Sheffield Pharmaceutical Needs Assessment 2015-18

Date: 24th November 2014
Version 2
Ref: 2015 (02)PHIT

Version Control

Title	Sheffield Pharmaceutical Needs Assessment 2015
Reference	2015 (01)
Status (Draft / Issued)	Draft
Version	2
Date Created	24/11/2014
Approved By	Jeremy Wight (DPH)
Audience	Various
Distribution	Web
FOI Category	Open
Author	Pharmaceutical Needs Assessment Steering Group
Owner (if different)	Health and Wellbeing Board
Amendment History	
Review date	
Comments	

Table of Contents

1 Executive Summary 4
2 Introduction 5
2.1 Background 5
2.2 Purpose 5
2.3 Definitions 5
2.4 Pharmaceutical Services 6
2.4.1 Essential services 6
2.4.2 Advanced services 6
2.4.3 Enhanced and locally commissioned services 6
2.4.4 Exclusions and exceptions from the assessment 7
2.5 Process 7
3 About Sheffield 8
3.1 Locality 8
3.2 Population 10
3.3 Deprivation and health inequalities 12
4 Health and Wellbeing in Sheffield 15
4.1 Headline health indicators 15
4.2 Health and wellbeing priorities 15
4.2.1 Cancer 16
4.2.2 Cardiovascular Disease 16
4.2.3 Diabetes 17
4.2.4 Respiratory Disease 18
4.2.5 Liver Disease 18
4.2.6 Dementia 19

4.2.7 Mental Health 19
4.2.8 Smoking 20
4.2.9 Alcohol 21
4.2.10 Drug Misuse 21
4.2.11 Obesity 22
4.2.12 Sexual Health 23
4.2.13 Health of children and young people 23
4.2.14 Older people's health 24
5 Pharmaceutical Services and Need 26
5.1 Pharmaceutical Provision in Sheffield 26
5.1.1 Types and locations 26
5.1.2 Access 28
5.1.3 Opening times (Monday to Friday, Saturday and Sunday) 28
5.1.4 Out of Hours (bank holidays and evenings) 31
5.2 Pharmaceutical services in Sheffield 33
5.2.1 Essential services 33
5.2.2 Advanced services 33
5.2.3 Enhanced and locally commissioned services 33
5.2.4 Patient satisfaction 34
5.2.5 The changing face of pharmacy 35
5.3 Future developments and improvements 37
5.3.1 Pharmacy First 37
5.3.2 Public health role of pharmacies 37
5.3.3 Other developments 39
6 Conclusions 40
7 Appendix A: Consultation Report 41
7.1 The consultation process 41
7.2 Responders 41
7.3 Summary of responses 41
8 Appendix B: Summary Table of Pharmacy Services by Ward 49

1 Executive Summary

The Pharmaceutical Needs Assessment (PNA) provides a framework to enable the strategic development and commissioning of pharmaceutical services to help meet the needs of the local population. It is produced by the Sheffield Health and Wellbeing Board in accordance with the National Health Service (NHS) (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The document sets out in section 2: the process that was followed by the Sheffield Health and Wellbeing Board in meeting its statutory duty to produce and publish a robust PNA including the results of the consultation undertaken; in sections 3 and 4 it describes the key demographic features and health and wellbeing needs of the Sheffield population (taken from the Joint Strategic Needs Assessment) and; in section 5 it assesses whether pharmaceutical services delivered via essential, advanced and enhanced services and future developments are sufficient to meet the needs of the population.

In conclusion the PNA identifies that:

- Sheffield is well-served by its pharmacies and dispensing doctors with good coverage and choice across the different areas of the City and good availability and access arrangements, including out of hours, generally high levels of patient satisfaction and no gaps in provision.

- Pharmacy has good links with other NHS services within the City both in relation to primary care (especially GP practices) and acute hospital services. Nevertheless, it is recognised that there is potential to develop this much further, particularly in the context of developing integrated primary care services.

- Local pharmacies are already contributing extensively to raising awareness and understanding of health risks, promoting healthy lifestyles, providing advice and signposting/ referral to treatment and providing services, often in more accessible and acceptable settings.

- Demographic and cost pressures from patients with long-term conditions is only likely to increase in the coming years and pharmacy's continued role in helping to meet this need is acknowledged. Further development of the public health role of pharmacy and commissioning of relevant services could therefore secure additional improvements in health.

- Known future other developments are unlikely to generate a significant level of need/demand for additional pharmaceutical provision over the lifetime of the PNA (2015-18).

2 Introduction

2.1 Background

The Health and Social Care Act (2012) transferred responsibility for the development and updating of pharmaceutical needs assessments (PNAs) from Primary Care Trusts to Health and Wellbeing Boards with effect from 1st April 2013.

The legislative basis for developing, updating and using a PNA is set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. In short these state that the Health and Wellbeing Board must publish its first PNA by 1st April 2015. The regulations set out how the PNA should be produced, what it should cover, who should be consulted, and how it should be used. Responsibility for production of the PNA, on behalf of the Health and Wellbeing Board, rests with the Director of Public Health of the relevant local authority.

2.2 Purpose

The PNA provides a framework to enable the strategic development and commissioning of pharmaceutical services to help meet the needs of the local population. It plays an essential role in equipping NHS England to deal with applications to provide pharmaceutical services under the Market Entry process; it should also highlight any gaps in pharmaceutical service provision so that relevant commissioners can take appropriate steps to remedy these and ensure the local population has appropriate access to pharmaceutical services.

The production of a robust PNA is set within the context of the local Joint Strategic Needs Assessment (JSNA) which requires that Health and Wellbeing Boards manage knowledge and undertake regular needs assessments that establish a full understanding of current and future local health needs and requirements. The Sheffield JSNA has therefore been used to provide the evidence of need for this PNA with pharmaceutical needs including dispensing of medication and provision of advice and clinical pharmaceutical interventions, delivered via essential, advanced and enhanced services.

2.3 Definitions

The pharmaceutical services to which each PNA must relate are all the pharmaceutical services that may be provided under arrangements made by NHS England for:

(a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list

(b) the provision of local pharmaceutical services under a Local Pharmaceutical Service (LPS) scheme (but not LP services which are not local pharmaceutical services) or

(c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by NHS England with a dispensing doctor).

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors. Whether a service falls within the scope of pharmaceutical services for the purposes of the PNA depends on who the provider is and what is provided. For the purposes of this PNA we have adopted the following scope:

- Pharmacy contractors
  For pharmacy contractors the scope of the services that need to be assessed is broad and comprehensive. It includes the essential, advanced and enhanced service elements of the pharmacy contract whether provided under the terms of services for pharmaceutical contractors or under Local Pharmaceutical Services (LPS) contracts. There are 128 pharmacy contractors in Sheffield. This includes three distance selling pharmacies and one essential small pharmacy (under LPS arrangements). In addition, there are 43 pharmacy contractors outside of the Sheffield boundary that provide services to Sheffield residents.

- Dispensing doctors
  In some areas GP practices may dispense prescriptions for their own patients and the PNA takes these into account. It is not concerned with assessing the need for other services dispensing doctors may provide as part of their national or local contract arrangements. Sheffield has two dispensing doctors based in Deepcar and Oughtibridge both of which are in the Stocksbridge and Upper Don electoral ward.

2.4 Pharmaceutical Services

The Community Pharmacy Contractual Framework is made up of various service types. These are:

2.4.1 Essential services

These are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. All pharmacy contractors must provide the full range of essential services which include dispensing medicines and actions associated with dispensing and promotion of healthy lifestyles.

2.4.2 Advanced services

Any contractor may choose to provide Advanced Services. There are requirements which need to be met in relation to the pharmacist, standard of premises or notification to NHS England. Services include Medicines Use Review (MURs) and New Medicines Service (NMS).

2.4.3 Enhanced and locally commissioned services

Only those contractors directly commissioned by NHS England can provide enhanced services. Community pharmacy contractors may also provide services commissioned by local authorities and Clinical Commissioning Groups (CCGs). Although these are not enhanced services, they mirror the services that could be commissioned and are therefore

included within the list of pharmaceutical services in order to provide a full picture of current provision in the City.

2.4.4 Exclusions and exceptions from the assessment

Pharmaceutical services and pharmacists are evident in other areas of work in which the local health and wellbeing partners have an interest but which are *excluded* from this assessment. These include prisons and hospitals where patients may be obtaining a type of pharmaceutical service that is not covered by this assessment.

The 2013 Regulations set out the process for dealing with applications for new pharmacies under the regulatory system known as 'market entry'. The market entry test describes the system whereby NHS England assesses an application that offers to:

- Meet an identified current or future need(s)
- Meet identified current or future improvement(s) or better access to pharmaceutical services
- Provide unforeseen benefits i.e. applications that offer to meet a need that is not identified in the PNA but which NHS England is satisfied would lead to significant benefits to people living in the relevant area.

There are two types of application that can be made by a pharmacy or dispensing appliance contractor; routine applications and excepted applications. The regulations allow the following automatic *exceptions* to the test:

- Relocations that do not result in a significant change to pharmaceutical service provision
- Distance selling premises
- Change of ownership
- Temporary listings arising out of suspensions
- Persons exercising a right of return to a pharmaceutical list
- Temporary arrangements during emergencies or because of circumstances beyond the control of the NHS chemists

2.5 Process

The Sheffield Health and Wellbeing Board set up a steering group in April 2014 to lead the production of its PNA and to ensure stakeholder engagement including patient and public involvement. The group comprised:

- Health and Wellbeing Board sponsor – Director of Public Health
- Representatives from Sheffield Clinical Commissioning Group (Medicines Management)
- Representatives from Sheffield City Council (Public Health)
- Representative from Healthwatch Sheffield (Patient and Public involvement)
- Representative from NHS England (South Yorkshire and Bassetlaw Area Team)
- Local Pharmaceutical Committee (LPC) representative
- Local Medical Committee (LMC) representative

The requirements for the PNA were considered by the PNA Steering Group in light of the 2013 Regulations, the data collected by the commissioners of pharmaceutical services for Sheffield and the most recent PNA for Sheffield (2010) including any supplementary statements issued subsequent to publication of the 2010 PNA.

A consultation on the first full draft of the PNA took place for a period of 60 days from 1st August to 30th September 2014, in line with the 2013 Regulations. The following stakeholders were consulted:

- Sheffield LPC
- Sheffield LMC
- Community pharmacy contractors in Sheffield
- Dispensing doctors in Sheffield
- LPS chemists with whom NHS England has arrangements to provide local pharmaceutical services in Sheffield
- NHS England (South Yorkshire and Bassetlaw Area Team)
- Healthwatch Sheffield
- All Sheffield NHS Foundation Trusts
- Neighbouring Health and Wellbeing Boards (Derbyshire, Barnsley and Rotherham)

The consultation responses were collated and analysed and the PNA amended accordingly by the Steering Group. The full consultation report is available at Appendix A. The final version of the PNA (2015) was approved by the Health and Wellbeing Board at its meeting on 26th March 2015. Papers from that meeting may be accessed here link will be inserted when PNA approved and papers are published.

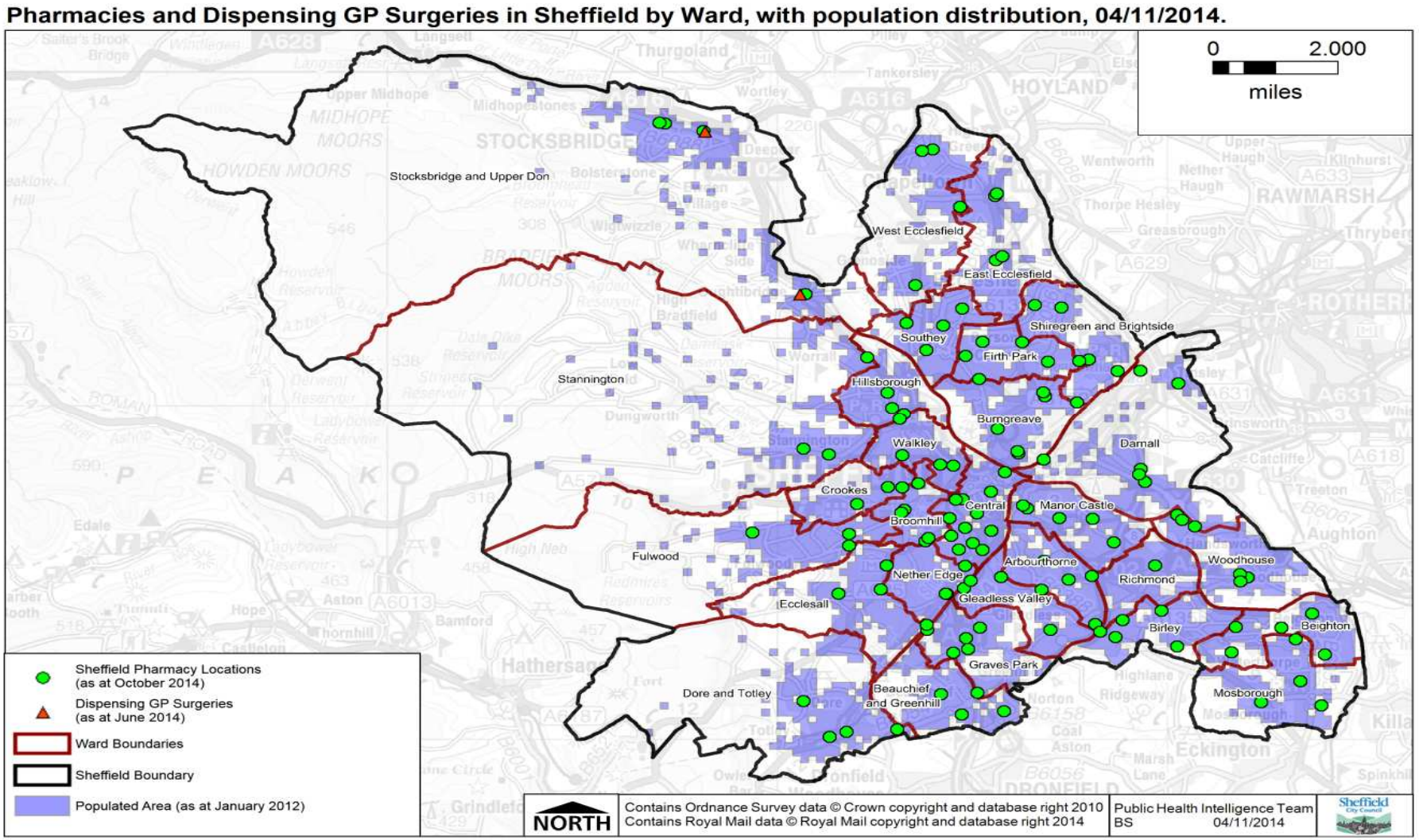
3 About Sheffield

3.1 Locality

Sheffield is one of England's largest cities, nestled in a natural bowl created by seven hills and the confluence of five rivers and is both geographically and demographically diverse. It is largely an urban area, with population densities highest in the centre and to the immediate southwest and more open estates and suburbs further out. Around half of the area within Sheffield's boundary, on the western outskirts, is rural or semi-rural. Lying directly to the east of Sheffield is Rotherham, from which it is separated by the M1 motorway. On its northern border is Barnsley and to the south and west is the county of Derbyshire.

