

# Doncaster Health and Wellbeing Board

## Draft Pharmaceutical Needs Assessment (2015 – 2018)

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## Foreword

The draft Pharmaceutical Needs Assessment has been produced for Doncaster's Health and Wellbeing Board by Doncaster Council, in conjunction with NHS England Area Team, Doncaster Clinical Commissioning Group, Doncaster Local Pharmaceutical Committee and the wider stakeholders and residents of the Doncaster community.

This document is an assessment of the current provision of pharmaceutical services across Doncaster, whether they meet the needs of the population and identifies any potential gaps to service delivery. A draft document was produced for a 60 day consultation. This took place from 15<sup>th</sup> September 2014 to 18<sup>th</sup> November 2014.

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 will be published by 1<sup>st</sup> April 2015.

## Acknowledgements

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## Contents

Foreword .....	2
Acknowledgements .....	3
Executive Summary .....	6
1. Introduction and Process for developing the PNA.....	9
1.1 Background.....	9
1.2 Context .....	9
1.3 Purpose .....	10
1.4 Scope of Assessment .....	10
1.5 Non-commissioned Added Value Community Pharmacy Services .....	11
1.6 What is excluded from the Scope of the Assessment? .....	11
1.7 Process Implementation for Developing the PNA .....	11
1.8 Localities for the Purpose of the PNA .....	12
1.9 Consultation.....	13
1.10 Review Process.....	14
2. Population Demography .....	14
3. Locally Identified Health Need .....	24
3.1 Surveys for Information Gathering .....	25
3.2 Summary .....	27
4. Current Pharmacy Provision and Services .....	28
4.1 Pharmacy Demographics.....	28
4.2 Access to Pharmacies .....	28
4.3 Advanced and Locally Commissioned Services .....	33
4.4 Public Health Contribution .....	37
4.5 Summary .....	39
5. Future Impacts.....	40

5.1 Housing and Development.....	40
5.2 Service Commissioning Developments.....	40
6. Conclusion and Considerations .....	41
Glossary of Terms .....	43
References.....	46
Appendices .....	47
Appendix 1 - Pharmacy Stakeholder Survey Questionnaire.....	47
Appendix 2 – Pharmacy Stakeholder Questionnaire Results .....	57
Appendix 3 – Public Questionnaire .....	62
Appendix 4 – Public Questionnaire Results .....	72
Appendix 5 - 60 day Consultation Results.....	87
Appendix 6 – Opening hours by geographic location (maps) .....	95
Appendix 7 – Table of Advanced and Locally Commissioned Services .....	99
Appendix 8 – Geographic Maps of Pharmaceutical Services.....	105

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## Executive Summary

The responsibility for using Pharmaceutical Needs Assessments (PNA) as a basis for determining market entry to a pharmaceutical list was transferred from Primary Care Trusts (PCT) to NHS England from 1st April 2013. According to the new legislation, responsibility for producing PNAs now lies with each Health and Wellbeing Board (HWBB) in accordance with regulations.

In January 2014 the Doncaster HWBB endorsed the proposal to review the current PNA and to provide a new version for 2015.

The purpose of a PNA is to assess local needs in relation to pharmaceutical services across a community and to identify any gaps in that provision.

The purpose of the Doncaster PNA is to:

- Engage widely with the Doncaster community about pharmaceutical services to enable mapping of current provision across the Borough.
- Identify local health priorities and future trends and developments which may impact on the health of the local population.
- Inform commissioners of current position, in line with local demographics and identify any gaps.

The PNA needs to be developed alongside the local Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy (JHWBS) and other key aligned strategies and plans across the Borough to ensure a joined up approach.

This report highlights the key findings of the mapping analysis, alongside pharmacy stakeholder and public questionnaires which were undertaken in the summer of 2014. It also puts forward considerations to help inform the decisions of local commissioners and highlights any gaps in current provision.

### Current Pharmacy Demographics

Pharmacy contractors in Doncaster comprise:

- 79 community pharmacies
  - 65 providers on 40 hour contracts
  - 12 providers on 100 hour contracts
  - 2 distance selling providers
- 1 appliance contractor
- 2 dispensing General Practices

At the time of the last PNA in 2011, there were 73 community pharmacies including 1 distance selling provider. This presents an overall increase of 6 pharmacies (7%). There has been an increase in 100 hour pharmacies from 8 to 12 since the last assessment.

## **Public & Stakeholder Survey Results**

A stakeholder questionnaire was sent to all community pharmacies in Doncaster. 44 responses were returned, including 2 distance selling pharmacies, constituting just over half of the total number. The questionnaire and full results are available in Appendices 1-2.

The public survey received 279 responses and was made available online, through community pharmacies and wider community networks. The sample was predominantly female (68%), aged 45-64 years (47%) and White British (87%). The survey also highlighted that a substantial amount of the sample do not pay for prescriptions (37%). The findings may not be representative of the whole population but the results still offer useful insights from the public. The full results are available in Appendices 3-4.

### **Summary**

**From the 2 surveys the key conclusions that can be drawn from the results are that:**

- **Generally pharmacy provision is accessible and within an acceptable travel range.**
- **On the whole patient experience is good with some suggested areas for improvement around:**
  - **Availability of stock\*.**
  - **Evening and weekend opening (and awareness).**
  - **Communication between the pharmacist and GP.**
  - **Privacy / confidentiality.**
  - **Parking.**
  - **Waiting times.**
  - **Assuming patients know the system.**
  - **Low awareness of large print labels.**
  - **More healthy lifestyle information and advice.**

**\* It has been highlighted that there are national issues around availability of stock and the ability of manufacturers to supply.**

The outcomes of the PNA in 2015 have confirmed that on the whole the pharmacy provision in Doncaster is of a good standard but there are inevitably some gaps and areas for future development.

### **Key Areas for Considerations:**

- **Awareness around opening times particularly evenings and weekends - Most people are aware that some pharmacies are open late into the evening, early in the morning, at weekends and bank holidays, but only half of those surveyed know where these are located. Work is required to raise awareness of extended hour provision.**
- **Extended hours opening pharmacy provision in the South and North neighbourhoods.**
- **An enhanced role for pharmacies in health promotion and healthy lifestyle awareness across the Borough.**
- **Consistency in disabled access and provision.**

- **General awareness of pharmacy services across the Borough.**
- **Impact on health, social and wellbeing services due to an ageing population.**
- **Commissioners and providers should take into account all the considerations and pharmaceutical needs in this document when making decisions about future provision.**

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# 1. Introduction and Process for developing the PNA

## 1.1 Background

The previous PNA in 2011 was produced by the PCT (NHS Doncaster) and its key partners. Since then the 2012 Health and Social Care Act transferred responsibility for the developing and updating of PNAs to local HWBBs and gave the Department of Health (DH) the power to make regulations.

From the 1<sup>st</sup> April 2013 the responsibility for using PNAs as a basis for determining market entry to a pharmaceutical list was transferred from PCTs to NHS England. The NHS (Pharmaceutical Services and Local Pharmaceutical services) regulations 2013 sets out the legislative framework for development of PNA's:

<http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

According to the new legislation each HWBB must in accordance with regulations:

- Assess needs for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment. (Pharmaceutical Needs Assessments Information Pack for Local Authority Health and Wellbeing Boards, DH 2013).

The PNA is now due for review and in accordance with changes put in place by The Health and Social Care Act the local HWBB have the responsibility to complete this review.

## Health and Wellbeing Boards

HWBBs were developed as early implementers in the period running up to The Health and Social Care Act; following the Act's inception Statutory HWBBs were established.

In Doncaster the first Statutory HWBB was established on 1<sup>st</sup> April 2013 following a shadow period which supported its early development and key functions. In January 2014 a board paper was presented to, and endorsed by, Doncaster HWBB members regarding the legislative changes to produce PNAs. It was agreed in Doncaster that the process would be facilitated by Doncaster Council's Public Health team in conjunction with key stakeholders from the health and pharmaceutical sector. The process for the review of Doncaster's PNA commenced in March 2014 and will be completed by 1<sup>st</sup> April 2015.

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

[http://www.doncaster.gov.uk/sections/socialcareforadults/workinginpartnership/Doncasters\\_Health\\_and\\_Wellbeing\\_Board.aspx](http://www.doncaster.gov.uk/sections/socialcareforadults/workinginpartnership/Doncasters_Health_and_Wellbeing_Board.aspx).

## 1.2 Context

The purpose of a PNA is to assess local needs in relation to pharmacy services across a community and to identify any gaps in that provision. The PNA needs to be developed alongside the local Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy (JHWBS) and other key aligned strategies and plans across the borough to ensure a joined up approach.

In Doncaster, the Borough Strategy, Corporate Plan and the JSNA are all completed. The JHWBS is currently under review. The foundation for this evolved from a peer

review of the Doncaster Health and Wellbeing board by the Local Government Association (LGA) in December 2013, which made key recommendations following its 4 day visit. The recommendations included a refresh of the local strategies and consequently the information included in the PNA forms part of this process.

The above mentioned documents can be found here:

[http://www.doncaster.gov.uk/sections/socialcareforadults/workinginpartnership/Doncasters\\_Health\\_and\\_Wellbeing\\_Board.aspx](http://www.doncaster.gov.uk/sections/socialcareforadults/workinginpartnership/Doncasters_Health_and_Wellbeing_Board.aspx).

### 1.3 Purpose

The purpose of the Doncaster PNA is to:

- Engage widely with the Doncaster community about pharmaceutical services to enable mapping of current provision across the Borough.
- Identify local health priorities and future trends and developments which may impact on the health of the local population.
- Inform commissioners of current position, in line with local demographics and identify any gaps.

### Who Benefits?

The PNA document is particularly useful for planning processes for commissioners from local Clinical Commissioning Groups (CCG's), Doncaster Council (Public Health) and NHS England. As NHS England are now responsible for maintaining pharmaceutical lists this has now become of greater importance to their core business. Commissioners and providers should take into account all the considerations and pharmaceutical needs in this document when making decisions about future provision.

### 1.4 Scope of Assessment

The scope of the PNA is clearly defined under Regulation 3(2) in the 2013 regulations whereby it states that:

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

- 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).”

*(PNA information pack for Health & Wellbeing Boards, DH 2013)*

### Types of Pharmaceutical Services

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

- **Essential Services** - these are mandated and set out in each pharmacy's terms of service – the dispensing of medicine, promotion of healthy lifestyles

and support of self-care. These services are monitored by the NHS England Area Team.

- **Advanced Services** - pharmacy contractors can provide advanced services subject to accreditation by the NHS England Area Team – these include Medicine Use Reviews and the New Medicines Service for community pharmacists, and Appliance Use Reviews and stoma customisation services for dispensing appliance contractors.
- **Locally Commissioned Services** - at a local level, services are commissioned by Public Health and the CCG. Examples include Emergency Hormonal Contraception, Needle Exchange and Palliative Care Drugs Services.

The following are included in a pharmaceutical list:

- **Pharmacy contractors** – healthcare professionals working for themselves or as employees who practice in pharmacy; the field of health sciences focusing on safe and effective medicines use.
- **Dispensing appliance contractors** - appliance suppliers are a specific subset of NHS pharmaceutical contractors who supply on prescription appliances including stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- **Dispensing doctors** – these are medical practitioners who are authorised to provide drugs and appliances in designated rural areas known as controlled localities.
- **Local Pharmacy service contractors** – these provide a level of pharmaceutical services in some HWBB areas (*there are none currently in the Doncaster locality area*).

### **1.5 Non-commissioned Added Value Community Pharmacy Services**

Community pharmacies provide services directly to patients that are not commissioned by NHS England, Councils 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 or not to charge for these services as part of their business model.

### **1.6 What is excluded from the Scope of the Assessment?**

In line with the DH 2013 regulations it was agreed at the outset that this PNA would not consider pharmacy provision in prisons or hospital settings.

### **1.7 Process Implementation for Developing the PNA**

There were essentially 5 main phases in the development of Doncaster's PNA:

- **Phase 1:** In January 2014 a paper was presented to Doncaster HWBB proposing the review of the local PNA and asking a series of questions. The paper was endorsed and the Public Health team were asked to lead the process in conjunction with key stakeholders. An internal Public Health task group was convened to map out the process and begin the PNA.
- **Phase 2:** In March 2014 a core group was established consisting of representatives from NHS England, the Local Pharmacy Committee and Doncaster CCG. The first meeting took place in April 2014 and Terms of

Reference and timescales were agreed. A virtual stakeholder group was established and contacts made for future consultations. The core group considered the following actions: consultation; community engagement; legal aspects; communications; mapping of current services; links to neighbouring areas and the development of the final report.

- **Phase 3:** The design and concept testing of stakeholder and public questionnaires was undertaken in May 2014 and links were also made with neighbouring areas regarding their PNA processes and cross boundary provision. The stakeholder and public questionnaires were then sent out across Doncaster. A wider engagement plan was developed in line with the Council's Community Engagement Toolkit.
- **Phase 4:** Following the initial data collection period, results were collated and analysed throughout August and a summary of gaps in provision identified and fed back into the draft report.
- **Phase 5:** The results of a 60 day consultation on this document with the Doncaster wide community (as stipulated in the DH 2013 regulations) has been received and has informed this version of the PNA. The document will then be presented to the HWBB for ratification in January 2015 and the final PNA report will be published and available on local websites by 1<sup>st</sup> April 2015.

### **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.

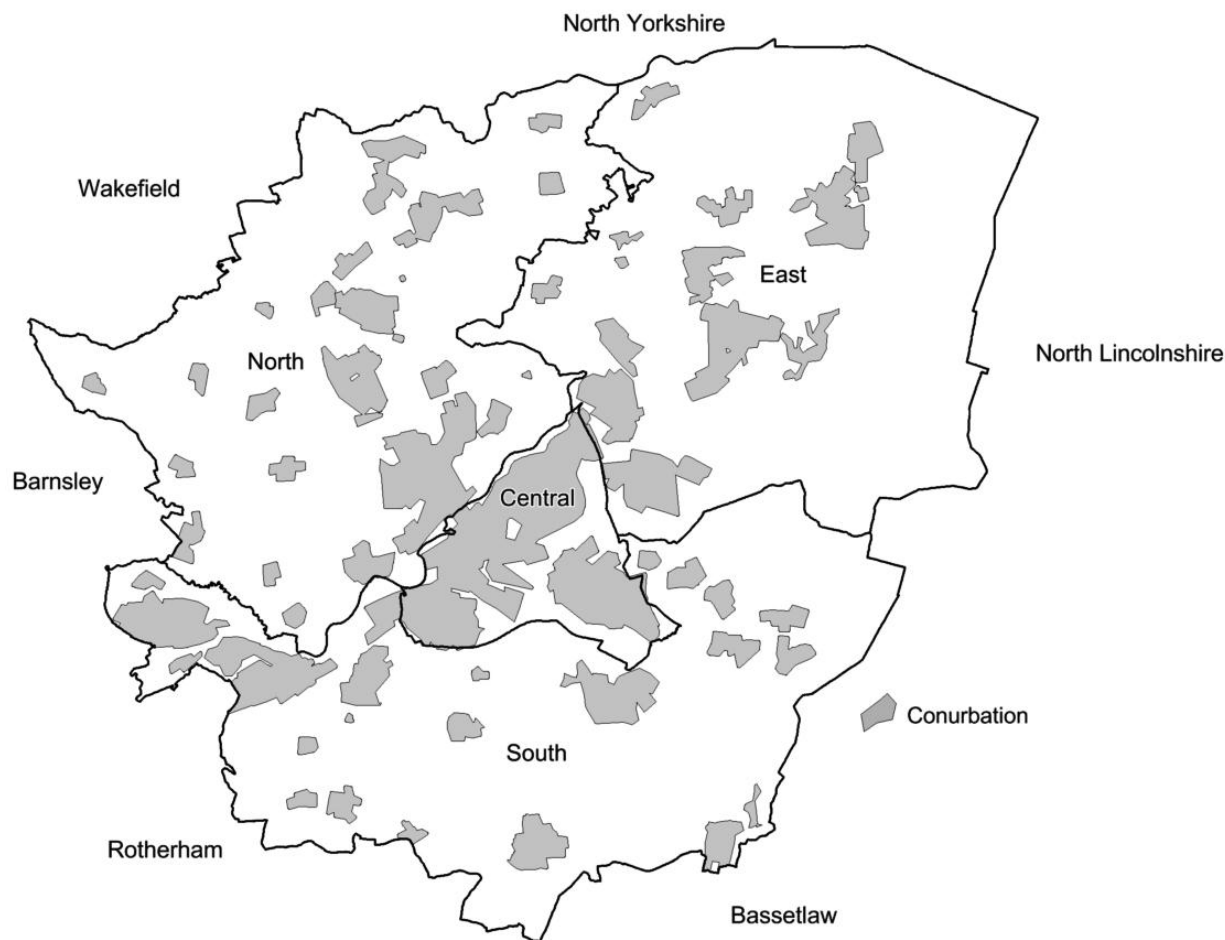
In producing the public survey advice was sought around the PSED. The PNA was discussed at the Doncaster Inclusion and Fairness Advancement Group and through contact with the equalities leads in the CCG and Doncaster Council teams. The public survey was concept tested to a wide variety of groups through contacts in the Doncaster Council Public Health team and changes made accordingly. The survey was also made available in other formats on request and was written in an easy to read format.

### **1.8 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 70,000 in the North to 83,500 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 some pharmaceutical provision a little further afield.

### Map 1 – Doncaster Neighbourhood Areas



### 1.9 Consultation

The initial consultation was in 2 parts – a survey was undertaken with pharmacies regarding their service provision across the locality. 44 surveys were returned out of a possible 79 community pharmacies. A public survey was also undertaken to look at wider needs and services as this would help us to identify current provision, identify gaps and to make recommendations for future provision. A copy of each survey and their results are included in Appendices 1- 4.

The second element was a 60 day consultation on the document to the wider Doncaster community. This took place between 15/9/2014 and 18/11/2014. 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 HWBBs for comment.

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 5.

### **1.10 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.

## **2. 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 302,500 at the 2011 Census.

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.

### **Age Profile of the Population**

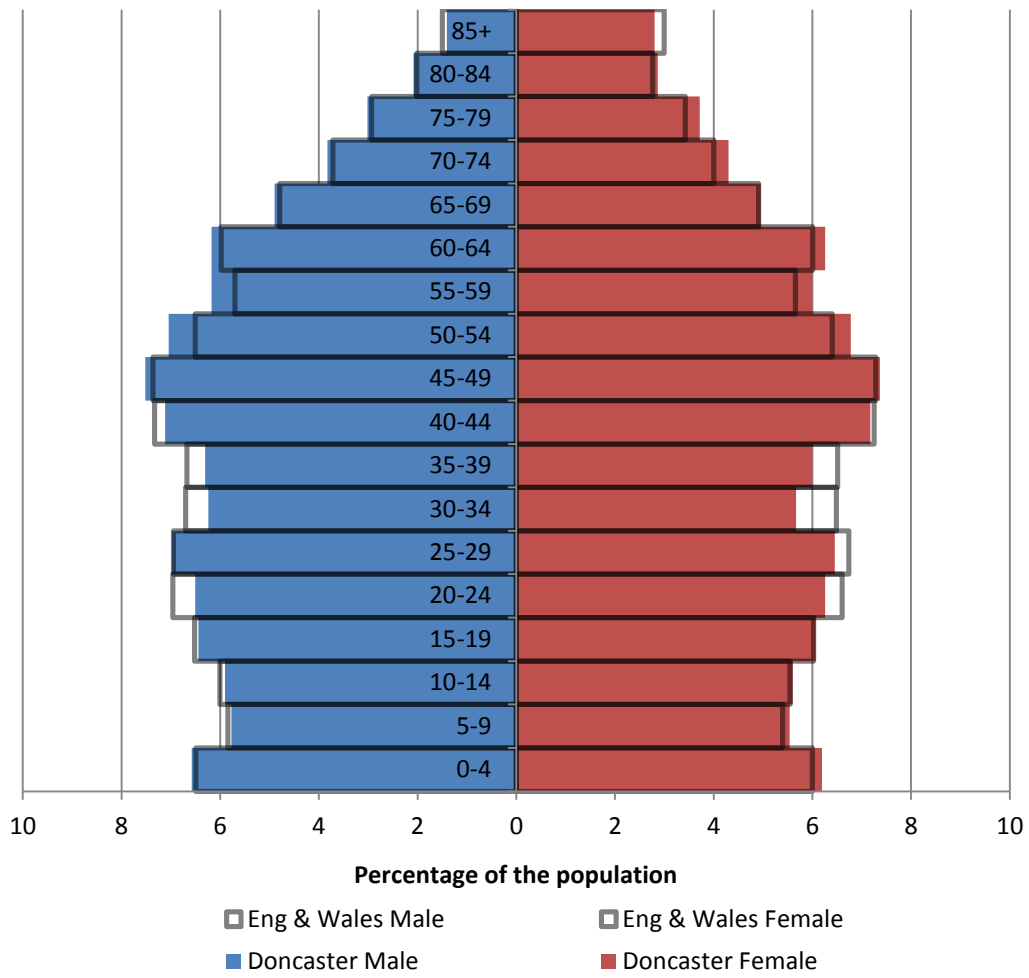
Compared to the England average, Doncaster has a smaller proportion of adults aged 20 to 44 and a higher proportion of older people aged 50 and above.

The number of children and teenagers are similar to the national trend. Since 2001, Doncaster's population has increased by 5.4% (or 15,600 people) and is now estimated to be around 302,500.

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**Chart 1** – Doncaster population split by gender and 5 year age band (Office for National Statistics (ONS), 2012).



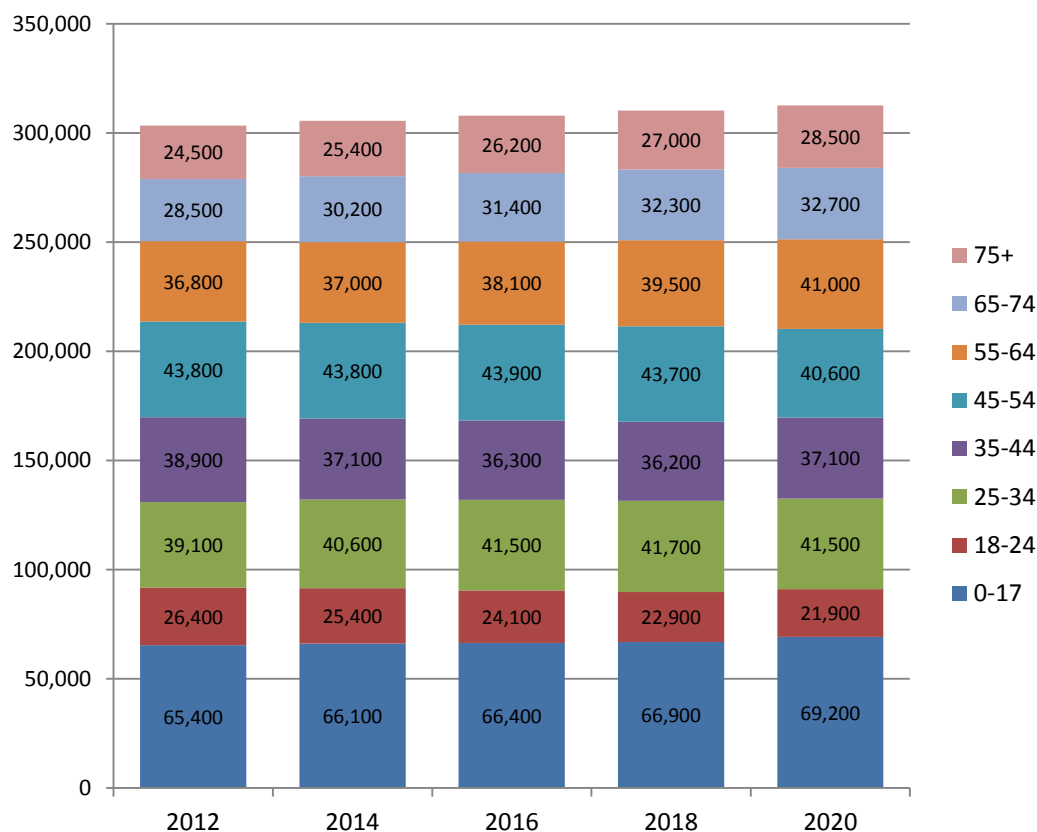
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## Future Age Trends

Doncaster's population is expected to grow by approximately 3% - to 312,500 by 2020 (based on population data from the 2011 census).

**Chart 2** - Population Projections to the year 2020 by age bands (Institute of Public Care (IPC), 2014)



**Table 1** – Percentage change between 2012 and 2020 (IPC, 2014)

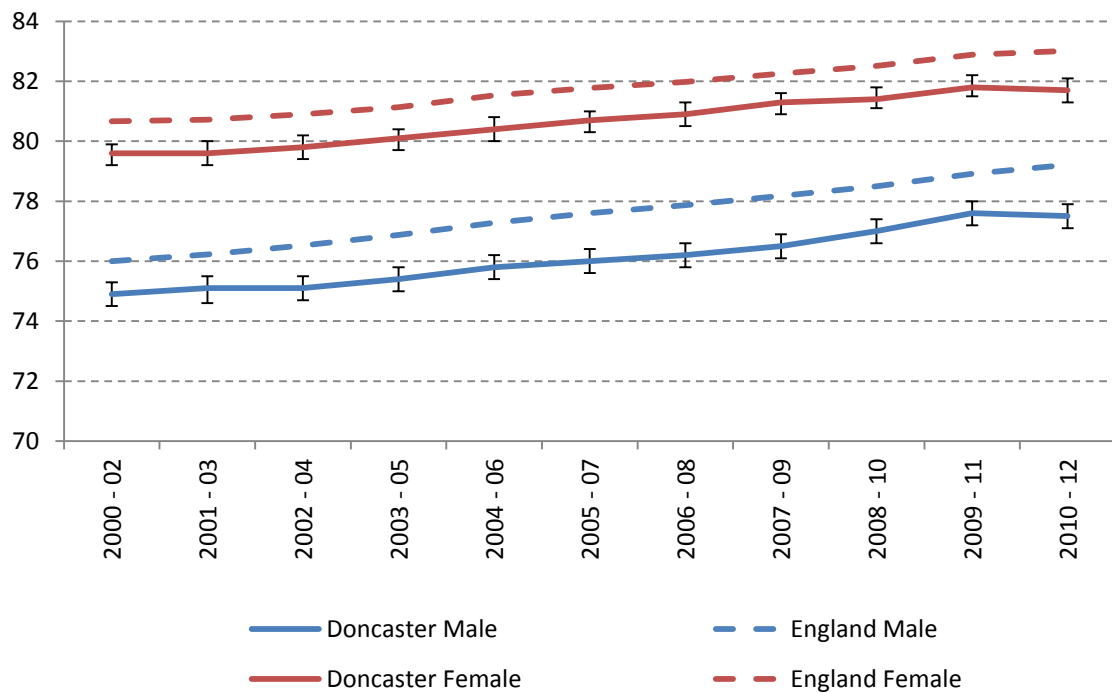
Age band	Change 2012 to 2020
0-17	+6% increase
18-24	-17% decrease
25-34	+6% increase
35-44	-5% decrease
45-54	-7% decrease
55-64	+11% increase
65-74	+15% increase
75+	+16% increase

The largest increase (16%) 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 an increase in children aged 0-14 years.

### Life Expectancy

Life expectancy at birth is 77.5 years for men and 81.7 years for women. Both are significantly lower than the national average, though life expectancy has increased over the last decade in Doncaster. These increases mean more people in Doncaster will reach very old age and extreme old age, with associated health needs.

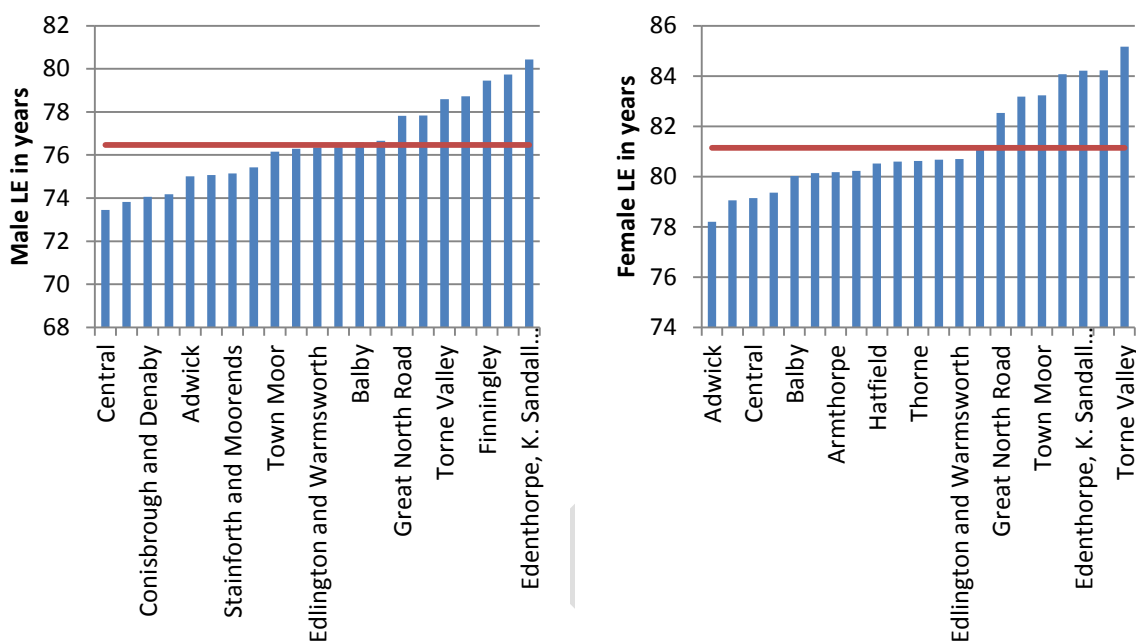
**Chart 3** - Life expectancy gap for males and females (Public Health England (PHE), 2014a)



There is a variation in life expectancy within Doncaster. For males, there is a 7 year range from 73.4 years in Central Ward to 80.4 years in Edenthorpe, Kirk Sandall and Barnby Dun. For females, there is a 7 year range from 78.2 years in Adwick to 85.2 years in Torne Valley.

