



## Pharmaceutical Needs Assessment 2018-2021

North Yorkshire Health and Wellbeing Board

Approved 23<sup>rd</sup> March 2018

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## Executive Summary

The Pharmaceutical Needs Assessment (PNA) is a statutory duty of the Health and Wellbeing Board. The purpose of the PNA is to consider the current and future need for pharmaceutical services in a geographical area, and to describe to what extent current pharmaceutical services meet that need. To do this it will consider the demography of the area and the differing needs across localities and population groups. It also considers whether the public has sufficient choice in accessing pharmaceutical services, the effect of provision provided by neighbouring areas, the effect of other NHS services, and finally whether the provision of further pharmaceutical services would secure improvements or better access.

This North Yorkshire PNA was developed by a partnership group comprising of representatives from organisations on the Health and Wellbeing Board in addition to the Local Pharmaceutical Committee and the Local Medical Committee.

The group followed a process that built on the learning from developing the 2011 and 2015 PNAs.

The group:

- reviewed the Regulations and guidance,
- conducted an eight week questionnaire engagement exercise to gather public, practitioner, pharmaceutical provider, and organisational views on local pharmaceutical provision,
- reviewed need, building on the Joint Strategic Needs Assessment,
- analysed the current provision of pharmaceutical services in comparison with need in each district in North Yorkshire, highlighting gaps as appropriate.

Analysis found that:

- In the **Craven** district there is adequate service provision during Monday to Saturday. Based on the information available there appears to be a gap in parts of Craven on Sundays. However the population density in these areas is below 150 per square mile.
- In the **Hambleton** district, there is adequate service provision during Monday to Sunday.
- In the **Harrogate** district, there is adequate service provision during Monday to Sunday.
- In the **Richmondshire** district, there is adequate service provision during Monday to Saturday. Based on the information available there appears to be a gap in parts of Richmondshire on Sundays. However the population density in these areas is below 150 per square mile.
- In the **Ryedale** district, there is adequate service provision during Monday to Sunday
- In the **Scarborough** district there is adequate service provision Monday to Saturday. Based on the information available there appears to be a gap in parts of Scarborough on Sundays. However the population density in these areas is below 150 per square mile.
- In the **Selby** district there is adequate service provision during Monday to Sunday

**In summary, this needs assessment concludes that there are no gaps in the provision of necessary services in North Yorkshire.** However there are a number of developments that are expected to take place over the next three years that may impact on the need for and access to pharmacy services. This includes GP extended access, housing developments, on-line pharmacies and changes to the way in which pharmacies are funded. It is not possible to assess the impact of this at this time, however, it should remain under review as part of the ongoing PNA process. Any pharmacy changes or closures that has a significant impact on access may be subject to a supplementary statement being issued by the Health and Well-being Board if this occurs before the next PNA is prepared in 2020.

## Section 1: Introduction

### 1.1 Background

The Pharmaceutical Needs Assessment (PNA) is a statutory duty of the Health and Wellbeing Board. The purpose of the PNA is to consider the current and future need for pharmaceutical services in a geographical area, and to describe to what extent current pharmaceutical services meet that need. To do this it will consider the demography of the area and the differing needs across localities and population groups. It also considers whether the public has sufficient choice in accessing pharmaceutical services, the effect of provision provided by neighbouring areas, the effect of other NHS services, and finally whether the provision of further pharmaceutical services would secure improvements or better access.

In order to achieve this, a PNA is required to include the following:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area.
- A statement of the pharmaceutical services that have been identified by the Health and Wellbeing Board that are needed in the area, and are not provided (gaps in provision).
- A statement of other services that are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.
- A statement of services that the Health and Wellbeing Board had identified as not being provided, but which would, if they were provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS commissioning board (NHS England), a clinical commissioning group (CCG) or an NHS Trust, which affect the need for pharmaceutical services.
- An explanation of how the pharmaceutical needs assessment, including the consultation, has been carried out.
- A map of providers of pharmaceutical services.

Additional detail regarding the minimum requirements of a pharmaceutical needs assessment, as defined in the legislation, may be found in Appendix four.

The PNA is required to consider the following range of pharmaceutical services:

- Essential services – core services which every community pharmacy must provide, as specified in their NHS terms of contract.
- Advanced services – further services which accredited pharmacies may provide.
- Enhanced services – services which are locally commissioned by Local Authorities, NHS England and Clinical Commissioning Groups in response to the needs of the population.

## 1.2 Purpose

The document is used as the framework for commissioning pharmacy services in an area. When a person, typically a pharmacist, wants to be included on the pharmaceutical list and open a new pharmacy they are required to apply to the NHS, this is commonly known as the NHS market entry system. In that application the individual must demonstrate they are able to meet a pharmaceutical need set out in the local area's PNA.

Additionally, the PNA may identify a health need which is not currently being met through the pharmaceutical services available in that area. NHS England may use this information to commission additional pharmaceutical services in the area, however there is not a specific requirement on NHS England to respond to this need.

## 1.3 Policy Context

Since the last PNA a number of policies have been introduced that have implications on the role of pharmacies. These include:

### Community Pharmacy Forward View

This document describes three key roles for the community pharmacy of the future:

1. *As the facilitator of personalised care for people with Long Term Conditions (LTCs)* - community pharmacy teams should be integral to supporting and empowering people with LTCs and their carers to manage their own health. Community pharmacists and their teams should work in partnership across the wider health and care system, within the new care models that are emerging across the country.
2. *As the trusted, convenient first port of call for episodic healthcare advice and treatment* - the habit of using or signposting to 'pharmacy first' for non-emergency episodic care, should be ingrained in patient, public and professional behaviours. To facilitate this, systems that enable seamless triage to and referral from community pharmacy should be included in all local urgent care pathways and in the NHS 111 service.
3. *As the neighbourhood health and wellbeing hub* - all pharmacies should operate as neighbourhood health and wellbeing centres, providing the 'go-to' location for support, advice and resources on staying well and independent. Building on the Healthy Living Pharmacy (HLP) model, the safe and efficient supply of medicines managed by pharmacist-led teams will remain at the core of this community pharmacy offer, but will be recognised as one component of a broader set of resources and services available within these health and wellbeing centres.

### Community pharmacy in 2016/17 and beyond (DH)

In December 2016 a new national community pharmacy contract was introduced. The overall Government vision for this contract is: "for community pharmacy to be integrated with the wider health and social care system. This will help relieve pressure on GPs and A&E departments, ensure optimal use of medicines, and will mean better value and patient outcomes. It will support the

promotion of healthy lifestyles and ill health prevention, as well as contributing to delivering seven day health and care services.” The Government also imposed a two-year funding package on community pharmacy with cuts of around 7.5% in 2017-18 compared with 2015-16.

### **NHS Five Year Forward View**

Sets out a vision for the NHS in England and describes the need to remove barriers across providers and the various healthcare settings, describes networks of care centred on the patient, with care provided closer to home. This includes a requirement for healthcare organisations to work together to produce five year Sustainability and Transformation Plans (STPs). Due to the ongoing development of STPs and proposals for accountable care systems, any resulting change in landscape or organisation of the NHS locally could mean that existing models of delivery of some community pharmacy services may need to be modified or redesigned. These developments may also create opportunities for development of services in line with STP plans such as an increasing focus in prevention and closer working between the Local Authorities and the NHS.

### **1.4 Governance**

Each Health and Wellbeing Board has a legal responsibility to produce a PNA. To deliver the PNA, City of York Council and North Yorkshire County Council (NYCC) decided to work in collaboration to share approaches and to facilitate partner involvement for those organisations that cover both council areas and work across boundaries. This has worked well in the past and both PNAs have the same lifetime expiry. Recognising these different geographical boundaries led to separate reports being produced for the respective Health and Wellbeing Boards.

### **1.5 What is out of scope?**

As in previous PNAs, any comments and challenges from the public or stakeholders on the law and regulations surrounding market entry criteria and the implementation of controlled area designation and reserved localities was outside of the scope of this report. It was also agreed that business continuity was out of scope for the PNA where there might be access issues in the event of an unplanned event e.g. flooding. This is because it is difficult to predict when and where these events may occur and organisations involved will have business continuity plans in place. Hospital pharmacies are also out of scope for the PNA. Some concerns were raised through the stakeholder engagement and consultation about the quality of pharmacies. The quality of pharmacy provision is out of scope of the PNA, however the steering group agreed that there needs to be better promotion of how patients can provide feedback and/or complain about provision. This will be done outside of the PNA process.

### **1.6 Timeframe**

The Health and Wellbeing Board is required to produce a PNA every three years. This is to ensure the content of the report reflects the true state of pharmaceutical services available in the area. In addition, the Health and Wellbeing Board are required to publish any changes to the pharmaceutical services available every quarter. If the Health and Wellbeing Board are made aware of any significant changes to the pharmaceutical services available to residents, they may consider reviewing the



document earlier than three years. This pharmaceutical needs assessment is valid from April 2018 to March 2021.

## 1.7 Boundaries for the PNA

The North Yorkshire PNA looks at provision for the North Yorkshire Health and Wellbeing Board area. As in the previous PNA, it was felt that the district and borough council boundaries gave sufficient detail as to provide population health data, along with service provision information. Opening times of pharmacies were reviewed by Middle layer Super Output Area (MSOA) boundaries because this allows us to compare areas of a similar population size.

## 1.8 Process of conducting the PNA

As discussed in 1.4, the Health and Wellbeing Boards of York and North Yorkshire worked collaboratively in the development of their respective PNAs. A joint multi-agency steering group was established to manage the production of the PNA. The membership of the joint PNA steering group and the declarations of interests may be found in Appendix one. The multi-agency steering group met four times between March 2017 and January 2018.

The process was broken down into four stages:



Each of these organisations were contacted directly about the consultation on the draft report, and encouraged to respond. The report was also publicised via the NYCC media channels to allow any other interested parties to respond.

## Section 2: North Yorkshire's Population

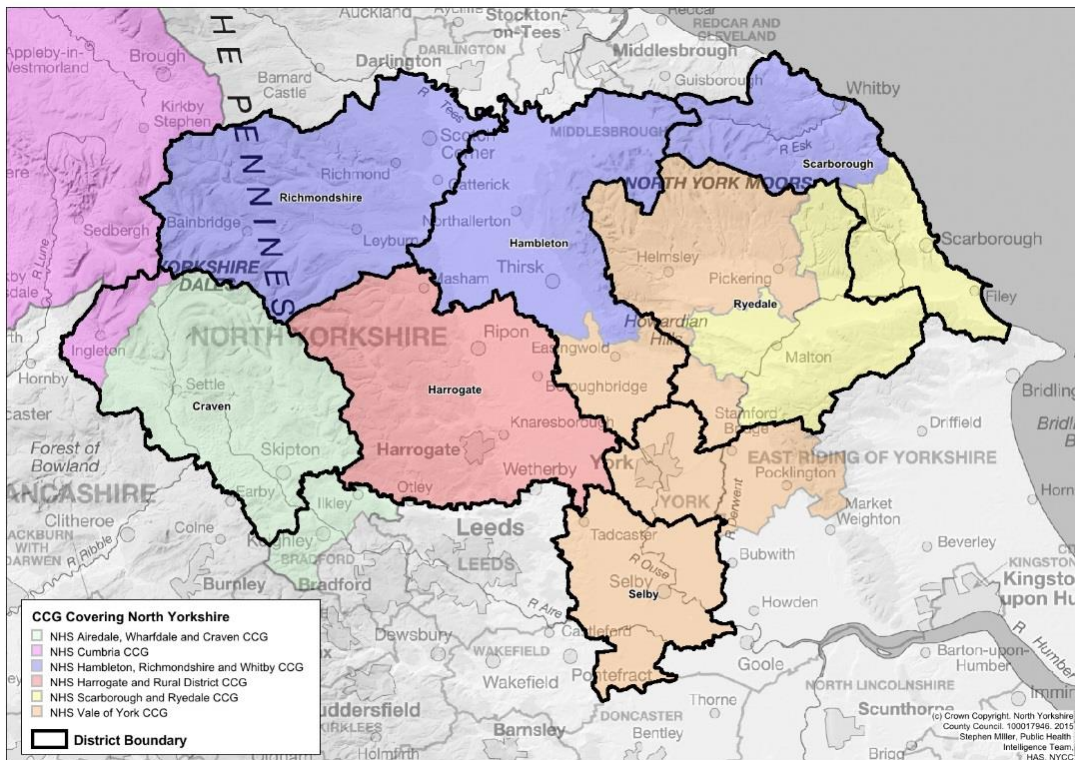
### 2.1 Overview of the County

Spread over 3,000 square miles, North Yorkshire's health and social care landscape is complex, comprising of the following:

- Seven district/borough councils, with responsibility for a range of functions, including housing, planning and licensing.
- Six Clinical Commissioning Groups (CCGs) with responsibility for Primary care.
- Four NHS trusts provide acute hospital care.
- Three [Sustainability Transformation Plan \(STP\) areas](#)<sup>1</sup>.
- NHS England has responsibility for commissioning pharmacies and dental practices. This is done locally by the NHS England – North (Yorkshire and the Humber) Direct Commissioning Organisation
- One Local Pharmacy Committee which covers York and North Yorkshire. Provided by Community Pharmacy North Yorkshire (CPNY).

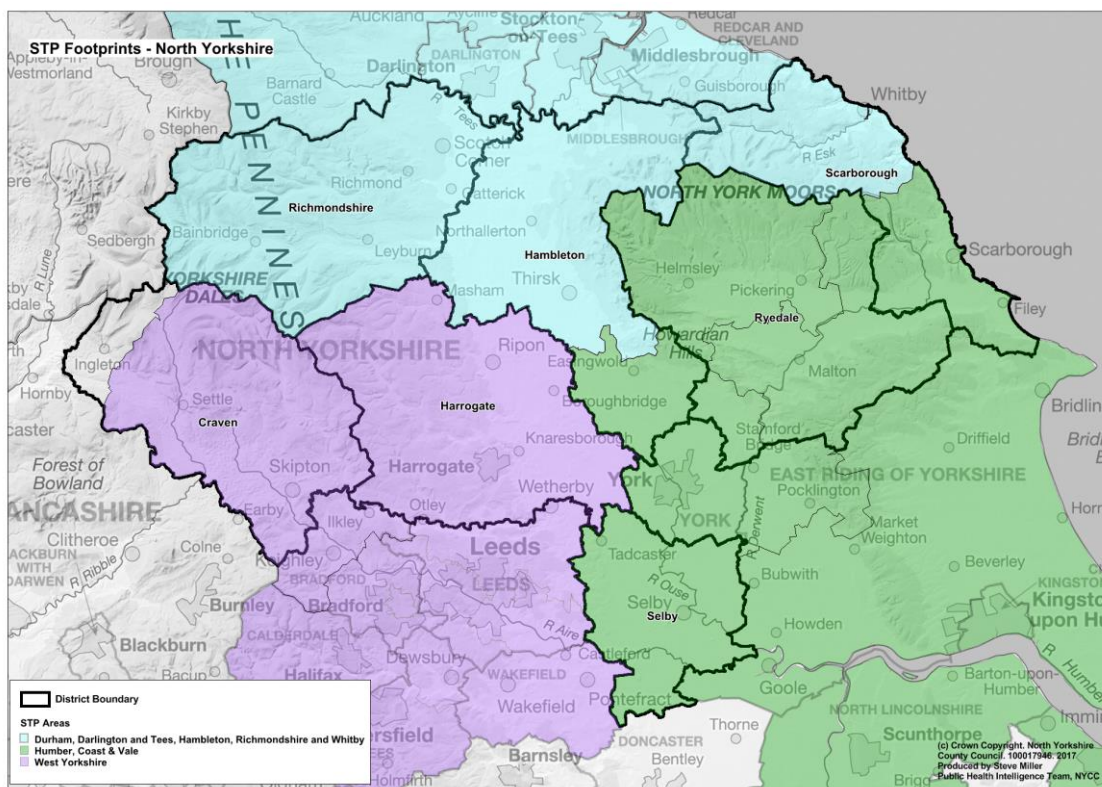
The complex administrative landscape is illustrated in the following maps:

Map one: County, District and CCG Boundaries



<sup>1</sup> STP areas – provide a “footprint” under which partners from the health sector and local government will come together to address health needs of communities and support the local implementation of the [NHS Five Year Forward View](#)

Map two: STP footprints in North Yorkshire



North Yorkshire is also home to two national parks – The Yorkshire Dales in the west and the North Yorkshire Moors to the east. Collectively, the two national parks account for around 40% of the land area of North Yorkshire, although less than 7% of the overall population live in these two areas. People who live in these areas can be more isolated and reliant on cars.

There is a significant Ministry of Defence (MoD) presence in North Yorkshire. Although Catterick Garrison in Richmondshire is the largest MOD base in North Yorkshire, there are RAF bases in Hambleton, Ryedale and Harrogate districts in addition to army barracks and other MOD installations across the County. It is estimated that at any one time, 17,000 MOD personnel may be based in North Yorkshire<sup>2</sup>, and this figure is likely to grow in coming years as a result of redeployment of Army units to a small number of large garrisons across the UK, which will include expansion of Catterick Garrison.

The County is home to over 602,000 people who live in a wide range of communities, from larger towns such as Harrogate to smaller market towns such as Pickering, picturesque villages such as Pateley Bridge and isolated farms in some of the most sparsely populated parts of England.

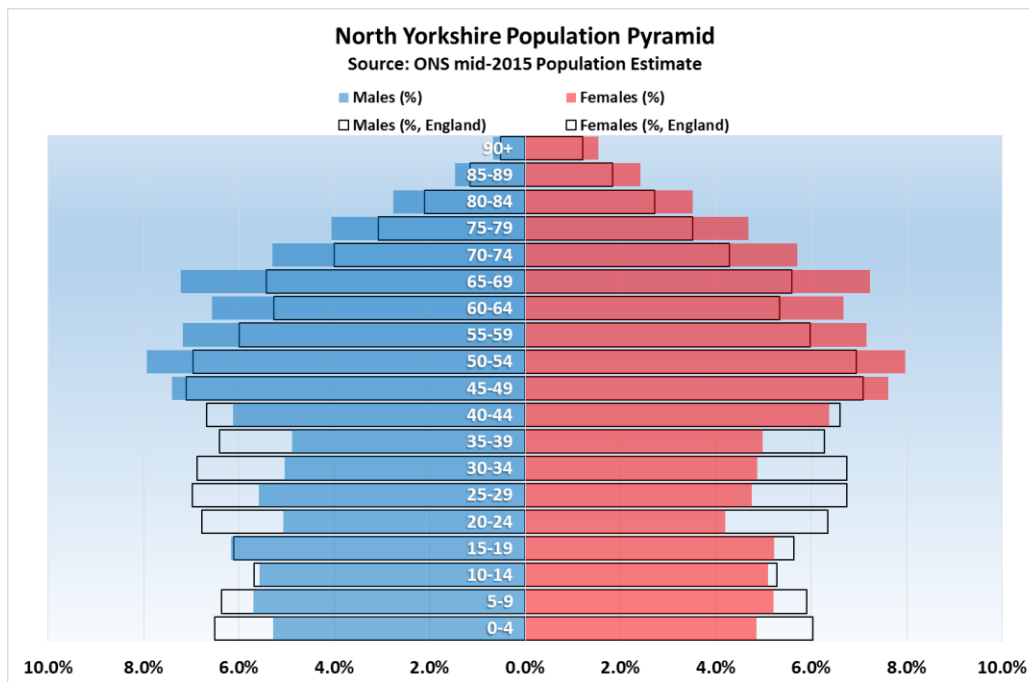
<sup>2</sup> Source - Economic Impact of Military Presence in North Yorkshire, SQW Consulting, accessible via <http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=15876&p=0> (accessed October 2013)

Harrogate is the single largest population centre, with a population estimated at 75,620 in 2014. Of note, around 37% of the overall population of North Yorkshire live in the seven biggest towns across the County. (Harrogate, Scarborough, Selby, Richmond, Skipton and Northallerton)

More information about North Yorkshire and its population can be found at <https://www.datanorthyorkshire.org/JSNA/articles/population-in-north-yorkshire/>

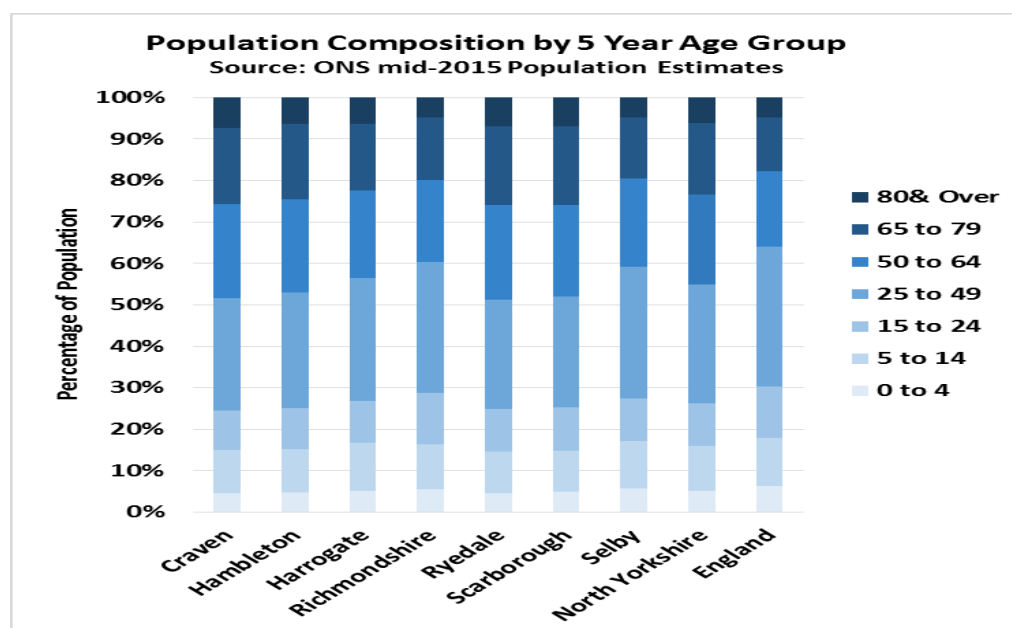
### 2.1.1 Population – Current and Projected

North Yorkshire is characterised by an ageing population and has a greater proportion of people aged 65 and over than observed nationally. This is illustrated in the following population pyramid.



This pattern is replicated across all seven districts and the proportion of the population by age group at district level is illustrated in the following chart.

Chart one: Population composition by five year age group



It is estimated by ONS that there are now more people in North Yorkshire who are aged 65 or over than there are people aged under 20<sup>3</sup>. The 65 and over population is forecast to rise by almost 30,000 (20%) to over 169,000 by 2025. This increase is predicted to be driven by increased numbers of people aged over 70, with the largest increase expected in the 75-79 age group (increase of 44% from 26,360 in 2015 to 37,800 in 2025). As per 2014 ONS population projections, people aged 65 and over likely to increase from 137,000 to 209,000 (53%) by 2039. The rising number of older people living in North Yorkshire has been a major factor in the increasing overall population across the County over the last ten years, accounting for two thirds of all population growth.

Generally, patients over 60 years old use significantly more prescription medicines to treat chronic and acute conditions and although difficult to quantify, the demand on pharmacy prescription services is usually much higher. Over 60s have a higher weighting for prescribing as part of the ASTRO-PU<sup>4</sup> scheme as they are expected to have a greater demand for prescribed items.

Across the County there are approximately 5,500 births per year, or which almost 30% are in the Harrogate district. The approximate number of births per year by district are illustrated in the following table:

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<sup>3</sup> ONS mid-2015 population estimate – 140,375 people aged 65 and over compared to 129,663 aged 0-19

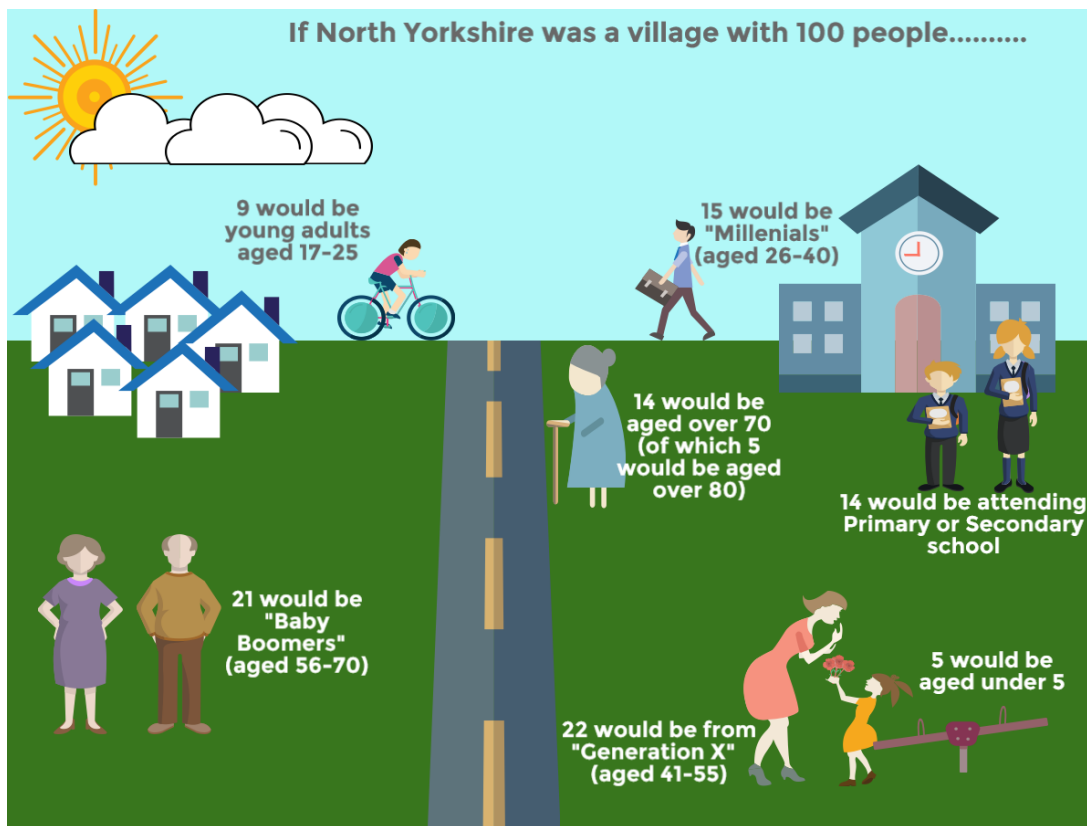
<sup>4</sup> ASTRO-PU stands for Age, Sex and Temporary Resident Originated Prescribing Units. This weighting is designed to weight individual practice or organisation populations for age and sex to allow for better comparison of prescribing patterns. These figures are based on the cost or volume of prescribing across all therapeutic areas, and these weightings should be used only when considering all prescribing. The number of temporary residents attending practices is no longer captured or included in funding allocations.



