Sheffield Pharmaceutical Needs Assessment 2018-21

Date: 29th March 2018
FINAL Version
Ref: 2018 (03) PHIT

Version Control

Title	Sheffield Pharmaceutical Needs Assessment 2018
Reference	PNA 2018 (V.2.0)
Status	For publication
Version	Final
Date Created	29/03/2018
Approved By	Greg Fell (DPH)
Audience	Sheffield Health and Wellbeing Board
Distribution	Sheffield Health and Wellbeing Board
FOI Category	Open
Author	Louise Brewins
Owner (if different)	Sheffield Health and Wellbeing Board
Amendment History	Amended following stakeholder consultation which ended on 19th December 2018. Comments and responses are summarised in Appendix A to the document. Further amendments made based on comments received from HWBB members during February 2018 – new section on learning disabilities and stop smoking support for people living with severe and enduring mental illness added.
Review date	
Comments	

Table of Contents

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. This is the second PNA produced by the Sheffield Health and Wellbeing Board and covers the three-year period 2018 to 2021.

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, 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 significant need for additional pharmaceutical provision over the lifetime of the PNA.

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. The Sheffield Health and Wellbeing Board published its first PNA on 1st April 2015 to cover the period 2015 to 2018. This second PNA is therefore published on 1st April 2018 and covers the period 2018 to 2021.

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 of the local population. The Sheffield JSNA has 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 3 distance selling pharmacies. In addition, there are 15 pharmacy contractors within 1.6km of the Sheffield boundary who 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: one is based in Deepcar and the other in Oughtibridge, both of which are in the north of the city.

2.4 Pharmaceutical Services

The NHS 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. Advanced services include Medicines Use Reviews (MURs), New Medicines Service (NMS), seasonal influenza vaccination and the NHS Urgent Medicine Supply Scheme.

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 by NHS England and are therefore included within the list of pharmaceutical services in order to provide a comprehensive picture of pharmaceutical 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

On 5th December 2016, amendments to the 2013 regulations came into force that will facilitate pharmacy business consolidations from two sites onto a single existing site. This means that a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect the two pharmacies merging onto a single site where this does not cause a gap in provision as a result.

2.5 Process

Early in 2017, the Directors of Public Health for Barnsley, Doncaster, Rotherham and Sheffield respectively, agreed to work together to produce the four PNAs covering South Yorkshire. A joint South Yorkshire PNA steering group was established to take this forward, led by a Public Health Registrar (supported by a Public Health Consultant) and comprising the relevant PNA lead from each local authority. The South Yorkshire and

Bassetlaw Local Professional Network (LPN)[1] acted as the reference group to the joint steering group.

Data on pharmacy provision within each of the four local authority areas was obtained from NHS England, relevant CCGs and the local authorities concerned and this information was combined into a master spreadsheet. Each PNA lead then added relevant health needs information (i.e. demographics, deprivation, mortality and morbidity) to their element of the master spreadsheet respectively.

Utilising the Sheffield element of the master spreadsheet, the Public Health Intelligence Team in Sheffield City Council undertook analysis and mapping of the data for the Sheffield PNA. This included working with Public Health England to use their "SHAPE" (Strategic Health Asset Planning and Evaluation) mapping tool[2] to analyse pharmacy locations by demographic, health and access factors. A summary of this analysis, based on the 28 wards in Sheffield, is included as Appendix B to this document. In addition, information about proposed housing developments was obtained from Sheffield City Council's Housing Department and analysed using the SHAPE tool.

An initial draft document was prepared by Sheffield City Council's PNA lead and this was shared with the DPH for Sheffield and colleagues from: NHS Sheffield CCG (medicines management); Community Pharmacy Sheffield (formerly Sheffield Local Pharmaceutical Committee); NHS England (South Yorkshire and Bassetlaw); and Healthwatch Sheffield for comment and accuracy checks. A further draft was then prepared for stakeholder consultation.

A stakeholder consultation on the first full draft of the PNA took place for a period of 60 days from 20th October to 19th December 2017, in line with the 2013 Regulations. The following stakeholders were consulted:

- Community Pharmacy Sheffield
- Sheffield Local Medical Committee
- NHS Sheffield Clinical Commissioning Group
- Community pharmacy contractors in Sheffield
- Dispensing doctors in Sheffield
- NHS England (South Yorkshire and Bassetlaw)
- Healthwatch Sheffield
- All Sheffield NHS Foundation Trusts
- Neighbouring Health and Wellbeing Boards (Derbyshire, Barnsley and Rotherham)

The consultation responses were collated and analysed by the Sheffield City Council Public Health Intelligence Team and, in consultation with Community Pharmacy Sheffield, NHS Sheffield CCG, Healthwatch Sheffield and NHS England (South Yorkshire and Bassetlaw), the PNA was amended as required. The full consultation report is available at Appendix A to this document.

[1] The South Yorkshire & Bassetlaw LPN comprises representatives from LPCs, CCGs, NHS England, Healthwatch, LMCs, Local Authority Public Health and Pharmacy (community and hospital) from across the area.

[2] More information about the SHAPE tool can be obtained from Public Health England: https://shape.phe.org.uk/

The final version of the PNA (2018) was approved by the Health and Wellbeing Board at its meeting on 29th March 2018. A copy of the report and associated map of pharmacies in Sheffield is available here: https://www.sheffield.gov.uk/content/sheffield/home/public-health/health-wellbeing-needs-assessment.html

3 About Sheffield

3.1 Locality

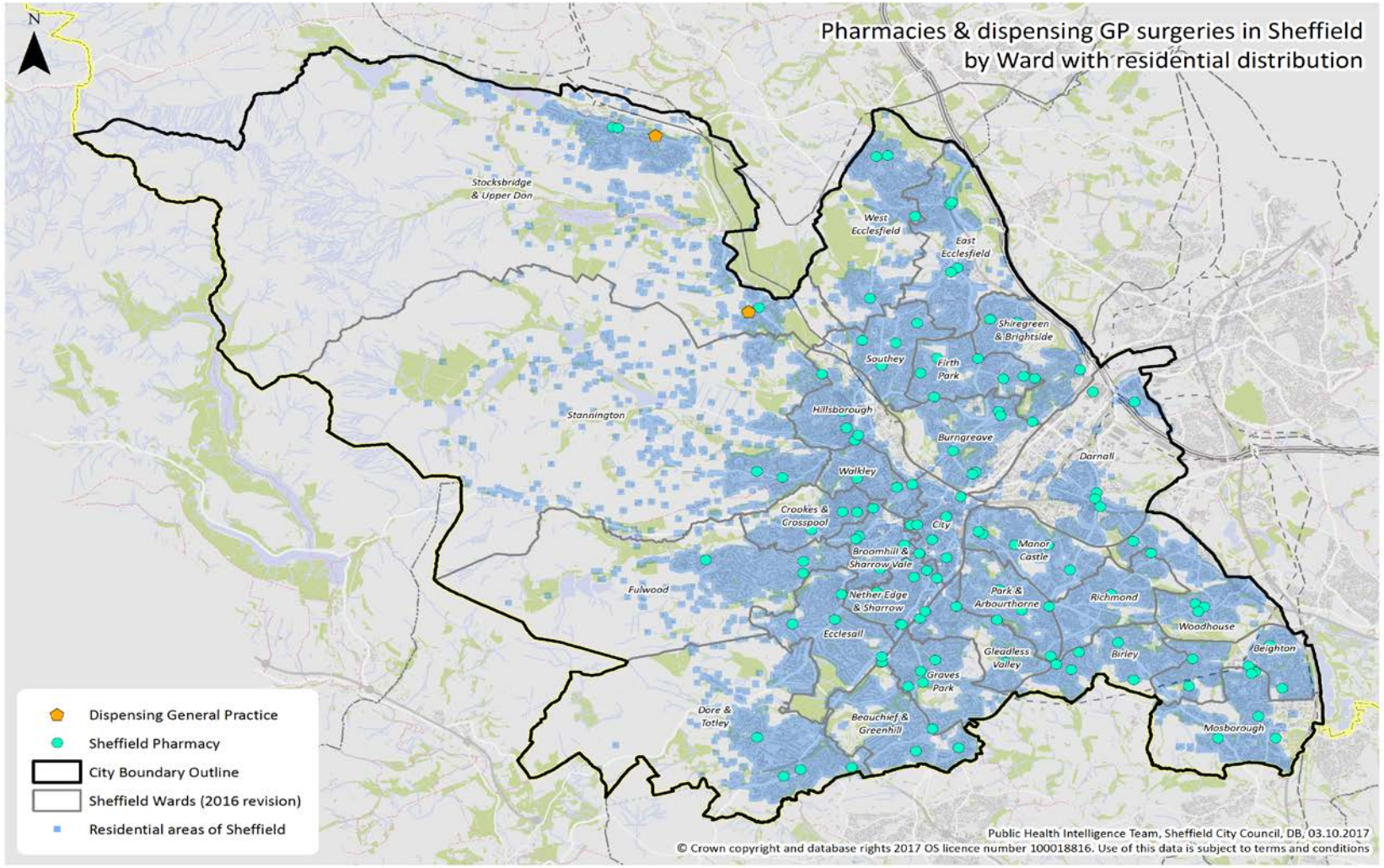
Sheffield is one of England's largest cities, nestled in a natural bowl created by seven hills and the confluence of five rivers and is both geographically and demographically diverse. It is largely an urban area, with population densities highest in the centre and to the immediate southwest and more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

One-third of the local authority area lies within the Peak District National Park which imposes significant limitations on housing development and density across much of the west of the city as a result. This means Sheffield is 'over bounded' – the local authority boundary is larger than the city itself. Sheffield is therefore a relatively self-contained area with 73% of house moves taking place within the city boundary.

The local authority boundary is coterminous with NHS Sheffield Clinical Commissioning Group (SCCG) and the city is divided into 28 electoral wards[3]. 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. Residential areas are shown as shaded grey. A comprehensive summary of wards, pharmacies, services and health needs is available at Appendix B to this document.

[3] Ward boundaries were revised in 2016 and although there are still 28 wards covering broadly the same areas and populations as the PNA 2015, the actual residential geographies differ slightly. Some ward names have also changed.

