

2018-2021 PHARMACEUTICAL NEEDS ASSESSMENT FOR TORBAY



Document Information

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Contents

Contents	3
1 Executive Summary	7
2 Introduction	9
2.1 Purpose of a pharmaceutical needs assessment (PNA)	9
2.2 HWB duties in respect of the PNA	9
2.3 The scope of this PNA: Contractors and services	10
2.3.1 Contractors	10
2.3.2 Pharmaceutical services provided by pharmacy contractors	12
2.3.3 Advanced services.....	14
2.3.4 Enhanced services	15
2.3.5 Clinical governance	16
2.3.6 Opening hours	17
2.3.7 Recent changes to the contractual arrangements for pharmacies.....	17
2.3.8 Pharmaceutical services provided by dispensing appliance contractors	19
2.3.9 Appliance services.....	19
2.3.10 Advanced services.....	20
2.3.11 Clinical governance	21
2.3.12 Opening hours	21
2.3.13 Pharmaceutical services provided by dispensing doctors.....	21
2.4 Locally commissioned services	22
2.4.1 Services commissioned by Torbay council	22
2.4.2 Services commissioned by South Devon and Torbay CCG.....	24
2.5 Other NHS services.....	25
2.6 Changes to the existing provision of pharmaceutical services	25
2.7 How the assessment was undertaken.....	26
2.7.1 PNA steering group	26
2.7.2 PNA localities.....	27
2.7.3 Other sources of information	27
2.7.4 Equality and safety impact assessment.....	27
2.7.5 Consultation.....	28
3 Overview of Torbay.....	29

3.1	Introduction	29
3.2	The population	30
3.3	'Protected Characteristics' (Equality Act 2010)	31
	The Equality Act 2010 sets out nine personal characteristics that are protected by the law:	31
3.3.1	Age	32
3.3.2	Disability	32
3.3.3	Faith, religion or belief	32
3.3.4	Gender - including marriage, pregnancy and maternity	33
3.3.5	Gender reassignment	33
3.3.6	Race	33
3.3.7	Sexual Orientation - including Civil Partnership	33
3.4	Material deprivation	34
3.5	Car ownership (relevance to accessing pharmaceutical services)	35
3.6	Mosaic breakdown alternative	36
4	General health needs of Torbay	38
4.1	Introduction	38
4.2	Public Health England's Health Profile for Torbay 2017	38
4.3	The Child Health Profile for Torbay 2017	41
4.4	Housing growth and significant housing developments	44
5	Identified patient groups – particular health issues	46
5.1	Age	46
5.2	Disability	46
5.3	Gender re-assignment	47
5.4	Marriage and civil partnership	47
5.5	Pregnancy and maternity	47
5.6	Race	47
5.7	Religion and belief	47
5.8	Sex	48
5.9	Sexual orientation	48
5.10	Homeless	48
5.11	Students	49
5.12	Tourists	49
6	Health needs that can be met by pharmaceutical services	50
6.1	Introduction	50

6.2	Joint Strategic Needs Assessment (JSNA)	51
7	Provision of pharmaceutical services	54
7.1	Necessary services	54
7.2	Current provision of necessary services	55
7.3	Current provision outside the HWB's area	57
7.4	Access to premises	59
7.4.1	Access to the essential services (core plus supplementary opening hours)	61
7.4.2	Access to Medicines Use Review (MUR)	63
7.4.3	Access to New Medicines Service (NMS)	63
7.4.4	Access to the 'on demand availability of specialist medicines' enhanced service	63
7.4.5	Access to dispensing of appliances	64
7.5	Other relevant services	64
7.6	Advanced services	64
7.6.1	Influenza vaccination advanced service	64
7.6.2	Stoma appliance customisation advanced service	64
7.6.3	Appliance Use Review (AUR) advanced service	65
7.6.4	Urgent supply advanced service (NUMSAS)	65
7.7	Services commissioned by the CCG or Council	65
7.7.1	Services commissioned by the CCG	65
7.7.2	Services commissioned by the council	65
7.8	Other NHS services	67
7.8.1	Hospital pharmacies	67
7.8.2	Personal administration of items by GPs	67
7.8.3	GP Out of Hours service	68
7.9	Services provided by other organisations	68
8	Conclusion	69
8.1	Current provision	69
8.2	Necessary services: current gaps in provision	69
8.3	Necessary services: future gaps in provision	69
8.4	Other relevant services: current and future gaps in provision	70
	Appendix 1: Acronyms and definitions	71
	Appendix 2: Legislation relating to PNAs	73
	Appendix 3: Steering Group membership	84

Appendix 4: Equality impact assessment	85
Appendix 5: List of contractors and opening times	93
Appendix 6: List of contractors and advanced, enhanced and locally-commissioned services provided	96
Appendix 7: Consultation report	99

1 Executive Summary

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant). The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs from Primary Care Trusts to Health and Wellbeing Boards (H&WBs) from 1 April 2013. This means that Torbay's H&WB has a legal duty to ensure the production of a PNA for Torbay going forward. H&WBs are required to publish their first PNA by 1 April 2015 and publish a statement of its revised assessment within three years of its previous publication or sooner if changes to the need for pharmaceutical services are identified which are of significant extent.

The PNA for Torbay 2018-2021 presents a picture of community pharmacy need and provision in Torbay, and links to Torbay's Joint Strategic Needs Assessment (JSNA).

This PNA will be used by NHS England to inform:

- decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Torbay
- whether new pharmacies or services are needed
- decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- the commissioning of locally Enhanced services from pharmacies

Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

Torbay's PNA was developed in partnership with the Devon-wide PNA Steering Group on behalf of Torbay's H&WB. This was to ensure that production of the PNAs for Devon, Plymouth and Torbay followed the same process and format but with locally relevant information.

The NHS Regulations 2013 set out the legislative basis for producing and updating PNAs, and specify a list of minimum information that must be included in the PNA.

Torbay's PNA is structured as follows:

- Introduction
- Overview of Torbay

- General health needs in Torbay
- Identified patient groups – particular health issues
- Health needs that can be influenced by pharmaceutical services
- Provision of pharmaceutical services
- Conclusion

Information regarding local provision of pharmaceutical services was made available by NHS England and analysed by the Public Health England Local Knowledge and Intelligence Service (PHE LKIS) on behalf of the Steering Group.

The consultation period ran from Monday 4 December 2017 to Friday 2 February 2018. The H&WBs for Devon, Plymouth and Torbay ran the consultation for each of their PNAs at the same time. This was to aid organisations who were asked to respond to consultations for more than one area at the same time. The method of consultation was agreed by the PNA Steering Group. The PNA Steering Group met following the end of the consultation period to discuss the feedback received across all three areas and agree appropriate action. Following this, some minor amendments were made to the report.

In conclusion, Torbay's ageing population means that the overall demand for health and social care services is likely to increase, particularly in terms of managing long-term conditions. However, pharmacies in Torbay are well-placed to deliver healthcare services to their local communities and current pharmaceutical provision is assessed as being sufficient to meet the anticipated needs over the next three years. However, it is anticipated that the role they play will continue to evolve over the coming years, particularly with changes to future pharmacy and primary care provision. Whilst the core activity of community pharmacies is commissioned by NHS England, they continue to provide a key role for Torbay Council and the South Devon and Torbay CCG, particularly in relation to improving the public's health and wellbeing, and addressing health inequalities.

2 Introduction

2.1 Purpose of a pharmaceutical needs assessment (PNA)

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the JSNA. Whilst the JSNA focusses on the general health needs of the population of Torbay, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities and CCGs. A robust PNA will ensure those who commission services from pharmacies and appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

2.2 HWB duties in respect of the PNA

The legislation containing the HWB's specific duties in relation to PNAs can be found in appendix 2, however in summary the HWB must:

- produce its first PNA which complies with the regulatory requirements;
- publish its first PNA by 1 April 2015;
- publish subsequent PNAs on a three yearly basis;
- publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- produce supplementary statements in certain circumstances.

2.3 The scope of this PNA: Contractors and services

2.3.1 Contractors

NHS England must keep lists of contractors who provide pharmaceutical services in the area of the HWB. The principal types of contractor are:

- **Pharmacy contractors** – Individual pharmacists (sole traders), partnerships of pharmacists or companies who operate pharmacies. Who can be a pharmacy contractor is governed by The Medicines Act 1968. All pharmacists must be registered with the General Pharmaceutical Council, as must all pharmacy premises.

Within this group there are:

- **Community pharmacies** – These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).

- **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.
- **Distance-selling pharmacies (DSPs)** – These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example a patient may post their prescription to a distance selling pharmacy and the contractor will dispense the item and then deliver it to the patient’s address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer’s preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in England, and cannot limit their services to particular groups of patients (though it is recognised that these pharmacies may not be best placed to provide urgent or acute medication).
- **Dispensing appliance contractors (DACs)** – DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions.
- **Dispensing doctors** – Medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

The services that a PNA must include are defined within both the NHS Act 2006 and the 2013 regulations.

2.3.2 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with most pharmacy contractors (the exception being Local Pharmaceutical Services contractors). Instead, as noted above, they provide services under terms of service set out in legislation.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services.

2.3.2.1 Essential services

All pharmacies must provide these services. There are six essential services:

- **Dispensing of prescriptions** – The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also the urgent supply of a drug or appliance without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.
- **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.

- **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.
- **Signposting** – The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- **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.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed below in section 2.3.8) also apply.

While not classed as separate services, pharmacies may also provide the following as enhancements to the provision of essential services:

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release 1 involved paper prescriptions including a bar code which the pharmacy could scan to retrieve an electronic copy of the patient's details and the medication prescribed. EPS Release 2 involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient.
- **Access to the NHS Summary Care Record** – The pharmacy has access to an electronic summary of key clinical information (including medicines, allergies and adverse reactions – and possibly additional information if the patient

consents) about a patient, sourced from the patient's GP record to support care and treatment. This can, for example, be used to confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

2.3.3 Advanced services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

- **Medicines use review** and prescription intervention services (more commonly referred to as the medicines use review or MUR service) – The improvement of patient knowledge, concordance and use of their medicines through one-to-one consultations to discuss medicine understanding, use, side effects and interactions, and reduce waste, and if necessary making recommendations to prescribers.
- **New medicine service** – The promotion the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long term conditions, by providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications, and enabling the patient to make appropriate lifestyle changes and self-manage their condition.
- **Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- **Urgent medicines supply service** (pilot), known as NUMSAS – To provide, at NHS expense, urgent supplies of repeat medicines and appliances for patients referred by NHS 111, and so reduce demand on the urgent care system, particularly GP Out of Hours providers. This service is a national pilot running

until 31 March 2018.

- **Stoma appliance customisation service** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- **Appliance use review service (AUR)** – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary making recommendations to prescribers.

2.3.4 Enhanced services

The 2013 directions contain a list of enhanced services which NHS England may commission, and broadly describe the underlying purpose of each one.

NHS England may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification.

NHS England currently commissions the following enhanced services in Torbay:

- On demand availability of specialist drugs.

Other enhanced services which may be, but are not currently, commissioned by NHS England are:

- Antiviral collection service
- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Emergency supply service
- Gluten free food supply service
- Home delivery service

- Independent prescribing service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

Some of the above services may be commissioned by CCGs or local councils, but in such cases those services are not 'pharmaceutical services' for the purposes of this PNA. See section 2.4 for further details. However commissioning of this service may transfer to Clinical Commissioning Groups in the near future, in which case it would cease to be an enhanced service and would become a locally commissioned service.

2.3.5 Clinical governance

Underpinning the provision of all of these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme
- a premises standards programme.

2.3.6 Opening hours

Most pharmacies are required to open for at least 40 hours per week, and these are referred to as core opening hours. However many choose to open for longer and these hours are referred to as supplementary opening hours – but a pharmacy can decide to stop providing supplementary hours by giving notice to NHS England (see below in section 2.6).

As part of an application to open a new pharmacy, an applicant may offer to open for more than 40 core hours per week (for example, promising to open for a minimum of 50 hours per week), and may also open supplementary hours in addition.

If an application is granted and the pharmacy subsequently opens the core and supplementary opening hours set out in the initial application become the pharmacy's contracted opening hours.

Between April 2005 and August 2012, some contractors were able to open new premises using an exemption under which they agreed to have 100 core opening hours per week (referred to as 100 hour pharmacies). These pharmacies are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). Although the exemption for new 100 hour pharmacies no longer applies, existing 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours.

2.3.7 Recent changes to the contractual arrangements for pharmacies

In late 2016 the Department of Health announced some changes to the contractual framework for pharmacies. These included:

- a reduction in funding of 4% in 2016/17 and a further reduction of 3.4% in 2017/18
- the introduction of the urgent medicines supply service advanced service as a

pilot

- the introduction of a Pharmacy Access Scheme (PhAS)
- the introduction of a Quality Payment Scheme (QPS)
- allowing the consolidation of pharmacies, in effect providing a way for a pharmacy to close without creating an opportunity for another pharmacy to open instead

The PhAS runs until 31 March 2018 and provides some transitional funding to limit the impact of the funding reductions on eligible pharmacies. Pharmacies are eligible for the scheme if they:

- were open on 1 September 2016,
- are more than 1 mile by road from the nearest pharmacy, and
- are not in the top 25% largest pharmacies.

