

BARNESLEY PHARMACEUTICAL NEEDS ASSESSMENT 2022-2025

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1. Acknowledgements

For Information:

- From 1 October 2021, PHE's health protection functions were formally transferred into the UK Health Security Agency (UKHSA), while its health improvement functions were transferred to the Office for Health Improvement and Disparities (DHSC), NHS England, and NHS Digital.
- Clinical commissioning groups were subsumed into integrated care systems and therefore from the end of June 2022, Barnsley CCG became South Yorkshire Integrated Care Board (SY ICB), Barnsley.

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2. Executive Summary

2.1 Statement and Purpose of the Pharmaceutical Needs Assessment

Since 1 April 2013, every Health and Wellbeing Board (HWBB) in England has had a statutory responsibility to publish a Pharmaceutical Needs Assessment (PNA) and keep it up to date. The primary purpose of the PNA is to enable NHS England to determine whether or not to approve applications to join the pharmaceutical list under The National Health Service.¹

The PNA has looked at the current provision of pharmaceutical services across Barnsley to assess whether it meets the needs of the population, and to identify any gaps in service delivery. Pharmaceutical services are provided by Community Pharmacies, Dispensing Practices, Distance Selling Pharmacies and Dispensing Appliance Contractors.

The Borough has 50 Community Pharmacies and 1 Distance Selling Pharmacy. There are also 3 Dispensing Practices and 2 Dispensing Appliance Contractors (DACs).

A comprehensive range of sources have been used to describe the health and social conditions of the Borough. This document provides details of:

- Population demographics: age, deprivation and health needs.
- Number and location of community pharmacies, dispensing practices, distance selling pharmacies, DACs and the services commissioned.
- Identification of any gaps in necessary services.
- Impact of population changes and house building.
- Formal consultation on the final draft PNA.

If significant changes in the need for pharmaceutical services occur during the three years of the life of the PNA, then the Health and Wellbeing Board is required to publish a revised assessment as soon as is reasonably practicable. Supplementary statements to the PNA can be made if the provision of pharmaceutical services changes

2.2 Conclusions

The PNA concludes:

- Barnsley has good coverage across the borough for pharmaceutical services in terms of choice, access, and opening hours, with no gaps in current provision.
- Barnsley and each of the six Area Councils have slightly better or similar coverage of community pharmacies or dispensing GP practices compared to the national average.
- The majority of Barnsley residents live within a 1.6km (1 mile) walk of a pharmacy and a 10-minute drive of a pharmacy.
- The existing distribution of pharmacies corresponds to where future new housing will be located.

3. Introduction and Scope

¹ Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.

The PNA is used to inform the planning of services that can be delivered by community pharmacies to meet the health needs of the population and is used by NHS England to identify the pharmaceutical needs of the local population and to support the decision-making process for pharmacy applications.

PNAs describe:

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

This PNA has assessed the current provision of pharmaceutical services across Barnsley to ensure it can meet the needs of the population over the three years from 1 October 2022 to 31 March 2025. It replaces the last Pharmaceutical Needs Assessment published in 2018.

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

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

Community pharmacies provide most of these services. There are other types of pharmacy providers and the PNA describes these where relevant.

A range of organisations use PNAs to guide developments and commissioning intentions. NHS England considers all applications to introduce new pharmacies and uses the PNA to help assess such 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, and Joint Health and Wellbeing Strategies.

Legislative Background

The development of the PNA is covered by regulations issued by the Department of Health in 2013². These regulations set out the legislative basis for developing and updating PNAs. Each Health and Wellbeing Board must in accordance with regulations:

- Assess the need for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment.

Under the 2013 regulations, a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

Scope

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

² Pharmaceutical Services and Local Pharmaceutical Services Regulations, 2013.

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

- *The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list.*
- *The provision of local pharmaceutical services under an LPS (Local Pharmaceutical Service) – not local pharmaceutical services which are not pharmaceutical services.*
- *The dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements by the NHS Commissioning board with a dispensing doctor).”*

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

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

A pharmaceutical list includes the following:

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

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

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

The full range of legislation and regulation that specifies the development of PNAs is available here <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

4. Process and Methodology

The duty to publish a PNA falls on the Health and Wellbeing Board. The Director of Public Health (DPH) in the local authority leads on the process and makes sure the PNA meets regulations.

Previously, South Yorkshire Directors of Public Health agreed to a combined approach in the production of the PNA to make the most efficient use of resources. However, due to the Covid-19 pandemic and its unprecedented demand on the work force, there has not been regional approach for this current PNA.

The Business Intelligence Team at Barnsley Council undertook analysis and mapping of the data for the Barnsley PNA. This included working with Public Health England to use their “SHAPE” (Strategic Health Asset Planning and Evaluation) mapping tool to analyse pharmacy locations by demographic, and access factors. In addition, information about proposed housing developments was obtained from Barnsley Council’s Housing Department.

To identify health and pharmaceutical need the PNA uses a wide variety of data and information. These include the Joint Strategic Needs Assessment 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. The current provision of pharmacy and pharmaceutical services was compared with current and potential future demographic and health needs.

A 60-day consultation on the first full draft of the PNA took place for 60 days from 16 May to 15 July 2022. This consultation was open to members of the public and was sent to the list of stakeholders as defined by the regulations.

The final version of the PNA was approved by the HWBB at its meeting on (insert date of meeting). A copy of this report and associated map of pharmacies in Barnsley will be available to download from the Council’s website here (insert link).

4.1 Governance

The Barnsley PNA has been developed using a project management approach. A steering group was established to build on expertise from across the local healthcare community and ensure that views of the main stakeholders are considered throughout the process of preparing the PNA document.

The PNA Steering Group consisted of council staff from Planning, Business Intelligence, and Public Health, and representatives from South Yorkshire Integrated Care Board Barnsley (SY ICB) Medicines Management Team, the Area Team of NHS England (as the main commissioners of these services), the Local Pharmaceutical Committee (representing the professional views of local providers), Healthwatch Barnsley (representing the interests of patients and the public) and the Local Medical Committee (representing the professional views of NHS GPs). The Steering Group has been responsible for the completion of the PNA and to ensure that the PNA exceeds the minimum requirements. This Steering Group approved the timetable, the Communications Plan, outline of the PNA, and the draft for consultation.

The Steering Group reported directly to the Health and Wellbeing Board.

4.2 Equality Impact Assessment

An Equality Impact Assessment (Appendix 4) will be completed following the statutory 60-day consultation with guidance from Barnsley MBC Equality and Diversity Advisors.

5. Context for the Pharmaceutical Needs Assessment

The PNA for Barnsley is undertaken in the context of the needs of the local population. The health and wellbeing needs of the local population are described in the Barnsley JSNA www.barnsley.gov.uk/jsna.

This PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the JSNA.

5.1 Overview of Barnsley

Barnsley lies at the mid-point between the region's two main cities of Leeds to the north, and Sheffield to the south, and covers an area of 329 square kilometres.

Historically, Barnsley was centred on coal mining resulting in the borough's dispersed pattern of small towns and villages. Because people lived where they worked and coal was moved by rail, road links between towns and villages were poor and communities were self-contained.

The borough has a varied geography. The west of the borough is predominantly rural in character with open moorland, arable farmland and natural woodland. It is characterised by attractive hilly countryside part of which lies in the Peak District National Park and is centred on the rural market town of Penistone. In the centre of the borough is Barnsley itself and the surrounding urban area which is the main shopping, administrative, business and entertainment centre. To the east of the borough stretching from the M1 motorway to the Dearne Valley are the towns of the former Barnsley coalfield which form a dense settlement pattern and have a relatively high level of deprivation.

Barnsley's local distinctiveness stems from its historical character and culture, including its settlements and architecture. Barnsley Town Centre with its market and role as a knowledge hub and administrative centre for the borough, the friendly traditional market towns and the former mining settlements with their strong communities who have a traditional belief in self-improvement and learning, along with the attractive rural villages all define Barnsley's distinctiveness. It also includes Barnsley's rural heritage, the Pennine topography, the varied landscapes, and the National Park.

The boundary of Barnsley Metropolitan Borough Council (BMBC) is coterminous with Barnsley Clinical Commissioning Group (CCG) and the borough is divided into 21 electoral wards and six Area Councils. Figure 1 identifies the Area Councils and locations of community pharmacies and dispensing practices within Barnsley and surrounding areas.

5.2 Barnsley Healthcare Landscape

The NHS in South Yorkshire and Bassetlaw (SYB) has developed an Integrated Care System (ICS). The SYB ICS was set up initially as a 'Sustainability and Transformation Partnership' in October 2016 to modernise and improve the way health, social care, local authorities, and the third sector across SYB work together to provide healthcare for the 21st century. Since 2016, the ICS has secured a total of £129 million, which has enabled it to progress with a number of schemes and initiatives to improve regional healthcare services. A further £129 million, which is detailed in the Five-Year Plan (2019 – 2024), is secured for transformation schemes.

The Five-Year Plan focuses around four key ambitions:

1. Developing a population health system
2. Strengthening our foundations
3. Building a sustainable health and care system
4. Broadening and strengthening our partnerships to increase our opportunity

Primary care networks were introduced into the NHS in England as part of the NHS Long Term Plan, published in January 2019. The 2019 General Practitioner Contract gave the opportunity for GP practices to join networks, each with between 30,000 and 50,000 patients. The stated aim is to create a fully integrated community-based health services which will be an important component of integrated care systems.

Practices in Barnsley have also come together, firstly to create Barnsley Healthcare Federation and then to form Barnsley Primary Care Network (PCN).

Barnsley PCN is made up of 29 member GP practices which are independently managed but share a common purpose to enhance the level of Primary Care support available within the borough through one large PCN, the largest PCN in the country, supported by six neighbourhoods.

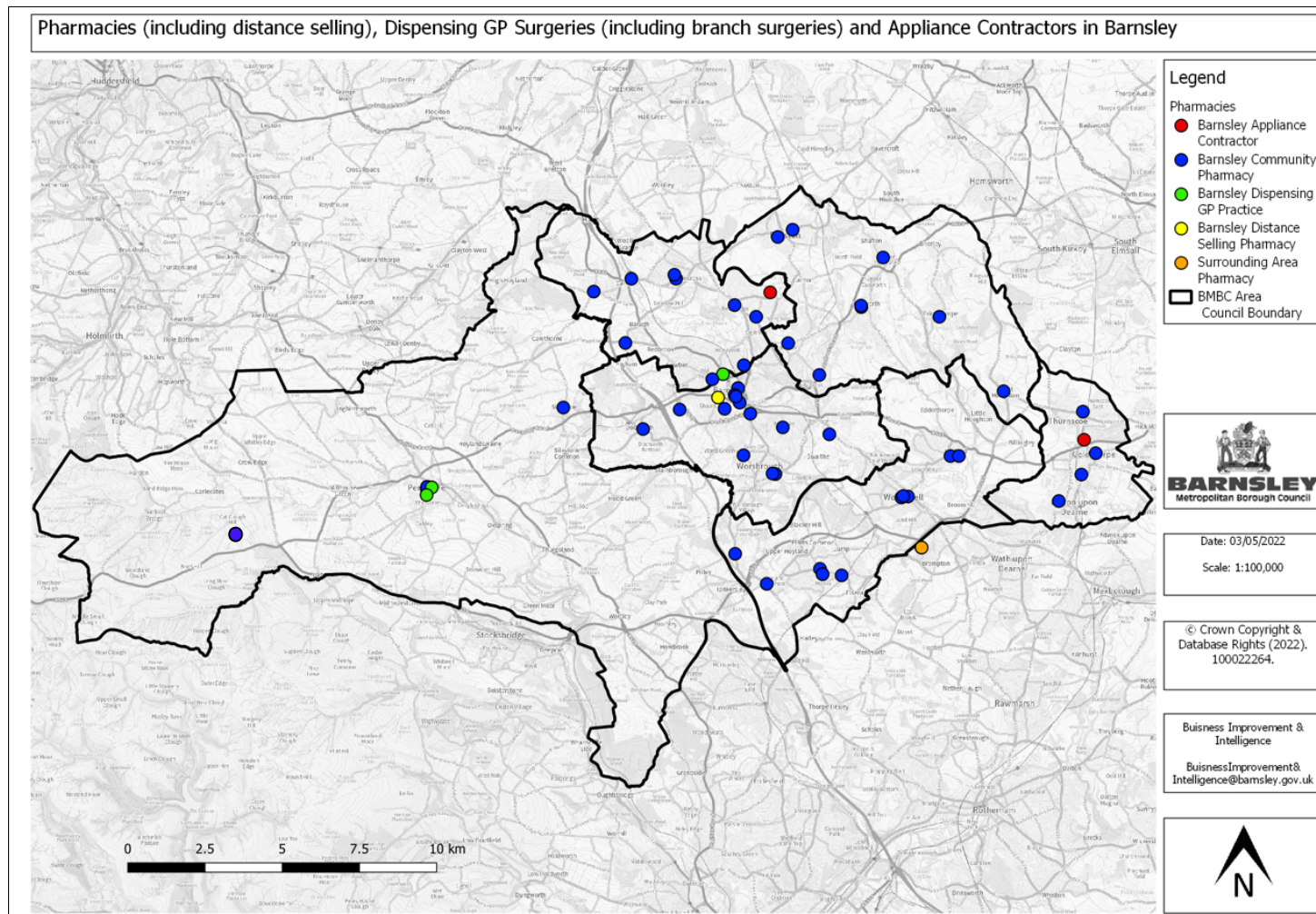
The Neighbourhood Networks are:

- Network one – Penistone
- Network two – Central
- Network three – North
- Network four – North East
- Network five – Dearne
- Network six – South

It is important that community pharmacy teams are fully involved in the work of their PCN and this is being encouraged via the Pharmacy Quality Scheme.

Each of the PCN areas in Barnsley has a community pharmacist working to represent the interests of ALL community pharmacies within the PCN area. Their role is to attend meetings and to share and gather feedback with their pharmacy colleagues.

Figure 1. Pharmacies (including distance selling, dispensing general practices and appliance contractors in Barnsley (Requirement schedule 1:7 NHS and Pharmaceutical Services Regulations 2013) based on data verified 27 April 2022



Note: there are two surrounding pharmacies co-located just over the border as indicated on the map. Although these pharmacies are in the Rotherham Health and Wellbeing Board area, they are supported by Barnsley Local Pharmaceutical Committee (The LPC) and are considered close enough to improve access for Barnsley residents.

5.3 Population

5.3.1 Current Population

Latest estimates from the Office for National Statistics (ONS mid-year estimates 2020) put this at approximately 248,071. Figure 2 illustrates this data in a population pyramid and table.

