



Leeds

Pharmaceutical

Needs Assessment

2015-2018

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1 Executive summary

The pharmaceutical needs assessment (PNA) looks at the current provision of pharmaceutical services across Leeds, to assess whether it meets the needs of the population and to identify any potential gaps in service delivery.

Since 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish a PNA and keep up it to date. The primary purpose of the PNA is to enable NHS England to determine whether or not to approve applications to join the pharmaceutical list under [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#).

The process of the PNA was broken down into four key stages:

- scoping
- analysis
- formal consultation
- final publication.

During the development of the PNA information was gathered about current service provision from stakeholders. This exercise demonstrated that Leeds has excellent coverage of pharmaceutical services with no gaps identified in provision. Mapping of service provision illustrates the excellent coverage of pharmaceutical services, with the vast majority of the Leeds population living within one mile of a pharmacy. In addition there has been an increase in the number of pharmacies open for extended hours and an increase in 100-hour pharmacies. Every neighbourhood in Leeds therefore has access to a choice of local pharmacies which are often open for extended hours. Pharmacies across Leeds offer essential primary care services supporting their local communities and the wider health and social care system.

Whilst there are no gaps in provision, Leeds should be ambitious about growing the role of pharmacy teams in the delivery of integrated primary care and public health. There are opportunities to build on the services that current pharmacies offer and to strengthen the links between pharmacies and other health and social care providers. Stakeholders have expressed the desire to work more closely and effectively with pharmacies to deliver improved health outcomes and closer integration of strategies.

The PNA will be valid for three years from 1st April 2015 to 31st March 2018 when an updated version will be published. A review statement may be published before then if significant change occurs.

2 Introduction

Almost 80% of adults visit a pharmacy at least once a year for a health-related reason (National Pharmacy Association, 2012). Pharmaceutical services are important contributors in local communities through employment, supporting local people, improving health and wellbeing and playing an active role as a long-term partner in the local health care system.

The pharmaceutical needs assessment (PNA) looks at the current provision of pharmaceutical services across Leeds, to assess whether it meets the needs of the population and to identify any potential gaps in service delivery.

Since 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up to date the PNA. The primary purpose of the PNA is to enable NHS England to determine whether or not to approve applications to join the pharmaceutical list under [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#).

Under the NHS regulations a person who wants to provide NHS pharmaceutical services must apply to NHS England to be on a pharmaceutical list. The NHS England West Yorkshire Team will review the application and decide if there is a need for a new pharmacy in the proposed location, referring to the PNA to inform that decision. Exceptions to this process include applications for needs not foreseen in the PNA or applications to provide pharmaceutical services online or via mail order only (known as distance selling).

2.1 Purpose of the PNA

The purpose of the PNA is to:

- Inform NHS England decisions on applications for new pharmacies and applications from current providers who would like to change their existing regulatory requirements. NHS England are required to refer to their local PNA.
- Help the HWB to work with providers to target services in areas of need and limit duplication of services where provision is adequate.
- Inform interested parties of the pharmaceutical needs in Leeds so that they can plan, develop and deliver pharmaceutical services that are appropriate for the local population.
- Inform commissioning decisions made by local authorities, Clinical Commissioning Groups (CCGs) and NHS England.

2.2 Leeds Joint Health and Wellbeing Strategy

Leeds aspires to be the best city for health and wellbeing. The vision of the Joint Health and Wellbeing Strategy (JHWS) is that Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest. The Leeds HWB is responsible for overseeing the achievement of this

vision. The [Leeds Joint Health and Wellbeing Strategy 2013-2015](#) sets out how partners will work together to make it all happen. The Strategy focuses on five outcomes:

1. People will live longer and have healthier lives.
2. People will live full, active and independent lives.
3. People will enjoy the best possible quality of life.
4. People are involved in decisions made about them.
5. People will live in healthy and sustainable communities.

The PNA supports the delivery of the five outcomes above, particularly outcomes one to three.

3 Context of the PNA

3.1 Definition of NHS pharmaceutical services

Pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 include:

- **Essential services** which every community pharmacy offering NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the Regulations). These include the dispensing of medicines, promotion of healthy lifestyles and support for self-care. These services are negotiated and funded at national level.
- **Advanced services** which community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation. Currently, these advanced services include Medicines Use Reviews (MUR) and the New Medicine Service (NMS) from community pharmacists and Appliance Use Reviews (AUR) and the Stoma Customisation Service provided by dispensing appliance contractors and community pharmacies.
- **Enhanced services** are commissioned directly by NHS England Area Teams. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on-demand availability of specialist drugs, and out-of-hours services.

The regulations do not cover 'pharmaceutical services' commissioned by local authorities and CCGs. Although not a mandatory element of a PNA, where the need for a service is clear it has been stated in this assessment to help guide local commissioning.

3.2 Types of pharmaceutical provider

Several types of providers can be added to the pharmaceutical list. These include:

- **Pharmacy contractors** – independent contractors working individually or as groups of pharmacies who provide NHS pharmacy services in community pharmacy settings.
- **Dispensing appliance contractors** – appliance suppliers are a subset of pharmacy contractors who supply appliances such as incontinence aids, dressings, bandages, etc. on prescription. They cannot supply medicines.
- **Dispensing doctors** – medical practitioners who are authorised to provide drugs and appliances in designated rural areas known as 'controlled areas'.
- **Local pharmaceutical services (LPS) contractors** – provide services specifically negotiated to meet local need; this must include an element of dispensing.
- **Distance-selling pharmacies** – although not covered by the same market entry system that relies on the PNA, distance-selling pharmacies are able to

supply medicines to the population. These services are often mail order or internet based.

3.3 Scope of assessment

The PNA will meet the requirements identified in Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and summarised below.

- **Current provision of necessary services** – this includes services inside the Leeds HWB geographical area as well as services that sit outside the Leeds HWB area yet service its population.

This requirement also includes the need to map current provision of services by:

- pharmacies
 - distance-selling pharmacies
 - dispensing appliance contractors
 - Dispensing doctors.
- **Gaps in provision of necessary services** – this includes current and future gaps in pharmaceutical health and also gaps by service type. For example, if a new housing development is planned in the Leeds Metropolitan area then additional pharmaceutical service may need to be considered.
 - **Current provision of other relevant services** – this includes services both inside and outside of the Leeds Metropolitan boundaries that are not meeting an identified need but do secure improvements or better access to services.
 - **Service provision that would secure improvements and better access if provided** – this is a statement about identifying services that are not currently being provided but which will be needed to secure future improvements in pharmaceutical services.
 - **Other services** – any NHS services provided or arranged by the HWB, NHS England, a CCG or NHS (Foundation) Trust which affect the need for pharmaceutical services, for example a large health centre providing a stop smoking service.

3.4 Excluded from the PNA

The PNA's scope is defined by its regulatory purpose. Therefore pharmaceutical services in prisons are excluded from this assessment as providers' contract directly from the prison authorities.

3.5 Identification of health needs

The PNA uses the Joint Strategic Needs Assessment (JSNA) to identify local health priorities. The health and wellbeing needs described in the JSNA are not replicated in the PNA; therefore the two documents should be read in conjunction with one another to gather more detailed information on specific area and health needs. The JSNA and other health needs assessments also identify the needs of populations with protected characteristics such as pregnancy. These documents should be used in conjunction with the PNA.

3.6 Localities for the PNA

The PNA looks at provision across a whole HWB area, with community committee boundaries identified on maps to highlight local need. Community committees have been selected as the localities. The ten Community Committees have been selected for analysis and discussion for a number of reasons. Firstly, the Community Committees hold meaning for the Local Authority and the Elected Members that represent the constituent Wards in each area. Community Committees are also used as convenient aggregate areas within other needs assessments and reports, and there are many published statistics for them within the JSNA and on the Council's web based Observatory. Finally, the Community Committees also coincide with the deprivation fault line that demonstrably separates the five deprived "Inner" areas and the five more affluent "Outer" areas.

3.7 Services provided across other local authority areas

In making an assessment of pharmaceutical need the HWB will take into account services provided outside Leeds that affect Leeds residents.

3.8 PNA process and consultation

The process of the PNA was broken down into four key stages:

- scoping
- analysis
- formal consultation
- final publication.

3.8.1 Stage one: scoping

This stage involved identifying all appropriate stakeholders and seeking their views and input, specifically focusing on current provision, perceived gaps in provision and future developments for pharmaceutical services.

3.8.1.1 Pharmacy questionnaire

A pharmacy questionnaire was distributed to all pharmacies in the Leeds HWB area on the NHS England pharmaceutical list. The questionnaire asked pharmacy staff to identify provision of services and ease of access to those services (e.g. disabled access, multilingual staff/resources). The questionnaire also asked pharmacies to

identify any gaps in provision. An analysis of the pharmacy survey is provided in Appendix 1.

3.8.1.2 Stakeholder letter

A letter was sent on behalf of the HWB to stakeholders. The letter sought to seek each organisation's view on:

- current pharmaceutical services provision within the Leeds HWB area
- perceived gaps in pharmaceutical services provision (either currently or which they foresee within the next three years)
- services operating outside the Leeds HWB area which they consider will impact on pharmaceutical services within the district
- any other factors they feel the HWB should consider when developing the PNA (e.g. any plans within their organisational strategy that may impact upon future pharmaceutical service provision)
- any future commissioning intentions that will impact upon pharmaceutical services.

The stakeholder letter was sent to a representative from the following organisations:

- Community Pharmacy West Yorkshire
- Leeds North CCG
- Leeds West CCG
- Leeds South and East CCG
- Healthwatch Leeds
- Leeds Local Medical Committee
- Leeds Teaching Hospital Trust
- Adult Social Care , LCC
- Children's Services, LCC
- The third sector representative on the HWB

3.8.1.3 Public engagement

An electronic questionnaire was developed and distributed to the Leeds City Council's Citizens' Panel. The Panel includes over 3,600 residents. The questionnaire focused on gaining insight into the public's experience of using pharmaceutical services. In total 1021 responded. A full breakdown of the responses is set out in Appendix 2.

3.8.1.4 Pharmaceutical lists and commissioned services

Commissioners from NHS England, Leeds City Council and CCGs were asked to provide details of all the services they commission in pharmacies. This information was then mapped and analysed in stage two.

3.8.2 Stage two: analysis and draft report writing

The content of the PNA was produced, including demographics, mapping and analysis of the pharmaceutical needs. The draft document was shared with a number of stakeholders prior to draft publication.

3.8.3 Stage three: formal consultation

The draft PNA was published on the Leeds Observatory website (<http://observatory.leeds.gov.uk/>) from Tuesday 23rd December 2014 until Monday 23rd February 2015 (62 days). This met the required formal consultation period of 60 days. The link to the draft was sent to all mandatory stakeholders on the first day of consultation, in line with the Department of Health regulations. All pharmacies and dispensing GP practices received a letter notifying them of the consultation. A summary of the feedback received from the consultation and the PNA steering group responses are displayed in appendix 20. Only points of clarification and minor amendments have been made to the draft PNA with no substantive changes to be content being made, and therefore no further period of consultation has been required.

3.8.4 Stage four: final publication

The HWB will publish the PNA prior to 1st April 2015 in line with the regulations. The PNA will be published on the Leeds Observatory website.

3.9 Lifespan and review of the PNA

The PNA will be valid for three years from 1st April 2015 to 31st March 2018 when an updated version will be published. A review statement may be published before then if significant change occurs.

4 Population profile

4.1 Overview

Leeds is the second largest Metropolitan District in England and the regional capital of Yorkshire and Humber. It covers a large area of 552 square kilometres.

The population of Leeds is estimated to be 783,698 people in 2014. Population estimates are taken from the Census 2011 developed by the Office of National Statistics (ONS). The ONS projects that by 2021 the population of Leeds will exceed 839,000. The gender ratio in the city is approximately equal, with 49% males and 51% females.

The health of people in Leeds is generally worse than the England average. Deprivation is higher than average and about 22.5% (30,600) children live in poverty (Public Health England, 2014). Life expectancy for both men and women is lower than the England average.

4.2 Ethnicity

Leeds is a diverse city with over 140 ethnic groups representing 19% of the total population, the remaining 81% identify themselves as white British (Leeds City Council, 2013). Other White' groups represent 4% of the population. This group includes White Irish, Gypsy and Travellers and Eastern European communities. The Polish community is the largest single Eastern European community within this group.

Asian and Asian British groups form the largest black and minority ethnic (BME) community within Leeds. The Pakistani community is the largest 'single' BME community, representing 3% of the population. '

4.3 Deprivation

Leeds is a city with socio-economic inequalities. People who live in lower socio-economic groups often experience worse health than people who live in more affluent groups. It is important to understand the socio-economic inequalities in Leeds in order to understand their effect on the health of the population.

The Index of Multiple Deprivation (IMD) is produced by central government on a three-yearly cycle. It is a useful tool to make comparisons between cities in England. The IMD is based on seven equally-weighted domains of deprivation: income, employment, health, education, barriers to housing, living environment and crime.

The IMD bases its analysis on units of population called lower super output areas (LSOAs). LSOAs contain, on average 1,500 people. There are 476 LSOAs in Leeds. 19% of Leeds LSOAs are in the 10% most deprived LSOAs nationally. This means that 150,000 people live in areas which are in the most deprived 10% in the country. 29% of Leeds LSOAs are in the most deprived 20% nationally. This means that 43,500 people live in areas which are in the 20% most deprived in the country.

Leeds is categorised as one of the “Core Cities”, which are the eight largest city economies outside London including Glasgow and Cardiff. Compared to the other Core Cities Leeds has fewer LSOAs in the 20% most deprived. On average, the core cities have 31% of LSOAs in the 10% most deprived and 45% in the 20% most deprived.

Six wards in Leeds have more than half their LSOAs in the 10% most deprived nationally. These wards are City and Hunslet, Gipton and Harehills, Killingbeck and Seacroft, Burmantofts and Richmond Hill, Middleton Park and Chapel Allerton. Seven further wards in Leeds have more than half their LSOAs in the 20% most deprived LSOAs nationally.

Life expectancy is 11.0 years lower for men and 8.2 years lower for women in the most deprived areas of Leeds than in the least deprived areas.