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**Graph 4 – Life expectancy for males and females by Doncaster Electoral Wards (Doncaster Data Observatory, Electoral Ward Profiles 2012)**



Compared to the Doncaster average, there is significantly low male life expectancy in Central, Wheatley, Conisbrough and Mexborough Wards. There is significantly low female life expectancy in Central, Adwick, Rossington and Stainforth and Moorends Wards.

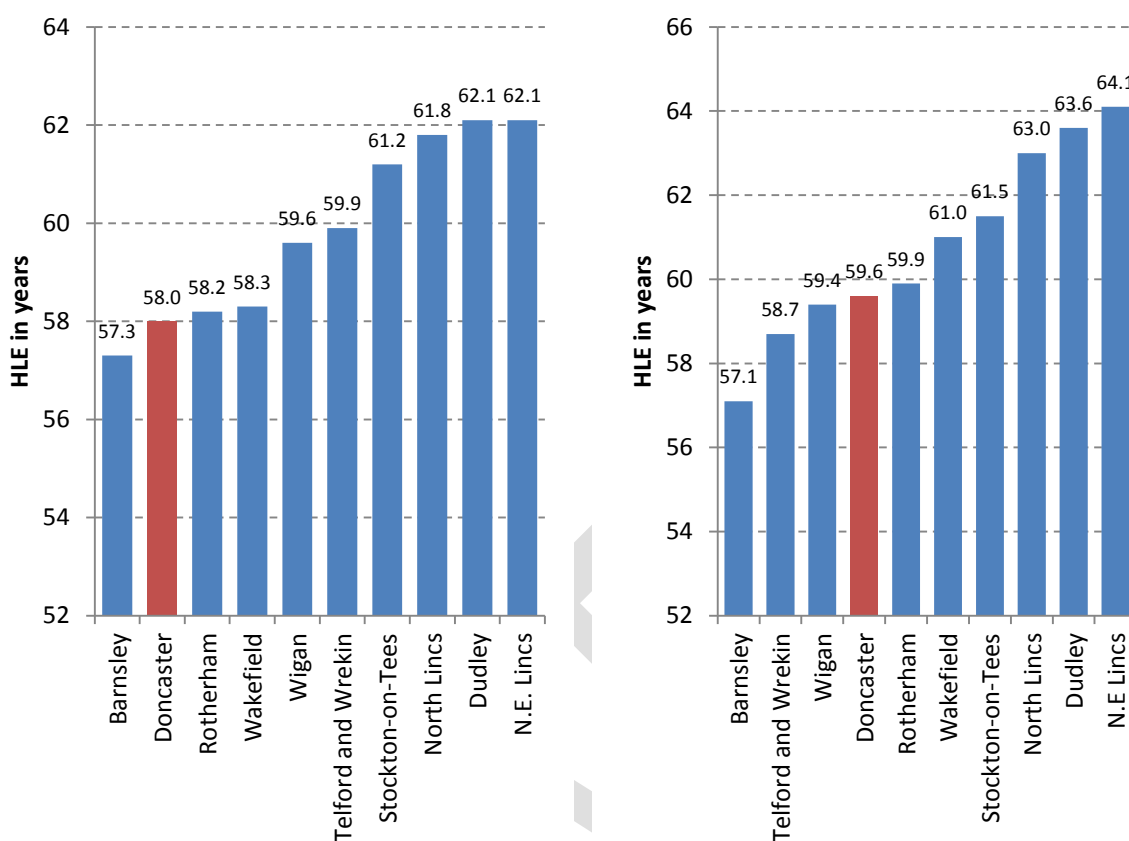
### Healthy Life Expectancy

Both males and females have significantly lower healthy life expectancy compared to England. On average, males in Doncaster experience ill-health from the age of 58.0 years and females from the age of 59.6 years. 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 Upper Tier Manufacturing Towns. Other similar areas, such as North East Lincolnshire and Dudley, have a healthy life expectancy that is 4 to 5 years higher.

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**Chart 5** – Comparison of healthy life expectancy between Doncaster and other Upper Tier Manufacturing Towns (PHE, Public Health Outcomes web tool)



### Consideration

***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. Community pharmacies 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.***

### 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 and dementia.
- 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), 2013)

	Doncaster register	Doncaster prevalence	England prevalence
Diabetes Mellitus (ages 17+)	17,865	7.2%	6.0%
Epilepsy (ages 18+)	2,410	1.0%	0.8%
Depression (ages 18+)	14,924	6.1%	5.8%
Chronic Kidney Disease (ages 18+)	15,891	6.5%	4.3%
Learning Disabilities (ages 18+)	1,313	0.5%	0.5%
Osteoporosis (ages 50+)	220	0.2%	0.2%
Coronary Heart Disease	12,649	4.1%	3.3%
Stroke or Transient Ischaemic Attacks (TIA)	6,314	2.0%	1.7%
Hypertension	46,893	15.1%	13.7%
Chronic Obstructive Pulmonary Disease	8,005	2.6%	1.7%
Hypothyroidism	9,592	3.1%	3.2%
Cancer	5,661	1.8%	1.9%
Mental Health	2,287	0.7%	0.8%
Asthma	21,165	6.8%	6.0%
Heart Failure	2,841	0.9%	0.7%
Heart Failure Due to Left Ventricular Dysfunction (LVD)	1,710	0.6%	0.4%
Palliative Care	633	0.2%	0.2%
Dementia	2,022	0.7%	0.6%
Atrial Fibrillation	5,384	1.7%	1.5%
Cardiovascular Disease Primary Prevention	6,968	2.2%	2.2%

### 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.

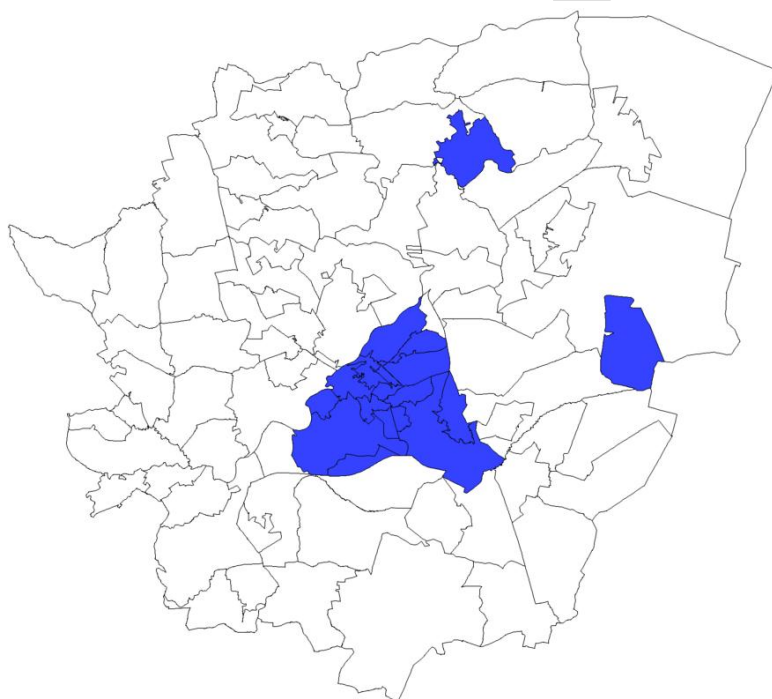
**Table 3** – Minority ethnic groups in Doncaster (Office for National Statistics (ONS), 2013a)

	Count	% of the population
<b>White: Other White</b>	<b>8,556</b>	<b>2.8%</b>
<b>Asian/Asian British</b>	<b>7,614</b>	<b>2.5%</b>
Asian/Asian British: Indian	1,865	0.6%
Asian/Asian British: Pakistani	2,728	0.9%
Asian/Asian British: Bangladeshi	117	0.0%
Asian/Asian British: Chinese	1,121	0.4%
Asian/Asian British: Other Asian	1,783	0.6%

<b>Black/African/Caribbean/Black British</b>	<b>2,337</b>	<b>0.8%</b>
Black/African/Caribbean/Black British: African	1,309	0.4%
Black/African/Caribbean/Black British: Caribbean	778	0.3%
Black/African/Caribbean/Black British: Other Black	250	0.1%
<b>Other ethnic group</b>	<b>1,064</b>	<b>0.4%</b>
Other ethnic group: Arab	231	0.1%
Other ethnic group: Any other ethnic group	833	0.3%

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)



### Language in Doncaster

96% of Doncaster's population (aged  $\geq 3$  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).

### Consideration

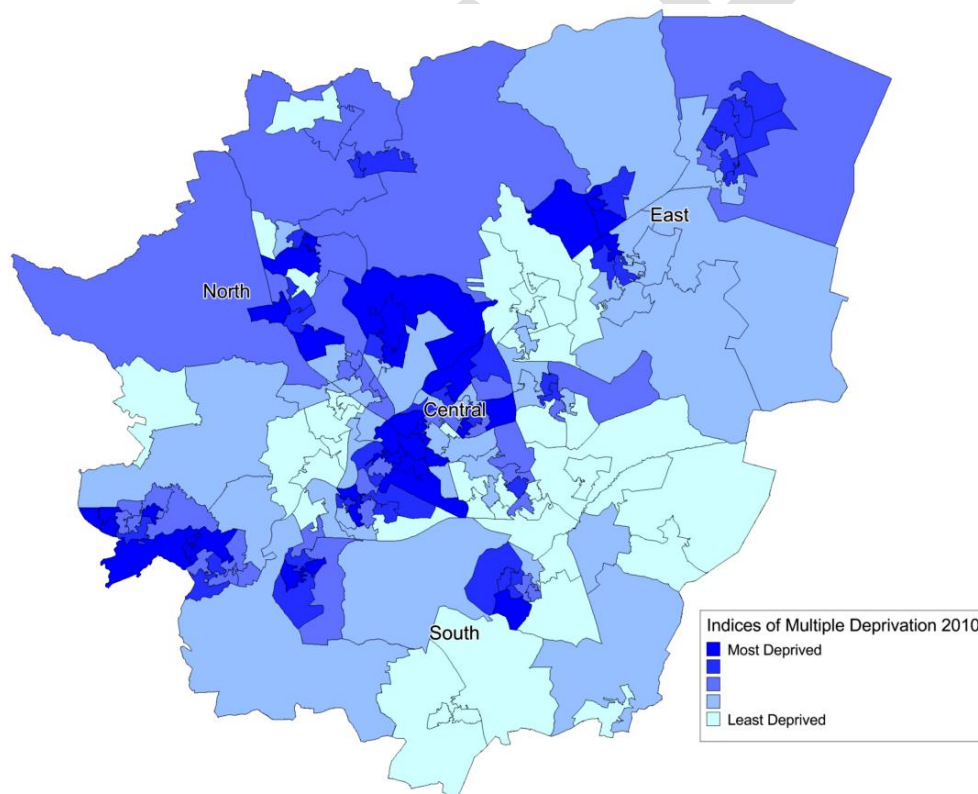
*Though the numbers are low, increasing diversity means language barriers may become more of an issue in the future. The stakeholder questionnaire suggests that a low number of pharmacists speak a second language; however, this did not take into account other staff who may be employed within the pharmacy. Doncaster pharmacies can use 'The Big Word' translation service.*

### Deprivation

The Indices of Deprivation 2010 provides a composite measure of deprivation across multiple domains including income, employment, health and disability, education, skills and training, housing, crime and living environment.

Doncaster is ranked the 39<sup>th</sup> most deprived of the 326 Local Authorities in England. This measure is available down to Lower Super Output Area (LSOA) and can be mapped within Doncaster.

**Map 3** - Deprivation within Doncaster by LSOA (Department for Communities and Local Government (DCLG), 2011)



There are concentrated areas of deprivation in all 4 corners of the Borough. 41 LSOAs in Doncaster are within the 10% most deprived in England – areas of particular note include Balby (5 LSOAs), Mexborough (4 LSOAs), Stainforth (4 LSOAs), Bentley (3 LSOAs), Denaby Main (3 LSOAs) and Dunscroft (3 LSOAs).

### 3. Locally Identified Health Need

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

- Perinatal Mortality (stillbirths and infant deaths in the first 7 days).
- Infant mortality (infant deaths in the first year of life).
- Low birth weight.
- Breastfeeding prevalence.
- Children in relative poverty.
- Excess weight in children.
- People killed or seriously injured on the road.
- Cancer screening.
- Suicide.
- Liver disease mortality.
- Respiratory disease mortality.
- Excess winter mortality.

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.

#### Doncaster's Health and Wellbeing Strategy

The JHWBS 2010-2013 drew on the JSNA and consulted with the public and stakeholders. The strategy is being refreshed to incorporate the determinants of health and wellbeing and will be updated here accordingly. The 5 current priorities are:

- **Mental health and dementia**
  - 14,924 people are registered with GPs for depression (HSCIC, 2013).
  - 2,297 people are registered for serious mental illness (HSCIC, 2013).
  - There are estimated to be over 3,800 people with dementia – 2,075 of these have been diagnosed (DH, 2014).
- **Alcohol**
  - There are estimated to be over 5,600 dependent drinkers in Doncaster; 648 people accessed treatment in 2012/13, with 40% exiting successfully (Doncaster Council, 2013).
- **Obesity**
  - 22% of children in Reception school year are overweight or obese, rising to 34% in Year 6 (National Obesity Observatory (NOO), 2013).
  - 74% of adults are overweight or obese (NOO, 2014).
- **Stronger families**
  - Partners have identified 1,055 families that require intervention. The programme is currently working with 977 of these (August 2014) (Doncaster Council, 2014).
- **Personal responsibility**



## 3.1 Surveys for Information Gathering

### Pharmacy Stakeholder Survey

The stakeholder questionnaire was sent to all community pharmacies in Doncaster. This resulted in 44 responses (including 2 distance selling pharmacies), constituting just over half of the total number. The questionnaire and full results are available in Appendices 1- 2.

- Over 9 in 10 pharmacies were located within 50 metres (m) of legal parking. Over 9 in 10 are located within a 5 minute walk of a bus stop. 4 out of 5 have disabled parking within 10m of the pharmacy.
- Most pharmacies provide large print labels and waiting areas, though a minority provide wheelchair ramps, automatic doors and hearing loops.
- Only 3 of the 44 reported having Dementia Friendly trained staff. Face-to-face training was delivered to 36 pharmacists and technicians and 15 pharmacy staff in January 2014. Additional training is planned for the latter part of 2014.
- A minority of locations, 1 in 5, have 2 pharmacists on duty at the same time.
- Around 1 in 3 locations have a regular pharmacist that speaks a second language – examples pertinent to local minority ethnic groups include Punjabi (4), Urdu (3), Hindi (2), Polish (1) and BSL (1).
- All pharmacies collect prescriptions from GP practices and all bar 1 deliver dispensed medication. All bar 2 dispense appliances.
- All pharmacies have a consulting room and only 1 is not wheelchair accessible. Most would offer a consultation off site, e.g. at home. Only 3 state they have a customer toilet for screening purposes.
- Most pharmacies felt there were gaps around services that could be provided.
- The table below identifies the most frequent requests (requested on 3 or more occasions) in the CPPQ:

Topic	Count
Improved awareness of the repeat prescription and collection service	5
Advice on healthy eating and physical exercise	4
Increased awareness of the medication waste destruction service	3
Promotion and referral to other health services	3

### Public Survey

The public survey received 279 responses and was made available online, through community pharmacies and through wider community networks. The sample was predominantly female (68%), aged 45-64 years (47%), White British (87%). The survey also highlighted that a substantial amount of the sample do not pay for prescriptions (37%). The findings may not be representative of the whole population but the results still offer useful insights from the public. The questionnaire and full results are available in Appendices 3-4.

- The majority of people had used a pharmacy in the last month (74%) and visited for their own needs (77%).
- The majority visit the same pharmacy (76%), mainly to get medicine on prescription.

- The 3 most important factors in the location of a pharmacy was that it was close to home, close to the GP or that it was easy to park.
- The 3 most important aspects for a pharmacy were that the service is quick, that the medicine is in stock, and that it is open late or at weekends.
- Most people found it easy or very easy to get to their pharmacy (85%) and predominantly travelled by car (56%) or on foot (33%).
- Most people rated their experience as good or very good (80%).
- Respondents most frequently use services for minor ailments, Medicine Use Reviews and Emergency Hormonal Contraception.
- Healthy lifestyle check-ups and healthy lifestyle advice were not frequently used, but many people expressed an interest if these services were available.
- The majority of people were aware of prescription order, collection and delivery services. A minority were aware of the availability of medicine organisers, medicine containers, large print labels and charts.
- Over half of people had a conversation with a pharmacist in the last 12 months (57%). Of these, many found the level of privacy good or very good (63%).
- In the last 12 months, a quarter of people could not find an open pharmacy when required. The days of the week were predominantly Saturday (41%) and Sunday (30%) and the time of day was the evening (54%). Of these, 2 in 3 said the visit was urgent (67%).
- Where a pharmacy was closed, half used another pharmacy (51%) because they already knew it would be open.
- Most people are aware some pharmacies are open early or late, or at weekends and bank holidays (78%). However, only half (53%) know where these are located.
- In line with the continual updating of the Equalities Due Regard statement, a number of gaps around responses received from the protected characteristic groups were identified. Additional focus groups were conducted to try and gain more insight into the pharmacy needs of these protected characteristics groups which resulted in an additional 31 responses to the initial PNA Public Survey. Basic analysis of the results did not highlight anything further. The analysis is shown in Appendix 4.
- Respondents provided comments to identify aspects of their pharmacy that were particularly good or that could be improved:

<b>Is there anything really good about your pharmacy?</b>	<b>Is there anything that could be improved?</b>
Friendly and helpful service and staff A collection and delivery service Having medication in stock Parking / accessibility / location Opening hours Confidence in the advice received Person centred service	Availability of stock Evening and weekend opening Communication between the pharmacist and GP Privacy / confidentiality Parking Waiting times Assuming patients know the system Low awareness of large print labels

### **3.2 Summary**

***From the 2 surveys the key conclusions that can be drawn from the results are that:***

- ***Generally pharmacy provision is accessible and within an acceptable travel range.***
- ***On the whole patient experience is good with some suggested areas for improvement around:***
  - ***Availability of stock\*.***
  - ***Evening and weekend opening (and awareness).***
  - ***Communication between the pharmacist and GP.***
  - ***Privacy / confidentiality.***
  - ***Parking.***
  - ***Waiting times.***
  - ***Assuming patients know the system.***
  - ***Low awareness of large print labels.***
  - ***More healthy lifestyle information and advice.***

***\* It has been highlighted that there are national issues around availability of stock and the ability of manufacturers to supply.***

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## 4. Current Pharmacy Provision and Services

In line with the HWBBs 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.

### 4.1 Pharmacy Demographics

Pharmacy contractors in Doncaster comprise of:

- 79 community pharmacies with:
  - 65 providers on 40 hour contracts
  - 12 providers on 100 hour contracts
  - 2 distance-selling providers
- 1 appliance contractor
- 2 dispensing General Practices

At the time of the last PNA in 2011, there were 73 community pharmacies including one distance-selling provider. This presents an overall increase of 6 pharmacies (7% increase). There has been an increase in 100 hour pharmacies from 8 to 12 since the last assessment.

### 4.2 Access to Pharmacies

#### All Community Pharmacies

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, which is to be expected given the density of pharmacies in the Town Centre. North and East Neighbourhoods have a similar rate to the average. South has a lower rate per head of population, being the most rural of the 4 Neighbourhood areas, however there are 2 dispensing GPs within this area.

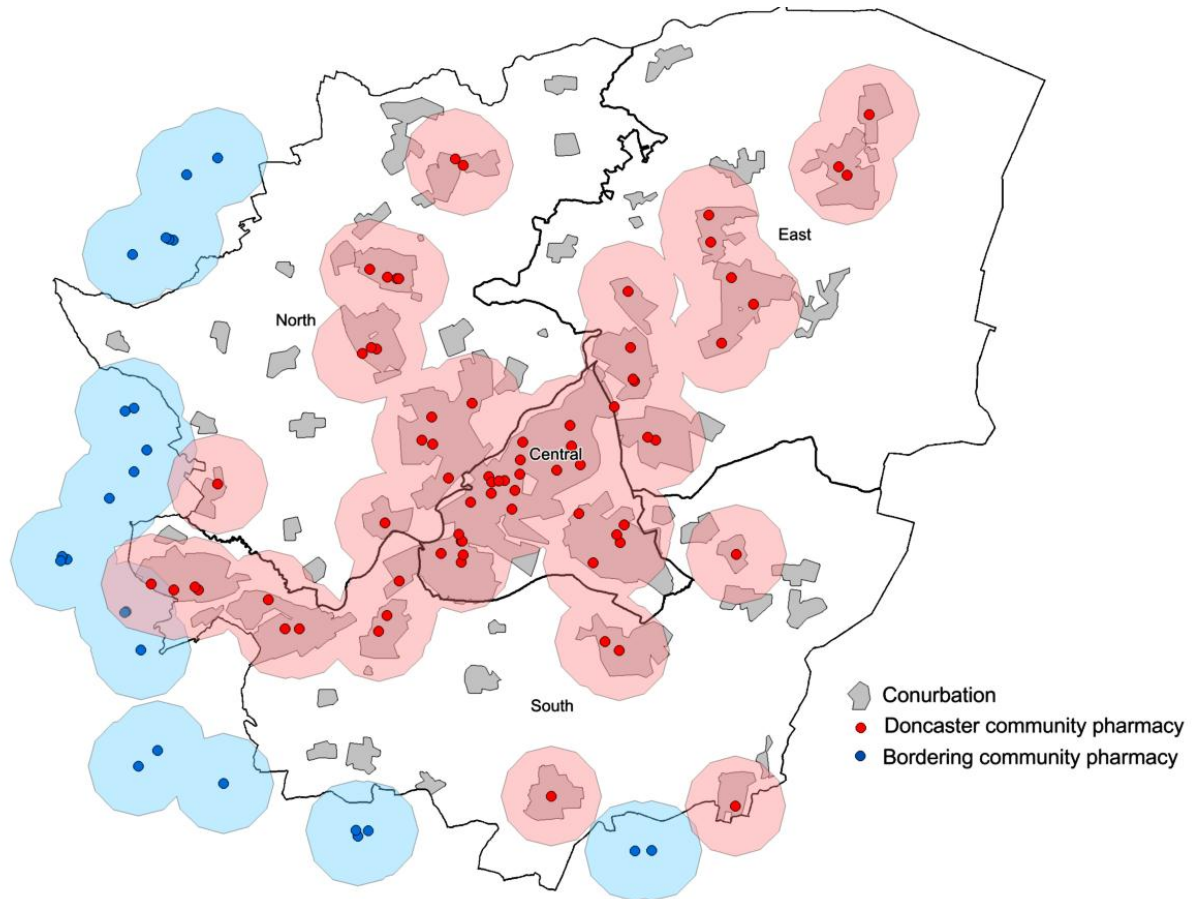
**Table 4 – Pharmacy density for Neighbourhoods, Area Team and England (Strategic Health Asset Planning and Evaluation (SHAPE), June 2014).**

Pharmacies per head of population	Pharmacies	Population	No. per 1,000 population
South neighbourhood area	16	83,483	1.9
North neighbourhood area	17	70,079	2.3
East neighbourhood area	17	70,963	2.4
Central neighbourhood area	29	77,975	3.7
Doncaster	79	302,500	2.6
South Yorkshire & Bassetlaw Area Team	346	1,456,600	2.4
England	11,644	53,107,200	2.2

Doncaster borders multiple neighbouring authorities so it is important to factor these into pharmacy access. 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.

**Map 4** – Pharmacy locations in Doncaster and in close proximity to the border



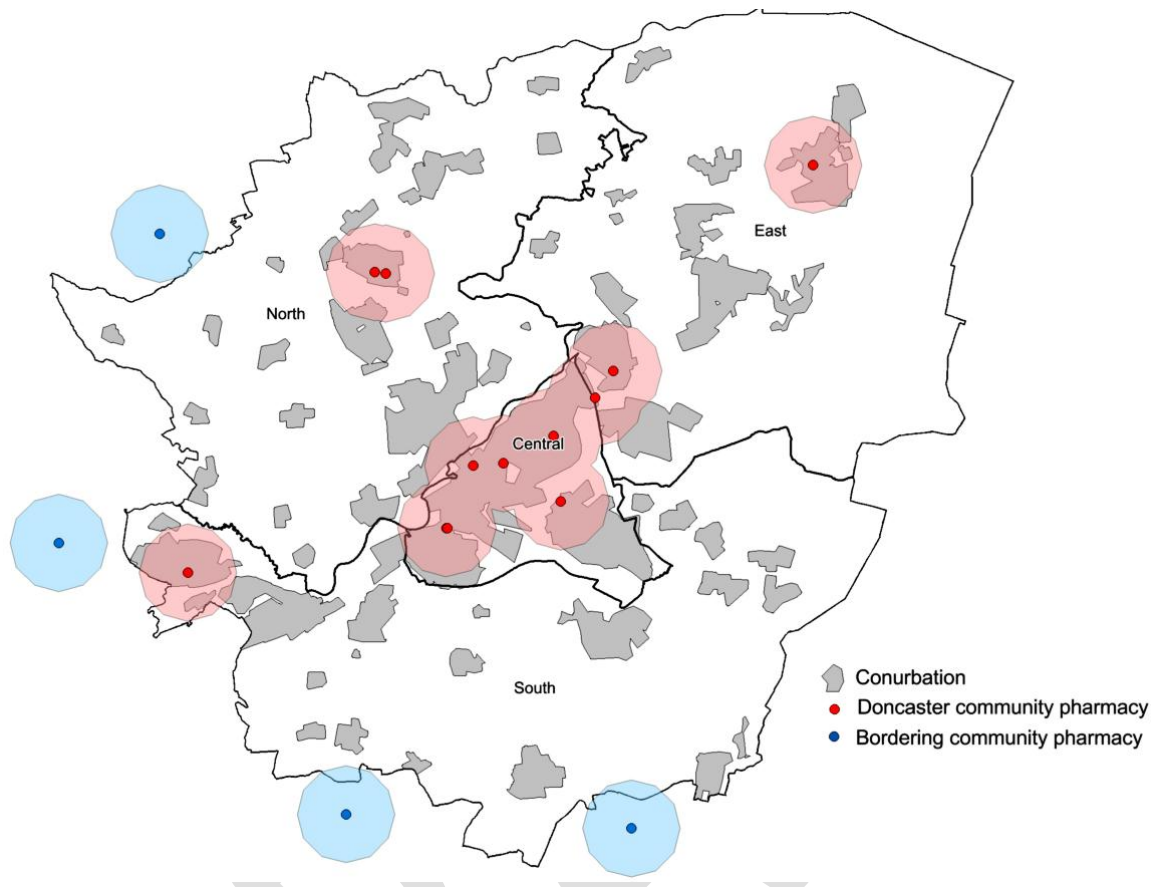
### **100 hour Community Pharmacies**

Half of the 100 hour pharmacies are located in, or border, Central Neighbourhood. The 100 hour pharmacy in the South is located in Mexborough and is inaccessible to the other South communities. The nearest 100 hour pharmacy for most in the South (e.g. Rossington, Auckley) would be in Asda supermarket, Lakeside. Communities further out (e.g. Tickhill, Bawtry) could access pharmacies across the border in Harworth and Maltby.

