



# **Peterborough**

## **Pharmaceutical Needs Assessment 2018**

**FULL REPORT  
(FINAL VERSION)**

## Contents

<b>Acknowledgements</b> .....	<b>4</b>
<b>Executive Summary</b> .....	<b>5</b>
<b>1. Introduction</b> .....	<b>13</b>
1.1 Pharmaceutical Needs Assessments – description and background .....	13
1.2 Overview of NHS pharmaceutical services .....	13
1.3 Local Pharmacy Services .....	15
<b>2. Process</b> .....	<b>16</b>
2.1 Summary of the process followed in developing the PNA .....	16
2.2 Methods .....	16
2.3 Stakeholders involved in the development of the PNA .....	17
2.4 Future PNAs and supplementary statements .....	17
2.5 Local impact of the new national pharmacy contract (2016) .....	18
<b>3. Understanding Local Health Needs</b> .....	<b>20</b>
3.1 Peterborough Joint Strategic Needs Assessments .....	20
3.2 Peterborough Health & Wellbeing Board (HWB) .....	21
3.3 Cambridgeshire & Peterborough Clinical Commissioning Group .....	21
3.4 National Outcomes Frameworks .....	23
3.5 National Policy Context .....	23
3.6 Characteristics of the population in Peterborough .....	25
3.6.1 Demography .....	25
3.6.2 Deprivation .....	27
3.6.3 Ethnicity .....	30
3.7 General Health in Peterborough .....	30
<b>4. Current Provision of NHS Pharmaceutical Services</b> .....	<b>33</b>
4.1 Summary of Key Findings .....	33
4.2 Service Providers – Numbers & Geographical Distribution .....	34
4.2.1 Community Pharmacies .....	34
4.2.2 Dispensing General Practices .....	34
4.2.3 Distancing Selling Pharmacies .....	37
4.2.4 Dispensing Appliance Contractors .....	37
4.2.5 Hospital Pharmacies .....	37
4.2.6 Pharmacy Services in Prisons .....	37
4.2.7 Comparison with Pharmaceutical Service Provision Elsewhere .....	37
4.2.8 Considerations of Service Providers Available .....	38
4.2.9 Results of Questionnaires Sent to Pharmacies and Dispensing GP Practices .....	38
4.2.10 Findings of the public consultation .....	39
4.3 Accessibility .....	39
4.3.1 Distance & Travel Times .....	39
4.3.2 Home Delivery Services .....	39
4.3.3 Border Areas .....	41
4.3.4 Access for People with Disabilities .....	41
4.4 Opening Hours .....	41
4.4.1 Opening Hours: Community Pharmacies .....	41
4.4.2 Opening Hours: Dispensing GP Practices .....	43
<b>5. The role of pharmaceutical providers in addressing health needs</b> .....	<b>44</b>
5.1 Summary of key findings .....	44
5.2 Community Pharmacy Essential Services .....	48
5.3 Advanced Services .....	49
5.3.1 Medicines Use Reviews (MURs) .....	50
5.3.2 Appliance Use Reviews (AURs) .....	51
5.3.3 New Medicines Services (NMS) .....	52
5.3.4 Stoma Appliance Customisation Service .....	53
5.3.5 Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) .....	53
5.3.6 NHS Urgent Medical Supply Advanced Service Pilot .....	53

5.4 Enhanced Services.....	54
5.5 The role of community pharmacy in preventing ill health and promoting healthy behaviours	54
5.5.1 Promoting Healthier Lifestyles.....	56
5.5.2 Public Health Campaigns.....	57
5.5.3 Promotion of Healthy Lifestyle & Supportive Services (Non-Commissioned).....	58
5.6 Locally Commissioned Services: Public Health Services.....	59
5.6.1 Smoking cessation services in Peterborough pharmacies.....	60
5.6.2 Sexual Health Services in Peterborough Pharmacies.....	64
5.7 Locally Commissioned Services Commissioned by Cambridgeshire & Peterborough CCG	67
5.7.1 Directly Observed Therapy (DOT) Service for Tuberculosis Treatment.....	67
5.7.2 Pharmacy Support in Care Homes.....	68
5.7.3 Community Pharmacy Minor Ailments Service.....	68
5.8 Healthcare Services Commissioned by NHS England.....	68
5.8.1 Dispensing Review of Use of Medicines.....	69
5.9 Healthcare services commissioned by other organisations in primary and secondary care	69
5.9.1 Healthcare associated infections.....	69
5.10 Other health advice and support services (non-commissioned).....	69
5.10.1 Community pharmacy palliative care service.....	71
5.10.2. Electronic prescriptions.....	71
5.10.3 Community Pharmacy Healthy Start Service.....	71
5.10.4 Travel immunisation clinics.....	72
<b>6. Future Population Changes and Housing Growth.....</b>	<b>73</b>
6.1 Summary of key findings.....	73
6.2 Population changes in Peterborough.....	73
6.3 Housing growth.....	73
6.4 Dwellings with Planning Permission Outstanding.....	74
6.5 Growth during the PNA period (2018 – 2021).....	75
6.6 Growth after 2021.....	77
6.7 Monitoring of housing developments and needs for pharmaceutical services.....	77
6.7.1 Monitoring of housing developments.....	77
6.7.2 Effect of Growth on a Reserved Location.....	77
6.7.3 Factors to consider in relation to needs for pharmaceutical services.....	77
<b>Appendix 1: Legal requirements for PNAs.....</b>	<b>80</b>
<b>Appendix 2: List of Pharmacies and Dispensing Practices in Peterborough as at 1 June 2017.....</b>	<b>85</b>
<b>Appendix 3: Results of Community Pharmacy Questionnaire and Dispensing Pharmacy Questionnaire 2017.....</b>	<b>87</b>
<b>Appendix 4: Details of PNA process &amp; document control.....</b>	<b>95</b>
<b>Appendix 5: Impact of the Pharmacy Contract Funding Changes (October 2016).....</b>	<b>96</b>
<b>Appendix 6: Consultation report – results from the public consultation (23 October to 23 December 2017).....</b>	<b>104</b>
Introduction.....	104
Section 1: Respondents.....	104
Section 2: Service experience.....	108
Section 3: PNA Feedback.....	110
<b>Appendix 7: Consultation Response for the Peterborough Pharmaceutical Needs Assessment, 2017.....</b>	<b>114</b>

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### KEY:

PCC - Peterborough City Council.

CCC - Cambridgeshire County Council.

CCG - Cambridgeshire and Peterborough Clinical Commissioning Group.

LMC - Local Medical Committee.

LPC - Cambridgeshire and Peterborough Local Pharmaceutical Committee.

The Health and Wellbeing Board would like to acknowledge the contribution of the Local Medical Committee, Local Pharmaceutical Committee, Community Pharmacies, Dispensing Practices, stakeholders and members of the public and thank them for their participation in the consultation and development of the PNA.

## Executive Summary

### 1. Introduction

Since 1 April 2013, every Health & Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'Pharmaceutical Needs Assessment' (PNA). This PNA updates the 2015 Peterborough PNA and describes the pharmaceutical needs for the population living within the Peterborough City Council boundaries<sup>1</sup>. A separate PNA is produced by the Cambridgeshire Health & Wellbeing Board to cover the pharmaceutical needs of Cambridgeshire, including Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire.

The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises, or applications from current pharmaceutical providers to change their existing regulatory requirements. Of note, decisions on whether to open new pharmacies are made by NHS England, not by the HWB. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date.

The PNA will also inform decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs) on which NHS funded services are provided locally and where pharmacies may be able to deliver commissioned services (such as Stop Smoking and Sexual Health Services).

### 2. Process

As in 2014/15, the specific legislative requirements in relation to development of PNAs were duly considered and adhered to. The development of the revised PNA for 2018 was overseen by a multi-agency steering group including members from key health and pharmacy-specific agencies working in Peterborough.

Information from the Joint Strategic Needs Assessment (JSNA) and Public Health sources were used to describe pharmaceutical provision throughout Peterborough and local health needs that may be addressed through pharmaceutical services.

All pharmacies and dispensing GP practices in Peterborough were asked to complete a questionnaire describing their service provision. 37 of 41 (90.2%) community pharmacies and one of three (33.3%) dispensing GP practices in Peterborough responded to the questionnaire. In the process of undertaking the PNA, views are being sought from a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities.

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<sup>1</sup> Throughout this report, 'Peterborough' refers to the area within the Peterborough City Council boundaries.

A public consultation was undertaken from 23 October to 23 December 2017 to seek the views of members of the public and other stakeholders, on whether they agreed with the contents of this PNA and whether it addressed issues that they considered relevant to the provision of pharmaceutical services. 69 responses to the survey were received.

67 of 69 respondents (97%) felt that the purpose of the PNA was explained sufficiently and 63 of 69 respondents (91%) agreed with the key findings about pharmaceutical services in Peterborough as outlined in the PNA. The feedback gathered in the consultation is described in the Consultation report (see Appendix 6) and a summary of how the draft PNA was amended to produce this final report in response to the feedback received is included as Appendix 7.

The PNA will continue to be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. Given the significant planned growth of new developments across Peterborough, the Senior Public Health Manager for Environment and Planning (Peterborough & Cambridgeshire) will continue to monitor and assess pharmaceutical need in these areas.

### **3. Understanding local health needs**

Peterborough is one of the most relatively deprived areas in the East of England and has relatively poor health outcomes in comparison to national averages, with statistically significantly low life expectancy at birth for both males and females and significantly high rates of mortality from a number of causes considered preventable. Deprivation and poor health outcomes are most prominent in Peterborough's densely-populated urban centre, with less deprivation and better health outcomes observed in rural areas towards the outer areas of Peterborough.

The PNA should be viewed in conjunction with Peterborough's Joint Strategic Needs Assessments, which describe the health and wellbeing needs of the local population, and with national and local health data sources available through <https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>. The PNA and the role of pharmacies should also be considered alongside the Peterborough Health and Wellbeing Strategy, the Peterborough & Cambridgeshire Sustainability and Transformation Plan and the Health System Prevention Strategy for Peterborough & Cambridgeshire.

The local population is forecast to increase substantially in the coming years, with the biggest increases seen in residents aged 65 and older. The impact of this population growth on pharmaceutical needs is discussed in Section 6 of the PNA.

### **4. Current provision of local pharmaceutical services**

**Key finding: There is currently sufficient pharmaceutical service provision across Peterborough. No need for additional pharmaceutical service providers was identified in this PNA.**

Peterborough has one pharmaceutical service provider per 4,409 people, equivalent to 23 pharmaceutical service providers per 100,000 resident population in Peterborough. This is the same as the national average of 23 per 100,000 resident population and similar to the East of England average of 24 pharmaceutical providers per 100,000 resident population. Estimates of the

average number of people per pharmaceutical service provider across Peterborough have remained relatively stable since 2011.

As of June 2017, numbers of pharmacies in Peterborough are the same as at the time of the 2015 PNA:

- 41 Pharmacies
- 3 Dispensing General Practices
- 2 Dispensing Appliance Contractors

Peterborough also has two distance selling pharmacies.

Taking into account current information from stakeholders including community pharmacies and dispensing General Practices, the number and distribution of pharmaceutical service provision in Peterborough appears to be adequate. The distribution of pharmacies and dispensing General Practices appears to cover Peterborough sufficiently, with the majority of pharmacies located within Peterborough's most densely populated, central areas. The majority of areas in Peterborough are accessible within 20 minutes by car, with a small number of exceptions towards the outer areas of the city, particularly in the east.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Peterborough.

- Overall, out of 41 community pharmacies, 23 (56%) are open after 18:00 and 12 (29%) are open after 19:00 on weekdays; 28 (68%) open on Saturdays and 10 (24%) open on Sundays. These findings are similar to those in the 2015 PNA.
- Home delivery services can help to provide medication to those who do not have access to a car or who are unable to use public transport. Of the pharmaceutical providers who completed the questionnaire in 2017, 35 out of 37 pharmacies (95%) and one of one dispensing GP practices (100%) reported that they provide free delivery services to their patients.
- 34 of 37 community pharmacies (92%) and the one (100%) dispensing GP practice who completed the questionnaire report they have consultation areas with wheelchair access.
- 34 of 37 (92%) community pharmacies and also the one dispensing GP practice that responded to the questionnaire stated that they considered current pharmaceutical provision in Peterborough to be adequate and for there to be no need for additional pharmacies in Peterborough.
- During the public consultation on the PNA, 63 of 69 respondents (91%) agreed with the key findings described in the PNA, and 58 of 69 respondents (84%) agreed that there are enough pharmacies across Peterborough.

## **5. The role of pharmacy in addressing health needs**

Section 5 describes the services provided by local pharmaceutical providers: 'Essential Services' which all pharmacies are required to provide; 'Advanced Services' commissioned by NHS England to support patients with safe use of medicines and the NHS national seasonal flu vaccination programme; and health improvement services locally commissioned by Peterborough City Council.

**Medicines advice & support:**

Through the provision of advanced services including Medicine Use Reviews (MURs), Dispensing Review of Use of Medicines (DRUMs), clinical screening of prescriptions and identification of adverse drug events, dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated. In the community, pharmacists should continue to work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

Medication errors in care homes for older people can also be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. Cambridgeshire & Peterborough Clinical Commissioning Group (C&P CCG) employ a small team of CCG pharmacists and pharmacy technicians to work collaboratively with General Practices and care homes to rationalise prescribing, optimise medicines usage and reduce medicines waste. As part of the pharmacy integration fund, NHS England is looking to support community pharmacists working in care homes to ensure that medication is used in the most appropriate way. It is expected that there will be 150 community pharmacists supported to deliver this workstream nationally. It is not yet known how many pharmacists will be involved locally in Peterborough.

**Services & support to encourage healthy lifestyle behaviours:**

Providers of pharmaceutical services also have an important role to play in improving the health and wellbeing of local people beyond providing and supporting the safe use of medicines. The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve and the recent changes to the 2017/18 pharmacy contract have included quality payments to pharmacies who are accredited as 'Healthy Living Pharmacies'.

In Peterborough, all of the community pharmacies that responded to the PNA questionnaire have either achieved Healthy Living Pharmacy status or are working towards it. Five pharmacies (14% of respondents) have achieved Healthy Living Pharmacy status and 32 (86% of respondents) are working towards achieving Healthy Living Pharmacy status. Achieving level 1 Healthy Living Pharmacy status requires pharmacies to adopt a pro-active health promoting culture and environment within the pharmacy, with all the requirements of the quality criteria satisfied. These include understanding local public health needs, creating a health and wellbeing ethos, team leadership, communication, community engagement and having a health promoting environment.

Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities or for vulnerable groups who have a variety of poorer health outcomes (e.g. migrant workers; traveller communities; ethnic minorities; older people). Community pharmacies can be involved in addressing health inequalities and targeting initiatives and resources to improve the health of the poorest, fastest.

Preventative approaches are important to ensure people remain healthy and independent in the community for longer and to reduce the unsustainable cost of health and social care services for



this growing population. Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services. This could be particularly important for frail older people and those with multiple conditions.

Community pharmacies all participate in six public health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours including maintaining a healthy weight and taking part in physical activity such as providing advice, signposting services and providing on-going support towards achieving behaviour change, for example, through monitoring of weight and other related measures. Opportunistic alcohol screening and provision of brief advice is another area where pharmacies could contribute to improving the health of the local population. This could, for example, potentially be integrated into agreements around medication checks.

Pharmacy staff can play a role in promoting awareness of good mental health, for example by signposting to information about local support networks, mental health help lines etc.

Pharmacy providers are also involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C Difficile.

**The following local services are currently commissioned from community pharmacies:**

**a) Stop smoking services:**

Pharmacies in Peterborough are offered the opportunity to deliver specialist stop smoking services under a Local Incentivised Scheme (LIS) contract, commissioned by the Public Health Joint Commissioning Unit that works across Peterborough City Council and Cambridgeshire County Council. Pharmacies are ideally placed to provide easy access to people who wish to stop smoking. Specialist Smokefree Advisors are National Centre for Smoking Cessation Training (NCST) trained to deliver up to a 12 week programme which clients attend on a weekly basis. They are also able to directly supply nicotine replacement therapy from the pharmacy which, combined with behavioural support, can greatly increase the chances of a quit outcome. 15 pharmacies in Peterborough are currently commissioned to provide this service.

**b) Contraception and sexual health services:**

• ***Emergency hormonal contraception***

Pharmacies in Peterborough are offered the opportunity to receive training and contracts to provide Emergency Hormonal Contraception (EHC) which is available as a locally commissioned service in some community pharmacies. The EHC service in Peterborough pharmacies commenced in late 2016/17. Currently, 12 pharmacies in Peterborough have signed a contract to deliver the EHC service across Peterborough, as part of the overall contraception service offered by sexual health, contraception clinics and GP practices across Peterborough, with further opportunities to expand.

- ***Chlamydia screening***

As part of the public health commissioned EHC service a Chlamydia screening kit is offered to the service user. iCaSH Peterborough, the integrated contraception and sexual health service provided by Cambridgeshire Community Services NHS Trust, provides chlamydia kits and staff training. The pharmacy needs to provide a suitable consultation room to be eligible for this scheme. Chlamydia screening is not provided by pharmacies outside of the EHC service. Pharmacies can signpost those requesting chlamydia screening to iCaSH Peterborough.

- c) **Alcohol and substance misuse services:**

The Public Health Joint Commissioning Unit commission services to provide specialist drug and alcohol treatment across Peterborough. Currently adult drug and alcohol services are provided by CGL Aspire who sub-contract pharmacies to provide the following specific services:

- ***Needle & syringe exchange service***

23 pharmacies in Peterborough are contracted via CGL Aspire to provide needle exchange services. People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction.

- ***Supervised administration service***

Once clients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Clients often need support to prevent them stopping treatment. 23 community pharmacies in Peterborough are contracted to provide a supervised administration service via CGL Aspire, which requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient.

- ***Naloxone kits***

Naloxone is the emergency antidote for overdoses caused by heroin and other opiates/opioids (such as methadone, morphine and fentanyl). 16 pharmacies in Peterborough are contracted via CGL Aspire to issue naloxone kits with training to all substance misuse clients (those accessing supervised administration or needle exchange services). The pharmacies can issue the naloxone kits to clients' friends and relatives, and others who may require one, such as a hostel manager. Pharmacies are also able to refer clients into treatment services provided by CGL Aspire.

- ***Blood borne viruses screening***

Nine pharmacies are contracted via CGL Aspire to provide screening for Hepatitis B virus and Hepatitis C virus to clients at risk, identified by CGL Aspire. Screening involves a finger prick blood sample being taken and aims to ensure timely diagnosis and access to treatment.

- ***Alcohol brief interventions***

Similarly to the substance misuse services, 16 pharmacies in Peterborough are contracted via CGL Aspire to provide alcohol brief intervention services. Pharmacies offer this service to all customers; customers are asked three screening questions and, depending on their score, may be asked additional questions about their alcohol consumption and have a brief intervention carried out. They may also be referred to CGL Aspire specialist services if appropriate.

d) **Directly observed therapy service for tuberculosis**

The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will be commissioning a limited number of pharmacies across Peterborough and Cambridgeshire to provide a directly observed therapy service specifically for patients with tuberculosis. Pharmacies will ensure that appropriate drugs are given at specified intervals and the patient is observed taking them. The hospital tuberculosis nurse specialist will provide training and supervision for this service.

In addition to commissioned services, our questionnaire found that community pharmacies provide a number of additional services, including Monitored Dosage System, delivery of dispensed medicines at no charge and collection of prescriptions from GP practices.

In conclusion, community pharmacies offer a range of services that can make them a key public health resource, offering potential opportunities to provide health improvement initiatives and work closely with partners to promote health and wellbeing. There are opportunities to develop the contribution of community pharmacies to all of the currently commissioned services. Pharmacies are able to and should be encouraged to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers. Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

The King's Fund report 'Community Pharmacy Clinical Services Review' (December 2016) commissioned by the Chief Pharmaceutical Officer recommended that there is a need in the medium-term to 'ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these'. At a local level, the Health & Wellbeing Board should encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

## **6. Future Population Changes and Housing Growth**

Over the coming years the population in Peterborough is expected to both age and grow substantially in numbers. An increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs. Several large-scale housing developments are in progress and considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site.

To facilitate commissioning of pharmaceutical services responsive to population needs, the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmaceutical services provision might be required.

# 1. Introduction

## 1.1 Pharmaceutical Needs Assessments – description and background

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 places a statutory duty on all Health and Wellbeing Boards (HWBs) to publish and keep-up-to date a statement of the needs for pharmaceutical services for the population in its area. These statements are referred to as Pharmaceutical Needs Assessments (PNAs). The responsibility to produce the PNA was previously held by Primary Care Trusts which were abolished in April 2013.

The PNA is a structured approach to identifying unmet pharmaceutical need.<sup>2</sup> It can be an effective tool to enable Health and Wellbeing Boards (HWBs) to identify the current and future commissioning of services required from pharmaceutical service providers.<sup>3</sup>

The PNA is used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. The Health and Social Care Act 2012 transferred responsibility for using PNAs as the basis for determining “market entry to a pharmaceutical list” from PCTs to NHS England. Of note, decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England whereby the relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. Such decisions are appealable to the NHS Litigation Authority’s Family Health Services Appeal Unit (FHS AU), and decisions made on appeal can be challenged through the courts.

The PNA will also inform decisions by local commissioning bodies including Local Authorities, NHS England and Clinical Commissioning Groups (CCGs) as to which NHS funded services are provided locally and where pharmacies may be able to deliver commissioned services (such as Stop Smoking and Sexual Health Services). The preparation and consultation on the PNA should take account of the health needs of the population defined in the local Joint Strategic Needs Assessments (JSNAs) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. This PNA should therefore be viewed in conjunction with the Peterborough JSNA reports which are accessible online at: <https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>

As PNAs are central to decision-making regarding commissioned 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 they are kept up-to-date. Section 2 describes the process for this PNA.

## 1.2 Overview of NHS pharmaceutical services

Section 126 of the NHS Act 2006 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 persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

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<sup>2</sup> Primary Care Commissioning. ‘Pharmaceutical needs assessments.’ March 2013.

Available at: <https://www.pcc-cic.org.uk/article/pharmaceutical-needs-assessments-right-service-right-place>

<sup>3</sup> Department of Health. ‘Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.’ May 2013. Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/197634/Pharmaceutical\\_Needs\\_Assessment\\_Information\\_Pack.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf)

Under the *NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*, a person who wishes to provide NHS Pharmaceutical Services must apply to NHS England to be included on a 'pharmaceutical list' by generally proving they are able to meet a pharmaceutical need as set out in the relevant PNA. This is commonly known as the NHS 'market entry' system.

The following can be included in the pharmaceutical list:

- Pharmacy contractors: a person or corporate body who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Council.
- Dispensing appliance contractors: appliance suppliers are a sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors: medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.
- Local pharmaceutical services (LPS) contractors also provide pharmaceutical services in some HWB areas.

The two most common types of pharmacy provision are local pharmacy contractors, referred to in this report as community pharmacies, and dispensing doctors, also commonly referred to as dispensing practices or GP dispensaries. Community pharmacies were known in the past as chemists and are often located in the heart of local communities, on high streets, supermarkets and neighbourhood centres. There are different types of community pharmacies, ranging from small, independent pharmacies to large chains and supermarket pharmacies.

NHS legislation provides that in certain rural areas classified as 'controlled localities' general practitioners may apply to dispense NHS prescriptions as 'dispensing doctors'. The provisions to allow GPs to dispense were introduced to provide patients access to dispensing services in rural communities not having reasonable access to a community pharmacy. Since 2005, a practice can only apply to be a dispensing practice if it is located in a 'controlled locality' and the total of all patient lists for the area within a 1.6km (1 mile) radius of the premises is fewer than 2,750.<sup>4</sup> In the majority of cases, patients eligible to use the dispensing practice will therefore be located more than 1.6km away from the nearest pharmacy. Further information about this process and how areas of new growth may affect dispensing doctors' practices is described in Section 6.5. Dispensing GP practices can make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies.

The NHS England Area teams commission services in the NHS Community Pharmacy Contractual Framework. This includes three main categories of pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013:<sup>5</sup>

- Essential services which every community pharmacy providing NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the Regulations). These include: the dispensing of medicines and appliances; clinical governance; repeat prescriptions; disposal of unwanted medicines; promotion of healthy lifestyles; signposting to other services or information; and support for self-care.

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<sup>4</sup> Pharmaceutical Services Negotiating Committee briefing on 'Rurality, controlled localities and the provision of pharmaceutical services by doctors'. Available at: <http://psnc.org.uk/contract-it/market-entry-regulations/rural-issues/>

<sup>5</sup> National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

- Advanced services which community pharmacy contractors and dispensing appliance contracts can provide subject to accreditation. These include: Medicines Use Reviews (MUR); the New Medicines Service from community pharmacists; Appliance Use Reviews; the NHS Seasonal Flu Vaccination Programme; and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies. In addition, a national 'NHS Urgent Medicines Supply Advance Service' is currently being piloted.
- Enhanced services are 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.

Further information about these services in Peterborough is described in Sections 5.2-5.4.

### **1.3 Local Pharmacy Services**

Local pharmacy services are additional services commissioned by the Local Authority or Clinical Commissioning Group (CCG). These fall outside of the *NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013* and do not impact on the commissioning of new pharmacy contracts.

Local Authorities are responsible for commissioning a wide range of services, including most public health services and social care services. The Local Authority can commission pharmacies to provide the following public health services:

- Supervised administration service for specific drugs.
- Needle and syringe exchange.
- NHS Health checks.
- Emergency hormonal contraception services.
- Sexual health services such as chlamydia screening, testing and treatment.
- Stop smoking.
- Weight management programmes.
- Alcohol screening and brief interventions.

CCGs have a role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contracts and specialised commissioned services. CCGs can commission services from pharmacies such as palliative care schemes; emergency prescriptions; and other medicines optimisation services.

## 2. Process

### 2.1 Summary of the process followed in developing the PNA

In 2015 the Peterborough Health and Wellbeing Board published its first PNA, in line with the 2012 regulations.<sup>6</sup> (An extract of part of these regulations can be found in Appendix 1)

The Peterborough PNA 2015 remains available online at:

<https://www.peterborough.gov.uk/healthcare/public-health/pharmaceutical-needs-assessment/>.

The development of the 2015 PNA was overseen by a multi-agency steering group, representing a wide range of stakeholders. The PNA Steering Group was re-convened with continued membership from the original 2015 steering group to oversee the process and content of the PNA (see Acknowledgements for list of steering group members). Details of the activities undertaken to update the 2015 PNA and a timeline are outlined in Appendix 4 which describes the document control of this report.

The legal regulations state that each PNA should have a maximum lifetime of three years. The full PNA process was therefore re-initiated in 2017 and this draft PNA is due to be finalised and published in 2018. It includes updated information from the 2015 PNA and has engaged key stakeholders in identifying any new relevant issues.

As in 2015, the specific legislative requirements in relation to the development of PNAs<sup>7</sup> were duly considered and adhered to.

### 2.2 Methods

As set out in Schedule 1 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, this PNA includes information on:

- Pharmacies in Peterborough and the services they currently provide, including dispensing, providing advice on health, medicine reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Other local pharmaceutical services, such as dispensing GP practices.
- Relevant maps relating to Peterborough and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Peterborough.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

In developing the PNA for Peterborough, information from the JSNA and public health sources were used to describe pharmaceutical provision throughout the county and local health needs that may be addressed through pharmaceutical services. All pharmacies and dispensing GP practices in Peterborough were also asked to complete a questionnaire describing their service provision (see Appendix 3). This information received is described throughout Sections 4, 5 and 6.

Assessing need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from stakeholders, the PNA considers a number of factors, including:<sup>8</sup>

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<sup>6</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/uksi/2013/349/made> (Accessed 19 Nov 2013)

<sup>7</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. (Accessed 19 Nov 2013) at: <http://www.legislation.gov.uk/uksi/2013/349/made>

<sup>8</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/uksi/2013/349/made>. (Accessed 19 Nov 2013.)



- The size and demography of the population across Peterborough.
- Whether there is adequate access to pharmaceutical services across Peterborough.
- Different needs of different localities within Peterborough.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Peterborough.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Peterborough.
- Whether further provision of pharmaceutical services in Peterborough would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

### **2.3 Stakeholders involved in the development of the PNA**

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. In revising the PNA, key partners were consulted to seek their views and initial feedback on the findings set out in this draft PNA 2018. In line with the 2013 Regulations,<sup>9</sup> this PNA process including the public consultation involved consulting with:

- The Local Pharmaceutical Committee (LPC) for the area.
- The Local Medical Committee (LMC) for the area.
- Persons on the pharmaceutical list and any dispensing doctors list for the area.
- Local Healthwatch organisations in the area.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS trusts and NHS foundation trusts in the area.
- NHS England.
- Neighbouring HWBs.

A public consultation was undertaken from 23 October to 23 December 2017 to seek the views of members of the public and other stakeholders, on whether they agreed with the contents of this PNA and whether it addressed issues that they considered relevant to the provision of pharmaceutical services. 69 responses to the survey were received.

67 of 69 respondents (97%) felt that the purpose of the PNA was explained sufficiently and 63 of 69 respondents (91%) agreed with the key findings about pharmaceutical services in Peterborough as outlined in the PNA. The feedback gathered in the consultation is described in the Consultation report (see Appendix 6) and a summary of how the draft PNA was amended to produce this final report in response to the feedback received is included as Appendix 7.

### **2.4 Future PNAs and supplementary statements**

The PNA will continue to be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. HWBs are required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a

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<sup>9</sup> Ibid.

disproportionate response.<sup>10</sup> The Peterborough PNA Steering Group will continue to identify changes to the need for pharmaceutical services within their area and assess whether the changes are significant.

Given the significant planned growth of new developments across Peterborough, the Senior Public Health Manager for Environment and Planning will continue to monitor and assess pharmaceutical need in these areas and the Steering Group will issue a statement of need to update the PNA if considered appropriate.

## **2.5 Local impact of the new national pharmacy contract (2016)**

On 20 October 2016 the Government imposed a two-year funding package on a community pharmacy, with a £113 million reduction in funding in 2016/17.<sup>11</sup> This is a reduction of 4% compared with 2015/16, and will be followed by a further 3.4% reduction in 2017/18.<sup>12</sup> Key changes were also made to the national pharmacy contract with the aim of creating a more efficient service which is better “*integrated with the wider health and social care system.*”<sup>13</sup>

Full details of the final Community Pharmacy proposals can be found in the Department of Health (DoH) report “*Community pharmacy in 2016/2017 and beyond: final package.*”<sup>14</sup> Appendix 5 provides a summary of the proposed changes to the pharmacy contracts and the potential impact of these as assessed by the DoH and the national Pharmaceutical Services Negotiating Committee (PSNC) who represent all community pharmacies providing NHS services in England.

The changes also included a new ‘Pharmacy Access Scheme’ which aimed to ensure that populations have access to a pharmacy, especially where pharmacies are sparsely spread and patients depend on them most. Qualifying pharmacies received an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016 to March 2018. Nationally 1,356 pharmacies have qualified for the scheme. In Peterborough, three pharmacies participated in the Pharmacy Access Scheme (see Appendix 5 and figure 36).

As described in the DoH health impact assessment, it is complex to assess the impact of these changes on Peterborough residents at this stage. There is no reliable way of estimating the number of pharmacies that may close or the services which may be reduced or changed as a result of the policy and this may depend on a variety of complex factors, individual to each community pharmacy and their model of business.

The Cambridgeshire and Peterborough Local Pharmaceutical Committee will focus on supporting local pharmacies by keeping them up-to-date with changes/details, to meet the quality agenda, and to take up and deliver locally commissioned services more effectively. The PNA Steering Group will continue to monitor any potential closures or mergers of local pharmacies and issue appropriate statements of fact as necessary in line with PNA requirements.

Of particular relevance to this PNA at this point in time, is that amendments were also made to the pharmacy *National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations 2013* in

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<sup>10</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/ukxi/2013/349/made>. (Accessed 19 Nov 2013.)

<sup>11</sup> Department of Health. ‘Community pharmacy in 2016/2017 and beyond: final package’. (Oct 2016) Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/561495/Community\\_pharmacy\\_package\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf)

<sup>12</sup> <http://psnc.org.uk/funding-and-statistics/cpcf-funding-changes-201617-and-201718/>

<sup>13</sup> Ibid.

<sup>14</sup> Department of Health. ‘Community pharmacy in 2016/2017 and beyond: final package’. (Oct 2016) Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/561495/Community\\_pharmacy\\_package\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf)

December 2016.<sup>15</sup> One key change was a new regulation which describes the potential consolidation of two or more pharmacies onto one existing site. A new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes which would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

*“Applications to consolidate will be dealt with as “excepted applications” under the 2013 Regulations, which means in general terms they will not be assessed against ... the pharmaceutical needs assessment (“PNA”) produced by the HWB. Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation..... If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (regulations 12 and 13). If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its pharmaceutical needs assessment recording its view (regulation 3).”<sup>16</sup>*

As such, in the event of a consolidation in future, in accordance with Paragraph 19 of schedule 2 of the regulations the Peterborough HWB will publish a supplementary statement which will become part of the PNA, explaining whether, in its view, the proposed removal of premises from its pharmaceutical list would or would not create a gap in pharmaceutical services provision that could be met by a routine application:

- (a) to meet a current or future need for pharmaceutical services; or
- (b) to secure improvements, or better access, to pharmaceutical services.

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<sup>15</sup> National Health Service England. ‘The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016’ (2016 No.1077) Available at: <http://www.legislation.gov.uk/ukxi/2016/1077/contents/made>

<sup>16</sup> National Health Service England. ‘The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016’ (2016 No.1077) Page 13. Available at: <http://www.legislation.gov.uk/ukxi/2016/1077/contents/made>

### 3. Understanding Local Health Needs

The preparation and consultation on the PNA should take account of the local Joint Strategic Needs Assessments (JSNAs) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. This PNA should therefore be viewed in conjunction with the Peterborough JSNA reports which are accessible online at: <https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>

In line with the regulations, this PNA does not attempt to duplicate assessment of the health needs of the population which are described in health needs assessments. This section signposts to sources of information regarding health needs and priorities for Peterborough and describes key demographic features of Peterborough. Section 5 describes areas where pharmaceutical providers could contribute to the health and wellbeing agenda through supportive schemes or locally commissioned services and details current commissioned services and recommendations for the future.

#### 3.1 Peterborough Joint Strategic Needs Assessments

A JSNA is the means by which partners which comprise the Health & Wellbeing Board of the local area describe the health, care and wellbeing needs of the local populations and seeks to identify a strategic direction of service delivery to meet established needs.<sup>17</sup>

The aim of a JSNA is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. This includes:

- Providing analyses of data to show the health and wellbeing status of local communities.
- Defining where inequalities exist.
- Providing information on local community views and evidence of effectiveness of existing interventions which will help to shape future plans for services.
- Highlighting key findings based on the information and evidence collected.

The Peterborough City Council website publishes JSNA reports and supporting documentation, including additional data and specific topic area reports for the local area. Since the composition of the last Peterborough PNA, a JSNA Core Dataset has been produced each year and specific JSNA projects have been undertaken on the themes of:

- Children & Young People
- Cardiovascular Disease
- Mental Health/Mental Illness in Adults of Working Age
- Diverse Ethnic Communities

These reports include information about a wide range of health and wellbeing indicators, the views of the local people and gives examples of good practice, along with identifying gaps and areas for development.

They also include some of the substantial evidence that indicates that prevention works, that it can provide cost benefits and importantly that it can make significant improvements to the health of the population, decrease health inequalities and effectively address health and social problems.