Understanding the needs of our communities and how well they are doing is vital to determining what sorts of services and actions may be needed in an area. A full picture of the demographics in Leeds is available on the Leeds Observatory website (<http://observatory.leeds.gov.uk>) along with the JSNA and a large variety of information and intelligence on the Leeds population. As previously noted, the PNA should be read in conjunction with the JSNA.

5 Current pharmacy provision

The PNA identifies and maps current provision of pharmaceutical services in order to assess the levels and appropriateness of the provision.

5.1 Community pharmacies

There are 181 community pharmacies operating in Leeds, two of which are categorised as Essential Small Pharmacy Local Services (ESPLPS). An ESPLPS ensures pharmaceutical services are maintained in areas where there is a need for pharmaceutical services but they are not financially sustainable. The two ESPLPS are:

- Colin Eccles, Pool-in-Wharfedale
- D & M Rappaport, Whinmoor.

The ESPLPS funding will end 31st March 2015.

Appendix 3 illustrates the location of all pharmacies and dispensing GP practices in Leeds.

5.2 Dispensing GP practices

There are five dispensing GP practices in Leeds:

- Dr Lightfoot & Partners, Church View Surgery, School Lane, Collingham, LS22 5BQ
- Dr Lewis & Partners, Manston Surgery, 72-76 Austhorpe Road, LS15 8DZ
- Dr Ibbotson & Partners, The Square, Harewood, LS17 9LQ (dispensing branch – main surgery in Wetherby)
- Dr James & Partners, 37 Main Street, Monk Fryston (dispensing branch – main surgery in Kippax)
- Dr Porter & Partners, Jessamine Cottage, Main Street, Aberford, LS25 3AA (dispensing branch – main surgery in Garforth).

5.3 Distance-selling pharmacies

A distance-selling pharmacy is a registered pharmacy that provides services over the internet. There are two distance-selling pharmacies in Leeds. Patients can access pharmaceutical services from any community pharmacy including mail order/internet pharmacies of their choice. This option increases accessibility as patients can access locally or nationally based internet pharmacies. Distance selling pharmacies do not offer face to face services.

5.4 Access to pharmacies by location

The 2008 White Paper, *Pharmacy in England: Building on strengths – delivering the future*, states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport (Department of Health, 2008). Appendix 4 illustrates the one-mile buffer zone which represents

approximately 20 minutes walking distance around pharmaceutical provision in Leeds. This demonstrates the excellent of provision across the city.

Appendix 5 shows that there are a small number of postcodes within the Leeds District that are more than one mile from the nearest dispensing location (pharmacy or dispensing GP surgery). These postcodes have 20,060 residents, which is around one-fortieth (2.4%) of the Leeds population. The majority of these postcodes lie within the outer north east Community Committee area, with a large number in close proximity to the A58 road. Many of these residents will be able to access a pharmacy within 20 minutes by car or public transport. Many of the postcodes are just outside the one-mile radius and/or are on a main road with good access to pharmaceutical provision.

5.5 Access to pharmacies by opening hours

The majority of Leeds pharmacies open between 8am and 8.30am and close between 5.30pm and 6.30pm. There are 21 pharmacies opening for a minimum of 100 hours per week; this is an increase of 12 pharmacies from 2009.

There are 121 pharmacies that open on a Saturday, with a range of opening hours. At least 59 of these pharmacies are open to 5pm or later. There are 37 pharmacies open on a Sunday.

Community pharmacy opening times can be accessed via the NHS Choices website

<http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

There are various maps within the appendices which show the opening hours of pharmacies:

Appendix 6: Map to show pharmacies open before 8am

Appendix 7: Map to show pharmacies open after 6pm

Appendix 8: Map to show pharmacies open after 8pm

Appendix 9: Map to show pharmacies open on a Saturday

Appendix 10: Map to show pharmacies open after 2pm on a Saturday

Appendix 11: Map to show pharmacies open on a Sunday

There is good coverage of pharmacies offering extended opening hours. This is demonstrated in appendices 6 to 11. Many pharmacies open after 6pm are located within the deprived areas of Leeds or with one mile.

Access to pharmacies open after 8pm and on a Sunday is deemed to be adequate; however the distribution could be improved, as areas such as outer north east have more limited access.

5.6 Changes since 2011

At the time of writing the 2011 PNA there were 161 pharmacies working within the national contract, with two ESPLPS. In December 2014 there are 181 pharmacies

working within the national contract. This represents a 12% increase in provision. The number of ESPLPS has not changed.

5.7 Conclusion

During the development of the PNA information was gathered about current service provision from stakeholders. This exercise demonstrated that each Community Committee area in Leeds has excellent coverage of pharmaceutical services with no gaps identified in provision. The maps in Appendices 3 and 4 also illustrate the excellent coverage of pharmaceutical services, with the vast majority of the Leeds population living within one mile of a pharmacy.

The Community Committee areas which have a high number of residents living in deprivation have multiple options in terms of pharmacy provision.

In addition there has been an increase in the number of pharmacies open for extended hours and an increase in 100-hour pharmacies. Every neighbourhood in Leeds therefore has access to a choice of local pharmacies which are often open for extended hours.

6 Pharmaceutical services

As previously stated, pharmaceutical services are divided into three tiers, essential, advanced and enhanced. In addition there are also locally commissioned services, some of which are enhanced.

6.1 Essential services

All community pharmacies are required to provide all essential services. It is NHS England's responsibility to ensure that all pharmacies meet the service specification.

These services are:

- dispensing medicines
- dispensing appliances
- repeat dispensing
- disposal of unwanted medicines
- public health campaigns (at the request of NHS England pharmacies are required to participate in up to six campaigns per year)
- signposting
- support of self-care
- clinical governance.

In December 2014 there were 181 pharmacies offering essential services. In addition there are five dispensing GPs.

6.2 Advanced services

There are four advanced services within the NHS community pharmacy contract. Community pharmacies can opt to provide any of these services as long as they meet the set requirements. These advanced services are:

- Medicines Use Review and prescription intervention services (MUR) – pharmacy contractors only
- New Medicine Service (NMS) – pharmacy contractors only
- Stoma Appliance Customisation (SAC)
- Appliance Use Review services (AUR).

In December 2014 there were 178 pharmacies offering MURs. There is good coverage and distribution of these services.

6.3 Enhanced services

The following services are the enhanced services commissioned by the NHS England Area Team.

6.3.1 Minor ailments scheme

This service provides advice and support to people on the management and treatment of minor ailments and the supply of medicines. The service aims to support those people who would otherwise have gone to their GP for a prescription.

There are 40 pharmacies across Leeds offering the minor ailments scheme. There is adequate provision for this service. Distribution of the scheme could be improved.

6.3.2 Palliative care

Pharmacies are commissioned to provide a locally agreed list of medicines and ensure that service users have prompt access to these medicines, in response to the presentation of an NHS prescription, during the pharmacy's contracted opening hours. The pharmacy will provide information and advice to the user, carer and clinician. They may also refer to specialist centres, support groups or other health and social care professionals where appropriate.

There is adequate provision for this service. Appendix 12 illustrates the location of these services.

6.3.3 National Flu immunisation programme 2014/15

The aim of the national flu immunisation programme 2014/15 is to ensure good levels of flu immunisation, which is one of the most effective interventions we can make to reduce harm from flu and pressures on health and social care services during the winter. Those eligible should be given flu vaccination as early as possible between September and early November before flu starts circulating in the community.

In 2014/15 the following people are eligible for flu vaccination:

- those aged 65 years and over
- those aged six months to under 65 in clinical risk groups
- pregnant women
- all two, three and four year olds
- school-aged children in pilot areas
- those in long-stay residential care homes
- carers

Health and social care workers who are in direct contact with patients or service users are expected to be offered flu vaccination by their employer, including GP practice staff.

To address the low uptake in 'at risk' patients, NHS England (West Yorkshire) have developed a service level agreement (SLA) for pharmacists to deliver Flu vaccination. 64 of the 181 pharmacies in Leeds are signed up to the Pharmacy flu campaign. This has been developed through liaison with the Local Pharmacist Committee (LPC). Whilst pharmacists will be able to vaccinate other groups (excluding children and immunosuppressed) the SLA asks that they concentrate on improving uptake within the 'at risk' population. The LPC are leading the development of a local campaign to improve uptake.

7 Locally commissioned services

These services are commissioned locally by Leeds City Council and the CCGs.

7.1 Local services commissioned by Leeds City Council

There is increasing recognition that community pharmacy can make a significant contribution to improving the public's health. Pharmacies are often a point of contact for people, including those who may not otherwise access health services. Community pharmacies can offer a number of services from signposting to offering one-to-one stop smoking support. Pharmacies are a community asset that can improve the health of the communities they serve. As a result Leeds City Council commissions a number of services to contribute towards the delivery of the Leeds Health and Wellbeing Strategy.

7.1.1 Supervised consumption

Where supervision has been requested by the prescriber, the pharmacist/staff observes patients' consumption of substitute medications for opiates. The practice is designed to support drug users to stop or stabilise their opiate use, thus enabling them to develop their personal goals. The aims and objectives of the service are to:

- ensure the safe and consistent consumption by patients of prescribed substitute medications for opiates
- minimise the misdirection of controlled drugs, thus contributing to a reduction in drug-related deaths in the community
- support patients in adhering to treatment regimens that will enable them to reduce the harm caused by illegal drug use
- offer a professional, user-friendly, non-judgemental, client-centred and confidential service
- monitor and offer advice to the patient on their general health and wellbeing
- promote access and make referrals to other primary care agencies where appropriate.

There is adequate coverage of this service. Appendix 13 illustrates the locations of this service.

7.1.2 Needle exchange

The needle exchange service includes the provision of needles, syringes and related paraphernalia. It also offers information and advice on injecting drug use-related issues. The provision of the service is a public health initiative designed to reduce the harm caused by drug use to individuals, families and the wider community. It provides a free, accessible, effective and efficient service to drug misusers and supports local communities by:

- assisting drug users to maintain, and where possible improve, their level of health until they are ready to address their injecting and/or substance misuse

- reducing the rate of sharing and other high-risk injecting behaviours by providing sterile injecting equipment, paraphernalia and other support
- reducing the rate of blood-borne infections among drug (mis)users
- promoting safer injecting practices
- providing and reinforcing harm reduction advice and initiatives, including advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)
- ensuring safe disposal of used injecting equipment
- improving the health of local communities by preventing the spread of blood-borne viruses and by reducing the rate of discarded used injecting equipment.

Needle exchange is offered in 15 pharmacies across Leeds. Provision for this service is adequate. Appendix 14 illustrates the locations of this service.

7.1.3 Smoking

Smoking is the single biggest cause of premature mortality and accounts for over one-third of respiratory deaths, over one-quarter of cancer deaths, and about one-seventh of cardiovascular disease deaths. It is also one of the biggest contributors to health inequalities, with the most disadvantaged being disproportionately affected by smoking.

In Leeds there is a large disparity in smoking prevalence by electoral ward. Smoking rates are higher within the more deprived wards than the more affluent wards. For example, the smoking rate is 29% in Armley compared to 17% in Pudsey (based on GP data). Despite the significant reduction in smoking prevalence over the past few decades for both men and women, there is still a large difference in smoking rates between socio-economic groups. 33% of adults in routine and manual occupations smoke compared to 14% of adults in managerial and professional occupations.

Currently pharmacies offer two smoking cessation services: behavioural support (where a member of staff has been specifically trained to offer smoking cessation support) and dispensing nicotine replacement therapy (NRT) via the NRT voucher scheme. 16 pharmacists have a contract to provide smoking cessation support and 118 have contracts to provide NRT via the NRT voucher scheme. These can be found in Appendix 15.

Smoking cessation support is provided on a city-wide basis through a combination of the specialist stop smoking service and primary care-registered stop smoking advisors (typically practice nurses and pharmacy advisors). The specialist service provision is commonly located within wards of high smoking prevalence. Primary care stop smoking advisors (including those based in pharmacies) have historically been commissioned in areas where there has been little or no service provision. Although primary care stop smoking advisors provide greater reach and accessibility, national data highlights that they are less effective than interventions by specialist stop smoking advisors. Nevertheless, primary care smoking cessation services are

still an important part of the overall stop smoking services and can play a vital role in improving the health of specific communities.

There is good provision overall, most specifically for the NRT dispensing voucher scheme, but only a small number of pharmacies provide behavioural support and quit rates are low.

7.1.4 Healthy weight

The latest Health Survey for England data (2014) shows that nearly 1 in 4 adults, and over 1 in 10 children aged 2 to 10 years, are obese and the trend is set to increase. There are two Public Health Outcomes indicators that can be used to monitor the impact of overweight and obesity on the local population: the percent of adults with excess weight, and the percent of active and inactive adults. In 2012, 62% of the Leeds population were overweight or obese; this is comparable with the core cities and the England average. The Active People Survey is used to determine the percentage of active and inactive adults. In 2013, 21% of the adult Leeds population were inactive. This is below the national average and much lower than the core cities. 57.8% of the adult Leeds population were active; this is comparable to the England average.

Obesity can have a severe impact on people's health. Around 10% of all cancer deaths among non-smokers are related to obesity. The risk of coronary artery disease and type 2 diabetes directly increases with increasing levels of obesity: levels of type 2 diabetes are about 20 times greater for people who are very obese. These diseases shorten life expectancy. Good eating and physical activity habits are key to maintaining a healthy body weight. These are impacted by significant external influences such as environmental and social factors. Changes in food production, the use and availability of motorised transport, and changing work/home lifestyle patterns, all contribute to the trend of increasing body weight.

There are currently no specific pharmacy weight management services except signposting to local services.

7.1.5 NHS Health Check

The NHS Health Check programme is a nationally mandated public health programme under the responsibility of the local authority. The programme is aligned to the Joint Health and Wellbeing Strategy outcome 1 – People will live longer and have healthier lives. Two of the priorities for this outcome are 'support more people to choose healthy lifestyles' and 'ensure people have equitable access to screening and prevention services to reduce premature mortality'.

The aim of the NHS Health Check is to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia with a focus on reducing health inequalities. Everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions will be invited once every five years to have an NHS Health Check. Health care staff will assess their risk and offer support and

advice to help reduce or manage that risk, including referral to healthy living services if appropriate.

