

Norfolk Health & Wellbeing Board

Date: **Wednesday 4 February 2015**

Time: **9:30am to 1:00pm (Please note earlier start time)**

Venue: **Edwards Room, County Hall, Norwich**

Membership

William Armstrong
Cllr Brenda Arthur
Cllr Yvonne Bendle
Stephen Bett
Harold Bodmer

Substitute

Alex Stewart
Phil Shreeve
Cllr Lisa Neal
Jenny McKibben
Catherine
Underwood

Representing

Chair, Healthwatch Norfolk
Norwich City Council
South Norfolk Council
Norfolk's Police and Crime Commissioner
Director Community Services

South Norfolk Clinical Commissioning Group
Voluntary Sector Representative
Norfolk Constabulary
North Norfolk Clinical Commissioning Group
Director of Operations & Delivery, NHS
England, East Anglia Team
Voluntary Sector Representative
Great Yarmouth & Waveney Clinical
Commissioning Group
North Norfolk District Council
Voluntary Sector Representative
Chairman, Children's Services Committee,
Norfolk County Council
Great Yarmouth Borough Council

Director Children's Services
West Norfolk Clinical Commissioning Group

Interim Director of Public Health
King's Lynn and West Norfolk Borough Council

Norwich Clinical Commissioning Group
Broadland District Council
Norfolk County Council
Managing Director, Norfolk County Council
Breckland District Council
Chair, Adult Social Care Committee, Norfolk
County Council

Dr Jon Bryson
Pip Coker
T/ACC Nick Dean
Dr Anoop Dhesi
Tracy Dowling

Ann Donkin
Dan Mobbs

Mark Taylor

Richard Draper
Andy Evans

Dan Mobbs
Kate Gill

Cllr John Lee
Joyce Hopwood
Cllr James Joyce

Dan Mobbs

Cllr Penny Linden

Cllr Marlene
Fairhead

Sheila Lock
Dr Ian Mack

Michael Rosen
Sue Crossman

Lucy Macleod
Cllr Elizabeth
Nockolds

Dr Chris Price
Cllr Andrew Proctor
Cllr Daniel Roper
Dr Wendy Thomson
Cllr Lynda Turner
Cllr Sue Whitaker

Jonathon Fagge
Cllr Roger Foulger

Cllr Trevor Carter
Cllr Elizabeth
Morgan

Persons attending the meeting are requested to turn off mobile phones.

**For further details and general enquiries about this Agenda
please contact the Committee Administrator:**

Nicola LeDain on 01603 223053 or email committees@norfolk.gov.uk

Please note: Item 7 has been circulated in advance to enable Members of the Board sufficient time to consider its contents thoroughly.

The full agenda will be available from 28th January 2015.

Norfolk Health & Wellbeing Board

AGENDA

1	Apologies	Chair	
2	Minutes	Chair	To Follow
3	Members to Declare any Interests	Chair	
4	Any urgent business	Chair	

Business items – Statutory responsibilities

5	Norfolk Joint Health and Wellbeing Strategy 2014-17 Implementation - workshop	Lucy Macleod	To Follow
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Short Break – Chairman’s discretion

6	Launch of the Norfolk Better Care Fund	Harold Bodmer/ CCGs x 5	To Follow
7	Norfolk Pharmaceutical Needs Assessment (PNA) 2015	Lucy Macleod	(Page 3)

Business items – Other

8	Children’s Services Improvement & Performance update	Sheila Lock	To Follow
9	The report into Rotherham – implications for Norfolk (presentation)	Sheila Lock	To Follow
10	Forward Plan, Review and Development	Harold Bodmer	To Follow
11	NHS England - verbal update	Ruth Derrett, NHS England, East Sub-Region Team	

Minutes of other meetings

12	Healthwatch Norfolk minutes of the meetings held on 22 September and 17 November 2014	William Armstrong	To Follow
13	Norfolk Health & Overview Scrutiny Committee minutes of meetings held 16 October and 27 November 2014	Chair	To Follow

Pharmaceutical Needs Assessment

Cover Sheet

What is the role of the H&WB in relation to this paper?

The Health and Social Care Act (2012) transferred responsibility for developing and updating Pharmaceutical Needs Assessments (PNAs) to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (Regulations (2013)) set out the legislative basis for developing and updating PNAs.

Each Health and Wellbeing Board (HWB) must assess the need for pharmaceutical services in its area, and publish a statement of its first assessment and of any revised version. The Regulations (2013) require each HWB to publish its first PNA by 1 April 2015.

A 60 day period must be allowed for consultation with a range of stakeholders.

Actions/Decisions needed

The Health and Wellbeing Board is asked to:

- Agree that the Director of Public Health will act as accountable officer with responsibility for ensuring that the HWB's duties in accordance with the Regulations (2013) are met
- Note the requirements of the Regulations (2013) to publish a PNA by 1 April 2015 that will be used by NHS England in determining applications for the provision of pharmaceutical services and maintain the PNA so that it is kept up-to-date
- Approve and publish the Pharmaceutical Needs Assessment 2015 – 2018 to ensure that the legal requirement to publish an up-to-date PNA by 1 Apr 2015 is met

Report to Norfolk Health and Wellbeing Board

4 February 2015

Item 7

Pharmaceutical Needs Assessment

Report of the Interim Director of Public Health

Summary

Health and Wellbeing Boards (HWBs) must publish a pharmaceutical needs assessment (PNA) by 1 April 2015. The PNA will be used by NHS England when making decisions on applications for new pharmacies and dispensing appliance contractors.

Plans by Public Health to produce a new PNA for Norfolk were brought to the HWB on 8 January 2014. This report provides an update and outlines requirements placed up on the HWB by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Actions

The Health and Wellbeing Board is asked to:

- Agree that the Director of Public Health will act as accountable officer with responsibility for ensuring that the HWB's duties in accordance with the Regulations (2013) are met
- Note the requirements of the Regulations (2013) to publish a PNA by 1 April 2015 that will be used by NHS England in determining applications for the provision of pharmaceutical services and maintain the PNA so that it is kept up-to-date
- Approve and publish the Pharmaceutical Needs Assessment 2015 - 2018 to ensure that the legal requirement to publish an up-to-date PNA by 1 Apr 2015 is met

1. Background

- 1.1 A report outlining the purpose of a Pharmaceutical Needs Assessment (PNA), the responsibilities of the Health & Wellbeing Board in relation to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, and plans to produce a new PNA for Norfolk were brought to the HWB on 8 January 2014.
- 1.2 From 1 April 2013 Health and Wellbeing Boards (HWBs) became responsible for the pharmaceutical needs assessments (PNAs). The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require each HWB to publish its first PNA by 1 April 2015.
- 1.3 The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.

- 1.4 PNAs should inform the commissioning of enhanced services such as flu immunisation by NHS England from pharmacies as well as informing local commissioning of health services by Norfolk County Council and Norfolk CCGs.
- 1.5 The Government sees a central role for community pharmacy in providing integrated services for patients, highlighting their role in helping people living with long-term conditions (Community pharmacy, 2013). Integration of pharmaceutical services is key to achieving the vision of the Joint Health and Wellbeing Strategy in that:
- Those who need them experience safe, integrated, care and support that is personalised and coordinated
 - Health and wellbeing resources are used in a way that encourages healthy life styles, prevents problems developing and reduces health and wellbeing inequalities
- 1.7 Having assessed local needs and the current provision of pharmaceutical services, the PNA must identify any gaps in provision that need to be addressed both now and in the future covering the period 2015 to 2018 by considering expected demography change including changes brought about by housing developments. Gaps in provision could for example relate to:
- Inappropriate opening hours that do not meet people's need
 - Areas with insufficient access to pharmaceutical services
 - Lack of appropriate range of services
- 1.8 PNAs must comply with the requirements of the Regulations (2013) so that due process is followed in their development and that they are kept up-to-date in order to minimise the risk of legal challenge to decisions made by NHS England on the basis of the PNA.

2. The new Norfolk PNA

- 2.1 The purpose of this paper is to:
- Allow the HWB to approve the PNA for publication
 - Ensure that the HWB is fully aware of the requirements that the Regulations (2013) place upon it
 - Ensure appropriate arrangements are in place using adequate resources for the production and continued future maintenance of a robust PNA

Progress update

- 2.2 Preparation of the PNA began in January 2014 with formation of the Steering Group with representation from:
- Public Health, NCC
 - Communications and Engagement, NCC
 - Norfolk Local Pharmaceutical Committee
 - East Anglia Local Professional Network (Pharmacy)

- Norfolk & Waveney Local Medical Committee
 - Healthwatch Norfolk
 - NEL (Anglia) Commissioning Support Unit
 - NHS England Local Area Team
 - Norfolk CCGs
- 2.3 Steering Group members have worked together with Community Pharmacies, Dispensing Practices, CCG Prescribing Advisors, members of the public and local commissioners to produce the PNA. High levels of engagement were achieved with 147 responses from providers of pharmaceutical services and over 1,800 responses from members of the public.
- 2.4 Statutory 60 day public consultation on the draft PNA was conducted from October to December 2014. The PNA was finalised in January 2014 after the close of consultation and a consultation report is included in the PNA. See Appendix A.

The duties on the H&WB

- 2.5 In addition to publishing a PNA, to meet the requirements of the Regulations (2013), HWBs need to put systems in place that allow them in the future to:
- Receive information relating to changes in need for, and provision of, pharmaceutical services from NHS England, CCGs, LAs and other stakeholders
 - Identify and report changes to need for, and provision of, pharmaceutical services
 - Assess whether changes in need or provision of pharmaceutical services are significant
 - Publish either a revised PNA or issue a supplementary statement as appropriate, depending upon the change of change identified

3. Key issues for discussion

- 3.1 The HWB needs to approve the PNA and decide how it should meet the duties required by the Regulations (2013) to publish and maintain an up-to-date PNA, outlined in section 2.5 above.

4. Conclusions

- 4.1 In order to meet the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the HWB should consider appointing the Director of Public Health to act as an accountable officer with responsibility for ensuring that the HWB's duties in accordance with the Regulations (2013) are met.

- 4.2 The HWB should note the requirements of the Regulations (2013) to publish a PNA by 1 April 2015 and maintain the PNA in order to minimise the risk of legal challenge to decisions made on the basis of the PNA.

5. Actions

- 5.1 The Health and Wellbeing Board is asked to note the contents of this report and to:
- Agree that the Director of Public Health will act as accountable officer with responsibility for ensuring that the HWB's duties in accordance with the Regulations (2013) are met
 - Note the requirements of the Regulations (2013) to publish a PNA by 1 April 2015 that will be used by NHS England in determining applications for the provision of pharmaceutical services and maintain the PNA so that it is kept up-to-date
 - Approve and publish the Pharmaceutical Needs Assessment 2015 - 2018 to ensure that the legal requirement to publish an up-to-date PNA by 1 Apr 2015 is met

6. References

Community pharmacy. Local government's new public health role. LGA October 2013
http://www.local.gov.uk/publications/journal_content/56/10180/5597846/PUBLICATION

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

Name	Tel	Email
Jon Cox	01603 638329	Jon.cox@norfolk.gov.uk



If you need this Report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Pharmaceutical Needs Assessment
for Norfolk
2014

final version working document

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DOCUMENT CONTROL SHEET

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Revision history

Revision date	Summary of changes	Author(s)	Version number
06/01/2015	Changes made according to consultation feedback. See consultation report Appendix B	Françoise Price	Draft V1.1
07/01/2015	Section 8.4 amended to reflect national data published 19.11.2014	Françoise Price	Draft V1.2

Approvals

This document requires the following approvals either individual(s), group(s) or board.

Name	Title	Date of issue	Version number
PNA Steering group	Norfolk Pharmaceutical Needs Assessment	October 2014	Consultation version
NCC Board	Norfolk Pharmaceutical Needs Assessment	January 2015	Final version

Acknowledgements

Steering Group members

Jon Cox (Chair)	Locum Consultant in Public Health, Norfolk County Council
Paul Duell	Local Professional Network (Pharmacy) Chair
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee
Sam Revill	Research Manager, Healthwatch Norfolk
Ian Small	Deputy Head of Medicine Management, NEL (Anglia) Commissioning Support Unit
Ian Hume	GP, Parish Fields Surgery & Medical Secretary, Norfolk & Waveney Local Medical Committee
Kelvin Rowland-Jones	Contract Manager, Primary Care, NHS England (East Anglia Area)
Françoise Price	Senior Clinical Pharmacist (Projects), NEL (Anglia) Commissioning Support Unit
Richard Verschoyle	Healthwatch volunteer

Lead author

Françoise Price	Senior Clinical Pharmacist (Projects), NEL (Anglia) Commissioning Support Unit
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Other contributors

Chris Williams	Senior Engagement Officer, Norfolk County Council
Sandra Davies	Public Health Information Officer, Norfolk County Council
Deborah Hopkins	Secretary, Norfolk & Waveney Local Medical Committee

Administration support

Carol Dack	Project Support/Administrator, NEL (Anglia) Commissioning Support Unit
Carolyn Spence	Project Support/Administrator, Norfolk County Council, Public Health
Lesley Johnson	Project Support/Administrator, Norfolk County Council, Public Health

Norfolk County Council

NHS North Norfolk, South Norfolk, West Norfolk, Norwich, Great Yarmouth & Waveney Clinical Commissioning Groups.

In addition, a number of other individuals have submitted information used in this Pharmaceutical Needs Assessment (PNA) document.

Norfolk's Health and Wellbeing board would like to acknowledge the contribution of the Local Medical Committee, Local Pharmaceutical Committee, community pharmacies, dispensing practices, Public Health Commissioning Managers, stakeholders and members of the public for their participation in the consultation and development of the PNA.

The steering group would like to thank Cambridge PNA steering group for their kind permission to allow us to access and use the Cambridge PNA in the preparation of the Norfolk PNA.

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FOREWORD

The Health and Social Care Act 2012 requires Health and Wellbeing Boards to produce a Pharmaceutical Needs Assessment (PNA).

The Norfolk's Health and Wellbeing Board (HWB) has produced this PNA in consultation with a wide range of stakeholders including GPs, pharmacists and the public. This document represents a snapshot taken in July 2014 of current pharmaceutical services delivered by, in the main, community pharmacies. It is informed by a number of strategic documents including the Joint Strategic Needs Assessment (JSNA) (last accessed June 2014) and supports delivery of the Joint Health and Wellbeing Strategy 2014–2017¹²; NHS England Business plan 2014–15 to 2016–17²³ and High Quality Primary Care, A strategic Framework for East Anglia June 2014.

The document sets out to identify gaps in pharmaceutical services focusing predominately on those pharmaceutical services delivered in primary care, which is through community pharmacy in the main and also dispensing services provided by dispensing practices and dispensing appliance contractors (DAC). The PNA will form the main reference document upon which commissioning of pharmaceutical services decisions are made, including the granting of NHS pharmaceutical services contracts. As the Norfolk Health and Wellbeing board, NHS England and local Clinical Commissioning Groups (CCGs) work towards achieving their visions through clinical transformation, the PNA will be reviewed and refreshed to ensure it is aligned with service development. These reviews will seek to include the wider range of providers of pharmaceutical services. The PNA will be reviewed regularly and any updates will be published as supplementary statements as required by the regulations.

NHS England's stated vision¹ is to deliver high quality care for all, now and for future generations. To achieve this NHS England will seek to:

1. Prevent people from dying prematurely.
2. Enhance quality of life for people with long term conditions.
3. Help people to recover from episodes of ill-health or following injury.
4. Ensure that people have a positive experience of care.
5. Treat and care for people in a safe environment and protecting them from avoidable harm.

Public Health England's² two high level outcomes are:

1. Increased healthy life expectancy.
2. Reduced differences in life expectancy and healthy life expectancy between communities.

Locally these national visions and outcomes are reflected in the Norfolk Health and Wellbeing Board's vision that people in Norfolk will say that:

- Those who need them experience safe, integrated care and support that is personalised and coordinated.
- Health and wellbeing resources are used in a way that encourages healthy lifestyles, prevents problems developing and reduces health and wellbeing inequalities.

This will be achieved through:

- Integration of activity and outcomes, making services more joined up for those receiving them

- Prevention: moving intervention much further upstream and making a difference before problems become acute, and
- Reducing inequalities in health and wellbeing outcomes.

Anne Galbraith's report Review of NHS pharmaceutical contractual arrangements³ identified a range of attributes of a good pharmaceutical service:

Attributes of a good pharmaceutical service

Accurate:	correct medicine, dosage, patient
Providing value for money:	best use of medicines, concordance and compliance
Supporting patients:	self-care, advice, safety
Personal:	Individual advice, confidential, private areas
Integrated:	working relationships with other professionals, helpful signposting
Evaluation:	patient satisfaction surveys, learning from complaints
Knowledgeable:	national and local health policy, on-going training
Professional:	clinical services conform to RPSGB Code of Ethics
Convenient service:	commonly prescribed medication in stock
Informative:	NHS branding, notice of services available
Accessible:	user-friendly, no appointment needed
Full service:	all essential services including advice and public health support

The recommendations for commissioning NHS pharmaceutical services from this report were incorporated into the Health Bill (2009)

Prior to 1 April 2013 the commissioning of pharmaceutical services was the responsibility of the Primary Care Trusts (PCTs). PCTs were responsible for both reimbursement of drug costs and remuneration of pharmaceutical services. PCTs, through their pharmacy and dispensing committees granted NHS pharmaceutical services contracts, commissioned local pharmaceutical services (LPS) as well as essential, advanced and local enhanced pharmaceutical services. PCTs had a number of statutory duties including the publication of:

- the pharmaceutical list;
- maps of controlled localities; and
- a Pharmaceutical Needs Assessment.

Following the restructuring of the NHS, commissioning of pharmaceutical services has changed.

NHS England now commissions NHS pharmaceutical services. The Pharmacy and Dispensing Committee of each Area Team consider applications from applicants wishing to

provide these services. NHS England must publish a pharmaceutical list (see Section 2.5) and a map of controlled localities (see Section 2.6).

Local Authorities, Clinical Commissioning Groups and others may directly commission local services which they deem necessary to improve people's health and wellbeing (eg Stop Smoking; access to emergency hormonal contraception as a part of a Sexual Health Service) or to improve service delivery as part of service redesign (eg access to palliative drugs; emergency supply of medicines) or they may request that NHS England does so on their behalf.

It is accepted that the NHS faces a period of austerity in the coming years in a tough financial environment and in making recommendations for the development of pharmaceutical services the PNA must be mindful of remaining within the financial resources of the local health economy. In some instances recommendations are aspirational and would require appropriate resource.

This PNA was produced for the Norfolk HWB by a PNA Steering Group. The Steering Group consulted resident and provider opinion and related current provision of pharmaceutical services to various indicators of need such as health status and access to services.

The Steering Group reviewed the needs identified in the Norfolk JSNA, considered Norfolk CCGs' and Public Health's commissioning intentions, Norfolk's Joint Health and Wellbeing Strategy¹² (2014–2017) and NHS England's primary care strategy.

The information gathered was analysed and has resulted in a series of recommendations regarding pharmaceutical services being made in the PNA.

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“Healthwatch Norfolk is pleased to have supported the development of Norfolk’s Pharmaceutical Needs Assessment, helping to ensure that the voice of the public and patients are represented in this process.”

Alex Stewart

Chief Executive Healthwatch Norfolk

“Norfolk Local Pharmaceutical Committee has been pleased to support the development of this revised Pharmaceutical Needs Assessment for Norfolk. There is still considerable potential for increasing and improving the contribution our pharmacies can make to the significant health challenges which face our county.”

Tony Dean

CEO Norfolk LPC

Norfolk and Waveney Local Medical Committee has been pleased to be an active participant in the development of the pharmaceutical needs assessment. Although there are some areas of increased population growth the majority of the county remains stable and adequately served for the provision of pharmaceutical services. Developing this PNA has involved working closely with, and developing good working relationships with the local authority and pharmacy colleagues. We can build on these relationships to develop good communication and collaboration between doctors and pharmacists, which can bring positive enhancements for patient care.

Dr. Ian Hume

Medical Secretary

Norfolk & Waveney Local Medical Committee

1. Executive summary

1.1 Introduction

From the 1 April 2013, every Health and Wellbeing Board (HWB) in England has the statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as 'pharmaceutical needs assessment' (PNA).

The PNA will help in the commissioning of pharmaceutical services in the context of local priorities, and will be used by NHS England when making decisions on applications to open new pharmacies. As these decisions may be appealed and appeals challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up to date.

The requirements on how to develop and update PNAs are set out in Regulations 2 to 9 and Schedule 1 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations (2013)⁸ henceforth termed the Regulations 2013 in this PNA. Pharmaceutical services are defined in the Regulations 2013 as:

- Essential services: every community pharmacy providing NHS pharmaceutical services must provide these (as described in Schedule 4, Part 2 of the Regulations) which includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.
- Advanced services: community pharmacy contractors and dispensing appliance contracts can provide these subject to accreditation. These are currently Medicines Use Reviews (MUR) and the New Medicines Service from community pharmacists and Appliance Use Reviews and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.
- Enhanced services are commissioned directly by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services and public health services commissioned on behalf of local authorities.

This PNA also describes local services which are commissioned by the local authority or other NHS commissioners (e.g. Norfolk CCGs). These services fall outside the legal definition of pharmaceutical services however they are included as they are complementary to those commissioned by NHS England under the Regulations.

The Norfolk PNA will serve several key purposes. It will:

- be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements;
- help the HWB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate;
- inform interested parties of the pharmaceutical needs in Norfolk and enable work to plan, develop and deliver pharmaceutical services for the population; and
- inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

This PNA sets out to identify gaps in pharmaceutical services, focusing in the main on those pharmaceutical services delivered in primary care, which is through community pharmacy, dispensing GP practices and by dispensing appliance contractors (DAC).

This PNA is informed by a number of strategic documents and should be read in conjunction with Norfolk's Joint Strategic Needs Assessment.

Provision of pharmaceutical services was assessed against the demographic and health needs of the population of Norfolk. The PNA makes 18 recommendations and lists relevant NCC commissioning intentions.

1.2 National strategic context of community pharmacy

There are a range of national strategic documents relating to community pharmacy.

- Choosing Health through Pharmacy – A Programme for Pharmaceutical Health 2005–15

This strategy recognised that pharmacists work at the heart of the communities they serve and enjoy the confidence of the public. Every day they support self-care and provide health messages, advice and services in areas such as Stop Smoking and Sexual Health

- The Pharmacy White Paper, Pharmacy in England: Building on strengths delivering the future (2008):

This white paper set out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. It put forward a range of proposals to build on progress achieved which had succeeded in embedding community pharmacy's role in improving health and well-being and reducing health inequalities. It introduced proposals for pharmacies to become 'healthy living centres'; offer NHS treatment for many minor ailments; provide support for people starting new courses of treatment for long term conditions; offer screening for those at risk of vascular disease. It was this paper that introduced the concept that granting of NHS Pharmaceutical services applications based on a PNA.

- Improving care through community pharmacy – a call to action.

This forms part of the wider Call to Action launched by NHS England in July 2013. The aim is to enable community pharmacy to play an even stronger role at the heart of more integrated out-of-hospital services that support better health outcomes for patients, provide more personalised care, deliver excellent patient experience, optimise the use of medicines and secure the most efficient possible use of NHS resources. This call to action seeks to answer the following "How to" questions:

- Create a 'pharmacy first' culture?
- Ensure patients get the best from their medicines?
- Integrate community pharmacy into the patient pathway?
- Increase the safety of dispensing?

In its response to this call to action the Pharmaceutical Services Negotiating Committee (PSNC) described community pharmacy as the third pillar of care.



- NHS Outcome framework

This framework sets out high-level national outcomes that the NHS, including Pharmaceutical services, should aim to improve and deliver against.

The key message from all these strategic documents is that pharmacy, and specifically community pharmacy is willing and able to play a significant role in improving both the health and wellbeing of patients and supporting the NHS to make best use of resources to deliver its stated vision.

Commissioning organisations should consider community pharmacies as qualified providers of services when considering commissioning health related services across the county.

1.3 Process

This PNA was undertaken in accordance with the requirements set out in Regulations 3 to 9 of Schedule 1 of the Regulations 2013⁸.

In the process of undertaking the PNA the Steering Group sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to understand the need for, and provision of pharmaceutical services in Norfolk.

A public consultation is being undertaken from 22 October to 24 December 2014 to seek the views of members of the public and other stakeholders, on whether they agree with the recommendations of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback gathered will be reported and reflected in the final revised PNA report.

The PNA was produced by a Steering Group with membership including representation from Norfolk County Council, Norfolk Healthwatch, Norfolk and Waveney Local Medical Committee (LMC), Norfolk Local Pharmaceutical Committee, NHS England and North East London (Anglia) Commissioning Support Unit. The Steering Group sought the views of all five of the Norfolk and Waveney Clinical Commissioning Groups (CCG).

Regulation 6 requires that the geographic area considered by a PNA is divided into localities which are then used as basis for structuring the assessment. Lower tier local government organisational boundaries were chosen as the basis for PNA localities as these are well recognised, are of an appropriate geographical size for needs assessment and are subject to less change than NHS organisational boundaries which have historically changed in accordance with NHS restructuring. The localities used in this PNA are:

- Breckland
- Broadland
- Great Yarmouth
- King's Lynn and West Norfolk
- North Norfolk
- Norwich
- South Norfolk

Data is also reported at Middle Supr Output Area (MSOA) level. Two PNAs relating to Norfolk (Norfolk PCT PNA and Great Yarmouth and Waveney PNA) which were published in 2011 were also considered as part of this assessment.

1.4 Local context

This PNA for Norfolk is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Norfolk Joint Strategic Needs Assessment (JSNA). This PNA does not duplicate these detailed descriptions of health needs and thus this PNA should be read alongside the JSNA.

Norfolk is a largely rural area with a registered population of 868,448 patients of which 859,426 are resident within Norfolk.

Norfolk, and hence the area covered by the HWB, shares borders with Lincolnshire, Cambridgeshire and Suffolk.

There are five CCGs, clinically led groups of GP practices which hold budgets to buy care on behalf of their local communities in Norfolk:

- NHS West Norfolk
- NHS North Norfolk
- NHS Norwich
- NHS South Norfolk
- NHS Great Yarmouth and Waveney

As of 31 July 2014, Norfolk had a total of 165 community pharmacies, 56 dispensing GP practices (with 22 branch surgeries) and one dispensing appliance contractor.

1.5 Conclusions and recommendations

This PNA concludes that the number and distribution of pharmaceutical service provision in Norfolk is currently adequate. No current need for more pharmaceutical providers was identified by this PNA.

The key recommendation made by this PNA is that commissioners should continue to explore potential sustainable services that could be commissioned from existing community pharmacies that would contribute to improving the health of Norfolk's population and/or that would contribute to reducing pressures elsewhere in the health system.

1.5.1 Norfolk County Council Public Health stated commissioning intentions

Stop Smoking services

NCC Public Health commissioners intend that pharmacies will continue to have an important role to play in helping smokers to quit as pharmacies are pivotal for intercepting potential quitters and supporting them through the quit process. Although most pharmacies in Norfolk are already contracted to provide Stop Smoking services (116 out of 165 [70%]), commissioners are seeking to further increase the provision of this service from amongst the current pharmacy contractors, and also to increase the number of smokers who are supported to quit by each pharmacy.

In recent years the way in which smokers who are seeking to quit tend to use Stop Smoking services has changed. To reflect this, a new contract is under development in consultation with the Norfolk Local Pharmaceutical Committee. A protocol has been developed to allow pharmacies to supply nicotine replacement therapy directly to clients, both through their own advisors and the specialist service.

Training in Stop Smoking brief advice will be offered to pharmacy staff across Norfolk. In addition commissioners aim to increase engagement between specialist Stop Smoking services and pharmacies to encourage more potential clients into Stop Smoking services.

Sexual Health services

Pharmaceutical service providers will continue to play an important role in providing access to high quality sexual health services across Norfolk through locally commissioned services. For example many pharmacies detect high rates of chlamydia infection in people who are screened in pharmacy settings. Consequently, pharmacies are ideally placed to improve access to comprehensive and non-discriminatory sexual health advice, information and services, and to help reduce the prevalence of chlamydia infection by providing screening, diagnosis and treatment in the community.

Pharmacies will also continue to play an important role in providing access to pregnancy testing and emergency contraception, in providing sexual health advice and in referring people to specialist sexual health services where appropriate.

Commissioners anticipate revising the current community pharmacy sexual health service contract in 2015. Current provision is deemed appropriate and any change in need will be monitored by the commissioners.

Substance Misuse services

The provision of supervised consumption and needle exchange services by Norfolk community pharmacies is widespread and is generally felt by commissioners to be adequate at present. Future opportunities for further provision of services by pharmacies could include non-invasive testing for HIV, Hepatitis B and C. Early diagnosis of infectious disease including HIV is a key public health goal. Improvements in saliva-based testing have removed the major barrier to testing in pharmacies and health screening for blood borne viruses is becoming a viable option through community pharmacies.

Weight Management services

Community pharmacies will be invited to provide a weight management follow up service from 2015. It is envisaged that provision will be made from existing community pharmacies and other non-pharmacy based providers.

NHS Health Checks

Pharmacies are currently commissioned to provide NHS Health Checks and NCC Public Health commissioners intend to continue this arrangement. Commissioning of Health Checks is due to be reviewed in 2016.

Healthy Living Pharmacy Accreditation

Community pharmacies play a significant role in helping to reduce health inequalities by delivering consistent and high quality health and wellbeing services, promoting health and providing proactive health advice and interventions. This is recognised by Pharmacies signing up to become a Healthy Living Pharmacy (HLP).

HLP status is awarded to pharmacies that consistently deliver a range of high quality health and wellbeing services. Pharmacies are assessed and accredited by the Local Pharmaceutical Committee and NCC Public Health using criteria including:

- Achievement of defined quality and productivity requirements and targets linked to local health needs eg a number of stop smoking quits.
- Evidence of proactive promotion of health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, physical activity, sexual health, healthy eating and alcohol consumption.
- Provision of a Healthy Living Champion who has been through a training programme.
- Publically recognisable as a Healthy Living Pharmacy.

There are currently seven accredited pharmacies in Norfolk. The Norfolk Local Pharmaceutical Committee has been commissioned by Public Health to support the set-up of a further 25 to 30 Healthy Living Pharmacies by September 2015 in areas that have been identified as having particular health needs in Norfolk.

1.5.2 Recommendations

This PNA makes the following recommendations:

Chapter 6 Demography

- 1 Community pharmacists and their teams have a wide range of skills that should be harnessed to enhance the delivery of the medicines optimisation agenda.
- 2 Encourage the coordinated and structured implementation of electronic prescribing and NHS repeat dispensing services.
- 3 Norfolk CCGs and Norfolk County Council to continue to commission the Norfolk Medicines Support Service.
- 4 Commissioners should maximise the potential of delivering public health interventions, through community pharmacies, in the younger age groups, to minimise ill health in older age.
- 5 The Norfolk HWB should have a process for regularly monitoring changes in population; and the impact this will have on providers and service provision. This work will help inform NHS England Anglia Area Team in its responsibilities to ensure there is adequate provision of NHS Pharmaceutical services in its area.
- 6 The HWB and commissioners will continue to work with community pharmacies to maximise the opportunities for public health interventions, to further support people to self-care.
- 7 The HWB and commissioners should work with existing community pharmacies to maximise the opportunities for public health interventions and to further support people to self-care for this hard to reach group.

Chapter 7 Health need

- 8 The HWB and commissioners should work with existing community pharmacies to maximise the opportunities for improving population health; the management of long term conditions and the reduction of health inequalities in line with the Health and Wellbeing Strategy for Norfolk.
- 9 Commissioners should continue to work with existing community pharmacists and their teams to deliver effective weight management services where possible.
- 10 Commissioners of drug and alcohol services should continue to provide and develop accessible substance misuse services through existing pharmacies and other providers.
- 11 Commissioners of drug and alcohol services should continue to consider the role of community pharmacy in the management of alcohol misuse.
- 12 Public Health commissioners should continue to support the HLP project and to consider community pharmacy as a key player in

delivering public health interventions. Local research has shown that 52% of survey respondents used a pharmacy at least once a month.

Chapter 8 Current provision of pharmaceutical services

- 13** Commissioners should continue to explore potential commissioning of sustainable services from existing community pharmacy to help reduce pressures elsewhere in the health system eg minor ailment and self-care scheme; emergency supply of prescribed medicines.
- 14** Ensure continued access to pharmaceutical services is provided over extended hours including Sundays and Bank Holidays.
- 15** CCGs should further engage with community pharmacy leaders to enhance integration of these nationally commissioned services to maximise the patient benefits of safe and appropriate use of medicines and appliances whilst reducing waste.
- 16** CCGs should engage with dispensing GP practices to maximise the benefits from DRUMs.
- 17** NHS England should continue to work with Norfolk CCGs to facilitate the commissioning of services through existing community pharmacy.
- 18** CCGs should be mindful of the resource contained within community pharmacy and consider community pharmacy as a partner or provider when considering patient pathways and system transformation.

2. Introduction

Norfolk is a large (549,751 hectares), mostly rural county in the East of England with around 372,100 households⁴. It has a registered population of 868,448 patients of whom 859,426 are resident within the Norfolk boundary (Exeter 2012 and ONS for mid-2011). The JSNA states that Norfolk's population in mid-2012 was estimated at 865,300⁶.

2.1 Norfolk context

Norfolk's land area is around 95% rural in character and includes smaller towns, villages and hamlets. Norfolk's rural areas include a little over half its population so, while most of Norfolk appears to be rural, almost half of our county's residents live in urban districts which are sometimes densely populated.

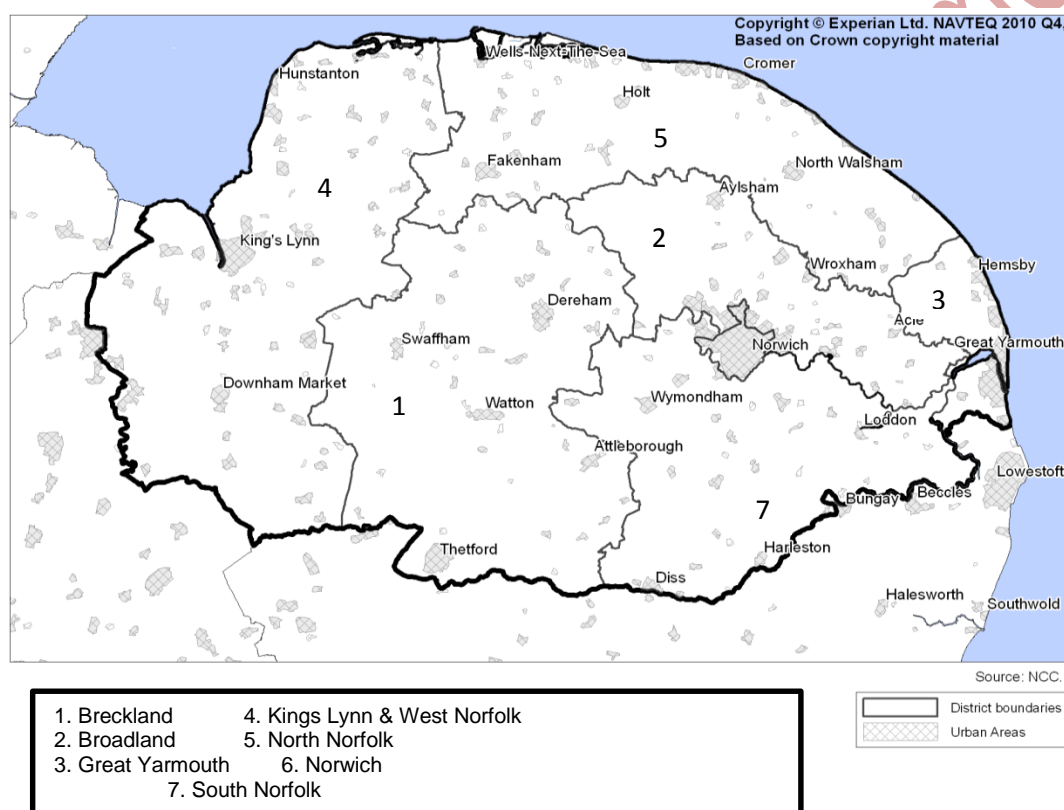


Figure 1: Map showing Norfolk's district council geographical boundaries and urban areas

Whilst the population are predominantly white British (93%), over 100⁵ languages are spoken in the county. The area of Norfolk covered by the HWB has a resident population of approximately 865,300⁶. Norfolk (and hence the area covered by the HWB and this PNA), shares a border with the counties of Lincolnshire, Cambridgeshire and Suffolk.

As might be expected, there are a number of patients resident in neighbouring HWB areas who are registered with Norfolk GP practices.

The county of Norfolk is a destination for many holiday makers and leisure travellers who use the county's villages, market towns, coastline and waterways as a location for holidays, day trips and seasonal migration. Tourism in the eastern counties is estimated to be worth £6.4bn and tourism is the largest sector industry in Norfolk.

It is difficult to estimate the movement of populations into and out of specific communities within Norfolk for tourism but good data is available at a county level. Visit Norfolk has commissioned market research⁷ on a yearly basis since 2008 and compiles statistics from holiday accommodation providers and through surveys of people visiting Norfolk to quantify the volumes of visitors and the economic impact of tourism on the county. The total value of tourism in Norfolk is estimated to be £2.8 billion, supporting 54,200 tourism related jobs within the county and accounting for 15% of employment in Norfolk.

In 2012, the county received approximately 30 million day trips and around 3.4 million overnight trips, together accounting for 14.7m visitor nights. Three quarter of visitors to our county come to take a holiday and around a third of visitors stay with friends or relatives. Visitors to the area will increase demand for both medical and pharmaceutical services.

Structure of health organisations in Norfolk

As at 31 July 2014 in Norfolk there were five Clinical Commissioning Groups (CCGs) (NHS West Norfolk, NHS North Norfolk, NHS Norwich, NHS South Norfolk, NHS Great Yarmouth and Waveney). CCGs are clinically-led groups of GP practices which hold budgets to buy health care on behalf of their local communities.

NHS Great Yarmouth and Waveney CCG straddles both Norfolk and Suffolk counties. Because the Waveney area is covered by the Suffolk PNA and is not included in this PNA. The Norfolk CCGs are shown in Figure 2.

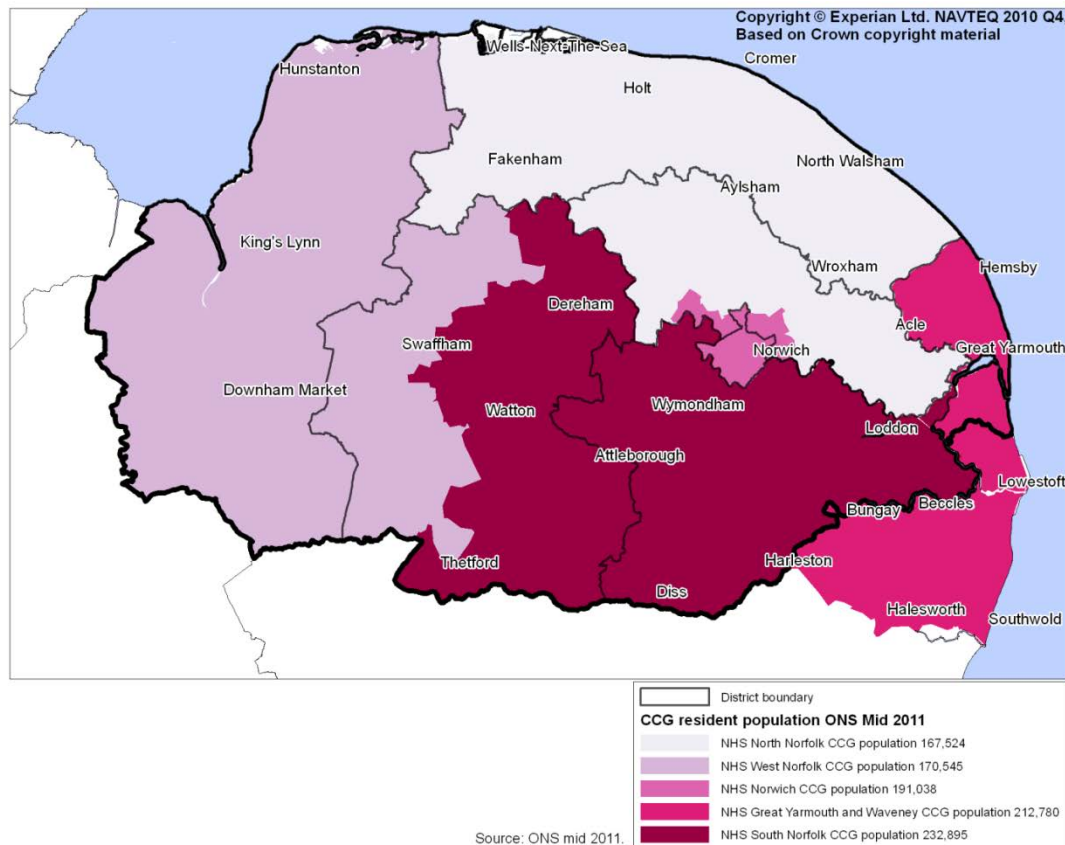


Figure 2: Map illustrating CCGs with their registered population sizes. District council boundaries are also shown. Data source: ONS mid 2011 and ONS.

As of the 31 July 2014 Norfolk had a total of 165 community pharmacies, with a mix of large multiples, smaller multiples and independent pharmacies. The majority of pharmacies are contractors who must open for a minimum of 40 hour a week contracts; there are twenty 100 hour contractors who, as the name suggests must open for a minimum of 100 hours; and three distance selling pharmacies who cannot supply certain services to patients face to face but must supply these services by distance selling, usually providing a supply via the internet.

Also as Norfolk has boundaries with Suffolk, Cambridge and Lincolnshire some people living in Norfolk will access pharmaceutical services located in these neighbouring counties.

2.2 What is a PNA?

A PNA is a structured process to determine the need for, and provision of pharmaceutical services and is used to identify whether there is any unmet need for pharmaceutical services.

The PNA should help to ensure that the population of Norfolk continues to have access to a broad range of appropriate and effective pharmaceutical services. It can be an effective tool to enable local commissioners to identify the current and future commissioning of services required from pharmaceutical service providers to meet the needs of the local population.

From 1 April 2013, every HWB in England has a statutory responsibility to publish and keep an up-to-date statement of the needs for pharmaceutical services⁸ for the population in its area, referred to as a PNA.

PNAs must be published by 1 April 2015, and have a maximum lifetime of three years. As part of developing the PNA, HWBs must undertake a consultation for a minimum of 60 days.

The PNA will help in the commissioning of pharmaceutical and local services by the responsible commissioner by outlining local priorities, and will also be used by NHS England when making decisions on applications to open new pharmacies. As these decisions may be appealed and appeals challenged via the courts, it is important that PNAs comply with the Regulations 2013 and that mechanisms are established locally to keep the PNA up to date.

