Pharmaceutical Needs Assessment

EXECUTIVE SUMMARY

CONSULTATION

- NHS Rotherham’s Pharmaceutical Needs Assessment (PNA) 2010 is intended to inform commissioners of unmet pharmaceutical needs of people in Rotherham and identify evidence-based opportunities to address these needs.

- NHS Rotherham welcomes all views and comments on this PNA so that it can fully capture and reflect our population’s pharmaceutical health care need and link this to the commissioning of evidence-based services.

- The PNA will be reviewed in light of all comments received. In particular we are inviting comments with supporting evidence with respect to:
  a) Additional pharmaceutical needs of our population which have not been identified here.
  b) The relative priority of these needs over other areas of healthcare
  c) Capacity, capability and interest within community pharmacy in Rotherham to meet these needs

- Formal feedback can be submitted through NHS Rotherham’s consultation hub at:

This website has further information on the consultation process and drop-in sessions which will be held to further explain the document; answer questions and collect feedback. This will be included in the consultation feedback report.

The consultation period is 23rd August to 21st November 2010

Any replies received after this date, will not be included in the response to this document, but will be taken into consideration in the review.

Anyone wishing to contribute to the consultation in writing can use the reply form in Appendix 2 and return by post as indicated on the form.

Contact ppe_team@rotherham.nhs.uk for any queries
The Rotherham Pharmaceutical Needs Assessment (PNA)

A PNA has been undertaken across Rotherham to:

- Inform our commissioning plans about future pharmaceutical services that could be provided by community pharmacists (CPs) and other providers to meet local need.
- Contribute to the overall Joint Strategic Needs Assessment and commissioning strategy to ensure that pharmacy and medicines management services play a key part in the development of health services in Rotherham.
- Ensure that the PCT has robust and relevant information on which to base decisions about applications for market entry for pharmaceutical services*.
- Commission high quality pharmaceutical services
- Determine which directed services (advanced and enhanced) exempt applications (e.g. 100 hour pharmacies) must provide.

This document outlines the process followed for NHS Rotherham to meet its statutory duty in producing and publishing a PNA which fulfils the legal requirements laid down in National Health Service (NHS) (Pharmaceutical Services) (Amendment) Regulations 2010.

Pharmaceutical services should complement and contribute to the key strategic health targets for NHS Rotherham. The PNA will facilitate the opportunities for pharmacists to make a significant contribution to the health of the population of Rotherham.

*Subject to parliamentary approval PNAs will become the legal basis on which applications to provide NHS services will be assessed
NHS Rotherham

NHS Rotherham has a total population of approximately 255 thousand people. Most of Rotherham’s population live in urban areas but large parts of the borough are rural (Rotherham Metropolitan Borough Council Rotherham [RMBC]). The health of people in Rotherham is generally worse than that of the health of England with significant variation in levels of deprivation. NHS Rotherham is responsible for commissioning healthcare services, including pharmaceutical services, to improve the health of the population.

The health needs for Rotherham are set out in detail in ‘Better Health, Better Lives for everyone in Rotherham’.

Provision of high quality pharmaceutical services will contribute positively to these outcomes.

Pharmaceutical Services in Rotherham

Rotherham is well provided for with respect to dispensing pharmaceutical services. There are 59 community pharmacies in the borough, one appliance contractor and four dispensing doctor practices (NHS Rotherham Pharmacy List July 2010). Rotherham has greater than the national average of pharmacies per 100 thousand head of population however has less than the national average of GPs per 100 thousand head of population (NHS National Information Centre - www.ic.nhs.uk).

Patient surveys locally and nationally indicate that patients are satisfied with the services they receive from community pharmacies.

In 2005 the national framework for community pharmaceutical services identified three levels of pharmaceutical service: essential, advanced and enhanced. The purpose of this PNA, as well as identifying overall pharmacy and medicines management needs for the population, will identify how, within the existing contractual framework these needs can be addressed.

NHS Rotherham wishes to ensure that all the opportunities within the currently funded, essential and advanced service elements of the community pharmacy contractual framework are fully utilised to ensure maximum health gain for our population. Where it is evident that additional pharmaceutical services may be needed, or where opportunities for alternatives in provision may be appropriate, the evidence-base for this is presented so that commissioners can make informed decisions for investment.
**Essential Pharmaceutical Services**

Community Pharmacies in Rotherham receive approximately £11 million of national funding to provide pharmaceutical services, both Essential and Advanced within the national framework. This is based on Rotherham receiving 0.5% of national monies, the total national funding for 2009/09 being £2,231 million (Pharmaceutical Services Negotiating Committee [PSNC])

The national framework for community pharmacy requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of “Essential services” comprising:

- Dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles e.g. public health campaigns
- Signposting patients to other healthcare providers
- Support for self-care
- Clinical governance (including clinical effectiveness programmes)

Across the borough, including areas of high deprivation, there is a good distribution of 40+hour pharmacies and three 100-hour pharmacies as well as one distance selling (internet/mail-order) pharmacy. The overall improved access to pharmacy services “out-of-hours” reflects the good coverage provided by the 100-hour pharmacies, which are contracted to be open at least 100 hours per week (NHS Rotherham Pharmacy List).

Access to ‘Essential’ pharmacy services is therefore good across the borough.

There are, however, potential improvements in service highlighted in this analysis:

1. Improving communications so that patients and carers are aware of the range and availability of all local pharmaceutical services.

2. Improving access to Emergency Hormonal Contraception (EHC) and Minor Aliments (Pharmacy First) treatment through supporting existing pharmacy contractors who do not currently provide these services to do so.

3. Specific areas have been identified in which access is required for substance misuse services.
4. Maximising the opportunities of the current pharmaceutical contractual framework. There are significant opportunities for community pharmacy to improve patient care and experience and reduce health inequalities. In many areas this should be achieved by ensuring the appropriate delivery of services already funded within the pharmaceutical contractual framework.

5. Maximising the opportunities in contracts with other providers including GP led health centres, walk in centre and out of hours services.

NHS Rotherham will work with existing pharmacy contractors in Rotherham to address the gaps in service which have been identified and to improve access and choice.

**Advanced Services**

In addition to the Essential services the community pharmacy contractual framework allows for Advanced services which currently include; Medicine Use Reviews and a Prescription Intervention Service (MURs). Advanced services are similar to the direct enhanced service provided by GPs where the specification and payment is agreed nationally. PCTs currently have limited opportunities to monitor/ appraise or direct these services to local need.

Each pharmacy can provide a maximum of 400 MURs a year. Each MUR costs £28, potentially representing approximately £ 660,000 local investment annually. We are keen to ensure that this investment provides significant health gain for our population and is targeted to areas of local need by pharmacists working together with their GP colleagues.

**Enhanced Services**

Enhanced services are additional local services commissioned from community pharmacies and negotiated locally by NHS Rotherham.

NHS Rotherham currently commissions Enhanced services for sexual health (Emergency Hormonal Contraception,), drug misuse (needle exchange, supervised consumption of methadone and buprenorphine [Subutex®]), Out-of-Hours access to medicines, rota to provide access to medicines on Bank Holidays, Stop Smoking services (Nicotine Replacement Treatment (NRT) Voucher scheme, Stop Smoking Support), Minor Ailments (Pharmacy First), access to Palliative Care Medicines and Emergency Planning services (Antiviral Collection Points [ACPs]). All of these services reflect local need and we are keen to maintain this alignment.
NHS Rotherham is developing new pharmaceutical services which reflect local need as identified by Rotherham’s key health needs and reflected by the public survey.

Enhanced services in development include: Chlamydia Screening and Treatment, Vaccination services (swine flu, seasonal flu).

NHS Health Checks (vascular checks) are also being considered to address low uptake from the ‘more difficult to reach’ members of the community who would benefit.

At a national level there is evidence to show that local Enhanced services provided by community pharmacy do not always reflect local need; however Enhanced services in Rotherham have been developed based specifically on need.

This PNA identifies opportunities in provision of healthcare services which could be provided by pharmacies and pharmacists. It also identifies where pharmacy can be considered as a cost-effective alternative service provider to support service redesign, and/or local implementation of evidence-based care pathways.
KEY MESSAGES

- Rotherham is a relatively deprived population. It is well provided with community pharmacies. The overall coverage for access to medicines in and out of hours has increased since 2005.

- Across Rotherham the number of pharmacies per 100,000 population is greater than the national average. There is therefore no requirement for any new premises to provide dispensing services.

- Access to community pharmacies across Rotherham is well provided for during core and supplementary opening hours, with access to a 100-hour pharmacy within Rotherham every day of the year. Pharmacies will be encouraged to reflect or exceed GP practice opening hours.

- Those pharmacies with premises which will not accommodate a consultation room will be encouraged to seek alternative methods of providing this service.

- A number of localities have health needs that can be addressed though pharmacies delivering existing Enhanced services.

- Improving communications so that patients and carers are aware of the range and availability of all local pharmaceutical services.

- The promotion of Safe Disposal of Medicines to the public needs to be raised to ensure that the service provided by community pharmacies is recognised fully and used appropriately.

- Business continuity arrangements to ensure the integrity of essential pharmacy services in emergency situations need to be strengthened.

- Contractors not currently providing services will be encouraged to deliver Enhanced service across the breadth of Rotherham to enable better access and improve choice for patients.

- Medicines in Care Homes are an area with an identified gap in service provision. NHS Rotherham intends to redesign the service requirements for advice and support to Care Homes. As an interim measure NHS Rotherham will work with existing contractors to provide the current Enhanced service.

- Priorities for the local Practice Based Commissioning groups are unclear therefore relating them to pharmaceutical services and how community pharmacy could contribute is undetermined and requires further consideration.

- A large proportion of the pharmaceutical needs identified, can be addressed by appropriate application of the essential and advanced services elements of the pharmacy contractual framework, or within existing contracts with other providers.

- There are potential additional opportunities for pharmacy to contribute to the delivery of healthcare services for Rotherham residents, and these are identified in the PNA. The purpose of this PNA is to provide local commissioners with a tool to explore whether local pharmaceutical services offer appropriate, cost-effective options appropriate to local need. As the PNA matures we will identify where, specifically, pharmacy services have been highlighted as a priority for investment.
Contents

A: Introduction............................................................................................................................ 13
  1. Rotherham Overview............................................................................................................. 13
  2. Strategic Vision .................................................................................................................... 14
  3. Quality Commissioning........................................................................................................ 14
  4. Practice Based Commissioners (PBCs)................................................................................. 15
  5. NHS Rotherham Health Targets.......................................................................................... 15
  6. Pharmaceutical Services....................................................................................................... 17
  7. Pharmacy Contractual Framework....................................................................................... 17
B: PNA Process Summary ........................................................................................................ 19
  1. Summary of Overall Process ............................................................................................... 19
  2. Stakeholder Engagement ...................................................................................................... 20
    a) Public Questionnaire ......................................................................................................... 20
  3. Equality Impact Screening .................................................................................................. 24
  4. Data Sources Used ............................................................................................................... 25
C: Identified Health Needs ......................................................................................................... 26
  1. Population and Birth Rate ................................................................................................... 26
  2. Transport ............................................................................................................................. 27
  3. Life Expectancy ................................................................................................................... 28
  4. Deprivation .......................................................................................................................... 29
  5. Lifestyle Risk Factors ......................................................................................................... 30
    a) Smoking ........................................................................................................................... 30
    b) Drug Misuse ..................................................................................................................... 31
    c) Alcohol Misuse ................................................................................................................ 32
    d) Physical Activity and Eating Habits ................................................................................ 33
    e) Obesity in Adults and Children ....................................................................................... 33
    f) Sexual Behaviour- Teenage Pregnancy and Sexual Transmitted Infection (STI) rates ................................................................................................................................. 34
  6. Older People ......................................................................................................................... 35
  7. Mortality ................................................................................................................................ 35
    a) Mortality from Coronary Heart Disease (CHD) ............................................................... 35
    b) Mortality from Chronic Obstructive Pulmonary Disease (COPD) ................................ 35
  8. Diabetes ................................................................................................................................ 35
9. Hypertension........................................................................................................................................36
10. Cancer..................................................................................................................................................37
11. Mental Health......................................................................................................................................37
   a) Depression and Anxiety .........................................................................................................................38
   b) Dementia ..............................................................................................................................................38
12. Immunisation .......................................................................................................................................39
   a) Childhood Vaccination ........................................................................................................................39
   b) Influenza and Pneumococcal Vaccination ...........................................................................................40
   c) H1N1 Swine Influenza Vaccination .....................................................................................................40
13. Language factors ..................................................................................................................................41
D: How Pharmacy can meet the Current Needs.....................................................................................42
  1. Access ..................................................................................................................................................42
  2. Essential Services ..................................................................................................................................43
     a) Medicines Waste ...............................................................................................................................44
     b) Signposting and Referral ..................................................................................................................45
E: Current Provision of Pharmaceutical Services ...................................................................................46
  1. Dispensing Pharmacies ........................................................................................................................46
  2. Dispensing Doctors .............................................................................................................................46
  3. Dispensing Appliance Contractors (DACs) ..........................................................................................46
  4. Distribution and Access to Community Pharmacies ........................................................................47
  5. Community Pharmacies Opening and Closing Hours .......................................................................49
  6. Pharmacies Outside Rotherham ........................................................................................................50
  7. Current ‘Advanced’ Pharmacy Service provision .............................................................................52
     a) Consultation Room Provision ...........................................................................................................52
     b) Medicines Use Review and Prescription Intervention Service (MUR) .......................................52
     c) Appliance Use Review (AUR) ..........................................................................................................53
  8. Current ‘Enhanced’ Pharmacy Service Provision .............................................................................53
     a) Minor Ailments Service (Pharmacy First) .......................................................................................53
     b) Stop Smoking Services ....................................................................................................................53
     c) Substance Misuse ..............................................................................................................................53
     d) Emergency Hormonal Contraception ..............................................................................................54
     e) Community Pharmacy Out of Hours Call-Out ..............................................................................54
     f) Pharmacy Antiviral Collection Points (ACPs) ...............................................................................54
     g) Palliative Care Drug Provision ......................................................................................................54
     h) Pharmaceutical Advice to Nursing and Residential Homes .........................................................54
a) Minor Ailments Service (Pharmacy First) .......................................................... 55
b) Stop Smoking Services .................................................................................. 58
c) Substance Misuse .......................................................................................... 60
d) Emergency Hormonal Contraception (EHC) ................................................. 62
e) Pharmacy Antiviral Collection Points (ACPs) .............................................. 64
f) Community Pharmacy Out of Hours Call-Out ............................................. 65
g) Palliative Care Drug Provision ...................................................................... 65
h) Pharmaceutical Advice to Nursing and Residential homes ...................... 67

9. Non-commissioned services provided by Pharmacies .................................. 68
   a) Home Delivery ............................................................................................ 68
   b) Translation Services ................................................................................... 68

F: Access to and Current Provision of Primary Care Services ......................... 69
1. GP and Dispensing Doctor ‘Out-of-Hours’ service provision ....................... 69
2. Emergency Planning ....................................................................................... 69
3. Alcohol and Drug Misuse Services ............................................................... 69
4. Obesity Services ............................................................................................ 70
5. Sexual Health Services .................................................................................. 71
6. Stop Smoking Service .................................................................................... 71
7. Palliative Care Services ................................................................................ 72
8. Care (Residential or Nursing) Homes ............................................................ 72
9. Prescriber Support Service .......................................................................... 73
10. Medication Review Service ......................................................................... 73
11. Gluten Free Food Supply Service ................................................................ 73
12. Mental Health Services ................................................................................ 74
13. Translation Services ....................................................................................... 74

G: Pharmaceutical Services – Future Provision ............................................... 75
1. Pharmaceutical Needs- Gaps in Provision ...................................................... 76
   a) General Access ........................................................................................... 76
   b) Emergency Planning .................................................................................. 77
   c) Minor Ailments (Pharmacy First) ............................................................... 78
   d) Stop Smoking Services .............................................................................. 78
   e) Substance Misuse Services ....................................................................... 78
   f) Sexual Health Services .............................................................................. 79
   g) Pharmaceutical Advice to Nursing and Residential Homes .................. 79
   h) Translation Services .................................................................................. 80
2. Pharmaceutical Need - Greater Access and Choice................................. 81
   a) General Access ...................................................................................... 81
   b) Emergency Planning .............................................................................. 81
   c) Minor Ailments (Pharmacy First) .......................................................... 81
   d) Stop Smoking Services ......................................................................... 82
   e) Sexual Health Services ......................................................................... 82
   f) Palliative Care Drug Provision ............................................................... 82
3. Future Health Needs .................................................................................. 84
   a) Population ................................................................................................ 84
   b) Waverley Community Project ................................................................. 84
4. Development of Pharmaceutical Services .................................................. 85
   a) Making Every Contact Count ................................................................. 85
   b) Chlamydia Screening ............................................................................ 86
   c) Influenza Vaccination for NHS Staff ...................................................... 87
   d) Hepatitis Vaccination Pilot ................................................................... 87
H: Conclusions ............................................................................................. 88
I: Sources ....................................................................................................... 89
J: Appendices .................................................................................................. 91
Appendix 1 Communication Plan ................................................................. 92
Appendix 2 Consultation Reply Form ............................................................. 100
Appendix 3 Patient and Public Pre-Consultation Questionnaire .................... 106
Appendix 4 Equality Impact Assessment (EIA) Screening Tool ....................... 109
M: Acknowledgements .................................................................................. 114
A: Introduction

The Pharmaceutical Needs Assessment (PNA) is a key tool in the process of achieving high quality accessible pharmaceutical services responsive to local need. The purpose of the PNA is to assess local needs and service provision across Rotherham to identify any unmet needs of the local population, any service gaps, and to identify any services that community pharmacists could provide to address these needs.

