

Wakefield Council – Public Health Intelligence

Pharmaceutical Needs Assessment 2018-2021

Final Assessment Document

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

To be published 31st March 2018

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Version Control

Version	Date	Notes
1.0	03/11/2017	Pre-consultation draft shared with CPWY and local stakeholders
2.0	09/11/2017	Pre-consultation draft shared with the Health and Wellbeing Board
3.0	15/12/2017	Consultation document released
4.0	16/03/2018	Final Document created reacting to consultation feedback and submitted to HWB

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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, Distance selling pharmacies, 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). The document references previous PNA's, demonstrating where there has been any change in provision or emerging change for consideration.

This PNA has taken a strong 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 PNA has found no gaps in service provision in the Wakefield Metropolitan District area. The district is well provisioned in number and accessibility of community pharmacies, both within the district boundary and within reasonable travel distance outside the district boundary.

What is evident from the findings is the community pharmacy services are in a more vulnerable position than they have been during the last Pharmaceutical Needs Assessment (2015-2018). The recent announcement by a major national provider to close two hundred pharmacies, due to the funding pressure highlights the increased strain on the sector.

If significant changes in the need for pharmaceutical services occur during the three years, then the Health and Wellbeing Board is required to publish a revised assessment as soon as is reasonably practicable. Given the funding constraints, population growth and increased long term health condition demand the Wakefield Metropolitan District area must remain vigilant to the demand on community pharmacy. 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 is a reasonable and adequate choice of pharmacies and pharmaceutical services in all areas of Wakefield
- 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.

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. In 2009 the requirement for PNA's into PCT was introduced.

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. The responsibility for assessing the Pharmaceutical Need in an area now falls with the Health and Wellbeing Board.

The learning from the afore mentioned whitepaper and changes to responsibility for Pharmacy in England has underpinned thinking in subsequent documents and policy including documents in Public Health England "[*A Way Forward for Public Health*](#)" and NHS England [commissioning plans](#).

In reaction to the NHS 5 year forward 2015 view the Pharmaceutical Services Negotiating Committee in 2016 produced a forward view for community pharmacy in England. The document builds on the NHS five year forward view and various documents produced by the Department of Health (DH), Royal Pharmaceutical Society's and Pharmacy Voice's. Outlining various opportunities to better use the community pharmacy services to improve the nation's health. These two documents are supporting NHS England, Local Authorities and CCG's in their commissioning of pharmacy services.

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. This document is the first revised PNA within 3 years of the original publication in March 2015.

Our Approach

Wakefield Council published its first Pharmaceutical Needs Assessment document in 2015 and made subsequent revisions and updates, which have been published [here](#). This document will replace the 2015 document once approved.

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. Community Pharmacy forms part of the workforce in the place based health and wellbeing agenda that health and care resources are being arranged around.

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 health and wellbeing in the district, 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 monthly with new content reflecting the districts population need. 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 tools that allows you to explore how local services are configured against hypothesised need.

JSNA	http://www.wakefieldjsna.co.uk/
PNA	http://www.wakefieldjsna.co.uk/use-of-services/pna/distribution-of-
Analysis	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, NHS England, Wakefield CCG, Community Pharmacy West Yorkshire, 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.

The choice of which level data is represented is based on the size of the respective numerator population, giving appropriate concern for fluctuations and disclosure risks.

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 dots 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. A contractor's survey was additionally conducted, asking the community pharmacists for opinions on provision within the district. The findings from the contractors were included in the public consultation draft.

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. The consultation was open to the public, professionals and any other group who wished to make comment. Details of the consultation were distributed to statutory stakeholders by email and letter, a survey was constructed and published to aid capture of comments. Following the formal consultation the feedback was reviewed and appropriate amendments were made to the document.

Consultation Members

- 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 15th December 2017 and closed on 15/02/2017. This was managed via the [Council's Consultation Listings](#).

Working Group Members

- Shane Mullen (WMDC, Public Health Intelligence Manager)
- Jez Mitchell (WMDC, Public Health Principal)
- Joanne Hinchcliffe (WMDC, Public Health Commissioning Manager)
- Anna Ladd (NHS England, Assistant Contracts Manager)
- Ruth Buchan (CPWY, Chief Executive Officer)
- Gillian McDonald (WCCG, Medicines Optimisation Pharmacist)

Local Information & Protected Characteristics

Demography - Age

The size of the resident population of Wakefield District is estimated to be in the region of 332,000, making the District the 18th largest local authority in England and Wales. NHS Wakefield CCG which is coterminous with the local authority and has a registered population of 367,000 people. 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 district is expected to rise by approximately 6,000 persons (337,500 in 2018 to 342,700 in 2021). Compared to other regional Health & Wellbeing Board areas with more urbanised populations, the growth is quite marginal.

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

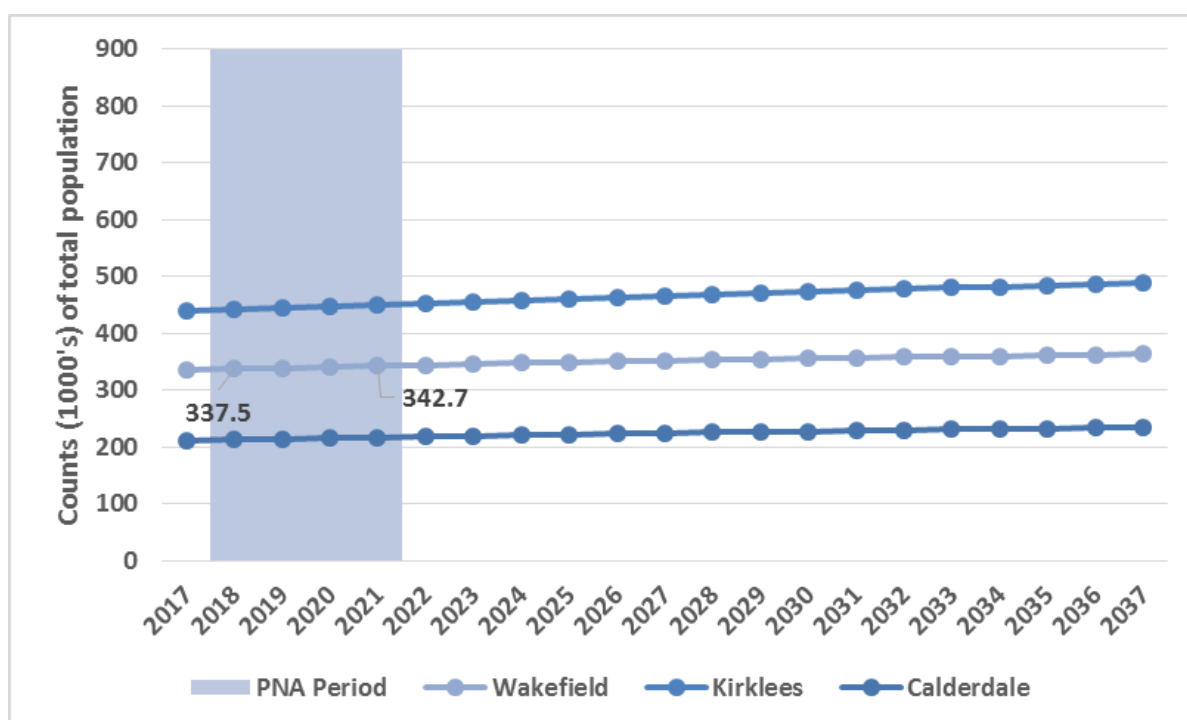
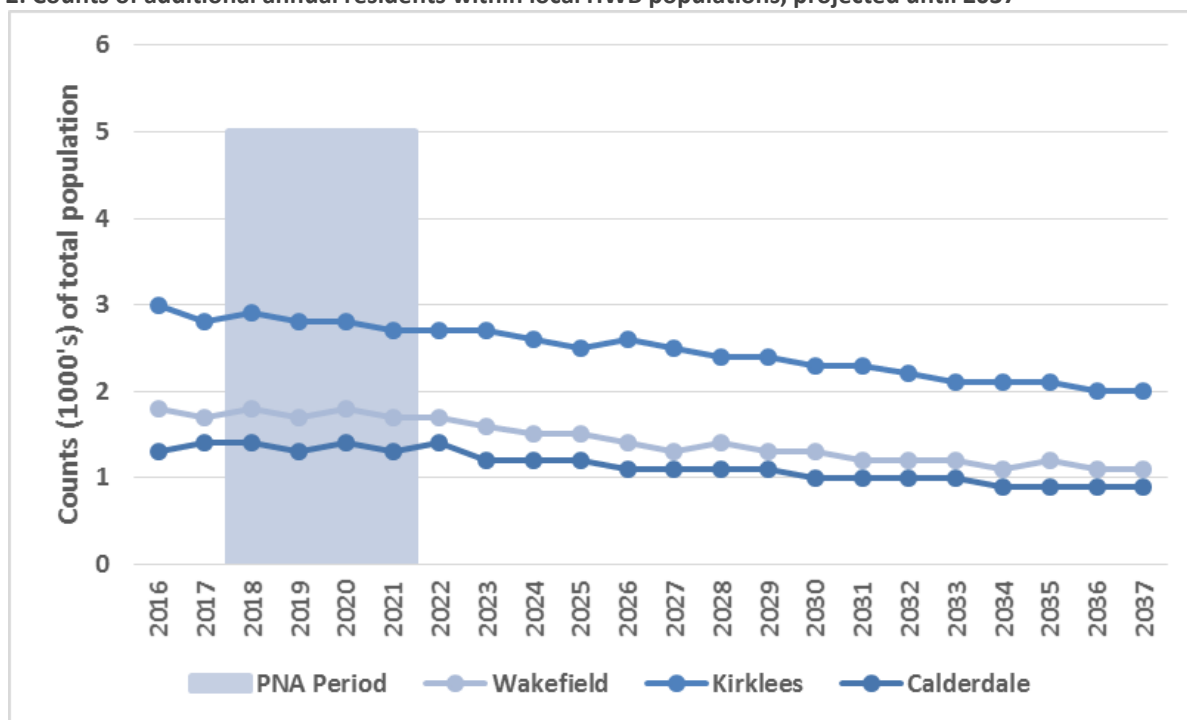


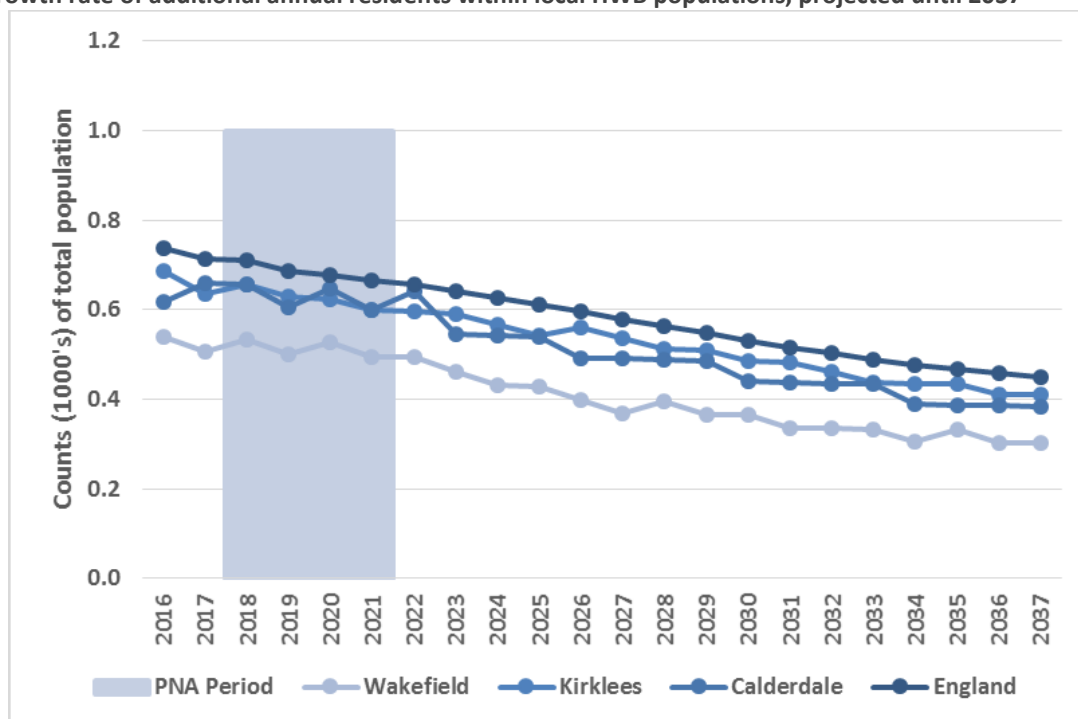
Figure 2: Counts of additional annual residents within local HWB populations, projected until 2037



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

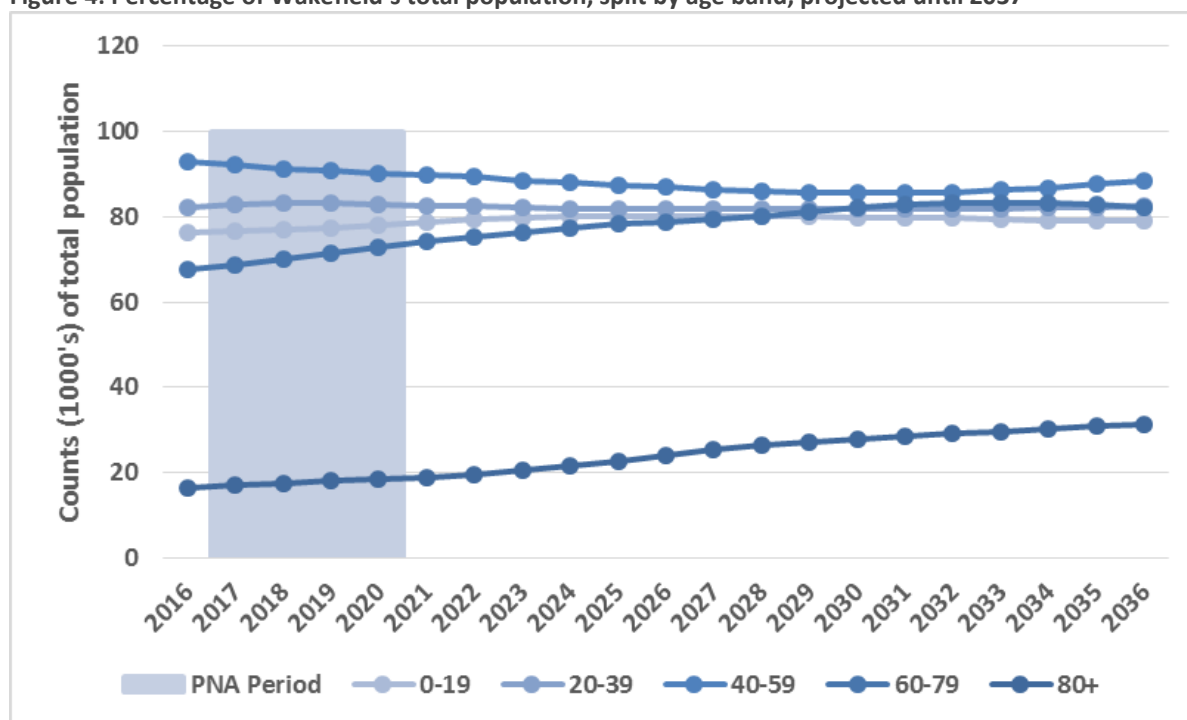


Expressed as an annual growth rate (permitting more reasonable comparisons), Wakefield's annual growth rate is the lowest amongst these comparators at approximately 0.5% per annum in the PNA's period (Figure 3). Again, this is expected to tail off in 2022.

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



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.

Table 1: Size of ethnic groups (2011 Census)

	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

Source Census 2011

The above table demonstrates the proportion of ethnic groups and the actual number people this equated to at the last census.

Table 2: Census ethnic groups applied to the primary information in 2017.

Census Ethnicity on Primary Care Information	Female		Male		Person	
White	No	%	No	%	No	%
White: Any other White background	7806	4.6%	7888	4.7%	15694	4.7%
White: British	131422	78.2%	123477	73.5%	254899	75.8%
White: Irish	393	0.2%	542	0.3%	935	0.3%
	139621	83.8%	131907	79.2%	271528	81.5%
Mixed						
Mixed: Any other mixed background	834	0.5%	877	0.5%	1711	0.5%
Mixed: White and Asian	381	0.2%	435	0.3%	816	0.2%
Mixed: White and Black African	367	0.2%	485	0.3%	852	0.3%
Mixed: White and Black Caribbean	227	0.1%	225	0.1%	452	0.1%
	975	0.6%	1145	0.7%	2120	0.6%
Asian						
Asian or Asian British: Any other Asian background w	746	0.4%	749	0.4%	1495	0.4%
Asian or Asian British: Bangladeshi	21	0.0%	29	0.0%	50	0.0%
Asian or Asian British: Chinese	440	0.3%	409	0.2%	849	0.3%
Asian or Asian British: Indian	895	0.5%	885	0.5%	1780	0.5%
Asian or Asian British: Pakistani	2897	1.7%	3186	1.9%	6083	1.8%
	4232	2.5%	4480	2.7%	8712	2.6%
Black/African/Caribbean/Black British						
Black or Black British: African	989	0.6%	1101	0.7%	2090	0.6%
Black or Black British: Any other Black background wi	214	0.1%	224	0.1%	438	0.1%
Black or Black British: Caribbean	103	0.1%	100	0.1%	203	0.1%
	1306	0.8%	1425	0.9%	2731	0.8%
Other						
Other ethnic groups: Any other ethnic group	740	0.4%	903	0.5%	1643	0.5%
Other ethnic groups: Arab	34	0.0%	59	0.0%	93	0.0%
Other ethnic groups: Not stated	7111	4.2%	8244	4.9%	15355	4.6%
	7885	4.7%	9206	5.5%	17091	5.1%
Uncoded	12499	7.4%	18291	10.9%	30790	9.2%

Source Primary Care information 2017

Whilst the two information sources are not directly comparable, they are still worth reviewing to identifying any changing population demographics. The primary care information does not cover the entire Wakefield population, and ethnicity is not universally coded with the system. The last line of the above table demonstrates that around 9% of the population do not have an ethnicity coded. With this in mind it's worth noting the Asian, Mixed and Black/African/Caribbean/Black British have remained pretty static since 2011.