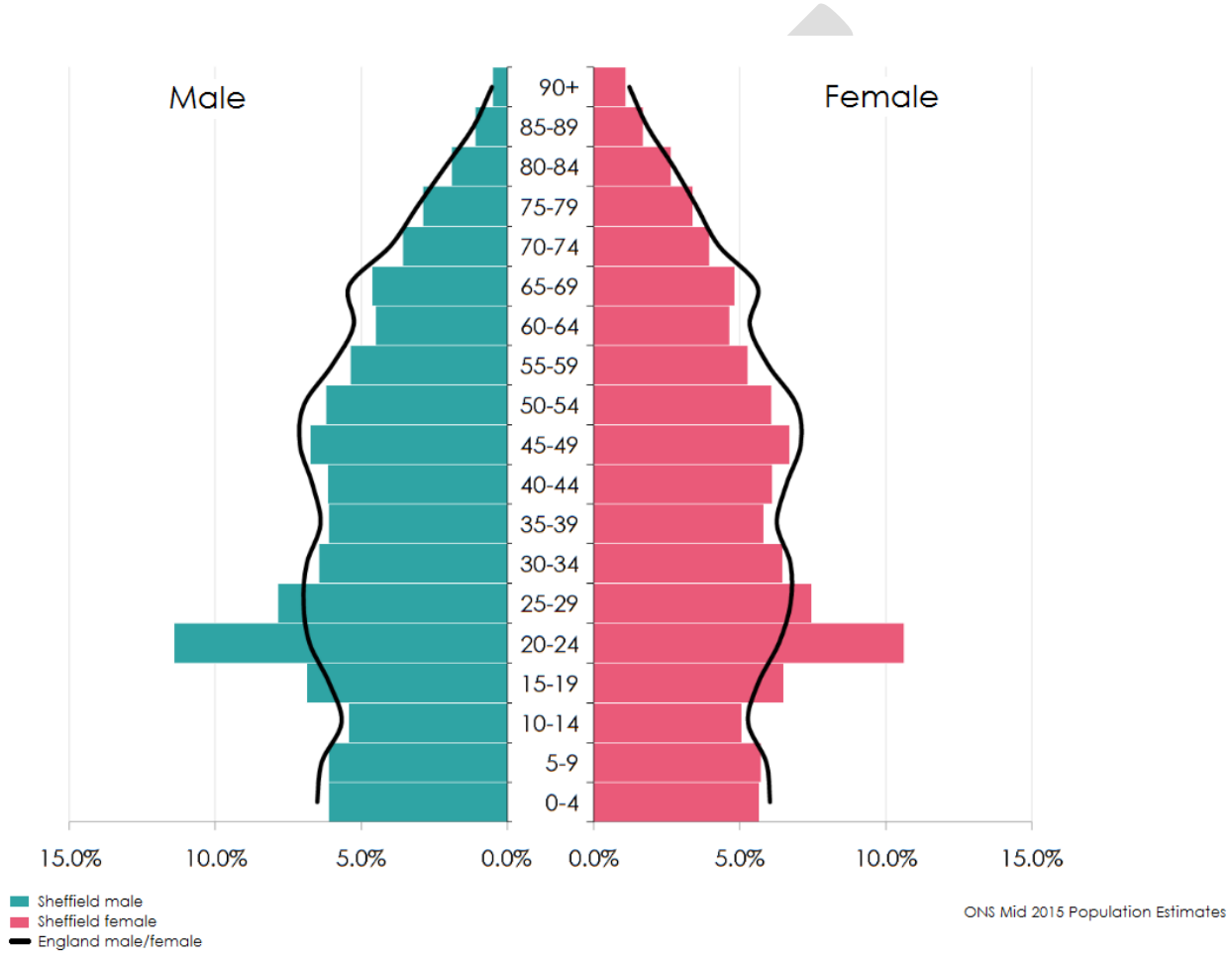
Figure 1: Map of pharmacies and wards in Sheffield (2017)



3.2 Population

The 2011 Census revealed that Sheffield had a population of 552,698 people. Latest estimates from the Office for National Statistics (ONS mid-year estimates 2015) put this at 569,737 representing an increase of 3.1%. This is projected to increase to 591,355 by 2021. Sheffield's growing population results from an increasing birth rate and higher net inward migration. The population pyramid in Figure 2 sets out the current profile of Sheffield's population.

Figure 2: Sheffield population by age group and gender (ONS 2015)



There were 6,582 births in 2015. This represents a very small increase over previous years and Sheffield's general fertility rate is consistently lower than the England average. There are approximately 5,000 deaths a year in Sheffield and this figure has remained relatively unchanged for the past 10 years. The proportion of people from black and minority ethnic communities has increased and is now estimated to be approximately 19% of the general population. Since the Census in 2011 there have also been changes in specific age groups, as the Table in Figure 3 shows.

.

Figure 3: Sheffield population change (2011 to 2015) by key age group

Age Group	2011	2015	% Change
0-4 years	33,977	33,527	-1.3%
5–11 years	42,113	46,372	10.1%
12-17 years	37,221	35,942	-3.4%
18-64 years	353,689	361,883	2.3%
65 years and over	85,698	92,013	7.4%
Total	**552,698**	**569,737**	**3.1%**

Source: ONS https://www.ons.gov.uk/peoplepopulationandcommunity

Population changes and characteristics vary across Sheffield's wards. For example, the City ward contains consistently fewer 0-17 year olds and people over 65. This is consistent with the type of accommodation available in the area, including significant student accommodation (mainly 18-24 year olds). In wards further out in the suburbs there is a more noticeable increase in family accommodation and hence a rise in the proportion of children and young people. In relation to older people, there is a greater proportion generally in the south west of the city which is partly linked to location of care homes whereas elsewhere in the city this is more strongly linked to location of care homes. Ethnic diversity also varies considerably from ward to ward with the proportion of the population from black and minority ethnic communities varying from 3.2% to 63.5%.

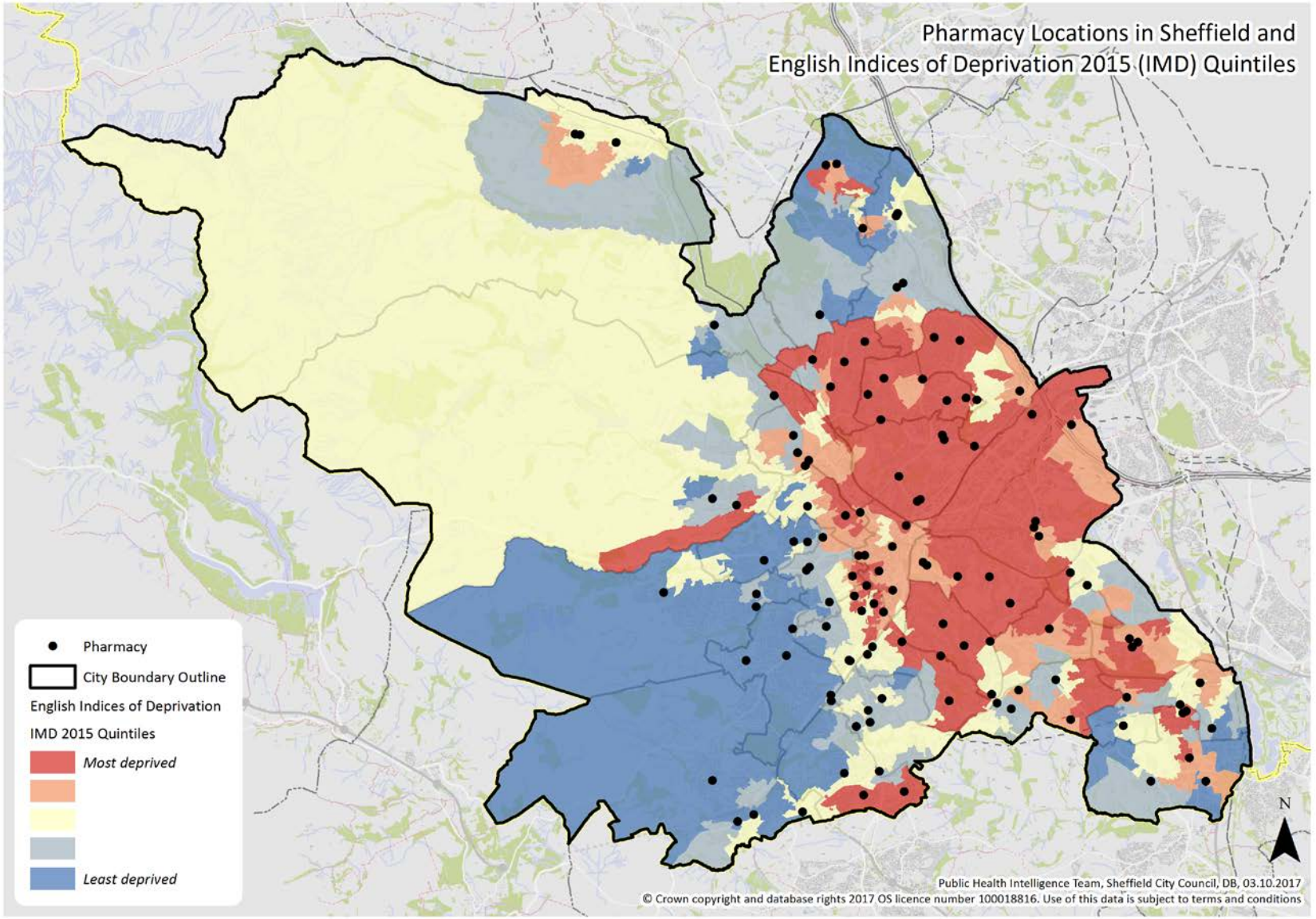
3.3 Deprivation and health inequalities

Sheffield continues to be 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[4]. 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 4 shows, although there are clear geographical inequalities in the wider determinants of health in Sheffield, there is a relatively even distribution of pharmacies.