Table One: Number of births per year by district

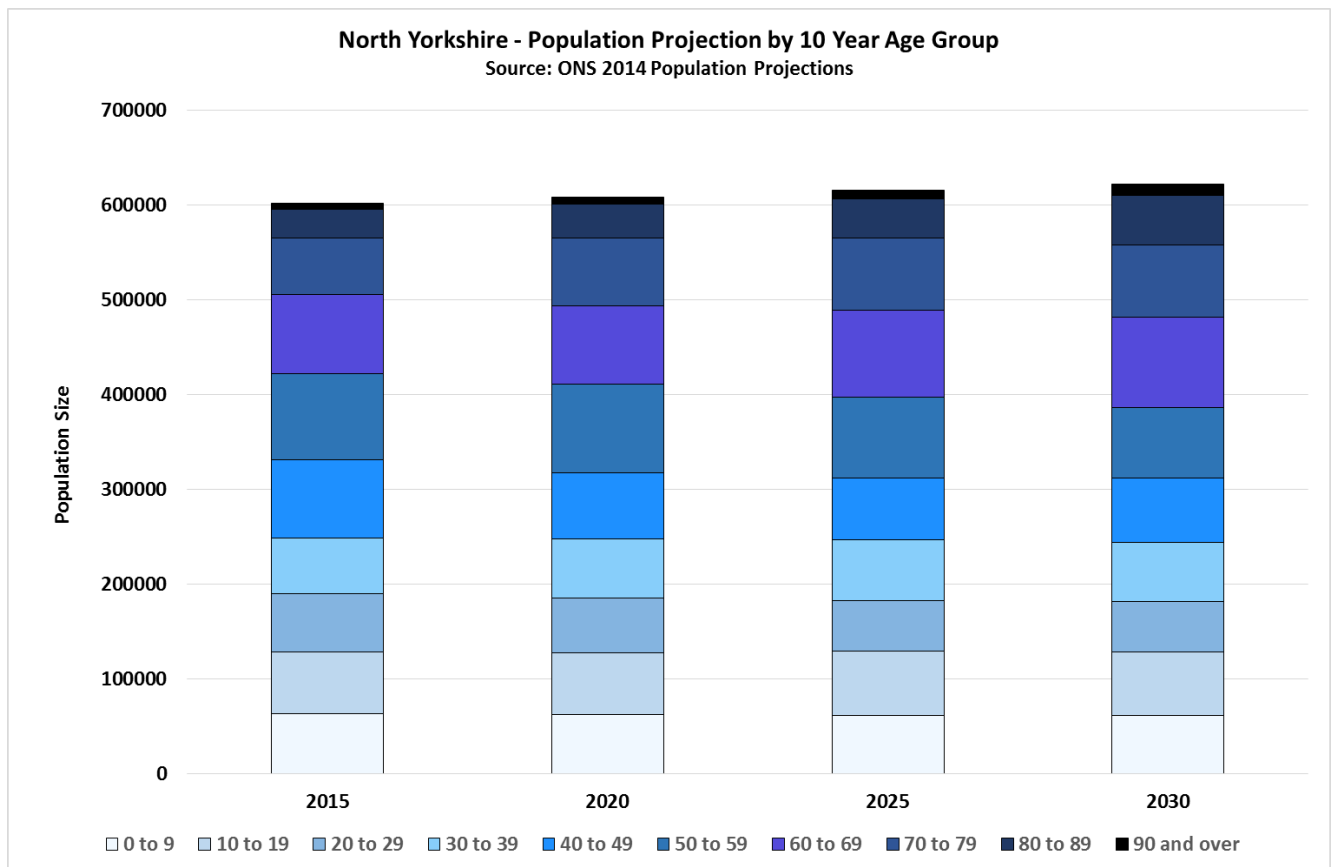
	Number of Births(approximate, per year)	Percentage of all Births Across North Yorkshire
Craven	500	9.0%
Hambleton	500	9.0%
Harrogate	1600	28.8%
Richmondshire	500	9.0%
Ryedale	450	8.1%
Scarborough	1000	18.0%
Selby	1000	18.0%
North Yorkshire	5550	

Source: NYCC JSNA District Summaries, 2016



Population projections produced by ONS highlight that between 2015 and 2030 the overall population across North Yorkshire will increase by around 3%, rising from approximately 602,000 to approximately 622,000. Much of this increase is forecast to be driven by a rise in the 60 and over population, which is forecast to rise from approximately 180,000 in 2015 to 236,000 by 2030 (an increase of 31%). This contrasts against a forecast reduction in the under 60 population of approximately 36,000 (equating to a reduction of 8.6%). This is illustrated in the following chart.

Chart two: North Yorkshire population projection by ten year age group



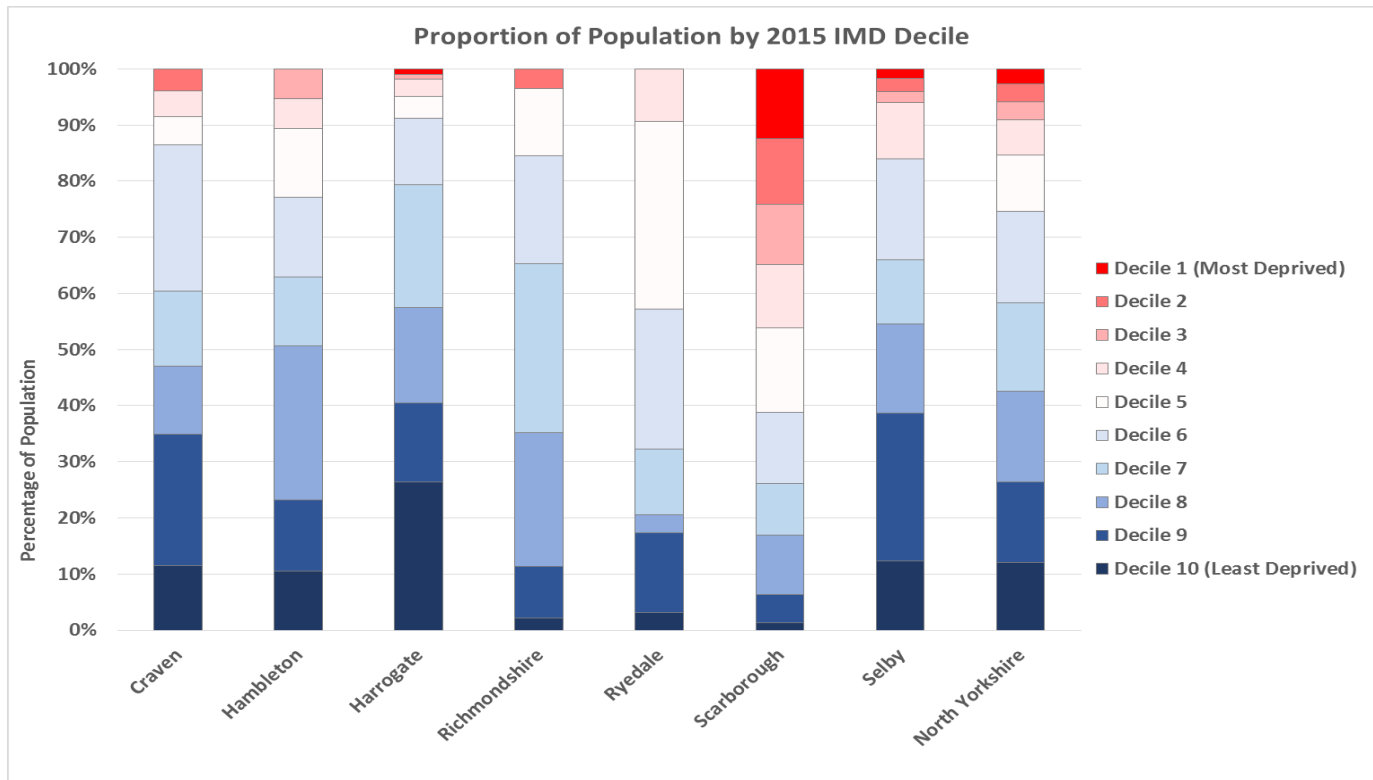
Detailed information about the North Yorkshire population can be accessed from [datanorthyorkshire.org](http://datanorthyorkshire.org)

### 2.1.2 Deprivation

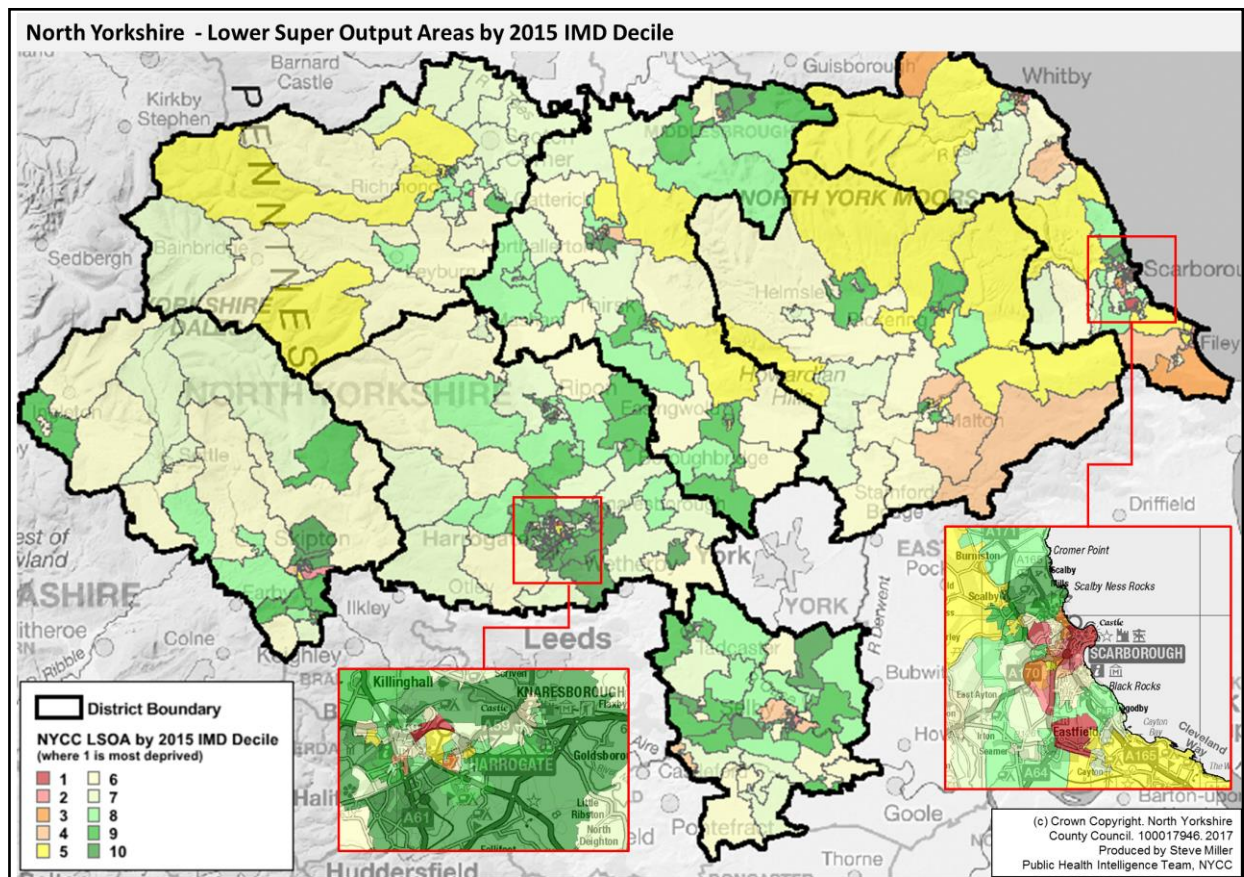
Although generally regarded as a more affluent part of the England there are places of profound deprivation, and some parts of North Yorkshire are among the 10% most deprived areas in England. In 2015 over 16,000 people in North Yorkshire were estimated to live in the 10% most deprived LSOA nationally. The breakdown of population by 2015 IMD decile is illustrated in the following chart, which highlights that although the proportion of people living in the most deprived localities is highest in Scarborough district, pockets of deprivation exist in every district.



Chart three: proportion of population by 2015 IMD decile



Map three: Lower super output areas by 2015 IMD decile



Detailed information about Index of Multiple Deprivation 2015 in North Yorkshire can be accessed from our [datanorthyorkshire.org](http://datanorthyorkshire.org)

### 2.1.3 Life expectancy and chronic illness (Long Term Conditions)

Life expectancy for both men and women in North Yorkshire is significantly higher than that observed regionally or nationally. Data from Public Health England<sup>5</sup> indicates in North Yorkshire life expectancy among men is 80.4 (78.6 nationally) and among women is 84.1 (83.1 nationally).

Similarly, healthy life expectancy<sup>6</sup> for men and women is also significantly higher than the regional and national average, with men in North Yorkshire expected to enjoy a healthy life expectancy of 67.3 years in North Yorkshire (63.4 years nationally) and a healthy life expectancy among women of 68.4yrs (64.1 years nationally).

Taken together, the data indicates that not only do North Yorkshire residents enjoy longer lives than elsewhere in England, but also that a greater length of life will be enjoyed in good health. However, the data does demonstrate that older people in North Yorkshire can be expected to live in poorer health for 13 years in the case of men and almost 16 years in the case of women.

Data from the 2011 Census<sup>7</sup> highlights that 4.4% of North Yorkshire residents reported their general health as “bad or very bad”, equating to almost 26,000 residents. Approximately 33% of the population aged 65 and over described their health as “bad or very bad” (13,000 residents), whilst approximately 3% of the 16-64 age group (12,400 residents) described their health as “bad or very bad”.

Of those over 60 58% suffer from at least one long-term condition (LTC)<sup>8</sup>. Patients with a long term condition are more likely to need pharmacies to collect prescriptions and manage their condition. By 2020, seven million people in England aged over 60 are likely to have two or more long-term conditions.<sup>9</sup>

Examination of disease prevalence suggests that a number of common long term conditions have a higher prevalence in many parts of the County compared to England. In particular, the prevalence of asthma, coronary heart disease and stroke across all five CCG areas covering North Yorkshire is significantly higher than that observed nationally, which is largely due to the age profile in the County. Hypertension prevalence is also significantly higher in all CCGs with the exception of Vale of York when compared to England. This is illustrated in the following table.

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<sup>5</sup> PHE Outcomes Framework, 0.1ii Life Expectancy at Birth (Male) & (Female), 2013-15

<sup>6</sup> PHE Outcomes Framework, 0.1i Healthy Life Expectancy at Birth: the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health, 2013-15

<sup>7</sup> DC3302EW - Long term health problem or disability by health by sex by age

<sup>8</sup>

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Publications/Now%20or%20Never%20-%20Patient%20Leaflet.pdf>

<sup>9</sup> <http://www.nhsconfed.org/resources/2016/01/growing-old-together-sharing-new-ways-to-support-older-people>

Table two: Disease prevalence rates across North Yorkshire CCGs

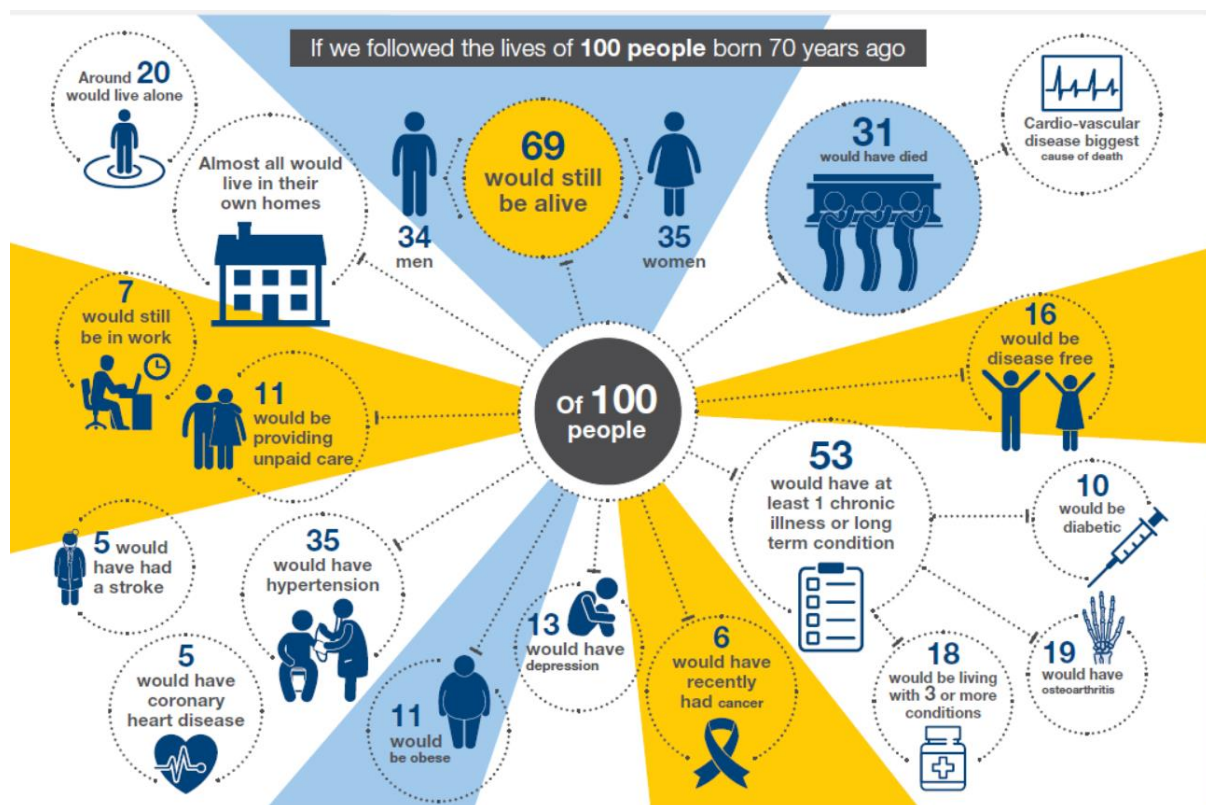
	Year/ Period	Airedale, Wharfedale & Craven CCG	Hambleton, Richmondshire & Whitby CCG	Harrogate & Rural District CCG	Scarborough & Ryedale CCG	Vale of York CCG	England
Hypertension Prevalence (QOF)	2015/16	15.00%	16.40%	14.90%	16.70%	13.20%	13.80%
Diabetes Prevalence 17+ (QOF)	2015/16	6.90%	6.00%	5.70%	6.60%	5.50%	6.50%
Coronary Heart Disease Prevalence (QOF)	2015/16	4.00%	4.20%	4.00%	4.90%	3.50%	3.20%
Stroke Prevalence (all ages) (QOF)	2015/16	2.30%	2.50%	2.20%	2.40%	2.00%	1.70%
Atrial Fibrillation (QOF Prevalence)	2015/16	2.30%	2.50%	2.30%	2.50%	2.00%	1.70%
Asthma Prevalence (all ages) (QOF)	2015/16	6.90%	6.10%	6.10%	7.80%	6.00%	5.90%
COPD Prevalence (all ages) (QOF)	2015/16	2.10%	2.00%	1.80%	2.20%	1.70%	1.90%
Rheumatoid Arthritis Prevalence (16+) (QOF)	2015/16	0.70%	0.90%	0.80%	1.00%	0.80%	0.70%
Compared to England		Better	Similar	Worse	Higher	Lower	

Sources: PHE Cardiovascular Disease Profile, Disease & Risk Factor Prevalence Profile, Interactive Health Atlas of Lung Conditions in England.

North Yorkshire General practices level disease prevalence rates can be accessed from <https://fingertips.phe.org.uk/profile/general-practice/data>

### 2.1.4 Deaths

In 2015 there were 6,352 deaths in North Yorkshire across all age groups (1.05% of the total County population). Of these, 50.8% (3121) died in their usual place of residence. The main causes of death in North Yorkshire continues to be cardiovascular disease, cancer and respiratory diseases. Further information about end of life care can be found [here](#).



## 2.2 Health of the North Yorkshire Population

Many communities and residents in North Yorkshire enjoy relatively good health. The [Health Profile](#) produced by Public Health England highlights a number of areas for celebration, including:

- low rates of smoking prevalence
- teenage conception rates among the lowest in England
- early deaths from cardiovascular diseases and cancer are better than average

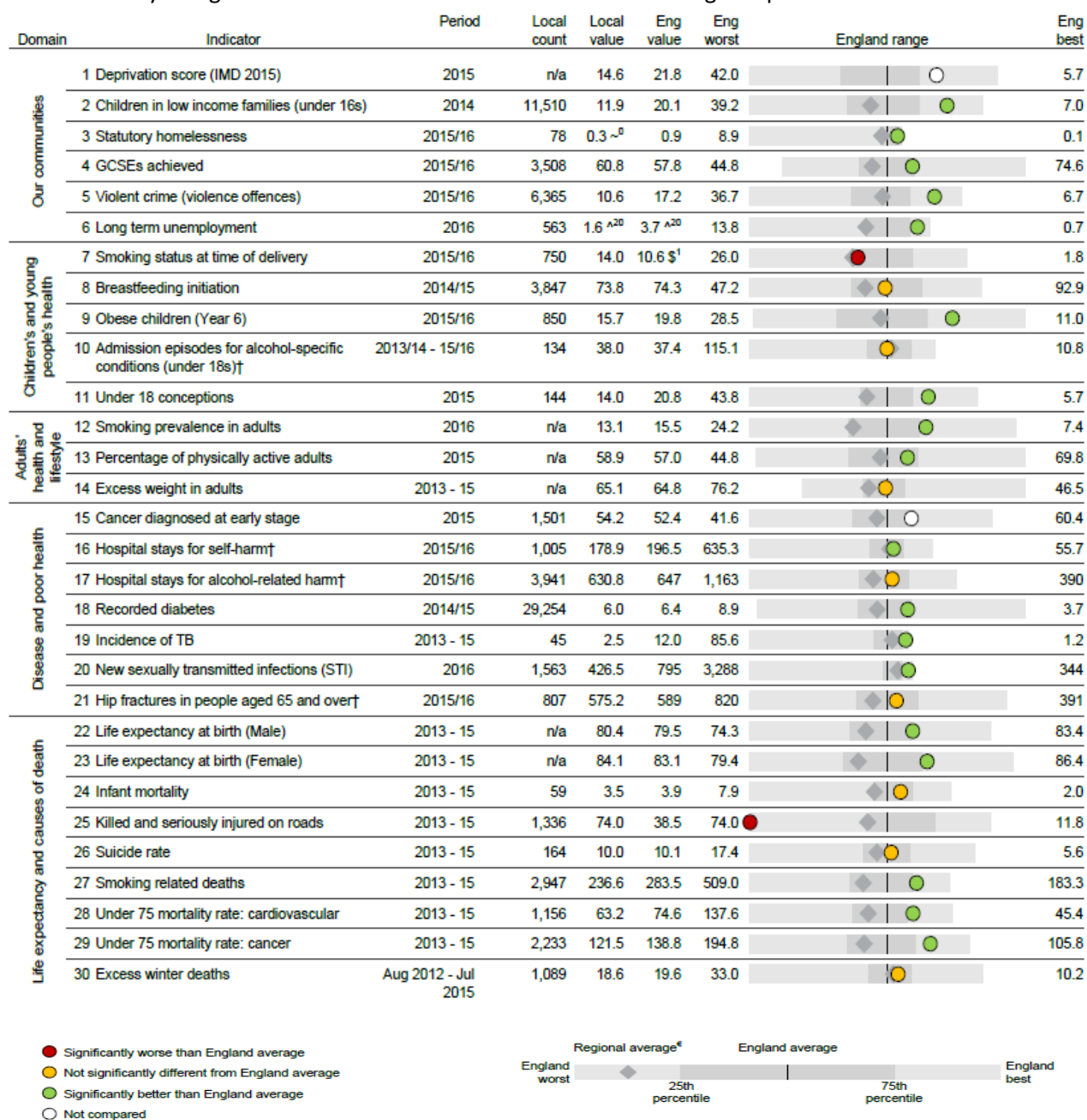
The PHE health profile published in October 2017 does also point to a number of challenges. Of note, the proportion of pregnant women who smoke remains significantly higher than the proportion observed nationally (14% locally compared to 10.6% nationally). At district level, the



proportion is highest in Scarborough district (18.1%) and lowest in Selby district (12.1%). The trend is upward in Hambleton and Harrogate districts.

Although admissions due to alcohol related conditions for the County remain significantly lower than England (2,066 per 100,000 in 2015/16 locally compared to 2,179 per 100,000 nationally). However, the trend is upwards and the gap between admission rates locally and nationally has narrowed over the last three years. At district level, the rate is significantly higher than the rate observed nationally in Craven (2,531 per 100,000) and Scarborough (2,277 per 100,000). Admission rates are lowest in Ryedale (1,708 per 100,000) and Richmondshire (1,850 per 100,000).

The health summary at a glance for North Yorkshire from Public Health England profile



### 2.2.1 Learning Disability, Physical Disability and Mental Health Conditions

Data from PANSI and POPPI<sup>10</sup> suggests that in 2017 there were almost 2,300 adults living in North Yorkshire with a moderate or severe learning disability, illustrated in table three below.

