



Doncaster

Pharmacy Needs Assessment (PNA) 2011- 2014

1st February 2011

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1. Executive Summary

This document sets out the process, management and outcomes of the Pharmacy Needs Assessment for Doncaster PCT, published on 1st February 2011.

The Health Act, 2009 placed a duty on all Primary Care Trusts to develop and publish a Pharmaceutical Needs Assessment (PNA) that identifies current service provision and reflects the local health needs of the Doncaster population. The subsequent NHS (Pharmaceutical Services and Local Pharmaceutical Services) amended Regulations published in May 2010 stipulated that every PCT must publish a copy of their finally approved PNA by the 1st February 2011. It is expected that the PNA will be used as a basis for determining future pharmaceutical service provision and market entry to support local health needs.

The current provision of pharmaceutical services in Doncaster has been reviewed through 14 Localities making up the borough. These Localities are aggregated from 88 previously agreed communities for which the PCT's Public Health directorate have full health needs profiles; with the rationale for aggregation being based on natural communities and likely transport flows.

Each locality has been reviewed for:

- General information about the Localities, for example, rural in character, urban, etc.
- If any areas fell within the top 30% most disadvantaged communities in Doncaster which all benefit from the Enhanced Public Health Programme.
- Population.
- Information relating to specific hard to reach groups.
- Access including hours of opening and choice.
- GP dispensing practices within the Locality.
- Advanced and Enhanced service provision.
- Out of area pharmacy provision (within a two mile distance of Doncaster's borders).
- Conclusions on current service provision and gaps identified.

Additionally a number of maps have been developed to enable a clear picture of service provision against a number of defined indicators.

Health needs as identified in the PCT's Joint Strategic Needs Assessment and the Better for You Commissioning Strategy have been mapped against current service delivery which were then used to map and identify gaps in service provision.

A pre consultation engagement exercise took place which enabled the patients and public to provide their views on pharmaceutical provision in Doncaster. Finally a public consultation of the draft PNA has been undertaken. The consultation has helped to inform this final PNA document.

Outcomes for the PNA are

- Doncaster has adequate provision of essential pharmaceutical services for the current population and future planned developments

- Doncaster is reliant on the current 100 hour pharmacies to provide a network of pharmacy services available outside of normal hours
- There are potential gaps in the provision of some enhanced services
 - Locality 1: No Emergency Hormonal Contraception (EHC) services outside of normal hours or Minor Ailment Services in and outside of normal hours within Askern
 - Locality 2 and 3 and 12: No minor ailment services outside of normal hours
 - Locality 7: No needle exchange facilities in Armthorpe
 - Locality 12: No minor ailment services outside of normal hours
 - Locality 14: Limited choice and access to Minor ailment services
 - All areas : The PCT in consultation with the LPC will review how publication of opening hours, direction to other pharmacies out side of normal hours and also services provided within Community pharmacies is carried out.

Doncaster PCT was required to carry out a formal consultation. This commenced on 7th September and finished on 20th November 2010. Outcomes of the consultation have fed into the final PNA document.

A consultation response form was available on the website, via PALS (Patient Advice and Liaison Service) and also at community events attended by key PCT staff throughout the 14 Localities. The consultation questions focused on the following.

- How understandable the PNA document is
- Whether the PCT has achieved the objectives of the PNA
- The accuracy of the assessment and conclusions
- The overall outcomes and action plan to shape future service delivery.

Under the regulations Doncaster PCT has, as a minimum, a duty to publish a revised assessment within 3 years of this publication. In addition, the PCT will need to undertake a small scale review annually and consider whether it needs to make a new assessment of pharmaceutical needs after identifying changes to the availability of pharmaceutical services that may occur after the publication of this PNA, where these changes are relevant to the granting of applications to open new or additional pharmacy premises.

2. Introduction

Doncaster PCT's vision for health provision is:

'We will promote public health and reduce inequalities through prevention, investment, partnerships and the commissioning of high quality accessible services'.

Doncaster PCT provides high quality healthcare services to a diverse population of over 291,600 residents ranging from communities in rural villages and urban towns to small hamlets and those residents based within gypsy/traveller sites. There are varying levels of affluence and deprivation which are highlighted in the community public health profiles available in appendix N.

The purpose of the Pharmacy Needs Assessment is to take current stock of services, identify gaps in provision and present the 2010/11 needs assessment of pharmaceutical services for Doncaster. These services can include community pharmacies, dispensing practices, appliance contractors, hospital pharmacies and also internet pharmacies.

The PCT commissions pharmaceutical services through:

- The national pharmacy contract and its contractual framework.
- Locally commissioned services (enhanced services).
- Control of entry regulations governing the commissioning of community pharmacy.

Ultimately the PNA will draw together the strategic health outcomes of the Better for You Commissioning Strategy¹, developed from the Doncaster PCT Joint Strategic Needs Assessment² and the current provision of pharmacy services within its border as well as the availability of services over the border.

Through the PNA process a measure of the following will be used to determine future commissioning intentions for community pharmacy:

- Current service provision.
- Demographical information.
- The population's current and future health needs and outcomes.
- The needs voiced by local residents via a patient and public survey and focus groups.

The PNA document will ensure that health indicators such as deprivation, population, smoking prevalence and teenage conception rates are explored against current service provision to help map provision against need and identify any possible gaps in pharmaceutical service provision which may be provided.

3. Context of Pharmacy Needs Assessment

The NHS (Pharmaceutical) Regulations 2005³ outline the process all PCTs must comply with in dealing with applications for new pharmacies and also changes to

existing pharmacies under the current regulatory system known as 'control of entry'. The NHS Act 2006⁴ additionally describes the duty of PCTs, in accordance with regulations, to arrange for adequate provision of pharmaceutical services for its population.

Section 128A of the NHS Health Act⁵ requires Primary Care Trusts (PCTs) to assess the pharmaceutical needs of its population and to publish a statement of its assessment and of any revised assessment.

The 2008 Pharmacy White Paper, *Pharmacy in England: building on strengths – delivering the future*⁶, set out the Government's vision for a 21st Century pharmaceutical service. The paper identified a number of strengths in the current system:

- A network of pharmacies in the heart of communities which are easily accessible and with a broad window of opening times.
- A highly trained workforce.
- Premises which provide an informal 'everyday' environment and which reach all parts of the population.
- A contractual framework which supports a range of clinical services.

The White Paper went on to highlight findings of considerable variation in the scope and quality of PNAs developed in 2005. This led to a vision for improved quality and effectiveness of pharmaceutical services, with a wider contribution to some primary care services as well as both local and national public health priorities.

As a result of the vision stated within the Pharmacy White Paper, two clauses were introduced in the Health Bill 2009 (now the Health Act 2009):

- To require Primary Care Trusts to develop and publish Pharmaceutical Needs Assessments (PNA's); and
- Then to use PNA's as the basis for determining market entry to NHS pharmaceutical services provision.

The Pharmaceutical Needs Assessment (PNA) is a tool to help Doncaster PCT identify pharmaceutical and wider health current provision and identify pharmaceutical service needs at a local level. It will support decisions made when considering pharmacy applications and decisions to direct pharmacies to provide services that are needed to meet local needs. Additionally, the PNA will inform commissioning intentions for services that could be delivered by community pharmacies in the PCT business and commissioning cycles driven by the 2009 Joint Strategic Needs Assessment (JSNA) and Doncaster PCT's Strategic Plan 2009 – 14 (Better for You).

The scope of the assessment of need must address the following principles:

- The safe and efficient supply of medicines, including the additional (non-NHS commissioned) support services provided by pharmacies for:
 - their housebound patients and older people,
 - people with learning difficulties, and
 - medication administration support such as compliance aids (MDS).
- Pharmaceutical care that supports safe and effective use of medicines.
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population.

- High quality pharmacy premises that improve access and capacity to primary care services and medicines.
- High quality pharmacy premises and standards of services that support key public health priorities.
- Locally commissioned pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days.
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

The objectives of the PNA are:

- To have a clear picture of the distribution and provision of essential and advanced pharmaceutical services in Doncaster
- To provide a clear picture to commissioned and potential contractors of current service provision by community pharmacies and identify any gaps in provision
- To facilitate the planning process of possible future community pharmaceutical service requirements as identified within the PNA
- To enable robust commissioning decisions for enhanced services from community pharmacies where needs are identified
- To facilitate the directing of enhanced services that community pharmacies under the 'exempt' category within the current control of entry regulations (100hr and wholly internet pharmacies) should provide.

Under the regulations Doncaster PCT has, as a minimum, a duty to publish a revised assessment within three years of its previous publication. As part of this process, the organisation is required to undertake a full consultation. In addition, Doncaster PCT will need to consider whether it needs to make a new assessment of pharmaceutical needs after identifying changes to the availability of pharmaceutical services that may occur after publication of the 2011 PNA, where these changes are relevant to the granting of applications to open new or additional pharmacy premises. When making a decision as to whether changes warrant a new assessment, the organisation will need to decide whether the changes are so substantial that the publication of a new assessment would be a proportionate response.