[4] https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

Figure 4: Map of index of multiple deprivation (IMD 2015) in Sheffield and pharmacy locations

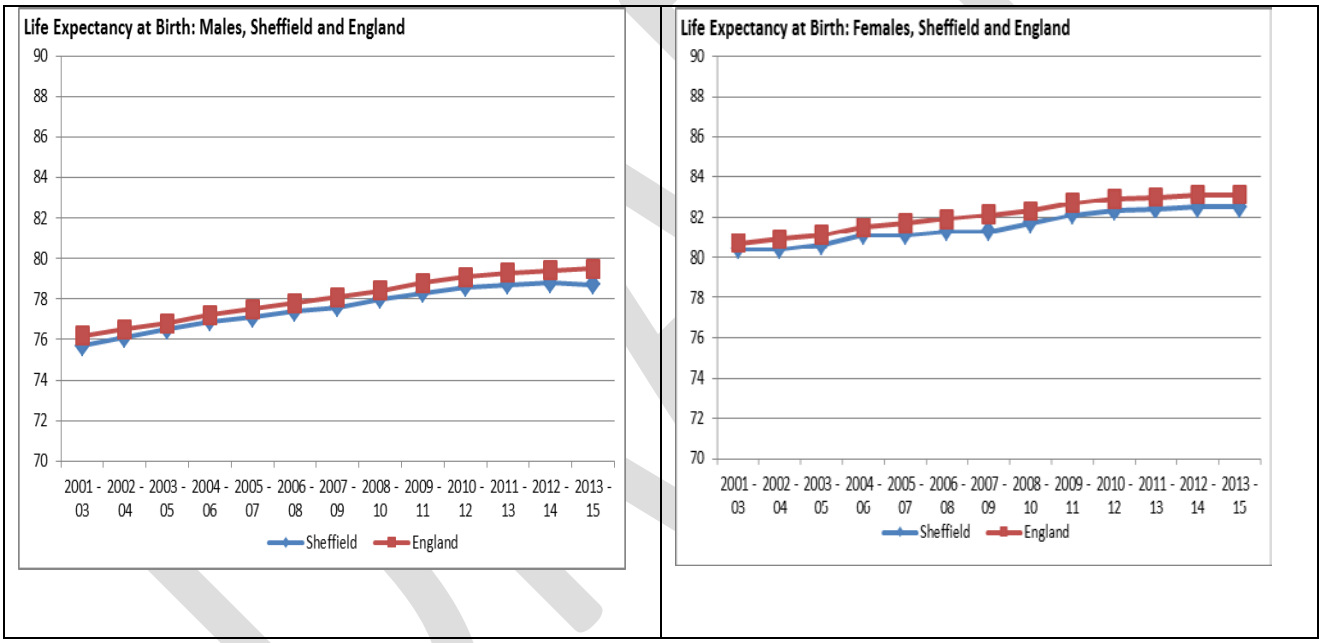


3.4 Life expectancy and healthy life expectancy

The latest figures for life expectancy and healthy life expectancy for both men and women in Sheffield suggest that previous improvements in health and wellbeing may be stalling and, in some cases, worsening. This is a cause for concern.

We have previously noted the very small improvements in women's life expectancy in Sheffield over the last 10 to 15 years and more recently this has ground to a halt. In the most recent period analysed however, we have seen men's life expectancy decrease from 78.8 years in 2012-2014 to 78.7 years in 2013-2015. The graphs in Figure 5 illustrate these trends. This picture is not unique to Sheffield and we are beginning to see similar changes across England as well as internationally. In the USA, for example, life expectancy for both men and women is now in reverse.

Figure 5: Trends in life expectancy (2001-03 to 2013-15) in Sheffield: males and females shown separately



Source: Public Health Outcomes Framework - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

A similar picture emerges when we look at how long we can expect to live in good health (healthy life expectancy). For both men and women in Sheffield, healthy life expectancy is declining, although the decline is steeper for women than it is for men. Women's healthy life expectancy decreased from 61.5 years in 2009-11 to 59.9 years in 2013-15 and men's healthy life expectancy decreased from 59.3 years to 59 years over the same period. Although Sheffield's experience is broadly reflective of the national position, it continues to be significantly worse for both indicators.

Inequalities in life expectancy and healthy life expectancy also show relatively little change with the gap in life expectancy between the most and least deprived men in Sheffield narrowing from 10.1 years to 9.9 years over the period 2001-03 to 2013-15 and widening for women from 7.6 years to 8.1 years. These factors are the main drivers of the growth in demand for health and social care services.

Summary

- The population of Sheffield is growing slowly and becoming more ethnically diverse
- The gender and age profile for Sheffield is typical of any major English city including the “bulge” in 18-24 year olds (linked to students)
- These population characteristics vary across Sheffield’s 28 wards
- Sheffield experiences significant health inequalities as a result of deprivation but distribution of pharmacies across the city is relatively even
- The north and east of Sheffield stand out as being more deprived whilst the south and west are less deprived although 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
- Key indicators of the health of a population (life expectancy and healthy life expectancy) show previous improvements may be stalling and in part, this is linked to the rise in multiple morbidity and broader socio-economic challenges, such as continuing austerity.

4 Health and Wellbeing in Sheffield

Detailed information on health and wellbeing needs in Sheffield is available from our Joint Strategic Needs Assessment (JSNA) online resource[5] . The resource includes ward and neighbourhood summaries of health and wellbeing as well as overviews of key health and wellbeing priorities and more comprehensive Health Needs Assessments.

4.1 Headline health indicators

As the data in Figure 6 show, overall Sheffield’s health is similar to or worse than the national average although this varies significantly across its 28 wards.

Figure 6: Headline health indicators for Sheffield (2015)

Indicator	Sheffield	Worst Ward	Best Ward	England
Premature mortality from Cancer (2013-15) (Directly age standardised rate per 100,000 population under 75 year olds)	147.7	208.8	78.6	138.8
Premature mortality from Coronary Heart Disease (2013-15) (Directly age standardised rate per 100,000 population under 75 year olds)	44.8	81.9	17.4	40.6

[5] https://data.sheffield.gov.uk/stories/s/fs4w-cygv

Percentage of adults who Smoke (2015) (Modelled data from national survey)	22.9%	30.5%	11.9%	16.9%
Percentage of 10-11 year olds Overweight and Obese (2015-16) (National Child Weighing and Measuring Programme)	34.3%	44.6%	13.3%	34.2%
Alcohol attributable mortality (2015-16) (Directly age standardised rate per 100,000 population over 35 year olds)	47.1	83.6	20.1	46.1
Teenage Pregnancy (2015) (Conception per 1000 11-17 year old girls)	23.6	62.11	5.89	20.8

Source: Public Health England Fingertips Tool https://fingertips.phe.org.uk

4.2 Health and wellbeing priorities

Based on the information from the JSNA, the following health and wellbeing issues are highlighted as being of particular relevance to the PNA and the role community pharmacies play in promoting health within their communities.

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. Approximately 1,360 people die from cancer every year making it the leading cause of death in the city. Despite a reduction over the last 10-20 years, Sheffield's premature mortality rate (i.e. deaths in people under the age of 75 years) 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 375 deaths a year. The main 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

- Promote awareness of the common signs and symptoms of cancer
- Living With and Beyond Cancer – supplying medicines to cancer patients for common chemo side effects
- 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[6]
- Medication administration record service to home care providers
- Seasonal influenza vaccination
- Public Health campaign

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 a heart attack or stroke. The risk of CVD increases significantly after the age of 40 years. Around 75% of CVD deaths are from ischaemic heart disease, heart attacks and other heart disease and the remaining 25% are from stroke and other cerebrovascular diseases. It is the second leading cause of death in Sheffield.

CVD occurs more frequently in people who smoke; have high blood pressure; have high blood cholesterol; are overweight; do not exercise; and/or 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 46,000 people with CVD in Sheffield.

Although the gap between Sheffield and the rest of England has narrowed over the years, the local cardiovascular premature mortality rate remains significantly higher than the national average. Over two thirds of premature mortality associated with cardiovascular disease is considered preventable. In Sheffield this equates to around 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 local programme is currently commissioned by Sheffield City Council from Primary Care Sheffield and delivered by GP practices although many other local authorities 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 expect improvements in cardiovascular disease outcomes to be maintained.

Current role of local pharmacies

- Medicines optimisation
- Anti-coagulation monitoring
- Medication administration record service to home care providers
- Promote awareness of the common signs and symptoms of CVD
- Promote 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

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

- Seasonal influenza vaccination
- Public Health campaign

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 30,000 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.

Despite increasing prevalence of diabetes, the care of people with the condition within primary care setting is better than the national average and improving. This means 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
- Medication administration record service to home care providers
- Promote and provide advice and support on maintaining healthy weight
- Seasonal influenza vaccination
- Public Health campaign

4.2.4 Dementia

There are currently around 5,000 people recorded by GP practices as living with dementia in the city today but this is expected to rise to over 7,000 by 2020, 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. It is also now the third leading cause of death in Sheffield, responsible for over 600 deaths a year.

A third of people with dementia currently live in 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 with support from home care services and other community based health and social care services. 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.

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[7]
- Promote and provide advice and support in relation to stopping smoking, reducing alcohol consumption and maintaining a healthy weight.
- Medication administration record service to home care providers
- Provide advice and support to carers
- Seasonal influenza vaccination
- Public Health campaign

4.2.5 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 fourth leading cause of death in Sheffield and COPD the main cause of respiratory mortality. There are over 550 respiratory deaths a year in Sheffield.

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 a more common condition; an estimated 35,600 people (all ages) in Sheffield have it. In Sheffield, it is estimated that 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 and death is the Sheffield 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, including Nicotine Replacement Therapy (NRT) and Varenicline (Champix)
- Medicines optimisation
- Medication administration record service to home care providers
- Seasonal influenza vaccination
- Public Health campaign

4.2.6 Liver Disease

Liver disease is the only major cause of premature death in Sheffield for which the rate is not reducing although it is better than the national average. People are also dying from it at younger ages. Premature mortality from liver disease in Sheffield accounts for 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.

[7] 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

Over 90% of deaths from the 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
- Medication administration record service to home care providers
- Seasonal influenza vaccination
- Public Health campaign

4.2.7 Mental Health

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, 16.1% of Sheffield adults (16-74 year olds) are estimated to have depression, slightly higher than the national average of 15.6%. This is equivalent to approximately 66,500 people.

In terms of children and young people, 9.6% of 5 to 16 year olds in Sheffield are estimated to have a mental health disorder (emotional, conduct, hyperkinetic and autistic spectrum disorders). This equates to around 7,300 children and young people. There are approximately 5,300 adults with a severe mental illness recorded on a GP practice register in Sheffield. This is consistent with what we would expect to see for a population the size and structure of Sheffield.

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.