While the Pharmacy Access Scheme is currently expected to end before this PNA takes effect, information regarding which pharmacies are included on it has been included in this PNA because it may be relevant to considering which pharmacies could be regarded as providing an essential service to their communities and which may be more vulnerable to reductions in funding.

There is currently one pharmacy in Torbay included on the PhAS:

- Poolearth Pharmacy (Shiphay), 11 Collaton Road, Torquay, TQ2 7HH

The **Quality Payments Scheme (QPS)** also runs until 31 March 2018 and allows all pharmacies to earn some additional funding for meeting a number of criteria.

- provide medicines use reviews or the new medicines service, or be registered for the urgent medicines supply service pilot
- keep its entry on the NHS Choices website up-to-date
- be able to send and receive email using the secure NHS mail system, and
- use the Electronic Prescription Service

If they are eligible, a pharmacy can earn different amounts of funding for:

- producing a patient safety report (in particular identifying learning from incidents and near misses)
- ensuring that 80% of pharmacists and pharmacy technicians have had safeguarding children and vulnerable adults training (level 2)
- ensuring that 80% of all staff are trained as Dementia Friends
- becoming a Healthy Living Pharmacy (level 1). Current healthy pharmacies can be found here: <https://www.rsph.org.uk/our-services/registration-healthy-living-pharmacies-level1/register.html>
- identifying, using specified criteria, asthma patients who should be referred to an appropriate clinician for an asthma review
- increasing use of the NHS Summary Care Record
- publishing the results of their annual patient experience survey on the NHS Choices website
- keeping their entry in the NHS 111 Directory of Services up-to-date.

It is not currently known whether the QPS will continue after 31 March 2018, either in its current form or with changes.

2.3.8 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

2.3.9 Appliance services

DACs provide the following services that fall within the definition of pharmaceutical services:

- **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers.

Also the urgent supply without a prescription at the request of a prescriber.

- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.
- **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient's home in a way that does not indicate what is being delivered.
- **Supply of appropriate supplementary items** – The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.
- **Provision of expert clinical advice regarding the appliances** – To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.
- **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.

All DACs must provide the above services.

DACs may also receive **electronic prescriptions** through the Electronic Prescription Service (EPS) where they have been nominated by a patient.

2.3.10 Advanced services

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance

requirements. There are two appliance advanced services – for descriptions of these services see section 2.3.3 above.

- Stoma appliance customization
- Appliance use review.

2.3.11 Clinical governance

As with pharmacies, DACs are required to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme.

2.3.12 Opening hours

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours – but a DAC can decide to stop providing supplementary hours by giving notice to NHS England (see below in section 2.6).

As part of an application to open a new DAC, an applicant may offer to open for more than 30 core hours per week (for example, promising to open for a minimum of 40 hours per week), and may also open supplementary hours in addition.

2.3.13 Pharmaceutical services provided by dispensing doctors

The 2013 regulations allow doctors to dispense to eligible patients in rural areas

called controlled localities where access to pharmacies can be difficult.

This PNA is required to include maps of the controlled localities within the HWB's area however there are no such localities in Torbay, and no dispensing doctors.

2.4 Locally commissioned services

Local councils and CCGs may also commission services from pharmacies and DACs, however these services fall outside the definition of pharmaceutical services. For the purposes of this document they are referred to as locally commissioned services. They are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

2.4.1 Services commissioned by Torbay council

Supervised consumption of substance misuse medicines

This service involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a pharmacy. There is a compelling evidence to support the effectiveness of substance misuse supervised administration services with long term health benefits to substance misusers and the whole population.

Needle exchange

This is an integral part of the harm reduction strategy for drug users. It aims to:

- Reduce the spread of blood borne viruses (BBVs) e.g. Hepatitis B, Hepatitis C, HIV
- Provide a gateway into treatment services
- Provide a referral point for service users to other health and social care services

There is a compelling evidence to support the effectiveness of needle exchange services in reducing the spread of BBVs with long term public health benefits to drug users and the whole population.

Emergency hormonal contraception (EHC)

There is a strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy with England. The rate of teenage pregnancy in Torbay is reducing, although it remains one of the highest rates in the South West.

Whilst GP practices are instrumental in contraception provision, in some circumstances female residents will either prefer, or will need, the relative anonymity of attending a pharmacy to access EHC. The drug levonorgestrel is used for EHC under the scheme commissioned by Torbay Council from pharmacies. Through this scheme levonorgestrel is supplied under a PGD to women who meet the criteria for inclusion of the PGD and service specification. It may also be bought as an over the counter medication from pharmacies, however the user must be 16 years or over, hence the need for a PGD service within pharmacies which provides access from 13 to 24 years of age. Anyone who requests EHC, will also be encouraged to take a chlamydia screen at the same time, as part of an integrated provision of sexual health services in pharmacies.

In addition the contraception and sexual health clinics (formerly known as family planning clinics) provide contraceptive services.

Chlamydia screening

This programme is commissioned as part of the Chlamydia Screening Programme in Torbay.

The aim of service is to improve the quality and accessibility of sexual health services to young people between the ages of 16–24 and increase the uptake of Chlamydia screens in young women and young men who have had an unprotected sex episode, thereby increasing the number of identified cases and opportunities for treatment and partner management. Pharmacists are commissioned to opportunistically signpost a young person between the ages of 16-24 (who are not presenting for EHC) to the counter-top Chlamydia screening kit.

NHS health checks

This screening programme was introduced in Torbay to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 years, who has not already been diagnosed with one of these conditions or have certain risk factors, is eligible to have a check (once every five years) to assess their risk of cardiovascular disease. All people identified with a medium or high risk are given support and advice to help them manage their risk.

Smoking cessation

Stopping smoking is one of the single most effective health care interventions that can be offered.

Working alongside the specialist provider of Smoking cessation services and GP practices, pharmacies provide behavioural support as well as Nicotine Replacement Therapy and access to medication for people who want to give up smoking. Unlike other providers, pharmacies offer a walk-in service across a wide number of opening hours.

TB Directly Observed Therapy

Tuberculosis is a treatable, infectious disease that is one of the leading causes of death for adults in the developing world. The prevalence of TB in Devon County is low. The treatment regimen for tuberculosis, recommended by the World Health Organisation and National Institute for Clinical Excellence, consists of a combination of specific antibiotics. A daily regime, using combination tablets is usually used; however some people need more support or monitoring – known as Directly observed Therapy, or DOT. In this instance, the drugs are given individually three times per week, on a Monday, Wednesday and Friday and pharmacies are commissioned to observe the consumption of the medication, similar to supervised consumption.

2.4.2 Services commissioned by South Devon and Torbay CCG

Minor ailments

The Community Pharmacy Minor Ailments Service is commissioned via a PGD from the CCG and its purpose is to ensure that patients can access self-care

advice for the treatment of specific ailments and, where appropriate, can be supplied with a prescription only medicine under a PGD, to treat their ailment. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP, out of hours (OOH) provider, walk-in centre or accident and emergency.

The specific ailments covered by the PDG are:

- Bacterial conjunctivitis
- Impetigo
- Nappy rash
- Uncomplicated urinary tract infections

2.5 Other NHS services

Other services which are commissioned or provided by NHS England, Torbay Council and South Devon and Torbay CCG, which affect the need for pharmaceutical services, are also included within the PNA. These include hospital pharmacies and the GP out of hours service.

2.6 Changes to the existing provision of pharmaceutical services

A pharmacy or DAC can apply to NHS England to change their core opening hours – applications normally need to be submitted 90 days in advance of the date on which the contractors wishes to implement the change. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not.

If a pharmacy or DAC wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

Dispensing doctors do not have to seek approval or give advance notice of any changes to their opening hours.

A person who wishes to buy an existing pharmacy or DAC must apply to NHS England. Provided that the purchaser agrees to provide the same services and

opening hours as the current contractor, change of ownership applications are normally approved.

A contractor which wishes to relocate to different premises also needs to apply to NHS England. Generally a relocation will only be allowed if all groups of patients who use the pharmacy at its current location would find the new location not significantly less accessible.

A contractor can cease providing pharmaceutical services if it gives three months' notice to NHS England. 100 hour pharmacies are required to give six months' notice.

Two pharmacies (which could belong to the same contractor, or different contractors) can apply to consolidate their premises on to one site, in effect closing one of the sites. This does not apply to distance-selling pharmacies or DACs. A consolidation application can only be approved if NHS England is satisfied that doing so will not result in the creation of a gap in pharmaceutical services. If an application is approved then it is not possible for anyone else to apply to open a pharmacy in the same area by submitting an unforeseen benefit application claiming that a gap has been created.

If a new pharmacy opens in or near a controlled locality any dispensing doctors in the area will no longer be able to dispense medicines to any patients who live within 1.6 kilometres (about 1 mile) of that pharmacy. However NHS England may decide to allow a transitional period after the pharmacy opens during which the doctors can still dispense to patients living near the pharmacy.

2.7 How the assessment was undertaken

2.7.1 PNA steering group

The HWB has overall collective responsibility for the development and publication and of the PNA. Torbay HWB established a PNA steering group across the geographical footprint of Devon County (encompassing the local authorities of Devon, Plymouth and Torbay), the purpose of which was to ensure that the HWB

develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and a list of the group's members can be found in appendix 3.

2.7.2 PNA localities

The steering group agreed to use the same locality boundaries for the PNA as the local authority boundary of Torbay.

2.7.3 Other sources of information

Information was gathered from NHS England, South Devon and Torbay CCG, Devon LPC and Torbay council regarding:

- services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- changes to current service provision
- future commissioning intentions
- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical services.

The JSNA and Torbay's joint health and wellbeing strategy provided background information on the health needs of the population.

2.7.4 Equality and safety impact assessment

Torbay council uses equality analysis as a tool to ensure that everyone can access its services and that no particular group is put at a disadvantage. Equality impact assessments (EIAs) are carried out when policies, strategies, procedures, functions and services are developed and reviewed. The staff who develop the policy or service complete a template which gives them a series of prompts to consider how to promote equality and avoid unlawful discrimination. They consider the following nine protected characteristics as part of the assessment:

- Gender reassignment
- Race
- Disability
- Age
- Sex
- Sexual orientation
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

The EIA for the PNA can be found in appendix 4.

2.7.5 Consultation

The statutory 60 day consultation commenced 4th December 2017 till the 2nd February 2018. A report on the consultation can be found in appendix 7 (P. 99).

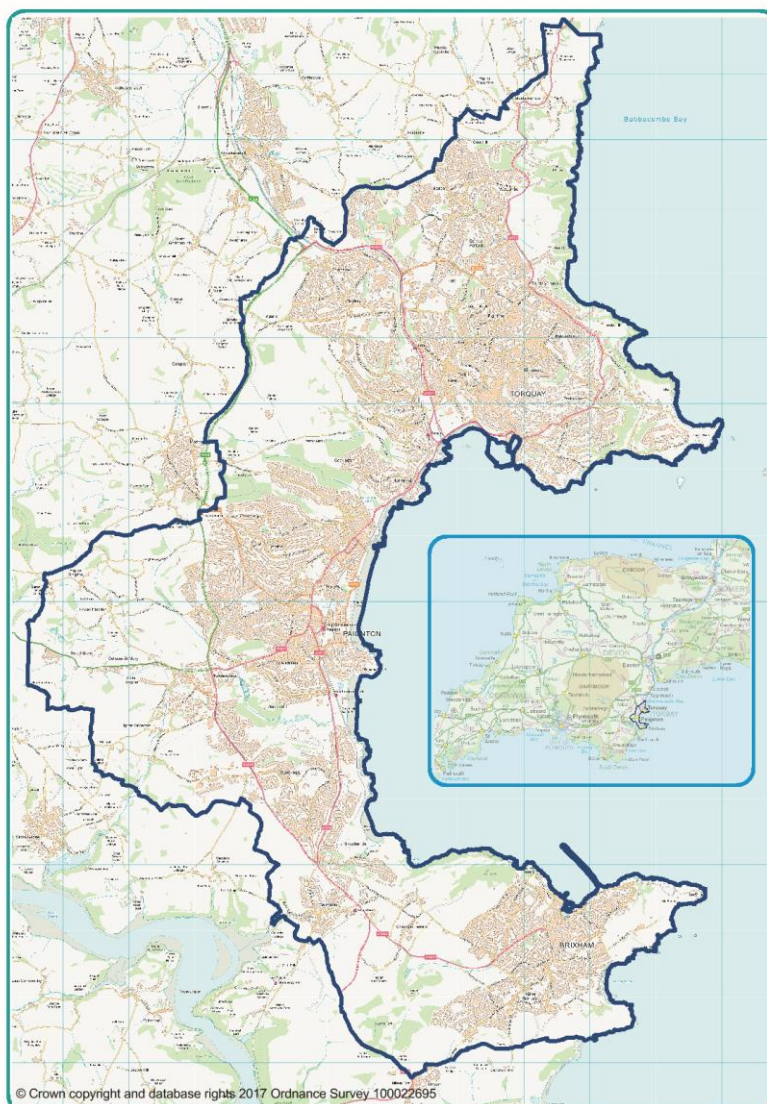
3 Overview of Torbay

3.1 Introduction

This section details the key components of Torbay's population's age, sex, ethnicity and deprivation. This data compares the Torbay average against the national averages where available.

