



Doncaster
Council

Doncaster Health and Wellbeing Board

Pharmaceutical Needs Assessment (2018 – 2021)

Version: Final

Published: 1st April 2018



Acknowledgements

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Executive Summary

This Pharmaceutical Needs Assessments (PNA) assesses the local needs in relation to pharmaceutical services across the borough and identifies any gaps in that provision. The Health and Wellbeing Board has the responsibility of producing PNAs in accordance with the According to the National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013. The report highlights the key findings of the mapping analysis, alongside the 60 days pharmacy stakeholder consultation which was undertaken from 24.11.2017 to 23.01.2018.

In conclusion, this PNA confirms that:

- On the whole access to pharmaceutical services is good.
- 87.2% of residents live within 1 mile of a community pharmacy.
- Nearly all GP practices are within 1km of a community pharmacy.
- There is a good coverage of pharmacies in poorer areas of Doncaster.
- Pharmacies offer brief lifestyle advice and are ideally placed to support the Public Health agenda.

Please be aware that the information contained in this report relating to service provision (opening times, services provided, housing developments etc.) was correct at the time of development, and is subject to future changes.

The final report was published in March 2018.

This PNA will be valid for three years from 1 April 2018 to 31 March 2021.

1. Introduction

PNA Introduction

Legislation requires that Health and Wellbeing Boards (HWBB) produce an assessment of the need for pharmaceutical services. These assessments (Pharmaceutical Needs Assessments or PNA) are due every three years. The last PNA was due on 1 April 2015 and a refreshed PNA is due on 1 April 2018.

PNA describe:

- current pharmaceutical services;
- the need for such services;
- potential future need and;
- potential need for new services.

Pharmaceutical services are an important part of the health care system. They play a major role in improving health and reducing health inequalities. The main roles of pharmacies include:

- supplying prescribed medicines and appliances; and
- delivering a wide range of commissioned services. These include treating minor ailments and helping those with specific needs.

Community pharmacies provide most of these services. There are other providers of pharmaceutical services and the PNA describes these where relevant. Assessment of pharmacy services in hospitals or in prisons are considered separately.

A range of organisations use PNAs to guide developments and commissioning intentions. NHS England is bound by regulations to consider the PNA for certain applications. Local Authorities and Clinical Commissioning Groups use the PNA to guide commissioning of services from pharmacies. The PNA is not a stand-alone document and organisations use other evidence in their planning. Other evidence includes Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies.

As part of developing PNAs a consultation must be undertaken for a minimum of 60 days. The regulations list those persons and organisations that must be consulted.

The PNA has to be approved by the HWBB. The HWBB includes representatives from the local authority, Health Watch and other relevant partners.

More information about Doncaster's HWBB can be found here:

<http://www.doncaster.gov.uk/services/health-wellbeing/doncaster%E2%80%99s-health-and-wellbeing-board>

This PNA will be valid for three years from 1 April 2018 to 31 March 2021.

There is a range of legislation and regulation that specifies the development of PNAs and the information they must contain. This PNA complies with these regulations.

For more information see:

<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

2. Process for developing the PNA

2.1. Combined Approach

The Director of Public Health (DPH) in the local authority leads on the process and makes sure the PNA meets regulations.

The HWBBs are bound by the regulation to produce a PNA of their own. However, in order to make best use of limited resources the DsPH worked collaboratively across South Yorkshire on the elements of the PNA that would allow this.

This combined approach would only apply to the production of the 2018 refresh. It does not, at this stage, apply to the production of any supplementary statements. Any future collaboration is dependent on an evaluation of this approach and any changes to PNA regulations.

2.2. Governance

The DsPH agreed a project governance structure. A Public Health Specialty Registrar led the work on the combined approach supported by a Consultant in Public Health. PNA leads from each local authority agreed to act as a steering group. The South Yorkshire Local Pharmaceutical Network agreed to act as a stakeholder / reference group.

A core group was established consisting of representatives from the Local Pharmaceutical Committee, Doncaster CCG, Public Health and Strategic Performance Unit. The group has been responsible for the completion of the PNA and to ensure that the PNA exceeds the minimum requirements.

2.3. Scope

Regulation 3(2) in the 2013 regulations defines the scope of PNAs. These state:

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

- *The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list.*
- *The provision of local pharmaceutical services under an LPS (Local Pharmaceutical Service) – not local pharmaceutical services which are not pharmaceutical services.*
- *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 by the NHS Commissioning board with a dispensing doctor).”*

There are 3 main types of pharmaceutical services in relation to PNAs:

- **Essential Services** – services that every community pharmacy providing NHS pharmaceutical services must provide. These include dispensing medicines, promoting healthy lifestyles and supporting self-care.
- **Advanced Services** – community pharmacies can provide advanced services subject to accreditation by NHS England. These include Medicine Use Reviews, New Medicines Service and Appliance Use Reviews.
- **Locally Commissioned Services** – Local Authorities and CCGs commission community pharmacies to provide local services. Examples include

Emergency Hormonal Contraception, Needle Exchange and Palliative Care Drugs Services.

A pharmaceutical list includes the following:

- **Pharmacy contractors** – healthcare professionals working for themselves or as employees who practice in pharmacy.
- **Dispensing appliance contractors** - appliance suppliers supply, on prescription, appliances including stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- **Dispensing doctors** –medical practitioners authorised to provide drugs and appliances in designated rural areas.
- **Local Pharmacy service contractors** – these provide a level of pharmaceutical services in some HWBB areas

Community pharmacies can provide services to patients that are not commissioned by NHS England, Local Authorities or CCGs. For example, some pharmacies provide a home delivery service as an added value service to patients. Community pharmacists are free to choose whether to charge for these services as part of their business model.

In line with the 2013 regulations this PNA does not consider pharmacy provision in prisons or hospital settings.

2.4. Process

1. Mapping

Local leads gathered data from NHS England, local authorities and clinical commissioning groups. This data was collated into a single master spreadsheet detailing the following:

- Name / Contacts: Pharmacy name, lead pharmacist and contact details
- Geographical information: address, postcode
- Opening Times
- Advanced Services
- Commissioned Services

As we were looking to combine approaches we decided to use a single piece of software for the mapping of PNA data. This software is called SHAPE. SHAPE stands for Strategic Health Asset Planning and Evaluation. The Public Health England (PHE) Knowledge and Information Service manage the SHAPE tool. PHE have provided support to the South Yorkshire PNAs. SHAPE can layer geographical information with other indicators. SHAPE maps pharmacy locations against demographic information and indicators of health status and need.

2. Health Need

To identify health and pharmaceutical need the PNA uses a wide variety of data and information. These include the Joint Strategic Needs Assessments and other relevant strategies. The PNA uses these sources of information to assess current and future population size, measures of health and ill-health and other service provision.

3. Analysis

The current provision of pharmacy and pharmaceutical services was compared with current and potential future demographic and health needs.

4. Consultation

A 60 day consultation on the PNA was conducted. This consultation was sent to the list of stakeholders as defined by the regulations.

2.5. Equality Impact

The Public Sector Equality Duty (PSED) was introduced via the Equality Act 2010. It ensures Councils and other public bodies consider how different people will be affected by their activities and services.

The general duty (3 main aims) requires the council to have due regard to the need to:

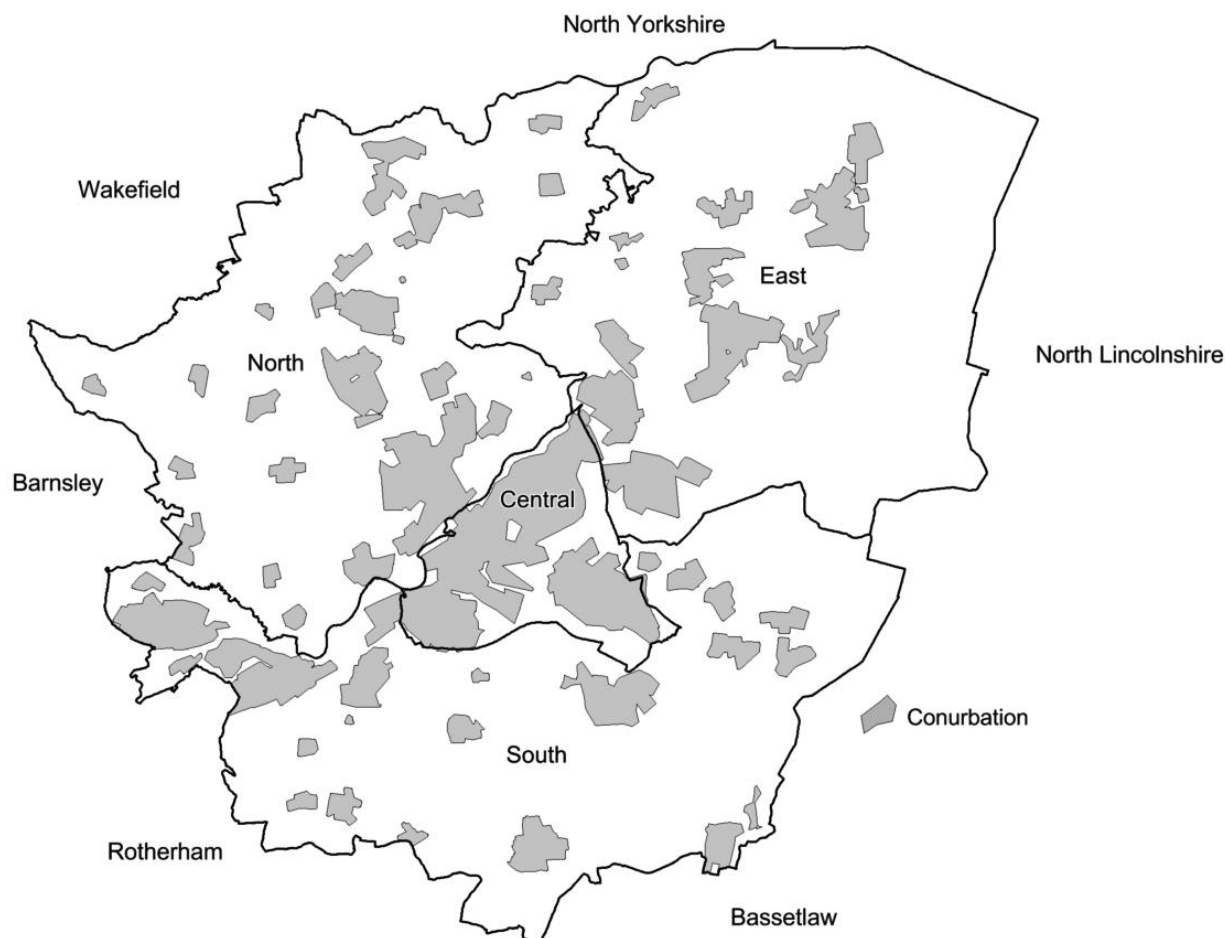
- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

In accordance with the PSED at the outset of the PNA process the appropriate registration and paperwork was completed in accordance with the Doncaster Council Community Engagement Policy. An Equalities statement was completed and has been continually updated throughout the consultation process. This is available on request.

2.6. Localities for the Purpose of the PNA

The PNA uses the 4 neighbourhood areas defined by Doncaster Council and used by the majority of corporate partnerships (Central, North, East and South). These have roughly equal populations, ranging from approximately 71,000 in the North to 86,700 in the South. The PNA also takes account of pharmaceutical services outside the Borough provided by neighbouring areas – this is pertinent in the South and North which border Bassetlaw, Rotherham and Barnsley. The area beyond East is very rural and has no neighbouring pharmacies within a one mile radius of the border; however there is access to pharmaceutical services a little further afield in Crowle and Epworth (North Lincolnshire).

Map 1 – Doncaster Neighbourhood Areas



2.7. Consultation

A 60 day consultation on the document to the wider Doncaster community took place between 24.11.2017 and 23.01.2018. For this consultation all key stakeholders were consulted through online and email information methods. Copies were also circulated to neighbouring HWBBs for comment. List of key stakeholders can be found in Appendix 1.1.

Following the 60 day consultation, feedback on the document was received. These comments, our responses and any subsequent changes made to the document are listed in (Appendix 1.2).

2.8 Review Process

Doncaster HWBB will publish a revised assessment in three years unless there are significant changes to the availability of pharmaceutical services, in which case, a review will be considered. Assurances from partners will be sought on an annual basis if required, with accountability held by the Health & Wellbeing Board. Where changes to the availability of pharmaceutical services do not require a revision, the HWBB will issue a supplementary statement as soon as practical.

3. Population Demography

Doncaster is a diverse and vibrant borough. It is of medium size compared to other boroughs in Yorkshire and Humber, with a population of around 306,400 (2016, mid-year pop estimate). Some areas within the Borough are relatively affluent compared to the national average, though other areas are amongst the most deprived in the country. No Doncaster communities are free of lifestyle or social problems but some areas have multiple and persistent issues afflicting people across the life course.

3.1 Age Profile of the Population

Compared to the England average, it is estimated that Doncaster has a smaller proportion of adults aged 20 to 44 but has a higher proportion of people aged 45-69 and above (ONS, 2016).

The number of children and teenagers and the number of people aged 70 and above are similar to the national trend.

Table 1

Age Range	Doncaster pop %	England pop %
0-19	23.6	24
20-44	31.1	33.5
45-69	32.6	30.1
Above 70	12.8	12.3

Since 2001, Doncaster's population has increased by 6.4% (or 19,500 people) and is now estimated to be around 306,400 (ONS, 2016).

3.2 Future Age Trends

Doncaster's population is expected to grow by approximately 1.8% - to 311,000 by 2030 (ONS, 2016).

Table 1 – Estimated Percentage change between 2017 and 2030 (ONS, 2016).

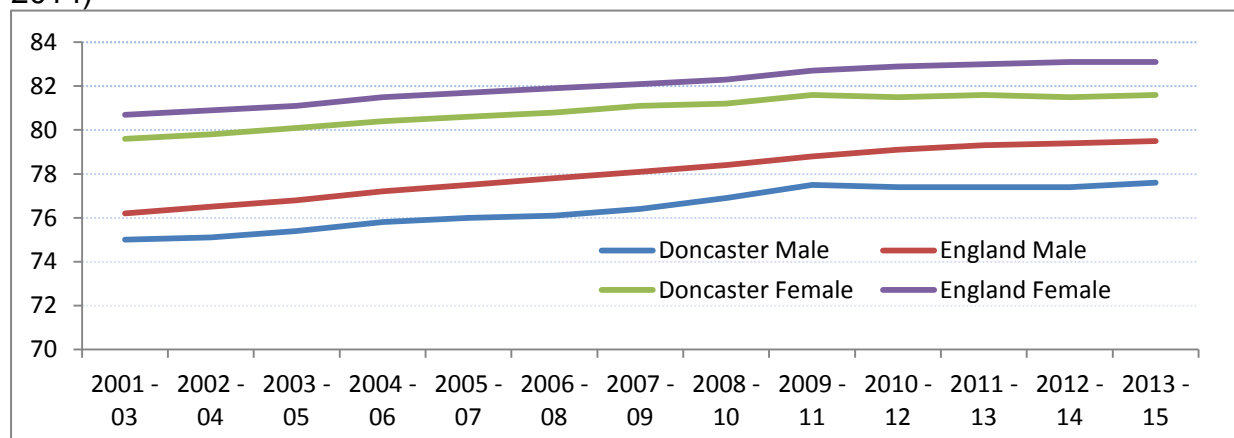
Age band	2017 pop	2030 pop	% change
0-14	55,069	52,064	-5.45%
15-24	33,203	34,478	+3.84%
25-34	40,705	34,977	-14.07%
35-44	36,462	40,360	+10.69%
45-54	43,214	36,471	-15.60%
55-64	38,845	39,013	+0.43%
65-74	31,995	37,210	+16.29%
75+	25,857	36,506	+41.18%

The largest increase (41.18%) is expected to be in the 75+ age band. Notably, there is predicted to be an increase in all age groups from 55 years and above. This increase in the age profile will have implications for health and social care services including pharmacies. The forecast also predicts a decrease in children aged 0-14 years.

3.3 Life Expectancy

Life expectancy at birth is 77.6 years for men and 81.6 years for women. Both are lower than the national average, though life expectancy has increased since 2001 in Doncaster for men and women. These increases mean more people in Doncaster will reach very old age and extreme old age, with associated health needs.

