

Pharmaceutical Needs Assessment For Norfolk 2018

Version 1 for public consultation from 10th November 2017 – 9th January
2018

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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, stakeholders and members of the public for their participation in the consultation and development of the PNA.

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 September 2017 of current pharmaceutical services delivered by, in the main, community pharmacies. It is informed by a number of strategic documents including Norfolk's Joint Strategic Needs Assessment (JSNA) (last accessed September 2017)¹ and supports delivery of the *Norfolk's Living Well A public health strategy for Norfolk 2016-2020*² Norfolk and Waveney Sustainability and Transformation Plan (STP); NHS Five Year Forward View³ and Next Steps on the NHS Five Year Forward View⁴.

This PNA 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 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). All maps are available from NHS England

Local Authorities, Clinical Commissioning Groups and others may directly commission local services which they deem necessary to improve people's health and wellbeing (e.g. 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 (e.g. 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 tough financial challenges and rising demand 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, Norfolk's Living Well strategy and took into consideration Norfolk and Waveney's STP.¹⁶

The STP has stated that it will drive high quality care through integrated delivery.

That transformation of services will be aligned with the system vision to ensure:

- Services look at people as a whole person and outcomes which are important to the person are what matter in their care.
- People will receive good care any time, any day, with the aim of safely keeping them at home where possible and appropriate.
- People and organisations who care for individuals talk to each other with one liaison for an individual's care who is easy to get hold of. The system recognises an individual's time is precious and visits are arranged recognising this. A trusting relationship is developed between an individual and the services who see them.

By 2021 the Norfolk and Waveney system ambition is to:

- Have reduced the gap in health outcomes across the county through targeted intervention
- Have a sustainable, integrated primary care model which meets locally defined minimum standards and is easily accessible to all
- Reduce A&E attendances and NEL admissions by at least 20% vs do-nothing forecast
- Reduce NEL acute bed days by at least 35% vs do-nothing forecast
- Have a safe and sustainable acute service capable of meeting key access and quality standards, including RTT, the emergency care standard, and cancer 14, 31 and 62 day standards
- Provide physical, mental and social care through integrated place or locality based teams who work together to help the most vulnerable people manage their physical and mental health better and remain in their community
- Achieve parity of esteem between physical and mental health

The PNA Steering Group sees full integration of all pharmaceutical services and effective use of pharmacists' skills as essential to enable delivery of the above stated aims and supportive of the public health and primary care strategies.

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

Healthwatch Norfolk is pleased to have supported the development of Norfolk's Pharmaceutical Needs Assessment. This has been the liveliest and most interactive Needs Assessment that HWN have been involved in to date and we have had pleasure in helping to ensure that the voice of the public and patients are represented in this process.

Alex Stewart

Chief Executive Healthwatch Norfolk

Everyone understands that the NHS continues to face massive challenges. Significant changes are taking place around how health and social care work together to meet these challenges. A strong focus should rightly be placed on ensuring high quality care that is convenient and accessible for all.

Community pharmacies are ideally placed to help look after our population within their own communities. We have long held the view that the development and integration of community pharmacy services should be a priority. Our skilled staff can contribute so much more in terms of the whole spectrum of the self-care agenda, management of long term conditions and medicines optimisation.

Norfolk Local Pharmaceutical Committee has therefore been pleased to support the development of this PNA. It rightly evaluates current provision, but also puts a welcome spotlight on the above potential. It is encouraging that the STP, CCGs and Public Health have been engaged with its production and recognise its importance. The challenge now is to ensure the recommendations are implemented, and the LPC will continue to work with all parties to make this happen for the benefit of our patients.

Tony Dean

CEO, Norfolk LPC

Norfolk and Waveney LMC have been working alongside our partner organisations in developing the 2018 pharmaceutical needs assessment, building on the previous plan ,and developing a document which both fulfils the statutory obligations under regulation ,but also explores the opportunities for health and local authorities to work together to provide patient services on the basis of robust evidence. The PNA has considered increases in population and the changing demographics of our population to develop a plan which is fit for the next three years, and to provide a degree of stability.

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). This PNA updates the Norfolk PNA 2014 which was the first to be published by the Norfolk Health and Wellbeing Board.

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. Of note, decisions on whether to open new pharmacies are made by NHS England, **not** by the HWB. 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, Public Health (promotion of healthy lifestyles), signposting 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); New Medicines Service (NMS); NHS Urgent Medicine supply Advanced Service (NUMSAS) and Flu vaccination 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.

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.¹

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

Community Pharmacy Forward View

The Community Pharmacy Forward View⁵, published by PSNC and Pharmacy Voice, with the support of the RPS English Pharmacy Board, on 30th August 2016, sets out the sector's ambitions to radically enhance and expand the personalised care, support and wellbeing services that community pharmacies provide. In the scenarios outlined in the document, pharmacy teams would be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.

The Community Pharmacy Forward View sets out the organisations' shared ambition for the sector, focused on three key roles for the community pharmacy of the future:

1. As the facilitator of personalised care for people with long-term conditions
2. As the trusted, convenient first port of call for episodic healthcare advice and treatment
3. As the neighbourhood health and wellbeing hub

Many of these scenarios are already happening in pharmacies across the country, or could be if community pharmacy teams were given the opportunity. The ambition is that with the right supporting systems, processes and incentives in place, and a rigorous focus on implementation and continual improvement, community pharmacy can and will deliver these three domains of activity consistently across England, enabling effective planning and commissioning of person-centred services from the community pharmacy network.

Community Pharmacy Clinical Services Review

The independent 'Community Pharmacy Clinical Services Review'⁶ ('the Murray report') was commissioned by the Chief Pharmaceutical Officer and published by the Kings Fund in December 2016. The report provides a useful summary of national policy reports over the past eight years which have described opportunities for expanding the role of community pharmacy and pharmacists. However, the report highlights the fact that there remains significant untapped potential for better utilising the clinical skills and expertise of the community pharmacy team.

The Murray report proposes that pharmacy needs to be a 'core part of the integrated, convenient services that people need', although the report identifies that this has proven difficult to achieve thus far. NHS England's Five Year Forward View (October 2014) and the General Practice Forward View (April 2016) set out proposals for the future of the NHS based

around new models of care, and offer a strategic opportunity to review and revisit the role of community pharmacy in the health and care system.

The Murray report recommends that pharmacy needs to be fully integrated into the new models of care developed by the Vanguard programme, particularly into the following four of the five groups:

- integrated primary and acute care systems;
- multi-specialty community providers (MCPs) moving specialist care out of hospitals into the community;
- enhanced health in care homes to provide better, joined up health, care and rehabilitation services for older people; and
- urgent and emergency care service models.

Sustainability and Transformation Programmes (STPs) across 44 ‘footprint’ areas in England aim to bring together health and care stakeholders to develop local plans for how local services will evolve and become sustainable over the next five years. The Murray report recommends that efforts are made to ensure that community pharmacy are involved in this work: “Community pharmacy can provide a wide range of services that provide value for money at the same time as providing a new way to meet patient demand and indeed contribute to reducing demand through better public health.... There is a need in the medium-term to ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professional. This will include enhancing the support they provide to people with long-term conditions and public health”.

At a national level, the Murray report calls for NHS England and national partners to consider how best to support STPs in integrating community pharmacy into plans and overcoming barriers in the complexities of the commissioning landscape. At a local level, the Health and Wellbeing Board could encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working and the incorporation of best practice and evidence as it becomes available. The report also recommends that the evidence base should be developed to include community pharmacists in new models of care built around patient need, specifically including:

- integrating community pharmacists and their teams into care pathways for long-term conditions;
- involving community pharmacists and their teams in case finding programmes for certain conditions e.g. hypertension;
- developing contractual mechanisms for incentivising more rapid uptake of independent prescribing and utilising clinical skills of pharmacists as groups and individuals.

The **key message** 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 2013⁷. The development of the revised PNA for 2017 was overseen by a multi-agency PNA Steering Group.

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 7th November 2017 to 9th January 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's development and production was overseen 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) through their representative on the Steering Group.

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 Super Output Area (MSOA) level.

The PNA will continue to be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. The PNA Review Group will continue to monitor and assess changes in both need and provision of pharmaceutical services and will advise the Health and Wellbeing board for the need to issue supplementary statements or a full PNA refresh.

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 <http://www.norfolkdata.net/jsna>

Norfolk is a largely rural area with a GP registered population of 926,838 patients of which 892,872 (estimate) 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 September 2017, Norfolk had a total of 164 community pharmacies, 56 dispensing GP practices (with 22 branch surgeries) and 1 dispensing appliance contractor (DAC).

Local impact of the new national pharmacy contract (2016)

On 20th October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17. This was a reduction of 4% compared with 2015/16, and was to be followed by a further 3.4% reduction in 2017/18.

Key changes were also made to the national pharmacy contract with the aim of creating a more efficient service which is better “integrated with the wider health and social care system.” Full details of the final Community Pharmacy proposals can be found in the Department of Health (DoH) report “Community pharmacy in 2016/2017 and beyond: final package”⁸

The changes also include a new ‘Pharmacy Access Scheme’ which aims to ensure that populations have access to a pharmacy, especially where pharmacies are sparsely spread and patients depend on them most. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016. Nationally 1,356 pharmacies have qualified for the scheme. In Norfolk, just 31 pharmacies have been identified which is 19% of all current pharmacies as at October 2017.

As described in the DoH health impact assessment, it is complex to assess the impact of these changes on Norfolk residents at this stage. There is no reliable way of estimating the number of pharmacies that may close or the services which may be reduced or changed as a result of the policy and this may depend on a variety of complex factors, individual to each community pharmacy and their model of business.

Also of relevance to this PNA is that amendments were also made to the pharmacy National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations 2013⁹ in December 2016. One key change was a new regulation which describes the potential consolidation of two or more pharmacies onto one existing site. A new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes which would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision as assessed by the PNA Review Group.

The Value of Community Pharmacy Services¹⁰

As part of its response to the funding reductions, the Pharmaceutical Services Negotiating Committee (PSNC, which is recognised by the Secretary of State as the representative of community pharmacy owners on NHS matters) commissioned PricewaterhouseCoopers LLP (PwC) to examine and quantify the economic contribution of community pharmacy in England in 2015. The resulting report analysed the value (net benefits) to the NHS, public sector, patients and wider society of 12 specific services provided by community pharmacy.

PwC considered the following services, some of which are commissioned locally, some of which are carried out as part of the national community pharmacy contractual framework and some of which are provided by pharmacies but are not commissioned services:

- Supervised consumption
- Needle and syringe programmes
- Emergency hormonal contraception
- Commissioned minor ailments services
- Non-commissioned minor ailments advice
- Clarifying prescriptions
- New Medicine Service (NMS)
- Sustaining supply of medicines in emergencies
- Medicines adjustments
- Managing drug shortages
- Managing prescribing errors
- Delivering prescriptions

For each of these services, PwC estimated the net value of the service in 2015 using a range of sources including a bespoke survey of community pharmacies, data collection by pharmacies and official statistics.

The savings

The study considered four aspects of the value provided by community pharmacy:

- The potential cost savings to the healthcare system as a result of the cost-effective provision of these services by community pharmacy;
- The potential cost savings to other parts of the public sector;
- The value of improved patient outcomes expressed in terms of time saved and enhanced wellbeing; and
- The value to wider society, for instance due to avoidance of a loss of output (if people are unable to work) and the reduced risk of loss of life.

The methodology considered the value that would be lost if community pharmacy no longer provided the services. PwC also took into account the funding that pharmacy received for the

service in order to get to a net value. Through the 12 services, in 2015 community pharmacy in England contributed £3 billion in net value. This does not give a total figure for the value of community pharmacy because many services, including the dispensing function of community pharmacies, were not analysed. PwC point out that the amount of public sector spending saved directly as a result of the 12 services analysed is enough by itself to offset the entire amount of public funding provided to community pharmacy in 2015. This means that all the other benefits of community pharmacy can be seen as additional benefits that are provided at no cost to the Exchequer. The NHS was the biggest beneficiary of benefit, with direct NHS cash savings as a result of cost efficiencies worth £1.1 billion and avoided treatment costs worth £242 million. Patients experienced around £600 million of benefits mainly in the form of reduced travel time to alternative NHS settings. £575 million worth of benefits accrued to wider society, through increased output and avoided deaths as a result of community pharmacy interventions. And other public sector bodies such as local authorities saved over £452 million as a result of avoided pressure on other services such as social care and justice.

The ongoing PNA Reference Group will continue to monitor any potential closures or mergers of local pharmacies and issue appropriate statements of fact as necessary in line with PNA requirements.

1.5 conclusions and recommendations

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 and the STP should seek to fully integrate the skills, expertise and capability of community pharmacy teams into system redesign and emerging models of care. Medicines are the single most common intervention in the NHS and the commissioning of sustainable services from community pharmacy will contribute to improving the health of Norfolk's population and/ or contribute to reducing pressures elsewhere in the health system.

1.5.1 Norfolk County Council Public Health stated commission intentions

Norfolk County Council intend to review the model for and contract arrangements with Norfolk community pharmacies in order to ensure commissioning agreements are as efficient and effective as possible.

Stop Smoking services

Norfolk County Council Commissioners intend that pharmacies will continue to have an important role to play in helping smokers to quit, by intercepting potential quitters and supporting them through the process. Most pharmacies in Norfolk are already contracted to provide Stop Smoking services (126 out of 164 [77%]).

Commissioners aim to increase awareness of stop smoking services that are available within pharmacies and increase engagement between specialist Stop Smoking services and existing pharmacies to encourage more potential clients into Stop Smoking services.

Commissioners are also investigating the feasibility of pharmacists supplying varenicline (Champix®) as part of the stop smoking service.

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.

Pharmacies will play an important role in providing access to emergency contraception, in providing sexual health advice, and in referring people to specialist sexual health services where appropriate. Pharmacies are well placed to offer HIV testing services to address the high rates of late diagnosis in Norfolk and to help reduce the prevalence of chlamydia infection by providing screening, diagnosis and treatment in the community.

Commissioners will seek to increase awareness of sexual health services that are available from community pharmacies.

Current provision is deemed appropriate and any change in need will be monitored by the commissioners.

Substance Misuse services

A new integrated Alcohol and Drug Behaviour Change Service will be in place from April 2018.

A pilot has recently started working with 5 pharmacies providing "Take Home Naloxone". Naloxone is an emergency antidote to opiate overdose. The aim of take-home naloxone is to reduce overdose deaths from heroin and similar drugs. This will be monitored as part of the pilot process.

Weight Management services

Pharmacies currently provide vouchers for people who are clinically obese to access 12 weeks support from a commercial weight management programme as part of a service commissioned by Norfolk County Council.

Commissioners will continue to work with existing community pharmacists and their teams to increase the uptake of the weight management programme.

NHS Health checks

Pharmacies are currently commissioned to provide NHS Health Checks and Norfolk County Council Public Health commissioners intend to continue this arrangement.

Commissioners intend to increase awareness of health check provision within pharmacies and in areas where health checks are not widely available intend to utilise pharmacies more to deliver Health checks in those areas.

Health Living Pharmacy Accreditation

This accreditation is now managed at a national level.

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 accrediting as a Healthy Living Pharmacy (HLP).

HLP Level 1 is awarded to pharmacies that consistently deliver a range of health and wellbeing services. Pharmacies are self-assessed and accredited by the Royal Society for Public Health (RSPH). There are currently twenty four accredited pharmacies in Norfolk on the RSPH's online register (accessed November 2017).

Healthy Start

NCC PH Commissioners will continue to work with community pharmacies to provide free Healthy Start Vitamins to low income families.

Additionally a scheme is being set up to allow Healthy Start vitamins to be sold in targeted pharmacies to allow those who do not qualify for vouchers the opportunity to buy them cheaply.

1.5.2 Norfolk and Waveney Sustainability and Transformation Plan Statement

The increasing health and wellbeing challenge of keeping people living happy, healthy and fulfilled lives closer to home and within the Community, is putting an unprecedented strain on the health and social care system. With a growing and ageing population with more complex health and social needs, a retiring workforce, advancements in technology and changing patient expectations, we know that a transformational shift is needed to the way we deliver care. By working collaboratively across the health and social care system, across organisations much broader than the traditional GP and hospital organisations, we have the opportunity to redesign and reshape care to wrap around patients, their families and carers to improve health outcomes for everyone.

As a system, across Norfolk and Waveney, we need to ensure that prevention and self-care is at the heart of our Sustainable and Transformation Plan recognising the critical role that pharmacy services play in their interaction with the public. Through partnership working and co-production we need to tap into the potential of the hundreds of community pharmacies across the STP footprint to promote self-care and healthy seeking behaviours. We will continue to build on promoting pharmacy as the first point of contact for minor ailments and medicines advice and working closer with our community pharmacy colleagues develop a system wide approach to supporting patients to self-care.

The Pharmaceutical Needs Assessment will provide a critical steer to the prevention agenda, as well as support the development of mapping services in line with 'integrated hubs' and a multidisciplinary approach to patient care. We understand Pharmacies have a key role to play in reducing medication waste, we will continue to encourage improved dialogue between pharmacies, care homes and GP practices to identify opportunities for improving ordering processes to reduce waste. It is well known that many patients do not take their medicines as prescribed and more could be done to use existing services to focus on identifying compliance and concordance issues. We will continue to facilitate improved working relationships between GP practices and pharmacies which is fundamental to delivering better patient care for all.

1.5.3 Recommendations

Chapter 6 Demography

- 1 Commissioners should seek to maximise the potential of delivering public health and medicines optimisation interventions by fully integrating pharmacy into current and emerging models of care to meet the range of needs of Norfolk's population.

2 To harness the wide range of skills that community pharmacists and their teams have to support the delivery of the prevention and self-care agenda to support the long term sustainability of the Norfolk health economy.

3 The Norfolk HWB must 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.

4 That local providers of pharmaceutical services have equitable (in line with other local healthcare providers) access to appropriate translation interpretation and British Sign Language interpreting services

5 The HWB and commissioners should continue to work in partnership with existing community pharmacies to maximise the opportunities for public health interventions and to further support people to self-care within the easy to exclude community.

Chapter 7 Health Need

6 The HWB and commissioners should continue to 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 by making every contact count.

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

Chapter 8 Current provision of pharmaceutical services

8 To continue to work with GP practices and pharmacies to maximise the appropriate use of electronic repeat dispensing to derive maximum benefits for patients and providers of services.

9 STP/CCGs should further engage with community pharmacy leaders to enhance integration of these nationally commissioned services to maximise patient benefits of optimal use of medicines.

10 STP and constituent CCGs to be mindful of the capabilities and skills within community pharmacy and ensure these are fully integrated into system redesigns to support positive patient outcomes.

2. Introduction

Norfolk is a large (549,751 hectares), mostly rural county in the East of England with around 401,756 households.¹¹ It has a GP registered population of 926,838 patients (NHS Digital April 2017) of whom 892,872 (ONS mid-2016) are resident within the Norfolk boundary.

Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England. Almost all of the population increase over the last 5 years has been in those aged 65 and over. Between 2014 and 2025 the population is expected to increase by 66,000 with most of the increase in the 65 and over age bands.¹²

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.

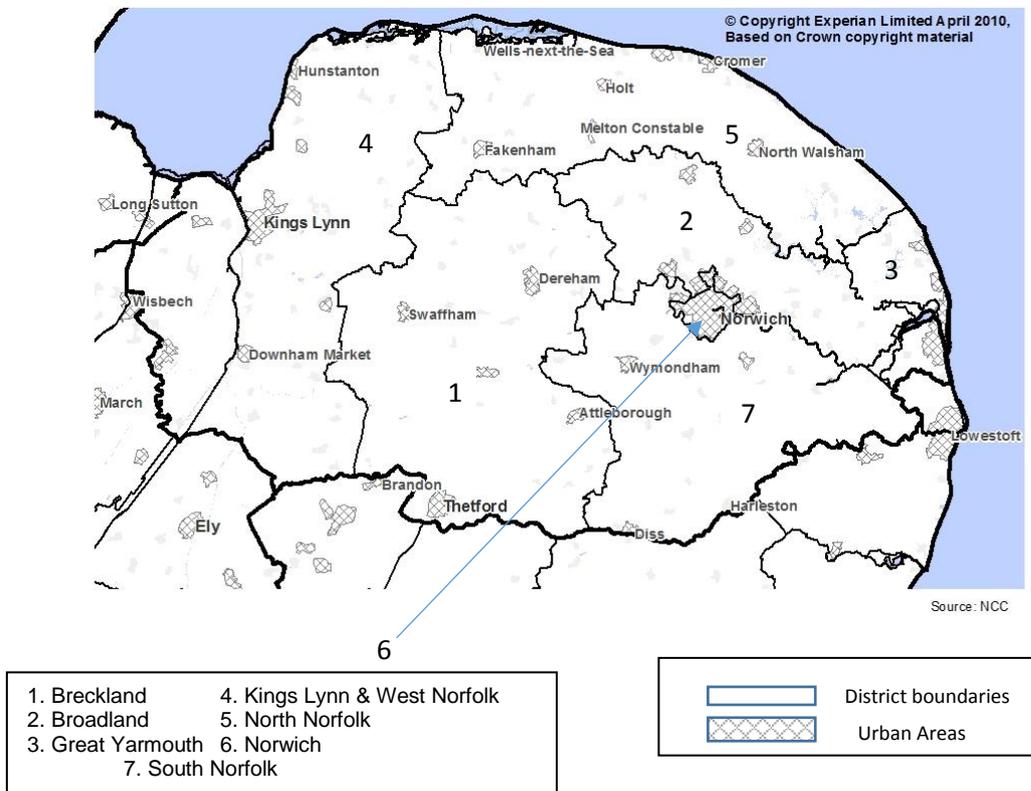


Figure 1: Map showing Norfolk's district council geographical boundaries and urban areas

Whilst the population are predominantly white British (92.4% in Norfolk as a whole. Norwich district at 84.7% has the highest ethnicity mix), over 100¹³ languages are spoken in the county. The area of Norfolk covered by the HWB has a resident population of approximately 892,000¹

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 in excess of £6bn and tourism is one of the largest sector industries 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. In 2015, the county received approximately 40 million day trips and around 3.1 million staying trips, accounting for 12.1 million visitor nights (Visit Norfolk 2015). Three quarters of visitors to Norfolk come to take a holiday and around a third of visitors stay in paid accommodation. Visitors to the area will increase demand for both medical and pharmaceutical services.

Structure of health organisations in Norfolk

As at 30 September 2017 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 NHS Organisations set up by the Health and Social Care Act 2012. They are clinically-led groups of GP practices which hold budgets to buy health care on behalf of their local communities. CCGs are held to account by NHS England and operate within a statutory framework. A number of GP federations have formed across Norfolk. A GP federation is a collaborative arrangement between a number of GP practices which enable them to work at greater scale and share resources.

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.

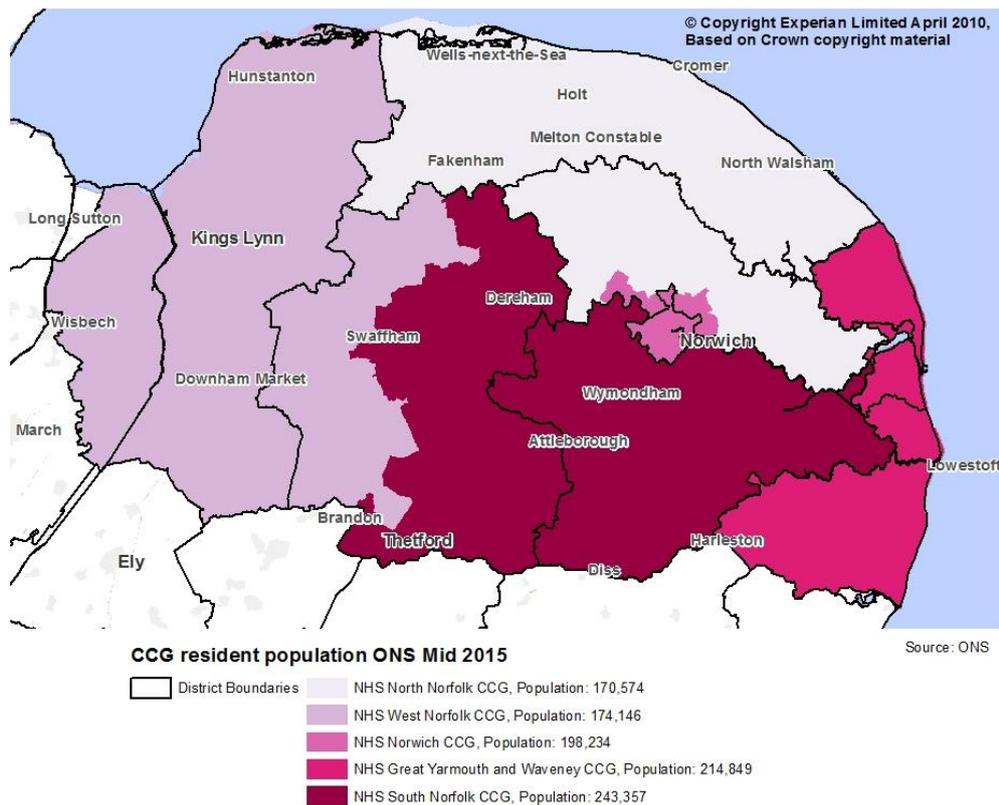


FIGURE 2: MAP ILLUSTRATING CCGs WITH THEIR REGISTERED POPULATION SIZES. DISTRICT COUNCIL BOUNDARIES ARE ALSO SHOWN. DATA SOURCE: ONS MID 2015

As of the 30 September Norfolk had a total of 164 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 nineteen 100 hour contractors who, as the name suggests must open for a minimum of 100 hours; and four 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 services*⁸ for the population in its area, referred to as a PNA.

PNAs must be refreshed as a minimum every 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 2013*⁷

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.
- The footprint of the Norfolk PNA largely mirrors the Norfolk and Waveney STP enabling this document to inform consideration of how pharmaceutical services and community pharmacy can be developed and integrated into the evolving architecture of the local healthcare system and delivery of patient care.

This PNA is a full refresh of the Norfolk PNA ratified in February 2015.

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 2013*.⁷

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)* ⁷ 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, Public Health (promotion of healthy lifestyles), signposting and support for self-care.
- Advanced services: community pharmacy contractors and dispensing appliance contracts can provide these subject to accreditation. These are 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. New advanced services introduced since the publication of the last PNA are: influenza vaccination service and National urgent medicine supply advanced service.
- 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 strengths*¹⁴ and the 2016 Community Pharmacy Clinical Services Review (Murray Report)¹⁵ which made several recommendations to renew efforts to make the most of the existing clinical services that community pharmacies can provide.

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)*⁷. 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 by NHS England.

It should be noted that as per the Regulations (2013), enhanced services may be commissioned as a local service (e.g. out-of-hours provision, minor ailment scheme) by CCGs to support their local priorities.

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)*⁷. 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:

- 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.

CCGs are able to commission locally defined services to meet strategic and operational needs to support delivery of the transformation agenda and long term goals.

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)
- NHS Community Pharmacy Emergency Supply Service

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)*⁷, 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. There are no LPS pharmacies or LPS designated areas in Norfolk.

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. 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 Norfolk PNA (2014) in February 2015. All current maps are available from NHS England

2.7 What is excluded from the PNA?

The PNA has a regulatory purpose defined by the Regulations 2013⁷ 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

There are 5 CCGs with responsibility for commissioning health services across Norfolk. Namely North Norfolk, South Norfolk, West Norfolk, Norwich, Great Yarmouth and Waveney CCGs. There are 3 acute provider trusts: Norfolk and Norwich University Hospital, James Paget University Hospital and the Queen Elizabeth Hospital Kings Lynn. The Norfolk and Suffolk Foundation Trust provide mental health services whilst community services are provided by Norfolk Community Health and Care Trust (NCHC) and East Coast Community Healthcare CIC (ECCH). These organisations together with others including the local, borough and district councils are working collaboratively on the Norfolk and Waveney Sustainability and Transformation Plan (STP) ¹⁶.

Key STP Outcomes:

By 2021 the Norfolk and Waveney system ambition is to:

- Have reduced the gap in health outcomes across the county through targeted intervention
- Have a sustainable, integrated primary care model which meets locally defined minimum standards and is easily accessible to all
- Reduce A&E attendances and NEL admissions by at least 20% vs do-nothing forecast
- Reduce NEL acute bed days by at least 35% vs do-nothing forecast
- Have a safe and sustainable acute service capable of meeting key access and quality standards, including RTT, the emergency care standard, and cancer 14, 31 and 62 day standards
- Provide physical, mental and social care through integrated place or locality based teams who work together to help the most vulnerable people manage their physical and mental health better and remain in their community
- Achieve parity of esteem between physical and mental health

Areas of Key Impact

The STP workstreams have identified areas where they can best positively impact the health and care outcomes of our population and these align along the following system priorities:

- Sustainable physical and mental health, social care and prevention services out of hospital
- Reducing acute activity, including A&E attendances, non-elective (NEL) admissions and inpatient length of stay (LoS) by establishing integrated locality or place based teams responsible for physical, mental and social care
- Improved management of planned care to meet national waiting time standards, and reduce variation and demand
- Adaptive and sustainable workforce

The PNA Steering Group strongly believes that pharmacists and community pharmacies have a key role to play in supporting the STP deliver its stated objectives and outcomes.

The Murray Report states: *Looking into the medium-term, there is a need to ensure that community pharmacy is integrated into the evolving new models of care alongside other primary care professionals. This will include enhancing the support they provide to people with long term conditions and public health, but should not be limited to these. Progress here will necessarily be more local in nature, built around the needs of patients and localities, however, NHS England and Public Health England can support and encourage this progress, not least to overcome some of the barriers that have to date prevented full use of community pharmacy.*

The Murray Report makes 10 recommendations covering services; new models of care and overcoming barriers. The PNA Steering Group would like to highlight these recommendations to local commissioners.

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 September 2017).

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

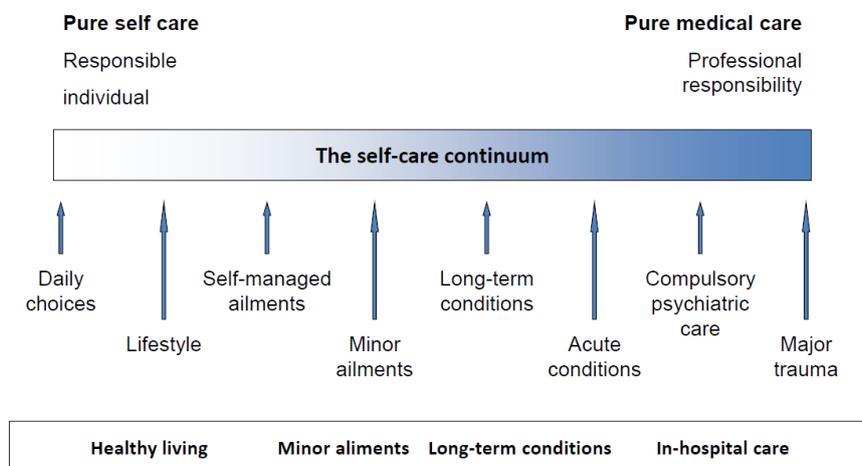
2.8.2 Contribution of community pharmacy to Norfolk priorities

This includes maintaining a healthy weight, keeping blood pressure at a healthy level and stopping smoking for example. In Norfolk, community pharmacies can and do make a contribution to these ambitions in a number of ways through offering services to support healthy living; reduce A&E attendances and supporting people in their own homes (including delivery of medicines)

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.

Enhanced integration of pharmacy and pharmacists into the patient pathway from prevention to end of life (The self-care continuum) will support delivery of the ambitions set out in the Norfolk and Waveney STP. Community pharmacy can make every contact count supporting patients with self-care and optimising use of medicines to ensure patients achieve full health benefit from prescribed medicines.

The self-care continuum



2.9 Overview of community pharmacy in Norfolk

Norfolk has a total of 164 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 nineteen 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	21
Broadland	20
Great Yarmouth	28
Kings Lynn & West Norfolk	24
North Norfolk	18
Norwich	35
South Norfolk	18
Total	164

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 2.6 above.

As of January 2017 there are 231,767 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

NHS England spends over £9.2 billion on medicines in primary care, and there is growing evidence that the use of medicines is sub-optimal. **Norfolk spent around £165 million in 2016–17.**

Headlines

From NICE NG 5 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes¹⁷

- Up to 50% of patients do not take their medicines
- 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
- Wasted medicines have been recently evaluated to be worth over £300 million per year, and this is likely to be an underestimate

From the Value of Community Pharmacy PricewaterhouseCoopers LLP (PWC)¹⁸

- Community pharmacies contributed a net value of £3billion to the NHS, public sector, patients and wider society in England in 2015 through just 12 services, with a further £1.9 billion expected to accrue over the next 20 years. This means that community pharmacies deliver substantially more in benefits than they receive in compensation, providing excellent value to the Department of Health
- Pharmacies made more than 150 million interventions through the services in 2015 and there was a benefit of more than 250,000 per pharmacy or £54.61 for every resident in England
- Breaking the combined contribution down into the areas which are benefitting, it was found that:
 - ❖ The NHS received a net value of £1,352 million, including cash savings as a result of cost efficiencies, and avoided NHS treatment costs:
 - ❖ Other public sector bodies (e.g. local authorities) and wider society together received over £1 billion through increased output, avoided deaths and reduced pressure on other services such as social care and justice: and
 - ❖ Patients received around £600 million, mainly in the form of reduced travel time to alternative NHS Settings

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.

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 the 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)*⁷.

Amendments have been made to the Regulations 2013. ¹⁹ in December 2016. A key change is a new regulation 26A²⁰ which describes the potential consolidation of two or more pharmacies onto one existing site. A new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes which would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

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.

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 (FHS AU), 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 e.g. CCGs.

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 FHS AU. 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 are 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 Pack²¹ to help HWBs undertake PNAs.

3.2 National policy and Community Pharmacy Forward View

The Community Pharmacy Forward View²², published by PSNC and Pharmacy Voice, with the support of the RPS English Pharmacy Board, on 30th August 2016, sets out the sector's ambitions to radically enhance and expand the personalised care, support and wellbeing services that community pharmacies provide. In the scenarios outlined in the document, pharmacy teams would be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.

The Community Pharmacy Forward View sets out the organisations' shared ambition for the sector, focused on three key roles for the community pharmacy of the future:

1. As the facilitator of personalised care for people with long-term conditions
2. As the trusted, convenient first port of call for episodic healthcare advice and treatment
3. As the neighbourhood health and wellbeing hub

Many of these scenarios are already happening in pharmacies across the country, or could be if community pharmacy teams were given the opportunity. The ambition is that with the right supporting systems, processes and incentives in place, and a rigorous focus on implementation and continual improvement, community pharmacy can and will deliver these three domains of activity consistently across England, enabling effective planning and commissioning of person-centred services from the community pharmacy network.

Community Pharmacy Clinical Services Review

The independent 'Community Pharmacy Clinical Services Review' ('the Murray report')²³ was commissioned by the Chief Pharmaceutical Officer and published by the Kings Fund in December 2016. The report provides a useful summary of national policy reports over the past eight years which have described opportunities for expanding the role of community pharmacy and pharmacists. However, the report highlights the fact that there remains significant untapped potential for better utilising the clinical skills and expertise of the community pharmacy team.

The Murray report proposes that pharmacy needs to be a 'core part of the integrated, convenient services that people need', although the report identifies that this has proven difficult to achieve thus far. NHS England's Five Year Forward View (October 2014) and the General Practice Forward View (April 2016) set out proposals for the future of the NHS based

around new models of care, and offer a strategic opportunity to review and revisit the role of community pharmacy in the health and care system.

The Murray report recommends that pharmacy needs to be fully integrated into the new models of care developed by the Vanguard programme, particularly into the following four of the five groups:

- integrated primary and acute care systems;
- multi-specialty community providers (MCPs) moving specialist care out of hospitals into the community;
- enhanced health in care homes to provide better, joined up health, care and rehabilitation services for older people; and
- urgent and emergency care service models.

Sustainability and Transformation Programmes (STPs) across 44 ‘footprint’ areas in England aim to bring together health and care stakeholders to develop local plans for how local services will evolve and become sustainable over the next five years. The Murray report recommends that efforts are made to ensure that community pharmacy are involved in this work: “Community pharmacy can provide a wide range of services that provide value for money at the same time as providing a new way to meet patient demand and indeed contribute to reducing demand through better public health.... There is a need in the medium-term to ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professional. This will include enhancing the support they provide to people with long-term conditions and public health”.

At a national level, the Murray report calls for NHS England and national partners to consider how best to support STPs in integrating community pharmacy into plans and overcoming barriers in the complexities of the commissioning landscape. At a local level, the Health and Wellbeing Board could encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working and the incorporation of best practice and evidence as it becomes available. The report also recommends that the evidence base should be developed to include community pharmacists in new models of care built around patient need, specifically including:

- integrating community pharmacists and their teams into care pathways for long-term conditions;
- involving community pharmacists and their teams in case finding programmes for certain conditions e.g. hypertension;
- developing contractual mechanisms for incentivising more rapid uptake of independent prescribing and utilising clinical skills of pharmacists as groups and individuals.

Local impact of the new national pharmacy contract (2016)

On 20th October 2016 the Government imposed a two-year funding package on a community pharmacy, with a £113 million reduction in funding in 2016/17. This was a reduction of 4% compared with 2015/16, and was followed by a further 3.4% reduction in 2017/18.