What is interesting is the "Other White" proportion has nearly doubled in this period, which we know locally to reflect the eastern European nations who have settled in the district as migrant labour. There has been a sharp increase in the "other, not stated", which reflects an ethnicity shift locally worth further research and consideration.

Internal migration has slightly shifted in Wakefield since the last PNA, with a net increased migration of people from other parts of the UK into Wakefield compared to those moving away from Wakefield. Further details of this can be found at; <http://www.wakefieldjsna.co.uk/population-2/migration/>

Table 3: Population age structure by selected ethnic groups (2011 Census)

	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%

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.

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.

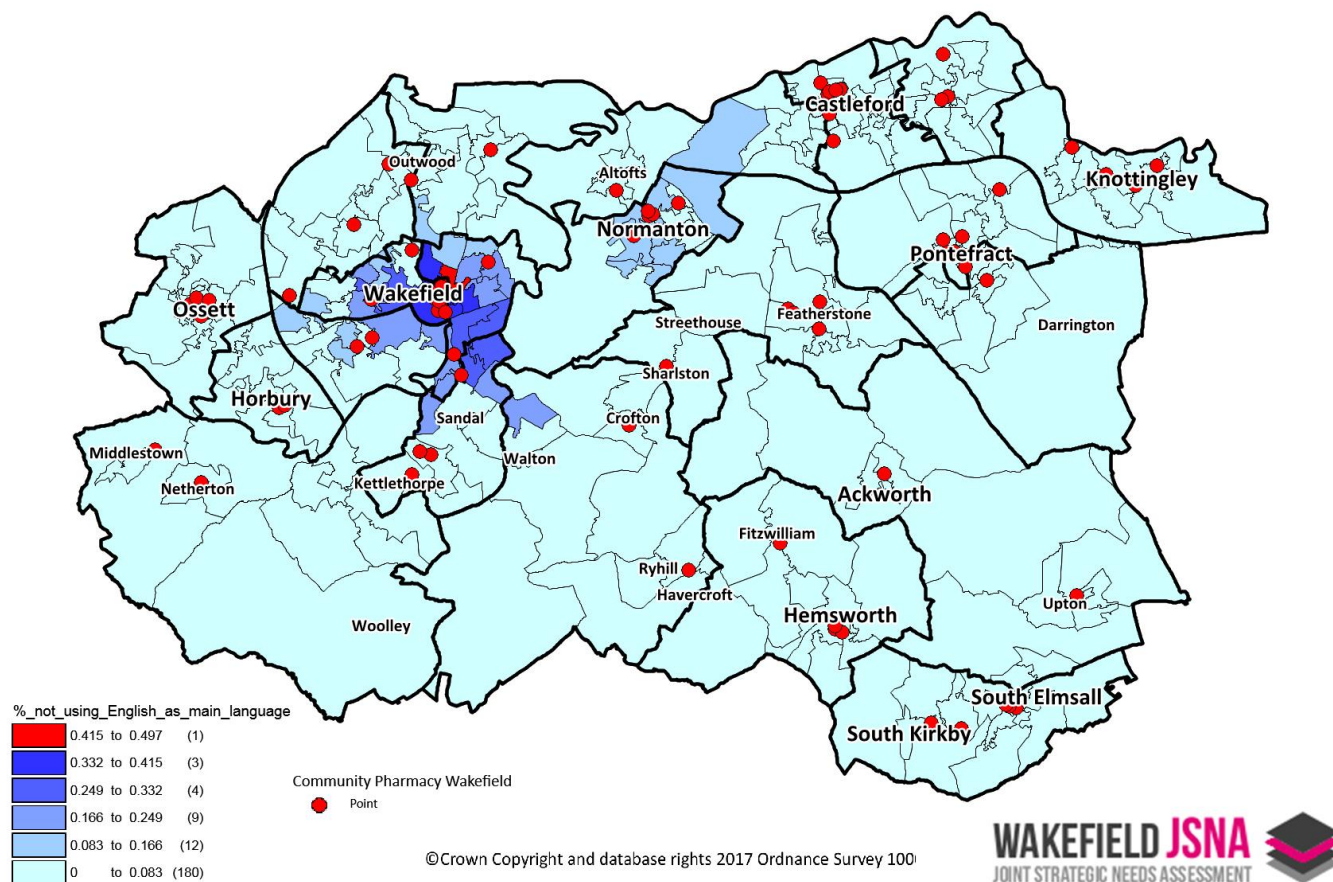
Demography - Language

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); Punjabi (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 5: Map showing the distribution of the registered population who are recorded as not using English as their main language (SystmOne, 2014)

LSOA non English language prevalence



**Each dot represent a pharmacy, this does not include the distance selling pharmacies

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. This is something that since the 2010 equity act has become increasingly in focus for the health and social care services.

As part of reforms announced by the minister for Health in 2017, all patients are to have their sexual orientation asked by their health care professional, to help the health and care service make assessment of how equal members of protected characteristics are receiving services.

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).
- In the last 3 years outbreaks of (STIs) have occurred in the (MSM) population.
- 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 (Chlamydia, for example) which are screened or treated in pharmacies. In more recent times locally, self-harm and sexual orientation in young people has been linked, insights found by public health and community services.

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
- 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 (2013-15), male children born today can expect to live to the age of 78.0, compared to around 79.5 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 82.0. This compares to a national life expectancy amongst women of 83.1. The district has seen improvement since the first PNA, however the gap to the national average still remains for both men and women locally.

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. PHI produce a report looking in to the inequality issues in life expectancy, given the flat line in improvement that we have seen locally. Deaths considered premature (under 75 year) are increasing for the poorest women in the Wakefield district. The findings from the report are summarised;

- Deaths in females aged under 75 in the most deprived 5 deciles are increasing.
- Wakefield residents die younger compared with the national averages.
- Wakefield residents experience significantly more disability in their shorter life spans.
- Women live longer compared to men, but with more disability and the inequality is worsening.
- Men die far sooner, however the trend in inequality has been improving.

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.

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.

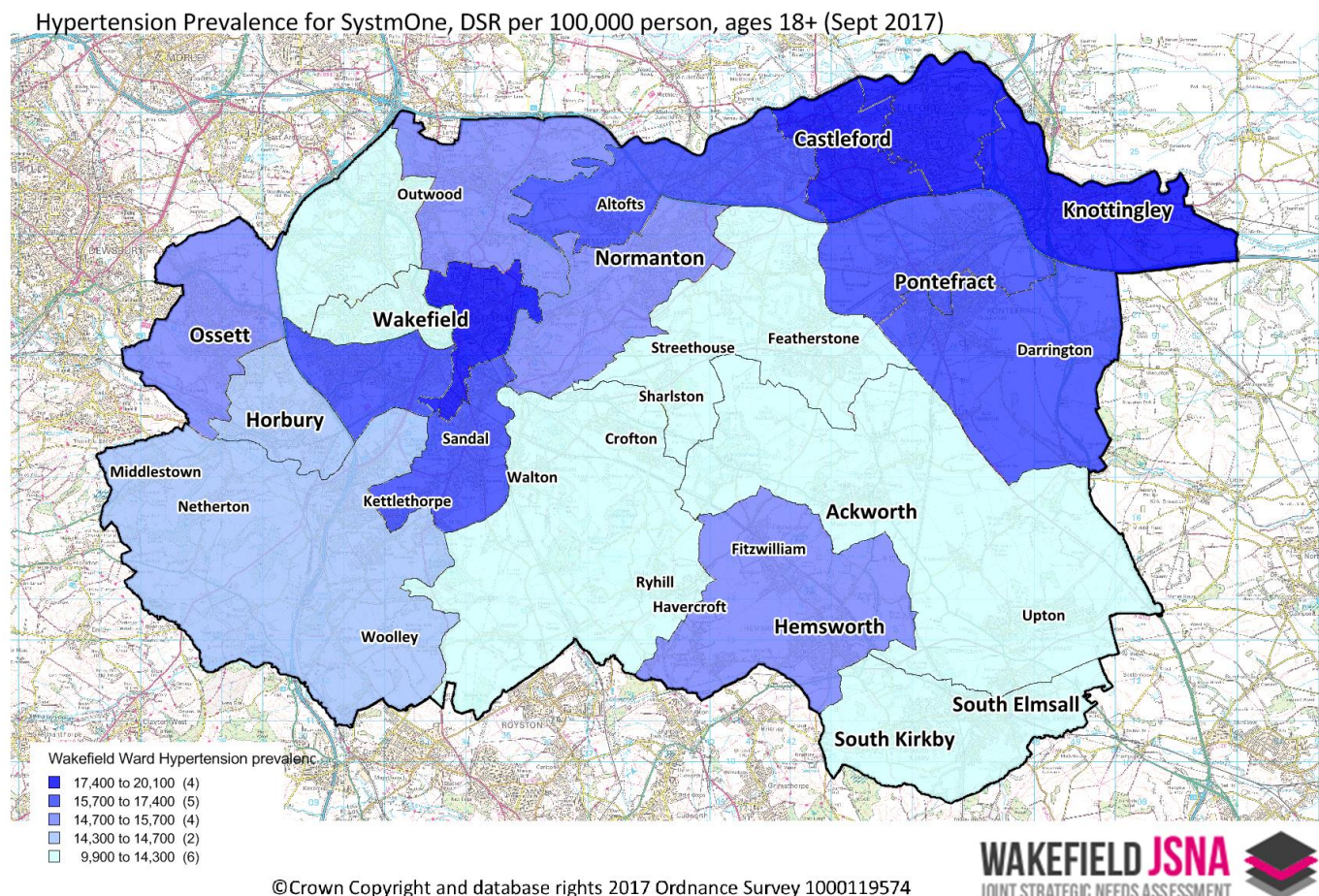
Hypertension

Wakefield has a recorded hypertension prevalence of 15.3% compared to the national average of 13.8% in 2015/16. This places Wakefield just below the upper quartile nationally. Wakefield has a similar prevalence of hypertension when 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. The following charts reflect this figure referring to the population in contact with primary health care services in September 2017.

In terms of their management, Wakefield has tended to perform well when keeping blood pressure under 150/90. This reflects the known hypertensives in the area, as with all disease there is an additional element of undiagnosed cases in a population. 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 81.7% of hypertension patients having their blood pressure under this critical value, compared to the national average of 79.6%. Compliance with blood pressure checks has, as seen nationally, fallen gradually to its current level of 90%.

In the following prevalence maps based on SystmOne primary care information, the map represents 90% of the registered population. The maps display this information on an electoral ward geographic level, which mitigates the non-SystmOne GP sites. The wards containing Walton, Crofton and Ryhill is likely to be under estimated the predominant practice in this ward is a non SystmOne GP.

Figure 6: Map of hypertension prevalence per 100,000 persons in SystmOne practices (standardised to pre-2013 ESP)



Source Primary Care Information 2017 **

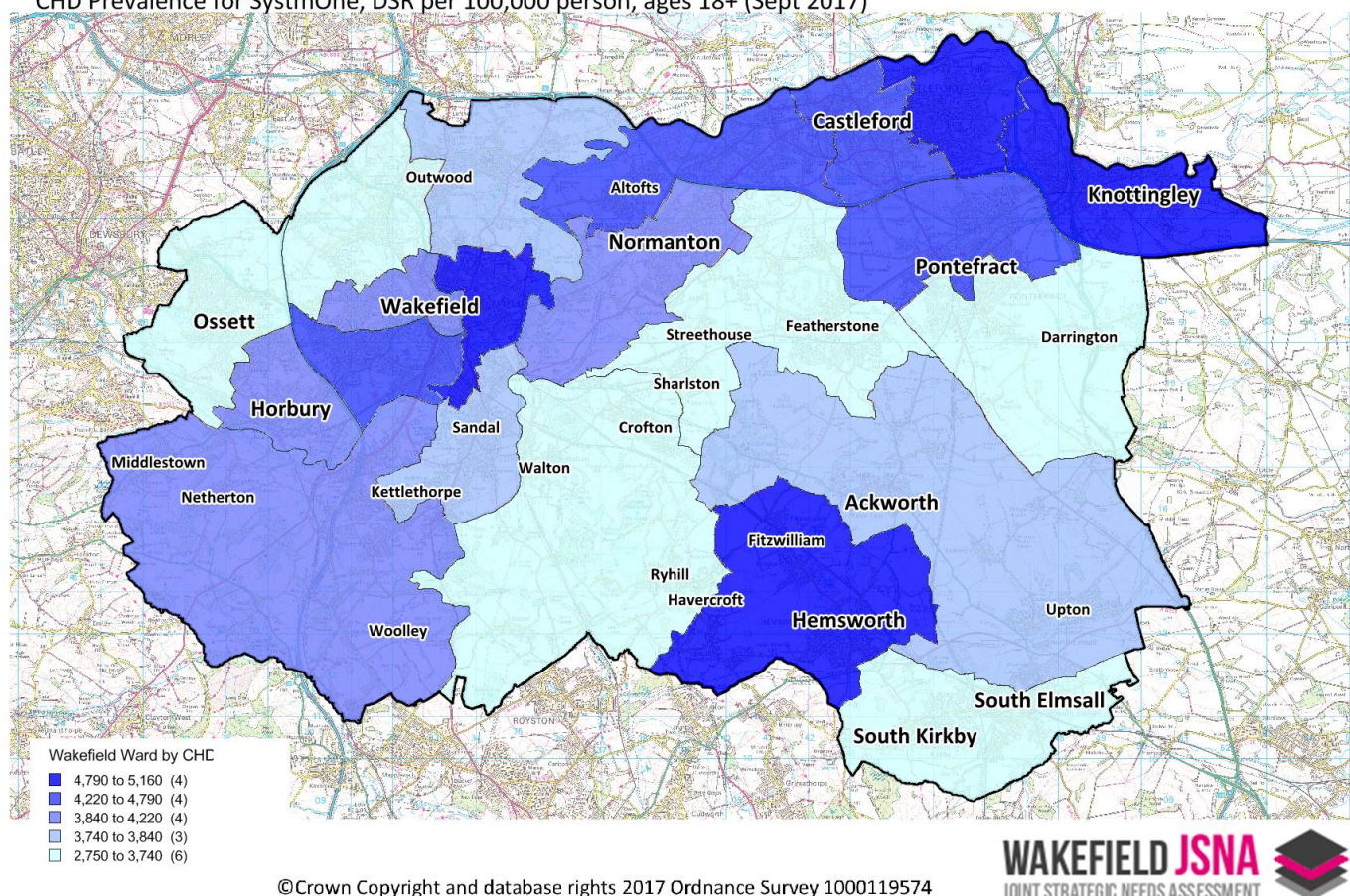
New diagnoses of hypertension have traditionally been given a face-to-face cardiovascular risk assessment. Wakefield has, in the past, massively exceeded national rates for this (88.6% in 2010/11 compared to national average of 82%). This figure has subsequently dropped to 78.4% in Wakefield however the area still exceeds national average levels of 66.5%

Chronic Heart Disease (CHD)

Wakefield has a recorded CHD prevalence of 4.1% compared to the national average of 3.2% (2015/16). This places Wakefield above the upper quartile nationally. This picture is similar 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. The area has seen a small decrease in the last 3 years, with approximately 13,295 persons on the CHD register.

Figure 7: Map of CHD prevalence per 100,000 persons in SystmOne practices.

CHD Prevalence for SystmOne, DSR per 100,000 person, ages 18+ (Sept 2017)



Source Primary Care Information 2017

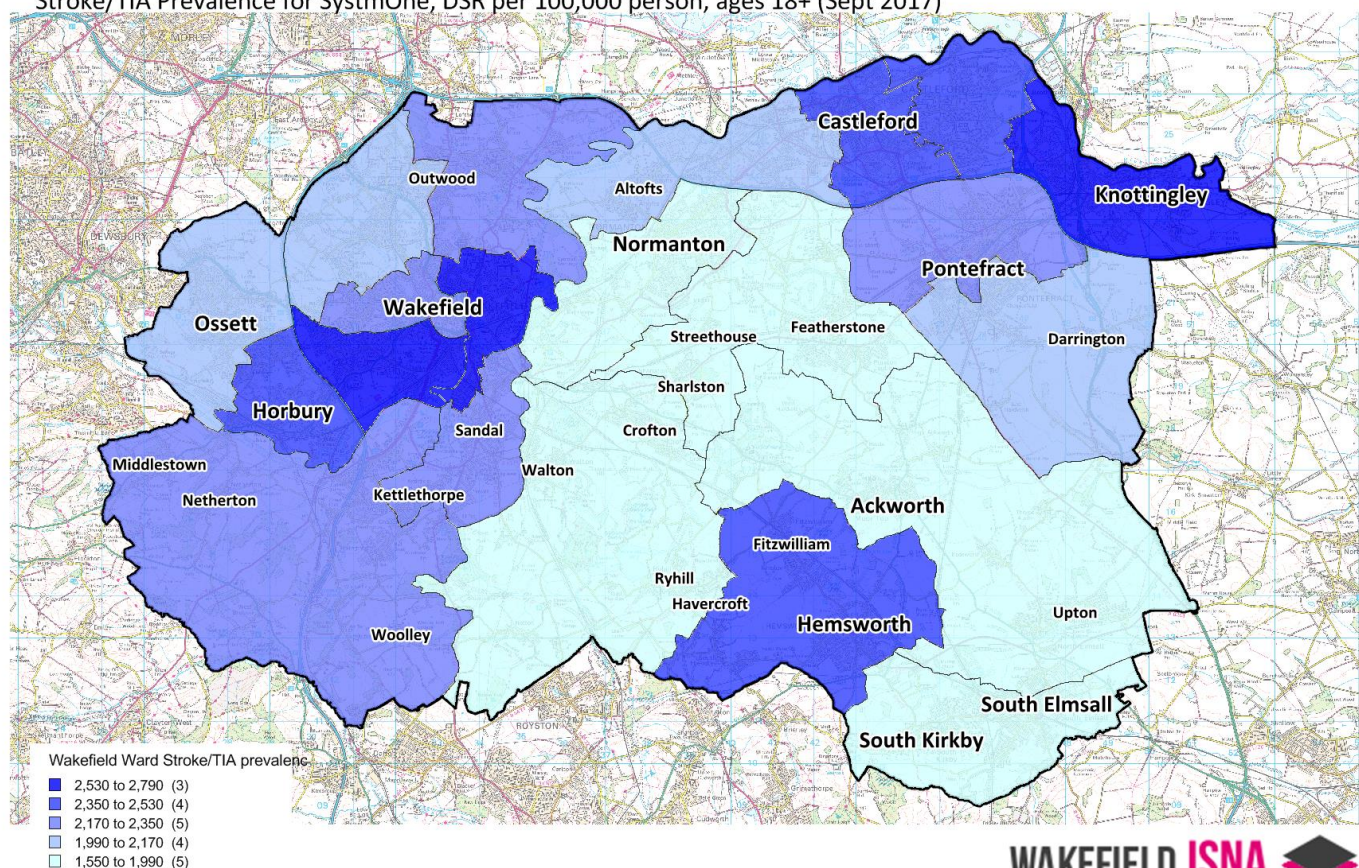
The management of blood pressure amongst people on the CHD register is generally good. Wakefield exceeds 89.3% when keeping blood pressure under 150/90, which is comparable with national, regional and peer averages. Amongst those with CHD, the maintenance of cholesterol at 5mmol/l or less has shown a 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 71.8% 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% - on both of which we sit outside the upper quartile. This is representative of about 7,500 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 (86.9%, 2015/16). 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 improved in recent times closing the gap to the national average.

