% of all teenage pregnancies in the County (108/1,326 conceptions between 2010 and 2012).

Smoking prevalence in Rushcliffe is around 15%, comparable to the County average and significantly lower than the national average (Health and Social Care Information Centre, Integrated Household Survey 2011/12).

Life expectancy for men in Rushcliffe is 80.9 years (2010-2012) and for women, 84.4 years. This is significantly higher than County and national life expectancy.

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.

Current Provision

Residents of Rushcliffe 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 lower than the County average of 2.2 per 10,000 (see table 3.1).

Table 5.7 Services commissioned from Rushcliffe Pharmacies

Community Pharmacy Services	Rushcliffe
Pharmacy First	0
Palliative Care	2
Medicines Use Review	19
New Medicines Service	11
Emergency Supply Service	14
100 Hour	4
Sexual Health / Chlamydia Treatment	13
Emergency Hormonal Contraception	18
Nicotine Replacement Therapy	19
Supervised Consumption	11
Needle exchange	3
C-Card	5
Smoking Cessation	15
Total Number of Pharmacies	21

Rushcliffe has 4 pharmacies open for 100 hours or more. Five are open on Sundays.

Future Developments

Rushcliffe housing strategy has estimated that around 2,624 houses could be built by 2018/19; 323 will be in 2 larger developments of over 100 units in Bingham and West Bridgford, both of which are within reach of an existing pharmacy. The potential population growth would be in the region of 6,000 people (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 5% increase in the Rushcliffe population by 2019.

Statement of pharmaceutical need

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 2018 when the PNA is revisited or in the event of significant changes affecting need.

Rationale

Rushcliffe is the most affluent of the 7 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 5 dispensing practices. There are 1.9 pharmacies per 10,000 population, slightly lower than the County average of 2.2 per 10,000 and the England average of 2.1 per 10,000 population. The larger settlements are within 3km of a pharmacy, smaller villages may be upto 5 km. However, as car ownership is high, access to pharmacies and other services is adequate. Three of the dispensing practices are in areas with no pharmacy within 3 km so offer improved access to a more limited service.

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

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, sexual health and smoking cessation (Appendices 9 and 10). The District has 2 of the 16 pharmacies across the County offering the Palliative Care drug stockist scheme.

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. Summary and gap analysis

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.

A public consultation on services provided by pharmacies did not identify any significant issues with current provision. However, comments received indicated a development need for pharmacies around accommodating deaf clients and being more sensitive to privacy issues when dispensing prescriptions.

Over half of respondents to the public survey expressed an interest in additional services that could be provided by pharmacies. These include weight management, NHS Health Checks, cholesterol testing, blood pressure monitoring and pain management. However the public survey response rate was very low (167 responses in total) and not representative of the County population so commissioners are advised to carry out further research in this area before committing to new services. Further work needs to be done to develop more robust methods of seeking public views on services provided by pharmacies.

The formal consultation raised some new ideas for services that pharmacies could offer. Specific reference was made for services to support older people, people living with dementia, tackling loneliness, falls prevention and bone health checks. 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.

The high levels of demand on current services continue to pose a significant pressure for 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 three Nottinghamshire Transformation Plans on reducing demand for urgent care and reducing hospital admissions, the extension of Pharmacy 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.

7. List of appendices

Appendices are available as a separate document

1. PNA Process Papers
    a. Health and Wellbeing Implementation Group Project Plan Update
    b. Steering Group Terms of Reference
2. Work Plan / Communication Plan
3. List of pharmacies by District and services provided
    a. List of pharmacies and services commissioned by NHS England
    b. List of Dispensing Appliance Contractors
    c. List of pharmacies and services commissioned by Local Authorities or CCGs
4. Public Needs Survey
    a. Public Needs Survey questionnaire
    b. Results of Public Needs Survey – County
5. Formal Consultation Questionnaire
6. Equity Impact Assessment
7. Pharmacy opening hours
    a. Pharmacy Opening Hours – Nottinghamshire County Excluding Bassetlaw
    b. Bassetlaw Pharmacy Opening Hours
8. List of GP Practices in Nottinghamshire County
9. List of Sexual Health Clinics
10. List of Smoking Cessation Services
11. Map of care homes and pharmacies in Nottinghamshire County