



Rutland
County Council

Rutland's Pharmaceutical Needs Assessment

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FOREWORD AND EXECUTIVE SUMMARY

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

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

The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>.¹

This PNA has reviewed pharmacy coverage (excluding internet pharmacies) and dispensing GP in relation to the population health needs of the people of Rutland. This has involved looking at the existing services, their locations, the breadth of services they are providing and the views of the people that are using them. The PNA refers to the services that were provided on the 31st March 2017. The PNA analysis focusses on the services that are currently provided in pharmacies.

Within the scope of this document, the PNA concludes that community based pharmacies and dispensing GPs are meeting the current needs of the Rutland population, for essential, and where offered, advanced services. The consistency and quality of the advanced services should be continually reviewed and the uptake of Medicines Use Reviews, New Medicines Services and Seasonal Influenza vaccinations should be increased wherever possible.

The provision of Community Based Services across Rutland is good, but more needs to be done to increase the uptake of these services and to ensure that services across the county are consistent. A review of service quality and uptake could provide further insight into the effectiveness of these local services.

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

The landscape of health care in Leicester, Leicestershire and Rutland is changing through local and national policy development which is underway, but their full impact on Community Pharmacy is not yet known. Appendix J provides a brief overview of the current developments. This appendix will be updated annually to reflect developments as they arise.

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BACKGROUND AND INTRODUCTION

1. Introduction

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

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

In April 2013, as part of overarching changes to health and social care, in the Health and Social Care Act 2012, Health and Wellbeing Boards (HWBs) were established. They are hosted in local authorities nationwide and became responsible for developing and updating PNAs for their population. At this time, the responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred to NHS England.

The current PNA for Rutland was produced in March 2015 by the Leicestershire Health and Wellbeing Board. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 requires all Health and Wellbeing Boards to publish a revised assessment within three years of publication of their first assessment. This PNA replaces the 2015 document.

2. Purpose of the PNA

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

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

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

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

The PNA must contain the following:

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

3. Pharmaceutical services and Pharmacy contracts

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

There are three tiers of community pharmaceutical services:

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

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

Quality assurance:

NHS England’s local teams monitor the provision of Essential and Advanced Services and the pharmacy contractors’ compliance with the terms of the Community Pharmacy Contractual Framework. Each year, every pharmacy must complete a short questionnaire which will determine whether a pharmacy needs visiting.

The General Pharmaceutical Council carry out inspections in all registered pharmacy premises to ensure that they comply with all legal requirements and regulatory standards. The inspector will examine how the pharmacy operates with the aim of securing and promoting the safe and effective practice of pharmacy services².

All pharmacies are required to conduct an annual community pharmacy patient questionnaire (Patient Satisfaction Questionnaire) which allows patients to provide feedback to community pharmacies on the services they provide³.

3.1. Essential Services

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

Table 1: Essential pharmacy services

Essential Services	Description
Dispensing	The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
Repeat Dispensing	The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant

Essential Services	Description
	issues to the prescriber.
Clinical governance	Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. This will include use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction. ⁴
Promotion of healthy lifestyles (Public Health)	The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to: <ul style="list-style-type: none"> • have diabetes; or • be at risk of coronary heart disease, especially those with high blood pressure; or • smoke; or • be overweight and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.
Disposal of unwanted medicines	Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal. NHS England's Leicestershire and Lincolnshire Area team has arrangements for the collection and disposal of waste medicines from pharmacies.
Signposting	The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy.
Support for self-care	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

3.2. Advanced Services

There are five advanced services within the NHS community pharmacy contractual framework (the 'pharmacy contract'). Community pharmacies can choose to provide any or all of these listed services. The NHS Urgent Medicine Supply Advanced Service (NUMSAS) is currently commissioned as an Advanced Service in a national pilot.

Table 2: Advanced pharmacy services

Advanced Services	Description
The Medicines Use Review (MUR)	<p>Accredited pharmacists undertaking structured adherence-centered reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.</p> <p>National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. An MUR feedback form will be provided to the patient's GP where there is an issue for them to consider.</p>
New Medicine Service (NMS)	<p>This service was introduced on 1st October 2011. The service provides support for people with long term conditions who have been newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.</p>
Appliance Use Review (AUR)	<p>This service can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by establishing the way the patient uses the appliance and the patient's experience of such use. This is achieved by identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, including advising the patient on the safe and appropriate storage of the appliance and advising the patient on the safe and proper disposal of the appliances that are used or unwanted.</p>

Advanced Services	Description
Stoma Appliance Customisation (SAC)	<p>The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.</p> <p>If the pharmacist is unable to provide the prescribed service, they should either refer (with the patient's consent) the patient to another pharmacy or provide the patient with the contact details of at least two pharmacies or providers that are able to supply the service.</p>
Seasonal Influenza (flu) Vaccination	<p>This service commenced on 16th September 2015, where NHS England commissioned community pharmacies in England to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups, to support GP services in increasing vaccination rates.</p> <p>The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service.</p>

Advanced Services	Description
NHS Urgent Medicine Supply Advanced Service (NUMSAS)	<p>On 20th October 2016, the Department of Health (DH) and NHS England announced that a national pilot of a community pharmacy Urgent Medicine Supply Service would be commissioned as an Advanced Service. The objectives of the service are to:</p> <ul style="list-style-type: none"> • manage appropriately NHS 111 requests for urgent medicine supply; • reduce demand on the rest of the urgent care system; • resolve problems leading to patients running out of their medicines; and • increase patients' awareness of electronic repeat dispensing. <p>The service was planned to run from 1st December 2016 to 31st March 2018, but has been extended for a further six months until September 2018.</p>

3.3. Community based services

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

Table 3: Community based pharmacy services

Community Based Services	Description
Emergency Hormonal Contraception (EHC)	<p>This is a free service to women up to 25 years of age following unprotected sexual intercourse to prevent unintended pregnancies.</p>
<i>H.pylori</i> screening	<p>This service is a breath testing service for patients with dyspepsia symptoms to detect the presence of <i>Helicobacter</i> bacteria which can cause stomach ulcers.</p>
Needle exchange	<p>A service for intravenous drug users, providing clean needles and so reducing the risk of infection such as hepatitis.</p>
Supervised consumption	<p>A service for registered drug addicts, providing regular monitored doses of an opiate substitute to support becoming progressively drug free.</p>
Palliative care	<p>Palliative care is aimed at offering the patient the highest possible level of comfort during the last phase of their life. This</p>

Community Based Services	Description
	service aims to facilitate prompt access to palliative care medicines by patients and their representatives.
Healthy Living Pharmacies (HLP)	Pharmacies are commissioned to reduce health inequalities within the local community by delivering high quality health and wellbeing services, promoting health and providing proactive health advice to customers.

3.4. Pharmacy contracts

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

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

3.5. Distance selling pharmacies (e.g. internet pharmacies)

Distance selling pharmacies (e.g. internet pharmacies) are able to provide the full range of essential, advanced and enhanced services to the population.

A distance selling pharmacy must not provide essential services to a person who is present at the pharmacy, or in the vicinity of it. The pharmacy must provide for the essential services safely and effectively without face to face contact with any member of staff on the premises. For example, a distance selling pharmacy will receive a prescription

via post (or via the electronic prescription service) and dispense it the next day, sending it via courier. The pharmacist telephones the patient to counsel the patient on the medicine's correct use. This arrangement satisfies the conditions as no face to face contact has taken place on the pharmacy's premises.

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

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

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

4.1. Prison Pharmacy

Pharmaceutical services are provided in HM Stocken prison in Rutland.

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

4.2. Hospital pharmacy

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

- University Hospitals of Leicester NHS Trust

- Community hospitals in Melton and Market Harborough
- Other out of county providers, such as Nottingham, Lincolnshire, Peterborough, Cambridgeshire, Northamptonshire etc.

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

5. Process followed for developing the PNA

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

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

The PNA was subject to a 60 day statutory consultation period which ran from 2nd October 2017 to 2nd January 2018. An additional consultation also took place with local pharmaceutical professionals between June and August 2017 to gather evidence to support the PNA. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following:-

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

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

Appendix A – PNA Project Team Terms of Reference

HEALTH NEEDS OF THE POPULATION OF RUTLAND

6. Population of Rutland

Rutland's Joint Strategic Needs Assessment (JSNA) was published in 2015.⁵ Since the publication of the JSNA, additional reports have been published to further enrich the evidence base for the health and wellbeing of the population. This includes the Rutland Joint Health and Wellbeing Strategy 2016 – 2020⁶, the Public Health Outcomes Framework published for Rutland Council, and the Director of Public Health's Annual Reports. The latest report for 2016 focussed on providing an overview of health in Rutland and the role of workplace health in improving health;

The Rutland JSNA is available from:

<https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/joint-strategic-needs-assessment/>

The Rutland Joint Health and Wellbeing Strategy 2016 – 2020 is available from:

<https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/health-and-well-being-strategy/>

The Annual Report of the Director of Public Health 2016⁷ is available from:

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

6.1. Population Estimates

- In 2015, the population of Rutland was 38,046 people.⁸
- 7,852 people were aged 65-84 years (20.6%) and 1,249 people were aged 85 years and over (3.3%).⁸

Figure 1: 2015 Population Pyramid⁸

2015 population by sex and age

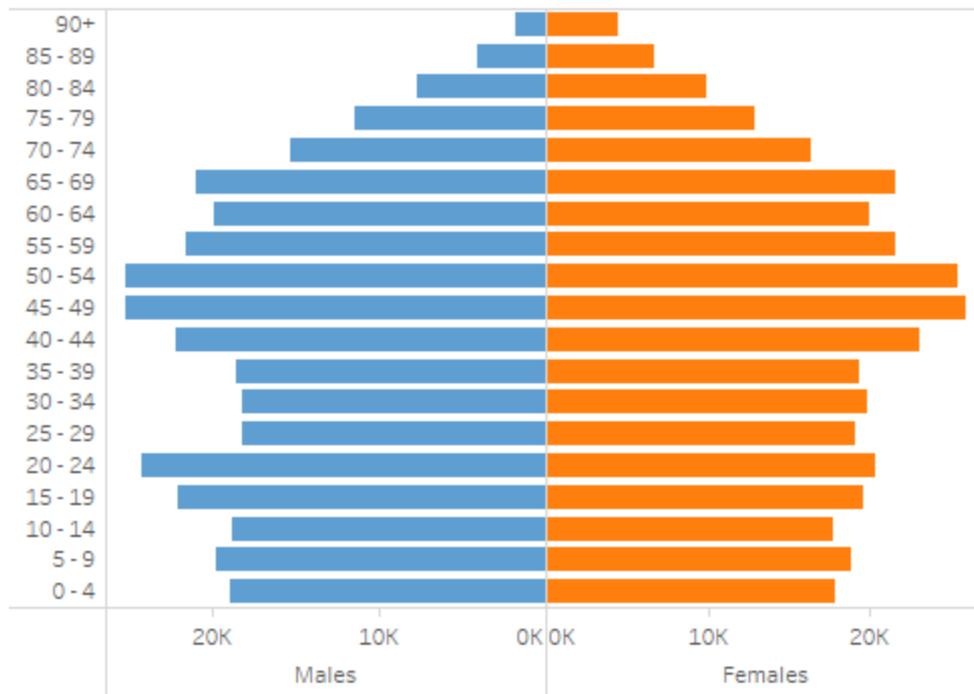


Table 4: 2015 Population Estimates for Rutland⁸

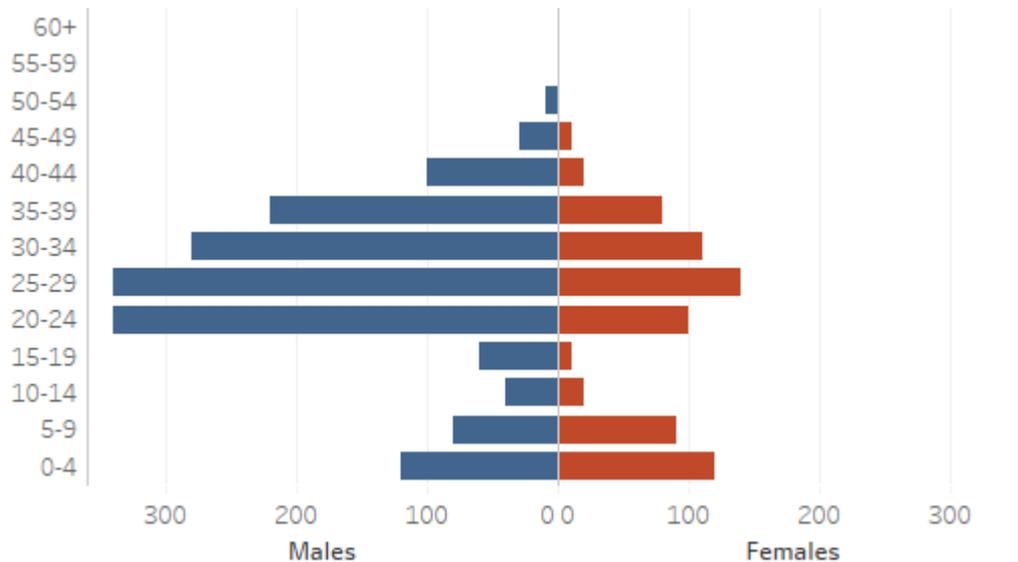
Age	Male	% of Total Population	Female	% of Total Population
0 - 4	947	2.5%	819	2.2%
5-9	952	2.5%	990	2.6%
10-14	1,135	3.0%	1,037	2.7%
15 - 19	1,497	3.9%	1,248	3.3%
20 - 24	1,131	3.0%	832	2.2%
25 - 29	1,157	3.0%	720	1.9%
30 - 34	1,007	2.6%	825	2.2%
35 - 39	1,019	2.7%	909	2.4%
40 - 44	1,175	3.1%	1,157	3.0%
45 - 49	1,356	3.6%	1,398	3.7%
50 - 54	1,382	3.6%	1,345	3.5%
55 - 59	1,239	3.3%	1,264	3.3%
60 - 64	1,179	3.1%	1,225	3.2%
65 - 69	1,361	3.6%	1,392	3.7%
70 - 74	1,090	2.9%	1,170	3.1%
75 - 79	785	2.1%	875	2.3%
80 - 84	546	1.4%	633	1.7%
85 - 89	281	0.7%	480	1.3%
90+	149	0.4%	339	0.9%
All Ages	19,388	51.0%	18,658	49.0%

6.1.1. Military Population

As of April 2017, there were 2,320 Armed Forces personnel and entitled civilian personnel with a Defence Medical Services registration in Rutland.⁹ This accounts for 6.1% of the total resident population. Two thirds of those registered with Defence Medical Services were members of the Armed Forces, whereas the remaining third were entitled civilian

personnel. Of all registrations, 51% were for male personnel aged 20-39 and 31% were female personnel.

Figure 2: Military Population Pyramid in Rutland, April 2017⁹



6.2. Deprivation

The wider determinants of health are described and measured within the English Indices of Deprivation 2015.¹⁰ These are a group of measures which gauge different aspects of deprivation. Deprivation is a general lack of resources and opportunities, which includes financial poverty and a range of other aspects such as lack of access to education or good quality housing. The measures are combined into an overall measure of the amount of deprivation in an area called the Index of Multiple Deprivation (IMD), which can be used to compare different local areas.¹¹

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

- Income deprivation, including Income deprivation affecting children (IDACI) and Income deprivation affecting older people (IDAOP);
- Employment deprivation;
- Health deprivation and disability;
- Education, skills and deprivation;
- Barriers to housing and services;
- Crime; and
- Living environment deprivation.

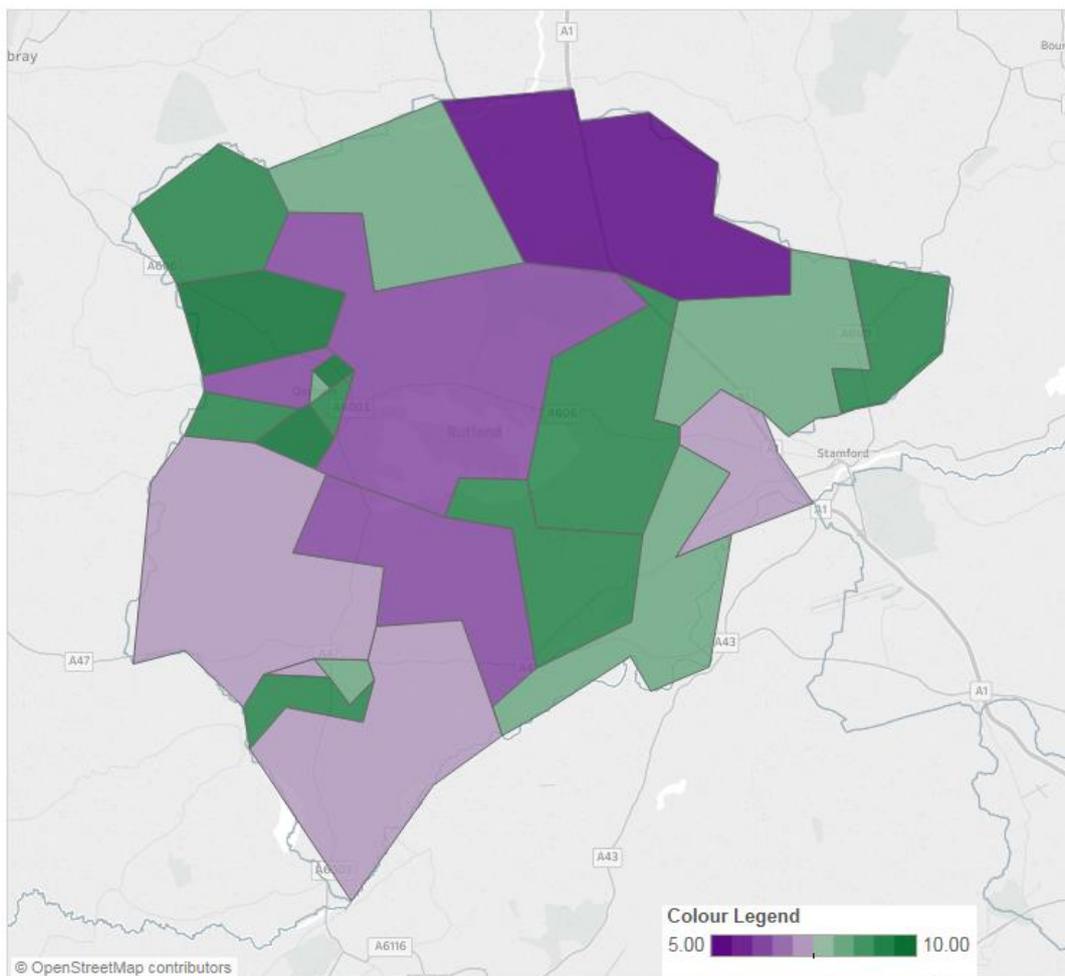
Figure 3 presents the level of deprivation in different areas of Rutland according to the IMD 2015. The data are presented as “deciles” of deprivation - areas of Rutland that fall into the

most deprived tenth (10%) of areas in England are decile 1, those in the second most deprived tenth of areas are decile 2, and so on, through to decile 10 which are areas that are within the least deprived tenth (10%) in England.

