



BARNSTABLE PHARMACEUTICAL NEEDS ASSESSMENT 2018-2021



BARNSTABLE
Metropolitan Borough Council

Document Control

Title	Barnsley Pharmaceutical Needs Assessment 2018-2021
Reference	2018 (01)
Status	Draft
Version	1.3
Date created	6 th October 2017
Approved by	
Audience	Various
Distribution	Web
Author	Barnsley Pharmaceutical Needs Assessment Steering Group
Owner	Health & Wellbeing Board
Document history	19.10.2017 Revisions based on comments from Steering Group members 20.12.2017 Results from the statutory 60 day consultation and Equality Impact Assessment added. 03/01/2018 Final Draft Approved by PNA Steering Group 15/01/2018 Final Draft Approved by SSDG

Content page

		Page
1.	Acknowledgement	4
2.	Executive summary	5
3.	Introduction	6
4.	Process	7
5.	Context for the Pharmaceutical Needs Assessment	10
5.1.	Overview of Barnsley	10
5.2.	Population	12
5.3.	Future population and housing growth	13
5.4.	Deprivation	14
6.	Health and wellbeing	16
6.1.	Health inequalities	16
6.2.	Health needs	16
6.3.	Health and wellbeing priorities	17
7.	Current provision of NHS Pharmaceutical Services	26
7.1.	Pharmacy service providers – number and geographical distribution	26
7.2.	Comparison with pharmaceutical services elsewhere	27
8.	Access	30
9.	Pharmaceutical services	33
9.1.	Community pharmacy essential services	33
9.2.	Public health campaigns	34
9.3.	Community pharmacy advanced services	34
9.4.	Community pharmacy enhanced services	34
9.5.	Barnsley Clinical Commissioning Group locally commissioned services	35
10.	The changing face of pharmacy	38
11.	Conclusions	39
Appendix 1.	What services do pharmacists offer?	40
Appendix 2.	Commissioned services by pharmacy	41
Appendix 3.	Results from the statutory 60 day consultation 20 October to 19 December 2017	42
Appendix 4.	Equality Impact Assessment	47

1. Acknowledgements

Steering group members:

- **Sohaib Akhtar** - Public Health Practitioner, Barnsley Council
- **Matt Auckland** - Clinical Advisor (Pharmacy), NHS England
- **Thomas Bisset** - Local Pharmacy Committee representative
- **Rebecca Clarke** - Public Health Principal, Barnsley Council
- **Louise Dodson** - Business Intelligence Advisor, Barnsley Council
- **Gill Doy** - Barnsley Healthwatch
- **Alan Hart** - Senior Planning Officer, Barnsley Council
- **Helen Hickson** - Business Improvement & Intelligence Officer, Barnsley Council
- **Graham Hoggard** - Local Medical Committee representative
- **Chris Lawson** - Head of Medicines Management, Barnsley Clinical Commissioning Group
- **Victoria Lindon** - NHS England South Yorkshire and Bassetlaw Area Team

2. Executive Summary

This Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across Barnsley, whether this meets the needs of the population and identifies any potential gaps to service delivery.

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹.

The conclusion of this PNA is that the population of Barnsley currently has sufficient numbers of pharmacy contractors to meet their pharmaceutical needs. This is clearly demonstrated by the following points:

- 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 than the England and Yorkshire and the Humber averages.
- 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.

¹ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
www.legislation.gov.uk/uksi/2013/349/contents/made (Accessed 7th August 2014)

3. Introduction

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

PNAs describe:

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

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

- supplying prescribed medicines and appliances; and
- delivering a wide range of commissioned services. These include treating minor ailments, 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. The PNA only covers community pharmacies. Assessment of pharmacy services in hospitals or in prisons are considered separately.

A range of organisations use PNAs to guide developments and commissioning intentions. NHS England 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.

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

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

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

There is a range of legislation and regulation that specifies the development of PNAs and the information they must contain. This PNA complies with these regulations. For more information see: <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

4. Process

The duty to publish a PNA falls on the HWBB. The Director of Public Health (DPH) in the local authority leads on the process and makes sure the PNA meets regulations. South Yorkshire DsPH discussed how to approach the 2018 PNAs. This consideration was to make the most of current resources and support the South Yorkshire health care strategy.

The NHS in South Yorkshire and Bassetlaw has developed a Sustainability and Transformation Plan (STP). The STP is the local approach to delivering the national plan called the Five Year Forward View. The STP sets out place specific plans and STP priority plans. These include healthy lives, living well and prevention, and primary and community care.

Each of the South Yorkshire local authorities share the same boundaries with the HWBBs. Bassetlaw is a district council within Nottinghamshire County Council and so it does not have a separate HWBB or a stand-alone PNA. It was thus not possible to develop a PNA on the STP footprint.

The DsPH agreed to continue to produce PNAs for their own respective HWBB. The DsPH agreed to combine resource in the production of the PNA to make the most efficient use of resources.

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

4.1. Governance

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

The Barnsley PNA has been developed using a project management approach. A steering group was established consisting of council staff from Planning, Business Intelligence and Public Health and representatives from Barnsley Clinical Commissioning Group (CCG) 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.

4.2. Scope

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

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

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

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

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

A pharmaceutical list includes the following:

- **Pharmacy contractors** – healthcare professionals working for themselves or as employees who practice in pharmacy.
- **Dispensing appliance contractors** - appliance 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.

4.3. Process

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

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

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

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

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

4.4. 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. Content 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 for 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.

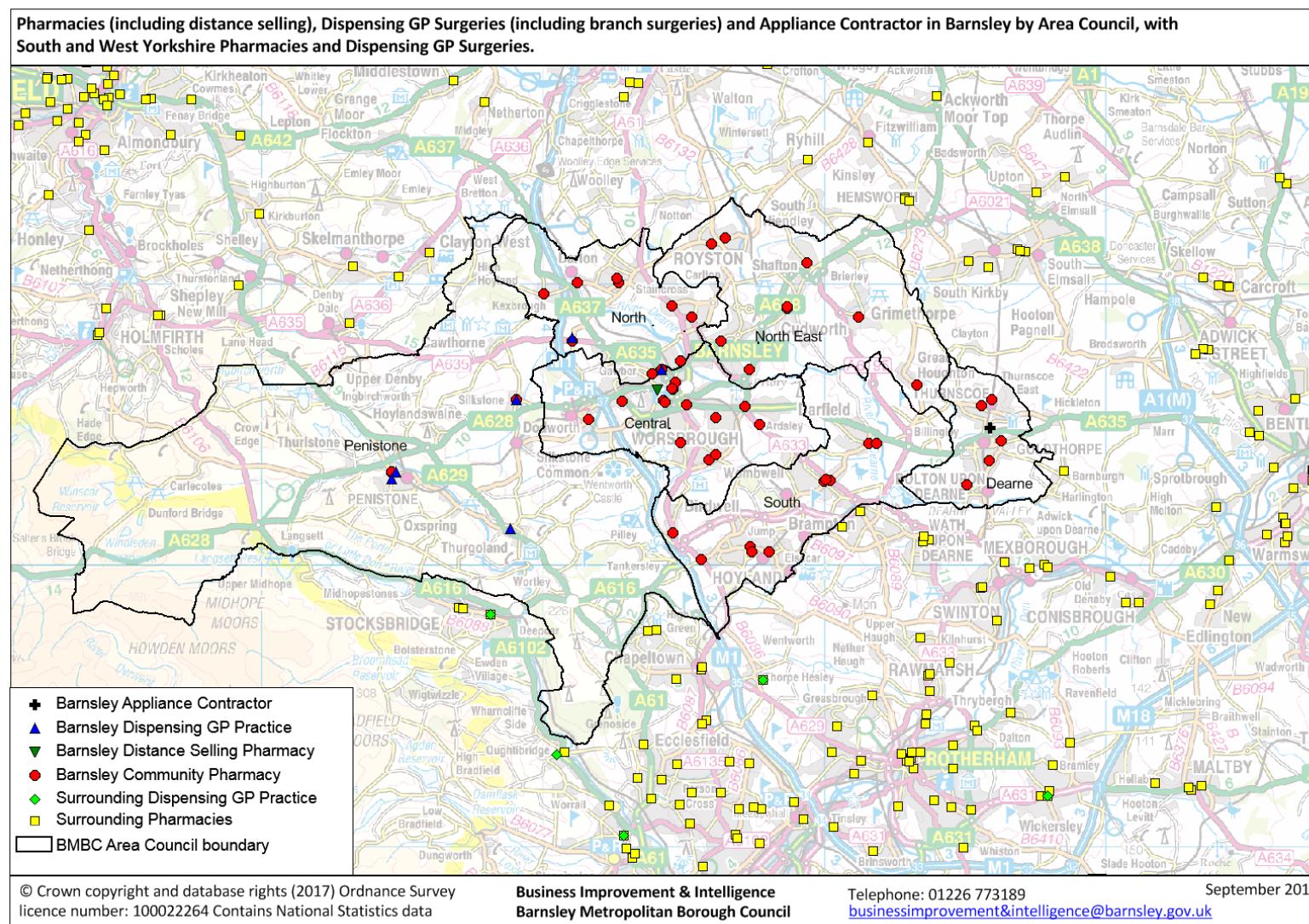
Historically Barnsley was centred on coal mining resulting in the borough's dispersed pattern of small towns and villages. Because people lived where they worked and coal was moved by rail, road links between towns and villages were poor and communities were self-contained.