The information to be contained in a PNA is laid out in Regulation 4 schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁸

2.3 Aims of this PNA

This document sets out to identify gaps the provision of pharmaceutical services focusing primarily on those pharmaceutical services delivered in primary care, which is through community pharmacy in the main and also dispensing services provided by dispensing practices. This PNA has several key purposes as follows:

- It will be used by NHS England when making decisions on (i) applications to open new pharmacies and dispensing appliance contractor premises or; (ii) applications from current pharmaceutical providers to change their existing regulatory requirements.
- The PNA will help the HWB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- It will inform interested parties of the pharmaceutical needs in Norfolk and enable work to plan, develop and deliver pharmaceutical services for the population.
- The PNA will inform commissioning decisions made by local commissioning bodies and services commissioned by NHS England.

This PNA is a new assessment following the changes to the NHS and the introduction of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and replaces the two previous PNAs that assessed the pharmaceutical needs of the population of Norfolk (Norfolk Primary Care Trust PNA (January 2011) and Great Yarmouth and Waveney Primary Care Trust PNA (December 2010)).

2.4 What are NHS Pharmaceutical services?

NHS Pharmaceutical services are defined and governed by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁸.

They are provided by community pharmacies (which may be local pharmaceutical service providers and may be informally known as chemists), internet pharmacies, dispensing doctors and dispensing appliance contractors.

All community pharmacy contractors have operated under a nationally agreed contractual framework since April 2005. This framework comprises three tiers of services known as essential, advanced and local enhanced services. Essential and advanced services are determined nationally. Enhanced services, however, can be commissioned by NHS England in response to identified need.

Essential, advanced and enhanced pharmaceutical services are defined by the Regulations (2013)⁸ as follows:

- Essential services: every community pharmacy providing NHS pharmaceutical services must provide these (as described in Schedule 4, Part 2 of the Regulations) which includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.
- Advanced services: community pharmacy contractors and dispensing appliance contractors can provide these subject to accreditation. These are currently Medicines Use Reviews (MUR) and the New Medicines service from community pharmacists and Appliance Use reviews and the Stoma Customisation service which can be provided by dispensing appliance contractors and community pharmacies.
- Enhanced services are commissioned directly by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services and public health services commissioned on behalf of local authorities.

Public understanding of pharmaceutical services tends to vary greatly with some believing it is purely a dispensing service while others embrace the visions outlined in a number of government documents such as Choosing Health through pharmacy and Pharmacy in England (2008) Building on strengths⁹.

2.4.1 Locally commissioned pharmacy services

Pharmacy services which are commissioned locally and are not essential, advanced or enhanced pharmaceutical services fall outside the remit of the Regulations (2013)⁸. Locally commissioned pharmacy services do not impact on the granting of new pharmacy contracts.

The Regulations (2013) set out those enhanced services which may be commissioned from pharmacy contractors.

It is important to note that the definition of 'Enhanced services' has changed, and the current commissioning arrangements can now be seen as more complex since pharmacy services previously commissioned by a PCT can now be commissioned by at least three different organisations (CCGs, local authorities or NHS England). It should be noted that as per the Regulations (2013), enhanced services may be commissioned as a local service (eg out-of-hours provision, minor ailment scheme may be commissioned by CCGs to support their local priorities).

The changes to commissioning of enhanced services are summarised in the following excerpt from Primary Care Commissioning (PCC)¹⁰:

Public health services

The commissioning of the following enhanced services which were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012 transferred from PCTs to local authorities with effect from 1 April 2013:

- Needle and syringe exchange
- Screening services such as chlamydia screening
- Stop smoking
- Supervised administration service
- Emergency hormonal contraception services through patient group directions.

Where such services are commissioned by local authorities they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services and consequently do not influence the recommendations required by the Regulations (2013)⁸. Throughout this PNA such services will be referred to as 'local services'. Consideration of these local services will be for local commissioners to consider and do not fall under the definition of need for NHS England.

However, the Regulations (2013) make provision for NHS England to commission the above services from pharmacy contractors where asked to do so by a local authority. Where this is the case they are treated as enhanced services and fall within the definition of pharmaceutical services enhanced services. In Norfolk the above listed services are commissioned by Norfolk County Council rather than by NHS England and thus fall outside the definition of pharmaceutical services as set out in the Regulations 2013.

The following enhanced services may be commissioned by NHS England from 1 April 2013 in line with PNAs produced by PCTs up to 31 March 2013 and by HWBs thereafter:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service.

The key to local commissioning of pharmacy or pharmaceutical services is to ensure that they are both viable and sustainable. This will enable community pharmacy to support the local health economy to deliver NHS England's stated objective of delivering high quality care for now and for future generations.

Local public health services currently commissioned by Norfolk County Council from community pharmacies are as follows:

- Stop Smoking
- Sexual Health (including emergency contraception, chlamydia screening and treatment; pregnancy testing; provision of condoms)
- Substance Misuse services (including supervised consumption of opioid substitute medication and needle exchange schemes)
- NHS Health Checks.

2.4.2 Clinical commissioning groups

CCGs now have a role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contracts, other primary care contracts and specialised commissioned services. CCGs involve clinicians in their area to ensure commissioned services are responsive to local needs. CCGs are able to commission services directly from pharmacies including the services that NHS England can commission as enhanced services. But similar to public health services when these services are commissioned directly they will be known as local services and then fall outside the definition of enhanced services, and so have no bearing on pharmacy applications.

Local services currently commissioned by CCGs from community pharmacies are as follows:

- Access to palliative care medicines
- Norfolk Medicines Support service (co-commissioned with Norfolk County Council)

2.5 What are pharmaceutical lists?

Any eligible person as defined in the Regulations 2013 wanting to provide NHS Pharmaceutical services must apply to the NHS England to be included on a pharmaceutical list. Only those person cited on the pharmaceutical list for a given area are eligible to provide pharmaceutical services.

Pharmaceutical lists are maintained by NHS England. This system is commonly known as the NHS pharmaceutical 'market entry'.

To be included on the pharmaceutical list under the Regulations (2013)⁸, a person must demonstrate that their application meets any of the following criteria:

- Meets a current need for pharmaceutical services.
- Meets a future need for pharmaceutical services.
- Offers improvements or better access to current pharmaceutical services.
- Provides unforeseen benefits.
- Offers future improvements or better access to pharmaceutical services.
- Provides services by means of distance selling only.

There are three types of provider that can be included on a pharmaceutical list:

- Pharmacy contractors: a person or corporate body who provides NHS Pharmaceutical services under the direct supervision of a pharmacist registered with the General Pharmaceutical Council.
- Dispensing appliance contractors: appliance suppliers are a sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors: medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities' through a practice dispensary.

Local pharmaceutical services (LPS) contractors are not included on the pharmaceutical list. LPS are described in Part 13 and Schedule 7 of the Regulations 2013. LPS contractors provide pharmaceutical services in some HWB areas but their services are specified locally rather than as part of the national contractual framework. Pharmacies entitled to Essential Small Pharmacies Scheme payments were transferred to an LPS contract in October 2006. (See glossary for more details of ESPS).

2.6 What are controlled localities?

GP dispensing may be required where a pharmacy service would not be viable due to the nature or size of the population. GPs may dispense for their patients who have requested them to do so, if permission has been granted by NHS England (previously this permission was granted by the PCT). Generally, in order for permission to be granted the patients who ask their GP to dispense must be resident in a 'controlled locality' for which the GP has dispensing rights (i.e. an area which is rural in character which the GP has appropriate permission to dispense) and live at least 1.6km from an existing pharmacy.

NHS England may determine whether an area is a controlled locality on the request of its Local Pharmaceutical Committee (LPC) or Local Medical Committee (LMC), or because it believes that a determination should be undertaken, for example if an application is made in or near the area. If NHS England decides that an area is rural in character, it will publish a map showing the precise boundaries of this controlled locality, and this will generally be valid for a minimum of five years unless there is a substantial change in circumstances in relation to the area.

If a new pharmacy wishes to open in a controlled locality then there are additional tests that the applicant must satisfy, so as not to prejudice any dispensing by doctors being undertaken for patients in that area.

Similarly if a GP is asked to dispense by his patients resident in a controlled locality, NHS England must undertake a test to ensure that there is no prejudice to any local pharmacies.

NHS England is responsible for ensuring maps are available which show the areas which have been determined in the past to be controlled localities, and these will remain controlled localities unless and until a new determination finds that they no longer satisfy the requirements of being rural in character.

It is the responsibility of NHS England to publish a map defining controlled locality areas for Norfolk. Currently NHS England is assessing the controlled locality maps with a view to ensuring that the maps are published in a consistent manner across the country. Whilst this

assessment is being undertaken any enquires regarding controlled locality boundaries should be directed to the contract manager for pharmaceutical services in the East Anglia Area Team.

There have been no changes to the controlled locality maps since the publication of the last PNAs in December 2010 (Great Yarmouth and Waveney PCT) and January 2011(Norfolk PCT).

final version working document

2.7 What is excluded from the PNA?

The PNA has a regulatory purpose defined by the Regulations 2013⁸ which sets the scope of the assessment. However pharmaceutical services and pharmacists are evident in other areas of work in which the Norfolk County Council, NHS England and the local Clinical Commissioning Groups (CCG) have an interest but are excluded from this assessment. These include prison and secondary and tertiary care sites where patients may be obtaining a type of pharmaceutical service that is not covered by this assessment. These are described in Appendix A.

2.8 Norfolk Strategic Context

2.8.1 Norfolk's Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy

Norfolk's HWB has a statutory duty to produce a Joint Strategic Needs Assessment (JSNA)¹¹. A JSNA is a collection of information that describes the health and wellbeing needs of Norfolk's population. It looks at issues such as how many people live in the county, their age and gender, and where they live and provides a picture of the health and wellbeing needs of people across the county, showing the range of needs and inequalities affecting them. The JSNA provides information on services people already use and might need in the future, including a range of services aimed at improving healthy lifestyles. The PNA is a standalone document which links to and considers information contained within the JSNA. (JSNA last accessed June 2014).

Norfolk's JSNA can be accessed at <http://www.norfolkinsight.org.uk/jsna#info>

The Norfolk Health and Wellbeing Board have used the findings from the JSNA¹¹ to identify the health priorities it wants to focus on in Norfolk's Joint Health and Wellbeing Strategy¹²

The current Health and Wellbeing Strategy¹² identified three priorities:

- Promoting the social and emotional wellbeing of pre-school children
- Reducing obesity
- Making Norfolk a better place for people with dementia and their carers

Activity in each of these priorities must also meet the cross-cutting goals of prevention and reducing inequalities in health and wellbeing. The Strategy aims to address these priorities through integrating work between partners to provide effective, joined up services.

2.8.2 Director of Public Health's Annual Report 2013

The key messages of the Director of Public Health's Annual Report 2013 were that:

- The impact of an ageing population is a huge challenge to all forms of care, including palliative and end-of-life care.
- Deprivation and inequality are not only a challenge for future services to individuals, they also have a significant impact on service costs across the local economy.
- Finding a way to break the cycle of deprivation is key to health improvement.
- More – and better coordinated – prevention services are needed to reduce demand for more intensive and costly interventions later on.

2.8.3 Contribution of community pharmacy to Norfolk priorities

Both Norfolk's Health and Wellbeing Strategy¹² and the Director of Public Health's Annual Public Health Report place emphasis on the role and impact of preventive interventions which support people to adopt and maintain healthy lifestyles. This includes maintaining a healthy weight, keeping blood pressure at a healthy level and stopping smoking for example. In Norfolk, community pharmacies can make a contribution to these ambitions in a number of ways through offering services to support healthy living.

The provision of preventive services by community pharmacies can help to address health inequalities and improve access to health services in a large number of local and accessible settings which are familiar to the patients and the public. A set of action plans are being developed on dementia, obesity and pre-school children's emotion and social wellbeing to deliver the strategy. Community pharmacy can deliver action through, for example:

- Being part of the local "obesity branding" such as Change4Life which should be clearly identifiable to the community
- Being 'Dementia Friends' and ensuring people with dementia and their carers have access to information, support and advice on a range of services
- Contributing to individual cardiovascular risks such as NHS Health Check programme

2.9 Overview of community pharmacy in Norfolk

Norfolk has a total of 165 community pharmacies, with a mix of large multiples, smaller multiples and independent pharmacies. The majority of pharmacies are standard contractors who must open for a minimum of 40 hour a week contracts; there are twenty 100 hour contractors who, as the name suggests must open for a minimum of 100 hours; and three distance selling pharmacies who cannot supply certain services to patients face to face but must supply these services by distance selling, usually via the internet.

District council	Number of community pharmacies
Breckland	18
Broadland	25
Great Yarmouth	27
Kings Lynn & West Norfolk	27
North Norfolk	14
Norwich	37
South Norfolk	17
Total	165

Table 1: Number of community pharmacies per district. Data source: NHS England Anglia Area Team.

2.10 Overview of dispensing doctors in Norfolk

Due to the rural nature of parts of Norfolk almost 50% of Norfolk GP practices are able to dispense to their patients. These practices can dispense NHS prescriptions to their own patients who meet the requirements as described in Section 2.3.4 above.

As of the 1 January 2014 there are 215,970 patients (25% of the registered population) who are registered as eligible to have their prescriptions dispensed by their GP practice. These patients may also choose to have their prescriptions dispensed at a pharmacy.

There are 56 dispensing practices in Norfolk plus 22 branch surgeries that dispense.

District council	Main practice (number dispensing)	Branch surgery (number dispensing)	Total % dispensing
Breckland	16 (10)	5 (3)	62%
Broadland	11 (8)	6 (3)	65%
Great Yarmouth	13 (2)	6 (1)	16%
King's Lynn and West Norfolk	18 (12)	9 (4)	59%
North Norfolk	13 (13)	7 (6)	95%
Norwich	19 (0)	6 (0)	0%
South Norfolk	13 (11)	6 (5)	84%
Total	103 (56)	45 (22)	53%

Table 2: Number of main practice and branch surgeries that dispense. Data Source: (NHS England Anglia Area Team).

3. National legislative and strategic context of community pharmacy provision

Facts and figures⁴²

Workforce

1. The pharmacy workforce in the UK is made up of approximately 150,000 people, with approximately 50,000 registered pharmacists and 25,000 registered pharmacy technicians. The remainder being made up of unregistered dispensing assistants and medicines counter assistants.
2. 70% of the pharmacist workforce works in community pharmacies.

Access

3. Pharmacies are frequently utilised – on average around 14 times a year per person (11 times for health reasons).
4. 1.6 million patients visit a pharmacy each day.
5. 99% of the population are within 20 minutes travel time of a community pharmacy with 96 per cent walking or by public transport.
6. Community pharmacies dispense around one billion prescription items each year.
7. The most common frequency of visit is once a month, although those with long term conditions will visit more frequently, as well as women and those aged 35+
8. At 31 March 2013 there were 11,495 community pharmacies in England, of which 60% are owned by the 'multiples' (operate five or more pharmacies – includes supermarkets).
9. The number of pharmacies in England has grown by 18 per cent since 2005/06.
10. Prior to 2005/06, the number of pharmacies was stable at around 9,700 from the mid-1990s.

Costs

11. NHS England spends over £8 billion on medicines in primary care, and there is growing evidence that the use of medicines is sub-optimal. **Norfolk spent around £141 million in 2013–14.**
12. Up to 50% of patients do not take their medicines as intended.
13. Between 5 and 8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. This is thought to cost the NHS £466 million.
14. Wasted medicines have been recently evaluated to be worth over £300 million per year, and this is likely to be an underestimate.

3.1 Legislative background

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This Section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription. The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. Norfolk PCT and Great Yarmouth and Waveney PCT published their first PNAs in 2011.

The Health and Social Care Act (2012) amended the NHS Act (2006). The Act (2012) established HWBs and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect

from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3–9 Schedule 1 of the Regulations (2013)⁸.

The Act (2012) also amended the Local Government and Public Involvement in Health Act (2007) to introduce duties and powers for HWBs in relation to JSNA. The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

As part of developing their first, and subsequent, PNAs, HWBs must undertake a consultation for a minimum of 60 days. The Regulations (2013)⁸ list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

The Health and Social Care Act (2012) also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Appeals can be made to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions based on PNAs can be challenged through the courts. PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of local services from pharmacies by the local authority and other local commissioners eg CCGs.

The use of PNAs for determining applications for new premises is relatively recent. It is expected that some decisions made by NHS England may be appealed and that eventually there will be judicial reviews of decisions made by the FHSAU. It is therefore important that PNAs comply with the requirements of the regulations, that due process is followed in their development, and that they are kept up-to-date.

Failure to comply with the regulatory duties may lead to a legal challenge, for example where a party believes that they have been disadvantaged following refusal by NHS England of their application to open new premises. This can be a costly and time consuming process.

HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response. HWBs therefore need to establish systems that allow them to:

- identify changes to the need for and provision of pharmaceutical services within their area;
- assess whether the changes are significant;
- decide whether producing a new PNA is a disproportionate response; and
- issue a supplementary statement if required.

HWBs need to ensure that they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by CCGs as these may affect the need for local pharmaceutical services. HWBs also need to ensure that NHS England and its Area Teams have access to their PNAs.

The Department of Health (DH) published an Information Pack¹³ to help HWBs undertake PNAs.

3.2 National policy and strategic context

A Vision for Pharmacy in the new NHS

In the last decade and a half, the pace of change for NHS community pharmaceutical services has probably been more rapid than at any other time in the last 65 years. In that same period, community pharmacy has featured more prominently in how to improve services, how its potential can be more widely recognised by the NHS and by other health professionals, and how its ability to respond innovatively and creatively can be better used. This was the intension of the Department of Health's document (*A Vision for Pharmacy in the New NHS*) published in July 2003¹⁴ which identified and aligned the ambitions for pharmacy alongside the wider ambitions for the NHS as a whole.

The current policy context shaping the direction of pharmacy services has its roots in the publication of the strategy for pharmacy *White Paper Choosing Health*¹⁵ published by the Department of Health in 2004. In this the government set out a programme of action to provide more of the opportunities, support and information people want to enable them to improve their health.

Choosing Health through Pharmacy

As part of this programme, in 2005 the Labour government, made a commitment to publish a strategy for pharmaceutical public health (*Choosing Health through Pharmacy – A Programme for Pharmaceutical Health 2005–2015*)¹⁶ which expanded the contribution that pharmacists, their staff and the premises in which they work can make to improving health and reducing health inequalities.

This strategy recognised that pharmacists work at the heart of the communities they serve and they enjoy the confidence of the public. Every day, they support self-care and provide health messages, advice and services in areas such as diet, physical activity, Stop Smoking and Sexual Health.

A new contractual framework for community pharmacy

As part of the Vision for Pharmacy¹⁴ a new community pharmacy contractual framework was put in place in April 2005. It comprises three tiers of services – essential, advanced and local enhanced services. These services recognised and encouraged the clinical roles undertaken in community pharmacy in addition to the more traditional medicines supply services.

Our health, our care, our say

The White Paper Our health, Our care, Our say¹⁷ launched in January 2006 set out a new strategic direction for improving the health and wellbeing of the population. It focused on a strategic shift to locate more services in local communities closer to people's homes. This recognised the vital role that community pharmacies provide in providing services which support patients with long term conditions and make treatment for minor illnesses accessible and convenient.

NHS Next Stage Review

The NHS Next Stage Review 2008¹⁸ final report set out a vision of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. The changes that are now being taken forward, locally and nationally, will see the NHS deliver high quality care for all users of services in all aspects, not just some. It will see services delivered closer to home, a much greater focus on helping people stay healthy and a stronger emphasis on the NHS working with local partners. Pharmacy has a key role to play in delivering this vision, particularly as a provider of services which prevent ill health, promote better health for all and improve access to services within communities.

The Pharmacy White Paper, Pharmacy in England: Building on strengths delivering the future

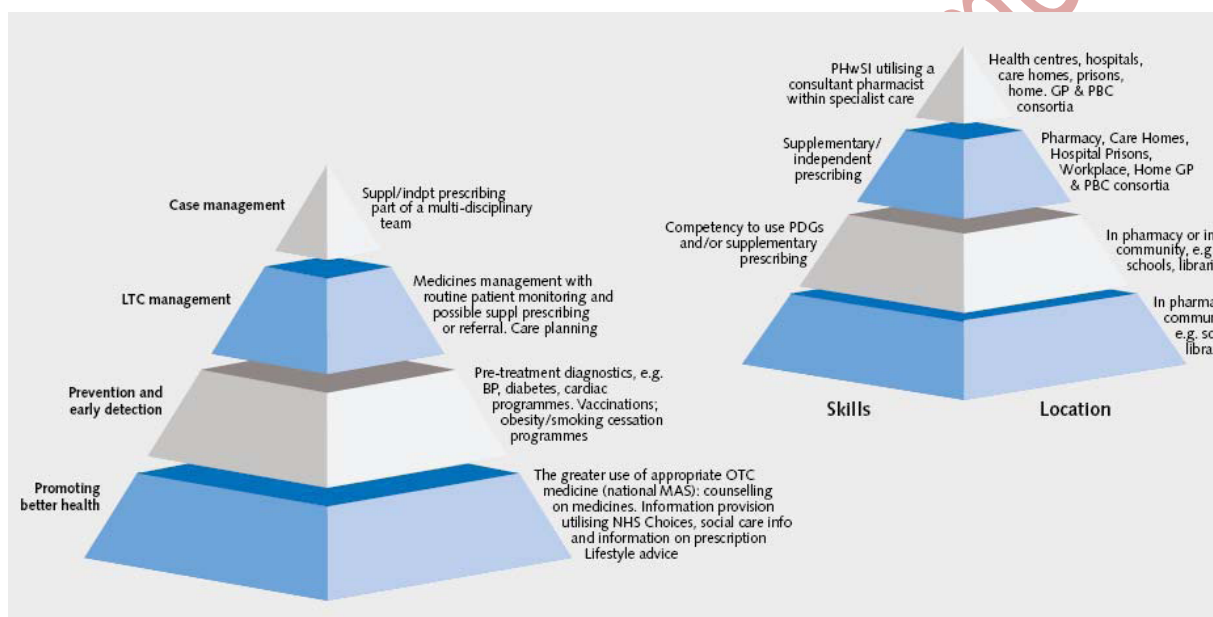
In April 2008 the then government set out its plans for pharmacy in the Pharmacy White Paper Pharmacy in England: Building on strengths – delivering the future (2008) (PWP)⁹. Subsequently a regulatory consultation was undertaken to consult on the proposed changes to the regulations for pharmacy. This White Paper set out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country which it aims to address through a work programme to challenge and engage PCTs, pharmacists and the NHS.

The White Paper put forward a broad range of proposals building on recent progress which has succeeded in embedding community pharmacy's role in improving health and well-being and reducing health inequalities. This included proposals for how pharmacies will, over time:

- become 'healthy living' centres – promoting health and helping more people to take care of themselves;

- offer NHS treatment for many minor ailments (eg coughs, colds, stomach problems) for people who do not need to go to their local GP;
- provide specific support for people who are starting out on a new course of treatment for long term conditions such as high blood pressure or high cholesterol;
- offer screening for those at risk of vascular disease – an area where there are significant variations in access to services and life expectancy around the country;
- use new technologies to expand choice and improve care in hospitals and the community, with a greater focus on research; and
- be commissioned based on the range and quality of services they deliver.

Pictorial summary of the potential contribution of pharmacy to different levels of patient care (taken from Pharmacy in England Building on strengths; delivering the future 2008).



This model of care shows clearly how community pharmacies can contribute to the health and wellbeing of the population (permanent and transient) of Norfolk.

It was in this White Paper that the concept of granting of NHS Pharmaceutical services based on Pharmaceutical Needs Assessments was introduced. This has now been enshrined in a number of Acts and Regulations.

Equity and excellence: liberating the NHS

Following the publication of the White Paper Equality and excellence: liberating the NHS (Department of Health, 2010)¹⁹, Lord Howe spoke about the positive future of pharmacy and asked NHS employers to continue their discussions with the Pharmaceutical Services Negotiating Committee (PSNC) around service developments, such as support for people with a long term condition who are newly prescribed a medicine.

He explained that any proposals on changes to the community pharmacy contractual framework will need to reflect these priorities, including the emphasis on health outcomes and payment for performance. Equality and excellence: liberating the NHS (Department of Health,

2010), sets out the government's long term vision for the future of the NHS. The vision builds on the core values and principles of the NHS – a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the NHS will:

- put patients at the heart of everything the NHS does;
- focus on continuously improving those things that really matter to patients – the outcome of their healthcare; and
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

High quality commissioning is a recurring theme throughout these documents. A robust PNA is a key tool to aid commissioning of pharmaceutical services. These policy drivers provide several challenges:

- to deliver the aspirations of the White Paper: continuous service improvements through evidence-based commissioning using local needs assessments; and
- to integrate more fully community pharmacy commissioning into strategic commissioning plans.

The PNA provides a base from which to address these challenges and to equip NHS England and commissioners to make informed decisions in the commissioning of pharmacy services.

Improving care through community pharmacy – a call to action²⁰

On the 10 December 2013 NHS England launched its Community Pharmacy A Call to Action. This work forms part of the wider call to action launched by NHS England in July 2013. This call to action seeks to stimulate a debate within local communities to see how pharmacy can contribute to an integral health service.

The aim is to enable community pharmacy to play an even stronger role at the heart of more integrated out-of-hospital services that support better health outcomes for patients, provide more personalised care, deliver excellent patient experience, optimise the use of medicines and secure the most efficient possible use of NHS resources. It seeks answers to the following “How to” questions:

- Create a ‘pharmacy first’ culture?
- Ensure patients get the best from their medicines?
- Integrate community pharmacy into the patient pathway?
- Increase the safety of dispensing?

Underlying objectives for community pharmacy given in A Call to Action (December 2013) are as follows:

Objective	Community pharmacy unique strengths	Opportunity for the next five years
Ensuring patient safety	Medicines expertise. Reduce harm from medicines.	Reduce medication errors especially in vulnerable patient groups (e.g. frail older people, children, and people with mental health issues or those with learning disabilities).
Ensuring best value from taxpayer resources	Efficient medicines supply chain. Enables out of hospital care.	Wider role supporting patients with long term conditions. Reduction of avoidable medicines waste. Greater use of technology and skill mix. Continue to drive procurement efficiencies. Greater role in prevention and early intervention
Improving patient experience	Open access to a pharmacist (or other trained staff e.g. health champion) Range of providers True choice	Relieving pressure on other key NHS services. Pharmacy becomes the first port of call. Improved support for self-care.
Improving patient outcomes and reducing inequalities	Patients in the community supported to take medicines correctly. Public has easy access to healthy living advice. People from deprived backgrounds more likely to access pharmacy than other services	Further reduce avoidable admissions to hospital. Improving health from better medicines taking and healthier lifestyles, supported by access to care records Particular opportunities to improve health for people

Pharmaceutical Services Negotiating Committee (PSNC) vision for community pharmacy 2012²¹

The PSNC's vision:

The community pharmacy service in 2016 will offer support to our communities, helping people to optimise the use of medicines to support their health and care for acute and long term conditions, and providing individualised information, advice and assistance to support the public's health and healthy living.

Within PSNC's vision there are four key domains across which there are significant potential for community pharmacy teams to improve the lives of patients and the public:

1. Optimising the use of medicines.
2. Supporting people to live healthier lives/public health.
3. Supporting people to self-care.
4. Supporting people to live independently.

In its response to A Call to Action, the Pharmaceutical Services Negotiating Committee states that if the community pharmacy service were to be further developed, building on the central medicine supply function across these four service domains, pharmacy could help the NHS to manage the financial constraints and increasing demands it faces by becoming the basis of a third pillar of care, supporting NHS service provision alongside the traditionally dominant pillars of GP-led care and secondary care. The PSNC refers to community pharmacy as the third pillar of care.



Pictorial representation of pharmacy as the third pillar of care. From the PSNCs response to A Call to Action December 2013.

In 2012 PSNC confirmed via a survey of community pharmacy contractors that this aspiration for community pharmacy service development is supported by the majority of the sector. In total 1,080 pharmacy contractors who between them owned or were responsible for 5,216 pharmacies responded to the survey, and 93% of responding pharmacy owners representing 98% of pharmacies agreed with this aspiration, with 45% representing 37% of pharmacies strongly agreeing.

NHS Outcomes framework 2014–15²²

Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. All NHS services, including pharmaceutical services, should deliver against these domains:



The awareness of the role and contribution that pharmacy and pharmacists can make to the medicines optimisation is widely recognised.

The role of community pharmacy in the health and well-being of people is increasingly being recognised with the commissioning of national services eg New Medicines Service, Medicines Use Reviews and the increased recognition of excellence through the Healthy Living Pharmacy Scheme.

NHS England Business Plan 2014–15 to 2016–17²³

The business plan has 31 business areas and the following specifically mention community pharmacy:

12 Primary care commissioning:

- Develop strategies for dental, community pharmacy and eye care as part of an integrated out-of-hospital strategy.

20 Wider primary care provided at scale:

- enable general practice, community pharmacy services, dental services and primary eye health services to play a much stronger role, at the heart of a more integrated system of community-based services, in improving health outcomes and reducing inequalities.
- oversee development of national contracts and contractual frameworks for general practice services, community pharmacy services, primary dental services and NHS eye care services.

25 Seven day services:

- Make proposals about better alignment of different care services at weekends.

High Quality, Sustainable Primary Care: A Strategic Framework for East Anglia²⁴

This strategic framework is predicated on the belief that good general practice and wider primary health care is the bedrock of a high quality and cost effective health care system. Improving the nature of services provided outside hospital and supporting the public in self-care are key ingredients for a sustainable NHS.

This strategic framework aims to ensure that the NHS England East Anglia Area Team, with local Clinical Commissioning Groups and other key partners, can be confident that people living and working in East Anglia have access to thriving, high quality and sustainable general practice and wider primary care services which work as part of an integrated health and social care system.

This strategic framework includes the CCG's primary care strategies which make reference to community pharmacy.

3.3 SUMMARY

The key message from all these strategic documents is that pharmacy, and specifically community pharmacy is willing and able to play a significant role in both improving the health and wellbeing of patients; and in supporting the NHS to make best use of resources to deliver its stated vision.

Commissioning organisations should consider community pharmacies as qualified providers of services when considering commissioning health related services across the county.

4. Review of previous PNAs recommendations

Detailed below is a summary of the findings from the previous PNAs relating to Norfolk, namely Norfolk PCT PNA and Great Yarmouth and Waveney PCT PNA.

4.1 Norfolk PNA (2011)

The Norfolk PNA (2011) concluded that the population of Norfolk currently enjoys good access to pharmaceutical services with a broad range of services available when and where they are needed. **It concluded that there was no gap which would require the granting of a full pharmaceutical contract.**

Essential services eg dispensing services

We consider that access to essential services, specifically dispensing services is a **necessary service** the need for which is secured through our pharmacy contractors in urban areas and a mixture of pharmacies and GP practices in rural areas. The opening hours of pharmacies provide our population with good access to services across the week.

We have concluded that there are no gaps in this service at this time.

Advanced services eg Medicines Use Review

The stated purpose of advanced services fits well with the PCT's strategic aims, particularly improving outcomes for patients with long term conditions (LTCs). Evidence for the effectiveness of MUR is not yet well developed although some early studies show that the service can improve self-reported rates of adherence among patients. We believe more needs to be done to link MUR activity to outcomes. Dispensing GPs may also provide a Dispensing Review of Use of Medicines (DRUM).

MUR was considered a **relevant service** for our population and we will work to develop and improve MUR services.

Local enhanced services

The PNA identified the following services as necessary and that the current provision met the needs of the population:

- Sexual Health
- Stop Smoking
- Needle Exchange
- Supervised consumption
- Norfolk Medicines Support Service

Planned services

In 2011 NHS Norfolk was beginning to commission NHS Health Checks in a variety of settings, including community pharmacies and that this was a **relevant service** for the population.

4.2 Great Yarmouth and Waveney PNA (2010)

This PNA considered the pharmaceutical needs of both Great Yarmouth (Norfolk) and Waveney (Suffolk)

The GYW PNA (2010) concluded that there were no gaps in the provision of pharmaceutical services although in some areas the uptake of enhanced services by community pharmacy could be improved to increase patient choice.

The GYW PNA (2010) made 15 recommendations

- Work with community pharmacies to increase the provision of Stop Smoking services especially in the central Great Yarmouth locality.
- Work with community pharmacies to maximise benefit from essential services of health promotion and signposting.
- Work with community pharmacies to develop and deliver NHS Health Checks.
- Work with community pharmacies to maximise effectiveness of MUR.
- Pharmacists should work with other health professionals to reduce unnecessary hospital admissions eg expand Norfolk Medicines Support Service.
- Work with community pharmacies to increase provision of Sexual Health services.
- Develop a communications strategy to increase awareness of community pharmaceutical services.
- Continue to provide accessible substance misuse services and explore the possibility of increasing service provision and enhancing the service to include screening.
- Explore the option of developing health trainer teams within community pharmacy and explore the concept of Healthy Living Pharmacies.
- Ensure accessible and high quality community pharmaceutical services especially within our more deprived communities.
- Ensure access to specialist medicines for end-of-life care and communicable disease control including out-of-hours access.
- Consider commissioning an emergency prescription service and minor ailment scheme to reduce demand on both GP appointments and OOHs providers.
- Ensure the implementation of the Electronic Prescription Service.
- Help pharmacy contractors achieve compliance with the requirements of the community pharmacy contract.
- Work with pharmacists to develop appropriate skill mix.

These historic recommendations were aspirational, however a number of them have been implemented since the publication of the Great Yarmouth and Waveney PNA. These recommendations echo the sentiments expressed in the NHS England Business Plan and High Quality, Sustainable Primary Care²³. A strategic framework for East Anglia²⁴.

4.3 Changes to the provision of pharmaceutical services since previous PNA

Since 1.January.2011, twenty (20) new community pharmacies have opened and one closed across Norfolk. This is a net increase of 19 pharmacies since the publication of the previous relevant PNAs, bringing a new total number of 165 community pharmacies and one DAC providing pharmaceutical services to the population of Norfolk. Considering that the previous PNAs found no gaps in provision of pharmaceutical services, this represents a substantial increase (13%) in provision. This increase in provision can be explained by the fact that the granting of applications was independent of PNA recommendations prior to 1 September 2012.

Prior to 1 September 2012, under previous regulations applications to open new pharmacies could be granted if it was necessary or expedient to do so in order to secure the adequate provision of NHS pharmaceutical services in a neighbourhood. This was known as “control of entry” and neighbourhoods were defined and tested in case law. Control of entry was originally introduced in 1986 with associated Regulations in April 1987. Under the Regulations 2005 a number of exemptions to control of entry were introduced. These were:

1. Pharmacies based in approved retail developments over 15,000 square metres or more retail leasehold gross floor space away from town centres.
2. Pharmacies that intend to open for no less than 100 hours per week.
3. Applications from members of a consortium wishing to establish one stop primary care centres.
4. Wholly mail–order or internet based pharmacy services.

These exemptions meant that applicants did not have to meet the necessary and expedient test and PCTs had no choice but to grant the application. The majority of new pharmacies that have opened since the last PNAs fall into one of these categories (eleven 100 hour pharmacies and one distance selling pharmacy).

The NHS (Pharmaceutical Services) Regulations 2012 replaced control of entry with consideration and granting of applications based on the PCT’s published PNA. These regulations also removed all of the exemptions introduced by the 2005 Regulations bar the wholly mail–order or internet pharmacy exemption. The term now applied to these pharmacies is **distance selling pharmacies**.

The current Regulations 2013⁸ were introduced to reflect the changes in the NHS structure but did not alter the 2012 Regulations in terms of determining contract applications.

The number of dispensing GP practices and DACs has remained static since 2011.

The population of Norfolk has increased from 859,426 in 2011 to a projected 882,355 in 2014.

Localities	2011	2014
Breckland	131,009	134,691
Broadland	124,740	126,975
Great Yarmouth	97,424	99,795
King's Lynn and West Norfolk	147,936	151,438
North Norfolk	101,664	103,486
Norwich	132,158	137,691
South Norfolk	124,495	128,280
Norfolk total	859,426	882,355

Table 3: Norfolk district populations for 2011 and 2014. Data Source: ONS 2011–based interim population projections.

	Number of community pharmacies (2011)	Population mid 2011	Pharmacies per 100,000 population (2011)	Number of community pharmacies (2014)	Population projection (2014)	Pharmacies per 100,000 population 2014
England	10,951* ¹	53,107,000	21	11,495* ²	54,549,000	21
East of England	1083	5,862,000	18.5	1148	6,040,000	19
GYW PCT	49	213,000	23	<i>These organisations became defunct 1.4.2013</i>		
Norfolk PCT	122	762,000	16			
Norfolk County	146	859,000	17	165	882,000	19

Table 4: Number of community pharmacies per 100,000 population in 2011 compared to 2014. Data source: NHS England.

Note: that in the table above the East of England refers to the previous Strategic Health Authority boundary comprising of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.

Table 4 shows that in Norfolk, the number of community pharmacies per 100,000 population has increased from 17 to 19 between 2011 to 2014. Since 2011 the New Medicines Service has been introduced.

Norfolk pharmacies are now building on delivery of previous public health services and working towards becoming accredited as Healthy Living Pharmacies.

Access to palliative care drugs continues to be commissioned and a number of potential enhanced and local services are undergoing development eg influenza vaccination

5. How the assessment was carried out

5.1 Who developed the PNA and how they worked

The PNA was developed by a PNA Steering Group in accordance with the requirements set out in regulations 3–9 Schedule 1 of the Regulations (2013)⁸. The Steering Group produced the PNA for the Norfolk Health and Wellbeing Board and kept the Board updated with its progress during its development.

The Steering Group was established in January 2014 and was composed of a multidisciplinary team which included public representation from September 2014. Steering Group membership included representation from the following groups:

- Norfolk Local Pharmaceutical Committee (LPC)
- Norfolk and Waveney Local Medical Committee (LMC)
- East Anglia Local Professional Network (Pharmacy)
- NHS England Local Area Team (Anglia)
- Pharmaceutical providers
- Dispensing GP practices
- Healthwatch Norfolk
- Public Health, Norfolk County Council

Terms of Reference were agreed and the Steering Group met monthly. Much of the Steering Group's business was conducted electronically.

Early engagement with key stakeholders including Healthwatch Norfolk, pharmaceutical service providers, the Local Medical Committee, Norfolk CCGs, Local Pharmaceutical Committee, Local Professional Network (Pharmacy) and NHS England was undertaken in advance of the statutory consultation. Stakeholder views were gathered through feedback in meetings, via telephone or feedback online via email.

The Steering Group was consulted to seek their views and get initial feedback for the proposals to be set out in the draft PNA.

The PNA involved mapping current service provision, consideration of readily available data to support the identification of patient need and gathering of information from a wide range of stakeholders including GPs, community pharmacists and the public.

5.1.1 Governance and Steering Group

The development of the PNA was overseen by the Steering Group whose membership (see appendix F) was drawn from Norfolk County Council, Public Health and communications departments; the Local Pharmaceutical Committee (LPC); the Local Medical Committee (LMC); the Local Professional Network (Pharmacy); NHS England Anglia area team; Healthwatch Norfolk and members of North East London (Anglia) Commissioning Support Unit Medicines management team.

The Steering Group reported directly to Norfolk's Health and Wellbeing Board. The Health and Wellbeing Board was updated on work progress by the Steering Group in September 2014 prior to the start of the 60 day period of statutory consultation.

5.2 How we developed the PNA

To better understand how pharmaceutical services could support Norfolk County Council, NHS England and CCGs in addressing their health priorities, the PNA considered a number of questions including:

- Is the provision of pharmaceutical services to our population adequate?
- How is the pharmacy contractual framework effectively used for the benefit of the population of Norfolk?
- How can community pharmacy, through its nationally commissioned or through locally commissioned services, support us to deliver our priorities for health and wellbeing for the population of Norfolk?

To answer these questions and identify how pharmacy services can help deliver the key health priorities identified above we:

- invited members of the public to complete a questionnaire on pharmaceutical services including themes of satisfaction with services, use and awareness of services, and access to services (see questions at Appendix K);
- surveyed all pharmacies and GP dispensing practices within Norfolk (see attached survey at Appendix I and J);
- undertook a mapping exercise to review current service provision in relation to population need;
- reviewed data on access to pharmacy services, for example time taken to travel to pharmacies, their location and relationship to levels of need and deprivation;
- reviewed the provision of advanced and enhanced services; and
- considered changes to the estimated Norfolk population during the period 2015 to 2018

A significant amount of data representing a snap shot of current pharmaceutical services was reviewed and analysed as part of the PNA. The information and data presented in figures and tables in this PNA is based upon the returned questionnaires and data available to the Steering Group. The PNA represents a snapshot of current pharmaceutical services which are largely delivered by community pharmacies.

In terms of this document the Steering Group also considered pharmaceutical services provided by pharmacies in Lincolnshire, Suffolk and Cambridgeshire who are within a 20 minute drive of Norfolk.

In the process of undertaking the PNA the Steering Group sought the views of a wide range of key stakeholders. Both informal and formal (statutory) consultation was carried out.

5.3 Informal consultation

Prior to the statutory consultation, in addition to the resident survey, questionnaires relating to service provision were sent out to all pharmacies and dispensing GP practices in Norfolk. As part of the PNA process, the HWB in Norfolk wrote to neighbouring HWBs to inform them that the PNA was in development and underscore the importance of HWBs working together to ensure that commissioned enhanced services are available to residents in the border areas, regardless of which side of the border they live.

Informal consultation was carried out to obtain information needed to produce the PNA. The following individuals were consulted informally during the development of this PNA:

Locally commissioned public health services:

- Public Health Commissioner for Health Checks
- Public Health Commissioner for weight loss services
- Public Health Commissioner for Sexual Health services
- Sexual Health Specialist Associate, Public Health
- Public Health Commissioner for Stop Smoking services
- Advanced Public Health Officer for Stop Smoking services
- Needle Exchange and Supervised Consumption Coordinator for Substance Misuse and Needle Exchange services
- Joint Commissioner Officer (Drug and Alcohol Action Team) for Substance Misuse and Needle Exchange services
- Interim Medicines Support Service Manager
- Locality Development Manager for Healthy Living Pharmacy
- Locum Consultant in Public Health, Norfolk County Council

CCG stakeholders:

- Prescribing Advisor, NHS Great Yarmouth and Waveney CCG
- Pharmacy Technician, NHS Great Yarmouth and Waveney CCG
- Prescribing Advisor, NHS North Norfolk CCG
- Prescribing Advisor, NHS South Norfolk CCG
- Prescribing Advisor, NHS West Norfolk CCG
- Prescribing Advisor, NHS Norwich CCG
- Senior Clinical Pharmacist, NEL Commissioning Support Unit (Anglia)
- Assistant Programme Manager, NHS Great Yarmouth and Waveney CCG

The Prescribing Advisors represented the views of their respective CCGs.

Other Stakeholders and consultees:

- Chief Officer, Norfolk Local Pharmaceutical Committee
- Chair, East Anglia Pharmacy Local Professional Network
- Medical Secretary, Local Medical Committee
- Research Manager, Healthwatch Norfolk
- Contract Manager Primary care, East Anglia Area Team, NHS England
- Senior Consultation and Involvement Officer, Norfolk County Council
- Community pharmacies: a survey of providers of community pharmacies was carried out (see Appendix I).
- Dispensing practices: a survey of dispensing practices was carried out (see Appendix J).
- Service users: members of Norfolk County Council's panel survey were invited to complete a survey of community pharmaceutical services (see Appendix K).