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

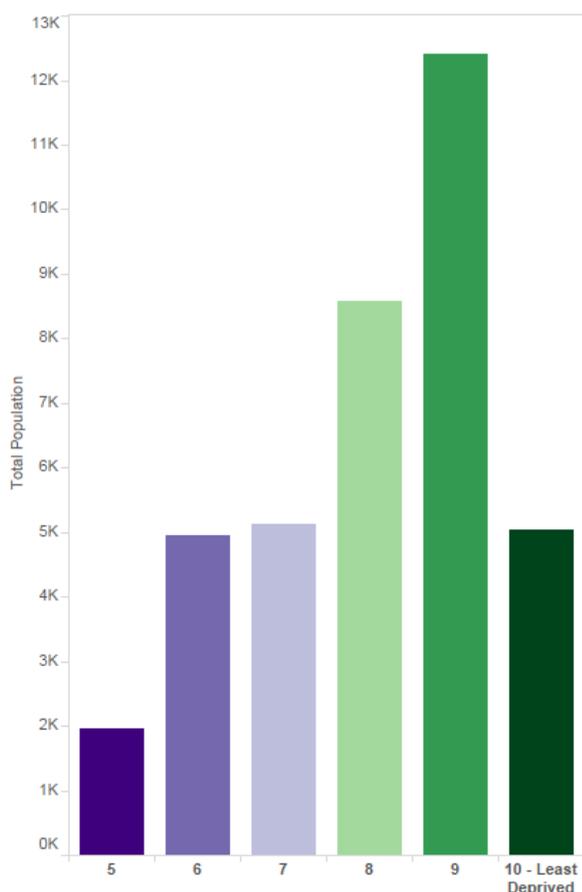
- On a national scale, the population of Rutland is less affected by material deprivation than the average for England, with none of the population in the most deprived 40% of areas nationally.
- The whole population of Rutland falls within the least deprived 60% of areas in the country.
- 46% of the Rutland population live in the least deprived quintile of deprivation, accounting for over 17,000 people.

Figure 3: English Indices of Multiple Deprivation 2015 by national decile



Source: Communities and Local Government, 2015. Produced by the Research and Insight Team, Leicestershire County Council, 2015.

Figure 4: Population and IMD 2015 national decile



6.3. Ethnicity

- The 2011 Census reported that 35,241 people in Rutland were White British, representing 94.3% of the total population. This is higher than the proportion in England of 79.8%.¹²
- 2.3% of the population classed themselves as White Other and 0.6% as White Irish.

6.4. Life expectancy

- Between 2013 and 2015, life expectancy for males in Rutland was 81.8 years and for females was 85.2 years.¹³ This is significantly better than the England average for both males and females.
- Healthy life expectancy for 2013-15 for males was 71.1 years and 70.6 years for females.¹³ This is significantly better than the England average for both males and females.

6.5. Lifestyles

The lifestyle statistics presented below relate to the population of Rutland and they are taken from the Public Health Outcomes Framework:¹³

- In 2015, 11.6% of adults smoked. This is significantly better than the England average.
- In 2015/16, the alcohol related hospital admission rate was 566 per 100,000 (224 admissions). This is significantly better than the England average.
- In 2013-15, 67.3% of adults were overweight or obese. This is significantly worse than the England average.
- In 2015/16, 22.9% of children aged 4-5 years were overweight or obese. This is similar to England average.
- In 2015/16, 31.4% of children aged 10-11 years were overweight or obese. This is similar to the England average.
- In 2015, 25.3% of adults were physically inactive. This is similar to the England average.
- In 2015/16, 12.7% of people reported a high anxiety score for self-reported wellbeing. This is significantly better than the England average.

6.6. Burden of disease in the population

The 2015-16 Quality and Outcomes Framework Data collected by GPs gives a good indication of the numbers of patients that GPs are seeing with long term conditions.¹⁴ In Rutland there were (Table 5):

- 6,046 people on GP hypertension registers, 16.5% of the total population. This is significantly higher than the England prevalence of 13.8%.
- 2,199 people on GP asthma registers, 5.99% of the total population. This is similar to the England prevalence of 5.91%.
- 1,981 people on GP diabetes registers, 6.7% of the population aged 17 years and over. This is similar to the England prevalence of 6.5%.
- 1,983 people on GP depression registers, 6.9% of the population aged 18 years and over. This is significantly lower than the England prevalence of 8.3%.
- 1,345 people on GP coronary heart disease registers, 3.7% of the total population. This is significantly higher than the England prevalence of 3.2%.
- 1,238 people on GP cancer registers, 3.4% of the total population. This is significantly higher than the England prevalence of 2.4%.

Table 5: GP recorded disease prevalence in Rutland

Disease prevalence			
Quality and Outcomes Framework (QOF) for April 2015 - March 2016			
<i>Data Source: http://www.content.digital.nhs.uk/catalogue/PUB22266 (Accessed 02/03/2017)</i>			
		Significantly lower than England average	
		Not significantly different from England average	
		Significantly higher than England average	
Area		England	Rutland
Number of practices		7,620	4
List sizes		57,549,410	36,729
Estimated list size population aged 16+		45,685,713	28,939
Estimated list size population aged 17+		46,335,291	29,605
Estimated list size population aged 18+		45,685,713	28,939
Estimated number 50+		20,473,472	16,645
Numbers on QOF disease registers and raw prevalence rates			
Atrial Fibrillation	Register counts	983,254	995
	Raw prevalence	1.71%	2.71%
Coronary Heart Disease	Register counts	1,839,330	1,345
	Raw prevalence	3.20%	3.66%
Cardiovascular Disease Primary Prevention (ages 30-74)	Register counts	340,781	226
	Raw prevalence	0.59%	0.62%
Heart Failure	Register counts	434,904	417
	Raw prevalence	0.76%	1.14%
Heart Failure due to LSVD	Register counts	140,250	117
	Raw prevalence	0.24%	0.32%
Hypertension	Register counts	7,949,274	6,046
	Raw prevalence	13.81%	16.46%
Peripheral Arterial Disease(PAD)	Register counts	352,545	223
	Raw prevalence	0.61%	0.61%
Stroke or Transient Ischaemic Attacks (TIA)	Register counts	998,774	772
	Raw prevalence	1.74%	2.10%
Asthma	Register counts	3,400,679	2,199
	Raw prevalence	5.91%	5.99%
Chronic Obstructive Pulmonary Disease	Register counts	1,066,471	686
	Raw prevalence	1.85%	1.87%
Obesity (ages 16+)	Register counts	4,317,919	3,009
	Raw prevalence	9.45%	10.40%
Cancer	Register counts	1,392,577	1,238
	Raw prevalence	2.42%	3.37%
Chronic Kidney Disease (ages 18+)	Register counts	1,872,808	1,353
	Raw prevalence	4.10%	4.68%
Diabetes Mellitus (Diabetes) (ages 17+)	Register counts	3,033,529	1,981
	Raw prevalence	6.55%	6.69%
Palliative Care	Register counts	195,573	516
	Raw prevalence	0.34%	1.40%
Dementia	Register counts	436,805	327
	Raw prevalence	0.76%	0.89%
Depression (ages 18+)	Register counts	3,775,531	1,983
	Raw prevalence	8.26%	6.85%
Epilepsy (ages 18+)	Register counts	366,944	204
	Raw prevalence	0.80%	0.56%
Learning Disabilities	Register counts	263,588	147
	Raw prevalence	0.46%	0.40%
Mental Health	Register counts	518,320	251
	Raw prevalence	0.90%	0.68%
Osteoporosis (ages 50+)	Register counts	64,426	74
	Raw prevalence	0.31%	0.44%
Rheumatoid Arthritis (ages 16+)	Register counts	345,064	199
	Raw prevalence	0.76%	0.69%

7. Local Health Needs

Health profiles are published annually by Public Health England and provide a useful snapshot of the health needs of the local population. The health profile for Rutland is included in Appendix C. The key findings are summarised in Figure 5.

An extract from the Health Profiles is included below:¹⁵

“The health of people in Rutland is generally better than the England average. Rutland is one of the 20% least deprived districts/unitary authorities in England, however about 9% (500) of children live in low income families. Life expectancy for both men and women is higher than the England average.

In Year 6, 15.7% (53) of children are classified as obese, better than the average for England. Levels of teenage pregnancy, GCSE attainment and breastfeeding initiation are better than the England average.

The rate of alcohol-related harm hospital stays is 566*, better than the average for England. This represents 224 stays per year. The rate of self-harm hospital stays is 127*, better than the average for England. This represents 47 stays per year. The rate of smoking related deaths is 192*, better than the average for England. This represents 51 deaths per year. Estimated levels of adult excess weight are worse than the England average. Estimated levels of adult physical activity are better than the England average. The rate of people killed and seriously injured on roads is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of violent crime, long term unemployment, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Priorities in Rutland include giving children the best start in life, enabling people to take responsibility for their health, helping people to live longer and healthier lives, and making services more accessible.”¹⁵

(* is rate per 100,000 population)

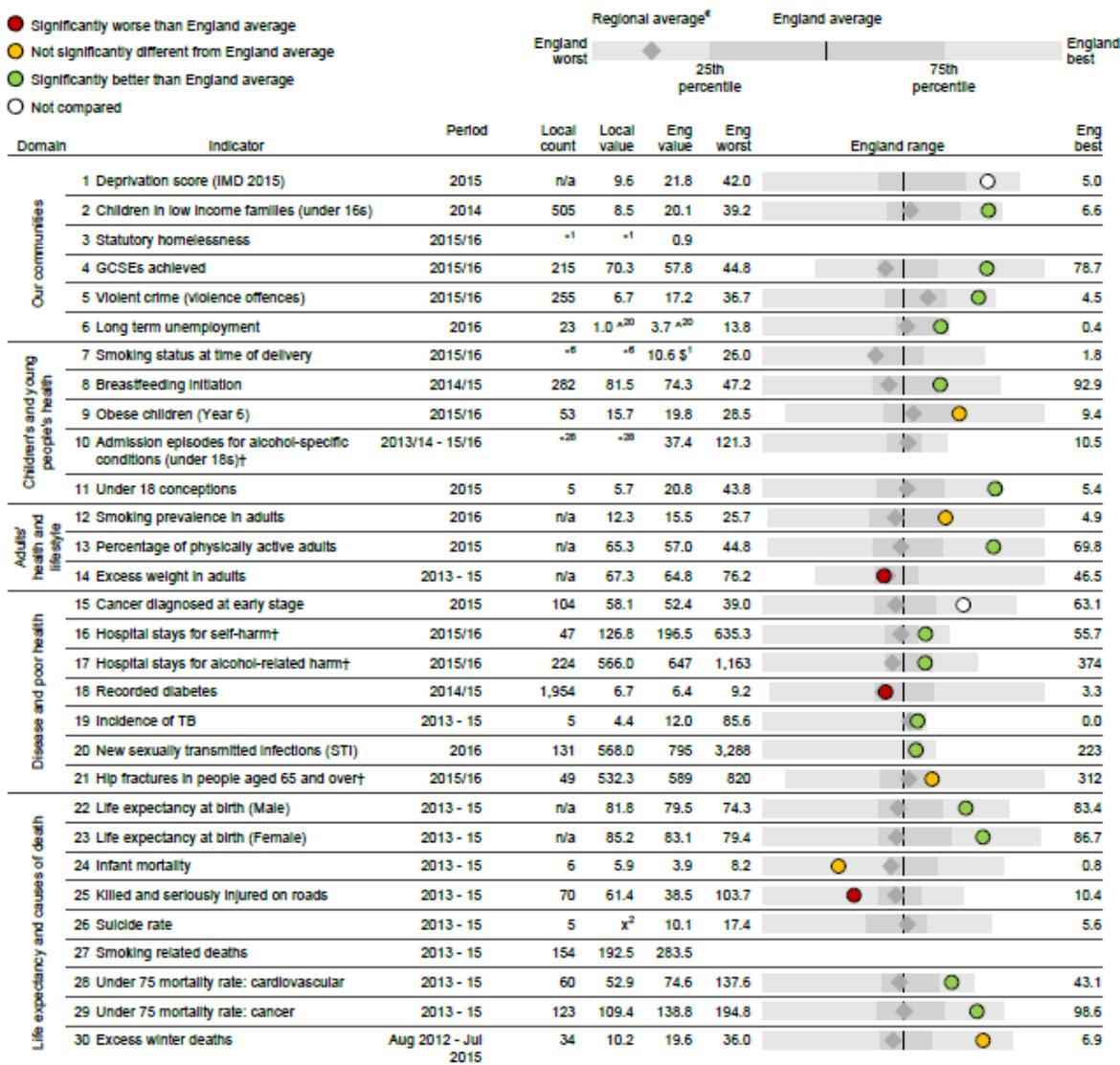
Appendix B – 2017 Health profile for Rutland

Figure 5: Summary from health profile for Rutland, 2017

Health summary for Rutland

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

*1 Value suppressed for disclosure control due to small count *6 Value for Leicestershire and Rutland combined *28 Value suppressed for disclosure control reasons *20 Value based on an average of monthly counts x² Value cannot be calculated as number of cases is too small \$¹ There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

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Rutland - 4 July 2017

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8. Rutland's Health and Wellbeing Priorities

The Joint Health and Wellbeing Strategy for Rutland was published in 2016.⁶ The strategy is the Health and Wellbeing Board's response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment.⁵ It sets out the vision for 'Integrated health and social care services to support our communities to live healthy, independent and safe lives.' Three priorities have been identified that partners will focus their work around:

- Priority 1: Extending life expectancy – in particular targeting people aged 45 to 65 to help make sure they enter older life healthier and stay healthier for longer;
- Priority 2: Reducing inequalities – reduce inequalities of those in the community who have poorer health than most other people so everyone has the chance to live healthily.
- Priority 3: Health and Social Care Integration – to make sure that those who are most at risk get the right combination of care and support in the right place at the right time.

9. Community Pharmacy in 2016/17 and Beyond

The landscape of health care in Leicester, Leicestershire and Rutland is changing through local and national policy development which is underway, but their full impact on Community Pharmacy is not yet known. Appendix F provides a brief overview of the current developments.

9.1. Leicester, Leicestershire and Rutland Sustainability and Transformation Plan

Sustainability and Transformation Plans (STPs) are five-year plans covering all NHS spending in England, stemming from NHS England's Five Year Forward View¹⁶. Leicester, Leicestershire and Rutland's draft STP¹⁷, for developing local health and social care services over the next five years, was published in November 2016. The LLR population is getting older, and as such, people often have more long term illnesses that need managing. The plan states that some services are not currently consistently delivering the quality and access of care wanted for local people. The draft STP for Leicester, Leicestershire and Rutland details how those challenges can be tackled and contains a number of proposals.

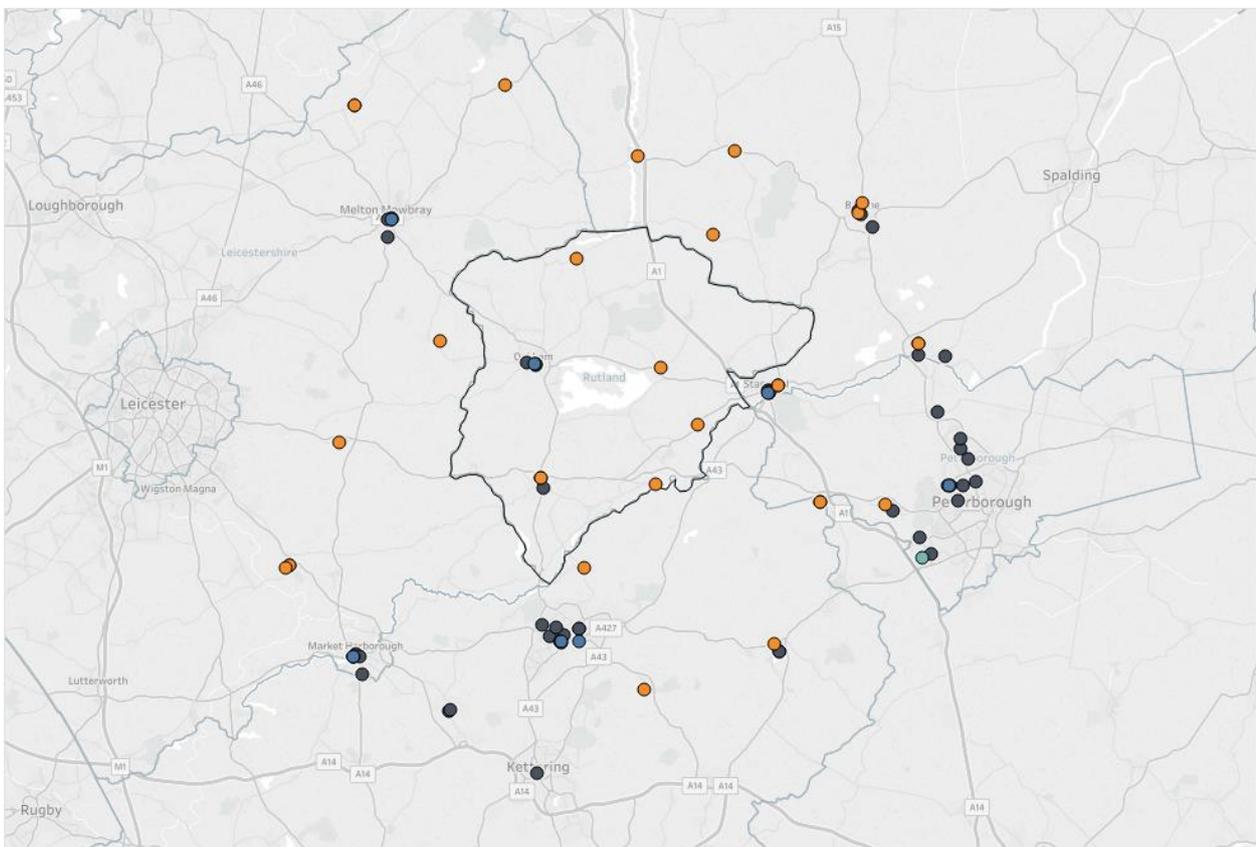
CURRENT PHARMACEUTICAL PROVISION

The information about services presented in this report refers to the status of services on 31st March 2017. Where services have changed significantly in the past 12 months this is referenced in the report but the baseline date for the presented data is fixed at this date.

