



Rutland
County Council

Pharmaceutical Needs Assessment

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FOREWORD AND EXECUTIVE SUMMARY

The purpose of the Pharmaceutical Needs Assessment (PNA) is to:

- identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future;
- inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be;
- inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England.

The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services.

The current PNA for Rutland was produced in 2010 by the then Leicestershire County and Rutland Primary Care Trust and covered the area of Leicestershire County and Rutland. The responsibility transferred to Health and Wellbeing Boards in the general reforms embodied in the Health and Social Care Act (2012). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>.¹

This PNA has reviewed pharmacy coverage in relation to the population health needs of the people of Rutland. This has involved looking at the existing services, their locations, the breadth of services they are providing and the views of the people that are using them. The PNA refers to the services that were provided on the 31st March 2014. The PNA analysis focusses on the services that are currently provided in pharmacy, with a look forwards to how pharmacies could be more widely used in the future.

Within the scope of this document, community based pharmacies are meeting the current needs of the Rutland population for essential and advanced services. The consistency and quality of the advanced services should be continually reviewed and the uptake of Medicines Use Reviews and the New Medicines Service in the community should be increased wherever possible. The Community Based Services (CBS) provision across Rutland is good with a number of well-developed schemes that are constantly developed

and improved. It has been identified that more needs to be done to increase uptake of CBS and to ensure that services across the county are consistent. Across all areas of pharmacy (essential, advanced and community based services) there is a need for commissioners to ensure consistency in the range of and quality of services offered by pharmacists.

Community pharmacists are the most accessible health care professionals for the general public. Locally, they are highly valued by their customers. The role of pharmacy in the delivery of the wider health agenda will be essential to supporting the health and care system going forwards. Across Rutland, the delivery of primary care is changing. The Better Care Fund sets out the plans for health and social care in Rutland to support more patients to manage their own care more effectively in the community, reducing unnecessary hospital admissions. To support this there will be changes in primary care, including plans to move to seven day working. All three commissioners of pharmacy services in Rutland need to consider the ways that pharmacies can be utilised to support these changes.

There are many additional services that could be commissioned from community based services, including pharmacies. There is interest from our community in accessing minor ailments services in community pharmacies. However, there are other community based services that could be provided in pharmacies, these include (this list is illustrative, any additional pharmacy based scheme would need to be subject to a full evidence review before it could be commissioned):

- Minor ailments services;
- Emergency repeat medicines service;
- Anti-coagulation services;
- Home blood pressure monitoring and supporting patient access to tele-health;
- Support for inhaler technique;
- NHS Health Checks;
- Targeted “not dispense scheme” to reduce medicines waste;
- Integration with multi-disciplinary teams to support proactive/ integrated care; and
- Support across the primary and secondary care interface to promote referrals from secondary care and increase uptake of NMS and MURs for eligible patients post discharge.

CCGs must incorporate the wider role of pharmacies in their primary care strategies to ensure that the opportunities to provide effective local services are maximised locally.

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BACKGROUND AND INTRODUCTION

1. Introduction

If a person (a pharmacist, a dispenser of appliances or a GP) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

In order to be included on a relevant pharmaceutical list, the applicant applies by proving they are able to meet a pharmaceutical need as set out in the relevant Pharmaceutical Needs Assessment (PNA). There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

In April 2013, as part of overarching changes to health and social care in the Health and Social Care Act 2012, Health and Wellbeing Boards (HWBs) were established and hosted in local authorities nationwide and became responsible for developing and updating PNAs for their population. At this time, the responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred to NHS England. This responsibility for developing PNA’s and controlling the pharmaceutical list previously rested with the Primary Care Trusts under the Health Act 2009 128A.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requires all Health and Wellbeing Boards to publish their PNA by 1st April 2015 unless a need for an earlier update is identified.

2. Purpose of the PNA

PNA’s are key local tools for understanding the provision of pharmaceutical services in a local area and also identifying and assessing which pharmaceutical services need to be provided by local community pharmacies and other providers in the future.

They inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be.

They are aligned to other relevant local plans for health and social care such as the Joint Strategic Needs Assessment (JSNA) and they examine the local population demographics and services available in the neighbouring HWB areas that may affect local service need.

PNA’s identify gaps and inform decision making in response to applications made to NHS

England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England hence the PNA is of particular importance to them.

The PNA must contain the following:

- A statement of pharmaceutical services provided that are necessary to meet needs in the area.
- A statement of other services which are provided, which are not needed but which have secured improvements or better access to pharmaceutical services in the area.
- A statement of the services that the HWB has identified as not being provided but which would, if they were provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by the local authority, NHS England, Clinical Commissioning Groups or other NHS trusts which may affect the need for pharmaceutical services.
- An explanation of how the assessment has been carried out including how the consultation was carried out.
- A map of providers of pharmaceutical services.

3. Pharmaceutical services and Pharmacy contracts

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies, dispensing GP's and appliance contractors.

There are three tiers of community pharmaceutical services:

- *“Essential services”* which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service¹ – the dispensing of medicines, promotion of healthy lifestyles and support for self-care;
- *“Advanced services”* - services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing

appliance contractors; and

- “Enhanced services” which are locally commissioned services commissioned by NHS England, Clinical Commissioning Groups and Local Authorities.

3.1. Essential Services

The essential services listed below are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the ‘pharmacy contract’).

Table 1: Essential pharmacy services

Essential Services	Description
Dispensing	The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
Repeat Dispensing	The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.
Clinical governance	Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. This will include use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction. ²
Promotion of healthy lifestyles (Public Health)	The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to: <ul style="list-style-type: none"> • have diabetes; or • be at risk of coronary heart disease, especially those with high blood pressure; or • who smoke; or • are overweight, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.

Essential Services	Description
Disposal of unwanted medicines	Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal. NHS England's Leicestershire and Lincolnshire Area team has arrangements for the collection and disposal of waste medicines from pharmacies.
Signposting	The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy.
Support for self-care	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

3.2. Advanced Services

There are four advanced services within the NHS community pharmacy contractual framework (the 'pharmacy contract'). Community pharmacies can choose to provide any or all of these listed services.

Table 2: Advanced pharmacy services

Advanced Services	Description
The Medicines Use Review (MUR)	<p>Accredited pharmacists undertaking structured adherence-centered reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.</p> <p>National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. An MUR feedback form will be provided to the patient's GP where there is an issue for them to consider.</p>

Advanced Services	Description
New Medicine Service (NMS)	<p>This Service was introduced on the 1st October 2011. The service provides support for people with long term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.</p> <p>The service was initially implemented as a time-limited service to be commissioned until March 2013. NHS England has been considering the short term future of the service and has agreed that the service will continue in 2014/15, subject to the outcome of the Department of Health funded academic evaluation of the service, which is expected to report in mid-2014.</p> <p>This means that pharmacy contractors can continue to provide the service until further notice is given or the end of 2014/15 is reached. When the final evaluation is published, NHS England will use it to decide whether to continue commissioning the service.</p>
Appliance Use Review (AUR)	<p>This service can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by establishing the way the patient uses the appliance and the patient's experience of such use. This is achieved by identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient including advising the patient on the safe and appropriate storage of the appliance and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.</p>

Advanced Services	Description
Stoma Appliance Customisation (SAC)	<p>The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.</p> <p>If the pharmacist is unable to provide the prescribed service, they should either refer (with the patient's consent) the patient to another pharmacy or provide the patient with the contact details of at least two pharmacies or providers that are able to supply the service.</p>

3.3. Community based services

In addition to the services above, pharmacies can also offer services to meet the health needs of their local populations. These services currently include:

Table 3: Community based pharmacy services

Community Based Services	Description
Chlamydia Screening	This offers a chlamydia testing kit and treatment service to sexually active people less than 25 years of age when, for example, young people purchase condoms, when oral contraceptive pills are dispensed and supplied to patients and when supplying EHC. The pharmacy will provide advice on how to utilise the kit, how to return it for testing and what will happen following completion of the test.
Emergency Hormonal Contraception (EHC)	This is a free service to women up to 25 years of age following unprotected sexual intercourse to prevent unintended pregnancies.
<i>H.pylori</i> screening	This service is a breath testing service for patients with dyspepsia symptoms to detect the presence of <i>Helicobacter</i> bacteria which can cause stomach ulcers.
Healthy living	These pharmacies aim to reduce health inequalities within the local community by delivering high quality health and wellbeing services, promoting health and providing proactive health advice.
Needle exchange	A service for intravenous drug users, providing clean needles and so reducing the risk of infection such as hepatitis.

Community Based Services	Description
Supervised consumption	A service for registered drug addicts, commissioned in partnership with the Drug and Alcohol Action Team (DAAT), providing regular monitored doses of an opiate substitute to support becoming progressively drug free.
Smoking cessation	This service supports patients who wish to stop smoking by providing Nicotine Replacement Therapy and on-going support.
Palliative Care	Palliative care is aimed at offering the patient the highest possible level of comfort during the last phase of their life. This service aims to facilitate access to palliative care medicines by patients and their representatives. These pharmacists are trained in the use of palliative care medicines and can provide advice to carers and other healthcare professionals.
Alcohol brief intervention	A screening, advice and support service to higher risk and increasing risk drinkers aged 18 and over.

3.4. Pharmacy Contracts

There are four types of community pharmacy contractors. They are:

- **Those held on a pharmaceutical list (standard contract)** - healthcare professionals working for themselves or as employees who practise in pharmacy, the field of health sciences focusing on safe and effective medicines use.
- **Dispensing appliance contractors** - appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as 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 known as “controlled localities”.
- **Local Pharmaceutical Service (LPS) contract** allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All LPS contracts must, however, include an element of dispensing.

3.5. Distance selling pharmacies

Distance selling pharmacies are able to provide the full range of essential, advanced and enhanced services to the population.

A distance selling pharmacy must not provide essential services to a person who is present at the pharmacy, or in the vicinity of it. The pharmacy must provide for the essential services to be provided safely and effectively without face to face contact with any member of staff on the premises. For example, a distance selling pharmacy will receive a prescription via post (or via the electronic prescription service) and dispenses it the next day, sending it via courier. The pharmacist telephones the patient to counsel the patient on the medicine's correct use. This arrangement satisfies the conditions as no face to face contact has taken place on the pharmacy's premises.

A distance selling pharmacy may provide advanced and enhanced services on the premises, as long as any essential service which forms part of the advanced or enhanced service is not provided to persons present at the premises. For example, a distance selling pharmacy receives a prescription and dispenses it the next day, sending it via post with a consent form and explanatory leaflet about the New Medicine Service, inviting the patient to contact the pharmacy. The patient lives locally and so makes arrangements to visit the pharmacy, to complete the NMS. The pharmacy would need to be very careful not to provide or offer to provide any of the essential services whilst the patient is at the pharmacy. The patient brings some unwanted medicine back to the pharmacy at the same time as attending for the NMS consultation.

4. What is excluded from the scope of the PNA?

The PNA is set out by regulation to cover the community based pharmacy services that have been described in section 3 of this report. There are other providers of pharmaceutical services in Rutland that have not been included in the assessment of need.

4.1. Prison Pharmacy

Pharmaceutical services in prisons are provided in Stocken prison in Rutland.

Health services provided within prisons require a pharmaceutical service to support the delivery of healthcare and the supply of medicines. The unique nature of the environment and the predominance of certain clinical services in some prisons such as substance misuse services means that these services will be provided by contracted providers with a model that is determined to support the prison population safely.

4.2. Hospital pharmacy

Around 20% of pharmacists work in hospitals and play an essential role in patient care. Working as part of a multidisciplinary team, hospital pharmacists manage case loads and provide treatment programmes for all hospital patients. In Rutland, patients will access acute care from a range of hospital providers, including

- University Hospitals of Leicester NHS Trust
- Community hospitals in Melton, Market Harborough
- Other out of county providers, such as Nottingham, Lincolnshire, Peterborough, Cambridgeshire etc.

Whilst in hospital, patients' medicines will be dispensed and managed by hospital pharmacists. Once the patient is discharged to the community their pharmaceutical needs will be met by their community pharmacist.

5. Process followed for developing the PNA

The Health and Wellbeing Board in Rutland tasked the Integration Executive to oversee the PNA on their behalf. They have established a joint project team across Leicester, Leicestershire and Rutland to develop the PNA for each local authority.

The interagency PNA Project Team was established because many of the relationships required for the PNA are Leicester, Leicestershire and Rutland (LLR) wide. The team included representation from NHS England Area Team, the Leicestershire Pharmaceutical Committee and the Local Professional Network for Pharmacists. The project team's terms of reference are attached as Appendix A.

The PNA was subject to a 60 day statutory consultation period which ran between 24 September 2014 and 8 December 2014. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following:-

- the Local Pharmaceutical Committee;
- the Local Medical Committee;
- any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
- Healthwatch, and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of

- pharmaceutical services in its area;
- any NHS trust or NHS foundation trust in its area;
 - the NHS England; and
 - any neighbouring HWB.

The full range of statutory bodies required was consulted with. In addition, the consultation was distributed widely to other groups likely to be interested, including members of the public

Appendix A – PNA Project Team Terms of Reference

HEALTH NEEDS OF THE POPULATION OF RUTLAND

6. Population of Rutland

Rutland's Joint Strategic Needs Assessment (JSNA) was published in 2012. Since the publication of the JSNA, additional reports have been published alongside the JSNA to further enrich the evidence base for the health and wellbeing of the population. These include the Director of Public Health's Annual Reports for 2011, 2012 and 2013 which focussed on health through the life cycle with reports on children, older people and working age adults;

The Rutland JSNA is available from:

http://www.rutland.gov.uk/rutland_together/health_wellbeing_board/jsna_2012.aspx

The Rutland 2013 Director of Public Health's Annual Report is available from:

<http://www.rutland.gov.uk/pdf/Report%20No.%2014-2014%20DPH%20Annual%20Report.pdf>

Previous annual reports (for Leicestershire and Rutland) are available from LSR-Online line:

http://www.lsr-online.org/reports/director_of_public_health_annual_reports

6.1. Population Estimates

- In 2012, the population of Rutland was 37,015 people.
- 7,115 people were aged 65-84 years (19.2%) and 1,129 people were aged 85 years and over (3.1%)