Leeds has been offering NHS Health Checks to its eligible population since 2009, via a systematic invitation process from all GP practices. In Leeds there was a 59.6% uptake of the checks in 2013/14. Public Health England has set an expected national target of 75% uptake and for 2013/14 the average uptake for England was 44%.

Recent insight gained from Leeds residents highlighted the need to offer more flexible and accessible appointments. As a result, from 1st October a six-month pilot has been commissioned to offer NHS Health Checks in four Asda pharmacies across the city to offer increased choice of location and extended hours of availability (Figure 2).

Figure 1 Pharmacies taking part in the NHS Health Check pilot

Asda Pudsey Owlcotes Shopping Centre Leeds LS28 6AR	Asda Holt Park Holt Park Road Leeds LS16 7RY	Asda Killingbeck Killingbeck Drive Leeds LS14 6UF	Asda Morley Howley Park Rd Leeds LS27 0BP
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The current model of delivery still requires people to have an invitation from their GP to access the pharmacy NHS Health Check rather than turning up opportunistically. GPs signing up to take part in the pilot offering the flexible model of delivery use an amended invitation letter. At present there are 22 GP surgeries taking part (Figure3).

Figure 2 Practices taking part in the NHS Health Check pilot

Newton Surgery	Street Lane Practice
Hunslet Health Centre	Shafton Lane
Armley Medical Centre	Moor Grange
Craven Road Medical Practice	Whitehall Surgery
Hyde Park Surgery	Fountain Medical Centre
Fieldhead	Thornton Medical Centre
Park Edge Practice	The Avenue
Westfield Medical Centre	North Leeds Medical Practice
Burley Park Medical Centre	Pudsey Health Centre
Ashton View Medical Centre	The Gables Surgery
The Abbey Medical Centre	Priory View Surgery

To assess its success, performance statistics will be reviewed quarterly and a full evaluation will take place throughout and after the pilot to inform future commissioning arrangements.

7.1.6 Sexual health

Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. In Leeds there are strong links between deprivation and the incidence of sexually transmitted infections (STIs), teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults and BME groups. The sexual health services in Leeds support the delivery of two of the main sexual health-related Public Health Outcomes Framework measures: under 18 conceptions and chlamydia diagnosis (15–24 year olds).

37 sites are commissioned to deliver sexual health services. These sites have been selected because they are in areas of high teenage pregnancy and also have weekend opening. The sexual health team are currently reviewing the service to inform future commissioning in 2016/17.

7.1.7 Leeds medication administration record (MAR)

Pharmacies that provide this service help support domiciliary care workers by preparing a medication administration record (MAR) sheet when a prescription is presented. The aims of the service are to:

- prepare MAR sheets using the pharmacy software systems
- support care workers providing help to patients with long-term conditions, which otherwise might require residential care
- support self-care and maintain some patient independence
- maximise the benefits achievable by regular medicine-taking
- reduce waste caused by non-compliance.

In principle there are no geographical gaps. The service is available to any person who fulfils the criteria given above. Appendix 17 illustrates the locations where this service has been provided.

7.2 Local services commissioned by Leeds CCGs

There are three CCGs in Leeds: Leeds North, Leeds West and Leeds South & East.

7.2.1 Head lice

Leeds North and Leeds South & East CCGs have commissioned community pharmacies within their boundaries to deliver a head lice scheme. Pharmacies providing this service will provide evidence-based advice and support to people on the management of head lice including, where necessary, the supply of combs to detect head lice and medication for the treatment of head lice. The service has been commissioned to help reduce the number of inappropriate referrals made to the Head Start clinic as well as helping GPs to make more efficient use of their time and focus on more complex cases. This service will allow patients access to treatment on the NHS without a prescription.

The service is available to patients registered with a GP practice in the Leeds North and Leeds South & East CCG areas. Those not registered with a GP or who are registered with a GP from outside of the area should be offered the opportunity to purchase over-the-counter head lice treatment or be referred to their own GP.

The service does not cover children less than six months old; these children must be referred to their GP. This is due to the product licences of the available treatments.

7.2.2 Medicines waste projects

Leeds North has undertaken a couple of medicines waste initiative projects in conjunction with community pharmacies within the CCG area during 2014/15. The main aim of these projects has been to encourage patients to order only the medication they need each month and also to return any unused or unwanted medication. The project also encourages community pharmacies to undertake medication use reviews with patients when they return medication to the pharmacy, to ensure their medication records are kept up to date.

7.2.3 Pharmacy urgent repeat medicines (PURM)

The West Yorkshire Urgent Repeat Medicine service is commissioned by all three CCGs in Leeds. The purpose of the service is to facilitate appropriate access to repeat medication out of hours and to relieve pressure on urgent care and emergency care services (A&E, out-of-hours GPs, NHS 111) by enabling people to access repeat medicines in emergency situations.

There are 12 pharmacies offering PURM, four in each CCG area. There is good coverage of this service across Leeds. The location of the pharmacies offering PURM can be found in Appendix 18.

Appendix 19 captures all current service provision delivered in pharmacies.

8 Gaps in provision

8.1 Community pharmacy

There are no gaps in community pharmacy provision. All Community Committee areas within Leeds have access to one or more providers as demonstrated in previous sections. Pharmacies across Leeds offer essential primary care services supporting their local communities and the wider health and social care system. There are opportunities to build on the services that current pharmacies offer and to strengthen the links between pharmacies and other health and social care providers.

Community pharmacy is at the heart of our communities and a pharmacist is often the health care professional closest to where people live and work. The PNA did not identify any gaps in the provision of necessary pharmaceutical services. Pharmacy staff often reflect their local population, particularly in terms of the language spoken. Patients and the public have a good choice of different pharmacies to meet their needs.

In the future pharmacies will need to consider the impact of extended opening hours of GP surgeries in their locality.

9 Improvements, pilot schemes and future considerations

Whilst there are no gaps in provision, Leeds should be ambitious about growing the role of pharmacy teams in the delivery of integrated primary care and public health, in recognition of their unique accessibility and training. Stakeholders have expressed the desire to work more closely and effectively with pharmacies to deliver improved health outcomes and closer integration of strategies.

9.1 Essential Small Pharmacy Local Pharmaceutical Service (ESPLPS)

The contracts for the two ESPLPS in Leeds will end in March 2015. The position of the two pharmacies who have been in an ESPLPS contract will be monitored by the HWB post 31 March 2015. Should either contractor decide to close there would still be a need for a pharmacy within the same geographical area and a replacement contractor would be required. However, the population needs within these areas would not support additional providers over and above the single pharmacy currently in place.

9.2 Minor ailments scheme

The provision of minor ailments schemes is adequate and no gap has been identified. However the distribution of the scheme could be improved.

9.3 National Flu Immunisations programme

Leeds should consider encouraging more pharmacies to become part of this scheme to ensure greater coverage.

Leeds should consider the role of pharmacy teams in the delivery and promotion of flu vaccines for at risk groups. Where Pharmacies are not part of the Pharmacy flu campaign they should be actively promoting the flu vaccine through resources and advice. Where pharmacies are part of the campaign Leeds pharmacies should consider including healthy children and health and social care workers.

9.4 Housing and developments

Leeds has a housing requirement of 70,000 (net) new homes to be delivered by 2028, a target greater than any other authority within England. The distribution of housing will be based on the settlement hierarchy, with the majority of new housing (70%) to be provided within existing settlements, chiefly within Leeds's main urban area. Urban extensions will be needed to meet the longer term housing requirement, including greenfield and Green Belt land. It is anticipated that the majority of these will be on the edge of the main urban area or major settlements, and a modest amount adjoining smaller settlements, subject to existing levels of services and infrastructure provision and sustainability.

Currently there is no gap in provision, and much of the new housing will be provided within existing settlements so the current pharmaceutical provision will meet future population demands over the lifespan of this PNA.

9.5 CCG future intentions and opportunities

Ensuring that strategies such as the Urgent Care Strategy link well and the involvement of community pharmacy are vital in reducing unnecessary hospital admissions. The CCGs are looking to work together to develop a minor ailments scheme through the urgent care pathway. This programme is still in development.

Currently two out of the three CCGs commission the head lice service. The Leeds West CCG is now considering commissioning this service.

There are more opportunities for pharmacies and CCGs to work together to reduce medicine waste. Examining repeat ordering and developing a more streamlined process would reduce waste.

Overuse of antibiotics is a developing issue. CCGs have identified that there is potential to work with community pharmacies to promote patient education around antibiotic use, for example by encouraging patients to visit a pharmacist as their first option before going to see their GP.

In the future GP practices should consider developing more effective working relationships with local pharmacies as new ways of integrated working within primary care start to develop.

Many practices have benefited from the provision of CCG-funded pharmacist input to help improve medicines management. It is hoped that this can be continued and developed further.

9.6 Locally commissioned public health interventions

Clearly community pharmacy has a role to play in public health and the promotion of key public health messages as well as delivering public health interventions. The evaluation of the NHS Health Check pharmacy pilot will inform future commissioning intentions.

There is a good coverage of LCC (public health)-commissioned services. Ensuring that activity levels are appropriate to meet the needs of the population in order to reduce health inequalities will be vital in securing gains in health and wellbeing for Leeds.

Reducing the excessive use of alcohol has been raised as a priority by a number of stakeholders. As frontline services, pharmacies can play a key role in behaviour change by screening and providing brief interventions or signposting on to specialist services. Pharmacy workers are part of an Identification and Brief Advice (IBA) workforce development plan to ensure that they are able to identify, signpost and give appropriate brief advice to customers.

9.7 West Yorkshire healthy living pharmacies programme

The Health and Wellbeing Board would like to encourage pharmacies to join the West Yorkshire Healthy Living Pharmacies programme. As part of the application

process we would be obliged if you could provide the applicant with the contact details below and ask them to consider joining if they are not currently a member. Details of the programme are available at <http://www.cpwacademy.org/>.

9.8 Safe places scheme

Safe Places schemes help adults with a learning disability cope with any incident that takes place while they are out and about, for example being harassed, getting lost or the person they are meeting fails to turn up which causes them to need assistance.

The idea is very simple: businesses and organisations sign up to be a Safe Place. After training they are issued with a Safe Places sticker which they display in their window. People with a learning disability become members of the scheme and receive a distinctive wristband together with a card. The card has space for scheme members to write their name together with the telephone numbers of up to three people who can be contacted in an emergency.

In the event that a scheme member requires assistance, they look for a place displaying the window sticker and tell the staff at the Safe Place that they need help. Staff will telephone one or more of the numbers listed on the card and ensure someone who knows the person is made aware they need support.

What organisations will offer as a Safe Place:

- Facilitate the training (approx one hour of staff time)
- Display window sticker(s)
- Provide assistance to a person with a learning disability, upon request, by telephoning the number(s) on their emergency contact card
- Keep the person in need of assistance safe until support is available

If you are interested in becoming one of a growing number of Safe Places in Leeds, or would like more information please contact the address below:

Leeds City Council

Learning Disability Community Support Service

Roseville Skills Building

65 Roundhay Road

Leeds LS7 3BQ

Phone: 0113 378 1919

e-mail: safeplaces@leeds.gov.uk

10 Conclusion

The aim of the PNA is to assess the current provision of pharmaceutical services across Leeds, to assess whether it meets the needs of the population and to identify any potential gaps in service delivery. Data has been collected from a number of sources and relevant stakeholders views have been sought to inform the assessment.

In summary the key findings of the Leeds PNA are:

Current provision of necessary services

- Leeds has excellent provision of pharmaceutical services. Every neighbourhood in the area has access to a choice of local pharmacies which are often open extended hours.
- Pharmacies across Leeds offer essential primary care services supporting their local communities and the wider health and social care system. There is a need to build on the services that pharmacies currently offer and continue to strengthen the links between them and other health and social care services.
- The vast majority of Leeds residents live within a one mile radius of a community pharmacy.

Gaps in provision of necessary services

- Whilst there are no gaps in provision, Leeds should be ambitious about growing the role of community pharmacy teams in the delivery of integrated primary care and public health services.

Current provision of other relevant services

- There are a number services commissioned by LCC and the CCGS that secure improvements for the Leeds populations, these include PURM, sexual health services and the head lice scheme.

Service provision that would secure improvements and better access if provided

- Strategies such as the Urgent Care Strategy should consider the role of community pharmacy in delivering outcomes.
- The head lice scheme is currently provided by two of the 3 CCGS. Leeds West is now considering commissioning this service. If this service is combined there would be improved access to the head lice scheme for those who live in West Leeds.

11 References

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Leeds City Council. *Inequalities to Inclusion Report*. Indicator: Population by ethnic group. Age gp:all ages. Period 2011. Released:2013.

National Pharmacy Association (2012) *Community Pharmacy Statistics*. Available at: <http://www.npa.co.uk/representing-you/media-centre/fast-facts-on-pharmacy/>

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf (accessed 15.12.14)

12 Appendices

Appendix 1 Summary of community pharmacy questionnaire

A total of 181 pharmacies were sent the pharmacy needs assessment questionnaire which had 3 broad themes based on Access, Consultation Facilities and Services. A total of 103 (57%) pharmacies responded to the PNA questionnaire. The table below highlights the main results from the questionnaire, 'Blank' denotes the number (percentage) who returned the questionnaire but did not respond to the specific question.