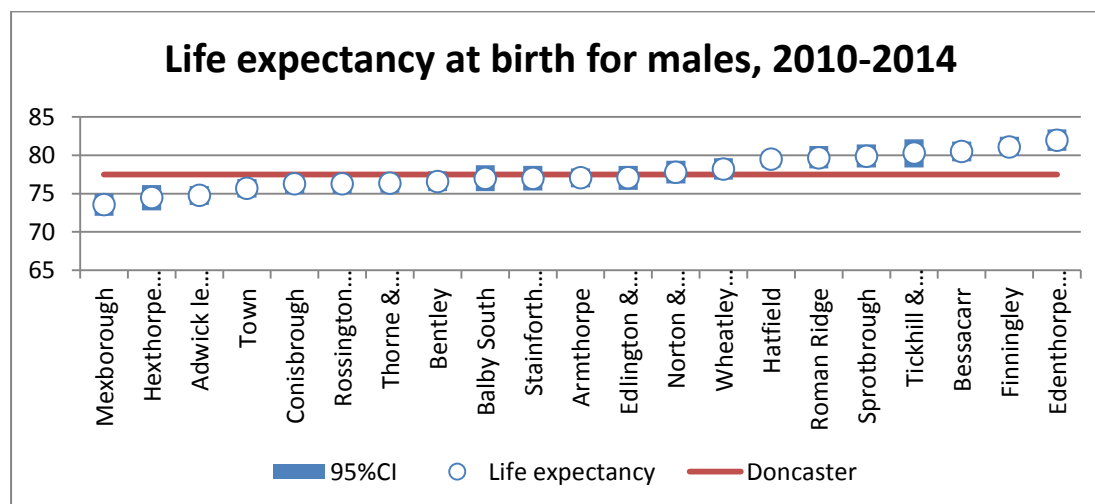
Graph 1 - Life expectancy gap for males and females (Public Health England (PHE), 2014)



3.4 Variation in Life Expectancy

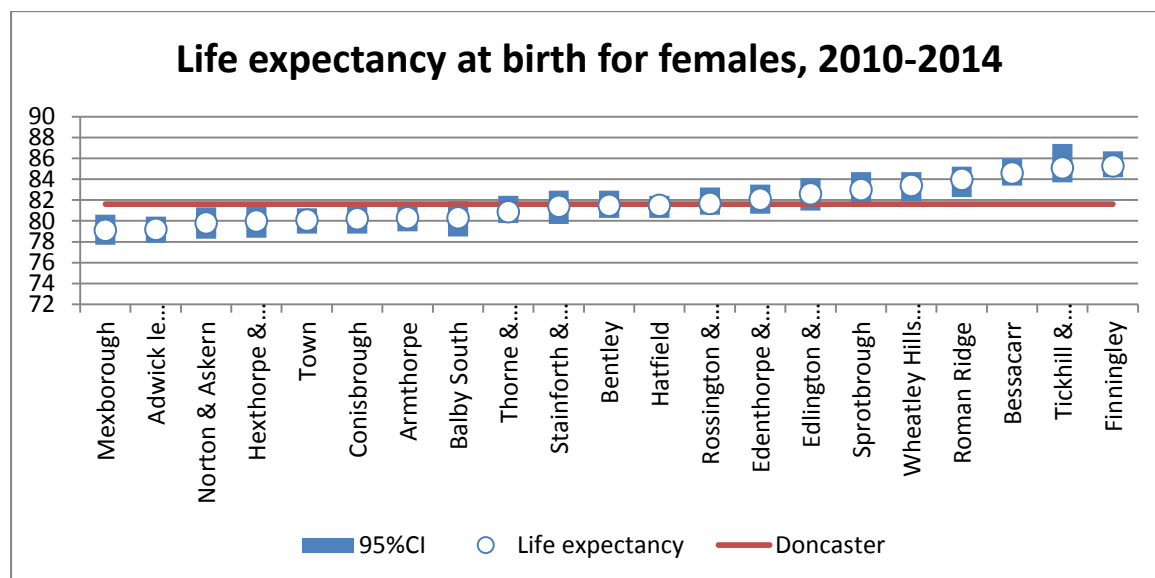
There is a variation in life expectancy within Doncaster. For males, there is an 8.4 year range from 73.6 years in Mexborough to 82 years in Edenthorpe and Kirk Sandall. For females, there is a 6.2 year range from 79.1 years in Mexborough to 85.3 years in Finningley.

Graph 2 - Life expectancy for males by Doncaster Electoral Wards (Doncaster Data Observatory, Electoral Ward Profiles 2010-14).



Compared to the Doncaster average, there is significantly lower male life expectancy in Hexthorpe, Central, Adwick le Street, Conisbrough and Mexborough Wards.

Graph 3- Life expectancy for females by Doncaster Electoral Wards (Doncaster Data Observatory, Electoral Ward Profiles 2010-14).



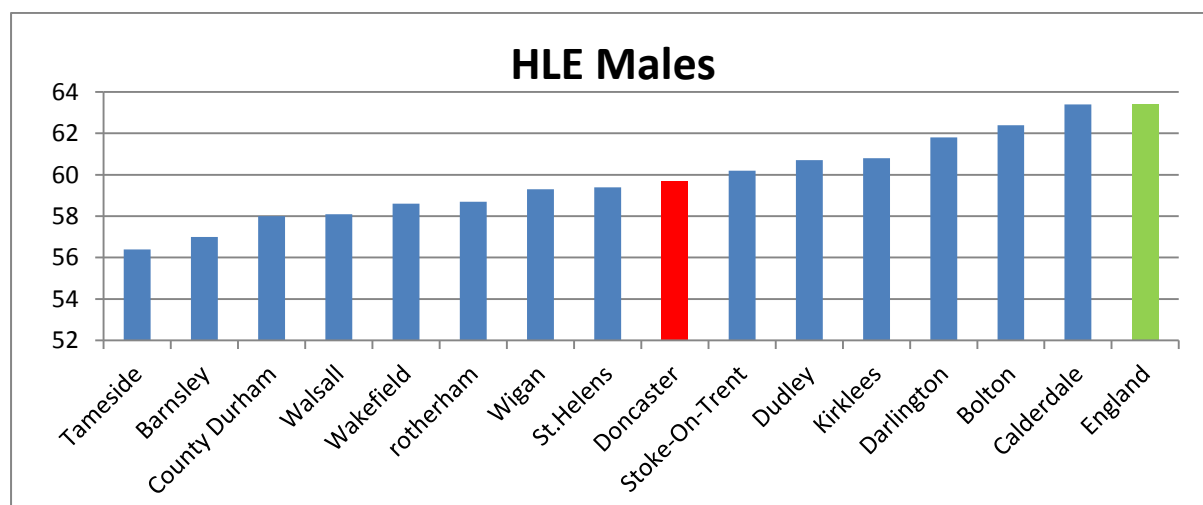
The female life expectancy in Mexborough, Central, Adwick, Norton and Askern and Hexthorpe wards is lower than the Doncaster average.

3.5 Healthy Life Expectancy

Both males and females in Doncaster have a lower healthy life expectancy compared to England average. The healthy life expectancy for both males and females is also lower when compared to the Yorkshire average. This means that people in Doncaster might spend the latter 20 years of their life without good health.

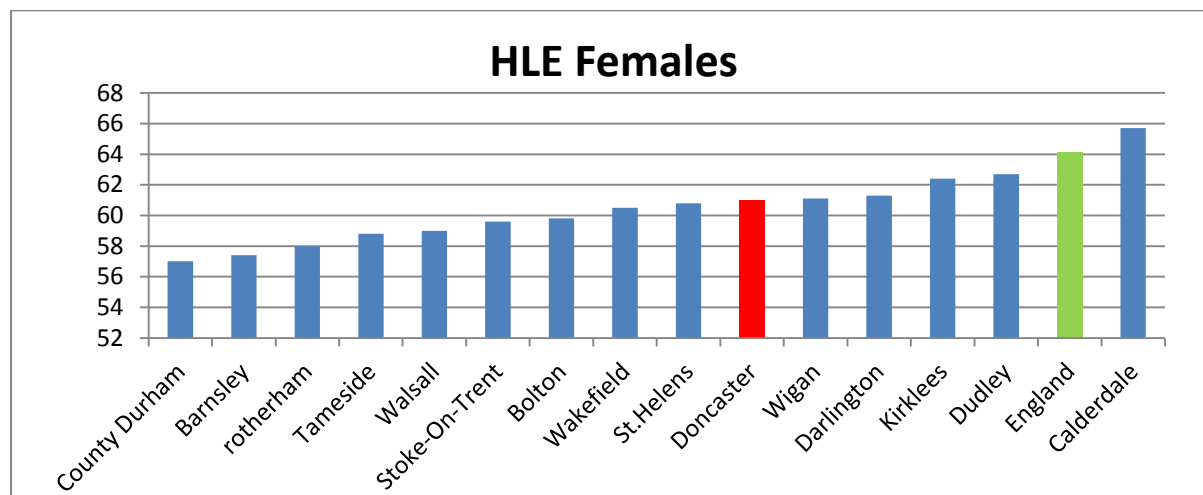
The graphs below compare healthy life expectancy in Doncaster to its Chartered Institute for Public Finance and Accountancy (CIPFA) nearest neighbours. Although, Doncaster Healthy Life Expectancy is higher than some areas it remains 3 to 4 years lower than Calderdale for both males and females.

Graph 4- Healthy Life Expectancy males (PHOF 2013-15).



On average, males in Doncaster experience ill-health from the age of 59.7. This is significantly lower than the national average of 63.4 years of age.

Graph 5 - Healthy Life Expectancy Females (PHOF 2013-15)



On average, females in Doncaster experience ill-health from the age of 61. This is significantly lower than the national average of 64.1 years of age.

The growing population and increasing life expectancy means more people will reach very old and extreme old age, with the associated health problems that result in low healthy life expectancy. Commissioners need to be prepared for increasing demand, to support older people to be a valued part of society, leading full and active lives for as long as possible, and to be cared for in the best possible way up to the end of their lives.

3.6 Disease Specific Populations

Generally, people in Doncaster experience higher levels of disease and ill-health compared to other areas. Compared to England as a whole, a high number of patients are registered with their GP for:

- Mental health conditions such as depression
- Circulatory conditions such as chronic heart disease, heart failure, stroke, hypertension and atrial fibrillation
- Chronic kidney disease
- Chronic obstructive pulmonary disease (respiratory disease) and asthma
- Diabetes
- Epilepsy

The table below gives a full breakdown of prevalence in primary care as measured by the Quality Outcomes Framework (QOF).

Table 2 – GP registered patients (Health and Social Care Information Centre (HSCIC), 2014).

	Doncaster register	Doncaster prevalence	England prevalence
Diabetes Mellitus	19,912	7.89%	6.55%
Epilepsy	2,413	0.97%	0.80%
Depression	20,520	8.24%	8.26%
Chronic Kidney Disease	15,163	6.09%	4.10%
Learning Disabilities	1,505	0.48%	0.48%
Osteoporosis	327	0.27%	0.31%
Stroke or Transient Ischaemic Attacks (TIA)	6,369	2.02%	1.74%
Hypertension	47,914	15.22%	13.81%
Chronic Obstructive Pulmonary Disease	8,444	2.68%	1.85%
Cancer	7,490	2.38%	2.42%
Mental Health	2,490	0.79%	0.90%
Asthma	21,030	6.68%	5.91%
Heart Failure	2,903	0.92%	0.75%
Palliative Care	848	0.27%	0.33%
Dementia	2,684	0.85%	0.76%
Atrial Fibrillation	6,265	1.99%	1.71%
Coronary Heart Disease	11,690	3.71%	3.2%
Cardiovascular Disease Primary Prevention	1,829	1.04%	1.07%

3.7 Ethnicity

In the 2011 Census, the Doncaster population was 91.8% White British compared with 85.5% for Yorkshire and Humber and 79.8% for England. Though less diverse than the regional and national average, the proportion has increased in recent years- In 2001 the population was 96.5% White British. The main other ethnic groups in Doncaster are detailed in the following table.

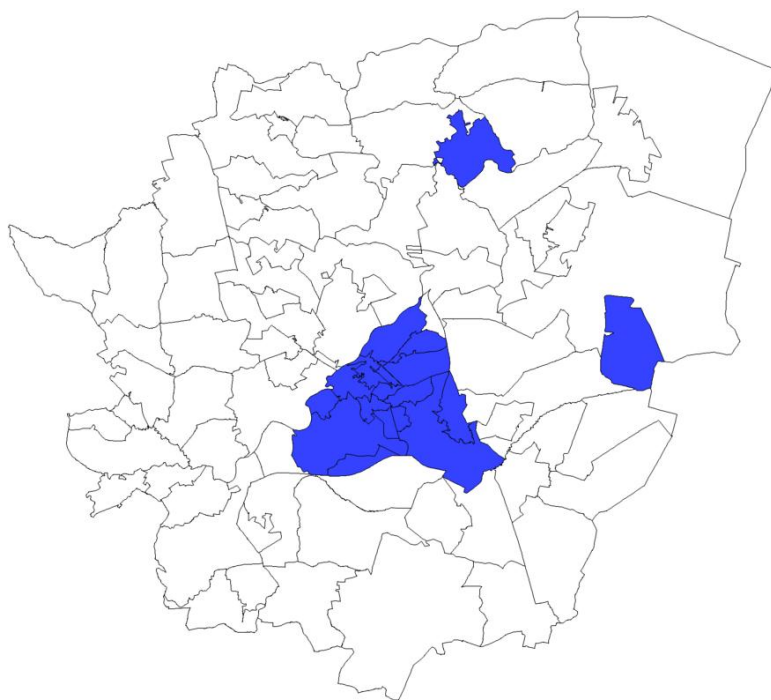
Table 3 – Minority ethnic groups in Doncaster (Nomis, 2013)

Ethnic Group	Person %
All categories: Ethnic group	302402
White: Total	95.2
White: English/Welsh/Scottish/Northern Irish/British	91.8
White: Irish	0.39
White: Gypsy or Irish Traveller	0.19
White: Other White	2.84
Mixed/multiple ethnic group: Total	1.09
Mixed/multiple ethnic group: White and Black Caribbean	0.46
Mixed/multiple ethnic group: White and Black African	0.14
Mixed/multiple ethnic group: White and Asian	0.29
Mixed/multiple ethnic group: Other Mixed	0.19
Asian/Asian British: Total	2.51

Asian/Asian British: Indian	0.61
Asian/Asian British: Pakistani	0.90
Asian/Asian British: Bangladeshi	0.03
Asian/Asian British: Chinese	0.37
Asian/Asian British: Other Asian	0.58
Black/African/Caribbean/Black British: Total	0.77
Black/African/Caribbean/Black British: African	0.43
Black/African/Caribbean/Black British: Caribbean	0.25
Black/African/Caribbean/Black British: Other Black	0.08
Other ethnic group: Total	0.35
Other ethnic group: Arab	0.08
Other ethnic group: Any other ethnic group	0.27

Overall Doncaster has low ethnic diversity though the map below shows there are diverse areas within the Borough. There are significant non-white British populations in the urban centre and surrounding areas, namely Balby (16%), Belle Vue (26%), Bennethorpe (18%), Hexthorpe (24%), Hyde Park (46%), Intake (16%), Lower Wheatley (37%), Town Moor (20%), and Wheatley Park (20%). There are anomalous hotspots in the North and East (HM Prisons and Braithwaite & Kirk Bramwith).

Map 2 - Significant non-white British populations (ONS, 2013a)



3.8 Language in Doncaster

96% of Doncaster's population (aged ≥ 3 years) speak English as their first or preferred language – compared to 94% across Yorkshire and Humber and 92% across England and Wales. 2.1% of people speak 'Other European' languages as a first or preferred language, of which 1.6% of people speak Polish.

