

Peterborough Pharmaceutical Needs Assessment

April 2015

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www.peterborough.gov.uk/pharmacyneeds

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Acronyms

Acronym	Description
A&E	Accident and Emergency
AUR	Appliance Use Review
APHO	Association of Public Health Observatories
BBC	British Broadcasting Corporation
CCG	Clinical Commissioning Group
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
DAAT	Drug and Alcohol Action Team
DAC	Dispensing Appliance Contractors
EPS	Electronic Prescription Service
GP	General Practitioner
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LCG	Local Commissioning Group
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
MIIU	Minor Illness and Injuries Unit
MMR	Measles Mumps and Rubella
MUR	Medicines Use Review
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
ONS	Office for National Statistics
PCT	Primary Care Trust
PDF	Portable Document Format
PNA	Pharmaceutical Needs Assessment
PSHFT	Peterborough & Stamford Hospitals NHS Foundation Trust
QOF	Quality Outcomes Framework
SAC	Stoma Appliance Customisation Service
SMR	Standardised Mortality Ratio
SAR	Standardised Admission Ratio
TB	Tuberculosis
TIA	Transient Ischaemic Attack

Document Structure

The document has 11 sections including the executive summary and introduction. Section 3 describes the Peterborough Health and Wellbeing Board's Health and Wellbeing Strategy and how it relates to the Pharmaceutical Needs Assessment.

Section 4 describes Peterborough's population profile and section 5 focuses on health inequalities relevant to pharmaceutical service provision mainly utilising resources from the national public health profiles.

Section 6 describes in detail the current pharmacy service provision in Peterborough and includes National Health Service (NHS), non-NHS and Locally Commissioned Services.

Sections 7 and 8 present results from surveys that involved the public and community pharmacies.

Section 9 presents a synthesis of identified health needs and service provision and makes suggestions on potential interventions for pharmaceutical service providers.

Section 10 provides an assessment on whether there is sufficient choice for the Peterborough population with regard to obtaining pharmaceutical services. The section also discusses key findings and draws conclusions and recommendations on service improvement.

Section 11 includes findings from the PNA consultation process carried out as from 10th December 2014 to 9th February 2015 and response from the steering group.

1 Executive Summary

1.1 Background

Every Health and Wellbeing Board (HWB) in England has a statutory duty to publish and keep up to date a statement of the need for pharmaceutical services in its area otherwise referred to as a Pharmaceutical Needs Assessment (PNA).

PNAs are key reference documents as regards the development and improvement of local pharmaceutical services. According to the NHS Pharmaceutical Service Regulations 2013, NHS England Area Teams must consider local PNAs while dealing with applications from new and existing pharmaceutical service providers i.e. in deciding whether a new pharmacy should be allowed in a particular locality or not, otherwise referred to as market entry.

PNAs are also used by the NHS and Local Authority commissioners in making decisions on which NHS funded services (e.g. out of hours service) and locally commissioned services (e.g. stop smoking and sexual health services) need to be provided by local community pharmacies.

1.2 Pharmaceutical Services

For the purpose of pharmaceutical needs assessments the four main categories of pharmaceutical services can be summarised as:

Essential Services

These are services that every community pharmacy¹ providing NHS pharmaceutical services must provide and are set out in their terms of service. These include: the dispensing of medicines and appliances, disposal of unwanted medicines, repeat prescriptions, signposting, clinical governance, promotion of healthy lifestyles and support for self-care.

Advanced Services

These are services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary. These include: Medicines Use Reviews, New Medicines Service, Appliance Use Reviews and Stoma Customisation Service.

Enhanced Services

These are services commissioned directly by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services.

¹ A community pharmacy is a healthcare facility that is able to provide pharmaceutical services to people in a local area or community. It dispenses medicine and involves a registered pharmacist with the education, skills, and competence to deliver professional services to the community. It is also commonly referred to as a Chemist.

Locally Commissioned Services

These are services community pharmacy contractors could potentially be commissioned to provide by local authorities which include: Supervised Medicine Consumption, Needle Exchange Programme, NHS Health Check, Contraception, Stop Smoking and Chlamydia Testing and Treatment.

1.3 PNA Process

The aim of the Peterborough PNA was to describe the current pharmaceutical services, systematically identify any gaps/unmet needs and in consultation with stakeholders make recommendations on future development.

The process was overseen by a Steering Group consisting of key professionals drawn from the Public Health department at Peterborough City Council, NHS England East Anglia Area Team, Local Pharmaceutical Committee (LPC), Healthwatch, East Anglia Pharmacy Local Professional Network and Peterborough & Cambridgeshire Clinical Commissioning Group (CCG).

The key activities in the production of the draft involved reviewing and analysing Peterborough's demographic details, health needs, current pharmaceutical service provision and consulting the public and other stakeholders through surveys.

A public consultation of the PNA document was undertaken between December 2014 and February 2015 where views from the public and other stakeholders were sought and utilised in drafting this current document to be published by 1st April 2015 after approval by the HWB.

1.4 Key Findings & Recommendations

1.4.1 Population

The latest Office for National Statistics (ONS) population estimates indicate that there are 188,373 people currently resident in Peterborough. The largest age groups are of persons aged 25-29 (8.1%) and children aged 0-4 years (8%). Overall Peterborough's population profile shows a higher proportion of younger people as compared to the national average. However ward profiles vary. Orton with Hampton has the largest proportion of young people aged 0-17 (29.8%) whereas Werrington South has the largest proportion of older people (30.5%).

Recommendation

The variation in age profiles across the Peterborough wards implies that health needs for local populations may also vary. In localities with large proportions of children and young people, some of the needs which pharmaceutical service providers could be supported to provide include: promotion of childhood immunisations, breastfeeding, healthy lifestyle such as physical activity and healthy eating, provision of substance misuse, stop smoking and sexual health services. In localities with large proportions of older people priority needs may include prevention of long term conditions by providing advice on healthy lifestyle, NHS health checks and screening and support for self-care for those living with long-term conditions.

1.4.2 Population Projections

Peterborough's general population is predicted to reach 217,600 by 2021 (a 17.4% increment); the largest increment will be among children and older people aged 85 and above.

Recommendations

Young children are often associated with a higher demand on health care facilities. Peterborough's fertility rate is significantly higher than the national average which indicates that the population of new-borns and young children will remain high in Peterborough in coming years. All community pharmacies in Peterborough are currently commissioned to provide a minor ailment treatment scheme for children which should be sustained alongside other relevant health promotion activities specified above.

The increase of older people in the population will inevitably lead to an increase in chronic conditions such as diabetes, circulatory and respiratory disease. Community pharmacies have the potential to make a significant contribution in chronic disease prevention, identification and management through the implementation of programmes such as the NHS health checks and screening, support for self-care and medicine use reviews.

1.4.3 Life Expectancy

Peterborough has a significantly lower male life expectancy at birth (77.9) than the national average (78.9). Seven out of the 24 wards in Peterborough have significantly lower male life expectancies at birth than the national average. Orton Longueville, Park and West wards have lower female life expectancies at birth than the national average.

The disparity in life expectancy between the best and worst wards in Peterborough is substantial. Males born in Ravensthorpe (the ward with the lowest life expectancy for males – 74.2 years) are expected to live 8.9 years less than those born in Stanground East (the ward with the highest life expectancy for males – 83.1 years). Among females, those born in Park (the ward with the lowest life expectancy for females – 78.8 years) are expected to live 8.8 years less than those born in Werrington South (the ward with the highest life expectancy for females – 87.6 years). The wards with low life expectancy at birth are also the most deprived.

Peterborough has a significantly lower healthy life expectancy for both males (59.9 years) and females (59.8 years) as compared to the national average (63.4 and 64.1 years respectively). These figures are also the lowest in the region. This indicates that a large proportion of Peterborough's population develops long term health problems at a relatively early age, often resulting in a high demand for health care and pharmaceutical supplies.

Recommendation

Community pharmacies should be involved in efforts to address the evident health inequality by identifying and addressing factors contributing to low life expectancy especially in deprived areas which may include harmful lifestyle habits such as substance misuse, smoking, unhealthy eating habits and poor access to health care facilities. Community pharmacies should also be supported to implement regular health promotion campaigns and to provide minor ailment treatment services for individuals who are unable to access primary and secondary care facilities for various reasons.

1.4.4 Deprivation

Peterborough has a higher percentage of people living in the 20% most deprived areas in England as compared to the national average. It also has a higher percentage of children and older people living in deprivation.

Evidence shows that populations in deprived localities often experience poor health outcomes including lower life expectancy, higher burden of ill health, low uptake of health protection services such as screening and vaccinations and often seek medical attention late.

The analysis by ward in Peterborough has revealed a similar pattern where the most deprived wards such as Central, Dogsthorpe, Orton Longueville, North and Ravensthorpe are associated with relatively poor health outcomes.

Recommendation

Community pharmacies located in deprived wards and other localities that this assessment has highlighted as having poor health outcomes should be involved in identifying priority health needs for the local populations and in the implementation of health promotion campaigns aimed at encouraging healthy lifestyle, uptake of NHS health checks and screening. They should also be supported to provide services such as NHS Health Checks, vaccinations and minor ailments treatment services.

1.4.5 Ethnicity

Peterborough is predominantly white but has a relatively higher proportion of black and minority ethnic groups as compared to other authorities in the region. It also has a higher proportion of non-British white population mainly made up of immigrants from Eastern Europe. Evidence suggests that people from black and minority ethnic groups (BME) suffer from poorer health, have reduced life expectancy and have greater problems with access to health care than the majority of the white population. Some minority ethnic groups are more predisposed to certain long term conditions e.g. diabetes (Asians).

Recommendation

There is need to further explore the needs of BME groups in relation to pharmaceutical service provision in order to design and implement effective public health and pharmaceutical interventions.

1.4.6 Tuberculosis

Peterborough's Tuberculosis (TB) incidence rate (28.9/100,000) is more than three times the regional average (8.3/100,000) and nearly two times the national average (15.1/100,000). In order to control the spread of TB in Peterborough, the recommended approach includes early detection and diagnosis and treatment completion.

Recommendation

Community pharmacies could play a major role in TB control by monitoring medication consumption and ensuring completion of treatment regimes. There is currently no service for observed treatment for tuberculosis from community pharmacies in Peterborough. Most community pharmacies have a supervised consumption service which could be adapted for tuberculosis medication.

1.4.7 Smoking

More than one in five adults smoke in Peterborough. This rate (20.8%) is significantly higher than the regional (17.5%) and national (18.4%) averages.

Smoking prevalence among Peterborough mothers at time of delivery (18%) is higher than the regional (12.4%) and national (12.7%) averages. It is also the highest in the region.

There are currently 19 pharmacies offering stop smoking service across Peterborough. There were, however, 29 pharmacies offering this service in 2011 and the number of 'smoking quits' attributable to interventions from pharmacies has fallen from 53% of the total in 2010/2011 to 19% in 2013/14.

Recommendation

Current service providers should be audited and supported to improve outcomes. Increasing the number of stop smoking services within existing pharmacies across Peterborough may also be considered if appropriate within the context of local healthcare strategy.

1.4.8 Sexual Health

Peterborough's under 18 conception rate (36/1,000) is higher than the regional (23.2/1,000) and national (27.7/1,000) averages.

Peterborough's chlamydia detection rate among males is below the national set target (at least 2,300 cases) and is lower than the regional and national averages.

Recommendation

None of the community pharmacies in Peterborough has been commissioned to provide emergency hormonal contraception or chlamydia screening despite the poor observed outcomes. Peterborough City Council should consider potentially commissioning local community pharmacies to provide the above specified services if appropriate within the context of local healthcare strategy.

1.4.9 Hospital Admissions

Peterborough has higher than expected emergency admissions for all causes, Coronary Heart Disease (CHD) and alcohol related harm. Some wards also have high emergency admissions for Stroke and Chronic Obstructive Pulmonary Disease (COPD).

Recommendation

Pharmacies should be involved in health promotion campaigns that create awareness on how to avoid the specified long term conditions and also in provision of support for patient self-care strategies which involve reviewing patient medications and educating them about how to cope with symptoms and when to seek help.

1.4.10 Health care utilization

The uptake rates of cervical cancer screening, diabetic retinopathy screening, NHS health checks and flu vaccinations in Peterborough are significantly below the regional and national averages.

None of the pharmacies in Peterborough are currently commissioned to provide NHS checks and flu vaccination for over 65s. Only 13 are providing flu vaccination for at risk groups.

Recommendation

There is a potential for pharmacies to be more involved in promotion of NHS health checks and screening and to be considered for the provision of flu vaccination for over 65s. Consideration should be given to conducting an audit of current providers of flu vaccination for at risk groups and if necessary, more pharmacies should be encouraged to provide the service.

1.4.11 Mortality

Peterborough had more deaths than expected from all causes, circulatory disease, CHD and respiratory disease during the period 2008-2012. For the under 75 population (premature deaths), more than expected deaths were reported for all causes, circulatory disease and CHD.

Recommendations

Pharmacies should be involved in health promotion campaigns that encourage healthy living style, NHS health checks and screening. Enhancement of stop smoking services as well as treatment of minor ailments by pharmacies may also contribute towards reduction of mortality associated with respiratory conditions. For patients living with long-term conditions, pharmacies should be involved in providing self-care support and medicine use reviews.

A minor ailments scheme 'Pharmacy First' targeting children is currently implemented by all pharmacies in Peterborough. Considering the high emergency hospital admissions and respiratory disease mortality rates in various Peterborough wards it may be worth expanding the programme to include adults in affected localities.

1.4.12 Pharmaceutical Service Providers

There are currently 43 community pharmacies including two distance selling pharmacies in Peterborough. There are also three dispensing practices, and two dispensing appliance contractors. The ratio of pharmacies and dispensing practices against the local population in Peterborough (24 per 100,000 population) is above both the national (22 per 100,000) and regional (20 per 100,000) averages.

1.5 Conclusion

There is currently sufficient essential and advanced pharmaceutical service provision in Peterborough. However, locally commissioned services such as stop smoking appear inadequate as evidenced by deteriorating quit rates and an overall significantly higher smoking rate among adults and pregnant women as compared to the regional and national averages.

No community pharmacy in Peterborough is currently commissioned to provide flu vaccination for over 65s and only 13 provide flu vaccination service for at risk groups. Also none have been commissioned to provide sexual health services such as emergency hormonal contraception and chlamydia testing and treatment despite higher teenage pregnancy and low chlamydia detection rates among men as compared to the regional and national averages.

NHS England should consider commissioning existing pharmacies to provide flu vaccination for over 65s and encourage more pharmacies to provide flu vaccination for the at risk groups. Public health commissioners should support current providers of stop smoking services to improve outcomes and consider commissioning more existing pharmacies to enhance coverage. They should also consider commissioning existing pharmacies to provide sexual health services in order to address the high level of teenage pregnancy and low chlamydia detection rates among men if appropriate within the context of local healthcare strategy.

Overall, pharmacies are valued community assets and are strategically placed to effectively intervene in identified health needs and should be considered core in all strategies aimed at addressing highlighted health inequalities.

2 Introduction

2.1 Context for the PNA

The Health and Social Care Act 2012² which established Health and Wellbeing Boards (HWBs) in England also placed a statutory responsibility on all HWBs to publish and keep up to date statements of need for pharmaceutical service in their areas. These statements are referred to as Pharmaceutical Needs Assessments (PNAs). This responsibility was previously held by Primary Care Trusts (PCTs) which were abolished as from April 2013.

HWBs have the responsibility to check the suitability of existing PNAs compiled by PCTs and may publish supplementary statements explaining any changes if necessary. However each HWB needs to publish its own revised PNA for its area by 1st April 2015. This will require HWB sign-off after a two months period of public consultation (Part 2 NHS regulation, 2013)³.

The Health and Social Care Act 2012 also amended the Local Government and Public Involvement Act 2007⁴ to introduce duties and power to HWBs as regards Joint Strategic Needs Assessments (JSNAs). JSNAs are used by local authorities, NHS and other partners in designing interventions aimed at improving the general local population health and reducing inequalities. The PNA process therefore has taken account of the Peterborough JSNA and other local strategies.

PNAs are key reference documents as regards the development and improvement of local pharmaceutical services. According to the *NHS Pharmaceutical Service Regulations 2013*, NHS England Area Teams must consider local PNAs while dealing with applications from new and existing pharmaceutical service providers i.e. in deciding whether a new pharmacy should be allowed in a particular locality or not, otherwise referred to as market entry.

PNAs will also be used by the NHS and Local Authority commissioners in making decisions on which NHS funded services (e.g. out of hours service) and locally commissioned services (e.g. Stop Smoking and Sexual Health services) need to be provided by local community pharmacies.

PNAs being central in decisions about commissioning services and new pharmacy openings, it is essential that they comply with the requirements of the regulations, that due process is followed in their development and that they are kept up to date.

² <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> Date accessed: October 2014

³ http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf Date accessed: October 2014

⁴ <http://www.legislation.gov.uk/ukpga/2007/28/contents> Date accessed: October 2014

2.2 Definition of Pharmaceutical Services

Section 126 of the 2006 Act^{5 6} places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to individual patients. This section also makes provision for the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription. These include:

- Pharmacists (healthcare professionals working for themselves (contractors) or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use); and
- dispensing appliance contractors (appliance suppliers are a specific subset of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.). They cannot supply medicines.

In addition, there are two other types of pharmaceutical contractors: dispensing doctors, who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”⁷ and Local Pharmaceutical Services (LPS) contractors who provide a level of pharmaceutical services in some HWB areas.

A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing.

2.3 Commissioning of Pharmaceutical Services

NHS England Area Teams

NHS England area teams commission all services in the NHS Community Pharmacy Contractual Framework i.e. Essential, Advanced and Enhanced services. Other commissioners cannot commission these services from community pharmacies. Enhanced services are those pharmaceutical services that are listed in the Pharmaceutical Services (Advanced and Enhanced Services) Directions, 2013.⁸ Other commissioners may choose to commission some of these Enhanced Services

⁵ The Health Act 2006: http://www.legislation.gov.uk/ukpga/2006/28/pdfs/ukpga_20060028_en.pdf
Date accessed: October 2014

⁶

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf Date accessed: October 2014

⁷ A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be “rural in character”.

⁸ <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013> Date accessed: October 2014

from community pharmacies, but they would be classed as Locally Commissioned Services and not Enhanced Services.

Local Authorities

Local Authorities have the responsibility for commissioning a wide range of services, including most public health services and social care services. The following public health services provided by community pharmacies could be commissioned by local authorities:

- Supervised Consumption
- Needle and Syringe Programme
- NHS Health Check
- Emergency Hormonal Contraception and General Contraceptive Services
- Sexual Health Screening Services
- Stop Smoking
- Chlamydia Testing and Treatment
- Weight Management
- Alcohol Screening and Brief Interventions

Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) can commission services such as minor ailments service, palliative care schemes, emergency prescription service and other medicines optimisation services⁹.

2.4 Pharmaceutical Services & PNAs

For the purpose of pharmaceutical needs assessments the three main categories of pharmaceutical services can be summarised as below:

Essential Services

These are services that every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service. These are:

- Dispensing of medicines
- Dispensing of appliances
- Disposal of unwanted medicines
- Promotion of healthy lifestyles
- Repeat prescriptions
- Signposting
- Support for self-care
- Clinical governance

⁹ The safe and effective use of medicines to enable the best possible outcomes

Advanced services

These are services community pharmacy contractors and dispensing appliance contractors can choose to provide subject to accreditation as necessary. These are:

- Medicines Use Reviews
- New Medicines Service
- Appliance Use Reviews
- Stoma Appliance Customisation Service

Enhanced services

These are services that can be commissioned directly by NHS England. These include:

- Anti-coagulation Monitoring.
- The provision of advice and support to residents and staff in care homes in connection with drugs and appliances.
- On demand availability of specialist drugs
- Out-of-hours Services

Locally commissioned services

These are services community pharmacy contractors can be commissioned by local authorities to provide which include:

- Supervised Consumption
- Needle and Syringe Programme
- NHS Health Check
- EHC and Contraceptive Services
- Sexual Health Screening Services
- Stop Smoking
- Chlamydia Testing and Treatment
- Weight Management
- Alcohol Screening and Brief Interventions

2.5 Process followed in developing the PNA

The aim of the Peterborough PNA was to describe the current pharmaceutical services, systematically identify any gaps/unmet needs and in consultation with stakeholders, make recommendations on future development.

Objectives

- Compile a list of pharmacies and services currently provided such as dispensing, providing advice on health, medicines reviews, stop smoking service and support for substance misusers.
- List other services such as dispensing by GP surgeries and services available in neighbouring HWB areas that might affect the need for services in Peterborough.

- Examine the demographics of the local population and their public health needs in relation to current and future pharmaceutical service provision.
- Identify gaps in pharmaceutical services that could be met by providing more pharmacy services or through opening more pharmacies.
- Produce maps relating to Peterborough pharmaceutical service e.g. location of pharmacies and accessibility.
- Consult and engage with stakeholders, patients and the public throughout the process so that their opinions inform the PNA document.
- To facilitate a two month public consultation period after completion of assessment and before HWB board sign off and publication.

Process

This PNA builds on and updates the work undertaken as part of the 2011 PNA by Peterborough Primary Care Trust. Other key reference documents used in the development of the Peterborough PNA 2015 include: the Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards¹⁰, Pharmaceutical Needs Assessment: Right Service in the Right Place¹¹, Pharmaceutical Needs Assessment: A Guide for Local Authorities¹², Pharmaceutical Needs Assessment Tool Kit, Part 1 & 2¹³ and Developing Pharmaceutical Needs Assessments: A Practical Guide.¹⁴

To oversee the process, a PNA Steering Group was formed consisting of key professionals mainly drawn from the Public Health department at Peterborough City Council, NHS England East Anglia Area Team, Local Pharmaceutical Committee (LPC), Healthwatch, East Anglia Pharmacy Local Professional Network and Peterborough & Cambridgeshire Clinical Commissioning Group (CCG).

Key Steps

The assessment involved the following key steps:

1. Review and analysis of the Peterborough Health and Wellbeing Strategy 2012-15, JSNA and other relevant local plans in relation to pharmaceutical service provision.
2. Collation and summary of routine pharmacy contracting and activity data with national and local benchmarking.
3. Patient experience: online survey, questionnaires via various outlets including community pharmacies and GP practices.
4. Community Pharmacies & Dispensing Practices: email questionnaires.
5. Survey data analysis

¹⁰ <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>
Date accessed: October 2014

¹¹ <http://www.pcc-cic.org.uk/article/pharmaceutical-needs-assessments-right-service-right-place>
Date accessed: October 2014

¹² <http://www.rpharms.com/promoting-pharmacy-pdfs/nhs-reforms---pnas-for-local-authorities---jan-2013.pdf> Date accessed: October 2014

¹³ http://www.natpact.info/uploads/2004_Nov/NatPacTToolkit%20Part%201%20Final.pdf
Date accessed: October 2014

¹⁴ <http://www.npc.nhs.uk/rapidreview/?p=410> Date accessed: October 2014

6. Synthesis of identified health needs and priorities mapped against service provision otherwise described as gap analysis.
7. Professional and public consultation between December 2014 and February 2015.

3 The Health and Wellbeing Board Strategy

The current Peterborough Health and Wellbeing Board (HWB) strategy (2012-15)¹⁵ which is guided by the JSNA, highlights the following five priority areas as key to the improvement of the health of the local population and in reducing health inequalities:

- Ensure that children and young people have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.
- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
- Enable older people to stay independent and safe and to enjoy the best possible quality of life.
- Enable good child and adult mental health through effective, accessible health promotion and early intervention services.
- Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs.

The HWB strategy highlights the need for collaborative commissioning and working by NHS, local authority and other agencies that impact on the health and wellbeing of the local population (including pharmaceutical service providers) in addressing the above priorities in order to realise a more coherent and effective response and to accomplish set outcomes.

Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations¹⁶ requires that HWBs when carrying out assessments for the purpose of publishing PNAs have regard to:

- The number of people in its area who require pharmaceutical services;
- the demography of its area; and
- the risks to the health or well-being of people in its area.

Pharmaceutical service providers have the potential to play a greater role in identifying and helping address priority health needs as they are strategically placed in the community and have daily interactions with the local population. Evidence from the Healthy Living Pharmacy Initiative¹⁷ implemented nationally since 2010 shows

¹⁵ http://www.peterborough.gov.uk/health_and_social_care/health_and_wellbeing_strategy.aspx

Date accessed: October 2014

¹⁶ <http://www.legislation.gov.uk/ukxi/2013/349/contents/made> Date accessed: October 2014

¹⁷ http://www.npa.co.uk/Documents/HLP/HLP_overview_12.11.pdf Date accessed: October 2014

that community pharmacies can make a significant impact in the improvement of health and wellbeing of local populations.

In consideration of the three areas highlighted above, Section 3 further examines Peterborough's population characteristics and major causes of ill health as a prerequisite to understanding local health needs and how pharmaceutical service providers can be involved in various interventions.

DRAFT

4 Demography

4.1 Localities

Electoral wards have been a fundamental small administrative area for decades but are not often considered in pharmaceutical service delivery due to their varied population sizes and characteristics. However the Office for National Statistics (ONS)¹⁸ and Public Health England¹⁹ now produce data at ward level which are increasingly being used for health needs assessments, health planning and assessing health inequalities. Furthermore wards have names, well defined geographical boundaries and established governance structures. Wards are easily recognisable by local populations and leaders unlike super output areas²⁰ which are only identifiable by codes.

Most of the data relating to the health status of the Peterborough population quoted in this PNA relates to wards. There are 24 wards in Peterborough. Table 2 gives the names and population sizes of each and also all maps presented in various sections have ward boundaries and names. The Peterborough HWB believes provision of pharmaceutical services should be proportionate to the local population needs. As can be inferred from section 6 of this document, residents of Peterborough have adequate access to pharmaceutical services. For this reason, this PNA will consider Peterborough local authority as one locality but take into consideration the varying needs identified at ward level that may require different levels of services to reflect community needs.

4.2 Population

4.2.1 Peterborough's Population Structure

The latest ONS population estimates (Mid- year 2013) indicate that there are 188,373 people resident in Peterborough (Table 1). The largest age groups are of persons aged 25-29 and children aged 0-4.

The largest proportions are of persons aged 0-4 (8%), 25-29 (8.1%) and 30-34 (7.9%) while the smallest are of persons aged 70 and above.

¹⁸ <http://www.neighbourhood.statistics.gov.uk/dissemination/> Date accessed: October 2014

¹⁹ <http://www.localhealth.org.uk/#v=map4;l=en> Date accessed: October 2014

²⁰ Super Output Areas (SOAs) are national geographies created by the Office for National Statistics (ONS) for collecting, aggregating and reporting statistics. <http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/census/super-output-areas--soas-/index.html> Date accessed March 2015

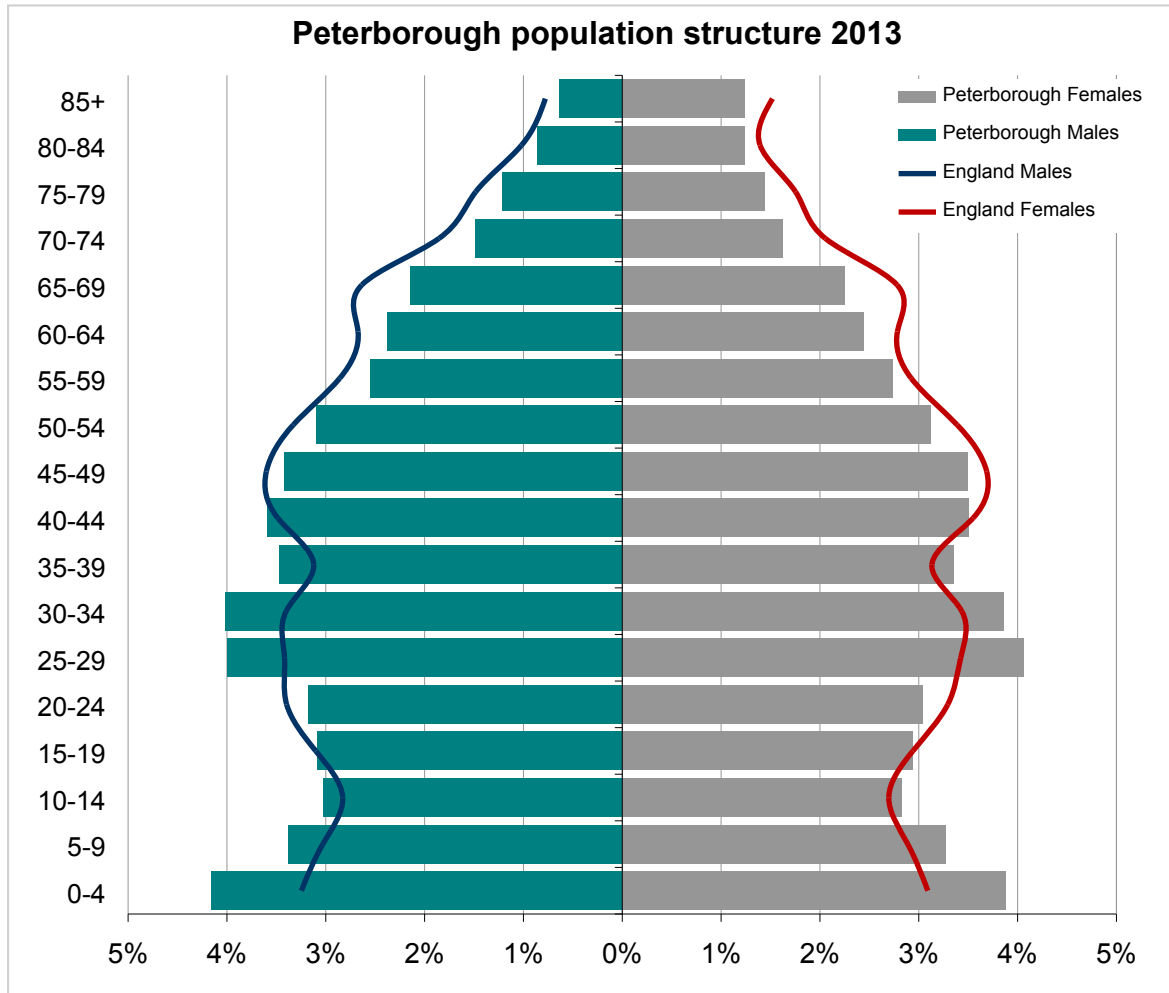
Table 1: Peterborough's population estimates and proportions by sex and five year age bands, 2013

Age Band (Years)	Male		Females		Total	
	Number	%	Number	%	Number	%
0-4	7837	8.4	7318	7.7	15155	8.0
5-9	6365	6.8	6162	6.5	12527	6.7
10-14	5696	6.1	5330	5.6	11026	5.9
15-19	5811	6.2	5534	5.8	11345	6.0
20-24	5992	6.4	5722	6.0	11714	6.2
25-29	7521	8.0	7646	8.1	15167	8.1
30-34	7559	8.1	7276	7.7	14835	7.9
35-39	6540	7.0	6311	6.7	12851	6.8
40-44	6768	7.2	6597	7.0	13365	7.1
45-49	6442	6.9	6576	6.9	13018	6.9
50-54	5831	6.2	5876	6.2	11707	6.2
55-59	4795	5.1	5152	5.4	9947	5.3
60-64	4473	4.8	4599	4.9	9072	4.8
65-69	4048	4.3	4232	4.5	8280	4.4
70-74	2803	3.0	3061	3.2	5864	3.1
75-79	2291	2.4	2714	2.9	5005	2.7
80-84	1614	1.7	2344	2.5	3958	2.1
85+	1200	1.3	2337	2.5	3537	1.9
Total	93586	100	94787	100	188373	100

Source: ONS Mid-Year Population Estimates, 2013

Figure 1 shows Peterborough’s population structure compared to the England average. Peterborough has a higher proportion of children aged 0-9 years and young adults aged 25-34 years but has a lower proportion of older people aged (55 and above).

Figure 1: Peterborough’s population pyramid (% based on total population)



Source: ONS Mid-Year Population Estimates, 2013

4.2.2 Ward Population

Table 2 shows Peterborough’s population by ward and age bands. Orton with Hampton has the largest proportion of young people aged 0-17 whereas Fletton and Woodston has the largest proportion of the working group (18-64) (68.1%). Werrington South has the largest proportion of older people (30.5%).

Table 2: Peterborough's ward level population, 2012

Ward name	Age 0-17	%	Age 18-64	%	Age 65+	%	Total
Barnack	642	21.9	1606	54.7	688	23.4	2936
Bretton North	2406	25.5	5827	61.9	1185	12.6	9418
Bretton South	737	24.1	1877	61.5	438	14.4	3052
Central	3491	28.3	7855	63.8	972	7.9	12318
Dogsthorpe	2511	25.8	5852	60.0	1388	14.2	9751
East	2942	25.7	7123	62.3	1371	12.0	11436
Eye and Thorney	1365	21.9	3718	59.8	1139	18.3	6222
Fletton and Woodston	2648	22.7	7935	68.1	1077	9.2	11660
Glington and Wittering	1679	22.9	4686	63.9	967	13.2	7332
Newborough	596	20.7	1797	62.5	480	16.7	2873
North	1548	24.8	3719	59.6	971	15.6	6238
Northborough	509	18.9	1522	56.4	666	24.7	2697
Orton Longueville	2610	25.9	6229	61.7	1253	12.4	10092
Orton Waterville	1607	19.5	5093	61.8	1542	18.7	8242
Orton with Hampton	4237	29.8	9037	63.5	951	6.7	14225
Park	2849	26.7	6612	61.9	1227	11.5	10688
Paston	2248	26.1	5396	62.8	955	11.1	8599
Ravensthorpe	2204	27.1	5125	63.0	809	9.9	8138
Stanground Central	1763	19.3	5689	62.2	1698	18.6	9150
Stanground East	697	22.9	1820	59.7	533	17.5	3050
Walton	1201	21.4	3514	62.5	909	16.2	5624
Werrington North	1720	22.4	5050	65.8	900	11.7	7670
Werrington South	973	15.3	3452	54.2	1944	30.5	6369
West	1811	21.1	4866	56.6	1915	22.3	8592
Total	44994	24.1	115400	61.9	25978	13.9	186372

Source: ONS Mid-year population estimates, 2012

Implications for Pharmaceutical Service

The variation in age profiles across the Peterborough wards implies that health needs for local populations also vary. In localities with large proportions of children and young people, some of the needs which pharmaceutical service providers have the potential to intervene include: promotion of childhood immunisations, breastfeeding, healthy lifestyle such as physical activity and healthy eating, provision of substance misuse, smoking and sexual health services. In localities with large proportions of older people priority needs could include prevention of long term conditions by providing advice on healthy lifestyle, NHS health screening and checks and support for self-care for those living with long-term conditions.

4.2.3 Peterborough Population Projections

At the latest census (2011) Peterborough's resident population was 183,631. This has increased to approximately 188,373 according to the latest ONS population estimates (2013). Population forecasts by the Cambridgeshire Research Group show that Peterborough's population will reach approximately 219,600 by 2021, a 17.4% increase from an estimated 2012 population of 187,100 (Table 3).

Table 3: Peterborough population projections, 2001-2031

Age Group	2001	2011	2012	2016	2021	% Change 2012-21	2026	2031	% Change 2012-31
0-4	10300	13900	14500	16200	17700	22	18200	17500	20.7
5-10	13200	13700	14000	15800	18600	33	20300	20600	47.1
11-15	10800	11500	11400	11100	12900	13	14900	16000	40.4
16-19	7900	9000	9300	9200	9000	-3	10400	11700	25.8
20-24	9700	12500	12700	12700	13300	5	12300	13200	3.9
25-34	24800	29200	30000	33100	36300	21	36200	33000	10.0
35-44	23200	26200	26300	27500	31700	21	35700	36700	39.5
45-54	20300	23700	24300	25900	26300	8	27400	30400	25.1
55-64	14950	19000	18800	19800	22500	20	24500	24100	28.2
65-74	12100	12700	13400	15100	16700	25	17600	19800	47.8
75-84	7700	8800	9000	9100	10000	11	12300	13500	50.0
85+	2400	3300	3400	3800	4500	32	5100	6100	79.4
Total*	157300	183600	187100	199200	219600	17	234800	242600	29.7

Source: Cambridgeshire Research Group

* Totals May not add up due to rounding of figures

Between 2012 and 2021 the largest population increase will be among persons aged 25-34 years (6,300). However, proportion wise the largest growth will be among children aged 5-10 years (32.9%) and older people aged 85+ (32.4%) (Table 3).

Implications for Pharmaceutical Service

The large increase in children and older people populations will have significant implications on pharmaceutical service provision as the two age groups tend to be the highest users of the service. Pharmaceutical service providers will be expected to participate more in public health interventions aimed at disease prevention in order to lessen the burden on pharmaceutical, primary and secondary care services.

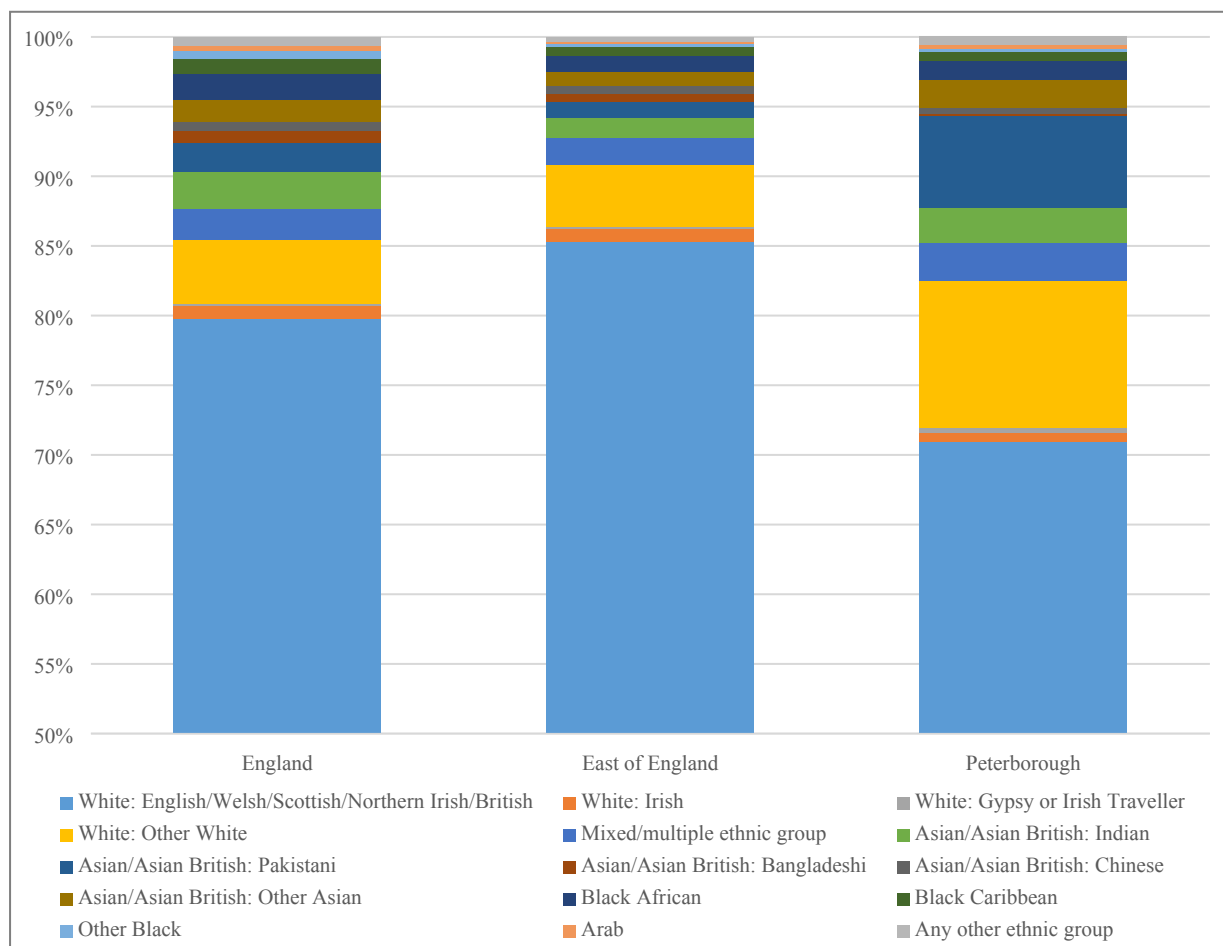
4.2.4 Ethnicity

The Peterborough population structure is changing with new ethnic groups coming to the city and initially tending to settle in the most deprived areas. This presents new and continuously shifting challenges when designing local services sensitive to the needs of the population. In the recent past people from Eastern Europe have been the largest immigrant group settling in Peterborough. The impact on pharmaceutical services resulting from their settlement in Peterborough is not known. There is need to undertake a more comprehensive needs assessment in order to design and implement effective interventions with the group.

