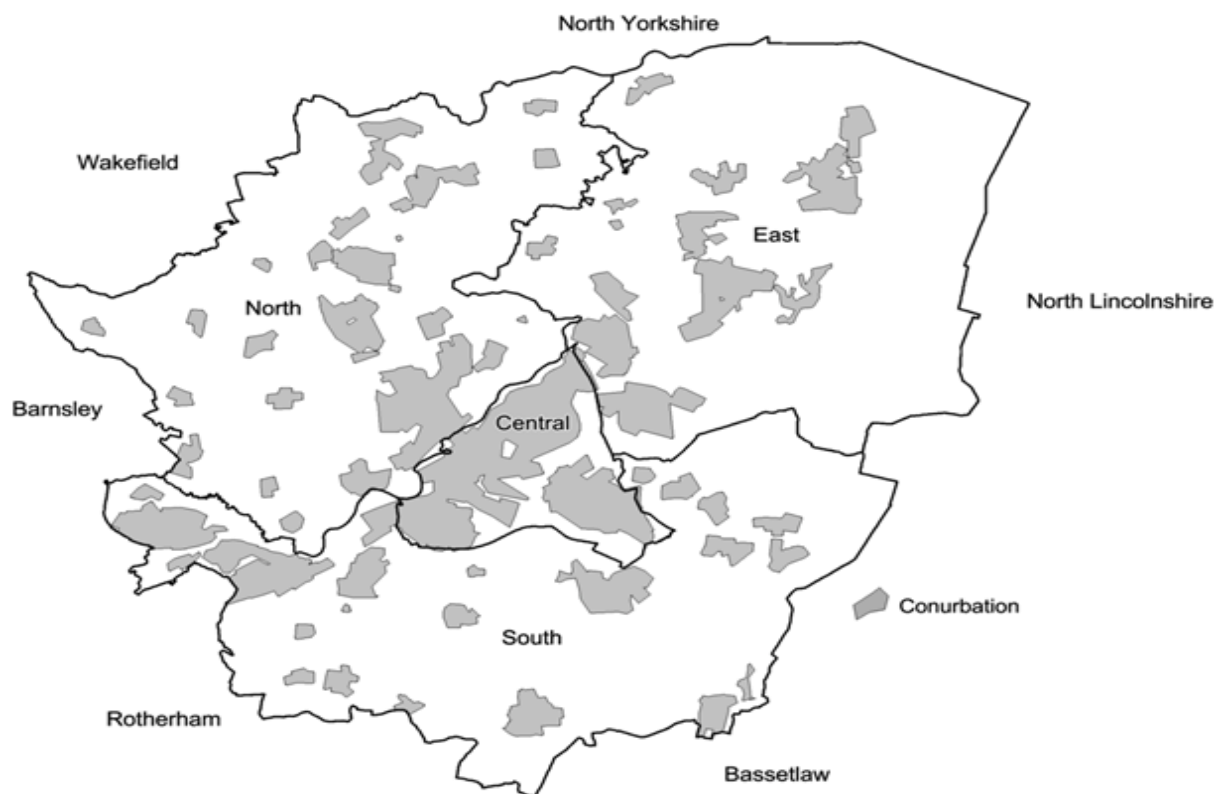


# Doncaster Health and Wellbeing Board

## Pharmaceutical Needs Assessment (2022 – 2025)



**Version:** Consultation Draft

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**Author of Report:** Louise Robson

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## Executive Summary

This Pharmaceutical Needs Assessments (PNA) assesses the local needs in relation to pharmaceutical services across the borough and identifies any gaps in that provision. The Health and Wellbeing Board has the responsibility of producing PNAs in accordance with the National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013.

The report highlights the key findings of the mapping analysis, and will be then circulated for the 60 days pharmacy stakeholder consultation which will be undertaken from June 2022 to August 2022 inclusive.

In conclusion, this PNA confirms that:

- On the whole access to the provision of pharmaceutical services is good.
- 91.8% of residents live within 1 mile of a community pharmacy.
- Nearly all GP practices are within 1km (0.6 miles) of a community pharmacy.
- There is a good coverage of pharmacies in poorer areas of Doncaster.
- Pharmacies offer brief lifestyle advice and are ideally placed to support the public health agenda.
- There is now a requirement for all pharmacies to become healthy living pharmacies
- All proposed housing developments have a pharmacy within one mile.

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. Hard or electronic copies of any related information and links to documents are available on request.

The final report will be published on 1<sup>st</sup> October 2022. The process was delayed due to the Covid-19 Pandemic. The regulations do not specify as to how or where it is published. It is recommended that it is published on the Local Authority website.

This PNA will be valid for three years from 1<sup>st</sup> October 2022 to 1<sup>st</sup> October 2025 unless there are any significant changes and then a review will be undertaken. .

# 1. Introduction

## PNA Introduction

Legislation requires that Health and Wellbeing Boards (HWBB) produce an assessment of the need for pharmaceutical services. These assessments (Pharmaceutical Needs Assessments or PNA) are due every three years. The last PNA was published in April 2018 and the delay with this publication is due to the Covid-19 Pandemic.

PNAs describe:

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

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

For the purposes of the pharmaceutical needs assessment, 'pharmaceutical services' is defined in regulation 3(2) of the 2013 regulations. In summary the term includes the provision of:

- Essential services that must be provided by pharmacies and dispensing appliance contractors that are included in a pharmaceutical list,
- Advanced services that pharmacies and dispensing appliance contractors may choose to provide,
- Enhanced services that NHS England and NHS Improvement (potentially integrated care boards in the future) may commission from pharmacies, Local pharmaceutical services
- The dispensing service provided by some GP practices. The enhanced services that NHS England and NHS Improvement may commission are listed in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 which can be found in Part VIC of the Drug Tariff<sup>10</sup>. Services that are commissioned from pharmacies by other commissioners, for example local authorities, are not enhanced services and do not fall within the definition of pharmaceutical services.

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

A range of organisations use PNAs to guide developments and commissioning intentions. NHS England is bound by regulations to consider the PNA for certain

applications. Local Authorities and Clinical Commissioning Groups use the PNA to guide commissioning of services from pharmacies. The PNA is not a stand-alone document and organisations use other evidence in their planning. Other evidence includes Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies.

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

The PNA requires approval from the HWBB. The HWBB includes representatives from the local authority, Health Watch and other relevant partners.

More information about Doncaster's HWBB can be found here: [Doncaster's Health and Wellbeing Board - Doncaster Council](#)

This PNA will be valid for three years from 1<sup>st</sup> October 2022 – 1st October 2025 (unless there is such a significant change in pharmaceutical services provision or needs that the Health and Wellbeing Board determines an earlier review).

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

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf)

## 2. Process for developing the PNA

### 2.1. Combined Approach

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

HWBBs are constrained by the regulations to produce a PNA of their own. However, in order to make best use of limited resources the Directors of Public Health (DsPH) worked collaboratively across South Yorkshire on the elements of the PNA that would allow this.

This combined approach would only apply to the production of the 2022 refresh. At this stage, it does not apply to the production of any supplementary statements. Any future collaboration is dependent on an evaluation of this approach and any changes to PNA regulations.

### 2.2. Governance

The DsPH agreed a project governance structure. Each local authority PNA lead has agreed to act as a co-ordination group and are providing peer support to one another throughout the process.

A local core steering group for Doncaster was established in early 2022 consisting of representatives from the Local Pharmaceutical Committee, Doncaster Clinical Commissioning Group, Public Health, NHS England, Health Watch, Local Medical Committee and DMBC Policy Insight and Change (PIC) team. This group has been responsible for the completion of the PNA and to ensure that the PNA meets and exceeds the minimum requirements.

### 2.3. Scope

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

*“The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by NHS England The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list.*

- *The provision of local pharmaceutical services under an LPS (Local Pharmaceutical Service) – not local pharmaceutical services which are not pharmaceutical services.*



- *The dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements by the NHS Commissioning board with a dispensing doctor)."*

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

- **Essential Services** – As at October 2021 there are a number of essential services: dispensing of prescriptions, dispensing of repeat prescriptions, disposal of unwanted medicines, promotion of healthy lifestyles, signposting people who require advice, support for self-care, discharge medicines service.
- **Advanced Services** – community pharmacies can provide advanced services subject to accreditation by NHS England. These include New Medicines Service and Appliance Use Reviews. Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards.
- **Locally Commissioned Services** – Local Authorities and CCGs commission community pharmacies to provide local services. Examples include Emergency Hormonal Contraception, Needle Exchange and Palliative Care Drugs Services.

A pharmaceutical list includes the following:

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

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

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

## **2.4. Process**

### **1. Mapping**

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

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

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

### **2. Health Need**

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

### **3. Analysis**

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

### **4. Consultation**

A brief questionnaire was circulated to the pharmacy contractors in April 2022 to identify any gaps in data collected from the main data collection.

A 60 day consultation on the PNA will be conducted between June and August 2022. This consultation will be distributed to the list of stakeholders as defined by the regulations.

A summer public engagement campaign called 'Daily Dose' will also be explored with Health Watch Doncaster across the same period to ascertain some public feedback around pharmacy provision.

## **2.5. Equality Impact**

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

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

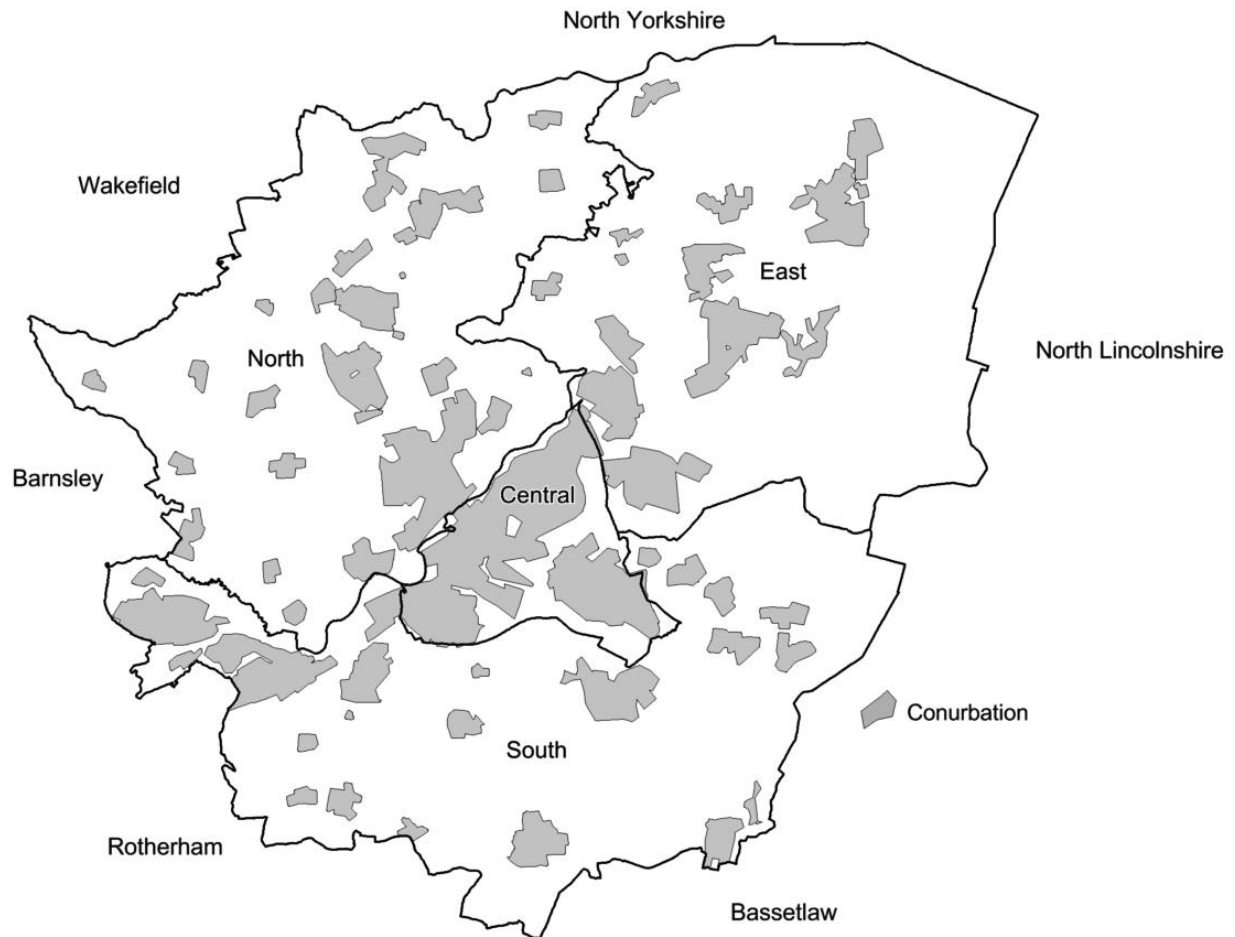
- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

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

## **2.6. Localities for the Purpose of the PNA**

The PNA uses the four 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 72,000 in the North to 83,000 in the South. The PNA also takes account of pharmaceutical services outside the Borough provided by neighbouring areas – this is pertinent in the South and North which border Bassetlaw, Rotherham and Barnsley. The area beyond East is very rural and has no neighbouring pharmacies within a one mile radius of the border; however there is access to pharmaceutical services a little further afield in Crowle and Epworth (North Lincolnshire).

**Map 1 – Doncaster Neighbourhood Areas**



## **2.7. Consultation**

A 60 day consultation on the document to the wider Doncaster community will take place between June and August 2022. For this consultation all key stakeholders as recommended in the regulations will be consulted through online and email information methods. Copies will also be circulated to neighbouring HWBBs for comment.

Following the 60 day consultation, feedback on the document will be collated. These comments, our responses and any subsequent changes made to the document will be listed in the final version by 1<sup>st</sup> October 2022.

## 2.8 Review Process

Doncaster Health and Wellbeing Board 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. The impact of covid-19 and future national guidance may also impact on the next revised assessment.

## 3. Population Demography

Doncaster has a population of around 316,700 (2022 population projection). Some areas within the Borough are relatively affluent compared to the national average, though other areas are amongst the most deprived in the country. No Doncaster communities are free of lifestyle or social problems but some areas have multiple and persistent issues afflicting people across the life course.

### 3.1 Age Profile of the Population

Compared to the England average, it is estimated that Doncaster has a smaller proportion of adults aged 20 to 44 but has a higher proportion of people aged 45-69 and above (2020 population mid-year estimates).

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

**Table 1**

Age Range	Doncaster		England
	Count	%	%
0-19	73,197	23.4	23.6
20-44	96,244	30.8	32.3
45-69	99,915	31.9	30.5
Above 70	43,429	13.9	13.6
All ages	312,785		

Since 2001, Doncaster's population has increased by 9% (or 25,800 people) and is estimated to be around 312,785 (2020 population mid-year estimates).

## 3.2 Future Age Trends

Doncaster's population is expected to grow by approximately 3.2% - to 326,800 by 2032 (2022 population projection).