This is not a standalone document. It is important that the PNA contributes to and becomes an integral part of the Rotherham Joint Strategic Needs Assessment (JSNA 2010) and also integrates with the PCTs commissioning strategic plan. The PNA will also ensure that NHS Rotherham has robust and relevant information to assess applications for providing pharmaceutical services.

1. Rotherham Overview

This document provides an overview of the health of Rotherham, encompassing the key messages. Further in-depth needs assessments can be found within the following and other documents listed in the sources section I.

- Rotherham Joint Strategic Needs Assessment,

- NHS Rotherham Strategic Intelligence Review (Available on request- see consultation reply form for details)

This overview draws on those sources and pulls out the key elements for the Pharmaceutical Needs Assessment.

Rotherham borough covers an area of 28,278 hectares and NHS Rotherham has a registered population of 255,300 (NHS Rotherham Strategic Plan 2008-2012). Most of Rotherham’s population live in urban areas but large parts of the borough are rural. According to the Index of Multiple Deprivation (IMD 2007), Rotherham is currently the 68th most deprived borough out of 354 English districts. This has improved from 63rd in 2004. Health and Disability is one of the most challenging domains for Rotherham within the IMD. When looking at the distribution of the Health component of IMD, a quarter of Rotherham’s population live in the most deprived tenth of English Super Output Areas (Rotherham Strategic plan).
2. Strategic Vision

NHS Rotherham’s vision (2008-2012) has been set out in detail in: ‘Better Health, Better Lives for everyone in Rotherham’

The ten key outcomes chosen to monitor and assess progress are:

- Reduced health inequalities (measured by the Index of Deprivation)
- Improved life expectancy
- Increased breast feeding
- Increased childhood immunisation coverage
- Reduced smoking
- Reduced ambulatory care sensitive hospital admissions
- Reduced healthcare acquired infections
- Reduced cardiovascular mortality
- Increased dementia services
- Improved choice of end of life care

Provision of high quality pharmaceutical services will contribute positively to these outcomes.

3. Quality Commissioning

The direction of travel for community pharmacy was reaffirmed in the pharmacy White Paper published in April 2008, Pharmacy in England: building on strengths – delivering the future.

The White Paper highlights a move from a business model that relies predominantly on dispensing services, to one that is increasingly reliant on providing clinical services.

NHS Rotherham has used the steps in the world class commissioning programme to improve the quality of commissioning pharmaceutical services (such as the supply of medicines and advice, support for health and wellbeing, self-care and optimising patient benefits from improved medicines taking) in primary and community care, and is using these skills to improve the quality and availability of services, health improvements in the local population and a reduction in health inequalities.
The commissioning of pharmaceutical services is complex. Some factors are broadly common to all primary care contractors (i.e. GP practices, dental practices, community pharmacies and optometry practices); others are unique to pharmaceutical services. Some can make commissioning pharmaceutical services more challenging, but they can also provide greater opportunities to make sure that services meet the needs of the local population.

4. Practice Based Commissioners (PBCs)

There are 8 PBCs in Rotherham who are involved in the local commissioning process.

5. NHS Rotherham Health Targets

The ten key outcomes which NHS Rotherham has decided to monitor following consideration of the health needs of Rotherham including the reasons behind choosing these outcomes are summarised in figure 1.

These are discussed in detail within NHS Rotherham’s strategic plan – ‘Better Health, Better Lives: Adding Quality and Value’.
### Figure 1 Ten Key Health Needs

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>Strategic Outcome</th>
<th>Priority</th>
<th>Reason for Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall performance</strong></td>
<td>Slope index of inequality</td>
<td>National</td>
<td>Rotherham’s slope index of inequality is 9.7 years for men and 5.4 years for women. It has been a long standing borough wide priority to improve this.</td>
</tr>
<tr>
<td>Life Expectancy</td>
<td></td>
<td>National</td>
<td>Life expectancy in Rotherham is lower than the national average and is not increasing as fast as the national average, particularly for males. There are also large variations in life expectancy within Rotherham.</td>
</tr>
<tr>
<td><strong>Maternity &amp; Newborn</strong></td>
<td>Infants Breastfed at 6 weeks</td>
<td>Vital Sign B11 LAA</td>
<td>Rotherham has low rates of breastfeeding. Increasing breastfeeding will have a major impact on child health and in the longer term, the health of the overall population.</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td>Immunisation Targets</td>
<td>Vital Sign B10</td>
<td>Rotherham has very poor immunisation coverage. Improving coverage is essential to prevent childhood epidemics. Without action there is a high risk of serious health consequences.</td>
</tr>
<tr>
<td><strong>Staying Healthy</strong></td>
<td>Smoking Quitters</td>
<td>Vital Sign B05</td>
<td>Rotherham benchmarks around average for smoking quitters but 500 Rotherham residents still die prematurely each year due to smoking. Further reductions in smoking are essential if NHS Rotherham is to achieve many of its outcomes such as improvements in life expectancy.</td>
</tr>
<tr>
<td><strong>Planned Care</strong></td>
<td>Ambulatory Care Sensitive Hospital Admissions</td>
<td>Vital Sign C21</td>
<td>We benchmark poorly on this metric. This means that patients do not always receive care in the setting that is the most appropriate. Providing unnecessary care in hospital is also expensive and reduces the resources available for other NHS Rotherham priorities.</td>
</tr>
<tr>
<td><strong>Acute Care</strong></td>
<td>C. Difficile</td>
<td>Vital Sign A03</td>
<td>We benchmark relatively well on this metric. Rotherham’s public and patients say that hospital acquired infections are one of their top concerns. Continuing to deliver on this outcome is essential for the reputation of local health services.</td>
</tr>
<tr>
<td><strong>Long Term Conditions</strong></td>
<td>CVD Mortality Rate</td>
<td>Vital Sign B02</td>
<td>Rotherham’s CVD mortality rates are dropping faster than national rates. Providing comprehensive prevention and treatment is cost effective and will deliver large, quantifiable, health improvements for the people of Rotherham. Continuing to deliver improvements faster than nationally is essential if NHS Rotherham is to meet its life expectancy targets.</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>Numbers assessed by dementia service</td>
<td>Locally developed</td>
<td>No national benchmarking data are available. Joint strategic needs assessment has identified large and growing unmet needs for dementia patients and their careers.</td>
</tr>
<tr>
<td><strong>End of Life</strong></td>
<td>% of deaths not in hospital</td>
<td>Vital Sign C15</td>
<td>We benchmark below average. This means that at present some people in Rotherham do not have full choice over where they receive end of life care.</td>
</tr>
</tbody>
</table>
6. Pharmaceutical Services

The NHS reforms (Pharmacy White Paper “Pharmacy in England - Building on strengths – delivering the future” April 2008) looked for improved quality and effectiveness of pharmaceutical services and a wider contribution to public health (PH).

Rotherham is well provided with community pharmacies (n =59 see section E) which provide a potential resource for delivering existing services to more people or delivering new or innovative services to improve access and reduce inequalities or to help address other local needs.

The PNA will enable NHS Rotherham to commission services from community pharmacists that meet the need of the local population. The commissioned pharmaceutical services needs to be evidence based and cost effective. If these services offer value for money and good health outcomes then the NHS can align pharmacy as part of the fabric of a patient-centred NHS service.

7. Pharmacy Contractual Framework

All Rotherham community pharmacists provide services under a national contractual framework which was introduced in April 2005. This currently has three tiers of services – Essential, Advanced and Enhanced (Department of Health New Community Pharmacy Contractual Framework March 2005).

a) Essential Services: are services which each community pharmacy must provide. This includes dispensing, repeat dispensing, health promotion and healthy lifestyle advice, signposting to other services, support for self-care and disposal of medicines including clinical effectiveness programmes.

b) Advanced Services: are services which can be provided if the pharmacist is suitably accredited against a competency framework and the pharmacy premises meets standards that facilitate the provision of these services in a suitable, confidential environment. This includes Medicine Use Reviews (MURs) and Prescription Interventions.

86% of pharmacies in Rotherham have consultation rooms (total n=51) appropriate for MURs (NHS Rotherham data, July 2010 based on PREM1 Self Certification forms).
c) **Local Enhanced Services:** are services commissioned by PCTs according to local needs. Examples include stop smoking services, supervised administration (e.g. of methadone and buprenorphine), minor ailment schemes and patient group directions (e.g. to supply emergency hormonal contraception).

The way these services are commissioned in the future could, however, change and the current ‘control of entry’ test is expected to be replaced. Developing the PNA is the first step towards improving this process.

Furthermore ‘service evaluation’ is recommended alongside the community pharmacy contractual framework to ensure that rewards can be better directed at pharmacies that fully embrace the new direction of change.

The Essential services element of the community pharmacy contractual framework provided by pharmacies in Rotherham, are reviewed by NHS Rotherham on a three year rolling programme. Pharmacies must comply with the Essential services element of the contract to be eligible to provide Advanced and Enhanced services. Non-compliance with Essential services provision may lead to withdrawal of Advanced and Enhanced services.
B: PNA Process Summary

1. Summary of Overall Process

During the early part of the development process (March to May 2010) Community Pharmacies, Dispensing Doctors and Appliance Contractors were contacted to verify the services provided including:

- What facilities are available
- What IT infrastructure is in place
- What staff are employed and what skills they have
- What services are currently provided

The following processes were then undertaken (figure 2)

*Figure 2 Summary of Overall Process*

Key: **Green** = Data collection; **Grey** = Ongoing Information; **Orange** = Ongoing Development
2. Stakeholder Engagement

NHS Rotherham’s engagement of all key stakeholders including all local providers, the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC). This is essential for the development and implementation of future pharmaceutical services. (Communication Plan is shown in Appendix 1) Good working relationships and regular communications with local GPs and community pharmacies will be essential. Furthermore, as part of the quality commissioning process NHS Rotherham will also need to support the performance and quality improvement of any services provided.

Patient input via focus groups and surveys is also key (see Appendix 1) and will be included in greater depth following the formal consultation period.

The formal consultation reply form for collating feedback can be found in Appendix 2.

a) Public Questionnaire

Data collection was through high-street and workplace surveys; with results being collated via touch screen survey equipment. A total of 399 valid responses were received over a period of approximately 5 weeks. Details of the questionnaire are in Appendix 3.

The high-street sessions were targeted on areas of deprivation and population including Rotherham Town Centre, Maltby, Eastwood, Parkgate, Dinnington and Aston.

The workplace survey was completed to redress the imbalance from high street sessions during the day, which had the potential to target those not employed.

Full details of the results can be found on NHS Rotherham’s website through the Consultation Hub.


Summary Analysis

There was a good spread of ages, (figure 3) and locations across Rotherham. Although most of the respondents classed themselves as white British, the responses from people of different ethnic backgrounds are consistent with the overall population ratio of Rotherham (7%).

Over two thirds of the respondents were female (72%); with males deferring responsibility for pharmacy use to female family members (qualitative data received).
Of those surveyed the majority used pharmacies more than 6 times in a 12 month period (*figure 4*).

*Figure 4 On Average, How Often Pharmacies are used*

There was a slight preference for morning use (*figure 5*), also a strong preference (69%) for using pharmacies close to where people live.
66% of those surveyed preferred to access pharmacy services between 9 am and 5:30 pm which is consistent with pharmacy core hours. 26% would prefer to use a pharmacy before 9am or between 5:30pm and 8pm. These hours are covered well by 100-hour pharmacies and those offering extended supplementary hours.

Weekend access is preferred by 68% of those surveyed.

Over 70% used pharmacies more than 3 times a year for dispensed medicines, with just under half (45.6%) using the dispensing service on a monthly basis. Only 19% had ever used a delivery and collection service; some of these had only used a delivery service twice in a 12 month period or less.
A relatively small number of people seem to value the services of pharmacies for information, with almost 16% of those responding using this service 3 times a year or more. However, over a third (34%) had never used this, or felt they had not needed the service. Linked to this, over half of respondents reported that they never discussed medication with a pharmacist. It may be useful to seek further, perhaps qualitative data on this, as it is possible that a proportion of these people may be unaware of the information services available.

It is of concern that few people use pharmacies to dispose of medications. Over 10% are unaware that this service is available (answered ‘never- service not available’ when this service is available in every pharmacy), and over 50% feel there is no need for them to use this service.

Previous surveys undertaken in Rotherham demonstrated that some members of the public dispose of medicines either by household waste or by putting medicines down the toilet or sink. This confirms other research undertaken. (Household Disposal of Pharmaceuticals as a Pathway for Aquatic Contamination in the United Kingdom. Environ Health Perspect 2005)

Just over 5% had used this service more than twice in the last year. This may indicate the need to further promote the availability of this service, and the importance of safe disposal of medications (figure 6).

*Figure 6 Disposal of medicines*
Services people would like pharmacies to provide in the future are:

- Health Checks 71%
- Vaccinations 69%
- Weight loss support 59%

Under 18s demonstrated slightly higher interest than average in all services except Health Checks. This may indicate a potential to offer better access to healthcare services for younger people as an alternative to GP led services.

Overall far fewer of all respondents would be interested in warfarin monitoring, although this is likely to be in direct correlation to need. Also less popular was advice around alcohol consumption as 63% of people said they would not be interested in using this service.

3. Equality Impact Screening

The NHS Rotherham Equality Impact screening pro-forma in conjunction with that of the Department of Health was completed (Appendix 4). The outcome of which was that a full Equality Impact Assessment was not necessary for the Pharmaceutical Needs Assessment. The process included:

- Evidence to support the decision making process.
- Identifying current research and opportunities for new research / data relevant to the PNA.
- Socio-economic groups as a category for consideration.
- A range of factors indicating that the policy could have a significant positive impact on equality by reducing inequalities that already exist.
4. Data Sources Used

NHS Rotherham has conducted significant needs and health assessment work, including the JSNA and the Strategic Intelligence Review. The PNA draws on these and other complimentary data sources such as The Association of Public Health Observatories Health Profiles, to highlight Rotherham’s key issues.

Wards have been used throughout the needs and health assessment work as a unit of geographical measurement. The use of wards is therefore continued in the PNA. Wards can also be aggregated in Area Assemblies enabling them to link to the JSNA area assembly analyses.

Figure 7 Data Sources
C: Identified Health Needs

1. Population and Birth Rate

Rotherham has a registered population of 255,300 (NHS Rotherham Strategic Plan). The population age/sex structure can be seen below (figure 8) and compared to England and Wales, Rotherham’s age/sex structure is close to the national profile.

Rotherham does not experience seasonal trends in populations which may exist in other areas (E.g. Holiday, Higher Education Institutions or seasonal working).

*Figure 8 Rotherham Population Age/Sex Structure*

**Population Projections**

The key population changes anticipated in Rotherham are the ageing population and the increase in the non-white population. The number of people over 65 is anticipated to increase by more than a third by 2025 (from 40,700 to 56,365) and the number of over 85s is anticipated to increase by 80%.
Leeds University population projections suggest a 61% increase in the non-white population by 2030. Of the projected 17,600 non-white residents around 11,400 are projected to be Asian (NHS Rotherham Strategic Plan).

Rotherham’s black and minority ethnic population (BME) is relatively small but growing and becoming increasingly diverse. There is a substantial Kashmiri and Pakistani community that has been well established since the 1960s. There are also smaller Chinese, Indian and Irish established communities. It is estimated around 6% of Rotherham’s population are from minority ethnic groups and around 4.5% is non-white. The largest ethnic minority groups are Pakistani, White Irish, White Other, Indian and Black African (NHS Rotherham Strategic Plan).

The health of people in Rotherham is generally worse than the England average. Life expectancy, deaths from smoking and early deaths from cancer remain worse than the England average.

Estimates suggest that the percentage of adults who smoke, binge drink, eat healthily, exercise regularly and are obese are all worse than the England average.

Improvements in neo-natal care mean that more children born with learning disabilities will survive and these children will have long-term care and support needs. Similarly, improvements in general health care will mean that there will be an increase in the numbers of older people with learning disabilities. There will be a growing population of older people with learning disabilities who contract conditions associated with ageing. Current service models are not necessarily appropriate for these types of need.

There are significant inequalities within Rotherham; this can be seen within the variation in life expectancy.

2. Transport

There were a total of 104,845 cars available to households in the borough at the time of the Census in 2001. There is approximately 1 car for every household in Rotherham with 30% of households (30,374) having no car. This is above the national average of 26.84% but below the regional average of 30.31% (JSNA).
3. Life Expectancy

Life expectancy is below the national and regional average for both men and women with significant inequalities across the borough (figures 9 & 10). Life expectancy for men living in the most deprived areas is nearly 8 years less than for men living in the least deprived areas (ONS). The life expectancy for women has a gap of 6 years. The link between deprivation and life expectancy can be clearly seen.