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.

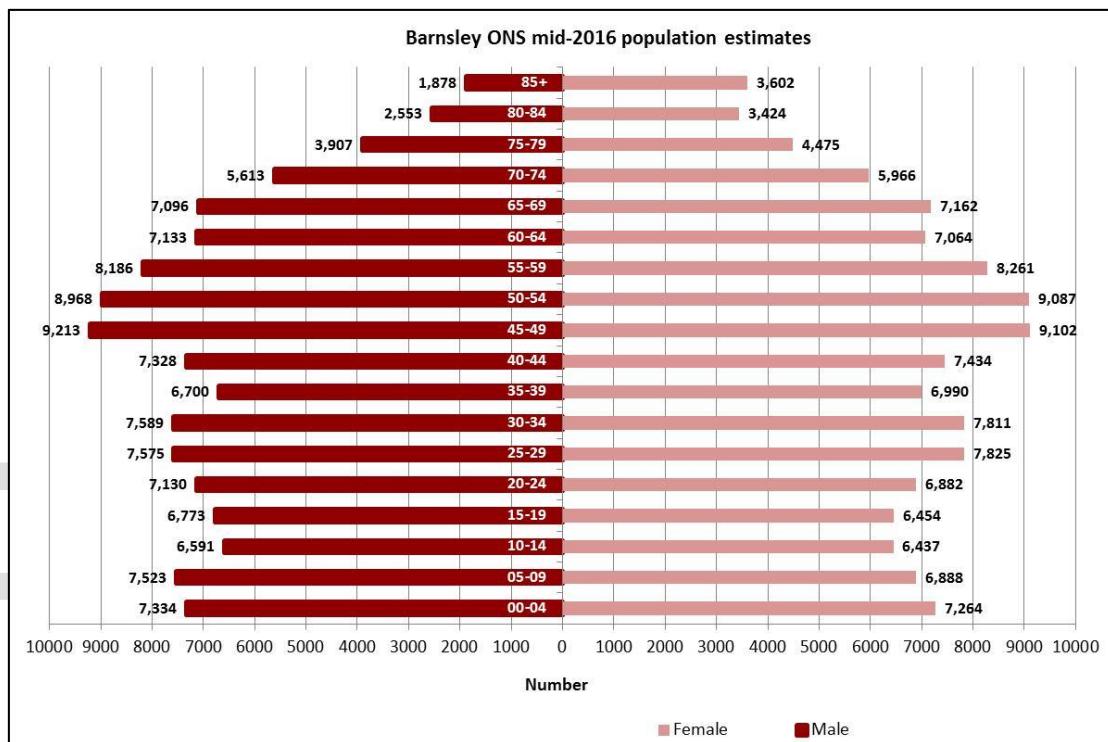
Figure 1. Pharmacies (including distance selling, dispensing general practices and appliance contractor in Barnsley with South Yorkshire pharmacies and dispensing general practices. (Requirement schedule 1:7 NHS and Pharmaceutical Services Regulations 2013) based in data verified at 31 March 2017)



5.2. Population

Latest estimates from the Office for National Statistics (ONS mid-year estimates 2016) put this at approximately 241,218. Barnsley's growing population results from an increasing birth rate, higher net inward migration and increasing life expectancy. Figure 2 illustrates this data in a population pyramid and table.

Figure 2: Barnsley population by age group and gender



Age Band	Males		Females		Persons	
	Number	%	Number	%	Number	%
00-04	7,334	6.2	7,264	5.9	14,598	6.1
05-09	7,523	6.3	6,888	5.6	14,411	6.0
10-14	6,591	5.5	6,437	5.3	13,028	5.4
15-19	6,773	5.7	6,454	5.3	13,227	5.5
20-24	7,130	6.0	6,882	5.6	14,012	5.8
25-29	7,575	6.4	7,825	6.4	15,400	6.4
30-34	7,589	6.4	7,811	6.4	15,400	6.4
35-39	6,700	5.6	6,990	5.7	13,690	5.7
40-44	7,328	6.2	7,434	6.1	14,762	6.1
45-49	9,213	7.7	9,102	7.5	18,315	7.6
50-54	8,968	7.5	9,087	7.4	18,055	7.5
55-59	8,186	6.9	8,261	6.8	16,447	6.8
60-64	7,133	6.0	7,064	5.8	14,197	5.9
65-69	7,096	6.0	7,162	5.9	14,258	5.9
70-74	5,613	4.7	5,966	4.9	11,579	4.8
75-79	3,907	3.3	4,475	3.7	8,382	3.5
80-84	2,553	2.1	3,424	2.8	5,977	2.5
85+	1,878	1.6	3,602	2.9	5,480	2.3

Source: ONS mid-2016 population estimates

5.3. Future population changes and housing growth

Over the coming years the population in Barnsley is expected to increase in both age and number. 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.

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.

5.3.1. Population changes in Barnsley

The number of births rose from 2,789 in 2014 to 2,832 in 2016. Births are projected to rise to 2,864 in 2020. The proportion of people from black and minority ethnic (BME) communities also increased from 0.9% of the total population in 2001 to 2.1% in 2011.

The estimated population of Barnsley was 237,843 in 2014 and is expected to increase by 7% to 255,366 by 2025. Barnsley is also expected to experience a 24% increase in older people aged over 65 years and over. Figure 3 illustrates the population forecasts for specific age groups.

Figure 3. Barnsley population projections by age groups, 2012 to 2017

Age Band	2014	2025	% change
0-4 years	14,669	14,501	-1%
5-9 years	13,861	14,649	6%
10-14 years	12,511	15,136	21%
15-19 years	14,007	14,296	2%
20-64 years	138,779	142,253	3%
65 years and over	44,016	54,532	24%
Total	237,843	255,366	7%

Source: ONS 2014 based sub-national population projections

5.3.2. Housing growth

The Barnsley Local Development Framework (LDF) proposes to achieve the completion of at least 21,500 net additional homes during the period 2008 to 2026. The distribution of the new housing is set out in Figure 4.

Whilst the individual core strategy areas 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.

Figure 4. The distribution of new homes in Barnsley, 2008 to 2026

Core strategy areas	Number	% figure representation of 21500 new homes
Urban Barnsley	9800	46
Cudworth	1800	8
Goldthorpe	3000	14
Hoyland	1800	8
Penistone	1100	5
Royston	1000	5
Wombwell	2000	9
Other Settlements	1000	5
Total	21500	100

Source: Barnsley Local Development Framework (LDF) Core Strategy, 2011. Page 71.