Figure 2: Barnsley population by age group and gender

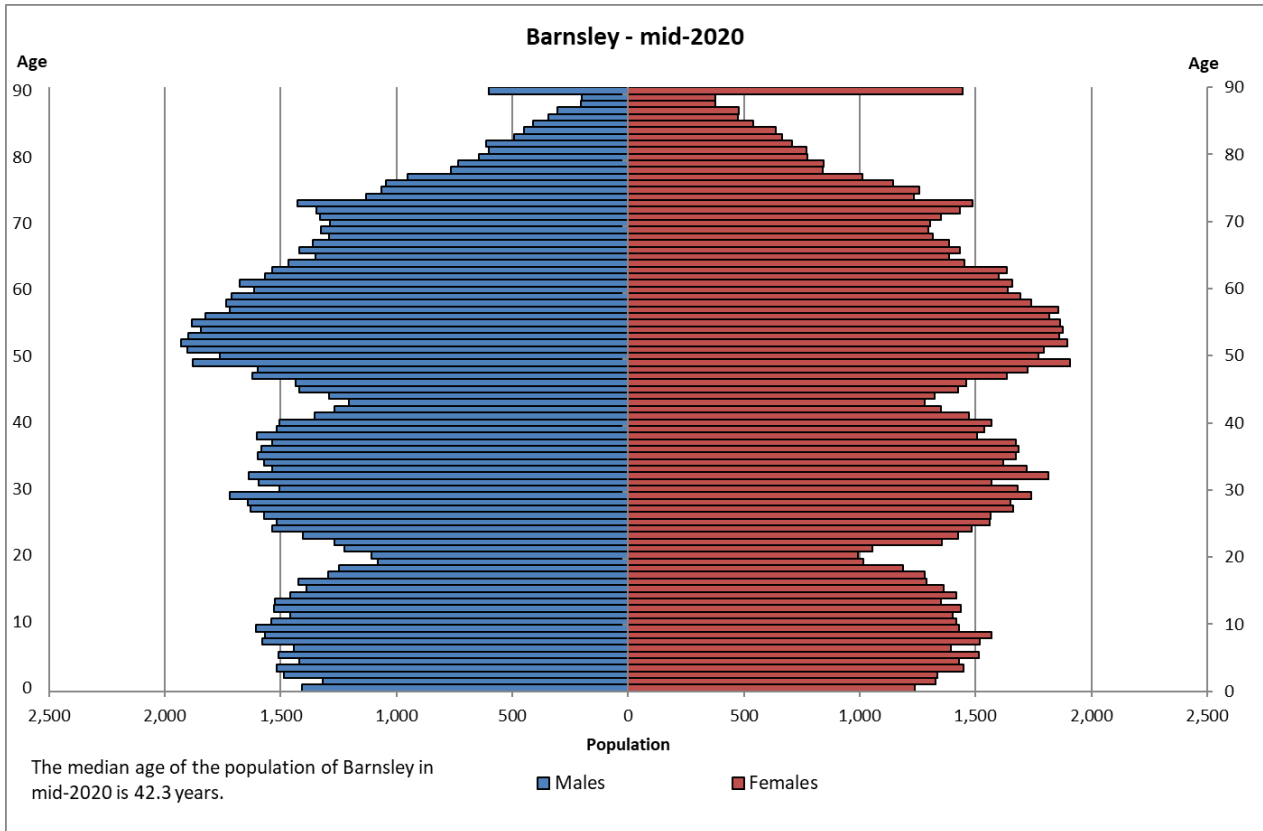


Table 1. Mid-year population estimates, ONS 2020

Age Band	Males		Females		Persons	
	Number	%	Number	%	Number	%
00-04	7,147	5.8	6,779	5.4	13,926	5.6
05-09	7,705	6.3	7,426	5.9	15,131	6.1
10-14	7,509	6.1	7,021	5.6	14,530	5.9
15-19	6,432	5.3	6,135	4.9	12,567	5.1
20-24	6,537	5.3	6,315	5.0	12,852	5.2
25-29	8,080	6.6	8,180	6.5	16,260	6.6
30-34	7,843	6.4	8,410	6.7	16,253	6.6
35-39	7,833	6.4	8,081	6.4	15,914	6.4
40-44	6,621	5.4	7,000	5.6	13,621	5.5
45-49	7,957	6.5	8,161	6.5	16,118	6.5
50-54	9,336	7.6	9,202	7.3	18,538	7.5
55-59	8,870	7.2	8,982	7.1	17,852	7.2
60-64	7,858	6.4	7,991	6.4	15,849	6.4
65-69	6,750	5.5	6,819	5.4	13,569	5.5
70-74	6,518	5.3	6,809	5.4	13,327	5.4
75-79	4,556	3.7	5,100	4.1	9,656	3.9
80-84	2,800	2.3	3,558	2.8	6,358	2.6
85+	2,057	1.7	3,693	2.9	5,750	2.3

5.3.2 Future Population Changes

Over the coming years the population in Barnsley is expected to increase, with the largest increases seen in older age groups. An increase in population is likely to generate increased demand for pharmaceutical services, but on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers.

The estimated population of Barnsley was 239,855 in 2015 and is expected to increase by 9% to 262,376 by 2030. Barnsley is also expected to experience a 35% increase in people aged over 65 years and over. Table 2 illustrates the population forecasts for specific age groups.

Table 2. Barnsley population projections by age groups, 2015 to 2030

Age Band	2015	2030	% change
0-4 years	14664	13,276	-9.5%
5-9 years	14162	13,620	-3.8%
10-14 years	12670	14,704	16.1%
15-19 years	13584	15,122	11.3%
20-64 years	139928	145,183	3.8%
65 years and over	44847	60,471	34.8%
Total	239855	262,376	9.4%

Source: ONS 2018 based sub-national population projections

To facilitate commissioning of pharmaceutical services, responsive to population needs, the Health and Wellbeing Board partners will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

5.4 Housing Growth

The Barnsley [Local Plan](#) is the statutory development plan for the period of this PNA update. The adopted plan sets out how the council will manage physical development of the borough on behalf of residents and businesses.

The Plan proposes to achieve the completion of at least 21,546 net additional homes during the period 2014 to 2033. The distribution of the new housing is set out in Table 3. The supply of housing sites is made up of Local Plan allocations and sites that already have planning permission. There are some site allocations that require the production of a masterplan framework. These [masterplan frameworks](#) give more detail on the major mixed use proposals.

The local plan spatial strategy concentrates the majority of development in Urban Barnsley and the Principal Towns (Wombwell, Hoyland, Penistone, Goldthorpe (Dearne Towns), Cudworth and Royston). Some development in villages will be encouraged where it meets local needs and sustains the village economy and the vitality and viability of the local community.

Whilst the spatial units of the local plan do not directly correspond with the six Area Councils, it is the case that the existing distribution of pharmacies corresponds to where future new housing will be located.

Table 3. The distribution of new homes in Barnsley, 2014 to 2033

Core strategy areas	Number of homes	Planning permissions	Total	% of overall supply ³
Urban Barnsley	5812	3258	9070	43
Cudworth	1088	215	1303	6
Dearne	1969	922	2981	14
Hoyland	2263	304	2567	12
Penistone	637	366	1003	5
Royston	886	416	1302	6
Wombwell	1370	699	2069	10
Other Settlements	211	590	801	4
Total	14236	6770	21006	100

Source: Barnsley Local Development Framework (LDF) Core Strategy, 2019. Page 58.

<https://www.barnsley.gov.uk/media/17249/local-plan-adopted.pdf>

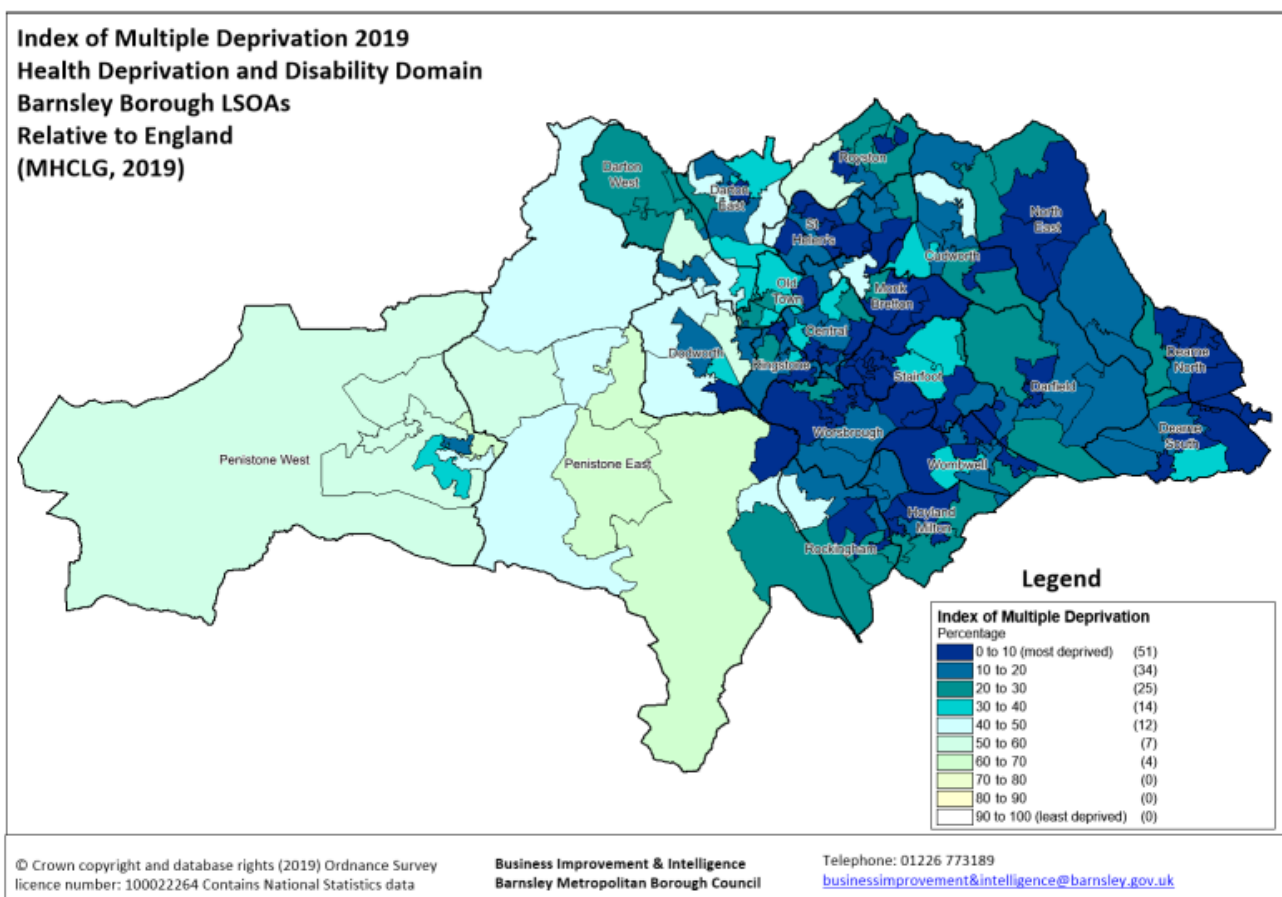
³ Includes 4295 dwellings proposed as part of mixed use sites.

5.5 Deprivation

The Index of Multiple Deprivation 2019 (IMD 2019) is used to measure inequalities in the wider determinants of health. It combines a range of economic, social, and housing indicators to provide the most up to date and comprehensive picture of deprivation for each local authority in England. It is made up of seven indices of deprivation that are grouped together and weighted to produce the overall index (higher scores indicate greater level of deprivation). The seven indices cover: income; employment; health and disability; education, skills and training; barriers to housing and services; crime; and living environment.

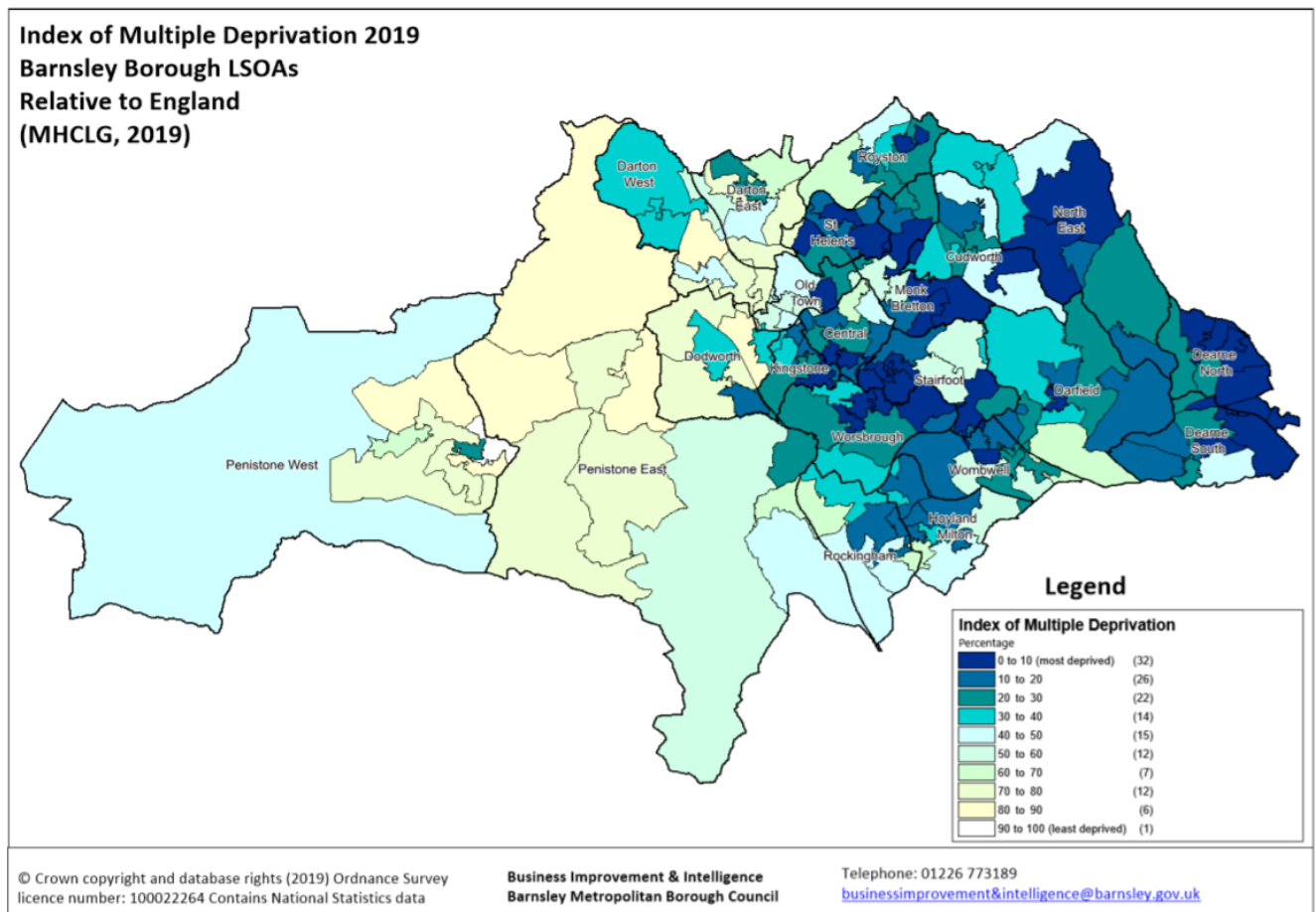
Figure 3 illustrates that there are clear geographical inequalities in the wider determinants of health in Barnsley, with 22% of Lower Super Output Areas (LSOAs) being in the 10% most deprived areas in England.