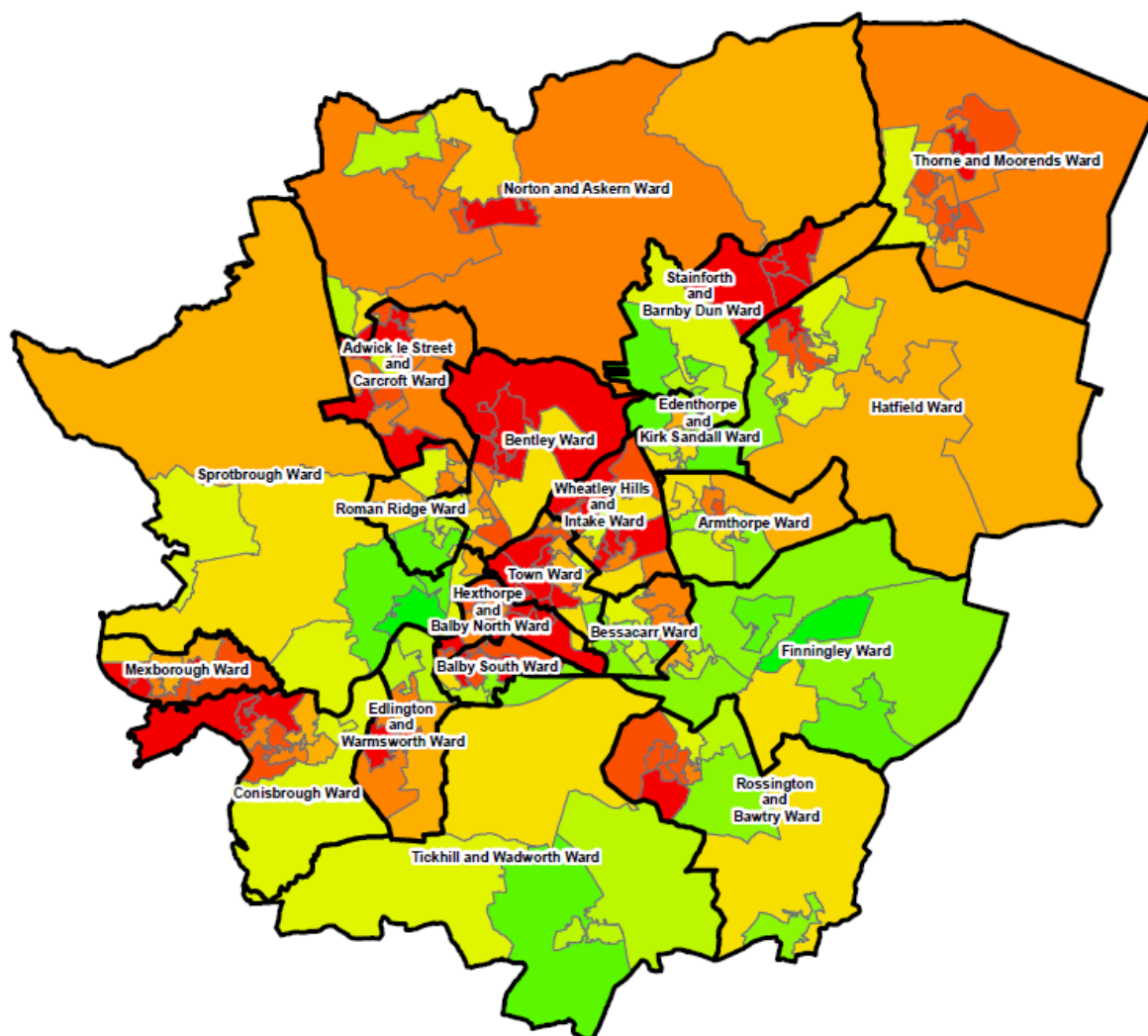
No other language accounts for half a percentage in Doncaster though 0.3% speak Urdu as a first or preferred language and 0.2% speak Punjabi as a first or preferred language (ONS, 2013b).

3.9 Deprivation

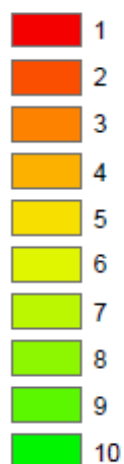
The Indices of Deprivation 2015 provides a composite measure of deprivation across multiple domains including income, employment, health and disability, education, skills and training, housing, crime and living environment (Index of Multiple Deprivation, 2015).

Doncaster has moved since the last PNA from 39th most deprived Local Authority to 48th most deprived of the 326 Local Authorities in England. However, there are concentrated areas of deprivation in all 4 corners of the Borough. Over 21% of the population in Doncaster are within the 10% most deprived in England.

Map 3 - Deprivation within Doncaster



Index of Multiple Deprivation (IMD) Decile (where 1 is most deprived 10% of LSOAs)



4. Locally Identified Health Need

Local need is identified through the JSNA and the Health and Wellbeing Board Strategy (HWBS) for Doncaster. Priorities in the JSNA (identified from the Public Health Outcomes Framework) include:

- Overcoming challenges of an ageing population
- Reducing health inequalities
- Reducing number of elderly people living with above average levels of disability

Doncaster's Health and Wellbeing Board Strategy 2016-21

The Doncaster Health and Wellbeing Board Strategy 2016-21 has identified 4 key themes for development to improve health and wellbeing outcomes in Doncaster:

1. Wellbeing
2. Health and Social Care Transformation
3. Five Areas of Focus
4. Reducing Health Inequalities

The five areas of focus identified in the strategy are:

1. **Substance misuse (Drugs and Alcohol)** - Since 2011/12 the rates of alcohol-related admissions have increased further while the national rate has decreased, meaning the gap has widened further
2. **Obesity** - 74% of adults in Doncaster carry excess weight
3. **Children and Families** - Doncaster successfully delivered the first phase of the national Troubled Families Programme (locally known as Stronger Families)
4. **Dementia** - it is possible that the number of people in the borough aged over 64 living with dementia could increase from around 3,900 to almost 6,000 by 2030
5. **Mental Health** - If the national figures are applied to the Doncaster population then almost 55,000 people living in the borough have experienced some form of mental health problem

The Health and Wellbeing Board Strategy can be viewed from the link below:
<http://www.doncaster.gov.uk/services/health-wellbeing/doncaster%E2%80%99s-health-and-wellbeing-board>

In addition, the 2011 Census showed that a high proportion of people in Doncaster:

- Report their health as 'bad' or 'very bad'
- Report having a disability that limits their everyday life
- Provide unpaid care, particularly those providing 50 hours or more per week

The Census also showed that, relative to the national average, a high number do not have access to a car, do not have qualifications and are economically inactive.

5. Current Pharmacy Provision and Services

In line with the HWBB's areas of focus, particular attention needs to be on those communities with the highest need and where there are gaps in provision – the following section will look at the provision across the Doncaster localities.

5.1 Pharmacy Demographics

Pharmacy contractors in Doncaster comprise of:

- 79 community pharmacies with:
 - 65 providers on 40 hour contracts
 - 11 providers on extended hour's contracts
 - 3 distance-selling providers/ internet pharmacies
- 1 appliance contractor
- 2 Dispensing General Practices.

An application for an extended opening hour's pharmacy has been approved at Hayfield Lane, Hayfield Green, Doncaster, DN9 3NB. The pharmacy is likely to open before the publication of this PNA.

Four maps in Appendix 2 present current pharmacy provision by geographic coverage (PHE, 2017).

At the time of the last PNA in 2015, there were 79 community pharmacies. The number of extended hour's pharmacies has reduced from 12 to 11 but the number of 40 hour pharmacies has remained the same. The number of Distance Selling Pharmacies has increased from 2 to 3 and the number of Dispensing General Practice has remained the same (Auckley Surgery and The Mayflower Medical Practice).

The NHS (Pharmaceutical and Local Pharmaceutical Services) regulations 2013 were amended in December 2016 by the introduction of Section 26A consolidations. The Section 26A consolidation is a merger of two pharmacy businesses that does not create a gap in the provision of pharmaceutical services. To date, there have been no Section 26A consolidations in Doncaster.

5.2 Pharmacies in Doncaster

Doncaster has a similar number of pharmacies per head of population compared to South Yorkshire and Bassetlaw and England as a whole. Central Neighbourhood has a higher rate of pharmacies per head of population compared to local and national averages. This is to be expected given the density of pharmacies in the town centre which people from whole of the borough travel to for work and leisure purposes. North and East Neighbourhoods have a similar rate to the overall average. South Neighbourhood is the most rural of the four areas and has a lower rate of pharmacies per head of population. However, Doncaster has two Dispensing General Practices, which are in the South (The Mayflower Medical Practice and Auckley Surgery).

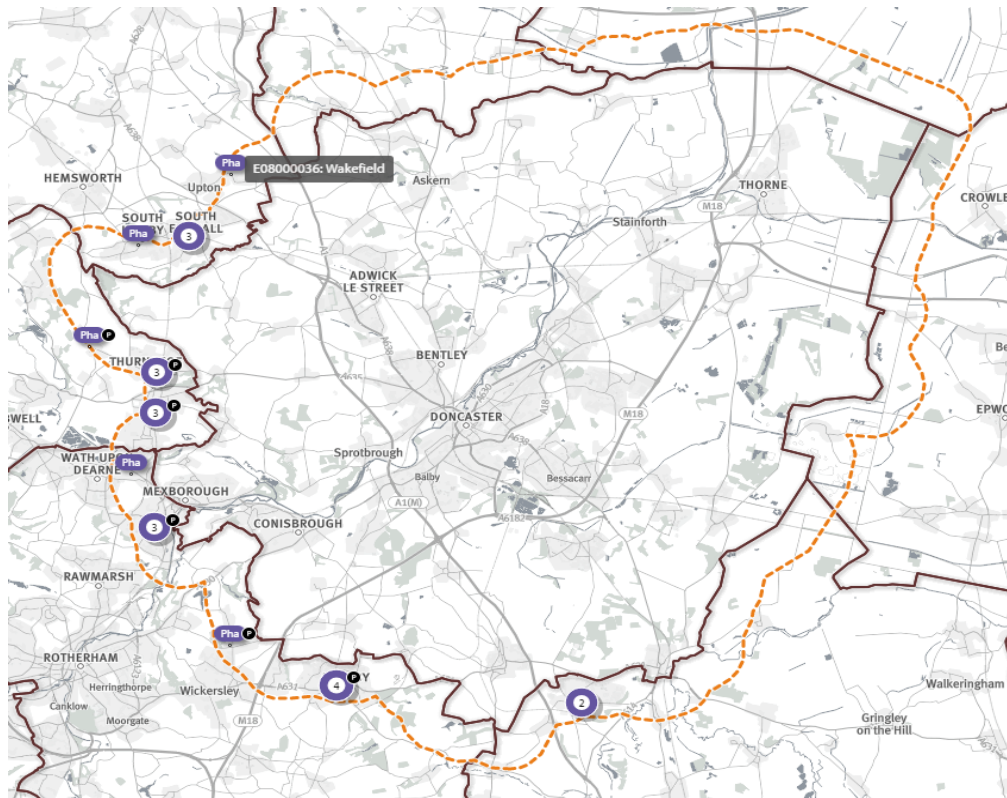
Table 4 – Pharmacy density for Neighbourhoods, Area Team and England (DMBC, 2017).

Pharmacies per head of population	Pharmacies	Population	No. per 10,000 population
South neighbourhood area	17	86,689	1.96
North neighbourhood area	17	71,440	2.37
East neighbourhood area	17	69,467	2.45
Central neighbourhood area	28	77,217	3.62
Doncaster	79	304,813	2.59

5.3 Access to pharmaceutical services around the HWBB boundary

Doncaster borders multiple neighbouring authorities so it is important to factor these into access to pharmaceutical services. Communities in the West and North also benefit from access to pharmacies in Bassetlaw, Rotherham, Barnsley and Wakefield authorities. There are no neighbouring pharmacies within a one mile radius of the border to the North East and East due to the rural nature of these areas, however there is some pharmaceutical provision a little further afield. The ratio of pharmacies per 10,000 people appears to be higher in the central neighbourhood area compared to South, East and North neighbourhood areas for Doncaster.

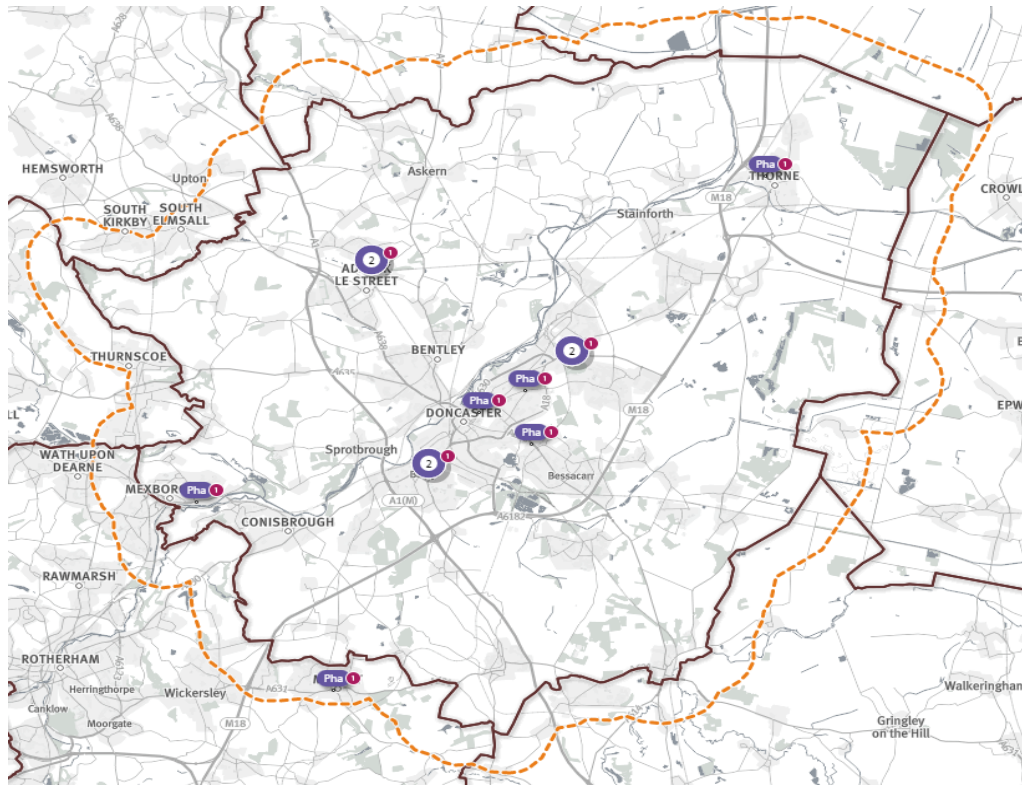
Map 4 – Pharmacy locations within 1 mile of Doncaster’s border



5.4 Extended hour’s Community Pharmacies

More than half of the extended hour’s pharmacies in Doncaster are located in, or border, Central Neighbourhood. Access to the nearest extended hours pharmacy for most in the South (e.g. Rossington, Auckley) would be in Asda supermarket, Lakeside. Communities further out (e.g. Tickhill, Bawtry) could also access an extended hour’s pharmacy across the border in Maltby.

Map 5 – Extended hour’s pharmacy locations in Doncaster and within 1 mile radius of the border.



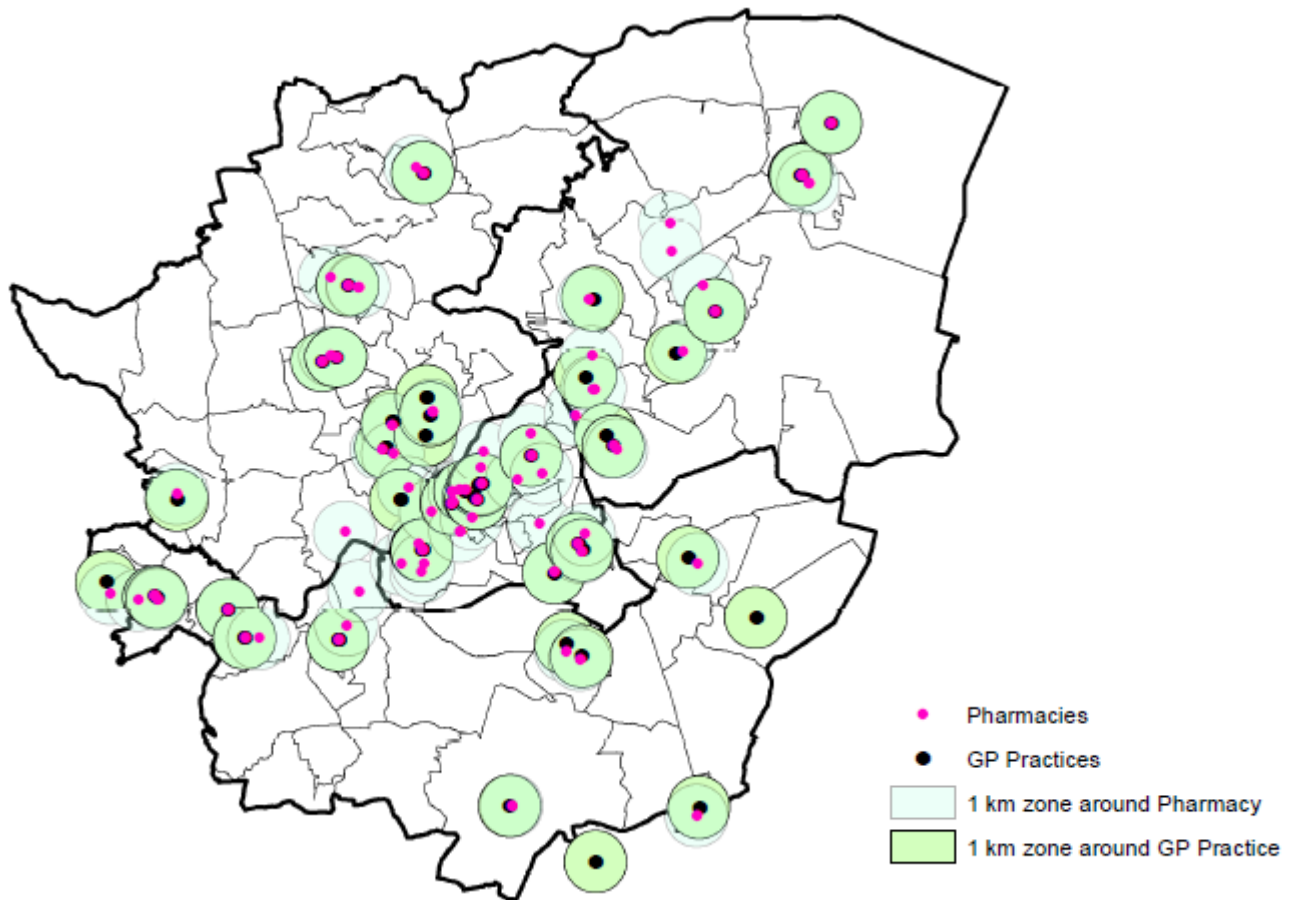
5.4.1 Services delivered by extended hour’s pharmacies

Medicines use reviews, new medicines service and palliative care drugs services, inhaler technique, flu vaccination, minor ailment, supervised consumption and emergency hormonal contraception services are delivered by most of the extended hour’s pharmacies. Pharmacy Urgent Repeat Medicine (PURM) service is available in six of the eleven extended hour’s pharmacies. Needle Exchange service is available in three of the extended hour’s pharmacies. In terms of setting, three of the eleven pharmacies are based in supermarkets. This will limit their opening hours on a Sunday to 6 hours.