In addition to a fundamental review every three years, Doncaster PCT will also need to do a small scale update of their PNA every year. This is to ensure the PNA is maintained and kept up to date.

3.1 Context of the PNA against World Class Commissioning

The World Class Commissioning (WCC) programme is designed to raise the ambitions of PCTs to deliver better health and wellbeing for its population. The vision and competencies for World Class Commissioning concentrate on the importance of assessing and prioritising population needs, focussing on strategic outcomes, procuring services and managing providers to deliver required results.

The following competencies are linked to the development and publishing of the PNA:

WCC Competency	Indicator
2	Work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities.
4	Lead continuous and meaningful engagement with clinicians to inform strategy and drive quality service design and resource utilisation.
5	Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements.
7	Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes.

4. Current Provision of Health and Pharmaceutical and Appliance Supply services

Doncaster PCT has 73 community pharmacies (including a wholly internet pharmacy provider) spread across the borough, delivering essential services and varying ranges of advanced and enhanced services under the national contractual framework.

Additionally Doncaster has

- 44 GP practices providing general medical services through 57 surgeries (all of these with the exception of 1 branch dispensing practice have a community pharmacy close within the vicinity)
- an Equitable Access (8-8) Centre providing access to primary medical care services to registered patients and unregistered patients on both a walk-in and appointment based system
- an Acute Hospital Doncaster and Bassetlaw NHS Foundation Trust housing an accident and emergency department,
- an unplanned care centre (housed within the acute trust), which provides unplanned primary medical care outside of normal hours
- Montagu and Mexborough Hospital which houses a minor injuries unit,
- a Mental Health Trust (Rotherham Doncaster and South Humber Mental Health Foundation Trust) which provides Integrated substance misuse services that involve RDaSH, GP shared care schemes and supervised consumption and dispensing of Methadone via community pharmacies.

Responsibility for the commissioning of prison healthcare transferred to Doncaster PCT in April 2004. Subsequently the Doncaster Prisons include:

- HMP Lindholme, category C adult training prison which also houses the immigration removal centre.
- HMP and YOI Moorland Closed is a category C male adult training prison and a Young Offenders Institute. HMP Moorland Open is a category D adult resettlement prison and open young offender's institute.

All the prisons stated above have general medical, pharmaceutical, dental and ophthalmic services provided as separate commissioned services which are only accessible to the prison populations.

Additionally, HMP Marshgate is currently a privately run prison which provides its own privately commissioned general medical, pharmaceutical, dental and ophthalmic services to the prison population housed within it.

4.1 Essential services

Essential services must be offered by all community pharmacies, this includes the following services:

- Dispensing of medicines or appliances.
- Provision of advice regarding patient's medication and possible interactions with other medications, food or drink.
- Repeat dispensing.
- Disposal of unwanted medications.
- Health promotion advice and signposting to further services.
- Referral to appropriate health care professionals where necessary.
- Support for self care.

Other elements of the contractual obligations include appropriate recording of information and clinical governance processes to ensure safe and effective working practices.

4.2 Advanced Services

Advanced services require specific accreditation of

- the pharmacy to ensure premises are suitable for conducting confidential consultations
- the pharmacist to provide Medicines Usage Reviews (MUR) to patients

This MUR assesses a patient's medication, administration, compliance and their understanding of their medicine regime. It also provides an opportunity to discuss any problems the patient may be having with their medication. A report of the individual patient's knowledge and ability to comply with their medication is provided to the patient's GP.

Other advanced services include Appliance Use Reviews (AUR) and Stoma Appliance Customisation (SAC).

4.3 Local Enhanced Services

Enhanced services are commissioned locally by the PCT and are developed and commissioned at a local level to meet the needs of the population. Currently, Doncaster PCT commissions the following enhanced services:

- Minor ailments services.
- Smoking cessation services.
- Emergency hormonal contraception (EHC) services.
- Needle exchange services.
- Palliative care medication services (for provision by community pharmacies working outside normal hours to provide specific medicines for palliative care purposes).
- Out of normal hours services.
- Additional opening hours commissioned by Doncaster PCT for Sundays and bank holidays.
- Supervised administration services.
- Advice to Care Homes.

Advice to Care Homes regarding a safe and secure medicines management regime is a tendered service that is commissioned by the PCT from a single provider to cover the whole of Doncaster. Its scope is to support care homes within Doncaster through the provision of advice about the proper and effective ordering of drugs and appliances, their cost effective use, their safe storage and disposal, appropriate record keeping, and the use of patients own medicines (Prescribed and purchased).

There is a list of additional enhanced services that community pharmacies have expressed a willingness to provide in appendix A, should the Doncaster PCT seek to commission them.

4.4 Dispensing GP Practices

Doncaster has two GP dispensing practices based in Bawtry and Auckley. Additionally, the dispensing Bawtry practice has a branch practice with dispensing services provided in Finningley. These are included within the PNA main map (see map 2 in appendix M) of service provision and the Locality information sections in appendix N.

There is a small dispensing practice in Braithwell which is a branch surgery of The Northern Group Practice in Wickersley. This is included in the Medical Performers List at Rotherham PCT. Additionally, there is a dispensing practice on the Medical Performers List of NHS Bassetlaw based within the Lift building at Bawtry.

4.5 Dispensing Appliance Contractors (DACs)

(DACs) have similar terms of service to other Community Pharmacies, but specialise in the provision of appliances (stoma, incontinence, hosiery etc). Whilst Community Pharmacies can dispense these appliances, DACs are unable to dispense medicines.

Doncaster has one appliance contractor specialising in the provision of podiatric appliances and hosiery. This appliance contractor has been included within the PNA process but with the understanding that it can only provide patients with a limited service which does not include the supply of medicines.

4.6 Wholly Internet Pharmacies

Doncaster PCT contracts with 1 wholly internet pharmacy. Its opening times are 9am – 5pm Monday to Friday and provides pharmaceutical services for the whole of the Doncaster area and is also available nationally during these times.

4.7 Control of Entry

At the time of writing the PNA, new control of entry regulations are being written. It is not possible to speculate what changes will be made to these however it is clear that the PNA will significantly influence control of entry decisions in the future.

Patients who live in a current controlled locality and at a distance of 1.6km from a pharmacy, have the choice of receiving dispensing from a pharmacy or from their GP (if they provide this service)

Areas where rurality has already been determined prior to consultation

Controlled Locality	PNA Locality Number
Auckley	11
Austerfield (part of)	14
Blaxton	11
Branton	11
Cantley	11
Finningley	11
Hatfield Moors	8
Hatfield Woodhouse	8
Tickhill	14

The PCT has undertaken an exercise to identify all controlled localities within its borders. This is currently subject to appeal.

4.8 De-commissioning/Exit Strategy

Changes to the provision of Pharmacy services may result from actively decommissioning or non-recommissioning of existing services. These judgements will be based on

- Local Needs Assessments
- The current PNA
- Commissioning priorities against available resources

5. Demographics, Health Needs/Outcomes and Enhanced Public Health Programmes

The main sources of information for this section are:

- The Joint Strategic Needs Assessment
- The Director of Public Health Annual Reports
(http://www.doncaster.nhs.uk/upload_files/PublicHealthAnnRep2009.pdf?phpMyAdmin=qU9ynuUg%2Cp6dnqaW8dhVUepOMK5)
-

5.1 Joint Strategic Needs Assessment (JSNA) 2009

Doncaster's JSNA has four components:

- A 'core dataset' of resources which is accessible to partner organisations.
- A series of updated and expanded community profiles.
- A series of reports relating to joint commissioning priorities.
- An attempt to capture public voice including expressed needs, attitudes and experiences of the Doncaster population.

Core dataset: The guidance documents on the Joint Strategic Needs Assessment provides an indication on what range of data should be collected on the health and wellbeing of local people and also encourages new ways of combining different datasets. Achieving this provides an improved picture of the kinds of issues and challenges faced by Doncaster's various communities.

Community profiles: These were first featured in Doncaster's Director of Public Health Annual Report in 2004 and describe health profiles of Doncaster's 88 communities. These were fully updated in 2007 and 2010. The community profiles are also used to support the 15 Enhanced Public Health Programme areas that focus on the 30% most disadvantaged communities in the borough. These profiles contain data on demography, health, social care, service accessibility, economy, education, housing and crime.

Joint commissioning: The third element of the JSNA process in Doncaster is a series of reports about issues affecting joint commissioning. Joint commissioning relates to areas where Doncaster PCT and Doncaster Metropolitan Borough Council work together to commission services. These reports cover older people, children, learning disabilities and obesity.

Public voice: The final component is the inclusion of more information which reflects the expressed needs, attitudes, and experiences of the Doncaster population; the residents 'voice' in JSNA terminology. Doncaster Metropolitan Borough Council, Doncaster PCT and other partners all routinely collect 'voice' data. This report has focused on the three reports: the Doncaster 2008 Place Survey, the 'Tellus 3' survey published by Ofsted and the Doncaster PCT health survey which took place at the beginning of 2009. Each of these surveys has methodological drawbacks and, in the case of the Place Survey and the health survey, response rates were low so some caution must be applied when interpreting the data.