Figure 8: Map of Stroke & Transient Ischaemic Attack (TIA) prevalence per 100,000 persons in SystmOne practices.

Stroke/TIA Prevalence for SystmOne, DSR per 100,000 person, ages 18+ (Sept 2017)



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WAKEFIELD JSNA
JOINT STRATEGIC NEEDS ASSESSMENT

Source Primary Care Information 2017

Related CVD Outcomes

Wakefield continues to have a high smoking-related deaths rate, at 354.6 per 100,000 (2013-15). This is equivalent to approximately 1,959 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 has not 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 520 people a year, under the age of 75, to preventable cardiovascular diseases. Of these, 395 will be male. In the most recent period available the gap for women has increased, suggesting that the issues for women are worsening.

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).

Projections

The POPPI and PANSI datasets suggest the following:

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

Age Band	2017	2020	2025	2030	2035
Aged 18-44	55	55	55	55	55
Aged 45-64	605	603	585	565	550
Aged 65-74	723	735	746	828	889
Aged 75 and over	750	834	1,028	1,148	1,282

Aged 18-64	660	658	640	621	605
Aged 65 and over	1,473	1,569	1,773	1,976	2,172

Role of local pharmacies

- Medicines Optimisation including the provision of the MUR and NMS service Anti-coagulation monitoring
- Blood pressure 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

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, which is usually diagnosed in young people. Type 2 diabetes (usually non-insulin-dependent diabetes), tends to affect and be diagnosed in adults over 40 and overweight people.

It is thought that Type 2 diabetes is related to factors associated with a 'Western lifestyle', since it is most common in people who are overweight and who do not participate in sufficient regular exercise. The last 30 years have 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 7.1% compared to 6.5% in similar CCGs. In 2012/13, 63.3% of adults with diabetes in NHS Wakefield CCG, had an HbA1c measurement of 59mmol/mol or less. This is higher in other similar CCGs and higher 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.

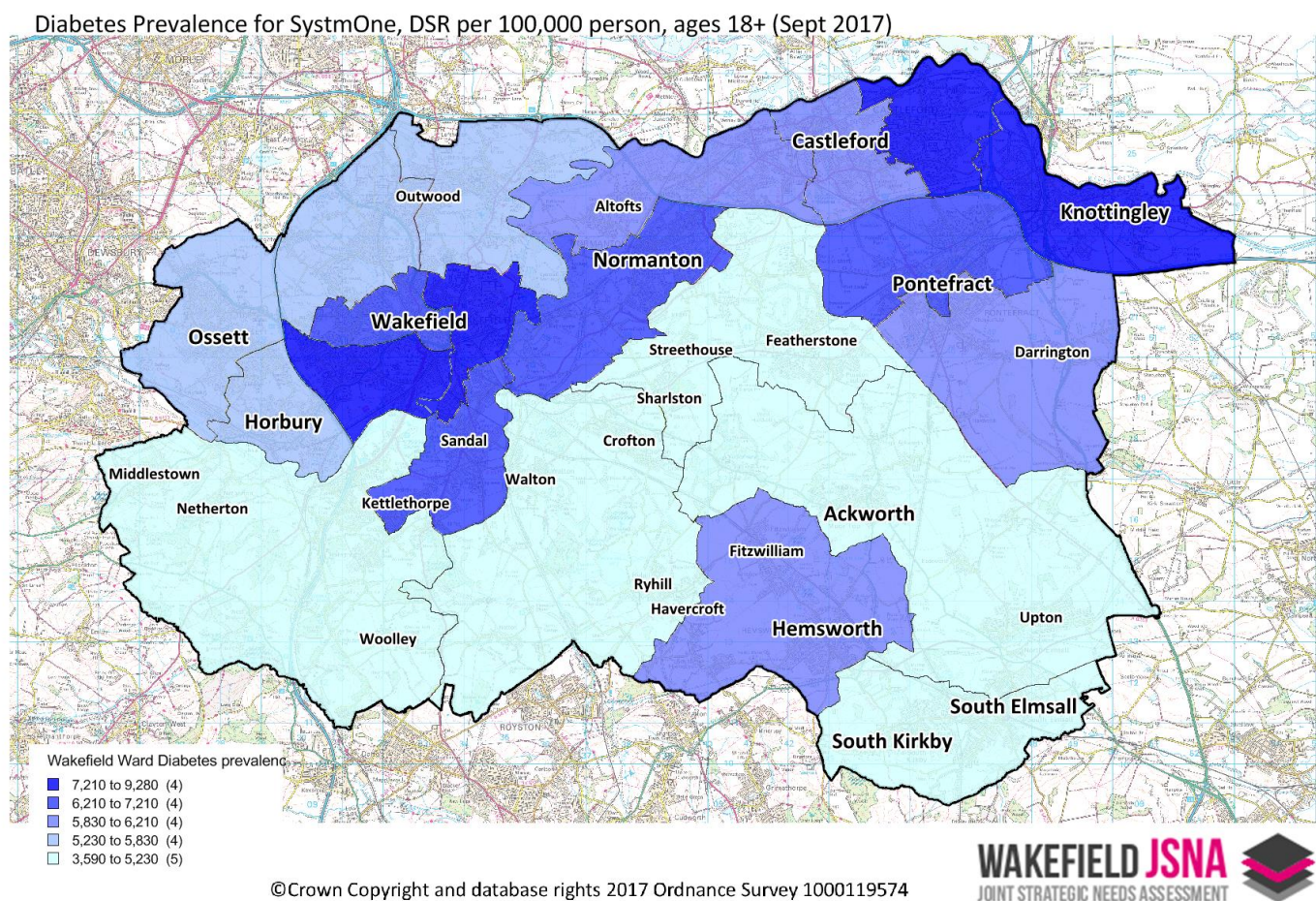
In terms of secondary prevention, access to diabetic retinopathy is fairly good in Wakefield, exceeding all relevant benchmarks, with local services comfortably in the upper quartile of performance measures (84% of patients get access to this vital preventative service, compared to 80% nationally).

Influenza vaccination 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 £6.5 million on prescriptions for diabetes items between April 2016 and March 2017. This was equivalent to £342.47 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. This is both an increase in volume of items and an increase from £298 cost per adult with diabetes in the 2015 PNA.

Diabetes prevalence is significantly higher in the North East and North West of the district. Areas such as Castleford, Knottingley and Wakefield have high levels of diabetes.

Figure 9: Map of diabetes prevalence per 100,000 persons over-18 in SystmOne practices (standardised to pre-2013 ESP)



Source Primary Care Information 2017

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.

Table 5: People predicted to have diabetes

Age Band	2017	2020	2025	2030	2035
Aged 18-24	214	190	195	218	223
Aged 25-34	526	529	510	479	492
Aged 35-44	713	726	787	812	794
Aged 45-54	2,410	2,274	1,981	1,960	2,114
Aged 55-64	3,103	3,289	3,527	3,348	2,946
Aged 65-74	4,739	4,818	4,886	5,428	5,830
Aged 75 and over	3,286	3,629	4,452	4,958	5,523
Aged 18-64	6,965	7,018	7,001	6,817	6,569
Aged 65 and over	8,025	8,447	9,337	10,386	11,353

Source ONS 2017

In response to the growing demand on diabetes services and the fact that the disease is preventable, NHS England in 2015 launched the National Diabetes Prevention Programme. The Programme takes pre diabetic (patients with an HbA1c above 42mmol/mol but less than 45mmol/mol cohorts) and takes them through interventions, including weight loss and dietary advice to prevent them from progressing to being diabetics.

Role of local pharmacies

- Medicines Optimisation including the provision of the MUR and NMS service
- Promote and provide advice and support on maintaining a healthy weight
- Seasonal influenza vaccination

Cancer

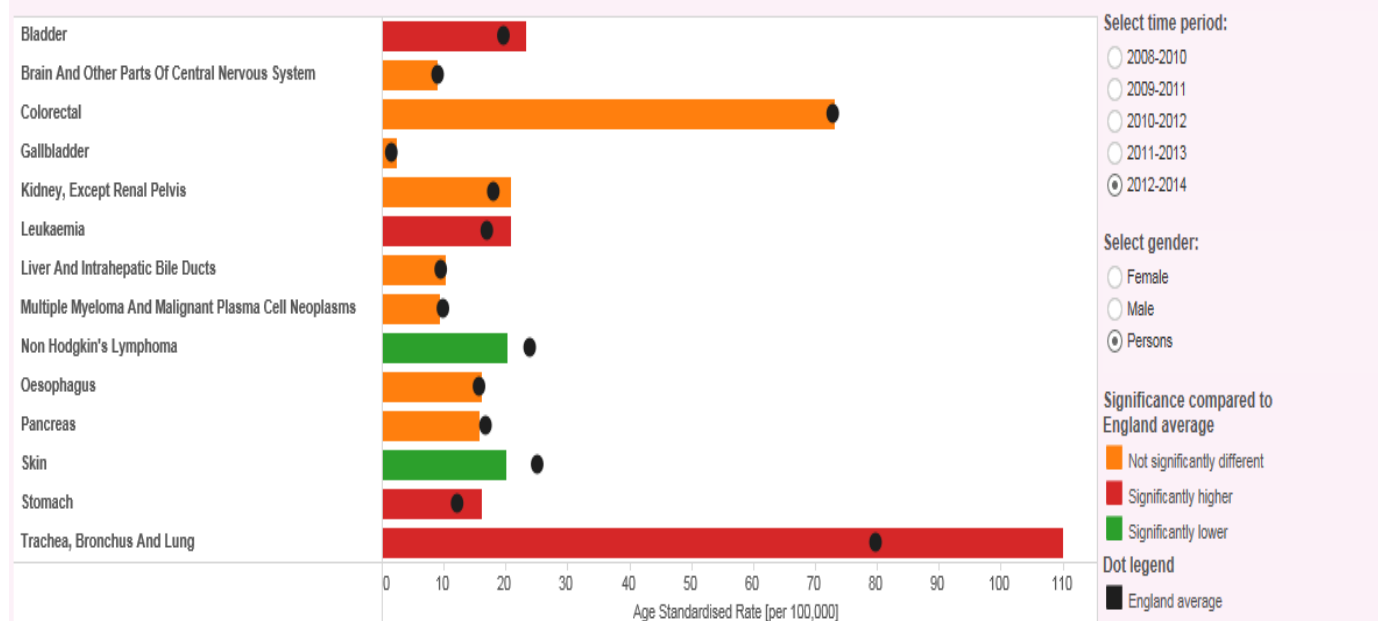
Overall cancer prevalence is higher in areas with a more elderly population – often outside of more urbanised areas.

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 (156.1 per 100,000 persons, 2013-15) with the exception of other Metropolitan Districts where we are close to average. This pattern is replicated across cancers with preventable causes (94.7 per 100,000 persons, 2013-15).

Figure 10: Age standardised rate of cancer incidence per 100,000 population, all ages, by tumour site and gender

The coloured bars shows the incidence rate in Wakefield District and how it compares to the England average, they are colour coded to show if the rate is significantly higher, lower or not significantly different. The black dot shows the value for the England average.



Source; Wakefield JSNA 2017

Wakefield has higher incidence for many types of cancer, notably with the smoking issues that the area has respiratory cancer incidence is high. 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 50-70, Wakefield stood at 71.4 % uptake in its screening coverage, compared to national coverage at 72.5%. 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 (75.4% compared to 72.8%), 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.

Generally survival rates are improving, however they vary for different cancer sites. For example in Wakefield for breast cancer, one year survival rate is 94.9% and for lung cancer it's 34.4% (for individuals diagnoses in 2014 and followed up in 2015).

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.

Table 6: People predicted to be living with cancer

Year	Scenario 1	Scenario 2
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

Source; Wakefield JSNA 2017

Role of local pharmacies

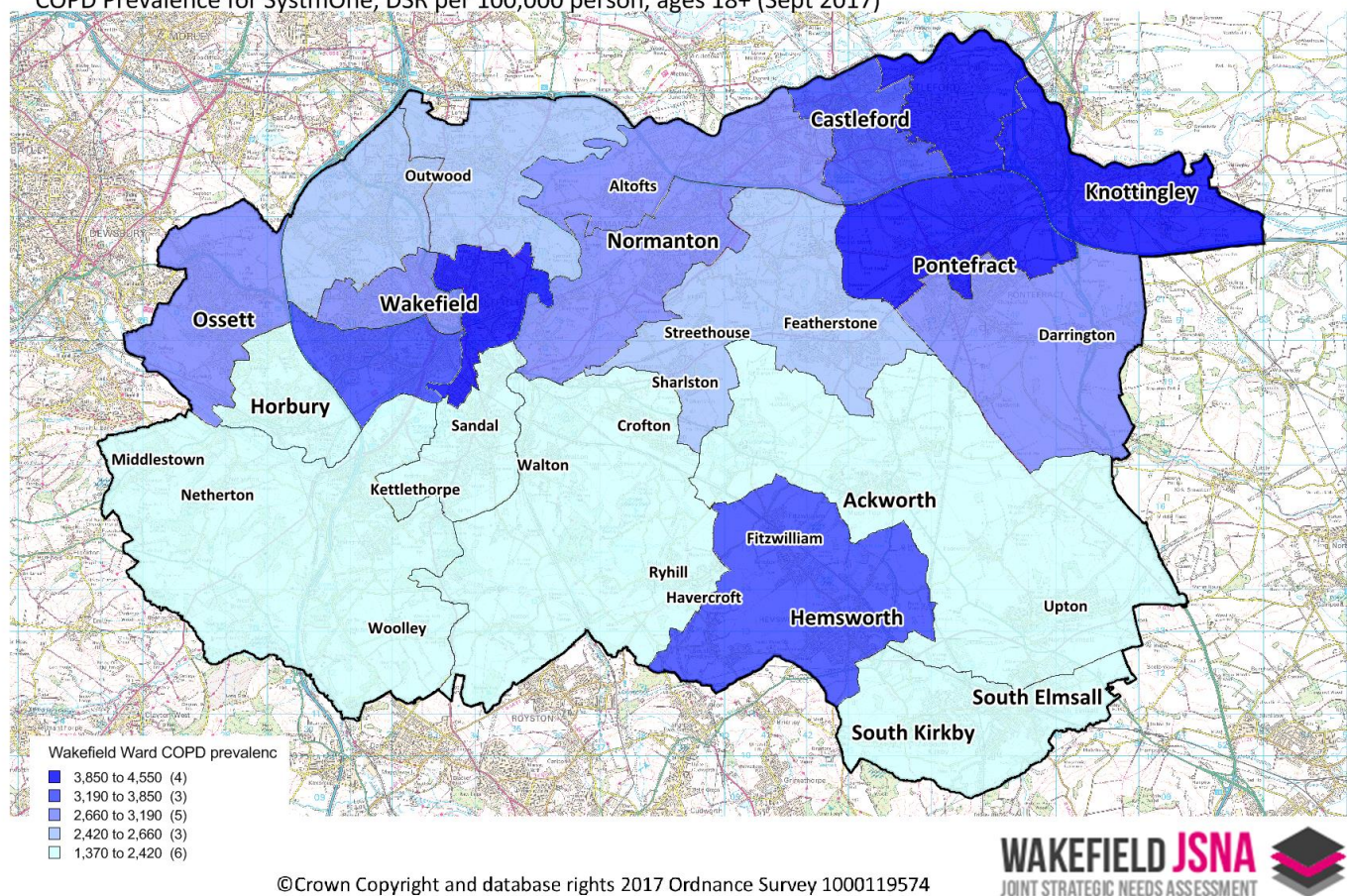
- Promoting awareness of the common signs and symptoms of cancer
- Promote the benefits of and sign-posting to screening programmes for bowel, breast and cervical cancers
- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight
-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

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 9,800 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.

Figure 11: Map of COPD prevalence per 100,000 persons over-18 in SystmOne practices (standardised to pre-2013 ESP)

COPD Prevalence for SystmOne, DSR per 100,000 person, ages 18+ (Sept 2017)



Source Primary Care Information 2017

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:

Table 7: Projections of longstanding health condition being caused by bronchitis and emphysema

Age Band	2017	2020	2025	2030	2035
Aged 65-74	614	624	634	704	756
Aged 75 and over	471	522	641	713	797
Aged 65 and over	1,085	1,146	1,274	1,417	1,552

Role of local pharmacies

- Promote and provide advice and support in relation to smoking cessation.
- Medicines Optimisation including the provision of the MUR and NMS service
- Seasonal influenza vaccination

Respiratory Diseases

Prescribing costs for respiratory disease in NHS Wakefield total £8.5 million in 2016/17, this equates to just short of 600,000 items.

