



Rutland
County Council

RUTLAND PHARMACEUTICAL NEEDS ASSESSMENT



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FOREWORD AND EXECUTIVE SUMMARY

Introduction

A Pharmaceutical Needs Assessment (PNA) is a wide-ranging assessment of the current and future needs of the local population for pharmaceutical services, such as community pharmacies, dispensing appliance contractors and, in rural areas, dispensing doctors. The PNA is used by appropriate bodies (such as NHS England and NHS Improvement) to inform decisions on provision of pharmaceutical services; plan for the need for new services; decide on relocation of existing premises in response to applications by providers; and commission locally enhanced services from pharmacies.

It is a statutory document produced every three years under the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013. The scope of the PNA includes nationally agreed services, classified either as essential, advanced, or enhanced, and provided by the local pharmacy contractors. It also includes the services commissioned locally, whether by the Local Authority (LA) or the previous Clinical Commissioning Groups (CCGs – now the integrated care systems, or ICSs). Prison or hospital pharmacies are not included in this assessment.

Population and Health Needs

Key demographic and health information include that in 2020 the population of Rutland was estimated at nearly 40,800 people. On average, the local population is relatively older than the national average, with over a quarter (25.5%) over the age of 65 (7% higher than England). Based on the 2011 Census, Rutland has a higher-than-average proportion of white population with over 97% (36,300 people) compared to just over 85% across England. Of the 3% (1,068 people) in ethnic minority groups 1% declared their ethnicity as Asian or Asian British, 1% as of mixed ethnic background and 1% as either black or other ethnic groups. The population of Rutland is growing and by 2043 the total population is predicted to reach 46,522 people, a total **population growth** of 17.2%. The disproportionate predicted growth in the older population is most likely to impact the prevalence of long-term conditions, significantly increasing health and care needs in these groups.

Measured by the 2019 **Index of Deprivation**, the population of Rutland is less affected by material deprivation than the average for England, with none of the population in the most deprived 40% of areas nationally. Over a half (53% or 21,000 people) of the Rutland population live in the least deprived quintile of deprivation. However, such statistical indices do not always capture all aspects of socio-economic disadvantage and especially there can be pockets of rural deprivation in some areas of Rutland.

Both overall **life expectancy** and **healthy life expectancy** are better than the national average in Rutland. Thus, men in Rutland can expect to live by almost 4 years longer (to 83 years) than the England average, women by about 2 years (to 85 years). These estimates have been consistently higher than England figures since 2010. Many of the healthy lifestyle indicators, including smoking rates, alcohol admissions or childhood obesity rates, show a relative advantage in Rutland. The same can be said for a variety of health outcome indicators based on mortality and hospital admissions, such as early cardiovascular mortality or rates of violent crime.

However, where Rutland is in a relative disadvantage, is for indicators of **health among the elderly**, for example rates of hip fractures in over 65s, rates of dementia or in excess winter

deaths. Similarly, chronic conditions prevalent in older age groups seem to be overrepresented in Rutland, including hypertension, coronary heart disease, cancer, and asthma which are all significantly higher than England average.

Essential Services

Essential services include dispensing drugs, repeat dispensing, clinical governance (ensuring professional standards), promoting healthy lifestyles, getting rid of unwanted medicines, signposting people to other services and supporting people in caring for themselves.

Rutland has **six pharmacies** and **three dispensing GP locations**. There is one 100-hour pharmacy. The pharmacies are all in the towns of Oakham and Uppingham while the dispensing GPs are in more rural areas. Overall, Rutland has 1.2 community pharmacies per 10,000 population. Rutland is a rural area, so it would be unrealistic to expect the same population coverage of pharmacies as England (2.1 per 10,000). When the number of dispensing GP locations is added to the number of pharmacies, Rutland has a rate of 2.0 contractors per 10,000 population. This is much closer to the 2.2/10,000 corresponding average for England.

Furthermore, Rutland residents in the east of the county are likely to travel across the border to access health services, for example in the town of Stamford. This infers that more services are potentially available to residents than the figures above would suggest. In addition, residents can access distance selling, or internet, pharmacies. None of the Rutland pharmacies are distance selling pharmacies.

Opening Times - pharmacies across Rutland are open at varying times, providing a service somewhere in the county at almost all times: between 7am and 10pm Monday to Thursday and between 7am and 11pm Friday to Saturday, and supported by the 100-hour pharmacy in Oakham. The 100-hour pharmacy is open on Sundays.

Drive and Walk Time - less than 20% of Rutland's population live more than a 10-minute drive away from their nearest pharmacy or dispensing GP practice location. However, 49% of those living in the most deprived areas are more than a 15-minute drive, walk or public transport journey from a pharmacy or dispensing GP practice.

Public Transport - residents have, for public transport, 4 services that operate hourly, 3 services that operate 2-hourly, and a few less frequent rural services. There is a Demand Responsive Transport (DRT) service that runs only in response to pre-booked requests, known as CallConnect, and covering the eastern half of the county as well as crossing the county border to Stamford in Lincolnshire. Community transport services also exist, including Voluntary Action Rutland (VAR), based in Oakham, with a similar voluntary car scheme recently established in Uppingham. Furthermore, several parishes within Rutland also offer informal 'good neighbour' schemes, which include arranging lifts for people. Access to sufficient transport is important to maintain access to pharmacy services in Rutland.

Language - across all areas of Rutland the percentage of the population who cannot speak English well or cannot speak English at all is significantly lower than the national average. The second most spoken languages in Rutland in the 2011 Census were Polish, Oceanic, Chinese and French.

GP Dispensing - these services are provided to patients who live in a designated controlled locality and more than 1 mile (1.6 km) from a nearest pharmacy. Rutland has three dispensing GPs who dispense from five separate locations (main and branch surgeries).

Cross Border Access - cross border access to pharmaceutical services is important, particularly in the east of the County. Its impact can only be assessed fully after publication of corresponding 2022 PNAs from the neighbouring areas, including Lincolnshire, North Northamptonshire and Leicestershire. Versions of both Leicestershire and Lincolnshire 2022 PNAs have concluded that no gaps were identified in the provision of essential, advanced or enhanced services in those areas.

Other Services

Advanced Services - advanced services are services provided by some pharmacies in addition to essential services. They are commissioned by NHS England and Improvement as voluntary agreements. Any pharmacy can choose to deliver these services if they meet the requirements around issues such as being able to provide appropriate premises and staff training. There is good coverage and provision of advanced services by the pharmacies in Rutland including New Medicines service (NMS), seasonal influenza vaccination programme, and the Community Pharmacist Consultation service (CPCS). However, there are no local pharmacies providing stoma customisation or appliance use reviews.

Community Based Services (CBS) - are services commissioned locally, usually by a local authority or a CCG/ICS and tailored to meet the needs of the population. They are based on voluntary agreements and pharmacies are not compelled to offer any or all of the services. CBS currently commissioned by the Rutland County Council include Emergency Hormonal Contraception (EHC), needle and syringe exchange for people with drug addictions, and supervised administration of methadone and other substitutes – the last two services via Turning Point.

LLR Clinical Commissioning Groups also commission the following services extended care services Tier 1- Conjunctivitis and UTI treatment; Extended care services Tier 2a - impetigo, eczema and insect bite treatment; Emergency supply service. There is no palliative medicine supply from current pharmacies. In addition, the Leicestershire Partnership Trust commissions under-18 flu and covid vaccinations.

Consultation Findings

Professional Survey Results

The results show that 85% of pharmacies use locum pharmacists and 76% use relief pharmacists, with recruitment difficulties experienced particularly in community pharmacist, dispenser, and medicines counter assistant roles. Most of respondents felt that they are able to maintain the current level of service, with 18% disagreeing.

Most would be willing to provide NHS commissioned services with training and/or facilities. Eight out of 20 non-commissioned services are provided by the majority of respondents, with most of respondents indicating that they would provide other services with support. Most do not provide non-NHS funded services but are willing to with training. 81% of respondents indicate that the number of pharmacies and the location within a 3-mile radius are 'excellent' or 'good' and 15% adequate. Ratings for the range of services provided within a 3-mile radius are slightly lower, with 64% rating 'excellent' or 'good' and 24% 'adequate'. 61% of respondents plan to expand the business and 32% are planning to expand online services.

User Survey Results

Among the respondents, 80% felt that opening hours met their needs with 8% disagreeing, 95% felt it easy to find a pharmacy open in the day and 49% found it easy in the evening; 32% found it difficult. 57% found it easy at weekends whilst 23% found it difficult. The majority (76%) of respondents were 'very' or 'fairly' satisfied with advice from pharmacies with just 3% 'fairly dissatisfied' and 71% 'very' or 'fairly' satisfied with advice from GP dispensaries with 9% 'fairly dissatisfied'. Availability of medicines, quality of service and location were reported as the most important aspects of pharmacy services. Most (95%) of respondents agreed that their pharmacy provides a good service and provides clear advice. Some of the responses highlighted some concerns about speaking to a pharmacist without being overheard. The majority were not likely to use postal (70%) or online services (52%) within the next 3 years.

Statutory Consultation

The statutory consultation has highlighted general support for the contents and findings of the PNA. Responses highlight the importance of pharmacies within the overall health system, the good work carried out by pharmacies during the covid pandemic and also some of the pressures on pharmacies and others including workforce pressures. An Integrated Pharmacy and Medicines Optimisation Plan and supporting workstreams have been flagged as important in taking forward some of these improvement issues. The PNA survey also supplied a small number of extra public responses as well as one from the acute trust and a pharmacy company. 75% of respondents felt the draft PNA accurately reflected current pharmacy provision and that the needs of the population had been adequately reflected. No specific gaps were identified and no disagreement with the recommendations was expressed.

Conclusions and Recommendations

With six pharmacies and three dispensing GP surgeries, 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 is currently adequate to support the growing population. One avenue to explore is the provision of distance selling pharmacies to potentially increase local pharmacy capacity, to ensure that the needs of local people are being met. The PNA should be reviewed in 2025 to ensure that the needs of the population continue to be met. Access to medicine supplies, pressure on pharmacies and use of private areas should also be kept under review.

The provision of Community Based Services across Rutland is considered to be good, but these services should be promoted further, with a focus on consistency of service across the county. The importance of available and accessible public and community transport to ensure effective access to pharmacy services for those without a car is noted and endorsed.

Community pharmacies are the most accessible healthcare professional for members of the public to see, and they are highly valued by their customers. Pharmacies are essential in promoting healthy lifestyles both now and in the future, supporting health and social care, particularly with issues such as helping patients care for themselves (self-care) in the community. This could cut down the number of unnecessary admissions to hospital. The role of pharmacies supporting extended access in General Practice needs to be considered in the future. The landscape of health

care in LLR is changing through local and national policy development and the impact on pharmacies should continue to be monitored.

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1. Introduction

The Health and Social Care Act 2012 established Health and Wellbeing Boards. From April 2013 Health and Wellbeing Boards became responsible for developing and updating Pharmaceutical Needs Assessments (PNAs). At the same time responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England and NHS Improvement.

If a person (a pharmacist, 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 as at October 2021 are held by NHS England and NHS Improvement. This is commonly known as the NHS “market entry” system.¹

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.

The last PNA for Rutland was produced in March 2018 by the Rutland Health and Wellbeing Board. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requires all Health and Wellbeing Boards to publish a revised assessment within three years of publication of their first assessment. The timescale for this has been extended by a year due to the coronavirus pandemic. This PNA therefore replaces the 2018 document.

2. Purpose of the PNA

PNAs 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.

Pharmaceutical Needs Assessments will inform commissioning decisions of pharmacy services by local authorities, NHS England and NHS Improvement, and with their introduction Integrated Care Systems/Boards. PNAs will also identify which services should be commissioned for local people, within available resources, and where these services should be. The PNA has been written against a backdrop of a significant change in the organisational landscape for commissioning.

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

PNAs identify gaps in service provision and inform decision making in response to applications made to NHS England and NHS Improvement by organisations to provide a new pharmacy. The organisation that will make these decisions is NHS England and NHS Improvement hence the PNA is of particular importance to them.

The Covid-19 pandemic and other recently added services has changed the way community pharmacies are perceived and relied upon. Pharmacies remained open during the height of the pandemic, enabling patients to access clinical expertise without an appointment. The PNA seeks to build upon this enhanced reputation and role.

In summary, the regulations² require a series of statements that must be contained in the PNA, see below:

- A statement of pharmaceutical services that the Health and Wellbeing Board has identified as services that are necessary to meet the need for pharmaceutical services
- A statement of pharmaceutical services that have been identified as services that are not provided but which the Health and Wellbeing Board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service
- A statement of pharmaceutical services that the Health and Wellbeing Board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access
- A statement of the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
- Other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

Other information that will be included or taken into account within the PNA is:

- How the Health and Wellbeing Board has determined the localities in its area
- How it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic
- A report on the consultation
- A map that identifies the premises at which pharmaceutical services are provided
- Information on the demography of the area
- Whether there is sufficient choice with regard to obtaining pharmaceutical services
- Any different needs of the different localities; and
- The provision of pharmaceutical services in neighbouring Health and Wellbeing Board areas.

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 GPs and appliance contractors. The Community Pharmacy Contractual Framework with the NHS (CPCF) outlines four tiers of community pharmaceutical services:

Essential Services – all pharmacies, including distance selling pharmacies, are required to provide essential services as part of the NHS Community Pharmacy Contractual Framework (the pharmacy contract).

Advanced Services – are those services that community pharmacy contractors and dispensing appliance contractors can provide as long as they meet the requirements set out in the Secretary of State's Directions.

Enhanced Services – are the third tier of services that pharmacies may provide, and they can only be commissioned by NHS England and NHS Improvement. Community pharmacies may be approached to provide these services or invited to express interest/tender for the opportunity to provide them.

Locally Commissioned Community Based Services - in addition to these nationally determined services, community pharmacies can also be contracted to provide locally commissioned services by local authorities and Clinical Commissioning Groups.

Quality assurance

NHS England and NHS Improvement’s local teams monitor the provision of Essential and Advanced Services and the pharmacy contractors’ compliance with the terms of the Community Pharmacy Contractual Framework. Each year every pharmacy must complete a short questionnaire which will determine whether a pharmacy needs visiting. The General Pharmaceutical Council also carry out inspections in all registered pharmacy premises to ensure that they comply with all legal requirements and regulatory standards. The inspector will examine how the pharmacy operates with the aim of securing and promoting the safe and effective practice of pharmacy services.²

All pharmacies are required to conduct an annual community pharmacy patient questionnaire (Patient Satisfaction Questionnaire) which allows patients to provide feedback to community pharmacies on the services they provide. Due to the current challenges being experienced by pharmacies and the contribution of the pharmacy workforce to the Covid-19 vaccination programme, the Pharmaceutical Services Negotiating Committee (PSNC) reached agreement with NHS England and NHS Improvement and the Department of Health and Social Care that contractors would not be required to complete the Community Pharmacy Patient Questionnaire for 2021/2022.²

3.1. Essential Services

As of October 2021, there are eight essential services (listed below) that 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 Medicines and Appliances	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/ Electronic Repeat Dispensing (eRD)	<p>The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. The service specification for repeat dispensing 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.</p>
Discharge Medicines Service (DMS)	<p>This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. Patients are digitally referred to their pharmacy after discharge from hospital. Using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made when the first new prescription for the patient is issued in primary care and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.</p>
Clinical Governance	<p>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.</p>
Promotion of Healthy Lifestyles (Public Health)	<p>The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:</p> <ul style="list-style-type: none"> • have diabetes; or • be at risk of coronary heart disease, especially those with high blood pressure; or • smoke; or • are overweight • and participating in six health campaigns, where requested to do so by NHS England and NHS Improvement.
Disposal of Unwanted Medicines	<p>Acceptance, by community pharmacies, of unwanted medicines by someone living at home, in a children's home or in a residential care home which require safe disposal. Primary Care Organisations will have arrangements for the collection and disposal of waste medicines from pharmacies.</p>
Signposting	<p>The provision of information on other health and social care providers or support organisations to people visiting the pharmacy who require further support, advice or treatment which cannot be provided by the pharmacy.</p>
Support for self-care	<p>The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.</p>

Source: NHS Community Pharmacy Contractual Framework

3.2. Advanced Services

There were eleven advanced services within the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract') but 4 have been decommissioned and there are now currently 8 available that Community Pharmacies can choose to provide. These services are free at the point of care for all eligible patients.