5.2 Director of Public Health Annual Report 2009

The Director of Public Health Annual Report provides an independent assessment of the health of the Doncaster population. It recommends concerted action to improve and protect health and reduce health inequalities. Highlighted areas in 2009 include childhood obesity, breastfeeding and community activation through community consultation and action.

5.3 Doncaster's Population

The main sources of information for this section are:

- The Joint Strategic Needs Assessment 2009.
- The Director of Public Health Annual Report 2009.

In 2008 Doncaster was estimated to have a resident population of 291,600; there are 143,700 males and 147,900 females.

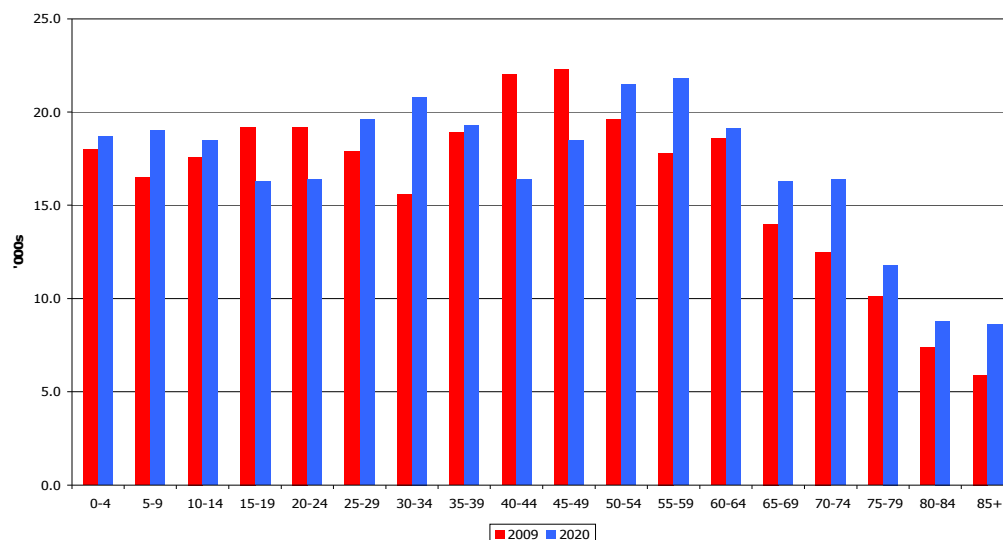
Doncaster has a smaller proportion of the population in the 25-34 age band compared to England and Wales.

While there are slightly more men in the younger age groups, women predominate in age groups over 65. There are about 21,500 men and 27,800 women aged over 65, a difference of more than 6,000 individuals.

Based on the most recent population projections, Doncaster's population by the year 2015 will be about 300,600. It will have increased by a further 7,000 by 2020.

From 2009 to 2020 the numbers of people aged 65 and over is set to increase from 49,900 to 61,900. These increases equate to approximately 900 more people aged over 64 years resident in Doncaster each year.

Figure 1: The 2006 based population projections in Doncaster by age group at 2009 and 2020



Source: Office of National Statistics

Births

Birth rates in Doncaster declined steadily through the 1990's. In 2002 the birth rates began to increase, a change reflected in the national picture. In the last three years the number of live births has increased by an average of 84 each year.

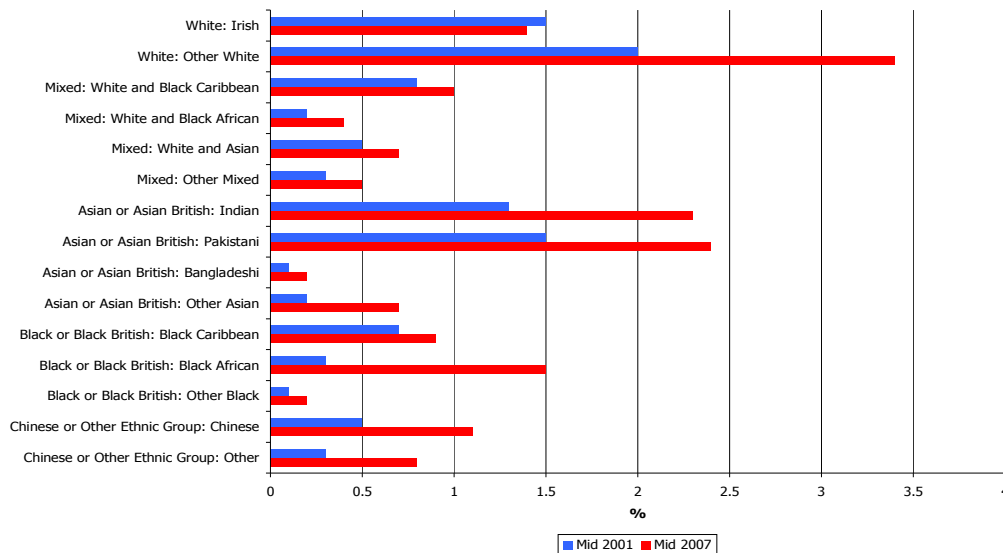
Ethnicity

The proportion of the Doncaster population from ethnic minorities remains smaller than in England and Wales. Some of these populations appear to have changed more recently.

Other groups

Other important populations present in Doncaster include approximately 600 asylum seekers, 4,000 to 6,000 gypsy/travellers, which is the largest number of settled gypsy/traveller community in the United Kingdom. Additionally around 3,300 prisoners are based within the 3 Doncaster Prisons.

Figure 2: Changes in Doncaster's ethnic populations (excluding white British) 2001 – 2007

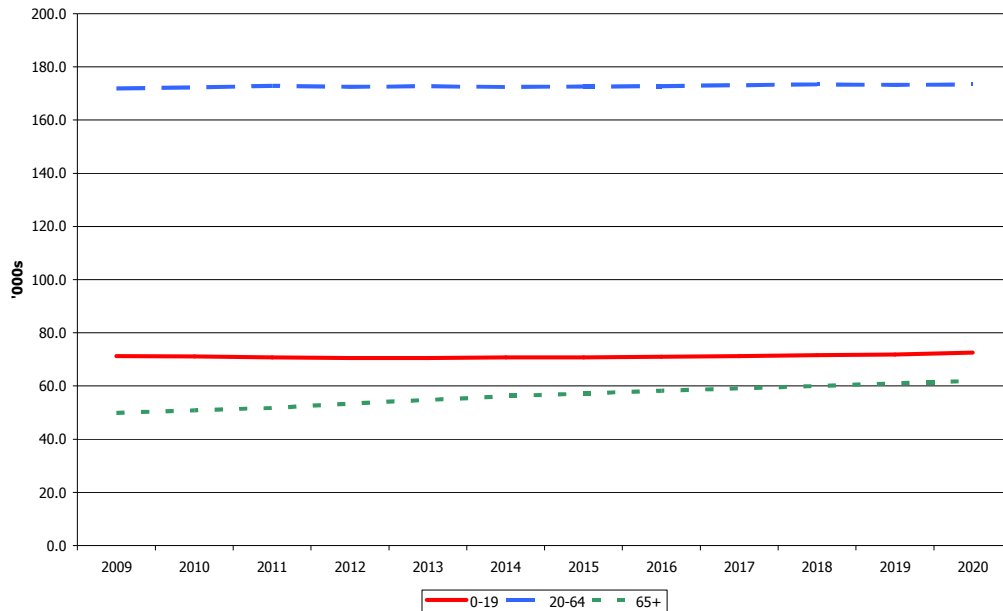


Source: Office of National Statistics

5.4 Population Growth

Based on this local public health data, it is assumed that the population of Doncaster will increase over the life of this strategy at a rate of about 0.4% per annum. In real terms this results in an increase over the five years of approximately 6,000 people. Based on a healthcare cost per head of population of £1,429 this would result in a potential additional resource requirement of £8.5 million by 2014.

Figure 3: The 2006 based population projections for Doncaster by broad age bands (2009-20)



Source: Office of National Statistics

5.5 Social and Environmental Context

Deprivation

- The latest Index of Multiple Deprivation (IMD) published in 2007 shows that Doncaster has a score of 30.84. This places Doncaster as the 41st most deprived borough in England (out of 345).
- England has been divided into roughly similar sized areas called LSOAs (Large Super Output Areas). Doncaster has been divided into 193 LSOAs. Of these, 21% are in the 10% most deprived LSOAs in the country.
- Of the seven domains of the 2007 IMD, Doncaster has very high levels of deprivation in education, skills and training, crime and disorder, and employment.
- In 2004 the joint Directors of Public Health for the then three Doncaster PCTs published a report. This illustrated levels of need and deprivation in the 88 geographical communities in Doncaster. This report identified the 20% of Doncaster communities which suffer the highest levels of deprivation. These communities are: Denaby Main, Clay Lane, Highfields, Stainforth, Carcroft, Askern, Hyde Park, New Rossington, Toll Bar and Almholme, Woodlands, and Mexborough.