Peterborough has a majority white population, although it has experienced an increase in the proportion of residents who come from Black and Minority Ethnic (BME) categories. It currently has a higher proportion of BME population as compared to similar areas in England. The ethnicity data recorded during the 2011 census shows that Peterborough is an increasingly diverse city with 21,496 (11.7%) of the population classified as Asian/Asian British and 19,495 (10.6%) as White

Other which mainly consists of persons of Eastern Europe origin. The majority subgroup of the Asian/Asian British was Pakistani with 12,078 (56.2%), followed by Indian with 4,636 (21.6%) (Figure 2).

Figure 2: Ethnic group population proportions in Peterborough, East of England region and England, Census 2011



Source: ONS Census, 2011

Implications for Pharmaceutical Service

Evidence suggests people from BME groups suffer from poorer health, have reduced life expectancy and have greater problems with access to health care than the majority white population.²¹ People from BME groups can also place too much emphasis on access to a GP and undervalue the input from other healthcare professionals such as nurses and pharmacists. Some minority ethnic groups are more predisposed to certain long term conditions e.g. diabetes (Asians). Difficulties in expressing their needs in English may also lead to misdiagnosis of their health problems and consequently wrong treatment. Pharmaceutical service providers should therefore take into consideration the unique needs of the local BME groups which could include having translation services and health promotion campaigns aimed at preventing long term conditions such as diabetes.

²¹ http://www.publichealth.hscni.net/sites/default/files/Guide%20%20BME%20Groups_0.pdf Date accessed: November 2014

4.2.5 Travellers Population

The ONS 2011 census included the option of 'White: Gypsy or Irish Traveller' under Ethnic Group for the first time. A total of 560 respondents in Peterborough (0.3% of the total) identified themselves as White: Gypsy or Irish Traveller, a higher percentage than the regional (0.1%) and national (0.1%) averages.²² Although the numbers are relatively small, it is clear that Peterborough has a slightly higher proportion of people identifying as part of this ethnic group and who may, due to the inherently transient nature of the group, not be registered with a GP and therefore make greater use of pharmacies. The Department for Communities and Local Government's July 2014 report 'Count of Traveller Caravans, England'²³ details a 4% reduction nationally in the number of traveller caravans in England compared to the previous year. However the number in Peterborough has remained consistent, with 186 caravans counted in 2013 and 187 in 2014, suggesting that the resident traveller population is not decreasing in line with the national trend.

Peterborough's two largest traveller sites are located at Oxney Road (within the East ward) and Norwood Lane (within the Paston ward). These sites are both supported by a pharmacy in relatively close proximity, with the Sainsbury's Pharmacy located on Oxney Road and the Coop Pharmacy located at Chadburn Centre.

4.2.6 Deprivation

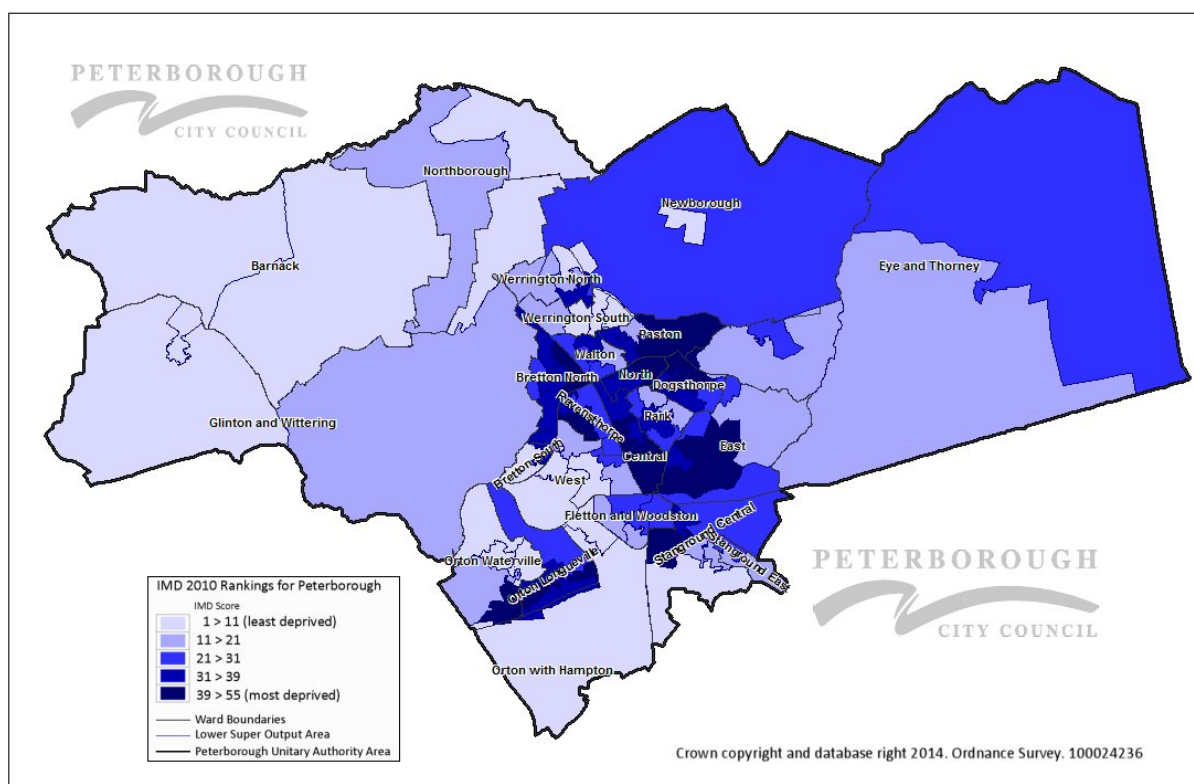
Map 1 below shows the distribution of deprivation across Peterborough, with the darker colour representing the more deprived areas. The pattern of deprivation remains similar to previous years with areas of greatest deprivation being concentrated in central wards of the local authority: Dogsthorpe, Paston, Central, East, Ravensthorpe and parts of the Orton area. Peterborough is ranked as the 71st most deprived local authority out of 326 nationally.

²² <http://www.peterborough.gov.uk/pdf/CommunityInformation-AboutPeterborough-2011Census-EthnicityIdentityLanguageReligionKeyStatistics.pdf> Date accessed: November 2014

²³

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/376736/Traveller_Caravan_Count_release_-_July_2014.pdf Date accessed: November 2014

Map 1: Deprivation levels in Peterborough by lower super output areas, IMD 2010



Source: Department of Communities and Local Government, 2010

More than one in three people in Peterborough live in areas classified as the 20% most deprived areas in England. This is significantly higher than the national average (20.4%). The percentage of children living in poverty (23.6%), rate of persons who are homeless (3.5%), rate of recorded crime against person and those experiencing long term unemployment are higher than the national average (Table 4).

Table 4: Deprivation Indicators

Indicator	Peterborough Number	Peterborough %/Rate	England %/Rate
% people in this area living in 20% most deprived areas in England, 2010	63,633	34.1	20.4
% children (under 16) in families receiving means-tested benefits & low income, 2011 (Children in poverty)	9715	23.6	20.6
Statutory homelessness – crude rate per 1000, 2012/13	263	3.5	2.4
Long term unemployment (16-64), 2013	1567	13	9.9
Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13	2401	13	10.6

Source: Public Health England

Older people

Dashboard 1 shows percentages of older people in deprivation and pensioners living alone by Peterborough wards compared to the England average. Red indicates statistically significantly worse outcome than the England average, while green indicates a better than England average outcome. Yellow indicates that the observed difference is not statistically significant.

There are approximately 6,753 older people living in deprivation in Peterborough. This is an equivalent of 20.6% which is significantly higher than the national average (18.1%). Eleven out of the 24 wards in Peterborough have significantly higher percentages of older people living in deprivation than the national average.

About a third (8,093) of pensioners in Peterborough live alone. This is significantly higher than the national average (31.5%). Eleven out of the 24 wards in Peterborough have significantly higher percentages of pensioners living alone than the national average. North ward has the highest percentage (42.7%).

Implications for Pharmaceutical Service

Evidence shows that deprived populations often experience poor health outcomes including low life expectancy.^{24 25} The prevalence of lifestyle related conditions as well as long term conditions are more prevalent among deprived populations. The demand for health care including pharmaceutical service is therefore also relatively high in deprived areas. There is need for pharmaceutical service providers located in deprived areas to be involved in disease prevention and management strategies.

Older people living in deprivation and/or alone are vulnerable; they are more likely to experience difficulties in accessing health care services as well as adherence to prescribed medication. They therefore may benefit from minor ailments treatment schemes, self-care support and regular medicine use reviews if provided by local community pharmacies.

²⁴

http://www.rcn.org.uk/_data/assets/pdf_file/0007/438838/01.12_Health_inequalities_and_the_social_determinants_of_health.pdf Date accessed: October 2014




²⁵ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
Date accessed: October 2014

Dashboard 1: Percentage of older people in deprivation and pensioners living alone, IMD 2010

Area Name	Number of Older People in Deprivation	% Older People in Deprivation	Number of Pensioners Living Alone	% of Pensioners Living Alone
Barnack	97	11.2	174	26.5
Bretton North	435	25.6	408	35.5
Bretton South	75	12.5	115	28.1
Central	380	35.3	385	40.6
Dogsthorpe	590	32.5	478	34.7
East	533	30.9	530	39.2
Eye and Thorney	266	17.8	323	29.9
Fletton and Woodston	347	24.9	386	36.1
Glington and Wittering	121	9.8	223	24.8
Newborough	61	10.1	103	23.8
North	393	31.7	404	42.7
Northborough	86	10.2	136	22.5
Orton Longueville	375	23.4	384	32.1
Orton Waterville	219	11.8	446	31.5
Orton with Hampton	122	12.0	251	28.7
Park	407	26.1	386	31.9
Paston	393	32.8	390	42.5
Ravensthorpe	336	30.9	283	35.4
Stanground Central	414	19.2	552	34.3
Stanground East	105	16.5	168	32.6
Walton	203	17.5	325	36.6
Werrington North	217	18.5	334	40.1
Werrington South	296	13.0	489	26.8
West	282	11.6	420	22.5
Peterborough UA	6,753	20.6	8,093	32.5
England	2,094,588	18.1	2,725,596	31.5

Source: Public Health England: Local Health

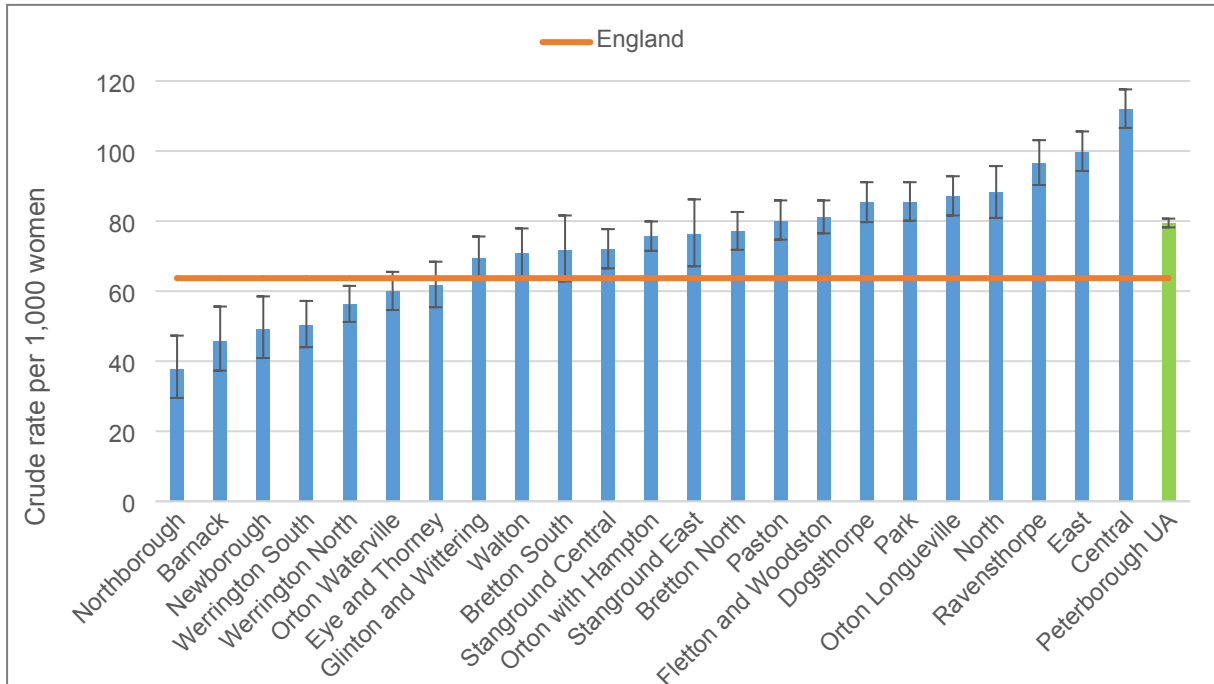
Key

	Statistically significantly better than the England average
	The difference is not statistically significant
	Statistically significantly worse than the England average

4.2.7 Fertility rate

Peterborough's fertility rate is significantly higher than the national average. Fifty percent of all wards in Peterborough have a significantly higher fertility rate than the national average. Central ward has the highest fertility rate (112/1,000 women) (Figure 3).

Figure 3: Live births per 1,000 women aged 15-44 years by ward, Peterborough, 2008-2012



Source: Public Health England

Implications for Pharmaceutical Service

The Peterborough age structure shows that the proportion of young people is relatively higher than the regional and national averages. The high fertility rate is therefore expected to persist and is consistent with the current population projections. The demand on pharmaceutical services by new-borns and children in general therefore is also expected to remain high.




4.2.8 Life Expectancy at Birth

Peterborough has a significantly lower male life expectancy at birth (77.9) than the national average (78.9). Seven out of the 24 wards in Peterborough have significantly lower male life expectancies at birth than the national average. Orton Longueville, Park and West wards have lower female life expectancies at birth than the national average (Dashboard 2).

Dashboard 2: Life expectancy at birth by ward, Peterborough, 2008-2012

Area Name	Total Deaths	Male Life Expectancy at Birth	Total Deaths	Female Life Expectancy at Birth
Barnack	62	82.5	62	85.7
Bretton North	157	77.9	112	85.3
Bretton South	45	83.0	39	86.2
Central	183	75.8	144	82.9
Dogsthorpe	224	75.8	223	82.6
East	226	75.9	207	82.0
Eye and Thorney	157	76.8	162	81.5
Fletton and Woodston	179	76.7	124	84.3
Glington and Wittering	93	82.9	96	84.9
Newborough	46	82.6	35	86.9
North	133	77.3	121	84.5
Northborough	68	82.0	68	83.5
Orton Longueville	213	75.5	215	79.3
Orton Waterville	139	82.3	133	86.7
Orton with Hampton	103	80.2	129	83.5
Park	262	75.0	382	78.8
Paston	133	77.2	101	87.0
Ravensthorpe	151	74.2	100	83.5
Stanground Central	220	78.5	213	82.8
Stanground East	40	83.1	53	83.7
Walton	113	78.3	139	81.8
Werrington North	98	80.8	91	87.6
Werrington South	219	77.8	219	84.0
West	279	79.3	411	79.2
Peterborough UA	3,543	77.9	3,579	82.3
England	1,115,094	78.9	1,200,567	82.8

Key

	Statistically significantly better than the England average
	The difference is not statistically significant
	Statistically significantly worse than the England average

Implications for Pharmaceutical Service

The disparity in life expectancy between the best and worst wards in Peterborough is substantial. Males born in Ravensthorpe (the ward with the lowest life expectancy for males – 74.2 years) are expected to live 8.9 years less than those born in Stanground East (the ward with the highest life expectancy for males – 83.1 years). Among females, those born in Park (the ward with the lowest life expectancy for males – 78.8 years) are expected to live 8.8 years less than those born in

Werrington South (the ward with the highest life expectancy for females – 87.6 years). The wards with low life expectancy at birth are also the most deprived. Community pharmacies should be involved in efforts to address the evident health inequality by identifying and addressing factors contributing to low life expectancy especially in deprived areas which may include harmful lifestyle habits such as substance misuse, smoking, unhealthy eating habits and poor access to health care facilities.

4.2.9 Healthy Life expectancy at birth

Peterborough has a significantly lower healthy life expectancy for both males (59.9 years) and females (59.8 years) as compared to the national average (63.4 years and 64.1 years respectively). These figures are also the lowest in the region (East of England). Healthy life expectancy at birth is described as the average number of years a person would expect to live in good health based on local mortality rates and prevalence of self-reported good health.²⁶

Implications for pharmaceutical service

The low healthy life expectancy implies that a large proportion of Peterborough's population develop health problems at a relatively early age as compared to the national average. This results in a higher demand for support from health care facilities as well as pharmaceutical services. Apart from providing support to individuals with health problems, community pharmacies can also get involved in preventative interventions which may include: promotion of healthy lifestyle, NHS health checks and cancer screening.

4.2.10 Peterborough's growth and housing development

The Peterborough Core Strategy²⁷ (Adopted 2011) sets out the future growth for Peterborough and the need for 25,500 new homes and 20,000 jobs by 2026.

The majority of the growth is proposed within the existing urban area, but includes new urban extensions at Great Haddon (5,300 dwellings) and Norwood (2,300 dwellings) and approximately 1,000 dwellings in the rural areas.

Over the next five years there is a need for approximately 9,300 dwellings. The council has to produce a Five Year Land Supply²⁸ report each year. Tables 5 and 6 show an estimate of the delivery of future housing, based on sites that are under construction and sites that have been granted planning permission.

The following table sets out where new development is expected to take place in the urban area by ward.

²⁶ <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/healthy-life-expectancy-at-birth-for-upper-tier-local-authorities--england/2010-12/index.html> Date accessed: October 2014

²⁷ <http://www.peterborough.gov.uk/pdf/Plan-policy-ldf-cs-adoptedCS.pdf> Date accessed: October 2014

²⁸ <http://www.peterborough.gov.uk/pdf/Five%20Year%20Land%20Supply%202014.pdf> Date accessed: October 2014

Table 5: New developments in urban areas by ward, 2014/15-2019/20

Ward	Number of housing units which are expected to be completed in 5 years	20014/15 current year	2015/16 Year 1	2016/17 Year 2	2017/18 Year 3	2018/19 Year 4	2019/20 Year 5
Bretton North	174	12	21	5	20	50	78
Central ward	661	70	73	94	161	163	170
East Ward	549	69	145	70	134	100	100
Fletton	638	74	70	98	147	163	160
North Ward	47	0	19	28	0	0	0
Orton with Hampton	3,249	298	502	653	750	694	650
Orton Longueville	7	1	0	6	1	0	0
Orton Waterville	351	51	62	38	50	101	100
Park	15	8	15	0	0	0	0
Paston	541	117	134	135	112	80	80
Ravensthorpe	23	8	0	0	23	0	0
Stanground Central	932	319	346	221	127	148	90
Stanground East	0	1	0	0	0	0	0
Walton	18	43	15	2	1	0	0
West Ward	756	90	99	130	224	182	121
Werrington North	100	0	0	0	20	35	45
Werrington South	100	0	0	0	20	35	45
Total	8,541	1,180	1,536	1,487	1,810	1,891	1,817

Source: Peterborough City Council

A significant proportion of the new homes to be delivered in the next five years are located within the Orton with Hampton Ward. This includes homes being built at Hampton and the proposed development at Great Haddon.

Rural Areas

The new development estimate in the rural areas is shown in the table below by village.

Table 6: New developments in rural areas by village, 2014/15-2019/20

Village	Number of housing units which are expected to be completed in 5 years	20014/15 current year	2015/16 Year 1	2016/17 Year 2	2017/18 Year 3	2018/19 Year 4	2019/20 Year 5
Ailsworth	9	0	3	3	3	0	0
Bainton	1	0	0	0	1	0	0
Barnack	0	0	0	0	0	0	0
Castor	3	0	1	1	1	0	0
Deeping Gate	1	0	1	0	0	0	0
Etton	0	0	0	0	0	0	0
Eye	192	6	34	108	48	1	1
Glington	0	0	0	0	0	0	0
Helpston	43	14	18	1	0	0	24
Marholm	0	0	0	0	0	0	0
Maxey	5	4	4	0	1	0	0
Newborough	95	2	12	11	20	32	20
Northborough	4	1	1	3	0	0	0
Peakirk	6	0	5	0	1	0	0
St Martins Without	1	3	0	0	0	0	1
Sutton	0	0	0	0	0	0	0
Southorpe	3	0	0	1	2	0	0
Thorney	163	7	3	33	60	37	30
Thornhaugh	1	0	0	0	1	0	0
Wansford	10	0	0	0	1	9	0
Wittering	170	0	5	45	40	40	40
Wothorpe	1	0	0	0	1	0	0
Total	736	37	87	206	181	138	124

Source: Peterborough City Council

Over the next five years the majority of growth is expected to be delivered in the larger villages of Eye and Thorney, these are villages that have a wide range of local community services and facilities.

Implications for Pharmaceutical Service

The increase in housing units in Peterborough is likely to result in population rise in specified areas as the units get occupied. Currently pharmaceutical service provision is considered adequate in all areas of Peterborough. The exact impact of increased demand for services resulting from housing growth is difficult to predict as existing

service providers are increasingly adopting more efficient ways of service delivery such as electronic dispensing and workforce skill mix (e.g. more accredited checking technicians).

The Peterborough HWB in collaboration with NHS England Area Team will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

4.3 Peterborough Population Summary

The latest ONS population estimates indicate that there are 188,373 people resident in Peterborough an increase from 183,631 reported in the 2011 Census. The population is predicted to reach 217,600 by 2021 (17.2% increment)

Peterborough's population profile shows a higher proportion of younger people and a lower proportion of older people as compared to the national average population structure. Among wards, Orton with Hampton has the largest population (14,225) while Orton with Hampton has the largest proportion of young people. Fletton and Woodston ward has the largest proportion of working age persons and Werrington South has the largest proportion of older people.

The variation in age profiles across the Peterborough wards implies that health needs for local populations also vary. In localities with large proportions of children and young people, some of the needs which pharmaceutical service providers have the potential to intervene include: immunisations, sexual health and advice on healthy lifestyles. In localities with large proportions of older people priority needs may include prevention of long term conditions and support for self-management for those living with long-term conditions.

Peterborough is predominantly white but has a relatively higher proportion of black and minority ethnic groups as compared to other authorities in the region. It also has a higher proportion of non-British white population mainly made up of immigrants from Eastern Europe. Evidence suggests people from black and minority ethnic groups (BME) suffer from poorer health, have reduced life expectancy and have greater problems with access to health care than the majority of the white population. Some minority ethnic groups are more predisposed to certain long term conditions e.g. diabetes (Asians). There is need to carry out a comprehensive needs assessment with BME groups in order to understand and respond to their health and pharmaceutical needs effectively.

More than one in three people in Peterborough live in areas classified as the 20% most deprived areas in England. This is significantly higher than the national average (20.4%). There are also approximately 6,753 older people living in deprivation in Peterborough. This is an equivalent of 20.6% which is significantly higher than the national average (18.1%). Eleven out of the 24 wards in Peterborough have significantly higher percentages of older people living in deprivation than the national average. Evidence shows that deprived populations often experience poor health outcomes including low life expectancy. The demand for health care including pharmaceutical service is therefore expected to be relatively high in areas with large proportions of deprived people.

Peterborough's fertility rate is significantly higher than the national average. Fifty percent of all wards in Peterborough have a significantly higher fertility rate than the national average. The demand on pharmaceutical services by new-borns and children in general therefore is expected to persist in future.

Peterborough has a significantly lower male life expectancy at birth (77.9) than the national average (78.9). The difference between the best and worst wards in terms of life expectancy is 8.9 years for males and 8.8 years for females. Peterborough also has a significantly lower healthy life expectancy for both males (59.9) and females (59.8) as compared to the national average (63.4 and 64.1 respectively). There is need to explore ways in which pharmaceutical providers can be involved in addressing factors contributing to low life expectancy and the evident health inequality.

Over the life of the current PNA document (2015-2018), a total of 6,724 houses in urban areas (the majority in Orton with Hampton) and 612 in the rural areas (majority in the larger villages of Eye & Thorney) will be built. The exact impact of increased demand for services resulting from housing growth is difficult to predict as existing service providers are increasingly adopting more efficient ways of service delivery. The Peterborough HWB and NHS England Area Team are expected to collaboratively monitor the impact and initiate necessary action as required.

5 Local Health Needs

This section focuses on local health needs by examining inequalities in morbidity, mortality and health service utilisation across the population in Peterborough. The main sources of information and data were Health Profiles 2014, Public Health Outcome Framework and Local Health, all produced by Public Health England. Presentation of data is by local authority and where data is available by ward. We specifically highlight only those indicators that are relevant to pharmaceutical service provision and also those where Peterborough's performance is significantly different from the national average.

5.1 Disease prevalence

5.1.1 GP Recorded Prevalence

Table 7 shows GP recorded prevalence rates for leading causes of long term ill health in Peterborough. Although Peterborough's rates appear lower than the national average, the estimated prevalence rates which are considered more accurate show that they are lower than expected. The difference between recorded and estimated prevalence therefore may be indicative of undiagnosed cases who are likely to present in secondary care institutions late with complications as emergencies.

Pharmaceutical service providers have the potential to participate in enhanced case finding strategies such as promoting and providing NHS health checks due to their frequent interactions with local populations.

Table 7: GP recorded and estimated prevalence, Cambridgeshire & Peterborough CCG, 2012/13 and 2011

Condition	CCG QOF recorded prevalence 2012/13 (%)	Estimated Prevalence (%), 2011	England average recorded prevalence, 2012/13	England Estimated Prevalence (%), 2011
Stroke / TIA ³ (All Ages)	1.5	1.77	1.7	2.07
CHD	3.0	8.9	3.3	9.5
Hypertension	12.9	23.2	13.7	24.9
COPD	1.6	2.15	1.7	2.91
Diabetes Mellitus (17+)	5.5	6.7 (2012) ¹	6.0	7.6 (2012) ¹
Mental Health ²	0.75	N/A	0.84	N/A
Dementia	0.5	N/A	0.6	N/A
Depression (18+)	5.6	N/A	5.8	N/A

Source: GP National Profiles.

1 APHO models

2 Includes all patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses

3 Transient Ischaemic Attack

N/A – Not available

5.1.2 Tuberculosis

Peterborough's Tuberculosis (TB) incidence rate (28.9/100,000) is more than three times the regional average (8.3/100,000) and nearly two times the national average (15.1/100,000).

In order to control the spread of TB in Peterborough, the recommended approach²⁹ includes early detection and diagnosis, especially of infectious cases, and treatment completion. Early case detection and prompt initiation of treatment reduces onward transmission of the disease. Completing a full course of appropriate treatment is vital to prevent the disease relapsing, to prevent the development of drug resistant strains of TB, to prevent prolonged infectiousness and preventable death.

Implications for Pharmaceutical Service

Community pharmacies could play a major role in TB control by monitoring medication consumption and ensuring completion of treatment regimes. There is currently no service for observed treatment for tuberculosis from community pharmacies in Peterborough. Community pharmacies do have a supervised consumption service for observed methadone liquid or buprenorphine tablets treatment commissioned by Peterborough Safer Partnership which could be adapted for tuberculosis medication in the future. The national strategy on the treatment and prevention of TB is co-ordinated by Public Health England.

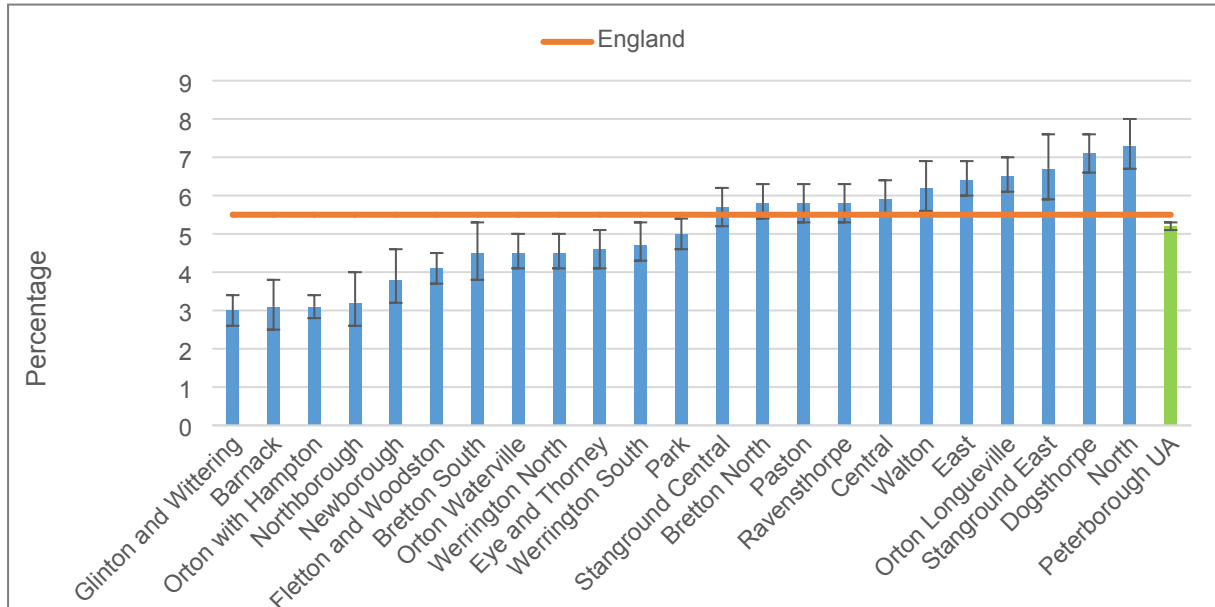
²⁹ <http://www.local.gov.uk/documents/10180/5854661/Tackling+Tuberculosis+-+Local+government's+public+health+role/20581cca-5ef1-4273-b221-ea9406a78402>

Date accessed: November 2014

5.1.3 General Health

Figure 4 shows that in 25% of Peterborough wards the percentage of people who reported poor health during the ONS 2011 census was significantly higher than the national average.

Figure 4: Percentage of people with very bad or bad health, Census 2011

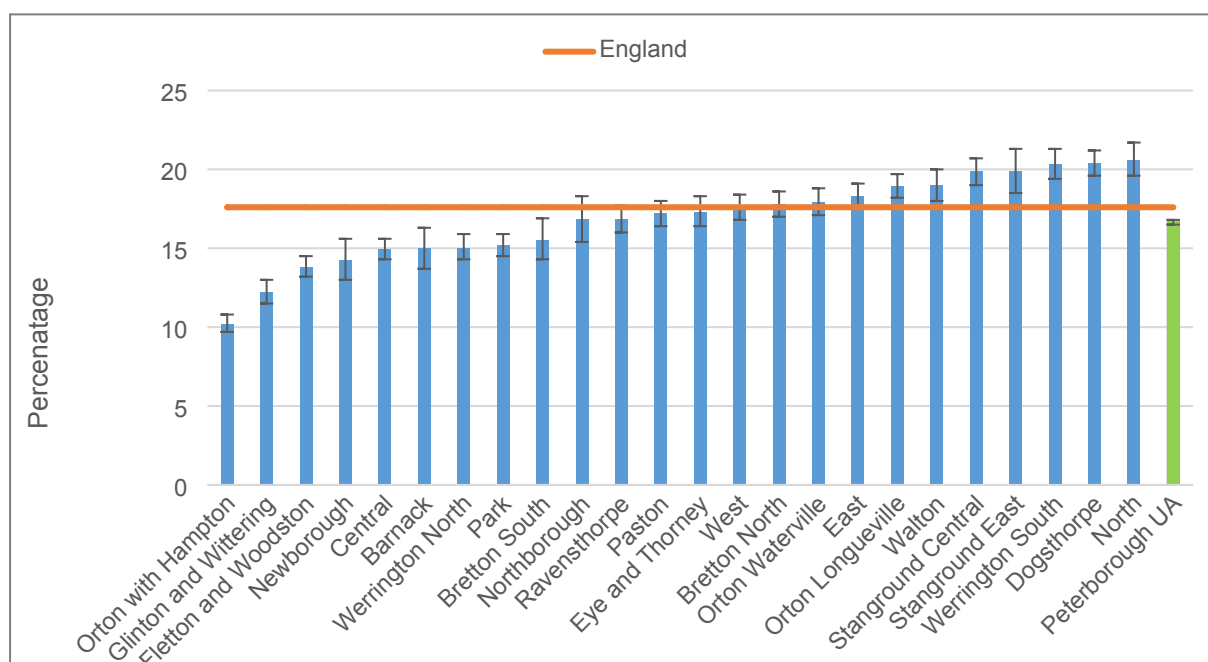


Source: Public Health England

5.1.4 Limiting Long Term Illness or Disability

The percentage of people with limiting long-term illness or disability in Orton Longueville, Walton, Stanground Central, Stanground East, Werrington South, Dogsthorpe and North wards is higher than the national average (Figure 5).

Figure 5: Percentage of people with Limiting Long Term Illness or Disability, Census 2011



Source: Public Health England

Implications for Pharmaceutical Service

Pharmacies located in areas where large proportions of the population have general poor health or have long term illness and disability have the potential to intervene through participation in preventative approaches such as promoting healthy lifestyle, encouraging NHS health checks and screening, providing minor ailment treatment service and support for self-care.

5.1.5 Low Birth Weight ³⁰

The percentage of children with low weight at birth in Peterborough is not significantly different from the national average. However ward level analysis shows Central and Park have significantly higher prevalence rates (Dashboard 3).

Low birth weight is often associated with deprivation, poor nutrition and smoking during pregnancy. It increases the risk of childhood mortality and of developmental problems for the child and is associated with poor health in later life.

³⁰ Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks.

Implications for Pharmaceutical Service

Pharmaceutical service providers located within the specified wards have the potential to intervene through promotion of healthy lifestyle to include healthy eating and provision of stop smoking services.

5.1.6 Child Obesity

The percentage of children in year six (ages 10/11) who are obese in Peterborough is not significantly different from the national average. However ward level analysis shows Bretton South and Central have significantly higher rates (Dashboard 3).

Implications for Pharmaceutical Service

Pharmaceutical service providers located within the specified wards have the potential to intervene through promotion of healthy lifestyle to include healthy eating and physical activity.




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Dashboard 3: Low birth weight and Child obesity, in Peterborough wards, 2010/11-2012/13

Area Name	Number of children	% Low birth weight	Number of children	% Obese children in year 6
Barnack	6	6.5	7	9.3
Bretton North	57	7.1	82	24.4
Bretton South	16	7.0	17	17.3
Central	143	9.5	110	22.7
Dogsthorpe	70	7.8	73	20.3
East	96	7.9	87	22.9
Eye and Thorney	22	6.2	39	19.3
Fletton and Woodston	92	7.7	57	19.1
Glington and Wittering	35	6.6	26	12.1
Newborough	6	4.9	8	8.5
North	50	8.6	44	24.6
Northborough	7	8.1	11	15.3
Orton Longueville	61	6.6	70	19.4
Orton Waterville	28	6.2	29	12.5
Orton with Hampton	75	5.7	124	22.4
Park	96	9.6	87	20.3
Paston	59	7.2	50	20.2
Ravensthorpe	74	8.5	72	23.2
Stanground Central	37	5.9	55	24.2
Stanground East	13	5.2	21	19.3
Walton	41	9.3	40	24.4
Werrington North	29	6.4	46	17.7
Werrington South	16	7.1	19	12.8
West	45	8.4	41	17.2
Peterborough UA	1,175	7.6	1,215	20.0
England	251,444	7.4	281,160	19.1

Source: Public Health England: Local Health

Key

	Statistically significantly better than the England average
	The difference is not statistically significant
	Statistically significantly worse than the England average

5.2 Health Improvement Indicators

Table 8 shows health improvement indicators where Peterborough's performance is worse than the national average. In summary:

- The percentage of mothers breastfeeding at 6-8 weeks follow up in Peterborough is lower than the regional and national averages. It is the third lowest rate in the region (East of England) after Southend on Sea and Thurrock.
- More than one in five people smoke in Peterborough. The rate is significantly higher than the regional and national average.
- The smoking prevalence among Peterborough mothers at time of delivery is higher than the regional and national average. It is also the highest in the region.
- Peterborough's under 18 conception rate is higher than the regional and national averages and is the highest in the region. It is more than twice the rate of Cambridgeshire (16.8).
- Alcohol related admissions rate for Peterborough is higher than the regional and national average and also the highest in the region.

Table 8: Health Indicators

Indicator	Period	Peterborough	East of England	England
Breastfeeding – 6-8 weeks, 2012/13 (%)	2012/13	41.4	46.6	47.2
Smoking prevalence (18+)	2013	20.8	17.5	18.4
Smoking at time of delivery, 2012/13 (%)	2012/13	18	12.4	12.7
Under 18 conceptions, 2012 (Per 1,000 women)	2012	36	23.2	27.7
Alcohol related admissions (Per 100,000 population)	2012/13	689	552	637

Source: Public Health England

Implications for Pharmaceutical Service

Community pharmacies should be supported to provide as part of the essential service, health promotion campaigns that encourage breastfeeding and create awareness of the risks associated with smoking and alcohol misuse. Evidence shows that provision of emergency hormonal contraception in pharmacies can reduce under 18 contraception rates.^{31 32} The sexual health commissioner should consider commissioning local pharmacies to provide emergency hormonal

³¹

[http://www2.nphs.wales.nhs.uk:8080/pharmaceuticalphtdocs.nsf/\(\\$All\)/C3D14C48910CF6378025723500377DF6/\\$File/Microsoft%20Word%20-%20Literature%20review-%20emergency%20hormonal%20contraception%20update%202010.pdf?OpenElement](http://www2.nphs.wales.nhs.uk:8080/pharmaceuticalphtdocs.nsf/($All)/C3D14C48910CF6378025723500377DF6/$File/Microsoft%20Word%20-%20Literature%20review-%20emergency%20hormonal%20contraception%20update%202010.pdf?OpenElement) Date Accessed December 2014

³² <http://www.nice.org.uk/guidance/ph51/resources/guidance-contraceptive-services-with-a-focus-on-young-people-up-to-the-age-of25-pdf> Date Accessed December 2014

contraception if appropriate within the context of local healthcare strategy. Pharmacies could also be supported to provide alcohol brief intervention services to reduce the rate of alcohol related admissions.

5.3 Healthcare Utilization

Table 9 shows screening, NHS health checks and immunization uptake rates where Peterborough's performance is significantly worse than national average. The uptake of diabetic retinopathy is also the lowest in the region while cervical cancer screening is the second lowest after Luton.