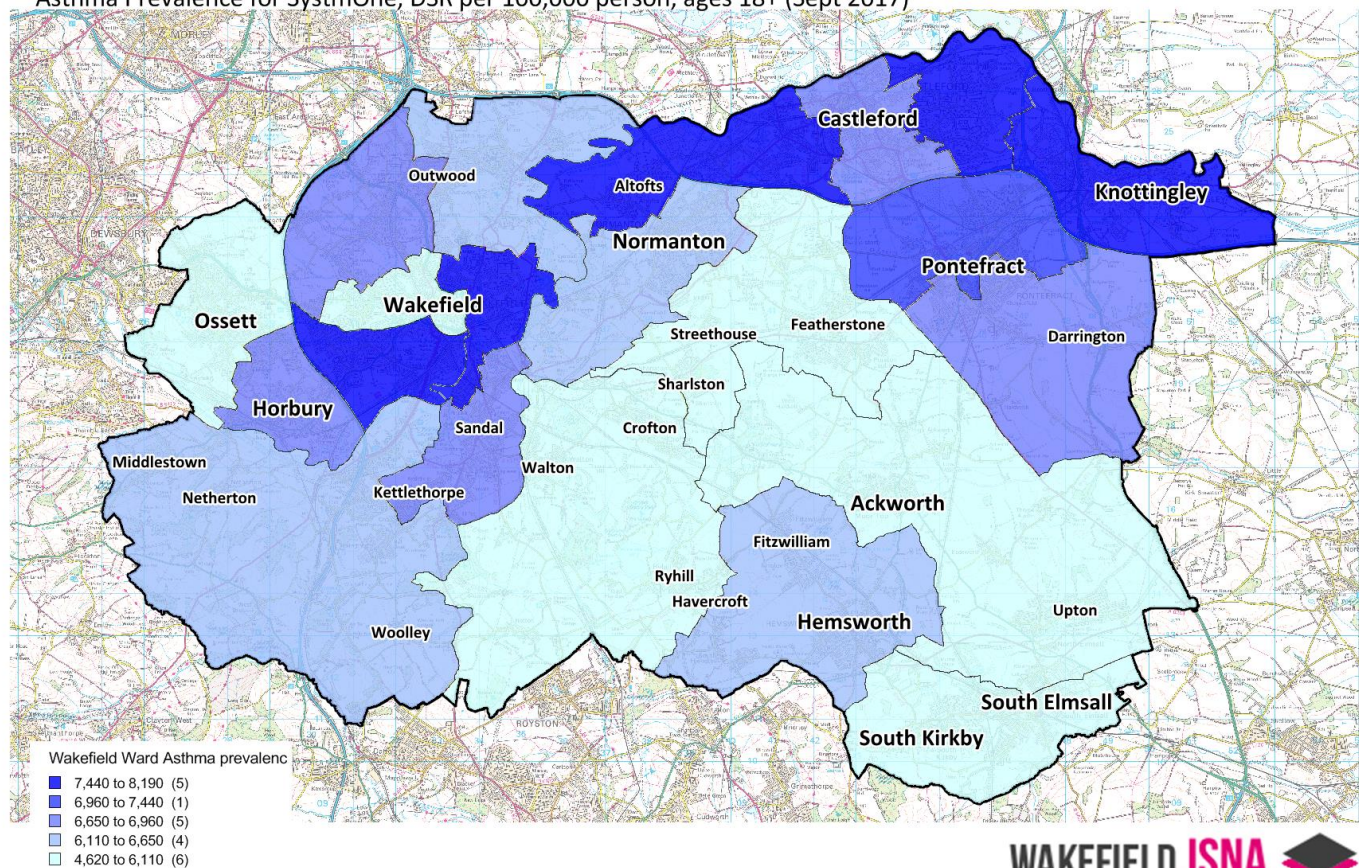
Asthma

Similar to COPD, asthma tends to be more common in the South East of the District, affecting West Wakefield 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.

Admissions for respiratory conditions reflect the prevalence of these conditions, which correlates strongly with deprivation in the area.

Figure 12: Map of asthma prevalence DSR per 100,000 persons in SystmOne practices (standardised to pre-2013 ESP)

Asthma Prevalence for SystmOne, DSR per 100,000 person, ages 18+ (Sept 2017)



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Source Primary Care Information 2017

During 2012/13, 2.4% of patients on the asthma register were admitted to hospital as an emergency case, compared to 1.8% across England.

Role of local pharmacies

- Promote and provide advice and support in relation to smoking cessation.
- Medicines Optimisation including the provision of the MUR and NMS service
- Seasonal influenza vaccination

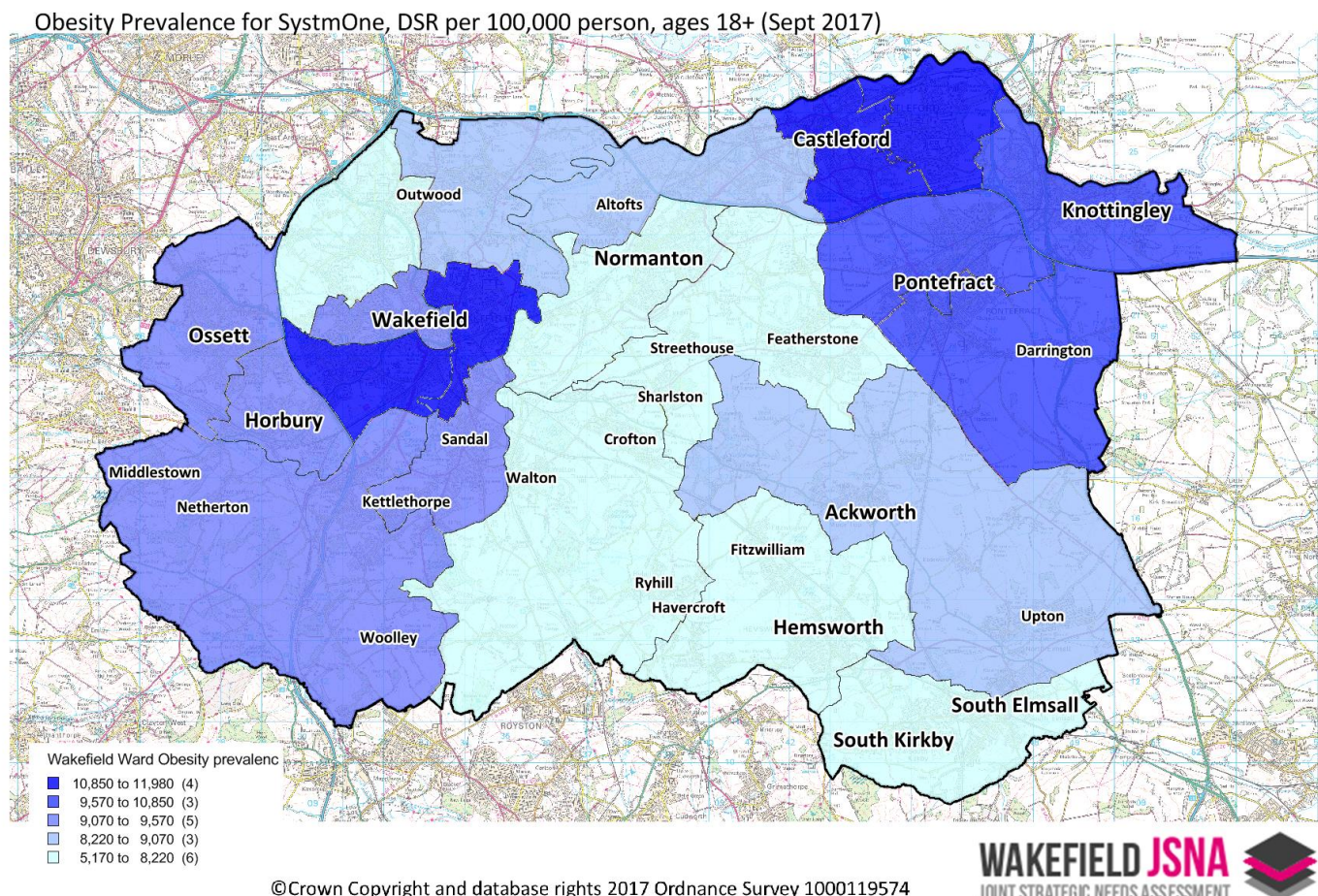
The 2009 Wakefield Health and Lifestyle Survey showed 35% of all adults had suffered from pain problems in the previous 12 months. As is typical, the prevalence of pain was more common among older people – with 57% of people age 65 and over having suffered from pain problems in the previous 12 months. 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 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 18 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 13: Map of obesity DSR per 100,000 adults aged 18+ in SystmOne practices (standardised to pre-2013 ESP)

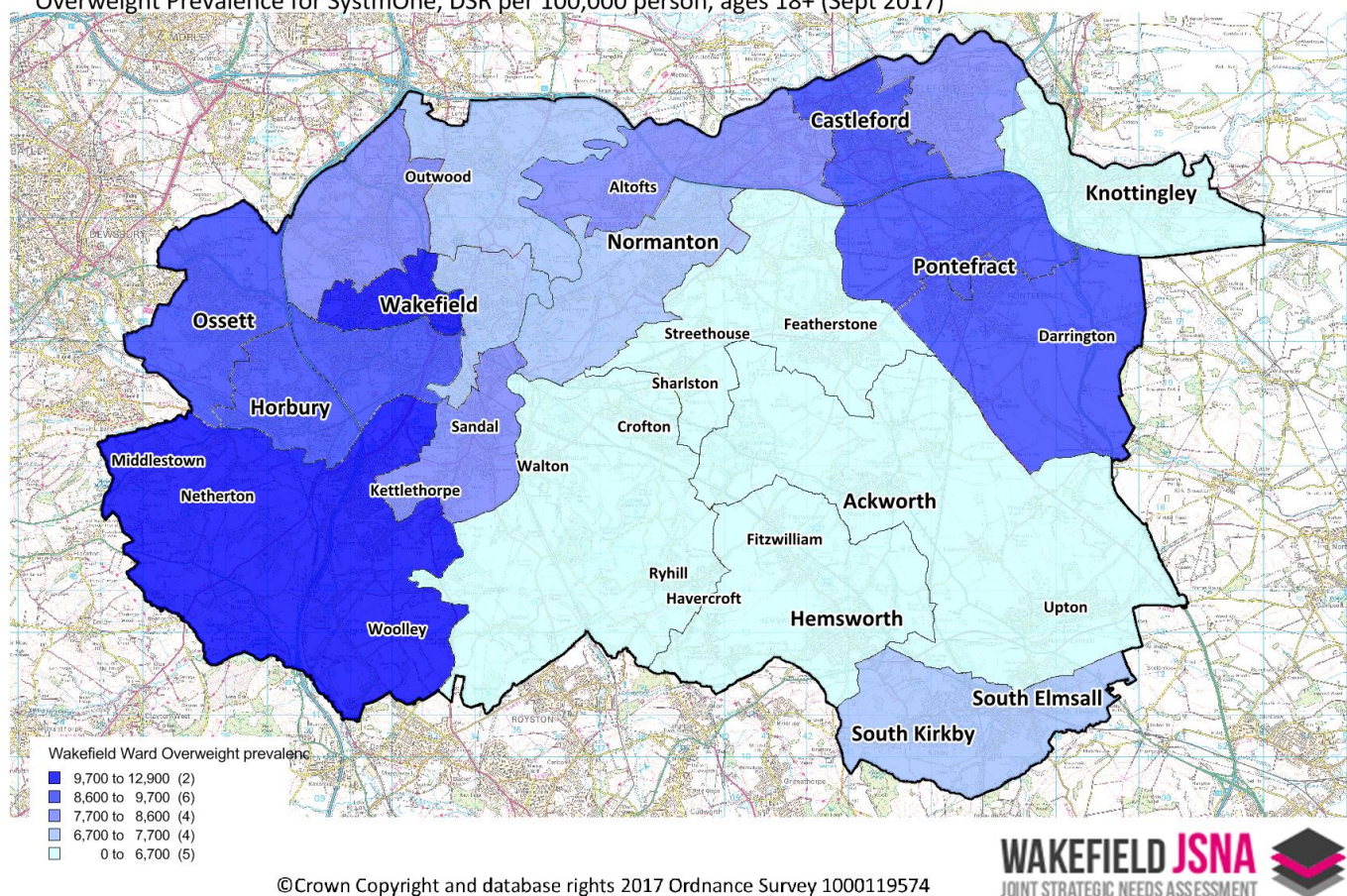


Source Primary Care Information 2017

The variation in ward prevalence shows that the north eastern and western areas are higher in adult obesity rates.

Figure 14: Map of overweight DSR per 100,000 adults aged 18+ in SystmOne practices (standardised to pre-2013 ESP)

Overweight Prevalence for SystmOne, DSR per 100,000 person, ages 18+ (Sept 2017)



Source Primary Care Information 2017

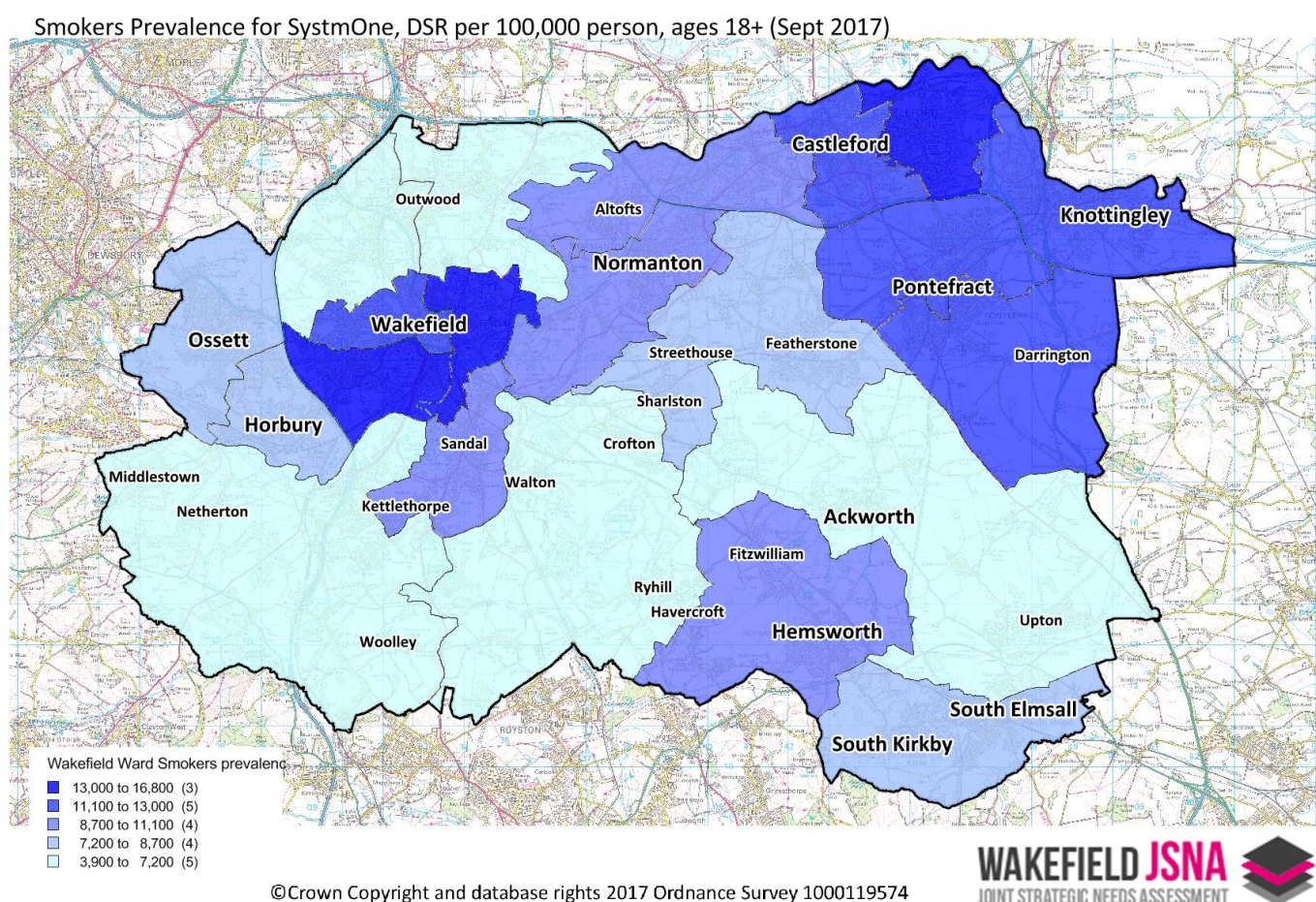
The variation in ward prevalence shows that the north eastern and western areas are higher in adult overweight rates. Both obesity and overweight prevalence's correlate strongly with the more deprived parts of the district.

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, 31.6% of whom smoke compared to 28.9% across England. In Wakefield this a decrease from 35% in 2010.

In 2015/16, there were 4,337 smoking attributable admissions this is an increase from 4,014 in 2010/11. The area has consistently been above the national average as far back as 2009/10.

Smoking attributable mortality has mirrored the admission pattern for the same time periods. The mortality rate though being higher than the national average, the rate has been on a downward trend until the most recent period which has moved further away from the national average. The latest reports show that 700 adults died in 2015 from diseases that can be caused by smoking.

Figure 15: Map of smoking prevalence per 100,000 persons in SystmOne practices (standardised to pre-2013 ESP)



Source Primary Care Information 2017

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 (2013/14 - 15/16) – 44.8 admissions per 100,000 under 18's – are no longer significantly higher than the national rate of 46.1.

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
- Give Alcohol brief advice

Maternal Health

Smoking during pregnancy is a significant problem in Wakefield, with 18.6% of women from the district smoking at the time of delivery compared to 10.6% across England. This has fallen for Wakefield from a figure of 23% in the last PNA, however the area is lagging behind the national average.

In 2015, 32.3% 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 2015/16, only 63.9% of mothers in Wakefield were initiating breastfeeding at birth, compared to 74% of mothers across England as a whole. This is once again an improvement since the last PNS in 2015 where only 54% of mother were initiating breastfeeding, however the area is still lagging behind the national level.

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. Healthcare 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

37 General Practices (excluding branch surgeries)

There are 37 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 10:00am-10:00pm, 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.

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.

74 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 74, 72 are community pharmacies, 2 are Dispensing Appliance Contractors (DAC's) and 3 are distance-selling 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 16: Map showing the community pharmacies across the district.