5.4 Formal consultation

A statutory 60 day public consultation on the PNA was undertaken from 22nd October 2014 to 24th December 2014 to seek the views of members of the public and other stakeholders. The purpose of this consultation was to determine whether consultees agreed with the contents and recommendations of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services in Norfolk.

After the consultation period was completed, feedback gathered from members of the public and stakeholders was reflected in a Consultation Report which can be found in Appendix B of this document. The Consultation Report is also available on the Norfolk Insight website.

The feedback gathered is reflected in this final version of the PNA (published March 2015).

5.5 Data sources

In addition to the consultations described above, the PNA was informed by a number of strategic documents, last accessed June 2014, including the following:

- Norfolk's Joint Strategic Needs Assessment⁶
- High Quality, Sustainable Primary Care, A Strategic framework for East Anglia (2014)²⁴
- NHS Choices to confirm address and opening hours
- Norfolk Insight, Norfolk County Council
- NHS England Medicines Optimisation dashboard

5.6 How the HWB area has been divided into localities for the purposes of the PNA

Regulation 6 requires that the area under consideration is divided into localities which are then used as basis for structuring the PNA assessment.

Norfolk's geography is diverse. The area covered by this PNA takes in the city of Norwich and many small villages and market towns including: Acle, Aylsham, Attleborough, Cromer, Diss, Downham Market, East Dereham, Fakenham, Great Yarmouth, Holt, Hunstanton, King's Lynn, Loddon, North Walsham, Sheringham, Swaffham, Thetford, Watton, Wells–Next–The–Sea and Wymondham.

Lower tier local government organisational boundaries were chosen as the basis for PNA localities as these are well recognised, are of an appropriate geographical size for needs assessment and are subject to less change than CCG areas, as health boundaries have historically changed in accordance with NHS restructuring. The lower tier local government organisations in Norfolk used defined localities in the PNA which are:

- Breckland
- Broadland
- Great Yarmouth
- King's Lynn and West Norfolk
- North Norfolk
- Norwich
- South Norfolk

Each locality has differing needs due to varying geographical characteristics, health status and quality of local infrastructure. The localities create the potential for commissioners to commission cost-effective integrated services to meet the needs of the population of the locality. The use of localities could also facilitate alignment of pharmaceutical services to other services commissioned or provided by local government. For some services however it would not be either cost-effective or practical to provide on a locality basis and hence services would be integrated over a wider area. Conversely, within each locality there may be discrete pockets of need which need to be addressed at a level below the locality level.

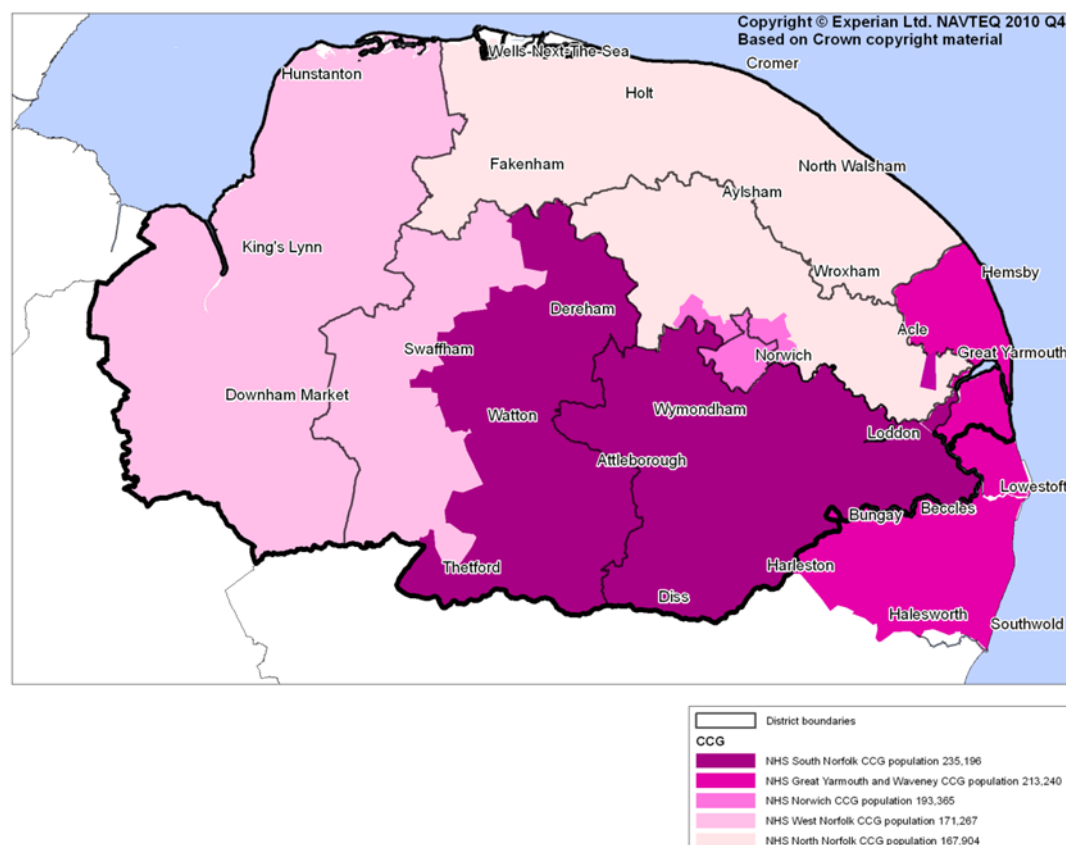


Figure 3: Map illustrating Norfolk CCGs and district boundaries. Data Source: ONS

5.7 Other considerations

We acknowledge that people will access pharmaceutical services across different localities, as well as accessing services outside of Norfolk.

The resident survey found that of those who used a regular pharmacy service, 59% used one near to their home, 33% used a service near their GP surgery.

CCG issuing prescription	Prescription items dispensed in Norfolk (%)	Prescription items dispensed Out of Area (%)
North Norfolk	99%	1%
South Norfolk	97%	3%
Norwich	99%	1%
Great Yarmouth & Waveney	94%	6%
West Norfolk	96%	4%

Table 5 Proportion of prescriptions (%) issued by Norfolk GPs dispensed in Norfolk c.f. outside Norfolk. Data source: ePact 2013–14.

Table 5 shows that over 95% of the 19,405,341 prescription items issued by Norfolk GPs were dispensed by Norfolk pharmacies or dispensing practices. The majority of out of area dispensing relates to items dispensed by Dispensing Appliance Contractors eg clostomy products, however the figure for Great Yarmouth and Waveney at 6% also represents prescription items issued by Great Yarmouth GPs which are dispensed in Waveney. Similar border issues account for the out of area dispensing for South Norfolk and West Norfolk.

There are a number of pharmacies within a 20 minute drive time of the Norfolk borders. Some patients registered with Norfolk GPs live outside Norfolk and access pharmaceutical services closer to their homes.

6. Demography

A number of documents identify the health needs of the population of Norfolk, including the 2013 report by Norfolk Director of Public Health, the 2014 Norfolk JSNA and the Norfolk Health and Wellbeing Strategy. This chapter focuses on community pharmacy services in relation to Norfolk's population demographics.

In 2011 the resident population of Norfolk was estimated to be 859,426 (ONS for mid-2011) and in 2012 there was a GP registered population of 868,448 patients (Exeter 2012).

In 2012, the county received approximately 30 million day trips and around 3.4 million staying trips, accounting for 14.7 million visitor nights. Three quarters of visitors to Norfolk come to take a holiday and around a third of visitors stay with friends or relatives. Visitors to the area will increase demand for both medical and pharmaceutical services.

The population of Norfolk is expected to grow by 2% from 2015 to 2018. The greatest increase will be in the over 65 age group and the proportion of elderly people in Norfolk is expected to increase more than that of East of England.

6.1 Age of the population

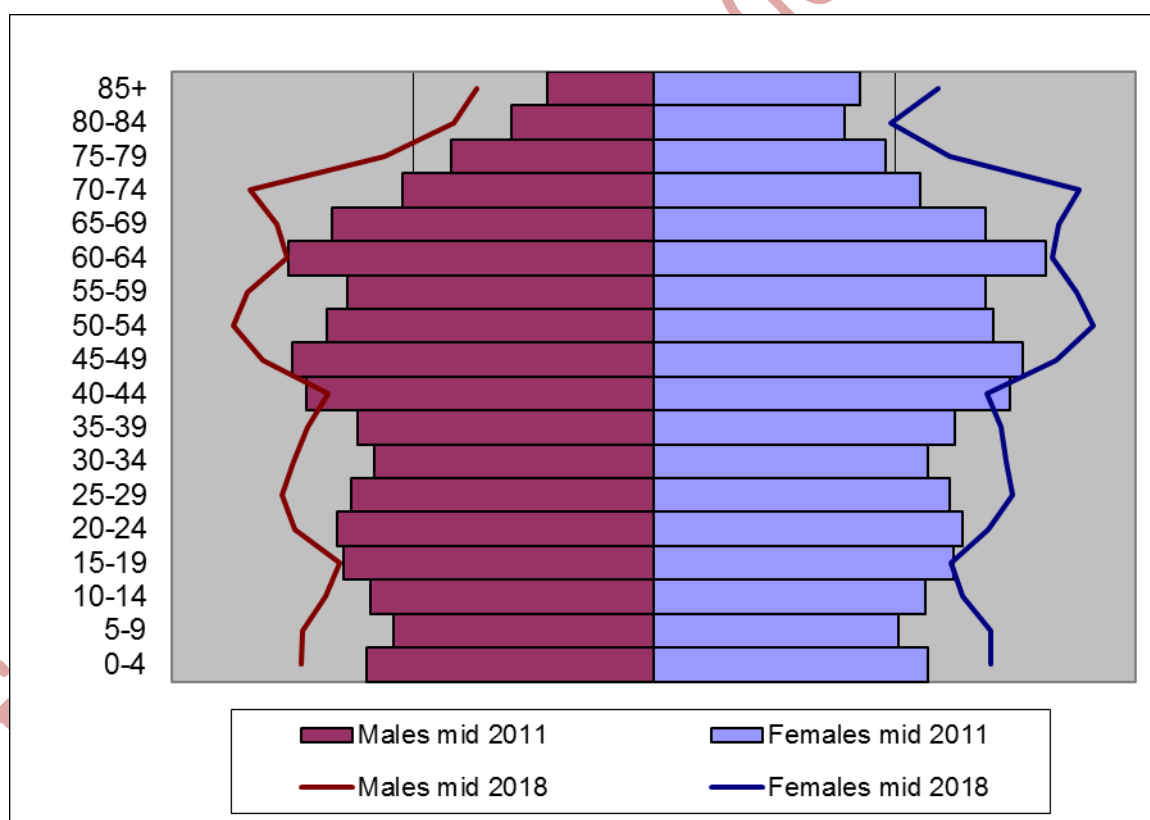


Figure 4: Age band population pyramid for Norfolk illustrating ONS mid-2011 and ONS projected population 2018. Data source ONS.

Figure 4 shows the 2011 population pyramid for Norfolk compared to the 2018 forecast population pyramid. The population is forecast to age with the greatest growth in the over 50s. The 49-59 age bands are forecast to be the largest group followed by the 70-74 age bands.

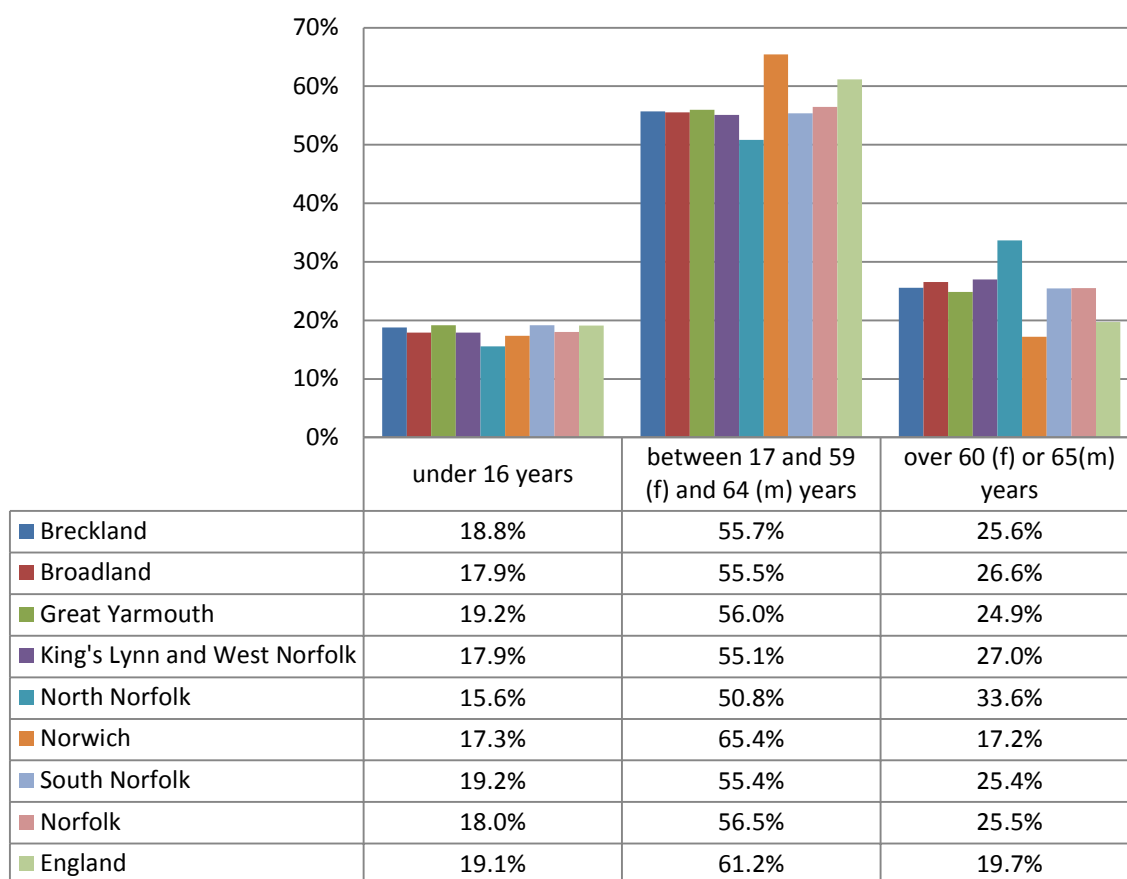


Figure 5: Population structure by age and district council (2011). Data source ONS 2011.

Norfolk's population is generally older than that of England (see Figure 5) with over 25% of the population being over retirement age. This reflects its status as a destination county for the retired and the movement of younger, economically active families to centres with industry and employment.

While this is the picture in general for Norfolk there are areas where this pattern is reversed, particularly in Norwich where the population structure is more aligned with that found in large urban centres elsewhere in England.

North Norfolk has the highest median age (49.5 years) (ONS mid-2012) of any district council in England and has the second highest percentage of population aged 75 and over (ONS mid-2012) in England at 12.7%.

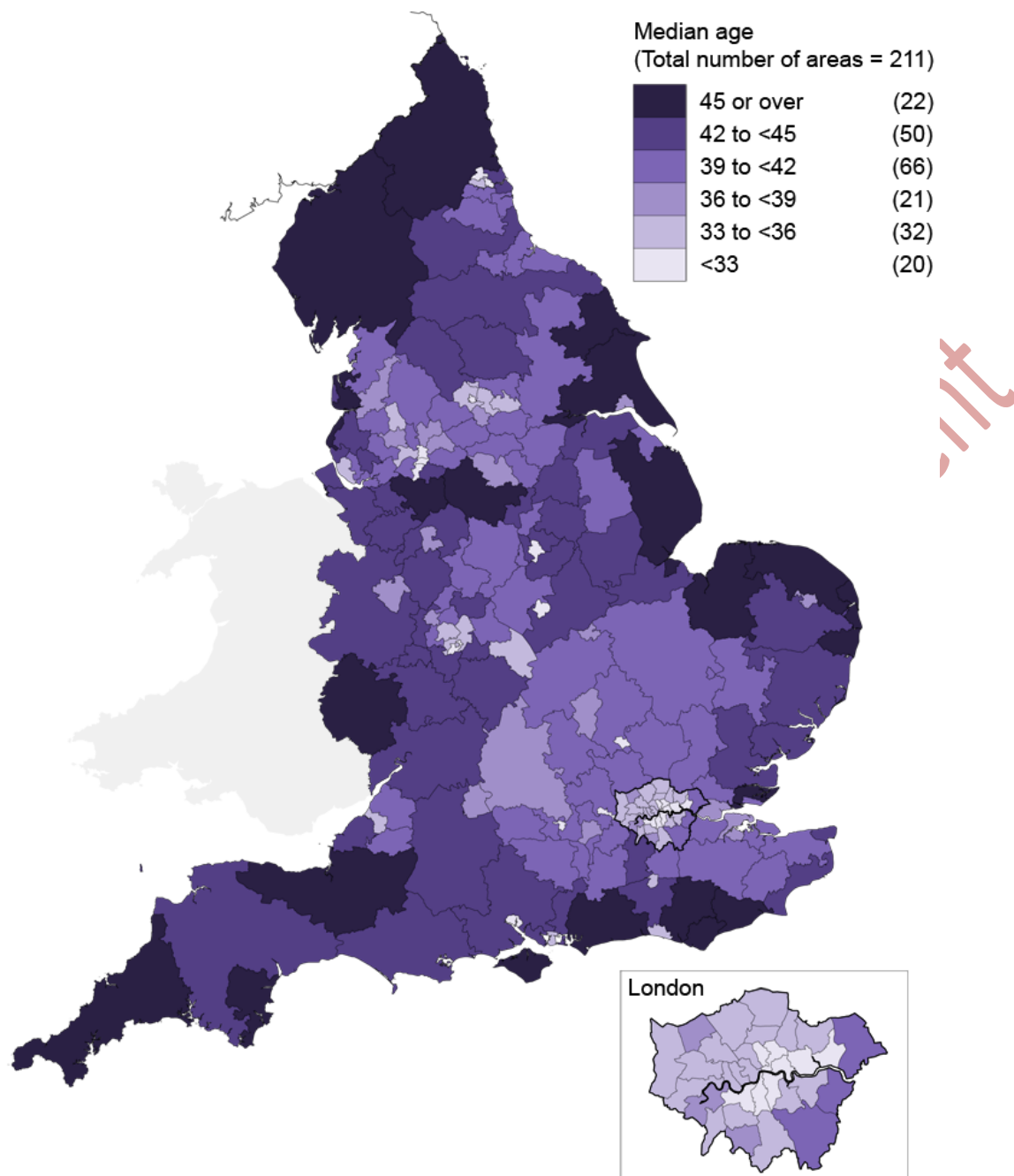


Figure 6: District council median age for England. Data source: ONS National Statistics (2013).

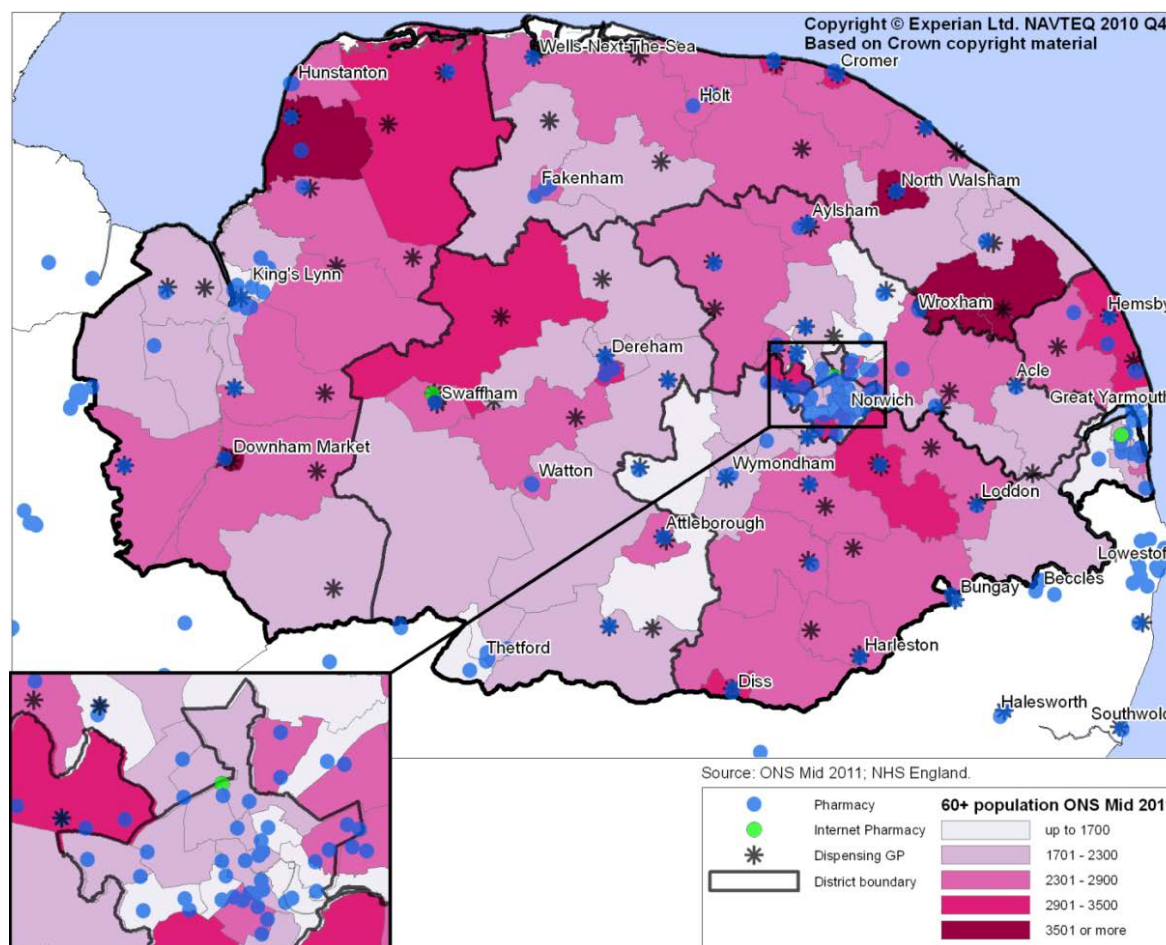


Figure 7: Population density of people over 60 years of age at MSOA level. Data source: ONS mid 2011.

As can be seen in Figure 7, pharmacies and dispensing GP practices are located in areas of very high and high concentrations of people over the age of 60 years. A number of areas show high proportions of elderly populations. Areas such as Hemsby, Cromer, and Wells are popular retirement areas with a high proportion of the population being over 60/65 years of age.

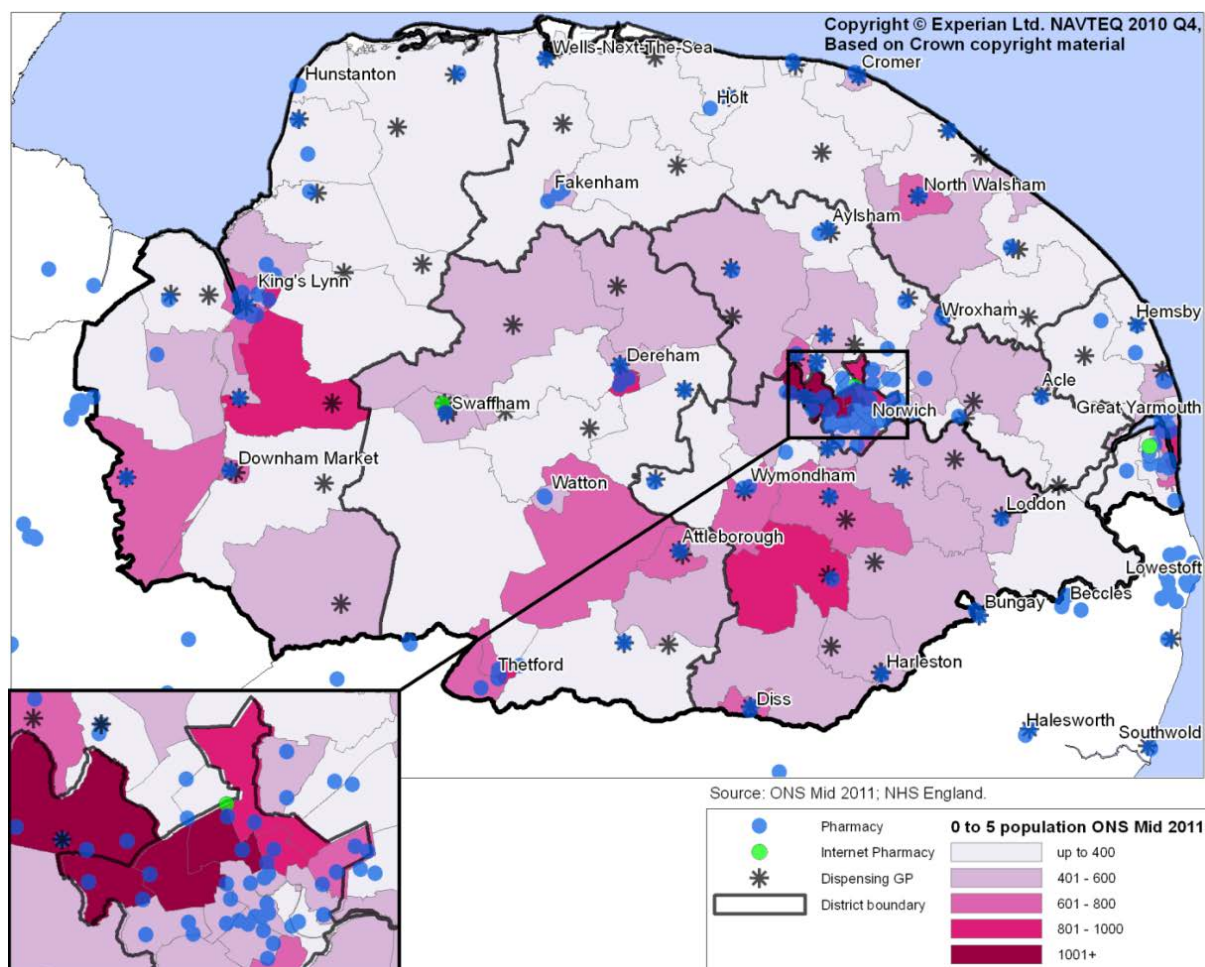


Figure 8: Map showing the population density for 0–5 years of age at MSOA level. Data source: ONS mid 2011.

As can be seen in Figure 8, pharmacies and dispensing GP practices are located in areas of very high and high concentrations of children aged 0–5 years.

Elderly and very young people increase the demand on health services (see Figure 7). The higher proportion of older people means that it is likely to increase the size of QOF registers, which is the number of patients with conditions such as diabetes, cardiovascular disease, chronic pulmonary obstructive disease, rheumatoid arthritis.

The lower proportion of people in the working age population compared to the regional and national average might mean that there will be fewer people to provide services for the ageing population.

Generally an ageing population is more likely to need access to medicines and services such as prescription delivery and compliance aids. These services are provided by pharmacy contractors and are not commissioned by the NHS except compliance aids where patients have been assessed under the Equality Act as needing specialist support.

The CCGs and Norfolk County Council commission the Norfolk Medicines Support Service to support patients in Norfolk. This service is available to all patient groups (for example older people, those with mental health problems, learning disabilities, visual impairment) resident within Norfolk. The aim is to facilitate care of people in their own home by providing a professional medicines management assessment and support service. To use the service a person needs to be over 18, registered with a Norfolk GP, and fulfil the following criteria:

There is a dosage regime where compliance is paramount and, in addition, at least one of the following is met:

- confusion with medication
- difficulty managing medication
- due or recent discharge from hospital
- other exceptional circumstances agreed with service coordinator

The service is not available to people residing in residential or nursing homes.

The service is currently supporting 2511 (April 2014) people across Norfolk.

Referrals to the service continue to rise year on year. In 2013-14, the service received 1,793 referrals – an increase of 557 (43%) from the previous year. Referrals into the service come from a range of professionals and others including community pharmacists, case managers, doctors, hospital pharmacists, relatives, social workers and nurses.

The outcomes of a referral are a range of interventions:

- **Clinical** intervention - a change to the prescribed medication, which is then recommended to the patient's GP for action.
- **Compliance** intervention - can range from simple solutions such as education and advice to the patient or their carer, or supplying an aid to assist the patient to use their medication independently (e.g. a medication compliance aid, eye dropper etc.)
- **Quality** intervention - is one that had an assessment not occurred, an issue may not have been identified, which if left may have resulted in harm to the patient. They may also have identified areas of poor repeat prescription management which can lead to increased costs of waste medication.

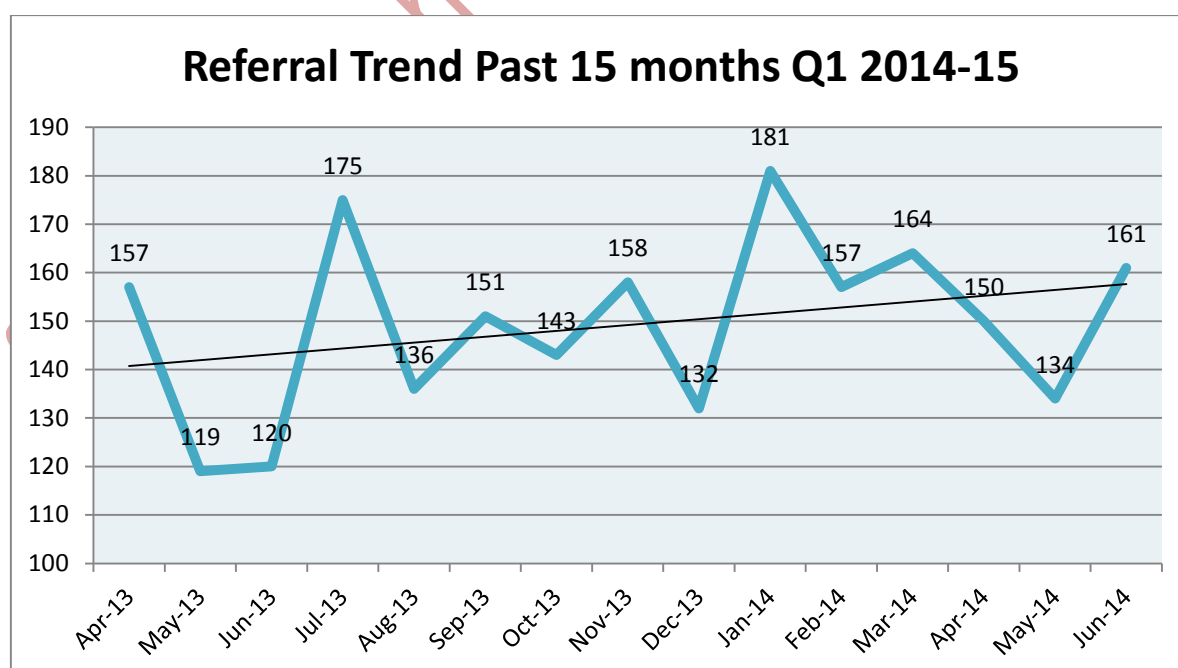


Figure 9 : Graph showing NMSS referral trend between April 2013 and June 2014

In a recent survey of Norfolk residents, 52% of respondents reported visiting a pharmacy at least every month.

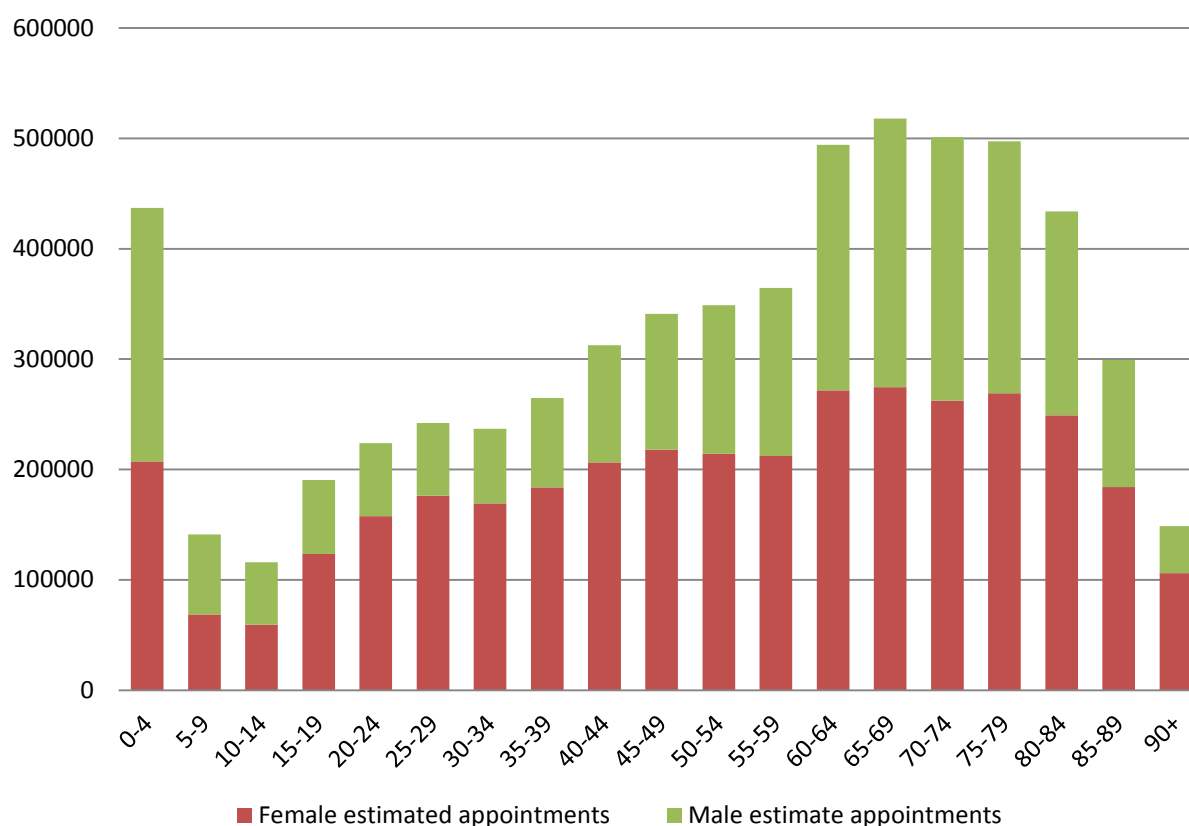


Figure 10: Estimated number of GP appointments for 2011–12. Data source: QResearch and ONS 2011–based interim population projections.

Community pharmacies are located in areas with high densities of both the very young and the old. As can be seen from Figure 10 it is these age groups that are higher users of primary medical services.

Increasing age and population (see section 6.2) are likely to generate increased need for pharmaceutical services however the impact of efficiencies in delivering dispensing services through implementation of national essential services such as repeat dispensing and electronic prescription service needs to be considered locally when assessing the impact of these changes on pharmaceutical need.

What this means for the PNA

This trend shows an increasing age of the population which is likely to lead to increased demand for health services. There has been an increase of 19 providers since the publication of the last PNAs which assessed provision of essential pharmaceutical services as adequate. The exact impact of increased demand for services is difficult to predict with changes how pharmaceutical services are delivered changing eg electronic prescribing, workforce skill mix (Accredited checking technicians), and centralised dispensing hubs.

Recommendation 1

Community pharmacists and their teams have a wide range of skills that should be harnessed to enhance the delivery of the medicines optimisation agenda.

Recommendation 2

Encourage the coordinated and structured implementation of the electronic prescribing and NHS repeat dispensing services.

Recommendation 3

Norfolk CCGs and Norfolk County Council to continue to commission the Norfolk Medicines Support Service.

Recommendation 4

Commissioners should maximise the potential of delivering public health interventions, through community pharmacies, in the younger age groups, to minimise ill health in older age.

6.2 Population growth

Tables 6 and 7 below identify projected population growth across Norfolk between 2015 and 2018.

	2015	2018	Population increment
Norfolk	889,900	912,067	2.5%
England	55,022,729	56,383,132	2.5%

Table 6: Population estimates for Norfolk and England for 2015 and 2018. Data Source: ONS mid 2011 based interim population projections.

0 to 5	2015	2018	Population increment
Norfolk	60,078	61,480	2.3%
England	4,298,278	4,415,585	2.7%

65+	2015	2018	Population increment
Norfolk	210,589	222,241	5.5%
England	9,733,426	10,256,529	5.4%

Table 7: Population estimates for Norfolk and England for 2015 and 2018 for 0 to 5 and 65+ ages. Data Source: ONS mid 2011 based interim population projections.

The HWB and the Steering Group are not aware of any robust evidence to suggest a generic 'population trigger point' for when a housing development or population increase in a location might need an increase in pharmaceutical service providers. The HWB is also not aware of any measure of the extent to which existing local pharmaceutical service providers can accommodate the increase in need for pharmaceutical services created by an increase in local population size. However it is aware that there was an expectation in the 2005 contractual framework funding arrangements that efficiencies in pharmacy operations and improved use of skill mix would lead to greater overall operational efficiencies and capacity of individual pharmacies. This increase in efficiency and capacity should be considered by commissioners when making market entry decisions.

An increase in population size is likely to generate an increased need for pharmaceutical services. The number of pharmaceutical providers in Norfolk has increased by 19 (13%) between January 2011 and this PNA. The previous PNAs did not identify any gaps in provision and thus it could be considered that this increase in number of providers has offset some of the current and predicted population increases. On a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

Considerations when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site. Such factors may include:

- Average household size of new builds on the site;
- Demographics: people moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services;
- Tenure mix, ie the proportion of affordable housing at the development;
- Existing pharmaceutical service provision in nearby areas and elsewhere in the county and opportunities to optimise existing local pharmaceutical service provision;
- Access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors that can supply services;
- Developments in pharmaceutical supply models (eg delivery services, robotic dispensing, centralised hub dispensing and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver;

- Skill mix: a pharmacy's capacity to dispense larger volumes of prescriptions and/or deliver other services is greatly influenced by the number of pharmacists working in the pharmacy and, increasingly more importantly, the number of support staff. There have been significant developments in the roles that support staff can now fulfil to support the pharmacy operation. Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians all now make a significant contribution to the delivery of pharmacy services and their availability to support a pharmacist should be considered by commissioners when considering how services can be commissioned from pharmacies.
- Considerations of health inequalities and strategic priorities for Norfolk.

In conclusion, over the coming years the population in Norfolk is expected to both age and grow substantially in numbers. Several housing developments are in progress (See Appendix C). Note that for the purposes of this PNA ONS population projections are being used. The Norfolk HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

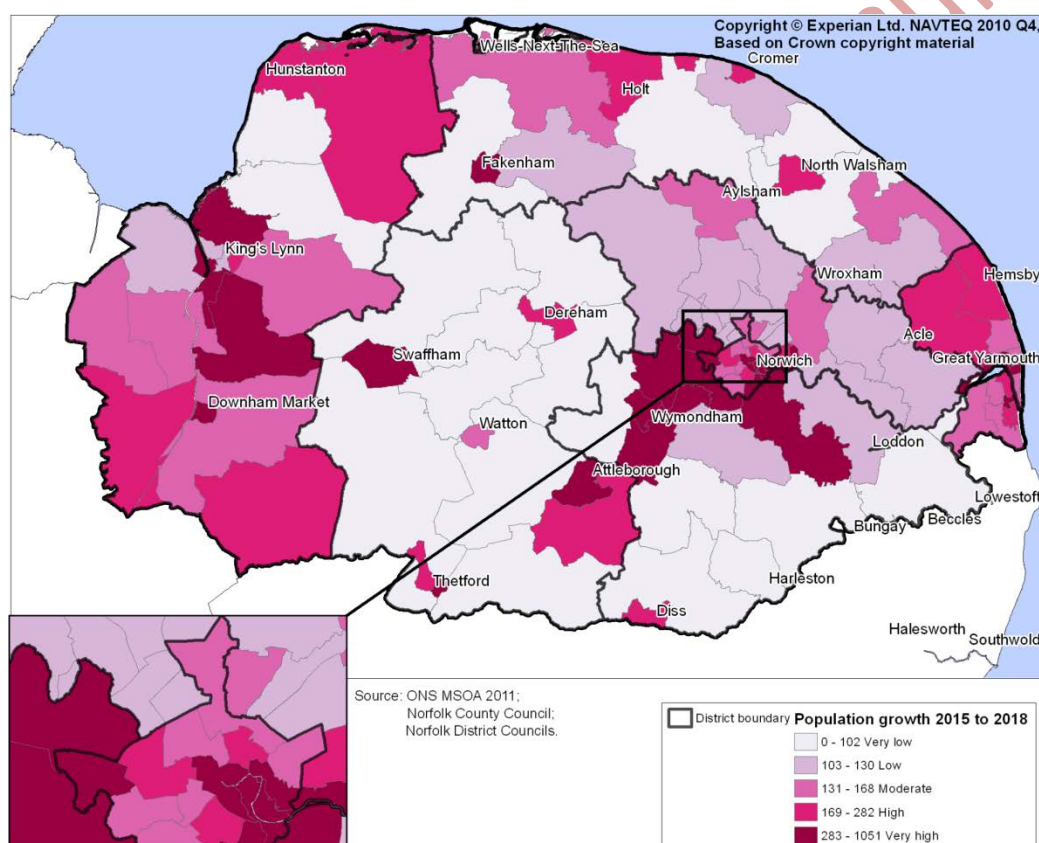


Figure 11: Population growth from 2015 to 2018 at MSOA level. Data source: ONS mid 2011 projections.

What this means for the PNA

An increase in population size is likely to generate an increased need for pharmaceutical services, however due to the factors discussed in Section 6.1 this does not necessarily mean a need for more providers of pharmaceutical services. The Norfolk HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

Recommendation 5

The Norfolk HWB should have a process for regularly monitoring changes in population; and the impact this will have on providers and service provision. This work will help inform NHS England Anglia Area Team in its responsibilities to ensure there is adequate provision of NHS Pharmaceutical services in its area.

6.3 Ethnicity

The white population now includes increasing numbers of people from elsewhere in Europe whose first language is not English. The Census 2011 shows that Norfolk's greatest non British group is a population of 29,835 born in other European countries. This accounts for 3.5% of the total population of Norfolk. The rarity of the non-white population is likely to make it more difficult for statutory services to respond to specific cultural needs. Evidence suggests people from black and minority ethnic groups (BME) suffer from poorer health, have reduced life expectancy and have greater problems with access to health care than the majority of the white population. People from BME ethnic groups can also place too much emphasis on access to a GP and undervalue the input from other healthcare professionals such as nurses and pharmacists.