Key changes were also made to the national pharmacy contract with the aim of creating a more efficient service which is better “integrated with the wider health and social care system.” Full details of the final Community Pharmacy proposals can be found in the Department of Health (DoH) report “Community pharmacy in 2016/2017 and beyond: final package”.²⁴

The changes also include a new ‘Pharmacy Access Scheme’ which aims to ensure that populations have access to a pharmacy, especially where pharmacies are sparsely spread and patients depend on them most. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016. Nationally 1,356 pharmacies have qualified for the scheme. In Norfolk, just 31 pharmacies have been identified which is only 19% of all current pharmacies as at October 2017.

As described in the DoH health impact assessment, it is complex to assess the impact of these changes on Norfolk residents at this stage. There is no reliable way of estimating the number of pharmacies that may close or the services which may be reduced or changed as a result of the policy and this may depend on a variety of complex factors, individual to each community pharmacy and their model of business.

Also of relevance to this PNA is that amendments were also made to the pharmacy National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations 2013 in December 2016. One key change was a new regulation which describes the potential consolidation of two or more pharmacies onto one existing site. A new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes which would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.²⁵

The Value of Community Pharmacy Services

As part of its response to the funding reductions, the Pharmaceutical Services Negotiating Committee (PSNC, which is recognised by the Secretary of State as the representative of community pharmacy owners on NHS matters) commissioned PricewaterhouseCoopers LLP (PwC) to examine and quantify the economic contribution of community pharmacy in England in 2015. The resulting report analysed the value (net benefits) to the NHS, public sector, patients and wider society of 12 specific services provided by community pharmacy.

PwC considered the following services, some of which are commissioned locally, some of which are carried out as part of the national community pharmacy contractual framework and some of which are provided by pharmacies but are not commissioned services:

- Supervised consumption
- Needle and syringe programmes
- Emergency hormonal contraception
- Commissioned minor ailments services
- Non-commissioned minor ailments advice

- Clarifying prescriptions
- New Medicine Service (NMS)
- Sustaining supply of medicines in emergencies
- Medicines adjustments
- Managing drug shortages
- Managing prescribing errors
- Delivering prescriptions

For each of these services, PwC estimated the net value of the service in 2015 using a range of sources including a bespoke survey of community pharmacies, data collection by pharmacies and official statistics.

www.psn.org.uk/valueofpharmacy ²⁶

The savings

The study considered four aspects of the value provided by community pharmacy:

- The potential cost savings to the healthcare system as a result of the cost-effective provision of these services by community pharmacy;
- The potential cost savings to other parts of the public sector;
- The value of improved patient outcomes expressed in terms of time saved and enhanced wellbeing; and
- The value to wider society, for instance due to avoidance of a loss of output (if people are unable to work) and the reduced risk of loss of life.

The methodology considered the value that would be lost if community pharmacy no longer provided the services. PwC also took into account the funding that pharmacy received for the service in order to get to a net value. Through the 12 services, in 2015 community pharmacy in England contributed £3 billion in net value. This does not give a total figure for the value of community pharmacy because many services, including the dispensing function of community pharmacies, were not analysed. PwC point out that the amount of public sector spending saved directly as a result of the 12 services analysed is enough by itself to offset the entire amount of public funding provided to community pharmacy in 2015. This means that all the other benefits of community pharmacy can be seen as additional benefits that are provided at no cost to the Exchequer. The NHS was the biggest beneficiary of benefit, with direct NHS cash savings as a result of cost efficiencies worth £1.1 billion and avoided treatment costs worth £242 million. Patients experienced around £600 million of benefits mainly in the form of reduced travel time to alternative NHS settings. £575 million worth of benefits accrued to wider society, through increased output and avoided deaths as a result of community pharmacy interventions. And other public sector bodies such as local authorities saved over £452 million as a result of avoided pressure on other services such as social care and justice.

3.3 SUMMARY

The key message 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.

Results of the public survey (See appendix I) on existing pharmaceutical services showed that of 2,187 people to the question *“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)”* The majority of people access pharmaceutical services once a month with 20% more frequently than that. 71% of respondents had their prescriptions dispensed in a pharmacy making pharmacies an important point of contact with patients especially as only 7% of respondents used a distance selling pharmacy.

Commissioning organisations should consider community pharmacies as qualified providers of services when considering commissioning health related services across the county. Patient satisfaction is high with 90% stating pharmaceutical services were good, very good or extremely good.

4. Review of previous PNAs recommendations

Detailed below is a summary of the findings from the previous PNA for Norfolk 2014 relating to NHS North Norfolk, South Norfolk, West Norfolk, Norwich, Great Yarmouth and Waveney Clinical Commissioning Groups. Provision of pharmaceutical services was assessed against the demographic and health needs of the population of Norfolk.

4.1 Norfolk PNA (2014)

The Norfolk PNA (2014) statement of needs for pharmaceutical services of the population within its designated area concluded that the number and distribution of pharmaceutical service provision in Norfolk is adequate; **165 community pharmacies and 56 dispensing practices (with 22 branch surgeries)** The majority of the Norfolk population surveyed stated that pharmaceutical services were currently good, very good or excellent and that access to the broad range of services was available when and where they are needed. The review of the locations, opening hours, and access for people with disabilities suggests there is adequate access to NHS Pharmaceutical Services in Norfolk. It concluded that there is no current need identified for more pharmaceutical providers at this time although the number of commissioned services could be increased.

The key recommendation made by the 2014 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.

Essential services eg dispensing services, signposting and support for self-care.

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 and access for people with disabilities provide our population with good access to services across the week. There is one dispensing appliance contractor in Norfolk providing adequate access for the dispensing of appliances

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

Advanced services e.g. Medicines Use Review

The stated purpose of advanced services fits well with the national and CCGs strategic aims, particularly improving outcomes for patients with long term conditions (LTCs), reducing waste and preventable hospital admissions. There are four Advanced Services within the NHS community: Medicines Use Review (MUR), New Medicines Service (NMS), Appliance Use Review (AUR) and Stoma customisation Service. 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) and CCGs should engage with dispensing GP practices to maximise benefits from these

MURs and NMS services were considered **relevant services** for our population and CCGs will work with community pharmacy leaders to develop and improve these services.

Local enhanced services

NHS England currently commission two services from community pharmacies in Norfolk

- Influenza vaccination for at risk groups age 65 years and under
- Out of Hours pharmaceutical services for Easter Sunday and Bank Holidays

No other services have currently been identified: **the PNA recommended that NHS England should continue to work with Norfolk CCGs to facilitate the commissioning of services through community pharmacy**

The PNA identified the following locally commissioned pharmacy services as necessary and that the current provision met the needs of the population, although some review is considered.

Public Health Commissioned

- **Stop Smoking** : seeking to increase numbers of pharmacy services and supported smokers
- **Sexual Health**, including provision of emergency hormonal contraception, condoms, chlamydia screening and treatment, pregnancy testing – **contract review expected in 2015**
- **Supervised Consumption** of opioid substitute medication
- **Needle Exchange Scheme**
- **Health Checks**

Commissioned by CCGs

- Access to palliative care drugs

Planned services

Public Health In the 2014 the PNA stated community pharmacies will be invited to provide a Weight Management follow up service from 2015 and will be made from existing community pharmacies and other non-pharmacy based providers

Substance Misuse Services – improvement to services suggest the potential to include non-invasive testing for HIV, HCV, and HBV.

Healthy Living Pharmacy Accreditation

Community Pharmacies play a significant role in helping 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 being accredited as a Healthy Living Pharmacy (HLP)

There are currently seven accredited pharmacies in Norfolk: **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.**

The Norfolk and Waveney CCGs

They have not currently identified the need to commission any further local services. **The PNA recommended that 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.**

4.2 Norfolk PNA (2014) Recommendations

This PNA considered the pharmaceutical needs of Norfolk.

The Norfolk PNA (2014) made the following 18 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 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 e.g. 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.

4.3 Changes to the provision of pharmaceutical services since 2014 PNA

Since 12 June 2014 the total number of community pharmacies in Norfolk has reduced by one from 165 to 164. The number of dispensing GP practices has remained static.

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 **distance selling pharmacies**.

The Regulations 2013^Z 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 June 2014.

In 2016 the resident population of Norfolk was estimated to be 892,872 (ONS mid-2016) and in 2017 there was a GP registered population of 926,838 patients (NHS Digital April 2017).

Localities	2014	2017
Breckland	133986	136783
Broadland	125961	127384
Great Yarmouth	98172	99225
King's Lynn and West Norfolk	150026	152313
North Norfolk	102867	104330
Norwich	137472	141767
South Norfolk	129226	134082
Norfolk total	877710	895884

Table 3: Norfolk district populations for 2014 and 2017. Data Source: ONS 2014-based interim population projections

Since 2014 two new advanced services have been commissioned by NHS England: Flu vaccination service and NHS Urgent Medicine Supply Advanced Service (NUMSAS)

The CCGs continue to commission Access to palliative care drugs and NHS Community Pharmacy Emergency Supply Service from local community pharmacies.

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 held its first meeting in August 2017 and was composed of a multidisciplinary team which included public representation. 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)
- Healthwatch Norfolk
- Public Health, Norfolk County Council
- Norfolk and Waveney CCG (CCG)
- NEL Commissioning Support Unit (Anglia) Medicines Optimisation

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; Norfolk and Waveney CCGs and members of NEL Commissioning Support Unit (Anglia) Medicines optimisation team.

The Steering Group reported directly to Norfolk's Health and Wellbeing Board.

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 of this PNA

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 public survey, questionnaires relating to service provision were sent out to all pharmacies and dispensing GP practices in Norfolk (See appendices I, J & K). 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 Commissioners

CCG stakeholders:

- Norfolk and Waveney Primary Care Commissioners
- Norfolk and Waveney Prescribing Advisors,
- Deputy Director and Chief Pharmacist NEL CSU (Anglia)

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 K).
- Dispensing practices: a survey of dispensing practices was carried out (see Appendix J).
- Service users: members of the public were invited to complete a survey of community pharmaceutical services (see Appendix I).

5.4 Formal consultation

A statutory 60 day public consultation on the PNA will be undertaken from 10th November 2017 to seek the views of members of the public and other stakeholders. The purpose of this consultation is 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 feedback will be gathered from members of the public and stakeholders. The draft PNA will be amended accordingly. The Consultation Report which will be found in Appendix B of this document will summarise responses and changes made. The Consultation Report will be available on the Norfolk Insight website.

The feedback gathered will be reflected in the final version of the PNA (published March 2018).

5.5 Data sources

In addition to the consultations described above, the PNA was informed by a number of strategic documents, last accessed September 2017, including the following:

- Norfolk's Joint Strategic Needs Assessment¹
- NHS Choices to confirm address and opening hours
- NHS England Medicines Optimisation dashboard
- NHS Digital
- NHS Business Services Authority
- Office of National Statistics (ONS)

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.

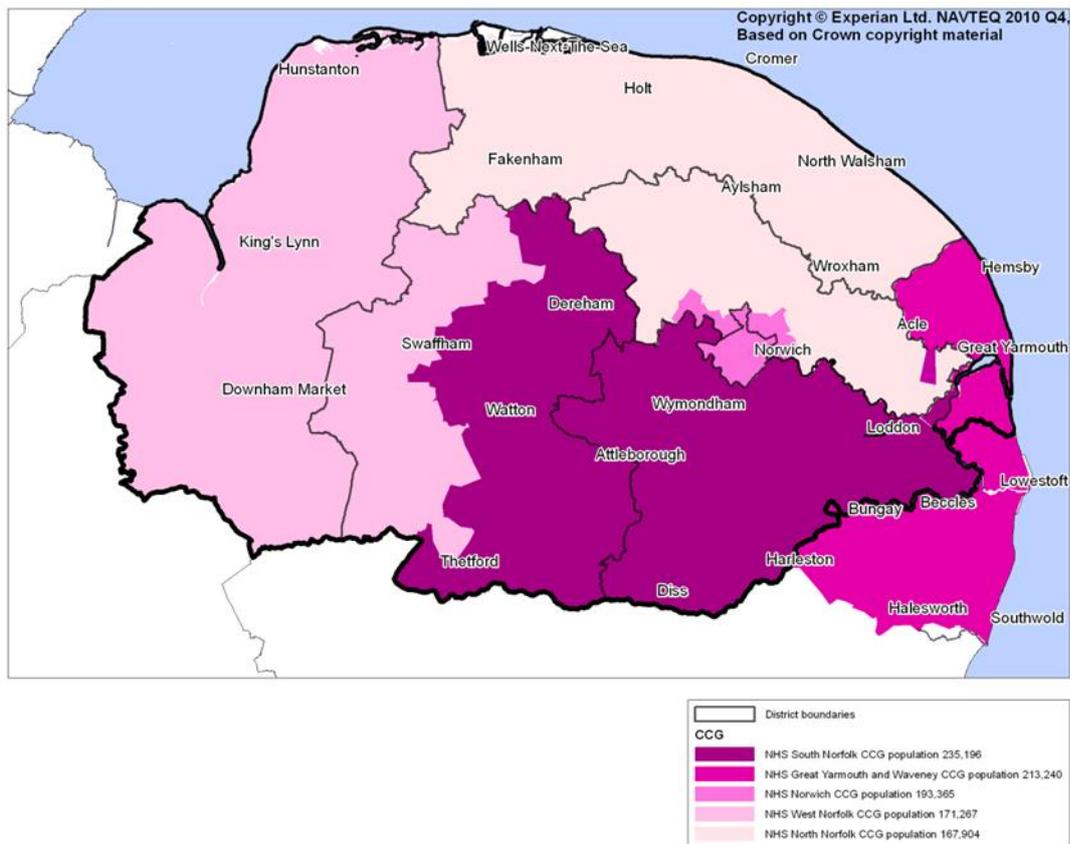


Figure 3: Map illustrating Norfolk CCGs and district boundaries. Data Source: ONS

5.7 Other considerations

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

The public survey found that of those who used a regular pharmacy service, 79% used one near to their home, 53% 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	99%	1%
Norwich	99%	1%
Great Yarmouth & Waveney	89%	11%
West Norfolk	98%	2%

Table 4: Proportion of prescriptions (%) issued by Norfolk GPs dispensed in Norfolk c.f. outside Norfolk. Data source: ePACT July 16 –17 (latest available data).

Table 4 shows that over 99% of the 21,298,429 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 e.g. colostomy products, however the figure for Great Yarmouth and Waveney at 11% 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

This chapter describes the population demographics of Norfolk and the locations of community pharmacy services. It relies on key documents that identify the health needs of Norfolk including the 2016 Norfolk JSNA, the 2016-2020 public health strategy for Norfolk (Norfolk's Living Well) and the Sustainability and Transformation Plans for Norfolk and Waveney.

In 2016 the resident population of Norfolk was estimated to be 892,872 (ONS mid-2016) and in 2017 there was a GP registered population of 926,838 patients (NHS Digital April 2017). The current population estimate agrees with the prediction contained in the PNA 2014 (33,446 more people compared with the ONS mid-2011 estimate). The population of Norfolk is expected to grow by 2.7% from 2016 to 2020. The percentage increase in the adult population (including older adults) is expected to be greater than the percentage increased in the under-16 population.

Norfolk is a tourist destination with a large number of visitors. In 2015, the county received approximately 40 million day trips and around 3.1 million staying trips, accounting for 12.1 million visitor nights (Visit Norfolk 2015). Three quarters of visitors to Norfolk come to take a holiday and around a third of visitors stay in paid accommodation. Visitors to the area will increase demand for both medical and pharmaceutical services.

The PNA Steering Group has assessed that there is currently sufficient capacity to meet the pharmaceutical needs, based on the demographics, of the Norfolk population. This is borne out by the results of the public survey. Nevertheless the sitting PNA Review Group will review this on a case by case basis as locality populations and demographics change as new housing becomes on line and new models of care mature.

6.1 Age of population

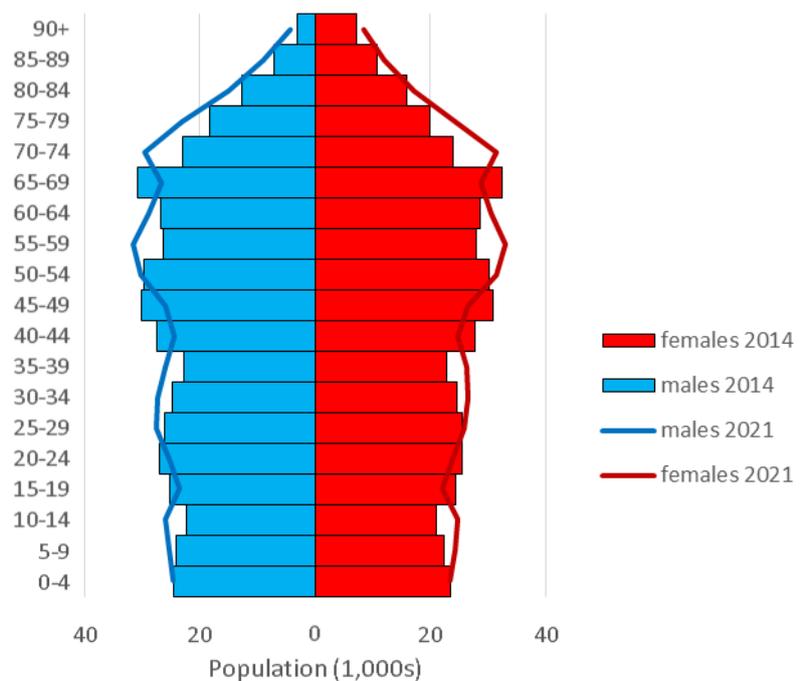


Figure 4: Age band population pyramid for Norfolk illustrating the ONS mid-2011 and ONS 2021 projected population. Data source ONS.

Figure 4 shows the 2014 population pyramid for Norfolk compared to the 2021 forecast population pyramid. The greatest percentages changes are in the over 70s. The 55-59 age band is forecast to be the largest group in 2021.

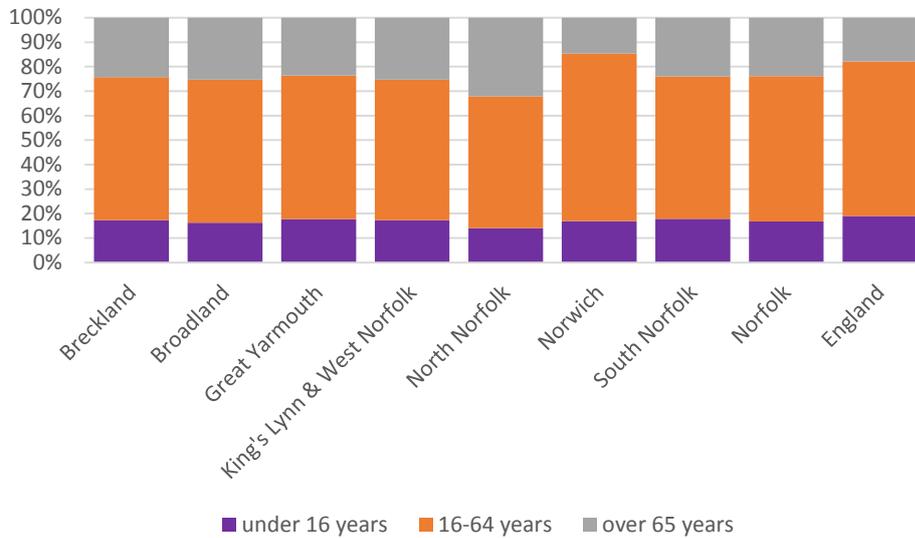


Figure 5: Population structure by age and district council (2016). Data source ONS 2016.

Norfolk's population is generally older than that of England (see Figure 5) with 25% of the population being over 65 as Norfolk is a popular place to retire to. Norwich is more similar to the England average, with a large proportion of adults under 65 years and children.

North Norfolk has the second highest median age (52.7 years) (ONS mid-2015) compared to other district councils in England and has the fourth highest percentage of population aged 75 and over (ONS mid-2016) in England at 14.9%.

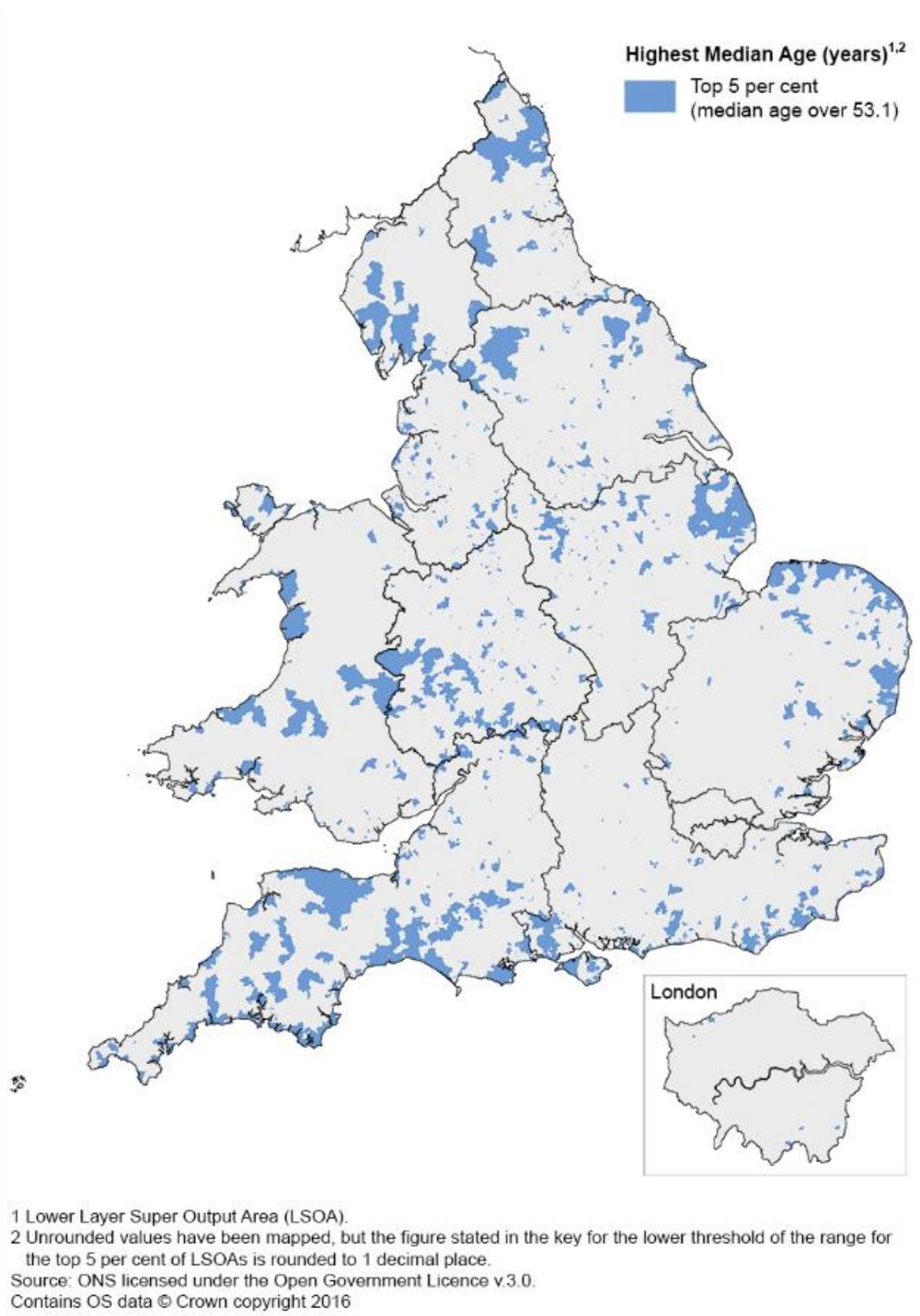


Figure 6: Areas of highest median age for England. Source: ONS National Statistics (2015).

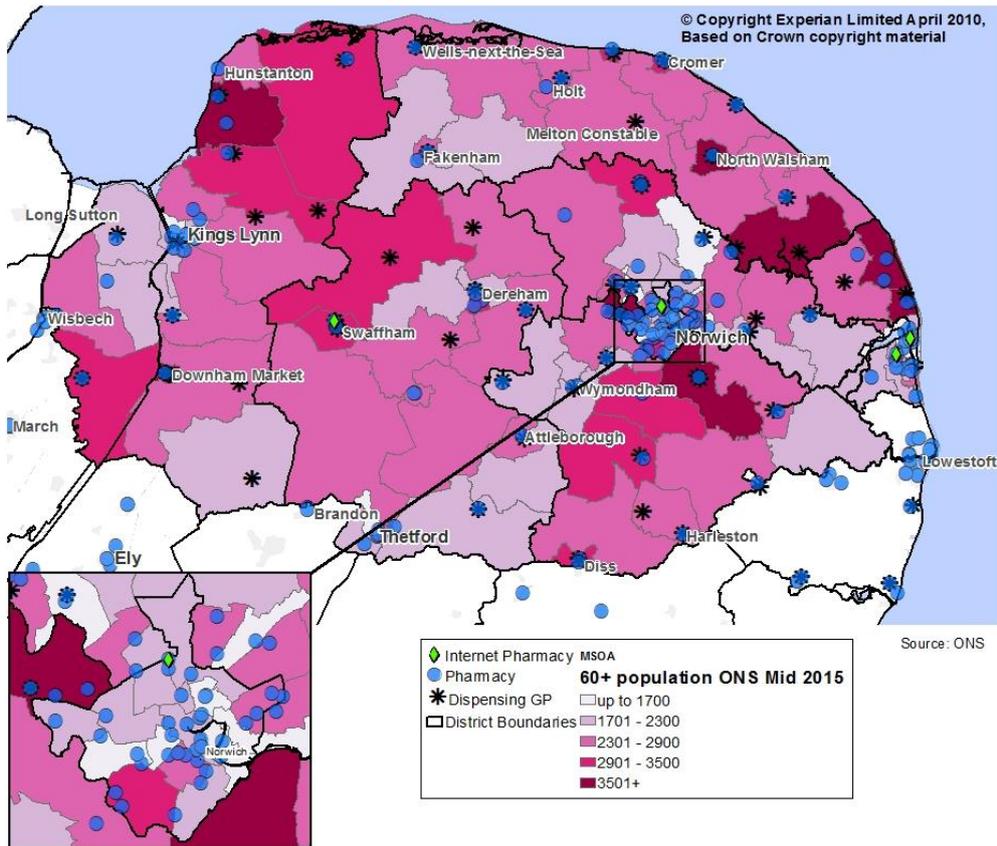


Figure 7: Population density of people over 60 years of age at MSOA level. Data source: ONS mid 2015

As can be seen in Figure 7, pharmacies and dispensing GP practices are located across Norfolk, including in areas with a high density of people aged over 60 years. A number of areas show high proportions of elderly populations. These areas are popular retirement destinations with a high proportion of the population being over 60 years of age.

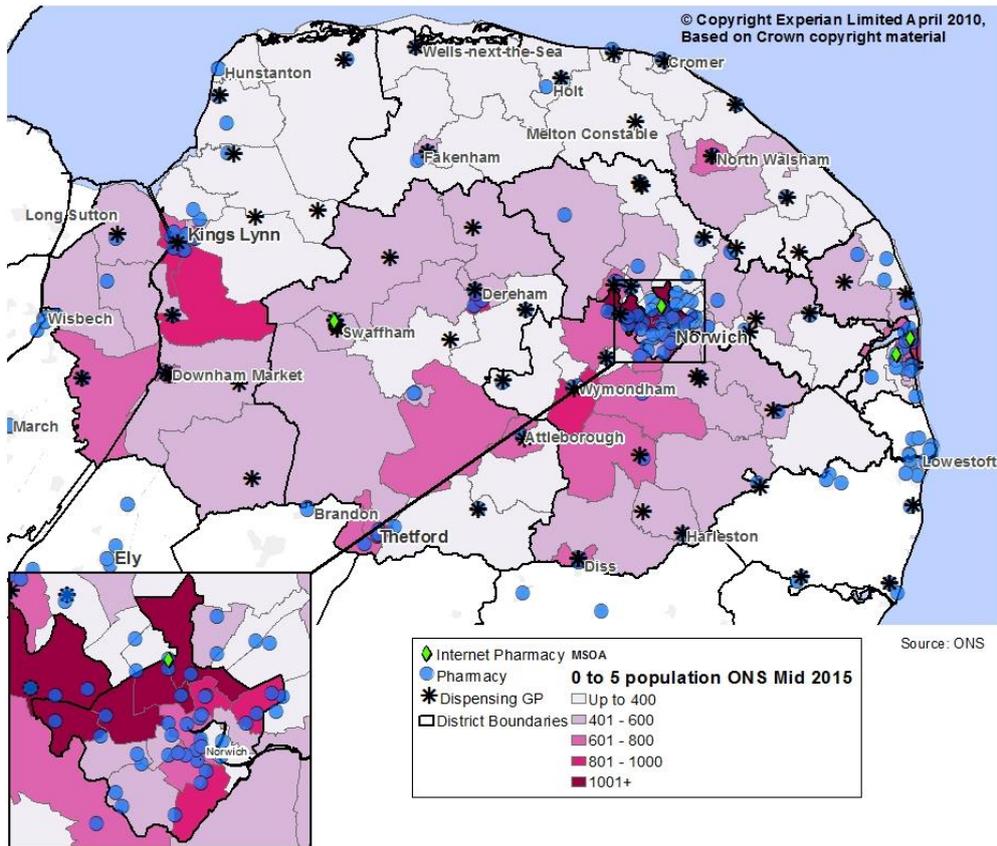


Figure 8: Map showing the population density for 0–5 years of age at MSOA level. Data source: ONS mind 2015

As can be seen in Figure 8, pharmacies and dispensing GP practices are located across Norfolk, including in areas with a high density of children aged 0-5 years.

Elderly and very young people increase the demand on health services (see Figure 9 below). The higher proportion of older people is likely to increase the number of patients with long term conditions such as diabetes, cardiovascular disease, chronic pulmonary obstructive disease, rheumatoid arthritis.

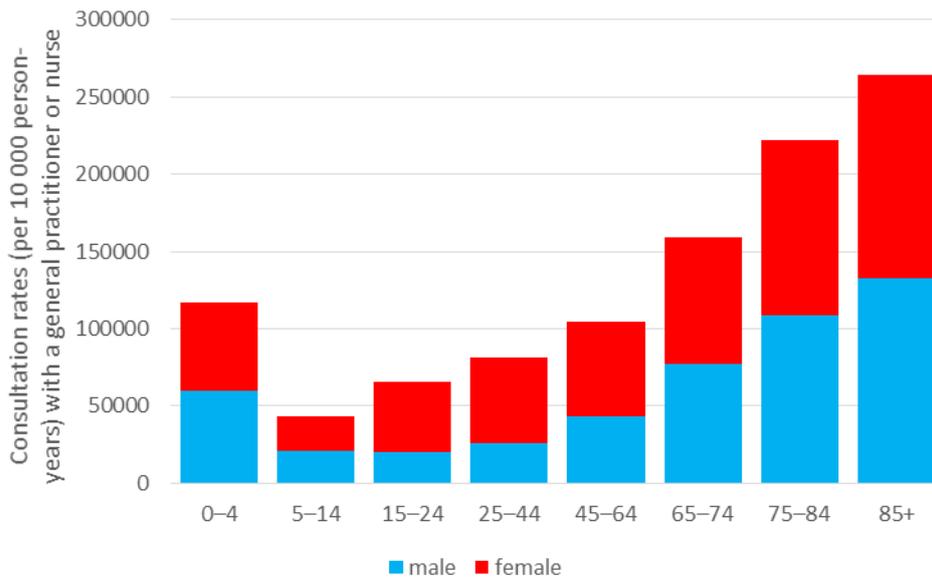


Figure 9: *General practice consultation rates. Data source: Hobbs et al (2016)* ²⁷

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:

- Who is having difficulties leading to sub-optimal use of medicines
- And is one or more of the following:
 - Where a low/very low independence assessment score is determined by the usual pharmacy supplier and specialist assessment is required
 - Genuinely housebound i.e. the GP would normally attend for a home visit
 - Where the referrer has identified the use of assistive technology products to support medication use.
 - Where an intervention has been tried by the usual pharmaceutical supplier, which has not been successful

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

The service is currently supporting 2648 (October 2017) people across Norfolk, to receive a funded intervention such as a compliance aid or MAR chart from their pharmacy or dispensing surgery

Any health or social care professional can raise a Difficulty Managing Medicines form to the patient’s usual pharmacy or dispensing surgery, who will make an Equality Act assessment and independence assessment for support directly where possible. If necessary the ongoing referral to the Norfolk Medicines Support Service will be made from the patient’s usual pharmacy or dispensing surgery. Home care providers are able to request the provision of a MAR chart directly from the medication supplier.

The outcomes of a Norfolk Medicines Support Service assessment are a range of interventions:

- **Clinical intervention** - a recommended change to the prescribed medication, which is then sent to the patient's GP for review and 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.). MAR charts for the administration of medication by care workers can also be recommended for provision.
- **Quality intervention** - identification of issues that had an assessment not occurred, it 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.

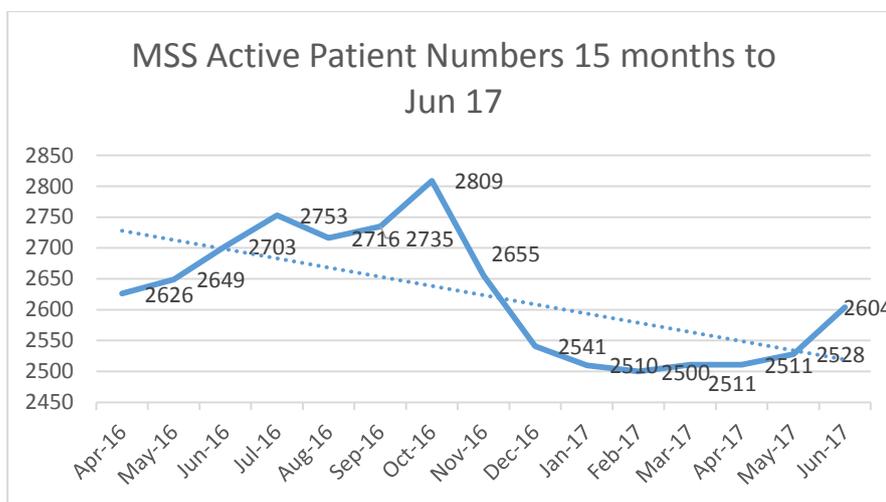


Figure 10: Graph showing NMSS active patient numbers between April 2016 and June 2017

Community pharmacies are located in areas with high densities of both the very young and the old. As can be seen from Figure 9, these age groups that are higher users of primary medical services.

The results of the Norfolk public survey into pharmaceutical services showed that 49% of the respondents reporting accessing pharmaceutical services once a month and 20% more frequently. 76% of respondents were aged over 55 years old

Increasing age and population 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 is one fewer provider since the publication of the last PNA, 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 e.g. electronic prescribing, workforce skill mix (Accredited checking technicians), and centralised dispensing hubs.

Recommendation 1

Commissioners should seek to maximise the potential of delivering public health and medicines optimisation interventions by fully integrating pharmacy into current and emerging models of care to meet the range of needs of Norfolk's population.

Recommendation 2

To harness the wide range of skills that community pharmacists and their teams have to support the delivery of the prevention and self-care agenda to support the long term sustainability of the Norfolk health economy.

6.2. Population growth

Table 5 below identifies projected population growth across Norfolk between 2018 and 2021.

	2018	2021	Population increment
Norfolk	902,000	920,100	2.0%
England	56,061,500	57,248,400	2.1%

Table 5: Population estimates for Norfolk and England for 2018 and 2021. Data Source: ONS mid 2014 based interim population projections.

0-4	2018	2021	Population increment
Norfolk	47,100	48,100	2.1%
England	3,387,800	3,453,900	2.0%
65+	2018	2021	Population increment
Norfolk	219,700	230,100	4.7%
England	10,246,000	10,803,200	5.4%

Table 6: Population estimates for Norfolk and England for 2018 and 2021 for 0 to 5 and 65+ ages. Data Source: ONS mid 2014 based interim population projections.

An increase in population size is likely to generate an increased need for pharmaceutical services. The nett number of pharmaceutical providers in Norfolk has decreased by one (0.6%) between 12 June 2014 and this PNA. Within this time frame there has been a loss of one 100 hour pharmacy and an increase from three distance selling pharmacies to four. Distance selling pharmacies must provide pharmaceutical services to anyone living in England.

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 that efficiencies in pharmacy operations and improved use of skill mix would lead to greater overall operational efficiencies and capacity of individual pharmacies. These increases in efficiency and capacity should be considered by commissioners when making market entry decisions.