Figure 9 Life Expectancy - Males

![Life Expectancy - Males](image)

Figure 10 Life Expectancy - Females

![Life Expectancy - Females](image)
4. Deprivation

Deprivation is shown by the Indices of Multiple Deprivation (IMD) 2007, which brings together 37 different indicators that cover specific aspects or dimensions of deprivation (The English Indices of Deprivation 2007).

Figure 11 Rotherham Deprivation Variations

There is a wide range of deprivation within Rotherham (Index of Multiple Deprivation (IMD) 50.44 to 13.09). Rotherham as a whole however has a high level of deprivation (IMD of 26.7) with a significant slope of inequality and life expectancy below the national and regional level.

According to the Index of Multiple Deprivation (IMD 2007), Rotherham is currently the 68th most deprived local authority out of 354 in English. This has improved from 63rd in 2004. Health and Disability is one of the most challenging domains for Rotherham within the IMD. When looking at the distribution of the Health component of IMD, a quarter of Rotherham’s population live in the most deprived tenth of English Super Output Areas (Rotherham Strategic Plan).
5. Lifestyle Risk Factors

Lifestyle factors vary in line with the patterns of socio-economic deprivation and include:

a) Smoking
b) Drug misuse
c) Alcohol misuse
d) Physical activity and eating habits
e) Obesity in adults and children
f) Sexual behaviour – Teenage Conception and Sexually Transmitted Infections (STI’s)

(Main data sources used: Rotherham JSNA 2008. Other sources used are specified within each section)

a) Smoking

Smoking remains the main cause of preventable morbidity and premature death in England, leading to 82,900 deaths in 2007 (18% of all deaths of adults aged 35 and over) (Statistics on Smoking, England 2008, NHS National Statistics). Smoking accounts for a third of all cancer disease and a seventh of all cardiovascular disease (CVD) in England.

Smoking is the biggest modifiable lifestyle cause of death and ill health in Rotherham causing around 500 premature deaths a year (Rotherham Strategic Plan). Smoking prevalence is difficult to estimate. Local data suggests prevalence of around 22%, with significant variation between wards and a strong link between deprivation and smoking (Figure 12).
Smokers in Rotherham PCT Practices

<table>
<thead>
<tr>
<th>Electoral Ward</th>
<th>Smokers 16+</th>
<th>2008 Mid Year Estimate Population 16+</th>
<th>% Smokers Aged 16+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maltby</td>
<td>2,951</td>
<td>9,985</td>
<td>29.60%</td>
</tr>
<tr>
<td>Rotherham East</td>
<td>3,258</td>
<td>11,030</td>
<td>29.50%</td>
</tr>
<tr>
<td>Valley</td>
<td>2,784</td>
<td>10,242</td>
<td>27.20%</td>
</tr>
<tr>
<td>Wingfield</td>
<td>2,656</td>
<td>9,831</td>
<td>27.00%</td>
</tr>
<tr>
<td>Rotherham West</td>
<td>2,704</td>
<td>10,416</td>
<td>26.00%</td>
</tr>
<tr>
<td>Boston Castle</td>
<td>2,863</td>
<td>11,087</td>
<td>25.80%</td>
</tr>
<tr>
<td>Rawmarsh</td>
<td>2,554</td>
<td>10,197</td>
<td>25.00%</td>
</tr>
<tr>
<td>Silverwood</td>
<td>2,348</td>
<td>9,803</td>
<td>24.00%</td>
</tr>
<tr>
<td>Helaby</td>
<td>2,135</td>
<td>9,078</td>
<td>23.50%</td>
</tr>
<tr>
<td>Brinsworth and Catcliffe</td>
<td>2,074</td>
<td>9,475</td>
<td>21.90%</td>
</tr>
<tr>
<td>Rotherham Vale</td>
<td>1,982</td>
<td>9,109</td>
<td>21.80%</td>
</tr>
<tr>
<td>Sitwell</td>
<td>2,098</td>
<td>9,681</td>
<td>21.70%</td>
</tr>
<tr>
<td>Keppel</td>
<td>2,079</td>
<td>9,695</td>
<td>21.40%</td>
</tr>
<tr>
<td>Dinnington</td>
<td>1,971</td>
<td>9,624</td>
<td>20.50%</td>
</tr>
<tr>
<td>Wickersley</td>
<td>1,981</td>
<td>9,714</td>
<td>20.40%</td>
</tr>
<tr>
<td>Swinton</td>
<td>1,826</td>
<td>9,402</td>
<td>19.40%</td>
</tr>
<tr>
<td>Holderness</td>
<td>1,905</td>
<td>9,823</td>
<td>19.40%</td>
</tr>
<tr>
<td>Wales</td>
<td>1,679</td>
<td>8,760</td>
<td>19.20%</td>
</tr>
<tr>
<td>Anston and Woodseats</td>
<td>1,707</td>
<td>9,013</td>
<td>18.90%</td>
</tr>
<tr>
<td>Wath</td>
<td>1,742</td>
<td>9,539</td>
<td>18.30%</td>
</tr>
<tr>
<td>Hooborough</td>
<td>1,457</td>
<td>9,135</td>
<td>15.90%</td>
</tr>
<tr>
<td>Residents with Rotherham Practice</td>
<td>46,755</td>
<td>204,639</td>
<td>22.80%</td>
</tr>
</tbody>
</table>

b) Drug Misuse

Despite significant progress over the last ten years drug misuse remains a major problem in the UK. (Department of Health: ‘Drugs: protecting families and communities’. The 2008 - drug strategy)

- Class A drug use costs the UK £15 million a year in crime and health costs alone.
- There are an estimated 332,000 problem drug users in England.
- Evidence shows that 17% of school children (aged 11-15 years), 24% of young people (aged 16-24 years) and 10% of people aged 16-59 years have used an illegal drug in the last year.
c) Alcohol Misuse

Drinking above the sensible drinking levels*, particularly over an extended period of time, causes risks to health and contributes to crime and disorder.

*Government guidelines suggest women should not regularly exceed 3 units of alcohol per day and that men should not regularly exceed 4 units per day.

Drinking more than the sensible drinking guidelines is more common in areas of high deprivation and alcohol related deaths are about 45% higher in these areas (Safe. Sensible. Social: The next steps in the National Alcohol Strategy 2007).

A recent Government review showed that the public’s concern about antisocial behaviour has increased and the incidence of liver disease and deaths caused by excessive drinking have continued to increase (Safe. Sensible. Social: The next steps in the National Alcohol Strategy 2007).

- Mortality attributable to alcohol, which includes conditions that are caused in some but not all cases by alcohol, is high in Rotherham. Rotherham is ranked 14th for males and 35th for females, out of 152, for mortality attributed to alcohol. This has been rising in recent years particularly among females. (Local Alcohol Profiles for England [LAPE]).

- Based on a synthetic estimate of adults who binge drink, Rotherham has a high level of binge drinking, ranked 11th out of 152. This estimate is based on the proportion (%) of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more units for women. Estimates from the Health Survey for England (AHPO Profiles) indicate the percentage of adults who binge drink is around 27.8% in Rotherham compared to 20.1% nationally.
d) Physical Activity and Eating Habits

Physical activity and exercise not only benefit physical health but have also been shown to help people with problems such as anxiety and depression and may even reduce the chances of someone developing such problems in the first place.

Based on the Health Survey for England (APHO Profiles), 19.8% of adults in Rotherham eat healthily compared to 28.7% nationally. 9.2% of adults are estimated to be physically active compared to 11.2% nationally. These are both significantly worse than the national levels.

The Active People Survey is a survey of adults aged 16+ living in England, details of the survey can be found at http://www.sportengland.org. In 2005/6, Rotherham was ranked in the bottom 25% of all local authorities against the Active People Performance Indicators. In 2005/6 Rotherham's participation rate lagged 2.3% behind the national average. If Rotherham was as active as the rest of England, a further 4,500 people aged 16+ would be leading active lives. This strengthens the scope for signposting activity through the Essential Service element of the contractual framework.

Figure 13 Active People Survey Summary

<table>
<thead>
<tr>
<th>Active People Survey Summary</th>
<th>2005/6</th>
<th>2007/8</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 3 days a week x 30 minutes moderate participation (all adults) - Rotherham</td>
<td>18.7%</td>
<td>19%</td>
</tr>
<tr>
<td>At least 3 days a week x 30 minutes moderate participation (all adults) - England</td>
<td>21%</td>
<td>21.3%</td>
</tr>
</tbody>
</table>

e) Obesity in Adults and Children

Modelled data from the Health Survey for England suggests 28.3% of Rotherham adults are obese compared to 24.2% nationally. This means Rotherham has significantly higher obesity levels than England as a whole. There are increasing numbers of adults who are overweight or obese in Rotherham and consequently there is an increasing number of health problems associated with this e.g. Type 2 diabetes, heart disease and cancer.
The percentage of children estimated through the National Child Measurement programme to be obese is 10%, compared to 9.6% nationally, making Rotherham not significantly worse than the England position. This equates to approximately 274 children (figure 14).

**Figure 14 Percentage of children estimated obese through the National Child Measurement Programme (2008/9)**

<table>
<thead>
<tr>
<th>Year Group</th>
<th>National (%)</th>
<th>Local (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception (5 &amp; 6)</td>
<td>9.6</td>
<td>10</td>
</tr>
<tr>
<td>Year 6 (age 10/11 years)</td>
<td>18.3</td>
<td>19</td>
</tr>
</tbody>
</table>

Obesity in childhood can lead to earlier onset of raised blood pressure, coronary heart disease, Type 2 diabetes and the development of some cancers. Obese children are also more likely to be obese as adults.

**f) Sexual Behaviour- Teenage Pregnancy and Sexual Transmitted Infection (STI) rates**

Teenage Pregnancy rates for Rotherham have fluctuated since the baseline in 1998 but overall some progress had been made by 2007, with rates falling from 56.6 to 50.7 (per 1,000 15-17 year olds). However, this was cancelled out by an increase to 55.8 in 2008 resulting in an overall reduction on the baseline of only 1.4%. Rotherham East and Maltby wards had rates significantly higher than the Rotherham average for 2006-08 (NHS Rotherham data).

Sexually Transmitted Infections: In 2009 there were 793 cases of uncomplicated gonorrhoea and 23 cases of complicated gonorrhoea, including Pelvic Inflammatory Disease and Epididymitis among Rotherham residents (Heath Protection Agency data [HPA]).

By March 2010 25% of patients (persons aged 15-24) were screened for Chlamydia thus meeting the national Vital Signs target for 2009 of 25% (based on population of 32,800). Targets for 2010 are to rise to 35%.
6. Older People

People in England are living longer resulting in an expected increase in the elderly population in the future. Ultimately this will lead to an increase in demand for healthcare resources.

An ageing population is a key issue for Rotherham, with increasing numbers aged over 65 (33%) and over 85 (80%) by 2025. This will be associated with an increase in people with dementia (50%) and people with social care needs (25% increase by 2008) (Strategic Intelligence Review).

7. Mortality

a) Mortality from Coronary Heart Disease (CHD)

In 2008 there were 509 deaths of Rotherham residents (persons all ages) from CHD. As a rate this equates to 122.7 per 100 thousand populations. In comparison, Yorkshire and Humber had a rate of 97.4 and England’s rate was 119.5 (NHS Information Centre Clinical and Health Outcomes Knowledge Base).

b) Mortality from Chronic Obstructive Pulmonary Disease (COPD)

In 2008 there were 121 deaths of Rotherham residents (persons all ages) from COPD. As a rate this equates to 28.7 per 100 thousand populations. In comparison, Yorkshire and Humber had a rate of 31.6 and England’s rate was 27.2 (NHS Information Centre Clinical and Health Outcomes Knowledge Base).

8. Diabetes

In the UK diabetes already affects approximately 1.9 million adults overall and some estimates suggest that there are an additional 0.5 million with undiagnosed diabetes. This makes diabetes one of the commonest of all chronic medical conditions, and represents a huge potential problem for our health services. Over 90% of people with diabetes have Type 2 diabetes which is notable for the increased cardiovascular risk that it carries (Type 2 diabetes, NICE CG66 2008).

Figure 15 Prevalence of diabetes in individual GP Practices

| Diabetes prevalence is above average | 11,196 on GPs’ registers. NHS Rotherham 5.5% compared to national average of 5.1% |
Based on crude prevalence, taken from 2008/2009 diabetes register data there is significant variation between GP practice prevalence. Five GP practices have significantly high rates of diabetes compared to the national average. Only one practice has statistically significantly low rates.

9. **Hypertension**

Hypertension is a major public health problem and has a significant impact on health and social care. The prevention and control of high blood pressure (BP) are essential to national strategies concerned with CHD, stroke, diabetes, chronic kidney disease and the health of older people. Maintaining a healthy diet, remaining physically active and taking active treatment can all help towards sustaining a healthy BP.

*Figure 16 Prevalence of hypertension in individual GP Practices*

| Hypertension prevalence is above average | 37,775 on GPs’ registers. NHS Rotherham 14.8% compared to a national average of 13.1% |

As at April 2010, based on unadjusted prevalence, 14 practices had prevalence below the national level. 21 practices were above the national level.
10. Cancer

Cancer mortality rate is improving in Rotherham but remains above the regional and national level (Figure 17).

Figure 17 Cancer Mortality rates

Lung cancer has the highest mortality rate of any cancer within Rotherham, followed by prostate for men and breast for women (Northern & Yorkshire Cancer Registry and Information).

11. Mental Health

Mental ill health is a growing public health concern in the UK. Statistics show that one in six of the general population will have a common mental health problem at any one time and the World Health Organisation (WHO) forecasts that by 2020 depression will be the second leading contributor to the global burden of disease (Rotherham Annual Report 2009-2010).

Mental ill health not only affects quality of life and ability to work, it also affects the ability to maintain relationships and to live an independent life. In 2009/2010 the Rotherham Severe Mental Illness (SMI) Register recorded a total of 1,865 people with a diagnosis of either schizophrenia, bipolar affective disorder or other psychoses (Rotherham Quality Management and Analysis System [QMAS]).
Since 2004/5 Rotherham has seen a steady increase in the number of people recorded on the SMI Register (QMAS database).

**a) Depression and Anxiety**

Depression and anxiety disorders account for 25% of primary care consultations. Since 2006-7 Rotherham has seen an increase in the number diagnosed with depression as illustrated in *figure 18*. This data represents all patients aged 18+ on the practice lists with a current diagnosis of depression.

*Figure 18 Rotherham Depression rate - 2006/7 to 2009/10 (QMAS database)*

<table>
<thead>
<tr>
<th>Total numbers of patients on Rotherham register</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/7</td>
</tr>
<tr>
<td>Depression</td>
</tr>
</tbody>
</table>

**b) Dementia**

In Rotherham it is estimated that around 50% of the population with dementia have a diagnosis and are registered with their GP. The proportion is higher than the regional rate of 39%. The estimated number of people with dementia in Rotherham is expected to increase by 54% by 2025 to 4,397 and is 1.5 times the national rate of 33%. (*Regional Review of Dementia - Rotherham Locality Report – December 2009 Yorkshire & Humber Improvement Partnership*).

*Figure 19 Rotherham Dementia rate - 2007/08 to 2009/10 (QMAS database)*

<table>
<thead>
<tr>
<th>Total numbers of patients on Rotherham register</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/8</td>
</tr>
<tr>
<td>Dementia</td>
</tr>
</tbody>
</table>
12. Immunisation

Vaccination is the most effective strategy in dealing with preventable communicable diseases and is therefore one of the most cost effective activities undertaken by health professionals and Primary Care Trusts (PCTs). The challenges to achieve herd immunity by meeting the national uptake targets for immunisations in children and young adults continues to be a public health priority. PCTs faced additional pressure in 2009 by the addition of swine flu vaccination to the seasonal influenza and pneumococcal programme for people over the age of 65, clinical at-risk groups under the age of 65 and health and social care staff. Further challenges came with the introduction of swine flu vaccination for healthy children between the age of 6 months and 5 years.

a) Childhood Vaccination

Figure 20 Coverage rates and targets for Childhood Immunisations, as at June 2010 (Cover Data Health Protection Agency [HPA])

<table>
<thead>
<tr>
<th></th>
<th>DTaP at 1 year</th>
<th>Hib MenC booster at 2 years</th>
<th>Pneumococcal (PCV) booster at 2 years</th>
<th>MMR at 2 years</th>
<th>MMR booster at 5 years</th>
<th>DTaP booster at 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>95%</td>
<td>90%</td>
<td>85%</td>
<td>92%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Rotherham</td>
<td>96.6%</td>
<td>93.9%</td>
<td>92.7%</td>
<td>90.8%</td>
<td>91.9%</td>
<td>90.4%</td>
</tr>
</tbody>
</table>

Areas of low uptake are addressed via the multi-disciplinary vaccination and immunisation group. NHS Rotherham continues to work closely with the South Yorkshire Health Protection Unit and Immunisation Lead within the Strategic Health Authority.

Mumps, Measles and Rubella (MMR) uptake in the 18-24 years of age group and pre-school leaver boosters are being reviewed to assess the level of immunity in these groups and the success of catch-up campaigns.