	Breckl'd	Broadl'd	Gt Yarmth	King's Lynn & W Nfk	North Norfolk	Norwich	South Norfolk	Norfolk
White:								
English/Welsh/Scottish/ Northern Irish/British	119,033	119,582	90,280	135,955	98,001	112,237	117,998	793,086
White: Irish	593	406	390	605	354	874	455	3,677
White: Gypsy or Irish Traveller	204	44	63	255	46	127	183	922
Other White	7,286	1,763	3,482	6,594	1,726	7,137	2,345	30,333
White and Black Caribbean	379	267	294	362	194	684	313	2,493
White and Black African	313	165	277	235	76	660	179	1,905
White and Asian	388	389	331	376	197	876	422	2,979
Other Mixed	482	243	257	399	150	819	300	2,650
Indian	295	405	446	668	112	1,684	433	4,043
Pakistani	81	45	116	134	5	255	64	700
Bangladeshi	101	96	18	51	67	540	60	933
Chinese	202	286	189	386	141	1,679	325	3,208
Other Asian	361	433	435	624	206	1,686	388	4,133
African	211	228	285	319	67	1,727	259	3,096
Caribbean	225	63	86	118	73	272	68	905
Other Black	160	40	68	124	17	148	51	608
Arab	9	80	77	74	10	643	70	963
Any other ethnic group	168	111	183	172	57	464	99	1,254
Total	130,491	124,646	97,277	147,451	101,499	132,512	124,012	857,888

Table 8: Number of people belonging to certain ethnic groups in Norfolk population. Data source: ONS Census 2011.

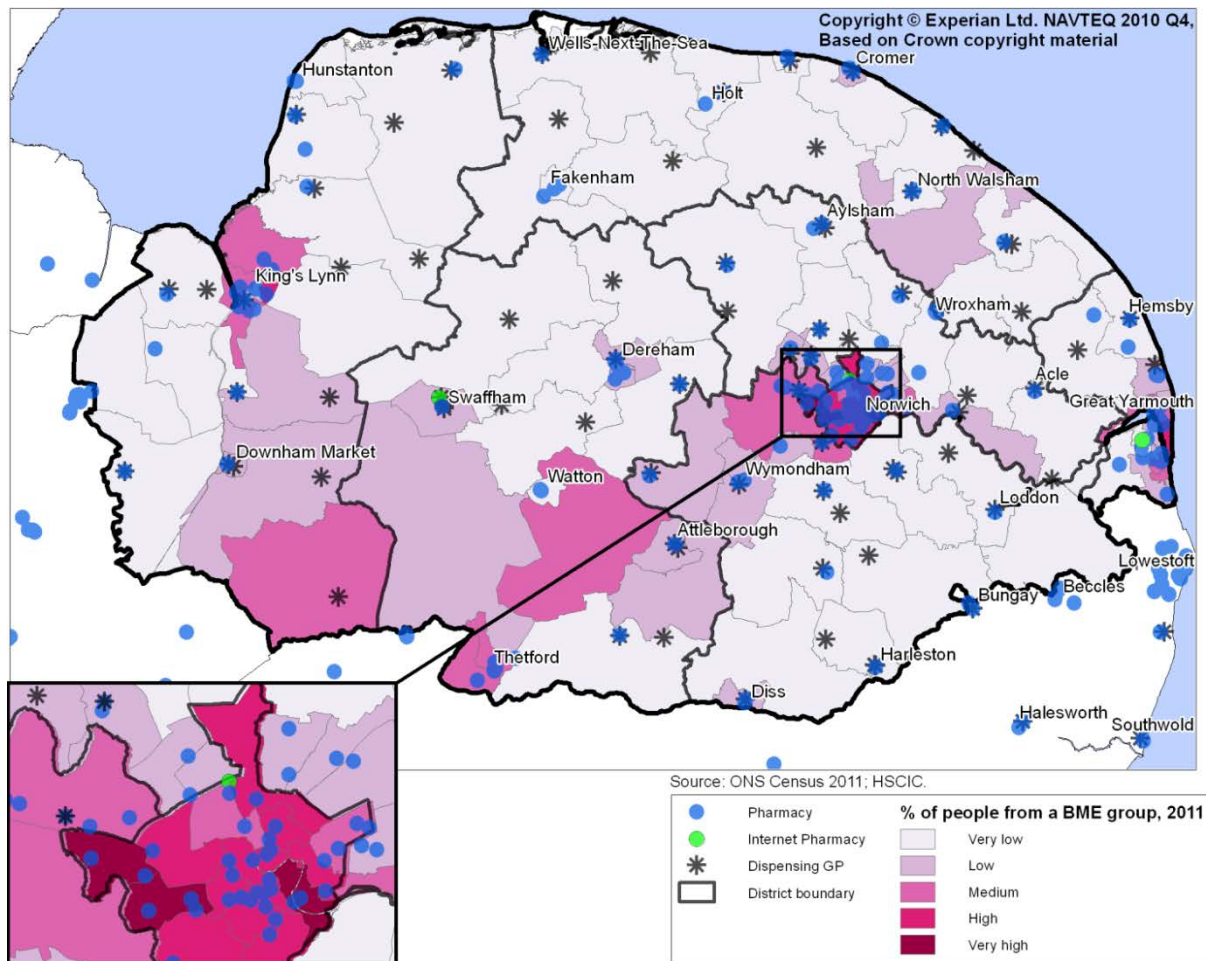


Figure 12: Proportion of people stating their ethnicity as from a BME group at MSOA level (%). Data source: ONS Census 2011

Migrant workers

A migrant worker is someone who has left their country of origin to live and work elsewhere. Most people who have migrated to the East of England region have come to work in food processing, manufacturing, agriculture, construction, health and social care. Skill mix varies from academic and highly skilled, to those who are highly motivated but have no formal education or training.

Anecdotal evidence suggests that migrant workers tend to approach health care services which are quick to respond to their health care needs, for example using A&E instead of registering with a GP. They also tend to be a younger profile and thus increase demands on maternity and child health services. There is a need to improve English language skills and understanding of the English health service. Pharmacy is well placed to overcome some of the language barriers as a number of our pharmacists and their staff are migrant workers eg Polish, Portuguese and Spanish.

All community pharmacies in Norfolk have access to INTRAN services. INTRAN is a multi-agency partnership providing language services throughout Norfolk.

	Long term international migration: inflow 2012–13	Long term international migration: outflow 2012–13	Internal migration (within UK): inflow 2012–13	Internal migration (within UK): outflow 2012–13	Non-UK born population 2013	Non-British population 2013	Migrant NINo Registrations 2013	New migrant GP registrations 2012–13
Breckland	700	300	6,400	5,700	11,000	7,000	1,278	1,228
Broadland	200	200	6,200	5,700	4,000	3,000	203	202
Gt Yarmth	500	200	3,500	3,600	8,000	7,000	1,005	1,005
King's Lynn & W Nflk	700	500	5,700	5,200	10,000	9,000	1,152	978
North Norfolk	400	200	4,700	4,100	3,000	2,000	554	252
Norwich	2,400	800	10,700	11,500	16,000	10,000	2,026	3,204
South Norfolk	300	300	7,600	6,100	5,000	3,000	310	324
Norfolk	5,200	2,500	25,600	22,500	57,000	39,000	6,528	7,193
East of England	35,800	23,200	149,500	132,000	635,000	432,000	47,577	55,285
England	449,100	274,200	98,700	104,400	7,144,000	4,435,000	554,372	587,279

Table 9: Population migration in Norfolk. Data source: ONS 2012 and 2013.

What this means for the PNA

Norfolk has less ethnic diversity compared to England. Hence there will be less need for pharmaceutical services for people from ethnic minority backgrounds compared to other regions of England. Generally there is some correlation between health inequalities and the levels of diversity in the population. Ethnic minority communities are exposed to a range of health challenges, from low birth weight and infant mortality through to a higher incidence of limiting illnesses like diabetes and cardiovascular disease.

Economic migration brings younger, more mobile populations and their families. The demands for local pharmaceutical services from this group are focused on public health and minor illness management.

Recommendation 6

The HWB and commissioners will continue to work with existing community pharmacies to maximise the opportunities for public health interventions, to further support people to self-care.

6.4 Information on gypsy and traveller sites in Norfolk

Gypsy and travelling communities in the UK have been marginalised and tend to live on the periphery of society frequently without access to mainstream services. Gypsies and travellers often move and rarely stay at a site for long durations. The ethnic composition of the gypsy and traveller population group includes people of Irish heritage, Welsh travellers, Scottish travellers, English travellers and Romanians. The following definition of gypsies and travellers is used:

‘Persons of a nomadic habit of life, whatever their race or origin, including such persons who on grounds only of their own or their family’s or dependants’ educational or health needs or old age have ceased to travel temporarily or permanently, but excluding members of an organised group of travelling show people or circus people travelling together as such.’

There is no comprehensive source of information about the number of Gypsies and Travellers in England. The Gypsy caravan count is the only recognised source of information about Gypsies and Travellers that gives an idea of the numbers and distribution of the Travelling communities.

6.4.1 Official gypsy / traveller sites in Norfolk

These sites are provided by the Local Authorities in response to assessed needs for sites. However, there are a number of private sites in the area, where land has been purchased and a site established on the land. There are also temporary ‘illegal’ sites established for short periods from time to time.

Residential sites

• Saddlebow Site, Kings Lynn	27 pitches
• The Splashes, Swaffham	24 pitches
• Roundwell, Costessey	18 pitches
• Milecross, Norwich	18 pitches
• Brookes Green, Harford	8 pitches
• Gapton Hall, Great Yarmouth	24 pitches
• West Walton Court, Wisbech	16 pitches (can accommodate those from West Norfolk area)

Short stay/transit sites

• Cromer temporary	10 pitches
• Fakenham temporary	10 pitches
• Thetford short stay	8 pitches
• South Norfolk	6 pitches

6.4.2 Number of caravans in each District – six monthly ‘count’

Every six months, local authorities are required to supply the total count of caravans in their district, on official sites and on local sites. This dataset includes counts of gypsy and traveller Caravans. The twice-yearly count takes place in January and July, recording the number of caravans on both authorised and unauthorised sites across England.

The most recent figures for this are from the January 2014 count, and the district figures are:

District	Number of caravans
Breckland	77
North Norfolk	9
Broadland	14
Great Yarmouth	58
King's Lynn and West Norfolk	271
Norwich	22
South Norfolk	91
Norfolk	542

This is not substantially more than the figures for the last count in July 2013 (520 caravans).

What this means for the PNA

Travellers and gypsies are a mobile population and will access pharmaceuticals services across Norfolk. There are a number of community pharmacies located in the proximity of both residential and transit sites.

Recommendation 7

The HWB and commissioners should work with existing community pharmacies to maximise the opportunities for public health interventions and to further support people to self-care for this hard to reach group.

7. Health profile and need for community pharmacy services

As stated in Chapter 6 a number of documents identify the health needs of the population of Norfolk. This chapter focuses on community pharmacy services in relation to a number of health profiles.

7.1 Deprivation and life expectancy

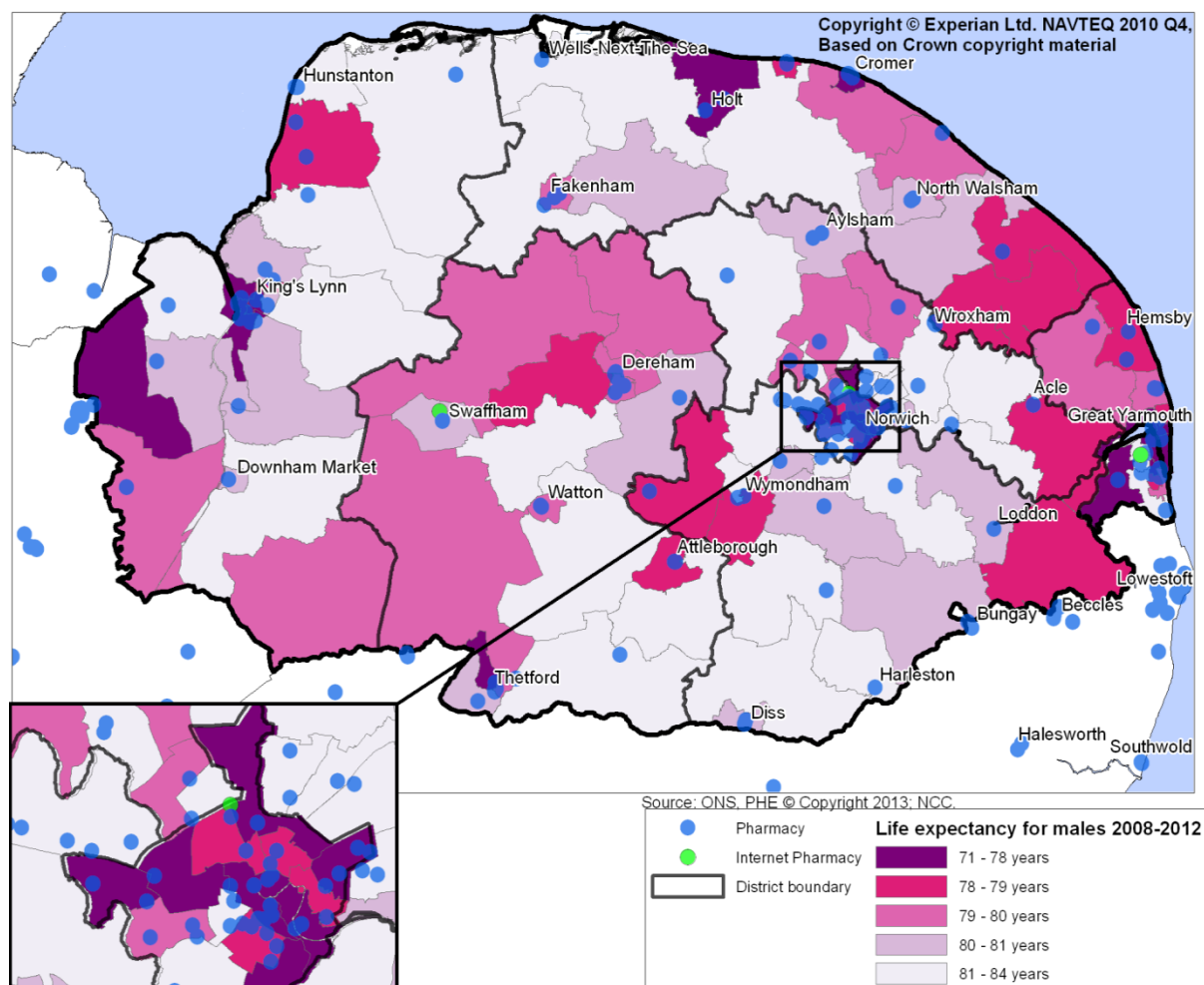


Figure 13: Life expectancy at birth for males at MSOA level (2008–2012). Data source: ONS.

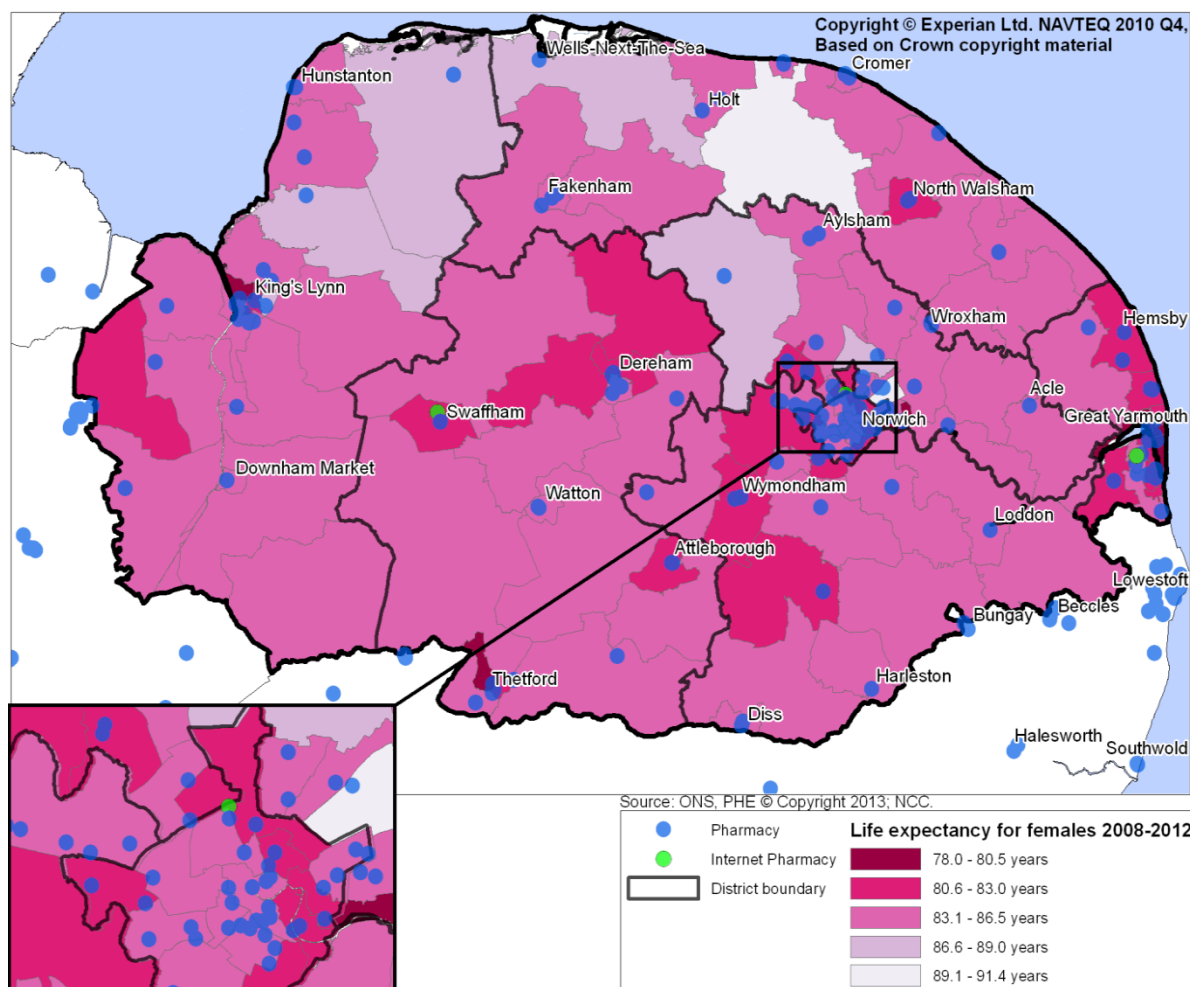


Figure 14: Life expectancy at birth for females at MSOA level, 2008–2012. Data source: ONS.

Life expectancy is a measure of how long a person born in an area would be expected to live by reference to current observed rates of mortality. The gap in life expectancy between the best and worst helps us to understand how inequalities affect our population differently.

Figures 13 and 14 show that there is a 10 year variation between best and worst case.

Male life expectancy in Norfolk is 79.7 years, which is better than that of England which is 78.9 years.

Female life expectancy in Norfolk is 83.6 years, which is better than that of England which is 82.8 years.

The gap in life expectancy is closely linked to social inequalities, closing the gap in life expectancy requires efforts across the health and social care systems.

Deprivation is used as a surrogate measure for health need. As can be seen from Figures 13 and 14 life expectancy is reduced for both male and females in areas of high deprivation. See Figure 15 which maps the index of mean deprivation for Norfolk.

Examples of pharmacy services which can impact life expectancy include: Stop Smoking, vascular risk assessment, alcohol brief interventions, healthy living advice, and Medicines Use Review.

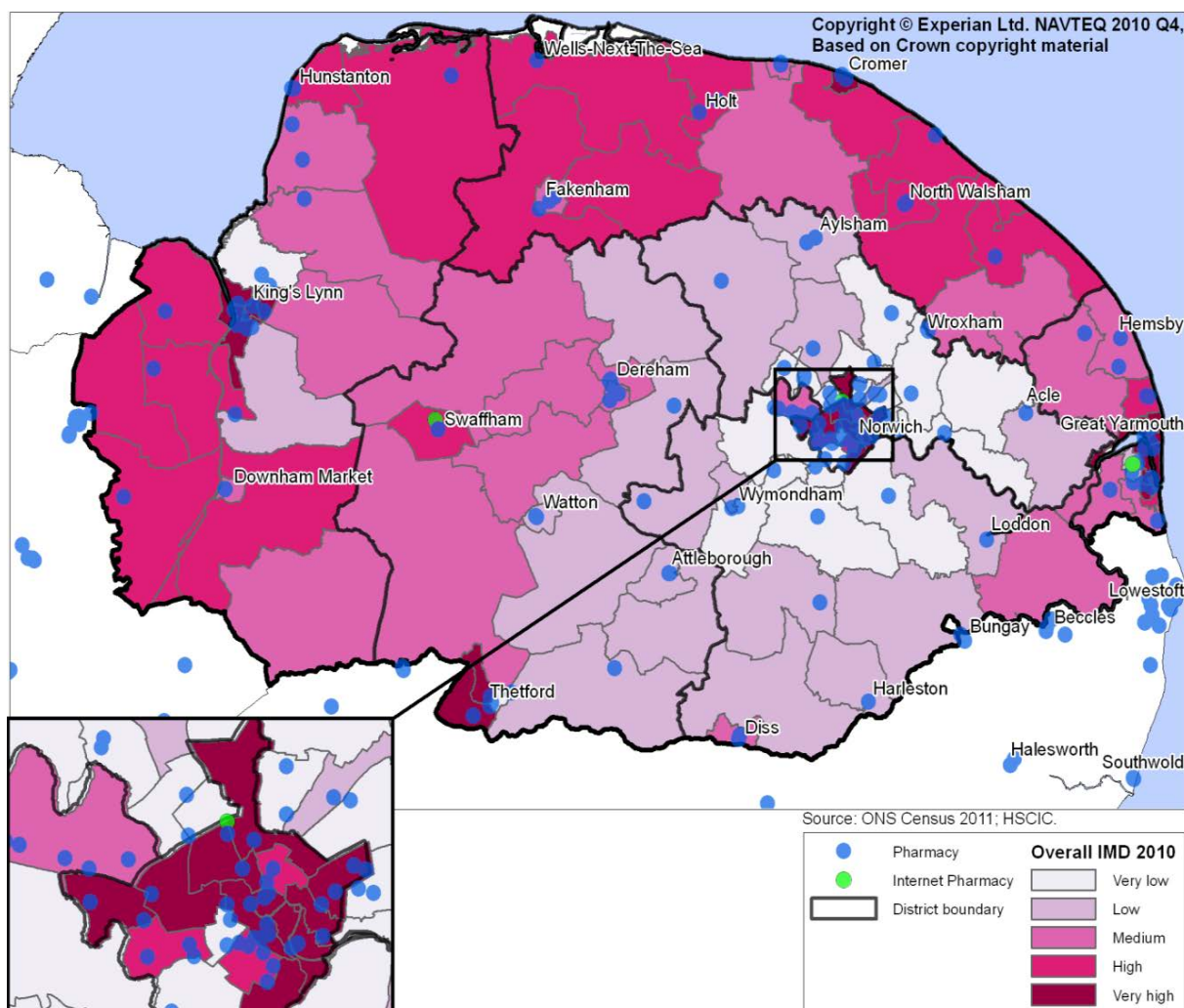


Figure 15: Locations of community pharmacies in relation to IMD 2010 at MSOA level. Data source: ONS and NHS England.

What this means for the PNA

There is correlation between health inequalities and the levels of deprivation. Figure 14 illustrates that people in areas of very high or high deprivation have access to a number of pharmacies. This concurs with recent research published by BMJ Open – The Positive Pharmacy care law²⁵. This research showed that the majority of the population can access a community pharmacy within 20 minute walk and crucially, access is greater in areas of highest deprivation. Access is further assessed in Chapter 8. Provision of pharmacy services was described as good or very good by 93% of respondents to the public questionnaire. Figure 29 shows that people living within areas of high or very high deprivation are within a 20 minute walk of a pharmacy.

Recommendation 8

The HWB and commissioners should work with existing community pharmacies to maximise the opportunities for improving population health; the management of long term conditions and the reduction of health inequalities in line with the Health and Wellbeing Strategy¹² for Norfolk.

7.2 Prevalence of risk

7.2.1 Smoking

Smoking remains the largest cause of preventable ill health. Smoking contributes to a number of long term conditions eg chronic obstructive pulmonary diseases (COPD) and cardiovascular disease (high blood pressure, coronary heart disease). Smoking in pregnancy can lead to low birth weight and associated poor child health. The rate of smoking in pregnancy in some areas of Norfolk is high compared to the rest of England (Table 10) Pharmacies are one of the points of purchase for pregnancy tests and this presents an opportunity for pharmacy staff to deliver a brief intervention and sign post to local Stop Smoking services.

CCG	Number of mothers smoking at delivery	Mothers smoking at delivery (%)	Mothers whose smoking status at delivery unknown (%)
NHS GYW	101	15.7	2.8
NHS North Norfolk	38	11.8	4.0
NHS Norwich	81	12.9	4.8
NHS South Norfolk	67	10.8	3.9
NHS Norwich	42	10.6	0.5
NHS England Anglia	856	11.7	Unknown
England	19348	11.8	1.4

Table 10: Smoking status at time of delivery, by Commissioning Region, Area Team and Clinical Commissioning Group (2013/14 Q2). Data source: Health and Social Care Information Centre.

Norfolk County Council commissions a Stop Smoking service from community pharmacies. Pharmacies are seen as key providers of Stop Smoking services due to their opening hours, accessibility and ability to advise prospective quitters and supply NRT. Pharmacies are not the sole source of Stop Smoking support to our population with GPs, community counsellors and workplaces all providing access to support for prospective quitters.

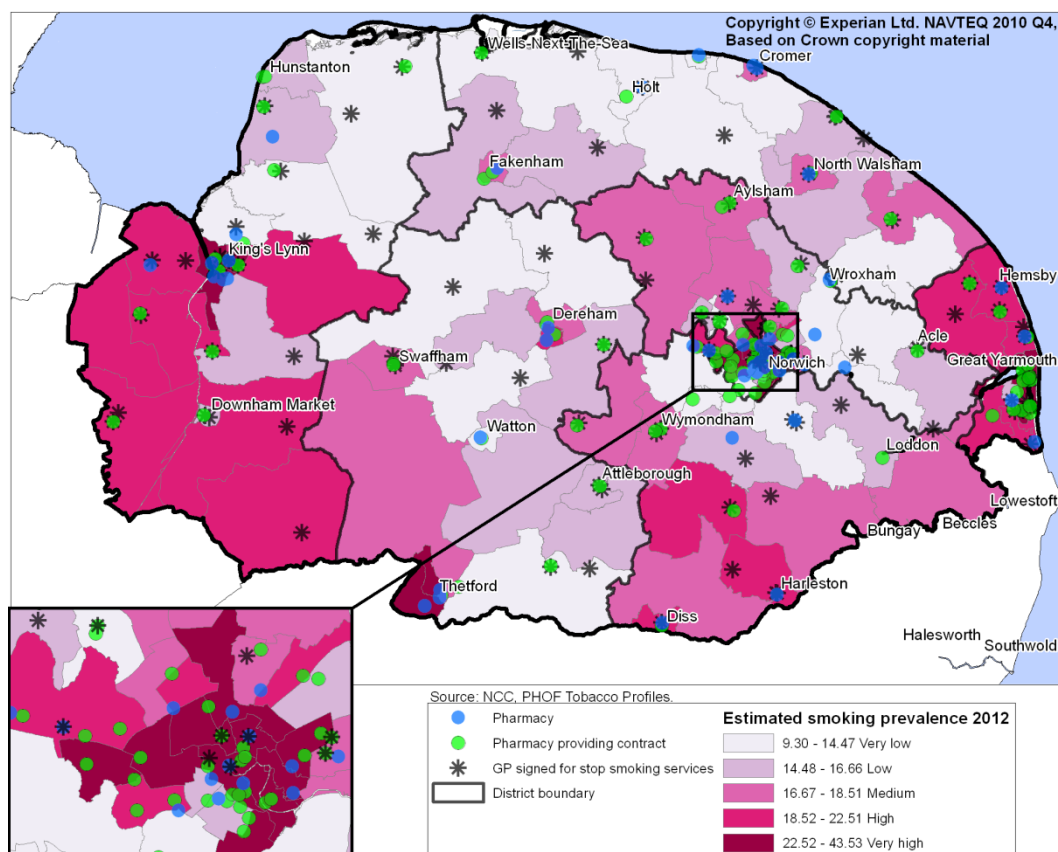


Figure 16: Estimated smoking prevalence at MSOA level (2012). NB there are 6 pharmacies providing Stop Smoking services in King's Lynn.

Figure 16 shows that there is a wide spread of both pharmacies and GP practices providing stop smoking services. These are available in areas where there are high rates of smoking.

Nicotine replacement therapy is available to purchase through a range of retail outlets including supermarkets and pharmacies. Evidence shows that the use of NRT helps smokers stop, however the quit rate is higher when the supply of NRT is associated with appropriate counselling and support.

What this means for the PNA

Smoking remains the biggest cause of preventable ill health. There continues to be a need to reduce smoking rates in Norfolk and especially smoking in pregnant women in order to reduce the gaps in life expectancy. Stop Smoking services are thus a necessary service.

NCC stated Commissioning Intention

NCC Commissioners intend that pharmacies will continue to have an important role to play in helping smokers to quit as pharmacies are pivotal to intercepting potential quitters and supporting them through the process. Although most pharmacies in Norfolk are already contracted to provide Stop Smoking services (116 out of 165 [70%]), commissioners are seeking to increase both the number of existing pharmacies providing the service and to increase the number of smokers who are supported to quit by each pharmacy.

In recent years the way in which smokers who are seeking to quit use Stop Smoking services has changed. To reflect this change, a new contract is under development in consultation with the Norfolk Local Pharmaceutical Committee. A protocol has been developed to allow pharmacies to supply nicotine replacement therapy directly to clients, both through their own advisors and the specialist service.

Training in Stop Smoking brief advice will be offered to pharmacy staff across Norfolk. In addition commissioners aim to increase engagement between specialist Stop Smoking services and existing pharmacies to encourage more potential clients into Stop Smoking services.

7.2.2 Sexual Health

Sexual health includes provision of contraception, prevention of infection and screening. NICE issued guidance for contraceptive services²⁶ in March 2014 with a focus on young people up to the age of 25. This guidance makes explicit reference to the provision of services through community pharmacies.

GP surgeries and community pharmacies in Norfolk are contracted by NCC to provide a Sexual Health Service that includes the provision of emergency contraception, pregnancy testing, chlamydia screening and treatment and provision of condoms.

7.2.2.1 Chlamydia and gonorrhoea

Genital chlamydial infection was the most commonly diagnosed STI, accounting for 47% of diagnoses. Behaviours which increase risk of transmission of chlamydia also increase the risk of gonorrhoea transmission. Gonorrhoea infection rates continue to rise, which is a cause for concern in light of increasing antibiotic resistance.

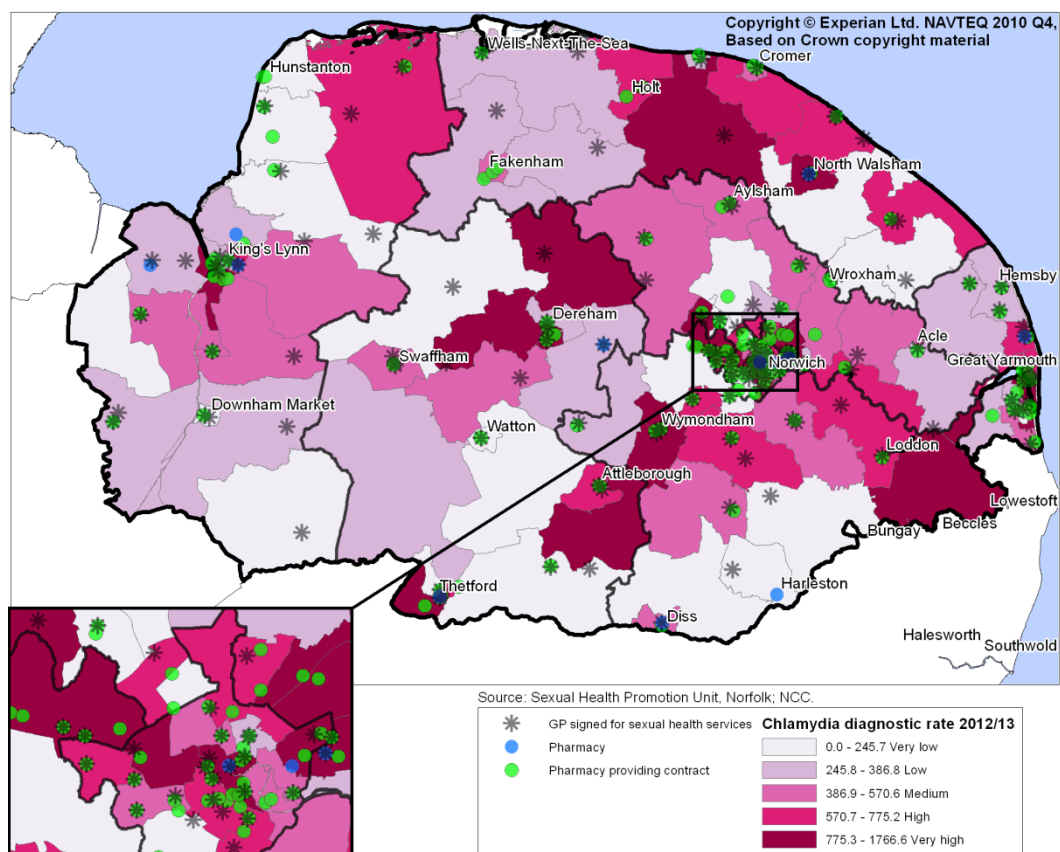


Figure 17: Chlamydia diagnostic rates per 100,000 residents at MSOA level, 2012/13. Data source: Sexual Health Promotion Unit, Norfolk.

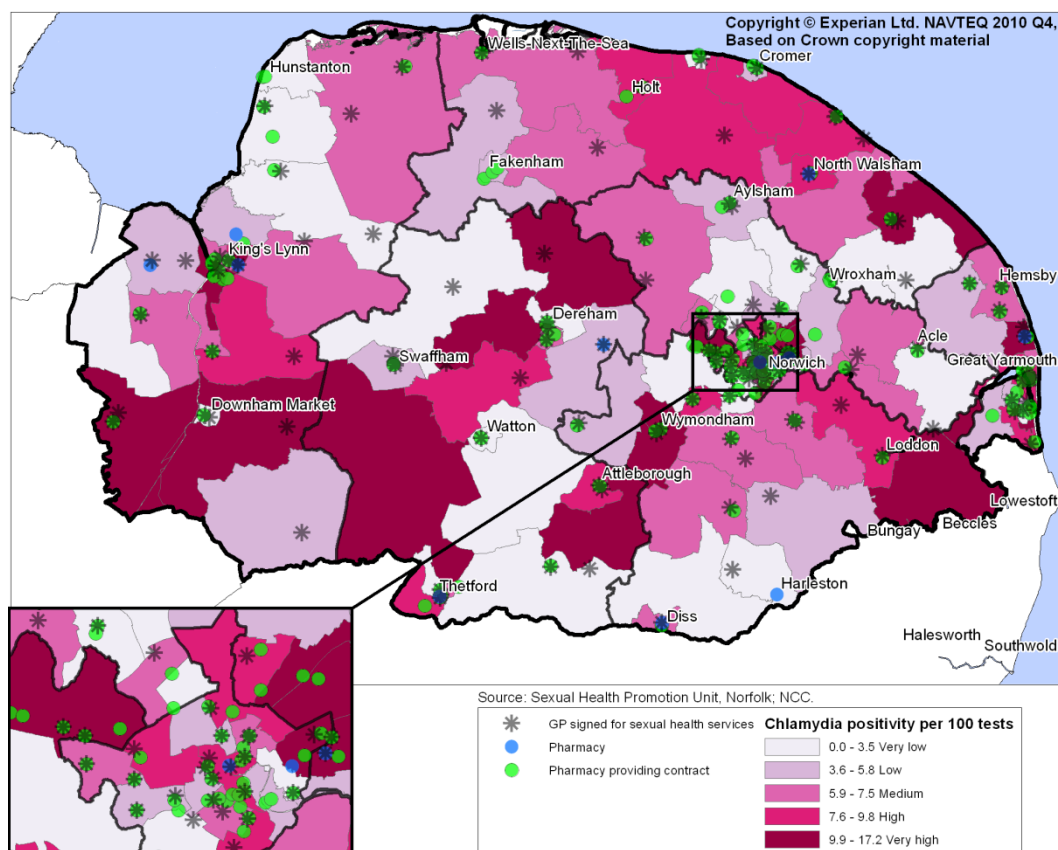


Figure 18 Chlamydia screening positivity rate by MSOA level, 2011/12

The Public Health Outcomes Framework (PHOF 2013–2016) recommends that local areas work towards achieving a chlamydia diagnosis rate among 15 to 24 year olds of at least 2,300 per 100,000 persons aged 15-24 years per year. This rate was not achieved in Norfolk during 2013 (the actual rate achieved was in the range 1,000–1,999).

NHS Public Health England states that local areas should focus on embedding chlamydia screening for 15 to 24 year-olds into a variety of community settings including primary care.

However a recent survey²⁸ conducted by PHE showed that respondents who were last tested in general practice were least likely to have been given any sexual health information to accompany their test. Those who self-collected their last test from the internet or from a pharmacy were least likely to have been given four or more types of information relating to sexual health. PHE states consideration should be given to how best to support the provision of safer sex messages in both these settings, within time and cost constraints.

7.2.2.2 Emergency hormonal contraception

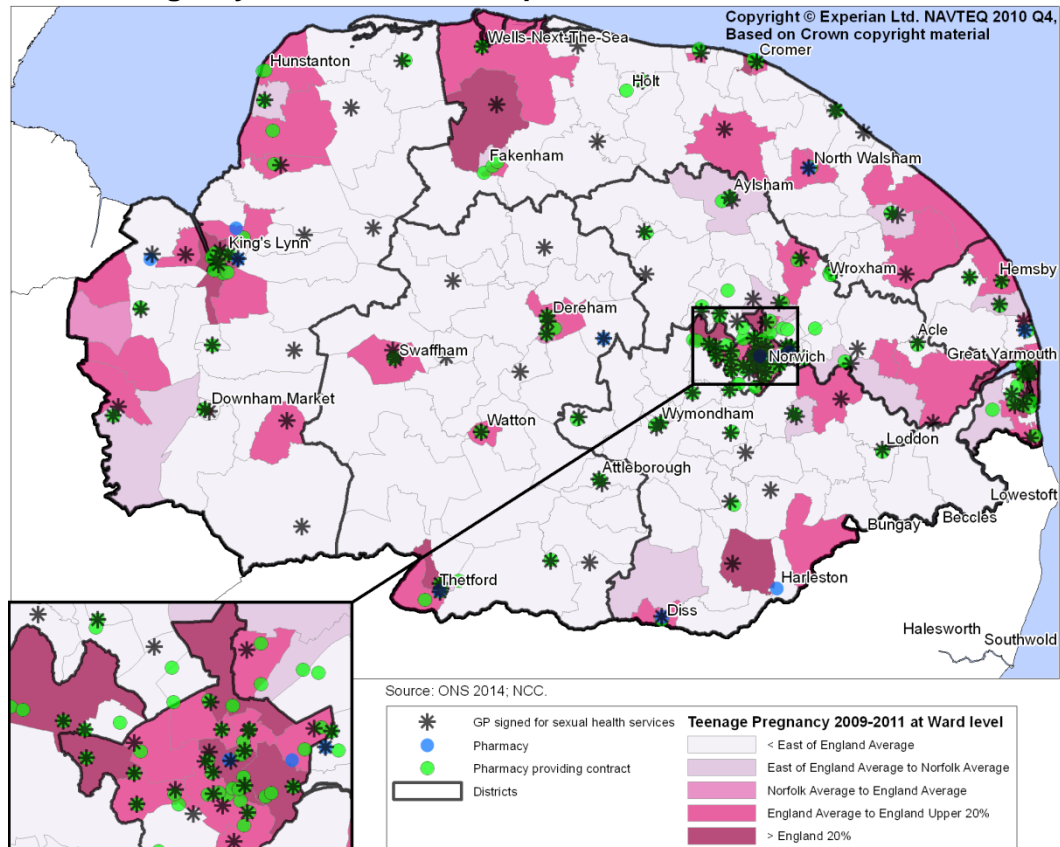


Figure 19: Teenage pregnancy rates at ward level (2009–2011) showing the location of pharmacies and GP practices providing NHS sexual health services. Data source: ONS and NHS England.

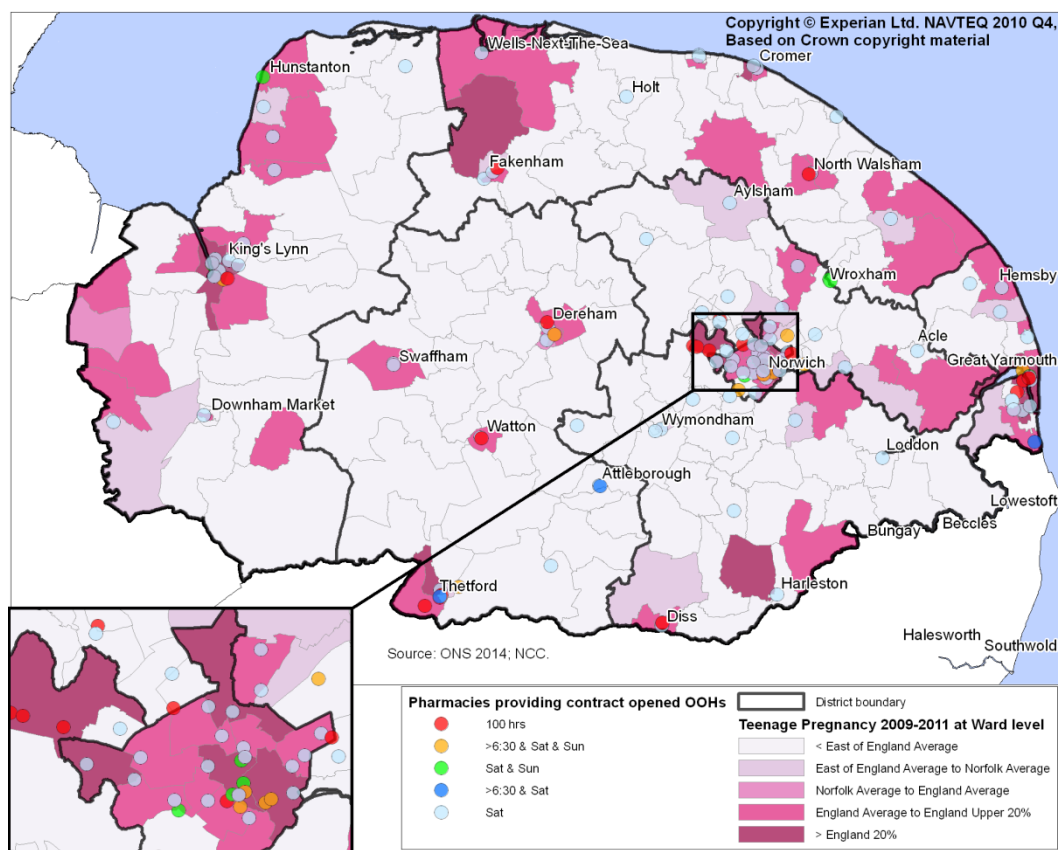


Figure 20: Teenage pregnancy rates at ward level (2009–2011) showing pharmacies providing free NHS sexual health services that are open after 17.30 and weekends. Data source: ONS and NHS England.

