Wakefield Council – Public Health Intelligence

Pharmaceutical Needs Assessment 2015-2018 v1.2

What is the current level of pharmaceutical service provision in Wakefield District and where are the gaps that we can close in the future?

Warren Holroyd – Public Health Intelligence Manager

Version Control

Version	Date	Notes
0.1	23/12/2014	Pre-consultation draft shared with CPWY and local stakeholders
0.2	24/12/2014	Minor amendments based on Andrew Furber's (WMDC) comments
0.3	24/12/2014	Incorporated comments from Jez Mitchell (WMDC), Rory O'Conor (WMDC) and Gillian McDonald (WCCG). Shared with CPWY and NHS England
0.4	31/12/2014	Incorporated comments from Robbie Turner (CPWY) and Jane Horsfall (NHS England)
0.5	06/01/2015	Incorporated comments from Duncan Cooper (WMDC) and notes from consultation with WMDC Spatial Planning
1.0	08/01/2015	Published for consultation
1.1	10/03/2015	Consultation closed. Minor amendments to structure. Additional demography sections added based on consultation responses. Sent to HWB and signed off.
1.2	20/03/2015	Minor typos corrected. Published as final.

Contents

Table of Figures

Table of Tables

Executive Summary

A Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services. Pharmaceutical services are provided from Pharmacies, Dispensing Appliance Contractors, Dispensing Doctors and Local Pharmaceutical Services.

This PNA document provides details of current Community Pharmacy service provision as well as information about other services that may impact upon the provision of pharmacy services (such as primary care provision and secondary care services). As with previous PNA documents, there is information regarding gaps in services and gaps that may occur within the next 3 years (when this document is due for review). There is a focus on identifying gaps, and potential gaps, in service provision and understanding how population changes will affect both the future requirements for necessary and other relevant service provision, and the providers of those services.

The NHS Act 2006 ("the 2006 Act") set out the responsibility for Primary Care Trust (PCTs) to carry out Pharmaceutical Needs Assessments (PNA). Following the Health and Social Care Act 2012 ("the Act"), PCTs were disbanded, and the responsibility for developing and updating PNAs formally transferred to Health and Wellbeing boards (HWBs). The National Health Service Regulations 2013 make the PNA a statutory requirement which HWBs must complete by the 1st April 2015, and HWBs are required to produce a revised assessment within 3 years of publication of their first assessment.

If significant changes in the need for pharmaceutical services are made during the three years, then the HWB is required to publish a revised assessment as soon as is reasonably practicable, unless the changes are not significant. Supplementary statements to the PNA can be made if the provision of pharmaceutical services changes.

Main Findings

The PNA concludes:

- There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board
- There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board
- The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.

It further concludes:

- All areas of Wakefield have a reasonable choice of pharmaceutical services and the PNA cannot find any stakeholder views to the contrary.
- The PNA, having regard to likely changes to the number of people requiring pharmaceutical services, the demography of the area and the risks to the health and wellbeing of people in the area, has not identified any future needs which are not already met by providers currently on the pharmaceutical list.
- Small areas of lower coverage in Emergency Hormonal Contraception and smoking cessation services are being addressed as part of a re-procurement of sexual health services and the specialist Stop Smoking Service, respectively. We expect those low coverage areas to be filled by existing community pharmacies.

Introduction

The White Paper, *Pharmacy in England: Building on Strengths – delivering the future*, published on the 3rd April 2008 by the Department of Health (DH), set out a Governmental programme for a 21st Century pharmaceutical service. The paper identified practical, achievable ways in which pharmacies and their teams can contribute to improving patient care through delivering personalised pharmaceutical services in the coming years. It proposed structural changes to primary legislation and actions to reform the current regulatory system.

The Health and Social Care Act 2012 brought fundamental changes to the way we plan and deliver health improvements within the District. The Act has seen the end of the Primary Care Trust (PCT) and the development of the Wakefield Clinical Commissioning Group (CCG), responsibility for public health has moved into the Local Authority and Health Watch has become the voice of the public on health matters. These organisations are tasked with working together through a Health and Wellbeing Board (HWB) to ensure that there are local plans in place to protect and improve health outcomes and where necessary to provide the best available Health and Social Care.

New Responsibilities

From 1st April 2013, every HWB in England will have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The aim of the PNA is to provide a coherent account of the commissioning environment for pharmaceutical services now and in the future.

The National Health Service Regulations 2013 make the PNA a statutory requirement which HWBs must complete by the 1st April 2015, and HWBs are required to produce a revised assessment within 3 years of publication of their first assessment

Our Approach

Wakefield District PCT published its first Pharmaceutical Needs Assessment document in 2009 and made subsequent revisions and updates, most recently in the 2011/12 period under the authorship of NHS Wakefield District.

A major role of primary care is to provide quality, medication treatment and services to the population. When medicine is involved, invariably it would involve a pharmacy, particularly a community pharmacy for primary care. The *NHS Five Year Forward View* (2014) states:

> *"Over the next five years, the NHS will do far better at organising and simplifying the system. This will mean helping patients… get the right care, at the right time, in the right place, making more appropriate use of primary care… and far greater use of pharmacists."*

Furthermore, the Public Health strategy for England (2010), "Healthy lives, healthy people", states:

"Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities."

This is relevant to Local Authorities as they have taken on responsibility for public health in their communities.

This Pharmaceutical Needs Assessment, now led by Public Health in the Local Authority, presents a background of health issues in Wakefield District whilst providing a comprehensive depiction of existing pharmaceutical provision and of additional enhanced services. It further describes those services currently commissioned and explores how they may be configured in the future to meet population needs.

The PNA should be read alongside our existing Joint Strategic Needs Assessment (JSNA) which will be updated in the coming months. Also, much of the geographical analysis that has gone into this PNA resides in an electronic format on that website. We have built a customised interactive tool that allows you to explore how local services are configured against hypothesised need.

JSNA	http://www.wakefieldjsna.co.uk/
PNA Analysis	http://www.wakefieldjsna.co.uk/use-of-services/pna/distribution-of-services/

Purpose & Scope

The purpose of a Pharmaceutical Needs Assessment is to provide a coherent account of the commissioning environment for pharmaceutical services now and in the future.

Therefore this PNA is about assessing the pharmaceutical needs of our population, mapping current provision and then assessing the adequacy of the provision. Furthermore, it should assist in identifying if there are any current gaps in pharmaceutical provision whilst ensuring that the services commissioned in the near future meet these needs.

The PNA purpose is to assess and contribute to reducing health inequalities by ensuring the right pharmaceutical services are being provided in the right place to meet the needs of the local population. As a result PNAs are used by the NHS and Local Authorities to make decisions on which services need/can be provided by local community pharmacies. These services are part of the local health care economy and have the potential to affect organisational budgets.

Methodology

This PNA has been carried out by working with commissioners, service providers and relevant stakeholders such as Wakefield Council, Wakefield CCG, Spectrum and Turning Point, to gather information around current service provision. We have also worked hard to set this against a picture of community need.

This has been done at as granular level as possible. When assessing specific service delivery against health need, we have represented this at both Middle Super Output Area (MSOA) and (LSOA) levels. The choice of which level data is represented at is based on the size of the respective numerator population, giving appropriate concern for fluctuations and disclosure risks.

Super output areas (SOAs) were designed by the Office of National Statistics (ONS) to improve the reporting of small area statistics and are built up from groups of output areas (OAs). They also provide a standard means of defining localised areas. LSOAs generally contain anywhere between 1000-3000 people, with MSOAs containing between 5000-15000 people.

MSOAs are also a desirable method of determining localities as they are also used in both Wakefield's JSNA and Public Health England's (PHE) Local Health profiling tool. The health needs of these populations has been taken into account when performing the PNA. You can find supplementary health profiles for these localities in Wakefield's JSNA.

Health needs pertinent to pharmaceutical services were then geographically represented as a choropleth map (the coloured sections of the map), with service provision status overlaid (coloured blobs representing pharmacies and whether they provide a given service). Relevant stakeholders from Wakefield Council and Wakefield CCG were consulted for their opinions on how services were distributed respective to need and other data from locality health profiles.

Local commissioners were then consulted to determine their response and commissioning intentions to any gaps highlighted. Following this, a 60-day consultation period was enacted as required by the regulations, prior to publication of the final PNA. Details of the consultation were distributed to statutory stakeholders by email and letter:

- The Local Pharmaceutical Committee
- The Local Medical Committee for its area
- Any persons on the pharmaceutical lists and any dispensing doctors
- Any LPS chemist in its area with whom NHS England has made arrangements for the provision of any local pharmaceutical services
- Any Local Healthwatch organisation, and any other patient, consumer or community group which has an interest in the provision of pharmaceutical services in its area
- The local NHS trust or NHS foundation trust
- Any neighbouring Health and Wellbeing Board

Consultation on the draft PNA commenced on 10th January 2015 and closed on 10th March 2015. This was managed via the Council's Consultation Listings.

The final draft was sent to Wakefield HWB on the 19th March and received official sign off.

Virtual Working Group Members

- Warren Holroyd (WMDC, Public Health Intelligence Manager)
- Rory O'Conor (WMDC, Consultant in Public Health Medicine)
- Jez Mitchell (WMDC, Public Health Principal: Partnership Commissioning)
- Laura Hodgson (WMDC, Public Health Business Manager)
- Jane Horsfall (NHS England, Assistant Contracts Manager)
- Robbie Turner (CPWY, Chief Executive Officer)
- Gillian McDonald (WCCG, Medicines Optimisation Pharmacist)
- Joanne Fitzpatrick (WCCG, Head of Medicines Optimisation)

Local Information & Protected Characteristics

Demography - Age

The size of the resident population of Wakefield District is estimated to in the region of 332,000, making the District the 18th largest local authority in England and Wales. As is typical nationally, the Wakefield age profile shows the effect of baby-boom years of the 1950s and 1960s and greater numbers of women in older age than men. Overall numbers are projected to keep on increasing, albeit more slowly than elsewhere in the region, with improved life expectancy resulting in a greater proportion of the population being made up of people in older age groups.

When compared with many other metropolitan districts Wakefield's age profile has smaller than average proportions of people in the late-teen, early 20's age bands. This reflects the absence of any sizeable university presence within Wakefield District. In large university cities such as Leeds, by contrast, increasing levels of participation in higher education in recent decades have created a population where 9.8% of people are aged 20-24, compared to 6.0% in Wakefield District.

Wakefield follows a national picture where the population structure is shifting towards that of an ageing population. Implications of an ageing population are wide in terms of people living longer into older age, with an increased demand for health and well-being services, a reduction in working age people, a reduced contribution to the economy and lower incomes, and increased human resources for care services (paid and unpaid carers).

The total population of Wakefield is expected to rise by approximately 6,000 persons (332,000 in 2015 to 338,000 in 2018). Compared to other regional Health & Wellbeing Board areas with more urbanised populations, the growth is quite marginal (Figure 1).

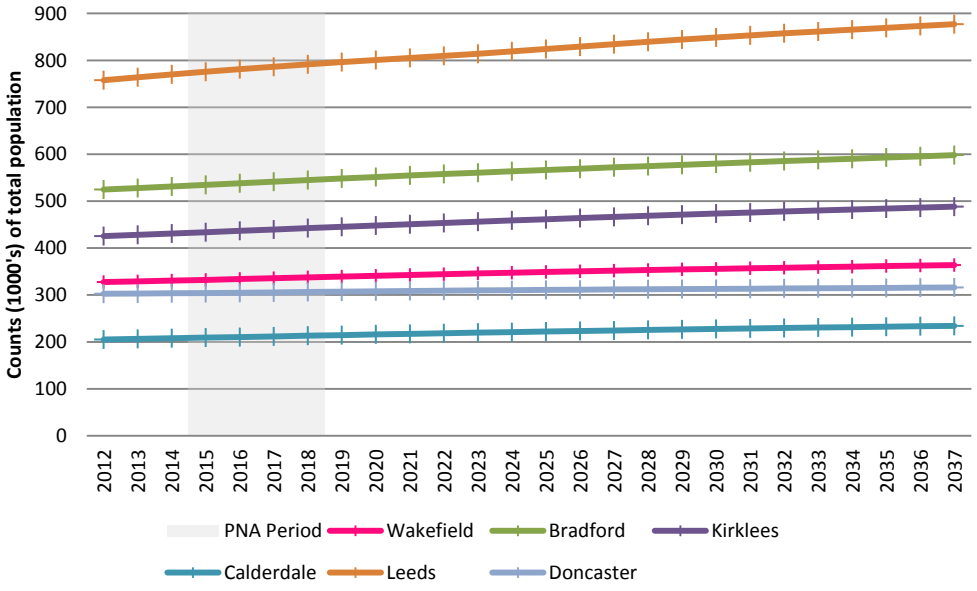

Figure 1: Counts of residents within local HWB populations, projected until 2037

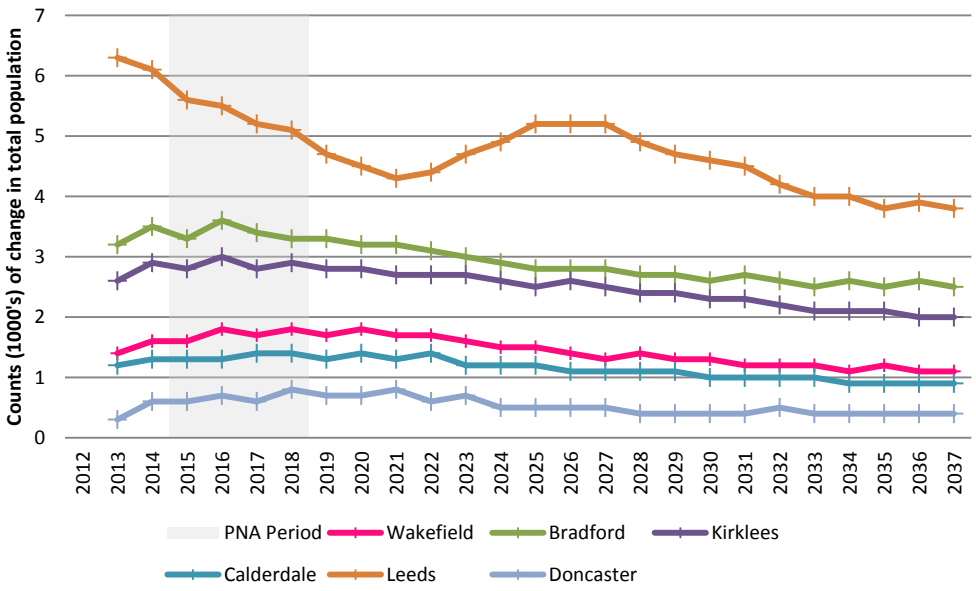

Figure 2: Counts of additional annual residents within local HWB populations, projected until 2037

In terms of actual counts, this marginal growth rate is in the region of 1,600 to 1,800 additional persons per year (Figure 2). This steady growth is expected to continue until 2022, before declining steadily to a 1,000 person per annum growth.

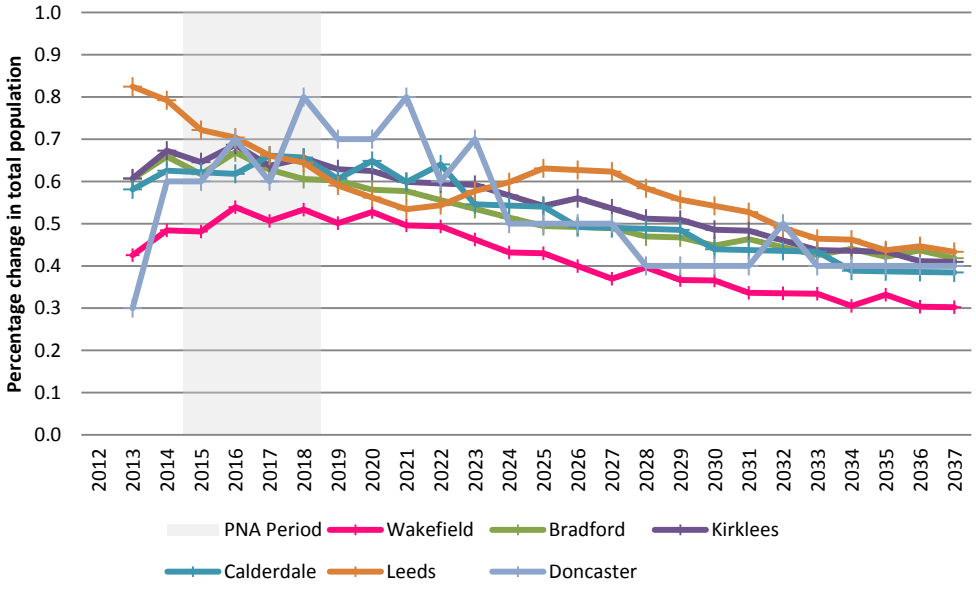

Figure 3: Growth rate of additional annual residents within local HWB populations, projected until 2037

Expressed as an annual growth rate (permitting more reasonable comparisons), Wakefield's annual growth rate is the lowest amongst these comparators at approximately 0.5% per annum in the PNA's period (Figure 3). Again, this is expected to tail off in 2022.

When assessing population projections, there are expected to be shifts in the population structure in the long-to-medium term, as the proportion of the population aged over 60 increases (Figure 4). In the 60-79 age range, the size of this population has been steadily increasing for the last decade and will continue to 2020, with the current figure of 65,900

expected to rise to 68,800 persons in 2018. After which, there is predicted to be a steeper gradient, peaking in 2029. There is a lagged effect in this population structure, where large increases in the 80+ age range will not be seen until 2023.