Main findings from the questionnaire included:

- The majority of pharmacies have good customer access both for parking and ease of access to/from public transport with the majority (82%) being less than 2 minutes' walk away.
- Most respondents (88%) indicated that a consultation room was available.
- The majority of pharmacies have good access and facilities for disabled customers.
- The majority of respondents specified that they provide a prescription collection service and free delivery of medicines to patients' homes
- Approximately a third of respondents indicated that minor ailments was a perceived current gap in service

Results Table

Question	Response	(%)
Access		
Can customers legally park within 50 metres of pharmacy?	Yes	96%
	No	
	Blank	4%
Is there public transport within walking distance of pharmacy?	Yes	97%
	No	
	Blank	3%
If yes, how long does the walk take?	Less than 2 minutes	82%
	Less than 5 minutes	14%
	More than 5 minutes	0%
	Blank	5%
Can disabled customers park within 10 metres of the pharmacy?	Yes	87%

	No	8%
	Blank	5%
Is the store entrance suitable for unaided disabled access?	Yes	79%
	No	10%
	Blank	12%
All store areas freely accessible by wheelchair?	Yes	90%
	No	5%
	Blank	5%
Other facilities in store aimed at helping disabled people?	Yes	82%
	No	10%
	Blank	9%
Specify:	Hearing loop	74%
	Large print labels	28%
	Blank	0%
Regular members of staff who speak languages other than English?	Yes	64%
	No	32%
	Blank	4%
Specify:	Urdu	32%
	Punjabi	25%
	Hindi	7%
Premises suitable for services currently provided?	Yes	95%
	No	4%
	Blank	0%
If no, what do you intend to do to address this?	Specify:	
	Relocate	25%
	Awaiting planning permission	25%
	Create health promo / medicines info area	25%
	Did not answer	25%
Premises suitable for services planned for the future?	Yes	85%

	No	13%
	Blank	2%
Are there restrictions on the changes you can make to your premises?	Yes	53%
	No	36%
	Blank	11%
Consultation Facilities		
Consultation room currently available?	Yes	88%
	No	5%
	Blank	7%
If no, do you plan to install a consultation room in the next 12 months?	Yes	3%
	No	2%
	Blank	95%
Services		
Do you provide a prescription collection service?	Yes	86%
	No	3%
	Blank	11%
Do you provide free delivery of medicines to patients' homes?	Yes	80%
	No	6%
	Blank	15%
Perceived Current gaps in service	Minor ailments	31%
	Weight management	5%
	EHC	16%
	Supervised Consumption	1%
	Blood pressure checks	4%
	Flu vaccinations service	3%
	Smoking cessation	11%
	Needle exchange	7%
	Smoking cessation	5%

Sexual health	4%
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Appendix 2 Public feedback

Results of the Leeds public pharmacy survey

An online survey about local pharmacy provision in Leeds was made via Leeds City Council's consultation website. The survey was open from 28th November to 12 December 2014 and by the end of the period 1021 responses had been received.

Key findings:

- Just over half of all respondents (51%) were male, and 49% female. Most respondents said they were aged over 60 (48%) and of white ethnic background (91%).
- Most respondents (60%) agreed that they go to their usual pharmacy because it is near to their GPs, closely followed by them being nearest to where they live (57%).
- 47% of respondents travelled by car and 43% of respondents travelled on foot to their usual pharmacy.
- For those respondents that walked, 43% of respondents lived within 5 minutes of a pharmacy.
- 57% of respondents received their prescriptions free of charge.
- 65% of prescriptions were repeats and 46% of prescriptions were one-off dispensations.

Other services respondents were most interested in were:

- health checks such as cholesterol, blood pressure, diabetes, smoking cessation, weight loss, hearing tests, travel health advice, sexual health services, needle disposal, medication reviews ;
- Minor illness drop-in and advice
- GP services e.g. travel vaccinations, blood tests, ear syringing, children's health services, asthma advice, pain advice, prescribing services
- GP nurse practitioner drop-in service
- Longer opening hours

Disabled respondents or carers were interested in: reminder cards for prescriptions, order and delivery or repeat prescriptions, re-ordering services and dosette boxes.

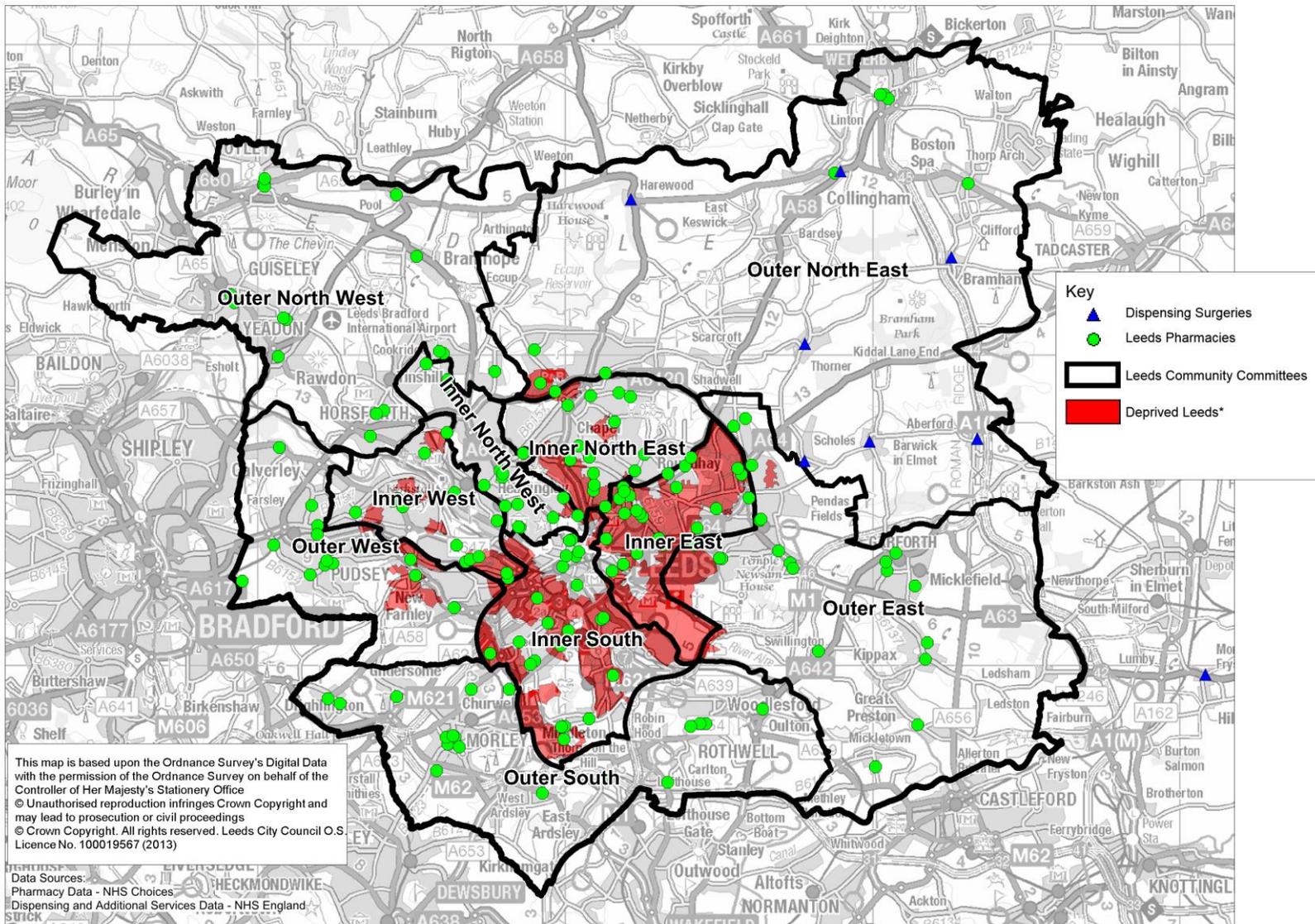
Results of the survey

Question	Response	Percentage
Why do you use your usual pharmacy?	It's the closest to where I live	56.62%
	It's the closest to where I work	8.54%
	It's the closest to my GP surgery	60.06%
	The pharmacy opening hours are convenient for me	30.03%
	I have a good relationship with the pharmacy and the staff there	29.05%
	Staff are able to speak to me in a language other than English	59%
	I can access general health and medicines advice	23.06%
	I can purchase other retail items (e.g. cosmetics or groceries) as the same	16.88%
	Other	7.56%
How do you travel to your regular pharmacy?	Car	47.99%
	Public transport	4.9%
	On foot	43.68%
	Other (bicycle)	3.43%
If you travel by car, can you legally park within 50m of the pharmacy?	Yes	91.43%
	No	7.35%
	Don't know	1.22%
If you have a blue badge, can you park within 10m of the pharmacy?	Yes	13.22%
	No	5.58%
	Don't know	1.86%
If you walk to the pharmacy, how long does the walk take?	Less than two minutes	7.69%
	More than 2 minutes, but less than 5 minutes	35.75%
	More than 5 minutes	56.56%
Is there public transport within walking distance of the pharmacy?	Yes	100%
	No	
	Don't know	

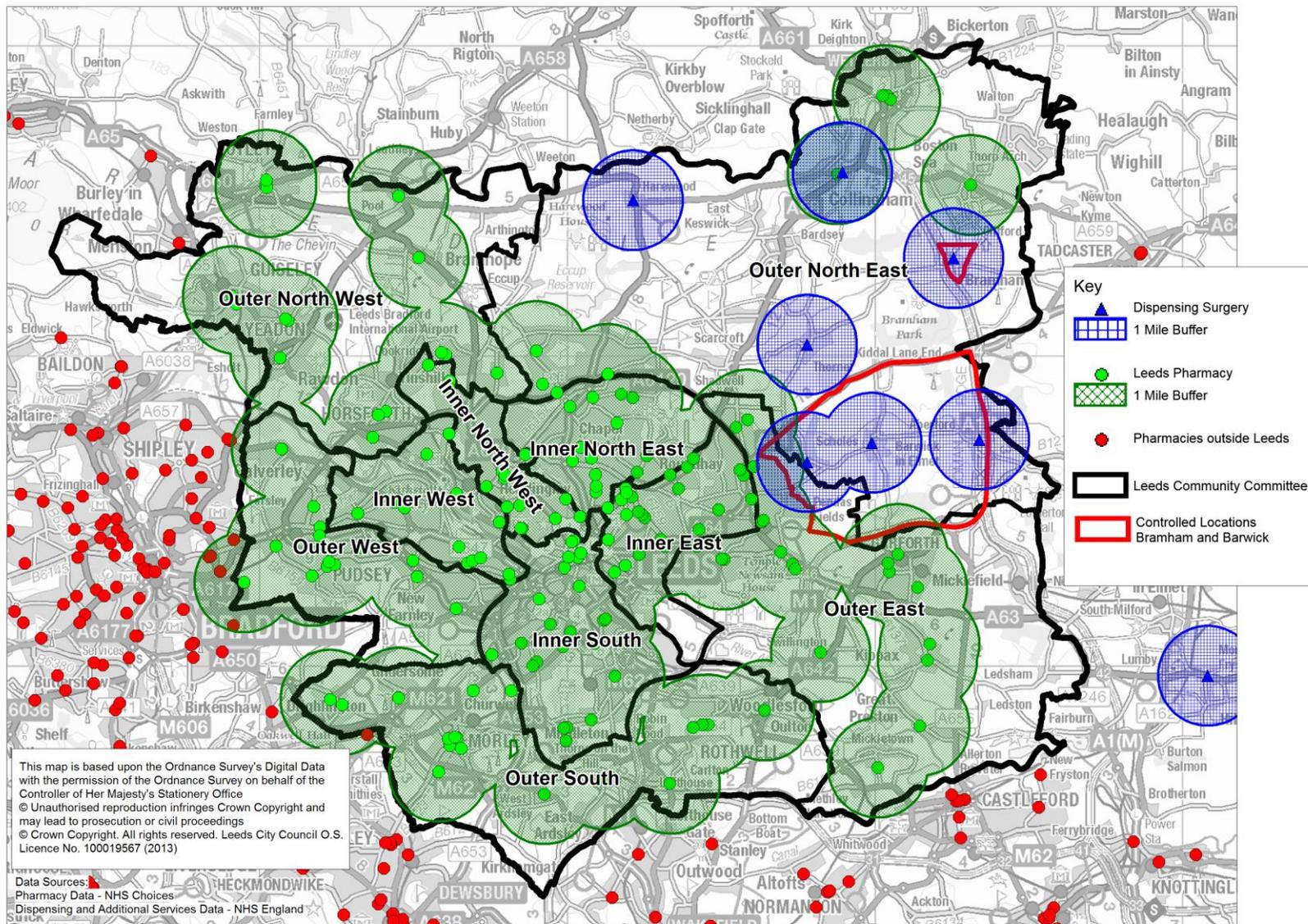
Do you have a disability?	Yes	16.85%
	No	81.36%
	Prefer not to say	1.79%
Do you care for someone who has a disability	Yes	16.85%
	No	81.36%
	Prefer not to say	1.79%
If you or someone you care for is disabled have any adjustments been made to help with medicines e.g. medication reminder charts, large print labels, non-stick tops	Yes	7.12%
	No	15.8%
	Not applicable	77.08%
Which of the following services do you use at your usual pharmacy?		
Handing in prescription for medication (dispensing)	Regularly	46.42%
	Sometimes	48.88%
	Never	4.7%
Repeat prescriptions	Regularly	62.91%
	Sometimes	15.34%
	Never	21.74%
Buying over the counter medicines	Regularly	18.12%
	Sometimes	71.75%
	Never	10.13%
Prescription collection service	Regularly	36.27%
	Sometimes	11.33%
	Never	52.4%
Prescription delivery service	Regularly	12.66%
	Sometimes	7.28%
	Never	80.06%
Disposal of old or unwanted medicines	Regularly	8.85%
	Sometimes	39.54%
	Never	51.61%
Health and medicines advice	Regularly	9.67%
	Sometimes	54.63%
	Never	35.69%

Stop smoking services	Regularly	46%	
	Sometimes	2.28%	
	Never	97.26%	
Sexual health services	Regularly	.3%	
	Sometimes	.91%	
	Never	98.78%	
Substance misuse services	Regularly		
	Sometimes	.46%	
	Never	99.54%	
Needle exchange	Regularly	.31%	
	Sometimes	.15%	
	Never	99.54%	
How do you pay for your prescriptions?	I receive free NHS prescriptions	57.84%	
	I use a prescription prepayment certificate (PPC)	7.19%	
	I pay as I go (pay per prescription)		
	Don't know	34.47%	
What is your age and gender?	Male	19-25	0.2%
		26-35	4.5%
		36-45	9.6%
		46-55	15.9%
		56-59	10.4%
		60+	59.3%
	Female	19-25	1.3%
		26-35	11.8%
		36-45	17%
		46-55	20.8%
		56-59	11.3%
		60+	37.6%
	Prefer not say	11 respondents	