Table 9: Health Utilization Indicators

Indicator	Period	Peterborough	East of England	England
Cancer screening coverage – Cervical (%)	2013	72	75.6	73.9
Diabetic Retinopathy screening (%)	2011/12	72.7	80.9	80.9
Chlamydia screening detection rate- males (Target => 2300)	2013	1640	1166	1387
NHS Health Checks (%)	2013/14	45.7	52.6	49
Flu vaccination – 65+ (Target => 75%)	2012/13	72.7	73.3	73.4
Flu vaccination – Individuals at risk (Target =>75%)	2012/13	50.2	48.3	51.3

Source: Public Health England

Implications for Pharmaceutical Service

A high uptake of NHS health screening /checks and flu vaccinations has been associated with a lesser burden to pharmaceutical, primary and secondary health care facilities as individuals with health problems are identified early and necessary interventions initiated. Flu vaccinations protect individuals from catching flu which can complicate to more serious respiratory conditions.

None of the pharmacies in Peterborough are currently commissioned to provide chlamydia tests, NHS health checks, flu vaccination for over 65s and only 13 are providing flu vaccination for individuals at risk.

5.4 Hospital Admissions

Dashboard 4 shows standardised admission ratios for various conditions by ward in Peterborough. In summary:

- Peterborough's emergency admissions for all causes, CHD and alcohol related harm are significantly higher than expected.
- Seven out of 24 wards in Peterborough have significantly higher than expected emergency admissions for all cases and CHD.
- Central is the only ward in Peterborough with significantly higher stroke admissions (45%) than expected.
- Bretton North, Central, North and Orton Longueville have significantly higher emergency admissions for COPD.
- 50% of all wards in Peterborough have higher than expected hospital admissions for alcohol related harm.




Dashboard 4: Standardised admissions ratios (SAR) for all causes, CHD, Stroke, COPD and alcohol related harm, 2008-2013

Area Name	Number of Admissions All Causes	SAR Emergency Admissions All Causes	Number of Admissions CHD	SAR Emergency Admissions CHD	Number of Admissions Stroke	SAR Emergency Admissions Stroke	Number of Admissions COPD	SAR Emergency Admissions COPD	Number of alcohol related harm Admissions	SAR Hospital admissions alcohol related harm
Barnack	1,146	88.8	27	87.8	14	89.9	13	55.4	223	83.2
Bretton North	4,609	111.9	111	115.5	40	88.3	108	147.5	1,130	134.4
Bretton South	1,461	95.0	41	90.2	23	98.6	28	77.5	378	108.7
Central	6,679	127.5	171	160.9	83	145.2	114	144.3	1,346	140.8
Dogsthorpe	5,292	113.0	147	126.6	62	98.3	106	115.7	1,266	137.0
East	5,781	114.4	164	139.0	71	113.0	104	114.6	1,362	138.4
Eye and Thorney	2,725	94.3	77	91.5	42	99.9	70	105.4	662	100.7
Fletton and Woodston	5,579	109.8	136	117.3	72	119.8	102	114.4	1,308	130.2
Glington and Wittering	2,967	85.8	91	95.1	42	89.4	39	52.4	674	87.3
Newborough	1,038	76.7	35	87.0	10	47.6	20	61.2	256	80.7
North	3,437	117.4	98	135.8	42	107.3	77	134.5	766	133.0
Northborough	1,143	86.8	49	116.9	20	95.0	19	57.2	314	98.4
Orton	5,171	118.3	128	137.7	45	98.3	108	157.2	1,196	142.8

Area Name	Number of Admissions All Causes	SAR Emergency Admissions All Causes	Number of Admissions CHD	SAR Emergency Admissions CHD	Number of Admissions Stroke	SAR Emergency Admissions Stroke	Number of Admissions COPD	SAR Emergency Admissions COPD	Number of alcohol related harm Admissions	SAR Hospital admissions alcohol related harm
Longueville										
Orton Waterville	3,469	86.2	109	91.9	50	84.6	53	57.8	857	92.7
Orton with Hampton	5,094	96.8	97	96.6	51	102.1	63	87.3	994	104.8
Park	5,565	119.3	152	150.4	69	122.4	80	107.2	1,053	123.4
Paston	4,166	107.2	103	111.1	40	84.1	66	91.6	1,012	130.8
Ravensthorpe	4,145	123.1	100	146.9	38	116.8	92	181.7	879	139.5
Stanground Central	4,302	99.6	125	104.9	71	114.1	100	105.0	1,123	119.3
Stanground East	1,438	93.9	47	105.7	24	105.0	35	96.2	377	109.8
Walton	2,860	99.1	90	104.3	44	95.1	52	75.0	709	109.7
Werrington North	2,893	85.4	96	109.0	33	79.2	51	78.9	728	98.4
Werrington South	2,846	85.7	96	92.9	38	71.8	52	63.1	727	94.0
West	4,065	92.8	121	92.6	75	107.4	64	60.9	985	100.3
Peterborough UA	87,872	104.2	2,413	114.3	1,098	101.4	1,615	99.2	20,326	117.1
England	25,623,623	100.0	706,513	100.0	368,284	100.0	552,386	100.0	5,560,988	100.0

Source: Public Health England: Local Health

Key

	Statistically significantly better than the England average
	The difference is not statistically significant
	Statistically significantly worse than the England average

Implications for Pharmaceutical Service

Avoiding emergency admissions is a major concern for the National Health Service due to the associated high cost. Although the reduction of emergency admissions requires a multiagency and multidisciplinary approach, patient self-management with the support of pharmacy staff has shown to be effective in reducing emergency admissions.³³ The service usually involves educating a patient with a long term condition on how the condition affects his/her life, how to cope with symptoms and Medicine Use Reviews.

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³³ <http://www.kingsfund.org.uk/sites/files/kf/Avoiding-Hospital-Admissions-Sarah-Purdy-December2010.pdf> Date accessed: November 2014

5.5 Mortality

5.5.1 All Age Mortality

Dashboard 5 shows all age standardised mortality ratios for various conditions by ward in Peterborough. In summary:

- Peterborough had significantly more deaths than expected from all causes, circulatory disease, CHD and respiratory disease.
- Five out of 24 wards had more deaths than expected from all causes while only one (Eye & Thorney) had more than expected deaths from all cancers.
- A quarter of all wards had significantly more deaths than expected from circulatory disease while a third had more deaths than expected from CHD.
- Park and West were the only two wards with more than expected deaths from Stroke
- Park, West and Longueville had more than expected deaths from respiratory disease.




Dashboard 5: All Age Standardised mortality ratios (SMR), 2008-2012

Area Name	Number Deaths All Ages	SMR All Ages All Causes	Number Deaths All Ages All Cancers	SMR All Ages All Cancers	Number Deaths All Ages Circulatory Disease	SMR All Ages Circulatory Disease	Number of Deaths All Ages CHD	SMR All Ages, CHD	Number Deaths All Ages, Stroke	SMR All Ages, Stroke	Number Deaths All Ages, Respiratory Disease	SMR All Ages, Respiratory Disease
Barnack	124	80.0	47	101.0	51	111.6	23	104.2	8	72.6	8	37.2
Bretton North	269	96.3	78	88.8	83	106.1	42	108.7	19	98.1	48	135.0
Bretton South	84	83.0	22	70.7	26	90.5	17	120.7	6	77.6	8	61.0
Central	327	105.9	73	90.0	104	116.2	63	152.2	20	86.1	36	83.2
Dogsthorpe	447	109.7	102	93.4	151	123.8	80	142.9	33	102.7	66	112.3
East	433	108.1	112	104.3	147	123.8	73	132.8	25	79.2	54	94.5
Eye and Thorney	319	125.5	96	126.1	88	118.1	51	142.6	20	104.4	44	125.3
Fletton and Woodston	303	103.4	73	85.1	101	121.9	56	140.9	17	81.7	45	116.3
Glington and Wittering	189	81.1	70	101.4	56	83.8	25	77.4	8	48.1	18	59.2
Newborough	81	75.1	36	107.9	17	55.6	8	52.6	5	61.8	10	70.9

Area Name	Number Deaths All Ages	SMR All Ages All Causes	Number Deaths All Ages All Cancers	SMR All Ages All Cancers	Number Deaths All Ages Circulatory Disease	SMR All Ages Circulatory Disease	Number of Deaths All Ages CHD	SMR All Ages, CHD	Number Deaths All Ages, Stroke	SMR All Ages, Stroke	Number Deaths All Ages, Respiratory Disease	SMR All Ages, Respiratory Disease
North	254	95.1	71	96.3	77	95.8	48	127.8	16	76.1	42	108.6
Northborough	136	95.7	36	82.8	42	100.1	25	123.1	7	62.7	16	83.5
Orton Longueville	428	131.2	113	119.9	136	145.0	63	141.1	36	150.3	66	148.9
Orton Waterville	272	73.5	81	74.8	84	76.8	38	72.9	18	64.5	34	67.0
Orton with Hampton	232	90.2	63	91.2	63	88.2	29	87.1	12	66.7	35	105.3
Park	644	150.9	108	104.3	200	154.5	86	149.5	75	209.4	111	174.1
Paston	234	95.2	69	95.1	66	93.5	31	91.9	14	80.9	41	127.2
Ravensthorpe	251	117.5	61	97.2	84	138.7	54	185.9	10	68.7	40	140.8
Stanground Central	433	102.2	119	96.2	130	103.2	67	112.7	29	88.6	55	92.2
Stanground East	93	80.5	30	85.1	24	71.4	11	67.1	6	70.3	17	110.5
Walton	252	102.9	82	119.9	68	93.7	38	111.3	15	76.9	40	113.9
Werrington North	189	76.9	66	93.4	56	78.5	29	85.9	14	77.5	27	82.7
Werrington South	438	104.7	96	77.5	131	104.2	54	90.0	37	115.0	72	121.1
West	690	136.0	143	103.4	201	130.6	86	121.3	67	164.9	122	164.2
Peterborough UA	7,122	105.6	1,847	96.4	2,186	110.5	1,093	117.6	516	101.1	1,055	112.8
England	2,315,661	100.0	651,010	100.0	686,806	100.0	320,773	100.0	178,673	100.0	327,787	100.0

Source: Public Health England: Local Health

Key

	Statistically significantly better than the England average
	The difference is not statistically significant
	Statistically significantly worse than the England average

5.5.2 Under 75 Mortality

Dashboard 6 shows under 75 standardised mortality ratios for various conditions by ward.

Peterborough had significantly more premature deaths (under 75) than expected from all causes, circulatory disease and CHD.

A third of all wards had more premature deaths than expected from all causes while only one (Orton Longueville) had significantly more deaths than expected from all cancers.

Seven out of 24 wards in Peterborough had more premature deaths than expected from circulatory disease and CHD.




Dashboard 6: Under 75 Standardised Mortality Ratios (SMR), 2008-2012

<i>Area Name</i>	<i>Number Deaths Under 75 all causes</i>	<i>SMR Under 75 all causes</i>	<i>Number Deaths under 75 all Cancers</i>	<i>SMR under 75 all Cancers</i>	<i>Number Deaths Under 75 Circulatory Disease</i>	<i>SMR Under 75 Circulatory Disease</i>	<i>Number Deaths under 75, CHD</i>	<i>SMR under 75, CHD</i>
Barnack	49	87.9	28	119.1	13	100.2	6	78.3
Bretton North	149	115.4	50	96.3	36	123.9	19	114.5
Bretton South	47	110.5	15	86.8	10	101.4	9	164.1
Central	146	150.6	34	98.5	34	172.1	25	229.9
Dogsthorpe	153	131.5	49	106.8	42	161.0	29	197.1
East	177	142.9	55	114.4	50	181.2	29	188.9
Eye and Thorney	96	99.4	45	112.8	23	100.5	11	85.8
Fletton and Woodston	134	116.3	40	92.3	37	149.6	23	167.2
Glington and Wittering	74	79.7	39	105.7	15	69.6	4	34.0
Newborough	34	74.1	17	89.7	6	54.4	3	48.7
North	100	129.5	37	121.6	24	137.4	16	161.5
Northborough	37	69.0	20	87.7	8	60.5	6	81.2
Orton Longueville	179	139.8	67	131.8	48	166.6	29	178.6
Orton Waterville	110	84.7	36	67.2	29	96.0	11	63.5
Orton with Hampton	82	77.8	36	96.3	15	68.2	6	51.0
Park	148	142.3	41	102.8	46	200.8	27	212.6

Area Name	Number Deaths Under 75 all causes	SMR Under 75 all causes	Number Deaths under 75 all Cancers	SMR under 75 all Cancers	Number Deaths Under 75 Circulatory Disease	SMR Under 75 Circulatory Disease	Number Deaths under 75, CHD	SMR under 75, CHD
Paston	122	126.6	43	115.5	28	134.0	16	134.4
Ravensthorpe	139	159.2	35	104.2	43	224.5	28	262.0
Stanground Central	144	108.5	53	97.8	31	100.5	21	119.7
Stanground East	33	76.6	16	92.7	8	79.3	3	53.6
Walton	79	104.8	37	122.3	19	108.3	12	123.5
Werrington North	67	72.3	24	65.5	17	84.3	10	85.5
Werrington South	103	75.7	31	53.5	31	93.4	17	89.7
West	125	87.7	52	87.6	29	86.5	12	62.3
Peterborough UA	2,527	109.0	900	97.7	641	122.3	370	125.8
England	762,945	100.0	310,211	100.0	176,217	100.0	99,575	100.0

Source: Public Health England: Local Health

Key

	Statistically significantly better than the England average
	The difference is not statistically significant
	Statistically significantly worse than the England average

5.5.3 Mortality from causes considered preventable

Peterborough had a significantly higher mortality rate (210.9/100,000 population) from causes considered preventable by public health interventions than the regional (165.7/100,000) and national (187.8/100,000) averages for the period 2010-12. Peterborough also had a higher premature mortality rate (71.5/100,000) from cardiovascular diseases considered preventable than the regional (48.1/100,000) and national (53.5/100,000) averages.

Mortality: Implications for Pharmaceutical Service

Community pharmacies have the potential to contribute towards the reduction of deaths associated with the above highlighted conditions most of which can be prevented by public health interventions. This can be accomplished by supporting pharmacies to implement health promotion campaigns that encourage healthy living, NHS health checks and screening. Stop smoking service provision as well as treatment of minor ailments by pharmacies may also contribute towards reduction of mortality associated with respiratory conditions. For patients living with long-term conditions, self-care support and medicine use reviews could contribute towards reduction of mortality rates.

5.6 Protected Characteristics

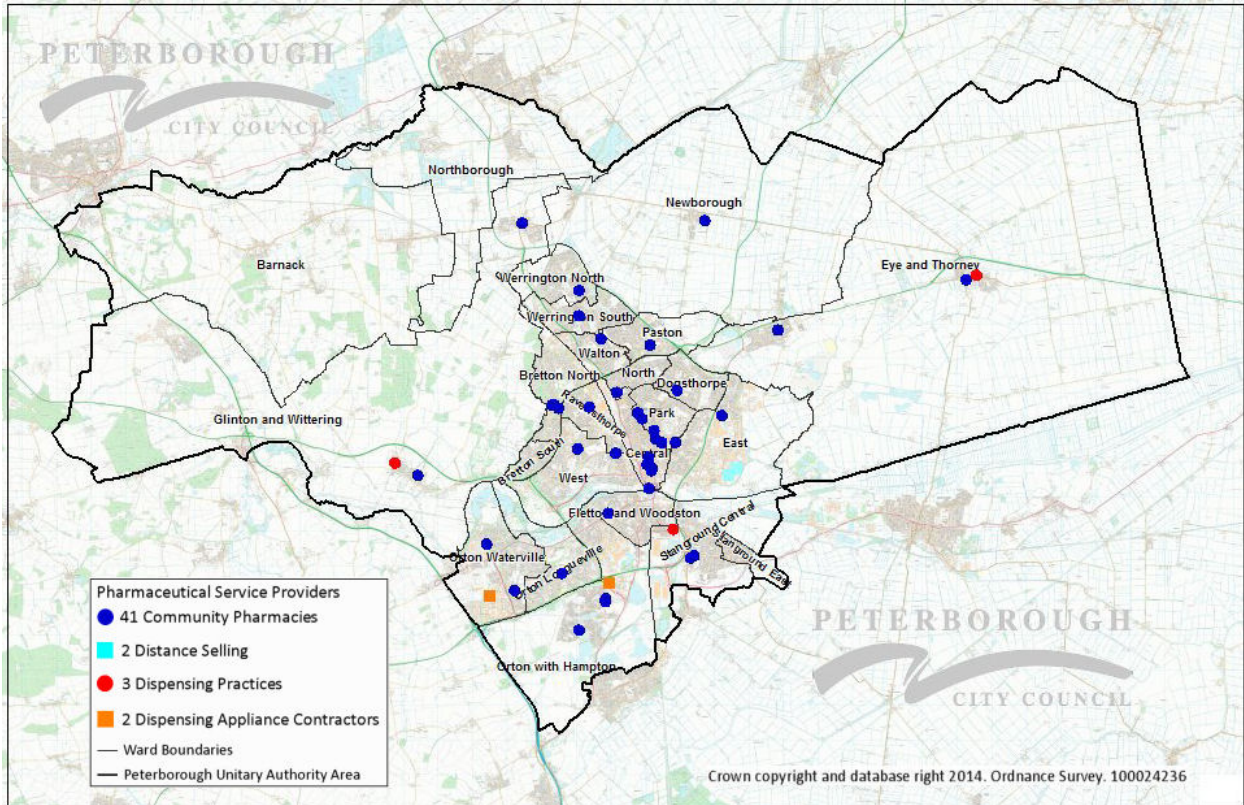
The Equality Act 2010³⁴ makes it unlawful to discriminate against people with protected characteristics, which are outlined as age, disability, gender reassignment, pregnancy and maternity (including breastfeeding mothers), marriage and civil partnership, race, religion and belief, sex and sexual orientation. This PNA has covered pharmaceutical service related health needs for all specified characteristics except gender reassignment, religion/belief and sexual orientation, of which no unique needs were identified.

³⁴ Equality Act 2010: <https://www.gov.uk/equality-act-2010-guidance> Accessed December 2014

6 Current Pharmaceutical Service Provision

There are currently 43 community pharmacies including two distance selling pharmacies. There are also three dispensing practices and two dispensing appliance contractors in Peterborough. A list of all pharmaceutical service providers and their locations is provided in Appendix 1. Map 2 shows the distribution across Peterborough.

Map 2: Pharmaceutical service providers in Peterborough, 2014



Source: NHS England

6.1 Community Pharmacies

Peterborough has 1 pharmacy per 4,381 people (43/188,373) which is equivalent to 23 pharmacies per 100,000 population. If the three dispensing practices are included the ratio rises to 24 per 100,000 population, which is above both national (22 per 100,000) and East of England region (20 per 100,000) averages³⁵.

³⁵ <http://www.hscic.gov.uk/catalogue/PUB12683/gen-pharm-eng-200304-201213-rep.pdf> p. 29 Date accessed: October 2014

6.2 Internet/distance selling pharmacies

Online pharmacies, Internet pharmacies, or Mail Order Pharmacies are pharmacies that operate over the Internet and send orders to customers through mail or shipping companies. The *National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (Regulation 64)* detail a number of conditions for distance selling pharmacies which include:

- Must not offer to provide pharmaceutical services, other than directed services, to persons who are present at the listed chemist premises.
- The listed chemist premises must not be on the same site or in the same building as the premises of a provider of primary medical services with a patient list.
- In the case of pharmacy premises, the pharmacy procedures for the premises must be such as to secure the uninterrupted provision of essential services, during the opening hours of the premises, to persons anywhere in England who request those services.
- Safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or on someone else's behalf.

6.3 Dispensing appliance contractors

Appliance contractors provide services to people who need appliances such as stoma and incontinence care aids, trusses, hosiery, surgical stockings and dressings. They do not supply drugs.

6.4 Dispensing Practices

These are providers of primary medical services who provide pharmaceutical services³⁶ from medical practice premises in the area of NHS England. Provision for doctors to provide pharmaceutical services in certain circumstances has been made in various NHS Acts and Regulations since 1920s³⁷. These circumstances are in summary:

- a patient proves that they would have serious difficulty in obtaining any necessary drugs or appliances from an NHS pharmacy by reason of distance or inadequacy of means of communication (colloquially known as the “serious difficulty” test which can apply anywhere in the country); or
- a patient is resident in an area which is rural in character, known as a controlled locality, at a distance of more than one mile (1.6 km) from pharmacy premises (excluding any distance selling premises). The pharmacy premises do not have to be in a controlled locality.

³⁶ The term *pharmaceutical services* used in the context of the provision services by a medical practitioner means the dispensing of drugs and appliances but not the other pharmaceutical services that contractors on a pharmaceutical list would provide.

³⁷ Department of health (2012) Regulations under the Health Act 2009: Market entry by means of Pharmaceutical Needs Assessments: Dispensing doctors provision

6.5 Other Pharmaceutical Services

This section briefly describes institutions within Peterborough that provide pharmaceutical services. However they are out of the PNA scope and therefore are not discussed any further.

6.5.1 Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)

The Peterborough and Stamford Hospitals NHS Foundation Trust runs the Peterborough City Hospital. The trust has a pharmacy team responsible for ensuring the safe, appropriate and cost-effective use of medicines, dispensing medication and advising patients about the medicines they have been prescribed. They work collaboratively with other health care professionals including medical and nursing staff and the various therapy professions to devise the most appropriate drug treatment for patients. Other pharmaceutical services provided by the team include:

- In-patient, out-patient and take home dispensing.
- Controlled drugs dispensing.
- Preparation of sterile and non-sterile products, including chemotherapy and intravenous nutrition.
- Formulary implementation and maintenance.
- Procurement and supply of drugs from the main pharmacy stores.
- A hospital ward based pharmacy service.

6.5.2 Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is responsible for the provision of mental health services, statutory social care services, children's community services and learning disability care in Cambridgeshire and Peterborough. The trust has a pharmacy team whose responsibilities are to provide:

- Accurate and independent information and education about medicines to other healthcare professionals, service users and carers.
- Clinical and dispensing activities to facilitate the management of medicines by service users within inpatient and community teams
- Support to ensure that medicines management resources are used cost effectively within CPFT.

6.5.3 Prison Services

HMP Peterborough is a private dual-purpose prison managed by Sodexo Justice Services, housing both male and female prisoners. It has an operational capacity of over 1,000 places including a 12 place mother and baby unit. As of November 2014 there were 952 prisoners, 86 of whom are Peterborough residents. There are approximately 340 substance misuse clients undergoing treatment at the prison. The prison receives pharmaceutical supplies from Boots Pharmacy, Bretton Centre.

6.5.4 Care homes

There are 18 care homes registered in Peterborough.³⁸ All homes are scrutinised by Care Quality Commission inspectors who regulate medications management. Clinical services are provided by General Practitioners, who write NHS prescriptions for medicines, which are then dispensed by community pharmacies or dispensing doctors.

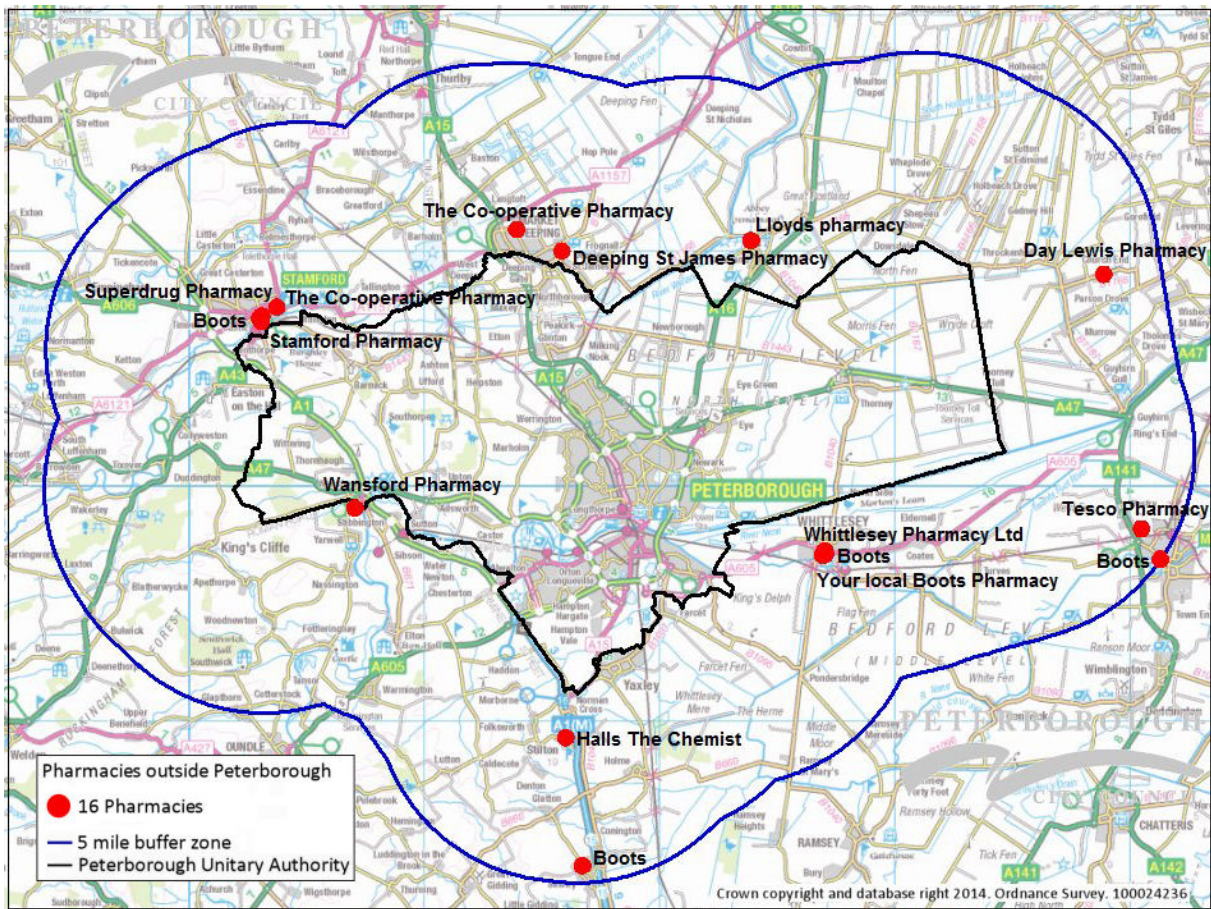
6.5.5 Cross-border NHS Services

Residents of Peterborough living close to the border with other local authorities have the option of accessing services from pharmacies across the border. Map 3 below shows the pharmacies near the Peterborough boundaries.

Residents in the north, north east and west of NHS Peterborough could choose to use pharmacies in Crowland, Market Deeping & Stamford (Lincolnshire) or Wansford (Northamptonshire). While residents in the south and east have the option of using pharmacies in Whittlesey or Yaxley (Cambridgeshire). This complements services available within Peterborough and increases the opportunity for patient choice.

³⁸ http://www.carehome.co.uk/care_search_results.cfm/searchunitary/Peterborough/
Date accessed: October 2014

Map 3: Pharmacies near the Peterborough border



Source: NHS England

6.6 Community Pharmacy Opening hours

Pharmacy opening hours include 'core hours'³⁹ and 'supplementary hours'⁴⁰. Although supplementary hours may be varied by giving three months' notice to NHS England, core hours are only changeable when due process is followed and a formal request is granted. Public holiday opening hours are largely serviced by voluntary opening arrangement. Bank Holidays such as Christmas Day and Easter Sunday are covered by a voluntary commissioned service by NHS England, for which an additional payment is made to the contractor.

Of the 43 community pharmacies in Peterborough five (12%) have a 100 core hour contracts (Table 10) with the remaining 38 having standard 40 hour contracts (Map 4). This does not preclude pharmacies with 40 hour contracts opening for longer under supplementary hours. All the 100 hour pharmacies are located within the densely populated urban sector.

³⁹ Those hours a pharmacy is formally contracted to provide NHS pharmaceutical services

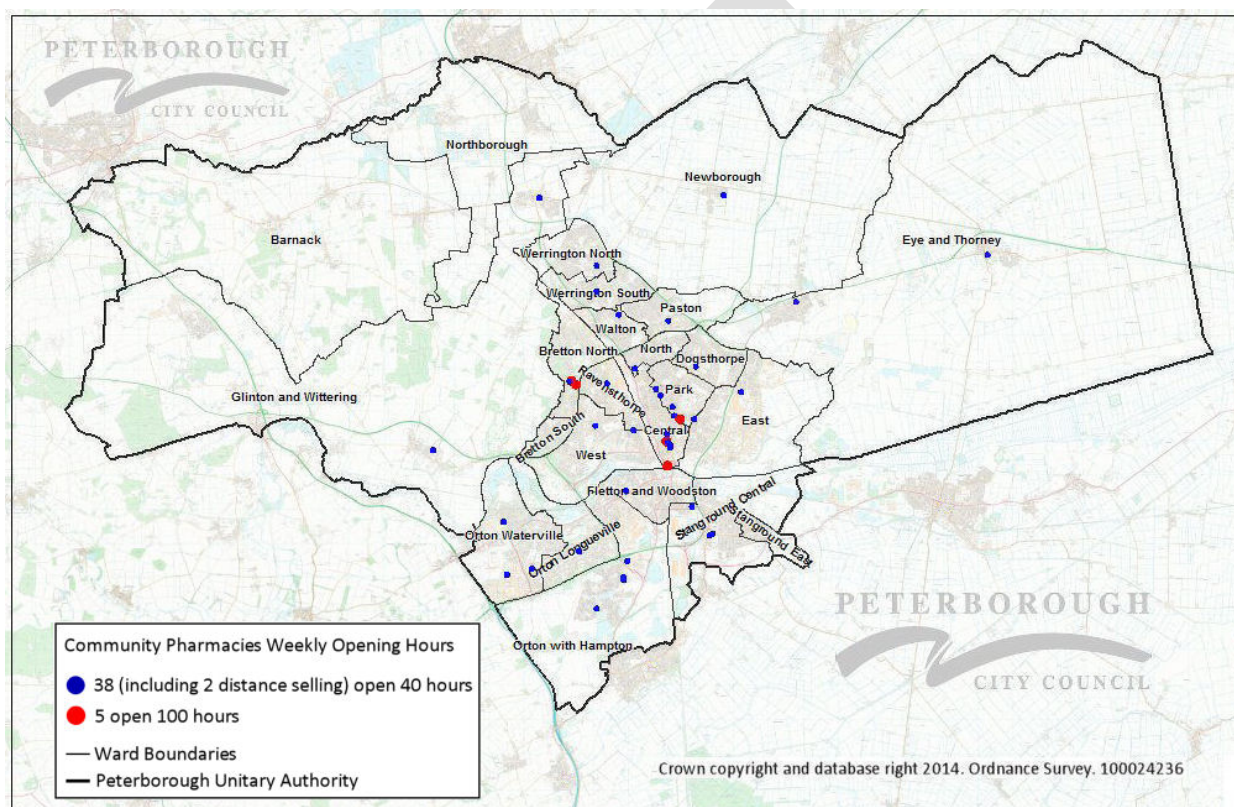
⁴⁰ Additional hours a pharmacy opens beyond their core hours

Table 10: Pharmacies with 100 hours core contracts in Peterborough.

Name of Pharmacy	Address & Postcode	
MI Pharmacy (Park Road Branch)	164 Park Road	PE1 2UF
Boots UK Limited	Unit 2, Bretton Centre	PE3 8DN
Sainsbury's Pharmacy	Sainsbury's, Bretton	PE3 8DA
Asda Pharmacy	West Rivergate Shopping Centre	PE1 1ET
Pharmacy First	2 North Street	PE1 2RA

Source: NHS England

Map 4: Peterborough pharmacies by core-hour contract types (40 and 100 hours)



Source: NHS England

6.7 Access to community pharmacies

The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future* states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.⁴¹ Using simple “as the crow flies” parameters of one and five miles to represent the distance walked and driven respectively within 20 minutes, we have mapped the areas of Peterborough we consider to have “access” to a community pharmacy at a given time. Distance selling pharmacies are excluded in the counts as they do not serve patients at their premises.

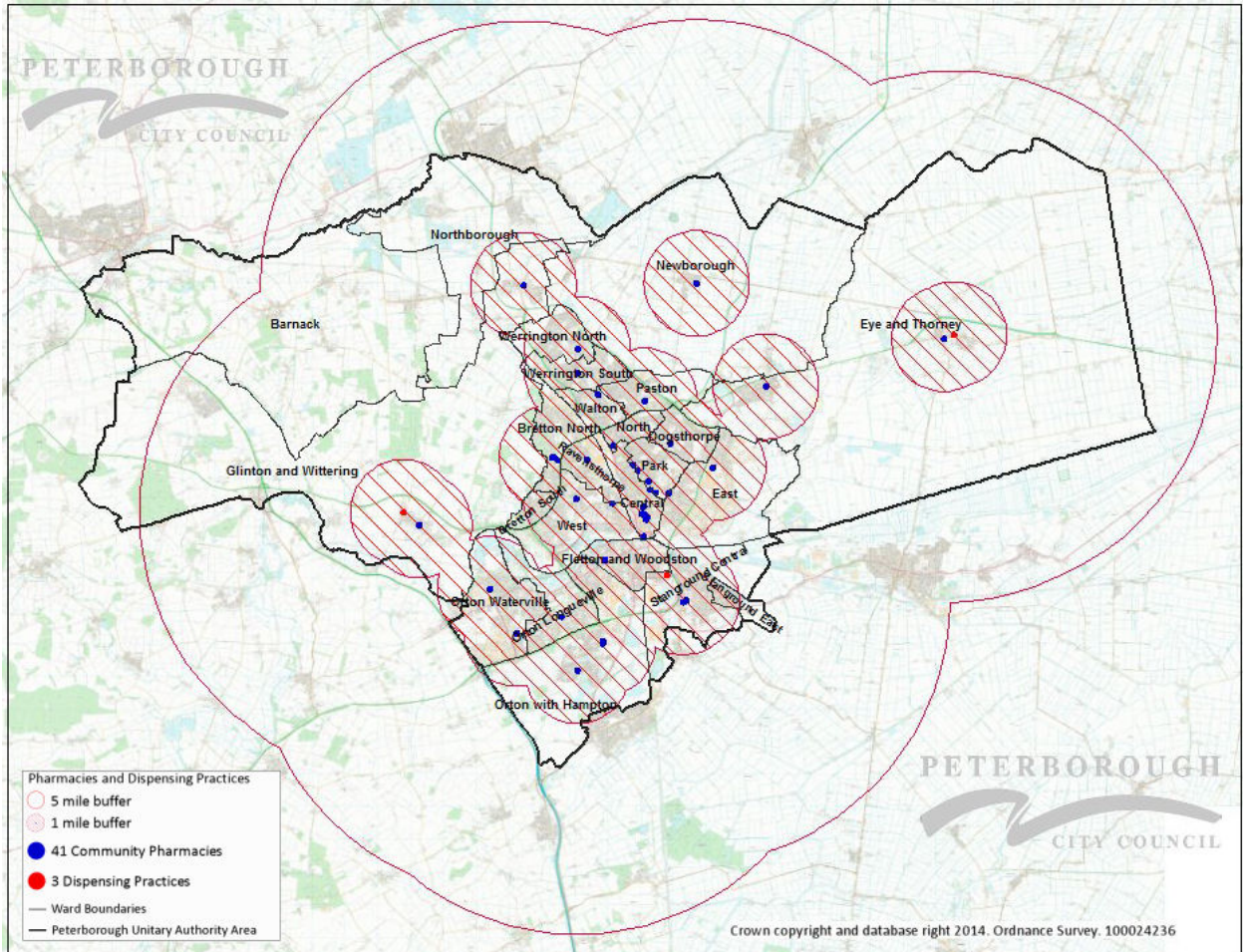
⁴¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf

Date accessed: November 2014

6.7.1 Pharmacy Access on Weekdays

Map 5 shows that during weekdays normal opening hours almost the entire area of Peterborough is within five miles of an open pharmacy. Within the major populations centres this distance is reduced to one mile. This implies that most residents in Peterborough can get to a pharmacy within 20 minutes travel time during weekdays.

Map 5: Areas of Peterborough within one and five miles of a pharmacy open on weekdays (including dispensing practices)

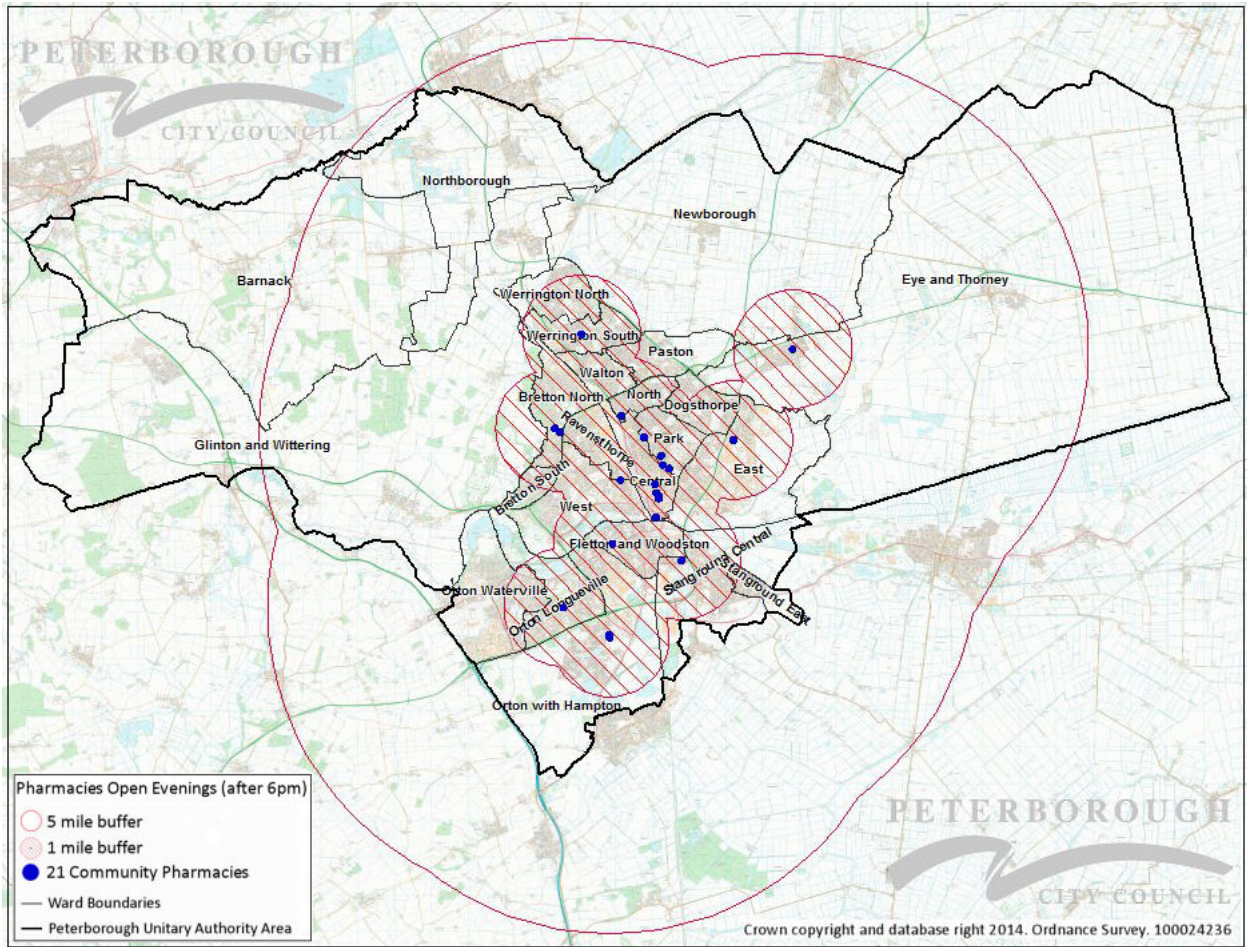


Source: NHS England

6.7.2 Out of Hours Services

Out of Hours are defined as hours between 18:30 and 08:00 Monday to Friday and 24 hours Saturday, Sunday and Bank holidays when GP practices are expected to be closed. Map 2 shows that in the evenings (after 6 pm) more than three quarters of Peterborough is within five miles of an open pharmacy while in major population centres this is reduced to one mile. A total of 21 pharmacies (53%) are open in the evenings (Map 6) (Appendix 2).