10. Location of pharmacies

Figure 6 shows the location and type of services in and around Rutland. Rutland has six pharmacies and five dispensing GP locations, comprising of three main practices and two branch practices. Both branches have the main practices in Rutland. One main surgery has a branch in Leicestershire. There is one 100 hour pharmacy. The pharmacies are all in the towns of Oakham and Uppingham while the dispensing GPs are in more rural areas.

Figure 6: Rutland pharmaceutical services and GP dispensing practices, as of 31st March 2017



- Description
- 100-hour pharmacy
 - Appliance Contractor
 - Dispensing GP Practice
 - Pharmacy

Overall, Rutland has 1.6 community pharmacies per 10,000 population. In 2015/16 there were 11,688 pharmacies in England.¹⁸ With a population of 54,786,327 people in 2015,¹² the average community pharmacies for England is 2.1 per 10,000 population. Rutland is a rural area, so it would be unrealistic to expect the same overall coverage of pharmacies per 10,000 population as England. Local knowledge indicates that Rutland residents in the east of the county are likely to travel across the border to access health services. This infers that more services are potentially available than quoted and the figure is likely to be an underestimate.

Combining community pharmacies (excluding internet pharmacies) and dispensing GPs, as the contractors that are able to provide local residents with dispensing services, gives a better indication of the total population coverage for Rutland. In mid-2015, there were 1,050 dispensing GPs in England.¹³ When combined with the number of pharmacies, this gives an England average of 2.3 contractors per 10,000 population. Rutland has 2.9 pharmacies and dispensing GP surgery locations per 10,000 population. This is higher than the England average.

10.1. Local Pharmaceutical Service (LPS) contract

NHS England commissions no LPS contracts for Rutland.

10.2. Distance Selling Pharmacies

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

10.3. Comparison to Pharmaceutical Needs Assessment 2015

Since the Pharmaceutical Needs Assessment 2015, between 1st April 2015 and 31st March 2017, one pharmacy changed ownership, ensuring the counts of pharmacies in Rutland remained stable.

11. Services available in Rutland

11.1. Essential services

Essential services are provided by all pharmacies in Rutland, including internet pharmacies, as part of the NHS Community Pharmacy Contractual Framework. These services are managed by NHS England. They include: dispensing, repeat dispensing, clinical governance, promotion of healthy lifestyles, disposal of unwanted medicines,

signposting and support for self-care (see Table 1).

11.1.1. Opening hours

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

Pharmacies across Rutland are open at varying times, providing a service somewhere in the county at almost all times: between 7am and 10pm Monday to Thursday and between 7am and 11pm Friday to Saturday, and supported by the 100-hour pharmacy in Oakham. The 100-hour pharmacy is open on Sundays between 10am and 6pm and Boots on the High Street in Oakham is also open on a Sunday, between 11am and 3pm.

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

11.1.2. Prescribing activity

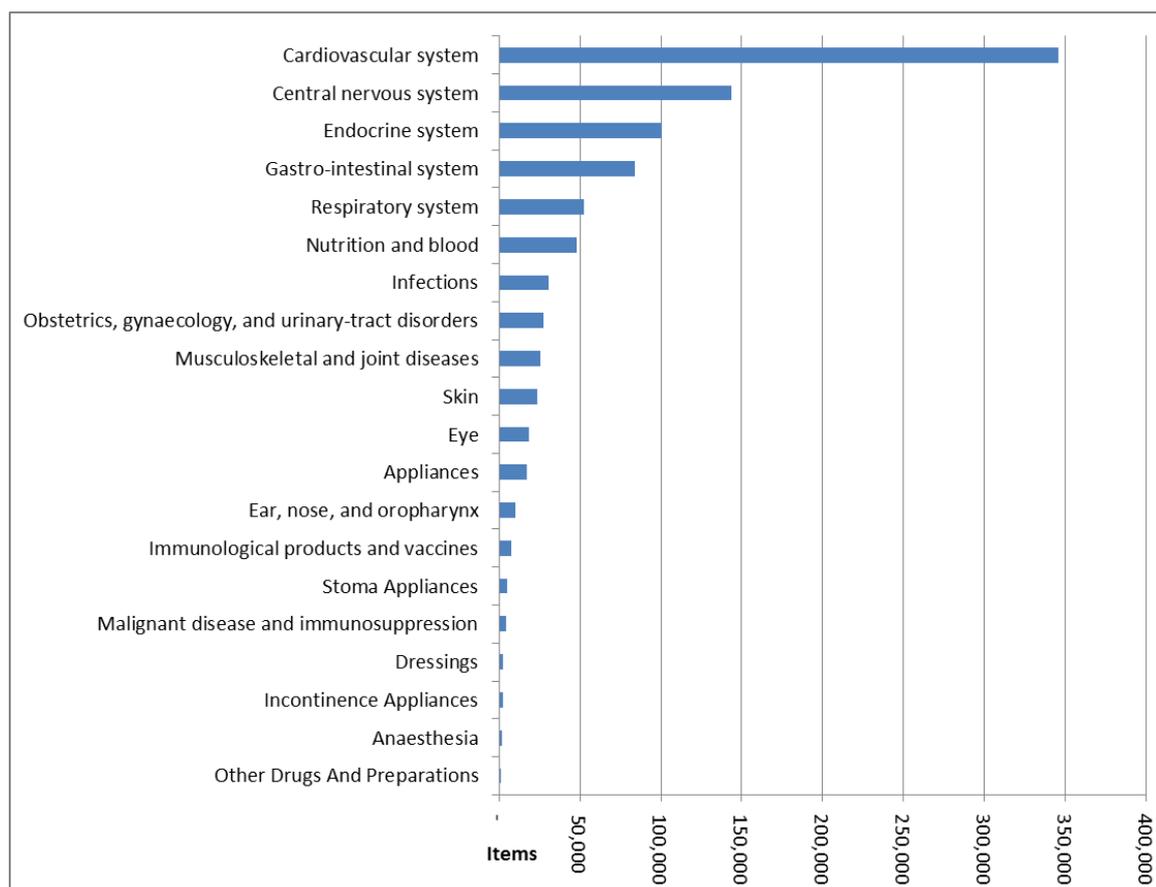
GP practices in Rutland prescribed over 950,000 items in 2016/17.¹⁹ This is almost 26 items per head of registered population²⁰. The largest proportion was drugs for the cardiovascular system which includes treatments for high cholesterol and hypertension. Drugs for the central nervous system include anti-depressants; those for the endocrine system include treatments for diabetes. More details are shown in Table 6 and Figure 7.

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

Table 6: Number of items prescribed for Rutland in 2016/17

Items prescribed	Registered pop (April 2016)	Items per head population
951,406	36,729	25.9

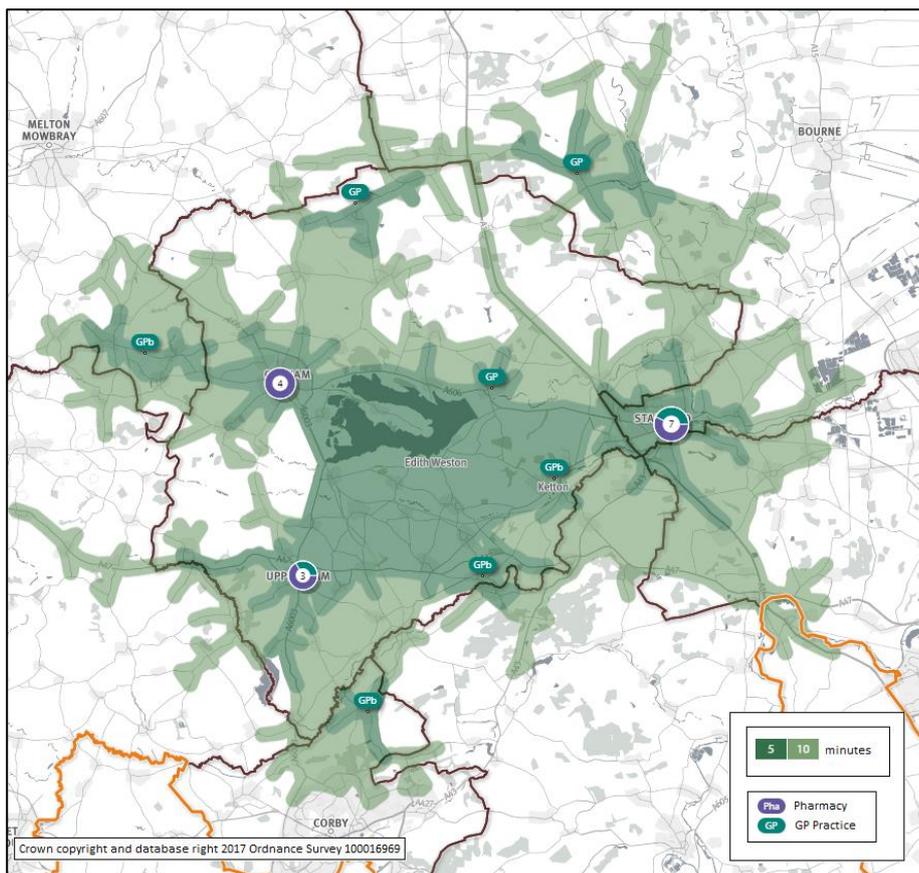
Figure 7: Prescribing activity by BNF chapter for Rutland in 2016/17



11.1.3. Drive and walk time analysis

Using the Strategic Health Asset Planning and Evaluation (SHAPE) Place tool²¹ it is possible to analyse how long it takes to walk or drive from any Lower Super Output Area in Rutland (LSOA) to the nearest pharmacy or dispensing GP practice location in Rutland. Please note, pharmacies or dispensing GPs outside of the Rutland boundary have not been included in this analysis. The drive-time map for Rutland pharmacies is shown in Figure 8.

Figure 8: Drive time to nearest pharmacy



Although large parts of the county appear to be outside of the 10 minute drive boundary, this does not account for a high proportion of the population, with less than 20% of the population living more than a 10 minute drive away from their nearest pharmacy or dispensing GP practice location (Table 7).

Table 7: Population by drive-time in Rutland

Less than 5 minutes		5-10 minutes		More than 10 minutes	
Number	Percent	Number	Percent	Number	Percent
23,865	62.7%	6,723	17.7%	7,458	19.6%

Table 8 and Figure 9 illustrate walking times to pharmacies in the county. Overall, over 49% of the county’s population live more than a 15 minute walk from a pharmacy or dispensing GP practice, 17% live between 9 and 15 minutes’ walk and 34% live within a 9 minute walk time.

Figure 9: Walking time to the nearest pharmacy

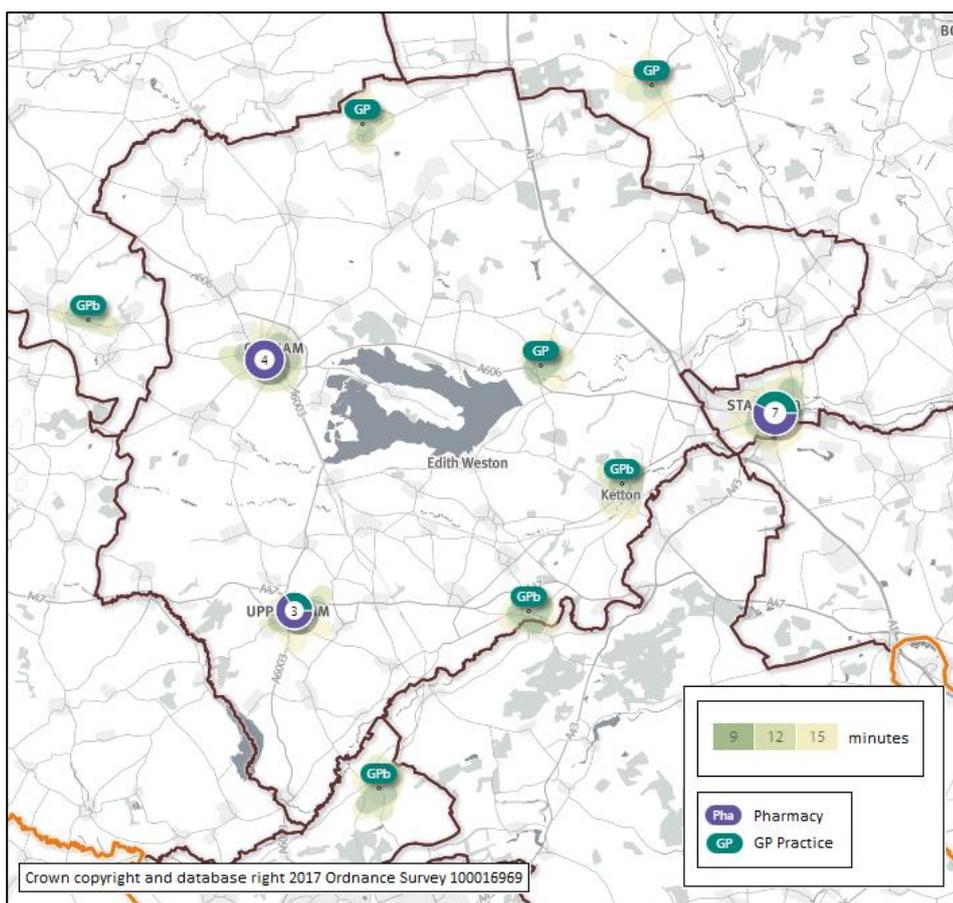


Table 8: Population by walk-time in Rutland

Less than 9 minutes		9-15 minutes		More than 15 minutes	
Number	Percent	Number	Percent	Number	Percent
12,888	33.9%	6,623	17.4%	18,535	48.7%

11.1.4. Access and populations affected by deprivation

Table 9 and Table 10 show drive and walk times respectively for the population living in areas classified into local deprivation quintiles. This demonstrates that:

- 52% of those living in the most deprived areas in Rutland are within a 5 minute drive of a pharmacy or dispensing GP practice;
- 28% of those living in the most deprived areas are more than a 10 minute drive from a pharmacy or dispensing GP practice; and

- 63% of people living in Rutland’s most deprived areas live more than a 15 minute walk from the nearest pharmacy or dispensing GP practice.

Table 9: Estimated population by deprivation quintile and drive times

Deprivation quintile	Less than 5 minutes		5-10 minutes		More than 10 minutes	
	Number	Percent	Number	Percent	Number	Percent
Quintile 1 - most deprived	-		-		-	
2	-		-		-	
3	3,609	52.3%	1,339	19.4%	1,954	28.3%
4	5,589	40.8%	4,149	30.3%	3,966	28.9%
Quintile 5 - least deprived	14,667	84.1%	1,235	7.1%	1,538	8.8%

Table 10: Estimated population by deprivation quintile and walk time

Deprivation quintile	Less than 9 minutes		9-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent
Quintile 1 - most deprived	-		-		-	
2	-		-		-	
3	2,541	36.8%	-	0.0%	4,361	63.2%
4	4,281	31.2%	3,019	22.0%	6,404	46.7%
Quintile 5 - least deprived	6,066	34.8%	3,604	20.7%	7,770	44.6%

11.1.5. Access and people by age profile

Table 11 and Table 12 show drive and walk times respectively for the estimated population belonging to age band.

- Most of Rutland’s population (63%) live within a 5 minute drive of a pharmacy or dispensing GP practice. This is higher for the population aged 85 and over (67%) compared with 61% of the population aged 65-84 years.
- 34% of the population in Rutland live less than a 9 minute walk from their nearest pharmacy or dispensing GP practice. This is higher for the population aged 15-24 years (45%), compared with 31% of the population aged 65-84 years.