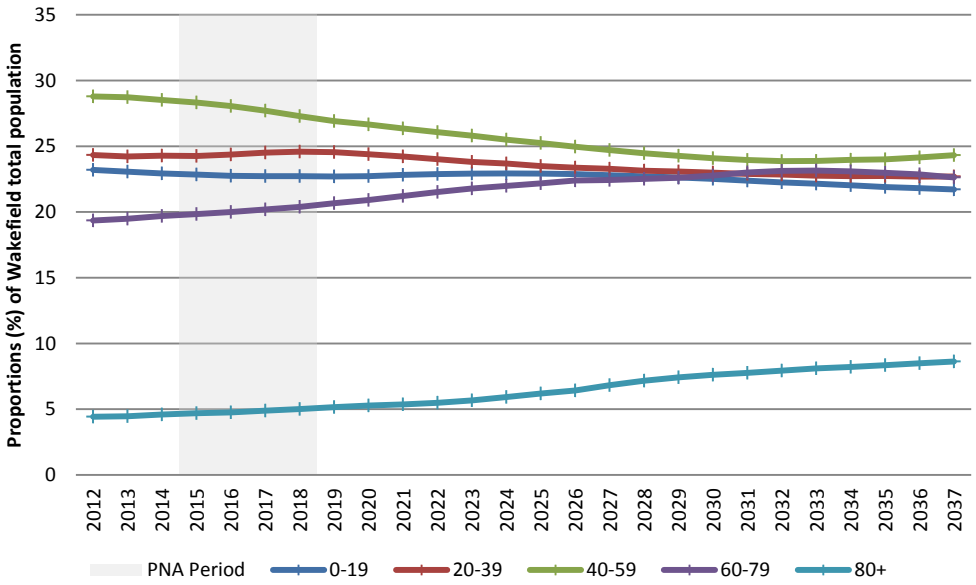

Figure 4: Percentage of Wakefield's total population, split by age band, projected until 2037

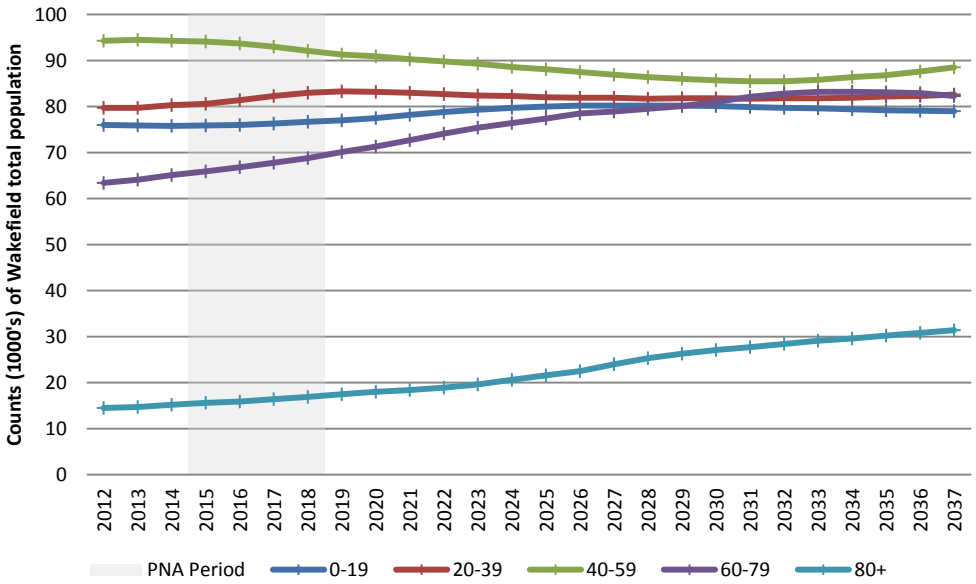

Figure 5: Counts of Wakefield's total population, split by age band, projected until 2037

At 22 pharmacies per 100,000 people, Wakefield overall sits under the West Yorkshire average (24 per 100,000) and is equivalent to the England rate (22 per 100,000).

Key Issues for this Characteristic

- Living arrangements are important because older people living alone may place a greater demand on personal social services compared to older people with other living arrangements.

- Most people aged over 65 years of age report at least one chronic condition, and the number of conditions reported increases with age. The most common problems relate to movement vision and hearing.
- Uptake of seasonal flu vaccine in older people is essential to preventing premature mortality and exacerbation of existing conditions

Demography - Ethnicity

Wakefield has a relatively small but growing ethnic minority population. In 2001, 3.3% of population defined their ethnicity as other than White British; by the 2011 Census this proportion had increased to 7.2%. The largest minority ethnic group is now 'Other White', while the largest group born outside the UK are people born in Poland. The age structure of the different ethnic groups varies, with the main ethnic minority groups having a far smaller proportion of people in older age than is typical in the White British population.

	Number	% of population
White	**310,957**	**95.4**
White; English/Welsh/Scottish/Northern Irish/British	302,331	92.8
White; Irish	908	0.3
White; Gypsy or Irish Traveller	302	0.1
White; Other White	7,416	2.3
Mixed	**2,928**	**0.9**
Mixed/Multiple Ethnic Groups; White and Black Caribbean	1,087	0.3
Mixed/Multiple Ethnic Groups; White and Black African	368	0.1
Mixed/Multiple Ethnic Groups; White and Asian	894	0.3
Mixed/Multiple Ethnic Groups; Other Mixed	579	0.2
Asian/Asian British	**8,498**	**2.6**
Asian/Asian British; Indian	1,540	0.5
Asian/Asian British; Pakistani	4,896	1.5
Asian/Asian British; Bangladeshi	32	0.0
Asian/Asian British; Chinese	853	0.3
Asian/Asian British; Other Asian	1,177	0.4
Black/African/Caribbean/Black British	**2,512**	**0.8**
Black/African/Caribbean/Black British; African	1,955	0.6
Black/African/Caribbean/Black British; Caribbean	326	0.1
Black/African/Caribbean/Black British; Other Black	231	0.1
Other Ethnic Group	**1,880**	**0.6**
Other Ethnic Group; Arab	382	0.1
Other Ethnic Group; Any Other Ethnic Group	560	0.2

Table 1: Size of ethnic groups (2011 Census)

Correspondingly, the South Asian and Black population have higher proportions of people aged under 16, and the 'White: Other' age structure is characterised by a high proportion of young adults.

	White: British	White: Other	South Asian	Black
Age 0 to 15	18%	17%	30%	25%
Age 16 to 34	22%	51%	36%	38%
Age 35 to 64	43%	28%	29%	36%
Age 65 and over	18%	4%	4%	1%

Table 2: Population age structure by selected ethnic groups (2011 Census)

Key Issues for this Characteristic

The Polish Migrant Worker HNA (2010) found the following key issues:

- Heavy consumption of alcohol-linked to depression and isolation. Those in employment tend to drink heavily after working to socialise or relax.
- A high percentage of the population smokes. It is a cultural norm to smoke and people are often unaware of free smoking cessation support.
- Distrust of NHS primary care system can, in some cases, prompt travel to Poland for a second opinion.
- Population tend to put on weight once they come to the UK. English food is sweeter and contains more wheat than Polish food.

The Black & Ethnic Minority Needs Assessment (2010) found the following key issues:

- Inequalities exist in relation to almost every aspect of health although some due to poor access to services, there are however certain areas where poorer health outcomes exist, for example long term conditions. This includes diabetes which is significantly higher in South Asian communities, as is CHD.
- Research also suggests that compared with the white population, South Asian people are three times more likely to require an emergency hospital admission for their asthma and Black people are twice as likely.
- Other inequalities exist in relation to infant mortality and ethnic minority women twice as likely to die during childbirth as well as infant abnormality.

Demography - Language

As a consequence of increasing ethnic diversity there are now many languages spoken within the district. For just over 11,000 residents, English is not the main language spoken. The most common non-English main languages are Polish (4,194 people); Panjabi (889 people); Urdu (809 people); Latvian (409 people); Lithuanian (344 people); and Kurdish (268 people).

Using local SystmOne access, we have queried GP records for those persons who do not use English as a main language. Although the recording of language is variable between practices, it does offer a low-level picture of where linguistic difficulties may be most prevalent.

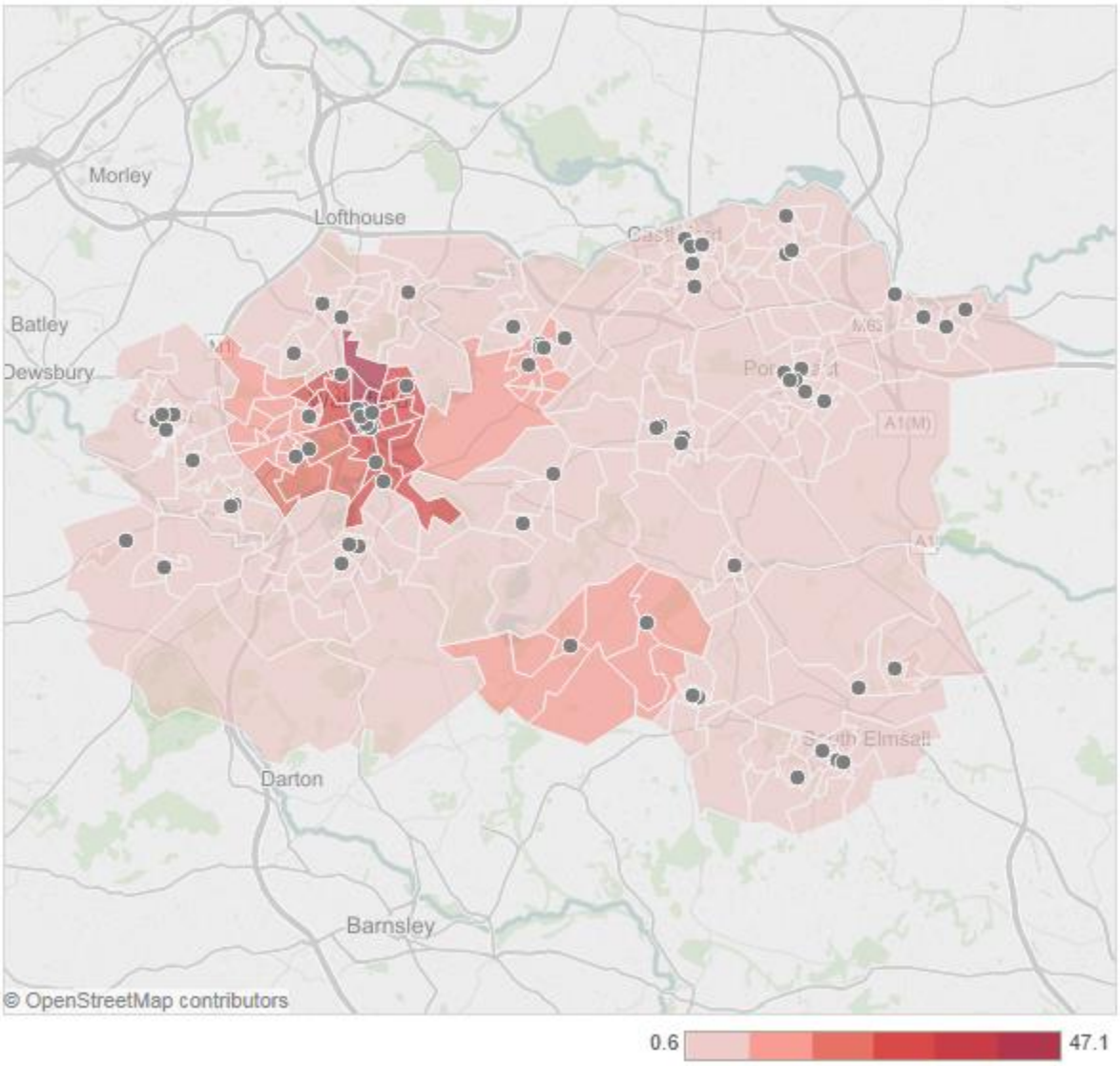

Figure 6: Map showing the distribution of the registered population who are recorded as not using English as their main language (SystmOne, 2014)

The greatest concentration the registered population who are recorded as not using English as their main language, tends to be located around the Central Wakefield area. This will be relevant for pharmacies in those locales.

Key Issues for this Characteristic

The Black & Ethnic Minority Needs Assessment (2010) found the following key issues:

- Inequalities in both access and outcomes are inevitable in some minority groups if we consider some of the wider determinants which impact on health inequalities. These are further exacerbated by cultural and language barriers which prevent people accessing services early.

Demography – Sexual Orientation

There is no evidence to suggest that the proportion of Lesbian, Gay, Bisexual or Transgender (LGBT) people in Wakefield is different from the national average. Estimating proportions of the population to be LGBT is hampered by non-reporting.

The Treasury and Department of Trade and Industry estimated that 6% of the population was Lesbian, Gay or Bisexual (LGB) in 2005; the Office for National Statistics Integrated Household Survey in 2012 estimated that 1.5% of the population is LGB. These would suggest between about 4,900 and 19,500 LGB people in Wakefield.

Key Issues for this Characteristic

The Vulnerable Groups Health Needs Assessment (2011) found the following key issues:

- Although we know very little about the number, age distribution and ethnic composition of LGBT people in the United Kingdom, we know that men who have sex with men (MSM) are vulnerable to sexually transmitted infections (STIs) and the human immunodeficiency virus (HIV).
- We know very little about the specific health needs of lesbian and transgendered populations.

However, social isolation associated with LGB sexual orientation may in some cases be exacerbated by rurality, and pharmacies may play a part in addressing this. Sexual orientation may have an effect on certain elements of sexual health (HIV, for example) which are screened or treated in pharmacies.

Marriage and Civil Partnership

Marriage and Civil Partnership are not considered significant factors in the assessment of pharmaceutical services in Wakefield.

Major Health Challenges

Wakefield's current priorities, as laid out in the Wakefield Health & Wellbeing Strategy and informed by the JSNA, are:

People making healthier choices and having a good quality of life

- Increase awareness of healthy living
- Support people to make healthy choices
- Improve the wider factors that make healthy living easier and improve quality of life
- Increase the proportion of people who lead healthy lifestyles

Every child has the best start in life

- Children are developing well and are healthy
- Parenting enables development and health of children
- The parenting context enables good parenting

Wakefield District is a place where mental health and wellbeing is everyone's concern and everyone contributes to enable the whole population to flourish

- Improving the mental wellbeing of individuals, families and the population addressing the social determinants and consequences of mental health
- Reducing the impact of mental ill-health through promotion of positive mental health ('living well') and prevention of mental disorder across the life course
- Raising awareness and reducing stigma around mental health
- Improve quality, efficiency and equality of access to services
- Early identification and intervention so that fewer people of all ages and backgrounds develop mental health problems
- Improving participation and quality of life for people with a mental health problem

People 'at risk' of or diagnosed with long term conditions feel supported to reduce further harm

- Preventing future harm to those 'at risk' of having a long term condition e.g. people with poor lifestyles, high blood pressure etc
- Improving quality and equality of access to services
- Early detection and identification of long term conditions
- Ensure that people with long term conditions are supported to take responsibility for self-care
- Improving quality of life and participation for people with a long term condition e.g. employment, independence

Our ageing population feel supported and have a good quality of life

- Maintenance of behaviours that promote positive health and wellbeing
- Ensuring that our district is age-friendly
- Older people being independent and living in their own homes for longer
- Uphold the National Pensioners Convention Dignity Code to uphold the rights and maintain the dignity of older people

In greater detail, there are several areas of health challenge that community pharmacy can play a significant role in improving health outcomes and closing inequalities. Much of this data has been sourced from Wakefield's current JSNA.

Life Expectancy & Mortality

Over recent years there have been gradual improvements to the life expectancy in the Wakefield District. Based on latest calculations (2010-12), male children born today can expect to live to the age of 77.8, compared to around 79.2 years of age across England as a whole. As is the pattern nationally, females born in Wakefield today are expected to live longer than males, to about the age of 81.3. This compares to a national life expectancy amongst women of 83.0.

Significant differences remain within the district. Males born today in the most deprived parts of the district (top-10%) can expect to live 10.6 years less than their more affluent counterparts (10% least deprived). For females the gap is 8.9 years. There is also evidence to suggest that this gap is widening.

Wakefield loses a disproportionately large amount of its life-years in the most deprived communities to chronic heart disease (CHD), lung cancer, chronic obstructive pulmonary disease (COPD) and – particularly in men – chronic liver disease. Data for 2010-12 show that given the age profile of Wakefield and the national annual mortality rate, for every 100 deaths that would be expected, 112 deaths actually occurred across the district (Standardised Mortality Ratio, or SMR). The Wakefield SMR is also slightly higher than the region's SMR (107). Premature mortality rates from cardiovascular diseases, cancer and respiratory disease are all significantly higher than the England average.

Respiratory Diseases

Asthma

Similar to COPD, asthma tends to be more common in the South East of the District, affecting Clinical network 2 most significantly (7.7% compared to District prevalence of 6.9%). This high rate has been consistent since QOF measurements began, whereas other local areas have shown a consistent growth in COPD prevalence.

Wakefield Central and Clinical Network 1 have consistently had t5he highest emergency admission rates for respiratory diseases. However, Clinical Networks 6 and 3 have the highest rates (significantly so) over the past four periods. In the under-20's this pattern is replicated for Network 3, although reductions in admissions have been observed.

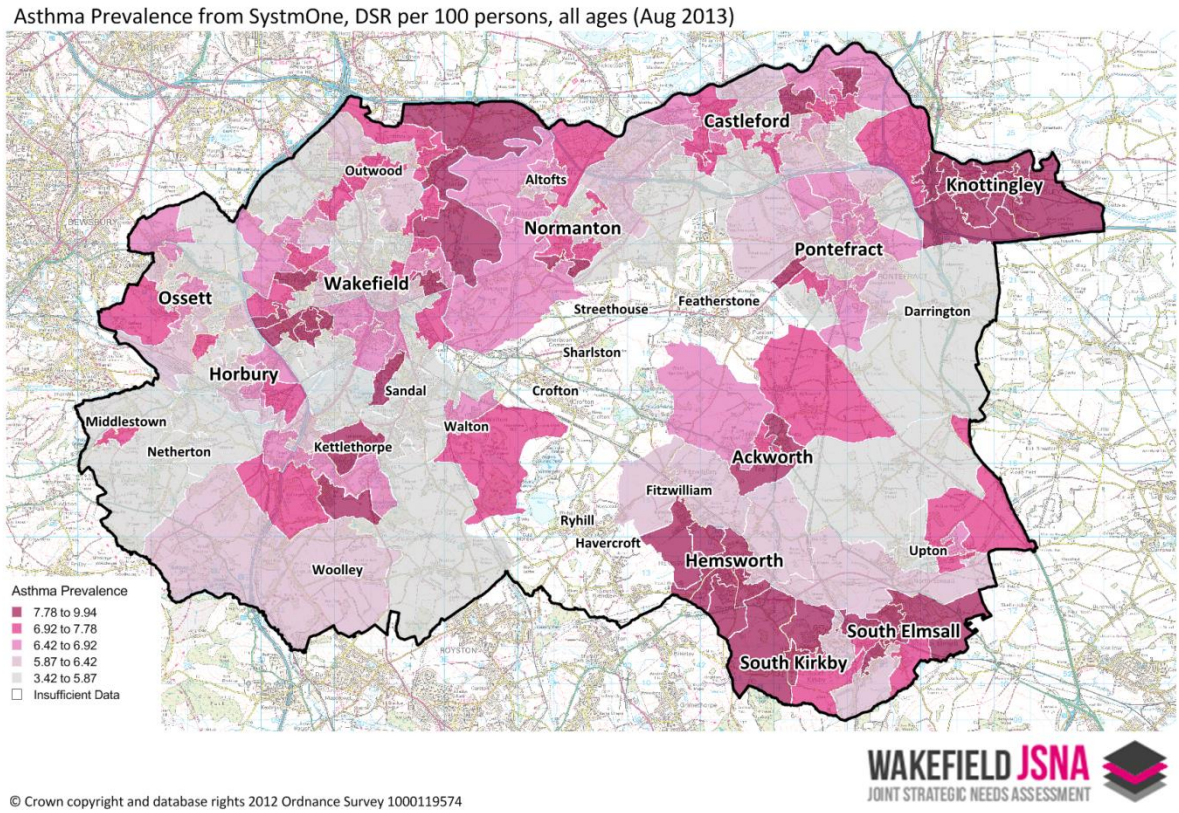

Figure 7: Map of asthma prevalence per 100 persons in SystmOne practices (standardised to pre-2013 ESP)

During 2010, 2.4% of patients on the asthma register were admitted to hospital as an emergency case, compared to 1.8% across England.