Living arrangements

- Levels of owner occupation in Doncaster (70%) are broadly the same as in England and Wales (69%). Social renting from the local authority is much more common in Doncaster (19%) than nationally (13%). Levels of private renting are also lower in Doncaster.
- Levels of overcrowding in domestic households are relatively low in Doncaster (4%) compared to England and Wales (7%). Also the

number of people with access to a car and people living in homes with central heating are on a par with national levels.

- The number of elderly people living alone is expected to increase from 17,566 in 2008 to 20,042 in 2015, an increase of approximately 354 each year.

Economy

- Economically, the performance of the borough has been improving. Levels of economic inactivity within the working age population have been falling since the mid 1990's. Incapacity benefit claimants have also been falling at a much faster rate in Doncaster than nationally.
- However the economic recession has already had an impact on the numbers of people on Job Seekers Allowance (JSA). From the beginning of 2008 the numbers of JSA claimants has been increasing. In Doncaster this increase has been steeper than in the country as a whole.

Environment

- Doncaster has a largely urban population with more than 80% living in urban areas. However just under 70% of the borough's area is classified as rural.

Geo-demography

- Geo-demographic categories provide a summary of a range of characteristics present in any particular neighbourhood or area. The classification brings areas with similar characteristics together. The Output Area Classification (OAC) was developed by the Office for National Statistics and Leeds University.
- The largest group in Doncaster is the 'blue collar communities' with almost 39% of the population. The next largest group is the 'prospering suburbs' with around 29%. These statistics can be compared with the geo-demographic groups that predominate in the most deprived communities in Doncaster. Here around 62% are in the 'blue collar' super group and less than 8% in the 'prospering suburbs'.
- Figure 12 shows changes in all cause mortality rates in each of the OAC super groups, and Figure 13 shows mortality rates in each of the OAC groups.

Figure 4: Local Authorities with Index of Multiple Deprivation scores similar to Doncaster:

Local Authority	Score	Rank
Penwith	31.61	36
Newcastle upon Tyne	31.36	37
South Tyneside	31.16	38
Lewisham	31.04	39
Hyndburn	30.91	40
Doncaster	30.84	41

Local Authority (cont)	Score	Rank
Oldham	30.82	42
Barnsley	30.48	43
Pendle	30.24	44
Walsall	30.14	45
Wansbeck	29.89	46

Source: Department of Communities and Local Government

The IMD is composed of a number of domains; each domain contributes to the overall score. The domains are: income, employment, health and disability, education and skills, barriers to services, crime, and the environment.

Geo-demography

Figure 5: Output Area Classification ‘super group’ clusters

Super group	Description
Blue collar communities	This is the single largest grouping with 38.6% of Doncaster’s population. They are more likely to have fewer qualifications and live in terraced housing and social rented accommodation.
City living	This group are more likely to have higher education qualifications, live in single person households, and live in private rented accommodation, often in flats. Living in detached houses is not very common. However this super group only accounts for 0.6% of the population, grouped in and around the town centre.
Constrained by circumstances	These people are more likely to live in flats and social rented accommodation. They are unlikely to have two cars or higher education qualifications. In Doncaster 9.3% of the population are in this super group.
Countryside	This group constitute only about 6.8% of the Doncaster population. People in this group live in areas of low population density and are unlikely to use public transport. Households are more likely to have access to two or more cars, many work from home and people are much more likely to live in detached houses.
Multicultural	This is the second smallest group by population in Doncaster at 2%. People in this classification are more likely to live in public and private rented accommodation. They are more likely to live in flats. Also the population tend to be more ethnically diverse, with more people born outside the UK.
Prospering suburbs	This is the second largest group with 29.2% of people living in areas identified within this super group. People and households in these areas are more likely to have access to two or more cars and live in detached houses.
Typical traits	As the name suggests this group tend to approximate to the average on the whole range of indicators that have been used to construct this geo-demographic system. 13.8% of Doncaster’s residents are in this group.

Source: Office for National Statistics

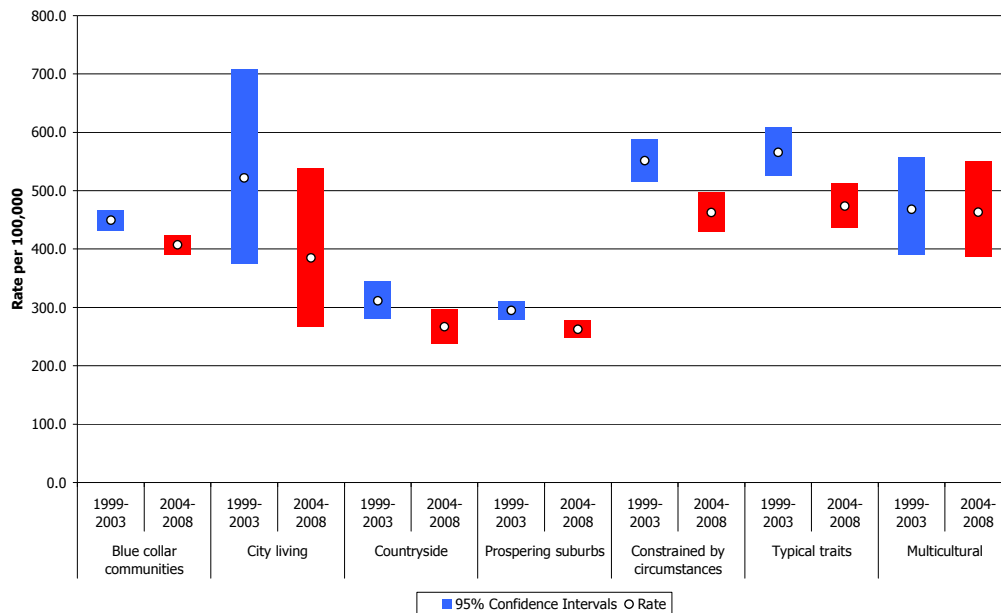
Each super group can be divided into a number of groups (See figure11)

Figure 6: Area classification by population in Doncaster (2008)

OA area classification (Super-group)	OA area classification (Group)	Population	%
Blue collar communities	Older blue collar	39,037	13.4
	Terraced blue collar	21,162	7.3
	Younger blue collar	52,271	17.9
City living	Settled in the city	1,772	0.6
Constrained by circumstances	Older workers	19,814	6.8
	Public housing	4,469	1.5
	Senior communities	2,401	0.8
Countryside	Accessible countryside	5,923	2.0
	Agricultural	4,693	1.6
	Village life	9,158	3.1
Multicultural	Asian communities	5,758	2.0
Prospering suburbs	Prospering older families	27,810	9.5
	Prospering semis	37,942	13.0
	Prospering younger families	12,720	4.4
	Thriving suburbs	6,549	2.2
Typical traits	Aspiring households	3,271	1.1
	Least divergent	9,082	3.1
	Settled households	15,837	5.4
	Young families in terraced homes	11,930	4.1

Source: Office for National Statistics

Figure 7: All cause under 75 mortality rates by Output Area Classification super group in Doncaster, 1999-2008



Source: Public Health Intelligence, Doncaster PCT

5.6 Lifestyle and Risk factors

Smoking

- It is estimated that Doncaster has between 67,000 and 68,100 smokers aged over 16. This translates to a prevalence rate of about 29% compared to the national rate of 25%. The 'Tellus 3' survey indicates that the proportion of school children who have tried smoking is similar to the national rate.
- The Doncaster health survey has found that amongst the respondents almost half of smokers reported that they would like to give up.
- The proportion of pregnant women who are still smoking at time of delivery has remained the same over the last two years.

Alcohol

- Amongst the young people responding to the 'Tellus 3' survey the proportion trying alcohol is higher in Doncaster compared to the national picture, but the number reporting drinking 'to the point of getting drunk' remains on a par with England.
- The effect of excessive alcohol consumption on the community, in the form of rowdy and violent behaviour, appears to be an increasing problem with more people reporting this to be a problem in the Place Survey.
- Knowledge of safe levels of alcohol consumption appears to be high in Doncaster according to the Health Survey. This might relate to the high levels of pupils reporting they were satisfied with their education in relation to alcohol.
- Modelled data estimates that more than 5,000 men (aged 18-64) will have severe alcohol problems in Doncaster.
- Alcohol related mortality rates have been increasing in Doncaster over the last few years. The mortality rates are forecast to increase particularly amongst men.

Breastfeeding

- According to the Doncaster health survey, respondents have reported largely positive attitudes to the health benefits of breastfeeding.
- Rates of breastfeeding initiation in hospital have remained at around 50% for many years but in July 2008 they began to increase, and at May 2009 stood at 65%.
- Breastfeeding rates at 6-8 weeks in Doncaster are significantly lower than the national average at 29%, nationally they are 45.2% (qtr 4 2009). According to the Department of health data Doncaster had the 3rd highest breastfeeding drop off rate (difference between initiation and 6-8 weeks) in England (qtr 4 2009/10)

Drug misuse

- Lower numbers of school children reported ever having tried taking drugs compared to England. These respondents were also much less likely to report that they needed better information and guidance compared to the national picture.
- The latest estimates show that the numbers of adults (aged 18-64)

- dependent on illicit drugs will be around 6,700 over the next five years.
- Hospital admissions for drug related causes rose significantly in 2007/08.