Table 2: Advanced Pharmacy Services

Advanced Services	Description
New Medicine Service (NMS)	This service was introduced on 1st October 2011. The service provides support for people with long term conditions who have been newly prescribed a medicine to help improve medicines adherence and self-manage their condition. This service is initially focused on particular patient groups and conditions.
Community Pharmacist Consultation Service (CPCS)	Introduced in November 2020 this service replaced the NHS Urgent Medicine Supply service pilot. General Practices and NHS 111 can refer patients for minor illness consultation at pharmacies offering CPCS.
C-19 Lateral Flow Device Distribution	From March 2021 to March 2022, lateral flow device distribution was added to the advanced services available at some community pharmacies. Lateral flow devices were free to collect for members of the public. <i>This service ceased from 1st April 2022.</i>
Appliance Use Review (AUR)	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.
Stoma Appliance Customisation (SAC)	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. 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.

Seasonal Influenza (flu) Vaccination	Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015 for patients aged 65 and over and at-risk groups, to support GP services in increasing vaccination rates. Each year from September through to March the NHS runs a seasonal influenza (flu) vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.
Hepatitis C Testing Service	From September 2020 Hepatitis C testing became available as an advanced service from pharmacies who offer this service. This service is focused on provision of point of care testing for Hepatitis C antibodies to people who inject drugs who haven't yet accepted treatment for their substance use. Those who test positive are referred for further confirmatory testing and treatment.
Hypertension Case-Finding Service	Also known as the NHS Blood pressure check, from October 2021 pharmacies provided clinic blood pressure testing to those aged over 40 to identify those with high blood pressure. Where clinically indicated, patients are then offered 24-hour ambulatory blood pressure monitoring, the results of which are shared with the person's GP.
Pandemic Delivery Service	Originally offered to Clinically Extremely Vulnerable people shielding due to the COVID-19 before being offered to people who have been notified of the need to self-isolate by NHS Test and Trace. Delivery of prescriptions from Pharmacies was organised via a variety of methods including volunteer delivery or direct pharmacy delivery. <i>This service ceased from 5th March 2022.</i>
Smoking Cessation Service (CSC)	This service enables NHS trusts to refer patients to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required.

Source: NHS Community Pharmacy Contractual Framework

3.3. Community Based Services

In addition to the services above, pharmacies can also offer services that are commissioned by local authorities and Clinical Commissioning Groups that have been identified to meet the health needs of their local populations. Some pharmacies can opt into some of these services, but for others activity is controlled by the commissioners (e.g., palliative care.) These services currently include:

Table 3: Community Based Pharmacy Services

Community Based Services	Description
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.
Needle Exchange	A service for intravenous drug users, providing clean needles and so reducing the risk of infection such as hepatitis.

Supervised Consumption	A service for registered drug addicts, providing regular monitored doses of an opiate substitute to support becoming progressively drug free.
Champix Provision	A service to provide Champix (Varenicline) as part of a Patient Group Directive to service users on referral by the Quit Ready Leicestershire Stop Smoking Service. <i>Currently there has been no provision since January 2021 due to a manufacturer recall.</i>
Extended Care Services – a range of services including tier 1, 2 and 3 services	The extended care service allows pharmacies to provide treatment for a selection of minor ailments without the patient having to attend a GP or Out of hours service. Advice is also given to reduce the likelihood of repeat need for treatment. The patient must be registered with a GP and may need to be in an eligible group.
Palliative Medicine Supply	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 prompt access to palliative care medicines by patients and their representatives. This service also includes provision of urgent antibiotics.
Emergency Supply Service	The Emergency supply service allows pharmacists to prescribe prescription only medicines to a patient previously prescribed the requested drug without a prescription. This means a patient can in emergency situations receive a drug without visiting a doctor and is intended to lessen demand for emergency medical care for repeat prescriptions.
Covid-19 Vaccinations	Community pharmacies have been central to the Government’s response to Covid-19, by offering and delivering Covid-19 vaccinations.

Source: NHS Community Pharmacy Contractual Framework

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* – they only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs. Dispensing appliance contractors are not required to have a pharmacist, or a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council. Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient.
- *Dispensing doctors/practices* – GP Practices can dispense medicines and appliances to patients who live in a controlled locality (rural area) and live more than 1.6km from a pharmacy.
- *Local Pharmaceutical Service (LPS) contract* - allows NHS England and NHS Improvement 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 (e.g., internet pharmacies) are able to provide the full range of essential, advanced and enhanced services to the population, without face-to-face contact. Distance selling pharmacies will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier. They must provide essential services to anyone, anywhere in England, where requested to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises.

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 are provided in HM 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 are 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 caseloads 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 and Market Harborough
- Rutland Memorial Hospital
- Stamford Hospital
- Other out of county providers, such as Nottinghamshire, Lincolnshire, Peterborough, Cambridgeshire, Northamptonshire 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 Pharmaceutical Needs Assessment

The Health and Wellbeing Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Rutland by 1 October 2022. The Leicester, Leicestershire and Rutland (LLR) PNA Reference Group has overseen and developed the draft PNA on the Board's behalf. The interagency PNA Reference Group was established because many of the relationships required for the PNA were Leicester, Leicestershire and Rutland (LLR) wide. The team included representation from NHS England and NHS Improvement, the LLR Pharmaceutical Committee and the Local Professional Network for Pharmacists. The Group's terms of reference are attached as **Appendix A**.

The PNA was subject to a 60-day statutory consultation period running from June 2022 to August 2022. A consultation also took place with local pharmaceutical professionals and service users to gather evidence to support the PNA. The results from the consultations and surveys are set out later in the report. 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 and NHS Improvement 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
- NHS England and NHS Improvement
- any neighbouring Health and Wellbeing Board

The full range of statutory bodies required were contacted and asked to participate in the consultation. In addition, the consultation was promoted widely to other groups likely to be interested.

HEALTH NEEDS OF THE POPULATION OF RUTLAND

6. Population of Rutland

Rutland's Joint Strategic Needs Assessment (JSNA) was published in 2018.³ Since the publication of the JSNA, additional reports have been published to further enrich the evidence base for the health

and wellbeing of the population. A new Rutland Joint Health and Wellbeing Strategy 2022 – 2025⁴ was also agreed in 2022. A Public Health Outcomes Framework update has been published for Rutland Council, and the Director of Public Health’s Annual Report also updates on population health. The latest report for 2020 focused on providing an overview of health in Rutland and the role of workplace health in improving health.

The Rutland JSNA is available from - <https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/joint-strategic-needs-assessment>

The Rutland Joint Health and Wellbeing Strategy 2022 – 2027 is available from - <https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/health-and-well-being-strategy/>

The Annual Report of the Director of Public Health 2020⁵ is available from: http://www.lsr-online.org/reports/director_of_public_health_annual_reports

6.1. Population Estimates

In 2020, the population of Rutland was estimated to be 40,476 people.⁶ 9,412 people were aged 65-84 years (23.3%) and 1,450 people were aged 85 years and over (3.6%).⁶ On Census day 2021 the size of the usual resident population in Rutland was 41,100 people: this is an increase of 10% (3631) since 2011. Rutland’s population increase at 10% compares to a 8% increase for the East Midlands region and a 7% increase for England.

Figure 1 and Table 4 present the age population structure of Rutland.

Figure 1: 2020 Population Pyramid⁶

2020 population by age and gender

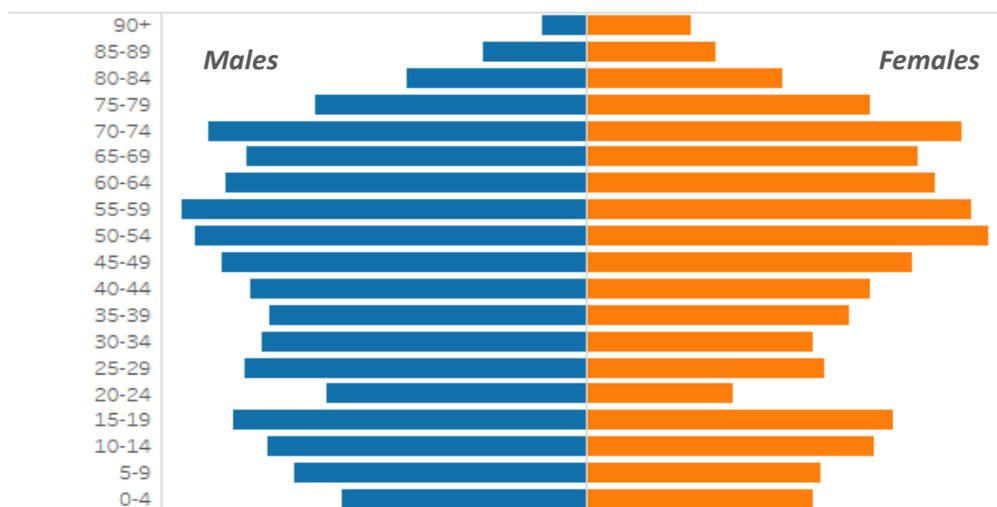


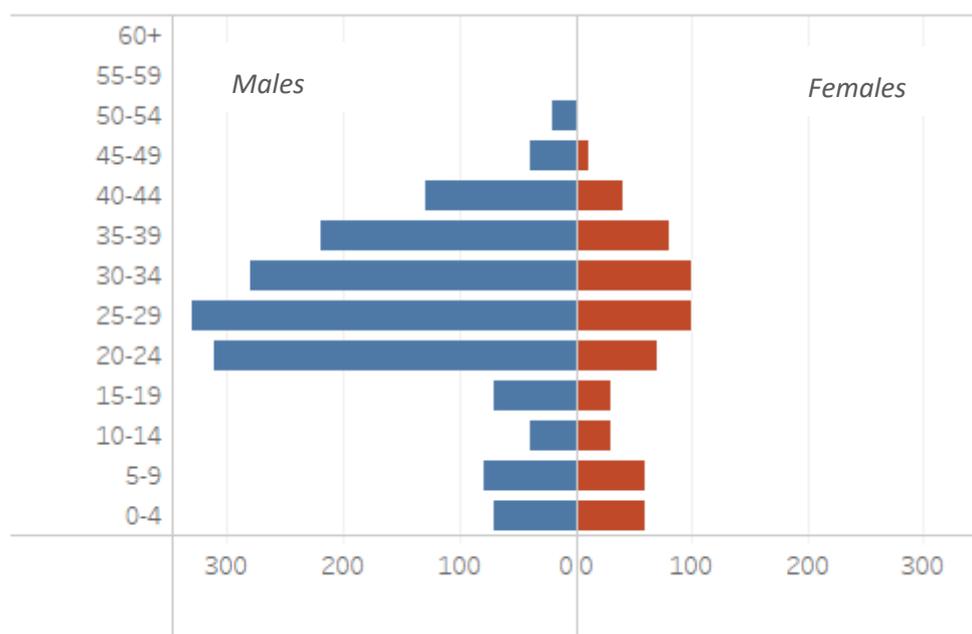
Table 4: 2020 Population Estimates for Rutland by age and gender⁶

Ages	Males	% of Total Population	Females	% of Total Population
0-4	900	2.2%	876	2.2%
5-9	1,081	2.7%	904	2.2%
10-14	1,177	2.9%	1,114	2.8%
15-19	1,305	3.2%	1,184	2.9%
20-24	958	2.4%	569	1.4%
25-29	1,261	3.1%	922	2.3%
30-34	1,198	3.0%	878	2.2%
35-39	1,171	2.9%	1,019	2.5%
40-44	1,243	3.1%	1,095	2.7%
45-49	1,349	3.3%	1,259	3.1%
50-54	1,448	3.6%	1,556	3.8%
55-59	1,497	3.7%	1,487	3.7%
60-64	1,330	3.3%	1,350	3.3%
65-69	1,257	3.1%	1,278	3.2%
70-74	1,393	3.4%	1,453	3.6%
75-79	998	2.5%	1,098	2.7%
80-84	661	1.6%	757	1.9%
85-89	381	0.9%	500	1.2%
90+	165	0.4%	404	1.0%
All Ages	20,773	51.3%	19,703	48.7%

6.2. Military Population

As of October 2021, there were 2,160 Armed Forces personnel and entitled civilian personnel with a Defence Medical Services registration in Rutland.⁷ This accounts for 5.3% of the total resident population. Three quarters of those registered with the Defence Medical Services were members of the Armed Forces, whereas the remaining quarter were entitled civilian personnel. Of all registrations, 53% were for male personnel aged 20-39 and 27% were female personnel.

Figure 2: Military Population Pyramid in Rutland, October 2021⁷



Source: MoD. Defence personnel NHS commissioning quarterly statistics, 2021/22

6.3. Deprivation

The Index of Multiple Deprivation 2019 (IMD) is the official measure of relative deprivation in England, part of outputs that form the Indices of Deprivation (IoD).⁸ It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual's living conditions. People may be considered to be living in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income.⁹ The Indices of Deprivation 2019 are based on 39 separate measures, combined and weighted seven distinct 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; and
- Living environment deprivation.

Figure 3 illustrates the geographical spread of deprivation in Rutland. The classification is based on ranking all 32,844 national LSOAs, or neighbourhoods, and dividing them into 5 equal groups (or quintiles) according to their deprivation rank. It is important to note that in Rutland, there are no areas that are within the 1st or 2nd, most deprived, national quintile. Only three of Rutland's LSOAs can be classified as average deprivation at the national scale (3rd quintile, shaded grey), the remainder of the neighbourhoods are below the national average deprivation (5th least deprived quintile in dark green and 4th in light green).