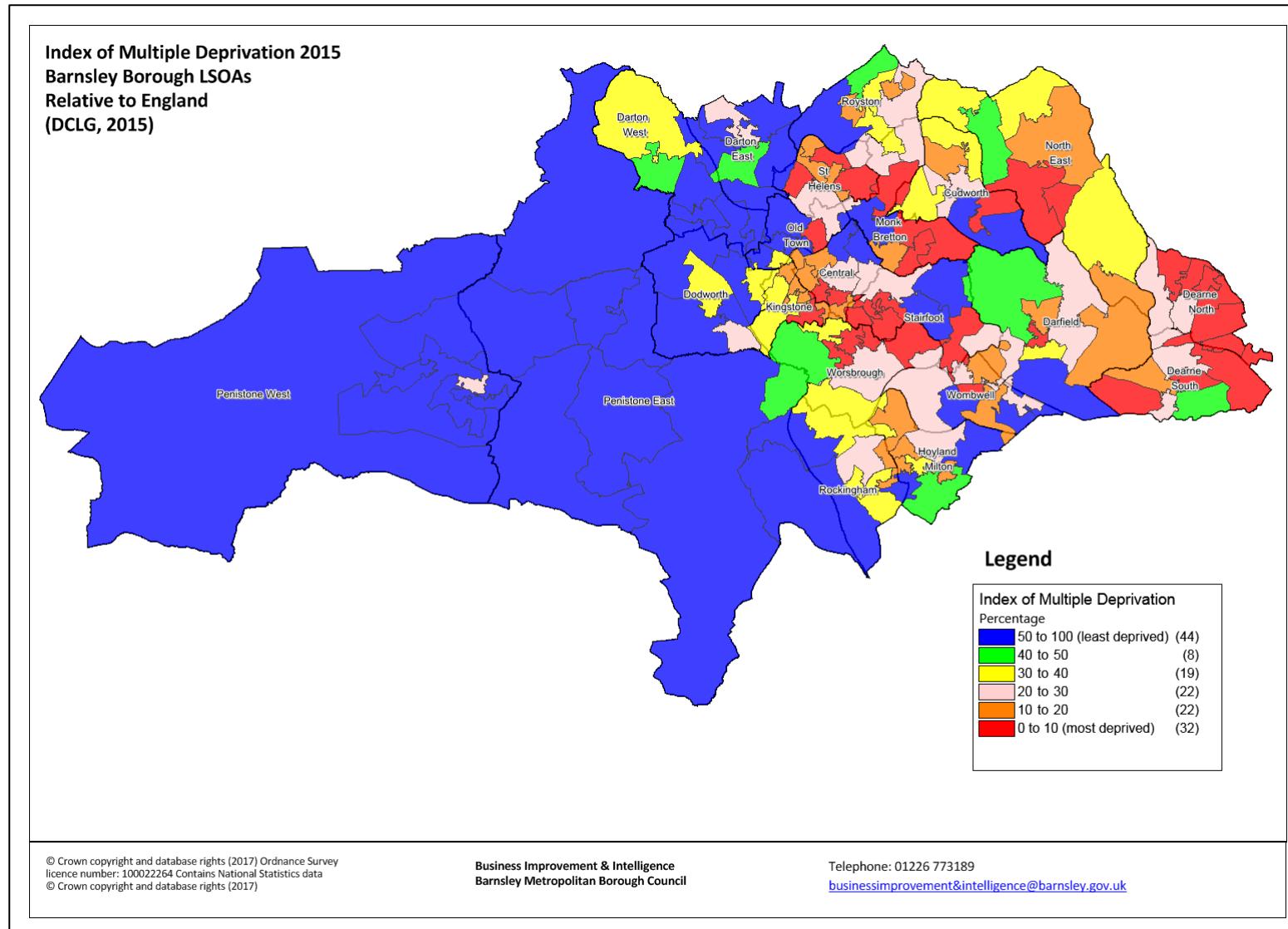
<https://www.barnsley.gov.uk/media/3093/core-strategy.pdf> (Accessed 20th September 2017)

5.4. Deprivation

The Index of Multiple Deprivation 2015 (IMD 2015) 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.

Figure 5 illustrates that there are clear geographical inequalities in the wider determinants of health in Barnsley. 85,243 (36.2%) people in Barnsley are living in the 20% most deprived areas in England; an increase from the IMD 2010 rate of 32.6%.

Figure 5. Index of Multiple Deprivation 2015, Barnsley



6. Health & 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/>

In addition, the PNA uses Barnsley level and Area Council level data to describe the health needs and pharmaceutical provision of the local population. A comprehensive set of health need profiles are available at <https://www.barnsley.gov.uk/services/our-council/research-data-and-statistics/health-profiles-by-area-and-ward/>

The data outlined in the section will be 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. Health inequalities

Although we have seen an improvement in life expectancy at birth in Barnsley for both men and women between 2011-2013 and 2014-2016, the rates remain significantly lower than regional and national rates.

Significant health inequalities exist within Barnsley at electoral ward level. Latest published data shows that male life expectancy at birth ranges from 75.3 years in Dearne North to 82.0 years in Penistone East – a difference of 6.7 years (2011-2015). For women, rates range from 78.6 years in Wombwell to 86.1 years in Penistone East – a gap of 7.5 years. (2011-2015)

In terms of healthy life expectancy at birth, men in Barnsley could expect to live 4.7 years less in "good" health than men in England, whilst for women, the difference is 4.1 years. (2014-2016)

Smoking prevalence amongst Barnsley adults is slowly declining (from 24.4% in 2012 to 20.6% in 2016), although the rate still remains significantly higher than the England average of 15.5%. Within Barnsley, latest published data range from 12.5% in Penistone West to 27.2% in Dearne South. (2015)

In 2016/17, the rates for children in Barnsley who are a healthy weight at 4-5 years old (81.0%) and 10-11 years old (66.6%) are significantly higher than the England average. However the rates for children in Barnsley who are underweight at 4-5 years (2.2%) and 10-11 years old (2.3%) is significantly higher than the national rates of 1.0% and 1.3% respectively.

6.2. Health needs

Children, adults and the elderly are all vulnerable to the risk factors that contribute to preventable non-communicable diseases. This may as a result of unhealthy diets, physical inactivity, exposure to tobacco smoke or the effects of the harmful use of alcohol.²

Lifestyle related diseases such as diabetes are increasing. An ageing population with a range of health issues will also put pressure on health and social services. The JSNA provides further detail on specific health needs.

Key points for health needs in Barnsley are:

- Deprivation is higher than average and almost a quarter (24.6%) (10,600) of children under 16 live in poverty;
- Life expectancy for men (78.2 years) and women (81.9) is lower than the England average (79.5 for men and 83.1 for women)
- The rate of alcohol specific hospital stays, among those under 18 is significantly worse than the average for England;
- Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average;
- 72.4% of adults in Barnsley are classified as overweight or obese, significantly worse than the average for England (64.8%);
- The rate of hospital stays for alcohol related conditions (858) is significantly worse than the average for England (647);
- The rate of smoking related deaths is significantly worse than the rate for England. This represents approximately 490 deaths per year for Barnsley;
- Estimated levels of physical activity amongst Barnsley adults are significantly worse than the England average;
- Rates of sexually transmitted infections, people killed and seriously injured on roads, cancer screening (breast, cervical and bowel) and childhood immunisations are better than average.

6.3. 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.

Various aspects of health and wellbeing are prioritised through the partnership development of the Barnsley Place Based Plan, as a key building block of the South Yorkshire & Bassetlaw Accountable Care System (ACS). The plan draws on inputs through the engagement and design of our health and care services, as well the priorities set out in key documents including the Barnsley Health and Wellbeing Strategy, the Five Year Forward View, GP Forward View, Mental Health Forward View, Facing the Future and National Cancer Strategy. The development of the plan has been overseen and driven via the Barnsley Senior Strategic Development Group and is one part of the delivery model for the Health and Wellbeing Strategy for Barnsley. The plan

²World Health Organisation. Factsheet:Noncommunicable diseases (Updated June 2017). Available at :
<http://www.who.int/mediacentre/factsheets/fs355/en/> (Accessed 4the October 2017)

highlights the following priority areas where our local system can work together to deliver a greater collective benefit for Barnsley people:

- Improving healthy life expectancy;
- Building stronger communities and being in control of my wellbeing;
- Improving mental health and wellbeing;
- Improving support for older people;
- Changing the way we work together (new models of care).

There is a clear focus across the borough on supporting people to make healthier choices by providing the environment, infrastructure, skills and opportunities to do so.

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.

6.3.1. Smoking

Smoking is the single biggest cause of preventable death in Barnsley and in Britain, claiming more lives each year than the next six most common risk factors combined³. Tobacco use is a major cause of coronary heart disease, lung and other cancers, and respiratory diseases, particularly Chronic Obstructive Pulmonary Disease (COPD). Around 490 people in Barnsley die from smoking related illnesses each year, this is significantly worse than the England average.⁴ The estimated cost to the NHS each year of treating diseases caused by smoking is upwards of £5billion.