Torbay is located on the South Coast of Devon and is predominantly an urban area.

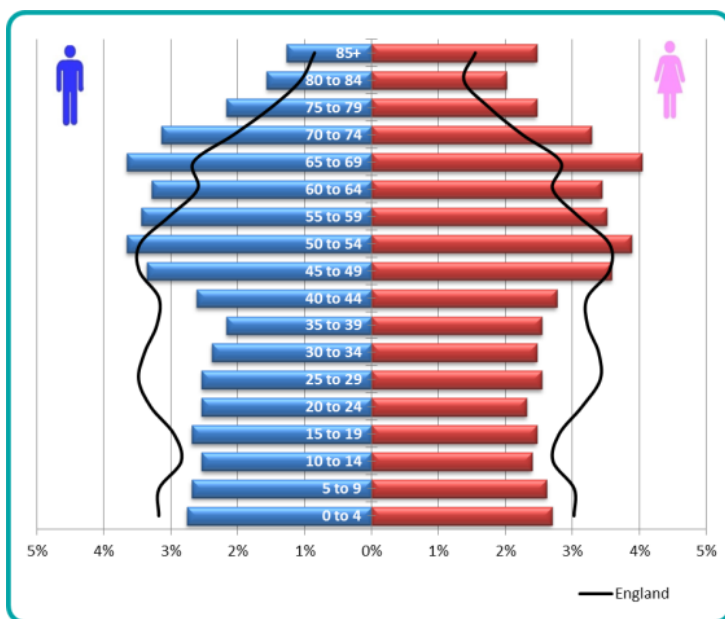
Figure 1: Map of Torbay



3.2 The population

Torbay’s population remains relatively unchanged over the last 10 to 15 years, unlike the England average which shows a 7.7% increase (Table 1). The population of Torbay is older than the England average, with a greater proportion of the population over the age of 50 years. There are noticeable differences in the 0-4 and 20-39 age groups compared to England (Figure 2).

Figure 2: Population pyramid for Torbay compared to England, 2016 ONS mid-year resident population estimates



Source: ONS Mid-year population estimates

Table 1: Mid-year population estimates for Torbay, 2006-2016

All Age	Torbay	England
2006	131,900	50,965,200
2008	132,100	51,815,900
2010	131,400	52,642,500
2012	131,500	53,493,700
2014	133,000	54,316,600
2016	133,900	55,268,100
% change		
(2006 to 2016)	1.5%	7.8%

Source: Mid-Year population estimates, Office for National Statistics (rounded to nearest 100).

It is estimated that Torbay's population will increase by around 8,600 (6.4%) by 2030 (Table 2). The largest increase will be seen in the population aged 85 years and over (56.9%), whilst it is estimated there will be a 7.7% reduction in those of working age (45-64 years).

Table 2: Sub-national population projections for Torbay, 2017-2030

Age group	2017	2018	2022	2026	2030	%
0 to 14	21,100	21,300	21,900	22,100	22,000	4.3%
15 to 29	20,600	20,400	20,000	19,900	20,500	-0.59%
30 to 44	19,900	19,800	20,400	21,000	21,200	6.5%
45 to 64	37,500	37,600	37,200	36,200	34,600	-7.7%
65 to 84	30,200	30,700	32,500	34,700	36,900	22.2%
85+	5,100	5,200	5,800	6,600	8,000	56.9%
All ages	134,500	135,100	137,700	140,500	143,100	6.4%

Source: Sub-national population projections, Office for National Statistics (rounded to nearest 100)

3.3 'Protected Characteristics' (Equality Act 2010)

The Equality Act 2010 sets out nine personal characteristics that are protected by the law:¹

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Under the Act, people are not allowed to discriminate, harass or victimise another person because they have any of the above protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. Government departments, service providers, employers, education providers, providers of public functions, associations and membership

¹ <http://www.equalityhumanrights.com/private-and-public-sector-guidance/guidance-all/protected-characteristics>

bodies and transport providers all have a responsibility under the Act.

In the following paragraphs, the nine protected characteristics have been described at the Torbay level. Where available, information at the locality level can be found on Torbay's JSNA website². The protected characteristics should be considered when examining whether or not existing pharmaceutical services provision meets need; consequently, due regard is given to these characteristics within the 'Market Entry' regulations.

3.3.1 Age

Torbay currently has a population of 134,500. Torbay has a higher proportion in all age groups from 50-90+, for both Males and Females, than the national population. Conversely Torbay has a lower proportion in all age groups from 0-44 than nationally.

3.3.2 Disability

According to the 2011 Census, 10.0% of Torbay residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). This was the second highest in the South West region. According to the 2011 Census, 41.7% of Torbay residents reported their general health as 'very good' placing Torbay lower down the Local Authority rankings, however Torbay does rank very high for those rating their health as only 'Fair'. Both Bad health (5.8%) and Very bad health (1.7%) have higher percentages in Torbay than in England (England 4.2%, 1.2% respectively), this equates to 9,892 people over both categories.

3.3.3 Faith, religion or belief

According to the 2011 Census, Christianity is the most common religion in Torbay with 63.3%. 27.5% of the Torbay population stated they had no religion. Both are higher than the national average. Numbers for each of the other main categories are below 750 persons (0.5%) each and range from 0.03% Sikh to 0.5% Other Religion. Of the 0.5% of the population who reported Other Religion; 177 people reported they were Pagan and 246 people were Spiritualist.

² <http://www.southdevonandtorbay.info/>

3.3.4 Gender - including marriage, pregnancy and maternity

Overall 51.5% of Torbay’s population are female (ONS mid-2016 estimates). According to the 2011 Census, of those aged 16 and over, 46.6% are married – the same as the national average. There were 1,462 live births in 2012 with numbers increasing steadily and peaking in 2011 at 1,499. Going forward, local estimates suggest the number of births per year for the coming 5 years to be in the order of 1,400 per year.

3.3.5 Gender reassignment

In 2010 it was estimated nationally that the number of gender variant people presenting for treatment was around 12,500. Of these, around 7,500 have undergone transition. The median age for treatment for gender variation is 42 years. There is no precise number of the trans population in Torbay.

3.3.6 Race

There is relatively little ethnic diversity in Torbay. According to the 2011 Census 94.8% of Torbay’s population considered themselves White British. This is significantly higher than the England average (79.8%). Torbay has 3,260 (2.5%) resident ethnic minority population (excluding white ethnic groups). Of these, 1,420 residents (1.1%) are **Mixed/Multiple** ethnic background, 1,353 (1%) **Asian/Asian British**, 251 (0.2%) **Black British** and 236 (0.2%) **Other ethnic Group**.

Table 3: Ethnic group for Torbay, 2011

	White	Mixed/ multiple ethnic groups	Asian/Asi an British	Black/African/ Caribbean/ Black British	Other ethnic group
Torbay	97.5%	1.1%	1.0%	0.2%	0.2%
England	85.4%	2.3%	7.8%	3.5%	1.0%

Source: LC2109EWIs – 2011. Census table, Office for National Statistics

3.3.7 Sexual Orientation - including Civil Partnership

0.3% of the Torbay population are registered in a same-sex civil partnership (national average is 0.2%). 2.6% of people in Torbay are separated and still either legally married or legally in a same-sex civil partnership. There is also no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Torbay but it is nationally estimated at 5.0% to 7.0%. This would mean that approximately 5,464 – 7,650 people aged 16 years and over in Torbay are LGB.

3.4 Material deprivation

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Deprivation measures attempt to identify communities where the need for healthcare is greater, material resources are fewer and as such the capacity to cope with the consequences of ill-health are less. People are therefore deprived if there is inadequate education, inferior housing, unemployment, insufficient income, poor health, and low opportunities for enjoyment. A deprived area is conventionally understood to be a place in which people tend to be relatively poor and are relatively likely to suffer from misfortunes such as ill-health.

The English Indices of Deprivation 2015 use 37 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area. When analysing IMD data it is important to bear in mind the following:

- It is not an absolute measure of deprivation.
- Not all people living in deprived areas are deprived and vice versa.
- It cannot be compared over time because an area's score is affected by the scores of every other area; so it is impossible to tell whether a change in score is a real change in the deprivation level of an area, or whether it is due to the scores of other areas going up or down.

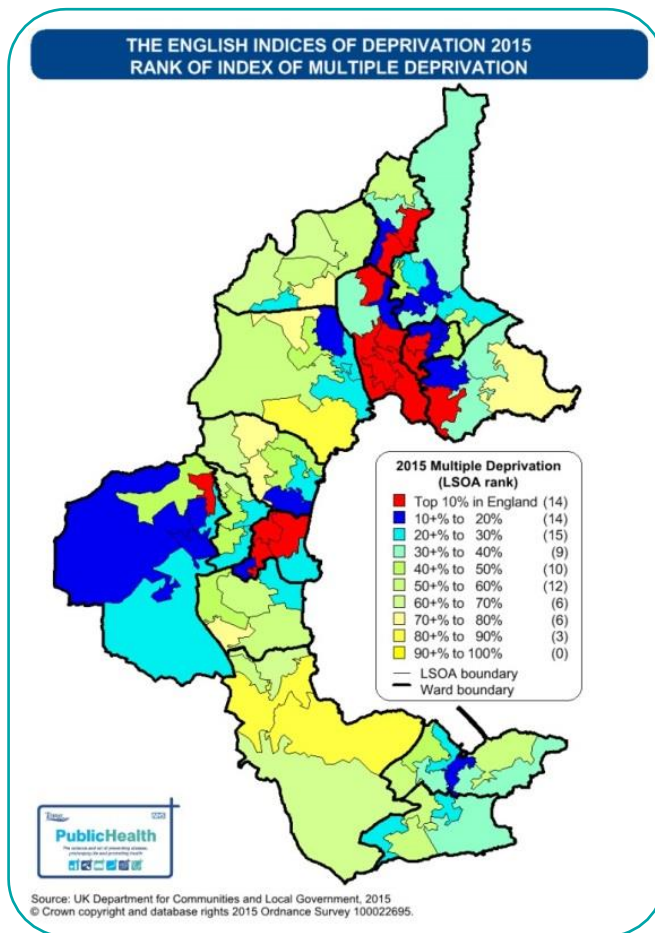
The IMD 2015 score is calculated for every Lower Super Output Area (LSOA) in England. LSOAs are part of a geographical framework developed for the collection and publication of small area statistics. Torbay is made up of 89 LSOAs. An LSOA

typically contain a population of around 1,500.

The IMD 2015 score can be used to rank every LSOA in England according to their relative level of deprivation. Out of 32,844 LSOAs in England, Torbay has 28 LSOAs in the 20% most deprived. Torbay is ranked 46th out of the 326 local authority districts in England (1=most deprived; 326=least deprived). This places Torbay in the bottom 20% of local authorities in England.

Torbay is ranked as the most deprived local authority area in the South West region. Figure 3 shows the IMD 2015 ranks for the 89 LSOAs in Torbay

Figure 3: 2015 Index of Multiple Deprivation (IMD)



Source: English Index of Multiple Deprivation 2010, Department for Communities and Local Government

3.5 Car ownership (relevance to accessing pharmaceutical services)

Based on the 2011 Census, car ownership in Torbay is above the national average at 81.8% (Table 4). Car ownership is lower in Torquay (79.9%) compared to Paignton & Brixham locality (84.1%).