Figure 3: English Indices of Multiple Deprivation 2019 in Rutland's LSOAs, by national quintile

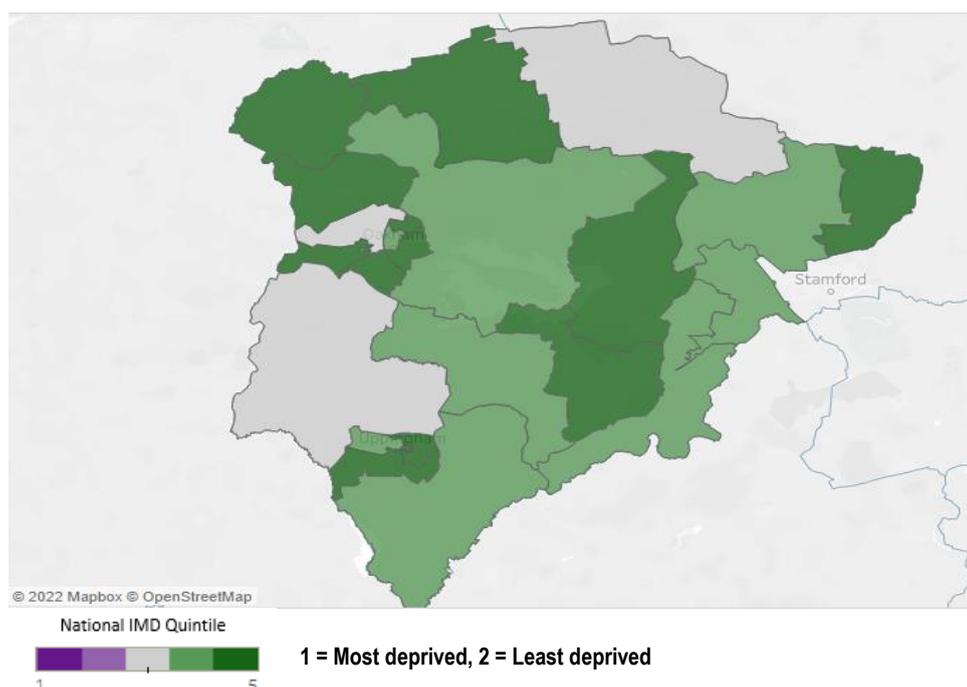
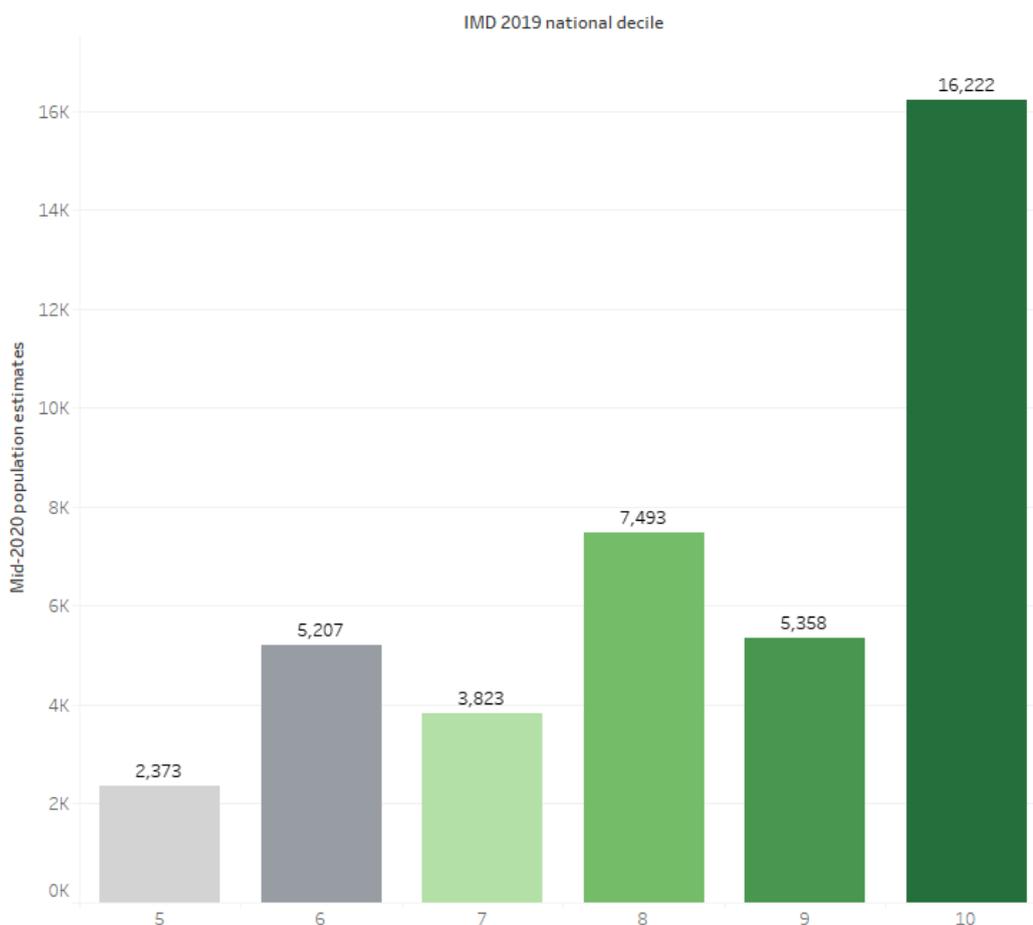


Figure 4 shows how much of the population of Rutland lives in each deprivation decile, and demonstrates that:

- 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 40% of areas nationally.
- 53% of the Rutland population live in the least deprived quintile of deprivation, accounting for over 21,000 people.

Figure 4: Rutland Mid-2020 Population and IMD 2019 national decile



Source: Mid-2020 population estimate, ONS, 2021 and Indices of Deprivation 2019, MHCLG, 2019.

6.4. 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%.¹⁰ 2.3% of the population classed themselves as White Other and 0.6% as White Irish.

7. Local Health Needs

7.1. Life Expectancy

Between 2018-20, the life expectancy at birth for males in Rutland was 83.2 years, which is significantly better (higher) than the England average (79.4). Life expectancy at birth for males has remained significantly better (higher) than the England average since 2001-03. Between 2018-20, the life expectancy at birth for females in Rutland was 85.0 years, which is significantly better (higher) than the England average (83.1). Life expectancy at birth for females has remained significantly better (higher) than the England average since 2010-12. ¹¹

Between 2017-19, the healthy life expectancy at birth for males in Rutland was 71.5 years, this is significantly better (higher) than the England average (63.2). Healthy life expectancy at births for males in Rutland has remained significantly better (higher) than the England average since 2012-14. Between 2017-19, healthy life expectancy at birth for females in Rutland was 63.1 years, this is statistically similar to the England average (63.5). Healthy life expectancy at births for females in Rutland has previously been significantly better (higher) than the England average since 2009-11. ¹¹

7.2. Lifestyles

Lifestyle statistics presented below relate to the population of Rutland and they are taken from the Public Health Outcomes Framework:¹¹

- In 2019, 10.2% of adults (aged 18+) were classified as current smokers. This is significantly better (lower) than the England average (13.9%).
- In 2020/21, the alcohol related hospital admission rate was 1019 per 100,000 (481 admissions). This is significantly better than the England rate (1500 per 100,000 population).
- In 2019/20, 65.3% of adults (aged 18+) were classified as overweight or obese. This is statistically similar to the England average (62.8%).
- In 2019/20, 23.1% of children aged 4-5 years were overweight or obese. This is statistically similar to England average (23.0%). Over the last five years, there has been no significant change in the trend for excess weight in those aged 4-5 years.
- In 2019/20, 26.6% of children aged 10-11 years were overweight or obese. This is significantly better than the England average (35.2%). Over the last five years, there has been no significant change in the trend for excess weight in those aged 10-11 years.
- In 2019/20, 20.2% of adults were physically inactive. This is statistically similar to the England average (22.9%).
- In 2020/21, 19.5% of people reported a high anxiety score for self-reported wellbeing. This is statistically similar to the England average (24.2%).

7.3. Health Profile

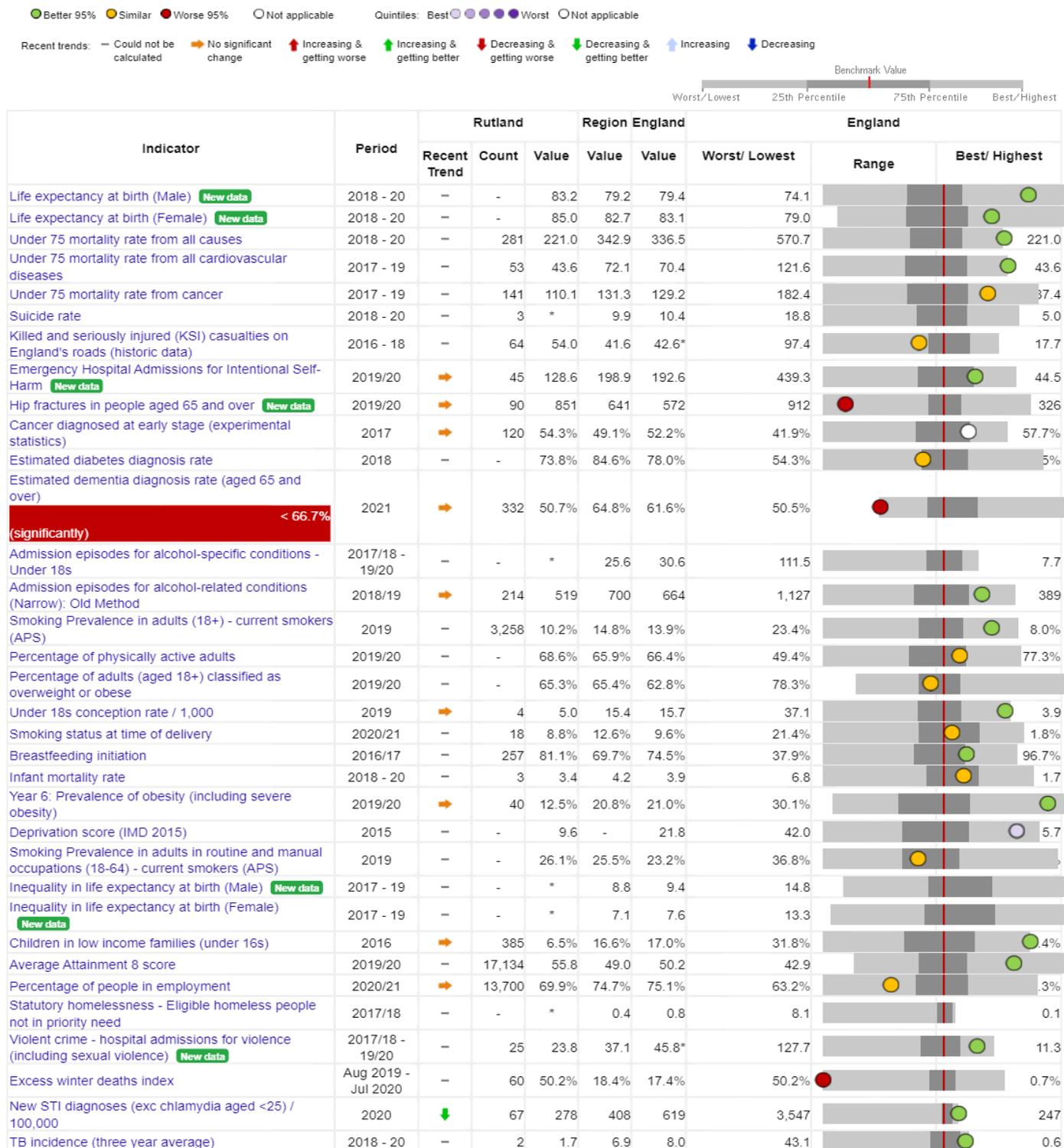
Health profiles are updated by the Office for Health improvement and Disparities and provide a useful snapshot of the health needs of the local population. The key findings are summarised in **Figure 5**.¹² In Year 6, 12.5% (40) of children are classified as obese, better than the average for England. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and breastfeeding are better than the England average.

The rate for alcohol-related harm hospital admissions is 519 per 100,000, better than the average for England. This represents 214 admissions per year. The rate for self-harm hospital admissions is 129 per 100,000, better than the average for England. This represents 45 admissions per year. Estimated levels of smoking prevalence in adults (aged 18+) are better than the England average. The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average.

The rates of hip fractures in older people (aged 65+), the estimated dementia diagnosis rate and excess winter deaths index are worse than the England average. The rates of violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from all causes and children in low-income families are better than the England average.

The health profiles and a range of other data feed into the JSNA assessment process and other reports which shape the priorities in the Rutland Health and Wellbeing Strategy. This then feeds into a range of actions and improvement plans to ensure that the weaker areas highlighted above are addressed. Details of the priorities in the Rutland Health and Wellbeing Strategy are set out later in this PNA as well as where to access updates and progress. A summary of indicators included in the Public Health Outcomes Framework for Rutland is included in **Appendix B**.

Figure 5: Health Profile for Rutland, 2022



Source: Fingertips, Office for Health Improvement & Disparities, 2022

7.4. Burden of Disease in the Population

The 2020-21 Quality and Outcomes Framework Data collected by GPs gives a good indication of the numbers of patients that GPs are seeing with long term condition **Table 5**).¹³

In Rutland there were:

- 6,977 people on GP hypertension registers, 17.3% of the registered population. This is significantly higher than the England prevalence of 13.9%.
- 2,612 people on GP asthma registers, 6.8% of the registered population. This is significantly higher than the England prevalence of 6.4%.
- 2,084 people on GP diabetes registers, 6.3% of the registered population aged 17 years and over. This is significantly lower than the England prevalence of 7.1%.
- 3,336 people on GP depression registers, 10.3% of the registered population aged 18 years and over. This is significantly lower than the England prevalence of 12.3%.
- 1,433 people on GP coronary heart disease registers, 3.6% of the registered population. This is significantly higher than the England prevalence of 3.0%.
- 1,733 people on GP cancer registers, 4.3% of the registered population. This is significantly higher than the England prevalence of 3.2%.

The Quality and Outcomes Framework data feed into the JSNA assessment process and other reports which shape the priorities in the Rutland Health and Wellbeing Strategy. This then feeds into a range of actions and improvement plans to ensure that the weaker areas highlighted above are addressed. Details of the priorities in the Rutland Health and Wellbeing Strategy are set out later in this PNA.

Table 5: GP Recorded Disease Prevalence in Rutland, 2020/21

■ England Average
■ Higher than England Average
■ Lower than England Average
■ Similar to England

Group	Disease Register		England	Rutland
Cardiovascular	AF - Atrial Fibrillation	Prevalence	2.0%	3.3%
		Register 2020-21	1,243,503	1,316
	CHD - Coronary Heart Disease	Prevalence	3.0%	3.6%
		Register 2020-21	1,850,657	1,433
	HF - Heart Failure	Prevalence	0.9%	1.7%
		Register 2020-21	550,613	702
	HYP - Hypertension	Prevalence	13.9%	17.3%
Register 2020-21		8,457,600	6,977	
PAD - Peripheral Arterial Disease	Prevalence	0.6%	0.6%	
	Register 2020-21	356,958	243	
STIA - Stroke and Transient Ischaemic Attack	Prevalence	1.8%	2.3%	
	Register 2020-21	1,093,593	944	
Clinical	NDH-Non-diabetic hyperglycaemia	Prevalence	5.3%	10.0%
		Register 2020-21	2,573,210	3,232
High Dependency	CAN - Cancer	Prevalence	3.2%	4.3%
		Register 2020-21	1,948,913	1,733
	CKD - Chronic Kidney Disease (18+)	Prevalence	4.0%	5.2%
		Register 2020-21	1,917,102	1,665
	DM - Diabetes Mellitus (17+)	Prevalence	7.1%	6.3%
Register 2020-21		3,491,868	2,084	
PC - Palliative Care	Prevalence	0.5%	1.5%	
	Register 2020-21	282,431	612	
Lifestyle	OB - Obesity (18+)	Prevalence	6.9%	3.8%
		Register 2020-21	3,334,036	1,210
Mental Health & Neurology	DEM - Dementia	Prevalence	0.7%	0.8%
		Register 2020-21	430,857	336
	DEP - Depression (18+)	Prevalence	12.3%	10.3%
		Register 2020-21	5,955,865	3,336
	EP - Epilepsy (18+)	Prevalence	0.8%	0.8%
		Register 2020-21	386,381	242
LD - Learning Disabilities	Prevalence	0.5%	0.4%	
	Register 2020-21	324,291	147	
MH - Mental Health	Prevalence	0.9%	0.7%	
	Register 2020-21	574,227	274	
Musculoskeletal	OST - Osteoporosis (50+)	Prevalence	0.8%	0.9%
		Register 2020-21	169,090	172
	RA - Rheumatoid Arthritis (16+)	Prevalence	0.8%	0.7%
Register 2020-21		382,517	242	
Respiratory	AST - Asthma	Prevalence	6.4%	6.8%
		Register 2020-21	3,629,071	2,612
	COPD - Chronic Obstructive Pulmonary Disease	Prevalence	1.9%	2.0%
		Register 2020-21	1,170,437	795

Source: QOF - Quality and Outcomes Framework (2020-21).