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, i.e. 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 (e.g. 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, through the sitting PNA Review Group, will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

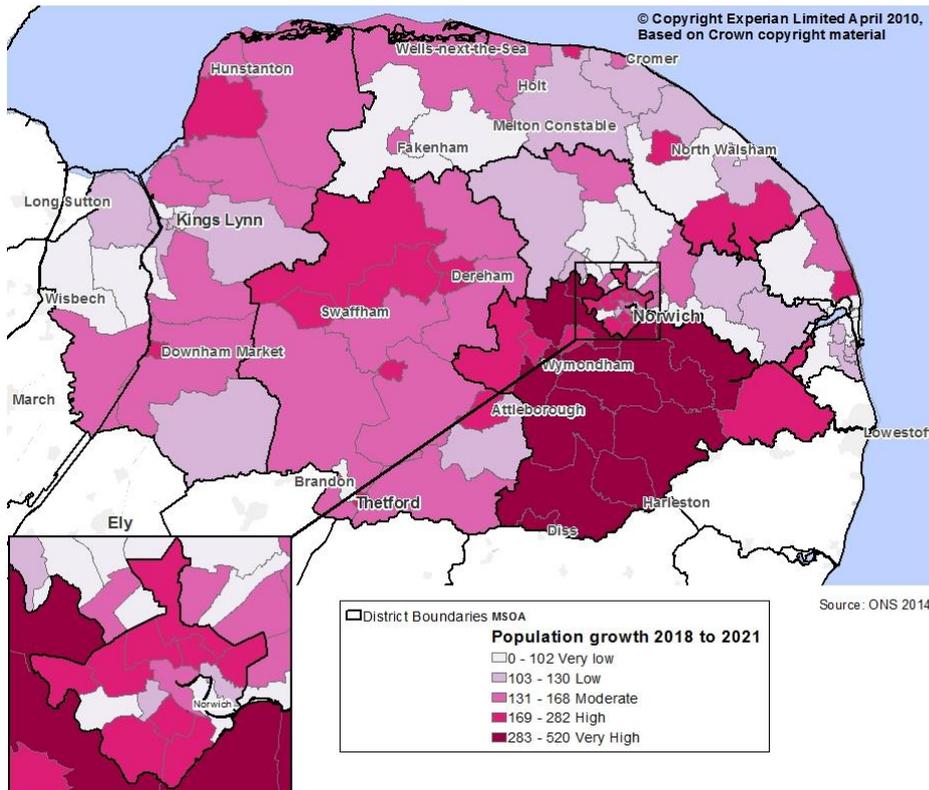


Figure 11: Population growth from 2018 to 2021 at MSOA level. Data source: ONS mid 2014 projections.

Norfolk is home to a number of military bases. The majority of health and pharmaceutical needs of these populations are met by military healthcare teams.

The University of East Anglia accommodates a large variable student population. There is an onsite medical practice and pharmacy providing NHS medical and pharmaceutical services.

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 above, 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 3

The Norfolk HWB must 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 majority of the population of Norfolk is White British (92.5%) and a small number of White Gypsies, Irish travellers and Irish (0.5%). The remaining 7% is split equally between “Other White” and Black, Asian and minority ethnic (BAME) groups (the majority being Indian, Chinese, Other Asian, African or mixed) as detailed in Table . Most (92.8%) of the residents of Norfolk were born in the UK, with 0.3% born in Ireland and 3.2% born in other EU countries (56% of these were born in countries that joined the EU between 2001-2011: Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and

Slovenia). Compared to the rest of the UK, Norfolk has a higher proportion of white and UK born residents.

The patterns of health inequality in BAME groups are heterogeneous, however these groups often have worse health than average. The small numbers of BAME groups in Norfolk makes it difficult to target them effectively in a culturally appropriate way.

	Breckland	Broadland	Great Yarmouth	King's Lynn & West Norfolk	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 7: Number of people belonging to certain ethnic groups in Norfolk population. Data source: ONS Census 2011

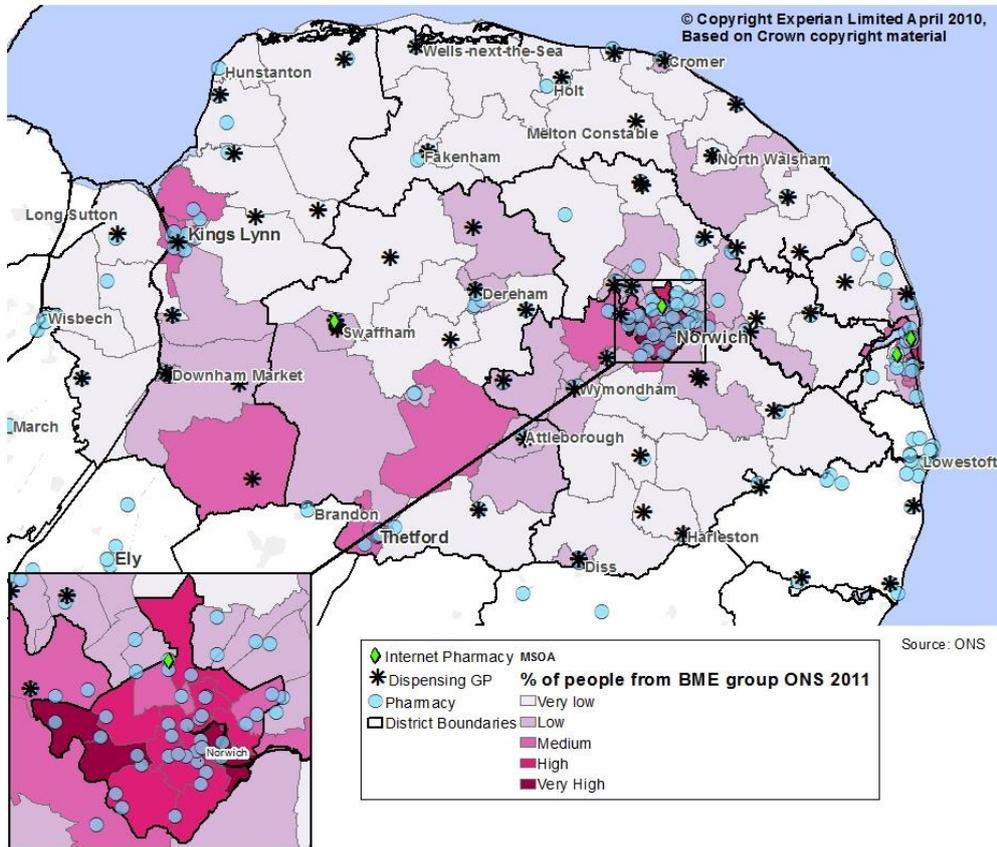


Figure 12: Proportion of people stating their ethnicity as from a BAME group at MSAO level (%). Data source: ONS Census 2011

Economic Migrants

An economic migrant is a person who had left their country of origin to seek better economic opportunities. 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 minimal formal education or training.

Migrants are a diverse group. A systematic review showed that migrants attend emergency departments with higher frequency, and more often at unsocial hours or with less serious conditions ²⁸. This suggests a lack of awareness or accessibility of community health services, such as GPs and pharmacies. As migrant populations tend to be younger, in-migration is associated with increased demands on maternity and child health services.

Healthcare is a large employer of migrants. A number of pharmacists and their staff are migrant workers which enables them to communicate directly with people with a limited understanding of English.

	<i>Long-Term International Migration 2014-2015</i>		<i>Internal Migration (within UK) 2014-2015</i>		Non-UK Born Estimate (2015)	Non- British Estimate (2015)
	Inflow	Outflow	Inflow	Outflow		
Breckland	1,000	316	6,926	6,010	20,000	21,000
Broadland	235	121	6,572	5,643	5,000	3,000
Great Yarmouth	670	141	3,600	3,550	10,000	8,000
King's Lynn and West Norfolk	887	478	6,110	5,398	13,000	8,000
North Norfolk	517	134	4,926	4,233	4,000	3,000
Norwich	2,656	630	10,455	11,692	25,000	20,000
South Norfolk	351	224	8,047	6,384	7,000	6,000
Norfolk	6,316	2,044	26,893	23,167	84,000	68,000
East of England	45,741	18,552	157,996	143,359	723,000	495,000
England	568,685	261,367	98,455	106,891	7,877,000	5,040,000

Table 8: Population migration in Norfolk. Data source: ONS 2014 and 2015

Results from the public survey showed that there are at least nineteen languages other than English as a first language. A number of local professionals delivering pharmaceutical services do not have English as their first language however this is not in every pharmacy. Access to translation, interpretation and British Sign Language interpreting services is important for the effective delivery of pharmaceutical services and medicines optimisation.

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 the management of self-limiting or minor illnesses.

Recommendation 4

That local providers of pharmaceutical services have equitable (in line with other local healthcare providers) access to appropriate translation interpretation and British Sign Language interpreting services.

6.4. Information on gypsy and traveller sites in Norfolk

In the UK, Gypsy and Travelling communities experience discrimination and poorer health than the national average. More than 60% Gypsies and Travellers who completed the 2011 Census live in a house. Nevertheless, a significant number are mobile 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

- | | |
|---------------------------------------|------------|
| • The Splashes, Swaffham | 24 pitches |
| • Gapton Hall, Great Yarmouth | 15 pitches |
| • Saddlebow Caravan Park, King's Lynn | 27 pitches |
| • West Walton Court, Wisbech | 16 pitches |
| • Mile Cross, Norwich | 21 pitches |
| • Roundwell, Costessey | 18 pitches |
| • Brooks Green, Norwich | 8 pitches |

Short stay/transit sites

- | | |
|---------------------------------------|------------|
| • Thetford short stay | 8 pitches |
| • Gapton Hall, Great Yarmouth | 9 pitches |
| • Cromer TSP | 10 pitches |
| • Fakenham Temporary Stopping Place | 10 pitches |
| • Costessey Short Stay Stopping Place | 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 2017 count, and the district figures are:

District	Number of caravans
Breckland	97
Broadland	23
Great Yarmouth	120
King's Lynn and West Norfolk	240
North Norfolk	10

Norwich	31
South Norfolk	171
Norfolk	692

This is not substantially more than the figures for the last count in July 2016 (663 caravans) although it does represent an increase of 150 reported in the 2014 PNA.

6.5 Homeless and easy to exclude people

Being homeless is still not a lifestyle choice, it is thrust upon people who find themselves in almost unbearable situations, through familial and relationship breakdown. Loss of income or added expenses often lead to a life experience, of misery and deprivation. Statutory homelessness is highest in Great Yarmouth and lowest in Breckland. This does not include non-statutory homelessness which includes single or couples without dependents who are sleeping rough, living in supported accommodation or sleeping in friends' and family's homes.

This population is at high risk of mental health illness (or exacerbation of existing conditions) and substance abuse (drugs and alcohol).

This vulnerable population has a unique set of health needs which extend beyond pharmaceutical services. Pharmaceutical services such as sign-posting to appropriate support organisations; promotion of healthy life choices; self-care and harm reduction as well as dispensing services are available and should be tailored to meet, as for all people, individual need. Pharmacists, like other healthcare professionals, are familiar with the processes for raising concerns regarding children or vulnerable adults via Norfolk County Council 03448008020 or online at <https://online.norfolk.gov.uk/socialcareenquiry/>

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.

In terms of homeless and vulnerable people there is a wide distribution of community pharmacies across Norfolk able to provide support to individuals.

Recommendation 5

The HWB and commissioners should continue to work in partnership with existing community pharmacies to maximise the opportunities for public health interventions and to further support people to self-care within the easy to exclude community.

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. There are a range of factors which will influence the health and wellbeing of a person and the need to access healthcare services. A number of these factors include things that a person can change or modify e.g. smoking, alcohol consumption, obesity, exercise and diet. By addressing these modifiable factors people will contribute to reducing prevalence of long term conditions such as COPD and cardiovascular disease which in turn improve quality of life and reduce demands on health services.

This chapter focuses on community pharmacy services in relation to number of health profiles:

- Deprivation
- Prevalence of risk (including alcohol misuse, smoking, sexual health, obesity and substance misuse)
- Long term conditions
- Dementia and mental health

The PNA Steering Group has assessed that there is currently sufficient capacity to meet the pharmaceutical needs, based on the health profile of the Norfolk population. This is borne out by the results of the public survey.

Community pharmacies are widely distributed across Norfolk and the PNA Steering Group is keen to see that pharmacy is integrated into the whole self-care continuum and that commissioners capitalise on the number of patient contacts pharmacists, pharmacy teams and dispensers have as well as with the walking well.

7.1 Deprivation and life expectancy

Life expectancy is a measure of how long a person born in an area would be expected to live based on current observed rates of mortality. The gap in life expectancy between the best and worst areas help us to understand how inequalities affect our populations.

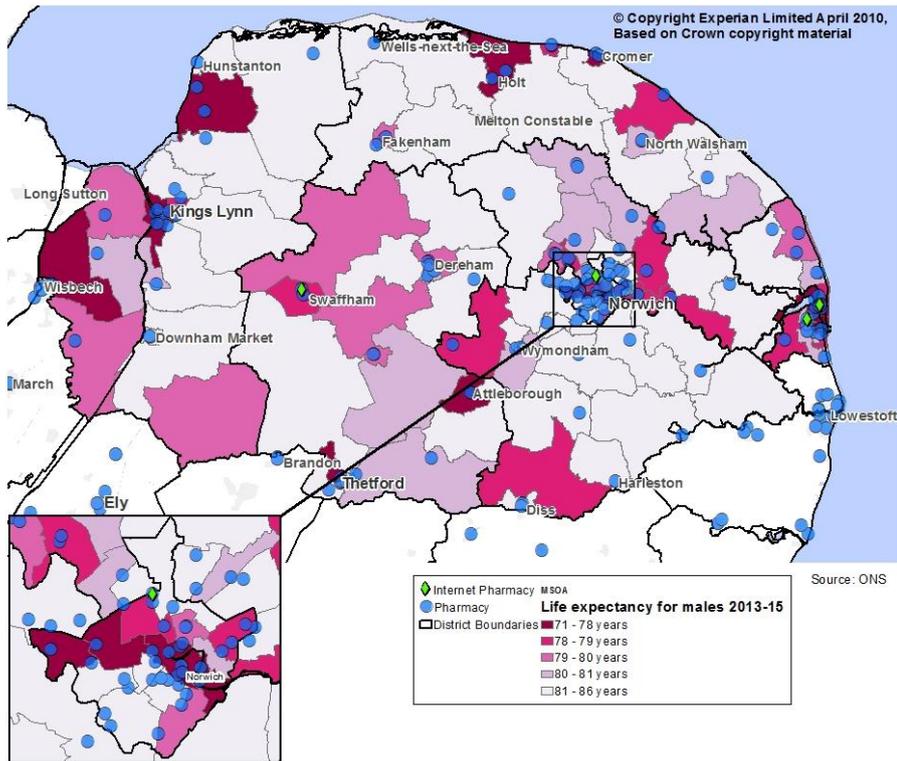


Figure 13: Life expectancy at birth for males at MSOA level (2013–2015). Data source: ONS.

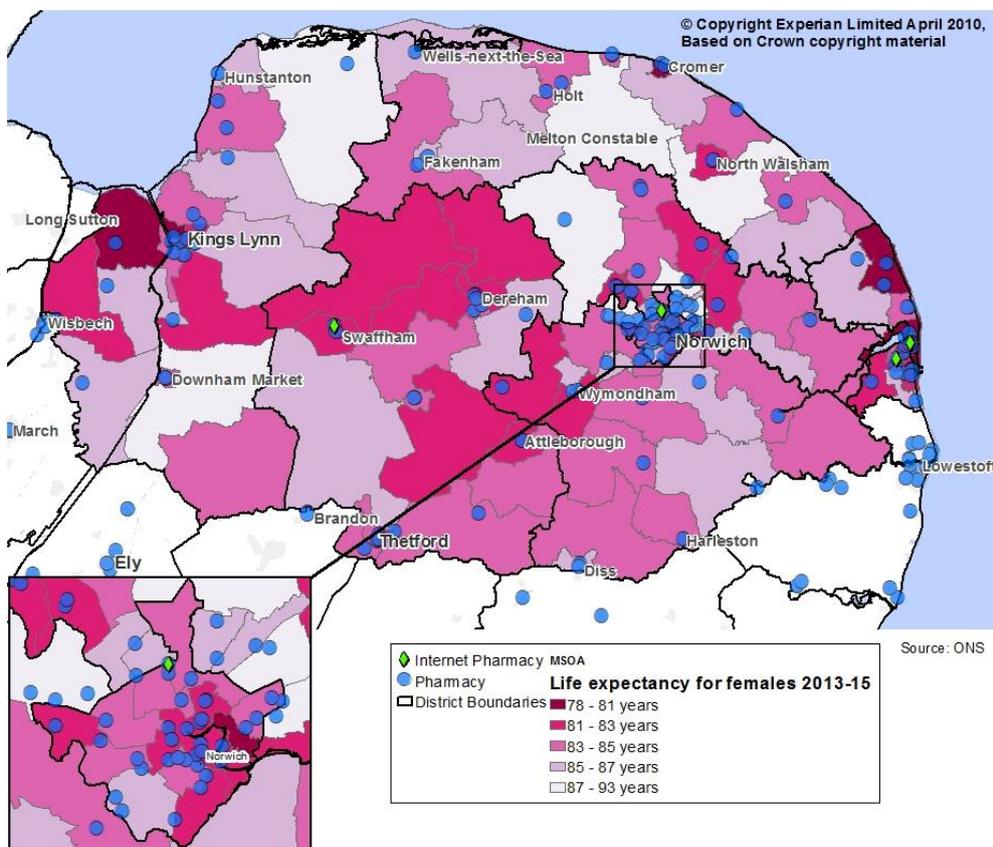


Figure 14: Life expectancy at birth for females at MSOA level, 2013–2015. Data source: ONS.

The gap in life expectancy is closely linked to social inequalities, and closing the gap in life expectancy requires efforts across the health and social care systems. Average life expectancy in Norfolk for men is slightly above the average for England (Table 9).

	Male	Female
Norfolk	80.4	83.8
England	79.6	83.2

Table 9: Life expectancy in Norfolk and England in years (ONS 2012-2014)

The average number of years a man can expect to live in good health in Norfolk is about 64 and for women is about 66.

Deprivation and poverty influence the health and well-being of the population. The life expectancy gap between the most deprived areas in Norfolk and the least deprived is 6.2 years for men and 3.2 years for women with a variation between best and worst locations for men of 14 years (84.7 years in an area in Norwich and 71.2 years in an area in Great Yarmouth) as illustrated by Figure 13.

Deprivation is used as a surrogate measure for health need. As can be seen from Figure 13 and Figure 14, life expectancy is reduced for both male and females in areas of high deprivation (compared with Figure 5 which maps the index of multiple deprivation for Norfolk).

Examples of pharmacy services which can impact on life expectancy include: Stop Smoking, Signposting, Health Checks, New Medicines Service and Medicines Use Review.

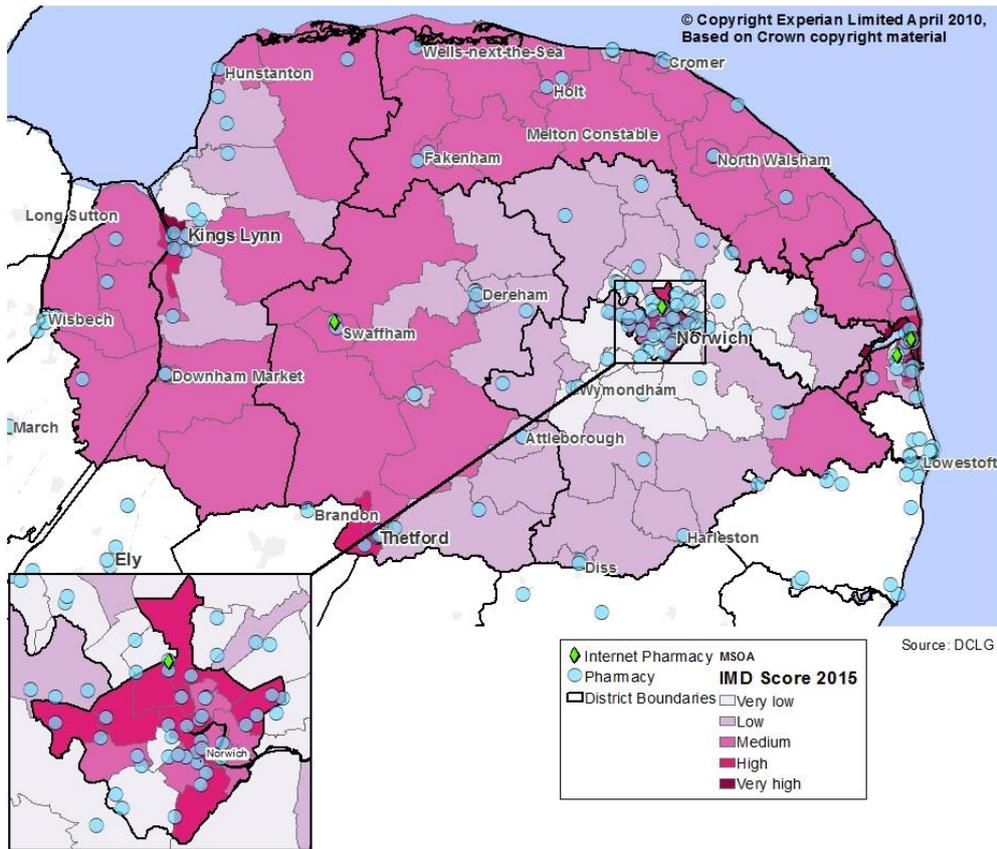


Figure 15: Locations of community pharmacies in relation to IMD 2015 at MSOA level. Data source: DCLG.

What this means for the PNA

There is correlation between health inequalities and the levels of deprivation. Figure 5 illustrates that people in areas of very high or high deprivation have access to a number of pharmacies. This concurs with published research (The Positive Pharmacy care law [29](#)). 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, very good or excellent by 90% of respondents to the public questionnaire and half were going to their pharmacy service once a month.

Recommendation 6

The HWB and commissioners should continue to 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 by making every contact count.

7.2. Prevalence of risk

7.2.1. Smoking

Smoking remains the leading cause of preventable ill health and a number of long term conditions e.g. chronic obstructive pulmonary diseases (COPD) and cardiovascular disease (high blood pressure, coronary heart disease). Overall smoking prevalence is declining.

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 if necessary signpost to local Stop Smoking services if not provided by the pharmacy.

CCG	Number of mothers smoking at delivery	Mothers smoking at delivery (%)	Mothers whose smoking status at delivery unknown (%)
NHS GYW	90	18.0	0.0
NHS North Norfolk	37	11.3	0.0
NHS Norwich	76	14.8	0.0
NHS South Norfolk	69	12.5	0.0
NHS West Norfolk	60	16.8	0.8
NHS Midlands and East	1,162	10.8	2.9
England	15,900	10.8	1.8

Table 10: Smoking status at time of delivery, by Commissioning Region, Area Team and Clinical Commissioning Group (2015/16 Q4). Data source: NHS Digital

Norfolk County Council commissions a Specialist Stop Smoking service delivered by East Coast Community Healthcare NHS Trust who support and train Pharmacies and GPs to provide smoking cessation advice. Pharmacies are seen as key providers of Stop Smoking services due to their opening hours, accessibility and ability to advise prospective quitters and supply Nicotine Replacement Therapy (NRT). Pharmacies are not the sole source of Stop Smoking support to our population with GPs, workplaces and community services all providing access to support for prospective quitters.

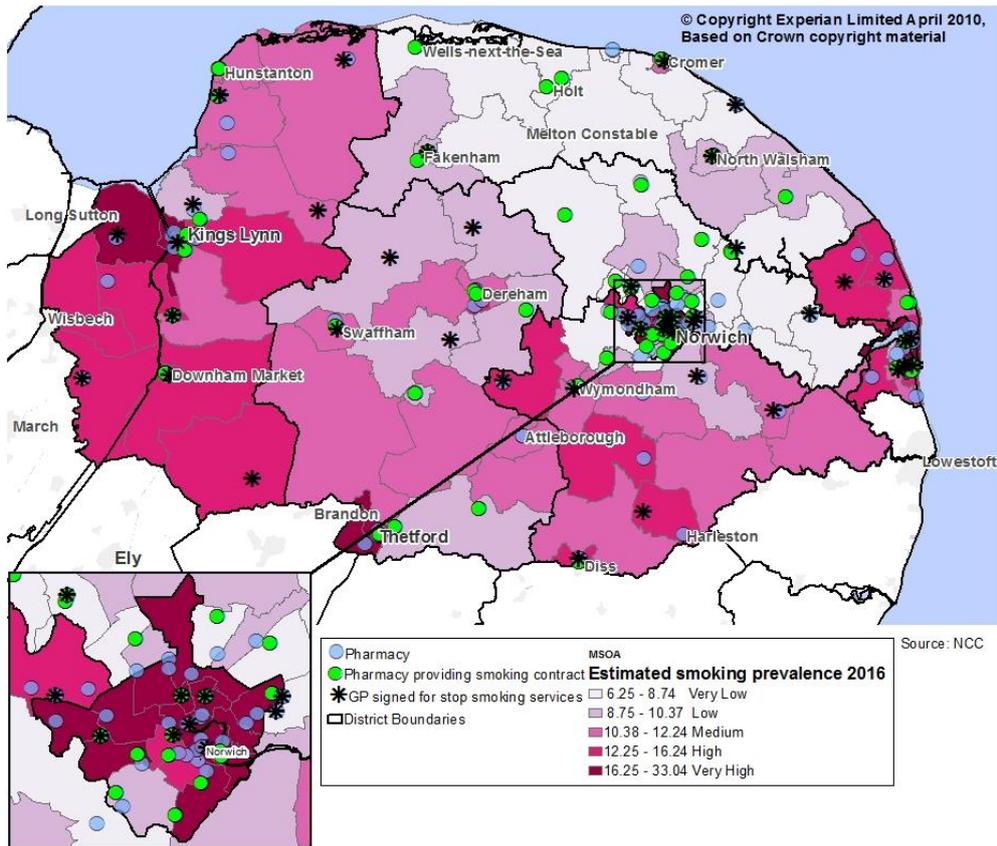


Figure 16: Estimated smoking prevalence at MSOA level (2016). NB there are 6 pharmacies providing Stop Smoking services in King’s Lynn.

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.

Since the publication of the last PNA the Medicines and Healthcare Products Regulatory Agency (MHRA) has licensed some e-cigarettes. These have as yet not been appraised by NICE and long term safety has not been established. These are currently not available through NHS stop smoking services.

What this means for the PNA

Smoking remains a leading 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 and inequalities. Stop Smoking services are thus a necessary service.

44% of respondents to the public consultation on pharmaceutical services were aware that community pharmacies provided Stop Smoking services.

Current provision is deemed adequate.

Norfolk County Council current stated Commissioning Intention Stop Smoking Service

Norfolk County Council Commissioners intend that pharmacies will continue to have an important role to play in helping smokers to quit, by intercepting potential quitters and supporting them through the process. Most pharmacies in Norfolk are already contracted to provide Stop Smoking services (126 out of 164 [77%])

Commissioners aim to increase engagement between specialist Stop Smoking services and existing pharmacies to encourage more potential clients into Stop Smoking services.

Commissioners are also investigating the feasibility of pharmacists supplying varenicline (Champix®) as part of the stop smoking service.

7.2.2. Sexual Health

Sexual health includes the provision of advice and services around contraception and sexually transmitted infections (such as chlamydia, gonorrhoea and HIV). The aims of commissioning is to improve the sexual health of the whole population by reducing inequalities, improving outcomes, enabling a culture where people are able to make informed choices and recognising that sexual ill-health affects all parts of society³⁰. Relevant Public Health Outcomes Framework (PHOF 2016–2019) indicators are under 18 conceptions, chlamydia detection rate and presentation with HIV at a late stage of infection.³¹

NICE guidance for contraceptive services for young people up to the age of 25 makes explicit reference to the provision of services through community pharmacies³² GP surgeries and community pharmacies in Norfolk are contracted by Norfolk County Council to provide a Sexual Health Service that includes the provision of emergency contraception, 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 49% of diagnoses in England in 2016. Behaviours which increase the risk of transmission of chlamydia also increase the risk of gonorrhoea transmission. Gonorrhoea diagnosis rates were increasing until 2014 and have since declined.

The Public Health Outcomes Framework (PHOF 2016–2019) 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 year³³. This rate was not achieved in Norfolk during 2016 (the actual rate achieved was 813), but the positivity rate was 10.1% which is higher than the England average of 9.1%. This suggests the screening is being correctly targeted towards higher risk groups.

The Department of Health states that local areas should increase the availability and uptake of chlamydia testing to reduce transmission for example by providing a test as part of routine healthcare.

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. Pharmacy based chlamydia screening has a higher rate of positive test results than the regional average. In Norfolk, pharmacies were responsible for 379 chlamydia screens, of which 70 were positive, and provided treatment for chlamydia 466 times (PharmOutcomes 2016/17). The majority of patients treated for chlamydia are aged 16-24, which is expected as this is the highest risk age group and the focus of the national screening programme (Figure 17).

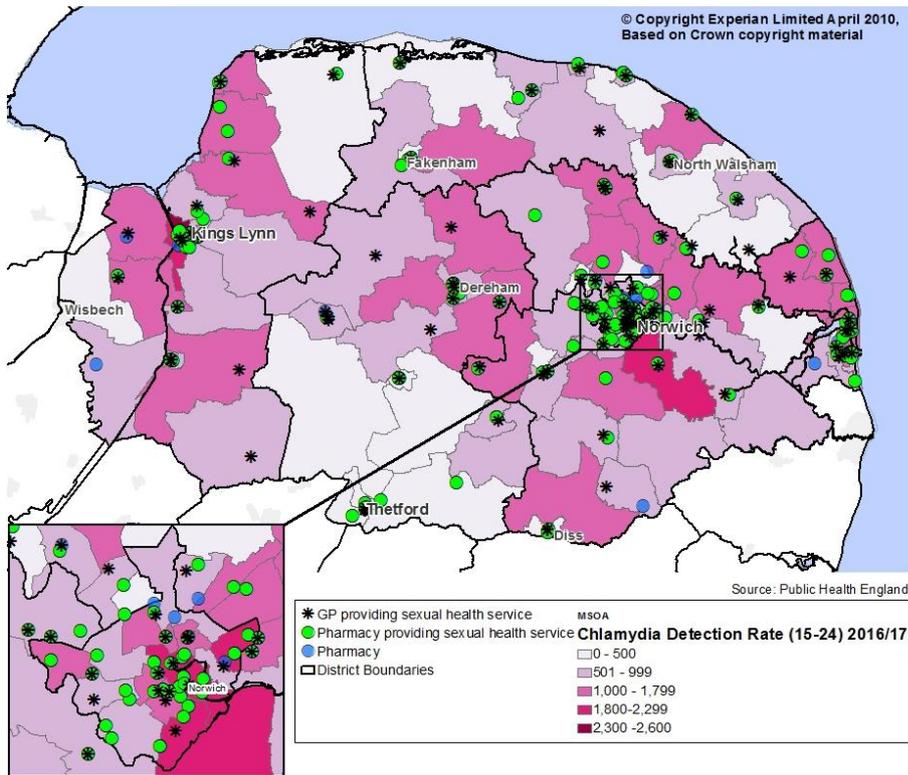


Figure 17: Chlamydia detection is - Rate of chlamydia detection per 100,000 young people (aged 15-24) at MSOA level, 2016/17. Source: Public Health England. This is the rate of diagnoses in the 15-24 population

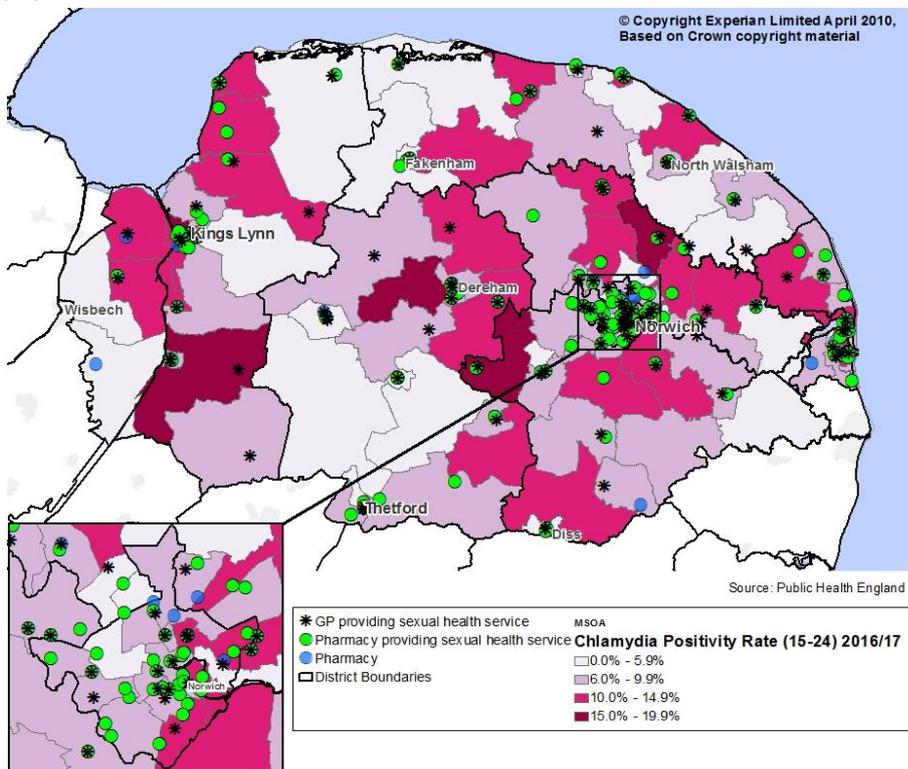


Figure 18: Chlamydia screening positivity rate (aged 15-24) at MSOA level, 2016/17. Source: Public Health England. This is the percentage of tests that have come back positive in the 15-24 population.

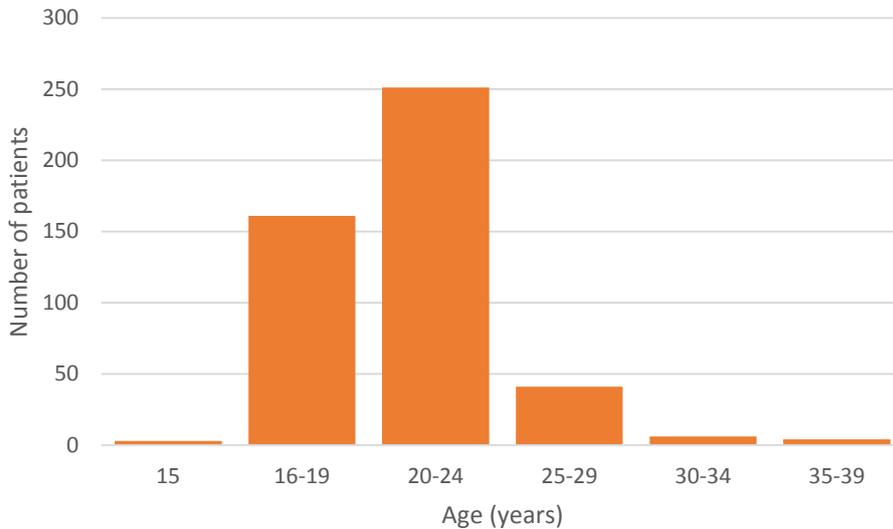


Figure 19: Age distribution of patients accessing treatment for chlamydia via a pharmacy. Date source: PharmOutcomes 2016/17

7.2.2.2. Emergency hormonal contraception

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 21.3 which is higher than the East of England rate (18.8) and the England rate (20.8) (data source ONS 2015). There are 150 pharmacies commissioned to provide emergency contraception, which are shown in Figure 15, with those with longer opening hours marked in Figure 21. Emergency contraception was provided 6850 times mainly for unprotected sexual intercourse or condom failure (Figure 24). Women of a range of ages obtained emergency contraception through pharmacies (Figure 24), including women under 20 years suggesting this service contributes to reducing rates of teenage pregnancy.

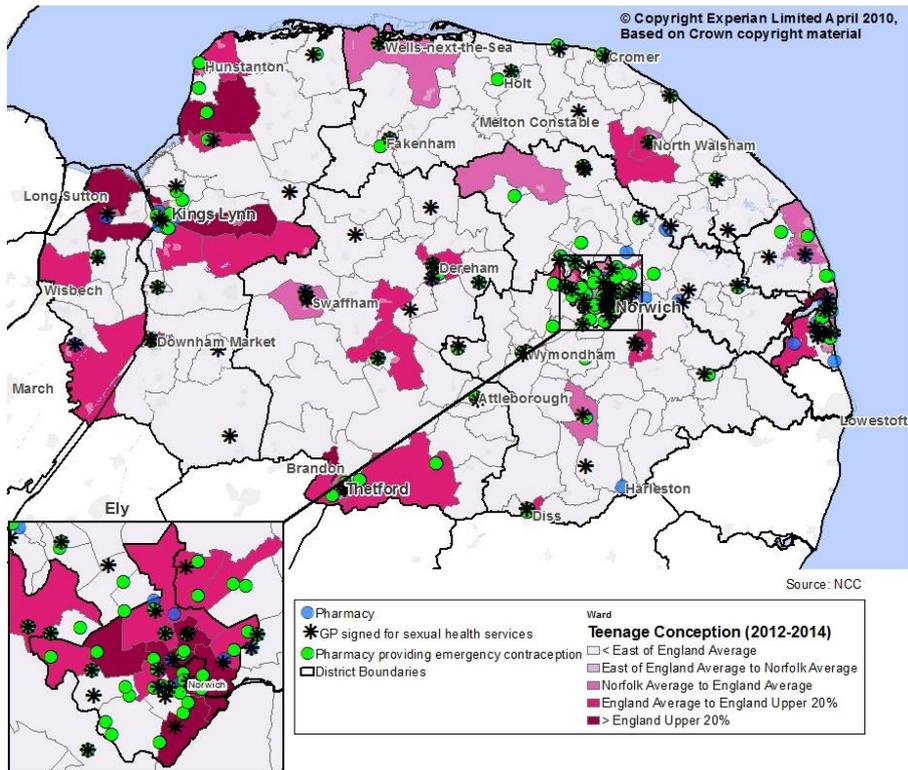


Figure 20: Teenage conception at Ward level (2012–2014) showing the location and hours of pharmacies and GP practices providing NHS sexual health services. Data source: ONS and NHS England.