**Table 2** – Estimated Percentage change between 2022 and 2032 (2022 population projection).

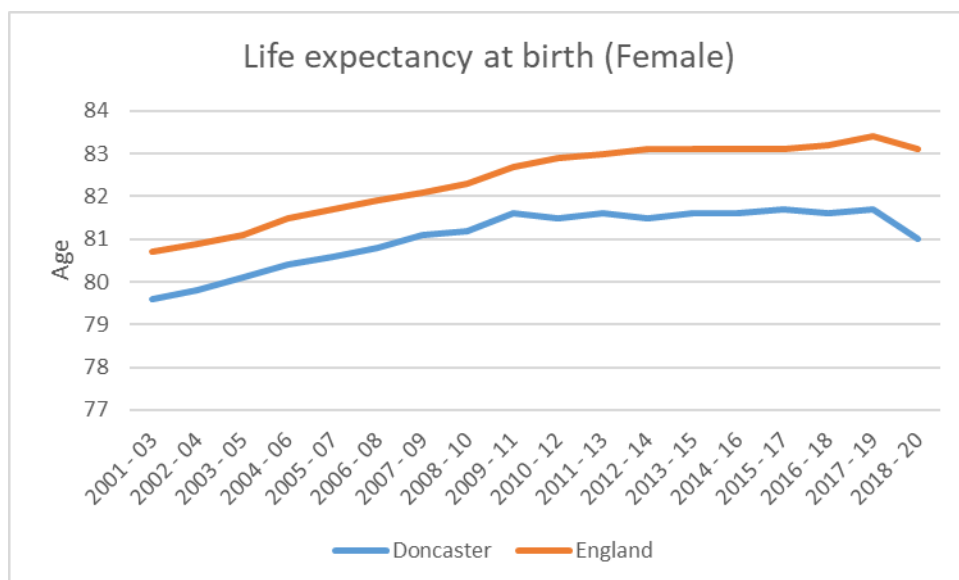
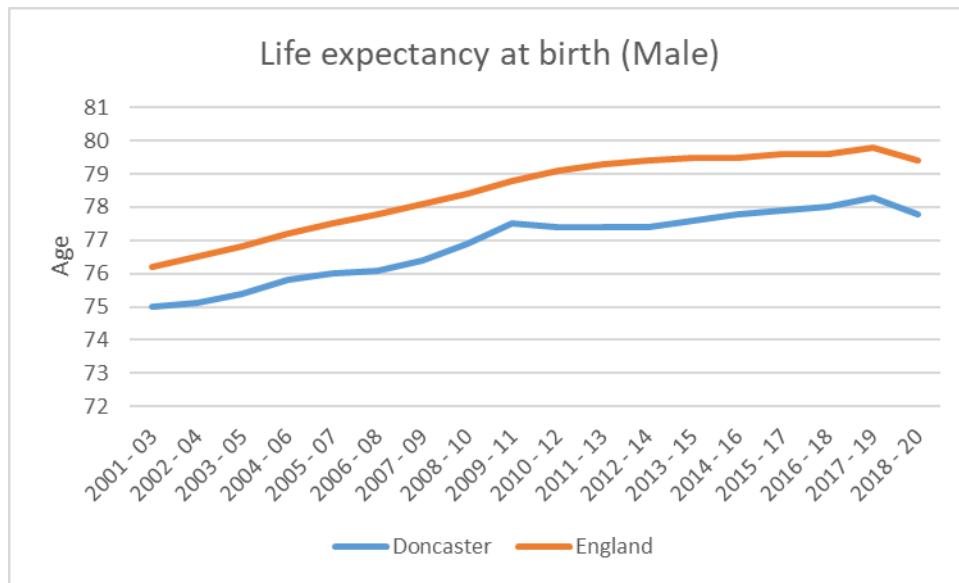
Age Group	2022	2032	% Change
0-4	16,972	16,432	-3.2
5-9	19,246	17,185	-10.7
10-14	20,089	18,085	-10.0
15-19	17,168	18,852	9.8
20-24	15,251	17,441	14.4
25-29	19,812	18,488	-6.7
30-34	22,127	19,428	-12.2
35-39	21,336	21,622	1.3
40-44	19,185	22,525	17.4
45-49	18,271	21,488	17.6
50-54	21,492	19,662	-8.5
55-59	22,386	18,545	-17.2
60-64	20,499	21,179	3.3
65-69	17,521	21,226	21.1
70-74	16,112	18,530	15.0
75-79	13,148	14,544	10.6
80-84	8,285	11,436	38.0
85-89	5,130	6,978	36.0
90+	2,634	3,159	19.9
All ages	316,662	326,804	3.2

The largest increase (38.0%) is expected to be in the 80-84 age band. Notably, there is predicted to be an increase in all age groups from 60 years and above. This increase in the age profile will have implications for health and social care services including pharmacies. The forecast also predicts a decrease in children aged 0-14 years.

### 3.3 Life Expectancy

Life expectancy at birth is 77.8 years for men and 81.0 years for women (latest data available 2018-20). Life expectancy has been improving steadily in both men and women for the last 18 years, in the 2 years there is evidence that life expectancy has fallen slightly. These average increases mean more people in Doncaster will reach very old age and extreme old age, with associated health needs.

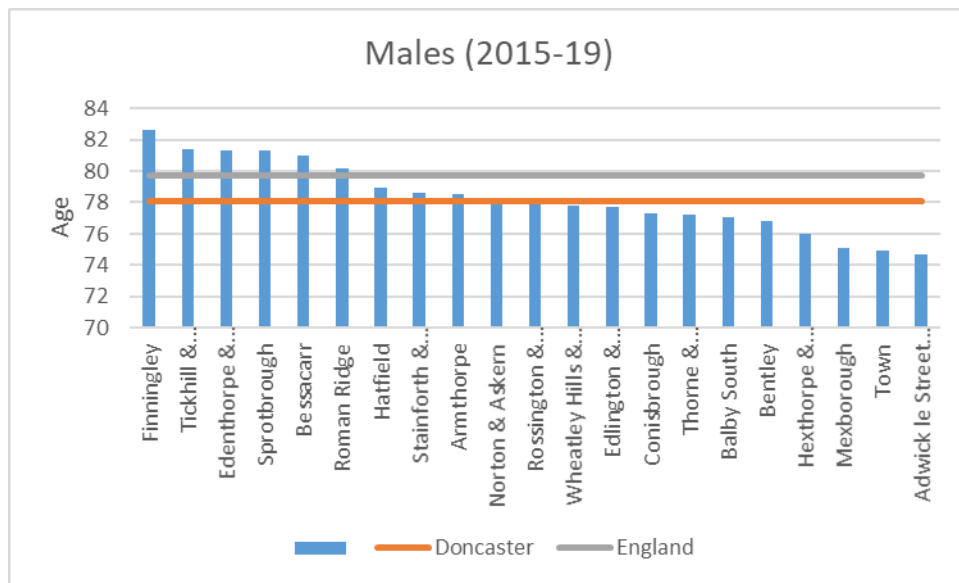
**Graph 1** - Life expectancy gap for males and females (Public Health England (PHE), 2014)



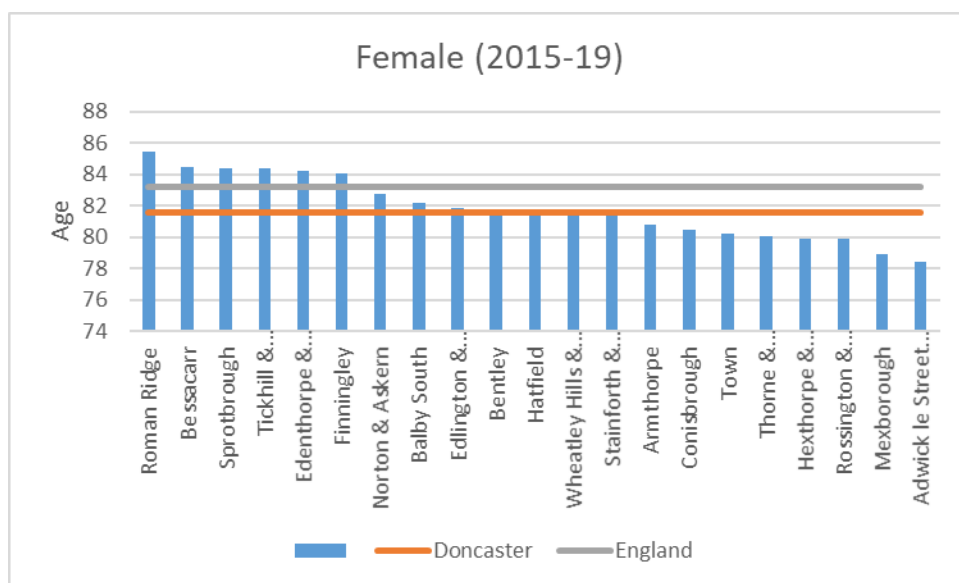
### 3.4 Variation in Life Expectancy

There is a variation in life expectancy within Doncaster. For males, there is a 7.9 year range from 74.7 years in Adwick le Street & Carcroft to 82.6 years in Finningley. For females, there is a 7.1 year range from 78.4 years in Adwick le Street & Carcroft to 85.5 years in Roman Ridge.

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



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



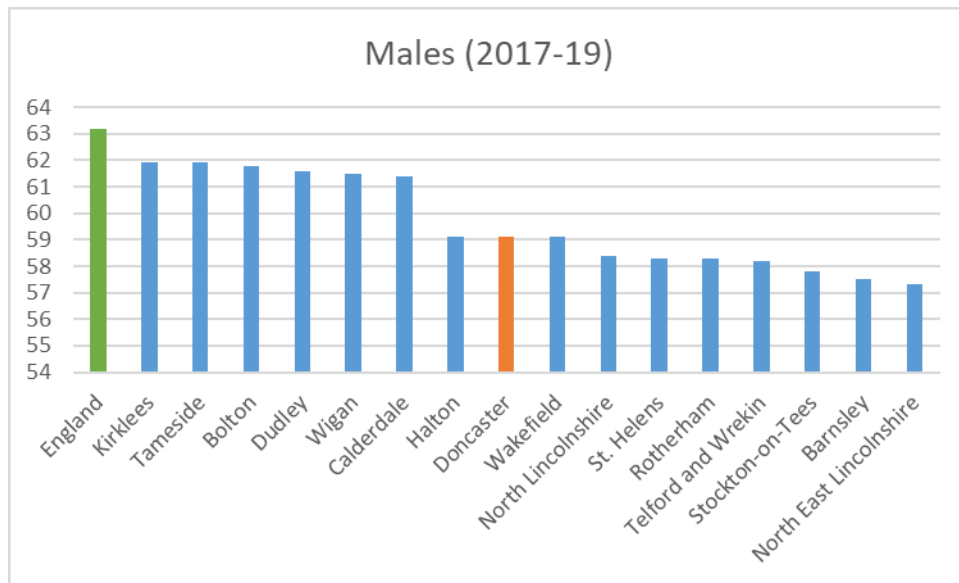


### 3.5 Healthy Life Expectancy

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

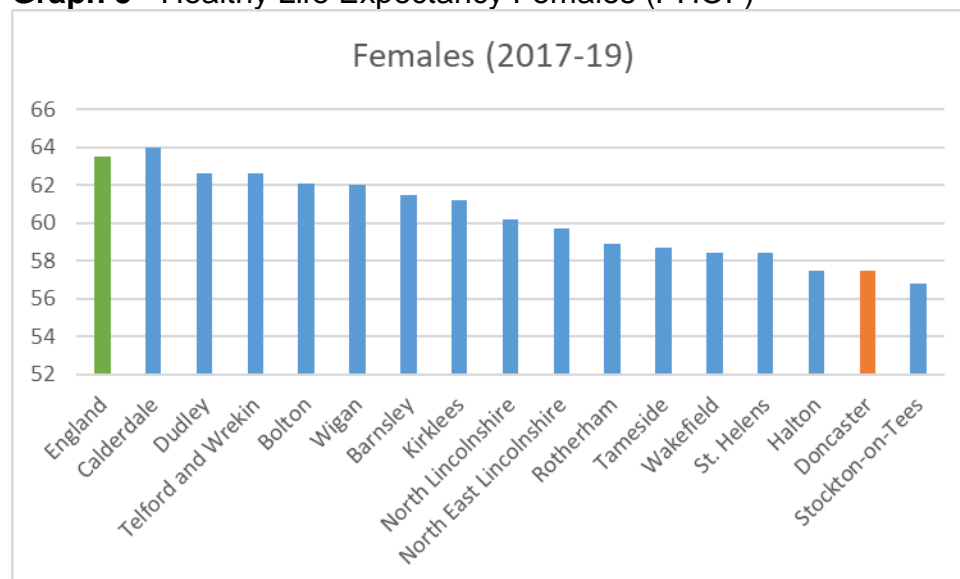
The graphs below compare healthy life expectancy in Doncaster to its Chartered Institute for Public Finance and Accountancy (CIPFA) nearest neighbours.

**Graph 4-** Healthy Life Expectancy males (PHOF).



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

**Graph 5 - Healthy Life Expectancy Females (PHOF)**



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

### 3.6 Disease Specific Populations

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

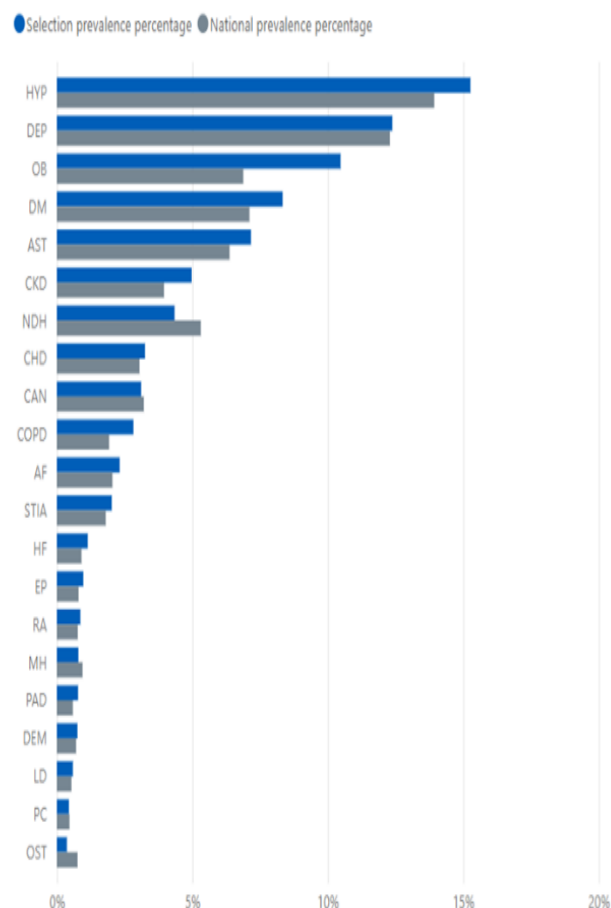
- Mental health conditions such as depression
- Circulatory conditions such as chronic heart disease, heart failure, stroke, hypertension and atrial fibrillation
- Chronic kidney disease
- Chronic obstructive pulmonary disease (respiratory disease) and asthma
- Diabetes
- Epilepsy