8. Rutland's Health and Wellbeing Priorities

The new Joint Health and Wellbeing Strategy 2022-27 for Rutland was agreed in 2022.¹⁴ The Strategy is the Health and Wellbeing Board's response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment and a variety of health assessments.¹⁵ The overall aim of the strategy is to help people live well in active communities. This will be progressed over the next five years by work carried out in seven priority areas:

1. Ensuring the best start for life
2. Staying healthy and independent
3. Healthy ageing and living well with long-term conditions
4. Providing equitable access to health and wellbeing services
5. Preparing for population growth and change
6. Making sure people are well supported in the last phase of their lives
7. Cross-cutting themes: good mental health, reducing health inequalities (including for the armed forces community), and COVID readiness and recovery

Updates on progress will be included in the Director of Public Health's Annual Report and on the Health and Wellbeing Section of the website.

CURRENT PHARMACEUTICAL PROVISION

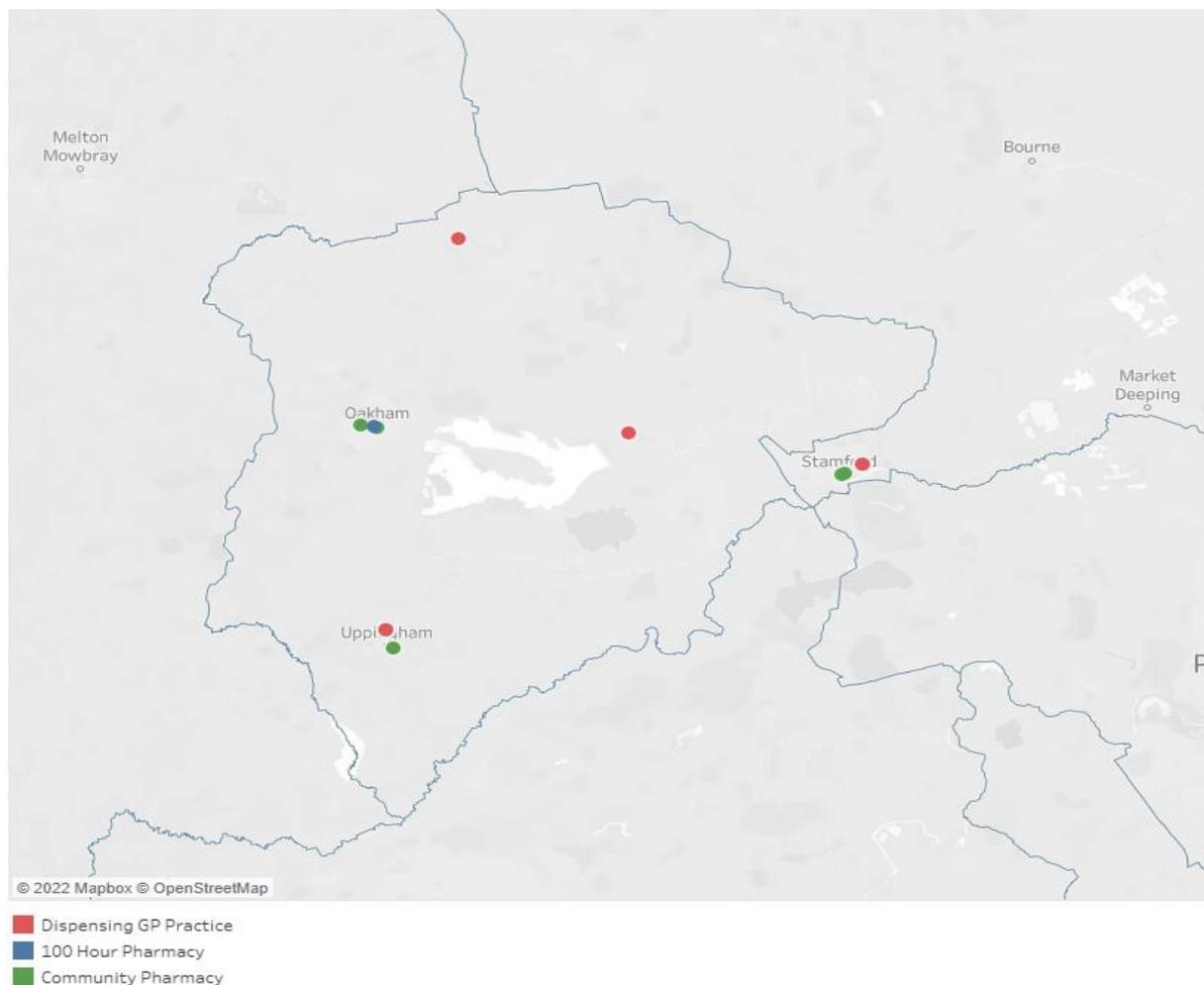
The information about services presented in this report was accessed as of September 2021 and refers to the status of services on 31st March 2021. Where services have changed significantly in the past 12 months this is referenced in the report but the baseline date for the presented data is fixed at this date.

9. Location of Pharmacies

Figure 6 shows the location and type of services in and around Rutland. Rutland has five (*now 6*) pharmacies and three dispensing GP locations. There is one 100-hour pharmacy. The pharmacies are all in the towns of Oakham and Uppingham while the dispensing GPs are in more rural areas.

A Pharmacy reopened in Oakham on April 1st, 2021. This is after the time period of most services data used in this report, as such this pharmacy is not included in most analysis. It has been included on the access analysis to give a true reflection of the pharmacy access at the time of this report.

Figure 6: Rutland Pharmaceutical Services and GP Dispensing Practices, as of 31st March 2021



Source: NHS England and NHS Improvement, Pharmaceutical Dataset, Sept 2021

Overall, Rutland has 1.46 community pharmacies per 10,000 population. In 2020/21 there were 11,636 pharmacies in England.¹⁶ With a population of 56,550,138 people in 2020,⁶ the average number of community pharmacies for England is 2.1 per 10,000 population. Rutland is a rural area, so it would be unrealistic to expect the same overall coverage of pharmacies per 10,000 population as England. Local knowledge indicates that Rutland residents in the east of the county are likely to travel across the border to access health services. This stresses the importance of residents in the east of Rutland being enabled to access cross border provision and the importance of information on opening times, transport routes and where to access services post hospital discharge etc. This also infers that more services are potentially available than quoted and the figure is likely to be an underestimate.

Combining community 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. In October 2021, there were 1,050 dispensing GPs in England. When combined with the number of pharmacies, this gives an England average of 2.2 contractors per 10,000 population. Rutland has 2.19 pharmacies and dispensing GP surgery locations per 10,000 population. This is similar to the England average.

9.1. Local Pharmaceutical Service (LPS) contract

NHS England and NHS Improvement commissions no LPS contracts for Rutland

9.2. Distance Selling Pharmacies

In addition to community pharmacies and dispensing GPs, residents are also able to access pharmacy services from distance selling, or internet pharmacies. There are no distance selling or internet pharmacies in Rutland, but residents may access these pharmacies in other areas.

10. Services Available in Rutland

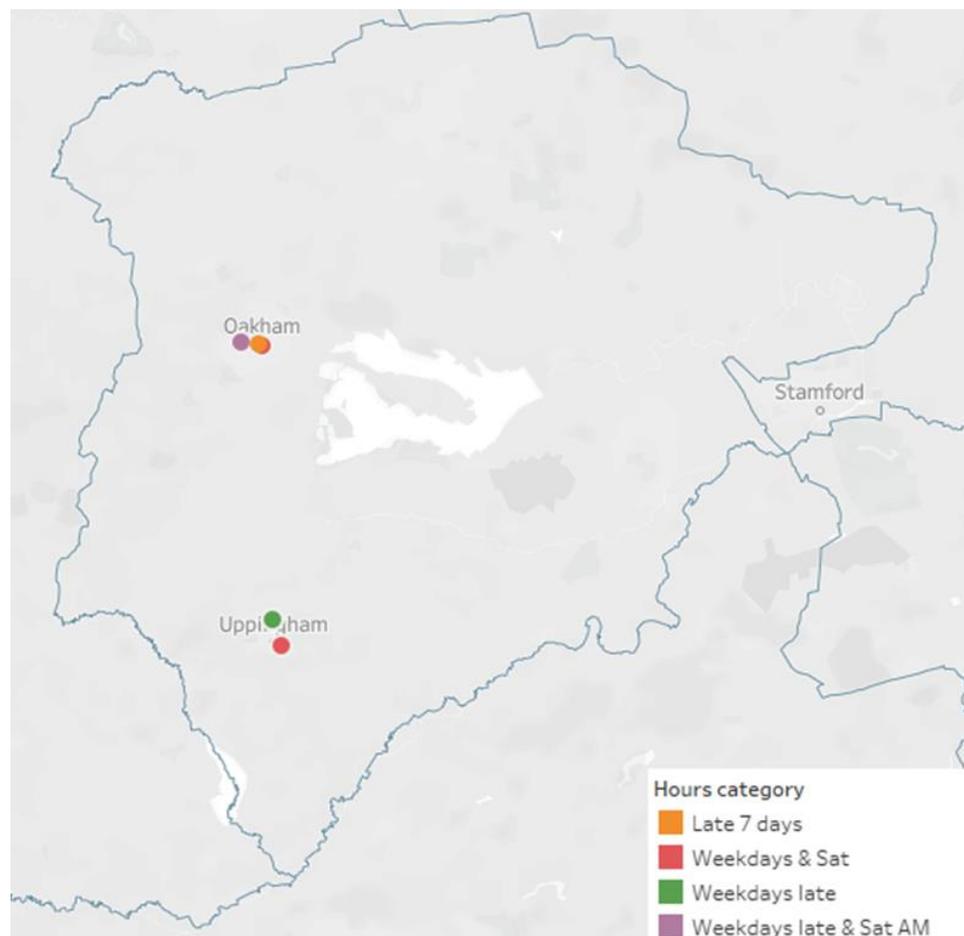
10.1. Essential Services

Essential services are provided by all pharmacies in Rutland, including internet pharmacies, as part of the NHS Community Pharmacy Contractual Framework. These services are managed by NHS England and NHS Improvement. They include dispensing, repeat dispensing, clinical governance, discharge medicine service, promotion of healthy lifestyles, disposal of unwanted medicines, signposting and support for self-care (see **Table 1** on page 13). As of October 2021, there are eight essential services (listed below) that are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract').

Table 1 Opening Hours

Pharmacies have core contractual hours of 40 per week and these are agreed with NHS England and NHS Improvement. Pharmacies across Rutland are open at varying times, providing a service somewhere in the county at almost all times: between 7am and 10pm Monday to Thursday and between 7am and 11pm Friday to Saturday, and supported by the 100-hour pharmacy in Oakham. The 100-hour pharmacy is open on Sundays. **Figure 7** shows the Pharmacies located in Rutland categorized by opening hours.

Figure 7-Opening Hours of Pharmacies in Rutland



Source: NHS England and NHS Improvement, Pharmaceutical Dataset, September 2021

- **7 days Standard Hours**-Open 7 days a week, closes before 6pm.
- **Late 7 days**-Open 7 days with late close (post 6pm) at least 6 out 7 days.
- **Weekdays & Sat**-Open weekdays and Saturdays with close before 6pm.
- **Weekdays Late**-Open weekdays with late close (post 6pm).
- **Weekdays late & Sat AM**-Open weekdays with close after 6pm and Saturdays with close before 1pm.

Derbyshire Health United (DHU) Health Care Community Interest Company run the Clinical Navigation Hub and Home Visiting Service, these services have access through an on-call pharmacist, to out of hours on call pharmacy provision for Rutland, which ensures urgent prescriptions are dispensed during the out of hours and bank holiday period.

10.1.1. Prescribing Activity

GP Practices in Rutland prescribed over 951,000 items in 2020.¹⁷ This equates to 24 items per head of registered population, including repeat prescriptions.¹⁸ The largest proportion between 2018 and 2020 was 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 8**.

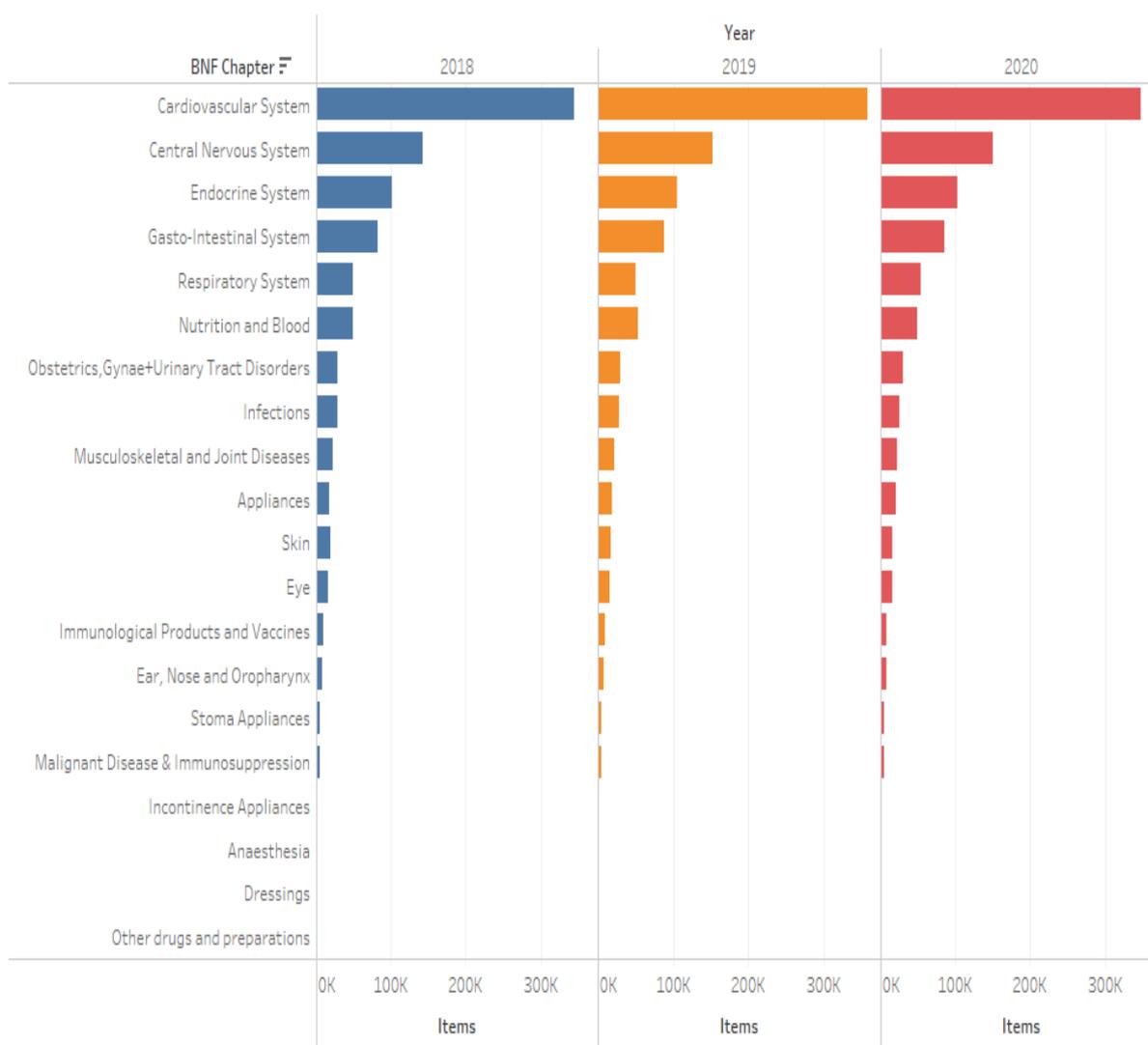
The prescriptions are dispensed by community pharmacies, internet pharmacies and dispensing GP practices.