Table 11: Estimated population by age and drive time

Age-band	Less than 5 minutes		5-10 minutes		More than 10 minutes	
	Number	Percent	Number	Percent	Number	Percent
0-14	3,922	66.7%	986	16.8%	972	16.5%
15-24	3,326	70.6%	595	12.6%	787	16.7%
25-64	10,954	59.7%	3,404	18.5%	3,999	21.8%
65-84	4,824	61.4%	1,554	19.8%	1,474	18.8%
85+	839	67.2%	184	14.7%	226	18.1%

Table 12: Estimated population by age and walk time

Age-band	Less than 9 minutes		9-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent
0-14	2,254	38.3%	1,110	18.9%	2,516	42.8%
15-24	2,130	45.2%	530	11.3%	2,048	43.5%
25-64	5,604	30.5%	3,231	17.6%	9,522	51.9%
65-84	2,412	30.7%	1,501	19.1%	3,939	50.2%
85+	488	39.1%	251	20.1%	510	40.8%

11.1.6. Access and rurality

Table 13 and Table 14 show drive and walk times respectively for the estimated population by Rural Urban Classification²². This illustrates that:

- 100% of those living in 'urban city and town' and 'rural town and fringe' areas in Rutland are within a 10 minute drive of a pharmacy or dispensing GP practice
- 32% of those living in 'rural village and dispersed' areas are more than a 10 minute drive from a pharmacy or dispensing GP practice.
- 100% of those living in 'rural village and dispersed' areas in Rutland are more than a 15 minute walk from a pharmacy or dispensing GP practice.

Table 13: Estimated population by rurality and drive times

Rurality	Less than 5 minutes		5-10 minutes		More than 10 minutes	
	Number	Percent	Number	Percent	Number	Percent
Urban city and town	11,938	100.0%	-	0.0%	-	0.0%
Rural town and fringe	7,295	61.5%	1,711	14.4%	2,852	24.1%
Rural village and dispersed	4,632	32.5%	5,012	35.2%	4,606	32.3%

Table 14: Estimated population by rurality and walk times

Rurality	Less than 9 minutes		9-15 minutes		More than 15 minutes	
	Number	Percent	Number	Percent	Number	Percent
Urban city and town	8,334	69.8%	3,604	30.2%	-	0.0%
Rural town and fringe	4,554	38.4%	3,019	25.5%	4,285	36.1%
Rural village and dispersed	-	0.0%	-	0.0%	14,250	100.0%

11.1.7. Public transport

There are public transport services available across the county – currently including 4 services that operate hourly, 4 services that operate 2 hourly, and a number of less frequent rural services. These can be viewed on the Rutland County Council website:

<https://www.rutland.gov.uk/my-community/transport/bus-times-and-travel/>

Due to the rural nature of Rutland, the majority of these bus services require financial support from Rutland County Council (and in some cases, from neighbouring authorities) in order to operate.

In addition to the conventional fixed route bus services operating in the county, Rutland County Council currently supports a Demand Responsive Transport (DRT) service that runs only in response to pre-booked requests. This service is known as CallConnect and covers the eastern half of the county as well as crossing the county border to Stamford in Lincolnshire.

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

In addition to the bus services Rutland has one rail station in Oakham providing (approximately hourly) links to the cities of Leicester, Birmingham, Cambridge and Peterborough, as well as to Stansted Airport. At the time of writing Oakham also sees daily services to and from London serving Corby, Kettering, Wellingborough, Bedford, and Luton.

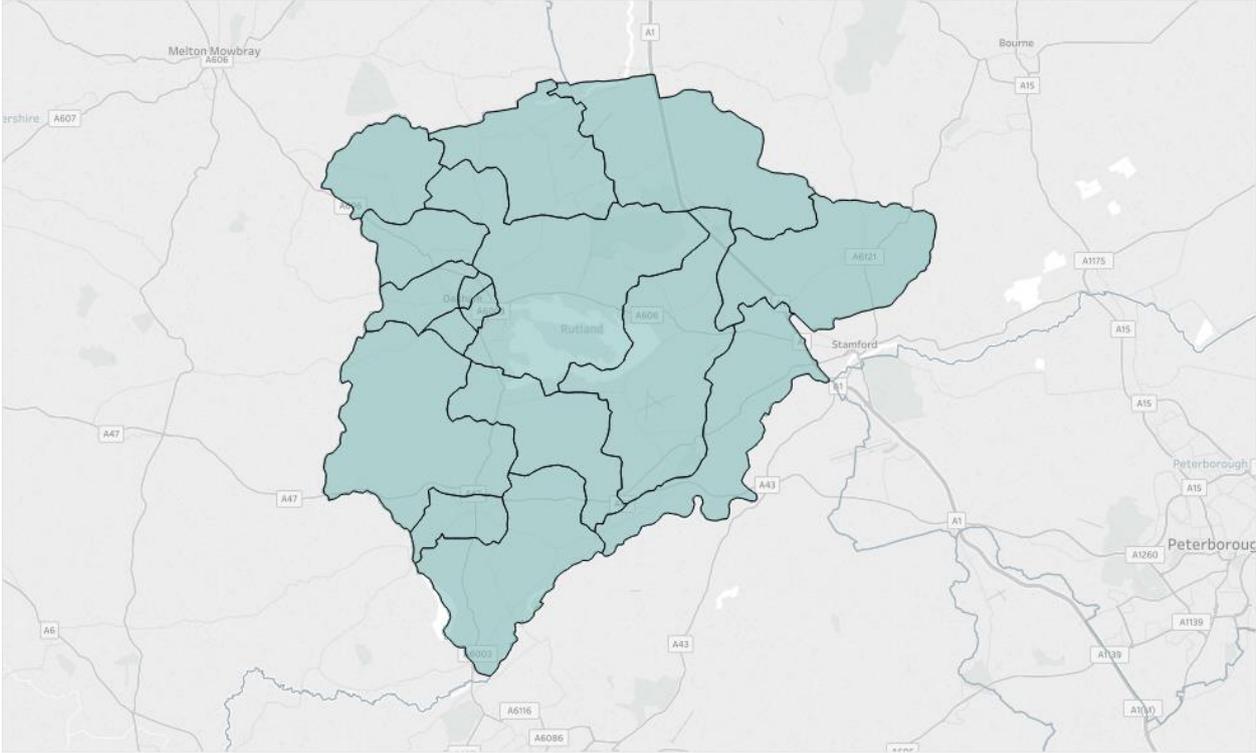
Rutland County Council is currently preparing their fourth local transport plan, this is setting out their transport vision for the county up to 2036. The draft document will be released for consultation later in the 2018.

11.1.8. Access and language

The 2011 Census found that the main language spoken throughout all Middle Super Output Areas (MSOAs) in Rutland was English.¹² However, understanding the proficiency of English and other languages spoken by the population of Rutland is essential to ensure the population is able to access the appropriate service to treat their health needs.

Figure 10 shows throughout all areas of Rutland the percentage of the population who cannot speak English well or cannot speak English at all is significantly lower than the national average. To further understand the gaps in language provision, Figure 11 examines the second most prevalent language spoken throughout the MSOAs in Rutland. The figure shows that throughout the county, Polish, Chinese and French is the second most prevalent language in areas of Rutland.

Figure 10: English Proficiency (the percentage of people that cannot speak English well or at all) in Rutland, 2011¹²



Key
■ Significantly Lower than England Average

Figure 11: Second most prevalent language throughout Middle Super Output Areas in Rutland, 2011¹²



In the PNA engagement activity (described in PNA professional results) of the two respondents that answered the questions about languages spoken by pharmacy staff, two pharmacies spoke Punjabi, one spoke Urdu and one spoke Gujarati. Of those who reported to speaking these languages, the opening hours were covered by a Gujarati speaker 90% of the time, an Urdu speaker 90% of the time and a Punjabi speaker 78% of the time.

Polish is the second most common language in Rutland with 0.2% of the population (90 individuals) classifying it as their main language. Responders to the PNA Professional Questionnaire reported that no pharmacies in Rutland employed staff who could speak Polish. The absence of Polish spoken by staff in the county represents a potential barrier to access for this community.

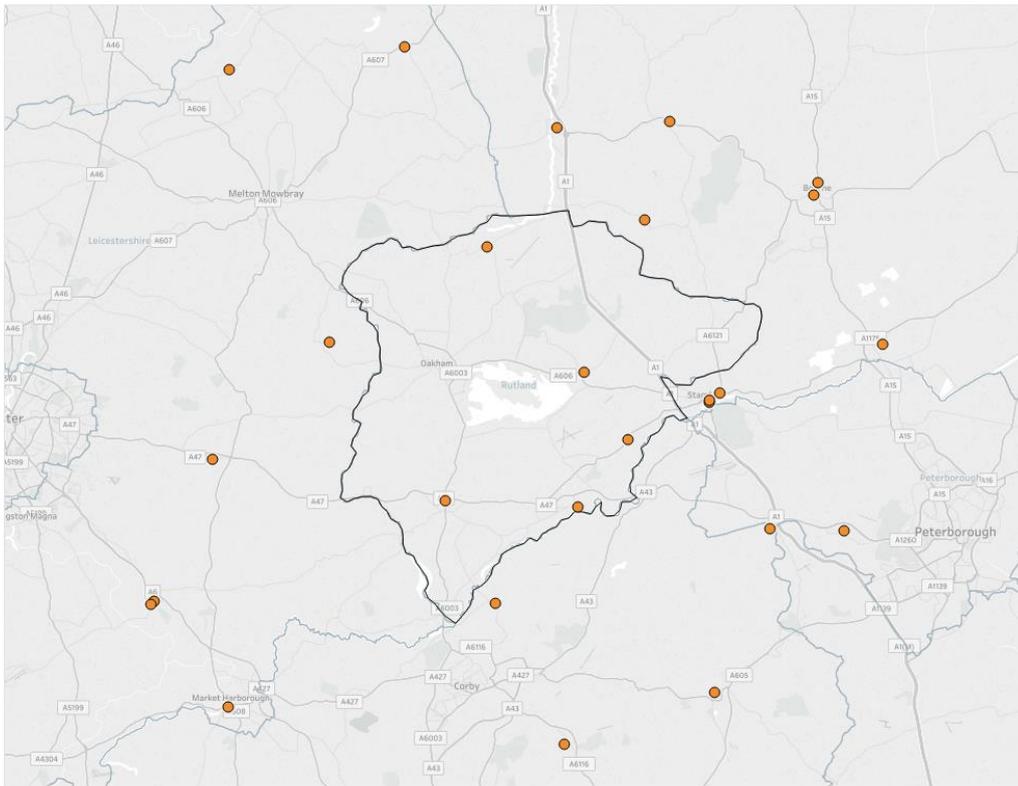
11.1.9. GP Dispensing

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

Patients may at any time request in writing that their GP practice provides them with pharmaceutical services. The practice should then check that they meet one of the conditions to be designated a dispensing practice. The purpose of GP dispensing is to recognise the difficulties of providing a full range of essential pharmacy services in rural areas and to provide the patients that live in rural areas with an alternative provider for dispensing services. Rutland has three dispensing GPs which dispense from five different practice locations, as they are able to dispense from their branch and their main surgeries, illustrated in Figure 12. The areas that are designated as rural in Figure 13 represent the controlled localities in Rutland.

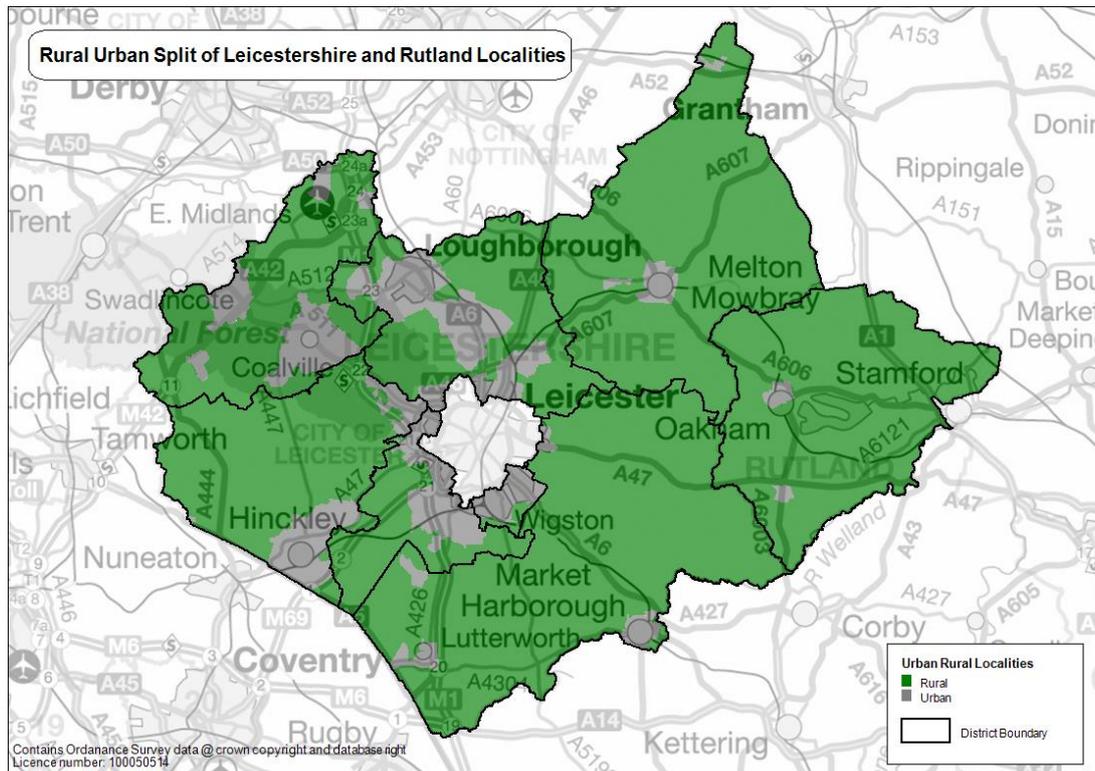
The dispensing GP surgeries are spread across the localities and whilst a patient may live over a 15 minute walk or 20 minute drive time to their nearest pharmacy or dispensing GP surgery, there is a strong correlation between the walk time analysis and the rural area designation. Designated patients in need of dispensing services will be able to access these as part of their GP visit; but the opening times of GP surgeries will restrict this. The drive and walk time analysis within this report includes the time it will take the people of Rutland to get to either a community pharmacy or a dispensing GP surgery.

Figure 12: Dispensing GP practices



Description
 ■ Dispensing GP Practice

Figure 13: Urban and rural areas, Leicestershire and Rutland



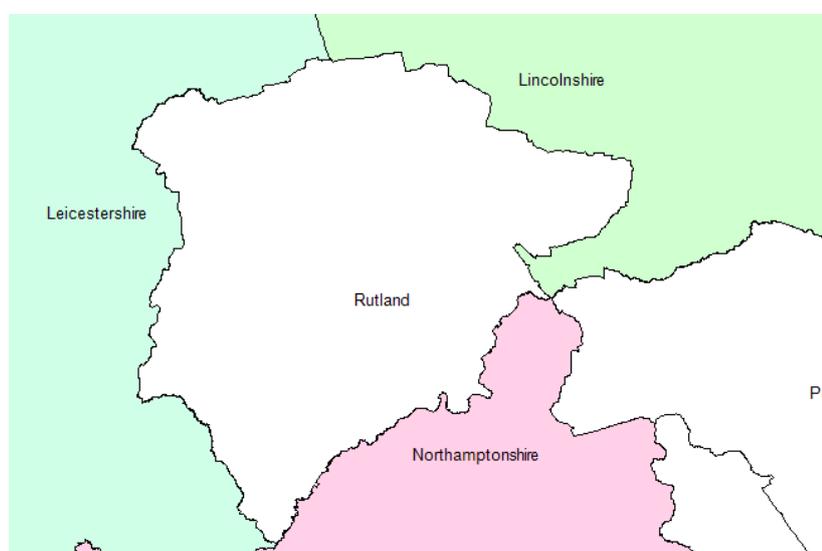
11.1.10. Cross border issues

The population of Rutland are able to access pharmacy services from any community or distance selling pharmacy that they choose. This means that they can choose to access services that are near their homes but in another county or unitary authority, services that are near their work or, in the case of internet pharmacies, any registered provider. For this needs assessment, distance for cross border analysis has not been completed.

The boundaries that have been considered are illustrated in Figure 14.

The Health and Wellbeing Board is a statutory consultee for the PNAs developed in these areas. The most recent published draft PNAs (2018) for each area have been used to assess the impact of neighbouring pharmacy provision on the population of Rutland.

Figure 14: Rutland neighbouring local authorities



- **Leicestershire** – The Leicestershire PNA concludes that “community based pharmacies are meeting the current needs of the Leicestershire population for essential and advanced services.”
- **Lincolnshire** – Lincolnshire shares a border with Melton District. The draft 2018 Lincolnshire PNA concludes that no gaps have been identified in the provision of essential, advanced and enhanced services across the HWB areas.
- **Northamptonshire** — Northamptonshire borders Harborough district. The draft 2018 PNA for Northamptonshire concluded that the provision of essential, advanced and enhanced services appears adequate to meet the population’s

current needs. With regard to the housing that is due to be built during the lifetime of the PNA document, the Northamptonshire Health and Wellbeing Board, the Health and Wellbeing Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies.

- **Peterborough** – Peterborough shares a small part of its border with Rutland. The draft 2018 PNA for Peterborough found “there is currently sufficient pharmaceutical service provision across Peterborough.” However several large-scale housing developments are in progress and the HWB will monitor the development of major housing sites to ensure that appropriate information is available to determine whether additional pharmaceutical services provision might be required.

11.1.11. Stakeholder views

Rutland County Council will undertake an engagement exercise to ask stakeholders of pharmacy services and providers of pharmacy services to tell us their views on the services that they access. The findings will be available in the following appendices:

Appendix E – Professionals Pharmacy Questionnaire Summary Report

Appendix H – Statutory Consultation Summary Report

Appendix K – PNA Easy Read Document

In addition, detailed comments were made by members of the Reference Group and in written submission from the LPC and NHS England on the draft PNA 2018. The intelligence leads for the PNA also attended meetings with the CCGs to provide updates on the 2018 PNA process.

11.1.12. PNA Stakeholder Results for Rutland

In total, nine people from Rutland responded to the public questionnaire.

- Of those three individuals who answered the demographic profile questions, 67% of responders were female and 33% were male. 100% were aged between 55 to 74 years and 100% of responders were white. 67% stated that they had a long-standing illness, disability or infirmity.
- Three respondents (33%) were members of the public, and three (33%) were pharmacists or appliance contractors.