5.5 Pharmacy correlation with GP practices

In Doncaster, pharmacies outnumber GP practices by approximately 2 to 1 – there are 79 community pharmacies to 43 GP practices. Nearly all GP practices are within 1km of a pharmacy, or a 10 minute walk at average walking pace.

Map 6 – Locations of GP Practices and Pharmacies within Doncaster



6. Access to Pharmaceutical Services

An important part of the PNA is to assess how accessible pharmacies are to residents.

6.1 Geographical Access

This is measured by the proportion of residents who are within a 1.6km (1mile) walk of a pharmacy and by the proportion of residents who are within a 10 minute drive of a pharmacy.

6.1.1 Method

The method of calculating these measures has changed since the last PNA was published in 2015. The method now uses mapping software to assess access. This may give a better indication of access, particularly walking access than using a fixed radius around a pharmacy.

6.1.2 Results

Using the SHAPE access tool the following results have been calculated. To prepare these results consideration was also given the pharmacies outside of Doncaster that

could be reached within a 1.6km walk. 23 such pharmacies were identified within 1.6km of the Doncaster boundary. Of these only two pharmacies (both in Swinton, Rotherham) were close enough to improve access. However, those residents are already within a 1.6km walk of the McGill pharmacy in Mexborough. Thus, the overall access picture was not changed by pharmacies outside of the Doncaster border.

1. Proportion of Doncaster residents within 1.6km (1 mile) walk of a pharmacy (including Dispensing GP Practices).

Total population: 304,813 (PHE, 2017)

Number of residents within 1.6km walking distance: 265,782

Number of residents not within 1.6km walking distance: 39,031

Proportion of Doncaster residents within 1.6km (1 mile) walk of a pharmacy is therefore 87.2%.

2. Proportion of Doncaster residents within 10 minute drive of a pharmacy.

Total population: 304,813

Number of residents within 10 minute drive of a pharmacy: 304,813

Number of residents not within 10 minute drive of a pharmacy: 0

Proportion of Doncaster residents within 10 minute drive of a pharmacy is therefore 100%.

6.1.3 Discussion

The walking access measure shows a reduction in proportion of Doncaster residents within 1 mile walk of a pharmacy from 93% in the last PNA to 87.2%. This is due to the change in methods of analysis rather than a change in the population or pharmacy provision. This new method of analysing access does still have some methodological weaknesses which can bias the results. We will work with Public Health England to continue to improve this analysis as we believe that over time this will give a more accurate measure of access.

Access to pharmaceutical services in Doncaster is further improved through the three distance selling pharmacies and the delivery service provided by most pharmacies. Distance selling pharmacies provide a service to whole of England so fill a need where people don't have access to transport or cannot make the walk.

6.2 Access to pharmacies by opening hours

Table 5 – Number of pharmacies opening early, in the evening or at weekends.

	Early opening (<8am)	Late opening (>7pm)
Monday	4	14
Tuesday	7	14
Wednesday	7	14
Thursday	7	15
Friday	7	14

	Morning	Afternoon
Saturday	33	22
Sunday	10	

The proposed opening hours of the approved pharmacy at Hayfield Lane, Hayfield Green, Doncaster, DN9 3NB are; Weekdays 10.00-20.00, Saturdays 10.00-17.00 and on Sundays from 10.00-13.00. This will allow access to residents in the South neighbourhood area to pharmaceutical services on evenings and Sundays.

Access to a pharmacy on a Saturday morning is good throughout the borough. Four maps in Appendix 3 present opening hours by geographic coverage.

Weldricks at East Laith Gate is commissioned yearly on a needs basis by NHS England and Doncaster CCG, to ensure a pharmacy provision is available into the evenings, weekends and on Bank Holidays including Christmas day.

7. Pharmaceutical Services

7.1 Essential Services

Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contract (PSNC 2017). These include:

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

7.2 Advanced Services

Any pharmacy contractor may choose to provide Advanced Services. Currently, in Doncaster these includes; Medicine Use Reviews, New Medicine Services, Appliance Use Reviews, Appliance Customisation and Flu Vaccinations.

7.3 Locally Commissioned Services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities and Clinical Commissioning Groups (CCGs). Smoking cessation, needle exchange and supervised consumption are some of the Locally Commissioned Services in Doncaster.

Table 6 – Advanced services commissioned by NHS England

Commissioner	Service	Community pharmacy providers
NHS England	Medicine Use Reviews	69
	New Medicines Service	71
	Appliance Use Reviews	33
	Flu Vaccination	59
	NHS Urgent Medicines Supply	5
	Stoma Appliance Customisation	0

Table 7 – Local services commissioned by Doncaster Council Public Health and Doncaster CCG (direct and indirect).

Commissioner	Service	Community pharmacy providers
Doncaster Council Public Health	Emergency Hormonal Contraception	49
	Needle Exchange	16
	Supervised Consumption	73
	Smoking Cessation	33
Doncaster CCG	Palliative Care	39
	Minor Ailments	70
	Inhaler Technique	69
	Pharmacy Urgent Repeat Medicine (PURM) Service	54

At the time of writing the above data on the commissioned services is correct. However, from 1st April 2018 some of the services will be changing. The changes will be added to the supplementary statements which can be found on the following webpage:

<http://www.doncaster.gov.uk/services/health-wellbeing/doncaster%E2%80%99s-health-and-wellbeing-board>

Falls Risk Assessment service is no longer commissioned in Doncaster. At the time of the previous PNA, 49 pharmacies provided this service.

There has been an increase in number of pharmacies offering Palliative Care (11 to 39), Minor Ailment (27-70) and Inhaler Technique (50-69) services since the last PNA in 2015. Furthermore, there is a good coverage for PURM (54) and Flu

Vaccinations (59) services in the borough (Data for these was not available at the time of last PNA).

8. Geographic coverage of provision

This PNA does not consider prison or hospital pharmacies as they are commissioned through separate routes.

8.1 Advanced Services commissioned by NHS England

Medicine Use Reviews

The [Medicine Use Reviews](#) and Prescription Intervention service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines for long-term conditions. National target groups have been agreed in order to guide the selection of patients to whom the service will be offered.

Geographic coverage is high, as nearly all pharmacies across the borough offer Medicines Use Reviews service (Appendix 4, map 1).

New Medicines Service

A [New Medicines Service](#) provides support for people with long term conditions starting new medicine to help improve adherence; it is initially focused on particular patient groups and conditions.

Geographic coverage is high as 71 pharmacies across the Borough offer the New Medicine Service (Appendix 4, map 2).

Appliance Use Reviews

[Appliance Use Reviews](#) improve patient knowledge on the use of appliances (e.g. colostomy/urostomy bags, syringes etc) by resolving poor or ineffective use, and advising on safe and appropriate storage and disposal.

Less than half of the pharmacies offer Appliance Use Review (33/78) service in Doncaster. In the North neighborhood, some sizeable communities with health problems are more than 1 mile from an Appliance Use Review service – Askern, Woodlands, Highfields and parts of Bentley. However, most patients obtain their supplies and advice from Dispensing Appliance Contractors who provide services across a much wider geographic area (Appendix 4, map 3).

Flu Vaccination

[Flu Vaccination](#) is available every year to help protect adults and children identified at higher risk of flu and its complications. The risk groups identified include; people aged over 65 pregnant women, children and adults with an underlying health condition (such as long-term heart or respiratory disease) and children and adults with weakened immune systems (PSNC 2017b). The eligible list is currently awaiting changes to include paid carers.

Geographic coverage is high, especially when mapped against areas in Doncaster with poorer health. There are 59 pharmacies offering this service and residents who meet the criteria are also invited for a flu jab through their GP Practice (Appendix 4, map 4).

NHS Urgent Medicines Supply Advanced Service (NUMSAS)

The [NHS Urgent Medicines Supply Advanced Service](#) pilot is a new advanced service commissioned by NHS England with the aim of referring people directly from NHS 111 to a community pharmacy for urgent repeat prescriptions. It complements rather than replaces the Pharmacy Urgent Repeat Medicine (PURM) service which is a pharmacy walk-in service.

Three pharmacies in the South provide this service, (Conisbrough, Mexborough and Harworth). The service is also available in Thorne and Carcroft, There is no provision in the Central neighbourhood area. the number of pharmacies providing this service is likely to change if the pilot is permanently commissioned in the future.

Stoma Appliance Customisation Service

The [Stoma Appliance Customisation Service](#) involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Patients access this service through specialist Dispensing Appliance Contractor (DAC) providers which operate over a wide geography.

8.2 Locally Commissioned Services

Palliative Care Drugs Service- commissioned by Doncaster CCG

[The Palliative Drugs Service](#) ensures appropriate access to a range of palliative care drugs in accessible locations across Doncaster, particularly in the out-of-hours period and when treatment is needed urgently.

Half of the pharmacies in Doncaster provide palliative care drugs service. At the time of the last PNA only 16 pharmacies provided this service and there was no provision in Bawtry, Tickhill and Rossington and Conisbrough in the South. However, this is no longer the case and geographic coverage is high when mapped against areas of Doncaster with poorer health (Appendix 4, map 5).

Needle Exchange Service- commissioned by Aspire

[Needle Exchange Service](#) allows injecting drug users to obtain hypodermic needles and associated paraphernalia at no cost. This reduces the risk of harm from disease such as HIV/AIDS and Hepatitis, which also benefits the health of wider society. Exchanges also offer the opportunity to sign-post users to treatment services.

Geographic coverage is good in Centre and South West of Doncaster, especially when mapped against areas in Doncaster with high crime rates. The service is commissioned from 16 pharmacies following an assessment of need (Appendix 4, map 6).

Supervised Consumption Service- commissioned by Aspire

[Supervised Consumption Service](#) aims to dispense and supervise the consumption of Methadone and buprenorphine/Subutex, a substitute used by people recovering from addiction to opiates such as Heroin.

Geographic coverage is high across the borough as nearly all pharmacies offer the Supervised Consumption Service (Appendix 4, map 7).

Inhaler Technique Service- commissioned by Doncaster CCG

[Inhaler Techniques Service](#) aims to improve the inhaler technique of patients with asthma and Chronic Obstructive Pulmonary Disease (COPD). Research shows that many patients use their inhaler incorrectly and this service provides additional advice by pharmacists who have undertaken additional training.

Geographic coverage is high across the borough, especially when mapped against areas in Doncaster with poorer health. There are 69 pharmacies in Doncaster which provide the Inhaler Technique Service (Appendix 4, map 8). The number of pharmacies providing this service has increased from 50 to 69 since the last PNA in 2015.

Minor Ailments Service- Doncaster CCG

[Minor Ailment Service](#) provides advice and support to people suffering illnesses such as colds, headaches, eczema and diarrhoea. Pharmacists can also supply a range of medicines to people without having to visit the GP for a prescription. The service also provides referral to other services where appropriate.

Geographic coverage is high throughout the borough as nearly all pharmacies offer this service (Appendix 4, map 9). There has been an increase in the number of pharmacies providing this service since the last PNA from 27 to 72 at present.

Smoking Cessation Service- Commissioned by South West Yorkshire Partnership NHS Foundation Trust (SWYFT)

The pharmacy [Smoking Cessation Service](#) allows members of the public to speak to a trained member of staff about quitting smoking. The trained staff can provide one-to-one behavioural support based on the National Centre for Smoking Cessation and Training (NCSCCT) standard treatment programme and/or Nicotine Replacement Therapy (NRT) and Champix.

Less than half of the pharmacies offer smoking cessation service in Doncaster (33/78). Geographically, these services are concentrated in Centre, East and South West of Doncaster (Appendix 4, map 10).

Pharmacy Urgent Repeat Medicine (PURM) Service- commissioned by Doncaster CCG

The [PURM](#) service allows pharmacists to supply prescription only medicines to patients without a prescription in an emergency at the request of the prescriber or patient.

Geographic coverage is high, especially when mapped against areas in Doncaster with poorer health. There are 54 pharmacies which provide the Emergency Supply service in Doncaster (Appendix 4, map 11).

Emergency Hormonal Contraception Services- commissioned by TriHealth

The [Emergency Hormonal Contraception](#) is a pill that can be taken to prevent pregnancy in the event of unprotected sex, or where usual contraception has failed (for example a split condom).

Geographic coverage is high when mapped against Doncaster's most deprived areas. These are likely to be the areas of greatest need - there is a correlation between deprivation and issues such as unprotected sex, sexually transmitted infections and teenage pregnancy (Appendix 4, map 12).

This PNA has not analysed whether there are any areas where a Section 26A consolidation would create a gap in the provision of pharmaceutical services. Any such applications would need to be considered on a case by case basis. The SHAPE tool could be used to assess such applications.

8.3 Pharmacies and Public Health Campaigns

Community pharmacies are an easily accessible health care service within the wider community setting, and therefore are an ideal setting to promote healthy lifestyles messages. Pharmacies are required to participate in six public health campaigns at request of NHS England (NHSE), and with provision of materials for those campaigns.

Community pharmacies contribute to the Public Health agenda in a number of ways. They provide prevention and early intervention brief advice to support and help tackle health inequalities. This includes support and advice around:

- Stopping smoking- some pharmacies are commissioned by South West Yorkshire Partnership NHS Foundation Trust to provide structured advice and pharmacotherapy – List of services offered by the NHS stop smoking service can be viewed here: <https://www.nhs.uk/Livewell/smoking/Pages/NHS-stop-smoking-adviser.aspx>
- Brief alcohol and drugs signposting and lifestyle advice- Aspire commission substance misuse support by way of supervised consumption and needle exchange.
- Signposting
- Contraception and sexual health signposting and lifestyle advice-TriHealth also commission EHC service from a selection of pharmacies in Doncaster (Appendix 4, map 12).
- Delivering public health campaigns- as part of the essential services commissioned by NHS England.

Pharmacies are also encouraged to train staff on the principles of Making Every Contact Count (MECC) as part of the Healthy Living Pharmacies Level 1 criteria. Doncaster Public Health has developed a MECC e-Learning module focussing on five key areas; diet, smoking, alcohol, physical activity and mental wellbeing and has worked with the LPC to help pharmacies understand that every interaction is an

opportunity to deliver a health promotion intervention. The module is mandatory to anyone attending the leadership or the healthy living champions training. Healthy Living Pharmacies aim to improve the health and wellbeing of the local people and help to reduce health inequalities by delivering, through community pharmacies, a broad range of public health services. This includes a stop smoking service, brief alcohol interventions, weight loss, treatment of minor ailments, contraception and sexual health and targeted medicine use reviews to meet local health needs.