Obesity and diet

- Fresh fruit and vegetable consumption is thought to be lower in Doncaster compared to the national picture. Reports from the respondents to the 'Tellus 3' survey confirm that this might be the case with only 20% reporting that they eat five or more portions a day compared to 23% nationally.
- The prevalence of adult obesity is estimated to be higher in Doncaster compared to England. 23% of the local population are thought to be obese in Doncaster, between 57,000 and 58,000 adults. The Doncaster health survey found lower levels of self-reported obesity (18%). However the survey did reveal that self reported levels of obesity were much higher in men (21%) than women (14%).
- The National Child Measurement Programme (NCMP) reports that levels of child obesity in four to five year olds and 10 to 11 year olds have increased in Doncaster. The increase in the younger age group is a marked difference to the national data.

Physical activity

- National surveys and reports have found that levels of sports participation amongst young people and school children are slightly higher than nationally. Amongst adults in the borough participation in physical activity appears to be lower compared to England. Adults also seemed to be reporting decreasing levels of satisfaction with council run facilities.
- An analysis of the uptake of the council operated Champions Sport Pass, which gives young people low-cost access to council run sport and recreational facilities, showed that uptake was patchy across Doncaster.

Sexual behaviour

- Teenage conception rates are significantly higher in Doncaster compared to England and Wales and current forecasts do not show that this is likely to change by 2015.

5.7 Ill Health and Disability

Health inequality

- The Slope Index of Inequality (SII) is a measure of inequalities within Doncaster. The slope describes the difference in life expectancy across the whole area. In the period 1998 to 2002, the SII for men was 7.68 years, this improved slightly in the next five years (2003-07) to 7.35. Amongst women the SII was 4.54 in 1998-2002 and this has become slightly worse at 4.92. These changes in both men and women are small and further work is needed to identify trends in

inequalities in the borough. However levels of inequality are more marked in men than women.

Self reported measures of ill-health

- The 'Tellus 3' survey and the 2008 Place Survey ask respondents to answer questions relating to social capital. School children in Doncaster were more likely to report that they felt they were 'listened to' compared to nationally. Adults reporting that they felt they could influence decisions locally have fallen in Doncaster from 26% to 22% in 2008.
- Levels of reported ill-health in Doncaster are consistently higher compared to England and Wales.

Incidence and prevalence

- Doncaster PCT has produced 'prevalence models' for a range of conditions. These models can be used to compare with the numbers of patients identified by practices.
- The incidence of tuberculosis in England and Wales has fallen in 2007 but has risen in Doncaster. Rates in Doncaster remain below the national average.
- Cancer registration rates are higher in Doncaster compared to England and Wales and are forecast to continue to rise faster than nationally.
- Cancer registration rates for lung cancer and stomach cancer are both forecast to fall very gradually over the next five years but will not match those for England and Wales.

Physical disability and sensory impairment

- Nationally estimated changes in numbers of Doncaster residents with various physical disabilities as well as individuals with visual or hearing impairments have been calculated. Doncaster can expect to see increases in the numbers of people (aged over 65) with mobility problems, as well as considerable increases in people aged over 75 with moderate or severe visual impairment.

Learning Disability

- National estimates show that Doncaster can expect to have around 1,000 adults (18+) with learning disabilities that are severe enough to need to be in receipt of services.

Mortality

- About 37% of men and 43% of women who die aged under 75 die due to cancer in Doncaster. Circulatory disease causes the deaths of 29% of men and 23% of women in the same age group.
- Life expectancy in both men and women has been improving in Doncaster. However forecasts show that Doncaster is not closing the gap with England and Wales.
- Premature death rates from circulatory diseases, including coronary heart disease (CHD) and stroke, continue to fall. These rates are predicted to continue at more or less the same levels as nationally.
- Overall premature death rates from cancer are falling in Doncaster but

on current trajectories are not predicted to improve in relation to national rates.

- Mortality from lung cancer (under 75) is forecast to fall more quickly than nationally.
- One cause for concern is a marked increase in breast cancer mortality in 2007. This is the only type of mortality that has increased beyond the confidence intervals of the forecast.
- Respiratory disease mortality is forecast to fall in the future but not very quickly and it will remain much higher than England and Wales.

Accidents

- Deaths from accidents are forecast to continue falling compared to England and Wales, but admission rates for serious accidents are continuing to climb in the borough.

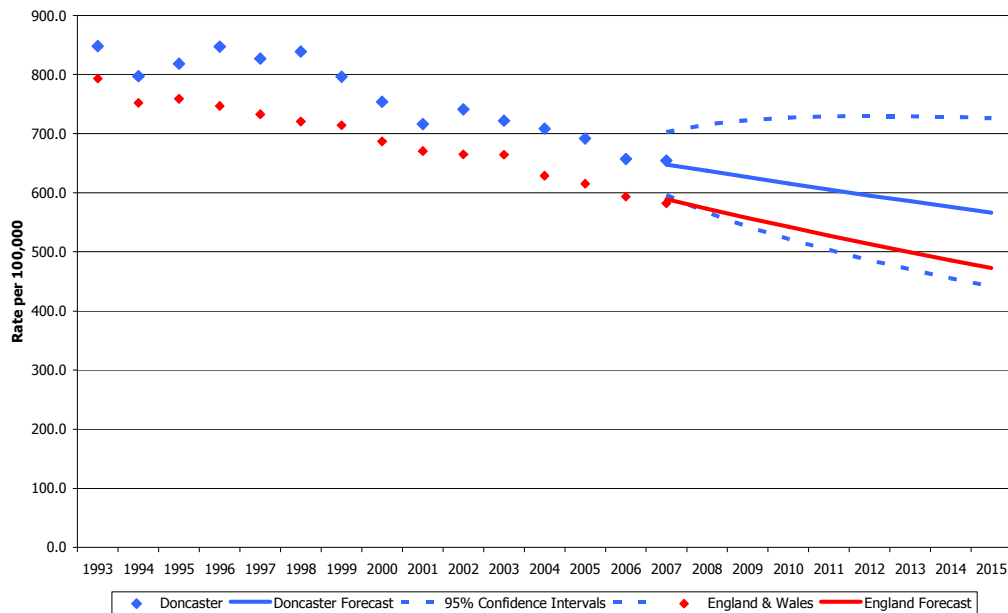
Mental Health

- Suicide rates in Doncaster are low compared to other causes of death in Doncaster.
- Estimates of dementia have been produced and cases are expected to rise in line with an ageing population.

Dental health

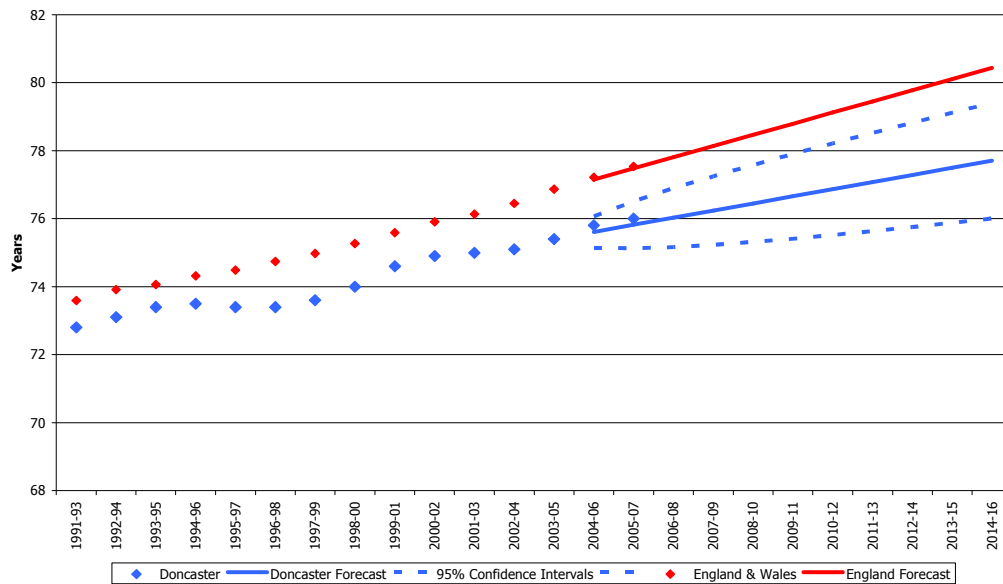
- Dental health in young children remains much poorer than national comparitors.