The boundary of Sheffield City Council (SCC) is coterminous with the Sheffield Clinical Commissioning Group (SCCG) and the City is divided into 28 electoral wards. The PNA uses both city-wide and ward based data when looking at the health needs and pharmaceutical provision of the population. The map in Figure 1 identifies the wards and locations of community pharmacies and dispensing doctors within Sheffield. A comprehensive list of wards and associated pharmaceutical services provided is available at Appendix B.

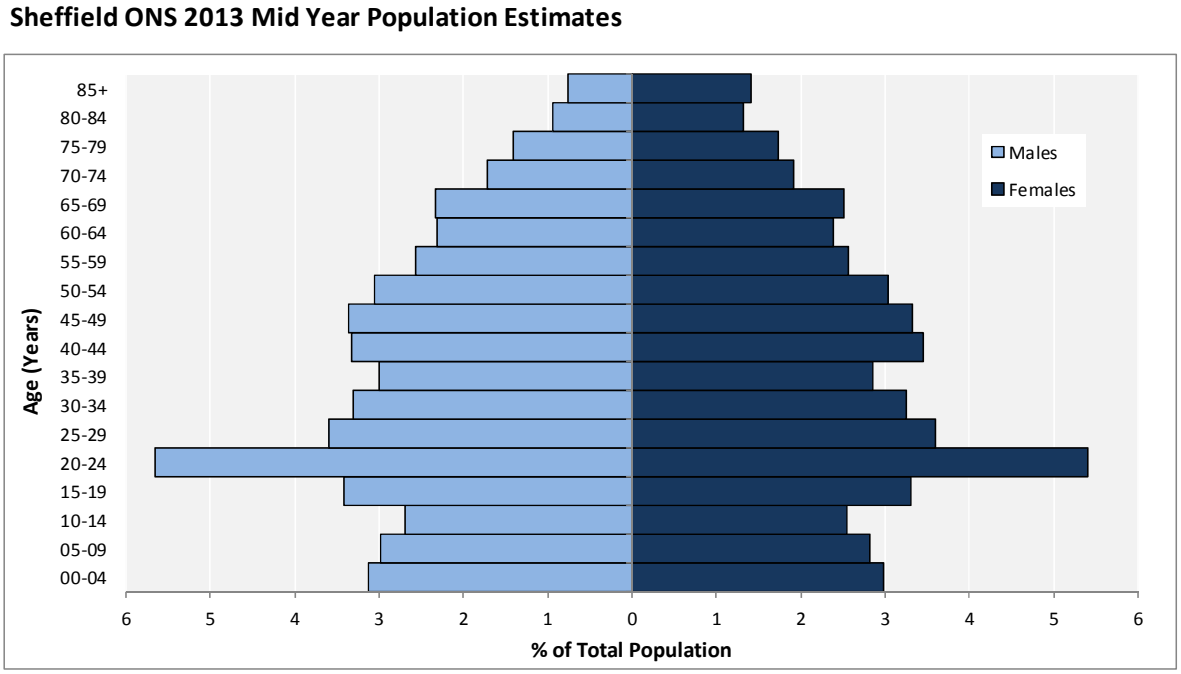
Figure 1: Map of pharmacies and wards in Sheffield



3.2 Population

The 2011 Census revealed that Sheffield has a population of approximately 552,700 people which represents a 7.7% increase since the 2001 Census. Latest estimates from the Office for National Statistics (ONS mid-year estimates 2013) put this at approximately 560,000. Sheffield's growing population results from an increasing birth rate, higher net inward migration and longer life expectancy. The population pyramid and table in Figure 2 set out the current profile of Sheffield's population.

Figure 2: Sheffield population by age group and gender



Age Band	Males		Females		Persons	
	Number	%	Number	%	Number	%
00-04	17,513	3.13	16,733	2.99	34,246	6.11
05-14	31,786	5.68	30,048	5.36	61,834	11.04
15-24	50,798	9.07	48,806	8.71	99,604	17.78
25-44	74,169	13.24	73,734	13.16	147,903	26.41
45-64	63,226	11.29	63,379	11.32	126,605	22.60
65-74	22,658	4.05	24,768	4.42	47,426	8.47
75-84	13,148	2.35	17,184	3.07	30,332	5.42
85+	4,228	0.75	7,907	1.41	12,135	2.17
All Ages	**277,526**	**49.55**	**282,559**	**50.45**	**560,085**	**100.00**

Data Source: ONS 2013 Mid Year Estimates PH Intelligence Team, SCC, 03/07/2014

The number of births rose from 5,715 in 2001 to 6,916 in 2012. Births are projected to rise to 7,000 in 2015 and 7,700 in 2020. The proportion of people from black and minority ethnic (BME) communities also increased from around 9% of the total population in 2001 to 16% in 2011. The City has also experienced an increase in people aged over 65 years. In particular, the number of over 85 year olds rose by 11% over the period 2001 to 2011, although it should be noted that this increase was lower than the national trend. Population characteristics at individual ward level can vary quite considerably however, as the three graphs in Figure 3 to Figure 5 show.

Figure 3: Under 5 population by electoral ward

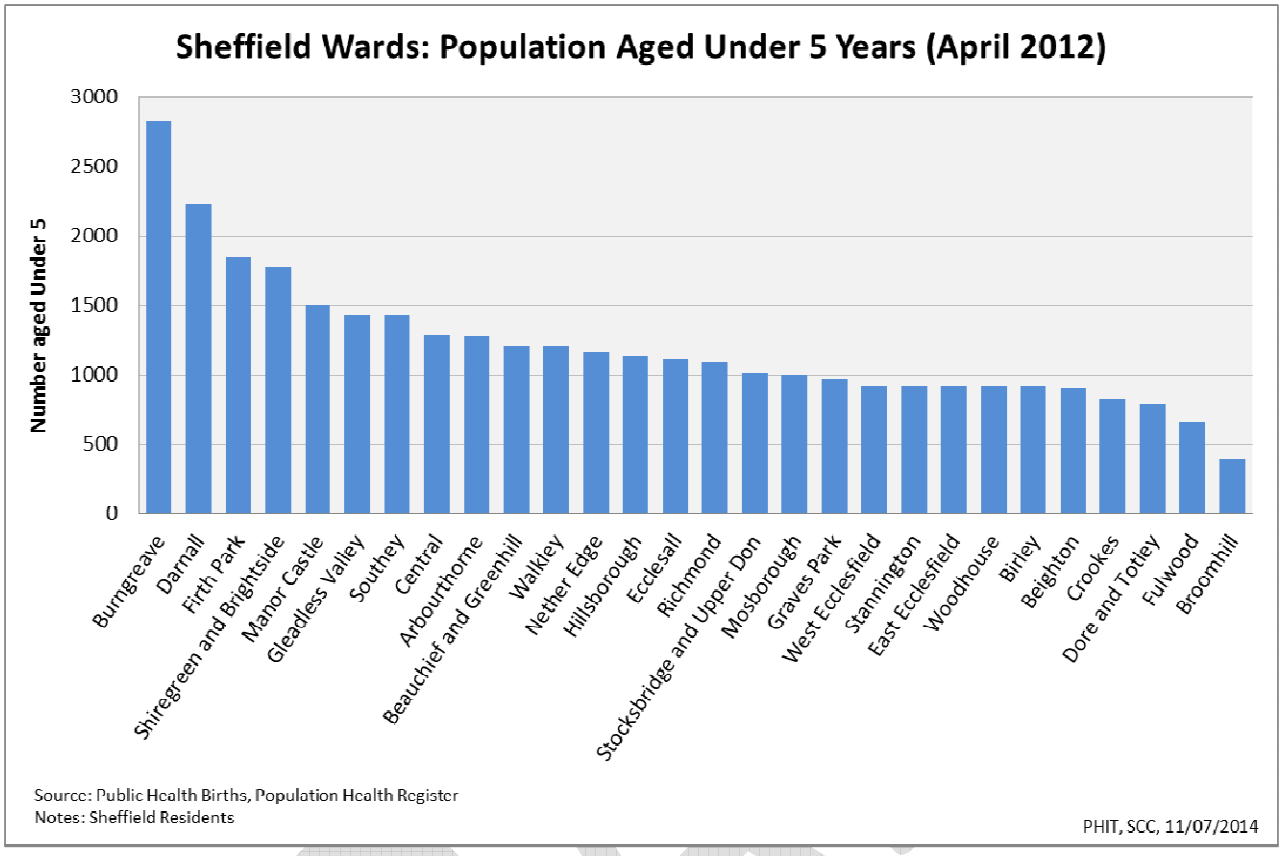


Figure 4 : Over 75 population by electoral ward

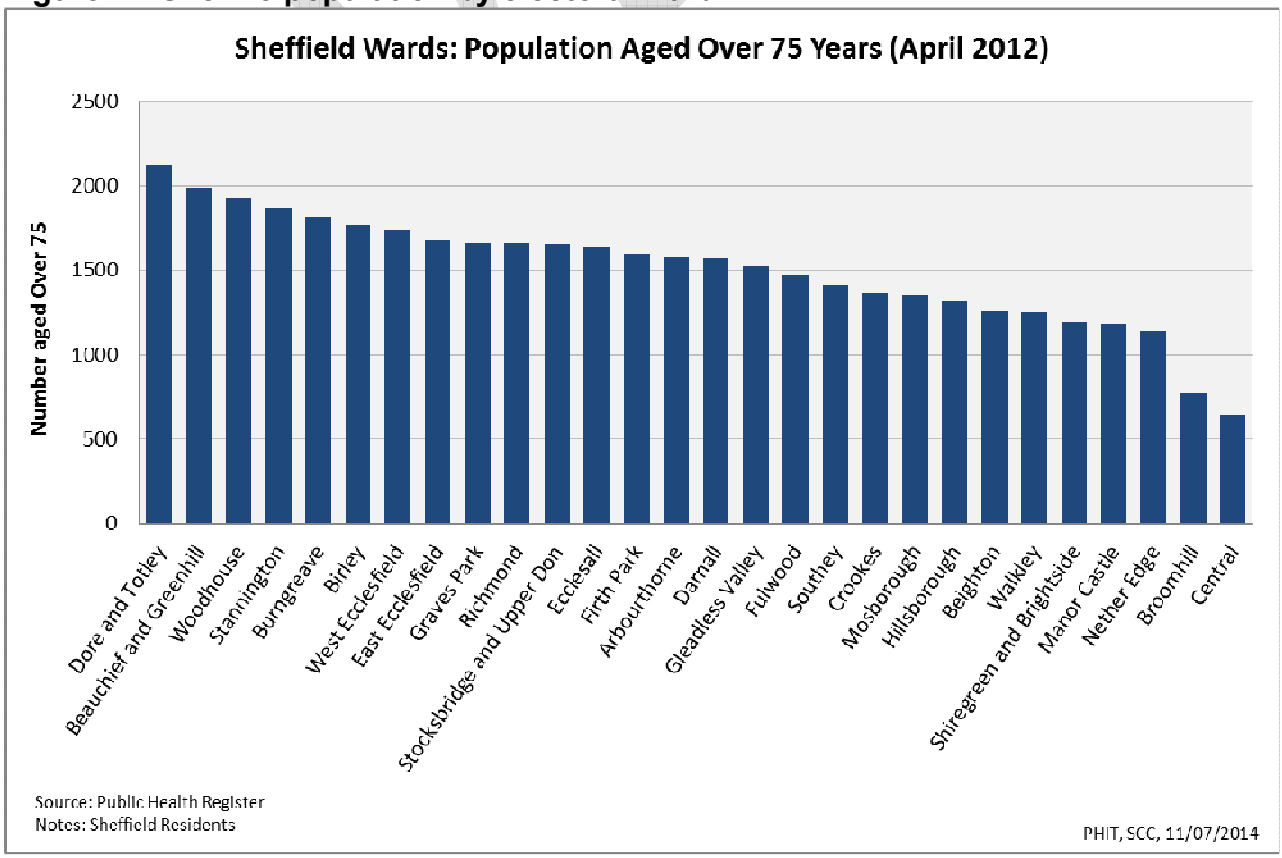
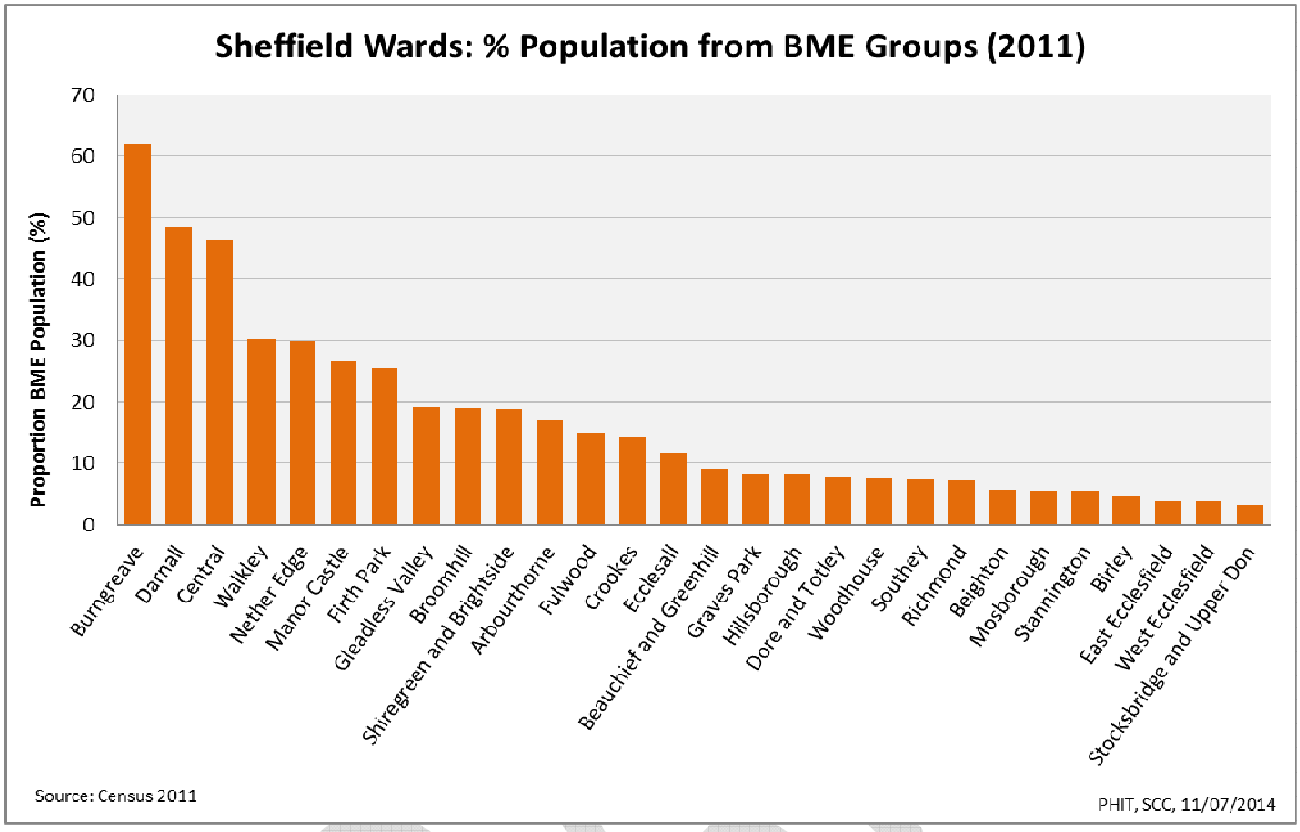