2010 saw the introduction of the new Prevenar® 13 pneumococcal vaccine, which appears to have been well received.
b) Influenza and Pneumococcal Vaccination

Influenza (flu) virus can affect a large proportion of the population annually. The effect of this virus, however, can be more serious for ‘older people’ in particular those aged over 65 years. The influenza (flu) and pneumococcal vaccine are therefore recommended in at-risk groups i.e. over 65 year olds and those with defined underlying conditions under the age of 65. The 2010/11 flu season will see the addition of pregnant women (not previously having received monovalent swine flu vaccine) to the cohorts routinely offered seasonal flu vaccine.

NHS Rotherham continues to make a concerted effort to reach groups that are at increased risk of acquiring avian and human flu simultaneously.

Uptake for the 2009/10 season shows the NHS Rotherham is above the national average for seasonal flu in all patient groups (source: www.immform.dh.gov.uk - Department of Health data collection website) also see figure 21. However the uptake of seasonal flu vaccinations in healthcare workers is below the national average.

c) H1N1 Swine Influenza Vaccination

The emergency mass vaccination phase of the H1N1 swine flu continues to be offered to high risk groups, health and social care workers. This programme finishes in September 2010, after which it will be incorporated into the seasonal flu programme for specific groups identified in the CMO letter of June 2010 (revised from May 2010). H1N1 pandemic strain will form part of the trivalent seasonal flu vaccine, providing cover for the majority of at risk people.

Data collection will not be complete until September 2010; however uptake as of the end of March 2009 is shown in figure 21. Locally uptake was around the national average, falling slightly short in the clinical at-risk groups over the age of 65 years. Uptake in healthcare staff was well above the national average.
**Figure 21 Seasonal & Swine Flu (source: www.immform.dh.gov.uk - Department of Health data collection website)**

<table>
<thead>
<tr>
<th></th>
<th>Seasonal Flu (National)</th>
<th>NHS Rotherham Data</th>
<th>Swine Flu (National)</th>
<th>NHS Rotherham Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those aged 65 and over</td>
<td>72.4% (WHO target 75%)</td>
<td>74.4%</td>
<td></td>
<td>22.7%</td>
</tr>
<tr>
<td>Clinical risk groups</td>
<td>51.6%</td>
<td>55%</td>
<td>40.4% (&gt; 65 years)</td>
<td>32.8% (&gt; 65 years)</td>
</tr>
<tr>
<td>under the age of 65 years</td>
<td></td>
<td></td>
<td>35.1% (&lt; 65 years)</td>
<td>35.6% (&lt; 65 years)</td>
</tr>
<tr>
<td>Healthy Children</td>
<td></td>
<td>23%</td>
<td>23%</td>
<td>22.4%</td>
</tr>
<tr>
<td>(aged 6 months to 5 years)</td>
<td></td>
<td></td>
<td>20.4%</td>
<td>20%</td>
</tr>
<tr>
<td>Healthcare Workers</td>
<td>26.4%</td>
<td>17.9%</td>
<td>40.4%</td>
<td>51.7%</td>
</tr>
</tbody>
</table>

13. **Language factors**

It has been difficult to assess the complete range of language requirements for Rotherham. Data from the Rotherham JSNA relates to information collated in 2006 and does not reflect current need.

Information from RMBC has identified that interpretation for 32 languages has been requested from Language-line or for Face-to-Face Interpreters in the period Jan-Dec 2009.

The most common languages accessed were:

- Slovak
- Kurdish
- Sorani-Kurdish
- Mandarin
- Arabic
- Czech
- Tigrinya
- Polish
- Farsi
- Pashto
- Lithuanian
- Punjabi
- Urdu
- French
D: How Pharmacy can meet the Current Needs

Pharmacists are health professionals who have, and are recognised to have, a specific expertise in the use of medicines. Pharmacies provide a convenient and less formal environment for people to access readily available professional advice and support to deal with everyday health concerns and problems.

- Survey results show that 84% of adults visit a pharmacy at least once a year. (Pharmacy White Paper April 2008)
- Rotherham survey data collated during the development of this PNA showed that 83.5% of those surveyed visited a pharmacy more than 3 times a year.

1. Access
There are 59 community pharmacies in Rotherham which are accessible and many offer extended opening times (often late into the evenings and/or at weekends) to suit patients and consumers. Details are updated and are available on the NHS Choices website http://www.nhs.uk. Furthermore many pharmacies (n=51) now have dedicated consultation areas specifically designed for private discussion (NHS Rotherham data July 2010).

- Recent survey results show that 99% of the population (even those living in deprived areas) can get to a pharmacy within 20 minutes by car and 96% by walking or by using public transport. (Pharmacy White Paper April 2008).

A number of factors were considered when accessing the distance it was considered reasonable for a Rotherham resident to travel in order to access pharmaceutical services. These included:
- Average walking speeds (3 miles per hour)
- Government Statutory walking distance for schools (8 years and younger)
- Consistency with Rotherham neighbouring PCTs when considering border pharmacy provision
- Access to public transport

A one mile radius from the service sites was used during the mapping exercise except for 100-hour pharmacies when a 5 mile radius was used.
2. Essential Services

Community pharmacy contractors in Rotherham have an important role to play in promoting the safe and effective use of medicines, in reducing inappropriate hospital admissions and ensuring that integrated care supports patients as they move between hospital and the community.

Community pharmacists can also use their expertise to tackle problems related to adverse effects and poor use of medicines, including the costs associated with unused medicines and their safe disposal.

- Between one third and a half of all medicines prescribed for long term conditions are thought not to be taken as recommended.
- Between 4% and 5% of hospital admissions are due to medicines related problems which are preventable.
- Around 57 million GP consultations each year involve minor ailments, which could be dealt with at a pharmacy.
- Almost 60,000 safety incidents involving medicines were reported between January 2005 and June 2006. More than 10,000 resulted in harm to the patient and 58 were fatal. (World Class Commissioning: Primary Care and Community Services: Improving Pharmaceutical Services April 2009).

Community pharmacy can address some of the health needs identified by:

- Establishing pharmacies as ‘healthy living’ centres.
- Providing patients with relevant healthcare and lifestyle information or advice to enable people to take better care of themselves i.e. health promotion and health improvement.
- Encouraging and improving access opportunities for the population of Rotherham.
- Ensuring that integrated care supports patients as they move between hospital and the community.
- Providing access to urgent care and ‘out of hours’ services.
- Providing advice and treatment for minor ailments, as well as access to prescription and other medicines ensuring seamless urgent care.
- Providing 24 hour access to urgently needed medicines.
- Reducing unplanned hospital admissions through tailored medicines management support.
Pharmacists in Rotherham have the opportunity to deliver more choice and a more modern, effective and world-class pharmaceutical service for the population of Rotherham.

a) Medicines Waste

NHS Rotherham has arrangements in place for the collection and disposal of medicines waste from community pharmacies.

Community pharmacies are ideally placed to provide a service for the disposal of unwanted medicines. There are three main reasons for this:

- Pharmacies are well distributed in areas where people live, work and shop and have convenient opening hours making access easy.
- Pharmacies have the facilities to ensure that medicines are disposed of safely and comply with current waste regulations.
- The pharmacist is ideally placed to offer advice. For instance medicine returns may indicate a compliance issue or provide an opportunity to counsel patients on only ordering the medicines they need to in order to reduce wastage.

Over the past 3 years over £9 thousand was spent each year disposing of unwanted medicines (NHS Rotherham data figure 21).

*Figure 21 Disposal of Waste Medicines*

<table>
<thead>
<tr>
<th>Date</th>
<th>Volume of medicine disposed of due to returns from patients</th>
<th>Monetary cost of disposal of medication due to returns from patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>6346kg</td>
<td>£5,778</td>
</tr>
<tr>
<td>2006</td>
<td>7360kg</td>
<td>£7,407</td>
</tr>
<tr>
<td>2007</td>
<td>8287kg</td>
<td>£9,572</td>
</tr>
<tr>
<td>2008</td>
<td>8750kg</td>
<td>£9,876</td>
</tr>
<tr>
<td>2009</td>
<td>7554kg</td>
<td>£9,485</td>
</tr>
</tbody>
</table>
• In the last decade, expenditure on primary care drugs has increased by over 60% and increases are likely to continue as more medicines come onto the market and care shifts to the primary sector. (Pharmacy White Paper April 2008).
• The high carbon footprint of pharmaceuticals is another reason to ensure the minimum wastage of drugs use (Saving Carbon, Improving Health NHS Carbon Reduction Strategy for England Jan 2009).

b) Signposting and Referral

Signposting is the provision of information to people visiting the pharmacy, which require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations that may be able to assist the person. Where appropriate, this may take the form of a referral.

It intends to inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations and enable people to contact and/or access further care and support appropriate to their needs.

NHS Rotherham provides information to all community pharmacies that is required to meet the services provided.
E: Current Provision of Pharmaceutical Services

1. Dispensing Pharmacies

At the end of July 2010 there were a total of 59 dispensing pharmacies in Rotherham. This represents a 23% increase over 5 years (2004/05, total n=48).

Data for NHS Rotherham shows that the average number of pharmacies per 100 thousand populations is above the average of 20 for England and Wales (Source NHS UK statistics www.ic.nhs.uk).

2. Dispensing Doctors

Dispensing doctors provide services to patients’ mainly in rural areas and often where there are no community pharmacies or where access is restricted. In Rotherham there are 4 dispensing doctor practices (NHS Rotherham data July 2010). One practice provides Dispensing Review of the Use of Medicines (DRUMs) which is a similar service to the Pharmacist Medicines Use Review MUR (see section 7b).

3. Dispensing Appliance Contractors (DACs)

There are 127 dispensing appliance contractors in England; One is based in Rotherham (Explanatory Memo to Statutory Instrument 2009 No. 3340 The National Health Service (Pharmaceutical Services) (Appliances) (Amendment) Regulations 2009).

Many dispensing appliance contractors provide services above basic dispensing services, such as, home delivery, help lines, product customisation (i.e. cutting to fit) and specialist nurse visits.

Since 1 April 2010, DACs have been given powers to dispense against repeatable prescriptions, and are required to participate in systems of clinical governance.

DACs dispensing “specified appliances” such as stoma, catheter or incontinence appliances are now required to provide:

- Home delivery services.
- Reasonable supplies of supplementary items such as disposable wipes.
- Access to expert clinical advice.

They may choose whether to offer an Appliance Usage Review (AUR) service.
4. Distribution and Access to Community Pharmacies

There is a good distribution of 40+ hour community pharmacies across Rotherham, including areas of high deprivation. Furthermore there are three 100-hour pharmacies located across the breadth of Rotherham (figure 23). There is also one distance-selling (internet/mail-order) pharmacy.

As well as identifying the premises at which pharmaceutical services and dispensing services are provided within NHS Rotherham, figure 23 shows pharmacies that have been identified as services that a significant number of Rotherham patients use in other Primary Care Trusts.
Figure 23 Map identifying the location of pharmaceutical services and dispensing services (Requirement Schedule 3A NHS Pharmaceutical Regulations 2010) based on data verified March 2010

Rotherham wards and service providers
5. Community Pharmacies Opening and Closing Hours

Access to community pharmacies across Rotherham is well provided for during core and supplementary opening hours. NHS Choices advertises ‘opening hours’ to the public (www.nhs.uk/). The Government recognises that pharmacy is a key provider of urgent care and out-of-hours services to people in the community (Pharmacy White Paper April 2008). Pharmacy should therefore be considered an important provider of PCT integrated urgent care systems locally. Access (24 hour) to urgently needed medicines is also a major consideration.

Core hours: Each community pharmacy is required to be open for 40 hours a week minimum and this is provided as an ‘Essential’ pharmacy service. There are also a number of 100 hour pharmacies in Rotherham (total n= 3) and these pharmacies are required to open for at least 100 hours per week. Data shows that the 40-hour+ pharmacies have good coverage across Rotherham Monday to Friday and at the weekends. The 100-hour pharmacies are located across the breadth of Rotherham.

Supplementary hours: These are provided as a voluntary service and are additional to the core hours provided at no additional cost. Supplementary hours can be changed by giving 90 days notice of the change to the PCT.

Rotherham currently has one pharmacy that is commissioned to open supplementary hours of 8pm – 10pm to support the deprived Valley Ward population.

Pharmacies across Rotherham operate a rota system to cover bank holidays and the Christmas and New Year period to ensure there is access to advice and medicines at these times.

Rotherham has one 100-hour pharmacy which operates every day of the year. This pharmacy is open Monday to Friday 7:30 am -10 pm; Saturday 8am-10pm and Sunday 8:30am to 10pm.

The map shown in figure 24 shows the distribution of Community Pharmacies and the immediate population they serve. This has been approximated by plotting an average aerial distance of 1 mile for usual day time access and by similar 5 mile vicinity for the 100 hours pharmacies.
6. Pharmacies Outside Rotherham

Rotherham residents access pharmaceutical services from community pharmacies located within other PCT areas. Patients can access Essential and Advanced services, including dispensing from any pharmacy in the UK.

Enhanced services have specific criteria which usually restricts the services to their PCT registered population.

Pharmacies that Rotherham residents use for dispensing were identified using ePACT data from February to March 2010. Pharmacies outside Rotherham that dispensed over 0.5% of the total number of items in that period for Rotherham were determined significant.

Out of the 15 services identified, one is a Rotherham dispensing doctor service and two were appliance contractors, one of which is not identified on figure 23 as it does not fall with a PCT which has a boundary with Rotherham.

The map shown in figure 23 identified those pharmacies in neighbouring PCTs which have a significant contribution to the Essential and Advanced pharmaceutical services to Rotherham residents.
Figure 24 Opening Hours of Rotherham Community Pharmacies

**Population density by lower super output area (LSOA) & extended hours pharmacies with 1 mile radius**

Legend
- Hundred hour pharmacies
- Saturday morning pharmacies
- All day Saturday pharmacies
- Weekend pharmacies

Population density
Rate of usually resident people per hectare
- 48.7 to 93.1 (31)
- 32.1 to 48.7 (35)
- 16.7 to 32.1 (33)
- 7.1 to 16.7 (33)
- 0.6 to 7.1 (34)

Digital Mapping Solutions from Dotted Eyes © Crown Copyright 2008
All rights reserved. Licence number 100019918
7. Current ‘Advanced’ Pharmacy Service provision

a) Consultation Room Provision

Pharmacies are able to provide a number of ‘Advanced’ or ‘Enhanced Services’ that include face-to-face consultations, if they are able to provide an appropriate consultation room. Consultation rooms must meet the following national requirements.

- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- The consultation area should be where both the patient and pharmacist can sit down together.
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties.

NHS Rotherham has 51 (86%) pharmacies that have Consultation Rooms (NHS Rotherham data July 2010 based on PREM1 Self Certification forms).

b) Medicines Use Review and Prescription Intervention Service (MUR)

The first Advanced service introduced within the NHS community pharmacy contractual framework was the Medicines Use Review and Prescription Intervention Service (MUR).

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions, such as Diabetes, CHD, and COPD. The MUR process attempts to establish a picture of the patient’s use of their medicines - both prescribed and non-prescribed. The review helps a patient understand their therapy and can identify any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to their GP where there is an issue for them to consider.

NHS Rotherham has 47 accredited pharmacies and 154 pharmacists have registered accreditation with NHS Rotherham to provide the MUR service.

A total of 3523 MURs were undertaken through 41 pharmacies in Rotherham during 2009/10.
c) Appliance Use Review (AUR)

AUR is the second Advanced service to be introduced into the NHS community pharmaceutical contractual framework. AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliance(s) by:

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

13 local Community Pharmacy contractors have informed NHS Rotherham of their intention to provide this service from May 2010.

8. Current ‘Enhanced’ Pharmacy Service Provision

There are currently 10 enhanced services commissioned from community pharmacies in Rotherham:

a) Minor Ailments Service (Pharmacy First)

b) Stop Smoking Services
   - Stop Smoking Support
   - Nicotine Replacement Therapy (NRT) supply

c) Substance Misuse
   - Supervised Consumption
   - Needle Exchange Service
d) Emergency Hormonal Contraception
   - Levonelle 1500® Patient Group Direction (PGD)
e) Community Pharmacy Out of Hours Call-Out
f) Pharmacy Antiviral Collection Points (ACPs)
g) Palliative Care Drug Provision
h) Pharmaceutical Advice to Nursing and Residential Homes
a) Minor Ailments Service (Pharmacy First)

The Minor Ailments Service in Rotherham is called Pharmacy First.

The aim of this service is to improve access and choice for patients wishing to consult a healthcare professional in relation to a range of minor conditions and is to be provided through community pharmacies in Rotherham. The service provides improved access to both advice and treatment for minor conditions and ensure a consistent, evidence-based message is delivered to patients.

The service is free of charge to patients provided they are exempt from paying prescription charges. Patients who pay prescription charges can either purchase the treatment at a lower cost than that of a prescription charge or if the treatment is to be provided via a PGD then they will be eligible to receive a supply on payment of the current prescription charge.

There are 25 (42%) community pharmacies providing the Pharmacy First Scheme (NHS Rotherham data).

Details of Pharmacies providing the Pharmacy First service are available on the NHS Rotherham website.

http://www.rotherham.nhs.uk/Chemists.htm

Trimethoprim PGD

As part of the Pharmacy First Scheme the supply of trimethoprim 200mg tablets can be made to women aged 16-70 years, for the treatment of uncomplicated bacterial cystitis. This supply is delivered by trained and accredited pharmacists working to a Patient Group Direction (PGD). It is available to women registered with a GP practice in NHS Rotherham.