Figure 1: 2012 Population Pyramid

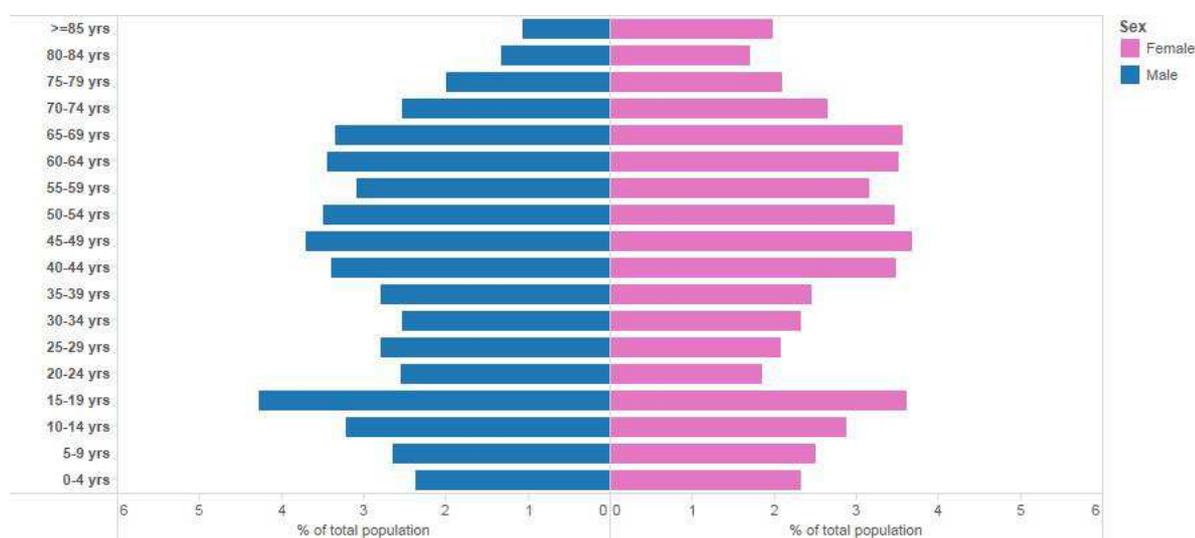


Table 4: 2012 Population Estimates for Rutland

	Female		Male	
	Mid-2012 Population Estimates	Mid-2012 Population Estimates - percentage of total	Mid-2012 Population Estimates	Mid-2012 Population Estimates - percentage of total
0-4 yrs	863.00	2.33	873.00	2.36
5-9 yrs	932.00	2.52	978.00	2.64
10-14 yrs	1,068.00	2.89	1,190.00	3.21
15-19 yrs	1,342.00	3.63	1,583.00	4.28
20-24 yrs	689.00	1.86	939.00	2.54
25-29 yrs	773.00	2.09	1,035.00	2.80
30-34 yrs	863.00	2.33	936.00	2.53
35-39 yrs	913.00	2.47	1,032.00	2.79
40-44 yrs	1,294.00	3.50	1,258.00	3.40
45-49 yrs	1,366.00	3.69	1,372.00	3.71
50-54 yrs	1,284.00	3.47	1,292.00	3.49
55-59 yrs	1,172.00	3.17	1,143.00	3.09
60-64 yrs	1,306.00	3.53	1,275.00	3.44
65-69 yrs	1,320.00	3.57	1,238.00	3.34
70-74 yrs	986.00	2.66	934.00	2.52
75-79 yrs	777.00	2.10	737.00	1.99
80-84 yrs	633.00	1.71	490.00	1.32
>=85 yrs	737.00	1.99	392.00	1.06
Grand Total	18,318.00	49.49	18,697.00	50.51

6.2. Deprivation

The wider determinants of health are described and measured within the English Indices of Deprivation 2010.³ These are a group of measures which gauge different aspects of deprivation. Deprivation is a general lack of resources and opportunities, which includes financial poverty and a range of other aspects such as lack of access to education or good quality housing. The measures are combined into an overall measure of the amount of deprivation in an area called the Index of Multiple Deprivation (IMD), which can be used to compare different local areas.⁴

The indices of deprivation use several measures in each of seven “domains”:

- Income deprivation, including Income deprivation affecting children (IDACI) and Income deprivation affecting older people (IDAOP);
- Employment deprivation;
- Health deprivation and disability;
- Education, skills and deprivation;

- Barriers to housing and services;
- Crime domain; and
- Living environment deprivation domain.

Figure 2 presents the level of deprivation in different areas of Rutland according to the IMD 2010. The data are presented as “quintiles” of deprivation - areas of Rutland that fall into the most deprived fifth (20%) of areas in England are quintile 1, those in the second most deprived fifth of areas are quintile 2, and so on, through to quintile 5 which are areas that are within the least deprived fifth (20%) in England.

Figure 3 shows how much of the population of Rutland lives in each deprivation quintile, and demonstrates that:

- On a national scale, the population of Rutland is less affected by material deprivation than the average for England, with none of the population in the most deprived 20% or 40% of areas nationally.
- The whole population of Rutland falls within the least deprived 60% of areas in the country.
- 57% of the Rutland population live in the least deprived quintile of deprivation, accounting for over 21,000 people

Figure 2: English Indices of Multiple Deprivation 2010 by national quintile

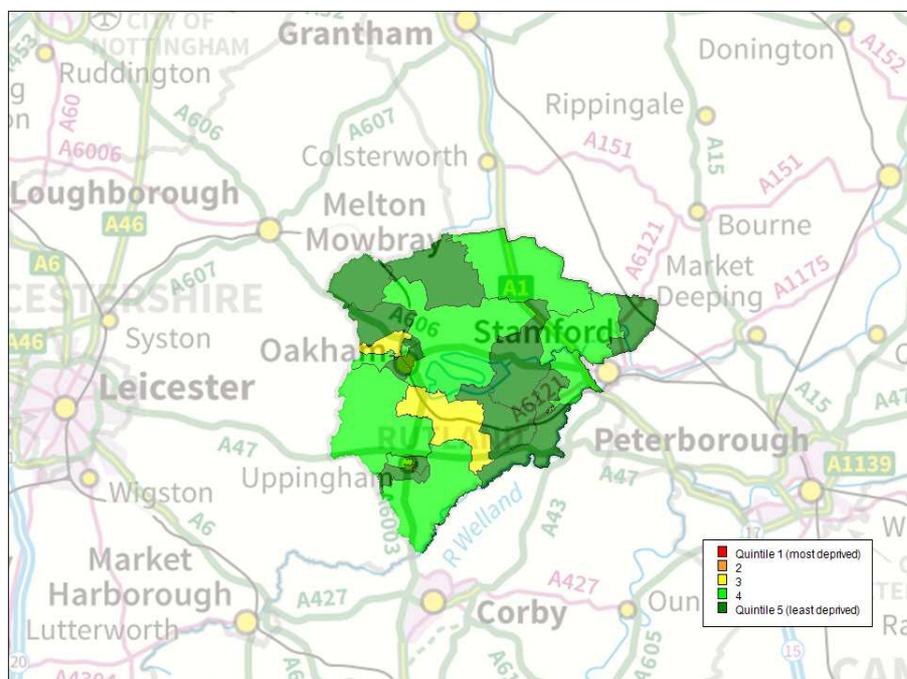
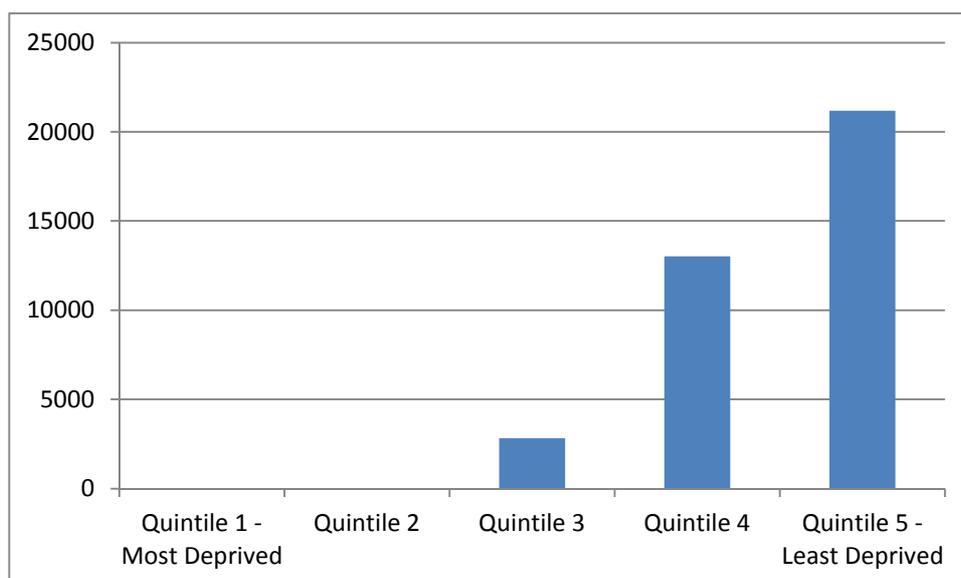


Figure 3: Population by District and Deprivation Quintile



6.3. Ethnicity

- The 2011 Census reported that 35,241 people in Rutland were White British, representing 94.3% of the total population. This is higher than the proportion in England of 79.8%.⁵
- 2.3% of the population classed themselves as White Other and 0.6% as White Irish.

6.4. Life Expectancy

- Between 2010 and 2012, life expectancy for males in Rutland is 81.0 years and for females is 84.7 years.⁶ This is significantly better than the England average for both males and females.
- Healthy life expectancy for 2010-12 for males is 65.8 years for males and 70.3 years for females.⁶ This is significantly better than the England average for females but not for males.

6.5. Lifestyles

The role of public health in helping people to make the right choices for a healthier, longer life was set out in “Healthy Lives, Healthy People”.⁷ Many of the lifestyle factors within this report can be addressed in part through pharmacy – improving maternal health, supporting children’s health and development and changing adults’ behaviour to reduce premature death, and illness, particularly with respect to cancers and vascular diseases.

The lifestyle statistics presented below relate to the population of Rutland and they are

taken from the Public Health Outcomes Framework:⁶

- In 2012, 13% of adults smoked. This is significantly lower than England average.
- In 2012/13, the alcohol related hospital admission rates was 485.8 per 100,000 (182 admissions). This is significantly lower than England average.
- In 2012, 65.6% of adults were overweight or obese. This is similar to England average.
- In 2012/13, 23% of children aged 4-5 years were overweight or obese. This is similar to England average.
- In 2012/13, 24.1% of children aged 10-11 years were overweight or obese. This is significantly lower than England average.
- In 2013, 22.3% of adults were physically inactive. This is significantly lower than England average.
- In 2012/13, 25.4% of people reported a high anxiety score for self-reported wellbeing. This is similar to England average.

6.6. Burden of disease in the population

The 2012-13 Quality and Outcomes Framework Data collected by GPs gives a good indication of the numbers of patients that GPs are seeing with long term conditions.⁸ In Rutland there were (Table 5):

- 5,839 people on GP hypertension registers, 16.5% of the total population. This is significantly higher than the England prevalence of 13.7%.
- 2,111 people on GP asthma registers, 5.95% of the total population. This is similar to the England prevalence of 6.0%.
- 1,917 people on GP diabetes registers, 6.7% of the population aged 17 years and over. This is significantly higher than the England prevalence of 6.0%.
- 1,331 people on GP depression registers, 4.7% of the population aged 18 years and over. This is significantly lower than the England prevalence of 5.8%.
- 1,321 people on GP coronary heart disease registers, 3.7% of the total population. This is significantly higher than the England prevalence of 3.34%.
- 979 people on GP cancer registers, 2.8% of the total population. This is significantly higher than the England prevalence of 1.9%.

Table 5: GP Recorded Disease Prevalence by Local Authority District

Disease prevalence			
Quality and Outcomes Framework (QOF) for April 2012 - March 2013			
<i>Data Source: http://www.qof.hscic.gov.uk/index.asp (Accessed 04/11/2013)</i>			Significantly lower than England average
			Not significantly different from England average
			Significantly higher than England average
Area		England	Rutland
Number of practices		8,020	4
List sizes		56,012,096	35,501
Estimated list size population aged 16+		45,662,970	29,223
Estimated list size population aged 17+		44,950,726	28,801
Estimated list size population aged 18+		44,238,483	28,378
Estimated number 50+		19,509,029	15,404
Numbers on QOF disease registers and raw prevalence rates - all ages			
Coronary Heart Disease	Register counts	1,870,395	1,321
	Raw prevalence	3.34%	3.72%
Stroke or Transient Ischaemic Attacks (TIA)	Register counts	951,469	712
	Raw prevalence	1.70%	2.01%
Hypertension	Register counts	7,660,010	5,839
	Raw prevalence	13.68%	16.45%
Chronic Obstructive Pulmonary Disease	Register counts	974,999	584
	Raw prevalence	1.74%	1.65%
Hypothyroidism	Register counts	1,788,790	1,264
	Raw prevalence	3.19%	3.56%
Cancer	Register counts	1,082,039	979
	Raw prevalence	1.93%	2.76%
Mental Health	Register counts	470,971	248
	Raw prevalence	0.84%	0.70%
Asthma	Register counts	3,359,368	2,111
	Raw prevalence	6.00%	5.95%
Heart Failure	Register counts	397,548	384
	Raw prevalence	0.71%	1.08%
Heart Failure Due to LVD	Register counts	213,828	259
	Raw prevalence	0.38%	0.73%
Palliative Care	Register counts	130,233	168
	Raw prevalence	0.23%	0.47%
Dementia	Register counts	318,669	239
	Raw prevalence	0.57%	0.67%
Atrial Fibrillation	Register counts	849,407	808
	Raw prevalence	1.52%	2.28%
Peripheral Arterial Disease(PAD)	Register counts	365,408	226
	Raw prevalence	0.65%	0.64%
Numbers on QOF disease registers and raw prevalence rates - age specific			
Diabetes Mellitus (Diabetes) (ages 17+)	Register counts	2,703,044	1,917
	Raw prevalence	6.01%	6.66%
Epilepsy (ages 18+)	Register counts	345,140	175
	Raw prevalence	0.78%	0.62%
Depression (ages 18+)	Register counts	2,582,233	1,331
	Raw prevalence	5.84%	4.69%
Chronic Kidney Disease (ages 18+)	Register counts	33,421	17
	Raw prevalence	0.08%	0.06%
Obesity (ages 16+)	Register counts	90,220	47
	Raw prevalence	0.20%	0.16%
Learning Disabilities (ages 18+)	Register counts	206,132	122
	Raw prevalence	0.47%	0.43%
Osteoporosis (ages 50+)	Register counts	48,242	31
	Raw prevalence	0.25%	0.20%

7. Local Health Needs

Health profiles are published annually by Public Health England and provide a useful snapshot of the health needs of the local population. The health profile for Rutland is included in Appendix C. The key findings are summarised in Figure 4.

An extract from the Health Profiles is included below:⁹

“The health of people in Rutland is generally better than the England average. Deprivation is lower than average, however about 8.4% (500) children live in poverty. Life expectancy for both men and women is higher than the England average.

In Year 6, 12.7% (39) of children are classified as obese, better than the average for England. Levels of GCSE attainment are better than the England average.