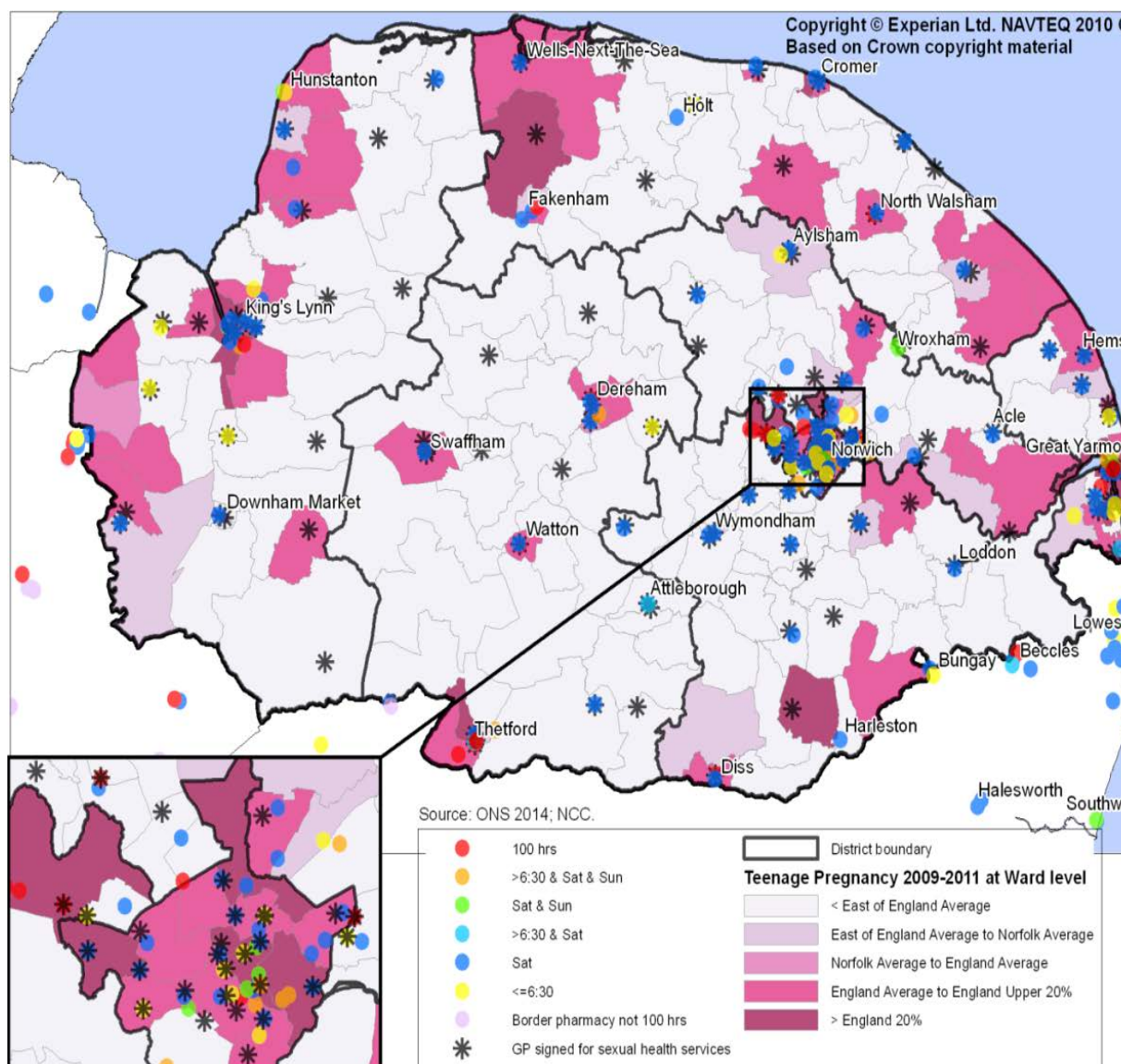


Figure 21: Teenage pregnancy rates 2009– 2011 at Ward level showing all pharmacies. Data source: ONS and NHS England.

Although many of the community pharmacies in Norfolk are commissioned to provide free access to both NHS chlamydia treatment and emergency contraception services, all community pharmacies are able, where appropriate, to sell such treatments.

The rate of conception per 1,000 females aged 15–17 years per year in Norfolk is 23.9 which is between the East of England rate (23.2) and the England rate (27.7) (data source ONS mid 2012).

What this means for the PNA

The rates for teenage pregnancy and positive chlamydia indicate the need for wide access to community based sexual health services. All pharmacies sell both emergency hormonal contraception and chlamydia treatment over the counter. 99 pharmacies are commissioned in Norfolk to provide NHS sexual health services (emergency contraception, condoms, pregnancy testing, chlamydia screening and treatment).

Many pharmacies are open extended hours and at weekends, with no need for an appointment thus providing easy access to services.

NCC stated commissioning intention

Pharmaceutical service providers will continue to play an important role in providing access to high quality sexual health services across Norfolk through locally commissioned services. For example many pharmacies detect high rates of chlamydia infection in people who are screened in pharmacy settings. Consequently, pharmacies are ideally placed to improve access to comprehensive and non-discriminatory sexual health advice, information and services, and to help reduce the prevalence of chlamydia infection by providing screening, diagnosis and treatment in the community.

Pharmacies will also continue to play an important role in providing access to pregnancy testing and emergency contraception, in providing sexual health advice, and in referring people to specialist sexual health services where appropriate.

Commissioners anticipate revising the current community pharmacy sexual health service contract in 2015. Current provision is deemed appropriate and any change in need will be monitored by the commissioners.

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7.2.3 Obesity

People are classified as overweight when their BMI is over 25, and obese when their BMI is over 30.

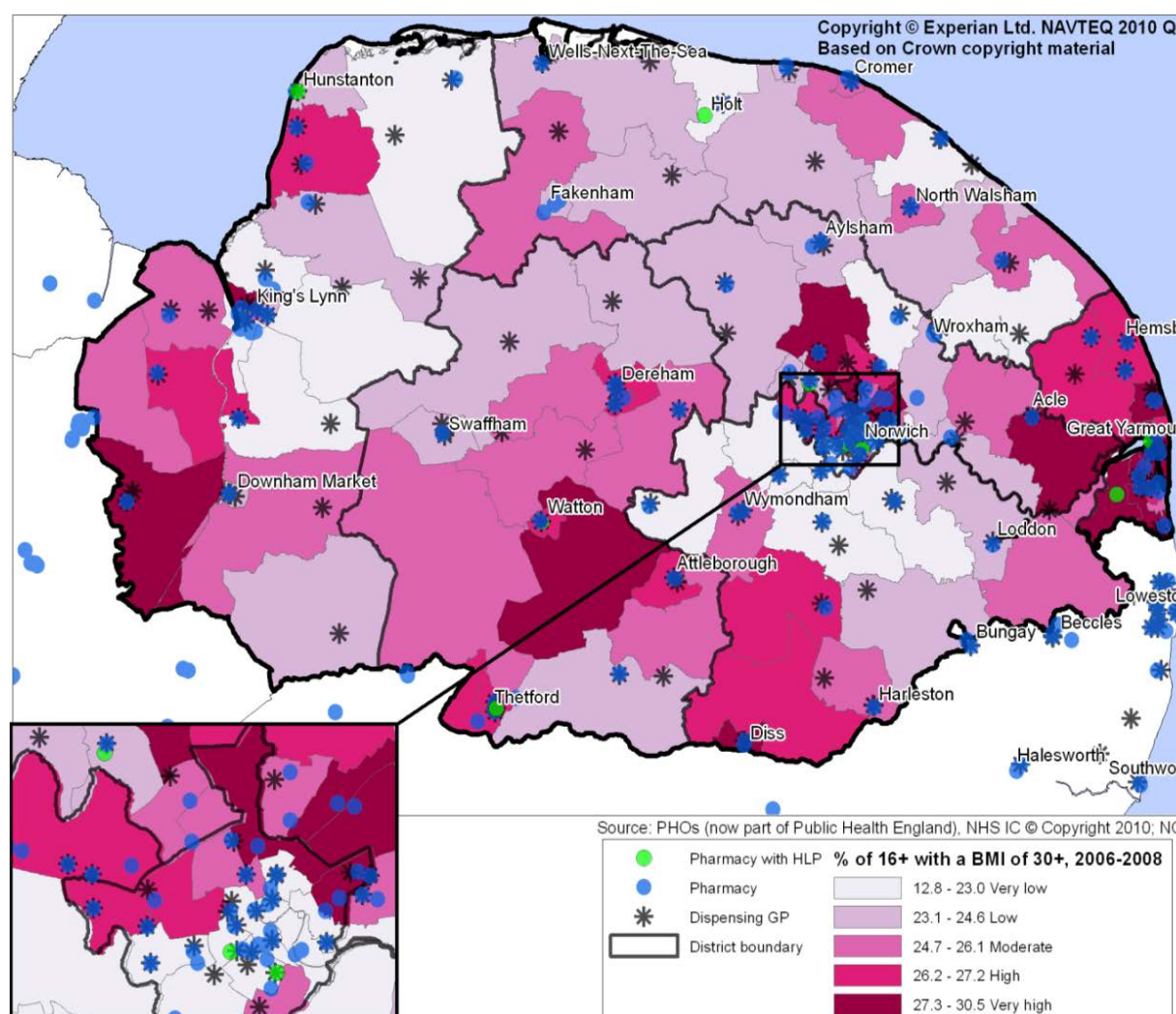


Figure 22: Modelled estimate of the proportion of people aged 16+ years who are obese (2006–2008) (%). Data source: Knowledge and Intelligence Team, PHE.

The prevalence of obesity continues to increase. Obesity can lead to high blood pressure and associated increase in cardiovascular disease as well as diabetes and reduced quality of life and ill health.

Unlike England as a whole, in Norfolk child obesity is not strongly associated with deprivation but is more associated with rural and affluent areas.

NCC stated commissioning intention

Community pharmacies will be invited to provide a weight management follow up service from 2015. It is envisaged that provision will be made from existing community pharmacies and other non-pharmacy based providers.

Recommendation 9

Commissioners should continue to work with existing community pharmacists and their teams to deliver effective weight management where possible.

It is envisaged that community pharmacies could follow up patients who have completed a community weight management service either to help them to maintain a healthy weight, or to lose further weight. In order to participate in weight management follow up, pharmacies would be required to demonstrate contractual compliance including meeting the following criteria:

- community pharmacy staff would need to have completed appropriate training
- the pharmacy has an area suitable for confidential discussion with patients
- patient's weight can be measured appropriately and accurately

Any community pharmacy which can demonstrate that it meets the contractual requirements will be invited to participate from early 2015.

7.2.4 Substance misuse

Substance misuse and associated injecting behaviour leads to increased ill health and risk of acquiring a blood borne virus (BBV) eg Hepatitis B & C, HIV.

Substance misuse is also closely associated with mental health problems.

Needle exchange schemes aim to reduce the risk of BBV transmission. BBV rates remain high in the injecting substance misuse population. Needle exchange schemes are increasingly being accessed by people who inject anabolic steroids.

The supervised consumption service performs a critical role in supporting drug users in treatment to manage their treatment programme while minimising the diversion of drug treatment onto the streets.

In 2011 the National Treatment Agency published a report in 2009 (Addiction to Medicine²⁹: an investigation into the configuration and commissioning of treatment services to support those who develop problems with prescription-only or over-the-counter medicines in response to the All Party Parliamentary Drugs Misuse Group Inquiry³⁰)

This showed that addiction to prescription and over-the-counter medicines eg pain killers, hypnotics, anxiolytics, antidepressants and stimulants used in ADHD was a feature in 16% of the treatment population (32,510 out of 206,889 people). The level of addiction amongst people not engaged with drug treatment services is unknown.

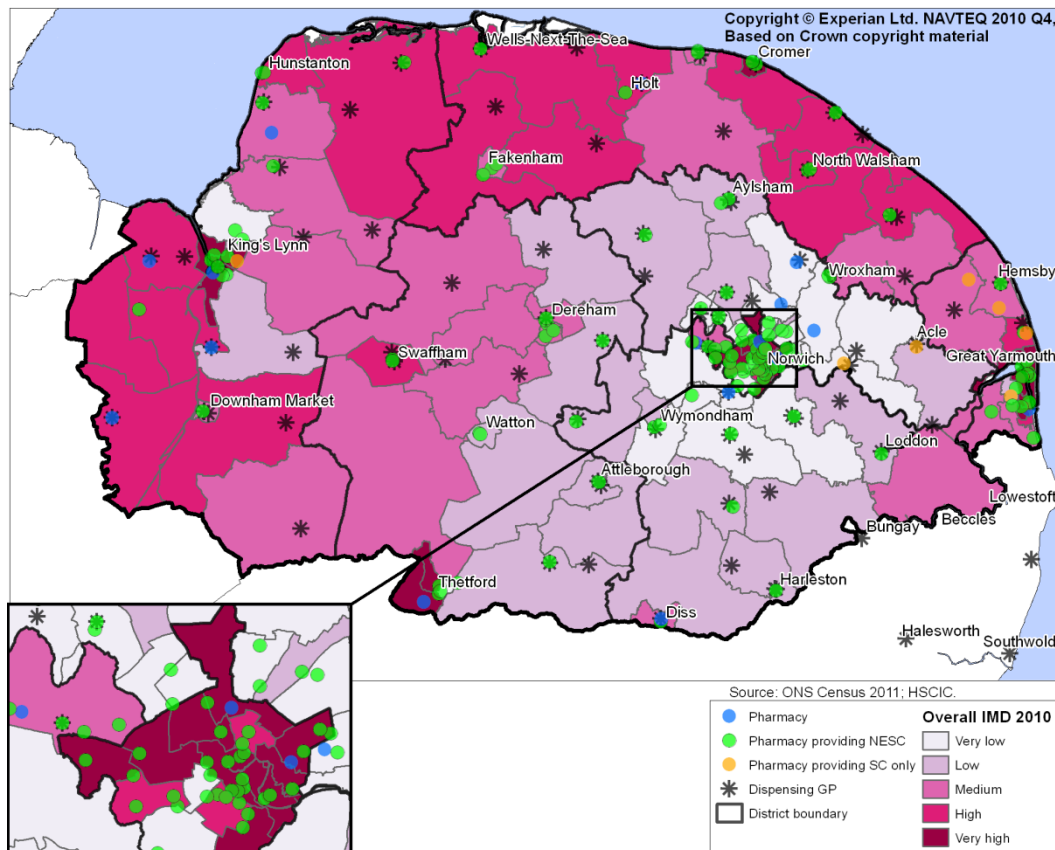


Figure 23: Overall IMD and pharmacies signed to provide a Needle Exchange Service. Data source: ONS and NHS England.

Figure 23 shows that there is a wide distribution of pharmacies providing needle exchange and these are located in areas of high substance misuse prevalence. There are a range of other providers of needle exchange eg drug and alcohol services. (see Appendix H).

The East Coast Community Healthcare and Norfolk Drug Alcohol Partnership's annual report on Needle Exchange and Substance Misuse (2013–14)³¹ states that generally needle exchange activity has been increasing, and in 2013/14 it rose by 8% following a rise of 11% in 2012/13.

Figure 23 shows that 90% of needle exchange is through community pharmacies at an average of 4,465 packs per month. There has been a reduction in both the total number of packs distributed by agencies (3,600 in 2012/13 to 1,915 in 2013/14) and their proportion of overall distribution from 8% in 2012/13 to 3% in 2013/14 although the distribution of equivalents has remained fairly static having reduced from 8% in 2012/13 to 7% in 2013/14.

Pharmacy needle exchange now accounts for 90% of all needle exchanges which take place in Norfolk continuing a long standing trend of increasing significance as outlet of choice.

Community pharmacies are responsible for collecting the bulk of used needles in Norfolk (76% in 2013–14).

- Pharmacy waste collection: 17,255 litres
- Agency waste collection: 4,341 litres
- Public sharps bin waste collection: 1,154 litres

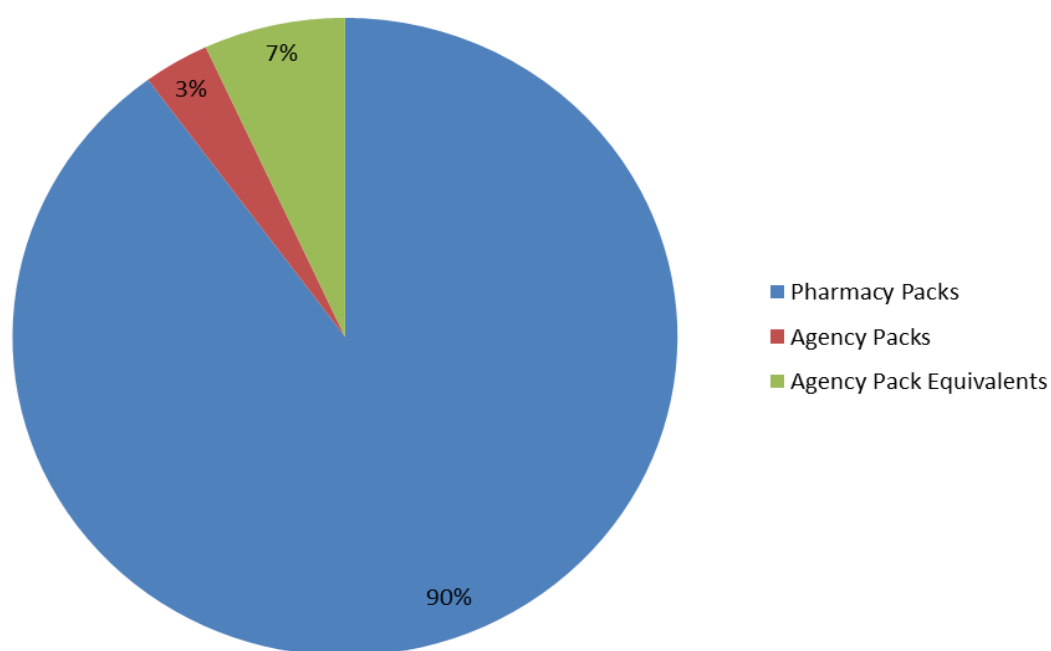


Figure 24: Needle exchange activity for all packs and equivalents by type and outlet (2013/14). Data source: East Coast Community Healthcare.

All pharmacies in Norfolk will provide supervised consumption if requested. Currently 150 out of 165 community pharmacies are contracted to provide supervised consumption services.

The East Coast Community Healthcare and Norfolk Drug Alcohol Partnership's annual report on Needle Exchange and Substance Misuse (2013–14)³¹ states that: a total of 65,443 doses of methadone and 20,527 doses of buprenorphine were supervised in community pharmacies in 2013/14. This represents a 19% increase from 2012–13.

What this means for the PNA

The provision of needle exchange and supervised consumption is a necessary service. There appears to be no current gap in provision. The provision of supervised consumption and needle exchange services by Norfolk community pharmacies is widespread and is generally felt to be adequate by commissioners at present.

NCC stated commissioning intention

The provision of supervised consumption and needle exchange services by Norfolk community pharmacies is widespread and is generally felt to be adequate by commissioners at present. Future opportunities for further provision of services by pharmacies could include non-invasive testing for HIV, HCV and HBV. Early diagnosis of infectious disease including HIV is a key public health goal. Improvements in saliva-based testing have removed the major barrier to testing in pharmacies and health screening for blood borne viruses is becoming a viable option through community pharmacies.

Recommendation 10

Commissioners of drug and alcohol services should continue to provide and develop accessible substance misuse services through existing pharmacies and other providers.

7.2.5 Alcohol

An alcohol problem is categorised depending on the level and pattern of alcohol consumption as follows:

- Hazardous drinking: drinking above safer drinking limits in a pattern that increases someone's risk of harm. However, the person has so far avoided significant alcohol-related problems.
- Binge drinking: drinking over twice the recommended units of alcohol per day in one session (more than 8 units for men or more than 6 units for women).
- Harmful drinking: drinking above safe levels (usually beyond those of hazardous drinking) with evidence of alcohol-related problems (eg accidents, depression, or physical illness).
- Alcohol dependence is characterised by craving, tolerance, a preoccupation with alcohol, and continued drinking despite harmful consequences.

There are an estimated 120,000 people in Norfolk with problem drinking and as many as 25,000 with moderate to severe alcohol dependence.

The Alcohol Use Disorders Identification Test (AUDIT) is a simple ten-question test developed by the World Health Organization to determine if a person's alcohol consumption may be harmful:

- Low-risk drinking: score of 1–7.
- Hazardous drinking: score of 8–15.
- Harmful drinking: score of 16–19.
- Possible alcohol dependence: score of 20 or more.

Figure 25 shows the rate of emergency admissions for alcohol-related liver disease per 100,000 persons per year. For the 12 month period April 2013 to March 2014 (provisional) there were 10,591 emergency admissions for alcohol-related liver disease for people aged 19 and over in England.

Figure 26 shows the rate of binge drinking by people aged over 16 years in Norfolk.

Research has shown that a large proportion of A&E attendances between midnight and 5am are related to alcohol. Alcohol-related injuries such as road traffic accidents, burns, poisonings, falls and drowning's make up more than a third of the disease burden attributable to alcohol consumption³².

Excessive alcohol consumption increases the risks of conditions such as:

- ischaemic and haemorrhagic stroke;
- certain cancers: mouth, breast, colorectal;
- liver cirrhosis;
- coronary heart disease and hypertension.

Excessive alcohol consumption can lead to ill health, loss of working days and is linked to deprivation.

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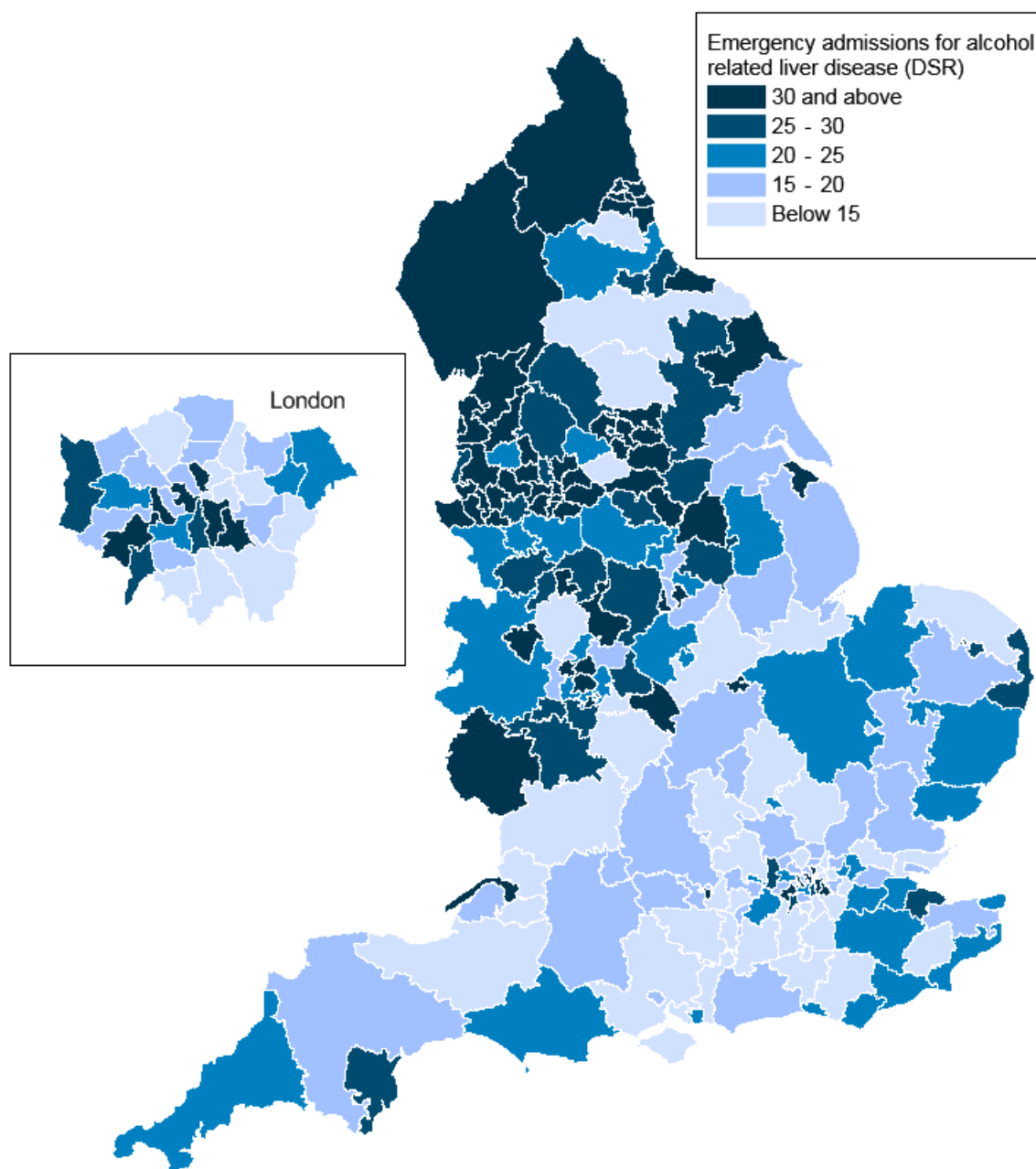


Figure 25: Emergency admissions for alcohol related liver disease shown as a directly age and sex standardised rate (DSR) per 100,000 registered patients aged 19 and over per year, by CCG (April 2013 to March 2014) (provisional data). Data source: PHE.

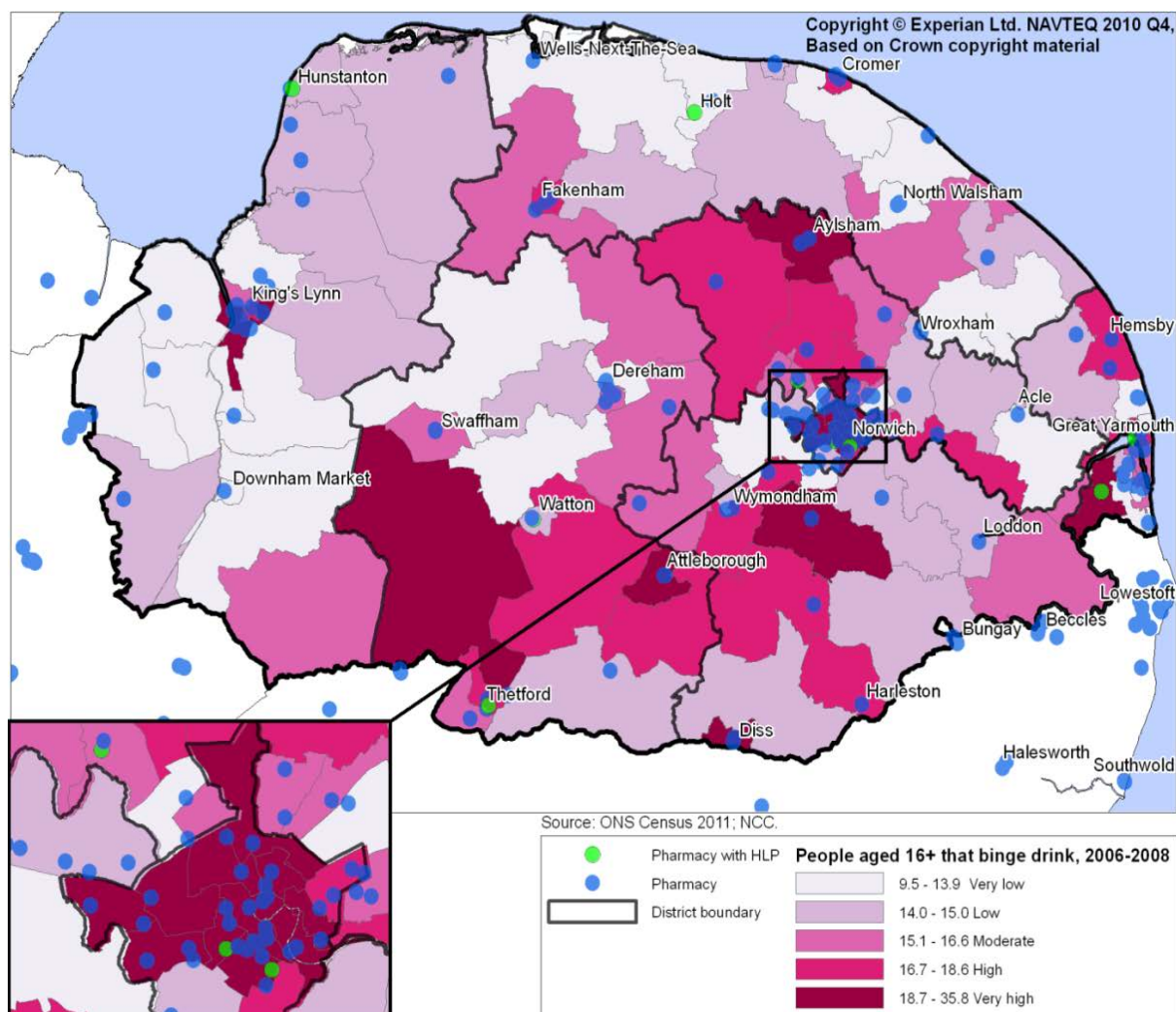


Figure 26: Proportion of the population aged 16+ who binge drink at MSOA level, modelled estimate (2006–2008). Data source: ONS.

What this means for the PNA

Pharmacies are located in areas where there is a high prevalence of binge drinking. A number of these pharmacies are Healthy Living Pharmacies delivering level one brief intervention. The remainder of the current providers are working towards achieving Healthy Living Pharmacy accreditation.

Recommendation 11

Commissioners of drug and alcohol services should continue to consider the role of community pharmacy in the management of alcohol misuse.

7.2.6 Healthy Living Pharmacies

What is a Healthy Living Pharmacy?

HLP is a nationally recognised concept enabling pharmacies to help reduce health inequalities within the local community, by delivering high quality health and wellbeing services, promoting health and providing proactive health advice.

Key elements of the HLP service include:

- Tailoring HLP services to the local community.
- A team that proactively promotes health and wellbeing and offers advice on a range of health issues.
- A Healthy Living Champion. Healthy Living Champions are members of the pharmacy team who provide customers with advice on health and wellbeing within the communities they serve. Healthy Living Champions will provide information and signpost customers to pharmacy services or other NHS and community services that will help them to adopt healthier lifestyles.

In Norfolk the pharmacy must need the basic requirements for a HLP which are:

- Have a Health Champion.
- Offer the Public Health Commissioned Stop Smoking service.
- Offer the Public Health Commissioned Sexual Health service.
- Sign up as a Change4Life supporter.
- Commit to becoming a "Healthy Workplace."
- Complete the agreed Quality criteria summarised below.

It is desirable for them to offer NHS Health Checks and provide healthy start vitamins.

Quality Criteria Summary:

1. Staff attitude, skills, values and training

- All pharmacy staff understand the basic principles of health and wellbeing.
- All pharmacy staff have some understanding of the public health needs in their area.
- Members of staff receive training on issues of confidentiality and consent relevant to the member of the public receiving the service.
- The team are friendly, welcoming and sensitive to the need for privacy for different individuals seeking advice and health services.
- Members of the pharmacy team are able to communicate effectively and sensitively when recruiting members of the public to health and wellbeing services or providing them with advice.
- The team recognise the need for equality and diversity; providing a person-centred approach.
- The team understand that every interaction is an opportunity for a health intervention.
- There is a clear leader within the team who is responsible for achieving the vision and creating an ethos of proactive health and wellbeing within the pharmacy.

2. Joined up working

- The pharmacy is an active member of the local community and understands how to respond to their local needs.
- The pharmacy team is an integral part of local public health delivery and engages with other healthcare professionals.
- The pharmacy team understands the need to deliver consistent services as part of their commitment to commissioners and leads on integrated health and wellbeing initiatives.

3. Professional environment

- The professional environment reflects the impression and ethos of a Healthy Living Pharmacy, proactively promoting health and wellbeing, to the public eg the appearance and dress of the staff and premises.
- A healthy living pharmacy takes its responsibility to contribute to a sustainable environment seriously and this is reflected in the way it operates its business.
- It is clear to the public that free, confidential advice on public health and wellbeing can be accessed.

4. Information environment

- The pharmacy gives the public a clear impression that health and wellbeing advice, information and services are readily available.
- There are appropriate materials readily available for members of the public on health and wellbeing. This information is refreshed and checked regularly to ensure that it is current and relevant.
- The information available appeals to a wide range of the public including men and women, young people, smokers, people with long term conditions, learning difficulties and older people. Where the community includes a significant ethnic minority group, then their needs should as far as possible be accommodated.
- There is a clearly marked and accessible health promotion zone.
- Written and verbal information is readily available for proactive health and wellbeing interventions by the member of the pharmacy team.

Norfolk LPC is continuing to work with local public health commissioners to increase the number of community pharmacies that attain the Healthy Living Pharmacy accreditation.

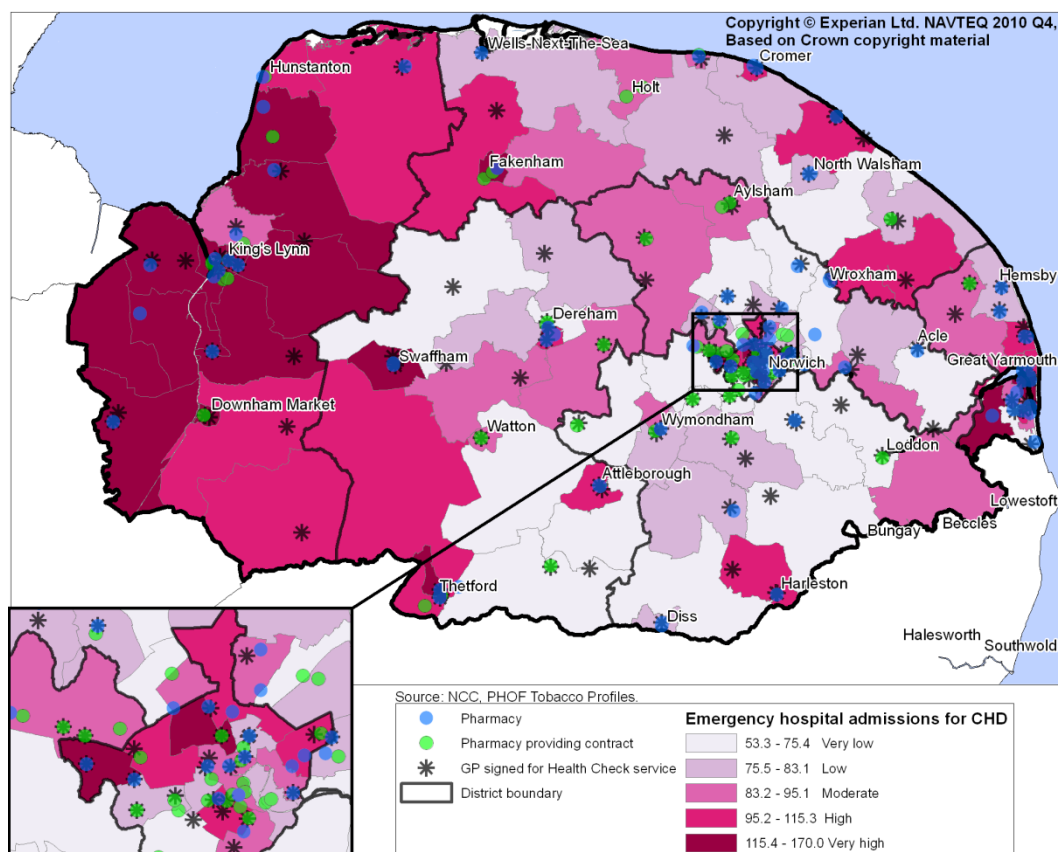


Figure 27: Emergency hospital admissions for coronary heart disease at MSOA level, standardised admission ratio (2008/9–2012/13). Data source: PHE.

Coronary Heart Disease (CHD) is associated with the development of atherosclerosis (thickening of the arteries). Atherosclerosis can be caused by lifestyle habits and other conditions, such as: smoking, high cholesterol, high blood pressure (hypertension) and diabetes.

There is a correlation, as can be seen by studying the maps above between deprivation, lifestyle and emergency admissions for CHD. As can be seen from Figure 27 there are both pharmacies and GP practices providing NHS Health Checks in areas of high admission rates.

Community pharmacies started training to provide NHS Health Checks in the autumn of 2010 and started delivering the service from January 2011. Currently community pharmacies in Norfolk deliver around 25% of all NHS Health Checks. Norfolk has one of the widest pharmacy provisions of NHS Health Checks in England with 69 pharmacies accredited to provide the service.

What this means for the PNA

There is a need to enhance public health lifestyle interventions to improve and reduce health inequalities across Norfolk.

NCC stated commissioning intention (NHS Health Checks)

Pharmacies are currently commissioned to provide Health Checks and NCC Public Health commissioners intend to continue this arrangement. Commissioning of Health Checks is due to be reviewed in 2016.

NCC stated commissioning intention (HLP)

Community pharmacies play a significant role in helping to reduce health inequalities by delivering consistent and high quality health and wellbeing services, promoting health and providing proactive health advice and interventions. This is recognised by Pharmacies becoming signing up to become a Healthy Living Pharmacy (HLP).

HLP status is awarded to pharmacies that consistently deliver a range of high quality health and wellbeing services. Pharmacies are assessed and accredited by the Local Pharmaceutical Committee and Norfolk County Council Public Health using criteria including:

- Achievement of defined quality and productivity requirements and targets linked to local health needs e.g. a number of Stop Smoking quits.
- Evidence of proactive promotion of health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, physical activity, sexual health, healthy eating and alcohol consumption.
- Provision of a Healthy Living Champion who has been through a training programme.
- Publically recognisable as a Healthy Living Pharmacy.

There are currently seven accredited pharmacies in Norfolk. The Norfolk Local Pharmaceutical Committee has been commissioned by Public Health to support the set-up of a further 25–30 Healthy Living Pharmacies by September 2015 in areas that have been identified as having particular health needs in Norfolk.

Recommendation 12

Public Health Commissioners to continue to support the HLP project and to consider community pharmacy as a key player in delivering public health interventions. Local research has shown that 52% of survey respondents used a pharmacy at least once a month.

7.3 Long term conditions (LTC)

15 million NHS patients in England with long term conditions such as diabetes, arthritis and asthma account for 70% of the annual expenditure of the NHS in England⁴¹. A long term condition is defined as one for which there is no cure but which can be controlled by medication and/or other treatments and/or therapies.

Long term conditions include:

- Chronic obstructive pulmonary disease: a disease directly linked to smoking
- Asthma
- Hypertension: linked with obesity, smoking and lack of physical exercise
- Diabetes: type two diabetes is linked with obesity. Many diabetics also have hypertension and high cholesterol.
- Arthritis: both rheumatoid and osteoarthritis
- Cancer: not all cancers are associated with lifestyle however some such as lung cancer have a direct correlation. Obesity is also associated with increased risk of developing a number of cancers. Excessive alcohol consumption increases the risk of developing the following cancers:
 - liver cancer
 - pharyngeal cancer (upper throat)
 - bowel cancer
 - oesophageal cancer (food pipe)
 - breast cancer
 - laryngeal cancer (voice box)
 - mouth cancer

All patients with an LTC will be receiving medication to help them manage their condition.

	NHS North Norfolk CCG	NHS South Norfolk CCG	NHS Norwich CCG	NHS GYW CCG	NHS West Norfolk CCG	Norfolk & Waveney	Norfolk
Coronary Heart Disease Prevalence	4.5%	3.7%	3.0%	4.2%	4.7%	4.0%	3.9%
Stroke or Transient Ischaemic Attacks (TIA) Prevalence	2.5%	1.9%	1.7%	2.1%	2.4%	2.1%	2.1%
Hypertension Prevalence	17.1%	15.5%	12.0%	16.8%	18.3%	15.8%	15.7%
Diabetes Mellitus (Diabetes) Prevalence	6.4%	5.8%	4.7%	7.0%	7.6%	6.2%	6.2%
Chronic Obstructive Pulmonary Disease Prevalence	2.1%	1.7%	1.7%	2.5%	2.5%	2.1%	2.0%
Epilepsy Prevalence	0.9%	0.8%	0.9%	0.9%	0.8%	0.9%	0.9%
Hypothyroidism Prevalence	4.5%	4.0%	3.4%	4.9%	4.4%	4.2%	4.1%
Cancer Prevalence	2.9%	2.5%	1.8%	2.4%	2.6%	2.4%	2.4%
Mental Health Prevalence	0.8%	0.6%	1.1%	0.9%	0.7%	0.8%	0.8%
Asthma Prevalence	7.6%	6.9%	6.8%	6.7%	7.0%	7.0%	7.0%
Heart Failure Prevalence	1.0%	0.9%	0.7%	1.0%	0.9%	0.9%	0.9%
Heart Failure Due to LVD Prevalence	0.5%	0.5%	0.4%	0.5%	0.4%	0.5%	0.5%
Palliative Care Prevalence	0.3%	0.3%	0.2%	0.4%	0.2%	0.3%	0.3%
Dementia Prevalence	0.9%	0.7%	0.5%	0.8%	0.6%	0.7%	0.7%
Depression Prevalence	4.8%	6.0%	5.5%	6.7%	5.8%	5.8%	5.6%
Chronic Kidney Disease Prevalence	6.1%	4.6%	3.6%	5.9%	5.3%	5.1%	4.9%
Atrial Fibrillation Prevalence	2.5%	2.0%	1.5%	1.9%	2.4%	2.0%	2.0%
Obesity Prevalence	11.3%	11.4%	8.8%	13.8%	12.2%	11.5%	11.3%
Learning Disabilities Prevalence	0.7%	0.5%	0.6%	0.6%	0.5%	0.6%	0.6%
Cardiovascular Disease Primary Prevention Prevalence	2.5%	2.3%	1.6%	3.1%	2.3%	2.4%	2.3%
Peripheral Arterial Disease(PAD) Prevalence	0.7%	0.6%	0.6%	0.9%	0.7%	0.7%	0.7%
Osteoporosis: Secondary prevention of fragility fractures Prevalence	0.2%	0.2%	0.3%	0.2%	0.2%	0.2%	0.2%

Table 11: Prevalence of long term conditions in Norfolk (2012–13). Data source: QOF.

Community pharmacies offer a number of services, including those nationally commissioned (Medicines Use Reviews; New Medicines Service) that are designed to ensure patients derive the maximum benefit from their prescribed medication and promote self-care. The number of; the target groups and the timescales for both MUR and NMS are laid out in The Pharmaceutical Services (Advanced and Enhanced) (England) Directions 2013³³ and subsequent amendments.

See Chapter 8 and www.psn.org.uk for more information.

7.4 Needs of prisoners and those in custody

There are three male prisons in Norfolk with a total operational capacity of 2,410. The needs of prisoners are subject to a separate needs assessment undertaken by NHS England.

When prisoners or those in custody are released they access NHS services.

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8. Current provision of NHS Pharmaceutical Services

Summary of findings

Norfolk is well provided for by pharmaceutical service providers. This PNA has not identified a current need for new NHS Pharmaceutical service providers in Norfolk.