³ Department of Health (2011) Healthy Lives, Healthy People: A Tobacco Control Plan for England. HM Government

⁴ Public Health England, Local Tobacco Control Profiles, May 2017 <http://www.tobaccoprofiles.info/>
(Accessed 23 May 2017)

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. 2016 smoking prevalence estimates show that 20.6% of the Barnsley adult population smoke. This is significantly worse than the England average of 15.5%.

Within Barnsley, latest published data adult smoking prevalence varies from 12.5% in Penistone West Ward to 27.6% in Dearne North Ward (2015). The percentage of women smoking at the time of delivery in 2015/16 was higher in Barnsley (17.6%) compared to England (10.6%). Locally collected midwifery data in Barnsley, for the period 2014/15 shows that 39.7% of all new mothers living in Dearne North smoked during pregnancy compared to 6.1% of new mothers living in Penistone East.

Barnsley Council commissions South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to deliver Stop Smoking Services.

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, e.g. Smokefree Homes and Cars and Stoptober.

6.3.2. 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. This includes testing and treatments for STIs. Among their other responsibilities, Spectrum commission services from community pharmacies to provide free condoms to young people, free chlamydia testing kits to people in the eligible population and the free provision of emergency hormonal contraception to women aged 16 and over.

6.3.3. Chlamydia

Chlamydia, also known as the ‘silent’ disease due to the lack of symptoms in over 50% of men and 70% of women, has become the most commonly diagnosed STI in the UK. Young people under 25 are the most likely to get infected.

Chlamydia causes avoidable sexual and reproductive ill health, including symptomatic acute infections and complications such as Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubal-factor infertility. The Chlamydia diagnosis rate amongst under 25 year olds is a measure of Chlamydia control activities, representing infections identified and treated (reducing risk of sequelae in those patients) and can be correlated to changes in Chlamydia prevalence.

Chlamydia remains one of the most prevalent STIs in Barnsley. Increasing the diagnostic rate through initiatives such as the National Chlamydia Screening Programme (NCS) will reduce the prevalence of infection. Public Health England (PHE) 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.

6.3.4. 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 15-17 years old women in 2001 to 33.7 per 1000 in 2015. Despite this reduction, Barnsley's rate is still higher than the regional and national rates of 24.3 and 20.8 respectively, and it is important therefore that this remains a priority area. Barnsley Council commissions Spectrum to provide an emergency hormonal conception service for women aged 16 and over in the following community pharmacies:-

- Boots The Chemists Ltd, Barnsley Town Centre
- Gatehouse Pharmacy, Staincross
- Lloyds Pharmacy, Kendray
- Lloyds Pharmacy, Barnsley Town Centre
- Weldricks Pharmacy, Bolton-Upon-Dearne
- Weldricks Pharmacy, Goldthorpe
- Weldricks Pharmacy, Royston
- Weldricks Pharmacy, Thurnscoe
- Well Pharmacy, Penistone

The service aims to integrate pharmacy with sexual health services in Barnsley offering easier access with longer opening hours than existing services. Signposting under 16's and other cases outside of the specification to sexual health services is easier as a result of integration. The sign up for C-Cards, supply of condoms and supplying a test for Chlamydia screening are also part of the service.

Barnsley Council are seeking to extend this to cover those aged 13-15, who can demonstrate an understanding of the decision they are making, deemed as Gillick competent⁵.

Role of local pharmacies

- Providing emergency hormonal conception.
- Advice on and signposting to Long Acting Reversible Contraception (LARC).
- Providing chlamydia screening.
- Referral to relevant treatment and advice services.

⁵ Gillick competence is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

- Public Health pharmacy campaigns (STIs/unwanted pregnancy, provision of condoms and self-testing kits for chlamydia).

6.3.5. Alcohol and Drug Misuse Related Harm

Alcohol is one of the three biggest lifestyle risk factors for disease and death in the UK, after smoking and obesity. It is estimated 7.5 million people are unaware of the damage their drinking could be causing. Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers; high blood pressure and cirrhosis of the liver. As well as physical health issues, alcohol misuse can be attributable to poor mental health, homelessness, lack of child development and domestic abuse. It can result in unemployment and loss of productivity in the workplace, violence, alcohol related anti-social behaviour, and other crime.⁶

In line with national trends, alcohol consumption in Barnsley has increased steadily in recent years. Current estimates based on self-reported data suggest that approximately 21% of adult drinkers in Barnsley drink at increasing risk and 7% higher risk levels.⁷

The current alcohol strategy for Barnsley ‘Barnsley Alcohol Harm Reduction Strategy 2014 – 2017’ was produced in 2014 by the Barnsley Drug and Alcohol Action Team (DAAT). The current strategy provides an excellent overview of the problems Barnsley faces, focussing on a range of approaches for tackling this issue, notably promoting screening and identification of people with alcohol related problems. As the strategy ends 2017, Public Health will work with key stakeholders to produce a concise Barnsley Alcohol Strategy and an Action Plan.

Drug misuse can cause a wide range of health and social harms including the physical and mental health of the individual misusing drugs and their significant others as well as the local community. There are many reasons why people may consider misusing drugs, including peer pressure, recreation and to self-medicate for harm committed against them and/or to cope with mental health issues.

The latest estimates show there are around 2,000 problematic opiate and or crack cocaine drug users aged 15-64 in Barnsley. During 2016-17, 985 opiate users accessed structured drug treatment and 120 individuals accessed treatment for non-opiate drug misuse.

While all drug use does not necessarily involve the injecting practice, the ingestion of opiates typically does, although it may also be smoked. Injecting drug use can lead to long term conditions such as Hepatitis B and C or venous disease due to their substance misuse. Harm reduction is a priority, particularly in relation to those screened, tested and referred for blood borne virus treatment.

Barnsley Council’s Heathier Communities Team work closely with key partners from Public Health and Barnsley Clinical Commissioning Group to roll out the implementation of the national drug and alcohol strategies – 2017 National Drug Strategy and The Government’s Alcohol Strategy 2012 - at a local level.

The Heathier Communities Team commissions an integrated substance misuse service which provides for the needs of drug and alcohol users, alleviating at the same time the effect on the

⁶ Alcohol Concern; Statistics on Alcohol, 2016

⁷ <http://www.lape.org.uk/downloads/alcoholestimates2011.pdf> Accessed 25th September 2017

local community. The service, Barnsley Recovery Steps, is delivered by DISC and focuses on preventing harm, engaging individuals and families in treatment, and supports all service users in their recovery.

As part of the substance misuse service, DISC <http://www.disc-vol.org.uk/projects/barnsley> are responsible for contracting directly with pharmacies to deliver two pharmacy based services; supervised consumption and the needle and syringe exchange programme. To support these services Barnsley Recovery Steps will hold regular training events to ensure pharmacies deliver an informed and sensitive service, which links in to the wider treatment service.

There are seven community pharmacies, delivering the needle and syringe exchange programme in the following areas: Penistone, Barnsley town centre, Darfield, Hoyland, Wombwell, and Thurnscoe.

Forty three pharmacies provide supervised consumption in addition to normal prescription dispensing.

Role of local pharmacies

- Provide brief interventions and signposting to treatment to address alcohol misuse.
- Needle and syringe exchange.
- Supervised consumption.
- Promote the benefits of signposting to testing for Hepatitis B and C.
- Provide advice on the improved awareness of the transmission of Hepatitis B and C.
- Referral to treatment services.
- Medicines optimisation.

6.3.6. Older people's health

People are living longer. In the last 10 years, Barnsley has experienced a 17% increase in the number of people aged over 75 years and a 37% increase in people in the over-85 year age group.

Life expectancy data illustrates that people are generally living much longer, which is an important achievement. However, with increased longevity comes the increased potential for poorer health and frailty, and we face a key challenge in ensuring increases in life expectancy are not accompanied by a longer time spent in ill health.

Currently around 3,034 older people (approximately 7% of all people over 65) receive some adult social care support in Barnsley. 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. At present, it is also estimated that around 7% of people aged over 65 years are living with some form of dementia. It is estimated that by 2030, the prevalence of dementia in people aged over 65 years will increase to 10%. The growing population of older people is 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 therefore 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.