- Respondents were asked to what extent they agreed or disagreed that the purpose of the PNA was clearly explained in the draft. The majority said they agreed (89%), and no respondent disagreed.
- Respondents were asked to what extent they agreed or disagreed that the draft PNA adequately reflects the current community pharmacy provision in Rutland. The vast majority said they agreed (75%), and no respondent disagreed.
- Respondents were asked whether there are any pharmaceutical services currently provided in Rutland that were not highlighted within the draft PNA. Only one respondent provided a response, and said 'No'.
- Respondents were asked to what extent they agreed or disagreed that the needs of the population of Rutland have been adequately reflected in the draft PNA. The majority said they agreed (89%), whereas one respondent disagreed. The respondent of who said 'Tend to disagree' specified the proposed development at St Georges Barracks, which could increase the population significantly.
- Respondents were asked whether there are any gaps or issues in pharmaceutical provision in Rutland that have not been reflected in the draft PNA. Two said 'Yes', and one said 'No'. Respondents were then asked 'If yes, what are these?' One respondent said the draft PNA and pharmacy provision must focus on the potential increase of the population due to the proposed development at St Georges Barracks, and one said the PNA should reflect on the provision of extended hours.
- Respondents were asked to what extent they agreed or disagreed with the recommendations in the draft PNA. The majority said they agreed (75%), and no respondent disagreed. Respondents were then asked 'Why do you say this?' Three respondents said the draft PNA covered the needs of the population well. However one respondent said the draft PNA and pharmacy provision must improve provision for end of life care, the rurally isolated population and provide Out of Hours services to reduce travel times. One respondent said merging pharmacies may be difficult.
- Respondents were asked whether anything else should be included in the PNA. Four respondents provided a response, all of which said 'No'.

No respondents answered the Easy Read version of the questionnaire.

11.1.13. Professionals Pharmacy Questionnaire for Rutland

Overall the total number of professionals who responded to the questionnaire across

Leicester City, Leicestershire and Rutland was 105. The total number who responded to the professional questionnaire within Rutland was five.

- Five respondents felt that the number of pharmacies in the local area was adequate or better.
- Five respondents felt that the range of services provided by pharmacies in the local area was adequate or better.
- Five respondents felt that the location of pharmacies in the local area was adequate or better.
- Four respondents felt that there was no need for more pharmacies in the local area, one respondent did not know.

11.2. Advanced services

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

There are 5 advanced services:

- Medicines Use Reviews (MUR)
- New Medicines Service (NMS)
- Stoma Customisation
- Appliance Use Reviews
- Seasonal Influenza (flu) Vaccination Programme

Table 15 shows the number of community pharmacies offering each service. Of the six pharmacies in Rutland, six are offering Medicines Use Reviews, the New Medicines Service and the Seasonal Influenza Vaccination Programme. No pharmacies are offering Stoma Customisation or Appliance Use Reviews. Where a new pharmacy opened in the

same location as a closed pharmacy, the number of each advanced service delivered was totalled to accurately reflect counts of activity.

As the NHS Urgent Medicine Supply Advanced Service (NUMSAS) is currently a pilot and the sustainability of this service is unknown, this Advanced Service has not been included in the PNA.

Table 15: Advanced services in Rutland

Advanced services in community pharmacies					
Total Pharmacies	Medicines Use Reviews	New Medicines Service	Stoma customisation	Appliance Use Reviews	Seasonal Influenza (Flu Vaccination Programme)
6	6	6	0	0	6

11.2.1. Medicines Use Reviews

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

The MUR consists of a single consultation, usually taking place at the community pharmacy. All six pharmacies in Rutland are providing MURs. In 2016/17, a total of 2,137 Medicines Use Reviews were carried out, a rate of 56.2 MURs per 1,000 population.

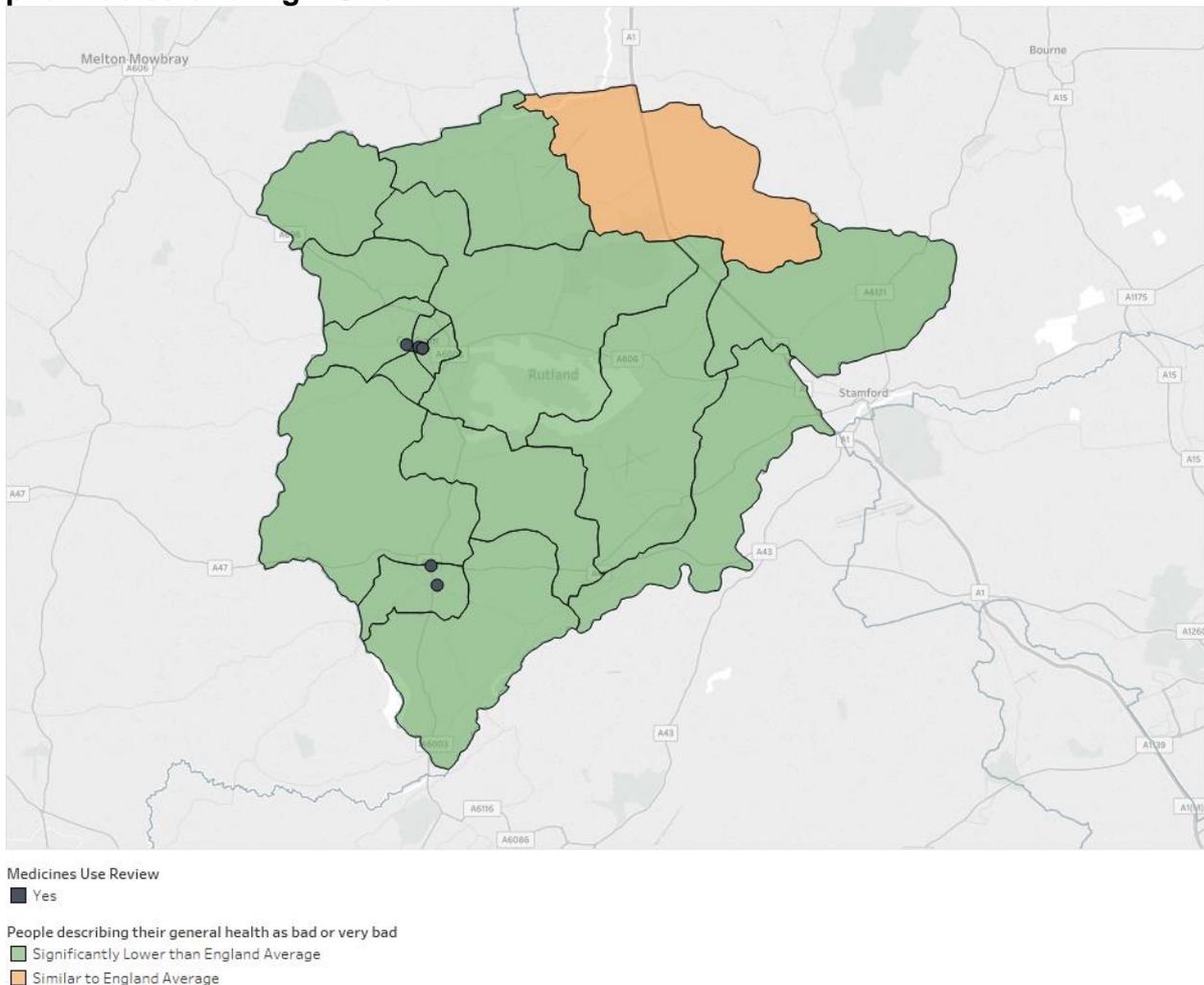
Each pharmacy is able to financially claim for 400 MURs per financial year. In certain circumstances, such as a pharmacy opening after 1st October or where NHS England has made arrangements with a pharmacy contractor, pharmacies are only able to claim for the first 200 MURs. For the purpose of this analysis, 400 MURs has been used as an expected base for calculation. Rates have been calculated as per activity, rather than financial claims, to measure how the needs of the population were being met.

In 2016/17, 2,137 MURs were carried out which is lower than the 2,400 that could be carried out. The gap between the actual number of MURs and the potential 263, with 89% of potential MURs undertaken. In 2015/16, in England, 94.4% of all pharmacies were providing MURs.¹⁸ Across Rutland, the overall percentage of providing this service is 100%, which is higher than the England average.

Figure 15 shows the estimated prevalence of people in each ward in Rutland with bad or very bad health, compared to the England average and the location of pharmacies offering MURs. There is good geographical coverage of pharmacies providing MURs, although

patients who are in bad health will need to travel further to access this service.

Figure 15: Estimated prevalence of adults with bad or very bad health, and pharmacies offering MURs



11.2.2. New medicines service

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

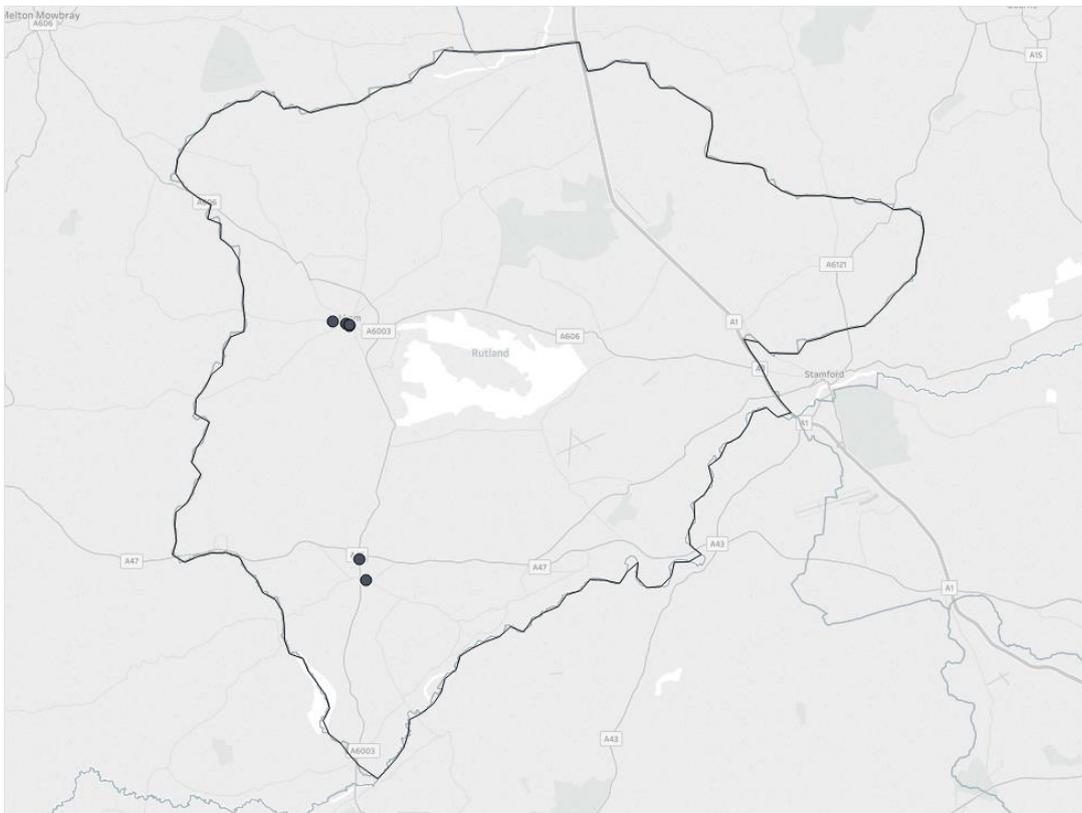
- asthma and COPD;
- type 2 diabetes;
- antiplatelet/anticoagulant therapy;
- hypertension

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

follow up.

Figure 16 shows the location of pharmacies offering the NMS service in Rutland. All six pharmacies in Rutland provide the NMS. In 2016/17, a total of 743 New Medicines Services were carried out, a rate of 19.5 per 1,000 population. In 2015/6, 80.8% of community pharmacies in England were providing NMS.¹⁸ The percentage providing this service is higher in Rutland at 100%.

Figure 16: Advanced Services - New Medicines Service



11.2.3. Stoma customisation

Stoma Appliance Customisation (SAC) involves the customisation 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.

Nationally, 14.7% of community pharmacies provided stoma customisation in 2015/16.¹⁸ There are no pharmacies in Rutland providing the Stoma Appliance Customisation service, although pharmacies are able to signpost patients to appliance contractors' who provide this service.

11.2.4. Appliance Use Reviews

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

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

Nationally, 1.2% of community pharmacies provided AURs in 2016/17.¹⁸ There are no pharmacies in Rutland providing this service, although pharmacies are able to signpost patients to appliance contractors' specialists who provide this service.

11.2.5. Seasonal Influenza (flu) Vaccination Programme

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) supports NHS England, on behalf of Public Health England (PHE), in providing an effective vaccination programme in England. This service covers those patients most at risk from influenza who are aged 18 years and older and from the following eligible groups:

- All people aged 65 years or over
- Those with certain medical conditions (e.g. chronic obstructive pulmonary disease, chronic heart disease, diabetes etc.)
- All pregnant women (including those women who become pregnant during the flu season)
- People living in long-stay residential care homes or other long-stay care facilities
- Carers

The service for the 2016/17 influenza season commenced from 1st September 2016 and

11.4. Community Based Services

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

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

- Emergency Hormonal Contraception (EHC);
- Needle and syringe exchange for people with drug addictions;
- Supervised administration of methadone and other substitutes;

The services that are currently commissioned by the East Leicestershire and Rutland, and West Leicestershire Clinical Commissioning Groups are:

- Palliative Care;
- *Helicobacter pylori* breath testing service;

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

Table 16: Community based services in Rutland as of 31st March 2017

	EHC	Needle Exchange	Supervised Consumption
Rutland	5	1	3

11.4.1. Emergency hormonal contraception

Following an episode of unprotected sexual intercourse (UPI), the provision of emergency contraception can help to prevent unplanned pregnancy. Intrauterine devices provide the best method of emergency contraception as they give lasting protection. However, emergency hormonal contraception (EHC) is frequently a preferred method.

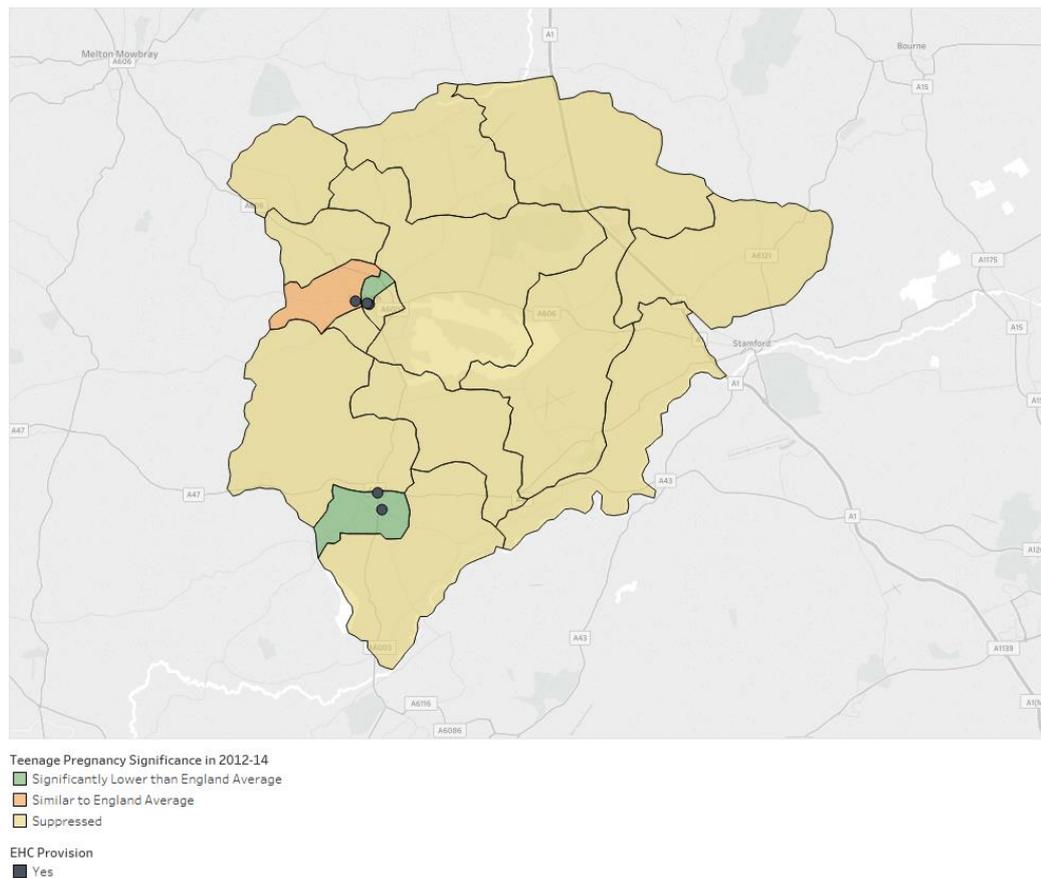
A public health community based service contract is currently in place which commissions the provision of free Levonorgestrel for women under 25 years of age, in pharmacy settings across Leicestershire and Rutland. The scheme is provided in Leicester,

Leicestershire and Rutland by Staffordshire and Stoke-on-Trent Partnership NHS Trust. Taking Levonorgestrel emergency hormonal contraception within 72 hours of unprotected sex can help prevent pregnancy. Pharmacists will supply Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients, in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD specifies the age range of clients that are eligible for the service. Provision of EHC to eligible women is a useful tool in reducing teenage pregnancy and abortion rates for under 25s.

Pharmacies claim for four different types of EHC activity: consultations, Levonelle (Levonorgestrel), replacement doses in the case of vomiting, and double doses. Recent changes in Faculty of Sexual and Reproduction Healthcare (FSRH) guidance suggest that a double dose is required in individuals with a BMI higher than 26 or weight over 70kg. The PGD is being revised to reflect this change.