IMD 2015 at Lower Super Output Area (LSOA) level

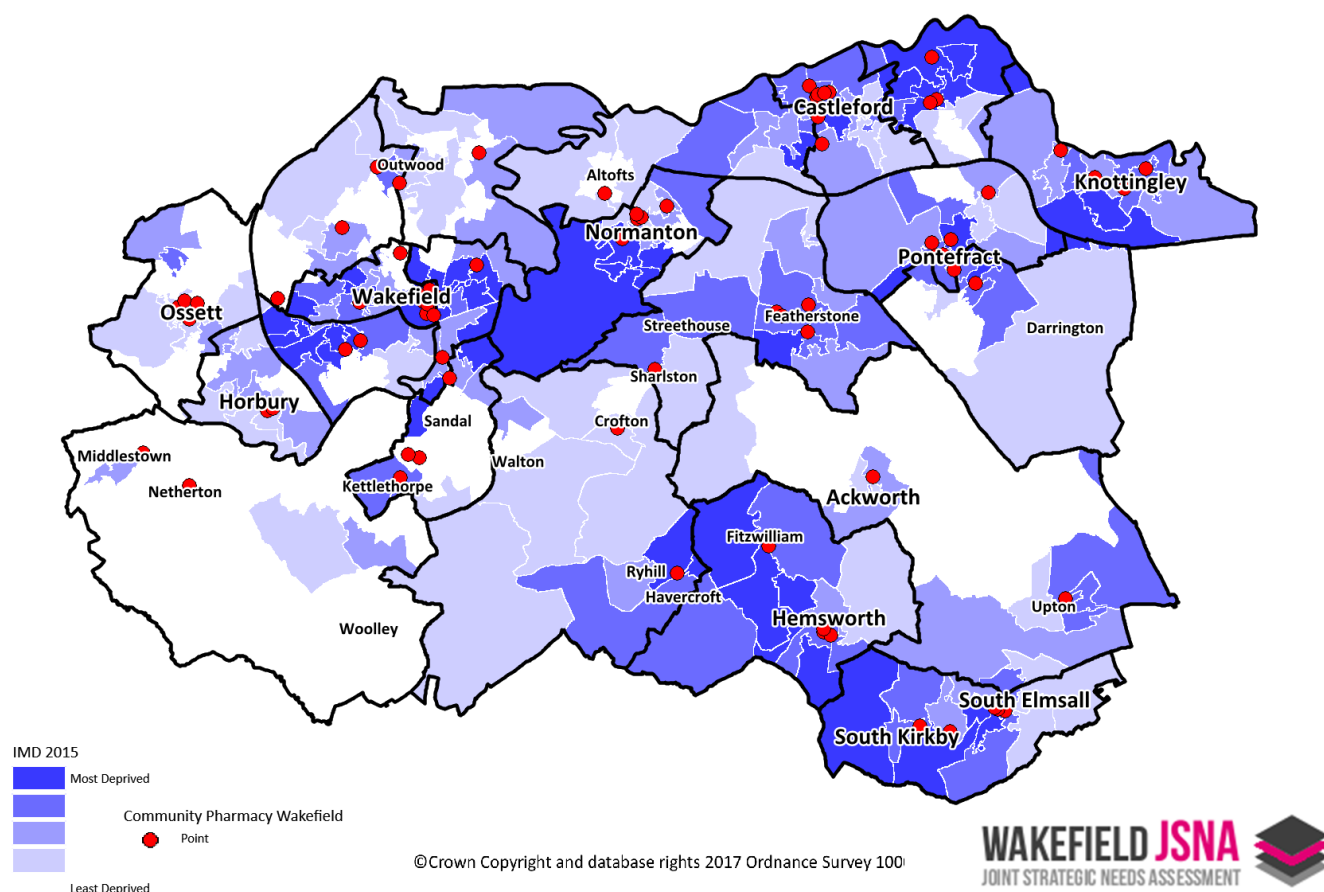
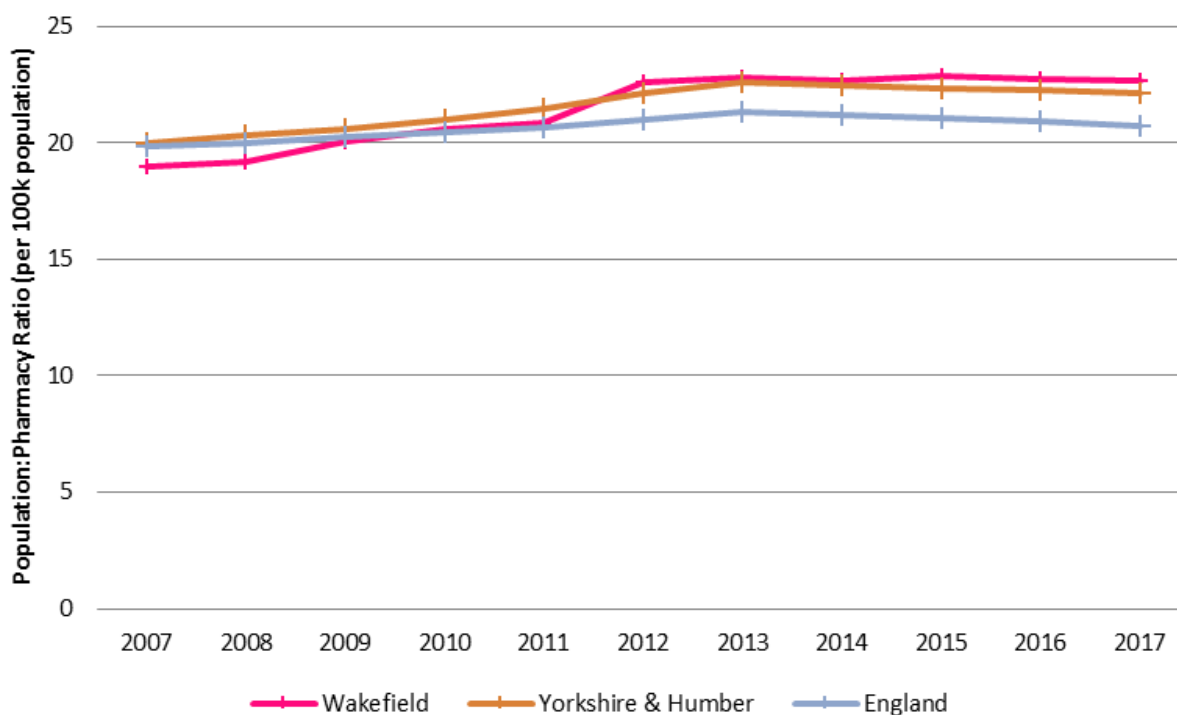


Figure 17: Chart showing population-pharmacy ratio (per 100,000 persons) over time.



At 22.6 pharmacies per 100,000 people (using 2017 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. Given the pressures mentioned, it is

likely that the average numbers of pharmacies per person is likely to change in the life of this PNA, however there is no set minimum or know ideal of pharmacy to population ratio.

2 Dispensing GP practices

Wakefield District has 2 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 2 dispensing primary care 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 utilises 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 (1 mile) of a pharmacy must access their pharmaceutical services from a pharmacy.

Dispensing Appliance Contractors (DACs)

Locally the area has 2 DAC's, this organisation dispense devices and appliances to support individual care in the community. GP's and other prescribers are able to prescribe particular device listed in the national drug tariff as part of care for patients. The two organisations are countrywide supplies limited in Upton and Charles S Bullen Stomacare in Ossett.

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

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)
- NUMSAS
- NHS Influenza Vaccination
- SAC Stoma Customisation Service

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.

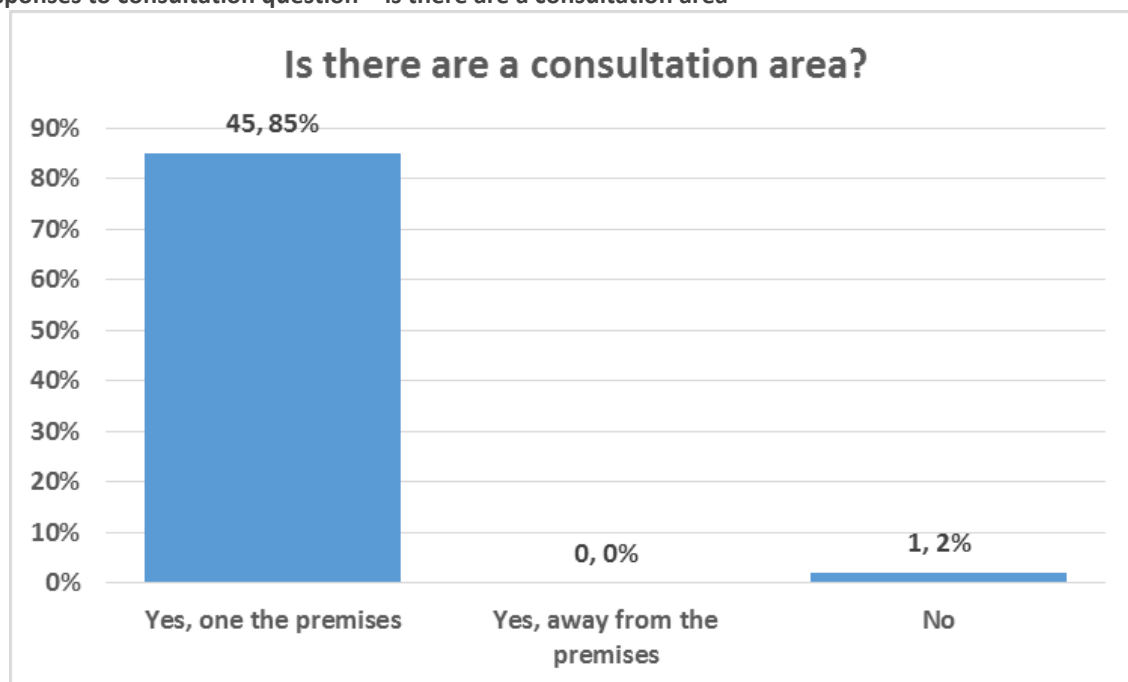
Locally Commissioned Services

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:** 63 pharmacies currently provide this service.

As part of the development of the needs assessment the Pharmacy contractors were surveyed to gather core information across the district, along with their views on issues and gaps in provision across the district. Overall the survey had a good level of response with 53 pharmacies responding.

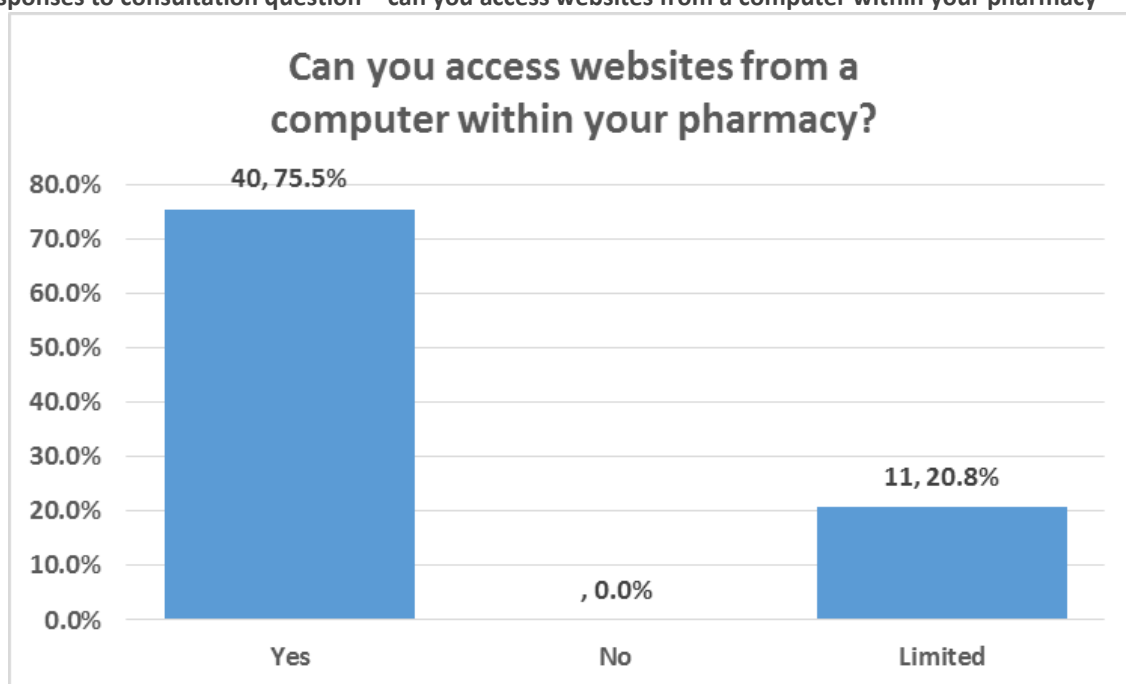
Figure 18: Responses to consultation question – is there are a consultation area



Source; Contractors needs survey 2017

Of the 53 respondents to the survey 46 responded to the consultation area question only 1 of the Pharmacies stated it did not have a consultation area available.

Figure 19: Responses to consultation question – can you access websites from a computer within your pharmacy



Source; Contractors needs survey 2017

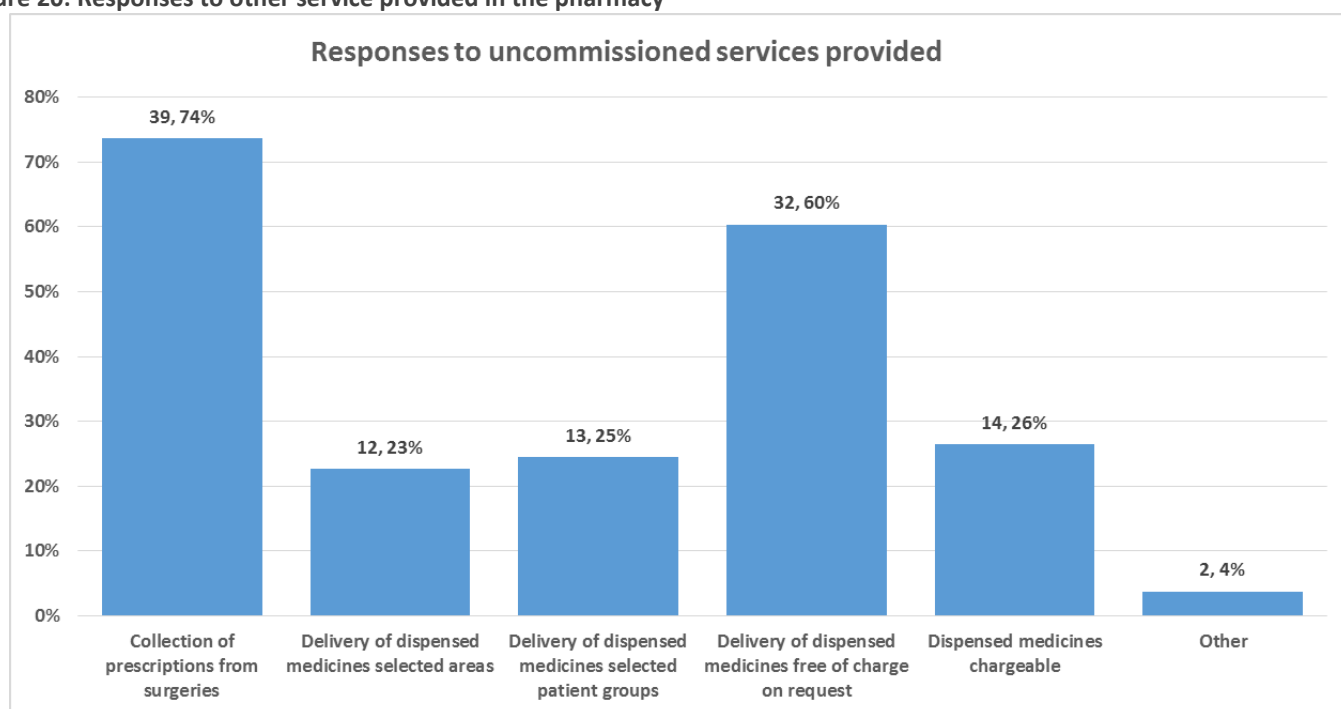
Of the 53 responses, 51 of the pharmacies responded of which 40 stated they could access websites and 11 had limited access.

Table 8: Responses to consultation questions on the service provided in the pharmacy

Service	Number of Pharmacies	Proportion
Flu Vaccinations	38	72%
New Medicine Service	44	83%
Stoma Appliance customisation service	2	4%
Sign Posting and Support for Self Care - NHS England	32	60%
NHS Urgent Medicine Supply Advanced Service (NUMSAS)	8	15%
Sign Posting and Support for Self Care - Local Authority	1	2%
Sign Posting and Support for Self Care - CCG	4	8%
Total respondents to the survey	53	

Source; Contractors needs survey 2017

Figure 20: Responses to other service provided in the pharmacy



Source; Contractors needs survey

Other Responses include;

Is the pharmacy Electronic Prescription Service R2 enabled?

- 100% of the respondents report they were enabled for this service.

Do you know of any potential changes in your area that may affect pharmaceutical need and/or provision?