Currently, there are 35 pharmacies in Doncaster that have been accredited as Healthy Living Pharmacies. The latest list of the Healthy Living Pharmacies can be found through the link below:

<https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register.html>

The Department of Health introduced Quality Payment Scheme as part of the community pharmacy contractual framework in 2017/18 incentivises pharmacies to meet new quality criteria on patient safety, patient experience, public health, digital standards, clinical effectiveness and workforce (PSNC 2017c). It aims 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.

In terms of workforce, pharmacies are encouraged to train staff as Dementia Friends. The Doncaster Dementia Action Alliance has worked in partnership with the Local Pharmaceutical Committee (LPC) and Centre for Pharmacy Postgraduate Education to deliver dementia awareness sessions for pharmacy staff on two levels. One aimed at all pharmacy support staff and the second being a more comprehensive session for pharmacists and pharmacy technicians, which included the dementia friends information along with more clinical information related to dementia care.

9. Future Impacts

9.1 Housing and Development

The development of significant quantities of new housing and the creation of job opportunities can have a major impact on the demand for pharmaceutical services. Doncaster's Core Strategy Development Plan Document, part of the council's Local Development Framework sets out a vision for the area, and key strategic objectives and strategic policies for development. This can be found here:

<http://www.doncaster.gov.uk/services/planning/ldf-core-strategy-development-plan-document-dpd>

It provides a planning framework for the 17 year period from 1st April 2011 to 31 March 2028 to deliver the vision and aspirations of the Borough Strategy. The Doncaster Core Strategy was adopted in May 2012 and identifies where employment opportunities and new housing will be located according to the Settlement Hierarchy within the adopted plan period up to the year 2028.

Table 10 - Possible future housing development sites in Doncaster with existing planning permission granted by Doncaster Metropolitan Borough Council (DMBC) for 100+ plots as at 1st April 2017. *

Area	Location	Approved number of dwellings (Total site capacity net units)	Remaining Number of dwellings	Planning Stage
Central	Hexthorpe	930	930	Permission had formally commenced but stalled before any completions and developer no longer implementing this scheme so doubts around deliverability and likely to require a fresh planning application in due course.
Central	Wheatley	600	600	Permission
Central	Waterdale	450	396	Started- Outline permission is for a large mixed use development, much of which has been developed (e.g. Council Offices; Cast Performance Venue; Civic Square etc). Therefore, 132 dwellings in total is a more accurate reflection.
Central	Lakeside	147	147	Not started
Central	Lakeside	151	135	Started
Central	Bessecar	1106	1007	Started
Central	Lakeside	303	37	Started
Central	Woodfield	323	55	Started
North	Woodlands	343	343	Permission
North	Askern	227	225	Started
North	Askern	220	220	Permission
North	Bentley	203	179	Started
East	Dunscroft	400	400	Permission
East	Stainforth	170	170	Not started
East	Stainforth	152	152	Not started
South	Mexborough	147	76	Started
South	Mexborough	215	39	Started
South	Rossington	1200	1162	Started
South	Auckley	450	205	Started
South	Edlington	375	375	Permission
South	Edlington	387	190	Started
South	Edlington	173	107	Started

South	Conisbrough Denaby Main	175	175	Not started
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**Please note that this information was correct as of 31st March 2017 and will not be updated until 1st April 2018.*

Any future PNA reviews will need to be mindful of any unmet needs of newly established populations residing within future building programmes and make recommendations as appropriate.

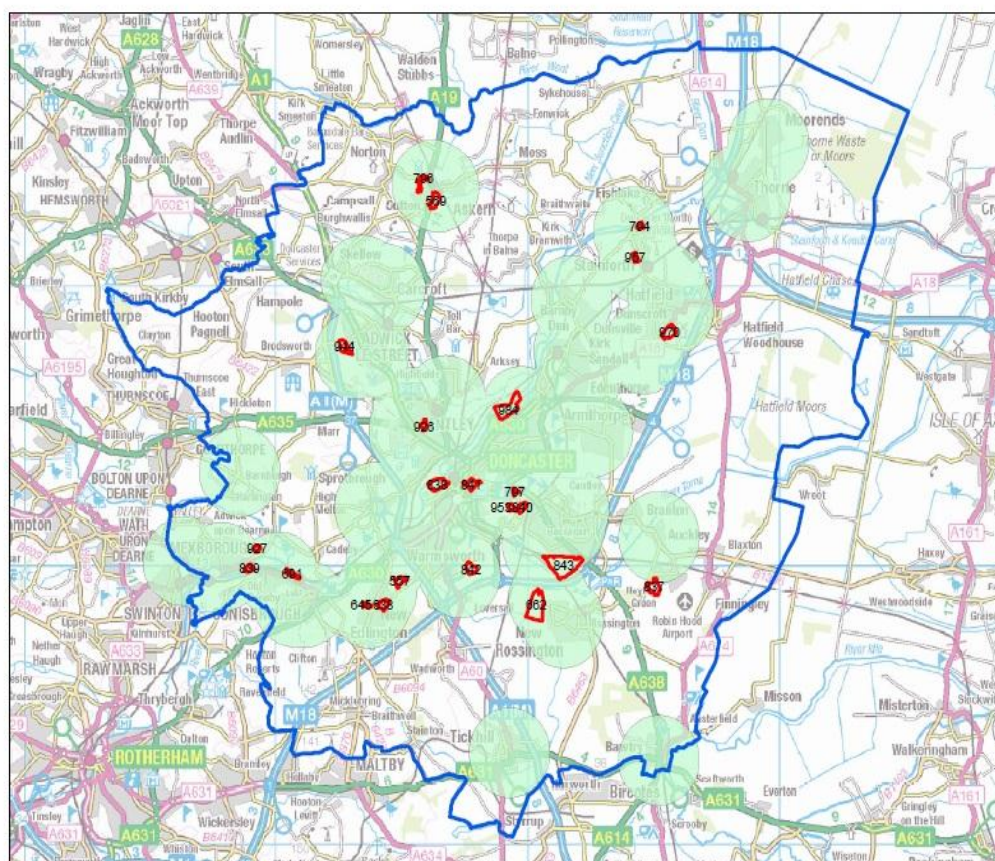
Various reports are produced to monitor the implementation of the council's Planning Policies.


The latest versions of these documents are available below:

<http://www.doncaster.gov.uk/services/planning/monitoring-and-implementation>

9.2 Pharmacy correlation with future housing development

Map 7- Housing developments within 1 mile radius of an NHS Pharmacy



 Doncaster Metropolitan Borough Council	
Key :	<ul style="list-style-type: none"> Housing Sites Area within 1 mile of an NHS pharmacy
Notes :	
Title :	Pharmacy Coverage
Completed By :	
Reference :	MapTemplate
Date :	10/01/2018
Scale :	1:180,000

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Only one future housing development scheme is outside 1 mile radius of an NHS pharmacy. This is site at Hurst Lane/ Hayfield Green. However, as stated earlier in section 5.1, an application for an extended opening hour's pharmacy has been approved at Hayfield Lane, Hayfield Green, Doncaster, DN9 3NB. The pharmacy is likely to open before the publication of this PNA.

10. Conclusion

The outcomes of this PNA have confirmed that on the whole access to pharmaceutical services is acceptable.

In summary our analysis shows that:

- Doncaster has good access to pharmaceutical services with 87.2% of residents living within 1 mile of a pharmacy and all residents within 10 minute drive.
- Nearly all GP practices are located within 1km of a pharmacy.
- Geographic coverage of pharmacies is high, especially when mapped against areas of Doncaster with poorer health.
- Pharmacies offer brief lifestyle advice and are ideally placed to support the Public Health agenda.
- All approved future housing development are within 1 mile radius of an NHS Pharmacy.

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PSNC 2017c. Pharmaceutical Services Negotiating Committee, Quality Payments. Available at: <http://psnc.org.uk/doncaster-lpc/quality-payments/>

Appendix 1 - 60 day Consultation Results

Consultation Phase 2 commenced on 24.11.2017 and ended on 23.01.2018. For this consultation all key stakeholders and the general public were consulted through online and email information methods. Communications teams in key organisations across Doncaster were asked to cascade the information and further copies were available through all the regular channels of communication. Hard copies were made available on request. Copies were also circulated to neighbouring HWBB's for comment.

1.1 Key stakeholders

Organisation	Contact Details
Sheffield City Council	Louise Brewins: Louise.Brewins@sheffield.gov.uk
Barnsley Metropolitan Borough Council	Rebecca Clarke: RebeccaClarke@barnsley.gov.uk Barnsley Julia Burrows – juliaburrows@barnsley.gov.uk
Rotherham Metropolitan Borough Council	Stephen Turnbull: Stephen.Turnbull@rotherham.gov.uk DPH Rotherham Teresa Roche: Teresa.roche@rotherham.gov.uk
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North Yorkshire County Council	Lincoln Sargeant: Lincoln.sargeant@northyorks.gov.uk
East Riding of Yorkshire Council	Tim Alison: tim.alison@eastriding.gov.uk
Wakefield Metropolitan District Council	Andrew Furber: afurber@wakefield.gov.uk
Neighbouring Health and Wellbeing Boards	Louise.Robson@doncaster.gov.uk
NHS England/ Doncaster CCG	Carolyn Ogle: Carolyn.Ogle@nhs.net
Local Pharmaceutical Committee (All Pharmacies)	Nick Hunter: nickhunter19@gmail.com
Rotherham Doncaster and South	Lynn Hall:

Humber NHS Foundation Trust	lynn.hall@rdash.nhs.uk
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Adam Tingle: Adam.Tingle@dbh.nhs.uk
Dispensing General Practices	Dean Eggitt: deaneggitt@hotmail.com office@doncasterlmc.co.uk
Local Medical Committee	Dean Eggitt: deaneggitt@hotmail.com office@doncasterlmc.co.uk
Healthwatch	Andrew Goodhall: andrew.goodall@healthwatchdoncaster.org.uk
Health and Wellbeing Board	Louise Robson: Louise.Robson@doncaster.gov.uk
Doncaster Children's Services Trust	Paul Moffat: Paul.Moffat@doncaster.gov.uk

1.2 Stakeholder Responses

Was the purpose and background of the draft PNA clearly explained?

	Count
No	0
Yes	2
Did not answer	0
Grand Total	2

Feedback	PNA Authors response

Was the information in the draft PNA clear and understandable?

	Count
No	1
Yes	1
Did not answer	0
Grand Total	2

Feedback	PNA Authors response
A few anomalies detailed below under question 8, but do not affect the PNA conclusion	Please see question 8.

Do you feel the PNA reflects pharmacy/chemist provision within the Borough?

	Count
No	0
Yes	2
Did not answer	0
Grand Total	2

Feedback	PNA Authors response
As far as I can tell, without local knowledge.	Feedback noted.
Mostly - a few comments include under question 8 below	Please see question 8.

Do you feel the PNA reflects the needs of the population in the Borough?

	Count
No	0
Yes	2
Did not answer	0
Grand Total	2

Feedback	PNA Authors response

Do you feel there are any unidentified gaps in service provision; i.e. when, where and which services are available?

	Count
No	2
Yes	0
Did not answer	0
Grand Total	2

Feedback	PNA Authors response

Do you feel there are any services that could be provided in community pharmacies in the future, which have not been highlighted already?

	Count
No	1
Yes	1
Did not answer	0
Grand Total	2

Feedback	PNA Authors response
Further support for COPD patients and other long term condition management. Falls risk assessment service should be recommissioned - modified to integrate better with other services. Commissioners should consider further need for a service to support pharmaceutical care plans for patients to reduce pressure on primary medical services and social care as part of the intermediate care pathway	This feedback has been noted and shared with commissioners.

Do you agree with the considerations within the PNA?

	Count
No	0
Yes	2
Did not answer	0
Grand Total	2

Feedback	PNA Authors response
The considerations relating to North Lincolnshire (I am completing this on behalf of the NLC H&WBB) relate to the services provided in the	This Feedback has been noted.

Epworth/Crowle area and these seem reasonable.	
--	--

If you have any further comments about the content of the PNA draft, please write them below.

Feedback	PNA Authors response
The PNA is clear and understandable with a clear exposition of gaps/needs. NLC recognise the shared dependency of services provided by pharmacies on the boundary with NLC.	This feedback has been noted.
<ol style="list-style-type: none"> 1. There is no reference to the PNA consultation on DMBC website – in fact not even a reference to the 2018 PNA being drafted. 2. Reference to the “South” is too vague and should be more specific by defining an actual geographic area. Also, the reference needs to be qualified by referring to the South Locality / Neighbourhood where this is applicable. For instance not many would consider Mexborough to be “south” of the Borough. 3. When it talks about accessing services across a border it mentions Maltby, which most people would struggle to find! While doesn't mention M&R Pharmacy in Harworth which in terms of patient 	<p>The Pharmaceutical Needs Assessment Guidance outlines the groups that we need to consult with irrelevant of any protected characteristics. For community oversight and to underpin the views of the public, Healthwatch Doncaster offered to share the consultation questionnaire with some of their members who represent a good cross-section of the community.</p> <p>This feedback has been noted and relevant changes have been made.</p> <p>This feedback has been noted. This point refers to extended hour's pharmacy on map 5. The only extended hour's pharmacy within 1 mile radius of the border is in Maltby. Wording has been changed to reflect</p>

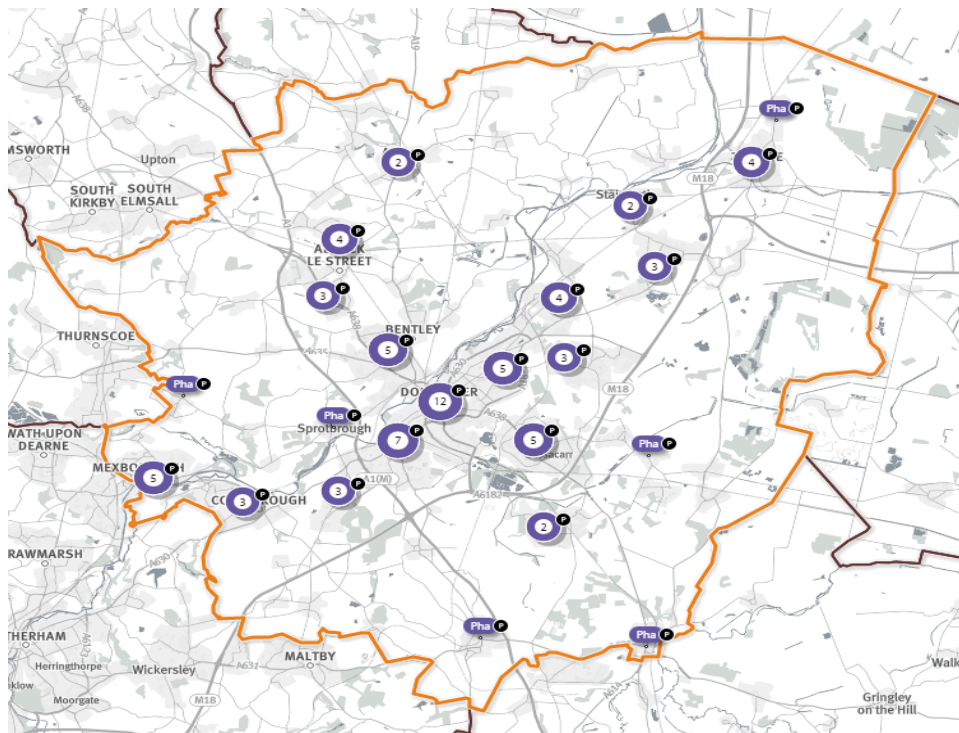
<p>flows is a much more obvious choice from either Rossington or Bawtry?</p> <p>4. There is quite a lot of comment about 100 hour provision but no mention that this is not commissioned in any way (it is a feature of an historical exemption in the regulations) or that the majority have not been directed to provide services during these extended opening hours. While it is unlikely, it is possible, that all or at least some of the 100 hours pharmacies will close due to the DH funding squeeze (due to the higher operational costs of running a 100 hour pharmacy), potentially resulting in some areas being without extended pharmacy provision.</p> <p>5. There is no mention that Weldricks at East Laith Gate has been commissioned, in line with other key extended hours pharmacies across SY to ensure a pharmacy provision is available into the evenings, weekends and on Bank Holidays including Christmas day – this should be referenced in the PNA</p> <p>6. There doesn't seem to be any logic in the comments about extended hours provision in the South when looking at the maps the population of Askern, for instance, would have as much of a problem getting to Carcroft or Thorne as those in Rossington would getting to Asda or Harworth.</p> <p>7. Current national initiatives are considering reducing prescribing so although the population is getting older and potential for increased demands on traditional pharmaceutical services of dispensing current prescription</p>	<p>this.</p> <p>This feedback has been noted and the relevant changes have been made.</p> <p>This feedback has been noted and the relevant changes have been made to section 6.2.</p> <p>This feedback has been noted. Section 5.4 refers to Bawtry and Tickhill residents accessing out of hour's pharmacy. The nearest extended hour's pharmacy to these communities is in Maltby across the border or Asda at Lakeside, wording has been changed to reflect this.</p> <p>This feedback has been noted and relevant changes have been made in Executive Summary and section 10.</p>
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<p>growth is zero and forecast for the next financial year is only 0.6% - i.e. way below population growth and what might be expected due to an aging population, because a factor of improved medicines optimisation to reduce waste and improve prescribing efficiency and hence demand on traditional dispensing services</p>	
<p>8. P19 – dispensing practices – seems like the 2018 PNA is capturing Bawtry and Blyth practice (Bassetlaw CCG) which was previously not included as the practice is primarily registered as Bassetlaw CCG and not with Doncaster CCG.</p>	<p>This feedback has been noted and relevant changes have been made to section 5.1.</p>
<p>9. Bullet 6.1.3 – aside from the Distance Selling Pharmacies providing deliveries most pharmacies provide a delivery service so any one with difficulty physically accessing a pharmacy premises should still be able to access pharmaceutical services.</p>	<p>This feedback has been noted and relevant changes have been made to section 6.1.3.</p>
<p>10. P27 – under NUMSAS reference to “emergency supply” should be “PURM”. Also, NUMSAS is a pilot and pharmacies providing is likely to change if the pilot is permanently commissioned.</p>	<p>This feedback has been noted and relevant changes have been made to section 8.</p>
<p>11. P28 – “No Pharmacies in Doncaster provide the Stoma Appliance Customisation Service” – patients access this service from specialist DAC providers which operate over a wide / national geography.</p>	<p>This feedback has been noted and relevant changes have been made to section 8.</p>
<p>12. P31 – HLPs – constantly increasing as pharmacies meet the criteria so probably worth referencing to the latest list on the RSPH website at https://www.rsph.org.uk/our-services/registration-healthy-living-</p>	<p>This feedback has been noted and relevant changes have been made to section 8.3.</p>