Five of the six pharmacies in Rutland offer this service, illustrated in Figure 18. This includes the 100 hour pharmacy. In 2016/17, Levonelle was dispensed in all 167 EHC consultations. The overall consultation rate in Rutland Pharmacies was 80.3 consultations per 1,000 females aged 15-24 years.

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



EHC is also provided by the specialist integrated sexual health service, GP practices in Rutland and by the School Nursing Service.

A new EHC drug, Ulipristal, has been found to have a lower failure rate and is effective for up to five days after UPSI. A review of the cost-effectiveness of Ulipristal versus levonorgestrel for emergency hormonal contraception has been produced as part of the Leicestershire and Rutland Sexual Health Strategy 2016-2019.²⁴ The findings will be considered during year two of the strategy (2017/18).

11.4.2. Substance misuse services

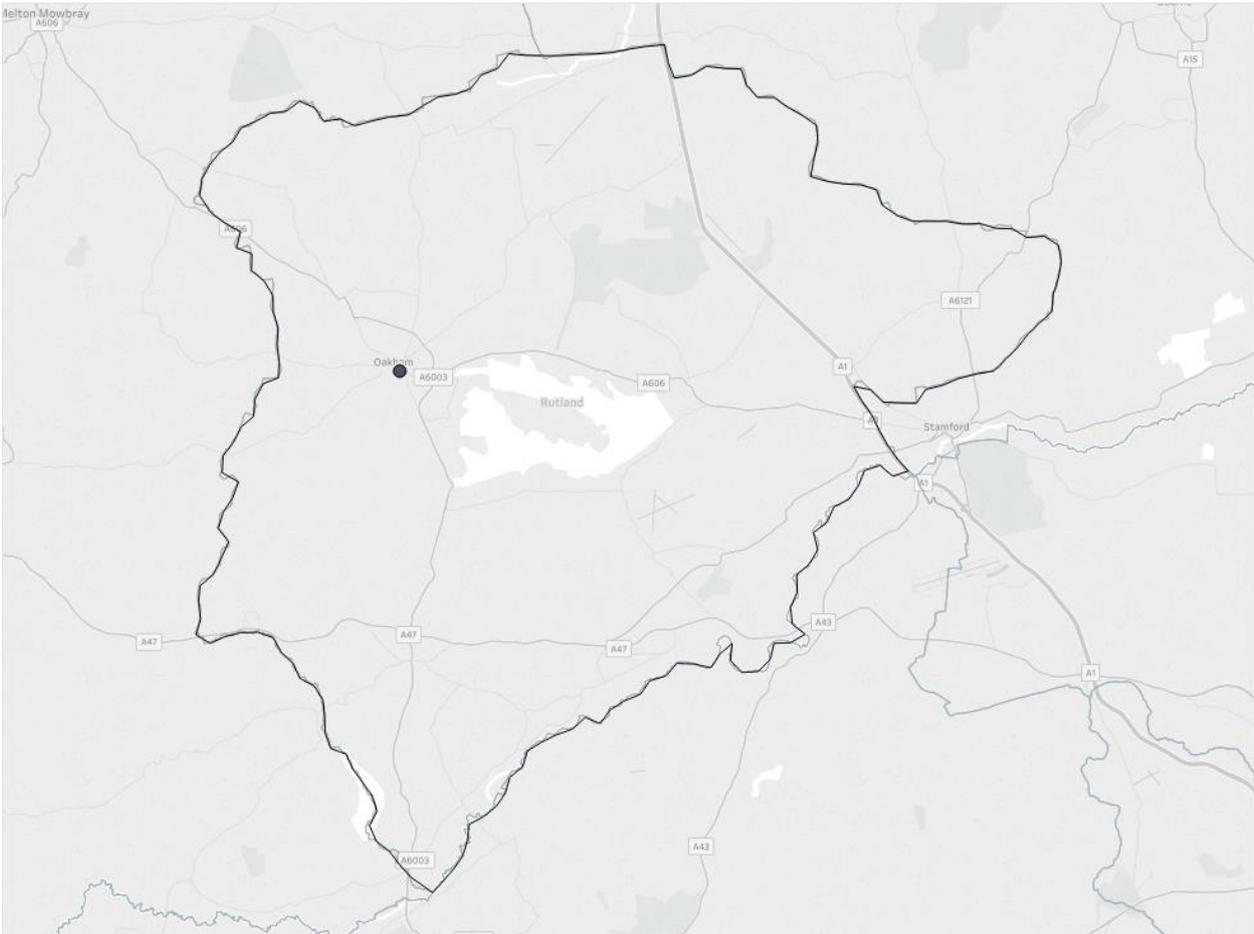
There are currently two community based services for substance misuse, the **Needle Exchange Service** and the **Supervised Methadone Consumption Service**. The Public Health Team at Rutland County Council commissions these services through Turning Point, a national charity that supports and treats people with alcohol and substance misuse problems. Turning Point has been commissioned to manage the whole system for people in Rutland with respect to substance misuse, and the pharmacy is a key part of the pathway for community based services. Turning Point have put in place agreements with pharmacies to deliver needle exchange and supervised methadone consumption to support treatment and harm reduction in the community. This is through a direct award contract until 20th September 2017. It is currently out for procurement for a 3-year plus 2 contract, so the provider from 1st October 2017 is yet to be confirmed.

Needle exchange

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

Figure 19 shows 1 pharmacy in Rutland provides this service. This is based in Oakham. The GP practice in Uppingham also provides the needle exchange service.

Figure 19: Community Based Services - Needle Exchange Service



Supervised methadone consumption

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

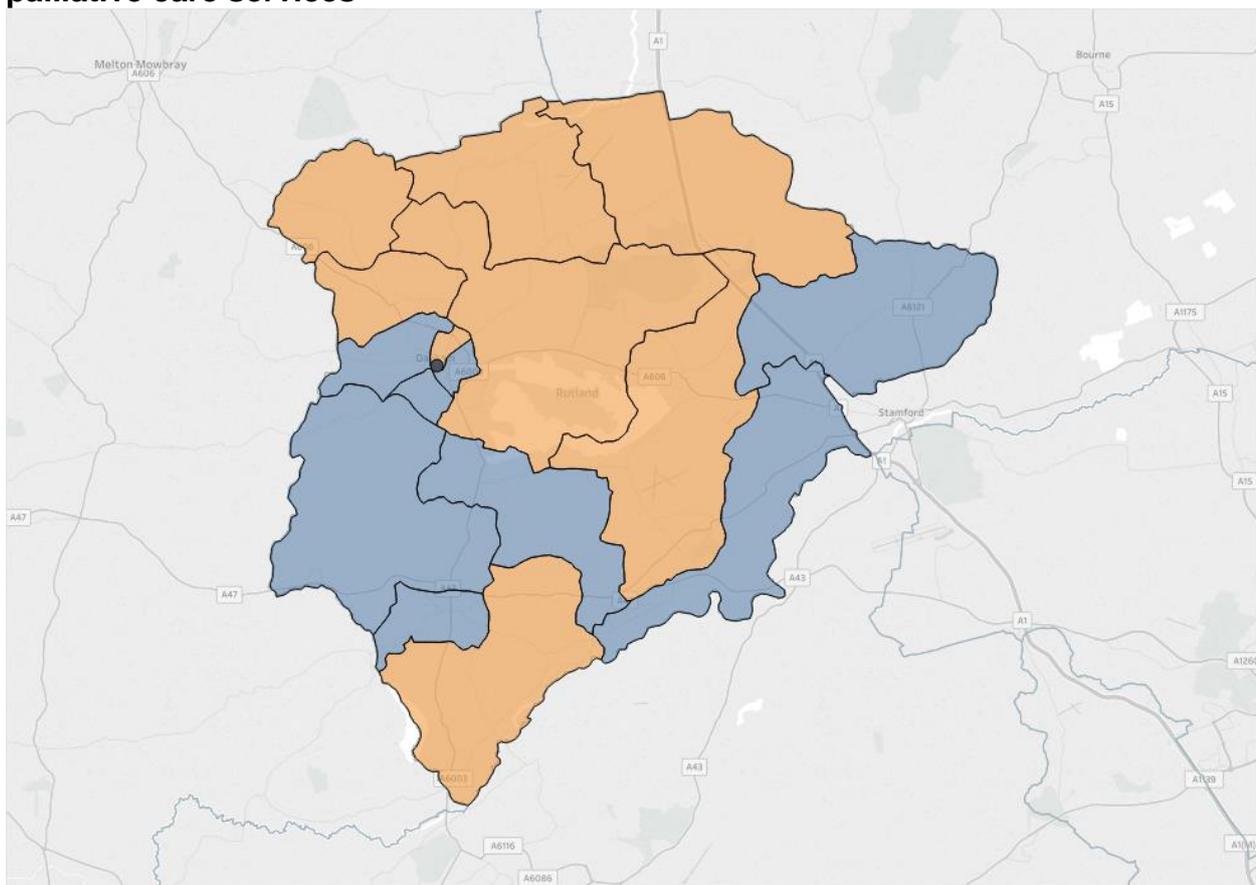
Figure 20 illustrates the location of pharmacies providing supervised methadone consumption in Rutland. Three pharmacies provide this service in Rutland; two in Oakham, one of which is the 100hour pharmacy, and one in Uppingham.

population aged 85 years and over. Palliative care services are also available in the GP practices in Rutland.

Table 17: Population aged 85 and over, and pharmacies providing palliative care services

Pharmacies providing palliative care services	Population 85+ (mid 2015 estimates)	Pharmacies providing palliative care services, per 1,000 85+ adults
1	1,249	0.8

Figure 21: Proportion of population aged 85 and over, and pharmacies proving palliative care services



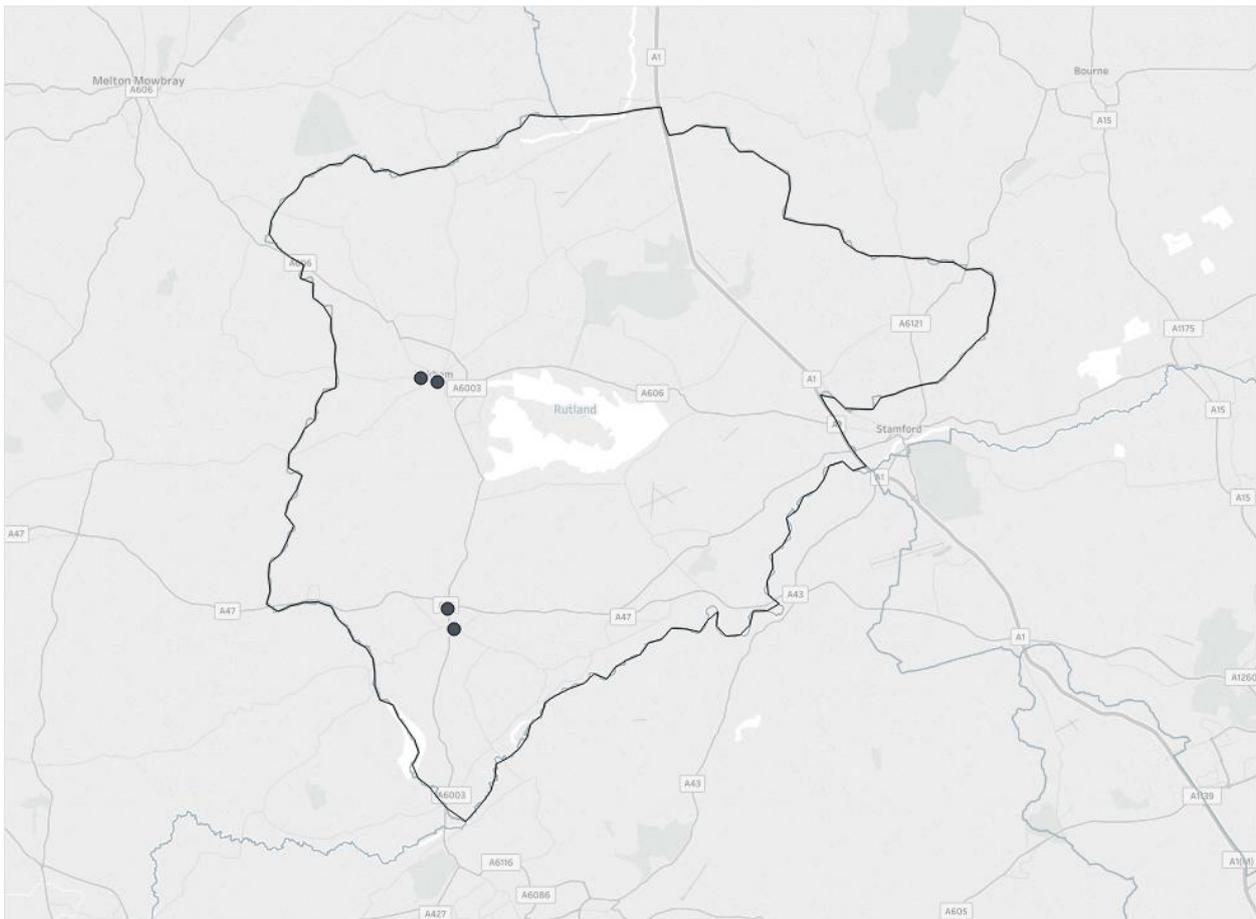
11.4.4. *H. pylori* screening

This service is a breath testing service for patients with dyspepsia symptoms to detect the presence of *Helicobacter pylori* bacteria which can cause stomach ulcers. This service is commissioned by East Leicestershire and Rutland CCG but hosted by West Leicestershire

CCG.

Figure 22 shows the location of pharmacies offering this service in Rutland. Five locations in Rutland provided the *H. pylori* service in 2016/17. This includes four pharmacies and one dispensing GP location. This equates to 1.3 pharmacies and dispensing GP locations offering this service per 10,000 population in Rutland. Contracts from 31st March 2017 are yet to be confirmed.

Figure 22: *H.Pylori* Screening Sites in Rutland



11.4.5. Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next. It is also an organisational development framework underpinned by three enablers

of:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and Local Authorities.

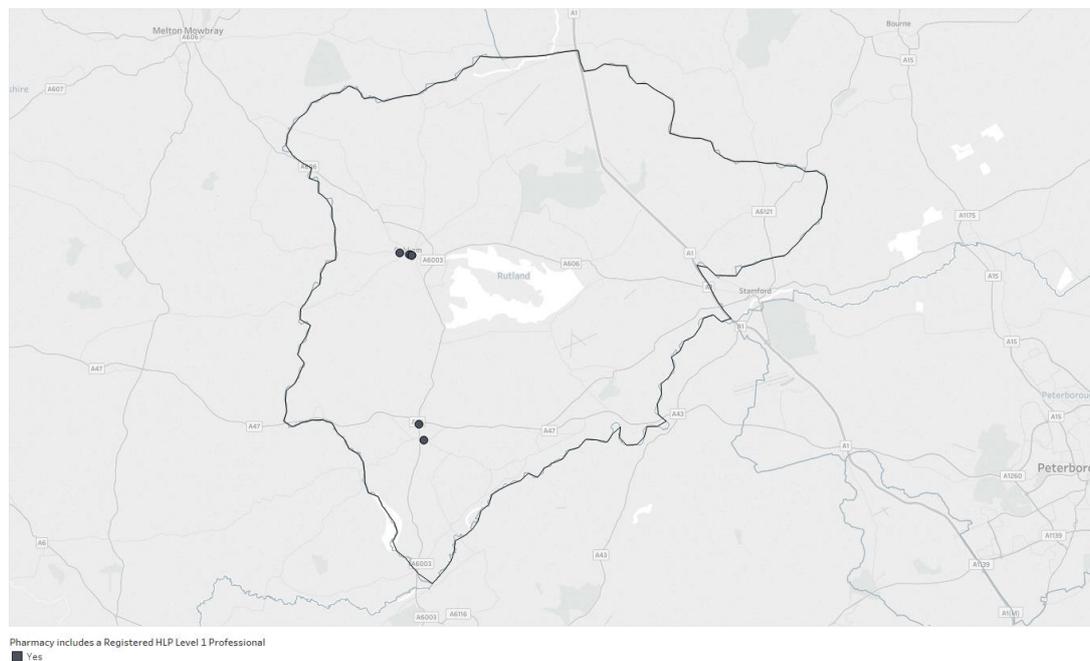
There are three levels of service delivery within the HLP framework:

- Level 1: Promotion – Promoting health, wellbeing and self-care
- Level 2: Prevention – Providing services
- Level 3: Protection – Providing treatment

Healthy Living Pharmacies have a health and wellbeing ethos, where everyone in the team works together to proactively engage their customers in health promotion activities through advice on smoking cessation and obesity/healthy weight. They need a health promotion zone in the pharmacy and at least one full-time equivalent health champion, who has qualified for a Royal Society for Public Health (RSPH) level 2 award in understanding health improvement.

There are over 150 qualified Level 1 health champions across Leicester, Leicestershire and Rutland and more working towards it (as of November 2017)²⁵.

Figure 23: Pharmacies in Rutland with a Healthy Living Pharmacy Level 1 Registered Professional



11.5. Comparison between pharmacy services in 2014 and 2017

Table 18 shows a comparison between the number of pharmacies offering Advanced and Community Based Services in 2014 and 2017. The number of pharmacies has remained stable throughout this time. The number of dispensing GPs looks to have reduced, however in 2014; dispensing GPs outside of Rutland were included. To confirm, the number of dispensing GPs in Rutland has remained stable throughout this time. The number of pharmacies providing MURs and NMS has improved or remained stable throughout this time. SAC and AURs are no longer available by pharmacies in Rutland, but can be provided by alternative specialist providers. The Chlamydia Screening Service and the Stop Smoking Service has been decommissioned in pharmacies and the Alcohol Risk Reduction Service is no longer available in Rutland pharmacies. Provision is still available as these services are accessible by alternative providers in Rutland. Since the last PNA, the number Healthy Living Pharmacy Level 1 registered professionals has increased considerably.