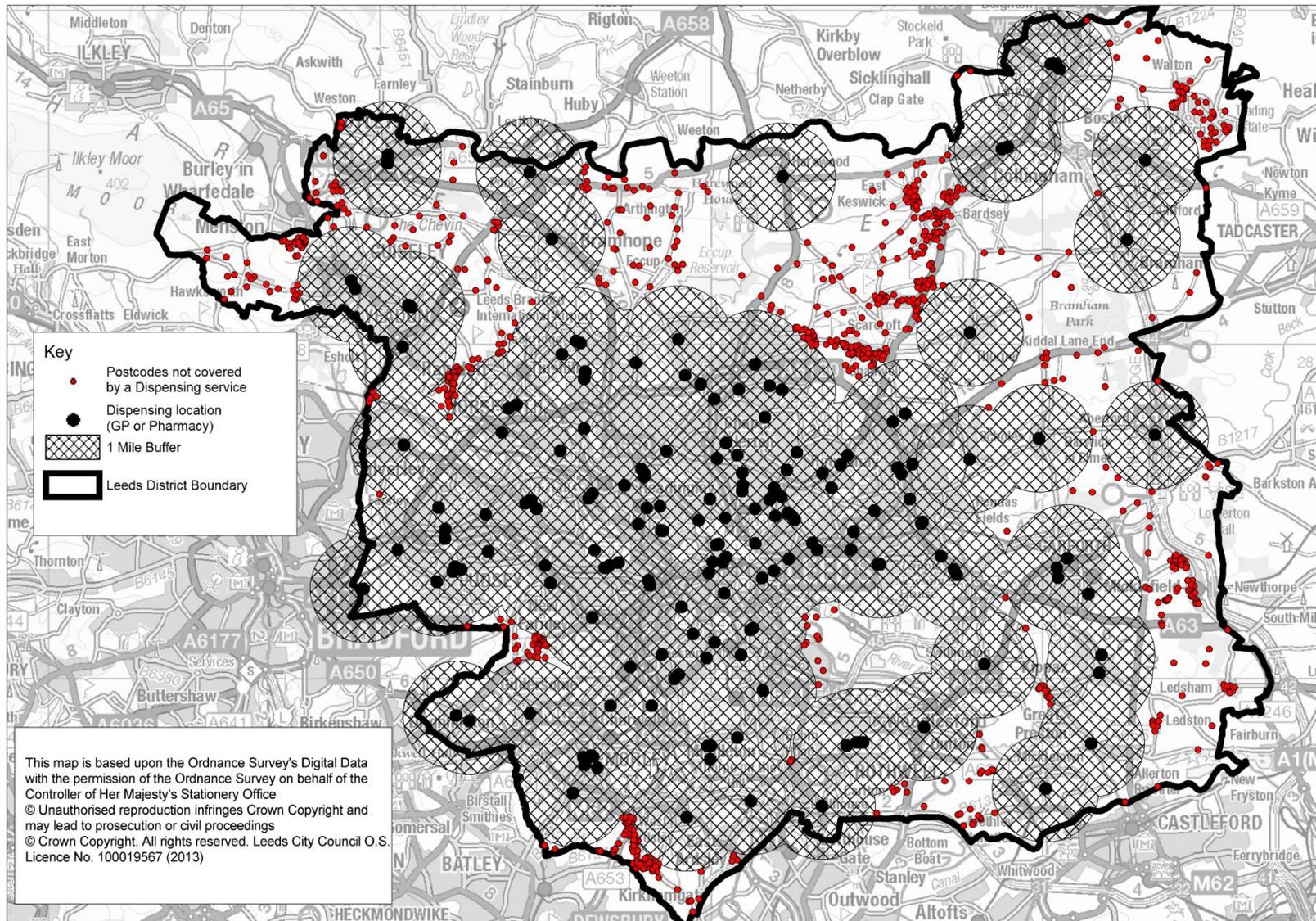
Appendix 3 Current pharmaceutical provision



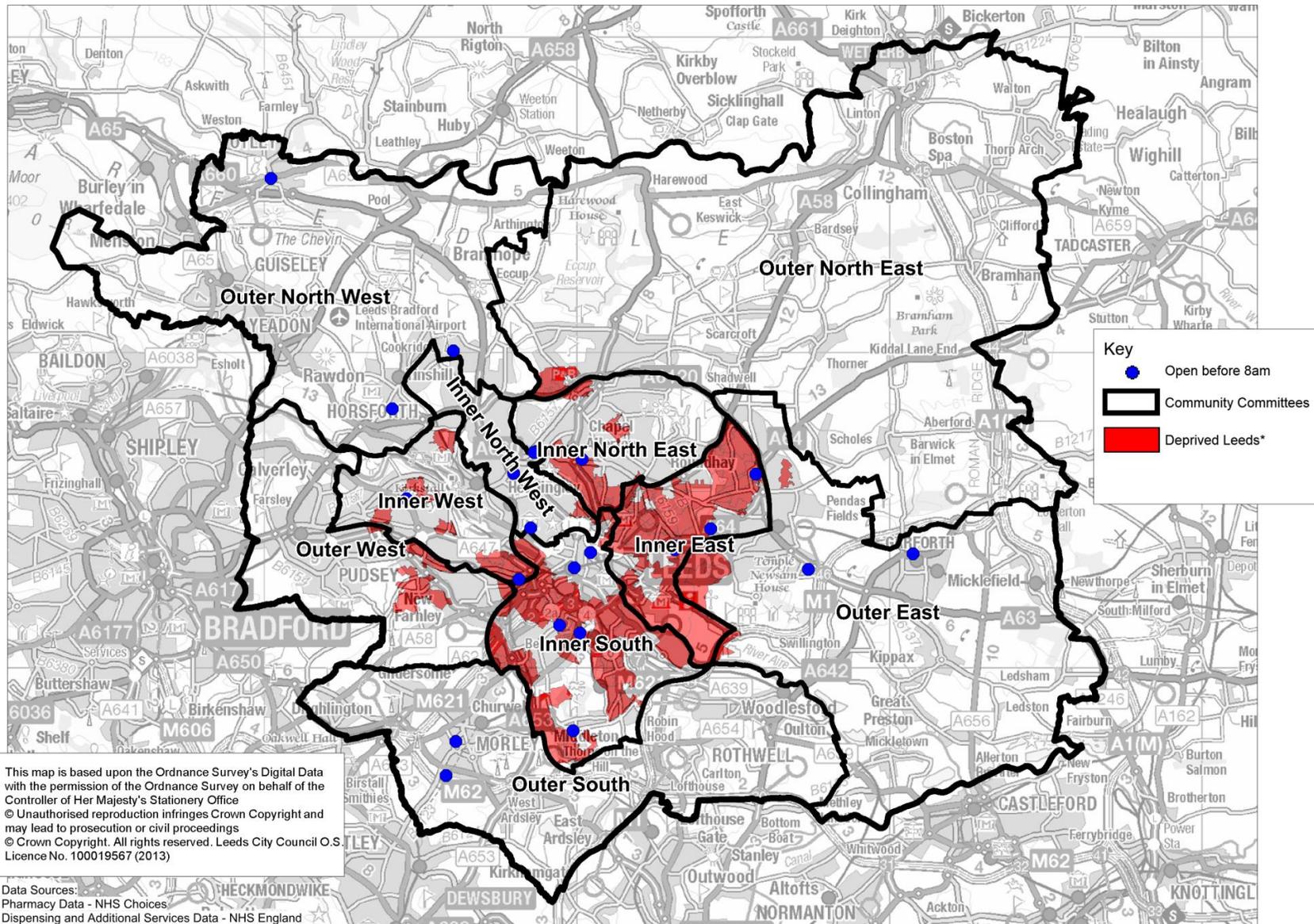
Appendix 4 One mile buffer zone around pharmaceutical provision



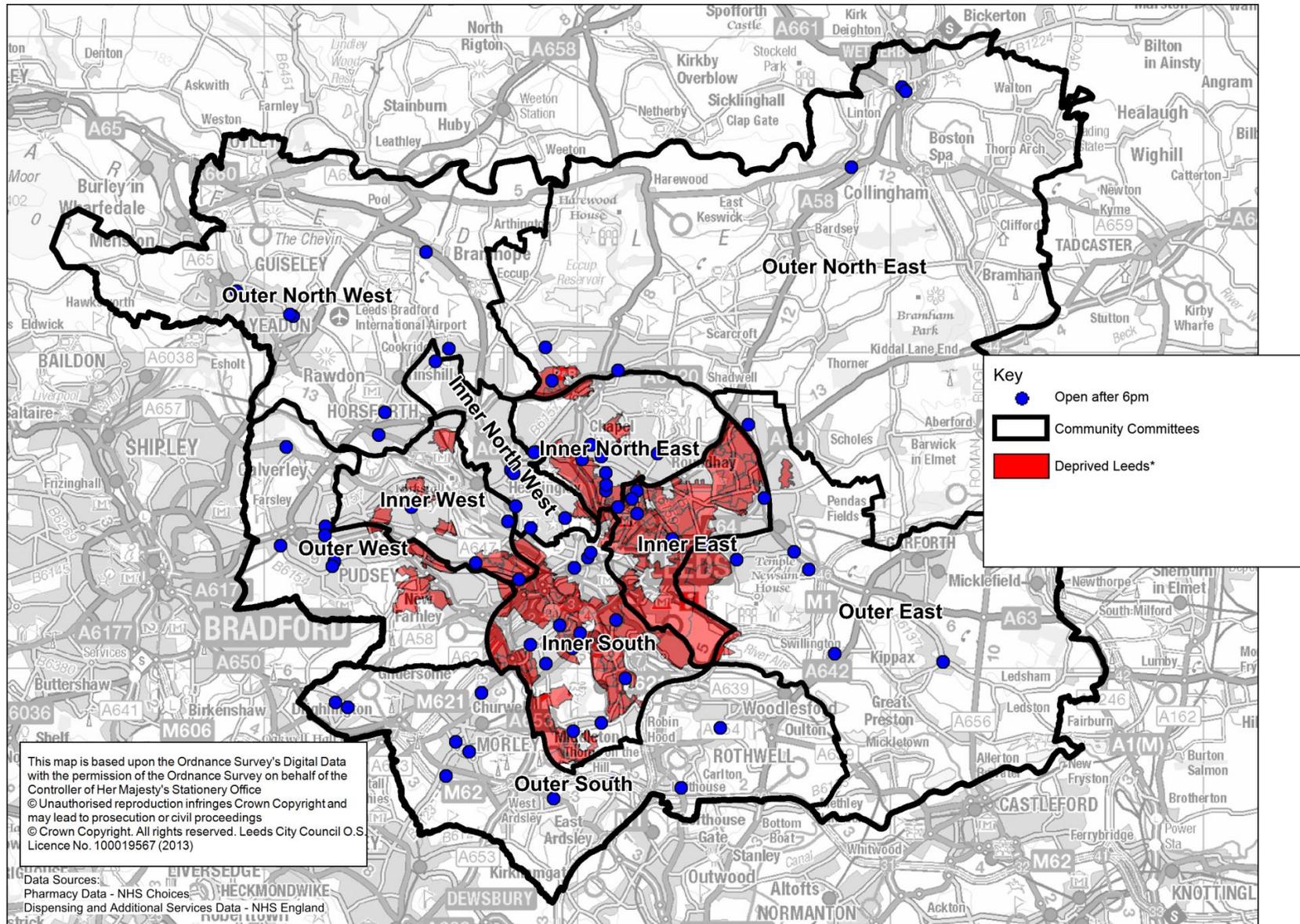
Appendix 5 Postcodes that are more than one mile from a community pharmacy or dispensing GP practice



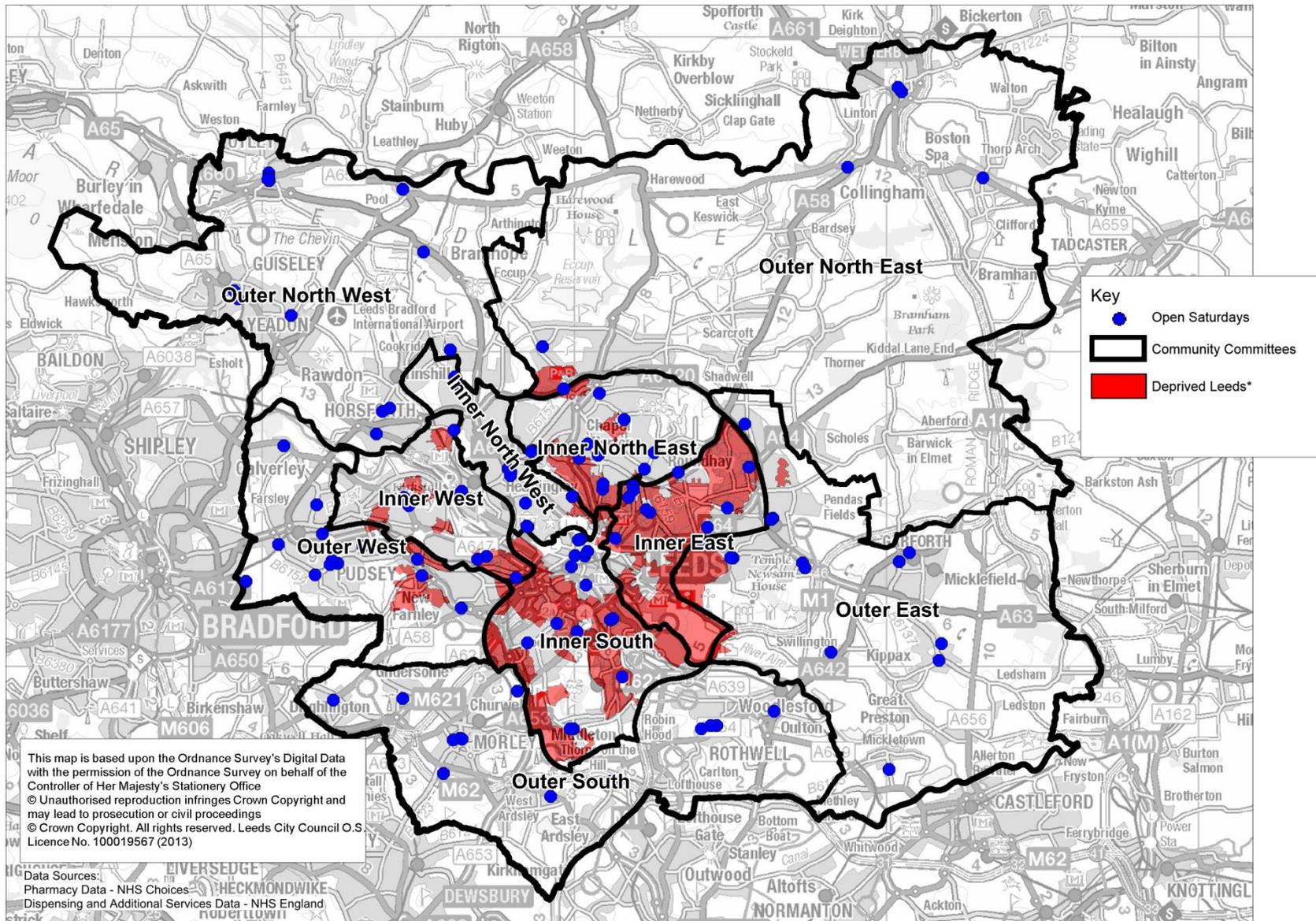
Appendix 6: Map to show pharmacies open before 8am