Table 4: Car or van availability by Torbay locality, 2011

	No cars or vans in household	1 car or van in household	2 cars or vans in household	1 or more cars or vans in household
Torbay	18.2%	42.1%	39.7%	81.8%
England	19.5%	39.0%	41.4%	80.5%

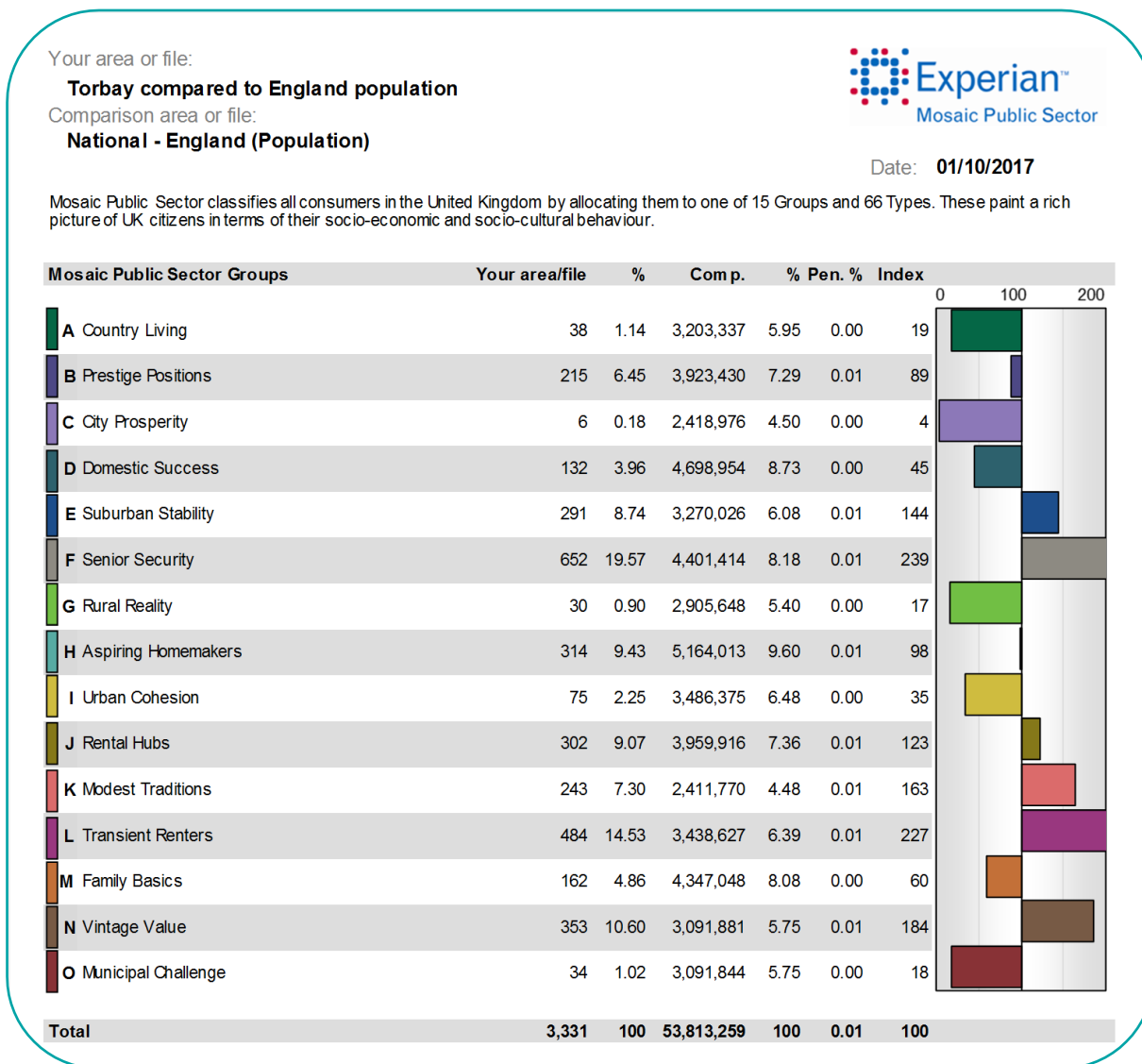
Source: LC4109EW. Census 2011, Office for National Statistics

3.6 Mosaic breakdown alternative

Mosaic is a dataset produced by Experian as a cross-channel consumer classification system designed to help users understand the demographics, lifestyles, preferences and behaviours of the UK adult population in detail. This is achieved by allocating individuals and households (by postcode) into one of 15 'Groups' and 66 detailed 'Types'. Using postcode data from the 2015 GP registration database, the top three Mosaic groups in Torbay are:

1. F Senior Security (Elderly people with assets who are enjoying a comfortable retirement) 19.6% of postcodes in Torbay
2. L Transient Renters (single people privately renting low cost homes for the short term) - 14.5% of postcodes in Torbay
3. N Vintage Value (Elderly people reliant on support to meet financial or practical needs) – 10.6% of postcodes in Torbay

Figure 4: Mosaic groups (based on postcodes) across Torbay



The profile presented in figure 4 shows the distribution of Torbay postcodes (3,331) compared to the England population. Torbay has a higher proportion of F senior Security compared to the England average, with some 652 postcodes identified, or around 19.6% of the population.

4 General health needs of Torbay

This section details the overall health profile for Torbay. This data includes both positive and negative areas of the population's health.

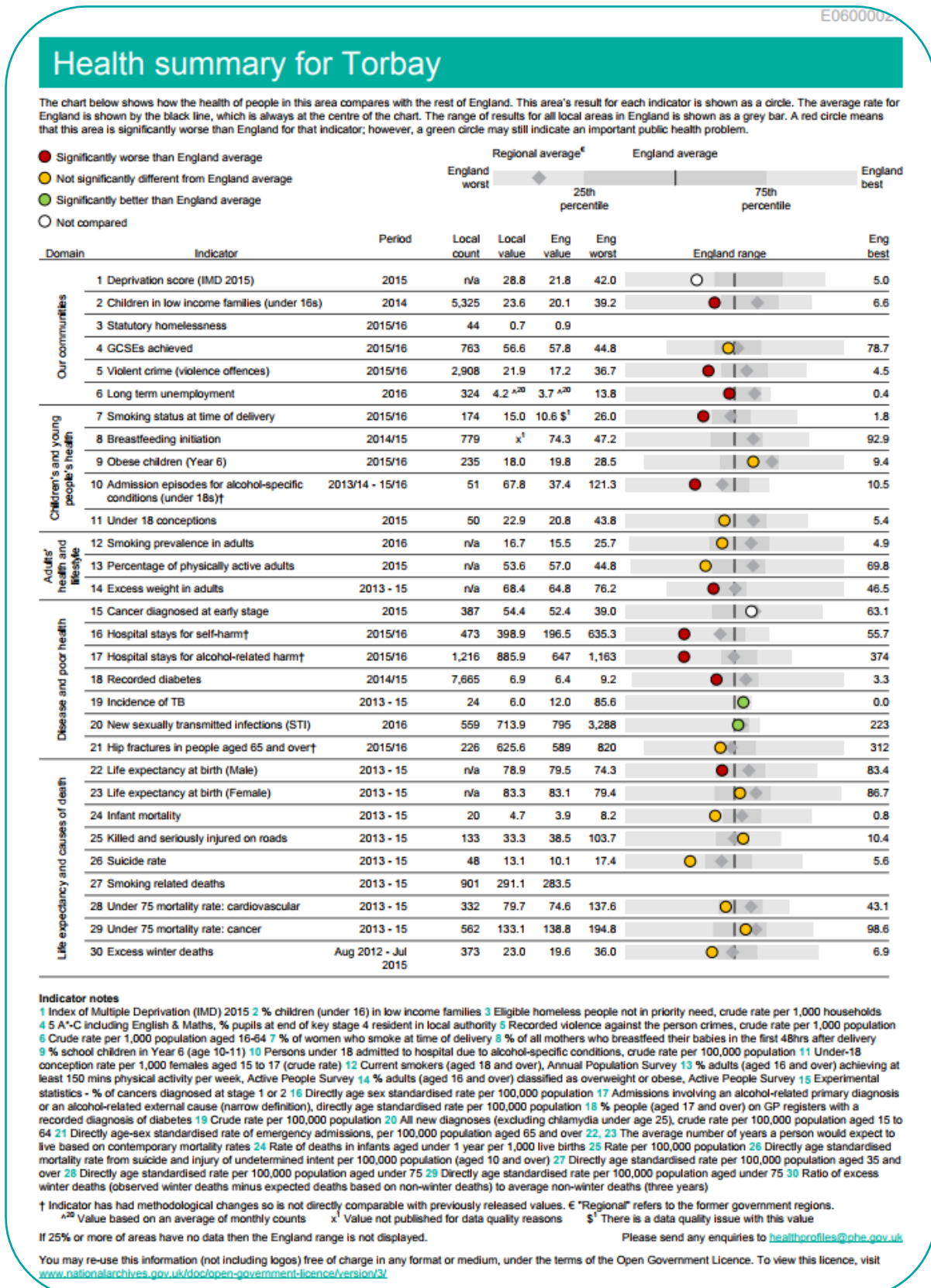
4.1 Introduction

Health Profiles, published by Public Health England (PHE), provide an overview of the general health of the local population. They present a set of key indicators that, through comparison with other areas and with the national average, can highlight potential problems locally. They are designed to help local government and health services identify problems and decide how to tackle them to improve health and reduce health inequalities. Torbay's Health Profile for 2017 is included overleaf (Figure 5) followed by the Child Health Profile also produced by PHE (Figure 6).

4.2 Public Health England's Health Profile for Torbay 2017

The profile can be viewed on the following page.

Figure 5: The Health summary for Torbay 2017



Indicators where Torbay's value is better than the England average:

- New sexually transmitted infections (STI)
- Incidence of TB

Indicators where Torbay's value is worse than the England average:

- Children in low income families (under 16s)
- Violent crime (violence offences)
- Long term unemployment
- Smoking status at time of delivery
- Admission episodes for alcohol-specific conditions (under 18s)
- Excess weight in adults
- Hospital stays for self-harm
- Hospital stays for alcohol related harm
- Recorded diabetes
- Life expectancy at birth (male)

Indicators where Torbay's value is not significantly different to the England average:

- GSCE achieved (5 A*-C incl. English and Maths)
- Obese children (Year 6)
- Under 18 conceptions
- Smoking prevalence in adults
- Percentage of physically active adults
- Hip fractures in people aged 65 years and over
- Life expectancy at birth (females)
- Infant mortality
- Killed and seriously injured on roads
- Suicide rate
- Smoking related deaths
- Under 75 mortality rate: cardiovascular disease
- Under 75 mortality rate: cancer
- Excess winter deaths

4.3 The Child Health Profile for Torbay 2017

Figure 6 : The Child Health Profile for Torbay 2017

Torbay Child Health Profile

March 2017

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- ↔ No significant change
- ↑↓ Increasing / decreasing and getting better
- ↑↓ Increasing / decreasing and getting worse
- Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than England average
- Significantly worse than England average



*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

Notes and definitions

1 Mortality rate per 1,000 live births (aged under 1 year), 2013-2015

2 Directly standardised rate per 100,000 children aged 1-17 years, 2013-2015

3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2015/16

4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2015/16

5 % children in care with up-to-date immunisations, 2016

6 % children achieving a good level of development within Early Years Foundation Stage Profile, 2015/16

7 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2015/16

8 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2015

9 % not in education, employment or training as a proportion of total 16-18 year olds known to local authority, 2015

10 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2015

11 % of children aged under 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2014

12 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2015/16

13 Rate of children looked after at 31 March per 10,000 population aged under 18 years, 2016

14 Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2013-2015

15 Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2015

16 % school children in Reception year classified as obese, 2015/16

17 % school children in Year 6 classified as obese, 2015/16

18 % children aged 5 years with one or more decayed, missing or filled teeth, 2014/15

19 Crude rate per 100,000 (aged 0-4 years) for hospital admissions for dental caries, 2013/14-2015/16

20 Under 18 conception rate per 1,000 females aged 15-17 years, 2014

21 % of delivery episodes where the mother is aged less than 18 years, 2015/16

22 Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population, 2012/13-2014/15

23 Directly standardised rate per 100,000 (aged 15-24 years) for hospital admissions for substance misuse, 2013/14-2015/16

24 % of mothers smoking at time of delivery, 2015/16

25 % of mothers initiating breastfeeding, 2014/15

26 % of mothers breastfeeding at 6-8 weeks, 2015/16

27 Crude rate per 1,000 (aged 0-4 years) of A&E attendances, 2015/16

28 Crude rate per 10,000 (aged 0-14 years) for emergency hospital admissions following injury, 2015/16

29 Crude rate per 10,000 (aged 15-24 years) for emergency hospital admissions following injury, 2015/16

30 Crude rate per 100,000 (aged 0-18 years) for emergency hospital admissions for asthma, 2015/16

31 Crude rate per 100,000 (aged 0-17 years) for hospital admissions for mental health, 2015/16

32 Directly standardised rate per 100,000 (aged 10-24 years) for hospital admissions for self-harm, 2015/16

Torbay - March 2017

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Various indicators where Torbay's value is better than the England average:

- MMR vaccination for one dose (2 years)

- Dtap / IPV / Hib vaccination (2 years)
- Family homelessness
- A&E attendances (0-4 years)

Various indicators where Torbay's value is worse than the England average:

- Children in low income families (under 16 years)
- Children in care
- Hospital admissions for dental caries (0-4 years)
- Under 18 conceptions**
- Persons under 18 admitted to hospital for alcohol-specific conditions
- Hospital admissions due to substance misuse (15-24 years)
- Smoking status at time of delivery
- Hospital admissions caused by injuries in children (0-14 years)
- Hospital admissions caused by injuries in young people (15-24 years)
- Hospital admissions for mental health conditions
- Hospital admissions as a result of self-harm (10-24 years)

Various indicators where Torbay's value is not significantly different to the England average:

- Infant mortality
- Child mortality rate (1-17 years)
- Children in care immunisations
- Children achieving a good level of development at the end of reception
- GCSEs achieved (5 A*-C inc. English and maths)
- First time entrants to the youth justice system
- Children killed and seriously injured (KSI) on England's roads
- Low birth weight of term babies
- Obese children (4-5 years)
- Obese children (10-11 years)
- Children with one or more decayed, missing or filled teeth
- Teenage mothers
- Hospital admissions for asthma (under 19 years)

** based on 2014 data, publication of the child health profile was prior to publication of data for 2015 (included in the health profile above)

4.4 Housing growth and significant housing developments

Torbay's growing population (see Table 2) means that the overall demand for pharmaceutical services will continue to grow, particularly for services relating to the older age groups. For example, it is predicted that the number of 65+ year olds in Torbay will increase by 33% from 2014 to 2030.