Figure 5: BME population by electoral ward

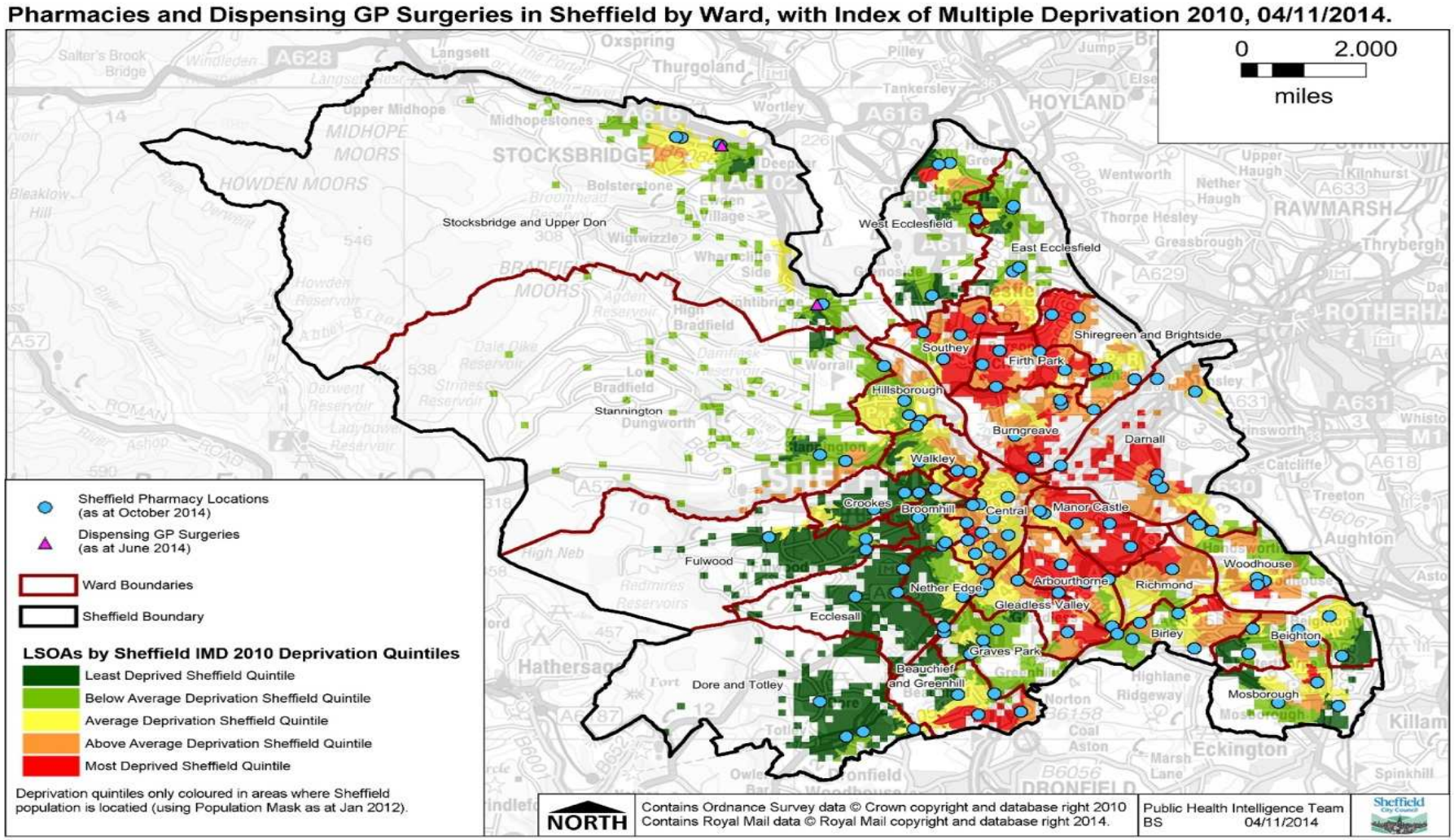


3.3 Deprivation and health inequalities

Sheffield is characterised by stark inequalities between different groups of people and between different geographical communities. People in the most deprived parts of the City still experience a greater burden of ill-health and early death than people in less deprived areas, demonstrating that inequalities in health and wellbeing are linked to wider social, cultural and economic determinants. It is acknowledged that putting additional support into the most deprived and disadvantaged areas and raising standards there will have a beneficial effect on the whole community.

The Index of Multiple Deprivation (IMD) is used to measure inequalities in the wider determinants of health. It is made up of seven indices of deprivation that are grouped together and weighted to produce the overall index (higher scores indicate greater level of deprivation). The seven indices cover: income; employment; health and disability; education, skills and training; barriers to housing and services; crime; and living environment. As the map in Figure 6 shows, there are clear geographical inequalities in the wider determinants of health in Sheffield.

Figure 6: Map of Index of Multiple Deprivation in Sheffield



Another measure of inequality is the Slope Index of Inequality in Life Expectancy. This is a modelled estimate of the gap (measured in years) in life expectancy between the most and least deprived communities within an area. Based on death rates for the period 2010-2012 the gap in life expectancy between the most and least deprived men in Sheffield is 10.0 years and 7.2 years for women. Whilst this represents a significant health inequality, it is similar to the health inequalities experienced within the other English Core Cities. Figure 7 shows the detail.

Figure 7: Gap (in years) in life expectancy between the most and least deprived areas in each core city by gender (2010-2012)

Core City	Men	Women
Birmingham	8.4	5.7
Bristol	8.2	6.1
Leeds	11.0	8.2
Liverpool	10.0	9.0
Manchester	9.6	8.2
Newcastle	11.9	9.1
Nottingham	9.2	8.7
Sheffield	10.0	7.2

Source: Public Health England 2014 Health Profiles

The main trends within Sheffield are:

- Sheffield experiences significant inequality as a result of deprivation
- Overall the northern and eastern areas of Sheffield stand out as being more deprived than the Sheffield average with the southern and western areas less deprived.
- There are small but distinct pockets of deprivation within less-deprived surroundings
- The gap between the most and least deprived areas in Sheffield remains relatively unchanged
- Generally, whichever measure of health status is used (e.g. life expectancy, premature mortality, prevalence of disease) the burden of ill health or early death is greater in those areas that experience higher levels of deprivation.
- The level of health inequality experienced within Sheffield is broadly comparable to that experienced by similar large cities in England.

4 Health and Wellbeing in Sheffield

A detailed analysis of health and wellbeing needs in Sheffield is set out in our Joint Strategic Needs Assessment (JSNA) published in July 2013. This can be accessed from the Council's website insert link In addition comprehensive health and wellbeing profiles for each of Sheffield's 28 electoral wards were produced last year, as part of the JSNA, and may be accessed from the same website. The profiles present data on population and ethnicity, deprivation and wider determinants of health, life expectancy and mortality, hospital and adult social care activity, lifestyles, key disease groups and mental health. The profiles may be accessed here insert link.

4.1 Headline health indicators

As the figures in Figure 8 show, overall Sheffield's health continues to improve and generally compares well with the national average. However, as the final two columns in the table show, the extent to which health varies across Sheffield's 28 wards is significant.

Figure 8: Headline health indicators for Sheffield

Headline health indicators for Sheffield									
Health Indicator	Period	Measure	Sheffield 2010-12	England 2010/12	Locally Calculated data and variation across Wards				
					Period	Measure	Sheffield	Worst ward	Best ward
Male life expectancy at birth	2010-2012	Years of life	**78.7**	79.21	2010-2012	Years of life	79.0	75.6	84.4
Female life expectancy at birth	2010-2012	Years of life	**82.4**	83.01	2010-2012	Years of life	85.5	76.9	87.3
Early deaths from heart disease and strokes (<75 yrs)	2010-2012	DASR per 100,000 (2013 European population)	**89.3**	81.1	2010-2012	DASR per 100,000 (pre 2013 European population)	63.3	91.6	23
Early deaths from cancer (<75 yrs)	2010-2012	DASR per 100,000 (2013 European population)	**159.0**	146.5	2010-2012	DASR per 100,000 (pre 2013 European population)	111.8	160.7	53.6
Infant deaths (Under 1 yr)	2010-2012	Rate per 1,000 livebirths (1)	**4.6**	4.1	2008-2012	Rate per 1,000 livebirths (2)	5.0	12.9	4.4
Killed or seriously injured in Road traffic accidents	2011	Rate per 100,000 population	**29.5**	40.9	2011	Rate per 100,000 population			

Source: Local calculations Public Health Intelligence team, SCC: Other data from HSCIC

(1) Death by year of occurrence , (2) Death by year of registration

4.2 Health and wellbeing priorities

Based on the information set out in the JSNA, which in turn supported the development of the Joint Health and Wellbeing Strategy for the five-year period 2013-18, various aspects of health and wellbeing were prioritised. Community pharmacy is involved in many of these to a greater or lesser extent as a provider of services, as a community asset and/or as an employer. The following areas represent those aspects of health and wellbeing where community pharmacy has the greatest contribution to make towards improving health in the City.

4.2.1 Cancer

Over 2,800 cases of cancer are diagnosed each year in Sheffield, which is broadly what we would expect for our population with 1 and 5 year survival rates generally similar to other large, urban areas. Almost 42% of all premature deaths in the City are caused by cancer, equivalent to 600 deaths per year. This makes it the leading cause of death in people under 75 years of age. Moreover, despite a reduction over the last 10-20 years, Sheffield's premature mortality rate from cancer remains significantly higher than the national average.

Over half of all premature deaths from cancer are considered preventable, which in Sheffield would equate to approximately 350 deaths a year. Common causes of cancer are smoking, poor diet, physical inactivity and alcohol consumption. A large number of premature cancer deaths could therefore be prevented by changes in lifestyle, as well as by earlier detection and treatment of the disease.

Current role of local pharmacies

- Promoting awareness of the common signs and symptoms of cancer
- Promote the benefits of and sign-posting to screening programmes for bowel, breast and cervical cancers.
- Provide access to palliative care medicines
- Promote and provide advice and support in relation to smoking cessation, alcohol consumption and maintaining a healthy weight (i.e. advice on taking regular exercise and following a healthy diet).
- Medicines optimisation[1]
- Seasonal influenza vaccination

4.2.2 Cardiovascular Disease

Cardiovascular disease (CVD) is a general term used to describe disorders that can affect the heart and/or the body's system of blood vessels (vascular). Many cardiovascular problems result in chronic conditions that develop or persist over a long period of time. However, it may also result in acute events such as heart attacks and strokes. The risk of CVD increases significantly after the age of 40 years. Around 46% of CVD deaths are from Coronary Heart Disease and almost a fifth (18%) from Stroke.

CVD occurs more frequently in people who smoke, who have high blood pressure, who have high blood cholesterol, who are overweight, who do not exercise and/or who have diabetes. Public health initiatives focus on decreasing CVD by encouraging people to follow a healthy diet, avoid smoking, control their blood pressure, lower their blood cholesterol if necessary, exercise regularly and, if they are diabetic, maintain good control of blood glucose. There are estimated to be around 52,500 people with CVD in Sheffield. Widespread changes in lifestyle choices (such as stopping smoking and improving diet), systematic identification of people at risk, and better treatment for cardiovascular disease has resulted in the premature mortality rate falling year on year in Sheffield, and at a faster pace than nationally. Nevertheless although the gap between Sheffield and the rest of the Country has narrowed, our cardiovascular premature mortality rate remains significantly

[1] General term for the various ways in which patients can be helped to gain the greatest possible benefit from their medicines.

higher than the national average. Over two thirds of premature mortality associated with cardiovascular disease is considered preventable. In Sheffield this equates to over 230 premature deaths per year.

The national 'Health Checks' programme aims to prevent heart disease, stroke, diabetes and kidney disease by inviting everyone aged between 40 and 74 years, who does not already have one of these diseases, to have their risk of developing such diseases assessed and to be referred on to appropriate services as required. The programme is currently delivered in Sheffield by GP practices although many areas commission other providers to deliver this service, including pharmacies. Together with the range of actions we are taking to ensure timely prevention and early intervention in relation to chronic disease, we anticipate further improvements in cardiovascular disease outcomes over the next few years.

Current role of local pharmacies

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

4.2.3 Diabetes

Diabetes is a common life-long condition. When poorly controlled it can lead to a range of complications including blindness, heart attacks and strokes, kidney disease, amputation and depression as well as early death and reduced life expectancy. There are around 28,000 people with diagnosed diabetes in Sheffield with a further 6,000 estimated to have undiagnosed diabetes. Diabetes prevalence is expected to continue to rise for the foreseeable future. Lifestyle interventions (such as exercise combined with dietary advice) have been found to reduce the incidence of diabetes by almost 60% with earlier diagnosis and treatment reducing the risk of complications.

In spite of the rate of increase there is evidence that diabetes care is improving in the City. For example, the proportion of diabetes patients with good control of their blood sugar level, according to their GP record, improved from 63% in 2009 to 73% in 2012. This means that Sheffield has a favourable profile in terms of preventable morbidity and mortality outcomes and the individual disease contributions to that; especially so for a city population. The challenge for the City will be to at least maintain this favourable trend over the coming years in the context of economic and migration pressures, an ageing population and increasing obesity.

Current role of local pharmacies

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

4.2.4 Respiratory Disease

Respiratory disease is a general term used to cover a range of lung conditions including asthma and chronic obstructive pulmonary disease (COPD). Respiratory disease is the third leading cause of premature death in Sheffield (after cancer and cardiovascular disease) and COPD the main cause of respiratory mortality.

COPD is a progressive yet largely preventable disease, with around 85% of cases being caused by smoking. There are over 10,000 people in Sheffield with diagnosed COPD and probably the same number again with undiagnosed COPD. Asthma is more common; an estimated 35,600 people (all ages) in Sheffield have the condition. In Sheffield, approximately 70 respiratory deaths in people under the age of 75 years could be avoided each year. The single most important contribution to reducing respiratory disease is the Tobacco Control Programme designed to reduce the prevalence of smoking in the population.

Current role of local pharmacies

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

4.2.5 Liver Disease

Liver disease is the only major cause of premature death in Sheffield for which the rate is increasing. People are also dying from it at younger ages. Premature mortality from liver disease in Sheffield now accounts for just over 70 deaths in people under the age of 75 years per year. It develops silently, often without symptoms, and many people have no idea they have a problem until it is too late.

Over 90% of deaths from liver disease are considered preventable. The common causes of liver disease are alcohol consumption, obesity and Hepatitis. Alcohol and obesity are considered in more detail later in this chapter.