6.3.7. 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 importance of breastfeeding and immunisation and vaccination, including signposting to relevant support.

- Raising awareness of the potential consequences of leaving children unprotected, 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.
- Sign-posting to and advice about treatment
- 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.
- Minor ailments scheme
- Seasonal influenza vaccination (pregnant women)

6.3.8. 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.

More than 7 out of 10 (72.4%) of the Barnsley adult population are classified as being overweight or obese; this is significantly worse than the England average of 64.8%.

Barnsley Metropolitan Borough Council commissions a healthy lifestyle service (Be Well Barnsley) which supports families and adults to lead healthier lives. Courses include weight loss programmes and fitness classes.

Barnsley CCG commissions SWYFT to deliver a 12 week weight management programme for both adults and children. The service also provides more tailored specialist input, such as pre-bariatric surgery support for individuals.

Role of local pharmacies

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

6.3.9. NHS Health Checks

The NHS Health Check programme aims to prevent heart disease, stroke, type 2 diabetes and 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. Data from March 2016 to April 2017 show that 80.7% of eligible people offered an NHS Health Check received one. This is significantly higher than the England average of 49.9%.

NHS Health Checks are a statutory public health service commissioned by Barnsley Council. From April 2018, there will be a single provider in Barnsley, with the majority of checks provided at GP practices, but with additional workplace provision.

A recent public consultation confirmed that the local population would like to receive their health check invitation through their GP and receive their check at a GP practice, but want increased flexibility with respect to timing and availability of appointments. In some areas of the country, NHS Health Checks are delivered through pharmacies to ensure coverage across the population. The local consultation showed even spread between the numbers of people very likely, very unlikely and indifferent to wanting to attend their check at a local pharmacy.

Role of local pharmacies

- Promoting the benefits of and signposting to Health Checks.

FINAL DRAFT

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 were a total of 52 community pharmacies in Barnsley as of 21/03/2017. Figure 1 illustrates their location.

Dispensing GP practices

There are three GP dispensing practices in Barnsley as of 21/03/2017. Figure 1 illustrates their location.

Distance selling pharmacies

There was one mail order/ internet pharmacy within Barnsley as of 21/03/2017. 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 is currently one Dispensing Appliance Contractor (DAC) in Barnsley: Fittleworth Medical Ltd, Thurnscoe. Appliances are also available from community pharmacies, dispensing GP practices and other DAC outside Barnsley.

Hospital pharmacies

There is one hospital pharmacy providing services to the Barnsley population at Barnsley Hospital NHS Foundation Trust (BHNFT).

7.2. Comparison with pharmaceutical service provision elsewhere

Assuming a population of 241,218 in Barnsley and 52 community pharmacies; there is an average of one pharmacy provider per 4,638 people. This is very similar to the average for England 4,647 people per pharmacy representing local coverage slightly better to the national position.

This can also be quantified as 22 pharmacies per 100,000 people in Barnsley which is equal to the England average. The number of community pharmacies per 100,000 population ranged from 26 community pharmacies per 100,000 population in Lancashire & Greater Manchester and Cheshire & Merseyside to 18 per 100,000 population in South Central region. This is illustrated in figure 6 below.

Figure 6. Community pharmacies on the pharmaceutical list and population by NHS England Region, 2015/16

	Number of community pharmacies	Prescription items dispensed per month (000s)	ONS Population (000s) mid 2014	Pharmacies per 100,000 population
ENGLAND	11,688	82,940	54,317	22
North of England	3,723	28,542	15,259	24
Yorkshire & Humber	1,275	9,709	5,468	23
Lancashire & Greater Manchester	1,089	7,810	4,238	26
Cumbria & North East	727	6,441	3,123	23
Cheshire & Merseyside	632	4,582	2,430	26
Midlands & East	3,446	24,642	16,487	21
North Midlands	775	5,514	3,591	22
West Midlands	980	6,402	4,123	24
Central Midlands	890	6,706	4,518	20
East	801	6,020	4,255	19
London	1,853	10,455	8,539	22
London	1,853	10,455	8,539	22
South	2,666	19,301	14,032	19
Wessex	511	3,752	2,742	19
South West	637	4,818	3,171	20
South East	880	6,210	4,540	19
South Central	638	4,522	3,578	18

Sources: NHS Prescription Services, Population estimates - Office for National Statistics, NHS Digital
<http://digital.nhs.uk/pubs/genphasernov16>

7.3. Area Council pharmaceutical service provision

Figure 7 illustrates that at an Area Council level there are between 3,699 and 8,053 people per pharmacy. On the whole this is lower than the average for England 4,647 people per pharmacy, representing slightly better or similar coverage to the national position. Whilst Penistone Area Council has the highest population per pharmacy (8,053) the area has the largest proportion of dispensing GP practices in the borough, for example Thurgoland does not have a pharmacy as there is a dispensing GP practice as illustrated in figure 8.

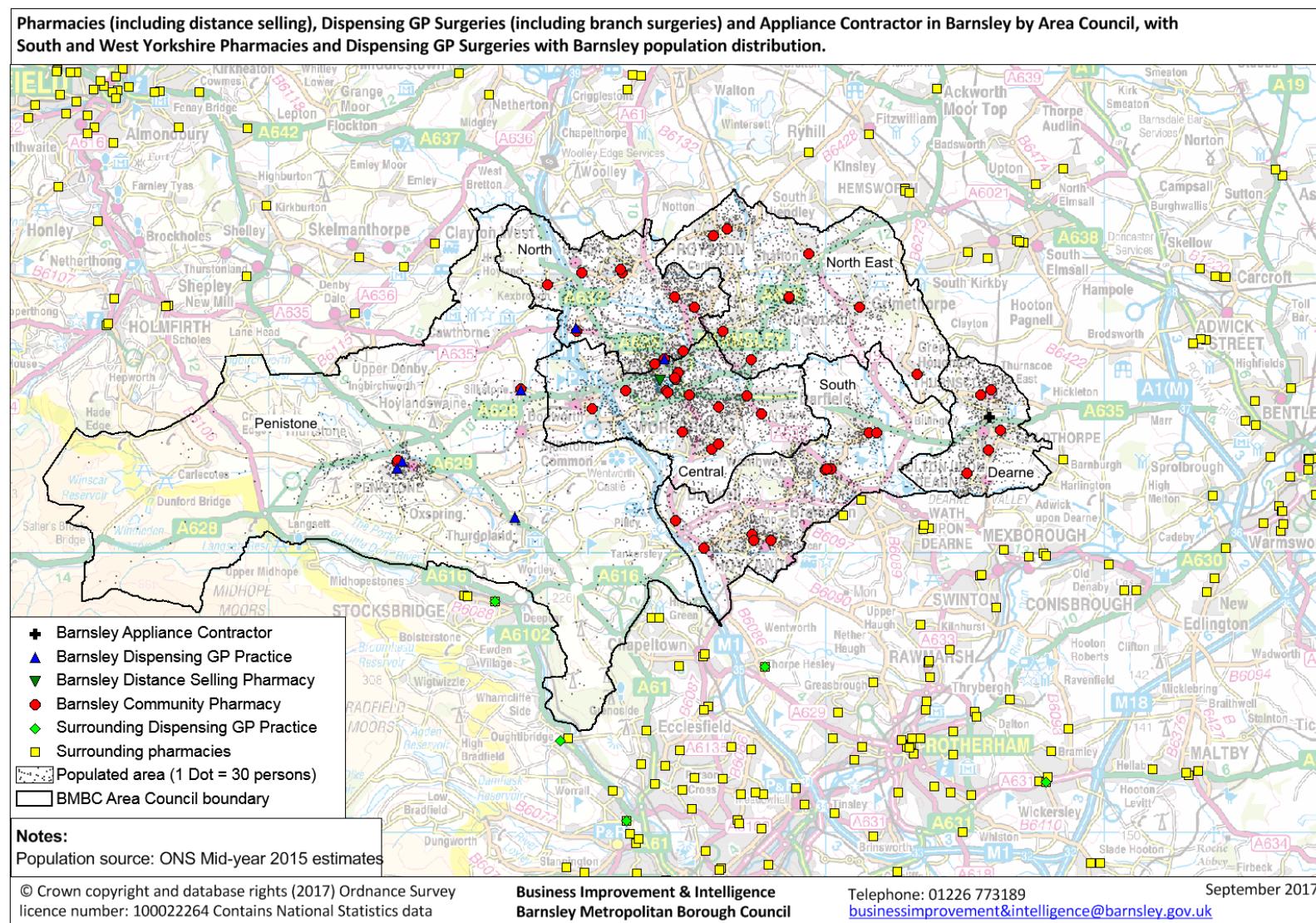
Figure 7. Community Pharmacy by Area Council

	Number of pharmacies	Population	Population per pharmacy	Pharmacies per 100,000 population
Central	15	55,481	3,699	27
South Barnsley	11	46,423	4,220	24
North Barnsley	9	43,231	4,803	21
Dearne	5	22,596	4,519	22
North East	9	47,429	5,270	19
Penistone	3	24,159	8,053	12

Source: PHE Shapeatlas & ONS mid-2015 population estimates

Five local authority areas border Barnsley - Sheffield, Doncaster, Rotherham, Kirklees and Wakefield. These areas have pharmacies that are accessible to the residents who live near the borders of the borough as illustrated in Figure 1.