Chronic Obstructive Pulmonary Disease

The incidence of chronic obstructive pulmonary disease (COPD) in Wakefield is also significantly higher than the England average. COPD is the name for a collection of lung diseases including chronic bronchitis and emphysema. Smoking is the main cause of COPD. At least four out of five people who develop the disease are, or have been, smokers. Exposure to other people's smoke also increases the risk of COPD. Wakefield has a high COPD prevalence rate at about 2.7% of the population (close to 9800 persons), compared to 1.8% nationally. We are amongst the highest of non-outlying organisations nationally and regionally, and show high rates when compared to our ONS peers.

COPD contributes heavily to our District life expectancy. Approximately 0.15 life years in females and 0.08 life years in males are lost to COPD. This is representative of between 25-30 excess deaths per year.

Projections

Total deaths are projected to increase by more than 30% in the next 10 years without interventions to cut risks, particularly exposure to tobacco smoke.

The POPPI and PANSI datasets suggest the following:

Bronchitis\emphysema - all people	2014	2015	2020	2025	2030
People aged 65-74 predicted to have a longstanding health condition caused by bronchitis and emphysema	575	591	625	629	700
People aged 75 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	447	456	533	654	729

Table 3: Projections of longstanding health condition being caused by bronchitis and emphysema

Role of local pharmacies

- Promote and provide advice and support in relation to smoking cessation.
- Medicines optimisation
- Seasonal influenza vaccination

Diabetes

Diabetes is a condition where the blood sugar level is higher than normal. There are two main types of diabetes: Type 1 diabetes or insulin-dependent diabetes. It is usually seen in young people. Type 2 diabetes – usually non insulin-dependent diabetes. It tends to affect adults over 40 and overweight people.

It's thought Type 2 diabetes is related to factors associated with a Western lifestyle, since it's most common in people who are overweight and who don't get enough exercise. The last 30 years has seen a threefold increase in the number of cases of childhood diabetes in the UK. This is especially worrying in respect of the rising numbers of children and teenagers with type 2 diabetes, usually only seen in older people, and which reflects obesity levels in young people.

The prevalence of diagnosed diabetes among people aged 17 years and older in NHS Wakefield CCG is 6.4% compared to 5.9% in similar CCGs. In 2012/13, 59.1% of adults with diabetes in NHS Wakefield CCG, had an HbA1c measurement of 59mmol/mol or less. This is lower than in other similar CCGs and lower than England.

The National Diabetes Audit collates data that identifies the additional risk of diabetic complications and mortality in people with diabetes compared to the general population. The mortality data is currently only published by PCT and the best match for NHS Wakefield CCG is Wakefield District PCT. Compared to the general population, people with diabetes in Wakefield District PCT were 38.7% more likely to have a myocardial infarction and 28% more likely to have a stroke. They were also 71.8% more likely to have a hospital admission where heart failure was recorded. In Wakefield District people with diabetes have a 49.3% greater chance of dying in a one year period than the general population.

In terms of secondary prevention, access to diabetic retinopathy is fairly good in Wakefield, exceeding all relevant benchmarks, with local services comfortably in the upper quartile of performance measures (84% of patients get access to this vital preventative service, compared to 80% nationally).

Influenza vaccine amongst people with diabetes is comparable to the national average and has been so consistently for the last seven years.

NHS Wakefield CCG spent a total of £5.5 million on prescriptions for diabetes items between April 2012 and March 2013. This was equivalent to £298.53 per adult with diabetes. Average spending on items to treat diabetes was higher in NHS Wakefield CCG compared to England but this difference is not statistically significant.

Diabetes prevalence is significantly higher in the South East of district (7.2%), affecting Clinical Network 2 (7.1%).

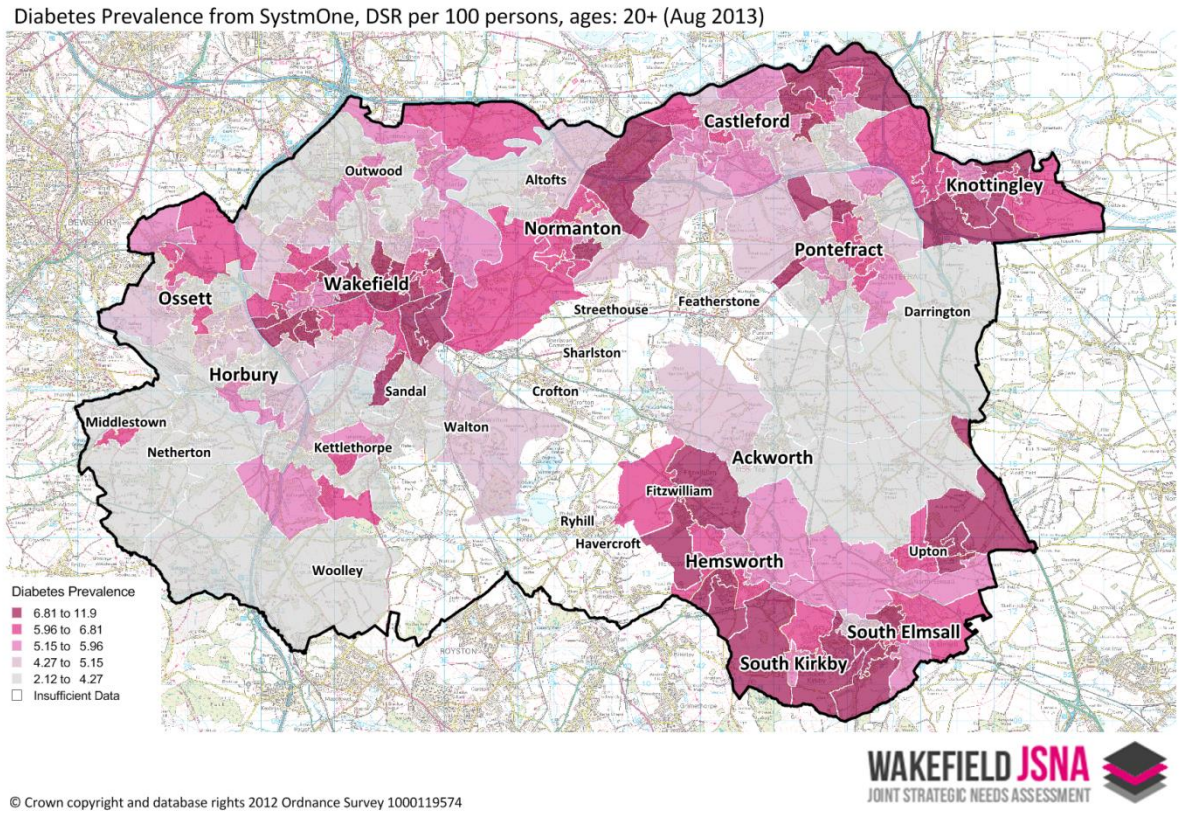

Figure 8: Map of diabetes prevalence per 100 persons over-20 in SystmOne practices (standardised to pre-2013 ESP)

Projections

A recent study investigated the scale and growth of pre-diabetes in the UK population, using secondary analysis of the Health Survey for England (HSE). This is an annual population-based survey that combines questionnaire-based answers with physical measurements and the analysis of blood samples. Samples are selected using a random probability sample, and every household address in England has the same probability of being selected each year.

This study – the only of its kind in the UK – observed national growth of pre-diabetes from 11.6% to 35.3% from 2003 to 2011. Using the coefficients for ethnicity, age and obesity, we estimate that as many as 60,000 people in the registered population are in a pre-diabetic state.

The conversion rate from pre-diabetes to full diabetes is subject to some disagreement in the literature, with estimates ranging from 5-15%. Taking a conservative estimate of 5%, we

might expect in excess of 3000 conversions per year. Of course, not all of these will be observed in the recorded incidence and prevalence figures.

Role of local pharmacies

- Medicines optimisation
- Promote and provide advice and support on maintaining a healthy weight.
- Seasonal influenza vaccination

Cardiovascular Diseases

Collectively, heart and circulatory diseases cause more than 1 in 3 of all deaths in the UK. Cardiovascular disease (CVD) could be avoided in 30% of cases, through people adopting healthy behaviours. In the UK, death rates from coronary heart disease (CHD) are highest in areas of greatest deprivation and Wakefield is no exception to this trend. Every year over 150,000 people have a stroke and it is the third largest cause of death, after heart disease and cancer. The brain damage caused by strokes means that they are the largest cause of adult disability in the UK. Cardiovascular disease can be debilitating and impact on health, healthcare and social care usage, along with the financial stability of those affected.

Hypertension

Wakefield has a recorded hypertension prevalence of 15.1% compared to the national average of 13.8%. This places Wakefield just below the upper quartile nationally. There is a similar picture compared to other areas in the Region. In comparison to other areas in our peer group, Wakefield sits in the lower quartile. Our prevalence rate has steadily risen over the past five years, with approximately 54,000 persons on the hypertension register.

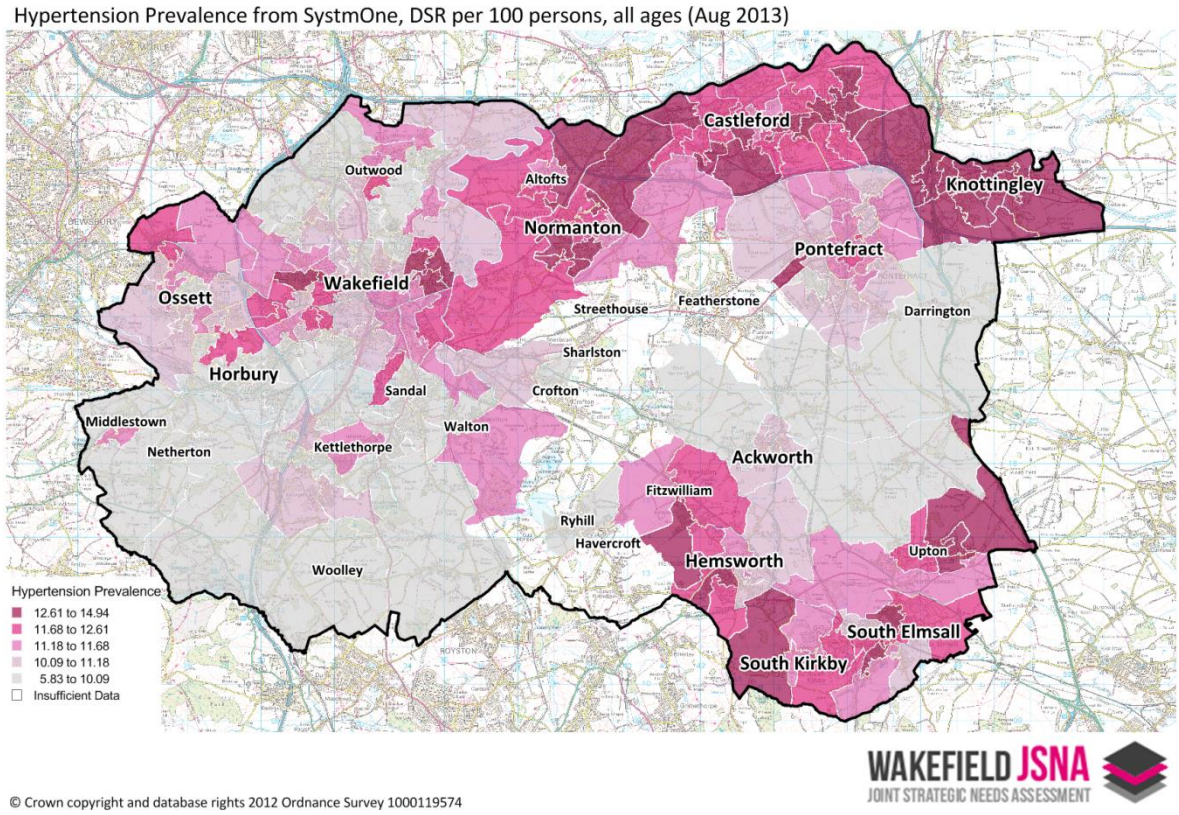

Figure 9: Map of hypertension prevalence per 100 persons in SystmOne practices (standardised to pre-2013 ESP)

In terms of their management, Wakefield has tended to perform well when keeping blood pressure under 150/90. Improvements from 2008 onwards have been observed in this measure. More recently, that performance has slipped over the last two financial years (12/13 - 13/14), with 80.3% of hypertension patients having their blood pressure under this critical value, compared to the national average of 80.8%. Compliance with blood pressure checks has, as seen nationally, fallen gradually to its current level of 90%.

New diagnoses of hypertension have, traditionally, been given a face-to-face cardiovascular risk assessment. Wakefield has, in the past, massively exceeded national rates for this (88.6% in 2010/11 compared to national average of 82%). That has fallen more in line with national rates of 82.8% in more recent years.

Chronic Heart Disease (CHD)

Wakefield has a recorded CHD prevalence of 4.4% compared to the national average of 3.4% (2013/14). This places Wakefield above the upper quartile nationally. There is a similar picture compared to other areas in the Region and our deprivation decile. In comparison to other areas in our peer group, Wakefield also sits in the upper quartile. Our prevalence rate has steadily risen over the past five years, with approximately 15,500 persons on the CHD register.

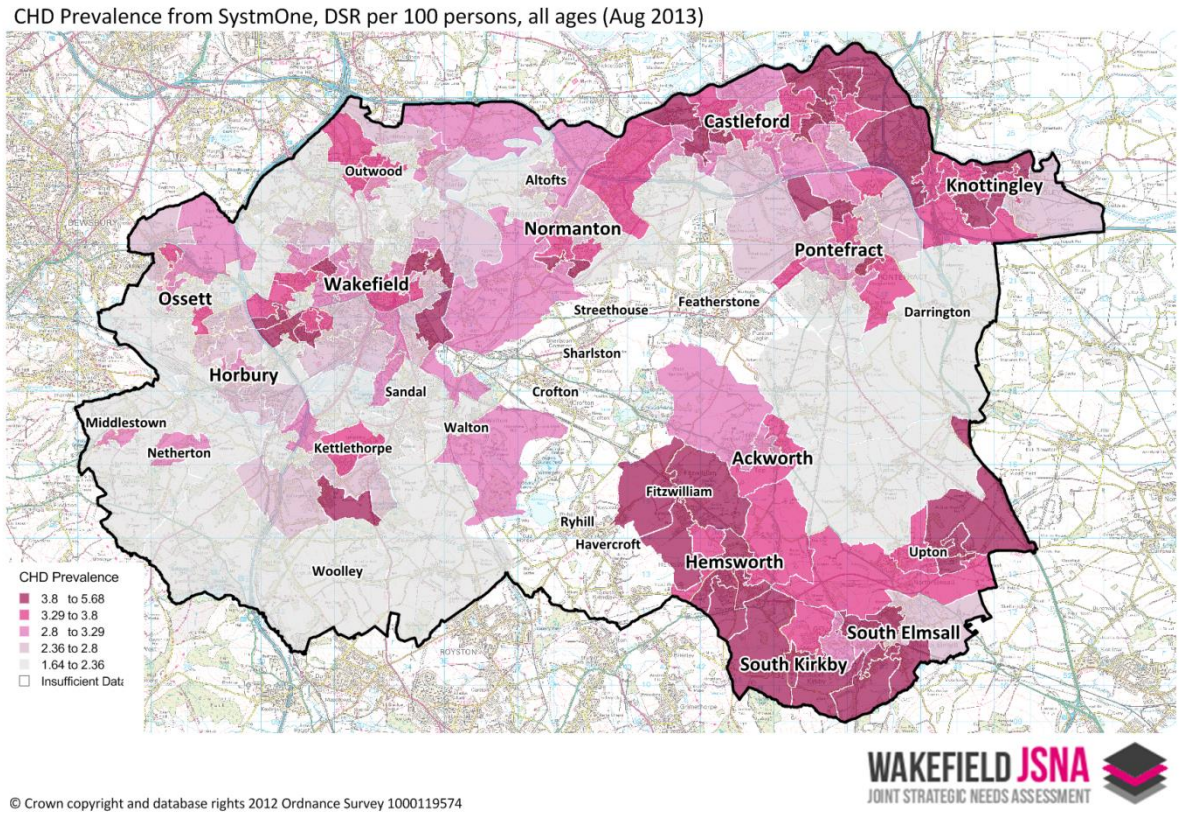

Figure 10: Map of CHD prevalence per 100 persons in SystmOne practices (standardised to pre-2013 ESP)

The management of blood pressure amongst people on the CHD register is generally good. Wakefield exceeds 91% when keeping blood pressure under 150/90, which is comparable with national, regional and peer averages. Amongst those with CHD, the maintenance of cholesterol at 5mmol/l or less has shown a degree of instability over time. Wakefield

peaked at 82.2% in the 2010/11 period and exceeded national averages. Since then, there has been a drop to 79.6% that mirrors national trends. Local treatment with aspirin and beta-blockers has kept pace with national trends. Treatment of patients with a history of myocardial infarction with ACE inhibitor, aspirin, beta-blocker and statin is comparable to national rates.

Stroke & Transient Ischaemic Attack (TIA)

Wakefield's stroke register is about 2.1% of the population, compared to a national average of 1.7% and an ONS cluster average of 1.9% - both of which we sit outside the upper quartile. This is representative of about 7500 people in the registered population, with the register growing (accounting for turnover) by about 80 persons per year. The control of blood pressure under 150/90 amongst those with a stroke/TIA is good in Wakefield, with local rates exceeding all other relevant comparator averages (90.6%, 2013/14). This has been steadily improving and been in excess of comparator rates since 2009/10. Cholesterol control is comparable to other comparator rates, but otherwise unremarkable. The coverage of cholesterol checks has continued to lag slightly behind that of other comparator groups.

Related CVD Outcomes

Wakefield continues to have a high smoking-related deaths rate, at 44.7 per 100,000 (2010-12). This is equivalent to approximately 250 unnecessary deaths per year. By most comparators, we do not perform well here. We are outside the upper quartile nationally, within metropolitan districts and within our deprivation decile. However, we are close to the median for our ONS peer group. Although the trend is decreasing, it is at a rate that does not close the gap with the national averages.

The under-75 mortality rate from cardiovascular diseases considered preventable shows a similar trend. Although we have seen great improvements in this measure over the last ten periods, the extent of the gap hasn't really closed against any of our comparators – irrespective of gender. There is a notable issue here, however: this measure is heavily skewed against males. We lose approximately 550 people a year, under the age of 75, to preventable cardiovascular diseases. 400 of those will be male.

Mortality from cardiovascular diseases shows a high degree of inequality, with our most deprived decile having a far higher level of mortality than our least deprived areas (408 vs 212 per 100,000 persons). This extremity is more pronounced in males and even more so when assessing those deaths under the age of 75 (218 vs 65 per 100,000 males).

Clinical Network 1 has shown marked improvements in under-75 CVD mortality over the last four periods. Clinical Network 5 remains the highest on this measure. Similar patterns exist for CHD mortality.