Hepatitis is inflammation of the liver resulting from infection or exposure to harmful substances (such as alcohol). The types of Hepatitis most closely linked with liver damage and liver failure, are Hepatitis B and Hepatitis C. Hepatitis B is uncommon in England, being more widespread in East Asia and sub-Saharan Africa in particular. A small minority of people develop a long-term infection from the virus, known as Chronic Hepatitis B. In some people, Chronic Hepatitis B can cause cirrhosis of the liver and liver cancer. Hepatitis C is the most common type of viral hepatitis found in the UK and is commonly spread through sharing needles to inject drugs. Around 1 in 4 people will fight off the infection and remain free of it. Of the remaining 3 out of 4, the infection can become chronic where it can also cause cirrhosis and liver cancer.

Current role of local pharmacies

- Promote and provide advice and support in relation to alcohol consumption and on maintaining a healthy weight.
- Promote the benefits of and signposting to testing for Hepatitis B/C.
- Provide advice on and improve awareness of the transmission of Hepatitis B/C, including ways to reduce infection risk

- Medicines optimisation
- Seasonal influenza vaccination

4.2.6 Dementia

There are currently around 6,400 people living with dementia in the City today but this is expected to rise to over 7,300 by 2020 and 9,300 by 2030, with the biggest increase in people aged 85 years and over. The 'true' prevalence of dementia is unknown but based on national research we estimate there could be an additional 1,400 people in Sheffield with undiagnosed dementia.

The population distribution varies with age across Sheffield's wards with the majority of people aged 85 and over living in Chapeltown, Burncross, High Green, Mosborough and the south west of the City. Around one third of people with dementia currently live in largely private sector care homes, and the trend is towards entering care with more severe disease. Unpaid carers (mainly female family members) provide the majority of care in the community.

Early intervention can be cost effective and improve the quality of life for people with dementia and their families and carers, through enabling people to access suitable support services and in delaying or preventing premature and unnecessary admission to care homes. Sheffield has been chosen as an early adopter of the Prime Minister's Dementia Challenge where the focus will be on creating dementia friendly communities. This approach is being implemented first in Woodhouse.

Protecting and promoting brain health has been a relatively neglected concept until recently. The public health consensus is that what is good for the heart is good for the brain. In other words, effective public health policies to tackle the major chronic disease risk factors of smoking, physical inactivity, alcohol and poor diet across the population will also contribute towards reducing the risk of dementia in later life.

Current role of local pharmacies

- Medicines optimisation
- Dementia friendly pharmacies[2]
- Promote and provide advice and support in relation to stopping smoking, reducing alcohol consumption and maintaining a healthy weight.
- Advice to care homes
- Providing advice and support to carers
- Seasonal influenza vaccination

4.2.7 Mental Health

Those groups in the population most at risk of mental ill-health include: people who are at risk of being homeless; new and expectant mothers (e.g. post-natal depression); people

[2] Currently communities (and organisations within those communities) can register to be publicly recognised for their work towards becoming dementia-friendly. It shows that they are following common criteria, based on what we know is important to people affected by dementia and that will truly change their experience. More information is available from the Alzheimer's Society www.alzheimers.org.uk

misusing alcohol and other substances; people undergoing significant life stresses (such as debt or bereavement); people with a long term health problem or limiting illness; prisoners and people in contact with the criminal justice system; survivors of abuse or people who were in care as children; and asylum seekers and refugees. If we are to promote improved mental health and wellbeing within the general population, we need to combine universal approaches which raise awareness and understanding and reduce the stigma around mental illness with the need to identify those people within our local population most at risk of developing mental health problems and to develop and target health promoting interventions directly to them.

Mental health problems are common, with one in four people experiencing a mental health problem in their lifetime and around one in one hundred people suffering a severe mental health problem. In relation to common mental health problems, such as depression and anxiety, around 12.27% of Sheffield adults are estimated to have depression compared with 11.68% in England. Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for individuals, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs. In terms of severe mental illness there are approximately 4,500 people with a psychosis (all ages) registered with a Sheffield GP practice. This is consistent with what we would expect to see for a population the size and shape of Sheffield.

Current role of local pharmacies

- Medicines optimisation
- Sign-posting to treatment

4.2.8 Smoking

Latest estimates (for 2012) indicate that 23.2% of Sheffield adults smoke compared with 19.5% nationally. This figure is significantly higher than the national average and has remained relatively unchanged for several years. Smoking is still the biggest, reversible cause of ill health and premature death, and inequalities in health between communities, both in Sheffield and nationally. In addition, smoking in pregnancy reduces birth weight, and contributes significantly to stillbirth and infant mortality. Reducing the prevalence of smoking within the population must continue to be a top public health priority for the City. Implementing and maintaining a comprehensive Tobacco Control Programme will be the key means by which to achieve required reduction in smoking prevalence in the population.

Tobacco control programmes include protecting people from exposure to second hand smoke, reducing the availability and supply of illegal tobacco products and help for those who want to quit. In relation to the latter, the Sheffield Stop Smoking Service supported over 1,800 Sheffield smokers to quit successfully for 4-weeks during 2013-14. Almost a third of these people were supported by pharmacies. We need to ensure smoking cessation support is accessible for patients, including offering a range of evidence based quit support (including Nicotine Replacement Therapy) and delivering support in a wide

variety of easily accessible locations, particularly in areas of relatively high need (i.e. where prevalence of smoking is higher than the City average)[3].

Current role of local pharmacies

- Provision of the Stop Smoking Service
- Provision of the Nicotine Replacement Therapy Voucher
- Dispensing of Champix via patient group direction
- General advice and promotion of healthy lifestyles including sign posting to other services as required and appropriate
- Public Health campaigns (variously related to Tobacco Control, Smokefree Homes and Cars and National No Smoking Day)

4.2.9 Alcohol

Alcohol is linked to over sixty different medical conditions including liver disease, mouth, throat and other cancers, neurological conditions (including dementia), poor mental health, reduction in fertility, as well as acute conditions resulting from accidents, self-harm and violent assault. In Sheffield, 85.8% of people aged over 16 years are estimated to drink alcohol, higher than the national average of 84.5% and the other Core Cities. Sheffield has an estimated 51,000 'high risk' drinkers and around 6,500 people are admitted to hospital each year due to alcohol-attributable conditions.

Our local alcohol strategy continues to focus on a range of approaches for tackling this issue, notably promoting screening and identification of people with alcohol related problems, including those from specific population groups (such as 18-25 year olds, Lesbian, Gay, Bisexual and Transgender people and people in the criminal justice system) to increase the number of individuals engaging with alcohol treatment alongside reducing the accessibility of alcohol, in line with government guidelines.

Current role of local pharmacies

- Provide brief interventions and signposting to treatment to address alcohol misuse.
- Support greater integration of alcohol screening with sexual health services

4.2.10 Drug Misuse

Drug misusers often suffer from multiple vulnerabilities including poor physical and mental health, offending behaviour, homelessness or inadequate housing, lack of education and unemployment. In the past drug misusers were at high risk of death from an overdose. More recently however there has been a shift in the pattern of cause of death towards people dying of long term conditions such as Hepatitis C or venous disease due to their substance misuse. The number of people screened for blood borne viruses in Sheffield

[3] Electronic cigarettes are often used by people who want to quit smoking. Tobacco is a highly addictive substance, making smoking a tough habit to break. E-cigarettes are not as effective as using NHS supported nicotine replacement therapy. Also, when people continue to smoke cigarettes and 'vape', there is not enough evidence that people quit smoking. In fact, the argument that e-cigarettes are a form of harm reduction is undermined by evidence that it does not reduce the chances of 'dual users' getting heart disease, and may mean people smoke for longer. For now, the best thing anyone who wants to stop smoking can do is to access NHS stop smoking services including those provided by pharmacies.

continues to increase with 94% of all new people arriving into structured treatment offered a Hepatitis B vaccination and 94% of injecting or previous injectors recorded as receiving a Hepatitis C test. Harm reduction must remain a priority, particularly in relation to increasing the numbers screened, tested and referred for blood borne virus treatment.

The latest data show there has been a reduction in the prevalence of people using opiates/crack cocaine in Sheffield (the second lowest rate of the Core Cities) with around 4,000 problematic opiate and/or crack drug users aged 15-64 years. In 2012-13 over 2,200 opiate users accessed structured drug treatment and over 300 individuals accessed treatment for non-opiate drug misuse. This represents a decrease of 4.7% between 2011/12 and 2012/13 and is larger than the 2% national average decrease. The emphasis on maintaining the numbers accessing drug treatment is therefore increasingly centred on the engagement of individuals using non-opiate drugs with treatment, particularly those using steroids, cannabis and the new psychoactive substances. A specific focus on certain population groups (i.e. young people, Lesbian, Gay, Bisexual and Transgender people) is required both in terms of recognising when drug use has become problematic and to ensure drug treatment services are accessible.

Further information about the commissioning plans of the Drug and Alcohol Commissioning Team (DACT) and health needs in relation to substance misuse (drugs and alcohol) can be obtained from the Sheffield DACT website

Current role of local pharmacies

- Needle exchange scheme
- Supervised administration of methadone and buprenorphine
- Promote the benefits of and signposting to testing for Hepatitis B/C.
- Provide advice on and improve awareness of the transmission of Hepatitis B/C, including ways to reduce infection risk
- Referral to treatment services
- Medicines optimisation

4.2.11 Obesity

Obesity, poor diet and increasingly sedentary behaviour are associated with higher risk of hypertension, heart disease, diabetes and certain cancers. By 2015 it is estimated that obesity will cost Sheffield £165 million per year. In terms of childhood obesity, in 2012/13, 19.6% of 4-5 year olds and 33.7% of 10-11 year olds were classed as overweight or obese. In terms of adults, in Sheffield 59.9% are estimated to be overweight or obese. Although lower than the national average of 63.8%, this level of excess weight is extremely worrying and poses a major risk to health.

Obesity is typically caused by unhealthy food choices and sedentary behaviour. Sheffield has poor levels of diet and nutrition and physical activity. It is estimated that only 25% of Sheffield adults eat five or more portions of fruit or vegetables a day, lower than the national average of 28% and around 30% are physically inactive. Estimates suggest that around 580 deaths in Sheffield a year could be prevented if diets complied with national nutritional guidelines (i.e. low in fat, added sugar and salt and high in fruit and vegetables, oily fish and fibre). Low levels of healthy eating and physical activity are the key drivers of Sheffield's increasing prevalence of obesity.

Current role of local pharmacies

- Promote and provide advice and support in relation to maintaining a healthy weight.

4.2.12 Sexual Health

The consequences of poor sexual health include unplanned pregnancy, avoidable illness and mortality from sexually transmitted infections (STIs) and HIV/AIDS. Approximately 4,350 acute STIs are diagnosed in Sheffield residents per year, of which 70% are in 15-24 year olds. The burden of sexual ill health is not equally distributed in the population but concentrated amongst the most vulnerable including men who have sex with men, young people and people from BME communities.

The City has seen a substantial and sustained reduction in the rate of teenage conceptions from 52.8 per 1000 15-17 year old girls in 2001 to 30.3 in 2012. Nevertheless, although the gap is narrowing, Sheffield's rate is still significantly higher than the national average (27.7 per 1000), and it is important therefore that this remains a priority area. An emergency hormonal contraceptive service for teenagers (girls aged 14-17 years) is commissioned by Sheffield City Council from community pharmacy, including signposting for long-acting reversible contraception and condom provision.

Evidence from our local health needs assessment indicates we should maintain focus on reducing teenage conceptions, unplanned pregnancies and prevalence of STIs/HIV through increasing access to contraception and STI/HIV testing, specifically for high risk groups, alongside health promotion and education to improve public awareness and encourage safer sexual behaviour. Key to achieving good sexual health outcomes is the commissioning of universal open access sexual health services via a 'hub and spoke' model which focuses on the development of community based outreach sexual health services. Services need to be fully integrated to offer patients a single point of access, pathways between primary and secondary care services should be prioritised and organisations should work collaboratively to look at how new and existing services and interventions can meet the needs of our local population.

Current role of local pharmacies

- Providing emergency hormonal contraception
- Advice on and signposting to Long Acting Reversible Contraception (LARC)
- Providing chlamydia screening.
- Referral to relevant treatment and advice services
- Supporting integration with alcohol screening
- Public Health pharmacy campaign (variously related to being prepared/keeping safe from STI/unwanted pregnancy, provision of condoms and self-testing kits for chlamydia and gonorrhoea).

4.2.13 Health of children and young people

There is now overwhelming evidence that conception through to the early years is a crucial phase of human development and is the time when focussed attention can bring huge rewards for society. Infants thrive when they feel safe, secure and loved. Therefore the foundations for children's communication, social and emotional development and nutrition lie in the quality of the parent-infant relationship, and the interactions they experience.

Supporting parent-infant relationships is a priority for Sheffield. We know that the mental and physical health of mothers during and immediately after pregnancy can have lifelong impacts on the child. Factors such as nutrition, smoke exposure and decisions about immunisation will impact on the child's future health and wellbeing. Key priorities continue to include reducing maternal obesity, improved support for post-natal depression, increasing breastfeeding, reducing smoking in pregnancy, reducing teenage pregnancy and improving uptake of childhood vaccination & immunisation.

The Sheffield Every Child Matters Survey (2012) identified that the number of 14 and 15 year olds saying they feel sad or depressed 'most of the time' has increased from 9% in 2011 to 14% in 2012. Also, fewer of them said they would know where to go for help or support to deal with their feelings. 30% have thought about running away and 10% said they had actually run away. The main reasons given were problems at home and feeling unable to cope with things. We also know that over half of all adults with mental health problems will have begun to develop them by the time they are 14 years old. Vulnerable young people (such as those living in poverty, those 'Not in Education, Employment or Training' (NEETs), or those who are homeless or in care) are more likely to suffer poor emotional health than other young people. They are also more likely to misuse alcohol and other substances.

Current role of local pharmacies

- Promoting the importance of breastfeeding and immunisation and vaccination, including signposting to relevant support.
- Raising awareness of the potential consequences of leaving children unprotected, especially within vulnerable communities.
- Promote and provide advice and support in relation to stopping smoking, reducing alcohol consumption and maintaining a healthy weight, particularly during pregnancy.
- Sign-posting to and advice about treatment
- Promoting and providing advice in relation to adolescent health needs – particularly as these relate to sexual health, mental health, smoking, alcohol consumption and drug misuse.
- Minor ailments scheme
- Seasonal influenza vaccination (pregnant women)

4.2.14 Older people's health

People are living longer. In the last 10 years, Sheffield has experienced a 24% increase in the number of people aged over 75 years and a 39% increase in people in the over-85 year age group. Compared with the other main cities in England (excluding London), Sheffield has the highest proportion of its population aged 65 years or over (15.5%). The fact that people are generally living much longer is an important achievement and something that we should celebrate. However, with increased longevity comes the increased potential for poorer health and frailty, and we face a key challenge in ensuring increases in life expectancy are not accompanied by a longer time spent in ill health.