There are currently 16 Pharmacists accredited to provide trimethoprim though the Pharmacy First service.

Healthy Start Vitamins

Healthy Start is replacing the Welfare Food Scheme and is a means tested scheme:

- includes fruit and vegetables as well as milk and infant formula milk
- supports breastfeeding
- promotes uptake of vitamin supplements
- encourages earlier and closer contact between health professionals and families from disadvantaged groups
Healthy Start beneficiaries are entitled to free vitamin supplements. Children are entitled to free vitamin supplements from 6 months of age until their fourth birthday and their mothers are entitled to free vitamins during pregnancy and up until their babies are one year old.

Two bespoke Healthy Start branded products are available. Healthy Start children’s vitamin drops and Healthy Start Vitamins for women are available through all Pharmacies that provide the Pharmacy First Service.

The map shown in figure 25 shows the distribution of Community Pharmacies which provide the Pharmacy First Service and the immediate population they serve compared to the levels of deprivation (which closely resembles the pattern for population density across NHS Rotherham). This has been approximated by plotting an average aerial distance of one mile for all pharmacies.
Figure 25 Map showing location of pharmacies providing the Pharmacy First Scheme

**Index of Multiple Deprivation 2007 by lower super output area (LSOA) & minor ailment pharmacies**
b) Stop Smoking Services

NHS Rotherham currently commissions two schemes from community pharmacies that contribute to the Stop Smoking service. All the pharmacies that provide the Stop Smoking Support also provide the NRT supply.

- **Stop Smoking Support**
  Providers of this service deliver planned, comprehensive stop smoking support which includes; treatment advice and options, structured follow up, advice on tobacco withdrawal and the management of symptoms. The service is multi-sessional and supports client compliance and provides ongoing access and treatment. Nicotine Replacement Therapy (NRT) can be provided on a voucher or the client is referred to their GP when the product of choice is either bupropion (Zyban®) or varenicline (Champix®). All smokers are offered the opportunity to sign up to the Smokefree Homes scheme.

  http://www.smokefreerotherham.co.uk

There are 26 (44%) community pharmacies providing the Stop Smoking Support service (including NRT supply), however NHS Rotherham data from quarter 4 of 2009-10 has shown that only 15 pharmacies have had successful quitters after 4 weeks support.

- **NRT Supply**
  This service enables community pharmacists to supply Nicotine Replacement Therapy for clients of the Rotherham Stop Smoking Service through a voucher and Patient Group Direction (PGD). Clients are advised on the NRT options and provided with a supply of NRT from a full range of products. The voucher replaces the need for a prescription through the GP, which reduces the delay in access to treatment.

There are 33 (56%) community pharmacies providing NRT through the voucher scheme.

The map shown in figure 26 shows the distribution of Community Pharmacies which provide both the Stop Smoking Support scheme and the NRT supply scheme and the immediate population they serve compared to the levels of smoking prevalence. This has been approximated by plotting an average aerial distance of one mile for all pharmacies.

In addition similar services provided by GPs under the same service level agreement (Stop Smoking Support) are also depicted to demonstrate the overall coverage of these services.
Figure 26 Map showing location of pharmacies providing Stop Smoking Services

Smoking prevalence by ward & smoking cessation services with 1 mile radius

Legend
- Smoking cessation (Mon-Sat)
- Smoking cessation (GP’s)
- Smoking cessation (Once weekly)
- Smoking cessation (Pharmacies LES)
- Smoking cessation (Pharmacies (Voucher only) LES)

Estimate of smokers
QUEST Qtr 4 2009/10
- 26 to 29.6 (4)
- 23.5 to 26 (5)
- 21.4 to 23.5 (4)
- 20.4 to 21.4 (1)
- 15.9 to 20.4 (7)

Digital Mapping Solutions from Dotted Eyes © Crown Copyright 2008
All rights reserved. Licence number 100019918
c) Substance Misuse
   
   - Supervised Consumption

Supervised consumption services support clients by ensuring compliance with agreed treatment plans.

Both methadone and buprenorphine (Subutex®) can be dispensed in specified instalments, where each dose is supervised to ensure the dose is correctly consumed by the service user for whom it was intended. Doses will be dispensed for the service user to take away to cover days when the pharmacy is closed.

Supervised consumption aims to reduce the risk to local communities of:
   - Over or under usage of medicines
   - Diversion of prescribed medicines onto the illicit drugs market
   - Accidental exposure to the supervised medicines.

There are 39 community pharmacies (66%) providing supervised consumption services in Rotherham.

- Needle Exchange

Needle exchange services in Rotherham are now provided almost exclusively by Community Pharmacies.

There are currently 13 (22%) needle exchange pharmacies with plans to increase the number in 2010/11 (NHS Rotherham Substance Misuse Needs Assessment March 2010). This represents the best geographical spread of needle exchange service that NHS Rotherham has ever commissioned. Clients use multiple outlets and are able to exercise choice in the services they access. The service offered is further enhanced by the provision of drug worker sessions spread across the network of exchange service pharmacies. Every pharmacy running needle exchange has at least one worker session per week which they can advertise to service users as providing additional information and support.

The map shown in *figure 27* shows the distribution of Community Pharmacies which provide both the supervised consumption and needle exchange services and the immediate population they serve. This has been approximated by plotting an average aerial distance of one mile for all pharmacies.

In addition related services provided by GPs with a Specialist Interest (GPwSI) (Shared Care) are also depicted to demonstrate the overall coverage of these services.
Figure 27 Map showing location of pharmacies providing the Substance Misuse Services

Alcohol related admissions rate by ward & substance misuse service providers with 1 mile radius

Legend
- Alcohol services (GP’s)
- Drug services (GP’s)
- Needle exchange (pharmacies)
- Supervised methadone (pharmacies)

Alcohol related admissions 2008/09
Rate per 1000
- 22.9 to 25.1 (5)
- 20.6 to 22.9 (3)
- 18.4 to 20.6 (4)
- 16.1 to 18.4 (2)
- 10.9 to 18.1 (7)

Digital Mapping Solutions from Dotted Eyes © Crown Copyright 2008
All rights reserved. Licence number 100019918
d) Emergency Hormonal Contraception (EHC)

Community Pharmacy is an important provider of sexual health services to young people in Rotherham. The enhanced service reflects the Department of Health guidance and promotes an integrated approach. It is supported by a training programme and a Patient Group Direction (PGD) for Levonelle 1500®.

The EHC service incorporates:
- Emergency Hormonal Contraception and related advice.
- Information and signposting.
- Supply of condoms to those aged 20 and under.

Safer sex messages, the supply of EHC and condoms is crucial in improving the health of sexually active young people in Rotherham and contributes to the multi-agency approach that helps reduce the rate of unwanted conceptions and pregnancies.

There are currently 48 community pharmacists that have trained to provide a sexual health service (NHS Rotherham data July 2010) though 25 pharmacies (42%).

The map shown in figure 28 shows the distribution of Community Pharmacies which provide EHC and the immediate population they serve compared to the levels of under 18 conception prevalence. This has been approximated by plotting an average aerial distance of one mile for all pharmacies.

In addition similar services provided by GP practices, Youth Clinics and specialist Clinics are also depicted to demonstrate the overall coverage of these services.

Pharmacies at Kiveton Park and Cortonwood have recently been accredited and do not feature on the map figure 28.
Figure 28 Map showing location of Sexual Health Services

Under 18 conception rates (2006-08) by lower super output area (LSOA) & sexual health service providers with 1 mile radius
e) Pharmacy Antiviral Collection Points (ACPs)

Pharmacy ACPs were established across Rotherham during 2009 to respond to the swine flu outbreak. Antiviral medicines were issued by pharmacists to swine flu patients according to national guidelines and a local service level agreement. NHS Rotherham had 10 active ACP pharmacies across Rotherham with a further 12 pharmacies having agreed to become ACPs if needed. The National Pandemic Flu Service (NPFS), launched during the swine flu outbreak, also enabled members of the public to check their flu symptoms online or by phone and then be directed to an ACP.

The pharmacies designated as ACPs were strategically placed across the borough, to provide ease of access, good geographic cover and containment of disease by enabling members of the public to obtain a supply within their immediate locality.

Pharmacies providing the enhanced service for the provision of antiviral medication during pandemic flu submitted business continuity plans to NHS Rotherham and all pharmacies had to give an assurance to NHS Rotherham that they have business continuity plans in place.

This has provided a model for an Enhance service for emergency planning contingencies which can be utilised in the case of future emergencies which may be experienced in Rotherham.

The provision of robust business continuity plans ensures that the existing good coverage and service provision is not jeopardised by situations where there may be a general breakdown in service e.g. in the event of a pandemic, flooding or other disaster. The Royal Pharmaceutical Society of Great Britain (RPSGB) has provided a guide for service continuity planning and Rotherham Local Pharmaceutical Committee has provided support to the process (http://www.rpsgb.org/pdfs/servcontplanguid.pdf).
f) Community Pharmacy Out of Hours Call-Out

NHS Rotherham operates a Local Enhanced Service (LES) to enable a pharmacist to be called out to dispense urgent prescriptions when no pharmacy in Rotherham is open. The scheme is voluntary on behalf of the pharmacist. A call centre is contracted to answer calls on a dedicated phone line and to then contact pharmacists on the call-out list until one agrees to open their pharmacy to dispense the prescription. The pharmacies hold an agreed Palliative Care Formulary, funded by NHS Rotherham.

This scheme can be accessed by General Practitioners, Out-of Hours service, nurses in charge of Care Homes, or the police, for the benefit of Rotherham patients. The scheme may also operate in the case of an emergency such as floods 2007.

There are 5 pharmacists available across Rotherham providing the Out-of-Hours service (figure 29).

g) Palliative Care Drug Provision

Palliative Care Drugs are specialist medicines that are not routinely available in all community pharmacies and this may cause delay in treatment for patients. The aim of the palliative care drug provision enhanced service is to ensure the availability of palliative care drugs across Rotherham. The service improves access to palliative care medicines for patients, carers and healthcare professionals when they are required, in order to ensure that there is no delay to treatment whilst also providing access and choice. Improved clinical management of end of life care and anticipatory prescribing reduces the need to access palliative care medication out-of-hours.

There are 31 pharmacies (52%) that provide the Palliative Care service (figure 29).

The map shown in figure 29 shows the distribution of Community Pharmacies which provide both the Palliative Care Service and Out-of--Hours Call Out service and the immediate population they serve compared to deprivation levels. This has been approximated by plotting an average aerial distance of one mile for all pharmacies.
Figure 29 Map showing location of Palliative care services & Out of Hours availability

Index of Multiple Deprivation (IMD) 2007 by LSOA & emergency care LES and palliative care LES with 1 mile radius
h) Pharmaceutical Advice to Nursing and Residential homes

Older people in Care Homes are at greater risk of medication errors than most other groups. Across Rotherham there are 81 residential or nursing homes and there is a need to improve ‘medication standards’ working with local partners, including adult care services.

The service provides professional support to enable nursing and residential homes satisfy their statutory requirements for the safe handling and storage of all medicines within the home, optimising the management of medicines within home(s) in Rotherham. It includes an initial assessment and regular repeat visits of four times a year, at approximately three monthly intervals.

"The Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people".(CHUMS) October 2009 report examined medication prescribing, dispensing, administration and monitoring practices across a number of care homes in England. The study determined the prevalence of errors in these specific aspects of the medicines system.

The findings strongly indicate there is considerable scope for improvement in how medicines are prescribed, dispensed, administered and monitored for clients in residential care and nursing home settings.

All Primary Care Trusts are required to review and ensure that local systems comply with principles set out in this guidance and the forthcoming Care Quality Commission (CQC) standards.

The current advice to nursing and care homes service is under review in light of this report.

There are 5 (8%) pharmacies currently providing advice to 10 (12%) homes.
9. **Non-commissioned services provided by Pharmacies**

**a) Home Delivery**

Home Delivery Services are offered to patients to varying degrees at community pharmacies across Rotherham. Each pharmacy has its own criteria and level of service.

**b) Translation Services**

Several of the current pharmacy providers have members of staff that are multilingual. There are pharmacies across Rotherham that offer Urdu, Punjabi, Hindi, Polish and Guajarati. Other pharmacies have staff who speaks Tamil, Sinhalese, Malayalam, Telugu, Chinese, Slovakian, Russian, Mandarin, Cantonese, Malay and Kashmiri amongst other languages.
F: Access to and Current Provision of Primary Care Services

1. GP and Dispensing Doctor ‘Out-of-Hours’ service provision

There are 40 GP practices (including 4 Dispensing Doctors surgeries) in Rotherham the majority of which (39) are open core hours between 8am and 6.30pm Monday to Friday, excluding bank holidays. A number of the surgeries have branch surgeries.

31 (77%) practices offer appointments either before 8am or after 6.30pm. Details of each practices appointment times can be found either in the practice leaflet or by contacting the practice directly.

2. Emergency Planning

Emergency planning, which may involve prioritisation of some services and cluster working, will need to be in place to ensure business continuity. Close working with GPs will also be essential to determine priority groups. All community pharmacies must have their own business continuity plans (as part of the community pharmacy contractual framework for essential services). It would be beneficial if copies were shared with NHS Rotherham.

Community pharmacy is be one of the front line services which people will seek access for advice and support in the primary care setting.

Recent events which have required the use of business continuity plans are:

- Flu Pandemic (2009)
- Floods (2007)

In the event of a pandemic e.g. swine flu there will be large numbers of additional people who will require care and treatment within primary care.

3. Alcohol and Drug Misuse Services

Rotherham’s Drug and Alcohol team work in partnership with other key stakeholders, including local Government, the criminal justice system, health professionals, users and carers. Service provision is commissioned by joint Commissioning arrangements, a partnership between Rotherham Metropolitan Borough Council (RMBC) and the NHS.
• **Drug Intervention Programme (DIP)**

The Drug Interventions Programme (‘DIP’) is a critical part of the Government's strategy for tackling drugs. The Programme involves criminal justice and drug treatment providers working together with other services to provide a tailored solution for adults - particularly those who misuse Class A drugs - who commit crime to fund their drug misuse. Its principal focus is to reduce drug-related crime by engaging with problematic drug users and moving them into appropriate treatment and support. It aims to break the cycle of drug misuse and offending behaviour by intervening at every stage of the criminal justice system to engage offenders in drug treatment. The Crown Prosecution Service has an important role in DIP and it is important that prosecutors understand the legislation and how it impacts upon our core business.

• **Alcohol Misuse**

GPs and specialists alcohol works employed by RDaSH provide a primary care alcohol service as part of the Rotherham alcohol treatment service.

These 28 GP practices (70%) that are providing the alcohol screening programme via a local enhanced service (NHS Rotherham data July 2010)

4. **Obesity Services**

• **Rotherham Institute for Obesity (RIO)**

RIO is a specialist centre for the management of obesity commissioned by NHS Rotherham. Based at Clifton Medical Centre, RIO offers services including a gym, cooking classes and resource centre, providing specialist support for overweight and obese people. Patients can either self refer into this service or by visiting their GP, practice nurse or pharmacist.

• **Reshape Rotherham**

This is a free service available to all local residents registered to a Rotherham GP, who have a BMI of over 25. Reshape Rotherham consists of a series of ten weekly, hour long sessions designed to help people make long term changes towards a healthier diet and lifestyle. Patients can either self refer into this service or by visiting their GP, practice nurse or pharmacist.
• Carnegie Clubs

Carnegie Clubs are run by DC Leisure. They are weekly activities held in the local leisure centres for 8-17 year olds and their families. The club covers a range of areas including simple lifestyle changes, making physical activity fun and ways to improve diet. It provides a fun and supportive environment for weight loss.

5. Sexual Health Services

• Help72

Help72 forms part of NHS Rotherham’s Sexual Health and Teenage Pregnancy Strategies and is aimed at improving access to EHC with a view to reducing unplanned pregnancies. The service is commissioned by NHS Rotherham and is provided by accredited Community Pharmacists, Family Doctors/ GPs, CASH clinics and Youth Clinics. Details are available via the website http://www.help72.co.uk

• Contraception and Sexual Health Clinics

NHS Rotherham commissions a wide variety of clinics, many of which are tailored to specific populations. These include; Contraception and Sexual Health Youth Clinics (13-19 and up to 25 for those with learning disabilities), General Genito-Urinary Medicine (GUM) (for all ages), Hardwear Condom Distribution Scheme (13-19 and up to 25 for those with learning disabilities), School Nurse Health Drop-ins (Secondary school age) and Sexual Health Enrichment Officers in Dearne Valley College, Rotherham College of Arts and Technology and Thomas Rotherham College.

6. Stop Smoking Service

A comprehensive Stop Smoking Service has been commissioned by NHS Rotherham and provided by Rotherham Community Health Services (RCHS). The service provides flexible support including;

• Drop-in sessions
• Groups
• One to ones
• Telephone support
• Daytime, evening and Saturday sessions.
Services are delivered at Bridgegate, Rotherham Foundation Trust (RFT) and outreach services across Rotherham. They also provide training for healthcare professionals providing Stop Smoking advice. People can also access smoking cessation support at some GP practices and dentists through locally enhanced services. Smoking cessation is also embedded into routine antenatal care for pregnant smokers.

http://www.smokefreerotherham.co.uk/cms/stop_smoking.asp

7. Palliative Care Services

Following evidence that the number of people dying unnecessarily in the acute sector was growing, Rotherham launched its integrated hospice at home scheme. In addition local public health figures showed that mortality and chronic illness was higher than the national average, with a disproportionate number of people from ethnic minority groups, learning disabilities and mental health having palliative care needs.