Figure 3. Index of Multiple Deprivation 2019, Barnsley



When looking at the health and disability domain, Barnsley ranks 22/317 nationally in terms of average score (where 1 = most deprived, 317 = least deprived). Figure 4 shows the geographical inequalities in health and disability with darker areas of the map indicating higher levels of health deprivation.

Figure 4. Health deprivation and disability domain (IMD 2019) Barnsley



A more detailed breakdown on the IMD in Barnsley (including ward and LSOA individual decile scores) can be accessed via the [IMD interactive dashboard](#).

6. Health and Wellbeing

A detailed analysis of health and wellbeing needs in Barnsley is set out in our Joint Strategic Needs Assessment (JSNA). This can be accessed from the Council’s website:

<https://www.barnsley.gov.uk/services/our-council/research-data-and-statistics/joint-strategic-needs-assessment/>

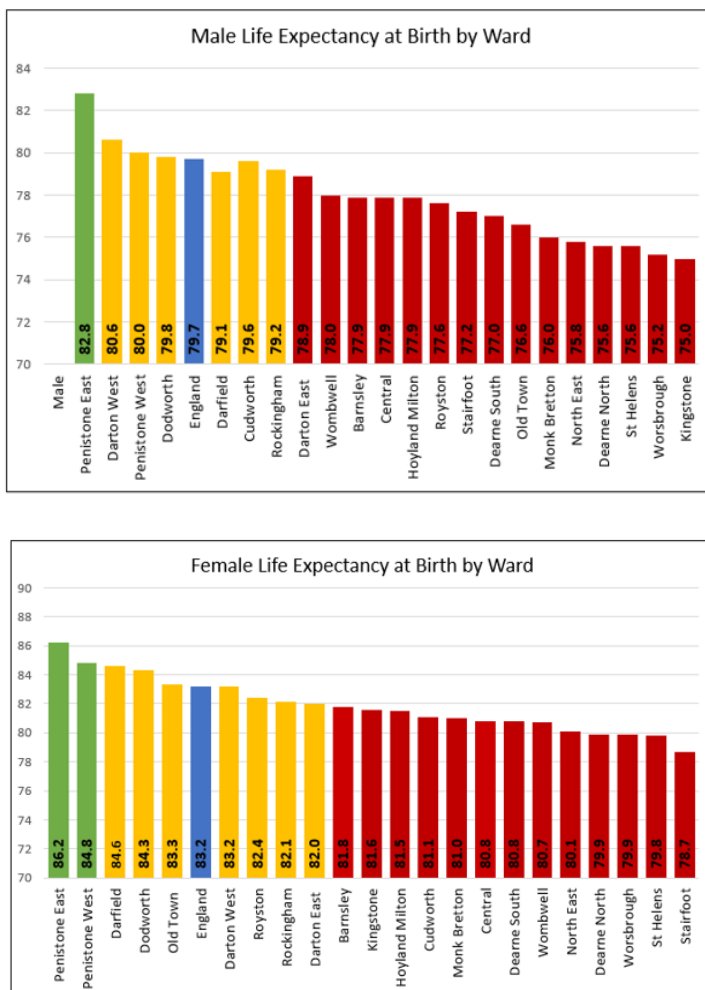
The data outlined in the section is updated and published on an annual basis on the Public Health Outcomes Framework at <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

6.1 Life Expectancy in Barnsley

Life expectancy at birth in Barnsley for both men and women (2018-20) is significantly lower than national rates. For men in Barnsley, life expectancy has been on a declining trend and is now at its lowest rate in ten years.

Significant health inequalities exist within Barnsley at electoral ward level. Latest published data (see Figure 6) shows that male life expectancy at birth ranges from 75 years in Kingstone to 82.8 years in Penistone East – a difference of 7.8 years (2017-2019). For women, rates range from 78.7 years in Stairfoot to 86.2 years in Penistone East – a gap of 7.5 years (2017-2019).

Figure 6. Life expectancy at birth in Barnsley - ward level



In terms of healthy life expectancy at birth, men in Barnsley could expect to live 5.7 years less in “good” health than men in England, whilst for women, the difference is 2 years (2017-2019).

The ‘inequality gap’ in life expectancy at birth has reduced over recent time periods and now stands at 8.9 years for males and 7.9 years for females (2018-20). These figures are currently below both regional and national averages. However, existing health inequalities are likely to have been exacerbated by Covid-19, with the impact of the pandemic, and measures to control the virus, falling unevenly across society. In addition, significant changes to household income brought about by the end of furlough support, Universal Credit changes, National insurance increases and the rising cost of living and fuel prices are likely to push more households into poverty. Locally, the biggest impact is likely to be on those groups already struggling and we may see the declining trend in inequality stall (or even reverse) in the near future. It remains a priority of our Health and Wellbeing strategy to work with the wider health system to enable recovery from the pandemic and to build sustainable and healthier futures. The next section covers Covid-19 and health inequalities in more detail.

6.2 Covid-19 and Health Inequalities

The Covid-19 pandemic has had a profound impact on people’s health and wellbeing. The Health Foundation’s [Covid Impact Inquiry](#) explored how people’s experiences of the pandemic were influenced by their pre-existing health and health inequalities:

People’s experiences of the pandemic have varied greatly. Not everyone faced the same risk of exposure to the virus nor equivalent severity in health outcomes. The measures taken to suppress the virus have affected people’s lives and livelihoods differently – with both immediate and longer term consequences for people’s health and wellbeing.

The report also highlights that the immediate risks to people’s health go beyond direct harm caused by the virus. Re-prioritisation of health care services to manage Covid-19 related demand have led to an increased unmet need for care. Further analysis by the Health Foundation identified 6 million ‘missing patients’ who did not seek treatment in 2020, which could mean many people living with poor health for longer. In cases of acute need, such as cancer care, it is likely we will see a reduction in survival rates. The loss of education during the pandemic also risks widening the gap in future health outcomes. The cohort of children and young people who have missed periods of education could lag behind pre-pandemic cohorts. The loss of education has also not fallen evenly, with children from more disadvantaged backgrounds having experienced a greater deterioration in their educational outcomes.

‘Build Back Fairer: The Covid-19 Marmot Review’, highlights that Covid-19 has exposed and amplified the inequalities observed in the earlier ‘10 Years On’ report, and that the economic harm caused by containment measures - lockdowns, tier systems, social isolation measures – will further damage health and widen inequalities. Inequalities in Covid-19 mortality rates also follow a similar social gradient to that seen for all causes of death. Mortality rates from all causes are higher in more deprived areas, and prior to the pandemic health inequalities related to deprivation had been increasing.

The total number of excess deaths during the first wave was highest for older age groups, with 41% of all deaths among those aged 85 and older. Once the virus had spread, the age and health of the UK population (including underlying health conditions and comorbidities) played a role in the severity of outcomes. As healthy life expectancy improvements have not kept pace with life expectancy in the UK, people are living more years in poor health – particularly in older age. This could have led to greater vulnerability to Covid-19.

A recent publication from ONS on excess mortality during the period of the Covid-19 pandemic (to end December 2021), shows that Barnsley has the highest percentage of excess deaths from all causes in Yorkshire and Humber (24.7% vs an average of 13.2% for Yorkshire and Humber) and for excess deaths excluding deaths due to COVID-19 (-1.1% for Yorkshire and Humber, 5.5% for Barnsley). Barnsley has one of the highest percentages nationally, with only nine London boroughs scoring higher for excess deaths from all causes. We will continue to look at this in more detail, but the data again appears to suggest that our local population has high susceptibility to premature illness and death from a range of causes including Covid-19.

As highlighted in research from [Sheffield University](#), older industrial towns and the former coalfields entered the pandemic with an older and less healthy population, at higher risk from the virus. This is true of Barnsley where we have an older population, a higher number of care homes and greater levels of chronic disease and deprivation compared with the rest of the country. This means the population of Barnsley has been more susceptible to infection, serious illness, and death during the pandemic.

As we continue to realise the impact of Covid-19 on our communities, our Health and Wellbeing Strategy 2021-2030 sets out a life-course approach to improve the health and wellbeing of our residents, ensuring that no communities are left behind in our recovery. A central part of tackling health inequalities in this recovery phase will be to protect those at greatest risk.

6.3 Health Needs and Health Inequalities

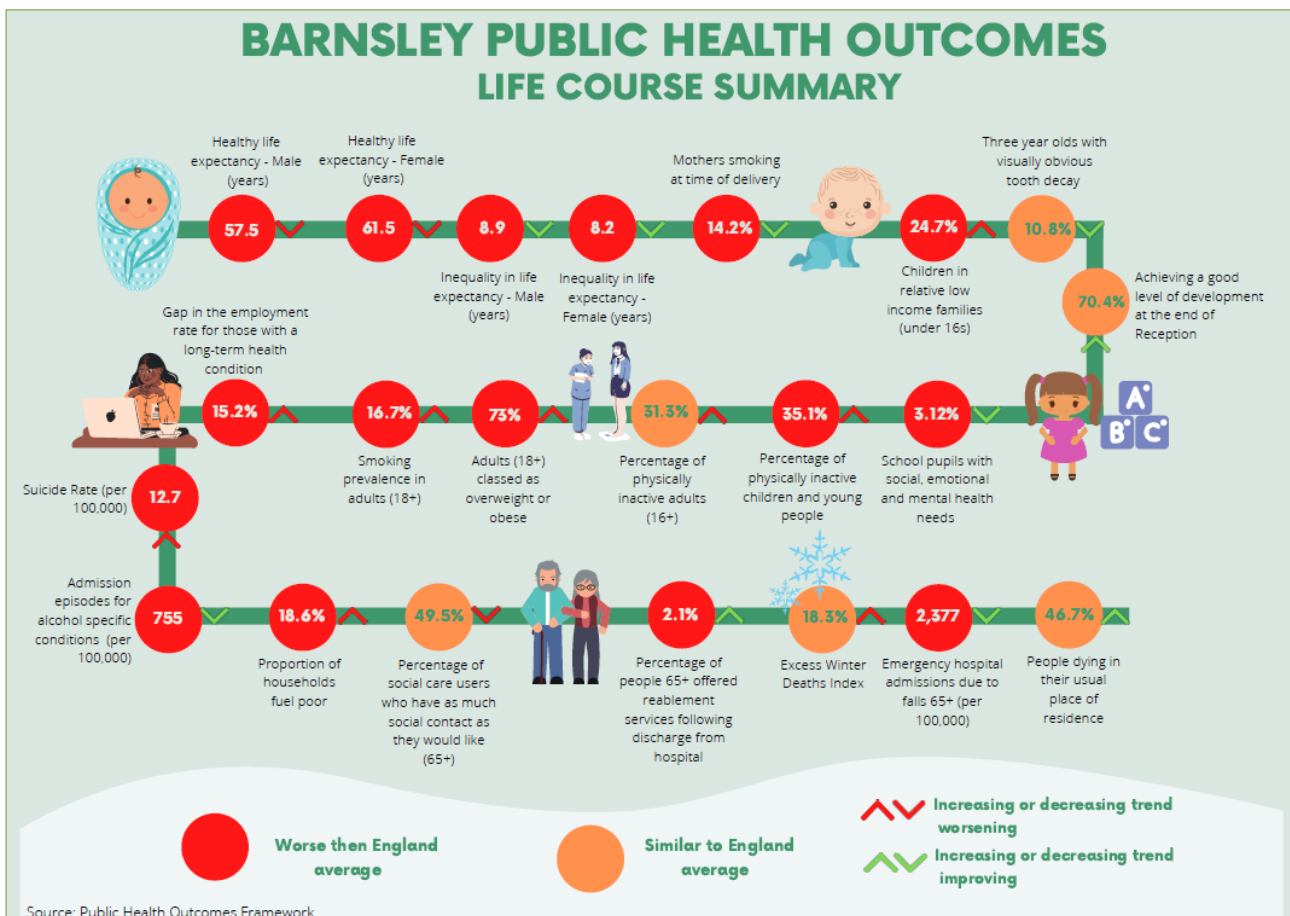
Barnsley's population is ageing, and the number of residents aged 65+ is projected to reach over 60,000 by 2030. An ageing population with a range of health issues will put pressure on health and social services. The JSNA provides further detail on specific health needs, but key points for health needs in Barnsley include:

- Deprivation is higher than average and almost a quarter (24.7%) of children under 16 live in relative poverty.
- Life expectancy for men (77.1 years) and women (80.2) is lower than the England average (79.4 for men and 83.1 for women), with a significant life expectancy gap between the most and least deprived areas of the Borough.
- Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.
- Smoking prevalence amongst Barnsley adults although slowly declining (from 24.4% in 2012 to 18.3% in 2019), remains significantly higher than the England average of 13.9%.
- 73% of adults in Barnsley are classified as overweight or obese, significantly worse than the average for England (62.8%).
- Emergency hospital admissions for alcohol related conditions (546 per 100,000) are significantly worse than the average for England (456).

- The rate of smoking related deaths is significantly worse than the rate for England, with over 1,000 deaths per year for Barnsley.
- Estimated levels of physical activity amongst Barnsley adults are significantly worse than the England average.
- 18.6% of households in Barnsley are considered fuel poor, and recent data estimates from the [End Fuel Poverty Coalition](#) suggest that this figure could double to 37% of households in Barnsley, following the new energy price cap coming into effect in April 2022.

A life-course summary of public health outcomes for Barnsley is provided in Figure 7.

Figure 7. Barnsley Public Health Outcomes Summary



6.4 Health and Wellbeing Priorities

Health improvement and inequality continue to be a challenge for the borough, and this is influenced by a number of factors such as the quality of healthcare, lifestyle and wider factors such as employment, education, housing and poverty.

Barnsley’s Health and Wellbeing Board has a statutory duty under the Health and Social Care Act 2012 to produce a joint Health and Wellbeing Strategy. The purpose of the Health and Wellbeing Strategy is to articulate the key strategic priorities for the Health and Wellbeing Board, whilst providing a justification for those priorities. It draws upon a range of sources including our Joint Strategic Needs Assessment (JSNA), the Public Health Outcomes Framework (PHOF), along with national policy research and other local intelligence, such as the Poverty Needs Assessment.

Similarly, the Strategy is intended to convey the Board's strategic position and how it will work in synergy with other key strategic Boards, such as the Barnsley 2030 Board, Safer Barnsley Partnership, and the Children and Young People's Trust Executive Group (amongst others). The Strategy is intended to complement other strategies and plans (e.g. the Health and Care Plan) by setting out our ambition and plan to achieve a Healthier Barnsley, through the combined efforts of partners on the Health and Wellbeing Board.

The refreshed Strategy reflects on the impact of the Covid-19 pandemic on the state of the Borough's health and wellbeing; acknowledging that the pandemic has highlighted and exacerbated existing health inequalities within the borough. As we continue to realise the impact of Covid-19, the Health and Wellbeing Board will focus on ensuring that our recovery is fair and equitable and that we don't risk widening existing health and social inequalities across Barnsley.

We have set out our new strategy across a 'life course' approach, which sets a series of ambitions at different stages of a person's life from 'Starting Well' (pre-birth to 18 years), 'Living Well' (working age adults) to 'Ageing Well' (aged 65+). Whilst we have structured our Strategy in this way, many of the ambitions contained therein are applicable right across the life-course.