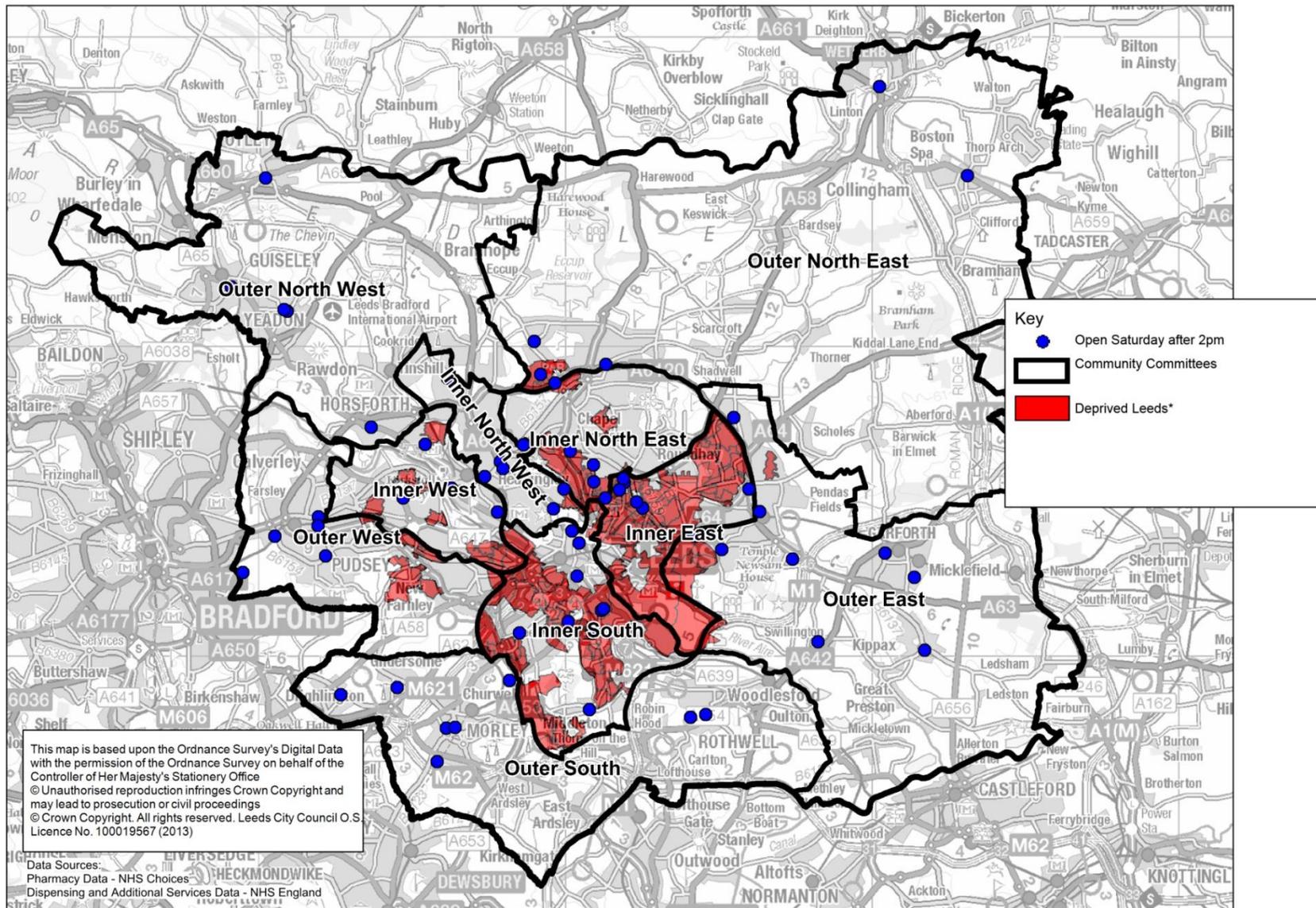
Appendix 7 Map to show pharmacies open after 6pm



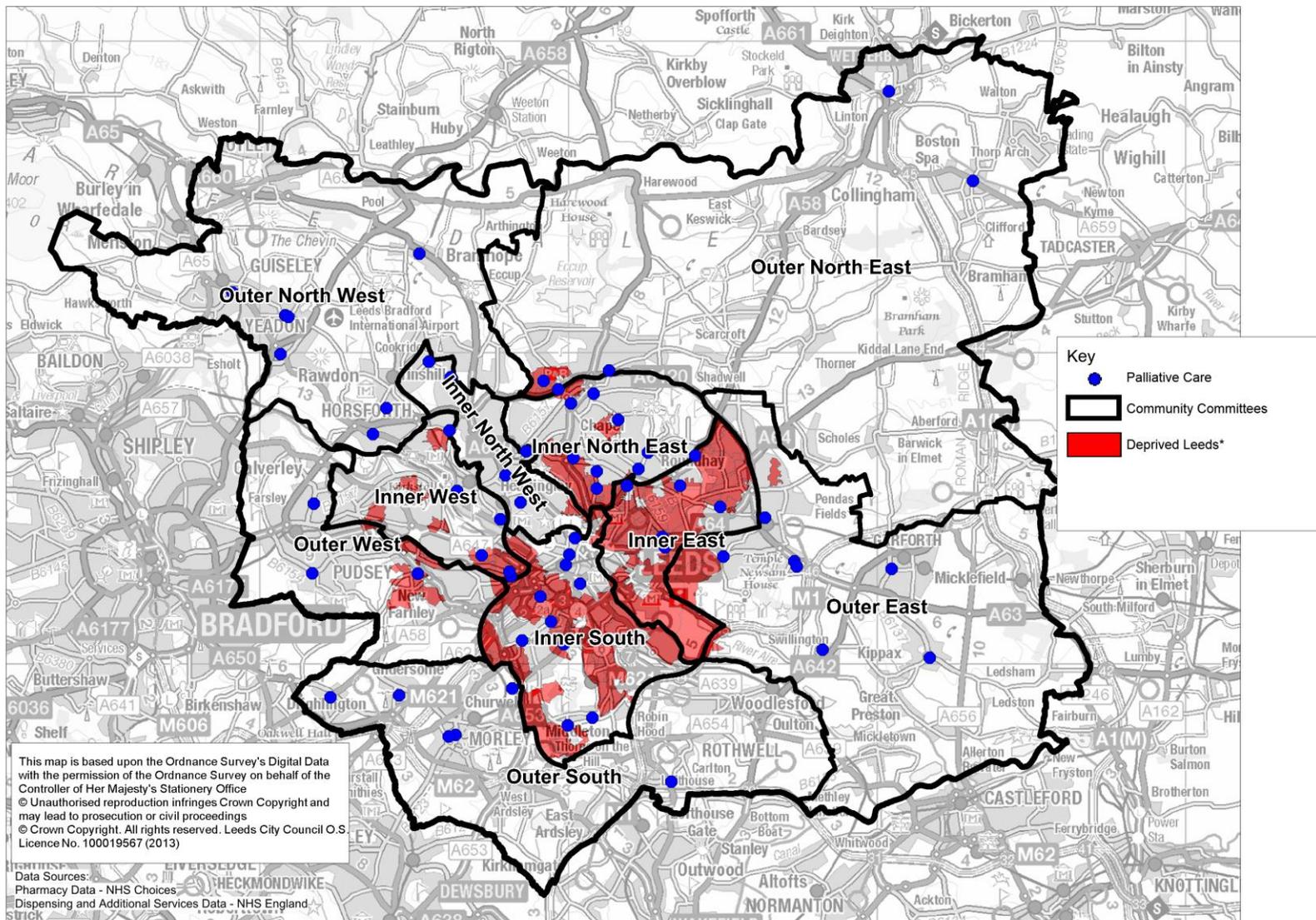
Appendix 9: map to show pharmacies open on a Saturday



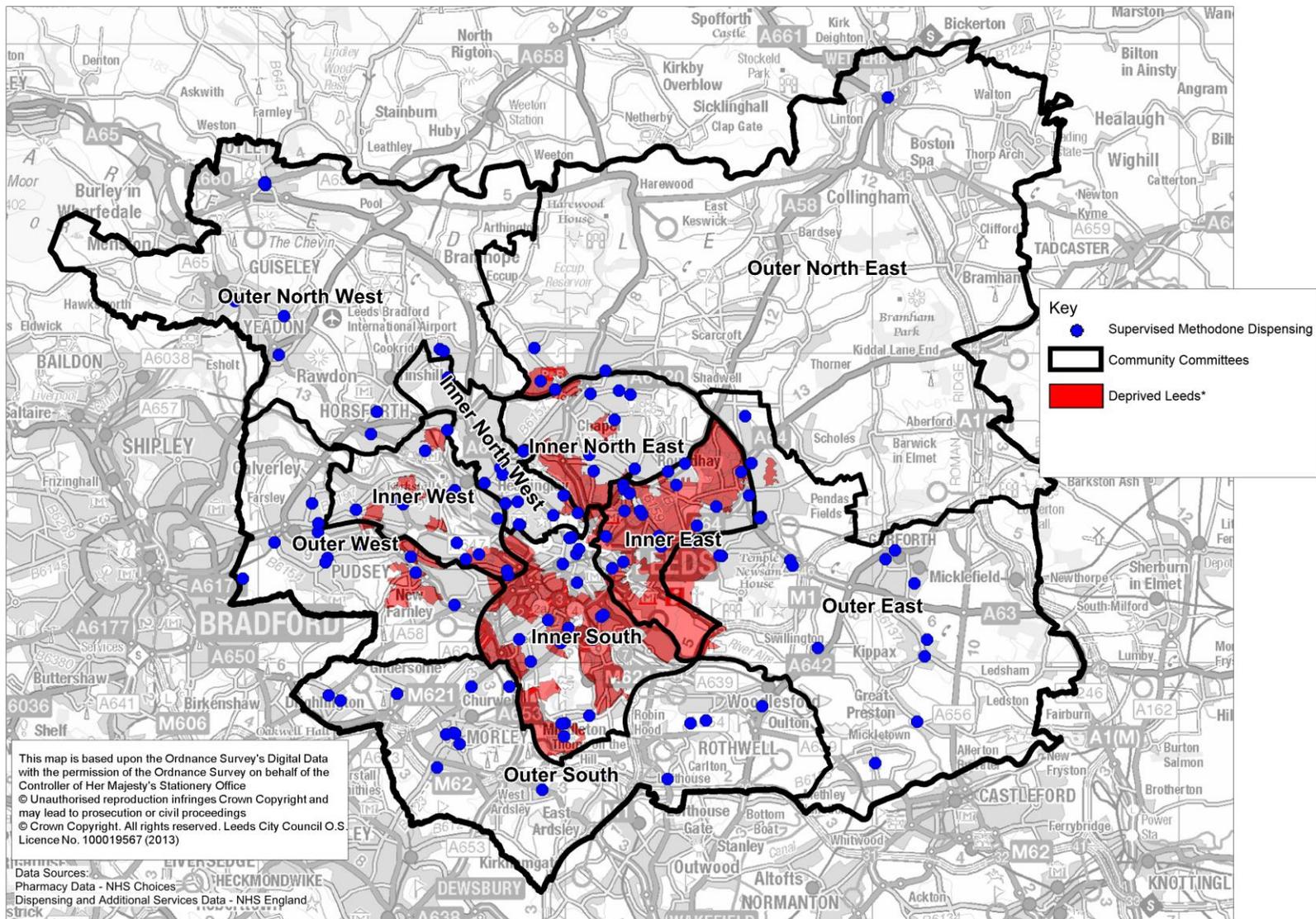
Appendix 10: Map to show pharmacies open after 2pm on a Saturday