Current role of local pharmacies

- Medicines optimisation
- Sign-posting to treatment
- Priority face to face stop smoking service
- Mental Health First Aid
- Public Health campaign

4.2.8 Learning Disabilities

Pharmacy teams see many people with learning disabilities although they will not always be identified as such. It is estimated that there could be as many as 12,000 people in Sheffield with some form of learning disability. Formal records identify around 3,600 so it is reasonable to assume that many people with learning disability remain unrecognised.

The health and wellbeing of people with learning disabilities, as with the wider population, is influenced by a range of social, economic and environmental factors however, owing to social, cultural and service inequalities and discrimination they are at greater risk of poorer health and wellbeing outcomes than their non-disabled counterparts.

The key contribution that community pharmacy can make to improving health and wellbeing and reducing health inequalities of people with learning disabilities (above and beyond Equality Act 2010 requirements[8]) is in communicating effectively and appropriately.

Most people with learning disabilities simply require advice and support on dealing with common health problems and promoting general health; some will take a variety of prescribed medicines which may require additional support and review (for example in relation to diabetes, thyroid problems or sleeping disorders). A small proportion of people with learning disabilities will require more complex and significant support. This may include, for example, working in close collaboration with GP practices to stop over medicalisation of people with learning disability, autism or both (STOMP[9]).

In other words, the key pharmacy skills of listening, explaining, advising, questioning and collaborating are highly relevant to meeting the health and wellbeing needs of people with learning disabilities and as such, community pharmacy has much to offer in this regard.

Current role of local pharmacies

- Ensure equity of access to the full range of pharmacy services available including stop smoking support, seasonal influenza vaccination and advice on maintaining a healthy weight
- "Making Time" for people with learning disabilities, their families or their supporters[10]

8 https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities/reasonable-adjustments-a-legal-duty

9 https://www.england.nhs.uk/wp-content/uploads/2017/07/stomp-gp-prescribing-v17.pdf

10 https://easyontheei.worldsecuresystems.com/get-checked-out-making-time-pharmacy

- Support and advice for carers, family members or supporters
- Working with GP practices to stop over medicalisation of people with learning disabilities, autism or both.

4.2.9 Smoking

Latest estimates (2016) indicate that 16% (reduced from 22.9% in 2015) of Sheffield adults smoke compared with 15.5% nationally. Although the proportion of smokers in Sheffield is reducing, it remains the largest, modifiable cause of ill health and premature death, and inequalities in health in Sheffield and nationally. Moreover, 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 and the aim is to see this reduce to below 10% over the next 5 years with a particular emphasis on groups of the population where prevalence s highest (e.g. people with severe and enduring mental illness).

Strengthening our Tobacco Control Programme will be the key means by which we will achieve this. The Programme includes protecting people from exposure to second hand smoke, reducing the availability and supply of illegal tobacco products and commissioning help for those who want to quit. The stop smoking service commissioned in Sheffield comprises: brief advice; universal service (group therapy and self-funded NRT); and the priority service which provides face to face support and funded medication for groups of the population with highest prevalence of smoking including routine and manual workers, black and minority ethnic groups, people with mental health problems, homeless people, offenders and ex-offenders, people with learning disabilities and people from deprived communities.

Community pharmacies play a long established role in provision of face to face stop smoking advice and the full range of evidence based quit support to the local population.

Current role of local pharmacies

- Face to face Stop Smoking Service
- Nicotine Replacement Therapy Voucher Scheme
- Varenicline (Champix) via Patient Group Direction
- Patient Group Direction for Buproprion (Zyban) anticipated in 2018
- Advice and promotion of healthy lifestyles
- Sign posting to other services as required and appropriate
- Public Health campaign

4.2.10 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. There are an estimated 51,000 ‘high risk’ drinkers in Sheffield 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) 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
- Public health campaign

4.2.11 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. The number of drug related deaths per year is relatively small in Sheffield (less than 20 a year) although we have seen higher than average numbers over the last few years.

We have also seen an increase in people dying of long term injecting drug use related conditions such as Hepatitis C or venous disease. We continue to provide a full range of harm reduction interventions to prevent blood borne viruses in drug misusers and to minimise the impact of IV drug use, including pharmacy based needle exchanges. We achieve 100% coverage of the treatment population for testing for Hep C and HIV and all eligible problem drug users are offered Hep B vaccinations.

The latest data show there are around 4,270 people in Sheffield with problematic opiate and/or crack drug use. Approximately half of these are in specialist treatment. The majority are male and aged between 20-60 years. Emphasis is placed on attracting and retaining people into treatment alongside a focus on recovery. Increasingly the treatment population includes individuals using non-opiate drugs (cocaine, cannabis, steroids and new psychoactive substances).

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. The pharmacy role in providing support and treatment for drug users is well established in Sheffield and continues to represent a core element of service provision in the city.

Current role of local pharmacies

- Needle exchange scheme
- Supervised administration of methadone and buprenorphine including provision during out of hours periods
- 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 and referral to treatment services
- Medicines optimisation

4.2.12 Obesity

Obesity, poor diet and sedentary behaviour are associated with higher risk of hypertension, heart disease, diabetes and certain cancers. It is estimated that obesity

costs Sheffield £165 million per year.

In relation to childhood obesity, in 2015/16, 22.3% of 4-5 year olds and 34.3% of 10-11 year olds were classed as overweight or obese. This represents a worsening trend and Sheffield's figures are now similar to the national average. Prevalence almost doubles in adults with 64.7% estimated to be overweight or obese although as with children and young people, this is similar to the national average. This amount of excess weight in the population is a cause for concern given that it poses a major risk to future health and wellbeing.

Obesity is typically caused by an unhealthy diet and sedentary behaviour. Sheffield has poor levels of diet and physical activity. Fewer than half of local people eat the recommended five portions of fruit and vegetables a day by the time they reach 15 years of age and almost one in four are physically inactive. However, we must recognise that this is not about the "lifestyle choices" individuals make but the ways in which an unhealthy environment influences people's choices adversely.

Current role of local pharmacies

- Promote and provide advice and support in relation to maintaining a healthy weight
- Public health campaign

4.2.13 Sexual Health

The consequences of poor sexual health include unplanned pregnancy, avoidable illness and mortality from sexually transmitted infections (STIs) and HIV/AIDS. Overall the two main priorities for Sheffield relate to sexually transmitted infections and teenage pregnancy.

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 and is 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 23.6 in 2015. Although Sheffield's rate is still higher than the national average of 20.8 per 1000 this level of sustained reduction is significant. There is a well-established emergency hormonal contraceptive service for teenagers (girls aged 14-17 years) commissioned by Sheffield City Council from community pharmacy, including signposting for long-acting reversible contraception and condom provision.

Current role of local pharmacies

- Emergency hormonal contraception
- Advice on and signposting to Long Acting Reversible Contraception (LARC)
- Chlamydia screening
- Condom distribution
- Referral to relevant treatment and advice services
- Support integration with alcohol screening
- Promote and provide advice and support in relation to stopping smoking, reducing alcohol consumption and maintaining a healthy weight during pregnancy

- Provide advice for young people – e.g. sexual health, mental health, smoking, alcohol consumption and drug misuse
- Seasonal influenza vaccination (pregnant women)
- Public Health campaign

4.2.14 Multiple morbidity

The practice of medicine is highly specialised with specific conditions too often treated individually and usually in isolation from each other as well as from the lived context of the person with the condition. The reality however is that we are seeing more and more people with two or more long term conditions at a time – known as multi morbidity. It is this expansion of multi morbidity, both in terms of overall numbers and at earlier ages, that is not only impacting adversely on healthy life expectancy in Sheffield but is also the key factor driving the increase in demand for health and social care services.

GP records show that almost 40% of the Sheffield population (all ages) has at least one long term condition and all the indications suggest this percentage is unlikely to decrease soon. In 2017, 94,110 people in Sheffield had been diagnosed with *two* or more long term conditions with the most common conditions being hypertension, depression and diabetes. In terms of age distribution, multi morbidity is more common in people under the age of 70 than over. If the ageing population was the key driver for increasing demand for health and care services, we would expect to see this reflected in increases in hospital admissions. But when we look at national hospital admission data for 1994-1995, 2004-2005 and 2014-2015, for example, the proportions of increase that can be attributed to ageing factors in those time periods are 0.33%; 0.63%; and 0.80% respectively. Demand for health and social care in England is currently increasing by about 4% per year, far faster than the ageing population. It is multi morbidity that is driving the increase.

The key response is to focus on prevention and whole person management of multi morbidity in primary and community settings. Our aim should be to shift the whole multi morbidity curve downwards such that instead of developing your first long term condition in your fifties you develop it in your sixties. Evidence suggests there are significant health and economic gains to be made from this approach. Community pharmacy has a significant role to play, not least as a result of the range of services it provides but also in terms of the interaction with patients, location within the community and increasing linkage and integration with GP practices.

Current role of local pharmacies

- Help to tackle the main reasons why people become ill or unwell (prevention)
- Support person centred care – help people to take greater responsibility for their own health and wellbeing by providing professional and accessible advice
- Enhance primary care, community based services and community health interventions that help people to remain independent and stay at or close to home
- Provide a high quality and value for money service
- Help patients to get the very best out of their medication (medicines optimisation)

5 Pharmaceutical Services and Need

5.1 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 and how this may develop over the next three years.

The Community Pharmacy Forward View (2016)[11] sets out the sector's ambitions to radically enhance and expand the personalised care, support and wellbeing services that community pharmacies provide. The report outlines how pharmacy teams could be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all. In particular it focuses on the following three key roles for the community pharmacy of the future:

- As the facilitator of personalised care for people with long-term conditions
- As the trusted, convenient first port of call for episodic healthcare advice and treatment
- As the neighbourhood health and wellbeing hub

NHS Sheffield CCG has endorsed this context and promoted it as "Pharmacy First" – advising patients that they can receive treatment and advice for common illnesses and minor ailments[12] This approach which encourages patients to turn to pharmacy as the first port of call is increasingly being promoted by the NHS and by stakeholders such as Healthwatch Sheffield[13]

5.2 Pharmaceutical Provision in Sheffield

5.2.1 Types and locations

There are 128 pharmacy contractors in Sheffield. This includes 3 distance selling pharmacies. In addition, there are 15 pharmacies within 1.6 km of the Sheffield boundary that provide services to Sheffield residents (6 in Derbyshire and 9 in Rotherham). Sheffield also has two dispensing doctors based in Deepcar and Oughtibridge, both of which are in the Stocksbridge and Upper Don Ward. The map in Figure 7 illustrates this provision.