Table 18: Services offered by pharmacies in 2014, 2017

	Mar-14	Mar-17
Pharmacies	6	6
Local Pharmaceutical Service	0	0
Internet Pharmacies	1	0
Dispensing GPs	8	5
MUR	6	6
NMS	5	6
SAC	1	0
AUR	2	0
Seasonal Influenza	N/A	6
Alcohol Risk Reduction	3	0
Chlamydia	2	0
Emergency Hormonal Contraception	6	5
Needle Exchange	1	1
Supervised Consumption	2	3
Healthy Living Pharmacies	4	6
Stop Smoking	4	0
Palliative Care	2	1

11.6. Service level agreements and non-contracted services

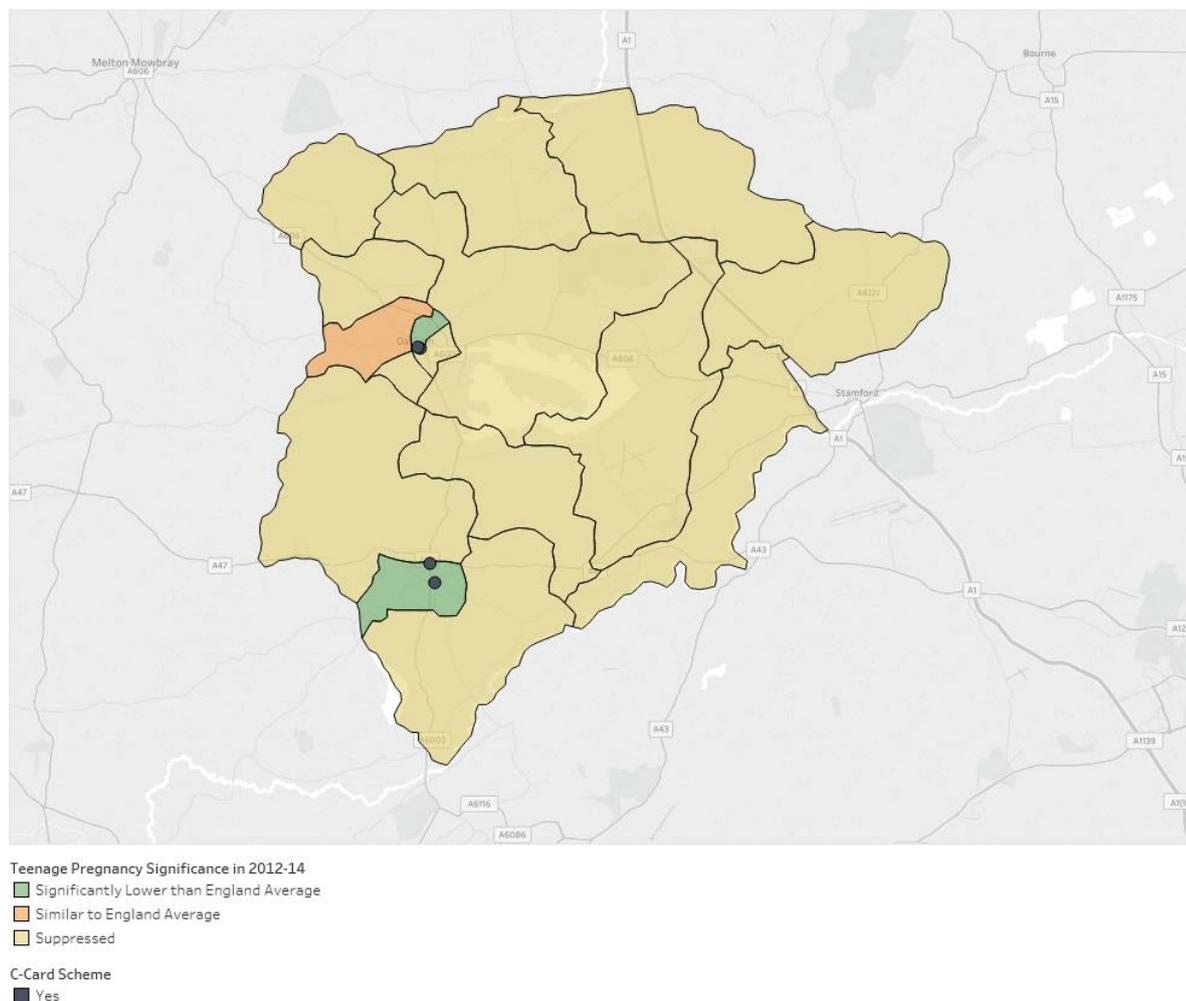
Many services provided by community pharmacists are commissioned locally according to the needs of the area. Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, NHS Trusts and Clinical Commissioning Groups.

11.6.1. C-Card

The C-Card is a plastic card that gives anyone aged 24 and under quick and easy access to free condoms from a range of venues, such as schools, leisure centres, SureStart Children's Centres and pharmacies. It is a confidential service which also offers information and advice about sexual health and relationships. The scheme is provided in Leicester, Leicestershire and Rutland by Staffordshire and Stoke-on-Trent Partnership NHS Trust.

Figure 24 shows in Rutland, as of the 31st March 2017, four pharmacies were signed up for the C-Card scheme. With a population of 4,708 in the 15-24 age group, this means there are 8.5 pharmacies offering the C-Card scheme per 10,000 population aged 15-24 years. As the service is also provided in various other locations, including youth centres, clinics and educational settings, service provision may be higher in areas where there are fewer pharmacies.

Figure 24: Pharmacies providing C-Card



11.6.2. Fluenz childhood immunisation service

Leicestershire Partnership Trust (LPT) provide a school aged immunisation service offering a variety of vaccines including Fluenz/Flumist nasal spray. Fluenz/Flumist is offered to all children in school years 1-6 across Leicester, Leicestershire and Rutland.

To maximise the uptake, every school is visited once according to a schedule. Children who are home-schooled are visited in their home to offer the vaccination. There are occasions where children, whose parents have consented, are not able to have the vaccine on the day of the school visit. The most common reasons are temporary exclusions (e.g. severely blocked nose, fever and wheeze) or the child is off school on the day of the visit.

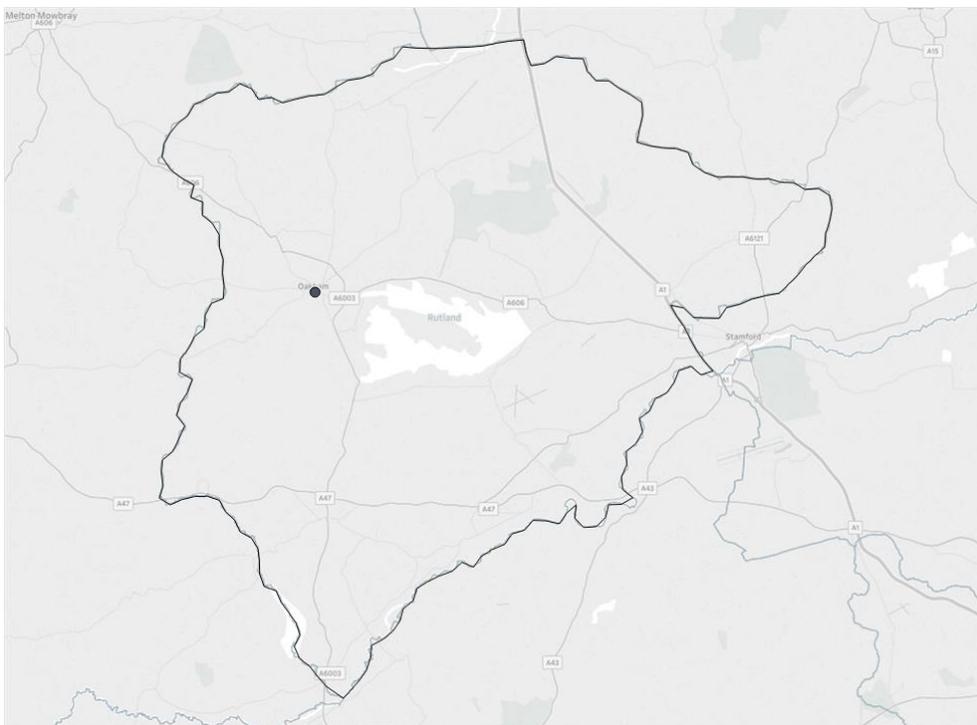
In 2015/16, a pilot took place where the Fluenz/Flumist vaccine was administered via community pharmacies for those who missed their opportunity in school. The aims of the service were to:

- Prevent transmission and reduce complications of the 'flu within the community;
- Maximise uptake of Fluenz/Flumist;
- Provide patients and parents with another opportunity to receive the Fluenz/Flumist;
- Provide a service that is accessible, convenient, professional and friendly.

The service was successfully delivered in 2015-16 and recommissioned in 2016-17 by Leicestershire Partnership Trust. Figure 25 shows during the 2016-17 influenza season, one pharmacy in Oakham provided the Fluenz/Flumist nasal spray.

The activity figures have not been provided as the service is still in pilot form.

Figure 25: Pharmacies providing Fluenz/Flumist nasal spray in Rutland



11.6.3. Extended-spectrum beta-lactamase (ESBL)

Extended-spectrum beta-lactamase (ESBL) are enzymes produced in some bacteria which are more resistant to antibiotics like penicillin and make infections harder to treat. For example, E.coli are one of the most common bacteria causing urinary tract infections. ESBL-producing strains of E.coli are more resistant to antibiotics and can sometimes progress to cause more serious infections such as blood poisoning. There are still a few antibiotics that can be used to treat infections caused by ESBL producing bacteria, and

these are stocked in 2 pharmacies in Rutland.

12. Digital Developments

The Electronic Prescription Service (EPS) enables new and repeat prescriptions to be sent electronically from the GP to the patient's nominated pharmacy.

Pharmacies are now able to access an electronic Summary Care Record (SCR) for patients. The NHS SCR is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record with the patient's consent. SCR was rolled out to pharmacies from March 2016 and will help support safer patient care and treatment.

A web-based system called PharmOutcomes²⁶ collates information on pharmacy services. Local and national analysis and reporting of PharmOutcomes helps improve the evidence base for more effective community pharmacy services.

13. Projected future needs

13.1. Population Projections

The population of Rutland is growing and by 2039 the total population is predicted to reach 40,800 people, a total population growth of 8.7%.²⁷ However, the population is not growing uniformly across the different age bands. In the next 25 years, the population is predicted to grow as follows (Table 19):²⁷

- A 2.8% decrease in children and young people aged 0-24 years (10,600 people to 10,300);
- A reduction in the working age population aged 25-64 of 9.1% (from 18,600 people to 16,900);
- A 47.7% increase in people aged 65-84 (from 7,700 people to 10,600);
- A 169.2% increase in the oldest population group of people aged 85 years and over (from 1,300 people to 3,500).

By 2039, the population of Rutland is projected to grow to 41,300 people. With six pharmacies and five dispensing GP surgeries, the availability of dispensing providers is sufficient to meet the needs of the local population, with rural access issues supported by the GP dispensing surgeries. The availability of current services is more than adequate to support the growing population to 2039.

The PNA should be reviewed in 2021 to ensure that the needs of the population continue to be met.

Table 19: Rutland population projections (in 1,000s) - 2014 to 2039²⁷

	2014	2015	2020	2025	2030	2035	2039
0-24	10.6	10.3	9.9	10.1	10.3	10.3	10.3
25-64	18.6	18.5	18.4	17.9	17.3	16.9	16.9
65-84	7.7	7.8	8.4	9.2	9.9	10.3	10.6
85+	1.3	1.3	1.5	1.9	2.4	3.1	3.5
All ages	38.0	37.9	38.4	39.3	40.0	40.7	41.3

13.2. Long term conditions

The unprecedented increase in the older population will lead to increases in the number of people living with long-term conditions. The Projecting Older People Population Information System (POPPI) provides estimates and projections of the number of people that are likely to be affected by long-term conditions both now and in the future in Rutland.²⁸ Table 20 shows the number of people in Rutland predicted to be living with various long-term conditions.

Table 20: Projections of older people, age 65 ears and over, with long- term conditions, 2015-2030 from POPPI

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

13.3. Future housing

Rutland’s Local Plan sets out the planning policies for Rutland for the period to 2036. The planned increases in households are indicated in Table 21. The new housing developments will provide housing for the increase in the population projected by the Office for National Statistics, but may also see additional population moving into the area through migration. Population growth linked to plans for housing development are not included in the population projections, but the impact on services will be considered as part of the Health Impact Assessment that is carried out for new developments.

Table 21: Planned development in Rutland to 2036

	Completions (2011-16)	Commitments (as at 2015/16)	Windfall	Local Plan Review Proposed Sites	Total
Oakham	438	819		757	2014
Uppingham	34	4		261	299
Local Service Centres	63	98		569	730
Other Villages	298	63			361
Total	833	984	680	1587	4084

14. Follow-up to the 2015 Pharmaceutical Needs Assessment

14.1. Use made of the 2015 PNA by NHS England

As indicated in the Background and Introduction section of this assessment, the PNA is part of the NHS “market entry” or “control of entry” system for Community Pharmacies. If a pharmacist, dispenser of appliances or a GP wants to provide NHS pharmaceutical services, they are, under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) regulations required to apply to NHS England to be included on a pharmaceutical list. They must prove they are able to meet a pharmaceutical need as set out in the PNA.

The “market entry” or “control of entry” describes the system whereby NHS England assesses an application that offers to:

- meet an identified current or future need or needs;
- meet identified current or future improvements or better access to pharmaceutical services; or
- provide unforeseen benefits, i.e. applications that offer to meet a need that is not identified in a PNA but which NHS England is satisfied would lead to significant benefits to people living in the relevant Health & Wellbeing Board area.

A pharmacist, dispenser of appliances or a GP who want to provide NHS pharmaceutical services, can reference the PNA in their application to demonstrate pharmaceutical needs.

NHS England can reference the PNA in decision making for assessing pharmaceutical need laid out in the applications that it receives.

Since the last PNA in 2015 and up to the end of March 2017, there has been 1 application relating to pharmacies whose location was in Rutland. This is summarised below.

Table 22: Pharmacy applications for Rutland: April 2015 – March 2017

Application regarding	Number of applications	Successful	Unsuccessful
Change of ownership	1	1	
Outline consent/premises approval	0		
Change to core opening hours	0		
Suspension of services	0		
Mergers (consolidation)	0		
Unforeseen benefits	0		
Distance selling	0		

In general terms only, applications regarding change of ownership or applications regarding relocation do not necessarily imply a change of pharmaceutical service provision. In general, there is concern whether a gap is created in pharmaceutical service provision or an application for a new pharmacy would meet a genuine shortfall in community pharmacy provision in Rutland.

14.2. Applications for mergers of community pharmacies

As indicated in Section 12.0 in “Community pharmacy in 2016/17 and beyond”, “changes would be made to the market entry (control of access) regulations aimed at facilitating the consolidation of pharmacies by, for example, preventing a new pharmacy stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes.”

These changes have been issued in “Regulation 26A Consolidations²⁹”. This lays out the key requirements for a consolidation between pharmacies and also the statutory protections which discourage or prevent subsequent applications for a pharmacy seeking to replace the closing pharmacy in a merger.

These statutory protections have implications for the Health and Wellbeing Board, though NHS England has issued no information regarding these to Health and Wellbeing Boards (as at 10th August 2017). The four protections are presented in Table 23 below.

The Pharmaceutical Services Negotiating Committee Briefing on Regulation 26A Consolidations (June 2017) observes (p6) that “any new (revised) PNA might usefully record where consolidations have taken place and no gap was created, to ensure this knowledge is not lost. This should avoid future unsuccessful applications based on the closing pharmacy where there remains no gap in the provision of services.²⁹”

14.3. Further information regarding regulations

The above comments regarding regulations and their interpretation are intended as a general explanation for people who are not specialists in this area. These should not be relied upon as a basis for, or a challenge to, an application to NHS England. NHS England makes available detailed information in its Pharmacy Manual³⁰ (322 pages) available at <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/04/pharmacy-manual-apr16.pdf> (accessed 10 August 2017). The Department of Health, NHS pharmaceutical services: assessing applications³¹, guidance is available at <https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications> (accessed 10 August 2017). The PSNC also provides detailed guidance on pharmacy matters at <http://psnc.org.uk/> (accessed 10 August 2017).

Table 23: Statutory protection for a consolidated pharmacy²⁹

Statutory protection from subsequent applications that seek to replace the closing pharmacy
<p>There are four main statutory protections for a consolidated pharmacy – a quadruple lock – to discourage or prevent subsequent applications for a pharmacy seeking to replace a closing pharmacy. These statutory protections are not absolute because the mechanisms within the 2013 Regulations are designed to respond to changing local circumstances to ensure the appropriate provision of pharmaceutical services.</p>
<p>1. The Health and Wellbeing Board (HWB) considers that the application, if granted, would create a gap in pharmaceutical services</p> <p>An HWB notified of a Regulation 26A consolidation application must make representations in writing to NHS England indicating whether, if the application were granted, the proposed closure of the pharmacy and its removal from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application to meet a current or future need or to secure improvements, or better access, to pharmaceutical services (paragraph 19(5) of schedule 2 of the 2013 Regulations).</p> <p>This ensures that an application granted by NHS England should not subsequently be deemed by the HWB to create a gap in the provision of pharmaceutical services.</p>
<p>2. NHS England must refuse an application if it would create a gap in</p>

pharmaceutical services

NHS England must refuse a Regulation 26A consolidation application if it would create a gap in pharmaceutical services (regulation 26A(5)(a)). In reaching its decision, NHS England will have to take into account the opinion of the HWB.

This means that NHS England may grant a Regulation 26A consolidation only where it does not create a gap in the provision of pharmaceutical services.