Figure 8: All age, all cause, age standardised mortality rates in Doncaster and England and Wales with forecast (1993-2015)



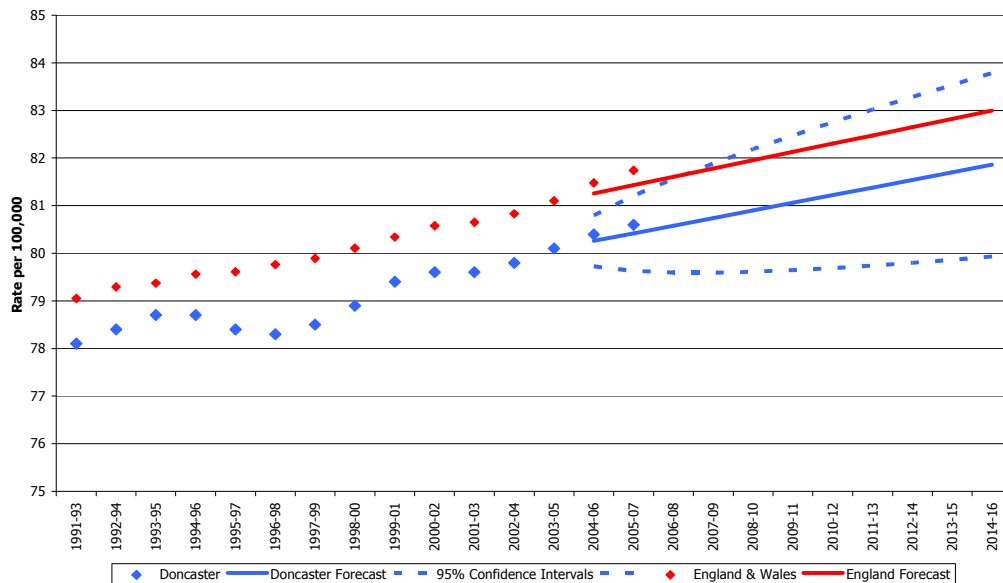
Source: National Clinical and Health Outcomes Knowledge Base (NCHOD)

Figure 9: Male life expectancy at birth in Doncaster and England and Wales with forecast (1991-93 to 2014-16)



Source: National Clinical and Health Outcomes Knowledge Base (NCHOD)

Figure 10: Female life expectancy at birth in Doncaster and England and Wales with forecast (1991-93 to 2014-16)



Source: National Clinical and Health Outcomes Knowledge Base (NCHOD)

Figure 11: Underlying cause of death aged under 75 in men and women in Doncaster (2001-2005)

Cause of death	Males	Females
Infant deaths	1.4%	1.9%
Infectious diseases	0.5%	0.3%

Cause of death (cont)	Males	Females
Oesophageal cancer	1.6%	0.9%
Stomach cancer	2.2%	1.9%
Colorectal cancer	3.5%	3.4%
Pancreatic cancer	1.4%	1.8%
Lung cancer	10.2%	10.8%
Breast cancer	-	7.4%
Cervical cancer	-	0.8%
Ovarian cancer	-	3.0%
Prostate cancer	2.7%	-
Bladder cancer	0.9%	0.6%
Kidney cancer	1.3%	1.1%
Other cancer	11.2%	11.7%
Diabetes mellitus	0.9%	1.0%
Mental disorders	1.6%	0.6%
Diseases of the central nervous system	2.6%	2.7%
Coronary heart disease	23.5%	14.9%
Stroke	5.3%	5.9%
Aortic aneurysm	1.6%	1.1%
Other circulatory diseases	4.0%	5.2%
Pneumonia	1.9%	2.1%
Chronic obstructive lung disease	5.7%	7.3%
Other respiratory diseases	1.6%	1.7%
Diseases of the digestive system	5.6%	5.6%
Accidents	3.3%	1.8%
Suicide	2.7%	1.0%
Other causes	2.8%	3.5%

Source: PHIU, Doncaster PCT

5.8 Health Outcomes

Doncaster PCT has developed a commissioning strategy, Better for You (available on the PCT website), in which the Trust has selected 10 outcome measures to prioritise commissioning decisions. The selected outcome measures are:

1. Reduce health inequalities.
2. Increase life expectancy.
3. Reduce infant mortality.
4. Reduce childhood obesity.
5. Increase breastfeeding.
6. Reduce cancer mortality.
7. Reduce cardiovascular mortality.
8. Reduce drugs misuse.
9. Reduce deaths from chronic liver disease.
10. Improve end of life care.

(See mapping document in appendix B).

5.9 Enhanced Public Health Programme

Doncaster PCT aims to respond to local concerns around health inequalities and to contribute to improving these through its Enhanced Public Health Programme (EHP). These are based within the 15 most deprived communities within Doncaster and work in the following way to reduce health inequalities by:

- Aiding in the review of current services and identifying gaps in service provision.
- Developing, implementing and coordinating health promotion and health improvement initiatives/activities aimed at addressing health inequalities.
- Information sharing and collaboration between health, local authority and the voluntary sector with influence over strategic change when appropriate.
- Supporting health promotion strategy work within targeted communities.

The specific communities are as follows:

- Askern
- Carcroft
- Clay Lane
- Denaby Main
- Edlington
- Hexthorpe
- Highfields
- Hyde Park
- Mexborough
- Moorends
- New Rossington
- Stainforth
- Thorne
- Toll Bar
- Woodlands

These areas were taken into consideration when mapping services and identifying needs and are highlighted both within the Locality summaries in appendix N and in the maps available within appendix M.

Please see appendix C for more detailed information relating to the Enhanced Public Health Programme and the Localities where these programmes are being delivered.

6. Process followed in developing the PNA

Doncaster PCT has used the following guidance to develop the PNA;

- NHS Employers PNA guidance⁷,
- National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010⁸.

The aim of the PNA process is to:

- Present a picture of the PCT, its demographics and the health needs, identified via the health outcomes to enable current and future service provision to be based on the needs of Doncaster's population.
- Determine the adequacy of current community pharmacy services to address those needs (where appropriate).
- Identify potential gaps in service provision and so inform future commissioning decisions.

The PNA process has the following objectives:

- Understand local demographics and needs.
- Map current provision.
- Utilise clinical input via multi-disciplinary team working.
- Consult with patient, public and partners.
- Action plan to meet any identified unmet needs.

Two groups were established to provide the PNA project with the necessary expertise and resource (please see appendix D).

6.1 Core Group and Key Stakeholder Groups

In line with guidance Doncaster PCT established two groups. The Core Group was established to co-ordinate the project as well as perform specific tasks in the development of the PNA, under the direction of the Key Stakeholder Group.

The remit of the Key Stakeholder Group is to:

- Oversee the process.
- Ensure active engagement from all stakeholders.
- Communicate to the wider community how the PNA is being developed.
- Ensure that the outputs of the PNA are utilised to influence commissioning.

6.2 Communications

A communications and insight plan was established which focussed on the types and extent of communication that would be required to ensure the PNA reached all appropriate members of staff, partners, patients and the public (see appendix E). This included involvement with community groups by the way of focus groups and the wider general public by way of a patient survey (please see section 7 for the summary of these activities).

6.3 Information Collation and Mapping

The following information gathering was carried out:

- The Joint Strategic Needs Assessment and the Commissioning Strategy 2009-14 were mapped to establish the current health outcomes.

- Current service provision within both community pharmacies and the wider health community were mapped against the health outcomes.
- Local public health community profiles (88 communities as specified in the JSNA) were used to help identify specific community populations, demographics and health needs.
- Mapping of health needs to current service provision, including those provided through community pharmacy.
- Access times of community pharmacy services and GP extended hours.
- Community pharmacies within a two mile distance of the Doncaster PCT border and the services that they provide.

6.4 Mapping against health outcomes

The ten health outcomes from Doncaster PCT's Better for You Strategic Plan 2009 – 2014 were mapped against the JSNA lifestyle and risk factors and also against the ill health and disability information. This was then used as part of a matrix to establish current service provision and to identify gaps. (see appendix B).

The Public Health Intelligence Unit team have mapped data provided in relation to general medical services and pharmaceutical services together with demographic information for inclusion in the PNA. (Copies of maps available in appendix M).

A main map (see map 2 in appendix M) provides details of:

- Community pharmaceutical providers.
- GP practices.
- Dispensing GP practices.
- Appliance contractor.
- Mail order/wholly internet pharmacies.
- Pharmaceutical services provided outside of the Doncaster border (up to 2 miles).
- Breakdown of Localities (please see below).

Other maps included in the PNA show the deprivation, population and specific health indicators such as teenage pregnancy and smoking prevalence, which allowed for gaps in service provision to be identified.

6.5 Locality mapping

Previous work done through the PCT's Public Health Directorate, and recognised in the JSNA, has defined 88 communities across Doncaster. Profiles for each of these communities are available via the PCT website. For the purposes of developing Doncaster's PNA analysis of 88 separate communities for their individual pharmaceutical need was considered impractical. Aggregation to a minimal number of 4 or 5 Localities was considered equally impractical due to the relatively large geographical areas which would result. A pragmatic approach of aggregating the 88

communities into 14 localities was adopted. The aggregation was based on natural clustering of communities and likely transport flows (details of each Locality are available in appendix F). Please see map 1 within appendix M for the Locality borders.