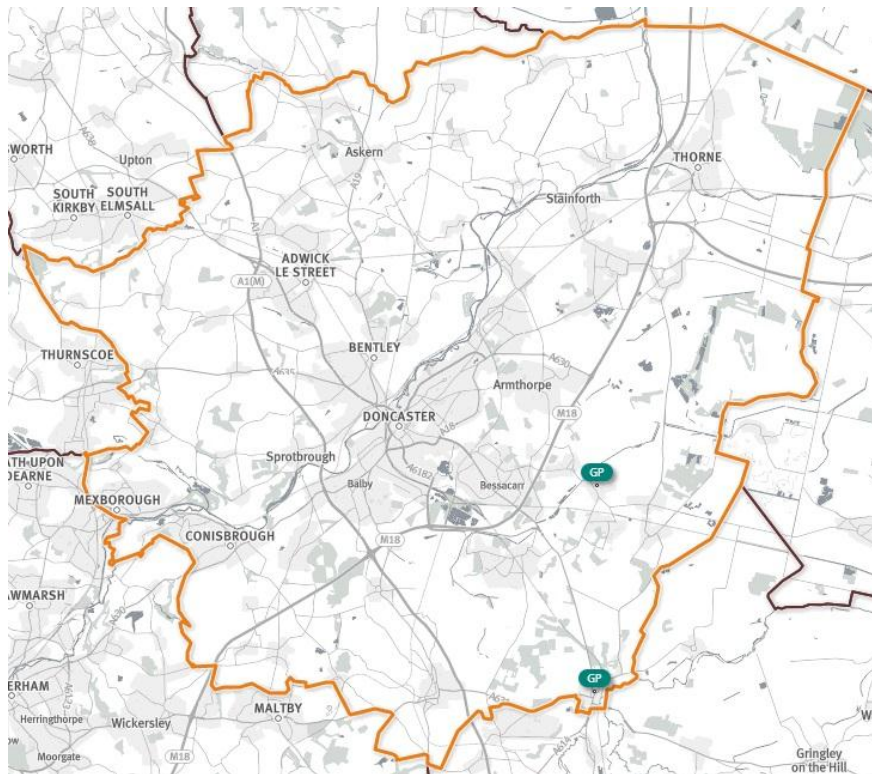
pharmacies-level1/register.html	
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Appendix 2 – Current Pharmacy Demographics

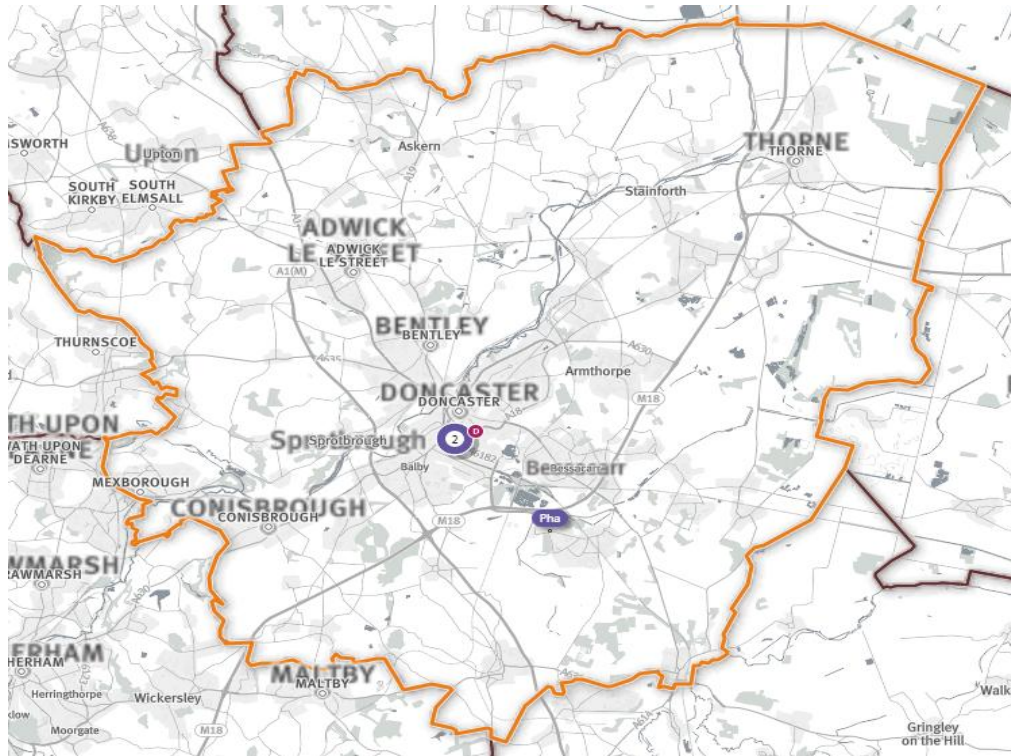
Map 1 – Community pharmacies by location.



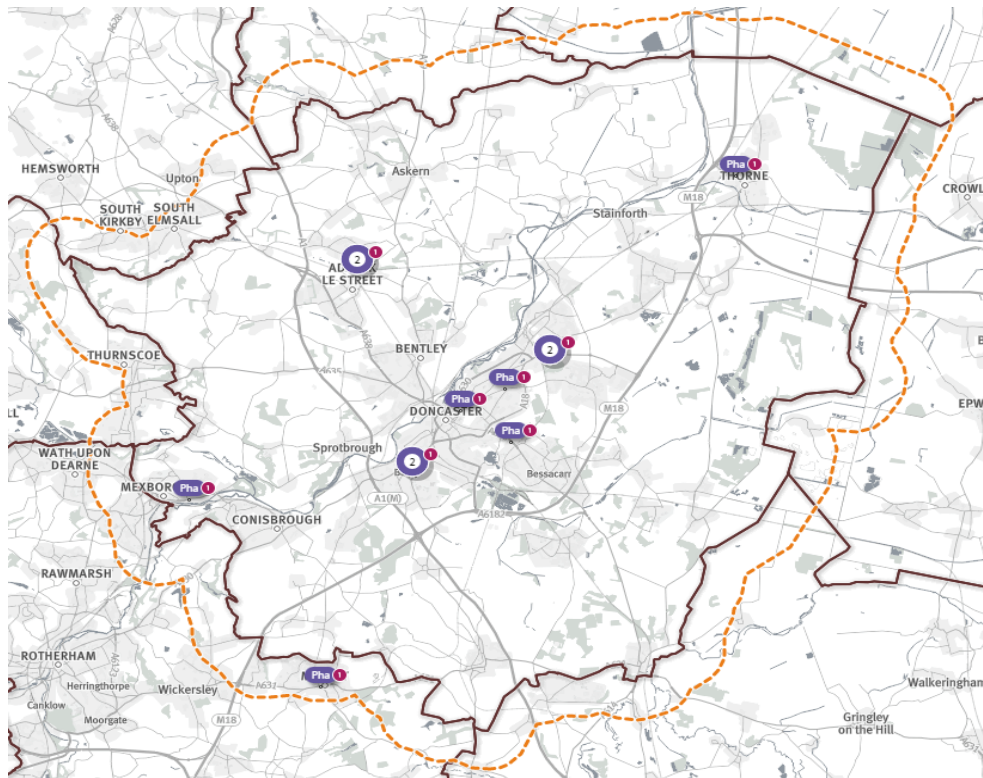
Map 2 - Dispensing GP practices by location.



Map 3 - Distance selling pharmacies by location.

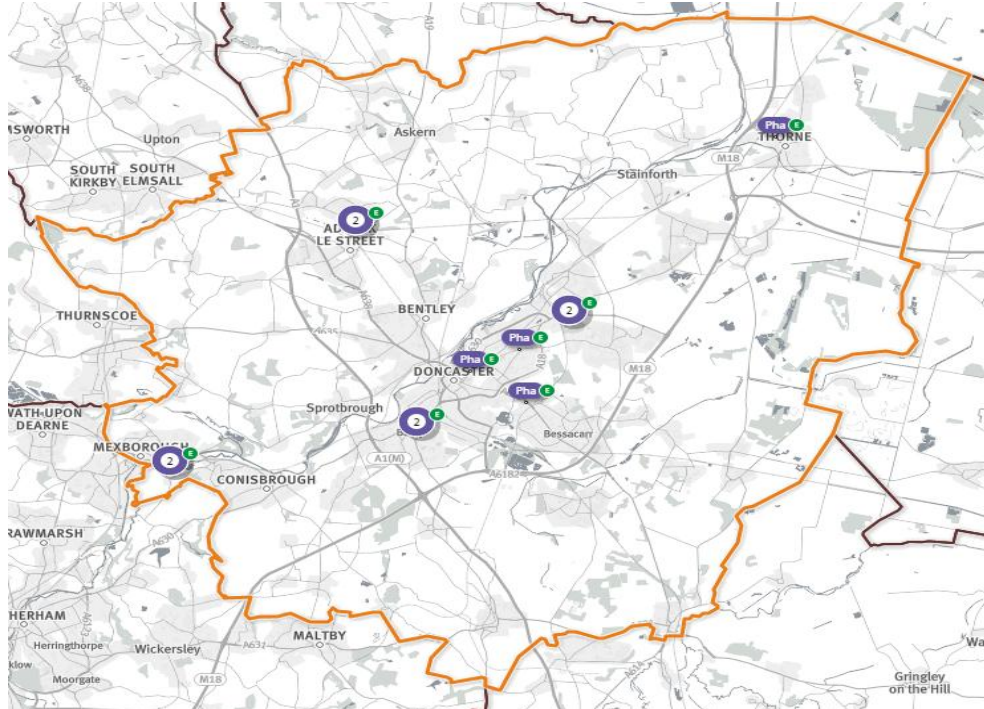


Map 4 – 100hr community pharmacies in Doncaster, plus bordering 100hr pharmacies.

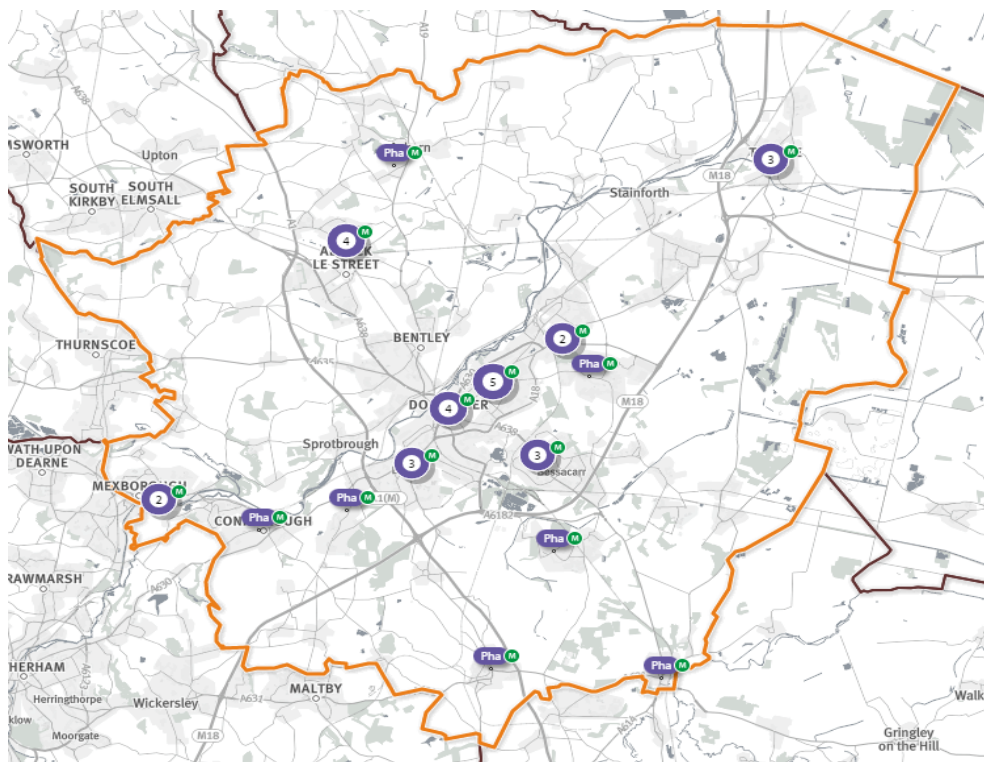


Appendix 3 – Opening hours by geographic location (maps)

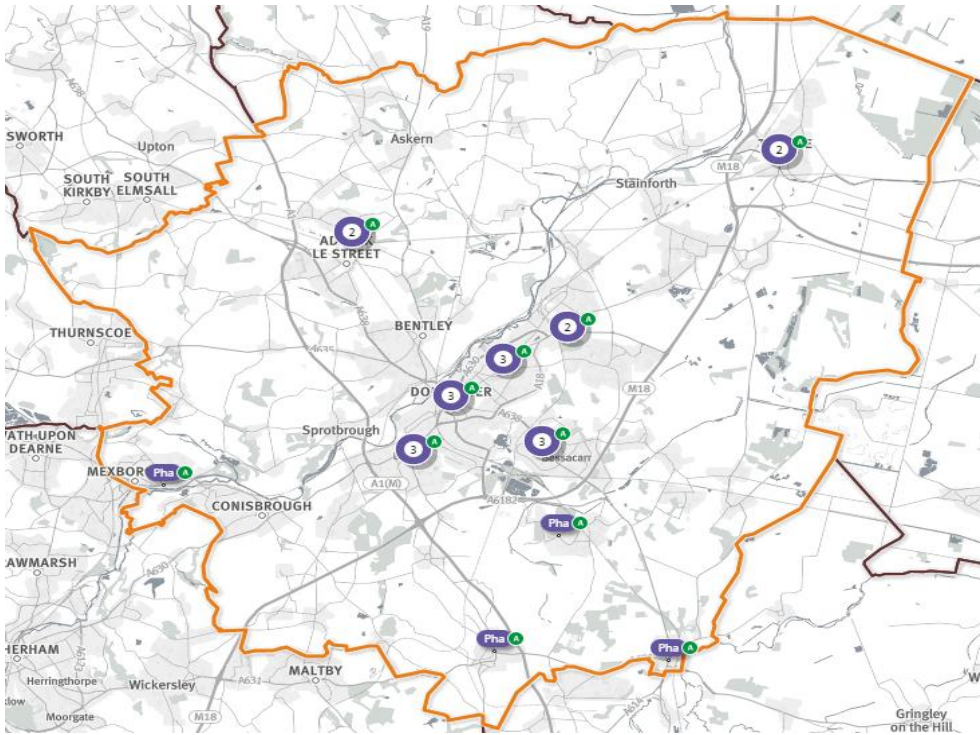
Map 1 - Evening opening.