Map 6: Areas of Peterborough within one and five miles of a pharmacy open in the evenings (after 6 pm).



Source: NHS England

Dispensing practices

The three dispensing practices in Peterborough are open in the evenings on some days of the week. Table 11 shows the days of the week when they are open.

Table 11: Peterborough dispensing practices open in the evenings (after 6 pm)

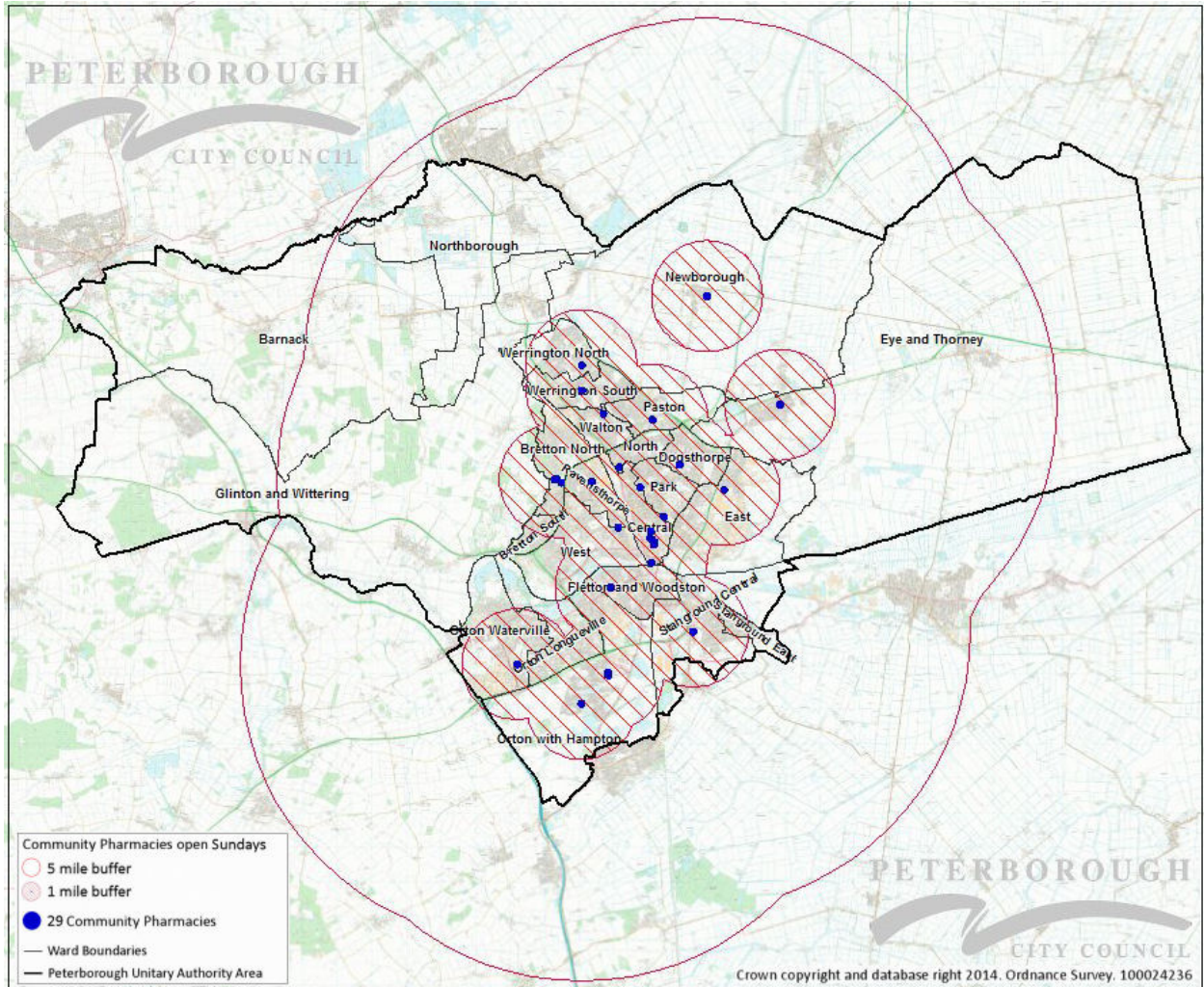
Practice Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Ailsworth Medical Centre	√	√	X	√	√	X	X
Old Fletton Surgery	√	X	X	X	X	X	X
Thorney Medical Centre	√	√	√	X	√	X	X

Source: NHS Choices

√ Open
X Not open

Map 7 shows that on Saturdays more than three quarters of Peterborough is within five miles of an open pharmacy while in major population centres this is reduced to one mile. A total of 29 pharmacies (71%) are open on Saturdays (Appendix 3).

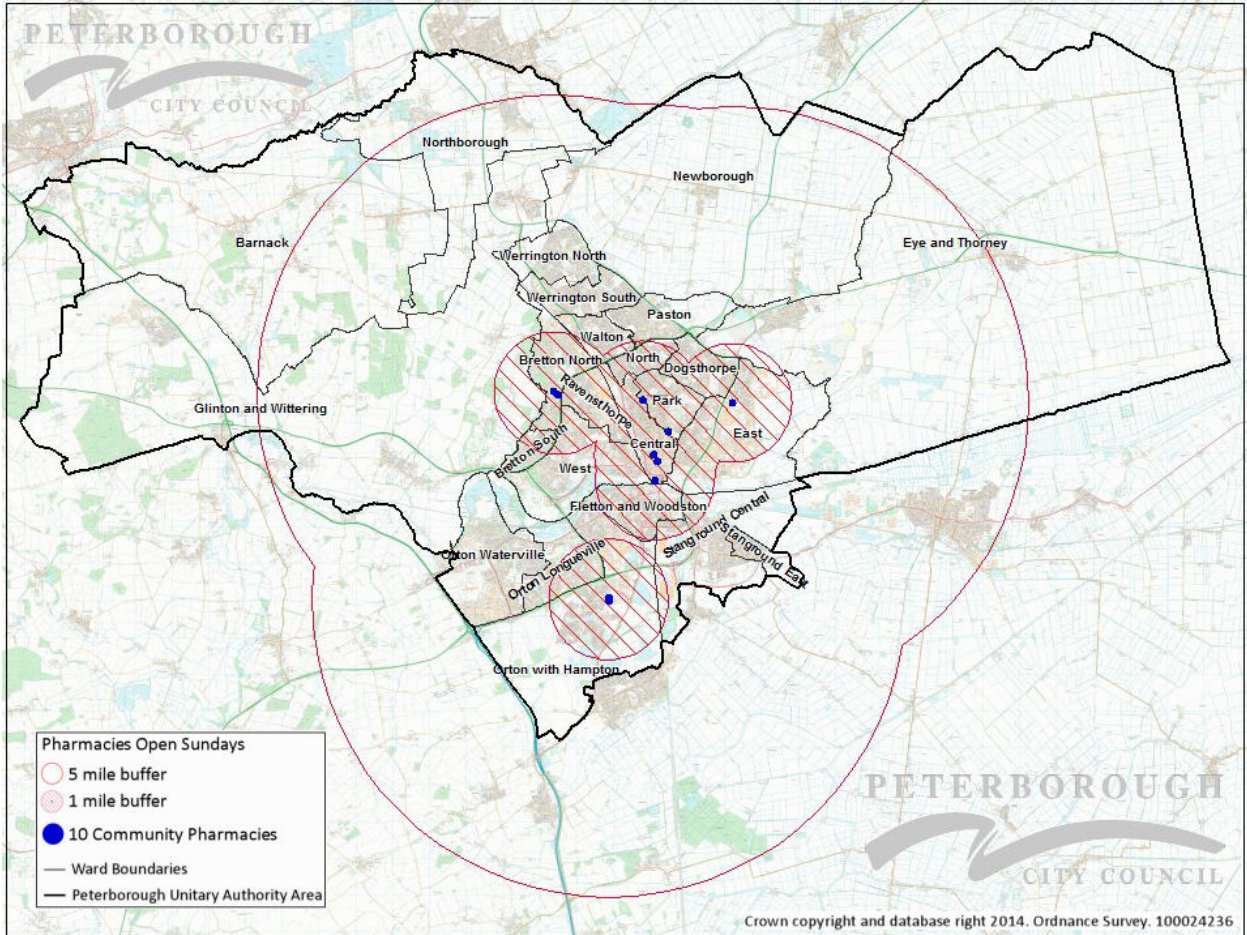
Map 7: Areas of Peterborough within one and five miles of a pharmacy open on Saturdays.



Source: NHS England

Map 8 shows that on Sundays more than three quarters of Peterborough is within five miles of an open pharmacy while in all major population centres this reduced to one mile. A total of 10 pharmacies (24%) are open on Sundays (Table 12).

Map 8: Areas of Peterborough within one and five miles of a pharmacy open on Sundays.



Source: NHS England

Table 12: Pharmacies open on Sundays in Peterborough

Pharmacy Name	Address & Postcode	
Tesco Instore Pharmacy	Serpentine Green, Hampton Hargate	PE7 8BD
Pharmacy First	2 North Street	PE1 2RA
Sainsbury's Pharmacy	Sainsbury's Superstore, Oxney Road	PE1 5NG
MI Pharmacy (Park Road Branch)	164 Park Road	PE1 2UF
Boots UK Limited	Unit 2, Bretton Centre	PE3 8DN
Boots UK Limited	Queensgate Centre	PE1 1NW
Sainsbury's Pharmacy	Sainsbury's, Faxland, Bretton	PE3 8DA
Asda Pharmacy	West Rivergate Shopping Centre	PE1 1ET
Millfield Pharmacy	387 Lincoln Road	PE1 2PF
Boots UK Limited	Unit 2, Serpentine Green	PE7 8BE

Source: NHS England

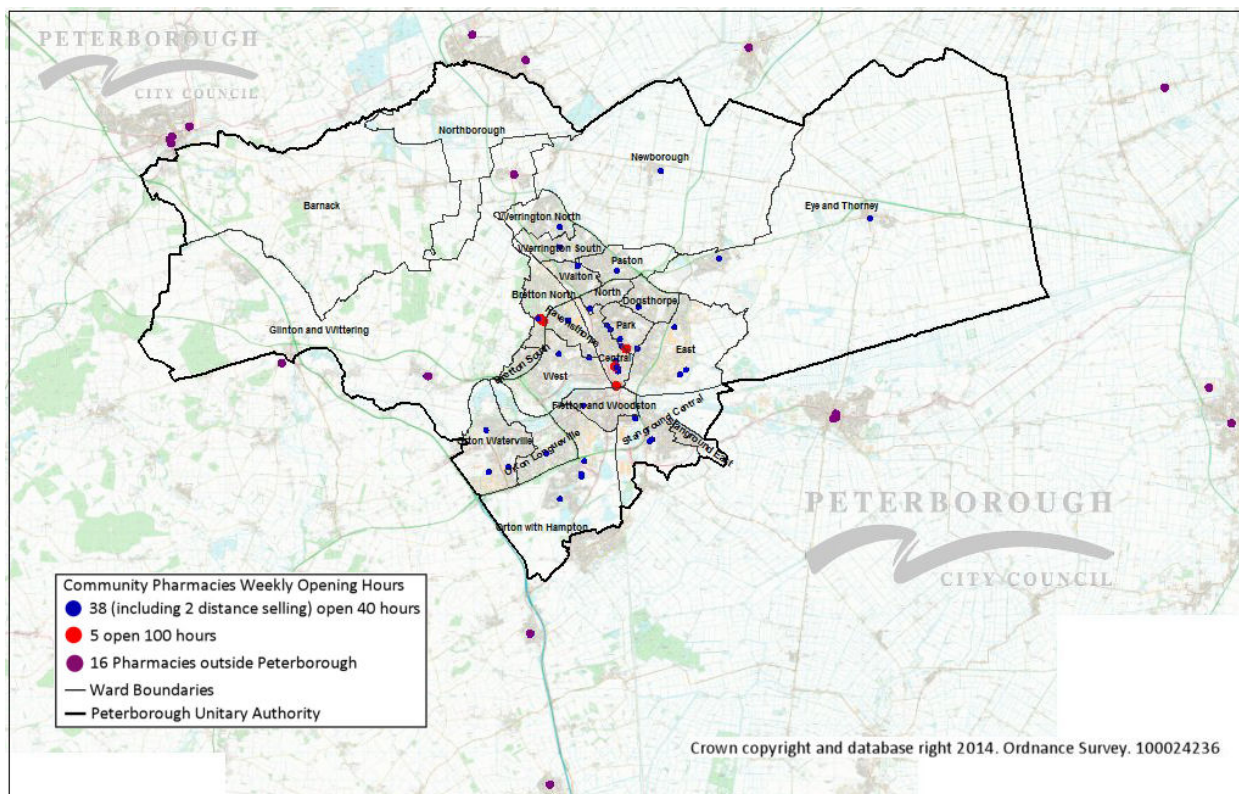
6.7.3 Outlying Wards

Parts of Barnack, Northborough, Eye & Thorney and Glinton and Wittering wards are outside the five mile radius access to a pharmacy in the evenings, Saturdays and Sundays. We were not able to assess travel time due to lack of appropriate software. However based on the 2011 PNA travel time calculations (CACI InSite Software)⁴² the maximum journey time to a pharmacy from this areas is 10 minutes by car and 19 minutes by bus. We have also examined current rural public transport provision and noted that it is sufficient apart from Sunday when there are no buses operating from Barnack, Wittering and Newborough. However Census data (2011)⁴³ shows that car ownership is higher in rural areas as compared to urban areas and therefore reliance on public transport is low. East of England which includes Peterborough has the third highest (89.3%) car ownership rate nationally. Furthermore patients in these areas have access to nearby pharmacies across the border (Map 9).

Map 9: Peterborough and neighbouring community pharmacies

⁴² <http://www.caci.co.uk/products/product/insite> Date accessed: October 2014

⁴³ <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/rural-urban-analysis/comparing-rural-and-urban-areas-of-england-and-wales.html> Date accessed: October 2014



Source: NHS England

6.8 NHS Pharmaceutical Service Provision

This section provides further details on the provision of NHS pharmaceutical services as defined in the Community Pharmacy Contractual Framework. While it is recognised that dispensing doctors' practices provide valuable services to their registered dispensing patients, these services are limited by statute to the dispensing of prescriptions only. Community Pharmacies provide three tiers of pharmaceutical services, defined in the Regulations:⁴⁴

- Essential services – services all pharmacies are required to provide.
- Advanced services – services to support patients with safe use of medicines.
- Enhanced services

Locally commissioned public health services are an important part of the contribution community pharmacy makes to the health and wellbeing of the population. Although not part of the Community Pharmacy Contractual Framework, these are also presented in this section.

6.8.1 Essential service provision

⁴⁴ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 <http://www.legislation.gov.uk/uk/si/2013/349/made> Date accessed: October 2014

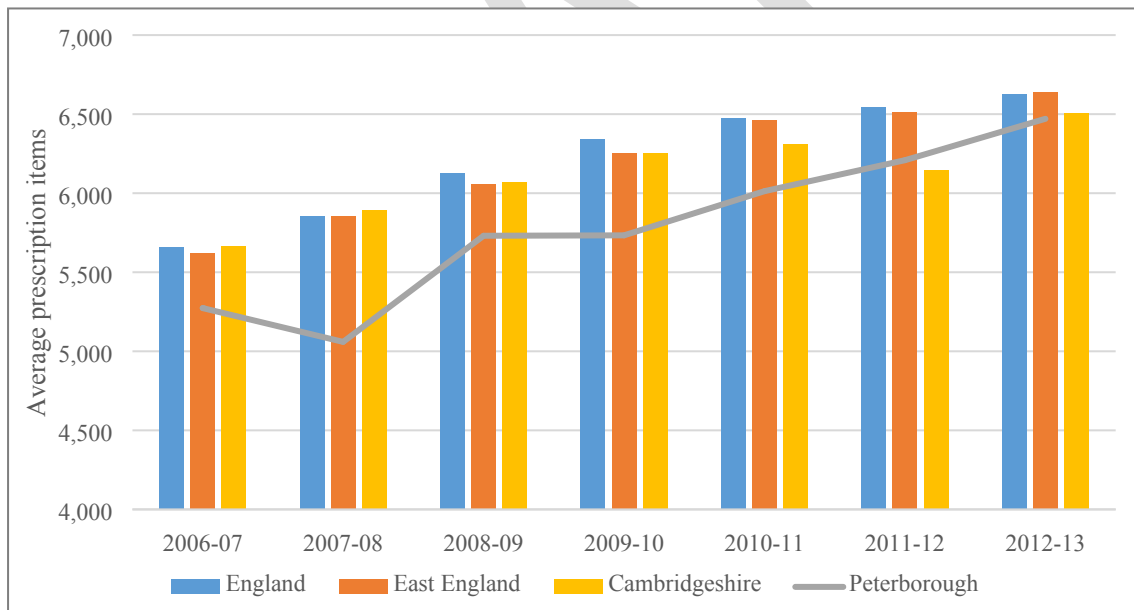
Essential services are specified by a national contractual framework and all community pharmacies are required to provide all the essential services. NHS England is responsible for ensuring that all pharmacies deliver essential services as specified.

Dispensing of Medicines

This is described as the safe supply of medicines. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.

The average number of prescription items dispensed per month per pharmacy in Peterborough has been rising since 2006-07. Peterborough’s number of prescription items has been consistently lower than the England, East England and its neighbour’s -Cambridgeshire (except for 2011-12). In 2012-13 an average of 278,000 items per month were dispensed which is equivalent to 6,509 per pharmacy (Figure 6).

Figure 6: Community pharmacies average prescription items dispensed per month per pharmacy, 2006-07 to 2012-13



Source: NHS Prescription Services part of the NHS Business Services Authority

Dispensing of Appliances

This is described as the safe supply of appliances. Advice is given to the patient about the appliance being dispensed and how to use it. Records are kept of all appliances dispensed and significant advice provided, referrals and interventions made where appropriate.

NHS Repeat Dispensing

This is the management of repeat medication for up to one year, in partnership with the patient and prescriber. Usually the patient returns to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.

Clinical governance

Pharmacies are required to have a system of clinical governance to support the provision of excellent care; requirements include:

- Provision of a practice leaflet for patients
- Use of standard operating procedures
- Patient safety incident reporting to the National Reporting and Learning Service
- Conducting clinical audits and patient satisfaction surveys
- Having complaints and whistle-blowing policies
- Acting upon drug alerts and product recalls to minimise patient harm
- Having cleanliness and infection control measures in place

Public Health (promotion of healthy lifestyle)

Each year pharmacies are required to participate in up to six campaigns at the request of NHS England. This involves the display and distribution of leaflets. In addition, pharmacies are required undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

Disposal of unwanted medicines

Pharmacies are obliged to accept back unwanted medicines from patients and to safely dispose them.

Signposting

Pharmacy staff are required to refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.

Supporting self-care

Pharmacy staff are required to provide advice and support to patients to enable them derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.

6.8.2 Advanced Service Provision

There are four Advanced Services within the NHS community pharmacy contract. Community pharmacies can opt to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. Pharmacies are required to seek approval from NHS England before providing these services, are required to have an appropriate consultation area and have a pharmacist who has been accredited to provide the service.

Medicines Use Reviews (MURs)

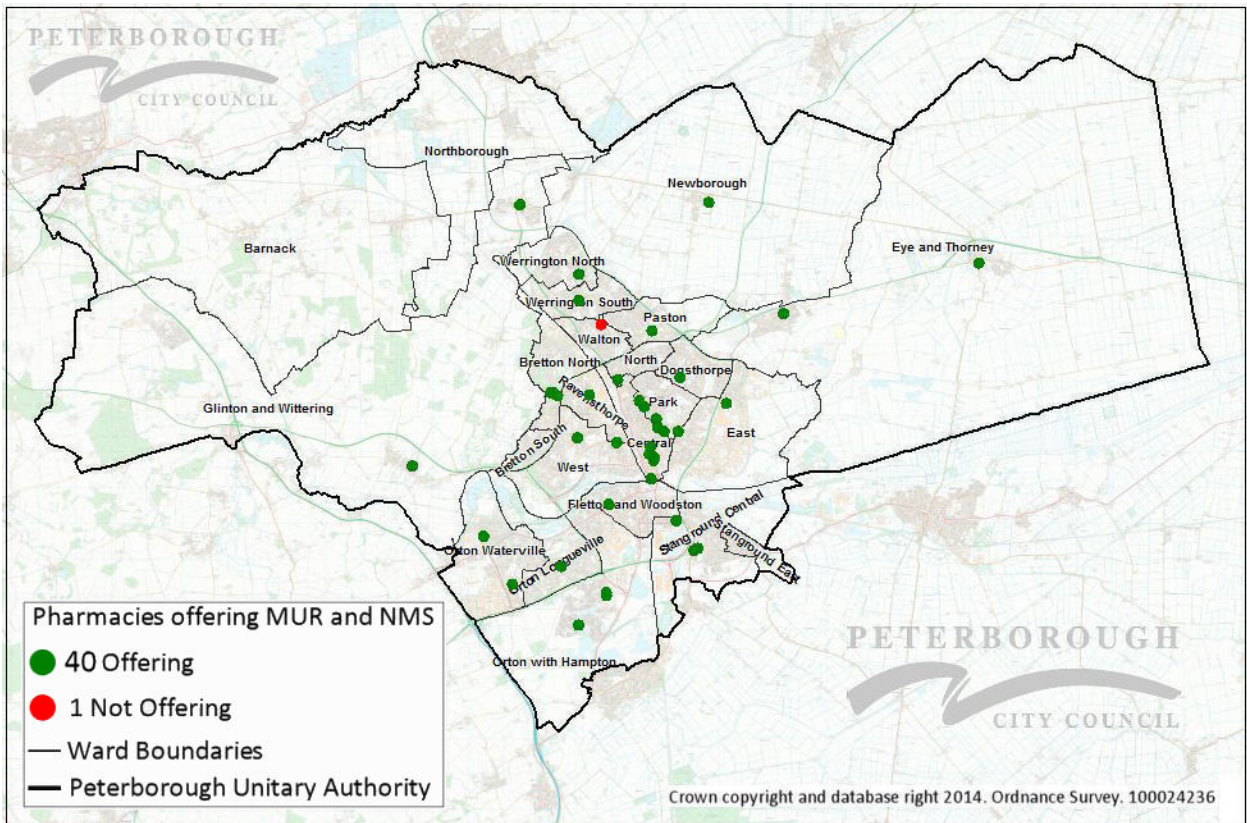
The Medicines Use Review (MUR) consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.

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 identifies any problems and possible solutions.⁴⁵

Nearly all (40/41) community pharmacies (excluding distance selling who don't provide any advanced service) in Peterborough currently provide MUR services (Map 10). The average number of MURs per pharmacy has been rising over years. In 2012-13 Peterborough had a higher average than the England, East of England and Cambridgeshire averages (Figure 7)

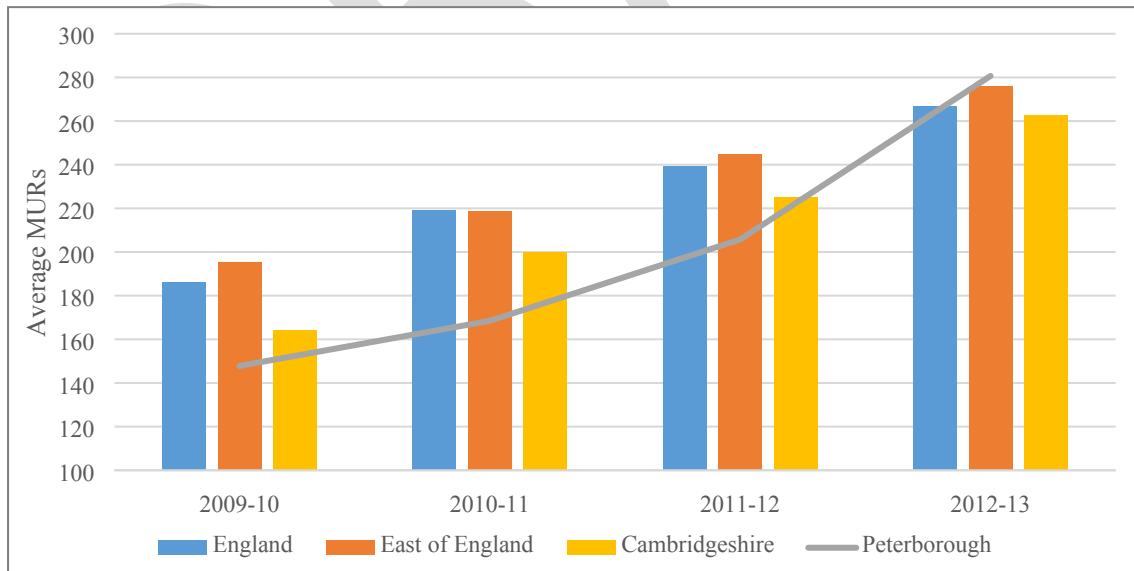
⁴⁵ Pharmaceutical Services Negotiating Committee (2013) MUR Service Specification August 2013
<http://psnc.org.uk/services-commissioning/advanced-services/murs/> Date accessed: October 2014

Map 10: Pharmacies Offering MUR & NMS in Peterborough, 2014



Source: NHS England

Figure 7: Average medicine use reviews per pharmacy 2009-10 to 2012-13



Source: NHS Prescription Service

The nationally agreed upper limit for MURs is 400 per year, with pharmacies being reimbursed £28 for each conducted MUR. In 2013/14 period a total of 11,970 MURs were conducted in Peterborough. Twenty three pharmacies conducted at least 300 MURs i.e. 75% of their possible allocation.

Three national target groups for MURs were:

- Patients taking high risk medicines
- Patients recently discharged from hospital who had changes made to their medicines while they were in hospital
- Patients with respiratory disease.

At least 50% of all MURs undertaken by each pharmacy should be on patients within these target groups. This target is due to change before 2015 to 70% and will also include patients with cardiovascular related conditions.

New Medicine Service

The New Medicine Service (NMS) was added to the NHS community pharmacy contract in 2011. The service provides support for people with long-term conditions with newly prescribed medicine to help improve medicine adherence.

Nearly all (40/41) pharmacies in Peterborough currently provide NMS (Map 10). The average number of NMS per pharmacy in 2012-13 was 70 in Peterborough which was higher than the England, East of England and Cambridgeshire averages (Table 13).

Table 13: Community pharmacies providing New Medicine Services¹, 2012-13²

Area	Community pharmacies providing NMS	Percentage of community pharmacies providing NMS	Total NMS	Average NMS per community pharmacy
England	9,464	82.3	647,859	68
East of England	981	85.5	67,149	68
Cambridgeshire	96	88.1	4,478	47
Peterborough	36	83.7	2,503	70

Source: NHS Prescription Service

1. Includes community pharmacies who provided New Medicines Services during the year but who were not in contract as at 31 March 2013.

2. First full year available.

Appliance Use Reviews (AURs)

Appliance Use Review (AUR) aim at improving the patient's knowledge and use of a 'specified appliance' by:

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

This Advanced Service is primarily provided by DACs. However, the service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business as long as they meet the conditions of service.⁴⁶

In 2010-11 and 2012-13 Peterborough's average numbers of AURs per pharmacy and appliance contractor were higher than the national, regional and Cambridgeshire's averages (Table 14). However it is important to note that DACs supply appliances across the country and therefore the high rate is not reflective of the demand in Peterborough.

Table 14: Community pharmacies and appliance contractors providing Appliance Use Reviews, 2010-11 to 2012-13

Area	Number of community pharmacy and appliance contractors providing AUR services			% of community pharmacy and appliance contractors providing AUR services			Average AUR's per community pharmacy and appliance contractor		
	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13
England	100	117	143	0.9	1	1.2	152	156	197
East of England	10	8	14	0.9	0.7	1.2	236	184	377
Cambridgeshire	1	1	2	1	0.9	1.8	3	1	22
Peterborough	2	0	3	4.7	0	6.7	533	0	1,124

Source: NHS Prescription Service

Stoma Appliance Customisation (SAC) Service

Stoma Appliance Customisation (SAC) service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.⁴⁷

As with AUR the SAC service is aimed at DACs, but again can be provided by pharmacies that normally provide specified appliances in the normal course of their business as long as they meet the conditions of service⁴⁸

Peterborough has consistently been the highest provider of SAC services nationally. In 2012-13 an average of 52,137 SACs per provider (6 in total) were done as compared to national and regional averages of 635 and 2,513 respectively (Table 15). However SACs supply appliances nationally and therefore the high rate is not reflective of the demand in Peterborough.

⁴⁶ Pharmaceutical Services Negotiating Committee <http://psnc.org.uk/services-commissioning/advanced-services/aur/#conditions> Date accessed: November 2014

⁴⁷ http://www.ppa.org.uk/edt/November_2014/mindex.htm Date accessed: November 2014

⁴⁸ Pharmaceutical Services Negotiating Committee <http://psnc.org.uk/services-commissioning/advanced-services/sac/> Date accessed: November 2014

Table 15: Community pharmacies and appliance contractors providing stoma customisation services, 2010-11 to 2012-13

Area	Community pharmacy and appliance contractors providing SAC			Percentage of community pharmacy and appliance contractors providing SAC			Average SAC per community pharmacy and appliance contractor		
	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13
England	1,722	1,786	1,761	15.6	15.7	15.2	597	606	635
East of England	136	135	139	12.4	11.9	11.9	2,165	2,423	2,513
Cambridgeshire	21	20	20	20.6	18.2	18.2	537	424	381
Peterborough	5	5	6	11.6	11.4	13.3	54,107	59,914	52,137

Source: NHS Prescription Service

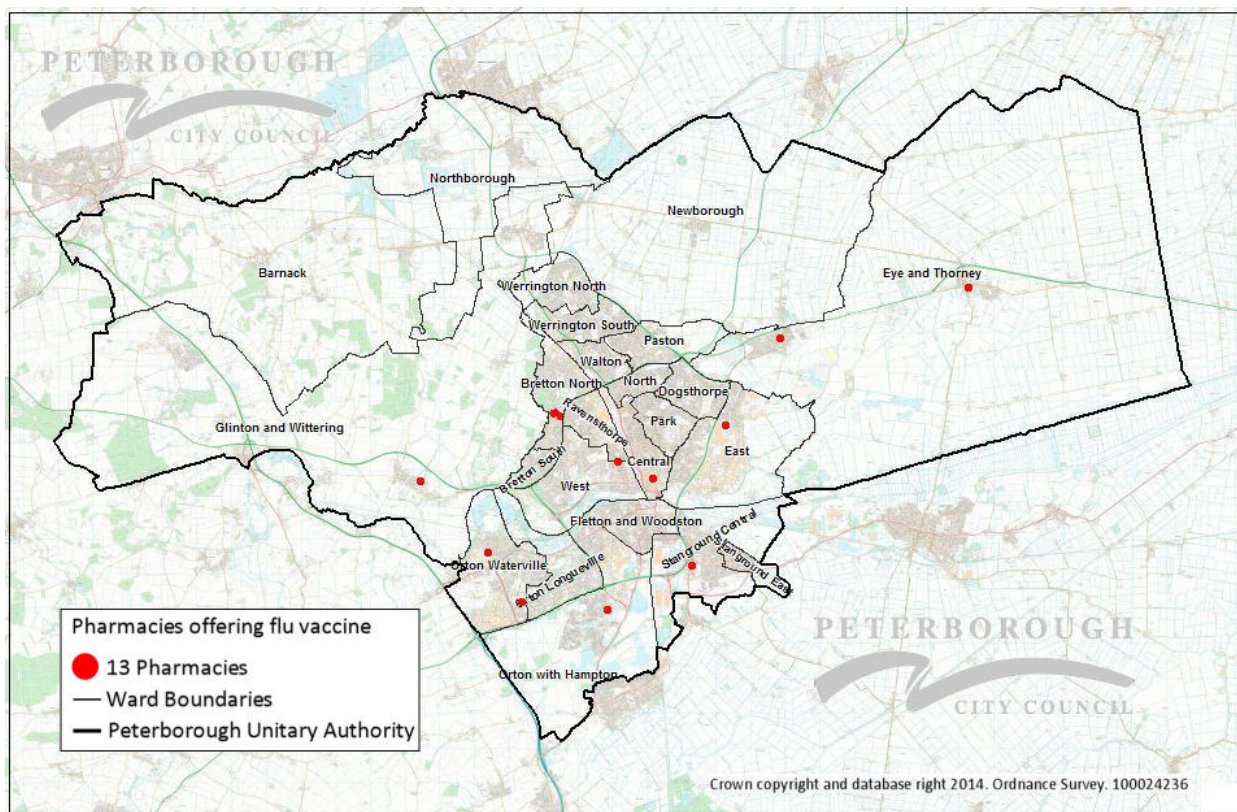
6.8.3 Enhanced Services

The third tier of Pharmaceutical Service that can be provided from pharmacies are the Enhanced Services. These are services that can be commissioned locally from pharmacies by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services. These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as *locally commissioned services*.

NHS Influenza Vaccination Scheme

The NHS Influenza Vaccination Service via Community Pharmacy has been commissioned by the NHS England area team for the 2014-15 season for patients in "At Risk" groups aged 18-64 inclusive, pregnant women and non-professional carers. This is expected to help the local NHS to meet its targets for vaccinations to these at-risk patient groups. It is considered to be vital to help the NHS to protect these patients and their carers from the serious complications that can develop if they contract the flu. There are currently 13 pharmacies providing this service in Peterborough (Map 11).

Map 11: Pharmacies offering flu vaccination for 'at risk' groups in Peterborough, 2014



Source: NHS England

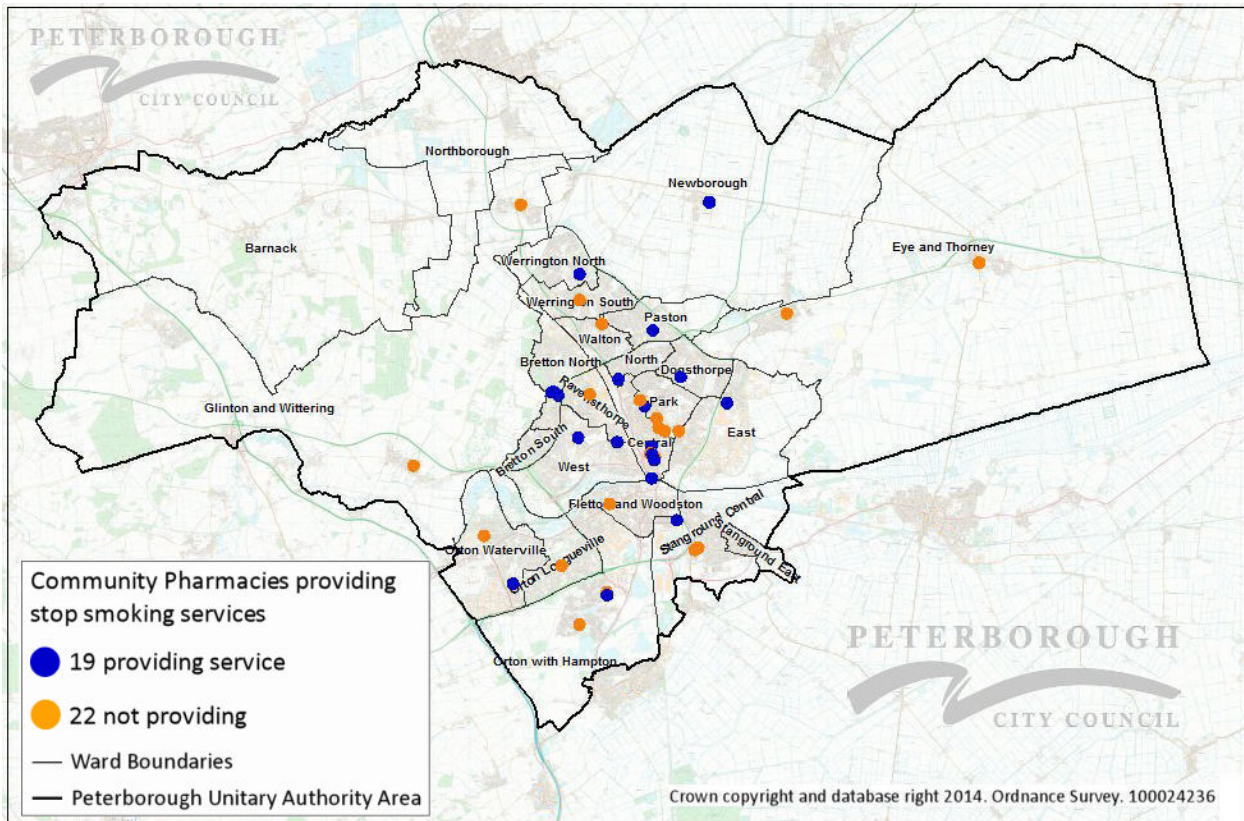
6.9 Public Health Locally Commissioned Services

Peterborough City Council commissions pharmacies to provide three public health services namely: Stop Smoking, Needle and Syringe Exchange and Supervised Administration of Medicines.

6.9.1 Stop Smoking Service

There are currently 19 pharmacies offering the service across Peterborough (Map 12) and this is in conjunction with other service providers such as GP practices and the Peterborough Stop Smoking team. Pharmacies facilitate convenient and easy access to stop smoking services due their strategic locations. There were, however, 29 pharmacies offering this service in 2011 and the number of 'smoking quits' attributable to interventions from pharmacies has fallen from 53% of the total in 2010/2011 to 19% in 2013/14. It is recommended that current service providers be audited and supported to improve outcomes. Increasing the number of stop smoking services within existing pharmacies across Peterborough should also be considered if appropriate within the context of local healthcare strategy.

Map 12: Community pharmacies providing stop smoking services in Peterborough



Source: NHS England

6.9.2 Substance Misuse Service

There are currently 32 pharmacies commissioned to provide supervised consumption services and 17 commissioned to provide needle exchange services. Map 13 and 14 show their locations. Commissioners of these services feel the current service coverage in terms of number of providers is consistent with the needs of the local population, however they feel staff within commissioned pharmacies need to participate more in training sessions to enable them support and refer clients for appropriate care as required.

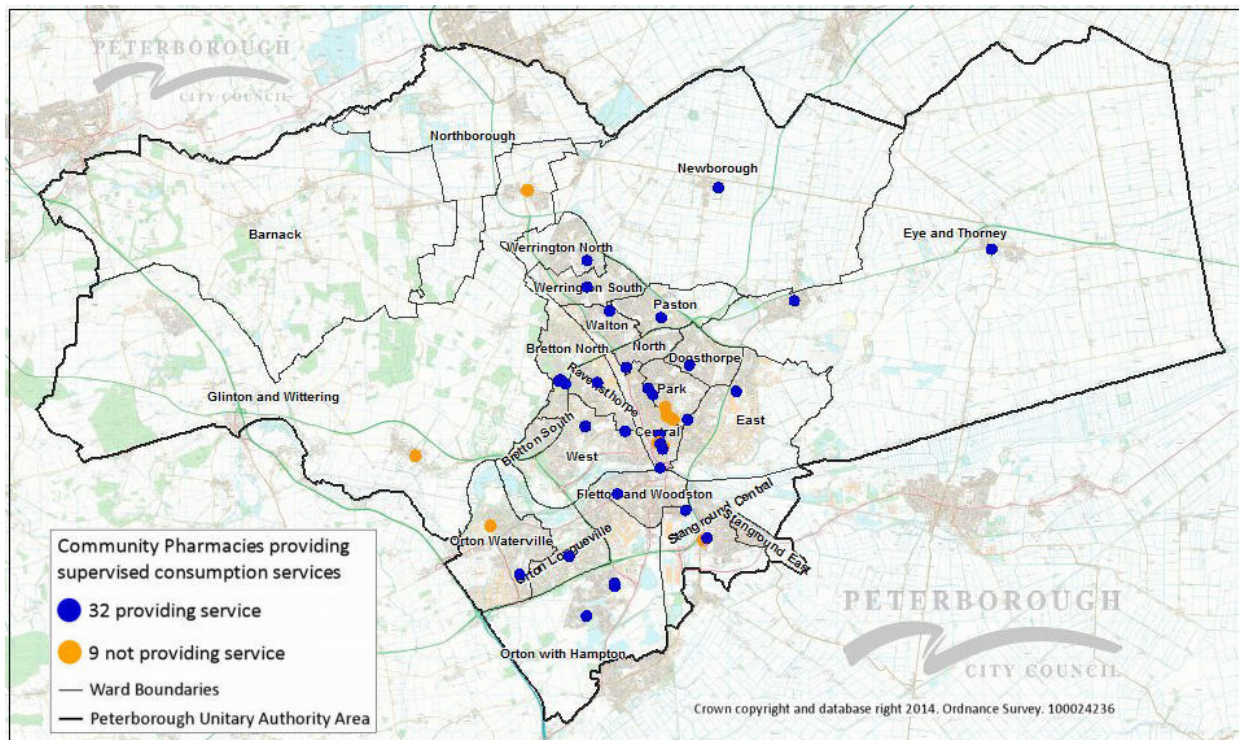
Latest data from Public Health England (2013) show a significant improvement as regards successful completion of treatment for both Opiate and non-Opiate drug users in Peterborough. In 2013 the rate of successful completion for opiate users was 11.3% compared to only 4.6% in 2012. For non-Opiate users the completion rate was 49.2% compared to 41.6% in 2013. The 2013 rates are all significantly higher than the regional and national averages.