There are a number of planned or commenced developments that could impact on the anticipated demand for pharmaceutical services in Torbay (Figure 7). These include:

The South Devon Link Road, has improved travel time into and out of the Bay. The improved access to Torbay and South Devon is expected to bring lasting economic benefits, leading to the creation of nearly 8,000 jobs in South Devon, with around 3,500 of these in Torbay³. The road was recently completed (2015) and it is anticipated that Torbay will increasingly see the impact of this new link through increased demand for growth in the coming years. The increase in population and therefore pharmaceutical demands are unknown at this stage.

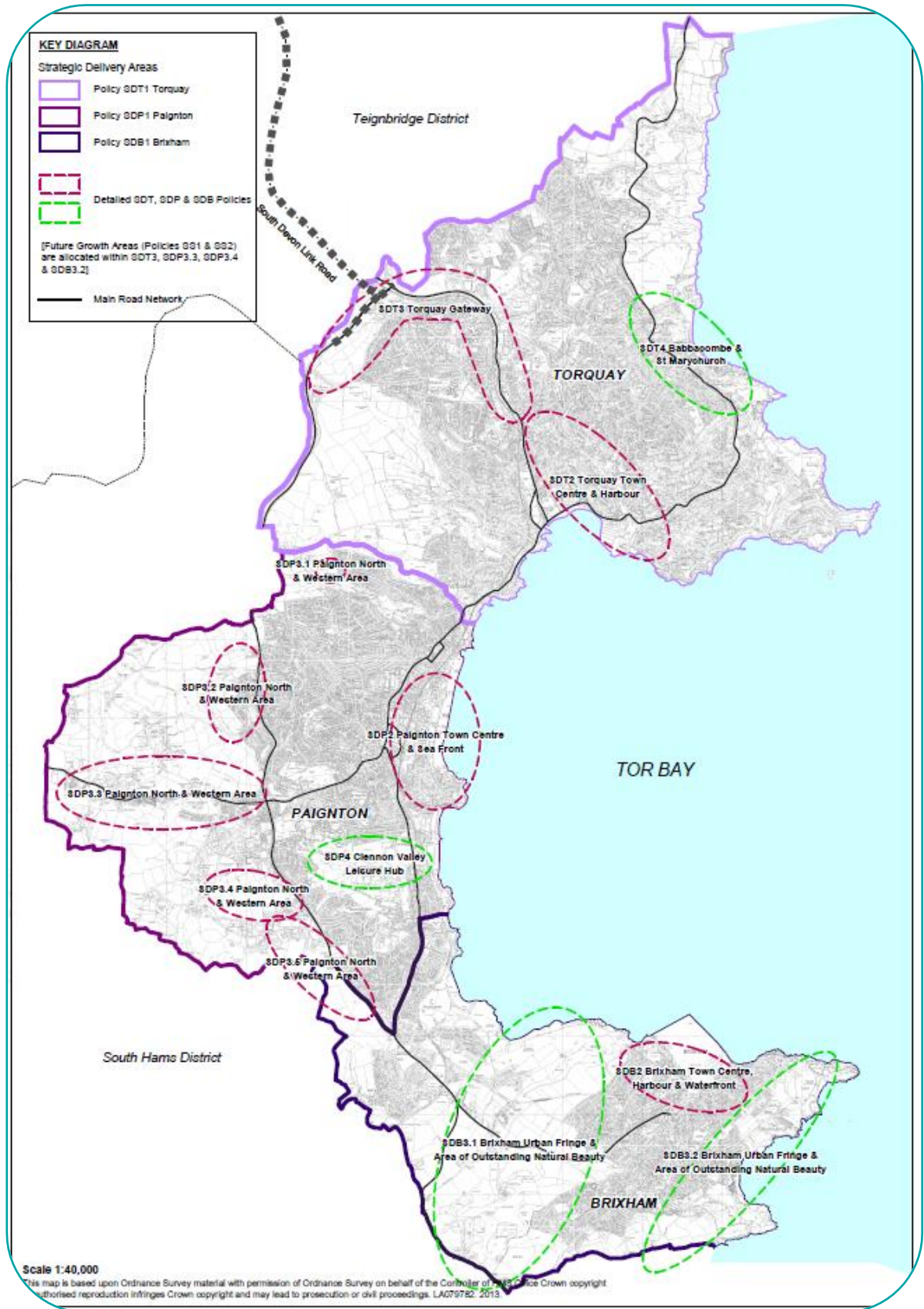
Preparation for a new railway station at Edginswell, Torquay. Planning permission has been granted and the Council is exploring means to deliver this station in partnership with Network Rail. The exact date of delivery is unknown at this stage.

Expansion of Torbay Hospital, including further residential properties in the Shiphay area of Torquay (SDT3 Torquay Gateway – Figure 7). Shiphay anticipates a build of 745 homes which will accommodate approximately 1,600 residents.

Developments in Paignton (SDP 3.2/3/4/5 Paignton North & Western Area - Figure x); at Great Parks, Collaton St Mary and Whiterock will all increase Torbay's population further. The biggest development at Collaton St Mary (SDP 3.3 Paignton North & Western Area) anticipates a build of 2,625 homes which will accommodate approximately 5,300 residents, although completion may not be for another 15 years.

³ <http://www.southdevonlinkroad.co.uk/>

Figure 7: Map showing the anticipated development areas for Torbay based on the 20 year Local plan (Spatial Planning, Torbay Council).



5 Identified patient groups – particular health issues

The following patient groups have been identified as living within the HWB's area:

- Those sharing one of more of the following protected characteristics:
 - Age;
 - Disability which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities;
 - Gender reassignment;
 - Marriage and civil partnership;
 - Pregnancy and maternity;
 - Race which includes colour, nationality, ethnic or national origins;
 - Religion (including a lack of religion) or belief (any religious or philosophical belief)
 - Sex;
 - Sexual orientation.
- Homeless
- Students
- Tourists

Although some of these groups are referred to in other parts of the PNA, this section focusses on their particular health issues.

5.1 Age

- Health issues tend to be greater amongst the very young and the very old
- The number of chronic conditions increases with age

5.2 Disability

- There is a strong relationship between physical and mental ill health; being physically disabled can increase a person's chances of poor mental health and vice versa

- Increased likelihood of co-morbidity of disabling conditions

5.3 Gender re-assignment

- Transgender individuals can face discrimination and harassment; they may be possible targets for hate crime

5.4 Marriage and civil partnership

- Victims of domestic violence are at high risk of serious injury or death.

5.5 Pregnancy and maternity

- There are many common health problems that are associated with pregnancy such as backache, constipation and sleeplessness. Additionally there are health issues such as morning sickness that are specific to pregnancy.

5.6 Race

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB and diabetes.
- An increase in the number of older BAME people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- BAME populations may face discrimination and harassment and may be possible targets for hate crime.

5.7 Religion and belief

- Possible link with 'honour based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and belief.

5.8 Sex

- Inequalities in health are greater for men; there is a difference in life expectancy of 8.9 years for men between electoral wards in Torbay, and 5.2 years for women (2013/15).

5.9 Sexual orientation

- Gay or lesbian individuals may be possible targets for hate crime
- Certain sexual health issues may be more prevalent in gay and lesbian populations eg gay men are in a higher risk group for HIV.
- Research suggests that gay and lesbian people may be less likely to be screened for certain conditions meaning problems are not picked up as early as they could be.
- Mental illness, such as depression and anxiety, is more common amongst lesbian, gay and bisexual people.

5.10 Homeless

- Homeless Link completed a nationwide study of the health needs of homeless people in 2014⁴. Key findings of the audits conducted on homeless people were:
 - 80% reported some form of mental health problem (diagnosed or undiagnosed)
 - 45% had a diagnosed mental health problem (compared to 25 in the general population)
 - 39% are currently, or in recovery from, misusing drugs
 - 27% are currently, or in recovery from, misusing alcohol
 - Almost 50% used drugs or alcohol to cope with mental health issues
 - Close to 66% consumed more than the recommended daily allowance of alcohol, each time they drunk
 - 73% had physical health issues, of which 41% said this was a long term condition.

⁴ <http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

- In addition, homelessness is a key risk factor for TB due to the transmission risks of sleeping rough or in overcrowded accommodation.

5.11 Students

- Torbay has 3 grammar schools which draw young people on a daily basis from both Torbay and the surrounding areas of South Devon.
- Torbay also has South Devon College, based in Paignton, which has a wide variety of academic and vocational courses, as well as adult learning and university degree courses, which draws young people and adult students from a wide area of South Devon.
- Health considerations for this patient group include (but are not limited to):
 - Mumps
 - Chlamydia testing
 - Contraception, including EHC provision
 - Mental health problems are more common among students than the general population.
- Torbay is highly popular with foreign students with a significant number of young people staying with host families in Torbay and the surrounding area. These students can be from a diverse range of countries and therefore may bring, or be susceptible to, a range of foreign diseases or ailments.

5.12 Tourists

- Torbay has a seasonal influx of tourists into the area, who may suffer from a range of health issues which may need pharmacy support. These could range from simple colds through to issues such as sunburn as well as more complicated prescribing regimens that need to continue to be maintained.

6 Health needs that can be met by pharmaceutical services

6.1 Introduction

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section 5. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long term condition. This health need can only be met within primary care by the provision of pharmaceutical services, be that by pharmacies, DACs or dispensing doctors, and is applicable to the following themes.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHS England and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal.

Many of the pharmacies in Torbay will offer a collection and delivery service on a private basis.

Distance selling pharmacies are required to deliver all dispensed items and this will clearly be of benefit to people who are unable to access a pharmacy. As noted earlier DACs tend to operate in the same way and this is evidenced by the fact that the vast majority of items dispensed by DACs were dispensed at premises some considerable distance from Torbay.

Mental health

As well as supply medicines for the treatment of mental health problems, pharmacies can provide accessible and comprehensive information and advice to carers about what help and support is available to them. This is part of the signposting essential service.

Smoking

Smoking cessation is commissioned as a locally commissioned service and

pharmacies are just one of several providers of this service. As smoking cessation is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

Long term conditions

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to many long term conditions as part of the essential services they provide:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include long term conditions.
- Signposting people using the pharmacy to other providers of services or support.
- Provision of the four advanced services will also assist people to manage their long term conditions in order to maximise their quality of life.

6.2 Joint Strategic Needs Assessment (JSNA)

The purpose of the JSNA is to provide an objective view of the health and wellbeing needs of the population. JSNA identifies “the big picture” in terms of the health and wellbeing needs and inequalities of a local population. It provides an evidence base for commissioners to commission services, according to the needs of the population. A JSNA is not a needs assessment of an individual, but a strategic overview of the local community need – either geographically such as local authority / localities or for specific groups such as younger or older people or people from different backgrounds

JSNA is not a standalone document but a suite of documents, web tools and presentations which help to analyse the health needs of populations to inform and

guide commissioning of health, wellbeing and social care services within local authority areas. JSNA will be the means by which local leaders work together to understand and agree the needs of the local population. JSNAs, along with health and wellbeing strategies will enable commissioners to plan and commission more effective and integrated services to meet the needs of the South Devon and Torbay population, in particular for the most vulnerable, and for groups with the worst health outcomes, and to help reduce the overall inequalities that exist.

Helping people to live longer and healthier lives is not simply about the healthcare received through GPs or at hospital, it is also about the wider social determinants of where we live and work. The collective action of agencies is needed today to promote the health of tomorrow's older population. Preventing ill health starts before birth, and continues to accumulate throughout individual's lives. A life course approach enables an understanding of needs and risks to health and wellbeing at different points along the path of life. For example, our needs as babies and in our early years differ significantly to our needs and risks to health and wellbeing as we enter adulthood or retirement. Understanding the risks to health and wellbeing at different points along the path of life enables opportunities to promote positive health and wellbeing and to prevent future ill health, or to understand the potential burden of disease that may need to be considered in delivering services.