There are 165 pharmacies across Norfolk, an increase of 19 (13%) since the publication of the previous relevant PNAs in 2011. There are 78 dispensing GP practices (56 main surgeries and 22 branch surgeries), largely unchanged from the previous PNAs. The number of pharmaceutical service providers per 100,000 population has increased from 17 to 19. There is one dispensing appliance contractor based in Norfolk. There is adequate access for the dispensing of appliances.

There are 19 community pharmacy contractors per 100,000 registered population in Norfolk and whilst this is slightly lower than the national average of 22 per 100,000³⁷ it however does not take into account the considerable contribution to dispensing services made by Norfolk GPs with dispensing rights. If GP dispensaries are included the number becomes 24 providers per 100,000 population (see sections 8.1.2 and 8.1.6).

Norfolk's community pharmacies and GP dispensing doctors dispensed in 2013–14 a total of 19,405,341 prescription items to a value of over £141million. This represents around 86% of the prescription items written by Norfolk GPs. 14% of items were dispensed outside of Norfolk, the majority of these items being appliances eg ostomy products, specialised feeds or those dispensed by pharmacies close to Norfolk's borders.

61.5% of pharmacies and 79% of dispensing GP surgeries responded to the PNA questionnaire about service provision. Of those responding over 88% considered provision to be either 'excellent' 'very good' or 'good'.

When asked "Do you feel that there is a need to improve the provision of pharmaceutical services locally?" 27 of 34 (25 pharmacy and 2 GP surgery) respondents stated that increasing the number of pharmaceutical service providers would improve local provision. The comments relating to this mainly expressed the view that it should be the number of services commissioned that should be increased as opposed to the number of providers.

The results (see Appendix K for full results) from the patient survey indicate that generally, public satisfaction with the provision of pharmacy services in Norfolk appears to be high. A public survey with 1,817 responses revealed that 93% thought that pharmacy services in Norfolk were good, very good or excellent. 92% of respondents had a usual pharmacy that they used and 94% could access a pharmacy in less than 20 minutes. 6% used a pharmacy at least once a week and 46% used a pharmacy once a month.

Satisfaction with opening times is also high. 94% of respondents felt that pharmacies were either always open or usually open when needed.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS Pharmaceutical services in Norfolk. There appears to be good coverage in terms of opening hours across the county. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies and dispensing surgeries have wheelchair access and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. There is also access to pharmaceutical services via the internet.

Community pharmacies and pharmacists can have an impact on the health of the population by contributing to the safe and appropriate use of medicines.

This chapter describes the current provision of NHS pharmaceutical services, which were explained in Chapter 2: Introduction, and are defined in the Regulations 2013⁸.

The chapter includes a description of the number and locations of community pharmacies, dispensing GP practices and Dispensing Appliance Contractor (DAC) premises. The levels of provision of pharmaceutical services locally are compared with provision elsewhere, and are considered in the context of feedback from local stakeholders.

8.1 Service Providers

This PNA identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until 12 June 2014. Up-to-date information on community pharmacies (including opening hours) is available on the NHS Choices website³⁴:

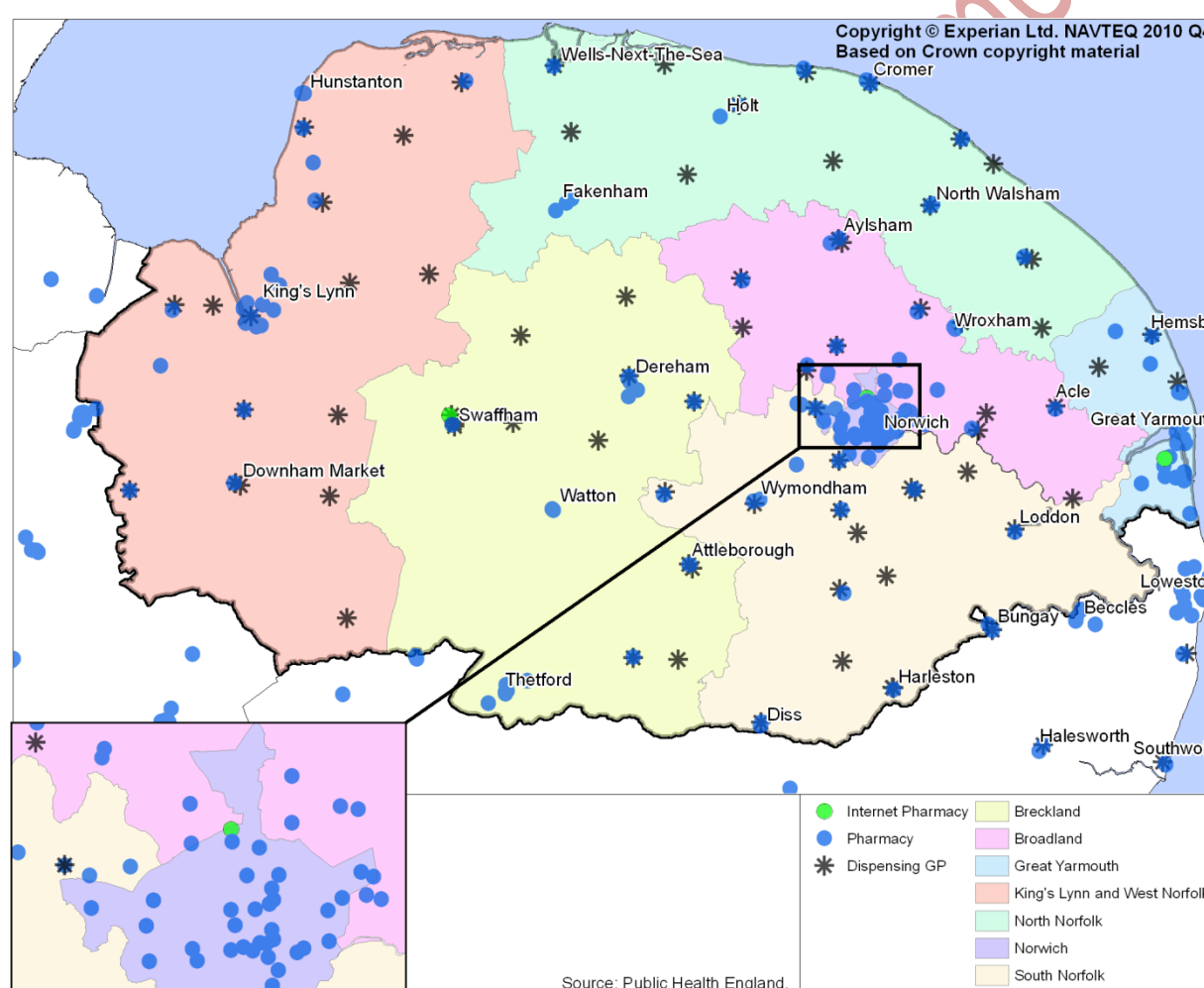


Figure 28: Map illustrating districts in Norfolk, community pharmacies and dispensing practices. Data source: PHE.

8.1.1 Community pharmacies

There are 165 community pharmacies in Norfolk (see Appendix D for names and addresses).

The pharmacy contractors include three distance selling pharmacies which provide pharmaceutical services to patients across England and 20 100 hour pharmacies. Both these types of pharmacies have special conditions which apply to their contract. In the case of distance selling pharmacies, the pharmacy must not provide face to face essential services at its premises, and in the case of 100 hour pharmacies, the contractor must open for at least 100 hours each week.

There are no Essential Small Pharmacy Local Pharmacy Service (ESPLPS) pharmacies in Norfolk. The ESPLPS pharmacy in Belton, Great Yarmouth has now returned to the pharmaceutical list.

Locality	Number pharmacies	100 hour pharmacies	Distance selling pharmacies
Breckland	21	5	1
Broadland	21	2	
Great Yarmouth	27	4	1
King's Lynn and West Norfolk	24	1	
North Norfolk	18	2	
Norwich	36	2	1
South Norfolk	18	4	
Norfolk	165	20	3

Table 12 Number of pharmacies by district as at 31 July 2014. Data source: NHS England.

8.1.2 GP dispensing practices

The rural nature of parts of Norfolk leads to relatively high numbers of GP dispensing practices. Dispensing GP practices make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies.

There are 56 dispensing doctor practices within Norfolk with 22 branch surgeries that dispense. This means that 47% of the GP practices in Norfolk are dispensing practices. They can dispense NHS prescriptions for their own patients where they (the patients) live in an area for which the GP has consent to dispense.

In Norfolk 25% of the registered population is eligible to have their prescriptions dispensed by their GP. The proportion is highest in the rural areas of North Norfolk (about 50%) with Breckland, Broadland, King's Lynn and West Norfolk and South Norfolk at around 30–40%.

Currently the dispensing practices dispense about 25% (5,516,692) of the total number of prescription items issued by GPs in Norfolk. The proportions vary across the CCGs (North Norfolk 44%; West Norfolk 40%; South Norfolk 33% and Great Yarmouth 8%). There are no dispensing practices within NHS Norwich CCG due to its urban nature.

Dispensing practices provide dispensing services to patients who live mainly in rural communities and like pharmacies they will deliver prescription medicines to those of their eligible patients who are housebound or cannot readily access the GP surgery.

Fifty four dispensing practices are signed up to the 2014–15 dispensing services quality scheme and thus have to comply with a range of standards including staff training requirements, working to standard operating procedures, risk management and audit.

8.1.3 Distance Selling Pharmacies

There are three distance selling pharmacies in Norfolk. These pharmacies must not provide Essential pharmaceutical services to a person who is present at the pharmacy, or in the vicinity of it. They may provide Advanced and Enhanced services from the premises provided no essential service is provided to any person present at the pharmacy. This is challenging as it is difficult to see how it can be done when essential services have been considered to form part of the Advanced or Enhanced specification.

8.1.4 Local pharmacy services

There are no LPS or ESPLPS pharmacies in Norfolk. No areas in Norfolk have been designated LPS areas.

8.1.5 Dispensing Appliance Contractor (DAC)

There is one DAC on the pharmaceutical list with an address in Norfolk (Fittleworth Medical Limited, 17 Charing Cross, Norwich, Norfolk, NR2 4AX). Patients may source their appliances from any DAC or pharmacy in the country.

8.1.6 Comparison with pharmaceutical service provision elsewhere

	Number of community pharmacies 2011	Population (000)s Mid 2011	Pharmacies per 100,000 population 2011	Number of community pharmacies 2014	Population projection (000)s 2014	Pharmacies per 100,000 population 2014
ENGLAND	10,951* ¹	53,107	22	11,495* ²	54,549	21
EoE	1083	5,862	20	1148	6,040	19
GYW PCT	54	213	25	<i>These organisations became defunct 1.4.2013</i>		
Norfolk PCT	135	762	18			
Norfolk County	159	859	19	165	882	19

Table 13: Comparison of the number of pharmacies per 100,000 head of population. Data source: NHS England.

With 19 per 100,000 persons, Norfolk is slightly below England average provision but is on a par with the East of England and remains unchanged from 2011 based on ONS population projections. However when including the 78 GP dispensaries the number of providers of dispensing services for Norfolk's registered population of 868,448 is 24 providers per 100,000 people.

Alternatively if we exclude the population eligible to have their prescriptions dispensed by dispensing doctors (215,970) the number of pharmacies per 100,000 of eligible people (652,478) to have their prescriptions dispensed by a community pharmacy is 25. It must be noted that those eligible to have their prescriptions dispensed by a GP dispensing practice may choose to have them dispensed in a community pharmacy.

The higher figures of providers per 100,000 population are considered to be more relevant as this reflects the considerable contribution to service provision delivered by the dispensing doctors in the county. This in turn is part of the reason why service provision in Norfolk is considered adequate and that there is no gap in service providers.

8.1.7 Results of questionnaires sent to pharmacies and dispensing GP practices

61.5% of community pharmacies and 79% of dispensing GP practices in Norfolk responded to the PNA questionnaire about service provision.

Results from the questionnaires showed that responders considered provision to be 'excellent' (15.6% of pharmacies and 25% of dispensing GP practices), 'good' (43.8% of pharmacies and 27.8% of dispensing GP practices) or 'adequate' (9.4% of pharmacies and 8.3% of dispensing GP practices). Three (2%) responders considered provision to be 'poor' (1 GP practice and 2 pharmacies).

Similarly, most responders (60.4% of pharmacies and 83.3% of dispensing GP practices) responded 'no' to the question 'Do you feel there is a need to improve the provision of pharmaceutical services locally?' The comments received related to increasing opening hours and increasing the commissioning of other services from pharmacies eg minor ailments, influenza vaccination, weight loss clinics.

8.1.8 Results of questionnaires sent to Norfolk residents

The results from the patient survey indicate that generally, public satisfaction with the provision of pharmacy services in Norfolk appears to be high. A public survey with 1,817 responses revealed that 93% thought that pharmacy services in Norfolk were good, very good or excellent. 92% of respondents had a usual pharmacy that they used and 94% could access a pharmacy in less than 20 minutes. 6% used a pharmacy at least once a week and 46% used a pharmacy once a month.

These results show that community pharmacy is an accessible, well used, local health service resource.

Satisfaction with opening times is also high. 94% of respondents felt that pharmacies were either always open or usually open when needed.

The main reasons for using a pharmacy regularly was its convenience (59% used a pharmacy near to home and 33% used a service close to a GP practice) and customer service (staff were friendly [42%]; knowledgeable staff [37%]). The provisions of delivery and collection

services were significant factors to some respondents (18% and 26% respectively). Less than 6% regularly used a pharmacy because it was located at a supermarket.

72% of respondents tended to obtain prescriptions from pharmacies and 34% from GP practice dispensaries.

Only 21 people (1.2%) thought that pharmacy services in Norfolk were poor or very poor. Of these, 12 were not satisfied with opening hours. Three thought that customer service and staffing was not adequate. Seven cited problems with stocking and supply of drugs (frequently this is beyond the control of the pharmacy) and seven were critical of repeat prescription services.

8.1.9 Considerations of service providers available

The distribution of pharmacies and dispensing GP practices appears to cover the county well with few gaps. Some gaps may potentially exist in some of the less populated areas in the county (see Figures 29 and 30); access to services in these areas will be further discussed in Section 8.2.

What this means for the PNA

Taking into account information from stakeholders, the number and distribution of pharmaceutical service provision in Norfolk is adequate. There is no current need identified for more pharmaceutical providers at this time.

Recommendation 13

Commissioners should continue to explore potential commissioning of sustainable services from existing community pharmacy to help reduce pressures elsewhere in the health system eg minor ailment and self-care scheme; emergency supply of prescribed medicines.

8.2 Accessibility

8.2.1 Distance, travel times, and delivery services

The 2008 White Paper Pharmacy in England: Building on strengths – delivering the future⁹ states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.

Research published in the British Medical Journal Open (online, 12 August 2014) finds that 99.8% of people living within the most deprived areas had access to a pharmacy within a 20 minute walk from their home and concluded that generally the inverse care law does not apply to community pharmacy". The inverse care law being that people living in the most affluent areas with the lowest health risk have the best access to healthcare.

Figure 29 shows the locations of both pharmacies and dispensing practices in relation to a 20 minute walk from a Norfolk pharmacy or dispensing practice.

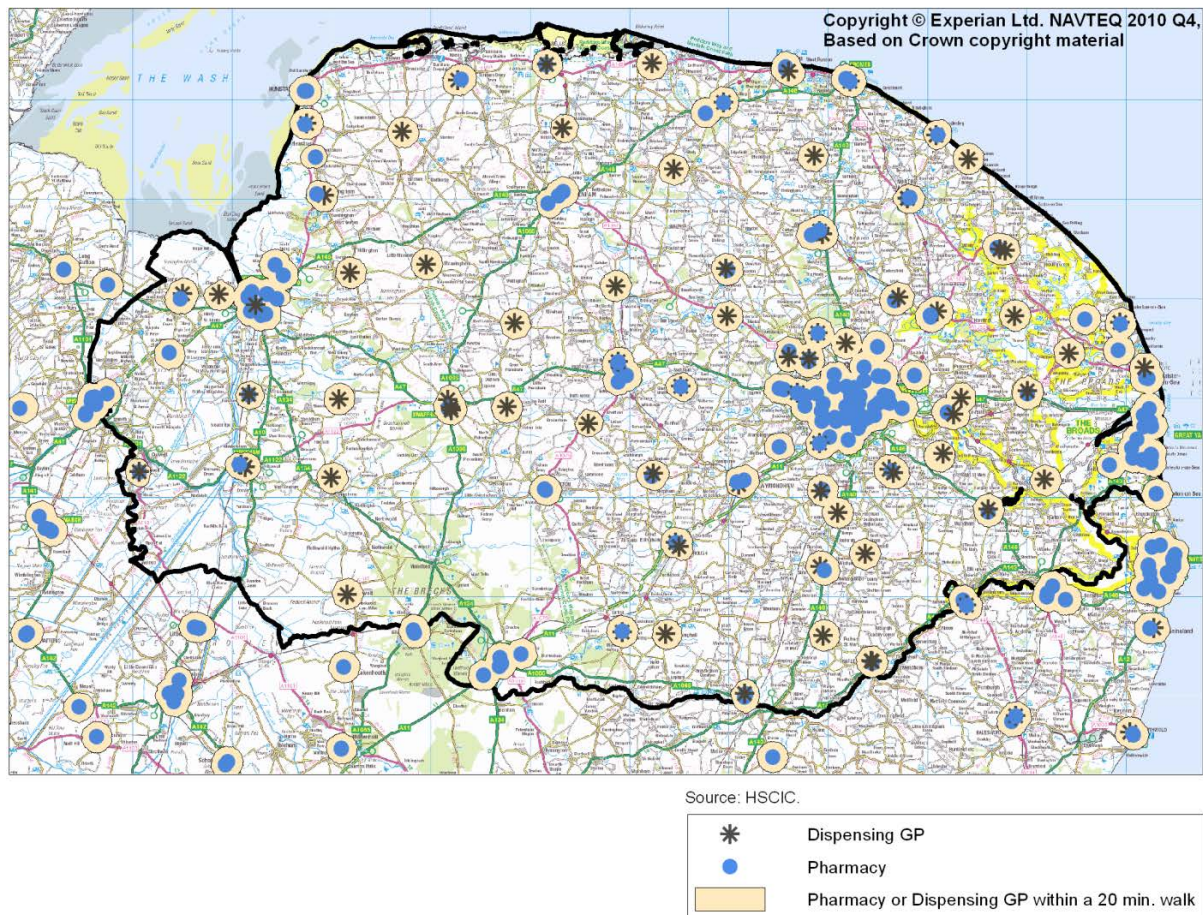


Figure 29: Map illustrating areas within a 20 minute walk of a pharmacy or dispensing GP.
Data source: Health and Social care Information Centre.

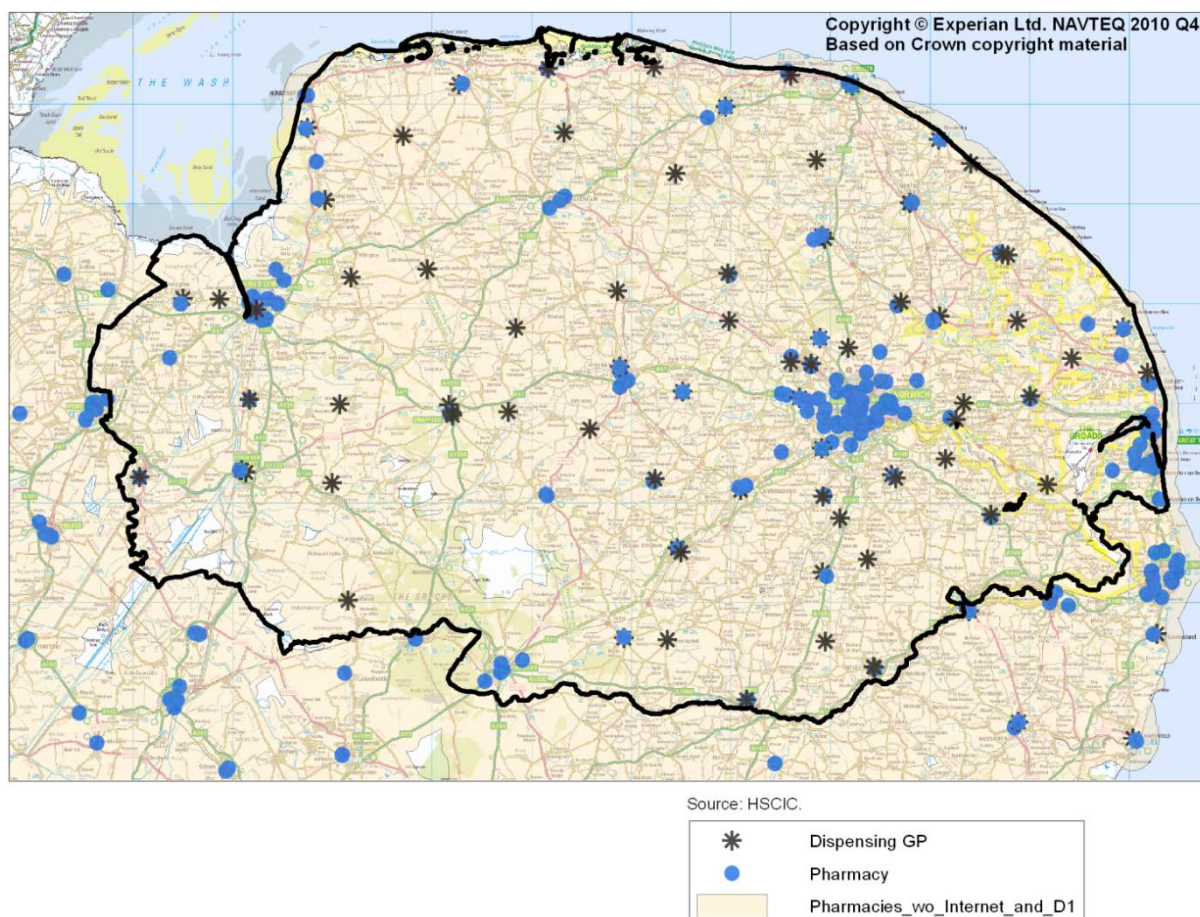


Figure 30: Map illustrating areas within a 20 minute drive of a pharmacy or dispensing GP. Data source: Health and Social care Information Centre.

There are no substantial centres of population in the white areas shown in Figure 30. These are mainly uninhabited, rural areas.

Figure 30 illustrates that the population of Norfolk can access essential pharmaceutical services within a 20 minute drive from any postcode area in Norfolk. It also shows that many community pharmacies, which offer a range of services apart from essential services, are accessible within a 20 minute drive of a Norfolk postcode.

Delivery services are offered by both some dispensing GP practices and some community pharmacies. These delivery services are not commissioned by the NHS and whilst generally offered free of charge by contractors they do not form part of core NHS services. The decision to whom and whether to charge rests with the provider and will be a commercial decision.

8.2.2 Border areas

Norfolk has borders with Cambridgeshire, Lincolnshire and Suffolk. Patients living in Norfolk's border areas may choose to access both medical and pharmaceutical services from neighbouring counties. Pharmacies in these neighbouring counties are shown in Figures 28 and 29.

8.2.3 Community pharmacy opening hours

Locality	Number pharmacies	100 hour pharmacies	Distance selling pharmacies
Breckland	21	5	1
Broadland	21	2	
Great Yarmouth	27	4	1
KL&WN	24	1	
North Norfolk	18	2	
Norwich	36	2	1
South Norfolk	18	4	
Norfolk	165	20	3

Table 14: Number of 100 hour pharmacies by district as at 31 July 2014. Data source: NHS England.

Table 14 shows that at least one 100 hour pharmacy can be accessed in each district council area. Additionally, some pharmacies which are not 100 hour pharmacies are open for between 80 and 90 hours a week. The three distance selling pharmacies must supply services to anyone in England who request them and thus their services are available to anyone in Norfolk.. Figure 31 illustrates those pharmacies that are open for 100 hours; at weekends and after 6.30 pm in the evening.

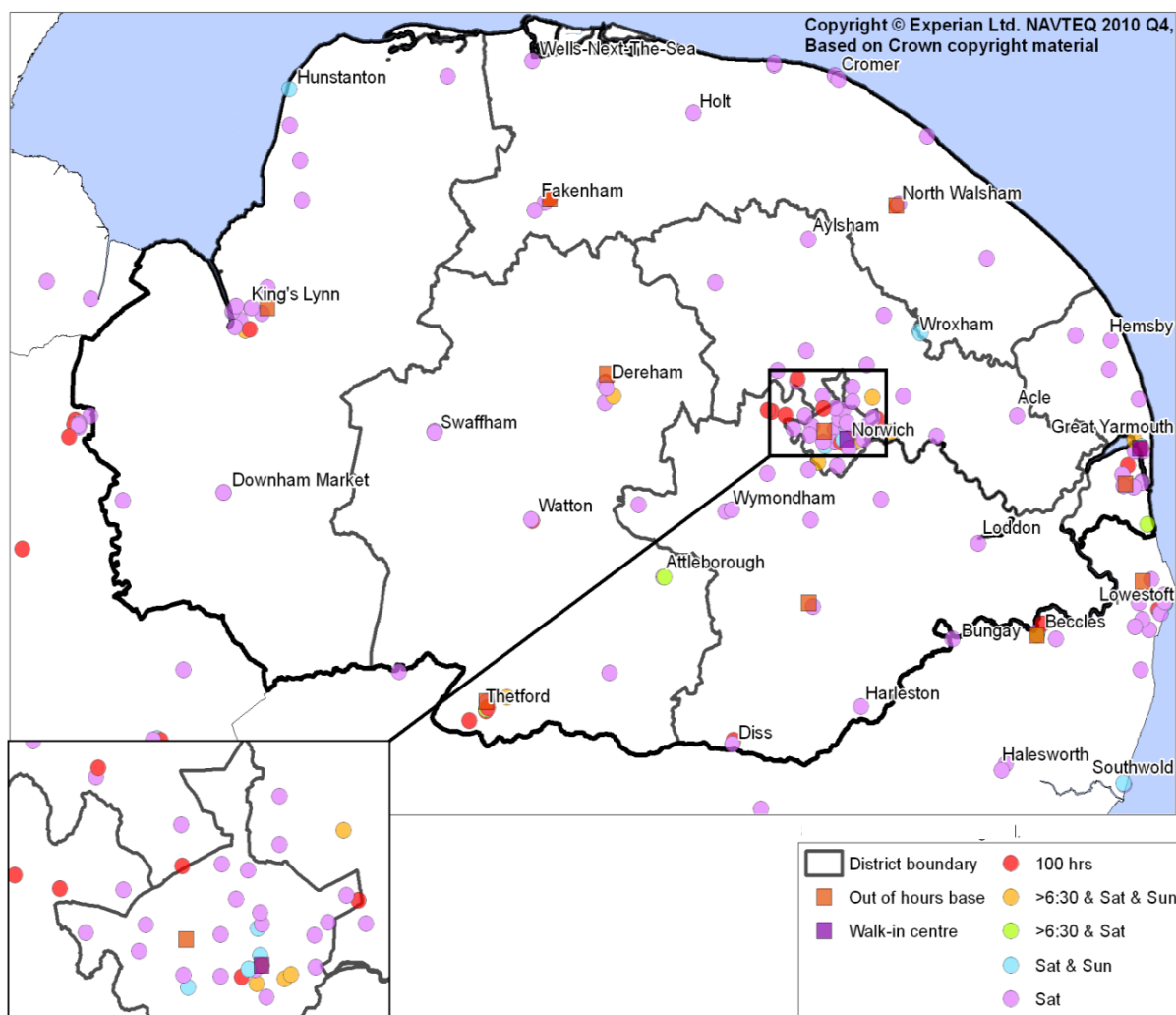


Figure 31: Map illustrating the distribution of pharmacies open for 100 hours, after 6.30pm and weekends. Data source: NHS England.

As can be seen from Figure 31, patients accessing both Greyfriars Healthcentre and Timber Hill Healthcentre - both of which are open extended hours, 365 days a year and offer a walk in service - have access to a number of pharmacies including 100 hour pharmacies.

Similarly patients accessing the out-of-hours GP services in Norfolk also have access to 100 hour pharmacies. GP out-of-hours providers also hold stocks of nationally agreed medicines for urgent care to supply to patients should these not be able to access a pharmacy.

8.2.4 Opening Hours: GP dispensaries

GP dispensary opening times generally mirror that of the practice. These opening times are listed in the practice information leaflet and their websites. Unlike community pharmacy, dispensary opening hours are not subject to contractual arrangements with NHS England.

What this means for the PNA

The population of Norfolk has access to pharmaceutical services over extended hours, with district/locality having access to a 100 hour pharmacy. NHS England commissions a service to ensure access on Sundays and Bank Holidays.

Recommendation 14

Ensure continued access to pharmaceutical services is provided over extended hours including Sundays and Bank Holidays.

8.3 Community pharmacy Essential Services

The Essential Services listed below must be offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework³⁵.

1. Dispensing medicines: the supply of medicines and appliances ordered on a prescription, together with information and advice to enable their safe and effective use. Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant. The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service. EPS involves the use of electronic NHS prescriptions
2. Dispensing appliances: pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the terms of service requires a pharmacist to dispense any (non-blacklisted i.e. allowed on the NHS) medicine 'with reasonable promptness', for appliances the obligation to dispense arises only if the pharmacist supplies such products 'in the normal course of business'.
3. Disposal of unwanted medicines: pharmacies are obliged to accept back unwanted medicines from patients. It is estimated that more than £300 million of medicines are wasted in England. Patients do not use their prescribed medicines for a range of reasons.
4. Public Health (Promotion of healthy lifestyles): each year pharmacies are required participate in up to six campaigns at the request of NHS England. This involves the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
5. Repeat Dispensing: pharmacies will dispense repeat prescriptions and store the documentation if required by the patient. They will ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their general practitioner. This service is distinct from the managed repeat service offered by many pharmacies. Managed repeat services are not part of the NHS Pharmaceutical Services commissioned by NHS England.
6. Signposting: NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help.

Support for selfcare: pharmacies will help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with

referrals from NHS Direct/NHS 111. Records of significant interventions relating to patient care must be kept by the pharmacy. Access to these essential services is adequate with the population of Norfolk being within a 20 minute drive time of a pharmacy.

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

All Norfolk pharmacies have had an assessment of compliance to the contract. NHS England will continue the work previously undertaken by NHS Norfolk and NHS Great Yarmouth & Waveney to work with pharmacies and their representative organisation to provide this assurance of service delivery.

In England 1,030.1 million prescription items were dispensed in 2013, a 3.0% increase (29.6 million items) on the previous year and a 58.5% increase (380.4 million items) since 2003. The average number of prescription items per head of the population in 2013 is 19.1, compared to 18.7 items in the previous year and 13.0 in 2003⁴³.

In Norfolk 19,405,341 prescription items were dispensed by pharmacies and GP dispensing practices. The average number of prescription items per head of population in Norfolk is 22.4. This is above the average for England and is likely due to the demographics of the population (age, deprivation, health need).

Although the average number of prescription items per head of population is higher than the average for England, improved effectiveness in the way prescriptions are dispensed (as discussed in Section 6.2), through improved use of skill mix, repeat dispensing and EPS can lead to increased capacity of individual pharmacies and providers in general.

8.4 Community pharmacy Advanced Services

There are four Advanced Services within the NHS community³⁶ pharmacy contractual framework). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

1. Medicines Use Review (MUR) and prescription intervention service – the service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. Although an MUR can be offered to anyone who meets the agreed criteria, national target groups have been agreed in order to guide the selection of patients to whom the service will be offered:
 - Patients taking high-risk medicines.
 - Patients recently discharged from hospital with changes made to their medicines while they were in hospital.
 - Patients with respiratory conditions.
 - Patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. An MUR feedback form is provided to the patient's GP where there is an issue for them to consider. There is currently a cap of 400 MUR per community pharmacy. The service specification can be accessed at www.psn.org.uk.

- Of the 165 community pharmacies in Norfolk 152 (94%) provided MURs during 2013–14. 93.2% of pharmacies in England and 95.9% in the East Anglia Area provide MURs.
 - Norfolk pharmacies conducted 44,095 MURs in 2013–14.
 - The average number of MURs per pharmacy in Norfolk is 290 per pharmacy conducting them or 267 per pharmacy (including 13 who did not conduct any). 74 of Norfolk pharmacies conducted 350 or more MURs during 2013–14 with 44 delivering the maximum allowed of 400 per year. This compares with the national average of MUR per pharmacy of 284 in England and 279 in the East Anglia Area. These figures show that both the number of pharmacies delivering MURs and the average number of MURs per pharmacy is in line with published figures for England and the East Anglia Area³⁷.
2. New Medicines Service: the service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. This service was commissioned for a limited time only pending review by the University of Nottingham.

The evaluation (<http://www.nottingham.ac.uk/~pazmjb/nms/>) was published on 14 August 2014 included a randomised controlled trial which tested whether patients who received the NMS after being prescribed new medicines were more adherent to their medicines after ten weeks than those who received standard pharmacy advice. At week 10 the researchers found that the NMS had increased adherence by about 10% and increased numbers of medicines problems had been identified and dealt with compared with standard current practice. An economic analysis also suggested that the service saved money on each NHS patient, and the researchers concluded that implementation of the service provided positive clinical and economic benefits.

The authors stated that *"the NMS fits squarely in the centre of current medicines optimisation policy priorities. It has been rolled out nationally and over 90% of community pharmacies have provided this service at least once. Our recommendations for continued development of this service mostly focus on the single theme of the need for greater integration of this service into local primary care provision, to allow it to gain greater traction."*

On 14 September 2014 it was announced that the NMS service will continued to be commissioned by NHS England.

In England 9,314 (80%) community pharmacies conducted 763, 761 NMS in 2013-14 with an average of 82 per pharmacy. In the East Anglia Area a total of 30, 565 NMS were conducted by 404 (87%) of community pharmacies with an average of 76 per pharmacy.

Data obtained from NHS England Anglia Area³⁷ show that in Norfolk 147 (87%) community pharmacies conducted 11,830 NMS with an average of 83 NMS per pharmacy conducting them or 72 per pharmacy (including 21 who did not conduct any). These figures show that the number of pharmacies delivering NMS and the average number of NMS per pharmacy is comparable to both England and East Anglia area averages.

3. Appliance Use Review (AUR) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. In Norfolk these are generally conducted by a specialist nurse working for one of the DACs.
4. Stoma customisation service: 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. In Norfolk these are generally conducted by a specialist nurse working for one of the DACs

8.5 Dispensing GP practices – Dispensing Review of the Use of Medicines (DRUM)

DRUMs should be undertaken face to face with the patient, to find out their compliance with, and agreement (adherence) with, the medicines they have been prescribed and to help identify any problems that they may be having. They are not an MUR however there are similarities: Patients should be given the opportunity to raise questions about their medicines; should be helped to understand their therapy and identify any problems they are experiencing eg unable to swallow the medicines or if they are suffering from any side effects.

DRUMs therefore should help practices to identify any issues patients are having with their medicines and provide solutions directly or via sign posting to other appropriate health care professionals. They are opportunities to help patients optimise the use of the medicines. Both MURs and DRUMs can help CCGs deliver their medicines optimisation agenda.

As part of the Dispensing Services Quality Scheme (DSQS), GP dispensing practices must undertake a DRUM with 10% of patients eligible for dispensing. 54 dispensing practices have are signed up to the 2014 DSQS in Norfolk.

What does this mean for the PNA

MURs and NMS services are relevant to Norfolk's population and fit well with both the national and CCGs strategic outcomes of improving outcomes for patients with long term conditions, reducing waste and preventable hospital admissions. MUR and NMS services delivered to residents in Norfolk are in line with or slightly better than national and area performance.

Recommendation 15

CCGs should further engage with community pharmacy leaders to enhance integration of these nationally commissioned services to maximise the patient benefits of safe and appropriate use of medicines and appliances whilst reducing waste.

Recommendation 16

CCGs should engage with dispensing GP practices to maximise the benefits from DRUMs.

8.6 Community pharmacy enhanced services

NHS England currently commission two services from community pharmacies in Norfolk:

- **Influenza vaccination for at risk groups aged 65 years and under.** Note some community pharmacies provide an influenza vaccination service to people not eligible under the NHS scheme and to all at risk groups as per the NHS eligibility criteria as a private service not commissioned by the NHS.

During the 2013/14 and 2014/15 influenza season NHS England has commissioned an Influenza vaccination service from community pharmacies for selected groups meeting the NHS eligibility criteria.

- **Out-of-hours pharmaceutical services for Easter Sunday and Bank Holidays.** The location of pharmacies commissioned to provide this service varies depending on the date and which pharmacies have chosen to open for commercial reasons. NHS England commissions a service where gaps have been identified in order to ensure access to services where none would be available.

What does this mean for the PNA

NHS England has not identified the need, nor has been requested to, commission further enhanced services in Norfolk.

Recommendation 17

NHS England should continue to work with Norfolk CCGs to facilitate the commissioning of services through community pharmacy.

8.7 Locally commissioned pharmacy services

8.7.1 Commissioned by public health

The services commissioned are listed below and described in Chapter 7

- Stop Smoking.
- Sexual Health, including provision of emergency hormonal contraception, condoms, chlamydia screening and treatment, pregnancy testing.
- Supervised consumption of opioid substitute medication.
- Needle exchange scheme.
- Health Checks.
-

8.7.2 Commissioned by CCGs

The Norfolk and Waveney CCGs at present commission one service, namely access to palliative care drugs. Palliative care drugs are those that are used to manage symptoms in those people who are dying.

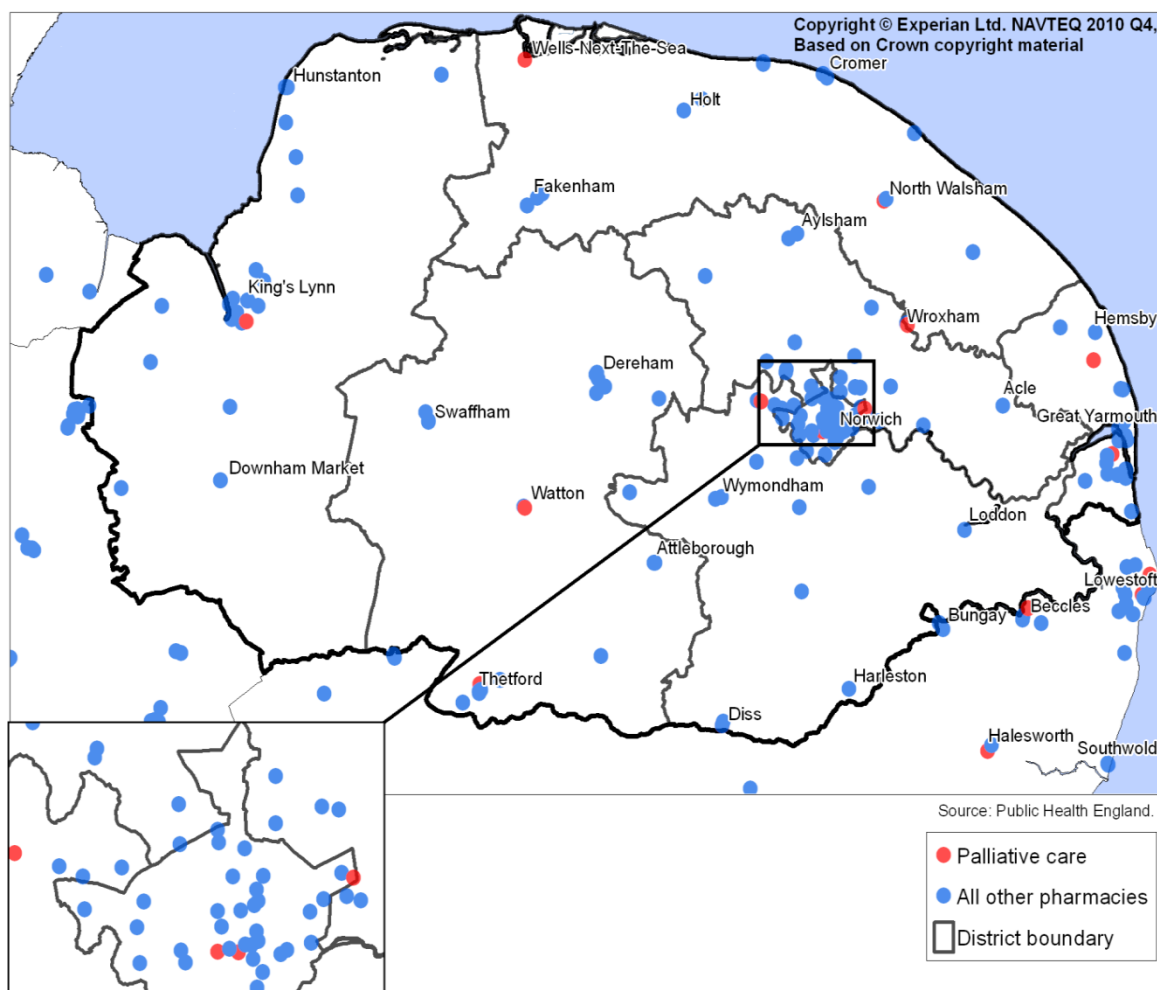


Figure 32: Map illustrating the distribution of pharmacies commissioned to hold palliative care drugs. Data source: PHE.

What this means for the PNA

The Norfolk and Waveney CCGs have not currently identified the need to commission any further local services. CCGs in the future may choose to commission additional services to help meet the needs of their population and to meet some of the challenges faced by their local health economy.

Recommendation 18

CCGs should be mindful of the resource contained within community pharmacy and consider community pharmacy as a partner or provider when considering patient pathways and system transformation.

9. Summary, conclusions and recommendations

The Health and Social Care Act (2012) established Health and Wellbeing boards and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3 to 9 of Schedule 1 of the Regulations (2013)⁸. Pharmaceutical services are defined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as:

- Essential services: every community pharmacy providing NHS pharmaceutical services must provide these (as described in Schedule 4, Part 2 of the Regulations) which includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.
- Advanced services: community pharmacy contractors and dispensing appliance contracts can provide these subject to accreditation. These are currently Medicines Use Reviews (MUR) and the New Medicines Service from community pharmacists and Appliance Use Reviews and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.
- Enhanced services are commissioned directly by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services and public health services commissioned on behalf of local authorities.

This PNA also describes local services which are commissioned by the local authority or Norfolk CCGs. These services fall outside the legal definition of pharmaceutical services however they are included as they are complementary to those commissioned by NHS England under the Regulations.

The Norfolk PNA will serve several key purposes:

- Be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- Help the HWB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- Inform interested parties of the pharmaceutical needs in Norfolk and enable work to plan, develop and deliver pharmaceutical services for the population.
- Inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

This PNA set out to identify gaps in pharmaceutical services, focusing in the main on those pharmaceutical services delivered in primary care, which is through community pharmacy and by dispensing GP practices.

This PNA is informed by a number of strategic documents and should be read in conjunction with Norfolk's Joint Strategic Needs Assessment.

Provision of pharmaceutical services was assessed against the demographic and health needs of the population of Norfolk. The PNA also makes 18 recommendations and lists relevant NCC commissioning intentions.