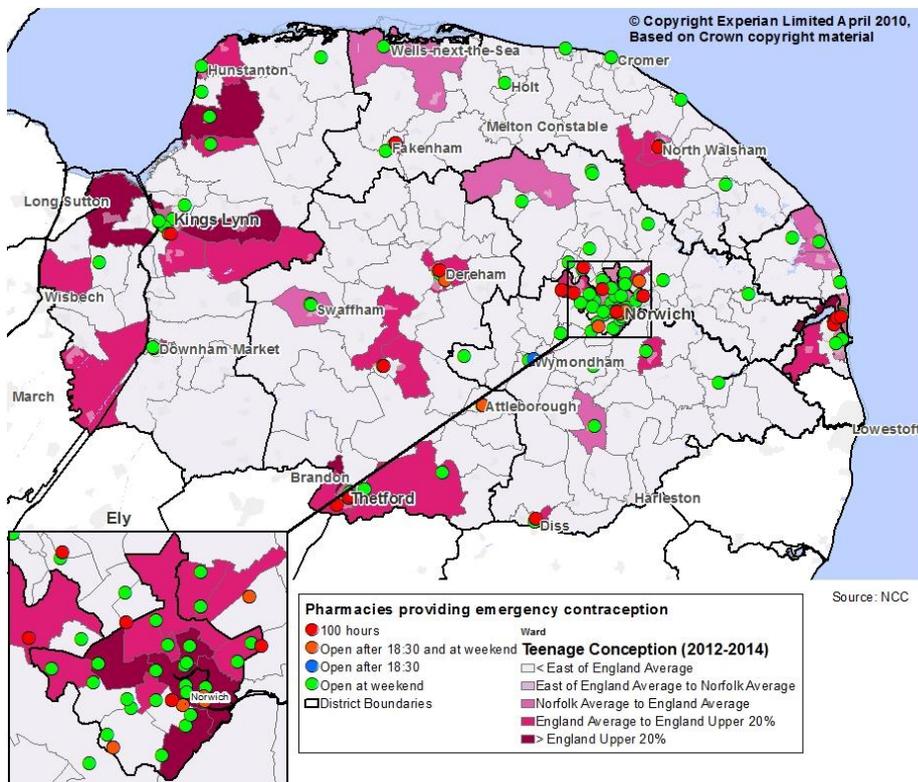


Figure 21: Teenage conception rates at Ward level (2012–2014) showing pharmacies providing free NHS sexual health services that are open after 17.30 and weekends. Data source: ONS and NHS England.

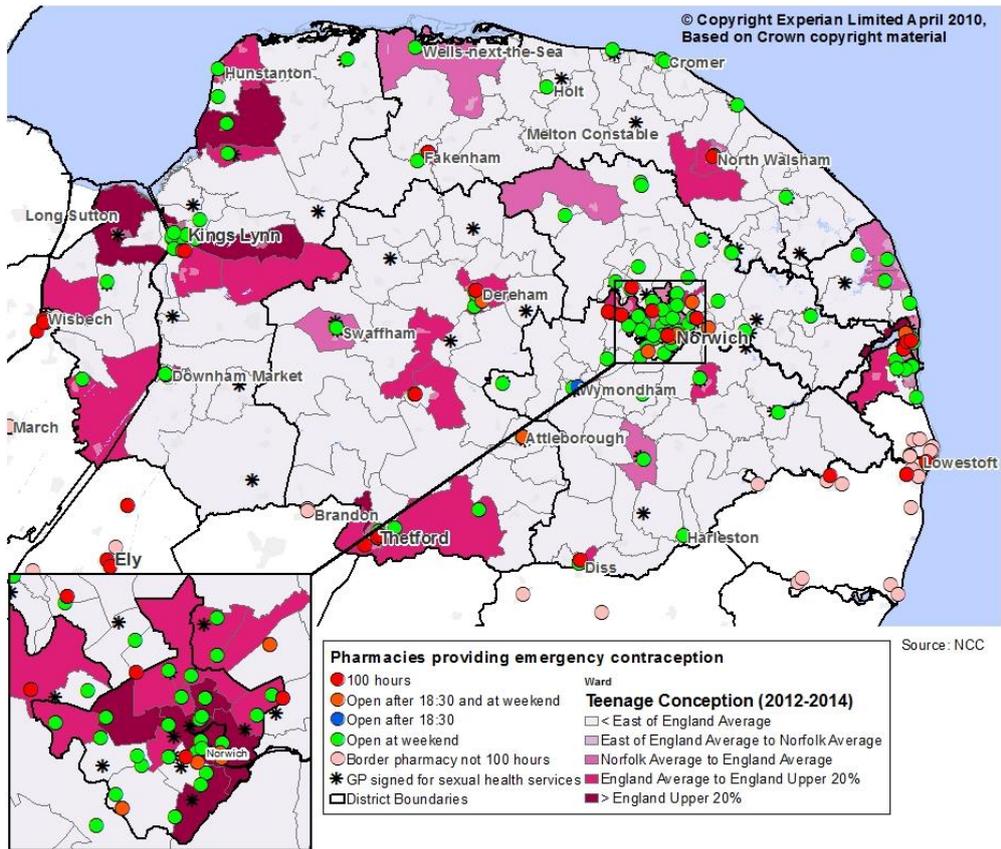


Figure 22: Teenage conception rates at Ward level (2012–2014) showing all pharmacies. Data source: ONS and NHS England.

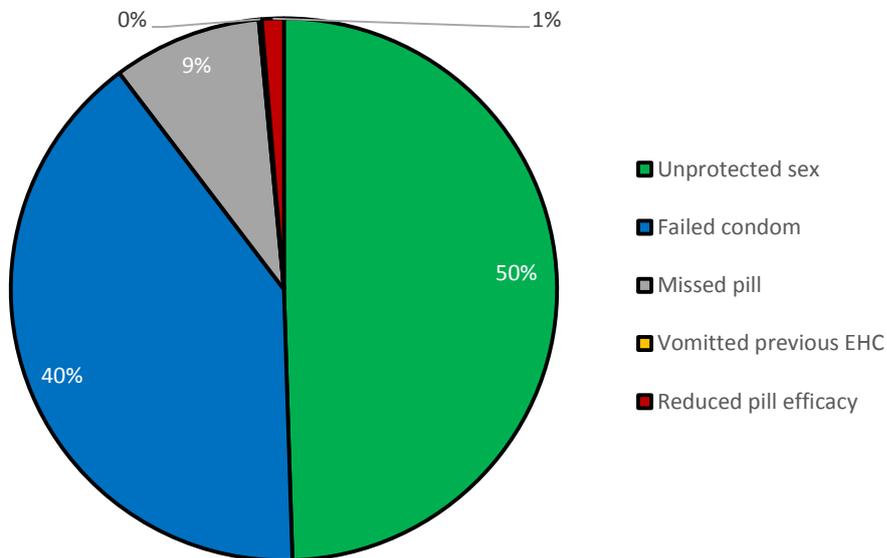


Figure 23: Indications for emergency contraception access through pharmacies. Date source: PharmOutcomes 2016/17

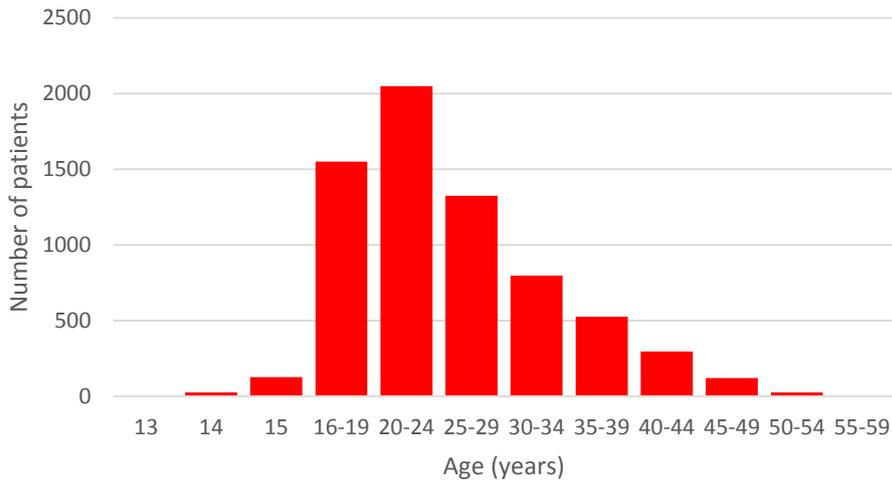


Figure 24: Age distribution of individuals accessing emergency contraception through pharmacies.
Date source: PharmOutcomes 2016/17

7.2.2.3. HIV testing

Late diagnoses of HIV result in worse outcomes for the individual (an increased risk of illness and death, and treatment is less effective). Earlier diagnosis prevents onward transmission as individuals are treated and more likely to use protection, both of which reduce the risk of infection. The rate of late HIV diagnoses is higher in Norfolk than the average for England (53.2% compared with 40.1% of adult HIV diagnoses).

What this means for the PNA

The rates for teenage pregnancy, chlamydia diagnoses and late HIV diagnoses 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.

In partnership with the Terrence Higgins Trust, free HIV self-testing is available from ten pharmacies. Norfolk County Council commissions 150 pharmacies to provide NHS sexual health services (emergency contraception, condoms, HIV self-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.

40% of respondents to the public consultation on pharmaceutical services were aware that community pharmacies provided sexual health services.

The current provision is deemed adequate.

Norfolk County Council current stated commissioning intention 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.

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

Pharmacies are well placed to offer HIV testing services to address the high rates of late diagnosis in Norfolk and to help reduce the prevalence of chlamydia infection by providing screening, diagnosis and treatment in the community.

Current provision is deemed appropriate and any change in need will be monitored by the commissioners.

7.2.3. Obesity

People are classified as overweight when their BMI (body mass index) is over 25, and obese when their BMI is over 30.

In Norfolk 67% of adults and 23% of children have excess weight.

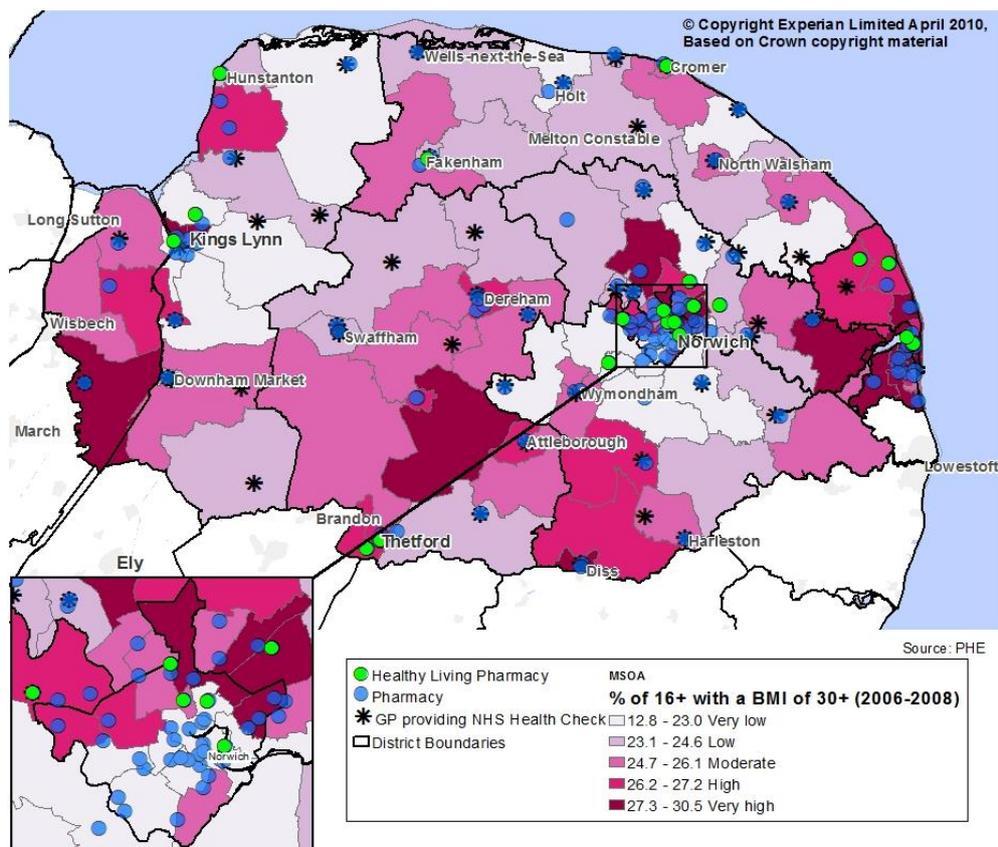


Figure 25: Modelled estimate of the proportion of people aged 16+ years who are obese (2006–2008) (%). Data source: Knowledge and Intelligence Team, PHE.

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.

In Norfolk based on current trends it is estimated that by 2020 there will be 100,000 more people with high blood pressure, 2000 more people having a stroke and 50,000 more people living with diabetes.

Being overweight in childhood (at Reception and Year 6) was associated with deprivation.

What this means for the PNA

Pharmacies are widely distributed across Norfolk and in areas of high prevalence of obesity. Advice on weight management and the impact on health forms part of essential pharmaceutical services.

Norfolk County Council current stated commissioning intention Weight Management Services

Pharmacies currently provide vouchers for people who are clinically obese to access 12 weeks support from a commercial weight management programme as part of a service commissioned by Norfolk County Council.

Commissioners will continue to work with existing community pharmacists and their teams to increase the uptake of the weight management programme

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), such as hepatitis B, hepatitis C or HIV.

Co-existing mental illness and substance misuse may affect 30-70% of people presenting to health and social care³⁴. NICE guidance recommends partnership working between specialist services, health, social care and other support services and commissioners to improve services for people with coexisting severe mental illness and substance misuse.³⁵

Needle exchange schemes aim to reduce the risk of BBV transmission. In the UK, in people who inject psychoactive drugs, 0.4% have a current hepatitis B infection, about 40% have a chronic hepatitis C infection and 1% have HIV ³⁶. BBVs are more common in people who inject image and performance enhancing drugs than in the general population, but not as high as among people who inject psychoactive drugs. Needle exchange schemes are increasingly being accessed by people who inject image and performance enhancing drugs.

NICE guidance recommends at least three months of supervised consumption for ongoing treatment of opioid (often heroin) dependence³⁷. Community treatment for opioid dependence resulted in less substance misuse, less high risk injecting behaviour and fewer acquisitive crime offences.³⁸

Naloxone temporarily reverses the effect of opioids, such as heroin, and can prevent death when used after overdose. Legislation changes in 2015 made naloxone more easily available, and it can now be supplied to:

- an individual currently using opiates
- a carer, friend or family member
- a named individual in a facility where drug users gather and might be at risk of overdose

In 2011 the National Treatment Agency published a report (Addiction to Medicine³⁹ 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 Inquiry.⁴⁰ This showed that addiction to prescription and over-the-counter medicines e.g. 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.

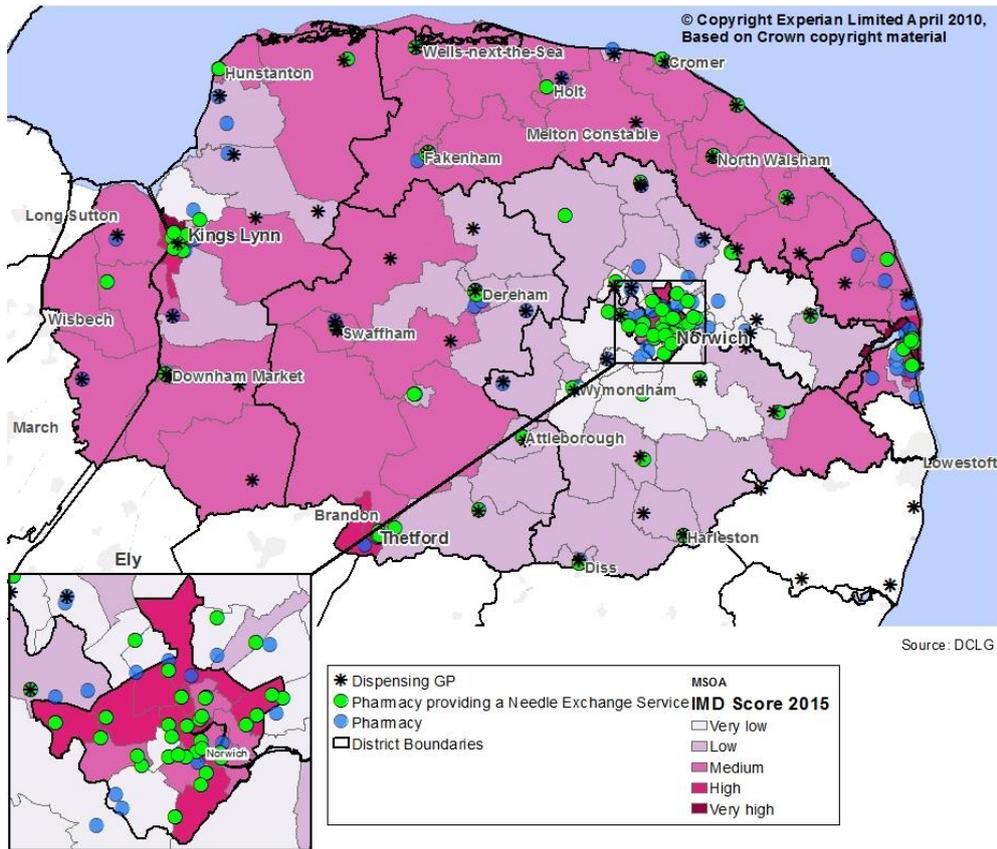


Figure 26: Overall IMD and pharmacies signed to provide a Needle Exchange Service. Data source: ONS and NHS England.

Figure 26 shows that there are a total of 91 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 e.g. drug and alcohol services (see Appendix H).

Figure 27 shows that 90% of needle exchange packs and equivalents is through community pharmacies, at an average of 4,397 packs per month.

Community pharmacies are responsible for collecting the bulk of used needles in Norfolk (81% in 2016–17).

- Pharmacy waste collection: 16,865 litres
- Agency waste collection: 2,350 litres
- Public sharps bin waste collection: 1,581 litres

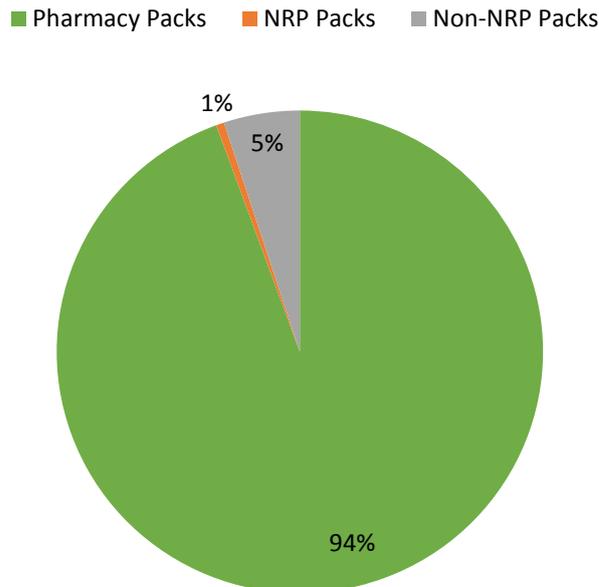


Figure 27: Needle exchange activity for all packs and equivalents by type and outlet (2016/17). NRP = Norfolk Recovery Partnership. Data source: East Coast Community Healthcare Annual report.

All community pharmacies in Norfolk will provide supervised consumption if requested, which is currently 160 out of 164 pharmacies. A total of 109,978 doses of methadone and 28,119 doses of buprenorphine were supervised in community pharmacies in 2016/17. This represents an increase of 10% from 2015/16.

There are five pharmacies contracted to pilot a Take Home Naloxone Service that started in March 2017.

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.

Norfolk County Council current stated commissioning intention Substance Misuse Service

A new integrated Alcohol and Drug Behaviour Change Service will be in place from April 2018.

A pilot has recently started working with 5 pharmacies providing “Take Home Naloxone”. This will be monitored as part of the pilot process.

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: previously defined as more than 8 units for men or more than 6 units for women, however current guidelines do not suggest a specific limit for single episode drinking.
- Harmful drinking: drinking above safe levels (usually beyond those of hazardous drinking) with evidence of alcohol-related problems (e.g. accidents, depression, or physical illness).
- Alcohol dependence is characterised by craving, tolerance, a preoccupation with alcohol, and continued drinking despite harmful consequences.

According to a 2016 survey, 57% adults drank alcohol in the last week with 52% of these bingeing in the last week (as per the previous definition).⁴¹

Figure 28 compares the rates of hospital admissions for alcohol-related conditions. In 2015/16, there were 339,282 hospital admissions for alcohol related conditions in England.

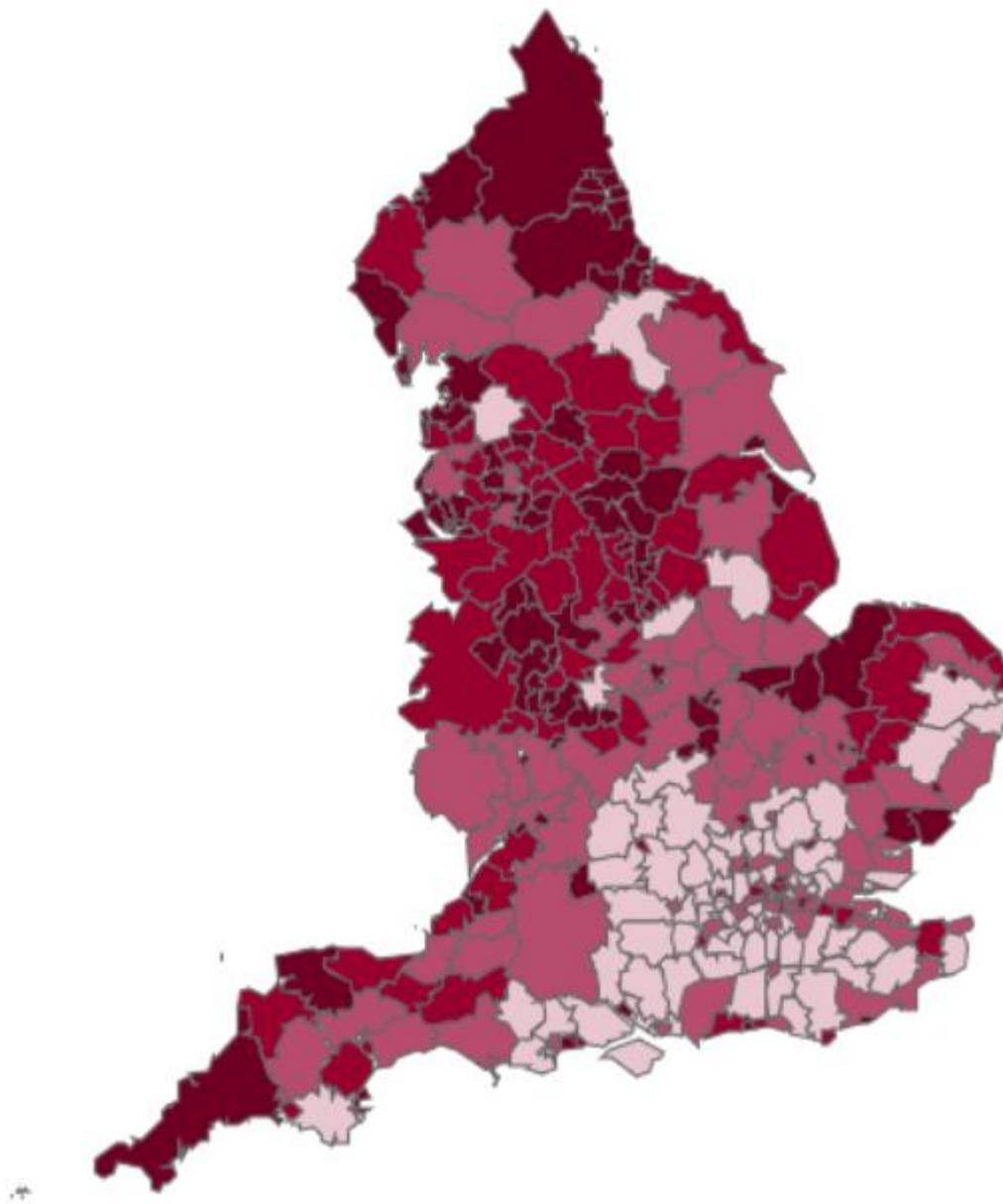
Figure 29 shows the rate of binge drinking by people aged over 16 years in Norfolk.

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 drownings make up more than a third of the disease burden attributable to alcohol consumption.⁴²

Excessive alcohol consumption increases the risks of conditions such as:

- ischaemic and haemorrhagic stroke;
- certain cancers: mouth, throat, stomach, liver and breast;
- liver cirrhosis;
- depression
- pancreatitis
- coronary heart disease and stroke

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



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Figure 28: Admission episodes of alcohol-related conditions (narrow definition) in 2015/16, directly standardised rates, shown as quartiles per district. Data source: PHE fingertips (Calculated by Public Health England: Clinical Epidemiology Knowledge and Intelligence from data from the Health and Social Care Information Centre (HSCIC) - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates)

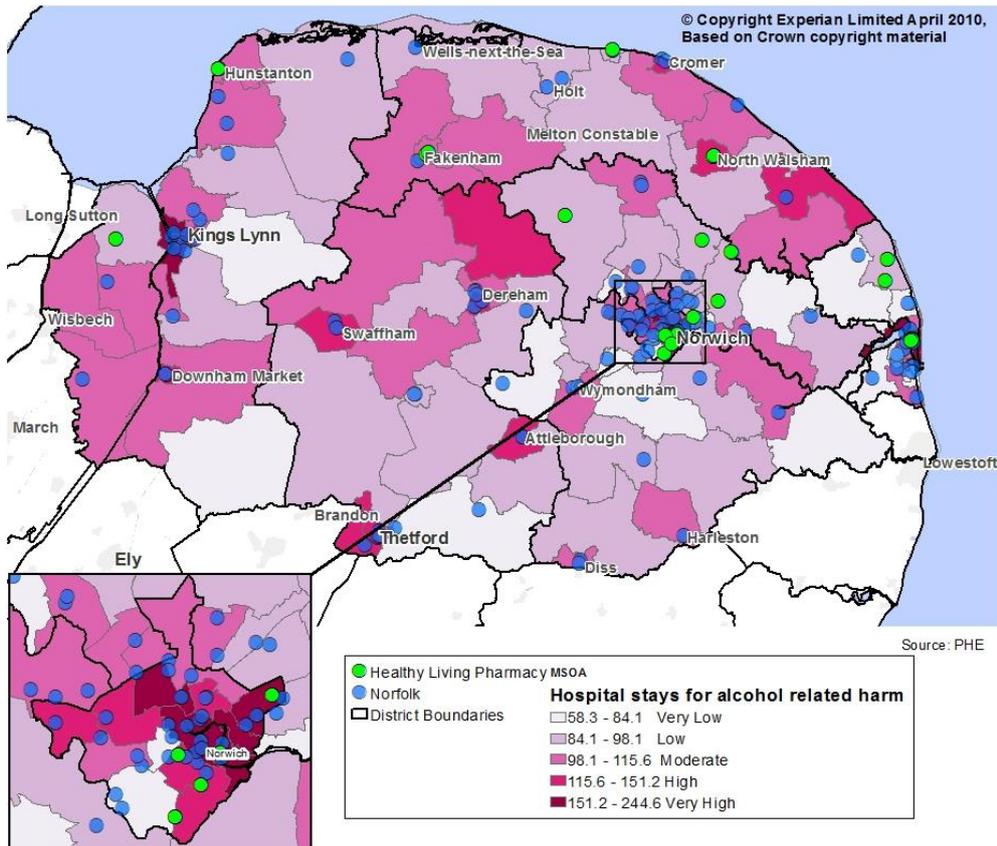


FIGURE 29: HOSPITAL ADMISSIONS FOR ALCOHOL ATTRIBUTABLE CONDITIONS AT MSOA LEVEL, STANDARDISED ADMISSION RATIO (2011/12–2015/16). DATA SOURCE: PHE.

What this means for the PNA

Pharmacies are located in areas where there is a high prevalence of binge drinking. Brief interventions for alcohol are offer as part of NHS Health Checks (see Section 7.2.6 below) and the specification for the integrated Alcohol and Drug Behaviour Change Service plans for community alcohol detoxification programmes.

Recommendation 7

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

7.2.6. Health checks

The NHS Health Check is a structured cardiovascular check that aims to prevent heart disease, stroke, type 2 diabetes and kidney disease. It is a statutory public health service in England and local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals every five years. The Health Check is offered to individuals aged 40-74 without previously diagnosed vascular disease. There are three components:

- Risk assessment
- Risk awareness
- Risk management

An evaluation of the NHS Health Check in England showed that it identified previously undiagnosed vascular disease, and a proportion of those at high risk for cardiovascular disease were started on treatment.⁴³ There was higher attendance from the more socially

disadvantaged than the more affluent, suggesting NHS Health Checks could contribute to decreasing health inequalities. A review of the evidence showed that some people consider pharmacies a convenient location for a Health Check, while other are concerned about competence, privacy and confidentiality⁴⁴

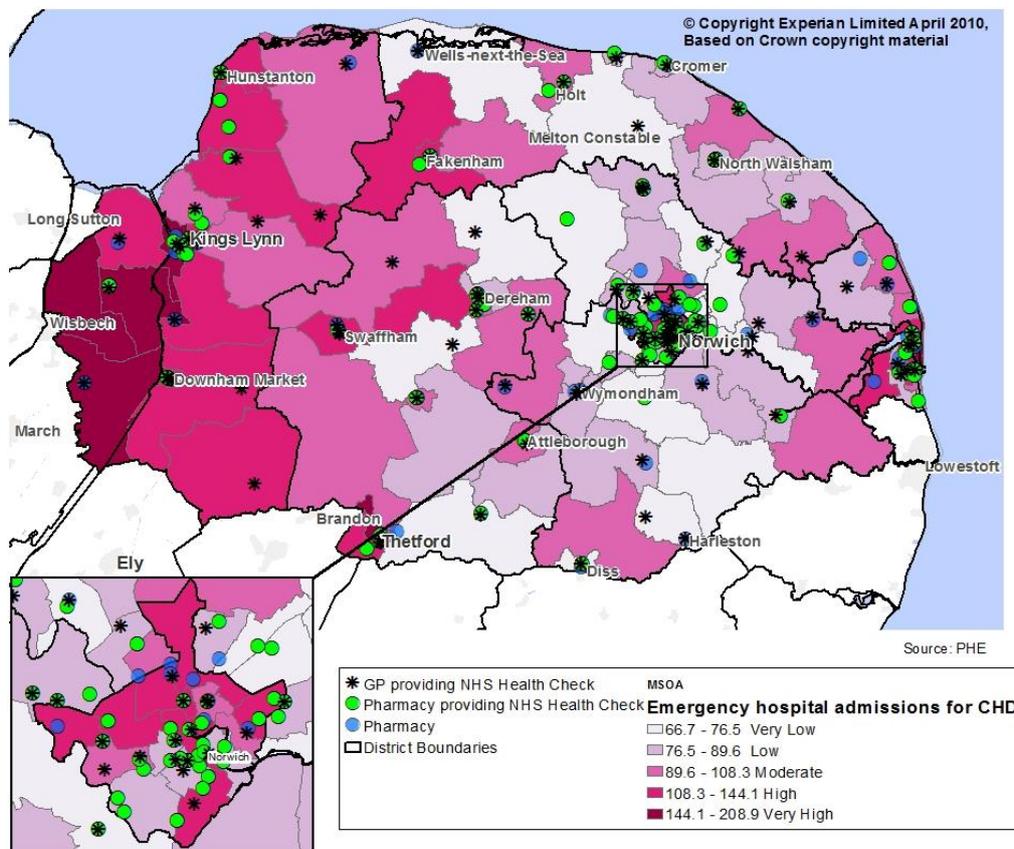


Figure 30: Emergency hospital admissions for coronary heart disease (CHD) at MSOA level, standardised admission ratio (2011/12–2015/16). Data source: PHE.

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, smoking (Figure 28) and emergency admissions for CHD (Figure 30). As can be seen from Figure 30 there are both pharmacies and GP practices providing NHS Health Checks in areas of high admission rates for CHD.

Currently 109 (66%) community pharmacies in Norfolk are contracted to perform NHS Health Checks, and they delivered about 6% of NHS Health Checks 2016/17.

What this means for the PNA

65% of respondents to the public consultation on pharmaceutical services were aware that community pharmacies provided Health Checks and 15% had accessed the service in the past year.

Research conducted by Norfolk Healthwatch: ⁴⁵ Cardiovascular disease prevention and management in the community: Representing the voice of local people found that men were generally more reluctant to attend a health check or see their GP and that men of working

age would like the opportunity to have their health check at a pharmacy but did not seem to be aware this was an option.

The current provision is deemed adequate although pharmacies would benefit from increasing awareness of the availability of the service.

Norfolk County Council stated commissioning intention

Pharmacies are currently commissioned to provide Health Checks and Norfolk County Council Public Health commissioners intend to continue this arrangement.

Commissioners intend to increase awareness of health check provision within pharmacies and in areas where health checks are not widely available intend to utilise pharmacies more to deliver Health checks in those areas.

7.2.7. Healthy Living Pharmacy

Healthy Living Pharmacy (HLP) is a nationally recognised and accredited 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:

- A skilled team that proactively promotes health and wellbeing and offers advice on a range of health issues.
- Appropriate premises
- Engagement with the local community, healthcare professionals, social care, public health professional and local authorities

There are three levels within the HLP framework:

- Level 1: Promotion – Promoting health, well-being and self-care (changed in July 2016 from a commissioner-led to a profession-led self-assessment process)
- Level 2: Prevention – Providing services (commissioner-led)
- Level 3: Protection – Providing treatment (commissioner-led)

There is a national intent, being driven through the national Pharmacy Quality Payment Scheme, ⁵⁴ that there is a Royal Society of Public Health trained health champion in every community pharmacy, and ensuring each community pharmacy obtains the Healthy Living Pharmacy Level 1 status.

Brighton and Hove commissions Level 2 Healthy Living Pharmacies, ⁴⁶ but there is no scheme in Norfolk.

What this means for the PNA

49% of respondents to the public consultation on pharmaceutical services used a pharmacy service at least once a month 20% more frequently. The most common service accessed (89%) was getting a prescription giving regular multiple opportunities for delivering brief interventions.

Norfolk County Council current stated commissioning intention – note accreditation is now managed at a national level.

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 accrediting as a Healthy Living Pharmacy (HLP).

HLP Level 1 is awarded to pharmacies that consistently deliver a range of health and wellbeing services. Pharmacies are self-assessed and accredited by the Royal Society for Public Health (RSPH). There are currently twenty accredited pharmacies in Norfolk on the RSPH's online register.

7.2.8 Pre-natal and child health

Healthy Start is a national government scheme to improve the health of low income families. Vouchers are available to women who are pregnant or have children under the age of four, and are on benefits, have a low income or are under 18. The vouchers can be exchanged for woman's vitamins, children's vitamins, cow's milk, infant formula milk, fruit and vegetables.

As can be seen from Figure 7, pharmacies are located in areas of high deprivation where these women and children are most likely to be living.

Norfolk County Council current stated commissioning intention

NCC PH Commissioners will continue to work with community pharmacies to provide free Healthy Start Vitamins to low income families.

Additionally a scheme is being set up to allow Healthy Start vitamins to be sold in targeted pharmacies to allow those who do not qualify for vouchers the opportunity to buy them cheaply.

7.3. Long term conditions (LTC)

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 certain cancers (specifically liver cancer, pharyngeal cancer (upper throat), bowel cancer, oesophageal cancer (food pipe), breast cancer, laryngeal cancer (voice box) and mouth cancer)

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

Area	Great Yarmouth and Waveney CCG	North Norfolk CCG	Norwich CCG	South Norfolk CCG	West Norfolk CCG	Midlands and East (Central)
Smoking	16.10%	11.50%	17.20%	11.80%	13.90%	14.10%
Atrial Fibrillation	2.20%	2.90%	1.60%	2.20%	2.70%	1.90%
Asthma	6.70%	7.60%	6.50%	6.60%	6.90%	6.30%
Cancer	2.90%	3.70%	2.30%	3.00%	3.20%	2.70%
Coronary Heart Disease	4.00%	4.50%	2.90%	3.50%	4.60%	3.30%
COPD	2.70%	2.20%	1.70%	1.80%	2.60%	1.90%
Dementia	1.00%	1.20%	0.70%	0.90%	1.00%	0.80%
Epilepsy	0.80%	0.80%	0.80%	0.60%	0.70%	0.60%
Heart Failure	0.90%	1.10%	0.80%	0.80%	0.90%	0.80%
Hypertension	16.90%	17.80%	11.80%	15.50%	18.40%	14.70%
Mental Health	1.00%	0.90%	1.20%	0.70%	0.70%	0.80%
Peripheral Arterial Disease	0.80%	0.70%	0.60%	0.60%	0.70%	0.60%
Rheumatoid Arthritis	0.80%	1.00%	0.70%	0.80%	0.90%	0.70%
Stroke & transient ischaemic attacks	2.20%	2.70%	1.70%	2.00%	2.60%	1.80%
Depression	7.40%	6.00%	6.80%	6.10%	6.70%	6.40%
Osteoporosis	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%
Learning Disabilities	0.60%	0.70%	0.70%	0.60%	0.50%	0.50%
Diabetes	6.30%	5.90%	4.20%	5.10%	6.80%	5.10%
Chronic Kidney Disease	4.50%	5.00%	2.90%	3.80%	4.30%	3.40%
Obesity	9.30%	8.50%	6.40%	8.60%	9.00%	7.40%

Table 11: Prevalence of long term conditions in Norfolk (2015-16). Data source: QOF via <https://www.qpcontract.co.uk/>

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, target groups and timescales for both MUR and NMS are laid out in The Pharmaceutical Services (Advanced and Enhanced) (England) Directions 2013⁴⁷ and subsequent amendments.