Table three: adults living with a moderate or severe learning disability

District	Age Group								Total
	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
Craven	20	27	35	45	42	28	10	4	211
Hambleton	35	49	56	73	63	44	16	5	341
Harrogate	53	82	111	131	106	67	25	10	585
Richmondshire	30	39	34	38	34	21	7	2	205
Ryedale	21	26	32	42	40	28	9	3	201
Scarborough	50	59	64	78	78	55	19	7	410
Selby	35	53	64	72	59	36	11	4	334
Total	244	335	396	479	422	279	97	35	2287

Data from NYCC Children’s Services highlights that at the beginning of 2017 there were 2,200 children and young people with either a Statement of Special Educational Needs or an Education, Care and Health Plan (EHCP). Of these, 220 had a primary need of physical disability.

Across North Yorkshire there were around 17,000 individuals in receipt of Disability Living Allowance (DLA) in February 2017. Of these individuals 40% were aged 65 or over, whilst 18% were aged under 18.

Geographically, the highest number of individuals in receipt of DLA were in Scarborough district (4,750, 28% of all individuals receiving DLA) and Harrogate district (3,810 individuals, 22.3%). Of note, 12% of all individuals in receipt of DLA were aged 65 or over and living in Scarborough district. Of the pharmacies who responded to the survey, 4 out of the 22 (18%) from the Scarborough district reported that their private consultation area was not wheelchair accessible. This compares to 24% of pharmacies across North Yorkshire. The number of individuals in receipt of DLA by district is illustrated in the following table:

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<sup>10</sup> PANSI – Projecting Adult Needs & Service Information, POPPI – Projecting Older People Population Information System

Table four: Individuals in receipt of DLA

	Number of Individuals in Receipt of DLA			Percentage the Total Number (North Yorkshire) of Individuals in Receipt of DLA		
	Total (All Ages)	65 & Over	Under 18	Total (All Ages)	65 & Over	Under 18
Craven	1530	580	310	8.9%	3.4%	1.8%
Hambleton	2230	950	400	13.0%	5.6%	2.3%
Harrogate	3810	1370	870	22.3%	8.0%	5.1%
Richmondshire	1160	430	260	6.8%	2.5%	1.5%
Ryedale	1280	520	220	7.5%	3.0%	1.3%
Scarborough	4750	2050	620	27.8%	12.0%	3.6%
Selby	2340	990	450	13.7%	5.8%	2.6%
Total	17100	6890	3130	100.0%	40.3%	18.3%

PANSI estimate that in 2017 there almost 60,000 adults aged 18-64 living with at least one mental health condition, of which almost 25,000 are estimated to be living with two or more conditions. The following table illustrates the number of people living with mental health conditions by district.

Table five: mental health conditions by district

District	People aged 18-64 predicted to have a				
	Common Mental Health Disorder	Borderline Personality Disorder	Antisocial Personality Disorder	Psychotic Disorder	Two or More Psychiatric Disorders
Craven	4980	140	106	124	2219
Hambleton	8129	227	175	202	3630
Harrogate	14243	399	306	354	6354
Richmondshire	4971	137	120	123	2271
Ryedale	4696	131	101	117	2096
Scarborough	9716	272	208	242	4331
Selby	8354	234	180	208	3731
Total	55089	1540	1196	1370	24632

## 2.3 The Needs of Specific Population Groups

PHE<sup>11</sup> recently highlighted that people from deprived communities who may not access conventional NHS services, do access community pharmacies e.g. people from ethnic minorities, travellers, asylum seekers. The Ipsos MORI survey on behalf of the General Pharmaceutical Council in 2014 showed that the majority (87%) of people trust health advice from a pharmacist.

### 2.3.1 Black and minority ethnic groups (BME)

Although the 2011 Census highlighted that the North Yorkshire population was overwhelmingly from a white British ethnic background there are a number of discrete areas which have small but significant communities from other ethnic backgrounds.

- Polish Communities Across the County

Data from ONS suggests there were at least 3,750 individuals who recorded their ethnicity as Polish in the 2011 Census across North Yorkshire. The highest number of individuals were from Harrogate district (1,267), followed by Selby district (910) and Scarborough district (349). Overall, 60% of this group were aged between 20 and 39 in 2011. It is plausible that a significant proportion of this population may be transitory in nature and may not be registered with a GP. This in turn may mean that this community looks to pharmacies for advice and support in the first instance of a health-related issue.

Census data indicates that the largest concentration of individuals describing themselves as Polish is in and around Selby Town, with a combined population of 640 recorded in the Selby North, Selby South and Selby West wards. There is also a small but significant population centred on Scarborough Town (approximately 550 individuals).

- Nepalese and Fijian Communities in Richmondshire

There is a small but significant Nepalese community present in Richmondshire, which in 2011 was estimated at 929 individuals, with 758 individuals resident in the Richmondshire 004 MSA<sup>12</sup>. At least 25% are likely to be troops serving in the Army. The community also comprises around 160 children aged under 10 and 50 older people aged 65 and over.

In addition to the Nepalese community there is also some evidence of a small Fijian community within the Richmondshire district. The January 2017 school census identified over 90 Fijian children in primary schools in the district, the majority of which were in the garrison area. This suggests the presence of a community of between 250 and 350 individuals. More information about the health needs of this community can be found in the [JSNA](#).

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<sup>11</sup> Public Health England. Pharmacy: A Way Forward for Public Health. Opportunities for action through pharmacy for public health. September 2017.

<https://www.gov.uk/government/publications/community-pharmacy-public-health-interventions>

<sup>12</sup> Incorporates the Colburn, Hipswell and Scotton wards



- Pakistani Community in Craven

97% of North Yorkshire residents identified themselves as “white” in the 2001 Census. This compares to 85% across England. Across North Yorkshire the largest other ethnic groups identified in the 2001 Census were “white – other” (2.4%) and “Asian – other Asian” (0.5% although 1.2% of the population identified as having an Asian ethnicity). At district level there was some variability in the diversity of the population, with Richmondshire having the highest proportion of residents who identified themselves as not “white–British” (4.6%) and Ryedale (1.3%) and Hambleton (1.7%) having the lowest proportion.

In terms of ethnic groups, the largest numbers of individuals identifying themselves as “white-Other” were found in Harrogate (6,480), Scarborough (2,141) and Selby (1,907), which may indicate East European communities engaged in the agricultural, service or tourism sectors in these districts. The largest number of individuals identifying as “Asian-Asian other” was in Richmondshire (1,047), which reflects Nepalese and Fijian communities within the district.

The 2011 Census identified almost 900 individuals who identified their ethnic background as either Pakistani or British Pakistani. Around half of this group (474 individuals) were from Craven district, with the community centred on the Skipton West ward (341 individuals).

### 2.3.2 Migration

There is a diverse range of communities and geographies across the County, ranging from temporary residents, such as military personnel on rotational deployment at bases across the County, seasonal workers (both agricultural and service sector) older individuals retiring to North Yorkshire and younger people leaving the County to attend higher education or seeking economic opportunities outside of North Yorkshire.

Data from ONS for 2015 suggests overall net migration into the County of approximately 1,600 people, of which around 500 were aged 65 or older. Harrogate, Scarborough and Selby experienced the biggest changes in population (each district recorded over 4,000 recorded moves in and more than 4,000 moves out), although the net impact was less than 300 additional residents in any of the three districts.

### 2.3.3 Elderly and Frail Populations

The largest number of people aged 65 and over is in Harrogate District (34,503, 25% of all people aged 65 and over in the County). The fewest are in Richmondshire (10,227, 7.4% aged 65 and over in North Yorkshire). The highest proportion of the population aged 65 and over is in Ryedale (25.9%), Scarborough (25.8%) and Craven (25.7% of population). The lowest proportion are in Selby (19.4%) and Richmondshire (19.9%).

Older people are more likely to live in rural areas. 42.7% of people aged 65 and over live in sparsely populated/dispersed areas, compared to 39.7% of the North Yorkshire population as a whole. The

remainder live in towns/urban settings, compared to 60.3% of the overall population. Of the 65 and over population 8.3% live in villages or dispersed dwellings in sparsely populated areas (under 11,000 people). At Lower Layer Super Output Area<sup>13</sup> (LSOA) level, rural areas of Craven, Hambleton and Ryedale can be highlighted as having a high proportion of residents aged 65 and over. There are a total of 34 LSOA across North Yorkshire where the proportion of residents aged 65 and over is at least 33%.

The 2011 Census showed that almost one in three (37,000) people aged 65 and over were recorded as living in a one person household.

Examination of the 2015 Indices of Multiple Deprivation (IMD) and Income Deprivation Affecting Older People Index (IDOAPI) highlights a number of wards where there are a high number/proportion of the population aged 65 and over and are among the 20% most deprived nationally in respect of the Barriers to Housing and Services 2015 IMD sub-domain and/or among the 20% most deprived nationally in respect of IDOAPI.

Some of the most deprived locations in terms of access to housing and services are in Upper Wharfedale and Ribblesdale in Craven district. However, parts of the Esk Valley and Hertford wards in Scarborough district are also among the 20% most deprived areas nationally.

Mirroring trends in wider deprivation, areas in and around Scarborough town are highlighted as hotspots in terms of income deprivation among older people, including parts of the Castle, Woodlands and Eastfield wards. Skipton is also highlighted as a hotspot.

Of note, both the Hipswell ward in Richmondshire and the Streonshalh ward in Whitby emerge as hotspots in respect of both measures of deprivation. However, the 65 and over population in both wards is under 250 individuals. This may indicate a small cohort who are extremely vulnerable to isolation.

#### **2.3.4 Military Families**

North Yorkshire has strong links with the armed forces and is home to a number of Army and RAF bases in Richmondshire, Hambleton, Harrogate and Ryedale. Although serving personnel have access to pharmacy services provided directly by the MoD, there are a significant number of families and civilian personnel who may wish to access community pharmacies.

Whilst it is difficult to quantify the overall number of dependents of service personnel residents across the County, an estimate can be derived from the number of children from service families attending school in North Yorkshire. This identified 3,155 children from service families in January 2017, of which the overwhelming majority were attending schools in Richmondshire, Hambleton and Harrogate districts, illustrated in the following table.

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<sup>13</sup> A LSOA is a Geographical area. LSOAs are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales. A typical LSOA represents population size between 1,000-3,000 or between 400-1,200 households.

Table six: Children from service families

District	Number of Pupils from Service Families	Percentage of Pupils
Richmondshire	1670	25.6%
Hambleton	705	6.1%
Harrogate	572	2.4%
Scarborough	90	0.7%
Selby	49	0.4%
Ryedale	37	0.6%
Craven	32	0.4%

Source: School census, January 2017, NYCC

Applying these proportions to the overall 0-19 population, this suggests an estimated total of around 6,200 dependent children of service personnel in North Yorkshire. Accounting for estimated siblings<sup>14</sup>, this suggests around 3,500 dependent families of service personnel.

Taken in the round, the data indicates that there are likely to be around 3,500 military families, many with younger children present in North Yorkshire. Most of these families will be in Hambleton, Harrogate and Richmondshire with around half in and around Catterick Garrison.

### 2.3.5 Rural Communities

North Yorkshire is home to some of the most sparsely populated parts of England. In 2011 the population density was 0.7 persons per hectare across North Yorkshire, compared to 4.1 persons per hectare across England as a whole. Around one in six residents live in an area that is described as sparsely populated (rising to one in five residents aged 65 and over), with one in twelve residents living in a village or isolated dwelling in a sparsely populated area. Overall, almost 100,000 people live in areas defined by DEFRA<sup>15</sup> as sparsely populated<sup>16</sup>.

At district level, both the highest number and proportion of residents living in sparsely populated areas can be found in Ryedale (27,000 residents, 51% of the district population). The following table illustrates the number and percentage of residents living in sparsely populated areas by district:

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<sup>14</sup> Based on an average of 1.8 children per family

(<http://webarchive.nationalarchives.gov.uk/20160105222310/http://www.ons.gov.uk/ons/rel/family-demography/family-size/2012/family-size-rpt.html>)

<sup>15</sup> Department for Environment, Farming & Rural Affairs

<sup>16</sup> Based on dwelling density. See the RUC User Guide at

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/239478/RUC11user\\_guide\\_28\\_Aug.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/239478/RUC11user_guide_28_Aug.pdf) for more details

Table seven: number and percentage of residents living in sparsely populated areas by district

	Number of Residents Living in Sparsely Populated Areas	Percentage of Residents Living in Sparsely Populated Areas
Ryedale	27,066	51.0%
Craven	14,832	26.6%
Hambleton	20,919	24.1%
Richmondshire	10,318	22.5%
Scarborough	22,090	20.5%
Harrogate	2,256	1.4%
Selby	0	0.0%

Source: ONS Mid-2015 Population Estimates, 2011 Rural Urban Classification

Analysis suggests that communities in Upper Swaledale (such as Gunnerside and Muker), Eskdale (Danby and Leaholm) in addition to isolated farms and hamlets in Upper Wharfedale and South East Ryedale may be more than five miles (as the crow flies) from their nearest pharmacy. This may represent accessibility issues particularly for older residents or households without access to a car or van.

The potential closure of a pharmacy in an area where the population is sparsely populated (e.g. in Ryedale) is likely to have a bigger impact on access to pharmacy services.

### 2.3.6 Tourism

Between 2013 and 2015 North Yorkshire received 4.8 million visitors, with Scarborough and Harrogate being the most popular with 1.7 million visits and 709,000 respectively.<sup>17</sup> A small number will require medical attention whilst in North Yorkshire and some of this will be as a result of forgotten or lost medications. Pharmacies which are part of the 'NHS Urgent Medication Supply Advanced Scheme' (NUMSAS) can meet this additional demand. (See section 5.2.6) This means that pharmacies can alleviate the additional pressure which would otherwise fall to out of hours GP services or to the emergency care services in the hospital. There are 51 pharmacies that provide this service.

### 2.3.7 Carers

There are around 65,000 people in North Yorkshire across all age groups who identified themselves as providing unpaid care in the 2011 Census, which is more than one in ten people. This is higher than the average both nationally and through the Yorkshire and Humber region. Only Richmondshire (9.2%) had a lower rate of identified unpaid carers than the national average. Further information about carers can be found in the [carers' strategy](#).

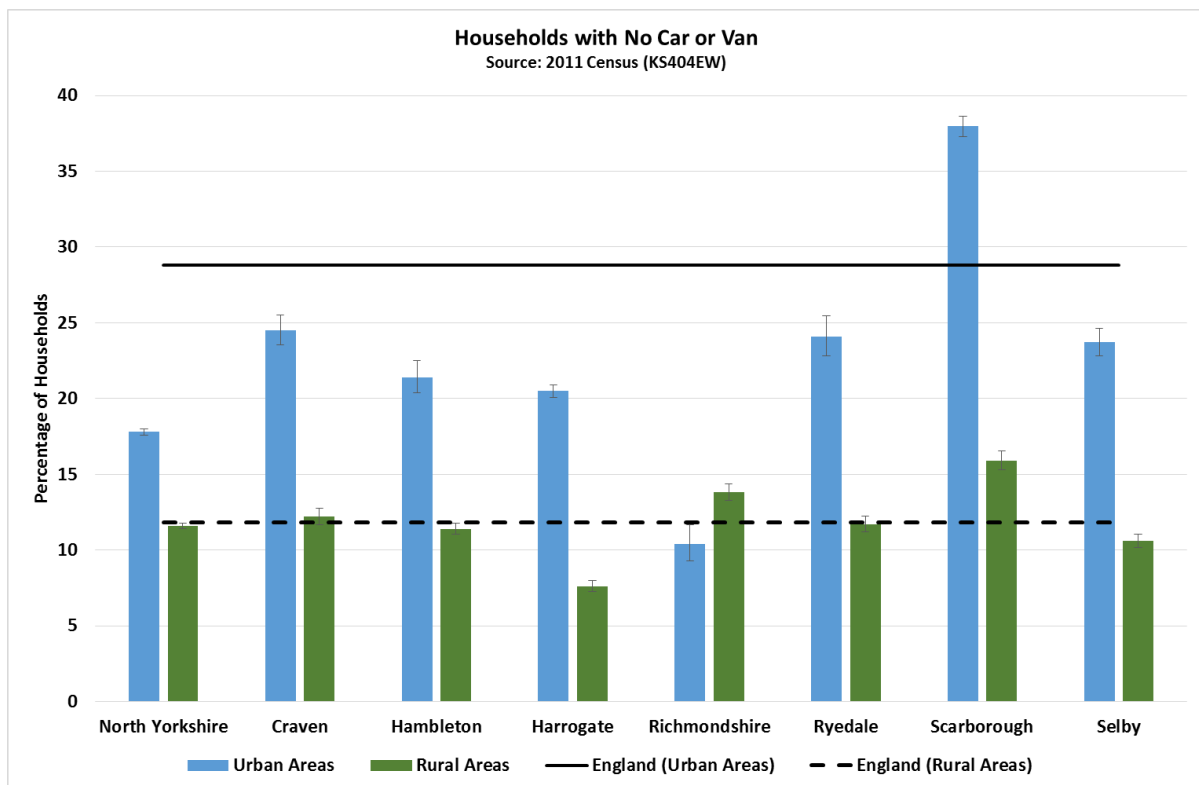
<sup>17</sup> GBTS Analysis 2006 – 2015, Visit Britain. <https://www.visitbritain.org/destination-specific-research>

### 2.3.9 Car Ownership

The 2011 Census highlighted that around one in six households across the County as a whole have no car (compared to one in four in England). This rises to one in four households in urban areas<sup>18</sup> and falls to around one in eight households in the rural parts of the County. Overall, there were 45,716 households across North Yorkshire without access to a car or van.

At district level there is some variation. Among both urban and rural communities, the proportion of households without access to a car or van is highest in Scarborough district. This is illustrated in the following chart.

Chart four: Households with no car or van



The data also highlights a significantly higher proportion of households (relative to the County) in the more rural parts of Richmondshire which do not have a car or van. Further exploration of the data highlights that one in five Richmondshire households in locations described as “rural town and fringe” do not have access to a car.

<sup>18</sup> As defined by the 2011 Rural-Urban Classification

### 2.3.10 New Housing – Projected Development

District and borough council local plans forecast a housing need equivalent to over 2,250 new dwellings per year over the next ten years. Projected need is highest in the Harrogate district (demand of 557 net new dwellings per year) and lowest in Richmondshire (180 net new dwellings per year). Although registers of permitted development are maintained by district councils, it is not always possible to forecast when house builders will embark on the development of housing on land they have acquired and for which planning permission has been granted. Consequently, it is difficult to predict with any certainty how many new houses will be built in specific locations over the 2018 to 2021 period, and the information within this section should be viewed as indicative only. The following infographic indicates predicted annual net new dwelling need across the County.

Map four: Predicted net new housing per year

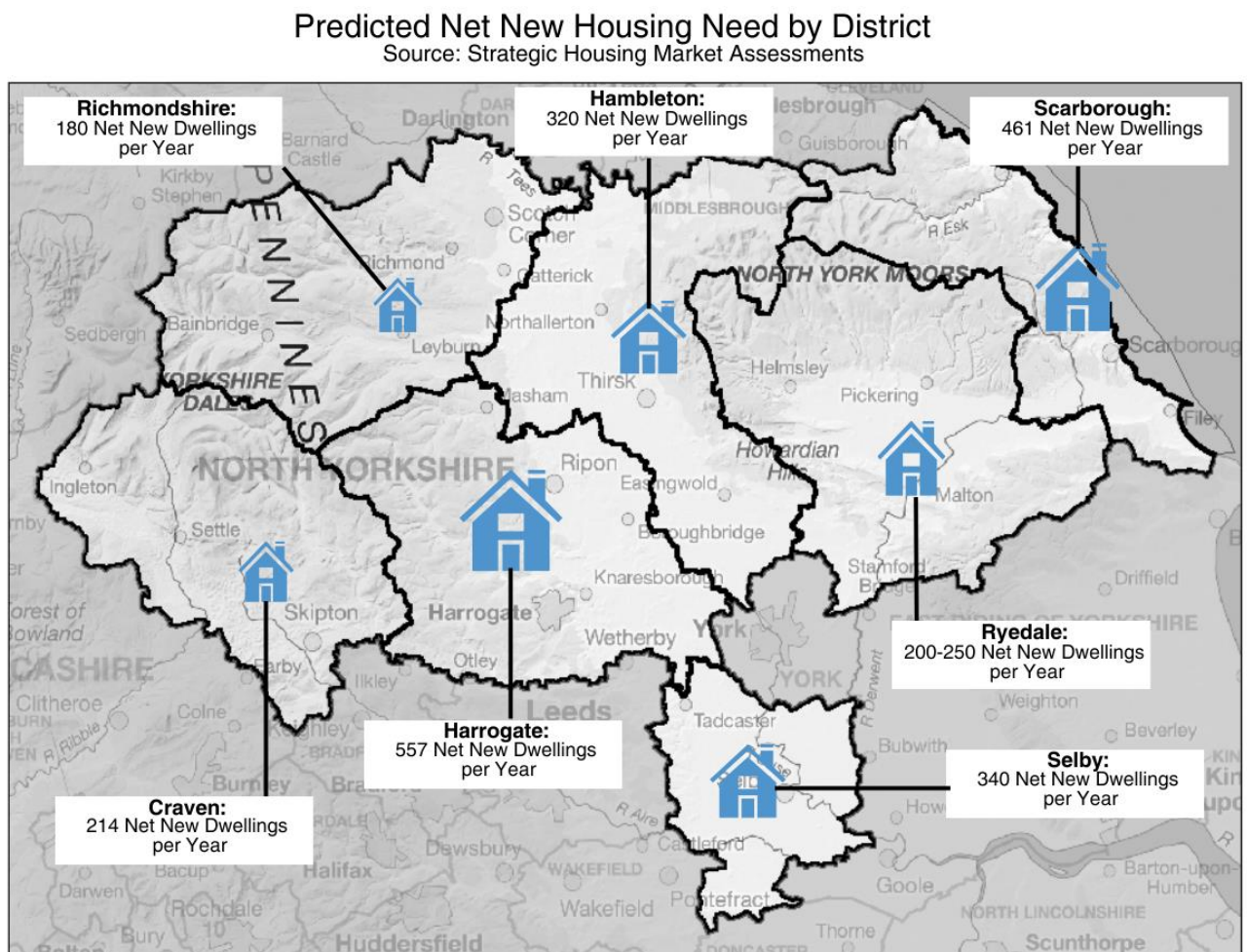


Table eight: Planned new dwellings

District	Numbers of new dwellings needed per year	Details
Craven	214	Majority of which will be built outside the boundaries of the Yorkshire Dales National Park. Developments most likely near to Skipton or along the A65 corridor
Hambleton	320	Permission in place for over 3,000 new dwellings, permission for significant numbers granted in the following areas: <ul style="list-style-type: none"> <li>• Northallerton area - approx. 970</li> <li>• Thirsk area - approx. 980</li> <li>• Stokesley area - approx. 420</li> <li>• Easingwold area - approx. 430</li> <li>• Bedale area – approx. 230</li> </ul>
Harrogate	557	Permissions in place for 5,360 new dwellings, of which over half are planned for the Harrogate/Knaresborough area. Planning permission has been granted for over 1,000 new dwellings in the Killinghall area to the north of Harrogate Town
Richmondshire	180	Majority of new dwellings anticipated in the central Richmondshire area, particularly in and around Catterick Garrison. In addition to privately built dwellings there may be an additional 500 family homes in the Catterick Garrison area built for military families by the MoD by 2030
Ryedale	200 - 250	Around 50% of new housing stock is expected to be built in the Malton/Norton area, with a further 25% in the Pickering area
Scarborough	461	Planning permissions in place for significant (30+ houses) developments in locations in/around Scarborough town, Eastfield (460 new dwellings) and Whitby
Selby	340	Planning permission in place for: <ul style="list-style-type: none"> <li>• around 1,100 new dwellings in the Barlby area</li> <li>• 440 new dwellings in Brayton area</li> <li>• 340 new dwellings at Staynor Hall in Selby town</li> </ul>

## **Section 3: Feedback from engagement survey – public and stakeholder views**

### **3.1 Introduction**

This section relates to the views obtained in the public and stakeholder engagement which was a key part of the early work to developing the PNA. The engagement was initially conducted over an eight week period in June and July 2017 and involved the following groups:

- Public
- Pharmacies
- Strategic commissioning partners
- Health and social care service providers

Full questionnaires can be found in Appendix two.

Care was taken to encourage a diverse range of groups and individuals to respond, with consultation taking place through older people's forums, learning disabilities groups, social media, the press and promotion via GP's and pharmacies. An easy read survey was also developed to encourage people with disabilities to feed in their views.

### **3.2 Response rates**

The response rates overall were significantly better than previous PNA surveys across all four groups; in particular from users of pharmacies and pharmacies themselves. In total there were 473 responses compared to 150 in the last PNA consultation.

#### **3.2.1 Public**

In total 374 members of the public responded through both the on-line (333) and easy read versions (41) of the survey; significantly higher than three years ago when 118 responses were returned. Although the number of questionnaires received only represent a small percentage of the North Yorkshire population, they do provide a useful indication of how people use, and their views about, pharmacy services in North Yorkshire. A large proportion (70%) of respondents to the survey were female. More than 60% of responses came from people aged 50-79 years who are potentially more likely to utilise pharmacy services due to long term health conditions or to be carers and therefore well informed about pharmacy provision.

#### **3.2.2 Pharmacy**

All pharmacies in North Yorkshire were encouraged to complete the survey. In total 50 out of 113 pharmacies responded. The responses are very helpful in identifying any barriers to accessing services and potential opportunities for development.

#### **3.2.3 Strategic Commissioning Partners**

This included any organisations, or teams within organisations, who consider that they commission health, wellbeing, or social care in North Yorkshire. Twelve strategic partners responded to this survey including all CCGs from our area, an improvement on seven from the previous consultation.



### 3.2.4 Health and Social Care Service Providers

There was a good spread of responses across the North Yorkshire districts with 37 health and social care providers responding compared with 25 in the previous PNA consultation. The majority of respondents were residential/nursing care home (32%), General Practice (27%), adult social care provider (19%) and domiciliary care (8%).