### ***Pharmaceutical Need***

***Extended hour pharmacy provision in the south needs to be considered.***

**Map 5** – 100 hour pharmacy locations in Doncaster and in close proximity to the border



**Table 5** – Summary of the location and services provided by 100 hour pharmacies

Neighbourhood	Ward	Pharmacy code	Pharmacy name	Access		NHS England							PH		CCG			
				40 Hour	100 Hour	Internet	ETP	NMS	MUR	AUR	Prem	EHC	Needle Exchange	Supervised Consumption	Palliative Care	Minor Ailments	Falls Risk Assessment	Inhaler Technique
Central	Bess. & Cant.	FWA46	Asda Pharmacy, Lakeside	Y			Y	Y	Y					Y	Y			
	Central	FTV02	Balby Late Night Pharmacy, Balby	Y			Y	Y	Y			Y	Y	Y	Y	Y		
	Central	FWV96	J M McGill Ltd, Balby	Y			Y	Y	Y					Y				Y
	Town Moor	FQW64	Averroes Pharmacy, Intake	Y			Y											
	Wheatley	FWD68	Lloyds Pharmacy, Wheatley	Y			Y			Y	Y	Y	Y	Y	Y			
East	Wheatley	FKE50	Tesco Pharmacy, Wheatley	Y			Y	Y	Y			Y		Y				
	Eden., KS & BD	FWJ12	Sainsburys Pharmacy, Edenthorpe	Y			Y	Y	Y			Y		Y				
	Eden., KS & BD	FH213	Tesco Pharmacy, Edenthorpe	Y			Y	Y	Y					Y				
North	Thorne	FVF56	CSPC (Alchem), Thorne	Y								Y	Y	Y	Y			
	Adwick	FEJ74	Asda Pharmacy, Carcroft	Y			Y	Y	Y			Y		Y	Y	Y		Y
South	Adwick	FA217	Chestnut Pharmacy, Carcroft	Y	Y		Y	Y	Y			Y		Y				Y
	Mexborough	FRH16	Eightlands (Pharmacy M), Mexborough	Y			Y	Y	Y			Y		Y				

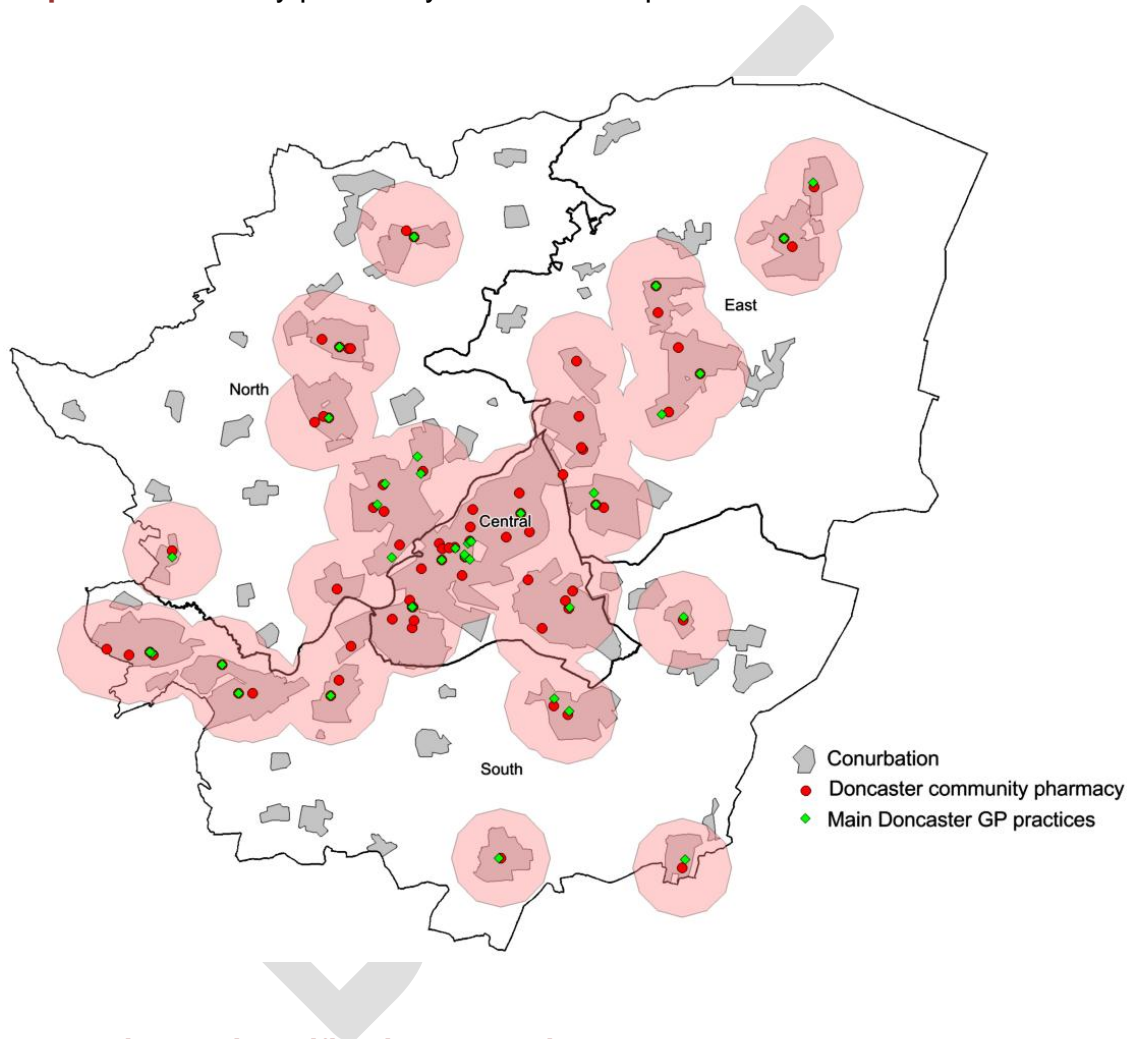
Medicines Use Reviews, New Medicines Service and Palliative Care Drugs Services are delivered by most of the 100 hour pharmacies. Emergency Hormonal Contraception is available at 7 of the 12 with coverage across all 4 Neighbourhood

areas. Appliance Use Reviews, Needle Exchange, Minor Ailment, Falls Risk Assessment and Inhaler Technique services are generally not delivered by the 100 hour pharmacies. In terms of setting, 5 of the 12 pharmacies are based in supermarkets. This will limit their opening hours on a Sunday to 6 hours.

### Correlation with GP practices

In Doncaster, pharmacies outnumber GP practices by approximately 2 to 1 – there are 79 community pharmacies to 44 GP practices. All GP practices are within half a mile of a pharmacy, or a 10 minute walk at average walking pace.

**Map 6** – Community pharmacy and main GP practice locations



### Access issues identified in the public survey

The public survey asked questions around pharmacy access. To reiterate:

- Most people find it easy to get to their pharmacy and predominantly travel by car or on foot.
- The 3 most important factors in the location of a pharmacy was that it was close to home, close to the GP or that it was easy to park.
- 1 of the 3 most important aspects for a pharmacy is that it is open late or at weekends (alongside quick service and well stocked medication).
- In the last 12 months, a quarter of people could not find an open pharmacy when required. The days of the week were predominantly Saturdays and

Sundays and the time of day was the evening. Of these, 2 in 3 said the visit was urgent.

In the additional comments, respondents provided mixed examples both complimenting and criticising parking and opening hours. This suggests variable accessibility across the Borough. Additionally, the sample is not representative of the whole population - vulnerable or disadvantaged people may be more dependent on public transport.

### Access issues identified in the pharmacy stakeholder survey

The pharmacy survey also asked questions around pharmacy access. To reiterate:

- Over 9 in 10 pharmacies were located within 50m of legal parking. Over 9 in 10 are located within a 5 minute walk of a bus stop. 4 out of 5 have disabled parking within 10m of the pharmacy.
- A minority of pharmacies have adaptations to aid disabled access – 1 in 5 have a wheelchair ramp, 1 in 5 have a doorbell, and 1 in 5 have automatic doors. However, the majority would offer a consultation off site, e.g. at home.

#### **Consideration:**

***There needs to be a consistent approach to disabled access and provision across the borough.***

### Travel times to pharmacies

On average 93% of people in Doncaster live within 1 mile of a pharmacy, or a 15-20 minute walk at average pace. The coverage is lowest in the North at 88%, with communities such as Campsall, Norton and Hooton Pagnell lying more than a 1 mile from a pharmacy.

**Table 6** – Doncaster GP registered population within 1 mile of a pharmacy.

Neighbourhood	Residents within 1 mile	Total residents	% coverage within 1 mile
Central	84,094	84,984	99.0%
East	66,246	69,777	94.9%
North	63,306	71,784	88.2%
South	55,649	61,733	90.1%
Doncaster	269,295	288,278	93.4%

This high coverage is corroborated by the public survey – over 8 in 10 people stated it was easy or very easy to get to a pharmacy.



## Access to pharmacies by opening hours

**Table 7** – Number of pharmacies opening early, in the evening or at weekends

	<b>Early opening (&lt;8am)</b>	<b>Late opening (&gt;7pm)</b>
Monday	13	15
Tuesday	13	15
Wednesday	13	15
Thursday	13	15
Friday	13	14

	<b>Morning (≤1pm)</b>	<b>All day</b>
Saturday	54	33
Sunday	15	

4 maps in Appendix 6 present opening hours by geographic coverage. South Neighbourhood lacks a pharmacy with evening and Sunday opening hours. The larger communities in the Borough are well covered on a Saturday morning with the exception of Auckley, Branton, Blaxton and Finningley in the South (combined population 6,800). Askern, Campsall and Norton in the North (combined population 10,000) lack a pharmacy on a Saturday afternoon. However there have not been any complaints received in relation to this.

### Patient Satisfaction

Although pharmacies are requested to undertake patient satisfaction surveys, the numbers of negative responses are very low and do not really provide additional information about service provision and cannot be pinpointed to any one community pharmacy. Data was received from NHS England Area Team but was not significant to note in this assessment. Information was also sought via the local Health Watch and to date no information has been supplied regarding complaints about community pharmacies.

### **Pharmaceutical Need**

***Most people are aware that some pharmacies are open late into the evening, early in the morning, at weekends and bank holidays, but only half of those surveyed know where these are located. Work is required to raise awareness of extended hour provision.***

### 4.3 Advanced and Locally Commissioned Services

The Advanced and Locally Commissioned services have been tabulated in Appendix 7 and mapped in Appendix 8.

## Advanced Services

**Table 8** – Advanced services commissioned by South Yorkshire and Bassetlaw Area Team

Commissioner	Service	Community pharmacy providers
South Yorkshire & Bassetlaw Area Team	Medicine Use Reviews	70
	New Medicines Service	73
	Appliance Use Reviews	33
	Seasonal Flu Vaccinations	To be confirmed

## Locally Commissioned Services

**Table 9** – Local services commissioned by Doncaster Council Public Health and Doncaster CCG.

Commissioner	Service	Community pharmacy providers
Doncaster Council Public Health	Emergency Hormonal Contraception	50
	Needle Exchange	15
	Supervised Consumption	72
Doncaster CCG	Palliative Care	11
	Minor Ailments	27
	Falls Risk Assessment	49
	Inhaler Technique	50
	Out of GP hours emergency supply	To be confirmed

South and West Yorkshire NHS Foundation Hospital Trust (SWYPT) launched a new adult Stop Smoking Service in April 2014. This service may sub-contract provision through community pharmacies and GPs but no arrangements are in place at present (as of September 2014). The Stop Smoking in Pregnancy Service remains with Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH).

## Geographic coverage of provision

### Medicine Use Reviews

A Medicines Use Review is where a pharmacist reviews a patient on multiple medicines, particularly those receiving treatment for long term conditions. This helps patients understand their therapy and identifies problems and solutions.

Nearly all pharmacies offer Medicines Use Reviews and geographic coverage is high, especially when mapped against the areas with poorer health (Appendix 8, map 5). It appears an area in the far North East lacks coverage. This is Moorends - the majority of the area is actually countryside, the conurbation itself can access the service at The Orchard Centre, Marshland Road, Moorends.

### **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, especially when mapped against the areas with the poorer health (Appendix 8, map 6). Again, Moorends appears to lack coverage but the conurbation itself can access the service at The Orchard Centre, Marshland Road, Moorends.

### **Appliance Use Reviews**

Appliance Use Reviews improve patient knowledge on the use of appliances (e.g. how to use a syringe) by resolving poor or ineffective use, and advising on safe and appropriate storage and disposal.

Geographic coverage is good, especially when mapped against areas in Doncaster with poorer health (Appendix 8, map 7). 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. In the South, Mexborough lacks provision and there are no cross-border services in Rotherham, though 3 services are available in Denaby Main and Conisbrough. Some patients may receive appliances from national contractors who may provide their own system of review, e.g. over the phone.

### **Palliative Care Drugs Services**

This 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.

Geographic coverage is high in the Central Neighbourhood and a service is well placed in East (in Thorne) and North (in Carcroft) (Appendix 8, map 8). South lacks a Palliative Care Drugs Service although Edlington and Rossington are within a reasonable distance of services in Balby and Bessacarr, and Mexborough is close to a bordering service in Swinton/Wath.

#### ***Pharmaceutical Need***

***Further consideration needs to be given to access to cross border services and the reasons for the existing palliative care drugs services coverage, e.g. majority of the services are within Central area on the map.***

### **Emergency Hormonal Contraception**

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 (Appendix 8, map 9). 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.

### **Needle Exchange Services**

Needle Exchange Services allow 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.

Geographically, these services are concentrated in Centre and South West of Doncaster. When mapped against areas with higher levels of crime – there are gaps across all of North Neighbourhood (Askern, Adwick-le-Street, Woodlands, Highfields and Bentley) as well as Stainforth and Dunscroft in the East (Appendix 8, map 10).

#### ***Pharmaceutical Need***

***Apparent gaps in provision of Needle Exchange Services in Stainforth and North (Carcroft, Highfields, Bentley) areas. Further work required to explore this area of need.***

### **Supervised Consumption Services**

Supervised Consumption Services dispense and supervise the consumption of Methadone and buprenorphine/Subutex, a substitute used by people recovering from addiction to opiates such as Heroin.

Nearly all pharmacies offer this service and geographic coverage is high when mapped against areas with the highest levels of crime (Appendix 8, map 11).

### **Falls Risk Assessment Services**

Falls Risk Assessments are face-to-face consultations with those people aged over 65 years, who are also on multiple medicines or are prescribed high risk medications. The assessment covers falls history, side effects to medication, assessment of gait and balance and problems with vision. Patients receive prevention advice and a take-home leaflet.

Geographic coverage is high, including most large communities and the vast majority of people aged over 65 years (Appendix 8, map 12). The demography of the small, outlying villages is typically older and some are distant from pharmacies offering this service (e.g. Tickhill and Wadworth in the South West; Branton, Auckley, Blaxton and Finningley in the South East).

#### ***Consideration***

***It requires additional consideration to ensure these people are offered an assessment. Falls prevention is not the sole responsibility of pharmacies, and the Falls Alliance is currently reviewing all services to ensure integration across partners.***

### **Inhaler Technique Services**

These services aim 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 health care professionals often teach the wrong technique.

Geographic coverage is high (Appendix 8, map 13). All GP practices with high prevalence of asthma, compared to the Doncaster average, are within half a mile of a pharmacy offering this service.

### **Minor Ailments Services**

Minor Ailment Services provide 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 in Central and East Neighbourhoods when mapped against housing conurbations. There are some notable gaps in the other Neighbourhood areas – sizeable communities without provision include Mexborough, Rossington, Askern, Bawtry, Tickhill and, collectively, Branton / Auckley / Finningley / Blaxton (Appendix 8 map 14).

#### ***Consideration***

***Apparent gap in provision of Minor Ailment Services as above, however the accreditation criteria is currently under review and this may increase coverage in the future.***

## **4.4 Public Health Contribution**

Community pharmacies are an easily accessible health care service within the wider community setting, therefore offering specific opportunities for health promoting interventions. Pharmacies have a key and expanding role to play in supporting public health outcomes through the provision of prevention and early intervention services and supporting and helping to tackle health inequalities.

### **Healthy Living Pharmacy**

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.

A Healthy Living Pharmacy is required to demonstrate a consistently high quality service, have appropriate premises and trained and skilled staff who engage proactively with the population served. Evaluation of pathfinders has demonstrated that the Healthy Living Pharmacy model is capable of making a significant

contribution to improving health and wellbeing in the area. The public survey identified an appetite for information and advice on healthy lifestyles.

**Consideration**

***Pharmacy health promotion interventions have been successful in other areas (e.g Portsmouth) and could be replicated in Doncaster with the right resources.***

**Dementia Friendly Communities / Awareness**

The Dementia Friends initiative is about increasing everyone's understanding of dementia and the small things they can do that could make a difference to people living with dementia.

People living with dementia and their family members or carers are regular users of community pharmacy services and may be the first port of call for many older people who are worried about their health. Community pharmacies are well placed, at the heart of the local communities, to develop into dementia friendly environments. This includes promoting health messages, raising awareness and signposting those people identified as showing early signs of dementia to available services.

The Doncaster Dementia Action Alliance has worked in partnership with the Local Pharmaceutical Committee 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.

**Consideration**

***Dementia awareness sessions to be continued to increase knowledge and awareness of the disease and equip pharmacy staff with the skills and confidence for early identification and onward referral.***

**Public Health Campaigns**

Previously, Public Health in partnership with the CCG and local pharmacies, have implemented a number of campaigns based on local data and information illustrating evidence of need. Recently local campaigns have continued to take place such as early diagnosis of cancer. Nationally this work is being reviewed with a view to having 3 national and 3 local campaigns per year.

**Consideration**

***Public Health campaigns in pharmacies to be continued in line with national guidance and locally identified need.***

#### **4.5 Summary**

**Although overall the evidence suggests that pharmacy provision in Doncaster is good, there are some areas for development surrounding:**

- **Awareness of community pharmacy opening times particularly late evenings and weekends (wider promotion/use of NHS Choices etc.).**
- **Disabled access and facilities need to be consistent across the Borough.**
- **Healthy lifestyle information and advice (felt need).**

**Gaps in provisions have been locally identified as 'where no service exists' and/or 'linked with an identified high level of need' such as:**

- **100 hour pharmacy in the South, cross border to Bassetlaw and Rotherham – there appears to be no provision currently in this area.**
- **Palliative care provision in the South, cross border to Bassetlaw and Rotherham – again there appears to be a lack of provision in the South.**
- **Needle Exchange in Stainforth and North (Carcroft, Highfields, Bentley) - areas where there also appears to be gaps in provision.**

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## 5. Future Impacts

### 5.1 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 is the first part of the council's Local Development Framework. This can be found here:

<http://www.doncaster.gov.uk/sections/planningandbuildings/localdevelopmentframework/index.aspx>. 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 for 100+ plots. \*

Area	Location	No of Dwellings	Planning Stage
North	Askern	220	Outline
South	Edlington	173 (Extra Care apartments and bungalows)	Started
South	Edlington	387	Started
South	Bessacarr	276 (Phase 1)	Started
South	Conisbrough	300	Not started
South	Auckley	352	Not started
South	Auckley	398	Outline
Central	Balby	304	Started
Central	Balby	1296	Outline
Central	Wheatley	800	Outline

\*Please note that this information was correct at the time of development of the PNA.

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.

#### **Consideration**

***Consideration needs to be given to the current pharmaceutical provision in these areas to establish if it is sufficient to meet likely need/demand.***

### 5.2 Service Commissioning Developments

New health and social care structures are still in their infancy. It is inevitable that there is some movement of commissioned services between the new organisations which could lead to services being de-commissioned and different ones commissioned in their place. For instance Stop Smoking Services, in 2014, resulted



in parts of the service moving from RDASH to SWYPT. SWYPT are in the process of agreeing new arrangements with pharmacies to subcontract stop smoking prescribing and advice services. The contract for smoking in pregnancy services remains with RDASH.

Any potential change to the services should be based on the population need of the local areas of which the PNA, along with the JSNA and JHWBS, is an important document to inform such decisions.

The Better Care Fund (BCF) Partnership approach in Doncaster offers an opportunity to look at health and social care provision through integration and pooled resources. In terms of pharmacy provision this will be crucial to the commissioning of pharmacy services in the future in view of changing demographics and health need. Therefore the outcomes and recommendations of the PNA should be considered in any joint planning and commissioning arrangements of pharmaceutical services in the next three years.

### **Consideration**

***The health needs identified in the PNA should be considered in any future planning and provision of health and social care services. With an increasing ageing population, an increase in long term conditions and increased life expectancy the impact on services is going to increase immensely and the knock on effect on community pharmacies will also be apparent.***

## **6. Conclusion and Considerations**

The outcomes of the PNA in 2015 have confirmed that on the whole the pharmacy provision in Doncaster is of a good standard but there are inevitably some gaps and areas for future development.

The key areas are:

- Awareness around opening times particularly evenings and weekends - Most people are aware that some pharmacies are open late into the evening, early in the morning, at weekends and bank holidays, but only half of those surveyed know where these are located. Work is required to raise awareness of extended hour provision.
- Extended hours opening pharmacy provision in the South and North neighbourhoods.
- An enhanced role for pharmacies in health promotion and healthy lifestyle awareness across the Borough.
- Consistency in disabled access and provision.
- General awareness of pharmacy services across the Borough.
- Impact on health, social and wellbeing services due to an ageing population.

Below is a summary of other areas for consideration:

- ❖ **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. Community pharmacies 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.**
- ❖ **Though the numbers are low, increasing diversity means language barriers may become more of an issue in the future. The stakeholder questionnaire suggests that a low number of pharmacists speak a second language; however, this did not take into account other staff who may be employed within the pharmacy. Doncaster pharmacies can use 'The Big Word' translation service.**
- ❖ **The reasons for the existing palliative care drugs services coverage, e.g. majority of the services are within Central area on the map and access to cross border services.**
- ❖ **Apparent gaps in provision of needle exchange services in Stainforth and North (Carcroft, Highfields, and Bentley) areas.**
- ❖ **Access to Falls Risk Assessment for people living in some outlying villages that are distant from a pharmacy offering this service. Falls prevention is not the sole responsibility of pharmacies and the Falls Alliance is currently reviewing all services to ensure integration across partners.**
- ❖ **Apparent gap in provision in some areas of Minor Ailments Services. The accreditation criteria are currently under review and this may increase coverage in the future.**
- ❖ **Pharmacy health promotion interventions have been successful in other areas e.g. Portsmouth and could be replicated in Doncaster with the right resources.**
- ❖ **Dementia awareness sessions continue to be delivered to increase knowledge and awareness of the disease and equip staff with the skills and confidence for early identification and onward referral.**
- ❖ **Public Health campaigns in pharmacies to be continued in line with national guidance and locally identified need.**
- ❖ **Current pharmaceutical provision in areas where possible future housing is planned to establish if it is sufficient to meet likely need/demand.**

## **Glossary of Terms**

### **BCF - Better Care Fund**

The BCF was announced by the Government in the June 2013 Spending Round, to support transformation and integration of health and social care services to ensure local people receive better care. The BCF is a pooled budget that shifts resources into social care and community services for the benefit of the NHS and local government.

### **BSL – British Sign Language**

This sign language is used in the United Kingdom and is the first or preferred language of some deaf people within the UK.

### **CCG - Clinical Commissioning Groups**

NHS organizations set up by the Health and Social Care Act 2012 to organize the delivery of NHS services in England. To a certain extent they replace primary care trusts (PCTs), though some of the staff and responsibilities moved to the council Public Health teams when PCTs ceased to exist in April 2013.

### **Conurbation**

For this PNA, a conurbation is defined as a residential area with populations ranging from 100s to 10,000s.

### **COPD - Chronic Obstructive Pulmonary Disease**

This is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.

### **CPPQ – Community Pharmacy Patient Questionnaire**

All pharmacies are required to conduct an annual community pharmacy patient questionnaire (formerly referred to as the Patient Satisfaction Questionnaire). The questionnaire allows patients to provide valuable feedback to community pharmacies on the services they provide.

### **CCG – Clinical Commissioning Group**

The CCG is a 'clinically led' group which means that key decisions are made by GPs and other healthcare professionals. It is a membership organization, comprising of the 43 member GP practices based in Doncaster. The CCG has responsibility for commissioning (buying and organising) healthcare services for around 300,000 patients in Doncaster.

### **DCLG – Department for Communities and Local Government**

The Department for Communities and Local Government's job is to create great places to live and work, and to give more power to local people to shape what happens in their area.

### **DH – Department of Health**

The Department of Health (DH) helps people to live better for longer. They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.

## **Doncaster Council – Doncaster Metropolitan Borough Council**

### **HSCIC – Health and Social Care Information Centre**

The HSCIC is a non-departmental public body of the Department of Health in the United Kingdom and was previously known as the NHS Information Centre. Its primary aim is to drive the use of information to improve decision making and deliver better care by providing accessible, high quality and timely information to help frontline health and social care staff deliver better care.

### **HWBB – Health and Wellbeing Boards**

HWBBs are established and hosted by local authorities bringing together the NHS, public health, adult social care and children's services, including elected representatives and Local Health Watch, to plan how best to meet the needs of their local population and tackle local inequalities in health.

### **JSNA - Joint Strategic Needs Assessment**

A JSNA is a strategic assessment of current and future health and social care needs and assets. It provides an understanding of inequalities and the factors that influence them and it focuses on things that can be achieved together by prioritizing issues that require the greatest attention.

### **JHWBS - Joint Health & Wellbeing Strategy**

A strategy outlining the vision and priorities for improving the health and wellbeing of the population endorsed by partners and through public consultation.

### **LGA – Local Government Association**

The LGA is a politically-led, cross-party organization that works on behalf of councils to ensure local government has a strong, credible voice with national government. They aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

### **LPC – Local Pharmaceutical Committees**

Local Pharmaceutical Committees represent all NHS pharmacy contractors in a defined locality. LPCs are recognized by local NHS Primary Care Organizations and are consulted on local matters affecting pharmacy contractors.

### **LPS – Local Pharmaceutical Service**

Directions given by the Secretary of State for Health under powers conferred by statute.

### **LSOA – Lower Super Output Area**

A Lower Super Output Area is a geographical area. The boundaries of the areas are based on population size and they are often smaller in size than an electoral ward. Each LSOA has a minimum population size of 1000 and an average of 1500. LSOAs are designed for the collection and publication of small area statistics. They allow for more accurate comparison between areas than electoral wards, as they are composed of a more similar population size.

**PCT – Primary Care Trust**

A Primary Care Trust was part of the National Health Service in England. PCTs were largely administrative bodies, responsible for commissioning primary, community and secondary health services from providers. Primary care trusts were abolished on 31 March 2013 as part of the Health and Social Care Act 2012, with their work taken over by Clinical Commissioning Groups.

**PHE – Public Health England**

Public Health England was established on 1 April 2013 to bring together public health specialists from more than 70 organizations into a single public health service.

**PNA - Pharmaceutical Needs Assessment**

An assessment of need across a community based on service provision mapping and identified health need.

**PREM**

These are the forms used by pharmacies to notify NHS England area teams of their intention to conduct Medicine Usage Reviews either on or off-site.

**PSED – Public Sector Equality Duty**

This ensures councils and other public bodies consider how different people will be affected by their activities and services.

**QOF – Quality Outcomes Framework**

The Quality Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. QOF is a voluntary process for all surgeries in England and was introduced as part of the GP contract in 2004.

**RDASH – Rotherham, Doncaster and South Humber NHS Foundation Trust**

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) operates services in 200 locations across Rotherham, Doncaster, North Lincolnshire, North-East Lincolnshire and Manchester. The Trust has diversified from mental health and learning disability services to include community services, such as district nursing and health visitors, and around 115,000 people now access our services each year.

**SWYPT – South West Yorkshire Partnership NHS Trust**

SWYPT is a specialist NHS Foundation Trust that provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. The Trust also provides some medium secure (forensic) services to the whole of Yorkshire and the Humber.

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## Appendices

### Appendix 1 - Pharmacy Stakeholder Survey Questionnaire

#### **Doncaster Health and Wellbeing Board** **Pharmaceutical Needs Assessment (PNA)** **Stakeholder Questionnaire**

The Health and Social Care Act 2012 established Health and Well-being Boards (HWBB) and also transferred the responsibility of developing and updating PNAs from PCTs to HWBBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013. The Act also gives the Department of Health (DH) powers to make Regulations.

Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs.

Each HWBB must in accordance with regulations:

- Assess needs for pharmaceutical services in its area
- Publish a statement of its first assessment and of any revised assessment
- Produce the first assessment by 1 April 2015

Doncaster Health and Wellbeing Board through the development of a PNA, needs to review what current services we have; the views of our local people and how things might change in the future. It will also help to establish if there are any gaps in services, to explore future provision and potential new services. You are receiving this questionnaire, as a stakeholder in the Doncaster PNA process. You are key to making the PNA meaningful and your organisation may have an interest in the results of the Needs Assessment.

We would be grateful if you would take time to complete this questionnaire and return to Samantha Blakeley (details below) by 30/06/2014.

There are 8 sections and 44 questions in total. If you are completing the form electronically questions can be answered by clicking once on the relevant response box.

If you have any further questions or difficulty in completing this questionnaire please contact Samantha Blakeley on 01302 862145 or [samantha.blakeley@doncaster.gov.uk](mailto:samantha.blakeley@doncaster.gov.uk).