JSNA in Torbay is presented across the life course:

Population Overview sets the scene for the current & future population structure across South Devon and Torbay. It includes top level population overviews

- Starting Well is about understanding the needs of the population through pregnancy, birth and for the first few years of life. This includes understanding the anticipated need for maternity services, health visiting services and early years' services.
- Developing Well is about understanding the needs of the population between the ages of 5 and 24. This includes understanding the anticipated needs for schools and the developing health and wellbeing needs of this age group.
- Living and Working Well is about understanding the needs of the working age population. This includes understanding the lifestyles and health outcomes experienced by this group, and the risks that prevent positive health and wellbeing.

- Ageing and Dying Well is about understanding the needs of those from around 65 years and over. It is about reducing and preventing long term conditions, promoting active aging and tackling inequalities into older age.

Torbay’s JSNA can be accessed through the following link:
<http://www.southdevonandtorbay.info/>

A written narrative JSNA for 2018 to 2020 is due for publication in December 2018; this will be accessible through the website.

Figure 8: Home page of the Torbay JSNA website

South Devon and Torbay Knowledge and Intelligence

Sharing knowledge and intelligence to understand the needs of the community

This website provides an opportunity to bring together knowledge and intelligence from different perspectives, to enable a wider understanding of the needs within the South Devon and Torbay community.

The information contained within this website forms a wider Joint Strategic Needs Assessments (JSNA) for South Devon and Torbay. JSNAs provide an analysis of the health needs of populations to inform and guide commissioning of health, well-being and social care services.

Interactive Tools

- Community Asset Tool
- Population Tool
- Profile Tool

Needs Assessment and Strategy

- Annual Reports
- Area/Community Based Overviews
- JSNA Narratives

Intelligence Forum

The local intelligence network brings strategy and intelligence officers together with the aim of being better able to understand the needs of the South Devon and Torbay community.

Performance Frameworks

- Adult Social Care Outcomes Framework (ASCOF)
- National Health Service Outcomes Framework (NHSOF)
- Public Health Outcomes Framework (PHOF)

Health and Wellbeing Knowledge and Intelligence

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TORBAY

7 Provision of pharmaceutical services

7.1 Necessary services

The PNA is required to make statements on current provision and gaps in 'necessary pharmaceutical services' provided by community pharmacists. This section considers those services provided by community pharmacies that fall within the definition of 'essential pharmaceutical services' commissioned by NHS England. NHS England oversees the provision of these services. Essential services are provided by all community pharmacies and are centrally funded. They are:

- The dispensing of prescriptions
- The dispensing of repeatable prescriptions
- The acceptance and disposal of unwanted medicines returned by patients
- Signposting to other providers of health and social care services
- Promotion of healthy lifestyles
- Support for self-care.

Relevant and necessary services

- Medicines Use Reviews and Prescription Intervention Service (may only be provided by a community pharmacy).
- New Medicines Service (may only be provided by a community pharmacy).

On-demand availability of specialist drugs is commissioned by NHSE as a local enhanced service, and is necessary to ensure people have access to a specified list of products during extended hours of opening.

NHS England commissions this service from selected pharmacies, chosen to ensure appropriate geographical coverage and because they have long opening hours. Not all of the pharmacies which provide this service may be open on bank/public holidays and NHS England considers that to associate providing this service with a requirement to be open on holidays would discourage pharmacies from providing the service. Therefore coverage may be sparser on such days.

7.2 Current provision of necessary services

There are currently 37 pharmacies in Torbay (see figure 9).

28 pharmacies are owned by national pharmacy chains:

- 9 by Boots Pharmacy
- 8 by Day Lewis Pharmacy
- 6 by Well Pharmacy (Best way National Chemists)
- 4 by Lloyds pharmacy
- 1 by Superdrug Pharmacy.

4 pharmacies are owned by a local chain, Poolearth, and 5 pharmacies are owned by independent providers.

There are two 100 hour pharmacies (Boots Pharmacy at Wren Retail Park, Torquay and Lloyds Pharmacy at Sainsbury's, Brixham Road, Paignton).

There are no pharmacies with local pharmaceutical services contracts, distance-selling pharmacies, dispensing appliance contractors or dispensing doctors in Torbay.

Since the last PNA was published two pharmacies have closed in Torbay:

- Boots Pharmacy on Tor Hill Road in Torquay closed in January 2017 (i.e. 2016/17)
- Boots Pharmacy on Winner Street in Paignton closed in July 2017 (i.e. 2017/18).

No new pharmacies have opened since the last PNA was published.

Over the last four years provision in Torbay has been as follows:

Year	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of prescription fees	Px fees per head	Fees per pharmacy
2013/14	132,075	40	30.3	3,326,696	25.2	83,167
2014/15	132,984	40	30.1	3,389,775	25.5	84,744
2015/16	133,373	39	29.2	3,408,911	25.6	87,408
2016/17	133,883	39	29.1	3,368,944	25.2	86,383
2017/18*	134,000	37	27.6	3,368,944	25.1	91,053
South West 15/16	3,200,213 (in 2015)	637	19.9	57,812,665	18.1	90,758
England 15/16	54,786,327 (in 2015)	11,688	21.3	995,277,392	18.2	85,154

Notes:

* assumption that the number of prescription fees for 2017/18 is the same as 2016/17

1. Figures include pharmacies that were open at any point during the financial year. Therefore, the figure for 2016/17 will not match the number of current open pharmacies in section 7.2, as the latter takes into account pharmacies that may have opened or closed since 2016/17.
2. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2013/14 the population is taken as the mid-year estimate for 2013.
3. The South West population figure excludes Dorset, Poole, Bournemouth, Wiltshire, Swindon, Gloucestershire, Bath and North East Somerset as these are not in the NHS England region definition.

The number of pharmacies in Torbay fell by 1 between 2013/14 and 2016/17. The number of items dispensed rose by almost 2.5% between 2013/14 and 2015/16, but then fell by 1.2% in 2016/17. Overall, the number of items dispensed rose by 1.3% between 2013/14 and 2016/17.

Nationally the number of pharmacies has risen only very slightly in the last few years: in 2015/16 there were 11,688, up 14 from the previous year. The number of prescription items dispensed has increased a little faster: in 2015/16 approximately 995.3 million items were dispensed, up 1.7% on the previous year.

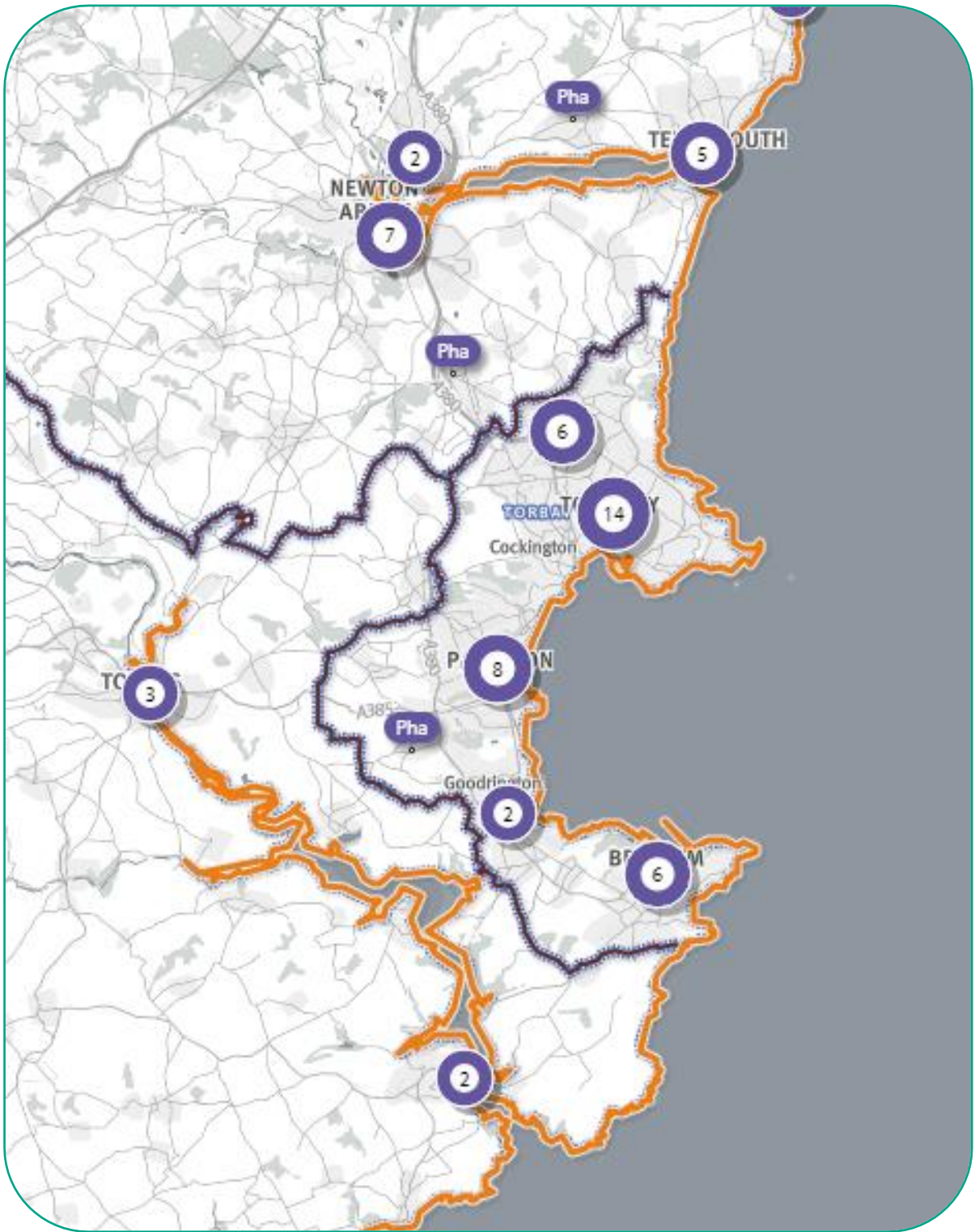
The number of pharmacies per 100,000 population in Torbay (27.6 in 2017/18) is higher than the South West and national figures (19.9 and 21.3 respectively), however when considering the higher number of fees per resident population; the increased elderly, daytime transient and tourist populations, there is a slightly higher number of fees per pharmacy in Torbay (91,053 in 2017/18) than either the South west or National levels (90,758 and 85,154 respectively). In considering these two facts, it is concluded that this does not equate to a significant difference and therefore suggests Torbay is neither over nor under served in terms of pharmacy provision.

7.3 Current provision outside the HWB's area

As stated above, distance-selling pharmacies are required to provide the essential services to patients anywhere in England, and will deliver medication to a patient's home address. Their services are therefore available to residents of the HWB's area. In addition to those located within the HWB area, there are numerous such pharmacies located around the country. An alphabetical list of distance-selling pharmacies is available at www.nhs.uk/service-search/pharmacies/InternetPharmacies

DACs generally supply appliances by home delivery, and are required to do so for certain types of appliance. Their services are therefore available to residents of the HWB's area. As at February 2017 there were 111 DACs in England, including those located within the HWB area. An alphabetical list of DACs is available at www.nhs.uk/service-search/pharmacies/AppliancePharmacies