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

7.5. Dementia and mental health

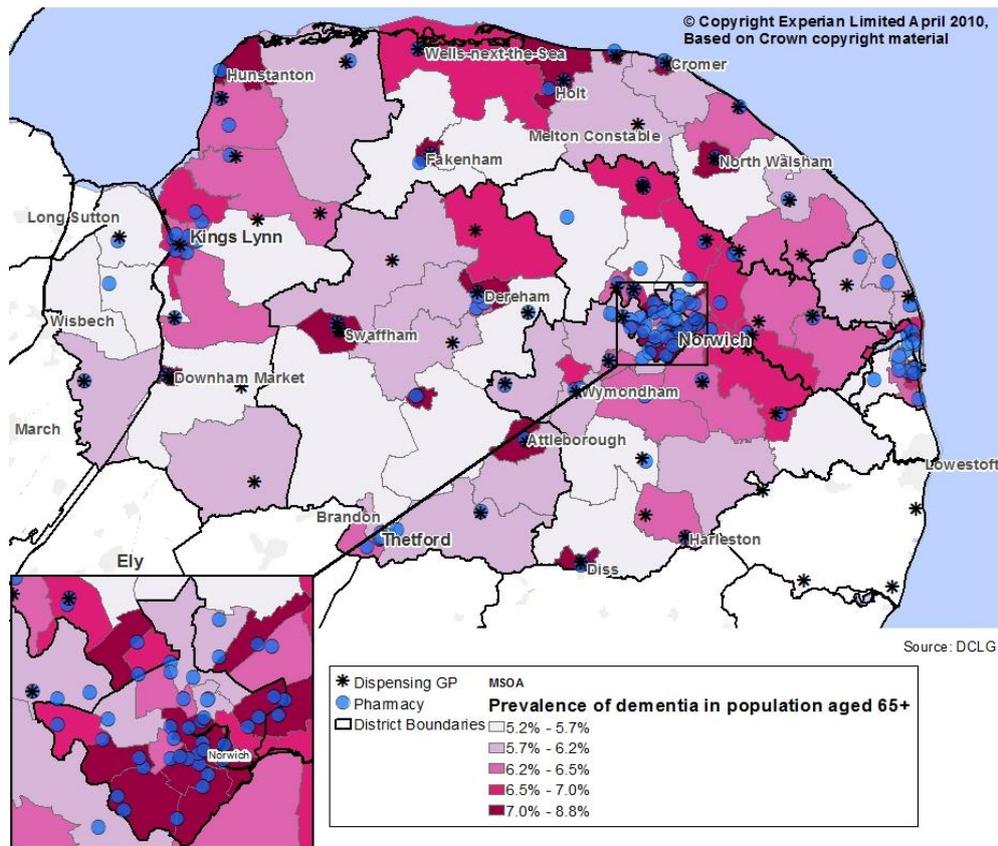


Figure 31: Estimated prevalence of dementia in people aged 65+ at MSOA level (2015) Source: Norfolk County Council

The risk of dementia increases with age and the condition usually occurs in those aged over 65. There are different types of dementia all linked with a decline in functions of the brain. Various mental and personality changes are associated with dementia and these include; memory loss, mental agility, language, understanding and judgement. As the brain changes with dementia it is not only mental and personality changes that occur but also physical changes in such areas as balance, eating, continence and mobility. These changes will impact on ability to maintain independence and everyday activities.

In Norfolk about 0.9% of the population have a dementia diagnosis recorded. This is higher than England and as such will put additional demand on services required to provide treatment, care and support as needed so those with dementia can live well with the condition.

A number of pharmacists and their staff have been trained as Dementia Friends. Patients requiring help with their medicines can be supported in a number of ways including referral to the Norfolk Medicines Support Service.

In terms of overall mental wellbeing Norfolk has a rate slightly higher than average for reported happiness compared to England. The Norfolk suicide is however higher than England as is the number of emergency hospital stays for self-harm.

Pharmaceutical services include sign-posting to local help and support groups for both patients and carers.

What this means for the PNA

There are no specific implications for the PNA

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 164 pharmacies across Norfolk, a decrease of one since the publication of the previous 2014 PNA published in February 2015. 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 (pharmacies) per 100,000 population is 18. If GP dispensaries are included the number of providers of dispensing services becomes 26 per 100,000 registered population. There is one dispensing appliance contractor based in Norfolk. There is adequate access for the dispensing of appliances.

In 2016-17 ePACT data shows that 21,298,429 prescription items were attributed to Norfolk prescribers with a value of £150,750,226. 85% (20,979,378) of items prescribed were dispensed by Norfolk community pharmacies and GP dispensaries the remaining 15% were dispensed outside of Norfolk, the majority of these items being appliances e.g. ostomy products, specialised feeds or those dispensed by pharmacies close to Norfolk's borders.

49% of pharmacies and 63% of dispensing GP surgeries responded to the PNA questionnaire about service provision (See appendices J and K). 74% of the dispensing GPs considered provision of current pharmaceutical services to be either 'excellent' 'very good' or 'good'. 72% of community pharmacy responders stated they were open on a Saturday and 15% on a Sunday. The majority remain open delivering pharmaceutical services over the "lunch" hour. 88% of community pharmacy responders had a consultation room with wheelchair access and 75% had handwashing facilities in the consultation room. 100% of pharmacies were electronic prescribing service release 2 enabled and 99% had NHS Summary Care Record enabled.

The results (see Appendix I for full results) from the patient survey indicate that generally, public satisfaction with the provision of pharmacy services in Norfolk appears to be high.

Headlines from Public Survey

- 2,236 respondents (beating 1,817 for the 2014 PNA)
- 98% of people were aware they could get prescription medicines from a pharmacy and 74% were aware of advice and help for minor ailments
- 89% had used a pharmacy in the last year to get prescription medicine, 34% for minor ailments and 26% for advice on the best way to take medicines
- Half were going to their pharmacy service once a month
- Proximity to their home (61%) and the GP surgery (54%) are top reasons for using a particular pharmacy
- Overall 96% are 20 minutes or less away from their nearest pharmacy service, 46% are within 5-10 minutes away
- 92% said pharmacy services are "always" or "usually" open when they need to go to one
- Opening on Saturdays, between 6.30 – 800pm and on Sundays would be most desirable
- 93% haven't used a Distance Selling Pharmacy
- 90% rate pharmacy services as "excellent", "very good" or "good"

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. These extended opening hours are contractually known as **supplementary** hours which can be amended by the pharmacy subject to giving three months' notice (or less if NHS England consents). 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. Note that delivery services are voluntary and not part of NHS pharmaceutical services. There is also access to pharmaceutical services via the internet with 1% of respondents to the survey stating they used a distance selling pharmacy.

Community pharmacies and pharmacists can have an impact on the health of the population by contributing to the safe and appropriate use of medicines. The results of the community pharmacy provider survey show that community pharmacies currently provide a wide range of services and are willing to explore the provision of more.

This chapter describes the current provision of NHS pharmaceutical services, which were explained in Chapter 2: Introduction, and are defined in the Regulations 2013⁷.

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 5 September 2017. Up-to-date information on community pharmacies (including opening hours) is available on the NHS Choices website: [48](#)

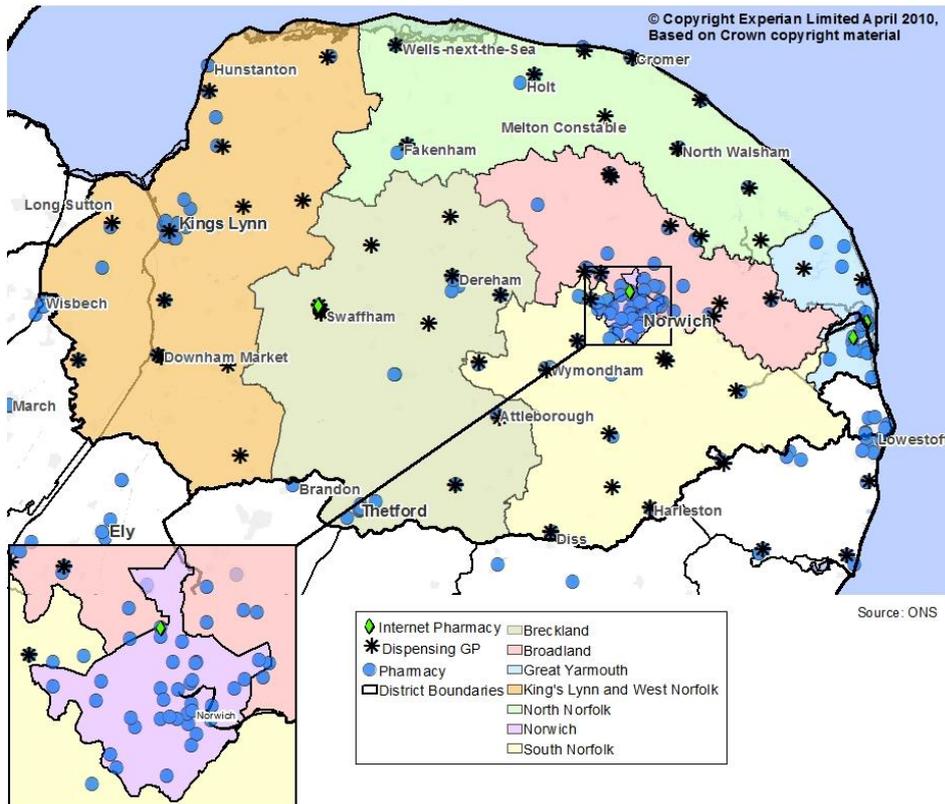


Figure 32: Map illustrating districts in Norfolk, community pharmacies and dispensing practices. Data source: ONS

8.1.1 Community pharmacies

There are 164 community pharmacies in Norfolk (see Appendix D for names and addresses).

There is a mix of pharmacies; independent; small multiple; large multiple. The majority of pharmacies in Norfolk fall into the large multiple category.

The pharmacy contractors include four distance selling pharmacies which provide pharmaceutical services to patients across England and 19 100 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.

Locality	Number pharmacies
Breckland	21
Broadland	21
Great Yarmouth	27
King's Lynn and West	24
Norfolk	
North Norfolk	18
Norwich	35
South Norfolk	18
Norfolk	164

Table 12: Number of pharmacies by district as at 5 September 2017. 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% (4.2m) 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.

Dispensing practices can sign up to the dispensing services quality scheme (DSQS) and thus have to comply with a range of standards including staff training requirements, working to standard operating procedures, risk management and audit. In 2017-18 the majority of practices have signed up to DSQS and successfully demonstrated compliance with the required standards.

8.1.3 Distance Selling Pharmacies

There are four 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, and 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

Due to changes to the NHS organisational structure, and the effect this has had on commissioning arrangements for General Pharmaceutical Services, the lowest level of data available from 1 April 2015 is NHS England Regions. Data for 2013/14, 2014/15 and 2015/16 has been aggregated to the 13 NHS England Regions for comparison purposes.

The latest General Pharmaceutical Services report available from NHS Digital was published on 16 November 2016 and can be accessed at <http://digital.nhs.uk/catalogue/PUB22317>

Key Facts

- There were 11,688 community pharmacies in England as at 31 March 2016, compared to 11,674 as at 31 March 2015, an increase of 14 (0.1 per cent). There has been an increase of 1,555 (15.3 per cent) since 2006/07.

- Most prescription items are dispensed by community pharmacies. In England, in 2015/16, 995.3 million items were dispensed by community pharmacies (91.5 per cent of all items dispensed in the community). This is an increase of 17.0 million (1.7 per cent) from 2014/15 when the figure was 978.3 million. This compares with 84.6 million items dispensed by dispensing practices and 7.9 million by appliance contractors in 2015/16. 35.4 per cent of items dispensed by community pharmacies and appliance contractors were via the Electronic Prescription Service.

- There were 112 appliance contractors on the pharmaceutical list as at 31 March 2016, 110 of which were actively dispensing between 1 April 2015 and 31 March 2016. Since 2006/07 this is a decrease of 18 appliance contractors actively dispensing but an increase of 4.3 million items dispensed.

ONS mid-2016 population is 65,648,100 and there are 58,719,921 patients registered at GP practices in England (NHS Digital 1.10.17). There are 11,688 pharmacies in England meaning there are 18 pharmacies per 100,000 population or 20 pharmacies per 100,000 registered population. In 2014 there were 21 pharmacies per 100,000 head of population in England.

There are 164 pharmacies across Norfolk (September 2017).

There are 78 dispensing GP practices (56 main surgeries and 22 branch surgeries).

The number of pharmaceutical service providers (pharmacies) per 100,000 registered population is 18. This is slightly below national average for registered population however if GP dispensaries are included the number of providers of dispensing services becomes 26 per 100,000 registered population. It is in line with national average for total population.

Alternatively if we exclude the population eligible to have their prescriptions dispensed by dispensing doctors (231,767) the number of pharmacies per 100,000 of eligible people (695,071) to have their prescriptions dispensed by a community pharmacy is 24. 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 Norfolk residents public survey

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 2,236 responses revealed that 90% thought that pharmacy services in Norfolk were good, very good or excellent with 6% stating they were neither good nor poor.

92% of respondents stated they went to the same place for pharmacy services and 94% could access their usual pharmacy service in less than 20 minutes. 4% accessed pharmaceutical services at least once a week and 49% used a pharmacy service 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. 92% of respondents felt that pharmacy services were either always open or usually open when needed.

The main reasons for using a pharmacy service regularly was its convenience (61% used a pharmacy near to home and 54% used a service in or close to a GP practice) and customer service (staff were friendly [43%]; knowledgeable staff [37%]).

The provisions of delivery and collection services was a factor for choosing a provider for 15% of respondents.

62 people (4%) thought that pharmacy services in Norfolk were poor, very poor or extremely poor (6). The main cited problems related to availability and supply of drugs (frequently this is beyond the control of the pharmacy).

8.1.8 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 27 and 28); 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.

8.2. Accessibility

8.2.1. Distance, travel times, and delivery services

In 2008 the White Paper Pharmacy in England: Building on strengths – delivering the future [55](#) stated 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. This still holds in 2017 and is borne out in the results of the public survey of Norfolk pharmaceutical services.

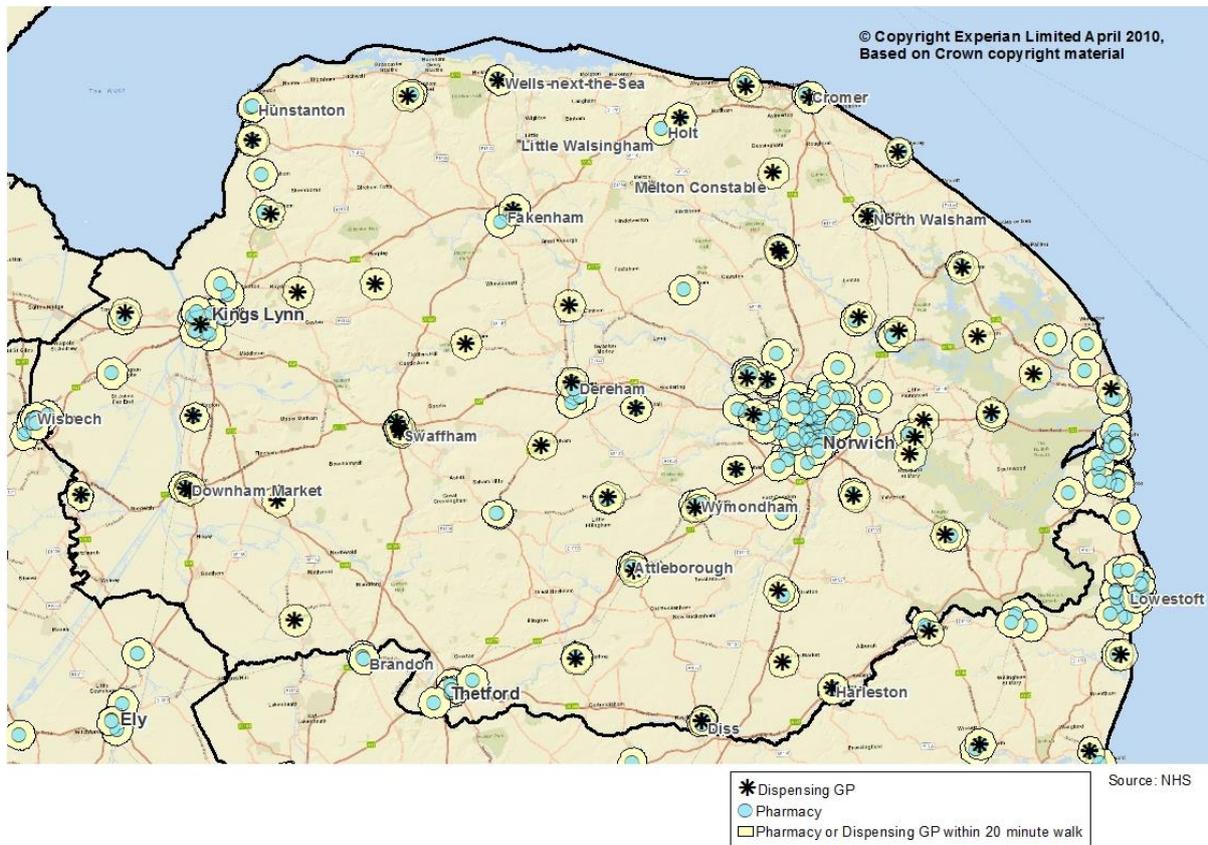


Figure 33: Map illustrating areas within a 20 minute walk of a pharmacy or dispensing GP (lemon yellow).

Much of Norfolk is rural in nature. The majority (55%) of respondents to the public survey of Norfolk pharmaceutical services stated that they usually accessed services by car or motorbike; 38% walked and the remainder cycled or used public transport.

Location in relation to home or GP surgery is a strong determinant of where people access pharmaceutical services.

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.

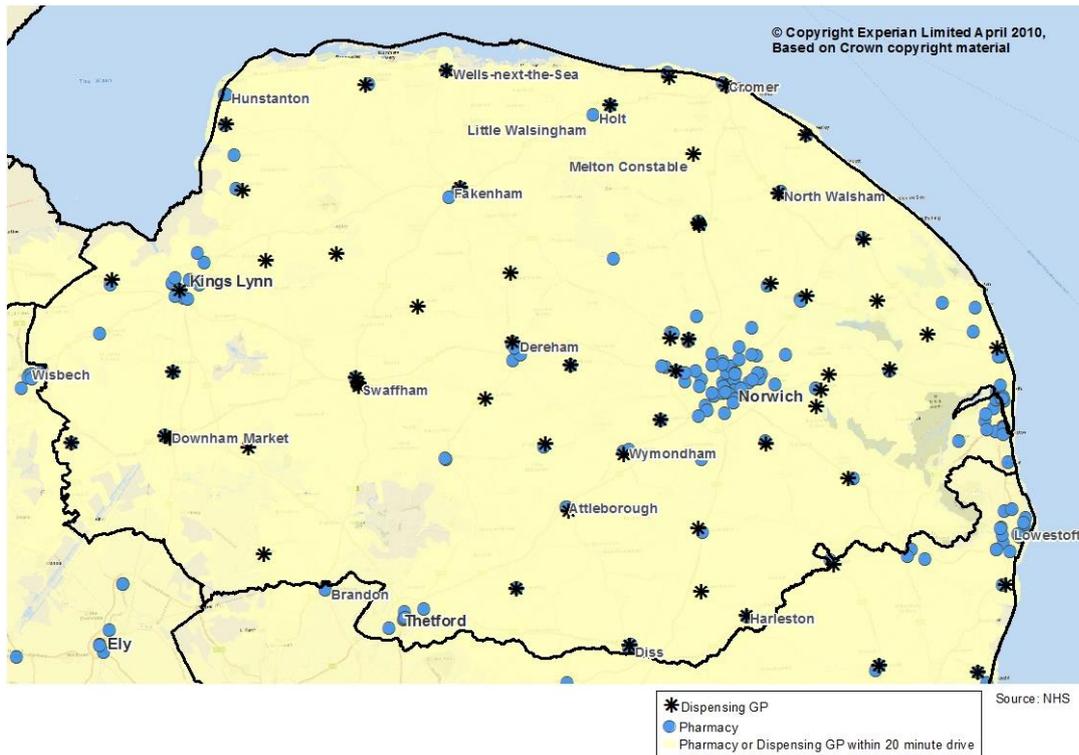


Figure 34: Map illustrating areas within a 20 minute drive of a pharmacy or dispensing GP (lemon yellow). Data source: Health and Social care Information Centre.

Figure 34 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.

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 33, 34 and 35.

8.2.3 Community pharmacy opening hours

Locality	Number pharmacies	100 hour pharmacies	Distance selling pharmacies
Breckland	21	5	1
Broadland	20	2	
Great Yarmouth	28	4	2
King's Lynn and West Norfolk	24	1	
North Norfolk	18	2	
Norwich	35	1	1
South Norfolk	18	4	
Norfolk	164	19	4

Table 13: Number of 100 hour pharmacies by district as at 5 September 2015. Data source: NHS England.

Table 13 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. Extra hours are generally supplementary hours and are over and above core contracted hours. Pharmacies must notify NHS England three months in advance of making any changes to supplementary hours however NHS England cannot stop the change (they can allow the change to take place sooner than 3 months).

Many pharmacies provide services over the weekend. The four distance selling pharmacies must supply services to anyone in England who request them and thus their services are available to anyone in Norfolk.

NHS England commissions a limited service through community pharmacies for Easter Sunday and Christmas Day.

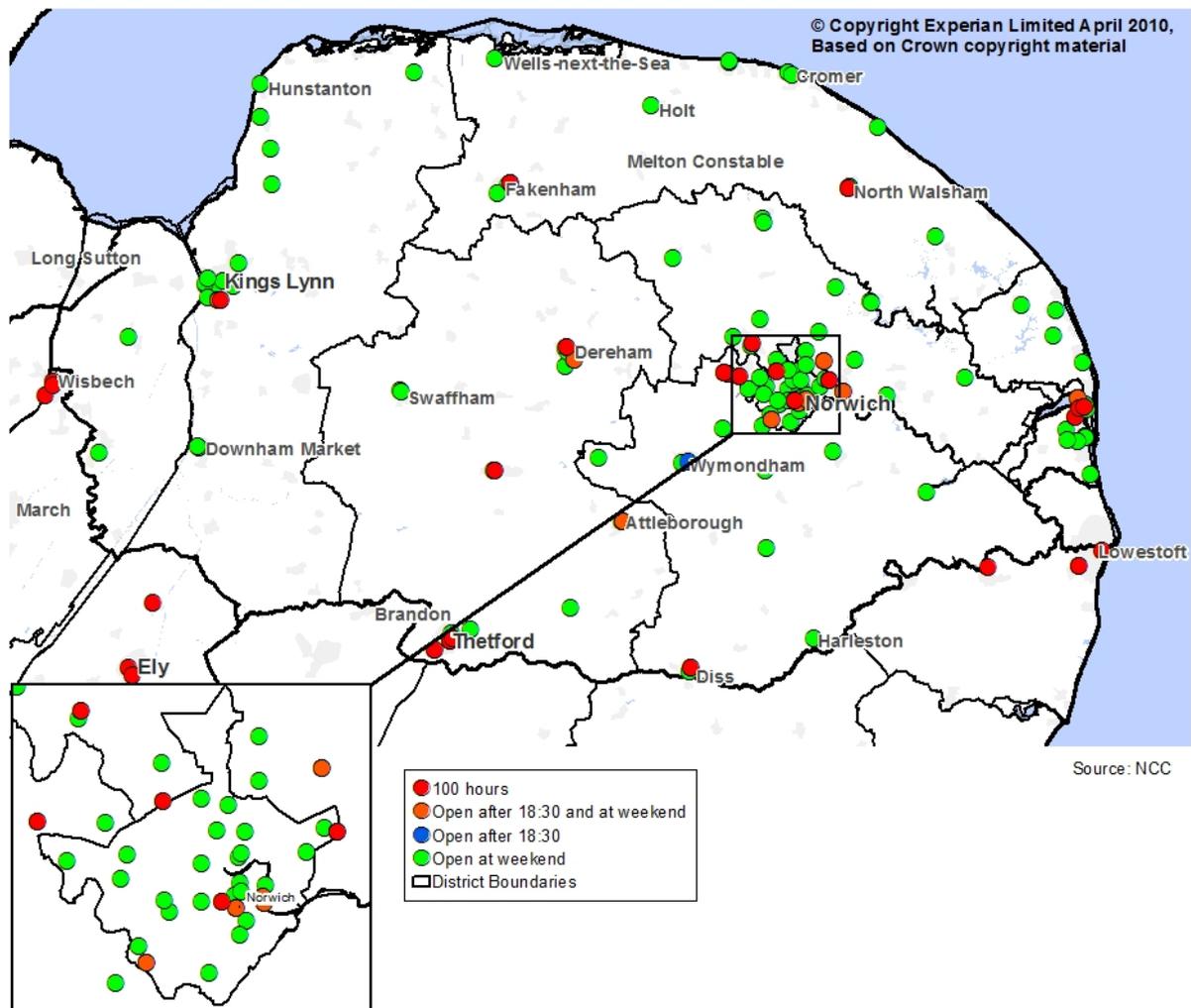


Figure 35: Map illustrating the distribution of pharmacies open for 100 hours, after 6.30pm and weekends. Data source: NHS England.

As can be seen from Figure 35, 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 Easter Sunday and Christmas day.

Current provision is adequate.

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 Framework⁴⁹.

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. 99.3% of pharmacies and 91.6% of GP practices in England are live for Electronic Prescription Service. Average local usage of EPS and eRD is shown below (from NHS Digital).

	Sep-17	Sep-17 (RD)
NHS Great Yarmouth & Waveney CCG	78%	2%
NHS North Norfolk CCG	45%	0%
NHS Norwich CCG	78%	4%
NHS South Norfolk CCG	45%	0%
NHS West Norfolk CCG	47%	0%

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. Not all waste is avoidable, or the result of poor practice. Patients do not use their prescribed medicines for a range of reasons. The estimated opportunity cost of the health gains foregone because of incorrect or inadequate medicines taking in just five therapeutic contexts is in excess of £500 million per annum.⁵⁰
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. As EPS has embedded the majority of repeat dispensing is electronic. 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. Patients will be asked 4 questions prior to dispensing including "Are there any items on your repeat prescription that you don't need this month?" 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. Electronic Repeat Dispensing is not yet available to dispensing GP practices.
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.
7. Support for self-care: 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.

Community pharmacists can now access the Summary Care Record (SCR). In Norfolk 115/164 (95%) of pharmacies are live. Average SCR use in Norfolk is in line with other areas.

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified.

The Department of Health has introduced a Quality Payment Scheme as part of the Community Pharmacy Contractual Framework in 2017/18.⁵¹ This is a voluntary scheme. Funding for the scheme is taken from the overall funding of pharmacy services so it is anticipated that all pharmacies will join the scheme.

What this means for the PNA

Access to these essential services is adequate with the population of Norfolk being within a 20 minute drive time of a pharmacy.

Current provision is adequate.

Recommendation 8

To continue to work with GP practices and pharmacies to maximise the appropriate use of electronic repeat dispensing to derive maximum benefits for patients and providers of services.

8.4. Community pharmacy Advanced Services

There are six Advanced Services within the NHS community⁵² 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.psnc.org.uk.

The average number of MURs conducted per pharmacy in England is 24 per month. This rises to 28 if only take into account of those pharmacies claiming for MURs.

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.

98% of pharmacies in Norfolk offer MURs and/or NMS, including distance selling pharmacies who are able to conduct NMS over the phone. Only 3 pharmacies have not “ever claimed” either MUR or NMS

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

5. Flu vaccination service: From the 16th September 2015 community pharmacists have been able to offer influenza vaccination on the NHS to patients in at-risk groups. 71.2% of pharmacies in England provided this service in 2016-17.

In Norfolk 20,423* Adults registered with a GP in Norfolk and Waveney had an NHS Flu vaccination through a pharmacy in the 2016/17 winter season, current figures for 2017/18 show a marked increase in provision with 22,606 adults registered with practices in Norfolk and Waveney having already been vaccinated in a community pharmacy (as entered on PharmOutcomes on Nov 3rd 2017). *Please note: this is not quite the same as the figure delivered by pharmacies in Norfolk and may be an underestimation as use of PharmOutcomes is not mandatory

Patient satisfaction for the 2016/17 flu vaccination service was extremely positive, with 99% of respondents stating that they would be willing to attend a pharmacy for their flu vaccination in future : <http://psnc.org.uk/wp-content/uploads/2013/04/PSNC-Briefing-068.17-Services-Infographic-%E2%80%93-Community-Pharmacy-NHS-Flu-Vaccination-Service-201617-The-patient-verdict.pdf>

6. NHS Urgent Medicine Supply Advance Service (NUMSAS): This service is being piloted nationally between 1 December 2016 and 31 March 2018. Norfolk CCGs have been commissioning a local service since December 2014. See section 8.7.2 below. 8 pharmacies in Norfolk have expressed an interest in participating in the national pilot however all pharmacies in Norfolk provide the locally commissioned service.

What does this mean for the PNA

The majority of Norfolk Pharmacies deliver 3 Advanced services, namely MUR, NMS and Flu. Appliance use reviews and AUR are conducted by specialist nurses employed by the DACs. The uptake of the national NUMSAS pilot is low however this does not create an unmet need as there is a locally commissioned service in place.

Current provision of advanced services is deemed adequate.

Recommendation 9

STP/CCGs should further engage with community pharmacy leaders to enhance integration of these nationally commissioned services to maximise patient benefits of optimal use of medicines.

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

8.6. Community pharmacy enhanced services

NHS England currently commissions one service from community pharmacies in Norfolk:

- **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.

8.7. Locally commissioned pharmacy services

8.7.1 Commissioned by public health

The services commissioned are described in Chapter 7 and include:

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

8.7.2 Commissioned by CCGs

The Norfolk and Waveney CCGs at present commission two services, namely access to palliative care drugs and NHS Community Pharmacy Emergency Supply Service.

Palliative care drugs are those that are used to manage symptoms in those people who are at the end of life.

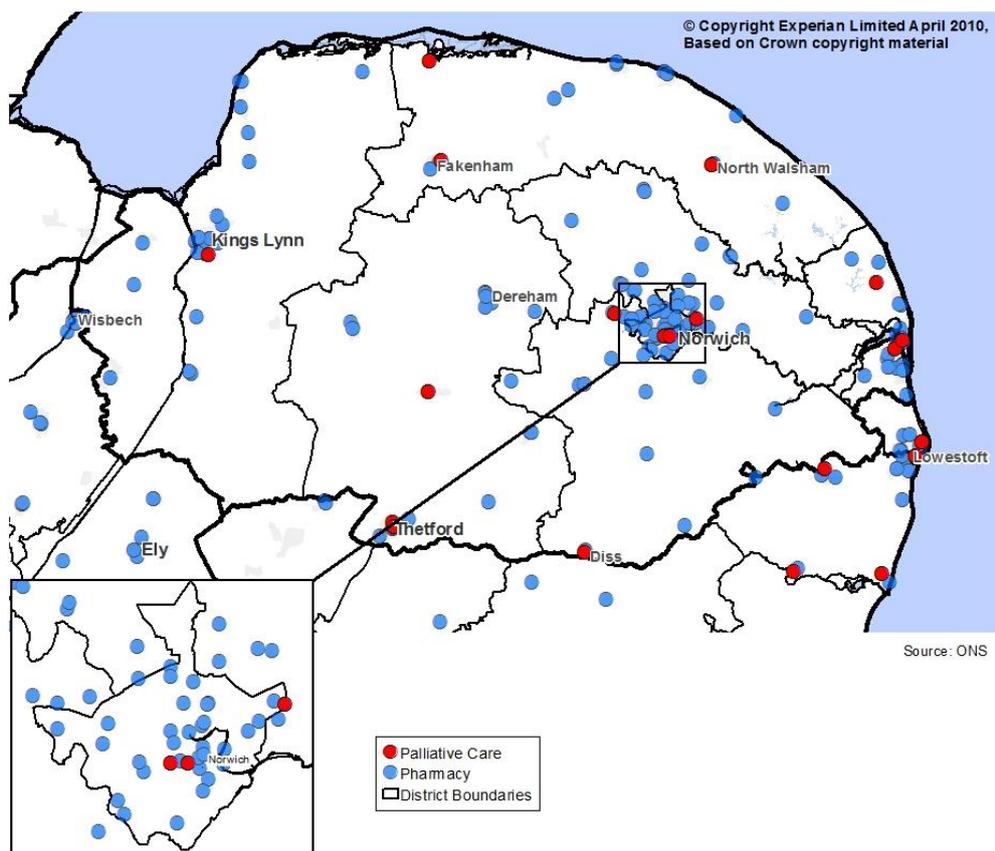


Figure 36: Map illustrating the distribution of pharmacies commissioned to hold palliative care drugs. Data source: PHE.

The locally commissioned NHS Community Pharmacy Emergency Supply Service is distinct from the national NUMSAS pilot. Initially this service was commissioned for bank holidays and bank holiday weekends. It has been commissioned for 365 days a year. All community pharmacies in Norfolk are able to provide this service.

The purpose of the locally commissioned NHS Community Pharmacy Emergency Supply Service is to ensure that patients can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose. The service may be needed because the patient has run out of a medicine, or because they have lost or damaged their medicines, or because they have left home without them. The aim of this service is to relieve pressure on urgent and emergency care services.

In an emergency, a pharmacist can supply prescription only medicines (POMs) to a patient (who has previously been prescribed the requested POM) without a prescription at the request of the patient. This transaction is governed by the Regulation 225 of the Human Medicines Regulations 2012 <http://www.legislation.gov.uk/ukxi/2012/1916/regulation/225/made> . This supply is a private transaction and patients may be charged for the cost of the drug plus a service fee.

The CCGs have commissioned an Emergency Supply Service which will allow the supply of a medicine at NHS expense where the pharmacist deems that the patient has immediate need for the medicine. The patients accessing this service will only have to pay the standard NHS prescription charge unless they are exempt from prescription charges.

Performance of the service is monitored monthly. In September 2017 alone the service was accessed by 552 people across Norfolk.

Analysis of what people would have done without the service shows that:

Gone to A & E	45	8.2%
Gone to GP practice when next open	40	7.2%
Gone to out of hours GP service	343	62.1%
Gone without medicines	103	18.7%
Other	21	3.8%

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, the evolving new models of care and to meet some of the challenges faced by their local health economy.

Recommendation 10

STP and constituent CCGs to be mindful of the capabilities and skills within community pharmacy and ensure these are fully integrated into system redesigns to support positive patient outcomes.

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)^Z 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) New Medicines Service, Flu Vaccination and NHS Urgent Medicine Supply Advanced Service (NUMSAS) 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 current Norfolk County Council commissioning intentions.

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 and the STP should seek to fully integrate the skills, expertise and capability of community pharmacy teams into system redesign and emerging models of care. Medicines are the single most common intervention in the NHS and the commissioning of sustainable services from community pharmacy will contribute to improving the health of Norfolk’s population and/ or contribute to reducing pressures elsewhere in the health system.

“Community pharmacies are an under-used resource: many are now open 100 hours a week with a qualified pharmacist on hand to advise on minor illnesses, medication queries and other problems. We can capitalise on the untapped potential, and convenience, that greater utilisation of the skills and expertise of the pharmacy workforce can offer.”

Transforming Urgent and Emergency Care Services in England, 2013

9.1 Norfolk County Council Public Health stated commissioning intentions

These are detailed in section 7 and relate to Stop Smoking; Sexual Health; Substance Misuse and Weigh Management Services as well as NHS Health Checks, Healthy Living Pharmacies initiative and Healthy Start vitamins.

9.2 Recommendations

Recommendations made by this PNA are as follows:

Chapter 6 Demography

- 1 Commissioners should seek to maximise the potential of delivering public health and medicines optimisation interventions by fully integrating pharmacy into current and emerging models of care to meet the range of needs of Norfolk’s population.
- 2 To harness the wide range of skills that community pharmacists and their teams have to support the delivery of the prevention and self-care agenda to support the long term sustainability of the Norfolk health economy.
- 3 The Norfolk HWB must 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.
- 4 That local providers of pharmaceutical services have equitable (in line with other local healthcare providers) access to appropriate translation interpretation and British Sign Language interpreting services
- 5 The HWB and commissioners should continue to work in partnership with existing community pharmacies to maximise the opportunities for public health interventions and to further support people to self-care within the easy to exclude community.

Chapter 7 Health Need

- 6** The HWB and commissioners should continue to 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 by making every contact count.
- 7** Commissioners of drug and alcohol services should continue to provide and develop accessible substance misuse services through existing pharmacies and other providers.

Chapter 8 Current provision of pharmaceutical services

- 8** To continue to work with GP practices and pharmacies to maximise the appropriate use of electronic repeat dispensing to derive maximum benefits for patients and providers of services.
- 9** STP/CCGs should further engage with community pharmacy leaders to enhance integration of these nationally commissioned services to maximise patient benefits of optimal use of medicines.
- 10** STP and constituent CCGs to be mindful of the capabilities and skills within community pharmacy and ensure these are fully integrated into system redesigns to support positive patient outcomes.

Appendix A

What is excluded from the PNA:

Ministry of Justice Pharmaceutical Services

There are three male prisons in Norfolk with a total operational capacity of 2410. 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.

HMP Bure, Badgersfield, Norwich. A Category C adult sex offender prison with capacity of 643

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 781

HMP Wayland, Thetford, Norfolk. A Category C adult male training prison with a capacity of 963

The pharmaceutical services are provided to all three prisons via an in-house dispensing pharmacy based at HMP Norwich. Mechanisms are in place for accessing critical and urgent medicines using FP10s or arrangements with local out of hours' services.