Currently around 11,000 to 12,000 older people (approximately 14% of all people over 65) receive some adult social care support in Sheffield. By 2025 it is estimated that there will

be a 23% increase in people aged over 75 years living alone, and an increase of 21% in people over 65 years old unable to manage at least one self-care activity on their own. At present, it is also estimated that nearly 7% of people aged over 65 years are living with some form of dementia. The growing population of older people is estimated to increase demand for care homes by around 1% per year. The changing age profile of residents is anticipated to change the support required with individuals already presenting with increasingly complex, high dependency needs. National evidence suggests we can expect to see a gender difference in dependency, with higher numbers of women experiencing severe disability or requiring help with self-care tasks.

In the context of an ageing population therefore greater attention will need to be paid to the way in which we provide prevention and early intervention and increasingly integrated, community-based support when problems occur that will help to maintain the independence of the older person. Key health needs relate to mental health (particularly depression), sensory impairment, frailty/disability, dementia, multiple morbidity (and related medicine use) and health and social care service use.

Current role of local pharmacies

- Medicines use reviews
- Medicines optimisation
- Minor ailments scheme
- Access to palliative care medicines
- Advice to care homes
- Falls care pathway
- Seasonal influenza vaccination
- Dementia Friendly Pharmacy
- Providing support and advice for carers
- Provide support and advice around maintaining independence
- Promoting the benefits of and signposting to screening for sight/hearing problems including Public Health pharmacy campaign related to preventable sight loss.

5 Pharmaceutical Services and Need

5.1 Pharmaceutical Provision in Sheffield

5.1.1 Types and locations

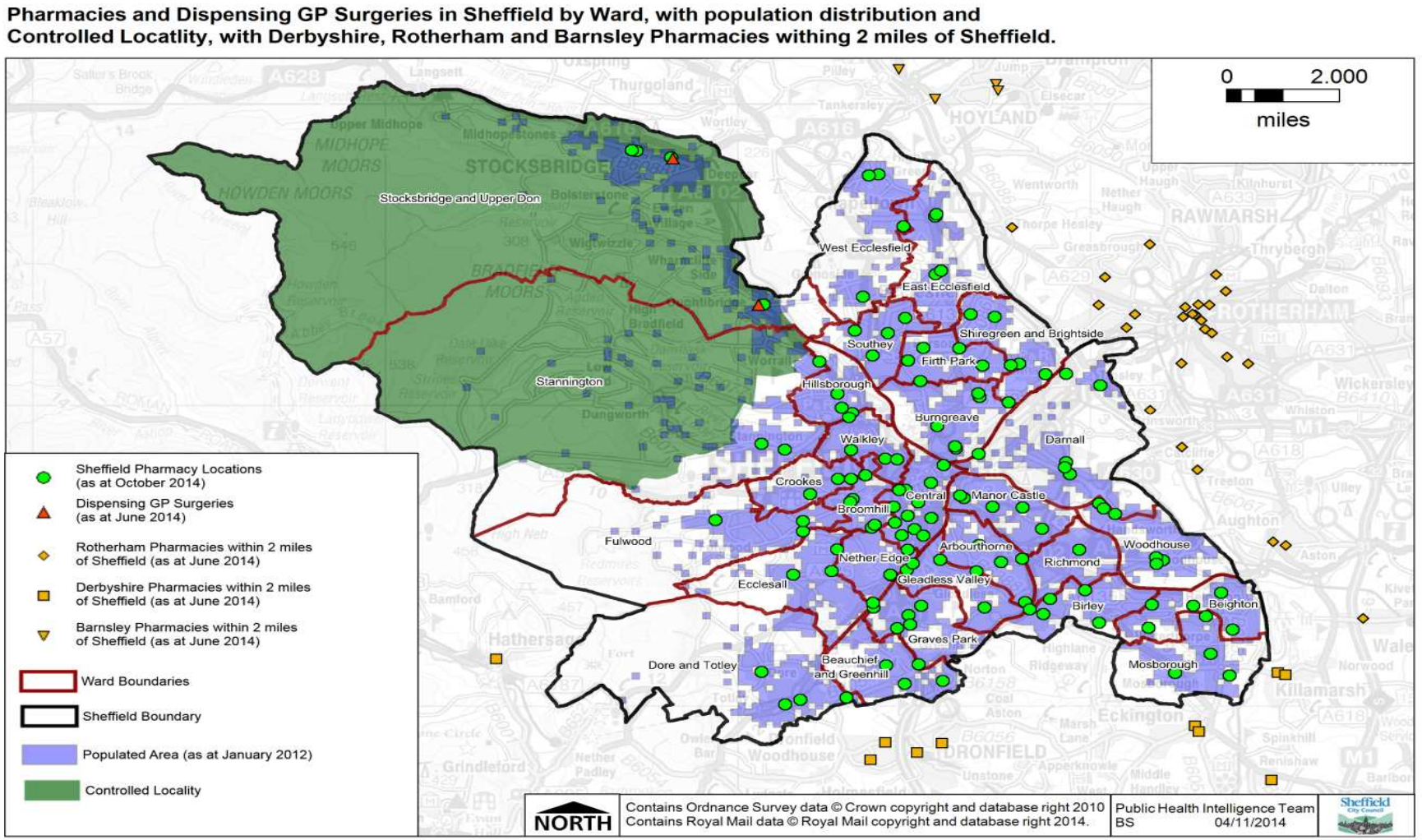
There are 128 pharmacy contractors in Sheffield. This includes three distance selling pharmacies based in the Woodhouse, Nether Edge and Darnall wards respectively, and one essential small pharmacy (under LPS arrangements) in the Dore and Totley ward. In addition, there are 43 pharmacies outside of the Sheffield boundary that provide services to Sheffield residents (10 in Derbyshire, 28 in Rotherham and 5 in Barnsley). Sheffield also has two dispensing doctors based in the areas of Deepcar and Oughtibridge both of which are in the Stocksbridge and Upper Don ward. The map in Figure 9 illustrates this provision.

These pharmacies together with the two dispensing practices dispense prescriptions mainly generated from the 87 general practices in Sheffield (114 locations, taking main and branch surgeries into account), 84 dental practices and 48 opticians, as well as some prescriptions generated from outside the City. In 2012-13 the average number of prescriptions items dispensed per month per pharmacy in Sheffield was 7,792 compared to 6,628 items per pharmacy per month in England[4]. These figures do not take account of the variation in prescribing frequencies or presence of large retail centres (such as Meadowhall in the east of the City).

The two dispensing practices in the Stocksbridge and Upper Don ward operate within a ‘Controlled Locality’. NHS legislation provides that in certain rural areas classified as controlled localities, general practitioners (GPs) may apply to dispense NHS prescriptions. Permission is granted to GPs providing there is no "prejudice" to the existing medical or pharmaceutical services. The controlled locality in Sheffield was determined in the 1980s to cover the largely rural area in the north west of the City. Patients who live in a controlled locality are entitled to have their prescriptions dispensed by the dispensing practice at which they are registered.

[4] Health and Social Care Information Centre General Pharmaceutical Services Report 2003-04 to 2012-13 (published November 2013).

Figure 9: Map of pharmacies and locations in and around Sheffield



There are three NHS foundation trusts in the City; Sheffield Teaching Hospitals Foundation Trust (STHFT) which includes an A&E department, community nursing and intermediate care services as well as acute hospital provision, Sheffield Children's Hospital Foundation Trust (SCHFT) – which includes an A&E department and Sheffield Health and Social Care Foundation Trust (SHSCFT).

Other providers include Claremont and Thornbury which are both private sector general hospitals and St Luke's Hospice all three of which are based in the south west of the City. These are shown, together with GP practices, in the map in Figure 10.

In addition, the Sheffield Clinical Commissioning Group (SCCG) employs a clinically focused, multidisciplinary Medicines Management Team to improve the care of patients and the outcomes they achieve via the use of safe, clinically effective and cost efficient medicines.

5.1.2 Access

Analysis shows that 99.2% of Sheffield's resident population lives within 1 mile of a pharmacy and that there are no GP practices more than 0.5 miles from a pharmacy. There is at least one pharmacy located in each of Sheffield's 28 electoral wards. On average 4,547 people in Sheffield are served per pharmacy which is lower than the average for England (4,654 population per pharmacy)[5]. This represents slightly better coverage than the national position.[6]

The Contractual Framework requires community pharmacies to have monitoring arrangements in place in respect of compliance with the Equality Act (2010) in terms of facilities and patient assessments. All pharmacies in Sheffield either have wheelchair access or another mechanism for enabling access. Access arrangements are assessed by NHS England as part of its contract monitoring visits.

5.1.3 Opening times (Monday to Friday, Saturday and Sunday)

Most of Sheffield's pharmacies open between 8.30am-9.00am Monday to Friday with some opening much earlier (between 6.00am and 7.00am). The majority of pharmacies close between 5.00pm and 6.00pm. The majority of pharmacies are also open on a Saturday (90) although many close by 1.00pm and 28 are open on a Sunday. The charts in Figure 11 illustrate this provision.

[5] All figures exclude the three distance selling pharmacies and 2 dispensing GP practices and are therefore based on a total of 125 pharmacies

[6] GP registered population data as at January 2012 and pharmacy data from the Health and Social Care Information Centre General Pharmaceutical Services Report 2003-04 to 2012-13 (published November 2013).

Figure 10: Map of hospital and GP practice providers in Sheffield

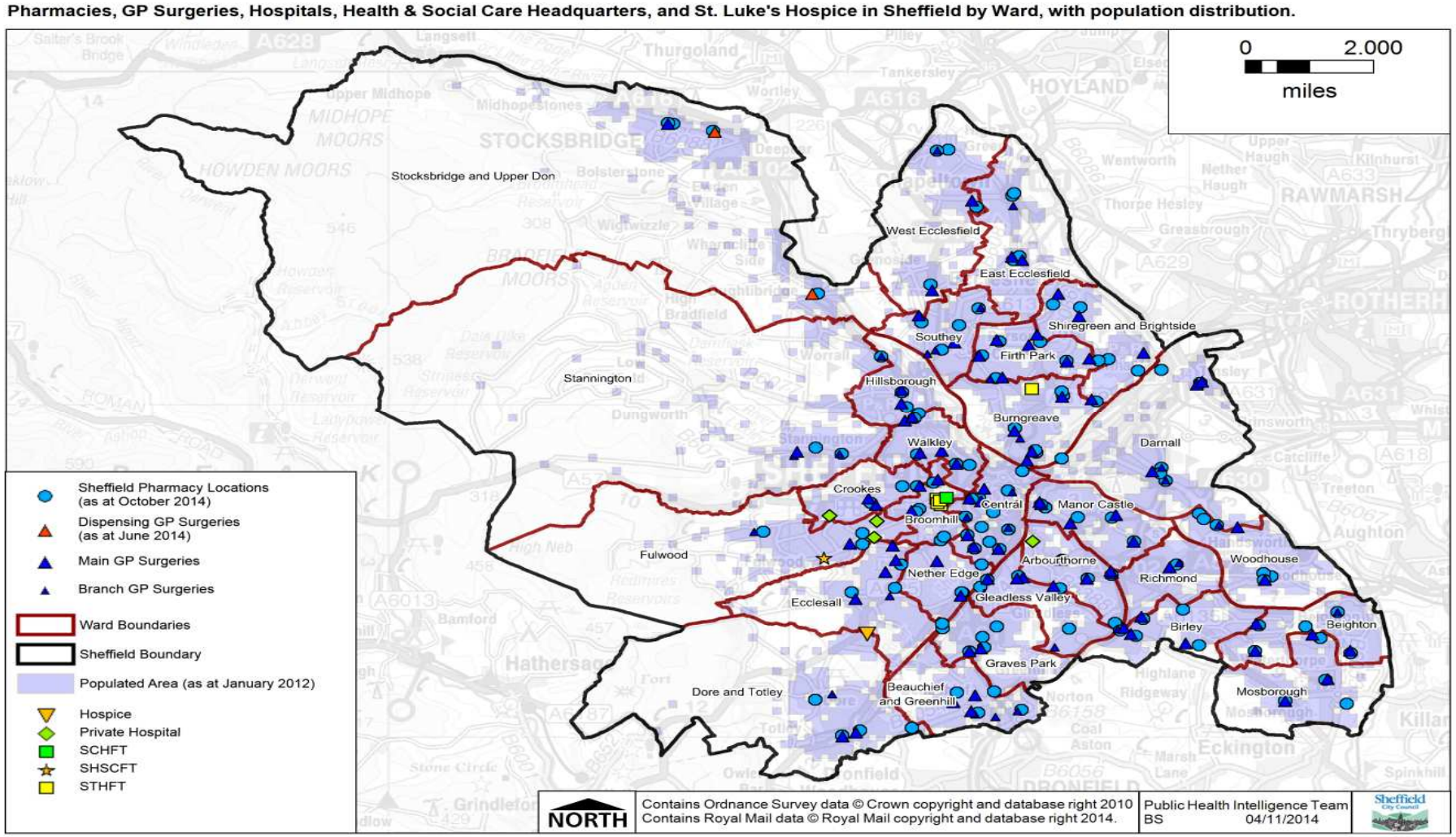
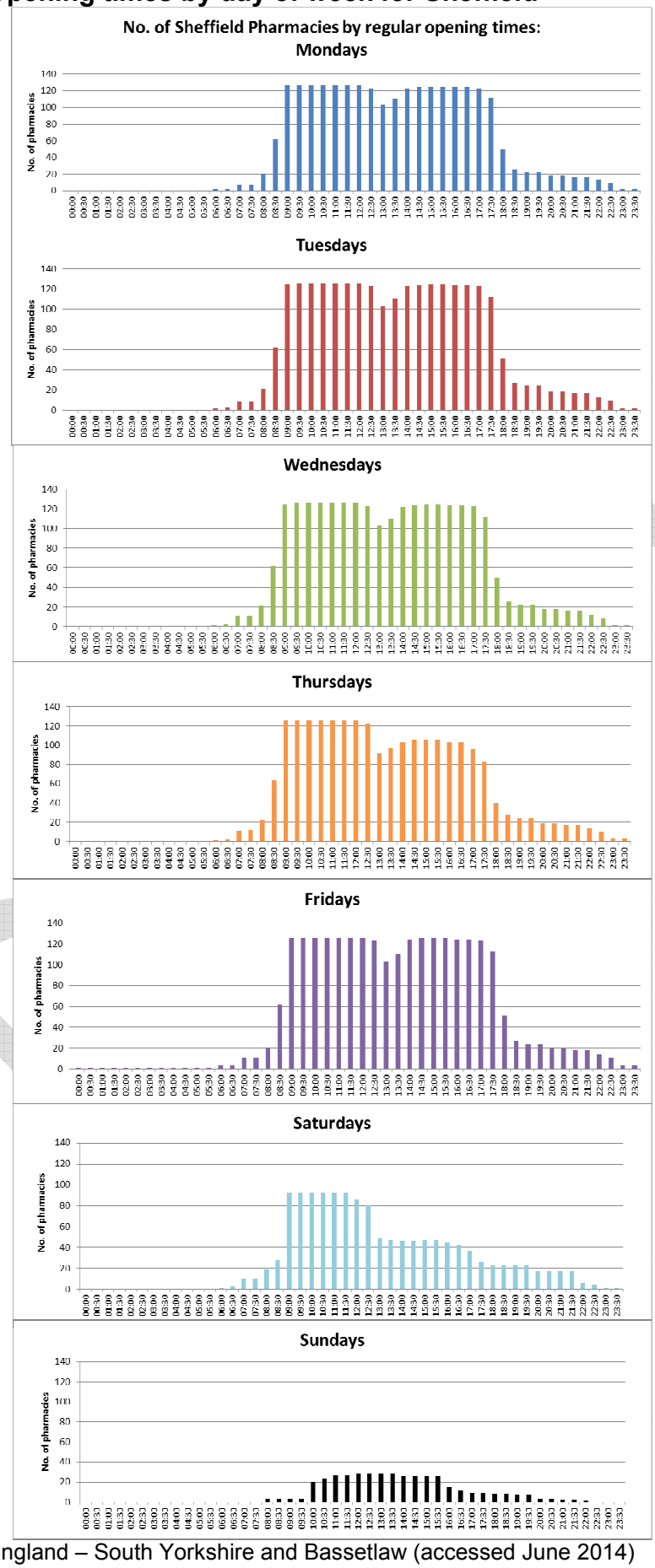