Within each stage of the life course, we set a series of ambitions. These are summarised below:

Starting Well:

1. Barnsley is a great place for a child to be born and every child is given the best possible start in life.
2. Fewer children live in poverty, and everyone has the resources they need to look after themselves and their families.
3. All our children and young people have a healthy diet and are physically active.
4. Barnsley will have a culture which promotes positive emotional health and wellbeing and builds resilience in our children and young people.

Living Well:

1. Everyone in Barnsley can access the resources they need to live a healthy life (including having a fulfilling occupation, access to a safe, warm, and sustainable home and having a good friend to talk to).
2. Levels of mental ill health across the borough are reduced, by a combination of prevention and ensuring people of all ages, have access to quality, age friendly services at the right time.
3. Everyone can safely be physically active, to support their physical and mental health.

Ageing Well:

1. Older people are able to live independent and active lives, enjoying their later years in comfort in their own communities, for as long as possible.
2. Our older people have quality of life with choice and control over their care and support needs.

Community pharmacies are ideally placed as a provider of services, a community asset and as employers to contribute towards improving population health in the borough. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services. Community pharmacies can contribute to the local public health agenda in a number of ways, including but not limited to:

- motivational interviewing;
- providing education, information and brief advice;
- providing on-going support for behaviour change;
- sign-posting to other services or resources.

The range of services provided by community pharmacies varies due to several factors, including availability of accredited pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service (for example, in response to pandemic flu).

The following areas represent those aspects of health and wellbeing where community pharmacies have the greatest contribution to make.

6.4.1 Smoking

Smoking is the single biggest cause of preventable death in Barnsley and nationally, claiming more lives each year than the next six most common risk factors combined. Tobacco use is a major cause of coronary heart disease, lung and other cancers, and respiratory diseases, particularly Chronic Obstructive Pulmonary Disease (COPD).

In 2019, 15% of all deaths in England (74,600 people) were attributable to smoking, which is decreasing compared to previous years (18% in 2009). Of all deaths from respiratory disease in England, 35% were attributable to smoking. This percentage was 25% for cancers, 12% for circulatory diseases, and 3% from diseases of the digestive system. In Barnsley in 2019, the age-standardised death rate attributable to smoking for those aged 35+ was 266.4 per 100,000 (approx. 1,143 people). This is worse than the regional figure (239.4) and much worse than England (202.2).

Smoking is the main cause of inequalities in death rates between communities. Smoking is most common in 25–29-year-olds, in areas of deprivation and in routine and manual workers. Smoking prevalence amongst adults in Barnsley is estimated at 18.3% as of 2019; well above the regional target of 10% by 2024, as well as the England average of 13.9%. The figure for 2020 is 13.7% but this is to be interpreted with caution due to bias risk caused by data collection method and is likely to be an underestimate.

Smoking in pregnancy is reducing nationally but is a particular problem for Barnsley compared to England and the Yorkshire and Humber region. Prevalence of smoking at the time of delivery in Barnsley is estimated at 14.2% in 2020/21; well above the regional target of 6% by 2024, as well as the England average of 9.6%. SATOD prevalence tracks above both the England and regional averages, but notably this gap has narrowed significantly in recent years, as prevalence is declining more rapidly in Barnsley. The estimated absolute number of mothers smoking at the time of their delivery has reduced from approximately 650 in 2010/11 to 388 in 2020/21, and this has been accompanied by a reduction in the overall proportion SATOD in the Borough from 22%

Within Barnsley, adult smoking ward prevalence varies from 14.2% in Penistone, 18.5% in the North-East Area, 18.1% in the Central Area, 17.8% in the South Area to 19.1% in the Dearne Area (2019/20).

Barnsley Council commissions South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to deliver to community universal Stop Smoking Service offer and Barnsley Hospital NHS Foundation Trust (BHNFT) are commissioned to deliver Smoking in Pregnancy service.

Role of local pharmacies

- Provision of the Stop Smoking Service.
- Dispensing of stop smoking medications.
- Provision of oral anti-smoking agents and signposting.
- Referral to the Stop Smoking Service.
- Public Health campaigns related to Tobacco Control.

6.4.2 Sexual Health

Although sexual health affects all ages in the population, the burden is not evenly distributed across society, as young people, black and minority ethnic communities, men who have sex with men and people who are recently divorced or separated, can be disproportionately affected by Sexually Transmitted Infections (STIs). The age and gender structure of the population has important implications for sexual health and maternity services.

Barnsley Council commissions services from Spectrum to deliver a range of sexual health and contraceptive provision including Long Acting Reversible Contraception (LARCs). This includes testing and treatments for all STIs. Spectrum also commissions services from community pharmacies to provide free provision of emergency hormonal contraception to women aged under 25 years.

6.4.3 Chlamydia

Young people especially women under the age of 25 years are most likely to get a chlamydia infection which can cause infertility if not treated due to the lack of symptoms.

The chlamydia detection rate per 100,000 young people aged 15-24 years in Barnsley was 2,354 in 2019, better than the rate of 2,043 for England. Chlamydia causes avoidable sexual and reproductive ill health especially in women, including symptomatic acute infections and complications such as Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubal-factor infertility.

Chlamydia remains one of the most prevalent STIs in Barnsley. Increasing the diagnostic rate through initiatives such as the National Chlamydia Screening Programme (NCSP) will reduce the prevalence of infection. The UK Health Security Agency (UKHSA) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24. In Barnsley, this detection rate is 2,261 per 100,000 aged 15-24.

The NCSP has now moved the programme from prevalence reduction to harm reduction through early detection and treatment of asymptomatic infection and onward transmission. Opportunistic screening of young women only is now recommended outside of sexual health services.

6.4.4 Teenage Conceptions

There are strong links between teenage pregnancy and deprivation, and even stronger links with attainment and a range of other risks for young people (e.g. alcohol use, low aspirations, emotional wellbeing). These contribute to a complex picture requiring both significant cultural and behavioural shifts to reduce teenage conception rates in the short term.

Barnsley has seen a reduction in the rate of teenage conceptions from 51.8 per 1000 in 2001 to 19.6 per 1000 in 2020. Despite this reduction, Barnsley's rate is still higher than the regional and national rates of 16.5 and 13.0 respectively, and it is important therefore that this remains a priority area. Barnsley Council commissions Spectrum to provide emergency hormonal conception service for women aged under 25 years in the following community pharmacies:

- AM Clark Chemist Penistone
- Asda Old Mill Lane
- Lo's Pharmacy Worsbrough
- Lo's Pharmacy Grimethorpe
- Lo's Pharmacy Cockerham Hall Mews
- Lo's Pharmacy Park Grove
- McKay Healthcare Silkstone
- Rotherham Chemist Great Houghton
- Stone Pharmacy Darfield
- Wedricks Pharmacy Goldthorpe Green
- Wedricks Pharmacy Royston
- Wedricks Pharmacy Thurnscoe

The pharmacy provision for free EHC in Barnsley offers easier access to EHC with longer opening hours to those under 25 years old.

Role of local pharmacies

- Providing free emergency hormonal conception to under 25s.
- Providing over the counter EHC to those not eligible for free EHC.
- Advice on and signposting to Long Acting Reversible Contraception (LARC).
- Referral to relevant treatment and advice services.
- Public Health pharmacy campaigns.

New Pilot

Barnsley pharmacies have become one of the pilot areas for South Yorkshire. The new pilot will see community pharmacists being able to deliver a contraception service that encompasses the initiation and management of ongoing, regular contraception (in 2022), including the pill, patch, vaginal rings, implants and depot injection (from 2023) from their local pharmacist. There will be a tiered approach with pharmacies signing up to different levels of support. It will start by increasing the options for continued supply and monitoring for oral contraceptives which has been an issue during Covid-19 restrictions.

Eventually the overall aim is to expand patient access to contraception thereby giving patients choice and convenience with better access to services and support for high-risk communities and vulnerable patients. Better access to services for those that fall outside of typical community pharmacy contraception services e.g. those over 25 and increased use of effective good quality contraception (LARCs).

This will increase the availability of hormonal contraception and LARCs in the community and integrate pharmacies into the provision of sexual health prevention and treatment by testing referrals into pharmacy by General Practice and sexual health clinics.

6.4.5 Alcohol and Drug Misuse Related Harm

Alcohol and drug use are associated with a wide range of health and social harms for the individual, their family and the community. It is both a cause and a consequence of wider issues, including poor physical and mental health, difficulties securing and sustaining employment and housing and crime and antisocial behaviour. All of these issues may also have an impact on family life and the children living within the family unit.

There is a growing awareness about the considerable overlap of populations that experience severe and multiple disadvantage such as:

- alcohol and drug misuse
- homelessness
- poor mental health
- offending behaviours
- domestic abuse

Estimates show that the health, social and economic costs of alcohol related harm amount to £21bn⁴, while harm from illicit drug use costs £19.3bn⁵. These include costs associated with crime, the NHS and social care, deaths, and in the case of alcohol, lost productivity in the workplace.

Alcohol and drug prevalence

A study undertaken by the University of Sheffield indicates that there are an estimated 3,839 adults in Barnsley who are alcohol dependent which equates to 1.97% of the adult population. The refreshed figures (published March 2021) show an increase of 8% (n: 288).

⁴ PHE (2016) *Health matters: harmful drinking and alcohol dependence* <https://www.gov.uk/government/publications/health-matters-harmful-drinking-and-alcohol-dependence/health-matters-harmful-drinking-and-alcohol-dependence>

⁵ Dame Carol Black (2020) *Review of Drugs: phase one report* <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report>

Whilst there are no estimated prevalence figures for individuals who are drinking at harmful levels but are not dependant on alcohol, the Health Survey for England 2011–2014, showed that a large proportion of the Barnsley adult population reported that they drank alcohol (85.5%), which was above both the regional and national averages of 83.2% and 84.5% respectively.

Using the responses from the Health Survey for England 2011–2014, showed that around 1 in 4 adults in Barnsley (25.8%) drank more than 14 units of alcohol a week, which was below of the regional rate (26.2%), but slightly above the national rate (25.7%).

The percentage of those aged 18 years and over who reported drinking more than 6 units of alcohol for women and more than 8 units of alcohol for men on their heaviest drinking days in the last week is used to qualify the binge drinking risk population. Based on the survey results, 19.9% of total adult population in Barnsley were defined as binge drinkers, which was above the regional rate of 17.5% and the national rate of 16.5%.

In 2019 the Public Health Institute Liverpool John Moore's University published a refreshed estimate for the Opiate and Crack using (OCU) population in England and all local authorities. The latest drug prevalence estimates indicate that there are an estimated 1,853 adults in Barnsley who use opiates and crack cocaine (OCU) which equates to 1.2% of the Barnsley population. 1,656 adults use opiates, and 799 adults use crack cocaine, which equates to 1.1% and 0.5% of the Barnsley adult population respectively.

Barnsley Council work closely with key partners to roll out the implementation of national and local drug and alcohol strategies and plans with the overall aim of reducing alcohol and drug related harm across our communities.

Support for alcohol and drug use

Barnsley Council also commission an integrated substance misuse service called Barnsley Recovery Steps. The service is commissioned to deliver drug and alcohol treatment and support to anyone aged 18 years or over who is experiencing problems with substance misuse. This includes alcohol, all illicit and performance enhancing drugs, novel psychoactive substances (previously known as legal highs) and the problematic use of prescribed and 'over the counter' medications.

The service provides a wide range of support which is tailored to individual need and includes harm reduction and early intervention/prevention support as well as structured treatment programmes.

<https://www.humankindcharity.org.uk/service/barnsley-recovery-steps>

As part of the substance misuse service, Barnsley Recovery Steps are responsible for contracting directly with pharmacies to deliver two pharmacy-based schemes: supervised consumption service, and the community needle and syringe exchange programme.

To support these services Barnsley Recovery Steps hold regular training events to ensure pharmacies and their staff deliver an informed and sensitive service, which links in to the wider treatment service.

There are 8 community pharmacies, delivering the needle and syringe exchange programme covering the following areas: Penistone, Barnsley town centre, Darfield, Hoyland, Wombwell,

Goldthorpe, and Royston. Forty-six pharmacies provide supervised consumption in addition to normal prescription dispensing.

The role of the local pharmacies includes:

- Providing brief interventions and signposting to treatment to address alcohol misuse.
- Needle and syringe exchange.
- Supervision of medication.
- Provide advice and awareness regarding the transmission of Hepatitis B and C.
- Promotion of the benefits of testing for Hepatitis B and C and signposting.
- Referral to treatment services.
- Medicines optimisation.

6.4.6 Older People's Health

There were 52,239 residents in Barnsley aged 50-64 years old in 2020 (see Table 1). This equates to 21% of the Barnsley population. This age group can be described as "older working age" and so can be used when considering the older working age adults' health and need for services. The proportion of the older working age population (aged between 50 and the state pension age) is predicted to increase to 34% in 2050, from a base of 26% in 2012. This is due partly to the state pension age increasing but also to other demographic and societal changes such as a decrease in the younger age population.

In August 2020, Public Health England's Covid-19 Cabinet commissioned the Health Economics and Modelling Team (HEMT) to undertake work to identify the wider public health impacts of Covid-19 and carry out modelling in priority areas to quantify these impacts. One of the areas identified as high priority for further work was older people. This study looks at how the wider impacts of Covid-19 have affected older people (over 65-year-olds), with a focus upon deconditioning and falls. Deconditioning – the loss of physical, psychological, and functional capacity due to inactivity – can occur rapidly in older adults, is not straightforward or quick to remedy and, among other health impacts, increases the risk of falls. This creates a risk that, without mitigation, would see an increase in the rate of falls starting in the summer of 2021 as older adults engage in more physical activity as lockdown restrictions are lifted. This increase is likely to continue if levels of physical activity remain at their current reduced levels. This may increase demand for falls services and put additional strain on hospitals due to emergency admissions and health and social care costs.

Key findings were:

- 32% of older people were inactive (did either no activity or less than 30 minutes of moderate activity per week) between March to May 2020. This has increased from 27% in the corresponding period in 2019.
- Average duration of strength and balance activity decreased from 126 to 77 minutes per week in March to May 2020 compared to the corresponding period in 2019.
- Inequalities in physical activity have persisted, older people in the most deprived group (defined by Index of Multiple Deprivation) were more likely to be inactive than those in the least deprived group in both 2019 and 2020.
- Older people experienced a considerable reduction in strength and balance activity between March to May 2020, with the greatest change in the 70 to 74 age group with a 45% (males) and 49% (females) decrease observed in activity.

- Without mitigation, modelling predicts that:
 - 110,000 more older people (an increase of 3.9%) are projected to have at least one fall per year as a result of reduced strength and balance activity during the pandemic.
 - The total number of falls could increase by 124,000 for males (an increase of 6.3%) and 130,000 for females (an increase of 4.4%).
 - For each year that the lower levels of strength and balance activity observed during the pandemic persist, there is projected to be an additional cost to the health and social care system as a result of the change in predicted related falls of £211 million (incurred over a 2 and half year period).

By 2025 it is estimated that there will be a 30% increase in people aged over 75 years living alone, and an increase of 20% in people over 65-years-old unable to manage at least one self-care activity on their own.