Supervised Consumption

The main purpose of this service is to reduce mortality and morbidity risks among high-risk substance users by ensuring adherence to treatment regime. Pharmacies that have been commissioned to provide the service provide support and advice to the client, including referral to primary care or specialist services when

appropriate. They also report missed doses or other behavioural concerns to the prescriber.

Map 13: Community pharmacies providing supervised consumption services in Peterborough



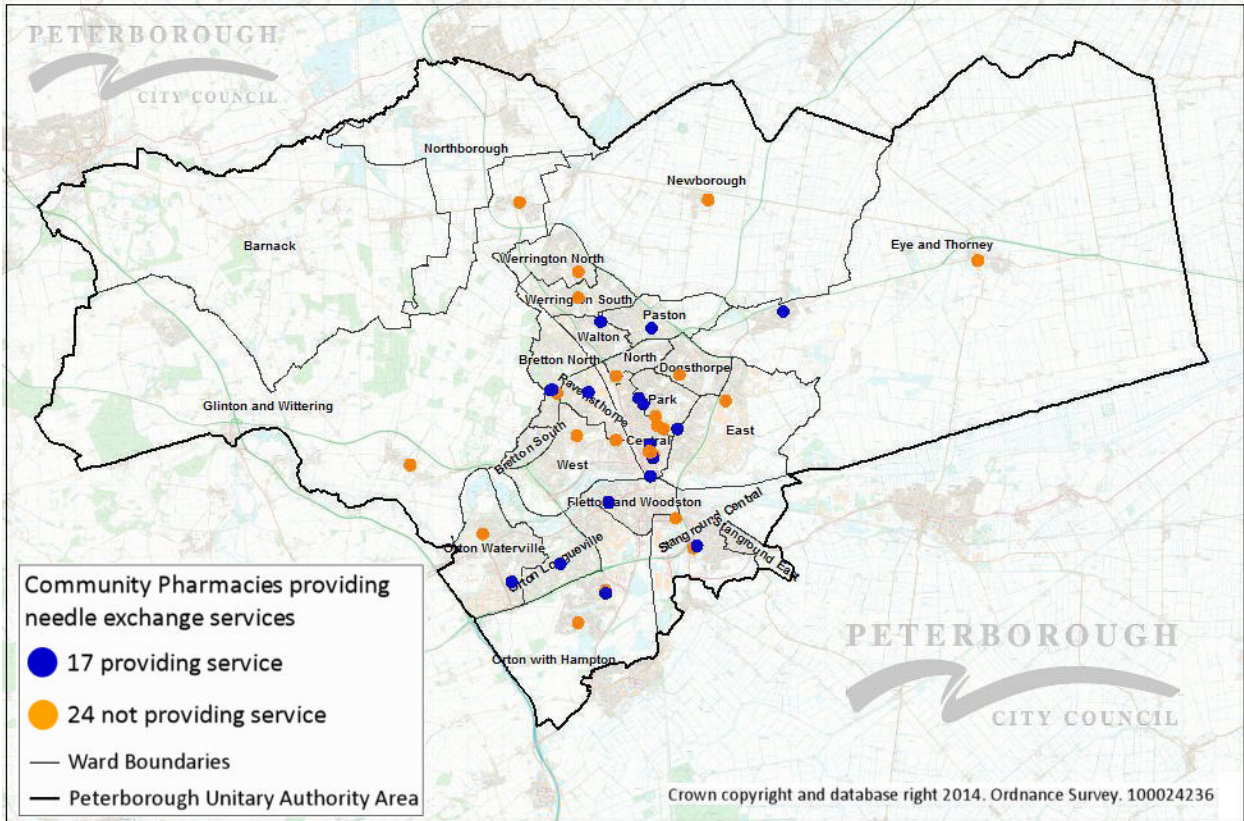
Source: NHS England

Needle and syringe exchange programme

The main purpose of this service is to reduce the transmission of blood-borne infections by providing free, sterile injecting equipment and advice in line with NICE Public Health Guidelines PH 52.⁴⁹ Commissioned pharmacies supply pre-packed bags containing sterile syringes, needles and other items to adult clients on request. Clients may return used items to the pharmacy where they are stored in a sharps bin for disposal as sharps waste.

⁴⁹ <http://www.nice.org.uk/guidance/ph52> Date accessed: November 2014

Map 14: Community pharmacies providing needle exchange services in Peterborough



Source: NHS England

6.10 Minor Ailments (Pharmacy First)

A minor ailments Scheme “Pharmacy First” commenced within Peterborough in 2002. The service was originally commissioned by the former PCT (NHS Peterborough) as an enhanced service. The service is currently administered by the Peterborough & Cambridgeshire CCG. All pharmacies in Peterborough provide the service. The scheme aims at redirecting patients from GP surgeries and the Minor Illness and Injury Unit (MIU) by providing an alternative route for treatment for a variety of minor conditions, for example, hay fever, headache, coughs and colds. Currently the service in Peterborough is offered only to children (under 16 year olds).

6.11 Summary Current Service Provision

There are currently 43 community pharmacies including two distance selling pharmacies. There are also three dispensing practices and two dispensing appliance contractors in Peterborough.

The ratio of pharmacies and dispensing practices against the local population in Peterborough (24 per 100,000 population) is above both the national (22 per 100,000) and East of England region (20 per 100,000) averages.

Residents of Peterborough living close to the border with other local authorities have the option of accessing services from pharmacies across the border. Residents in the north, north east and west of NHS Peterborough could choose to use pharmacies in Crowland, Market Deeping & Stamford (Lincolnshire) or Wansford (Northamptonshire). While residents in the south and east have the option of using pharmacies in Whittlesey or Yaxley (Cambridgeshire).

Of the 43 community pharmacies in Peterborough five (12%) have 100 core hour contracts (Table 10) with the remaining 38 having standard 40 hour contracts

During weekdays normal opening hours most Peterborough residents are within 20 minute travel time to a pharmacy or dispensing practice.

In the evenings more than three quarters of Peterborough residents are within 20 minutes travel time to an open pharmacy. A total of 21 pharmacies (51%) are open in the evenings.

On Saturdays and Sundays more than three quarters of Peterborough is within 20 minutes travel time to an open pharmacy. A total of 29 pharmacies (71%) are open on Saturdays and 10 on Sundays (24%).

In 2012-13, an average of 278,000 prescription items per month were dispensed by pharmacies in Peterborough which is equivalent to 6,509 per pharmacy.

Nearly all pharmacies (40/41 excluding distance selling) in Peterborough currently provide MUR services. In 2012-13 Peterborough had a higher number of MURs per pharmacy as compared to the England, East of England and Cambridgeshire averages.

Nearly all (40/41) pharmacies in Peterborough currently provide NMS. The average number of NMS per pharmacy in 2012-13 was 70 in Peterborough which was higher than the England, East of England and Cambridgeshire averages

In 2010-11 and 2012-13 Peterborough's average numbers of AURs per pharmacy and appliance contractor were higher than the national, regional and Cambridgeshire's averages.

Peterborough has consistently been the highest provider of SAC services nationally. In 2012-13 an average of 52,137 SACs per provider (6 in total) were done as compared to national and regional averages of 635 and 2,513 respectively. However it is important to note that AUR and SAC provide their services countrywide and therefore this is not a reflection of demand in Peterborough.

There are 13 pharmacies in Peterborough that are providing flu vaccination for at risk groups as of November 2014.

A minor ailments Scheme “Pharmacy First” for children commenced within Peterborough in 2002. Currently all pharmacies in Peterborough except distance selling ones provide the service.

There are currently 19 pharmacies offering stop smoking service across Peterborough. There were, however, 29 pharmacies offering this service in 2011 and the number of ‘smoking quits’ attributable to interventions from pharmacies has fallen from 53% of the total in 2010/2011 to 19% in 2013/14.

There are currently 32 pharmacies commissioned to provide supervised consumption services and 17 commissioned to provide needle exchange services. Commissioners of these services feel the current coverage in terms of number of providers is consistent with the needs of the local population.

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7 Patient/Public Survey

The aim of the patient/public survey was to give local users of pharmacy services an opportunity to contribute to the PNA process and help shape future service provision within Peterborough. A structured questionnaire comprising of 18 questions was utilised. Questionnaires were placed at pharmacies and doctors' surgeries and also printed in the local paper, the Peterborough Telegraph. At the end of the survey period which lasted two months, 366 questionnaires were returned. Details of the survey results are presented in appendix 7.

7.1 Key findings

The majority of respondents were female (237 respondents, 64.8%) and persons aged 26 and above (323, 88.1%).

Persons aged 56 and above were over-represented (39.3% as compared to 23.4% - Census 2011 figures for the same age group). However this is a reflection of the majority of people who regularly visit health care facilities which were the main questionnaire distribution points.

The majority of the respondents (279, 76.2%) visit their local pharmacies once or more times a month.

The majority of the respondents (264, 72%) were satisfied with the opening hours of their local pharmacies.

Pharmacies opening on Saturdays and Sundays was the most selected improvement (42, 11.5%) followed by increasing opening times until 10 pm (25, 6.8%).

The majority of respondents (317, 86.6%) rated their pharmacies as good or above (Figure 13) while 89.2% (327 respondents) described their pharmacy as retaining the same quality or improving.

Helpful (297, 81.1%) and knowledgeable (293, 80.1%) pharmacy staff and supply of medicines on prescription were the most important factors in pharmacy choice among respondents.

Most respondents would like blood pressure checks (179, 48.9%), supply of emergency medication (157, 42.9%) and cholesterol tests (150, 41%) provided by their local pharmacies.

The majority of respondents (210, 57.4%) who needed a consultation session with a pharmacist were able to obtain one. Most of these respondents were seeking help or advice on pharmacy related services.

Most respondents were satisfied with consultation sessions in terms of opportunity to ask questions, pharmacist's knowledge, physical comfort, privacy and usefulness of advice. A few (34, 16.2%) rated it as poor or very poor.

The majority of the respondents (208, 56.8%) drive to their local pharmacies but also a significant number (158, 43.2%) walk which may be indicative of easy access (Figure 21). Figure 22 further confirms this as the majority of respondents (348, 95%) said they live at most five miles from their local pharmacy.

The majority of respondents consider a pharmacy being close home (223, 60.9%) or near their GP Practice (179, 48.9%) as most important.

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8 Community Pharmacy Survey

All community pharmacies (43) and three dispensing practices in Peterborough were invited to participate in the survey which mainly included questions on service provision, pharmacy premises, information technology and staff. Pharmacy/Practice managers had up to eight weeks to respond to the questionnaire which was mainly administered via email. A total of 29 community pharmacies (67%) returned completed questionnaires. None of the dispensing practices returned a completed questionnaire. Details of the survey results are presented in appendix 8.

8.1 Key findings

Twenty five out of the 29 (86.2%) pharmacies that responded to the questionnaire have consultation areas within their premises all of which can be closed to provide privacy. Twenty three have consultation areas with wheelchair access (78.6 %). Fifty five percent (16 pharmacies) have toilet facilities that can be accessed by patients attending consultation sessions.

At the majority of pharmacies, English and at least one other local language are spoken (26 pharmacies, 89%) while at a few (3, 11%) only English is spoken.

The majority of pharmacies are either EPS enabled (23, 79.3%) or have plans to be in the next 12 months (5, 17.2%).

Most pharmacies (28, 96.5%) have computers that can open documents in PDF format but more than 10 do not have capabilities to open MS Word, Excel and Access documents, an issue that needs further exploration as it might be a hindrance to effective communication.

A number of pharmacies reported that they currently provide a range of services such as phlebotomy and chlamydia testing which NHS England, CCG and Peterborough City Council commissioners are not aware of.

All pharmacies that responded to the survey (29) collect prescriptions from practices and deliver dispensed medicines free of charge on request.

More than half of the respondents (15, 52%) thought the pharmaceutical service provision in their areas was excellent while a third (10) thought it was good. Only one respondent thought it was poor.

The majority of respondents (92%) did not feel it was necessary to have more pharmaceutical service providers in their areas.

9 Health Needs and Service Mapping

Table 16 provides a summary of identified priority health needs (see section 5) mapped against current service provision (see section 6) and potential service developments for pharmacies in Peterborough. These potential services have been identified as relevant to meeting the health needs of the local population and/or were services pharmacies identified as areas of interest for further development. Promotion of Healthy Lifestyle and Support for Self-Care are part of essential services but could be developed further to meet identified local needs. Section 10 further discusses the identified health needs and potential service development areas and makes recommendations on involvement of community pharmacies.

Please note that in Table 16 services specified in the *current service* and *potential service development* columns are classified according to the four main pharmaceutical service areas i.e. *essential, advanced, enhanced and public health commissioned services*. Services in column four (potential service development) are those that could be developed to address needs specified in column one (Health Needs) and are not row specific e.g. section 2 (disease prevalence and incidence); advanced/enhanced services; potential service development: specified services are the advanced or enhanced services that could be developed to address the three health needs in column one i.e. high tuberculosis incidence rate, high percentage of people with general poor health and high prevalence of limiting long term illness and disability.

Table 16: Peterborough health needs and service matrix

Health Needs	Locality	Current Service		Potential Service Development
1. Deprivation				
High % of people living in 20% most deprived areas in England, 2010	Peterborough	Essential Services: Dispensing medicines & appliances Disposal of unwanted medicines Promotion of healthy lifestyle Repeat prescriptions Signposting Support for self-care Clinical governance		Promotion of healthy lifestyle, NHS health checks, screening and vaccinations
High % of Children living in poverty	Peterborough	Advanced/Enhanced services	Medicine Use Reviews	Minor Ailments scheme for adults
High rate of statutory homelessness	Peterborough		New Medicine Service	Flu vaccine for over 65s
High % of older people living in deprivation	Bretton North, Central, Dogsthorpe, East, Fletton & Woodston, North, Orton Longueville, Park, Paston, Ravensthorpe		Flu vaccine for at risk groups Minor ailments scheme for children	Expansion of the at risk groups flu vaccine programme
High % of pensioners living alone	Bretton North, Central, Dogsthorpe, East, Fletton & Woodston, North, Paston, Ravensthorpe, Stanground Central, Walton, Werrington North	Public Health Commissioned services	Stop Smoking	Expansion of Stop Smoking service
Low life expectancy at birth	Central, Dogsthorpe, East, Orton Longueville, Park, Ravensthorpe, West		Supervised Consumption Needle Exchange	NHS Health Checks

Health Needs	Locality	Current Service		Potential Service Development
Low healthy life expectancy	Peterborough			
2. Disease Prevalence/ Incidence				
High Tuberculosis incidence rate	Peterborough	Essential Services: Dispensing medicines & Appliances Disposal of unwanted medicines Promotion of healthy lifestyle Repeat prescriptions Signposting Support for self-care Clinical governance		Promotion of healthy lifestyle, NHS health checks, screening and vaccinations Support for self-care
High percentage of people with general poor health	East, Orton Longueville, Stanground East, Dogsthorpe, North	Advanced/Enhanced Services	Medicine Use Reviews New Medicine Service Flu vaccination for at risk groups Minor ailments scheme for children	Observed treatment for tuberculosis Minor Ailments scheme for adults Flu vaccine for over 65s Expansion of the at risk flu vaccine programme Emergency Medicine Supply

Health Needs	Locality	Current Service		Potential Service Development
High prevalence of limiting long term illness and disability	Stanground Central, Werrington South, Dogsthorpe, North	Public Health Commissioned Services	Stop Smoking Supervised Consumption Needle Exchange	NHS Health Checks
3. Health Improvement				
High prevalence rate of low birth weight	Central, Park	Essential Services: Dispensing medicines & Appliances Disposal of unwanted medicines Promotion of healthy lifestyle Repeat prescriptions Signposting Support for self-care Clinical governance		Promotion of healthy lifestyle (to include healthy eating and breastfeeding), NHS health checks, childhood immunisations
High prevalence rate of obesity among year 6 children	Bretton North, Central			
Low percentage of mothers breastfeeding at 6-8 weeks follow up	Peterborough	Advanced/Enhanced Services	Medicine Use Reviews New Medicine Service	None
High smoking prevalence among mothers at time of delivery	Peterborough		Flu vaccine for at risk groups Minor ailments scheme for children	
High under 18 conception rate	Peterborough	Public Health Commissioned Services	Stop Smoking	Weight management

Health Needs	Locality	Current Service		Potential Service Development
High Alcohol related admissions rate	Peterborough		Supervised Consumption Needle Exchange	Expansion of stop smoking service Emergency hormonal contraception and general contraception programme Alcohol screening and brief interventions
4. Health Service Utilization				
Low Cancer screening coverage – Cervical	Peterborough	Essential Services: Dispensing medicines & Appliances Disposal of unwanted medicines Promotion of healthy lifestyle Repeat prescriptions Signposting Support for self-care Clinical governance		Promotion of healthy lifestyle, NHS health checks, screening and vaccinations
Low Diabetic Retinopathy screening	Peterborough			
Low Chlamydia screening detection rate- males	Peterborough			
Low uptake of NHS Health Checks	Peterborough	Advanced/Enhanced Services		Minor Ailments scheme for adults Flu vaccine for over 65s Expansion of the at risk flu vaccine programme Emergency Medicine Supply
Low uptake of Flu vaccination – 65+ and individuals at risk	Peterborough			
High emergency admissions for all causes	Bretton North, Central, Dogsthorpe, East, Fletton & Woodston, North, Orton Longueville			
High emergency admissions for CHD	Central, Dogsthorpe, East, North, Orton Longueville, Park, Ravensthorpe			

Health Needs	Locality	Current Service		Potential Service Development
High emergency admissions for Stroke	Central	Public Health Commissioned Services	Stop Smoking	Chlamydia Screening
High emergency admissions for COPD	Bretton North, Central, North, Orton Longueville		Supervised Consumption	Minor Ailment Service
High hospital admissions for alcohol related harm	Bretton North, Central, Dogsthorpe, East, Fletton & Woodston, North, Orton Longueville, Park, Paston, Ravensthorpe, Stanground Central, Walton		Needle Exchange	Alcohol screening and brief intervention NHS Health Checks
5. Mortality All Ages				
More deaths than expected from all causes	Eye & Thorney, Orton Longueville, Park, Ravensthorpe, West	Essential Services: Dispensing medicines & Appliances Disposal of unwanted medicines Promotion of healthy lifestyle Repeat prescriptions Signposting Support for self-care Clinical governance		Promotion of healthy lifestyle, NHS health checks and screening Support for self-care
More deaths than expected from all cancers	Eye & Thorney	Advanced/Enhanced Services	Medicine Use Reviews	Minor Ailments scheme for adults
More deaths than expected from circulatory disease	Dogsthorpe, East, Orton Longueville, Park, Ravensthorpe, West		New Medicine Service Flu vaccination for at risk groups	Flu vaccine for over 65s
More deaths than expected from CHD	Central, Dogsthorpe, East, Eye & Thorney, Fletton & Woodston,		Minor ailments scheme for children	Expansion of the at risk flu vaccine programme

Health Needs	Locality	Current Service		Potential Service Development
	Orton Longueville, Park, Ravensthorpe,			Anti-coagulation monitoring programme Emergency Medicine Supply
More deaths than expected from Stroke	Park, West	Public Health Commissioned Services	Stop Smoking	Expansion of Stop Smoking Service
More deaths than expected from respiratory disease	Orton Longueville, Park, West		Supervised Consumption	NHS Health Checks
Higher mortality rate from causes considered preventable by public health interventions	Peterborough		Needle Exchange	Weight management
Higher premature mortality rate from cardiovascular diseases considered preventable	Peterborough			
6. Mortality Under 75				
More deaths than expected all causes	Central, Dogsthorpe, East, North, Orton Longueville, Park, Paston, Ravensthorpe,	Essential Services: Dispensing medicines & Appliances Disposal of unwanted medicines Promotion of healthy lifestyle Repeat prescriptions Signposting Support for self-care Clinical governance		Promotion of healthy lifestyle, NHS health checks and screening Support for self-care
More deaths than expected all cancers	Orton Longueville	Advanced/Enhanced Services	Medicine Use Reviews New Medicine Service	Minor Ailments scheme for adults

Health Needs	Locality	Current Service		Potential Service Development
			Flu vaccination for at risk groups Minor ailments scheme for children	Flu vaccine for over 65s Expansion of the at risk flu vaccine programme Anti-coagulation monitoring programme Emergency Medicine Supply
More deaths than expected circulatory disease	Central, Dogsthorpe, East, Fletton & Woodston, Orton Longueville, Park, Ravensthorpe	Public Health Commissioned Services	Stop smoking	Expansion of Stop Smoking service
More deaths than expected CHD	Central, Dogsthorpe, East, Fletton & Woodston, Orton Longueville, Park, Ravensthorpe		Supervised Consumption	NHS Health Checks
			Needle Exchange	Weight management

10 Conclusions & Recommendations

The aim of the Peterborough PNA was to describe the current pharmaceutical services, systematically identify any gaps/unmet needs and in consultation with stakeholders make recommendations on future development. To achieve this we reviewed and analysed Peterborough's demographic details, health needs, current service provision, and consulted the public and other stakeholders through surveys. From the synthesis of these results we have examined the level of need for pharmaceutical services in Peterborough and the level of choice the current provision of pharmaceutical service in the county offers patients.

10.1 Identified need

Peterborough has a higher percentage of people living in the 20% most deprived areas in England as compared to the national average. It also has a higher percentage of children and older people living in deprivation. Evidence shows that populations in deprived localities often experience poor health outcomes including lower life expectancy, higher burden of ill health, low uptake of health protection services such as screening and immunizations and often seek medical attention late. They are often admitted in hospital as emergencies.⁵⁰ The analysis by ward in Peterborough has revealed a similar pattern where the most deprived wards such as Central, Dogsthorpe, Orton Longueville, North and Ravensthorpe have been associated with relatively poor health outcomes.

Community pharmacies located in deprived wards and other areas that this assessment has highlighted as having poor health outcomes have the potential to effectively intervene as they are strategically placed and have regular interactions with the local population. Some of the health needs that have been identified which community pharmacies can be effectively involved include: tackling high prevalence rates of obesity among children, low breastfeeding rates, low birth weight rates, high smoking prevalence among pregnant women, high alcohol misuse rates, low uptake of vaccines and promotion of health screening and health check services.

It is notable that despite Peterborough having a significantly high under 18 conception rate and low chlamydia infection detection rate among males, none of the existing community pharmacies has been commissioned to provide related services.

10.2 Choice

Regulation 9 of the NHS Regulations 2013⁵¹ sets out factors which HWBs must have regard to when assessing whether there is sufficient choice with regard to obtaining pharmaceutical services. We utilised the specified factors in our assessment of choice:

⁵⁰ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Date accessed: November 2014

⁵¹ <http://www.legislation.gov.uk/ukxi/2013/349/contents/made> Date accessed: November 2014

• What is the current level of access within the locality to NHS pharmaceutical services?

The overall ratio of pharmacy and dispensing practices to population in Peterborough (24/100,000) is higher than the regional (20/100,000) and national (22/100,000) averages.

During week days normal opening hours nearly the entire area of Peterborough is within 20 minutes travel time (5 miles radius) to a pharmacy or dispensing practice. In the evenings, Saturdays and Sundays more than three quarters of Peterborough is within 20 minutes travel time to an open pharmacy. A total of 21 pharmacies (49%) are open in the evenings, 28 pharmacies (65%) on Saturdays and 10 pharmacies (24%) are open on Sundays.

Areas within Peterborough that have no access to a pharmacy within 5 miles radius in the evenings, Saturdays and Sundays are mainly in the North East and North West parts of Peterborough. These are largely rural in nature with low population density. Previous assessments of travel time in these areas (Peterborough PNA, 2011) have shown that residents in these areas can still access pharmaceutical services in less than 20 minutes using personal or public transport during those periods. Census data (2011) show that car ownership is higher in rural areas as compared to urban areas. The East of England which includes Peterborough has the third highest car ownership rate nationally (89.3%). Furthermore they have the option of accessing pharmaceutical services across Peterborough's border.

In addition to essential services, nearly all pharmacies (40/41 excluding distance selling) in Peterborough provide key advanced services which include MUR, NMS, AUR and SAC. Peterborough's related performance is significantly better than the regional and national averages. Peterborough's residents therefore have satisfactory access to advanced services.

Thirteen pharmacies in Peterborough have been commissioned to provide flu vaccines for the at risk groups. The latest data (2013) shows the Peterborough's uptake rate is below the regional and national averages. There is need to review performance of existing service providers to establish if there is need to commission more pharmacies.

A minor ailments scheme 'Pharmacy First' targeting children is currently implemented by all pharmacies in Peterborough. Considering the high emergency hospital admission and respiratory disease mortality rates in various Peterborough wards it may be worth expanding the programme to include adults in affected areas.

There are two substance misuse services offered by pharmacies in Peterborough. These are supervised consumption (32 pharmacies) and needle exchange (17 pharmacies). Commissioners of these services feel the current service coverage is adequate.

There are currently 19 pharmacies offering stop smoking service across Peterborough. There were, however, 29 pharmacies offering this service in 2011 and the number of 'smoking quits' attributable to interventions from pharmacies has fallen

from 53% of the total in 2010/2011 to 19% in 2013/14. There is need to audit and support existing providers in order to improve their performance. Increasing the number of stop smoking services within existing pharmacies across Peterborough should also be considered if appropriate within the context of local healthcare strategy.

None of the pharmacies in Peterborough is commissioned to provide sexual health services despite Peterborough having a significantly high under 18 contraception rate and low chlamydia infection detection rate among males

Based on the level of essential and advanced service provision, and the physical distribution of pharmacies across the Peterborough, it is considered that the current level of access to NHS pharmaceutical services is adequate. This is supported by survey findings, which indicate that most patients and professionals are satisfied with their current access to pharmaceutical services in their localities.

• *What is the extent to which services in the locality already offer people a choice, which may be improved by the provision of additional facilities?*

The health needs and service mapping analysis (section 9) shows varying needs in different localities across Peterborough. These include, low life expectancy at birth, low healthy life expectancy, high smoking prevalence among pregnant women, high obesity rates among children, low uptake of NHS health checks, high mortality rates etc. Pharmacies in these localities should be supported and equipped to provide services such as targeted promotion of healthy lifestyle, NHS health checks, emergency hormonal contraception and emergency medication service etc.

Most respondents from the public survey also recommended inclusion of blood pressure checks, supply of emergency medication and cholesterol tests as other important services they would like their local pharmacies to provide.

• *What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?*

We have identified no gap in service provision which would be improved by additional providers. However NHS England and Local Authority service commissioners need to address the under commissioning of services such as flu vaccine for at risk groups and stop smoking and non-commissioning of flu vaccine for over 65s and sexual health services. They should continue working closely with community pharmacies to improve coverage and quality of existing services.

• *What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?*

Peterborough's population profile shows a significantly higher proportion of younger people as compared to the national average. This may be due to the presence of a relatively high population of young immigrants mostly from Eastern Europe. The prevalence of lifestyle related issues such as alcohol misuse, teenage pregnancy, smoking among pregnant women and child obesity often associated with younger populations is as such relatively higher than the national average. Pharmaceutical

service providers are currently involved in addressing these issues through promoting healthy lifestyles as part of the essential service contract. A few have been commissioned to provide stop smoking services. There is need to consider commissioning more pharmacies to provide stop smoking service.

Population projections for Peterborough show that the greatest rise will be among older people. The growth in older people's population is expected to lead to an increase of chronic conditions such as diabetes, circulatory and respiratory diseases. Pharmaceutical service providers have the potential to make a significant contribution in chronic disease prevention, identification and management through the implementation of programmes such as the NHS health checks and support for self-care.⁵²

• Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?

Evidence shows that populations in deprived localities often experience poor health outcomes including lower life expectancy, higher burden of ill health, low uptake of health protection services such as screening and immunisations and often seek medical attention late. The analysis by ward in Peterborough has revealed a similar pattern where the most deprived wards such as Central, Dogsthorpe, Orton Longueville, North and Ravensthorpe are associated with relatively poor health outcomes.

Community pharmacies located in deprived wards and other areas that this assessment has highlighted as having poor health outcomes have the potential to effectively intervene as they are strategically placed and have regular interactions with the local population.

Some of the health needs that have been identified which community pharmacies can be effectively involved include: tackling high prevalence rates of obesity among children, low breastfeeding rates, low birth weight rates, high smoking prevalence among pregnant women, high alcohol misuse rates, low uptake of vaccines and promotion of health screening and health checks services.

• What is the HWB's assessment of the overall impact on the locality in the longer-term?

The Health and Wellbeing Board recognises the vital role pharmaceutical service providers play in treatment and management of ill health and in promoting and improving the health of the local population. However, they need to play a greater role in integrated out of hospital services, promoting and improving health and in reducing health inequalities.

⁵² Community Pharmacy: at the heart of public health - <http://psnc.org.uk/> Date accessed: November 2014

10.3 Future Need

To identify future needs we responded to issues specified in Regulation 9 of the NHS Regulations 2013 as below:

- ***Known firm plans for the development/expansion of new centres of population i.e. housing estates, or for changes in the pattern of population i.e. urban regeneration, local employers closing or relocating?***

Over the life of the current PNA document (2014/15-2018/19), a total of 6,724 houses in urban areas (the majority in Orton with Hampton) and 612 in the rural areas (majority in the larger villages of Eye & Thorney) will be built. We have examined the distribution of the housing developments and also examined demographic changes and household projections and conclude that the changes are minimal and will not significantly affect pharmaceutical service provision within the lifetime of this document. However, the HWB in conjunction with NHS England will continue to monitor the developments and make updates to the PNA via supplementary statements as appropriate. We are not aware of any firm plans by any major local employers to close or relocate.

- ***Known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?***

The Peterborough Health and Wellbeing Board (HWB) strategy (2012-15)⁵³ highlights the significance of multiagency collaboration, including pharmaceutical service providers in delivering its key priorities aimed at the improvement of the health of the local population and in reducing health inequalities.

- ***Known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?***

The Peterborough and Cambridgeshire CCG's plans⁵⁴ do not indicate any major changes in providers of primary medical services.

- ***Known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?***

We are not aware of any firm plans for developments during the life time of this document which would change the pattern of local social traffic and therefore access to services.

- ***Plans for the development of NHS services?***

⁵³ http://www.peterborough.gov.uk/health_and_social_care/health_and_wellbeing_strategy.aspx

Date accessed: November 2014

⁵⁴ <http://www.cambridgeshireandpeterboroughccg.nhs.uk/pages/five-year-plan.htm> Date accessed:

November 2014

As from January 2015 GP practices in England will be free to register patients who live outside the practice boundary. Some of the practices especially in urban areas might experience an increase in registrations as some people opt to register near their work places. Consequently the effect will be felt by pharmaceutical service providers in terms of changing prescription volumes.⁵⁵ However the overall impact on access to pharmaceutical services by the general population is expected to be minimal.

10.4 Conclusion

There is currently sufficient essential and advanced pharmaceutical service provision in Peterborough. However, locally commissioned services such as stop smoking appear inadequate as evidenced by deteriorating quit rates and an overall significantly higher smoking rate among adults and pregnant women as compared to the regional and national averages.

No community pharmacy in Peterborough is currently commissioned to provide flu vaccination for over 65s and only 13 provide flu vaccination service for at risk groups. Also none have been commissioned to provide sexual health services such as emergency hormonal contraception and chlamydia testing and treatment despite higher teenage pregnancy and low chlamydia detection rates among men as compared to the regional and national averages.

NHS England should consider commissioning existing pharmacies to provide flu vaccination for over 65s and encourage more pharmacies to provide flu vaccination for the at risk groups. Public health commissioners should support current providers of stop smoking services to improve outcomes and consider commissioning more existing pharmacies to enhance coverage. They should also consider commissioning existing pharmacies to provide sexual health services in order to address the high level of teenage pregnancy and low chlamydia detection rates among men if appropriate within the context of local healthcare strategy.

Overall, pharmacies are valued community assets and are strategically placed to effectively intervene in identified health needs and should be considered core in all strategies aimed at addressing highlighted health inequalities.

10.5 Future Plans

Regulations 5 and 6 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, state the date by which the HWB's first PNA must be published (1st April 2015) and the arrangements for revising the PNA. HWBs will be required to publish a revised assessment within three years of publication of their first assessment (By 31st March 2018 for Peterborough).

HWBs will be required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical

⁵⁵ <http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/patient-choice-GP-practices.aspx>

Date accessed: November 2014

services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes, in which case a supplementary statement may suffice.

To meet this requirement, the Peterborough head of public health intelligence on behalf of the HWB will liaise with the NHS England Area Team who are responsible for decisions regarding market entry and community pharmacy contracts to ensure appropriate action is taken whenever there are significant changes in local pharmaceutical service provision. The head of public health intelligence will annually review existing pharmaceutical service provision and if appropriate draft a supplementary report alerting the HWB of identified changes and proposed actions. He/she may recommend a revision of the entire PNA where the changes are significant.

DRAFT

11 Stakeholder Consultation Dec 2014 – Feb 2015

11.1 Background

As required by the NHS 2013 Regulation 8⁵⁶, we carried out a stakeholder consultation on the draft Peterborough PNA 2015 report. The consultation process commenced on 10th December 2014 and ended on 9th February 2015, thus meeting the requirement of giving stakeholders a minimum of 60 days to respond. The consultation involved the following:

- Peterborough residents
- All Community Pharmacies
- Dispensing Practices
- Local Medical Committee
- Local Pharmaceutical Committee
- C&P CCG Local Commissioning Groups
- Peterborough & Cambridgeshire NHS Foundation Trust
- Peterborough & Stamford Hospitals NHS Foundation Trust
- HWB Cambridgeshire
- HWB Lincolnshire
- HWB Northamptonshire
- NHS England East Anglia Area Team
- Healthwatch

11.2 Process

The draft PNA 2015 report was made available on line via the Peterborough City Council website: www.peterborough.gov.uk/pharmacyneeds. For the general public, a questionnaire was available for filling and submitting on line as well as information on how to request for a hard copy or easy read version of the report and questionnaire. Other stakeholders received invitations to participate via emails with questionnaires attached and a link to the online draft report. The Peterborough communication and marketing team did a press release at the beginning of the PNA consultation and promoted the exercise via various council social media throughout the process. The Peterborough Director of Public Health – Dr Henrietta Ewart and a member of the steering group – Rita Bali (LPC) were interviewed by the British Broadcasting Corporation (BBC) Radio Cambridgeshire as part of the consultation launch. All stakeholders received email reminders a week to the end of the consultation period.

⁵⁶ <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

11.3 Results

Seventeen respondents either filled the provided questionnaires or sent back emails with comments. These included seven members of the public, four pharmacies, Lincolnshire Health and Wellbeing Board, Peterborough Health and Wellbeing Programme Board, Local Pharmaceutical Committee, Local Medical Committee, Peterborough Public Health Commissioner and Head of Public Health Strategy. NHS England East Anglia Area Team, Healthwatch and P&C CCG were represented on the steering group and as such their views were utilised throughout the PNA process. The draft PNA was also presented at the Peterborough Joint Commissioning Forum in January 2015 where it was well received.

The response rate to the draft PNA report was low despite multiple reminders from the PNA lead, LPC and on line promotion by the communication team. However the rate is comparable with previous PNAs in Peterborough and nationally. It is important to note that the NHS 2013 Regulation 8 minimum requirement for consultations is that key stakeholders be engaged at least once during the development of the PNA. Whereas most PNAs e.g. Cambridgeshire, only carried out one major consultation that included both a needs assessment and opinions on PNA draft, Peterborough carried out two separate consultations. The first consultation (needs assessment) carried out between September and October 2014 had high response rates – 366 members of the public and 29 community pharmacies.

Issues raised by various respondents and the PNA steering group's response are presented below.