The two dispensing practices 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

[11] https://psnc.org.uk/our-news/community-pharmacy-shares-its-forward-view-a-vision-for-the-future/
[12] http://www.sheffieldccg.nhs.uk/Your-Health/pharmacy-first.htm

[13] http://www.healthwatchsheffield.co.uk/news/think-pharmacy-first/

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.

There are three NHS foundation trusts in the city: Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) which includes A&E, community nursing and intermediate care services and acute hospital provision; Sheffield Children's NHS Foundation Trust (SCFT) which includes A&E, acute hospital care, health visiting, school nursing and specialist mental health and learning difficulties services for children and young people; and Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) which provides specialist services for adults with mental health and/or learning disabilities. Other hospital providers include the independent sector Claremont and Thornbury hospitals and the St Luke's Hospice. All three are based in the south west of the city. These are shown together with details of the 82 GP practices in the map in Figure 8.

In addition, the NHS 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.

Figure 7: Map of pharmacies and locations in and around Sheffield (2017)

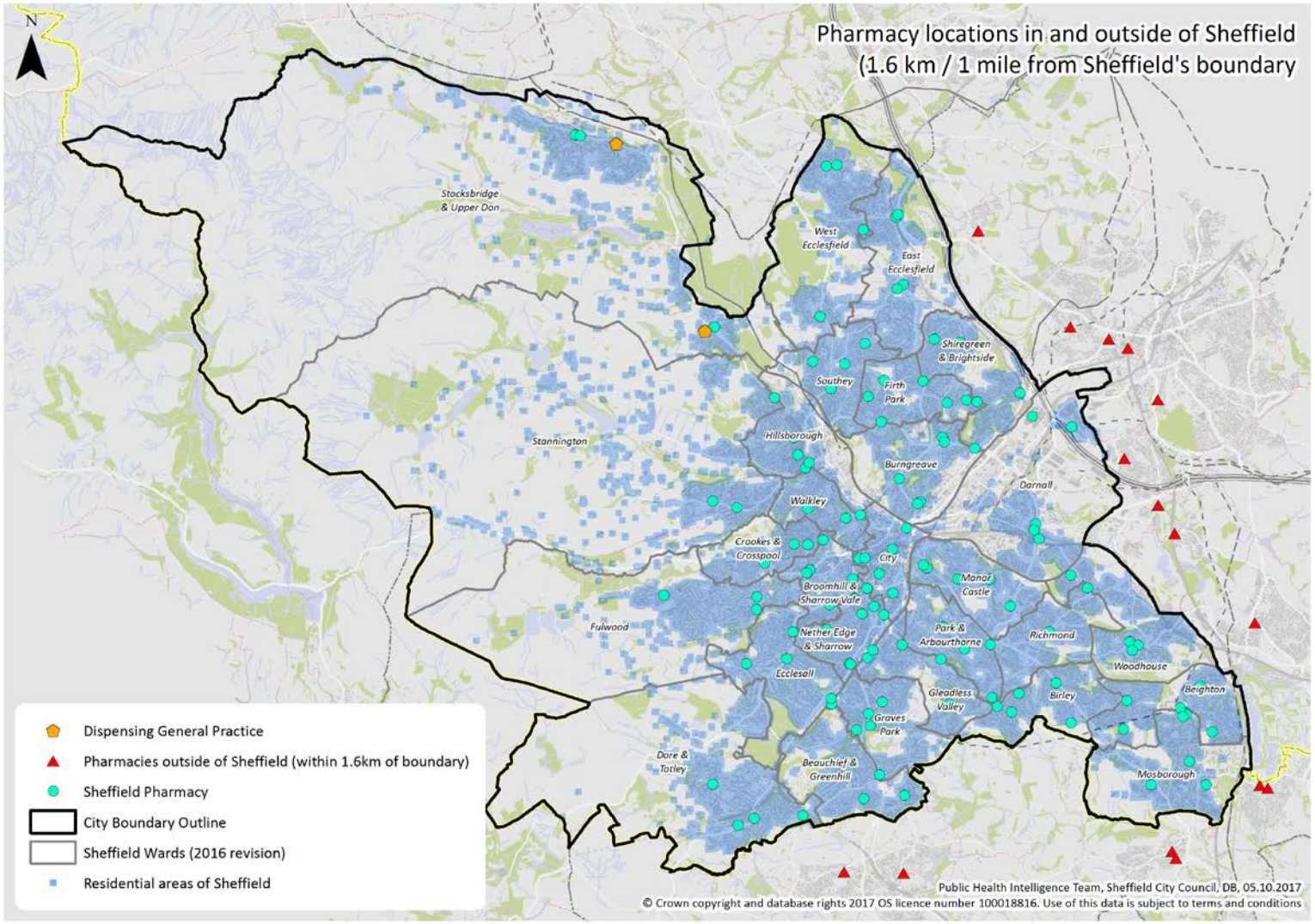
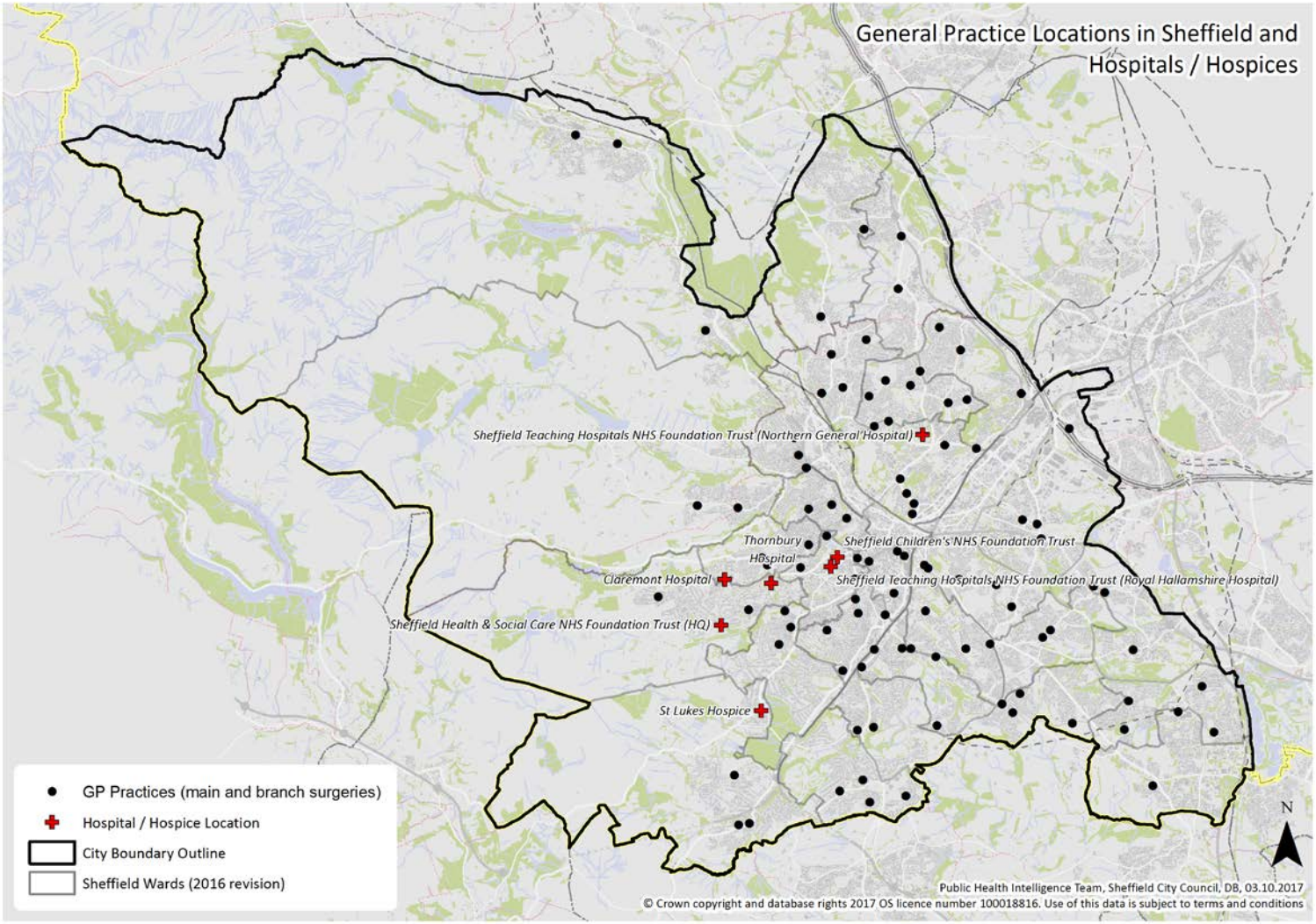


Figure 8: Map of hospital and GP practice providers in Sheffield (2017)



5.2.2 Access

The table in Figure 9 sets out details of the proportion of the resident population that lives within different distances and walking times of a community pharmacy. Overall 98% of the population lives within 1.6km of a pharmacy. This represents a good level of access.

Figure 9: Population distance and time from a community pharmacy (2017)

Distance/time	Number of residents	Percentage of residents
100 metres	103,570	18%
400 metres	266,142	47%
800 metres	451,965	79%
1200 metres	532,142	93%
1600 metres	556,258	98%
3 minutes' walk	160,943	28%
6 minutes' walk	298,287	52%
9 minutes' walk	410,997	72%
12 minutes' walk	485,130	85%
15 minutes' walk	527,801	93%

Source: SHAPE Atlas https://shapeatlas.net/place/ (Accessed 04/10/2017)

There are no GP practices more than 500 metres from a pharmacy. There is at least one pharmacy located in each of Sheffield's 28 electoral wards. On average, 4,558 people in Sheffield are served per pharmacy - better than the average for England (4,687 per pharmacy)[14].

The Electronic Prescription Service (EPS) allows prescribers, such as GPs and practice nurses, to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. Key benefits for patients include timely provision of medication, improved stock control and improved accuracy as well as being a reliable, safe, convenient and confidential service. All pharmacies in Sheffield provide the EPS.

The NHS Community Pharmacy Contractual Framework also requires 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.

5.2.3 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 (for example, between 7.00am-8.00am). The majority of pharmacies close between 5.00pm and 6.00pm. The majority of pharmacies are also open

[14] General Pharmaceutical Services in England 2006/07 – 2015/16 https://digital.nhs.uk/catalogue/PUB22317

on a Saturday (71) although many close by 1.00pm and 28 are open on a Sunday. The charts in Figure 10 illustrate this provision.