The growing population of older people is also estimated to increase demand for care homes. The changing age profile of residents is anticipated to change the support required with individuals already presenting with increasingly complex, high dependency needs. National evidence suggests we can expect to see a gender difference in dependency, with higher numbers of women experiencing severe disability or requiring help with self-care tasks.

In the context of an ageing population, greater attention will need to be paid to the way in which we provide prevention and early intervention and increasingly integrated, community-based support when problems occur that will help to maintain the independence of the older person. Key health needs relate to mental health (particularly depression), sensory impairment, frailty/disability, dementia, multiple morbidity (and related medicine use), and health and social care service use.

Role of local pharmacies

- Medicines use reviews.
- Medicines optimisation.
- Minor ailments scheme.
- Access to palliative care medicines.
- Advice to care homes.
- Falls care pathway.
- Seasonal influenza vaccination.
- Dementia Friendly Pharmacy.
- Providing support and advice for carers.
- Provide support and advice around maintaining independence.
- Promoting the benefits of and signposting to screening for sight/hearing problems including Public Health pharmacy campaign related to preventable sight loss.

6.4.7 The Health of Families, Children and Young People

There is now overwhelming evidence that conception through to the early years is a crucial phase of human development and is the time when focussed attention can bring huge rewards for society. Infants thrive when they feel safe, secure, and loved. Therefore, the foundations for children's communication, social and emotional development and nutrition lie in the quality of the parent-infant relationship, and the interactions they experience.

Child poverty and deprivation is one of the most important factors determining health inequalities in childhood and throughout life. We now have a very good understanding from research that a child's physical, social, and cognitive development during the early years strongly influences their school readiness, educational attainment, their employment chances, and general health and wellbeing outcomes through to adulthood and older age.

Supporting parent-infant relationships is a priority for Barnsley. We know that the mental and physical health of mothers during and immediately after pregnancy can have lifelong impacts on the child. Factors such as nutrition, smoke exposure and decisions about immunisation will impact on the child's future health and wellbeing. Key priorities continue to include reducing maternal obesity, improved support for post-natal depression, increasing breastfeeding, reducing smoking in pregnancy, reducing teenage pregnancy, and increasing childhood vaccination and immunisation.

Role of local pharmacies

- Promoting the values of breastfeeding and signing up to the Barnsley 'Breastfeeding Welcome Here' Scheme.
- Promoting the importance of immunisation and vaccination, including signposting to relevant support.
- Raising awareness of the potential consequences of leaving children unvaccinated, especially within vulnerable communities.
- Promote and provide advice and support in relation to stopping smoking, reducing alcohol consumption, and maintaining a healthy weight, particularly during pregnancy.
- Promoting the Healthy Start Scheme and providing information about when vitamin supplements should be taken in pregnancy and infancy, and where Healthy Start vitamins can be obtained.
- Supplying vitamin supplements in pregnancy and infancy.
- Promoting and providing advice in relation to adolescent health needs – particularly as these relate to sexual health, mental health, smoking, alcohol consumption and drug misuse.
- Providing free Emergency Hormonal Contraception (EHC) and signposting to sexual health services.
- Minor ailments scheme.
- Seasonal influenza vaccination (pregnant women).

6.4.8 Obesity

Obesity, poor diet, and increasingly sedentary behaviour are associated with a higher risk of hypertension, heart disease, diabetes, and certain cancers. It can also impair a person's wellbeing, quality of life and ability to work.

As is the case regionally and nationally, excess weight is a major public health issue in Barnsley. More than 7 out of 10 (73%) of the Barnsley adult population are classified as being overweight or obese; this is significantly worse than the England average of 62.8%.

Barnsley Metropolitan Borough Council commissions the Barnsley Wellbeing Programme which is a free 12-week initiative that supports adults to make positive lifestyle changes to help manage weight and control health.

The Barnsley Wellbeing Programme includes:

- An initial one-hour health assessment at the Metrodome Leisure Centre, Hoyland Leisure Centre, Royston Leisure Centre or Dearneside Leisure Centre.
- One-to-one and group support to help increase your awareness of diet, nutrition, and physical activity.
- Check-ins on weeks four and eight to review progress. You can contact the team at any time for additional support.
- Diet and nutrition support from an onsite nutritionist throughout the programme.
- A full review and assessment at week 12 to record the progress you have achieved.
- Unlimited access to gym, swim, and group exercise classes.

You can request a referral from your GP or can view more information and self-refer online here: <https://bpl.org.uk/community-health/weight-management/>

Barnsley SY ICB commissions a Tier 3 Change4Life weight management service to support obese residents (adults and children) in Barnsley to achieve a healthier weight. This includes medical assessment of clients, treatments, and lifestyle changes such as improved diet, increased physical activity, behavioural interventions, low and very low-calorie diets, pharmacological treatments, psychological support, and the consideration of referral for bariatric surgery if clinically appropriate.

More information can be found here: <https://www.southwestyorkshire.nhs.uk/services/barnsley-tier-3-change4life-weight-management-service/>

Role of local pharmacies

- Promoting, signposting, providing advice and support to maintaining a healthy weight.

6.4.9 Physical Activity

Active in Barnsley is the physical activity strategic plan for Barnsley. It feeds into the Barnsley Health and Wellbeing Strategy and the Barnsley 2030 Plan. Increasing physical activity levels across the population is a complex challenge with no single solution. Therefore, in Barnsley we will continue to work together to help all Barnsley residents, especially those in greatest need, experience the benefits of being more physically active. Our vision is:

Physical activity includes any form of movement which raises the heart rate. It can include daily living tasks such as housework and gardening, transport such as cycling, walking, and scooting, as well as more organised activities such as using the gym, Parkrun or playing team sport.

Physical activity and exercise can help:

- Strengthen our heart, lungs and bones.
- Improve our mood and reduce anxiety.
- Reduce the risk of developing several diseases such as type 2 diabetes, cancer, and cardiovascular disease.
- Positively boost our immune system, strengthen our heart, lungs, and bones.

The latest data indicates that 54.2% of adults in Barnsley are active (doing at least 150 minutes physical activity per week). This is less than the England rate of 60.9%. The data also indicates that 35.8% of adults are physically inactive (doing less than 30 minutes physical activity per week). This is significantly higher than England's rate of 27.5%. (Active Lives Survey, November 2019/20).

The Barnsley data picture shows that that there is more we need to do to help people to be more active. One of the best ways we can promote being more active is through our What's Your Move campaign (www.BarnsleyWhatsYourMove.co.uk)

Role of local pharmacies

- To advertise the What's Your Move campaign assets as a way of encouraging people to be active.
- Promote physical activity as part of condition management.

6.4.10 NHS Health Checks

The NHS Health Check programme aims to prevent heart disease, stroke, type 2 diabetes, kidney disease, and raise awareness of dementia both across the population and within high risk and vulnerable groups. Adults between the ages of 40 and 74, who have not already been diagnosed with one of these conditions can be invited (once every 5 years) to have a check to assess their cardiovascular risk and be offered support and advice to help the individual to reduce or manage their risk.

The NHS Health Checks programme in Barnsley has been delivered by general practices since its introduction in 2009. In 2018, the programme was commissioned by a separate provider who used an opportunistic community outreach approach and subcontracted to GP practices and pharmacies.

Due to the Covid-19 pandemic in 2020, the NHS Health Check service was significantly affected due to national guidance around face-to-face contact. Due to ongoing uncertainty the contract was allowed to expire on 31 March 2021. Data from March 2020 to April 2021 show that 34% of eligible people offered an NHS Health Check received one. This is significantly lower than the England average of 39%.

NHS Health Checks are a statutory public health service commissioned by Barnsley Council and the authority intend to recommission a service following the latest recommendations from an evidence based national review of the programme by Public Health England.

Role of local pharmacies

- Promoting the benefits of and signposting to Health Checks.

7. Current Provision of NHS Pharmaceutical Services in Barnsley

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

7.1 Pharmacy Service Providers – number and geographical distribution

Community Pharmacies

There are a total of 50 community pharmacies in Barnsley as of 24/03/2022. Figure 1 illustrates their location.

Dispensing GP Practices

There are three GP dispensing practices in Barnsley as of 24/03/2022. Figure 1 illustrates their location.⁶

Distance Selling Pharmacies

There was one distance selling pharmacy within Barnsley as of 24/03/2022. This pharmacy is based in Central Area Council.

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide.

Dispensing Appliance Contractor

There are currently two Dispensing Appliance Contractors (DACs) in Barnsley:

- Fittleworth Medical Ltd, Thurnscoe.
- Atos Medical, Carlton.

Appliances are also available from community pharmacies, dispensing GP practices and other DAC outside Barnsley.

⁶ NHSBSA Dispensing Contractors data, March 2022

7.2 Comparison with Pharmaceutical Service Provision Elsewhere

Assuming a population of 248,071, in Barnsley and 50 community pharmacies; there is an average of one pharmacy provider per 4,961 people. This is slightly higher than the England average of 4,781 people per pharmacy.

This can also be quantified as 20 pharmacies per 100,000 people in Barnsley which is similar to the England average, and slightly below the Yorkshire and Humber average (see Table 4 below). The figure for England (11,826) is the lowest number of active contractors since 2015/16.

Table 4. Community pharmacies on the pharmaceutical list and population by NHS England Region, 2019/20

	Number of community pharmacies	ONS Population (000s) mid 2020	Pharmacies per 100,000 population
ENGLAND	11,826	56,286,961	21
Yorkshire & Humber	1,303	5,502,967	24

Sources: NHS Prescription Services, Population estimates - Office for National Statistics, NHS Digital <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-201920>

7.3 Area Council Pharmaceutical Service Provision

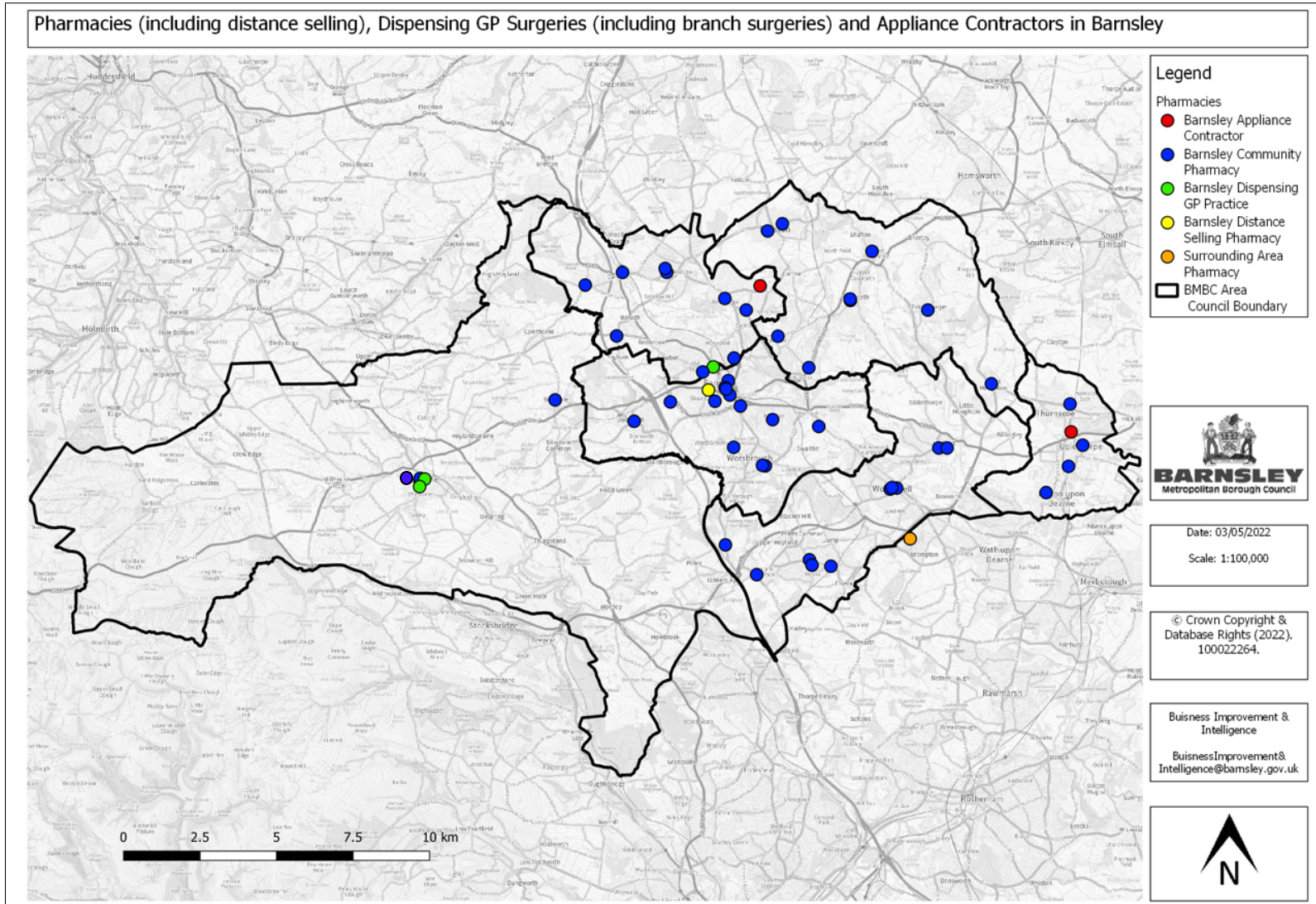
Table 5 illustrates that at an Area Council level there are between 3,841 and 8,340 people per pharmacy. Overall, this is lower than the average for England of 4,759 people per pharmacy, representing slightly better or similar coverage to the national position. Whilst Penistone Area Council has the highest population per pharmacy (8,340), this area also has the largest proportion of dispensing GP practices in the borough.