Figure 8. Pharmacies (including distance selling , dispensing general practices and appliance contractor in Barnsley with South Yorkshire pharmacies and dispensing general practices with Barnsley population distribution



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.

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



DRAFT

8.1.1. Results

Using the SHAPE access tool the following results have been calculated. To prepare these results consideration was also given the pharmacies outside of Barnsley that could be reached within a 1.6km walk. 22 such pharmacies were identified within 1.6km of the Barnsley boundary. Of these only one, McGill's in Brampton, Rotherham was close enough to improve access. The Rowlands pharmacy in Wombwell, whilst further away for many residents, was still within a 1.6km walk and therefore the overall access picture was not changed.

As a result of the analysis shows that the proportion of Barnsley residents within a 1.6km (1 mile) walk of a pharmacy is 84.1% and 99.3% are within a 10 minute drive of a pharmacy.

8.1.2. Discussion

The walking access measure shows a reduction from 95.2% in the last PNA. This is due to the change in methods of analysis rather than a change in the population or pharmacy provision. This new method of analysing access does still have some methodological weaknesses which can bias the results. We will work with the developers to continue to improve this analysis as we believe that over time this will give a more accurate measure of access.

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) and one pharmacy is open from 7.45am to 11.15pm. The remaining pharmacies' opening times vary, opening between 8.00am 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.

22 pharmacies open on a Saturday, 10 of which close by 1.00pm. Three pharmacies are open until 10.00pm and one closes at 11.15pm. The remaining pharmacies that open on a Saturday have varying opening times, opening between 6:30am and 9.00am and closing between 4.00pm 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 4.00pm (four 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.

8.2.1. Extended opening hours

There are currently five ‘100 hour’ pharmacies in Barnsley. These are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services. The 100 hour pharmacies are:

- Stone Pharmacy, Darfield
- Asda Pharmacy, Barnsley
- Cohens Chemist, Hoyland
- Gatehouse Pharmacy, Mapplewell Pharmacy
- Tesco Instore Pharmacy, Barnsley

The ‘100 hour’ pharmacies are geographically located across the borough giving good access to pharmaceutical services on Saturdays, Sundays and late night opening.

Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays, although they are not contractually obliged to do so. NHS England works with community pharmacies to ensure an adequate rota service is available for Christmas Day, Boxing Day, New Year’s Day and Easter Sunday as these are days where pharmacies are still traditionally closed. NHS England is responsible for working with community pharmacies to ensure an adequate rota.

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 1 outlines the services community pharmacies provide and Appendix 3 outlines the commissioned community pharmacy services.

9.1. Community pharmacy essential services

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

- Dispensing medicines and actions associated with dispensing.
- Dispensing appliances.
- Repeat dispensing.
- Disposal of unwanted medicines.
- Public health campaigns (see 8.2).
- Signposting.
- Support for self-care.
- Clinical governance.

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.⁸ Participation in these campaigns is part of the community pharmacy essential services.

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 One You, Active 10, Change 4 Life, Be Clear on Cancer, Act F.A.S.T, Sepsis, Smokefree, Stoptober; Stay well this winter, Breast Cancer, NHS 111, Anti-microbial Resistance 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 advanced services, which currently include Medicines Use Reviews (MUR), Appliance Use Reviews (AUR), New Medicines Service (NMS) and the Stoma Customisation Service (SCS), Flu vaccinations (in certain circumstances) and NHS Urgent Medicine Supply Advance Service (NUMSAS) . Each of the advanced services is intended to support and empower patients to optimise their safe and effective use of medicines or appliances and to reduce waste.

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 local authority they are referred to as locally commissioned services (see 9.4).

⁸ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 No.349 Schedule 4
http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf (Accessed 13th October 2017)

9.5. Barnsley Clinical Commissioning Group locally commissioned services

For Barnsley, the following services are locally commissioned by the Clinical Commissioning Group (see Appendix 2). Further information on locally commissioned services is available on the Barnsley LPC website at <http://psnc.org.uk/barnsley-lpc/lpcs-work/>

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 pilot 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" pilot 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. Primary care eye assessment referral scheme (PEARS)

The Primary care eye assessment referral scheme (PEARS) is a free eye care service pilot for Barnsley people with minor eye conditions. Instead of waiting for a GP appointment or attending A&E, people can now make an appointment with their local participating optician and be seen within one or two working days.

The optician will assess and treat the condition, or make a referral where appropriate. Patients will be referred to a participating community pharmacy via an optometrist providing care under the PEARS pathway. The pharmacist will supply the appropriate medicine for a minor eye condition diagnosed by an optometrist. Further information is available on the Barnsley CCG website <http://www.barnsleyccg.nhs.uk/patient-help/pears.htm>

FINAL DRAFT

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)⁹ 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, system 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.

⁹ <http://psnc.org.uk/our-news/community-pharmacy-shares-its-forward-view-a-vision-for-the-future/> (Accessed 17th October 2017)

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 ongoing 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 or dispensing GP practices than the England and Yorkshire and the Humber averages
- 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?¹⁰

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
- Disposal of unwanted medicines
- Public health – (promotion of healthy lifestyles)
- Signposting
- Support for self-care.

Advanced services – Any contractor may choose to provide advanced services. There are requirements which need to be met in relation to premises, training or notification to the NHS England Area team, these include:

- Medicines Use Review
- New Medicines Service
- Appliance Use Reviews
- Stoma Appliance Customisation Service.

Any contractor may choose to provide advanced services. There are requirements which need to be met in relation to premises, training or notification to the NHS England Area team.

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>

¹⁰ <http://www.nhs.uk/NHSEngland/AboutNHSservices/pharmacists/Pages/pharmacistsandchemists.aspx> (Accessed 4th October 2017)