Clinical pharmacy services are also provided to all three prisons via an in-house pharmacy workforce. This includes provision of the equivalent of MURs. The pharmacy services are commissioned directly by NHS England forming part of the commissioned healthcare services.

The expectations for the service delivered are underpinned by national professional medicines optimisation standards published by the RPS and Health and Justice Indicators of Performance (HJIPs).

Information kindly supplied by Denise Farmer Pharmaceutical Adviser Health and Justice NHS England.

Pharmacy Services provided in acute, mental health and community trusts

Any pharmaceutical service not included in the Regulations e.g. clinical pharmacist services to GP practices

Appendix B

Statutory consultation

Pharmaceutical Needs Assessment Consultation Report

To be included following 60 day statutory public consultation on this draft document.

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				Total
		2017/18	2018/19	2019/20	2020/21	
Clenchwarton	Clenchwarton	5	15	43	42	105
Downham Market	Downham Market	70	152	142	118	482
Emneth	Emneth	20	10	73	73	176
Hunstanton	Hunstanton	28	68	116	109	321
King's Lynn - Highgate I S / Eastgate A	King's Lynn	76	77	51	0	204
King's Lynn - St. Edmund's C F S	King's Lynn	0	105	124	140	369
King's Lynn - St. Michael's CE A	King's Lynn	55	53	50	51	209
King's Lynn - West Lynn P S (A)	King's Lynn	0	0	50	61	111
South Wootton - Reffley C S & N (2-part)	South Wootton	0	40	75	75	190
South Wootton - South Wootton I S	South Wootton	5	5	53	51	114
Stoke Ferry	Stoke Ferry	16	17	47	36	116
West Winch	West Winch	9	4	25	131	169
Acle	Acle	47	73	73	18	211
Aylsham	Aylsham	89	118	102	102	411
Blofield - Blofield P S	Blofield	57	98	135	52	342
Old Catton - Garrick Green I S (Old Catton J S)	Old Catton	28	53	53	50	184
Drayton - Drayton C I S	Drayton	36	64	61	53	214
Great and Little Plumstead	Great and Little Plumstead	9	29	105	139	282
Hellesdon - Kinsale I S	Hellesdon	60	107	204	226	597
Horsford	Horsford	34	30	28	8	100
Postwick with Witton - Little Plumstead CE VA P S (2-part)	Postwick with Witton	1	1	77	152	231
Rackheath	Rackheath	41	92	108	200	441
Reepham	Reepham	25	50	64	47	186

Spixworth	Spixworth	21	72	97	97	287
Sprowston - Sprowston I S	Sprowston	50	91	91	91	323
Sprowston - Sparhawk I S & N / Cecil Gowing I S	Sprowston	225	262	337	337	1161
Sprowston - Lodge Lane I S	Sprowston	21	47	72	98	238
Thorpe St. Andrew - Dussindale P S / Hillside Avenue P & N S / St. William's P S	Thorpe St. Andrew	51	97	153	162	463
Bradwell - Bradwell Hillside P S / Homefield P S / Woodlands P A	Bradwell	66	66	73	73	278
Caister-on-Sea	Caister-on-Sea	9	9	84	84	186
Hemsby	Hemsby	16	16	40	40	112
Cromer	Cromer	31	31	48	39	149
Fakenham	Fakenham	1	1	71	101	174
Holt	Holt	2	62	98	122	284
North Walsham	North Walsham	55	72	72	64	263
Sheringham	Sheringham	16	52	33	51	152
Norwich - Bignold P S	Norwich	101	19	16	31	167
Norwich - Clover Hill VA I & N S	Norwich	0	41	64	59	164
Norwich - Lakenham P S	Norwich	231	205	137	38	611
Norwich - Magdalen Gates P S (Sewell Park C)	Norwich	22	17	91	41	171
Norwich - Nelson I S	Norwich	11	120	29	47	207
Norwich - Mile Cross C P S	Norwich	10	16	54	56	136
Norwich - Lionwood I & N S	Norwich	118	58	15	7	198
Costessey - Costessey I S (A)	Costessey	102	63	63	42	270
Costessey - Queen's Hill P & N S	Costessey	133	110	62	50	355
Cringleford	Cringleford	170	262	192	169	793
Diss	Diss	83	92	74	26	275
Easton	Easton	50	100	101	101	352
Framingham Earl	Framingham Earl	74	33	0	0	107
Hethersett	Hethersett	120	173	177	125	595
Loddon	Loddon	45	51	51	52	199

Long Stratton	Long Stratton	50	51	141	232	474
Mulbarton	Mulbarton	47	42	49	25	163
Poringland	Poringland	188	158	154	56	556
Redenhall with Harleston	Redenhall with Harleston	78	38	47	31	194
Tharston and Hapton - Manor Field I & N S	Tharston and Hapton	45	36	37	1	119
Trowse with Newton	Trowse with Newton	15	37	50	51	153
Wymondham - Ashleigh P S & N / Browick Road P S / Robert Kett P S	Wymondham	358	303	313	315	1289
Attleborough	Attleborough	119	116	146	236	617
Banham	Banham	7	33	39	21	100
Carbrooke	Carbrooke	6	28	45	45	124
Dereham - King's Park I S	Dereham	34	33	32	40	139
Harling	Harling	28	20	36	31	115
Kilverstone	Kilverstone	0	0	0	100	100
Narborough	Narborough	26	36	56	31	149
Necton	Necton	10	62	72	61	205
Shipdham	Shipdham	12	39	67	61	179
Swaffham	Swaffham	118	184	124	101	527
Swanton Morley	Swanton Morley	34	11	20	35	100
Watton	Watton	71	76	109	55	311
Weeting-with-Broomhill	Weeting-with-Broomhill	14	43	37	35	129

Appendix D

Names and addresses of community pharmacies

Pharmacy Name	Address	Address	Town	Postcode	100 hour	Internet	District
Lloyds Pharmacy	William Frost Way	Costessey	Norwich	NR5 0JS	100 hour		South Norfolk
Your Local Boots Pharmacy	90-92 Colman Road		Norwich	NR4 7EH			Norwich
Your Local Boots Pharmacy	Unit A3	Hardwick Retail Park	King's Lynn	PE30 4NA			KLWN
Total Health Pharmacy	14 Gregor Shanks Way	Watton	Thetford	IP25 6FA	100 hour		Breckland
Your Local Boots Pharmacy	Unit E1 Gapton HI Rtl Pk	Gapton Hall Road	Great Yarmouth	NR31 0NL	100 hour		Great Yarmouth
Tanner Street Pharmacy	1 Tanner Court	Tanner Street	Thetford	IP24 2BQ	100 hour		Breckland
Your Local Boots Pharmacy	19 High Street		Hunstanton	PE36 5AB			KLWN
Your Local Boots Pharmacy	34-36 London Street		Norwich	NR2 1LD			Norwich
East Harling Pharmacy	Memorial Green	East Harling	Norwich	NR16 2ND			Breckland
Rackheath Pharmacy	1 Bernard Close	Rackheath	Norwich	NR13 6QS			Broadland
Your Local Boots Pharmacy	54-56 Church Street		Cromer	NR27 9HH			North Norfolk
Your Local Boots Pharmacy	University Of East Anglia	Bluebell Road	Norwich	NR4 7LG			Norwich
Day Lewis Pharmacy	Community Health Centre	Croxton Road	Thetford	IP24 1JD			Breckland
Well Fakenham - Holt Road	Lidl Retail Park	Holt Road	Fakenham	NR21 8JG			North Norfolk
Lloyds Pharmacy	22 West End Street		Norwich	NR2 4JJ			Norwich
Your Local Boots Pharmacy	94-96 High Street		King's Lynn	PE30 1BL			KLWN
Well Wymondham - Market Street	47-47A Market Street		Wymondham	NR18 0AJ			South Norfolk
Lloyds Pharmacy	2 Mandela Close	Oak Street	Norwich	NR3 3BA			Norwich
Your Local Boots Pharmacy	562A Dereham Road		Norwich	NR5 8TU			Norwich
Superdrug Pharmacy	138 High Street		Gorleston-On-Sea	NR31 6QX			Great Yarmouth
Theatre Royal Pharmacy	27 Theatre Street		Dereham	NR19 2EN	100 hour		Breckland
Well Pharmacy	46 High Street		Caister-On-Sea	NR30 5EP			Great Yarmouth
Lionwood Pharmacy	30B Wellesley Ave North		Norwich	NR1 4NT			Norwich

Welle Ltd	Upwell Health Centre	Townley Close	Upwell	PE14 9BT		KLWN
Lloyds Pharmacy	94 The Paddocks	Old Catton	Norwich	NR6 7HS		Broadland
Your Local Boots Pharmacy	35 Market Place		Dereham	NR19 2AP		Breckland
Your Local Boots Pharmacy	44-46 Station Road	Heacham	King's Lynn	PE31 7EY		KLWN
Your Local Boots Pharmacy	11-12 Anglia Square		Norwich	NR3 1DY		Norwich
Costessey Pharmacy	192 Norwich Road	New Costessey	Norwich	NR5 0EX		South Norfolk
Your Local Boots Pharmacy	37 Market Place		Swaffham	PE37 7LA		Breckland
Lloyds Pharmacy	262 Fakenham Road	Taverham	Norwich	NR8 6AD		Broadland
Well Acle - The Street	High Street		Acle	NR13 3DY		Broadland
Your Local Boots Pharmacy	Unit 5	Riverside Retail Park, Albion Way	Norwich	NR1 1WR		Norwich
Rainbow Pharmacy	Langley Road	South Wootton	King's Lynn	PE30 3UG		KLWN
Well Great Yarmouth - King Street	57-58 King Street		Great Yarmouth	NR30 2PW		Great Yarmouth
Lloyds Pharmacy	In-Store J Sainsbury	1 Brazen Gate, Off Queens Road	Norwich	NR1 3RX		Norwich
Tesco Instore Pharmacy	Pasteur Road	Southtown	Great Yarmouth	NR31 0DW	100 hour	Great Yarmouth
Hurn Chemists	143 Unthank Rd		Norwich	NR2 2PE		Norwich
Well Norwich - Magdalen Street	103 Magdalen Street		Norwich	NR3 1LN		Norwich
Clock Pharmacy	1 Gayton Road	Gaywood	King's Lynn	PE30 4EA		KLWN
Well King's Lynn - Fairstead Estate	6 Centre Point	Fairstead	King's Lynn	PE30 4SR		KLWN
Alan Stockley & Co Ltd	37-39 Lynn Road		Snettisham	PE31 7LR		KLWN
Superdrug Pharmacy	12 St Stephens Street		Norwich Downham	NR1 3SA		Norwich
Your Local Boots Pharmacy	11-13 Wales Court		Market	PE38 9JZ		KLWN
Well Brundall - The Street	118-120 The Street	Brundall	Norwich	NR13 5LP		Broadland

Your Local Boots Pharmacy	The Old School	The Common, Mulbarton	Norwich	NR14 8AE			South Norfolk
Jhoots Pharmacy	114 Regent Road		Great Yarmouth	NR30 2AB			Great Yarmouth
Coastal Pharmacy	17 High Street		Mundesley-On- Sea	NR11 8LH			North Norfolk
Your Local Boots Pharmacy	Coliseum Precinct	High Street	Gorleston-On- Sea	NR31 6QX			Great Yarmouth
Well Diss - Market Place	11 Market Place		Diss	IP22 4AB			South Norfolk
Lloyds Pharmacy	51 Church Street		Cromer	NR27 9HH			North Norfolk
Your Local Boots Pharmacy	93 Aylsham Road		Norwich	NR3 2HW			Norwich
Your Local Boots Pharmacy	29-31 King Street		Thetford	IP24 2AP			Breckland
Key Chemists	44 Sutton Road	Terrington St Clement	King's Lynn	PE34 4PQ			KLWN
Morrisons Pharmacy	4 Albion Way	Riverside Retail Park	Norwich	NR1 1WU			Norwich
Hado Pharmacy	66 Mount Street		Diss	IP22 4QQ	100 hour		South Norfolk
Pledger Pharmacy Ltd	205 Holt Road		Horsford	NR10 3DX			Broadland
One Pharmacy	28 Curtis Road		Norwich	NR6 6RB	100 hour	Internet	Norwich
Lloyds Pharmacy	10 King Street		Thetford	IP24 2AP			Breckland
Universal Pharmacy	Unit 2&3 Beacon House	Ecotech Ctr. Turbine Way	Swaffham	PE37 7XJ	100 hour	Internet	Breckland
Well Ormesby - Cromer Road	2 The Folly	Cromer Road	Ormesby St.Margaret	NR29 3RH			Great Yarmouth
Well Gorleston - Magdalen Way	Magdalen Way		Gorleston-On- Sea	NR31 7AA			Great Yarmouth
Cromer Pharmacy	48 Overstrand Road		Cromer	NR27 0AJ			North Norfolk
Woodgrove Pharmacy	7 Woodgrove Parade	Catton Grove Road	Norwich	NR3 3NS			Norwich
Lloyds Pharmacy	The Guiltcross Club	Queens Square	Attleborough	NR17 2AF			Breckland
Your Local Boots Pharmacy	13 Market Place		North Walsham	NR28 9BP			North Norfolk
Well Gorleston-On-Sea - Lowestoft Road	8 Lowestoft Road	Gorleston-On-Sea	Great Yarmouth	NR31 6LY			Great Yarmouth
Hopton Pharmacy	1 Warren Road	Hopton-On-Sea	Great Yarmouth	NR31 9BN			Great Yarmouth

The Co-Operative Pharmacy	Cobholm & Lichfield M Ctr	Pasteur Road	Great Yarmouth	NR31 0DW		Great Yarmouth
Mattishall Pharmacy	15 Dereham Road	Mattishall	Dereham	NR20 3QA		Breckland
Your Local Boots Pharmacy	Lawson Road Health Centre	Lawson Road	Norwich	NR3 4LE		Norwich
Lloyds Pharmacy	42 Earlham West Centre	West Earlham	Norwich	NR5 8AD		Norwich
Your Local Boots Pharmacy	The Castle Mall Shop.Ctr.		Norwich	NR1 3DD		Norwich
Lloyds Pharmacy	6 Market Place	Aylsham	Norwich	NR11 6EH		Broadland
		43 St.Augustine's				
Lloyds Pharmacy	1 Priory Court	Way, South Wootton	King's Lynn	PE30 3TE		KLWN
Lloyds Pharmacy	31 Station Road		Sheringham	NR26 8RF		North Norfolk
Your Local Boots Pharmacy	Southgates Medical Centre	41 Goodwins Road	King's Lynn	PE30 5QX		KLWN
Woodside Pharmacy	Thorpewood Medical Centre	140 Woodside Road	Norwich	NR7 9QL	100 hour	Norwich
Natural Health Pharmacy	3 Kingsway	Hemsby	Great Yarmouth	NR29 4JT		Great Yarmouth
Lloyds Pharmacy	81 Middletons Lane	Hellesdon	Norwich	NR6 5SR		Broadland
Asda Pharmacy	Acle New Road	Vauxhall	Great Yarmouth	NR30 1SF		Great Yarmouth
Jai Chemist	65 High Street		King's Lynn	PE30 1AY		KLWN
Reads Pharmacy	Station Road		Hoveton	NR12 8UR		North Norfolk
Your Local Boots Pharmacy	9 Market Place		Diss	IP22 4AB		South Norfolk
Watlington Health	Watlington Medical Centre	Rowan Close	Watlington	PE33 0TU		KLWN
Coltishall Pharmacy	30 High Street	Coltishall	Norwich	NR12 7AA		Broadland
Motts Pharmacy Ltd	The Chimes	Market Place	Reepham	NR10 4JJ		Broadland
Your Local Boots Pharmacy	4 High Street	Loddon	Norwich	NR14 6AH		South Norfolk
Your Local Boots Pharmacy	21 High Street		Holt	NR25 6BN		North Norfolk
Your Local Boots Pharmacy	Magdalen Medical Practice	Lawson Road	Norwich	NR3 4LF		Norwich
Lloyds Pharmacy	25A Earlham Road		Norwich	NR2 3AD		Norwich
Well King's Lynn - Gayton						
Road Hc	Gayton Road Health Centre	Gayton Road	King's Lynn	PE30 4DY		KLWN
Lloyds Pharmacy	2 Chapel Lane	Toftwood	Dereham	NR19 1LD		Breckland
Well Poringland - The Street	16-18 The Street	Poringland	Norwich	NR14 7JR		South Norfolk
North Walsham Pharmacy	Birchwood Medical Pract	20 Park Lane	North Walsham	NR28 0BQ	100 hour	North Norfolk

Well North Walsham - Market Place	11 Market Place		North Walsham	NR28 9BP			North Norfolk
Thorpe Health Centre Pharmacy	The Health Centre	St. William's Way, Thorpe St. Andrew	Norwich	NR7 0AJ			Broadland
Lloyds Pharmacy	143-143A Colman Road		Norwich	NR4 7HA			Norwich
Your Local Boots Pharmacy	Wessex Street		Norwich	NR2 2TJ	100 hour		Norwich
Lime Pharmacy	Grove Surgery	Grove Lane	Thetford	IP24 2HY	100 hour		Breckland
Lloyds Pharmacy	7 Church Street		Attleborough	NR17 2AH			Breckland
Pharmacyexpress	183A King Street		Great Yarmouth	NR30 1LS	100 hour	<i>Internet</i>	Great Yarmouth
Well Bradwell - Millwood Surgery	Co-Op Pharmacy	Mill Lane	Bradwell	NR31 8HS			Great Yarmouth
Tesco Instore Pharmacy	Tesco Superstore	Kingston Road Lower Ground, Chapelfield	Dereham	NR19 1WB			Breckland
Your Local Boots Pharmacy	124 Merchants Hall		Norwich	NR1 1SH			Norwich
Your Local Boots Pharmacy	68 High Street		Stalham	NR12 9AS			North Norfolk
Lloyds Pharmacy	In-Store Pharmacy	Pound Lane Dussindale Pk, Thorpe St Andrews	Norwich	NR7 0SR			Broadland
Your Local Boots Pharmacy	Eaton Centre	Church Lane, Eaton	Norwich	NR4 6NU			Norwich
Lloyds Pharmacy	Thetford Forest Retail Pk	London Road	Thetford	IP24 3QL	100 hour		Breckland
Well Norwich - Aylsham Road	323 Aylsham Road		Norwich	NR3 2AB			Norwich
Vauxhall Street Pharmacy	22 Suffolk Square	Vauxhall Street Blue Boar	Norwich	NR2 2AA			Norwich
Tesco Instore Pharmacy	Tesco Superstore	Lane, Sprowston Aslake Close, Sprowston	Norwich	NR7 8AB			Broadland
Your Local Boots Pharmacy	Willow Wood Surgery	Hunstanton Road, Dersingham	Norwich	NR7 8ET			Broadland
Your Local Boots Pharmacy	1 Jubilee Court		King's Lynn	PE31 6HH			KLWN
Fakenham Pharmacy	Meditrina House	Trinity Road	Fakenham	NR21 8SY	100 hour		North Norfolk
Day Lewis Pharmacy	Newtown Surgery	147 Lawn Avenue	Great Yarmouth	NR30 1QP			Great Yarmouth

Your Local Boots Pharmacy	Wymondham Medical Centre	Postmill Close	Wymondham	NR18 0RF		South Norfolk
Your Local Boots Pharmacy	46-48 High Street		Sheringham	NR26 8DT		North Norfolk
Hurn Chemist Ltd	Cringleford Surgery	Cantley Lane, Cringleford	Norwich	NR4 6TA		South Norfolk
Roys Pharmacy (Wroxham Ltd)	Forge House	Station Road	Hoveton	NR12 8DB		North Norfolk
Spixworth Pharmacy	106B Crostwick Lane	Spixworth	Norwich	NR10 3NQ		Broadland
Jhoots Pharmacy	19-21 Station Road North	Belton	Great Yarmouth	NR31 9NF		Great Yarmouth
Asda Pharmacy	Drayton High Road	Hellesdon	Norwich	NR6 5DT	100 hour	Broadland
Your Local Boots Pharmacy	4 The Market Place	Hingham	Norwich	NR9 4AF		South Norfolk
Well Martham - The Medical Centre	The Medical Centre	Hemsby Road Hardwick Industrial Est.	Martham	NR29 4QG		Great Yarmouth
Lloyds Pharmacy	Hardwick Roundabout		King's Lynn	PE30 4LR	100 hour	KLWN
Natural Health Pharmacy	117F Ipswich Road		Norwich	NR4 6LD		Norwich
Lloyds Pharmacy	School Road		Drayton	NR8 6DW		Broadland
Lloyds Pharmacy	77 Magdalen Way	Gorleston-On-Sea	Great Yarmouth	NR31 7AA		Great Yarmouth
S & S (Chemists) Ltd	Market Place		Burnham			
Your Local Boots Pharmacy	1 Chaston Place	29 High Street, Watton	Thetford	IP25 6XE		Breckland
Greyfriars Pharmacy	5 Greyfriars Way		Great Yarmouth	NR30 2QE	100 hour	Great Yarmouth
Lloyds Pharmacy	The Orchard Surgery	Commercial Road	East Dereham	NR19 1AE		Breckland
Well Long Stratton - The Angel Site	The Angel Site	The Street	Long Stratton	NR15 2XJ		South Norfolk
Your Local Boots Pharmacy	3 Market Gates		Great Yarmouth	NR30 2AX		Great Yarmouth
Lincoln Co-Op Chemists Ltd	8 Valentine Road		Hunstanton	PE36 5DN		KLWN
Your Local Boots Pharmacy	78 Hall Road		Norwich	NR1 3HP		Norwich
Hunt's Pharmacy	205 Plumstead Road		Norwich	NR1 4AB		Norwich
Willows Pharmacy	2 Old Church Road	Terrington St John	King's Lynn	PE14 7XA		KLWN

Your Local Boots Pharmacy	35 Great Melton Road	Hethersett	Norwich	NR9 3AB			South Norfolk
Well Swaffham - Market Place	38 Market Place		Swaffham	PE37 7QH			Breckland
Drayton Pharmacy	Drayton Medical Practice	Manor Farm Close, Drayton	Norwich	NR8 6EE	100 hour		Broadland
Well King's Lynn - Loke Road	38 Loke Road		King's Lynn	PE30 2AB			KLWN
Halls The Chemist	85 Saddlebow Road	South Lynn Alex Moorhouse	King's Lynn	PE30 5BH			KLWN
Your Local Boots Pharmacy	Unit D, Longwater Ret.Pk	Way Old Cromer Rd,	New Costessey	NR5 0JT	100 hour		South Norfolk
Kelling Pharmacy	Holt Medical Practice	Kelling Hpl	Holt	NR25 6QA			North Norfolk
Natural Health Pharmacy	1 St.John's Close	Hall Road	Norwich	NR1 2AD			Norwich
Pharmacy - Uk	3 Waveney Park	Hewett Road	Great Yarmouth	NR31 0NN	100 hour	<i>Internet</i>	Great Yarmouth
Roundwell Pharmacy	27 Dr Torrens Way	Old Costessey	Norwich	NR5 0GB	100 hour		South Norfolk
David Jagger Ltd	5-7 Staithe Street		Wells-Next-The-Sea	NR23 1AG			North Norfolk
Lloyds Pharmacy	Central Surgery	Sussex Road	Gorleston-On-Sea	NR31 6QB			Great Yarmouth
Willows Pharmacy	15 Frazers Yard		Aylsham	NR11 6FB			Broadland
Town Pharmacy	171 King Street		Great Yarmouth	NR30 2PA	100 hour		Great Yarmouth
Lloyds Pharmacy	Caister Medical Centre	44 West Road, Caister-On-Sea	Great Yarmouth	NR30 5AQ			Great Yarmouth
Your Local Boots Pharmacy	7-10 Market Place		Fakenham	NR21 9BG			North Norfolk
Hamblin's Pharmacy	29 Noble Close	Heartsease Estate	Norwich	NR7 9RJ			Norwich
Your Local Boots Pharmacy	17 The Thoroughfare		Harleston	IP20 9AH			South Norfolk
Dye's Pharmacy	67 North Walsham Road	Old Catton	Norwich	NR6 7QA			Broadland
Day Lewis Pharmacy	54 Springfield Road	Gorleston-On-Sea	Great Yarmouth	NR31 6AD			Great Yarmouth
Tesco Instore Pharmacy	Tesco Superstore	Norwich Road	Thetford	IP24 2RL			Breckland
Willows Pharmacy	Downham Market Health Ctr	Paradise Road	Downham	Market	PE38 9JE		KLWN
Lloyds Pharmacy	2 Church Lane	Bradwell	Great Yarmouth	NR31 8QW			Great Yarmouth

Your Local Boots Pharmacy	Bowthorpe Main Centre	Bowthorpe 23 Beechcroft, New	Norwich	NR5 9HA	Norwich
Beechcroft Pharmacy	Beechcroft Surgery	Costessey	Norwich	NR5 0RS	South Norfolk

Appendix E

Table of services provided by community pharmacies

Code	Pharmacy Name	Address	Postcode	Smoking	Sexual Health	Health Checks	Needle Exchange
Breckland							
FAD81	Total Health Pharmacy	14 Gregor Shanks Way, Watton, Thetford	IP25 6FA	Y	Y	Y	Y
FAM13	Tanner Street Pharmacy	1 Tanner Court, Tanner Street, Thetford	IP24 2BQ	Y	Y	Y	N
FAT07	East Harling Pharmacy	Memorial Green, East Harling, Norwich	NR16 2ND	Y	Y	Y	Y
FAW63	Day Lewis Pharmacy	Community Health Centre, Croxton Road, Thetford	IP24 1JD	Y	Y	Y	Y
FCW27	Theatre Royal Pharmacy	27 Theatre Street, Dereham	NR19 2EN	Y	Y	Y	Y
FDD08	Your Local Boots Pharmacy	35 Market Place, Dereham	NR19 2AP	Y	Y	Y	Y
FDM43	Your Local Boots Pharmacy	37 Market Place, Swaffham	PE37 7LA	Y	Y	Y	N
FGH54	Your Local Boots Pharmacy	29-31 King Street, Thetford	IP24 2AP	Y	Y	Y	Y
FHT30	Lloyds Pharmacy	10 King Street, Thetford	IP24 2AP	Y	Y	Y	N
FJ308	Universal Pharmacy	Unit 2&3 Beacon House, Ecotech Ctr. Turbine Way, Swaffham	PE37 7XJ	N	N	N	N
FK248	Lloyds Pharmacy	The Guiltcross Club, Queens Square, Attleborough	NR17 2AF	Y	Y	Y	N
FKH35	Mattishall Pharmacy	15 Dereham Road, Mattishall, Dereham	NR20 3QA	Y	Y	Y	N
FMK50	Lloyds Pharmacy	2 Chapel Lane, Toftwood, Dereham	NR19 1LD	Y	Y	Y	N
FP870	Lime Pharmacy	Grove Surgery, Grove Lane, Thetford	IP24 2HY	Y	Y	Y	Y
PPF06	Lloyds Pharmacy	7 Church Street, Attleborough	NR17 2AH	Y	Y	Y	Y

FPX90	Tesco Instore Pharmacy	Tesco Superstore, Kingston Road, Dereham	NR19 1WB	Y	Y	Y	N
FQJ35	Lloyds Pharmacy	Thetford Forest Retail Pk, London Road, Thetford	IP24 3QL	Y	Y	Y	N
FTM69	Your Local Boots Pharmacy	1 Chaston Place, 29 High Street, Watton, Thetford	IP25 6XE	Y	Y	Y	Y
FV830	Lloyds Pharmacy	The Orchard Surgery, Commercial Road, East Dereham	NR19 1AE	Y	Y	Y	Y
FW475	Well Swaffham - Market Place	38 Market Place, Swaffham	PE37 7QH	N	Y	N	Y
FXX05	Tesco Instore Pharmacy	Tesco Superstore, Norwich Road, Thetford	IP24 2RL	Y	Y	N	Y
Breckland total			21	19	20	18	12
Broadland							
FAV25	Rackheath Pharmacy	1 Bernard Close, Rackheath, Norwich	NR13 6QS	Y	Y	Y	N
FDC73	Lloyds Pharmacy	94 The Paddocks, Old Catton, Norwich	NR6 7HS	Y	Y	Y	Y
FDP86	Lloyds Pharmacy	262 Fakenham Road, Taverham, Norwich	NR8 6AD	Y	Y	Y	Y
FDR30	Well Acle - The Street	High Street, Acle	NR13 3DY	N	Y	N	Y
FFM40	Well Brundall - The Street	118-120 The Street, Brundall, Norwich	NR13 5LP	N	Y	N	N
FHJ82	Pledger Pharmacy Ltd	205 Holt Road, Horsford	NR10 3DX	N	Y	N	N
FKV43	Lloyds Pharmacy	6 Market Place, Aylsham, Norwich	NR11 6EH	Y	Y	Y	Y
FLF04	Lloyds Pharmacy	81 Middletons Lane, Hellesdon, Norwich	NR6 5SR	Y	Y	Y	Y
FLW94	Coltishall Pharmacy	30 High Street, Coltishall, Norwich	NR12 7AA	Y	Y	Y	N
FM388	Motts Pharmacy Ltd	The Chimes, Market Place, Reepham	NR10 4JJ	Y	Y	Y	Y
FNK33	Thorpe Health Centre Pharmacy	The Health Centre, St. William's Way, Thorpe St. Andrew, Norwich	NR7 0AJ	Y	Y	Y	N
FQ856	Lloyds Pharmacy	In-Store Pharmacy, Pound Lane Dussindale Pk, Thorpe St Andrews, Norwich	NR7 0SR	Y	Y	Y	N

FQP37	Tesco Instore Pharmacy	Tesco Superstore, Blue Boar Lane, Sprowston, Norwich	NR7 8AB	Y	Y	Y	N
FQP45	Your Local Boots Pharmacy	Willow Wood Surgery, Aslake Close, Sprowston, Norwich	NR7 8ET	Y	Y	Y	Y
FRP85	Spixworth Pharmacy	106B Crostwick Lane, Spixworth, Norwich	NR10 3NQ	Y	N	N	N
FRW01	Asda Pharmacy	Drayton High Road, Hellesdon, Norwich	NR6 5DT	Y	Y	N	N
FTG38	Lloyds Pharmacy	School Road, Drayton	NR8 6DW	Y	Y	Y	N
FW516	Drayton Pharmacy	Drayton Medical Practice, Manor Farm Close, Drayton, Norwich	NR8 6EE	Y	N	N	N
FXC38	Willows Pharmacy	15 Frazers Yard, Aylsham	NR11 6FB	Y	Y	Y	N
FXR66	Dye's Pharmacy	67 North Walsham Road, Old Catton, Norwich	NR6 7QA	N	N	N	N
Broadland total			20	16	17	13	7
Great Yarmouth							
FAG01	Your Local Boots Pharmacy	Unit E1 Gapton HI Rtl Pk, Gapton Hall Road, Great Yarmouth	NR31 0NL	Y	Y	Y	Y
FCT98	Superdrug Pharmacy	138 High Street, Gorleston-On-Sea	NR31 6QX	Y	Y	Y	Y
FCY04	Well Pharmacy	46 High Street, Caister-On-Sea	NR30 5EP	N	Y	N	N
FE499	Well Great Yarmouth - King Street	57-58 King Street, Great Yarmouth	NR30 2PW	N	Y	N	Y
FEK84	Tesco Instore Pharmacy	Pasteur Road, Southtown, Great Yarmouth	NR31 0DW	Y	Y	Y	N
FFR96	Jhoots Pharmacy	114 Regent Road, Great Yarmouth	NR30 2AB	Y	N	N	Y
FFY77	Your Local Boots Pharmacy	Coliseum Precinct, High Street, Gorleston-On-Sea	NR31 6QX	Y	Y	Y	Y
FJ754	Well Ormesby - Cromer Road	2 The Folly, Cromer Road, Ormesby St.Margaret	NR29 3RH	N	Y	N	N

FJA58	Well Gorleston - Magdalen Way	Magdalen Way, Gorleston-On-Sea	NR31 7AA	N	Y	N	N
FK846	Well Gorleston-On-Sea - Lowestoft Road	8 Lowestoft Road, Gorleston-On-Sea, Great Yarmouth	NR31 6LY	N	Y	N	N
FKA86	Hopton Pharmacy	1 Warren Road, Hopton-On-Sea, Great Yarmouth	NR31 9BN	Y	Y	Y	N
FKE72	The Co-Operative Pharmacy	Cobholm & Lichfield M Ctr, Pasteur Road, Great Yarmouth	NR31 0DW	N	Y	N	N
FLE71	Natural Health Pharmacy	3 Kingsway, Hemsby, Great Yarmouth	NR29 4JT	Y	Y	Y	Y
FLF58	Asda Pharmacy	Acle New Road, Vauxhall, Great Yarmouth	NR30 1SF	Y	Y	N	N
FPM72	Pharmacyexpresz	183A King Street, Great Yarmouth	NR30 1LS	N	N	N	N
FPQ65	Well Bradwell - Millwood Surgery	Co-Op Pharmacy, Mill Lane, Bradwell	NR31 8HS	N	Y	N	N
FR554	Day Lewis Pharmacy	Newtown Surgery, 147 Lawn Avenue, Great Yarmouth	NR30 1QP	Y	Y	Y	N
FRT13	Jhoots Pharmacy	19-21 Station Road North, Belton, Great Yarmouth	NR31 9NF	N	N	N	N
FTE84	Well Martham - The Medical Centre	The Medical Centre, Hemsby Road, Martham	NR29 4QG	N	Y	N	N
FTL18	Lloyds Pharmacy	77 Magdalen Way, Gorleston-On-Sea, Great Yarmouth	NR31 7AA	Y	Y	Y	N
FTW58	Greyfriars Pharmacy	5 Greyfriars Way, Great Yarmouth	NR30 2QE	Y	Y	Y	Y
FV898	Your Local Boots Pharmacy	3 Market Gates, Great Yarmouth	NR30 2AX	Y	Y	Y	Y
FWM09	Pharmacy - Uk	3 Waveney Park, Hewett Road, Great Yarmouth	NR31 0NN	N	N	N	N
FX774	Lloyds Pharmacy	Central Surgery, Sussex Road, Gorleston-On-Sea	NR31 6QB	Y	Y	Y	N

FXE50	Town Pharmacy	171 King Street, Great Yarmouth	NR30 2PA	Y	Y	N	Y
FXJ07	Lloyds Pharmacy	Caister Medical Centre, 44 West Road, Caister-On-Sea, Great Yarmouth	NR30 5AQ	Y	Y	Y	N
FXV28	Day Lewis Pharmacy	54 Springfield Road, Gorleston-On-Sea, Great Yarmouth	NR31 6AD	Y	Y	Y	N
FY361	Lloyds Pharmacy	2 Church Lane, Bradwell, Great Yarmouth	NR31 8QW	Y	Y	Y	N
Great Yarmouth total			28	17	24	14	9
King's Lynn and West Norfolk							
FA671	Your Local Boots Pharmacy	Unit A3, Hardwick Retail Park, King's Lynn	PE30 4NA	Y	Y	Y	Y
FAP54	Your Local Boots Pharmacy	19 High Street, Hunstanton	PE36 5AB	Y	Y	Y	N
FCF31	Your Local Boots Pharmacy	94-96 High Street, King's Lynn	PE30 1BL	Y	Y	Y	Y
FD568	Welle Ltd	Upwell Health Centre, Townley Close, Upwell	PE14 9BT	N	N	N	N
FDD96	Your Local Boots Pharmacy	44-46 Station Road, Heacham, King's Lynn	PE31 7EY	Y	Y	Y	N
FE205	Rainbow Pharmacy	Langley Road, South Wootton, King's Lynn	PE30 3UG	Y	Y	Y	Y
FEY12	Clock Pharmacy	1 Gayton Road, Gaywood, King's Lynn	PE30 4EA	Y	Y	Y	Y
FF028	Well King's Lynn - Fairstead Estate	6 Centre Point, Fairstead, King's Lynn	PE30 4SR	N	Y	N	N
FF277	Alan Stockley & Co Ltd	37-39 Lynn Road, Snettisham	PE31 7LR	N	Y	Y	N
FFK32	Your Local Boots Pharmacy	11-13 Wales Court, Downham Market	PE38 9JZ	Y	Y	Y	Y
FGV20	Key Chemists	44 Sutton Road, Terrington St Clement, King's Lynn	PE34 4PQ	N	N	N	N
FKW27	Lloyds Pharmacy	1 Prioory Court, 43 St. Augustine's Way, South Wootton, King's Lynn	PE30 3TE	Y	Y	Y	N
FL272	Your Local Boots Pharmacy	Southgates Medical Centre, 41 Goodwins Road, King's Lynn	PE30 5QX	Y	Y	Y	Y