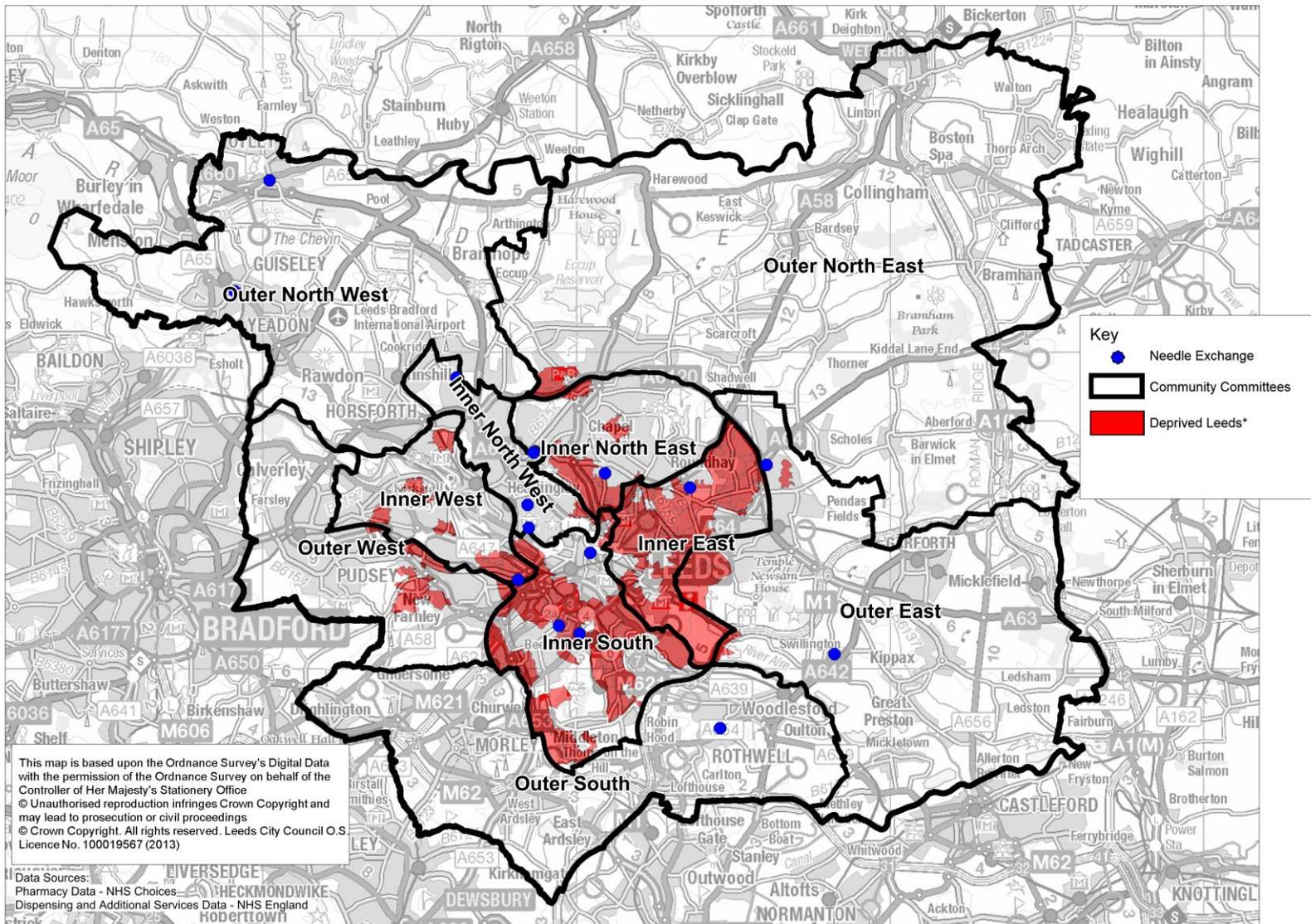
Appendix 12: Map of pharmacies offering palliative care



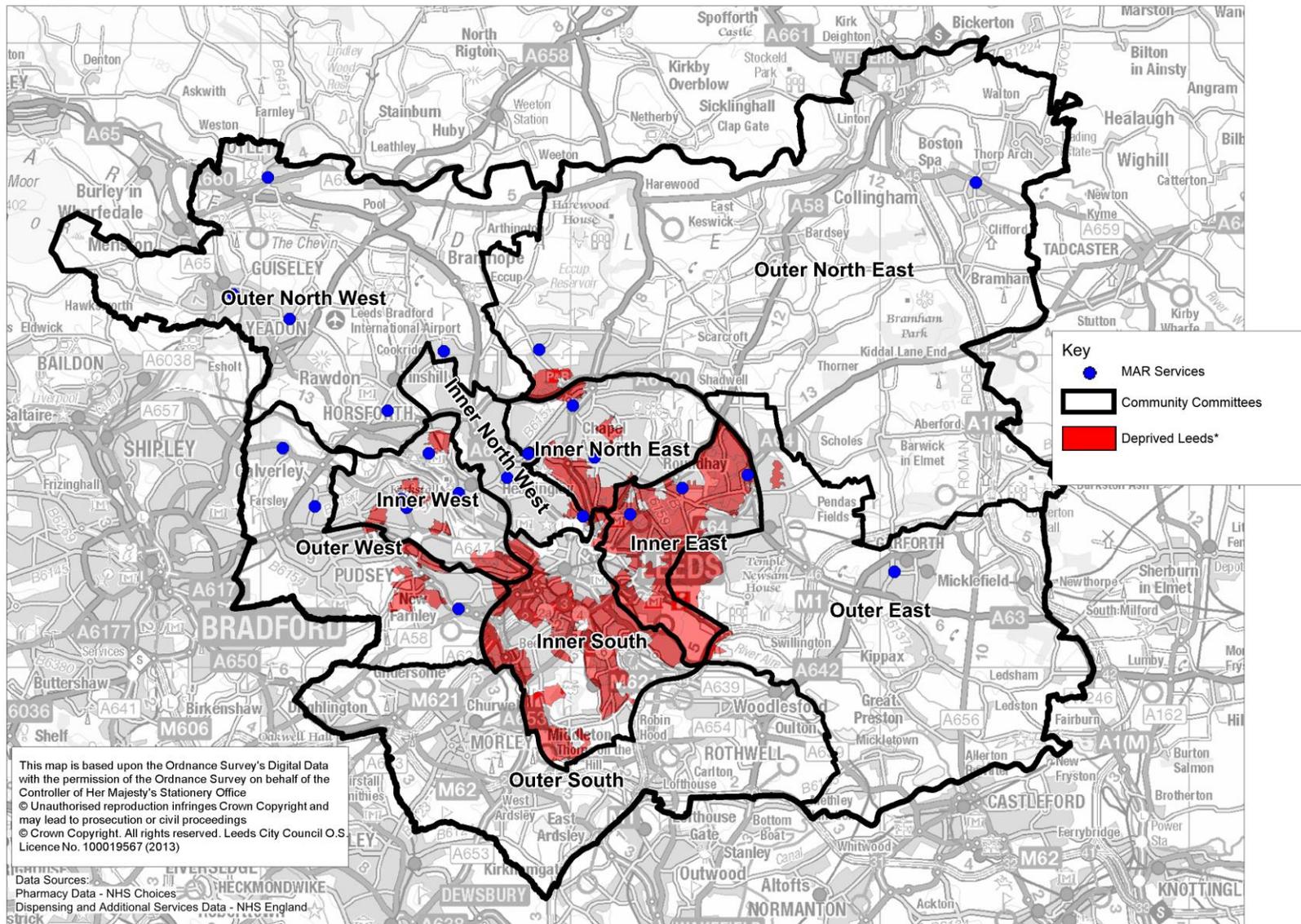
Appendix 13: map of pharmacies offering supervised methadone dispensing



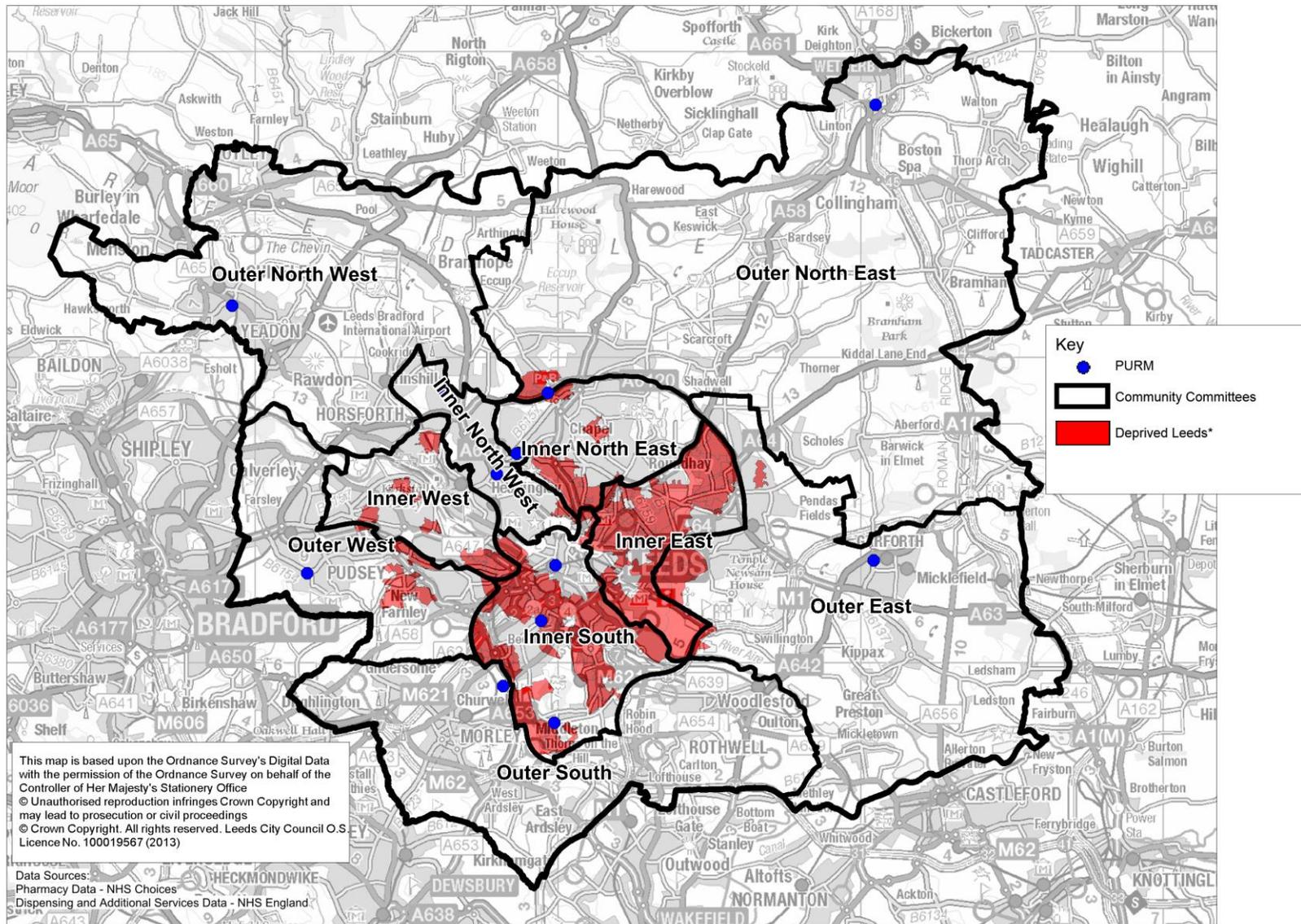
Appendix 14: Map showing locations of pharmacies offering needle exchange



Appendix 16: Map showing the location of pharmacies offering MAR



Appendix 18: Map showing location of pharmacies offering PURM



Appendix 19: Table showing pharmacy provision by community committee

	Community Committees										Grand Total
	Inner East	Inner North East	Inner North West	Inner South	Inner West	Outer East	Outer North East	Outer North West	Outer South	Outer West	
Total Number of Pharmacies(including dispensing GPs)	24	14	16	26	17	21	16	18	21	15	188
<i>Pharmacies Open Before 8am</i>	4	1	4	5	2	2	0	3	2	0	23
<i>Pharmacies Open After 6pm</i>	10	5	9	8	8	8	4	6	12	7	77
<i>Pharmacies Open After 8pm</i>	3	3	4	4	3	4	1	1	4	2	29
<i>Pharmacies Open Saturday</i>	11	9	11	18	9	14	6	14	15	14	121
<i>Pharmacies Open Saturday After 2pm</i>	7	4	7	13	7	8	2	6	6	6	66
<i>Pharmacies Open Sunday</i>	6	5	3	6	4	4	1	3	3	2	37
<i>PURM</i>	0	0	3	3	0	1	2	1	1	1	12
<i>Palliative Care</i>	6	8	5	10	6	7	5	7	7	3	64
<i>MAR</i>	3	2	3	0	4	1	2	5	0	3	23
<i>MUR</i>	22	13	15	23	16	20	8	17	20	14	168
<i>Supervised Consumption of Methodone</i>	18	7	12	20	14	18	5	10	16	11	131
<i>Nicotene Replacement Therapy</i>	17	9	8	19	8	14	6	12	14	9	116
<i>Smoking Cessation Advisers</i>	1	1	1	3	1	3	2	2	1	0	15
<i>Emergency Hormonal Contraception</i>	4	3	4	6	2	3	2	3	4	4	35
<i>NHS Healthchecks Delivered</i>	1	0	0	0	0	0	0	0	1	1	3
<i>Needle Exchange</i>	1	1	4	3	1	2	0	2	1	0	15
<i>Over 100 Hours per week service</i>	2	2	4	4	4	2	0	1	1	1	21
<i>Dispensing GP Surgeries</i>	0	0	0	0	0	0	7	0	0	0	7

Appendix 20 Consultation response

Respondent :	NHS England (West Yorkshire) 3 Leeds City Office Park Meadow Lane LEEDS LS11 5BD
Question 1: Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmaceutical provision in Leeds?	Yes. Good summary of current services and provision in the district, including mapping.
Question 2: Do you think that the draft PNA provides enough information to enable commissioning decisions about pharmaceutical service provision over the next 3 years?	Yes Shows services in place, ambitions for the future as well as likely residential development opportunities within the life span of the PNA
Question 3: Do you think that the service gaps that have been identified in the draft PNA are the right ones?	Yes : As question 2 response above
Question 4: Is there anything that you think is missing from the PNA that should be included or taken in to account when reaching conclusions about services and need?	No:
Other comments:	2 minor comments/corrections: section 9.1 ESPLPS is misspelled; section 9.2 Minor ailments service is currently only commissioned in the South and the East of the city so unsure about the comments relating to spread of the service in the West – are you referring to the pharmacy first service locally commissioned by the CCG? Valid point about extending the spread of the service though.
PNA steering group response :	Group agrees to make the amendments.