Treatment and secondary prevention for CHD shows a reasonable degree of equity across the District. Clinical Network 4 shows significantly lower rates of blood pressure control in patients with CHD (88.6%, 2013/14), a pattern replicated in the Pontefract & Knottingley area (88.8%, 2013/14). This Network pattern is also replicated in patients with stroke/TIA.

Projections

The POPPI and PANSI datasets suggest the following:

Age Band	2014	2015	2020	2025	2030
Aged 18-44	56	56	55	56	56
Aged 45-64	588	592	605	585	567
Aged 65-74	677	696	735	740	823
Aged 75 and over	711	726	851	1,049	1,172
Aged 18-64	644	648	659	640	623
Aged 65 and over	1,388	1,422	1,586	1,789	1,995

Table 4: People predicted to have a longstanding health condition caused by a stroke

Age Band	2014	2015	2020	2025	2030
Aged 65-74	1,539	1,582	1,672	1,684	1,872
Aged 75 and over	1,417	1,444	1,677	2,050	2,283
Aged 65 and over	2,956	3,026	3,349	3,734	4,155

Table 5: People predicted to have a longstanding health condition caused by a heart attack

Role of local pharmacies

- Medicines optimisation
- Anti-coagulation monitoring
- Promoting awareness of the common signs and symptoms of CVD
- Promoting the benefits of and signposting to Health Checks
- Promote and provide advice and support in relation to alcohol consumption, stopping smoking and maintaining a healthy weight
- Seasonal influenza vaccination

Cancer

Overall cancer prevalence is higher in areas with a more elderly population – often outside of more urbanised areas, with Network 2 having the highest prevalence (2.2%). Patient reviews, post-diagnosis have fluctuated, but Network 3 shows significant drops from 2010/11 (93.9%) to 2013/14 (80.4%).

Mortality from all cancers in the under-75's shows a high rate in Normanton & Featherstone (201.7 per 100,000) in persons, particularly so in males (241.3 per 100,000). This is a measure that, while subject to fluctuations, has seen gradual increase over the past four periods to the point of statistical significance. Preventable cancer mortality, although showing steep social gradient, shows little significant variation across the seven networks or areas. Emergency admissions for all cancers, in all ages, show a marked increase in females in Clinical Network 5 (321 per 100,000) and the Central 7 Area (351 per 100,000) over the past five periods.

In terms of screening, cervical screening within Networks has seen fluctuation over the available periods of data, with significant drops observed in both Network 1 and Network 4 over the past four periods.

Mortality & Incidence

Under-75 mortality rates for cancer in Wakefield have generally kept pace with our ONS Cluster average, with Wakefield currently exceeding the upper quartile for all of our comparator areas (168.2 per 100,000 persons, 2010-12) with the exception of other Metropolitan Districts where we are close to average. This pattern is replicated across cancers with preventable causes (99.7 per 100,000 persons, 2010-12)

Cancer incidence and mortality for Wakefield is higher than Yorkshire & Humber, Manufacturing Towns and England. This differs between the tumour sites, with lung cancer having a much higher incidence and mortality. Prostate cancer also has a higher incidence and mortality rate but it is not as big a difference. Breast cancer has a lower incidence and mortality than standard benchmarks, but is still a large proportion of the cancer incidences in Wakefield.

Colorectal cancer has a similar incidence rate but has a higher mortality rate than Yorkshire and Humber, Manufacturing towns and England. It appears that there is no correlation with cancer incidence and deprivation but there is a correlation between cancer mortality and deprivation. Lung cancer may have a possible correlation due it being highly linked with smoking and smoking being linked with deprivation. This does not seem to be the case for the other tumour sites. It also appears that although lifestyle factors can affect the incidence and survival of cancer, it is not always so strongly correlated particularly with breast cancer suggesting they may be other issues that need to be considered.

Screening

For breast screening coverage in ages 53-70, Wakefield stood at 75.9% uptake in its screening coverage, compared to national coverage at 74.8%. It is notable, however, that local uptake has fallen from a high in 2010 where coverage exceeded 78% and was more in line with regional trends.

For cervical screening, Wakefield's comparative position is mixed. Although we are in excess of national averages (75.5% compared to 73.5%), regionally, we are in the lower quartile – a picture replicated amongst our ONS peer group. Despite this, we perform well compared to our national deprivation decile. This is perhaps surprising, given that we are one of the more deprived areas in that decile.

Survival

Overall one-year survival is comparable to national rates (67.2% compared to 68.2%). However, we lag slightly compared to others in the sub-region.

Survival for breast and prostate cancers is relatively high when compared with colorectal and particularly lung cancer. Lung cancer survival after 1 year is 25-30% and reduces to 5-10% after 5 years. Colorectal cancer survival is relatively high after 1 year of diagnosis but reduces to 50-55% after 5 years. Overall it appears that Wakefield has a slightly higher survival rate than Yorkshire & Humber and England, it does vary between males and females but there is not much of a difference.

Projections

The table below shows projected 20-year cancer prevalence for Wakefield CCG. The number of people living with and beyond cancer is increasing and is set to rise further, if existing trends continue.

The table shows two possible future scenarios:

- Scenario 1: assumes people will continue to get and survive cancer at increasing rates in line with recent trends (except for prostate cancer), and the general population will continue to grow and age.
- Scenario 2: assumes people will continue to get cancer at the rate they do today, and that survival rates will remain as they are. The estimates are therefore driven by a growing and ageing population only.

Year	Scenario 1	Scenario 2
2015	12126	11528
2016	12538	11819
2017	12949	12111
2018	13360	12402
2019	13771	12694
2020	14183	12985
2021	14721	13220
2022	15259	13454
2023	15797	13688
2024	16335	13923
2025	16873	14157
2026	17412	14391
2027	17950	14626
2028	18488	14860
2029	19026	15094
2030	19564	15329

Table 6: People predicted to be living with cancer

Role of local pharmacies

- Promoting awareness of the common signs and symptoms of cancer
- Promote the benefits of and sign-posting to screening programmes for bowel, breast and cervical cancers
- Provide access to palliative care medicines
- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight
- Seasonal influenza vaccination

Musculoskeletal

The 2009 Wakefield Health and Lifestyle Survey showed 35% of all adults had suffered from pain problems in the previous 12 months. As is typical, the prevalence of pain was more common among older people – with 57% of people age 65 and over having suffered from

pain problems in the previous 12 months. In addition to general pain, 24% of adults had suffered from sciatica, lumbago or recurring backache in the previous 12 months, but for these conditions the differences by age group were less pronounced. Studies elsewhere have shown that around 16% of all people suffer from chronic back pain.

Arthritis is a common source of pain, and is more frequent among older people. Osteoarthritis is the most common type of arthritis, and national evidence shows around 2.4% of people will consult their GP about osteoarthritis over the course of a year. This level equates to around 7,900 people per year across Wakefield. Rheumatoid arthritis is the second most common form of arthritis in the UK and the most common inflammatory joint disorder. It is more common in women than in men. Estimates suggest there may be around 120 new cases of rheumatoid arthritis are diagnosed each in Wakefield each year and local analysis of patient registers estimates that there are currently around 2,530 diagnosed cases district-wide.

Lifestyles & Behaviours

Local health data shows that less than one third of all adults aged over 20 in Wakefield District have a normal Body Mass Index (BMI). Problems with being overweight or obese are more common among people in middle age and there is a strong correlation between obesity and deprivation.

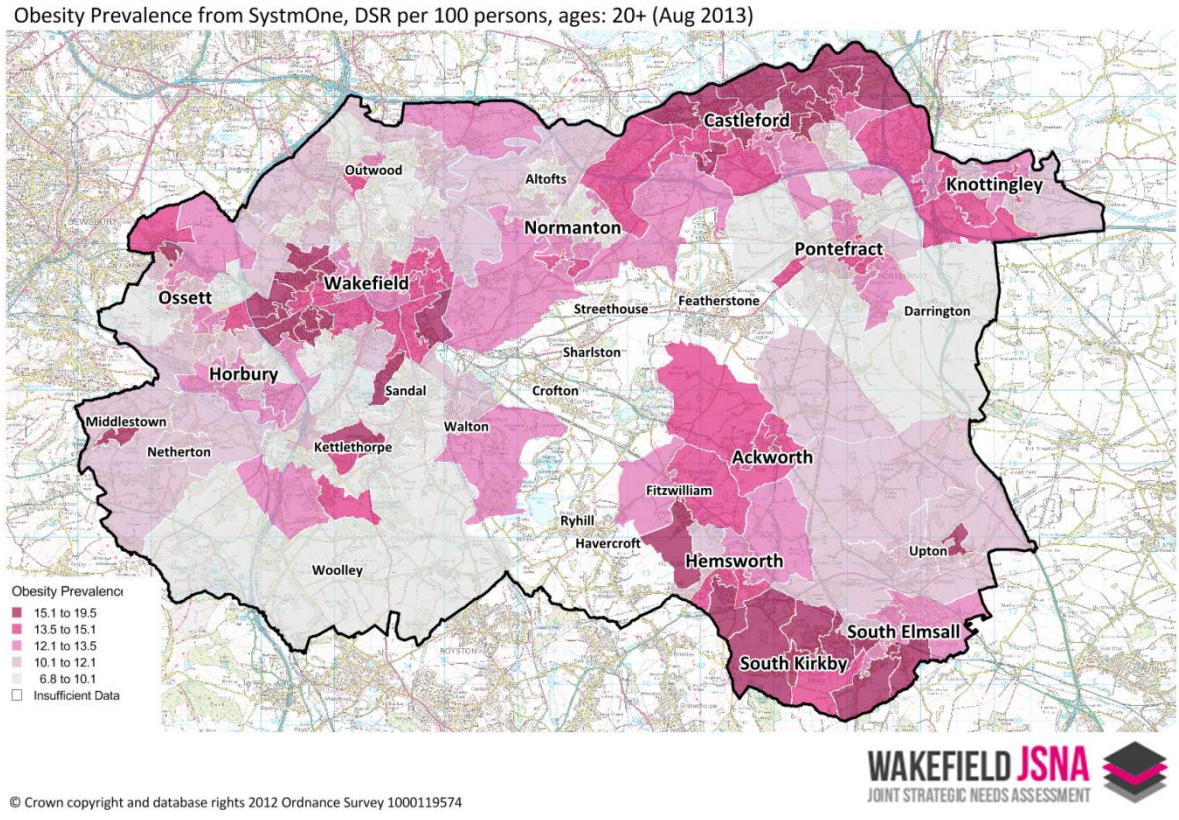

Figure 11: Map of obesity prevalence per 100 persons over-20 in SystmOne practices (standardised to pre-2013 ESP)

National data show that smoking prevalence has been in gradual decline over the last 15 years although the reductions have slowed in the last few years. Survey data shows that 25% of adults in Wakefield smoke, compared to 20% across England as a whole. Smoking is

even more common among people in routine and manual occupations, 35% of whom smoke compared to 30% across England. In 2010/11, 4,014 of 75,056 (5.3%) hospital admissions in the district were attributable to smoking costing NHS Wakefield approximately £7.2m or £19 per head of population. The latest reports show that 615 adults died in 2010 from diseases that can be caused by smoking.

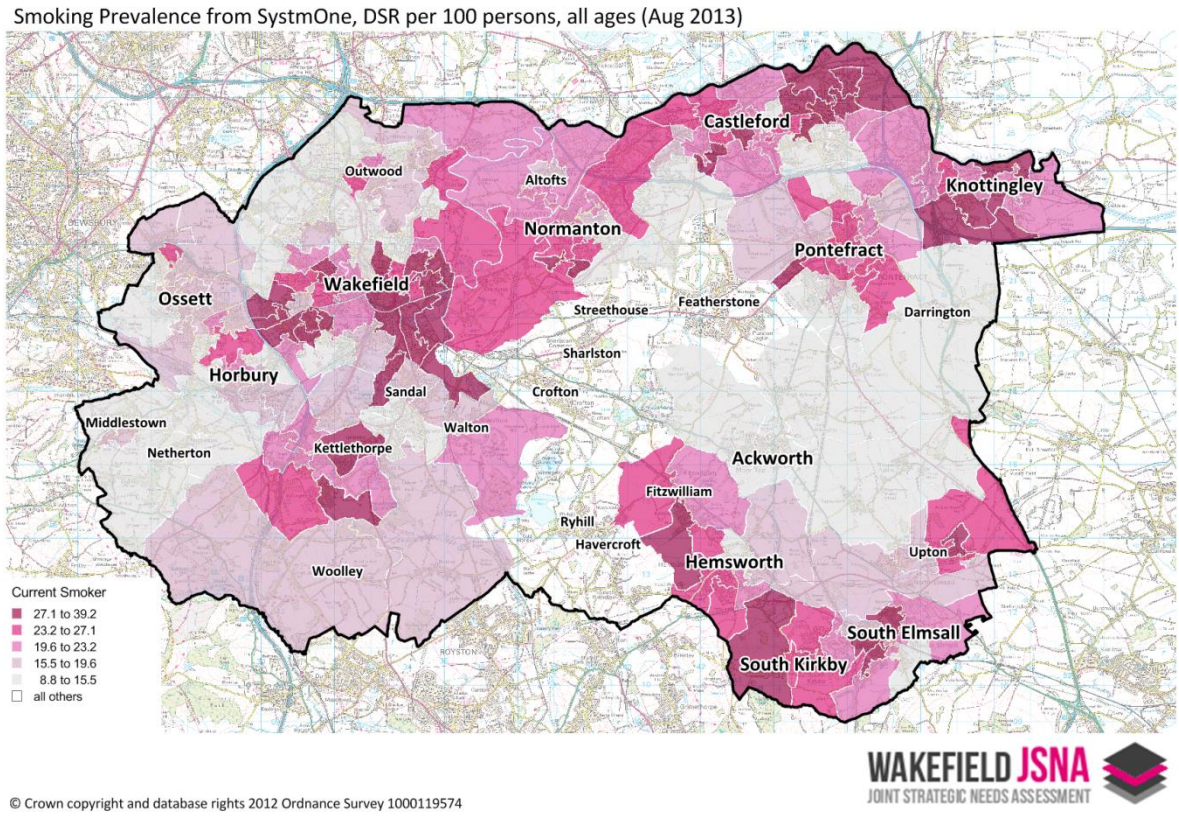

Figure 12: Map of smoking prevalence per 100 persons in SystmOne practices (standardised to pre-2013 ESP)

Excessive and unsafe use of alcohol is also a problem within the district. Approximately 14.5% of the adult population across the district are estimated to be drinking at hazardous or harmful levels and men are more than twice as likely women to drink excessively. Local analysis has also shown that unemployed people are significantly more likely to be drinking at higher levels than people who work. Under-18s admissions to hospital due to alcohol specific conditions (2010/11-2012/13) – 72.0 admissions per 100,000 under 18's – are significantly higher than the national rate of 44.9, although the rate is falling gradually.

Role of local pharmacies

- Promote and provide advice and support in relation to alcohol consumption and on maintaining a healthy weight
- Provision of the Stop Smoking Service
- General advice and promotion of healthy lifestyles including sign posting to other services as required and appropriate
- Public Health campaigns
- Promote and provide advice and support in relation to maintaining a healthy weight

Maternal Health

Smoking during pregnancy is a significant problem in Wakefield, with 23% of women from the district smoking at the time of delivery compared to 13.2% across England.

In 2011, 3.1% of live births were at low birth weight (below 2.5kg), similar to the England average. Low birth weight can be more common among mothers from the most deprived parts of the district. For the five years 2007-2011, 11.1% of babies born in the Wakefield Central Priority Neighbourhood had a low birth weight.

Across the district as a whole in 2012/13, only 56% of mothers in Wakefield were initiating breastfeeding at birth, compared to 74% of mothers across England as a whole.

Role of local pharmacies

- Promoting the importance of breastfeeding and immunisation and vaccination, including signposting to relevant support.
- Promote and provide advice and support in relation to stopping smoking, reducing alcohol consumption and maintaining a healthy weight, particularly during pregnancy.
- Sign-posting to and advice about treatment
- Promoting and providing advice in relation to adolescent health needs – particularly as these relate to sexual health, mental health, smoking, alcohol consumption and drug misuse.
- Seasonal influenza vaccination (pregnant women)

Current Healthcare Service Provision

Healthcare is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care and tertiary care, as well as in public health.

This section describes what healthcare services are in place within Wakefield District, alongside pharmaceutical services.

Primary Care

40 General Practices (excluding branch surgeries)
There are 40 main site GP practices and 14 branch surgeries within the Wakefield District (with a further 4 branch surgeries external to Wakefield District). A GP can be the first point of contact with the NHS. They look after everyday health needs and, where appropriate, they can refer you to see other health professionals, such as specialists at a hospital or clinic. More information on their location and relative health needs can be found via the GP Practice Profiles.

1 GP-Led Health Centre
The GP-Led health centre is situated in the Wakefield City Centre with opening hours of 8:00am-8:00pm, seven days each week. NHS walk-in centres' offer fast and convenient healthcare advice and treatment for minor injuries and illnesses such as sprains, insect bites, burns, colds and infections. They don't replace the local GP or hospital services, but complement existing local services.

33 Dental Practices and 2 Orthodontic Practices.
There are 33 dental practices delivering general dental services, 2 of which offer limited orthodontic provision. In addition to this, there are 2 orthodontic practices offering orthodontic services.

40 Opticians
There are 40 optical practices throughout the Wakefield District that provide NHS sight tests. A large number of these practices also provide services under the PEARS scheme where eligible patients, who have a sudden eye problem (e.g. red eye or a foreign body in their eye), can be assessed and possibly treated on the spot or referred if the problem is more, complicated. NHS sight test can be carried out in patients own home or where they normally live (e.g. residential or care home or a day centre) if the patient is eligible for a home visit.

77 Pharmaceutical Providers
There is a good distribution of existing pharmacy contractors across the whole of the Wakefield District, including areas of high deprivation. Of those 77, 73 are community pharmacies, 2 are appliance contractors and 2 are internet-based pharmacies. Currently, of

the community pharmacies, 10 pharmacies located across the breadth of Wakefield District are contracted to provide a minimum of 100 hour service provision per week.

The growth of pharmacy provision has increased in Wakefield over the last eight years, with the population-pharmacy ratio improving to a comparable level with regional and national comparators.