- The only response to this question referred to the “Financial Ability to continue to offer delivery”

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 21: One mile radius around pharmacies

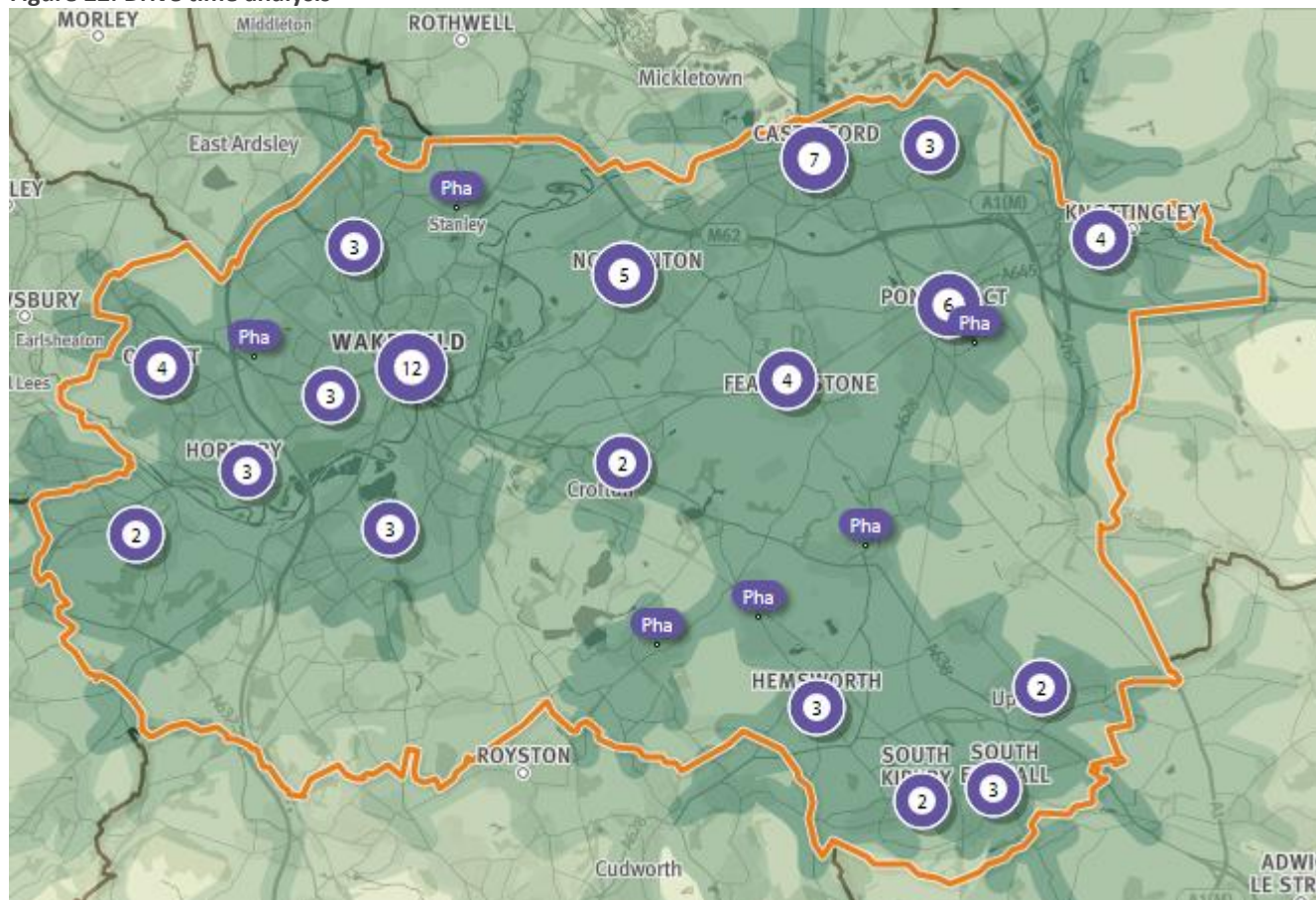


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Coverage based on this radius appears appropriate. To ensure we have sufficient and good access to community pharmacies, community pharmacies in the District were mapped and “Route Finder” software used, which uses the District’s road network to calculate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

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 22: Drive time analysis



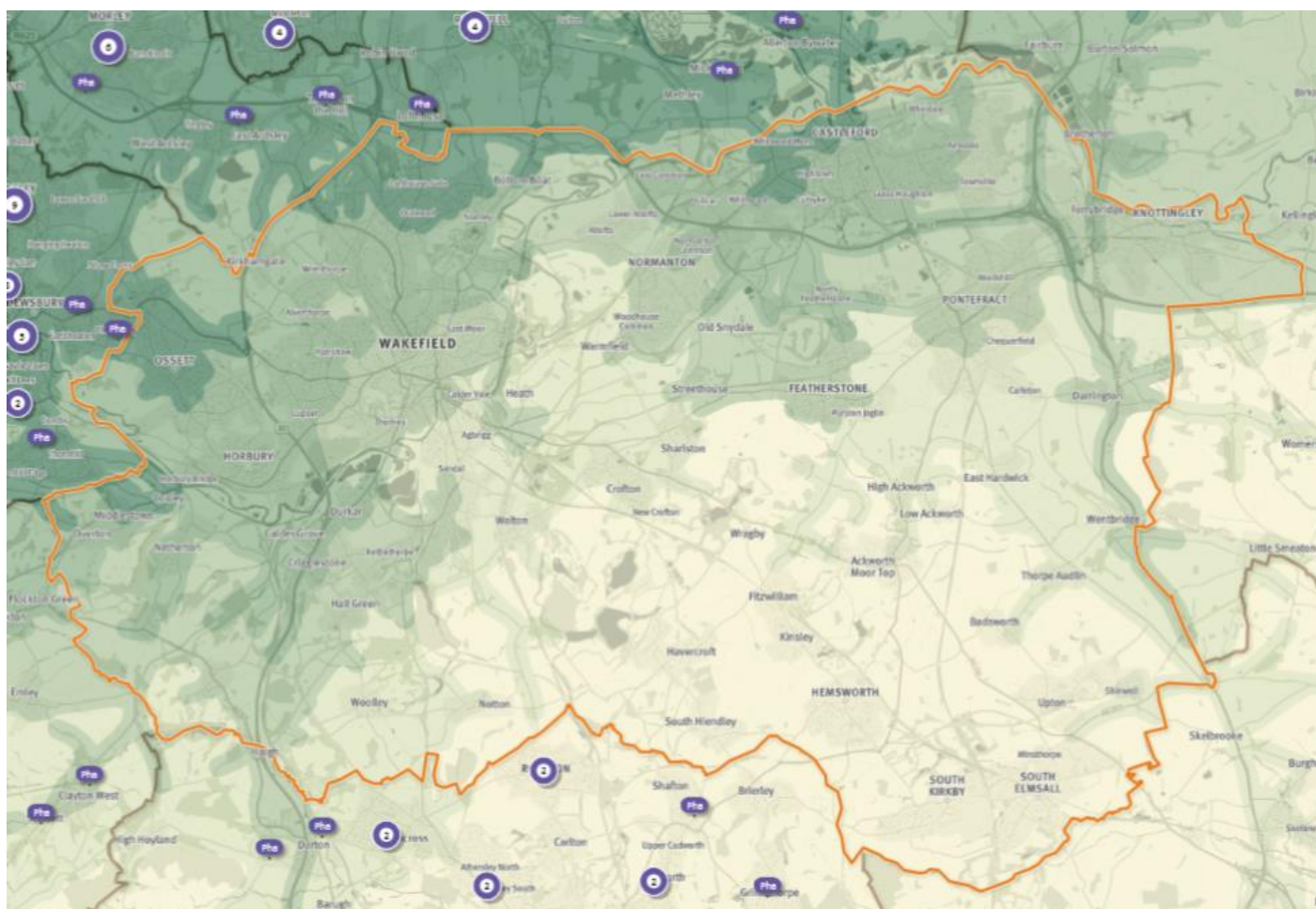
Darkest green 5 mins, next darkest 10 mins and lightest 15 minutes' drive time

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.

Figure 23: Drive time analysis for Pharmacies out Wakefield District



Darkest green 5 mins, next darkest 10 mins and lightest 15 minutes' drive time

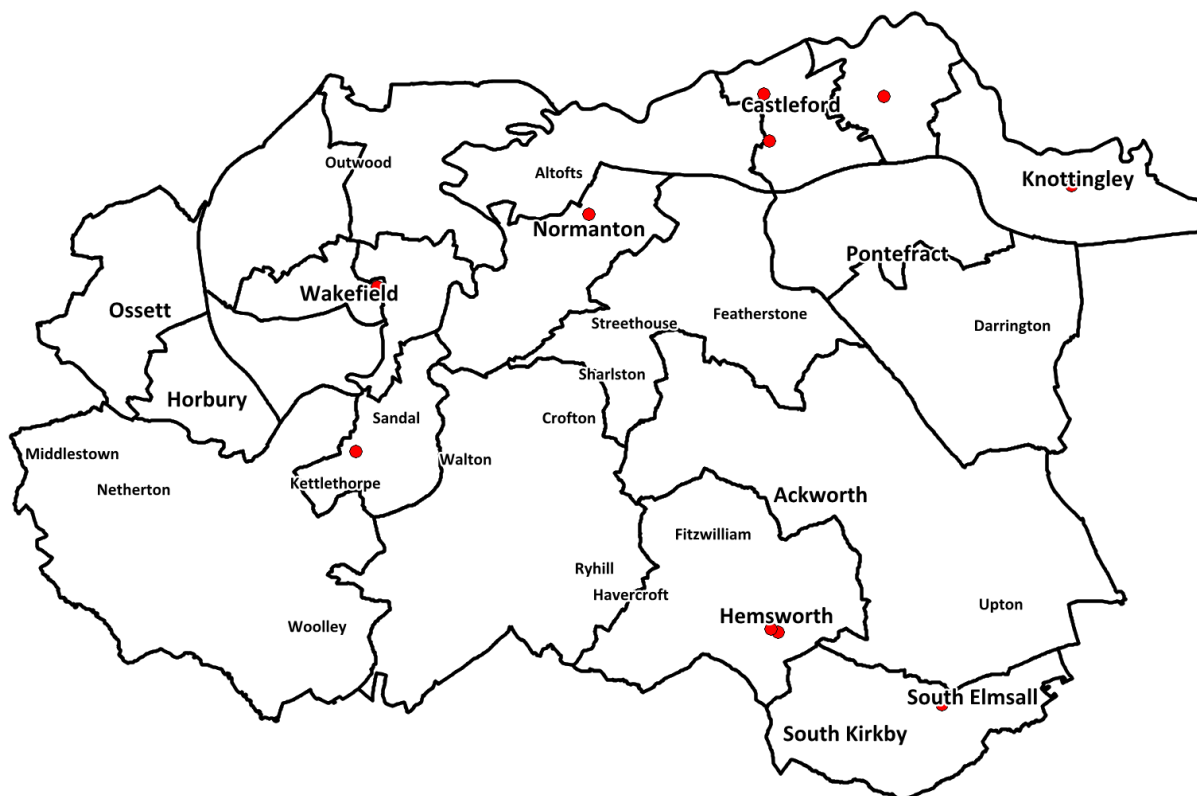
The area is well served by out of area pharmacies, those border communities are comfortably within a 15 minute drive time a pharmacist based in a surrounding districts.

100 Hours Pharmacy Access

Data supplied from NHS England states that there are 76 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 24: 100-hour service provision against population working 49+ hours

100 hours Pharmacy locations accross Wakefield



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Sexual health services across Wakefield are delivered through the Wakefield Integrated Sexual Health service, provided by Spectrum Community Health CIC. At the time of the PNA refresh the sexual health provider was establishing community pharmacy services on a sub-contractual basis. Pharmacies will provide these services at a cost to anyone requesting them.

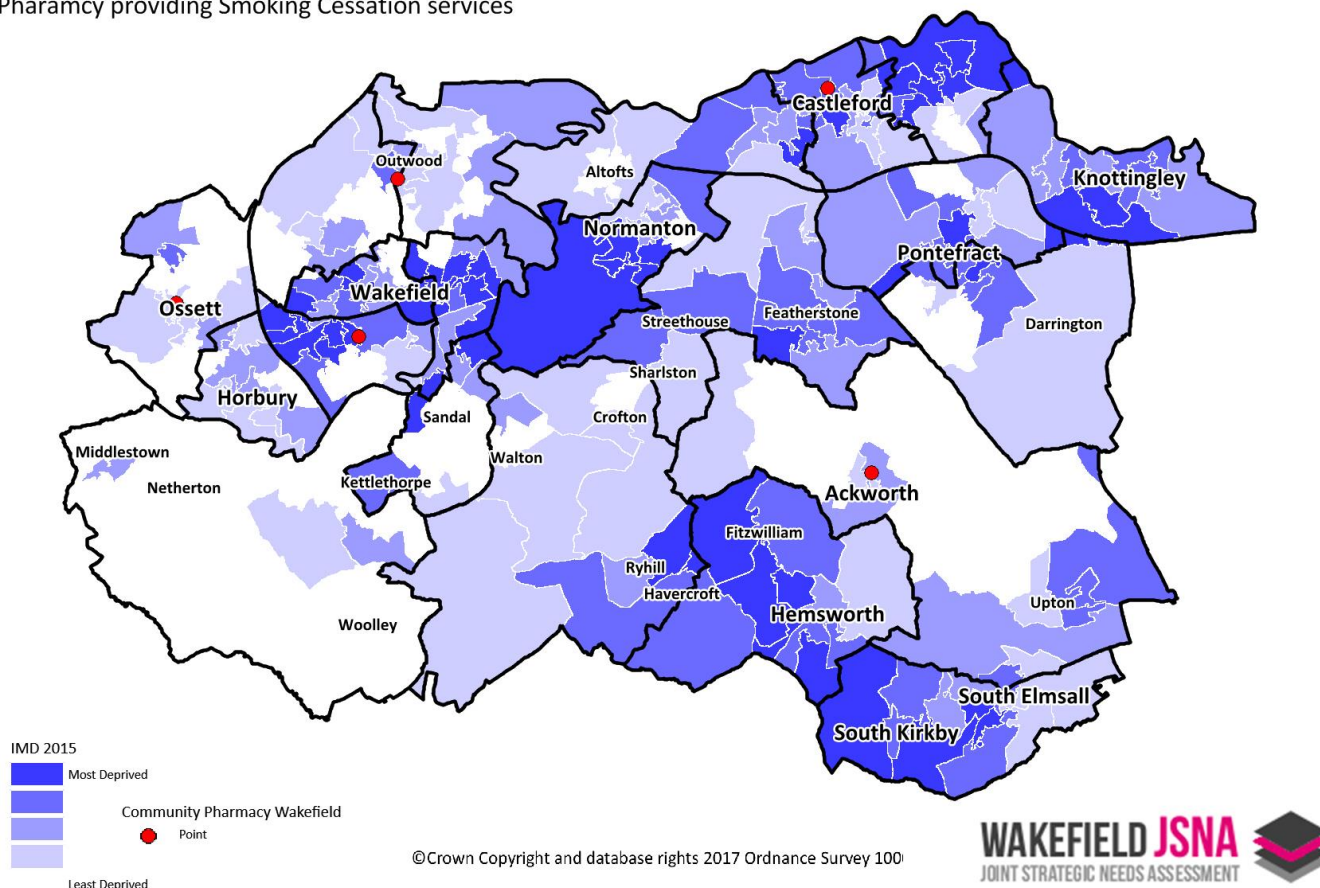
The services to be offered would include Emergency Hormonal Contraception, Chlamydia testing and Condom Distribution, these services would be targeted at those aged under 25. At the time of this documents creation Spectrum were collating expressions of interest from the community pharmacies. The service is aiming to having contracts in place for the 1st April 2018. Previously around 25 pharmacies had provided these services and it is anticipated that a similar number will up take this contract.

Smoking Cessation Services

Smoking cessation services are currently provided by 5 pharmacies. 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 observed 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 25: Stop smoking services provided in community pharmacy

IMD 2015 at Lower Super Output Area (LSOA) level
Pharmacy providing Smoking Cessation services

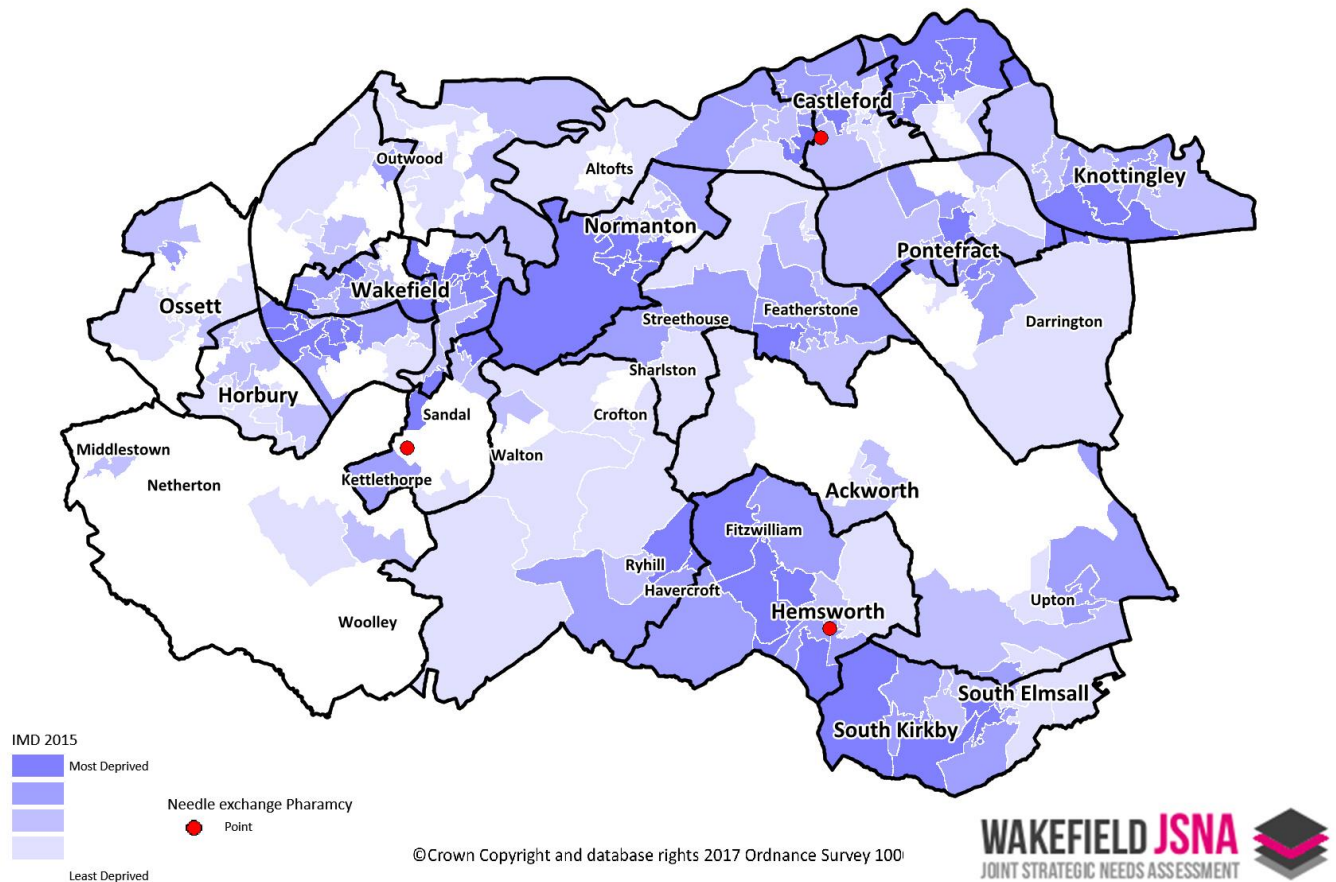


Needle Exchange

Three 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 26: Needle exchange/sharps disposal against in-treatment opiate users