## 1. Premises Details:

<b>a) Pharmacy Contractor Code:</b> Organisation Data Service (ODS) Code	
<b>b) Name of Pharmacy Contractor:</b> (i.e. name of individual, parent company etc. owning the pharmacy business)	
<b>c) Trading Name:</b>	
<b>d) Head Office address of pharmacy Contractor:</b>	
<b>e) Branch Address (if different from above):</b>	
<b>f) Please include postcode:</b>	
<b>g) Pharmacy e-mail address:</b>	
<b>h) Pharmacy telephone number:</b>	
<b>i) Pharmacy fax number:</b>	
<b>j) Pharmacy website address:</b>	
<b>k) Is this pharmacy a Distance Selling Pharmacy (i.e. It cannot provide essential services to persons present at the pharmacy)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>l) Can we store the above information and use it to contact you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. Opening Hours:

Day	Open from	Open to	Lunchtime (from - to)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Other (i.e. Bank Holidays)			



### 3. Pharmacy Access:

<p><b>a) Can customers legally park within 50 metres of the pharmacy?</b></p>	
<p><b>b) Is there a bus stop within walking distance of the pharmacy?</b> (by walking distance we mean it takes approximately 5 minutes)</p>	
<p><b>c) Can customers living with a disability park within 10 metres of the pharmacy?</b> (using the 'blue badge scheme')</p>	
<p><b>d) Are the premises subject to any of the following development constraints?</b> (Please click the relevant box)</p>	<p><input type="checkbox"/> Listed Building Status</p> <p><input type="checkbox"/> Within a conservation area</p> <p><input type="checkbox"/> Limited or no room for expansion</p> <p><input type="checkbox"/> Other (Please explain):</p>
<p><b>e) Do you have facilities in the pharmacy aimed at helping people living with a disability to access your services?</b> (Please click as many answers as appropriate)</p>	<p><input type="checkbox"/> Automatic door assistance</p> <p><input type="checkbox"/> Bell at front door</p> <p><input type="checkbox"/> Customer toilet facilities</p> <p><input type="checkbox"/> Hearing loop</p> <p><input type="checkbox"/> Large print labels/leaflets</p> <p><input type="checkbox"/> Waiting area</p> <p><input type="checkbox"/> Wheelchair ramp</p> <p><input type="checkbox"/> Other – please detail below:</p>
<p><b>f) Are all areas of the pharmacy floor accessible by wheelchair?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

#### 4. Staff Information:

<p>a) Does the pharmacy normally have two pharmacists on duty at any time during the week?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>b) If yes, then for how many hours per week are two pharmacists working? (Please pick one box only)</p>	<p><input type="checkbox"/> 0 – 4 hours</p> <p><input type="checkbox"/> 5 – 9 hours</p> <p><input type="checkbox"/> 10 – 14 hours</p> <p><input type="checkbox"/> 15 – 19 hours</p> <p><input type="checkbox"/> 20 – 24 hours</p> <p><input type="checkbox"/> 25 – 29 hours</p> <p><input type="checkbox"/> 30 hours +</p>
<p>c) If you have a second pharmacist, is the pharmacist there for a specific reason? Please tick as many answers as appropriate.</p>	<p><input type="checkbox"/> To give additional support to dispensary in busy periods</p> <p><input type="checkbox"/> To relieve other pharmacist for administration work or breaks</p> <p><input type="checkbox"/> To provide support for additional services such as medication use review</p> <p><input type="checkbox"/> For handover during shifts</p> <p><input type="checkbox"/> Other – please detail below:</p>
<p>d) Do any of your regular pharmacists:</p> <p>i. Have a special interest?</p> <p>ii. Speak a foreign language? (if yes, please specify)</p>	<p><input type="checkbox"/> Yes (Please specify):</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (Please specify):</p> <p><input type="checkbox"/> No</p>

## 5. Services:

<p><b>a) Which of these advanced services do you CURRENTLY provide?</b></p>	<p><input type="checkbox"/> Medicines Use Review</p> <p><input type="checkbox"/> New Medicines Service</p> <p><input type="checkbox"/> Appliance Use Review</p> <p><input type="checkbox"/> Stoma Customisation</p> <p><input type="checkbox"/> None</p>
<p><b>b) Does the pharmacy dispense appliances?</b></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – please detail below:</p>
<p><b>c) Non-commissioned Services – which services do you offer?</b></p> <p><b>i. Collection of prescriptions from GP practices</b></p> <p><b>ii. Delivery of dispensed medicines</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If <b>Yes</b> please choose an option below:</p> <p><input type="checkbox"/> free of charge on request</p> <p><input type="checkbox"/> Selected patient groups only (please specify which groups):</p> <p><input type="checkbox"/> Selected areas only (please specify which areas):</p> <p><input type="checkbox"/> A fee is charged</p>
<p><b>d) Which of these locally commissioned services do you <u>CURRENTLY</u> provide?</b></p>	<p><input type="checkbox"/> Chlamydia screening</p> <p><input type="checkbox"/> Chlamydia treatment</p> <p><input type="checkbox"/> Minor Ailment Scheme</p> <p><input type="checkbox"/> Head Lice eradication</p> <p><input type="checkbox"/> Body weight assessment</p> <p><input type="checkbox"/> Vascular screening assessment</p>

	<ul style="list-style-type: none"><li><input type="checkbox"/> Emergency hormonal contraception</li><li><input type="checkbox"/> Out of hours service</li><li><input type="checkbox"/> Supply of palliative care medicines</li><li><input type="checkbox"/> Sexual health service including supply of contraception</li><li><input type="checkbox"/> Supply of pharmaceutical services to care homes.</li><li><input type="checkbox"/> Needle exchange</li><li><input type="checkbox"/> Stop smoking service</li><li><input type="checkbox"/> Supervised administration of Methadone</li><li><input type="checkbox"/> Supervised administration of Subutex</li><li><input type="checkbox"/> Other – please specify:</li></ul>
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DRAFT

**e) Do you feel there is a gap around any of the following areas/services?** (please select as many as apply)

- Anticoagulant management & monitoring service
- Disease specific medicines management
- Gluten free food supply service
- Independent prescribing service
- Medication review service
- Medicines assessment and & compliance support
- Oral contraception service
- Phlebotomy service
- Services to schools
- Sharps disposal
- Supervised administration service
- Supplementary prescribing service
- Vascular risk assessment service
- Weight management
- Other – please specify:

## 6. Consultation Areas

<b>a) Do you have a separate area/room suitable for advanced services for consultations with customers?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b) Do the premises have toilets that customers can access for screening?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c) If you have a consultation area/room, is this accessible by wheelchair?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d) Is there seating for 3 people?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e) Is there a bench or table suitable for writing or examining medicines/products?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f) Is there a computer terminal within the area to access patient's records or complete audit data?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>g) Is there a sink within this area?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>h) Would you offer consultation off-site; i.e. in patients' homes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 7. Information Technology:

<p>a) Do all your computers within a pharmacy access your dispensing software?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>b) Do you provide the electronic prescription service?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>c) Can the internet be accessed whilst the PMR (pharmacy Patient Medication Record) is running?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>d) Is Release 1 of PMR enabled?</p> <p>e) Is Release 2 of PMR enabled?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>f) If Release 1 or 2 isn't enabled, do you plan to do this in the next 12 months?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>g) Do you have a computer that can access the internet?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>h) Do you have a printer that will print A4 size paper?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>i) Are customers able to access an online prescription service?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

## 8. Patient Satisfaction Requests

All pharmacies are required to conduct an annual Community Pharmacy Patient Questionnaire (CPPQ, formerly referred to as the Patient Satisfaction Questionnaire). Using the results from your most recent CPPQ please identify the most frequent requests from patients as either improvements or additions to services.

Most frequent request	How many?	Dated

Thank you for taking the time to complete this questionnaire. Work on the PNA will be carried out over the next 12 months, with the aim to publish the final version in April 2015.

Name of Person completing questionnaire	
Date of Completion	

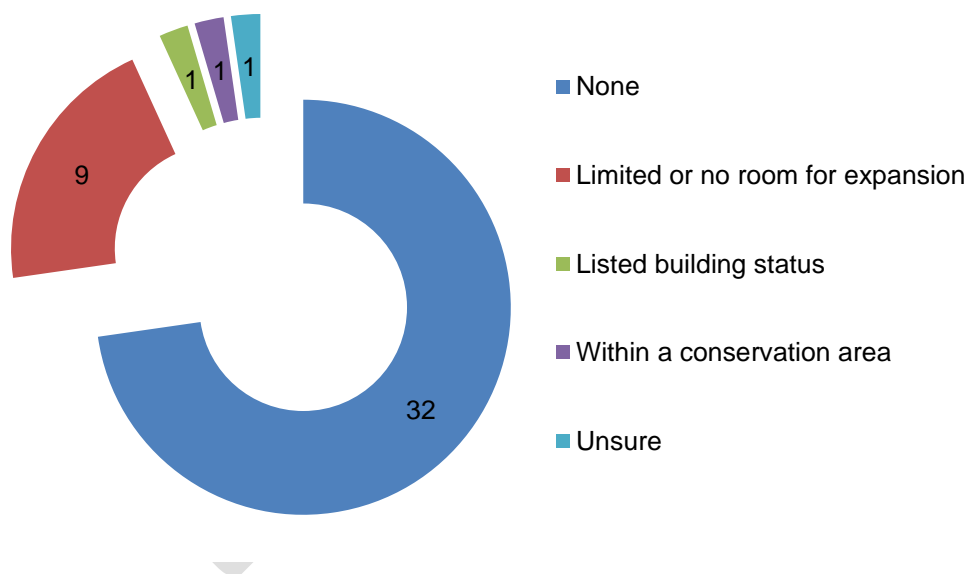


## Appendix 2 – Pharmacy Stakeholder Questionnaire Results

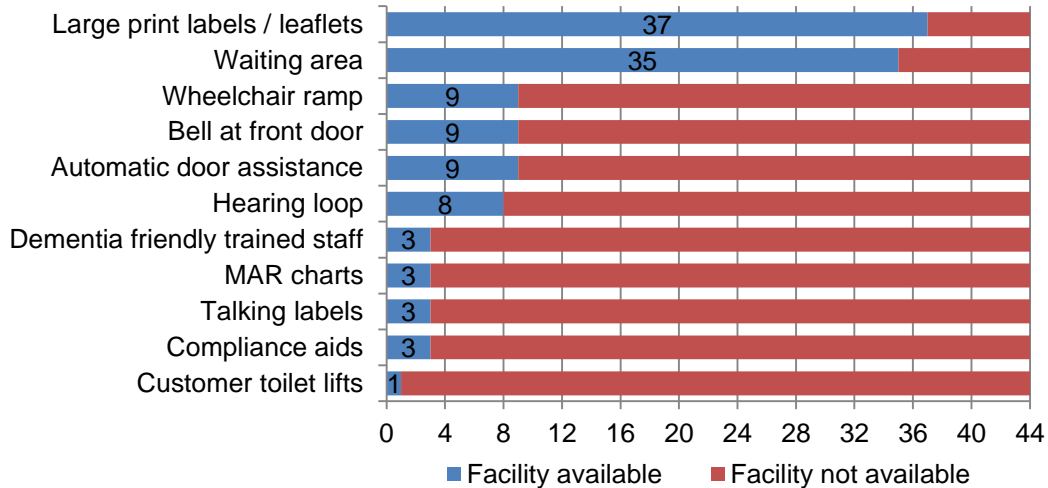
The pharmacy stakeholder questionnaire was sent to all community pharmacies in Doncaster. It was distributed by email on the 12/06/2014 with a closing date of 30/06/2014. 2 follow up emails were sent as a prompt to maximise participation rates (18/06/2014 and 24/06/2014). The questionnaire elicited 44 responses from community pharmacies in Doncaster, 3 of which being distance selling pharmacies.

### i. Pharmacy Access

- Nearly all pharmacies are located within 50m of legal parking - 42 out of 44 respondents (95%).
- Nearly all pharmacies are located close to a bus stop (a 5 minute walk) - 42 out of 44 respondents (95%).
- Approximately 4 out of 5 have disabled parking within 10m of the pharmacy - 36 out of 44 respondents (81%).
- Approximately 7 out of 10 pharmacies are not subject to development constraints, the remainder are largely limited by space:



- Most pharmacies have large print labels/leaflets (37 / 44) and waiting areas (35 / 44). A minority of pharmacies have other adaptations to assist disabled people, such as wheelchair ramps and automatic doors:



## ii. Staff Information

- A minority of pharmacy normally have 2 pharmacists on duty at any time during the week. 7 answered 'Yes' and 2 answered 'when required' – 9 out of 44 (20%). These pharmacies reported 2 pharmacists over the following hours per week:

0-4 hours	1
5-9 hours	4
10-14 hours	1
When required	3
Total	9

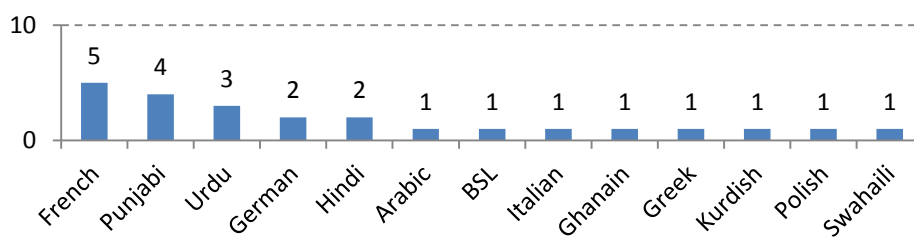
- The reason for a second pharmacist was evenly split between 'additional support during busy times' (8 out of 9), 'additional support such as Medicines Use Reviews' (8 out of 9), and to a lesser extent 'relief of other pharmacists for admin work or breaks' (4 out of 9) and 'handover during shifts' (1 out of 9):



- To give additional support to the dispensary at busy times
- To provide support for additional services such as Medication Use Reviews
- To relieve other pharmacist for admin work or breaks
- For handover during shifts

- Only 10 of the 44 respondents reported that regular pharmacists had a special interest. These covered a diverse range of topics with no standout themes:
  - Anticoagulant management and monitoring
  - Automated dispensing
  - Community pharmacy
  - Health living advice
  - Smoking cessation
  - Minor ailments
  - Specialist baby milk advice
  - Emergency hormonal contraception
  - Flu vaccination
  - Chlamydia testing
  - Independent prescribing for cardiovascular disease
  - Substance misuse

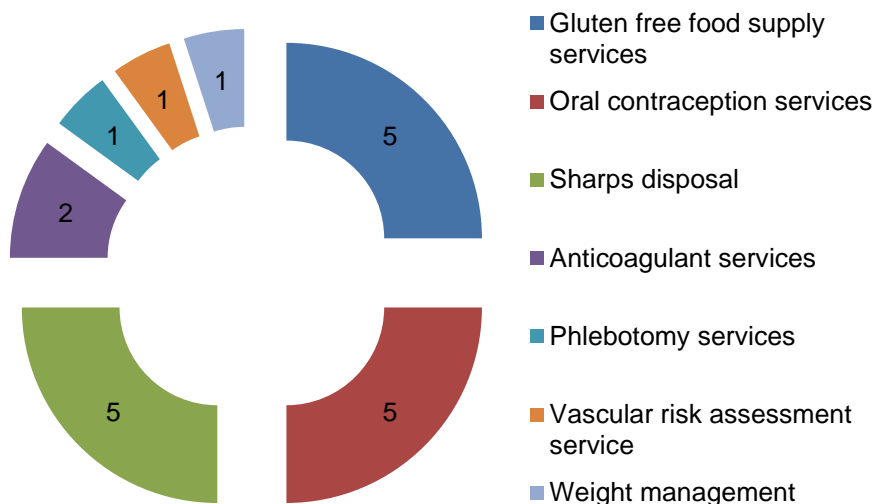
- 13 pharmacies have a regular pharmacist that speaks a second language, including;



### iii. Services

- Nearly all pharmacies dispense appliances – 42 out of 44 (95%).
- All 44 respondents collect prescriptions from GP practices.
- Nearly all the pharmacies deliver dispensed medicines free of charge - 43 out of 44 (98%). Of these, two were to selected groups (1 x elderly, 1 x not specified)
- 30 respondents felt that there was a gap around *All* of the services suggested in the question. 7 did not tick any services as a gap. 7 pharmacies ticked

specific examples and have been detailed below - primary around gluten free food supply, oral contraception and sharps disposal:



#### iv. Consultation rooms

- All pharmacies have a consultation room where necessary (only an internet based pharmacy did not and this has been excluded from the following figures).
- A small minority of pharmacies have a toilet for customers to use for screening – 3 out of 43 (7%).
- Nearly all consulting rooms are accessible by wheelchair – 41 out of 43 (95%).
- Around 3 in 4 rooms had seating for 3 or more people – 32 out of 43 (74%).
- All consulting rooms have a bench for writing / examining.
- All bar one consulting room had a terminal with access to patient records – 42 out of 43 (98%).
- Only 10 out of 43 pharmacies have a sink in the consulting area (23%).
- The majority of pharmacies would you offer consultations off site, i.e. in patients' homes – 38 out of 43 (88%).

#### v. Information Technology

- Nearly all pharmacies have their computers linked to dispensing software – 42 out of 44 (95%).
- Around 4 out of 5 pharmacies provide the electronic prescription service – 36 out of 44 (82%). Check as figures from NH show all bar one set up on PMR?

- All bar one pharmacy can still access the internet while PMR is operating – 43 out of 44 (98%). FRP29 Mexborough cannot access the internet alongside PMR.
- All bar one pharmacy have both Release1 and Release 2 of PMR – 43 out of 44 (98%).
- FVF56 Thorne does not have PMR in place and does not plan to implement it within the next 12 months.
- All bar one pharmacy have a computer that can access the internet – 43 out of 44 (98%). FRP29 Mexborough does not have access to the internet.
- All pharmacies have a printer that will print A4 size paper.
- Nearly all pharmacies have an online prescription service for customers – 41 out of 44 (93%). This is in progress for the remaining three (RC986, FVJ31 Bentley, FQH40 Great North Road).

#### vi. Most frequent requests in Community Pharmacy Patient Questionnaire (CPPQ)

Request	Count
Improvement / increased awareness of the repeat prescription and collection service	5
Advice on healthy eating and physical exercise	4
Increased awareness of the medication waste / destruction service	3
Promotion / referral to other health services	3
Advice on current health problems and long term conditions	2
Smoking cessation	2
Minor ailments (no further detail)	2
Waiting times	2
Stock of medicines	1
Saturday opening	1
Overheard people in consulting room	1
Comfort of the waiting area	1

**Doncaster Health and Wellbeing Board**



**Pharmaceutical  
Needs Assessment**



**Public Questionnaire**

## **Doncaster Health and Wellbeing Board is looking at pharmacy (chemist) services across Doncaster through the development of a Pharmaceutical Needs Assessment.**

To provide a good service we need to regularly look at what services we have, what local people need and how things might change in the future.

Once this has taken place, the NHS will use this to look at how best to buy the services the public in Doncaster need from their pharmacies. It will also help the NHS to see if there are any gaps and look at future plans.

### **Tell us what you think**

We would like you to tell us your views on local pharmacies (some people call them chemists) by completing this questionnaire. It should only take about 10 minutes of your time.

Please tick or circle your choice. If you are completing the form online you can just click on the relevant box(es) to select your answers. The survey will close on 4<sup>th</sup> August 2014.

Thank you for taking part in this survey!

### **Frequently asked questions**

*Will my answers in this survey be kept confidential?*

Yes it will be totally confidential. Your answers will only be used to tell us about your experience of pharmacy services, and to help us to improve these services. Your personal information is held in accordance with Data Protection Act 1998 and the NHS Confidentiality Code of Practice.

*How can I find out the results of this survey?*

The results of our survey will be available on the Doncaster Council website by 2<sup>nd</sup> April 2015.

*Questions or help?*

If you have questions about the survey, please call 01302 862145 and we will do our best to help.

**1 When did you last use a pharmacy to get a medicine or to get health advice?**

- In the last week
- In the last month
- In the last six months
- More than six months ago
- Not sure

**2 Do you usually....**

- Visit the pharmacy for yourself
- Ask someone to go to the pharmacy for you
- Use the pharmacy collection and delivery service
- Use the pharmacy online ordering service
- Collect a prescription for someone else (child/friend/family member)

**3 Do you usually visit the same pharmacy?**

- Yes
- No

**4 What is most important to you about the location of the pharmacy?**  
(please only tick **three** options)

- It is close to the Doctors
- It is close to home
- It is close to the shops I use
- It is easy to park
- It is near a bus stop/train station
- It is near where I work
- Other – please explain in the box below:

**5 When you visit a pharmacy, which of the following are most important to you?** (please only tick **three** options)

- The service is quick
- There is a private area if I need to speak to someone
- The staff know me and about my care
- A member of staff speaks my first language
- They usually have my medicine in stock
- They are open late, or at weekends
- They offer a prescription collection and delivery service
- Access/services meet my disability needs



- I can order online
- There is a seated waiting area
- Other – please explain in the box below:

**Thinking about the last time you went to a pharmacy...**

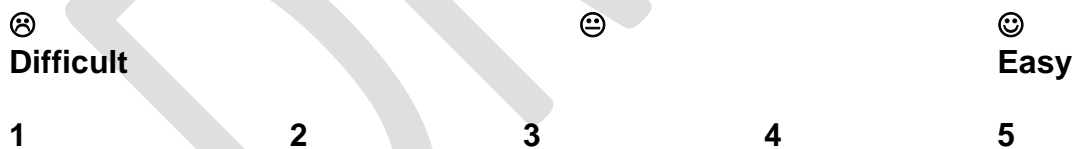
**6 What was the main reason for your visit?**

- To get medicine on a prescription
- To buy medicine from the pharmacy
- To get medical supplies (dressings, stoma care etc.)
- To get advice
- Other – please explain in the box below:




**7 How did you get there?**

- Walked
- Used public transport (e.g. the bus)
- Car
- Other – please explain in the box below:

**7 On a scale of 1 to 5, how easy did you find it to get to the pharmacy?**  
(Please circle your score)



**8 How would you rate your experience?**

- Very Good 
- Good
- Fair 
- Poor
- Very Poor 

Please tell us why:

**9 Which of these pharmacy services .....  
(please tick all as appropriate)**

	<b>Do you use/have you used before?</b>	<b>Would you use if it was available?</b>
<b>Stop Smoking Help</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medicine Reviews/Medicine Usage Reviews</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency hormonal contraception without prescription (morning after pill)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supervised consumption (Methadone/Subutex etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Needle Exchange</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Falls Risk Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inhaler Techniques</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Minor Ailments</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Condom supply</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Healthy heart check-ups</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Advice about leading a healthy lifestyle</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diabetes check up</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Treatment on the NHS for head lice</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chlamydia testing and treatment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contraceptive medicines without a prescription</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Help with drug/alcohol misuse</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pregnancy Testing</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Free Flu Vaccinations</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anticoagulation checks (blood thinners e.g. warfarin)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gluten-free foods</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please explain):</b>		

**Would not use a pharmacy for any of the above (please explain):**


**10 Are you aware that some pharmacies provide the following services?**  
(please tick all those you are aware of)

- They can order your prescription from your doctor
- They can collect your prescription from the doctor
- They can deliver your prescription to your home
- They can give you a chart to help you remember when to take your medicines
- They can put your medicines in an organiser to help you remember when to take them
- They can put your medicines in a container that is easy to open
- They can put a larger print label on your medicines

**If you would like further information on these services, please speak to your pharmacist.**

**11 In the last 12 months, have you had a conversation with a pharmacist?** (if the answer is no, please go to question 13)

- Yes
- No

**12 Thinking about your last conversation with the pharmacist, how would you rate the privacy?**

- Very Good 😊
- Good
- Fair 😐
- Poor
- Very Poor ☹️

Please tell us why:

--

**13 In the last 12 months, have you had any trouble finding a pharmacy to get your prescription, get advice or buy over the counter medicine?**

- Yes
- No

If yes please tell us why:

--

**14 In the last 12 months, has your pharmacy always been open when you needed it? (if “yes”, please go to question 19)**

- Yes
- No

**15 If you answered “no” to the above, can you remember what day of the week and what time it was?**

- |  |  |
|--|--|
| <input type="checkbox"/> A normal weekday (Monday to Friday) | <input type="checkbox"/> Overnight (midnight to 8am) |
| <input type="checkbox"/> Saturday                            | <input type="checkbox"/> Morning                     |
| <input type="checkbox"/> Sunday                              | <input type="checkbox"/> Lunchtime                   |
| <input type="checkbox"/> A Bank Holiday                      | <input type="checkbox"/> Afternoon                   |
|  | <input type="checkbox"/> Evening                     |

**16 Was it an urgent visit? (if “no”, please go question 19)**

- Yes
- No

**17 If the pharmacy was closed, what did you do? (Please tick one)**

- Went to another pharmacy
- Waited until my pharmacy was open
- Went to my doctor
- Went to the hospital
- Went to the local 8-8/Walk in Centre
- Rang NHS 111 (previously NHS Direct)
- Other - please explain in the box below:

**18 If you answered “went to another pharmacy” to Q17, what made you choose that pharmacy?**

- I already knew it would be open
- I rang NHS 111 (previously NHS Direct)
- I did a search on the internet
- Friend/family member recommended it
- I drove around until I found a pharmacy open
- Other - please explain in the box below:

**19 Do you know that there are pharmacies in Doncaster that are open late into the evening, early in the morning and at weekends and Bank Holidays?** (If “no” please go to question 21)

- Yes
- No

**20 Do you know where these pharmacies are?**

- Yes
- No

**You can find information about pharmacies including extended opening times etc. on NHS Choices website ([www.nhs.uk](http://www.nhs.uk)) or by calling NHS 111.**

**21 Is there anything really good about your local pharmacy that you would like to tell us about?**

If yes – please explain in the box below:

**22 Is there anything that could be improved?**

If yes – please explain in the box below:

**23 Do you have any other comments?**

If yes – please explain in the box below:

**To make sure we have the views of a wide range of people in Doncaster who may use pharmacies we need to ask a few questions about you:**

**Are you:**

- Male
- Female
- Transgender
- Prefer not to say

**How old are you?**

- 16 or under
- 17-24
- 25-44
- 45-64
- 65-74
- 75-84
- 85+
- Prefer not to say

**What is your postcode? e.g. DN1 3BU**

**Do you consider yourself to have a disability?**

- Yes
- No
- Prefer not to say

If you do consider yourself to have a disability, please indicate which of the following most closely describes it:

- Mobility (Getting around)
- Use of hands/fingers
- Other (Please explain):
- Visual impairment
- Learning Difficulties
- Deaf/Heard of Hearing
- Mental Health Issue

**Do you have to pay for your prescriptions?**

- Yes
- No

**Which of the following ethnic groups do you most closely associate with? (If other, please state)**

**Asian/Asian British:**

- Bangladeshi
  - Chinese
  - Other
  - Indian
  - Pakistani
- 

**Black/African/Caribbean/Black British:**

- African
  - Other
  - Caribbean
- 

**Mixed/Multiple Ethnic Groups:**

- White & Black African
  - Other
  - White & Asian
  - White & Black Caribbean
- 

**White:**

- British
  - Other
  - Irish
-

**Other Ethnic Groups:**

- |                                     |  |                                |
|-------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Traveller  | <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Gypsy |
| <input type="checkbox"/> EU Migrant | <input type="checkbox"/> Refugee         |                                |
| <input type="checkbox"/> Other      |  |                                |
- 

- Prefer not to say

**How would you describe your sexuality?**

- Lesbian
- Homosexual
- Bisexual
- Heterosexual (Straight)
- Prefer not to say

**Thank you for taking the time to complete our survey. The results of the Pharmacy Needs Assessment will be published in April 2015.**

If you wish to post your Questionnaire back to us, please send to the address below:

Samantha Blakeley

Public Health

Floor One

Civic Office

Waterdale

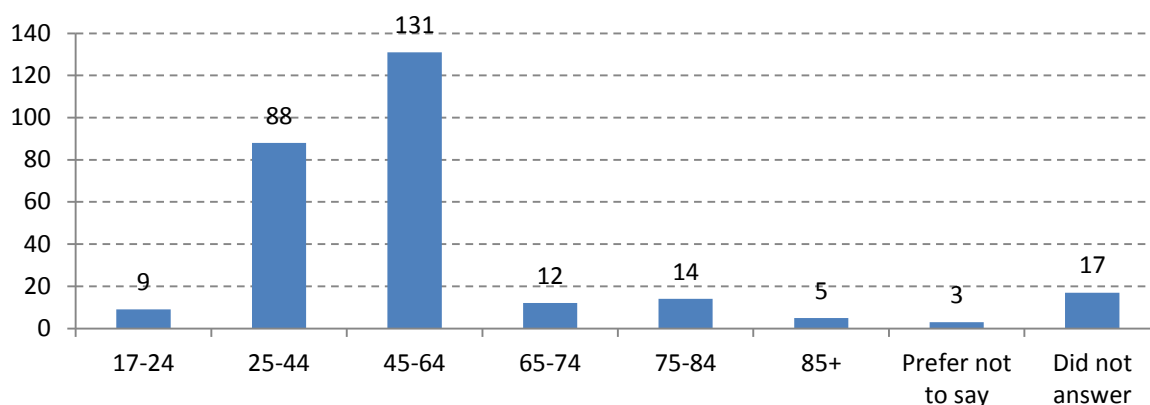
Doncaster

DN1 3BU

## Appendix 4 – Public Questionnaire Results

The public survey (consultation phase 1) received 279 responses and was made available online, through community pharmacies and through wider community networks. The sample was predominantly female (68%), aged 45-64 years (47%), White British (87%), while a notable proportion do not pay for prescriptions (37%). The findings may not be representative of the whole population but the results still offer useful insights from the public.

### Age range



Gender	Count	%
Female	191	68.5%
Male	71	25.4%
Prefer not to say	2	0.7%
Did not answer	15	5.4%
<b>Grand Total</b>	<b>279</b>	

Sexuality	Count	%
Heterosexual (Straight)	228	81.7%
Lesbian	1	0.4%
Homosexual	3	1.1%
Prefer not to say	21	7.5%
Did not answer	26	9.3%
<b>Grand Total</b>	<b>279</b>	

Ethnicity	Count	%
White British	242	86.7%
Asian/Asian British	6	2.2%
White & Black African	1	0.4%
White & Black Caribbean	2	0.7%
White Irish	2	0.7%
EU Migrant	1	0.4%
Did not answer	25	9.0%
<b>Grand Total</b>	<b>279</b>	

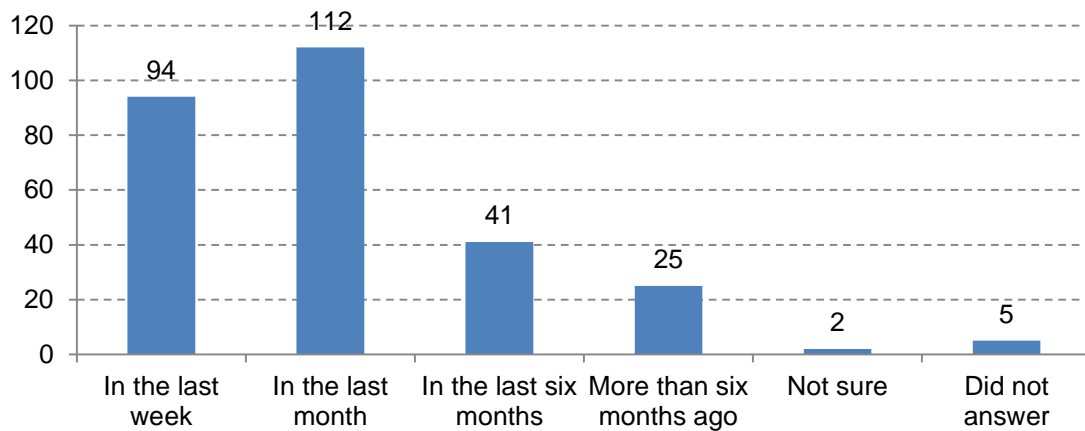
Self-defined disability	Count	%
No	220	79.0%
Yes	35	12.5%
prefer not to say	1	3.6%
Did not answer	23	8.2%
<b>Grand Total</b>	<b>279</b>	

Pay for prescriptions	Count	%
No	103	36.9%
Yes	156	55.9%
Did not answer	20	7.2%
<b>Grand Total</b>	<b>279</b>	

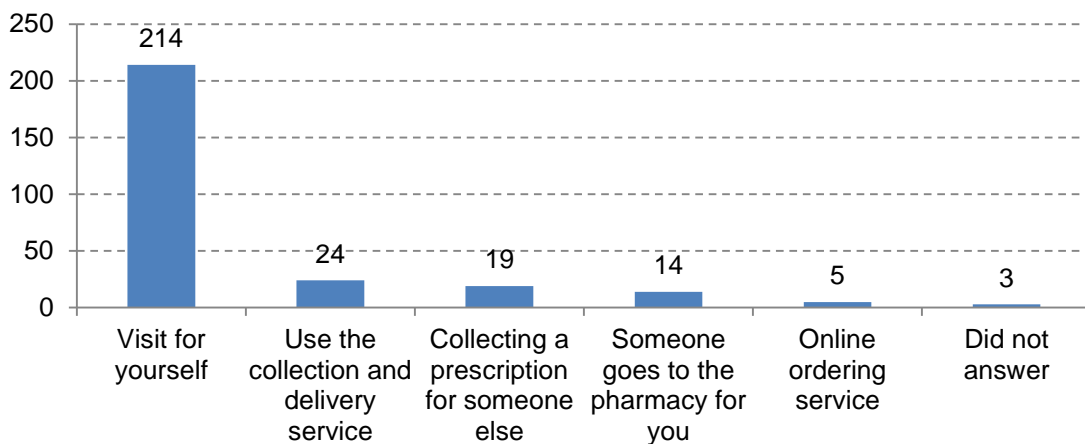


### Q1. When did you last use a pharmacy?

The majority of people had used a pharmacy in the last month (74%) and visited for their own needs (77%).