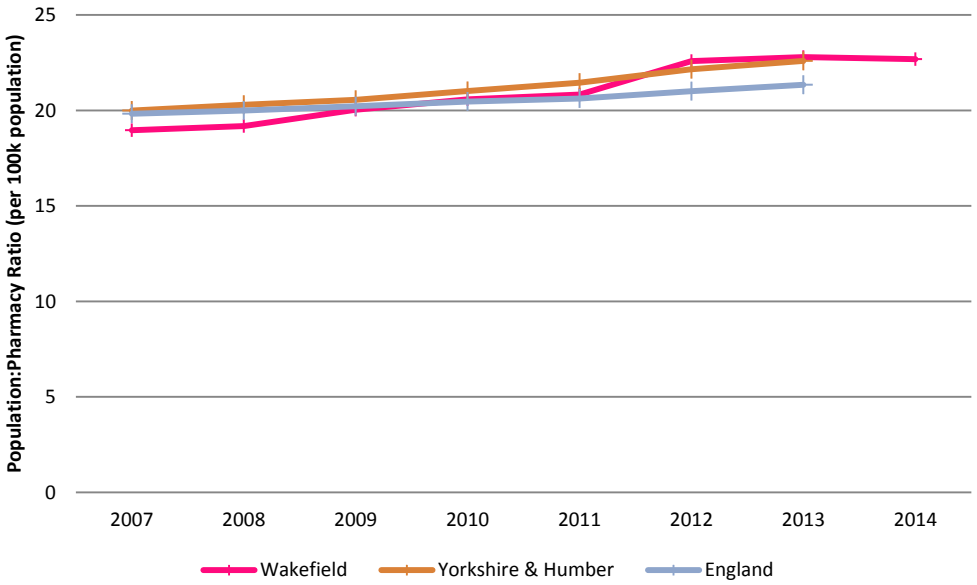

Figure 13: Chart showing population-pharmacy ratio (per 100,000 persons) over time.

At 22.7 pharmacies per 100,000 people (using 2014 projections), Wakefield overall sits under the West Yorkshire average (24 per 100,000), close to the estimated Yorkshire & Humber ratio (22.9 per 100,000) and is equivalent to the England rate (21.5 per 100,000). These figures are derived by using updated population estimates and projections. If Wakefield remained static in its service provision over the next several years, it would likely remain comparable to national averages.

3 Dispensing GP practices

Wakefield District has 3 Dispensing GP Practices. Dispensing doctors provide dispensing services to patients mainly in controlled localities and often where there are no community pharmacies or where access is restricted. In Wakefield District there are 3 dispensing doctor practices.

Secondary Care

Secondary Care is the health care services provided by medical specialists and other health professionals who generally do not have first contact with patients, for example, cardiologists, urologists and dermatologists. It includes acute care: necessary treatment for a short period of time for a brief but serious illness, injury or other health condition, such as in a hospital emergency department. It also includes intensive care and medical imaging services.

The term “secondary care” is sometimes used synonymously with “hospital care”. However many secondary care providers do not necessarily work in hospitals, such as psychiatrists, clinical psychologists, occupational therapists or physiotherapists, and some primary care services are delivered within hospitals. Patients are required to see a primary care provider for a referral before they can access secondary care.

The secondary care providers for the Wakefield District are The Mid Yorkshire Hospitals, NHS Trust (MYHT) and South West Yorkshire Partnership, NHS Foundation Trust (SWYPT).

The Mid Yorkshire Hospitals, NHS Trust (MYHT)
The main hospital trust in Wakefield District is made up of three hospitals at three different locations:

- Pinderfields Hospital, Aberford Road, Wakefield, West Yorkshire
- Pontefract General Infirmary, Friarwood Lane, Pontefract, West Yorkshire
- Dewsbury District Hospital, Halifax Road, Dewsbury, West Yorkshire

Although Dewsbury District Hospital is not within the Wakefield boundary, it is part of Mid Yorkshire Hospitals Trust and as such provides secondary care to Wakefield District patients. The Mid Yorkshire Hospitals NHS Trust completed a major hospital development programme in March 2011, which involved opening new hospitals in Wakefield at both the Pinderfields and Pontefract sites.

In April 2011, Mid Yorkshire Hospitals, NHS Trust expanded to provide community health services for the Wakefield District to include Adult Community Nursing and Children’s and Families’ Health Services to become a new integrated care organisation.

South West Yorkshire Partnership, NHS Foundation Trust (SWYPT)
Provide specialist mental health and learning disability services – Responding to meet the health and wellbeing needs of people in Wakefield. For some the picture is improving but for many it is not, by using the findings from the JSNA they are targeting their services better for people in a way that reflects their level of need. To support a reduction in the differences in health and wellbeing between groups of people and between different areas, whilst acknowledging that this is not a quick fix but an ongoing, long term process which requires a partnership approach with commissioners, local organisations, local people, their families and their communities.

The Fieldhead Hospital site is SWYPT’s largest site providing a wide range of services. It is located very close to Pinderfields Hospital, on the north side of Wakefield; its bordering areas are Stanley, Outwood, Newton Hill and Eastmoor.

Newton Lodge is based on the same site as Fieldhead Hospital (also known as The Yorkshire Centre for Forensic Psychiatry) and provides specialist mental health care to people from across the Yorkshire and Humber region. It was originally opened as a purpose built medium secure psychiatric facility in 1984.

The service provides beds within a medium secure environment for the treatment of people with mental health difficulties. There are also additional beds for people with learning disabilities. Some of the people cared for at Newton Lodge may have been in contact with the criminal justice system because of offending behaviour, often as a result of their mental health problem or learning disability.

A 2007 redevelopment at Newton Lodge saw the addition of a purpose built facility for the specialist learning disability service. This £6million facility meant that more people with specialist needs could be cared for in Wakefield, rather than being sent to other facilities in the country. The redevelopment fully opened in the summer of 2007 and includes an assessment and treatment ward, a continuing care ward and a dedicated therapy/education area.

The medium secure service at Newton Lodge provides the following core services: admission, assessment and treatment, specialist services for women, continuing care for inpatients, rehabilitation and individual placement support, specialist learning disability service Day services (occupational, educational, recreation and social support), and psychological therapies.

South West Yorkshire Partnership, NHS Foundation Trust (SWYPT) incorporates its own onsite pharmaceutical provision to support its healthcare provision.

Tertiary Care

Tertiary Care is specialised consultative health care, usually for inpatients and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment, such as a tertiary referral hospital.

Examples of tertiary care services are cancer management, neurosurgery, cardiac surgery, plastic surgery, treatment for severe burns, advanced neonatology services, palliative, and other complex medical and surgical interventions.

- Pinderfields Hospital provides tertiary care in the form of:
- Regional Burns Centre; and
- Regional Spinal Injuries Centre

Intermediate Care

These services provide short-term specialist care to people who have been discharged from hospital but need extra support, care and rehabilitation before they go home or to the place where they normally live. This service can also be provided to people in their own homes to prevent admission. The service helps people for up to four weeks, so that they are able to regain their independence at their own pace.

Nurses, Doctors and Therapists carry out assessments and regular reviews with the support of Occupational Therapists, Physiotherapists, Support Workers, Dieticians, Pharmacists and Social Workers. The services are provided 24 hours a day, 7 days a week and we also make

sure the right people are in place to support people when they leave intermediate care, such as a Physiotherapist or a Social Worker.

The Mid Yorkshire Hospitals, NHS Trust (MYHT) also provides Intermediate care inpatient facilities at:

- Kingsdale Unit Intermediate Care Facility (West Riding Nursing Home), Wakefield
- Monument Intermediate Care Facility, Pontefract
- Queen Elizabeth Intermediate Care Facility, Wakefield

Palliative Care

Palliative Care is an area of healthcare that focuses on relieving and preventing the suffering of patients. Unlike hospice care, palliative medicine is appropriate for patients in all disease stages, including those undergoing treatment for curable illnesses and those living with chronic diseases, as well as patients who are nearing the end of life. Palliative medicine utilizes a multidisciplinary approach to patient care, relying on input from physicians, pharmacists, nurses, chaplains, social workers, psychologists, and other allied health professionals in formulating a plan of care to relieve suffering in all areas of a patient's life. This multidisciplinary approach allows the palliative care team to address physical, emotional, spiritual, and social concerns that arise with advanced illness.

Hospice Care

The goal of a hospice is to help patients live their last days as alert and pain-free as possible. Hospice care tries to manage symptoms so that a person's last days may be spent with dignity and quality, surrounded by their loved ones. Hospice affirms life and neither hastens nor postpones death. Hospice care treats the person rather than the disease; it focuses on quality rather than length of life.

Hospice care is family-centred – it includes the patient and the family in making decisions. This care is planned to cover 24 hours a day, 7 days a week. Hospice care can be given in the patient's home, a hospital, nursing home, or private hospice facility.

There are two Hospices within the Wakefield District:

- The Prince of Wales Hospice, Pontefract – improves the quality of life for people with a life-limiting illness. They provide specialist care and support for their patients, and also for their families and friends.
- Wakefield Hospice, Wakefield – committed to providing the highest level of symptom management and care for people who have advanced active progressive and life threatening illness.

Prison Health Services

We have two major prisons within Wakefield District:

- HMP Wakefield, a high security Category A establishment for men, and
- HMP & YOI New Hall, a facility for women and girls.

The prisoner population is over 1,000 at any one time with a throughput of around 3,000 prisoners each year. Prisoners tend to have high levels of health inequality, a prevalence of long term conditions, greater incidence of mental disorder and substance misuse problems and there is also an ageing prisoner population at HMP Wakefield.

The aim is to improve prisoners' health and to reduce health inequalities by improving access to quality healthcare for prisoners as they could expect if they were living in the wider community. Healthcare provided includes primary care and pharmacy service provision, mental health, substance misuse, dental, optical, urgent and non-urgent care, and secondary care. Strategic priorities for commissioning prison healthcare are based on needs assessment to ensure sufficient healthcare provision for prisoners is secured to meet their needs. A clear focus for commissioners is to deliver quality, innovation, productivity and prevention through better management of medicines and enhanced pharmacy provision. Health Services for prisons will be commissioned by the NHS Commissioning Board.

Asylum Seeker Services

Wakefield houses a Home Office commissioned initial accommodation centre for newly arrived or identified asylum seekers. Asylum seekers will spend roughly 19 days at the centre while their case for asylum support is given initial consideration by the Home Office case managers. The accommodation is supplied by a private provider (Angel Group). The population at any one time is up to 220 asylum seekers.

Non-standard Pharmaceutical Services

Controlled Locality

A controlled locality is an area which has been determined to be 'rural in character'. The overall objective of defining rural areas as controlled localities is to help NHS England to ensure that patients in rural areas have access to pharmaceutical services which are no less adequate than would be the case in a non-controlled locality.

Where NHS England has determined that an area is controlled (i.e. rural in character), provided certain conditions are met, doctors as well as pharmacies can dispense medicines for patients. However, GPs may only dispense NHS prescriptions for their own patients who live in a controlled locality and live more than 1.6 km (1 mile), in a direct line, from a pharmacy. The main purpose of this is to ensure patients in rural areas who might have difficulty getting to their nearest pharmacy can access the medicines they need. Patients who live in a non-controlled area or within 1.6 km (1mile) of a pharmacy must access their pharmaceutical services from a pharmacy.

Dispensing Doctors

Limited pharmaceutical services are offered directly from GP practices. These are referred to as dispensing doctors and dispense to patients who live in a controlled locality. The current dispensing doctor practices within Wakefield District are:

- Dr Mone & Partners, Ferrybridge
- Dr Gair & Partners, Middlestown
- Dr Quartley & Partners, Havercroft & Ryhill

Service Provision

The Health Act 2009 requires that NHS England Area Teams (previously Primary Care Trusts) use PNAs as the basis for determining market entry to NHS pharmaceutical services provision (known as the "Market Entry test"). The detail of the basis for applications is covered by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. This gives the regulatory framework under which applications should be made to Area Teams and how they should determine those applications. This supersedes the "Control of Entry" test which had previously been the method for determining pharmacy applications.

There are two types of application that can be made by pharmacy or dispensing appliance contractors within the 2013 Regulations:

- routine applications
- excepted applications

Routine applications will:

- meet an identified current or future need or needs;
- meet identified current or future improvements or better access to pharmaceutical services;
- or provide unforeseen benefits, i.e. applications that offer to meet a need that is not identified in a PNA but which the NHS England Areas Team is satisfied would lead to significant benefits to people living in the Area Team footprint.

Excepted applications will cover:

- Relocations that do not result in significant change to pharmaceutical services provision;
- Change of ownership applications;
- The above combined;
- Distance selling pharmacies. These pharmacies provide all the essential services within the pharmacy terms of service but without making face to face contact with the patient.

NHS England will remove any contractor from its pharmaceutical list who repeatedly fails to meet the terms of the exemption under which the application was approved without good cause, or if a serious breach led to patient safety being put at risk.

Community Pharmacy contractors operate under the contractual framework which was originally put in place in April 2005. A number of developments have been made to this framework over the years, particularly in October 2011, including the introduction of the New Medicine Service (NMS) and changes to Medicines Use Reviews (MUR) and clinical governance. This framework is a continually evolving picture.

The contractual framework for community pharmacies has a number of different elements:

Essential (Necessary) Services

These services, negotiated and funded at a national level are a range of 'core activities' that must be provided by all contractors. These include dispensing of medicines, clinical governance, and support for self-care. Therefore all patients can expect these service provisions from every community pharmacy.

- Dispensing
- Repeat dispensing
- Medicines waste/disposal
- Public health
- Signposting
- Support for self-care
- Clinical governance

At the point of consultation, there were 73 community pharmacies and 2 distance sellers providing essential services.

In addition to these services, pharmacies offer **other relevant services**:

Advanced Services

Community pharmacies may also offer (but are not obliged to offer) Advanced Services as defined by the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005, as long as they have met the accreditation requirements. Services include:

- Medicine Use Reviews (MUR)
- Appliance Use Reviews (AURs)
- New Medicine Service (NMS)

Appliance Use Reviews are less common. There is only one provider in Wakefield (based in Ossett) and they have not claimed for any activity in this financial year.

At the point of consultation, and based on consultation with both NHS England and Wakefield CCG, all community pharmacies were regarded as being accredited to provide MURs and NMS. Of all pharmacy providers known to NHS England, 10 had not claimed for any MUR activity during the 2013/14 period or the 2014/15 period up to August 2014. Of all pharmacy providers, 22 had not claimed for any NMS activity during the 2013/14 period or the 2014/15 period up to August 2014.

There is no striking geographical pattern to either scheme's claim activity.

Enhanced Services

As defined by the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005, these services are commissioned locally to meet local healthcare needs. The term 'Enhanced Services', when used to describe pharmaceutical services, now only

refers to those which are commissioned by NHS England. At present, this only includes one service:

- **MRSA Decolonisation:** 30 pharmacies currently provide this service.

Locally Commissioned Services

These can include services such as stop smoking services, emergency hormonal contraception and minor ailments services. Locally, we assessed:

- **Emergency Hormonal Contraception:** 15 pharmacies currently provide this service.
- **Smoking Cessation Services:** 9 pharmacies currently provide this service.
- **Needle Exchange:** 5 pharmacies currently provide this service.
- **Flu Immunisation:** 33 pharmacies currently provide this service.
- **Chlamydia Testing:** 25 pharmacies currently provide this service.
- **Supervised Consumption:** 48 pharmacies currently provide this service.

In addition to this, the CCG also commissions a small number of community pharmacies to provide the Pharmacy Urgent Repeat Medicine (PURM) service. This service facilitates appropriate access to repeat medication Out-of-Hours (OOH) and relieves pressure on urgent and emergency care services by enabling access to repeat medicines, where appropriate, for patients in emergency situations.

Patients access this service via NHS 111. This service is only available to patients registered with a West Yorkshire GP and, although commissioned by Wakefield CCG, is administered by Community Pharmacy West Yorkshire (CPWY). In Wakefield, there are four pharmacies that provide this service and are tactically placed to provide maximum accessibility.

Code	Name	Address	Town	Postcode
FET05	SAINSBURY'S SUPERMARKET	TRINITY WALK	WAKEFIELD	WF1 1QQ
FFR23	EXEL (GB) LTD	56 HIGH STREET	NORMANTON	WF6 2AQ
FGJ48	TESCO STORES LTD	MARKET STREET	HEMSWORTH	WF9 4LB
FQN59	CATLEFORD J V LTD	CASTLEFORD HEALTH CENTRE	CASTLEFORD	WF10 1HB

Table 7: Pharmacy Urgent Repeat Medicine (PURM) service providers

The Healthy Living Pharmacy

The Healthy Living Pharmacy (HLP) is a nationally recognised concept enabling pharmacies to help reduce health inequalities within the local community, by consistently delivering high quality health and well-being services, promoting health and providing proactive health advice. Key elements of the HLP service include:

- Promoting healthy living and wellbeing as a core activity (rebranding);
- Having a proactive team that supports health and wellbeing and offers advice on a range of health issues;
- Having the ethos of the communities' health at the centre of what it does;
- Having a health champion on site;
- Being identifiable by the public and other healthcare professionals;

- Making every contact count to provide medicines optimisation and self-care and lifestyle interventions;
- Tailoring HLP services to the local community;
- A team that proactively promotes health and wellbeing.

In partnership with CPWY, Wakefield continues to promote the concept of Healthy Living Pharmacies (HLP). The HLP programme recognises the role community pharmacies can play in helping reduce health inequalities by delivering consistent, high quality health and wellbeing services, promoting health and providing proactive advice and interventions. 22 pharmacies have currently submitted evidence to support their HLP Level 1 accreditation.

Service Coverage

Overall Essential Service Access

Community pharmacies provide a service to any member of the community regardless of whether they are registered with a GP or resident within the District.

For the purposes of the map below we identified a single mile radius around each Community Pharmacy and used it to depict the assumed pharmacy cliental.

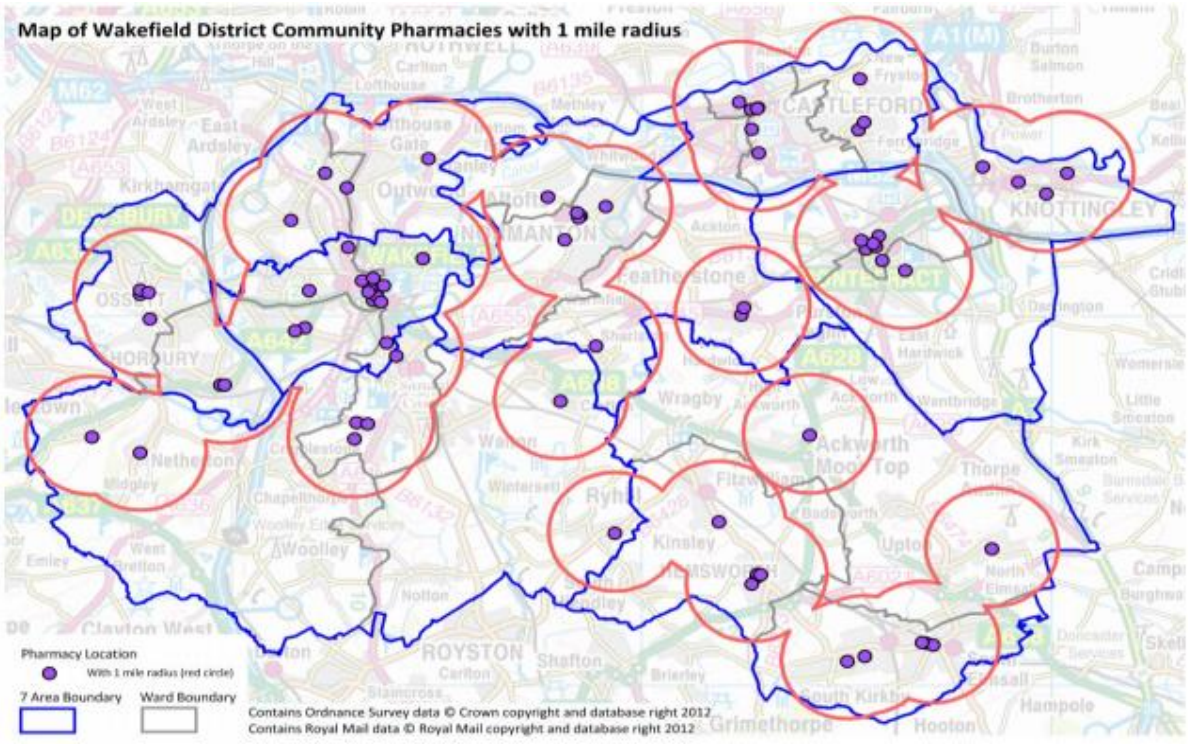

Figure 14: One mile radius around pharmacies

Coverage based on this radius appears appropriate. To ensure we have sufficient and good access to community pharmacies we mapped all the community pharmacies in the District and used "Route Finder" software which uses the District's road network to calculate its results (similar to how Google maps works).