NHS Rotherham and Macmillan Cancer Support have developed an integrated hospice at home service to reduce hospital admissions and ensuring all palliative care patients receive high quality and coordinated care 24 hours a day.

The service has six generic support workers as part of a Supporting Carers scheme, which allows more people to live and die in the care environment of choice. The team has an equalities link worker focusing on the palliative care needs of black and ethnic minority groups and people with learning disabilities and mental health problems.

The Rotherham Hospice provides palliative care for those patients suffering from life-threatening illnesses, and support for their families, friends and carers. There is accommodation for up to 15 day patients daily five days a week, and for up to 8 inpatients. The provision is currently subject to expansion plans.

The introduction of new roles such as community matrons and a British heart failure specialist nurse to work with the terminally ill has helped increase referrals. There has also been a change in referral criteria to include non-cancer patients.

8. Care (Residential or Nursing) Homes

The Care Homes Liaison Service is a project set up to provide planned, targeted support to residential and nursing homes. The team consists of a Community Matron, Occupational Therapists, Physiotherapist, Speech and Language Therapist,
Community Psychiatric Nurse, Generic Support Worker, Reviewing Officer (Health), Dietician.

The Care Homes Liaison Service aims to support care homes to develop a culture of person centred care where health and well being is maintained, independence is promoted, and ill health is avoided or acted upon appropriately.

9. Prescriber Support Service

NHS Rotherham Medicines Management Team (MMT) (currently part of the Public Health Directorate and commissioning arm of NHS Rotherham), support all aspects of Practice Prescribing, offering advice and support to practices also offered to support to care homes thought the Care Home Liaison service. They produce local guidelines in accordance with NICE and other national guidelines working closely with Rotherham Foundation Trust and RDaSH. The team provide medicines information support to GP Practices, Rotherham Health Community Services and Community Pharmacies including advice on the clinical and cost effectiveness of drugs.

Rotherham NHS Foundation Trust (RFT or Rotherham Hospital) Pharmacy Department also provide support through their Medicines Information Services to both primary and secondary care medical teams, nursing, pharmaceutical and other NHS staff as well as patients.

10. Medication Review Service

Members of the NHS Rotherham Medicines Management Team undertake medication reviews at the request of GPs in specific therapeutic areas, in patient groups and for individual complex or unusual medication needs. This includes supporting the Care Liaison Team with Specific medicine-related reviews.

11. Gluten Free Food Supply Service

Currently prescribed by GPs Gluten Free food products and nutritional supplements (including specialised feeds) will be transferred to the Community Nutrition Service from September 2010. This service already provides enteral nutrition and nutritional supplements using a vouchers scheme. As part of this service re-design Dieticians supported by NHS Rotherham Medicines Management Team issue vouchers in place of prescriptions which can be dispensed at any community pharmacy. NHS Rotherham matches NHS terms and conditions for supply against a dietetics voucher.
12. Mental Health Services

A single point of access is available to the specialist mental health services where referrals are reviewed and allocated according to their need for the most appropriate follow-up from the service.

RDaSH is the main provider of secondary care services for the Rotherham health community and NHS Rotherham commissions a wide range of services includes

- Memory Clinics - A referral protocol to specialist memory services exists for social care and primary care staff. For new cases the referral to the Memory Service is usually via the GP, while known cases can be referred directly to the Memory Service.
- Stress control groups delivered in a number of locations across the borough.
- Mental Health First Aid courses delivered in a number of community locations across the health community.
- Older Peoples Liaison Service - The team provides in-reach services to both general hospital wards and Care Homes and covers all mental health problems in older people, not just dementia. The support provided includes ensuring suitable care planning for inpatients/residents, while the team also provide a programme training and education for staff.

13. Translation Services

Translation or Interpretation services in Rotherham can be accessed by telephone or in face-to-face consultation.

The telephone service is provided by Language Line. This can be accessed by healthcare professionals who telephone Language Line and inform them of the language required. They speak to the interpreter giving them the question or statement they require interpreting. The interpreter then speaks to the patient and the conversation continues to its conclusion.

Healthcare professionals access the face-to-face service by contacting NHS Rotherham requesting that a face-to-face consultation is required and giving the reason why this service is required in preference to using Language Line. An interpreter will then be contacted to make an appointment.
G: Pharmaceutical Services – Future Provision

The Pharmacy White Paper (April 2008) gives a clear direction of travel for pharmacy services shifting the emphasis from dispensing medicines to providing clinical services, provision of a wider range of services through community pharmacy and making greater use of the clinical skills of pharmacists.

In Rotherham opportunities highlighted in the White Paper, the national guidance “Choosing Health through Pharmacy” and the community pharmacy contractual framework will be used to improve access to services and to support the delivery of the 18 week GP referral to hospital treatment target. NHS Rotherham can also support our community pharmacies in becoming Healthy Living Centres, offering lifestyle advice, supporting people with long-term conditions and promoting “Care Closer to Home”.

Objectives for Pharmacy Services across Rotherham

1. To commission pharmaceutical and medicine management services which support the delivery of the staying healthy, planned care, long term care and patient experience work streams of NHS Rotherham Strategic Plan.
2. To improve the quality of community pharmaceutical services through effective performance management and decommissioning where appropriate.
3. To promote safe and cost-effective prescribing and use of medicines within existing resources.

This is in line with the strategic intent; the plan provides a clear direction with a focus on keeping our population healthy, tackling inequalities, enhancing the patient experience so that this is of a consistently high standard and commissioning high quality healthcare for the needs of the local population. Community Pharmacists in Rotherham are ideally placed and have the potential to make a significant contribution to this strategic plan and the local needs of the population.
1. Pharmaceutical Needs- Gaps in Provision

Gaps in provision have been identified by using information acquired from JSNA and Public Health data (health needs), national data statistics, verification of services provided from pharmacy contractors, local population surveys and mapping exercises.

A gap in provision has been locally defined as where no service exists, linked with an identified high level of need.

a) General Access

Rotherham is well provided for with respect to pharmaceutical dispensing services having a greater than the national average of pharmacies per 100 thousand head of population. The availability of community pharmacies across the borough is adequate and necessary to meet need.

NHS Rotherham patients can access supplies of appliances from a range of appliance contractors who are based outside our boundaries. Community pharmacies within Rotherham also supply some appliances. There is nothing to suggest that provision of appliances to patients of NHS Rotherham is inadequate.

Patient choose where they have their prescriptions dispensed this includes any available registered internet pharmacy to dispense their prescriptions and can do so regardless of where the pharmacy is based. Rotherham has one distance selling pharmacy, however there are other internet pharmacies outside the boundaries of Rotherham which are used by some NHS Rotherham registered patients.

Community pharmacies in Rotherham are accessible and offer extended opening times (often late into the evenings or at weekends) to suit patients and consumers including three 100 hour pharmacies that give good geographical cover.

The areas of Canklow, Treeton and Thorpe Hesley are less well served than other localities reducing local access to enhanced services. There might be a need for longer opening hours particularly at weekends.

NHS Rotherham has greatly reduced the requirement for out-of-hours dispensing through developments in other services. In 2009-2010 there were only 5 instances when pharmacists were called out. There have been no complaints relating to restricted access to dispensing services out-of-hours.
We will work with our pharmacists to make sure that there is good signposting to pharmacies where other languages are spoken and share this information with other health and social care services and encourage the use of language line.

The main cause of gaps in enhanced service provision is related to the lack of consultation room provision rather than a reluctance to provide the service. In order to provide some services there is a need for NHS Rotherham to provide training.

NHS Rotherham will work with our pharmacists to identify ways in which private consultation facilities can be further developed and fully utilised for the benefit of our population.

Where the infrastructure of the pharmacy does not allow for a consultation room to be available, the pharmacy will be encouraged to seek alternative methods of providing this service.

The Contractual Framework for Community Pharmacies require them to have monitoring arrangements in respect of compliance with the Disability Discrimination Act 1995 in place (in terms of facilities and patient assessments), thereby pharmacies who do not have wheelchair access have another mechanism of enabling access; this is assessed during PCT contract monitoring visits.

There are no known access problems to pharmacies for patients with disabilities.

To improve communication, pharmacies will be encouraged to improve the use of e-mail and internet, without disruption to the dispensary process.

b) Emergency Planning

10 community pharmacies were commissioned to act as antiviral collection points (ACPs) during the flu pandemic 2009. 22 community pharmacies were assessed as suitable to act as ACPs using specific criteria including location.

This demonstrated that Rotherham has community pharmacies with good geographic cover to act in case of an emergency. This was also demonstrated during the floods of 2007.

NHS Rotherham has received copies of business continuity plans from 8 pharmacies. All pharmacies need to have Business Continuity Plans (Essential service requirement).
No gap in provision of service was experienced during the recent Pandemic Flu event. NHS Rotherham will encourage all community pharmacies to submit business continuity plans or give an annual reassurance to NHS Rotherham that systems are in place for any emergency.

c) Minor Ailments (Pharmacy First)

The community pharmacies in Canklow, Thrybergh, Treeton and Greasborough do not offer the Pharmacy First service, and although patients can access treatment from other pharmacies and by GP prescription. These areas have some of the highest deprivation and population rates in Rotherham and have been identified as areas where no local service is provided. NHS Rotherham intends to work with existing contractors to address these gaps.

NHS Doncaster and NHS Sheffield community pharmacies provide a similar service; however neighbouring PCT services can only be access by their residents and not Rotherham residents.

The Pharmacy at Dalton has recently been accredited and therefore is not identified on the map (figure 25).

d) Stop Smoking Services

As there is widespread provision of Stop Smoking Support by other providers no gap has been identified. There is the NHS Rotherham Stop Smoking service and Enhanced service provided by local GPs (see section F6).

e) Substance Misuse Services

- Supervised Consumption

The provision of supervised consumption of methadone and buprenorphine (Subutex®) is widespread across the borough. The only locality which does not offer a local service where there has been an identified need is Canklow. NHS Rotherham will work with the current contractor to identify ways to overcome this gap in service provision to ensure that the aim of providing services locally to the client can be met.
• Needle Exchange
Although Rotherham has a more extensive coverage for needle exchange having doubled access over the last year, there are still areas that would benefit from the provision of a needle exchange service:
  • Canklow – covering Moorgate and the town centre as well as Canklow itself
  • Greasborough – including Wingfield, Rockingham & Munsbrough
  • Brampton/Wath
  • Bramley/Wickersley
  • Catcliffe/ Brinsworth

The basis for this recommendation is an audit of clients and represents areas with more than 25 clients living within them who have to travel outside their area to access the service. NHS Rotherham will work with RMBC and pharmacies in these areas to provide greater choice to clients.

f) Sexual Health Services

The community pharmacies in Canklow, Thrybergh, Treeton and Thorpe Hesley, do not offer an EHC service, and although patients can access treatment from other pharmacies and clinics, these areas have some of the highest under 18 years conception rates in Rotherham and have been identified as areas where there is no local service provide. NHS Rotherham intends to work with existing contractors to address these gaps.

NHS Doncaster and NHS Sheffield community pharmacies provide a similar service, however neighbouring PCT services may be subject to restrictions. The NHS Rotherham service is available free of charge to all age groups.

g) Pharmaceutical Advice to Nursing and Residential Homes

This is an area with an identified gap in service provision. In light of the ‘CHUMS’ report there is an extensive piece of work being undertaken in Rotherham, NHS Rotherham intends to redesign the service requirements for advice and support to Care Homes. At this stage, as an interim measure NHS Rotherham will work with existing contractors to provide the current Enhanced service.
h) Translation Services

NHS Rotherham commissions an overarching translation service which is available to pharmacies either face to face or via the telephone in addition there are a broad range of languages spoken by community pharmacies and their staff in Rotherham.
2. Pharmaceutical Need - Greater Access and Choice

Improving access and choice for patients and residents has been determined using information acquired from JSNA and Public Health data (health needs), national data statistics, verification of services provided from pharmacy contractors, local population surveys and mapping exercises.

a) General Access

The areas of Canklow, Treeton and Thorpe Hesley are less well served than other localities with reduced local access to Essential, Advanced and Enhanced pharmaceutical services. There might be a need for longer opening hours particularly at weekends.

Greater access and choice would be desirable in the provision of Emergency Call Out in the South East of the borough.

Community pharmacies will be encouraged to ensure that their opening hours reflect the needs of the population and GP practice opening hours.

b) Emergency Planning

Services required in any future event will depend on the nature of the emergency. The model developed for antiviral collection points (ACPs) will be used when designing an Enhanced service to support a specific emergency.

Within the service level agreement with ACPs there is a requirement for periodic testing of the service to ensure resilience.

NHS Rotherham entered into an Enhanced service agreement for the storage and distribution of medicines and consumables during Pandemic Flu. This again provides a model for any future demand.

c) Minor Ailments (Pharmacy First)

NHS Rotherham will work with existing contractors in Canklow, Thrybergh, Treeton and Greasborough to address the gap identified and all other current providers to extend access and choice.
There are a number of pharmacists who are awaiting training to be provided by NHS Rotherham in regards to trimethoprim and this will be provided within the next twelve months. It is not envisaged that there will be a gap in service provision as it is an element of the 'Pharmacy First' (Minor Ailments) scheme which is widely provided from pharmacies across Rotherham.

Trimethoprim is available on prescription from General Practice and Walk-in centre.

d) Stop Smoking Services

- Stop Smoking Support
  Community pharmacies are an important element of the Stop Smoking Service and NHS Rotherham will work with existing providers to identify barriers to improving the 4-week quit rate and work with all contractors to maximise and extend provision.

- Nicotine Replacement Therapy (NRT) supply
  We would welcome more current pharmacies to participate in the voucher scheme to increase access and chose for clients.

e) Sexual Health Services

Existing pharmacies not currently providing the Emergency Hormonal Contraception service will be encouraged to do so to increase access

f) Palliative Care Drug Provision

Existing pharmacies not currently providing the Palliative care LES will be encouraged to do so to increase access.
Figure 30 Summary Pharmaceutical Needs Identified

<table>
<thead>
<tr>
<th>Service</th>
<th>Gaps in Provision</th>
<th>Greater Choice &amp; Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Community Pharmacies</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Opening Hours</td>
<td>None</td>
<td>Additional access on weekend with access to Enhanced Services in: Canklow, Treeton, Thorpe Hesley</td>
</tr>
<tr>
<td>Out of Hours Call-Out</td>
<td>None</td>
<td>South East of Rotherham</td>
</tr>
<tr>
<td>Pharmacy First</td>
<td>Provision in Canklow, Thrybergh, Treeton and Greasborough</td>
<td>All existing contractors not currently providing the service</td>
</tr>
<tr>
<td>Stop Smoking</td>
<td>None</td>
<td>All existing contractors not currently providing the service</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>Supervised consumption: Canklow</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Needle Exchange: Canklow, Greasborough, Brampton/Wath, Bramley/Wickersley, Catcliffe/ Brinsworth</td>
<td></td>
</tr>
<tr>
<td>Sexual Health</td>
<td>EHC provision in: Canklow, Thrybergh, Treeton and Thorpe Hesley</td>
<td>All existing contractors not currently providing the service</td>
</tr>
<tr>
<td>Palliative Care</td>
<td></td>
<td>All existing contractors not currently providing the service</td>
</tr>
<tr>
<td>Care Homes Advice</td>
<td>Redesign the NHS Rotherham wishes to commission</td>
<td>Work with exist contractors to provide the current service</td>
</tr>
<tr>
<td>Translation Services</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
3. Future Health Needs

a) Population

The key population changes anticipated in Rotherham are the ageing population and the increase in the non-white population. The number of people over 65 is anticipated to increase by more than a third by 2025 and the number of over 85s is anticipated to increase by 80%. This will be associated with an increase in people with dementia (50%) and people with social care needs (25% increase by 2018) (section C1)

b) Waverley Community Project

An outline application for approximately 4000 homes and 60,000 square metres of government office accommodation was approved by RMBC Planning Committee in January 2010. The application currently is in outline form only and subject to a design code, therefore prior to any development on site, a design code needs to be submitted and approved by the planning authority and reserved matters applications also need to be submitted and approved. The overall programme at Waverley could take up to 25 years to complete however UK Coal have indicated that a potential build of 200 dwellings per annum is possible in a relatively buoyant market.

NHS Rotherham is unable to estimate the pharmaceutical need of the Waverly community at this early stage. Details on the project are available at http://www.waverleycommunity.org.uk/
4. Development of Pharmaceutical Services

The PNA will be used as a tool in commissioning decisions for new pharmaceutical services, where the clinical resource within community pharmacy can be used to maximum effect in meeting the health needs of the Rotherham population and after a holistic review of service provision from all providers. New services or expansion of current services will be dependent on contractor performance on existing services and NHS Rotherham or Practice Based Commissioning groups having sufficient financial resource.