3. The HWB must publish a supplementary statement if the closure does not create a gap in pharmaceutical services

The HWB must publish a supplementary statement explaining that the removal of a pharmacy from the pharmaceutical list, following the Regulation 26A consolidation, 'does not create a gap in pharmaceutical services provision' that could be met by a routine application to meet a current or future need or to secure improvements, or better access, to pharmaceutical services...' (regulation 6(4) of the 2013 Regulations). It is likely that the HWB will be confirming its earlier opinion.

This makes public that no gap has been created by the consolidation and should avoid future unsuccessful applications to replace the closing pharmacy.

4. Unforeseen benefits applications will be refused if based on an alleged gap in pharmaceutical services created by a Regulation 26A consolidation

NHS England must refuse an application for unforeseen benefits if it is satisfied that the application 'presupposes that a gap in pharmaceutical services provision has been or is to be created by' the closing pharmacy (its removal from the pharmaceutical list) as a result of a Regulation 26A consolidation. Crucially, this statutory protection only applies until the PNA is revised. (Regulation 18(2)(g) and Regulation 19(5)).

This ensures that any future unforeseen benefits application during the relevant PNA will fail, if it is based on the argument that a Regulation 26A consolidation created a gap in the provision of pharmaceutical services.

14.4. Follow up to the 2015 PNA Recommendations

This is the second Pharmaceutical Needs Assessment undertaken by the Rutland Health and Wellbeing Board. The first one was approved and issued in March 2015 and will be replaced by this current document, as required by the regulations.

Table 24: Follow up to Recommendations from the 2015 PNA

Service	Commis.	Recommendation	Follow Up
Essential	NHSE	NHS England continues to monitor the quality of essential services and agree action plans with pharmacies where this is deemed necessary.	NHSE undertakes targeted annual contractual visits based on information obtained from self-assessment as well as comments received from CCGs, LA PH and where appropriate, the General Pharmaceutical Council (GPhC) and including patient comments/ feedback and complaints. The aims of these visits are to seek assurance and improve the quality of pharmacy services provided.
Advanced	NHSE	The commissioners of the advanced services continue to commission pharmacies to carry out the advanced services. It is recommended that NHS England continues to monitor the quality of advanced services and agree action plans with pharmacies where this is deemed necessary.	All pharmacies in Rutland provide the three main advanced services (MUR, NMS and Influenza). These services are monitored through the targeted annual contractual visits as described above.
		It is recommended that NHS England review the provision of MURs in the community with an aim to increase the uptake of the service in all localities.	All pharmacies in Rutland are providing MURs. NHSE has encouraged all pharmacies to provide the maximum number of MURs (400) and will be working with the LPC to ensure pharmacies are maximising the numbers of MURs that they can provide.
		Commissioners should review the national changes to the NMS contract linked to the national evaluation and ensure that this service is commissioned in line with the national direction in the future.	Following a review of the NMS Service in 2014 by the Department of Health which concluded that this service delivered better patient outcomes at a reduced cost to the NHS, the recommendation was that it should continue. NHS England made a decision to continue commissioning this service.
CBS	PH, LCC	Public Health must maximise the potential role of pharmacy in promoting healthy lifestyle behaviours and in supporting people to change their behaviours when they are ready to make a lifestyle change, through frontline identification of clients, providing appropriate brief advice and	The CBS for provision of free Emergency Hormonal Contraception now includes the requirement for pharmacies to actively promote the online Chlamydia Screening Programme, general awareness of chlamydia and other sexual health issues to promote good sexual health and signposting to other sexual health services as necessary. Contracted pharmacies are also

CBS		referral to other specialist services. There is a need to ensure that Public Health is effectively linked into the essential services component of the pharmacy contract around the promotion of healthy lifestyles.	required to engage with and support the local C-Card condom distribution delivery model. Work is ongoing to review the Patient Group Direction in response to changes in Faculty of Reproductive and Sexual Health Services guidance relating to women whose weight exceeds 70kg or with a BMI of over 26.
		The CBS that are commissioned by public health must be continually reviewed for their effectiveness, the equity of access to the services across Leicestershire, the quality of the service and the value for money that the services offer. Public Health need to maximise the pharmacies offering these services and ensure that they are provided in the areas of highest population health needs.	Providers accepted to deliver CBS are subject to ongoing performance monitoring on a quarterly basis, as specified in the requirement Specification and Contract documentation. Quality visits for the CBS are scheduled to commence in late 2017.
	ELR CCG	ELR CCG has an opportunity to embed pharmacy as a key part of their primary care strategy and their commissioning strategy whilst ensuring that pharmacy is developed to effectively support general practice. Increasing the role of pharmacy in helping patients to self-manage will help to reduce the number of GP appointments these patients will need and to reduce the number of hospitalisations.	ELR CCG has begun work on self-care and guidance has been issued with regards to areas of prescribing that could be dealt with through community pharmacy. This included reducing prescribing of “when required” (PRN) paracetamol and a number of other over the counter products. Clinicians were requested to signpost patients to community pharmacy where appropriate. Pharmacists are already embedded in the majority of GP practices and these staff should act as a link with community pharmacy.
		The CCG commissioning CBS schemes must be continually reviewed for their effectiveness, the equity of access to the services across Rutland, the quality of the service and the value for money that the services offer. CCGs need to maximise the pharmacies offering these services and ensure that they are provided in the areas of highest population health needs.	In ELR CCG, there are no monitoring arrangements of the nature described in the recommendation.
		The CCGs should consider the provision of a minor ailment scheme as a CBS.	In ELR CCG, there is no intention to initiate a scheme of this nature.

15. Response to the 60 day statutory consultation

There is a statutory requirement for each Health and Wellbeing Board to consult a number of bodies about the contents of the Pharmaceutical Needs Assessment for a minimum of 60 days. The consultation period took place between 2nd October 2017 and 2nd January 2018. Results have been incorporated into this final PNA and the consultation responses are available in Appendix H. An additional consultation also took place with local pharmaceutical professionals between June and August 2017 to gather evidence to support the PNA. The consultation responses from the professional survey are available in Appendix E.

16. Equality Statement

Available in Appendix L.

17. Gap analysis

17.1. Essential Services

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

Access to essential services by car is reasonable, for such a rural area, with 80% of Rutland residents living within a 10 minute drive-time of a pharmacy or dispensing GP surgery. 51% of residents live within a 15 minute walk-time of a pharmacy or dispensing GP surgery.

There is very good coverage of pharmacy across Rutland between 7.00 am and 10.00 pm Monday to Thursday and between 7.00 am and 11.00 pm Friday to Saturday. There is access to pharmacy services on Sundays and bank holidays within Rutland via two pharmacies, but both are situated in Oakham. Patients that need to access emergency pharmacy services outside of opening times are able to access an emergency pharmacy service through the out of hours service.

No gaps have been identified in the provision of essential services during normal working hours or outside of normal working areas across the whole Health and Wellbeing Board area. Furthermore, no gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole Health and Wellbeing Board

area.

17.2. Advanced Services

Across Rutland, all 6 pharmacies are providing Medicines Use Reviews, New Medicines Service and Seasonal Influenza Vaccination. This is a higher percentage of pharmacies than the England average.

Stoma Appliance Customisation and Appliance Use Reviews are provided using pharmacies, but are also commissioned through an alternative provider and population needs are met through the combination of the two types of provision. Pharmacies that do not provide this service are able to signpost patients to the appliance contractors who provide this service.

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

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

17.3. Community Based Services (CBS)

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

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

- Emergency Hormonal Contraception is a well-developed service provided in all localities with good coverage.

- Substance misuse services are commissioned by the specialist treatment provider, Turning Point, and include needle exchange and supervised methadone consumption services in Rutland. These services are part of a wider whole system approach to harm reduction and treatment of people affected by substance misuse.
- The H.pylori CBS is a CCG based service that is led by West Leicestershire CCG. Provision is available in Oakham and Uppingham; however further sites may be available when taking all non-dispensing GPs into consideration. This should be evaluated by the CCG.
- The Palliative Care Service is available in one pharmacy in Oakham. With the projected increases in very elderly populations across Rutland this is a service that is likely to become increasingly important. East Leicestershire and Rutland CCG should review the value of providing this service more widely for their patients in Rutland.

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

18. Recommendations:

18.1. Equity of Service

NHS England (and where relevant Rutland County Council and East Leicestershire and Rutland Clinical Commissioning Group) should:

- Keep locations and opening times under review to assess whether access to pharmacies for essential services is equitable for all Rutland residents.
- Work with pharmacies and the Local Pharmaceutical Committee to examine how equity issues can be further addressed and particularly how the requirements of “Community Pharmacy 2016/17 and beyond” are progressing and impacting on the county’s prevention agenda.
- Pharmacy service provision should be kept under review, in particular where provision has cross-county border use, to ensure that issues of quality and uniformity of access to advanced and community based services are regularly considered.

- Investigate if barriers to access exist for individuals whose main language is not English. The PNA Professional Survey has highlighted a potential barrier to access for the Polish community in Rutland.

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

NHS England (and where relevant Rutland County Council and East Leicestershire and Rutland Clinical Commissioning Group) should:

- Support the implementation of Healthy Living Pharmacy to promote healthier lifestyles through pharmacies so that individuals can gain advice and support in reducing unhealthy behaviours and adopting healthier ones. Data tracking the implementation of this HLP framework should be routinely available.
- Ensure that the promotion of the healthy lifestyles (Public Health) requirement of the essential services contract is fulfilled. While NHS England retains responsibility for this area of the pharmacy contract, local campaigns should in future be jointly defined by NHS England, Local Authority Public Health and the Clinical Commissioning Group.
- Consider the opportunity to include and develop the role of pharmacies in commissioning strategies and through the wider Sustainability and Transformation Plans, particularly in relation to providing services which deflect work out of primary care general practice.
- Assess levels of uptake of advanced and community based services and follow-up low or high performers in order to share best practice.

18.3. Implications of Community Pharmacy 2016/17 and beyond implementation

NHS England (and where relevant Rutland County Council and East Leicestershire and Rutland Clinical Commissioning Group) should:

- Provide detailed guidance to the Health and Wellbeing Board on new responsibilities given to it in connection with regulations regarding mergers and consolidation of community pharmacies within the Health and Wellbeing Board area.
- Review evidence of impact on services annually and report any findings to the Health and Wellbeing Board with appropriate advice.

19. Conclusions:

The PNA looks at pharmacy cover across Rutland in relation to the health needs of the people who live there. It includes existing services, where they are located, the breadth of services they are providing and the views of people using them, and looks forward to how pharmacies could be more widely used in the future.

Overall, the community based pharmacies are meeting the current needs of the Rutland population for Essential and Advanced services. The consistency and quality of the advanced services should be continually reviewed and the uptake of Medicines Use Reviews, New Medicines Services and Seasonal Influenza should be increased wherever possible. The provision of Community Based Services across Rutland is good, but more needs to be done to increase the uptake of these services and to ensure that services across the county are consistent. A review of service quality and uptake could provide insight into the effectiveness of these local services.

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

GLOSSARY OF TERMS

ABI	Alcohol Brief Intervention
AUR	Appliance Use Review
CBS	Community Based Services
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
DHU	Derbyshire Health United
DRT	Demand Responsive Transport
EHC	Emergency Hormonal Contraception
ELRCCG	East Leicestershire and Rutland Clinical Commissioning Group
ELSPLPS	Essential Small Pharmacies
EPS	Electronic Prescription Service
ESBL	Extended-Spectrum Beta-Lactamase
FSRH	Faculty of Sexual and Reproduction Healthcare
GP	General Practitioner
H. pylori	Helicobacter pylori
HWB	Health and Wellbeing Board
IDACI	Income Deprivation Affecting Children
IDAOPi	Income Deprivation Affecting Older People
IMD	Index of Multiple Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LPS	Local Pharmaceutical Services
LPT	Leicestershire Partnership Trust
LSOA	Lower Super Output Area
MSOA	Middle Super Output Area
MUR	Medicines Use Review
NHS	National Health Service
NIAVS	National Influenza Adult Vaccination Service
NMS	New Medicines Service
ONS	Office of National Statistics

PHE	Public Health England
PGD	Patient Group Directive
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information System
SCR	Summary Care Record
UPSI	Unprotected Sexual Intercourse
VAR	Voluntary Action Rutland
WLCCG	West Leicestershire Clinical Commissioning Group

REFERENCES

1. National Health Service. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. (2013). at http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf
2. General Pharmaceutical Council. Standards (2018) at: <https://www.pharmacyregulation.org/standards>
3. Pharmaceutical Services Negotiating Committee. Community Pharmacy Patient Questionnaire (2018) at: <http://psnc.org.uk/wp-content/uploads/2013/07/cppq2020annex20a.pdf>
4. NHS Employers. Clinical governance requirements for community pharmacy - NHS Employers. (2011). at <http://www.nhsemployers.org/case-studies-and-resources/2011/11/clinical-governance-requirements-for-community-pharmacy>
5. Rutland County Council. Rutland Joint Strategic Needs Assessment 2015. (2015). at <https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/joint-strategic-needs-assessment/>
6. Rutland County Council. Rutland's Joint Health and Wellbeing Strategy 2016-2020. (2016). at <https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/health-and-well-being-strategy/>
7. Rutland County Council. Director of Public Health's Annual Report 2016. (2016). at <http://rutlandcounty.moderngov.co.uk/documents/s8309/Report%20No.%20762017%20-%20Appendix%20A.pdf>
8. Office for National Statistics (C) Crown Copyright. ONS Mid-2015 Population Estimates. at <<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>>
9. Ministry of Defence. Defence personnel NHS commissioning quarterly statistics: financial year 2017/18. (2017). at <https://www.gov.uk/government/statistics/defence-personnel-nhs-commissioning-quarterly-statistics-financial-year-201718>

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10. Department for Communities and Local Government. English indices of deprivation 2015. www.gov.uk (2015). at <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>
 11. Department for Communities and Local Government. English Indices of Deprivation 2015 Guidance Document. (2015). at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464430/English_Indices_of_Multiple_Deprivation_2015_-_Guidance.pdf
 12. Office for National Statistics (C) Crown Copyright. 2011 Census data. at < <https://www.ons.gov.uk/census/2011census>>
 13. Public Health England. Public Health Outcomes Framework. (2017). at <http://www.phoutcomes.info/>
 14. NHS Digital. Quality and Outcomes Framework. (2016). at < <http://content.digital.nhs.uk/qof>>
 15. Public Health England. Health Profile 2017. (2017). at <https://fingertips.phe.org.uk/profile/health-profiles>
 16. NHS England. NHS Five Year Forward View. (2014). at <https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>
 17. Better care together Leicester, Leicestershire and Rutland health and social care. Leicester, Leicestershire and Rutland (Footprint No. 15) Sustainability and Transformation Plan. (2016) at <http://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=46236>
 18. NHS Digital. General Pharmaceutical Services in England: 2006-07 to 2015-16. (2016). at <http://content.digital.nhs.uk/searchcatalogue?productid=23420&q=title%3a%22General+Pharmaceutical+Services%22&sort=Relevance&size=10&page=1#top>
 19. NHS Digital. GP Practice Prescribing Presentation-level Data. (2016-17). at <http://content.digital.nhs.uk/searchcatalogue?q=title:%22presentation+level+data%22&area=&size=10&sort=Relevance>
 20. NHS Digital. Number of Patients Registered at a GP Practice. (2016). at <

<http://content.digital.nhs.uk/catalogue/PUB20480>>

21. NHS Strategic Health Asset Planning and Evaluation and Public Health England. Strategic Health Asset Planning and Evaluation Place Tool. (2017). at <https://shapeatlas.net/place>

22. Department for Environment, Food & Rural Affairs. 2011 Rural Urban Classification. (2013). at <https://www.gov.uk/government/collections/rural-urban-classification>

23. NHS Business Services Authority. Advanced Service Flu report, 2016/17. (2017). at <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/information-services-advanced-service-flu-report>

24. Leicestershire County Council. Leicestershire's Sexual Health Strategy 2016-19. (2016). at <http://www.lsr-online.org/uploads/leicestershire-sexual-health-strategy-2016-19.pdf>

25. Royal Society for Public Health. Healthy Living Pharmacy Level 1 Register (November 2017) at: <https://www.rsph.org.uk/uploads/assets/uploaded/7b3c846c-3ed4-4a52-b959d188cb571448.pdf>

26. Pharmaceutical Services Negotiating Committee. PharmOutcomes. (January 2018). at <http://psnc.org.uk/services-commissioning/pharmoutcomes/>

27. Population Projections Unit; Office for National Statistics. 2014-based Subnational Population Projections for Local Authorities in England. (2016). at <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

28. Institute of Public Care, Oxford Brookes University & Extra Care Charitable Trusts. Projecting Older People Population Information System. (2017). at <http://www.poppi.org.uk/>

29. Pharmaceutical Services Negotiating Committee. PSNC Briefing 036/17: Regulation 26A Consolidations. (June 2017). at <<http://psnc.org.uk/wp-content/uploads/2013/04/PSNC-Briefing-036.17-Regulation-26A-Consolidations.pdf>>

30. NHS England. Pharmacy Manual. (April 2016). at <<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/04/pharmacy-manual-apr16.pdf>>

31. Department of Health. NHS pharmaceutical services: assessing applications. (November 2013). at <<https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications>>

LIST OF APPENDICES

Appendix A: PNA Project Team Terms of Reference

Appendix B: 2017 Health Profiles for Rutland

Appendix C: Full list of pharmacy opening hours

Appendix D: Professionals Pharmacy Questionnaire

Appendix E: Professionals Pharmacy Questionnaire Summary Report

Appendix F: Rutland Draft PNA 2018 Summary Document for Statutory Consultation

Appendix G: Statutory Consultation Questionnaire

Appendix H: Statutory Consultation Summary Report

Appendix I: Statutory Consultation Easy Read Questionnaire

Appendix J: Policy Developments Related to Community Pharmacies

Appendix K: Rutland's PNA 2018 Easy Read

Appendix L: Equalities Statement