### Q2. Do you usually...?



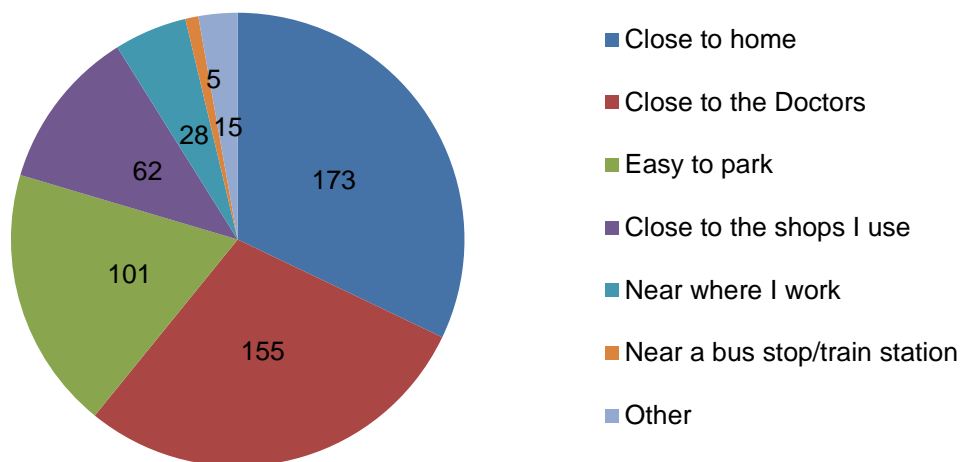
### Q3. Do you usually visit the same pharmacy?

The majority usually visit the same pharmacy (76%), mainly to get medicine on prescription (see Q6).

	Count	%
Yes	213	76.3%
No	61	21.9%
Did not answer	5	1.8%
<b>Grand Total</b>	<b>279</b>	

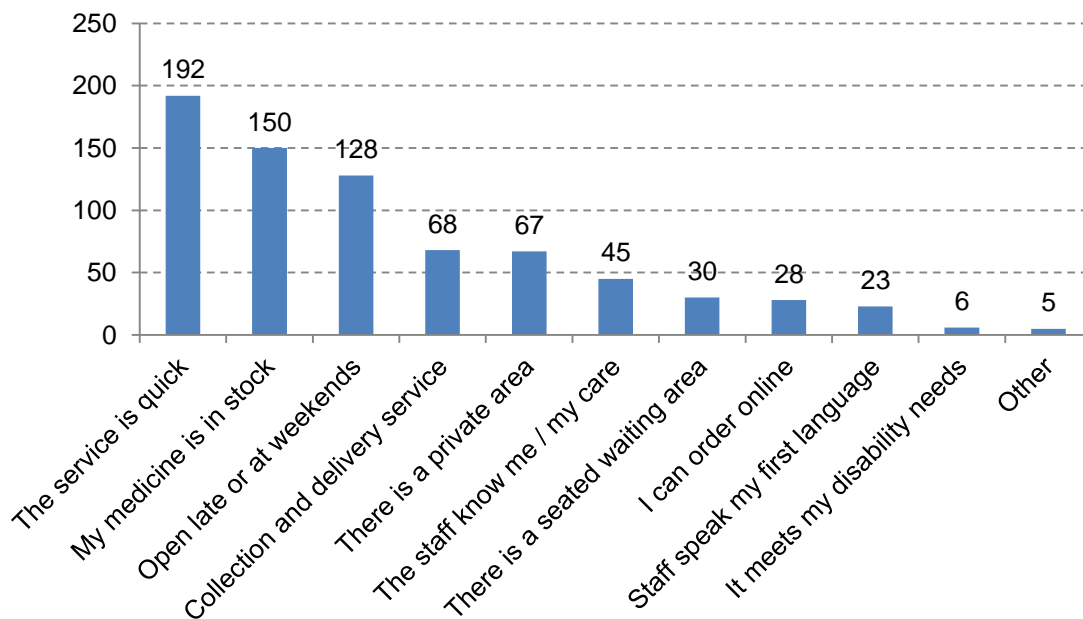
### Q4. What is most important to you about the location of the pharmacy?

The 3 most important factors in the location of a pharmacy was that it was close to home, close to the GP or that it was easy to park.



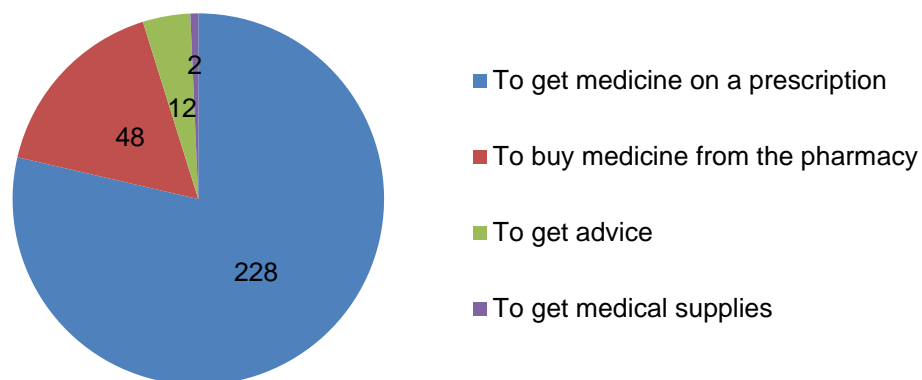
**Q5. When you visit a pharmacy, which of the following are most important to you?**

The 3 most important aspects for a pharmacy were that the service is quick service, that the medicine is in stock, and that it is open late or at weekends.



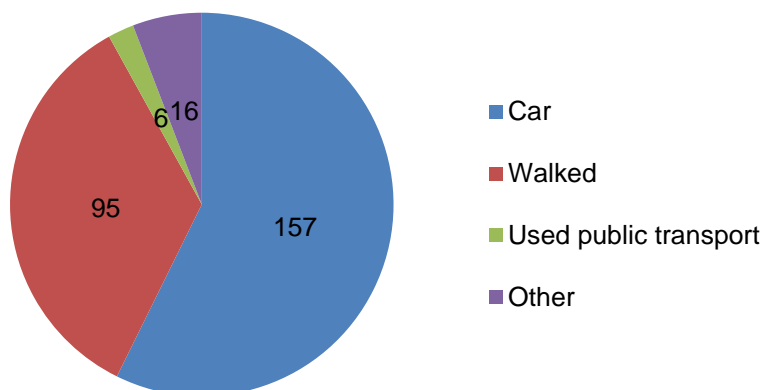
## Thinking about the last time you went to a pharmacy...

### Q6. What was the main reason for your visit?

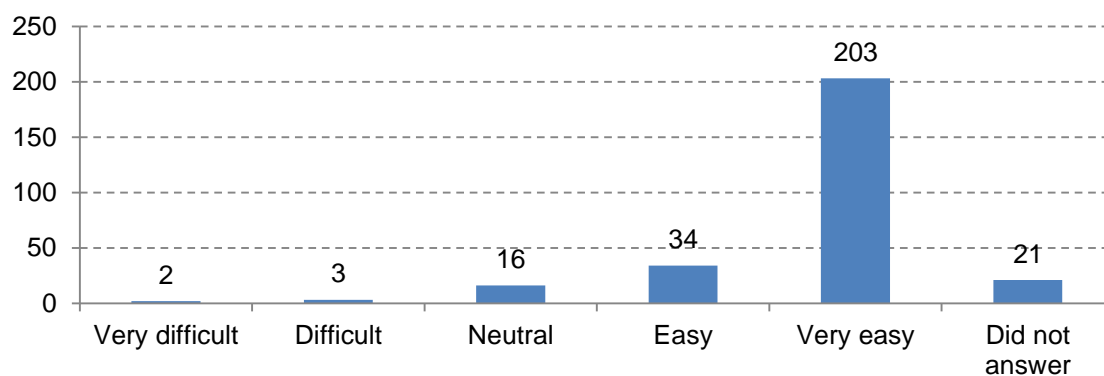


### Q7. How did you get there?

Most people found it easy or very easy to get to their pharmacy (85%) (see Q8) and predominantly travelled by car (56%) or on foot (33%).

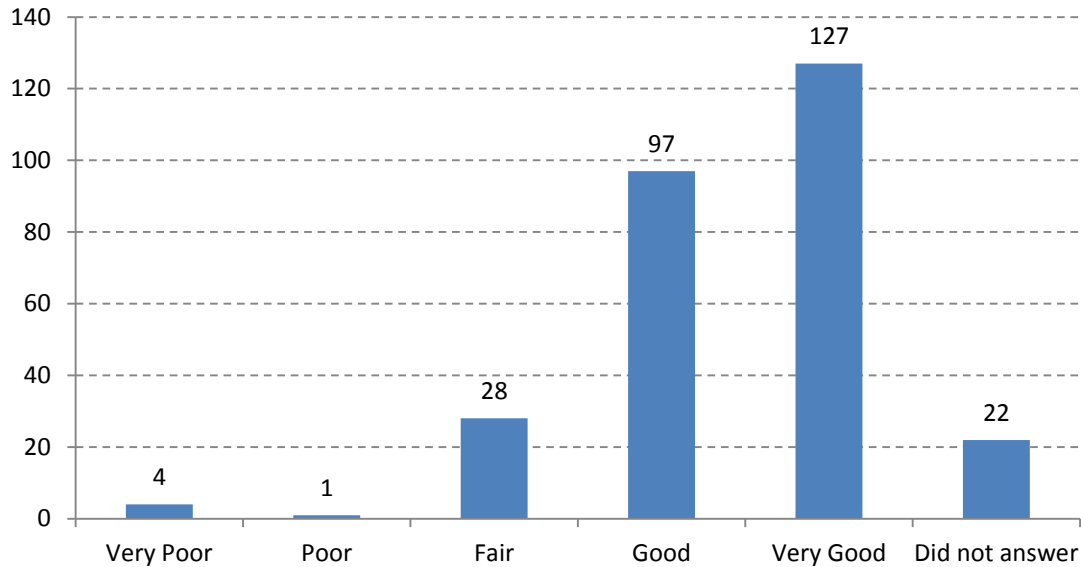


### Q8. How easy did you find it to get to the pharmacy?



**Q9. How would you rate your experience?**

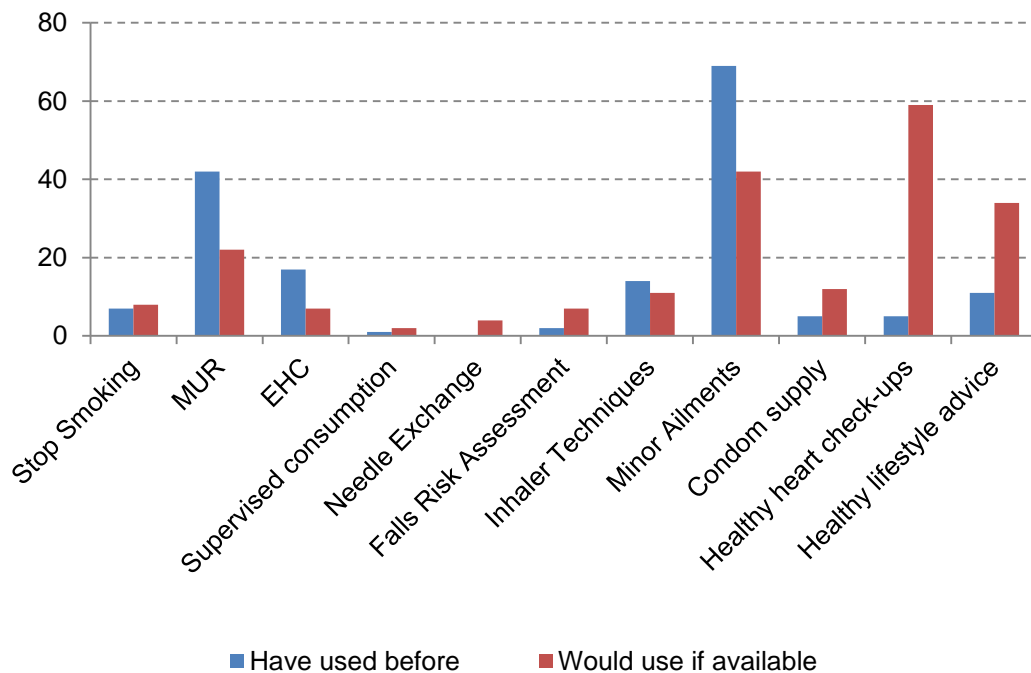
Most people rated their experience as good or very good (80%).



**Q10. Which of these services have you used / would you use?**

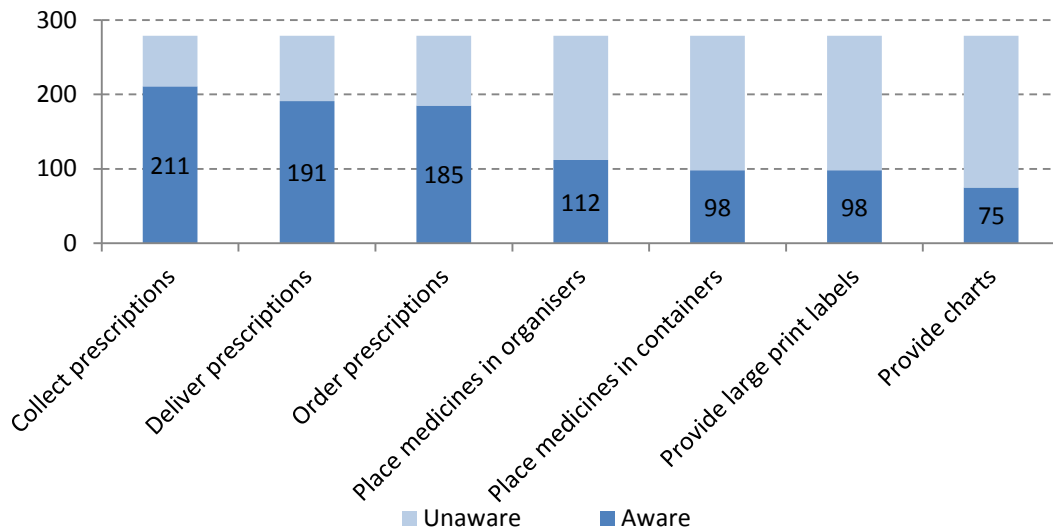
Respondents most frequently use services for minor ailments, medicine use reviews and emergency hormonal contraception.

Healthy lifestyle check-ups and healthy lifestyle advice were not frequently used, but many people expressed an interest if these services were available.



**Q11. Are you aware that some pharmacies provide the following services?**

The majority of people were aware of prescription order, collection and delivery services. A minority were aware of the availability of medicine organisers, medicine containers, large print labels and charts.

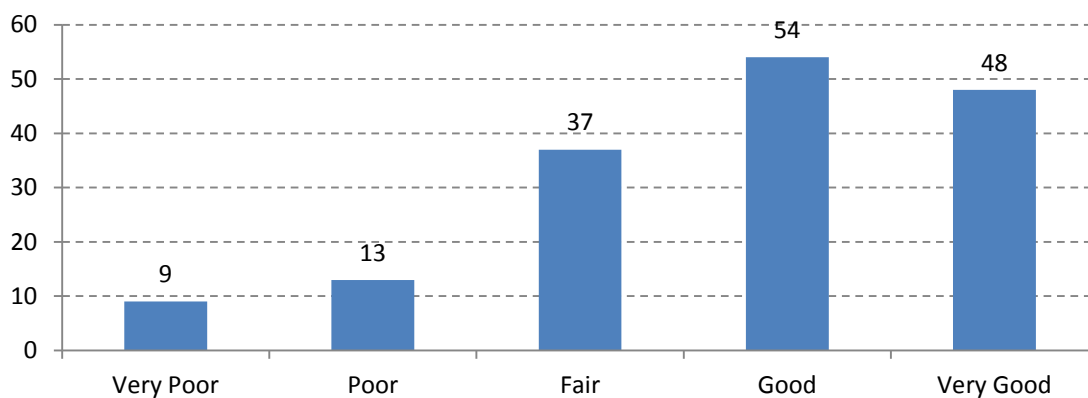


**Q12. In the last 12 months, have you had a conversation with a pharmacist?**

Over half of people had a conversation with a pharmacist in the last 12 months (57%). Of these, many found the level of privacy good or very good (63%) (see Q13).

	Count	%
No	106	37.99%
Yes	160	57.35%
Did not answer	13	4.66%
<b>Grand Total</b>	<b>279</b>	

**Q13. Thinking about your last conversation with the pharmacist, how would you rate the privacy?**



**Q14. In the last 12 months, have you had any trouble finding a pharmacy to get your prescription, get advice or buy over the counter medicine?**

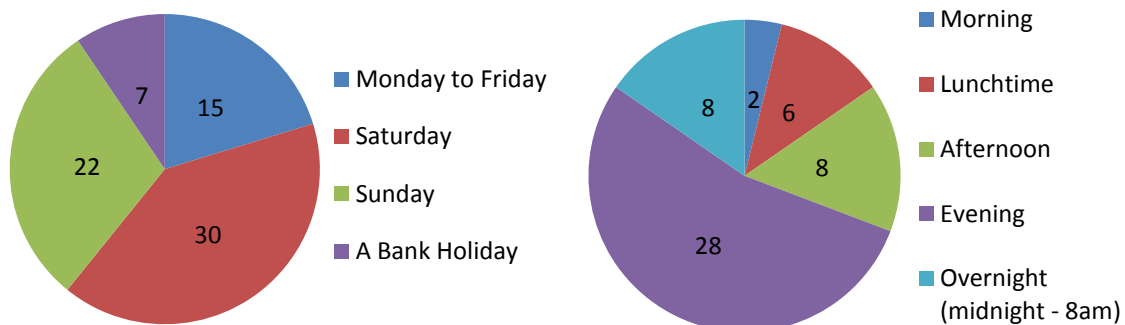
	Count	%
No	241	86.38%
yes	1	0.36%
Did not answer	37	13.26%
<b>Grand Total</b>	<b>279</b>	

**Q15. In the last 12 months, has your pharmacy always been open when you need it?**

In the last 12 months, a quarter of people could not find an open pharmacy when required. The day of the week was predominantly Saturday (41%) and Sunday (30%) and the time of day was the evening (54%) (See Q16). Of these, two in three said the visit was urgent (67%) (see Q17).

	Count	%
No	70	25.09%
yes	176	63.08%
Did not answer	33	11.83%
<b>Grand Total</b>	<b>279</b>	

**Q16. If not, can you remember what day of the week and what time it was?**

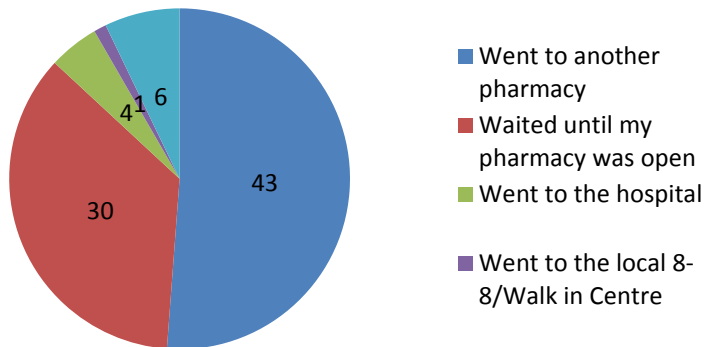


**Q17. Was it an urgent visit?**

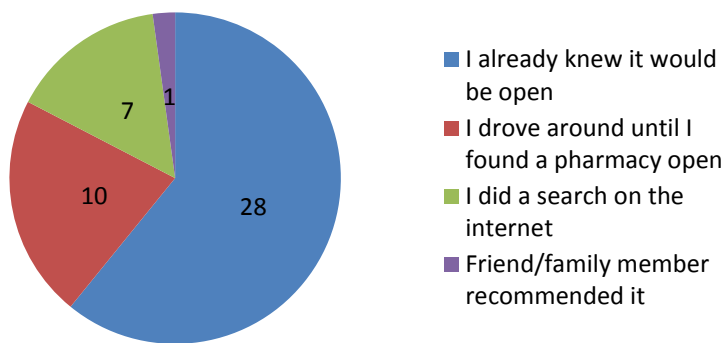
	Count	%
No	58	20.8%
Yes	29	10.4%
Did not answer	192	68.8%
<b>Grand Total</b>	<b>279</b>	

**Q18. If the pharmacy was closed, what did you do?**

Where a pharmacy was close, half used another pharmacy (51%) because they already knew it would be open (see Q19).



**Q19. If you answered “went to another pharmacy”, what made you choose that pharmacy?**



**Q20. Do you know that there are pharmacies in Doncaster that are open late into the evening, early in the morning and at weekends and Bank Holidays?**

Most people are aware some pharmacies are open late into the evening, early in the morning and at weekend and bank holidays (78%). However, only half (53%) know where these are located (see Q21).

	Count	%
No	44	15.8%
Yes	218	78.1%
Did not answer	17	6.1%
<b>Grand Total</b>	<b>279</b>	

**Q21. Do you know where these pharmacies are?**

	Count	%
No	101	36.2%
Yes	146	52.3%
Did not answer	32	11.5%
<b>Grand Total</b>	<b>279</b>	

## Additional Focus Group Questionnaire Results

In line with the continual updating of the Equalities Due Regard statement, a number of gaps around responses received from the protected characteristic groups were identified. The aim of the additional focus groups was to try and gain more insight into the pharmacy needs of these protected characteristics groups. . Several focus groups were conducted which resulted in an additional 31 responses to the initial PNA Public Questionnaire. Basic analysis of the results can be seen below.

Out of the 31 responses there were;

- 23 female (74.2%)
- 6 Male (19.3%)
- 2 respondents did not answer the question (6.5%)

Most of the respondents were between 45 – 64 years old (35.5% - 11 respondents). Please see below for a breakdown of the other age groups.

- 1 respondent was 17 – 24 (3.2%)
- 6 respondents were 24 – 44 (19.3%)
- 4 respondents were 65 – 74 (13%)
- 6 respondents were 75 – 84 (19.3%)
- 2 respondents were 85+ (6.5%)
- 1 respondent did not answer the question (3.2%)

The majority of respondents were from postcode area DN4 (38.8% - 12 respondents). Please see below for a breakdown of the other postcode areas recorded.

- 5 respondents lived in DN2 (16.1%)
- 4 respondents lived in DN3 (12.9%)
- 1 respondent lived in DN5 (3.2%)
- 1 respondent lived in DN7 (3.2%)
- 4 respondents lived in DN12 (12.9%)
- 4 respondents did not answer the question (12.9%)

Out of 31 respondents the majority considered themselves to have a disability (58.1% - 18 respondents). Please see below for a breakdown of the other responses;

- 9 said they did not have a disability (29%)
- 1 respondent preferred not disclose the information (3.2)
- 3 respondents did not answer the questions (9.7%)

The most common form of disability was Learning Difficulties (29% - 9 respondents) followed closely by Mobility/Getting around (25.8% - 8 respondents). Please see below for a breakdown of the other responses;

- 1 responded Visual Impairment (3.2%)
- 2 responded Deaf/Hard of Hearing (6.5%)
- 2 responded Use of hands/fingers (6.5%)
- 3 responded Mental Health issue (9.7%)
- 1 responded Other and answered epilepsy (3.2%)
- 5 respondents did not answer the question (16.1%)



When asked if they had to pay for their prescriptions;

- 23 respondents did not have to pay for their prescription (74.2%)
- 6 respondents did pay for their prescriptions (19.3%)
- 2 did not answer the question (6.5%)

The majority of respondents were White British (87.2%– 27 respondents). Please see below for a breakdown of the other responses;

- 1 responded Caribbean (3.2%)
- 1 responded Indian (3.2%)
- 1 responded White Other (3.2%)
- 1 did not answer the question (3.2%)

The majority of respondents considered themselves heterosexual/straight (61.3% - 19 respondents). Please see below for a breakdown of the other responses;

- 3 respondents Preferred not to say (9.7%)
- 9 respondents did not answer the question (29%)

#### **Question 1**

The majority of respondents had used the pharmacy in the last month (48.4% - 15 respondents). Please see below for a breakdown of the other responses;

- 8 responded in the last week (25.8%)
- 0 responded in the last six months (0%)
- 3 responded more than six month ago (9.7%)
- 5 responded Not Sure (16.1%)

#### **Question 2**

Most people said they either visit a pharmacy themselves (40.3% - 14 respondents) or use the pharmacy collection and delivery service (40.3 % - 14 respondents). It is important to note on this question that some respondents gave multiple answers.

Please see below for a breakdown of the other responses;

- 3 Ask someone to go to the pharmacy for you (9.7%)
- 0 Use the pharmacy online ordering service (0%)
- 3 Collect a prescription for someone else (9.7%)

#### **Question 3**

Most people said they did usually visit the same pharmacy (83.9% - 26 respondents). Please see below for a breakdown of the other responses;

- 4 responded No (12.9%)
- 1 did not answer the question (3.2%)

#### **Question 4**

The most important thing about the location of the pharmacy was that it was close to home (38.2% - 21 respondents). It is important to note on this question that some respondents gave multiple answers. Please see below for a breakdown of the other responses;

- 13 responded Close to the Doctor (23.6%)
- 8 responded Close to the shops I use (14.5%)
- 6 responded Easy to park (10.9%)

- 3 responded Near a bus stop/train station (5.5%)
- 0 responded Near where I work (0%)
- 4 responded Other (7.3%)
  - The most relevant comment was – ‘The pharmacy is actually next door to my doctor’s surgery, only patients at St. Johns use it.’

### Question 5

When visiting a pharmacy the most important aspect is that the service is quick (20.9% - 18 responses). It is important to note on this question that some respondents gave multiple answers. Please see below for a breakdown of the other responses;

- 9 There is a private area if I need to speak to someone (10.5%)
- 10 The staff know about me and my care (11.6%)
- 3 A member of staff speaks my first language (3.5%)
- 10 They usually have my medicine in stock (11.6%)
- 7 They are open late or at weekends (8.1%)
- 16 They offer a prescription collection and delivery service (18.6%)
- 4 Access/services meet my disability needs (4.7%)
- 1 I can order online (1.2%)
- 8 There is a seated waiting area (9.3%)
- 0 Other (0%)

### Question 6

The last time people visited the pharmacy their main reason was to get medicine on prescription (75.8% - 25 responses). It is important to note on this question that some respondents gave multiple answers. Please see below for a breakdown of the other responses;

- 3 To buy medicine from the pharmacy (9.1%)
- 1 To get medical supplies (3%)
- 1 To get advice (3%)
- 3 Other (9.1%)
  - Pay for prescription
  - To develop photos

### Question 7

Most people walked to the pharmacy (38.7% - 12 respondents). Please see below for a breakdown of the other responses;

- 5 Used public transport (16.1%)
- 11 Car (35.5%)
- 1 did not answer question (3.2%)
- 2 Other (6.5%)
  - Disability Leger Bus
  - Taxi

### Question 8

On a scale of 1 to 5 (1=difficult 5=easy) most people found getting to the pharmacy was easy and scored it a 5 (77.5% - 24 responses). Please see below for a breakdown of the other responses;

- 1 responded 1 (3.2%)

- 1 responded 2 (3.2%)
- 1 responded 3 (3.2%)
- 1 responded 4 (3.2%)
- 3 Did not answer the question (9.7%)

### **Question 9**

Most people rated their experiences as very good (64.5% - 20 respondents). Please see below for a breakdown of the other responses;

- 8 responded Good (25.8%)
- 1 responded Fair (3.2%)
- 0 responded Poor (0%)
- 2 responded Very Poor (6.5%)

Some of the comments we received for this question included;

- The staff are always obliging and easy to talk to, they take trouble in getting you same brand of medication
- They don't let me know when they are going to deliver my meds
- It was so busy and I had to wait for an hour
- They understand what we want

### **Question 10**

Most people have used the following pharmacy services before;

- Free flu vaccinations (7 people)
- Minor ailments (6 people)
- Medicine reviews/Medicine usage reviews (5 people)

Most people would use the following pharmacy services;

- Healthy heart check-up (5 people)
- Advice about leading a healthy lifestyle (5 people)

Please note that not all survey respondents completed this section of the survey and so reliable percentages cannot be formed.