Appendix 2. Commissioned services

Name	Address	Advice to Care Homes Service	On Demand Availability of Specialist Drugs Service	Payment Not to Dispense	Medication Management System	PharmacyFirst Minor Ailments Scheme	Primary Eye-care Assessment and Referral Scheme (PEARS)	Emergency Hormonal Contraception	Nicotine Replacement Therapy	Varenicline
AM Clark Ltd	1 Market Place, Penistone, Sheffield S36 6DA									
Asda Pharmacy	Old Mill Lane, Barnsley S71 1LN									
Barnsley Enterprises Ltd t/a Barnsley Delivery Chemist	21 Racecommon Road, Barnsley, South Yorkshire, S70 6AA									
Boots UK Ltd	Worsbrough Primary Health Centre, Powell Street, Worsbrough, Barnsley S70 5N2									
Boots UK Ltd	34-40 Cheapside, Barnsley, South Yorkshire S70 1RT									
Boots UK Ltd	Unit 2, Cortonwood, Barnsley, S73 0TB									
Cohens	16-18 Market Street, Hoyland, Barnsley S74 9QR									
Cohens	Walderslade Surgery, High Croft, Hoyland, Barnsley S74 9AF									
Cohens	199 King Street, Hoyland, Barnsley S74 9LJ									
Cohens Chemist	Apollo Court, High Street, Dodworth, Barnsley S75 3RF									
Cohens Chemists	3 Victoria Crescent West, Barnsley S75 2AE									
Darton Pharmacy (Davee Ltd)	67 Church Street, Darton, Barnsley S75 5HQ									
Gatehouse Pharmacy (H & K Healthcare Limited)	The Gate House, Long Croft, Mapplewell, Barnsley, South Yorkshire, S75 6FH									
Kexbrough Pharmacy (HR Pharmacare Ltd)	3 Balfield Lane, Kexbrough, Barnsley S75 5EF									
LloydsPharmacy	512 Doncaster Road, Barnsley S70 3PE									
LloydsPharmacy	7 Cemetery Road, Barnsley S70 1XS									
LloydsPharmacy	Oaks Park Primary Care Ctr, Thornton Road, Kendray, Barnsley S70 3NA									
LloydsPharmacy	Unit C1, Barnsley Trans interchange, Midland Street, Barnsley S70 1SE									
Lo's Pharmacy Ltd	51 High Street, Worsborough Dale, Barnsley, S70 4SQ									
Lo's Pharmacy Ltd	Queensway, Grimesthorpe, Barnsley S72 7LJ									
Lo's Pharmacy Ltd t/a Ellisons Chemist	92 Park Grove, Barnsley, South Yorkshire S70 1QB									
Lo's Pharmacy Ltd t/a Ellisons Chemist	Cockerham Hall Mews, 17 Huddesfield Road, Barnsley S70 2LT									
Lo's Pharmacy Ltd t/a Tripharm	Woodland Drive Medical Centre, Barnsley, S70 6QW									
McGill Pharmacy	63-65 Knollbeck Lane, Brampton, Rotherham S73 0TW									
McGill Pharmacy	37 High Street, Wath On Dearne, Rotherham, South Yorkshire, S63 7QB									
McKay Healthcare t/a Silkstone Pharmacy	3 High Street, Silkstone, Barnsley S75 4JH									
RD Hill Dispensing Chemists Ltd	5 Chatsworth Road, Athersley South, Barnsley S71 3QL									
Rotherham Road Pharmacy (Bookachemist Recruitment)	4 Rotherham Road, Great Houghton, Barnsley S72 0DB									
Rowlands Pharmacy	393 Darton Lane, Mapplewell, Barnsley S75 6AL									
Rowlands Pharmacy	5 George Street, Wombwell, Barnsley S73 0DD									
Rowlands Pharmacy	Chapelfield Medical Centre, Mayflower Way, Wombwell, Barnsley S73 0AJ									
RT Elliott Ltd	31 Agnes Road, Barnsley, South Yorkshire S70 1NJ									
SKF Lo (Chemist) Ltd	The Medical Centre, Pontefract Road, Lundwood, Barnsley S71 5PN									
Stone Pharmacy (Meds2u Limited)	Garland House Surgery, 1 Church Street, Darfield, Barnsley S73 9JX									
Superdrug Pharmacy	24/32 Cheapside, Barnsley S70 1RR									
Tesco Instore Pharmacy	Wombwell Lane, Barnsley, S70 3NS									
Ward Green Healthcare Ltd	95 Vernon Road, Ward Green, Barnsley S70 5HJ									
Warwick Healthcare Ltd t/a Barugh Green Pharmacy	12 Higham Common Road, Barugh Green, Barnsley S75 1LD									
Warwick Healthcare Ltd t/a Birdwell Pharmacy	148 Sheffield Road, Birdwell, Barnsley S70 5TD									
Warwick Healthcare Ltd t/a Shafton Pharmacy	Unit 1, High Street, Shafton, Barnsley S72 8NF									
Weldricks Pharmacy	48A High Street, Royston, Barnsley S71 4RF									
Weldricks Pharmacy	65C Midland Road, Royston, Barnsley S71 4QW									
Weldricks Pharmacy	St Andrews Square, Bolton-On-Dearne, Rotherham S63 8BA									
Weldricks Pharmacy	Thurnscoe Centre, Hollybush Drive, Thurnscoe, Rotherham S63 0LU									
Weldricks Pharmacy	Welfare Road, Thurnscoe, Rotherham S63 0JZ									
Weldricks Pharmacy	26-28 Barnsley Road, Goldthorpe, Rotherham S63 9NF									
Weldricks Pharmacy	The Goldthorpe Centre, Goldthorpe Green, Rotherham S63 9EH									
Well	Roundhouse Medical Centre, Wakefield Road, Barnsley S71 1TH									
Well	244 Barnsley Road, Cudworth, Barnsley S72 8SS									
Well	Cudworth Health Centre, Carlton Street, Cudworth S72 8ST									
Well	12 Hoyland Road, Hoyland Common, Barnsley S74 0LY									
Well	Hoyland Centre, High Croft, Hoyland, Barnsley S74 9AD									
Well	2 Snape Hill Road, Darfield, Barnsley S73 9JU									
Well	11 Market Street, Penistone, Sheffield S36 6BZ									
Wm Morrison Pharmacy	Cortonwood Retail Park, Brampton, Rotherham S73 0TB									
ZA Akram Ltd	Judy Row, Monk Bretton, Barnsley S71 2EJ									
ZA Akram Ltd	22 High Street, Wombwell, Barnsley S73 0AA									

Appendix 3. Results from the statutory 60 day consultation 20th October to 19th December 2017

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 the 20th October until 19th December 2017, 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
- Barnsley Clinical Commissioning Group (BCCG)
- 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 internal communications channels (intranet, weekly staff email)
- Barnsley Council's website (www.barnsley.gov.uk/pna)
- Barnsley Council's social media accounts (twitter @barnsleycouncil and facebook www.facebook.com/barnsleycouncil)
- Barnsley Healthwatch contacts / newsletters
- Local media channels via press release.

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 amount of paper sent out and limit the environmental impact.

There were 10 respondents to the consultation questionnaire. The majority of the respondents were female and responding to the survey as a member of the public.

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 figure 16 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.

FINAL DRAFT

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: Q2. 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
All 10 respondents felt that the purpose of the PNA had been clearly explained.	<ul style="list-style-type: none">• It is noted that all the respondents felt the purpose of the PNA was clearly explained.
Consultation Question: Q3. 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
9 respondents felt they were not aware of any current pharmacy services that are not mentioned in the draft PNA. 1 respondent said yes and noted that South West Yorkshire Partnership Foundation Trust (SWYPFT) have a pharmacy service for staff and patients.	<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.
Consultation Question: Q4. Do you feel the pharmaceutical needs of the 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
All 10 respondents felt that the pharmaceutical needs of the population had been accurately reflected in the PNA.	<ul style="list-style-type: none">• It is noted that all the respondents felt that the pharmaceutical needs of the population have been accurately reflected in the PNA.

Consultation Question: 5. Is the draft PNA easy to read and understand?

Summary of Feedback	Response from the PNA Steering Group on behalf of Barnsley Health and Wellbeing Board
<p>9 out of the 10 respondents felt that the draft PNA is easy to read and understand.</p> <p>1 respondent said no. They felt that there needs to be an easy read / summarised version of the assessment. As people who may use pharmaceutical services will be unable / unlikely to read the full version of the PNA.</p>	<ul style="list-style-type: none"> • It is noted that the majority of respondents felt that the draft PNA is easy to read and understand. <p>The PNA Steering Group acknowledge this request and will consider producing an easy read version of the PNA to support the consultation process when the PNA is next updated.</p>

Consultation Question: Q6 Do you agree with our assessment of the ways pharmacies could make a greater contribution to improving health of people in Barnsley

Summary of Feedback	Response from the PNA Steering Group on behalf of Barnsley Health and Wellbeing Board
<p>All 10 respondents agreed with our assessment of the ways pharmacies could make a greater contribution to improving health of people in Barnsley.</p>	<ul style="list-style-type: none"> • It is noted that all the respondents agreed with the assessment of the ways pharmacies could make a greater contribution to improving health of people in Barnsley.

Consultation Question: Q7. 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>Respondents were invited to add any further comments on anything else that they felt should be included in the PNA.</p> <p><u>Innovation to use pharmaceutical services more effectively</u></p> <p>Pharmacies were felt to have a vital role to play in the provision of health services, including information and advice, to the general public. Two respondents commented on:-</p> <ul style="list-style-type: none"> • Improved signposting of the services offered to the public by individual pharmacies. 	<ul style="list-style-type: none"> • It is noted that the majority of respondents did not have any further comments on anything else they felt should be included in the PNA. <p>The Barnsley Local Pharmaceutical Committee website http://psnc.org.uk/barnsley-lpc/ provides details of the services offered by individual pharmacies.</p>

<u>Access to Specialist Drug Stockist service</u>	
<ul style="list-style-type: none">Stock availability of specialist palliative care drugs in community pharmacies	The PNA Steering Group acknowledges this comment and will feedback this back to Barnsley CCG who commissions this service.