There is scope to design and commission a range of new services to be delivered in a community pharmacy setting such as:

- NHS health checks
- Weight management
- Alcohol brief interventions

These services could either give greater access, where these types of services are already being delivered by other healthcare professionals, or result in service re-designs to maximise efficiency savings and improve the quality of patient care. The following services are already in development.

NHS Rotherham is committed to the development of pharmaceutical services and has recently created and appointed a Community Pharmacy Development Pharmacist post.

a) Making Every Contact Count

Making Every Contact Counts (MECC) is an opportunity to mobilise the NHS workforce and put the prevention of health problems and disease at the heart of every NHS contact.

The aim of MECC is to use each contact with a patient to offer appropriate opportunistic brief advice in support of behavior change. The programme is to develop an innovative approach to the current requirement relating to the public health campaigns element of the pharmacy contract.

As an alternative approach to leaflet drops and targeted, time limited public health campaigns, MECC designed to provide a structured public health capacity development programme equipping frontline staff with the skills to make every contact count. The use of brief advice / intervention underpins the proposal and reinforces elements of the White Paper (2008). This will support the development of
Pharmacies being seen as community based Healthy Living Centres and Pharmacy staff becoming ‘Health Trainer Champions’.

The use of brief advice also supports the signposting and being able to help the right people at the right time, when they are ready to change their behaviour. Future proposals are to disseminate leisure passes for the Rotherham Health Check Programme through Pharmacies.

b) Chlamydia Screening

The National Screening Programme has found that Chlamydia is the most common sexually transmitted infection.

The development of the enhanced service is to increase opportunistic Chlamydia screening in Community Pharmacy. The National Chlamydia Screening Programme is aiming for PCT’s to have 60% of screening from core services to ensure long term sustainability (core services are defined as General Practice, Community Contraceptive Services, Pharmacies and Termination Services).

The aims of the service will be to:

- Increase screening of sexually active men and women aged 15 to 24 years for Chlamydia infection.
- Increase access to the Chlamydia Screening Programme (CSP) in Rotherham.
- Increase early detection and treatment of Chlamydia and reduce transmission and complications associated with the infection.
- Increase acceptability of testing for Chlamydia by non-invasive testing.
- Increase understanding and raise awareness of importance of Chlamydia infections amongst young patients that are sexually active.
- De-stigmatise Chlamydia infections and raise awareness of safer sexual practices.
- Reduce the burden on secondary care services by diagnosing and treating infections in the community.

Chlamydia Testing Kits will be issued to patients and pharmacies will be remunerated based on kits received by the Chlamydia Screening Office (CSO). The pharmacist will link into existing local networks of sexual health and community contraceptive services to ensure robust and rapid referral pathways are in place.
c) Influenza Vaccination for NHS Staff

The purpose of this pilot Enhanced Service is to extend the accessibility for provision of influenza immunisation to NHS Rotherham staff by increasing the choice of venues and times when the vaccine can be accessed in order to protect frontline healthcare workers, vulnerable patients and the general public by increasing uptake of seasonal Influenza vaccine by staff employed by NHS Rotherham.

Influenza vaccine has been recommended in the UK since the late 1960s. All NHS organisations have a responsibility to encourage their frontline healthcare staff to be vaccinated annually for Influenza. As well as protecting themselves from personal risk healthcare workers may transmit infections to vulnerable patients and vaccination could help protect patients at higher risk of serious morbidity and mortality.

This local Enhanced service will be an extension of that currently provided by Rotherham Foundation Trust Occupational Health department to provide seasonal Influenza vaccine to NHS Rotherham staff. Access to the Rotherham Foundation Trust Occupational department may potentially be a barrier to staff accessing Influenza vaccine, particularly around problems with parking and times of availability for vaccination.

This service will initially be commissioned from pharmacists who have already informed us that they are accredited to vaccinate.

d) Hepatitis Vaccination Pilot

The supply and administration of the Hepatitis B vaccination programme from pharmacies has proven successful in other parts of the UK. The purpose of this pilot Enhanced Service is to extend the accessibility for provision of hepatitis vaccination from a Rotherham pharmacy, which is currently serving a number of high risk patients through the provision of supervised consumption and needle exchange services. It will be delivered by pharmacists who are already accredited to vaccinate.

The aims of the service are to:

- Increase the knowledge amongst drug users of the availability of this service and the importance of vaccination
- Improve access to the vaccination service and health advice
- Increase the number of people fully vaccinated against Hepatitis B
- Increase awareness of the risk of transmission to sexual partners, close family contacts or other drug users
- Strengthen the local network of Blood Borne Viruses (BBV) and harm reduction services
- Reduce the personal health and public health risk of infection by Hepatitis B
H: Conclusions

Community pharmacies in Rotherham are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on week days and at the weekend (often until late at night) without the need for an appointment.

Whilst there is no requirement for any new pharmacy premises in Rotherham to provide essential services, there are opportunities available to maximise existing and future Enhanced services. Pharmaceutical services which are available need to be advertised more widely and there should be better access to and information about availability of services.

By advertising and utilising the skills of community pharmacists significant health improvements can be made to help reduce health inequalities.

There is a need to communicate the range of Essential, Advanced and Enhanced pharmaceutical services that each community pharmacy is able to provide.

NHS Rotherham and the PBC groups need to effectively commission high quality health care, within existing resources and at the same time enhance the patient experience so that it is of a consistent high standard and patient satisfaction improves. Priorities highlighted in this report will inform the PBC healthcare strategies and future service commissioning.
I: Sources

All references and web links current as of August 2010

- Association of Public Health Observatories health profiles (PHO)
- Active People Survey http://www.sportengland.org
- APHO health profiles: http://apho.org.uk
- Cover Data Health Protection Agency [HPA]
- Help72 http://www.help72.co.uk/
- ImmForm - Department of Health data collection website www.immform.dh.gov.uk
- Local Alcohol Profiles for England http://www.nwph.net/alcohol/lape
- Health Survey for England http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/HealthSurveyForEngland/DH_632
- NICE Clinical Guideline CG66 Type 2 Diabetes 2008 http://www.nice.org.uk/cg66/
- NHS Choices http://www.nhs.uk/Pages/HomePage.aspx
- NHS Rotherham Annual Report 2009-2010
- NHS Rotherham Mental Health Statistics Pharmaceutical Needs Assessment 2010
- NHS Rotherham Substance Misuse Needs Assessment March 2010
- NHS Rotherham Strategic Intelligence Review 2009 http://www.rotherham.nhs.uk/about/publications/Strategic-plan.htm
- NHS Rotherham Pharmaceutical List July 2010
- NHS Rotherham website http://www.rotherham.nhs.uk/
- NHS National Information Centre http://www.ic.nhs.uk
• NHS Primary Care Commissioning [http://www.pcc.nhs.uk]
• Northern & Yorkshire Cancer Registry and Information [http://www.nycris.nhs.uk/]
• Office for National Statistics [http://www.statistics.gov.uk]
• Open Exeter database
• Pharmaceutical Services Negotiating Committee [http://www.psnc.org.uk/]
• Pharmacy First [http://www.rotherham.nhs.uk/Chemists.htm]
• Quality and Outcomes Framework for General Practice
• Quality Management and Analysis System (QMAS)
• Regional Review of Dementia - Rotherham Locality Report – December 2009
• Rotherham Metropolitan borough Council Ward profiles [http://www.rotherham.gov.uk]
• Royal Pharmaceutical Society of Great Britain [http://www.rpsgb.org]
• Saving Carbon, Improving Health NHS Carbon Reduction Strategy for England Jan 2009; Sustainable Development Unit [http://www.sdu.nhs.uk/]
• Smoke Free Rotherham [http://www.smokefreerotherham.co.uk]
• State of the Borough, Rotherham Metropolitan Borough Council Rotherham 2008
• The Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people (CHUMS) October 2009
• World Class Commissioning: Primary Care and Community Services: Improving Pharmaceutical Services April 2009 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097408]
• World Health Organisation [http://www.who.int/en/]

NHS Rotherham DRAFT PNA – Consultation period 23rd August to 21st November 2010
J: Appendices

1. Communication Plan
2. Consultation Reply Form
3. Patient/ Public Pre-Consultation Questionnaire
4. Equality Impact Assessment (EIA) Screening Tool
5. Glossary of Terms
## Appendix 1 Communication Plan

### Pharmaceutical Needs Assessment Communication Plan

<table>
<thead>
<tr>
<th>Audience</th>
<th>Objective</th>
<th>Actions</th>
<th>Timescale</th>
<th>Lead</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Communication</td>
<td><strong>Informing the PNA</strong></td>
<td>• Draft Patient/public questionnaire</td>
<td>Early May</td>
<td>Joanna Hallatt</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Agree Patient/Public Questionnaire</td>
<td>End of May</td>
<td>Joanna Hallatt</td>
<td>Complete</td>
</tr>
<tr>
<td>Patients</td>
<td>Use local channels to reach patients in as many ways as possible with information about the PNA</td>
<td>• Create a PNA Questionnaire ‘webpage’ on the NHS Rotherham website</td>
<td>Early June</td>
<td>Joanna Hallatt</td>
<td>Unable to achieve due to staff unavailability</td>
</tr>
<tr>
<td></td>
<td>Reach those who could benefit the most, i.e. patients with long-term conditions and those most likely to access Pharmaceutical Service such as older people, and parents of young children.</td>
<td>• Raise awareness of questionnaire via local free press</td>
<td>First week June</td>
<td>Fiona Topliss</td>
<td>Unable to meet deadline due to delay in location authorisation</td>
</tr>
<tr>
<td><strong>Formal Consultation</strong></td>
<td><strong>End July, early August</strong></td>
<td><strong>Joanna Hallatt/ Fiona Topliss</strong></td>
<td><strong>Overarching groups identified. To follow up once draft PNA agreed.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------</td>
<td>----------------------------------</td>
<td>------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Write to and offer attendance at meetings of local patient and community groups to explain about the PNA</td>
<td>End July, early August</td>
<td>Joanna Hallatt/ Helen Wyatt</td>
<td>Draft written, Due to be distributed 20th August</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft and send press release about PNA to patients to coincide with formal consultation</td>
<td>End July, early August</td>
<td>Joanna Hallatt/ Helen Wyatt</td>
<td>Utilising new web based consultation hub &amp; communications e-mail address. Due to go live w/c 26th July</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a PNA ‘webpage’ on the NHS Rotherham website and dedicated e-mail address</td>
<td>End July, early August</td>
<td>Joanna Hallatt/ Helen Wyatt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Propose article for August issue of the Rotherham News</td>
<td>End July, early August</td>
<td>Fiona Topliss</td>
<td>Draft written, Due to be distributed 20th August</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Stakeholders - Internal

| Professional Executive | Raise awareness of PNA with Professional Executive (PE) | • Include PE member on PNA Steering group | May 2010 | Mark Hamstead | Complete  
|------------------------|--------------------------------------------------------|----------------------------------------|--------|--------------|--------
|                        |                                                        | • Keep PE up to date with progress through performance report | Ongoing | Sue Wright   | To follow up with AB & AT. Next update due August |
| Trust Board            | Raise awareness of PNA with Trust Board                | • Identify Executive Board member responsible for PNA development | May 2010 | Stuart Lakin | Complete John Radford |
|                        |                                                        | • Present PNA briefing paper           | June 2010 | Sue Wright    | Complete- updates to go through Management Executive |
|                        |                                                        | • Keep Trust Board up to date with progress through Chief Executive report | Monthly-Ongoing | Sue Wright | July report sent. Ongoing |
| Senior Management      | Raise awareness of PNA with Senior Managers to enable delivery of timeline | • Present PNA briefing paper at Management Executive meeting | Early June | Sue Wright | Complete, updates when required |
| Medicines Management Team | Raise awareness of PNA with MMT and ensure services provided are considered in the PNA | • Include member of MMT on PNA steering group  
• Present PNA briefing paper at MMT Team meeting | May 2010  
Early August | Sue Wright  
Joanna Hallatt | Complete Sue Wright, Stuart Lakin & Joanna Hallatt  
Complete 3rd August |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotherham Community Health Services</td>
<td>Raise awareness of PNA with RCHS pre-formal consultation</td>
<td>• Present PNA briefing paper at Integrated Governance meeting</td>
<td>End July</td>
<td>Sue Wright</td>
<td>Complete</td>
</tr>
<tr>
<td>Stakeholders- External</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Community Pharmacies | • Raise awareness of PNA with Community Pharmacy  
• Ensure information Trust holds on services provided is robust and providers have the opportunity to challenge  
• Multiple pharmacy head offices | • Write to contractors individually to explain the PNA and request confirmation of current services provided  
• Ensure pharmacies are aware of consultation plans  
• When requested to do so ensure company head office details are added to the formal consultation distribution list | April  
Early June  
Ongoing | Joy Rogers  
Joy Rogers | Complete  
Complete. All individual contractors e-mailed/written to 25th June |
| Dispensing Doctors | • Raise awareness of PNA with Community Pharmacy  
  • Ensure information Trust holds on services provided is robust and providers have the opportunity to challenge | • Write to contractors individually to explain the PNA and request confirmation of current services provided  
  • Ensure Dispensing doctors are aware of consultation plans  
  • Include in the formal consultation | April  
  Early June | Joy Rogers | Complete  
  Complete. All individual contractors e-mailed/written to 25th June |
|-------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------|-------------------|-----------------------------------------------------------------|
| Rotherham-Local Pharmaceutical Committee (LPC) | • Include LPC representative on PNA Steering group  
  • Request draft PNA is discussed at LPC meeting | May 2010  
  Mid August to early October | Sandra Parnham | Complete  
  Complete-Agenda 13th September |
| Neighbouring LPC’s | Barnsley, Doncaster, Derbyshire, Nottinghamshire, Sheffield | • Formal consultation to be undertaken via the corresponding PCT  
  • Representatives to be invite to South Yorkshire PNA meetings | Mid August to early October  
  Late May early June | Sue Wright  
  Joanna Hallatt | To correspond with formal consultation  
  Complete. Meetings 3rd June & 12th July |
| Rotherham-Local Medical Committee (LMC) | • Include LMC representative on PNA Steering group  
  • Offer to present PNA briefing paper at LMC meeting | May  
  Early June | Sue Wright  
  Sue Wright | Complete Dr Speight  
  Offer noted at meeting 26th July following |
| Neighbouring LMC’s | Barnsley, Doncaster, Derby & Derbyshire, Nottinghamshire, Sheffield | • Formal consultation to be undertaken via the corresponding PCT | Sue Wright | To correspond with formal consultation |
| Neighbouring PCT’s | Barnsley, Bassetlaw, Doncaster, Derbyshire County Sheffield | • Include in formal consultation process | Mid August to early October | | Sue Wright | To correspond with formal consultation |
| Rotherham Foundation Trust (RFT) | Raise awareness of PNA with RFT | • Write to RFT Chief Pharmacist to explain the PNA and timeline. Invite them to complete the “Pharmacy Services” proforma | Early June | Joanna Hallatt | Complete July 20th |
| | Ensure information PCT holds on services provided is robust and providers have the opportunity to challenge | • Include in formal consultation process | Mid August to early October | Sue Wright | To correspond with formal consultation |
| Rotherham Doncaster and NHS South | Raise awareness of PNA with RDaSH | • Consult with NHS Doncaster and if necessary- Write to RDaSH Chief Pharmacist | Early June | Sue Wright | Complete July 20th |
| Humber Mental Health Trust (RDaSH) | Ensure information PCT holds on services provided is robust and providers have the opportunity to challenge | directly to explain the PNA and timeline. Invite them to complete the “Pharmacy Services” proforma  
- Include in formal consultation process | | |
| Appliance Contractors | Ensure information PCT holds on service provided is robust and there is an opportunity to challenge |  
- Write to South Yorkshire Ostomy Supplies YOS to explain the PNA and request confirmation of current services provided  
- Include in the formal consultation  
- Use ePACT data to identify if other suppliers outside of Trust are of consequence and contact corresponding PCT for details | Early June  
Mid August to Early October  
End July | Joy Rogers  
Sue Wright  
Joanna Hallatt | Complete  
To correspond with formal consultation  
Complete July 21st |
| Practice Based Commissioning Groups | Raise awareness of PNA to all PBC groups |  
- Present briefing paper explain PNA and timeline at Strategy meeting | End June | Sue Wright | Initial briefing given by SL 28/07/10. Follow-up due 29th September |
| **LINkRotherham** | Raise awareness of PNA patient and public questionnaire  
Raise awareness of formal consultation process | Offer information to LINkRotherham explaining the PNA formal consultation and patient/public questionnaire | Ongoing | Joanna Hallatt | Offer and information sent. Follow up offer 02/08/10 |
| **Black & Minority Ethnic groups** | Raise awareness of PNA with local groups during formal consultation process | Write to and offer attendance at meetings of local patient and community groups to explain about the PNA | Mid August to early October | Helen Wyatt/Joanna Hallatt | Invited to REMA 29th September |
| **PPE & PALs** | Ensure PPE lead and PALs know about PNA | Include PPE lead on Steering group  
Engage with local forums and groups during formal consultation period | May 2010 | Helen Wyatt | Completed Health Networks - July 20th/Sept 30th Rotherham Older People’s Experience of Services (ROPES) - Sept 13th |
| **Rotherham Metropolitan Borough council, Parish and Town Councils & MP’s** | Ensure all are aware of the formal consultation period and timeline | Write to representatives explaining the PNA and our intention to formally consult for 60 days | Late June | Joy Rogers | Complete |

*LINkRotherham*

Raise awareness of PNA patient and public questionnaire  
Raise awareness of formal consultation process

- Offer information to LINkRotherham explaining the PNA formal consultation and patient/public questionnaire

**Ongoing**

Joanna Hallatt

Offer and information sent. Follow up offer 02/08/10

**Black & Minority Ethnic groups**

Raise awareness of PNA with local groups during formal consultation process

- Write to and offer attendance at meetings of local patient and community groups to explain about the PNA

**Mid August to early October**

Helen Wyatt/Joanna Hallatt

Invited to REMA 29th September

**PPE & PALs**

Ensure PPE lead and PALs know about PNA

- Include PPE lead on Steering group  
- Engage with local forums and groups during formal consultation period

**May 2010**

Helen Wyatt

Completed Health Networks - July 20th/Sept 30th Rotherham Older People’s Experience of Services (ROPES) - Sept 13th

**Rotherham Metropolitan Borough council, Parish and Town Councils & MP’s**

Ensure all are aware of the formal consultation period and timeline

- Write to representatives explaining the PNA and our intention to formally consult for 60 days

**Late June**

Joy Rogers

Complete
Appendix 2 Consultation Reply Form

Pharmaceutical Needs Assessment
Consultation Reply Form

Responses can be completed and sent in online at

www.rotherham.nhs.uk/getinvolved/pna-consultation.htm

Alternatively please complete and return to:

Pharmaceutical Needs Assessment
Medicines Management Team
NHS Rotherham
Oak House
Moorhead Way
Bramley
Rotherham
S66 1YY

Closing date for responses: 5pm 21st November 2010

Any responses received after this date will not be included in the response report, but may be taken into consideration when the document is reviewed

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact address including postcode</td>
</tr>
<tr>
<td>Organisation representing (if appropriate)</td>
</tr>
<tr>
<td>Email address</td>
</tr>
<tr>
<td>Brief description of organisation (if appropriate)</td>
</tr>
</tbody>
</table>
Freedom of Information

We will manage the information you provide in response to this consultation in accordance with the Department of Health’s Information Charter.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals with amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on NHS Rotherham.