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<sup>17</sup> <https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-joint-health-and-wellbeing-strategies-explained>

A quarterly report is also produced detailing the current status of health and wellbeing in Peterborough as captured by the Public Health Outcomes Framework and these reports are collated at:

<https://www.peterborough.gov.uk/healthcare/public-health/public-health-outcomes-framework/>

The purpose of the 2017 Peterborough Annual Public Health report is to provide a clear picture of the main health issues and trends in Peterborough. The report is divided into three sections - one on the social and environmental factors affecting health and wellbeing (often called 'the wider determinants of health'), one on lifestyle behaviours which impact on individual health, and a final section looking at trends in health outcomes and health service use in Peterborough. Data within the report illustrate the general health of the population of Peterborough, inequalities in outcomes that exist between areas and specific topics of focus for health improvement in Peterborough over coming years. The report is available at URL:

<https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/healthcare/public-health/AnnualPublicHealthReport2017.PDF?inline=true>

### **3.2 Peterborough Health & Wellbeing Board (HWB)**

The Peterborough Health & Wellbeing Board brings together leaders from local organisations which have a strong influence on health and wellbeing, including the commissioning of health, social care and public health services. The HWB focuses on planning the right services for Peterborough and securing the best possible health and wellbeing outcomes for the local community. Further details about the Peterborough Health and Wellbeing Board are available at:

<http://democracy.peterborough.gov.uk/ieListMeetings.aspx?CId=526&Year=0>

The work of the Health & Wellbeing Board is guided by the Peterborough Health & Wellbeing Strategy 2016-19. The strategy sets out the priorities the HWB feel are most important for local people, based on the JSNA and other relevant sources of information. The strategy includes five targeted priority areas:

1. 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.
2. Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
3. Enable older people to stay independent and safe and to enjoy the best possible quality of life.
4. Enable good child and adult mental health through effective, accessible health promotion and early intervention services.
5. Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs.

Further details about the Peterborough Health & Wellbeing Strategy 2016-19 are available at:

<https://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy/>

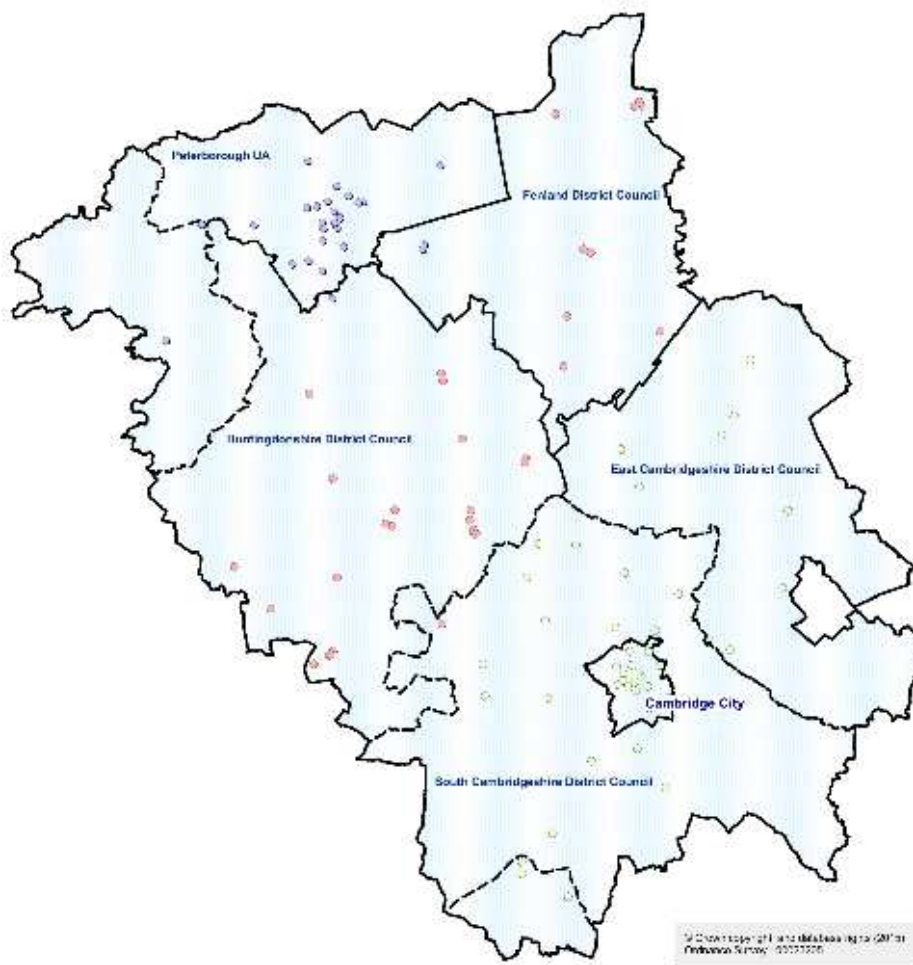
### **3.3 Cambridgeshire & Peterborough Clinical Commissioning Group**

The Cambridgeshire & Peterborough Clinical Commissioning Group is the clinical commissioning body for the county of Cambridgeshire and the Unitary Authority of Peterborough. In addition, the CCG also includes some GP practices in Hertfordshire and Northamptonshire. The 'boundary' for the CCG is illustrated in Figure 1. Cambridgeshire County Council's Health & Wellbeing Board are responsible for assessing pharmaceutical needs for Cambridgeshire and producing a separate Pharmaceutical Needs Assessment which is available at: <http://cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/PNA>

The CCG is responsible for designing and buying health services for around 933,000 people across Cambridgeshire, Peterborough, Hertfordshire and Northamptonshire. Clinicians are involved at every level

of decision-making. Further information about the role of Cambridgeshire & Peterborough CCG is available on their website: <https://www.cambridgeshireandpeterboroughccg.nhs.uk/>

**Figure 1: Cambridgeshire & Peterborough Clinical Commissioning Group Boundary, January 2017**



Source: Cambridgeshire & Peterborough Clinical Commissioning Group

The NHS and local government officers have come together to develop a major new plan to keep Cambridgeshire & Peterborough ‘Fit for the Future’. The ‘Sustainable Transformation Programme’ plan covers hospital services, community healthcare, mental health, social care and GP services and aims to:

- Improve the quality of the services provided.
- Encourage and support people to take action to maintain their own health and wellbeing.
- Ensure that health and care services are financially sustainable and that commissioners make best use of the money allocated to the local population.
- Align NHS and Local Authority plans.

The NHS and local government are working together and taking joint responsibility for improving the local population’s health and wellbeing. Further up-to-date information is available on the programme website: <http://www.fitforfuture.org.uk/>

A Health System Prevention Strategy for Cambridgeshire & Peterborough, available at: <http://cambridgeshireinsight.org.uk/health/healthcare/prevention> was also produced in January 2016 in recognition of the impact of preventable ill health on the local health economy and to identify opportunities for action. Significant proportions of ill health and health service activity are potentially preventable. Community pharmacies have the potential to contribute to the reduction of preventable mortality and morbidity.

### 3.4 National Outcomes Frameworks

In addition to local priorities there are national priority areas for improvement in health and wellbeing. The Department of Health has published outcomes frameworks for the NHS, CCGs, Social Care and Public Health which offer a way of measuring progress towards achieving these aims. The Public Health Outcomes Framework (PHOF) for England, 2013-16 sets out desired outcomes for Public Health, focussing on two high-level outcomes:

- Increased life expectancy.
- Reduced differences in life expectancy and healthy life expectancy between communities.

Public Health England's Annual Health Profiles give a snapshot of the overall health of each local authority in England. The profiles present a set of important health indicators that show how each area compares to the national average in order to highlight potential problem areas.

### 3.5 National Policy Context

An independent 'Community Pharmacy Clinical Services Review' ('the Murray report')<sup>18</sup> was commissioned by the Chief Pharmaceutical Officer and recently published by the Kings Fund in December 2016. The report provides a useful summary of national policy reports over the past eight years which have described opportunities for expanding the role of community pharmacy and pharmacists. However, the report highlights the fact that there remains significant untapped potential for better utilising the clinical skills and expertise of the community pharmacy team.

The *2008 White Paper*<sup>19</sup> set out a vision for expansion of the pharmacy role from simply dispensing and supplying medicines to additional clinical services e.g. treating common minor ailments; providing public health services such as smoking cessation support and sexual health services; supporting those with long-term conditions; delivering some clinical services such as blood tests and screening programmes and involvement in clinical pathways that support integrated care.<sup>20</sup> In 2013, the Royal Pharmaceutical Society published a report '*Now or Never*'<sup>21</sup> which proposed that the skills of pharmacists were greatly under-utilised and outlined areas where pharmacists could contribute to, in particular, the management of long-term conditions and urgent care pathways. A Nuffield Trust report published in 2014<sup>22</sup> found that 'pharmacists at a local level continue to persuade some local commissioners to fund innovative services to support health and social care, but such progress remains patchy and lacks scale. At a national level, there has been disappointingly little progress over the last year in shifting the balance of funding and

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<sup>18</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

<sup>19</sup> Department of Health. 'Pharmacy in England Building on strengths – delivering the future'. (2008). Available at: <https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future>

<sup>20</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 4. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

<sup>21</sup> Royal Pharmaceutical Society. 'Now or never: shaping pharmacy for the future'. (November 2013). Available at <https://www.rpharms.com/resources/reports/now-or-never-shaping-pharmacy-for-the-future?Search=Now%20or%20Never%20-%20sh>

<sup>22</sup> The Nuffield Trust. 'Now more than ever: why pharmacy needs to act' (December 2014). Available at: <https://www.nuffieldtrust.org.uk/files/2017-01/now-more-than-ever-web-final.pdf>



commissioning away from the dispensing and supply of medicines toward the delivery of direct patient services’.

The Murray report proposes that pharmacy needs to be a ‘core part of the integrated, convenient services that people need’, although the report identifies that this has proven difficult to achieve thus far. NHS England’s *Five Year Forward View* (October 2014)<sup>23</sup> and the *General Practice Forward View* (April 2016)<sup>24</sup> set out proposals for the future of the NHS based around new models of care and offer a strategic opportunity to review and revisit the role of community pharmacy in the health and care system. The Murray report recommends that pharmacy needs to be fully integrated into the new models of care developed by the Vanguard programme, particularly into the following four of the five groups:

- Integrated primary and acute care systems.
- Multi-specialty community providers (MCPs) moving specialist care out of hospitals into the community.
- Enhanced health in care homes to provide better, joined up health, care and rehabilitation services for older people.
- Urgent and emergency care service models.

It should be noted that the role of pharmacy in this fifth group relating to acute care collaboration may be more relevant to hospital than community pharmacy.

Sustainability and Transformation Programmes (STP) across 44 ‘footprint’ areas in England aim to bring together health and care stakeholders to develop local plans for how local services will evolve and become sustainable over the next five years. The Murray report recommends that efforts are made to ensure that community pharmacy are involved in this work: ‘Community pharmacy can provide a wide range of services that provide value for money at the same time as providing a new way to meet patient demand and indeed contribute to reducing demand through better public health’.<sup>25</sup>

There is a need in the medium-term to ‘ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professional. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these’.<sup>26</sup> At a national level, the Murray report calls for NHS England and national partners to consider how best to support STPs in integrating community pharmacy into plans and overcoming barriers in the complexities of the commissioning landscape. At a local level, the Health & Wellbeing Board could encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working and the incorporation of best practice and evidence as it becomes available.

The report also recommends that the evidence base should be developed to include community pharmacists in new models of care built around patient need, specifically including:

- Integrating community pharmacists and their teams into care pathways for long-term conditions.

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<sup>23</sup> NHS England. ‘Five Year Forward View’ (October 2014). Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>24</sup> NHS England ‘General Practice Forward View’ (April 2016) Available at <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

<sup>25</sup> Murray R. ‘Community Pharmacy Clinical Services Review’ The Kings Fund. (December 2016). Page 13. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

<sup>26</sup> Murray R. ‘Community Pharmacy Clinical Services Review’ The Kings Fund. (December 2016) Page 18. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>



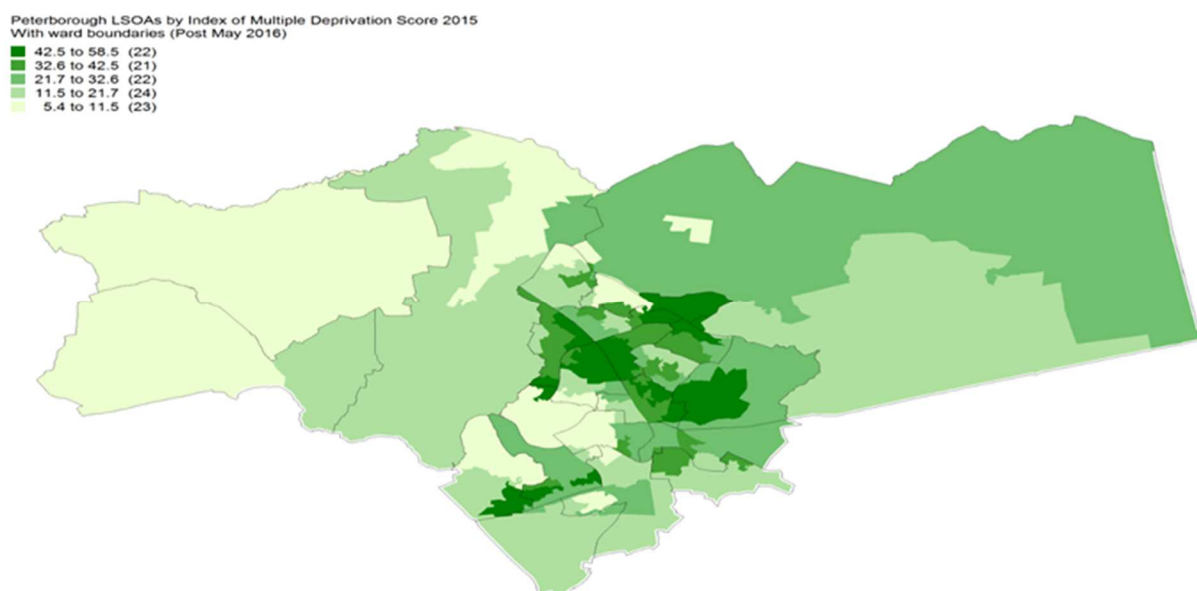
- Involving community pharmacists and their teams in case finding programmes for certain conditions e.g. hypertension.
- Developing contractual mechanisms for incentivising more rapid uptake of independent prescribing and utilising clinical skills of pharmacists as groups and individuals.

Public Health England is already planning to provide advice and the evidence base for action.

### 3.6 Characteristics of the population in Peterborough

The majority of the population of Peterborough live within the relatively urban central areas of the city, within which higher levels of deprivation tend to be observed; overall, Peterborough is the most deprived area in the East of England. However, Peterborough also has some relatively large but less population-dense outer, rural areas, within which deprivation tends to be less prevalent. The below figure shows electoral wards within Peterborough and relative deprivation within each area as measured by the 2015 Indices of Multiple Deprivation.<sup>27</sup>

**Figure 2: Peterborough Lower Super Output Areas (LSOAs) by IMD 2015 Score with Electoral Ward Boundaries**



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#### 3.6.1 Demography

Peterborough is one of the fastest growing cities in England, with a relatively young and ethnically diverse population. The 2016 mid-year population estimate for Peterborough is 198,130 and this is predicted to rise by 16.9%, to 231,520, by 2026 and then by a further 4%, to 240,830, by 2036. This represents an expected overall growth in population of 21.6% between 2016 and 2036.

<sup>27</sup> <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

**Figure 3: Population Growth Estimates, 2016 – 2036, Peterborough by Age Band**

Local Authority	Year	0-4	5-14	15-24	25-44	45-64	65-74	75-84	Over 85	Total	16-64	18-64
Peterborough – Observed Population Growth 2016-36	2016	15,700	27,520	22,700	57,670	45,950	15,560	9,130	3,900	198,130	123,880	119,160
	2021	16,300	31,020	24,310	62,770	49,450	17,550	10,360	4,700	216,420	133,810	128,660
	2026	17,100	32,120	26,900	65,370	52,450	18,750	13,050	5,800	231,520	141,510	135,340
	2031	17,000	32,720	28,200	64,270	54,450	21,250	14,850	7,500	240,220	143,790	137,590
	2036	16,200	31,920	27,300	61,470	55,150	22,650	16,050	10,100	240,830	140,750	134,560
Peterborough - % Growth 2016-2036	-	3.2%	16.0%	20.3%	6.6%	20.0%	45.6%	75.8%	159.0%	21.6%	13.6%	12.9%

Source: Cambridgeshire County Council Research Group

Cambridgeshire County Council’s Research Group population growth estimates suggest overall growth in Peterborough between 2016 and 2036 will be 21.6%, from 198,130 to 240,830 residents. Growth is anticipated to be highest among older age groups, with predicted increases of 159.0% in over 85s, 75.8% in the 75-84 age group and 45.6% in residents 65-74.

**Figure 4: Population Growth Estimates, 2016-36, Peterborough Electoral Wards**

Electoral Ward	2016	2021	2026	2031	2036	Numerical Increase 2016-36	% Increase 2016-36	Rank of Numerical Increase 2016-36	Rank of % Increase 2016-36
Barnack	3,090	3,230	3,290	3,290	3,270	180	5.8%	16	14
Bretton	9,850	10,340	10,490	10,430	10,330	480	4.9%	14	15
Central	11,540	13,230	14,540	14,580	14,450	2,910	25.2%	4	3
Dogsthorpe	10,020	10,630	10,850	10,750	10,610	590	5.9%	12	13
East	10,570	11,660	11,930	12,170	12,740	2,170	20.5%	5	7
Eye, Thorney and Newborough	9,030	9,970	10,430	10,450	10,410	1,380	15.3%	9	9
Fletton and Stanground	9,980	10,740	11,360	11,440	11,480	1,500	15.0%	8	10
Fletton and Woodston	10,580	10,960	11,510	11,470	11,390	810	7.7%	11	12
Glington and Castor	6,520	6,670	6,770	6,770	6,760	240	3.7%	15	16
Gunthorpe	9,010	10,430	13,310	16,200	16,160	7,150	79.4%	3	2
Hampton Vale	6,580	8,350	8,650	8,440	8,210	1,630	24.8%	7	4
Great Haddon	0	1,760	5,090	9,520	12,770	12,770	-	1	-
Hargate and Hempsted	6,580	11,000	13,990	16,330	15,800	9,220	140.1%	2	1
North	10,730	10,750	10,800	10,680	10,530	-200	-1.9%	19	19
Orton Longueville	11,300	11,200	11,090	10,940	10,760	-540	-4.8%	23	23
Orton Waterville	10,110	10,770	11,330	11,230	10,980	870	8.6%	10	11
Park	10,870	10,770	11,060	10,910	10,710	-160	-1.5%	18	18
Paston and Walton	11,060	10,970	10,890	10,720	10,540	-520	-4.7%	22	22
Ravensthorpe	11,210	11,130	11,760	11,720	11,320	110	1.0%	17	17
Stanground South	8,560	10,770	11,090	10,880	10,660	2,100	24.5%	6	5
Werrington	11,150	11,040	11,070	10,990	10,760	-390	-3.5%	21	21
West	6,140	6,100	6,070	6,020	5,940	-200	-3.3%	19	20
Wittering	3,640	3,960	4,180	4,330	4,230	590	16.2%	12	8
Total	198,120	216,430	231,550	240,260	240,810	42,690	21.5%	-	-

Source: Cambridgeshire County Council Research Group

Population growth in Peterborough between 2016 and 2036 is expected to be highest in numerical terms in the Great Haddon development to the south of the area, which has yet to commence but is expected to have 12,770 residents by 2036. The population of Hargate and Hempsted is predicted to rise by 9,220 residents (140.1%) over this period and in Gunthorpe, the population is predicted to increase by 7,150 residents (79.4%). In percentage terms, excluding the Great Haddon development which is yet to commence, population increases are forecast to be highest in Hargate and Hempsted, Gunthorpe and Central.

### 3.6.2 Deprivation

Peterborough is a relatively deprived area compared to England and, as per the 2015 Index of Multiple Deprivation, the most deprived area in the East of England. The Index of Multiple Deprivation is a calculation incorporating 37 separate indicators, organised across seven distinct domains and is used to measure relative deprivation between areas.<sup>28</sup> Higher IMD values represent greater levels of relative deprivation.

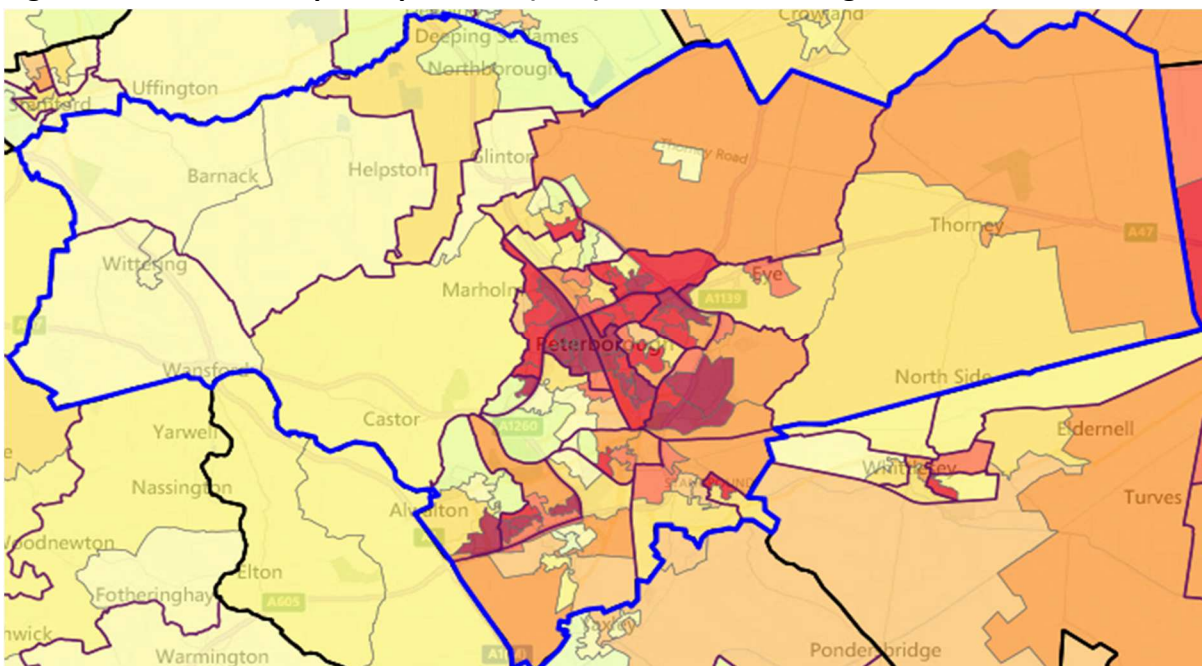
As shown by the figure below, Peterborough has an overall 2015 IMD score of 27.7, higher than that of England overall (21.8) and the highest score (thus most deprived area) in the East of England.

**Figure 5: Peterborough & East of England Index of Multiple Deprivation (IMD) Scores, 2015**

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	Lower CI	Upper CI
England	-	-	21.8	-	-
East of England region	-	-	-	-	-
Hertfordshire	-	-	12.2	-	-
Central Bedfordshire	-	-	12.2	-	-
Cambridgeshire	-	-	13.4	-	-
Essex	-	-	17.2	-	-
Suffolk	-	-	18.3	-	-
Bedford	-	-	19.2	-	-
Norfolk	-	-	21.2	-	-
Thurrock	-	-	21.6	-	-
Southend-on-Sea	-	-	24.5	-	-
Luton	-	-	27.6	-	-
Peterborough	-	-	27.7	-	-

Source: Public Health Outcomes Framework/Department of Communities & Local Government, <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1938132983/pat/6/par/E12000006/ati/102/are/E06000031/iid/91872/age/1/sex/4>

**Figure 6: Index of Multiple Deprivation (IMD) 2015, Peterborough Electoral Wards**



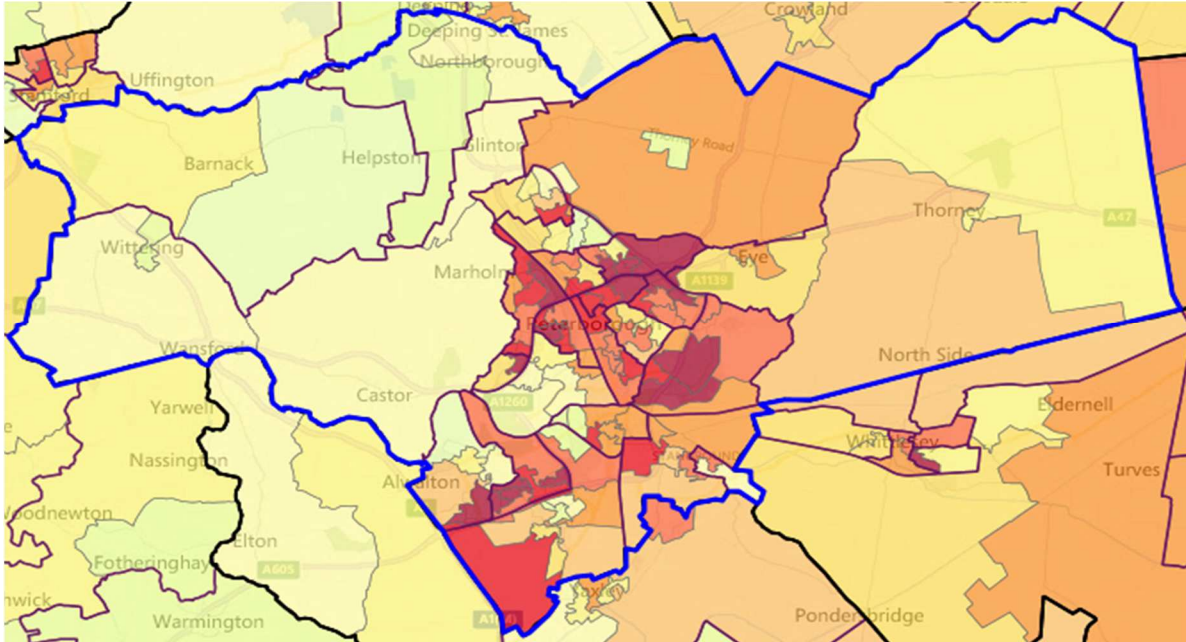
28

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/465791/English\\_Indices\\_of\\_Deprivation\\_2015\\_-\\_Statistical\\_Release.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465791/English_Indices_of_Deprivation_2015_-_Statistical_Release.pdf)

Source: OpenDataCommunities.org, <http://dclgapps.communities.gov.uk/imd/idmap.html>

Peterborough Unitary Authority has significant disparities with regards to deprivation. The map above illustrates that high levels of relative deprivation (illustrated by darker shading) are most prevalent in Peterborough's urban, central areas, whereas the more rural, outer areas of Peterborough are relatively less deprived.

**Figure 7: Income Deprivation Affecting Children (IDACI) 2015, Peterborough Electoral Wards**



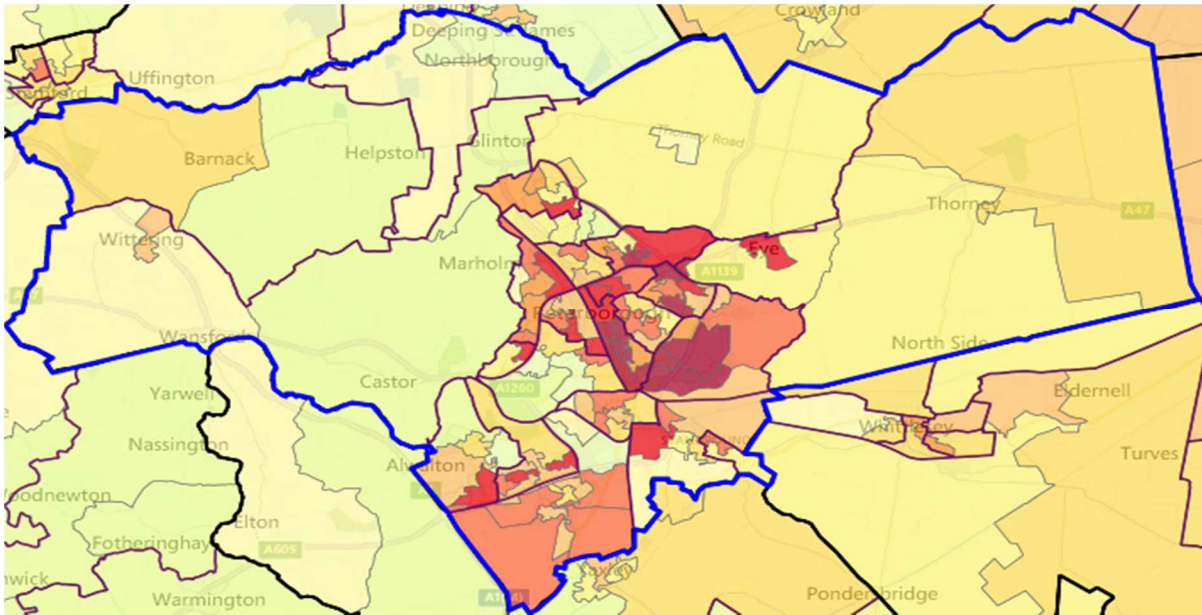
Source: OpenDataCommunities.org, <http://dclgapps.communities.gov.uk/imd/idmap.html>

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income-deprived families, defined as families in receipt of income support, income-based jobseekers allowance or pension credit, or child tax credit with an equivalised income (excluding housing benefits) below 60% of the national median before housing costs.<sup>29</sup> In 2015, 25.1% of 0-15 year olds in Peterborough were assessed to be living in income-deprived families. The map above shows that deprivation affecting children in Peterborough is concentrated within the centre of the locality, as with overall deprivation. However, greater levels of deprivation affecting children than overall deprivation are observed in areas towards the south of Peterborough such as Orton with Hampton.

<sup>29</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/464430/English\\_Index\\_of\\_Multiple\\_Deprivation\\_2015\\_-\\_Guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464430/English_Index_of_Multiple_Deprivation_2015_-_Guidance.pdf)

**Figure 8: Income Deprivation Affecting Older People (IDAOP) 2015, Peterborough Electoral Wards**



Source: OpenDataCommunities.org, <http://dclgapps.communities.gov.uk/imd/idmap.html>

The map above shows Income Deprivation Affecting Older People (IDAOP), which is based on the percentage of the population aged 60+ who receive income support, income based job seeker's allowance, pension credit or child tax credit claimants aged 60 and over and their partners. Peterborough has less observed relative deprivation affecting older people than overall deprivation and deprivation affecting children, although there are still high levels of deprivation observed in the centre of Peterborough and in electoral wards towards the south of the area.



### 3.6.3 Ethnicity

**Figure 9: Ethnic Diversity in Peterborough - Electoral Wards (Pre-2015 Boundary Changes), 2011 Census Data**

Electoral Ward	% BME	% Not White UK	% Without Good English Proficiency	IMD Score 2015
Northborough	2.3	4.1	0.2	10.1
Barnack	2.7	5.2	0.1	9.8
Glitton & Wittering	2.8	5.7	0.2	10.1
Newborough	4.7	7.9	0.2	17.2
Werrington South	4.9	8.1	0.4	10.6
Eye & Thorney	5.0	7.9	0.6	20.8
Stanground Central	5.9	17.7	2.4	24.0
Orton Waterville	7.2	13.5	1.1	17.9
Werrington North	7.4	12.5	0.9	17.4
Walton	8.2	15.4	1.8	25.9
Stanground East	8.3	15.3	1.5	25.4
Paston	9.6	18.5	2.8	36.9
Orton Longueville	10.1	20.3	2.3	40.5
Fletton & Woodston	11.5	26.1	3.5	23.5
Bretton North	12.4	23.5	3.8	39.0
Orton with Hampton	14.0	23.4	2.0	14.5
Bretton South	14.8	23.3	3.0	27.7
Dogsthorpe	18.4	31.9	5.3	40.7
North	23.0	42.7	9.4	42.4
East	26.8	47.9	9.1	37.6
West	29.5	37.6	3.7	15.3
Ravensthorpe	30.8	45.2	7.6	42.2
Park	35.8	58.5	12.3	26.0
Central	58.2	82.7	20.7	45.8
Peterborough	17.5	29.1	4.9	27.7
England	14.6	20.2	1.7	21.8

Source: 2011 Census

#### Key:

Higher than Peterborough average
Lower than Peterborough average

At the time of the 2011 census, 29.1% of Peterborough residents identified with an ethnicity other than 'White British', compared to 20.2% in England and 17.5% of residents identified as being of Black & Minority Ethnic (BME) ethnicity, compared to 14.6% in England. However, some electoral wards in Peterborough have substantially higher percentages of residents who do not identify as being White British, with the highest percentages observed in Central (82.7%) and Park (58.5%). As seen within the table above, high levels of relative deprivation are observed in many of Peterborough's electoral wards with high percentages of residents from minority ethnic backgrounds and electoral wards with the highest levels of deprivation, including Central, Park, North, East, Ravensthorpe and Dogsthorpe, also have high levels of residents without good spoken English proficiency; this can affect various elements of health and wellbeing including social cohesion/prevalence of loneliness as well as educational/economic attainment.

### 3.7 General Health in Peterborough

As illustrated by the figures below, Peterborough has relatively poor healthcare outcomes in comparison to regional neighbours, with statistically significantly low life expectancy at birth for both males and females and significantly high rates of mortality from causes considered preventable and under 75 mortality from cardiovascular diseases considered preventable.

**Figure 10: Life Expectancy Indicators - Peterborough & Neighbouring Local Authorities, 2013-15**

Indicator	Period	England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
0.1i - Healthy life expectancy at birth (Male)	2013 - 15	63.4	64.8	65.6	65.7	64.7	65.8	64.3	62.1	64.5	61.8	61.5	65.1	63.9
0.1i - Healthy life expectancy at birth (Female)	2013 - 15	64.1	65.5	62.5	67.3	63.1	64.0	67.4	61.3	65.4	62.4	65.9	66.7	63.8
0.1ii - Life expectancy at birth (Male)	2013 - 15	79.5	80.3	79.9	80.9	81.7	80.2	80.8	78.8	80.2	78.6	78.5	80.7	78.9
0.1ii - Life expectancy at birth (Female)	2013 - 15	83.1	83.7	83.5	84.4	83.7	83.5	84.1	82.3	83.6	82.4	83.0	84.1	82.6
0.1ii - Life expectancy at 65 (Male)	2013 - 15	18.7	19.2	19.3	19.4	19.8	19.0	19.2	18.6	19.3	18.5	18.5	19.5	17.9
0.1ii - Life expectancy at 65 (Female)	2013 - 15	21.1	21.5	21.4	21.9	21.2	21.3	21.6	20.7	21.6	20.9	20.9	21.8	20.6

Source: Public Health Outcomes Framework

Peterborough has some of the poorest observed outcomes in the East of England with regards to healthy life expectancy at birth, life expectancy at birth and life expectancy at 65. The East of England as a region is statistically significantly better than England for all six indicators in the table above, whereas Peterborough is statistically significantly worse than England for both male and female life expectancy at birth and lower, although not statistically significantly so, for the four indicators relating to male and female healthy life expectancy at birth and male and female life expectancy at 65.

**Figure 11: Mortality Indicators - Peterborough & Neighbouring Local Authorities, 2013-15**

Indicator	Period	England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
4.03 - Mortality rate from causes considered preventable (Persons)	2013 - 15	184.5	162.5	170.3	150.1	154.0	163.6	151.7	202.3	164.9	211.8	199.6	156.8	199.8
4.03 - Mortality rate from causes considered preventable (Male)	2013 - 15	232.5	202.9	213.6	188.8	180.7	202.7	188.8	262.8	205.3	271.6	258.7	196.7	243.1
4.03 - Mortality rate from causes considered preventable (Female)	2013 - 15	139.6	124.7	128.2	113.0	127.4	128.0	117.6	143.0	127.0	154.3	144.0	119.4	140.9
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)	2013 - 15	74.6	66.4	66.4	63.5	63.8	63.9	65.6	100.0	62.3	86.3	83.3	62.2	60.9
4.04i - Under 75 mortality rate from all cardiovascular diseases (Male)	2013 - 15	104.7	93.3	91.1	91.1	84.6	89.0	92.4	143.9	86.9	116.6	117.9	90.5	123.3
4.04i - Under 75 mortality rate from all cardiovascular diseases (Female)	2013 - 15	46.2	40.9	42.5	36.9	43.8	40.6	40.3	57.5	39.0	57.7	50.4	35.4	60.8
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2013 - 15	48.1	42.0	44.9	40.7	42.7	39.9	39.0	67.2	39.6	60.4	53.4	40.0	54.9
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Male)	2013 - 15	72.5	63.4	66.1	62.7	59.1	59.7	58.9	103.9	60.3	87.5	76.7	61.9	83.2
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Female)	2013 - 15	25.0	21.8	24.5	19.4	27.1	21.6	20.3	31.6	19.9	34.7	31.5	19.3	28.4
4.05i - Under 75 mortality rate from cancer (Persons)	2013 - 15	138.8	132.0	139.2	120.3	127.2	135.1	127.0	150.5	130.6	149.7	143.5	131.8	153.5
4.05i - Under 75 mortality rate from cancer (Male)	2013 - 15	154.8	145.0	155.3	133.1	134.1	148.7	140.5	172.1	137.1	176.9	169.6	143.4	183.8

Source: Public Health Outcomes Framework

Although Peterborough has a relatively young population, age-standardised mortality rates are statistically significantly higher in the area compared to England for eight of 11 indicators noted in the table above, which relate to mortality from causes considered preventable and under 75 mortality.