## 3.3 Engagement Survey Feedback

### 3.3.1 Public

Over 60% (220) of respondents self-reported that their health was either good or very good in the last 12 months and 57% did not consider themselves disabled despite disability groups being specifically targeted as part of the engagement exercise. 18% considered themselves to be carers for friends or relatives.

A series of questions were asked in the survey to try to understand issues around accessibility, satisfaction levels with provision and knowledge of services on offer. Analysis of the answers about pharmacies in their local area shows:

- 85.5% (307) feel they have a choice about the pharmacy they use
- 67.2% (205) can find a pharmacy open in the evening
- 66% (202) can find a pharmacy open on a Sunday or a bank holiday
- 70% (253) feel overall availability of pharmacies in their area is good/very good. 20.2% (73) feels adequate, 10% (36) feel it is bad/very bad
- 72.6% (241) feel the overall quality of pharmacies in their area is good/very good. 20% (66) feel it is adequate, 7.5% (25) feel it is poor/very poor
- 86.6% (304) were happy with the services provided by the pharmacy they use.

Feedback regarding the pharmacies people use was:

- 60.6% (214) access the pharmacy on the high street, 26.1% (92) access pharmacy in the doctors' surgery, 8.8% (31) from supermarkets, and 4.5% (16) other
- 60.9% (223) take less than ten minutes to get to the pharmacy, 27% (99) take 10-20 minutes, and 7.4% (27) take 20-30 minutes. 4.6% (17) takes over 30 minutes
- 62.6% (224) use the pharmacy for medicines/prescriptions every month, 16.8% (60) use it every couple of months, 7.5% (27) use pharmacies every week, 7.8% (28) once or twice a year
- 51% (163) of respondents feel most of the time the pharmacy is open when they need it, 42% (134) feels the pharmacy is open when they need it
- 91% (285) of respondents accessed pharmacies for themselves, 36% (112) for their family members, 15% (47) used pharmacies for their children, and 6% (16) used the pharmacy on behalf of their friend/neighbour/someone else. We wanted to know whether this was because of barriers to accessing pharmacies. The reasons people accessed pharmacies for someone else included: Disability/illness/mobility, the person works during pharmacy opening times/works away, it is more convenient to collect more than one person's prescription at the same time/take it in turns, more convenient to do it/closer to

home/work, visit on behalf of a child, travel/live too far away/lack of public transport/does not drive and lack of parking.

One person felt that race discrimination was an issue at their pharmacy and presented a barrier. This has been raised with Community Pharmacy North Yorkshire to address the issue. The most commonly used services from the easy read survey were: Advice about minor illnesses/conditions, repeat prescriptions, medication delivery service, disposal of medicines and general advice.

### 3.3.2 Pharmacy

Of those who responded 27% were entitled to pharmacy access scheme (PhAS). Therefore 73% of respondents are potentially going to be affected by the reduced payments. 16% have achieved Healthy Living Pharmacy status with the majority indicating they are working towards or planning to do so in the next 12 months. Three quarters of pharmacies reported having wheelchair access. 10% don't have hand washing facilities in or near consultation rooms which means that certain additional services could not be provided e.g. injections. 52% reported not having NHS mail which has implications for not being able to offer services and communications where NHS mail (secure) is required such as safeguarding and the NHS Urgent Medicine Supply Advanced Service (NUMSAS) scheme. Since carrying out the survey there are now only four pharmacies that don't have NHS mail.

Providers and strategic partners were asked what they know about the services pharmacies offer to better understand whether or not the needs of residents in North Yorkshire were being met. Results are contained within the tables below:

<b>The top four services that providers reported being available and meeting the needs of North Yorkshire residents were:</b>	
Delivery of medication	66%
Medicines packaging e.g. weekly boxes	66%
Review of medicines	63%
Disposal of medicines	63%

<b>The top four services that providers reported not knowing about were:</b>	
Needle and syringe exchange	71%
NHS healthy start vitamins/vouchers (Currently not commissioned)	68%
Chlamydia testing	68%
Substance misuse services e.g. supervised consumption	64%

<b>The top four services that strategic commissioning partners reported being available and meeting the needs of North Yorkshire</b>	
Advice on minor conditions (coughs, colds)	73%
Disposal of medicines	64%
Repeat prescriptions (ordering/collection)	64%
Travel related health advice	55%

<b>The top four services that strategic commissioning partners reported not knowing about were</b>	
NHS healthy start vitamins/vouchers (Currently not commissioned)	64%
Needle and syringe exchange	64%
Review of appliances e.g. stoma bag	55%
Alcohol screening and advice	55%

### 3.3.3 Strategic Commissioning Partners and Providers

Strategic partners and providers reported that repeat prescriptions (ordering/collection), delivery of medication, review of medicines and electronic prescription services were available but were not sufficient to meet the need. They also reported that sharps box disposal, falls prevention service, Flu vaccinations and advice on long term conditions were not available in some areas but there was a need.

Of respondents 61% felt that pharmacies could be developed over the next four years to improve the support to communities. The majority of responses related to the need for improved communication/liaison between pharmacies and other services e.g. GP's and care homes to improve patient experience and continuity of care. Four providers felt that there was a need for more training/support from pharmacies for their service. Three providers felt pharmacies should be used more as first contact and provide a minor ailments service. One provider felt that a photo should be used on NOMAD (pre-packed medication) to indicate it was the correct client.

59% of partners were aware of future plans that may impact on the need for pharmacy services in the next four years. These comments related to new housing developments and the impact on health services. Two comments related to changes in GP hours/a potential new build health centre. One service expressed an interest in having an on-site pharmacy to improve access for patients. One comment related to potential changes where the local hospital will be able to prescribe but not supply end of life drugs and the need for weekend pharmacies in Craven.

Of partners 67% had no concerns about the current/future provision in their area. Comments included insufficient choice/provision and pharmacies only delivering on certain days.

Two providers commented on the conflict between other NHS services and pharmacies. “New pharmacy provision in rural areas would directly undermine dispensing income for GP surgeries without which the surgeries would be likely to close” and “pharmacy sometimes appears to be operating at odds with NHS policy by over ordering repeats or dispensing very high value alternatives”. Work has taken place through the CCGs to prevent over ordering, however it was felt that this has led to concerns from GPs about impact on their workload. These concerns about whole system working will be fed back to NHS England but are out of scope for the PNA.

The majority of responses related to the need for improved communication/liaison between pharmacies and other services e.g. GPs and care homes to improve patient experience and continuity of care. Four providers felt that there was a need for more training/support from pharmacies for their service. Three providers felt pharmacies should be used more as first contact and provide a minor ailments service.

### 3.4 Good practice

Good practice was highlighted by a number of providers and this related to excellent service, training, e-prescriptions, being helpful and supportive, nothing too much trouble, excellent opening times of a supermarket pharmacy for out of hours support, anticipatory medication in stock, good feedback from service users and good communication with the client group and the service.

Strategic partners highlighted a number of areas of good practice including a trial by a pharmacy in Scarborough for young carers, the falls risk assessment, support from CPMY during the cyber-attack, palliative care stocks and the repeat prescribing project designed to reduce the amount of medication waste.

### 3.5 Barriers to access

The survey asked stakeholders if there were any barriers preventing users from accessing local pharmacies.

<b>The five main barriers identified by health and social care providers included:</b>	
Clients perceive that the pharmacist does not have the things they need	(48%)
Clients don't know what services pharmacists provide	(40%)
Perceived limited opening times - evening	(40%)
Perceived limited opening times – weekends/bank holidays	(40%)
Perceived lack of confidence in the pharmacist	(24%)

Other concerns raised included medication unavailability, lack of liaison with GPs and other services, limited opening times resulting in patients travelling further, staff shortages/ attitudes, delivery services and commercial incentives to sell expensive treatments

<b>The five main barriers identified by North Yorkshire residents:</b>	
Opening times (evenings)	51%
Opening times (weekends)	42%
Lack of parking (24%)	24%
The pharmacy does not have everything I need	22%
Cost of prescriptions	19%
Other concerns raised included that the prescription was never ready/drugs not in stock, not enough staff/long queues, mix up over prescriptions/dates/drugs, and staff changes/pharmacist not available to prescribe	

Pharmacies reported barriers such as house-bound patients cannot currently access services that can only be delivered in store, for example falls prevention service, lack of parking in the area, elderly population, reduced mobility and distance to the pharmacy.

<b>The five main barriers identified by strategic partners:</b>	
Clients don't know what services pharmacists provide	70%
Clients concern about cost of prescriptions	50%
Perceived lack of confidence in the pharmacist	30%
Perceived lack of access to a private consultation	30%
Perceived limited opening times - evening and weekend/bank holidays	20%
Other concerns raised included lack of awareness about opening times, feedback that some multiples repeatedly decline to supply products their partner/wholesaler don't provide/make and that there are parts of Ryedale where pharmacy provision is limited so patients have to rely more on their GPs/dispensing doctors	

### 3.6 Gaps/issues identified

The management of repeat prescriptions was highlighted as an issue around services available for strategic partners. One partner expressed concerns about the lack of activity by pharmacies in some of the services that have been commissioned.

Of the pharmacies who responded 50% felt there were opportunities for other services to be commissioned through pharmacies, 15 felt there was a need for a minor ailment scheme, five would like to provide emergency hormonal contraception (EHC) and three NHS Health Checks. Pharmacies

reported that local commissioning or the requirement to attend face to face training is preventing this from happening.

Nine pharmacies reported that the national cuts in the pharmacy contract will have an impact on the delivery of services over the next five years.

### 3.7 Public Opinion

The majority of North Yorkshire residents were positive about the availability of pharmacies and services provided which suggests that overall they were happy with the services their usual pharmacy provided. However in the open ended question about what they liked or disliked they responded as follows:

Additional comments from the public	Numbers of responses
Opening times not in line with their surgery (evenings/weekends/lunchtimes)	17
Medication was not always available despite giving notice for the prescription	13
Pharmacies are busy/have long queues	8
Long wait for repeat prescriptions	6
If the pharmacy is closed it is a long drive to the nearest one or it would be difficult to access using public transport	7
Rural pharmacies are vital	5
Poor experiences of the electronic repeat prescriptions ordering service, although two people commented positively on this service	5
Unable to use their pharmacy at the GP	3
Concerns about the impact of new housing developments	3
Needs to be better publicity around opening times/services available	2
Other comments included "I feel the ones which are in the more rural areas are a vital service on many levels.....If we were to lose our pharmacy we would have a 24 mile round trip to our nearest alternative". (Small market town), "We are well served except on a Sunday", "Longer opening and Sunday hours would prevent 111 services" and "Pharmacy open on a Sunday but no public transport".	

### 3.8 Future developments

To understand how the community pharmacy environment may change in the coming years, stakeholders were asked to report if there were any opportunities to develop pharmacy services in the future.

Three strategic partners felt there was the need for pharmacies to play a greater role in prevention/early intervention/self-care. Another strategic partner suggested there is a need to work with NHS England and the STPs to further develop the role of pharmacies.

Of strategic partners 61% felt pharmacies could be developed over the next four years to improve the support to communities. Examples of how this could be done included to further develop the role of pharmacies as the first port of call for patients/minor ailments/health screening (four out of 12 responses). Two agencies suggested that further work should be done promoting the range of services and opening times, including the use of social media. One agency felt there could be increased coverage of commissioned services e.g. through PGDs.

Of strategic partners 59% were aware of future plans that may impact on the need for pharmacy services in the next four years. These included extending the opening hours of other services in various locations and on various days of the week – would have an impact on the need for pharmacies at these times. Other plans include ongoing promotion of self-care to remove pressure from GP surgeries and A&E, and highlighting the issue of medicines waste to the public. Agencies reported that they may consider projects such as support for frail elderly, support for reduction of antibiotic prescribing and post discharge referral. One response noted the low levels of uptake in currently commissioned services.

There were no concerns about the current/future provision in their area from 67% of strategic partners. Concerns that were raised included the impact that changes to the funding formula for pharmacies will have on local provision. Also concerns were expressed about the reliance on use of locums, the quality and uptake of commissioned services and the lack of resource in NHSE as commissioner to work with stakeholders. (Also highlighted lack of capacity within these organisations.)

“There is an opportunity to utilise community pharmacy more innovatively going forward but there are local and national challenges and barriers in enabling this to happen.”

Most pharmacy respondents felt that there were opportunities to use pharmacies more effectively in the future. Comments included “I do believe that pharmacy has a key role in reducing the workload on GP surgeries.” and “Pharmacy has a unique position with respect to patient access, proximity to centres of population and the availability across seven days to provide patient care. More services should be commissioned via pharmacy”.

### 3.9 Formal consultation on the draft PNA

The link to the draft PNA was shared with the following organisations:

- a) The Local Pharmaceutical Committee (CYPNY)

- b) The Local Medical Committee
- c) All persons on the pharmaceutical lists and any dispensing doctors list in North Yorkshire;
- d) All LPS chemists in North Yorkshire with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- e) North Yorkshire Healthwatch
- f) All NHS trusts and NHS foundation trusts in the area;
- g) the NHS Commissioning Board (NHS England) and
- h) All neighbouring health and wellbeing boards.
- i) The public via a press release and social media

The steering group reviewed comments received and revised the document as appropriate. The steering group acknowledged comments around quality of provision, potential future impact of on-line pharmacies, inconsistencies in the provision of blister packs and over ordering of medication. However it was felt that they were out of scope of the PNA. Therefore mechanisms for addressing these issues are being explored. The consultation report can be found in appendix five.



## Section 4: Assessment of need for pharmaceutical services in North Yorkshire

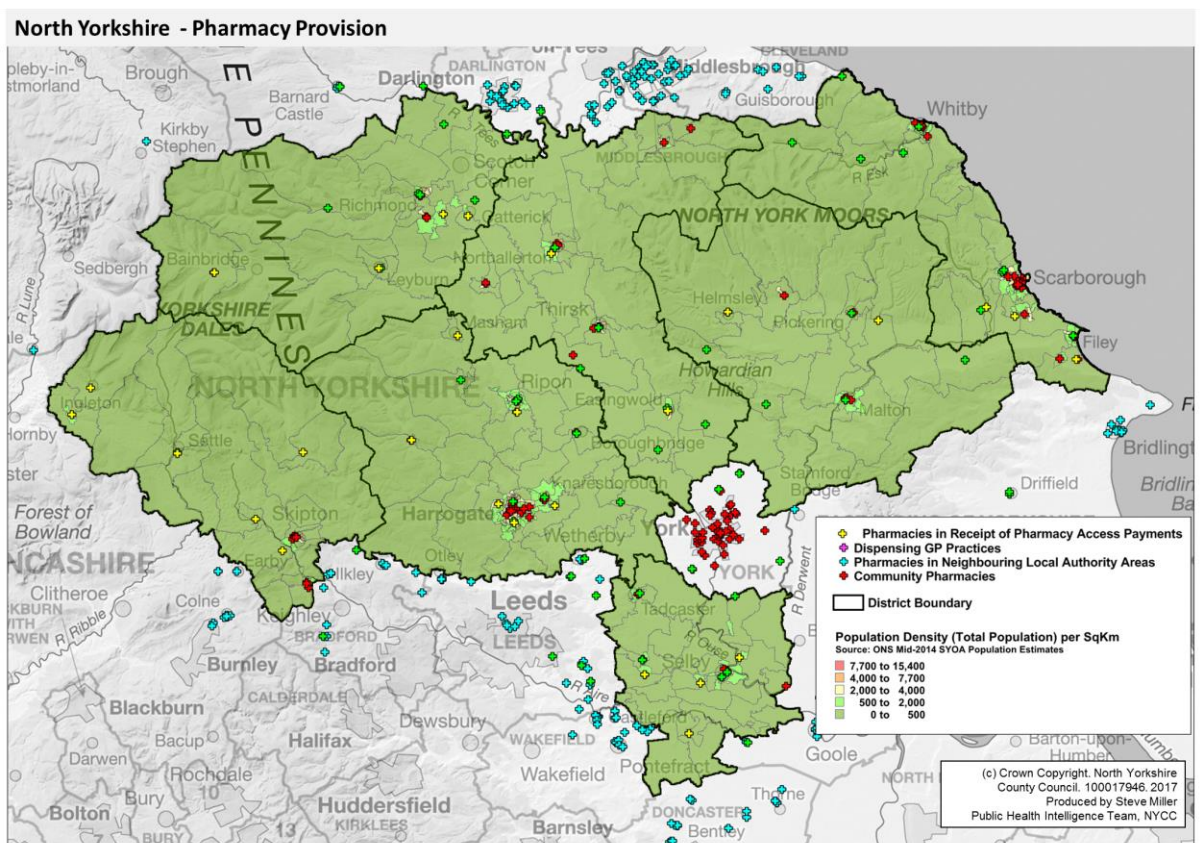
### 4.1 Pharmaceutical Services

The following section describes the pharmaceutical services provided which are necessary to meet needs of people living in North Yorkshire

#### 4.1.1 Community pharmacies

There are currently 113 community pharmacies in North Yorkshire; 27 of these are in receipt of the national Pharmacy Access Scheme payments (PhAS) which is currently funded until April 2018. This scheme aims to protect patient access in areas of deprivation or where community pharmacy provision is sparse. The scheme pays additional monies to all small and medium sized pharmacies that are a mile or more from another pharmacy (this is measured by road distance rather than as the crow flies.)

Map five: North Yorkshire pharmacy provision by population density

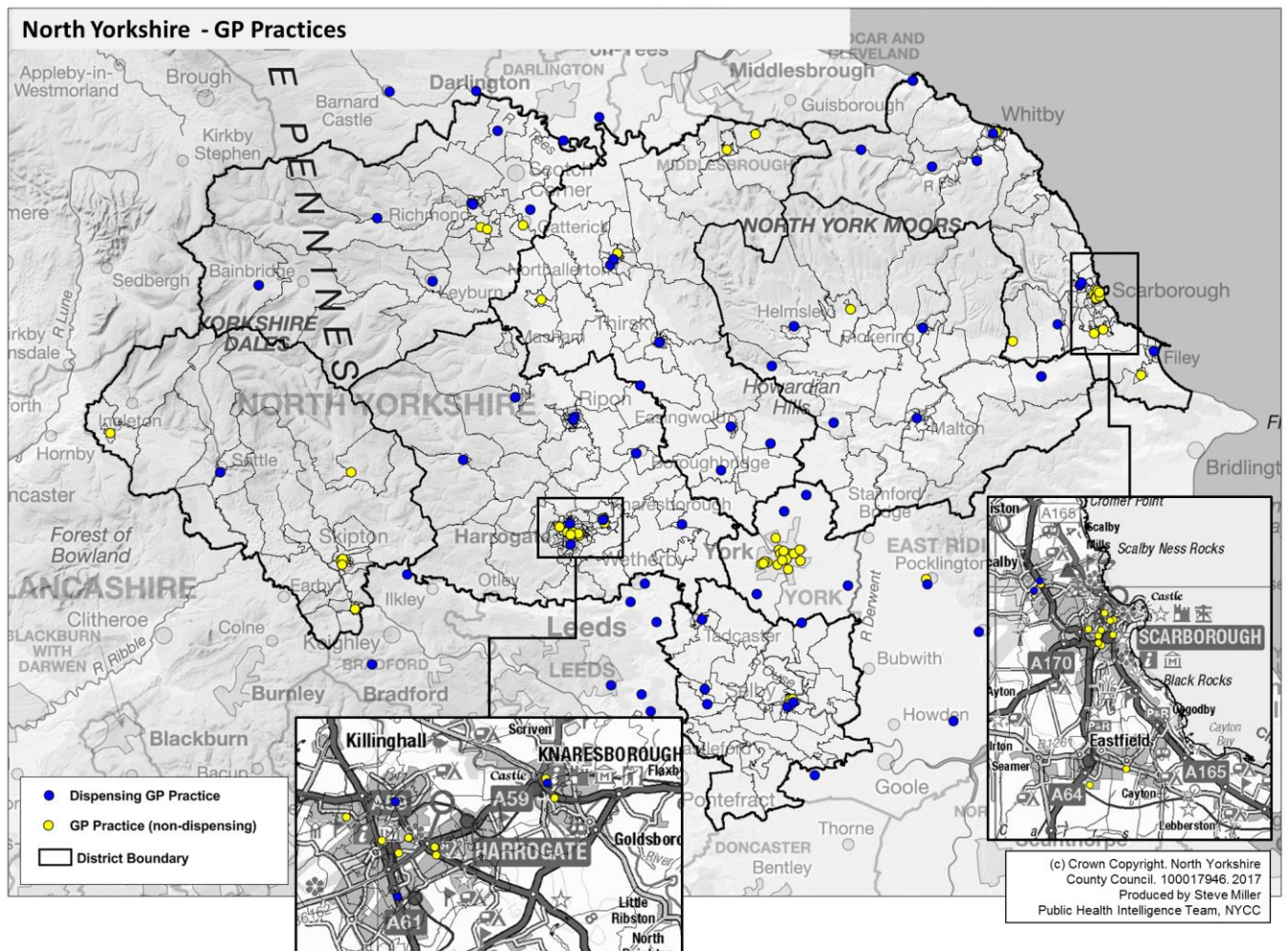


### 4.1.2 Dispensing GP practices

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. There are 49 dispensing GP practices in North Yorkshire. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of receiving dispensing from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

A map of non-controlled localities can be found at <http://www.nypartnerships.org.uk/pna>

Map six: North Yorkshire GP practices and dispensing practices (including neighbouring dispensing practices)



### 4.1.3 Distance selling pharmacies

A distance selling pharmacy is a registered pharmacy that provides services over the internet. A distance selling pharmacy could be based in another part of the country and supply to North Yorkshire residents therefore, it is not possible to estimate how many suppliers operate in North Yorkshire. However, feedback from the pharmacy user survey found that none of the respondents

reported using distance selling pharmacies and feedback from the steering group suggests that there is no significant impact on the provision of pharmaceutical services in North Yorkshire at the time of writing this PNA. One respondent fed back through the consultation that the impact is increasing and it will potentially threaten viability of rural pharmacy and potentially dispensing GP's. It was agreed by the steering group that this will be fed back to NHS England. It is very difficult to monitor the volume of dispensing from internet pharmacies to feed into the PNA.

#### 4.1.4 Current provision outside the Health and Wellbeing Board (HWB) border.

There are 203 pharmacies outside of North Yorkshire but within five miles of the North Yorkshire border that residents may access. It is not possible to identify how many of our residents access these services. However they have been included in the maps to indicate where they are located.

#### 4.1.4 Provision of pharmacies per 100,000 population

The following table illustrates the rate of provision per 100,000 population across the seven districts and the County as a whole.

Table nine: rate of provision per 100,000 population

	Number of Community Pharmacies	Number of Dispensing GPs	Total number of dispensing premises	Population	Number of Pharmacies per 100,000 Population (Crude)	Number of Pharmacies & Dispensing Practices per 100,000 Population (Crude)
Craven	14	1	15	55,801	25.1	26.9
Hambleton	13	8	21	90,035	14.4	23.3
Harrogate	27	10	37	157,016	17.2	23.6
Richmondshire	8	7	15	52,510	15.2	28.6
Ryedale	8	7	15	53,052	15.1	28.3
Scarborough	27	9	36	107,902	25.0	33.4
Selby	13	6	19	85,961	15.1	22.1
North Yorkshire	110	48	158	602,277	18.3	26.2

This table highlights that access is higher in Scarborough and lower in Selby, however this does not take into account pharmacies on the border which is likely to have an impact on access. National



estimates<sup>19</sup> suggests there is on average 21 community pharmacies per 100,000 population so all areas of North Yorkshire has better access.

## 4.2 Accessibility

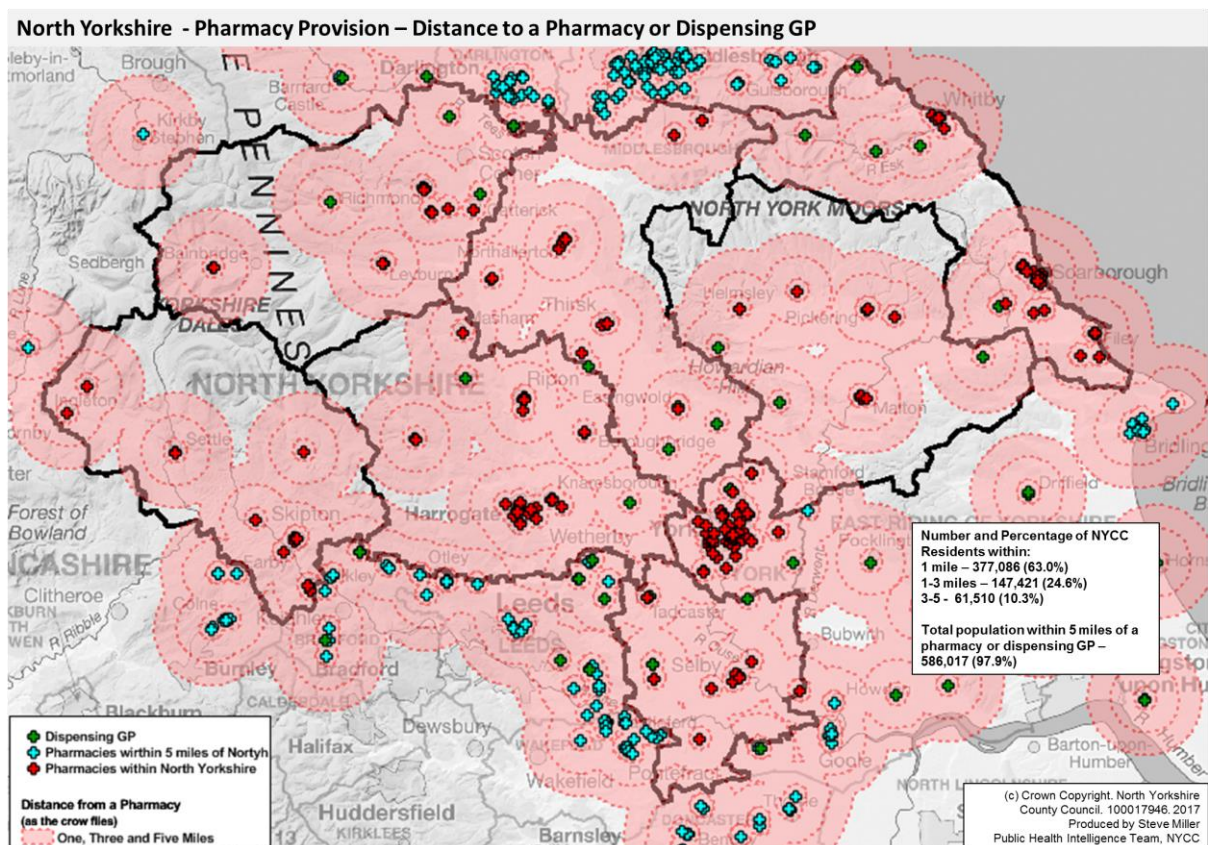
Around 98% of the population of North Yorkshire lives within five miles (as the crow flies) of a pharmacy); with around 63% of the population living within a 20 minute walk of a pharmacy<sup>20</sup>. Although this suggests generally very good access to community pharmacies across the County there is a small minority of residents (c. 12,000) who do not have access to a pharmacy within five miles of their home.