FLG23	Jai Chemist	65 High Street, King's Lynn	PE30 1AY	N	Y	N	N
FLV29	Watlington Health	Watlington Medical Centre, Rowan Close, Watlington	PE33 0TU	Y	Y	N	N
FMF36	Well King's Lynn - Gayton Road Hc	Gayton Road Health Centre, Gayton Road, King's Lynn	PE30 4DY	N	Y	N	N
FQT60	Your Local Boots Pharmacy	1 Jubilee Court, Hunstanton Road, Dersingham, King's Lynn	PE31 6HH	Y	Y	Y	N
FTE89	Lloyds Pharmacy	Hardwick Roundabout, Hardwick Industrial Est., King's Lynn	PE30 4LR	Y	Y	Y	N
FTL42	S & S (Chemists) Ltd	Market Place, Burnham Market	PE31 8HD	Y	Y	N	Y
FVM19	Lincoln Co-Op Chemists Ltd	8 Valentine Road, Hunstanton	PE36 5DN	Y	Y	Y	Y
FVX25	Willows Pharmacy	2 Old Church Road, Terrington St John, King's Lynn	PE14 7XA	Y	Y	Y	Y
FW594	Well King's Lynn - Loke Road	38 Loke Road, King's Lynn	PE30 2AB	N	Y	N	Y
FWH40	Halls The Chemist	85 Saddlebow Road, South Lynn, King's Lynn	PE30 5BH	N	N	N	Y
FXX52	Willows Pharmacy	Downham Market Health Ctr, Paradise Road, Downham Market	PE38 9JE	Y	Y	Y	Y
King's Lynn and West Norfolk total			24	16	21	15	12
North Norfolk							
FAV53	Your Local Boots Pharmacy	54-56 Church Street, Cromer	NR27 9HH	Y	Y	Y	Y
FC508	Well Fakenham - Holt Road	Lidl Retail Park, Holt Road, Fakenham	NR21 8JG	N	Y	N	Y
FFW07	Coastal Pharmacy	17 High Street, Mundesley-On-Sea	NR11 8LH	Y	Y	Y	Y
FG801	Lloyds Pharmacy	51 Church Street, Cromer	NR27 9HH	Y	Y	Y	N

FJH12	Cromer Pharmacy	48 Overstrand Road, Cromer	NR27 0AJ	N	Y	N	N
FK436	Your Local Boots Pharmacy	13 Market Place, North Walsham	NR28 9BP	Y	Y	Y	Y
FKY73	Lloyds Pharmacy	31 Station Road, Sheringham	NR26 8RF	Y	Y	Y	N
FLJ50	Reads Pharmacy	Station Road, Hoveton	NR12 8UR	Y	Y	Y	Y
FMA27	Your Local Boots Pharmacy	21 High Street, Holt	NR25 6BN	Y	Y	Y	Y
FN670	North Walsham Pharmacy	Birchwood Medical Pract, 20 Park Lane, North Walsham	NR28 0BQ	Y	Y	Y	Y
FNE95	Well North Walsham - Market Place	11 Market Place, North Walsham	NR28 9BP	N	Y	N	Y
FQ736	Your Local Boots Pharmacy	68 High Street, Stalham	NR12 9AS	Y	Y	Y	Y
FQT84	Fakenham Pharmacy	Meditrina House, Trinity Road, Fakenham	NR21 8SY	Y	Y	Y	Y
FRD48	Your Local Boots Pharmacy	46-48 High Street, Sheringham	NR26 8DT	Y	Y	Y	N
FRP54	Roys Pharmacy (Wroxham Ltd)	Forge House, Station Road, Hoveton	NR12 8DB	Y	N	N	Y
FWK09	Kelling Pharmacy	Holt Medical Practice, Old Cromer Rd, Kelling Hpl, Holt	NR25 6QA	Y	Y	Y	N
FX609	David Jagger Ltd	5-7 Staithe Street, Wells-Next-The-Sea	NR23 1AG	Y	Y	N	Y
FXJ37	Your Local Boots Pharmacy	7-10 Market Place, Fakenham	NR21 9BG	Y	Y	Y	N
North Norfolk total			18	15	17	13	12
Norwich							
FA576	Your Local Boots Pharmacy	90-92 Colman Road, Norwich	NR4 7EH	Y	Y	Y	Y
FAR67	Your Local Boots Pharmacy	34-36 London Street, Norwich	NR2 1LD	Y	Y	Y	Y

FAV81	Your Local Boots Pharmacy	University Of East Anglia, Bluebell Road, Norwich	NR4 7LG	Y	Y	Y	N
FC679	Lloyds Pharmacy	22 West End Street, Norwich	NR2 4JJ	Y	Y	Y	Y
FCH87	Lloyds Pharmacy	2 Mandela Close, Oak Street, Norwich	NR3 3BA	Y	Y	Y	Y
FCQ45	Your Local Boots Pharmacy	562A Dereham Road, Norwich	NR5 8TU	Y	Y	Y	Y
FD424	Lionwood Pharmacy	30B Wellesley Ave North, Norwich	NR1 4NT	N	N	N	Y
FDH21	Your Local Boots Pharmacy	11-12 Anglia Square, Norwich	NR3 1DY	Y	Y	Y	Y
FE181	Your Local Boots Pharmacy	Unit 5, Riverside Retail Park, Albion Way, Norwich	NR1 1WR	Y	Y	Y	Y
FE814	Lloyds Pharmacy	In-Store J Sainsbury, 1 Brazen Gate, Off Queens Road, Norwich	NR1 3RX	Y	Y	Y	N
FEN53	Hurn Chemists	143 Unthank Rd, Norwich	NR2 2PE	Y	Y	Y	Y
FEV26	Well Norwich - Magdalen Street	103 Magdalen Street, Norwich	NR3 1LN	N	Y	N	Y
FFG38	Superdrug Pharmacy	12 St Stephens Street, Norwich	NR1 3SA	Y	Y	Y	Y
FGD89	Your Local Boots Pharmacy	93 Aylsham Road, Norwich	NR3 2HW	Y	Y	Y	Y
FH304	Morrisons Pharmacy	4 Albion Way, Riverside Retail Park, Norwich	NR1 1WU	Y	Y	Y	Y
FHR55	One Pharmacy	28 Curtis Road, Norwich	NR6 6RB	N	N	N	N
FJN54	Woodgrove Pharmacy	7 Woodgrove Parade, Catton Grove Road, Norwich	NR3 3NS	N	N	N	N
FKJ13	Your Local Boots Pharmacy	Lawson Road Health Centre, Lawson Road, Norwich	NR3 4LE	Y	Y	N	Y
FKJ25	Lloyds Pharmacy	42 Earlham West Centre, West Earlham, Norwich	NR5 8AD	Y	Y	Y	Y
FKK18	Your Local Boots Pharmacy	The Castle Mall Shop.Ctr., Norwich	NR1 3DD	Y	Y	Y	Y
FL369	Woodside Pharmacy	Thorpewood Medical Centre, 140 Woodside Road, Norwich	NR7 9QL	Y	Y	Y	Y
FMD92	Your Local Boots Pharmacy	Magdalen Medical Practice, Lawson Road, Norwich	NR3 4LF	Y	Y	Y	Y
FMF14	Lloyds Pharmacy	25A Earlham Road, Norwich	NR2 3AD	Y	Y	Y	Y
FNR12	Lloyds Pharmacy	143-143A Colman Road, Norwich	NR4 7HA	Y	Y	Y	Y
FP850	Your Local Boots Pharmacy	Wessex Street, Norwich	NR2 2TJ	Y	Y	Y	Y

FQ286	Your Local Boots Pharmacy	124 Merchants Hall, Lower Ground, Chapelfield, Norwich	NR1 1SH	Y	Y	Y	N
FQ859	Your Local Boots Pharmacy	Eaton Centre, Church Lane, Eaton, Norwich	NR4 6NU	Y	Y	Y	N
FQJ81	Well Norwich - Aylsham Road	323 Aylsham Road, Norwich	NR3 2AB	N	Y	N	Y
FQM87	Vauxhall Street Pharmacy	22 Suffolk Square, Vauxhall Street, Norwich	NR2 2AA	Y	Y	Y	Y
FTF42	Natural Health Pharmacy	117F Ipswich Road, Norwich	NR4 6LD	Y	Y	Y	Y
FVN30	Your Local Boots Pharmacy	78 Hall Road, Norwich	NR1 3HP	Y	Y	Y	Y
FVQ71	Hunt's Pharmacy	205 Plumstead Road, Norwich	NR1 4AB	Y	Y	Y	Y
FWK22	Natural Health Pharmacy	1 St.John's Close, Hall Road, Norwich	NR1 2AD	Y	Y	Y	Y
FXL27	Hamblin's Pharmacy	29 Noble Close, Heartsease Estate, Norwich	NR7 9RJ	Y	Y	Y	Y
FY734	Your Local Boots Pharmacy	Bowthorpe Main Centre, Bowthorpe, Norwich	NR5 9HA	Y	Y	N	Y
Norwich total			35	30	32	28	29
South Norfolk							
FA056	Lloyds Pharmacy	William Frost Way, Costessey, Norwich	NR5 0JS	Y	Y	Y	N
FCF83	Well Wymondham - Market Street	47-47A Market Street, Wymondham	NR18 0AJ	N	Y	N	Y
FDK20	Costessey Pharmacy	192 Norwich Road, New Costessey, Norwich	NR5 0EX	Y	Y	Y	N
FFN78	Your Local Boots Pharmacy	The Old School, The Common, Mulbarton, Norwich	NR14 8AE	Y	Y	Y	Y
FFY88	Well Diss - Market Place	11 Market Place, Diss	IP22 4AB	N	Y	N	Y
FHC61	Hado Pharmacy	66 Mount Street, Diss	IP22 4QQ	Y	Y	Y	N
FLL19	Your Local Boots Pharmacy	9 Market Place, Diss	IP22 4AB	Y	Y	N	Y
FM892	Your Local Boots Pharmacy	4 High Street, Loddon, Norwich	NR14 6AH	Y	Y	Y	Y
FN077	Well Poringland - The Street	16-18 The Street, Poringland, Norwich	NR14 7JR	N	Y	N	Y
FR791	Your Local Boots Pharmacy	Wymondham Medical Centre, Postmill Close, Wymondham	NR18 0RF	Y	Y	N	N
FRP25	Hurn Chemist Ltd	Cringleford Surgery, Cantley Lane, Cringleford, Norwich	NR4 6TA	Y	Y	Y	N

FT627	Your Local Boots Pharmacy	4 The Market Place, Hingham, Norwich	NR9 4AF	Y	Y	N	N
FV834	Well Long Stratton - The Angel Site	The Angel Site, The Street, Long Stratton	NR15 2XJ	N	Y	N	Y
FW090	Your Local Boots Pharmacy	35 Great Melton Road, Hethersett, Norwich	NR9 3AB	Y	Y	Y	N
FWH68	Your Local Boots Pharmacy	Unit D, Longwater Ret.Pk, Alex Moorhouse Way, New Costessey	NR5 0JT	Y	Y	N	Y
FX253	Roundwell Pharmacy	27 Dr Torrens Way, Old Costessey, Norwich	NR5 0GB	Y	Y	Y	Y
FXM05	Your Local Boots Pharmacy	17 The Thoroughfare, Harleston	IP20 9AH	N	N	N	Y
FYE70	Beechcroft Pharmacy	Beechcroft Surgery, 23 Beechcroft, New Costessey, Norwich	NR5 0RS	Y	Y	Y	N
South Norfolk total			18	13	17	9	10
GRAND TOTAL			164	126	148	110	91

Appendix F

Steering Group membership

Suzanne Meredith (Chair)	Public Health Consultant in Public Health, Norfolk County Council
Paul Duell	Local Professional Network (Pharmacy) Chair
Alex Stewart	Chief Executive, Healthwatch Norfolk
Sam Revill	Project Manager, Healthwatch Norfolk
Ian Hume	GP, Parish Fields Surgery & Medical Secretary, Norfolk & Waveney Local Medical Committee
Françoise Price	Deputy Director & Chief Pharmacist, NEL Commissioning Support Unit
Tim Winters	Public Health Intelligence Specialist, Norfolk County Council
Alexander Galt	Public Health Intelligence Specialist, Norfolk County Council
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee
Lauren Seamons	Deputy Chief Officer, Norfolk Local Pharmaceutical Committee
Sharon Gray	Pharmacy Contract Manager, NHS England Pharmacy Contracting
Adrian Thrower	Primary Care Commissioning Officer, Commissioning Directorate, NHS England- Midlands and East (East)
Donald Lane	Public/ Patient Representative
Sharon Harvey	Project Support/Administrator, NEL Commissioning Support Unit

Appendix G

Norfolk Pharmaceutical Needs Assessment Steering Group Terms of Reference (2017)

1. Background

The provision of NHS Pharmaceutical Services is a controlled market. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No.349)⁵³ set out the system for market entry. As of the 1 April 2013, the statutory responsibility for publishing and maintaining a statement of the need for pharmaceutical services for a given population lies with Health and Wellbeing Boards in England. A statement of the needs for pharmaceutical services for a given population is referred to as a Pharmaceutical Needs Assessment (PNA).

A PNA is a document that records an assessment of the need for pharmaceutical services within a specific area, describes the provision of pharmaceutical services (mainly delivered by community pharmacies) and identifies gaps in services. The focus of the assessment is predominantly on those pharmaceutical services delivered in primary care; through community pharmacy in the main and also dispensing services (provided by dispensing practices and dispensing appliance contractors).

The PNA will form the main reference document upon which commissioning of pharmaceutical services decisions are made, include the granting of NHS pharmaceutical services contracts.

PNAs have a maximum lifetime of three years. Norfolk's Health and Wellbeing Board has a duty to ensure a revised PNA is published by April 2018. The Norfolk Health and Wellbeing Board has delegated the production of the Norfolk PNA to the Director of Public Health who in turn has formally delegated the responsibility for coordination and production of the PNA to a Steering Group of partners.

2. Role

The Norfolk Pharmaceutical Needs Assessment Steering Group (PNA Steering Group) has been established primarily to:

- Oversee and drive the formal process required for the development of the PNA
- Advise upon, develop and organise processes and activities which support the preparation of a comprehensive, evidence-based, considered and up to date PNA document
- Ensure that the published PNA document complies with all the requirements set out under the Regulations
- Draw upon the expertise of partners across the local healthcare community
- Establish arrangements to ensure appropriate maintenance of the PNA following publication, as required by the Regulations
- Act as champions of the PNA, engaging with internal and external stakeholders including patients, service users and the public

3. Key objectives

The objectives for the PNA Steering Group are to:

- I. Create, deliver and monitor progress of a PNA project plan.
- II. Record and safely maintain accurate documentation regarding the PNA process.
- III. Ensure key deadlines for the production, consultation and publication of the PNA are met.
- IV. Identify and secure the input of advisory Steering Group members as and when required.
- V. Ensure the PNA process gives due consideration to the pharmaceutical primary care commissioning of Norfolk's Clinical Commissioning Groups and the Prevention, Primary & Community Care delivery work stream of the Norfolk & Waveney Sustainability and Transformation Plan (STP).
- VI. Determine the localities to be used as a basis for the assessment.
- VII. Identify, determine and review the criteria for necessary and relevant services and apply these to pharmaceutical services, taking account of stakeholder feedback and views of patients and the public.
- VIII. Undertake an assessment of the pharmaceutical needs of the population in the relevant localities.
- IX. Ensure the content of PNA is set out in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, making recommendations based on the assessment of pharmaceutical needs.
- X. Ensure that consultation on the draft PNA is conducted for a minimum of 60 days in accordance with Section 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- XI. Develop and approve a draft PNA for formal consultation, consider responses received during the formal consultation process, producing a consultation report and making appropriate amendments to the PNA.
- XII. Develop a final PNA and submit the PNA to the Health and Wellbeing Board for approval prior to publication.
- XIII. Consider the necessary structures and processes through which the Health and Wellbeing Board may discharge its responsibilities with regards to maintaining the PNA and issuing supplementary statements, and document these for the purpose of advising the Health and Wellbeing Board.

4. Governance and reporting

- The Norfolk Health and Wellbeing Board has delegated the production and publication of the Norfolk PNA to the Director of Public Health; the PNA Steering Group has been established to support the Director of Public Health with the discharge of the functions associated with the PNA.
- The PNA Steering Group reports directly to the Director of Public Health and is accountable to the Health and Wellbeing Board through this route.
- The final approval of the PNA resides with the Health and Wellbeing Board.

5. Meeting frequency

The PNA Steering Group will meet monthly commencing July 2017 until March 2018; either on a face-to-face basis, by video and/or audio conference in accordance with the needs of the project plan. The Steering Group will receive an agenda and papers 1 calendar week prior to any meeting. The proceedings of meeting will be recorded. Risks, actions and key decisions made during meetings will be logged and reviewed at each meeting.

6. Membership

The membership of the Steering Group shall be comprised of:

Organisation/Role	Name (Nominated deputy)
Norfolk County Council Public Health / Public Health Consultant	Suzanne Meredith
Norfolk County Council Public Health / Public Health Intelligence Specialist	Dr Tim Winters (Alexander Galt)
Norfolk Local Pharmaceutical Committee / Chief Officer	Tony Dean (Lauren Seamons)
Norfolk Local Medical Committee/LMC Secretary	Dr Ian Hulme
Clinical Commissioning Group / CCGs Representative	Jessica Adcock
NEL CSU (Anglia) Representative/Clinical Pharmacist	Francoise Price (Sharon Harvey)
NHS England Pharmacy Contracting/ Pharmacy Contract Manager	Sharon Gray (Adrian Thrower)
East Anglia Local Pharmaceutical Network/ Chair	Paul Duell
Healthwatch Norfolk	Alex Stewart (Dr Sam Revill)
Public/Patient Representative	Donald Lane

6.1 Co-opted members

The membership shall permit the inclusion of members who have expertise to offer to the business of the Steering Group in accordance with the PNA process on a 'task' basis. Suitable co-opted members will be put forward by the Chair, according to need, to the Steering Group membership for approval.

7. Quoracy

The PNA Steering Group will be considered quorate provided that the following representatives are present:

- Chair (or nominated Deputy)
- Local Medical Committee / Local Pharmaceutical Committee representative
- NHS England representative
- Any other member of the Steering Group

8. Links with other committees and groups

The PNA Steering Group will ensure links are maintained with:

- Norfolk Health and Wellbeing Board (and through this the Board, the JSNA)
- NNHS England (through membership of the Steering Group)
- West Norfolk, South Norfolk, North Norfolk, Norwich and Great Yarmouth and Waveney Clinical Commissioning Groups
- Local Pharmaceutical Committee (through membership of the Steering Group)
- Local Medical Committee (through membership of the Steering Group)
- Patient and service user groups and representative organisations
- The Health and Wellbeing Boards of Suffolk and Cambridgeshire.

9. Approval and review

The Terms of Reference of PNA Steering Group will be reviewed in April 2018.

Appendix H

Other providers of needle exchange (current September 2017):

All NRP (Norfolk Recovery Partnership) Drug and Alcohol Service sites

- 5-9 Chapel Street, Kings Lynn, PE30 1EG
- The Willow Centre, Northgate Hospital, Great Yarmouth, NR30 1BU
- Weavers Centre, Hellesdon Hospital, Norwich, NR6 5BE
- 7 Unthank Road, Norwich, NR2 2PA
- 1a Nicholas Court, North Walsham, NR28 9BY
- Breckland Business Centre, Thetford, IP24 1BT
- Springwell, Church Street, Dereham, NR19 1DN
- Pottergate Ark, 28 Pottergate, Norwich. NR2 1DX
-

City Reach, (GP service for the homeless and excluded, needle exchange is non-commissioned.) Westwick Street, Norwich NR2 4SZ

SOS bus Kings Lynn (Peripatetic, non-commissioned)

Bates Green Health Centre. Norwich. NR5 8YT

Matrix Project, Westwick Street, Norwich NR2 4SZ

Appendix I

Results of a public survey on existing provision of pharmacy services Aug-Oct 2017

1. Introduction

As part of the public engagement with the development of the 2018 Norfolk Pharmaceutical Needs Assessment, a survey of the public's views and experiences of existing provision pharmacy services was carried out. The survey was called "Your Local Pharmacy" and was launched on 28th August 2017 and closed on October 6th 2017. The public were able to respond to the survey using the SurveyMonkey online platform or completing and returning a printed, paper copy. An Easy Read version of the public survey was also created.

The public survey was designed to obtain the views of adults aged 16 years or older and the results are reported in section 3. The Easy Read version was designed to obtain the views of adults with disabilities and/or complex needs aged 16 years or older and the results are reported in section 4.

2. Respondents

In total, 2,236 people responded to the survey on existing provision of pharmacy services. 685 people responded online, 1,551 people responded by completing and returning a print copy of the survey and 41 people completed and returned an Easy Read version of the survey.

3. Public survey results¹

3.1 Age of respondents

The ages of respondents are shown below in Table 1 (2,170 supplied their age and 66 skipped this question).

Table 1. Age of survey respondents

Respondents (2,236)		
Age range (years)	Number of people	% of total
16 - 24	101	5%
25 - 34	57	3%
35 - 44	92	4%
45 - 54	281	13%
55 - 64	430	20%
65 - 74	677	31%
75 - 84	409	19%
85+	123	6%

¹ Please note: In reporting totals and percentages, figures may not sum due to rounding or to respondents having the option to choose more than one answer category.

3.2 Locality of residence in Norfolk

2,150 out of 2,236 supplied an outcode (the first half of their postcode) and of these 2,140 were suitable for mapping to the outcodes of postcodes within the county of Norfolk and the map is displayed in Figure.1.

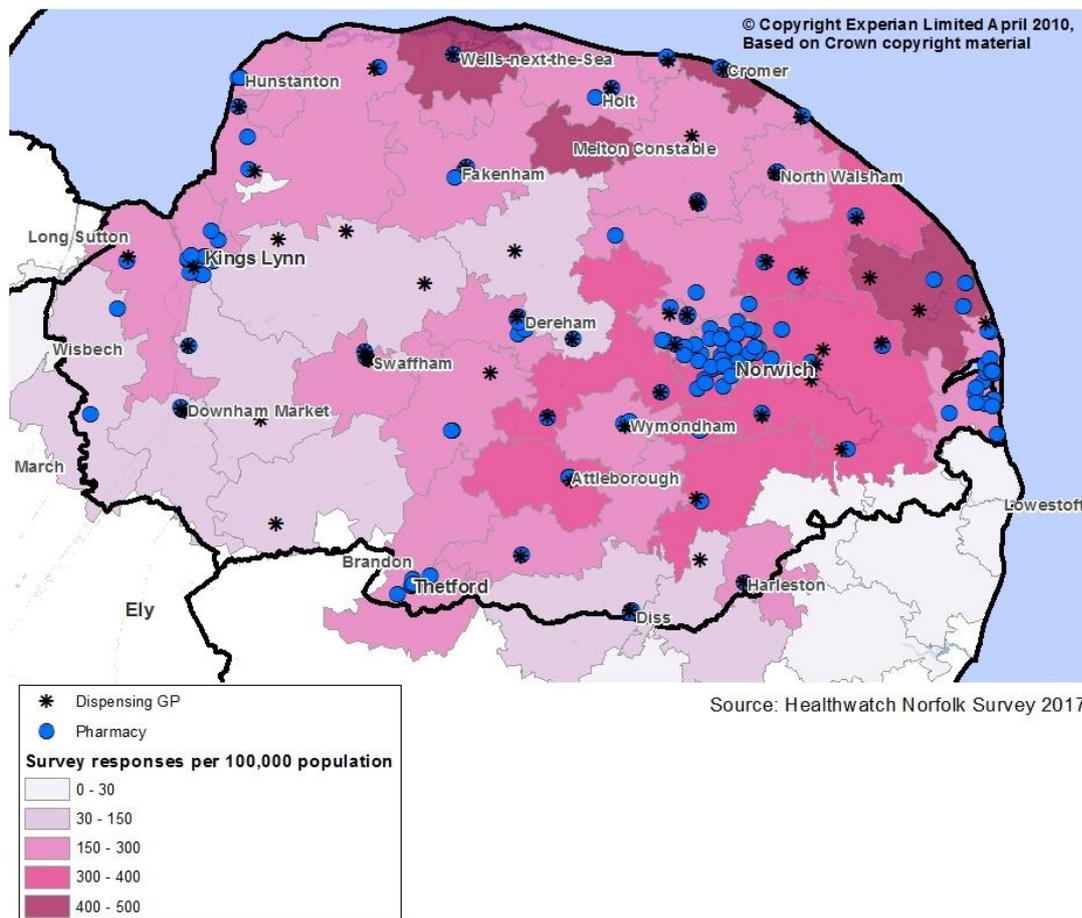


Figure 1. Public responses to “Your Local Pharmacy” survey (2017) per 100,000 population

3.3 First language of respondents

2,146 people described their first language and 2,116 (98.6%) described English as their first language. 30 individuals named nineteen languages other than English as their first language:

Spanish	Bengali	Swahili
Polish	Bulgarian	Hungarian
Dutch	Danish	Greek
Portuguese	Russian	Gaelic
Lithuanian	Yiddish	Welsh
Afrikaans	Latvian	Turkish
Chinese-Cantonese		

3.4. Awareness and use of existing services

The public were asked to describe where they get their prescription medicines or medical appliances from and their responses are shown below in Table 3.

Table. 3 Responses of 2,218 people to the question “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)”

Provider of medicines and medical appliances	Number of people	% of total*
A pharmacy (chemist)	1,564	71%
The dispensary at my GP surgery	743	34%
A medical appliance supplier (e.g. for stoma & continence care items)	37	2%
An internet ² (online) pharmacy	21	1%

*Note: percentage will not sum due to the option to select more than one answer category

People were asked to say which pharmacy services they were aware of and those they used in past year. Their responses are shown in Table 4 and in Table 5.

Table 4. Responses of 2,229 people to the question “Which of these pharmacy services are you aware of? (Please select all the answers that apply)”

Pharmacy service	Number of people	% of total*
Getting prescription medicines	2,177	98%
Health Checks e.g. cholesterol or blood pressure checks	1,438	65%
Getting vaccinations e.g. the flu jab	1,539	69%
Advice on the best way to take your medicine	1,616	73%
Services for people who use drugs e.g. needle exchange	672	30%
Sexual health services e.g. the morning-after pill	888	40%
Support with stopping smoking	971	44%
Advice and help with minor ailments	1,641	74%
Advice and help with self-care e.g. for a long term health condition	776	35%
None of these	21	1%

*Note: percentage will not sum due to the option to select more than one answer category

Table 5. Responses of 2,189 people to the question “Which of these pharmacy services have you used in the past year? (Please select all the answers that apply)”

Pharmacy service	Number of people	% of total
Getting prescription medicines	1,944	89%
Health Checks e.g. cholesterol or blood pressure checks	333	15%
Getting vaccinations e.g. the flu jab	425	19%
Advice on the best way to take your medicine	565	26%
Services for people who use drugs e.g. needle exchange	13	1%
Sexual health services e.g. the morning-after pill	50	2%
Support with stopping smoking	44	2%
Advice and help with minor ailments	748	34%

² In the public survey, Distance Selling Pharmacies were called ‘internet pharmacies’ as this is a phrase more commonly used and would better enable the public to respond.

Advice and help with self-care e.g. for a long term health condition	176	8%
None of these	140	6%

*Note: percentage will not sum due to the option to select more than one answer category

People were asked to say how often they had used a pharmacy service the last year and these results are shown in Table 6.

Table 6. Responses of 2,187 people to the question “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)”

Frequency of using a pharmacy service within the last year	Number of people	% of total
Most days	10	<1%
Several times a week	35	2%
Once a week	90	4%
Once every couple of weeks	287	13%
Once a month	1,061	49%
Once every few months	297	14%
Once every six months	181	8%
Once this year	121	6%
I have used a pharmacy service in the past year	105	5%

People were asked “Do you usually go to the same place for pharmacy services?” A total of 2,188 gave an answer to this question; 2,008 (92%) said “yes” and 180 (8%) said “no” whilst 48 individuals did not give an answer. For those who said they usually went to the same place, they were asked why they used that particular pharmacy service regularly. In total, 1,998 people responded to that question and the reasons why they are using a pharmacy service regularly are shown in Table 7.

Table 7. Responses of 1,998 people to the question “Why do you use this pharmacy service regularly? (Please select all the answers that apply)”

Reason for using a pharmacy service regularly	Number of people	% of total
It’s near to my home	1,211	61%
It’s near to my work	79	4%
It’s near or in my GP surgery	1,080	54%
It’s where my prescriptions get sent automatically	945	47%
It’s in the supermarket	72	4%
It’s on the high street	224	11%
The staff are friendly	863	43%
The staff are knowledgeable	744	37%
They offer a collection service	298	15%
They offer a delivery service	297	15%
Another reason (please describe)	101	5%

*Note: percentage will not sum due to the option to select more than one answer category

101 respondents selected the answer option 'another reason' and made an additional comment describing the other reason why they used a pharmacy service regularly. Table 8 displays the output of a basic contents analysis of the comments.

Table 8. Other reasons why people used a pharmacy service regularly

Main theme of comment contents	Number* of comments related to this theme
Good quality of service: reliable, prescriptions ready on time, positive experiences of staff e.g. pharmacist	35
Extended / late opening hours	11
Get repeat prescriptions there	11
Good communication between me and pharmacy service e.g. verbal, text message	10
No alternative but to use this one	9
Easy for when I am shopping	9
Easy following a GP appointment	8
There's parking available	8
They always have what I want in stock	4
Other miscellaneous	14

*Note: total will not sum to 101 due to some comments containing several themes

Those people who responded that they didn't use a particular pharmacy service regularly were asked what they would like to have from their current pharmacy provider that they didn't currently have. This question was answered by 1,118 people. The total number of respondents includes people who indicated they did not use one particular pharmacy regularly, as well as people who chose to answer a further question on what they would like to experience from a pharmacy service. Collectively, their responses are displayed in Table 9.

Table 9. Responses of 1,118 people to the question "What would you like from your pharmacy service that you don't currently have? (Please select all the answers that apply)"

What people would like from a pharmacy service	Number of people	% of total
To be closer to my home	135	12%
To be closer to my work	28	3%
To be in or close to my GP surgery	110	10%
To get my prescriptions sent there automatically	127	11%
To be in the supermarket	53	5%
To be on the high street	36	3%
Friendly staff	198	18%
Knowledgeable staff	206	18%
A prescription collection service	54	5%
A prescription delivery service	211	19%
Something else (please describe)	507	45%

*Note: percentage will not sum due to the option to select more than one answer category

507 people indicated that there was “something else” they would like from a pharmacy service that they weren’t currently experiencing. Table 10 displays the output of a basic contents analysis of the comments.

Table 10. Comments on anything else people wanted from their pharmacy service

Main theme of responses/comment contents	Number* of comments related to this theme
Nothing – it’s fine just as it is	192
Current pharmacy service is “good”	77
Longer opening hours / not closing at lunch time	38
For my prescription to be ready on time	36
To be less busy / less queuing / to have more staff available	31
An improved /easier repeat prescription service	28
To be faster getting my prescription ready / not having to come back for it	25
Current pharmacy services is “excellent”	24
To have my particular medicines in stock so I don’t have to be given a different brand	20
To have medicines delivered / an improved delivery service	14
To have more qualified pharmacists available	13
Better promotion of the range of services on offer	11
Improved physical access to the building / service	9
More space	6
Better communication between pharmacy service and GP	4
Miscellaneous / uncategorised	14

*Note: total will not sum to 507 due to some comments containing several themes

People were asked to indicate how they usually travelled to their pharmacy service and how long it took for them to get there. Their responses are shown in Table 11 and in Table 12 respectively. The subsequent question asked people if they considered the opening times of pharmacy services to be convenient and these responses are shown in Table 13.

Table 11. Responses of 2,131 people to the question “How do you usually get to a pharmacy service? (Please select one answer)”

Usual means of getting to a pharmacy service	Number of people	% of total
By walking	821	38%
By bike	55	3%
By car or motorbike	1,173	55%
By public transport	82	4%

Table 12. Responses of 2,138 people to the question “How long does it usually take you to get to a pharmacy service? (Please select one answer)”

Usual time spent getting to a pharmacy service	Number of people	% of total
Less than 5 minutes	490	23%
Between 5 and 10 minutes	975	46%
Between 11 and 20 minutes	545	25%
Between 21 and 30 minutes	100	5%
Longer than 30 minutes	28	1%

Table 13. Responses of 2,135 people to the question “Are pharmacy services open at a time that suits you? (Please select one answer)”

Convenience of pharmacy services opening times	Number of people	% of total
Yes - they are always open when I need to go	1,028	48%
Yes – they are usually open when I need to go	944	44%
Not really – they are sometimes open when I need to go	137	6%
No – they are not usually open when I need to go	22	1%
No – they are never open when I need to go	4	<1%

People were questioned on the opening times (hours) that might make it easier for someone to get to a pharmacy service when needed. 1,324 people answered this question and the responses are displayed in Table 14.

Table 14. Responses of 1,324 people to the question “Would any of these opening times make it easier for you to get to a pharmacy service? (Please select all the answers that apply)”

The opening hours that make it easier to get to a pharmacy service	Number of people	% of total
Open on a Saturday	548	41%
Open on a Sunday	423	32%
Open before 9.00am	238	18%
Open between 6.30pm and 8.00pm	486	37%
Open after 8pm	196	15%
Other opening time	293	22%

*Note: percentage will not sum due to the option to select more than one answer category

The “Your Local Pharmacy” gave a brief description of ‘internet pharmacies’ before asking people if they had used an internet pharmacy service in the past year for their prescription medicines. Of the 2,146 people who gave an answer to this question; 1,989 (93%) indicated “no” they had not used an internet pharmacy and 157 (7%) indicated “yes” they had.

Those respondents selecting the “yes” option were asked why they use them and their responses are displayed in Table 15.

Table 15. Responses of 158 people to the question “Why do you use internet pharmacy services? (Please select all the answers that apply)”

What people would like from a pharmacy service	Number of people	% of total
Internet pharmacy services allow me to use a pharmacy at a time and place that suits me	49	31%
It’s easy for me to post my prescription	20	13%
It’s easy for my GP surgery to send my prescription straight to the service	79	50%
I can get my prescription delivered to me	30	19%
Everything is online these days – why not pharmacy services?	31	20%
It’s the only way I can get my prescription medicine	13	8%
Another reason	26	16%

*Note: percentage will not sum due to the option to select more than one answer category

3.5 Satisfaction with pharmacy services

The final section of the survey asked people to describe what they thought of pharmacy services overall in Norfolk, asking them to choose a rating from “extremely good” to “extremely poor”. 2,135 people chose to answer this question and their responses are shown below in Table 17.

Table 17. Responses of 2,135 people to the question “Overall, what do you think of pharmacy services in Norfolk?” (Please select one answer)”

What people think of the quality of pharmacy services in Norfolk	Number of people	% of total
Extremely good	649	30%
Very good	819	38%
Good	478	22%
Neither good nor poor	137	6%
Poor	32	2%
Very poor	14	1%
Extremely poor	6	<1%

4. Easy Read Survey Results

Forty one people completed an Easy Read survey. This section reports their responses³.

4.1 Age of respondents

The age of respondents is shown below in Table 17 (39 supplied their age and 2 skipped this question).

Table 17. Age of survey respondents

Easy Read Respondents ()	
Age range (years)	% of total
14 - 24	0%
25 - 34	5%
35 - 44	38%
45 - 54	41%
55 - 64	15%
65 - 75	0%
Over 76	0%

4.2 Locality of residence

Forty one people gave an answer to this question. Outcodes were spread across the county but concentrated in city of Norwich and the towns of Kings’ Lynn, Great Yarmouth, Cromer and Diss areas reflecting the location of support and advocacy organisations and groups where people with learning difficulty had to support to complete the survey.

³ Figures of 6 or less respondents will not be reported for purposes of protecting individuals’ identities.

4.3 First language of respondents

Forty one number of people gave an answer to this question and all said that English was their first language.

4.4 Awareness and use of existing services

People were asked to describe where they get their prescription medicine or equipment from and their responses are shown in Table 18. Awareness and use of services are shown in Table 19.

Table. 18 Responses of 41* people to the question “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)”

Provider of medicines and medical appliances	Number of people	% of total*
A pharmacy or chemist	36	88%
The dispensary window at my GP surgery	11	27%
A company who supply medical equipment	6	15%
An online ⁴ pharmacy	0	0%

*Note: percentage will not sum due to the option to select more than one answer category

Table 19. Responses of 41* people to the question “Which pharmacy services do you know about and which do you use? (please select all the answers that apply)”

Pharmacy service	I know about this service		I use this service	
	Number of people	% of total	Number of people	% of total
Getting your medicine you're your prescription	34	87%	31	79%
Having a health check like a blood pressure check	19	86%	12	55%
Having an injection done like a flu jab	21	88%	14	58%
Getting advice about the best way to take your medicine	29	94%	18	58%
Services for people who illegal drugs like swapping needles	11	100%	1	9%
Sexual health services like tests or help not to get pregnant	13	93%	2	14%
Support to stop smoking	13	100%	1	8%
Getting advice when you have a little illness that is not too serious	28	97%	15	52%
Getting advice about how to look after yourself if you have an illness	18	82%	13	59%
None of these	0		0	

*Note: percentage will not sum due to the option to select more than one answer category

⁴ In the public survey, Distance Selling Pharmacies were called 'internet pharmacies' as this is a phrase more commonly used and would better enable the public to respond.

People were asked to say how often they had used a pharmacy service the last year and these results are shown in Table 20.

Table 20. Responses of people to the question “How many times have you used pharmacy services this year?”(please select one answer)

How often people used a pharmacy service in the last year	Number of people	% of total
Most days of the week	¥	
Once a week	¥	
Every other week	12	31%
Once a month	16	41%
Two times this year	¥	
Once time this year	¥	
I have not used pharmacy services this year	¥	

¥ Figures too small to report

People were asked “Do you go to the same place each time for pharmacy services?” and 88% said “yes” and 13% said “no”. For those who said they usually went to the same place each time, they were asked why they used that particular pharmacy service regularly. In total, 34 people responded to that question and the reasons why they are using a pharmacy service regularly are shown in Table 21.