Figure 11: Opening times by day of week for Sheffield



Source: NHS England – South Yorkshire and Bassetlaw (accessed June 2014)

5.1.4 Out of Hours (bank holidays and evenings)

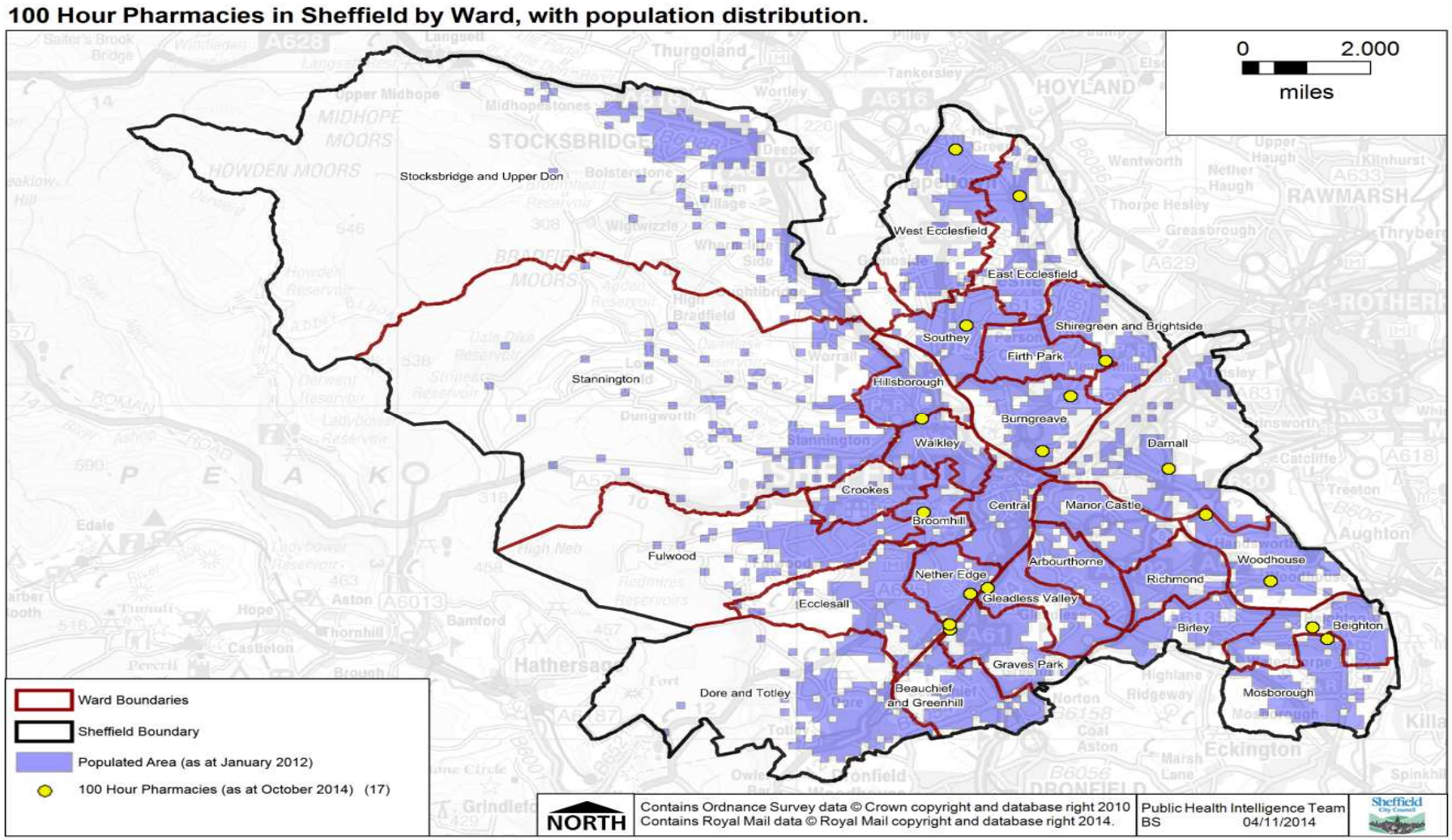
The Sheffield Clinical Commissioning Group (CCG) currently commissions three pharmacies (one in Stocksbridge and Upper Don ward and two in the Central ward) to provide an extended hours service covering bank holidays and Sundays. The CCG is currently reviewing this service however and this is likely to result in the procurement of new arrangements. Further details will be added to the PNA when these become available in 2015.

There are seventeen 100-hour pharmacies in Sheffield who generally open around 7.00am and close between 10.00pm and Midnight. These pharmacies add considerably to the out of hours pharmaceutical provision within the City. Many of these pharmacies are located within supermarkets or retail areas. The map in Figure 12 shows the locations of the 100-hour pharmacies in Sheffield.

Members of the public may also obtain emergency prescriptions and/or medication when their GP is closed by contacting the GP Collaborative (out of hours service). Prescriptions may also be obtained by attendance at the GP led walk-in centre based on Broad Lane in the City Centre (8.00am to 10.00pm, 7 days a week, 365 days a year). Medicines legislation also allows pharmacists to issue emergency supplies to patients under certain circumstances. Healthcare professionals have emergency access to medications (e.g. urgent controlled drugs) outside normal opening hours (i.e. overnight, weekends and public holidays) through the GP Collaborative. The service has access to an on-call pharmacist provided by the Sheffield Teaching Hospitals Foundation Trust and on average this is used approximately 2-3 times a month.

Community pharmacy's traditional role in supporting people to self-care for minor illnesses is an important way in which to manage demand for other NHS services, especially general practices, visits to A&E, and supporting people using the NHS 111 service. The commissioning of the Minor Ailments Service for example, allows pharmacies to provide care to those who might otherwise visit the GP or A&E; providing a network of pharmacies across Sheffield and which effectively act as healthcare walk-in centres where people live, work and shop.

Figure 12: Map of 100-hour pharmacies in Sheffield



5.2 Pharmaceutical services in Sheffield

The Community Pharmacy Contractual Framework is made up of the following service types.

5.2.1 Essential services

These services are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. All pharmacy contractors in Sheffield provide the full range of essential services which are:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

5.2.2 Advanced services

Any contractor may choose to provide Advanced Services. In so doing there are requirements which need to be met in relation to the pharmacist, standard of premises or notification to NHS England. The majority of Sheffield's pharmacies (99) provide a Medicines Use Reviews service (MURs)[7] and 34 provide a New Medicines Service (NMS)[8].

5.2.3 Enhanced and locally commissioned services

Only those contractors directly commissioned by NHS England can provide enhanced services. In view of the change in the commissioner landscape however, pharmacy contractors may now also provide services commissioned by local authorities and Clinical Commissioning Groups (CCGs). Although these locally commissioned services are not enhanced services, they mirror the services that could be (and in other parts of the Country are) commissioned by NHS England and are therefore included within the list of pharmaceutical services in order to provide a full picture of current provision in the City. For Sheffield, these services include (commissioning organisation is shown in brackets):

- Seasonal influenza vaccination (NHS England)
- Anti-coagulation monitoring (SCCG)
- Advice to care homes (SCCG)

[7] MURs involve pharmacists undertaking structured reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. The process is designed to establish a picture of the patient's use of their medicines, understand their therapy and identify any problems they may be experiencing and potential solutions.

[8] The NMS provides support for people with long term conditions newly prescribed a medicine, to help them improve adherence and thus lead to better health outcomes.

- Extended opening hours (SCCG)
- Minor ailments scheme (SCCG)
- Not dispensed scheme (reducing waste) (SCCG)
- Carpal tunnel splints (SCCG)
- Assured availability of palliative care drugs (SCCG)
- Needle and syringe exchange (SCC)
- Chlamydia screening (SCC)
- Stop smoking service (SCC)
- Nicotine Replacement Therapy (NRT) voucher dispensing (SCC)
- Champix dispensing under patient group direction (SCC)
- Supervised administration of methadone and buprenorphine (SCC)
- Emergency hormonal contraception under patient group direction (SCC)

Figure 13 sets out provision of these services across Sheffield's 28 wards. In summary this analysis demonstrates that key locally commissioned services such as the minor ailments scheme, not dispensed scheme, stop smoking related dispensing, seasonal influenza vaccination and supervised administration are provided by the majority of community pharmacies in Sheffield.

Other locally commissioned services, such as emergency hormonal contraception and needle exchange, whilst provided by fewer pharmacies, are aligned to areas of relevant need e.g. in relation to areas of deprivation and areas within or very close to the City Centre. In addition, the Sheffield CCG is planning to build upon the current voluntary arrangements by which 18 pharmacies (mainly 100 hour pharmacies) stock the most commonly required palliative care drugs, assuring availability at all times of opening. This will be explored in the wider context of pharmaceutical support to palliative care services.

This leaves a small number of services that currently only a handful of pharmacies are providing. The Anti-Coagulation Monitoring service is commissioned as part of a wider model of cardiovascular provision for Sheffield. This model is currently under review and anti-coagulation monitoring requirements may therefore change as a result. A new 'Advice to Care Homes' service has also only recently been commissioned and may increase in the future. The carpal tunnel splint service is commissioned from one pharmacy only and will not be increased from this level.

5.2.4 Patient satisfaction

All pharmacies are required to conduct and publish an annual community pharmacy patient questionnaire (formerly referred to as the Patient Satisfaction Questionnaire). The questionnaire allows patients to provide valuable feedback to community pharmacies on the services they provide. Strengths and areas for improvement are identified and actively pursued by the pharmacy. Overall patient satisfaction with pharmacies in Sheffield is good with typical areas for improvement covering waiting times and comfort and convenience of waiting areas.

Healthwatch Sheffield[9] also conducts a 'Have Your Say' survey which allows people to feedback on different aspects of health and social care services. In relation to pharmacy

[9] www.healthwatchsheffield.co.uk

provision within the City, the most recent survey results (January to June 2014) show high levels of satisfaction with obtaining the help, advice and treatment required across the range of pharmacies, geographical areas and population groups of Sheffield. The main area for improvement is again concerned with waiting times.

In addition the NHS Choices website[10] provides patients with the opportunity to comment on and rate almost any NHS service, including pharmacies. Virtually all of the comments posted about pharmacies in Sheffield are positive with a key feature being the range and quality of advice, support and reassurance offered '*above and beyond what you'd expect from a chemist'*[11]. Other comments include knowing where to park and an instance of weekday afternoon closing.

5.2.5 The changing face of pharmacy

It is important to note the ways in which pharmacy and its role within the community has changed since the last PNA was produced. Two areas where change is profound are the increased use of technology and the focus on medicines optimisation.

In the case of the former, the Electronic Prescription Service in Sheffield is becoming mainstream (when compared to other areas) with GPs sending prescriptions electronically to their patients' nominated pharmacies. Within the pharmacy, increasing levels of automation are helping to keep pace with the demands of dispensing and some organisations are taking this further with 'hub and spoke' type operations where large centres can service the needs of local pharmacies. This type of approach, if successfully implemented, can release pharmacists to spend more of their time engaged in patient focussed clinical roles.

Another role is supporting medicines optimisation, which is the term now increasingly used to describe the ways in which patients can be helped to gain the greatest possible benefit from their medicines. Community pharmacists, with their unrivalled levels of patient contact, are key to the success of this concept, delivering services such as the New Medicines Service and Medicines Use Reviews. The ageing population and the increasing numbers of patients with long term conditions mean that treatment with medicines will remain a reality for millions of patients for the foreseeable future; pharmacy will need to continue to respond to this challenge.

[10] http://www.nhs.uk/Pages/HomePage.aspx

[11] The NHS Choices website was accessed on 25th July 2014 and 28th October 2014

Figure 13: Summary of enhanced and locally commissioned services by electoral ward

Enhanced and Locally Commissioned Services		GRAND TOTAL	Arbourthorne	Beauchief and Greenhill	Beighton	Birley	Broomhill	Burngreave	Central	Crookes	Darnall	Dore and Totley	East Ecclesfield	Ecclesall	Firth Park	Fulwood	Gleadless Valley	Graves Park	Hillsborough	Manor Castle	Mosborough	Nether Edge	Richmond	Shiregreen and Brightside	Southey	Stannington	Stocksbridge and Upper Don	Walkley	West Ecclesfield	Woodhouse
Commissioner	Service																													
SCCG	Extended Hours opening	3							2																		1			
SCCG	Not dispensed Scheme (reducing waste)	104	4	3	2	5	4	5	10	2	5	4	4	4	5	3	4	5	4	4	5	2		4	3		2	3	3	5
SCCG	Minor Ailments Scheme	123	4	3	5	5	6	6	12	2	5	4	4	3	5	3	5	6	5	5	5	2	1	5	4	3	3	3	4	5
SCCG	Anti-coagulant monitoring service (heart disease)	3	1			1																							1	
SCCG	Advice to care homes	10					1	1	3			1						1	1		1	1								
SCCG	Carpel Tunnel Splints	1							1																					
SCCG	Palliative Care Medicines	18			1		1	1	2		1		1	1	1		1	1	1			1			1		1		1	2
SCC	Substance Misuse Services: Supervised Administration	107	4	2	2	5	5	5	9	1	5	3	4	6	5	2	5	4	5	5	3	1	1	5	4	2	3	3	4	4
SCC	Substance Misuse Services: Needle & Syringe Exchange	22				1	1	1	5	1	1			2	1				1	3	1	1			1				1	1
SCC	Sexual health: Chlamydia Screening	7	1				1		2												2						1			
SCC	Sexual health: Emergency Hormonal contraception	38	1	1	2	2	3	2	7	2	1		2			2	3	1	1	1	2	1			1		1		1	1
SCC	Smoking: Stop Smoking Service	24	1		1	3			5		2	1			2		1	1			1			1	1	1	1		1	1
SCC	Smoking: Nicotine Relacement Therapy Voucher Dispensing	111	3	3	5	5	6	6	8	2	5	4	3	5	4	3	4	6	5	4	4	2	1	5	4	2	2	3	3	4
SCC	Smoking: Champix dispensing	63	1	2	4	3	3	3	5	2	4	3	1	1	1	1	1	2	4	1	3	1	1	4	2	1	1	3	2	3
NHSE	Seasonal influenza vaccination service	69	3		3	5	3	3	6	2	2	2	2	4	3	2	4	3	3	2	3			3	3		2	2	2	2
	Total Number of Pharmacies	125	4	3	5	5	6	6	12	2	5	4	4	4	5	3	5	6	5	5	5	2	1	5	4	3	4	3	4	5

Reported position as at October 2014

SCCG = Sheffield Clinical Commissioning Group; SCC = Sheffield City Council; NHSE = NHS England (South Yorkshire and Bassetlaw)

5.3 Future developments and improvements

There are a number of future developments, in relation to pharmacy services, health services and other relevant services that could impact on the need for pharmaceutical services in the future. These are considered as follows:

5.3.1 Pharmacy First

With primary care facing unprecedented demand and GP services increasingly coming under pressure it is essential that the NHS deploys, to best effect, all of the clinical resources available to it. Pharmacy is the third largest health profession and delivers care at scale seeing 1.6 million patients a day in England. This equates to around 20,000 per day in Sheffield. Valuable though this contribution is there is the potential for it be far more effectively utilised via greater integration with the other elements of primary care.