This indicates potential issues in the more isolated parts of the County, including

- the northern range of the North Yorkshire Moors
- Upper Swaledale (e.g. Muker, Keld)
- Upper Wharfedale

This is illustrated in the following map:

Map ten: Distance to a pharmacy or dispensing GP



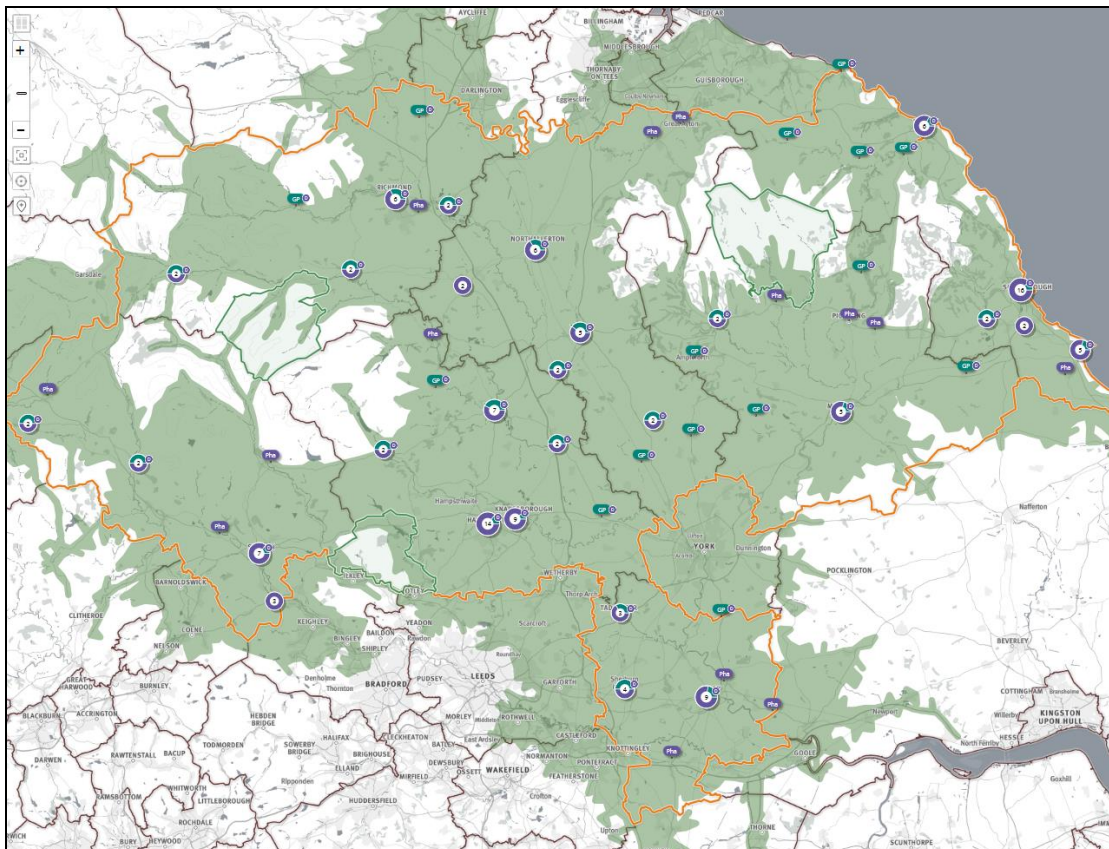
<sup>19</sup> Number of pharmacies in England (source CPNY) per 100,000 population (source ONS mid-year 2016)

<sup>20</sup> Within 1 mile as the crow flies of a pharmacy

Almost two thirds of residents live within one mile (as the crow flies) of a pharmacy or dispensing GP in North Yorkshire, with a further one in four living one to three miles away and one in ten living between three and five miles away. One in 50 residents (approximately 12,500 people) live more than five miles from their nearest pharmacy or dispensing GP.

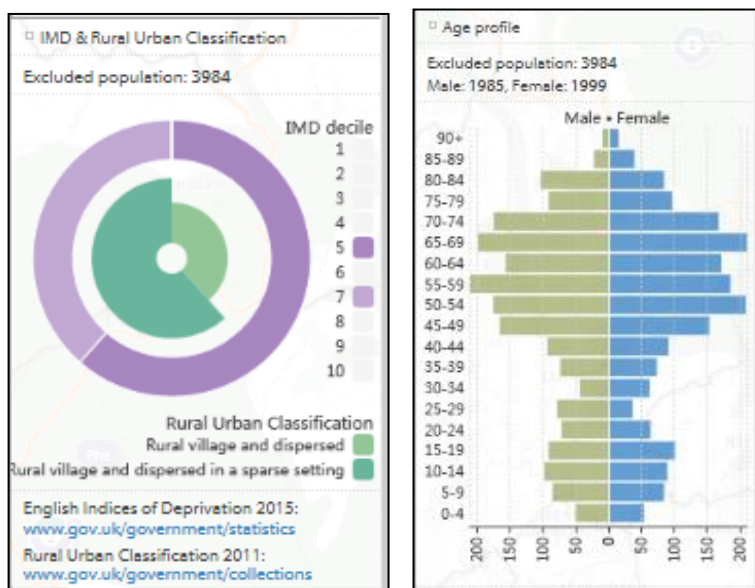
Analysis of opening hours in Appendix three highlights generally good accessibility during the week between 9am and 5.30pm. Outside of these times access is more variable, particularly in the evenings where there is a reliance on five 100 hour pharmacies across the County.

Map eleven: Residents within a 20 minute drive of a pharmacy and dispensing GP (Source PHE Shape Tool, February 2018)



Map showing pharmacies (purple) and dispensing general practices (green) in North Yorkshire. The green shaded areas are within a 20 minutes' drive of a pharmacy or dispensing GP. The white areas are estimated to have longer travel times.

The charts below illustrate that about 4,000 North Yorkshire residents (0.7%) live more than a 20 minutes' drive from a pharmacy or dispensing GP. These are made up from people living in rural villages and dispersed settlements, mainly in sparse settings. This population tends to be older than average for North Yorkshire, with about 1,200 (30%) aged 65 years and above, 650 (16%) aged under 20 and the mainly working-age population aged 20-64 making up the remaining 54%. Most (99.3%) of North Yorkshire residents live within a 20 minutes' drive of a pharmacy or dispensing GP.



Accessibility reduces further on a Sunday with 21 pharmacies (19%) open, mainly in or close to population centres and around 60% of the population lives within five miles of one of these pharmacies. Approximately 5% of residents (mainly in more rural parts of the County) have no access to a pharmacy on a Sunday within ten miles of home. This suggests that there may be

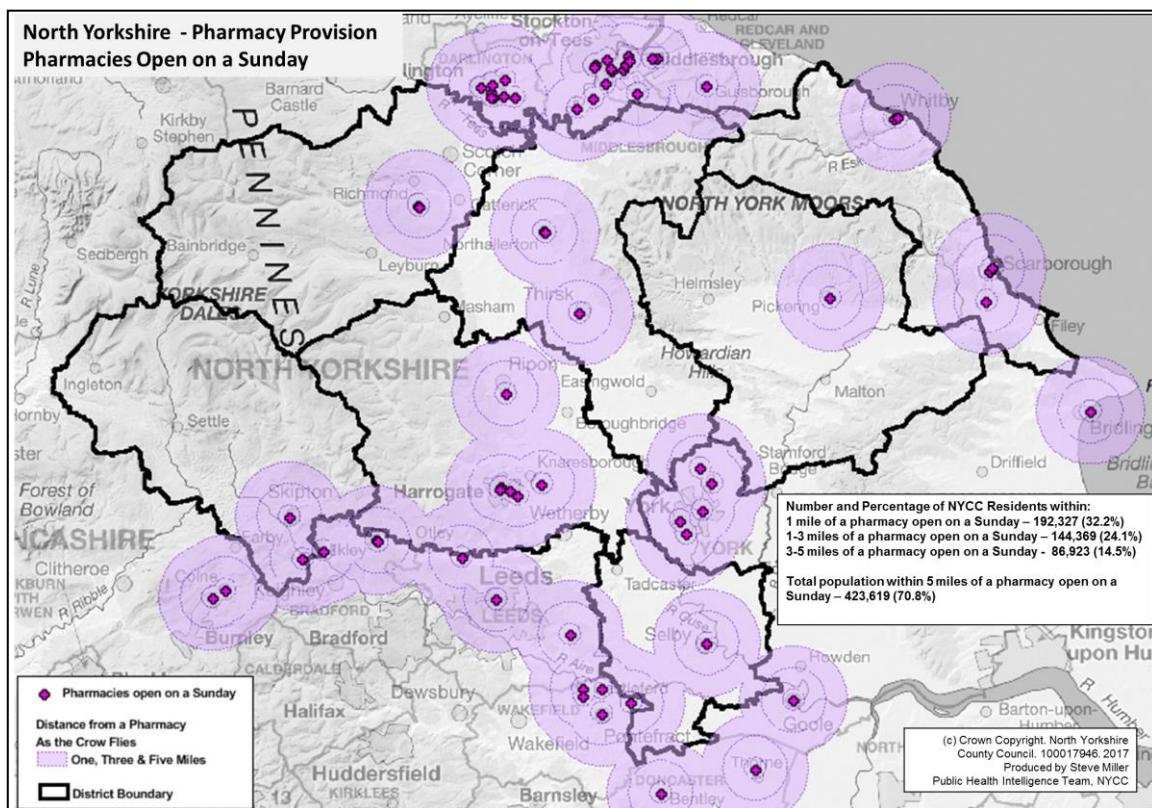
- problems for more vulnerable residents (and those without access to private transport) to access pharmacy services on a Sunday, and
- potential for individuals to seek help from primary/acute health services that could be dealt with by a community pharmacist if one was available

If we consider pharmacies in neighbouring authorities, on Sundays access improves slightly to 71% of residents living within five miles of a pharmacy. However, Sunday access is likely to remain a challenge for North Yorkshire residents in Ryedale and the Dales in Richmondshire and Craven. It is worth noting that out of hours providers provide patients with their medication directly which reduces the need for pharmacies to open on a Sunday.

Accessibility to a pharmacy open on a Sunday is illustrated by the following map.



Map twelve: Pharmacies open on a Sunday



### 4.3 Services provided by pharmacies

The current community pharmacy contractual framework, which is commissioned by NHS England, has three levels of service delivery – essential, advanced and enhanced. In addition, CCGs or Local Authorities can commission Locally Commissioned Services depending on need.

#### 4.3.1 Essential Services

All community pharmacies in England are required to provide, including:

- Dispensing of medicines
- Repeat dispensing
- Disposal of unwanted medicines
- Prescription-linked healthy lifestyle advice
- Signposting
- Support for self-care
- Clinical governance
- Public health campaigns (up to 6 per year)

As stated in section four, there are 113 community pharmacies plus 43 dispensing GP practices providing services in North Yorkshire.

### **Dispensing**

There are around 855,000 prescription items dispensed per month by North Yorkshire Pharmacies. Each pharmacy in North Yorkshire dispenses on average 7,972 prescriptions per month which is higher than the England average (7,404). This may be the result of having an older population requiring more medication.

Table ten: Prescription items dispensed

Area	Prescription items dispensed per month(000s)	Average monthly items per community pharmacy
England	87,337	7,404
Yorkshire and the Humber region	10,287	7,987
North Yorkshire	855	7,974

Source: NHS BSA, 2017

The following table breaks down dispensing by CCG area and looks at the percentage dispensed by GP practices.

Table eleven: Number of items dispensed per district in 2016/17 and the proportion of those dispensed by GP practices

	Total Items Dispensed 2016/17	% Items Dispensed by GP Practices
<b>Craven (less Grassington- now merged with an Airedale practice)</b>	1,047,816	10.85% (113,701)
<b>Harrogate and Rural District</b>	3,139,289	21.21% (665,813)
<b>Hambleton, Richmond, Whitby</b>	3,374,864	33.16% (1,119,003)
<b>Vale of York (North Yorkshire Practices only)</b>	6,314,739	15.69%(990,753)
<b>Scarborough and Ryedale</b>	2,970,046	14.48% (430,035)
<b>North Yorkshire Total</b>	16,846,754	19.7% (3,319,305)

A significant proportion of items are dispensed by dispensing GPs which is in line with the breakdown of community pharmacies and dispensing GPs highlighted in table nine. Table 11 above shows that Vale of York dispenses the largest number of items. However when weighting is considered in table 12 below, it shows that York has the most items overall but the lowest weighted number of items, similar to Harrogate. Lower prescribing frequency in Harrogate and York is considered to be a reflection of health need/level of deprivation. Scarborough CCG has the highest



prescribing frequency which would fit with that area demonstrating greater health issues and significant pockets of deprived communities.

Table twelve: Items dispensed in 2016/17 and weighted using the Astro-PU weightings denominator  
21

Prescriber Name	Total Items	Items Per Denominator (ASTRO-PU weightings)
Scarborough And Ryedale CCG	2,970,046	1,635.33
Hambleton, Richmondshire and Whitby CCG	3,374,864	1,502.19
AWC - NY Practices less Grassington	1,047,816	1,432.48
Harrogate and Rural District CCG	3,139,289	1,331.81
Vale of York CCG	6,272,129	1,316.09

#### 4.3.2 Advanced Services

Community pharmacies can opt to provide the following services within the NHS community pharmacy contract:

- Medicines-use reviews and prescription intervention service
- New medicine service
- Appliance-use review service
- Stoma appliance customisation service
- Seasonal flu vaccination service
- NHS Urgent Medicine Supply Advanced Service.

In North Yorkshire the following services are available:

#### **Medicine use reviews (MUR)**

This service provides structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long-term conditions.

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<sup>21</sup> ASTRO-PU stands for Age, Sex and Temporary Resident Originated Prescribing Units. This weighting is designed to weight individual practice or organisation populations for age and sex to allow for better comparison of prescribing patterns. These figures are based on the cost or volume of prescribing across all therapeutic areas, and these weightings should be used only when considering all prescribing. The number of temporary residents attending practices is no longer captured or included in funding allocations.

The average number of MURs per pharmacy continues to increase and the number of pharmacies providing MUR has increased since 2014/15 from 78 to 81% in 2016/17 across North Yorkshire. This is a lower percentage of pharmacies provide the service compared to England and Yorkshire and the Humber region averages. Average number of MURs declared per pharmacy per month has increased from 24 in 2014/15 to 26 in 2016/17 but the average is lower than both national and regional average. This may be linked to the fact that in North Yorkshire the older population are healthier than the national and regional average.

Table thirteen: Pharmacies providing MUR's

Area	% of pharmacies providing MUR		Average number of MURs per Pharmacy per month	
	2014/15	2016/17	2014/15	2016/17
England	83	83	26	29
Yorkshire and the Humber region	81	82	26	29
North Yorkshire	78	81	24	26

### ***New medicine service (NMR)***

This service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. The average number of NMR's is similar to the national and regional average.

Table fourteen: Pharmacies providing NMR's

Area	% of pharmacies providing NMR		Average number of NMR per Pharmacy per month	
	2014/15	2016/17	2014/15	2016/17
England	57	61.5	9	10
Yorkshire and the Humber region	57	63	10	10
North Yorkshire	53	55	9	10

### ***Appliance-use review service***

This service provides a planned face to face consultation between a pharmacist or appliance contractor and a patient to discuss the appliance or device that the patient is currently using. The review aims to help increase the patient's knowledge and understanding of their appliance while allowing them to discuss any queries or concerns they may have.

There are eight pharmacies in North Yorkshire offering this service, although no AURs were carried out in 2016/17. This is a similar picture across the Yorkshire and the Humber and is likely to be influenced by the fact that patients also have products supplied directly from the manufacturer/appliance contractor who may then may conduct an AUR.

#### ***Stoma appliance customisation service***

This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

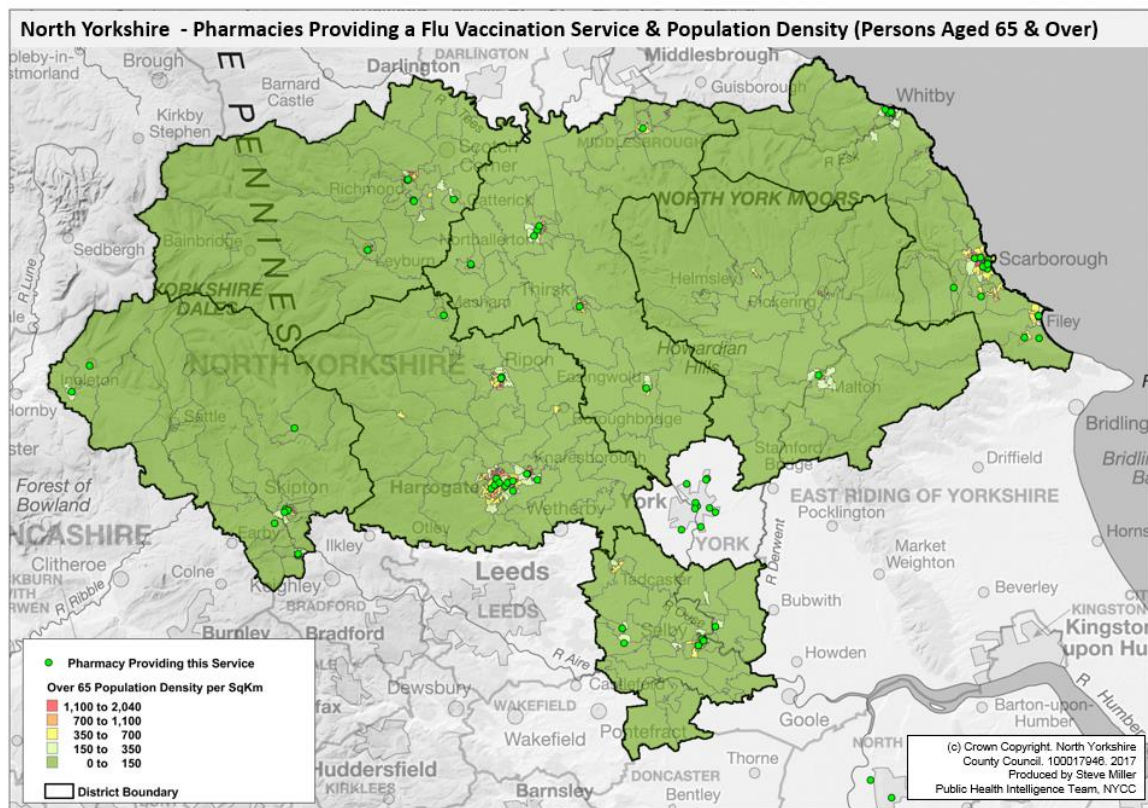
There are ten pharmacies in North Yorkshire offering this service although the majority of SACs are carried out by an appliance contractor.

#### ***Seasonal flu vaccination service***

This service offers a seasonal influenza (flu) vaccination service for patients in at-risk groups and social care workers. The national influenza programme is delivered by pharmacies, GPs and community services to enable the delivery of the programme. Of the population at risk 50% (6 months to 65 aged group) and 71.7% aged 65 and over receive their flu vaccine from their GP.

There are 69 (61%) pharmacies offering this service in 2017/18, and during 2016/17 11,220 flu jabs were given through pharmacies.

Map twelve: Pharmacies providing flu services



***NHS Urgent Medicine Supply Advanced Service***

This service is able to supply urgent medicines via referral from NHS 111, in order to reduce the burden on urgent and emergency care services of handling urgent medication requests, whilst ensuring patients have access to the medicines or appliances they need.

There are 51 pharmacies providing this service.

***Summary of advanced services***

The following table illustrates the number of pharmacies offering these services by district.

Table fifteen: Advanced services by district

	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby
MUR	13	13	25	7	8	26	12
NMS	11	11	23	6	8	25	12
Appliance Use Reviews	2	0	5	0	1	1	0
Stoma Appliance Customisation	2	1	4	0	1	1	1
Enhanced Service - Seasonal flu	6	4	15	4	2	12	3
Urgent Medicine Supply Advanced Service	0	1	0	3	0	8	3

The table highlights that there are more advanced services provided in the Harrogate and Scarborough Districts which is where the population density is higher than other areas. The lowest provision is in the Richmondshire district.

#### 4.3.3 Enhanced services

Enhanced services can be commissioned by NHS England regional teams and CCGs, and include:

- Minor ailments management
- Care home services
- Out-of-hours services
- Anti-coagulation monitoring
- On demand availability of specialist drugs.

##### ***Minor ailments management (Pharmacy First Service)***

At present one CCG commissions services from community pharmacy providers. Airedale Wharfedale and Craven CCG is commissioning a minor ailment scheme called Pharmacy First. This service is to provide the local population with rapid access to a pharmacist who can give advice on, and where necessary supply medication from an agreed formulary, for a range of minor ailments, releasing capacity in general practice and providing an appropriate alternative to the use of general practice or other health care environment (i.e. A&E, Out of Hours (OOHs) Urgent Care). The pharmacy will provide advice and support, including printed information where appropriate, to

people on the management of minor ailments, including where necessary, the supply of medicines (free of charge to those exempt from prescription charges) for the treatment of the minor ailment.

Other local CCGs are examining how they can encourage their populations to consult with pharmacies on minor ailments in line with self-care.

### ***Care home services***

Currently there are no care home enhanced services commissioned.

### ***Out of hours services***

A pharmacy normally has 40 core contractual hours plus any supplementary hours (or 100 for those that have opened under the former exemption from the control of entry test). NHS England can commission an enhanced out of hours service where there is a need. This could include additional hours on a regular basis or a bank holiday rota. Core hours can only be changed with the agreement of NHS England, whereas a contractor can change supplementary hours by giving the required notice.

There are 15 pharmacies providing out of hours services through additional opening hours and 25 providing bank holiday rota opening.

### ***Summary of enhanced services***

The following table summarises the spread of enhanced services across North Yorkshire.

Table 16: Enhanced services by district

	Craven	Hambleton	Harrogate	Richmondshire	Ryedale	Scarborough	Selby
Minor ailments	11	Not commissioned	Not commissioned	Not commissioned	Not commissioned	Not commissioned	Not commissioned
Care home services	0	0	0	0	0	0	0
Out of hours services (additional opening)	0	3	1	3	2	1	5
Out of hours services (bank holiday rota)	4	4	0	4	4	4	5

## 4.4 Additional pharmaceutical services

This section describes the services that are provided, which are not needed, but which secure improvements or better access to pharmaceutical services in North Yorkshire. These services are commissioned and managed by the local authority or the CCG, to deliver public health or other services where a need has been identified.