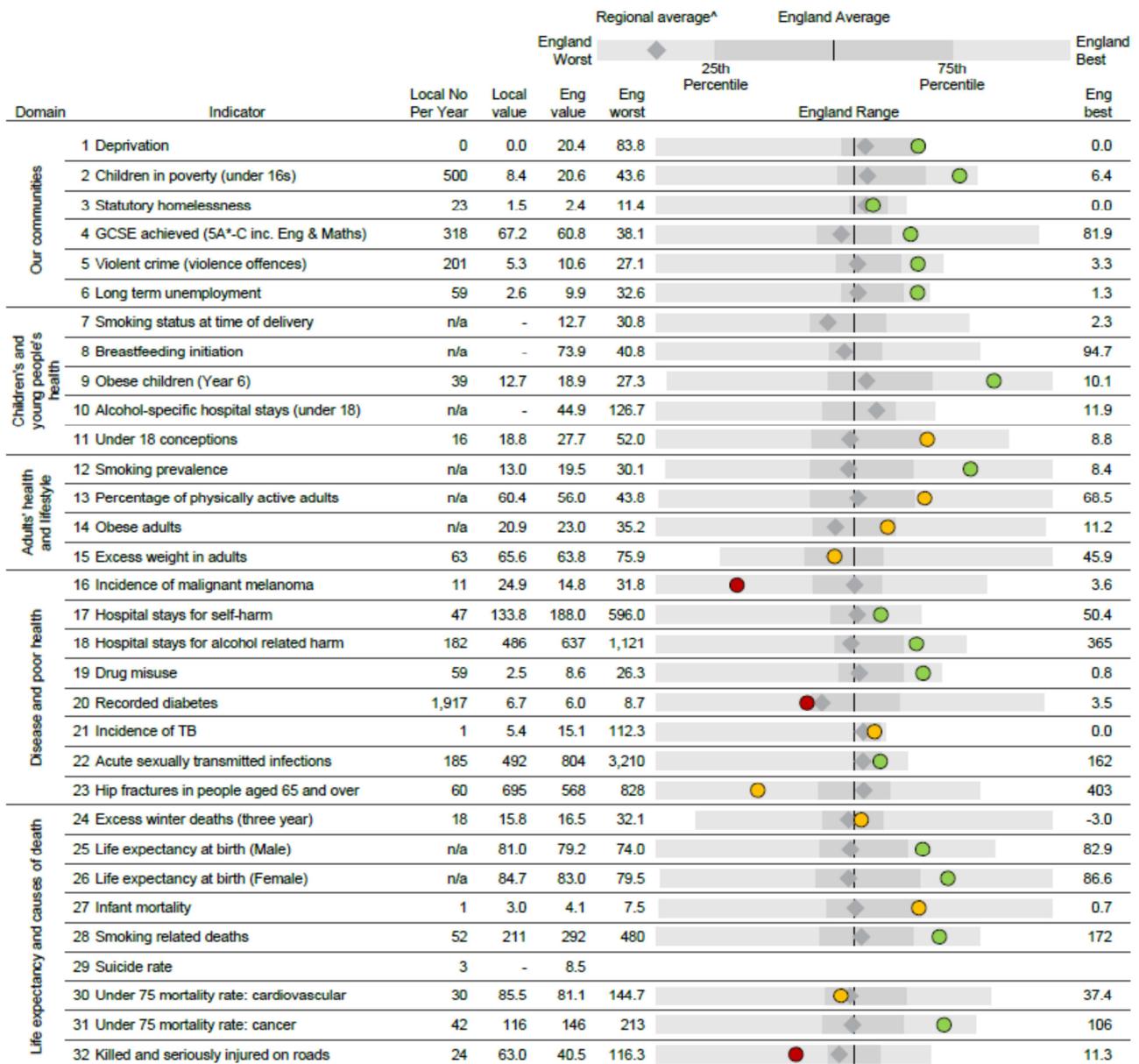
In 2012, 20.9% of adults are classified as obese. The rate of alcohol related harm hospital stays was 486*, better than the average for England. This represents 182 stays per year. The rate of self-harm hospital stays was 133.8*, better than the average for England. This represents 47 stays per year. The rate of smoking related deaths was 211*, better than the average for England. This represents 52 deaths per year. Estimated levels of adult smoking are better than the England average. The rate of people killed and seriously injured on roads is worse than average. The rate of sexually transmitted infections is better than average. The rate of new cases of malignant melanoma is worse than average. Rates of statutory homelessness, violent crime, long term unemployment, drug misuse and early deaths from cancer are better than average.

Local priorities include giving children the best start in life, enabling people to take responsibility for their health, helping people to live longer and healthier lives, and making services more accessible.”⁹

(* is rate per 100,000 population)

Appendix B – 2014 Health Profiles for Rutland

Figure 4: Summary from Health Profile for Rutland, 2014



8. Rutland's Health and Wellbeing Priorities

The Joint Health and Wellbeing Strategy for Rutland was published in January 2013.¹⁰ The strategy is the Health and Wellbeing Board's response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment.¹⁰ It sets out the vision for 'To continuously improve the health and wellbeing of the people of Rutland, and ensure Rutland remains the healthiest place to live in the UK'. Four themes and a number of priorities have been identified that partners need to address in order to deliver this vision. The 2013-16 strategy identified the following themes:

- Theme 1: Giving children and young people the best possible start;
- Theme 2: Enable people to responsibility for their own health;
- Theme 3: Help people live the longest healthiest life they can; and
- Theme 4: Making health and social care services more accessible.

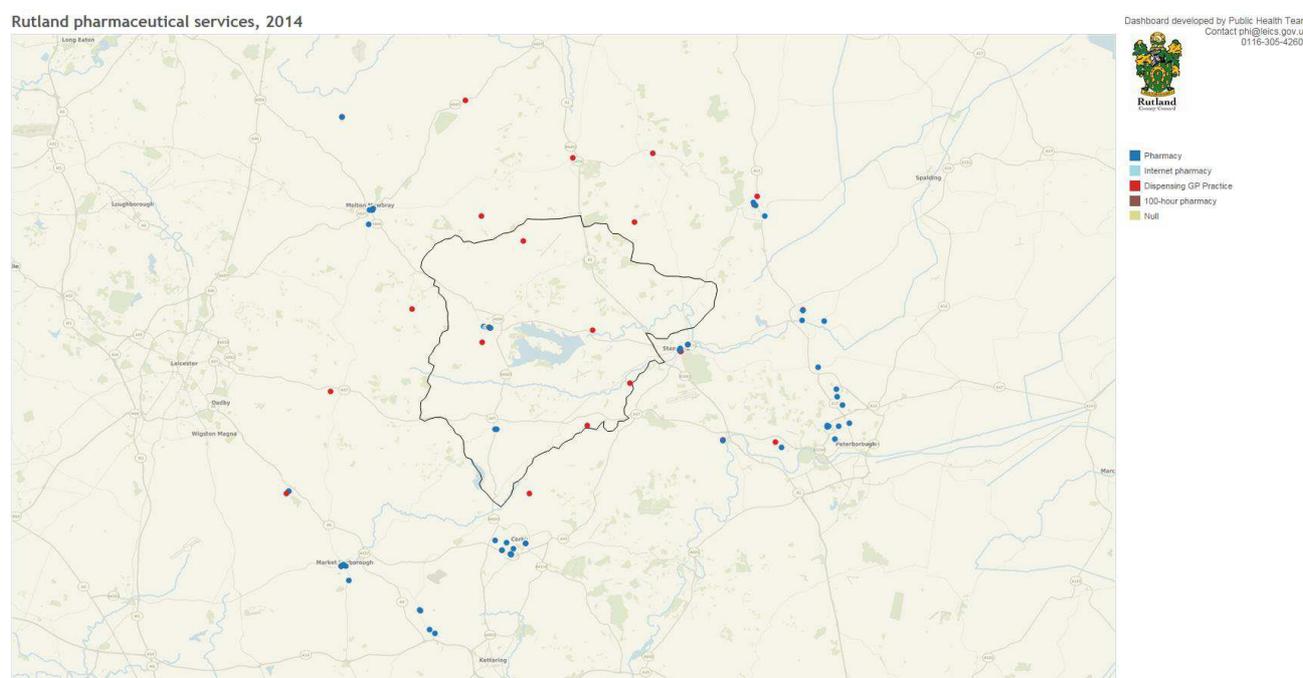
CURRENT PHARMACEUTICAL PROVISION

The information about services presented in this report refers to the status of services on 31st March 2014. Where services have changed significantly in the past 12 months this is referenced in the report but the baseline date for the presented data is fixed at this date.

9. Location of pharmacies

Figure 5 shows the location and type of services in and around Rutland. Rutland has 6 pharmacies, 1 internet pharmacy and 3 dispensing GP practices, operating at 8 different locations (main and branch surgeries). The pharmacies are all in the towns of Oakham and Uppingham, the dispensing GPs are in more rural areas.

Figure 5: Rutland pharmaceutical services and GP dispensing practices, 2014



Overall, Rutland has 1.6 community pharmacies per 10,000 population. In England in 2012/13 there were 11,495 pharmacies in England.¹¹ With a population of 53,865,800 people in 2013,¹² the average community pharmacies for England is 2.0 per 10,000 population. Rutland is a rural area and for the county as a whole to have the same overall coverage of pharmacies per 10,000 population would be unrealistic.

Combining pharmacies (excluding internet pharmacies) and dispensing GPs, as the contractors that are able to provide local residents with dispensing services, gives a better indication of the total population coverage for Rutland. On the 31st March 2014, there were 1,071 GP practices with dispensing GPs in England,¹³ which gives an average for England of 2.3 contractors per 10,000 population. Rutland has 3.8 pharmacies and dispensing GP

surgery locations per 10,000 population. This is higher than the England average rate when combining pharmacies and dispensing GPs which gives an overall rate for England of 2.3 pharmacies per 10,000 population.

There is one 100 hour pharmacy in Oakham.

In addition to the pharmacies and dispensing GPs, residents are also able to access pharmacy services from distance selling, or internet, pharmacies, both based locally in Rutland and further away in other areas. Rutland has one distance selling, or internet, pharmacy. Because the internet pharmacies do not provide essential services for a local population, but a much wider one, they are excluded from the analysis in this section.

9.1. Local Pharmaceutical Service (LPS) contract

NHS England commissions no LPS contracts for Rutland.

9.2. Distance Selling Pharmacies

On the 31st March 2014 there was one internet or distance selling pharmacy in Rutland. However, since this time the internet pharmacy in Rutland has closed and as at March 2015 this service is no longer available.

Distance selling pharmacies are able to provide the full range of essential, advanced and enhanced services to the population. However, a distance selling pharmacy must not provide essential services to a person who is present at the pharmacy, or in the vicinity of it.

The distance selling pharmacies do add to the overall provision in Rutland, but will also provide services that cover a much wider area than Rutland. Because they are not able to provide face to face essential services they have been excluded from the overall count of pharmacies per 10,000 population and have not been included in the analysis through the report looking at access to services using drive and walk times.

10. Services available in Rutland

10.1. Essential services

Essential services are provided by all pharmacies in Rutland as part of the NHS Community Pharmacy Contractual Framework, including internet pharmacies. These services are managed by NHS England. They include: dispensing, repeat dispensing, clinical governance, promotion of healthy lifestyles, disposal of unwanted medicines, signposting and support for self-care (see Table 1).

10.1.1. Opening hours

Pharmacy hours are agreed with NHS England. Pharmacies have core contractual hours of 40 per week and these are agreed with NHS England.

Pharmacies across Rutland are open at various times, providing a service somewhere in the county at almost all times between 7am and 10pm, Monday – Saturday, supported though the 100-hour pharmacy in Oakham. The 100-hour pharmacy is open on Sundays between 10am and 6pm and is the only pharmacy open on a Sunday.

Central Nottinghamshire Clinical Services (CNCS) run the out of hours on call pharmacy service which ensures urgent prescriptions are dispensed during the out of hours and bank holiday period. They have an on call pharmacist available to support the Out of hours GP service.

Full details are available on our interactive maps at:

https://public.tableausoftware.com/shared/MX2FK5HFB?:display_count=no

Details of pharmacy opening hours are included in Appendix C.

10.1.2. Prescribing activity

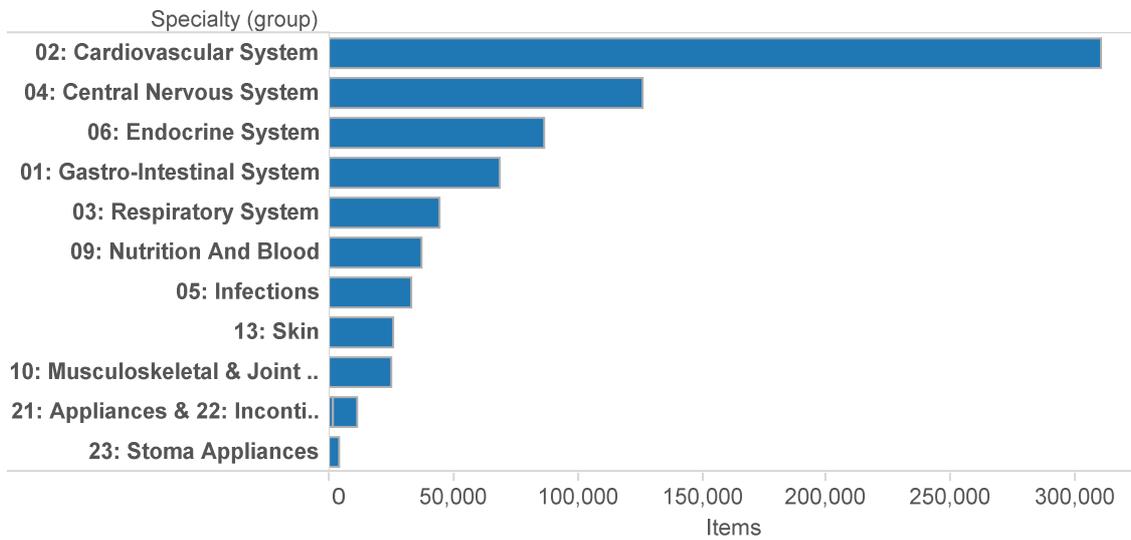
GP practices in Rutland prescribed over 800,000 items in 2013/14. This is almost 24 items per head of registered population, at a cost of around £136 per person. The largest proportion were drugs for the cardiovascular system which includes treatments for high cholesterol and hypertension. Drugs for the central nervous system include anti-depressants; those for the endocrine system include treatments for diabetes. More details are shown in Table 6 and Figure 6. The prescriptions will be dispensed by community pharmacies, internet pharmacies and dispensing GP practices.

Table 6: Number and cost of items prescribed for Rutland in 2013/14

Items prescribed	Registered pop (2012/13 QOF)	Items per head population	Cost of items prescribed	Cost of items per head population
837,144	35,501	23.6	£4,856,935.97	£136.81

Figure 6: Prescribing activity for Rutland in 2013/14

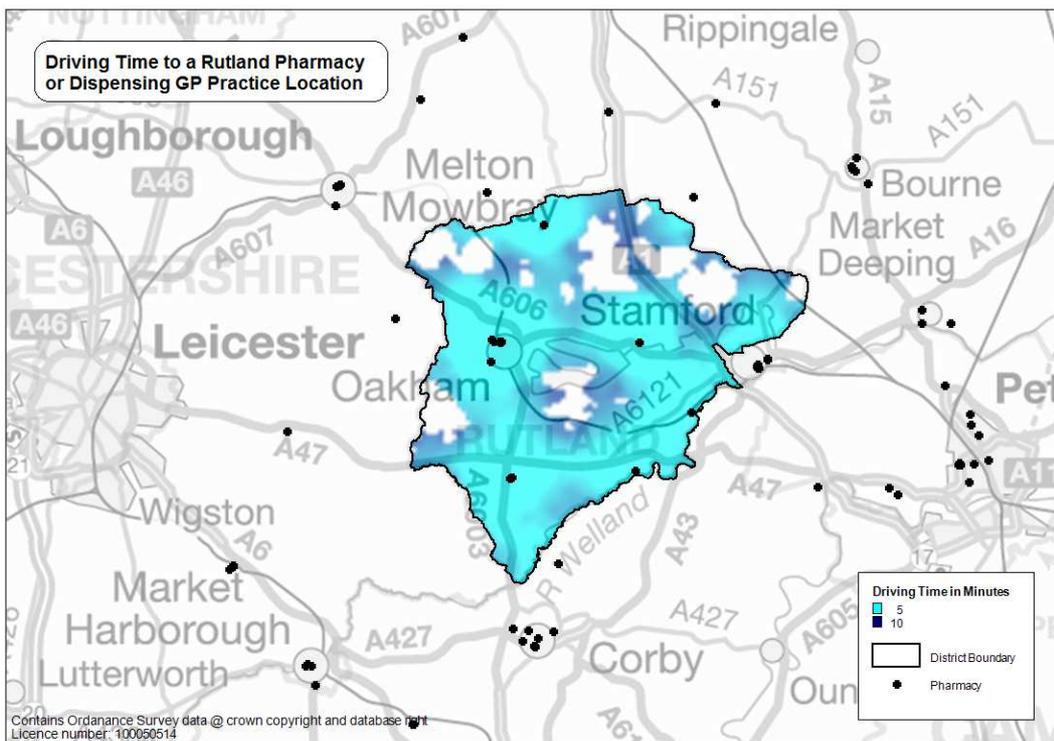
Prescribing activity for Rutland, 2013/14



10.1.3. Drive and walk time analysis

Using geographical Information systems (GIS) it is possible to analyse how long it takes to walk or drive from any postcode to the nearest pharmacy or dispensing GP practice location. The drive-time map for Rutland pharmacies is shown in Figure 7.