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

**Table 3 – GP registered patients (Health and Social Care Information Centre (HSCIC), QoF 2020-21).**

Indicator group code	Indicator group name	Register	Patient list size	Prevalence %
AST	Asthma	21,853	304,983	7.17%
AF	Atrial fibrillation	7,553	326,111	2.32%
CAN	Cancer	10,142	326,111	3.11%
CKD	Chronic kidney disease	12,855	258,392	4.97%
COPD	Chronic obstructive pulmonary disease	9,205	326,111	2.82%
DEM	Dementia	2,464	326,111	0.76%
DEP	Depression	31,996	258,392	12.38%
DM	Diabetes mellitus	21,829	261,951	8.33%
EP	Epilepsy	2,518	258,392	0.97%
HF	Heart failure	3,710	326,111	1.14%
HYP	Hypertension	49,773	326,111	15.26%
LD	Learning disability	1,917	326,111	0.59%
MH	Mental health	2,574	326,111	0.79%
NDH	Non-diabetic hyperglycaemia	11,223	258,392	4.34%
OB	Obesity	27,060	258,392	10.47%
OST	Osteoporosis: secondary prevention of fragility fractures	472	128,073	0.37%
PC	Palliative care	1,448	326,111	0.44%
PAD	Peripheral arterial disease	2,539	326,111	0.78%
RA	Rheumatoid arthritis	2,300	265,557	0.87%
CHD	Secondary prevention of coronary heart disease	10,605	326,111	3.25%
STIA	Stroke and transient ischaemic attack	6,598	326,111	2.02%

Prevalence percentage per indicator group



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[QoF data](#)

### 3.7 Ethnicity

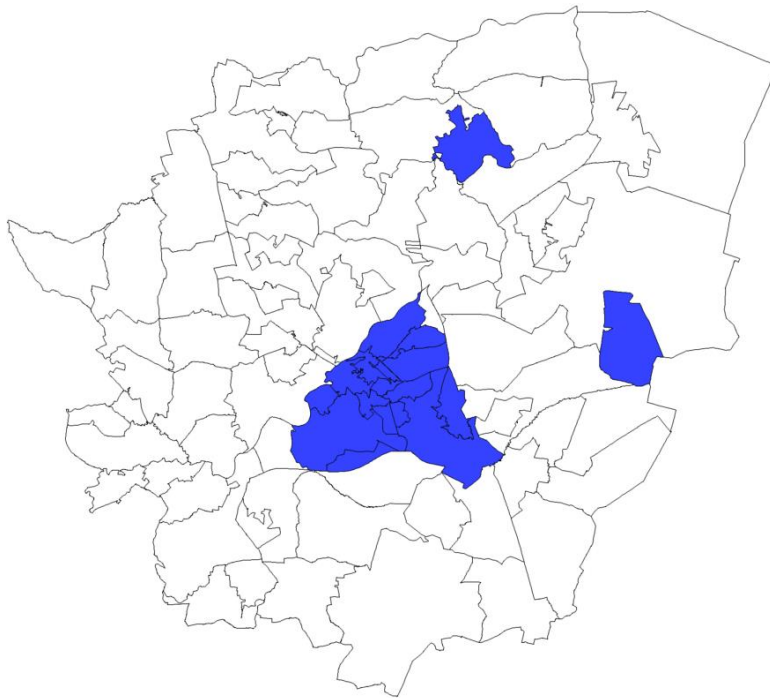
In the 2011 Census, the Doncaster population was 91.8% White British compared with 85.5% for Yorkshire and Humber and 79.8% for England. Though less diverse than the regional and national average, the proportion has increased in recent years- In 2001 the population was 96.5% White British. The main other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

**Table 4 – Minority ethnic groups in Doncaster (Nomis, 2013)**

Ethnic Group	Person %
All categories: Ethnic group	302402
<b>White: Total</b>	95.2
White: English/Welsh/Scottish/Northern Irish/British	91.8
White: Irish	0.39
White: Gypsy or Irish Traveller	0.19
White: Other White	2.84
<b>Mixed/multiple ethnic group: Total</b>	1.09
Mixed/multiple ethnic group: White and Black Caribbean	0.46
Mixed/multiple ethnic group: White and Black African	0.14
Mixed/multiple ethnic group: White and Asian	0.29
Mixed/multiple ethnic group: Other Mixed	0.19
<b>Asian/Asian British: Total</b>	2.51
Asian/Asian British: Indian	0.61
Asian/Asian British: Pakistani	0.90
Asian/Asian British: Bangladeshi	0.03
Asian/Asian British: Chinese	0.37
Asian/Asian British: Other Asian	0.58
<b>Black/African/Caribbean/Black British: Total</b>	0.77
Black/African/Caribbean/Black British: African	0.43
Black/African/Caribbean/Black British: Caribbean	0.25
Black/African/Caribbean/Black British: Other Black	0.08
<b>Other ethnic group: Total</b>	0.35
Other ethnic group: Arab	0.08
Other ethnic group: Any other ethnic group	0.27

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

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



### **3.8 Language in Doncaster**

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

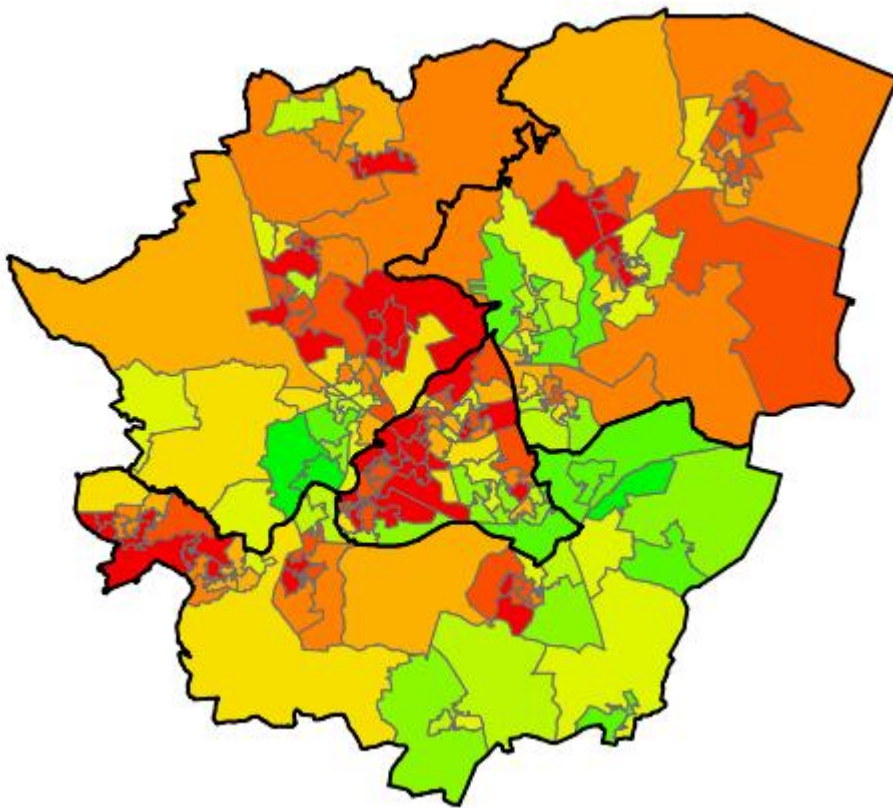
No other language accounts for half a percentage in Doncaster though 0.3% speak Urdu as a first or preferred language and 0.2% speak Punjabi as a first or preferred language (ONS, 2013b).

### **3.9 Deprivation**

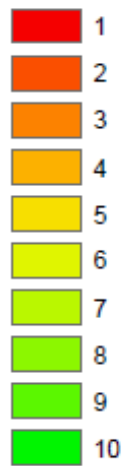
The Indices of Deprivation 2019 provides a composite measure of deprivation across multiple domains including income, employment, health and disability, education, skills and training, housing, crime and living environment (Index of Multiple Deprivation, 2019).

Doncaster is the 37th most deprived Local Authority (of 317 lower tier local authorities in England). In 2015 Doncaster was 39<sup>th</sup>. However, there are concentrated areas of deprivation in all 4 corners of the Borough. Over 24% of the population in Doncaster are within the 10% most deprived in England.

Map 3 - Deprivation by LSOA in Doncaster



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



## **Covid -19 Impact on Pharmacies**

The impact of covid-19 has been felt by everyone over the last 2 years and all organisations have been under significant pressures as a result of the pandemic. Pharmacies also felt increased pressure not only in meeting demand for services during the pandemic but particularly in the delivery of prescription services and general safety around access and provision. In the peak of the pandemic a community hub through Doncaster Culture and Leisure Trust (DCLT) was organised to support local pharmacies to deliver prescriptions and ensure the safety of the most vulnerable people in view of government guidance. In addition there was an additional pressure around providing lateral flow testing kits and later the addition of routine flu vaccinations. In April 2021 pharmacies across England were able to sign up to deliver free rapid lateral flow tests for people to collect and use at home. Those pharmacies that provided the service received a set-up fee and a transaction fee every time a member of the public collected a kit. Some pharmacies have also supported the Covid-19 Vaccination Programme.

Other impacts on pharmacies include staff shortages, unavailability of primary care appointments, increasing workload, patients stock piling medicines, disruption to supplies, social distancing measures. For further information see below:

<https://academic.oup.com/ijpp/article/29/6/556/6380910?login=false>

## 4. Locally Identified Health Need

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

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

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.

### JSNA Developments in 2021/22

In 2018, the Doncaster Health and Wellbeing Board (HWBB) agreed a new approach to move away from lengthy and static PDF documents to reflect the collaboration between health and care analytics teams and the growth in new Business Intelligence tools. In 2021, following the immediate impacts of the Covid-19 response, the HWBB agreed a refresh to this policy reflecting the impact of the pandemic but also the extent by which health inequalities had both been exposed and exacerbated by Covid-19.

Since that refreshed plan was agreed, a new suite of information has been published for the Doncaster JSNA. A new website has been set up to host a range of information – both a public facing dashboard showcasing Outcomes data profiling the Doncaster population and a growing suite of other demographic and population information. This site can be found here: <https://www.teamdoncaster.org.uk/jsna>

As well as these developments, the teams have been following the plan agreed at the HWBB and have been working together on “operations” over winter on understanding pressures and flow across the health and care system. There is also a focus on inequalities with a testbed project between the Council and RDASH looking at mental health inequalities, initially focussing on analysing data from IAPT services. With the release of the 2021 Census later this calendar year, a wealth of new demographic data will become available, allowing us to understand more about our communities.



## **Doncaster's Health and Wellbeing Board Strategy 2016-21**

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

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

The five areas of focus identified in the strategy are:

1. Substance misuse (Drugs and Alcohol)
2. Obesity
3. Children and Families
4. Dementia
5. Mental Health

The Health and Wellbeing Board Strategy can be viewed from the link below:

[Doncaster's Health and Wellbeing Board - Doncaster Council](#)

A new Health and Wellbeing Board strategy will be developed in 2022/3 due to delays with the pandemic.

## **Doncaster Delivering Together 2021-2030**

The Doncaster Delivering Together Strategy was agreed in September 2021 and sets out the strategic ambitions for Doncaster up to 2030. It sets out a bold ambition for Doncaster's future with a central mission for Thriving People, Places and Planet which balances the well-being of people and places with the planet.

It proposes new ways of working that respond to local needs and opportunities, seeks to reduce inequalities and improve people's well-being. There are six well-being goals that set out the vision for our future:-

- Greener and Cleaner Doncaster
- Skilled and Creative Doncaster
- Prosperous and Connected Doncaster
- Safe and Resilient Doncaster
- Healthy and Compassionate Doncaster
- Fair and Inclusive Doncaster

In order for us to deliver this longer-term vision, eight cross-cutting priorities (the 'Great 8') will drive the delivery of the work. Behind each of these priorities will be an action plan that sets out some high level deliverables that can be monitored and reported

upon via partnership performance management mechanisms. We will be bringing forward key products in 2022 to ensure we are best placed to deliver this strategy including:

- Reviewing the way the Partnership operates
- Making public a Doncaster Delivering Together Outcomes Dashboard
- Exploring a Fairness and Well-being Commission
- Aligning the Council's decision- making reports to Doncaster Delivering Together.
- Refreshing the Health and Wellbeing Board strategy

## 5. Current Pharmacy Provision and Services

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

### 5.1 Pharmacy Demographics

Pharmacy contractors in Doncaster comprise of:

- **73** community pharmacies with:
  - **61** providers on 40 hour contracts
  - **10** providers on extended hour’s contracts
  - **2** distance-selling providers/ internet pharmacy
- **1** dispensing appliance contractor
- **2** dispensing General Practices.

In Figure 1 we can see the breakdown of pharmacies across the 4 localities in Doncaster and the % of pharmacies in each area. The Central locality has 35.6% of pharmacies, the North has 23.3%, the East and South both having 20.5% of Doncaster pharmacy provision.

Figure 1

Overview of Pharmacies in Doncaster by Locality

Locality	Total	40 hr	100 hr	Internet	Dispensing Appliance Contractor	
Central	26	19	5	1	1	35.6%
East	15	13	2	0	0	20.5%
North	17	15	2	0	0	23.3%
South	15	13	1	1	0	20.5%
Total	73	60	10	2	1	

\*Four maps in Appendix 1 present current pharmacy provision by geographic coverage (PHE, 2017).

At the time of the last PNA (2018-21) there were 79 pharmacies. In 2022, there were 73 community pharmacies. The number of extended hour’s pharmacies has reduced from 11 to 10 and the number of 40 hour pharmacies has reduced from 65

pharmacies in 2018 to 61 in 2022 .The number of Distance Selling Pharmacies has reduced from 3 to 2 and the number of Dispensing General Practices has remained the same (Auckley Surgery and The Mayflower Medical Practice). The geographical distribution of pharmacies does reflect the current demographic profiles and is what we would expect based on the current data.