Figure 12 Below is a table of each Locality and the public health communities included:

Locality	Areas included within each Locality
1	Askern, Burghwallis, Campsall, Carcroft, Fenwick, Hampole and Skelbrooke, Moss, Norton, Owston, Skellow, Sutton, Thorpe in Balne
2	Barnby Dun, Braithwaite and Kirk Bramwith, Fishlake and Fosterhouses, Stainforth, Sykehouse
3	Moorends, Thorne
4	Adwick Le Street, Brodsworth and Pickburn, Clayton, Cusworth, Highfields, Hooton Pagnell, Marr, Scawsby, Scawthorpe, Woodlands
5	Arksey, Bentley, Toll Bar and Almholme, York Road
6	Belle Vue, Bennetthorpe, Hyde Park, Intake, Lakeside, Lower Wheatley, Town Centre, Town Moor, Wheatley Hills, Wheatley Park
7	Armthorpe, Clay Lane, Edenthorpe, Kirk Sandall
8	Dunscroft, Dunsville, Hatfield, Hatfield Woodhouse, Hatfield Prison (excluding the prison populations),
9	Barnburgh, Cadeby, Harlington, Hickleton, High Melton, Sprotbrough
10	Balby, Hexthorpe, Woodfield Plantation, Loversall
11	Auckley, Bessacarr, Blaxton, Branton, Cantley, Hayfield Green, Old Cantley, Finningley
12	Adwick Upon Dearne, Conisbrough, Denaby Main, Mexborough, Old Denaby
13	Braithwell, Clifton, Edlington, Micklebring, Old Edlington, Warmsworth
14	Austerfield, Bawtry, New Rossington, Old Rossington, Stainton, Tickhill, Wadworth

The 14 localities were reviewed and the following information highlighted in assessment available in appendix N.

- General information about the Localities, for example, rural in character, urban, etc.
- If any areas fell within the top 30% most disadvantaged communities in Doncaster which all benefit from the Enhanced Public Health Programme.
- Population.
- Information relating to specific hard to reach groups.
- Access including hours of opening and choice.
- GP dispensing practices within the Locality.
- Advanced and Enhanced service provision.
- Out of area pharmacy provision (within a two mile distance of Doncaster's borders).
- Conclusions on current service provision and gaps identified.

6.6 Questionnaire Design

As part of the PNA process two questionnaires were designed to help capture information to inform the PNA process. Both questionnaires were agreed by patient and public engagement representatives and both the Core and Key Stakeholder Groups. (A copy of each questionnaire is available in appendix G).

Patient and Public Engagement

A questionnaire was produced to help capture patients' and public views and experiences on their pharmaceutical needs. Additionally, PCT staff attended a number of patient and carer groups to get an idea of the things they felt were important to them in relation to community pharmacy services.

Pharmacy questionnaire

As part of the NHS Employers guide, a minimum dataset was suggested to enable an understanding of current service provision within community pharmacies and also what other services they would be willing to be provide should these be highlighted as a need to commission from community pharmacies.

7. Patient and Public Engagement

7.1 Methodology

Pre-engagement was undertaken to establish patient and public views on community pharmacy services.

A dual approach was taken to establish patient and public views and take these into consideration when developing the PNA.

Questionnaire (see appendix G)

This was available for completion on the public website for electronic completion. A number of questionnaires were also distributed to:

- GP practices.
- Community pharmacies.
- Patient and public groups.
- Local Involvement Networks (LINKs).

Focus Groups

A number of patient and public groups were attended. Some of the groups requested that a simple introduction be given and questionnaire left for completion and others were able to give their views on the following:

- Access.
- Services patient and public would like to see.
- Gaps.
- Where to find information on community pharmacy services.

7.2 Survey Results

In total 639 responses were received. The following themes were picked out as main headline points. A copy of the full results is available from the communications department. A breakdown of the post codes and age groups that completed the survey is available in appendix H.

- 436 (68%) of respondents had visited a community pharmacy in the last month with only 47 (7%) having not visited a community pharmacy in over six months.
- Of the 527 respondents who stated they had visited a community pharmacy in the last six months, 76% (404) had visited the pharmacy to get medicines on a prescription.
- 96% of all respondents stated that they found it easy to access community pharmacy services.
- When asked about the importance of location of a community pharmacy, 39% (222) of respondents stated that closeness to their GP surgery was important followed by 30% (172) stating that closeness to their home was most important to them.

When asked which services patients have used before or would be most likely to use if they were available, the following responses were the most frequently received:

Figure 13

Element	Number of respondents to specific element	%
Treatment for a minor illness or stomach upset (minor ailment schemes)	370 out of 458	80 %
Prescription collection service	333 out of 454	73%
Healthy heart checks	315 out of 442	71%
Monitoring how medicines are working (how effective medicines are)	284 out of 441	64%
Diabetes screening	266 out of 416	62%
Prescription delivery service	319 out of 454	61%
Medicine reviews	254 out of 427	59%
Advice about leading a healthy lifestyle	245 out of 411	58%
Weight management services	232 out of 409	56%

- 70% (of the 568 respondents) stated that they were happy with the current arrangements in place for obtaining their repeat medication.
- Of the 40 people that stated that they were not happy with their current arrangements for obtaining their repeat prescription, almost half stated that the reason was due to GP repeat prescription processes; eight stated the reason was due to the pharmacy repeat prescription process. The rest were not specific to either the GP or pharmacy processes.
- When asked how medicines are usually obtained when they are ready, 84% (383 out of 457) stated that they physically collect them from the pharmacy.
- 52% (199 out of 381) respondents stated that they had received advice about taking their medicines from their pharmacists in the last 12 months.

- Of the 239 who responded if they were happy with the advice the pharmacists gave them, 95% agreed that they were.
- Of the 568 respondents only 28 (5%) stated that they had had difficulty finding a pharmacy.
- Of the 28 respondents that provided an explanation of their difficulties finding a pharmacy, the major issue (57%) was related to stock availability. 35% were due to access problems either on a lunch time or outside of normal hours. The remainder were not specific.
- A fifth of respondents stated that they were unaware that some community pharmacies are open from early in the morning until late at night (7am to midnight) and at weekends. A third of the respondents that stated they did know of these types of pharmacies but did not actually know where they were located.

7.3 Focus Group Findings

PCT staff visited several community groups to establish their thoughts on community pharmacies. The key themes are outlined below:

Access

Generally access is good, particularly where community pharmacies are close to GP practices and open extended hours. Small number of access problems due to pharmacies not being open at lunchtime or not having a pharmacist available at the time of the visit.

Services they would like to be available

There was a range of suggested services that would be useful within community pharmacies including specific checks such as asthma, blood pressure and cholesterol measurements. Other suggestions include chiropody services and contraception and healthy weight advice/services.

Gaps

A number of the groups suggested that the skills and services provided within community pharmacies should be more widely publicised. Additionally, direction to other community pharmacies available out of hours would be useful.

Where to find information on community pharmacies

There were a number of people that were unaware of where to access information in relation to community pharmacies. Of those that were aware, the majority explained that they would look in the local press, internet, phonebook or in their local pharmacy.

8. Consultation process

8.1 Methodology

Doncaster PCT has consulted with stakeholders (full list available in appendix I) across Doncaster from 7th September 2010 to 20th November 2010, including patients and the public, to assess whether the PNA is an accurate assessment of the

community pharmaceutical needs of people across the 14 Localities. The consultation was undertaken in line with the PNA consultation plan (see appendix J).

The objectives of the formal consultation process were as follows:

- To encourage constructive feedback from a variety of stakeholders between 7th September 2010 and 20th November 2010.
- To ensure the views of groups which provided feedback at the pre-engagement stage are taken into consideration at formal consultation stage.
- To ensure a wide range (including those necessary to meet the requirements of the directions) of primary health care professionals, local health and social care communities/organisations and neighbouring PCT's are given an opportunity to comment on Doncaster PCT's PNA.

A copy of the consultation reply form is available in appendix K.

8.2 Consultation report

The response to the consultation process is available in appendix L.

9. Maps used

A number of maps have been developed to enable mapping of deprivation, population and health indicators against current service provision both by community pharmacy and other services, e.g. community sexual health services. Please see appendix M for maps.

Figure 14

Map Number	Description
1	Map identifying the 14 Localities.
2	Main provider map with a one mile radius around GP and Pharmacy providers including dispensing GP practices, cross border pharmacies, internet pharmacies, appliance contractors, the 8-8 centre and hospitals.
3	Main provider map with a two mile radius around GP and Pharmacy providers including dispensing GP practices, cross border pharmacies, internet pharmacies, appliance contractors, the 8-8 centre and Hospitals.
4	Gypsy/traveller sites with proximity to providers.
5	Black and Minority Ethnic groups with proximity to providers. (BME population calculated from Office for National Statistics (ONS) estimate in 2007)
6	Stop smoking cessation services against smoking prevalence. (Smoking prevalence is a 2008 estimate provided by Doncaster Stop Smoking Service, DCH.)