Table 5. Community Pharmacies by Area Council

	Number of pharmacies	Population	Population per pharmacy	Pharmacies per 100,000 population	Pharmacies per 100,000 population (previous PNA)
Central	14	57,628	4,116	24	27 (-3)
South Barnsley	11	47,765	4,342	24	24 (-)
North Barnsley	9	44,201	4,911	20	21 (-1)
Dearne	5	23,583	4,716	21	22 (-1)
North East	9	48,667	5,407	18	19 (-1)
Penistone	3	25,022	8,340	8	12 (-)

Source: PHE Shapeatlas & ONS mid-2020 population estimates

Figure 8. Pharmacies (including distance selling, dispensing general practices and appliance contractors in Barnsley)



8. Access

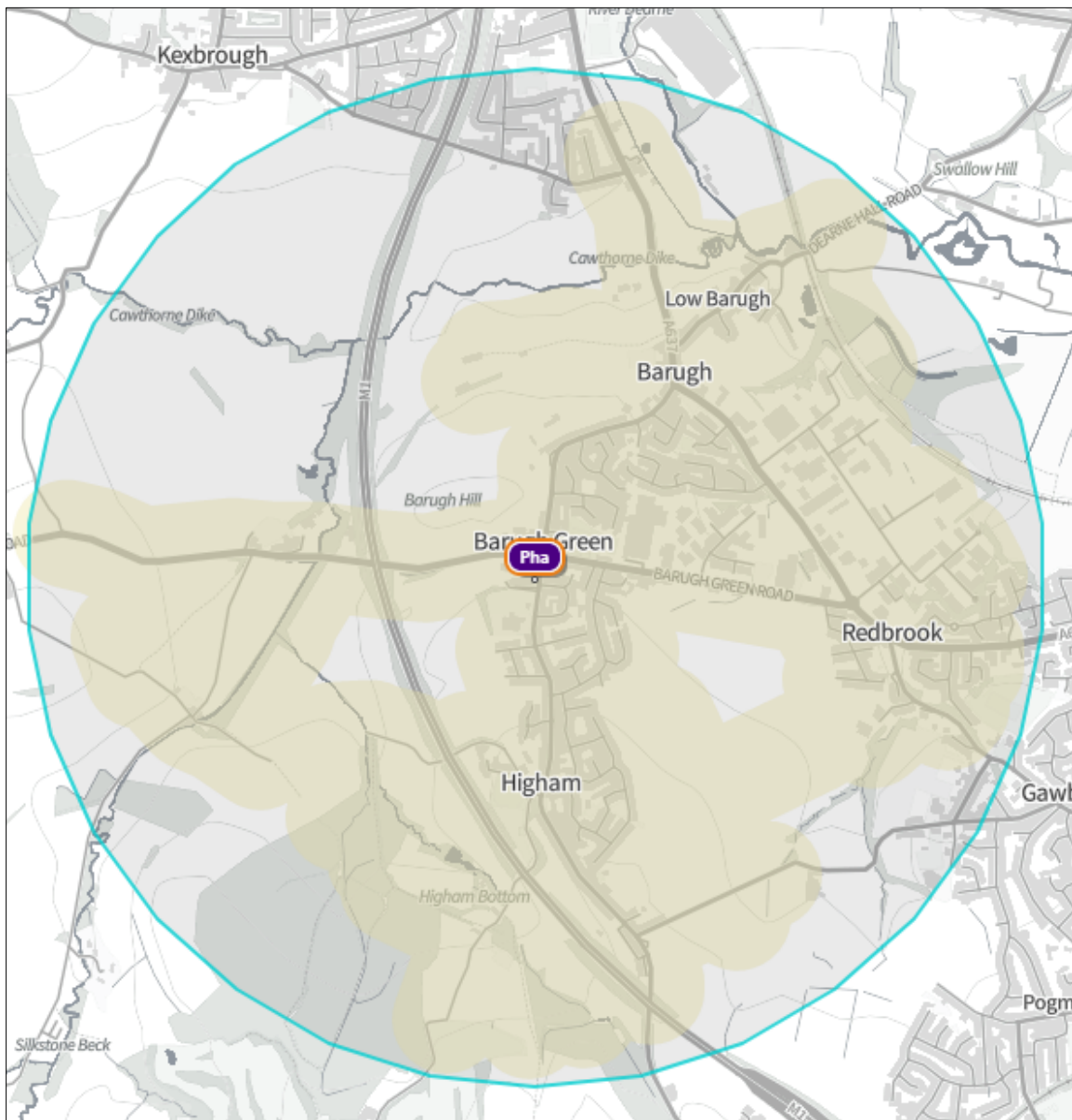
An important part of the PNA is to assess how accessible pharmacies are to residents. This is measured by geographical access and opening times

8.1 Geographical Access

Geographical access 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.

Analysis in the SHAPE tool is undertaken to determine access. This helps to give a better indication of access, particularly walking access, than using a fixed radius around a pharmacy. This is demonstrated below. Figure 9 shows a 1.6km circle around Barugh Green Pharmacy in light purple and a 1.6km walking distance in pale yellow.

Figure 9. Example of geographical access analysis – Barugh Green Pharmacy



8.1.1 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 Barnsley that could be reached within a 1.6km walk. Twenty-one such pharmacies were identified within 1.6km of the Barnsley boundary. Of these, only the two pharmacies located at Cortonwood (as indicated on Figure 1) are close enough to improve access.

The analysis shows that the proportion of Barnsley residents within a 1.6km (1 mile) walk of a pharmacy is 92%, and 99.2% are within a 10-minute drive of a pharmacy.

The walking access measure shows an increase from 88.8% reported in the 2018-2021 PNA, though it should be noted that the lower number in the previous PNA was deemed to be a result of a change in the methods of analysis rather than a change in the population or pharmacy provision. Previously, walking access had been reported as 95.2%.

The driving access measure shows a similar picture to the previous PNA with access within a 10-minute drive to over 99% of residents. Analysis shows that everyone in Barnsley is within a 15-minute drive of a pharmacy.

8.2 Opening Times

The majority of Barnsley's community pharmacies are open Monday to Friday between 9.00am and 6.00pm. Two pharmacies are open until 11.00pm (one opens at 7.00am and the other at 8.00am). The remaining pharmacies' opening times vary, opening between 7.00am and 9.00am and closing between 5.30pm and 10.30pm. One pharmacy opens at 6:30am Tuesday to Saturday, closing at 22:30 Tuesday to Friday and 22:00 on a Saturday.

Twenty pharmacies open on a Saturday, 10 of which close by 1.00pm. Three pharmacies are open until 10.00pm and one closes at 11.30pm. The remaining pharmacies that open on a Saturday have varying opening times, opening between 6:30am and 9.00am and closing between 5.00pm and 8.00pm.

Seven pharmacies open on a Sunday. Two of these open at 9.00am with the remainder opening at 10.00am. Closing times vary between 2:00pm and 5:00pm (6 pharmacies), and 10.00pm (one pharmacy).

Community pharmacy opening times and contact details can be accessed via the NHS Choices website <http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

The opening hours for dispensing GP practices and branch dispensing GP practices were identified using the NHS Choices website <http://www.nhs.uk/Service-Search/>

It is assumed that the dispensaries at the dispensing GP surgeries are open at the same hours as the rest of the practice.

SHAPE tool analysis shows that 92% of Barnsley residents live within a mile of a pharmacy that has evening or Sunday opening.

9. Pharmaceutical Services

Community pharmacies provide three tiers of pharmaceutical services:

- Essential services – services all pharmacies are required to provide.
- Advanced services – services to support patients with safe use of medicines.
- Enhanced services – services that can be commissioned by NHS England.
- Locally commissioned services – services that are mainly commissioned by the CCG and local authority.

Appendix 2 outlines the enhanced and commissioned services by pharmacy in the Borough.

9.1 Community Pharmacy Essential Services

All community pharmacies are required to provide all the essential services. These services are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical Governance
- Discharge Medicines Service
- Public Health (Promotion of Healthy Lifestyles)
- Signposting
- Support for Self-Care
- Disposal of Unwanted Medicines

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide the evidence will be asked to provide an action plan, outlining with timescales how it will then achieve compliance. These self-assessments are supported by contract monitoring visits.

All Barnsley pharmacies have been assessed as compliant with the contract to date. NHS England will continue the work previously undertaken by NHS Barnsley to work with pharmacies and their representative organisation to provide this assurance of service delivery.

9.2 Public Health Campaigns

As part of the essential services, at the request of NHS England, NHS pharmacists are required to participate in up to six campaigns each year to promote public health messages to their users.⁷ Participation in these campaigns is part of the community pharmacy essential services.

⁷ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 No.349 Schedule 4 http://www.legislation.gov.uk/uksi/2013/349/pdfs/ukxi_20130349_en.pdf (Accessed 25th March 2022).

Pharmacies can download a variety of marketing campaigns and resources and materials from Public Health England's campaigns resource centre:

<https://campaignresources.phe.gov.uk/resources/>

Campaigns include Healthier You, 10 Minute Shake Up, Change 4 Life, Be Clear on Cancer, Act F.A.S.T., Sepsis, Every Mind Matters, Stoptober; Stay Well This Winter, Breast Cancer, NHS 111, and NHS Health Checks.

Pharmacies can use the materials to promote public health messages to members of the public and share with colleagues involved in workplace health and wellbeing.

9.3 Community Pharmacy Advanced Services

In addition to essential services the community pharmacy contractual framework allows for several advanced services. Community pharmacies can choose to provide any of these services if they meet the requirements set out in the Secretary of State Directions. Advanced services currently include Appliance Use Reviews (AUR), Community Pharmacist Consultation Service (CPCS), Flu Vaccination Service, Hepatitis C Testing Service, Hypertension Case-Finding Service, New Medicine Service (NMS), Stoma Appliance Customisation (SAC), and Smoking Cessation Service.

9.4 Community Pharmacy Enhanced Services

Pharmaceutical service providers are an important part of primary care. As well as dispensing prescriptions they provide information about medicines, self-care, general health care, and other sources of advice. They complement services provided by general practice.

The third tier of pharmaceutical service that can be provided from pharmacies are the Enhanced Services. These are services that can be commissioned from pharmacies by NHS England.

Every pharmacy has a responsibility to direct patients to an alternative pharmacy that can provide the service they need.

These services can only be referred to as enhanced services if they are commissioned by NHS England. If local services are commissioned by the CCG or a local authority they are referred to as locally commissioned services (see 9.5).

9.5 Barnsley Clinical Commissioning Group Locally Commissioned Services

For Barnsley, the following services are locally commissioned by the Clinical Commissioning Group. Further information on locally commissioned services is available on the Barnsley LPC website at <https://psnc.org.uk/services-commissioning/locally-commissioned-services/>.

9.5.1 Advice to Care Homes Service

Community pharmacies may be commissioned to provide advice and support to the residents and staff of care homes in Barnsley to improve safety and patient care. This service extends beyond the Dispensing Essential service and aims to ensure:

- Medicines are ordered within a safe, timely process, which ensures the maintenance of adequate stock of medicines whilst avoiding waste.
- Medication and appliances are used in a clinically appropriate, cost effective manner.
- Safe systems exist in relation to the storage, administration, and disposal of medication, whether it is prescribed or purchased.
- Proper record keeping is used to support the delivery and continuity of care.

Care Homes in Barnsley, registered with the Care Quality Commission (CQC) are contacted about receiving the service. The service may also be available to care homes whose residents are predominantly registered with a GP in the Barnsley area. Community pharmacies providing the service are expected to visit the care homes they serve, actively maintaining a relationship. The pharmacy does not however need to be situated geographically within Barnsley.

The service is commissioned by Barnsley CCG.

9.5.2 Specialist Drug Stockist Service (on demand availability of specialist drugs service)

The Specialist Drug Stockist Service aims to create a network of community pharmacies who will stock a locally agreed range of specialist drugs, the demand for which may be urgent and/or unpredictable, for example, palliative care drugs. The service aims to ensure that users of the service have prompt access to these specialist drugs when they are required. The service can be provided by any pharmacy, though due to the nature of the service community pharmacies are invited to provide the service based upon their opening hours and location to ensure these specialist drugs can be easily accessed when needed. Barnsley's Palliative Care Team is the most frequent user of the service which is accessed as and when required by palliative care staff.

The service is commissioned by Barnsley CCG.

9.5.3 Medication Management System Service (medicines assessment and compliance support service)

The Medication Management System Service aims to implement a controlled safe environment where home carers are able to carry out the controlled administration of medication that meets the specific needs of each service user. The service can be provided by pharmacists who hold a relevant Medicines Use Review (MUR) qualification and have undergone a Disclosure and Barring Service (DBS) check. Service users are referred to the nearest pharmacy which provides the service, and an initial Medical Management Service Medication Review is undertaken, usually in the service user's home. From this information a Medication Plan detailing the nature and level of support required for the service user is created. Service providers are expected to undertake reviews to ensure the service user's Medication Plan remains current.

The service is commissioned by Barnsley CCG.

9.5.4 Pharmacy First (minor ailment scheme)

The Pharmacy First scheme aims to direct Barnsley patients to local pharmacies for the initial treatment of minor conditions such as pain, dermatitis, heartburn, nasal congestion, constipation, headache, and cough. Pharmacy staff will use their existing knowledge and procedures to undertake the patient consultations and will advise patients to obtain appropriate treatment should their symptoms indicate a more serious condition or supply an 'over the counter' pack of medication.

The service is open to all patients registered with a Barnsley GP. As with NHS prescriptions, medicines supplied to patients who don't normally pay for their prescriptions will be free. Patients who pay for their prescriptions may be encouraged to purchase their medication, as the cost of the medication should be much less than the prescription charge. However, all patients may still benefit from the additional printed advice material about their symptoms. Further information is available on the Barnsley CCG website:

<http://www.barnsleyccg.nhs.uk/patient-help/pharmacy-first.htm>

9.5.5 "Not Dispensed" Scheme

The Barnsley CCG "Not Dispensed" Scheme is to help address the substantial waste medicines problem. The scheme allows the pharmacist to intervene, identify and thus prevent the dispensing of those items included on repeat prescriptions, which the patient does not require at the time of dispensing.

Pharmacists or appropriately qualified staff should check with all patients presenting at their pharmacy with a repeat prescription. The patient will be asked if all the items prescribed need to be dispensed or supplied that month. For any items which the patient indicates they do not take regularly, the following questions may be asked:

1. Have they stock at home of the item?
2. Do they require all the items ordered on the prescription?

For any items that are not required by the patient, the prescription item will be endorsed with a clear 'not dispensed'.

The overall aim of the service is to reduce medicinal waste and unnecessary ordering of repeat items. Further information is available on the Barnsley LPC website at:

<http://psnc.org.uk/barnsley-lpc/bccg-payment-not-to-dispense/>

9.5.6 Minor Eye Care Service (MECS)

The Minor Eye Care Service (MECS) is a free eye care service available to all patients registered with a Barnsley GP, for minor eye conditions that might normally require a visit to the doctor. It is hoped that this will reduce unnecessary appointments at GP practices and at the acute services.

The service was reviewed early in 2018 and the CCG has now expanded what is available to include assessments for people who may need cataract surgery. Appointments are available at over 25 opticians across the borough. Patients will be asked questions about the symptoms to assess how serious the problem is and will be seen by an optician within 24 hours if required or within a few days if it is less urgent.

The optometrist assesses and treats the condition or can make an onward referral for further treatment and or advice in relation to a number of specified minor eye conditions for example dry or painful eyes, sudden reduced vision or in-growing eyelashes.

Further information is available on the LPC website at:

<https://barnsley.communitypharmacy.org.uk/locally-commissioned-services/barnsley-ccg/mecs/>

10. The Changing Face of Pharmacy

It is important to note the ways in which pharmacy and its role within the community has changed since the last PNA was produced and how this may develop over the next three years.

The Community Pharmacy Forward View (2016)⁸ sets out the sector's ambitions to radically enhance and expand the personalised care, support, and wellbeing services that community pharmacies provide. The document outlines how pharmacy teams could be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all. In particular, it focuses on the following three key roles for the community pharmacy of the future:

As the facilitator of personalised care for people with long-term conditions

Community pharmacists and their teams will support people with long-term conditions and their carers by providing a one-stop hub for advice, treatment and co-ordination of care related to medicines. This will include support following diagnosis, monitoring, and adjusting treatment according to outcomes defined in an individual's care and support plan, and ensuring that all medicine's related aspects of care are managed safely and efficiently when someone's circumstances change, for example, when admitted to or leaving hospital.

To achieve this vision, community pharmacists and their team will work in partnership with their colleagues across the wider health and care system. In some areas, people will be able to register with a community pharmacy to coordinate their care and support them with management of their long-term condition, where this is agreed as appropriate between the individual, their GP, and pharmacist.