### **Question 11**

The majority of people who completed the survey in the focus groups were aware that some pharmacies can order your prescription from your doctor (23.5% - 24 respondents) and that they can deliver your prescription to your home (23.5% - 24 respondents). Please see below for a breakdown of the other responses;

- 23 responded they can collect your prescription from the doctor (22.5%)
- 6 responded they can give you a chart to help you remember when to take your medicines (5.9%)
- 11 responded they can put your medicines in an organiser to help you remember when to take them (10.8%)
- 9 responded they can put your medicines in a container that is easy to open (8.8%)
- 5 responded they can put a larger print label on your medicines (5%)

### **Question 12**

In the last 12 months 14 respondents (45.2%) had had a conversation with a pharmacist. Please see below for a breakdown of the other responses;

- 15 responded No (48.3%)
- 2 did not answer the question (6.5%)

### **Question 13**

Most people thought their last conversation with the pharmacist was very good (35.5% - 11 respondents). Please see below for a breakdown of the other responses;

- 6 responded Good (19.3%)
- 4 responded Fair (13%)
- 0 responded Poor (0%)
- 0 responded Very poor (0%)
- 10 respondents did not answer the question (32.2%)

Some of the comments received for this question included;

- The conversation was strictly private and I was given a copy of everything that had been discussed.
- It was obvious the pharmacist was talking to me personally, she took my requests to her so seriously

### **Question 14**

In the last 12 months the majority of people surveyed said they had not had any trouble finding a pharmacy to get their prescription, get advice or buy over the counter medicine (90.3% - 28 respondents). Please see below for a breakdown of the other responses;

- 0 responded Yes (0%)
- 3 respondents did not answer the question (9.7%)

### **Question 15**

Most people said their pharmacy has always been open when they needed it (67.7% - 21 respondents)

- 6 responded No (19.3%)
- 4 did not answer (13%)

### **Question 16**

Out of the 6 respondents the following days and times were mentioned to say the pharmacy was closed

- 2 responded a normal weekday (Mon – Fri)
- 1 responded Saturday
- 1 responded Sunday
- 1 responded Overnight (midnight – 8am)

### **Question 17**

When asked about their visit most people did not respond (61.3% - 19 respondents) to say whether the visit was urgent. Please see below for a breakdown of the other responses;

- 2 responded Yes (6.5%)
- 10 responded No (32.2%)

### **Question 18**

If the pharmacy was closed most people waited until their pharmacy was open (9.7% - 3 respondents). Please see below for a breakdown of the other responses;

- 2 responded Went to another pharmacy (6.5 %)
- 0 responded Went to my doctor (0%)
- 0 responded Went to the hospital (0%)
- 0 responded Went to the local 8-8/walk in centre (0%)
- 1 respondent Rang NHS 111 (3.2%)
- 25 did not answer the question (80.6%)

### **Question 19**

Out of the two respondents that answered the above question with 'Went to another pharmacy' only one answered this question. The response given to 'what made you choose that pharmacy' was 'I already knew it would be open'.

### **Question 20**

Most people knew that there are pharmacies in Doncaster that are open late into the evening, early in the morning and at weekends and Bank Holidays (71% - 22 respondents). Please see below for a breakdown of the other responses;

- 8 responded No (25.8%)
- 1 did not respond (3.2%)

### **Question 21**

Out of the respondent that answered yes to question 20 the majority of them knew where the above pharmacies were located (63.7% - 14 respondents).

The other 8 respondents all said that they did not know where the pharmacies are located (36.3%).

### **Question 22**

When asked if there is anything really good about their local pharmacies the following comments were collated;

- Friendly folk
- They are very helpful and can give good advice
- The staff know who you are and your needs
- My regular chemist is Boots, Market Place, Doncaster. Excellent service and very friendly staff
- Very helpful and generous
- Reliable/efficient/friendly
- When my wife was alive the service was very good and helpful
- The staff are very good, nothing is too much trouble for them, they after us very well
- They are so considerate. If I have any queries they make it their (Word missing) to complete their services to me before I leave, even if they have to find m GP
- Weldricks East Laith Street. My chemist and delivery are excellent
- Friendly Service

- They are really good with me

**Question 23**

When asked if there was anything that could be improved the following comments were made;

- A quicker turnover from ordering a prescription and receiving it (48 hours too long)
- Saturday staff could have extra customer care training
- Open until late night including weekends
- Sometime lack stock and need to go back
- Medication to be delivered on time so I don't have to wait a long time
- Better communication and easier to add or take items off when item not needed

**Question 24**

When asked if they had any other comments none of the respondents completed this question.

DRAFT

## Appendix 5 - 60 day Consultation Results

Consultation Phase 2 commenced on 15/09/2014 and ended on 18/11/2014. 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.

12 responses were received. Comments received are also contained here. The results are below:

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

	Count
No	1
Yes	11
Did not answer	0
<b>Grand Total</b>	<b>12</b>

Feedback	PNA Authors response
It was generally well explained BUT there was very little mention of its use for control of entry and exit of pharmacy contracts. [ <i>sic.</i> ]	This feedback has been noted

### Was the information in the draft PNA clear and understandable?

	Count
No	1
Yes	11
Did not answer	0
<b>Grand Total</b>	<b>12</b>

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

	Count
No	1
Yes	11
Did not answer	0
<b>Grand Total</b>	<b>12</b>

Feedback	PNA Authors response
Previous PNA broke down to the localities this uses 4 areas, and neighbourhoods. [ <i>sic.</i> ]	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 70,000 in the North to 83,500 in the South. The defined areas were agreed by Doncaster's Health & Wellbeing Board in January 2014.
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**Do you feel the PNA reflects the needs of the population in the Borough?**

	<b>Count</b>
No	1
Yes	11
Did not answer	0
<b>Grand Total</b>	<b>12</b>

<b>Feedback</b>	<b>PNA Authors response</b>
As current housing in certain areas are being built and the data is out of date. [sic.]	A note has been added to the document stating 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.'

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

	<b>Count</b>
No	8
Yes	4
Did not answer	0
<b>Grand Total</b>	<b>12</b>



Feedback	PNA Authors response
<p>As I recall the survey referred to a number of 100 hour pharmacies and their place in out of hours provision. Given that all these pharmacies have different opening hours and are not commissioned for all services then I think this is an area which needs more detail. [sic.]</p>	<p>We considered the inclusion of pharmacy opening hours, however, as the document is not a "live" one, the decision was made not to include opening times, but to use a live link to NHS Choices where these hours can be found. (<a href="http://www.nhs.uk">www.nhs.uk</a>)  A summary of services provided can be found in table 5.  We have highlighted the areas which lack provision; however this is something which may need further analysis in the future.</p>
<p>Minor Ailment does not focus on how this can be improved.</p> <p>Out of hour service how 100 hour pharmacies can help in provisions of reducing burden on A&amp;E [sic.]</p>	<p>One of the considerations in the document states "Apparent gap in provision of Minor Ailment Services as above, however the accreditation criteria is currently under review and this may increase coverage in the future."</p> <p>The role of 100 hour pharmacies in reducing A&amp;E admissions is not within the scope of this PNA.</p>
<p>availability to all pharmacies, to provide excellent customer care coverage across the borough</p> <p>for example, ehc only in some pharmacies [sic.]</p>	<p>This feedback has been noted</p>
<p>No data on pharmacy actual opening hours to make those declarations. [sic.]</p>	<p>We considered the inclusion of pharmacy opening hours, however, as the document is not a "live" one, the decision was made not to include opening times, but to use a live link to NHS Choices where these hours can be found. (<a href="http://www.nhs.uk">www.nhs.uk</a>)</p>

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

	<b>Count</b>
No	9
Yes	3
Did not answer	0
<b>Grand Total</b>	<b>12</b>

<b>Feedback</b>	<b>PNA Authors response</b>
Health Checks an expanded sexual health service including longer term contraceptives [sic.]	This feedback has been noted
1. Out of hour emergency medication 2. Antibiotics (form of minor ailment) 3. Coelic Service All Coelic patients register with a pharmacy. 4. Meciaton optimisation enuring patietnts get the correct medicines. 5. Medicines Sychronosation, when GP issues a script for 28 days patient is out of sync with current medication, pharmaies should have provisions in place to help synchronisation, practice staff do not have full understanding to help. [sic.]	This feedback has been noted
NHS Healthchecks have not been mentioned and are relevant to this locality. [sic.]	This feedback has been noted

**Do you agree with the considerations within the PNA?**

	<b>Count</b>
No	2
Yes	10
Did not answer	0
<b>Grand Total</b>	<b>12</b>

Feedback	PNA Authors response
<p>It needs to be more direct and state exactly where the gaps are and how they can be improved.</p> <p>I.E areas such as south it states hardly any weekend cover, would it suggest extended opening of contract?? for weekends or a weekend telephone service is needed what?? (sic.)</p>	<p>Pharmaceutical Needs have now been highlighted.</p>
<p>The considerations need some clarity. on page 39 for example you state a gap for 100hr services in the south (despite that contract format not being available) but its no longer a gap in page 43 section 6? merely a mention of hours needed with no mention of actions. Some certainty on what is a gap, or not, and next steps would be of use. What do you want existing contractors to do?</p>	<p>Page 40 states "Gaps in provisions have been locally identified as 'where no service exists' and/or 'linked with an identified high level of need' such as:</p> <ul style="list-style-type: none"> <li>• 100 hour pharmacy in the South, cross border to Bassetlaw and Rotherham – there appears to be no provision currently in this area."</li> </ul> <p>Page 44 states "The outcomes of the PNA in 2015 have confirmed that on the whole the pharmacy provision in Doncaster is of a good standard but there are inevitably some gaps and areas for future development. The key areas are:</p> <ul style="list-style-type: none"> <li>• Extended hours opening pharmacy provision in the South and North neighbourhoods."</li> </ul> <p>Pharmaceutical Needs have now been highlighted.</p>

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

Feedback	PNA Authors response
<p>The map on page 14 reflects the boundary with us as being "North East Lincolnshire". This should in fact be North Lincolnshire</p>	<p>This has been noted and the map has been changed</p>

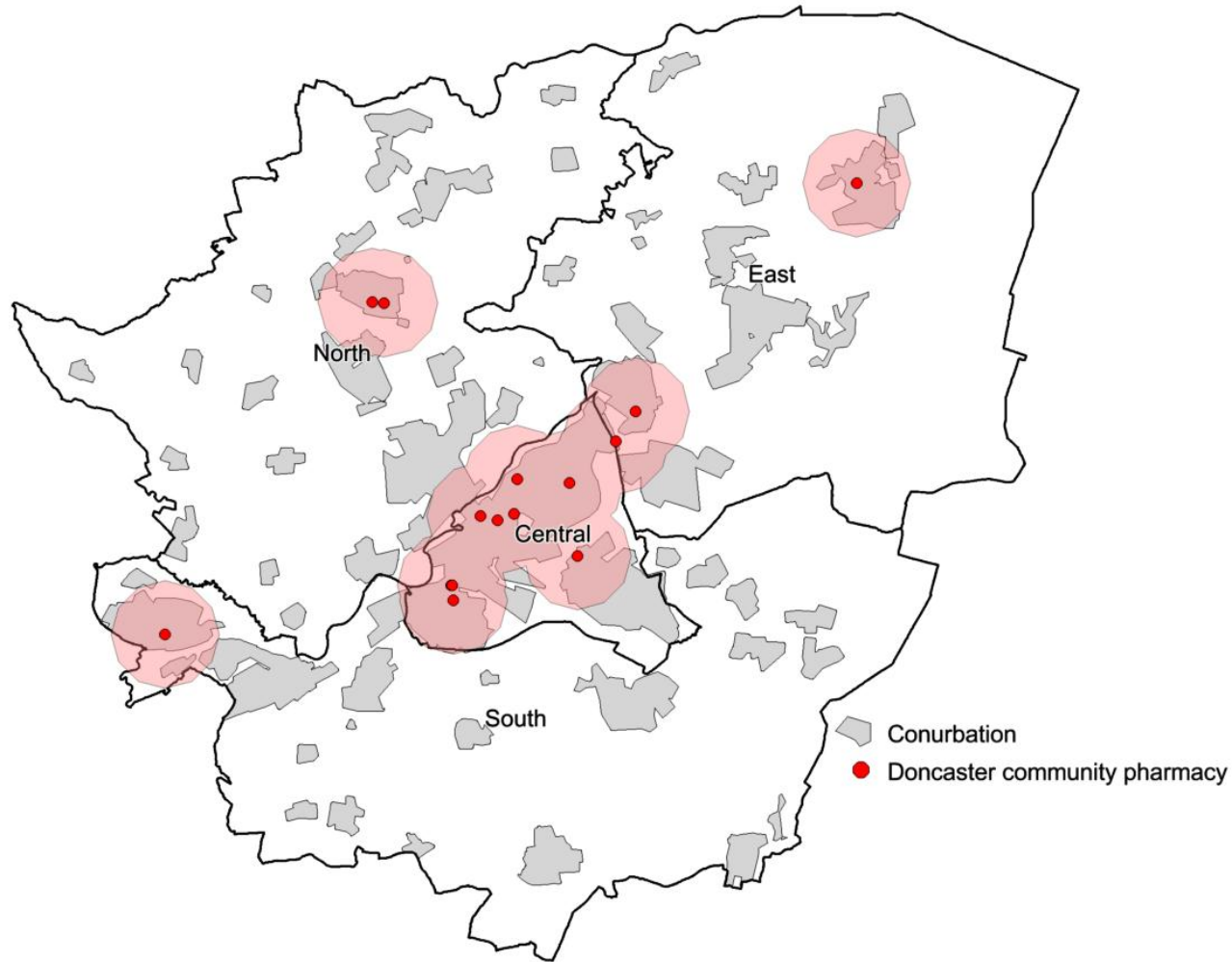
Feedback	PNA Authors response
<p>On page 13 and again on page 30 your PNA makes a statement that "the area beyond East in very rural with no neighbouring pharmaceutical service". In fact there are three bordering community pharmacies in North Lincs neighbouring your rural boundary, and these are placed in Crowle, Epworth and Haxey. In addition there are three dispensing GPs in Crowle, Belton, Epworth. [sic.]</p>	<p>This has been noted, however the areas you mention are outside the one mile radius used in the PNA. We have, however, changed the narration to reference that there is provision, a little further over the border.</p>
<p>P6 - The pharmacy demographics states that there are two internet pharmacies. The correct regulatory reference for this type of pharmacy is "distance selling", because there is no specific requirement for them to have an internet presence. Also it refers to two, but further on the PNA refers to three (p7, p25 and the tables). The correct figure is two as Chestnut Pharmacy is not a distance selling pharmacy. [sic.]</p>	<p>These comments have been noted and the relevant changes had been made.</p>
<p>P6 and p28 - there is reference to two dispensing GP. This may need clarifying to say that two Doncaster practices are authorised to dispense - rather than the doctor themselves as may be implied by "GP" [sic.]</p>	<p>These comments have been noted. The first comment has remained the same, we feel that "General Practices" is clear enough to describe the practice itself. The second comment has been altered to be consistent with the first.</p>
<p>P7 - the reference to a customer toilet for screening services is misleading. Most screening services do not require the use of a toilet e.g. pregnancy testing, blood glucose, and indeed none of the currently commissioned services require a toilet [sic.]</p>	<p>These comments have been noted. The comment has now been changed to "Only 3 state they have a customer toilet, which can be used for screening purposes if required. Most screening services do not require the use of a toilet."</p>

Feedback	PNA Authors response
<p>The PNA states that the patient survey showed that a substantial amount of the sample do not pay for prescriptions (37%) - is this correct. Because from the LPC members experience in Doncaster patients exempt from prescription charges are between 80% and 90%. If correct could the sample be skewed and therefore a statement to this effect needs applying. NHSE should be able to obtain a definitive figure from the NHSBSA. [sic.]</p>	<p>The survey states clearly that the figures are from the sample, and that this may not be representative. The PNA states: "The public survey received 279 responses and was made available online, through community pharmacies and wider community networks. The sample was predominantly female (68%), aged 45-64 years (47%) and White British (87%). The survey also highlighted that a substantial amount of the sample do not pay for prescriptions (37%). The findings may not be representative of the whole population but the results still offer useful insights from the public. "</p>
<p>P8 - the patient satisfaction survey contradicts itself - it has parking in both good and needs improvement as well as opening times. It should be noted in the PNA that the patient questionnaire sample was relatively small and that each pharmacies own patient satisfaction survey would be a more reliable source of specific local public comments [sic.]</p>	<p>The positive and needs improvement table was taken from the public questionnaires, and therefore there were good and bad comments regarding parking, which is why it appears to contradict itself however, the comments were from different people with different opinions and needs. The survey states clearly that "The findings may not be representative of the whole population but the results still offer useful insights from the public. "</p> <p>Pharmacy patient satisfaction surveys were requested from NHS England but were unavailable during the development of the PNA.</p>
<p>P8 - the statement about disabled access seems odd given that there was only one pharmacy whose consultation room was not accessible by wheelchair. Does this need further follow up, because it doesn't seem like a gap - especially if the pharmacy is near to other pharmacies or has a way around this access issue [sic.]</p>	<p>The gap around consistency in disabled access includes wheelchair ramps, automatic doors and hearing loops, which may prevent use by a range of people with disabilities, not just those in wheelchairs.</p>

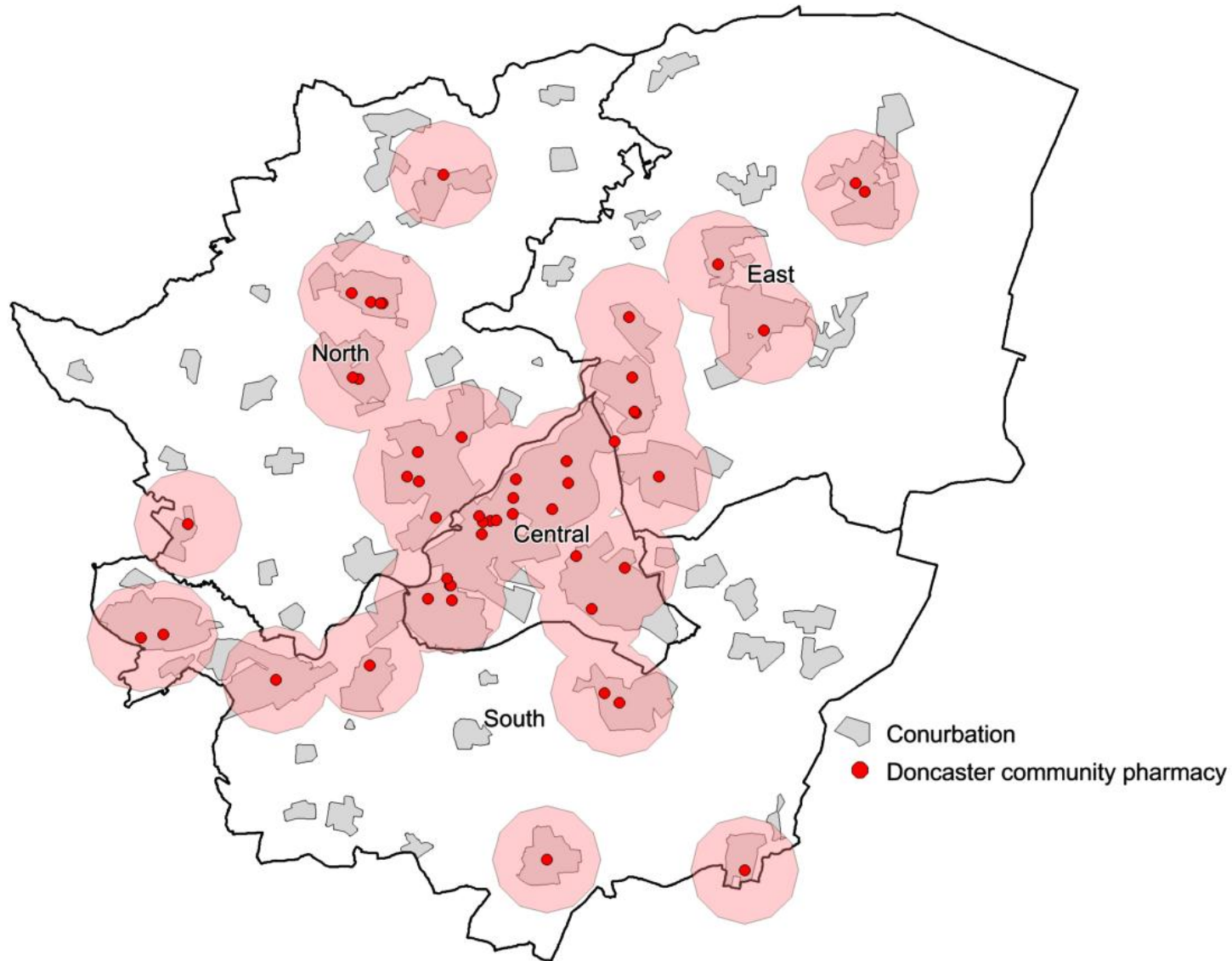
Feedback	PNA Authors response
P11 - community pharmacies can and do provide appliance use reviews and appliance customisation [sic.]	This feedback has been noted
P11 - the LPC suggests the deletion of the word "particularly" [sic.]	This has now been amended in the document.
P14, map 1 - what do the grey areas mean? [sic.]	A key has been added to the map
P31, table 5 - what is "PREM"? [sic.]	The definition has now been added to the glossary
P35, table 9 - are you sure that 27 pharmacies still provide the minor ailment scheme. The LPC believes it to be much less. Emma Smith from Doncaster CCG can provide a definitive figure [sic.]	The information was correct at the time of development of the PNA, and was taken from the stakeholder questionnaires at the beginning of the process. As stated in the PNA the data is not "live" and is therefore subject to change.
P37 - there is no mention of supervision of other medicines in addition to methadone. These need adding [sic.]	Buprenorphine/suboxone have now been added to the document
P39- what does "and advice (felt need)" mean? [sic.]	"felt need" is what the community feels it needs, not necessarily what it actually needs.
Supervised consumption services dispense and supervise the consumption of methadone. No mention of buprenorphine/suboxone which does take place. Based on this someone could argue there is a gap in provision for supervised buprenorphine when it is actually offered [sic.]	Buprenorphine/suboxone have now been added to the document

## Appendix 6 – Opening hours by geographic location (maps)

Evening opening (after 7pm) by housing conurbations

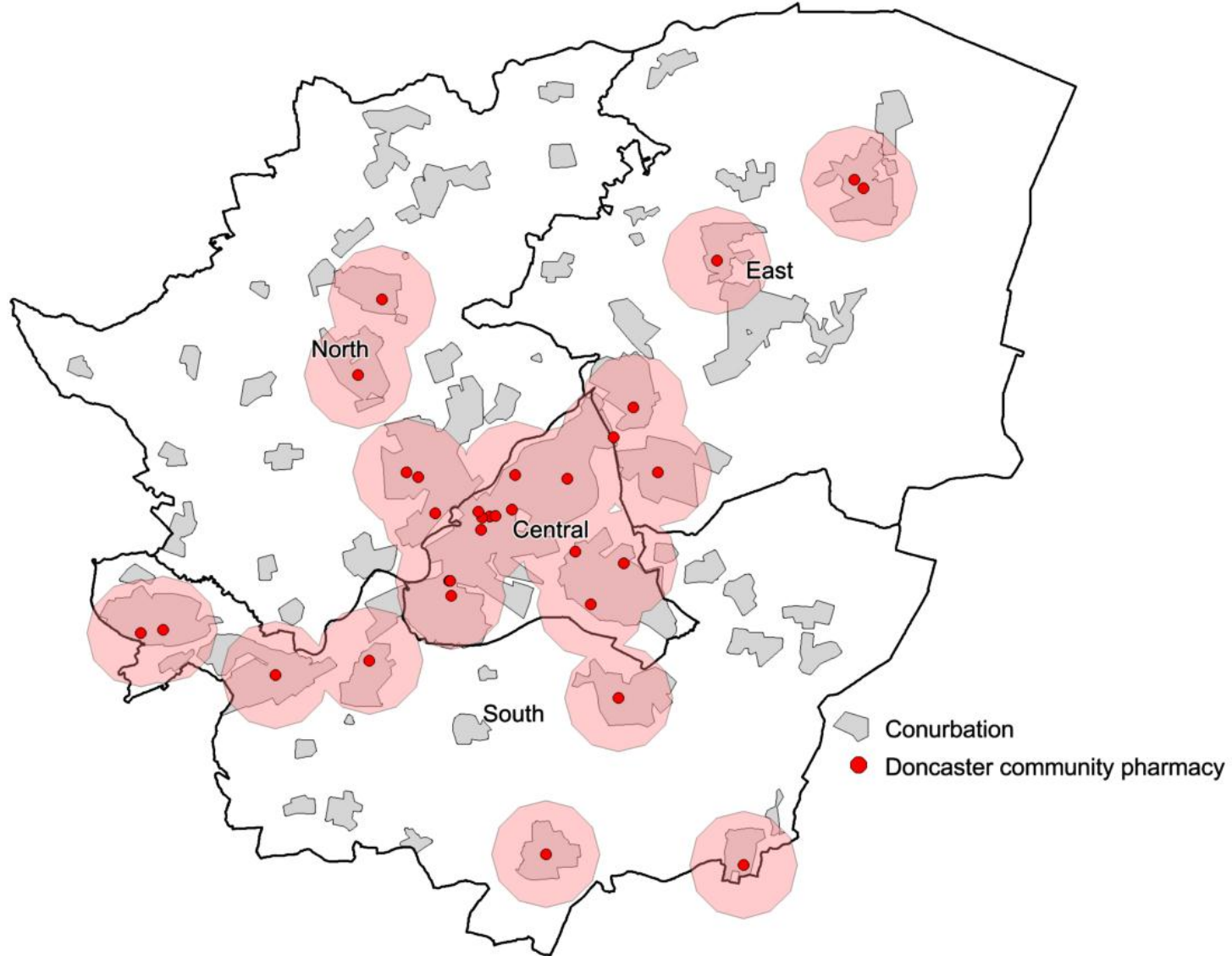


**Saturday morning opening** (up to 1pm) by housing conurbations

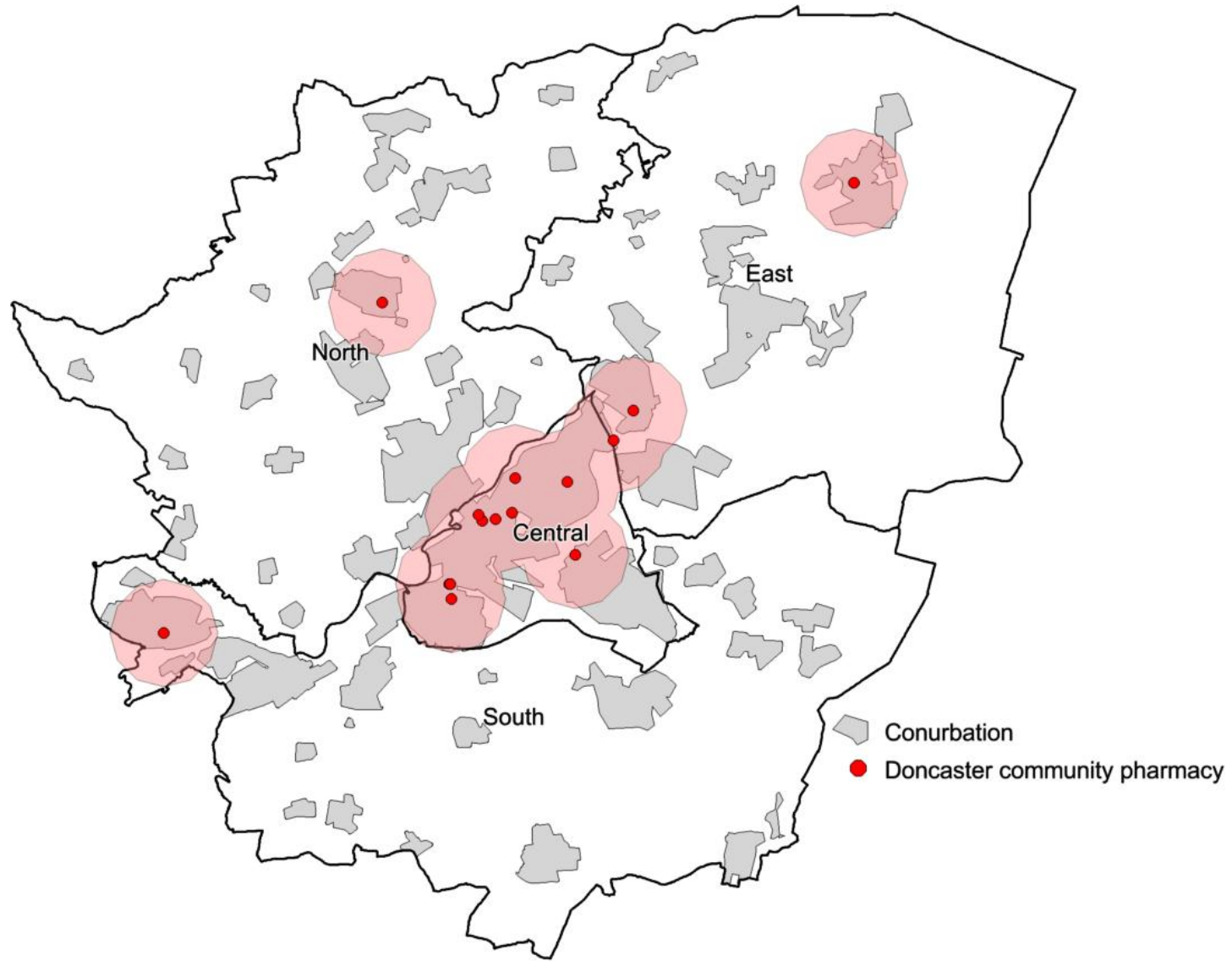




**Saturday all day opening** (beyond 1pm) by housing conurbations



**Sunday opening** (any time period) by housing conurbations



## Appendix 7 – Table of Advanced and Locally Commissioned Services

Neighbourhood	Ward	Pharmacy code	Pharmacy name	Access			NHS England					PH		CCG			
				40 Hour	100 Hour	Internet	ETP	NMS	MUR	AUR	Prem	EHC	Needle Exchange	Supervised Consumption	Palliative Care	Minor Ailments	Falls Risk Assessment
Central	Balby	FWP91	J M McGill Ltd, Balby	Y			Y	Y	Y			Y	Y		Y	Y	
		FLE72	J M McGill Ltd, Balby	Y			Y	Y	Y				Y			Y	
		FRL46	Tesco Pharmacy, Balby	Y			Y	Y	Y				Y	Y			
	Bessacarr and Cantley	FWA46	Asda Pharmacy, Lakeside		Y		Y	Y	Y				Y	Y			
		FFD93	H I Weldricks, Cantley	Y			Y	Y	Y	Y		Y	Y		Y	Y	Y
		FMF55	H I Weldricks, Cantley	Y			Y	Y	Y	Y		Y	Y		Y	Y	Y
		FJK96	H I Weldricks, Cantley	Y			Y	Y	Y	Y		Y	Y		Y	Y	Y
		FPG28	Lloyds Pharmacy, Bessacarr	Y			Y	Y	Y				Y				Y
	Central	FTV02	Balby Late Night Pharmacy, Balby		Y		Y	Y	Y		Y	Y	Y	Y	Y		
		FYE25	Boots UK Ltd, 13-15 Frenchgate, Town Centre	Y			Y	Y	Y		Y		Y	Y			Y
		FWF23	H I Weldricks (Internet Pharmacy), Leedale			Y	Y	Y								Y	Y
		FC224	H I Weldricks (Internet), The Pharmacy Centre			Y	Y			Y						Y	Y
		FA188	H I Weldricks, Town Centre	Y			Y	Y		Y			Y			Y	Y
		FCK54	H I Weldricks, Town Centre	Y			Y	Y	Y	Y		Y		Y	Y	Y	Y
		FXR73	H I Weldricks, Town Centre	Y			Y	Y	Y	Y						Y	Y

Central community pharmacies continued overleaf...