The NHS (Pharmaceutical and Local Pharmaceutical Services) regulations 2013 were amended in December 2016 by the introduction of Section 26A consolidations. The Section 26A consolidation is a merger of two pharmacy businesses that does not create a gap in the provision of pharmaceutical services. To date, there have been a number of Section 26A consolidations in Doncaster since the last PNA. These can be found in the full list of supplementary statements since the last PNA on the website page: [Doncaster’s Health and Wellbeing Board - Doncaster Council](#)

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

## 5.2 Pharmacies in Doncaster

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

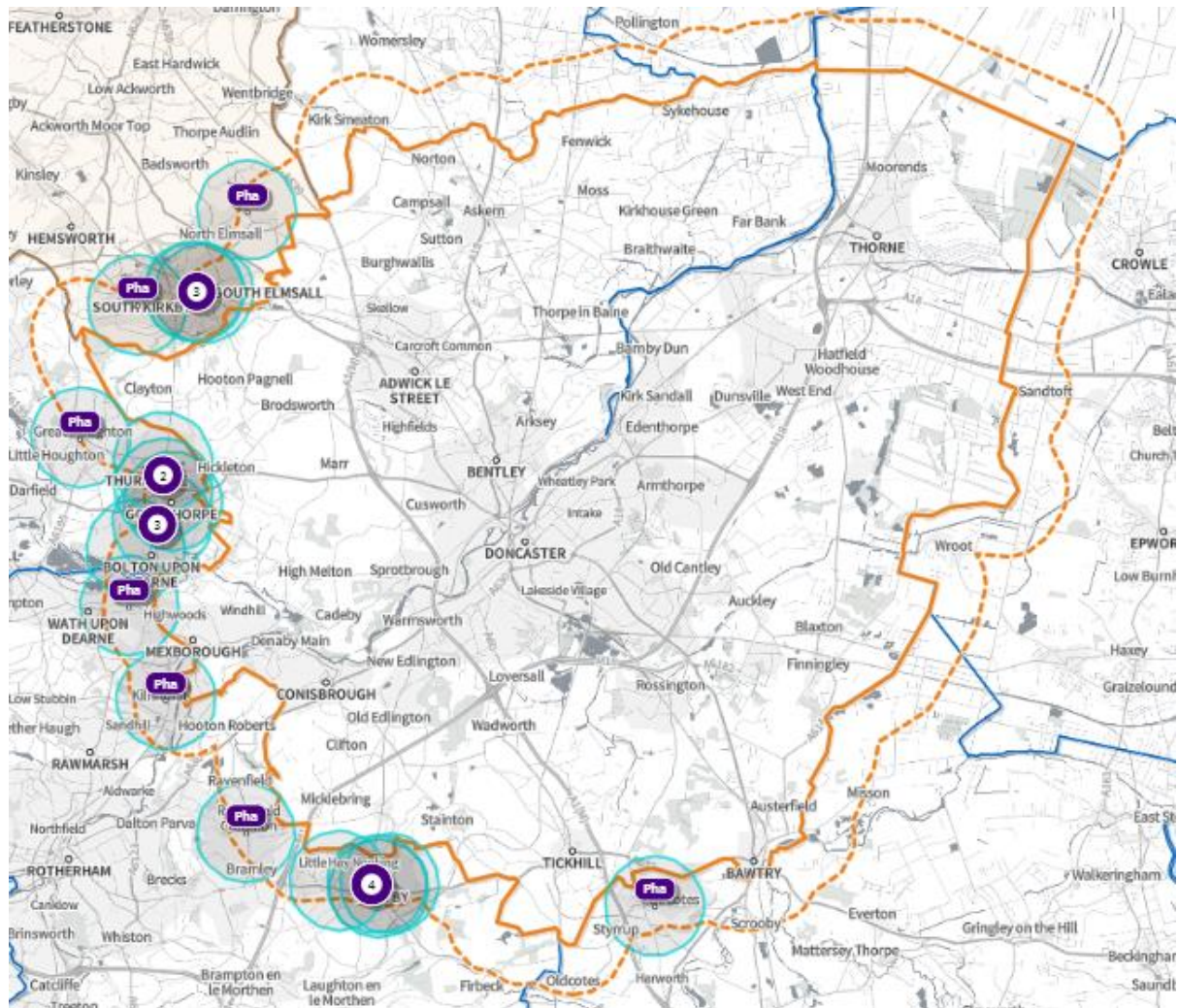
**Table 5 – Pharmacy density for Neighbourhoods, Area Team and England (DMBC, 2017).**

Pharmacies per head of population	Pharmacies	Population	No. per 10,000 population
South neighbourhood area	15	83,439	1.80
North neighbourhood area	17	71,947	2.15
East neighbourhood area	15	69,829	2.45
Central neighbourhood area	26	87,570	2.97
Doncaster	73	312,785	2.33

### **5.3 Access to pharmaceutical services around the HWBB boundary**

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

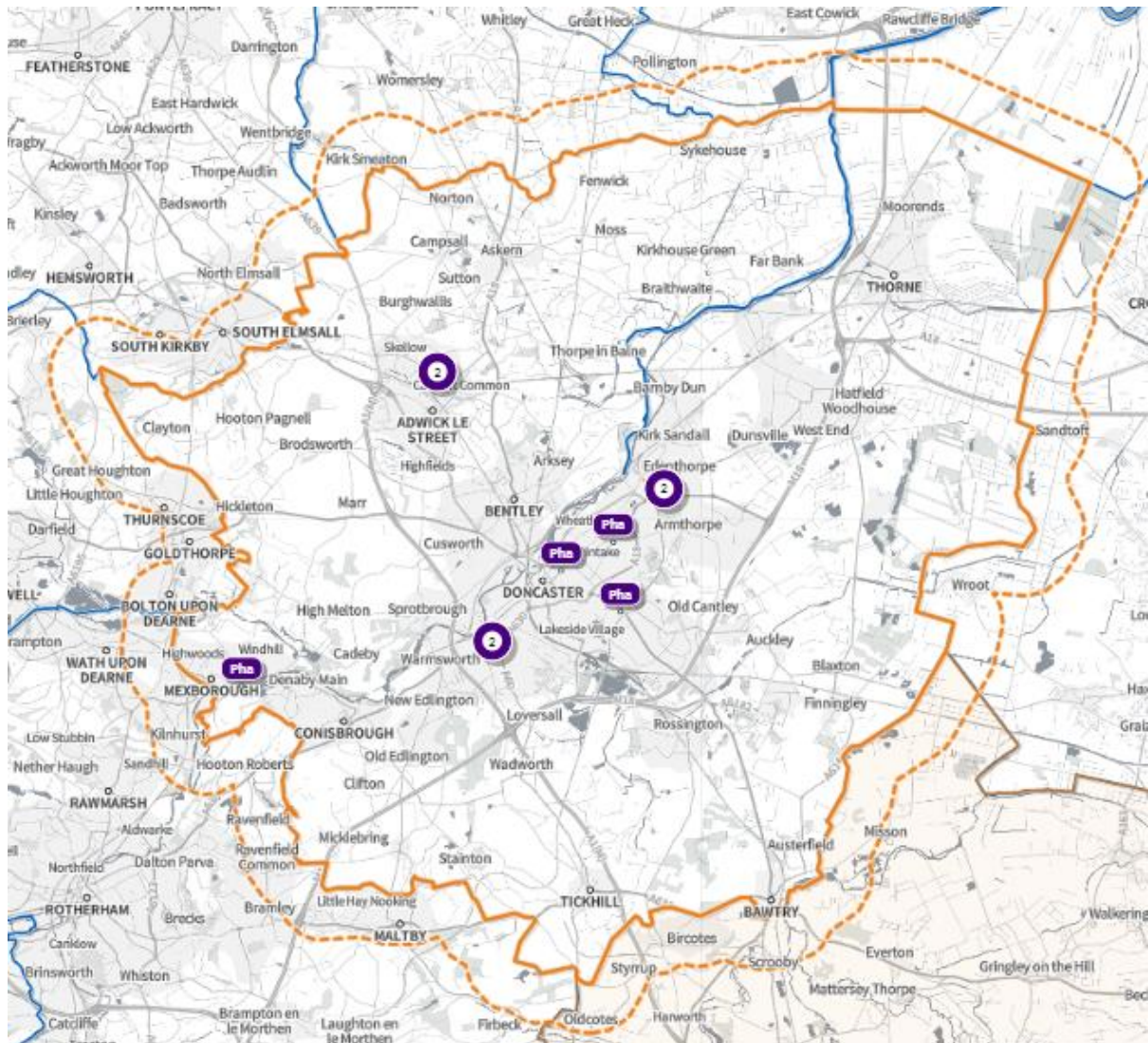
**Map 4 – Pharmacy locations within 1 mile of Doncaster’s border**



### 5.4 Extended hour’s Community Pharmacies

More than half of the extended hour’s pharmacies in Doncaster are located in, or border, Central Neighbourhood. There are 2 extended hours pharmacies in the North, 5 in the central area, 2 in the East and 1 in the south locality. Access to the nearest extended hours pharmacy for most in the South (e.g. Rossington, Auckley) would be in the Asda supermarket, Lakeside. Communities further out (e.g. Tickhill, Bawtry) could also access an extended hours pharmacy across the border in Maltby.

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



### 5.4.1 Services delivered by extended hour’s pharmacies

Medicines use reviews (now ceased), new medicines service and palliative care drugs services, inhaler technique, flu vaccination, minor ailment, supervised consumption and emergency hormonal contraception services are delivered by most of the extended hour’s pharmacies. Pharmacy Urgent Repeat Medicine (PURM) service is no longer available in any pharmacies. Needle Exchange services are

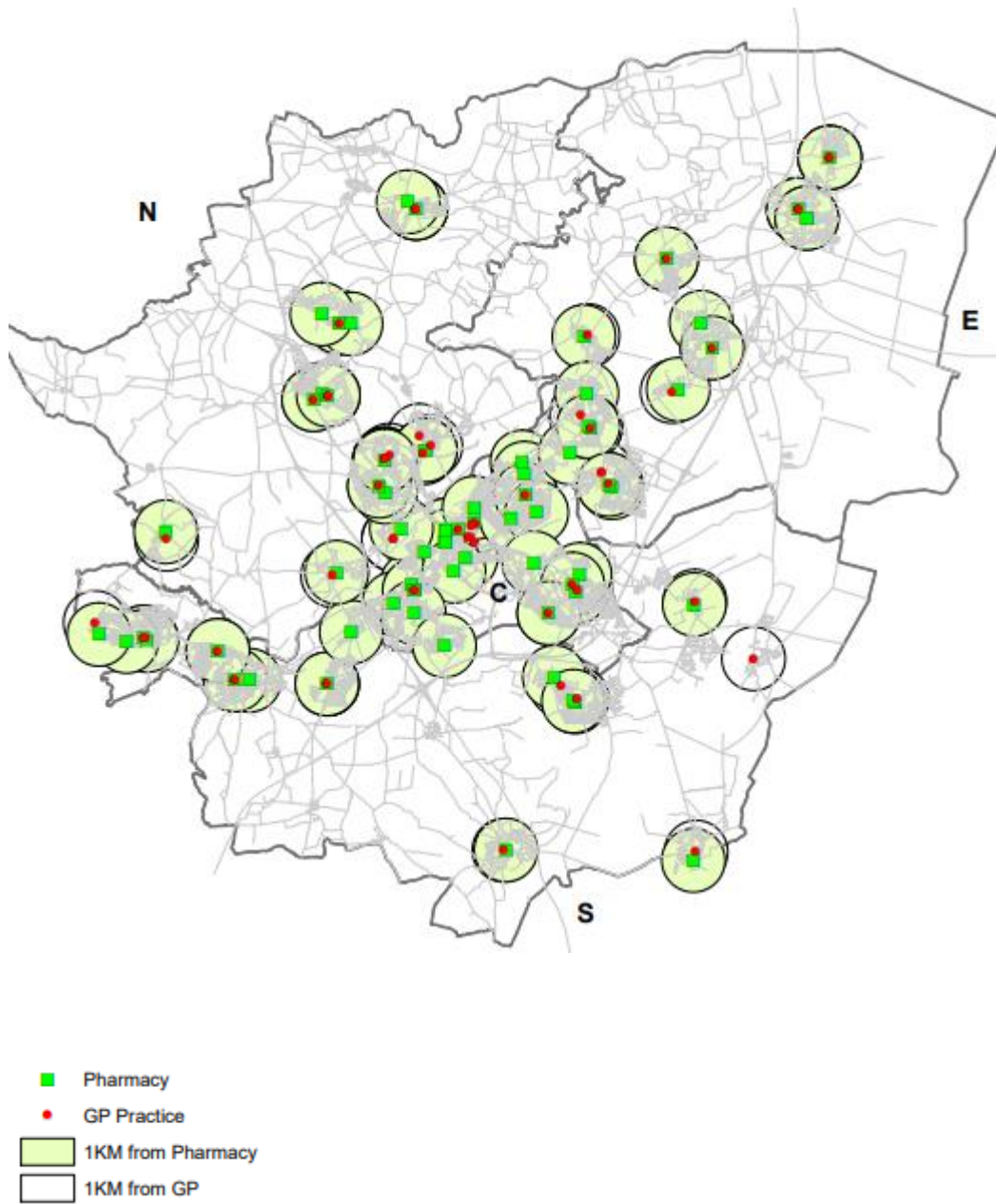
available in three of the extended hour's pharmacies. In terms of setting, three of the eleven pharmacies are based in supermarkets. This will limit their opening hours on a Sunday to 6 hours however there is no determined need for more hours to be available on a Sunday.

## **5.5 Pharmacy correlation with GP practices**

In Doncaster there are 1.6 pharmacies per GP practice – there are 73 community pharmacies to 43 GP practices. Nearly all GP practices are within 1km (0.6 miles) of a pharmacy, or a 10 minute walk at average walking pace.



**Map 6** – Locations of GP Practices and Pharmacies within Doncaster



## 6. Access to Pharmaceutical Services

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

### 6.1 Geographical Access

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

#### 6.1.1 Method

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

#### 6.1.2 Results

Using the SHAPE access tool the following results have been calculated. To prepare these results consideration was also given to the pharmacies outside of Doncaster that could be reached within a 1.6km walk. 23 such pharmacies were identified within 1.6km of the Doncaster boundary. Of these only two pharmacies (both in Swinton, Rotherham) were close enough to improve access. However, those residents are already within a 1.6km walk of the McGill pharmacy in Mexborough. Thus, the overall access picture was not changed by pharmacies outside of the Doncaster border.

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

Population	% of Population	Distance travelled
264,668	84.6%	people live within a 15 minute walk of a pharmacy.
287,083	91.8%	people live within 1 mile walk of a pharmacy.
312,785	100%	people live within a 10 minute drive of a pharmacy.

Total population: 312, 785 (SHAPE, 2022)

The number of residents living within 1.6km (1 mile) walking distance from a pharmacy is 287,083 which equates to 91.8% of the Doncaster population

Number of residents **not** within 1.6km walking distance of a pharmacy is 25,702. This has reduced since the last PNA.

The number of residents living with a 15 minute walk from a pharmacy is 264,668 or 84.6% of the population.

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

Total population: 312,785 (SHAPE, 2022)

Number of residents within 10 minute drive of a pharmacy: 312,785

Number of residents **not** living within 10 minute drive of a pharmacy is 0. This has remained unchanged since the last PNA.

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

### **6.1.3 Discussion**

The walking access measure shows an increase in proportion of Doncaster residents within 1 mile walk of a pharmacy from 87% in the last PNA to 91.8%. This is due to the change in methods of analysis rather than a change in the population or pharmacy provision. This new method of analysing access does still have some methodological weaknesses which can bias the results. We will work with Office for Health Improvement and Disparities or OHID (formerly Public Health England) to continue to improve this analysis as we believe that over time this will give a more accurate measure of access.

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

## 6.2 Access to pharmacies by opening hours

**Table 6** – Number of pharmacies opening early, in the evening or at weekends.

Number of Pharmacies open by Day of Week and Time of Day in 2022.

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday
Early opening (= < 8am)	10	10	10	10	10
Late opening (>= > 7pm)	13	12	12	12	12
	Saturday	Sunday			
Weekend AM	48	12			
Weekend PM	24	12			

Opening hours of pharmacies have changed since the last PNA. In 2015 there were 33 pharmacies opening on Saturday mornings and now there are 48 pharmacies opening. There were 22 pharmacies opening on Saturday afternoons and now this has been reduced to 12. The number of pharmacies opening in 2015 on Sundays was 10 and now there are 12 opening on Sundays. Figure 2 shows previous opening hours. The changing provision could very well be as a result of the pandemic or changes in ownership.