We used a recommended average road speed of 20mph taking traffic and different speed zones into consideration so travel times were accurate. The map is based on drive times which could cover public buses as well as cars; (however it does not take into consideration walking to bus stops, actual bus routes or train routes). The map shows 5, 10 and 15 minutes' drive time.

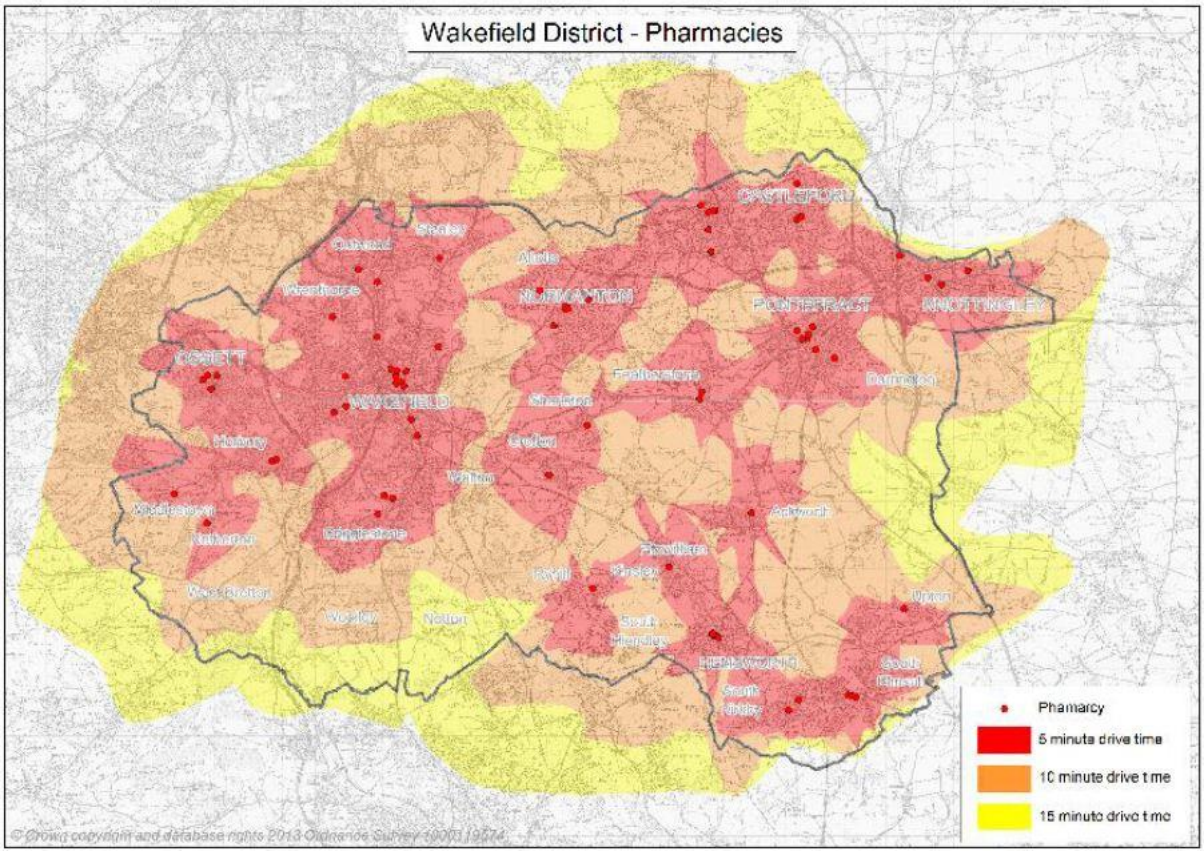

Figure 15: Drive time analysis

Analysis suggests that a community pharmacy can be accessed within a 10 minutes' drive time, with the exception of two rural segments of Wakefield District:

- Woolley (southern section)
- Wentbridge

The whole of Wakefield District is covered within 15 minutes' drive.

100 Hours Pharmacy Access

Data supplied from NHS England states that there are 73 community pharmacies operating in Wakefield District, 10 of which are open in excess of 100 hours. The 100-hour pharmacies are well-distributed across the District.

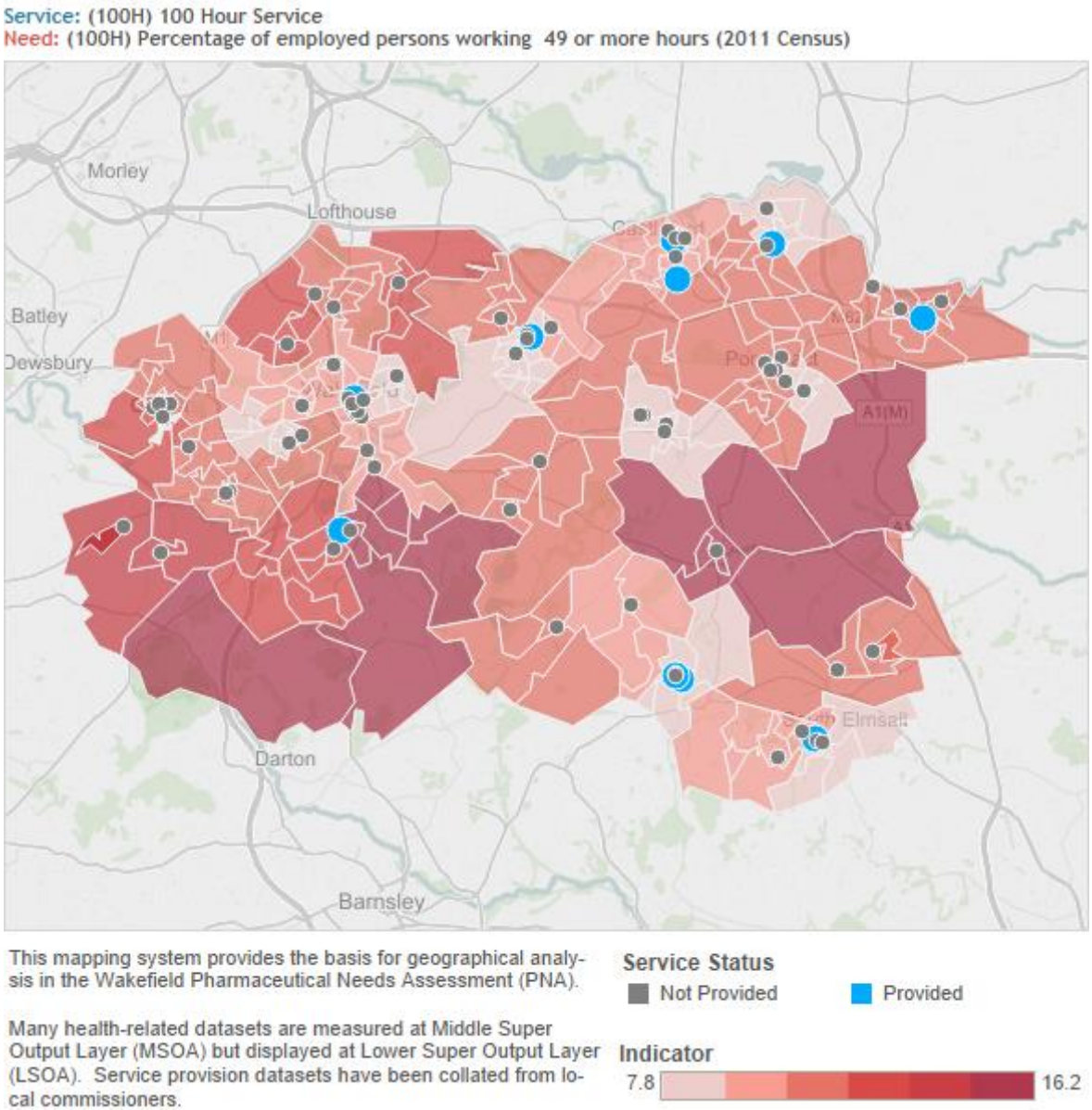

Figure 16: 100-hour service provision against population working 49+ hours

Emergency Hormonal Contraception

Access to emergency hormonal contraception (EHC) is an important element of local strategy to reduce teenage pregnancies. The under 18 conception rate in Wakefield District was 33.7 per 1,000 females (aged 15 to 17, 2012) compared to 27.7 in England.

15 pharmacies currently provide the service. Distribution of pharmacy EHC provision against the 15-24 age range and teenage pregnancy rates is largely fair, covering areas of high expected need. Exceptions are a lower level of coverage in the Castleford area. Castleford and neighbouring Airedale have community Contraception and Sexual Health (CASH) clinics, however, which provide access to EHC and long acting contraceptive methods (although not 7 days per week). There are adequate existing pharmacy service providers in these areas to potentially provide this service.

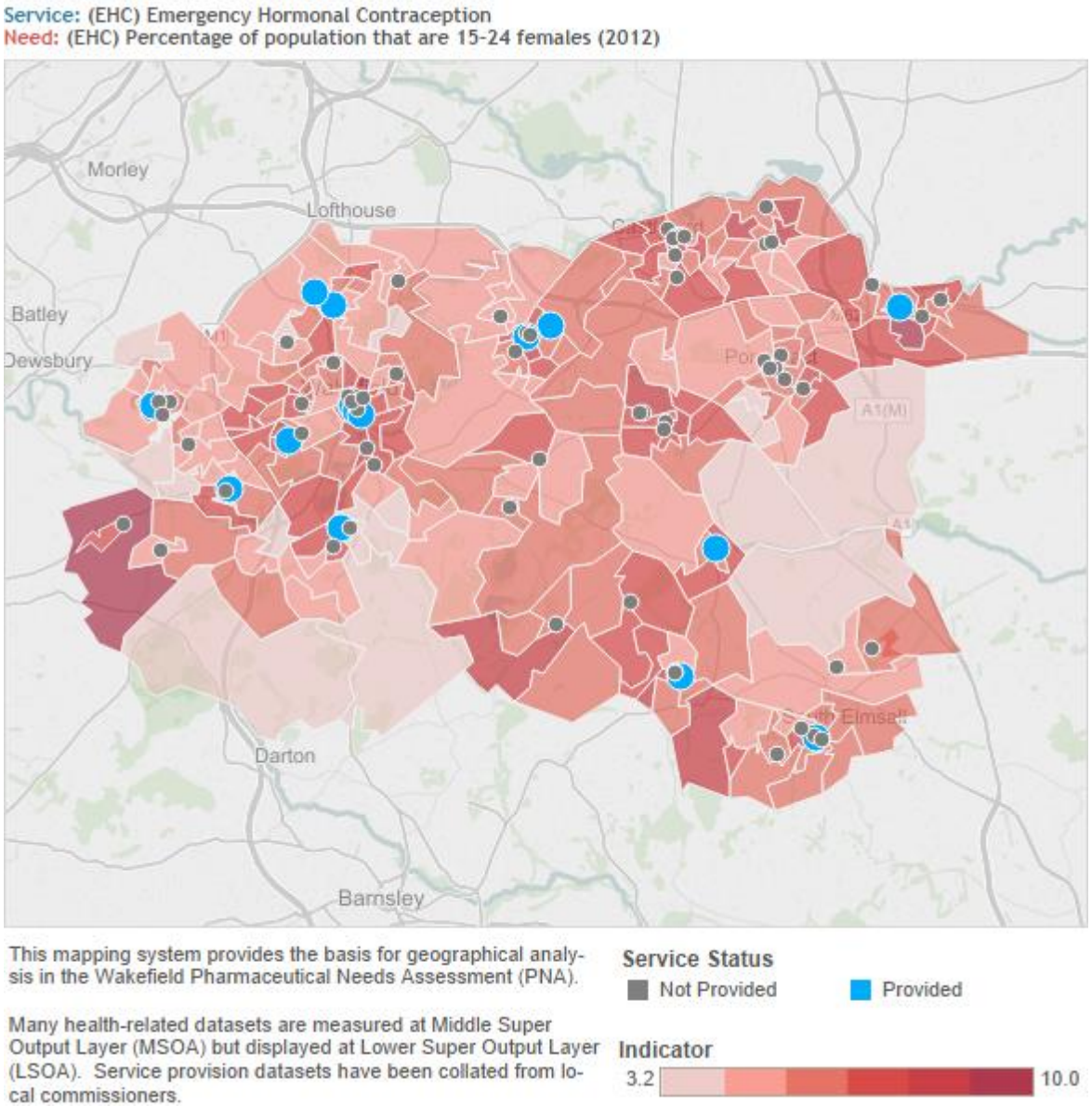

Figure 17: Emergency Hormonal Contraception against population in the 15-24 age range

Smoking Cessation Services

9 pharmacies currently provide this service. Distribution against maternal smoking rates shows some areas with low coverage. Ideally, Castleford and Pontefract would be better covered, along with sections of high rates in the south east of the District. There are adequate existing pharmacy service providers in these areas to provide this service. A similar picture is found when using QOF measures of smoking prevalence. This data only takes into account the smoking status of selected patients within a given year, rather than a whole-population point prevalence estimate.

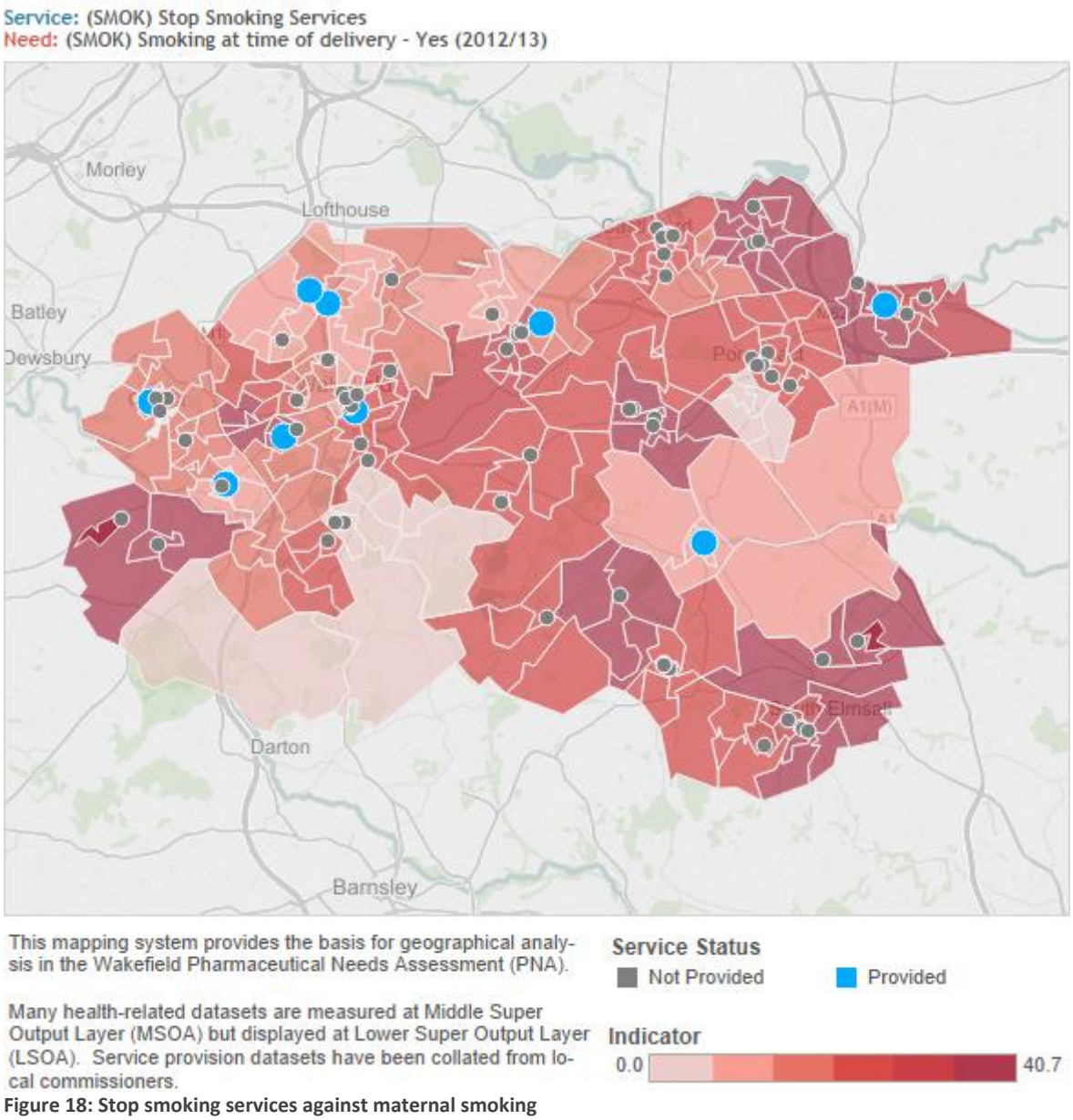

Figure 18: Stop smoking services against maternal smoking

Needle Exchange

5 pharmacies currently provide this service. In addition there are 3 fixed site exchanges and a mobile unit provided by the current substance misuse service which provides additional coverage across the district.