5.2.4 Out of Hours (bank holidays and evenings)

NHS Sheffield CCG is currently conducting a review of urgent care provision within the City. Consultation on the review runs until January 2018 and subsequent arrangements for urgent care provision will reflect the outcomes of this process.

In relation to pharmacy provision, the principal provider of extended opening hours for Sheffield is the Wicker Pharmacy based in the city centre. Over and above standard opening times, the Wicker Pharmacy provides the following extended opening times:

- 17:30 to 22:00 Monday to Friday, Saturdays
- 10:00 to 20:00 Sundays and Bank Holidays/Public Holidays
- 13:00 to 17:00 Christmas Day

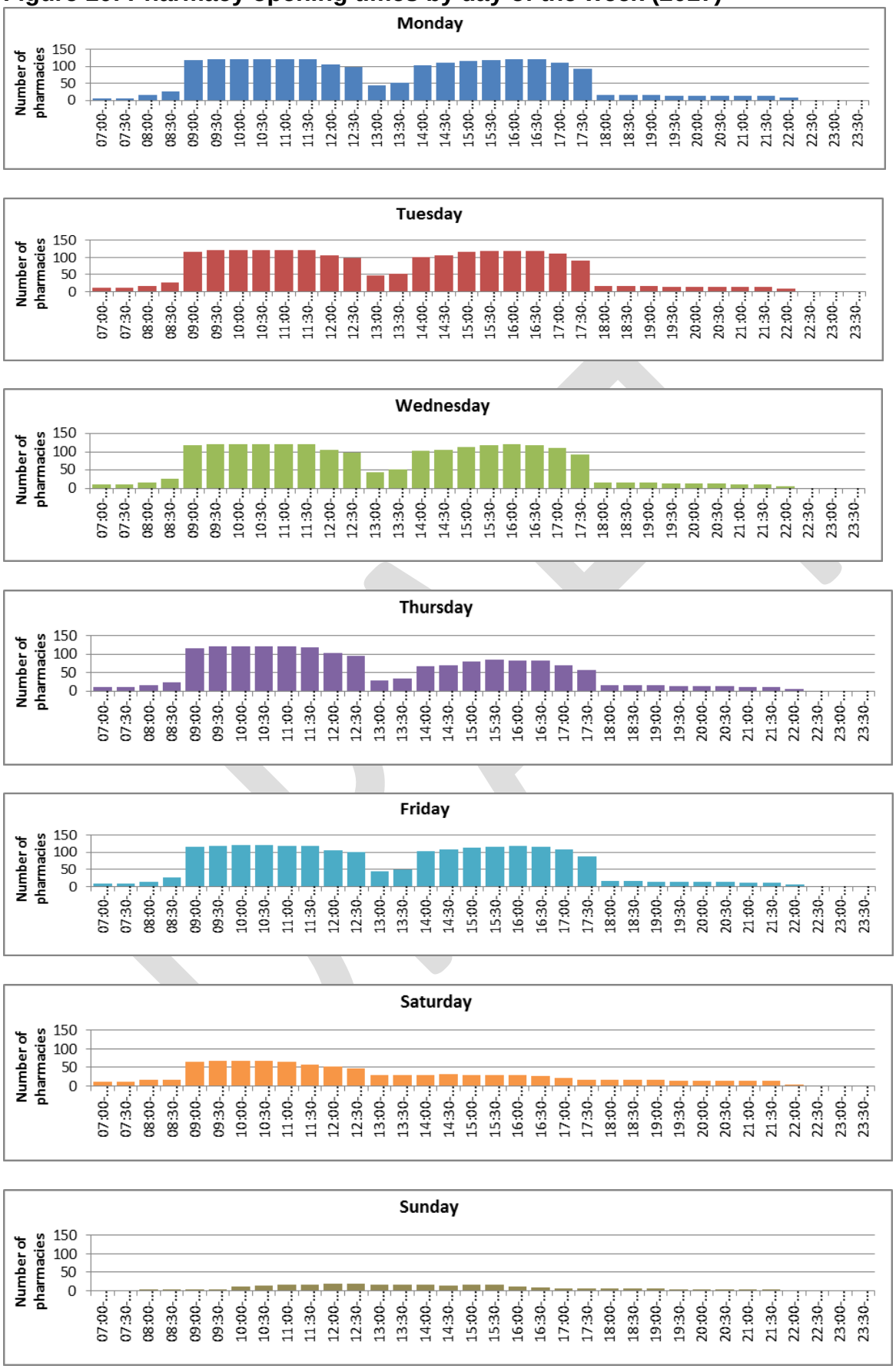
Some crucial dispensing services are frequently accessed during the out of hours period (e.g. in relation to substance misuse) and this level of cover provides assurance that the needs of these patients can be met effectively. The current contracting arrangements deliver this assurance.

In addition, the Lloyds Pharmacy in Stocksbridge provides extended opening hours of 11.00 to 15.00 for Bank Holidays and Public Holidays except Christmas Day. There are also 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 11 shows the locations.

Members of the public may also obtain urgent prescriptions and/or medication when their GP is closed by contacting the NHS 111 Service. This service is able to direct patients to a pharmacy operating the NHS Urgent Medicine Supply Advanced Service (NUMSAS). This national pilot scheme was introduced to run up to March 2018 although it has recently been extended for a further 6 months. Medicines legislation also allows pharmacists to issue urgent supplies to patients under certain circumstances. Healthcare professionals have urgent 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 NHS Foundation Trust and on average this is used approximately 2-3 times a month.

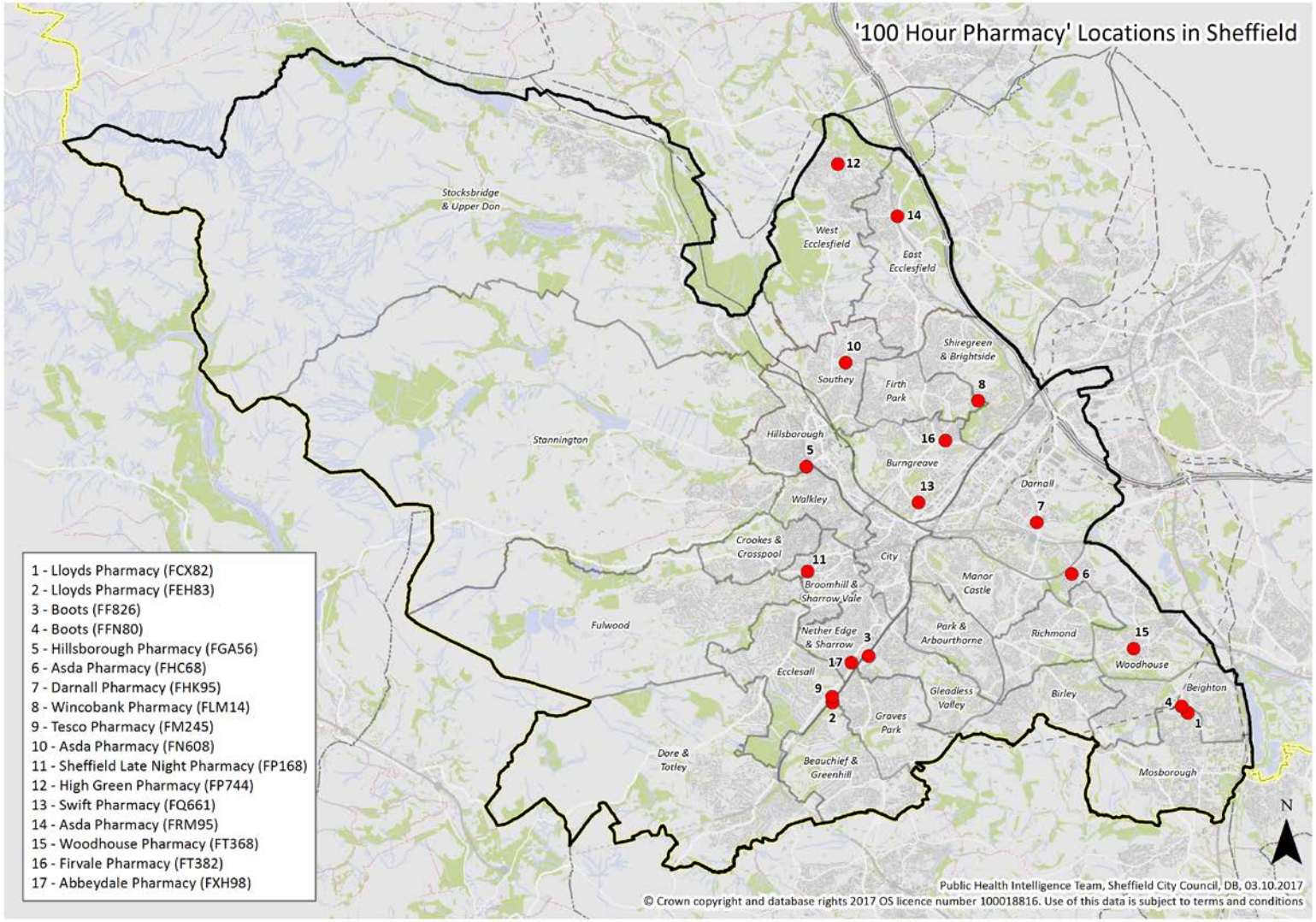
Community pharmacy's traditional role in supporting people to self-care for minor illnesses is an important way in which to manage demand for other NHS services, especially general practices, visits to A&E, and supporting people using the NHS 111 service. This role is being promoted via the "Pharmacy First" approach and includes for example the commissioning of the Minor Ailments Service. This service 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. All community pharmacies in Sheffield provide the minor ailments service.

Figure 10: Pharmacy opening times by day of the week (2017)



Source: NHS England – South Yorkshire and Bassetlaw (September 2017)

Figure 11: Map of 100-hour pharmacies in Sheffield (2017)



5.3 Pharmaceutical services in Sheffield

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

5.3.1 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

5.3.2 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 provide a Medicines Use Reviews service (MURs) (115)[15] and a New Medicines Service (NMS) (100)[16]. There are also 6 pharmacies providing an Appliances Use Review service (AURs)[17]. In relation to seasonal influenza vaccination, 110 pharmacies provide this service in Sheffield. Pharmacies also provide the NHS Urgent Medicine Supply Scheme (NUMSAS).