**Figure 2**

Previous Pharmacy Opening times in 2015 (Last PNA)

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

	Morning	Afternoon
Saturday	33	22
Sunday	10	

Access to a pharmacy on a Saturday morning is good throughout the borough and coverage is also good on Sundays as provision has now increased.

\*. Four maps in **Appendix 2** present opening hours by geographic coverage.

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

### **Feedback from the Pharmacy Contractor Questionnaire (April 2022)**

A brief questionnaire was circulated to local pharmacies to establish wider feedback on some areas not covered by the data mapping however the timescale was tight and we were conscious of capacity of the services and only 5 responses were received which is not representative of all the services. It did however indicate a few areas which were being provided as follows:

- **Language services** – some pharmacies are offering language facilities ie Urdu, Punjabi, Polish, Spanish and English
- **Disability access**- all pharmacies who responded had disability access
- **IT facilities** - all but 1 out of the 5 pharmacies had IT access

*\* IT is an essential requirement and be used for all operational aspects of the pharmacy so this may have been a misinterpretation of the question*

- **Private consultation rooms** – all 5 pharmacies offered a private consultation room

*\*This is a core requirement unless there are exceptional circumstances which NHSE&I would be made aware of*

- **Access to toilet facilities** – 1/5 pharmacies were able to provide toilet facilities
- **Access to handwashing facilities** – most provided a facility nearby
- **Additional service** – 1 pharmacy indicated they could provide phlebotomy services
- **Non – commissioned services** – 1 pharmacy said they would like to provide Emergency Hormonal Contraception and another indicated minor illness service as an additional service they would like to provide
- **Delivery of dispensed medicines** – most pharmacies provided this and named the Mexborough area as one of the areas providing these services

## 7. Pharmaceutical Services

### 7.1 Essential Services

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

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

### Dispensing Data Summary

GP dispensing data can be obtained from the NHS Business Authority. A comparison is illustrated below between 2020 and 2021.

**Table 7: Total GP items prescribed in 2020 and 2021**

GP Practice Prescribing Data	
2021 Total Items	7,567,874
2020 Total Items	7,654,916
Variance	-87,042
%variance	-1.1%

(Source: NHS Business Services Authority)

Overall in 2021 a total of just over 87,000 fewer items were prescribed by Doncaster GPs, a fall of 1.1% from 2020. The 5 GP Practices prescribing the most items has remained the same in both years and in each year they accounted for 22.8% of the Total Items prescribed.

Table 8 shows the comparison between GP practice dispensing data between 2020 and 2021 and the top 5 practices. The top 5 are :Great Northern Medical Group (5.9%), The Scott Practice (4.6%), The Burns Practice (4.3%), St. Vincent (4.0%) and Mount Group Practice (4.0%).

**Table 8: Actual GP Prescribing data between 2020/21**

Highest Number of Prescribed Items by GP Practice 2020 & 2021							
year	GP Practice	Items	%	year	GP Practice	Items	%
2020	GREAT NORTH MEDICAL GROUP	453,603	5.9%	2020	THORNE MOOR MEDICAL PRACTICE	255,514	3.3%
2021	GREAT NORTH MEDICAL GROUP	443,162	5.9%	2020	THE SANDRINGHAM PRACTICE	249,727	3.3%
2020	THE SCOTT PRACTICE	355,543	4.6%	2020	HATFIELD HEALTH CENTRE	248,636	3.2%
2021	THE SCOTT PRACTICE	344,364	4.6%	2021	THE SANDRINGHAM PRACTICE	248,160	3.3%
2021	THE BURNS PRACTICE	325,191	4.3%	2020	KINGTHORNE GROUP PRACTICE	246,909	3.2%
2020	THE BURNS PRACTICE	315,096	4.1%	2020	NORTHFIELD SURGERY	246,452	3.2%
2020	MOUNT GROUP PRACTICE	313,562	4.1%	2021	KINGTHORNE GROUP PRACTICE	246,327	3.3%
2021	ST VINCENT MEDICAL CENTRE	305,951	4.0%	2020	REGENT SQUARE GROUP PRACTICE	243,245	3.2%
2021	MOUNT GROUP PRACTICE	305,612	4.0%	2021	REGENT SQUARE GROUP PRACTICE	242,786	3.2%
2020	ST VINCENT MEDICAL CENTRE	304,426	4.0%	2020	FIELD ROAD SURGERY	240,485	3.1%
2020	CONISBROUGH GROUP PRACTICE	273,695	3.6%	2021	NORTHFIELD SURGERY	238,455	3.2%
2021	CONISBROUGH GROUP PRACTICE	271,987	3.6%	2021	HATFIELD HEALTH CENTRE	238,412	3.2%
2020	THE TICKHILL & COLLIERY MEDICAL PRACTICE	269,282	3.5%	2020	ST.JOHNS GROUP PRACTICE	233,058	3.0%
2021	THORNE MOOR MEDICAL PRACTICE	265,441	3.5%	2021	DON VALLEY HEALTHCARE*	228,547	3.0%
2021	THE TICKHILL & COLLIERY MEDICAL PRACTICE	263,013	3.5%	2021	FIELD ROAD SURGERY	226,606	3.0%

**Summary: Contractor Dispensing data from NHS Business Service Authority (2021 versus 2020 data).**

Contractor Dispensing : data from NHS Business Services Authority	2021 Total	2020 Total	var	%var
Number of Forms	3,131,114	3,507,538	-376,424	-10.7%
Number of Items	6,826,850	7,642,709	-815,859	-10.7%
Total number of Prescriptions (Professional Fees)	6,953,842	7,765,429	-811,587	-10.5%
Number of Prescriptions (Professional Fees)(Standard discount rate)	6,426,447	7,215,826	-789,379	-10.9%
Number of Prescriptions (Professional Fees)(Zero discount rate)	589,114	549,603	39,511	7.2%
Number of forms for Electronic Prescription Service (EPS)	3,283,953	3,107,287	176,666	5.7%
Number of Items processed via Electronic Prescription Service (EPS)	7,304,816	7,004,104	300,712	4.3%
Number of Medicine Use Reviews (MURs) declared	1,114	7,862	-6,748	-85.8%
Number of New Medicine Service (NMS) interventions declared	12,718	7,852	4,866	62.0%
Number of Appliance Use Reviews (AURs) conducted in users homes	0	0	0	--
Number of Appliance Use Reviews (AURs) conducted at premises	0	0	0	--
Number of Stoma Customisation Fees	8,924	9,922	-998	-10.1%
Number of COVID19 Home Delivery Fees	13,405	21,899	-8,494	-38.8%
Number of Community Pharmacist Consultation Service (CPCS) Fees *	3,294	--	3,294	--
Number of Community Pharmacy Hepatitis C Antibody Testing Service Fees *	0	0	0	--
Number of Community Pharmacy Completed Transactions for Covid-19 Lateral Flow Device Distribution Service *	87,573	--	87,573	--
Number of Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM) *	0	0	0	--
Number of Community Pharmacy Clinic Blood Pressure checks *	83	--	83	--
<b>Total</b>	<b>37,256,612</b>	<b>36,840,031</b>	<b>416,581</b>	<b>1.1%</b>

\*N.B Numbers of medicine reviews have decreased as Medicine Use reviews have now been de-commissioned and these are legacy claims

- The total number of forms has fallen by 10.7% from 2020 to 2021 and so has the number of Items, down by 10.7%.
- Total number of Prescriptions (professional fees) have fallen by 10.5% and number of Prescriptions (professional fees)(standard discount rate) have fallen by 10.9%, however there has been an increase of 7.2% in Prescriptions (professional fees)(zero discount rate).
- The number of Forms for Electronic Prescription Service has increased by 5.7% and the number of items processed this way by 4.3%.
- The number of Medicine Use Reviews (declared) has dropped by 85.8%, whilst the number of New Medicine Service interventions declared has risen by 62.0%.
- Stoma Customisation Fees have fallen by 10.1% and the number of Covid-19 Home Delivery Fees are down by 38.8%.
- Number of Community Pharmacy Completed Transactions for Covid-19 Lateral Flow Device Distribution Service in 2021 were almost 88,000, This was not available in 2020.
- Another new item in 2021 was Community Pharmacist Consultation Service Fees, these totalled 3,294.
- In 2020 there were 13 lines of data, a further 5 lines were added in 2021.
- Overall 2021 saw an increase of 1.1% in the Total when all lines of data were added together.

## 7.2 Advanced Services

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

DONCASTER LPC	Q3 2021-22	Q2 2021-22	2021/22 Q1
LPC code	YL02040	YL02040	YL02040
Items	1,937,211	1,880,769	1,867,758
Pharmacies in data	72	72	72
NMS	4,170	2,922	2,835
AURs	0	0	0
Stoma customisations	69	68	62
Covid deliveries	468	387	625
CPCS	818	896	863
Hep C tests	0	0	0
LFD distributions	33,514	34,627	18,176
DMS	113	132	62
BP clinic checks	83		
ABPM	0		
No. DSPs	2	2	

data source psnc.org.uk Clinical Services Dashboard



The data sourced from the PSNC website gives us the quarterly data for some of the advanced services. Although it only accounts for 72 of the pharmacies it provides some information on the various advanced services but not all. It has proven quite difficult this time to obtain all the data due to national and local changes.

The number of stoma customisations has increased and averaged around 62-68 per quarter; Hep C test data was unavailable; lateral flow test distributions have increased from Q1 in 2021 to Q3 but have now ceased. Blood pressure check data was only available in quarter 3 and indicated 83 blood pressure checks; appliance reviews have not been recorded here and new medicine service interventions have increased from 2,835 in the first quarter of 2021 to 4,170 by quarter 3.

### 7.3 Locally Commissioned Services

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

Tables 9 and 10 illustrate locally commissioned services by NHS England and Doncaster Clinical Commissioning Group and Public health.

**Table 9** – Advanced Services Commissioned by NHS England

Commissioner	Service	Community pharmacy provision in 2021
NHS England	Medicine Use Reviews (now ceased)	1,114 (decreased by 85.1% since 2020)  <i>*This is because NHSE capped the number that each pharmacy could do in 2021</i>
	New Medicines Service interventions	12,718 (increased by 62% since 2020)  <i>*This is because NHSE increased the therapeutic conditions that are included</i>

	Appliance Use Reviews	Not available
	Flu Vaccination	68.06% uptake
	NHS Urgent Medicines Supply	Not available
	Stoma Appliance Customisation fees	8,924 (fallen by 10.1%)

**Table 10** – Local services commissioned by Doncaster Council Public Health and Doncaster CCG (direct and indirect).

<b>Commissioner</b>	<b>Service</b>	<b>No of Community pharmacy providers</b>
Doncaster Council Public Health	Emergency Hormonal Contraception	46
	Needle Exchange	16
	Supervised Consumption	71
	Smoking Cessation	57
Doncaster CCG	Palliative Care	33
	Minor Ailments (now reduced)	40
	Inhaler Technique	52
	Pharmacy Urgent Repeat Medicine (PURM) Service	No longer available

At the time of writing the above data on the commissioned services is correct. The numbers may rise particularly with the emergency hormonal contraception service as there is a new provider (Solutions 4 Health Ltd). However, from 1<sup>st</sup> April 2018 some of the services were changing. The changes will be added to the supplementary statements which can be found on the following webpage:

[Doncaster's Health and Wellbeing Board - Doncaster Council](#)

There has been a decrease in number of pharmacies offering Palliative Care (39 down to 33), Minor Ailment (70 reduced to 40) and Inhaler Technique (69 down to 52) services since the last PNA in 2018. The PURM service no longer exists and Flu Vaccinations services in the borough have been running alongside the pandemic vaccinations services.

*\*This is because the CCG reviewed the provision and as a result decided to limit the number of pharmacies they commissioned to provide each service.*

## 8. Geographic coverage of provision

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

### 8.1 Advanced Services commissioned by NHS England

#### Medicine Use Reviews

The Medicines Use Review (MUR) Advanced Service ceased on 31 March 2021.

#### New Medicines Service

A New Medicine 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 across the borough with many pharmacies now offering the New Medicine Service. In 2021 there was an increase in new medical service interventions as recorded in Table 9.

#### Appliance Use Reviews

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

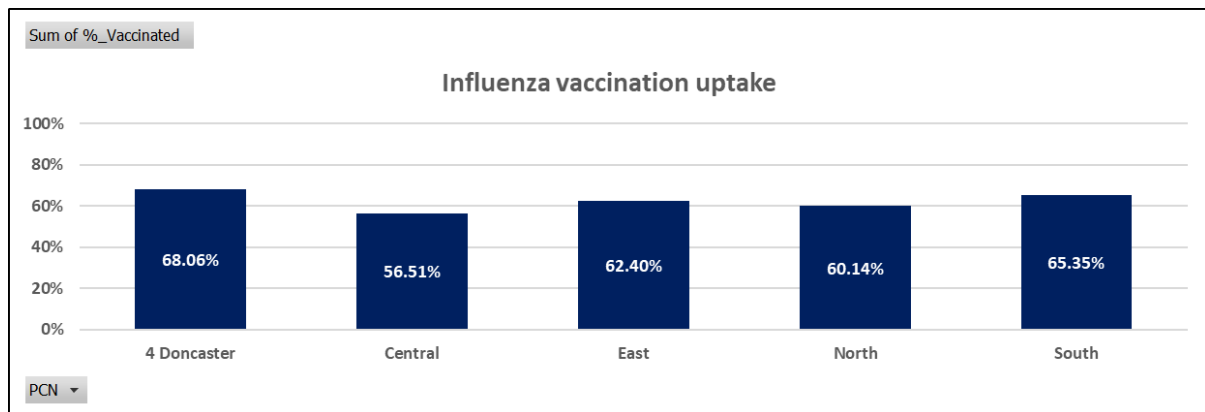
During the data collection period we were unable to obtain the total number of appliance use reviews.