Table 6: Number of items prescribed for Rutland in 2020

Area	Items Prescribed	Registered population (as at December 2020)	Items per head population
Rutland	951,275	39,745	24

Source: GP Prescribing data, 2021. Open Prescribing beta.

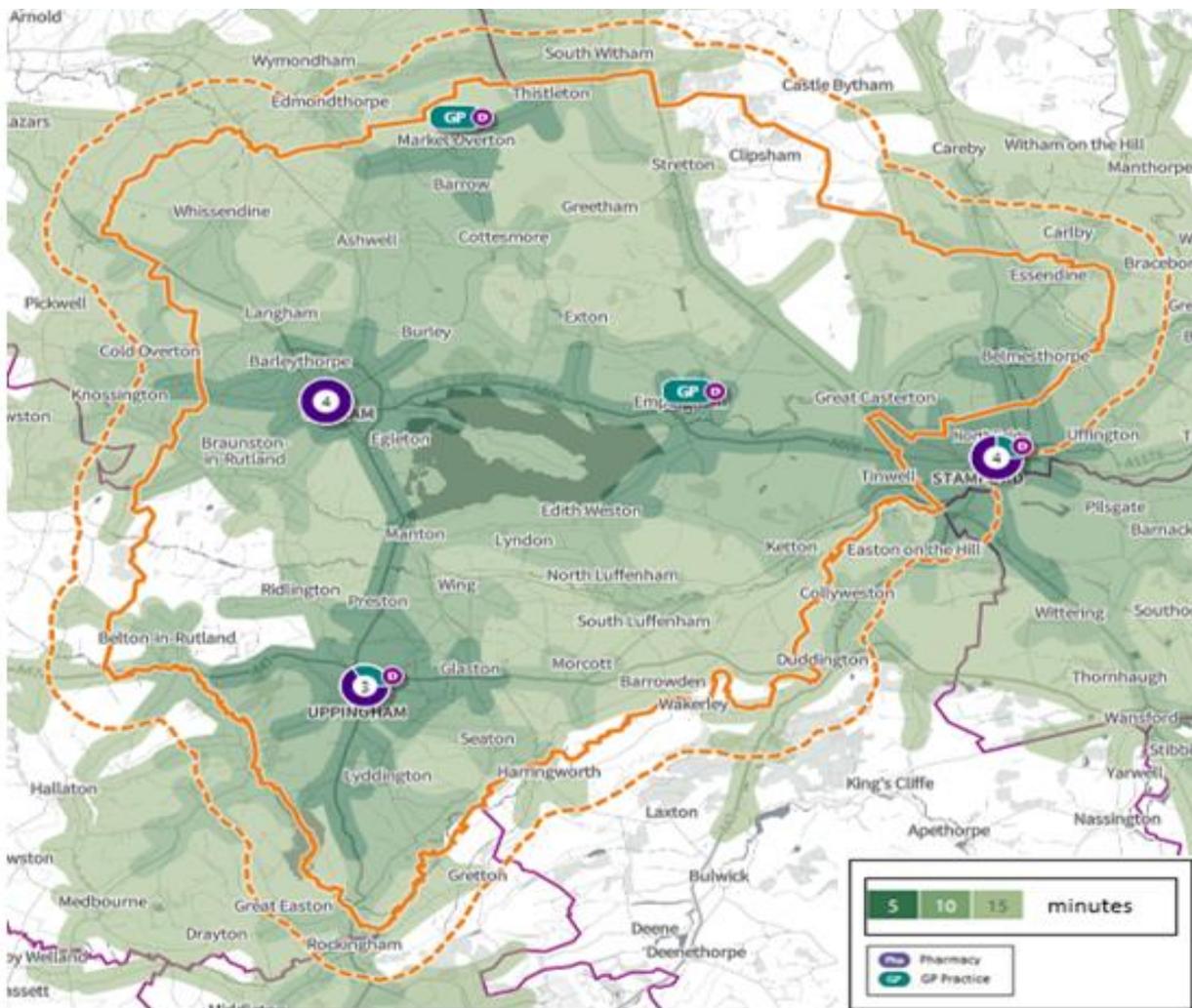
Figure 8: Prescribing Activity by BNF Chapter for Rutland, 2018 to 2020



10.1.2. Drive and Walk Time Analysis

Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool¹⁹ it is possible to analyse how long it takes to walk or drive from any Lower Super Output Area (LSOA) in Rutland to the nearest pharmacy or dispensing GP practice location in Rutland. Please note, pharmacies or dispensing GPs that are 1.5km outside of the Rutland boundary have also been included in this analysis. The drive-time map for Rutland pharmacies is shown in **Figure 9**. A Pharmacy reopened in Oakham on April 1st, 2021. This is after the time period of most services data used in this report, as such this pharmacy is not included in most analysis. It has been included on the access analysis to give a true reflection of the pharmacy access at the time of this report.

Figure 9: Drive Time to Nearest Pharmacy



Source: Strategic Health Asset Planning and Evaluation, 2022.

Although large parts of the county appear to be outside of the 10-minute drive boundary, this does not account for the population distribution, with less than 20% 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

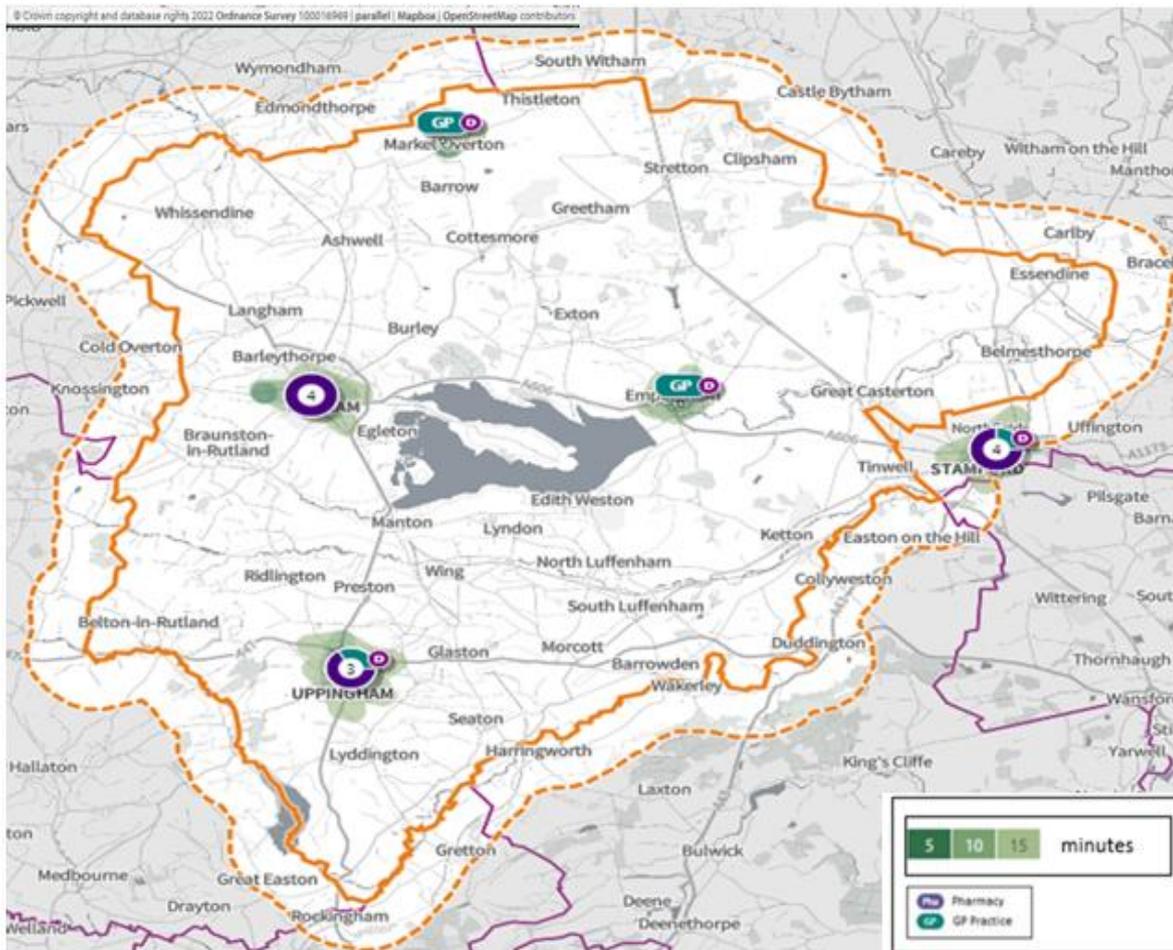
Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
Number	Percent	Number	Percent	Number	Percent	Number	Percent
21,610	53.4%	12,042	29.8%	3,096	7.6%	3,728	9.2%

Source: Strategic Health Asset Planning and Evaluation, 2022.

Source: Strategic Health Asset Planning and Evaluation, 2022.

Table 8 and **Figure 10** illustrate **walking times** to pharmacies in the county. Overall, over 54% of the county’s population live more than a 15-minute walk from a pharmacy or dispensing GP practice, 9% live between 11- and 15-minutes’ walk, 20% live between 6 and 10 minutes and 16% live within a 5-minute walk time.

Figure 10: Walking time to the nearest pharmacy



Source: Strategic Health Asset Planning and Evaluation, 2022.

Table 8: Population by Walk Time in Rutland

Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
Number	Percent	Number	Percent	Number	Percent	Number	Percent
6,594	16.3%	8,046	19.9%	3,682	9.1%	22,154	54.7%

Source: Strategic Health Asset Planning and Evaluation, 2022.

10.1.3. Public Transport

There are public transport services available across the county – currently including 4 services that operate hourly, 3 services that operate 2-hourly, and a number of less frequent rural services. These can be viewed on the Rutland County Council website: <https://www.rutland.gov.uk/my-community/transport/bus-times-and-travel/>

Due to the rural nature of Rutland, the majority of these bus services require financial support from Rutland County Council (and in some cases, from neighbouring authorities) in order to operate. In addition to the conventional fixed route bus services operating in the county, Rutland County Council currently supports a Demand Responsive Transport (DRT) service that runs only in response to pre-booked requests. This service is known as CallConnect and covers the eastern half of the county as well as crossing the county border to Stamford in Lincolnshire.

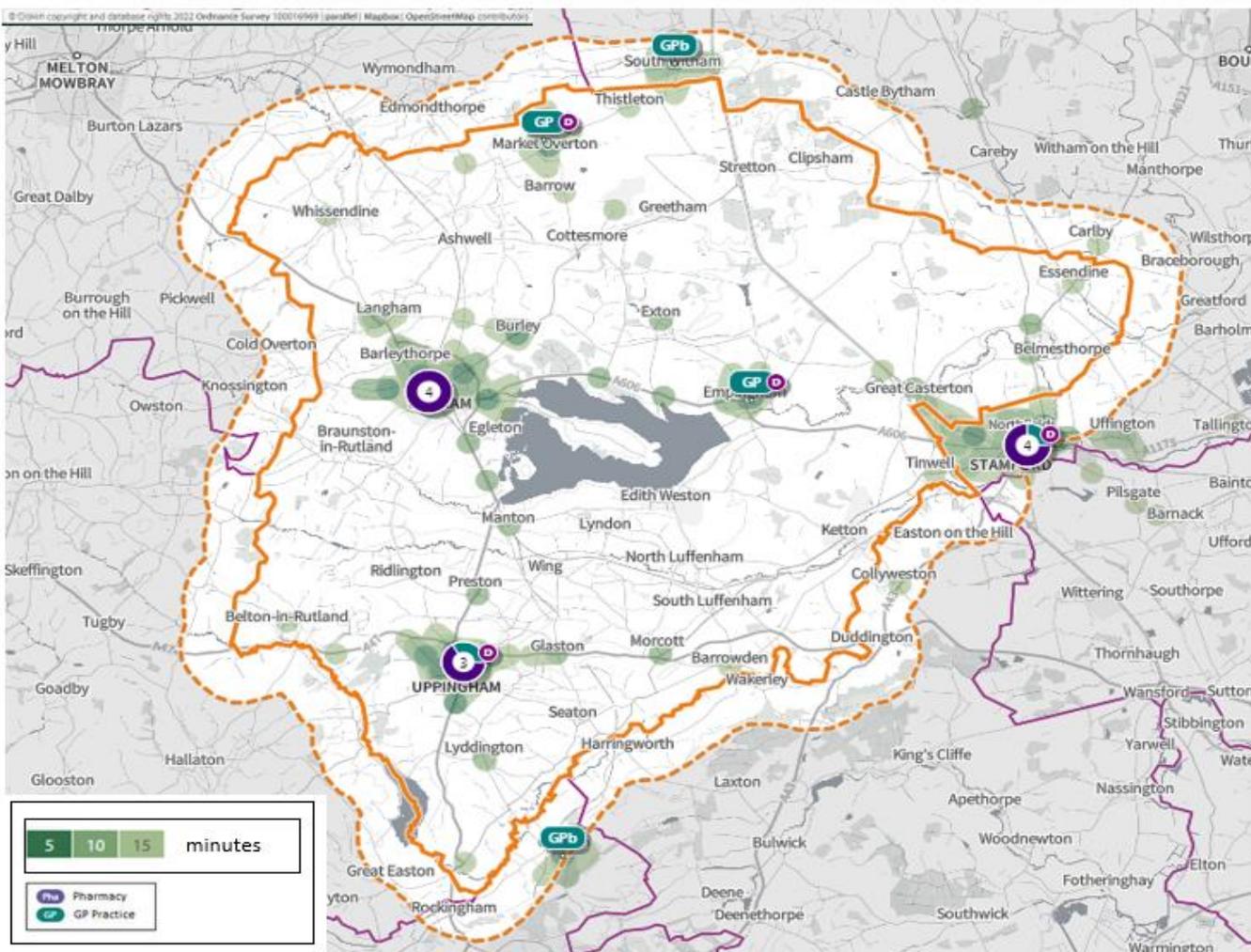
Within Rutland community transport services also exist. Voluntary Action Rutland (VAR), based in Oakham, operates one such scheme and a further, similar voluntary car scheme has recently been established in Uppingham. Furthermore, a number of parishes within Rutland also offer informal ‘good neighbour’ schemes, which include arranging lifts for people.

In addition to the bus services Rutland has one rail station in Oakham providing (approximately hourly) links to the cities of Leicester, Birmingham, Cambridge and Peterborough, as well as to Stansted Airport. At the time of writing Oakham also sees daily services to and from London serving Corby, Kettering, Wellingborough, Bedford, and Luton. Rutland County Council published their fourth Local Transport Plan in September 2019, this sets out their transport vision for the county up to 2036.

Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool¹⁹ it is possible to analyse how long it takes by public transport on a weekday morning from any Lower Super Output Area (LSOA) to the nearest pharmacy or dispensing GP practice location. Pharmacies and dispensing GPs 1.5km outside of the Rutland boundary have been included in this analysis

Table 9 and **Figure 11** illustrate public transport times on a weekday morning to pharmacies in the county. Overall, over 44% of the county’s population live more than 15-minutes by public transport from a pharmacy or dispensing GP practice on a weekday morning, 16% live between 11- and 15-minutes’ journey, 27% live between 6 and 10 minutes and 13% live within a 5-minute journey time. Weekend and afternoon public transport services will present a different percentage of the population within these journey times. Some residents in certain areas and villages can face longer public transport travel times to access the pharmacy services they need.

Figure 11 Public transport time to the nearest pharmacy on weekday mornings



Source: Strategic Health Asset Planning and Evaluation, 2022.

Table 9: Population by public transport travel time on weekday mornings

Less than 5 minutes		6-10 minutes		11-15 minutes		More than 15 minutes	
Number	Percent	Number	Percent	Number	Percent	Number	Percent
5,080	12.6%	11,005	27.2%	6,526	16.1%	17,865	44.1%

Source: Strategic Health Asset Planning and Evaluation, 2022.

10.1.4. Access and Populations affected by Deprivation

An analysis of drive, walk and public transport times by deprivation quintile is presented in Appendix E (Tables 4-6). It demonstrates that:

- 51% of those living in the most deprived areas in Rutland are within a 5-minute drive of a pharmacy or dispensing GP practice.

- 49% of those living in the most deprived areas are more than a 15-minute drive from a pharmacy or dispensing GP practice; and
- 49% of people living in Rutland's most deprived areas live more than a 15-minute walk from the nearest pharmacy or dispensing GP practice; and
- 49% of people living in Rutland's most deprived areas live more than a 15-minute public transport journey on a weekday morning from the nearest pharmacy or dispensing GP practice.

10.1.5. Access and People by Age Profile and Rurality

The **Tables 7-9** in **Appendix E** show drive, walk and public transport times respectively for the estimated population belonging to age bands. The results indicate that:

- Most of Rutland's population (53%) live within a 5-minute drive of a pharmacy or dispensing GP practice. This is higher for the population aged 15-24 (67%) compared with 51% of the population aged 25-64 years.
- 16% of the population in Rutland live less than a 5-minute walk from their nearest pharmacy or dispensing GP practice. This is higher for the population aged 15-24 years (35%), compared with 13% of the population aged 65-84 years.
- 12.6% of the population in Rutland live less than a 5-minute public transport journey on a weekday morning from the nearest pharmacy or dispensing GP practice. This is lower for those in the 25-64 age group (9.7%) and 65-84 age group (9.1%).

The **Tables 10-12** in **Appendix E** show drive, walk and public transport times respectively for the estimated population by Rural Urban Classification²⁰. This illustrates that:

- 100% of those living in 'urban city and town' areas in Rutland are within a 5-minute drive of a pharmacy or dispensing GP practice
- 25% of those living in 'rural village and dispersed' areas are more than a 15-minute drive from a pharmacy or dispensing GP practice.
- 100% of those living in 'rural village and dispersed' areas in Rutland are more than a 15-minute walk from a pharmacy or dispensing GP practice.
- 92% of those living in 'rural village and dispersed' areas in Rutland live more than a 15-minute public transport journey on a weekday morning from the nearest pharmacy or dispensing GP practice.

10.1.6. Access and Language

The 2011 Census found that the main language spoken throughout all Middle Super Output Areas (MSOAs) in Rutland was English.¹⁰ However, understanding the proficiency of English and other languages spoken by the population of Rutland is essential to ensure the population is able to access the appropriate service to treat their health needs.

In all areas of Rutland, the percentage of the population who cannot speak English well or cannot speak English at all is significantly lower than the national average. To further understand the gaps in language provision, **Figure 13** examines the second most prevalent language spoken throughout the MSOAs in Rutland. The figure shows that throughout the county, Polish, Oceanic/Australian language, Chinese and French are the second most prevalent languages in areas of Rutland.

Figure 12: Second most prevalent language throughout Middle Super Output Areas in Rutland, 2011¹⁰



Source: 2011 Census, ONS, 2012

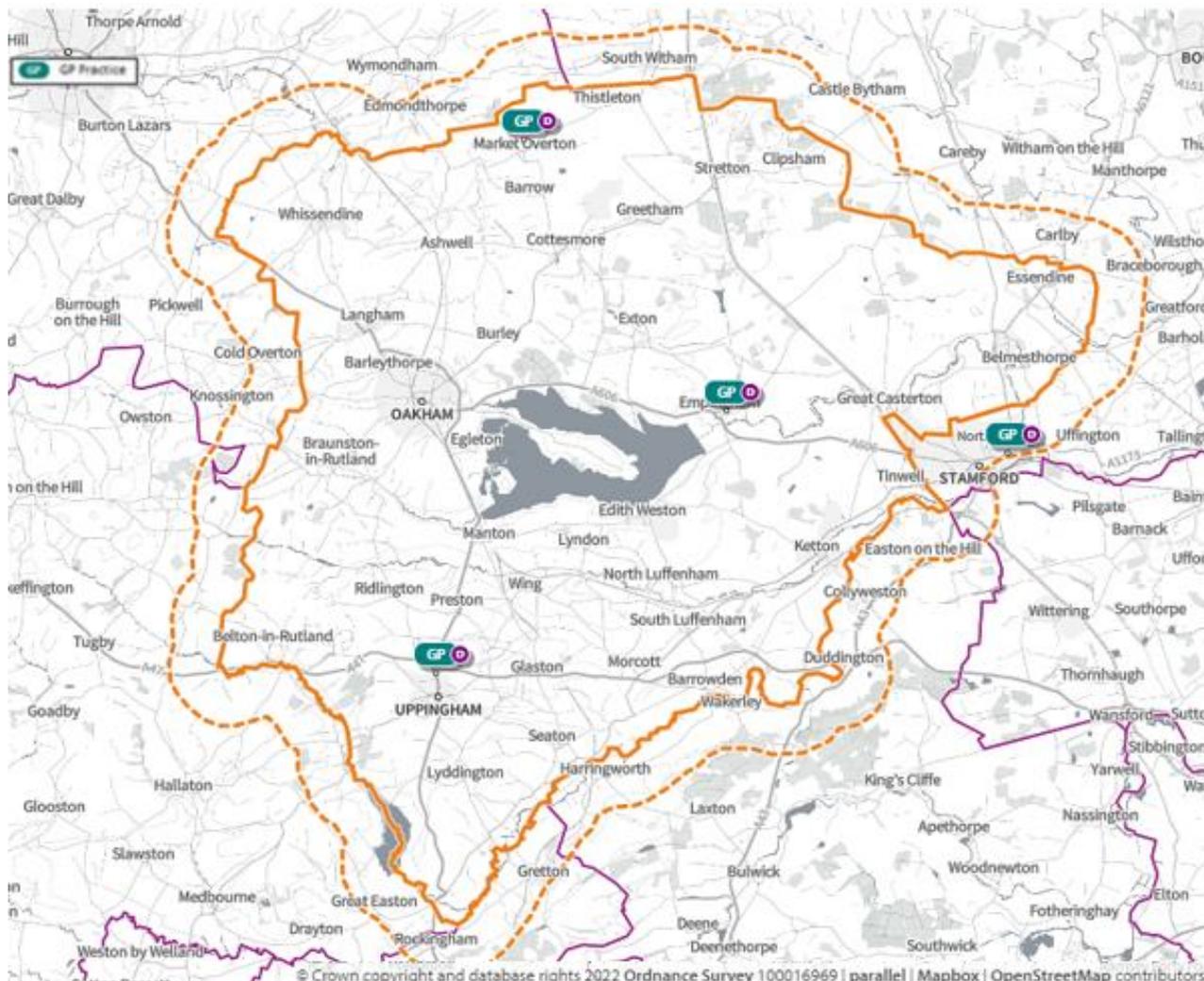
There are however solutions such as language services available to address gaps where there could be challenges accessing services due to language issues.

10.1.7. GP Dispensing

Dispensing doctors may generally only provide pharmaceutical services to patients who live in a designated controlled locality and more than 1.6km (1 mile) from a pharmacy. A controlled locality is an area that has been determined, by NHS England and NHS Improvement, a predecessor organisation or on appeal by the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), to be 'rural in character'.²

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 practice. 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 GPs which dispense from five different practice locations, as they are able to dispense from their branch and their main surgeries, illustrated in **Figure 13**. The areas that are designated as rural in the Strategic Health Asset Planning (2022).

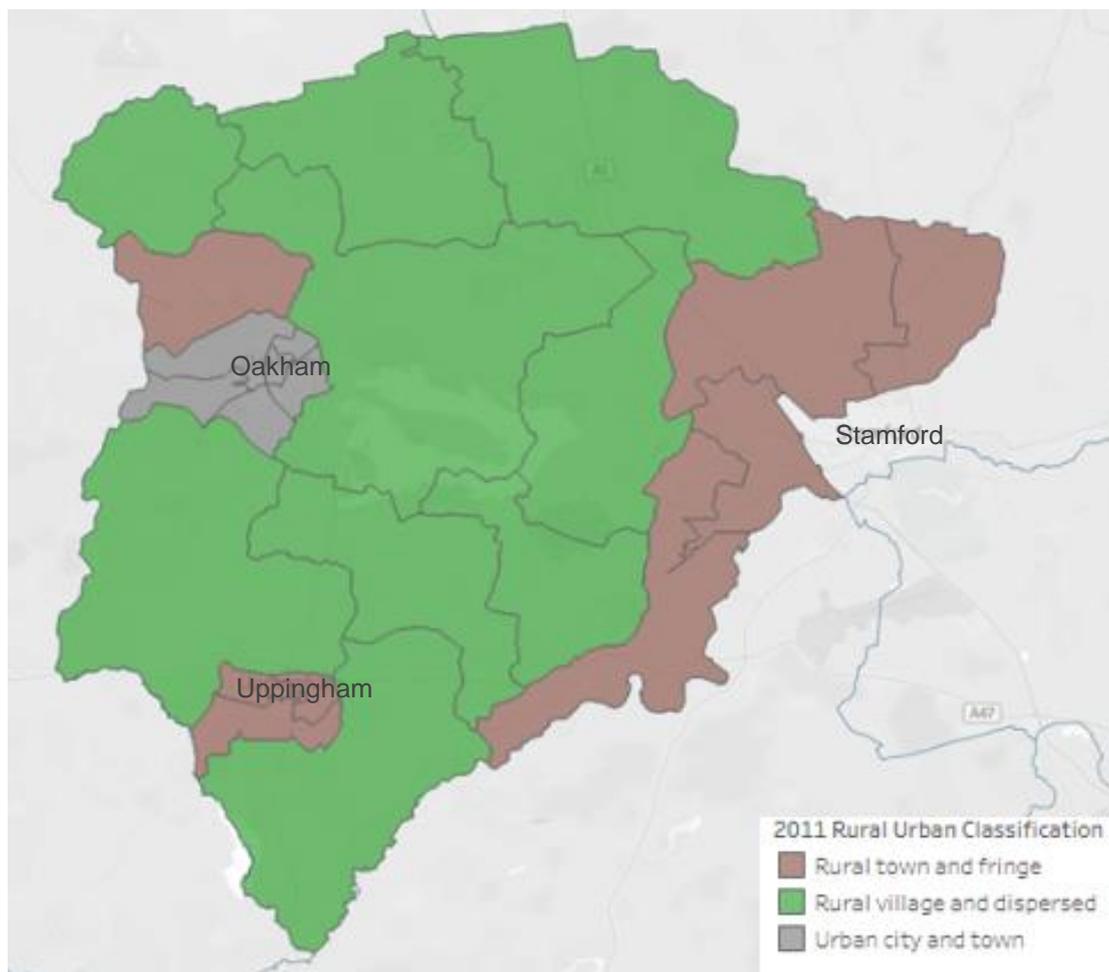
Figure 13: Dispensing GP Practices



Source: Strategic Health Asset Planning and Evaluation, 2022.

Figure 15 represents the controlled localities in Rutland. The dispensing GP surgeries are spread across the localities and whilst a patient may live over a 15-minute walk or 20-minute 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; but the opening times of GP surgeries will restrict this. 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.

Figure 14: Urban and Rural Areas Split, Rutland



Source: 2011 Census, ONS, 2012.

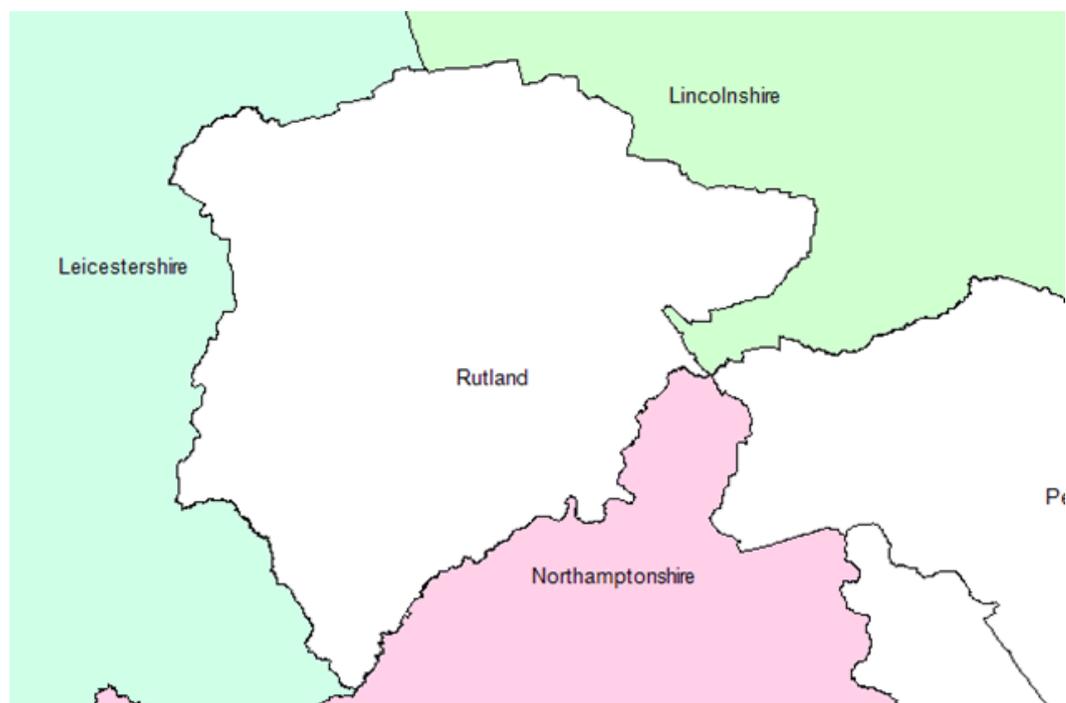
10.1.8. Cross Border Issues

The population of Rutland are able to access pharmacy services from any community or distance selling pharmacy that they choose. This means that they can choose to access services that are near their homes but in another county or unitary authority, services that are near their work or, in the case of internet pharmacies, any registered provider. All the access analysis included in this document includes Pharmacies and dispensing GPs within 1.5km of Rutland’s borders. The boundaries that have been considered are illustrated in **Figure 15**.

The Health and Wellbeing Board is a statutory consultee for the PNAs developed in these areas. The most recent published draft PNAs for each area have been used to assess the impact of neighbouring pharmacy provision on the population of Rutland. Responses to the out of area PNA consultation processes will stress the importance of this cross-border provision, particularly in the east of the county to Stamford pharmacies but also to the south east of Rutland.