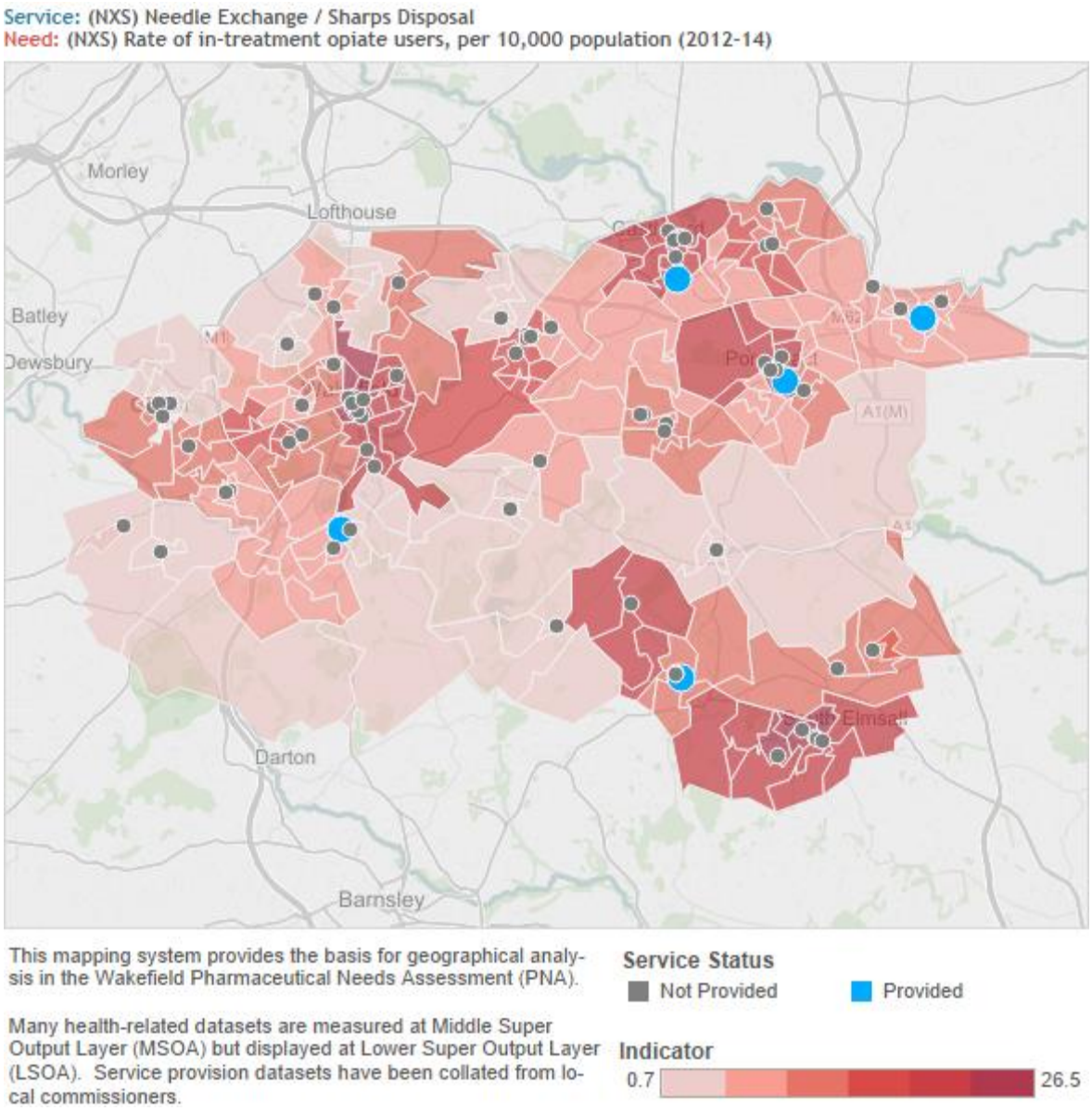

Figure 19: Needle exchange/sharps disposal against in-treatment opiate users

Flu Immunisation

33 pharmacies currently provide this service. There is excellent coverage across the District, even when set against population eligibility. There are no current gaps in the provision of this service identified.

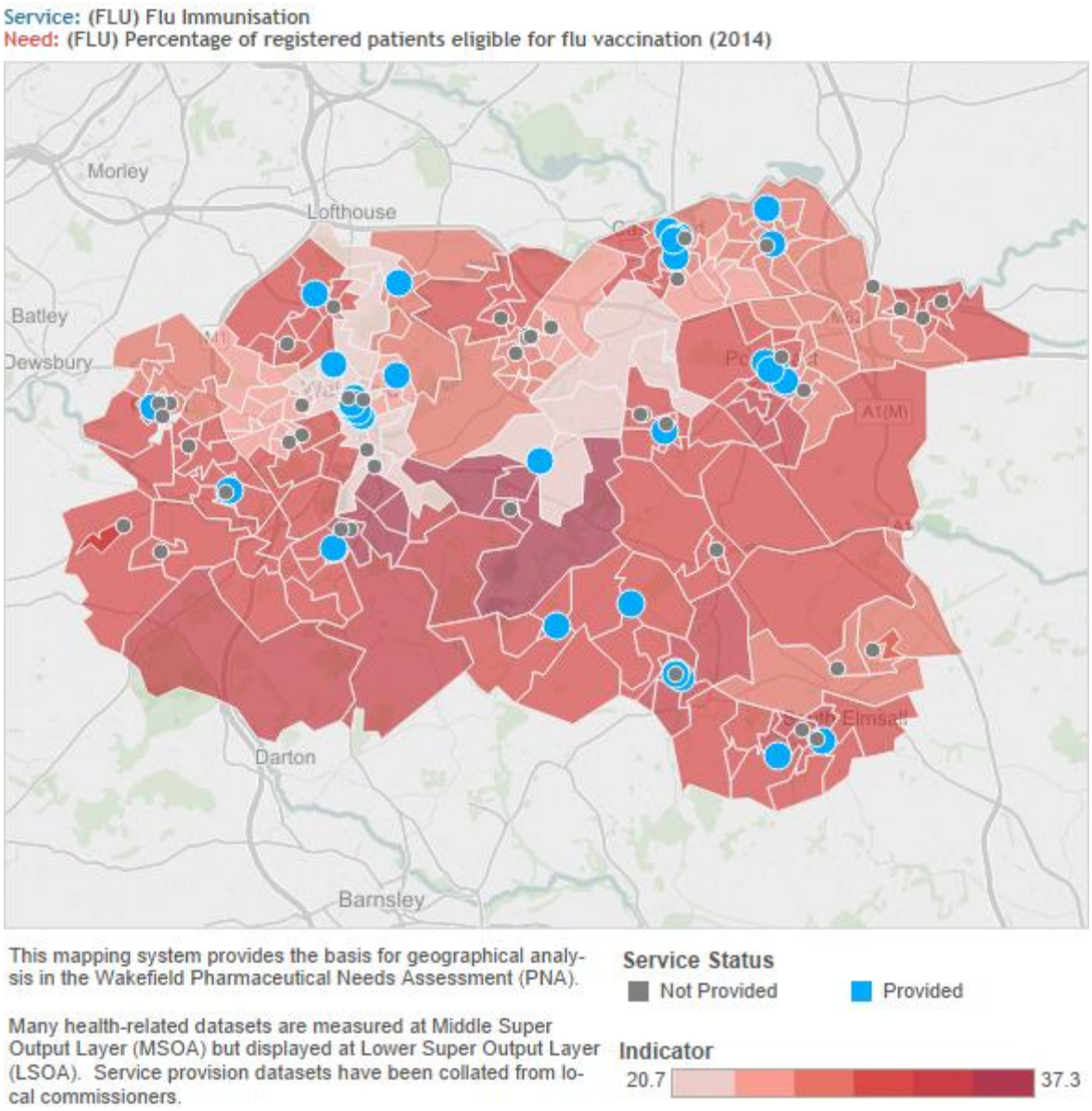

Figure 20: Flu immunisation against eligibility

Chlamydia Testing

25 pharmacies currently provide this service. The provision of this service is well-distributed according to need, defined as either historical diagnoses or age-specific population (15-24 age range). There are no current gaps in the provision of this service identified.

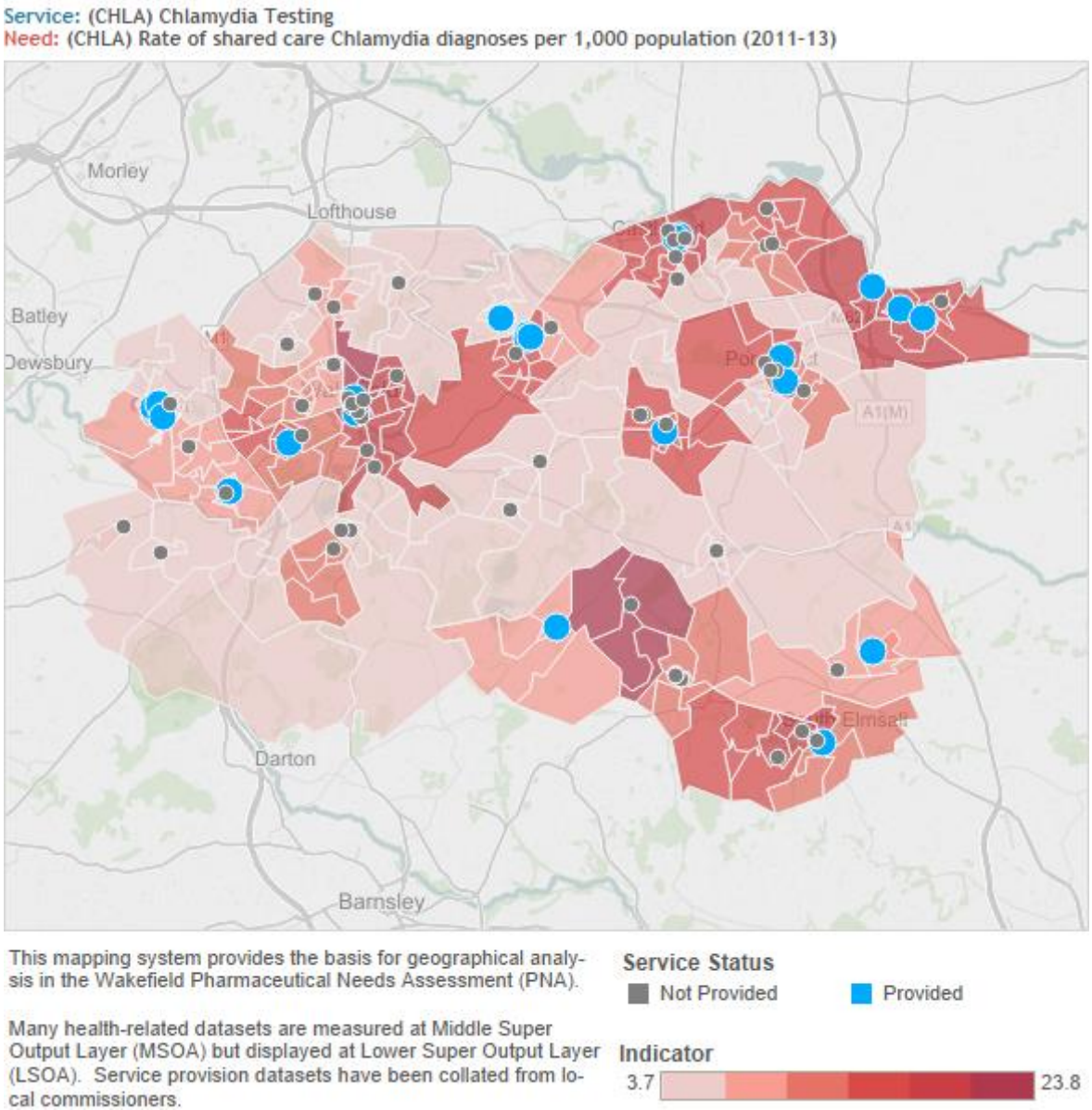

Figure 21: Chlamydia testing against chlamydia diagnoses

Supervised Consumption

48 pharmacies currently provide this service. The provision of this service ensures close to universal coverage and is well-matched to need, when need is defined as the rate of in-treatment opiate users. There are no current gaps in the provision of this service identified.

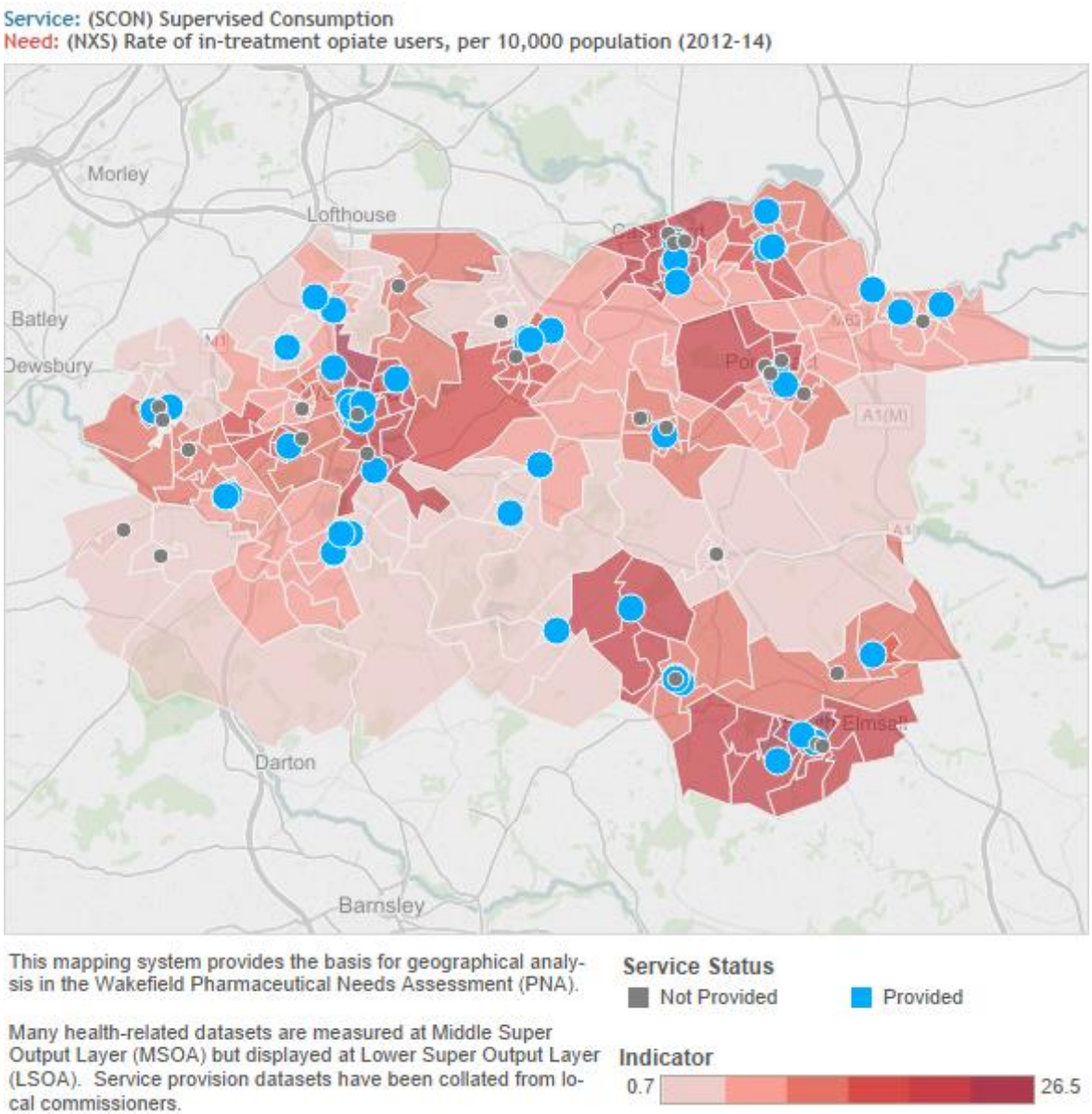

Figure 22: Supervised consumption against in-treatment opiate users

MRSA Decolonisation

30 pharmacies currently provide this service. The provision of this service ensures close to universal coverage and is well-matched to need, when need is defined as the rate of MRSA diagnoses. This diagnosis data was sourced from the Infection Pre3vention and Control Team and is, at present, experimental. There are no current gaps in the provision of this service identified.

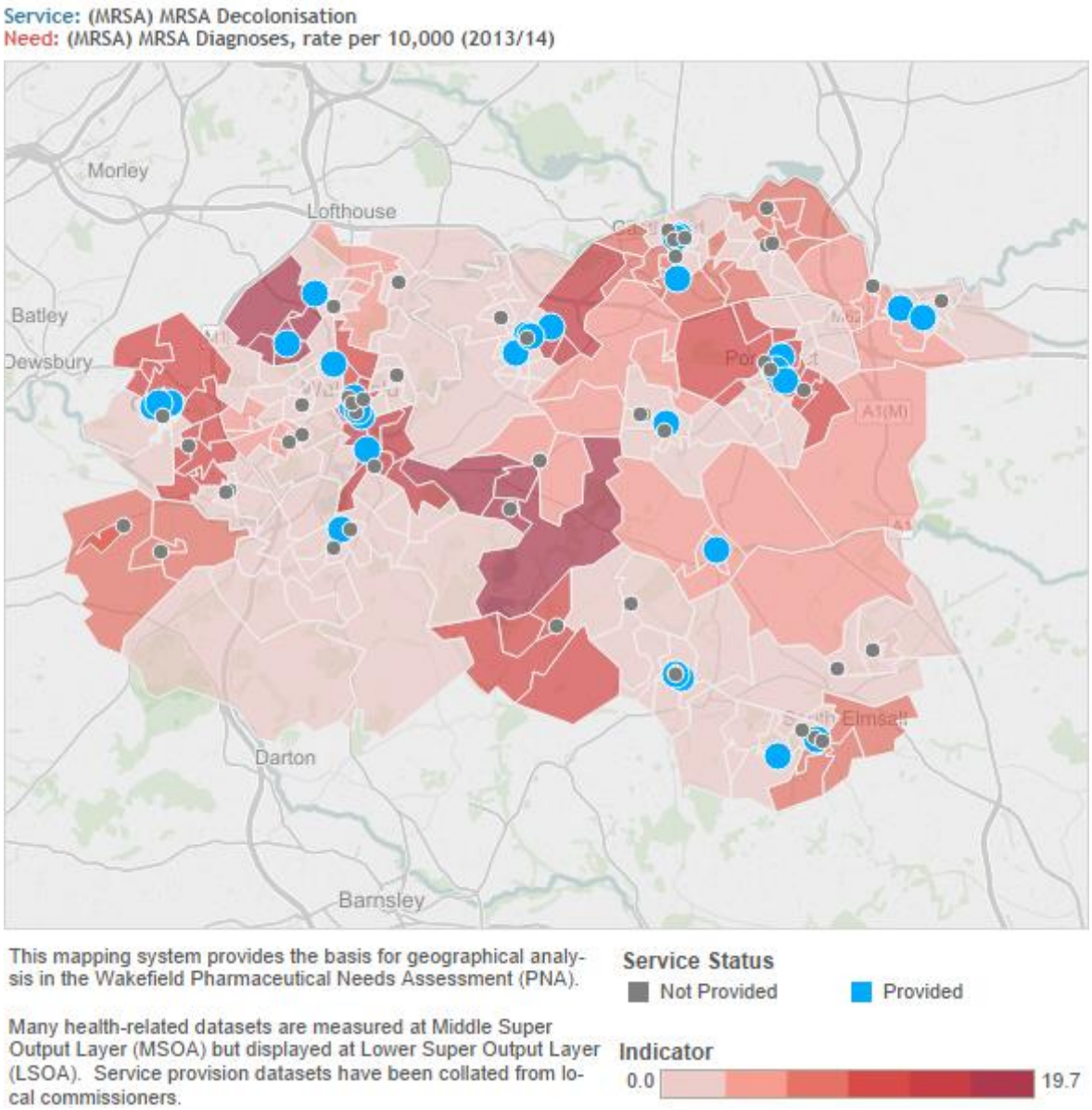

Figure 23: MRSA decolonisation against MRSA diagnoses

Identifiable Gaps and Commissioning Intentions

During the development of the PNA document, we have worked with commissioners and providers to gather information around current service provision. We have also worked hard to set this against a picture of community need. Where gaps have been identified, we describe relevant local commissioning intentions.