There are 165 community pharmacies in Norfolk and 56 dispensing practices (with 22 branch surgeries). The number of community pharmacies has increased by 19 since the publication of the two previous PNAs, in 2011, that covered the Norfolk area: Norfolk PCT PNA and Great Yarmouth and Waveney PNA. The population of Norfolk has increased from 859,426 in 2011 to a projected 882,355 in 2014.

A public survey with 1,817 responses revealed that 93% thought that pharmacy services in Norfolk were good, very good or excellent. 94% stated they could access a pharmacy in less than 20 minutes and 52% stated they used a pharmacy at least once a month. Only 21 people (1.2%) thought that pharmacy services in Norfolk were poor or very poor. Of these 12 were not satisfied with opening hours; 3 thought that customer service and staffing was not adequate and 7 cited problems with stocking and supply of drugs (frequently this is beyond the control of the pharmacy).

This PNA, concludes that the number and distribution of pharmaceutical service provision in Norfolk is adequate. There is no current need identified for more pharmaceutical providers at this time.

The key recommendation made by this PNA is that commissioners should continue to explore potential sustainable services that could be commissioned from community pharmacy that would contribute to improving the health of Norfolk's population and/ or that would contribute to reducing pressures elsewhere in the health system.

9.1 Norfolk County Council Public Health stated commissioning intentions

9.1.1 Stop Smoking services

NCC Commissioners intend that pharmacies will continue to have an important role to play in helping smokers to quit as pharmacies are pivotal to intercepting potential quitters and supporting them through the quit process. Although most pharmacies in Norfolk are already contracted to provide Stop Smoking services (116 out of 165 [70%]), commissioners are seeking to increase both the number of existing pharmacies providing this service and the number of smokers who are supported to quit by each pharmacy.

In recent years the way in which smokers who are seeking to quit tend to use Stop Smoking services has changed. To reflect this, a new contract is under development in consultation with the Norfolk Local Pharmaceutical Committee. A protocol has been developed to allow pharmacies to supply nicotine replacement therapy directly to clients, both through their own advisors and the specialist service.

Training in Stop Smoking brief advice will be offered to pharmacy staff across Norfolk. In addition commissioners aim to increase engagement between specialist Stop Smoking services and pharmacies to encourage more potential clients into stop Smoking Services.

9.1.2 Sexual Health services

Pharmaceutical service providers will continue to play an important role in providing access to high quality sexual Health services across Norfolk through locally commissioned services. For example many pharmacies detect high rates of chlamydia infection in people who are screened in pharmacy settings. Consequently, pharmacies are ideally placed to improve access to comprehensive and non-discriminatory sexual health advice, information

and services, and to help reduce the prevalence of chlamydia infection by providing screening, diagnosis and treatment in the community.

Pharmacies will also continue to play an important role in providing access to pregnancy testing and emergency contraception, in providing sexual health advice and in referring people to specialist sexual health services where appropriate.

Commissioners anticipate revising the current community pharmacy Sexual Health service contract in 2015. Current provision is deemed appropriate and any change in need will be monitored by the commissioners.

9.1.3 Substance Misuse services

The provision of supervised consumption and needle exchange services by Norfolk community pharmacies is widespread and is generally felt to be adequate by commissioners at present. Future opportunities for further provision of services by pharmacies could include non-invasive testing for HIV, HCV and HBV. Early diagnosis of infectious disease including HIV is a key public health goal. Improvements in saliva-based testing have removed the major barrier to testing in pharmacies and health screening for blood borne viruses is becoming a viable option through community pharmacies.

9.1.4 Weight Management Services

Community pharmacies will be invited to provide a weight management follow up service from 2015. It is envisaged that provision will be made from existing community pharmacies and other non-pharmacy based providers.

9.1.5 NHS Health Checks

Pharmacies are currently commissioned to provide Health Checks and NCC Public Health commissioners intend to continue this arrangement. Commissioning of Health Checks is due to be reviewed in 2016.

9.1.6 Healthy Living Pharmacy accreditation

Community pharmacies play a significant role in helping to reduce health inequalities by delivering consistent and high quality health and wellbeing services, promoting health and providing proactive health advice and interventions. This is recognised by pharmacies becoming signing up to become a Healthy Living Pharmacy (HLP).

HLP status is awarded to pharmacies that consistently deliver a range of high quality health and wellbeing services. Pharmacies are assessed and accredited by the Local Pharmaceutical Committee and Norfolk County Council Public Health using criteria including:

- Achievement of defined quality and productivity requirements and targets linked to local health needs eg a number of stop smoking quits.
- Evidence of proactive promotion of health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, physical activity, sexual health, healthy eating and alcohol consumption.
- Provision of a Healthy Living Champion who has been through a training programme.

- Publically recognisable as a Healthy Living Pharmacy.

There are currently seven accredited pharmacies in Norfolk. The Norfolk Local Pharmaceutical Committee has been commissioned by Public Health to support the set-up of a further 25 to 30 Healthy Living Pharmacies by September 2015 in areas that have been identified as having particular health needs in Norfolk.

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9.2 Recommendations

Recommendations made by this PNA are as follows:

Chapter 6 Demography

- 1 Community pharmacists and their teams have a wide range of skills that should be harnessed to enhance the delivery of the medicines optimisation agenda.
- 2 Encourage the coordinated and structured implementation of the electronic prescribing and NHS repeat dispensing services.
- 3 Norfolk CCGs and Norfolk County Council to continue to commission the Norfolk Medicines Support service.
- 4 Commissioners should maximise the potential of delivering public health interventions, through community pharmacies, in the younger age groups, to minimise ill health in older age.
- 5 The Norfolk HWB should have a process for regularly monitoring changes in population; and the impact this will have on providers and service provision. This work will help inform NHS England Anglia Area Team in its responsibilities to ensure there is adequate provision of NHS Pharmaceutical services in its area.
- 6 The HWB and commissioners will continue to work with community pharmacies to maximise the opportunities for public health interventions, to further support people to self-care.
- 7 The HWB and commissioners should work with community pharmacies to maximise the opportunities for public health interventions and to further support people to self-care for this hard to reach group.

Chapter 7 Health need

- 8 The HWB and commissioners should work with community pharmacies to maximise the opportunities for improving population health; the management of long term conditions and the reduction of health inequalities in line with the Health and Wellbeing Strategy for Norfolk.
- 9 Commissioners should continue to work with community pharmacists and their teams to deliver effective weight management services where possible.
- 10 Commissioners of drug and alcohol services should continue to provide and develop accessible substance misuse services through pharmacies and other providers.
- 11 Commissioners of drug and alcohol services should continue to consider the role of community pharmacy in the management of alcohol misuse.
- 12 Public Health commissioners should continue to support the HLP project and to consider community pharmacy as a key player in delivering public health interventions. Local research has shown that 52% of survey respondents used a pharmacy at least once a month.

Chapter 8 Current provision of pharmaceutical services

- 13 Commissioners should continue to explore potential sustainable services commissioned from community pharmacy that would

contribute to reducing pressures elsewhere in the health system eg minor ailment and self-care scheme; emergency supply of prescribed medicines.

- 14 Commissioners should ensure continued access to pharmaceutical services is provided over extended hours including Sundays and bank holidays.
- 15 CCGs should further engage with community pharmacy leaders to enhance integration of these nationally commissioned services to maximise the patient benefits of safe and appropriate use of medicines and appliances whilst reducing waste.
- 16 CCGs should engage with dispensing GP practices to maximise the benefits from DRUMs.
- 17 NHS England should continue to work with Norfolk CCGs to facilitate the commissioning of services through community pharmacy.
- 18 CCGs should be mindful of the resource contained within community pharmacy and consider community pharmacy as a partner or provider when considering patient pathways and system transformation.

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Appendix A

What is excluded from the PNA:

Prison pharmacy

Pharmaceutical services are provided in prisons by providers contracting directly with Health and Justice NHS England EAAT. The standard of pharmaceutical services for prisoners is laid out in the 2003 Department of Health's document "A Pharmacy Service for Prisoners"³⁸

There are three male prisons in Norfolk with a total operational capacity of 2410. The prisons all provide comprehensive primary care services including mental health and substance misuse

- HMP Bure, Scottow, Norwich. A Category C adult sex offender prison with capacity of 624
- HMP and YOI Norwich, Norwich. A Category B local prison that serves the Courts of Norfolk and Suffolk and holds sentenced and remand prisoners with a capacity of 769.
- HMP Wayland, Thetford, Norfolk. A Category C adult male training prison with a capacity of 1017.

The PNA does not assess the need for these services as these are subject to a separate needs assessment and commissioning process.

Secondary care, community beds and community healthcare pharmaceutical services

Patients in Norfolk have a choice of provider for their elective hospital services. Most of our hospital services are provided by Norfolk and Norwich University Hospitals NHS Foundation Trust, The Queen Elizabeth Hospital King's Lynn NHS Trust, the James Paget University Hospital Gorleston and the Norfolk and Waveney Mental Health NHS Foundation Trust although patients may choose to be treated elsewhere.

The PNA makes no assessment of the need for pharmaceutical services in secondary care; however we are concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service which ensures the continuity of support around medicines. To this end the PNA notes the needs of patients moving into and out of hospital that may have received, or may be receiving pharmaceutical services from a secondary care trust.

Following the Hackett Report³⁹ in 2011 there has been a steady growth in homecare medicines services. A homecare medicine delivery service can be described as being a service that delivers ongoing medicine supplies and, where necessary, associated care, initiated by the hospital prescriber, direct to the patient's home with their consent. The purpose of the homecare medicines service is to improve patient care and choice of their clinical treatment RPS Standards⁴⁰. Homecare medicines usually involve specialist pharmaceuticals eg total parenteral nutrition, unlicensed medicines or cancer treatments and are managed by the hospital pharmacy and are thus outside the remit of this PNA.

Similarly the PNA makes no assessment of the need for pharmaceutical services for patients within community beds or cared for by East Coast Community Healthcare (ECCH) and Norfolk Community Health and Care (NCHC), however it acknowledges that these patients do have pharmaceutical needs which are addressed through a separate needs assessment and commissioning processes. Patients under the care of ECCH and NCHC will at times access pharmaceutical services from their usual providers eg community pharmacy, dispensing doctor. The PNA does make some assessment of the needs of patients moving into and out of these services; however local pharmacies are working with NCHC and ECCH on transfer of care pathways eg referrals for Medicines Use Reviews.

APPENDIX B

Statutory consultation

Pharmaceutical Needs Assessment Consultation Report

1. Introduction

The Norfolk PNA consultation ran from 23 October to 24 December 2014. The draft PNA together with consultation questions were published on the Norfolk County Council website. Paper copies of the PNA were made available and sent in response to requests for a copy. Stakeholders, pharmaceutical service providers and dispensing GP practices were contacted to alert them to the consultation as per the Regulations 2013.

In total, eleven responses to the PNA consultation were received. Four were individual responses from members of the public. Seven were responses representing organisations.

2. Consultation responses from individuals

Four individual responses from members of the public to the consultation questions were received as follows:

1. Do you understand the purpose of the PNA?: All responses were 'Yes'.
2. Do you think the draft PNA accurately reflects the current provision of pharmaceutical services within Norfolk?: Three responded with 'Yes'; one response was 'No'.
3. Do you think the draft PNA accurately reflects the current and future need for pharmaceutical services within Norfolk?: Two responses were 'Yes'; two were 'No'.
4. Is there anything else that you feel should be included in the PNA document? Do you have any other comments?: One comment was received.

2.1 Conclusion:

The purpose of the PNA was understood by all four respondents. Three quarters of respondents agreed that the PNA accurately reflects the current provision of pharmaceutical services. Half of respondents (2/4) thought that the PNA accurately reflects the current and future need for pharmaceutical services within Norfolk. One respondent who did not agree with these statements did not make any further comment.

The other respondent who did not agree that the PNA accurately reflects the current and future need for pharmaceutical services commented that the PNA does not address how community pharmacy can contribute to the end of life care. The respondent felt that those patients who are housebound often receive the poorest service from their community pharmacy as they are unable to attend the pharmacy in person and suggested that services could be improved through:

- greater provision of domiciliary MURs
- better integration between community pharmacies and hospitals to better manage prescribing issues following discharge
- provision of MURs following hospital discharge

The PNA acknowledges that community pharmacies offer a number of services, including those nationally commissioned (e.g. Medicines Use Reviews [MUR]; New Medicines Service [NMS]) that are designed to ensure patients derive the maximum benefit from their prescribed medication and promote self-care.

Patients recently discharged from hospital with changes made to their medicines while they were in hospital are one of the four nationally agreed target groups for MURs.

While the number of MURs provided in Norfolk is in line with national and area figures this PNA did not obtain information on how many MURs were provided specifically to patients recently discharged from hospital with changes to their medicine or how many were provided as domiciliary MURs as this level of detail is not captured nationally or locally.

The Pharmacy Provider survey (Appendix I) found that 96.9% of respondents felt that current local provision of pharmaceutical services provide adequate access to advanced pharmaceutical services such as MURs.

While palliative or end-of-life care patients are not specifically included as one of the four nationally agreed MUR target groups, anyone meeting the agreed criteria can receive a MUR including palliative and end-of-life care patients. The PNA also states that Norfolk CCGs commission a local service, access to palliative care medicines, and figure 32 shows the locations of pharmacies commissioned to hold an agreed list of palliative care drugs. The out of hours providers also hold palliative care drugs.

Page 106 of this PNA states that:

“MURs and NMS services are relevant to Norfolk’s population and fit well with both the national and CCGs strategic outcomes of improving outcomes for patients with long term conditions, reducing waste and preventable hospital admissions. MUR and NMS services delivered to residents in Norfolk are in line with or slightly better than national and area performance.”

- Recommendation 15 states that CCGs should further engage with community pharmacy leaders to enhance integration of these nationally commissioned services to maximise the patient benefits of safe and appropriate use of medicines and appliances whilst reducing waste.
- Recommendation 16 states that CCGs should engage with dispensing GP practices to maximise the benefits from DRUMs.

Both of these recommendations support integration of services for the benefit of all patients including palliative care and end of life.

2.2 Changes to the PNA resulting from individual consultation responses: the Steering Group considered the information provided in the PNA and its recommendations in relation to individual consultation responses. The Steering Group found that no changes to the PNA were required as a result of consultation responses from individuals.

3. Consultation responses from organisations

Seven organisational consultation responses were received. Three were from individual pharmacies and two were from companies providing pharmaceutical services from multiple outlets. One response was received from the Norfolk Local Pharmaceutical Committee and one response was received from a neighbouring Health and Wellbeing Board.

All seven respondents understood the purpose of the PNA. Five felt that the draft PNA accurately reflects the current provision of pharmaceutical services (one did not and one didn't know). Six respondents felt that the draft PNA accurately reflects the current and future need for pharmaceutical services in Norfolk (one did not).

Six respondents provided an organisational response as outlined below.

3.1 Co-Op Pharmacy (Head Office)

Nature of comment: corrections to provision of Stop Smoking, Health Checks, Sexual Health and Needle Exchange and Supervised Consumption (NESC) services by Co-Op pharmacies cited in Appendix E (Table of services provided by community pharmacies) of the draft PNA were given as follows:

Needle exchange and supervised consumption

Ten Co-Op pharmacy providers do provide supervised consumption but do not provide needle exchange. Two of these providers are in Broadland, seven are in Great Yarmouth and one is in King's Lynn and West Norfolk.

One pharmacy provider in King's Lynn and West Norfolk does not provide needle exchange and supervised consumption.

Two pharmacy providers do provide needle exchange and supervised consumption. One is in North Norfolk and one is in South Norfolk.

Amongst Co-Op pharmacy providers there is a net decrease of 9 needle exchange providers and a net increase of 2 supervised consumption providers.

Health checks

One provider does provide this service and another does not (no net change in the number of Co-Op pharmacy Health Checks provision).

Stop smoking services

Two pharmacy providers provide stop smoking services and one does not (net increase of one Co-Op provider).

Sexual Health services

Two pharmacy providers do not provide sexual health services. There is a net decrease of two Co-Op sexual health service providers.

3.2 Total Health Pharmacy

Nature of comment: correction to provision of Needle Exchange and Supervised Consumption (NESC) service by Total Health Pharmacy cited in Appendix E of the draft PNA. This organisation indicated that Total Health Pharmacy does provide NESC which was shown incorrectly in the draft PNA.

3.3 Hurn Chemist

Nature of comment: correction to provision of Needle Exchange and Supervised Consumption (NESC) service by Hurn Chemist cited in Appendix E of the draft PNA. This organisation indicated that Hurn Chemist does provide NESC which was shown incorrectly in the draft PNA.

3.4 Conclusion: the draft PNA contained 15 inaccuracies in the provision of Needle Exchange and Supervised Consumption services, 1 inaccuracy in the provision of Health Checks, 2 inaccuracies in the provision of Stop Smoking services and 2 inaccuracies in the provision of Sexual Health services.

3.5 Changes to the PNA resulting from the Co-Op, Total Health Pharmacy and Hurn Chemist consultation responses: Appendix E and Figures 16, 17, 18, 19, 20, 23 and 27 were revised to indicate the correct provision of services using information provided from the consultation. Although there is only one contract for supervised consumption and needle exchange, providers do not have to provide both services. Consequently the legend for Figure 23 was revised to distinguish between those pharmacies providing supervised consumption only, and those providing needle exchange and supervised consumption. The PNA Steering Group considered that as there were no changes in existing service provision the PNA conclusions and recommendations still hold.

3.6 Sainsbury's Pharmacy

Nature of comment: a minor ailment service to be included as a pharmaceutical service as an alternative to acute and primary care based services.

3.6.1 Conclusion: to inform the development of this PNA, Norfolk pharmaceutical service providers asked to complete a survey. When asked whether there are other services that should be commissioned from pharmaceutical service providers locally, 26 out of 53 respondents (49%) suggested a minor ailments service.

Recommendation 13 (Chapter 8; page 104) cited that commissioners should continue to explore potential commissioning of services such as a minor ailment and self-care schemes to help alleviate the pressure on acute based services. A minor ailment service could be commissioned by CCGs as a local service. This was also suggested as a recommendation in the GYW PNA (2010).

3.6.2 Changes to the PNA resulting from the Sainsbury's Pharmacy consultation response: no changes were made to the PNA as a result of this response as recommendations made by the PNA are in agreement with this response.

3.7 Lincolnshire Health and Wellbeing Board

Nature of comment: although the Board found the Norfolk draft PNA to be an extremely comprehensive and well-structured PNA, it considered pharmaceutical provision on the Norfolk side of the border in the King's Lynn and West Norfolk locality to be sparse. The Board considered it likely that Norfolk residents in this locality may rely on Lincolnshire facilities in Spalding and Long Sutton and noted that there is no analysis of this issue in the document. The Board suggested that border issues should have been addressed more comprehensively.

3.7.1 Conclusion: border areas were considered in Section 8.2.2 (page 106) and it was noted that patients living in areas close to county boundaries can access pharmaceutical services in neighbouring counties. Because patients living in border areas were not considered to have a greater need for pharmaceutical services than other similar rural areas of Norfolk, the extent to which their pharmaceutical needs are met was considered equally as a part of the overall assessment of pharmaceutical need across Norfolk.

The PNA concluded that need for pharmaceutical services in Norfolk are met in part by the provision of services in neighbouring counties, and vice versa. All populated parts of Norfolk including the border areas are within a 20 minute drive of services and also have access to postal delivery of prescriptions. A survey of Norfolk residents conducted for this PNA found that overall, levels of satisfaction with pharmaceutical services in Norfolk were very high (93% of respondents thought that pharmacy services in Norfolk were good, very good or excellent, 92% of respondents had a usual pharmacy that they used and 94% could access a pharmacy in less than 20 minutes) and no comments were received to indicate that patients in border areas were less satisfied than other patients.

3.7.2 Changes to the PNA resulting from the Lincolnshire Health and Wellbeing Board consultation response: no changes were made to the PNA as a result of this response.

3.8 Norfolk Local Pharmaceutical Committee

Nature of comment: this is an extremely well-considered and written document. The following comments are given:

Page 40 4.3 (paragraph 1): "Since 1 January 2011, there has been an increase of 20 new community pharmacies across Norfolk". This is at odds with the information in Table 4 on page 42 which states number of pharmacies in Norfolk County as 159 in 2011 and 165 in 2014 i.e. an increase of only 6? Clearly the accuracy of the increase in the number of pharmacies between 2011 and 2014 is fundamental to the case that increase in population has been far exceeded by the relative increase in the number of pharmacies over this time.

More widely, the calculations in Table 4 to derive the number of pharmacies per 100,000 population seem flawed?

Page 56: Describes the population increase and discusses the implications on the need for pharmaceutical services. Read in isolation this may give rise to a belief that more pharmacies

are needed? Perhaps we should briefly repeat here the increase in the number of pharmacies since the previous PNA (when the data is verified as above)?

Section 8: "There are 19 community pharmacy contractors per 100,000 registered population in Norfolk. This is slightly lower than the national average of 22 per 100,000."

It may be contended that 19 per 100,000 is rather more than "slightly" lower than 22, so read in isolation this may not seem to be fully justified? Perhaps at this point the considerable provision by GP surgery dispensing should be stressed to mitigate this - perhaps referring ahead to 8.1.2 and repeating "In Norfolk 25% of the registered population is eligible to have their prescriptions dispensed by their GP", and from page 95: "With 19 per 100,000 persons, Norfolk is slightly below England average provision but is on a par with the East of England and remains unchanged from 2011 based on ONS population projections. However when including the 78 GP dispensaries the number of providers of dispensing services for Norfolk's registered population of 868,448 is 24 providers per 100,000 people.

3.8.1 Changes to the PNA: the authors reviewed source data used in the draft PNA and clarified information on opening and closures of pharmacies in relation to information contained in previous Norfolk PNAs. This showed that in Norfolk in 2011 the number of pharmacies / 100,000 population was 17 rather than 19 as should have been stated in the draft PNA. Rather than provision having remained at 19 from 2011 to 2014, provision will have increased from 17 to 19 for that period. The previous PNAs found no gap in provision. Since then, population has increased by 2.7% and provision has increased by 13%. Both Norfolk LPC and NHS England concurred with these changes.

The PNA Steering Group considered that the conclusions and recommendations given in Section 8 remain valid.

Page 55 Recommendation 3: "Norfolk CCGs and Norfolk County Council to continue to commission the Norfolk Medicines Support Service". Clearly Norfolk LPC strongly supports this statement, but I'm somewhat concerned that there may be insufficient explanation in the above section to support the recommendation i.e. should there be more information around the work the NMSS does to help patients remain independent in their own homes etc. Some more data/evidence from the service may be useful?

3.8.2 Changes to the PNA: authors obtained recent activity data from NMMS and included key headlines in Section 6.1 to support recommendation 3.

Page 56 (Figure 10): Just to comment that it is surprising that there is a projected population decrease across such a large proportion of Norfolk? Understand that even the smallest projected decrease will result in an area being white on the map. Is this reflecting a continuation of migration from the more rural to more developed areas?

3.8.3 Changes to the PNA: changes to populations in small areas presented in the draft PNA were constrained to ONS district council population estimates. ONS district council population estimates are the best available population projections for Norfolk and population changes in small areas (smaller than district councils) are uncertain and were modelled. Small area projections were modelled using information on expected housing growth during 2015 - 2018. As the ONS population estimates show, the underlying trend for Norfolk's district councils is for an increasing population (see Tables 6 and 7). Population change at small area was remodelled reflecting this overall trend.

Page 94: 8.1.4 Local pharmacy services: Whilst this was correct at the time of writing it should be noted that the pharmacy in Belton has already now returned to the pharmaceutical list under a standard contract.

3.8.4 Changes to the PNA: this change occurred after the end of the data phase. The PNA was changed to reflect this information.

Page 99 8.2.3: "The three distance selling pharmacies must supply services to anyone in England and thus their services are available to anyone in Norfolk who has access to the

internet.” There is no “internet” requirement in Regulation so reference to internet access is incorrect. A DSP should make supply services to anyone who requests them.

Page 105 8.6: No pharmacies are commissioned to open on a Sunday other than on a commissioned Bank Holiday.

“NHS England has not identified the need, nor has been requested to, commission further enhanced services in Norfolk”. For the last two seasons NHS England has commissioned an Influenza Vaccination Service from community pharmacies for selected patient groups (e.g. the “at risk”). As this is only commissioned for a part of the year I’m unclear as to whether the service should be mentioned in the PNA?

3.8.5 Changes to the PNA: the PNA was changed to reflect this information.

3.9 NHS England

Nature of comment: In terms of the consultation questions:

I believe that, once the minor correction I have highlighted on the attached are reviewed that the PNA accurately reflects the current provision of pharmaceutical services in Norfolk (Table 4).

I believe that, once the minor correction I have highlighted on the attached are reviewed that the draft PNA accurately reflects the current and future need for pharmaceutical services within Norfolk.

As a member of the steering committee, on behalf of NHS England, I believe that the PNA process has been thorough and rigorous.

3.9.1 Changes to the PNA: the comments made on behalf of NHS England reflected those of the LPC. See changes to PNA 3.8.1, 3.8.2, 3.8.3 above).

Page 25: LPS or ESPLPS pharmacies are not on the pharmaceutical list.

3.9.2 Changes to the PNA: this change was made.

Page 102 paragraph 3: the following statement should be added. “Failure to demonstrate sufficient evidence of contractual compliance can lead to formal contractual sanction.”

3.9.3 Changes to the PNA: this change was made.

3.10 Other changes to the PNA: other minor typological changes were made. Section 5.4 was updated to reflect the closure of the consultation period. Appendix B (Consultation Report) was completed and inserted. During the consultation there was a change of ownership of a pharmacy (Lloyds Pharmacy, 114 Regent Road, Gt. Yarmouth became JHoots Pharmacy). ESPS was defined in the Glossary.

APPENDIX C

Estimated future completion of number of new homes based on Norfolk's district council planning department's estimates of approved developments. Data source: Norfolk district council planning departments.

Area name	Parish	Expected number of new homes				
		2015	2016	2017	2018	2015-18
Attleborough	Attleborough	399	383	383	383	1,548
Thetford: Raleigh I & N	Thetford	386	387	387	0	1,160
Wymondham: Browick Road I	Wymondham	151	282	300	225	958
Wymondham: Ashleigh I & N	Wymondham	224	208	190	89	711
Hethersett	Hethersett	101	202	202	200	705
Downham Market	Downham Market	137	138	140	148	563
Easton	Easton	75	150	150	150	525
Norwich: Lakenham P	Norwich	149	138	154	57	498
Costessey: Queen's Hill P & N	Costessey	183	180	94	35	492
Costessey: Costessey I	Costessey	96	142	124	120	482
Poringland	Poringland	105	126	118	110	459
Fakenham	Fakenham	104	102	126	125	457
Thorpe St. Andrew: Dussindale P / Hillside Avenue P & N / St. William's P	Thorpe St. Andrew	113	118	113	108	452
Dereham: King's Park I	Dereham	143	104	86	50	383
Swaffham	Swaffham	95	95	95	95	380
King's Lynn: St. Michael's CE VA P	King's Lynn	178	183	6	6	373
Norwich: Clover Hill I & N	Norwich	62	100	100	100	362
Norwich: Magdalen Gates P (Sewell Park)	Norwich	32	110	91	97	330
Cromer	Cromer	105	92	44	68	309
Thetford: Drake I & N	Thetford	0	0	0	306	306
Diss	Diss	57	123	69	25	274
North Walsham	North Walsham	67	55	50	92	264
King's Lynn: Gaywood C P	King's Lynn	94	95	33	33	255
Redenhall with Harleston	Redenhall with Harleston	104	115	33	0	252
Cringleford	Cringleford	97	50	50	50	247
Holt	Holt	65	65	66	40	236
Sheringham	Sheringham	51	51	80	44	226
South Wootton: South Wootton I	South Wootton	2	2	98	98	200
Watton	Watton	100	99	0	0	199
Loddon	Loddon	28	53	55	50	186
North Runcton	North Runcton	2	2	92	89	185
Great Yarmouth: Northgate I	Great Yarmouth	12	69	50	50	181
Mulbarton	Mulbarton	63	58	50	5	176
Hunstanton	Hunstanton	18	18	63	67	166

Stalham	Stalham	43	43	37	37	160
Great Yarmouth: Wroughton I	Great Yarmouth	20	30	35	54	139
Wells–Next–the–Sea	Wells–Next–the–Sea	36	36	31	26	129
West Winch	West Winch	3	3	62	60	128
Roydon	Roydon	40	54	33	0	127
King's Lynn: Fairstead C P & N	King's Lynn	6	5	54	54	119
King's Lynn: Highgate I / Eastgate P	King's Lynn	26	26	38	23	113
Norwich: Cavell P & N	Norwich	0	0	60	50	110
Hingham	Hingham	27	52	22	0	101
Total						15,626

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APPENDIX D

Names and addresses of community pharmacies

Pharmacy name	Address	Address	Town	Post code	Tel no	Store	District council
Sainsbury's Supermarkets Ltd	William Frost Way	Costessey	Norwich	NR5 0JS	01603 746759	100 hour	South Norfolk
Your Local Boots Pharmacy	90-92 Colman Road	Norwich	Norfolk	NR4 7EH	01603 452718		Norwich
Boots	Unit A3	Hardwick Retail Park	King's Lynn	PE30 4NA	01553 775315		KLWN
Total Health Pharmacy	14 Gregor Shanks Way	Watton	Thetford	IP25 6FA	01953 881157	100 hour	Breckland
Boots Uk Limited	Unit E1 Gapton Hill Pk	Gapton Hall Road	Great Yarmouth	NR31 0NL	01493 663314	100 hour	GYBC
Tanner Street Chemist	1 Tanner Court	Tanner Street	Thetford	IP24 2BQ	01842 754590	100 hour	Breckland
Boots Uk Limited	19 High Street	Hunstanton	Norfolk	PE36 5AB	01485 532228		KLWN
Boots Uk Limited	34-36 London Street	Norwich	Norfolk	NR2 1LD	01603 621295		Norwich
East Harling Pharmacy	Memorial Green	East Harling	Norwich	NR16 2ND	01953 717207		Breckland
Rackheath Pharmacy	1 Bernard Close	Rackheath	Norwich	NR13 6QS	01603 721156		Broadland
Boots Uk Limited	54-56 Church Street	Cromer	Norfolk	NR27 9HH	01263 512231		North Norfolk
Your Local Boots Pharmacy	University Of East Anglia	Bluebell Road	Norwich	NR4 7LG	01603 505629		Norwich
Day Lewis Pharmacy	Community Health Centre	Croxton Road	Thetford	IP24 1JD	01842 760301		Breckland
The Co-Operative Pharmacy	Lidl Retail Park	Holt Road	Fakenham	NR21 8JG	01328 851944		North Norfolk
Lloyds pharmacy	22 West End Street	Norwich	Norfolk	NR2 4JJ	01603 620121		Norwich

Boots Uk Limited	94-96 High Street	King's Lynn	Norfolk	PE30 1BL	01553 772427		KLWN
Co-Operative Pharmacy	47-47a Market Street	Wymondham	Norfolk	NR18 0AJ	01953 602115		South Norfolk
Lloyds pharmacy	2 Mandela Close	Oak Street	Norwich	NR3 3BA	01603 765214		Norwich
Your Local Boots Pharmacy	562a Dereham Road	Norwich	Norfolk	NR5 8TU	01603 454701		Norwich
Superdrug Pharmacy	138 High Street	Gorleston-On-Sea	Norfolk	NR31 6QX	01493 661007		GYBC
Theatre Royal Pharmacy	27 Theatre Street	Dereham	Norfolk	NR19 2EN	01362 654326	100 hour	Breckland
Co-Operative Pharmacy	46 High Street	Caister-On-Sea	Norfolk	NR30 5EP	01493 720469		GYBC
Lloyds pharmacy	94 The Paddocks	Old Catton	Norwich	NR6 7HS	01603 400337		Broadland
Boots Uk Limited	35 Market Place	Dereham	Norfolk	NR19 2AP	01362 692793		Breckland
Your Local Boots Pharmacy	44-46 Station Road	Heacham	Kings Lynn	PE31 7EY	01485 570297		KLWN
Boots Uk Limited	11-12 Anglia Square	Norwich	Norfolk	NR3 1DY	01603 622524		Norwich
Costessey Pharmacy	192 Norwich Road	New Costessey	Norwich	NR5 0EX	01603 746400		South Norfolk
Boots Uk Limited	37 Market Place	Swaffham	Norfolk	PE37 7LA	01760 721208		KLWN
Lloyds pharmacy	262 Fakenham Road	Taverham	Norwich	NR8 6AD	01603 261048		Broadland
The Co-Operative Pharmacy	High Street	Acle	Norfolk	NR13 3DY	01493 750502		Broadland
Boots Uk Limited	Unit 5	Riverside Retail Park	Norwich	NR1 1WR	01603 662894		Norwich
Rainbow Pharmacy	Langley Road	South Wootton	Kings Lynn	PE30 3UG	01553 674019		KLWN
The Co-Operative Pharmacy	57-58 King Street	Great Yarmouth	Norfolk	NR30 2PW	01493 843445		GYBC
Sainsbury Pharmacy	1 Brazen Gate	Norwich	Norfolk	NR1 3RX	01603 765575	80 hour	Norwich
Tesco Instore Pharmacy	Pasteur Road	Southtown	Great Yarmouth	NR31 0DW	01493 631447	100 hour	GYBC

Hurn
Chemists

143 Unthank
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Co-Operative Pharmacy	103 Magdalen Street	Norwich	Norfolk	NR3 1LN	01603 618864		Norwich
Clock Pharmacy	1 Gayton Road	Gaywood	King's Lynn	PE30 4EA	01553 774716		KLWN
Co-Operative Pharmacy	6 Centre Point	Fairstead	King's Lynn	PE30 4SR	01553 763200		KLWN
Alan Stockley & Co Ltd	37-39 Lynn Road	Snettisham	Norfolk	PE31 7LR	01485 541230		KLWN
Superdrug Pharmacy	12 St Stephens Street	Norwich	Norfolk	NR1 3SA	01603 619179		Norwich
Boots Uk Limited	11-13 Wales Court	Downham Market	Norfolk	PE38 9JZ	01366 382345		KLWN
Co-Operative Pharmacy	118-120 The Street	Brundall	Norwich	NR13 5LP	01603 713120		Broadland
Your Local Boots Pharmacy	The Old School	The Common, Mulbarton	Norwich	NR14 8AE	01508 570770		South Norfolk
Coastal Pharmacy	17 High Street	Mundesley-On-Sea		NR11 8LH	01263 720585		Broadland
Boots Uk Limited	Coliseum Precinct	High Street	Gorleston-On-Sea	NR31 6QX	01493 662354		GYBC
The Co-Operative Pharmacy	11 Market Place	Diss	Norfolk	IP22 4AB	01379 642053		South Norfolk
Lloyds pharmacy	51 Church Street	Cromer	Norfolk	NR27 9HH	01263 512171		North Norfolk
Your Local Boots Pharmacy	93 Aylsham Road		Norwich	NR3 2HW	01603 486504		Norwich
Boots Uk Limited	29-31 King Street	Thetford	Norfolk	IP24 2AP	01842 752371		Breckland
Key Chemists	44 Sutton Road	Terrington St Clement	King's Lynn	PE34 4PQ	01553 829630		KLWN
Morrisons Pharmacy	4 Albion Way	Riverside Retail Park	Norwich	NR1 1WU	01603 766265		Norwich
Hado Pharmacy	66 Mount Street	Diss	Norfolk	IP22 4QQ	01379 644001	100 hour	South Norfolk
Pledger Pharmacy Ltd	205 Holt Road		Horsford	NR10 3DX	01603 893993		Broadland
One Pharmacy	28 Curtis Road		Norwich	NR6 6RB	01603 423423	Internet	Norwich
Lloyds pharmacy	10 King Street		Thetford	IP24 2AP	01842 752846		Breckland
Universal Pharmacy	Unit 2&3 Beacon House	Ecotech Ctr. Turbine Way	Swaffham	PE37 7HT	01760 336774	Internet	KLWN

Co-Operative Pharmacy	2 The Folly	Cromer Road	Ormesby St.Margaret	NR29 3RH	01493 384000	GYBC
Co-Operative Pharmacy	Magdalen Way	Gorleston-On-Sea	Norfolk	NR31 7AA	01493 661118	GYBC
Cromer Pharmacy	48 Overstrand Road		Cromer	NR27 0AJ	01263 517777	North Norfolk
Your Local Boots Pharmacy	140 Thunder Lane	Thorpe St Andrew	Norwich	NR7 0JE	01603 300140	Broadland
Woodgrove Pharmacy	7 Woodgrove Parade	Catton Grove Road	Norwich	NR3 3NS	01603 419966	Norwich
Lloyds pharmacy	The Guiltcross Club	Queens Square	Attleborough	NR17 2AF	01953 452288	Breckland
Your Local Boots Pharmacy	13 Market Place	North Walsham	Norfolk	NR28 9BP	01692 402092	North Norfolk
Co-Operative Pharmacy	8 Lowestoft Road	Gorleston-On-Sea	Great Yarmouth	NR31 6LY	01493 668097	GYBC
Hopton Pharmacy	1 Warren Road	Hopton On Sea	Norfolk	NR31 9BN	01502 733876	GYBC
Co-Operative Pharmacy	Cobholm & Lichfield M Ctr	Pasteur Road	Great Yarmouth	NR31 0DW	01493 604587	GYBC
Mattishall Pharmacy	15 Dereham Road	Mattishall	Dereham	NR20 3QA	01362 858540	Breckland
Your Local Boots Pharmacy	Lawson Road Health Centre	Lawson Road	Norwich	NR3 4LE	01603 414064	Norwich
Lloyds pharmacy	42 Earlham West Centre	West Earlham	Norwich	NR5 8AD	01603 451318	Norwich
Boots Uk Limited	The Castle Mall Shop.Ctr.	Norwich	Norfolk	NR1 3DD	01603 767970	Norwich
Lloyds pharmacy	6 Market Place	Aylsham	Norwich	NR11 6EH	01263 733118	Broadland
Lloyds pharmacy	1 Priors Court	43 St.Augustine's Way	South Wootton, Kings Lynn	PE30 3TE	01553 672989	KLWN
Reads Pharmacy Ltd	Station Road	Hoveton		NR12 8UR	01603 783836	Broadland
Lloyds pharmacy	31 Station Road	Sheringham	Norfolk	NR26 8RF	01263 823128	North Norfolk
Boots	Southgates Medical Centre	41 Goodwins Road	Kings Lynn	PE30 5QX	01553 819730	KLWN

Woodside Pharmacy	Thorpewood Medical Centre	140 Woodside Road	Norwich	NR7 9QL	01603 300800	100 hour	Norwich
Natural Health Pharmacy	3 Kingsway	Hemsby	Great Yarmouth	NR29 4JT	01493 731697		GYBC
Lloyds pharmacy	81 Middletons Lane	Hellesdon	Norwich	NR6 5SR	01603 426943		Broadland
Asda Pharmacy	Acle New Road	Vauxhall	Great Yarmouth	NR30 1SF	01493 336819		GYBC
Jai Chemist	65 High Street		King's Lynn	PE30 1AY	01553 772828		KLWN
Boots Uk Limited	9 Market Place		Diss	IP22 4AB	01379 642436		South Norfolk
Watlington Health	Watlington Medical Centre	Rowan Close	Watlington	PE33 0TU	01553 811045		KLWN
Coltishall Pharmacy	30 High Street	Coltishall	Norwich	NR12 7AA	01603 736784		Broadland
Motts Pharmacy Ltd	The Chimes	Market Place	Reepham	NR10 4JJ	01603 871738		Broadland
Your Local Boots Pharmacy	4 High Street	Loddon	Norwich	NR14 6AH	01508 520246		South Norfolk
Boots	21 High Street	Holt	Norfolk	NR25 6BN	01263 712160		North Norfolk
Your Local Boots Pharmacy	Magdalen Medical Practice	Lawson Road	Norwich	NR3 4LF	01603 416302		Norwich
Lloyds pharmacy	25a Earlham Road	Norwich	Norfolk	NR2 3AD	01603 624056		Norwich
Co-Operative Pharmacy	Gayton Road Health Centre	Gayton Road	King's Lynn	PE30 4DY	01553 766140		KLWN
Lloyds pharmacy	2 Chapel Lane	Toftwood	Dereham	NR19 1LD	01362 699919		Breckland
Co-Operative Pharmacy	16-18 The Street	Poringland	Norwich	NR14 7JR	01508 495348		South Norfolk
North Walsham Pharmacy	Birchwood Medical Pract	20 Park Lane	North Walsham	NR28 0BQ	01692 400921	100 Hour	North Norfolk
Total Health Pharmacy (Lionwood)	30b Wellesley Avenue North		Norwich	NR1 4RT	01603 435782		Norwich
Co-Operative Pharmacy	11 Market Place	North Walsham	Norfolk	NR28 9BP	01692 402103		North Norfolk

Thorpe Health Centre Pharmacy	The Health Centre	St. William's Way	Thorpe St. Andrew	NR7 0AJ	01603 439239		Broadland
Lloyds pharmacy	143-143a Colman Road	Norwich		NR4 7HA	01603 452887		Norwich
Boots Uk Limited	Wessex Street		Norwich	NR2 2TJ	01603 618936	100 Hour	Norwich
Lime Pharmacy	Grove Surgery	Grove Lane	Thetford	IP24 2HY	01842 762913	100 Hour	Breckland
Lloyds pharmacy	7 Church Street	Attleborough	Norfolk	NR17 2AH	01953 452112		Breckland
Co-Operative Pharmacy	Co-Op Pharmacy	Mill Lane	Bradwell	NR31 8HS	01493 603573		GYBC
Tesco Instore Pharmacy	Tesco Superstore	Kingston Road	Dereham	NR19 1WB	01362 609847		Breckland
Boots Uk Limited	124 Merchants Hall	Lower Ground, Chapelfield	Norwich	NR1 1SH	01603 629208		Norwich
Your Local Boots Pharmacy	68 High Street		Stalham	NR12 9AS	01692 580329		Broadland
Sainsbury Pharmacy	In-Store Pharmacy	Pound Lane Dussindale Pk	Thorpe St Andrews	NR7 0SR	01603 701102	90.5 Hours	Broadland
Boots	Eaton Centre	Church Lane	Eaton	NR4 6NU	01603 458711		Norwich
Lloyds pharmacy	114 Regent Road		Great Yarmouth	NR30 2AB	01493 858703		GYBC
Sainsburys Pharmacy	London Road		Thetford	IP24 3QL	01842 766942	100 Hour	Breckland
Co-Operative Pharmacy	323 Aylsham Road		Norwich	NR3 2AB	01603 487483		Norwich
Vauxhall Street Pharmacy	22 Suffolk Square	Vauxhall Street	Norwich	NR2 2AA	01603 626178		Norwich
Tesco Instore Pharmacy	Tesco Superstore	Blue Boar Lane	Sprowston	NR7 8AB	01603 605697		Broadland
Your Local Boots Pharmacy	Willow Wood Surgery	Aslake Close, Sprowston	Norwich	NR7 8ET	01603 426887		Broadland
Your Local Boots Pharmacy	1 Jubilee Court	Hunstanton Road	Dersingham, King's Lynn	PE31 6HH	01485 540792		KLWN
Fakenham Pharmacy	Meditrina House	Trinity Road	Fakenham	NR21 8SY	01328 850301	100 Hour	North Norfolk