## 4. Current Provision of NHS Pharmaceutical Services

This section describes the current provision of NHS pharmaceutical services, in order to assess the adequacy of provision of such services. Also included is a description of the number and locations of community pharmacies, dispensing General Practices and national Dispensing Appliance Contractors (DACs) premises. Information was correct as at June 2017. Up-to-date information on community pharmacies, including opening hours, is available on the NHS website: <http://www.nhs.uk/Service-Search>

The levels of provision of pharmaceutical services locally are compared with provision elsewhere and are considered in the context of feedback from local stakeholders.

### 4.1 Summary of Key Findings

**Key message:** There is currently sufficient pharmaceutical service provision across Peterborough. No need for additional pharmaceutical service providers is identified at present in this Pharmaceutical Needs Assessment, based on assessment of relative pharmacy provision in Peterborough compared to England and the consensus opinion of pharmacies stated within the community pharmacy and GP dispensing practice questionnaires undertaken as part of this project.

Peterborough has one pharmaceutical service provider per 4,409 people, equivalent to 23 pharmaceutical service providers per 100,000 resident population in Peterborough. This is similar to the national average of 23 per 100,000 resident population and the East of England average of 24 pharmaceutical providers per 100,000 resident population. Estimates of the average number of people per pharmaceutical service provider across Peterborough have remained relatively stable since 2011.

As of June 2017, numbers of pharmacies in Peterborough are the same as at the time of the 2015 PNA:

- 41 Pharmacies
- 3 Dispensing General Practices
- 2 Dispensing Appliance Contractors

Peterborough also has two distance selling pharmacies.

Taking into account current information from stakeholders including community pharmacies and dispensing General Practices, the number and distribution of pharmaceutical service provision in Peterborough appears to be adequate. The distribution of pharmacies and dispensing General Practices appears to cover Peterborough sufficiently, with the majority of pharmacies located within Peterborough's most densely populated, central areas. The majority of areas in Peterborough are accessible within 20 minutes by car, with a small number of exceptions towards the outer areas of the city, particular in the east.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Peterborough.

- Overall, out of 41 community pharmacies, 23 (56%) are open after 18:00 and 12 (29%) are open after 19:00 on weekdays; 28 (68%) open on Saturdays and 10 (24%) open on Sundays. These findings are similar to those in the 2015 PNA.

- Home delivery services can help to provide medication to those who do not have access to a car or who are unable to use public transport. Of the pharmaceutical providers who completed the questionnaire in 2017, 35 out of 37 pharmacies (95%) and one of one dispensing GP practices (100%) reported that they provide free delivery services to their patients.
- 34 of 37 community pharmacies (92%) and one of one (100%) dispensing GP practices who completed the questionnaire report they have consultation areas with wheelchair access.
- 34 of 37 (92%) community pharmacies and also the one dispensing GP practice that responded to the questionnaire stated that they considered current pharmaceutical provision in Peterborough to be adequate and for there to be no need for additional pharmacies in Peterborough.
- During the public consultation on the PNA, 63 of 69 respondents (91%) agreed with the key findings described in the PNA, and 58 of 69 respondents (84%) agreed that there are enough pharmacies across Peterborough.

## 4.2 Service Providers – Numbers & Geographical Distribution

### 4.2.1 Community Pharmacies

There were a total of 41 community pharmacies within Peterborough as of 1 June 2017. This number is unchanged from the time of the 2015 Peterborough PNA. The names of the community pharmacies within Peterborough are listed in Appendix 2 and their locations shown in figure 13.

### 4.2.2 Dispensing General Practices

The number of dispensing General Practices in Peterborough remains three, as was the case at the time of the 2015 Peterborough PNA.

Of the 203,658 people registered with a GP in Peterborough, 1,598 (0.8%) were registered as dispensing patients with a dispensing GP as at September 2015.<sup>30</sup> It should be noted that some of these patients may have an address outside Peterborough and similarly some patients with an address in Peterborough could be registered with a practice in another area.

The number of GPs in general (not only dispensing practices) appears to be relatively low in Peterborough compared to the East of England and England. Peterborough has only 43.3 GPs per 100,000 registered population, compared to 67.6/100,000 in the East of England and 57.3/100,000 in England.

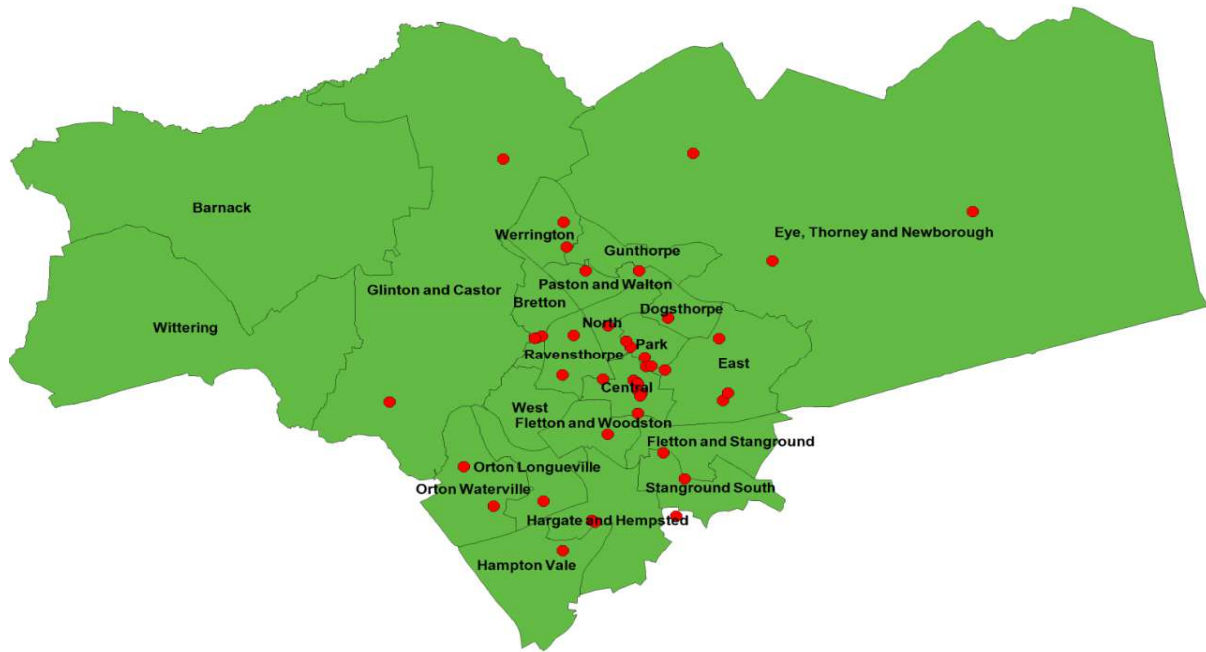
<sup>30</sup> Dispensing patients from practice level data <http://content.digital.nhs.uk/catalogue/PUB20503> General and Personal Medical Services, England 2005-2015, as at 30 September, Provisional Experimental statistics. NHS Digital

**Figure 12: Average Numbers of Full Time Equivalent General Practices per 100,000 Registered Population, 2016/17**

Peterborough	East of England	England
43.3	67.6	57.3

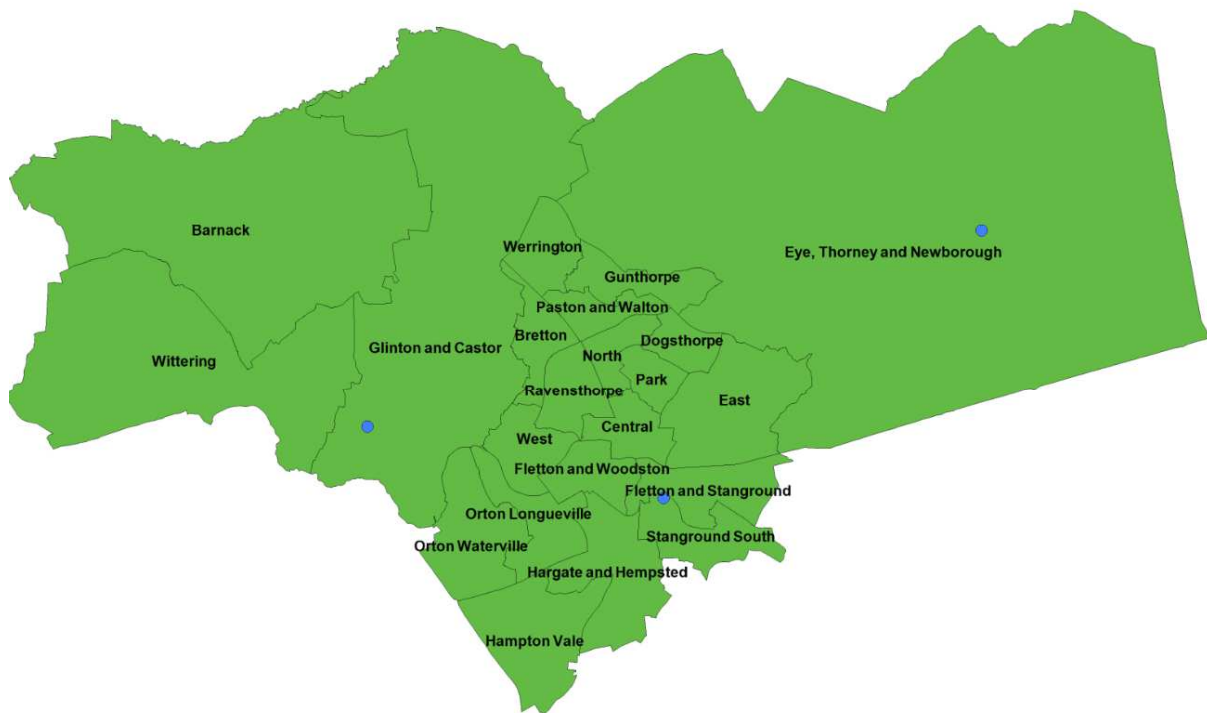
Source: NHS Digital NHS Staff Workforce Census, Available at: <http://content.digital.nhs.uk/catalogue/PUB20503>

**Figure 13: Pharmacy Locations in Peterborough, July 2017**



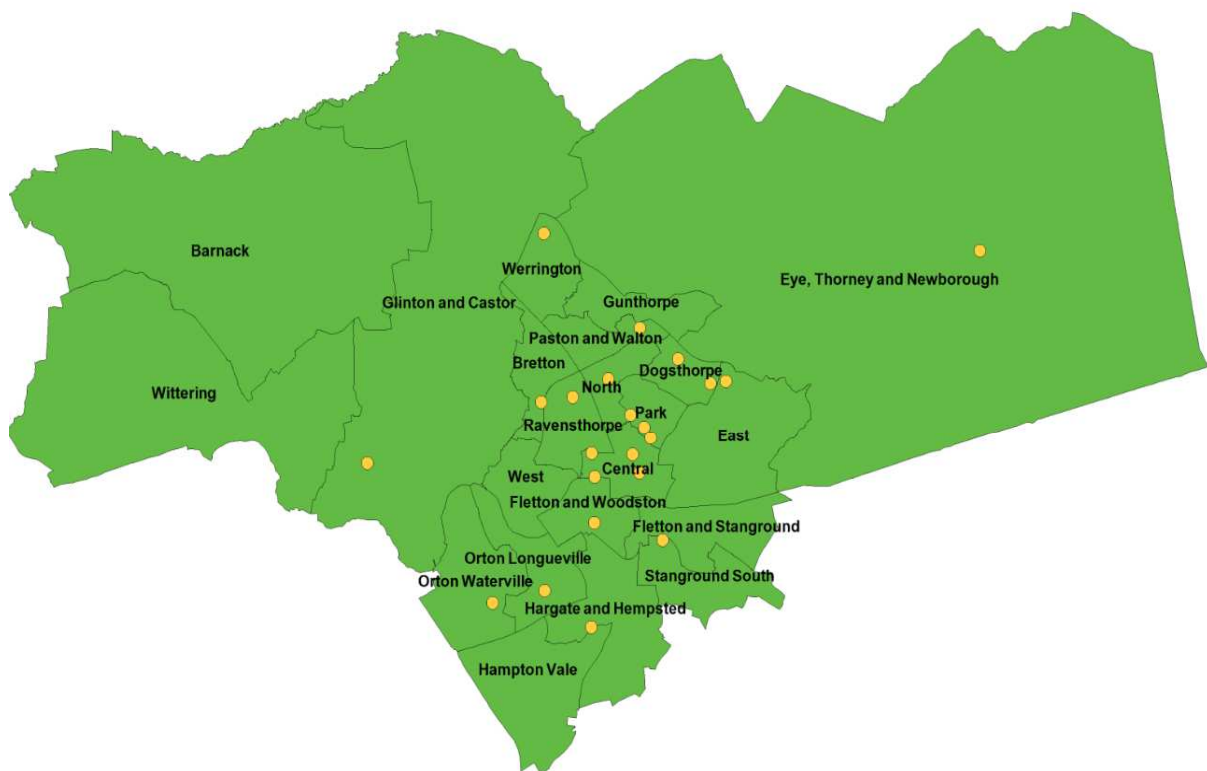
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Figure 14: Dispensing GP Practice Locations in Peterborough, July 2017



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Figure 15: GP Practices in Peterborough, July 2017



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#### 4.2.3 Distancing Selling Pharmacies

There were two mail order/wholly internet pharmacies within Peterborough as of July 2017. Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide.

#### 4.2.4 Dispensing Appliance Contractors

There are two Dispensing Appliance Contractors (DACs) in Peterborough. Appliances are also available from community pharmacies, dispensing GP practices and other DACs from outside of the area.

From the questionnaires sent out to Peterborough pharmaceutical service providers, 28 of the 37 pharmacies that responded (76%) reported that they provided all types of appliances. In addition, some pharmacies provide certain types of appliances. Only one dispensing GP practice returned the questionnaire and reported it did not provide appliances. In addition, several such practices provided certain types of appliances. Further detail regarding which types of appliances are provided can be found in the results from the Community Pharmacy & Dispensing Practice questionnaire reported in Appendix 3.

#### 4.2.5 Hospital Pharmacies

The main hospital within Peterborough, Peterborough City Hospital, provides a hospital pharmacy service to local residents. Depending on need and location of treatment, residents may also utilise services provided by Addenbrooke's Hospital, Papworth Hospital, Hinchingsbrooke Hospital and/or Cambridgeshire & Peterborough Mental Health Trust. Additionally, pharmacy services are provided to community hospitals run by Cambridgeshire & Peterborough Foundation Trust (CPFT).

#### 4.2.6 Pharmacy Services in Prisons

There are pharmacy services provided to HMP Peterborough by Boots Pharmacy Ltd.

#### 4.2.7 Comparison with Pharmaceutical Service Provision Elsewhere

Assuming a resident population of 193,980<sup>31</sup> and 44 providers of pharmaceutical services (41 community pharmacies and three dispensing GP practices), there is on average one service provider per 4,409 people within Peterborough. This is equivalent to 23 pharmaceutical providers per 100,000 population within the area. This is the same as the national average of 23 pharmaceutical providers per 100,000 residents and marginally below the East of England average of 24 pharmaceutical providers per 100,000 residents.

**Figure 16: Average Number of Pharmaceutical Providers (Community Pharmacies & Dispensing GP Practices) per 100,000 Resident Population, 2016/17**

Peterborough	East of England	England
23	24	23

Source: NHS Prescription Services of the NHS Business Service Authority & Population Data – Office for National Statistics. Dispensing Practices in England from NHS Prescription Authority

Information about pharmaceutical providers in other areas in England is shown in figure 17 below.

In terms of Community pharmacies alone, there were 22 pharmacies per 100,000 population in England in 2015/16, a slight increase from 21 per 100,000 in 2011/12. The number of community pharmacies per

<sup>31</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

100,000 population ranged from 18 per 100,000 population in South Central to 26 community pharmacies per 100,000 population in two areas in the North of England. In the East of England the average was 19 per 100,000 (unchanged from 2011/12).

When dispensing practices are included in this table the average number of pharmaceutical providers per 100,000 population in the East of England increases to 24 per 100,000 reflecting the rural nature of much of the area and higher number of dispensing practices.

**Figure 17: Community Pharmacy Data, England, 2015/16**

		Number of community pharmacies (2015/16)	Prescription items dispensed per month (000s)	Average monthly items per community pharmacy	Dispensing Practices (2016)	ONS Population (000s) mid 2014	Pharmacies per 100,000 population	Pharmaceutical providers per 100,000 population
<b>ENGLAND</b>		<b>11,688</b>	<b>82,940</b>	<b>7,096</b>	<b>1,025</b>	<b>54,317</b>	<b>22</b>	<b>23</b>
<b>Y54</b>	<b>North of England</b>	<b>3,723</b>	<b>28,542</b>	<b>7,666</b>	<b>202</b>	<b>15,259</b>	<b>24</b>	<b>26</b>
Q72	Yorkshire & Humber	1,275	9,709	7,615	106	5,468	23	25
Q73	Lancashire & Greater Manchester	1,089	7,810	7,172	-	4,238	26	-
Q74	Cumbria & North East	727	6,441	8,860	72	3,123	23	26
Q75	Cheshire & Merseyside	632	4,582	7,249	13	2,430	26	27
<b>Y55</b>	<b>Midlands &amp; East</b>	<b>3,446</b>	<b>24,642</b>	<b>7,151</b>	<b>476</b>	<b>16,487</b>	<b>21</b>	<b>24</b>
Q76	North Midlands	775	5,514	7,114	80	3,591	22	24
Q77	West Midlands	980	6,402	6,533	56	4,123	24	25
Q78	Central Midlands	890	6,706	7,535	140	4,518	20	23
Q79	East	801	6,020	7,516	200	4,255	19	24
<b>Y56</b>	<b>London</b>	<b>1,853</b>	<b>10,455</b>	<b>5,642</b>	<b>-</b>	<b>8,539</b>	<b>22</b>	<b>-</b>
<b>Y57</b>	<b>South</b>	<b>2,666</b>	<b>19,301</b>	<b>7,240</b>	<b>347</b>	<b>14,032</b>	<b>19</b>	<b>21</b>
Q70	Wessex	511	3,752	7,343	46	2,742	19	20
Q80	South West	637	4,818	7,563	95	3,171	20	23
Q81	South East	880	6,210	7,056	94	4,540	19	21
Q82	South Central	638	4,522	7,087	112	3,578	18	21

\*There are no dispensing practices in London. North of England is incomplete for dispensing practices due to boundary changes.

Source: NHS Prescription Services of the NHS Business Authority, Population data – Office National Statistics <http://content.digital.nhs.uk/phs1>  
Dispensing Practices in England from NHS Prescription Authority.

Note this table is combined data from NHS Digital and NHS Prescription Authority. Dispensing practices downloaded and assigned to NHSE Region using organisational codes in order to display pharmaceutical providers – both community pharmacies and dispensing practices.

#### 4.2.8 Considerations of Service Providers Available

Peterborough is a relatively small geographical area with a similar number of pharmacy providers per 100,000 resident population to England. The majority of pharmacies are located near to Peterborough's most densely populated, urban, central areas with provision less prevalent towards the outer, less populated rural areas of Peterborough.

#### 4.2.9 Results of Questionnaires Sent to Pharmacies and Dispensing GP Practices

37 of 41 (90%) community pharmacies and 1 of 3 (33%) dispensing GP practices in Peterborough responded to the 2017 PNA questionnaire. This compares favourably with the previous Peterborough PNA, within which 67% of community pharmacies completed the questionnaire.

34 of 37 community pharmacies and also the one dispensing GP practice that responded to the questionnaire stated that they considered current pharmaceutical provision in Peterborough to be adequate and for there to be no need for additional pharmacies in Peterborough. However, as noted in

Chapter 5 and Appendix 3, a number of pharmacies expressed willingness to offer a greater number of services if commissioned and many suggested that pharmacies are under-utilised within Peterborough.

#### **4.2.10 Findings of the public consultation**

63 of 69 respondents (91%) agreed with the key findings about pharmaceutical services in Peterborough as outlined in the PNA, and 58 of 69 respondents (84%) agreed that there are enough pharmacies across Peterborough. The feedback gathered in the consultation is described in the Consultation report (see Appendix 6) and a summary of how the draft PNA was amended to produce this final report in response to the feedback received is included as Appendix 7.

**In summary, taking into account current information from stakeholders including community pharmacies and dispensing GP practices, the number and distribution of pharmaceutical service provision in Peterborough appears to be adequate.**

### **4.3 Accessibility**

#### **4.3.1 Distance & Travel Times**

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.<sup>32</sup>

Figure 18 shows the locations of both pharmacies and dispensing practices in Peterborough, together with the major roads in the area.

Figure 19 was created to identify which areas in Peterborough were within and which were not within a 20 minute driving distance of either a pharmacy or a dispensing practice as of July 2017. For this map, pharmacies and dispensing practices could be located either within the boundaries of Peterborough Unitary Authority or outside of the boundaries. Road speed assumptions were made dependent on road type and ranged up to 65mph (for motorways) but down to 20mph in urban areas.

#### **4.3.2 Home Delivery Services**

Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.

Of the pharmaceutical providers who completed the questionnaire in 2017, 35 out of 37 pharmacies (95%) and 1 of 1 dispensing GP practices (100%) reported that they provide free delivery services to their patients. In addition, some providers deliver to specific patient groups and/or specific regions, some for free and others for a charge.

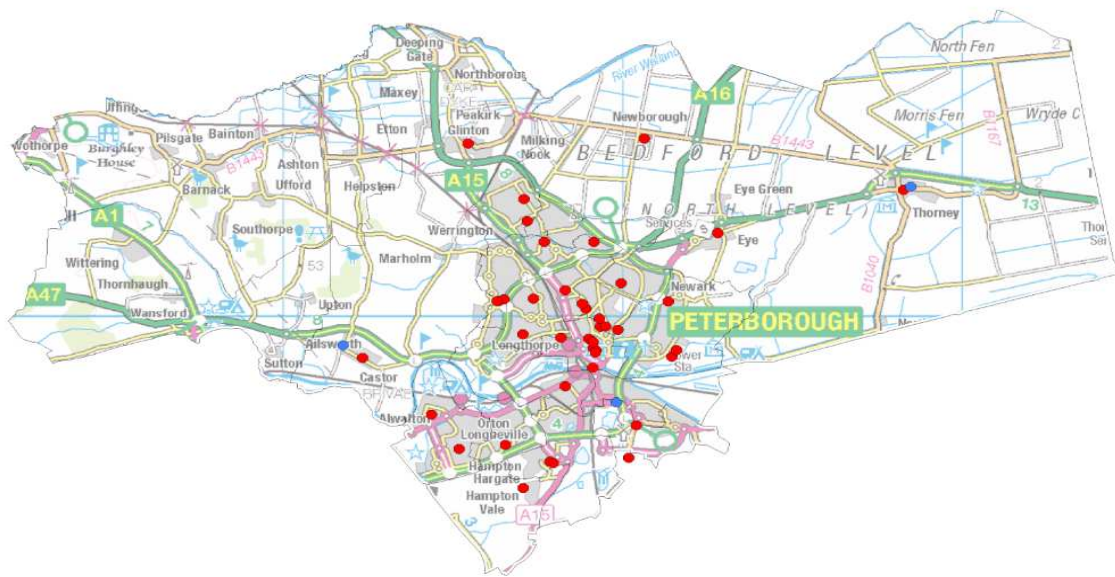
Pharmaceutical services are also available from internet pharmacies (located inside or outside of Peterborough) that could make deliveries to individual homes. Finally, in addition to delivery services, community transport schemes (e.g. car clubs, minibuses) can potentially improve access to both pharmaceutical services and other services.

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<sup>32</sup> Department of Health (2008). 'Pharmacy in England: Building on strengths – delivering the future.' Available at: <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>



**Figure 18: Pharmacies, Dispensing Practices & Major Roads in Peterborough**

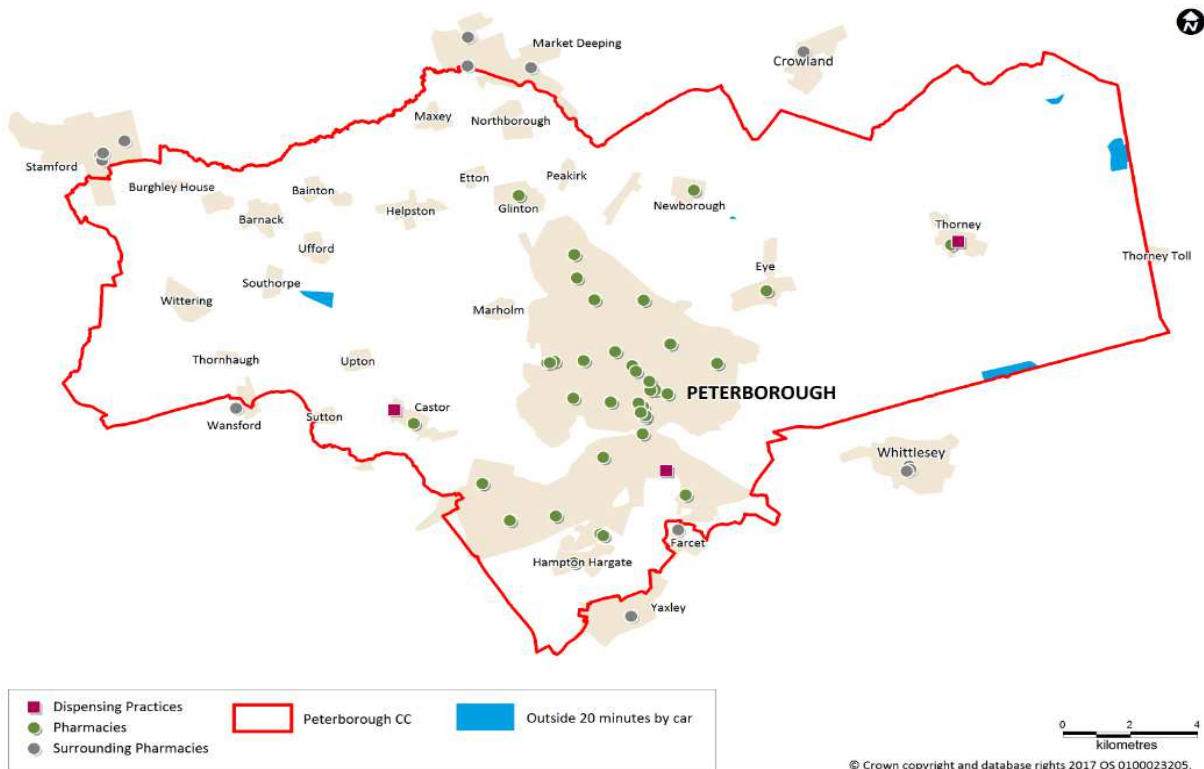


Pharmacies and dispensing practices in Peterborough with wards (Post May 2016)

Note: Red symbols are used to indicate pharmacies within Peterborough.  
Blue symbols are used to indicate dispensing practices within Peterborough

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**Figure 19: Access to Pharmacies and Dispensing Practices: 20 Minutes by Car**



The majority of areas in Peterborough are accessible within 20 minutes by car, with a small number of exceptions towards the outer areas of the city, particular in the east.



### 4.3.3 Border Areas

Peterborough shares a border with Huntingdonshire District and Fenland District (both within Cambridgeshire County Council), South Kesteven District and South Holland District (both within Lincolnshire County Council), East Northamptonshire District (within Northamptonshire County Council) and Rutland Unitary Authority. These areas have pharmacies that are accessible to the residents who live near the borders of Peterborough. Dispensing GP practices also offer pharmaceutical services to these outer areas.

### 4.3.4 Access for People with Disabilities

The questionnaire sent to pharmacies and dispensing GP practices included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that 34 of 37 community pharmacies (92%) who completed the questionnaire report they have consultation areas with wheelchair access. Similarly, one of one (100%) dispensing GP practices who completed the questionnaire report they have consultation areas with wheelchair access.

In the public consultation, 12 out of 69 respondents who completed the questionnaire (17%) said they had a disability. 63 respondents answered the question '*Do you have any difficulties in accessing your local pharmacy or GP dispensary?*' 59 of 63 respondents (94%) said that they did not have any difficulties in accessing their local pharmacy or GP dispensary. One respondent highlighted the need for pharmacies to follow the Accessible Information Standard. From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the needs of patients, service users, carers and parents with a disability, impairment or sensory loss. More information can be found here: <https://www.england.nhs.uk/ourwork/accessibleinfo/>.

### 4.3.5 Information in languages other than English

Community pharmacies do not have access to a free interpretation service, such as a telephone interpretation line. Pharmacies often employ people living in the area who may be fluent in languages spoken in the local community. Some written materials, e.g. leaflets, are available in other languages and the NHS Choices has a 'translate' button.

## 4.4 Opening Hours

### 4.4.1 Opening Hours: Community Pharmacies

There are currently five '100 hour' pharmacies in Peterborough. These are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

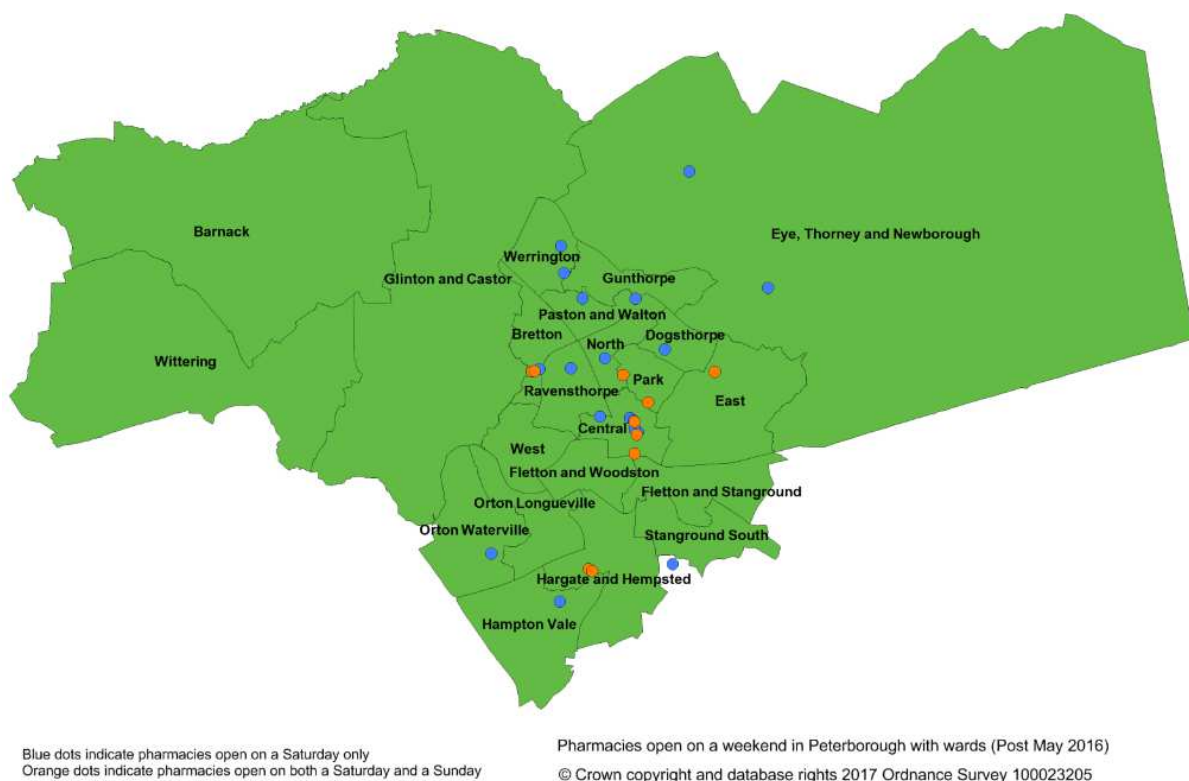
The 100 hour pharmacies are:

- Asda Pharmacy, West Rivergate Shopping Centre (PE1 1ET)
- Boots Pharmacy, The Bretton Centre (PE3 8DN)
- Lloyds Pharmacy, Sainsburys, Flaxland, Bretton (PE3 8DA)
- Mi Pharmacy, Park Road Branch (PE1 2UF)
- Pharmacy First, Lincoln Road (PE1 2RR)

The results of the PNA questionnaire, which all Peterborough community pharmacies and dispensing practices were invited to complete, have been used to get more details about the opening hours of local pharmacies. Overall, out of 41 community pharmacies, 23 (56%) are open after 18:00 and 12 (29%) are open after 19:00 on weekdays; 28 (68%) open on Saturdays and 10 (24%) open on Sundays. These findings are similar to those in the 2015 PNA. One community pharmacy stated that it opens until midnight on weekdays and one pharmacy stated that it is open until midnight on weekends.

The locations of pharmacies currently open on a Saturday or a Sunday are illustrated within the figure below:

**Figure 20: Pharmacies Open on a Saturday or a Sunday in Peterborough, 2017**



For a number of conditions, there is also a range of general sales list medications that are available from a range of overnight retailers such as garages and 24 hour supermarkets.

Currently, five pharmacies are contractually obliged to open for 100 hours per week due to the conditions on their application. This inevitably means that they are open until late at night and at the weekend. There is a risk that if the regulations for these contracts were to change, these pharmacies may wish to reduce their hours, which could significantly reduce the network of late night and weekend pharmacies.

The Peterborough Health & Wellbeing Board has not identified needs that would require provision of a full pharmaceutical service for all time periods across the week. However, maintaining the current distribution of 100 hour/longer opening pharmacies is important to maintain out-of-hours access for the population of Peterborough.

Since the introduction of the pharmaceutical contractual framework in 2005, community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies

including the 100 hours pharmacies. Despite this, there is still a gap in contracted hours to cover statutory holidays.

Due to changes in shopping habits a number of pharmacies now open on many bank holidays, although they are not contractually obliged to do so. NHS England works with community pharmacies to ensure an adequate rota service is available for Christmas Day and Easter Sunday as these are days where pharmacies are still traditionally closed. The rota pharmacies will generally open for four hours on these days and work with out-of-hours providers to enable patients to access pharmaceutical services. These arrangements are renewed every year.

#### **4.4.2 Opening Hours: Dispensing GP Practices**

To consider opening hours for dispensing GP practices, the opening hours for general practices were identified using the NHS Direct website. The dispensaries at the dispensing GP practices were assumed to be open at the same hours as the rest of the practice. All three Peterborough dispensing GP practices are closed on both Saturdays and Sundays.

In summary, review of the accessibility of NHS pharmaceutical services in Peterborough in terms of locations, opening hours and access for people with disabilities suggest there is adequate access. There appears to be good coverage in terms of opening hours across Peterborough.

#### **4.5 Features identified by local community pharmacies as being important**

The top five features identified by community pharmacies as being important were:

- Availability of information and advice about medicines/how to use them (32 responses, 86%).
- Qualified staff (27 responses, 73%).
- Availability of consultation facilities (20 responses, 54%).
- Availability of prescription only items (18 responses, 49%).
- Availability of non-prescription medicines (16 responses, 43%).

## 5. The role of pharmaceutical providers in addressing health needs

This section describes the services provided by local pharmaceutical providers: 'Essential Services', which all pharmacies are required to provide; 'Advanced Services' commissioned by NHS England to support patients with safe use of medicines and the NHS national seasonal flu vaccination programme and health improvement services which are locally commissioned by Peterborough City Council.