IMD 2015 at Lower Super Output Area (LSOA) level

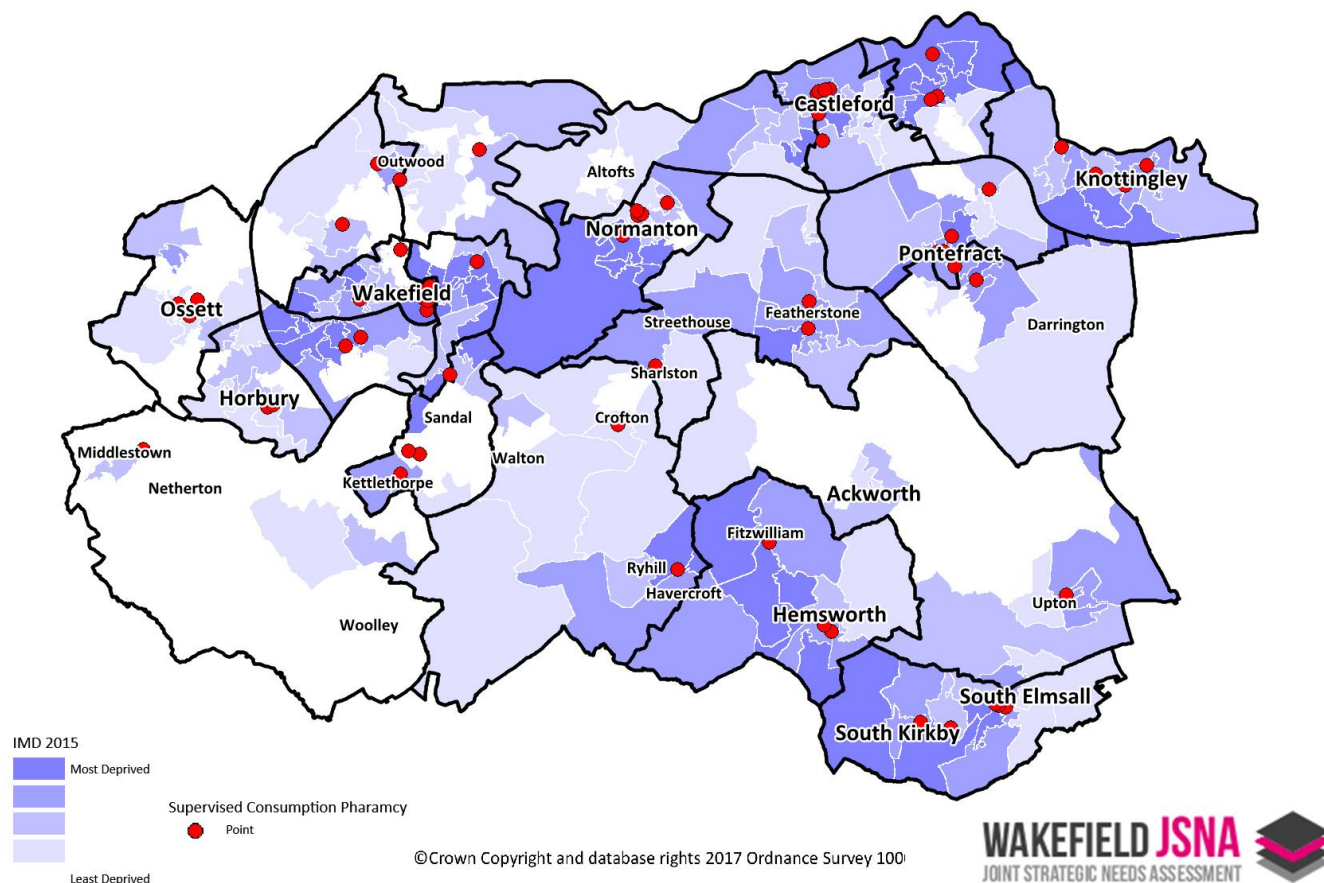


Supervised Consumption

63 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 27: Supervised consumption against in-treatment opiate users

IMD 2015 at Lower Super Output Area (LSOA) level



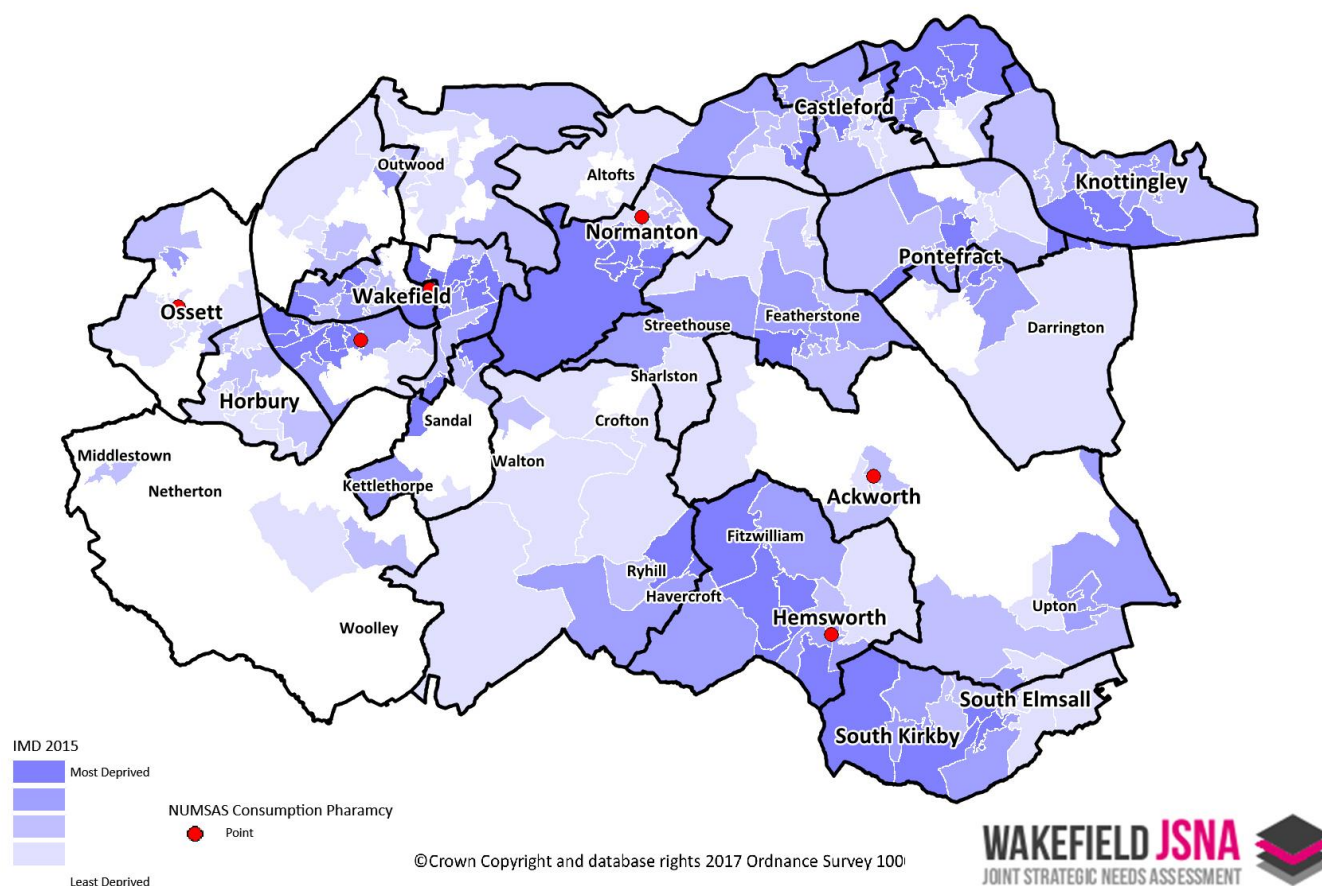
NHS Urgent Medicine Supply Advanced Service (NUMSAS)

7 pharmacies across Wakefield currently are able to provide the NUMSAS to patients receiving medicines in Wakefield district. This is pilot of a new type of service being trialled by NHS England nationally. The aims of the services are;

- To appropriately manage NHS 111 requests for urgent supply of medicines and appliances.
- To reduce demand on the rest of the urgent care system, particularly GP Out of Hours (OOHs) providers.
- To identify problems that lead to individual patients running out of their regular medicines or appliances and to recommend potential solutions that could prevent this happening in the future.
- To increase patients' awareness of the electronic Repeat Dispensing (eRD) Service.
- To ensure equity of access to the emergency supply provision irrespective of the patient's ability to pay for the cost of the medicines or appliances supplied.

Figure 28: NUMSAS ready pharmacy

IMD 2015 at Lower Super Output Area (LSOA) level

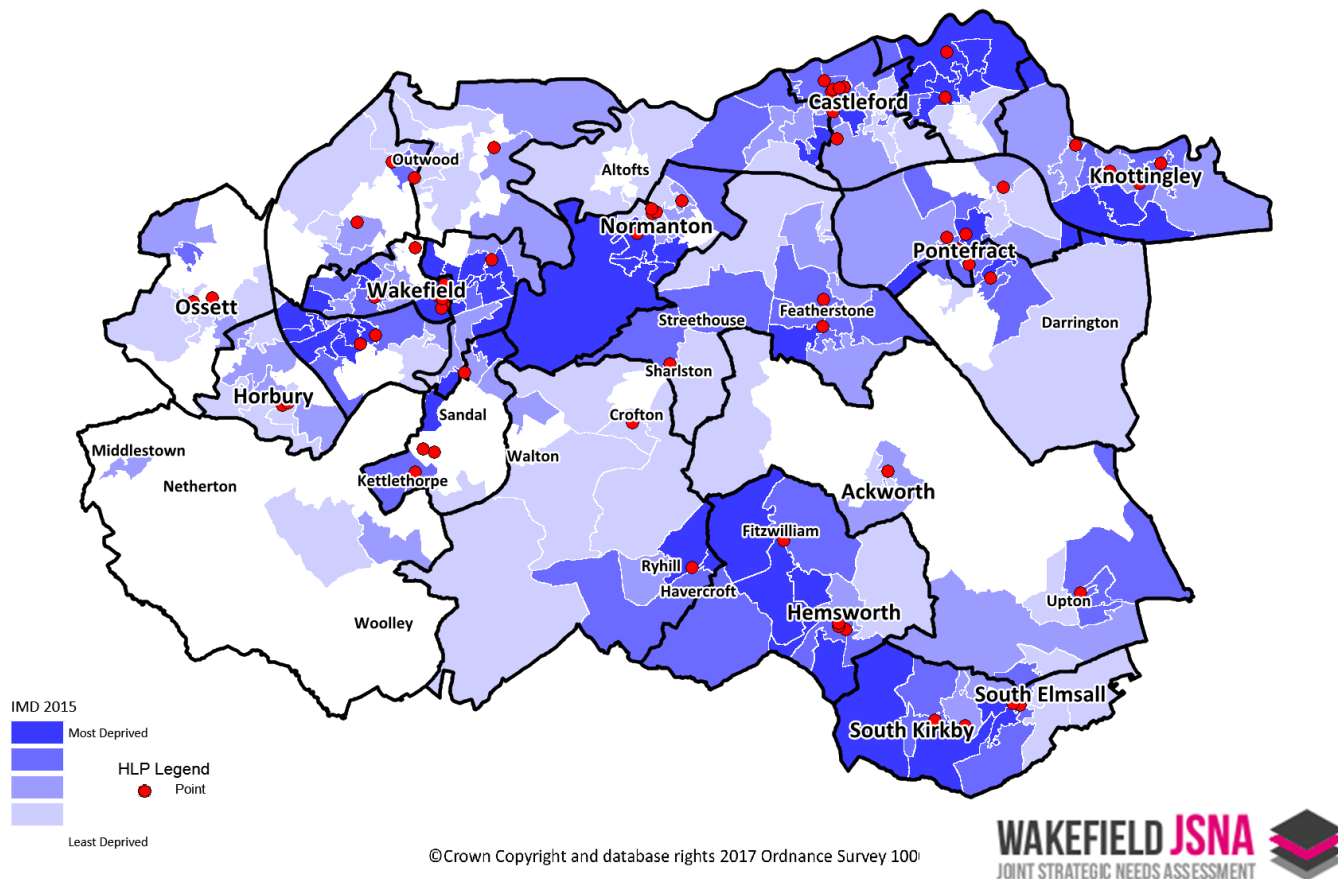


Healthy Living Pharmacy

In 2015, a program of National Healthy Living Pharmacies began and the West Yorkshire Healthy Living Pharmacies programme was formed in reaction to this. The below map shows the Wakefield pharmacies that had met this status.

Figure 29: Healthy Living Pharmacy

Healthy Living Pharmacy locations accross Wakefield



Currently there are 64 pharmacies offering this service. Quality payments have been subsequently linked to this by NHS England. This will undoubtedly result in an increased number of pharmacies providing this service.

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.

Consolidation of Pharmacy

Amendments to the regulations governing Pharmacy services have been made during the period of the last PNA (2015-18). The amendments include the ability for community Pharmacies to consolidate. This can be done for example, where providers have two sites in the same community and can merge the two sites without causing a gap in provision.

This in isolation is not of concern, however with the funding arrangement changes over the life of this PNA, pressure on providers to consider consolidation is likely to increase. Currently in the West Yorkshire area there has been one consolidation application.

Funding Changes

Pharmacy is funded by several means within several types of services, multiple activities are funded within each of the services a pharmacy is signed up to provide. This is important when considering provision of pharmacy, in an environment where more items are being dispensed year on year in reaction to an aging population with growing morbidity.

The Government has imposed a two-year funding package on community pharmacy. This includes a £113 million reduction in funding in 2016/17, taking funding for this year to £2.687 billion, with the impact of a 4% on average reduction in NHS funding to each pharmacy contractor. An additional £95 million reduction was imposed in 2017/18 taking funding to £2.592 billion for this year, with the impact of a 7.5% on average reduction in NHS funding to each pharmacy contractor. This needs to be considered in the context that 85-95% of a total pharmacy income is from the NHS.

Closure of Pharmacies

Lloyds Pharmacy services in October 2017 announced nationally that they would close 190 Pharmacies, due to funding pressure as a result of the government cuts. Locally as of the 26/01/2018 the Lloyds Pharmacy located in Wakefield on Northgate will close.

Given that the city has multiple Lloyds pharmacies, along with other providers of pharmacy services there is no gap created by this closure. However it is worth noting that in the life of this PNA we are likely to see other providers take this course of action due to the funding constraints. A closure does not necessarily mean a gap in provision will form however the situation will have to be closely monitored.

All Local Authorities were required to make allocation for housing stock increase over the next two decades, by central government. As part of Wakefield's economic growth plan the authority exceeded the required provision by a significant margin and set a requirement of the thirty percent affordable housing in each development, ten percent above the legal minimum.

The bulk of the housing growth in the district is to occur in two communities, the city of Wakefield and Castleford. The city fields development in Wakefield will consist of an additional 2,500 homes by the final phase is complete. It is expected that three proposed phases will take 15-20 years to complete, however if the demand for housing increases the homes may arrive sooner. Currently there is no gap in provision as a result of these development in Wakefield, however the speed of development of these homes must be monitored over the life of this PNA, to ensure no gaps emerge.

The other large development in Castleford similarly currently has no gaps in provision. Castleford has 3,000 homes to build within a similar time frame to the Wakefield homes. Once again demand for the homes will drive the speed of development. Similarly, the speed of this development must be monitored in the life of this PNA to ensure no gaps in provision emerge

Essential (Necessary) Services

In terms of essential services, there is an excellent distribution of community pharmacies across the Wakefield District.

These are services which every community pharmacy offering NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the Regulations). These include the dispensing of medicines, repeat dispensing, signposting, public health campaigns/promotion of healthy lifestyles, disposal of unwanted drugs and support for self-care. These services are negotiated and funded at a national level, Figure 22 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 community pharmacy contractors. 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, exceeding that of national averages.

Consultation with WMDC Spatial Policy indicates that housing developments over the last few years have been missing the 1,600 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

These are services which community pharmacy contractors and dispensing appliance contractors can choose to provide, as long as they meet the requirements set out in the Secretary of State's Directions. Currently, these advanced services include medicines use reviews (MUR), prescription interventions, the new medicine service (NMS), flu vaccination, NHS urgent medicines supplies, appliance use reviews (AUR) and the stoma customisation service provided by dispensing appliance contractors and community pharmacies.

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

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

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.

The Wakefield Pharmacy Action Group meets quarterly. The group is made up of Health Improvement, Public Health Commissioning, Live Well, Community Pharmacy West Yorkshire and Nova. The purpose of this group is to develop a plan of action to support Community Pharmacy and Healthy Living Pharmacies in particular. The group's current projects include;

- Maximising the potential of pharmacies through using the Healthy Living Pharmacy (HLP) model which is now in its fourth year. There are 74 community pharmacies in Wakefield of which approximately 30 are now registered as Healthy Living Pharmacies. This figure is likely to grow past November 2017 as more pharmacies register as HLP to meet the quality payment deadline.
- Working closely with Community Pharmacy West Yorkshire we have supported Wakefield Healthy Living Pharmacies with staff training, community engagement and patient involvement to develop their role further as a key resource for health improvement.
- Exploring options to commission pharmacy to deliver other lifestyle services and planning Make Every Contact Count (MECC) training with CPWY for all pharmacy staff to increase their skills and confidence to offer brief interventions. We are also finalising the 3 local Public Health campaigns we support pharmacies to deliver next year. This will be our focus for 2018.

- Supporting Yorkshire Cancer Research and Public Health in Wakefield in early 2018 on a project to improve cancer screening. Cancer Champions are been employed to reach out to those who have not attended bowel, breast or cervical screens.

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 2018.

Bibliography

Resource	Location
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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.cpwpy.org/about-us/cpwpy-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
PSNC Briefing	http://psnc.org.uk/services-commissioning/psnc-briefings-services-and-commissioning/psnc-briefing-03917-the-community-pharmacy-a-guide-for-general-practitioners-and-practice-staff-june-2017/
The community pharmacy offer for improving the public's health	https://www.local.gov.uk/community-pharmacy-offer-improving-publics-health
Reducing premature mortality: the role of community pharmacies	https://www.rsph.org.uk/resourceLibrary/reducing-premature-mortality-the-role-of-community-pharmacies-.html
Pharmacy: A way forward of Public Health	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf
NHS England Community Pharmacy	https://www.england.nhs.uk/commissioning/primary-care/pharmacy/
Community Pharmacy Forward View	http://psnc.org.uk/wp-content/uploads/2016/08/CPFV-Aug-2016.pdf

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
DSR	Directly Standardised Rate, comparable rate that controls for the age and gender profile of an area.