Map Number cont	Description
7	Emergency Hormonal Contraception (EHC) services against teenage conception rates. (Teenage pregnancies calculated for the period 2004-2008, Pharmacy EHC is for the period 09/10, Community EHC is for the period 08/09)
8	Needle exchange services against the 30% most deprived community populations (Enhanced Public Health Programme areas). (Deprivation is from the Indices of Multiple Deprivation (IMD) 2007, needle exchange attendance is for the period 09/10.)
9	Minor ailment services against community deprivation (quintiles). (Deprivation is from the Indices of Multiple Deprivation (IMD) 2007,)
10	Minor ailment services against ambulatory care sensitive conditions that are amenable to community pharmacy services. (ACS conditions calculated for the period 2006/7 – 2008/9 (performance/finance year Apr-Mar)).
11	Outside of normal hours palliative care services and District Nursing Stations against community populations. (Populations calculated using the Office for National Statistics (ONS) mid year estimate 2008.)
12	Medicine usage reviews against community populations. (Populations calculated using the Office for National Statistics (ONS) mid year estimate 2008, medicine usage reviews are from the period 2008/9)
13	100hr pharmacies with five mile radius to show community pharmacy services outside of normal hours across Doncaster.
14	Community populations aged 75+ with proximity to providers. (Populations calculated using the Office for National Statistics (ONS) mid year estimate 2008.)
15	Households with no car or van recorded in the 2001 Census with proximity to providers.
16	Self reported Long Term Limiting Illness recorded in the 2001 Census with proximity to providers.

10. Locality Information

10.1 Locality Development

Each of the 14 localities, described in 6.5, were reviewed taking into consideration essential, advanced and enhanced pharmacy service provision and also other community service provision, e.g. community sexual health services.

The following factors were included in the review process:

- General information.
- Access to essential pharmacy services including bordering PCT services.
- Advanced services.

- Enhanced services.
- Other bordering PCT pharmacy service provision (where applicable).
- Conclusions.

The following section provides information relating to each Locality and includes:

- Map of Locality.
- Locality assessment.
- Advanced and enhanced services currently commissioned by the PCT.
- Community pharmacy minimum data set responses.
- Opening hours across the locality graph.
- Detailed opening information for each pharmacy.
- Public health profiles for each community.

As part of the Locality mapping, it was agreed that a one and two mile radius from community pharmacy would be used to identify access to essential community pharmacy services both in and out of hours.

The following provides the number and percentage of the population within each area that sits within a one mile radius:

Figure 15

Locality	Total Population	Approx population within 1 mile	Approx population more than 1 mile
Locality 1	19,614	14,593 74.4%	5,021 25.6%
Locality 2	11,207	9,761 87.1%	1,446 12.9%
Locality 3	16,884	16,699 98.9%	186 1.1%
Locality 4	25,227	24,420 96.8%	807 3.2%
Locality 5	13,721	12,088 88.1%	1,633 11.9%
Locality 6	33,854	33,854 100.0%	0 0.0%
Locality 7	23,696	23,649 99.8%	47 0.2%
Locality 8	14,708	13,120 89.2%	1,589 10.8%
Locality 9	10,226	9,469 92.6%	757 7.4%
Locality 10	25,102	25,102 100.0%	0 0.0%
Locality 11	28,007	26,635 95.1%	1,372 4.9%
Locality 12	30,736	30,552 99.4%	184 0.6%
Locality 13	12,916	11,715 90.7%	1,201 9.3%
Locality 14	23,570	21,803 92.5%	1,768 7.5%
Doncaster*	289,470	273,459 94.5%	16,011 5.5%

*Note the Doncaster total does not equal the ONS estimate of 291,600 as the prison populations have been excluded.

It was additionally agreed that mapping the 100hr community pharmacies both in and outside the Doncaster border would help to identify any gaps in essential, advanced and enhanced community pharmacy services (please note: only EHC enhanced services are available to Doncaster patients accessing services over the border). It was considered to be not unreasonable for patients and the public to travel up to five miles to access community pharmacy services outside of normal hours and the coverage of this is shown on map 13 in appendix M.

Detailed assessment of each locality is available in appendix N.

11. Future Developments

A review of sites in Doncaster granted planning permission by Doncaster Metropolitan Borough Council for 200 or more plots, identified the following potential developments.

Locality	Potential Site	Plots	Stage*	Lapse Date
1	Woodlands	400	NS	11-Oct-10
6	Waterdale	426	NS	30-Mar-13
6	Lakeside	258	S	n/a
6	Lakeside	308	NS	15-Oct-14
10	Hexthorpe	700	NS	25-Apr-11
11	Bessacarr	1100	NS	01-Apr-12
12	Conisborough	300	NS	05-Mar-12
12	Mexborough	212	NS	n/a
13	Edlington	200	NS	23-Dec-11

* NS = not started as at 31st March 2010, S = build started

The PCT has, in the past, experienced other significant development planning approvals which have not come to fruition so the table above should be regarded as possible future developments with the exception of the Lakeside complex where building has commenced. Any future PNA reviews will be mindful of any unmet needs of newly established populations residing within future building programmes and make recommendations as appropriate.

Based on the PNA's outcomes the PCT has the view that existing community pharmacy provision is able to accommodate the dispensing requirements of any competed and newly started development schemes and will therefore not be inviting applications from community pharmacy providers at the current time.

12. Shaping the Future

Undertaking the PNA process has enabled a comprehensive review of current pharmaceutical services, including essential, advanced and enhanced service provision.

Looking at current pharmaceutical services against the JSNA and Doncaster PCT's Strategic Plan (2009 – 14), we have been able to understand the current levels of pharmaceutical coverage within the Localities and have also identified how these services meet the needs of the local population within Doncaster.

The PNA has provided robust evidence to show that there is currently adequate essential community pharmacy provision to serve the population of Doncaster. Additionally, using the basis of five miles travelling to obtain community pharmaceutical services outside of normal hours, with few exceptions, the population of Doncaster falls within the scope of Doncaster's network of 100hr pharmacies of three 'over the border' 100 hour pharmacies in Harworth, Wath and South Elmsall. The exceptions to this cover are a few sections of 'rural in character' areas which

include isolated dwellings and hamlets. Maintaining a network of 100 hour pharmacies is essential for providing this cover.

Gaps identified against needs include the following:

Locality	Gap
1	No EHC services outside of normal hours within Askern No minor ailment services within Askern
2	No minor ailment services outside of normal hours
3	No minor ailment services outside of normal hours
7	No needle exchange facilities based in Armthorpe
12	No minor ailment services outside of normal hours
14	Limited choice/access for minor ailment services
All Areas	A review of the publication of opening hours and services available from community pharmacies (outcome from pre-consultation and patient engagement work) to be undertaken

The Adult Drug Needs Assessment 2008/9 highlighted specific areas within Doncaster that required needle exchange facilities; these have subsequently been covered with the exception of Armthorpe. The substance misuse team are currently undertaking a review of their Needs Assessment which will not be completed by the sign off of this document. The findings and outcomes of the review will be assessed after the PNA is published.

It is recommended that as there is no additional need for essential pharmaceutical services within Doncaster, there is, however, a need to fill the gaps identified above. Subject to the necessary finances being made available this is planned to be done in the following ways:

- Approaching current pharmaceutical providers in the Locality.
- If services cannot be filled by existing community pharmaceutical services other commissioning avenues will be explored.

Actions for the allocation and filling of gaps is as follows:

Locality	Action
1	Identify EHC and minor ailment service provision within Askern
2	Identify provision of minor ailment services outside of normal hours within Locality 2
3	Identify provision of minor ailment services outside of normal hours within Locality 3
7	Identify Needle Exchange Facilities within Armthorpe
12	Identify minor ailment services outside of normal hours within Locality 12
South of Doncaster	Identify future minor ailment providers to improve choice/access
All Areas	All areas : The PCT in consultation with the LPC will review how publication of opening hours, direction to other pharmacies outside of normal hours and also services provided within community pharmacies is carried out.

No timescales have been added to this action plan however, following the publication of 'Liberating the NHS' the emerging NHS structure will use the PNA to inform their commissioning intentions. The above action plan will be assessed as part of all local health needs for Doncaster and will be taken forward as part of the business planning process for the new organisation.

13. Glossary

Table of abbreviations is available in appendix O.

14. References

- 1 Doncaster PCT Better For You Commissioning Strategy
<http://www.doncasterpct.nhs.uk/documents/BetterForYou.pdf>
- 2 Doncaster PCT Joint Strategic Needs Assessment
3. NHS (Pharmaceutical) Regulations <http://www.opsi.gov.uk/si/si2005/20050641.htm>
4. The NHS Act 2006
http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_643
5. Section 128A of the NHS Health Act
http://www.opsi.gov.uk/si/si2010/uksi_20100914_en_1
6. The 2008 Pharmacy White paper, Pharmacy in England: building on strengths – delivering the future
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815
7. NHS Employers PNA Guidance
http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/PNA_Guidance.aspx
8. National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010
http://www.opsi.gov.uk/si/si2010/uksi_20100914_en_1

APPENDIX