5.3.3 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

[15] 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.

[16] 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.

[17] An Appliance Use Review (AUR) is carried out by a pharmacist or specialist nurse either in the pharmacy or the patient's home and is intended to improve the patient's knowledge and use of any specified appliance (e.g. specialist bandage or wound dressing).

could be (and in other parts of the Country often 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 are listed in the table in Figure 12.

Figure 12: Enhanced and locally commissioned services by commissioning organisation and number of pharmacies providing the service in Sheffield (September 2017)

Service	Commissioner	Number of pharmacies
Minor ailments scheme	NHS Sheffield CCG	125
Not dispensed scheme (reducing waste)	NHS Sheffield CCG	116
Assured availability of palliative care drugs	NHS Sheffield CCG	17
Needle and syringe exchange	Sheffield City Council	18
Stop smoking service	Sheffield City Council	11
Nicotine Replacement Therapy (NRT)	Sheffield City Council	85
Champix dispensing	Sheffield City Council	71
Supervised administration of methadone and buprenorphine	Sheffield City Council	101
Emergency hormonal contraception	Sheffield City Council	64
Condom Distribution	Sheffield City Council	18
Chlamydia Screening	Sheffield City Council	9
Medication Administration Record Service to home care providers	Sheffield City Council	113

Source: Sheffield City Council and NHS Sheffield CCG

In addition the following services are commissioned from a small number of pharmacies:

- Anticoagulation (3 pharmacies)
- Community script switch (1 pharmacy)
- Sub cutaneous fluid service (1 pharmacy)

The full detail of pharmacy provision by ward is set out in the spreadsheet in Appendix B to this document.

5.3.4 Patient satisfaction

The NHS Choices website[18] provides patients with the opportunity to comment on and rate most NHS services, including pharmacies. As at 3rd October 2017 there were 51 Sheffield pharmacies for which a rating had been submitted to the NHS Choices website. Three quarters of these were highly positive and related to staff

[18] http://www.nhs.uk/pages/home.aspx

attitude, knowledge, trust and overall high quality of customer service. The remaining 25% referred to problems with repeat prescriptions including medicines not being in stock, delays in obtaining a prescription and inaccuracies in items dispensed.

Healthwatch Sheffield[19] also provides an online feedback facility for members of the public to rate and comment upon local health and social care services, including pharmacies. As at 3rd October 2017, there were 22 Sheffield pharmacies which had been rated in this way of which 15 duplicated the NHS Choices website. In terms of the remaining 7 pharmacies, 5 were positively rated citing staff as the main reason for this. For the other 2 pharmacies, problems related to delays in obtaining medication and problems with repeat prescriptions.

Finally, the Quality Payments Scheme (part of the Community Pharmacy Contractual Framework) announced by the Department of Health in October 2016, rewards pharmacies for delivering quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. It encourages a range of activities designed to widen the pharmacy role beyond dispensing to improving the quality of health care for patients while at the same time helping to ease demand on other areas of the health system. This involves setting development targets covering, for example:

- More effective treatment of asthma – referring asthma patients who have been dispensed too many short-acting reliever inhalers without any preventer inhaler for an asthma review
- Better care for people with dementia – as part of the drive to ensure 80% of all pharmacy staff working in patient-facing roles take part in the Alzheimer's Society's Dementia Friends training
- Increased support for healthy living – so there is a health champion in every community pharmacy, and ensuring each pharmacy obtains the Healthy Living Pharmacy Level 1 status.

5.3.5 Future housing developments

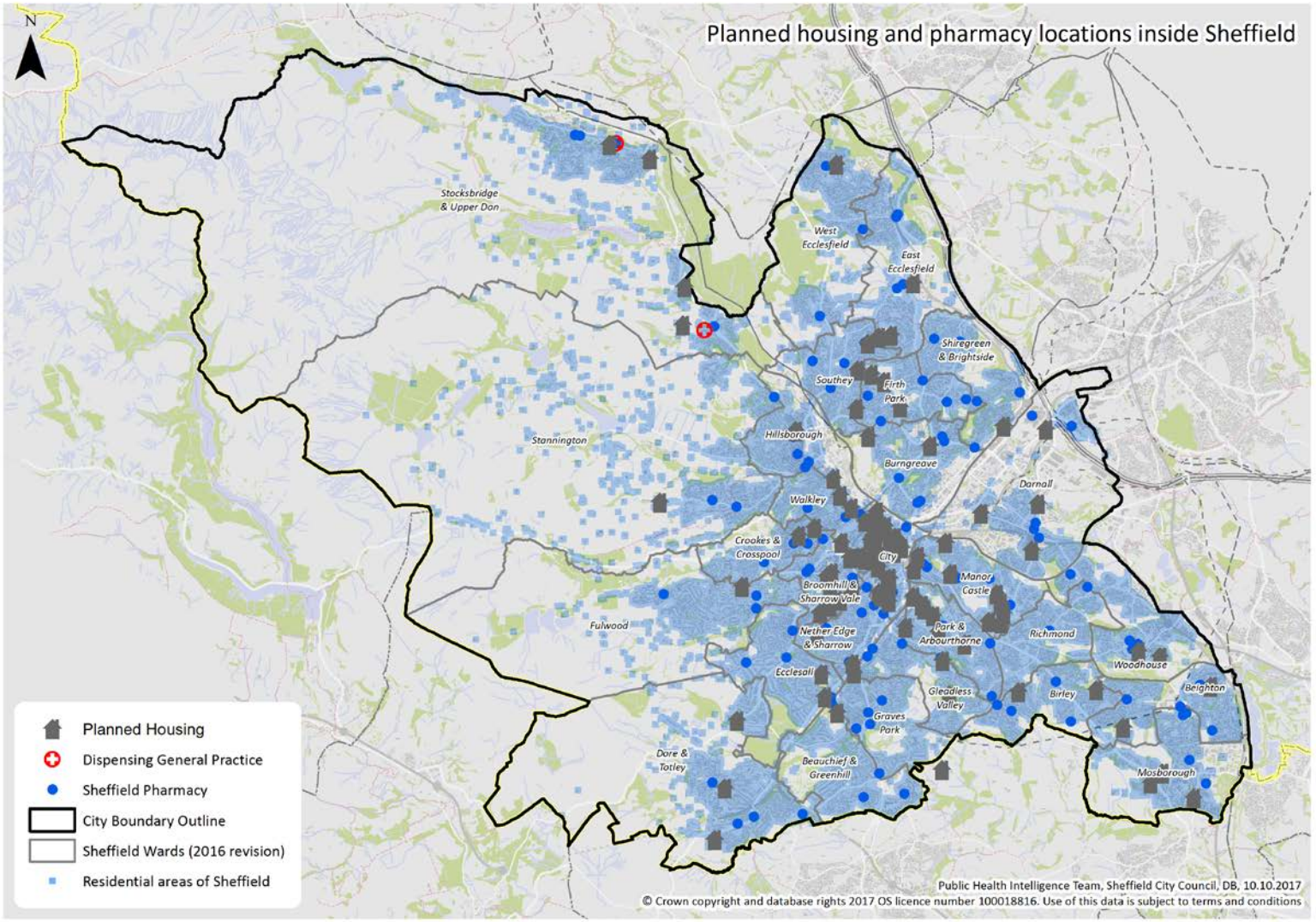
Sheffield's housing stock grows at a relatively slow pace. Over the four year period 2017 to 2021 there are approximately 6,700 new properties planned across Sheffield. The map in Figure 13 shows the detail. Analysis indicates all proposed sites would be within 1.6km of a pharmacy and are relatively evenly distributed across the city. Assuming all sites go ahead as planned, it is concluded that existing pharmaceutical provision in these areas is sufficient to meet need.

Overall where a proposed development is likely to introduce more than 100 new residents into the area, NHS Sheffield CCG 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

[19] http://www.healthwatchsheffield.co.uk/

this arises, the Health and Wellbeing Board will issue a statement supplementary to this PNA where relevant and proportionate.

Figure 13: Map of proposed housing developments (2017-2021) and pharmacy locations



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 good with pharmacy staff in particular regularly identified as a trusted, valued and reliable source of advice and support. Areas for improvement are 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 other future developments are unlikely to generate significant need for additional pharmaceutical provision over the lifetime of this PNA.

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 20th October to 19th December 2017, in line with the 2013 Regulations. A short online questionnaire was prepared for this purpose and stakeholders were contacted by email. The email included a link to the questionnaire and the draft PNA document.

7.2 Responders

The table in Figure 13 sets out the stakeholders consulted and who responded.

Figure 13: Stakeholder responses

Stakeholder	Responded
Community Pharmacy Sheffield	1
NHS Sheffield Clinical Commissioning Group	1
Healthwatch Sheffield	
Sheffield Local Medical Committee	1
Community Pharmacies	4
Dispensing practices	
Sheffield Teaching Hospitals NHS Foundation Trust	
Sheffield Children's NHS Foundation Trust	1
Sheffield Health and Social Care NHS Foundation Trust	
Barnsley Health and Wellbeing Board	
Rotherham Health and Wellbeing Board	
Derbyshire Health and Wellbeing Board	
NHS England (South Yorkshire & Bassetlaw)	1

7.3 Summary of responses

The following tables summarise the responses received to each of the six consultation questions, alongside action taken as a result.

Question 1: Do you agree with our assessment that current pharmaceutical service provision meets the needs of the Sheffield population?

Q1b If no, please explain.

Comment	Response
(i) Given the number of smoking related illnesses that are found in the Sheffield population, smoking cessation services should be universal; at the moment only two thirds of pharmacies provide these services.	(i) A universal smoking cessation offer is available in Sheffield via a number of providers including community pharmacies, GP practices, Sheffield Teaching Hospitals NHS Foundation Trust, some voluntary and community organisations and the SW Yorkshire NHS Foundation Trust. The reason for this is to provide members of the public with a range of options for receiving advice and support to stop smoking according to local requirements.

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?

Q2b If no, please explain.

Comment	Response
(ii) Commissioning additional services from community pharmacies located in the most deprived areas of the City would enhance efforts to tackle health inequalities and improve health and wellbeing in the population. Utilising the existing community pharmacy network in a different way and piloting new models of care could help to reduce inequalities. This could include community pharmacies working together within a neighbourhood to provide an enhanced level of care for patients with particular conditions (e.g. one pharmacy might specialise in diabetes and another in respiratory conditions).	(ii) The Health and Wellbeing Board will be refreshing its Health Inequalities Strategy in 2018 and this will include the role and contribution of community pharmacies alongside other family and community health services.