Figure 7: Drive time to nearest pharmacy



Although large parts of the county appear to be outside of the 10 minute drive boundary, this does not account for a high proportion of the population, with less than 10% of the population living more than a 10 minute drive away from their nearest pharmacy or dispensing GP practice location (Table 7).

Table 7: Population by drive-time in Rutland

Drive time					
Less than 5 minutes		5-10 minutes		More than 10 minutes	
Number	Percent	Number	Percent	Number	Percent
24,186	64.49%	10,007	26.68%	3,311	8.83%

Table 8 and Figure 8 illustrate walking times to pharmacies in the county. Overall, over 62% of the county’s population live more than a 20 minute walk from a pharmacy or dispensing GP practice, 22% live between 10 and 20 minutes walk and less than 16% live within a 10 minute walk time.

In the PNA Engagement activity (described in PNA Patients and Public Results below) 70% of responders reported that they travelled to their pharmacy by car.

Figure 8: Walking time to the nearest pharmacy

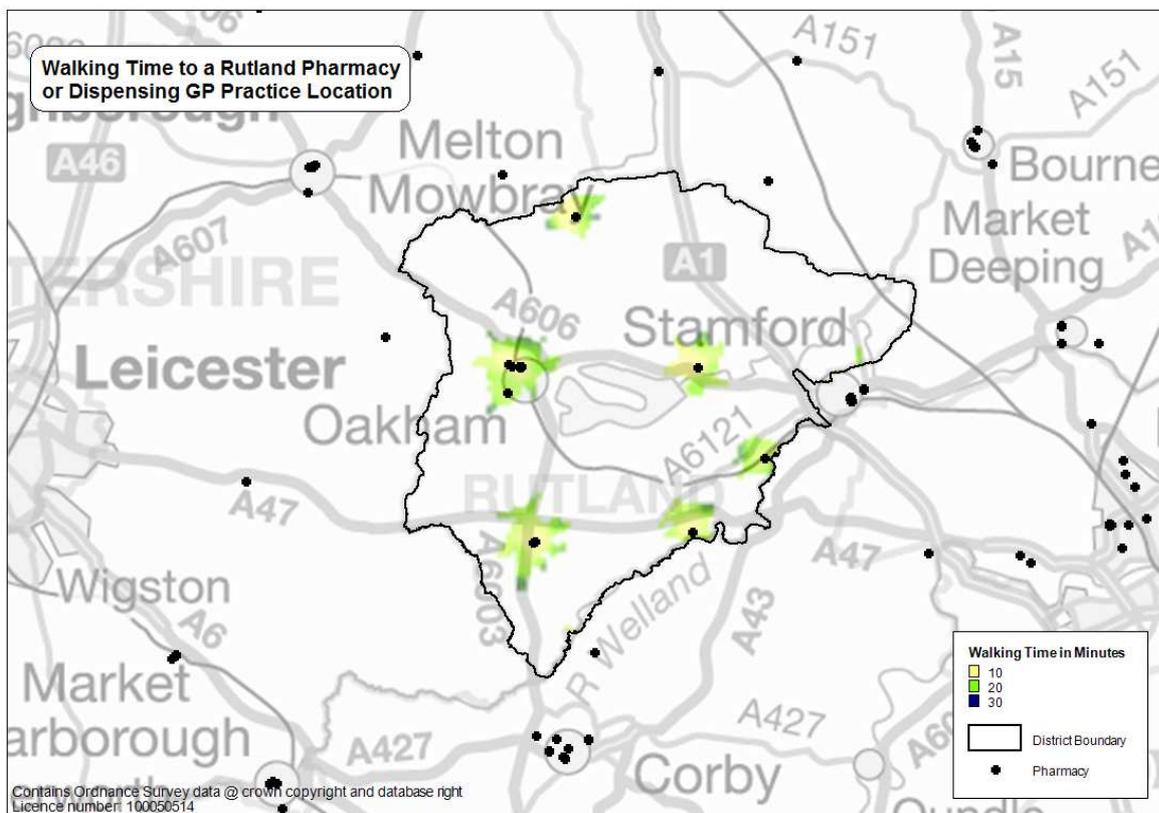


Table 8: Population by walk-time in Rutland

Walk time					
Less than 10 minutes		10-20 minutes		More than 20 minutes	
Number	Percent	Number	Percent	Number	Percent
5,895	15.72%	8,110	21.62%	23,499	62.66%

The 2011 Census estimates that around 6.7% of households in Rutland are without a car and although there may be a car in the household, access may be limited to pharmacies within walking distance for younger and older household members. Further analysis of the data looking at access to a car and walk time (Table 9) demonstrates that 44% of households with no access to a car (an estimated 445 households) live more than a 20 minute walk from their nearest pharmacy or dispensing GP surgery. This is 3% of all households in Rutland. For households with no car, 32% live within a 10 minute walk of a pharmacy which is considerably higher than the overall walk time access.

In the PNA Engagement activity (described in PNA Patients and Public Results below) 22% of responders reported that they travelled to their pharmacy by walking.

Table 9: Estimated households without a car by walk-time in Rutland

Households without a car					
Less than 10 minutes		10-20 minutes		More than 20 minutes	
Number	Percent	Number	Percent	Number	Percent
318	31.62%	243	24.14%	445	44.24%

10.1.4. Access and populations affected by deprivation

Table 10 and Table 11 show drive and walk times respectively for the population living in areas classified into local deprivation quintiles. This demonstrates that:

- 49% of those living in the most deprived areas in Rutland are within a 5 minute drive of a pharmacy or dispensing GP practice;
- 21% of those living in the most deprived areas are more than a 10 minute drive from a pharmacy or dispensing GP practice; and
- 65% of people living in Rutland’s most deprived areas also live more than a 20 minute walk from the nearest pharmacy or dispensing GP practice.

Table 10: Estimated population by deprivation quintile and drive times

Deprivation quintile	Drive time					
	Less than 5 minutes		5-10 minutes		More than 10 minutes	
	Number	Percent	Number	Percent	Number	Percent
1 - most deprived	3,853	48.69%	2,397	30.29%	1,663	21.02%
2	4,358	65.41%	2,267	34.02%	38	0.57%
3	6,525	97.71%	153	2.29%	0	0.00%
4	6,129	68.98%	1,655	18.63%	1,101	12.39%
5 - least deprived	3,321	45.09%	3,535	48.00%	509	6.91%

Table 11: Estimated population by deprivation quintile and walk time

Deprivation quintile	Walk time					
	Less than 10 minutes		10-20 minutes		More than 20 minutes	
	Number	Percent	Number	Percent	Number	Percent
1 - most deprived	1,201	15.18%	1,547	19.55%	5,165	65.27%
2	702	10.54%	662	9.94%	5,299	79.53%
3	2,642	39.56%	2,894	43.34%	1,142	17.10%
4	555	6.25%	2,447	27.54%	5,883	66.21%
5 - least deprived	795	10.79%	560	7.60%	6,010	81.60%

10.1.5. Access and people from Black and Minority Ethnic Groups

Table 12 and Table 13 show drive and walk times respectively for the estimated population belonging to different ethnic groups. For all non-white ethnic groups, numbers are small so these results should be treated with caution.

- Although most of Rutland’s population lives within a 5 minute drive of a pharmacy or dispensing GP practice, 71% of the Asian population live this close to a pharmacy or dispensing GP practice, compared with just 65% of the white population and 50% of the black population
- 53% of the Asian population live more than a 20 minute walk from their nearest pharmacy or dispensing GP practice, compared with 68% of the black population.

Table 12: Estimated population by ethnic group and drive time

Ethnicity	Drive time					
	Less than 5 minutes		5-10 minutes		More than 10 minutes	
	Number	Percent	Number	Percent	Number	Percent
White	23,515	64.6%	9,756	26.8%	3,155	8.7%
Non-white	671	62.6%	244	22.8%	156	14.6%
Asian	260	71.0%	59	16.0%	48	13.0%
Black	126	50.0%	76	30.4%	50	19.7%
Mixed	248	63.5%	88	22.6%	54	13.9%
Other	37	59.2%	21	33.0%	5	7.8%

Table 13: Estimated population by ethnic group and walk time

Ethnicity	Walk time					
	Less than 10 minutes		10-20 minutes		More than 20 minutes	
	Number	Percent	Number	Percent	Number	Percent
White	5,678	15.6%	7,899	21.7%	22,849	62.7%
Non-white	217	20.3%	211	19.7%	643	60.1%
Asian	87	23.7%	85	23.1%	195	53.2%
Black	45	17.8%	37	14.5%	170	67.7%
Mixed	73	18.7%	80	20.5%	237	60.8%
Other	12	19.6%	9	15.1%	41	65.4%

10.1.6. Access and other population variables

Table 14 uses Mosaic, a geo-demographic profiling tool developed by Experian, to estimate the numbers of people affected by demographic factors, lifestyle choices and health conditions that live over 20 minutes walk from a pharmacy or dispensing GP practice.¹⁴ This illustrates that:

- 63% of the total population and 64% of people aged 65 years and over live outside of a 20 minute walk from their nearest pharmacy
- 58% of smokers and 55% of heavy smokers live over a 20 minute walk from their nearest pharmacy.
- 58% of people with bad or very bad health, 62% of people with heart problems and 65% of people with COPD live over a 20 minute walk from their nearest pharmacy.
- 68% of people who are daily consumers of alcohol and 64% of people who are obese live over a 20 minute walk from their nearest pharmacy.

Table 14: Analysis of walk time by demographic / condition/ lifestyle behaviour for all Rutland residents

	Walk Time more than 20 minutes		Drive Time more than 10 minutes	
	Number	Percentage	Number	Percentage
Total Population	23,499	62.7%	3,311	8.8%
Population 65+	4,526	64.0%	713	10.1%
Households with children	2,111	54.5%	138	3.6%
Heavy smokers	254	55.0%	25	5.5%
Smokers	2,357	57.7%	264	6.5%
People with Heart Problems	1,222	61.9%	170	8.6%
People with COPD	664	64.7%	84	8.2%
People with bad or very bad health	768	58.2%	85	6.5%
Daily consumers of alcohol	2,151	67.9%	268	8.5%
People who are obese	237	64.2%	31	8.3%

10.1.7. Public Transport

There are public transport services available across the county. These can be accessed from the Rutland County Council website:

http://www.rutland.gov.uk/transport_and_streets/public_transport/local_bus_services.aspx.

However, from the patient engagement exercise described below, less than 2% of clients accessed their pharmacy by public transport.

10.1.8. GP Dispensing

Dispensing doctors may generally only provide pharmaceutical services to patients who live in a designated controlled locality and more than 1.6km from a pharmacy. The only exceptions to this are where it is a distance selling pharmacy or the patient lives in a reserved location. A controlled locality is an area that has been determined, by NHS England, a predecessor organisation or on appeal by the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), to be 'rural in character'.¹⁵

Patients may at any time request in writing that their GP practice provides them with pharmaceutical services. The practice should then check that they meet one of the conditions to be designated a dispensing patient. The purpose of GP dispensing is to recognise the difficulties of providing a full range of essential pharmacy services in rural areas and to provide the patients that live in rural areas with an alternative provider for dispensing services. Rutland has three dispensing GP practices which dispense from eight

different surgery locations, as they are able to dispense from their branch and their main surgeries, illustrated in Figure 9. The areas that are designated as rural in Figure 10 represent the controlled localities in Rutland.

The dispensing GP surgeries are spread across the localities and whilst a patient may live over a 20 minute walk or drive time to their nearest pharmacy or dispensing GP surgery, there is a strong correlation between the walk time analysis and the rural area designation. Designated patients in need of dispensing services will be able to access these as part of their GP visit. The drive and walk time analysis within this report includes the time it will take the people of Rutland to get to either a community pharmacy or a dispensing GP surgery.

In the PNA Engagement activity (described in PNA Patients and Public Results below) 58% of responders reported that they access the pharmacy that they did because it was close to their GP surgery.

Figure 9: Dispensing GP practices

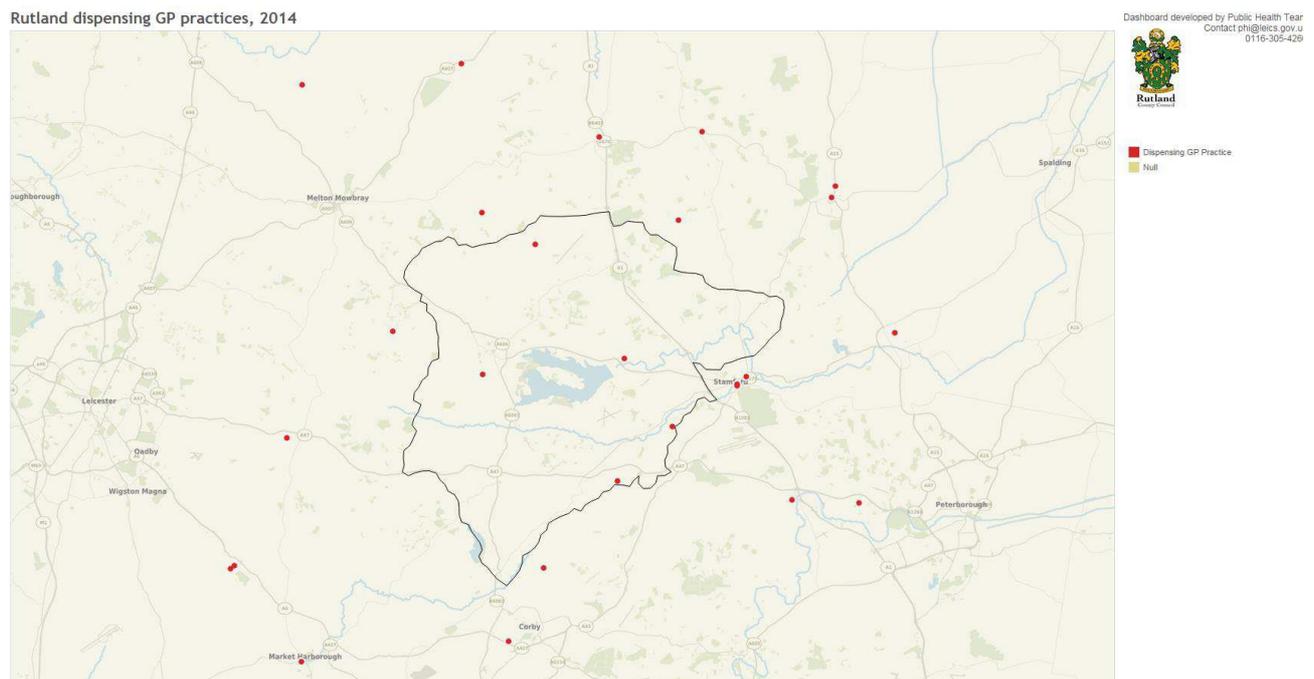
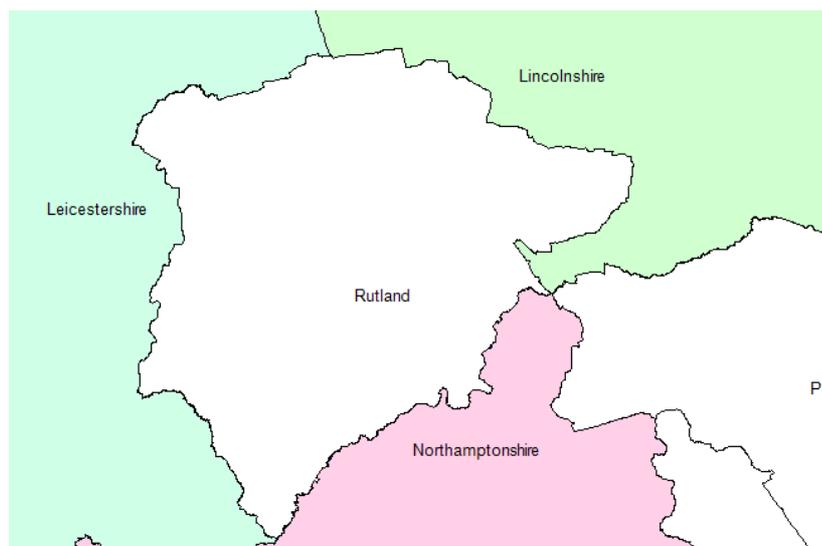


Figure 11: Rutland neighbouring local authorities



- **Leicestershire** –The Leicestershire PNA concludes that “community based pharmacies and dispensing GPs are meeting the current needs of the Leicestershire population for essential and advanced services in all of the Leicestershire districts.”
- **Lincolnshire** –The Lincolnshire PNA concludes that “the residents of Lincolnshire are adequately served by providers of dispensing services both in urban and rural areas. In terms of the provision of dispensing services, no case of pharmaceutical need was identified.” However, it is very difficult from the level of analysis presented to assess the impact of cross border flows between Leicestershire and Lincolnshire.
- **Northamptonshire** –The draft PNA for Northamptonshire concluded that the availability of community pharmacies appears adequate to meet the population’s current needs. However, the population of Northamptonshire is expected to grow significantly with plans in place for several large housing developments which will increase the need for community pharmacies. The Northamptonshire Health and Wellbeing Board have been advised to review the impact of the population growth as more information becomes available. It will also be necessary for the Rutland Health and Wellbeing Board to be aware of the population growth if this occurs along the shared boundary with Rutland as the growth may increase the demand for services in the South of the county.