#### Flu Vaccination

Flu Vaccination is available every year to help protect adults and children identified at higher risk of flu and its complications. The risk groups identified include; people aged over 65 pregnant women, children and adults with an underlying health condition (such as long-term heart or respiratory disease) and children and adults with weakened immune systems (PSNC 2017b). The eligible list is currently awaiting changes to include paid carers and is subject to annual review by NHSE&I. The impact of covid-19 in the last 2 years may also have had an impact on uptake. For further information see: <https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/>

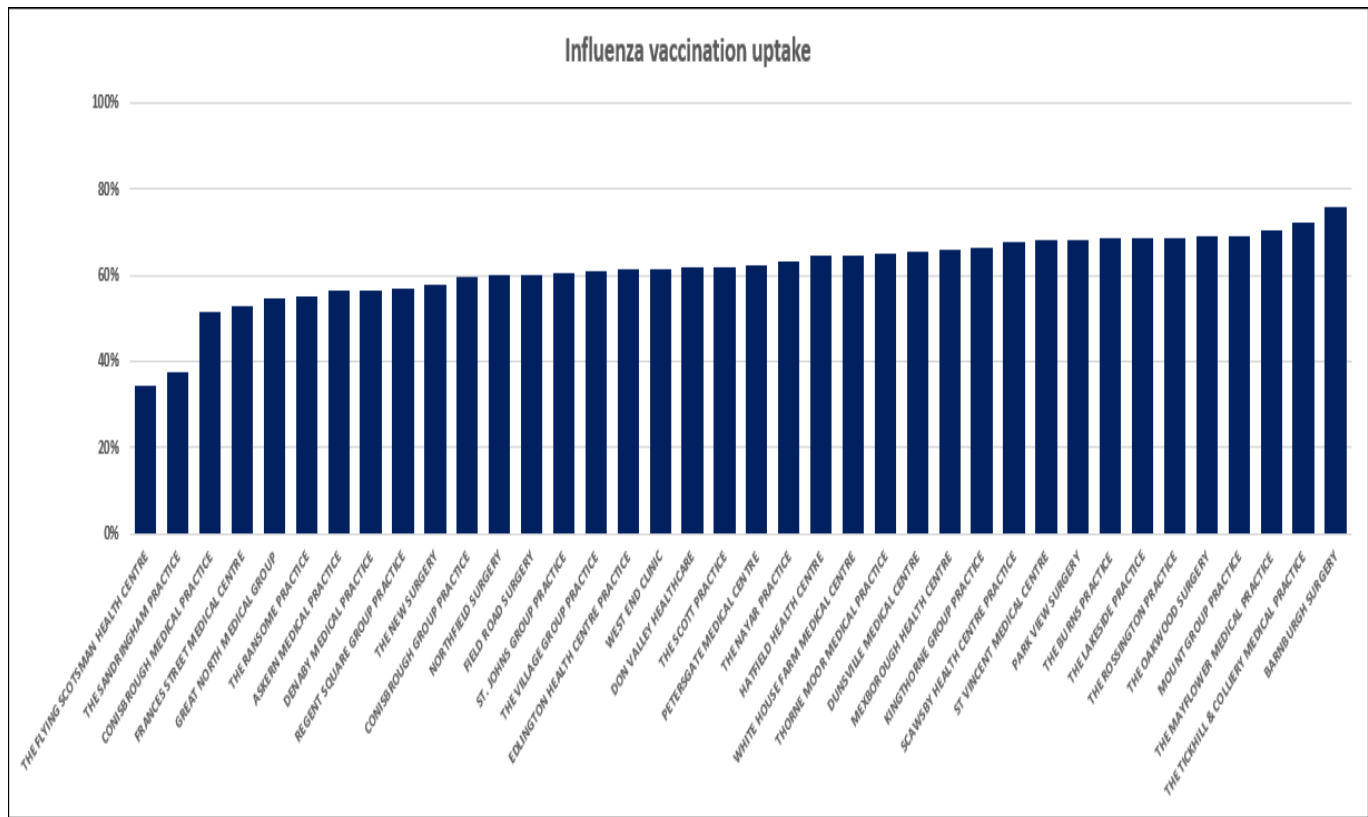
The following tables show flu vaccination uptake in Doncaster up to April 2022:

**Table 11: Flu vaccination uptake in Doncaster 2022 across localities**



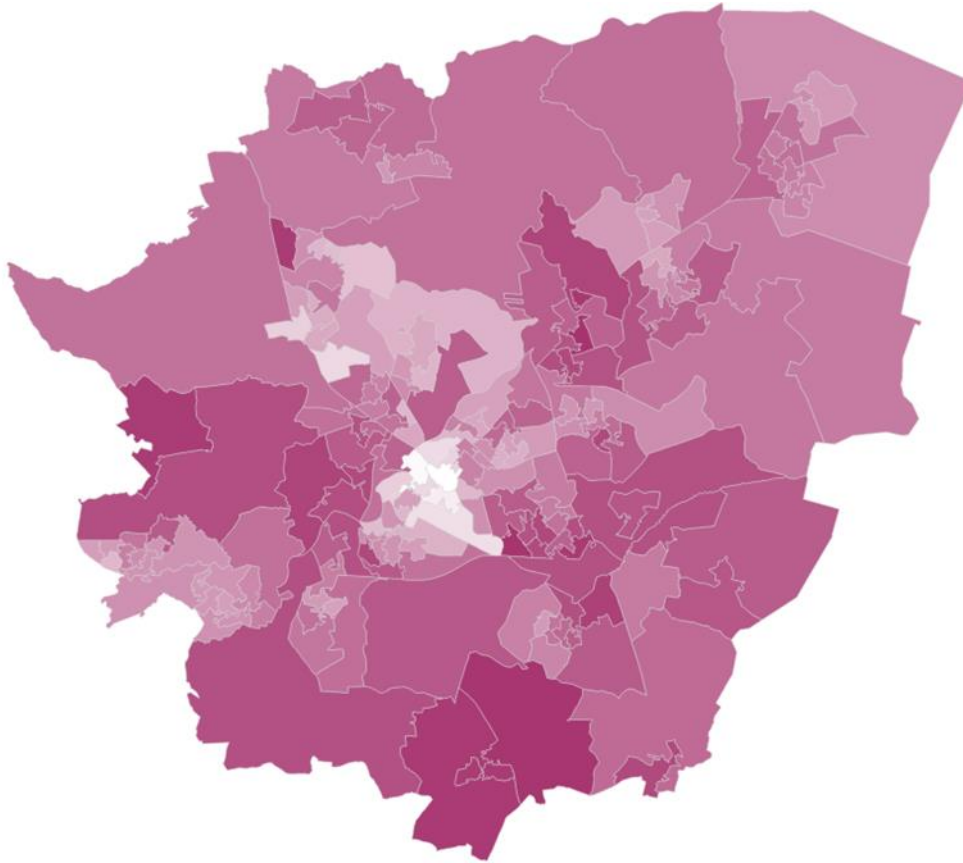
Generally flu uptake during the pandemic has been around 68.06% with higher uptake in the South locality (65.35%) followed by 62.40% in the East and 60.14% in the north and 56.51% (lowest) in the central area.

**Table 12: Flu vaccination uptake across GP practices**



The flu vaccination uptake across GP practices is illustrated in Table 12 and shows some fluctuation across GP practices. The lowest uptake is the Flying Scotsman and Sandringham practices and the highest is Barnburgh surgery.

The map below shows the variation of flu vaccine uptake across the borough.



### **NHS Urgent Medicines Supply Advanced Service (NUMSAS)**

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) has been integrated into the Community Pharmacist Consultation Service (CPCS) which launched on 29 October 2019. Data was therefore not available for this service at the time of this report.

### **Stoma Appliance Customisation Service**

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

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

### **Hepatitis C testing service**

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was originally trialled in the [5-year CPCF agreement](#), but its planned introduction in April 2020 was delayed by five months because of the COVID-19 pandemic.

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

### **C-19 lateral flow device distribution service**

At the end of March 2021, a new Advanced service – the NHS Community Pharmacy COVID-19 lateral flow device distribution service (or 'Pharmacy Collect' as it is described in communications to the public) – was added to the NHS Community Pharmacy Contractual Framework.

Following the Prime Minister's announcement on 21st February 2022 and the publication of the Government policy document – [COVID-19 Response: Living with COVID-19](#) – free COVID-19 mass testing ceased from 1st April 2022.

### **Hypertension case-finding service**

The Hypertension case-finding service was commissioned as an Advanced service from 1st October 2021.

In public-facing communications, the service is described as the NHS Blood Pressure Check Service.

### **Community Pharmacist Consultation Service (CPCS)**

The NHS Community Pharmacist Consultation Service launched on 29th October 2019 as an Advanced Service. Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS. This pathway is now agreed across all practices. It will be reviewed frequently and changed as technology allows to improve efficiency.

## 8.2 Locally Commissioned Services

### **Palliative Care Drugs Service - commissioned by Doncaster CCG**

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

At the time of writing this although there has been a reduced number of pharmacies providing the service, we are assured that there is a good geographical spread and equitable access to the service across Doncaster. The CCG reviewed the service provision and decided to reduce the number of pharmacies it then signed up. Further information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/doncaster-ccg-commissioned-services/palliative-care-service-in-extended-hours-pharmacies/>

### **Ear Care Service – provided by Doncaster CCG**

Information for this service can be accessed by the following link:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/doncaster-ccg-commissioned-services/doncaster-earcare-service/>

### **Needle Exchange Service- provided by Aspire**

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

Geographic coverage is good in Centre and South West of Doncaster, especially when mapped against areas in Doncaster with high crime rates. The service is commissioned by Public Health Doncaster and all areas are now required to have this provision. Further information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/public-health-services/drug-and-alcohol-services/>

### **Supervised Consumption Service- provided by Aspire**

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

Geographic coverage is high across the borough as nearly all pharmacies (71) offer the Supervised Consumption Service. Further information can be accessed at:



<https://doncaster.communitypharmacy.org.uk/services-2/local-services/public-health-services/drug-and-alcohol-services/>

### **Inhaler Technique Service- commissioned by Doncaster CCG**

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

Geographic coverage is high across the borough, especially when mapped against areas in Doncaster with poorer health. There are 52 pharmacies in Doncaster which provide the Inhaler Technique Service

The number of patients accessing this service over the last 2 years has decreased significantly which is largely as a direct result of the COVID pandemic, the CCG and the LPC are planning a review of this service and a major relaunch in the 2022/23 financial year. Information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/doncaster-ccg-commissioned-services/inhaler-technique-pharmacy-review-service/>

### **Minor Ailments Service- Doncaster CCG**

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

The Minor Ailment Service was reviewed and changed in 2021/22 and has seen some changes in the offer that is available. The main ailments that are covered by the MAS service are:

- Impetigo
- Oral candidiasis
- Mild inflammatory skin conditions
- Conjunctivitis (infective) child under 2
- Headlice
- Scabies
- Threadworms
- Vaginal Thrush Adult
- Uncomplicated UTI in females

Geographic coverage is high throughout the borough although we have seen a slight drop in the number of pharmacies delivering the service because of both the change in specification and COVID pressures. Consequently, there has been a decrease in the number of pharmacies providing this service since the last PNA from 72 to 40 at present. The main reason for less pharmacies providing these services is because the CCG wanted to limit to only five per Primary Care Network (PCN).

Further information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/doncaster-ccg-commissioned-services/minor-ailments-service/>

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

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

Due to the pandemic the locally commissioned service was paused delivering stop smoking interventions and started to implement contracts as part of the recovery plan back to service. Currently there are two active advisors in Mexborough and Dunscroft. There are 57 pharmacies with current service level agreement dispensing pharmacotherapy. Further information can be accessed at:

<https://doncaster.communitypharmacy.org.uk/services-2/local-services/public-health-services/stop-smoking-services/>

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

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

**\*This service has been discontinued and there is now a nationally funded service.**

The national service is similar but not like for like in that it requires patients to contact 111 for a CPCS referral whereas the Doncaster PURM was "walk-in" or practice / Out of hours referral.

### **Emergency Hormonal Contraception Services- commissioned by Solutions 4 Health Ltd.**

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

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

### 8.3 Pharmacies and Public Health Campaigns

Community pharmacies are an easily accessible health care service within the wider community setting, and therefore are an ideal setting to promote healthy lifestyles messages. Pharmacies are required to participate in up to six NHSE public health campaigns at request of NHS England (NHSE), and with provision of materials for those campaigns. These have tended to be directed by the national team in recent years and during COVID were reduced in number – mostly focussed on COVID and flu. Latest campaign is Quit smoking at the time of writing. <https://psnc.org.uk/our-news/have-you-received-your-quit-smoking-campaign-materials/>

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

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

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

module is mandatory to anyone attending the leadership or the healthy living champions training.

In terms of workforce, pharmacies are encouraged to train staff as Dementia Friends. The Doncaster Dementia Action Alliance (DDAA) has previously worked in partnership with the Local Pharmaceutical Committee (LPC) and Centre for Pharmacy Postgraduate Education to deliver dementia awareness sessions for pharmacy staff on two levels. One aimed at all pharmacy support staff and the second being a more comprehensive session for pharmacists and pharmacy technicians, which included the dementia friends information along with more clinical information related to dementia care. The specific DDAA training hasn't been done since before COVID, but there are now many more online training resources including the CPPE which are widely used.

## Healthy Living Pharmacies (HLP)

### HLP as an Essential service requirement in 2020/21

Community pharmacy contractors will be required to become a Healthy Living Pharmacy in 2020/21 as agreed in the **five-year CPCF**; this reflects the priority attached to public health and prevention work.

The NHS Terms of Service have been amended to include Healthy Living Pharmacy requirements, with supplementary information on the details being included in guidance on the regulations, which will be published by NHS England and NHS Improvement (NHSE&I). Pharmacy contractors must ensure they are **compliant with the HLP requirements from 1st January 2021**, however the Distance Selling Pharmacy (DSP) website requirements do not have to be complied with until 1st April 2021.

For further information see below:

<https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

## 9. Future Impacts

### 9.1 Housing and Development

The development of significant quantities of new housing and the creation of job opportunities can have a major impact on the demand for pharmaceutical services.

The Doncaster Local Plan sets out how Doncaster Borough will grow and develop from 2015 to 2035. It identifies where and how new jobs, homes and services will be located. The Plan includes provision for a minimum of 15,640 net new homes in the remainder of the plan period 2018 – 2035 (920 per annum) and the allocation of 481 Hectares of employment land to accommodate a forecast 1% jobs growth per annum.

After an independent examination by a Planning Inspector, the Doncaster Local Plan was adopted following a resolution of Full Council on 23 September 2021.