Respondent	Pharmacare UK Ltd T/A Elaj Pharmacy (soon to be Hyde Park Pharmacy) 46 Woodsley Road
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	Leeds LS3 1DT
<p>Question 1: Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmaceutical provision in Leeds?</p>	<p>No: The PNA paints with too broad a stroke with regard to provision of pharmacy services such as Minor Ailments. For example, it states “There are 40 pharmacies across Leeds offering the minor ailments scheme” (Page 15). Although this might be true, the question that is not asked in the PNA, is when are these pharmacies accessible?</p> <p>There are multiple locations throughout Leeds and West Yorkshire where access to minor ailments services can be improved, if the provision is moved to a pharmacy, which is for instance, not closed for lunch and is open on weekends for longer. Thus potentially not only minimising GP visiting times but also reducing the burgeoning A&E demand.</p> <p>100 hour pharmacies are perfectly poised to provide such a service. Surely if this PNA is to represent provision for the next three years then this should most definitely be factored in.</p> <p>On an almost daily basis here at our 100 hour pharmacy we are asked if we offer the Minor Ailment Service, when other pharmacies are closed for lunch or close at 6pm and unfortunately we have to decline patients. If truly “The aim of the PNA is to assess the current provision of pharmaceutical services across Leeds, to assess whether it meets the needs of the population and to identify any potential gaps in service delivery. (Page 26) Then surely such a vital element to pharmacy service and provision should not be omitted. These comments apply to Minor Ailments scheme just as much as it would apply to other services such as Needle Exchange Scheme.</p>
<p>Question 2: Do you think that the draft PNA provides enough information to enable commissioning decisions about pharmaceutical service provision over the next 3 years?</p>	<p>No</p> <p>All commissioning decisions must be evidence based – including the advantages and disadvantages of providing Minor Ailments Services.</p> <p>In a study by Philips et al (1), a section from the conclusion in this study identified in a simple cost analysis “that the community pharmacy scheme accrued savings of as much as £52 000. The savings are largely driven by the reduced cost of a pharmacy consultation, as opposed to a GP consultation.”</p> <p>The case for extending provision of this service to the more accessible 100 hour</p>

	pharmacies is very apparent.
Question 3: Do you think that the service gaps that have been identified in the draft PNA are the right ones?	<p>No</p> <p>All commissioning decisions must be evidence based – including the advantages and disadvantages of providing Minor Ailments Services.</p> <p>In a study by Philips et al (1), a section from the conclusion in this study identified in a simple cost analysis “that the community pharmacy scheme accrued savings of as much as £52 000. The savings are largely driven by the reduced cost of a pharmacy consultation, as opposed to a GP consultation.”</p> <p>The case for extending provision of this service to the more accessible 100 hour pharmacies is very apparent.</p>
Question 4: Is there anything that you think is missing from the PNA that should be included or taken in to account when reaching conclusions about services and need?	<p>Yes</p> <p>Please see above points – in a time of decreased funding. Optimal provision of services is paramount.</p>
Other comments	<p>Please see above points made. Please also note although Minor Ailments has been chosen as an example in the notes above, the point of accessibility to service and provision of enhanced services apply just as well to other enhanced services such as the Needle Exchange Scheme.</p> <p>I am aware there are a multitude of studies which demonstrate the possible advantages of the provision of minor ailments service.</p> <p>(1) Philips, Z., Whynes, D., Parnham, S., Slack, R. and Earwicker, S. (2001). “The role of community pharmacists in prescribing medication for the treatment of head lice”, <i>Journal of Public Health Medicine</i>, 23, 114-120.</p>
PNA steering group response	<p>The minor ailments scheme contract does not require pharmacies to open for set times or for a set number of hours. The PNA steering group does not control the opening times of the pharmacies and therefore cannot influence this decision.</p> <p>NHS England is committed to reviewing all enhanced schemes including minor ailments & CCGs are working with CPWY on developing the Pharmacy First locally commissioned</p>

	<p>service which will resolve any perceived gaps.</p> <p>Public health services A number of public health services will be reviewed in the near future. The service reviews will consider the needs of the population and develop a service delivery model accordingly. LCC are committed to ensuring the public health services commissioned meet the needs of the Leeds population.</p>
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Respondent	Ashley D Cohen Managing Director Pharm-Assist (Healthcare) Ltd
Question 1: Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmaceutical provision in Leeds?	
Question 2: Do you think that the draft PNA provides enough information to enable commissioning decisions about pharmaceutical service provision over the next 3 years?	
Question 3: Do you think that the service gaps that have been identified in the draft PNA are the right ones?	
Question 4: Is there anything that you think is missing from the PNA that should be included or taken in to account when reaching conclusions about services and need?	
Other comments	<p>Minor ailments schemes 6.3.1 – I am not sure how the MAS can be described as adequate, and then the next sentence in mentions distribution can be improved. Only a limited number of pharmacies offer this service. This is at a time when GP practices have issues with access, appointment times, winter pressures. Pharmacies have been mentioned as the first port of call for minor ailments. This service should be offered to all of Leeds, especially when you</p>

consider

- 1) The demographics of Leeds and the high deprivation areas mentioned in the PNA, and inequalities of healthcare
- 2) Appendix 1 summary of community pharmacy questionnaire – nearly 1/3rd of those who responded identified Minor Ailments as a gap in service
- 3) Appendix 2 Public Feedback Minor Illness drop in and advice was classified as other services respondents were most interested in.

The feedback from public, and professionals and also the national picture is that MAS should be provided to support access issues and reduce pressure from GP services. The PNA needs to be firmer in looking at these within Leeds.

Smoking

7.1.3 – the paragraph states that smoking is the single biggest cause of premature mortality and accounts for over 1/3rd of respiratory deaths, ¼ of cancer deaths and 1/7th of cardiovascular deaths.

This is a high priority with Leeds Public Health priorities. Pharmacies can do much more. Providing NRT is only part of the programme. More pharmacists need to be trained advisors to support the message.

In areas outside Leeds I have experience of running clinics that supply, counselling and support alongside NRT and our quit rate over the last year has been over 80%. Incentivise pharmacies to achieve quit rates and we can help deliver these targets. The sentence at the end of this section states only a small number of pharmacies provide behavioural support and quit rates are low. Please look at areas like York, where this is the opposite. Time, training and resources have been invested, and quit rates are very high with the right smoking advisors.

7.1.5 NHS Health Check

Surely if you have a situation where the targets are not being met and less than 6)% of those entitled to an NHS check are receiving them from their GPS surgery, along with issues of access and appointments at surgeries, Community pharmacies are in an ideal position to help boost this target. We are familiar with the NHS checks, can perform these within our clinic, and I feel we need to expedite any outputs from the ,limited pilot within 4 Asda branches, and identify areas where uptake is poor and commission Pharmacies to mop up and help to achieve the target. Money can simply be moved around to ensure that

the contractor that performs the NHS check should receive it. This competitive element will at least ensure that those entitled to a check will get this performed. Opening Shared Care Records will help facilitate this, and help to identify disease early and ensure it can be treated to prevent long term complications

7.2.2 Medicines waste projects

Can someone outline what outputs have been observed from these waste projects previously? The PNA clearly states that the projects are to encourage PATIENTS to order only what medication they require, yet we have many groups of pharmacies using automated managed repeat systems that in affect orders everything on the list for a patients. We have audited and produced significant evidence to PCT, LPC, CCG about the waste that this creates, and also that some contractors are actively ordering more than is required to increase prescription numbers. This seems to be a complete dichotomy of what is required. Pharmacists should be encouraged to help reduce waste. I am often sick in the stomach when I receive back from patients 12 months' worth of medications from other chemists with the "they kept sending it to me when I never asked for it". This diverts resources from other well meaningful areas. This is not an insignificant sum. I estimate a large amount of money is simply being misused/abused.

Gaps in Provision

8.1 Does this statement basically exclude any new pharmacy contract from applying for a new contract within the next 3 years? Will this in turn lead to all applications being rejected on these grounds? What proportion of current pharmacies are simply not providing good additional services MURs/NMS etc. just because a pharmacy is in a location does not mean that there are no gaps in provision. Are there any underperforming pharmacies within Leeds?

9.2 Disagree with the recommendations on Minor Ailment services – I and others feel this needs to be Pan Leeds.

9.3The planning around the Flu campaign needs to be earlier. Last year contractors were waiting very late for agreed PGDs in order to provide the service. We want to be involved, but it was very late this year.

9.4 identified as a large increase in population growth 10% increase in Leeds population

	<p>over next 10 years, yet this will be met from existing primary care services?? Surely we need to target new services, GP practices, mergers and new pharmacies contracts with the increase in housing developments</p> <p>I hope the view expressed above are useful and that you can reflect on these when updating the draft PNA before it is published in April.</p>
<p>PNA steering group response</p>	<p>Minor ailments The minor ailments scheme does not require pharmacies to open for set times or for a set number of hours. The PNA steering group does not control the opening times of the pharmacies and therefore cannot influence this decision. NHS England is committed to reviewing all enhanced schemes including minor ailments & CCGs are working with CPWY on developing the Pharmacy First scheme which will resolve any perceived gaps.</p> <p>Previous funding has been targeted to the more deprived areas of Leeds. Current funding is very limited. NHS England are looking at this and support in principle the roll out of Minor Ailments and Pharmacy First schemes.</p> <p>Smoking Cessation The smoking cessation model adopted by Leeds consists of the specialist stop smoking service and a network of intermediate registered stop smoking advisors. Currently registered stop smoking advisors, (typically practice nurses and pharmacists) are an important setting for smoking cessation support which ensures good service provision across Leeds. Both local and national data highlight that while primary care stop smoking services are a good setting for smoking cessation support they are less effective compared to the specialist service.</p> <p>The future commissioning arrangements for smoking cessation services will include a full service review and new models of service delivery will be explored that address the needs of hard to reach groups as well as maintaining services for the mainstream smoking population. Quality assurance of services and improving standards of performance by providers will be central to any future service provision. Specifically it will be mandatory for all stop smoking practitioners to be NCSCT certified and receive face-to-face training in line with the national training standards and participate in update training at least once a year.</p>

NHS Health Check

In Leeds NHS Health Checks have been offered to the eligible population since 2009. Insight from deprived neighbourhoods highlighted that people want a health check to take place in a GP practice. LCC implemented a staged roll out across primary care focussing on areas of deprivation, ensuring that the primary care record was the cornerstone of the approach.

Recent insight has highlighted a need to offer a more flexible approach at a variety of locations including alternative community venues for example, supermarkets. LCC are piloting an alternative delivery model for NHS Health Checks in 4 Asda pharmacies across Leeds for a 6 month period from Oct – March 2015. Following this there will be an in-depth evaluation which will help to inform future commissioning of the NHS Health Check across Leeds. The current uptake of the NHS Health Check in Leeds is 59% and we are committed to increasing the uptake to the national expected target of 75% and will ensure we seek appropriate solutions to enable this to happen.

Medicine waste management

Leeds North has run two projects with community pharmacy with the intention to reduce medicines waste. One scheme involved a promotional campaign asking patient to only order the medication that they require and to raise awareness with patients about the problems of over ordering and how much money is wasted via this route. The aims of the project was to get patients on repeat prescriptions to think about what they are ordering and only ask for what they need and are running out of because once a medicine has been dispensed it cannot be reused. In addition, we also wanted health professionals who are involved in prescribing, dispensing or reviewing medicines to make sure that patients are involved in making decisions about their treatment so that more patients take all their medicines as recommended. This project was evaluated and results are below.

- 8% of all respondents mentioned that they forget to take their medicines
- 5% of all respondents find it difficult to take their medicines
- 6% of all respondents don't believe that the medicines prescribed for them are the best ones and 13% have not discussed this with their GP or Pharmacist.
- 13% of all respondents were not aware that by "only ordering what they need" they could help other NHS services.
- 27% of all respondents have medicines left over

- 6% of all respondents leave unused medicines in the cupboard
- 25% of all respondents did not know that unused medicines cannot be recycled and 21% of all respondents occasionally stock up on medicines.

The second project encouraged patients to return unwanted medication to the community pharmacy, including the reason why it is being returned, this in turn may then prompt a medication use review, but all medicines returned are collated and fed back to the patients GP (with the patients consent) so that these records can be updated and information can be incorporated into medication reviews, so that medication that is not required or not taken are not continued to be prescribed. This project has only been running for a couple of months so too soon to evaluate properly yet.

Gaps in provision

The PNA findings do not stop pharmacies applying for licences. There are provisions within the Pharmaceutical Regulations for applications to be made and approved even when no gap has been identified on the PNA.

Performance of pharmacies is not within the remit of the PNA. Performance management is a contracting issue.

Flu campaign

The Flu campaign comes from NHS England nationally. It has been acknowledged that there have been issues with this years' service. Planning for the next campaign and flu vaccinations has already begun.

Population growth

The PNA has a lifespan of 3 years only, rather than 10 years. The PNA group are satisfied that population growth has been taken in to account over the lifespan of this PNA.

Respondent	Community Pharmacy West Yorkshire
Question 1: Do you think that the draft PNA captures all of the relevant	yes

information needed to identify gaps in pharmaceutical provision in Leeds?	
Question 2: Do you think that the draft PNA provides enough information to enable commissioning decisions about pharmaceutical service provision over the next 3 years?	yes
Question 3: Do you think that the service gaps that have been identified in the draft PNA are the right ones?	yes
Question 4: Is there anything that you think is missing from the PNA that should be included or taken in to account when reaching conclusions about services and need?	<p>Yes</p> <p>Section 6.3.2 – Palliative Care This is not currently a funded service in Leeds. As a non-funded service there is a chance that pharmacies will stop providing the service. This should be made clear.</p> <p>Section 6.3.3 National Flu Immunisation Service</p> <ul style="list-style-type: none"> • There were a number of patient groups who were excluded from receiving flu vaccination from a community pharmacy by the commissioners NHS England. These were: Children • Those in long stay residential care homes • Patients with immunosuppression, asplenia or dysfunction of the spleen
Other comments	<p>Community Pharmacy West Yorkshire is pleased to see that the draft PNA reflects our view that Leeds has an excellent spread of pharmaceutical services. It is encouraging that respondents also expressed no concerns about the current number or location of pharmacies across the district. We agree that it is the case that there are sufficient pharmacies geographically spread so that there are no gaps in provision for Necessary Services.</p> <p>We also agree with the conclusion that there are no gaps identified in relation to Other Relevant Services either in the mapping exercises undertaken or from stakeholder responses.</p>
PNA steering group response	<p>The palliative care scheme is being reviewed currently with a view to rolling out a standardised format across West Yorkshire.</p> <p>The Flu vaccination issue is a national one and the service is commissioned annually</p>

therefore this may change in the future.