Central community pharmacies continued...

Neighbourhood	Ward	Pharmacy code	Pharmacy name	Access			NHS England					PH		CCG			
				40 Hour	100 Hour	Internet	ETP	NMS	MUR	AUR	Prem	EHC	Needle Exchange	Supervised Consumption	Palliative Care	Minor Ailments	Falls Risk Assessment
		FG752	J M McGill Ltd, Hyde Park	Y			Y	Y	Y			Y	Y			Y	
		FGQ59	J M McGill Ltd, Hexthorpe	Y			Y	Y	Y		Y	Y	Y			Y	
		FWV96	J M McGill Ltd, Balby		Y		Y	Y	Y				Y			Y	
		FDV49	Rowlands Pharmacy, Balby	Y			Y	Y	Y				Y			Y	Y
		FMR85	Superdrug, Town Centre	Y			Y	Y	Y		Y		Y		Y		Y
	Town Moor	FQW64	Averroes Pharmacy, Intake		Y		Y										
		FC986	D&R Sharp Chemists, Intake	Y			Y		Y		Y		Y				
		FWK94	H I Weldricks, Wheatley	Y			Y	Y	Y	Y	Y		Y		Y	Y	Y
		FCN37	H I Weldricks, Intake	Y			Y	Y	Y	Y	Y		Y		Y	Y	Y
	Wheatley	FHJ81	Boots UK Ltd, Wheatley	Y			Y	Y	Y		Y		Y	Y	Y		Y
		FT065	Boots Uk Ltd, Town Centre	Y			Y	Y	Y			Y	Y				Y
		FM670	H I Weldricks, Lower Wheatley	Y			Y	Y	Y	Y		Y	Y			Y	Y
		FWD68	Lloyds Pharmacy, Town Moor		Y		Y				Y	Y	Y	Y	Y		
		FKE50	Tesco Pharmacy, Town Centre		Y		Y	Y	Y		Y		Y				
								Y									



Neighbourhood	Ward	Pharmacy code	Pharmacy name	Access			NHS England					PH		CCG		
				40 Hour	100 Hour	Internet	ETP	NMS	MUR	AUR	Prem	EHC	Needle Exchange	Supervised Consumption	Palliative Care	Minor Ailments
East	Armthorpe	FX203	H I Weldricks, Armthorpe	Y			Y	Y	Y	Y		Y		Y	Y	Y
		FTE09	H I Weldricks, Armthorpe	Y			Y	Y	Y	Y		Y		Y	Y	Y
	Edenthorpe, Kirk Sandall and Barnby Dun	FQC31	H I Weldricks, Edenthorpe	Y			Y	Y	Y	Y		Y			Y	Y
		FEL24	H I Weldricks, Kirk Sandall	Y			Y	Y	Y	Y		Y		Y	Y	Y
		FGP83	H I Weldricks, Barnby Dun	Y			Y	Y	Y	Y		Y			Y	Y
		FWJ12	Sainsburys Pharmacy, Edenthorpe		Y		Y	Y	Y		Y	Y	Y			
	Hatfield	FH213	Tesco Pharmacy, Edenthorpe		Y		Y	Y	Y				Y			
		FVD51	H I Weldricks, Dunscroft	Y			Y	Y	Y	Y		Y		Y	Y	Y
		FDY87	H I Weldricks, Hatfield	Y			Y	Y	Y	Y		Y			Y	Y
	Stainforth and Moorends	FHW73	J M McGill Ltd, Dunsville	Y			Y	Y	Y		Y			Y	Y	
		FP935	H I Weldricks, Stainforth	Y			Y	Y	Y	Y		Y		Y	Y	Y
		FA909	H I Weldricks, Stainforth	Y			Y	Y		Y		Y			Y	Y
	Thorne	FL785	H I Weldricks, Moorends	Y			Y	Y	Y	Y		Y		Y	Y	Y
		FEE21	Boots Uk Ltd, Thorne	Y			Y	Y	Y		Y				Y	Y
		FVF56	CSPC (Alchem), Thorne		Y							Y	Y	Y		
		FQK76	H I Weldricks, Thorne	Y			Y	Y	Y	Y		Y		Y	Y	Y
FJG47		H I Weldricks, Thorne	Y			Y	Y	Y	Y		Y			Y	Y	

Neighbourhood	Ward	Pharmacy code	Pharmacy name	Access			NHS England					PH		CCG			
				40 Hour	100 Hour	Internet	ETP	NMS	MUR	AUR	Prem	EHC	Needle Exchange	Supervised Consumption	Palliative Care	Minor Ailments	Falls Risk Assessment
North	Adwick	FEJ74	Asda Pharmacy, Carcroft		Y		Y	Y	Y		Y	Y	Y	Y			Y
		FA217	Chestnut Pharmacy, Carcroft		Y		Y	Y	Y		Y	Y					Y
		FDL52	H I Weldricks, Carcroft	Y			Y	Y	Y	Y	Y	Y			Y	Y	Y
		FL538	H I Weldricks, Skellow	Y			Y	Y	Y	Y	Y	Y		Y	Y	Y	Y
		FYV83	Lloyds Pharmacy, Woodlands	Y			Y	Y	Y		Y	Y					
		FK590	Lloyds Pharmacy, Woodlands	Y			Y	Y	Y			Y					
	FQJ22	The Co-operative Pharmacy, Woodlands	Y			Y	Y	Y			Y		Y		Y	Y	
	Askern Spa	FFM06	Boots UK Ltd (Alliance), Askern	Y			Y	Y	Y		Y	Y					Y
		FEX84	Boots Uk Ltd (Alliance), Askern	Y			Y	Y	Y		Y						Y
	Bentley	FVJ31	D&R Sharp Chemists, Bentley	Y			Y	Y	Y		Y	Y		Y			
		FXX64	The Co-operative Pharmacy, Bentley	Y			Y	Y	Y			Y					Y
	Great North Road	FQH40	D&R Sharp Chemists, Scawsby	Y			Y			Y	Y	Y					
		FE480	H I Weldricks, Scawthorpe	Y			Y	Y	Y	Y		Y		Y	Y	Y	Y
		FJP36	Lloyds Pharmacy, Cusworth	Y			Y	Y	Y		Y	Y			Y	Y	Y
	Sprotbrough	FLL42	H I Weldricks, Sprotbrough	Y			Y	Y	Y	Y	Y	Y		Y	Y	Y	Y
		FFR74	H I Weldricks, Barnburgh	Y			Y	Y	Y	Y	Y	Y			Y	Y	Y
FWA49		J M McGill Ltd, Sprotbrough	Y			Y	Y	Y			Y		Y	Y	Y	Y	

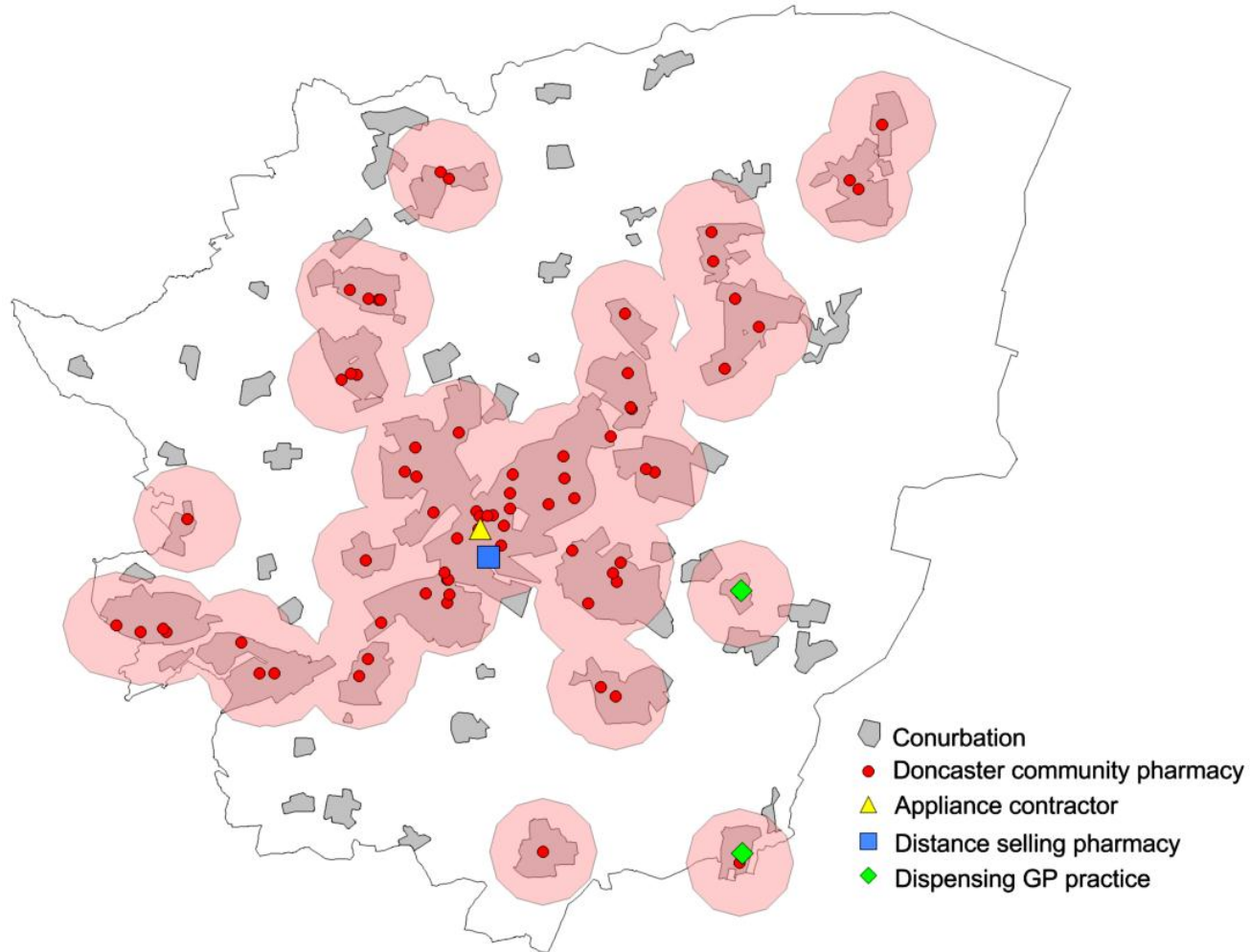
Neighbourhood	Ward	Pharmacy code	Pharmacy name	Access			NHS England				PH			CCG			
				40 Hour	100 Hour	Internet	ETP	NMS	MUR	AUR	Prem	EHC	Needle Exchange	Supervised Consumption	Palliative Care	Minor Ailments	Falls Risk Assessment
South	Conisbrough and Denaby	FDC63	H I Weldricks, Conisbrough	Y			Y	Y	Y	Y	Y	Y		Y	Y	Y	
		FX116	H I Weldricks, Denaby	Y			Y	Y	Y	Y		Y			Y	Y	
		FQY35	H I Weldricks, Conisbrough	Y			Y	Y	Y	Y	Y	Y			Y	Y	
	Edlington and Warmsworth	FGK37	H I Weldricks, Edlington	Y			Y	Y	Y	Y	Y	Y			Y	Y	
		FTP90	H I Weldricks, Edlington	Y			Y	Y	Y	Y	Y	Y		Y	Y	Y	
		FMW25	J M McGill Ltd, Warmsworth	Y			Y	Y	Y		Y	Y		Y	Y		
	Finningley	FR747	Auckley Pharmacy, Auckley	Y			Y	Y	Y								
	Mexborough	FRH16	Eightlands (Pharmacy M), Mexborough		Y		Y	Y	Y		Y		Y				
		FRP29	Gorgemead (Cohens), Mexborough	Y			Y	Y	Y		Y		Y			Y	
		FEP69	J M McGills Ltd, Mexborough	Y			Y	Y	Y			Y	Y		Y		
		FPY43	Lloyds Pharmacy, Mexborough	Y			Y	Y				Y	Y				
		FDT14	Lloyds Pharmacy, Mexborough	Y			Y	Y	Y				Y		Y		
	Rossington	FKW02	H I Weldricks, Rossington	Y			Y	Y	Y	Y	Y		Y		Y	Y	
		FNL19	The Co-operative Pharmacy, Rossington	Y			Y	Y	Y		Y	Y	Y		Y	Y	
	Torne Valley	FFF23	H I Weldricks, Bawtry	Y			Y	Y	Y	Y	Y		Y		Y	Y	
		FVJ14	Lloyds Pharmacy, Tickhill	Y			Y	Y	Y				Y				



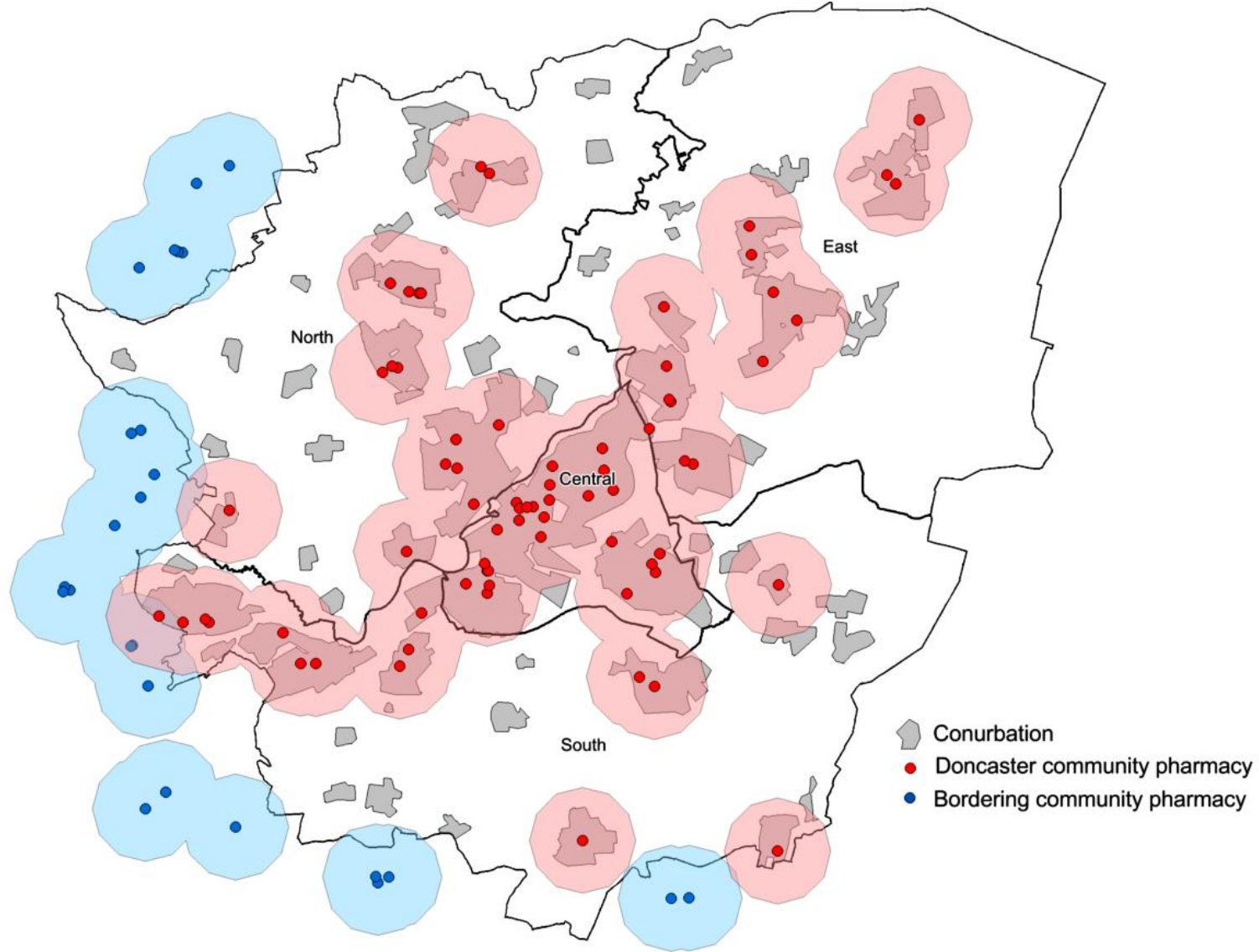


## Appendix 8 – Geographic Maps of Pharmaceutical Services

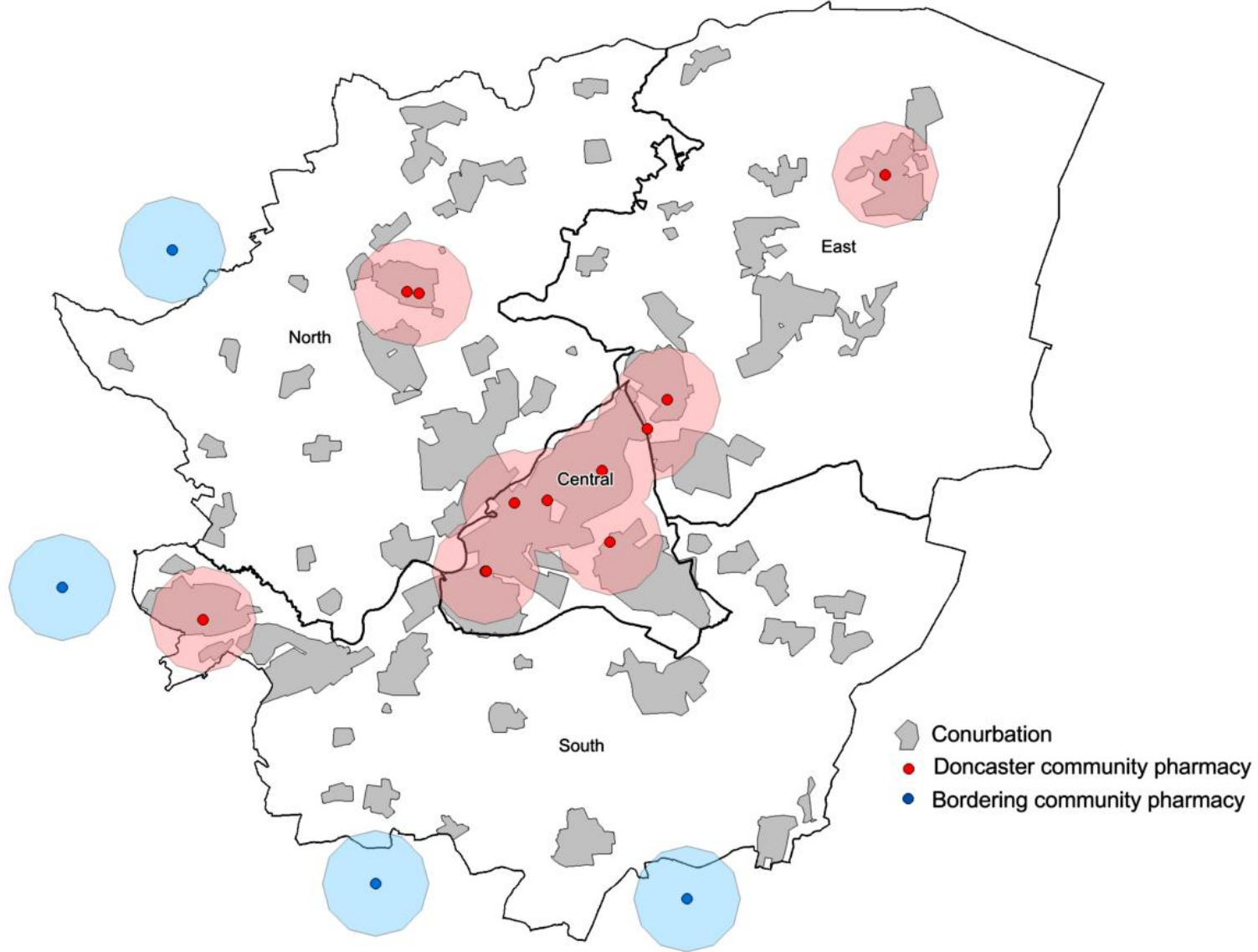
**Map 1** – Community pharmacies, dispensing GPs, appliance contractors and distance selling pharmacies by housing conurbations.



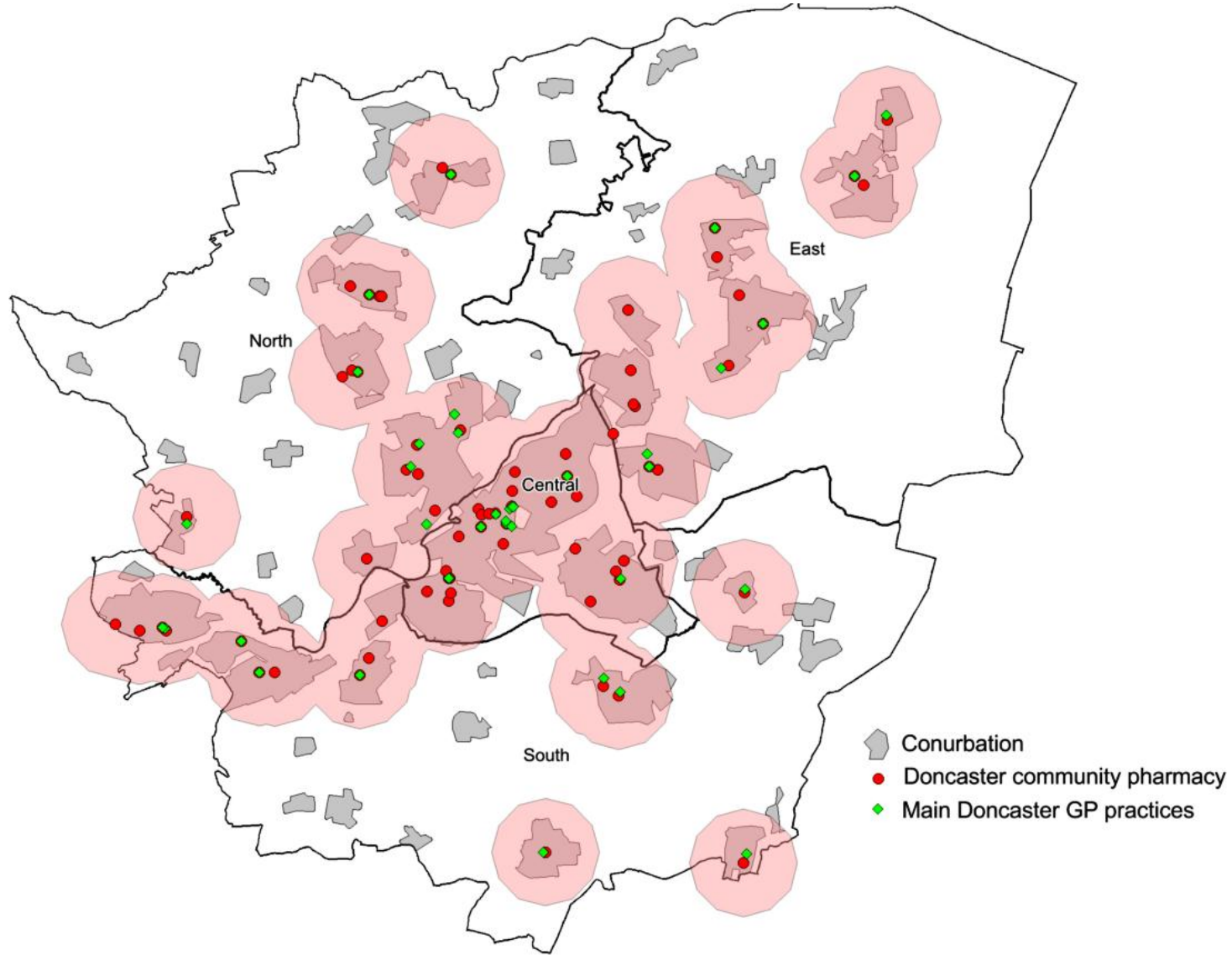
Map 2 – All community pharmacies by housing conurbations



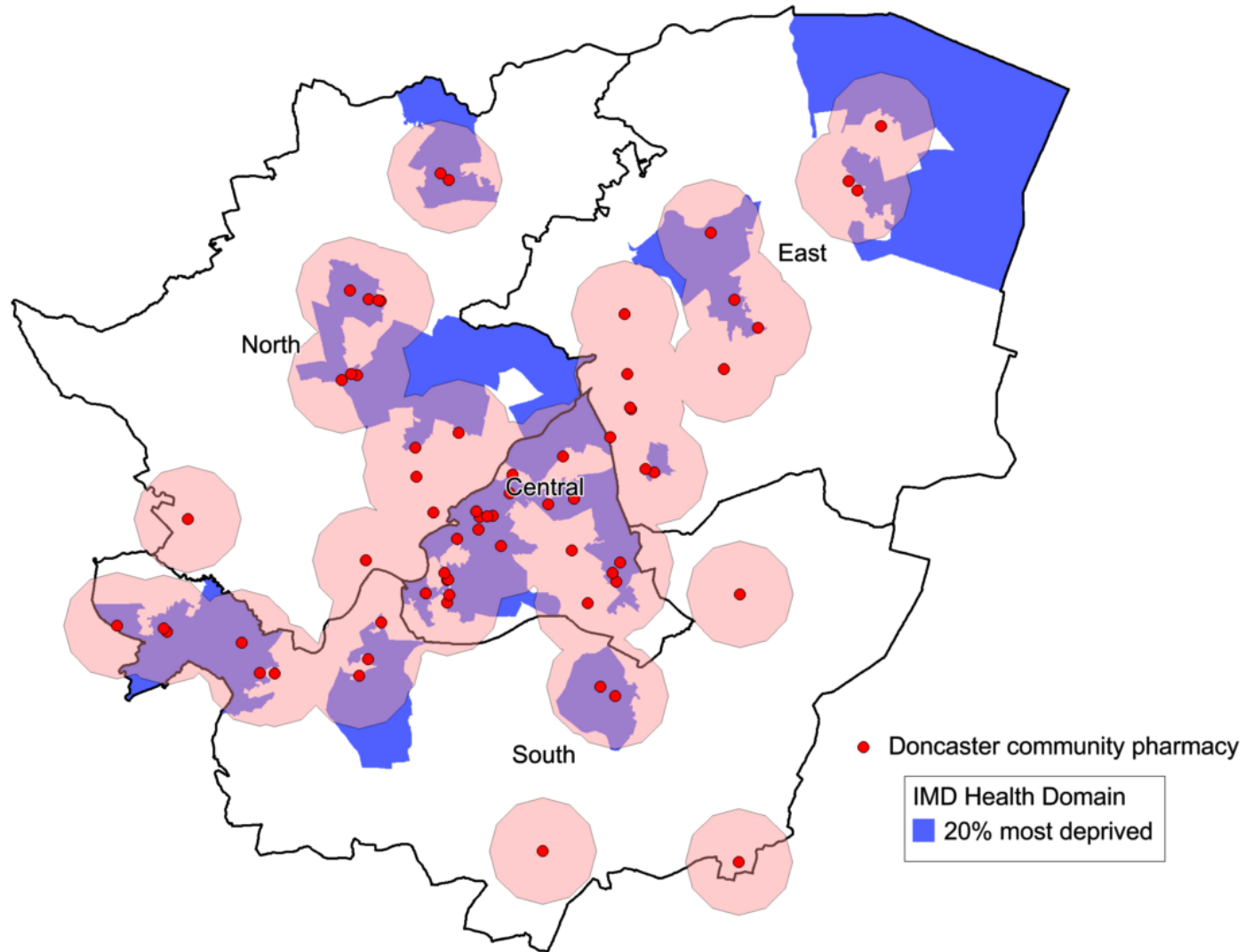
**Map 3 – 100hr community pharmacies** in Doncaster, plus bordering 100hr pharmacies, by housing conurbations