**Table 13** - Possible future housing development sites in Doncaster with existing planning permission granted by Doncaster Metropolitan Borough Council (DMBC) for 100+ plots as at 1<sup>st</sup> April 2021. \*

Area	Location	Approved number of dwellings (total site capacity net units)	Remaining	Planning stage
East	Dunscroft, Dunsville, Hatfield & Stainforth	3100	3100	Outline
Central	Bessacarr	1109	843	Started
South	Rossington	911	728	Started
Central	Hexthorpe	671	671	Started
Central	Edenthorpe	600	600	Outline
Central	Wheatley Hall Road	600	548	Started -
Central	Edenthorpe	542	542	Outline
Central	Balby	460	425	Started
Central	Waterdale	450	353	Started
Central	Armthorpe	400	400	Outline
East	Hatfield	400	341	Started
East	Armthorpe	382	382	Started
South	Edlington	375	375	Outline
North	Adwick - Woodlands	342	189	Started

<b>Area</b>	<b>Location</b>	<b>Approved number of dwellings (total site capacity net units)</b>	<b>Remaining</b>	<b>Planning stage</b>
North	Askern	227	8	Started
North	Askern	220	220	Outline
South	Mexborough	215	27	Started
Central	Bentley	203	5	Started
South	Conisbrough	175	61	Started
South	Edlington	173	34	Started
East	Stainforth	170	36	Started
Central	Lakeside	156	156	Permission - not started
East	Stainforth	152	152	Started
Central	Belle Vue	152	5	Started
Central	Lakeside	147	52	Started
Central	Wheatley Hills	143	131	Started
South	Auckley - Hayfield Green	140	140	Permission - not started
North	Askern	126	126	Permission - not started

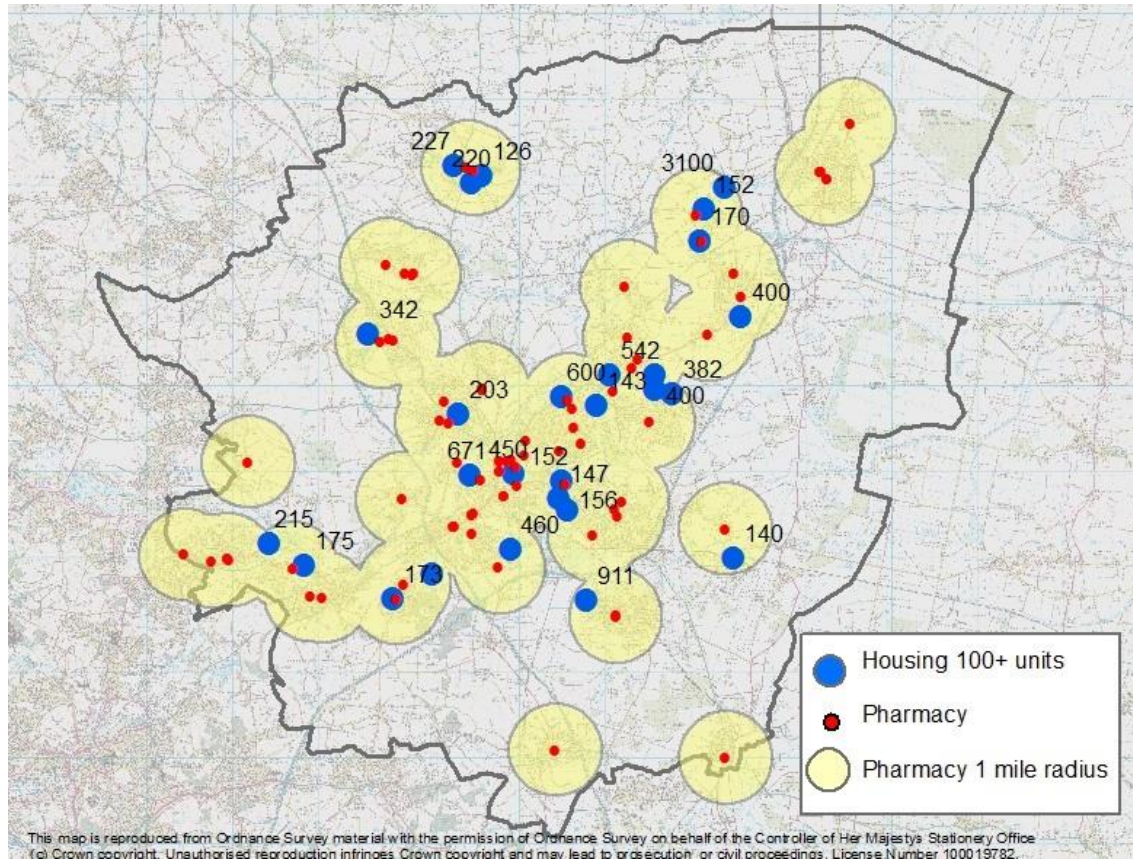
*\*Please note that this information was correct as of 31<sup>st</sup> March 2021 and will not be updated until 1<sup>st</sup> April 2022.*

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. It also needs to consider prescription costs per household and implications for services.

Various reports are produced to monitor the implementation of the council's Planning Policies. They include the Residential Land Availability (RLA) report that monitors housing development progress, and the Local Plan Annual Monitoring Report (AMR) that measures the overall effectiveness of the Plan and its Policies.

The latest versions of these documents are available on the Councils website.

Map 7: Housing Developments within one mile of a pharmacy



All of the proposed housing developments fall within the 1 mile radius of a pharmacy

The future housing developments plan concludes that all new proposed housing developments in the foreseeable future fall within a 1 mile radius of a pharmacy which essentially means there will be no anticipated gaps in provision for the foreseeable future.

## 10. Conclusion

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

In summary our analysis shows that:

- Doncaster has good access to pharmaceutical services with 91.8% of residents living within 1 mile of a pharmacy and all residents within a 10 minute drive.
- Nearly all GP practices are located within 1km (0.6 miles) of a pharmacy.
- Geographic coverage of pharmacies is high, especially when mapped against areas of Doncaster with poorer health.
- Pharmacies offer brief lifestyle advice and are ideally placed to support the public health agenda.
- All pharmacies are now part of the healthy living pharmacies core offer.
- All proposed housing developments have a pharmacy within one mile.

## 11. Recommendations

- To note the current provision of pharmacy services in Doncaster as being sufficiently adequate and identify any future needs as the population changes.
- There are currently no unmet needs in terms of provision of services and there is a good geographical spread across the localities although impact of travel/access in the more deprived areas has not been possible to assess in this study at this time
- To consider the future impacts of an increasing ageing population particularly in view of demand for healthcare and social care services which includes pharmacies
- To consider the growing diversity of the population and the need to provide flexible and culturally appropriate services
- To consider the impact of any future housing developments on current pharmacy provision
- To keep up to date with supplementary changes and review the needs assessment on October 2025.



## References

Doncaster Data Observatory 2012. Doncaster Data Observatory Profiles; 2012 Electoral Ward Profiles.

Doncaster Metropolitan Borough Council (DMBC) (2017). Strategy and Partnership Unit. June 2017. Available at;  
<http://www.teamdoncaster.org.uk/doncaster-data-observatory>

HSCIC, 2016. Health and Social Care Information Centre, Quality Outcomes Framework. Published 27.10.2016. Available at;  
<http://digital.nhs.uk/catalogue/PUB22266>

Index of Multiple Deprivation, 2015. Doncaster Metropolitan Borough Council. Published 30.09.2015

Nomis, 2013. Ethnic groups by sex by age. Published 16.05.2013. Available at;  
<https://www.nomisweb.co.uk/census/2011/dc2101ew>

ONS 2013a. Office for National Statistics, 2011 Census; Statistics on Ethnic Group (Table QS201EW). Published 13/02/2013. Available via;  
<http://www.nomisweb.co.uk/query/construct/components/stdListComponent.asp?menuopt=12&subcomp=100>

ONS 2013b. Office for National Statistics, 2011 Census; Statistics on Main Language (Table QS204EW). Published 30/01/2013. Available via;  
<http://www.nomisweb.co.uk/query/construct/components/stdListComponent.asp?menuopt=12&subcomp=100>

ONS 2016. Office for National Statistics Data: Annual Mid-Year Population Estimate 2016. Doncaster Demographics.

PHE 2015. Public Health England, Public Health Outcomes Framework Web-based Tool. Available at; <http://www.phoutcomes.info/>

PHE 2017. Public Health England, Strategic Health Asset Planning and Evaluation (SHAPE) Web—based Tool. Available at;  
<https://shapeatlas.net/place/>

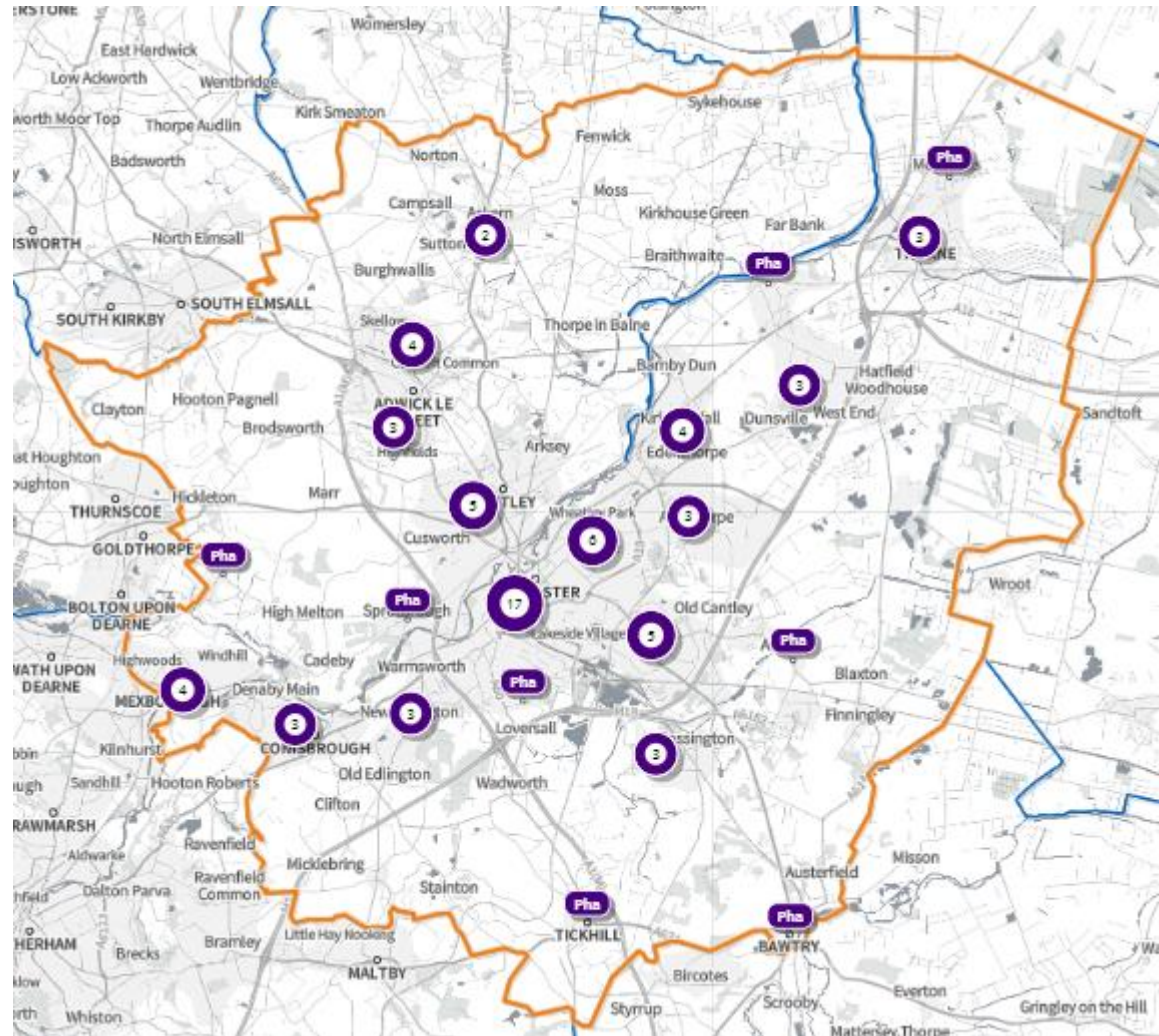
PSNC 2017a. Pharmaceutical Services Negotiating Committee, Services and Commissioning summary. Available at; <http://psnc.org.uk/services-commissioning/>

PSNC 2017b. Pharmaceutical Services Negotiating Committee, Flu vaccination-eligible patients groups. Available at; <http://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-eligible-patient-groups/>

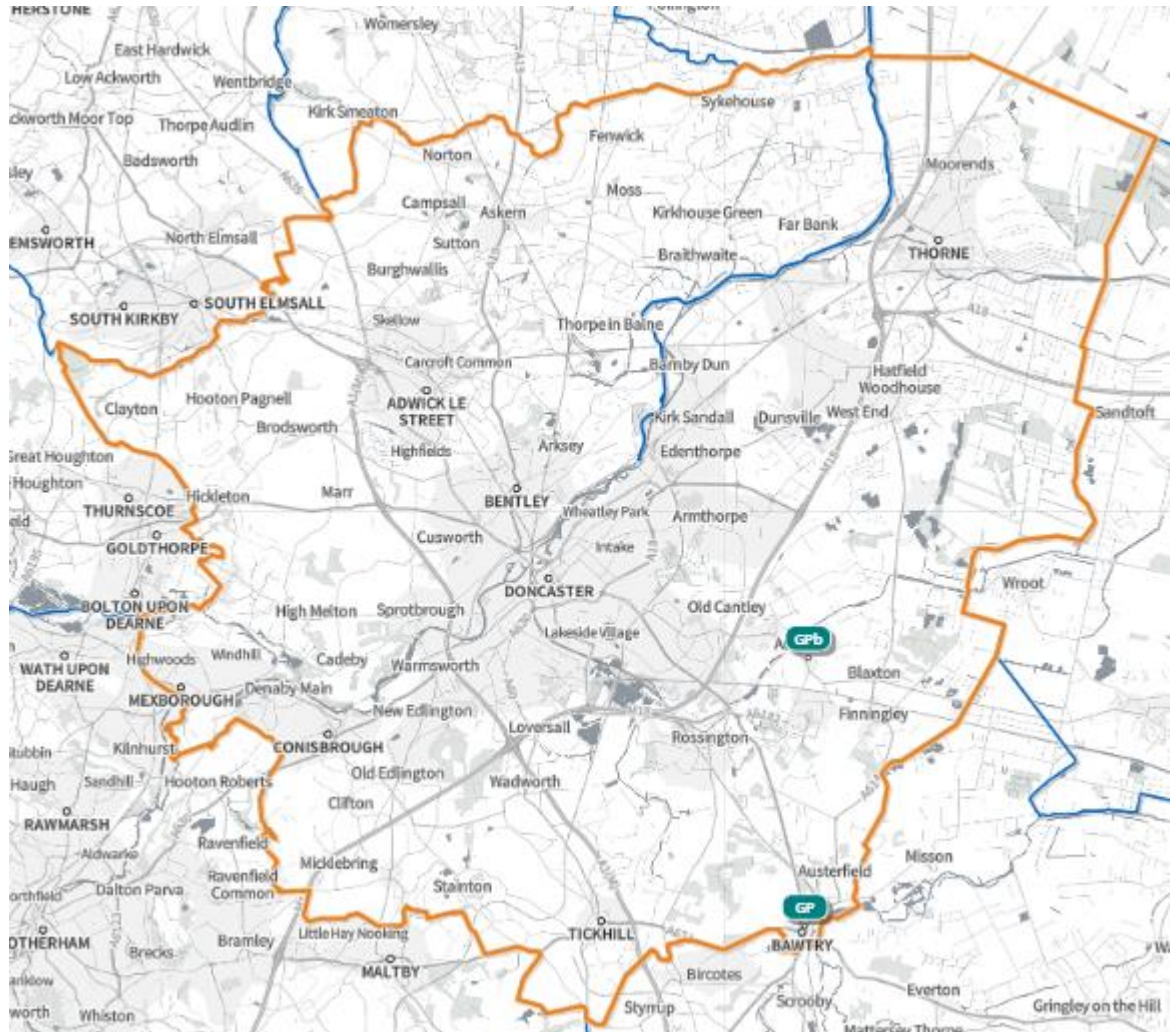
PSNC 2017c. Pharmaceutical Services Negotiating Committee, Quality Payments. Available at: <http://psnc.org.uk/doncaster-lpc/quality-payments/>