11.3.1 Health and Wellbeing Programme Board

Table 17: Issues raised by HWB Programme

Issue	Response
Smoking rates are higher in these (Central Europe) countries as is alcohol consumption which is not noted in the comments below. We have some data that indicates higher levels of drink-driving among some communities.	<p>The respondent possibly refers to Eastern Europe as Central Europe would include German, Italy, Austria etc.</p> <p>Whereas it is true that Eastern Europe countries have higher smoking and alcohol consumption rates as compared to the Western ones, there is no specific evidence indicating that immigrants from these countries currently living in Peterborough have higher smoking and alcohol consumption rates than the rest of the population.</p> <p>High levels of drink driving do not necessarily indicate high alcohol consumption within a population. However it is a public health issue that may need further investigation as part of</p>

Issue	Response
	a comprehensive needs assessment focusing on this population that is to be carried out by the public health team later this year.
<p>The PNA talks about a high number of Central Europeans but what age groups are these made up from. I suspect that they will be young families and there is a comment that young children have a higher health care demand. What facilities are there to encourage self help from this community i.e. young Central European mothers helping other expectant mums (can the pharmacies encourage this through campaigns etc.).</p>	<p>As recommended in PNA document (see 4.2.4) a comprehensive needs assessment focussing on East European and other BME groups is required to understand their specific needs in order to develop appropriate interventions.</p>
<p>What materials on health are in these centres in Central European languages and what advice can be given in Central European languages?</p>	<p>The PNA established that in most pharmacies that responded to the survey there were staff speaking other local languages apart from English.</p> <p>The public survey did not identify language barrier as a factor in pharmacy consultations.</p> <p>The current practice is to provide health materials in non-English languages on request as it's not cost effective to make materials for every language spoken in Peterborough.</p>
<p>Smoking is significantly high but do we know what they are smoking. I suspect that it will be non duty paid cigarettes which are more harmful than normal ones is this being tackled?</p>	<p>Smoking is a health hazard regardless of type of cigarettes smoked and the public health advice remains the same – ‘stop smoking.’</p> <p>How the availability of cheap non-duty paid cigarettes in Peterborough is impacting on smoking prevalence rates is an issue worth investigating further by stop smoking service commissioners.</p> <p>There is ongoing work through Safer Peterborough Partnership mainly involving the Police, Her Majesty Customs and Revenue (HMCR) and Trading Standards addressing illicit</p>

Issue	Response
	<p>tobacco sales. In the recent past there have been several raids on premises suspected to be selling illicit tobacco and owners have been penalised and in some cases business licences withdrawn.</p> <p>Public Health has intentions to form a 'Smokefree group' that will bring together all stakeholders for a more coordinated intervention approach.</p>
<p>There are a number of shops that are selling Central European prescription drugs on the shelves or under the counter. Is there any work being done to educate the community regarding the dangers of purchasing these items. Do we advertise what the English comparison labels are so that they know what they are buying?</p>	<p>The issue is beyond the PNA remit, the main focus of which was on the adequacy of services provided by NHS contracted pharmaceutical service providers and how they can be involved in addressing local health needs.</p> <p>Available information indicates that the Peterborough police in conjunction with the Medicines and Healthcare Regulatory Agency (MHRA – Department of Health) have been involved in identifying culprit business premises. Owners of four business premises in Peterborough who were recently (February 2015) found with unlicensed medications and prescription only drugs have been cautioned and some served with advice notices.</p> <p>It is recommended that Public Health do a follow up by including the issue in the comprehensive needs assessment with the Eastern European population to be carried out later in the year.</p>
<p>It's reassuring that they have highlighted areas of concern and potential pressures that are in line with areas of concern we, as a team looking at data across Peterborough would raise. For example, population pressures, the complexity of tailoring services to the BME community that we know less about, and the inequality between different areas of the City.</p>	<p>No action needed as this is a compliment.</p>

Issue	Response
<p>This last point is really key, they need to ensure there is proper analysis at small geographies (not wards) to understand what the issues are that affect that community and tailor services accordingly. Whilst a one size does not fit all approach is inherent in the paper, I'm not sure it's emphasised enough.</p> <p>Also reassuringly, there are clear linkages to the Public Health Outcomes Framework (PHOF).</p>	<p>This is a good point but implementation might be problematic due lack of data at small geographies.</p> <p>However commissioners of various services should consider further data collection at small area level to inform relevant intervention strategies.</p> <p>This is a compliment so no action required.</p>

11.3.2 Local Pharmaceutical Committee (LPC)

Table 18: Issues raised by LPC

Issue	Response
<p>Page 7: Removal of the word "typically" in the foot note as it implies a pharmacy in some cases can operate without a pharmacist.</p>	<p>Word removed as suggested.</p>
<p>Page 57: The prison in Peterborough receives pharmaceutical supplies from Boots.</p>	<p>Revised as advised to Boots, Bretton, Unit 2, Bretton Centre.</p>
<p>Healthy start vitamin distribution could be done through community pharmacies.</p>	<p>Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. Currently in Peterborough distribution is via children centres and some primary schools.</p> <p>An assessment of the current service is required to determine if commissioning pharmacies to provide the service is necessary.</p>

11.3.3 Local Medical Committee (LMC)

Table 18: Issues raised by the LMC

Issue	Response
<p>Notwithstanding the assertion that the uptake rates in Peterborough are below the regional and national averages for this category, recommending that NHS England should consider commissioning existing pharmacies to provide flu vaccination for the over 65s would reduce the ownership of the current arrangements. We would recommend that consideration be given to ways of improving the existing systems that GP practices have in place to increase the uptake for this group rather than introduce a second system that could well suffer from similar uptake rates.</p>	<p>This is an important point and should be considered when making commissioning decisions.</p> <p>The same issue was raised during the Joint Commissioning Forum presentation in January 2015. In response, a patient representative attending highlighted the need to consider what would be the best outcome for patients and favoured the increase of access options by allowing pharmacies to provide the service.</p>

11.3.4 Peterborough Public Health Commissioners

Table 19 A: Issues raised by sexual health and substance misuse commissioner

Issue	Response
<p>I have some concern regarding the recommendation about sexual health screening. Whilst I agree there is potential to commission pharmacies to deliver sexual health services I don't think the PNA should make it a direct recommendation. Instead, it may be more appropriate to include it as a recommendation for consideration.</p> <p>We need clear evidence to support commissioning recommendations and the draft as is does not provide this. There is no additional money to fund sexual health services in pharmacies so money would have to be diverted from elsewhere. The PNA would need to provide robust evidence that it could deliver better uptake for better value for money than what is currently commissioned. Without that evidence, the PNA can only note that there is</p>	<p>The PNA does not make a direct recommendation for commissioning pharmacies to deliver sexual health services (see section 1.4.8 & section 5.2). However the recommendation has been revised as below:</p> <p>'Peterborough City Council should <u>consider</u> potentially commissioning local community pharmacies to provide the above specified services if appropriate within the context of local healthcare strategy.'</p> <p>Suggestions made are good but</p>

Issue	Response
<p>potential to commission sexual health services from pharmacies and that local pharmacies are willing to deliver it.</p> <p>To include a direct recommendation to commission sexual health screening the document needs to:-</p> <ul style="list-style-type: none"> •Evidence the efficacy and value for money of pharmacy based sexual health screens (particularly on the groups you pick out in the wording) compared to other methods of screening/delivery currently commissioned •‘Lessons’ to be learnt from the previous EHC pharmacy scheme the PCT ran in 2009/10. If memory serves me right, it was decommissioned by the PCT partly due to lack of uptake and issues with pharmacy provision. •Clarify exactly what sexual health provision it refers to (i.e. just chlamydia testing? Full STI screening, HIV testing? Condoms? EHC?) and for who (under 25s, all ages?). •Evidence that key high risk groups for STIs/HIV and unintended pregnancy want to see and would access these services in a pharmacy. <p>As it reads in draft, the consultation doesn’t evidence the above.</p>	<p>beyond the PNA remit. It is the responsibility of the commissioner to consider and explore further how best community pharmacies can be involved in addressing identified poor sexual health outcomes.</p> <p>PNA cannot prescribe specific activities to be implemented or guarantee that the partnership with community pharmacies will work or that uptake rates will improve.</p> <p>The commissioner should investigate further why partnership with pharmacies to deliver specified sexual health services has previously not worked in Peterborough whereas in other areas including the neighbouring local authorities it has been successful.</p>
<p>The consultation respondents were mostly female and over 25 and the results showed quite low levels of interest in some sexual health services. The consultation doesn’t sufficiently capture the views of under 18s or under 25s or men so this needs to be reflected in the narrative.</p>	<p>The PNA did not target a particular age group or gender and does not depend entirely on the public survey findings to identify priority sexual health needs and interventions, but rather highlights latest published data and draws from best the practice elsewhere where pharmacies have been successfully commissioned to provide similar services.</p>

Issue	Response
<p>Consultation with stakeholders suggested a need to expand alcohol brief information and advice to pharmacies, primary care and other professionals such as social workers so I'm happy for this recommendation to stay in as a 'consideration'. Again, we would need to have evidence that target groups would take up the service, that is effective and value for money before anything was actually commissioned.</p>	<p>As highlighted in the sexual health section it is the commissioner's responsibility to gather more evidence around service uptake in pharmacies to inform commissioning decisions.</p>

Table 19 B: Issues raised by the head of public health strategy

Issue	Response
<p>I am unclear on what basis this recommendation (see below) is made. I would be more comfortable with a recommendation to pharmacies involvement in wider tobacco control.</p> <p><i>Recommendation</i> 'Current service providers should be audited and supported to improve outcomes. Increasing the number of stop smoking services within existing pharmacies across Peterborough should also be considered.'</p>	<p>The recommendation is based on the comparison of Peterborough smoking quit rate in 2011/12 when there were more pharmacies commissioned and providing the service as compared to the 2013/14 rate with fewer pharmacies (See section 1.4.7).</p> <p>The PNA community pharmacy survey also showed that more pharmacies are interested and willing to provide stop smoking service.</p> <p>However we acknowledge the PNA limitation as we do not have contextual details to make firm recommendations, hence the use of terminology: <u>consider</u>. The recommendation has also been revised as below:</p> <p>'Current service providers should be audited and supported to improve outcomes. Potentially increasing the number of stop smoking services within existing pharmacies across Peterborough may also be considered if appropriate within the context of local healthcare strategy.'</p> <p>It is our expectation that the stop smoking service commissioner will utilise available intelligence most of which the PNA authors do not have access to make a final decision i.e. strengthen existing providers or commission more pharmacies or both.</p>

Issue	Response
Smoking, breastfeeding and child obesity data are inaccurate/outdated.	<p>At the time the PNA was approved for consultation (December 2014) the reported data were the latest published and accurate.</p> <p>The main focus for the PNA was to highlight existing health needs at the time of assessment and opportunities for involvement of community pharmacies.</p> <p>We are aware there have been some new data releases recently e.g. the Public Health Outcomes Framework data published in February 2015. Indeed more new data will be published in the course of the year. We therefore recommend that commissioners refer to latest data whenever available.</p>

11.3.5 Community Pharmacies

Four community pharmacies responded to the consultation. Three said they understood the purpose of the PNA and that it was a good reflection of the current pharmaceutical service provision in Peterborough. They also agreed that it was a good representation of the needs of Peterborough population. One did not respond to related questions.

All four pharmacies agreed that there was a need for pharmacies to provide EHC, Free Condom supply and Chlamydia testing/treatment.

Three pharmacies agreed that there was need for pharmacies to provide Emergency Medicine Supply and Weight Management while one had no opinion.

Two pharmacies agreed that flu vaccination for over 65s, Minor Ailments Scheme for Adults, Observed Treatment for Tuberculosis, Alcohol Screening and Brief Interventions and Anti-coagulation Monitoring Programmes should be provided by pharmacies. One pharmacy had no opinion and one did not respond to specified questions. Table 5 shows issues raised.

Table 20: Issues raised by community pharmacies

Issue	Response
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Issue	Response
Rowlands Pharmacy in Westgate is open on Saturday mornings and is contracted to provide supervised consumption service (although does not have any patients at present).	<p>NHS Choices website indicates they are open on Saturday as stated. Table and map to be revised accordingly.</p> <p>Substance Misuse Commissioner confirmed that the pharmacy is indeed commissioned to provide supervised consumption service. The list and map in PNA draft will be revised accordingly.</p>
The growth in the use of e-cigarettes and their role in smoking cessation needs to be considered alongside widening provision.	It is currently government policy not to recommend electronic cigarettes (e-cigarettes) as they are not regulated as is the case with medicine. However there are plans to regulate e-cigarettes from 2016 but until then they are covered by general product safety registration. Their long term effects of use are also not known. NICE recommends medicinally licenced nicotine containing products such as Nicorette and Niquitin.

11.3.6 Members of the Public

Seven members of the public responded to the consultation. Most of them said they understood the purpose of the PNA and that it was a good reflection of the needs of Peterborough population. The majority also supported provision of extra services in pharmacies as suggested. Table 6 shows issues raised and response.

Table 21: Issues raised by members of the public

Issue	Response
Some of the information regarding the services provided are incorrect, e.g. Halls The Chemist provide supervised consumption and flu vaccination, but the chart shows they do not.	<p>The respondent appears to be referring to Halls The Chemist 57 Napier Place, Orton Wistow.</p> <p>The approved list from the drug misuse commissioner shows the pharmacy is not commissioned to provide supervised consumption.</p> <p>NHS England confirmed that all pharmacies are eligible to provide flu vaccine for persons aged 18-64 considered at risk e.g. due to long term health problems. However the PNA list shows only those pharmacies that are currently active according to records held by NHS England.</p>
I believe that very little was mentioned about all Eastern	Sufficient attention is given in the PNA with regards to the Eastern European population

Issue	Response
European population needs, this needs to be acknowledged and supported.	(and other minority groups), given the purpose of the PNA (See PNA section 4.2.4). There are plans in place to undertake an Eastern European Migrants needs assessment later in the year which will include a comprehensive assessment of service use amongst this population group.
The PNA prejudices certain communities in Peterborough for example Dogsthorpe - the map in the PNA highlights one community pharmacy so not much choice.	Pharmacy access maps in Section 6.7.2 show that Dogsthorpe residents can access their local pharmacy and a number of other neighbouring pharmacies within 20 minutes travel time which is the agreed standard and therefore considered adequate.
I believe that more pharmacies opened at more convenient times and supporting young mothers and elderly patients would benefit from increased number of pharmacies.	The ratio of pharmacies and dispensing practices against the local population in Peterborough (24 per 100,000 population) is above both the national (22 per 100,000) and regional (20 per 100,000) averages. The PNA considered the physical distribution of pharmacies across Peterborough and access by the local population and found that the current level of access is adequate. This was also supported by survey findings, which indicated that most patients and professionals are satisfied with their current access to pharmaceutical services in their localities.
I believe that delivering more support to migrants will support sexual health and also reduce underage pregnancies. Communication is the key and at the moment most pharmacies deliver same services	The impact on pharmaceutical services resulting from Eastern European migrants settling in Peterborough is not known. There are plans in place to undertake an Eastern European migrants needs assessment later in the year which will include a comprehensive assessment of service use amongst this population group.
If I was living in centre of Peterborough I have so much pharmacy provision but I live in Dogsthorpe and cannot travel far so I'm limited to choice.	Pharmacy access maps in Section 6.7.2 show that Dogsthorpe residents can access the local pharmacy and a number of other neighbouring pharmacies within 20 minutes travel time which is the agreed standard and therefore considered adequate. Most pharmacies also provide a free prescription collection and delivery service on request.

Issue	Response
<p>I think more services should be available 'out of hours', late evenings and weekends. To alleviate pressure on out of hours GP services and A&E we could use community pharmacy more. Also working people could access services when GP surgeries are closed, for example, routine health checks, some blood tests perhaps, health advice, and antibiotics for straightforward infections (UTIs etc.).</p>	<p>Whereas the PNA did not find a justification for pharmacies to increase their current opening hours, the suggestion is consistent with the PNAs recommendation that pharmacies be supported to provide more services such as NHS health checks, treatment of minor ailments etc.</p>
<p>There appears to be a good number of pharmacies providing this service to the areas that require support, utilise funding to commission other services (e.g. expanding pharmacy first).</p>	<p>The PNA has established that the current smoking service is inadequate and smoking prevalence has worsened over time.</p> <p>It therefore has recommended supporting the existing providers to improve outcomes and to consider commissioning more existing pharmacies.</p>
<p>Peterborough has seen haphazard opportunism that has concentrated lots of pharmacies in certain neighbourhoods pre 2012. Now that health and wellbeing boards control market entry they must devise the PNA fairly without prejudice to certain community's across Peterborough. Many applications are being denied and rejected on appeal for legitimate community pharmacy that should be of benefit to the local community instead rejections merely based on the previous haphazard opportunist pharmacy that are all taken into account for the purpose of data.</p> <p>Pharmacies should provide Flu vaccines for children (nasal sprays).</p>	<p>The 2010 Peterborough PNA did not establish any gap in essential service provision requiring additional pharmacies. The 2015 one has neither established that.</p> <p>NHS England is currently responsible for making market entry decisions and will be expected to make reference to the current PNA (and any supplementary statements that might be drafted in future) for evidence of need for licencing more pharmaceutical service providers.</p> <p>The PNA did not identify this as an unmet need.</p>
<p>Pharmacies provide a fantastic open door service, with no appointment required with many</p>	<p>This is a true statement and is consistent with PNA findings.</p>

Issue	Response
<p>locations across the city and open very long hours over 7 days a week.</p> <p>I think it shouldn't be so hard to obtain an NHS contract. Pharmacies are a good addition to local communities supporting the NHS currently struggling with admissions. We have so many off licence and still going strong with convenience at the centre of the community. This should be the case for pharmacies as well.</p> <p>The health and wellbeing board must look at allowing more pharmacies in the much deprived wards due to deprived elderly and lack of choice.</p>	<p>The 2015 PNA did not identify any gap in essential service provision requiring additional pharmacies.</p> <p>The PNA did not establish need for additional pharmacies but highlights the need for pharmacies located in deprived areas to be more involved in addressing identified poor health outcomes (See section 4.2.6)</p>

11.3.7 Neighbouring Health and Wellbeing Boards

Lincolnshire was the only neighbouring Health and Wellbeing Board that responded to the consultation. They noted that the Lincolnshire pharmacies close to the border Peterborough border in Stamford, Market Deeping, Deeping St James and Bourne were accurately reflected in the PNA maps and text.

11.4 Conclusion

Overall most of the respondents understood the purpose of PNA, confirmed that the PNA draft was good reflection of the current pharmaceutical services and needs in Peterborough. They also thought it was adequate in informing future service provision.

Although the PNA document was drafted in consideration of lay readers it still remains a technical document that most members of the public may have found challenging to read and thereafter participate meaningfully in the consultation exercise, a factor that might have contributed to low response rate. There is therefore need to explore other means of engaging lay stakeholders in future e.g. through presentations.

The low response rate from community pharmacy contractors may be attributed to the fact that they had already participated in the first consultation (needs assessment) and also the 2015 PNA did not recommend any changes to the current number of essential service providers. There is need to explore other means of

engaging more community pharmacies at both data collection and consultation stages of the PNA in future.

DRAFT

Appendix 1: Pharmaceutical Service Providers in Peterborough

NAME OF PROVIDER	ADDRESS	POSTCODE	WARD
COMMUNITY PHARMACIES			
ASDA PHARMACY	WEST RIVERGATE SHOP CTRE	PE1 1ET	CENTRAL
BOOTS THE CHEMIST	21 HIGH STREET, EYE	PE6 7UP	EYE AND THORNEY
BOOTS UK LIMITED	THE BRETTON HEALTH CENTRE	PE3 8DT	BRETTON NORTH
BOOTS UK LIMITED	QUEENSGATE CENTRE	PE1 1NW	CENTRAL
BOOTS UK LIMITED	UNIT 2, BRETTON CENTRE	PE3 8DN	BRETTON NORTH
BOOTS UK LIMITED	UNIT 2, SERPENTINE GREEN	PE7 8BE	ORTON WITH HAMPTON
BOTOLPH BRIDGE PHARMACY	UNIT B, SUGAR WAY	PE2 9QY	FLETTON
CITY PHARMACY	50 LINCOLN ROAD	PE1 2RY	CENTRAL
DOGSTHORPE PHARMACY	54 CENTRAL AVENUE	PE1 4LH	DOGSTHORPE
GRAHAM YOUNG (CHEMIST) 2007 LTD	GRAHAM YOUNG PHARMACY, LINCOLN RD	PE1 3HA	CENTRAL
GRANVILLE PHARMACY	35 GRANVILLE STREET	PE1 2QQ	CENTRAL
HALLS THE CHEMIST	92 P'BORO ROAD, FARCET	PE7 3BN	-
HALLS THE CHEMIST	THE OLD CHAPEL, CHURCH HILL	PE5 7AU	GLINTON AND WITTERING
HALLS THE CHEMIST	14A CHURCH STREET, THORNEY	PE6 0QB	EYE AND THORNEY
HALLS THE CHEMIST	57 NAPIER PLACE, ORTON WISTOW	PE2 6XN	ORTON WATERVILLE
HAMPTON PHARMACY	HAMPTON VALE LOCAL CENTRE	PE7 8EL	ORTON WITH HAMPTON
LLOYDSPHARMACY	THE NENE VALLEY MED CTR, CLAYTON	PE2 5SD	ORTON LONGUEVILLE
LLOYDSPHARMACY	3 BUSHFIELD, ORTON CENTRE	PE2 5RQ	ORTON WATERVILLE
MI PHARMACY (EASTFIELD BRANCH)	127 EASTFIELD ROAD	PE1 4AU	EAST
MI PHARMACY (PARK ROAD BRANCH)	164 PARK ROAD	PE1 2UF	PARK
MI PHARMACY (WERRINGTON BRANCH)	12B SKATERS WAY, WERRINGTON	PE4 6NB	WERRINGTON NORTH
MILLFIELD PHARMACY	387 LINCOLN ROAD	PE1 2PF	PARK
NETHERTON PHARMACY	57 LEDBURY ROAD, NETHERTON	PE3 9RF	WEST
NEWBOROUGH PHARMACY	42-46 SCHOOL ROAD, NEWBOROUGH	PE6 7RG	NEWBOROUGH
ODEDRA RC	RECTORY GARDENS, OLD FLETTON	PE2 8AY	STANGROUND CENTRAL
PHARMACY FIRST	2 NORTH STREET	PE1 2RA	CENTRAL
ROWLANDS PHARMACY	178A MOUNTSTEVEN AVENUE	PE4 6HN	WALTON
ROWLANDS PHARMACY	46 WESTGATE	PE1 1RE	CENTRAL

NAME OF PROVIDER	ADDRESS	POSTCODE	WARD
SAINSBURY'S PHARMACY	J.SAINSBURYS SUPERSTORE, OXNEY RD	PE1 5NG	EAST
SAINSBURY'S PHARMACY	SAINSBURYS, BRETTON	PE3 8DA	BRETTON NORTH
SHRIVES CHEMIST	14 WESTGATE	PE1 1RA	CENTRAL
TESCO INSTORE PHARMACY	SERPENTINE GREEN	PE7 8BD	ORTON WITH HAMPTON
THE CHEMIST SHOP	4 RECTORY LANE, GLINTON	PE6 7LR	GLINTON AND WITTERING
THE CO-OPERATIVE PHARMACY	303-307 LINCOLN ROAD, MILLFIELD	PE1 2PH	PARK
THE CO-OPERATIVE PHARMACY	2-6 HAMPTON COURT, WESTWOOD	PE3 7JA	RAVENSTHORPE
THE CO-OPERATIVE PHARMACY	STANGROUND SURGERY	PE2 8RB	STANGROUND CENTRAL
THE CO-OPERATIVE PHARMACY	CHADBURN CENTRE, PASTON	PE4 7DG	PASTON
THE CO-OPERATIVE PHARMACY	WESTGATE HOUSE	PE1 2TA	CENTRAL
THOMAS WALKER PHARMACY	THOMAS WALKER MED CENTRE	PE1 2QP	PARK
WERRINGTON PHARMACY	97 CHURCH STREET	PE4 6QF	WERRINGTON SOUTH
WEST TOWN CHEMIST	63-65 MAYORS WALK, WEST TOWN	PE3 6EX	WEST
DISTANCE SELLING PHARMACIES			
PHARMACY MEDICINES LTD	11 FENLAKE BUSINESS CTRE, FENGATE	PE1 5BQ	EAST
PHARMADOSE LIMITED	14 DODSON WAY, FEN COURT	PE1 5XJ	EAST
DISPENSING APPLIANCE CONTRACTOR			
CHARTER HEALTHCARE	UNIT 1 THE LINKS, BAKEWELL ROAD	PE2 6BJ	ORTON WATERVILLE
	20 PHORPRES CLOSE CYGNET PARK, HAMPTON		
OSTOMART LTD -	20 PHORPRES CLOSE	PE7 8FZ	ORTON WITH HAMPTON
	CYGNET PARK, HAMPTON		
DISPENSING PRACTICES			
AILSWORTH MEDICAL CENTRE	32 MAIN STREET, AILSWORTH	PE5 7AF	GLINTON AND WITTERING
OLD FLETON SURGERY	RECTORY GDNS, OLD FLETON	PE2 8AY	FLETON
THORNEY MEDICAL PRACTICE	WISBECH ROAD, THORNEY	PE6 0SD	EYE AND THORNEY

Source: NHS England

Appendix 2: Pharmacies open in the evenings (after 18:00) in Peterborough

NAME OF PROVIDER	ADDRESS	POSTCODE	WARD
ASDA PHARMACY	WEST RIVERGATE SHOP CTRE	PE1 1ET	CENTRAL
BOOTS THE CHEMIST	21 HIGH STREET, EYE	PE6 7UP	EYE AND THORNEY
BOOTS UK LIMITED	UNIT 2, BRETTON CENTRE	PE3 8DN	BRETTON NORTH
BOOTS UK LIMITED	QUEENSGATE CENTRE	PE1 1NW	CENTRAL
BOOTS UK LIMITED	UNIT 2, SERPENTINE GREEN	PE7 8BE	ORTON WITH HAMPTON
BOTOLPH BRIDGE PHARMACY	UNIT B, SUGAR WAY	PE2 9QY	FLETTON
CITY PHARMACY	50 LINCOLN ROAD	PE1 2RY	CENTRAL
GRAHAM YOUNG (CHEMIST) 2007 LTD	GRAHAM YOUNG PHARMACY, LINCOLN RD	PE1 3HA	CENTRAL
GRANVILLE PHARMACY	35 GRANVILLE STREET	PE1 2QQ	CENTRAL
LLOYDS PHARMACY	THE NENE VALLEY MED CTR, CLAYTON	PE2 5SD	ORTON LONGUEVILLE
MI PHARMACY (PARK ROAD BRANCH)	164 PARK ROAD	PE1 2UF	PARK
MILLFIELD PHARMACY	387 LINCOLN ROAD	PE1 2PF	PARK
ODEDRA RC	RECTORY GARDENS, OLD FLETTON	PE2 8AY	STANGROUND CENTRAL
SAINSBURY'S PHARMACY	J.SAINSBURYS SUPERSTORE, OXNEY RD	PE1 5NG	EAST
SAINSBURY'S PHARMACY	SAINSBURYS, BRETTON	PE3 8DA	BRETTON NORTH
SHRIVES CHEMIST	14 WESTGATE	PE1 1RA	CENTRAL
TESCO INSTORE PHARMACY	SERPENTINE GREEN	PE7 8BD	ORTON WITH HAMPTON
THE CO-OPERATIVE PHARMACY	WESTGATE HOUSE	PE1 2TA	CENTRAL
THOMAS WALKER PHARMACY	THOMAS WALKER MED CENTRE	PE1 2QP	PARK
WERRINGTON PHARMACY	97 CHURCH STREET	PE4 6QF	WERRINGTON SOUTH
WEST TOWN CHEMIST	63-65 MAYORS WALK, WEST TOWN	PE3 6EX	WEST

Source: NHS England

Appendix 3: Pharmacies open on Saturdays in Peterborough

NAME OF PROVIDER	ADDRESS	POSTCODE	WARD
ASDA PHARMACY	WEST RIVERGATE SHOP CTRE	PE1 1ET	CENTRAL
BOOTS THE CHEMIST	21 HIGH STREET, EYE	PE6 7UP	EYE AND THORNEY
BOOTS UK LIMITED	UNIT 2, BRETTON CENTRE	PE3 8DN	BRETTON NORTH
BOOTS UK LIMITED	QUEENSGATE CENTRE	PE1 1NW	CENTRAL
BOOTS UK LIMITED	UNIT 2, BRETTON CENTRE	PE3 8DN	BRETTON NORTH
BOOTS UK LIMITED	UNIT 2, SERPENTINE GREEN	PE7 8BE	ORTON WITH HAMPTON
BOTOLPH BRIDGE PHARMACY	UNIT B, SUGAR WAY	PE2 9QY	FLETTON
CITY PHARMACY	50 LINCOLN ROAD	PE1 2RY	CENTRAL
DOGSTHORPE PHARMACY	54 CENTRAL AVENUE	PE1 4LH	DOGSTHORPE
GRAHAM YOUNG (CHEMIST) 2007 LTD	GRAHAM YOUNG PHARMACY, LINCOLN RD	PE1 3HA	CENTRAL
HALLS THE CHEMIST	92 P'BORO ROAD, FARCET	PE7 3BN	-
HAMPTON PHARMACY	HAMPTON VALE LOCAL CENTRE	PE7 8EL	ORTON WITH HAMPTON
LLOYDS PHARMACY	3 BUSHFIELD, ORTON CENTRE	PE2 5RQ	ORTON WATERVILLE
MI PHARMACY (PARK ROAD BRANCH)	164 PARK ROAD	PE1 2UF	PARK
MI PHARMACY (WERRINGTON BRANCH)	12B SKATERS WAY, WERRINGTON	PE4 6NB	WERRINGTON NORTH
MILLFIELD PHARMACY	387 LINCOLN ROAD	PE1 2PF	PARK
NEWBOROUGH PHARMACY	42-46 SCHOOL ROAD, NEWBOROUGH	PE6 7RG	NEWBOROUGH
PHARMACY FIRST	2 NORTH STREET	PE1 2RA	CENTRAL
ROWLANDS PHARMACY	178A MOUNTSTEVEN AVENUE	PE4 6HN	WALTON
ROWLANDS PHARMACY	46 WESTGATE	PE1 1RE	CENTRAL
SAINSBURY'S PHARMACY	J.SAINSBURYS SUPERSTORE, OXNEY RD	PE1 5NG	EAST
SAINSBURY'S PHARMACY	SAINSBURYS, BRETTON	PE3 8DA	BRETTON NORTH
SHRIVES CHEMIST	14 WESTGATE	PE1 1RA	CENTRAL
TESCO INSTORE PHARMACY	SERPENTINE GREEN	PE7 8BD	ORTON WITH HAMPTON
THE CO-OPERATIVE PHARMACY	2-6 HAMPTON COURT, WESTWOOD	PE3 7JA	RAVENSTHORPE
THE CO-OPERATIVE PHARMACY	CHADBURN CENTRE, PASTON	PE4 7DG	PASTON
THE CO-OPERATIVE PHARMACY	CHADBURN CENTRE, PASTON	PE4 7DG	PASTON
WERRINGTON PHARMACY	97 CHURCH STREET	PE4 6QF	WERRINGTON SOUTH
WEST TOWN CHEMIST	63-65 MAYORS WALK, WEST TOWN	PE3 6EX	WEST

Source: NHS England

Appendix 4: Peterborough Pharmacies Advanced, Enhanced and Locally Commissioned Services

NAME OF PHARMACY	ADDRESS & POSTCODE		MUR AND NMS	PHARMACY FIRST CHILDREN SERVICE	SUPERVISED CONSUMPTION SERVICE	NEEDLE EXCHANGE SERVICE	STOP SMOKING SERVICE	FLU VACCINE FOR AT RISK GROUPS
ASDA PHARMACY	WEST RIVERGATE SHOP CTRE	PE1 1ET	√	√	√	√	√	X
BOOTS THE CHEMIST	21 HIGH STREET, EYE	PE6 7UP	√	√	√	X	x	√
BOOTS UK LIMITED	THE BRETTON HEALTH CENTRE	PE3 8DT	√	√	√	X	√	√
BOOTS UK LIMITED	QUEENSGATE CENTRE	PE1 1NW	√	√	√	√	√	√
BOOTS UK LIMITED	UNIT 2, BRETTON CENTRE	PE3 8DN	√	√	√	√	√	√
BOOTS UK LIMITED	UNIT 2, SERPENTINE GREEN	PE7 8BE	√	√	√	√	√	√
BOTOLPH BRIDGE PHARMACY	UNIT B, SUGAR WAY	PE2 9QY	√	√	√	X	x	X
CITY PHARMACY	50 LINCOLN ROAD	PE1 2RY	√	√	√	√	√	X
DOGSTHORPE PHARMACY	54 CENTRAL AVENUE	PE1 4LH	√	√	√	X	√	X
GRAHAM YOUNG (CHEMIST) 2007 LTD	GRAHAM YOUNG PHARMACY, LINCOLN RD	PE1 3HA	√	√	√	√	√	X
GRANVILLE PHARMACY	35 GRANVILLE STREET	PE1 2QQ	√	√	X	X	x	X
HALLS THE CHEMIST	92 P'BORO ROAD, FARCET	PE7 3BN	√	√	X	X	x	√
HALLS THE CHEMIST	THE OLD CHAPEL, CHURCH HILL	PE5 7AU	√	√	X	X	X	√
HALLS THE CHEMIST	14A CHURCH STREET, THORNEY	PE6 0QB	√	√	√	X	x	√
HALLS THE CHEMIST	57 NAPIER PLACE, ORTON WISTOW	PE2 6XN	√	√	X	X	x	√
HAMPTON PHARMACY	HAMPTON VALE LOCAL CENTRE	PE7 8EL	√	√	√	X	x	X
LLOYDSPHARMACY	THE NENE VALLEY MED CTR, CLAYTON	PE2 5SD	√	√	√	√	x	X
LLOYDSPHARMACY	3 BUSHFIELD, ORTON CENTRE	PE2 5RQ	√	√	√	√	√	√
MI PHARMACY (EASTFIELD BRANCH)	127 EASTFIELD ROAD	PE1 4AU	√	√	√	√	x	X
MI PHARMACY (PARK ROAD BRANCH)	164 PARK ROAD	PE1 2UF	√	√	X	X	x	X
MI PHARMACY (WERRINGTON BRANCH)	12B SKATERS WAY, WERRINGTON	PE4 6NB	√	√	√	X	√	X

NAME OF PHARMACY	ADDRESS & POSTCODE		MUR AND NMS	PHARMACY FIRST CHILDREN SERVICE	SUPERVISED CONSUMPTION SERVICE	NEEDLE EXCHANGE SERVICE	STOP SMOKING SERVICE	FLU VACCINE FOR AT RISK GROUPS
MILLFIELD PHARMACY	387 LINCOLN ROAD	PE1 2PF	√	√	√	√	x	X
NETHERTON PHARMACY	57 LEDBURY ROAD, NETHERTON	PE3 9RF	√	√	√	X	√	X
NEWBOROUGH PHARMACY	42-46 SCHOOL ROAD, NEWBOROUGH	PE6 7RG	√	√	√	X	√	X
ODEDRA RC	RECTORY GARDENS, OLD FLETTON	PE2 8AY	√	√	√	X	√	X
PHARMACY FIRST	2 NORTH STREET	PE1 2RA	√	√	X	X	x	X
ROWLANDS PHARMACY	178A MOUNTSTEVEN AVENUE	PE4 6HN	X	√	√	√	x	X
ROWLANDS PHARMACY	46 WESTGATE	PE1 1RE	√	√	√	X	x	X
SAINSBURY'S PHARMACY	J.SAINSBURYS SUPERSTORE, OXNEY RD	PE1 5NG	√	√	√	X	√	√
SAINSBURY'S PHARMACY	SAINSBURYS, BRETTON	PE3 8DA	√	√	√	√	√	√
SHRIVES CHEMIST	14 WESTGATE	PE1 1RA	√	√	X	X	x	X
TESCO INSTORE PHARMACY	SERPENTINE GREEN	PE7 8BD	√	√	√	X	x	X
THE CHEMIST SHOP	4 RECTORY LANE, GLINTON	PE6 7LR	√	√	X	X	x	X
THE CO-OPERATIVE PHARMACY	303-307 LINCOLN ROAD, MILLFIELD	PE1 2PH	√	√	√	√	√	X
THE CO-OPERATIVE PHARMACY	2-6 HAMPTON COURT, WESTWOOD	PE3 7JA	√	√	√	√	x	X
THE CO-OPERATIVE PHARMACY	STANGROUND SURGERY	PE2 8RB	√	√	√	√	x	X
THE CO-OPERATIVE PHARMACY	CHADBURN CENTRE, PASTON	PE4 7DG	√	√	√	√	√	X
THE CO-OPERATIVE PHARMACY	WESTGATE HOUSE	PE1 2TA	√	√	√	X	√	X
THOMAS WALKER PHARMACY	THOMAS WALKER MED CENTRE	PE1 2QP	√	√	X	X	x	X
WERRINGTON PHARMACY	97 CHURCH STREET	PE4 6QF	√	√	√	X	x	X
WEST TOWN CHEMIST	63-65 MAYORS WALK, WEST TOWN	PE3 6EX	√	√	√	X	√	√

Source: NHS England

Appendix 5: Peterborough and Borderline⁵⁷ GP Practices (Including branches)

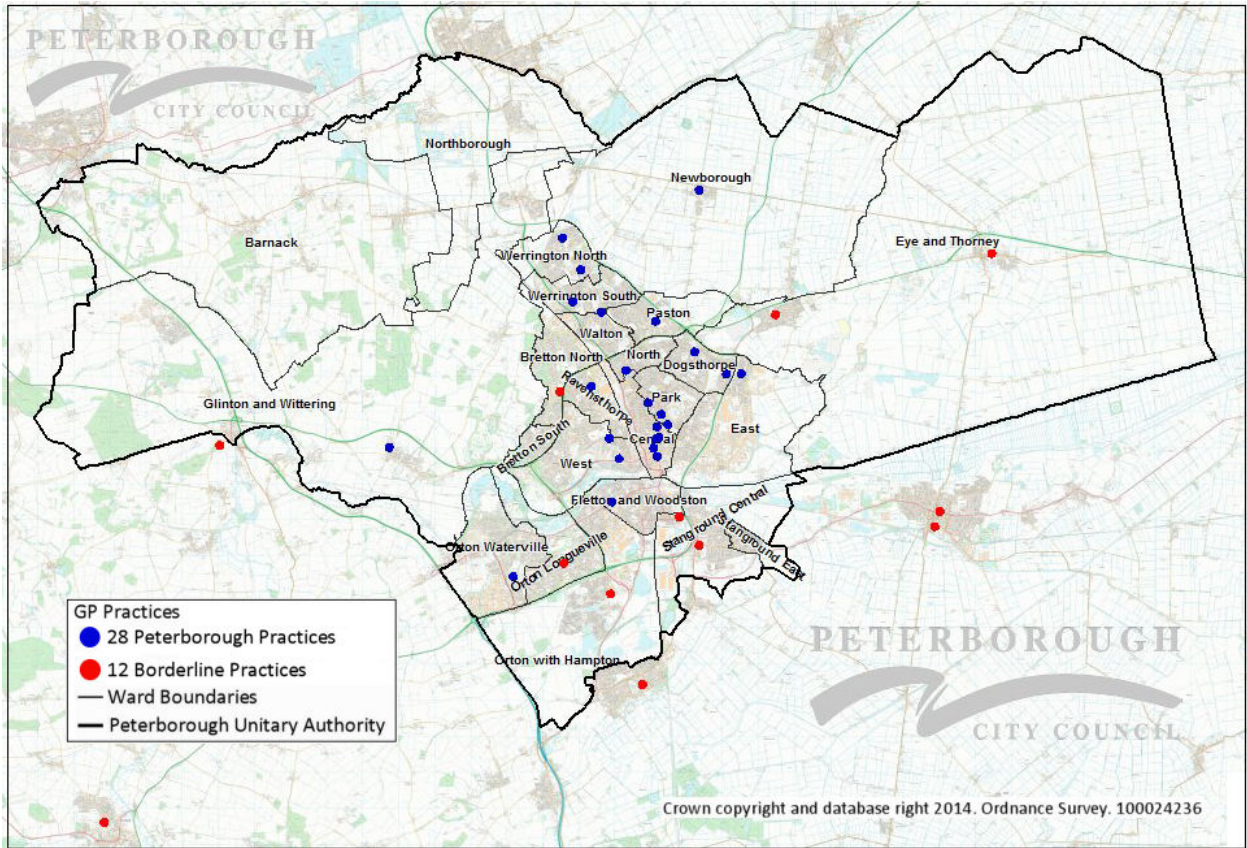
PRACTICE CODE	PRACTICE NAME	ADDRESS & POSTCODE		LOCATION
D81618	AILSWORTH MEDICAL CENTRE	32 MAIN STREET	PE5 7AF	PETERBOROUGH
D81618	AILSWORTH MEDICAL CENTRE	GUNTONS ROAD, NEWBOROUGH	PE6 7QW	PETERBOROUGH
D81618	AILSWORTH MEDICAL CENTRE	SALTERSGATE	PE1 4YL	PETERBOROUGH
Y00486	BOTOLPH BRIDGE COMMUNITY HEALTH CENTRE	SUGAR WAY	PE2 9QB	PETERBOROUGH
D81053	BRETTON MEDICAL CENTRE	RIGHTWELL	PE3 8DT	BORDERLINE
Y02631	BURGHLEY ROAD SURGERY	94 BURLEIGH ROAD	PE1 2QE	PETERBOROUGH
D81624	DOGSTHORPE MEDICAL CENTRE	POPLAR AVENUE	PE1 4QF	PETERBOROUGH
D81624	DOGSTHORPE MEDICAL CENTRE	BURGHLEY ROAD	PE1 2QE	PETERBOROUGH
D81630	HAMPTON HEALTH	HAMPTON	PE7 8DR	BORDERLINE
D81616	HODGSON MEDICAL CENTRE	HODGSON AVENUE	PE4 5EG	PETERBOROUGH
D81605	HUNTLY GROVE PRACTICE	THOMAS WALKER MEDICAL CENTRE	PE1 2QP	PETERBOROUGH
D81039	JENNER HEALTH CENTRE	TURNERS LANE	PE7 1EJ	BORDERLINE
D81026	LINCOLN ROAD SURGERY	63 LINCOLN ROAD	PE1 2SF	PETERBOROUGH
D81026	LINCOLN ROAD SURGERY	2 CHURCH STREET	PE4 6QB	PETERBOROUGH
D81631	MILLFIELD MEDICAL CENTRE	ST MARTINS STREET	PE1 3BF	PETERBOROUGH
D81019	MINSTER MEDICAL PRACTICE	THOMAS WALKER MEDICAL CENTRE	PE1 2QP	PETERBOROUGH
D81020	NENE VALLEY MEDICAL PRACTICE	CLAYTON	PE2 5GP	BORDERLINE
D81046	NEW QUEEN STREET SURGERY	SYERS LANE	PE7 1AT	BORDERLINE
D81046	NEW QUEEN STREET SURGERY	THE STANGROUND SURGERY	PE2 8RB	BORDERLINE
D81006	NORTH STREET MEDICAL CENTRE	1 NORTH STREET	PE1 2RA	PETERBOROUGH
D81029	OLD FLETTON MEDICAL PRACTICE	RECTORY GARDENS	PE2 8 AY	BORDERLINE
D81629	ORTON AND BUSHFIELD MEDICAL PRACTICE	ORTON GOLDHAY	PE2 5RQ	PETERBOROUGH
K83023	OUNDLE (NORTHAMPTON)	GLAPTHORN ROAD	PE8 4JA	BORDERLINE
D81007	PARK MEDICAL CENTRE	164 PARK ROAD	PE1 2UF	PETERBOROUGH
D81620	PARNWELL MEDICAL CENTRE	SALTERSGATE	PE1 4YL	PETERBOROUGH
D81023	PASTON HEALTH CENTRE	CHADBURN	PE4 7DG	PETERBOROUGH
D81023	PASTON HEALTH CENTRE	WERRINGTON HEALTH CENTRE, SKATERS WAY	PE4 6NB	PETERBOROUGH

⁵⁷ These are GP practices that belong to the Borderline Local Commissioning Group (LCG). They are on the borders of the Cambridgeshire and Peterborough CCG and are located in Peterborough, Northamptonshire and Cambridgeshire. There are ten GP practices and two branches in the Borderline LCG who came together as one local commissioning group because they share common commissioning intentions and challenges.