Figure 9: Location of pharmacies in and around Torbay

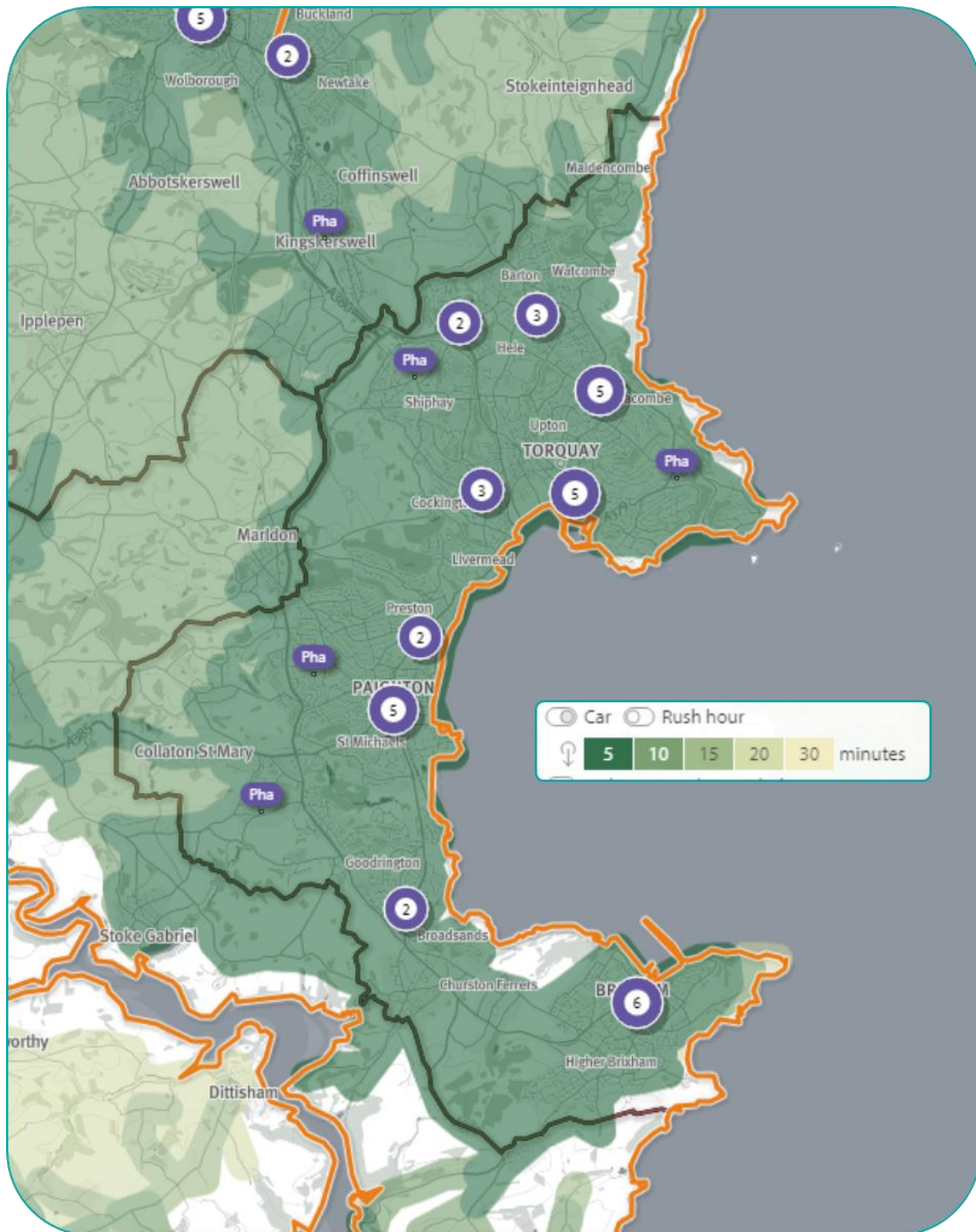


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7.4 Access to premises

Torbay's population is served by 37 pharmacies, with well over 95% of the population within a 5 minute car journey of a pharmacy, and the total population being within a 10 minutes car journey of a pharmacy. Pockets of Torbay not covered in the following map are the coast line and golf courses.

Figure 10: drive times around pharmacies in Torbay



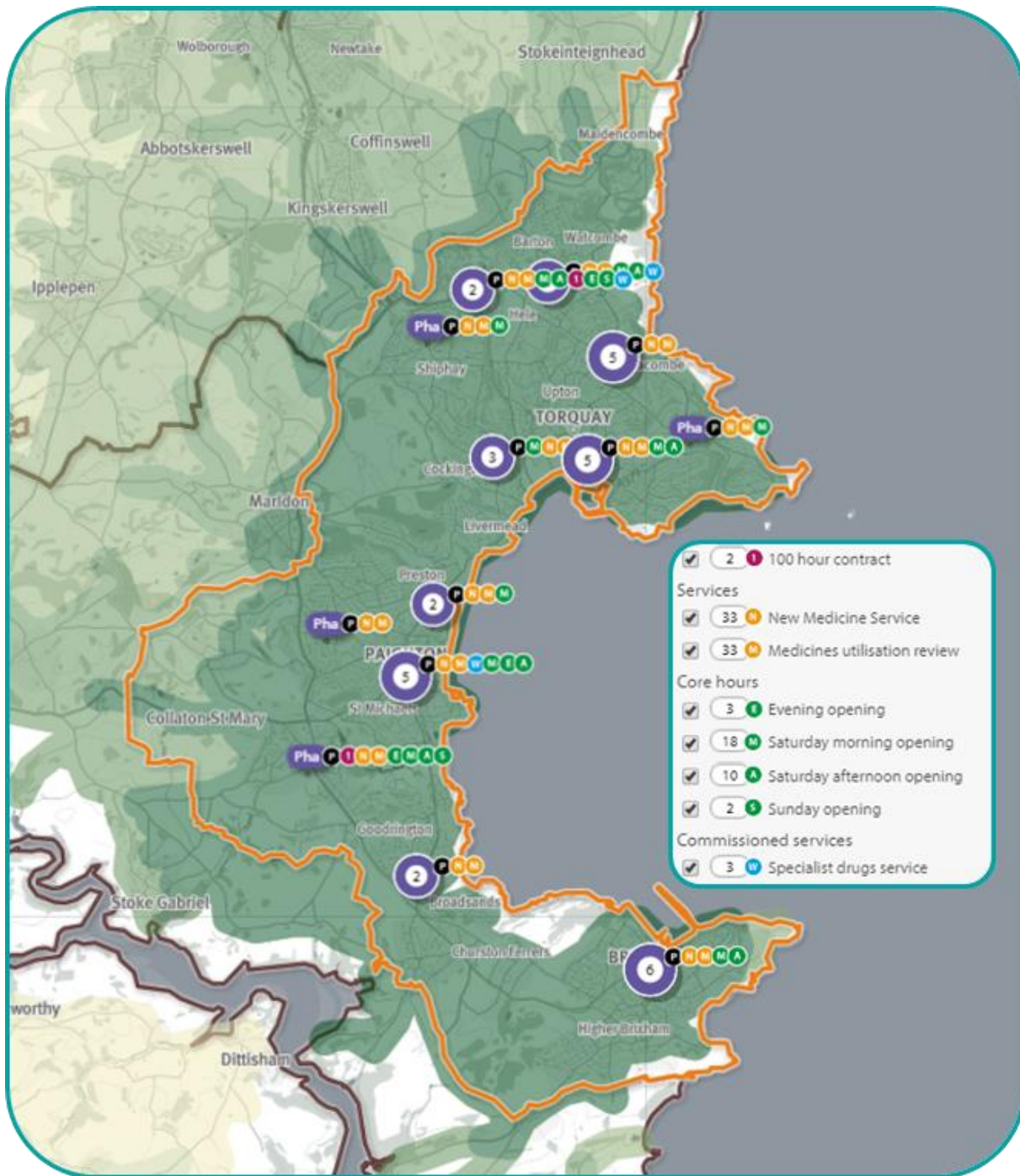
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7.4.1 Access to the essential services (core plus supplementary opening hours)

- 7 pharmacies are routinely open 7 days per week: 4 in Torquay and 3 in Paignton
- 23 pharmacies are open Monday to Saturday only. 16 pharmacies close at or before 1pm on Saturdays. 7 pharmacies close after 1pm on Saturdays.
- 7 pharmacies open Monday to Friday only.
- 1 pharmacy is open before 8am Monday to Friday: Lloyds Pharmacy in Paignton
- 4 pharmacies open later than 6.30pm Monday to Friday, 2 in Paignton and 2 in Torquay

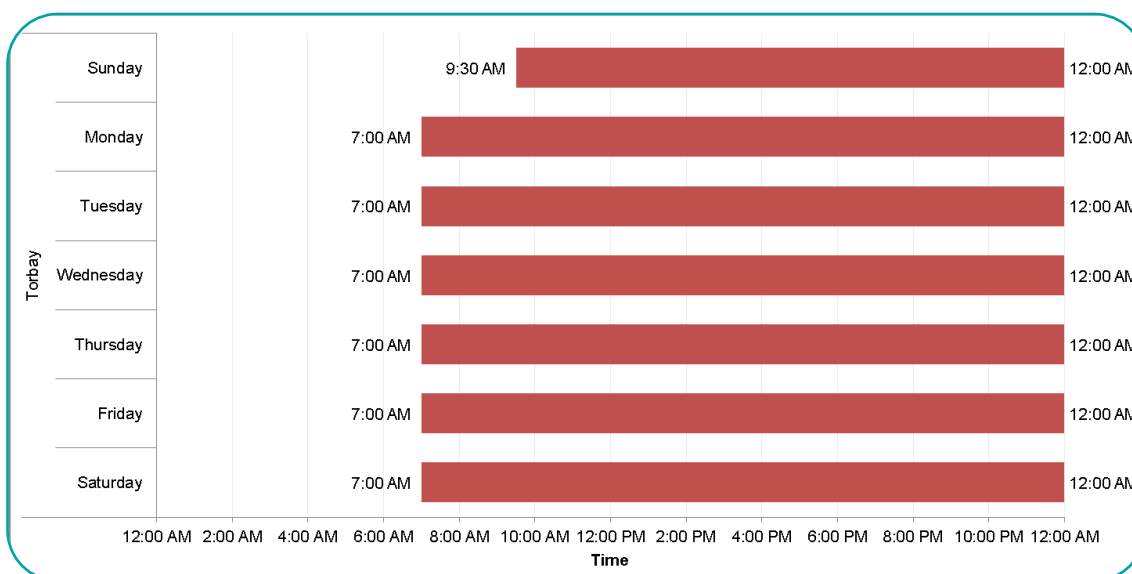
NHS England has a duty to ensure that residents of the HWB's area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

Figure 11: Pharmacy services across Torbay



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Figure 12: Earliest opening time and latest closing time for any given pharmacy, by day of the week



Note:

1. Earliest opening and latest closing times are based on current total opening hours i.e. core plus supplementary opening hours

7.4.2 Access to Medicines Use Review (MUR)

All of the pharmacies in Torbay provided MURs in 2016/17. Out of a maximum possible of 15,600 MURs which could have been carried out, 11,949 MURs were performed in 2016/17 (76.6%). Five pharmacies provided the maximum number of MURs recommended (400), 12 provided more, while 3 provided between 390 and 399 MURs. A total of 20 pharmacies provided 390 or more MURs.

7.4.3 Access to New Medicines Service (NMS)

37 of the 39 pharmacies provide NMS in 2016/17. A total of 3,043 NMSs were undertaken in 2016/17.

7.4.4 Access to the ‘on demand availability of specialist medicines’ enhanced service

NHS England selects pharmacies to provide this service in order to ensure adequate coverage, and in particular tries to choose pharmacies with long opening hours in order to ensure availability in the evenings and at weekends.

3 pharmacies (1 in Paignton, 2 in Torquay) provided this service in 2016/17. It was also provided by pharmacies in the neighbouring HWB area, in Newton Abbot and

Teignmouth.

7.4.5 Access to dispensing of appliances

Some, but not all, pharmacies dispense appliances. DACs dispense appliances, usually by home delivery.

All of the pharmacies dispensed some appliances during 2016/17, while 21 dispensed appliances that require measuring or fitting.

7.5 Other relevant services

Other relevant services are services there are not defined as necessary but have secured improvement or better access to pharmaceutical services.

For the purposes of this PNA, 'other relevant services' includes:

- the advanced services not classed as 'necessary' (influenza vaccination and urgent supply, stoma appliance customization and AUR)
- services commissioned from pharmacies by South Devon and Torbay CCG or Torbay council
- other NHS services
- services provided by other organisations.

7.6 Advanced services

7.6.1 Influenza vaccination advanced service

This service has not been included within the definition of 'necessary services' because, if it were not provided by pharmacies, an equivalent service would be available from GP surgeries. 34 pharmacies in Torbay provided NHS influenza vaccinations in 2016/17, giving a total of 3,741 vaccinations.

7.6.2 Stoma appliance customisation advanced service

Only 2 pharmacies appear to provide this service themselves, with a total of 48 stoma customisations provided in 2016/17. However many stoma appliances will be

dispensed by DACs based around the country, who may provide this service.

7.6.3 Appliance Use Review (AUR) advanced service

No pharmacy in Torbay provided this service in 2016/17. However many appliances will be dispensed by DACs based around the country, who may provide this service.

7.6.4 Urgent supply advanced service (NUMSAS)

This service has not been included within the definition of 'necessary services' because:

- it is currently a pilot and whether it will continue to be commissioned is not known
- if it were not provided as an advanced service, patients could obtain an urgent supply as a private service from a pharmacy.

7.7 Services commissioned by the CCG or Council

As noted in section 2.4, the CCG or council may commission pharmacies or DACs to provide services.

7.7.1 Services commissioned by the CCG

Currently 37 pharmacies are commissioned in Torbay to provide the Minor Ailments Service. In April – July 2017 (The period when the new Minor Ailment Services were commissioned), 116 people accessed the Minor Ailment Service in Torbay.

7.7.2 Services commissioned by the council

Supervised consumption of substance misuse medicines

19 pharmacies were commissioned to provide this service by Torbay council in 2016/17. 5,813 doses of sublingual Subutex and 45,448 doses of Methadone were supervised in pharmacies In 2016/17.

Needle exchange

15 pharmacies were commissioned in Torbay to provide needle exchange services in 2016/17. The following number of packs was provided through pharmacies In 2016/17:

- 1ml packs – 6,021
- 2ml packs – 4,019
- Blue needle packs – 3,226
- Green needle packs – 1,754
- Orange needle packs – 1,151

Emergency hormonal contraception (EHC)

27 pharmacies were commissioned in Torbay to provide EHC services in 2016/17. 482 provisions of EHC were supplied to Torbay residents through pharmacies In 2016/17.