10.1.10. Patient Views

Rutland County Council commissioned Greater East Midlands Commissioning Support

Unit to ask users of pharmacy services and providers of pharmacy services to tell us their views on the services that they access. The findings are all available in the following appendices:

Appendix D – PNA Patients Public Results Rutland

Appendix E – Professionals Pharmacy Questionnaire Rutland

Appendix F – PNA Patients Public Easy Read

A summary of the key messages from the three reports is included below

10.1.11. PNA Patients Public Results Rutland

In total, 209 people from Rutland responded to the patients/public questionnaire.

- 54% of responders were female and 46% were male. 44% were aged 60-74 years 32% were aged 35-59 and 19% were aged 75 years and over. 98% of responders were white. 14% stated that they had a disability.
- 57% of responders stated they have high blood pressure, 18% diabetes, 17% asthma, 5% heart disease, 6% mental illness, 5% with chronic obstructive pulmonary disease.
- 23% of responders stated they collected their long term conditions medicines from the pharmacy and 63% from the GP dispensary.
- Over 56% of responders used the pharmacy at least monthly.
- 87% used the same pharmacy on a regular basis, with 79% of these stating the location was convenient, 27% liked dealing with a familiar member of staff and 24% stated the pharmacist was familiar with their condition.
- The most important factors for choosing a pharmacy were cited as: close to home (60%), close to GP surgery (58%), friendly staff (51%), quick service (46%), trust in the pharmacist (36%).
- 92% of responders accessed their pharmacy for prescribed medications, 21% for advice and 27% for over the counter medications.
- 6% of responders reported that they had experienced difficulty accessing a pharmacy when they needed one. The difficulties occurred outside of normal opening hours and were linked to rural access issues.

- 22% of people stated that they travelled to their pharmacy by walking and 70% travelled by motor vehicle.
- 47% of people were able to access their preferred pharmacy in less than 10 minutes, 46% took between 11 and 20 minutes, with 7% living over 20 minutes away.
- Responders were happy with the services that they access from their local pharmacy.

10.1.12. Professionals Pharmacy Questionnaire Rutland

Overall the total number of professionals who responded to the questionnaire across Leicester City, Leicestershire and Rutland was 110. The total number who responded to the professional questionnaire within Rutland was 26.

- 96% of responders felt that the community pharmacy provision in the area they work in was adequate.

10.1.13. PNA Patients Public Easy Read

Thirty four easy read responses were received and the results for the three areas have been amalgamated to improve the robustness of the analysis.

The results from those who answered the easy read questionnaire show the following:

- People are broadly happy with the service they get from their pharmacist.
- They like to use a familiar, easy to access pharmacist.
- More people than from those who answered the general questionnaire experienced difficulty getting access to a pharmacist.
- Communication with people from 'seldom heard' groups needs to be improved e.g. with deaf people, people who need an interpreter.
- People who completed the easy read questionnaire rely on their pharmacist for advice.

10.2. Advanced Services

Advanced Services are commissioned by NHS England from pharmacies. These are voluntary agreements and any pharmacy can choose to deliver these services as long as

they meet the requirements set out in the Secretary of State Direction around issues such as premises and staff training. These services provide an opportunity for community pharmacists to engage with and empower their patients to take greater control of their health through more effective use of their prescribed medication or appliance. This in turn should help prevent their conditions getting worse unnecessarily and thus contribute towards savings to the NHS. Advanced services can be provided by community pharmacies and by distance selling pharmacies.

There are 4 advanced services:

- Medicines Use Reviews (MUR)
- New Medicines Service (NMS)
- Stoma Customisation
- Appliance Use Reviews.

Table 15 shows the number of pharmacies offering each service. Of the 6 pharmacies in Rutland, 6 are offering medicines use reviews, 5 are offering the new medicines service, 1 is offering stoma customisation and 2 are offering appliance use reviews.

In addition to community pharmacy provision, internet pharmacies are also able to offer advanced services. However, the internet pharmacy in Rutland is not currently offering these services.

Table 15: Advanced Services in Rutland

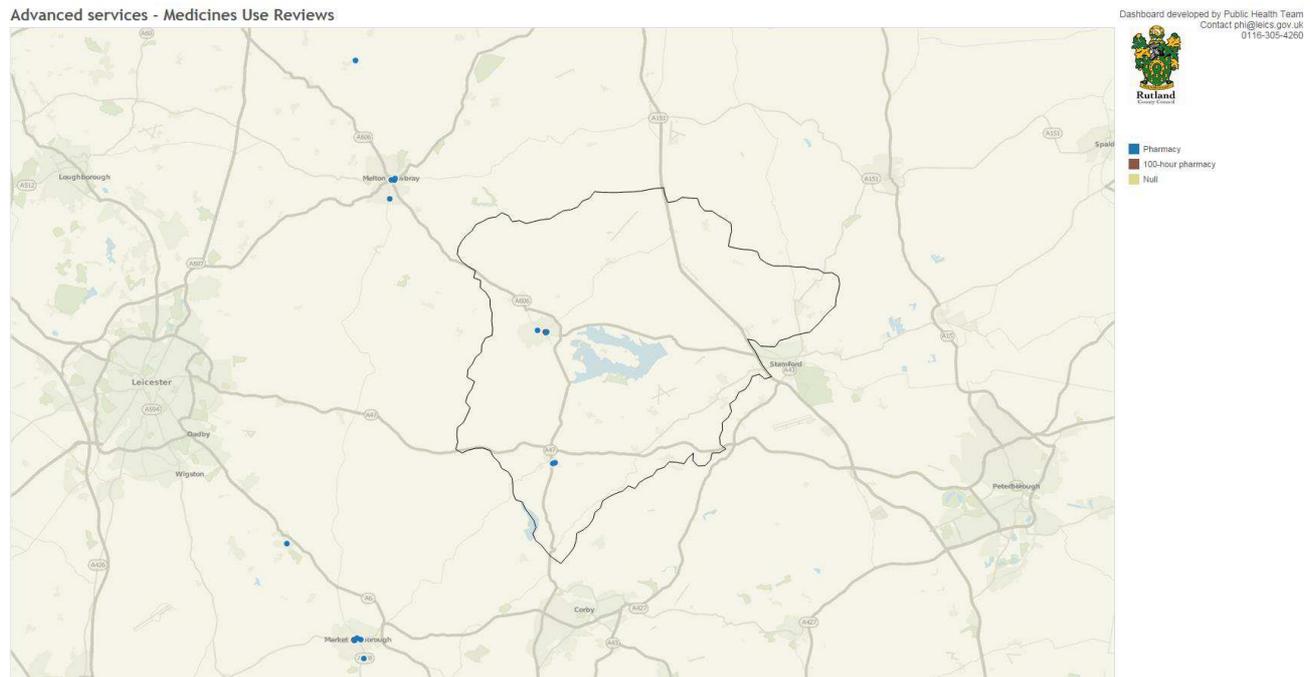
	Advanced Services			
Total Pharmacies	Medicines Use Reviews	New Medicines Service	Stoma customisation	Appliance Use Reviews
6	6	5	1	2

10.2.1. Medicines Use Reviews

The Medicines Use Reviews (MUR) service is a structured review of a patient’s use of their medicines which aims to improve the patient's knowledge, understanding and use of their medicines. It supports patients to gain the maximum benefit from their prescribed medication(s) by taking them safely and effectively.

The MUR consists of a single consultation, usually taking place at the community pharmacy. Figure 12 shows the location of pharmacies offering this service in Rutland and across the border in Leicestershire.

Figure 12: Advanced Services - Medicines Use Reviews

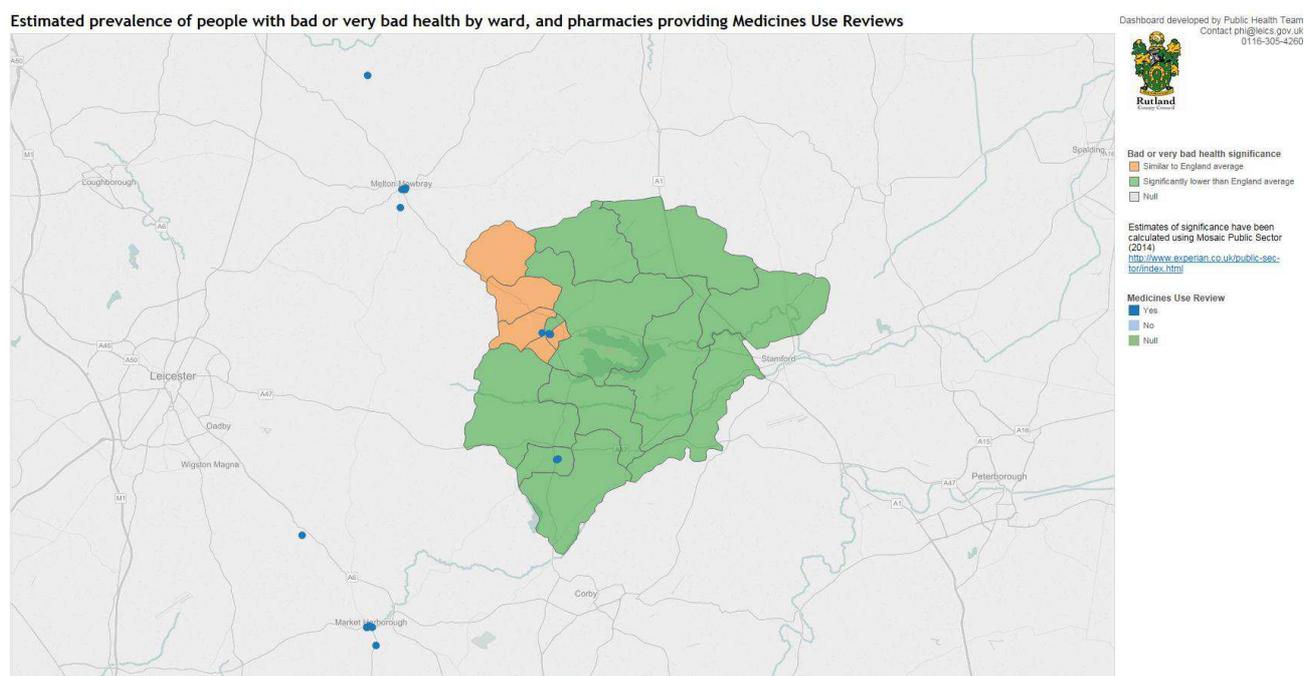


All 6 pharmacies in Rutland are providing MURs. In 2013/14 a total of 1,985 Medicines Use Reviews were carried out, a rate of almost 54 MURs per 1,000 population. Each pharmacy providing MURs is able to carry out 400 MURs per year. In 2013/14, 1,985 were carried out MURs which is lower than the 2,400 that could have been carried out. The gap between the actual number of MURs and the potential MURs is 415, with 83% of potential MURs undertaken.

In 2012/13 in England, 92% of all pharmacies were providing MURs.¹¹ Across Rutland, the overall percentage of pharmacies providing this service is 100%.

Figure 13 shows the estimated prevalence of people in each ward in Rutland with bad or very bad health, compared to the England average and the location of pharmacies offering MUR's in Rutland and across the border in Leicestershire. There is good geographical coverage of pharmacies providing MURs.

Figure 13: Estimated prevalence of adults with bad or very bad health, and pharmacies offering MURs



10.2.2. New Medicines Service

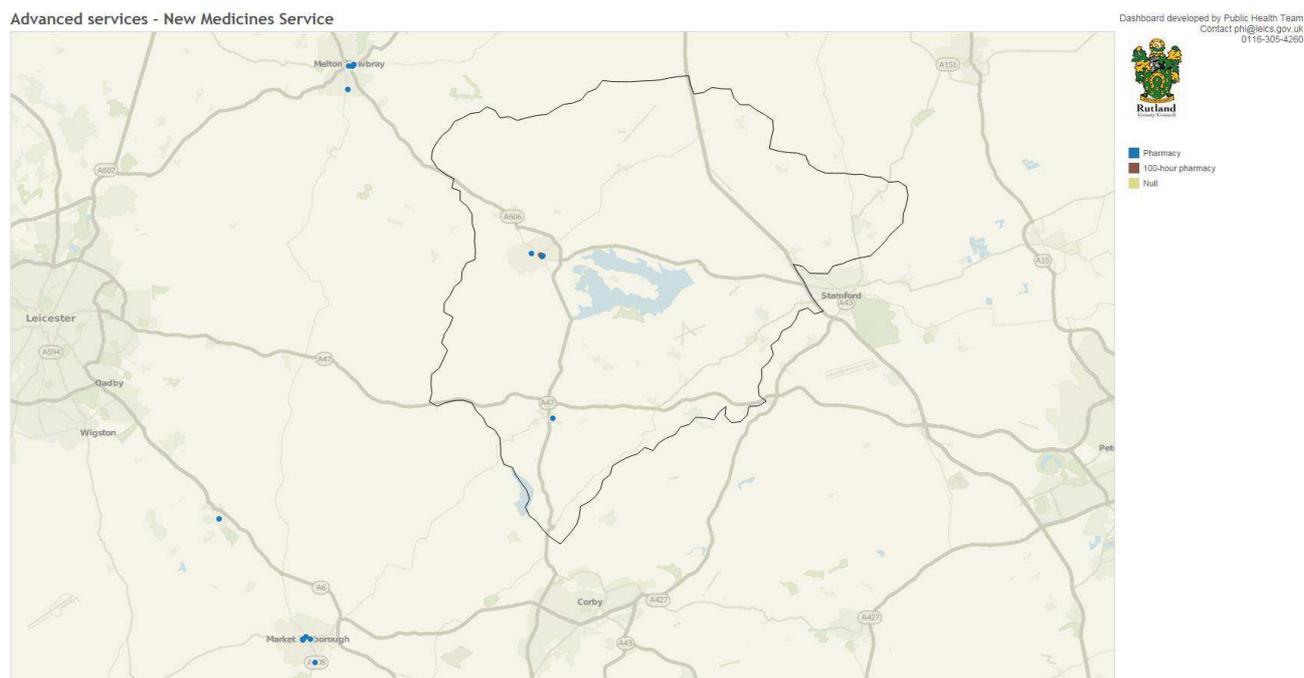
The New Medicines Service (NMS) is designed to provide early support to patients to maximise the benefits of their newly prescribed medication. The NMS can be provided to patients who have been newly prescribed a medicine for one of the following conditions/therapy areas:

- asthma and COPD;
- type 2 diabetes;
- antiplatelet/anticoagulant therapy; and
- hypertension.