The most recently published PNAs (2022) or their drafts for each area are briefly summarised below.

Figure 15: Rutland Neighbouring Local Authorities



Leicestershire – the draft 2022 Leicestershire PNA concludes that **no gaps have been identified in the provision of essential, advanced and enhanced services** across the HWB area. A number of detailed points have been made to review and improve overall provision similar to the Rutland PNA. The importance of continued provision for residents in the north-west of Rutland and supporting information has been stressed in response.

Lincolnshire – the draft 2022 Lincolnshire PNA concludes that **no gaps have been identified in the provision of essential, advanced and enhanced services** across the HWB areas. The importance of continued provision from Stamford for residents in the east of Rutland and supporting information has been stressed in response.

North Northamptonshire — the North Northamptonshire HWB final PNA report published in May 2021 concluded that access to pharmaceutical services for the residents of North Northamptonshire was good and the main conclusion was that there are **currently no gaps in the provision of pharmaceutical services**.

Cambridgeshire and Peterborough – the draft PNA 2022 concludes that there is currently sufficient pharmaceutical service provision across Cambridgeshire and Peterborough. Concerns raised include a reduction in the opening hours of many pharmacies, current levels of staffing and recruitment, however **no current or future gaps had been identified** in the provision of necessary and other relevant services. Community pharmacies are regarded as a key public health resource, offering potential opportunities to provide health improvement initiatives and local commissioning organisations are recommended to commission service initiatives in pharmacies.

10.2. Advanced Services

Advanced services are commissioned by NHS England and Improvement 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's 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 from unnecessarily getting worse and thus contribute towards savings to the NHS. Advanced services can be provided by community pharmacies and by distance selling pharmacies.

Advanced services such as Covid-19 lateral flow distribution and vaccination programmes have provided high profile, well regarded and important services to residents in recent years and have played an important role within overall provision. These developments have been a successful and well-regarded element of an enhanced role for pharmacies and stress the importance of access to provision moving forwards.

There were 10 advanced services – see **Table 2** - but some of these services, such as C19 lateral-flow provision, have now ended. For some of the services we don't have activity data available – see below.

- New Medicines Service (NMS)
- Stoma Customisation
- Appliance Use Reviews
- Seasonal Influenza (flu) Vaccination Programme
- Community Pharmacist Consultation services (CPCS)
- C-19 Lateral Flow device distribution- **no activity data available - ended.**
- Hepatitis C Testing Service
- Hypertension case finding service- **no activity data available.**
- Pandemic delivery service- **no activity data available - ended.**
- Smoking Cessation Service (CSC)- **no activity data available.**

Table 10 shows the number of community pharmacies offering each service. Of the five pharmacies in Rutland, all provide the seasonal influenza vaccination service. Four out of the five offered the, New Medicines Service and the Community Pharmacist consultation service. No pharmacies were offering Stoma Customisation, Appliance Use Reviews or Hepatitis C testing services. More details on advanced services activity data are set out in the supporting **Appendix C**.

Table 10: Advanced Services in Rutland

Advanced Services in Community Pharmacies	
Advanced Service	No. of Pharmacies
New Medicines Service (NMS)	4
Stoma customisation	0
Appliance Use Reviews	0
Seasonal Influenza (Flu Vaccination Programme)	5
Community Pharmacist consultation services (CPCS)	4
Total Pharmacies	5

Source: NHS England and NHS Improvement, Pharmaceutical Dataset, September 2021

10.3. Quality in Essential and Advanced Services

Quality monitoring of essential and advanced services commissioned by NHS England and NHS Improvement is carried out by self-assessment. A questionnaire is completed by the pharmacy contractor before a visit and then the commissioner will complete the questionnaire upon completion of a monitoring visit. In addition, new pharmacies that have opened and existing pharmacies that have relocated are visited.

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 (**Table 11**).

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

- Emergency Hormonal Contraception (EHC)
- Needle and syringe exchange for people with drug addictions; (via Turning Point)
- Supervised administration of methadone and other substitutes; (via Turning Point)
- Champix provision to help people who want to stop smoking; *this has been paused due to discontinuation of production of the treatment.*

The services that are currently commissioned by Leicester, Leicestershire and Rutland CCGs are:

- Extended care services Tier 1- Conjunctivitis and UTI treatment
- Extended care services Tier 2a - Impetigo, Eczema and insect bite treatment
- Palliative medicine supply
- Emergency supply service
- Covid-19 vaccinations - no data available

Table 11: Number of pharmacies providing these local authority commissioned Community Based Services in Rutland as of 31st March 2021

	EHC	Needle Exchange	Supervised Consumption
Rutland	4	1	3

Source: Source: Community Based Service Dataset, Leicestershire County Council and Turning Point Dataset.

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

10.4.1. Emergency Hormonal Contraception

Following an episode of unprotected sexual intercourse, the provision of emergency contraception can help to prevent unplanned pregnancy. Intrauterine devices provide the best method of emergency contraception as they give lasting protection. However, emergency hormonal contraception (EHC) is frequently a preferred method. A public health community-based service contract is currently in place with the aim of reducing unintended conceptions and improving sexual health for young people. Four of the five pharmacies in Rutland offer this service including one 100-hour pharmacy. In 2020/21, the overall consultation rate in Rutland Pharmacies was 6.8 consultations per 1,000 females aged 15-24 years. EHC is also provided by the specialist integrated sexual health service, GP practices in Rutland and by the School Nursing Service. A new EHC drug, Ulipristal, has been found to have a lower failure rate and is effective for up to five days after unprotected sexual intercourse.

10.4.2. Substance Misuse Services

There are currently two Community Based Services for substance misuse, the Needle Exchange Service and the Supervised Methadone Consumption Service. The Public Health Team at Rutland County Council commissions these services through Turning Point, a national charity that supports and treats people with alcohol and substance misuse problems. Turning Point has been commissioned to manage the whole system for people in Rutland with respect to substance misuse, and the pharmacy is a key part of the pathway for community-based services. Turning Point have put in place agreements with pharmacies to deliver needle exchange and supervised methadone consumption to support treatment and harm reduction in the community.

The overall aim of the **Needle Exchange Service** is to reduce the rates of equipment sharing amongst injecting drug users thereby preventing the risks of infection and drug related harm (individual and community). Pharmacies provide access to sterile equipment including needles and syringes and sharps containers for return of used equipment. Where agreed locally, associated materials for example condoms, citric acid and swabs, will be provided to promote safe injecting practice and reduce transmission of infections by substance misusers. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service. One pharmacy in Rutland provides this service. This is based in Oakham.

Supervised Methadone Consumption - this service requires the pharmacist to supervise the consumption of methadone or other prescribed drugs at the point of dispensing in the pharmacy ensuring that the dose has been administered to the patient. The pharmacy will provide support and advise the patient including referral to primary care or specialist centres where appropriate. Three pharmacies provide this service in Rutland; two in Oakham, one of which is the 100-hour pharmacy, and one in Uppingham.

10.4.3. Extended Care Services

Of the 5 pharmacies in Rutland in 2020/21 two offered tier 1 extended care services (Conjunctivitis and UTI treatment) both these pharmacies were located in Oakham one of which is a 100-hour pharmacy. One pharmacy offered Tier 2a extended care services (Eczema, Impetigo and Insect bite treatment) this is the 100-hour pharmacy in Oakham.

10.4.4. Palliative Medicine Supply

The palliative medicine supply service requires pharmacies to keep a supply of an agreed list of palliative care drugs to ensure that when prescribed by healthcare providers the drugs can be supplied quickly to palliative patients to ensure their comfort and maintain a good level of care. No Pharmacies in Rutland supplied palliative medicine in 2020/21.

10.4.5. Emergency Supply Service

The Emergency Supply Service allows pharmacists to prescribe prescription only medicines to a patient previously prescribed the requested drug without a prescription. This means a patient can in emergency situations receive a drug without visiting a doctor and is intended to lessen demand for emergency medical care for repeat prescriptions. In 2020/21 three of the five pharmacies in Rutland provided the Emergency Supply Service, including the 100-hour pharmacy in Oakham.

10.4.6. COVID Vaccinations

The East Leicestershire and Rutland CCG also commissioned COVID vaccinations through community Pharmacies, unfortunately no data on this service is available.

More details on community services are set out in the supporting **Appendix D**.

11. Stakeholder Views

A consultation exercise has been undertaken to ask users of pharmacy services and providers of pharmacy services to share their views on the services. The questionnaires and findings are available in the following appendices:

Appendix F – Professionals Pharmacy Questionnaire with Results

Appendix G - Public Pharmacy Questionnaire with Results

11.1. PNA Pharmacy Survey Responses to Initial Questionnaire

91 responses were received from the LLR Pharmacy professionals survey, including 63 from **Leicestershire and Rutland**¹. The majority of pharmacies in Leicestershire and Rutland receive between 1,000 and 25,000 **enquiries** per year. The average number of **consultations** per week range from 2 to 150 (average 23). 100% have a closed consultation area on the premises and 90% have wheelchair access. Over half have **dementia-friendly** space and **large print** material and a range of other adaptations were made to help people access services.

78% use **locum** pharmacists and 72% use **relief** pharmacists, with recruitment difficulties experienced particularly in community pharmacist, dispenser and medicines counter assistant roles. Though 69% feel able to maintain the current level of services with 18% disagreeing.

43% of respondents intend to provide the appliance use review service, with 52% for the hypertension case finding service. Most would be willing to provide NHS and local authority commissioned services with training and/or facilities.

The majority do not provide **stop smoking service** as an LA commissioned service but 54% would be willing to with training and/or facilities. 8 out of 20 **non commissioned** services are provided by over half of all respondents, with most indicating that they would provide others with support. Over half of respondents do not provide **non-NHS funded** services but most are willing to with training and/or facilities. 59% plan to expand the business with 32% planning to expand online services

79% of respondents indicated that the **number of pharmacies** and the **location** within a 3-mile radius were 'excellent' or 'good' and just under 16% indicated that they were adequate. Ratings for the **range of services** provided within a 3-mile radius were slightly lower, with 61% rating 'excellent' or 'good' and 25% 'adequate'.

11.2. PNA Public Survey Responses to Initial Questionnaire

346 responses were received with around a third from Leicester and the other two thirds from Leicestershire and Rutland. In relation to the **Rutland responses** some of the themes that emerged include that over half (56%) use a **GP practice dispensary** for prescriptions. 51% used a **car** to attend a pharmacy with 80% having **less than 15 minutes** travel time. 69% used a pharmacy at least once a month with 13% using it a few times a month.

87% collected medicines from the pharmacy whilst 13% received delivery by the pharmacy. Most used pharmacies between 9am and 6pm on weekdays. 80% felt opening hours met their needs with 8% disagreeing. 95% felt it easy to find a pharmacy open in the day whilst 49% found it easy in the evening whilst 32% found it difficult. 57% found it easy at weekends whilst 23% found it difficult.

76% were very or fairly satisfied with **advice from pharmacies** with just 3% fairly dissatisfied and 71% very or fairly satisfied with **advice from GP dispensaries** with 9% fairly dissatisfied. **Availability** of medicines, **quality of service** and **location** were the most important aspects of pharmacy

¹ One response from Rutland

services.

Private areas to speak to a pharmacist were also considered important by 82%. Respondents commented on the value of getting vaccinations at pharmacies, advice and also the importance of GP dispensing practices.

Most (95%) agreed that their pharmacy provided a **good service** and provided **clear advice**. Responses highlighted some concerns about speaking to a pharmacist **without being overheard**. Services with **lowest levels of awareness** included advice on physical exercise (5%) and healthy eating advice (8%). 85% of those with **caring responsibilities** indicated that their pharmacy 'always' meets their needs.

The majority indicated that they were not likely to use **postal (70%) or online (home delivery) services (52%)** within the next 3 years.

12. Digital Developments

The Electronic Prescription Service (EPS) enables new and repeat prescriptions to be sent electronically from the GP to the patient's nominated pharmacy. Pharmacies are now able to access an electronic Summary Care Record (SCR) for patients. The NHS SCR is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record with the patient's consent. SCR was rolled out to pharmacies from March 2016 and will help support safer patient care and treatment. A web-based system called PharmOutcomes²¹ collates information on pharmacy services. Local and national analysis and reporting of PharmOutcomes helps improve the evidence base for more effective community pharmacy services.

12.1. Access and Broadband Availability

An average download speed of 10Mbps is required to carry out basic online tasks, such as email, browsing the internet and online shopping, while 'superfast' speeds of 30Mbps are recommended. Data from ThinkBroadband shows that in April 2022, 96.2% of Rutland premises had access to superfast broadband. The Digital Rutland Strategy 2019-2022 sets out plans for superfast broadband to be available to over 97% of Rutland premises on completion of Phase 3 of the Digital Rutland Superfast broadband roll out. Though it is acknowledged that not all people will have the skills and knowledge necessary to carry out tasks such as ordering prescriptions online. As well as some people not being able to afford or willing to purchase digital technology.

13. Projected Future Needs

13.1. Population Projections

The population of Rutland is growing and by 2043 the total population is predicted to reach c46,500 people, a total population growth of 17.2%.²² 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 (**Table12**):²²

- A 3.4% increase in children and young people aged 0-24 years (10,427 people to 10,780)

- An increase in the working age population aged 25-64 of 6.1% (from 19,392 people to 20,575)
- A 43.7% increase in people aged 65-84 (from 8,579 people to 12,324)
- A 118.9% increase in the oldest population group of people aged 85 years and over (from 1,299 people to 2,843).

Table 12: Rutland population projections (in 1,000s) - 2018 to 2043²²

	2018	2019	2024	2029	2034	2039	2043
0-24	10.4	10.3	10.5	10.8	10.8	10.7	10.8
25-64	19.4	19.7	20.3	20.3	20.1	20.2	20.6
65-84	8.6	8.8	9.5	10.5	11.3	12.1	12.3
85+	1.3	1.3	1.6	1.9	2.5	2.7	2.8
All ages	39.7	40.0	41.9	43.5	44.6	45.7	46.5

Source: 2018-based Subnational Population Projections, Office for National Statistics

By 2043, the population of Rutland is projected to grow to c46,500 people. With now six pharmacies and three dispensing GP surgeries, the availability of dispensing providers is considered sufficient to meet the needs of the local population, with rural access issues supported by the GP dispensing surgeries. One avenue to explore is the provision of distance selling pharmacies to potentially increase local pharmacy capacity, to ensure that the needs of local people are being met. The PNA should be reviewed in 2025 to ensure that the needs of the population continue to be met.

Population projections, calculated bi-annually by the Office for National Statistics (ONS), are based on observed past trends and several assumptions of future migration patterns, mortality, and birth rates. They are increasingly uncertain as they go forward into the future², and should be treated with caution. Also, the most recently published projections are still based on 2018 population estimates and may change when revised using the Census 2021 data.

13.2. Future Housing

New housing developments will provide housing for the increase in the population projected 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 housing developments. The recent census release will also be used to update forecasts around current and forecast housing provision and population growth.

² Office for National Statistics 2020. [QMI Report for Subnational Population Projections.](#)

13.3. 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.²³

Table 13 shows the number of people in Rutland predicted to be living with various long-term conditions.