### 4.4.1 Substance misuse services

#### ***Needle exchange programme***

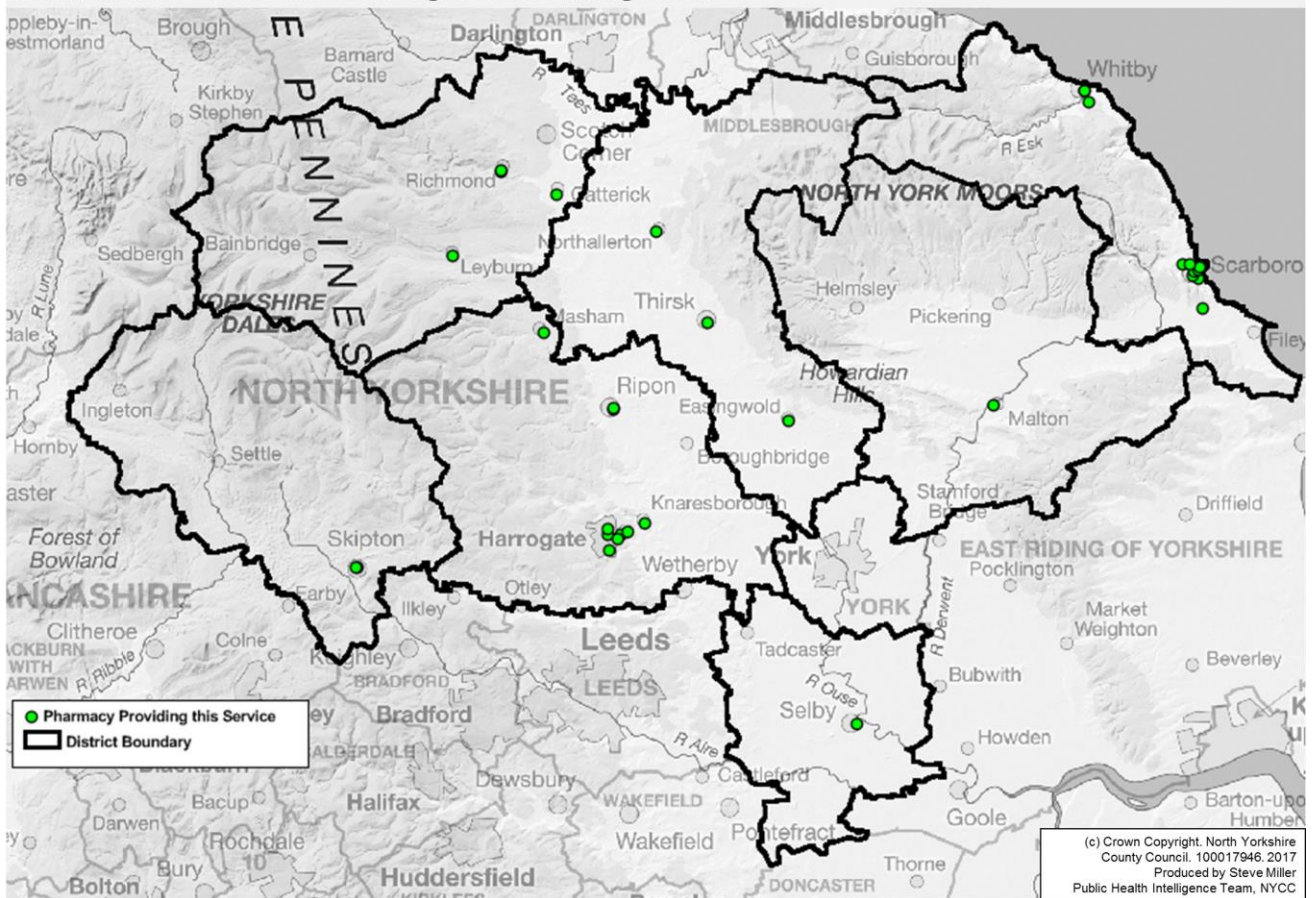
The Service provided includes the distribution and collection of sterile injecting equipment, its safe disposal and the provision of a range of other harm reduction support and interventions. Pharmacy needle and syringe programmes and harm reduction initiatives are part of the overall wider approach to prevent the spread of blood borne disease and other drug related harm, including drug related death. The service aims to discourage people from misusing drugs and enable those who wish to stop to do so; reduce the harm drug misuse causes to individuals and to communities; reduce the accessibility and availability of drugs to young people; protect communities from the health risks, and other damage associated with drug misuse, including the spread of communicable disease such as HIV, or Hepatitis and ensure that communities have access to accurate information about the risks of drug misuse; increase the safety of communities from drug related crime.

This service is provided in 21 pharmacies on a needs basis. Between October 2016 and September 2017 there were 10,255 provisions or personal interactions in 19 out of the 21 pharmacies.

Map thirteen: Pharmacies providing a needle exchange service



### North Yorkshire - Pharmacies Providing a Needle Exchange Service



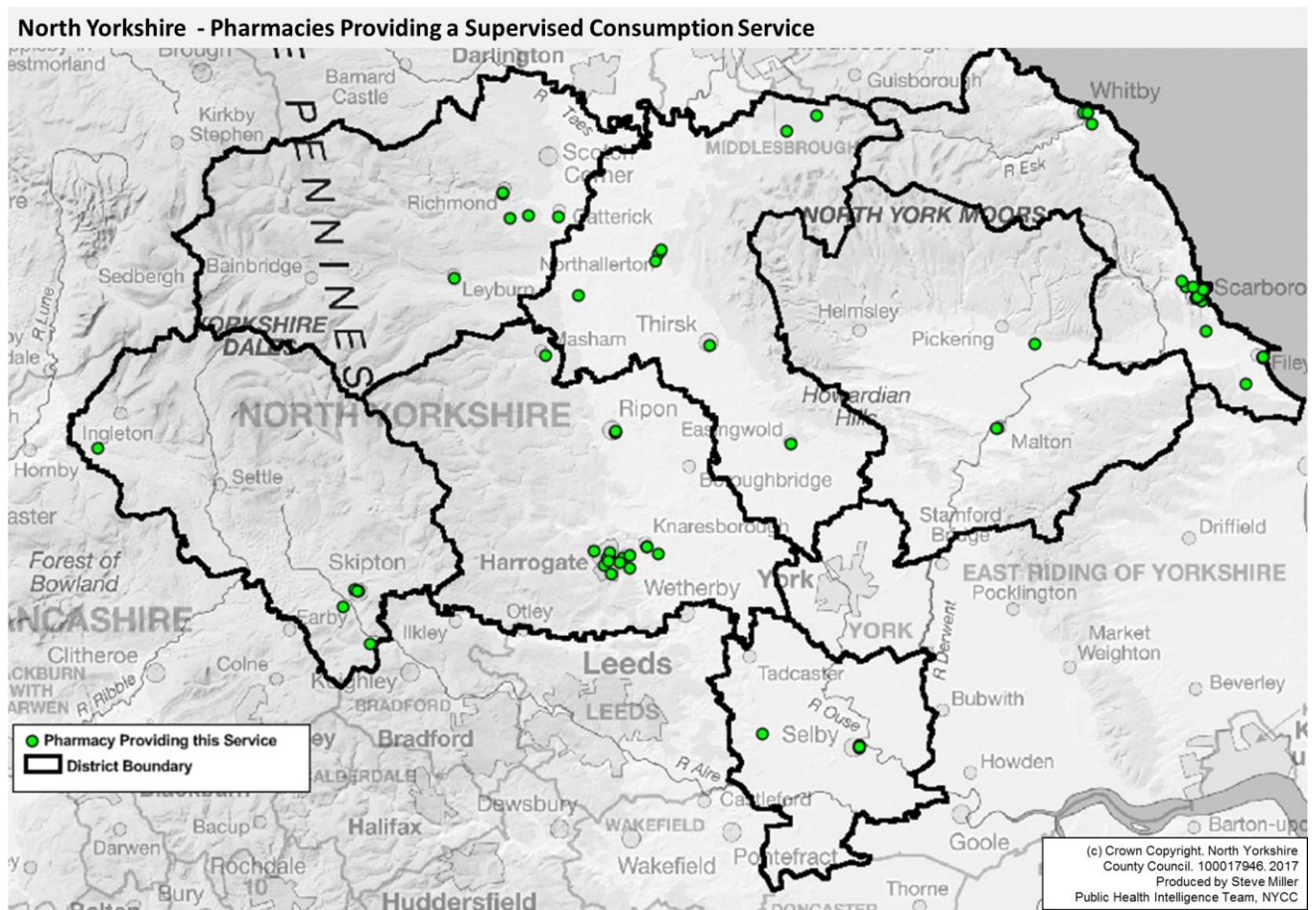
### ***Supervised Consumption Service***

This service is provided to drug users who are prescribed methadone, buprenorphine (Subutex® or Suboxone®) in the North Yorkshire area. The Service will encompass supervised support and advice to service users in a safe environment. The aims of the service are to ensure compliance with the service user's agreed care plan, by dispensing prescribed medication in specified instalment and ensuring each supervised dose is correctly administered; liaising with those directly involved with the service users care; improve drug treatment delivery and retention; reduce the risk to communities through drug misuse.

Supervised consumption is a service that is provided in 87 pharmacies. Between October 2016 and September 2017 there were 9,185 interactions across 76 pharmacies.



Map fourteen: Pharmacies providing a supervised consumption service



### ***Conclusions regarding a substance misuse service***

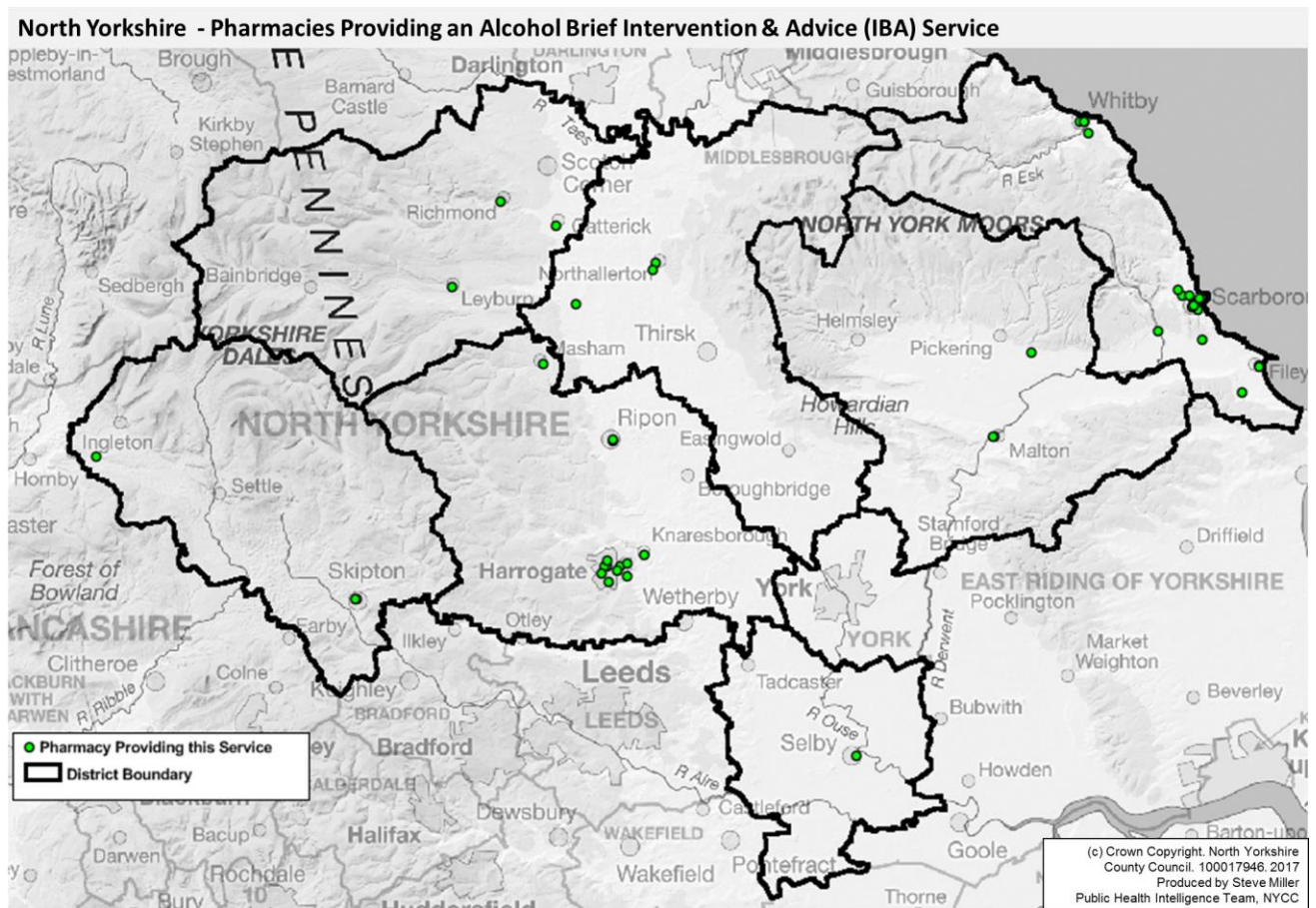
A substance misuse service is considered to be an essential service in North Yorkshire. There is good provision in areas where there is a higher prevalence of drug users, for example in Scarborough and Harrogate. It is recommended that provision is reviewed on a regular basis to ensure that there is accessibility to meet need.

### **4.4.2 Alcohol interventions and brief advice**

Alcohol Identification and Brief Advice or IBA involves screening (using a validated tool) followed by a short structured conversation aimed at changing drinking behaviours. The conversation or intervention usually lasts no longer than five to ten minutes and is aimed at motivating at-risk drinkers to reduce their alcohol use, or to offer referrals to treatment for dependent drinkers. Community pharmacy teams can provide this service to people over 16 years of age.

Twenty-one pharmacies in North Yorkshire have been trained to date to deliver the Alcohol IBA service. Between October 2016 and September 2017 there were 209 interventions carried out by six pharmacies, with the majority from one pharmacy in the Craven area.

Map fifteen: Pharmacies providing and alcohol IBA service



### **Conclusion regarding alcohol pharmacy services**

Alcohol IBA is regarded as one of the most straight-forward and cost-effective approaches to reducing risky but non-dependent drinking. However, the uptake by pharmacies to deliver interventions has been disappointingly low in North Yorkshire resulting in poor provision. Public Health is currently working closely with CPNY to monitor and improve performance. The service will be fully reviewed at the end of the 2017/18 financial year.

### **4.4.3 Chlamydia screening**

Provision of chlamydia screening as part of the National Chlamydia Screening programme for under 15-24 year old young people.

The service is provided in 73 pharmacies, however, screening is extremely low. Between October 2016 and September 2017 only 31 tests were carried out by 13 out of the 73 providers.

### **4.4.4 Emergency hormonal contraception**

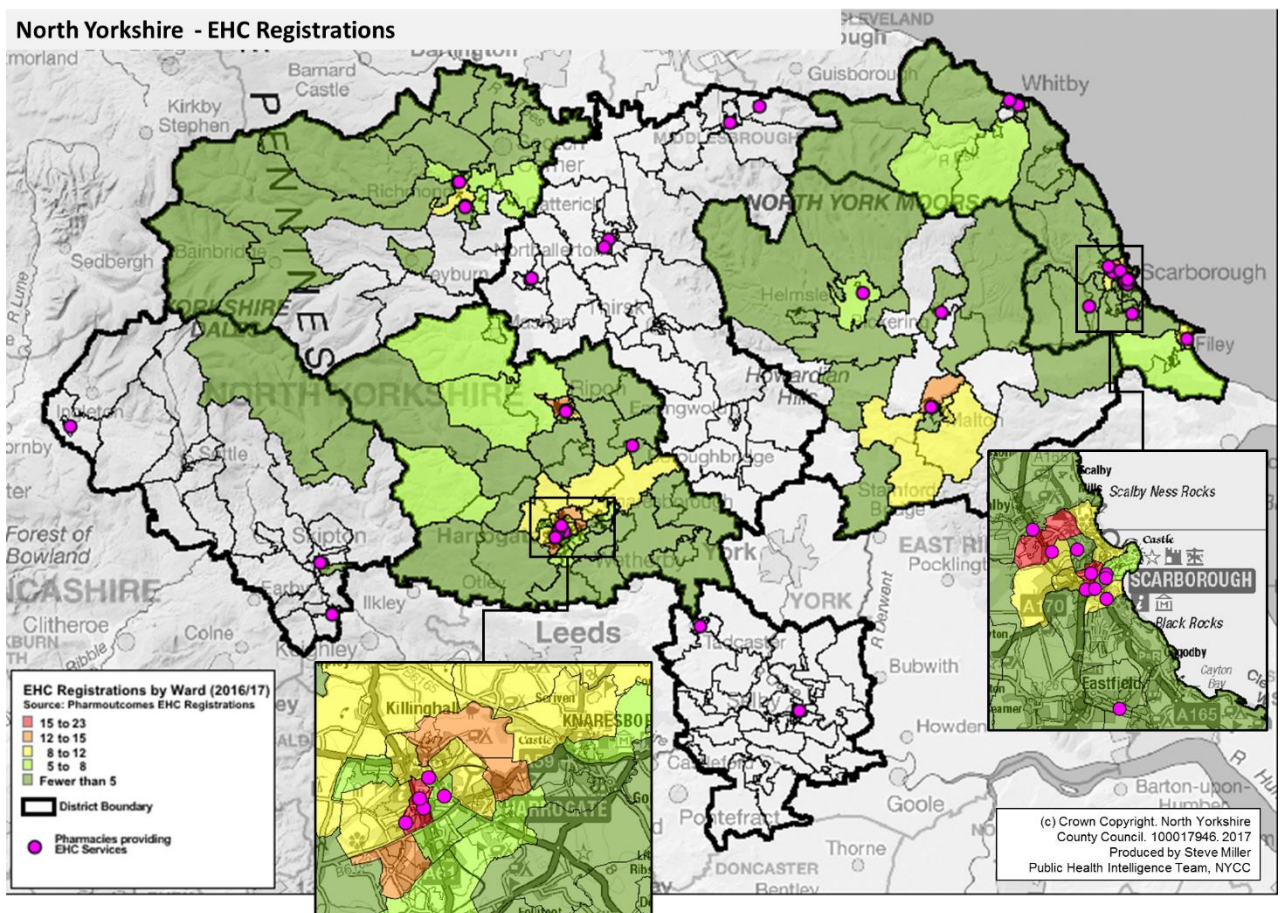
Supply of Emergency Oral Hormonal Contraception (EHC) by community pharmacies helps contribute to a reduction in the number of unplanned pregnancies or terminations. This Service is delivered via a Patient Group Direction (PGD) free of charge to service users aged 14 years to 24



years inclusive. The aim of the service is to improve access to/use of emergency contraception; provide free condoms alongside EHC; provide informed advice and support to complement existing sexual health services, providing a signposting service into the relevant mainstream contraceptive and sexual health services.

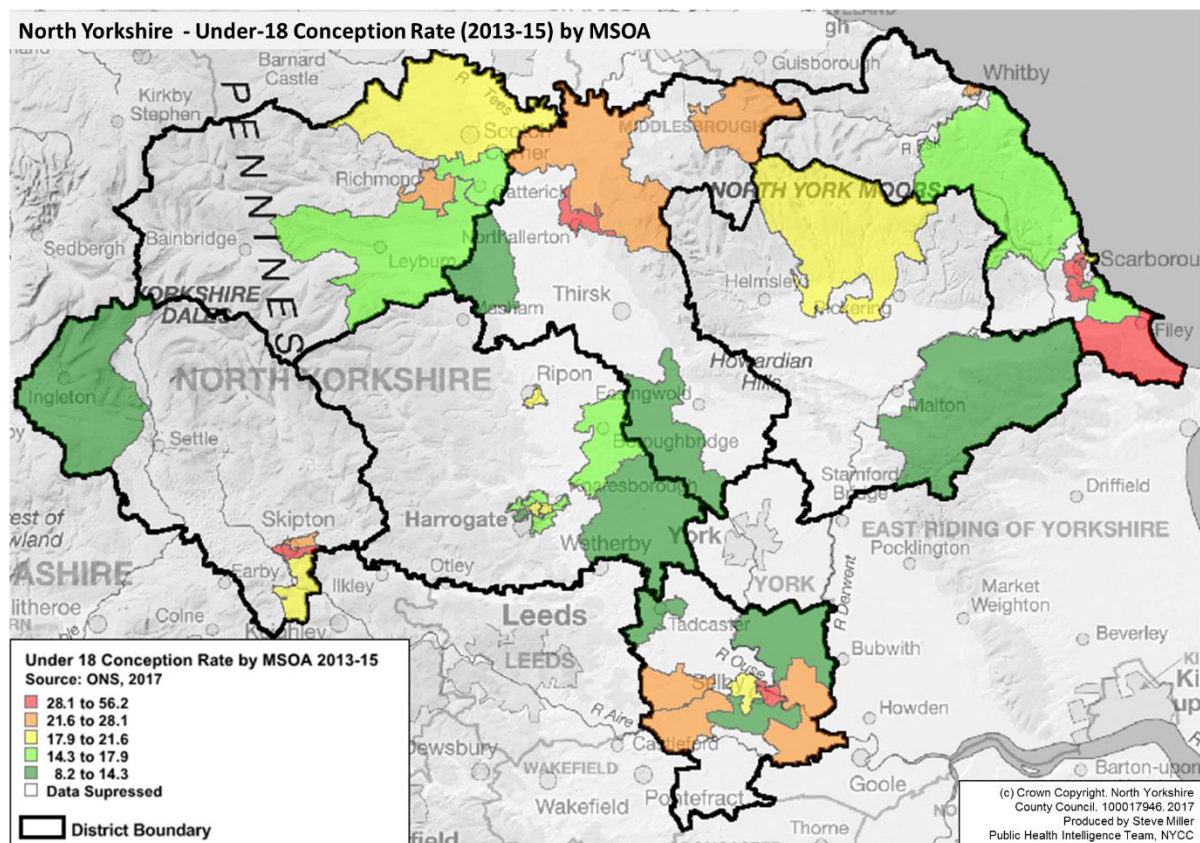
The service is provided in 73 pharmacies. There was feedback from some pharmacies about issues accessing the available training, however training has been provided at different locations to help improve access. Between October 2016 and September 2017 there were 616 consultations for EHC in 40 pharmacies. The majority of consultations were carried out in Harrogate, Scarborough and Whitby.

Map seventeen: Pharmacies providing an EHC service and under 18 conceptions by ward



The following map illustrates the rate of under-18 conceptions across the County.

Map eighteen: Under 18 conceptions by MSOA



### **Conclusion regarding sexual health pharmacy services**

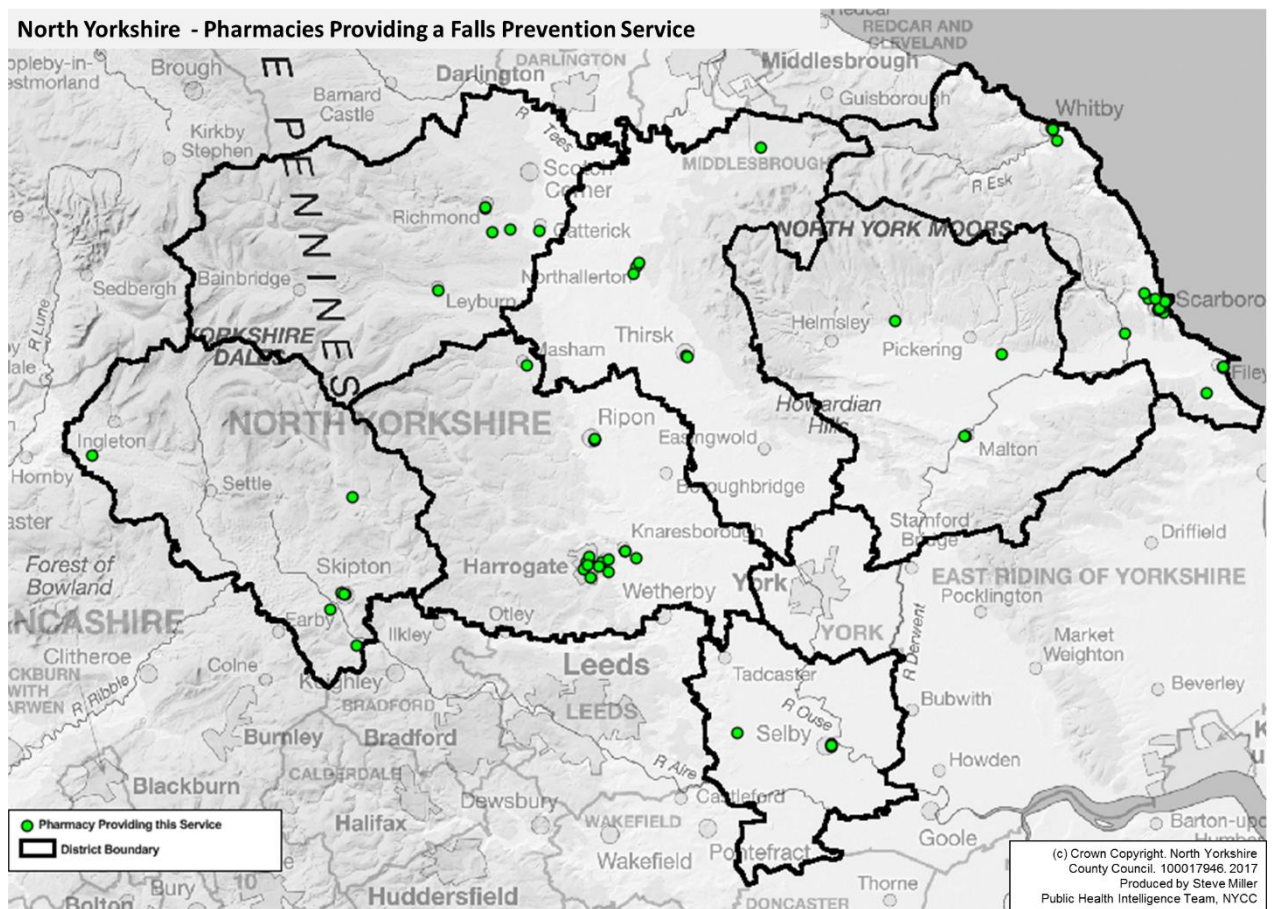
An emergency hormonal contraception and chlamydia screening service is considered to be an essential service in North Yorkshire. There is good provision in areas where there is a high teenage pregnancy rate. It is recommended that the services continue in these areas with regular promotion and monitoring to ensure uptake improves. The Public Health Team need to work jointly with Pharmacies need to find ways to promote the availability of these services to young people

### **4.4.5 Falls prevention service**

Provision of a tailored Medicines Use Review (MUR) in local community pharmacies to reduce falls in people aged 65+ who are taking three or more medicines or patients prescribed “high risk/culprit” medication. Patients are given a face-to-face consultation with a pharmacist who has undertaken falls prevention training to identify their risk of falling. Many older people at risk of falling do not come in to contact with most health and social care services before they have an injurious fall, but most have regular contact with their local community pharmacy. This is provided in 66 pharmacies, and between October 2016 and September 2017 there were 78 interventions in 13 of the 66 pharmacies.