Essential (Necessary) Services

In terms of essential services, there is an excellent distribution of community pharmacies across the Wakefield District. As Figure 15 (page 44) demonstrates, the accessibility of pharmacies across the district is high, with access times as low as 15 minutes for the whole district.

As has been established in previous local PNAs, it is not anticipated that there will be a pressing need for increased outlets. ONS figures suggest that the size of the population is not anticipated to grow significantly over the next three years and the population-pharmacy ratio is comparable with that of the region and exceeds that of national averages.

Consultation with WMDC Spatial Policy indicates that housing developments over the last few years have not been hitting the 1600 dwellings per annum target, as required by the Local Development Framework (903 dwellings in 2013/14) and the market is somewhat unpredictable. Spatial planning is also unable to reasonably predict how many dwellings will be created at sub-district levels. As such, there are no current or reasonably anticipated gaps in the provision of essential pharmaceutical services in the area of the Health and Wellbeing Board.

Advanced Services

In terms of advanced services, overall provision of MUR and NMS is high. The activity data suggest that some providers have not claimed for any activity, but overall availability to residents remains good. Although there is no marked geographical pattern for this disparity in activity, local commissioners may wish to examine how these services can be better advertised to improve uptake (activity on MURs is capped to 400 per year per pharmacy and is linked to the number of dispensed items for NMS). Nonetheless, there are no current or anticipated gaps in the provision of advanced services in the area of the Health and Wellbeing Board.

Enhanced Services

Although only one enhanced service exists in Wakefield, there are no current or anticipated gaps in its provision in the area of the Health and Wellbeing Board.

Locally Commissioned Services

In terms of locally commissioned services, the PNA cannot identify any current or future needs for locally commissioned services which could not be met by pharmacies already on the pharmaceutical list and already form part of local commissioning intentions.

Although coverage of substance misuse pharmaceutical services is good, in 2013/14 Wakefield Council conducted a service review of substance misuse services across the district, including the current needle exchange provision, which has informed commissioning intentions. A procurement exercise has been undertaken and the contract for a new re-designed substance misuse recovery service will commence on the 1st April 2015. As part of the new service, a Needle Exchange Co-ordinator will be responsible for establishing a pharmacy working group. Direct support to the Co-ordinator will be provided by a nationally recognised Senior Lecturer in Pharmacy Practice and Medicines Use to review current training and communication protocols, undertake auditing work, and the expansion of coverage.

In respect to the lower levels of coverage in smoking cessation services in community pharmacies in Castleford, Pontefract and the South East, Wakefield Council will be re-procuring the specialist Stop Smoking Service with a contract start date of 1st July 2015. The service to be commissioned will provide community based treatment and support to adults smoking across the Wakefield district. The service will be open to anyone aged 12 or over with no upper age limit who are ordinarily resident in the Wakefield district or those registered with a Wakefield GP and wanting help with stopping smoking. The successful provider will be expected to provide a local stop smoking service that is equally accessibly to all smokers who meet the eligibility criteria and will include sub-contracting arrangements with GP's and pharmacies to provide smoke free advice and stop smoking programmes using a variety of modalities.

In respect to lower levels of coverage in Emergency Hormonal Contraception services in Castleford, Wakefield Council is currently commissioning sexual health services including the provision of EHC, pregnancy testing and chlamydia screening and via CASH and pharmacy services. This commissioning process will take account of the findings of this PNA and the gaps identified, aiming to ensure timely local access to EHC for all women. It is expected that this can be met through existing pharmaceutical providers.

Beyond these services, the geographical analysis has attempted to quantify the distribution of health issues that are capable of being met by community pharmacy enhanced services. We do this not to suggest that there is a strict need that should be met, but for the purpose of comprehensively informing both providers and commissioners in advance, should they wish to explore future community pharmacy provision in these areas.

Possible Future Roles for Community Pharmacy

As highlighted in Wakefield's JSNA, the impact of alcohol is significant. This could potentially be addressed through existing pharmaceutical service providers. Public Health in the Local Authority has identified a budget, specifically for pharmacies, to deliver screening and brief interventions and is currently working on a specification and commissioning intentions. Roll out across the district is expected in Spring 2015.

Further development is also expected amongst Healthy Living Pharmacies. Healthy Living Pharmacies aim to improve the health and wellbeing of the local area and help to reduce health inequalities by delivering, through community pharmacies, a broad range of public health services including a stop smoking service, brief alcohol interventions, weight loss,

treatment of minor ailments, contraception and sexual health and targeted medicine use reviews to meet local health needs. 22 pharmacies have currently submitted evidence to support their HLP Level 1 accreditation. The intention for the 2015/16 period is to develop those pharmacies further to Level 2 and work towards gaining additional pharmacies into the programme.

Bibliography

Resource	Location
Wakefield JSNA	http://www.wakefieldjsna.co.uk/
Wakefield Director of Public Health Annual Report	http://www.wakefield.gov.uk/residents/health-care-and-advice/public-health/what-is-public-health/director
Community Pharmacy West Yorkshire. Three Year Strategy	http://www.cpwy.org/about-us/cpwy-strategy.shtml
Wakefield Health Profile	http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=WAKEFIELD
Wakefield CCG Strategic Plan 2014/14	http://www.wakefieldccg.nhs.uk/wp-content/uploads/2013/04/WCCG-Strategic-Plan-2013_14-v8-draft-LRES.pdf
Wakefield District Plan 2012-2016	http://www.wakefield.gov.uk/Documents/wakefield-together/20122016-wakefield-district-plan.pdf
The National Health Service (Pharmaceutical & local Pharmaceutical) Regulations 2013	http://www.legislation.gov.uk/uksi/2013/349/contents/made
SNPP for Local Authorities 2012	http://www.ons.gov.uk/ons/dcp171778_363912.pdf
NHS Five Year Forward View	http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
Pharmaceutical Needs Assessment Information Pack for Health & Wellbeing Boards	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf
Wakefield Local Plan / Local Development Framework	http://www.wakefield.gov.uk/residents/planning/policy/local-plan/core-strategy
POPPI	http://www.poppi.org.uk/
PANSI	http://www.pansi.org.uk/
World Health Organisation (2011) COPD Factsheet number 315	http://www.who.int/mediacentre/factsheets/fs315/en/
Cancer Toolkit	http://lci.cancertoolkit.co.uk/Prevalence

Glossary of Terms

Term	Definition
AUR	Appliance Use Review
CCG	Clinical Commissioning Group
Control of Entry	Regulatory framework for assessment and approval or rejection of pharmacy applications
DAC	Dispensing Appliance Contractor
EHC	Emergency Hormonal Contraception
Exemption application	One of the 4 categories of application under the control of entry that does not have to satisfy the necessary or expedience test
GMS	General Medical Services
HWB	Health & Wellbeing Board
JSNA	Joint Strategic Needs Assessment. This identifies the current health issues experienced by people in Wakefield and what their future health, social care and wellbeing needs are likely to be in the next few years.
LSOA	Lower Super Output Area. This is a small geography that is nationally agreed and allows the publication of low-level geographical statistics.
LTC	Long-term Condition
MSOA	Middle Super Output Area. A larger standardised geography than LSOA.
MUR	Medicines Use Review
NHSHC	NHS Health Checks
ONS	Office for National Statistics
PMS	Personal Medical Services
PNA	Pharmaceutical Needs Assessment
QOF	Quality and Outcomes Framework
SOA	Super Output Area. A general term referring to LSOA and MSOA. Can also refer to Census Output Areas, which are smaller than an LSOA.
CPWY	Community Pharmacy West Yorkshire

Appendix A: Service Provision Table

OCS Code	Pharmacy Name	Street Address	Type	Pharmacy Urgent Repeat Medicine	New Medicines Service (claims)	Medicines Use Review (claims)	Emergency Hormonal Contraception	Stop Smoking Services	Needle Exchange / Sharps Disposal	Flu Immunisation	Chlamydia Testing	Supervised Consumption	MRSA Decolonisation	100 Hour Service
FA513	EGGBOROUGH PHARMACY LTD	ASH GROVE MEDICAL CENTRE	Community		Yes	Yes			Yes		Yes		Yes	Yes
FAD97	BOOTS UK LTD	82-84 UPPER WARRENGATE	Community		Yes	Yes						Yes		
FAE51	ASDA STORES LTD	LEEDS ROAD	Community		Yes	Yes			Yes			Yes	Yes	Yes
FAY43	LLOYDS PHARMACY LTD	25 THE SQUARE	Community		Yes	Yes						Yes		
FC604	LLOYDS PHARMACY LTD	119 CARLTON STREET	Community		Yes	Yes				Yes	Yes	Yes	Yes	
FDL91	OUTWOOD CHEM LTD	466 LEEDS ROAD	Community				Yes	Yes				Yes		
FDW30	GORGEMEAD LIMITED	28 SMAWTHORNE LANE	Community		Yes	Yes				Yes		Yes		
FEM73	GLOBALHOUR LTD	74 WEELAND ROAD	Community		Yes	Yes				Yes		Yes		
FER20	HORBURY ROAD PHARMACY LIMITED	186 HORBURY ROAD	Community		Yes	Yes								
FET05	SAINSBURY'S SUPERMARKETS LTD	TRINITY WALK	Community	Yes	Yes	Yes				Yes	Yes	Yes	Yes	Yes
FET43	GORGEMEAD LIMITED	2 STATION LANE	Community		Yes	Yes				Yes	Yes	Yes		
FFA93	SHARIQ HUSSAIN LIMITED	27 UPPER LANE	Community		Yes	Yes								
FFN52	LLOYDS PHARMACY LTD	2 ST. MICHAELS GREEN	Community		Yes	Yes							Yes	
FFP92	ROWLAND, L & CO (RETAIL) LTD	CHAPELTHORPE MEDICAL CENTRE	Community		Yes	Yes				Yes		Yes		
FFR23	EXEL (GB) LTD	56 HIGH STREET	Community	Yes	Yes	Yes					Yes	Yes	Yes	Yes
FFX25	NATIONAL CO-OPERATIVE CHEMISTS LTD	SAVILLE ROAD	Community		Yes	Yes				Yes				
FG288	RAJCHEM LTD	BELLE ISLE HEALTH PARK	Community										Yes	
FG475	M & A PHARMACIES LTD	146A CASTLEFORD ROAD	Community		Yes	Yes	Yes	Yes				Yes	Yes	
FGC47	BOOTS UK LTD	PHARMACY UNIT, HOMESTEAD DRIVE	Community		Yes	Yes								
FGE70	ASDA STORES LTD	ASDALE ROAD	Community		Yes	Yes	Yes		Yes			Yes	Yes	Yes
FGJ48	TESCO STORES LTD	TESCO SUPERSTORE, MARKET STREET	Community	Yes	Yes	Yes	Yes		Yes	Yes		Yes	Yes	Yes
FGL37	MIDDLESTOWN ENTERPRISES LTD	97 NEW ROAD	Community											
FGW66	TOTAL MEDICATION MANAGEMENT SERVICES LTD	UNIT 3, ARDANE PARK	Internet											
FH125	LLOYDS PHARMACY LTD	71 STOCKINGATE	Community		Yes	Yes						Yes		
FHC99	CHARLES S BULLEN STOMACARE LTD	PHOENIX WORKS	Appliances											
FHG17	MEDICHEM (PONTEFRACT) LTD	THE STUART ROAD SURGERY	Community		Yes	Yes				Yes				
FHG75	LLOYDS PHARMACY LTD	NORTHGATE	Community		Yes	Yes					Yes		Yes	
FHP26	BOOTS UK LTD	STANLEY HEALTH CENTRE	Community		Yes					Yes				
FHP64	ROWLAND, L & CO (RETAIL) LTD	44 COW LANE	Community		Yes	Yes						Yes		
FJ286	NATIONAL CO-OPERATIVE CHEMISTS LTD	BUXTON PLACE	Community		Yes	Yes				Yes		Yes	Yes	
FJW75	BOOTS UK LTD	39 BARNSLEY ROAD	Community		Yes	Yes				Yes	Yes			
FJX46	GORGEMEAD LTD	102 BARNSLEY ROAD	Community		Yes	Yes						Yes		
FJX61	BOOTS UK LTD	64a WINDHILL ROAD	Community		Yes	Yes				Yes		Yes		
FKE58	CARLTON, A S LTD	10 STATION ROAD	Community		Yes	Yes					Yes			
FKJ28	GORGEMEAD LIMITED	72 STATION LANE	Community		Yes	Yes							Yes	
FKL35	EZCT LIMITED	ELIZABETH COURT, ELIZABETH DRIVE	Community		Yes	Yes				Yes		Yes		Yes
FKR67	LLOYDS PHARMACY LTD	CARLETON GLEN	Community		Yes	Yes			Yes	Yes	Yes	Yes	Yes	
FLA41	ROWLAND, L & CO (RETAIL) LTD	6 HIGH STREET	Community		Yes	Yes					Yes	Yes		
FLC73	GOWERGLEN LTD	UNION SQUARE	Community		Yes	Yes				Yes			Yes	
FLC93	LLOYDS PHARMACY LTD	40/42 NORTHGATE	Community		Yes	Yes						Yes		
FLK45	BOOTS UK LTD	26-28 UPPER KIRKGATE	Community		Yes	Yes				Yes		Yes		
FM802	WHITE ROSE SURGERY LTD	EXCHANGE STREET	Community		Yes							Yes		Yes
FMM61	GILES & WARD LTD	21 CHURCH STREET	Community		Yes						Yes		Yes	
FMN67	BOOTS UK LTD	LUPSET MEDICAL CENTRE	Community		Yes	Yes	Yes	Yes			Yes	Yes		
FMX78	LLOYDS PHARMACY LTD	OUTWOOD PARK MEDICAL CENTRE	Community		Yes	Yes	Yes	Yes		Yes		Yes	Yes	
FN311	LLOYDS PHARMACY LTD	TRINITY MEDICAL CENTRE	Community		Yes	Yes	Yes			Yes	Yes	Yes		
FNT58	ROWLAND, L & CO (RETAIL) LTD	SANDAL CASTLE CENTRE	Community		Yes	Yes						Yes		
FP658	IMAAN LTD	1 THE CIRCLE	Community		Yes	Yes								
FPG71	MEDICX PHARMACY LTD	OSSETT HEALTH VILLAGE	Community		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	
FPK40	LLOYDS PHARMACY LTD	29 MARKET PLACE	Community		Yes	Yes				Yes		Yes	Yes	
FPP98	SKF LO (CHEMIST) LTD	29A BARNSLEY ROAD	Community		Yes	Yes	Yes	Yes					Yes	

OCS Code	Pharmacy Name	Street Address	Type	Pharmacy Urgent Repeat Medicine	New Medicines Service (claims)	Medicines Use Review (claims)	Emergency Hormonal Contraception	Stop Smoking Services	Needle Exchange / Sharps Disposal	Flu Immunisation	Chlamydia Testing	Supervised Consumption	MRSA Decolonisation	100 Hour Service
FPR76	M & A PHARMACIES LTD	1A LEE BRIG	Community		Yes	Yes					Yes			
FQ850	SUPERDRUG STORES PLC	12 ALL SAINTS WALK	Community		Yes	Yes	Yes			Yes		Yes	Yes	
FQN59	CATLEFORD J V LTD	CASTLEFORD HEALTH CENTRE	Community	Yes						Yes				Yes
FQY75	BOOTS UK LTD	3-5 BEASTFAIR	Community		Yes	Yes				Yes				
FR154	WHITWORTH CHEMISTS LTD	KINSLEY MEDICAL CENTRE	Community		Yes	Yes				Yes		Yes		
FR667	NATIONAL CO-OPERATIVE CHEMISTS LTD	ORCHARD CROFT MEDICAL CENTRE	Community		Yes	Yes	Yes	Yes		Yes	Yes	Yes		
FRF11	PLATON MEDICAL LTD	9 HIGH STREET	Appliances											
FRL19	GORGEMEAD LTD	5 HEADLANDS LANE	Community		Yes	Yes	Yes	Yes			Yes	Yes	Yes	
FT444	HEALTHCARE AT HOME LTD	JUNCTION CLOSE	Internet		Yes									
FT693	HUGHES CHEMISTS (NORTHERN) LTD	MADELEY ROAD	Community		Yes	Yes				Yes	Yes	Yes		
FTK60	LLOYDS PHARMACY LTD	10 MARKET STREET	Community		Yes	Yes				Yes		Yes		
FTM12	LLOYDS PHARMACY LTD	45-49 HIGH STREET	Community		Yes	Yes						Yes		
FTM19	LLOYDS PHARMACY LTD	TIEVE TARA SURGERY	Community		Yes	Yes				Yes		Yes		
FTQ03	LLOYDS PHARMACY LTD	KINGS STREET MEDICAL CENTRE	Community		Yes	Yes					Yes	Yes	Yes	
FVA48	LLOYDS PHARMACY LTD	WRANGBROOK ROAD	Community		Yes	Yes					Yes	Yes		
FVF27	LLOYDS PHARMACY LTD	6-8 HIGH STREET	Community		Yes	Yes	Yes				Yes	Yes		
FWD01	LLOYDS PHARMACY LTD	6 HIGHFIELD ROAD	Community		Yes								Yes	Yes
FWD01	KAMAL & ASSOCIATES LIMITED	HIGHFIELD ROAD	Community		Yes					Yes		Yes		
FWF22	ROWLAND, L & CO (RETAIL) LTD	62-64 BARNSLEY ROAD	Community		Yes	Yes	Yes						Yes	
FWK26	SOUTH KIRKBY HEALTHCARE LLP	CHURCH VIEW HEALTH CENTRE	Community		Yes	Yes				Yes		Yes	Yes	
FWV16	ROWLAND, L & CO (RETAIL) LTD	130 WRENTHORPE ROAD	Community		Yes	Yes						Yes	Yes	
FX310	SUPERDRUG STORES PLC	74 CARLTON STREET	Community		Yes	Yes				Yes	Yes		Yes	
FX318	KHALIQ, A (MR)	192 KIRKGATE	Community		Yes	Yes	Yes	Yes		Yes		Yes	Yes	
FXP50	BOOTS UK LTD	UNITS 20-21	Community		Yes	Yes								
FYV86	LLOYDS PHARMACY LTD	CLUNTERGATE	Community		Yes	Yes						Yes		
FYY63	NATIONAL CO-OPERATIVE CHEMISTS LTD	DALE STREET	Community		Yes	Yes						Yes	Yes	