As the trusted, convenient first port of call for episodic healthcare advice and treatment

Thinking 'pharmacy first' for non-emergency episodic care will become the public norm. To achieve this vision, systems that enable seamless triage to, and referral from, community pharmacy will be included in all local urgent care pathways and in the NHS 111 service. Pharmacies will provide access to diagnostics and be able to make appointments with other health professionals. Pharmacists will be able to prescribe as well as supply products.

As the neighbourhood health and wellbeing hub

Pharmacies will operate as neighbourhood health and wellbeing centres, becoming the 'go-to' destination for support, advice, and resources on staying well and living independently. As a trusted local community resource, all pharmacies will be connected with other organisations that support health, wellbeing and independence – ranging across local community groups, charities, places of worship, leisure and library facilities, social care, education, employment, housing, and welfare services – and will be able to refer and sign-post people to them. Community pharmacists and their teams will work closely with employers to support workplace health initiatives, and will help people make best use of data, technology, and devices they use to monitor and manage their own physical and mental health and wellbeing.

⁸ <https://psnc.org.uk/national-pharmacy-services/community-pharmacy-forward-view/> (Accessed 8th July 2022)

11. Conclusions

The aim of a pharmaceutical needs assessment is the requirement to assess the extent to which the demography of the local population and its health needs are met by the current provision of pharmaceutical services.

Based on the information available at the time of developing this PNA no gaps have been identified in the:

- Provision of essential services.
- Provision of essential services outside normal working hours.
- Provision of advanced or enhanced services.
- Need for essential, advanced or enhanced services in specified future circumstances have been or would provide improved access and choice.

In summary, our analysis of this information shows that:

- Community pharmacies have an important role to play in improving the health of the Barnsley population. They can contribute to the identified health needs of the population in a number of ways, including motivational interviewing, providing information and brief advice, providing on-going support for behaviour change and signposting to other services.
- Barnsley has good coverage across the borough for pharmaceutical services in terms of choice, access, and opening hours, with no gaps in current provision.
- Barnsley and each of the six Area Councils have slightly better or similar coverage of community pharmacies compared to the England average. In the Area Council where pharmacy coverage is slightly lower than regional and national averages, there is good coverage provided by dispensing GP practices, and this is not considered a gap in provision.
- The majority of Barnsley residents live within a one-mile (1.6km) radius or a ten-minute drive of a pharmacy.
- An increase in population is likely to generate increased demand for pharmaceutical services, but on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical services providers. The Health and Wellbeing Board will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

Appendix 1. What services do pharmacists offer?⁹

Pharmacists dispense prescriptions and other medicines, offer testing and screening for common conditions, and can advise on minor ailments. Not all pharmacies supply the same services and depend on NHS priorities in that area.

The services that may be available from your local pharmacy are:

Essential Services – which are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations). All pharmacy contractors must provide the full range of essential services, these include:

- Dispensing medicines and actions associated with dispensing (e.g. keeping records).
- Dispensing appliances.
- Repeat dispensing.
- Clinical governance.
- Discharge Medicines Service.
- Disposal of unwanted medicines.
- Public health – (promotion of healthy lifestyles).
- Signposting.
- Support for self-care.

Advanced Services

There are several Advanced Services within the NHS pharmacy contractual framework (CPCF). Community pharmacies can choose to provide any of these services if they meet the requirements set out in the Secretary of State Directions.

- Appliance Use Review (AUR)
- C-19 Lateral Flow Device Distribution Service¹⁰
- Community Pharmacist Consultation Service (CPCS)
- Flu Vaccination Service
- Hepatitis C Testing Service
- Hypertension Case-finding Service
- New Medicine Service (NMS)
- Pandemic Delivery Service
- Stoma Appliance Customisation (SAC)
- Smoking Cessation Service (SCS)

A breakdown of Advanced Services delivery by pharmacies in Barnsley is provided in Appendix 2.


⁹ <https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/pharmacies/how-your-pharmacy-can-help/> (accessed 30/03/2022)

¹⁰ Following the Prime Minister's announcement on 21 February 2022 and the publication of the Government policy document '[COVID-19 Response: Living with COVID-19](#)', free Covid-19 mass testing ended from 1 April 2022. This means the last day on which the Pharmacy Collect service and Pandemic Delivery Service operated was 31 March 2022.

Enhanced Services - Only those contractors directly commissioned by NHS England can provide these services. The National Health Service Act 2006, The Pharmaceutical Services (advanced and enhanced services) (England) Directions 2013, Part 4 14.-(1) outlines the enhanced services:
<https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

Appendix 2. Advanced Services

A breakdown of advanced services by pharmacies in Barnsley is provided below (as at 24/03/2022).

 = Dispensing appliance contractor

Pharmacy ODS Code	Pharmacy Name and Type	Area	NMS	AUR	Stoma	CPCS	Flu
FA174	Penistone Pharmacy	Penistone	*	-	-	*	*
FAW19	Ward Green Pharmacy	Ward Green	*	-	-	*	*
FC277	Rowlands Pharmacy	Wombwell	*	-	*	*	*
FC898	Weldricks Pharmacy	Royston	*	-	*	*	*
FCL44	Well Cudworth - Barnsley Rd	Cudworth	*	-	-	*	*
FCR37	Lloyds Pharmacy	Kendray	*	-	-	*	*
FD418	Asda Pharmacy <u>100 hour</u>	Old Mill Lane, Barnsley	*	-	-	*	*
FDC49	Atos Medical		-	*	-	-	-
FDP29	Cohens Chemist	Hoyland	*	-	-	*	*
FDW01	Cohens Chemist <u>100 hour</u>	Hoyland	*	-	-	*	-
FDX94	Darton Pharmacy	Darton	*	-	-	*	-
FE054	Lo's Pharmacy	Grimethorpe	*	-	-	*	*
FEE20	Weldricks Pharmacy	Bolton-upon- Dearne	*	-	*	*	*
FEM92	Rowlands Pharmacy	Wombwell	*	-	*	*	*
FEN19	Rowlands Pharmacy	Mapplewell	*	-	*	*	*
FET26	Weldricks Pharmacy	Thurnscoe	*	-	*	*	*
FFR35	Barnsley Enterprises Ltd		-	-	-	-	-
FFV49	Well - The Roundhouse Medical Centre	Wakefield Rd, Barnsley	*	-	-	-	*
FG196	Weldricks Pharmacy	Goldthorpe	*	-	*	*	*
FG545	Weldricks Pharmacy	Royston	*	-	*	*	*
FGA75	Shafton Pharmacy	Shafton	*	-	-	-	*
FGJ55	Lloyds Pharmacy	Barnsley Interchange	*	-	-	*	*
FH042	Ellisons Chemist	Huddersfield Rd, Barnsley	*	-	-	*	*
FHE60	Rotherham Road Pharmacy	Rotherham Rd, Barnsley	*	-	-	*	*
FHW40	Tesco Instore Pharmacy <u>100 hour</u>	Stairfoot	*	-	-	*	-

FJ350	Your Local Boots Pharmacy	Worsbrough	*	-	-	*	*
FJ831	Gatehouse Pharmacy <u>100 hour</u>	Mapplewell	*	-	-	*	*
FJM57	Well Hoyland - Hoyland	Hoyland	*	-	-	*	*
FK428	Lloyds Pharmacy	Cemetery Rd, Barnsley	*	-	*	*	*
FKD60	Lo's Pharmacy	Worsbrough	*	-	-	*	*
FL895	Ellisons Chemist	Park Grove, Barnsley	*	-	-	*	*
FLG43	Well Darfield - Snape Hill Rd	Darfield	*	-	-	*	*
FLH72	Weldricks Pharmacy	Goldthorpe	*	-	*	*	*
FLJ06	Superdrug Pharmacy	Cheapside, Barnsley	*	-	-	*	-
FM248	Well Hoyland Common - Hoyland Road	Hoyland Common	*	-	-	*	*
FMV43	A M Clark	Penistone	*	-	-	*	*
FND79	R D Hill (Chemists) Ltd	Athersley South	-	-	-	*	*
FNK91	Birdwell Pharmacy	Birdwell	*	-	-	*	*
FNN73	Silkstone Pharmacy	Silkstone	*	-	-	*	*
FPF32	Z A Akram Ltd	Wombwell	*	-	-	*	*
FPJ07	Cohens Chemist	Dodworth	*	-	-	*	*
FQH55	Cohens Chemist	Hoyland	*	-	-	-	*
FR397	Z A Akram Ltd	Monk Bretton	*	-	-	*	-
FTF36	Kexborough Pharmacy	Kexborough	*	-	-	*	*
FTH41	SKF Lo Chemist Ltd	Lundwood	*	-	-	*	*
FTK41	Stone Pharmacy <u>100 hour</u>	Darfield	*	-	-	*	*
FTP17	Tripharm	Woodland Drive, Barnsley	*	-	-	*	*
FV303	Cohens Chemist	Victoria Cres West, Barnsley	*	-	-	*	-
FV519	Well Cudworth - Cudworth	Cudworth	*	-	-	*	*
FWX74	Barugh Green Pharmacy	Barugh Green	*	-	-	*	*
FXF21	R T Elliott Ltd	Burleigh St, Barnsley	-	-	-	-	-
FXG29	Fittleworth Medical Ltd		-	-	*	-	-
FY192	Boots	Cheapside, Barnsley	*	-	-	*	-

Appendix 3. Results from the Statutory 60-day Consultation (16 May to 15 July 2022)

This summary outlines the response from the Pharmaceutical Needs Assessment (PNA) Steering Group to the feedback obtained in the consultation on the PNA for Barnsley.

The PNA consultation ran from 16 May until 15 July 2022, and was made known to key stakeholder organisations and members of the public:

- Barnsley Community Pharmacies
- Dispensing GPs
- Barnsley Pharmaceutical Needs Assessment Steering Group
- Barnsley Council's Senior Staff Development Group
- South Yorkshire Integrated Care Board (SY ICB), Barnsley
- BCCG's Patient Safety and Quality Committee
- Barnsley Hospital NHS Foundation Trust
- Local Healthwatch
- Local Pharmaceutical Committee
- Local Medical Committee
- South West Yorkshire Partnership NHS Foundation Trust
- Barnsley Health and Wellbeing Board
- Doncaster Health and Wellbeing Board
- Rotherham Health and Wellbeing Board
- Sheffield Health and Wellbeing Board
- Wakefield Health and Wellbeing Board
- Kirklees Health and Wellbeing Board

and through a variety of communication channel and targeted correspondence:

- Barnsley Council's website (www.barnsley.gov.uk/pna)
- Barnsley Council's social media accounts (twitter @barnsleycouncil and Facebook www.facebook.com/barnsleycouncil)

To facilitate the consultation the draft PNA report was uploaded onto Barnsley Council's website. To allow comment and feedback a short survey form was developed to complete. This method of consultation was undertaken to reduce the amount of paper sent out and to limit the environmental impact. Hard copies were available upon request as we considered people who could not access the survey digitally.

There were 38 respondents to the consultation questionnaire. The consultation was undertaken in a manner which made it possible for many of those who have a stake in pharmaceutical services in Barnsley to respond, should they wish to do so. Of note, the consultation was sent to neighbouring Health and Wellbeing Boards in accordance with the national PNA guidance.

A summary of the feedback obtained through the consultation is described in the table below. The table sets out the response from the PNA Steering Group where appropriate. It is noted that the majority of responders were supportive of the messages reported in the draft PNA.

Summary of feedback to the consultation on the draft Pharmaceutical Needs Assessment for Barnsley and responses to this feedback including revisions to the final PNA report

Consultation Question: Q1. Has the purpose of the PNA been clearly explained?	
Summary of Feedback	Response from the PNA Steering Group on behalf of Barnsley Health and Wellbeing Board
<p>27 respondents felt that the purpose of the PNA had been clearly explained.</p> <p>3 respondents strongly disagreed. 7 neither agreed nor disagreed and 1 did not know.</p> <p>The reasoning provided by the respondents who strongly disagreed was in relation to the length of the document being 54 pages long.</p>	<ul style="list-style-type: none"> We would agree that the PNA is a long document, however the PNA is a complex process that needs to fully comply with Pharmaceutical Regulations - A failure to produce a legally compliant PNA could result in a legal challenge.
Consultation Question: Q2. Are you aware of any current pharmacy services that are not mentioned in the draft PNA?	
Summary of Feedback	Response from the PNA Steering Group on behalf of Barnsley Health and Wellbeing Board
<p>Two respondents replied with 'Yes'.</p> <p>The respondent requested for all pharmacies to provide additional services which can prevent waiting in general practices, such as infection testing, prescribing antibiotics, wider prescription authorities, ear wax removal suction etc.</p>	<ul style="list-style-type: none"> It is noted that the majority of respondents were not aware of any current pharmacy services that are not mentioned in the draft PNA. The question asks for any current pharmacy services that are not mentioned in the draft PNA. The respondents' comment is in relation to all pharmacies providing additional services rather than any gaps in current services.
Consultation Question: Q3. Do you feel the pharmaceutical needs of the Barnsley population have been accurately reflected in the PNA?	
Summary of Feedback	Response from the PNA Steering Group on behalf of Barnsley Health and Wellbeing Board
<p>21 respondents felt that the PNA accurately reflected the pharmaceutical needs of the Barnsley population.</p> <p>7 respondents disagreed. 7 neither agreed nor disagreed and 3 did not know.</p> <p>The following concerns were raised by these respondents:</p>	<ul style="list-style-type: none"> Pharmacy stock levels - The level of stock held within a pharmacy is outside the scope of the PNA. Shortages of medicines are becoming an increasingly frequent issue that can hinder pharmacy teams' efforts to dispense medicines in a timely manner. The Department for Health and Social Care (DHSC) produces a monthly update of shortages for primary and secondary care, this can be found on the Specialist Pharmacy Service (SPS) website. We know that supply issues can occur due to a range of unforeseen events and may be down to a combination of factors ranging from manufacturing issues to panic buying. Improving access and services for disabled people, their families, and carers - From 2005, the funding of the NHS Pharmaceutical Services has included an element to recognise the additional cost of