PRACTICE CODE	PRACTICE NAME	ADDRESS & POSTCODE		LOCATION
D81645	THE GRANGE MEDICAL CENTRE	144 MAYORS WALK	PE3 6HA	PETERBOROUGH
D81024	THE THOMAS WALKER SURGERY	PRINCES STREET	PE1 2QP	PETERBOROUGH
D81024	THE THOMAS WALKER SURGERY	405A FULBRIDGE ROAD	PE4 6SE	PETERBOROUGH
D81625	THISTLEMOOR MEDICAL CENTRE	6-8 THISTLEMOOR MEDICAL CENTRE	PE1 3HP	PETERBOROUGH
D81022	THORNEY MEDICAL PRACTICE	WISBECH ROAD	PE6 0SD	BORDERLINE
D81022	THORNEY MEDICAL PRACTICE	LAUREL FARM SURGERY, HIGH STREET	PE6 7UX	BORDERLINE
D81615	THORPE ROAD SURGERY	64 THORPE ROAD	PE3 6AP	PETERBOROUGH
K83017	WANSFORD (NORTHAMPTON)	YARWELL ROAD	PE8 6PL	BORDERLINE
D81065	WELLAND MEDICAL PRACTICE	144 EYE ROAD	PE1 4SG	PETERBOROUGH
D81065	WELLAND MEDICAL PRACTICE	14 CHURCH WALK	PE1 2TP	PETERBOROUGH
D81063	WESTGATE SURGERY	QUEENSGATE CENTRE	PE1 1NW	PETERBOROUGH
D81073	WESTWOOD CLINIC	WICKEN WAY	PE3 7JW	PETERBOROUGH
D81031	YAXLEY GROUP PRACTICE	HEALTH CENTRE, LANDSDOWNE ROAD	PE7 3JL	BORDERLINE

Source: NHS England

Appendix 6: Map of Peterborough and Borderline GP Practices (Including branches)



Source: NHS England

Appendix 7: Patient/Public Survey Results

7.1 Survey

In order to assess the perception of the public/patients as regards pharmaceutical needs, structured questionnaires consisting of 18 questions were randomly distributed via pharmacies and GP practices. A total of 366 filled questionnaires were returned. The results from the analysis of these questionnaires are presented in this section.

7.2 Results

7.2.1 Demography

The majority of respondents were female (237 respondents, 64.8%) (Figure 8) and persons aged 25 and above (323, 88.1%) (Figure 9). Considering the 2011 census population age structures for Peterborough, persons aged 56 and above were over-represented (Table 22). This is however a reflection of the majority of people who regularly visit health care facilities which were the main questionnaire distribution points.

Figure 8: Respondents' characteristics: Gender

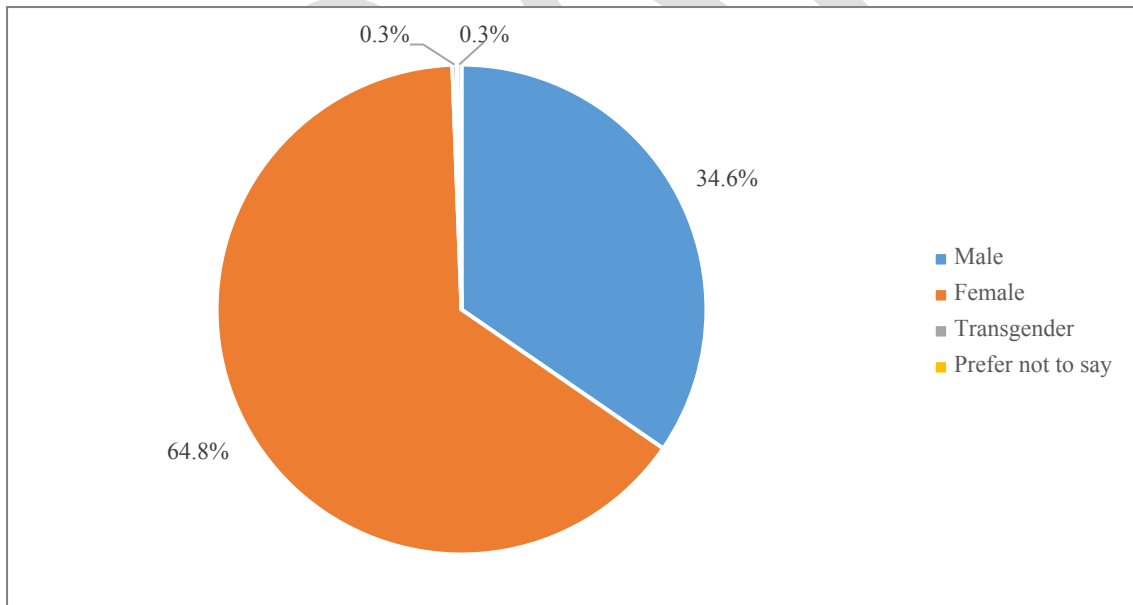


Figure 9: Respondents' characteristics: Age

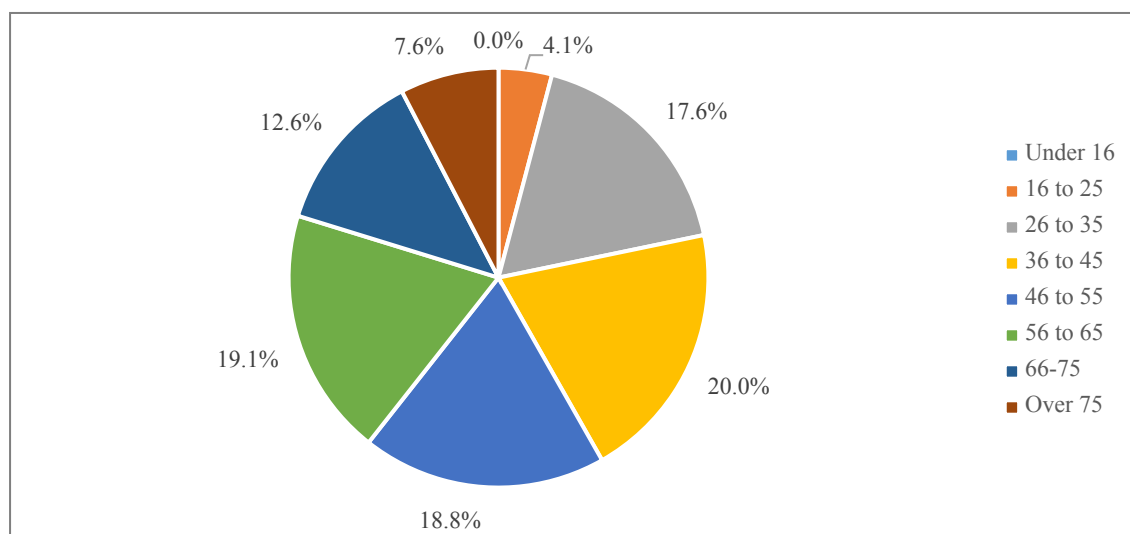


Table 22: PNA survey respondents' age groups compared to 2011 census

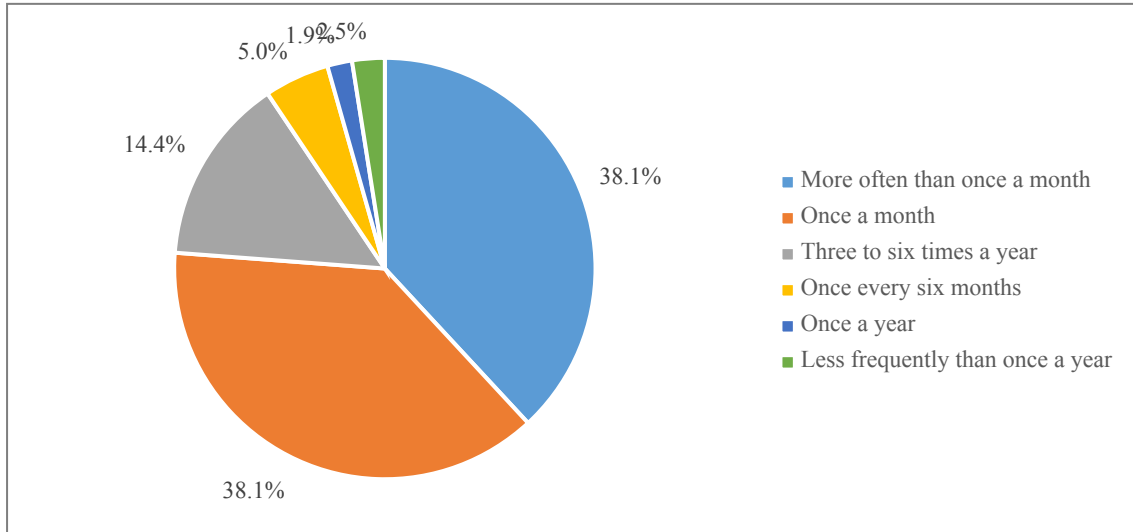
Age Bracket	2011 Census	2014 PNA Survey
Under 16	21.3%	0.0%
16 to 25	13.4%	4.1%
26 to 35	15.6%	17.6%
36 to 45	14.3%	20.0%
46 to 55	12.6%	18.8%
56 to 65	10.1%	19.1%
66-75	6.7%	12.6%
Over 75	6.6%	7.6%

7.2.2 Attendance and Opening Hours

Figure 10 shows that 76.2% of the respondents (279) visit their pharmacies once or more times a month. This suggests that the majority of the respondents frequently require pharmaceutical services which may be indicative of their poor health status but also highlights the importance of pharmacies in the local population's wellbeing.

Question 1: Which of the below options best describes how often you use a pharmacy?

Figure 10: Frequency of pharmacy visits

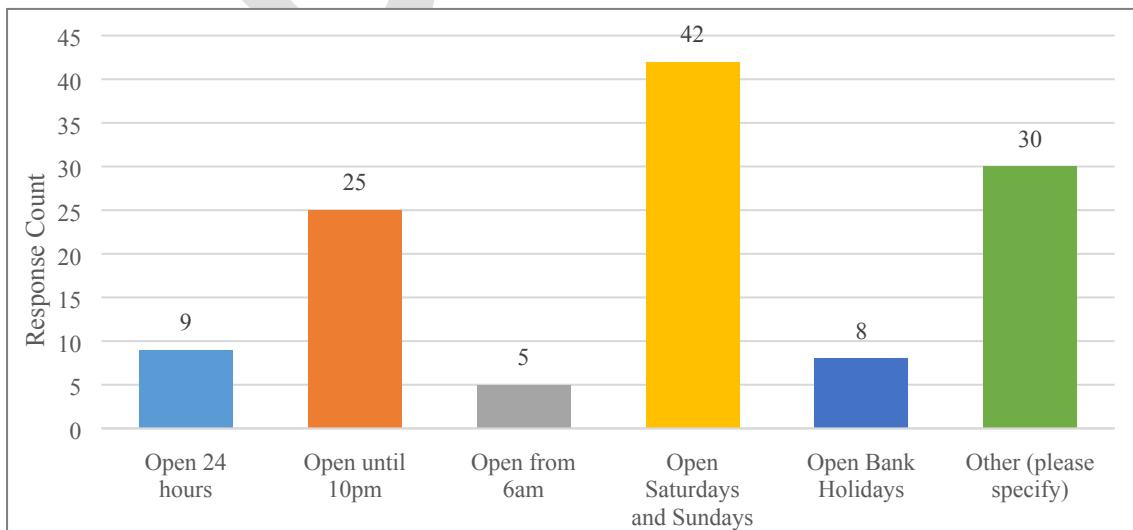


Question 4: Are you satisfied with the opening hours of your pharmacy?

The majority of the respondents (264, 72%) were satisfied with opening hours of their local pharmacies. Figure 12 gives suggestions on improvement of opening hours for those who said no (103, 28%). Opening on Saturdays and Sundays was the most selected improvement (42, 11.5%) followed by increasing opening times until 10 pm (25, 7%). In some cases additional comments were made by respondents who only wished to select one of the two days of the weekend. Note that it was possible to select more than one option.

Question 5: If no (to the above), please select the improvements to opening hours which would make the most difference to you?

Figure 11: Improvement to opening hours

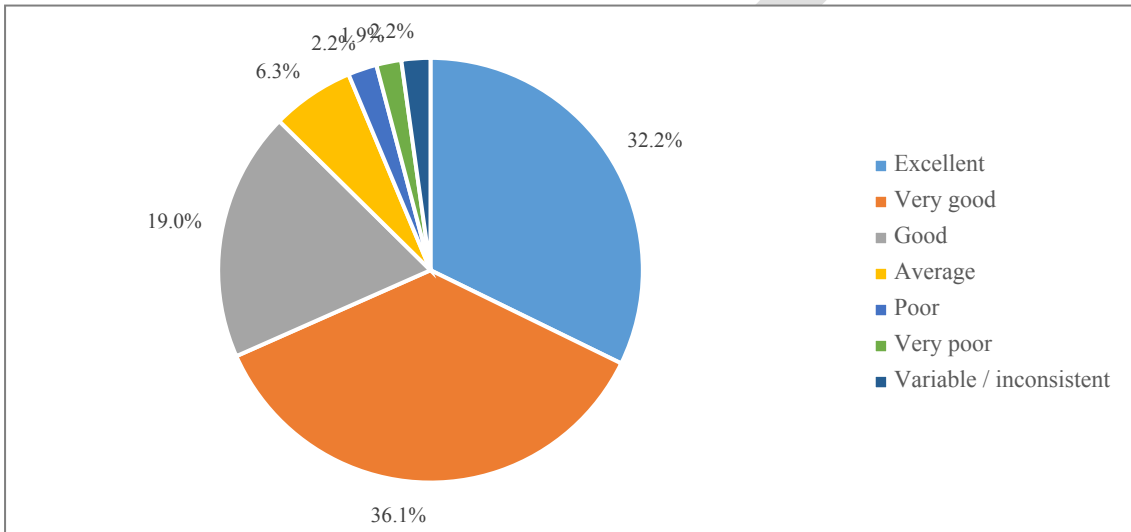


7.2.3 Pharmacy service quality

The majority of the respondents (317, 86.6%) rated their pharmacies as good or above (Figure 12) while 89.2% (327) described their pharmacy as retaining the same quality or improving (Figure 13).

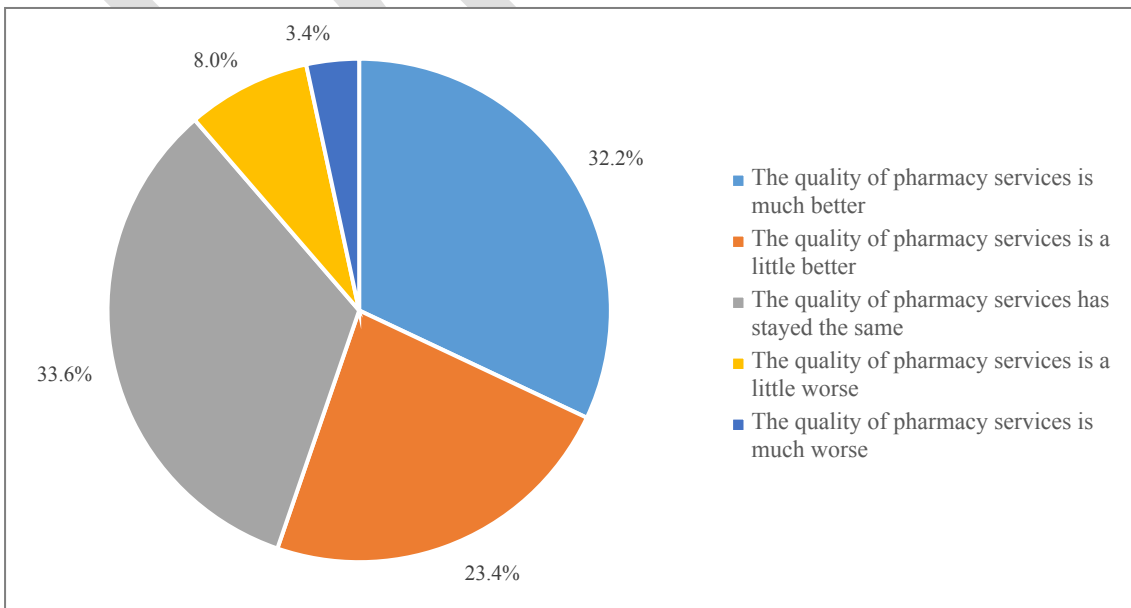
Question 2: How would you rate the quality of the services you receive in your pharmacy?

Figure 12: Pharmacy service quality rating



Question 3: Do you feel that the quality of pharmacy services provided has got better or worse over the past three years?

Figure 13: Pharmacy service improvement

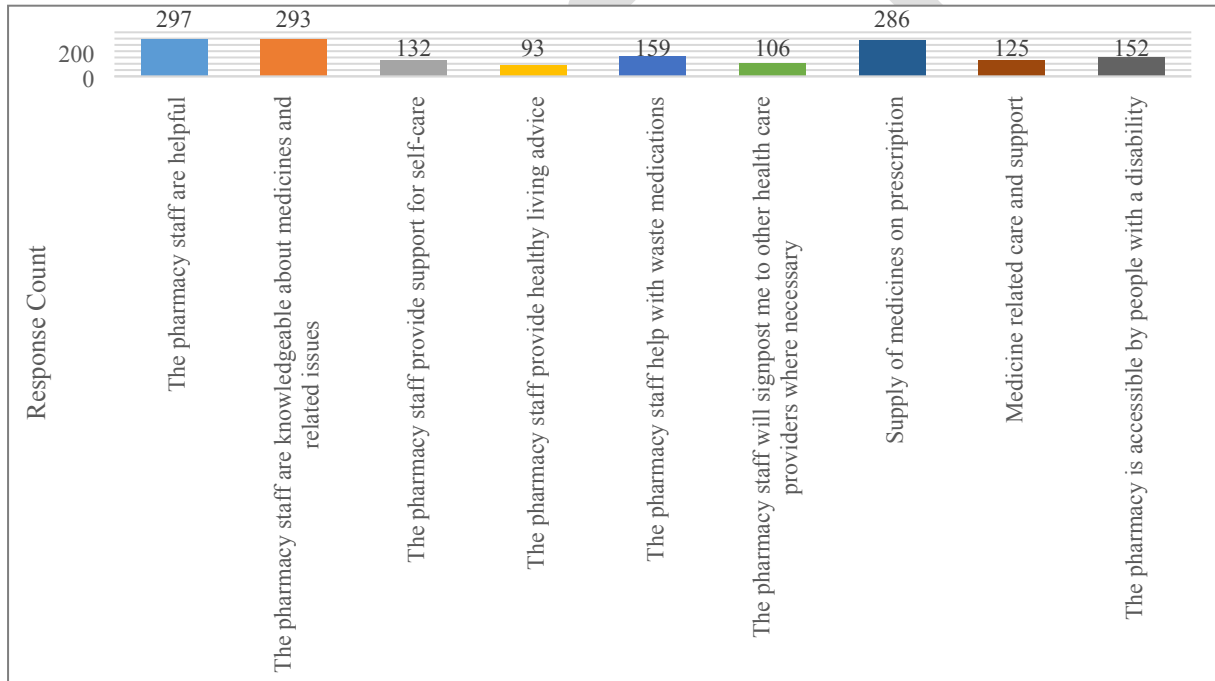


7.2.4 Pharmacy Service Choice

Helpful (297, 81.1%) and knowledgeable (293, 80.1%) staff and supply of medicines on prescription (286, 78.1%) were the most important factors in pharmacy choice among respondents (Figure 14). Among the locally commissioned services Pharmacy First (88, 24%) and supervision and advice on medication (80, 21.9%) were the most valued services (Figure 15). The most common services highlighted by those who selected 'Other' were repeat prescriptions and off counter purchase of medicines.

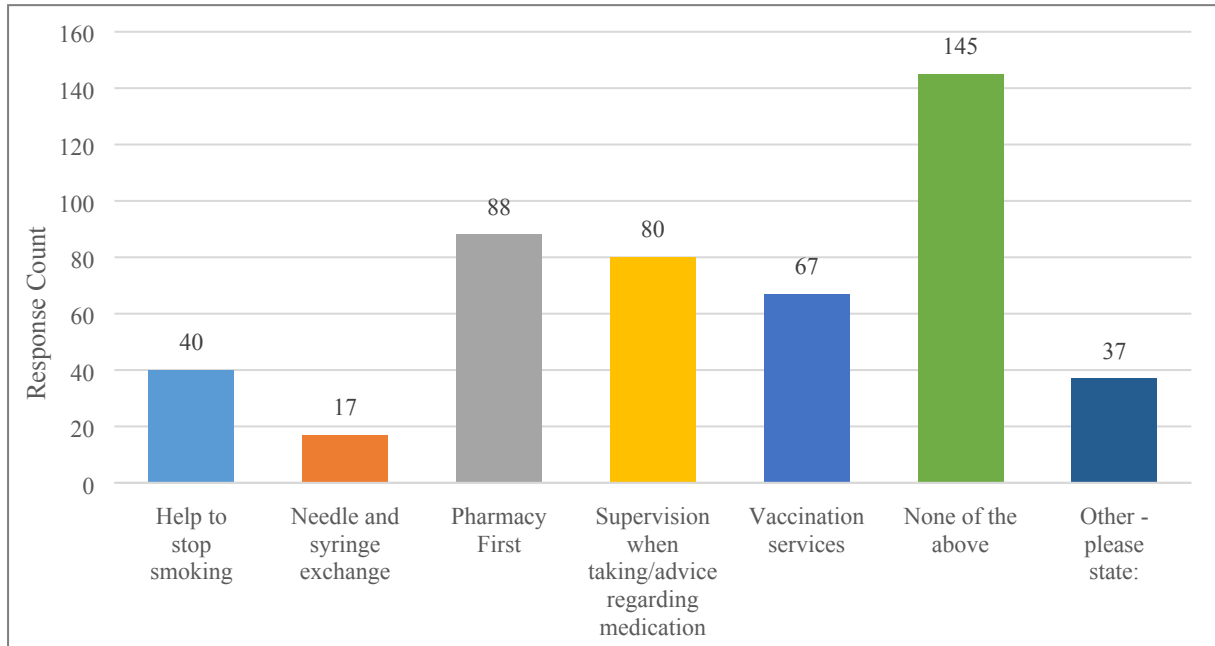
Question 6: Please tick the box next to each of the below services that you feel are important to you in your choice of pharmacy.

Figure 14: Important factors in pharmacy choice



Question 7: Which of the below services, currently provided by pharmacies in Peterborough, are most important to you?

Figure 15: Most important pharmacy services

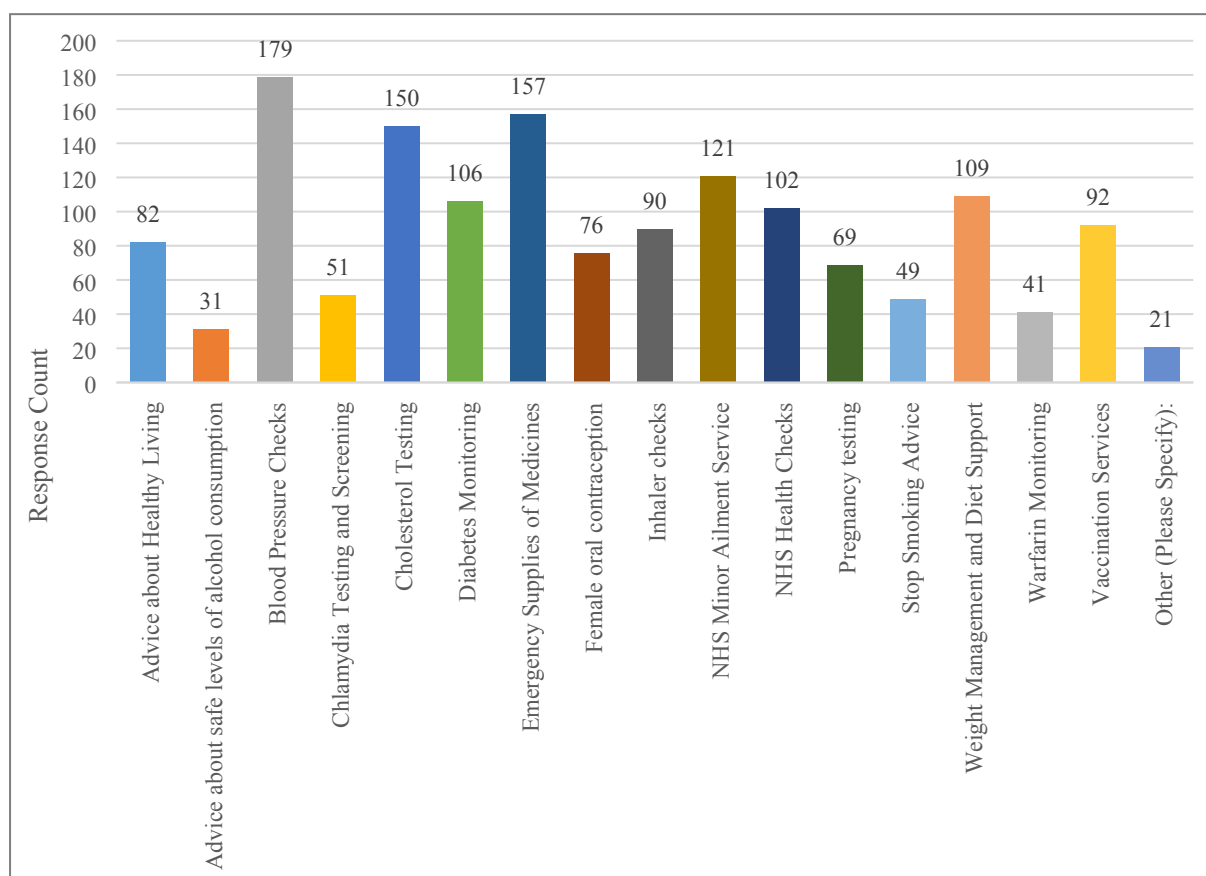


7.2.5. Recommendations on future service provision

Most respondents would like blood pressure checks (179, 48.9%), supply of emergency medication (157, 42.9%) and cholesterol tests (150, 41%) provided by their local pharmacies (Figure 16).

Question 11: Which services would you like to see provided by your pharmacy in the future?

Figure 16: Future pharmacy service provision



7.2.6 Pharmacist Consultation

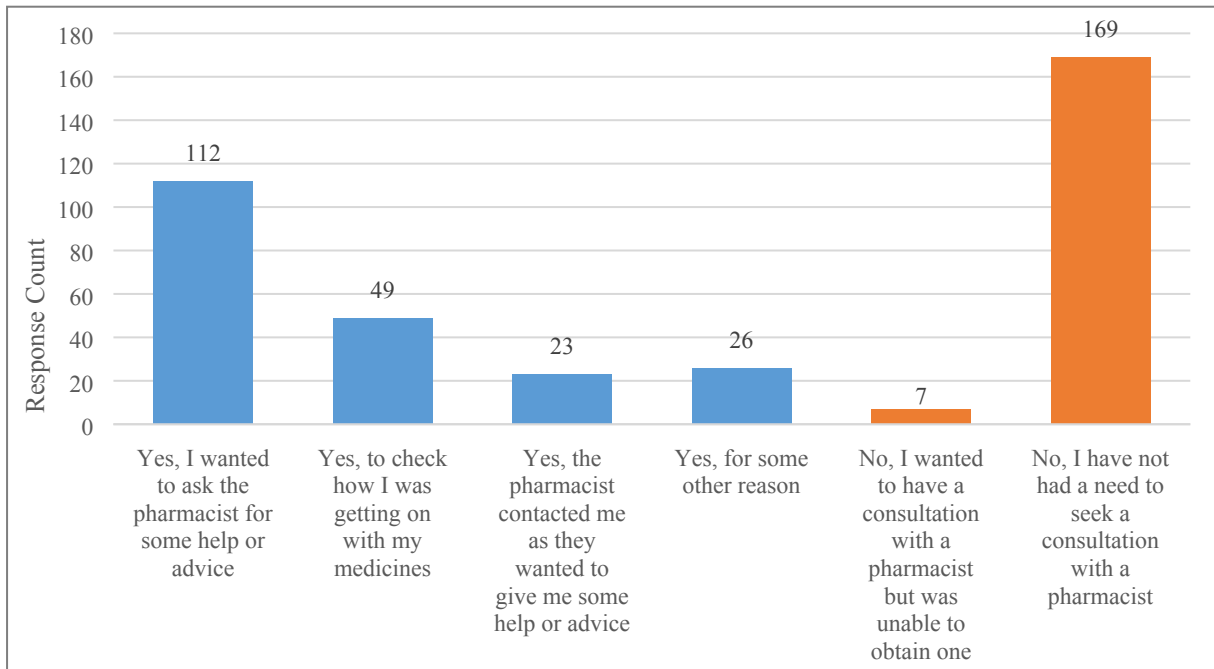
Question 12: In the last 12 months, have you had a consultation, or multiple consultations, with a pharmacist?

The majority of respondents (210, 57.4%) who needed a consultation session with a pharmacist were able to obtain one. Most of these respondents were seeking help or advice related to pharmacy services. Only seven respondents were unsuccessful (Figure 17).

The majority of the consultations (101, 48.1 %) took place over the dispensing counter but a significant number (67, 39.1%) also took place in a private consultation room (Figure 18).

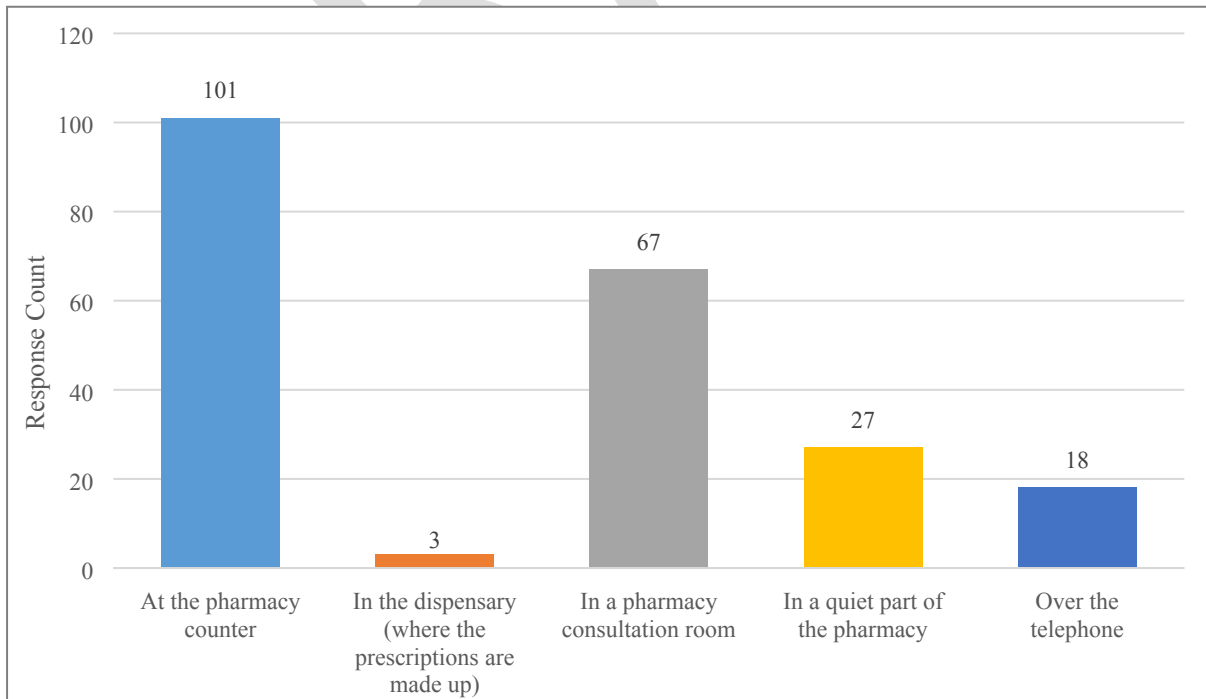
Most respondents were satisfied with consultation sessions in terms of opportunity to ask questions, pharmacist's knowledge, physical comfort, privacy and usefulness of advice. However as regards privacy a significant number (34, 16.2%) rated it as poor or very poor (Figure 19)

Figure 17: Consulting a pharmacist



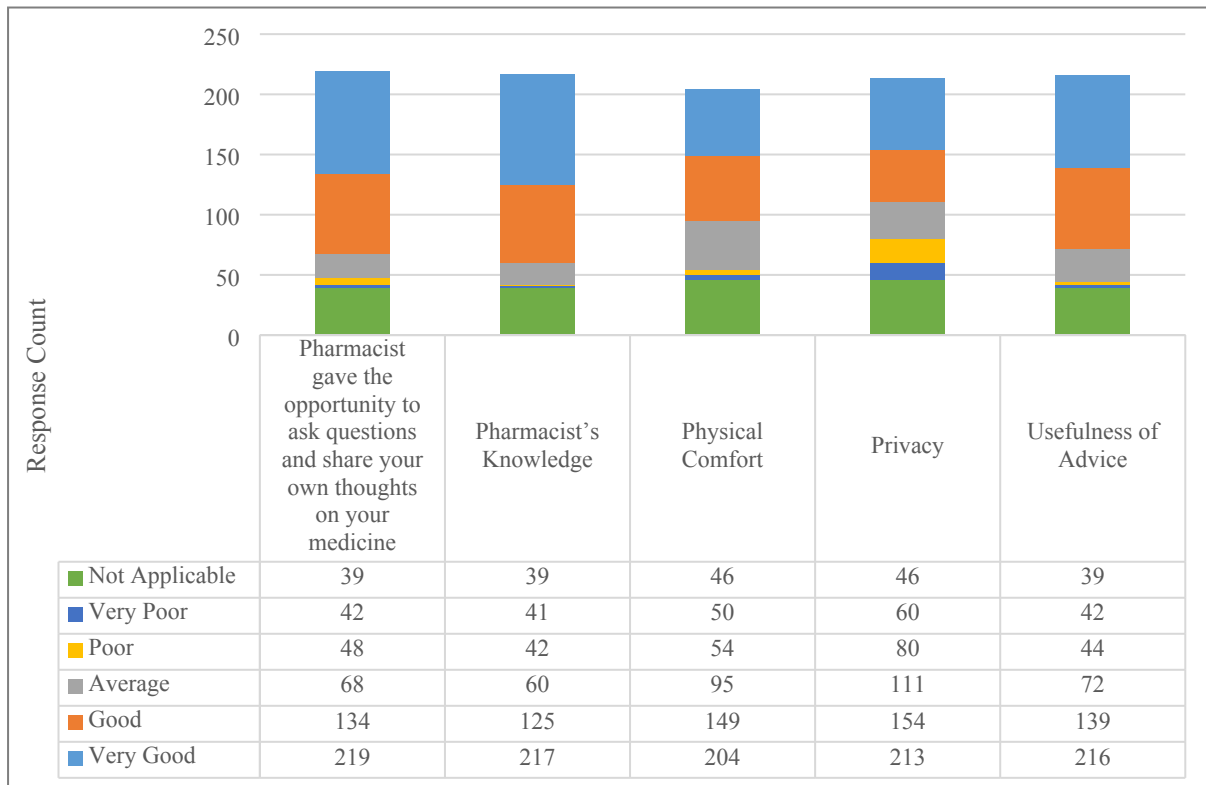
Question 13: If you had a consultation with the pharmacist, where did it happen?

Figure 18: Venue of consultation with pharmacist



Question 14: If you had a consultation with a pharmacist, how happy were you with the following aspects of the consultation?

Figure 19: Satisfaction with consultation session



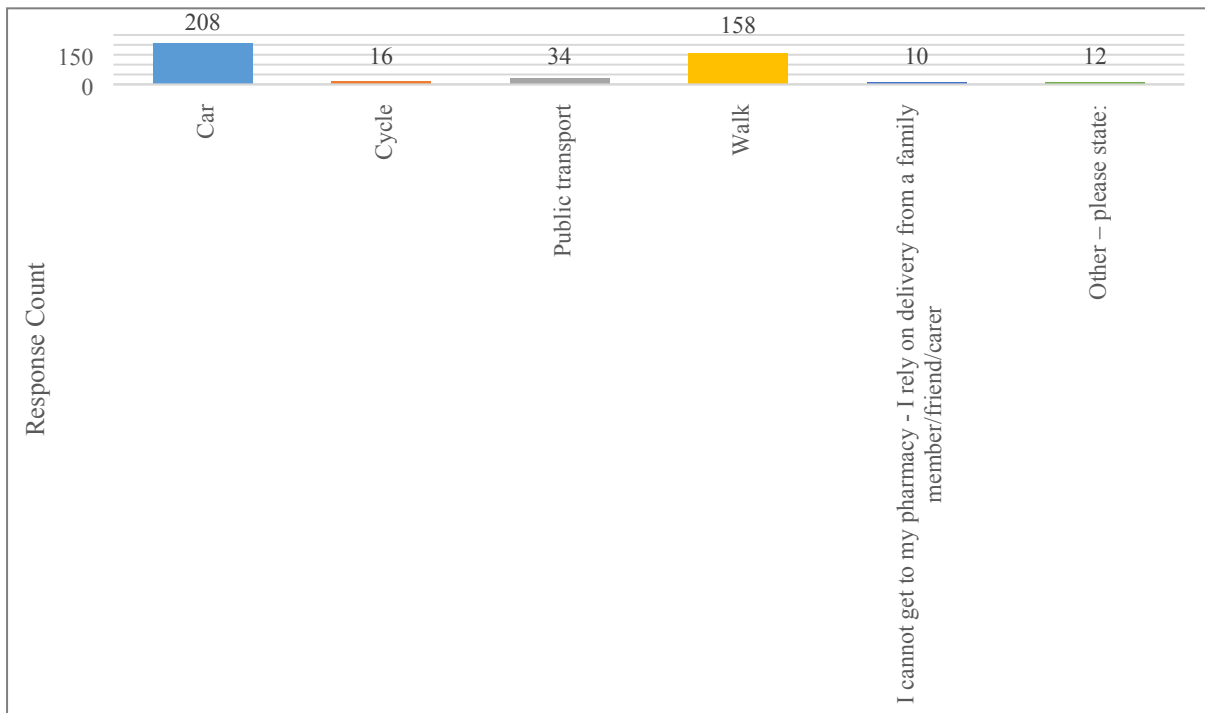
7.2.7 Transport and Location

The majority of the respondents drive to their local pharmacies but also a significant number (158, 43.2%) walk which is indicative of easy access (Figure 20). Figure 21 further confirms this as the majority of respondents (348, 95%) said they lived at most five miles from their local pharmacy.