# Appendix 1 – Current Pharmacy Demographics

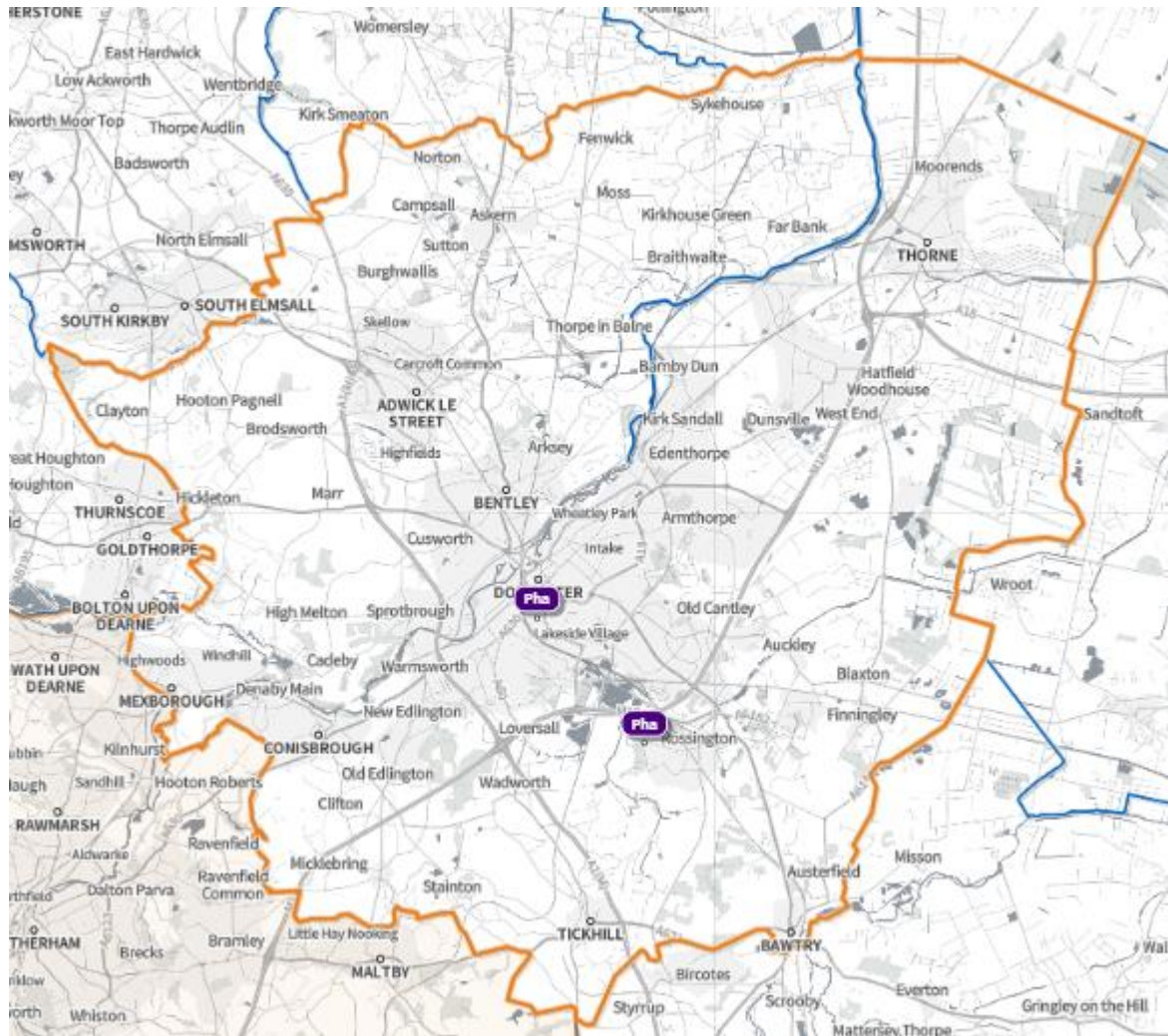
Map 1 – Community pharmacies by location.



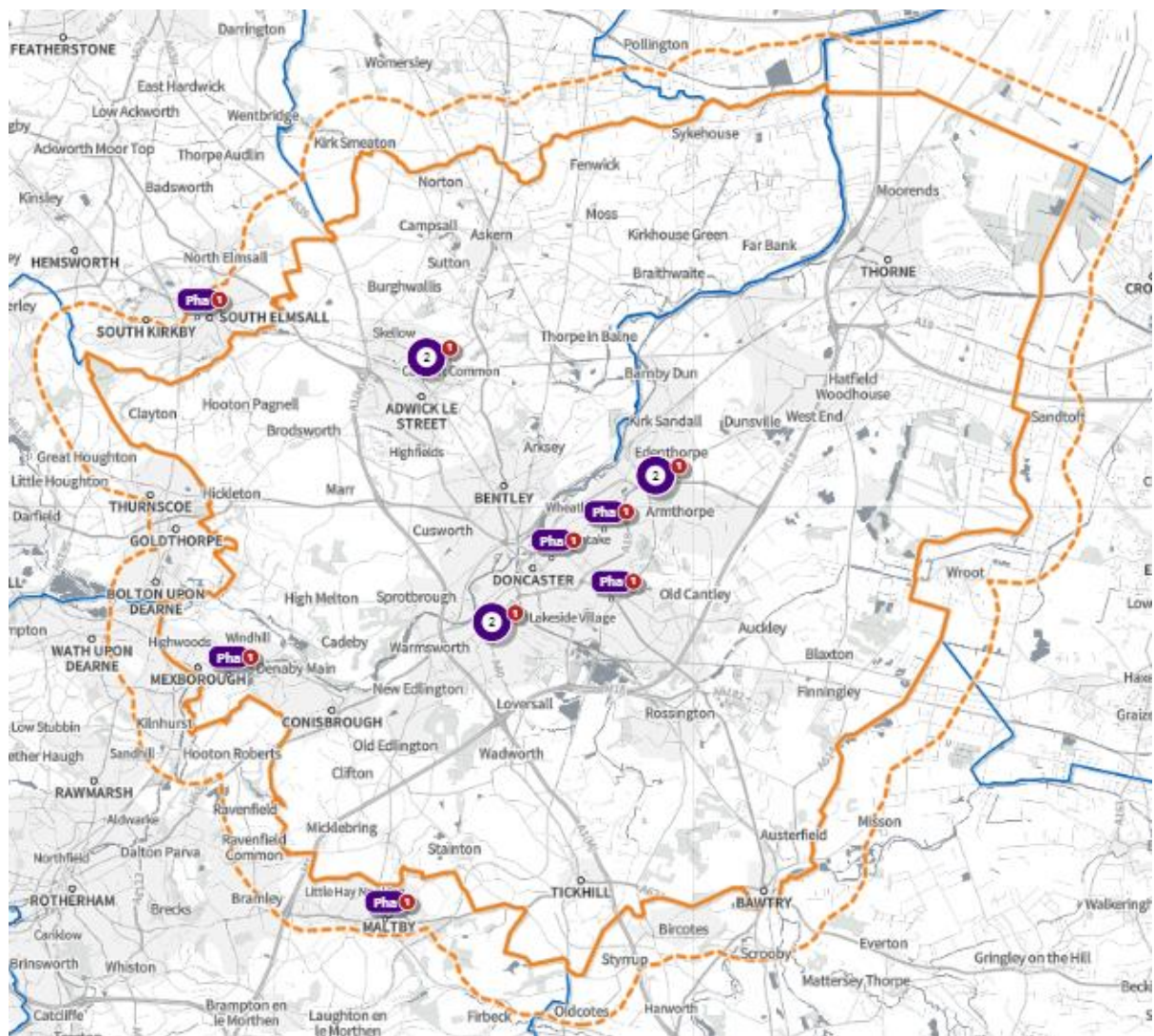
Map 2 - Dispensing GP practices by location.



Map 3 - Distance selling pharmacies by location.

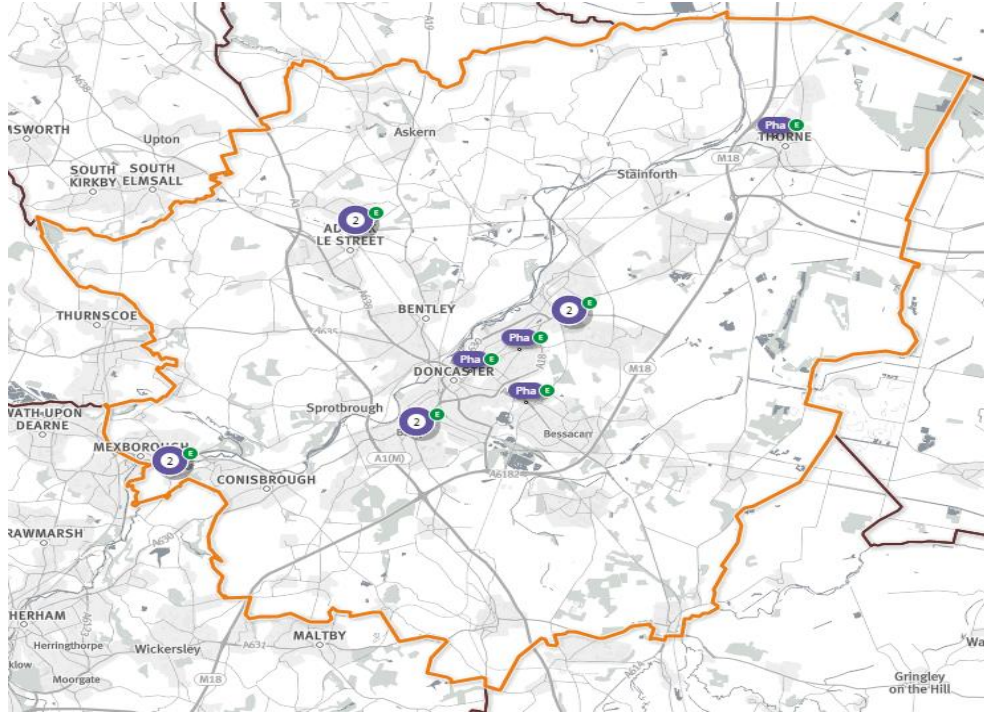


**Map 4** – 100hr community pharmacies in Doncaster, plus bordering 100hr pharmacies.

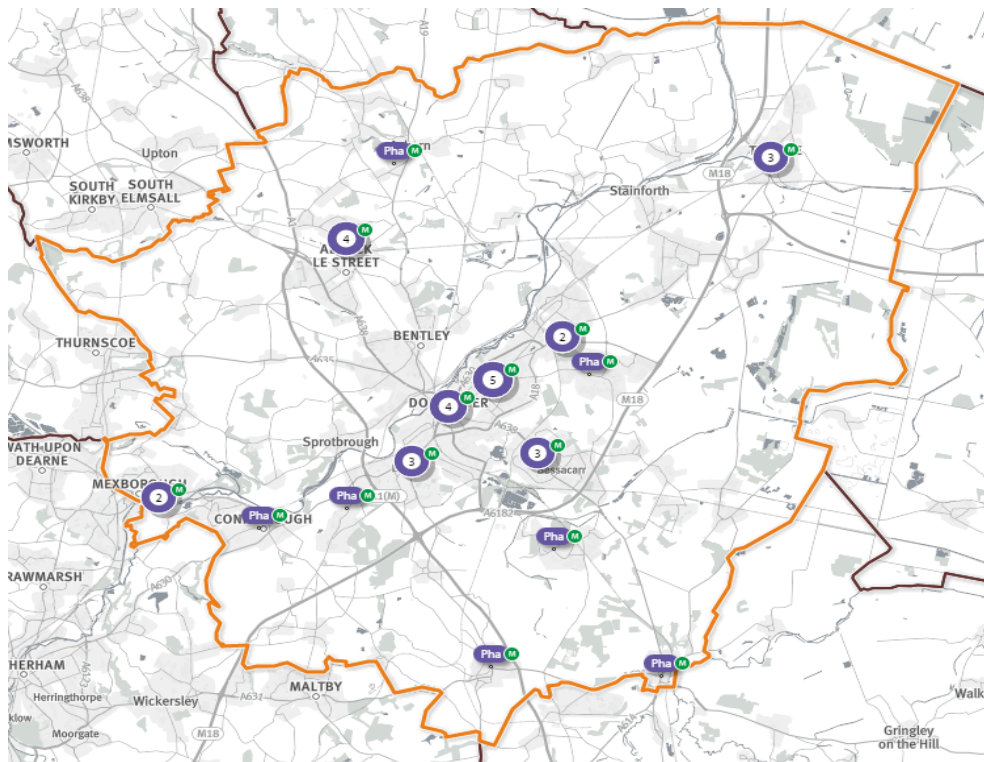


# Appendix 2 – Opening hours by geographic location (maps)

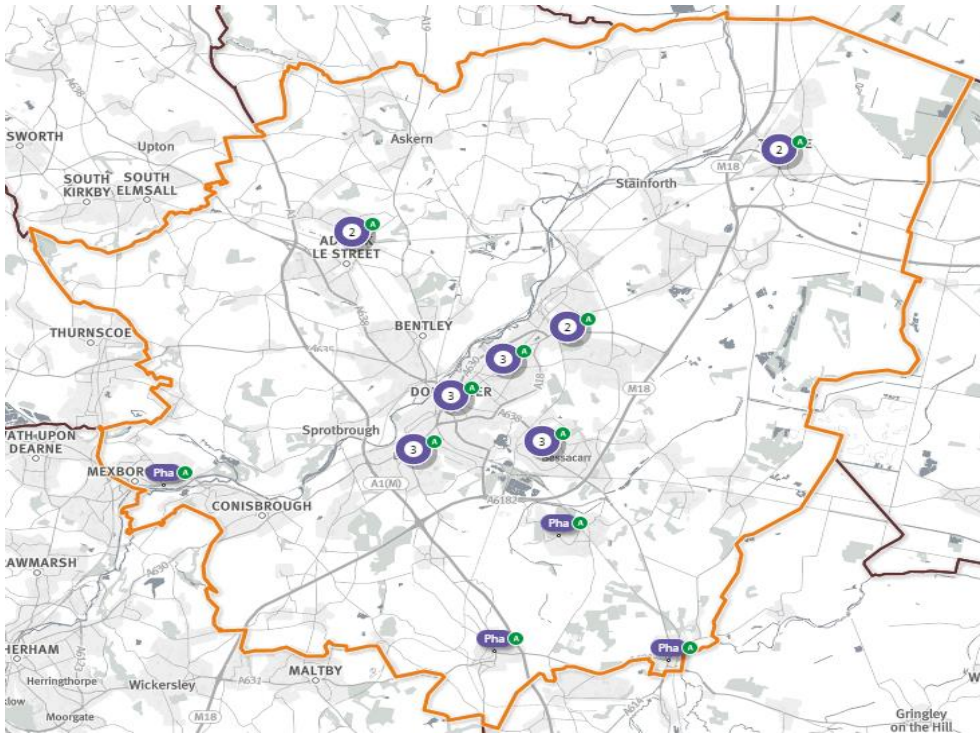
Map 1 - Evening opening.



Map 2 - Saturday morning opening.



**Map 3 - Saturday afternoon opening.**



**Map 4 - Sunday opening**