Map nineteen: Pharmacies providing a falls prevention service



#### **Conclusion regarding a falls prevention service**

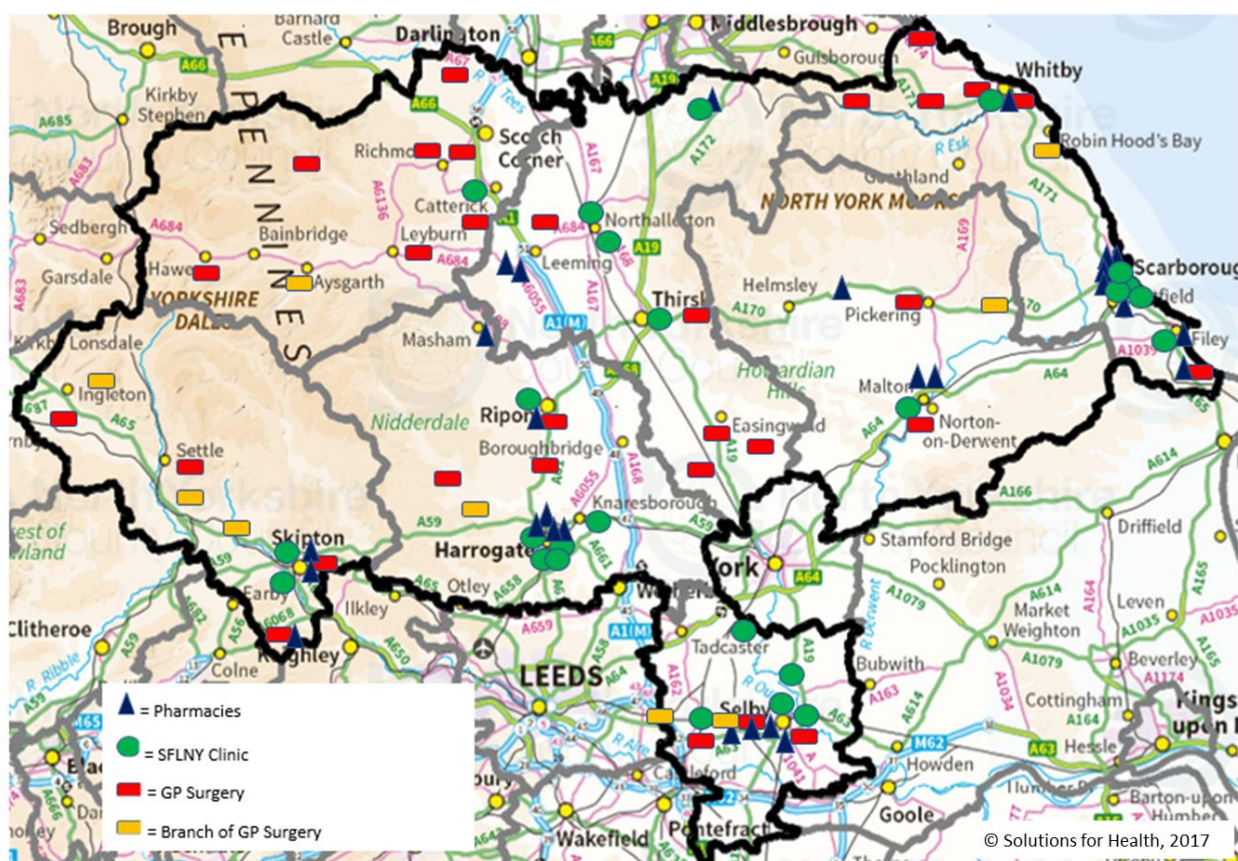
A falls prevention service is considered to be an essential service in North Yorkshire. There is good provision of in areas where there is a higher prevalence of older people. However uptake of this service is poor therefore action needs to be taken to improve uptake.

#### **4.4.6 Stop smoking service**

The provision of an in-house evidence based structured four week quit programme within pharmacies, as a primary care service plays a key role in helping people to stop smoking. The specialist service supports pharmacies in maximising the numbers of service users who go through a structured quit programme to reduce overall smoking prevalence. The in-house service offers weekly support for at least the first four weeks of a service user’s quit attempt (the support may be offered by telephone where appropriate) and a carbon monoxide (CO) reading taken to confirm the smoking status of all service users reporting as having quit smoking at four weeks. Pharmacies can also chose to refer only into the specialist service.

There are 46 accredited pharmacy providers, 29 are active, and 17 however are not, the majority of these are providing an in-house service with a trained registered advisor.

Map twenty: Pharmacies providing a smoking cessation service



### **Conclusion regarding a stop smoking service**

With 29 active providers across the County there are gaps with inactive providers and no providers in some localities such as Richmondshire and areas of Hambleton and Craven.

Uptake of the service remains similar, however overall activity and four week quits have declined. This is not dissimilar to other providers seeing declines in activity and four week quits. Success rates of those pharmacies who do see clients remains good and within the national thresholds.

## **4.5 The effect of other NHS services**

This section describes the other NHS services provided by a local authority, the NHS commissioning board (NHS England), a clinical commissioning group (CCG) or an NHS Trust, which affect the need for pharmaceutical services in North Yorkshire.

### **4.5.1 Extended Access to General Practice**

The NHS England General Practice Forward View published in April 2016 set out plans to enable CCGs to commission and fund additional capacity across England, to ensure that by 2020 everyone has improved access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. NHS England has committed to achieving 50% national coverage by March 2018 and 100% of the population by March 2019. Access can be made available at strategically placed hubs

rather than at every GP Practice. As extended access models are developed commissioners will need to consider the availability of pharmaceutical services to support the service.

#### **4.5.2 Urgent and Emergency Care**

NHS England want to improve the urgent and emergency care (UEC) system so patients get the right care in the right place, whenever they need it. One element of the UEC system is the roll-out of standardised new Urgent Treatment Centres. By December 2019 patients and the public will be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray and be able to give a prescription when needed.

Plans both nationally and at a local level are aimed at increasing the provision and range of services available within the community. It is hoped this will create closer working between hospitals, GP practices and pharmacies. Within North Yorkshire several models of care been explored which will enable these targets to be met. Care provided closer to people's homes might shift the pharmacy needs of residents away from traditional centres; other 'hub' based models might concentrate pharmacy needs in fewer areas.

#### **4.5.3 Prescriptions**

There is currently a public consultation<sup>22</sup> to cut out prescriptions for ineffective, over-priced and low value treatments, including limiting prescribing of products for minor self-limiting conditions. Many of which are readily available and sold 'over the counter' in pharmacies, supermarkets etc. If this is agreed, there is likely to be an increase in demand of over the counter sales and advice through community pharmacy services.

#### **4.5.4 Housing**

The housing plans highlighted in 2.3.10 described the numbers of houses required to meet the needs of the community. Many of these developments will take place during the course of this PNA therefore the impact will need to be monitored.

#### **4.5.5 Healthy Living Pharmacies**

A Healthy Living Pharmacy (HLP) is an organisational development framework underpinned by three enablers of:

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

70% of people who visit pharmacies do not regularly access other health and wellbeing services so Healthy Living Pharmacies can provide pro-active support to people in the community. Improved choice and access to early interventions on issues such as obesity, alcohol and smoking could improve outcomes in the longer term and therefore impact on the cost of care in the future.

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<sup>22</sup> <https://www.england.nhs.uk/2017/07/medicine-consultation/>

Healthy Living Level one Pharmacy Status is one of the quality criteria included in the Community Pharmacy Quality Payments Scheme. All pharmacies who responded to the survey said that they had either achieved or were planning to achieve healthy living pharmacy status over the next 12 months.

#### **4.5.6 Clinical pharmacists in General Practice**

NHS England is inviting GP practices and other providers of general practice medical services to apply for funding to help recruit, train and develop more clinical pharmacists. Providers participating in the programme will receive funding for three years to recruit and establish clinical pharmacists in their general practices for the long term. At the time of writing it is not known what impact this programme will have on pharmacies, although it is expected to improve working relationships between pharmacies and practices.

#### **4.5.7 Conclusion regarding the effect of other NHS services**

As many of these services are developing it is not possible at the time of writing to assess the impact of these services on the need for pharmacies. However, we recognise these need to be monitored with national drivers to assess impact. The development of healthy living pharmacies in North Yorkshire is welcomed and will contribute to reducing the demand for GP services.



## Section Five: Overview of pharmaceutical services in North Yorkshire by District

This section describes by district, local population size and expected trends, health needs, existing pharmacy access and highlights any potential areas to improve access. The information is a summary of the previous sections with an overview of current opening times sourced from NHS England. Map five highlights that the population density varies across North Yorkshire districts, with some of the MSOAs having higher population density than others.

### 5.1 Craven

#### 5.1.1 Demographic overview

Of the 56,308 people living in Craven, 38% (21,591) are aged between 45 to 69. The population is likely to rise in Craven from 2016-2039 by 5%, and the number of people aged 70 and over is expected to increase by 80%. Two of the eight LSOAs in Craven fall in the 20% most deprived in England. Rurality is a key issue in Craven with 26.6% of the population living in sparsely populated areas which is the second highest within the County. The growing number of older people and people with respiratory diseases needs to be considered.

#### 5.1.2 Access

There are 15 dispensing pharmacies (26.9 dispensing sites per 100,000 population) in Craven. Of these 14 are community pharmacies and one dispensing GP. Thirteen pharmacies provide at least one advanced service to their community, and 11 pharmacies provide at least one enhanced service.

During Monday to Friday and on Saturdays there is good provision of pharmaceutical services. Five pharmacies are open on Saturday mornings with four of those pharmacies remaining open Saturday afternoon. On Sunday there is one pharmacy open in Craven. There are two MSOA wards (Barden Fell, Embsay-with-Eastby, Skipton North; and Skipton South and Skipton West) where there are no pharmacies. However, both areas have access to pharmacies within a five mile radius as highlighted in map ten, some of which may be over the North Yorkshire border.

A recent report by Healthwatch North Yorkshire<sup>23</sup> mapped public transport routes and access to pharmacies and found that there was access during the day to pharmacies across the district.

There is adequate service provision during Monday to Saturday in the Craven area.

Based on the information available there appears to be a gap in parts of Craven on Sundays. However the population density in these areas is below 150 per square mile.

Areas for improvement or better access: None identified

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<sup>23</sup> <https://www.healthwatchnorthyorkshire.co.uk/reports>

## 5.2 Hambleton

### 5.2.1 Demographic Overview

Of the 90,537 people living in Hambleton, 38% (34,006) are aged between 45 to 69. The population is likely to rise in Hambleton from 2016-2039 by 4.2% with the numbers of people aged 70 and over expected to double. Rurality is a key issue in Hambleton with 24.1% of the population living in sparsely populated areas which is the third highest within the County. The highest burden of disease in this area are cardiovascular related such as strokes, atrial fibrillation heart failure and cancer.

### 5.2.2 Access

There are 15 dispensing premises (26.9 dispensing sites per 100,000 population) in Hambleton. Of these 14 are community pharmacies and one is a dispensing GP. 13 pharmacies provide at least one advanced service to their community, and four pharmacies provide at least one enhanced service.

During Monday to Friday and on Saturday morning there is good provision of pharmaceutical services. Six pharmacies open Saturday morning with four of those pharmacies remaining open Saturday afternoon. On Sunday there are two pharmacies open in Hambleton. There are three MSOA wards<sup>24</sup> where there are no pharmacies, however these areas have access to other pharmacies within a five mile radius as highlighted in map ten.

There is adequate service provision during Monday to Sunday in the Hambleton area.

Areas for improvement or better access: None identified

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<sup>24</sup> Refer to Appendix Four

## 5.3 Harrogate

### 5.3.1 Demographic overview

Of the 156,312 people living in Harrogate, 16% (25,172) are aged between 45-54. 25% of all older people (65+) in North Yorkshire live in Harrogate. The population is likely to rise in Harrogate from 2016-2039 by 3.4 % and people aged 70 and over likely to double. There is one LSOA in Harrogate that falls in the 20% most deprived. Harrogate has the highest number of common mental health disorders in North Yorkshire, and is the second highest in North Yorkshire for numbers receiving disability living allowance. Harrogate has the highest birth rates (28.8% of NY births) in North Yorkshire. The highest burden of disease in this area<sup>25</sup> is dementia, learning disabilities and osteoporosis. Consideration needs to be made about the number of housing developments planned in the future.

### 5.3.2 Access

There are 37 dispensing premises (23.6 dispensing sites per 100,000 population) in Harrogate. Of these 27 are community pharmacies and ten dispensing practices. Twenty-five pharmacies provide at least one advanced service to their community, and one pharmacy provides at least one enhanced service.

During Monday to Friday and on Saturday mornings there is good provision of pharmaceutical services. Fourteen pharmacies are open on Saturday mornings with nine of those pharmacies remaining open Saturday afternoons. On Sunday there are four pharmacies open in the Harrogate district.

Seven of the 21 MSOA wards have no pharmacies, however these areas have access to other pharmacies within a five mile radius as highlighted in the map ten.

There is adequate service provision throughout the week in the Harrogate area.

Areas for improvement or better access: None identified

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<sup>25</sup> <https://fingertips.phe.org.uk/profile/general-practice/data#page/8>

## 5.4 Richmondshire

### 5.4.1 [Demographic overview](#)

Of the 53,732 people living in Richmondshire, 15% (7,770) are aged between 20-29. The population is likely to **reduce** in Richmondshire from 2016-2039 by 2.1 % whilst the number of people aged 70 and over is expected to more than double. Catterick Garrison MOD has expansion plans within the next three years therefore depending on numbers, consideration may need to be made to ensure adequate access to working personnel families. There is one LSOA in Richmondshire that falls in the 20% most deprived. Richmondshire has the lowest number of over 65s in North Yorkshire and the highest proportion of military personnel based in the district that the rest of North Yorkshire.

### 5.4.1 Access

There are 15 dispensing premises (28.6 dispensing sites per 100,000 population) in Richmondshire. Of these eight are community pharmacies and seven dispensing GPs. Seven pharmacies provide at least one advanced service to their community, and four pharmacy provides at least one enhanced service.

During Monday to Saturdays there is good provision of pharmaceutical services. Four MSOA wards have pharmacies that are open on Saturday mornings with three remaining open Saturday afternoons. On Sundays there is one pharmacy open in Richmondshire. There is one MSOA ward where there are no pharmacies, however provision outside of area means there is a pharmacy within a five mile radius.

There is adequate service provision during Monday to Saturday in Richmondshire area.

Based on the information available there appears to be a gap in parts of Richmondshire on Sundays. However the population density in these areas is below 150 per square mile.

Areas for improvement or better access: None identified

## 5.5 Ryedale

### 5.5.1 Demographic overview

Of the 53,486 people living in Ryedale, 38.4% (20,560) are aged between 45 to 69. The population is likely to rise in Ryedale from 2016-2039 by 7.6 % and people aged 70 and over likely to increase by 87%. Ryedale (56%) has a high proportion of residents living in rural areas (village, dispersed and sparsely) compared to the rest of North Yorkshire. The highest burden of disease is hypertension, obesity, cardiovascular disease and asthma.

### 5.5.2 Access

There are 15 dispensing premises (28.3 dispensing sites per 100,000 population) in Ryedale. Of these eight are community pharmacies and seven dispensing practices. Eight pharmacies provide at least one advanced service to their community, and four pharmacy provides at least one enhanced service.

During Monday to Saturdays there is good provision of pharmaceutical services. Three of the six MSOA wards have access to pharmacies on a Saturday. On Sunday one pharmacy in Pickering opens for one hour in response to recommendations in the previous PNA. There are two MSOA wards where there are no pharmacies. (Derwent, Wolds, Rillington Sherburn MSOA and Derwent, Hovingham, Ryedale South West and Sheriff Hutton MSOA ward) However the population density in these areas is low and spread across a wide geographical area.

There is adequate service provision during throughout the week in Ryedale.

Areas for improvement or better access: None identified

## 5.6 Scarborough

### 5.6.1 Demographic overview

Of the 107,824 people living in Scarborough, 30% (32,630) are aged between 50 to 69. The population is likely to rise in Scarborough from 2016-2039 by 1.8 % and people aged 70 and over likely to increase by 77%. There are 17 LSOAs that are in the 20% most deprived areas in England. Scarborough has the second highest number of people living with a moderate or severe learning disability in North Yorkshire, and the highest percentage (27.8%) within the County receiving disability living allowances, particularly people aged 65 and over (12%). Scarborough also has the second highest number of people living with common mental health disorders in North Yorkshire. Scarborough has higher numbers of health conditions than the rest of North Yorkshire, including asthma, heart failure, and coronary heart disease.

Consideration needs to be made to the number of planned housing developments.

### 5.6.2 Access:

There are 36 dispensing premises (33.4 dispensing sites per 100,000 population) in Scarborough. Of these 27 are community pharmacies and nine dispensing practices. Twenty-six pharmacies provide at least one advanced service to their community, and four pharmacy provides at least one enhanced service.

During Monday to Friday and on Saturday mornings there is good provision of pharmaceutical services. Nine pharmacies open Saturday morning with six remaining open Saturday afternoons. On Sundays there are four pharmacies open in Scarborough. Four of the 14 MSOA areas have no pharmacies, and in particular people living in Esk Valley and Danby wards may have some access issues on Sundays although population density in these areas is low.

The Scarborough pharmacies are dispensing the highest number (1,635) of items (weighted using ASTRO-PU) than the rest of the County.

There is adequate service provision during Monday to Saturday in Scarborough area.

Based on the information available there appears to be a gap in parts of Scarborough on Sundays. However the population density in these areas is below 150 per square mile.

Areas for improvement or better access: None identified

## 5.7 Selby

### 5.7.1 Demographic overview

Of the 86,670 people living in Selby, 16% (13,852) are aged between 45-54. The population is likely to rise in Selby from 2016-2039 by 12.9 % and people aged 70 and over likely to increase by 128%. This is the biggest expected growth in over 70's across North Yorkshire. There are two LSOAs that are in the 20% most deprived areas in England. Major health burdens in this area are cancer, cardiovascular and respiratory diseases. Consideration needs to be made to the number of planned housing developments.

### 5.7.2 Access

There are 19 dispensing premises (22.1 dispensing sites per 100,000 population) in Selby. Of these 13 are community pharmacies and six dispensing GPs. Twelve pharmacies provide at least one advanced service to their community, and five pharmacies provide at least one enhanced service.

During Monday to Friday and on Saturday morning there is good provision of pharmaceutical services. Five pharmacies open on Saturday mornings with three remaining open Saturday afternoon. On Sunday there is one pharmacy open in Selby for three hours on a morning which has been extended following recommendations in the previous PNA. There are three MSOA wards where there are no pharmacies, however there are pharmacies within a five mile radius as highlighted in map 10.

There is adequate service provision during Monday to Sunday in Selby

Areas for improvement or better access: None identified

## Section Six: Conclusion

### 6.1 Conclusion regarding access to essential services

Pharmacies are an important part of health care provision including support for self-care valued by members of the public, strategic partners and service providers. North Yorkshire pharmacies work closely with a range of partners including CCGs, Public Health and GPs. Overall members of the public and strategic partners voiced significant levels of satisfaction with pharmacy services in North Yorkshire. There were a number of examples of good practice cited in the engagement by stakeholders, and feedback from the public was overwhelmingly positive about the choice, availability and quality of pharmacies.

Evidence shows that generally there continues to be a good geographic spread of pharmacies across North Yorkshire, with the majority of people being within reasonable travel distance of a pharmacy. There is good pharmacy coverage in the more deprived wards in North Yorkshire and all districts have above the national level of pharmacies per 100,000 population. There are no gaps in necessary provision, in accordance with the regulations in an area. Key notes from the assessment includes:

- The population in North Yorkshire is growing and is getting older. Within the next three years it is expected that the population of North Yorkshire will include a greater number of people with long term health conditions. However although the population is growing, our projections suggest that this need can be accommodated within existing capacity over the next three years. Trends suggest additional capacity may be required to meet these growing needs over time
- Opening hours indicate good access during Monday to Saturday, however there are areas where Sunday access is improved by pharmacies in neighbouring authorities.
- Around 98% of the population of North Yorkshire lives within five miles (as the crow flies) of a pharmacy; with around 63% of the population living within a 20 minute walk of a pharmacy. However, there are parts of the county that are reliant on pharmacies in other Local Authority areas. If community pharmacy services in these areas were not maintained then travel time to the next available pharmacy could be significantly increased for some residents
- The residents of North Yorkshire currently have better health than their peers nationally. This means that there will be opportunities for greater self-care and self-monitoring of conditions, some of which may be facilitated by community pharmacies.
- There was feedback from some pharmacy providers that they do not have the systems in place to allow them to provide some services currently such as disabled access.
- A range of additional/enhanced services are provided and these appear to be based on population need. There are no gaps in additional services although activity for public health commissioned service falls below desirable levels so work needs to be done to address any barriers in providing this service. Local Authority and NHS commissioners should continue to monitor potential opportunities for developing new services such as long term conditions where a need has been identified.
- There are a number of developments that are expected to take place over the next three years that may impact on the need for and access to pharmacy services. E.g. GP extended access, housing developments, on-line pharmacies and changes to the way in which pharmacies are funded. It is not possible to assess the impact of this at this time, however, it should remain under review as part of the ongoing PNA process. Any pharmacy changes or closures that has a significant impact on access may be subject to a supplementary



statement being issued by the Health and Well-being Board if this occurs before the next PNA is prepared in 2020

- Pharmacy services providing advice on minor illnesses and repeat ordering of prescriptions appears fairly well used in North Yorkshire (based on survey data). However, there also appeared to be some knowledge gaps among the public of the services offered by pharmacies
- The development of healthy living pharmacies and closer working with primary care will improve services for the user over the next three years.

## Section seven: Next steps

### 7.1 Maintenance and Review of this PNA

#### 7.1.1 Supplementary statements

The North Yorkshire Health and Wellbeing Board has responsibility for ensuring that this assessment is up to date. This includes the requirement to issue supplementary statements.

#### **What are “supplementary statements”?**

Any changes to the availability of pharmaceutical services since the publication of the PNA, that are not so substantial as to justify production of a complete revision of the PNA, will be issued periodically in the form of supplementary statements.

#### 7.1.2 Maps

There is a requirement that the Health and Wellbeing Board provide a map of premises at which pharmaceutical services are provided, and keep this map up to date without republishing the whole assessment or publish a supplementary statement.

Therefore the maps in this report will be checked and updated every six months, and published on the NY Partnerships website ([www.nypartnerships.org.uk/pna](http://www.nypartnerships.org.uk/pna)).

## Appendices

### Appendix One: Steering group membership and declared interests

The steering group comprised of the following members. All members were given the opportunity to declare any conflicting interests at the beginning of each steering group meeting. No interests were declared.

- North Yorkshire County Council – public health, medicines management and intelligence support
- City of York Council representation – both public health and business intelligence support
- Local Medical Committee
- Local pharmaceutical committee (Community Pharmacy North Yorkshire)
- Healthwatch York and North Yorkshire
- NHS England representation,
- CCG medicines management

## Appendix 2a: Public Survey

### About you

None of this information will be used to identify you personally, the information you provide will only be used for statistical purposes. For more information about how we value and protect your data please refer to our [Public Health Privacy Notice](#)

Where you live:

Postcode:	
Town or Village:	

Your Age - are you?:

Under-16		30-39		60-69		90 and over	
16-19		40-49		70-79		Prefer not to say	
20-29		50-59		80-89			

Your Ethnicity – are you?:

White	White British		Mixed	Mixed White & Asian	
	White Irish			Mixed White & Black African	
	White Romany or Gypsy			Mixed White & Black Caribbean	
	White Traveller of Irish Heritage			Any other mixed background	
	White European		Black or Black British	Black African	
	Any other white background			Black British	
Asian or Asian British	Indian Asian			Black Caribbean	
	Pakistani Asian		Any other black background		
	Bangladeshi Asian		Chinese		
	Nepali Asian		Any Other Background		
	Any other Asian background		Prefer not to Say		

Your Occupation (tick all that apply) – are you?:

School or College Student	Employed	Unable to Work	Stay at home parent or homemaker
University Student	Unemployed	Retired	Serving in the military

Your Health

Over the last 12 months, how would you say your health has been?	Very good	Good	Fair	Bad	Very bad
Do you consider yourself to be a disabled person or have a long term health condition?	Yes	No	Prefer not to say		
Do you consider yourself to be a carer? (contributing to the care needs of a friend or relative)	Yes	No	Prefer not to say		

Your Gender – are you?:

Male	
Female	
Other (please tell us if more you want to)	
I'd prefer not to say	

Your Sexuality - are you ?

Heterosexual/straight	
Gay or lesbian	
Bisexual	
Other	
I'd prefer not to say	

Please tell us about pharmacies and pharmacy services where you live

1	I have a choice about which pharmacy I use	Yes	No			
2	I can find a pharmacy open in the evening	Yes	No			
3	I can find a pharmacy open on a Sunday or a Bank Holiday	Yes	No			
4	Overall, the availability of pharmacies in my area is	Very Good	Good	Adequate	Poor	Very Poor
5	Overall, the quality of pharmacies in my area is	Very Good	Good	Adequate	Poor	Very Poor

6. Thinking about advice/screening services you use or might want to use at a pharmacy

	I have used this service and I <b>am satisfied</b> with it	I have used this service and I <b>am not satisfied</b> with it	I know about this service but I don't use it	I didn't know a pharmacy could offer this service	I would like to use this service if it was available
Advice on minor conditions (e.g. cough/colds, hay fever etc.)					
Travel related health advice					
Advice/screening on long term conditions (e.g. diabetes, high blood pressure etc.)					
Advice on or review of medicines (either new medicines, or medicines you use regularly)					
Advice on or review of appliances you use e.g. stoma bag					
Stop smoking advice or medication					
Alcohol screening and advice					

7. Thinking about medication services you use or might want to use at a pharmacy

	I have used this service and I <b>am satisfied</b> with it	I have used this service and I <b>am not satisfied</b> with it	I know about this service but I don't use it	I didn't know a pharmacy could offer this service	I would like to use this service if it was available
Disposal of medicines					
Repeat prescription ordering/collection					
Electronic prescription service					

Delivery of medication					
Medicine packaging (e.g. weekly boxes)					
Needle and syringe exchange					
Sharps box disposal					

**8. Thinking about health services you use or might want to use at a pharmacy**

	I have used this service and I <b>am satisfied</b> with it	I have used this service and I <b>am not satisfied</b> with it	I know about this service but I don't use it	I didn't know a pharmacy could offer this service	I would like to use this service if it was available
Flu vaccination					
Chlamydia testing					
Emergency contraception (morning after pill)					
NHS Health Checks					
Falls prevention service					
NHS healthy start vitamins/vouchers					
Substance-misuse services e.g. supervised consumption					

7.	Overall, are you happy with the services your usual pharmacy provides?	Yes	No
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Thinking more specifically about the pharmacy you normally use

8. If the pharmacy you normally use is not where you live please tell us which town/village it is:

.....