Approximately 90% of pharmacy business is derived from the NHS. Whilst the majority sits within the national contracting framework there is increasing scope for local commissioning and co-commissioning of services from pharmacy where these meet local needs. To achieve maximum benefit from the resources available from pharmacy, commissioners will need to commit to fully integrating pharmacy into NHS primary care. Integration at the front end of primary care, via a “pharmacy first” model, has the potential to make the greatest impact with respect to both urgent care and the care of patients with long term conditions.

Given that these are amongst the greatest challenges facing the NHS there is a clear rationale for commissioners to explore how to make best use of pharmacy’s contribution to higher quality primary care in the City.

The potential/enhanced role of local pharmacies

- Immediate access – convenience and longer opening hours
- Case finding – engagement with well people; opportunities for proactive interventions (e.g. alcohol screening, bowel cancer screening)
- Support for self-care, demand management, patient education
- Medicines support and optimisation – better outcomes from medicines
- Monitoring – long term condition management
- Treatment – minor ailments, ‘flu vaccinations
- Referrals – integration with care pathways (e.g. falls)

5.3.2 Public health role of pharmacies

Pharmacy has a key and expanding role to play in supporting public health outcomes through provision of prevention and early intervention services and support and helping to tackle health inequalities.

Sheffield City Council (SCC) is currently developing its commissioning model for public health funded community programmes, set within the broader strategic context of keeping people well. A key element of this model is the development of the Community Wellbeing Programme which is designed to promote health and wellbeing in those communities in Sheffield where it is worst. We want to develop partnerships with primary care providers, including pharmacies, to develop services that fit the needs of the local area, are trusted and more likely to be taken up by those who need them most. Overall, the approach is designed to develop social capital or 'community assets' that help people to maintain and improve their health and wellbeing.

One such area ripe for further development is Healthy Living Pharmacies. Healthy Living Pharmacies aim to improve the health and wellbeing of the local area and help to reduce health inequalities by delivering, through community pharmacies, a broad range of public health services including a stop smoking service, brief alcohol interventions, weight loss, treatment of minor ailments, contraception and sexual health and targeted medicine use reviews to meet local health needs. One of the key distinctions of a Healthy Living Pharmacy is having a trained Healthy Living Champion who engages proactively with the population served, using every interaction as an opportunity to promote health and 'make every contact count'.[12] Evaluation of pathfinders has demonstrated that the Healthy Living Pharmacy model is capable of making a significant contribution to improving health and wellbeing in the area[13].

There are many other opportunities for pharmacies to play a greater role in promoting health and wellbeing where it is poorest and we want to develop this in the context of our community wellbeing programme. Key areas of the City will be those where the level of deprivation is greatest and details of deprivation score by electoral ward are given in Appendix B.

The potential/enhanced role of local pharmacies

- 25 pharmacies have already embraced the Healthy Living Pharmacy approach in Sheffield, covering 17/28 wards. Although we would encourage the presence of a Healthy Living Pharmacy in all of our wards we are keen to see further developments in the following three wards of Burngreave, Shiregreen and Brightside and Richmond.
- Provision of a range of health promoting services and advice including, for example, Health Checks, screening, immunisation and vaccination, weight management, Best Start in Life (e.g. oral health, Healthy Start Vitamins) and provision of Mental Health First Aid[14]

[12] More information on Healthy Living Pharmacies is available from http://www.npa.co.uk/business-management/service-development-opportunities/healthy-living-pharmacy/

[13] Royal Pharmaceutical Society (2013) Evaluation of the Healthy Living Pharmacy Pathfinder Work Programme 2011-2012. Available from www.psnc.org.uk

[14] Mental Health First Aid is an educational course which teaches people how to identify, understand and help a person who may be developing a mental health problem see http://mhfaengland.org/ for

5.3.3 Other developments

Over the next 10 years it is anticipated that a number of new houses and apartments will be built across the City. Two thirds of these dwellings are likely to be apartments, including for students. Over half of the dwellings, assuming all progress according to plan, will be focussed primarily in the Central ward (which includes the City Centre) and, to a lesser extent, the Manor Castle ward. Given the current pharmaceutical provision in these wards, the type of housing to be built, the proposed timescale and pace of development, and assuming all sites go ahead as planned, it is concluded that existing pharmaceutical provision within these areas is likely to be sufficient to meet need/demand.

In relation to other related health and social care developments (such as primary care health centres or nursing homes) applications for such developments are dealt with on a case by case basis. Where a proposed development is likely to introduce more than 100 new residents or more than 10 beds into the area, the Clinical Commissioning Group is consulted by the Council as part of its overall consideration of implications for the local support infrastructure; this would therefore include potential implications for pharmaceutical provision. As and when this arises, the Health and Wellbeing Board will issue a statement supplementary to this PNA where relevant and proportionate.

more details. Contact bob.levesley@sheffield.gov.uk to find out about courses in Sheffield and how to apply.

6 Conclusions

The key element of a pharmaceutical needs assessment is the requirement to assess the extent to which the demography of the local population and its pharmaceutical health and wellbeing needs align with service provision. Information has been collected about pharmaceutical provision within and outside Sheffield and this has been mapped to demographic information and the health needs of our 28 electoral wards. A table setting this information out in detail is included as Appendix B. In addition, details of current service provision and future developments have been considered.

In summary, our analysis of this information shows that:

- Sheffield is well-served by its pharmacies and dispensing doctors with good coverage and choice across the different areas of the City and good availability and access arrangements, including out of hours.

- Patient satisfaction with the facilities and services provided by pharmacies in Sheffield is generally good with areas for improvement identified and taken forward.

- There are no gaps in current provision.

- There are good links with other NHS services within the City both in relation to primary care (especially GP practices) and acute hospital services. Nevertheless, it is recognised that there is potential to develop this much further, particularly in the context of developing integrated primary care services.

- In terms of health needs, Sheffield's pharmacies are already contributing extensively to raising awareness and understanding of health risks, promoting healthy lifestyles, providing advice and signposting/ referral to treatment and providing services, often in more accessible and acceptable settings.

- Demographic and cost pressures from patients with long-term conditions is only likely to increase in the coming years and pharmacy's continued role in helping to meet this need is acknowledged. Further development of the public health role of pharmacy and commissioning of relevant services could therefore secure additional improvement in health.

- Known future other developments are unlikely to generate a significant level of need/demand for additional pharmaceutical provision over the lifetime of this PNA (2015-18).

7 Appendix A: Consultation Report

7.1 The consultation process

A consultation on the first full draft of the PNA took place for a period of 60 days from 1st August to 30th September 2014, in line with the 2013 Regulations. A short online questionnaire was prepared for this purpose and stakeholders were contacted by email and letter inviting comment. The letter included a link to the questionnaire and the PNA document was included as an attachment. Printed versions of both the questionnaire and the PNA were made available on request. Weekly reminders were sent to pharmacies via the Sheffield LPC e-newsletter throughout the consultation period.

7.2 Responders

The table in Figure 14 sets out the stakeholders consulted and who responded.

Figure 14: Stakeholder responses

Stakeholder	Number Responded
Sheffield Local Pharmaceutical Committee	1
Healthwatch Sheffield	1
Sheffield Local Medical Committee	1
Community Pharmacies	13
Dispensing practices	1
Sheffield Teaching Hospitals NHS Foundation Trust	1
Sheffield Children's Hospital NHS Foundation Trust	0
Sheffield Health and Social Care NHS Foundation Trust	0
Barnsley Health and Wellbeing Board	0
Rotherham Health and Wellbeing Board	0
Derbyshire Health and Wellbeing Board	0
NHS England (South Yorkshire & Bassetlaw)	0

Three of the community pharmacy responses were from Pharmacy Groups. A response was also received from NHS Sheffield Clinical Commissioning Group and two further responses were unidentified. As NHS England (South Yorkshire and Bassetlaw) participated as a member of the PNA Steering Group (providing data, supporting analysis and commenting on drafts), a formal response to consultation was not required (although details were sent). In total 21 responses were received.

7.3 Summary of responses

The following tables summarise the responses received to each of the six consultation questions, alongside the action taken by the PNA Steering Group.

Question 1: Do you agree with our assessment that current pharmaceutical service provision meets the needs of the Sheffield population? 15 responses agreed; 2 responses disagreed; 4 responses missing.

Q1b If no, please explain.

Comment	Response
Figure 14 shows number of branches in each ward that offer Enhanced/Locally Commissioned Services. However, we cannot draw conclusions that every ward is sufficiently served with services based on this information. We cannot say if there are gaps in particular wards. This means that we are unable to prove that offering a particular service would be an improvement.	Information on the health and wellbeing of wards was provided via a web-link in the document. It would have been impractical to include this information as part of the document as it represents almost 200 pages. Figure 14 (re-numbered Figure 13) is just a summary. More detail is given in Appendix B.
Further consideration should be given to the provision of pharmaceutical services to NHS Sheffield patients, by providers outside the boundary of Sheffield.	The PNAs of Rotherham, Barnsley and Derbyshire take these considerations into account.
Whilst the PNA recognises that there are no dispensing appliance contractors in Sheffield, needs may be met by agency type schemes where Sheffield patients accesses DAC through their local community pharmacy. Acknowledgement should be extended to community pharmacies that choose to dispense appliances, either directly or via agency schemes. Greater information should be available to the public.	It is acknowledged that pharmacies outside of Sheffield, which may be used by Sheffield residents, can include dispensing of appliances. This will be investigated further by SCCG to determine the extent to which relevant information is made available to patients using these services.
No pharmaceutical cover at late night until early morning by a pharmacy	People may access late night/early morning pharmaceutical advice via the GP out of hours service.
Attercliffe is a highly deprived area and there is no access to pharmaceutical services for at least a mile away.	Attercliffe is a low density residential area < 1,000 residents. Residential areas are concentrated in two areas; one is around Spital Hill and there are two pharmacies less than 1 mile away. The second is close to Staniforth Road and there are three pharmacies within a mile of this area.

Question 2: Do you agree with our assessment of the ways in which pharmacies could make a greater contribution to improving the health of Sheffield people? 18 responses agreed; 1 response disagreed; 2 responses missing.

Q2b If no, please explain.

Comment	Response
Section 5.3.1 states that a potential enhanced role of local pharmacies would be to have immediate access – convenience and longer opening hours, however the PNA does not state which branches this refers to.	This section refers to pharmacies in general so it applies to all pharmacies.
Section 5.3.2 states that there are 26 Healthy Living Pharmacies in Sheffield, but the PNA does not state which branches these are and which wards they are in.	Appendix B shows which wards the Healthy Living Pharmacies are in. This information has been updated since publication of the consultation draft and now identifies 25 Healthy Living Pharmacies. The SCCG maintains the detail of this provision.
Allow us to increase services such as weight loss and stop smoking.	Currently the SCC commissions weight loss services from voluntary sector providers as part of broader programmes to promote social capital and community development within wards and neighbourhoods. However the need to offer a range of provision, in conjunction with other relevant public health services, particularly for deprived communities, is identified in the PNA and this could therefore include weight management services. Stop smoking services and related prescribing (including Champix) are already commissioned from the majority of pharmacies.
Stop smoking service currently is too time consuming and under-funded.	Comments concerning the Stop Smoking Service have been raised with SCC commissioners as part of on-going development of the Tobacco Control Programme for the City.

Question 3: Do you agree with our assessment that there are acceptable levels of 'out of hours' pharmaceutical provision in Sheffield? 14 responses agreed; 6 responses disagreed; 1 response missing.

Q3b If no please explain

Comment	Response
Section 5.1.3 states that 'most of Sheffield's pharmacies open between 8.30am & 9.00am Monday to Friday with some opening much earlier...', however, it does not state how many pharmacies open at 6am, 7am, 8am 8.30am & 9am and where they are within Sheffield.	Figure 11 shows the number of pharmacies open at these times and clearly shows there are no significant gaps in provision. Information about opening times is updated frequently and including this level of detail within the PNA would therefore become quickly out of date. The detail of opening times by individual pharmacy is held by NHS England and can be accessed from the NHS Choices website. This information was accessed to support the analysis of the PNA and the link to the NHS Choices website included in the document.
Figure 11 does not show the exact number of pharmacies open late Monday to Friday, Saturday or Sunday, or where these 'Out of Hours' pharmacies are situated (i.e. their addresses).	Figure 11 shows number of pharmacies open at these times and Figure 12 shows locations of the 100 hours pharmacies. Appendix B provides details of 100 and 40 hour pharmacies, extended hours pharmacies and number opening on Saturdays and Sundays by ward. The detail of opening times by individual pharmacy is held by NHS England and can be accessed from the NHS Choices website. This information was accessed to support the analysis of the PNA and the link to the NHS Choices website included in the document.
Recently a pilot service involving NHS 111 referred emergency supplies, was commissioned using non-recurrent winter resilience funds. The PNA should consider capturing this service and the associated need.	The SCCG is currently exploring expanding this service to eligible pharmacies, subject to appropriate market infrastructure, linked to winter resilience arrangements and resources.
The out of hours service in the Stocksbridge area is inadequate.	People may access late night/early morning pharmaceutical advice via the GP out of hours service.
Figure 13 is inaccurate, there is a 100 hour pharmacy in the Darnall ward	Information has been updated; now shows the 100 hour pharmacy in Darnall (NB this is now re-numbered as Figure 12)
Currently 2 pharmacies are paid to provide extended cover, named in PNA as Lloyds and Wicker, they are NOT really providing extended cover at all as there are pharmacies which are open longer and earlier providing better coverage, so why are these pharmacies being paid?	The SCCG currently commissions 3 pharmacies to provide the extended hours (bank holiday) service in Sheffield. SCCG is currently reviewing this service however and this is likely to result in the procurement of new arrangements. Further details will be added to the PNA when these become available in 2015.