### 5.1 Summary of key findings

#### **Medicines advice & support:**

Through the provision of advanced services including Medicine Use Reviews (MURs), Dispensing Review of Use of Medicines (DRUMs), clinical screening of prescriptions and identification of adverse drug events, dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated. In the community, pharmacists should continue to work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

Medication errors in care homes for older people can also be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. Cambridgeshire & Peterborough Clinical Commissioning Group (C&P CCG) employ a small team of CCG pharmacists and pharmacy technicians to work collaboratively with General Practices and care homes to rationalise prescribing, optimise medicines usage and reduce medicines waste. As part of the pharmacy integration fund, NHS England is looking to support community pharmacists working in care homes to ensure that medication is used in the most appropriate way. It is expected that there will be 150 community pharmacists supported to deliver this workstream nationally. It is not yet known how many pharmacists will be involved locally in Peterborough.

#### **Services & support to encourage healthy lifestyle behaviours:**

Providers of pharmaceutical services also have an important role to play in improving the health and wellbeing of local people beyond providing and supporting the safe use of medicines. The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve and the recent changes to the 2017/18 pharmacy contract have included quality payments to pharmacies who are accredited as 'Healthy Living Pharmacies'.

In Peterborough, all of the community pharmacies that responded to the PNA questionnaire have either achieved Healthy Living Pharmacy status or are working towards it. Five pharmacies (14% of respondents) have achieved Healthy Living Pharmacy status and 32 (86% of respondents) are working towards achieving Healthy Living Pharmacy status. In Peterborough, all of the community pharmacies that responded to the PNA questionnaire have either achieved Healthy Living Pharmacy status or are working towards it. Five pharmacies (14% of respondents) have achieved Healthy Living Pharmacy status and 32 (86% of respondents) are working towards achieving Healthy Living Pharmacy status. Achieving level 1 Healthy Living Pharmacy status requires

pharmacies to adopt a pro-active health promoting culture and environment within the pharmacy, with all the requirements of the quality criteria satisfied. These include understanding local public health needs, creating a health and wellbeing ethos, team leadership, communication, community engagement and having a health promoting environment.

Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities or for vulnerable groups who have a variety of poorer health outcomes (e.g. migrant workers; traveller communities; ethnic minorities; older people). Community pharmacies can be involved in addressing health inequalities and targeting initiatives and resources to improve the health of the poorest, fastest.

Preventative approaches are important to ensure people remain healthy and independent in the community for longer and to reduce the unsustainable cost of health and social care services for this growing population. Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services. This could be particularly important for frail older people and those with multiple conditions.

Community pharmacies all participate in six public health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours including maintaining a healthy weight and taking part in physical activity such as providing advice, signposting services and providing on-going support towards achieving behaviour change, for example, through monitoring of weight and other related measures. Opportunistic alcohol screening and provision of brief advice is another area where pharmacies could contribute to improving the health of the local population. This could, for example, potentially be integrated into agreements around medication checks.

Pharmacy staff can play a role in promoting awareness of good mental health, for example by signposting to information about local support networks, mental health help lines etc.

Pharmacy providers are also involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C Difficile.

**The following local services are currently commissioned from community pharmacies:**

**e) Stop smoking services:**

Pharmacies in Peterborough are offered the opportunity to deliver specialist stop smoking services under a Local Incentivised Scheme (LIS) contract, commissioned by the Public Health Joint Commissioning Unit that works across Peterborough City Council and Cambridgeshire County Council. Pharmacies are ideally placed to provide easy access to people who wish to stop smoking. Specialist Smokefree Advisors are National Centre for Smoking Cessation Training (NCSCT) trained to deliver up to a 12 week programme which clients attend on a weekly basis. They are also able to directly supply nicotine replacement therapy from the pharmacy which, combined with behavioural support, can greatly increase the chances of a

quit outcome. 15 pharmacies in Peterborough are currently commissioned to provide this service.

**f) Contraception and sexual health services:**

• ***Emergency hormonal contraception***

Pharmacies in Peterborough are offered the opportunity to receive training and contracts to provide Emergency Hormonal Contraception (EHC) which is available as a locally commissioned service in some community pharmacies. The EHC service in Peterborough pharmacies commenced in late 2016/17. Currently, 12 pharmacies in Peterborough have signed a contract to deliver the EHC service across Peterborough, as part of the overall contraception service offered by sexual health, contraception clinics and GP practices across Peterborough, with further opportunities to expand.

• ***Chlamydia screening***

As part of the public health commissioned EHC service a Chlamydia screening kit is offered to the service user. iCaSH Peterborough, the integrated contraception and sexual health service provided by Cambridgeshire Community Services NHS Trust, provides chlamydia kits and staff training. The pharmacy needs to provide a suitable consultation room to be eligible for this scheme. Chlamydia screening is not provided by pharmacies outside of the EHC service. Pharmacies can signpost those requesting chlamydia screening to iCaSH Peterborough.

**g) Alcohol and substance misuse services:**

The Public Health Joint Commissioning Unit commission services to provide specialist drug and alcohol treatment across Peterborough. Currently adult drug and alcohol services are provided by CGL Aspire who sub-contract pharmacies to provide the following specific services:

• ***Needle & syringe exchange service***

23 pharmacies in Peterborough are contracted via CGL Aspire to provide needle exchange services. People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction.

• ***Supervised administration service***

Once clients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Clients often need support to prevent them stopping treatment. 23 community pharmacies in Peterborough are contracted to provide a supervised administration service via CGL Aspire, which requires the pharmacist

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

- ***Naloxone kits***

Naloxone is the emergency antidote for overdoses caused by heroin and other opiates/opioids (such as methadone, morphine and fentanyl). 16 pharmacies in Peterborough are contracted via CGL Aspire to issue naloxone kits with training to all substance misuse clients (those accessing supervised administration or needle exchange services). The pharmacies can issue the naloxone kits to clients' friends and relatives, and others who may require one, such as a hostel manager. Pharmacies are also able to refer clients into treatment services provided by CGL Aspire.

- ***Blood borne viruses screening***

Nine pharmacies are contracted via CGL Aspire to provide screening for Hepatitis B virus and Hepatitis C virus to clients at risk, identified by CGL Aspire. Screening involves a finger prick blood sample being taken and aims to ensure timely diagnosis and access to treatment.

- ***Alcohol brief interventions***

Similarly to the substance misuse services, 16 pharmacies in Peterborough are contracted via CGL Aspire to provide alcohol brief intervention services. Pharmacies offer this service to all customers; customers are asked three screening questions and, depending on their score, may be asked additional questions about their alcohol consumption and have a brief intervention carried out. They may also be referred to CGL Aspire specialist services if appropriate.

h) **Directly observed therapy service for tuberculosis**

The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will be commissioning a limited number of pharmacies across Peterborough and Cambridgeshire to provide a directly observed therapy service specifically for patients with tuberculosis. Pharmacies will ensure that appropriate drugs are given at specified intervals and the patient is observed taking them. The hospital tuberculosis nurse specialist will provide training and supervision for this service.

In addition to commissioned services, our questionnaire found that community pharmacies provide a number of additional services, including Monitored Dosage System, delivery of dispensed medicines at no charge and collection of prescriptions from GP practices.

In conclusion, community pharmacies offer a range of services that can make them a key public health resource, offering potential opportunities to provide health improvement initiatives and work closely with partners to promote health and wellbeing. There are opportunities to develop the contribution of community pharmacies to all of the currently commissioned services. Pharmacies are able to and should be encouraged to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers. Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including



when considering options for delivering integrated care. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

The King's Fund report 'Community Pharmacy Clinical Services Review' (December 2016) commissioned by the Chief Pharmaceutical Officer recommended that there is a need in the medium-term to 'ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these'. At a local level, the Health & Wellbeing Board should encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

## 5.2 Community Pharmacy Essential Services

Community Pharmacies provide three tiers of Pharmaceutical Services commissioned by NHS England:

- Essential Services – services all pharmacies are required to provide.
- Advanced Services – services to support patients with safe use of medicines.
- Enhanced Services – services that can be commissioned locally by NHS England.

These types of services are defined in the NHS Regulations and are briefly described below.<sup>33</sup>

Peterborough pharmacies are participating in a voluntary quality scheme which is an NHS England incentive scheme for achieving quality standards. To participate in the scheme pharmacies are required to have complied with national gateway criteria for example ensuring that the information held about them on NHS Choices is correct. Further details of this scheme and the quality standards can be found at <https://www.england.nhs.uk/wp-content/uploads/2017/02/quality-payments-quality-criteria-guidance-1.pdf>.

The essential services offered by all pharmacy contractors are specified by a national contractual framework that was agreed in 2005. The following description of these services is an excerpt from a briefing summary on NHS Community Pharmacy services by the Pharmaceutical Services Negotiating Committee.<sup>34</sup>

- **Dispensing** – the safe supply of medicines or appliances. 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.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return 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.

<sup>33</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: [http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi\\_20130349\\_en.pdf](http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf)

<sup>34</sup> Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- **Promotion of Healthy Lifestyles (Public Health)** – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.
- **Signposting patients to other healthcare providers** – pharmacists and staff will 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.
- **Support for self-care** – the provision of advice and support by pharmacy staff to enable people to 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.
- **Clinical governance** – pharmacies must 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 (NRLS).
  - 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.

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide the evidence will be asked to provide an action plan, outlining with timescales, how it will then achieve compliance. These self-assessments are supported by contract monitoring visits. All Peterborough pharmacies are assessed as compliant with the essential services contract.

### 5.3 Advanced Services

In addition to essential services, the community pharmacy contractual framework allows pharmacies to opt to provide any of the following advanced services to support patients with the safe use of medicine, which currently include: Medicines Use Reviews (MUR); Appliance Use Reviews (AUR); New Medicines Service (NMS); the Stoma Customisation Service (SCS). The NHS Seasonal Flu Vaccination Programme is also currently commissioned from pharmacies as an advanced service, although NHS England currently has limited powers to monitor or direct this service to local need. In addition, NHS England has recently commissioned a national NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot, in order to reduce the burden on urgent and emergency care services of handling urgent medication requests, whilst ensuring patients have access to the medicines or appliances they need.

NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system-wide implementation of safety alerts – for instance, National Patient Safety Agency (NPSA) alerts on anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc. In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

Through the provision of MURs, DRUMS, clinical screening of prescriptions and identification of adverse drug events, dispensing staff work with patients to help them understand their medicines. This also ensures

that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

The Community Pharmacy questionnaire indicates that 36 of 37 respondents (97.3%) of community pharmacies who responded currently provide MURs and 4 of 37 respondents (10.8%) provide a Stoma Customisation Service. 6 of 37 (16.2%) respondents provide an Appliance Use Review service and a further 7 (18.9%) suggested they intended to begin doing so within 12 months. 29 pharmacies (78.4%) offer a flu vaccination service and a further 7 (18.9%) intend to do within the next 12 months.

Only one dispensing GP practice responded to the PNA survey and indicated it did not offer an Appliance Use Review service or Stoma Appliance Customisation Service.

**Figure 21: Community Pharmacies providing Advanced Services, 2017**

Advanced Service	Does the community pharmacy provide the following advanced services respondents = 37					
	Yes		No, but intending to begin within 12 months		No	
	Number	%	Number	%	Number	%
Medicines Use Review Service	36	97.3%	0	0.0%	1	2.7%
New Medicine Service	35	94.6%	1	2.7%	1	2.7%
Appliance Use Review Service	6	16.2%	7	18.9%	24	64.9%
Stoma Appliance Customisation Service	4	10.8%	7	18.9%	26	70.3%
Influenza Vaccination Service	29	78.4%	7	18.9%	1	2.7%
NHS Urgent Medicine Supply Advanced Service	7	18.9%	16	43.2%	14	37.8%

Source: Peterborough Pharmaceutical Needs Assessment Community Pharmacy Service, 2017

### 5.3.1 Medicines Use Reviews (MURs)

The MUR service is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively. The MUR involves the pharmacist reviewing the patient's use of their medication, ensuring they understand how their medicines should be used and why they have been prescribed, identifying any problems and then, where necessary, providing feedback to the prescriber. An MUR feedback form will be provided to the patient's GP where there is an issue for them to consider. An MUR is not usually conducted more than once a year.

An MUR is a way to improve a patient's understanding of their medicines; highlight problematic side effects and propose solutions where appropriate; improve adherence and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require. An MUR is not a full clinical review, an agreement about changes to medicines, a discussion about the medical condition beyond that which is needed to achieve the above objectives or a discussion on the effectiveness of treatment based on test results.<sup>35</sup>

<sup>35</sup> Pharmacy Services Negotiating Committee. 'MURS: the basics'. Available at: <http://psnc.org.uk/services-commissioning/advanced-services/murs/murs-the-basics/>

A 'Prescription Intervention' is an MUR which is triggered by a significant adherence problem which comes to light during the dispensing of a prescription. It is over and above the basic interventions, relating to safety, which a pharmacist makes as part of the dispensing service.

As of 1 April 2015, community pharmacies have been required to ensure that at least 70% of their MURs within any given financial year are for patients in one or more of four target groups:

- 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.
- Patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

All patients who receive an MUR should experience the same level of service regardless of their condition, i.e. MURs cover all the patient's medicines rather than only those that fall within a target group.

The pharmacy provides a quarterly summary report to NHS England of MUR consultations conducted. Each pharmacy is limited in the numbers of each Medicines Use Reviews (MURs) that they may undertake. In the year 2016/17, all 41 pharmacies in Peterborough were able to provide up to 400 MURs each financial year to provide a potential total of 16,400 MURs.

In total, 13,267 MURs were completed over the year 2016/17 out of a possible 16,400, therefore approximately 81% of the reviews that could have been undertaken if all pharmacies had completed their maximum entitlement. There is the potential for an increased delivery of MURs across the city to support patients with their medicines. There are also opportunities to increase the uptake of MURs and in the future to target pharmaceutical care towards complex cases.

The 'Community Pharmacy Clinical Services Review' 2016<sup>36</sup> recommends that 'the MURs element of the pharmacy contract should be re-designed to include on-going monitoring and regular follow-up with patients as an element of care pathways'. The report proposes that MURs evolve into full clinical medication reviews for patients with long-term conditions and/or multiple morbidities.

### **5.3.2 Appliance Use Reviews (AURs)**

Appliance Use Review (AUR) is the second Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). This service is similar to the MUR service, but it aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines 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 proper disposal of the appliances that are used or unwanted.<sup>37</sup>

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<sup>36</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 18. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

<sup>37</sup> Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

### 5.3.3 New Medicines Services (NMS)

This service is designed to improve patient's understanding of a newly prescribed medicine for a long-term condition and help them get the most from the medicine. Research has shown that after 10 days, two thirds of patients who are prescribed a new medicine reported problems including side effects, difficulties taking the medicine and a need for further information.

The service provides support for people with long-term conditions, who are newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

The Department of Health (DoH) commissioned researchers at the University of Nottingham to lead an academic evaluation of the service, investigating both the clinical and economic benefits of the service.<sup>38</sup> The findings of the evaluation were published in August 2014 and were overwhelmingly positive, with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS, it should be continued. This was the basis for NHS England's decision to continue commissioning the service.

Since the introduction of the NMS in October 2011, more than 90% of community pharmacies in England have provided it to their patients. The pharmacy provides a quarterly summary report to NHS England of NMS consultations conducted. This supports monitoring of the service to determine its effectiveness and value to the NHS.

The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The pharmacist and patient will then agree to meet or speak by telephone in around a fortnight. Further information and advice on the use of the medicine will be provided and where the patient is experiencing a problem the pharmacist shall seek to agree a solution with the patient.

A final consultation (typically 21-28 days after starting the medicine) will be held to discuss the medicine and whether any issues or concerns identified during the previous consultation have been resolved. If the patient is having a significant problem with their new medicine the pharmacist may need to refer the patient to their GP.<sup>39</sup>

Pharmaceutical Services Negotiating Committee (PSNC) and NHS Employers envisaged that the successful implementation of NMS would:

- Improve patient adherence which will generally lead to better health outcomes.
- Increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management.
- Reduce medicines wastage.
- Reduce hospital admissions due to adverse events from medicines.
- Lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmaco-vigilance.
- Receive positive assessment from patients.
- Improve the evidence base on the effectiveness of the service.
- Support the development of outcome and/or quality measures for community pharmacy.

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<sup>38</sup> University of Nottingham. 'The New Medicine Service Evaluation' (2014) Department of Health. Available at: <http://www.nottingham.ac.uk/~pazmjb/nms/>

<sup>39</sup> Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

### **5.3.4 Stoma Appliance Customisation Service**

This 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.

### **5.3.5 Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service)**

Each year, from September through to January, the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

From 2015/16, NHS England has also commissioned a new Advanced Service from all community pharmacies who can vaccinate patients in at-risk groups against flu. This service has been re-commissioned in both 2016/17 and 2017/18. This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets.

The aims of the national programme<sup>40</sup> are:

- To sustain and maximise uptake of flu vaccine in at-risk groups by building the capacity of community pharmacies as an alternative to general practice.
- To provide more opportunities and improve convenience for eligible patients to access flu vaccinations.
- To reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

In the community pharmacy questionnaire, 78.4% of community pharmacies (29 of 37) who responded reported that they provide seasonal flu vaccinations and a further 18.9% (7 of 37) said they intended to do so within the next 12 months.

As of the end of the 2016/17 flu season, 29 community pharmacies across Peterborough had delivered over 4,200 seasonal flu vaccinations. A number of pharmacies also reported that they provide private seasonal flu vaccinations, at a cost, to those who are not in the NHS at-risk groups.

### **5.3.6 NHS Urgent Medical Supply Advanced Service Pilot**

NHS England has commissioned a national NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot, in order to reduce the burden on urgent and emergency care services of handling urgent medication requests, whilst ensuring patients have access to the medicines or appliances they need.

Under this NUMSAS service, in an emergency and at the request of a patient via NHS 111 telephone service, a pharmacist can supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM.<sup>41</sup>

Five pharmacies in Peterborough participated in the national pilot programme which commenced December 2016 and runs until March 2018; this pilot will be evaluated in due course.

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<sup>40</sup> NHS England. 'Community Pharmacy Seasonal Influenza Vaccination Advanced Service, Service Specification.' October 2016. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/08/17-18-service-specification-seasonal-flu.pdf>

<sup>41</sup> NHS England. 'NHS Urgent Medicine Supply Advanced Service Pilot Community Pharmacy Service Specification'. (November 2016) Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/11/numsas-service-specification.pdf>

#### 5.4 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. Examples of enhanced services include:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs
- Out-of-hours service
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service

These services can only be referred to as Enhanced Services. If local services are commissioned by CCGs or Local Authorities, they are referred to as locally commissioned services. At present no enhanced services are commissioned in Peterborough.

#### 5.5 The role of community pharmacy in preventing ill health and promoting healthy behaviours

The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve. Children, adults and the elderly are all vulnerable to the risk factors that contribute to preventable non-communicable diseases, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the effects of the harmful use of alcohol.<sup>42</sup>

The Peterborough Health & Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing, as recommended by the Local Government Association (LGA)<sup>43</sup> and Public Health England.<sup>44</sup>

Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population,

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<sup>42</sup> World Health Organization. (March 2013) Fact sheet: Noncommunicable diseases. Available at: <http://www.who.int/mediacentre/factsheets/fs355/en/>

<sup>43</sup> Local Government Association. <https://www.local.gov.uk/sites/default/files/documents/community-pharmacy-offer--9b3.pdf>  
<http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+local+government's+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521> (Last accessed 26 Nov 2013)

<sup>44</sup> <https://publichealthmatters.blog.gov.uk/2015/03/24/putting-pharmacy-on-the-public-health-map/> & [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/643520/Pharmacy\\_a\\_way\\_forward\\_for\\_public\\_health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf)



including when considering options for delivering integrated care. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

Population estimates from the Cambridgeshire Research Group show there to be 28,300 people aged 65 or over in Peterborough. Local residents are living for longer and increases in older age groups are expected to be substantial between 2015 and 2036, with rises of 165.8% (from 3,800 to 10,100) in the 85+ age group, 73.1% (from 9,300 to 16,100) in 75-84 and 49.3% (from 15,200 to 22,700) in the 65-74 age group. Lifestyle related diseases such as diabetes are increasing. An ageing population with a range of health issues will also put pressure on health and social services. As described earlier in section 3, the Murray report proposes that pharmacy needs to be a 'core part of the integrated, convenient services that people need', although the report identifies that this has proven difficult to achieve thus far. NHS England's Five Year Forward View<sup>45</sup> and the General Practice Forward View April 2016<sup>46</sup> set out proposals for the future of the NHS based around new models of care and offer a strategic opportunity to review and revisit the role of community pharmacy in the health and care system.

Preventative approaches are important to ensure older people remain healthy and independent in the community for longer and to reduce the unsustainable cost of health and social care services for this growing population. Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services.

Further information regarding the health and wellbeing of older people can be found in the 2017 Peterborough Older People's Primary Prevention Joint Strategic Needs Assessment available at: <https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>

Older patients are more likely to have Long-term Conditions (LTCs) and, therefore, likely to be taking medication, or several medications, to treat these conditions. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm. Health campaigns aimed at improving medicines-related care for people with LTCs and, therefore, reducing emergency admissions, could also be provided through community pharmacies. Community pharmacists could be involved in monitoring the use of, for example: statins, blood pressure regulating medication and supplementary prescribing, making adjustments to the treatment being received by the patient. In addition, pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment. The recent evidence review published in the Murray report found there is evidence supporting a wider role for pharmacies in supporting patients with long-term conditions and one of its key recommendations is integrating community pharmacists and their team into long-term condition management pathways.<sup>47</sup>

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<sup>45</sup> NHS England. 'Five Year Forward View' (October 2014). Available at: <https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>

<sup>46</sup> NHS England 'General Practice Forward View' (April 2016) Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

<sup>47</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

Evidence shows that deprived populations often experience poor health outcomes including low life expectancy.<sup>48</sup> The prevalence of lifestyle-related conditions, as well as long-term conditions, are more prevalent in more deprived populations. Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could, therefore, be especially valuable in more deprived communities or for vulnerable groups who have a variety of poorer health outcomes (e.g. migrant workers, traveller communities, ethnic minorities, older people). Community pharmacies can be involved in addressing health inequalities and targeting initiatives and resources to improve the health of the poorest, fastest.

### 5.5.1 Promoting Healthier Lifestyles

There are a wide range of opportunities for pharmacies to promote healthier lifestyles which could involve: motivational interviewing, providing education, information and brief advice, providing on-going support for behaviour change and signposting to other services or resources.

Across England, over 2,100 pharmacies were accredited or en route to be accredited as 'Healthy living Pharmacies' in January 2016<sup>49</sup>. The 'Healthy Living Pharmacy (HLP)' framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. Evaluations of Healthy Living Pharmacies (HLP) have demonstrated an increase in successful smoking quits, extensive delivery of alcohol brief interventions and advice, emergency contraception, targeted seasonal flu vaccinations, common ailments, NHS Health Checks, healthy diet, physical activity, healthy weight and pharmaceutical care services.<sup>50 51</sup>

Achieving HLP level 1 (self-assessment) is also now a quality payment criterion for the Quality Payments Scheme 2017/18, introduced by the DoH as part of the Community Pharmacy Contractual Framework in 2017/18.<sup>52</sup> This will involve payments being made to community pharmacy contractors that meet certain quality criteria. The inclusion of the HLP accreditation emphasises the national expectation of pharmacies to take an active role in public health and the promotion of healthy lifestyles.

The HLP framework is underpinned by three enablers:<sup>53</sup>

- Workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing.
- Premises that are fit for purpose.
- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

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<sup>48</sup> Marmot, M et al. 'The Marmot report- Fair society, healthy lives'. Feb 2010. University College London (Accessed November 2016). Available at: <http://www.instituteofhealthequity.org/>

<sup>49</sup> <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

<sup>50</sup> University of Bradford. 'Evaluation of the West Yorkshire Healthy Living Pharmacy Programme' (Jan 2016). Available at: <http://www.cpw.org/doc/973.pdf>

<sup>51</sup> Mohan L, McNaughton R & Shucksmith J. Teeside University. 'An Evaluation of the Tees Healthy Living Pharmacy Pilot Scheme' (2013) Available at: <https://www.networks.nhs.uk/nhs-networks/hlp-pathfinder-sites/messageboard/hlp-forum/358672516/600199395/healthy-living-pharmacy-electronic-3-pdf>

<sup>52</sup> Public Health England. 'Healthy Living Pharmacy Level 1 Quality Criteria Assessment of Compliance Healthy Living Pharmacy (HLP) Level 1' (2016). Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/538638/HLP-quality-criteria-and-self-assessment-process.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/538638/HLP-quality-criteria-and-self-assessment-process.pdf)

<sup>53</sup> PSNC Website. 'Healthy Living Pharmacies' Available at: <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/>

In July 2016 the Pharmacy and Public Health Forum, accountable to Public Health England, developed a profession-led self-assessment process for level 1 HLPs, based on clear quality criteria and underpinned by a proportionate quality assurance process. 'Achieving level 1 Healthy Living Pharmacy status will require pharmacies to adopt a pro-active health promoting culture and environment within the pharmacy, with all the requirements of the quality criteria satisfied. These include understanding local public health needs, creating a health and wellbeing ethos, team leadership, communication, community engagement and having a health promoting environment.'<sup>54</sup>

In terms of what patients or customers can expect from a HLP, the Pharmaceutical Services Negotiating Committee (PSNC) states that 'The public may feel the difference when entering an HLP; the Health Champion and other staff may proactively approach them about health and wellbeing issues and will know about local services for referral or signposting. If a health trainer service exists locally then Health Champions can extend their reach. There will be a health promotion zone and there should be a health promotion campaign running linked into local priorities and health needs'.

In Peterborough, all of the community pharmacies that responded to the PNA questionnaire have either achieved Healthy Living Pharmacy status or are working towards it. 5 pharmacies (14% of respondents) have achieved Healthy Living Pharmacy status and 32 (86% of respondents) are working towards achieving Healthy Living Pharmacy status.

### **5.5.2 Public Health Campaigns**

At the request of NHS England, as part of essential service provision, NHS pharmacists are required to participate in up to six campaigns each year to promote public health messages to their users. Where requested to do so by NHS England, the NHS pharmacist records the number of people to whom they have provided information as part of one of those campaigns. All 37 of the community pharmacies in Peterborough that responded to the PNA questionnaire reported that they participate in the contracted annual six Public Health campaigns. Public health campaigns in Peterborough that have been carried out in 2016/17 included the following themes:

May: Mental Health

July: Change 4 Life

September: Influenza

October: Stoptober

December: Sexual Health

January: Alcohol

Typically, each pharmacy is provided with posters, leaflets and key message fact sheets as part of the campaigns. Feedback from Public Health at Peterborough City Council suggests that there has usually been good engagement from pharmacies in delivering these campaigns.

Pharmacists are also involved in the early detection of some cancers, for example, through the provision of advice on skin care and sunbathing and participating in the national Be Clear on Cancer campaign,<sup>55</sup> which

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<sup>54</sup> PSNC Briefing. 'Healthy Living Pharmacies: Information for Local Authorities' (May 2015) Available at: [http://psnc.org.uk/wp-content/uploads/2013/08/LA\\_HLP\\_briefing\\_May2015.pdf](http://psnc.org.uk/wp-content/uploads/2013/08/LA_HLP_briefing_May2015.pdf)

<sup>55</sup> More information on 'Be Clear on Cancer' homepage, available at: <http://www.cancerresearchuk.org/health-professional/awareness-and-prevention/be-clear-on-cancer>

aims to improve early diagnosis of cancer by raising awareness of symptoms and making it easier for people to discuss them with their GP.

### 5.5.3 Promotion of Healthy Lifestyle & Supportive Services (Non-Commissioned)

97% of community pharmacies (36/37) who responded to the PNA questionnaire stated that they had consultation facilities on site and 92% of respondents said that these facilities are wheelchair-accessible. 24 pharmacies stated they would be willing to undertake consultations in a patient's home or other suitable area if commissioned to provide this service.

32 community pharmacies (87% of responding pharmacies) stated that they considered 'availability of information and advice about medicines and how to use them' as an important feature of the pharmaceutical service they provided.

With regard to promotion of healthy lifestyle and disease specific medicines management, a substantial proportion of community pharmacies have expressed interest in providing additional services relating to disease-specific management, screening and vaccinations if commissioned.

Only one pharmacy in Peterborough stated they currently provide related services (for Alzheimer's/Dementia, asthma and COPD); however, between 29 and 31 pharmacies (78%-81%) said they would be willing to provide disease specific medicines management services for any/all of the below conditions:

- Allergies
- Alzheimer's/Dementia
- Asthma
- CHD
- COPD
- Depression
- Diabetes (Type 1/Type 2)
- Epilepsy
- Heart Failure
- Hypertension
- Parkinson's Disease

One pharmacy (3% of responding pharmacies) stated that they provide a diabetes screening service and one pharmacy (3%) provides an HbA1C screening service. Between 21 (57%) and 33 (89%) pharmacies expressed interest in providing some or all of the below screening services if commissioned:

- Alcohol
  - Cholesterol
  - Diabetes
  - Gonorrhoea
  - H. Pylori
  - Hba1c
-

- Hepatitis
- HIV

Five community pharmacies in Peterborough (13% of responding pharmacies) provide travel vaccines, with a further two pharmacies (5%) providing hepatitis vaccinations for at risk workers or patients. Between 27 (73%) and 30 (81%) of pharmacies expressed interest in providing some or all of the below services if commissioned:

- Childhood vaccinations
- Hepatitis (at risk workers or patients)
- HPV
- Travel Vaccines

## 5.6 Locally Commissioned Services: Public Health Services

Pharmacies are able to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers. Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

Broadly, across England the following specific public health services are commissioned from community pharmacies by local authorities.<sup>56 57</sup>

- **Stop smoking services:** proactive promotion of smoking cessation through to provision of full NHS stop smoking programmes.
- **Sexual health services:** emergency hormonal contraception services; condom distribution; pregnancy testing and advice; chlamydia screening and treatment; other sexual health screening, including syphilis, HIV and gonorrhoea; contraception advice and supply (including oral and long acting reversible contraception).
- **Substance misuse services:** needle and syringe services; supervised consumption of medicines to treat addiction e.g. methadone; hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situation.
- **NHS Health Checks for people aged 40 – 74 years:** carrying out a full vascular risk assessment and providing advice and support to help reduce the risk of heart disease, stroke, diabetes and obesity.
- **Weight management services:** promoting healthy eating and physical activity through to provision of weight management services for adults who are overweight or obese.
- **Alcohol misuse services:** providing proactive brief interventions and advice on alcohol with referral to specialist services for problem drinkers.
- **Pandemic and seasonal influenza services:** providing continuity of dispensing of essential medicines, provision of antiviral medicines and influenza vaccination services.

The following local services are **currently commissioned in Peterborough:**

- Stop smoking services (commissioned by the Public Health Joint Commissioning Unit (JCU))

<sup>56</sup> Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

<sup>57</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

- Emergency hormonal contraception (commissioned by the Public Health JCU, working across Peterborough City Council and Cambridgeshire County Council).
- Chlamydia screening (commissioned by the Public Health JCU)
- Alcohol and substance misuse services (commissioned by the Public Health JCU via CGL Aspire)
- Directly observed therapy service for tuberculosis (commissioned by the CCG) NB. This service will be commencing shortly.

### 5.6.1 Smoking cessation services in Peterborough pharmacies

- Smoking prevalence in Peterborough is statistically similar to the England average, with 18% of over 18 year olds estimated to smoke. This equates to 26,474 (Office for National Statistics, mid-year population estimates) smokers in Peterborough.
- Around 1,470 deaths occur in Peterborough each year (Office for National Statistics, Death Registrations 2013-15), of which around 260 (18%) are attributable to smoking (Public Health England, Local Tobacco Control Profiles 2013-15).

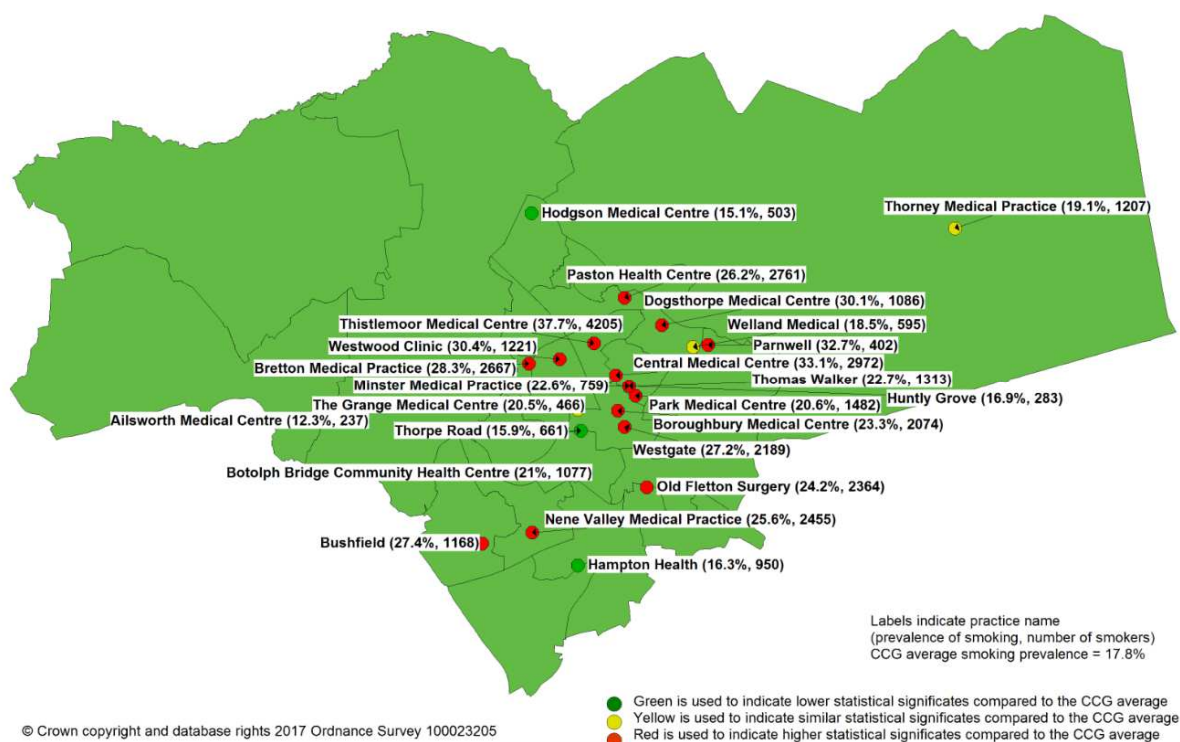
**Figure 22: Estimated Smoking Prevalence and Number of Smokers Aged 18+, Peterborough with five CIPFA nearest neighbours, East of England & England 2015**

Local authority	Smoking Prevalence (18+, %)	95% Confidence Interval	Estimated number of smokers*
Peterborough	18.1	15.9 - 20.3	26,474
Thurrock	21.3	18.8 - 23.7	26,465
Swindon	18.7	16.5 - 20.9	31,441
Milton Keynes	16.4	14.3 - 18.5	32,085
Coventry	16.6	14.5 - 18.8	44,870
Bolton	18.5	16.2 - 20.7	39,820
East of England	16.6	16 to 17.2	792,894
England	16.9	16.7 to 17.1	7,285,332

\* Number of smokers estimated by applying the point estimate of prevalence to local population estimates

Sources: Public Health England - Local Tobacco Control Profiles (Annual Population Survey data - 2015), Office for National Statistics mid-2015 population estimates

**Figure 23: Recorded smoking prevalence and number of smokers by practice, Peterborough**



Smoking prevalence is notably higher than the Peterborough average among practice populations towards the centre of Peterborough, which contains some of the most relatively deprived parts of the city. Prevalence is lower in the outer areas of Peterborough, which tend to be less deprived than central areas.

The primary care based Stop Smoking Service in Peterborough can improve population health through smoking cessation services, as evaluated by NICE.<sup>58</sup> Evidence for the effectiveness of pharmacies in contributing to smoking cessation has also led to a recommendation in the 'Community Pharmacy Clinical Services Review' for smoking cessation services to be considered an element of the national contract.<sup>59</sup>

The Public Health Joint Commissioning Unit (JCU), working across Peterborough City Council and Cambridgeshire County Council, currently commission nine GP practices and 15 pharmacies to deliver specialist stop smoking clinics under their Local Incentivised Scheme (LIS). In addition, the Public Health JCU commission Solutions 4Health to deliver specialist stop smoking clinics across a further 10 GP practices. This is offered as part of an integrated model of delivery which also supports people to address other lifestyle issues. This integrated model is delivered through a specialist Health Trainer service and currently 14 GP practices offer this to their patients. All specialist advisers are trained to National Centre for Smoking Cessation (NCSCT) standards to deliver the National Standard Treatment programme. The level 2 service consists of one to one advice and behavioural support for smokers over the age of 12 years who live or work in Peterborough. The programme lasts up to 12 weeks and the behavioural support is used alongside medication treatments via NHS prescription, with outcomes measured four weeks after setting a 'quit date'.