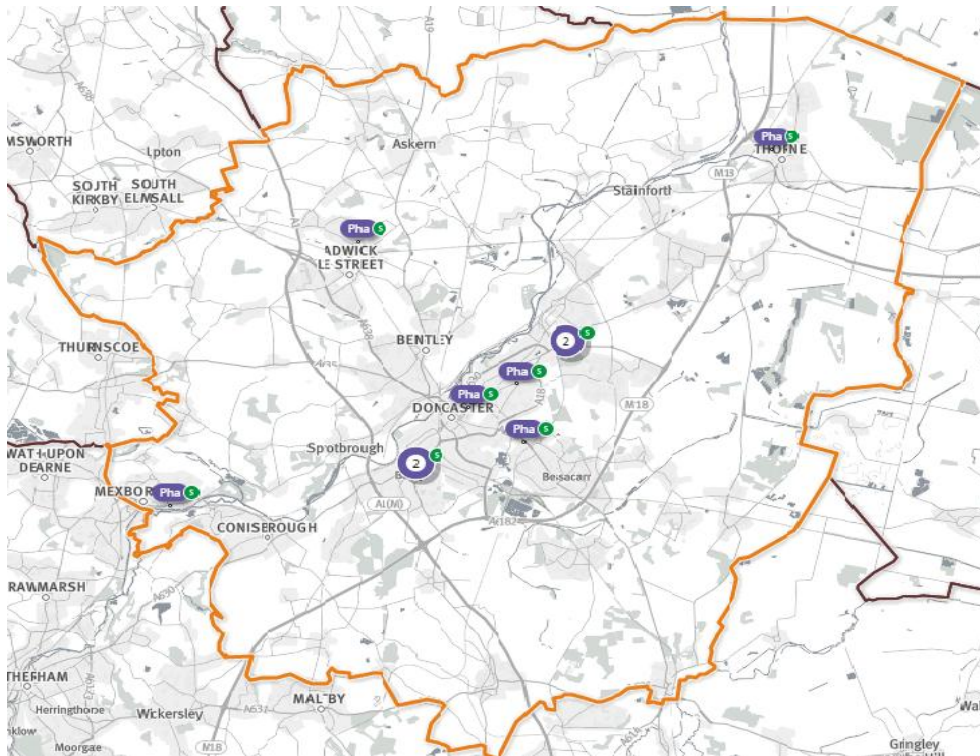
Map 2 - Saturday morning opening.



Map 3 - Saturday afternoon opening.



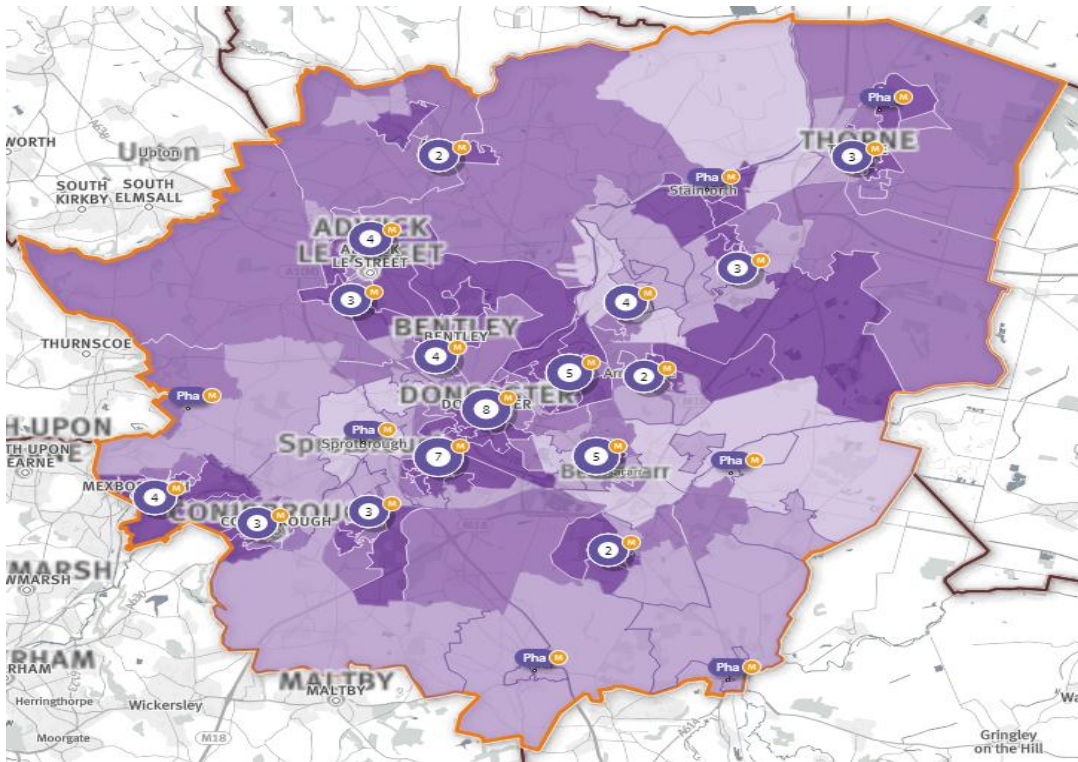
Map 4 - Sunday opening



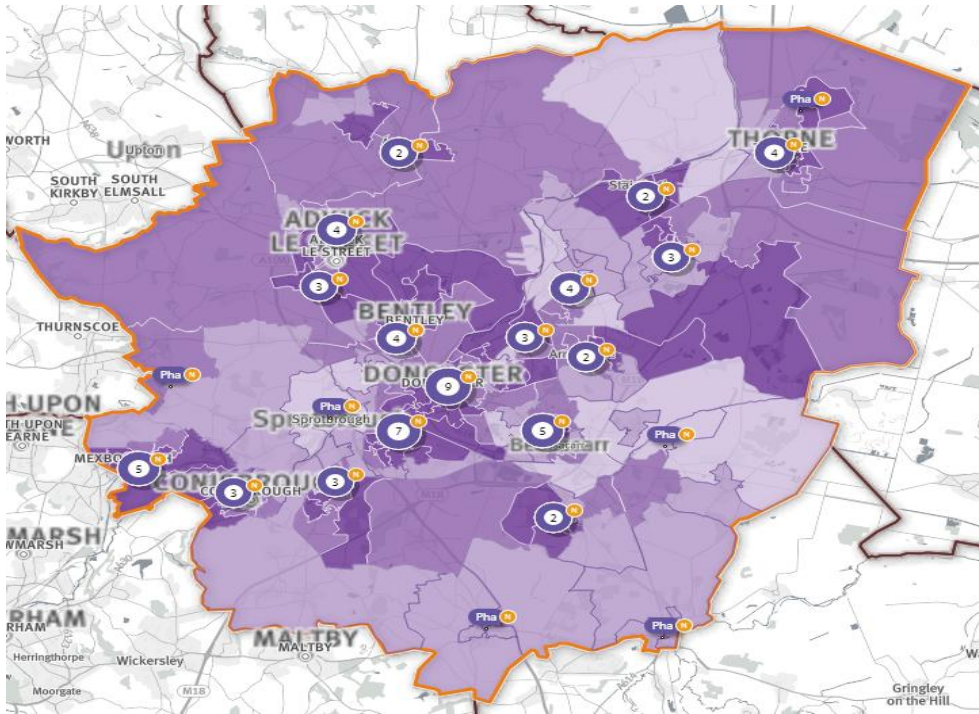
Appendix 4 - Geographic Maps of Pharmaceutical Services

Please note, the darker colours on the maps below represent areas in Doncaster with poorer health.

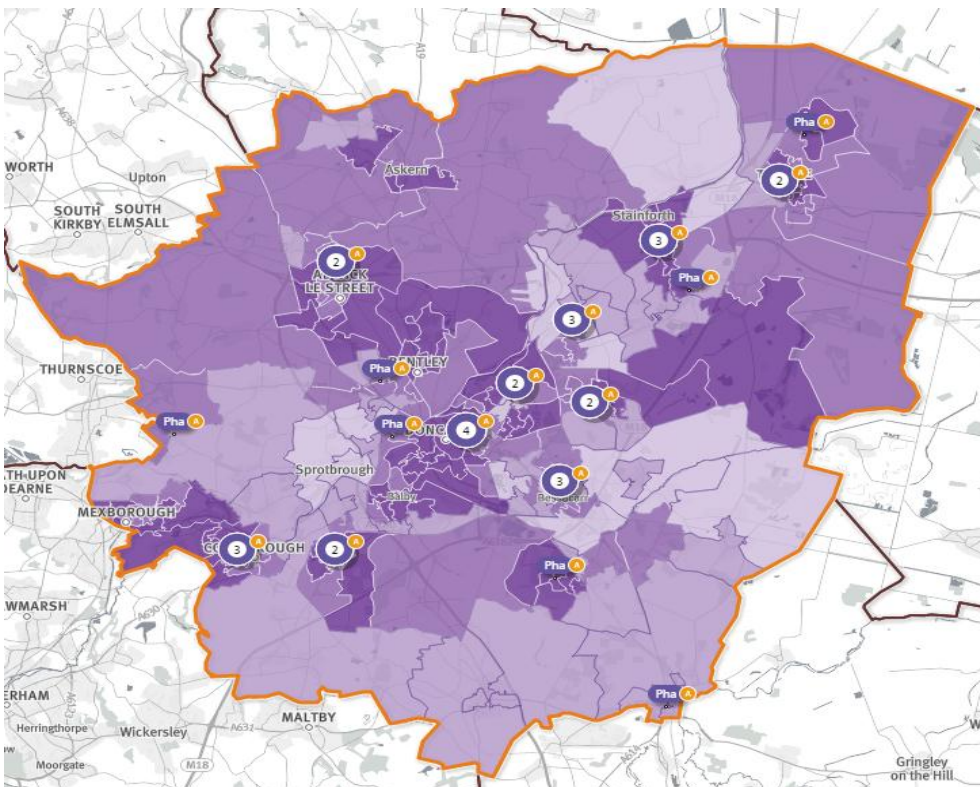
Map 1 – Medicine Use Review Services by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



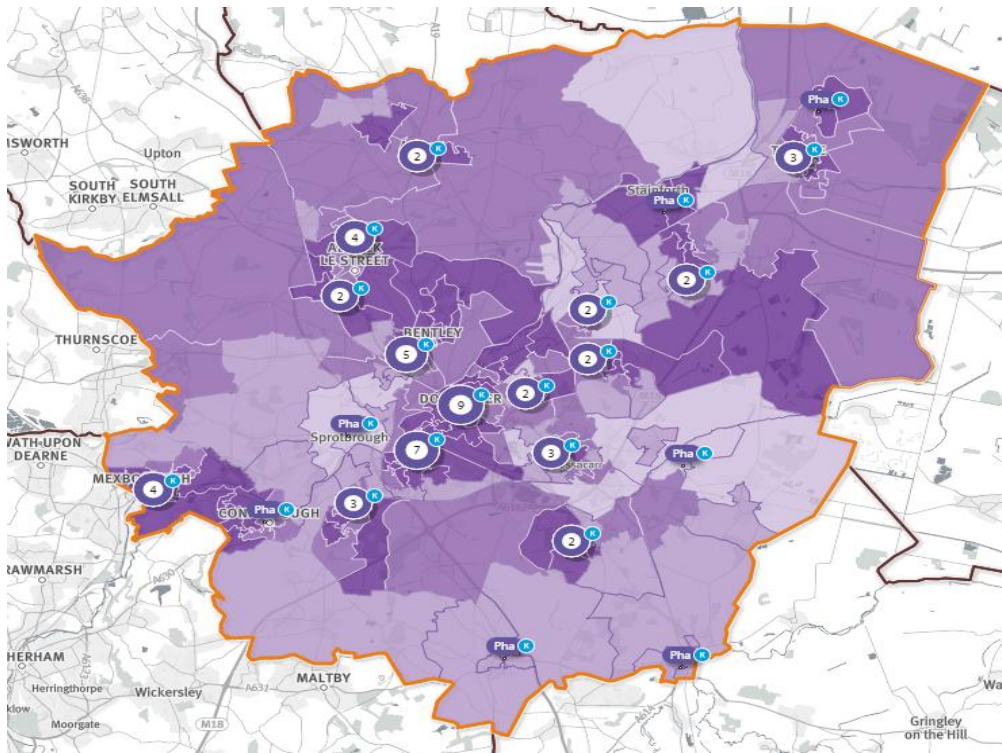
Map 2 – New Medicines Services by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



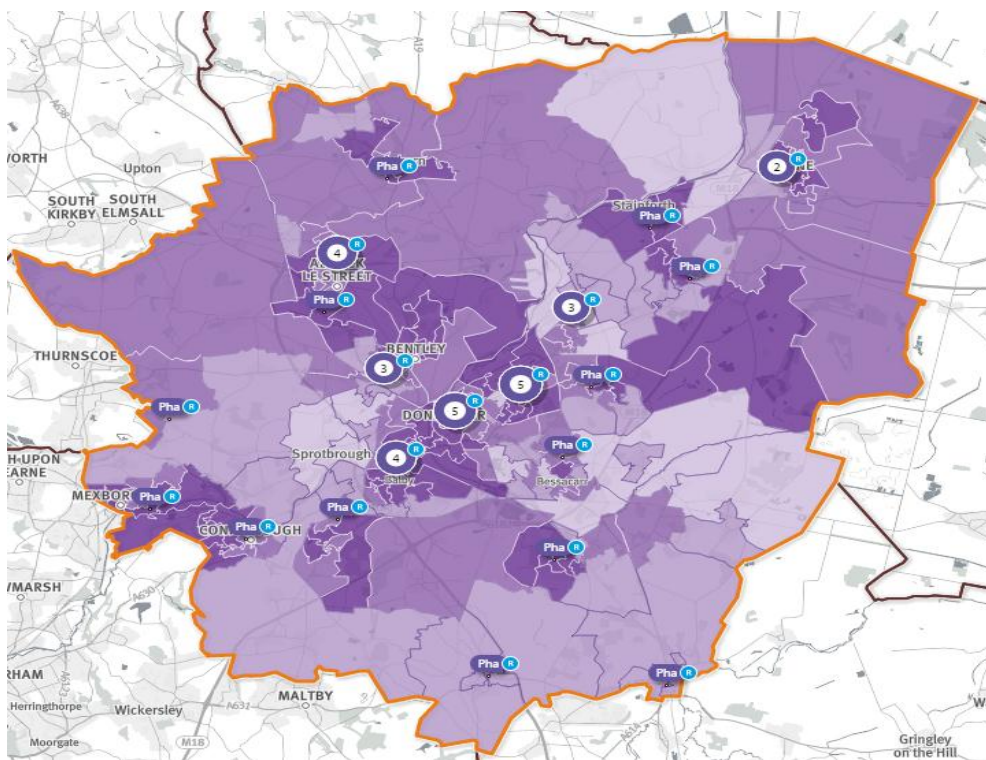
Map 3 – Appliance Use Review Services by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



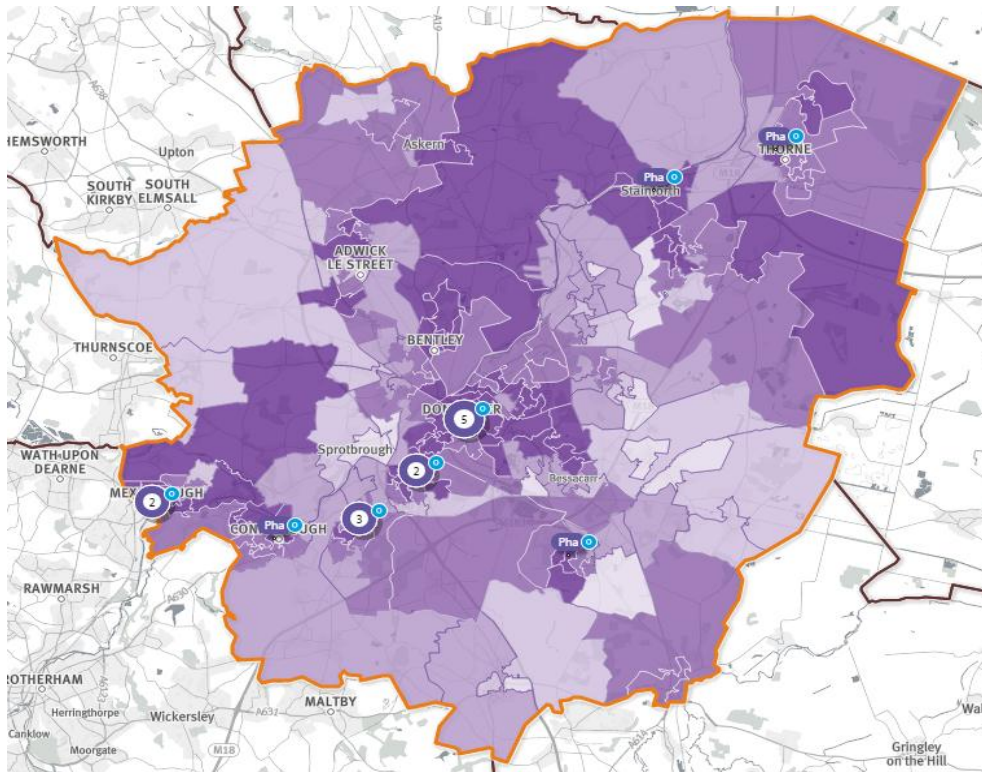
Map 4 - Flu vaccination services by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