The majority of respondents consider a pharmacy being close home (223, 60.9%) or near their GP Practice (179, 48.9%) as most important (Figure 22).

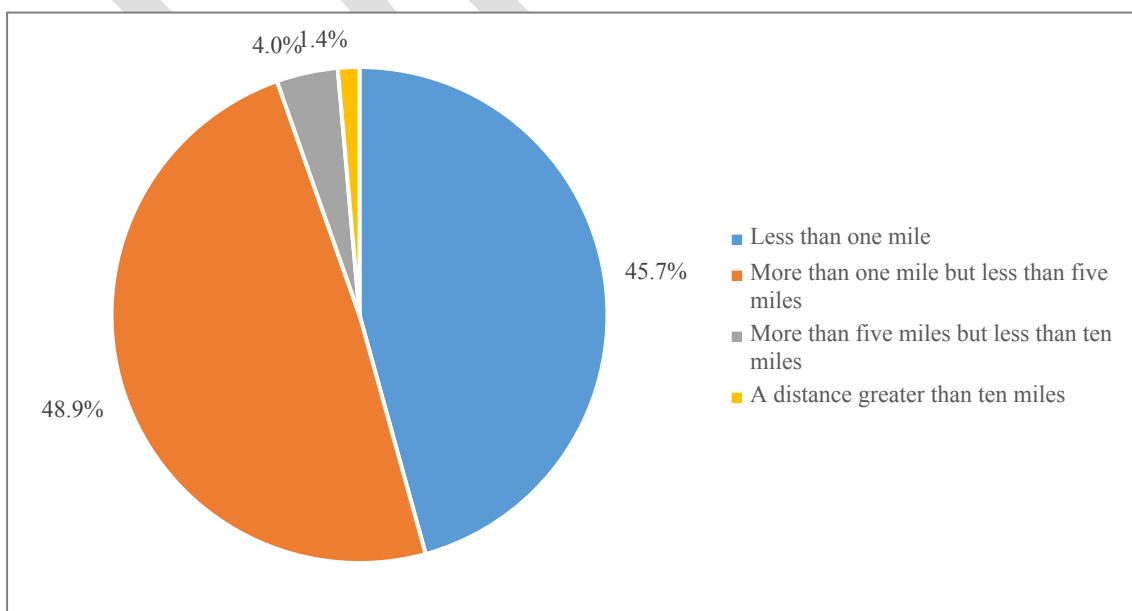
Question 8: How do you normally get to a pharmacy?

Figure 20: Accessing a local pharmacy



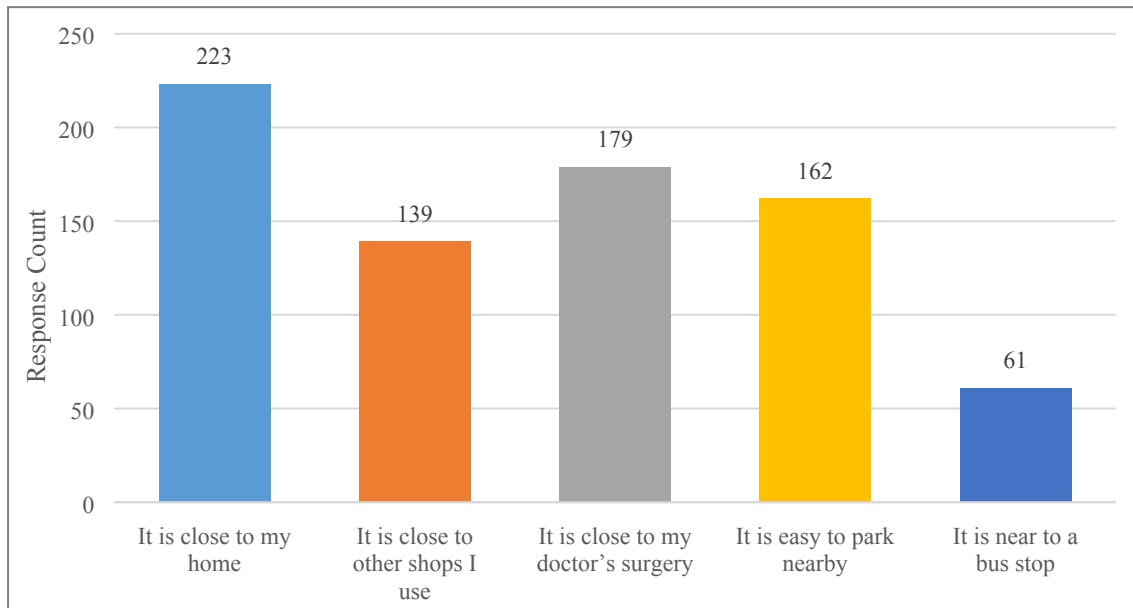
Question 9: Please estimate how far from your home is your local pharmacy or the pharmacy you most frequently choose to use?

Figure 21: Distance to local pharmacy



Question 10: Please tick the box next to the following factors if you feel they are important to you with regards to location of a pharmacy.

Figure 22: Location of pharmacy



DRAFT

Appendix 8: Community Pharmacy Survey

8.1 Survey

In order to assess the capacity of existing pharmacies to provide specified services a structured questionnaire with questions mainly covering service provision, pharmacy premises, information technology and staff was sent to all pharmacies in Peterborough (41 excluding distance pharmacies) and three dispensing practices. A total of 29 filled questionnaires were returned (66%). None of the three dispensing practices responded. The results from the analysis of these questionnaires are presented in this section.

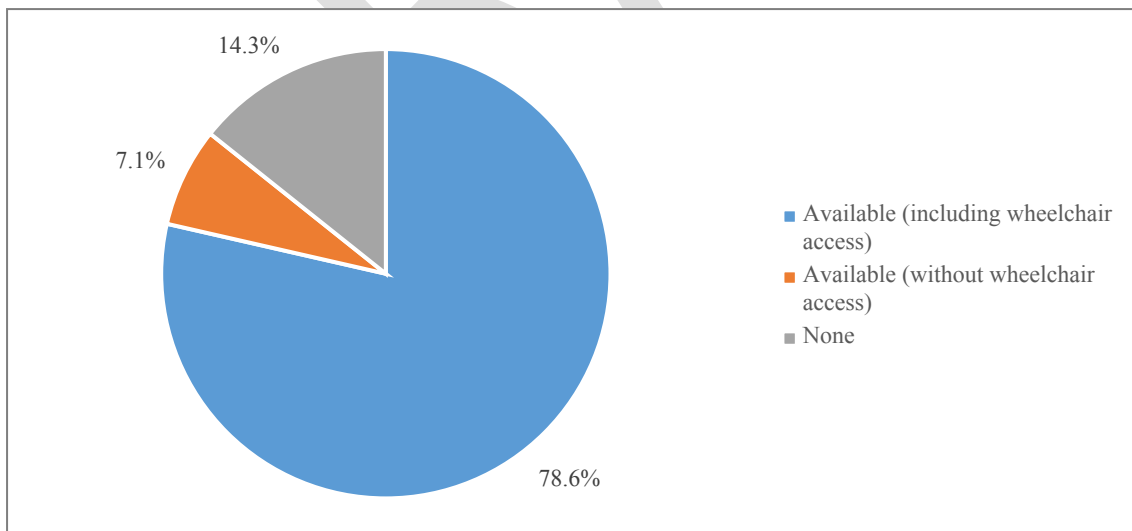
8.2 Results

8.2.1 Consultation Facilities

Twenty five out of the 29 (86.2%) pharmacies that responded to the questionnaire have consultation areas within their premises all of which can be closed to provide privacy. Twenty three have consultation areas with wheelchair access (78.6 %). Fifty five percent (16 pharmacies) have toilet facilities that can be accessed by patients attending consultation sessions (Figures 23 & 24).

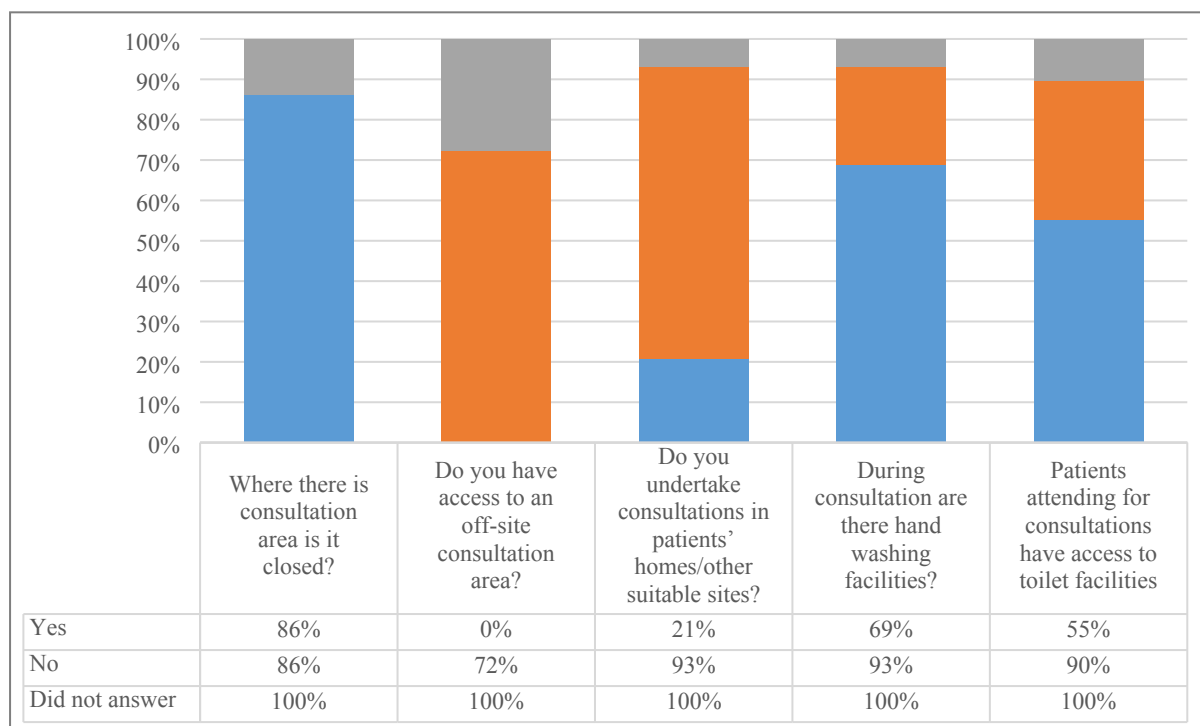
Question 1: Is there a consultation area on the premises?

Figure 23: Consultation Area



Question 2: Where do consultations take place, and what facilities are available?

Figure 24: Consultation facilities

**8.2.2 Languages****Question 3: What languages are spoken at the pharmacy?**

At the majority of pharmacies, English and at least one other language are spoken (26, 89%) while at a few (3, 11%) only English is spoken. Table 23 below shows the top five most spoken non-English languages.

Table 23: Languages spoken at pharmacies in Peterborough

Language	Number of pharmacies
Urdu	14
Gujarati	13
Punjabi	10
Hindi	9
Polish	6

Other languages spoken include Lithuanian, Italian, Portuguese, Russian, Spanish, Swahili and Welsh.

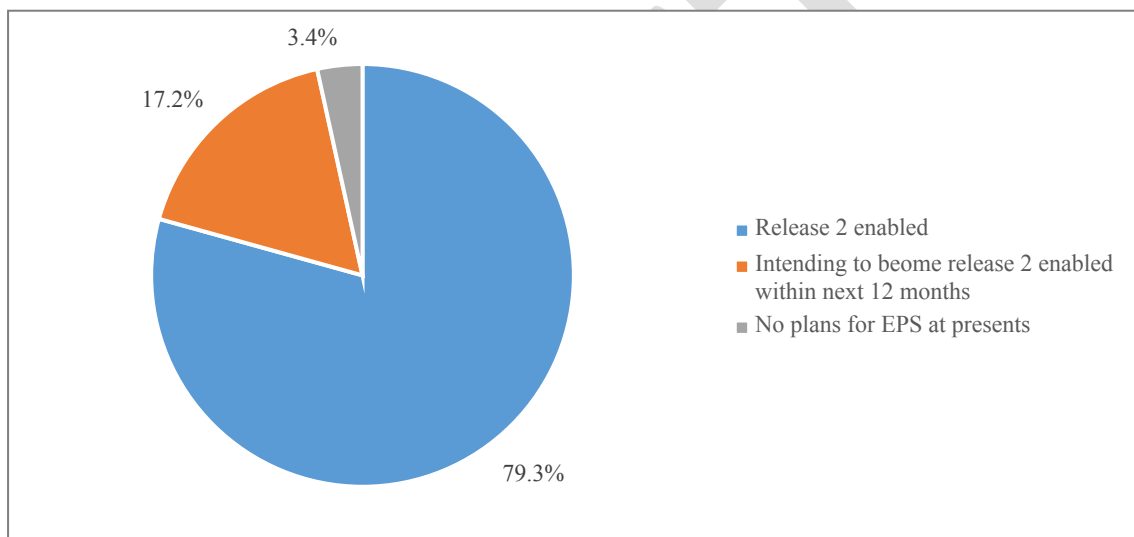
8.2.3 Information Technology

The majority of pharmacies are either EPS enabled (23, 79.3%) or have plans to be in the next 12 months (5, 17.2%) (Figure 25).

Most pharmacies have computers that can open documents in PDF format (28, 96.5%) but more than 10 do not have capabilities to open MS Word, Excel and Access documents (Figure 26), an issue that needs further exploration as it might be a hindrance to effective communication.

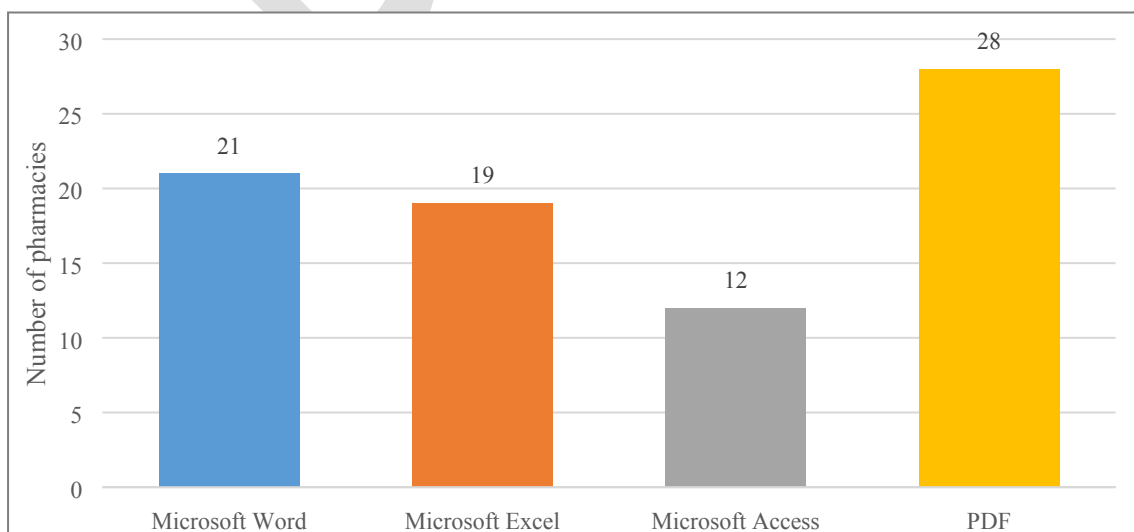
Question 4: Is the pharmacy Electronic Prescription Service (EPS) enabled?

Figure 25: Electronic Prescription Service



Question 5: Does the pharmacy have the facility to open documents in the following formats?

Figure 26: Microsoft Software

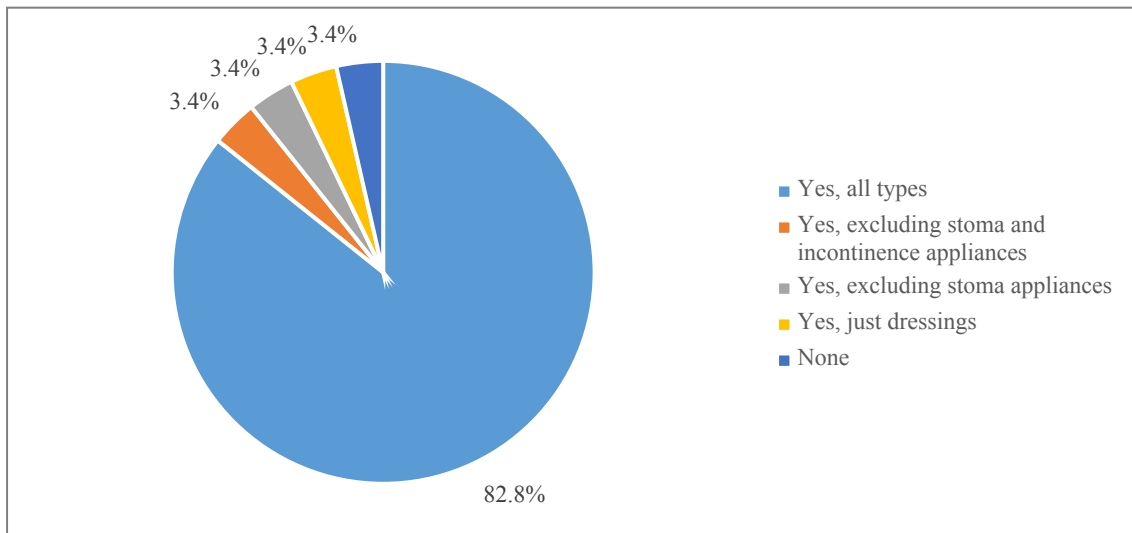


8.2.4 Medical appliances

The majority of pharmacies dispense all types of appliances (24, 83%) and only one pharmacy (3.4%) does not dispense any appliance at all (Figure 27).

Question 6: Does the pharmacy dispense appliances?

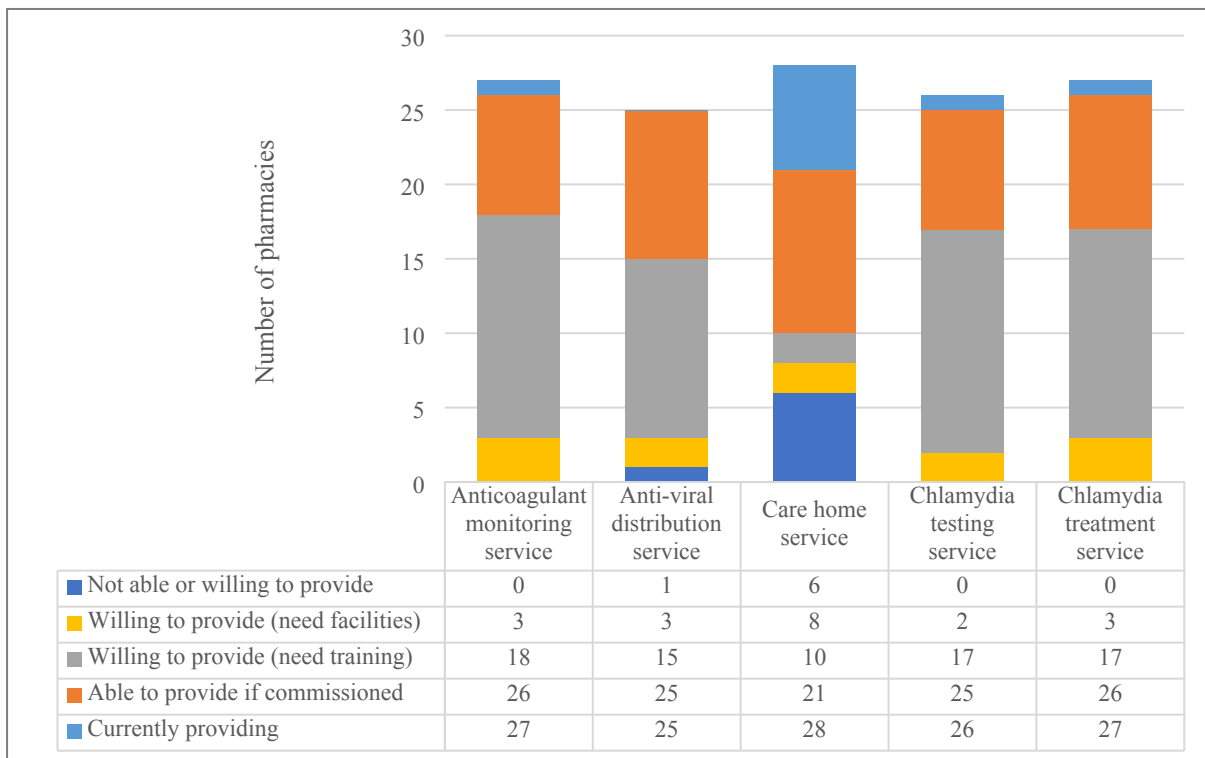
Figure 27: Dispensing of appliances



8.2.5 Locally Commissioned Services

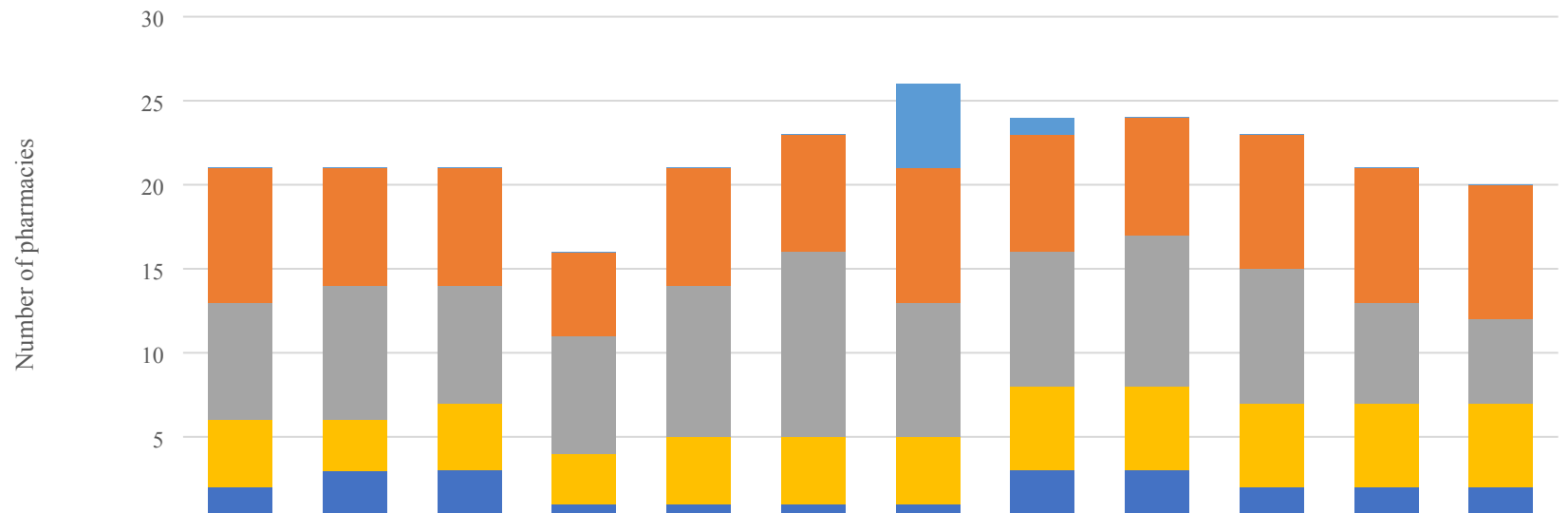
A number of pharmacies reported that they were currently commissioned to provide various specified services (Figures 28-31). However apart from stop smoking and supervised medicine administration the rest have not been commissioned by NHS England, CCG nor Peterborough City Council. There is need to explore further to understand how these services are provided in respective pharmacies. The willingness to provide various specified services was varied with most pharmacies expressing willingness if commissioned, trained and provided with facilities.

Figure 28: Service Provision



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Figure 29: Service Provision



	Phlebotomy service	Prescriber support service	Schools service	Screening service	Alcohol	Cholesterol	Diabetes	Gonorrhoea	H. Pylori	HbA1C	Hepatitis	HIV
Not able or willing to provide	2	3	3	1	1	1	1	3	3	2	2	2
Willing to provide (need facilities)	6	6	7	4	5	5	5	8	8	7	7	7
Willing to provide (need training)	13	14	14	11	14	16	13	16	17	15	13	12
Able to provide if commissioned	21	21	21	16	21	23	21	23	24	23	21	20
Currently providing	21	21	21	16	21	23	26	24	24	23	21	20

Figure 30: Service Provision

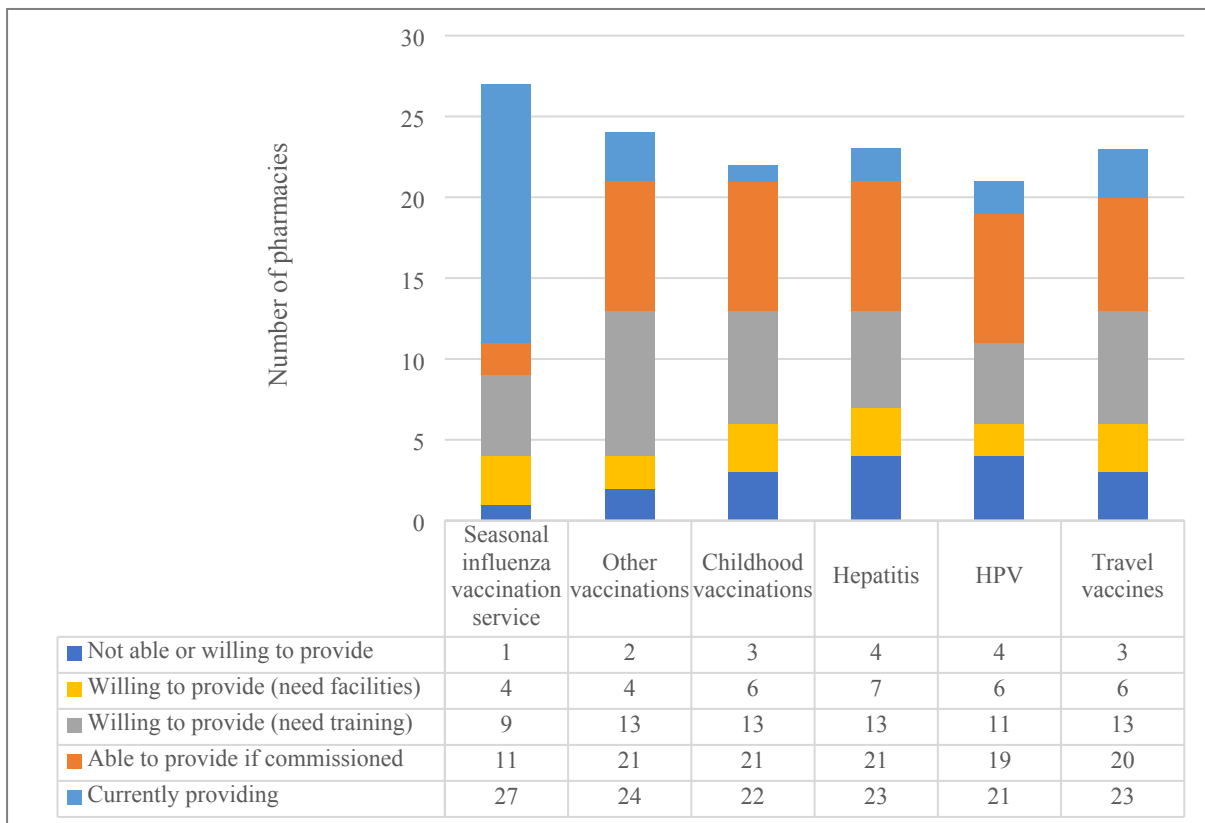
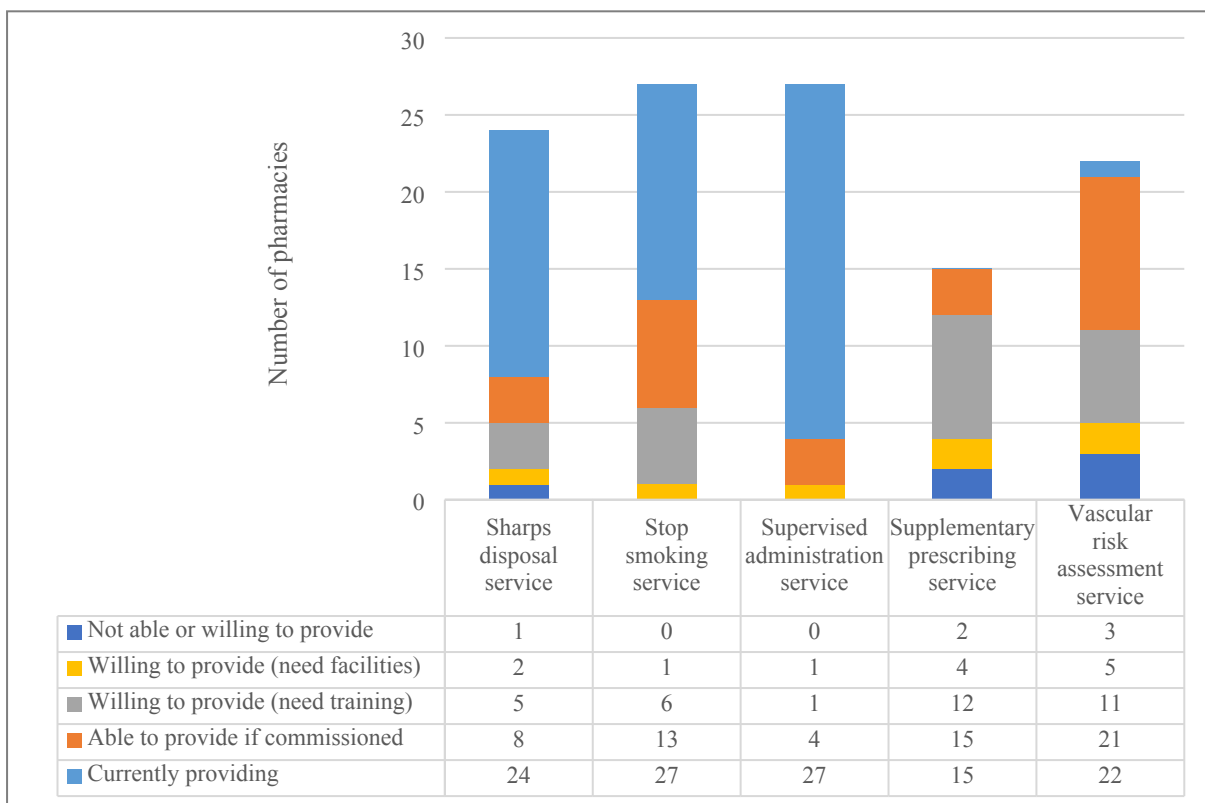


Figure 31: Service Provision

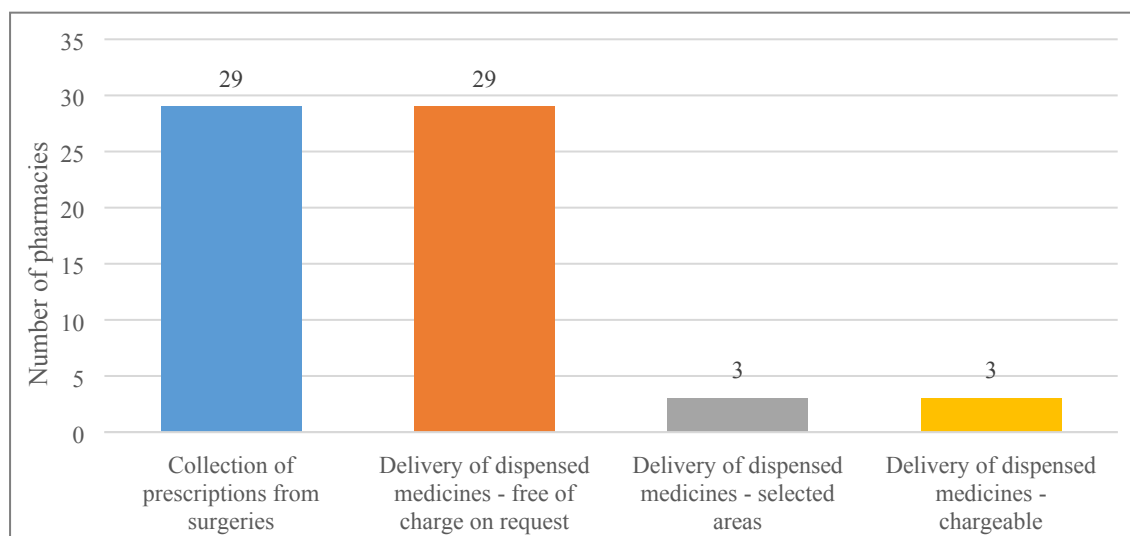


8.2.6 Non-NHS Funded Services

All pharmacies that responded to the survey collect prescriptions from practices and deliver dispensed medicines free of charge on request (Figure 32).

Question 7: Does the pharmacy provide any of the following?

Figure 32: Non-NHS funded services offered by pharmacies



Question 8: Does your dispensary/pharmacy supply medicines and other appliances to care homes?

Sixty four percent (19 pharmacies) do not supply medicines or other medical equipment to care homes.

8.2.7 Dispensary/Pharmacy Facilities

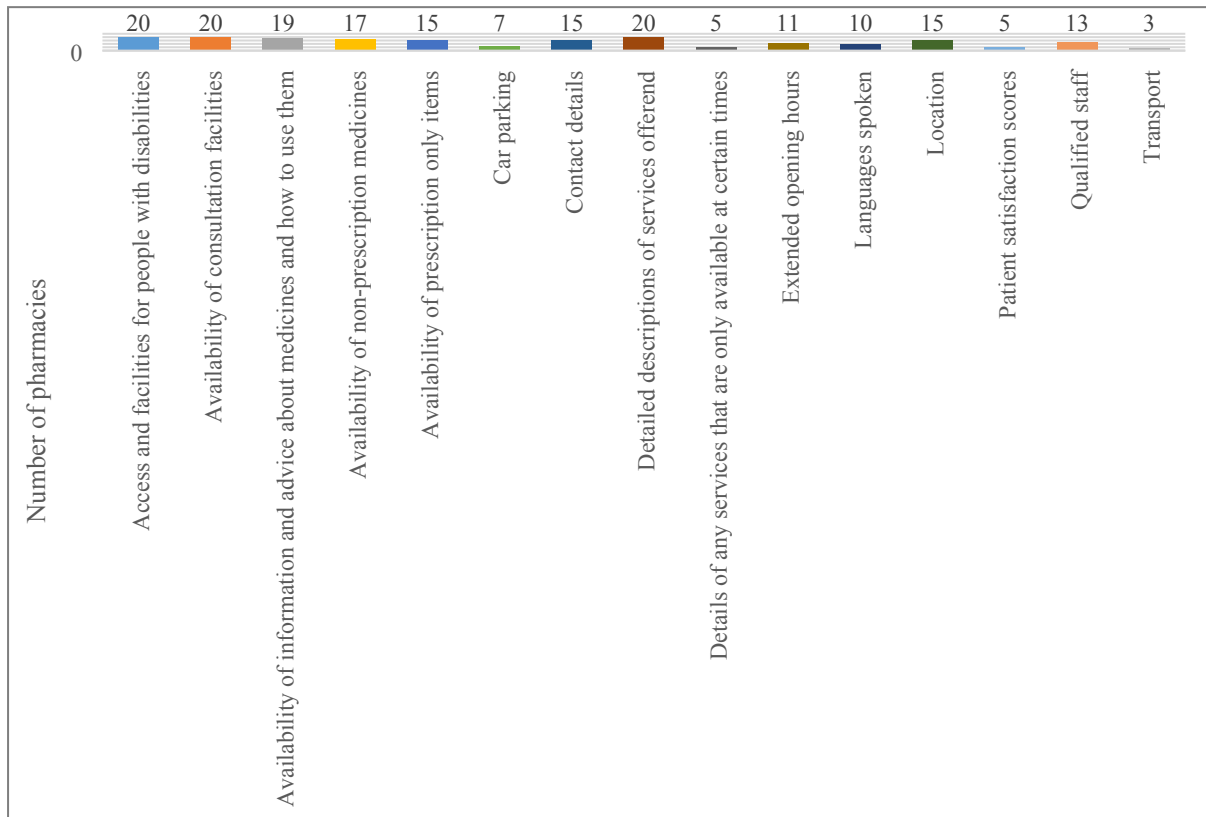
The top four most important pharmacy features (Figure 33) reported by pharmacy staff were:

- Access to premises by people with disability
- Availability of consultation facilities
- Availability of medicines and advice on use
- Detailed description of services provided

More than half of the respondents (15, 52%) thought the pharmaceutical service provision in their areas was excellent while a third (10 pharmacies) thought it was good. Only one respondent (4%) thought it was poor (Figure 34).

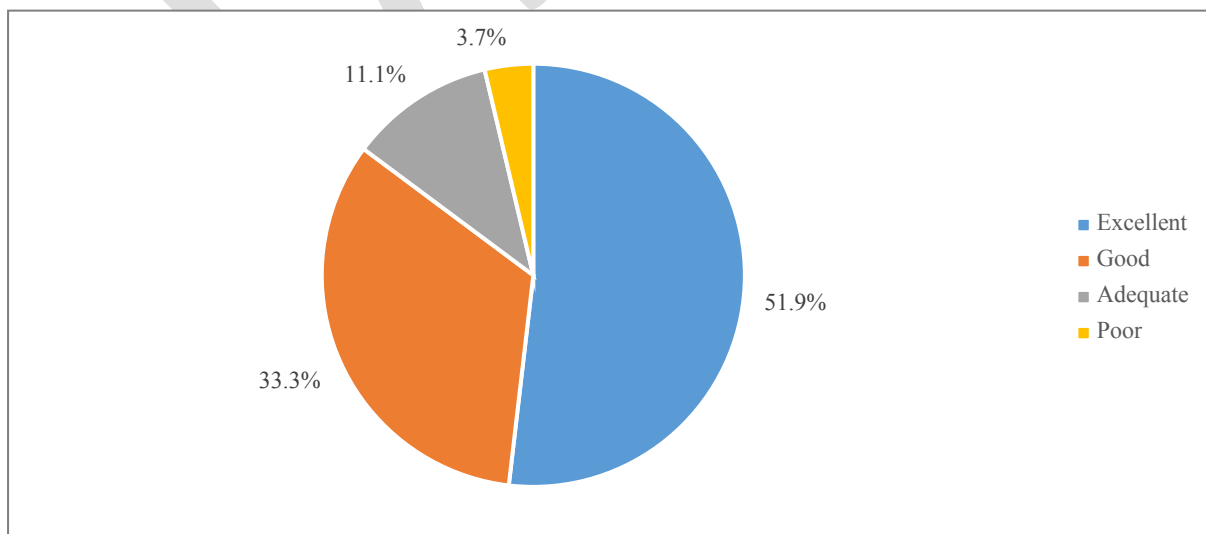
Question 9: Which of these features of your dispensary or pharmacy would you identify as being important?

Figure 33: Features of dispensary or pharmacy considered as important



Question 10: Is the current provision of dispensing doctors and community pharmacies excellent, good, adequate or poor?

Figure 34: Adequacy of current pharmaceutical service provision



Question 11: Do you feel there is a need for more pharmaceutical service providers in your locality?

The majority of respondents (27, 92%) did not feel it was necessary to have more pharmaceutical service providers in their areas.

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