In Peterborough, individuals who access pharmacy-based stop smoking services are able to obtain and use nicotine replacement therapy (NRT) medications and these can be directly supplied by the pharmacy. Other

<sup>58</sup> <https://www.nice.org.uk/guidance/pH10>

<sup>59</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>



medications such as Champix (Varenicline) or Zyban (Bupropion) would need to be obtained via prescription from their GP practice.

The number of pharmacies actively participating in the delivery of stop smoking services has reduced significantly. In 2011/12 there were 27 pharmacies signed up to the LIS contract and there are currently only 15. Since the delivery of smoking services by pharmacies commenced, their contribution towards the quit target has reduced significantly to 10% in 2014/15 and to 9% in 2016/17. However, quality has been a concern with some of these data. The 'lost to follow up rate' (clients who have set a quit date but not been followed up after four weeks) in Peterborough should be lower than 20% to reassure data quality. However, in 2015/16 the rate for Peterborough community pharmacies was 26% and for 2016/17 it was 25%, meaning that there is a higher than average number of clients where final smoking status is unknown.

**Figure 24: Stop Smoking Service Activity – Number of Quits by Provider, Peterborough 2009/10 – 2016/17**

Year	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Total quits	1218	989	1156	1330	1367	955	708	656
GP	93	148	164	198	212	161	100	93
Stop Smoking Services	447	292	507	771	880	651	466	414
Community Pharmacy	651	541	484	346	265	143	141	130
Prison	27	8	1	15	10	0	1	19

Source: Peterborough City Council Joint Commissioning Unit 'Quit Manager' Data

The percentage of quitters in Peterborough who quit through a general practice setting for 2015/16 was 29% and for 2016/17 was 24%. However, this is based on the delivery in GP practices by both the LIS contracted provider and services delivered by the Public Health Delivery team. When basing this target on delivery through LIS contractors, percentages alter to 7% and 6% respectively. This is based on the overall target of 1,434.

**Figure 25: Stop quits by intervention setting, Peterborough and England, 2015/16**

Intervention Setting	Peterborough				England	
	Number setting a quit date	Number of successful quitters	Quit Rate (%)	Percentage of quitters	Quit rate (%)	Percentage of quitters
Children's Centre	0	0	-	0.0	42	0.3
Community	70	64	91	9.1	56	31.4
Community psychiatric	0	0	-	0.0	44	0.1
Dental	0	0	-	0.0	48	0.0
General practice	507	411	81	58.2	49	35.9
Hospital	55	50	91	7.1	58	3.3
Maternity	0	0	-	0.0	42	0.7
Military base	0	0	-	0.0	50	0.2
Pharmacy	230	139	60	19.7	46	17.9
Prison	3	1	*	0.1	45	2.2
Psychiatric hospital	0	0	-	0.0	37	0.1
School	39	33	85	4.7	57	0.7
Workplace	7	7	*	1.0	57	0.8
Other	1	1	*	0.1	58	5.7
All intervention settings	912	706	77.4	100	51.0	100

\*suppressed where the denominator is greater than 0 and less than 20, as it is deemed the resulting percentage output is not robust enough for comparative purposes.

(Source: NHS Digital. Statistics on NHS Stop Smoking Services: England, April 2015 to March 2016)

Community pharmacies remain well-placed to ensure the services are accessible to the smoking population, particularly with many offering extended opening hours. Eight pharmacies (21.6% of questionnaire respondents) stated that they currently provide a stop smoking service and a further 19 pharmacies (51.4%) stated they would be willing to provide the stop smoking service if commissioned to do so. The decision to offer these services remains with individual pharmacies, with commissioning decisions dependent on the willingness to train staff, undertake clinics within the pharmacy and maintain compliance to standards and contractual requirements.

Provision of commissioned smoking cessation services in pharmacies across Cambridgeshire and Peterborough are currently under review to address service provision and the identified quality concerns.

## 5.6.2 Sexual Health Services in Peterborough Pharmacies

### 5.6.2.1 Emergency Hormonal Contraception (EHC) and Chlamydia Screening

Reducing the teenage conception rate and increasing the number of teenage parents who can access and sustain places in education, employment or training are important to improve outcomes for young people and their babies.<sup>60</sup> Studies indicate that making emergency hormonal contraception (EHC) available over the counter has not led to an increase in its use, to an increase in unprotected sex, or to a decrease in the use of more reliable methods of contraception.<sup>61</sup> Peterborough has a teenage conception rate (28.3/1,000) that is statistically significantly higher than England (20.8/1,000) and this rate has been statistically significantly higher for each of the four years 2012 – 2015.

EHC may only be supplied by an accredited pharmacist. In order to achieve accreditation, the pharmacist(s) must have satisfactorily completed the Centre for Pharmacy Postgraduate Education (CPPE) Emergency Hormonal Contraception distance learning package. Medicine counter staff must be trained to refer each request for EHC to the pharmacist(s). It is the responsibility of the pharmacy to ensure that all pharmacists and locums supplying EHC are accredited. The pharmacy must be able to supply EHC during opening hours of the pharmacy on at least four days of the week, one of which will preferably be a Saturday. Anyone accessing the service will need to check with the pharmacy that they have an accredited pharmacist available.

Pharmacies in Peterborough are offered the opportunity to receive training and be contracted to provide EHC, which is available as a locally commissioned service in some community pharmacies. Ideally, community pharmacies would have more than one pharmacist available to provide EHC to ensure continuity of services. In addition, pharmacies could promote the availability of free EHC.

The EHC service in Peterborough pharmacies commenced in late 2016/17 and there are currently 12 pharmacies contracted to deliver this service.

It is advised to offer chlamydia screening at the time of EHC provision because those who require EHC contraception are highly likely to be at risk of infection. As part of the EHC service a chlamydia screening kit is offered to the service user. iCaSH Peterborough, the integrated contraception and sexual health service provided by Cambridgeshire Community Services NHS Trust, provides chlamydia kits and staff training. The pharmacy needs to provide a suitable consultation room to be eligible for this scheme.

Chlamydia screening is not provided by pharmacies outside of the EHC service. Pharmacies can signpost those requesting chlamydia screening to iCaSH Peterborough.

### 5.6.2.2 Alcohol and substance misuse services

- Illicit drug use contributes to the disease burden both globally and in Peterborough. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as the delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale.<sup>62</sup>

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<sup>60</sup> Peterborough Children & Young People's JSNA, <https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/healthcare/public-health/ChildrenAndYoungPeopleJSNA-June2015.pdf?inline=true>

<sup>61</sup> Marston C. (2005) 'Impact on contraceptive practice of making emergency hormonal contraception available over the counter in Great Britain: repeated cross sectional surveys.' *BMJ* 331: 271.

<sup>62</sup> Degenhart L et al. 'Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010'. *Lancet* 2013; e-pub 29 Aug. Available at: <http://www.sciencedirect.com/science/article/pii/S0140673613615305>

- There were 31 drug-related deaths in Peterborough in 2013 - 15, equivalent to a crude rate per 100,000 population of 5.3/100,000. This compares unfavourably with neighbouring Cambridgeshire, within which there were 60 deaths over the same period, representing a crude rate of 3.2/100,000. Since 2001-03, the crude rate in Peterborough was at its highest in 2007-09 (5.9/100,000), however the 2013-15 Peterborough rate of 5.3/100,000 is the highest since 2008-10 (5.8/100,000).

**Figure 26: Drug Related Deaths, Crude rate per 100,000 Population, Peterborough, Cambridgeshire, East of England & England, 2001-03 – 2013-15**

Pooled Period	Peterborough Number of Drug Related Deaths	Cambridgeshire Number of Drug Related Deaths	Peterborough crude rate per 100,000 population	Cambridgeshire crude rate per 100,000 population	East of England crude rate per 100,000	England crude rate per 100,000
2001-03	22	48	4.6	2.7	2.5	3.0
2002-04	25	46	5.2	2.6	2.4	2.8
2003-05	19	40	3.8	2.2	2.4	2.8
2004-06	18	47	3.5	2.6	2.3	2.9
2005-07	18	48	3.3	2.6	2.3	3.0
2006-08	30	55	5.6	3.0	2.5	3.2
2007-09	32	48	5.9	2.6	2.8	3.4
2008-10	32	51	5.8	2.7	2.8	3.4
2009-11	26	50	4.6	2.7	2.7	3.2
2010-12	26	50	4.4	2.6	2.6	3.0
2011-13	23	49	3.7	2.6	2.7	3.1
2012-14	22	52	3.6	2.8	3.0	3.4
2013-15	31	60	5.3	3.2	3.4	3.9

Source: Office for National Statistics, Deaths related to drug poisoning in England/Wales, 2001-2015

Data from the Crime Survey for England 2015-16 suggests 18.0% of 16-24 year olds and 8.4% of 16-59 year olds have used an illicit drug at least once in the past year, whilst 4.7% of 16-24 year olds and 3.3% of 16-59 year olds regularly use illicit drugs at least once per month. Applied to Office for National Statistics mid-year population estimates for 2015, this equates to 3,689 16-24 year olds and 9,559 16-59 year olds in Peterborough who have used in the past year and 963 16-24 year olds and 3,755 16-59 year olds who regularly use illicit drugs at least once a month.

**Figure 27: Estimated Numbers Using Illicit Drugs, Peterborough 2015-16**

Area	Used in last year		Regularly using more than once a month	
	16-24	16-59	16-24	16-59
Peterborough	3,689	9,559	963	3,755

Sources: Crime Survey for England 2015-16, Office for National Statistics Mid-Year Population Estimates

In Peterborough, drug and alcohol services are commissioned by the Public Health Joint Commissioning Unit and delivered by CGL Aspire. The service is a fully integrated treatment system which includes:

- Adult drug and alcohol treatment
- Treatment for young people
- Needle exchange and supervised consumption
- Access to tier 4 detox and rehabilitation

People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community

pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction.

Once clients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Clients often need support to prevent them stopping treatment.

- ***Needle and syringe exchange service***

CGL Aspire, commissioned by the Public Health Joint Commissioning Unit (JCU) which works across Peterborough City Council and Cambridgeshire County Council, contracts community pharmacies to provide access to sterile needles and syringes and sharps containers for return of used equipment. Where agreed locally, associated materials will be provided (for example condoms, citric acid and swabs) to promote safe injecting practice and reduce transmission of infections by substance misusers.

The service provides support and advice to the user, including referral to other health and social care professionals, specialist drug and alcohol treatment services where appropriate and promotes safe practice to the user, including advice on sexual health, STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

The contracted pharmacies provide a sufficient level of privacy and safety and have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including allocation of a safe place to store equipment and returns for safe onward disposal. Storage containers provided by the Specialist Drug Treatment commissioned clinical waste disposal service are used to store returned used equipment.

23 pharmacies in Peterborough are currently contracted to provide a needle exchange service. In 2016/17, this service was provided to 589 clients, of which the majority (521, 88%) were male. In total, there were 1,050 visits made to needle exchange services in Peterborough at pharmacies in 2016/17.

- ***Supervised administration service***

This service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. Contracted pharmacies aim to offer a user-friendly, non-judgemental, client-centred and confidential service. They provide support and advice to the patient, including referral to primary care or specialist centres where appropriate. Examples of medicines which may have consumption supervised include methadone, other medicines used for the management of opiate dependence and medicines used for the management of mental health conditions or tuberculosis. Terms of agreement are set up between the prescriber, pharmacist, patient and patient's key worker – a four way agreement – to decide how the service will operate, what constitutes acceptable behaviour by the client and what action will be taken by the specialist drug treatment service and pharmacist if the user does not comply with the agreement.

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service and are aware of and operate within local protocols. The pharmacy contractor must maintain appropriate records

to ensure effective on-going service delivery and audit and share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

23 community pharmacies currently offer supervised administration services in Peterborough. In 2016/17, an average of 271.4 people per month were on supervised consumption. This equates to an average of 51% of the number of prescribed clients in Peterborough.

Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies are opportunities that could potentially be explored and piloted if it seems feasible to put the necessary systems in place. The aim of such an initiative would be to facilitate access to services and thereby provide earlier diagnosis and/or protection, in a group that is both at high risk and hard to reach. In addition, in some cases a local pharmacy could, through independent or supplementary prescribing and Patient Group Directions (PGDs), provide support to the clients. This could cover both advice and immunisation to protect the person from diseases or blood-borne viruses.

- ***Naloxone kits***

Naloxone is the emergency antidote for overdoses caused by heroin and other opiates/opioids (such as methadone, morphine and fentanyl). 16 pharmacies in Peterborough are contracted via CGL Aspire to issue naloxone kits with training to all substance misuse clients (those accessing supervised administration or needle exchange services). The pharmacies can issue the naloxone kits to clients' friends and relatives, and others who may require one, such as a hostel manager. Pharmacies are also able to refer clients into treatment services provided by CGL Aspire.

As at 29 September 2017, 186 naloxone kits with training had been issued since the service commenced.

- ***Blood borne viruses screening***

Nine pharmacies are contracted via CGL Aspire to provide screening for Hepatitis B virus and Hepatitis C virus to clients at risk, identified by CGL Aspire. Screening involves a finger prick blood sample being taken and aims to ensure timely diagnosis and access to treatment.

As at 29 September 2017, 46 blood borne virus tests had been carried out since the service commenced.

- ***Alcohol brief interventions***

Similarly to the substance misuse services, 16 pharmacies in Peterborough are contracted via CGL Aspire to provide alcohol brief intervention services. Pharmacies offer this service to all customers; customers are asked three screening questions and, depending on their score, may be asked additional questions about their alcohol consumption and have a brief intervention carried out. They may also be referred to CGL Aspire specialist services if appropriate.

As at 29 September 2017, 1,008 screens, 160 brief interventions and 33 referrals had been carried out since the service commenced.

## **5.7 Locally Commissioned Services Commissioned by Cambridgeshire & Peterborough CCG**

### **5.7.1 Directly Observed Therapy (DOT) Service for Tuberculosis Treatment**

Cambridgeshire & Peterborough Clinical Commissioning Group will be commissioning a limited number of pharmacies across Cambridgeshire and Peterborough to deliver a directly observed therapy service specifically for patients with tuberculosis. The service will work closely with the hospital tuberculosis service, who provide training and supervision via tuberculosis nurse specialist(s).

As part of the provision of DOT, pharmacies will ensure that appropriate drugs are given individually three times per week (Monday, Wednesday and Friday) and the patient is observed taking them. They will be required to monitor all attendances and inform the relevant NHS Foundation Trust of non-attendance.

### **5.7.2 Pharmacy Support in Care Homes**

Medication errors in care homes for older people can be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. The CCG employ a small team of CCG pharmacists and pharmacy technicians to work collaboratively with GP practices and care homes to rationalise prescribing, optimise medicines usage and reduce medicines waste. As part of the pharmacy integration fund, NHS England is looking to support community pharmacists working in care homes to ensure that medication is used in the most appropriate way. It is expected that there will be 150 community pharmacists supported to deliver this workstream nationally. It is not yet known how many pharmacists will be involved locally in Peterborough.

In the pharmacy questionnaire, 12/37 pharmacies reported that they currently supply medicines to care homes. No pharmacies reported that they provide a care home service but 18 (48.6%) indicated that they would be willing to provide this as a commissioned service.

### **5.7.3 Community Pharmacy Minor Ailments Service**

There is currently no minor ailment scheme commissioned to be provided by Peterborough pharmacies, although 87% of community pharmacies (32/37) who responded to the PNA community pharmacy questionnaire stated they would be willing to provide the service if commissioned.

The service aimed to provide greater choice for patients and carers and improved access to health care professionals by utilising the expertise of the pharmacists so they become the first port of call for minor ailments.

There is now a national commitment that a minor ailments scheme should be commissioned locally across England by April 2018, although there is debate over whether this needs to be a nationally commissioned service by NHS England or commissioned locally by CCGs.<sup>63</sup>

## **5.8 Healthcare Services Commissioned by NHS England**

There are opportunities for local service commissioning to build on the services provided as essential services to assist in providing effective, integrated healthcare services. A wide range of services are described in the Drug Tariff which are locally commissioned across England including:<sup>64</sup>

- Minor ailments management
- Palliative care services
- Care home services
- Head lice management services
- Gluten free food supply services
- Services to schools
- Out-of-hours services
- Supplementary and independent prescribing by pharmacists
- Medicines assessment and compliance support

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<sup>63</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

<sup>64</sup> Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>



### **5.8.1 Dispensing Review of Use of Medicines**

As part of the contractual arrangements for dispensing doctors, a 'Dispensary Services Quality Scheme' (DSQS) rewards dispensing GP practices for providing high quality services to their dispensing patients. As part of the DSQS, dispensing staff are trained to discuss issues of concordance and compliance with patients during a Dispensing Review of Use of medicines (DRUM). This is a structured review to help patients to manage their medicines more effectively. Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Similar to pharmacy MURs, dispensary DRUMS are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber.

## **5.9 Healthcare services commissioned by other organisations in primary and secondary care**

### **5.9.1 Healthcare associated infections**

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C Difficile. Senior specialist antimicrobial pharmacists within hospitals, primary care trust pharmacists and microbiology/infectious diseases/infection control teams must work together to develop, implement and monitor antimicrobial guidelines across the local health economy. This will involve community pharmacists and GPs working together with hospital teams to align prescribing with the agreed local policy.

Within the secondary care setting, it is possible for pharmacists to lead on 'switching' policies to convert patients from intravenous therapy to oral drug therapy at the earliest appropriate opportunity.

Increasingly, patients are treated with intravenous antibiotics at home. The patient's regular community pharmacy, together with hospital pharmacy services, should be aware of and could be involved in their treatment.

Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAIs). In addition, they are able to inform other primary care practitioners when a prescribed item is not normally available in the community.

### **5.10 Other health advice and support services (non-commissioned)**

In addition to commissioned services, our questionnaire found that community pharmacies provide a number of additional services as described in figure 28. It is important to note that the information provided in this table is self-reported information gathered via the PNA questionnaire completed by community pharmacies.

There is also potential to draw on experience from areas where community pharmacies have worked innovatively to address key local public health challenges and benefit local communities. Possible examples include work around fuel poverty, falls prevention, supporting people at risk of domestic abuse and behavioural change initiatives.

## **Figure 28: Enhanced & Locally Commissioned Services – Peterborough Provision**

Service	Currently providing under Contract with Local NHS England Team	Currently providing under contract with Clinical Commissioning Group	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant Monitoring Service	0 (0%)	0 (0%)	0 (0%)	30 (81%)	7 (19%)
Anti-viral Distribution Service	0 (0%)	0 (0%)	1 (3%)	29 (78%)	7 (19%)
Care Home Service	0 (0%)	0 (0%)	0 (0%)	29 (78%)	8 (22%)
Chlamydia Testing Service	2 (5%)	1 (3%)	2 (5%)	25 (68%)	7 (19%)
Chlamydia Treatment Service	0 (0%)	1 (3%)	1 (3%)	28 (76%)	7 (19%)
Contraception Service (Not Emergency Contraception)	1 (3%)	1 (3%)	1 (3%)	27 (73%)	7 (19%)
Emergency Contraception Service	4 (11%)	2 (5%)	4 (11%)	23 (62%)	4 (11%)
Emergency Supply Service	6 (16%)	1 (3%)	1 (3%)	27 (73%)	2 (5%)
Gluten Free Food Supply Service	0 (0%)	1 (3%)	0 (0%)	29 (78%)	7 (19%)
Home Delivery Service (not appliances)	11 (30%)	1 (3%)	4 (11%)	18 (49%)	3 (8%)
Independent Prescribing Service	0 (0%)	0 (0%)	0 (0%)	26 (70%)	11 (30%)
Language Access Service	0 (0%)	0 (0%)	0 (0%)	27 (73%)	10 (27%)
Medication Review Service	18 (45%)	2 (5%)	1 (3%)	16 (40%)	3 (8%)
Medicines Assessment & Compliance Support Service	3 (8%)	0 (0%)	0 (0%)	29 (78%)	5 (14%)
Minor Ailment Scheme	0 (0%)	0 (0%)	0 (0%)	32 (87%)	5 (14%)
MUR Plus/Medicines Optimisation Service	1 (3%)	0 (0%)	0 (0%)	31 (35%)	5 (14%)
Needle & Syringe Exchange Service	10 (27%)	2 (5%)	4 (11%)	10 (27%)	11 (30%)
Obesity Management (Adults & Children)	0 (0%)	0 (0%)	1 (3%)	28 (76%)	8 (22%)
Not Dispensed Scheme	0 (0%)	0 (0%)	0 (0%)	29 (78%)	8 (22%)
On Demand Availability of Specialist Drugs Service	0 (0%)	0 (0%)	0 (0%)	28 (76%)	9 (24%)
Out-of-hours Service	2 (5%)	0 (0%)	0 (0%)	18 (49%)	17 (46%)
Patient Group Direction Service	4 (11%)	1 (3%)	4 (11%)	25 (68%)	3 (8%)
Phlebotomy Service	0 (0%)	0 (0%)	0 (0%)	25 (68%)	12 (32%)
Prescriber Support Service	0 (0%)	0 (0%)	0 (0%)	26 (70%)	11 (30%)
Schools Service	0 (0%)	0 (0%)	0 (0%)	26 (70%)	11 (30%)
Sharps Disposal Service	0 (24%)	2 (5%)	1 (3%)	19 (51%)	6 (16%)
Stop Smoking Service	8 (22%)	2 (5%)	5 (14%)	19 (51%)	3 (8%)
Supervised Administration Service	19 (51%)	4 (11%)	4 (11%)	5 (14%)	5 (14%)
Vascular Risk Assessment Service (NHS Health Check)	0 (0%)	0 (0%)	0 (0%)	28 (76%)	9 (24%)

Service	Currently providing under Contract with Local NHS England Team	Currently providing under contract with Clinical Commissioning Group	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Supplementary Prescribing Service	0 (0%)	0 (0%)	0 (0%)	26 (70%)	11 (30%)

Source: Peterborough Community Pharmacy Survey 2017

Of particular note within the community pharmacy survey table above and contained within Appendix 3 is the willingness of community pharmacies to provide additional enhanced services if they were commissioned to do so. 32 respondents (87%) said they would be willing to provide a minor ailment scheme if commissioned, 30 respondents (81%) would be willing to offer anticoagulant monitoring and 29 (78%) anti-viral distribution services and a care home service if commissioned.

Additionally, at least 29 (78%) of respondents suggested they would be willing to provide disease specific management services for a range of conditions, including diabetes, hypertension, asthma and depression and over 70% of respondents would be willing to provide a range of screening/vaccination services if commissioned.

### 5.10.1 Community pharmacy palliative care service

Palliative care is the care of any patient with an advanced, incurable disease. It involves the control of symptoms, such as pain and aims to improve quality of life for both patients and their families. Drug treatment plays a major role in symptom control in palliative care. The aim is to ensure that appropriate palliative care drugs are available in the community at the point of need.

In this non-commissioned service, designated community pharmacies hold essential palliative care drugs for easier access. The drugs that must be held in stock by pharmacies taking part in the scheme are listed in the essential list of palliative care drugs agreed with palliative care clinicians. When pharmacies are closed Herts Urgent Care are required to meet the needs of patients for provision of essential palliative care drugs in Peterborough.

### 5.10.2. Electronic prescriptions

Responses to the PNA public consultation in 2014 suggested that electronic prescriptions might be beneficial to providing a good service and improve communication between GPs and pharmacies. The Electronic Prescription Service (EPS) allows the transfer of a prescription from the prescriber to pharmacy (or other dispensing contractor) by electronic means rather than the traditional paper form. The introduction and running of the EPS service is managed by an NHS department. The Murray report recommends that electronic repeat dispensing should become the default for repeat prescribing and its use should be incentivised both for community pharmacies and for GPs.<sup>65</sup>

In Peterborough, all community pharmacies are enabled to receive electronic prescriptions.

### 5.10.3 Community Pharmacy Healthy Start Service

Healthy Start is the Department of Health's scheme to help pregnant women and children under four years of age in low income families eat healthily. Women who qualify for Healthy Start, including those on certain benefits and all pregnant women under the age of 18, receive free food and vitamin vouchers. Healthy start

<sup>65</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>

provides vitamin supplements through arrangements with local community pharmacies. Pharmacy coverage is voluntary and unpaid.

The scheme helps to support breastfeeding and offers nutrition support to pregnant women and young children, including eating five a day and following a healthy diet with Healthy Start vitamins. Recipients receive weekly food vouchers to exchange for fresh and frozen fruit and vegetables, plain cow's milk and cow's milk based infant formula and vouchers every eight weeks for free vitamin supplements for children from six months until their fourth birthday and free vitamin supplements for pregnant women and women with babies up to one year old. The scheme also has the advantage of encouraging earlier and closer contact between health professionals and families from disadvantaged groups.

#### **5.10.4 Travel immunisation clinics**

Five community pharmacies (13.5%) responded to the community pharmacy questionnaire to state that they provided travel immunisation vaccinations. A further 27 (73.0%) would be willing to provide the service if commissioned.

## 6. Future Population Changes and Housing Growth

This section considers population changes and housing growth in Peterborough. Particular emphasis is placed on expected housing completions during 2018 to 2021, which is the three-year period before the PNA will need to be updated.

### 6.1 Summary of key findings

Over the coming years the population in Peterborough is expected to both age and grow substantially in numbers. An increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs. Several large-scale housing developments are in progress and considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site.

To facilitate commissioning of pharmaceutical services responsive to population needs, the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmaceutical services provision might be required.

### 6.2 Population changes in Peterborough

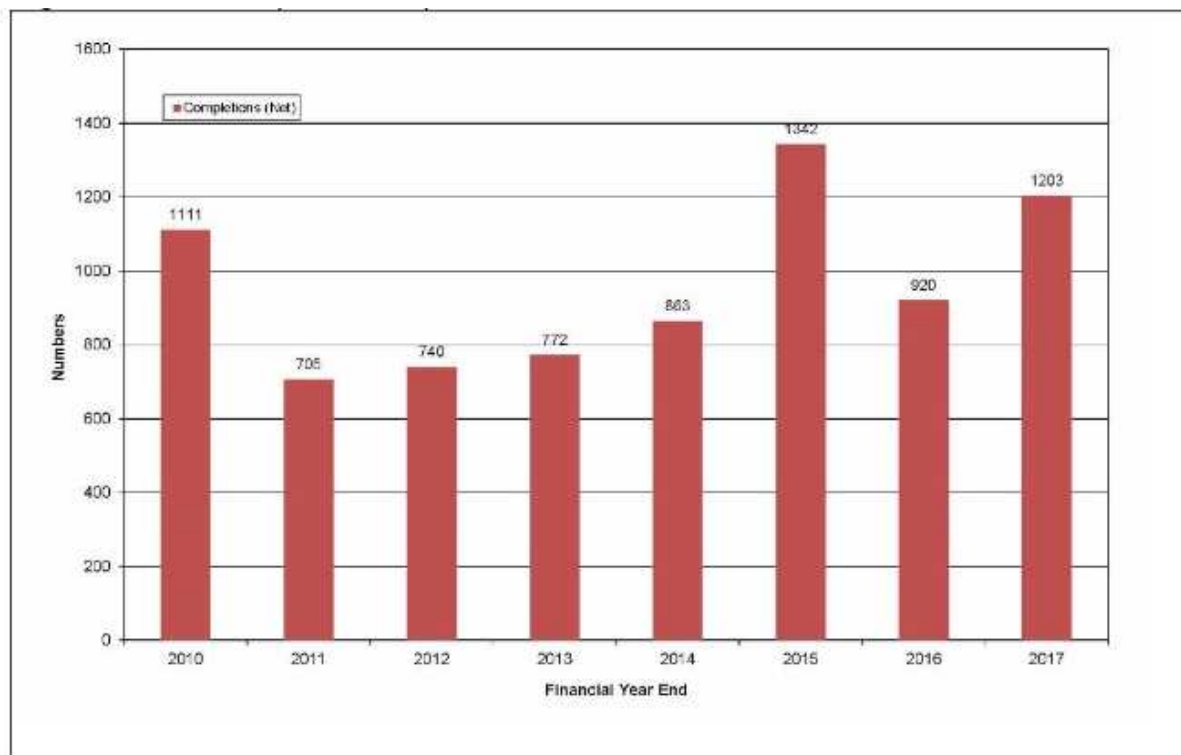
The population of Peterborough was 198,130 in 2016 and is expected to increase by approximately 18,290 (9.2%) to 216,420 by 2021.

The adult population (age 18 to 64) in Peterborough is expected to increase by 8.0% between 2016 and 2021. The number of people in Peterborough aged over 65 years is expected to increase by 14.1% between 2016 and 2021.

### 6.3 Housing growth

Peterborough has continued to see housing growth, with 1,203 net completions within the authority area between 1 April 2016 and 31 March 2017, of these 177 (14.7%) were built in urban extensions, 888 (73.2%) were built in the rest of the urban area, with 146 (12.1%) built in the rural area.

**Figure 29: Net completions April 2009 to March 2017**



Source: Peterborough City Council Internal Data

The 2013 update of the Strategic Housing Market Assessment (SHMA) proposes a total of 27,625 new dwellings in Peterborough from 2011 to 2031.

**Figure 30: Dwelling Completions (NET) in Peterborough and Cambridgeshire**

Area	2013-2014	2014-2015	2015-2016
Peterborough	863	1342	920
Cambridgeshire	3,176	2,812	2,540

NET completions include all dwelling gains in monitoring year minus the losses (demolitions, etc)

Source: Housing Development in Peterborough District 1 April 2016 to 31 March 2017

Figure 31 describes dwelling commitments in Peterborough (commitments include those with outline planning permission, and full/reserved permissions).

**Figure 31: Dwelling Commitments in Peterborough at 31 March 2017**

Outline planning permission	Full / Reserved Matters permission, Not Started	Total Commitments
5,295	2,893	8,188

Source: Housing Development in Peterborough District 1 April 2016 to 31 March 2017

#### 6.4 Dwellings with Planning Permission Outstanding.

Outstanding permissions are composed of:

- Dwellings not yet completed on sites currently under construction.
- Dwellings on sites where no development activity has occurred.

At 31 March 2017 there were 8,188 dwellings with outstanding planning permission. Of the unimplemented permissions 2,893 had full permission and 5,295 had outline permission. Of the outline

permissions 3,675 (69.4%) are located in urban extensions, 2,349 at Hampton, 963 at Paston Reserve and 363 at Stanground South.

Outstanding permissions give some indication of where future development may occur; although not all applications will be implemented. The wards and parishes with the greatest number of outstanding permissions are set out in the table below: -

**Figure 32: Wards and parishes with the greatest number of outstanding permissions, as at 31 March 2017**

Location of Outstanding Permissions at 31 March 2017	
Urban Wards	
Hargate and Hempsted	3,336
Hampton Vale	1,196
Gunthorpe	971
Central	672
Stanground South	668
Fletton and Stanground	313
Fletton and Woodston	116
Rural Parishes	
Thorney	202
Eye	134
Barnack	82
Newborough and Borough Fen	58
Glington	44

Source: Housing Development in Peterborough District 1 April 2016 to 31 March 2017

All other urban wards have fewer than 100 dwellings with outstanding permission and rural parishes have fewer than 30 dwellings outstanding.

### 6.5 Growth during the PNA period (2018 – 2021)

The Peterborough Core Strategy makes provision for an annual equivalent of 1,500 net new dwellings for the period 2009-2026. The greater proportion of these are planned to be delivered within the urban extensions of Peterborough. Urban extensions can take many years in the planning system before delivering new homes. In Peterborough there are five urban extensions:

- Hampton, started in 1997, and during this PNA period is likely to increase by another 1200 dwellings.
- Paston Reserve, started in 2008/09, and during this PNA period is likely to increase by another 520 dwellings.
- Stanground South, started in 2010, and during this PNA period is likely to increase by another 600 dwellings.
- Great Haddon, which has not gained planning permission at the time of this PNA but at the end of the PNA period may have 600 completed dwellings.
- Norwood, which has not gained planning permission at the time of this PNA but at the end of the PNA period may have 150 completed dwellings.



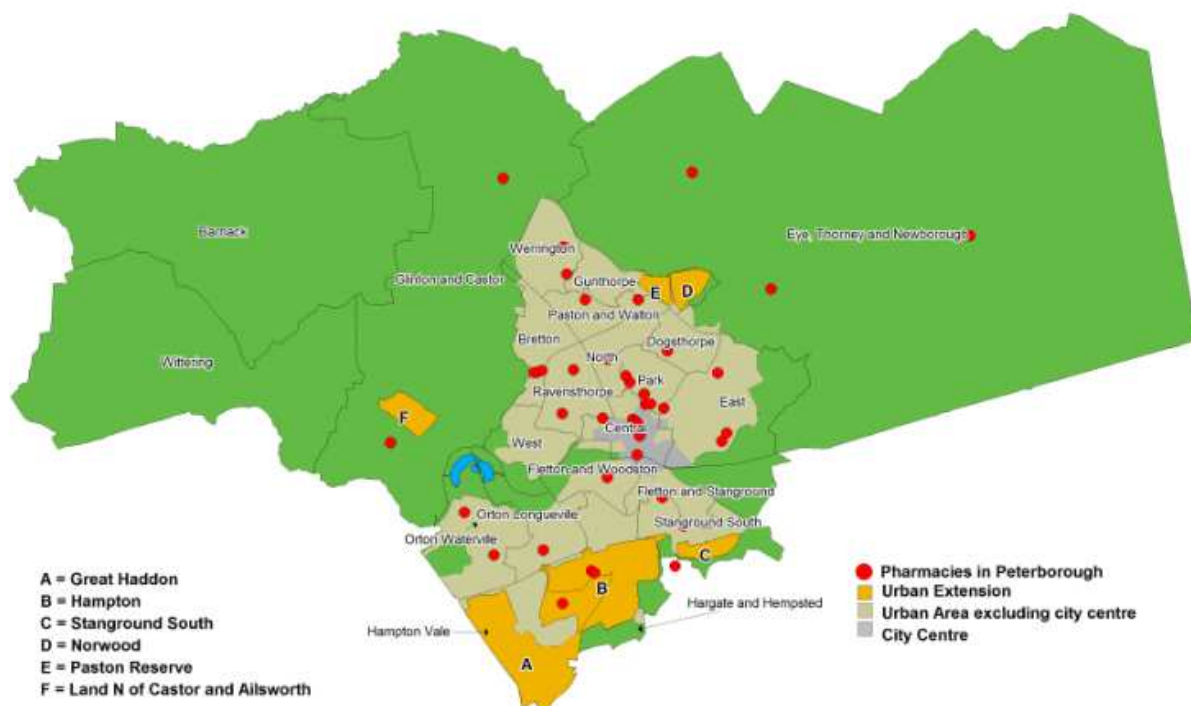
Figure 33 shows the location of major developments in Peterborough between 2009 and 2026.

**Figure 33: Location of major developments in Peterborough (2009 to 2026)**

Site/Location	Minimum Number of Dwellings at 2009	% of Minimum delivered	Completions since 2009 (NET)	Outstanding Permissions/allocations
<b>City of Peterborough (39%)</b>				
City Centre	4300	17	1418	2343
District Centres	1300	5	391	1118
Peterborough Urban Area	4400	17	2506	2139
<b>Urban Extensions (57%)</b>				
Hampton	4100	16	1040	3569
Paston Reserve	1200	5	371	963
Norwood	2300	9	0	2300
Stanground South	1500	6	1196	515
Great Haddon	5300	21	0	5960
<b>Villages (4%)</b>				
Key Service Centres	600	2	432	330
Limited Growth Villages	4500	2	205	381
Small Villages	50	0	70	21
The Countryside	0	0	23	10
<b>TOTAL (100%)</b>	<b>25000</b>	<b>30</b>	<b>7652</b>	<b>19649</b>

Source: Source: Housing Development in Peterborough District 1 April 2016 to 31 March 2017

**Figure 34: Strategic Growth Sites & Pharmacies, Peterborough (as of September 2017)**



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Source: Peterborough City Council Internal Data/NHS England Pharmacy Data

## **6.6 Growth after 2021**

After 2021, there are likely to be additional sites that need to be taken account of in future PNAs.