Appendix A: Service Provision Table

OCS code	Pharmacy Name	Street Address	Area Address	Town Address	Postcode	Telephone Number	HWB	100 Hours	Health Living Pharmacy
FKE58	A S Carlton Ltd	10 STATION ROAD	OSSETT	WAKEFIELD	WF5 8AD	01924 275595	WAKEFIELD		
FKL35	Airedale Pharmacy	ELIZABETH COURT, ELIZABETH DRIVE		AIREDALE	WF10 3TG	01977 516322	WAKEFIELD	100 Hours	
FHP26	Alliance Pharmacy	STANLEY HEALTH CENTRE	LAKE LOCK ROAD, STANLEY	WAKEFIELD	WF3 4HS	01924 822307	WAKEFIELD		Y
FJW75	Alliance Pharmacy	39 BARNSELY ROAD	SOUTH ELMSALL	PONTEFRACT	WF9 2RN	01977 642545	WAKEFIELD		Y
FT444	Applied Dispensary Services	JUNCTION CLOSE	GREEN LANE INDUSTRIAL PARK	FEATHERSTONE	WF7 6ER	0870 2400518	WAKEFIELD	Distance Selling	
FGE70	Asda In Store Pharmacy	ASDALE ROAD		WAKEFIELD	WF2 7EQ	01924 241810	WAKEFIELD	100 Hours	Y
FAE51	Asda In Store Pharmacy	LEEDS ROAD	GLASSHOUGHTON	CASTLEFORD	WF10 5EL	01977 788910	WAKEFIELD	100 Hours	Y
FA513	Ash Grove Pharmacy	ASH GROVE MEDICAL CENTRE	ENGLAND LANE	KNOTTINGLEY	WF11 0JA	01977 622107	WAKEFIELD	100 Hours	Y
FG288	Belle Isle Pharmacy	BELLE ISLE HEALTH PARK	PORTOBELLO ROAD	WAKEFIELD	WF1 5PN	01924 382030	WAKEFIELD		
FGW66	Biodose Services	UNIT 3, ARDANE PARK	GREEN LANE INDUSTRIAL PARK	FEATHERSTONE	WF7 6EP	01977 601370	WAKEFIELD	Distance Selling	
FXP50	Boots UK Ltd	UNITS 20-21	CARLTON LANES SHOPPING CENTRE	CASTLEFORD	WF10 1AD	01977 552093	WAKEFIELD		Y
FQY75	Boots UK Ltd	3-5 BEASTFAIR		PONTEFRACT	WF8 1AL	01977 703719	WAKEFIELD		Y
FLK45	Boots UK Ltd	26-28 UPPER KIRKGATE		WAKEFIELD	WF1 1UP	01924 376181	WAKEFIELD		Y
FQN59	Castleford Pharmacy	CASTLEFORD HEALTH CENTRE	WELBECK STREET	CASTLEFORD	WF10 1HB	01977 552564	WAKEFIELD	100 Hours	Y
FP658	Chequerfield Pharmacy	1 THE CIRCLE	PONTEFRACT	WAKEFIELD	WF8 2AY	01977 602364	WAKEFIELD		Y
FKJ28	Cohen's Chemist	72 STATION LANE		FEATHERSTONE	WF7 5BB	01977 791546	WAKEFIELD		Y
FET43	Cohen's Chemist	2 STATION LANE		FEATHERSTONE	WF7 5BE	01977 791932	WAKEFIELD		Y
FDW30	Cohen's Chemist	28 SMAWTHORNE LANE		CASTLEFORD	WF10 4EN	01977 553269	WAKEFIELD		Y
FRL19	Cohen's Chemist	5 HEADLANDS LANE		KNOTTINGLEY	WF11 0LA	01977 671909	WAKEFIELD		Y
FJX46	Cohen's Chemist	102 BARNSELY ROAD		WAKEFIELD	WF1 5NX	01924 255273	WAKEFIELD		Y
FWD01	Cohen's Chemist	HIGHFIELD ROAD	HEMSWORTH	PONTEFRACT	WF9 4DP	01977 624280	WAKEFIELD	100 Hours	Y
FHG75	Cohen's Chemist	NORTHGATE		PONTEFRACT	WF8 1HJ	01977 709408	WAKEFIELD		Y

FC604	Cohen's Chemist	119 CARLTON STREET		CASTLEFORD	WF10 1DX	01977 559133	WAKEFIELD		Y
FFR23	Exel Chemist	56 HIGH STREET	NORMANTON	WAKEFIELD	WF6 2AQ	01924 896777	WAKEFIELD	100 Hours	Y
FMM61	Giles & Ward Pharmacy	21 CHURCH STREET	OSSETT	WEST YORKSHIRE	WF5 9DG	01924 264800	WAKEFIELD		
FER20	Horbury Road Pharmacy	186 HORBURY ROAD	LUPSET	WAKEFIELD	WF2 8BQ	01924 291977	WAKEFIELD		Y
FT693	Hughes Chemists	MADELEY ROAD	HAVERCROFT	WAKEFIELD	WF4 2JD	01226 722429	WAKEFIELD		Y
FX318	Kingfisher Chemist	192 KIRKGATE		WAKEFIELD	WF1 1UE	01924 291898	WAKEFIELD		
FLC73	Living Care Pharmacy	UNION SQUARE		WAKEFIELD	WF1 1TT	01924 290435	WAKEFIELD		Y
FMX78	LloydsPharmacy	OUTWOOD PARK MEDICAL CENTRE	POTOVENS LANE, OUTWOOD	WAKEFIELD	WF1 2PE	01924 823264	WAKEFIELD		Y
FYV86	LloydsPharmacy	CLUNTERGATE	HORBURY	WAKEFIELD	WF4 5AF	01924 274932	WAKEFIELD		Y
FTK60	LloydsPharmacy	10 MARKET STREET	HEMSWORTH	PONTEFRACT	WF9 4LA	01977 610874	WAKEFIELD		
FTQ03	LloydsPharmacy	KINGS STREET MEDICAL CENTRE	KING EDWARD STREET	NORMANTON	WF6 2AZ	01924 893117	WAKEFIELD		
FFN52	LloydsPharmacy	2 ST. MICHAELS GREEN	NORMANTON	WAKEFIELD	WF6 1PX	01924 896870	WAKEFIELD		
FTM19	LloydsPharmacy	TIEVE TARA SURGERY	PARKDALE	CASTLEFORD	WF10 2QP	01977 603429	WAKEFIELD		
FAY43	LloydsPharmacy	25 THE SQUARE	AIREDALE	CASTLEFORD	WF10 3JJ	01977 553507	WAKEFIELD		
FPK40	LloydsPharmacy	25 MARKET PLACE		PONTEFRACT	WF8 1AG	01977 702296	WAKEFIELD		
FKR67	LloydsPharmacy	CARLETON GLEN		PONTEFRACT	WF8 1SU	01977 703667	WAKEFIELD		
FH125	LloydsPharmacy	71 STOCKINGATE	SOUTH KIRBY	PONTEFRACT	WF9 2NU	01977 642352	WAKEFIELD		
FTM12	LloydsPharmacy	45-49 HIGH STREET	CROFTON	WAKEFIELD	WF4 1NG	01924 862445	WAKEFIELD		
FN311	LloydsPharmacy	TRINITY MEDICAL CENTRE	THORNHILL STREET	WAKEFIELD	WF1 1PG	01924 373062	WAKEFIELD		
FVA48	LloydsPharmacy	WRANGBROOK ROAD	UPTON	PONTEFRACT	WF9 1JU	01977 643809	WAKEFIELD		
FET05	LloydsPharmacy	TRINITY WALK	MARSH WAY	WAKEFIELD	WF1 1QQ	01924 301428	WAKEFIELD	100 Hours	
FG475	M & A Pharmacies Ltd	146A CASTLEFORD ROAD		NORMANTON	WF6 2EP	01924 220021	WAKEFIELD		
FPR76	M & A Pharmacies Ltd	1A LEE BRIG	ALTOFTS	NORMANTON	WF6 2JJ	01924 897135	WAKEFIELD		
FHG17	Medichem Pharmacy	THE STUART ROAD SURGERY	STUART ROAD	PONTEFRACT	WF8 4PQ	01977 791883	WAKEFIELD		
FGL37	Middlestown Pharmacy	97 NEW ROAD	MIDDLESTOWN	WAKEFIELD	WF4 4NS	01924 276400	WAKEFIELD		
FFA93	Netherton Pharmacy	27 UPPER LANE	NETHERTON	WAKEFIELD	WF4 4NG	01924 279570	WAKEFIELD		

FJW25	Nevison Pharmacy	33 ORCHARD HEAD LANE		PONTEFRACT	WF8 2LY	01977 701826	WAKEFIELD		
FPG71	Ossett Pharmacy	OSSETT HEALTH VILLAGE	KINGSWAY	OSSETT	WF5 8DF	01924 910810	WAKEFIELD		
FDL91	Outwood Pharmacy	466 LEEDS ROAD	OUTWOOD	WAKEFIELD	WF1 2DU	01924 835330	WAKEFIELD		
FWV16	Rowlands Pharmacy	130 WRENTHORPE ROAD	WRENTHORPE	WAKEFIELD	WF2 0JG	01924 384410	WAKEFIELD		
FWF22	Rowlands Pharmacy	62-64 BARNSELY ROAD	SOUTH ELMSALL	PONTEFRACT	WF9 2RF	01977 643009	WAKEFIELD		
FHP64	Rowlands Pharmacy	44 COW LANE	KNOTTINGLEY	PONTEFRACT	WF11 9BX	01977 672472	WAKEFIELD		
FLA41	Rowlands Pharmacy	6 HIGH STREET	FERRYBRIDGE	KNOTTINGLEY	WF11 8NQ	01977 672522	WAKEFIELD		
FNT58	Rowlands Pharmacy	SANDAL CASTLE CENTRE	UNIT 7, ASDALE ROAD	WAKFIELD	WF2 7JE	01924 255007	WAKEFIELD		
FFP92	Rowlands Pharmacy	CHAPELTHORPE MEDICAL CENTRE	STANDBRIDGE LANE, KETTLETHORPE	WAKEFIELD	WF2 7NN	01924 254129	WAKEFIELD		
FQR94	Sharlston Pharmacy	74 WEELAND ROAD		SHARLSTON	WF4 1DB	01924 860361	WAKEFIELD		
FPP98	SKF Lo (Chemist) Ltd	29A BARNSELY ROAD	ACKWORTH	PONTEFRACT	WF7 7HZ	01977 613132	WAKEFIELD		
FWK26	South Kirkby Pharmacy	CHURCH VIEW HEALTH CENTRE	LANGTHWAITE ROAD	SOUTH KIRKBY	WF9 3AP	01977 649283	WAKEFIELD		
FX310	Superdrug Pharmacy	74 CARLTON STREET	CASTLEFORD	WEST YORKSHIRE	WF10 1DE	01977 554615	WAKEFIELD		
FQ850	Superdrug Pharmacy	12 ALL SAINTS WALK	THE RIDINGS	WAKEFIELD	WF1 1US	01924 370076	WAKEFIELD		
FGJ48	Tesco In-Store Pharmacy	TESCO SUPERSTORE, MARKET STREET		HEMSWORTH	WF9 4LB	01977 467547	WAKEFIELD	100 Hours	
FWQ51	Wakefield Pharmacy	UNIT 4A INNOVATE	THE GATEWAY	WAKEFIELD	WF5 9TJ	01924 900113	WAKEFIELD	Distance Selling	
FR667	Well Pharmacy	ORCHARD CROFT MEDICAL CENTRE	CLUNTERGATE	WAKEFIELD	WF4 5BY	01924 264810	WAKEFIELD		
FYY63	Well Pharmacy	DALE STREET	OSSETT	WEST YORKSHIRE	WF5 9HQ	01924 273178	WAKEFIELD		
FJ286	Well Pharmacy	BUXTON PLACE		WAKEFIELD	WF1 3JQ	01924 369987	WAKEFIELD		
FFX25	Well Pharmacy	SAVILLE ROAD		CASTLEFORD	WF10 1PD	01977 552603	WAKEFIELD		
FX037	White Rose Pharmacy	EXCHANGE STREET	SOUTH ELMSALL	PONTEFRACT	WF9 2RD	01977 648256	WAKEFIELD	100 Hours	
FR154	Whitworth Pharmacy	KINSLEY MEDICAL CENTRE	WAKEFIELD ROAD	KINSLEY	WF9 5BP	01977 611571	WAKEFIELD		
FMN67	Your Local Boots Pharmacy	LUPSET MEDICAL CENTRE	GEORGE-A-GREEN COURT	WAKEFIELD	WF2 8FE	01924 371712	WAKEFIELD		
FAD97	Your Local Boots Pharmacy	82-84 UPPER WARRENGATE	PETERSON ROAD	WAKEFIELD	WF1 4JZ	01924 384235	WAKEFIELD		
FGC47	Your Local Boots Pharmacy	PHARMACY UNIT, HOMESTEAD DRIVE		WAKEFIELD	WF2 9PE	01924 374817	WAKEFIELD		
FJX61	Your Local Boots Pharmacy	64a WINDHILL ROAD	EASTMOOR	WAKEFIELD	WF1 4SD	01924 291350	WAKEFIELD		

FKE58	A S Carlton Ltd	10 STATION ROAD	OSSETT	WAKEFIELD	WF5 8AD	01924 275595	WAKEFIELD		
FKL35	Airedale Pharmacy	ELIZABETH COURT, ELIZABETH DRIVE		AIREDALE	WF10 3TG	01977 516322	WAKEFIELD	100 Hours	
FHP26	Alliance Pharmacy	STANLEY HEALTH CENTRE	LAKE LOCK ROAD, STANLEY	WAKEFIELD	WF3 4HS	01924 822307	WAKEFIELD		

(Correct as of March 2018)

Consultation Questionnaire

1. Do you think the purpose of the PNA has been adequately explained?

2. Do you think the PNA provides an adequate assessment of pharmaceutical services in the Wakefield Metropolitan District area?

3. Do you think the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the Wakefield Metropolitan District area?

4. Do you agree with the PNA conclusion that there is adequate provision of pharmaceutical services?

5. Any further comments?

6. About You

Who

Work for

Organisation type

Consent for us to contact you?

Thank you for completing this questionnaire. Your views will help us to produce the -


Pharmaceutical Needs Assessments for Wakefield, scheduled to be published in final form in March 2018.

*Please feel free to forward this questionnaire to anyone you think can contribute to the
Pharmaceutical Needs Assessments for Wakefield*

Please return completed questionnaires by 15 February 2018

Complete online: <http://bit.ly/WakefieldConsult>

email to: phi@wakefield.gov.uk

 PNA 2017 Contractors

Pharmacy Details

Welcome to the Wakefield Pharmacy Contractors PNA Questionnaire.

As a Community Pharmacy in Wakefield Metropolitan District, or likely to serve part of the Wakefield Metropolitan District population, we would be grateful if you could please take a few minutes to complete the enclosed questionnaire. Your views are very important to us as this will help in accurately assessing the services and facilities that your pharmacy provides to the local community, as well as providing us with an overview of its accessibility and areas where you feel there are potential gaps in pharmacy coverage

1. Name of contactor

2. Is this a distance selling pharmacy?

☐ No

☐ Yes (please provide an address)

3. Pharmacy email address

4. Can we store the above information to contact you and to share with other commissioners?

☐ Yes

☐ No

1



Pharmacy Opening Hours

5. Opening hours - Core Hours

Please select your opening and closing times from the lists below.

	Open (Morning)	Close (Morning)	Open (Afternoon)	Close (Afternoon)
Mon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thu	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fri	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sun	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Opening hours - Supplementary Hours

Please select your opening and closing times from the lists below.

	Open (Morning)	Close (Morning)	Open (Afternoon)	Close (Afternoon)
Mon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thu	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fri	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sun	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pharmacy Facilities

7. Is there a consultation area?

- ☐ Yes, one the premises
- ☐ Yes, away from the premises
- ☐ No

8. Is the pharmacy EPS R2 enabled?

- ☐ Yes
- ☐ No

9. Can you access websites from a computer within your pharmacy?

- ☐ Yes
- ☐ No
- ☐ Limited

10. Please give details of the advanced services provided by your pharmacy.
Please tick the box which applies for each service.

- ☐ Medicines Use Review Service and Appliance Use Review Service
- ☐ New Medicine Service
- ☐ Flu Vaccinations
- ☐ Stoma Appliance customisation service
- ☐ NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- ☐ Other (please specify)

Services Provided

11. Commissioned Services

Please give details of the commissioned services provided by your pharmacy. These can be enhanced services commissioned by NHS England Area Team, Public Health services commissioned by a Local Authority or a CCG service.

	NHS England	Local Authority	CCG	Other (please specify below)
Dispensing Medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing Appliances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeat Dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposal of Unwanted Medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sign Posting and Support for Self Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Hormonal Contraception Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NRT Voucher Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cessation Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised consumption of methadone or Buprenorphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol brief advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu vouchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please provide information below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other community providers (extra information)

12. Privately provided services

We would like to know what other services you provide i.e. not commissioned by NHS England or Local

Authority – please tick the appropriate box in the table below. Where the service is not funded by either the pharmacy or the patient please state who does fund it.

	Pharmacy funded	Patient funded	Other
Anticoagulant monitoring service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral distribution service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception service (not an EHC service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service (this is not the NMS or MUR services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailments Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directly Observed therapy of TB medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal influenza Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal service other than needle exchange service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS HealthCheck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service other than that commissioned by the local authority:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pharmacy funded	Patient funded	Other
Supervised Administration Service other than that commissioned by the local authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitored Dosage system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) <input type="text"/>			
13. Services that treat or test for			
We would like to know what other services you provide i.e. not commissioned by NHS England or Local Authority – please tick the appropriate box in the table below. Where the service is not funded by either the pharmacy or the patient please state who does fund it.			
	Pharmacy funded	Patient funded	Other
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) <input type="text"/>			

14. Does your pharmacy provide any of the following:

- ☐ Collection of prescriptions from surgeries?
- ☐ Delivery of dispensed medicines free of charge on request?
- ☐ Delivery of dispensed medicines – selected patient groups (list criteria)
- ☐ Delivery of dispensed medicines – selected areas (list areas)
- ☐ Dispensed medicines – chargeable
- ☐ Other (please specify)

15. Please list additional services/facilities you provide to enhance patient accessibility



16. If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA please include here:

17. Do you know of any potential changes in your area that may affect pharmaceutical need and/or provision

18. Contact name:

19. Contact Number