(iii) Commissioners should consider supporting community pharmacy integration with primary care, working towards the key ambitions set out in the Community Pharmacy Forward View and utilise the increasing number of Healthy Living Pharmacies in the City to improve the current public health offer. Specifically this could include: improving collaborative working across the health and social care system in Sheffield; identifying and incentivising new ways of working; improving community pharmacy access to IT/integrated IT systems; and raising greater awareness of community pharmacy services with the general public. (iv) GP Practices report receiving frequent requests from patients for urgent same-day appointments because "*the pharmacist told me I must see a GP today*". The document describes the need for improved sign-posting for patients and with the right support, community pharmacy could reduce the burden on primary care. (v) The Chief Pharmacist has stated that there are too many community pharmacies and he would like to see a reduction of around 3,000 nationally. This would equate to a reduction of over 30 for Sheffield and would take numbers back to the 1990s. Thought needs to be given as to how this might happen in an organised manner and in a way that does not result in a falling off of quality and levels of service due to simple financial attrition. In which areas would combining pharmacies make sense and still meet the needs of the population? (vi) Provision of pharmacy services to housebound patients is largely due to the goodwill of pharmacy contractors. With reduced funding these services will inevitably be curtailed. Provision needs to be made for domiciliary MURs and Truss Fitting. Domiciliary Appliance Use Reviews are covered but for some reason they exclude Trusses.	(iii) Integration with GP practices has been piloted as the GP Access Fund (PM's Challenge Fund) and HLPs have long been supported in Sheffield and are now part of the national contract framework. Digital development is taken forward as part of the national contract summary care record and collaborative working across the health and social care system is supported as part of the Accountable Care Partnership, including for example the Medicines Administration Record Service. In relation to awareness raising and sign-posting, national patient communication strategies are tailored to the local context by both the Council and the CCG, including public health campaigns. (iv) The CCG and CPS are developing a 'care navigation' initiative to improve understanding between GP and pharmacy staff about when/why patients are 'bounced back' and to improve the communication between them when that happens. A 'PharmOutcome' module, which allows pharmacists to create a bespoke message about what and why for when a patient is signposted back to the GP surgery, has been developed and is due to be trialled in 2018. (v) This falls within the remit of NHS England as the commissioner of pharmaceutical services. However, our PNA will take account of any changes that occur in the number and location of community pharmacies and supplementary statements will be issued if required. (vi) The national contractual framework is limited to funding services provided within pharmacy locations. Nevertheless, the CCG is currently exploring options for providing greater support to patients in their own home. For example, this will include piloting a medicines review service for housebound patients. Other potential services (such as fitting trusses) would be based on an assessment of need.

Question 3: Do you agree with our assessment that there are acceptable levels of 'out of hours' pharmaceutical provision in Sheffield?

Q3b If no please explain

Comment	Response
(vii) All respondents agreed with our assessment.	(vii) No change to the document.

Question 4a: Are there any additional pharmaceutical services that should be provided in Sheffield?

Q4b If yes please give details

Comment	Response
(viii) Emergency hormonal contraception direct from community pharmacies at no cost to the patient.	(viii) The Council and the CCG intend to develop a business case for a joint locally commissioned EHC service via community pharmacy for consideration in 2018.

Question 5: Was the process used to produce the PNA appropriate?

Q5b If no please explain

Comment	Response
(ix) All respondents agreed with our assessment.	(ix) No change to the document.

Question 6: Any other comments

Comment	Response
(x) The PNA may need to be reviewed in light of decisions following the Urgent Care Review consultation. (xii) Violent Patient Scheme (VPS) – there is no risk assessment undertaken as to how this impinges on community pharmacies. The current scheme allows for additional security when the patient needs to see a GP but fails to follow this through with support for what is often a daily visit to a pharmacy. One option, where a patient breaches rules and has to be refused access to the premises, would be to continue to dispense but deliver to a third party for collection by the patient such as a local police station or similar.	(x) This has been acknowledged within the body of the PNA (see section 5.24 Page 31) (xi) The Violent Patient Scheme is commissioned by NHS England. We have raised this with NHS England and asked them to consider applicability to community pharmacy.

8 Appendix B: Summary of Pharmacy Need and Services by Ward

							Advanced Services			General Health									Tobacco Control			Sexual Health			Drug Misuse	
Ward Name	**Population (all ages) ONS 2015 mid-year estimate**	**Pharmacies**	**Population per Pharmacy**	**IMD 2015 Score**	**% BME Population (Census 2011)**	**All Cause Mortality 2011-2015**	Medicine Use Review	New Medicine Service	Appliance Use Review	MAR Advice to HOME CARE	100 Hours Pharmacy	Flu vaccination	Minor Ailments Scheme	Community Script switch	Anticoagulation scheme	Not Dispensed Scheme	Palliative Care Drugs	Sub-cutaneous Fluid scheme	Champix	NRT	Smoking Cessation	Chlamydia Screening	Condom Distribution	EHC	Needle Exchange	Supervised Consumption
Beauchief & Greenhill	**19682**	3	6560.7	31.61	9.2	393.49	3	2	0	3	0	3	3	0	0	3	0	0	2	2	0	0	0	0	0	2
Beighton	**17692**	5	3538.4	17.80	5.5	358.75	5	5	0	4	1	4	5	0	0	4	1	0	4	5	1	0	0	2	0	2
Birley	**16876**	5	3375.2	22.36	4.7	328.67	5	4	0	5	0	5	5	0	1	5	0	0	3	3	1	0	0	4	1	5
Broomhill & Sharrow Vale	**23987**	5	4797.4	16.47	24.9	384.94	4	4	1	5	1	4	5	0	0	5	1	0	3	4	0	1	0	3	2	5
Burngreave	**28816**	6	4802.7	52.03	63.5	582.1	5	5	0	5	2	4	6	0	0	5	1	0	3	4	0	0	3	4	1	5
City	**23853**	6	3975.5	28.85	40.1	314.33	5	6	1	5	0	6	6	0	0	6	1	1	4	4	3	2	5	5	2	6
Crookes & Crosspool	**18167**	3	6055.7	7.45	14.2	230.23	3	3	1	3	0	3	3	0	0	3	0	0	3	3	0	2	0	3	1	2
Darnall	**21863**	5	4372.6	46.32	53.8	446.14	4	3	2	4	1	5	5	0	0	5	1	0	4	4	0	0	0	3	1	4
Dore & Totley	**18119**	4	4529.8	6.87	7.9	229.86	4	3	0	4	0	3	4	0	0	4	0	0	3	4	0	0	0	2	0	3
East Ecclesfield	**18103**	4	4525.8	18.68	4.0	320.65	4	2	0	3	1	4	4	0	0	4	1	0	1	2	0	0	0	1	0	3
Ecclesall	**20339**	4	5084.8	4.17	14.9	162.28	4	4	0	3	1	4	4	0	0	4	1	0	3	4	0	0	0	1	0	3
Firth Park	**22488**	6	3748.0	52.95	25.1	514.44	6	5	0	6	1	5	6	0	0	6	1	0	1	3	1	0	1	2	1	5
Fulwood	**20224**	3	6741.3	5.90	14.7	234.4	3	2	1	3	0	3	3	1	0	3	0	0	2	2	0	0	1	1	0	2
Gleadless Valley	**20923**	5	4184.6	37.54	19.4	437.76	5	4	0	4	1	5	5	0	0	4	1	0	1	3	1	0	1	3	0	5
Graves Park	**16468**	6	2744.7	12.47	8.2	277.04	4	3	0	6	1	4	6	0	0	6	1	0	1	2	0	0	0	4	0	4
Hillsborough	**20352**	6	3392.0	21.05	9.1	373.02	6	5	0	5	1	5	6	0	0	6	1	0	5	5	0	0	0	2	0	5
Manor Castle	**22205**	5	4441.0	49.86	26.6	490.97	5	4	0	5	0	4	5	0	0	5	0	0	3	4	0	1	2	4	2	5
Mosborough	**17759**	5	3551.8	20.90	5.3	310.42	5	4	0	4	1	4	5	0	0	5	0	0	4	4	1	2	1	4	1	2
Nether Edge & Sharrow	**23115**	8	2889.4	24.18	43.6	338.69	6	7	0	7	1	7	8	0	0	7	2	0	2	3	0	0	3	6	3	4
Park & Arbourthorne	**19499**	4	4874.8	43.55	17.1	430.72	4	4	0	4	0	3	4	0	1	4	0	0	1	2	1	1	0	1	0	4
Richmond	**19701**	2	9850.5	29.34	7.4	393.91	2	2	0	2	0	2	2	0	0	1	0	0	2	2	0	0	0	1	0	2
Shiregreen & Brightside	**20727**	4	5181.8	40.64	18.7	458.3	4	4	0	4	0	4	4	0	0	4	0	0	3	3	0	0	0	1	0	4
Southey	**19819**	4	4954.8	50.09	7.7	443.82	3	2	0	4	1	4	4	0	0	4	0	0	4	4	0	0	1	2	1	4
Stannington	**18473**	3	6157.7	16.09	5.3	270.55	3	3	0	3	0	3	3	0	0	1	0	0	2	1	0	0	0	1	0	2
Stocksbridge & Upper Don	**18451**	4	4612.8	17.25	3.2	309.32	4	4	0	3	0	3	4	0	0	2	1	0	1	1	1	0	0	2	0	4
Walkley	**26468**	2	13234.0	27.18	31.9	449	2	2	0	2	0	2	2	0	0	2	0	0	2	2	0	0	0	0	0	2
West Ecclesfield	**17728**	4	4432.0	17.88	3.9	326.82	3	3	0	3	1	3	4	0	1	4	1	0	2	2	0	0	0	1	1	4
Woodhouse	**17840**	4	4460.0	29.50	8.1	447.63	4	1	0	4	2	4	4	0	0	4	2	0	2	3	1	0	0	1	1	3
Sheffield	**569737**	**125**	**4557.9**	**27.57**	19.2	363.5	115	100	6	113	17	110	125	1	3	116	17	1	71	85	11	9	18	64	18	101

This page is intentionally left blank