## **6.7 Monitoring of housing developments and needs for pharmaceutical services**

In addition to the growing and ageing population, the large-scale housing developments in progress can impact on the need for pharmaceutical services in their area in the future.

The HWB has considered ways of monitoring the progress of planned housing developments in relation to need for pharmaceutical services.

### **6.7.1 Monitoring of housing developments**

Peterborough City Council Business Intelligence team publishes regular updates on the status of major housing developments in Peterborough. This information will be used to inform monitoring of need for pharmaceutical services before the next PNA is published.

In addition to monitoring individual housing sites, it may be necessary to monitor cumulative developments across several sites; i.e. if a number of smaller developments are built in an area then future completions may be worth monitoring by town/village/vicinity to pharmacies as well as just by individual housing developments. This might be particularly relevant where the ratio of pharmacies to people is already above or below average.

### **6.7.2 Effect of Growth on a Reserved Location**

A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of 1.6km (1 mile) of the proposed premises or location is fewer than 2,750.

Should the population reach or exceed 2,750 the pharmacy, if already open, can apply to NHS England for a re-determination of reserved location status. If this status is removed then, subject to the prejudice test, the normal one mile rule would apply (i.e. the doctors lose dispensing rights within a mile of the pharmacy).

### **6.7.3 Factors to consider in relation to needs for pharmaceutical services**

In Peterborough there is currently one pharmaceutical provider per 4,409 people. The lowest concentration of pharmacies in England is one pharmacy per 4,924 people (in Wessex) and the highest concentration is one pharmacy per 3,768 people (Cheshire and Merseyside).

According to the 2011 Census the average number of people per household in East of England is 2.3-2.4 (the average for England is 2.3). However, analysis undertaken by Cambridgeshire Research Group, to forecast the population of new developments in Cambridgeshire, suggested that it is reasonable to assume an average household size of 2.5 people. Note that the average household size in the new developments tends to be larger than the standard multiplier used of 2.5, with some growth sites in Cambridgeshire seeing average household sizes of 2.8. This has implications for service delivery in new developments (i.e. coping with an increase in population compared to predicted populations). The average household size was expected to be relatively consistent in different housing mix scenarios, so that the average would be between 2.25 and 2.75 people for most scenarios.

The HWB is not aware of any robust evidence to suggest a generic 'population trigger point' for when a housing development in a location might need a pharmaceutical service provider. The HWB is also not aware of any measure of the extent to which existing local pharmaceutical service providers can accommodate the increase in need for pharmaceutical services created by an increase in local population size.

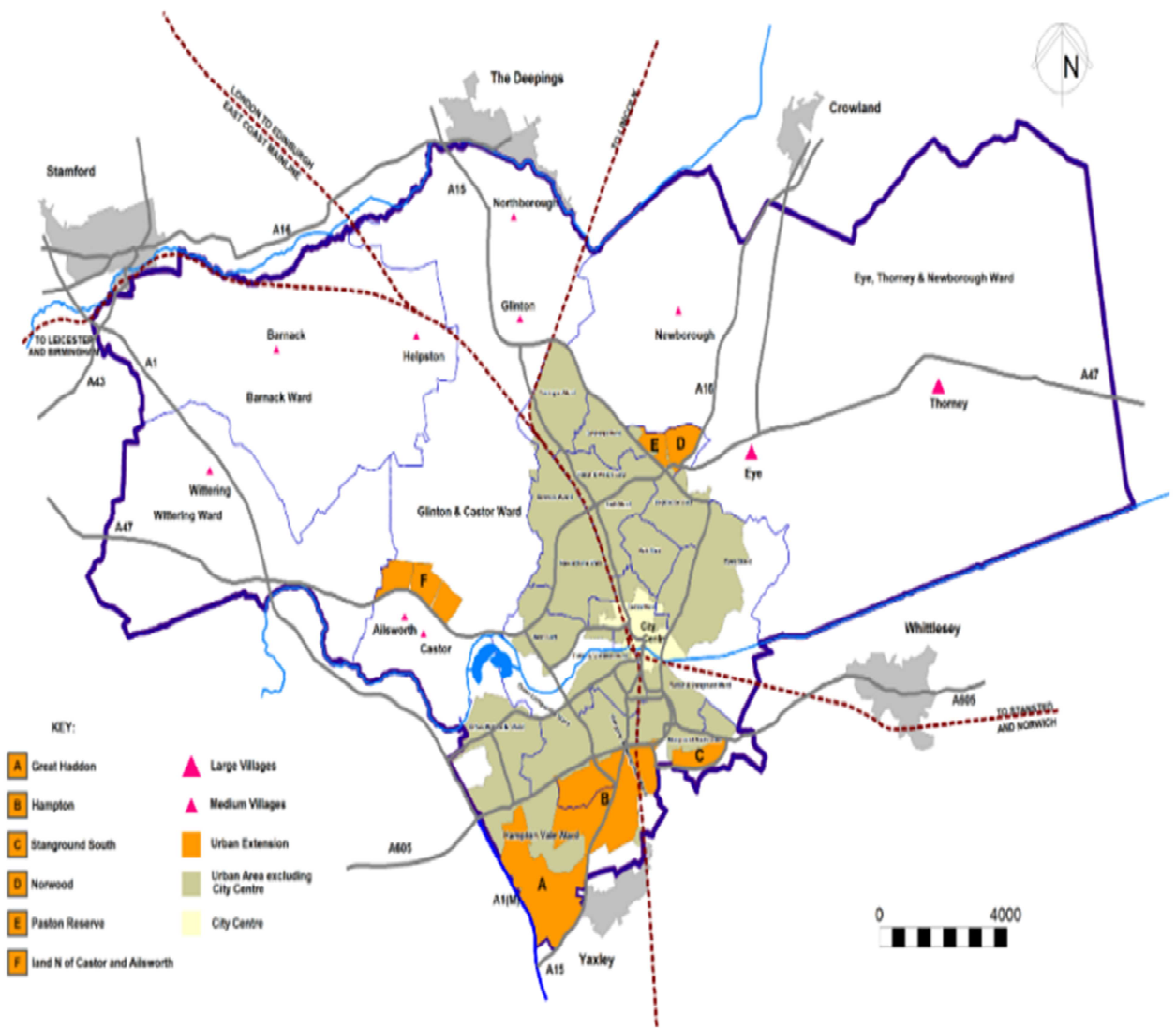
The current ratio of one pharmacy per 4,409 people is close to the England average, however if the expected growth in Peterborough is delivered and the population increases to 216,420 by 2021, and no additional pharmaceutical services are provided the ratio will change to one pharmacy per 4,918 or 20.3 providers per 100,000 population, this would make Peterborough below the England average and an outlier nationally. It is important to note that this is a simplistic view and assumes the growth is uniformly spread across Peterborough when in reality the growth is clustered in a few locations and as such the decision to allow additional pharmaceutical providers to open needs to take into account local factors as outlined below. An increase in population size is likely to generate an increased need for pharmaceutical services, but, on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

Considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site. Such factors may include:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e. the proportion of affordable housing at the development.
- Existing pharmaceutical service provision in nearby areas and elsewhere in the county and opportunities to optimise existing local pharmaceutical service provision.
- Access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors that can supply services.
- Developments in pharmaceutical supply models (e.g. delivery services, robotic dispensing, centralised hub dispensing and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver.
- Skill mix. A pharmacy's capacity to dispense larger volumes of prescriptions and/or deliver other services is greatly influenced by the number of pharmacists working in the pharmacy and, increasingly more importantly, the number of support staff. There have been significant developments in the roles that support staff can now fulfil to support the pharmacy operation. Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians all now make a significant contribution to the delivery of pharmacy services and their availability to support a pharmacist should be considered by commissioners when considering how services can be commissioned from pharmacies.
- Considerations of health inequalities and strategic priorities for Cambridgeshire.

In conclusion, over the coming years, the population in Peterborough is expected to both age and grow substantially in numbers. Several large-scale housing developments are in progress. The Peterborough HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmaceutical services provision might be required.

Figure 35: Strategic Growth sites in Peterborough



## Appendix 1: Legal requirements for PNAs

This section contains an extract from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended by The National Health Service (Pharmaceutical Services, Charges and Prescribing (Amendment) Regulations 2016. Please note that the HWB takes no responsibility for the accuracy of the extract. The full text of the Regulations is available at:

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

**1. These regulations may be cited as the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and came into force on 1 April 2013.**

**2. Interpretation** (long – see website)

**3. The pharmaceutical services the PNA must cover are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for:**

- a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
- b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
- c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NSH services that may be provided under arrangements made by the NHSCB with a dispensing doctor)

**4. Information to be contained in PNA**

- (1) Each PNA must contain the information set out in Schedule 1.
- (2) Each HWB must, in so far as is practicable, keep up-to-date the map which it includes in its PNA pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement)

**5. Date by which the first HWB PNAs are to be published**

*Each HWB must publish its first PNA by 1 April 2015.*

**6. Subsequent assessments**

- (1) After it has published its first PNA, each HWB must publish a statement of its revised assessment within three years of its previous publication.
- (2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular changes to –
  - a) the number of people in its area who require pharmaceutical services;
  - b) the demography of its area; and
  - c) the risks to the health or wellbeing of people in its area,unless it is satisfied that making a revised assessment would be a disproportionate response.
- (3) Pending the publication of a statement or a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services (..) where –
  - a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or(ii) of the 2006 Act; and
  - b) the HWB –
    - (i) is satisfied that making its first or revised assessment would be a disproportionate response, or
    - (ii) is in the course of making its first or revised assessment and is satisfied that immediate notification of its PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

- (4) *Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application-*
- a) *to meet a current or future need for pharmaceutical services; or*
  - b) *to secure improvements, or better access, to pharmaceutical services,*

*The relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap and any such statement becomes part of the pharmaceutical needs assessment.”*

### **7. Temporary extension of PCT PNAs and access by the NHSCB and HWBs to PNAs**

*Before the publication by an HWB of the first PNA that it prepares for its area, the PNA that relates to any locality within that area is the PNA that relates to that locality of the PCT for that locality immediately before the appointed day, read with*

- a) *any supplementary statement published by the PCT (..)*
- b) *any supplementary statement published by the HWB (..)*

*Each HWB must ensure that the NHSCB has access to –*

- a) *the HWB’s PNA (including any supplementary statements) (..)*
- b) *any supplementary statement that the HWB publishes (..)*
- c) *any PNA of a PCT that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations*

*Each HWB must ensure that, as necessary, other HWBs have access to any PNAs of any PCT that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.*

### **8. Consultation on PNAs**

*(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—*

*(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);*

*(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);*

*(c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;*

*(d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;*

*(e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and*

*(f) any NHS trust or NHS foundation trust in its area;*

*(g) the NHSCB; and*

*(h) any neighbouring HWB.*

*(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.*

*(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—*

*(a) must consult that Committee before making its response to the consultation; and*

*(b) must have regard to any representations received from the Committee when making its response to the consultation.*

*(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.*

*(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.*

*(6) If a person consulted on a draft under paragraph (2)—*

*(a) is treated as served with the draft by virtue of paragraph (5); or*

*(b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).*

#### **9. Matters for consideration when making assessments**

*(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—*

*(a) the demography of its area;*

*(b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;*

*(c) any different needs of different localities within its area;*

*(d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—*

*(i) the need for pharmaceutical services in its area, or*

*(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and*

*(e) any other NHS services provided in or outside its area (which are not covered by subparagraph*

*(d)) which affect—*

*(i) the need for pharmaceutical services in its area, or*

*(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.*

*(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—*

*(a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and*

*(b) having regard to likely changes to—*



- (i) the number of people in its area who require pharmaceutical services,*
- (ii) the demography of its area, and*
- (iii) the risks to the health or wellbeing of people in its area.*

#### **SCHEDULE 1 Regulation 4(1)**

*Information to be contained in pharmaceutical needs assessments*

##### **Necessary services: current provision**

**1.** *A statement of the pharmaceutical services that the HWB has identified as services that are provided—*

*(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and*

*(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).*

##### **Necessary services: gaps in provision**

**2.** *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—*

*(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;*

*(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.*

##### **Other relevant services: current provision**

**3.** *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—*

*(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;*

*(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;*

*(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.*

##### **Improvements and better access: gaps in provision**

**4.** *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—*

*(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,*

*(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.*

##### **Other NHS services**

**5.** A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—

(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

**How the assessment was carried out**

**6.** An explanation of how the assessment has been carried out, and in particular—

(a) how it has determined what are the localities in its area;

(b) how it has taken into account (where applicable)—

(i) the different needs of different localities in its area, and

(ii) the different needs of people in its area who share a protected characteristic; and

(c) a report on the consultation that it has undertaken.

**Map of provision**

**7.** A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

## Appendix 2: List of Pharmacies and Dispensing Practices in Peterborough as at 1 June 2017

Pharmacy Code	Pharmacy Name	Pharmacy Type	Address 1	Address 2	Address 3
FRF00	Asda Pharmacy	Pharmacy	Asda Stores Ltd	West Rivergate Shop Ctre	Viersen Platz, Peterborough
FFC50	Botolph Bridge Pharmacy	Pharmacy	Wellperson Limited	Unit B	Sugar Way, Peterborough
FLV51	Charter Healthcare	Appliance Contractor	Charter Healthcare	Unit 1 The Links	Bakewell Road, Orton Southgate, Peterborough
FMC67	City Pharmacy	Pharmacy	Mr Kassim Kurji	50 Lincoln Road	Peterborough
FT327	Dogsthorpe Pharmacy	Pharmacy	N P Patel	54 Central Avenue	Dogsthorpe, Peterborough
FNL18	Graham Young (Chemist) 2007 Ltd	Pharmacy	Graham Young Chemist (2007) Ltd	Lincoln Road	Peterborough
FCM31	Granville Pharmacy	Pharmacy	Granville Pharmacy	35 Granville Street	Peterborough
FCE38	Halls The Chemist	Pharmacy	Repeat Prescription Order Line Ltd	92 Peterborough Road	Farcet, Peterborough
FD217	Halls The Chemist	Pharmacy	Repeat Prescription Order Line Ltd	14A Church Street	Thorney, Peterborough
FK836	Halls The Chemist	Pharmacy	Repeat Prescription Order Line Ltd	The Old Chapel	Church Hill, Castor, Peterborough
FR840	Halls The Chemist	Pharmacy	Repeat Prescription Order Line Ltd	57 Napier Place	Orton Wistow, Peterborough
FJ438	Hampton Pharmacy	Pharmacy	Hampton Vale Health Ltd	14 Stewartby Avenue	Hampton Vale, Peterborough
FCF98	Lloyds Pharmacy	Pharmacy	Lloyds Pharmacy Ltd	The Nene Valley Med Ctr	Clayton Orton Goldhay, Peterborough
FN982	Lloyds Pharmacy	Pharmacy	Lloyds Pharmacy Ltd	J.Sainsburys Superstore	Oxney Road, Peterborough
FQP03	Lloyds Pharmacy	Pharmacy	Lloyds Pharmacy Ltd	Sainsburys	Flaxland, Bretton, Peterborough
FTK85	Lloyds Pharmacy	Pharmacy	Lloyds Pharmacy Ltd	3 Bushfield, Orton Centre	Orton Goldhay, Peterborough
FWP72	Mi Pharmacy (Eastfield Branch)	Pharmacy	MI Pharmacy Limited	127 Eastfield Road	Peterborough
FNF85	Mi Pharmacy (Park Road Branch)	Pharmacy	MI Pharmacy Limited	164 Park Road	Peterborough
FKC24	Mi Pharmacy (Werrington Branch)	Pharmacy	MI Pharmacy Limited	12B Skaters Way	Werrington, Peterborough
FRK33	Millfield Pharmacy	Pharmacy	Millfield Chemists	387 Lincoln Road	Peterborough
FL030	Netherton Pharmacy	Pharmacy	Mr Mohammed Nanji	57 Ledbury Road	Netherton, Peterborough
FP572	Newborough Pharmacy	Pharmacy	Mr Meb Dattoo	42-46 School Road	Newborough, Peterborough
FA886	Odedra Rc	Pharmacy	R C Odedra	Rectory Gardens	Old Fletton, Peterborough
FW010	Pharmacy First	Pharmacy	Mohammed Azam	51 Lincoln Road	Peterborough
FCC95	Pharmacy Medicines Ltd	Pharmacy	Pharmacy Medicines Ltd	11 Fenlake Business Ctre	Fengate, Peterborough
FJR07	Pharmadose Limited	Pharmacy	Pharmadose Limited	14 Dodson Way	Fen Court, Peterborough
FPM97	Respond Healthcare Limited	Appliance Contractor	Respond Healthcare Limited	20 Phorpres Close	Cygnets Park, Hampton, Peterborough
FGD82	Rowlands Pharmacy	Pharmacy	L Rowland & Co (Retail) Ltd	178A Mountsteven Avenue	Walton, Peterborough
FL013	Rowlands Pharmacy	Pharmacy	L Rowland & Co (Retail) Ltd	New Primary Care Centre	Craig Street, Peterborough

Pharmacy Code	Pharmacy Name	Pharmacy Type	Address 1	Address 2	Address 3
FCK31	Shrives Chemist	Pharmacy	Shrives Chemist	14 Westgate	
FK361	Tesco Instore Pharmacy	Pharmacy	Tesco Plc	Serpentine Green	Hampton Hargate
FHL89	The Chemist Shop	Pharmacy	MMO Pharma Ltd	4 Rectory Lane	Glington
FK594	Thomas Walker Pharmacy	Pharmacy	Ali-Chem Ltd	Thomas Walker Med Centre	87 Princes Street, Peterborough
FDN91	Well Millfield - Lincoln Road	Pharmacy	Bestway Panacea Healthcare Ltd	303-307 Lincoln Road	Millfield, Peterborough
FL131	Well Paston - Chadburn Centre	Pharmacy	Bestway Panacea Healthcare Ltd	Chadburn Centre	Paston, Peterborough
FJK89	Well Stanground	Pharmacy	Bestway Panacea Healthcare Ltd	Stanground Surgery	Whittlesey Rd, Stanground
FY024	Well Westgate - Park Road	Pharmacy	Bestway Panacea Healthcare Ltd	Westgate House	Westgate, Peterborough
FE246	Well Westwood - Hampton Court	Pharmacy	Bestway Panacea Healthcare Ltd	2-6 Hampton Court	Westwood, Peterborough
FTX88	Werrington Pharmacy	Pharmacy	Werrington Healthcare Ltd	97 Church Street	Werrington Village, Peterborough
FTF01	West Town Chemist	Pharmacy	Guidebrook Limited	63-65 Mayors Walk	West Town, Peterborough
FF862	Your Local Boots Pharmacy	Pharmacy	Boots Group Plc	21 High Street	Eye, Peterborough
FPD00	Your Local Boots Pharmacy	Pharmacy	Boots Group Plc	The Bretton Health Centre	Rightwell East, Bretton
FQ495	Your Local Boots Pharmacy	Pharmacy	Boots Group Plc	Queensgate Centre	Peterborough
FTQ69	Your Local Boots Pharmacy	Pharmacy	Boots Group Plc	Unit 2	The Bretton Centre
FVP32	Your Local Boots Pharmacy	Pharmacy	Boots Group Plc	Unit 2	Serpentine Green, Hampton Hargate
D81022	Thorney Medical Practice	Dispensing Practice	Wisbech Road	Thorney	Peterborough
D81029	Old Fletton Medical Practice	Dispensing Practice	Rectory Gardens	Old Fletton	Peterborough
D81618	Ailsworth Medical Centre	Dispensing Practice	32 Main Street	Ailsworth	Peterborough

## Appendix 3: Results of Community Pharmacy Questionnaire and Dispensing Pharmacy Questionnaire 2017

### Results of Community Pharmacy Questionnaire 2017

A questionnaire was sent to all 41 community pharmacies in Peterborough. There were 37 returned questionnaires, representing a response rate of 90.2% - higher than the response rate of the previous PNA which was 67%.

Within the below analysis, response percentages may not sum to 100.0% due to rounding.

It is important to note that the information below is self-reported and there may therefore be some discrepancies with other information sources (e.g. commissioners of services).

#### 1. Consultation Facilities

Question	Response
Are consultation facilities on site and do they include wheelchair access?	34 (92%) available with wheelchair access 2 (5%) available without wheelchair access 1 (3%) none
Where this is a consultation area, is it a closed room?	36 (100%) yes 0 (0%) no
During consultations, are there hand-washing facilities?	20 (54%) yes, in the consultation area 10 (27%) yes, close to the consultation area 7 (19%) none or not applicable
Do patients attending for consultations have access to toilet facilities?	12 (32%) yes 25 (68%) no or not applicable
What off-site consultation facilities are available? (Multiple answers possible)	0 (0%) offer an off-site consultation area (e.g. an area assigned by NHS England local team) 24 (65%) are willing to undertake consultations in patient's home/other suitable area
Which languages are spoken in the pharmacy, in addition to English? (Multiple answers possible)	14 (38%) Urdu 13 (35%) Gujarati 13 (35%) Punjabi 11 (30%) Hindu 8 (22%) Polish 4 (11%) Russian 3 (8%) Lithuanian 3 (8%) Spanish 2 (5%) Cantonese 2 (5%) Portuguese 2 (5%) Telugu 1 (3%) Bengali 1 (3%) British Sign Language 1 (3%) Cutchi 1 (3%) Kachi 1 (3%) Latvian 1 (3%) Kiswahili 1 (3%) Malay

	<p>1 (3%) Nepali</p> <p>1 (3%) Romanian</p> <p>1 (3%) Slovakian</p>
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## 2. ICT Facilities

Question	Response
Is the Electronic Prescription Service Release 2 enabled at your pharmacy?	37 (100%) yes 0 (0%) no
Is NHS Mail used at your pharmacy?	24 (65%) yes 13 (35%) no
Is the NHS Summary Care Record enabled at your pharmacy?	36 (97%) yes 1 (2%) no
Is your NHS Choice entry up-to-date?	37 (100%) yes 0 (0%) no

## 3. Healthy Living Pharmacy Status

Question	Response
What is the Healthy Living Pharmacy (HLP) status of your pharmacy?	5 (14%) have achieved healthy living status 32 (86%) are working towards HLP status 0 (0%) are not currently working towards HLP status

## 4. Advanced Services

Question	Response
Does the pharmacy dispense appliances?	28 (76%) yes – all types 4 (11%) yes – just dressing 2 (5%) yes – excluding stoma and incontinence appliances 1 (3%) yes – excluding stoma appliances 1 (3%) yes – excluding incontinence appliances 1 (3%) no – none
Does the pharmacy provide a Medicines Use Review Service?	36 (97%) yes 1 (3%) no – not intending to provide
Does the pharmacy provide a New Medicine Does the pharmacy Service?	35 (95%) yes 1 (3%) no – but intending to begin within next 12 months 1 (3%) no – not intending to provide
Does the pharmacy provide an Appliance Use Review Service?	6 (16%) yes 7 (19%) no – but intending to begin within next 12 months 24 (65%) no – not intending to provide
Does the pharmacy provide a Stoma Appliance Customisation Service?	4 (11%) yes 7 (19%) no – but intending to begin within next 12 months 26 (70%) no – not intending to provide
Does the pharmacy offer an Influenza Vaccination Service?	29 (78%) yes 7 (19%) no – but intending to begin within next 12 months 1 (3%) no – not intending to provide

Does the pharmacy offer an NHS Urgent Medicine Supply Advanced Service?	7 (19%) yes 16 (43%) no – but intending to begin within next 12 months 14 (38%) no – not intending to provide
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## 5. Enhanced & Locally Commissioned Services – Peterborough Provision

Service	Currently providing under Contract with Local NHS England Team	Currently providing under contract with Clinical Commissioning Group	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant Monitoring Service	0 (0%)	0 (0%)	0 (0%)	30 (81%)	7 (19%)
Anti-viral Distribution Service	0 (0%)	0 (0%)	1 (3%)	29 (78%)	7 (19%)
Care Home Service	0 (0%)	0 (0%)	0 (0%)	29 (78%)	8 (22%)
Chlamydia Testing Service	2 (5%)	1 (3%)	2 (5%)	25 (68%)	7 (19%)
Chlamydia Treatment Service	0 (0%)	1 (3%)	1 (3%)	28 (76%)	7 (19%)
Contraception Service (Not Emergency Contraception)	1 (3%)	1 (3%)	1 (3%)	27 (73%)	7 (19%)
Emergency Contraception Service	4 (11%)	2 (5%)	4 (11%)	23 (62%)	4 (11%)
Emergency Supply Service	6 (16%)	1 (3%)	1 (3%)	27 (73%)	2 (5%)
Gluten Free Food Supply Service	0 (0%)	1 (3%)	0 (0%)	29 (78%)	7 (19%)
Home Delivery Service (not appliances)	11 (30%)	1 (3%)	4 (11%)	18 (49%)	3 (8%)
Independent Prescribing Service	0 (0%)	0 (0%)	0 (0%)	26 (70%)	11 (30%)
Language Access Service	0 (0%)	0 (0%)	0 (0%)	27 (73%)	10 (27%)
Medication Review Service	18 (45%)	2 (5%)	1 (3%)	16 (40%)	3 (8%)
Medicines Assessment & Compliance Support Service	3 (8%)	0 (0%)	0 (0%)	29 (78%)	5 (14%)
Minor Ailment Scheme	0 (0%)	0 (0%)	0 (0%)	32 (87%)	5 (14%)
MUR Plus/Medicines Optimisation Service	1 (3%)	0 (0%)	0 (0%)	31 (35%)	5 (14%)
Needle & Syringe Exchange Service	10 (27%)	2 (5%)	4 (11%)	10 (27%)	11 (30%)
Obesity Management (Adults & Children)	0 (0%)	0 (0%)	1 (3%)	28 (76%)	8 (22%)
Not Dispensed Scheme	0 (0%)	0 (0%)	0 (0%)	29 (78%)	8 (22%)
On Demand Availability of Specialist Drugs Service	0 (0%)	0 (0%)	0 (0%)	28 (76%)	9 (24%)
Out-of-hours Service	2 (5%)	0 (0%)	0 (0%)	18 (49%)	17 (46%)
Patient Group Direction Service	4 (11%)	1 (3%)	4 (11%)	25 (68%)	3 (8%)
Phlebotomy Service	0 (0%)	0 (0%)	0 (0%)	25 (68%)	12 (32%)
Prescriber Support Service	0 (0%)	0 (0%)	0 (0%)	26 (70%)	11 (30%)
Schools Service	0 (0%)	0 (0%)	0 (0%)	26 (70%)	11 (30%)
Sharps Disposal Service	0 (24%)	2 (5%)	1 (3%)	19 (51%)	6 (16%)
Stop Smoking Service	8 (22%)	2 (5%)	5 (14%)	19 (51%)	3 (8%)
Supervised Administration Service	19 (51%)	4 (11%)	4 (11%)	5 (14%)	5 (14%)
Vascular Risk Assessment Service (NHS Health Check)	0 (0%)	0 (0%)	0 (0%)	28 (76%)	9 (24%)
Supplementary Prescribing Service	0 (0%)	0 (0%)	0 (0%)	26 (70%)	11 (30%)

## Disease Specific Medicines Management Service

Service	Currently providing under Contract with Local NHS England Team	Currently providing under contract with Clinical Commissioning Group	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Allergies	0 (0%)	0 (0%)	0 (0%)	29 (78%)	8 (22%)
Alzheimer's/Dementia	1 (3%)	0 (0%)	0 (0%)	29 (78%)	7 (19%)
Asthma	1 (3%)	0 (0%)	0 (0%)	31 (84%)	5 (14%)
CHD	0 (0%)	0 (0%)	0 (0%)	30 (81%)	7 (19%)
COPD	1 (3%)	0 (0%)	0 (0%)	30 (81%)	6 (16%)
Depression	0 (0%)	0 (0%)	0 (0%)	30 (81%)	7 (19%)
Diabetes Type 1	0 (0%)	0 (0%)	0 (0%)	31 (84%)	6 (16%)
Diabetes Type 2	0 (0%)	0 (0%)	0 (0%)	31 (84%)	6 (16%)
Epilepsy	0 (0%)	0 (0%)	0 (0%)	30 (81%)	7 (19%)
Heart Failure	0 (0%)	0 (0%)	0 (0%)	31 (84%)	6 (16%)
Hypertension	0 (0%)	0 (0%)	0 (0%)	32 (87%)	5 (14%)
Parkinson's Disease	0 (0%)	0 (0%)	0 (0%)	31 (84%)	6 (16%)

## 6. Screening Service

Service	Currently providing under Contract with Local NHS England Team	Currently providing under contract with Clinical Commissioning Group	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Alcohol	0 (0%)	3 (8%)	8 (22%)	21 (57%)	5 (14%)
Cholesterol	0 (0%)	0 (0%)	0 (0%)	33 (89%)	4 (11%)
Diabetes	1 (3%)	0 (0%)	0 (0%)	32 (87%)	4 (11%)
Gonorrhoea	0 (0%)	0 (0%)	0 (0%)	30 (81%)	7 (19%)
H. Pylori	0 (0%)	0 (0%)	0 (0%)	30 (81%)	7 (19%)
HbA1C	0 (0%)	0 (0%)	1 (3%)	28 (76%)	8 (22%)
Hepatitis	0 (0%)	1 (3%)	4 (11%)	23 (62%)	9 (24%)
HIV	0 (0%)	1 (3%)	0 (0%)	25 (68%)	11 (30%)



## 7. Other Vaccinations

Service	Currently providing under Contract with Local NHS England Team	Currently providing under contract with Clinical Commissioning Group	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Childhood Vaccinations	0 (0%)	0 (0%)	0 (0%)	30 (81%)	7 (19%)
Hepatitis (at risk workers or patients)	2 (5%)	0 (0%)	0 (0%)	27 (73%)	8 (22%)
HPV	1 (3%)	0 (0%)	0 (0%)	29 (78%)	7 (19%)
Travel Vaccines	2 (5%)	0 (0%)	3 (8%)	27 (73%)	5 (14%)

## 8. Non-Commissioned Services

Question	Response
Does your pharmacy offer the collection of prescriptions from GP practices?	37 (100%) yes 0 (0%) no
Does your pharmacy deliver dispensed medicines at no charge, upon request?	35 (95%) yes 2 (5%) no
Does your pharmacy deliver dispensed medicines at a chargeable rate?	11 (30%) yes 26 (70%) no
Does your pharmacy provide Monitored Dosage Systems at no charge, upon request?	37 (100%) yes 0 (0%) no
Does your pharmacy provide Monitored Dosage Systems at a chargeable rate?	8 (22%) yes 29 (78%) no

## 9. Pharmacy Public Health Campaigns

Question	Response
Does your pharmacy participate in the contractual annual six Public Health campaigns?	37 (100%) yes 0 (0%) no
Does your pharmacy do any extra promotional work?	24 (65%) 13 (35%)

## 10. Current Service Provision

Question	Response
Does your pharmacy supply medicines etc. to care homes?	12 (32%) yes 25 (68%) no
Which features relating to community pharmacies and dispensing doctors would you identify as being important? (Multiple answers possible)	32 (86%) availability of information and advice about medicines/how to use them 27 (73%) qualified staff 20 (54%) availability of consultation facilities 18 (49%) availability of prescription only items 16 (43%) availability of non-prescription medicines 11 (30%) car parking 11 (30%) access and facilities for disabled people 11 (30%) extended opening hours 10 (27%) detailed description of services offered 10 (27%) languages spoken 6 (16%) location 4 (11%) transport 2 (5%) details of any services that are only available at certain times 1 (3%) patient satisfaction scores
Do you feel there is a need for more pharmaceutical service providers in this locality?	3 (8%) yes 34 (92%) no
Is there a particular need for a locally commissioned service in this locality?	17 (46%) yes 20 (54%) no
If yes, which additional services should be commissioned (or numbers of commissioned pharmacies to provide existing services increased?) (Multiple answers possible)	6 (16%) Medicines Review Service 4 (11%) Minor Ailment Scheme 4 (11%) Medicine Use Review Scheme 4 (11%) Pneumonia Vaccinations 3 (8%) Needle Exchange Scheme 2 (5%) Chlamydia/other STI Screening Programme 2 (5%) Diabetes/Cholesterol Management 2 (5%) Emergency Hormonal Contraception 1 (3%) Erectile Dysfunction 1 (3%) Language Access 1 (3%) More public health campaigns and explanations of how to reduce medicine waste 1 (3%) New Medicine Service 1 (3%) Stop Smoking Services 1 (3%) Vaccination
Is there any other information regarding pharmacy services you would like to be considered in this Pharmaceutical Needs Assessment?	<ul style="list-style-type: none"> <li>• Additional providers are not required but more services should be offered to a standard that is of the very minimum acceptable. Enhanced/advanced services are minimal, reduced from previous provision and not properly funded. Core services are under extreme pressure.</li> <li>• There are already sufficient pharmaceutical services in the area but better use should be made of them</li> <li>• Approval should be given to carry out MUR/NMS at care homes</li> <li>• More campaigns to reduce medicines wastages and better explain the repeat prescription process would be helpful</li> <li>• Additional use of community pharmacies should be made to help reduce overall NHS costs</li> </ul>

## Results of Dispensing GP Practice Questionnaire 2017

A questionnaire was sent to all three community pharmacies in Peterborough. One questionnaire was returned.

Within the below analysis, response percentages may not sum to 100.0% due to rounding.

### 1. Consultation Facilities

Question	Response
Which consultation facilities are available on the premises?	1 (100%) consultation facilities are available, including wheelchair access
Is the consultation area within a closed room?	1 (100%) yes
Are any additional languages spoken in addition to English?	1 (100%) none

### 2. ICT Facilities

Question	Response
Is the Electronic Prescription Service Release 2 enabled at your pharmacy?	1 (100%) yes
Is NHS Mail used at your pharmacy?	0 (0%) no
Is the NHS Summary Care Record enabled at your pharmacy?	0 (0%) no
Is your NHS Choice entry up-to-date?	0 (0%) no

### 3. Advanced Services

Question	Response
Do you dispense appliances?	1 (100%) no
Do you provide an appliance review service?	1 (100%) no – not intending to provide
Do you provide a stoma appliance customisation service?	1 (100%) no – not intending to provide

### 4. Non-NHS Funded Services

Question	Response
Does your pharmacy offer the collection of prescriptions from GP practices?	1 (100%) yes
Does your pharmacy deliver dispensed medicines at no charge, upon request?	1 (100%) yes
Does your pharmacy deliver dispensed medicines at a chargeable rate?	0 (100%) no
Does your pharmacy provide Monitored Dosage Systems at no charge, upon request?	0 (100%) no
Does your pharmacy provide Monitored Dosage Systems at a chargeable rate?	0 (100%) no

## Supply of Medicines to Care Homes

Question	Response
Do you supply medicines etc. to care homes?	1 (100%) no

## 5. Service Provision and Features

Question	Response
Which of these features provided by dispensing doctors and community pharmacies would you identify as being important? (Multiple answers possible)	1 (100%) – Availability of information and advice about medicines and how to use them, location, qualified staff and patient satisfaction scores
Do you feel there is a need for more pharmaceutical service providers in your locality?	1 (100%) - no

## Appendix 4: Details of PNA process & document control

<b>Date</b>	<b>Action</b>	<b>Person</b>
29 June 2017	Steering group meeting – learning from previous PNAs, approach agreed, pharmacy questionnaire reviewed.	Steering Group
July 2017	Pharmacy questionnaire updated and sent out	KJ, SH
June – September 2017	Updating all public health data sources including demography, health needs and maps	RON, EW
July – August 2017	Health improvement team review and updating of local health needs section (Chapter 4)	HI team
August 2017	Planning chapter (Chapter 5) revised and reviewed, all data updated and additional information added re new sites	IG
August – September 2017	Pharmacy questionnaire data analysed and new data added to draft	RON, EW
11 September 2017	Update paper presented to Health and Wellbeing Board. Authority for approval of draft report delegated to Chairman and Vice-Chairman, in consultation with the director of Public Health	KJ, LR
27 September 2017	Draft 2018 PNA report reviewed by Steering group	Steering Group
27 September to 6 October 2017	Changes made to draft PNA report, final review and proof reading by Steering Group	Steering Group
9 October 2017	Draft 2018 report reviewed and approved for consultation by the Chairman of the Health and Wellbeing Board following discussions with the Director of Public Health	Chairman of the HWB
23 October – 23 December 2017	60 day public consultation	
January 2018	Consultation responses analysed and summary report produced. Response to consultation drafted and amendments to PNA made.	KJ, RON, EW
31 January 2018	Steering group meeting – discussion and approval of consultation report, response to consultation and amendments to PNA.	Steering Group
February 2018	Review by Peterborough City Council legal team.	PCC Legal Team
19 March 2018	Presentation of 2018 PNA to Peterborough Health and Wellbeing Board for discussion and approval, followed by publication on Peterborough City Council website	

## Appendix 5: Impact of the Pharmacy Contract Funding Changes (October 2016)

This section outlines the recent consultation and changes to the national Pharmacy contract. Of note, a national public consultation was held to seek views on the proposals in 2015/16 and the decisions have been taken at a national level by the Department of Health (DoH). This section describes the national changes in order to assess the potential impact on Peterborough pharmaceutical providers and the local population.