Day Lewis Pharmacy	Newtown Surgery	147 Lawn Avenue	Great Yarmouth	NR30 1QP	01493 842737		GYBC
Your Local Boots Pharmacy	Wymondham Medical Centre	Postmill Close	Wymondham	NR18 0RF	01953 601772		South Norfolk
Your Local Boots Pharmacy	46-48 High Street		Sheringham	NR26 8DT	01263 824070		North Norfolk
Thorpe Pharmacy	202 Thorpe Road		Norwich	NR1 1TJ	01603 439139		Norwich
Hurn Chemist Ltd	Cringleford Surgery	Cantley Lane, Cringleford	Norwich	NR4 6TA	01603 455811		Norwich
Roys Pharmacy (Wroxham Ltd)	Forge House	Station Road	Hoveton	NR12 8DB	01603 777032		Broadland
Spixworth Pharmacy	106b Crostwick Lane	Spixworth	Norwich	NR10 3NQ	01603 890680		Broadland
Asda Pharmacy	Drayton High Road	Hellesdon	Norwich	NR6 5DT	01603 787384	100 Hour	Broadland
Your Local Boots Pharmacy	4 The Market Place	Hingham	Norwich	NR9 4AF	01953 851759		South Norfolk
Co-Operative Pharmacy	The Medical Centre	Hemsby Road	Martham	NR29 4QG	01493 740388		GYBC
Sainsbury's Pharmacy	Hardwick Roundabout	Hardwick Industrial Est.	King's Lynn	PE30 4LR	01553 764615	100 Hour	KLWN
Natural Health Pharmacy	117f Ipswich Road		Norwich	NR4 6LD	01603 454992		Norwich
Lloyds pharmacy	School Road		Drayton	NR8 6DW	01603 260350		Broadland
Lloydspharmacy	77 Magdalen Way	Gorleston-On-Sea	Great Yarmouth	NR31 7AA	01493 655020		GYBC
S & S (Chemists) Ltd	Market Place		Burnham Market	PE31 8HD	01328 738215		KLWN
Boots	1 Chaston Place	29 High Street, Watton	Thetford	IP25 6XE	01953 881258		Breckland
Greyfriars Pharmacy	5 Greyfriars Way		Great Yarmouth	NR30 2QE	01493 850551	100 Hour	GYBC
Lloydspharmacy	St.Johns Road	Belton	Great Yarmouth	NR31 9JT	01493 781745		GYBC

Lloyds pharmacy	The Orchard Surgery	Commercial Road	East Dereham	NR19 1AE	01362 692080		Breckland
Co-Operative Pharmacy	The Angel Site	The Street	Long Stratton	NR15 2XJ	01508 530303		South Norfolk
Boots Uk Limited	3 Market Gates	Great Yarmouth	Norfolk	NR30 2AX	01493 842680		GYBC
Lincoln Co-Op Chemists Ltd	8 Valentine Road		Hunstanton	PE36 5DN	01485 532829		KLWN
Your Local Boots Pharmacy	78 Hall Road	Norwich	Norfolk	NR1 3HP	01603 610138		Norwich
Hunt's Pharmacy	205 Plumstead Road	Norwich	Norfolk	NR1 4AB	01603 433654		Norwich
Willows Pharmacy	2 Old Church Road	Terrington St John	P'boro	PE14 7XA	01945 882280		KLWN
Your Local Boots Pharmacy	35 Great Melton Road	Hethersett	Norwich	NR9 3AB	01603 810906		South Norfolk
Co-Operative Pharmacy	38 Market Place	Swaffham	Norfolk	PE37 7QH	01760 721216		KLWN
Drayton Pharmacy	Drayton Medical Practice	Manor Farm Clse, Drayton	Norwich	NR8 6EE	01603 869029	100 Hour	Broadland
Co-Operative Pharmacy	38 Loke Road	Kings Lynn	Norfolk	PE30 2AB	01553 761810		KLWN
Halls The Chemist	85 Saddlebow Road	South Lynn	Kings Lynn	PE30 5BH	01553 774999		KLWN
Boots	Unit D, Longwater Ret.Pk	Alex Moorhouse Way	New Costessy	NR5 0JT	01603 740359	100 Hour	South Norfolk
Kelling Pharmacy	Holt Medical Practice	Old Cromer Rd, Kelling Hpl	Holt	NR25 6QA	01263 888390		North Norfolk
Eaton Pharmacy	1 St.John's Close	Hall Road	Norwich	NR1 2AD	01603 624539		Norwich
Pharmacy - Uk	3 Waveney Park	Hewett Park	Great Yarmouth	NR31 0NN	01493 655478	Internet	GYBC
Roundwell Pharmacy	27 Dr Torrens Way	Old Costessey	Norwich	NR5 0GB	01603 732950	100 Hour	South Norfolk
David Jagger Ltd	5-7 Staithe Street	Wells-Next-The-Sea	Norfolk	NR23 1AG	01328 710239		North Norfolk

Lloyds pharmacy	Central Surgery	Sussex Road	Gorleston-On- Sea	NR31 6QB	01493 441122	GYBC
Willows Pharmacy	The Health Centre	St Michaels Avenue	Aylsham	NR11 6YA	01263 735025	Broadland

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Town Pharmacy	171 King Street		Great Yarmouth	NR30 2PA	01493 856970	100 Hour	GYBC
Lloyds pharmacy	Caister Medical Centre	44 West Road	Caister-On-Sea	NR30 5AQ	01493 720809		GYBC
Boots Uk Limited	7-10 Market Place	Fakenham	Norfolk	NR21 9BG	01328 862019		North Norfolk
Hamblin's Pharmacy	29 Noble Close	Heartsease Estate	Norwich	NR7 9RJ	01603 434890		Norwich
Your Local Boots Pharmacy	17 The Thoroughfare		Harleston	IP20 9AH	01379 852338		South Norfolk
Dye's Pharmacy	67 North Walsham Road	Old Catton	Norwich	NR6 7QA	01603 484048		Broadland
Day Lewis Pharmacy	54 Springfield Road	Gorleston-On-Sea	Great Yarmouth	NR31 6AD	01493 662035		GYBC
Tesco Instore Pharmacy	Tesco Superstore	Norwich Road	Thetford	IP24 2RL	01842 739547		Breckland
Willows Pharmacy	Downham Market Health Ctr	Paradise Road	Downham Market	PE38 9JE	01366 386500		KLWN
Lloyds pharmacy	2 Church Lane	Bradwell	Great Yarmouth	NR31 8QW	01493 602401		GYBC
Boots Uk Limited	Bowthorpe Main Centre	Bowthorpe	Norwich	NR5 9HA	01603 748465		Norwich
Beechcroft Pharmacy	Beechcroft Surgery	23 Beechcroft	New Costessy	NR5 0RS	01603 749222		South Norfolk
Welle Pharmacy	The Health Centre, Townley Close	Upwell	Wisbech	PE14 9BT	01945 774081		KLWN

Abbreviations

GYBC: Great Yarmouth Borough Council

KLWN: King's Lynn & West Norfolk Borough Council

APPENDIX E

Table of services provided by community pharmacies. Key:. SC: supervised consumption. NESC: Needle exchange and supervised consumption.

Code	Name	Address	Postcode	Smoking	Sexual Health	Health Checks	NESC
Breckland							
FDD08	Boots UK Ltd	35 Market Pl., Dereham	NR192AP	✓	✓	✓	✓
FDM43	Boots UK Ltd	37 Market Pl., Swaffham	PE377LA	✓	✓		✓
FGH54	Boots UK Ltd	29-31 King St., Thetford	IP242AP	✓	✓	✓	✓
FTM69	Boots UK Ltd	1 Chaston Pl., High St.	IP256AE		✓	✓	✓
FW475	Co-Op Pharmacy	38 Market Pl., Swaffham	PE377QH	✓	✓		✓
FV720	Day Lewis Plc	Croxton Rd, Thetford	IP241JD		✓		✓
FP870	Lime pharmacy	Grove Ln., Thetford	IP242HY	✓	✓	✓	✓
FHT30	Lloyds Pharmacy	10 King St., Thetford	IP242AP				✓
FK248	Lloyds Pharmacy	The Guiltcross Club, Queens Square	NR172AF	✓	✓		✓
FMK50	Lloyds Pharmacy	2 Chapel Ln., Toftwood	NR191LD		✓		✓
FPF06	Lloyds Pharmacy	7 Church St., Attleborough	NR172AH	✓	✓		✓
FV830	Lloyds Pharmacy	The Orchard Surgery, Commercial Rd	NR191AE		✓		✓
FKH35	Mattishall Pharmacy	15 Dereham Rd, Mattishall	NR203QA	✓		✓	✓
FQJ35	Sainsbury's Pharmacy	London Rd, Thetford	IP243QL		✓	✓	
FFL22	Sue Smith Pharmacy	Memorial Green, E. Harling	NR162ND	✓	✓	✓	✓
FAM13	Tanner St. Pharmacy	1 Tanner Court, Tanner St.	IP242BQ		✓		✓
FPX90	Tesco Pharmacy	Kingston Rd, Dereham	NR191WB	✓	✓		✓
FXX05	Tesco Pharmacy	Tesco, Kilverstone, Thetford	IP242RL	✓	✓		✓
FCW27	Theatre Royal Pharmacy	27 Theatre St., Dereham	NR192EN	✓	✓	✓	✓
FAD81	Total Health Pharmacy	14 Gregor Shanks Wy, Watton	IP256FA	✓	✓	✓	✓
Breckland Total				13	18	9	19
Broadland							
FRW01	Asda Pharmacy	Drayton High Rd, Hellesdon	NR65DT		✓		✓
FJN24	Boots UK Ltd	140 Thunder Ln., Thorpe St Andrew	NR70JE		✓	✓	✓
FQP45	Boots UK Ltd	Aslake Close, Sprowston	NR78ET	✓	✓	✓	✓
FLW94	Coltishall Pharmacy	30 High St., Coltishall	NR127AA	✓	✓		✓
FDR30	Co-Op Pharmacy	The St., Acle	NR133DY	✓	✓		SC
FFM40	Co-Op Pharmacy	118-120 The St., Brundall	NR135LP		✓		SC
FW516	Drayton Pharmacy	8 Manor Farm Close, Norwich	NR86EE	✓	✓		✓
FXR66	Dyes Pharmacy Ltd	67 North Walsham Rd, Old Catton	NR67QA		✓		✓
FDC73	Lloyds Pharmacy	94 The Paddocks, Old Catton	NR67HS	✓	✓		✓
FDP86	Lloyds Pharmacy	262 Fakenham Rd, Taverham	NR86AD	✓	✓		✓
FK6211	Lloyds Pharmacy	6 Market Pl., Aylsham	NR116EH	✓	✓	✓	✓
FLF04	Lloyds Pharmacy	81 Middletons Ln., Hellesdon	NR65SR	✓	✓	✓	✓
FTG38	Lloyds Pharmacy	The Retail Site, Red Lion Car Park, Norwich	NR86DN	✓	✓	✓	✓
FM388	Motts Pharmacy	The Chimes, Market Pl., Norwich	NR104JJ	✓	✓	✓	✓

Code	Name	Address	Postcode	Smoking	Sexual Health	Health Checks	NESC
FHJ82	Pledger Pharmacy Ltd	205 Holt Rd, Horsford	NR103DX		✓		✓
FAV25	Rackheath Pharmacy	1 Benard Cl., Rackheath	NR136QS		✓		✓
FQ856	Sainsbury's Pharmacy	Pound Ln., Dussindale, Norwich	NR70SR		✓		✓
FRP85	Spixworth Pharmacy Ltd	106B Crostwick Ln.Spixworth	NR103NQ	✓	✓		
FQP37	Tesco Pharmacy	Tesco, Blue Boar Ln., Norwich	NR78AB	✓	✓	✓	✓
FNK33	Thorpe Health Centre Pharmacy	The Health Centre, St William's Way	NR70AJ	✓			
FXC38	Willows Pharmacy	St Michael's Avenue, Norwich	NR116YA	✓	✓	✓	✓
Broadland Total				14	20	8	19*
Great Yarmouth							
FLF58	Asda Pharmacy	Acle New Rd, Gt. Yarmouth	NR301SF	✓	✓		✓
FAG01	Boots UK Ltd	Unit E1, Gapton Hall Retail Park, Gt. Yarmouth	NR310NL	✓	✓		✓
FFY77	Boots UK Ltd	Coliseum Precinct, High St., Gt. Yarmouth	NR316QX	✓	✓		✓
FV898	Boots UK Ltd	3 Market Gates Shopping Centre, Gt. Yarmouth	NR302AX	✓	✓		✓
FCY04	Co-Op Pharmacy	46 High St., Caister-on-Sea	NR305EP	✓	✓		SC
FE499	Co-Op Pharmacy	57-58 King St., Gt. Yarmouth	NR302PW	✓	✓		✓
FJ754	Co-Op Pharmacy	2 The Folly, Cromer Rd, Gt. Yarmouth	NR293RH	✓	✓		SC
FJA58	Co-Op Pharmacy	77 Magdalen Wy, Gorleston-on-Sea	NR317AA	✓	✓		SC
FK846	Co-Op Pharmacy	8 Lowestoft Rd, Gorleston-on-Sea	NR316LY	✓	✓		SC
FKE72	Co-Op Pharmacy	Cobholm & Lichfield Medical Centre, Pasteur Rd	NR310DW	✓	✓		SC
FPQ65	Co-Op Pharmacy	Mill Ln., Bradwell	NR318HS		✓		SC
FTE84	Co-Op Pharmacy	The Medical Centre , Hemsby Rd, Gt. Yarmouth	NR294QG	✓	✓	✓	SC
FR554	Day Lewis Plc	147 Lawn Ave., Gt. Yarmouth	NR304DA	✓	✓		✓
FXV28	Day Lewis Plc	Alban Hall , 54 Springfield Rd, Gt. Yarmouth	NR316AD	✓	✓		
FTW58	Greyfriars Pharmacy	5 Greyfriars Way, Gt. Yarmouth	NR302QE	✓	✓		✓
FKA86	Hopton Pharmacy	1 Warren Rd, Hopton-On-Sea	NR319BN		✓		✓
FFR96	Jhoots Pharmacy	114 Regent Rd, Gt. Yarmouth	NR302AB	✓	✓		✓
FTL18	Lloyds Pharmacy	77 Magdalen Way, Gorleston-on-Sea	NR317AA	✓	✓		✓
FTY52	Lloyds Pharmacy	St John's Rd, Belton	NR319JT	✓	✓		✓
FX774	Lloyds Pharmacy	Central Surgery, Sussex Rd, Gt. Yarmouth	NR316QB	✓	✓		✓
FXJ07	Lloyds Pharmacy	Caister Medical Centre, 44 West Rd, Gt. Yarmouth	NR305AQ				✓
FY361	Lloyds Pharmacy	Bradwell Medical Centre, Church Ln., Gt. Yarmouth	NR318QW	✓	✓		✓
FLE71	Natural Health Pharmacy	3 Kingsway, Hemsby	NR294JT		✓		✓

Code	Name	Address	Postcode	Smoking	Sexual Health	Health Checks	NESC
FCT98	Superdrug	138 High St. , Gorleston-on-Sea	NR316QX	✓	✓		✓
FEK84	Tesco Pharmacy	Pasteur Rd, South Town	NR310DW	✓	✓		✓
FXE50	Town Pharmacy	171 King St. , Gt. Yarmouth	NR302PA	✓	✓		✓
Gt. Yarmouth Total				22	25	1	25**
King's Lynn and West Norfolk							
FF277	Alan Stockley & Co Ltd	37-39 Lynn Rd, Snettisham	PE317LR		✓	✓	
FA671	Boots UK Ltd	Unit 3A Hard-wick Retail Park, Hardwick Rd	PE304NA		✓	✓	✓
FAP54	Boots UK Ltd	19 High St., Hunstanton	PE365AB	✓	✓		✓
FCF31	Boots UK Ltd	94-96 High St., King's Lynn	PE301BL	✓	✓	✓	✓
FDD96	Boots UK Ltd	44 Station Rd, Heacham	PE317EY	✓	✓		✓
FFK32	Boots UK Ltd	11-13 Wales Court, Down-ham Market	PE389JE	✓	✓	✓	✓
FL272	Boots UK Ltd	41 Goodwins Rd, King's Lynn	PE305QX	✓	✓		✓
FQT60	Boots UK Ltd	1 Jubilee Court, Hunstanton Rd, King's Lynn	PE316HH	✓	✓		✓
FEY12	Clock Pharmacy	1 Gayton Rd, Gaywood	PE304EA	✓	✓	✓	✓
FF028	Co-Op Pharmacy	6 Centre Point, Fairstead	PE304SR	✓			SC
FMF36	Co-Op Pharmacy	Gayton Rd Health Centre, Gayton Rd	PE304DY		✓		✓
FW594	Co-Op Pharmacy	38 Loke Rd, King's Lynn	PE302AB	✓	✓		✓
FWH40	Hall's Chemist	85 Saddlebow Rd, South Lynn	PE305BH		✓		
FLG23	JAI Chemist	65 High St., King's Lynn	PE301AY		✓	✓	✓
FGV20	Key Chemist	44 Sutton Rd, Terrington St Clement	PE344PQ				
FVM19	Lincolnshire Co-op	8 Valentine Rd, Hunstanton	PE365DN	✓	✓	✓	✓
FKW27	Lloyds Pharmacy	1 Priory Court, 43 St Augustine's Way, King's Lynn	PE303TE				✓
FE205	Rainbow Pharmacy	Langley Rd, South Wootton	PE303UG	✓	✓	✓	✓
FTL42	S & S Chemists Ltd	Market Pl., Burnham Market	PE318HD	✓	✓		✓
FTE89	Sainsbury's Pharmacy	Hardwick Rd, Hardwick Retail Park	PE304LR		✓	✓	✓
FLV29	Watlington Pharmacy	Rowan Close, King's Lynn	PE330TU	✓	✓		
FD568	Welle Ltd	The Health Centre , Townley Close, Wisbech	PE149BT	✓	✓		
FVX25	Willows Pharmacy	2 Old Church Rd, Terrington St John	PE147XA	✓	✓		✓
FXX52	Willows Pharmacy	Downham Market Health Centre, Paradise Rd	PE389JE	✓	✓	✓	✓
King's Lynn and West Norfolk Total				16	21	10	19***
North Norfolk							
FN670	Birchwood Pharmacy	Birchwood Medical Practice, 20 Park Ln	NR280BQ				✓
FAV53	Boots UK Ltd	54-56 Church St., Cromer	NR279HH	✓	✓	✓	✓
FK436	Boots UK Ltd	13 Market Pl., North Walsham	NR289BP	✓	✓	✓	✓
FMA27	Boots UK Ltd	21 High St., Holt	NR256BN	✓	✓	✓	✓
FQ736	Boots UK Ltd	68 High St., Stalham	NR129AS	✓	✓	✓	✓
FRD48	Boots UK Ltd	46 High St., Sheringham	NR268DT		✓	✓	✓

Code	Name	Address	Postcode	Smoking	Sexual Health	Health Checks	NESC
FXJ37	Boots UK Ltd	7-10 Market Pl., Fakenham	NR219BG	✓	✓	✓	✓
FFW07	Coastal Pharmacy	17 High St., Mundesley	NR118LH	✓	✓		✓
FC508	Co-Op Pharmacy	Lidl Retail Park, Holt Rd	NR218JG	✓	✓	✓	✓
FNE95	Co-Op Pharmacy	11 Market Pl., North Walsham	NR289BP	✓	✓		✓
FJH12	Cromer Pharmacy	48 Overstrand Rd, Cromer	NR270AJ		✓		✓
FX609	David Jagger Ltd	5-7 Staithe St., Wells-Next-The-Sea	NR231AG	✓	✓		✓
FQT84	FMP Norfolk Ltd	Meditrina House, Trinity Rd	NR218SW		✓		✓
FWK09	Kelling Pharmacy	Holt Medical Practice, Old Cromer Rd	NR256QA		✓	✓	
FG801	Lloyds Pharmacy	51 Church St., Cromer	NR279HH		✓		✓
FKY73	Lloyds Pharmacy	31 Station Rd, Sheringham	NR268RF	✓	✓		✓
FKW79	Read's Pharmacy	Station Rd, Hoveton	NR128UR		✓		✓
FRP54	Roys Pharmacy Ltd	Forge House, Station Rd, Norwich	NR128DB	✓	✓		✓
North Norfolk Total				11	17	8	17
Norwich							
FA576	Boots UK Ltd	90-92 Colman Rd, Norwich	NR47EH		✓	✓	✓
FAR67	Boots UK Ltd	34-36 London St., Norwich	NR21LD		✓	✓	✓
FAV81	Boots UK Ltd	University Of East Anglia, Bluebell Rd	NR47TJ	✓	✓	✓	✓
FCQ45	Boots UK Ltd	562A Dereham Rd, Norwich	NR58TU	✓	✓	✓	✓
FDH21	Boots UK Ltd	11-12 Anglia Square, Norwich	NR31DY	✓	✓	✓	✓
FE181	Boots UK Ltd	Unit 5, River-side Retail Park, Norwich	NR11WR	✓	✓	✓	✓
FGD89	Boots UK Ltd	93 Aylsham Rd, Norwich	NR32HW	✓	✓	✓	✓
FKJ13	Boots UK Ltd	Lawson Rd Health Centre, Lawson Rd	NR34LE		✓		✓
FKK18	Boots UK Ltd	19 Castle Mall, Norwich	NR13DD	✓	✓	✓	✓
FMD92	Boots UK Ltd	Magdalen Medical Prac, Lawson Rd	NR34AF	✓	✓	✓	✓
FP850	Boots UK Ltd	55 Wessex St.	NR22TJ	✓	✓	✓	✓
FQ286	Boots UK Ltd	Chapelfield Ctr, Norwich	NR21SH	✓	✓	✓	✓
FQ859	Boots UK Ltd	Eaton Ctr, Church Ln., Norwich	NR46NU	✓	✓	✓	✓
FVN30	Boots UK Ltd	78 Hall Rd, Norwich	NR13HP	✓	✓	✓	✓
FY734	Boots UK Ltd	Bowthorpe Ctr, Wendene, Norwich	NR59HA	✓	✓		✓
FEV26	Co-Op Pharmacy	103 Magdalen St., Norwich	NR31LN	✓	✓		✓
FQJ81	Co-Op Pharmacy	323 Aylsham Rd, Norwich	NR32AB	✓	✓		✓
FXL27	Hamblins Pharmacy	29 Noble Cl., Heartsease Estate	NR79RJ	✓	✓	✓	✓
FVQ71	Hunt's Pharmacy	205 Plumstead Rd, Norwich	NR14AB	✓	✓		✓
FEN53	Hurn Chemist Ltd	143 Unthank Rd, Norwich	NR22PE	✓	✓	✓	✓
FC679	Lloyds Pharmacy	22 West End St., Norwich	NR24JJ	✓	✓		✓
FCH87	Lloyds Pharmacy	2 Mandela Close, Oak St.	NR33BD				✓
FKJ25	Lloyds Pharmacy	42 Earlham West Centre, West Earlham	NR58AD	✓	✓		✓
FMF14	Lloyds Pharmacy	25a Earlham Rd, Norwich	NR23AD		✓	✓	✓

Code	Name	Address	Postcode	Smoking	Sexual Health	Health Checks	NESC
FNR12	Lloyds Pharmacy	143-143A Colman Rd, Norwich	NR47HA	✓	✓	✓	✓
FQM87	MARahman Ltd	22 Suffolk Sq., Vauxhall St.	NR22AA		✓		✓
FH304	Morrisons	4 Albion Way, Riverside Retail Park	NR11WU	✓	✓	✓	✓
FTF42	Natural Health Pharmacy	117F Ipswich Rd, Norwich	NR46LD	✓	✓		✓
FWK22	Natural Health Pharmacy	1 St John's Close, Hall Rd	NR12AD	✓	✓		✓
FE814	Sainsbury's Pharmacy	1 Brazen Gate, Off Queens Rd	NR13RX	✓	✓	✓	✓
FFG38	Superdrug	12 St Stephen's St., Norwich	NR13SA	✓	✓		✓
FRL93	Thorpe Pharmacy	202 Thorpe Rd, Norwich	NR11TJ		✓		✓
FNE49	Total Health Pharmacy		NR14NT				✓
FJN54	Woodgrove Pharmacy	7 Woodgrove Parade, Catton Grove Rd	NR33NS		✓		
FL369	Woodside Pharmacy	Thorpewood Medical Centre, 140 Woodside Rd	NR79QL	✓	✓		✓
Norwich Total				26	33	19	34
South Norfolk							
FYE70	Beechcroft Pharmacy	Beechcroft Surgery, 23 Beechcroft, Norwich	NR50RS	✓	✓	✓	✓
FFN78	Boots UK Ltd	The Old School, The Common	NR148AE		✓	✓	✓
FG216	Boots UK Ltd		NR50JT		✓		✓
FLL19	Boots UK Ltd	9 Market Pl., Diss	IP224AB	✓	✓		✓
FM892	Boots UK Ltd	4 High St., Loddon	NR146AH	✓	✓	✓	✓
FR791	Boots UK Ltd	Wymondham Medical Centre, Postmill Close	NR180RF	✓	✓		✓
FT627	Boots UK Ltd	4 The Market Pl., Hingham	NR94AF	✓	✓	✓	✓
FW090	Boots UK Ltd	35A Gt. Melton Rd, Hethersett	NR93AB	✓	✓	✓	✓
FXM05	Boots UK Ltd	17 The Thoroughfare, Harleston	IP209AH				✓
FCF83	Co-Op Pharmacy	47-47A Market St., Wymondham	NR180AJ	✓	✓	✓	✓
FFY88	Co-Op Pharmacy	11 Market Pl., Diss	IP224AB	✓	✓		✓
FN077	Co-Op Pharmacy	16-18 The St., Poringland	NR147JR		✓		✓
FV834	Co-Op Pharmacy	The Angel Site, The St.	NR152XJ	✓	✓		
FDK20	Costessey Pharmacy	192 Norwich Rd, New Costessey	NR50EX	✓	✓	✓	✓
FHC61	Hado Pharmacy	66 Mount St., Diss	IP224QQ				
FRP25	Hurn Chemist Ltd	Crangleford Surgery, Cant-ley Ln, Norwich	NR46TA	✓	✓	✓	
FX253	Roundwell Pharmacy	27 Dr Torrens Wy, Longwater Ln., Norwich	NR50PD		✓	✓	✓
FA056	Sainsbury's Pharmacy	William Frost Wy, Costessey	NR50JS	✓	✓	✓	
South Norfolk Total				12	16	10	14
Grand Total				114	150	65	147

* 2 of the 15 NESC providers in Broadland provide supervised consumption but not needle exchange.

** 7 of the 15 NESC providers in Great Yarmouth provide supervised consumption but not needle exchange.

*** 1 of the 13 NESC providers in King's Lynn and West Norfolk provide supervised consumption but not needle exchange.

Non pharmacy providers of needle exchange are given in Appendix H.

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APPENDIX F

Steering Group membership

Jon Cox (Chair)	Locum Consultant in Public Health
Paul Duell	Local Professional Network (Pharmacy) Chair
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee
Sam Revill	Research Manager, Healthwatch Norfolk
Ian Small	Deputy Head of Medicine Management, NEL (Anglia) Commissioning Support Unit
Ian Hume	GP – Parish Fields Surgery & Norfolk & Waveney Local Medical Committee (Medical Secretary)
Kelvin Rowland-Jones	Contract Manager – Primary Care, NHS England – East Anglia Area
Françoise Price	Senior Clinical Pharmacist (Projects) NEL (Anglia) Commissioning Support Unit
Richard Verschoye	Healthwatch volunteer

APPENDIX G

PNA Steering Group terms of reference February 2014

1. The purpose of the Steering Group is to ensure the Norfolk Health and Wellbeing Board (the Board) is in receipt of a robust and up to date Pharmaceutical Needs Assessment (PNA) that the Board can publish by 31 March 2015.
2. The Steering Group will:
 - agree the project plan;
 - monitor progress against agreed timelines;
 - agree remedial action when project tolerances are breached; and
 - assure itself that the PNA meets the requirements of NHS (Pharmaceutical Services) Amendment Regulations SI 2010/914 in line with DH guidance.
3. The Steering Group will be accountable to the Board for the timely delivery of a robust PNA. The Steering Group will report indirectly to the Board through the Director of Public Health.
4. Quorum Steering Group meetings will require at least 4 members.
5. Public Health (Norfolk County Council) will provide project support for meetings and to take minutes.
6. Other members with relevant expertise will be co-opted by invitation as appropriate.

Membership

Jon Cox (Chair)	Specialty Registrar in Public Health, NCC
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee
Ian Hume	GP, Parish Fields Surgery & Norfolk & Waveney Local Medical Committee
Francoise Price	Senior Pharmacist, NHS Anglia Commissioning Support Unit
Sam Revill	Healthwatch Norfolk
Kelvin Rowland-Jones	Contract Manager Primary Care, East Anglia LAT, NHS England
Ian Small	Deputy Head of Prescribing, NHS Anglia Commissioning Support Unit

Frequency of meetings

The Steering Group will meet monthly until January 2015. There may be additional ad-hoc meetings according to need. Document review may be facilitated electronically to avoid delays in process.

APPENDIX H

Non pharmacy providers of needle exchange

NRP* 7 Unthank Road, Norwich. NR2 2PA

NRP Weavers Centre, Hellesdon Hospital NR6 5BE

NRP, Northgate Hospital, Great Yarmouth NR30 1BU

NRP 5–9 Chapel Street, Kings Lynn PE30 1EG

City Reach, Westwick Street, Norwich NR2 4SZ

Matrix Project, Westwick St, Norwich NR2 4SZ

Matthew Project, 4a Garden Street, Cromer NR27 9HN

NRP, St. Nicholas Street, Thetford IP24 1BT

The Salvation Army, Pottergate ARC, 28 Pottergate, Norwich, Norfolk NR2 1DX

SOS Bus Kings Lynn North Lynn Discovery Centre Ltd, Columbia Way, Kings Lynn, Norfolk, PE30 2LA

Wensum Valley Assessment/Treatment Centre NR5 8YT

*Norfolk Recovery Partnership (NRP)

The Mathew Project provides arrest referral services in Norfolk including access to needle exchange.

APPENDIX I

Pharmacy Provider survey results

Do you offer to collect prescriptions from GP surgeries on behalf of their patients? Please select one answer.

Answer Choices –	Responses –
Yes	100.00%
No	0.00%
Total Respondents: 99	

Do you offer free delivery of dispensed medicine? Please select one answer.

Answer Choices –	Responses –
Yes	93.94%
No	6.06%
Total Respondents: 99	

Which of these groups do you offer free delivery to? Please select all that apply.

Answer Choices –	Responses –
All patients	46.15%
Older people	51.65%
Disabled people	54.95%
People that are housebound	58.24%
Nursing home residents	37.36%
Residential home residents	39.56%
Those specifically requesting delivery	50.55%
Total Respondents: 91	

Where do you offer free delivery to? Please select one answer.

Answer Choices –	Responses –
The immediate area only	15.12%
Within the village / town	66.28%
Within the county / neighbouring county	11.63%
Anywhere	6.98%
Total Respondents: 86	

Do you place any other restrictions on the free delivery of dispensed medicine? Please write your answer here.

Responses (55)

☐

Do you charge for the delivery of dispensed medicine? Please select one answer.

Answer Choices –	Responses
Yes	1.02%
No	98.98%
Total Respondents: 97	

Where do you offer chargeable delivery to? Please select one answer.

Answer Choices –	Responses
The immediate area only	14.30%
Within the village / town	28.57%
Within the county / neighbouring county	14.29%
Anywhere	42.86%
Total Respondents: 3	

Do you regularly supply medicines to care homes providing nursing or residential care? Please select one answer.

Answer Choices –	Responses
Yes	42.86%
No	57.14%
Total Respondents: 98	

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the requirements for Pharmaceutical Services. In your opinion is the current provision of pharmaceutical services in Norfolk... ?

Answer Choices –	Responses
Excellent	15.63%
Very good	43.75%
Good	29.17%
Adequate	9.38%
Poor	2.08%
Very poor	0.00%
Total Respondents: 96	

In your opinion does the current local provision of pharmaceutical services provide adequate access to the following? Please select one answer for each row.

	Yes –	No –
Dispensing of prescriptions	98.96%	1.04%
Access to essential pharmaceutical services	96.88%	3.13%

Access to advanced pharmaceutical services (e.g. NMS MUR)	96.88%	3.13%
Access to enhanced pharmaceutical services commissioned by NHS England (e.g. flu vaccination services)	78.13%	21.88%
Access to local services (e.g. emergency contraception, stop smoking, supervised consumption of opiate substitute medication)	86.46%	13.54%

Total Respondents: 96

Do you feel that there is a need to improve the provision of pharmaceutical services locally? Please select one answer.

Answer Choices –

Yes

Responses

39.58%

No

60.42%

Total Respondents: 96

Do you feel that local provision would be improved by: (select all that apply)

Answer Choices –

Responses

Increasing the number of pharmaceutical service providers locally

83.33%

Increasing the opening hours of existing local pharmaceutical service providers

26.67%

Total Respondents: 30

APPENDIX J

GP Dispensing provider survey results

Do you offer delivery of dispensed medicine? Please select one answer.

Answer Choices –	Responses –
Yes	61.36%
No	38.64%
Total Respondents: 44	

Do you offer free delivery of dispensed medicine? Please select one answer.

Answer Choices –	Responses –
Yes	96.15%
No	3.85%
Total Respondents: 26	

Which of these groups do you offer free delivery to? Please select all that apply.

Answer Choices –	Responses –
All patients	37.50%
Older people	37.50%
Disabled people	20.83%
People that are housebound	54.17%
Nursing home residents	8.33%
Residential home residents	12.50%
Those specifically requesting delivery	37.50%
Total Respondents: 24	

Where do you offer free delivery to? Please select one answer.

Answer Choices –	Responses –
The immediate area only	14.29%
Within the village / town	23.81%
Within the county / neighbouring county	19.05%
Anywhere	42.86%
Total Respondents: 21	

Do you place any other restrictions on the free delivery of dispensed medicine? Please write your answer here.

Answered: 19



Do you charge for the delivery of dispensed medicine?
Please select one answer.

Answer Choices –	Responses –
Yes	4.00%
No	96.00%
Total Respondents: 25	24

Where do you offer chargeable delivery to? Please select one answer.

Answer Choices –	Responses –
The immediate area only	100.00%
Within the village / town	0.00%
Within the county / neighbouring county	0.00%
Anywhere	0.00%
Total Respondents: 1	0

Do you regularly supply medicines to care homes providing nursing or residential care? Please select one answer.

Answer Choices –	Responses –
Yes	46.34%
No	53.66%
Total Respondents: 41	22

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the requirements for Pharmaceutical Services. In your opinion is the current provision of pharmaceutical services in Norfolk... ?

Answer Choices –	Responses –
Excellent	25.00%
Very good	27.78%
Good	36.11%
Adequate	8.33%
Poor	2.78%
Very poor	0.00%
Total Respondents: 36	0

In your opinion does the current local provision of pharmaceutical services provide adequate access to the following? Please select one answer for each row.

	Yes –	No –
Dispensing of prescriptions	91.89%	8.11%
Access to essential pharmaceutical services	97.14%	2.86%
Access to advanced pharmaceutical services (e.g. NMS MUR)	85.71%	14.29%

Access to enhanced pharmaceutical services commissioned by NHS England (e.g. flu vaccination services)	88.89%	11.11%
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Access to local services (e.g. emergency contraception, stop smoking, supervised consumption of opiate substitute medication)	94.44%	5.56%
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Total Respondents: 37

Do you feel that there is a need to improve the provision of pharmaceutical services locally? Please select one answer.

Answer Choices –

Yes

Responses –

16.67%

No

83.33%

Total Respondents: 36

Do you feel that local provision would be improved by: (select all that apply)

Answer Choices –

Responses –

Increasing the number of pharmaceutical service providers locally

50.00%

Increasing the opening hours of existing local pharmaceutical service providers

50.00%

Total Respondents: 4

APPENDIX K

Patient survey results

When you have a prescription from your GP, where do you get your medicine or medical appliance from? Please select all the answers that apply.

Answer Choices –	Responses –
A pharmacy (chemist)	71.97%
The dispensary at your GP surgery	34.27%
A medical appliance supplier (for items such as incontinence products or wound dressings)	1.27%
An internet pharmacy	0.44%
Total Respondents: 1,809	

Which of these pharmacy services are you aware of? Please select all the answers that apply.

Answer Choices –	Responses –
Health checks, e.g. cholesterol or blood pressure checks	76.66%
Getting vaccinations, e.g. the flu jab	58.04%
Services for people who have had a stroke	13.66%
Services for people who use drugs, e.g. needle exchange	36.28%
Sexual health services, e.g. morning after pill	40.02%
Advice on healthy eating and healthy living	39.72%
Advice on stopping smoking	57.07%
Advice on the best way to take your medicine	66.99%
Advice on a health condition	59.67%
Total Respondents: 1,654	

Which of these pharmacy services have you used? Please select all the answers that apply.

Answer Choices –	Responses –
Health checks, e.g. cholesterol or blood pressure checks	34.01%
Getting vaccinations, e.g. the flu jab	23.32%
Services for people who have had a stroke	1.68%
Services for people who use drugs, e.g. needle exchange	0.71%
Sexual health services, e.g. morning after pill	3.00%
Advice on healthy eating and healthy living	10.51%
Advice on stopping smoking	5.48%
Advice on the best way to take your medicine	50.88%
Advice on a health condition	49.91%
Total Respondents: 1,132	

How often have you used a pharmacy service over the last year? This could be a pharmacy, dispensary at your GP surgery, internet pharmacy or medical appliance supplier. (Please select one answer)

Answer Choices –	Responses –
Most days	0.28%
Several times a week	1.18%
Once a week	4.22%
Once every couple of weeks	12.27%
Once a month	45.61%
Once every few months	17.85%
Once every six months	5.07%
Once this year	6.76%
I haven't used a pharmaceutical service in the past year	6.76%
Total Respondents: 1,776	

Do you usually go to the same place for pharmacy services?
Please select one answer.

Answer Choices –	Responses –
Yes	91.58%
No	8.42%
Total	153
Total Respondents: 1,817	

Why do you use this pharmacy service regularly? Please select the answers that are most important to you.

Answer Choices –	Responses –
Near to your home	59.05%
Near to where you work	2.87%
Near to your GP surgery	33.07%
At your GP surgery	31.85%
At a supermarket	5.68%
On the high street	10.33%
The staff are friendly	42.05%
The staff are knowledgeable	36.55%
They offer a collection service	25.73%
They offer a delivery service	18.46%
Total Respondents: 1,636	

How do you usually get to the pharmacy service that you regularly use? Please select one answer.

Answer Choices –	Responses –
------------------	-------------

By walking	39.60%
By bike	2.90%
By motorbike or car	55.00%
By public transport	2.50%
Total Respondents: 1,633	

How long does it usually take you to get to the pharmacy service that you regularly use? Please select one answer.

Answer Choices –	Responses –
Less than five minutes	24.10%
Between 5 and 10 minutes	45.60%
Between 11 and 20 minutes	24.50%
Between 21 and 30 minutes	4.50%
Longer than 30 minutes	1.30%
Total Respondents: 1,640	

Are pharmacy services open at a time that suits you? Please select one answer.

Answer Choices –	Responses –
Yes - they are always open when I need to go	47.20%
Yes - they are usually open when I need to go	46.50%
Not really - they are sometimes open when I need to go	4.90%
No - they are not usually open when I need to go	1.00%
No - they are never open when I need to go	0.40%
Total Respondents: 1,744	

Would any of these opening times make it easier for you to get to a pharmacy service? Please select all that apply.

Answer Choices –	Responses –
Open on a Saturday	31.60%
Open on a Sunday	18.70%
Open before 9.00am	13.70%
Open between 6.30pm and 8.00pm	27.70%
Open after 8.00pm	8.30%
Total Respondents: 958	

Overall, what do you think of pharmacy services in Norfolk?

Answer Choices –	Responses –
Excellent	28.60%
Very good	45.70%
Good	18.40%
Average	6.00%

Poor	0.90%
Very poor	0.40%
Total Respondents: 1,744	1,744



How old are you? Please select one answer.

Answer Choices –	Responses –
16-24 years old	0.30%
25-34 years old	1.90%
35-44 years old	5.00%
45-54 years old	14.20%
55-64 years old	22.40%
65-74 years old	33.60%
75-84 years old	17.70%
85+	4.90%
Total Respondents: 1,799	

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Glossary

ADHD	Attention deficit hyperactivity disorder
A&E	Accident & emergency
BMI	Body mass index
BME	Black and minority ethnic
CCG	Clinical Commissioning Group
CHD	Coronary heart disease
COPD	Chronic Obstructive Pulmonary Disease
CSU	Commissioning Support Unit
DAC	Dispensing appliance contractor
DRUM	Dispensing Review of the Use of Medicines
EAAT	East Anglia Area Team
ECCH	East Coast Community Healthcare
EHC	Emergency hormonal contraception
GP	General practitioner
GYW	Great Yarmouth & Waveney
HIV	Human immunodeficiency virus
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LES	Locally Enhanced Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LTC	Long term condition
MUR/PI	Medicines Use Review / Prescription Intervention
NCC	Norfolk County Council
NCH&C	Norfolk Community Health and Care
NMS	New Medicine Service
NRT	Nicotine Replacement Therapy
OOH	Out of hours
ONS	Office of National Statistics
PCT	Primary Care Trust
PGD	Patient Group Directive
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
PWP	Pharmacy White Paper
QOF	Quality and Outcomes Framework

Medicines optimisation	Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. It looks at how patients use medicines
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	<p>over time. It may involve stopping some medicines as well as starting others, and considers opportunities for lifestyle changes and nonmedical therapies to reduce the need for medicines. By focusing on patients and their experiences, the goal is to help patients to: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety. Ref RPS http://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf</p>
PSNC	<p>The PSNC promotes and supports the interests of all NHS community pharmacies in England. PSNC is recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. They work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations.</p>
CCGs	<p>CCGs are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.</p> <p>CCGs are clinically led groups that include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients.</p>
ESPS	<p>Essential Small Pharmacy Scheme. Pharmacies falling under the scheme were entitled to guaranteed monthly payments provided they did not exceed a threshold number of dispensed prescription items. The scheme was designed to attract and support pharmacies to provide pharmaceutical services in areas where such services were deemed essential however; due to low number of projected prescription items their financial viability could be compromised. This scheme came to an end on 31.3.2006 and existing pharmacies transferred to the ESPLPS. ESPLPS contracts are scheduled to end 31.3.2015. These pharmacies have a right to return to the pharmaceutical list. The right of return to the pharmaceutical list is set out in Directions (Direction 21(1) (d) and 21(3) of 2005 Directions.</p>

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