NHS Rotherham will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be passed on to departments within NHS Rotherham and/or published in a summary of responses to this consultation.

I do not wish my response to be passed on to other departments within NHS Rotherham

I do not wish my response to be published in a summary of responses

Are you responding?

As a member of the public

As a health or social care professional

As a pharmacist / appliance contractor

On behalf of an organisation
**Area of work:**

<table>
<thead>
<tr>
<th>Area of work:</th>
<th>NHS</th>
<th>Trade Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Care</td>
<td>Independent Contractor to NHS</td>
<td></td>
</tr>
<tr>
<td>Private Health</td>
<td>Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Third Sector</td>
<td>Supplier</td>
<td></td>
</tr>
<tr>
<td>Regulatory Body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Body</td>
<td>Other (please give details)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Authority</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you are responding on behalf of an organisation, please indicate which type of organisation you represent:

<table>
<thead>
<tr>
<th>Organisations:</th>
<th>NHS</th>
<th>Trade Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Care</td>
<td>Independent Contractor to NHS</td>
<td></td>
</tr>
<tr>
<td>Private Health</td>
<td>Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Third Sector</td>
<td>Supplier</td>
<td></td>
</tr>
<tr>
<td>Regulatory Body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Body</td>
<td>Other (please give details)</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Authority</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Consultation Comments and Views

NHS Rotherham welcomes comments and views from all interested parties on the draft Pharmaceutical Needs Assessment (PNA)

<table>
<thead>
<tr>
<th>Q1. Do you feel that the purpose of the PNA has been explained sufficiently?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No  please circle as appropriate</td>
</tr>
<tr>
<td>If no, please let us know why.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2. Do you feel that the information contained within the PNA adequately reflects the current community pharmacy provision within Rotherham?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No  please circle as appropriate</td>
</tr>
<tr>
<td>If no, please let us know why.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q3. Do you feel the needs of the population of Rotherham have been adequately reflected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No  please circle as appropriate</td>
</tr>
<tr>
<td>If no, please let us know why.</td>
</tr>
</tbody>
</table>
Q4. Are you aware of any pharmaceutical services currently provided that you are aware of that are not currently highlighted within the PNA?

Yes / No  please circle as appropriate

If yes, please let us know which services.

Q5. Has the PNA given you adequate information to inform your own future service provision? (Pharmacies only)

Yes / No  please circle as appropriate

If no, please let us know why.

Q6. Is there any additional information that you feel should be included?

Yes / No  please circle as appropriate

If yes, please let us know which organisations should be contacted.
Q7. Do you have any other comments?

Yes / No  

*please circle as appropriate*

If yes, please let us know

Thank you for contributing to the consultation process.

A report of on the consultation will be including in the final document which is due for publication February 2010.
Appendix 3 Patient and Public Pre-Consultation Questionnaire

Q.1 On average, how often do you use pharmacies?
(Multiple Choice, select one only)
Never
Less than twice a year
3-6 times a year
More than 6 times a year

Q.2 When do you prefer to visit pharmacies (select all that apply)?
(Multiple Choice, multiple answers allowed)
Before 9 am
Between 9 am and 12 noon
Between 12 noon and 2 pm
Between 2 pm and 5:30 pm
Between 5:30 pm and 8 pm
Between 8 pm and 10 pm
During the night
Monday to Fridays
Saturdays
Sundays

Q.3 Which pharmacies do you use? (Select all that apply)
(Multiple Choice, multiple answers allowed)
Close to where I live
Close to shops
Close to where I work
In a supermarket
In/near a health centre
I use internet/postal ordering
Rarely/never use pharmacies

Which of these services do you use?
_Tabular, select one only_
Once a month or more
Between 3 & 10 times a year
Twice a year or less
Never - no need
Never - service not available

Q.4 Dispensing prescriptions

Q.5 Delivery and collection

Q. 6 Buying medicines

Q.7 Advice

Q. 8 disposing of medicines
Q.9 Discussing use of medicines

Q.10 Help to stop smoking

Q.11 Minor Ailments without a prescription

Q.12 Sexual Health Services

Would you like these services in the future?
*(Tabular, select one only)*
- Yes
- No
- Don't know

Q.13 Health checks

Q.14 Help to lose weight

Q.15 Vaccinations

Q.16 Warfarin blood tests

Q.17 Advice on alcohol

Q.18 Are you?
*(Multiple Choice, select one only)*
- Male
- Female

Q.19 Illness, disability and caring - select all that apply
*(Multiple Choice, multiple answers allowed)*
- I have a long term condition or illness
- I have a physical disability
- I have a sensory disability
- I look after (care for) someone
- I have other health problems
- I have mental health problems
- I have a Learning disability
- Other

Q.20 What is your age?
*(Multiple Choice, select one only)*
- 18 or under
- 19-40
- 41-60
- 61-80
- Over 80
Q.21 Where do you live?
(Multiple Choice, select one only)
Brampton, Wath, Swinton
Rawmarsh, Kilnhurst, Parkgate
Wentworth, Thorpe Hesley
Greasbrough, Kimberworth
Thrybergh, Ravenfield, Dalton
Herringthorpe, Broom, Clifton
Canklow, Brinsworth, Catcliffe
Treeton, Moorgate, Whiston
Rotherham Centre
Wickersley, Bramley, Hellaby
Maltby
Aston, Ulley, Todwick, Wales
Harthill, N & S Anston, Dinnington
Thurcroft, Brookhouse, Firbeck
Live outside Rotherham

Q.22 Please select
(Multiple Choice, select one only)
White - British
White - Irish
White - Other
Black; African or Caribbean; Black British
Asian, Asian British -Indian
Asian, Asian British -Pakistani
Asian, Asian British -Bangladeshi
Chinese
Dual Heritage
Roma or traveller
Other
Prefer not to say
Appendix 4 Equality Impact Assessment (EIA) Screening Tool

| Document Name: Pharmaceutical Needs Assessment | Date/Period of Document: Development & implementation period 2010-2011 |
| Lead Officer: Sally Jenks | Directorate: Public Health |
| Reviewing Officers: PNA Steering Group |

☑ Needs Assessment  ☐ Policy  ☐ Procedure  ☐ Strategy  ☐ Joint Document, with who?

Pharmaceutical Needs Assessment for the Borough of Rotherham.

The White Paper Pharmacy in England: Building on strengths – delivering the future was published by the Department of Health in April 2008. It highlighted the variation in the structure and data requirements of PCT PNAs and confirmed that they required further review and strengthening to ensure they are an effective and robust commissioning tool which supports PCT decisions.

The Health Act 2009 amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations were consulted on in late 2009/early 2010 and were laid in Parliament on 26 March 2010 and come into force on 24 May 2010. The Regulations place PCTs under a duty to publish their first PNA by 1 February 2011 (regulation 3C(1)).

The Health Act 2009 confirms requirements for PCTs to develop and publish Pharmaceutical Needs Assessments (PNAs) as the basis for determining market entry to NHS pharmaceutical services provision. It is expected that PNAs will form the basis of future market entry tests for pharmacy contract applications. As there is no “right of appeal” against a PNA the risks of not following the published Regulations and Guidance could result in PCTs being taken to Judicial Review.

The PNA links to the Joint Strategic Needs Assessment (JSNA) and timely, up to date and relevant information and resources are being used to create the PNA. NHS Rotherham and its predecessors have produced PNA documents in the past and this has given a sound foundation to the PNA document.

The following will help you to check if this policy is sensitive to people of different age, ethnicity, gender, disability, religious belief, sexual orientation and carers. It will help you to identify any strengths and/or highlight improvements required to ensure that the policy is compliant with equality legislation.

1. Assessment of possible adverse impact against any minority group

<table>
<thead>
<tr>
<th>Does your policy contain any statements, conditions or requirements which may exclude people from using the services who would otherwise meet the criteria under the grounds of: (*Also consider Q's b, c and d on the guidance page)</th>
<th>Response</th>
<th>If yes, please state why and the evidence used in your assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>1 Age?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2 Gender (Male, Female and Transsexual)?</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3 Disability (Learning Difficulties/Physical or Sensory)</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
If you answered yes to any of the above items the policy may be considered discriminatory and require review / further work to ensure compliance with legislation.

2. Assessment of possible positive impact against any minority group:

<table>
<thead>
<tr>
<th>Does the policy, or could it with minor amendments, have a positive impact or promote equal opportunities on the grounds of: (*Also consider Qe on the guidance page)</th>
<th>Response</th>
<th>If yes, please state why and the evidence used in your assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age?</td>
<td>Yes</td>
<td>The assessment will have a neutral impact across all ages</td>
</tr>
<tr>
<td>Gender (Male, Female and Transsexual)?</td>
<td>Yes</td>
<td>The assessment will have a neutral impact across all gender including transsexual</td>
</tr>
<tr>
<td>Disability (Learning Difficulties/Physical or Sensory Disability)?</td>
<td>Yes</td>
<td>The assessment will have a neutral impact across all disability groups</td>
</tr>
<tr>
<td>Race or Ethnicity?</td>
<td>Yes</td>
<td>The assessment will have a neutral impact upon race and ethnicity</td>
</tr>
<tr>
<td>Religious, Spiritual Belief?</td>
<td>Yes</td>
<td>The assessment will have a neutral impact upon religious and spiritual belief</td>
</tr>
<tr>
<td>Sexual Orientation?</td>
<td>Yes</td>
<td>The assessment will have a neutral impact upon sexual orientation</td>
</tr>
<tr>
<td>Carers?</td>
<td>Yes</td>
<td>The assessment will have a neutral impact carers</td>
</tr>
</tbody>
</table>

3. Summary

On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please rate, by circling, the level of impact</td>
<td></td>
</tr>
<tr>
<td>HIGH</td>
<td>MEDIUM</td>
</tr>
</tbody>
</table>

Date assessment completed: July 21st 2010

Appendix 5: Glossary of Terms
CMO Chief Medical Officer

The Chief Medical Officer (CMO) is the UK Government's principal medical adviser and the professional head of all medical staff in England.

ePACT

A service for pharmaceutical and prescribing advisors which allows on-line analysis of the previous sixty months prescribing data held on NHS Prescription Services Prescribing Database.

IMD Index or Indices of Multiple Deprivation

The Index of Multiple Deprivation (IMD) is a measure of multiple deprivations at Super Output Area (SOA) level. The model of multiple deprivation which underpins the IMD is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately.

JSNA Joint Service Needs Assessment

The purpose of JSNA is to pull together in a single, ongoing process all the information which is available on the needs of our local population ('hard' data i.e. statistics; and 'soft data' i.e. the views of local people), and to analyse them in detail to identify the major issues to be addressed regarding health and well-being, and the actions that local agencies will take to address those issues.

LES Local Enhanced Service

Enhanced services address a gap in essential services or deliver higher than specified standards, with the aim of helping PCTs reduce demand on secondary care. Enhanced services expand the range of services to meet local need, improve convenience and extend choice.

LPC Local Pharmaceutical Committee

- The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC). The LPC is the focus for all community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with Primary Care Trusts (PCTs), Local Authorities and other healthcare professionals to help plan healthcare services.
NICE National Institute for Clinical Excellence

The National Institute for Health and Clinical Excellence (NICE) provides guidance, sets quality standards and manages a national database to improve people’s health and prevent and treat ill health. NICE makes recommendations to the NHS on new and existing medicines, treatments and procedures; treating and caring for people with specific diseases and conditions.

NICE makes recommendations to the NHS, local authorities and other organisations in the public, private, voluntary and community sectors on how to improve people’s health and prevent illness and disease.

NHS Rotherham / Primary Care Trust (PCT)

Rotherham PCT pays for the care of residents in hospital, arranges healthcare through GPs, dentists, pharmacists, and optometrists and directly provides a range of community services including community nursing, podiatry, family planning, quit smoking, physiotherapy and health visiting.

ONS Office National Statistics

The Office for National Statistics produces independent information to improve our understanding of the UK’s economy and society.

PHO Public Health Observatories

The Association of Public Health Observatories (APHO) represents a network of 12 public health observatories (PHOs) working across the five nations of England, Scotland, Wales, Northern Ireland and the Republic of Ireland. We produce information, data and intelligence on people’s health and health care for practitioners, policy makers and the wider community.

PSNC Pharmaceutical Services Negotiating Committee

The Pharmaceutical Services Negotiating Committee (PSNC) is recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters.
QOF Quality & Outcomes Framework

The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice. The QOF gives an indication of the overall achievement of a surgery through a points system. Practices aim to deliver high quality care across a range of areas for which they score points. Put simply, the higher the score, the higher the financial reward for the practice. The final payment is adjusted to take account of surgery workload and the prevalence of chronic conditions in the practice’s local area.

QMAS Quality Management and Analysis System

The Quality Management and Analysis System, known as QMAS, is a national IT system which gives GP practices and Primary Care Trusts (PCTs) objective evidence and feedback on the quality of care delivered to patients. It supports the Quality and Outcomes (QOF) element of the GP contract.

PGD Patient Group Directive

In practice this means that a PGD, signed by a doctor and agreed by a pharmacist, can act as a direction to a nurse to supply and/or administer prescription-only medicines (POMs) to patients using their own assessment of patient need, without necessarily referring back to a doctor for an individual prescription.
**M: Acknowledgements**

1. **Members of the Steering Group**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Wright</td>
<td>Senior Pharmaceutical &amp; Prescribing Advisor NHS Rotherham</td>
</tr>
<tr>
<td>Mark Hamstead</td>
<td>Community Pharmacist (Professional Executive/Clinical Governance Lead)</td>
</tr>
<tr>
<td>Keith Stamp</td>
<td>Programme Lead Primary Care NHS Rotherham</td>
</tr>
<tr>
<td>Stuart Lakin</td>
<td>Head of Medicines Management NHS Rotherham</td>
</tr>
<tr>
<td>Joanna Hallatt</td>
<td>Community Pharmacy Development Pharmacist NHS Rotherham</td>
</tr>
<tr>
<td>Joy Rogers</td>
<td>Primary Care Contracts Officer NHS Rotherham</td>
</tr>
<tr>
<td>Sandra Parnham</td>
<td>LPC Secretary- Rotherham Local Pharmaceutical Committee</td>
</tr>
<tr>
<td>Alex Henderson</td>
<td>Head of Intelligence NHS Rotherham</td>
</tr>
</tbody>
</table>

2. **Contributors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally Jenks</td>
<td>Public Health Specialist NHS Rotherham</td>
</tr>
<tr>
<td>Katy Scott</td>
<td>Public Health Information Analyst NHS Rotherham</td>
</tr>
<tr>
<td>Sally Webster</td>
<td>Senior Medicines Management Technician</td>
</tr>
<tr>
<td>Kathy Wakefield</td>
<td>Strategic Lead Clinical Risk, Infection Prevention and Control/ Vaccines &amp; Immunisations</td>
</tr>
<tr>
<td>Helen Wyatt</td>
<td>Patient and Public Engagement Manager- NHS Rotherham</td>
</tr>
</tbody>
</table>