### A5.1 Summary of the changes to the Pharmacy Contract

In December 2015, the Department of Health (DoH) launched a consultation with the Pharmaceutical Services Negotiation Committee (PSNC), pharmacy stakeholders and others on community pharmacy in 2016/17 and beyond.<sup>66</sup> The stated vision from the DoH was:

*'for community pharmacy to be integrated with the wider health and social care system. This will aim to relieve pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, and will mean better value and patient outcomes. It will support the promotion of healthy lifestyles and ill health prevention, as well as contributing to delivering seven day health and care services'.<sup>67</sup>*

In the context of delivering £22 billion in efficiency savings by 2020/21, the review and consultation aimed to examine how community pharmacy could contribute to this financial challenge. The proposals state that:

*'efficiencies could be made without compromising the quality of services or public access to them because:*

- *There are more pharmacies than necessary to maintain good patient access.*
- *Most NHS funded pharmacies qualify for a complex range of fees, regardless of the quality of service and levels of efficiency of that provider.*
- *More efficient dispensing arrangements remain largely unavailable to pharmacy providers.<sup>68</sup>*

Key proposals included:<sup>69</sup>

- Simplifying the NHS pharmacy remuneration system e.g. phasing out of the establishment payment received by all pharmacies dispensing 2,500 or more prescriptions per month, which incentivises pharmacy business to open more NHS funded pharmacies.
- Helping pharmacies to become more efficient and innovative e.g. through more modern dispensing methods; including hub and spoke models to deliver more economies of scale in purchasing and dispensing and reducing operating costs.
- Encouraging longer prescription durations where clinically appropriate e.g. 90 day repeat periods instead of 28 days.

The results of the consultation and a final package of changes to the contractual framework were announced in October 2016. On 20 October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17.<sup>70</sup> This will take total funding to

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<sup>66</sup> Department of Health stakeholder briefing. 'Community pharmacy in 2016/2017 and beyond: proposals. (Dec 2015) Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/495774/Community\\_pharmacy\\_in\\_2016-17\\_and\\_beyond\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495774/Community_pharmacy_in_2016-17_and_beyond_A.pdf)

<sup>67</sup> Ibid.

<sup>68</sup> Ibid.

<sup>69</sup> Ibid.

<sup>70</sup> Department of Health. 'Community pharmacy in 2016/2017 and beyond: final package'. (Oct 2016) Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/561495/Community\\_pharmacy\\_package\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf)

£2.687 billion for 2016/17. This is a reduction of 4% compared with 2015/16, but it will mean that contractors will see their funding for December 2016 to March 2017 fall by an average of 12% compared with November 2016 levels. This will be followed by a further 3.4% reduction in 2017/18 to £2.592 billion for the financial year, which will see funding levels from April 2017 drop by around 7.5% compared with November 2016 levels.<sup>71</sup>

Full details of the final Community Pharmacy proposals can be found in the DoH report “Community pharmacy in 2016/2017 and beyond: final package” available online at:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/561495/Community\\_pharmacy\\_package\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf)

In addition to the overall reduction of funding, key changes to the regulations are outlined below:

#### A5.1.1 Changes to payment of fees

- A range of fees including the professional or ‘dispensing’ fee, practice payment, repeat dispensing payment and monthly electronic prescription payment service payment will be consolidated into a single activity fee.
- Community pharmacists currently receive an establishment payment as long as they dispense above a certain prescription volume – this will be gradually phased out over a number of years, starting with a 20% reduction in December 2016 and reduced by 40% on 1 April 2017.

#### A5.1.2 The Pharmacy Access Scheme (PhAS)

- A new Pharmacy Access Scheme was introduced with the aim of creating efficiencies without compromising the quality of services or public access to them. The Pharmacy Access Scheme (PhAS) is designed to ensure populations have access to a pharmacy, especially where pharmacies are sparsely spread and patients depend on them most. A national formula was used to identify those pharmacies that are geographically<sup>72</sup> important for patient access, taking into account isolation criteria based on travel times or distances, and also population sizes and needs.
- Qualifying pharmacies received an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016. A payment was made to pharmacies that are more than a mile away from another pharmacy (until March 2018).

#### A5.1.3 A new quality payments scheme

- Quality criteria have been introduced which, if achieved, will help to integrate community pharmacy into the wider NHS/Public Health agenda. The criteria includes:<sup>73</sup>
  - the need to have an NHS email account and ability for staff to send and receive NHS mail;
  - an up-to-date entry on NHS Choices; ongoing utilisation of the Electronic Prescription service; and

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<sup>71</sup> <http://psnc.org.uk/funding-and-statistics/cpcf-funding-changes-201617-and-201718/>

<sup>72</sup> Department of Health stakeholder briefing. ‘Community pharmacy in 2016/2017 and beyond: proposals. (Dec 2015) Available at:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/495774/Community\\_pharmacy\\_in\\_2016-17\\_and\\_beyond\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495774/Community_pharmacy_in_2016-17_and_beyond_A.pdf)

<sup>73</sup> <http://psnc.org.uk/services-commissioning/essential-services/quality-payments/>

- at least one specified advanced service e.g., Healthy Living pharmacy level 1 status, 80% of staff trained as Dementia Friends etc.

#### A5.1.4 Urgent medicines supply pilot

- NHS England have commissioned a new urgent medicines supply pilot as an advanced service, where people calling NHS 111 requiring urgent repeat medicines will be referred directly to community pharmacies. This pilot commenced on 23 December in Peterborough with six local community pharmacies participating.

#### A5.1.5 Changes to regulations to allow pharmacy mergers

- *‘On 5 December 2016, amendments to the 2013 Regulations come into force which facilitate pharmacy business consolidations from two or more sites on to a single existing site. Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.’*
- *“Applications to consolidate will be dealt with as “excepted applications” under the 2013 Regulations, which means in general terms they will not be assessed against ... the pharmaceutical needs assessment (“PNA”) produced by the HWB. Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation..... If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (regulations 12 and 13). If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its pharmaceutical needs assessment recording its view (regulation 3).”<sup>74</sup>*
- As such, in the event of a consolidation in future, in accordance with Paragraph 19 of Schedule 2 of the regulations the Peterborough Health and Wellbeing Board will publish a supplementary statement which will become part of the PNA, explaining whether, in its view, the proposed removal of premises from its pharmaceutical list would or would not create a gap in pharmaceutical services provision that could be met by a routine application:
  - (a) to meet a current or future need for pharmaceutical services; or
  - (b) to secure improvements, or better access, to pharmaceutical services.

#### A5.1.6 Pharmacy Integration Fund’

- In the Government’s letter from 17th December 2015 entitled ‘Community pharmacy in 2016/17 and beyond’, the Department of Health (DoH) announced that it would consult on a ‘Pharmacy Integration Fund’ (PhIF) to help transform how pharmacists and community pharmacy will operate in the NHS.
- The Fund is the responsibility of NHS England and is separate to any negotiations related to the Community Pharmacy Contractual Framework (CPCF). It will be used to validate and inform any future reform of the CPCF going forward.<sup>75</sup>

<sup>74</sup> National Health Service England. ‘The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016’ (2016 No.1077) Page 13. Available at: <http://www.legislation.gov.uk/ukxi/2016/1077/contents/made>

<sup>75</sup> <http://psnc.org.uk/the-healthcare-landscape/the-pharmacy-integration-fund-phif/>



## A5.2 Department of Health National Health Impact assessment

The Department of Health has produced an impact assessment for the proposed changes, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/561496/Community\\_pharmacy\\_impact\\_assessment\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561496/Community_pharmacy_impact_assessment_A.pdf).

This impact assessment focuses only on the impact on essential and advanced services. The Pharmaceuticals Services Negotiating Committee (PSNC) have produced an impact assessment on 'The Value of Community Pharmacies' from external consultants, which also looks at locally commissioned and non-essential services (see section A5.3).

Key findings of the DoH impact assessment are summarised below:

### A5.2.1 Potential pharmacy closures

There is no reliable way of estimating the number of pharmacies that may close as a result of the policy and this may depend on a variety of complex factors, individual to each community pharmacy and their model of business. The DoH states that:

*'it is not the Government's intention to reduce the number of community pharmacies...however, we cannot know for certain how the market will react and we recognise the potential for some pharmacies to take the decision to close as a result of the changes.'*<sup>76</sup>

*'Reducing income would mean that community pharmacies must reduce their costs, change their business model or accept reduced profits, and in some circumstances this could mean pharmacies become economically unviable... it is not clear, if the viability of an individual business is threatened, whether these businesses will close or simply be taken over by other owners on the basis that they can be run more efficiently and remain viable business propositions..... there is also an important interdependency that, if a pharmacy closes, it is likely that the prescriptions that were dispensed by that pharmacy would be redistributed to pharmacies located nearby.'*<sup>77</sup>

*The quality payment scheme is expected to maintain or increase the quality of services provided by community pharmacies, although this potential benefit has not been explicitly estimated'*<sup>78</sup>

### A5.2.2. Potential impact on patients

There may be potential increased travel time and consequent economic costs for patients who have to travel further if their nearest pharmacy closes.

In terms of impact on patients, the DoH impact assessment found that a potential reduction in community pharmacy numbers would be likely to *'mean that some patients have further to travel to access community pharmacy services, however the analysis shows that for hypothetical closure scenarios the increase is very small'*.<sup>79</sup> The modelling estimates provided suggest that with the provision of the PhAS, across England the

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<sup>76</sup> Department of Health. 'Community pharmacy in 2016/2017 and beyond: impact assessment' (Oct 2016). Paragraph 41, page 12. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/561496/Community\\_pharmacy\\_impact\\_assessment\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561496/Community_pharmacy_impact_assessment_A.pdf).

<sup>77</sup> Ibid. Paragraph 51, page 14.

<sup>78</sup> Ibid. Paragraph 43, page 13.

<sup>79</sup> Ibid. Paragraph 60, page 15.

average journey time after the removal of 100 community pharmacies at random was estimated at 12.86 minutes, an increase of 0.04 minutes per journey.<sup>80</sup>

It is stated that

*'even if there were closures as a result of the funding reductions, it is not considered that this would lead to any significant impacts on patient health. It is considered highly unlikely that any patient will be unable to receive their medicines and the potential increase in journey times estimated in the DoH model are relatively minor, and patients will have a number of means of ensuring they receive the medicines they need eg distance selling pharmacies'.<sup>81</sup>*

Respondents to the consultation stated that, to mitigate the funding reductions, community pharmacies could choose to open only for their 'core' hours, or to withdraw non-NHS services, such as home delivery. In terms of quality of services, the impact assessment states that pharmacies will still need to compete to secure prescription volume and the competitive incentive to provide these services remains.<sup>82</sup>

Evidence shows that deprived areas (by the Index of Deprivation) tend to have more clustering of pharmacies, and it was considered whether deprived areas might, therefore, be adversely affected by the policy. The Pharmacy Access Scheme was intended to protect areas that may be at risk of reduced access, and takes into account isolation and need.

#### A5.2.3 Impact on other areas of the NHS

The public consultation revealed a concern that a reduction in the number of community pharmacies could lead some patients to seek health advice from GPs, other primary care providers, or acute services, thereby imposing additional costs on the NHS. However, the DoH states that:

*'even if there were closures, the magnitudes of impact on travel time are not considered sufficient to materially deter any significant number of patients from seeking this guidance from a community pharmacy. Those patients who would previously have found it most convenient to get such information from a community pharmacy are considered unlikely to change their decision and seek a different route of access to medical care, even if in some cases there are small increases in travel time.'*

*'In addition, the overall package of measures contains steps to decrease pressure on other parts of the NHS, by embedding pharmacy into the urgent care pathway through an expansion of the services already provided by community pharmacies in England for those who need urgent repeat prescriptions and treatment for urgent minor ailments and common conditions.'<sup>83</sup>*

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<sup>80</sup> Ibid. Paragraph 69, page 16.

<sup>81</sup> Ibid. Paragraphs 81-82, page 18.

<sup>82</sup> Ibid. Paragraph 84, page 19.

<sup>83</sup> Ibid. Paragraph 86-88, page 19.

#### A5.2.4 Potential impact on local communities

Beyond their direct benefits in providing NHS pharmacy services to patients, community pharmacies may play a less tangible role in promoting welfare and social cohesion in local communities, and in supporting local commercial areas. The DoH impact assessment suggests that *'there would ordinarily be at least one remaining pharmacy in the vicinity' reducing the likelihood that closures would have a significant impact on local communities'*.<sup>84</sup>

### **A5.3 Views of the Pharmaceuticals Services Negotiating Committee**

#### A5.3.1 Objections to the pharmacy contract changes

The Pharmaceuticals Services Negotiating Committee (PSNC) is the body recognised under section 65(1)(a) of the NHS Act 2006 as representing all community pharmacies providing NHS pharmaceutical services in England. The PSNC has published objections to the proposals, which can be viewed in full at:

<http://psnc.org.uk/our-news/psnc-demands-clarity-on-nhs-englands-long-term-plans/>

In brief, the *'PSNC believes the proposals as set out create massive risks to the sustainability of an already fragile supply system.'*<sup>85</sup> The specific concerns outlined include:

- 'Concerns that the £170m funding reduction in 2016/17 runs counter to the Government's stated aim to develop a more clinically focused pharmacy service'.
- Refusal to accept that there are too many community pharmacies. Agreement that there is some clustering of pharmacies and they aim to work with the NHS and Government to facilitate voluntary mergers.
- Refusal to accept that the development of large warehouse supply operations, removing the need for local community pharmacies, is an acceptable alternative to the services currently provided by those pharmacies and would oppose models for hubs without those community pharmacy spokes. Any revised regulations must prevent misuse of collection point arrangements intended for rural locations as an inferior but expedient alternative.
- Rejection of proposals to transfer funds to CCGs to drive longer periods of treatment, and will insist on effective protection against GP direction of prescriptions.

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<sup>84</sup> Ibid. Paragraph 89-90, page 19.

<sup>85</sup> <http://psnc.org.uk/psncs-work/communications-and-lobbying/community-pharmacy-in-201617-and-beyond/>

### A5.3.2 Report commissioned by the PSNC: “The Value of Community Pharmacies” (2016)

PricewaterhouseCoopers LLP (PwC) was commissioned by the PSNC to examine the contribution of community pharmacy in England in 2015.<sup>86</sup> The report analyses the value (net benefits) to the NHS, to patients and to wider society of 12 specific services provided by community pharmacy:

- Emergency hormonal contraception
- Needle and syringe programmes
- Supervised consumption
- Self-care support
- Minor ailments advice
- Medicines support
- Managing prescribing errors/clarifying prescriptions
- Medicines adjustments
- Delivering prescriptions
- Managing drug shortages
- Sustaining supply of medicines in emergencies
- Medicines Use Reviews (MUR)
- New Medicine Service (NMS)

The report found that in 2015 these 12 community pharmacy services in England contributed a net increase of £3.0 billion in value in that year, with a further £1.9 billion expected to accrue over the next 20 years. Further, 55% of in-year benefits and 91% of long run benefits (69% of total benefits) accrued outside the NHS. Other public sector bodies (e.g. local authorities) and wider society together received over £1 billion of benefits in 2015 as a result of the community pharmacy services covered. A further £1.7 billion is expected to accrue over the next 20 years.

In addition, the economic modelling suggested that patients experienced around £600 million of benefits, mainly in the form of reduced travel time to alternative NHS settings to seek a similar type of service as the ones provided by community pharmacy. The report notes that for many of these interventions the scale of value created is substantial and greatly exceeds the cost to the NHS of delivering them.

The findings in the report and associated potential impact are limited to just the 12 services reviewed. It excludes the economic value generated by community pharmacy through its central role, alongside pharmaceutical manufacturers and wholesalers/distributors, in the drug delivery system: specifically, it omits the value added that results from treating NHS patients using prescription drugs. It also does not look at other services beyond these core 12, and also does not take into account *‘other elements of potential value, for example as a result of the important catalytic role that community pharmacies play in local communities, providing a valuable focal point for communities, especially as a point of contact for isolated people, and anchoring a parade of shops.’*<sup>87</sup>

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<sup>86</sup> PWC. ‘The value of community pharmacy: summary report’ (Sept 2016). Available at: <http://psnc.org.uk/our-news/pwc-report-quantifies-value-of-community-pharmacy/>

<sup>87</sup> Ibid. page 7.

#### A5.4 Local impact of the new pharmacy contract

As stated in the DoH health impact assessment, it is complex to assess the impact of these changes on Peterborough residents. There is no reliable way of estimating the number of pharmacies that may close as a result of the policy and this may depend on a variety of factors, individual to each community pharmacy and their model of business.

The Pharmacy Access Scheme aimed to ensure populations have access to a pharmacy, especially where pharmacies are sparsely spread and patients depend on them most. Nationally 1,356 pharmacies qualified for the scheme. In Peterborough, three pharmacies participated in the scheme (see figure A5.1).

The Cambridgeshire and Peterborough Local Pharmaceutical Committee will focus on supporting local pharmacies by keeping them up-to-date with changes/details, to meet the quality agenda, and to take up and deliver locally commissioned services more effectively.

The PNA Steering Group will continue to monitor any closures of local pharmacies and issue appropriate statements of fact as necessary in line with PNA requirements.

**Figure A5.1 Pharmacy Locations and Pharmacy Access Scheme, September 2017**



Pharmacy access scheme participants in Peterborough with wards (Post May 2016)

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# Appendix 6: Consultation report – results from the public consultation (23 October to 23 December 2017)

## Introduction

Following the development of the draft PNA a formal public consultation was held, getting to know people’s thoughts about the report and whether it covers what is important to their needs.

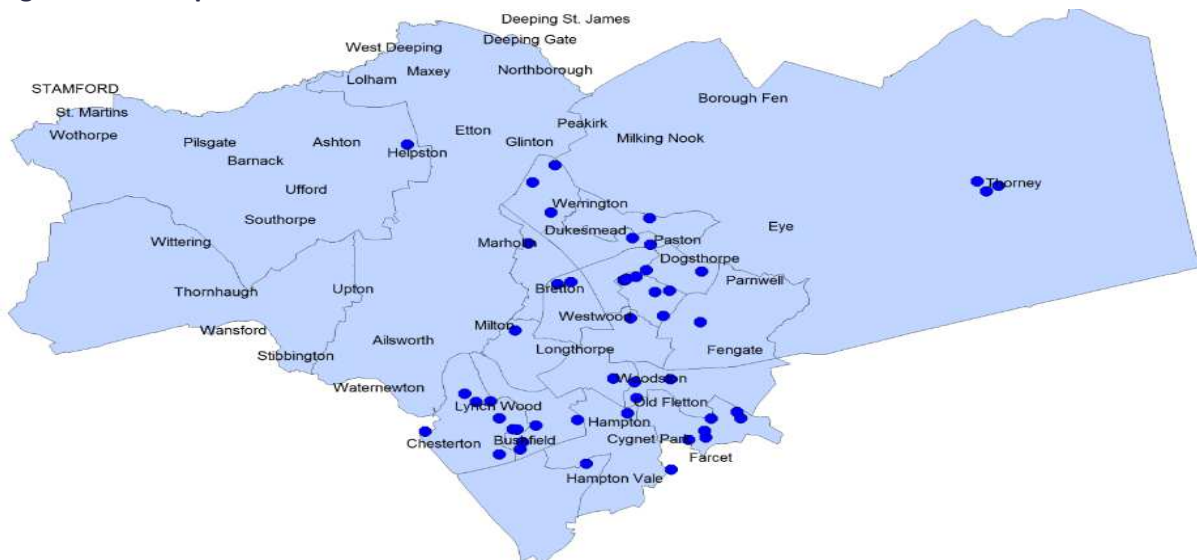
The consultation ran from the 23 October to 23 December 2017, and received 69 responses. This report outlines the responses to the consultation. All percentages, unless otherwise specified, are rounded to the nearest whole number.

## Section 1: Respondents

This section summarises the characteristics of the respondents to the consultation of the draft PNA.

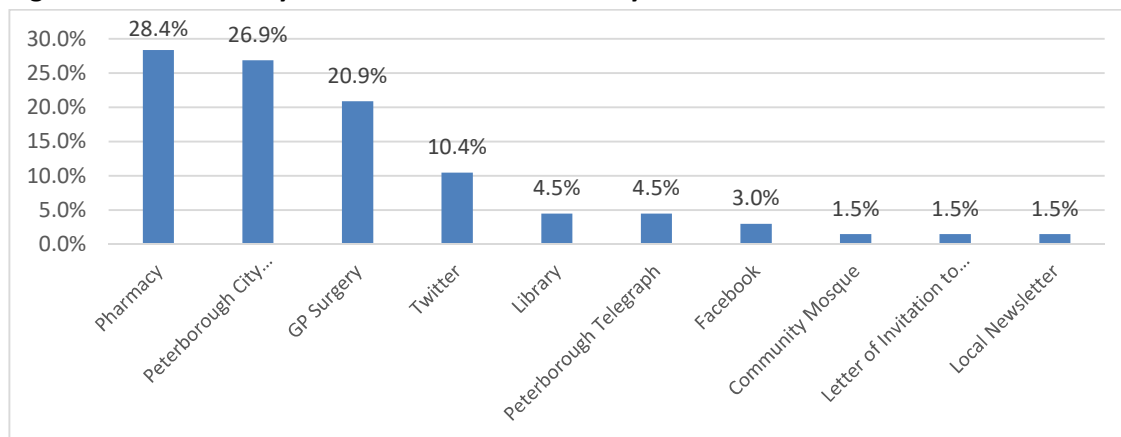
57 people who responded to the survey included a full postcode. Of these, 53 were within Peterborough and four were outside of Peterborough. The 53 postcodes within Peterborough are displayed within the map above and demonstrate that the majority of responses were from within the relatively urban, central and southern areas of Peterborough. No responses with postcodes were received from the predominantly rural Western areas of Peterborough.

**Figure A6.1: Respondent locations**



The ways in which respondents stated they found out about the survey is shown below in **Figure A6.2**. 76% of respondents to the consultation found out about the survey via either the Peterborough City Council website, a pharmacy or a GP surgery.

**Figure A6.2: ‘How did you find out about this survey?’**



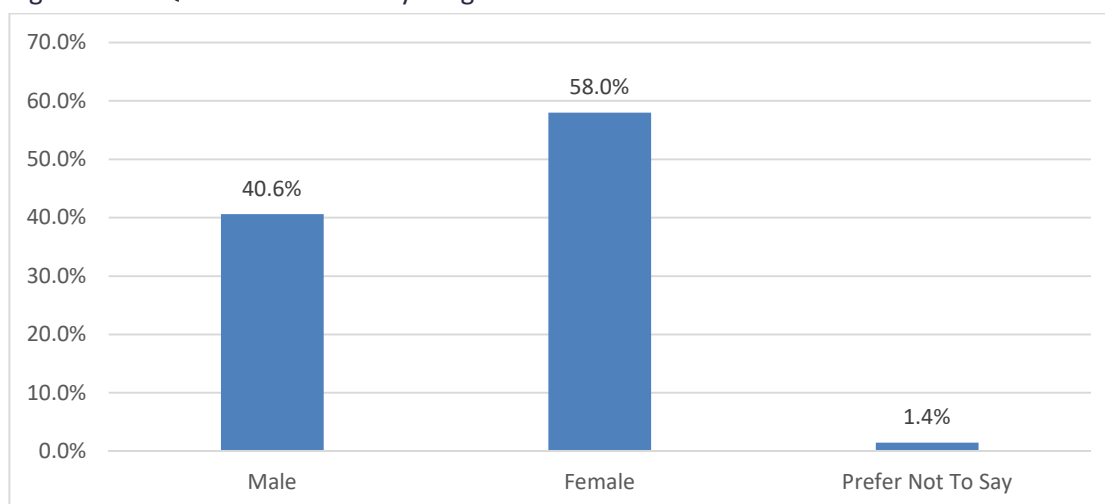
91% of respondents (63 of 67) responded to the survey as a member of the public, with only 9% of respondents completing the survey within a professional capacity or on behalf of an organisation (see **Figure A6.3**). Key partner organisations were involved in the production of the PNA via a multi-agency steering group, and pharmaceutical providers had the opportunity to respond to a survey during the production of the PNA (see Appendix 3).

**Figure A6.3: Question – ‘In what capacity are you responding to this survey?’**

Response	Number of responses	% Of Total
A member of the public	63	91.3%
A health or social care professional	3	4.3%
On behalf of an organisation	2	2.9%
A pharmacist or appliance contractor	1	1.4%
Total	69	100.0%

The majority of respondents (58%, 40/69) were female. 28 respondents (41% of the total) were male and one (1%) elected not to disclose this information (see **Figure A6.3**).

**Figure A6.4: Question – ‘What is your gender?’**



The ethnic background of respondents is shown in **Figure A6.5**. 62 of 69 respondents described themselves as 'British', representing 90% of the overall total. Three respondents preferred not to answer the question and a total of four respondents (6% of the total) described themselves as of Indian, African or Eastern European ethnicity.

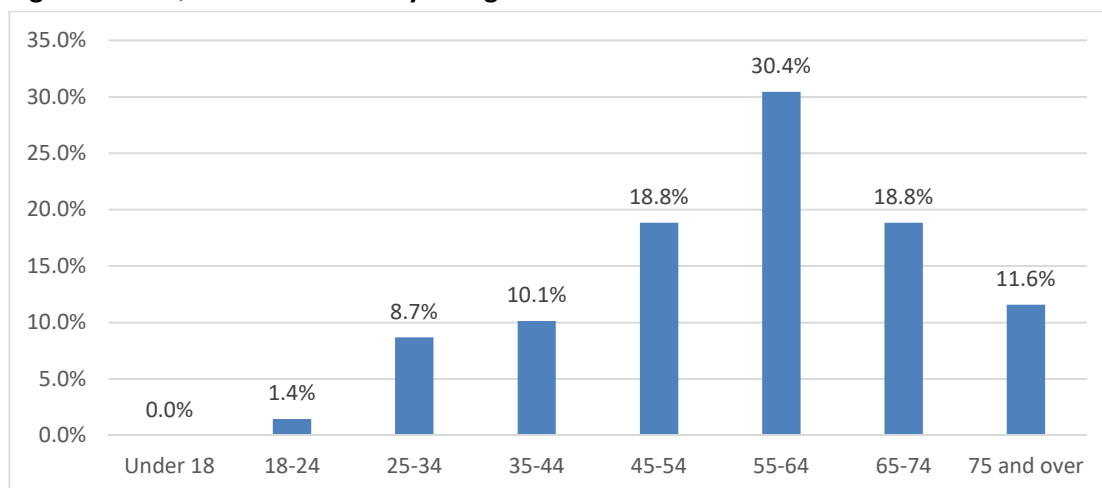
It is useful to compare these data with the 2011 census data which can be used to describe the ethnicity of Peterborough residents. This suggests that the PNA response rate was disproportionately high among White British residents (90% of survey respondents were White British compared to 80% White British in Peterborough in the 2011 census) and conversely responses were lower from ethnic minority groups than would be expected considering the ethnic diversity of Peterborough. Only four respondents (6% of the total) identified as being part of an ethnic minority group, whereas at the time of the 2011 Census, 20% of Peterborough residents were noted as being of an ethnicity other than White British.

**Figure A6.5: Question – 'How would you describe your ethnic background?'**

Ethnicity	Number of responses	% Of Total
British	62	89.9%
Prefer Not To Say	3	4.3%
Indian	2	2.9%
African	1	1.4%
Eastern European	1	1.4%
Total	69	100.0%

**Figure A6.6** illustrates the percentage of responses by age group. The age band with the highest number of responses was the 55-64 group with a total of 21 (30% of the overall total). Only one person under the age of 25 responded whereas 55 people aged 45 and over completed the survey (80% of the total).

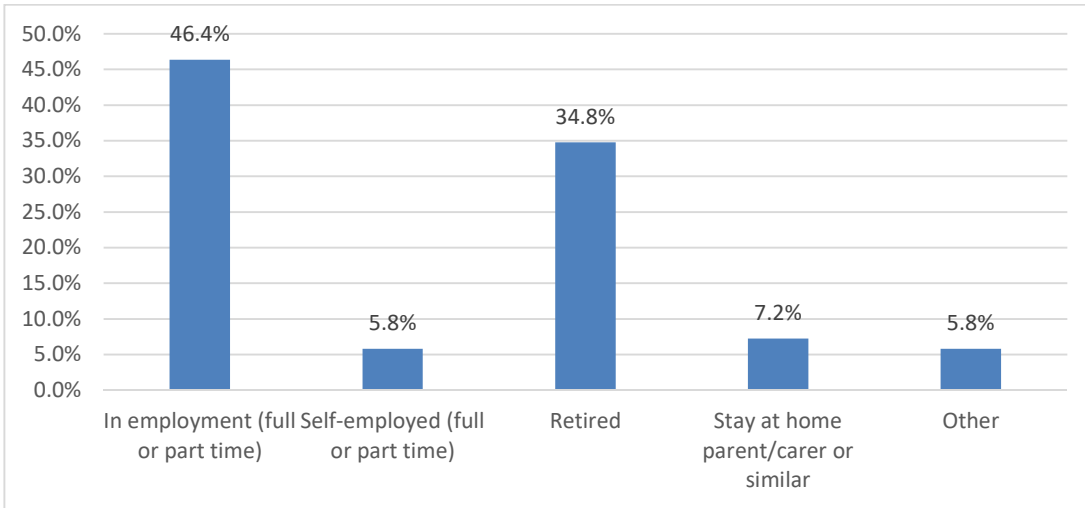
**Figure A6.6: Question – 'What is your age?'**



**Figure A6.7** summarises responses regarding current employment status. The majority of respondents to the survey stated they were either in employment (32/69, 46%) or retired (35%).

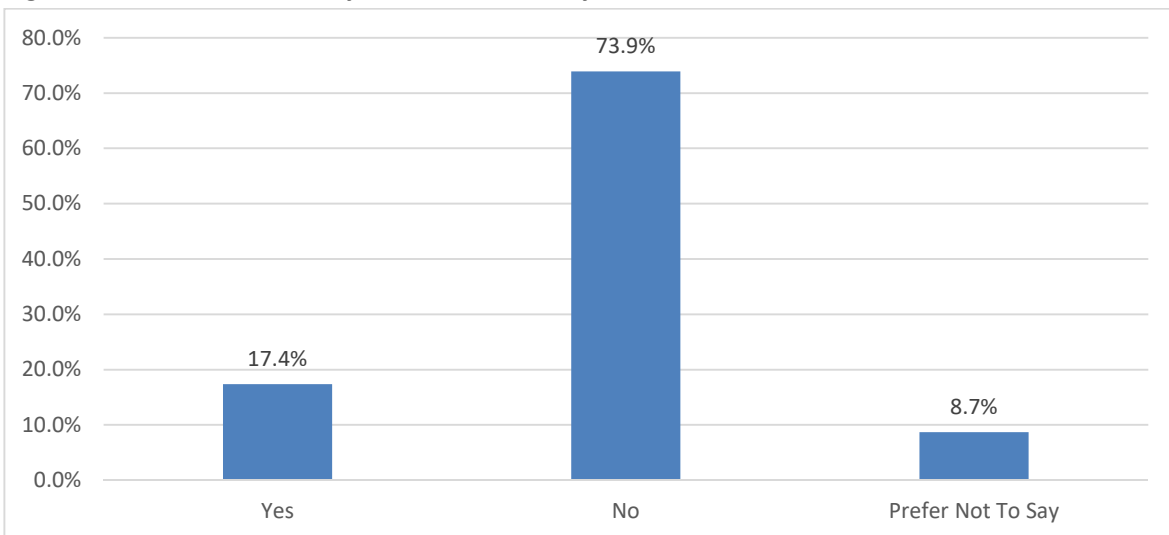


**Figure A6.7: Question – ‘What is your employment status?’**



**Figure A6.8** shows that the majority of people who responded to the survey said they did not have a disability. 12 respondents (17% of the total) said they had a disability. 51 respondents said they did not have a disability (74%) and six (9%) elected not to provide this information.

**Figure A6.8: Question – ‘Do you have a disability?’**

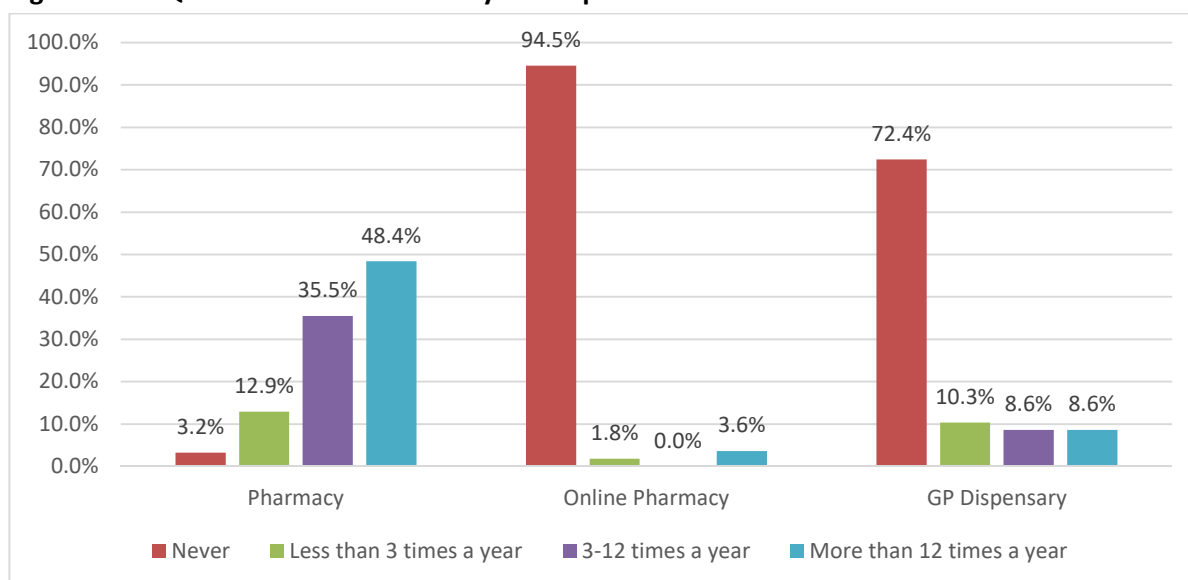


## Section 2: Service experience

This section summarises responses to the questions that were targeted only to those who indicated they were responding as members of the public. The aim of these questions was to gain information on how members of the public use the pharmaceutical services available, and their experiences with using these services. **Figure A6.9** shows that:

- 72% (43 of 58) of respondents stated they never used a **GP dispensary** for pharmaceutical provisions. 17% (10 of 58) use a GP dispensary three or more times per year.
- 48% (30 of 62) of respondents use a **pharmacy** more than 12 times per year and a further 22 respondents (36%) use a pharmacy between three and 12 times per year.
- Relatively few survey respondents said they make use of an **online pharmacy**. 52 of 55 people who responded to this question (95%) said they never used an online pharmacy, with one person (2%) stating they used an online pharmacy less than three times per year and two respondents (4%) making use of the service 12 or more times per year.

**Figure A6.9: Question – ‘How often do you use pharmaceutical services?’**



Respondents were also asked how often they used specific services provided by pharmacies/GP dispensaries and the responses to this question are summarised in **Figure A6.10**. The most common pharmaceutical service used by people who responded to the survey was the collection of prescribed medicines/appliances, with 41% of respondents stating they used this service more than 12 times per year. 84% of respondents stated that they collected prescribed medicines/appliances at least three times per year and 51% of respondents said they bought non-prescription medicines/appliances at least three times per year. 12 respondents also said they asked a pharmacist for advice on medicines/health at least three times per year. Conversely, 60 of 63 respondents (95%) said they did not ever use a dispensing appliance contractor and 61 of 63 (97%) gave back old/unwanted medicines three times a year or fewer.