<ul style="list-style-type: none"> - Very few pharmacies maintaining suitable stock levels and large queues when attending community pharmacy. - Improving access for disabled people and their carer/s. - Community pharmacy in the Penistone area. 	<p>complying with disability legislation. All pharmacies in Barnsley meet their legal responsibilities as well as standards to comply with the Equality Act 2010.</p> <p>Whilst we recognise there may be individual issues with some pharmacies, further improvement of access lies beyond the scope of the PNA.</p> <ul style="list-style-type: none"> • Community pharmacy in Penistone - We have acknowledged this in the PNA report and reiterate that whilst Penistone Area Council has the highest population per pharmacy (8,340), this area also has the largest proportion of dispensing GP practices in the borough. The PNA has identified three community pharmacies in the Penistone area, and this does not reflect a gap.
<p>Consultation Question: Q4. Is the draft PNA easy to read and understand?</p>	
<p>Summary of Feedback</p>	<p>Response from the PNA Steering Group on behalf of Barnsley Health and Wellbeing Board</p>
<p>20 respondents felt that the PNA was easy to read and understand.</p> <p>7 respondents disagreed, 10 respondents neither agreed nor disagreed and 1 did not say.</p> <p>The 7 respondents who disagreed mentioned how this document was not written in a way accessible for the public and is too lengthy.</p>	<ul style="list-style-type: none"> • We would agree that the PNA is a long document, however the PNA is a complex process that needs to fully comply with Pharmaceutical Regulations - A failure to produce a legally compliant PNA could result in a legal challenge.
<p>Consultation Question: Q5. Do you agree with our assessment of the ways pharmacies could make a greater contribution to improving health of people in Barnsley?</p>	
<p>Summary of Feedback</p>	<p>Response from the PNA Steering Group on behalf of Barnsley Health and Wellbeing Board</p>
<p>Only 5 respondents disagreed with this question.</p> <p>One of these respondents referenced back to the challenges faced by disabled people accessing pharmacies.</p> <p>The other respondents mentioned how the PNA does not reflect the long waiting times and staff capacity when being served in a pharmacy.</p>	<ul style="list-style-type: none"> • It is noted that the majority of respondents agreed with our assessment of ways in which pharmacies can make a greater contribution to improving the health of Barnsley residents. • Improving access and services for disabled people, their families, and carers - From 2005, the funding of the NHS Pharmaceutical Services has included an element to recognise the additional cost of complying with disability legislation. All pharmacies in Barnsley meet their legal responsibilities as well as standards to comply with the Equality Act 2010. <p>Whilst we recognise there may be individual issues with some pharmacies, further improvement of access lies beyond the scope of the PNA.</p>

	<ul style="list-style-type: none"> • Pharmacy waiting times - This is a very complex situation due to the multifactor chain of events which precede to a patient receiving their medication. Waiting times may be affected due to circumstances outside the control of your pharmacy staff.
Consultation Question: Q6. Is there anything else that you feel should be included in the PNA?	
Summary of Feedback	Response from the PNA Steering Group on behalf of Barnsley Health and Wellbeing Board
<p>5 of the 38 respondents answered this question.</p> <p>The following were expressed:</p> <ul style="list-style-type: none"> - Pharmacies to adequately stock medications. - Issue with staff members not wearing a face mask to protect themselves and customers. - Needs of disabled people accessing pharmacies. - No patient representative present on the PNA Steering Group. - Widening the remit for pharmacy prescriptions. - A very comprehensive PNA assessment. 	<ul style="list-style-type: none"> • Pharmacy waiting times - This is a very complex situation due to the multifactor chain of events which precede to a patient receiving their medication. Waiting times may be affected due to circumstances outside the control of your pharmacy staff. • Pharmacy staff wearing of face masks - NHS England and NHS Improvement (NHSE&I) published a letter to support NHS service providers including community pharmacy contractors, to interpret the updated Infection Prevention and Control (IPC) guidance published by the UK Health Security Agency (UKHSA), which includes information on wearing facemask and face coverings in Pharmacies. From 22 June 2022: <ul style="list-style-type: none"> - Pharmacy staff should continue to wear facemasks as part of personal protective equipment (PPE) required for transmission-based precautions when working in Covid-19/respiratory care pathways, and when clinically caring for suspected/confirmed Covid-19 patients. - Staff are in general not required to wear facemasks in non-clinical areas, for example, offices, social settings, unless this is their personal preference or there are specific issues raised by a local risk assessment. • Improving access and services for disabled people, their families, and carers - From 2005, the funding of the NHS Pharmaceutical Services has included an element to recognise the additional cost of complying with disability legislation. All pharmacies in Barnsley meet their legal responsibilities as well as standards to comply with the Equality Act 2010. Whilst we recognise there may be individual issues with some pharmacies, further improvement of access lies beyond the scope of the PNA. • Patient representative for PNA Steering Group - The purpose of the PNA Steering Group is to oversee and steer the production of a new Pharmaceutical Needs Assessment, in line with national directions. We have included all the relevant stakeholders that have been recommended as part of national guidance. This includes representation from Healthwatch which is an advocate for patients regarding health and social care.

- | | |
|--|---|
| | <ul style="list-style-type: none">• Widening remit for pharmacy prescriptions - The NHS Long Term Plan sets out how patients and the public will increasingly rely on clinical care provided by pharmacy professionals. Click here to find out more. |
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Appendix 4. Equality Impact Assessment

Equality Impact Assessment

Pharmaceutical Needs Assessment EIA

Stage 1 Details of the proposal

Name of service	Pharmaceutical Needs Assessment 2022-2025
Directorate	Public Health
Name of officer responsible for EIA	Sohaib Akhtar
Name of senior sponsor	Rebecca Clarke
Description / purpose of proposal	<p>Health and Wellbeing Boards assumed statutory responsibility for publishing and keeping up to date a pharmaceutical needs assessment (PNA) from 1 April 2013. The PNA provides a comprehensive, ongoing assessment of the local need for pharmaceutical services.</p> <p>The National Health Service Pharmaceutical and Local Pharmaceutical Services Regulations 2013 require every HWB to publish its first PNA by 1 October 2022. The PNA informs NHS England of the need for pharmaceutical services across Barnsley. This includes decisions on applications for new pharmacy and dispensing appliance contractor premises.</p>
Date EIA started	11/05/2022
Assessment Review date	22/07/2022

Stage 2 - About the proposal

What is being proposed?	To draft, consult on and publish a pharmaceutical needs assessment (PNA). The Health and Wellbeing Boards assumed statutory responsibility for publishing and keeping up to date a pharmaceutical needs assessment (PNA) from 1 April 2013. The PNA
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provides a comprehensive, ongoing assessment of the local need for pharmaceutical services.

Why is the proposal required?

The final version of the PNA will be utilised by NHS England when commissioning for pharmaceutical services in the borough. This will have a direct impact on the residents of Barnsley. There is a [PNA information pack](#) which determines the activity and approach the local authority must take to drafting and agreeing a PNA.

Regulation 8 requires the health and wellbeing board to consult a specified range of organisations on a draft of the pharmaceutical need's assessment at least once during the process of drafting the document. They must be given a minimum period of 60 days to submit their response, beginning on the day by which they are 'served with a draft' of the document.

The following organisations must be consulted:

- Local Pharmaceutical Committee
- Local Medical Committee
- Pharmacy & Dispensing appliance contractors included in the pharmaceutical list for the area of the health and wellbeing board.
- Dispensing doctors included in the dispensing doctor list for the area of the HWB
- Any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the HWBs area
- Healthwatch, and any other patient, consumer, or community group in the area which the health and wellbeing board believes has an interest in the provision of pharmaceutical services,
- any NHS trust or NHS foundation trust in the health and wellbeing board's area,
- NHS England and NHS Improvement
- any neighbouring health and wellbeing board.

It is also recommended that the consultation is open to members of the public.

What will this proposal mean for customers?

The primary customer base for the finished PNA is NHS England. The PNA will help to inform their decision making processes.

In addition to this, consultation involved the people identified in the above box. The outcome of this consultation will enable us to ensure that the

pharmaceutical needs of Barnsley are able to be captured and presented in the PNA.

All of the above stakeholders, as well as any residents with an interest, will be able to view the public facing document to understand the general health and wellbeing of Barnsley residents as well as the pharmaceutical services provision currently available.

The proposal will also allow all of these stakeholders to respond to a draft version of the Pharmaceutical Needs Assessment and allow them to make further comments and suggestions.

Stage 3 - Preliminary screening process

Use the [Preliminary screening questions](#) (found in the guidance) to decide whether a full EIA is required

- Yes - EIA required (go to next section)
 No – EIA not required (provide rationale below including name of E&I Officer consulted with)

Stage 4 - Scoping exercise - What do we know?

Data: Generic demographics

What generic data do you know?

- Barnsley's population has been growing constantly since 2001. In Barnsley, the population size has increased by 5.8%, from around 231,200 in 2011 to 244,600 in 2021.
- Due to people living longer, the age profile of the population is changing both nationally and locally. In Barnsley there are 52,858 0–18-year-olds, 143,951 19-64 year olds and 46,532 people aged 65+.
- Barnsley's population is ageing, and the number of residents aged 65+ is projected to reach 60,800 by 2030.
- Data for Barnsley from the 2011 Census shows that 96.1% of the population were White British and 3.9% were from a Black and Minority Ethnic (BME) group.
- Barnsley is the 38th most deprived local authority of the 317 in England (IMD 2019).
- Overall, as at 31 March 2018, there were 1,276 individuals in Barnsley in receipt of one or more armed forces pension or compensation awards.
- Of these recipients 1,203 were veterans, equal to a rate of 60.7 veterans per 10,000 population (16+); lower than the regional and national rates of 68.7 and 68.3 veterans per 10,000 population (16+).
- There were 1,512 children in need episodes as at 31st March 2018 for Barnsley. (The rate of children in need at 31 March 2018 per 10,000 children was 301.3).
- There were 310 looked after children as at 31st March 2018 for Barnsley. (The rate of looked after children in Barnsley at 31 March 2018 was 62).
- The number of patients with learning disabilities as recorded on GP practice disease registers for Barnsley is 1,450 (0.5%).

Data: Service data / feedback

What equalities knowledge do you already know about the service/location/policy/contract?

Pharmaceutical provision in Barnsley is very similar to the England average. Geographical access at Area Council level is slightly better for similar to the average for England. Likewise, the pharmacies with extended opening hours are located across the borough giving good access to pharmaceutical services on Saturdays, Sundays and late night opening. The majority of Barnsley residents live within a 1-mile radius or ten-minute drive of a pharmacy.

The majority of premises where pharmaceutical services are available allow for wheelchair access and have suitable facilities in place to provide services in private designated areas. The majority of providers of pharmaceutical services offer free home delivery service for dispensed medicine. Nearly half of pharmacies are willing to undertake consultation in the patient's home or other suitable site.

Data: Previous / similar EIA's

Has there already been an EIA on all or part of this before, or something related? If so, what were the main issues and actions it identified?

An EIA was carried out during the previous Pharmaceutical Needs Assessment (2018-2021) and no specific impact was identified.

Data: Formal consultation

What information has been gathered from formal consultation?

See Appendix 3- Results from the statutory 60-day consultation 16th May to 15th July 2022.

It states in the PNA information pack for Local Authorities that:

Whilst not required by the regulations it is strongly recommended that the views of the public are gathered. This will allow the health and wellbeing board to test some of its assumptions around how people may access services, for example, and provide useful information for the document. Similarly, it will also be necessary to gather information from those who are providing the services that is not otherwise already in the public domain.

Once the overall health needs of the population have been identified, along with those that can be met by the provision of pharmaceutical services, the pharmaceutical needs assessment will then need to identify the different needs of those who share a protected characteristic as defined in the Equality Act 2010.

A report on the consultation must be included in the final version of the document, and the steering group will need to review the responses to the consultation and agree what, if any, changes are to be made to the document. A week has been allowed in the timeline for review of the responses and production of the first draft of the consultation report which 24 will be a summary of the responses received. The steering group will need to review the responses to the consultation and agree its response to the points raised which is then to be included in the report. The steering group will also need to consider what, if any, changes needs to be made to the document as a result of the consultation. Not much time has been included in the timeline for this stage because if robust engagement has been undertaken throughout the process of drafting the document there should be no surprises from the consultation. Once the document is finalised it will then need to be signed-off by the relevant committee or the health and wellbeing board and published.

Stage 4 - Potential impact on different groups

Considering the evidence above, state the likely impact the proposal will have on people with different protected characteristics

(state if negative impact is substantial and highlight with **red text**)

Negative (and potentially positive) impacts identified will need to form part of your action plan.

Protected characteristic	Negative '-'	Positive '+'	No impact	Don't know	Details
Sex			✓		No specific negative impacts identified from this PNA.
Age			✓		The PNA identifies good provision of services for all ages. No specific negative impacts identified from this PNA. Older people may have a higher prevalence of illness and take regular medicines. Pharmacy staff can support people to live

					independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.
Disabled <i>Learning disability, Physical disability, Sensory Impairment, Deaf People ,invisible illness, Mental Health etc</i>			✓		<p>The majority of community pharmacies allow for wheelchair access, however, where there aren't accessibility measures, pharmacies also provide home delivery services in these instances.</p> <p>No specific negative impacts identified in from this PNA. When patients are managing their own medication but need some support, pharmacists must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental health condition that affects their ability to carry out everyday activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include multi-compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.</p>
Race			✓		No specific negative impacts identified from this PNA.
Religion & Belief			✓		No specific negative impacts identified from this PNA.
Sexual orientation			✓		No specific impact has been identified from this PNA.
Gender Reassignment			✓		No specific impact has been identified from this PNA.
Marriage / civil partnership		N/A	✓		No specific impact has been identified from this PNA.
Pregnancy / maternity			✓		No specific negative impacts identified from this PNA. Community pharmacies can provide an important source of advice for minor ailments for conditions which commonly occur in pregnancy. For women planning pregnancy, access to a community pharmacy for advice can also be important.

Other groups you may want to consider					
	Negative	Positive	No impact	Don't know	Details
Ex services			✓		No specific impact has been identified from this PNA.
Lower socio-economic			✓		No specific impact has been identified from this PNA.
Other ...					

Stage 5 – Action plan

To improve your knowledge about the equality impact . . .

Actions could include: community engagement with affected groups, analysis of performance data, service equality monitoring, stakeholder focus group etc.

Action we will take:	Lead Officer	Completion date
To share the PNA consultation with council networks and equality forums.	Sohaib Akhtar	16/05/2022
To ensure members of the public can access the survey, allow hardcopy versions on request and easy read option for those who have language barriers.	Sohaib Akhtar	16/05/2022

To improve or mitigate the equality impact . . .

Actions could include: altering the policy to protect affected group, limiting scope of proposed change, reviewing actual impact in future, phasing-in changes over period of time, monitor service provider performance indicators, etc.

Action we will take:	Lead Officer	Completion date
To ensure a summary of the consultation feedback is included in the final PNA report including the steering group response.	Sohaib Akhtar	31/10/2022
To ensure the final version of the PNA is easily accessible on the council website and shared with equality forums.	Sohaib Akhtar	31/10/2022

Stage 6 – Assessment findings

Please summarise how different protected groups are likely to be affected

Summary of equality impact

The PNA has taken into account accessibility of pharmaceutical services in Barnsley as outlined in the statutory guidance

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

In general, the majority of providers of pharmaceutical services have made suitable adjustments to ensure everyone has equal access to pharmaceutical services.

The Equality Act 2010, sets out a framework which requires providers of goods and services to ensure that they do not discriminate against a person for reasons relating to a protected characteristic. It is expected that pharmacies will provide an equitable service to everyone regardless of sex, age, race, disability, religion or belief, sexual orientation, gender reassignment, marriage or civil partnership, pregnancy or maternity. Similarly, it is also expected the pharmacies makes reasonable adjustments, to enable disabled people who face barriers to accessing their services to do so equitably.

Summary of next steps

To ensure a summary of the consultation feedback is included in the final PNA report including the steering group response.

To ensure the final version of the PNA is easily accessible on the council website and shared with equality forums.

Signature (officer responsible for EIA) Date

S. Akhtar (22/07/2022)

**** EIA now complete ****

Stage 7 – Assessment Review

(This is the post implementation review of the EIA based on date in Stage 1 if applicable)

What information did you obtain and what does that tell us about equality of outcomes for different groups?

N/A