FINAL DRAFT

Appendix 4| Equality Impact Assessment

1.	Policy / Strategy / Service to be assessed:	Pharmaceutical Needs Assessment
2.	Lead Officer:	Rebecca Clarke
3.	Equality Impact Assessment Person / Team	Faith Ridgwick
4.	Date of Assessment	19 th December 2017
5.	The main purpose and outcomes of policy / strategy / service to be assessed	<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 April 2015. 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>
6.	<p>Groups who the piece of work should benefit or apply to, for example:</p> <ul style="list-style-type: none"> - Service users - Staff - Other external or external stakeholder - (will the piece of work be delivered in partnership with another agency) 	Community Pharmacies Dispensing GP Practices Dispensing Appliance Contractor Barnsley CCG Barnsley Local Pharmaceutical Committee Barnsley Local Medical Committee Barnsley Metropolitan Borough Council Barnsley Health and Wellbeing Board Neighbouring Health and Wellbeing Boards Barnsley Hospital NHS Foundation Trust NHS England Members of the public Healthwatch
7.	Any associated strategies, guidelines, frameworks	Barnsley Pharmaceutical Needs Assessment 2015-2018 National Health Service, England. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 Department of Health. Pharmaceutical needs assessments. Information Pack for local authority Health and Wellbeing Boards.

Gathering Information

1.	Who should be served by the policy / strategy / piece of work?																								
	Community pharmacy contractors, dispensing GP practices, dispensing appliance contractors, NHS England, members of the public.																								
2.	What relevant information do you know about the people who this piece of work is aimed at?																								
	<table border="1"> <thead> <tr> <th>Groups</th> <th>Information (research / data)</th> </tr> </thead> <tbody> <tr> <td>Men</td> <td>Information used to inform the production of this discount has been sourced from:</td> </tr> <tr> <td>Women</td> <td> <ul style="list-style-type: none"> • Barnsley JSNA • The Director of Public Health's Annual Report • Public Health Barnsley • Barnsley Clinical Commissioning Group • Barnsley Council Planning Department • NHS England • Pharmaceutical Service Providers • The Census • Local Pharmaceutical Committee • Local Medical Committee • Healthwatch • Members of the public </td> </tr> <tr> <td>Disabled people</td> <td></td> </tr> <tr> <td>BME people</td> <td></td> </tr> <tr> <td>LGB people</td> <td></td> </tr> <tr> <td>Trans people</td> <td></td> </tr> <tr> <td>Young People</td> <td></td> </tr> <tr> <td>Older people</td> <td></td> </tr> <tr> <td>Faith groups</td> <td></td> </tr> <tr> <td>Pregnancy / maternity</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> </tbody> </table>	Groups	Information (research / data)	Men	Information used to inform the production of this discount has been sourced from:	Women	<ul style="list-style-type: none"> • Barnsley JSNA • The Director of Public Health's Annual Report • Public Health Barnsley • Barnsley Clinical Commissioning Group • Barnsley Council Planning Department • NHS England • Pharmaceutical Service Providers • The Census • Local Pharmaceutical Committee • Local Medical Committee • Healthwatch • Members of the public 	Disabled people		BME people		LGB people		Trans people		Young People		Older people		Faith groups		Pregnancy / maternity		Other:	
Groups	Information (research / data)																								
Men	Information used to inform the production of this discount has been sourced from:																								
Women	<ul style="list-style-type: none"> • Barnsley JSNA • The Director of Public Health's Annual Report • Public Health Barnsley • Barnsley Clinical Commissioning Group • Barnsley Council Planning Department • NHS England • Pharmaceutical Service Providers • The Census • Local Pharmaceutical Committee • Local Medical Committee • Healthwatch • Members of the public 																								
Disabled people																									
BME people																									
LGB people																									
Trans people																									
Young People																									
Older people																									
Faith groups																									
Pregnancy / maternity																									
Other:																									
3.	Do you have monitoring data or consultation findings specific to your areas of work? If yes list the sources of evidence																								
	<ul style="list-style-type: none"> • Statutory 60 day public consultation to key stakeholders (Appendix 2). 																								
4.	What consultation activity has taken place / will be taking place on this piece of work and the inequality impact assessment?																								
	<ul style="list-style-type: none"> • Statutory 60 day consultation has been carried out between the 20th October and the 19th December 2017. 																								

Assessing Impact

1.	What does your monitoring data of your service users tell you? Are any groups under or over presented compared to what you would expect to see from the baseline data. What are the potential access issues or barriers for people in each equality groups?											
	<table border="1"> <thead> <tr> <th>Groups</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td></td> </tr> <tr> <td>Disability</td> <td>Pharmaceutical provision in Barnsley is very similar to the England average. Geographical access at Area Council level is slightly better or 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</td> </tr> <tr> <td>Gender reassignment</td> <td></td> </tr> <tr> <td>Marriage and civil partnership</td> <td></td> </tr> <tr> <td>Pregnancy and maternity</td> <td></td> </tr> </tbody> </table>	Groups	Age		Disability	Pharmaceutical provision in Barnsley is very similar to the England average. Geographical access at Area Council level is slightly better or 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	Gender reassignment		Marriage and civil partnership		Pregnancy and maternity	
Groups												
Age												
Disability	Pharmaceutical provision in Barnsley is very similar to the England average. Geographical access at Area Council level is slightly better or 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											
Gender reassignment												
Marriage and civil partnership												
Pregnancy and maternity												

Race	Barnsley residents live within a 1 mile radius or ten minute drive of a pharmacy.
Religion / belief	
Sex	
Sexual orientation	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.

2. Based on the evidence gathered have you identified any potential differential impact for any of the equality groups?		
Groups	Positive	Negative
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.
Disability	The majority of community pharmacies allows for wheelchair access and provides home delivery services.	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 impairment that affects their ability to carry out every day 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.
Gender reassignment	No specific negative impacts identified from this PNA.	No specific negative impacts identified from this PNA.

	Marriage and civil partnership	No specific negative impacts identified from this PNA.	No specific negative impacts identified from this PNA.
	Pregnancy and maternity	No specific negative impacts identified from this PNA.	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.
	Race	No specific negative impacts identified from this PNA.	No specific negative impacts identified from this PNA.
	Religion / belief	No specific negative impacts identified from this PNA.	No specific negative impacts identified from this PNA.
	Sex	No specific impact for either men or women has been identified from this PNA	No specific negative impacts identified from this PNA. Life expectancy and healthy life expectancy for men is lower than that for women in Barnsley and nationally
	Sexual orientation	No specific impact has been identified from this PNA.	No specific negative impacts identified from this PNA.

Promoting Equality

1.	<p>What has been included to promote equality in this piece of work? This includes any measures you've put in place to:</p> <ul style="list-style-type: none"> • Improve the accessibility of your service • Improving the quality outcomes for people from different groups • Make your service/policy/strategy more inclusive • Ensure staff are trained appropriately <p>Promote community cohesion or good relationships between different groups of people</p>
	Age
	Disability
	Gender reassignment

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>

	<p>Marriage and civil partnership</p> <p>Pregnancy and maternity</p> <p>Race</p> <p>Religion / belief</p> <p>Sex</p> <p>Sexual orientation</p>	<p>In general the majority of providers of pharmaceutical services have made suitable adjustments to ensure everyone has equal access to pharmaceutical services.</p> <p>The Equality Act 2010, sets out a framework which requires providers of goods and services, not to discriminate against persons with a disability. It is expected that pharmacists are required to provide a service that is equal for everyone regardless of their ethnicity, sexual orientation and transgender identity. Similarly it is also expected the pharmacy makes reasonable adjustments, if this is what is needed in order to allow the person to access the service.</p>
2.	What further actions are required?	None
3.	Have any changes been made to this piece of work as a result of doing the Equality Impact Assessment?	No

FINAL DRAFT