**Figure A6.10: Question – ‘How often do you use pharmaceutical services for each of the following?’**

Responses	Never		Less than 3 times a year		3 to 12 times a year		More than 12 times a year		Total	
	Responses	%	Responses	%	Responses	%	Responses	%	Responses	%
Collecting prescribed medicines/appliances	1	1.6%	9	14.3%	27	42.9%	26	41.3%	63	100%
Buying non-prescription medicines/appliances	12	19.0%	19	30.2%	28	44.4%	4	6.3%	63	100%
Giving back old/unwanted medicines	34	54.0%	27	42.9%	2	3.2%	0	0.0%	63	100%
Asking a pharmacist for advice on medicines/health	18	28.6%	33	52.4%	12	19.0%	0	0.0%	63	100%
Using a Dispensing Appliance Contractor	60	95.2%	0	0.0%	3	4.8%	0	0.0%	63	100.0%

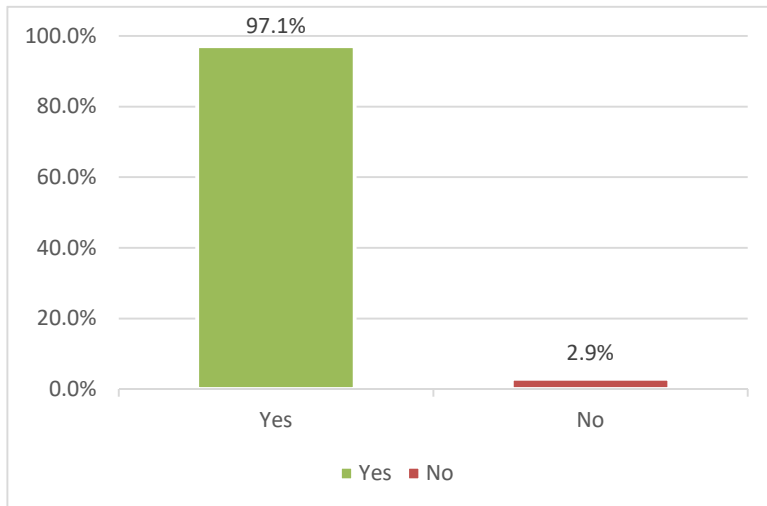
Did not answer = 6

Nine respondents made an additional comment of which six were positive about their local pharmacy or the services offered generally by pharmacists. The other respondents commented on (i) a lack of a dispensing practice locally, (ii) not being able to buy non-prescriptions medicines at a dispensary, and (iii) pharmacists referring customers to the GP for further healthcare advice.

### Section 3: PNA Feedback

This section was targeted at all respondents. The questions specifically focused on the draft PNA document and asked people to ensure that the key messages and the draft PNA were reviewed and considered when responding. Responses were for the most part positive.

**Figure A6.11: Do you feel that the purpose of the pharmaceutical needs assessment (PNA) has been explained sufficiently in the draft report?**

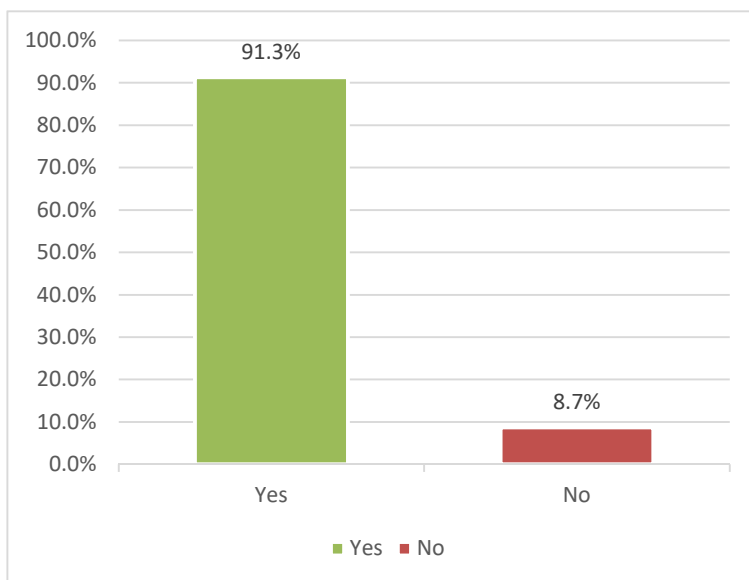


69 respondents answered this question.

97% (67 of 69) of respondents agreed that the purpose of the PNA had been explained sufficiently in the draft report.

One respondent provided a free text comment to this question stating that it was difficult to respond to the questionnaire as it was not clear whether the report covered Peterborough City or a wider area.

**Figure A6.12: Do you agree with the key findings about pharmaceutical services in Peterborough?**

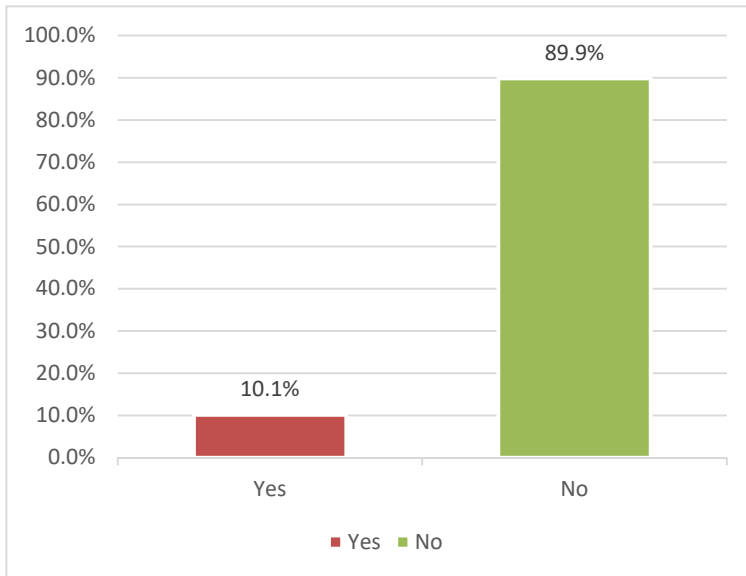


69 respondents answered this question.

63 of 69 survey respondents (91% of the total) agreed with the key findings within this document regarding pharmaceutical services in Peterborough. Six respondents (9%) disagreed.

Four respondents provided free text comments to this question. These focused on the following issues:

- Appropriate locations of pharmacies (two respondents);
- Concern about the impact of future population growth (one respondent);
- Lack of accessible information for people with visual impairments (one respondent).



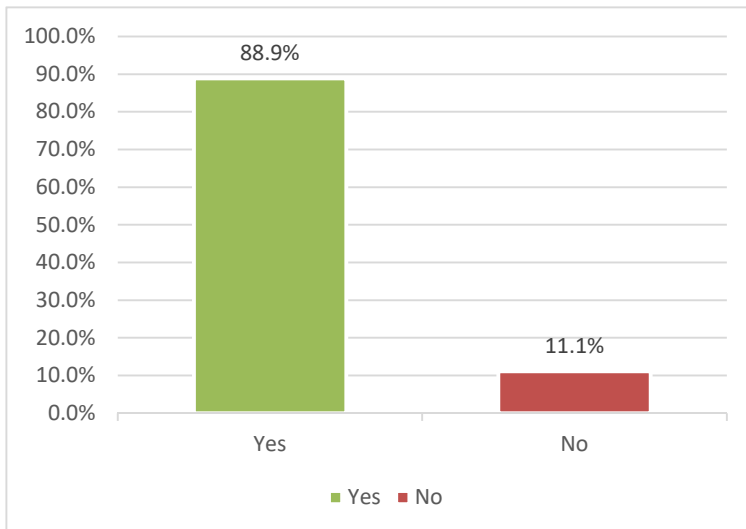
**Figure A6.13: Do you know of any pharmaceutical services that are not described in the PNA that we should add?** 69 respondents answered this question.

7 of 69 respondents (10%) said that they did know of pharmaceutical services not described in the PNA that should be added, whereas 62 of 69 (90%) said there were no additional services that they think should be added that were not mentioned within this document.

Six respondents provided free text comments to this question. These focused on the following issues:

- Services not included in the PNA, namely borrowing equipment after an operation and the postal supply of medicines and equipment (two respondents).
- The importance of extended opening hours, including a lack of hospital pharmacy provision at the weekend (two respondents).
- Lack of compliance with the accessible information standard (one respondent).
- Not being able to access the full PNA report due to lack of access to a computer (one respondent).

**Figure A6.14: Do you think that pharmacy services are available at convenient locations?**



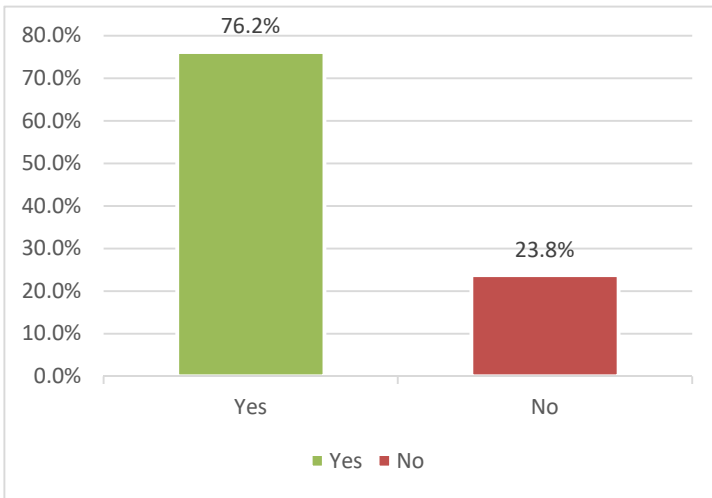
63 respondents answered this question.

56/63 (89%) respondents who answered this question said that they thought pharmacy services are available at convenient locations in Peterborough. Seven respondents did not think pharmacy services are available at convenient locations.

Eight respondents provided free text comments to this question. These focused on the following issues:

- Lack of pharmacy provision at convenient locations (five respondents), including accessibility for disabled or elderly, provision on estates including new communities, and a lack of provision outside of the city centre. In addition, one person commented that it would be unreasonable to locate pharmacies in rural village shops.
- Need for extended opening hours (two respondents)

**Figure A6.15: Do you think that pharmacy services are available at convenient opening hours?**

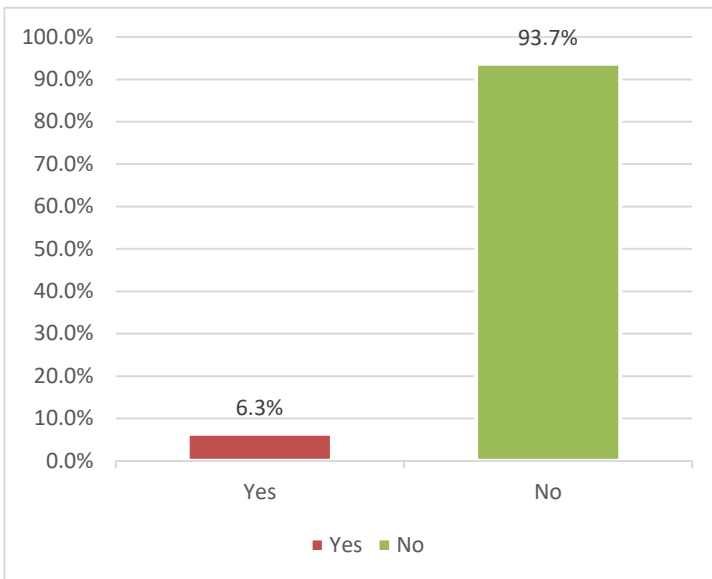


63 respondents answered this question.

48 of 63 respondents (76%) said that pharmacy services in Peterborough are available during convenient opening hours. 15 respondents said that they do not think pharmacy services are available at convenient opening hours.

19 respondents provided free text comments to this question. All comments focused on the importance of extended opening hours, including at the weekend, evening and over lunch.

**Figure A6.16: Do you have any difficulties in accessing your local pharmacy or GP dispensary? (e.g. language barriers, sight impairment, hearing issues)**

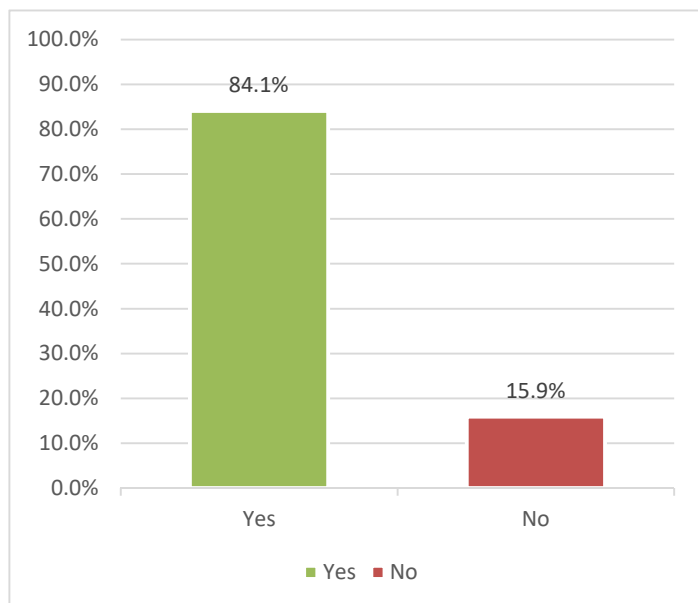


63 respondents answered this question.

59 of 63 respondents to the survey (94%) said that they did not have any difficulties in accessing their local pharmacy or GP dispensary. Four of 63 (6%) said that they did have some difficulties regarding access.

Five respondents provided free text comments to this question. These covered a range of topics including making use of home delivery services and accessibility issues due to visual impairment.

**Figure A6.17: Do you agree with our conclusion that we have enough pharmacies across Peterborough and do not currently need any more?**



69 respondents answered this question.

84% (58 of 69) respondents agreed that there are enough pharmacies across Peterborough; 16% (11 of 69) disagreed with the conclusion.

10 respondents provided free text comments to this question. Three of these comments were neutral and seven focused on specific needs covering the following topics:

- A need for more pharmacies in locations such as housing estates and away from the city centre (5 respondents).
- The need to monitor population growth in the future (1 respondent).
- Concern about waiting times at a local community pharmacy (1 respondent).

#### **Additional feedback**

Following on from these questions, respondents were invited to add any further comments or feedback on the PNA, and 12 respondents took up this opportunity. These comments covered the following topics:

- Positive feedback about pharmacies (4 respondents)
- Concern about health services provided by pharmacies, with a preference for provision by GPs (2 respondents)
- Accessibility of the PNA (2 respondents)
- Other / mixed comments (4 respondents)

## **Appendix 7: Consultation Response for the Peterborough Pharmaceutical Needs Assessment, 2017**

This appendix outlines the response from the Pharmaceutical Needs Assessment (PNA) Steering Group to the feedback obtained in the consultation on the PNA for Peterborough, 2018.

The PNA consultation was undertaken from 23 October to 23 December 2017 and was made known to members of the public and key stakeholder organisations through advertisements online, in pharmacies, GP surgeries, libraries, children centres and via targeted correspondence. People were encouraged to have their say on pharmaceutical services in Peterborough by completing a standard consultation questionnaire, online or in print. The consultation was carried out in accordance with appropriate regulations, as described in the full PNA report.

There were 69 respondents to the consultation questionnaire, including some responses arriving via post after the consultation period had ended. In addition, two free-text responses were received from stakeholders via email during the consultation period. The feedback from all respondents has been summarised in a report prepared by the public health team at Peterborough City Council (see Appendix 6). The table below sets out the response from the PNA Steering Group to each question. It is notable that most respondents were supportive of the methods used to undertake the PNA and the messages presented in the draft PNA.

The Peterborough Health and Wellbeing Board value the feedback provided by respondents during the consultation exercise and will inform relevant stakeholders of the key findings of the consultation. This will include NHS England, the Clinical Commissioning Group, the Local Pharmaceutical Committee and all community pharmacies and dispensing practices.

The Peterborough Health and Wellbeing Board wishes to thank all those who responded to the public consultation and the pharmacy questionnaire, as well as those who helped to develop the PNA.



Summary of feedback to the consultation and responses to this feedback including revisions to the final PNA report

Consultation question		Summary of feedback and free text comments	Response from the PNA Steering Group on behalf of the Peterborough Health and Wellbeing Board
<b>Service Experience</b>			
1.	How often do you use each of the following?	<p>The results show that the majority of people use pharmacies more often than GP dispensaries and online pharmacies. The most commonly used pharmaceutical services were the collection of prescribed and non-prescribed medicines/appliances (see Table 4 for more details).</p> <p>Nine people made an additional comment of which six were positive about their local pharmacy or the services offered generally by pharmacists. The other respondents commented on (i) a lack of a dispensing practice locally, (ii) not being able to buy non-prescriptions medicines at a dispensary, and (iii) pharmacists referring customers to the GP for further healthcare advice.</p>	<ul style="list-style-type: none"> <li>• <b>It is noted that the majority of comments received were positive.</b></li> <li>• <b><u>Lack of dispensing practice locally:</u></b> the location of pharmaceutical providers is addressed in response to Question 3 (see below) and Section 4.3 of the PNA.</li> <li>• <b><u>Supplying non-prescription medicines at dispensing practices:</u></b> Dispensing practices are not able to sell over-the-counter medication at their practices.</li> <li>• <b><u>Referral of customers to the GP for further healthcare advice:</u></b> it is not possible to comment on any specific referrals for further advice from general practice. Pharmacists will need to refer some patients to seek further advice from their doctor when appropriate.</li> </ul>
<b>PNA Feedback</b>			
2.	<b>Do you feel that the purpose of the pharmaceutical needs assessment (PNA) has been explained sufficiently in the draft report?</b>	<p>69 respondents answered this question.</p> <p>97% (67 of 69) of respondents agreed that the purpose of the PNA had been explained sufficiently in the draft report.</p> <p>One respondent provided a free text comment to this question stating that it was difficult to respond to the questionnaire as</p>	<ul style="list-style-type: none"> <li>• <b>It is noted that the majority of respondents felt the purpose of the PNA was sufficiently explained.</b></li> <li>• The report has been amended to make it clear that it covers pharmaceutical provision for all areas within</li> </ul>

		it was not clear whether the report covered Peterborough City or a wider area.	Peterborough City Council boundaries.
3.	<b>Do you agree with the key findings about pharmaceutical services in Peterborough?</b>	<p>69 respondents answered this question.</p> <p>63 of 69 survey respondents (91% of the total) agreed with the key findings within this document regarding pharmaceutical services in Peterborough. Six respondents (9%) disagreed.</p> <p>Four respondents provided free text comments to this question. These focused on the following issues:</p> <ul style="list-style-type: none"> <li>• Appropriate locations of pharmacies (two respondents);</li> <li>• Concern about the impact of future population growth (one respondent);</li> <li>• Lack of accessible information for people with visual impairments (one respondent).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>It is noted that the majority of respondents agreed with the key findings about pharmaceutical services in Peterborough.</b></li> <li>• <b><u>Location of pharmaceutical provision:</u></b> It is noted that two respondents commented on the appropriate location of pharmacies. The topic of accessibility and locations of pharmacies is addressed in Section 4.3 of the PNA. The report concludes that the number and distribution of pharmaceutical service provision in Peterborough is sufficient, with few gaps and some concentrations.</li> </ul> <p>The Steering Group recognises that there is a greater concentration of pharmacies within the city centre than in the surrounding rural areas. The majority of areas in Peterborough are accessible within 20 minutes by car, with a small number of exceptions towards the outer areas of the city, particularly in the east.</p> <p>Services available to help improve access to pharmaceutical services include:</p> <ul style="list-style-type: none"> <li>• Dial-a-ride service;</li> <li>• Home delivery services;</li> <li>• NHS repeat dispensing service; and</li> </ul>

			<ul style="list-style-type: none"> <li>• Distance selling (online) pharmacies.</li> <li>• <b>Population growth:</b> This topic is addressed in Section 6 of the PNA. The PNA acknowledges that an increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs. The PNA considers forecasted population changes over the next three years, with particular reference to the significant housing developments that are due for completion during that time.</li> </ul> <p>The PNA will be fully updated in 2021. The steering group has used the feedback from respondents to develop a monitoring protocol for keeping the PNA up-to-date in the interim period, with particular consideration to the impact of population growth. The Senior Public Health Manager will continue to monitor and assess pharmaceutical need across the county in relation to population growth. The steering group will meet every six months to review the latest data on housing development sites and population projections, and the</p>
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			<p>potential implications for pharmaceutical provision. If changes to the need for pharmaceutical services are identified, the steering group will either issue a supplementary statement of fact which acts as an amendment to the PNA, or propose a revised assessment of need if the changes are significant.</p> <p>It is useful to note that the purpose of the PNA is to provide a statement of pharmaceutical needs and is used by NHS England when assessing applications for the opening of new pharmacies. The Health and Wellbeing Board are not able to instruct the opening of a pharmacy which are independent contractors. However, if a need for a pharmacy is identified and is described in the PNA, an application from a business to open a pharmacy is more likely to be successful.</p> <ul style="list-style-type: none"> <li>• <b><u>Accessibility for visual impairment:</u></b> this topic is addressed in a detailed response below.</li> </ul>
4.	<p><b>Do you know of any pharmaceutical services that are not described in the PNA that we should add?</b></p>	<p>69 respondents answered this question.</p> <p>Seven of 69 respondents (10%) said that they did know of pharmaceutical services not described in the PNA that should be added, whereas 62 of 69 (90%) said there were no additional services that they think should be added that were not mentioned within this document.</p>	<ul style="list-style-type: none"> <li>• <b><u>Services not included in the PNA:</u></b> the services described are not commissioned or provided consistently across pharmacies in Peterborough, and are therefore not included in the final PNA report.</li> <li>• <b><u>Opening hours:</u></b> The topic of opening hours is</li> </ul>

		<p>Six respondents provided free text comments to this question. These focused on the following issues:</p> <ul style="list-style-type: none"> <li>• Services not included in the PNA, namely borrowing equipment after an operation and the postal supply of medicines and equipment (two respondents).</li> <li>• The importance of extended opening hours, including a lack of hospital pharmacy provision at the weekend (two respondents).</li> <li>• Lack of compliance with the accessible information standard (one respondent).</li> <li>• Not being able to access the full PNA report due to lack of access to a computer (one respondent).</li> </ul>	<p>addressed below in response to Question 6.</p> <ul style="list-style-type: none"> <li>• <b><u>Compliance with the accessible information standard:</u></b> this topic is addressed in a detailed response below.</li> <li>• <b><u>Lack of computer access:</u></b> it was decided not to print paper copies of the full report due to its length, although the full report was available upon request. Summary versions of the report were printed with the paper questionnaires. The steering group wrote to all locations where the questionnaire was available inviting them to contact the steering group if anyone required support completing the questionnaire. This feedback will be taken on board and used to inform planning of the next consultation.</li> </ul>
5.	<p><b>Do you think that pharmacy services are available at convenient locations?</b></p>	<p>63 respondents answered this question.</p> <p>56/63 (89%) respondents who answered this question said that they thought pharmacy services are available at convenient locations in Peterborough. Seven respondents did not think pharmacy services are available at convenient locations.</p> <p>Eight respondents provided free text comments to this question. These focused on the following issues:</p> <ul style="list-style-type: none"> <li>• Lack of pharmacy provision at convenient locations (five respondents), including</li> </ul>	<ul style="list-style-type: none"> <li>• <b>It is noted that most respondents agreed that pharmacy services are currently available at convenient locations.</b></li> <li>• <b><u>Location of pharmaceutical provision:</u></b> the topic of the location of pharmaceutical provision is addressed above in response to Question 3.</li> <li>• <b><u>Population growth:</u></b> The topic of population growth and new communities is addressed above in response to Question 3.</li> </ul>

		<p>accessibility for disabled or elderly, provision on estates including new communities, and a lack of provision outside of the city centre. In addition, one person commented that it would be unreasonable to locate pharmacies in rural village shops.</p> <ul style="list-style-type: none"> <li>• Need for extended opening hours (two respondents)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Opening hours:</b> The topic of opening hours is addressed below in response to Question 6.</li> </ul>
6.	<p><b>Do you think that pharmacy services are available at convenient opening hours?</b></p>	<p>63 respondents answered this question.</p> <p>48 of 63 respondents (76%) said that pharmacy services in Peterborough are available during convenient opening hours. 15 respondents said that they do not think pharmacy services are available at convenient opening hours.</p> <p>19 respondents provided free text comments to this question. All comments focused on the importance of extended opening hours, including at the weekend, evening and over lunch.</p>	<ul style="list-style-type: none"> <li>• <b>It is noted that most respondents agreed that pharmacy services are currently available at convenient opening hours.</b></li> </ul> <p>Opening hours are considered in detail in Section 4.4 of the PNA. The PNA concludes that overall there appears to be good coverage in terms of opening hours across Peterborough, with 56% of community pharmacies being open after 6pm and 29% being open after 7pm on weekdays, 68% open on Saturdays and 24% open on Sundays. The Steering Group recognises that people may require medication outside of these hours and the out of hours general practice service, Herts Urgent Care, is required to arrange for the provision of a full course of treatment, if clinically necessary, before a community pharmacy is open.</p> <p>Pharmacies are commissioned by NHS England and contracts include mention of core hours specifying when a pharmacy must be open. However, pharmacies are independent contractors and extension of</p>

			<p>opening hours or closure over lunch periods is decided by each pharmacy. Often, this is to ensure that pharmacists are able to take an appropriate break, as specified by professional regulations (pharmacies are required to have a pharmacist on site when open). The NHS Choices website provides a search facility to allow you to find the nearest pharmacy that is open.</p> <p>The PNA recognises that maintaining the current distribution of longer opening pharmacies is important to maintain out-of-hours access for the population of Peterborough. Pharmacies are obliged to inform NHS England of alterations to their opening hours and any significant changes will be considered by the PNA Steering Group.</p>
7.	<p><b>Do you have any difficulties in accessing your local pharmacy of GP dispensary? (e.g. language barriers, sight impairment, hearing issues)</b></p>	<p>63 respondents answered this question.</p> <p>59 of 63 respondents to the survey (94%) said that they did not have any difficulties in accessing their local pharmacy or GP dispensary. Four of 63 (6%) said that they did have some difficulties regarding access.</p> <p>Five respondents provided free text comments to this question. These covered a range of topics including making use of home delivery services and accessibility issues due to visual impairment.</p>	<ul style="list-style-type: none"> <li>• <b>It is noted that most respondents did not have difficulties in accessing their local pharmacy or GP dispensary.</b></li> <li>• The steering group note the benefits of the <b>home delivery services</b> that many pharmacies provide. Further details on this topic are described in Section 4.3 of the PNA.</li> <li>• The topic of <b>accessibility issues due to visual impairment</b> is addressed below.</li> </ul>
8.	<p><b>Do you agree with our conclusion that we have enough pharmacies across Peterborough and do not currently need any more?</b></p>	<p>69 respondents answered this question.</p> <p>84% (58 of 69) respondents agreed that there are enough pharmacies across</p>	<ul style="list-style-type: none"> <li>• <b>It is noted that the majority of respondents agreed with the conclusion that we have enough pharmacies across Peterborough and do not currently need any more.</b></li> </ul>

		<p>Peterborough; 16% (11 of 69) disagreed with the conclusion.</p> <p>10 respondents provided free text comments to this question. Three of these comments were neutral and seven focused on specific needs covering the following topics:</p> <ul style="list-style-type: none"> <li>• A need for more pharmacies in locations such as housing estates and away from the city centre (five respondents).</li> <li>• The need to monitor population growth in the future (one respondent).</li> <li>• Concern about waiting times at a local community pharmacy (one respondent).</li> </ul>	<ul style="list-style-type: none"> <li>• The issues about locations of pharmacies and population growth are addressed above in Question 3.</li> <li>• <b>Waiting times:</b> The comment about the waiting times to collect prescriptions in one pharmacy has been noted and shared with the Local Pharmaceutical Committee which represents community pharmacies in Peterborough.</li> </ul>
9.	Do you have any other comments?	<p>Following on from these questions, respondents were invited to add any further comments or feedback on the PNA, and 12 respondents took up this opportunity. These comments covered the following topics:</p> <ul style="list-style-type: none"> <li>• Positive feedback about pharmacies (four respondents)</li> <li>• Concern about health services (such as the flu vaccine) provided by pharmacies, with a preference for provision by GPs (two respondents)</li> <li>• Accessibility of the PNA (two respondents)</li> <li>• Other/mixed comments (4 respondents)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>It is noted that a number of respondents provided positive feedback about local pharmacy provision.</b></li> <li>• <b>Concern about provision of health services by pharmacies:</b> the PNA Steering Group believe that pharmaceutical service providers have an important role to play in improving the health and wellbeing of local people beyond providing and supporting the safe use of medicines. This role is described in more detail in Section 5 of the report.</li> <li>• <b>Accessibility of the PNA:</b> a brief summary of the PNA was produced and included with both the online and printed questionnaires. The Steering Group wrote to all locations where the printed questionnaire was available, asking them to make contact if anyone</li> </ul>



			<p>required support to access the report and complete the questionnaire. The topic of accessibility issues for those with visual impairments and compliance with the accessible information standard is addressed below. The feedback has been noted and will be used when planning future PNA consultations.</p>
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**Responses from stakeholder groups**

See Section 2 for a full description of how stakeholders were engaged in the development of the PNA. In addition to this, some stakeholder groups provided written feedback during the formal consultation:

<p>Sandie Smith, CEO of Healthwatch Cambridgeshire &amp; Peterborough (via email)</p> <p>[Healthwatch are the independent champion for people who use health and social care services in Cambridgeshire and Peterborough. Healthwatch Cambridgeshire and Peterborough were involved in the production of the PNA, via membership of the PNA Steering Group.]</p>	<p>Healthwatch Cambridgeshire and Peterborough would like to submit the following comments and observations in response to the Peterborough Pharmaceutical Needs Assessment.</p> <ol style="list-style-type: none"> <li>1. We welcome this Pharmaceutical Needs Assessment and the opportunity that it brings to improve understanding of local people’s health needs and their access to, and use of pharmaceutical services.</li> <li>2. The recommendations would appear to provide for improvements, particularly the identification of groups experiencing health inequalities and the identification of need amongst these communities.</li> <li>3. We would like to highlight that local voluntary and community groups and</li> </ol>	<p>The PNA Steering Group welcome Healthwatch’s response and their ongoing involvement in the development of PNAs in Cambridgeshire and Peterborough, via membership of the PNA Steering Group.</p> <p><b><u>Commissioning of public health services:</u></b></p> <p>The Steering Group agree that the voluntary sector in Peterborough already provide a number of important services to those who experience health inequalities. The Peterborough City Council public health team produce joint strategic needs assessments (JSNA) in collaboration with partners, including the voluntary sector, on behalf of the Peterborough Health and Wellbeing Board. The JSNA describes the health needs of the Peterborough population, existing services and the relevant evidence base. This information is used to inform commissioning decisions by a variety of partners, including public health preventative services. When pharmaceutical services</p>
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		<p>organisations are already working with many of the groups highlighted as experiencing health inequalities. Any work to improve the health of disadvantaged communities will be more effective if these groups and organisations are fully engaged in every stage of the planning and delivery. The local Council for Voluntary Service can play a key role in supporting this.</p> <p>4. If extra pharmaceutical services are commissioned as a result of this, a through local mapping exercise should be undertaken to assess which local groups and organisations are already working with these communities and conditions should be put in the contract that require a pharmacy to work with them.</p> <p>5. We would also like to highlight that there is already confusion amongst the general public about access to primary care. We would be keen to see that there is good clear information about new roles and clinical responsibilities for pharmacies so that local people are reassured that they are seeing the correct person with the correct skills. The introduction of extra services should be preceded by clear information and education processes.</p>	<p>are commissioned to provide a public health service, specific requirements are detailed in the contract, including the number of staff, training and qualification requirements. Pharmacists, pharmacy technicians and pharmacy premises are regulated by the General Pharmaceutical Council.</p> <p><b><u>Understanding of the role of pharmacies:</u></b> The PNA Steering Group welcome the feedback about confusion amongst the public about the role of pharmacies, and this has been communicated to key commissioners in NHS England, the CCG and the public health joint commissioning unit.</p> <p><b><u>Closures and mergers of pharmacies:</u></b> The Steering Group, on behalf of the Peterborough Health and Wellbeing Board, is not able to prevent pharmaceutical providers from closing. The Steering Group has developed a monitoring protocol in order to ensure that it responds to changes in pharmaceutical need and provision between formal updates to the PNA. Any closure, and its implications for the local community, will be carefully considered by the Steering Group, and where appropriate supplementary statements to the PNA will be published.</p> <p>The issue of mergers is addressed specifically in Appendix 5, Section 1.5 of the PNA which states that:</p> <p><i>As such, in the event of a consolidation in future, in accordance with Paragraph 19</i></p>
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	<p>Rehabilitation Officer (Vision Impairment) Therapy Services Peterborough City Council</p>	<p>There are approximately 1500 people registered with Peterborough City Council as having a vision impairment. This is an underestimate of the true numbers, due to systems not picking-up all certified patients, along with those undergoing additional interventions not yet having been referred.</p> <p>Numbers are increasing as a result of the ageing population; diets high in processed carbohydrate leading to diabetes; smoking; ocular hypertension leading to glaucoma along with trauma due to accidents. A closer estimate would be 2000-2500 and resembles figures produced by RNIB for the region.</p> <p>Following a year-long consultation, from 31 July 2016 all organisations that provide NHS services or social care are</p>	<p>The PNA Steering Group, on behalf of the Health and Wellbeing Board, values this feedback about the needs of those with visual impairments and the need for all providers of NHS care and/or publicly-funded adult social care to adhere to the Accessible Information Standard. The Steering Group recognises the importance of the accessibility of pharmaceutical services and has shared this response with all key stakeholders, including NHS England, the CCG and the Cambridgeshire and Peterborough Local Pharmaceutical Committee (LPC), which represents all community pharmacies in Peterborough.</p>

		<p>legally required to adopt the Accessible Information Standard (NHS England SCCI1605). My understanding of the legislation is, that this directive should be handed down by the CCG. The standard sets out the need for a proactive and cooperative approach to identifying, recording, updating and sharing, all communication needs of people with single or dual sensory loss as well as providing for that need.</p> <p>It is essential (and a legal requirement) that pharmaceutical providers in Peterborough meet this standard so that people with vision impairment in particular, are able to receive the information they need regarding medicines and medical practice in order to make informed decisions, taking medication safely and appropriately.</p> <p>More needs to be done to ensure that pharmacies, along with all parts of the health and social care systems, are working together to ensure the legal requirements of the Accessible Information Standard are met. This standard is a stated priority for CQC inspections in the period 2017-2019. Due to their isolation, marginalisation and the emotional trauma of the Psychology of Loss, people with sight difficulties rarely flag-up their specific needs. Provision of appropriate material would include large print, audio and braille formats. All drug regime plans; medication and medical intervention information leaflets; care plans and directed information should be given by</p>	
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		<p>pharmacies; GPs; hospitals (especially the eye clinics); all councils and adult social care, in such formats. Each individual's needs should be monitored or reassessed, as the majority will face degenerative conditions, with their communication needs potentially changing as a result.</p>	
	<p>Cambridgeshire and Peterborough Local Medical Committee (LMC) (via survey)</p>	<p>The Cambridgeshire and Peterborough LMC responded via the online questionnaire and stated that:</p> <p>The Cambridgeshire LMC thanks you for the invitation to respond, and regrets that our own capacity issues this year have led us to be less involved in preparing the PNA than before.</p> <p>In the online survey response, the LMC:</p> <ul style="list-style-type: none"> <li>• Agreed that the purpose of the PNA was explained sufficiently;</li> <li>• Agreed with the key findings about pharmaceutical services in Peterborough; and</li> <li>• Agreed with the conclusion that there are enough pharmacies in Peterborough.</li> </ul>	<p>The Steering Group value the involvement of the LMC as a corresponding member of the Steering Group and via the completion of the online survey.</p>

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