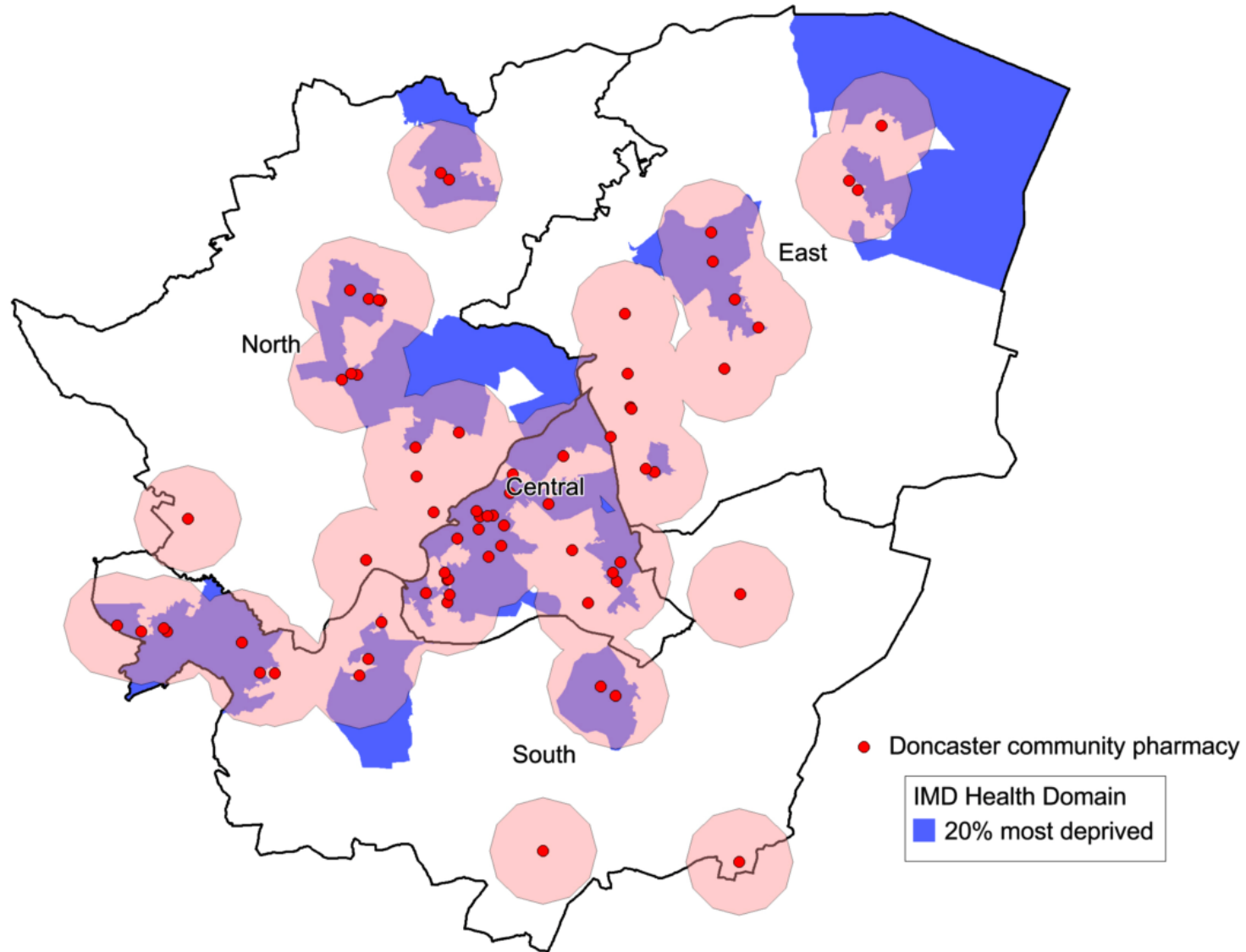
**Map 4 – Community pharmacies and GP practices by housing conurbations.**



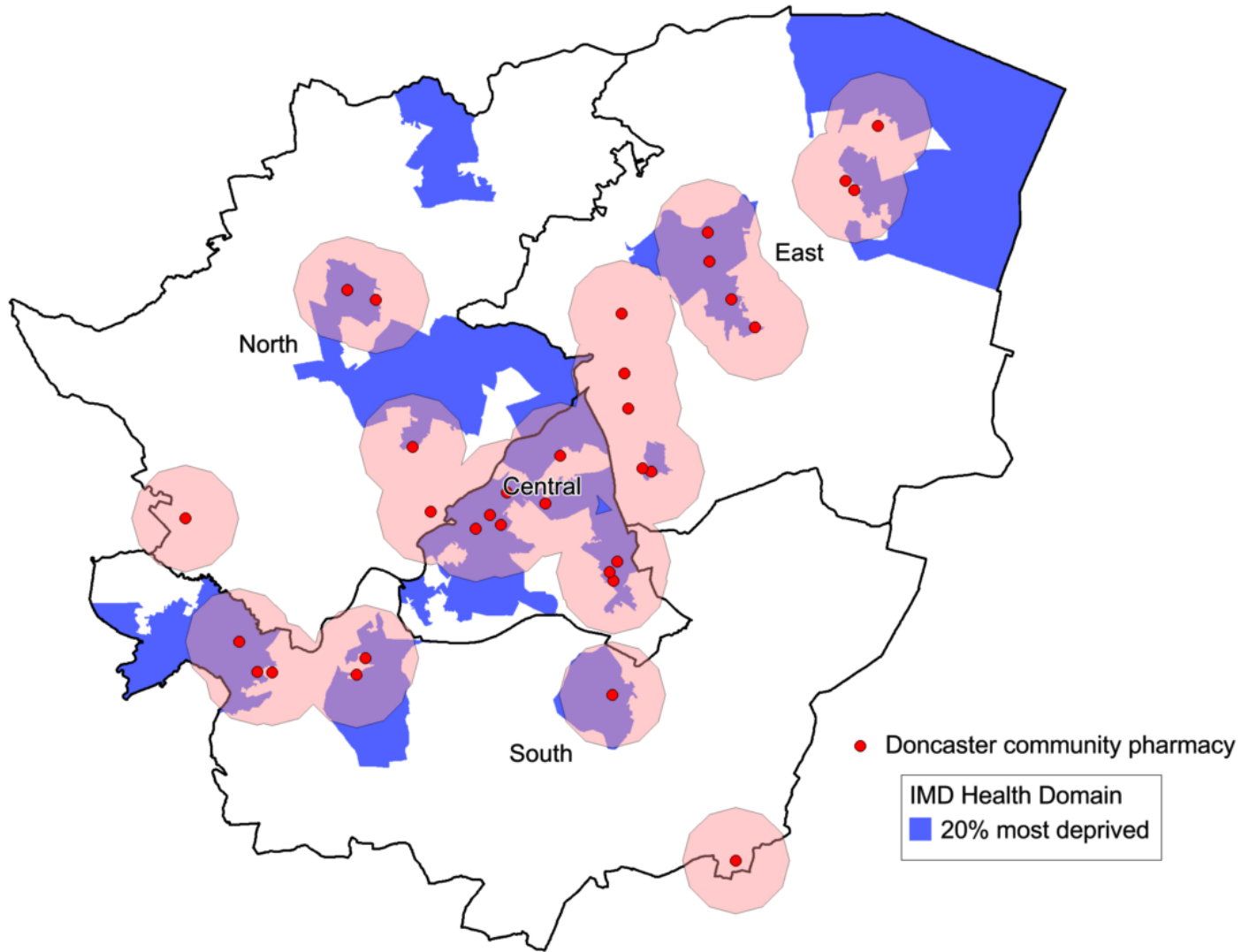
**Map 5 – Medicine Use Review Services** by the 20% most deprived Lower Super Output Areas under the IMD 2010 Health Domain.



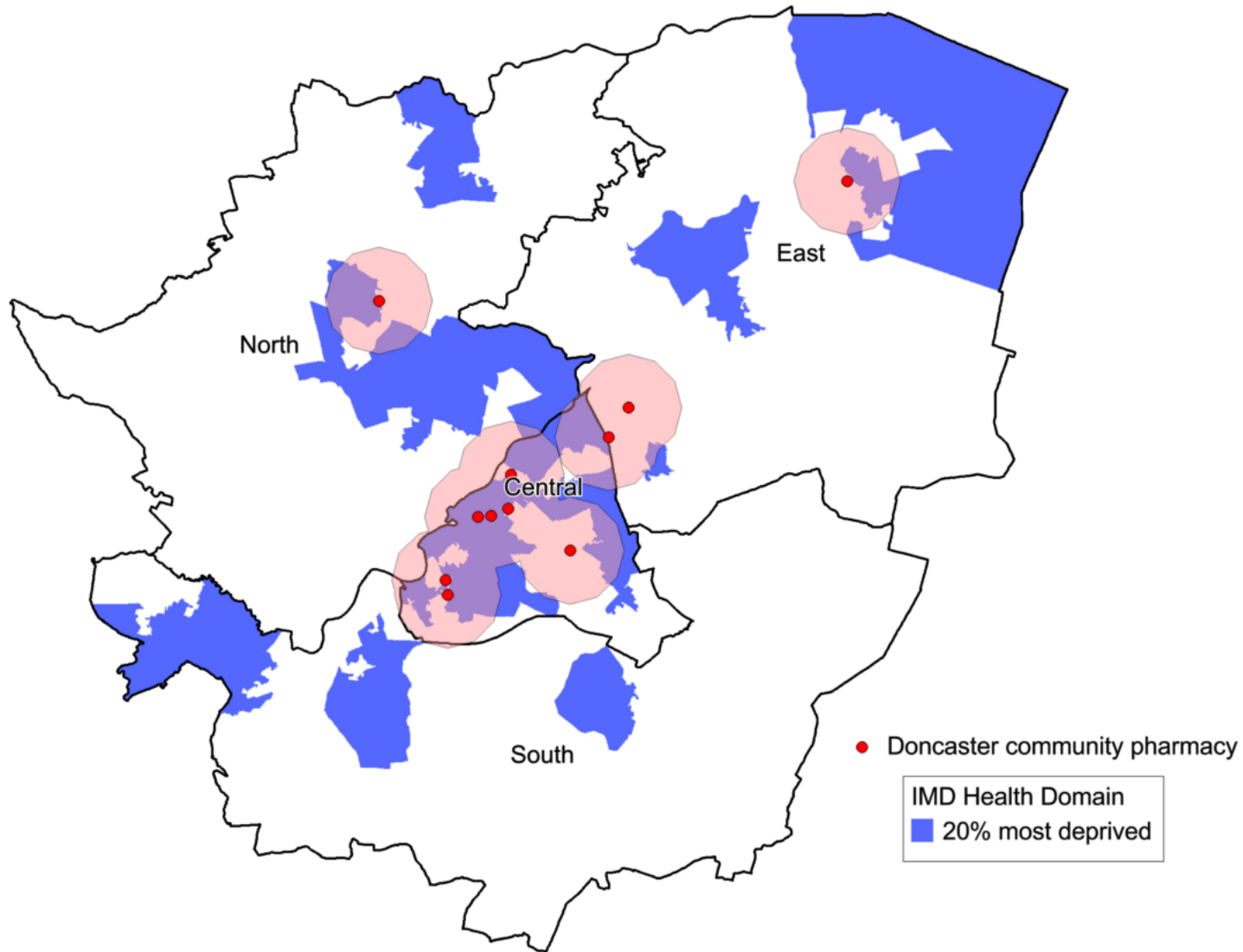
**Map 6 – New Medicines Services** by the 20% most deprived Lower Super Output Areas under the IMD 2010 Health Domain.



**Map 7 – Appliance Use Review Services** by the 20% most deprived Lower Super Output Areas under the IMD 2010 Health Domain.

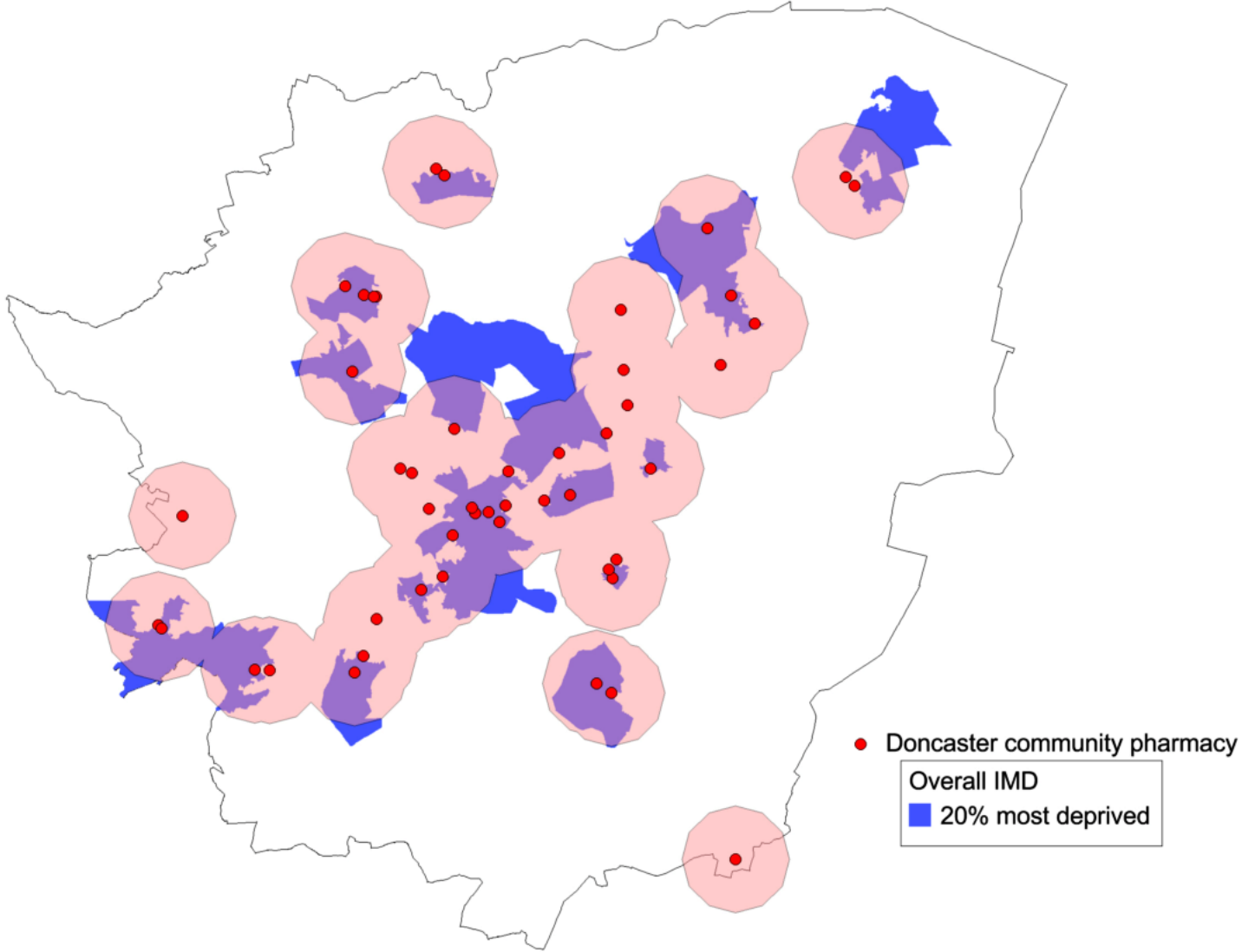


**Map 8 – Palliative Care Drugs Services** by the 20% most deprived Lower Super Output Areas under the IMD 2010 Health Domain.

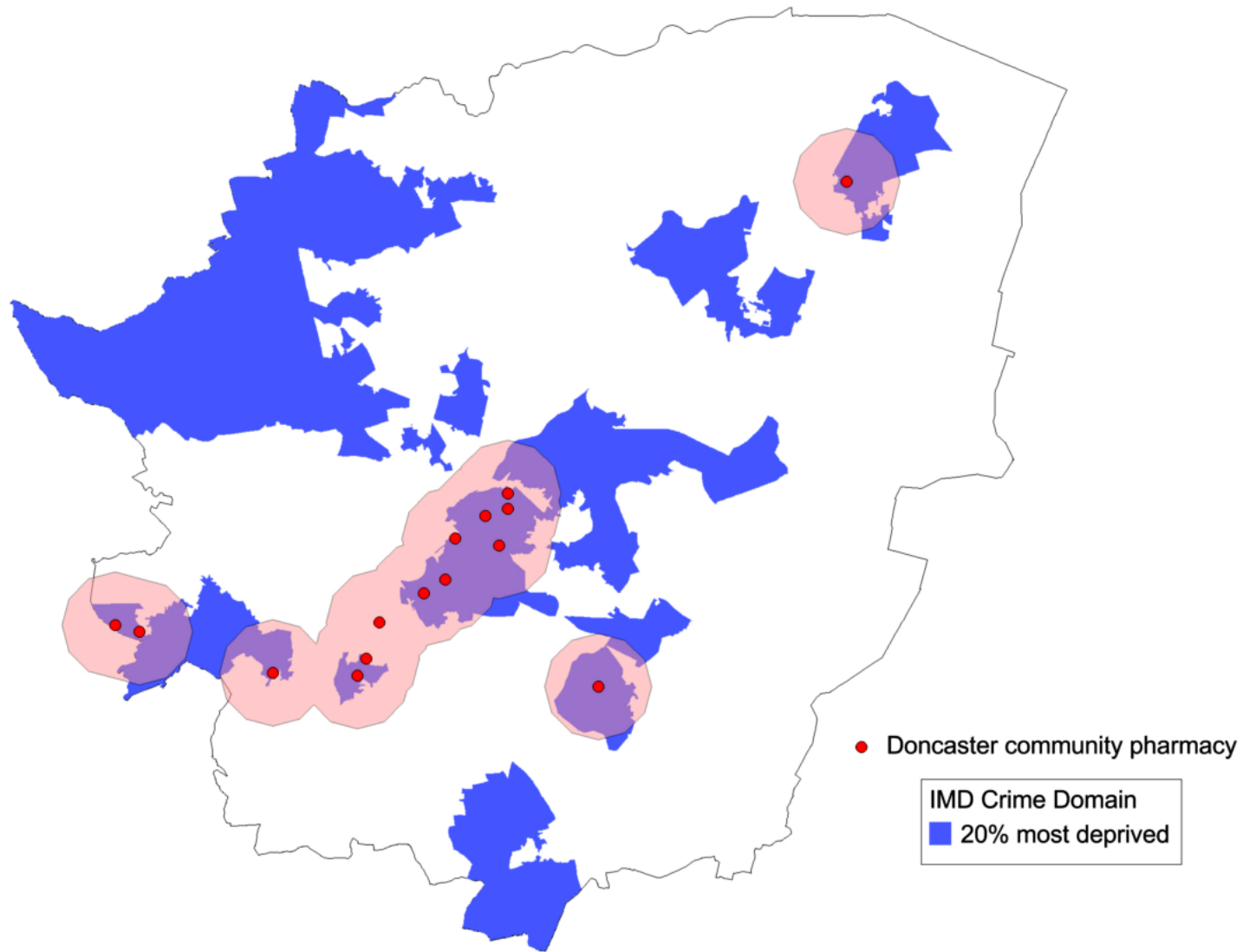




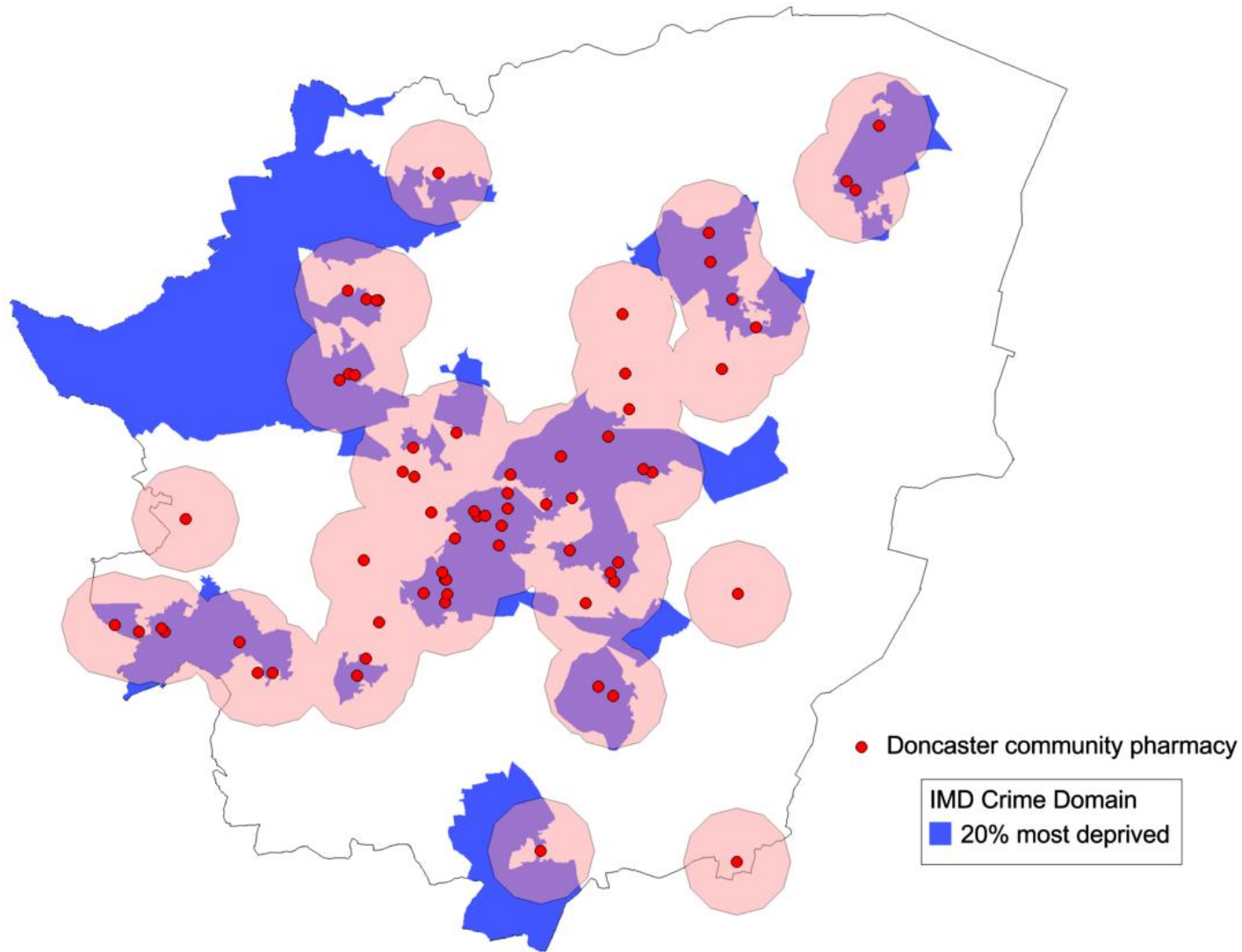
**Map 9 – Emergency Hormonal Contraception Services** by the 20% most deprived Lower Super Output Areas for overall IMD 2010.



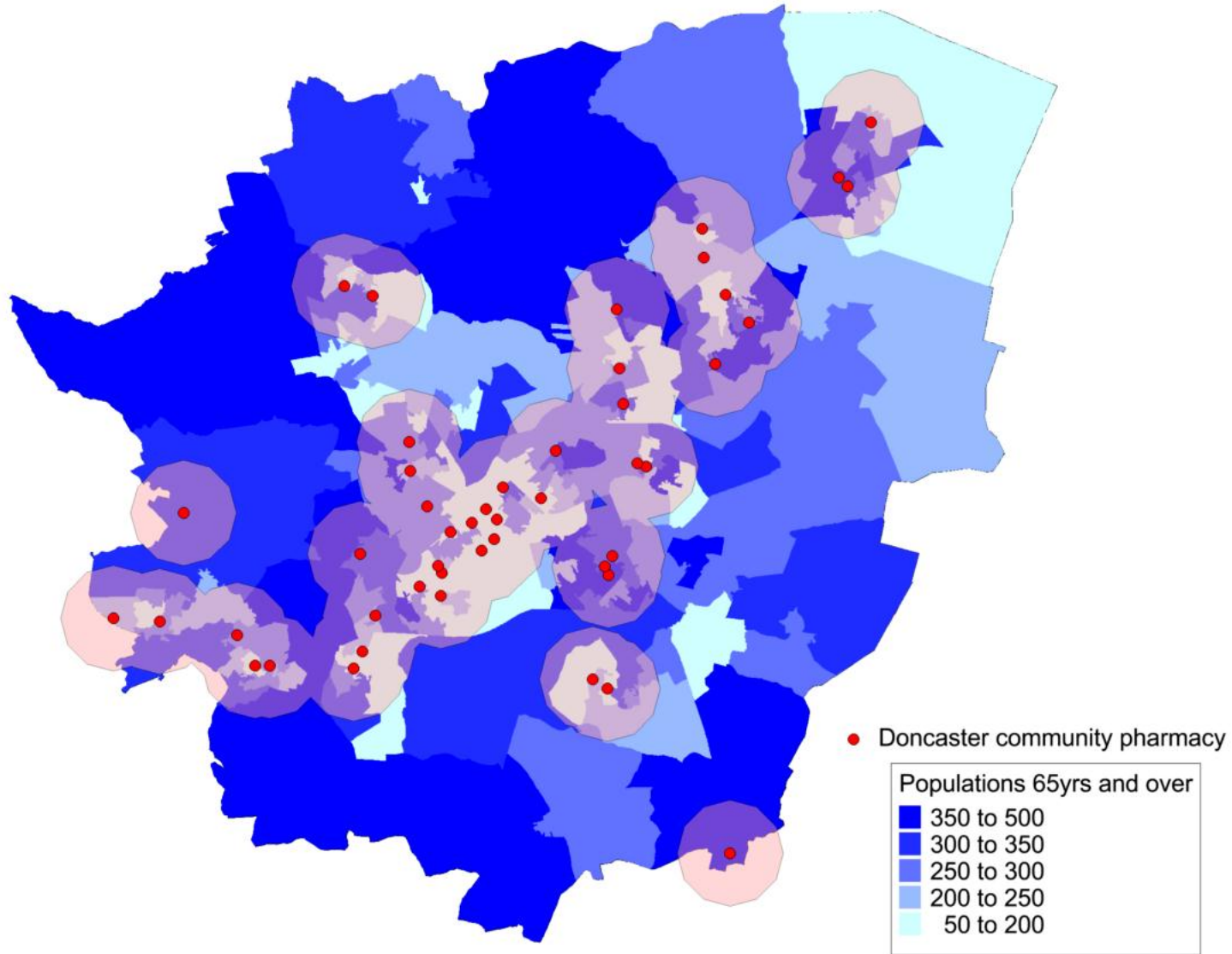
**Map 10 – Needle Exchange Services** by the 20% most deprived Lower Super Output Areas under the IMD 2010 Crime Domain.



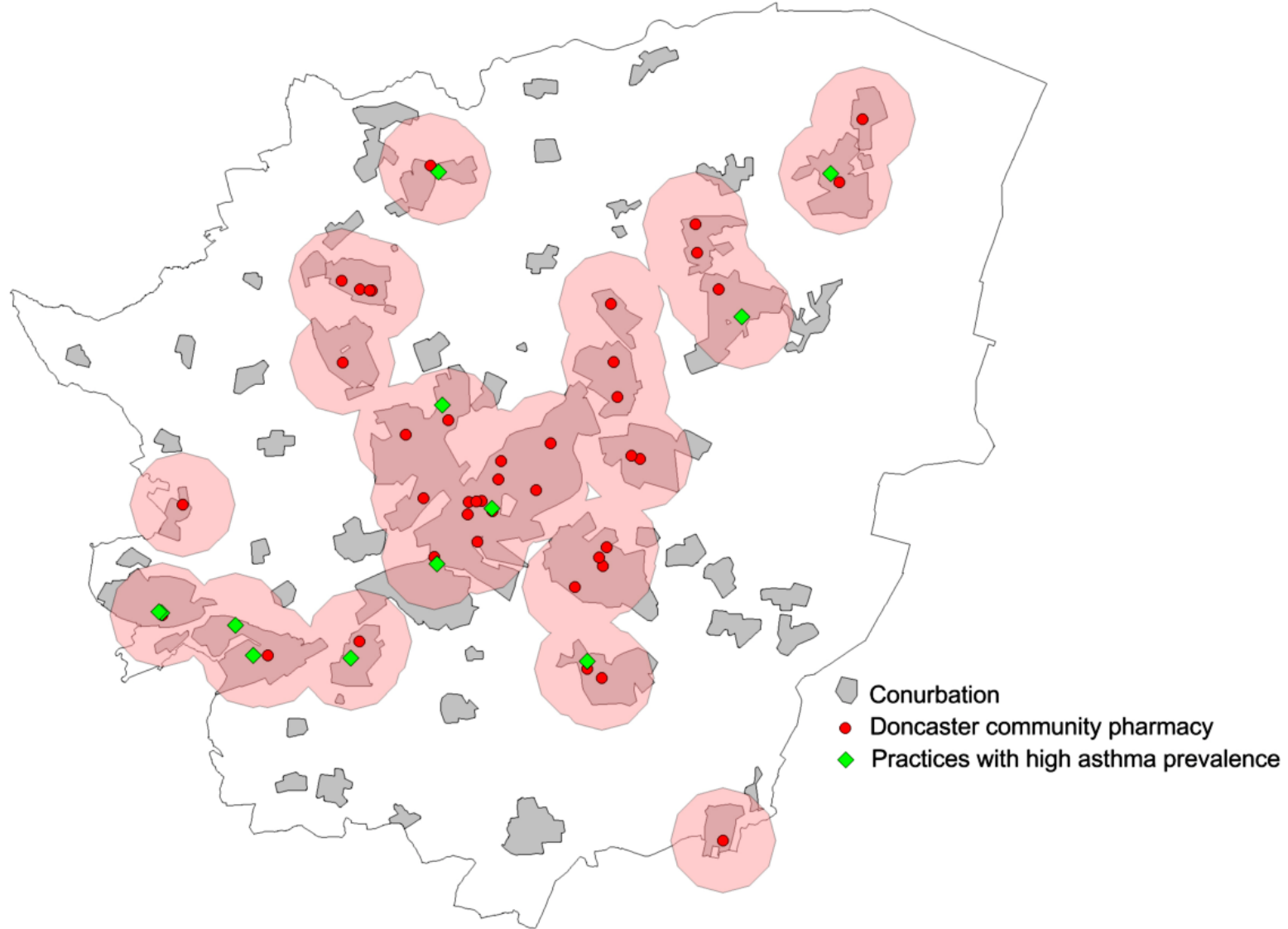
**Map 11 – Supervised Consumption Services** by the 20% most deprived Lower Super Output Areas under the IMD 2010 Crime Domain.



**Map 12 – Falls Risk Assessment Services** by the Lower Super Output Area population aged 65yrs and over.



**Map 13 – Inhaler Technique Services** by GP practices with a high asthma prevalence and housing conurbations



**Map 14 – Minor Ailments Services** by housing conurbations