Table 11: Projections of older people, age 65 years and over, with long-term conditions, 2020-2035 from POPPI

	2020	2025	2030	2035
Older adults with a limiting long-term illness	2,554	2,932	3,271	3,569
Older adults who are obese or morbidly obese	3,113	3,451	3,817	4,212
Older adults predicted to have Type 1 or Type 2 diabetes	1,296	1,427	1,572	1,744
Older adults predicted to have depression	885	988	1,087	1,192
Older adults predicted to have dementia	768	864	955	1,129
Older adults predicted to have any cardiovascular disease	3,299	3,749	4,140	4,551
Older adults predicted to have a longstanding health condition caused by bronchitis and emphysema	175	196	218	239

Source: *Projecting Older Peoples Populations Information, (POPPI), 2022 Statistics*

14. Response to the 60 Day Statutory Consultation

There is a statutory requirement for each Health and Wellbeing Board to consult a number of bodies about the contents of the Pharmaceutical Needs Assessment for a minimum of 60 days. The consultation period **took place between June 2022 and August 2022**. The questionnaire used to collect responses is available in the Appendices.

The statutory consultation questionnaire is available in **Appendix H**. In addition, detailed comments were made by members of the Reference Group and in written submissions. Key points from the consultation are set out below.

14.1. LLR Integrated Care System Response

The draft PNA has been reviewed and we are supportive of the conclusions and recommendations reached. Community pharmacy is integral to healthcare provision to Rutland residents. Accessibility, from both a geographical and opening hours perspective, throughout the week is encouraging, but the rurality of the county can mean that public transport can be challenging. We note, overall, that the pharmacies are meeting the current needs of the Rutland population for essential and advanced services.

*Our partners in **community pharmacy** are embedded within our communities, they are accessible without appointment, and they have unique insights into our residents' health. This is a unique combination of assets that we, as a system, must look to better harness if we are to make demonstrable progress in reducing health inequalities and improving health outcomes. Our local approach to the Core20PLUS5 must include community pharmacy who are often at the heart of the communities.*

*Community pharmacy is integral to our **primary care** offer to residents. We must collectively, continue to fully utilise the expertise and experience and availability of community pharmacists, and their teams, to ensure patients can access the right level of care from the right setting at the right time. We, as a system, must go further and faster, to harness this opportunity not only to continue to drive uptake of flu and COVID-19 vaccinations but also to promote healthy literacy, self-care and prevention. Equally complemented by a continued and appropriate uptake and coverage of advanced services dependent upon place or neighbourhood-based need.*

*We note that significant parts of the Rutland County border on **neighbouring systems** and pharmacy provision. It will be important that we, and our partners at the Local Pharmaceutical Committee, stay abreast of any developments or changes in neighbouring provisions that may impact upon local pharmacy services. We also note that any substantial **housing growth** across Rutland may impact on pharmacy provision. It will be vitally important we work with partners to continually assess the impact of any new housing and population growth to ensure pharmacy provision remains able to meet the current, and future needs, of our residents.*

*A key driver for the establishment of primary care networks (PCNs) is to empower and enable all parts of primary care to work together to improve their populations' health and wellbeing. Community pharmacy are an essential partner in this ambition and we will look to continue to develop and nurture collaborative working relationships between all sectors of primary care for the betterment of our residents. This is particularly of note for the military population of Rutland. The Community Pharmacist Consultation Service (CPCS) is one such example where we look to support 100% coverage across Rutland and a continued increase in activity. Community pharmacy is also integral to our systems clinical service delivery model. The Discharge Medicines Service (DMS) has the evidence and ability to reduce readmissions and occupied bed days, we will continue to **promote uptake** and an increase in activity. Equally the hypertension case finding service is crucial to ensure we increase our prevalence and ensure patients begin to receive timely and appropriate treatment minimising risk of further complications in the future.*

*We also note that healthcare and how healthcare is accessed is changing. Ever more **digital solutions** are at the forefront, be it though the ordering of repeat prescriptions via the NHS app, the electronic prescription service (EPS), electronic repeat dispensing (eRD) or accessing advice and*

*guidance through NHS111. We recognise that benefits of digital solutions and approaches can only be realised if we make progress on **digital literacy** which can be a challenge for some residents. We hope that we can work with and harness the accessibility and availability of community pharmacy to continue to support our residents become more fluent in digital and realise the benefits that technology can bring to healthcare.*

*Community pharmacies in Rutland are integral partners to achieving our priorities, through pharmacy commissioned services such as the urgent supply of **palliative care** medicines service. This service endeavours to ensure there is appropriate access to a range of palliative care drugs in accessible locations particularly in the out of hours period, and when treatment is needed urgently. We note the need for a review of coverage of this service to ensure it can meet current and future needs. This service does uniquely demonstrate the value of our community pharmacy partners and we commit to continue to explore and champion how community pharmacy can support the system to and reach our ambitions and realise our priorities.*

*Finally, it is important to acknowledge the integral role that community pharmacies in Rutland played during the **COVID-19 pandemic**. Throughout the pandemic our partners in community pharmacy remained accessible, available and ensured our patients continued to have timely access to their medicines and healthcare advice and guidance. Community pharmacy then played a key role in the testing and vaccination rollout. The NHS continues to experience **significant levels of pressure**, it is important that we, as a system, continue to leverage the strengths of community pharmacy to support our residents through an expected challenging winter.*

14.2. Local Pharmaceutical Committee Response

The Local Pharmaceutical Committee has commented that they feel that in terms of pharmacy/housing numbers growth, using 2.1 per 10,000 population as any sort of target would be an anomaly. Given the current funding situation then pharmacies in order to survive will need to be busier with a larger population. With technological advances, changes in patient access, hub and spoke type models using a population growth model based on 2.1 per 10,000 population would render some existing pharmacies unviable. In fact, it was felt that the number of 2.1 per 10,000 was currently too high in terms of pharmacy viability.

With regard to palliative care medicine supply it was felt that commissioners should extend the opportunity for more pharmacies to engage in providing this service. The LPC also suggest that the disease burden statistics indicate a higher-than-average prevalence of hypertension, cardiovascular disease, and cancer within the Rutland population, all conditions that increase with age. They suggest a need to ensure GP referrals to pharmacy to support with diagnosis and management of conditions. With encouragement of GP referrals into the BP Check Service and identification of new medicines service for asthma and CVD from GPs to pharmacy. It would also be sensible to promote cancer diagnosis and screening techniques into Rutland when this becomes available through pharmacy.

It is important to note the opening hours of dispensing doctors alongside pharmacies to demonstrate the significance of late night and weekend pharmacy hours, particularly in view of the expected increase in GP available hours later in the year. Also, the extent of prescribing of 24 yearly items per person should indicate the need for provision of repeat dispensing across all

pharmacies and encourage GP practices to provide them to pharmacy and through their own dispensing sites.

The drive time analysis would suggest that there is enough pharmaceutical access and provision within the geography. They also point out that the pandemic has changed the way that community pharmacy is perceived and relied upon. The only healthcare profession that remained open during the height of the pandemic, enabling patients to access clinical expertise without an appointment. The LPC highlight the immense pressures today with community pharmacy workforce shortages due to leakage from the sector into GP practices and PCN roles. A national issue, not just a LLR issue. Furthermore, there are other pressures with uncertainty over future funding arrangements.

14.3. Other Responses to the PNA Survey

The PNA survey also supplied a small number of extra public responses as well as one from the acute trust and a pharmacy company. 75% felt the draft PNA accurately reflected current pharmacy provision and that the needs of the population had been adequately reflected. No specific gaps were identified and no disagreement with the recommendations.

Comments include 'we support the recommendations.' As the local acute Trust, we would particularly support increase in DMS activity and expansion of the Community Pharmacy Consultation Services and expansion of the clinical role of Community Pharmacy as important means of avoiding readmission and ensuring good uptake of out of hospital services. The PNA needs to emphasise the need for full access (including data input) to summary care records in order to further develop the clinical services within community pharmacy

14.4. IPMO Plan

During the statutory consultation the Reference Group also noted the development of the new Integrated Pharmacy and Medicines Optimisation (IPMO) Plan.

Pharmacy and medicines optimisation is a key focus for the Leicester, Leicestershire and Rutland (LLR) ICS and is being integrated into the developing ICS framework. There has been the establishment of the Integrated Medicines Optimisation Design Group (IMODG) as one of nine key design groups within the system, responsible for developing and delivering the system operational plan. The plan sets out the ambition for pharmacy and medicines optimisation and has been developed by the IMODG with wider system support and engagement. This is the first iteration, and it is recognised that further work is required to engage outside of the design group and further develop and refine the plan, including agreeing appropriate timescales and outcome measures.

The broad priority areas identified are those supported by the IMODG sub-groups, namely **pharmacy workforce; antimicrobials; polypharmacy; opiates and ensuring medicines value**. In addition, there are established areas of focus e.g., medicines safety, respiratory prescribing, and support to care homes that are outlined in the plan but sit outside the sub-group structure. The **pharmacy workforce theme** is using funding secured by Health Education England to establish pharmacy faculties in each ICB and a **national pharmacy workforce plan** has also been requested by the Department of Health.

15. Gap Analysis

15.1. Essential Services

Rutland benefits from two different types of providers for essential services, community-based pharmacies and dispensing GPs. Combining community pharmacies and dispensing GPs, residents of Rutland have a similar level of access (providers per 10,000 population) when compared to the England average – 2.19 per 10,000 compared with 2.2 nationally.

45% of residents live within a 15-minute walk-time of a pharmacy or dispensing GP surgery. Access to essential services by car is also reasonable, for such a rural area. Less than 20% of the population live more than a 10-minute drive away from their nearest pharmacy or dispensing GP practice location. However, 49% of those living in the most deprived areas are more than a 15-minute drive, walk or public transport journey from a pharmacy or dispensing GP practice. The importance of community, voluntary and demand responsive transport for certain groups and individuals to access services is noted.

Pharmacies across Rutland are open at varying times, providing a service somewhere in the county at almost all times: between 7am and 10pm Monday to Thursday and between 7am and 11pm Friday to Saturday, and supported by the 100-hour pharmacy in Oakham. The 100-hour pharmacy is open on Sundays. There is therefore reasonable coverage of pharmacy provision across Rutland. 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.

Subject to the points above regarding the importance of continued community, voluntary and public transport provision, no gaps have been identified in the provision of essential services during normal working hours or outside of normal working areas across the whole Health and Wellbeing Board area. Furthermore, no gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole Health and Wellbeing Board area.

15.2. Advanced Services

Table 10 shows the number of community pharmacies offering each service. Of the five pharmacies in Rutland, all provide the seasonal influenza vaccination service. Four out of the five are offered the New Medicines Service and the Community Pharmacist consultation service. No pharmacies offered Stoma Customisation, Appliance Use Reviews or Hepatitis C testing service. Pharmacies that do not provide this service are able to signpost patients to the appliance contractors who do. Hepatitis C testing service is nationally not widely available.

No gaps have been identified in the provision of advanced services across the whole Health and Wellbeing Board area. No gaps have been identified in the provision of advanced services at present or in the future that would secure improvements or better access to advanced services across the whole Health and Wellbeing Board area.

15.3. Community Based Services (CBS)

In relation to Rutland, 4 pharmacies offered emergency hormonal contraception, 1 needle exchange and 3 supervised methadone/substitutes. The CCG commissions extended care services, palliative

medicine supply, emergency supply service and covid-19 vaccinations. LPT commissions under-18 flu and covid vaccinations.

Across Rutland a good range of Community Based Services are therefore offered by pharmacies. The CBS schemes provide the CCGs and Local Authorities with an opportunity to increase the role of pharmacies in delivering the primary care and the public health agendas. Pharmacies are highly valued by the people that use them, and pharmacies 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.

Based on current information, no gaps have been identified in the provision of enhanced Community Based Services across the whole Health and Wellbeing Board area. No gaps have been identified that if provided either now or in the future would secure improvements or better access to enhanced services across the whole Health and Wellbeing Board area.

16. Recommendations

16.1. Equity of service

NHS England and NHS Improvement (and where relevant Rutland County Council and the CCG/ICS) should:

- Keep locations, opening times, service usage and transport under review to ensure access to pharmacies for essential services is equitable for all Rutland residents.
- Pharmacy service provision should be kept under review, in particular where provision has cross-county border use, to ensure that issues of quality and uniformity of access to advanced and community-based services are regularly considered.
- The availability of public, community and voluntary transport provision to pharmacy and GP dispensing locations should also be kept under review.
- Keep under review recruitment difficulties for some pharmacies and timely access to some medicines and promote more use of the private consultation rooms.

Promote optimal use of pharmacy services in promoting health and healthcare management

NHS England and NHS Improvement (and where relevant Rutland County Council and the CCG/ICS) should:

- Ensure the promotion of the healthy lifestyles (Public Health) element of essential services. While NHS England and NHS Improvement retains responsibility for this area of the pharmacy contract, local campaigns should be jointly defined by NHS England and NHS Improvement, Local Authority Public Health and the Clinical Commissioning Group/ICS.
- Consider the opportunity to include and develop the role of pharmacies in commissioning strategies, particularly in relation to providing services which deflect work out of primary care general practice.
- Continue to assess levels of uptake of advanced and Community Based Services and follow-up low or high performers in order to share best practice.

17. Conclusions

The Pharmaceutical Needs Assessment looks at pharmacy cover across Rutland in relation to the health needs of the people who live there. It includes existing services, where they are located, the breadth of facilities they are providing, and the views of people both using them and providing them.

Overall, the PNA shows that the community-based pharmacies are meeting the current needs of the Rutland population for Essential and Advanced services. However, the consistency and quality of the Advanced Services should be continually reviewed, and the uptake increased wherever possible. It also shows the provision of Community Based Services across Rutland to be reasonable but indicates that more should be done to increase the promotion and uptake of these services as well as to ensure its consistency across the County.

The PNA also highlights the importance of public, community and voluntary transport to accessing pharmacy provision in Rutland for those without a car and that this should be supported and kept under review. It also highlights that the move to more digital/online provision will take some further time and there is a risk of digital exclusion for those without technology and skills to use it. Facilities for customers to have a confidential conversation in a pharmacy has also been flagged in the survey and consideration should be given to greater use of confidential meeting spaces.

Pharmacies have successfully extended their offer over recent years and surveys indicate a general willingness to offer more services, if funded and supported to do so. However, feedback has also pointed to pressures and the busyness of some pharmacy staff and some recruitment difficulties, which could provide a potential risk to further expansion of services. Timely access to some medicine supplies was also raised through survey responses.

Community pharmacy staff are the easiest healthcare workers for members of the public to access, and they are highly valued by their customers. Pharmacy teams provided one of the few easily accessible healthcare services to the population during the Covid-19 pandemic and were widely recognised for their role in supporting residents and communities, including with tests, vaccinations and home deliveries.

Pharmacies have an essential role in promoting healthy lifestyles and supporting health and social care in the future, particularly with issues such as patient self-care in the community, which can cut down the number of unnecessary admissions to hospital. The landscape of health care in LLR is changing through local and national policy development and the impact on pharmacies should continue to be monitored.

GLOSSARY OF TERMS

AUR	Appliance Use Review
CBS	Community Based Services
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CPCS	Community Pharmacist Consultation Service
DHU	Derbyshire Health United
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
GP	General Practitioner
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
LSOA	Lower Super Output Area
MSOA	Middle Super Output Area
NHS	National Health Service
NIAVS	National Influenza Adult Vaccination Service
NMS	New Medicines Service
OHID	Office for Health improvement and Disparities
ONS	Office of National Statistics
OOH	Out of Hours
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information System
QOF	Quality Outcomes Framework
SCR	Summary Care Record
SCS	Smoking Cessation Service
UTI	Urinary Tract Infection

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