For each condition/ therapy area, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines for the relevant condition then they will be eligible to receive the service. The service is split into three stages - patient engagement, intervention and follow up.

Figure 14 shows the location of pharmacies offering the NMS service in Rutland. Overall, there are 5 pharmacies providing the NMS out of the 6 pharmacies in Rutland. In 2013/14 a total of 626 New Medicines Services were carried out, a rate of 16.9 per 1,000 population. In 2013, 68% of community pharmacies in England were providing NMS.¹¹ The percentage providing this service is higher in Rutland at 83%.

Figure 14: Advanced Services - New Medicines Service



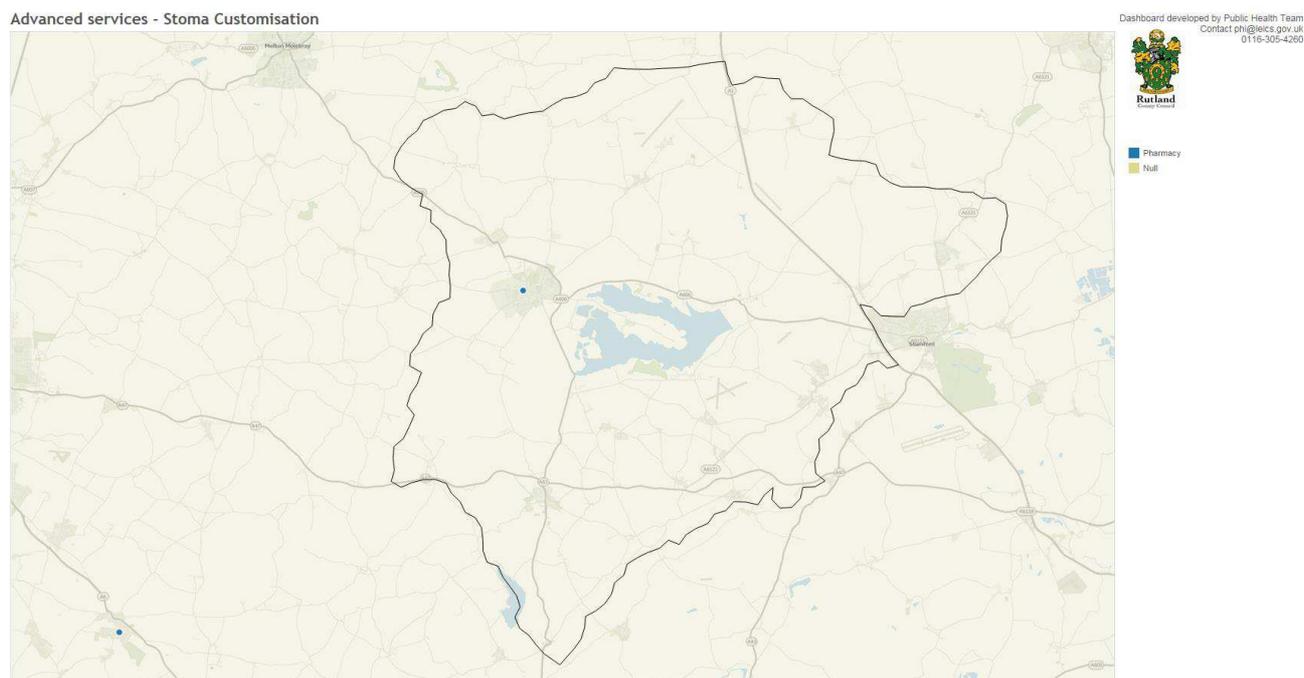
The New Medicines Service was originally commissioned by NHS England until 31st March 2015. It has been evaluated nationally by the University of Nottingham and has been found to significantly increase patients' adherence to their new medicines. The evaluation concluded that NMS will save the NHS money through better patient outcomes at overall reduced costs.¹⁶ As a result, NHS England will continue to fund this service post March 2015.

10.2.3. Stoma Customisation

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

Figure 15 shows the location of pharmacies offering this service in Rutland and across the border in Leicestershire. Overall, only one pharmacy provides the stoma customisation service across Rutland. Nationally, 15.2% of community pharmacies provided stoma customisation in 2013.¹¹ In Rutland, 17% of pharmacies provide this service.

Figure 15: Advanced Services - Stoma Customisation



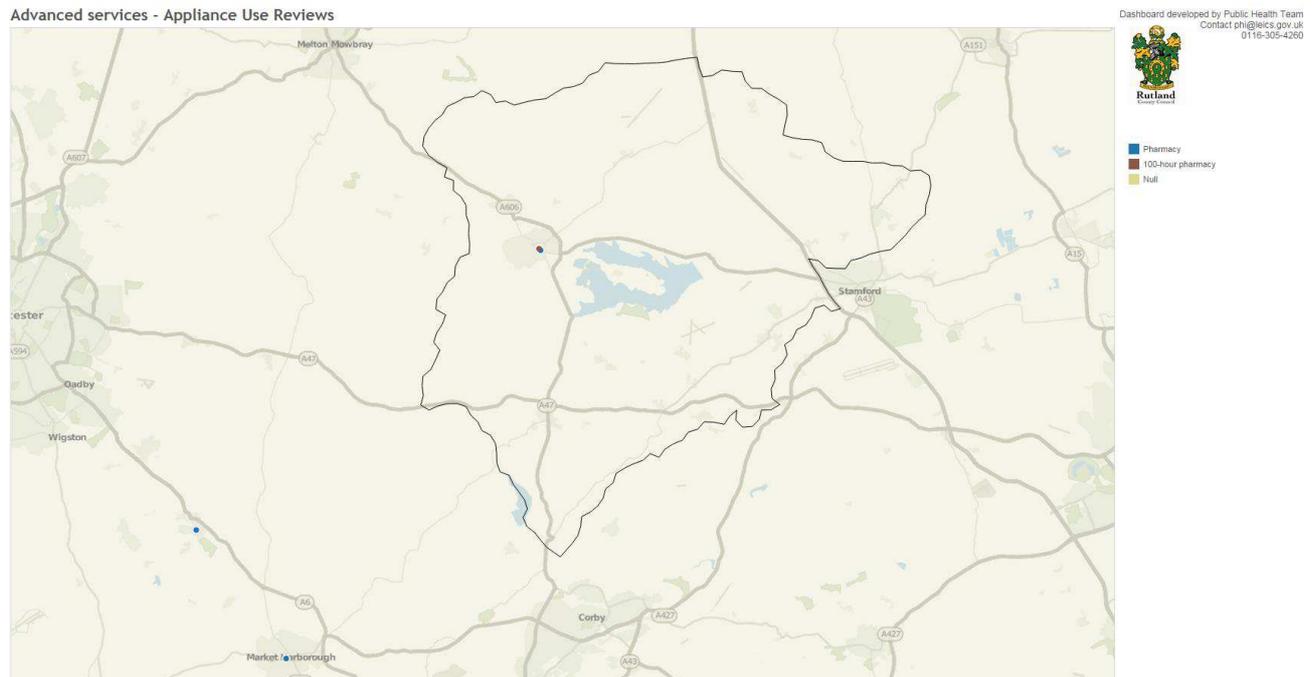
10.2.4. Appliance Use Reviews

Appliance Use Reviews (AUR) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any specified appliance by:

- Establishing the way the patient uses the appliance and the patient's experience of such use;
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- Advising the patient on the safe and appropriate storage of the appliance; and
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Figure 16 shows the location of pharmacies offering this service in Rutland. Overall, only two of the six pharmacies across Rutland provide AURs, both of these are in Oakham. Nationally, 1.2% of community pharmacies provided AURs in 2013.¹¹ In Rutland, 33% of pharmacies provide this service.

Figure 16: Advanced Services - Appliance Use Reviews



10.3. Quality in Essential and Advanced Services

Quality monitoring of essential and advanced services commissioned by NHS England is carried out by self-assessment. Targeted visits are undertaken where concerns are raised. In addition, new pharmacies that have opened and existing pharmacies that have relocated are visited.

In 2014, NHS England plan to review the self-assessment process to determine if action plans need to be agreed with pharmacies to further improve the delivery of essential and advanced services.

10.4. Community Based Services

Community based services are additional services that are commissioned by CCGs or by Local Authorities to meet the health needs of their populations. A number of these services are commissioned from pharmacies.

The services that are currently commissioned by Rutland County Council are:

- needle and syringe exchange for people with drug addictions;
- supervised administration of methadone and other substitutes;
- chlamydia screening;

- Emergency Hormonal Contraception (EHC);
- Healthy Living Pharmacies (HLPs); and
- alcohol brief advice/intervention and harm reduction services;

The East and West Leicestershire Clinical Commissioning Groups commission a palliative care drugs service and *Helicobacter pylori* breath testing service from community pharmacy. The *H. pylori* service was being re-commissioned at the time of writing, and no data were available.

These community based services are voluntary agreements and pharmacies are not compelled to offer any or all of the services. Table 16 shows the number of pharmacies offering each service in Rutland.

Table 16: Community Based Services in Rutland

Chlamydia testing	EHC	Needle exchange	Supervised consumption	Stop Smoking	Palliative care
2	6	1	2	4	2

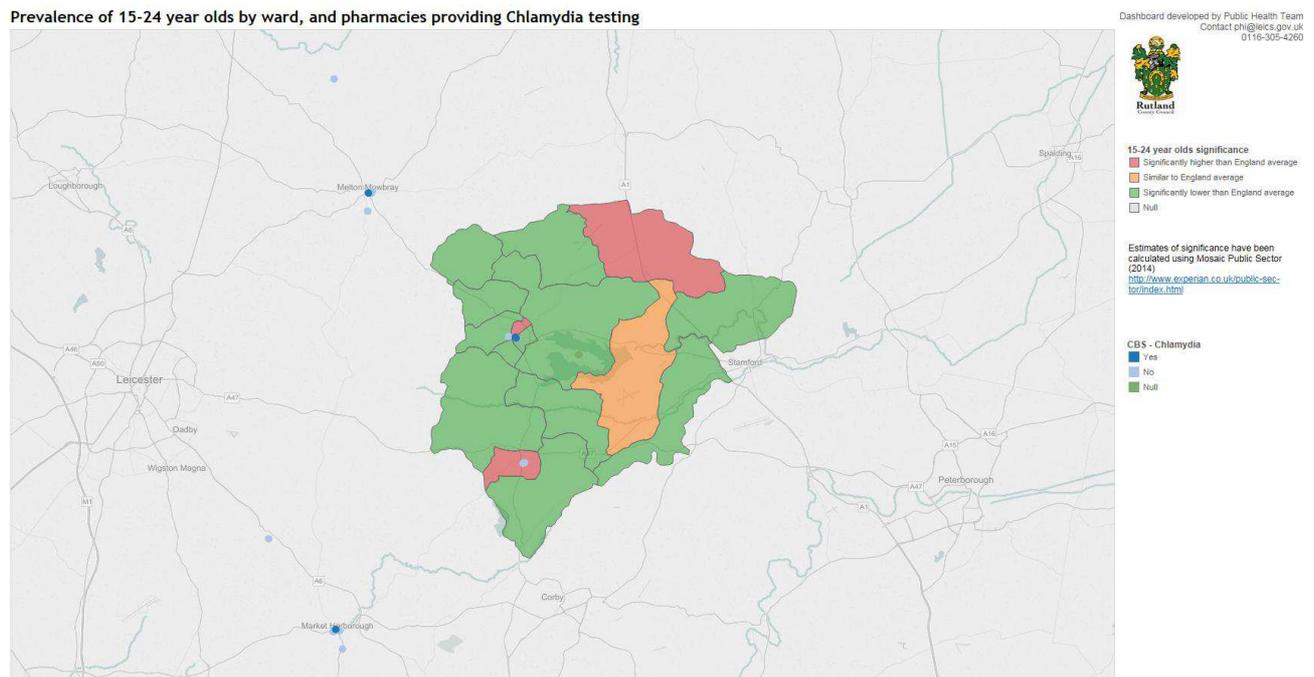
10.4.1. Chlamydia screening and treatment

The National Chlamydia Screening Programme (NCSP) in England was established in 2003. It offers free opportunistic screening, treatment and partner management and prevention to sexually active young men and women under the age of 25. Pharmacies are able to distribute chlamydia tests to their clients.

2 pharmacies in Rutland, illustrated in Figure 17, have signed up to deliver the chlamydia screening programme, but in 2013/14 less than five screens were delivered in this way.

The low levels of activity that are currently being reached with this community based service have been reviewed by the Public Health Team at Leicestershire County Council and from October 2014 onwards this will be commissioned as a combined service, offering chlamydia screening for 15-24 year olds and free Emergency Hormonal Contraception (EHC) for under 25s. The impact of these changes will be monitored to determine whether chlamydia screening demand is cost effective in the pharmacy setting.

Figure 17: Prevalence of 15-24 years olds and pharmacies providing Chlamydia testing



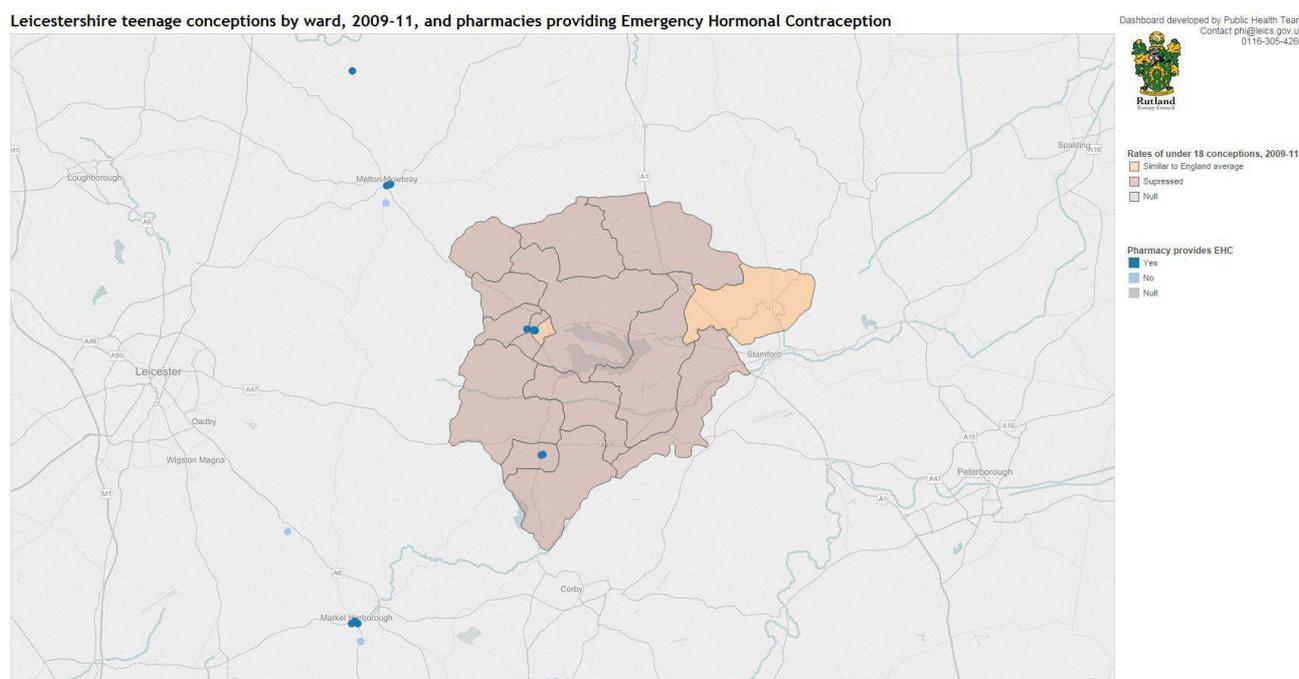
10.4.2. Emergency Hormonal Contraception

Emergency Hormonal Contraception (EHC) is also called the 'morning-after pill'. It is used following unprotected sexual intercourse. Taking emergency hormonal contraception within 72 hours of unprotected sex can help prevent pregnancy. Pharmacists will supply Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD will specify the age range of clients that are eligible for the service. Provision of EHC to eligible women is a useful tool in reducing teenage pregnancy. Pharmacies claim for 4 different EHC activity: consultations, Levonelle, replacement doses in the case of vomiting, and double doses.