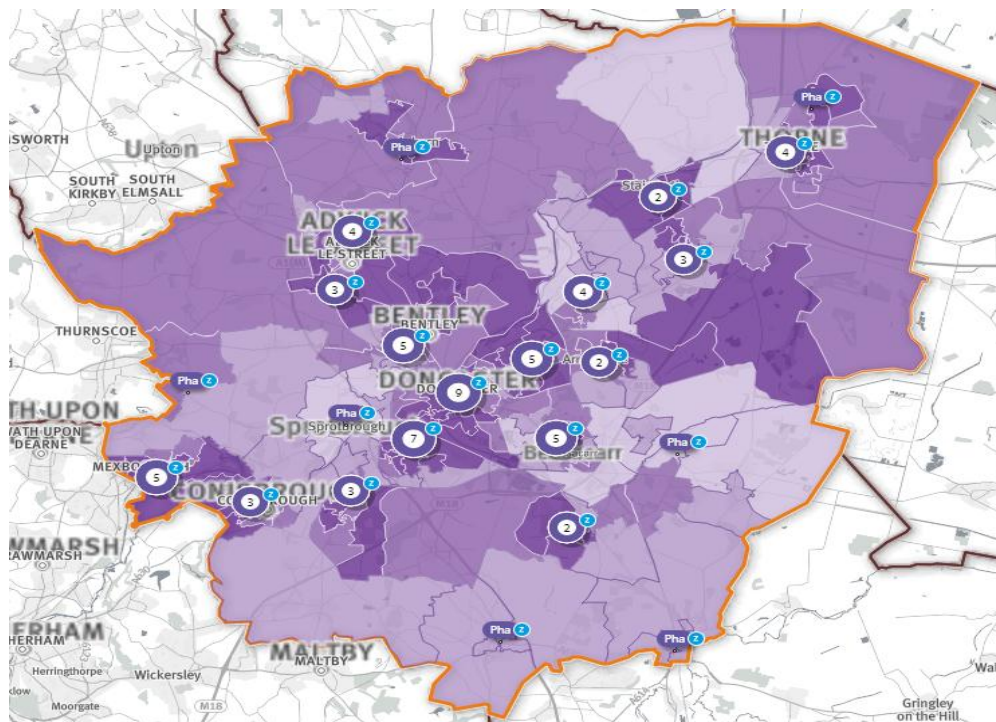
Map 5 – Palliative Care Drugs service by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



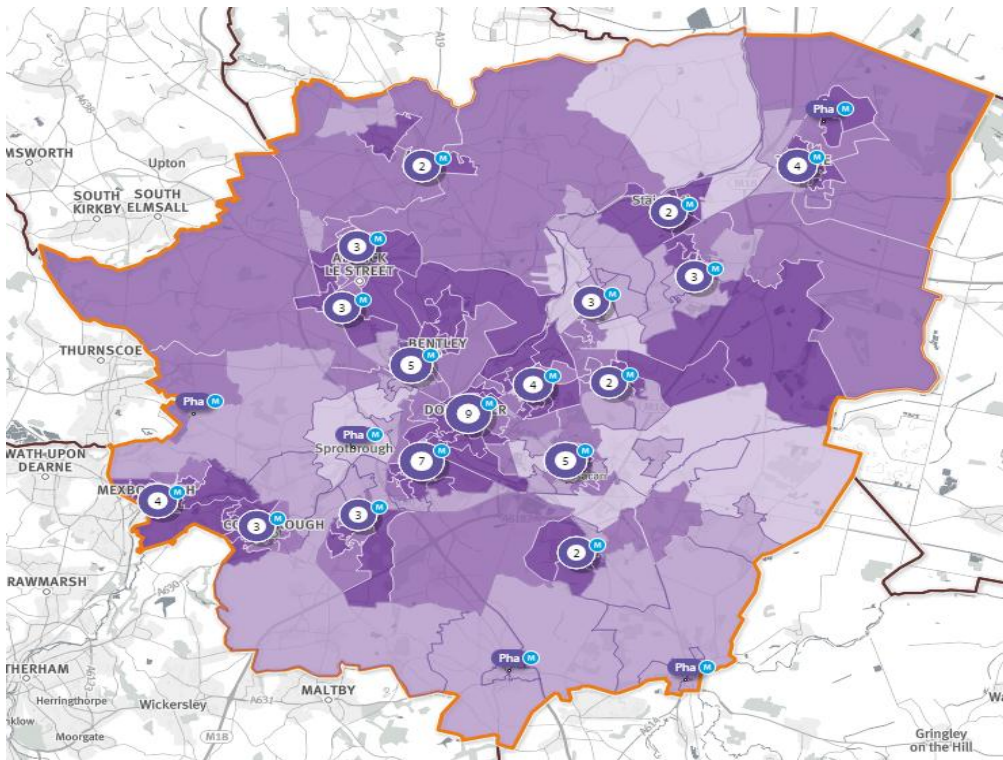
Map 6 – Needle Exchange Services by most deprived areas under the IMD 2015 Crime Deprivation Domain.



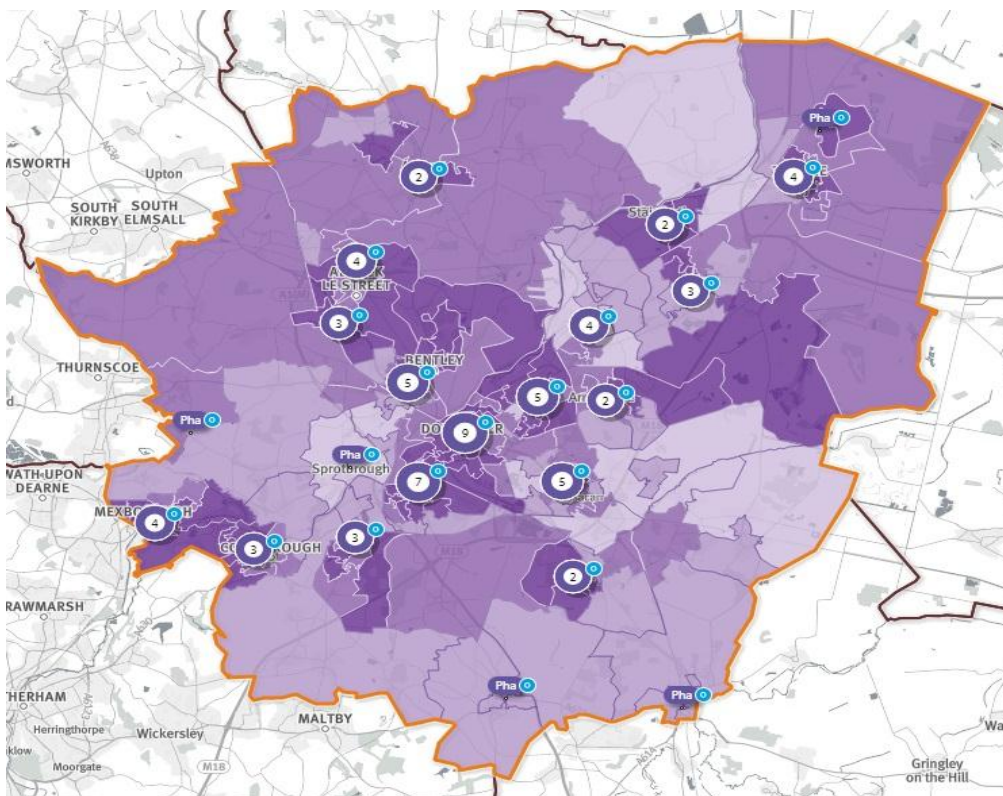
Map 7 – Pharmacies providing Supervised Consumption Services by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



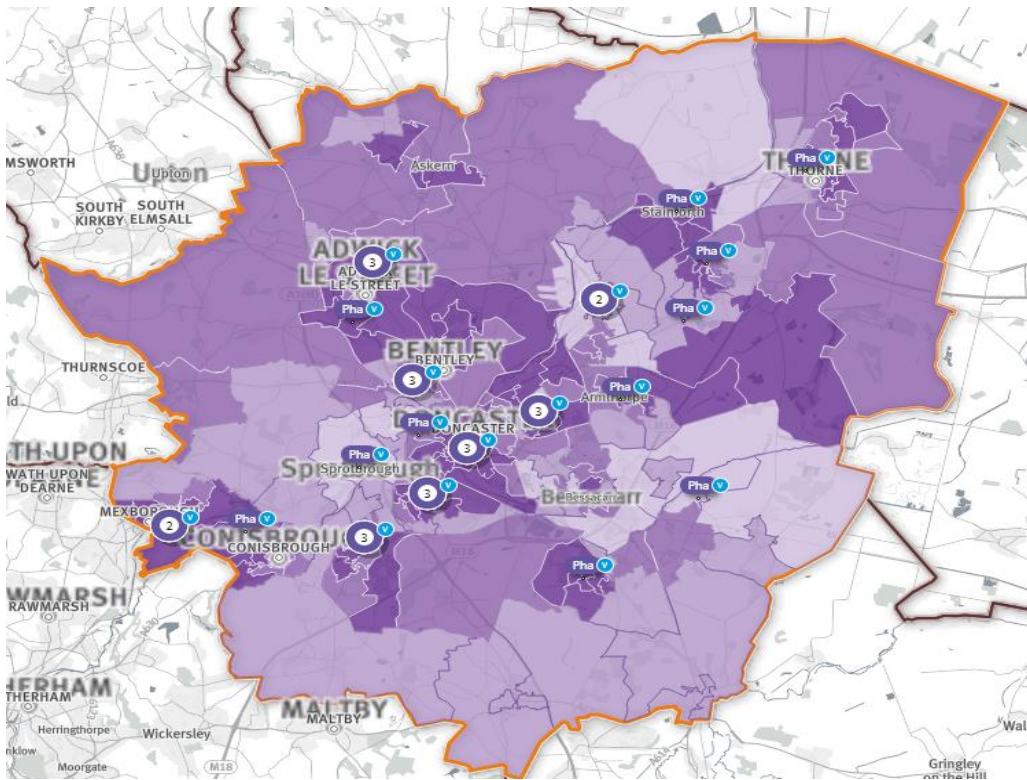
Map 8 – Inhaler Technique Services by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



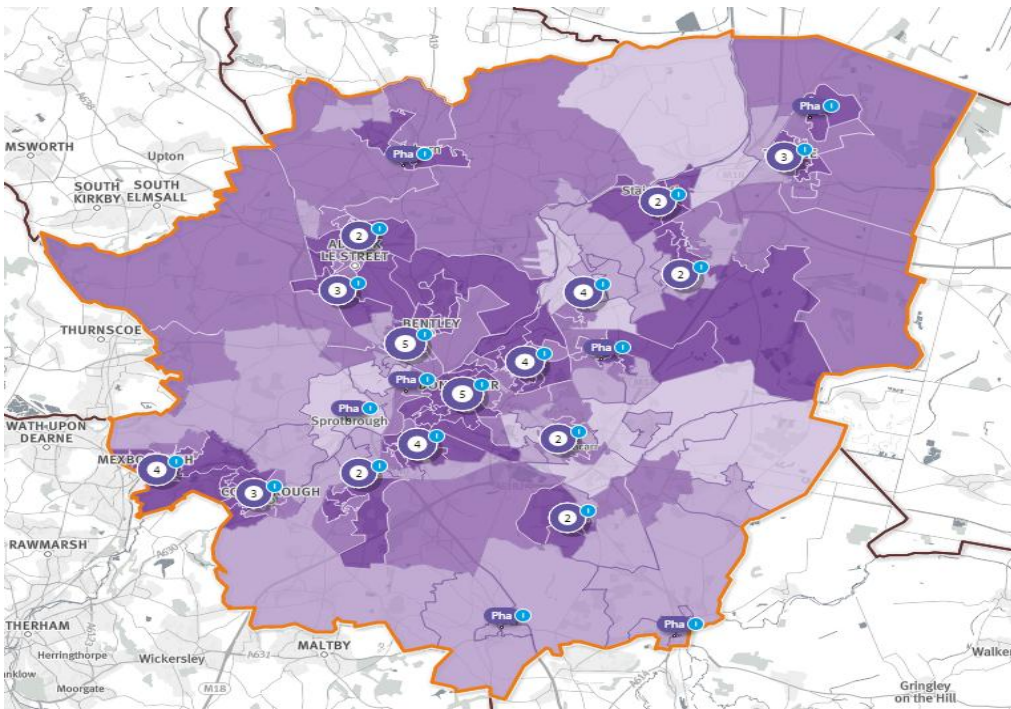
Map 9 – Minor Ailments services by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



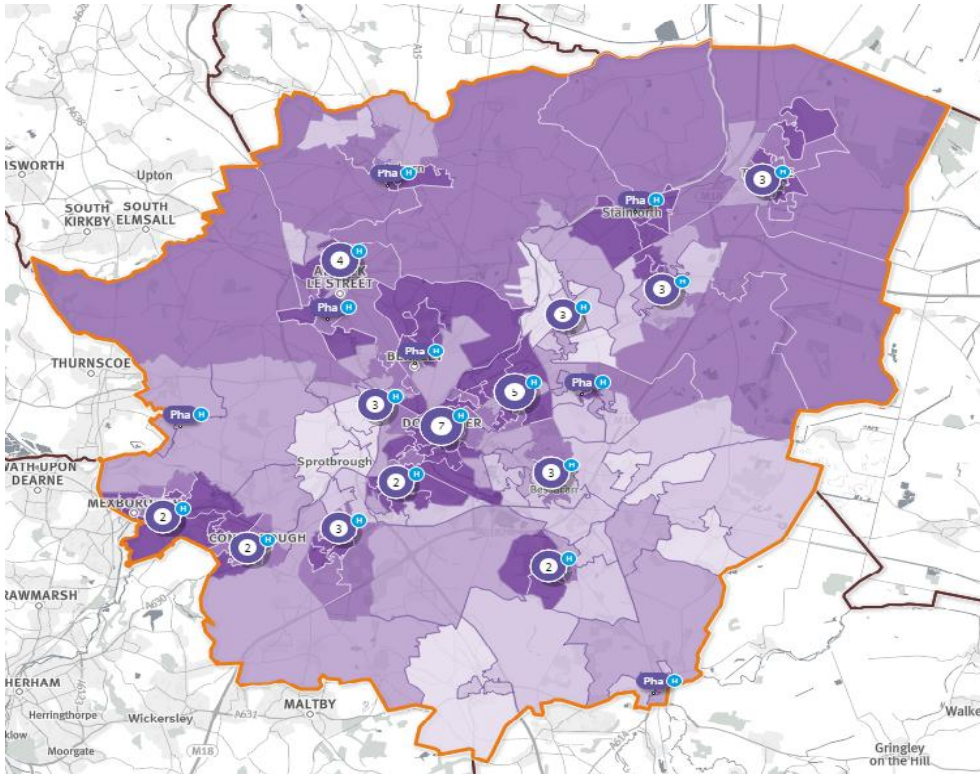
Map 10 - Smoking Cessation service by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



Map 11 - PURM services by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



Map 12 – Emergency Hormonal Contraception Services by most deprived areas under the IMD 2015 Health Deprivation and Disability Domain.



Appendix 5 - Changes made during consultation period

We also noted feedback and comments from colleagues and stakeholders who had not completed the above questionnaire. Through this feedback, relevant changes were made to the following sections:

1. Executive Summary
2. Section 5
3. Section 8
4. Section 8.3
5. Section 9.1
6. Section 9.2
7. Section 10