Table 21. Responses of 34* people to the question “Why do you like to go back to this pharmacy or chemist?” (please select all the answers that apply)

Why people like to go to back a pharmacy or chemist each time	Number of people	% of total
It is near my home	27	79%
It is near my work	4	12%
It is at my doctors surgery	18	53%
My prescriptions get sent there	11	32%
It is in my local supermarket	1	3%
It is on the high street	11	32%
The staff are friendly	24	71%
The staff know their stuff	15	44%
They will collect my prescription	7	21%
They will deliver my medicine	9	26%

*Note: percentage will not sum due to the option to select more than one answer category

The next question asked people what would make their local pharmacy or chemist better and the answers (27 responses) are displayed in Table 22.

Table 22. Responses of 27* people to the question “What would make your local pharmacy or chemist better?” (please select all the answers that apply)

What would make a pharmacy or chemist better	Number of people	% of total
If it was nearer to where I live	22	81%
If it was nearer to where I work	7	26%
If it was at my doctors surgery	8	30%
If my prescriptions were sent there	4	15%
If it was in my local supermarket	7	26%
If it was on the high street	3	11%
If the staff were friendly to me	10	37%
If the staff knew about medicines	5	19%
If they collected my prescription	4	15%
If they delivered my medicines	8	30%

*Note: percentage will not sum due to the option to select more than one answer category

People were asked to say how they usually travelled⁵ to their pharmacy service and how long it took for them to get there. Their responses are shown in Table 23 and in Table 24.

Table 23. Responses of 41* people to the question “Getting to a pharmacy or chemist?” (please select all the answers that apply)

The way you get to a chemist or pharmacy	Number of people	% of total
I walk there	19	50%
I go by bike	16	42%
I go by car, motorbike or taxi	1	3%
I get there using public transport	6	16%

*Note: percentage will not sum due to the option to select more than one answer category

Table 24. Responses of people to the question “How long does it take you to get to there?” (please select one answer)

How long it takes to get there	Number of people	% of total
A few minutes	11	28%
About 15 minutes	21	54%
15 to 30 minutes	¥	
More than 30 minutes	¥	

¥ Figures too small to report

4.5 Satisfaction with pharmacy services

People were asked to mark on a scale from “very good” to “very bad”, to show what they think of pharmacy services in Norfolk. Using a 5-point scale, responses are shown in Table 25.

⁵ Several respondents commented that they used their mobility scooter or their wheelchair to travel to their pharmacy service.

Table 25. Responses of people to the question “What do you think of pharmacy services in Norfolk?” (please select one answer)

What people think of the quality of pharmacy services in Norfolk	Number of people	% of total
Very good	5	13%
Good	20	50%
Neither good nor poor	13	33%
Bad	¥	
Very bad	¥	

¥ Figures too small to report

The final question asked people to if there was anything else they wanted to say about pharmacy services. Twenty eight people chose to give a further comments. Table 26 displays the output of a basic contents analysis of the comments.

Table 26. Comments on anything else people wanted from their pharmacy service

Main theme of responses/comment contents	Number* of comments related to this theme
Pharmacy staff are helpful to me	8
Pharmacy staff are friendly to me	6
I would like more support or help to get to the pharmacy	5
I need Easy Read labels on my prescription medicines	5
I need Easy Read instructions on how to take my medicines	5
I would like staff to use simple words to explain things to me	5
I want pharmacy services that help me do things for myself for example ordering medicines	3
Staff shouldn't make mistakes with my medicines	3
Sometimes I have to wait too long in the pharmacy	3
It should be easier to order my repeat prescriptions	2
The medicine packaging is too difficult to open on my own	2
Pharmacies are not wheelchair-friendly	2
I want to choose my pharmacy	2

*Note: total will not sum to 28 due to some comments containing several themes

Appendix J

GP Dispensing Practice provider survey Aug-Oct 2017

4. Introduction

As part of the provider engagement in the development of the 2018 Norfolk Pharmaceutical Needs Assessment, a survey of GP Dispensing Practices was carried out. The survey adopted was a revised and updated version of the one used in the preparation of the 2015 PNA. The survey was launched in August 2017, administered via the SurveyMonkey®⁶ digital platform, promoted by the Norfolk Local Medical Committee and closed on 30th October 2017.

5. GP Dispensing Practice respondents

As of October 2017 there were 56 GP Dispensing Practice in Norfolk, 35 of whom responded to the survey.

6. Model of dispensing service

GP Dispensing Practices were asked if they were entitled to Pharmacy Access Scheme payments and if their practice was operating a hybrid dispensary model. The responses of 35 practices to these questions are displayed in Table 1 and Table 2 respectively.

Table 1. Responses of 35 providers to the question “Is your practice participating in the 2017/2018 Dispensary Service Quality Scheme (DSQS)?”

Participation in the DSQS	Number of responses	% of total
Yes	34	97%
No	1	3%
Don't know / not sure	0	

Table 2. Responses of 35 providers to the question “Does your practice operate a hybrid dispensary model?”

Dispensary model	Number of providers	% of total
Yes	3	9%
No	20	57%
Not currently but are considering this	0	0%
Don't know	1	3%
Not sure what a hybrid dispensary model is	11	31%

⁶ SurveyMonkey is an online survey software www.surveymonkey.co.uk [last accessed 30.10.17]

GP Dispensing Practices were asked about their dispensing of appliances and responses are shown in Table 3.

Table 3. Responses of 35 providers to the question “Does your practice provide dispensing of appliances?”

Dispensing of appliances	Number of providers	% of total
Yes	26	74%
No	4	4%
No, but we will refer to a community pharmacy	2	2%
No, but we will refer to another dispensing appliance contractor	3	3%

7. Dispensing services

7.1 Hours of provision of dispensed medicines

Providers were asked to report the number of hours when dispensing of medicines was available at their practice, during the core hours 8.00-18.30 hrs and total number of hours per week. In addition, providers were asked to describe the number of hours outside core hours when dispensing of medicines was available at their practice (see Table 4).

Table 4. Range of opening and closing times and sum of pharmacy service opening hours reported by 35* providers

Answer Choices	Number of providers reporting dispensing hours	Average number of hours per week (range smallest to largest)	Sum of hours reported (hrs)
Total number of hours per week	34	48 hrs (1 hr – 85 hrs)	1,910
Number of hours during core hours 8am-6.30pm	34	31 hrs (1 hr – 70 hrs)	1,220
Number of hours outside core hours	32	1 hour 0hrs – 3 hrs	17

7.2 Electronic prescription service

GP Dispensing Practices were asked if the Electronic Prescription Service (EPS) was available to their practice; 26 (76%) practices responded “yes” the Electronic Prescription Service was available whilst 8 (24%) responded “no”. Table 5 displays the responses of providers regarding whether EPS was being used for patients (both dispensing and non-dispensing).

Table 5. Responses of 33 providers to the question “Are you using the Electronic Prescription Service for all patients (dispensing and non-dispensing)?”

Using EPS for all patients (dispensing and non-dispensing)	Number of providers	% of total
Yes	4	12%
We’d use it, if it were enabled	7	21%
No	22	66%

Of those GP Dispensing Practices indicating that they weren’t using the EPS for all patients, 14 chose to provide a comment on the reasons why that was so. Table 6 displays the output of a basic contents analysis of the comments on EPS use.

Table 6. Comments of 14 providers on the use of EPS

Main theme of comment contents	Number* of providers
EPS is available only to non-dispensing patients	6
EPS is available only to dispensing patients	3
The Practice has considered this matter, resulting in a decision not to enable EPS for both patient groups	3
Patient choice directs the use of EPS	2
EPS software requires further development	2
The Practice is small and/or there is limited need	2

*Note: total figure will not sum to 14 due to some comments containing more than one theme

7.3 Delivery of dispensed medicines

Out of 34 GP Dispensing Practice giving a response, 22 (65%) said that they offered delivery of dispensed medicines (12 Practice – 35% - indicated they did not).

GP Dispensing Practices were asked to describe to which patient groups they offered delivery and whereabouts. Their responses to these questions are shown in Table 7 and Table 8 respectively.

Table 7. Responses of 24* providers to the question “Which of these groups do you offer delivery to? (please select all that apply)”

Patient group	Number of providers	% of total
All patients	6	25%
Older people	10	42%
People who are disabled	11	46%
People who are housebound	15	63%
Nursing home residents	1	4%
Residential / care home residents	1	4%
Only to those patients specifically requesting a delivery	5	5%
Other groups	6	25%

*Note: figure will not sum to 24 since respondents had the option to choose multiple answers

Six Practices gave a further explanation of ‘other groups’ including: patients who were unable to come to surgery and /or those with transport barriers (2 Practices); patients living in very rural or remote areas (1 Practice); delivery not currently available (1 Practice); in the process of expanding a delivery service (1 Practice) and offering delivery only in exceptional circumstances (1 Practice).

Table 8. Responses of 24 providers to the question “Where do you offer delivery to? (please select one answer)”

Delivery area	Number of providers	% of total*
The immediate area only	6	25%
Within the village / town	10	42%
Within the county / neighbouring county	4	17%
Anywhere	4	17%

Regarding supply of medicines to care homes providing nursing or residential care:

- 11 out of 34 Practices giving an answer indicated that they regularly supplied medicines to home providing nursing or residential care (32% of respondents)
- 23 out of 34 Practices indicated that they didn’t regularly supply medicines to homes providing nursing or residential care (68% of respondents)

8. Dispensary facilities

GP Dispensing Practice providers were questioned about on-site facilities for the dispensing of medicines including the space available for dispensing medicines and plans for improving their dispensary area. Their response are shown in Table 9 and Table 10.

Table 9. Responses of 34 providers to the question “Is your dispensary area large enough to meet all your needs? (please select one answer)”

Adequacy of dispensing area space	Number of providers	% of total
Yes	23	68%
Not sure	1	3%
No	10	29%

Table 10. Responses of 34 providers to the question “Have you any plans to expand or improve your building, in order to enlarge your dispensary area? (please select one answer)”

Plans to improve or enlarge the building / dispensary area	Number of providers	% of total
Yes	9	26%
Not sure	5	15%
No	20	59%

Providers were asked if they had a larger dispensing area, what other kinds of services they would choose to provide. Seven (7) Practices gave a response to this question and their answers included: expanding or improving the efficiency of the current dispensary (3 Practices); ability to do more Dosette Boxes (2 Practices); offering no further services (2 Practices); expanding the medicines delivery service (1 Practice); increasing Monitoring Dosage Systems (1 Practice) and increasing pharmacy review (1 Practice).

9. Other services

GP Dispensing Practice providers supplied information regarding their provision of public health services and this is reported in Table 11.

Table 11. Responses of 34* providers to the question “Is your practice providing other services e.g. public health services? (please choose all that apply)”

Public health services provided by GP Dispensing Practice	Number of providers	% of total
NHS funded travel vaccinations	27	79%
NHS funded seasonal flu vaccinations	32	94%
NHS Health Checks	33	97%
Sexual health services	24	71%
Medicines compliance aids	22	65%
Drug and / or alcohol services	4	12%
Another public health service	5	15%

*Note: figure will not sum to 34 since respondents had the option to choose multiple answers

10. Views on current provision of pharmaceutical services

10.1 Views on the quality of existing pharmaceutical services provision

Providers were asked for their views on the quality of existing provision of pharmaceutical services in Norfolk and their responses are shown in Table 12.

Table 11. Responding of 30 providers to the question “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...?”

Quality of current provision of pharmaceutical services in Norfolk	Number of providers	% of total
Extremely good	5	17%
Very good	11	37%
Good	6	20%
Adequate	8	27%
Poor	0	0%
Very poor	0	0%
Extremely poor	0	0%

GP Dispensing Practices were also asked to express their opinion on the kind of access to pharmaceutical services the current NHS provision provides. The type of NHS pharmaceutical provision and the level of access described by 31 Practices is displayed in Table 12.

Table 12. Responses of 31 providers to the question “In your opinion, what kind of access the current NHS provision of pharmaceutical services provide?”

Type of service	Number (%) of respondents					
	Full access	Good access	Adequate access	Limited access	Poor access	Don't know
Dispensing of prescription medicine	16 (52%)	10 (32%)	5 (16%)	0	0	0
Essential pharmaceutical services	12 (40%)	11 (37%)	6 (20%)	0	0	1 (3%)
Advanced pharmaceutical services (e.g. NMS, MUR)	7 (23%)	13 (42%)	5 (16%)	1 (3%)	0	5 (16%)
Access enhanced pharmaceutical services commissioned by NHS England (e.g. flu jabs)	12 (39%)	13 (42%)	4 (13%)	0	0	2 (6%)
Access to NHS services (e.g. morning after pill, stop smoking support, supervised consumption of opiate substitute)	10 (32%)	11 (35%)	5 (16%)	2 (6%)	0	(10%)

The GP Dispensing Practice provider survey asked respondents to indicate their views on the overall provision of pharmaceutical services in Norfolk and this is displayed in Table 13.

Table 13. Responses of 30 providers to the question “Which statement best describes your view on the current provision of pharmaceutical services in Norfolk? (please select one answer)”

Answer options	Number of providers	% of total
The provision of pharmaceutical services doesn't require any improvement	13	43%
The provision of pharmaceutical services requires some improvement	12	40%
The provision of pharmaceutical services requires a lot of improvement	0	
Don't know / not sure if pharmaceutical services require improvement or not	5	17%

10.2 Improvements to local provision

GP Dispensing Practices were asked about factors that might improve local service provision and the responses of 20 Practices are shown in Table 14.

Table 14. Responses of 20* providers to the question “Do you think that local provision would be improved by...? (please select any that apply)”

Answer options	Number of providers	% of total
Increasing the number of pharmaceutical service providers locally	4	20%
Increasing the opening hours of existing pharmaceutical services providers	4	20%
Increasing the choice of services on offer at existing pharmaceutical services providers	8	40%
Doing something else	7	35%

*Note: figure will not sum to 20 since respondents had the option to choose multiple answers

In terms of the ‘doing something else’ answer option, the other comments included: services are good now and no further improvements are needed (3 Practices); enabling a level playing field between GP dispensaries and community pharmacies (1 Practice); increase staff capacity (1 Practice) and allow patients greater choice to use a GP dispensary or community pharmacy as suits them (1 Practice).

The last question in the survey asked GP Dispensing Practices for any further comments on the provision of pharmacy services in Norfolk that they wished to make and these included the following from 7 respondents:

- 1 Practice said that patients were happy with existing pharmaceutical service provision
- 1 Practice said that they believed they already provided a very good quality service for patients
- 1 Practice wanted to highlight the gaps in provision of support for mental illness
- 1 Practice indicated that many of their problems arose with one particular community pharmacy
- 3 Practices said they had no further comment to make

Appendix K

Community pharmacy service provider survey Aug-Oct 2017

1. Introduction

As part of the provider engagement in the development of the 2018 Norfolk Pharmaceutical Needs Assessment, a survey of providers of community pharmacy services was carried out. The survey adopted was the Pharmacy PNA Questionnaire developed and published by the Pharmaceutical Services Negotiating Committee (PSNC)⁷. The survey was launched in August 2017, administered via the PharmOutcomes⁸ digital platform and closed on 16th October 2017.

2. Community pharmacy provider respondents

As of October 2017 there were 164 community pharmacies in Norfolk, 81 of whom responded to the survey. Of the 81 community pharmacy providers responding to the survey, 7 (9%) were 100 hours pharmacies whilst 74 (91%) were not. There were no holders⁹ of Local Pharmaceutical Services contracts in Norfolk. Of the 81 providers, 2 were Distance Selling Pharmacies. The number of providers entitled to Pharmacy Access Scheme payments is shown in Table 1.

Table 1. Responses of 81 providers to the question “Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?”

Answer option	Number of people	% of total
Yes	12	15%
No	61	75%
Possibly	8	10%

3. Hours of Opening

Providers were asked to report their core hours and total hours of opening from Monday through to Sunday. In addition, providers were asked to say on which days their community pharmacy was closed at lunchtime and the length of the lunchtime closure each day.

⁷ The questionnaire used is a resource available on the PSNC website <https://psnc.org.uk/contract-it/market-entry-regulations/pharmaceutical-needs-assessment/> [last accessed 24.10.17]

⁸ PharmOutcomes is a web-based system which facilitates the auditing and management of community pharmacy services. Information can be collated on a local and/or national level thereby enabling analysis and reporting on the effectiveness of commissioned services, helping to improve the evidence base for community pharmacy services <https://psnc.org.uk/services-commissioning/pharmoutcomes/> [last accessed 24.10.17]

⁹ In response to the question “Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the standard Pharmaceutical Service contract)” 16 providers indicated “yes” however these responses were found to be erroneous: there were no LPS contract holders in Norfolk during the survey period.

3.1 Total hours

Table 2 shows a sum (total) of the opening hours reported by providers for a usual week, Monday through to Sunday (excluding bank holiday contractual arrangements).

Table 2. Range of opening and closing times and sum of pharmacy service opening hours reported by 81* providers by day of the week (excluding hours of lunchtime closures)

Day of the week	Number of providers open / reporting opening hours	Average opening time (range from earliest to latest)	Average closing time (range from earliest to latest)	Sum of opening hours reported (hrs:mins)
Monday	81	8.30 hrs (07.00 – 09.00)	18.00 hrs (17.00 – 23.00)	775:30
Tuesday	81	8.30 hrs (07.00 – 09.00)	18.00 hrs (17.00 – 23.00)	785
Wednesday	81	8.30 hrs (07.00 – 09.00)	18.00 hrs (17.00 – 23.00)	785
Thursday	81	8.30 hrs (07.00 – 09.00)	18.00 hrs (17.00 – 23.00)	785
Friday	81	8.30am (07.00 – 09.00)	18.00 hrs (17.00 – 23.00)	786:30
Saturday	71	9 am (07.00 – 09.00)	13.00 hrs (12noon – 22.00)	472:00
Sunday	14	10.00 hrs (07.00 – 11.00)	16.30hrs (13.00 – 20.30)	107:30

*These providers include 7 100-hours Pharmacies and 2 Distance-Selling Pharmacy providers

3.2 Lunchtime closures

Table 3 displays the number of providers closing at lunchtime on weekdays.

Table 3. Number and day of lunchtime closing on weekdays reported by 81 community pharmacy providers [core hours]

Monday to Friday opening	Number of (%) providers		
	Closing at lunchtime	Staying open at lunchtime	Not reported
Monday	27 (33%)	49 (61%)	5 (6%)
Tuesday	27 (33%)	46 (57%)	8 (10%)
Wednesday	28 (35%)	53 (66%)	0
Thursday	28 (35%)	53 (66%)	0
Friday	29 (36%)	52 (64%)	0

Table 4 displays the number of providers closing at lunchtime on Saturdays and Sundays.

Table 4. Number and day of lunchtime closing on weekends reported by 81 community pharmacy providers [core hours, weekends]

Saturday & Sunday opening	Number of (%) providers		
	Total number of providers open	Staying open at lunchtime	Closing at lunchtime
Saturday	58 (72%)	6 (10%)	5 (6%)
Sunday	12 (15%)	0	12 (100%)

4. Facilities

4.1 Consultation facilities

Community pharmacy providers were questioned about on-site and off-site consultation facilities, including their consultation area, hand-washing and toilet facilities. On-site consultation facilities reported by the 81 providers are shown in Table 5 and Table 6.

Table 5. Responses of 81 providers on a consultation area on the premises

On site consultation area	Number of providers	% of total
Available (including wheelchair access)	71	88%
Available (without wheelchair access)	10	12%
Planned within the next 12 months	0	
No consultation room available	0	
Other	0	

In response to the question “Where there is a consultation area, is it a closed room?”, 79 (98%) community pharmacy providers indicated “yes” whilst 2 (2%) indicated “no”.

Table 6. Responses of 81 providers on hand-washing facilities during consultation

Availability of hand-washing facilities during consultation	Number of providers	% of total*
In the consultation area	61	75%
Close to the consultation area	9	11%
None	13	16%

Providers were asked if patients attending for consultations have access to toilet facilities and 16 out of 81 (20%) providers indicated that there was access to toilet facilities for patient use.

Regarding off-site consultation facilities, please refer to Table 7.

Table 7. Responses of 81 providers regarding off-site consultations

Type of off-site consultation facilities	Number of providers	% of total*
The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)	0	
The pharmacy is willing to undertake consultations in the patient’s home / other suitable site	39	48%
Neither option applies	42	52%

Respondents indicated that 28 languages other than English were spoken by community pharmacy staff. Table 8 displays the languages spoken and the number of community pharmacies indicating the language skills of their staff.

Table 8. Diversity of languages spoken by staff in community pharmacies

Language (other than English)	Number of providers with staff speaking this language
Hindi	9
Polish	8
Portuguese	6
Guajarati	5
Russian	5
Czech	4
Italian	4
Lithuanian	4
Spanish	4
Chinese Cantonese	3
Chinese Mandarin	3
French	3
German	3
Punjabi	3
Danish	2
Hungarian	2
Romanian	2
Yoruba	2
Ashanti	1
Bengali	1
Farsi	1
Ibo	1
Kiswahili	1
Malaysian	1
Nigerian	1
Swahili	1
Turkish	1
Ukrainian	1

4.2 Information Technology facilities

Community pharmacy providers were questioned about their Information Technology (IT) facilities and the responses of 81 providers are presented in Table 9.

Table 9. IT facilities as reported by 81 providers

Type of IT facilities	Number of providers	% of total
Electronic Prescription Service Release 2 enabled	81	100%
NHS mail being used	71	88%
NHS Summary Care Record enabled	80	99%
Up-to-date NHs Choice entre	77	95%

5. Healthy Living Pharmacies

Community pharmacy providers supplied information regarding their Healthy Living Pharmacy (HLP) status, please refer to Table 10.

Table 10. Responses of 81 providers about Healthy Living Pharmacy (HLP) status

Healthy Living Pharmacy status	Number of providers	% of total
The pharmacy has achieved HLP status	29	36%
The pharmacy is working towards HLP status	47	58%
The pharmacy is not currently working towards HLP status	5	6%

6. Services

6.1 Dispensing appliances

Providers were asked if they dispensed appliances from their community pharmacy and the responses of 81 providers are displayed in Table 11.

Table 11. Responding of 81 providers to the question “Does the pharmacy dispense appliances?”

Dispensing of appliances	Number of providers	% of total
Yes – all types	75	93%
Yes, excluding stoma appliances	1	1%
Yes, excluding incontinence appliances	2	2.5%
Yes excluding stoma and incontinence appliances	0	
Yes, just dressings	1	1%
Other	0	
None	2	2.5%

6.2 Advanced services

Community pharmacies were asked about their provision of advanced services and the responses of 81 providers are displayed in Table 12.

Table 13. Responding of 81 providers to the question “Does the pharmacy provide the following services?”

Type of advanced service	Number (%) of providers		
	Yes	Intending to within next 12 months	No – not intending to provide
Medicines Use Review services	80 (99%)	1 (1%)	0
New Medicine Service	80 (99%)	0	1 (1%)
Appliance Use Review service	4 (5%)	3 (4%)	74 (91%)
Stoma Appliance Customisation service	13 (16%)	1 (1%)	67 (83%)
Flu Vaccination Service	71 (88%)	3 (4%)	7 (9%)
NHS Urgent Medicine Supply Advanced Service	17 (21%)	17 (21%)	47 (58%)

6.3 Enhanced¹⁰ and other locally commissioned services

Community pharmacies were asked to provide information on the type of enhanced and/or other locally commissioned services that they were providing. The range and number of these types of services, along with the number (and percentage) of community pharmacies providing them, are shown in Table 14. Vaccination and screening services are displayed in Table 15 and Table 16 respectively.

Table 14. Responses of 81 providers to the question “Which of the following services does the pharmacy provide, or would be willing to provide?”

Type of service	Number (%) of providers				
	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant Monitoring	0	0	0	69 (85%)	12 (15%)
Anti-viral Distribution		0	0	66 (82%)	15 (18%)
Care Home Service	8 (10%)	1 (1%)	1 (1%)	46 (57%)	25 (31%)
Chlamydia Testing		16 (20%)	34 (42%)	23 (28%)	8 (10%)
Chlamydia Treatment		18 (22%)	29 (36%)	29 (36%)	5 (6%)
Contraceptive service (not EC ¹¹)		4 (5%)	11 (14%)	53 (66%)	13 (16%)
Emergency Contraception		30 (37%)	43 (53%)	5 (6%)	3 (4%)
Emergency Supply		46 (57%)	20 (25%)	13 (16%)	2 (2%)
Gluten Free Food Supply (i.e. not via FP10)	2 (2%)	0	0	57 (70%)	22 (28%)
Home delivery (not appliances)		13 (16%)	10 (12%)	46 (57%)	12 (15%)
Independent prescribing		0	0	31 (38%)	50 (62%)

Table 14. [Continued] Responses of 81 providers to the question “Which of the following services does the pharmacy provide, or would be willing to provide?”

¹⁰ ‘Enhanced Services’ are those commissioned by the local NHS England Team. CCGs and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called ‘Other Locally Commissioned Services’ not ‘Enhanced Services’.

¹¹ Emergency Contraception

Type of service	Number (%) of providers				
	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Language Access	11 (14%)	0	1 (1%)	33 (41%)	36 (44%)
Medication Review	12 (15%)	1 (1%)	0	56 (69%)	12 (15%)
Medicines Assessment and Compliance Support	3 (4%)	2 (2%)	5 (6%)	59 (73%)	12 (15%)
Minor Ailment Scheme	0	0	0	71 (88%)	10 (12%)
MUR Plus/Medicines Optimisation		1 (1%)	0	68 (84%)	12 (15%)
Needle and Syringe Exchange	11 (14%)	9 (11%)	26 (32%)	25 (31%)	10 (12%)
Obesity Management (adults & children)		0	0	70 (86%)	11 (14%)
Not Dispensed Scheme		3 (4%)	1 (1%)	69 (86%)	8 (10%)
On Demand Availability of Specialist Drugs	0	1 (1%)	0	61 (75%)	19 (24%)
Out of Hours Services	3 (4%)	4 (5%)	0	38 (47%)	36 (44%)
Patient Group Direction Service	17 (21%)	4 (5%)	15 (18%)	23 (28%)	22 (27%)
Phlebotomy		0	0	52 (64%)	29 (36%)
Prescriber Support	0	0	1 (1%)	1 (1%)	60 (74%)
Schools Service	0	0	0	59 (73%)	22 (27%)
Stop Smoking	19 (24%)	11 (14%)	30 (37%)	18 (22%)	3 (4%)
Supervised Administration	30 (37%)	12 (15%)	32 (40%)	4 (5%)	3 (4%)
Supplementary Prescribing	0	0	0	37 (46%)	44 (54%)
Vascular Risk Assessment (NHS Health Check)		8 (10%)	5 (6%)	55 (68%)	13 (16%)

Medicines covered by the Patient Group direction Services were; Azithromycin, Chloroquine, Doxycycline, Erythromycin, Levonelle, Levonorgestrel, Salbutamol and Sildenafil.

Table 15. Responses of 81 providers to the question “Which of the following Screening Services does the pharmacy provide, or would be willing to provide?”

Type of screening service	Number (%) of providers				
	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Alcohol	0	1 (1%)	0	64 (79%)	16 (20%)
Cholesterol	4(5%)	0	4 (5%)	57 (70%)	16 (20%)
Diabetes	4 (5%)	0	3 (4%)	58 (72%)	16 (20%)
Gonorrhoea	0	0	0	60 (74%)	21 (26%)
H.pylori	0	0	0	64 (79%)	17 (21%)
HbA1C	0	0	0	63 (78%)	17 (21%)
Hepatitis	0	0	0	60 (74%)	21 (26%)
HIV	0	0	1 (1%)	60 (74%)	20 (25%)

Table 16. Responses of 81 providers to the question “Which of the following Vaccination Services does the pharmacy provide, or would be willing to provide?”

Type of vaccination service	Number (%) of providers				
	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Seasonal Influenza Vaccination		33 (41%)	12 (15%)	33 (41%)	3 (4%)
Childhood vaccinations		1 (1%)	1 (1%)	54 (67%)	25 (31%)
Hepatitis (at risk workers or patients)		0	1 (1%)	57 (70%)	23 (29%)
HPV		0	1 (1%)	57 (70%)	23 (28%)
Travel vaccines		0	1 (1%)	61 (75%)	19 (24%)
Sharps Disposal		10 (12%)	16 (20%)	38 (45%)	17 (21%)

Providers were also asked to describe the Disease Specific Medicines Management services they were providing and these results are displayed in Table 17.

Table 17. Responses of 81 providers to the question “Which of the following Disease Specific Medicine Management services does the pharmacy provide, or would be willing to provide?”

Type of disease Specific Medicine Management service	Number (%) of providers				
	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Allergies	1 (1%)	0	0	68 (84%)	12 (15%)
Alzheimer’s/dementia	1 (1%)	0	1 (1%)	68 (84%)	11 (14%)
Asthma	3 (4%)	0	1 (1%)	67 (84%)	10 (12%)
CHD	1 (1%)	0	0	68 (84%)	12 (15%)
COPD	1 (1%)	0	0	69 (85%)	11 (14%)
Depression	1 (1%)	0	0	68 (84%)	12 (15%)
Diabetes type I	1 (1%)	0	0	68 (84%)	12 (15%)
Diabetes type II	1 (1%)	0	0	69 (85%)	11 (14%)
Epilepsy	1 (1%)	0	0	66 (81%)	14 (18%)
Heart Failure	1 (1%)	0	0	67 (83%)	13 (16%)
Hypertension	2 (2%)	2 (2%)	0	65 (80%)	12 (15%)
Parkinson’s disease	1 (1%)	0	0	67 (83%)	13 (16%)

6.3 Non-commissioned services

Community pharmacy providers were asked to describe their provision of non-commissioned services. The type of non-commissioned service along with the number of community pharmacies providing that service are shown in Table 18.

Table 18. Provision of non-commissioned services by type and number of providers (81 respondents)

Type of non-commissioned service	Number of providers	% of total
Collection of prescriptions from GP practices	80	99%
Delivery of dispensed medicines free of charge on request	78	96%
Delivery of dispensed medicines free of charge on request to selected patient groups	30	37%
Delivery of dispensed medicines - chargeable	7	9%
Monitored Dosage Systems free of charge on request	77	95%
Monitored Dosage Systems - chargeable	10	12%

Thirty community pharmacies named selected patient groups to whom they provided delivery of dispensed medicines. These selected patient groups and the number of pharmacies providing delivery to them are show in Table 19.

Table 19. Type of patient groups to whom 30 pharmacies offered delivery of dispensed medicines

Selected patient group described by pharmacies	Number* of pharmacies delivering medicines to this group
Housebound	18
Any patient	9
Elderly /frail	7
Bulky or heavy items	3
Too ill to get to pharmacy	3
Those with complex needs	3
Patients with disabilities	2
All patients (distance selling pharmacy)	1
In an emergency	1
Pregnant women	1
Young mothers	1

*Note: figure will not sum to 30 since respondents had the option to supply multiple answers

6.4 Views on locally commissioned services

Providers were asked to share their views on the particular need for a locally commissioned service. Table 20 displays the output of a basic contents analysis of the comments.

Table 20. Views of 18 providers on locally commissioned services

Main theme of comment contents	Further and/or supporting information /rationale / evidence	Number* of providers
Minor Ailments Service	Increasing demand from patients. Alleviate / reduce demands upon GPs.	12
Weight Management Service	High prevalence of obesity in local population.	1
Anticoagulant Service		1
Asthma Service	High prevalence of asthma in local population.	1
COPD Service	High prevalence of COPD and smoking in local adult population	1
Extended Emergency Supply for Visitors	Increasing demand from visitors.	2
PGD for Champix	High prevalence of smoking in local adult population	1
Treatment of (uncomplicated) Urinary Tract Infections	Incidence of Urinary Tract Infections in local population	1
Hypertension / Blood Pressure Monitoring Service	2	2
Extended Diabetes Services	1	1

*Note: total figure will not sum to 18 due to some comments containing multiple suggestions

References

1.	http://www.norfolkinsight.org.uk/jsna
2.	https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/policies-and-strategies/health-policies/public-health-strategy
3.	https://www.england.nhs.uk/five-year-forward-view/
4.	https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf
5.	http://psnc.org.uk/wp-content/uploads/2016/08/CPFV-Aug-2016.pdf
6.	https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf
7.	http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf
8.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486941/letter-psnc.pdf
9.	http://www.legislation.gov.uk/uksi/2016/1077/contents/made
10.	www.psn.org.uk/valueofpharmacy
11.	http://www.norfolkinsight.org.uk/census
12.	http://www.norfolkinsight.org.uk/jsna/people
13.	Norfolk's Story (July 2013) Norfolk County Council (http://www.norfolkinsight.org.uk/Custom/Resources/NorfolkStory.pdf) [last accessed online 26.05.2014]
14.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf
15.	https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf
16.	https://www.healthwatchnorfolk.co.uk/wp-content/uploads/2016/10/Norfolk-and-Waveney-STP-v1-4-211016-Final.pdf
17.	https://www.nice.org.uk/guidance/ng5/chapter/Introduction
18.	http://psnc.org.uk/psncs-work/about-community-pharmacy/the-value-of-community-pharmacy/
19.	http://www.legislation.gov.uk/uksi/2016/1077/contents/made
20.	http://www.legislation.gov.uk/uksi/2016/1077/regulation/7/made
21.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf
22.	http://psnc.org.uk/wp-content/uploads/2016/08/CPFV-Aug-2016.pdf
23.	https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf
24.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486941/letter-psnc.pdf
25.	http://www.legislation.gov.uk/uksi/2016/1077/contents/made
26.	www.psn.org.uk/valueofpharmacy
27.	Hobbs, FD Richard, et al. "Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007–14." <i>The Lancet</i> 387.10035 (2016): 2323-2330
28.	Credé, Sarah H., Elizabeth Such, and Suzanne Mason. "International migrants' use of emergency departments in Europe compared with non-migrants' use: a systematic review." <i>European Journal of Public Health</i> (2017).
29.	Todd A, Copeland A, Husband A, et al. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. <i>BMJ Open</i> 2014;4:e005764. doi: 10.1136/bmjopen-2014-005764
30.	A Framework for Sexual Health Improvement in England, Department of Health (2013)

31.	Public Health Outcomes Framework 2016 to 2019. Improving outcomes and supporting transparency Part 2: Summary technical specifications of public health indicators (2016) https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019
32.	Public health guideline [PH51]: Contraceptive services for under 25s (2014) https://www.nice.org.uk/guidance/ph51
33.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/475159/2014_NCSP_web_survey_report.pdf
34.	Crome, Ilana, et al. The relationship between dual diagnosis: substance misuse and dealing with mental health issues. London: Social Care Institute for Excellence, 2009.
35.	NICE guideline 58: Coexisting severe mental illness and substance misuse: community health and social care services (2016)
36.	Shooting Up: Infections among people who injected drugs in the UK, 2015, Public Health England (2016)
37.	Technology appraisal guidance 114: Methadone and buprenorphine for the management of opioid dependence
38.	Gossop, Michael, et al. "The National Treatment Outcome Research Study (NTORS): 4–5 year follow-up results." <i>Addiction</i> 98.3 (2003): 291-303.
39.	Addiction to medicine: an investigation into the configuration and commissioning of treatment services to support those who develop problems with prescription-only or over-the-counter medicine. London: National Treatment Agency for Substance Misuse (2011). http://www.nta.nhs.uk/uploads/addictiontomedicinesmay2011a.pdf
40.	Reay G, An inquiry into physical dependence and addiction to prescription and over-the-counter medication. London: All-Party Parliamentary Drugs Misuse Group; 2008 www.codeinefree.me.uk/img/APPDMGPOMOTCRptFinal.pdf
41.	Adult drinking habits in England, ONS (2017) https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/adultdrinkinghabitsinengland
42.	World Health Organization, Alcohol and injuries: Emergency department studies in an international perspective http://www.who.int/substance_abuse/msbalcinuries.pdf?ua=1
43.	Robson, John, et al. "The NHS Health Check in England: an evaluation of the first 4 years." <i>BMJ open</i> 6.1 (2016): e008840.
44.	Emerging evidence on the NHS Health Check: findings and recommendations: A report from the Expert Scientific and Clinical Advisory Panel (2017) http://www.healthcheck.nhs.uk/document.php?o=1293
45.	https://www.healthwatchnorfolk.co.uk/wp-content/uploads/2016/07/CVD-Executive-Summary-1.pdf
46.	Public Health Service Specification for the Provision of a Pharmacy Local Commissioned Service: Healthy Living Pharmacy (HLP) Level 2, Brighton and Hove County Council http://www.eastsussexlpc.co.uk/wp-content/uploads/sites/14/2017/04/Healthy-Living-Pharmacy-Level-2-final-2016-2019-Spec.pdf
47.	The National Health Service Act 2006: The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf
48.	www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx
49.	http://psnc.org.uk/
50.	https://core.ac.uk/download/pdf/111804.pdf
51.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf

52.	http://psnc.org.uk/services-commissioning/advanced-services/
53.	http://www.legislation.gov.uk/uksi/2013/349/contents/made
54.	https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/pqp/
55.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf

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
NEL admission	Non elective list admission
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
RTT	Referral to Treatment waiting times to access treatments https://www.england.nhs.uk/resources/rtt/
NUMSAS	NHS Urgent Medicine supply Advanced Service

Medicines optimisation	<p>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 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</p> <p>http://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf</p>
NHS Summary Care Record (SCR)	<p>An electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record. It is used by authorised healthcare professionals such as pharmacists and pharmacy technicians who have been trained in SCR usage. It is used with the patient's consent, to support their care and treatment. Where a patient and their doctor wish to add additional information to the patient's Summary Care Record, this may be added with the explicit consent of the patient</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>
ESPLPS	<p>Essential Small Pharmacies are contracted under the Local Pharmaceutical Services provisions see http://psnc.org.uk/contract-it/pharmacy-regulation/essential-small-pharmacies/</p>

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