All 6 pharmacies in Rutland offer this service, illustrated in Figure 18. In 2013/14 there were 155 EHC consultations and 153 interventions.

EHC is also provided by GP practices and by the school nursing service.

Figure 18: Rates of under 18 conceptions by ward, and pharmacies providing EHC



10.4.3. Substance misuse services

One pharmacist in Rutland provides this service, this is based in Oakham.

Supervised methadone consumption

This service requires the pharmacist to supervise the consumption of methadone at the point of dispensing in the pharmacy ensuring that the dose has been administered to the patient. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service. The pharmacy will provide support and advice to the patient including referral to primary care or specialist centres where appropriate.

Two pharmacies provide this service in Rutland, one in Oakham and one in Uppingham.

10.4.4. Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) scheme was developed as a pilot, running across North West Leicestershire and Rutland up to March 2014. The pilot included three pharmacies in Rutland.

Based on national pilots, pharmacies qualifying as a HLP must already be meeting all the contractual requirements for all essential and any advanced services provided within the pharmacy contract. In addition:

- The pharmacy must appoint a healthy living champion;
- Leadership training must be undertaken by the manager and/or pharmacist involved in the HLP so that they can support the development of the pharmacy team and change from reactive to proactive health intervention;
- There must be a suitable consultation room;
- Healthy living advice such as smoking cessation advice, obesity/healthy weight advice should be provided at every opportunity; and
- The pharmacy should be actively participating in all core public health directed health promotion campaigns listed as a specific requirement of their HLP criteria.

The HLP scheme has been evaluated locally, but not actively rolled out across Rutland as a funded Community-Based Service (CBS). Instead, the contribution of pharmacies is being enhanced by:

- continually improving the activity and quality of existing CBSs;
- facilitating the public health campaigns that are specified within the core pharmacy contract, in-line with local priorities; and
- putting in place the training and mechanisms that make it easier for pharmacies to identify needs and direct customers towards health and wellbeing support.

10.4.5. Alcohol brief interventions

The Alcohol Brief Intervention (ABI) Service was developed as a pilot alongside HLP and up to March 2014 only pharmacies that were participating in HLP were eligible to apply for the ABI scheme.

A brief intervention is a short, evidence-based, structured and non-confrontational conversation about alcohol consumption and seeks to motivate and support an individual to think about and plan changes in their drinking behaviour in order to reduce their consumption and their risk of harm.

The alcohol brief intervention service comprises of four different components:

- Patients (16+) screened using the shortened AUDIT-C questionnaire
- Patients (16+) screened positive using the AUDIT-C questionnaire, further assessed using the full ten-question AUDIT questionnaire to determine increasing,

higher risk or likely dependent drinking.

- Patients (16+) identified as drinking at increasing risk or higher risk levels who have received a brief intervention to help them reduce their alcohol-related risk.
- Registered patients (16+) identified as likely dependent drinking who have been referred for specialist advice for dependent drinking.

The service is cumulative and all clients will be offered the AUDIT-C screening, with clients only being offered the next level of the service if assessed as necessary.

In 2013/14, this service was in the pilot phase and only available in three pharmacies in Rutland. In 2014/15, the service has been separated from the HLP scheme and is now open to any provider based in a clinical setting, including GPs and community pharmacies as well as other suitable providers. This should increase uptake and activity across the county which will be monitored across all providers to ensure that the services are meeting the needs of the population of Rutland.

10.4.6. Smoking cessation

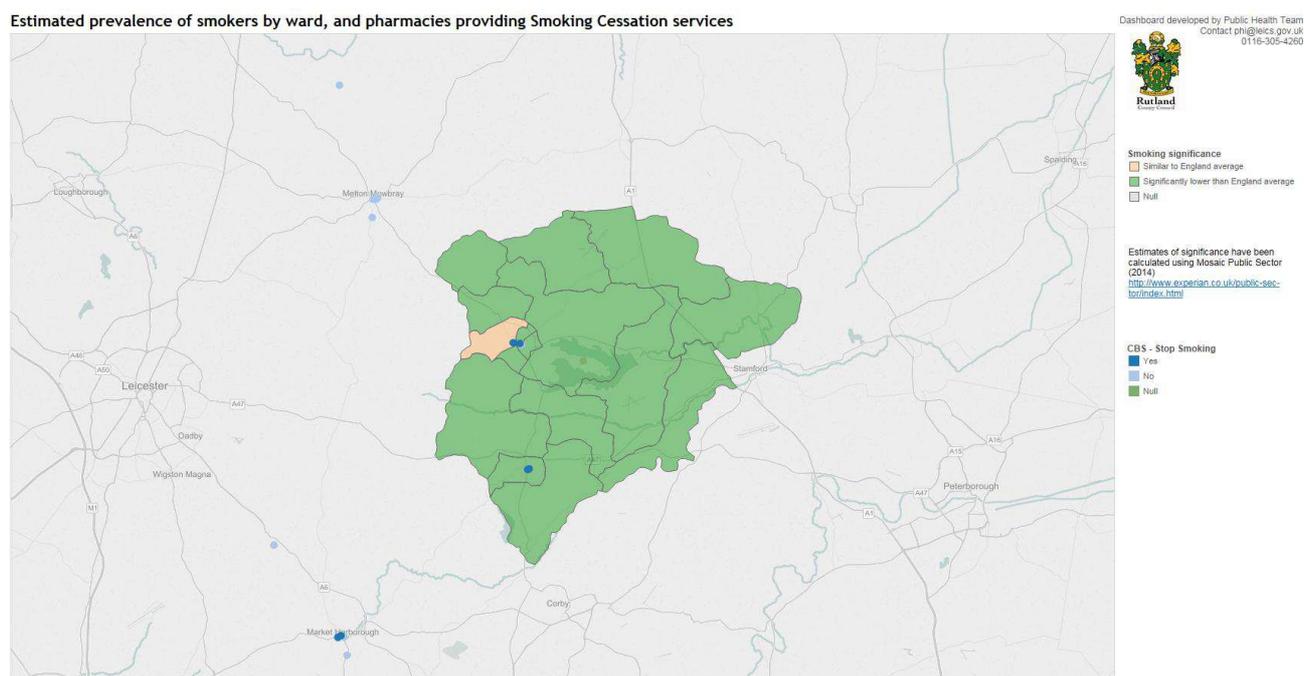
Pharmacies are able to offer their clients a smoking cessation service as an associate provider of the Leicestershire and Rutland Stop Smoking Service. Pharmacies are able to provide nicotine replacement therapy and ongoing support and advice to those who want it. Regardless of whether they are an associate provider, all pharmacies can redeem STOP-provided Nicotine Replacement Therapy (NRT) vouchers for smoking customers and signpost patients to the stop smoking service located within their community.

Figure 19 shows the location of pharmacies offering smoking cessation services in Rutland and the estimated prevalence of smoking by ward. Across Rutland, 4 pharmacies are providing stop smoking services. The ratio of smoking quitters through pharmacy per 1,000 smokers is over double the rate in any locality in Leicestershire, suggesting this is an effective service in Rutland.

Table 17: Estimated number of smokers, and pharmacy provision

	Stop Smoking Pharmacy	Episodes ie. attempts to quit smoking	DH validated quits	Smoking Prevalence ⁶	Population 18+ (mid 2013 estimates)	Estimated number of smokers	Pharmacies Offering smoking CBS per 1,000 smokers	Smoking quitters through pharmacy per 1,000 smokers
Rutland	4	184	102	13.0	29,838	3,898	1.03	26.16

Figure 19: Estimated prevalence of heavy smokers, and pharmacies providing smoking cessation services



10.4.7. Palliative Care

Palliative care is aimed at offering the patient the highest possible level of comfort during the last phase of their life. This service aims to facilitate access to palliative care medicines by patients and their representatives. These pharmacists are trained in the use of palliative care medicines and can provide advice to carers and other healthcare professionals.

Table 18 shows the mid-2013 estimated population of people aged 85+ and pharmacies providing palliative care services. Palliative care is available in two pharmacies, both based in Oakham.

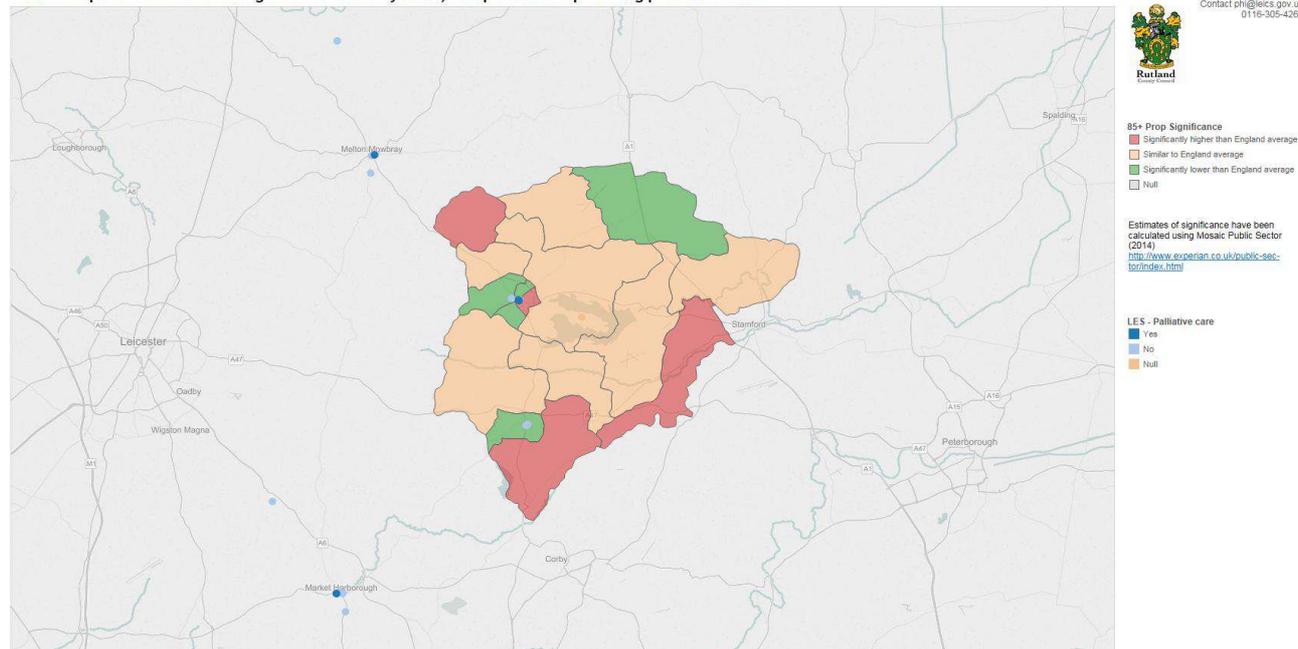
Figure 20 shows the estimated proportion of the population aged 85 and over, compared to the England average and pharmacies providing palliative care services. There are 1.69 pharmacies providing palliative care services per 1,000 population aged 85 years and over.

Table 18: Population aged 85 and over, and pharmacies providing palliative care services

Pharmacies providing palliative care services	Population 85+ (mid 2013 estimates)	Pharmacies providing palliative care services, per 1,000 85+ adults
2	1,182	1.69

Figure 20: Proportion of population aged 85 and over, and pharmacies proving palliative care services

Estimated prevalence of adults aged 85 and over by ward, and pharmacies providing palliative care



10.4.8. *H. pylori* Screening

This service is a breath testing service for patients with dyspepsia symptoms to detect the presence of *Helicobacter pylori* bacteria which can cause stomach ulcers. This service is commissioned by East Leicestershire and Rutland CCG. At the time of writing this needs assessment this service was being reprocurd and there were no data available for the analysis.

10.5. User views

As part of the engagement work undertaken by GEM to assess users' views of pharmacy services, questions were included on people's awareness and uptake of all of the services that pharmacies can provide, and some services provided by the neighbouring CCG that are not currently provided in Rutland (See section 10.1.10).

Pharmacy users were asked to indicate if they had heard of the service, if they used them and if they would like to use them. The results are summarised in Table 19. This demonstrated that 79% of respondents were using their pharmacy for the dispensing of prescriptions, 60% for buying over the counter medicines and 72% for repeat dispensing. 44% would seek advice from their pharmacists on their medicines, but only 17% were sitting down and talking through how they use their prescribed medications (MURs). 39% did use their pharmacy to dispose of their unwanted medicines.

There was a high awareness of CBS, but less uptake of these services. For example, over 90% of users were aware of the chlamydia testing and needle exchange services but the older demographic in the respondents suggests that these services are not targeted at these people.

60% of respondents were aware that they could ask their pharmacy for advice on minor injuries and ailments and 81% were aware that they could ask for lifestyle advice, although only 18% of respondents were requesting lifestyle advice from their pharmacist.

Pharmacy is an essential part of the pathway for patients, for both treatment of illnesses and prevention services. Users are very happy with the pharmacy services that they are accessing and there is a real opportunity to increase the amount of CBS services that we provide through pharmacy, to increase the accessibility and the uptake of these services.

The Leicester City CBS that was included in the questionnaire was a service that allows people who are exempt from prescription charges to get minor ailment medicines over the counter from their pharmacists free of charge – 54% of respondents reported that they would like to use this service in local pharmacies in Rutland.

Table 19: Summary of patient responses to awareness and uptake of services

Service	Heard of	Use	Would Like to Use	Total number of respondents
Dispensing of prescriptions	48%	79%	2%	183
Repeat dispensing	50%	72%	1%	185
Buying over the counter medicines	50%	60%	10%	144
Advice from your pharmacist on healthy lifestyles	82%	18%	8%	104
Advice from your pharmacist on medicines	64%	44%	7%	131
Advice from your pharmacist on minor ailments/injuries	60%	38%	12%	124
Disposing of old or unwanted medicines	63%	39%	14%	138
Sitting down with your pharmacist and talking about how you use your prescribed medicines	79%	17%	11%	90
Stop smoking/ nicotine replacement therapy	96%	1%	2%	81
Chlamydia testing	97%	0%	5%	59
Emergency contraception (the morning after pill)	97%	1%	3%	75

Service	Heard of	Use	Would Like to Use	Total number of respondents
Provision of palliative care (end of life care) drugs	80%	2%	20%	46
Getting medicines without prescriptions for minor ailments free of charge	47%	3%	54%	57
Supervised consumption of drugs	92%	5%	5%	39
Needle exchange	92%	3%	5%	39
Advice on alcohol consumption	94%	0%	6%	36
H – Pylori testing (stomach ulcer breath test)	77%	0%	26%	31

11. Projected future needs

11.1. Population Projections

The population of Rutland is growing and by 2037 the total population is predicted to reach 40,800 people, a total population growth of 10.3%.