100 hour pharmacies don't have to open on bank holidays, but that is not enough to pay approx 35k to each of these pharmacies, it will be better to pay 100 hour pharmacies to open on these days and cheaper for the NHS. (by the way all the supermarket, city centre and Meadowhall pharmacies are open on bank holidays except Xmas day).	There are 17, 100 hour pharmacies in Sheffield and 3 pharmacies who provide the extended hours (bank holiday) service. In relation to the latter, SCCG is currently reviewing this service and this is likely to result in the procurement of new arrangements. Further details will be added to the PNA when these become available in 2015.
Sheffield NHS should fund a 24 hour pharmacy in Sheffield to provide full pharmaceutical coverage.	There is insufficient demand in Sheffield for this type of provision.
Currently there are approx 11 pharmacies providing 100hrs a week pharmaceutical cover. Giving 2 pharmacies a contract to stay open on bank holidays is totally unnecessary as other care providers are open on the bank holidays and open for longer. They are strategically placed within the city to provide good coverage. This money could be better utilised in minor ailment funding or other services	There are 17, 100 hour pharmacies in Sheffield. In addition, SCCG currently commissions 3 pharmacies to provide the extended hours (bank holiday) service in Sheffield. SCCG is currently reviewing this service and this is likely to result in the procurement of new arrangements. Further details will be added to the PNA when these become available in 2015
The pharmacies getting paid to stay open on bank holidays is totally outrages (sic). How someone has made this decision when there are 12 100hr pharmacies in Sheffield I do not know. They are all strategically placed within the city for even coverage. The funding should be divided - 4 pharmacies each given £500 for 8 hours opened. That £2000 per day cost to NHS x 9 days = £18000. Saving of £42k.	There are 17, 100 hour pharmacies in Sheffield and 3 pharmacies who provide the extended hours (bank holiday) service. In relation to the latter, SCCG is currently reviewing this service and this is likely to result in the procurement of new arrangements. Further details will be added to the PNA when these become available in 2015.
Early morning provision and Sunday provision is very poor. Especially in areas like Attercliffe.	People may access pharmaceutical advice via the GP out of hours service as well as other services located in nearby areas. See response about Attercliffe under Question 1.
Section 5.1.5 states that there are only two pharmacies in the Central ward commissioned to provide extended hours service, when there is a pharmacy in Stocksbridge also commissioned to offer this service. This pharmacy is, however, included in Appendix B.	The SCCG currently commissions 3 pharmacies to provide the extended hours (bank holiday) service in Sheffield; two are based in the Central ward and 1 is based in the Stocksbridge and Upper Don ward. This information is reported in section 5.1.5 of the PNA.

Question 4a: Are there any additional pharmaceutical services that should be provided in Sheffield? 13 responses agreed 8 responses disagreed

Q4b If yes please give details

Comment	Response
Medicines Optimisation – strengthen and expand services particularly in relation to people with long term conditions and older people.	SCCG is currently examining potential to take this forward and our PNA supports this.
Out of Hours – supply of medicines in all pharmacies; dedicated centre on a Sunday.	There are 17, 100 hour pharmacies in Sheffield and 3 pharmacies who provide the extended hours (bank holiday) service in Sheffield. In relation to the latter, SCCG is currently reviewing this service and this is likely to result in the procurement of new arrangements. Further details will be added to the PNA when these become available in 2015.
Emergency contraceptive service - expand to include those who would not normally pay for NHS prescriptions but preferably to all women who need the service promptly	The service is targeted towards 14-17 year olds in response to the need to reduce teenage conceptions. Although the rate is reducing there is still more to do and this will need to remain the focus of the service for the foreseeable future.
Health checks – provided by pharmacies	The current commissioning model is based on GP practice provision. However the need to offer a range of provision, in conjunction with other relevant public health services, particularly for deprived communities is identified in the PNA and this could therefore include Health Checks.
Healthy Start Vitamins – distributed by pharmacies	As a standalone service this in unlikely to be viable. However the need to offer a range of provision linked to a best start in life, in conjunction with other relevant public health services, particularly for deprived communities is identified in the PNA and this could therefore include Healthy Start vitamins.
Weight management service – provided by pharmacies	The current commissioning model is based on voluntary and community sector provision. However the need to offer a range of provision, in conjunction with other relevant public health services, particularly for deprived communities, is identified in the PNA and this could therefore include weight management services.
Diagnosis and management of hypertension - provided by pharmacies	SCCG is currently examining potential to take this forward.
Stop Smoking Service – should be simpler to run and better funded.	Comments have been raised with SCC commissioners as part of on-going development of the Tobacco Control Programme for the City.

Question 5: Was the process used to produce the PNA appropriate? 20 responses agreed; 1 response disagreed

Q5b If no please explain

Comment	Response
Sheffield Health & Wellbeing Board did not issue a Pre Consultation Pharmacy survey for pharmacies to complete so we cannot be sure that the pharmacy information (contact details, opening hours, services offered) is 100% accurate.	All our information was obtained from NHS England (South Yorkshire and Bassetlaw). Pharmacies are contractually obliged to provide this information (accurately) to NHS England. NHS England is responsible for maintaining and updating the information. The information was correct at the time the initial assessment was undertaken (June 2014) and updated following the consultation, in October 2014. Details are also available via the NHS Choices website and a link to this website is provided in the PNA.

Question 6: Any other comments

Comment	Response
The draft PNA does not give details of each pharmacy within Sheffield, i.e. address, opening times and services provided, which makes it difficult to check that all the information is accurate.	Our information was obtained from NHS England (South Yorkshire and Bassetlaw). Pharmacies are contractually obliged to provide this information (accurately) to NHS England. NHS England is responsible for maintaining and updating the information. The information was correct at the time the initial assessment was undertaken (June 2014) and updated in October 2014. Details are also available on NHS Choices and a link to this website is provided in the PNA.
Figure 14 – Summary of Enhanced & Locally Commissioned Services by Electoral Ward – Services are detailed as number of branches offering the service within each ward, however there is no information given as to which pharmacies offer which services.	This table is a summary and more detail is provided in Appendix B. Please note the table has been re-numbered as Figure 13.
A number of non-NHS commissioned services have been identified in the PNA. These services contribute to meeting pharmaceutical needs for people with long term conditions (e.g. compliance aids and Medication Administration Record Schemes). Other medication management solutions currently offer practical support for navigating the NHS repeat prescription service such as prescription collection and delivery services. These interventions often allow people to stay in their own home longer and therefore support the conclusion to consider formalising an NHS Service.	We agree; we are keen to see these and other, similar services developed further although it should be noted that we would not necessarily commission such services.
As a dispensing practice we would like to have special permission to dispense to the elderly in sheltered housing opposite the surgery. Access to the village chemist is almost impossible for most of them.	Such changes may be made providing relevant conditions are met (as set out in part 8 of regulation 48 [*arrangements for the provision of pharmaceutical services by doctors: applications by patients*] of the National Health Service Pharmaceutical and Local Pharmaceutical Services Regulations 2013). In summary, the relevant GP would need to make an application, on behalf of the individual patients who have requested this change, to NHS England (South Yorkshire and Bassetlaw) for approval.
The number of pharmacies offering the NMS seems low. Is it possible to encourage more to offer the service?	We are keen to see this number increase over the coming years.
Improvements in communication between GPs and pharmacies, summary care records	We agree; this is why we included the progress being made with implementation of the electronic prescription service in Sheffield. We are also participating in a national pilot of the summary care record (due to report in 2015-16)

8 Appendix B: Summary Table of Pharmacy Services by Ward

Pharmacy HNA Ward Summary Quilt

Version 2.0 October 2014

Areas are shown in order of deprivation; highest at the top least at the bottom.

Some columns are coloured by Quintile of values from Highest (Red), Middle (Yellow) to Lowest (Green). Please note that for some indicators the highest values do not necessarily represent a worse outcome.

Other columns are coloured light (least) to dark (most) blue to illustrate provider numbers.

Ward code	Ward Name	Deprivation score (1):	All Cause <75 Mortality Rate (2)	Population (3)				Total no. GP Surgeries (5)	Pharmacies Provision (6)					Advanced Services (6)		Enhanced and Locally Commissoned Services (6)																		No. Healthy Living Pharmacies
											Number of pharmacies providing:			Number of pharmacies providing:		Number of pharmacies providing:								Substance Misuse		Sexual Health		Smoking						
				Total Registered Population (Jan 2012)	No. Aged Under 5	No. Aged 75+	% BME (4)		Total no. Pharmacies (6)	Population per pharmacy (7)	Maximum Open on a Saturday	Maximum Open on a Sunday	100 hr pharmacies	New Medicines Service	Medicines Usage Review	Extended Hours	Not Dispensed Scheme	Seasonal Influenza Vaccination	Minor Ailments Scheme	Anticoagulant Monitoring Service	Advice to care homes	Palliative Care Drugs	Carpal tunnel splints	Needle & Syringe Exchange	Supervised Administration	Chlamydia Screening	Emergency Hormonal contraception	Stop Smoking Service	Nitotine Replacement Therapy	Champix (Stop Smoking)	
E05001056	Manor Castle	53.9	500.1	21,524	1,464	1,180	26.6	5	5	4,305	1			1	5		4	2	5					3	5	1	1		4	1	1
E05001051	Firth Park	52.5	514.6	22,189	1,822	1,597	25.4	7	5	4,438	5	1	1	1	3		5	3	5			1		1	5			2	4	1	1
E05001044	Burngreave	46.8	529.9	30,097	2,745	1,822	61.9	6	6	5,016	5	2	2		3		5	3	6		1	1		1	5		2	0	6	3	
E05001039	Arbourthorne	46.8	469.6	19,368	1,263	1,576	17.1	4	4	4,842	2			1	2		4	3	4	1					4	1	1	1	3	1	1
E05001061	Southey	46.0	452.8	19,956	1,384	1,409	7.4	5	4	4,989	3	1	1		4		3	3	4			1		1	4		1	1	4	2	1
E05001060	Shiregreen and Brightside	41.2	507.0	22,106	1,732	1,193	18.6	4	5	4,421	2			2	4		4	3	5						5			1	5	4	
E05001047	Darnall	41.1	454.2	25,332	2,159	1,571	48.5	6	5	5,066	3	2	1	1	4		5	2	5			1		1	5		1	2	5	4	2
E05001053	Gleadless Valley	36.6	432.4	21,005	1,398	1,523	19.1	6	5	4,201	5	1	1	1	4		4	4	5			1			5		3	1	4	1	1
E05001059	Richmond	33.0	442.1	17,965	1,068	1,662	7.3	5	1	17,965	1				1				1						1				1	1	
E05001040	Beauchief and Greenhill	31.4	403.7	18,932	1,186	1,984	9.1	6	3	6,311	3				1		3		3						2		1		3	2	1
E05001045	Central	31.3	409.1	34,885	1,225	646	46.3	10	12	2,907	9	5		4	12	2	10	6	12		3	2	1	5	9	2	7	5	8	5	3
E05001066	Woodhouse	27.8	444.9	17,862	906	1,925	7.6	2	5	3,572	5	2	2	1	3		5	2	5			2		1	4		1	1	4	3	1
E05001064	Walkley	27.5	431.1	22,791	1,152	1,249	30.2	3	3	7,597	2	1		3	3		3	2	3						3				3	3	
E05001042	Birley	25.5	344.7	17,171	904	1,761	4.7	2	5	3,434	3				5		5	5	5	1				1	5		2	3	5	3	3
E05001057	Mosborough	21.1	287.5	17,823	971	1,351	5.3	3	5	3,565	5	3	1	1	4		5	3	5		1			1	3	2	2	1	4	3	
E05001055	Hillsborough	19.8	328.9	19,243	1,116	1,376	8.2	4	5	3,849	2	1	1	2	4		4	3	5		1	1		1	5		1		5	4	
E05001049	East Ecclesfield	19.6	327.3	18,669	883	1,672	4.0	3	4	4,667	4	2	1	1	3		4	2	4			1			4		2		3	1	2
E05001065	West Ecclesfield	18.8	328.1	18,496	918	1,737	3.9	3	4	4,624	3	1	1	2	3		3	2	4	1		1		1	4		1	1	3	2	2
E05001041	Beighton	18.0	353.9	17,549	894	1,263	5.5	4	5	3,510	1	1	1	2	3		2	3	5			1			2		2	1	5	4	2
E05001063	Stocksbridge and Upper Don	17.8	340.0	19,285	993	1,655	3.2	3	4	4,821	3	1		3	4	1	2	2	3			1			3	1	1	1	2	1	1
E05001062	Stannington	15.6	275.9	18,721	900	1,869	5.3	4	3	6,240	1			3	3				3						2			1	2	1	
E05001058	Nether Edge	15.6	286.3	19,548	1,117	1,137	29.9	2	2	9,774	1		1		2		2		2		1	1		1	1		1		2	1	
E05001043	Broomhill	13.9	362.3	16,444	377	780	19.0	3	6	2,741	4	2	1		5		4	3	6		1	1		1	5		3		6	3	
E05001054	Graves Park	13.6	292.3	17,454	939	1,664	8.2	2	6	2,909	5	1	1	3	4		5	3	6		1	1			4		1	1	6	2	
E05001046	Crookes	8.0	236.2	17,655	807	1,371	14.2	2	2	8,828	2				2		2	2	2					1	1		2		2	2	1
E05001048	Dore and Totley	7.4	259.8	17,074	776	2,126	7.8	3	4	4,269	3				4		4	2	4		1				3			1	4	3	1
E05001052	Fulwood	5.4	207.5	19,449	650	1,466	14.7	2	3	6,483	3			1	2		3	2	3						2		2		3	1	1
E05001050	Ecclesall	4.8	214.9	19,841	1,107	1,641	11.8	5	4	4,960	4	1	1	1	2		4	4	3			1		2	6				5	1	
Sheffield		27.1	373.1	568,434	32,856	42,206	19.2	114	125	4,547	90	28	17	34	99	3	104	69	123	3	10	18	1	22	107	7	38	24	111	63	25

Notes

(1) IMD2010, May 2012 Calculations. LSOA level IMD scores have been attributed to Wards based on the proportion of the Ward population resident within each LSOA.
(2) 2008-2012,Directly Age Standardised Rate per 100,000 using 2013 Euro standard population
(3) Data Source: Sheffield Registered Population, January 2012. Public Health Register (persons registered with GP practices).
(4) Data Source: 2011 Census. BME refers to Non-White British (ethnic groups other than 'White British').
(5) Branch and Main surgeries counted separately. As at June 2014.
(6) Pharmacies Provision, Advanced Services, Enhanced and Locally Commissioned Services as at October 2014 unless specified elsewhere.
(7) Note Richmond ward: Even though the population per pharmacy is high, none of the population of Richmond ward is more than 1 mile from a phamacy as there are several just over the boundary of the ward.

Public Health Intelligence Team, Sheffield City Council

This page is intentionally left blank