9. What type of pharmacy is it?

- One on the local high street
- One in a supermarket
- Pharmacy in a doctors surgery
- One on the internet (skip to Q15)
- Other

10. How long does it take you to get there?

- Up to 10 minutes
- 10 to 20 minutes
- 20 to 30 minutes
- Over 30 minutes

11. How often do you use it for medicines or prescriptions?

- Every week
- Every month
- Every couple of months
- Once or twice a year
- Less often

12 Is the pharmacy open when you need it?

- Yes
- Most of the time
- No

13 Who do you use the pharmacy on behalf of? (Please tick all that apply)

- Myself
- My children
- An older relative
- Another family member
- A friend or neighbour
- Someone else (Please state)



If you use the pharmacy on behalf of someone other than yourself, is there a reason why they're unable to use the pharmacy on their own? Please explain why.


14. If you are unhappy with your pharmacy please indicate why *(Please tick all that apply)*

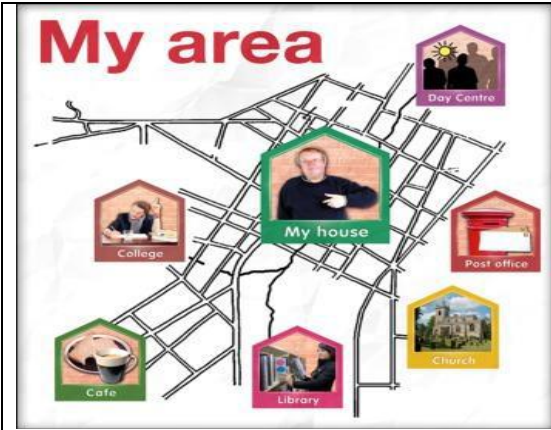
Lack of parking	<input type="checkbox"/>	Difficult to get into the building/shop	<input type="checkbox"/>
Lack of public transport	<input type="checkbox"/>	Opening times - daytime	<input type="checkbox"/>
Lack of access to a pharmacist I trust	<input type="checkbox"/>	Opening times - evening	<input type="checkbox"/>
Lack of access to a consultation in private	<input type="checkbox"/>	Opening times – weekends/bank holidays	<input type="checkbox"/>
Not in a convenient location	<input type="checkbox"/>	Cost of prescriptions	<input type="checkbox"/>
Don't know what services they provide	<input type="checkbox"/>	Pharmacist is difficult to understand	<input type="checkbox"/>
The pharmacist does not have the things that I need	<input type="checkbox"/>	Poor quality advice received	<input type="checkbox"/>
I'm a young carer and the pharmacist doesn't understand my role	<input type="checkbox"/>	Other – please state below	<input type="checkbox"/>

15. Is there anything else you would like to tell us about pharmacies in North Yorkshire?




## Appendix 2b: Easy read survey

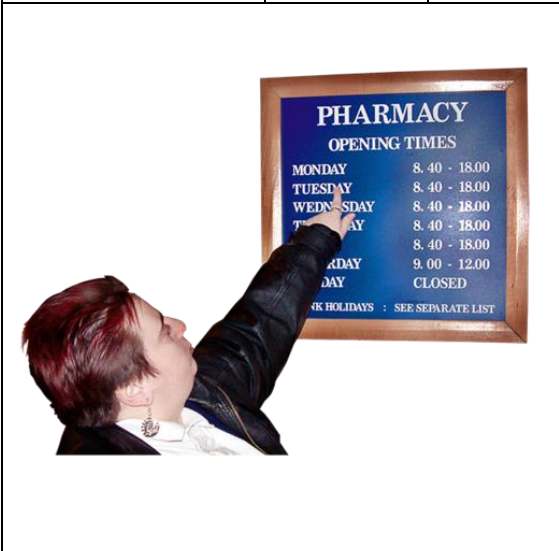
Pharmacy Services (Also known as chemists)	
	This is your chance to have your say on pharmacies in North Yorkshire.
	Questions for you to answer
	North Yorkshire County Council wants to know what you think about pharmacy services in your area. This will be used to help plan whether pharmacies are in the right place, open at the right time and provide the right services.

	<p>Question 1)</p> <p>Please write in the box below what you like about your local pharmacy</p>






Do you have a choice about which pharmacy you use?




	<p>Yes</p>		<p>No</p>		<p>Don't know</p>
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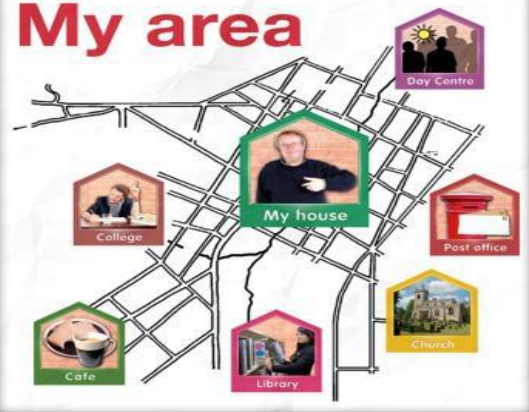




Can you find a pharmacy open in the evening if needed?








	<p>Yes</p>		<p>No</p>		<p>Don't know</p>
---	------------	---	-----------	--	-------------------

	<p>Can you find a pharmacy open on a Sunday or a Bank Holiday if needed?</p>
---	--




	<p>Yes</p>		<p>No</p>		<p>Don't know</p>
---	------------	---	-----------	---	-------------------







	<p>Overall, the availability of pharmacies in my area is</p>
---	--






	<p>Very good</p>	
	<p>Good</p>	
	<p>Okay</p>	
	<p>Bad</p>	
	<p>Very bad</p>	

		Overall, the quality of pharmacies in my area is	
		Very good	
		Good	
		Okay	
		Bad	
		Very bad	
		Overall, are you happy with the services your usual pharmacy provides?	
	Yes		No
		How often do you use a pharmacy for medication or prescriptions? Think about when you go to the pharmacy yourself, when someone goes for you, or when the pharmacy delivers your medications to you.	
		Every week	
		Every month	
		Every couple of months	



	Once or twice a year	
	Less often	
	How long does it take you to get to your pharmacy?	
	Up to 10 minutes	
	10 to 20 minutes	
	20 to 30 minutes	
	Over 30 minutes	
	What type of pharmacy do you usually use?	
	One on the local high street	

 <p>Supermarket</p>	<p>One in a supermarket</p>	
 <p>GP Surgery</p>	<p>Pharmacy in a doctors surgery</p>	
	<p>One on the internet</p>	
	<p>Other (please write here)</p>	
	<p>Is there anything stopping you from visiting your pharmacy?</p>	
	<p>Yes</p>	
<p>No</p>	<p>If yes please write why here:</p>	




<p>Pharmacies can provide lots of different services to help you with your health. They can offer ...</p>	
	<p>Advice on minor illnesses (e.g. cough/colds, hay fever)</p>
	<p>Health advice if you are going abroad</p>
	<p>Advice/screening on long term conditions (e.g. diabetes, high blood pressure etc.)</p>
	<p>Advice on or review of medicines (either new medicines, or medicines you use regularly)</p>
	<p>Advice on or review of appliances you use e.g. stoma bag</p>

	<p>Stop smoking advice or medication</p>
	<p>Advice about drinking alcohol</p>
	<p>Disposal of medicines</p>
	<p>Repeat prescription ordering/collection</p>
	<p>On line ordering of prescription</p>
	<p>Delivery of medication</p>


	<p>Medicine packaging (e.g. weekly boxes)</p>
	<p>Needle and syringe exchange</p>
	<p>Sharps box disposal</p>
	<p>Flu vaccination</p>
	<p>Chlamydia testing</p>
	<p>Emergency contraception (morning after pill)</p>


		NHS Health Checks	
		Advice on stopping falls	
		NHS healthy start vitamins/vouchers	
		Drug services e.g. supervised consumption	
		Do you know about the services that your local pharmacy can provide?	
	Yes		No
		Have you used any of the services?	




	<p>Yes</p>		<p>No</p>		<p>Don't know</p>
---	------------	---	-----------	--	-------------------

If you have used the services, please tell us which ones in the box below:

	<p>Were you happy with the services that you have used? Please write in the box below.</p>
---	--

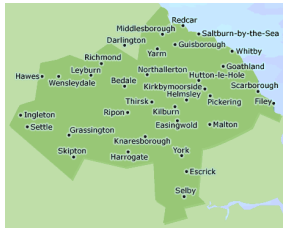
	<p>If you haven't used the services, was there anything stopping you? Please write in the box below?</p>
---	--

	<p>Please write in the box below anything else you want to tell us about pharmacies in your area</p>
---	--

Please tell us about yourself.



Please can you tell us a bit more about yourself? This will help us to find out what different groups of people think about our plans. We will not know the names of anyone who fills these forms in so anything you say will be private.



a) Please tick one box to tell us which part of North Yorkshire you live in

Craven

Hambleton

Harrogate

Richmondshire

Ryedale

Scarborough



Selby




b) Please tick one box to tell us what gender you are

I am a man

I am a woman

	<b>c)</b> Please tick a box to tell us how old you are	
	I am under 18	
	I am 18 to 24 years old	
	I am 25 to 34 years old	
	I am 35 to 44 years old	
	I am 45 to 54 years old	
	I am 55 to 64 years old	
	I am 65 to 74 years old	
	I am 75 to 84 years old	
	I am over 85 years old	
	<b>d)</b> Please tick one box to tell us if you are:	
	White British or Irish or Other white background	

	Mixed ethnicity	
	Asian or Asian British	
	Black or Black British	
	Chinese	
	Other ethnic group	
	I don't want to answer this	
	<p><b>e)</b> Please tick one box to tell is if you are a person with a disability or have a long term illness or condition</p> <p>Yes                  No</p> <p style="text-align: center;"> <input type="checkbox"/>                  <input type="checkbox"/> </p>	
	<p><b>f)</b> If you said <b>yes</b>, please tick all of the boxes which describe your disability or long term illness or condition</p> <p>I have a physical impairment or disability <input type="checkbox"/></p> <p>I have a learning disability or difficulty <input type="checkbox"/></p> <p>I have sight or hearing loss <input type="checkbox"/></p> <p>I have a long term illness or condition <input type="checkbox"/></p> <p>I have a mental health problem or illness <input type="checkbox"/></p> <p>Other disability, illness or condition <input type="checkbox"/></p>	

	<p>Over the last year would you describe your health as</p>			
<p>Very Good</p>	<p>Good</p>	<p>Fair</p>	<p>Bad</p>	<p>Very bad</p>

## Appendix 2c: Strategic Partners survey

1. Name of organisation
  
2. Please briefly describe the role of your organisation
  
3. In which area(s) do you operate? (please tick all that apply)
  - North Yorkshire only
  - City of York only
  - City of York and North Yorkshire
  - Craven District
  - Hambleton District
  - Harrogate Borough
  - Richmondshire District
  - Ryedale District
  - Scarborough Borough
  - Selby District
  - Other (please give details)
  
4. Are you aware of any instances of good practice in the local provision of pharmacy services that you would like to share?

--

5. What is your organisation's perspective on advice/screening services being offered by pharmacies for the people your organisation supports? (tick all that apply)

	Service is available and meeting need	Service is available but not sufficient to meet need	Service is not available but required	Service is not available and not required at this time	Don't know
Advice on minor conditions (e.g. cough/colds, hay fever etc.)					
Travel related health advice					
Advice/screening on long term					

conditions (e.g. diabetes, high blood pressure etc.)					
Advice on or review of medicines (either new medicines, or medicines you use regularly)					
Advice on or review of appliances you use e.g. stoma bag					
Stop smoking advice or medication					
Alcohol screening and advice					

6. What is your organisation's perspective on medication services being offered by pharmacies for the people your organisation supports? (tick all that apply)

	Service is available and meeting need	Service is available but not sufficient to meet need	Service is not available but required	Service is not available and not required at this time	Don't know
Disposal of medicines					
Repeat prescription ordering/collection					
Electronic prescription service					
Delivery of medication					
Medicine packaging (e.g. weekly boxes)					
Needle and syringe exchange					
Sharps box disposal					



7. What is your organisation's perspective on health services being offered by pharmacies for the people your organisation supports? (tick all that apply)

	Service is available and meeting need	Service is available but not sufficient to meet need	Service is not available but required	Service is not available and not required at this time	Don't know
Flu vaccination					
Chlamydia testing					
Emergency contraception (morning after pill)					
NHS Health Checks					
Falls prevention service					
NHS healthy start vitamins/vouchers					
Substance-misuse services e.g. supervised consumption					

Is there anything else you would like to say about your organisations perspective on the range of services being offered by pharmacies?

8. Are you aware of any barriers that the public perceive in accessing pharmacy services? (tick all that apply)

Perceived lack of parking		Perceived lack of public transport links	
Perception that poor quality advice received		Perceived limited opening times - daytime	
Perceived lack of confidence in the pharmacist		Perceived limited opening times - evening	
Perceived lack of access to a private consultation		Perceived limited opening times – weekends/bank holidays	
Perceived as an inconvenient location		Clients concern about cost of prescriptions	
Clients don't know what services pharmacists provide		Perception that the pharmacist is difficult to understand	

Clients perceive that the pharmacist does not have the things they need	Perceived difficulty getting into the building/shop	
Perception from young carers that the pharmacist doesn't understand their role	Other (text box)	

9. Are you aware of any barriers you face as a professional or organisation that prevents effective working or prevents you referring clients to pharmacies?

Please explain:

10. Are there any ways in which the role of pharmacies can be developed over the next four years to support your organisation/group and the communities you serve?

Yes	No	Don't know
-----	----	------------

Please explain:

11. Is your organisation/group developing plans that could impact on the need for pharmacy services over the next four years? If yes, please give examples

Yes	No	Not applicable
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If yes please explain:

12. Is your organisation/group planning to commission new services in pharmacies over the next four years?

Yes	No	Not applicable
-----	----	----------------

If yes please explain:

13. Do you have any concerns about current and/or future community pharmacy provision?

Yes	No
-----	----

14. To what extent do you think that the provision of pharmacy services currently meets the needs of the communities you work with?

Scale of 1-10.

10 = completely 1 = not at all

15. Is there anything else you would like to tell us about pharmacies?

## Appendix 2d: Health and Social Care Provider Survey

1. Organisation Name
  
2. Type of organisation: (provide tick box of services)
  - Adult social care provider
  - Children’s social care provider
  - Dental provider
  - Domiciliary care
  - Drug and alcohol service provider
  - General practice
  - Hospice
  - Mental health service provider
  - Optician
  - Residential/nursing care home
  - Sexual health service provider
  - Stop smoking service provider
  - Other (please state)

3. In which area(s) do you operate? (please tick all that apply)
  - North Yorkshire only
  - City of York only
  - City of York and North Yorkshire
  - Craven District
  - Hambleton District
  - Harrogate Borough
  - Richmondshire District
  - Ryedale District
  - Scarborough Borough
  - Selby District
  - Other (please give details)

4. Are you aware of any instances of good practice in the local provision of pharmacy services that you would like to share?

5. Are you aware of any perceived barriers by your clients in accessing pharmacy services? (tick all that apply)

Perceived lack of parking		Perceived lack of public transport links	
Perception that poor quality advice received		Perceived limited opening times - daytime	
Perceived lack of confidence in the pharmacist		Perceived limited opening times - evening	
Perceived lack of access to a private consultation		Perceived limited opening times – weekends/bank holidays	
Perceived as an inconvenient location		Clients concern about cost of prescriptions	
Clients don't know what services pharmacists provide		Perception that the pharmacist is difficult to understand	
Clients perceive that the pharmacist does not have the things they need		Perceived difficulty getting into the building/shop	
Perception from young carers that the pharmacist doesn't understand their role		Other (text box)	

6. Are you aware of any barriers you face as a professional /organisation that prevent effective working or prevent you recommending pharmacy services to clients?

Please explain

7. What is your organisation's perspective on advice/screening services being offered by pharmacies for the people your organisation supports? (tick all that apply)

	Service is available and meeting need	Service is available but not sufficient to meet need	Service is not available but required	Service is not available and not required at this time	Don't know
Advice on minor conditions (e.g. cough/colds, hay fever etc.)					
Travel related health advice					

Advice/screening on long term conditions (e.g. diabetes, high blood pressure etc.)					
Advice on or review of medicines (either new medicines, or medicines you use regularly)					
Advice on or review of appliances you use e.g. stoma bag					
Stop smoking advice or medication					
Alcohol screening and advice					

**8.** What is your organisation's perspective on medication services being offered by pharmacies for the people your organisation supports? (tick all that apply)

	Service is available and meeting need	Service is available but not sufficient to meet need	Service is not available but required	Service is not available and not required at this time	Don't know
Disposal of medicines					
Repeat prescription ordering/collection					
Electronic prescription service					
Delivery of medication					
Medicine packaging (e.g. weekly boxes)					
Needle and syringe exchange					

Sharps box disposal					
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**9.** What is your organisation’s perspective on health services being offered by pharmacies for the people your organisation supports? (tick all that apply)

	Service is available and meeting need	Service is available but not sufficient to meet need	Service is not available but required	Service is not available and not required at this time	Don't know
Flu vaccination					
Chlamydia testing					
Emergency contraception (morning after pill)					
NHS Health Checks					
Falls prevention service					
NHS healthy start vitamins/vouchers					
Substance-misuse services e.g. supervised consumption					

**10.** Is there anything else you would like to say about your organisations perspective on the range of services being offered by pharmacies?

**11.** Are there any ways in which the role of pharmacies can be developed over the next four years to support your organisation/group and the communities you serve?

Yes	No	Don't know
-----	----	------------

If yes please explain

**12.** Are you aware of any future plans that may impact on the need for pharmacy services over the next four years? If yes please give examples



Yes	No	Don't know
-----	----	------------

Please explain:

**13.** Do you have any concerns about current and/or future pharmacy provision?

Yes	No
-----	----

Please explain:

**14.** To what extent do you think that the provision of pharmacy services currently meets the needs of the communities you work with?

Scale of 1-10.

10 = completely 1 = not at all

**15.** Is there anything else you would like to tell us about pharmacy provision?

## Appendix 2e: Pharmacy survey

1. Pharmacy trading name ...

2. Pharmacy Address

3. Which local authority area is this pharmacy in?

City of York Council

North Yorkshire County Council

4. How many hours a week are you open for?

5. Are your opening hours likely to change in the next 12 months? Please briefly describe.

--

6. Is this pharmacy entitled to Pharmacy Access Scheme payments?

- Yes
- No

7. Please describe the pharmacy's Healthy Living Pharmacy (HLP) status.

Tick each one that applies.

The pharmacy has achieved HLP status	<input type="checkbox"/>
The pharmacy is currently working toward HLP status	<input type="checkbox"/>
The pharmacy is not working toward HLP status	<input type="checkbox"/>

The pharmacy is intending to work towards HLP in next 12 months	<input type="checkbox"/>
---	--------------------------

8. Is there is a consultation area that meets the criteria for the Medicines Use Review service?  
(please tick)

No,	<input type="checkbox"/>
Yes, with wheelchair access	<input type="checkbox"/>
Yes, without wheelchair access	<input type="checkbox"/>
Planned within the next 12 months	<input type="checkbox"/>
Other (specify)	
Is the consultation area in a closed room?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply

Are there hand-washing facilities? (please tick)	Yes, In the consultation area	<input type="checkbox"/>
	Yes, Close to the consultation area	<input type="checkbox"/>
	No	<input type="checkbox"/>

Are there toilet facilities in the pharmacy for the public to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

9. Does your pharmacy have:

Electronic Prescription Service Release 2 enabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
NHSmal being used	<input type="checkbox"/> Yes <input type="checkbox"/> No
NHS Summary Care Record enabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Up to date NHS Choice entry	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Does the pharmacy offer the following advanced or enhanced services?

(Please tick all that apply)

	Currently providing	Currently not providing	Planning to start providing in next 12 months	Planning to stop providing in the next 12 months
Advice on minor conditions (e.g. cough/colds, hay fever etc.)				
Travel related health advice				
Advice/screening on long term conditions (e.g. diabetes, high blood pressure etc.)				
Medicines review service				
Appliance use reviews				
Stop smoking advice or medication				
Flu vaccination				
Disposal of medicines				
Repeat prescription ordering/collection				
Electronic prescription service				
Delivery of medication				
Medicine packaging (e.g. weekly boxes)				
Chlamydia testing				
Emergency contraception				
NHS Health Checks				

	Currently providing	Currently not providing	Planning to start providing in next 12 months	Planning to stop providing in the next 12 months
Alcohol screening and brief advice				
Falls prevention service				
NHS healthy start vitamins/vouchers				
Needle and syringe exchange				
Sharps box disposal				
Substance-misuse services e.g. supervised consumption				
Care home service				

Please provide brief details of any other services offered in your pharmacy which are not included on the above list.

11. Are you aware of any barriers which prevent some of your patients from accessing the services you currently deliver?

Yes/No

If yes please explain

12. Are there any other services or locally commissioned services which could be delivered in your pharmacy, which you believe would benefit the health of your patients?

Yes/No

If yes please explain

13. Are you aware of anything which prevents such services from being delivered in your pharmacy?

Yes/No

If yes please explain

14. Are you aware of any future national or local plans that may impact on the need for pharmacy services over the next four years?

Yes/No

If yes please explain

15. Is there anything else you'd like to tell us about pharmacy provision?

16. Which of the following ways of providing feedback do you routinely advertise to customers?

- Our own compliments, comments and complaints policy (or similar)
- NHS England
- Care Quality Commission
- Local Healthwatch
- GP Practice Patient Participation Groups







## Appendix four: Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations, 2013

This schedule has no associated Explanatory Memorandum

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

1. A statement of the pharmaceutical services that the HWB has identified as services that are provided—
  - (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
  - (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

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

2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—
  - (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
  - (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

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

3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—
  - (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
  - (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
  - (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

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

4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—
  - (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
  - (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

#### **Other NHS services**

5. A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—
  - (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
  - (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

#### **How the assessment was carried out**

6. An explanation of how the assessment has been carried out, and in particular—
  - (a) how it has determined what are the localities in its area;
  - (b) how it has taken into account (where applicable)—
    - (i) the different needs of different localities in its area, and
    - (ii) the different needs of people in its area who share a protected characteristic; and
  - (c) a report on the consultation that it has undertaken.

#### **Map of provision**

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

## Appendix Five: PNA Consultation feedback report

There is a statutory duty to carry out a 60 day consultation on the draft PNA which took place between 12<sup>th</sup> December 2017 and 11<sup>th</sup> February 2018. The link to the draft PNA was shared with the following organisations:

- j) The Local Pharmaceutical Committee (CYPNY)
- k) The Local Medical Committee
- l) All persons on the pharmaceutical lists and any dispensing doctors list in North Yorkshire;
- m) All LPS chemists in North Yorkshire with whom NHS England has made arrangements for the provision of any local pharmaceutical services;
- n) North Yorkshire Healthwatch
- o) All NHS trusts and NHS foundation trusts in the area;
- p) the NHS Commissioning Board (NHS England) and
- q) All neighbouring Health and Wellbeing Boards
- r) The public via NYCC website and other media

A total of 21 responses were received, made up of as follows:

- Two Local Authorities representatives
- One pharmacy
- The chair of the LMC
- 17 members of the public

Feedback on the report was positive with the majority of respondents agreeing with the conclusions and that the content was sufficient to identify gaps and inform commissioning decisions.

The following table summarises comments received and the response from the steering group:

Comment	Response from the steering group
Concern about the potential future impact of distance selling pharmacies	The following sentence should be added to 4.1.3 of the PNA: <i>One respondent fed back through the consultation that the impact of on-line pharmacies is increasing and it will potentially threaten viability of rural pharmacy and potentially dispensing GP's. It was agreed by the steering group that this will be fed back to NHS England. It is very difficult to monitor the volume of dispensing from internet pharmacies to feed into the PNA.</i>

Concerns around the capacity and willingness of pharmacies to provide blister packs, with inconsistency across pharmacies and many charging	Acknowledge the comment in section 3.9 of the PNA, <i>confirm it is outside of the remit of the PNA but that it has been fed back to NHS England.</i>
Comment regarding repeat and over ordering of medication resulting in wastage	The following sentence to be added to section 3.3.3 of the PNA: <i>Work has taken place through the CCGs to prevent over ordering, however it was felt that this has led to concerns from GPs about impact on their workload. These concerns about whole system working has been fed back to NHS England but are out of scope of the PNA.</i>
Concerns re quality of a pharmacy service in some areas	To add to 1.5 of the PNA: <i>Some concerns were raised through the stakeholder engagement and consultation about the quality of pharmacies. The quality of pharmacy provision is out of scope of the PNA, however the steering group agreed that there needs to be better promotion of how patients can provide feedback and/or complain about provision. This will be done outside of the PNA.</i>
Comment suggesting there was not enough consideration of rural areas	The group felt that rurality was well covered by the PNA document. There was also a recognition that rurality and health is an area of interest to public health researchers so future PNAs will take account of any key learning from such studies
Member of the public commented that they didn't know the quantity and demographics of the population consulted	The group felt the proposed content was adequate. No specific additions were identified although gaps in existing data were noted.
2 members of the public fed back that they could not find a copy of the PNA document on line	Checks were made to ensure that the PNA was clearly visible on the website and easy to access through a google search.

	The on-line survey did not have the link to the full document initially so this was added during the consultation so that anyone accessing the survey directly could access the document easily.
Comment suggesting the PNA needs to include numbers needing a prescription; numbers who can't drive; numbers with poor bus services or who can't walk 20 minutes.	The group agreed that this data is not available.
Comment suggesting the PNA should have more information before the conclusions	The group felt that there was plenty of information to make valid conclusions and that the draft PNA was comprehensive

The steering group discussed the feedback in February 2018 and agreed that the conclusions should remain the same confirming that there are no gaps in pharmacy provision in North Yorkshire.

**Other changes made since the draft PNA was shared:**

- Executive summary written
- Foreword removed (Had not been written and was not included in previous PNA's)
- List of people consulted through the consultation (section 3.9). To add final feedback from consultation after the meeting subject to the group agreeing with the response.