However, the population is not growing uniformly across the different age bands. In the next 25 years, the population is predicted to grow as follows (Table 20):

- A 3.8% decrease in children and young people age 0-24 years (10,400 people to 10,000);
- A reduction in the working age population age 25-64 of 10.4% (from 18,300 people to 16,400);
- A 49.3% increase in people aged 65-84 year olds (from 7,100 people to 10,600);
- A 227.3% increase in the oldest population group of people aged 85 years and over (from 1,100 people to 3,600).

By 2037, the population of Rutland is projected to grow to 40,600 people. With six pharmacies, three dispensing GP Surgeries dispensing from eight different surgeries and one internet pharmacy, the availability of dispensing providers is sufficient to meet the needs of the local population, with rural access issues supported by the GP dispensing surgeries. The availability of current services are more than adequate to support the growing population to 2037.

The PNA should be reviewed in 2018 to ensure that the needs of the population are

continuing to be met.

Table 20: Rutland population projections, in 1,000s - 2012 to 2037

	2012	2013	2014	2015	2020	2025	2030	2035	2037
0-24	10.4	10.2	10.0	9.8	9.7	10.1	10.3	10.1	10.0
25-64	18.3	18.2	18.2	18.1	17.9	17.7	16.9	16.7	16.4
65-84	7.1	7.4	7.7	7.8	8.6	9.3	10.1	10.4	10.6
85+	1.1	1.1	1.2	1.3	1.6	2.1	2.7	3.4	3.6
All Ages	36.9	36.9	37.1	37.0	37.8	39.2	40.0	40.6	40.6

11.2. Long-term conditions

The unprecedented increase in the older population will lead to increases in the number of people living with long-term conditions. The Projecting Older People Population Information System (POPPI) provides estimates and projections of the number of people that are likely to be affected by long term conditions both now and in the future in Rutland.¹⁷ Table 18 shows the number of people in Rutland predicted to be living with various long-term conditions.

Table 21: Projections of older people, age 65 ears and over, with long term conditions, 2015-2030 from POPPI

	2015	2020	2025	2030	% Change 2015-2030
Older adults with a limiting long-term illness	3,735	4,329	4,962	5,627	50.7%
Older adults who are obese or morbidly obese	2,386	2,568	2,816	3,135	31.4%
Older adults predicted to have Type 1 or Type 2 diabetes	1,147	1,260	1,401	1,603	39.8%
Older adults predicted to have depression	789	862	967	1,097	39.0%
Older adults predicted to have dementia	646	758	935	1,164	80.2%
Older adults predicted to have a longstanding health condition caused by a heart attack	449	501	566	642	43.0%
Older adults predicted to have a longstanding health condition caused by a stroke	214	241	273	311	45.3%
Older adults predicted to have a longstanding health condition caused by bronchitis and emphysema	156	173	193	219	40.4%

11.3. Future housing

Rutland’s Local Development Framework Core Strategy Development Plan, adopted in July 2011, describes the plans for future development until 2026.¹⁸ The planned increases in households are indicated in Table 22. The housing increases will provide housing for the increase in the population identified by the Office for National Statistics, but may also see additional population moving into the area through migration. Population growth linked to plans for housing development are not included in the population projections, but the impact on services will be considered as part of the Health Impact Assessment that is carried out for new developments.

Table 22: Planned development in Rutland

Area	Planned development per annum – number of dwellings	Total planned dwellings 2011 - 2026
Oakham	69	1,035
Uppingham	16	240
Local service centres	24	360
Smaller service centres	Limited	Limited
Restraint villages	0	0
Countryside	0	0
Total	109	1,635

12. Response to the 60 day statutory consultation

The consultation report is included in Appendix G. The consultation document is available in Appendix H and the easy read version of the consultation is available in Appendix I.

The statutory consultation ran from 24 September to 8 December 2014. The consultation asked for feedback from the statutory consultees and was also distributed more widely to ensure that as wide a population as possible was represented, particularly those from “seldom heard groups”.

From the consultation:

- Most responders (98.5%) felt the purpose of the PNA had been adequately explained;
- Most people (90%) felt the PNA provided an adequate assessment of pharmaceutical services in Rutland;
- Most people (90%) felt the PNA provides a satisfactory overview of the current and future pharmaceutical needs of the Rutland population;
- 83% of responders agreed that the current pharmacy provision and services in Rutland are adequate; and
- 92% agreed with the PNA’s conclusions and recommendations

The full consultation feedback has been included in Appendix G. The feedback has informed the development of the equalities statement and has been considered in the final PNA report.

13. Equality Statement

The Equalities Statement is included in Appendix J.

The equality statement was developed by a subgroup of the PNA project team and included a representative from Healthwatch and the equalities lead from Leicestershire County Council's Public Health Department as an independent representative. The group reviewing the equalities statement did undertake the Equality Impact Assessment (EqIA) screening process and agreed that as the PNA is a needs assessment and not a change to services a full EqIA was not required. However, it is important to note that any changes to the services provided will be subject to a full EqIA that will draw on the PNA as part of that evidence base.

The equalities statement identified that younger people and people with young families were not always as aware of the services that were available through pharmacies. The consultation identified a need for availability of materials in pharmacies in easy read formats for people with learning disabilities and their carers.

Rural access issues were identified and the availability of services from dispensing GPs was highly valued in Rutland. People were not always aware of the availability of the 100 hour pharmacy in Oakham.

Specific access issues were identified by members of the public living on the Ministry of Defence base, St Georges Barracks.

14. Gap analysis

14.1. Essential Services

Rutland benefits from three different types of provider for essential services, community based pharmacies, internet pharmacies and dispensing GPs. Combining community pharmacies and dispensing GPs, all residents of Rutland have better levels of access (providers per 10,000 population) when compared to the England average.

Access to essential services by car is reasonable, for such a rural area, with 91% of Rutland residents living within a 10 minute drive-time of a pharmacy or dispensing GP surgery. 38% of residents live within a 20 minute walk-time of a pharmacy or dispensing GP surgery. The use of GP dispensing in rural areas helps to moderate the rural access issues, with 58%% of residents choosing their pharmacy because it is close to their GP.

There is very good coverage of pharmacy across Rutland between 7.00 am and 10.00 pm Monday to Saturday. There is access to pharmacy services on Sundays and bank holidays

within Rutland, but this is dependent on one 100 hour pharmacy. Patients that need to access emergency pharmacy services outside of opening times are able to access an emergency pharmacy service through the out of hours service.

Recommendation for commissioners (NHS England):

The current levels of pharmacy services across Rutland are appropriate for the population and are sufficient to meet the needs of the projected population between 2012 and 2037. Rutland is a very rural area and commissioners need to ensure this is a consideration when commissioning new services or changes to services.

It is recommended that NHS England continues to monitor the quality of essential services and agree action plans with pharmacies where this is deemed necessary.

14.2. Advanced Services

Across Rutland, the two key advanced services are provided by a higher percentage of practices than the England average with 100% of pharmacies providing Medicines Use Reviews and 83% providing the New Medicines Service.

Stoma appliance customisation and appliance use reviews are provided using pharmacies, but are also commissioned through an alternative provider and population needs are met through the combination of the two types of provision.

The MUR and NMS services are two services that are key to helping support patients to manage their own conditions in the community. It is essential that the opportunities for supporting patients using these services is maximised and by ensuring that patient uptake of both of these services in pharmacies increases where this is low and that the quality of the services offered in pharmacies is consistently high.

Recommendation for commissioners (NHS England):

It is recommended that the commissioners of the advanced services continue to commission pharmacies to carry out the advanced services. The commissioners should monitor the uptake rates and quality of the services that are provided to ensure that access to the services is maximised in the community and the services that are available are of a consistently high quality. It is recommended that NHS England continues to monitor the quality of advanced services and agree action plans with pharmacies where this is deemed necessary.

Commissioners should review the national changes to the NMS contract linked to the national evaluation and ensure that this service is commissioned in line with the national

direction in the future.

14.3. Community Based Services

Across Rutland a good range of community based services are offered by pharmacies. The CBS schemes provide the CCGs and Local Authorities as commissioners with an opportunity to increase the role of pharmacies in delivering the primary care and the public health agendas. Pharmacies are very highly valued by the people that use them. They have considerable day to day accessibility to clients making them an ideal setting for supporting patients and clients to either make informed lifestyle choices or to manage their own health conditions effectively.

The analysis of CBS identified a number of schemes with good population coverage and uptake of services but also some gaps when relating the coverage to health needs. The key findings are summarised below:

- Emergency hormonal contraception is a well-developed service provided in Rutland with good uptake. Public Health should review the service provision to ensure that all teenage pregnancy hotspots are covered by this service.
- Chlamydia screening in pharmacies is not currently generating a high number of chlamydia screens, This has been identified by the Public Health Team who are now commissioning pharmacies to provide EHC and chlamydia as a single CBS sexual health scheme.
- Substance misuse services are commissioned by the specialist treatment provider, Swanswell, and includes two services in Rutland, needle exchange and supervised methadone consumption. These services are part of a wider whole system approach to harm reduction and treatment of people affected by substance misuse.
- The Healthy Living Pharmacy was a pilot run in Rutland up to March 2014. This CBS has been halted whilst plans are put in place to roll this out nationally.
- The Alcohol Brief Interventions CBS was linked to the Healthy Living Pharmacy pilot in 2013/14. This scheme has evaluated well and has been further developed and is now available as a CBS that can be provided in any clinical setting. The uptake and delivery of this service will be evaluated by Public Health.
- Smoking cessation in pharmacies is a key part of Rutland's Stop Smoking Service. Uptake is very high in Rutland and Public Health will work with the Stop Smoking Service to assess additional opportunities to provide this service in pharmacies.

- The H-Pylori CBS is a CCG based service that was being re-commissioned at the time of writing this PNA. This service will be implemented and evaluated by the CCG.
- Palliative Care is a service that is delivered in two pharmacies in Rutland. With the projected increases in very old populations across Rutland this is a service that is likely to become increasingly important and ELR CCG should review the value of providing this service more widely for their patients.
- Minor ailments is a CBS that is not currently commissioned by East Leicestershire and Rutland CCG but is identified by stakeholders as a service that they would value and use. The CCG should review the effectiveness of this service from national evidence and it's role in supporting the wider primary care agenda to inform future decisions about commissioning these services.

Recommendation for commissioners (Leicestershire County Council and East Leicestershire and Rutland CCG):

Public Health – Public Health must maximise the potential role of pharmacy in promoting healthy lifestyle behaviours and in supporting people to change their behaviours when they are ready to make a lifestyle change, through frontline identification of clients, providing appropriate brief advice and referral to other specialist services. The role of pharmacy in the prevention agenda is, however, wider than commissioning CBS and there is a need to ensure that Public Health is effectively linked into the essential services component of the pharmacy contract around the promotion of healthy lifestyles. The CBS that are commissioned by public health must be continually reviewed for their effectiveness, the equity of access to the services across Rutland, the quality of the service and the value for money that the services offer. The CBS services that Public Health commission have all been reviewed and have now been re-issued as new services for pharmacies to provide. Public health need to maximise the pharmacies offering these services and ensure that they are provided in the areas of highest population health needs.

Clinical Commissioning Groups – East Leicestershire and Rutland CCG has an opportunity to embed pharmacy as a key part of their primary care strategy and their commissioning strategy whilst ensuring that pharmacy is developed to effectively support general practice. As the population grows and becomes older, the number of people that primary care is supporting with long term conditions and complex co-morbidities will increase. The need to manage these patients effectively in the community and to ensure that they are able to access the right advice will help to keep these patients well. Increasing the role of pharmacy in helping patients to self- manage will help to reduce the

number of GP appointments these patients will need and to reduce the number of hospitalisations. The CCG are currently commissioning two CBS schemes. These must be continually reviewed for their effectiveness, the equity of access to the services across Rutland, the quality of the service and the value for money that the services offer. The CCG needs to maximise the pharmacies offering these services and ensure that they are provided in the areas of highest population health needs. The CCG should consider the provision of a minor ailment scheme as a CBS.

15. Conclusions

This PNA has reviewed pharmacy coverage in relation to the population health needs of the people of Rutland. This has involved looking at the existing services, their locations, the breadth of services they are providing and the views of the people that are using them. The PNA refers to the services that were provided on the 31st March 2014. The PNA analysis focusses on the services that are currently provided in pharmacy, with a look forwards to how pharmacies could be more widely used in the future.

Within the scope of this document, community based pharmacies are meeting the current needs of the Rutland population for essential and advanced services. The consistency and quality of the advanced services should be continually reviewed and the uptake of Medicines Use Reviews and the New Medicines Service in the community should be increased wherever possible. The Community Based Services (CBS) provision across Rutland is good with a number of well-developed schemes that are constantly developed and improved. It has been identified that more needs to be done to increase uptake of CBS and to ensure that services across the county are consistent. Across all areas of pharmacy (essential, advanced and community based services) there is a need for commissioners to ensure consistency in the range of and quality of services offered by pharmacists.

Community pharmacists are the most accessible health care professionals for the general public. Locally, they are highly valued by their customers. The role of pharmacy in the delivery of the wider health agenda will be essential to supporting the health and care system going forwards. Across Rutland, the delivery of primary care is changing. The Better Care Fund sets out the plans for health and social care in Rutland to support more patients to manage their own care more effectively in the community, reducing unnecessary hospital admissions. To support this there will be changes in primary care, including plans to move to seven day working. All three commissioners of pharmacy services in Rutland need to consider the ways that pharmacies can be utilised to support these changes.

There are many additional services that could be commissioned from community based services, including pharmacies. There is interest from our community in accessing minor ailments services in community pharmacies. However, there are other community based services that could be provided in pharmacies, these include (this list is illustrative, any additional pharmacy based scheme would need to be subject to a full evidence review before it could be commissioned):

- Minor ailments services;
- Emergency repeat medicines service;
- Anti-coagulation services;
- Home blood pressure monitoring and supporting patient access to tele-health;
- Support for inhaler technique;
- NHS Health Checks;
- Targeted “not dispense scheme” to reduce medicines waste;
- Integration with multi-disciplinary teams to support proactive/ integrated care; and
- Support across the primary and secondary care interface to promote referrals from secondary care and increase uptake of NMS and MURs for eligible patients post discharge.

CCGs must incorporate the wider role of pharmacies in their primary care strategies to ensure that the opportunities to provide effective local services are maximised locally.

GLOSSARY OF TERMS

ABI	Alcohol Brief Intervention
AUR	Appliance Use Review
CBS	Community Based Services
CCG	Clinical Commissioning Group
CNCS	Central Nottinghamshire Clinical Services
COPD	Chronic Obstructive Pulmonary Disease
DAAT	Drug and Alcohol Action Team
EHC	Emergency Hormonal Contraception
ELSPLPS	Essential Small Pharmacies
GP	General Practitioner
H. Pylori	Helicobacter Pylori
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LPS	Local Pharmaceutical Services
MUR	Medicines Use Review
NCSP	National Chlamydia Screening Programme
NHS	National Health Service
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
ONS	Office of National Statistics
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information System
SAT	Stoma Appliance Customisation

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LIST OF APPENDICES

Appendix A: PNA Project Team Terms of Reference

Appendix B: 2014 Health Profiles for Rutland

Appendix C: Full list of pharmacy opening hours

Appendix D: PNA Patients Public Results Rutland

Appendix E: Professionals Pharmacy Questionnaire Leicestershire

Appendix F: PNA Patients Public Easy Read

Appendix G: Rutland Public Consultation Report

Appendix H: Rutland PNA Consultation Document

Appendix I: Rutland PNA Easy Read Consultation Document

Appendix J: Rutland Equalities Statement

Interactive dashboards demonstrating services, opening hours and data used within this report are available at

<https://public.tableausoftware.com/views/RutlandMASTER/Population?:showVizHome=no#1>