Chlamydia screening

3 pharmacies were commissioned in Torbay in 2016/17 to provide the Chlamydia Counter top kit service (not including those who provide chlamydia screening as part of the EHC provision). In total 30 pharmacies were commissioned to provide Chlamydia screening and 159 people were tested for chlamydia from the kits provided through pharmacies.

NHS health checks

In 2016/17, this service was only commissioned through GP practices with a small ancillary outreach contract commissioned through Devon Doctors. No pharmacies were directly commissioned in Torbay to provide NHS Health Checks.

Smoking cessation

In 2016/17, 7 pharmacies were commissioned in Torbay to provide stop smoking services. In 2016/17 8 people quit smoking through pharmacies.

TB DOT

In 2016/17, 24 pharmacies were commissioned in Torbay to provide TB DOT services. In 2016/17 no-one received TB DOT services through pharmacies.

7.8 Other NHS services

7.8.1 Hospital pharmacies

Hospital pharmacies reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Some hospital pharmacies are operated by commercial providers which manage outpatient dispensing services, but they are not able to dispense prescriptions issued by other prescribers, for example GP surgeries.

There is one hospital in Torbay, which has a pharmacy on site, although this is not an NHS community pharmacy and therefore does not dispense FP10 prescriptions; it only dispenses hospital outpatient prescriptions. This pharmacy is based on the main hospital site at Lowes Bridge in Torquay.

7.8.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not

required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

Personal administration thus reduces the demand for the dispensing essential service.

7.8.3 GP Out of Hours service

Beyond the normal working hours GP practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and, in appropriate cases, may issue medicines from stock, for example:

- a full course of antibiotics for an infection, or
- sufficient pain relief medication to tide them over until a prescription can be dispensed.

Alternatively the service may issue a prescription for dispensing at a pharmacy.

7.9 Services provided by other organisations

It has been assessed that there are no other services, provided by other organisations in Torbay that is applicable to the PNA.

8 Conclusion

8.1 Current provision

Torbay HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

8.2 Necessary services: current gaps in provision

There are currently no gaps in pharmaceutical provision in Torbay, and thus there is currently no need for a new pharmacy in Torbay.

With regards to the 'on demand availability of specialist drugs' enhanced service, current provision is considered to be adequate and thus there are no gaps. If a need for this provision to be extended is identified then NHS England (or the CCG's if commissioning of this service transfers to them) could commission additional existing pharmacies to provide it. Therefore it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

8.3 Necessary services: future gaps in provision

We recognize that there are housing developments proposed, especially in Collaton St Mary, however, this is not expected to be progressed significantly in the life of this PNA. However, there would be a future need if the housing developments accelerated, and 1,500 or more houses were built within Collaton St Mary.

Across the rest of Torbay there are not expected to be any gaps in pharmaceutical provision and thus there is currently no future need for a new pharmacy elsewhere in Torbay.

We recognise increasing demand pressure in primary care, and that the role of community pharmacy may significantly change, as a result, over the lifetime of this PNA. The direction of travel for primary care, as set out in the GP Forward View, is for GP services to become available from 8am to 8pm, and for pharmacies to become the first point of contact with health services for some health issues. It is

anticipated that pharmacies' business interests will lead them to adapt their provision of pharmaceutical services to these changes, although innovative approaches in contractual arrangement may be needed in some locations to support these changes. Across the existing services in Torbay there is unused capacity for further MUR and NMS services; as a result there is no gap in provision and no need for additional capacity.

With regards to the 'on demand availability of specialist drugs' enhanced service, future provision within this PNA is considered to be adequate and thus there will not be any future gaps. If a need for this provision to be extended is identified then NHS England (or the CCG's if commissioning of this service transfers to them) could commission additional existing pharmacies to provide it. Therefore it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

8.4 Other relevant services: current and future gaps in provision

With regards to Influenza vaccination advanced service, current provision is deemed to be adequate and there are not expected to be any future demands for this service over the lifetime of this PNA.

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) is a pilot service and due to be evaluated in due course. Therefore the PNA will not comment on the adequacy of provision at the present time however the future commissioning plans for this service may be known when the final PNA is published.

Services commissioned through the local authority and CCG, as well as other relevant NHS services, are represented in the PNA for reference but are outside the scope for assessment of need and therefore no statement will be made in this document as to the adequacy of these services.

Appendix 1: Acronyms and definitions

A&E	accident and emergency
AUR	appliance use review
BAME	black and Asian minority ethnic
CCG	clinical commissioning group
CHD	coronary heart disease
COPD	chronic obstructive pulmonary disease
DAC	dispensing appliance contractor
DH	Department of Health
DRUM	dispensing review of the use of medicines
DSP	distance-selling pharmacy
DSQS	dispensary services quality scheme
EHC	emergency hormonal contraception
EIA	equality impact assessment
EPS	electronic prescription service
GIRES	Gender identity research and education society
GUM	genito–urinary medicine
HIV	human immunodeficiency virus
HSCIC	Health and Social Care Information Centre
HSV	herpes simplex virus
HWB	health and wellbeing board
IHS	integrated household survey
IMD	index of multiple deprivation
JSNA	joint strategic needs assessment
LAPE	local alcohol profiles for England
LARC	long–acting reversible contraception
LGBT	lesbian, gay, bisexual and transgender
LPS	local pharmaceutical services
LSOA	lower layer super output area
LTC	long term condition
MSM	men who have sex with men
MSOA	medium layer super output area
MUR	medicines use review
NCMP	national child measure programme

NCSP	national chlamydia screening programme
NMS	new medicine service
NHSCB	NHS Commissioning Board (NHS England)
NUMSAS	NHS urgent medicine supply advanced service
OCU	opiate or crack cocaine user
ONS	Office for national statistics
PCT	primary care trust
PGD	patient group direction
PHO	public health observatories
PhAS	pharmacy access scheme
PNA	pharmaceutical needs assessment
POPPI	projecting older people population information
QOF	quality and outcomes framework
QPS	Quality Payment Scheme
SADL	simple aid to daily living
SMR	standardised mortality rate
STI	sexually transmitted infections
TB	tuberculosis
UK	United Kingdom

The 2013 directions – The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, as amended

The 2013 regulations – The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

Appendix 2: Legislation relating to PNAs

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health powers to make regulations.

Section 128A Pharmaceutical needs assessments

- (1) Each Health and Well-being Board must in accordance with regulations--
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.

- (2) The regulations must make provision--
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs;
 - (c) specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Well-being Board must make a new assessment.

- (3) The regulations may in particular make provision--
 - (a) as to the pharmaceutical services to which an assessment must relate;
 - (b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;
 - (c) as to the manner in which an assessment is to be made;
 - (d) as to matters to which a Health and Well-being Board must have regard when making an assessment.

The regulations referred to are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, in particular Part 2 and Schedule 1.

Part 2: Pharmaceutical needs assessments

3. Pharmaceutical needs assessments

- (1) The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.
- (2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—
 - (a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
 - (b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
 - (c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

4. Information to be contained in pharmaceutical needs assessments

- (1) Each pharmaceutical needs assessment must contain the information set out in Schedule 1.
- (2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its pharmaceutical needs assessment pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement).

5. Date by which the first HWB pharmaceutical needs assessments are to be published

Each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.

6. Subsequent assessments

- (1) After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.
- (2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—
 - (a) the number of people in its area who require pharmaceutical services;
 - (b) the demography of its area; and
 - (c) the risks to the health or well-being of people in its area,unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.
- (3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—
 - (a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
 - (b) the HWB—
 - (i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or
 - (ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

- (4) Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application—
- (a) to meet a current or future need for pharmaceutical services; or
 - (b) to secure improvements, or better access, to pharmaceutical services,
- the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment

7. Temporary extension of Primary Care Trust pharmaceutical needs assessments and access by the NHSCB and HWBs to pharmaceutical needs assessments

- (1) Before the publication by an HWB of the first pharmaceutical needs assessment that it prepares for its area, the pharmaceutical needs assessment that relates to any locality within that area is the pharmaceutical needs assessment that relates to that locality of the Primary Care Trust for that locality immediately before the appointed day, read with—
- (a) any supplementary statement relating to that assessment published by a Primary Care Trust under the 2005 Regulations or the 2012 Regulations; or
 - (b) any supplementary statement relating to that assessment published by the HWB under regulation 6(3).
- (2) Each HWB must ensure that the NHSCB has access to—
- (a) the HWB's pharmaceutical needs assessment (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);
 - (b) any supplementary statement that the HWB publishes, in accordance with regulation 6(3), in relation to a Primary Care Trust's pharmaceutical needs assessment; and

(c) any pharmaceutical needs assessment of a Primary Care Trust that it holds,

which is sufficient to enable the NHSCB to carry out its functions under these Regulations.

- (3) Each HWB must ensure that, as necessary, other HWBs have access to any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on pharmaceutical needs assessments

- (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—

- (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
- (f) any NHS trust or NHS foundation trust in its area;
- (g) the NHSCB; and
- (h) any neighbouring HWB.

- (2) The persons mentioned in paragraph (1) must together be consulted at least

once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

- (3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—
 - (a) must consult that Committee before making its response to the consultation; and
 - (b) must have regard to any representations received from the Committee when making its response to the consultation.
- (4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.
- (5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.
- (6) If a person consulted on a draft under paragraph (2)—
 - (a) is treated as served with the draft by virtue of paragraph (5); or
 - (b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

- (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to

do so, to the following matters—

- (a) the demography of its area;
 - (b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
 - (c) any different needs of different localities within its area;
 - (d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
 - (e) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (d)) which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- (2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—
- (a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
 - (b) having regard to likely changes to—
 - (i) the number of people in its area who require pharmaceutical services,
 - (ii) the demography of its area, and
 - (iii) the risks to the health or well-being of people in its area.

Schedule 1: Information to be contained in pharmaceutical needs assessments

1. Necessary services: current provision

A statement of the pharmaceutical services that the HWB has identified as services that are provided—

- (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

2. Necessary services: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

3. Other relevant services: current provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—

- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area,

nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

- (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

4. Improvements and better access: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
- (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

5. Other NHS services

A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—

- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

6. How the assessment was carried out

An explanation of how the assessment has been carried out, and in particular—

- (a) how it has determined what are the localities in its area;
- (b) how it has taken into account (where applicable)—
 - (i) the different needs of different localities in its area, and
 - (ii) the different needs of people in its area who share a protected characteristic; and
- (c) a report on the consultation that it has undertaken.

7. Map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Finally, specifically in relation to controlled localities, regulation 39 provides:

39. Process of determining controlled localities: formulation of the NHSCB's decision

...

- (2) Once it has determined whether or not an area is or is part of a controlled locality, the NHSCB must—
 - (a) if it determines that the area is to become or become part of a controlled locality, or is to cease to be part of a controlled locality—
 - (i) delineate precisely the boundary of the resulting controlled locality on a map,
 - (ii) publish that map, and
 - (iii) make that map available as soon as is practicable to any HWB that has all or part of that controlled locality in its area;

...

- (4) A HWB to which a map is made available under paragraph (2)(a)(iii) must—
 - (a) publish that map alongside its pharmaceutical needs assessment map (once it has one); or

(b) include the boundary of the controlled locality (in so far as it is in, or part of the boundary of, the HWB's area) in its pharmaceutical needs assessment map (once it has one).

Appendix 3: Steering Group membership

Name	Job Title	Organisation
Dave Bearman	Chair	Devon, Cornwall and Isles of Scilly Pharmacy Local Professional Network
Janet Newport	Contracts Manager	Devon, Cornwall and Isles of Scilly Area Team, NHS England
Kirsty Hill	Senior Public Health Information Analyst,	Devon County Council
Sue Taylor	Chief Officer	Devon Local Pharmaceutical Committee
Robert Nelder	Consultant in Public Health Intelligence	Plymouth City Council
Claire Turbett	Advanced Public Health Practitioner	Plymouth City Council
David Ward	Assistant Contract Manager - Pharmacy	NHS England
Doug Haines	Public Health Analyst	Torbay Council
Ian Tyson	Acting Head of Public Health Improvement	Torbay Council
Karen Acott	Executive Partner	Wallingbrook Health Group (dispensing GP practice representative)

We acknowledge the support and contributions from colleagues in Public Health England.

Appendix 4: Equality impact assessment

STAGE 1: What is being assessed and by whom?	
<p>What is being assessed - including a brief description of aims and objectives?</p>	<p>The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's (H&WB's) area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Torbay, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.</p> <p>If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the H&WB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the H&WB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').</p> <p>As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.</p> <p>Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities (LAs) and Clinical Commissioning Groups (CCGs). A robust PNA will ensure those who commission services from</p>

STAGE 1: What is being assessed and by whom?	
	pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.
Author	Ian Tyson
Department and Service	Commissioning Team, Public Health Department
Date of Assessment	October 2017

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Age	<p>Torbay has a population of around 133,900 (2016 mid year estimates)</p> <p>The population of Torbay is older than the England average, with a greater proportion of the population over the age of 50 years. There are noticeable differences in the 0-4 and 20-39 age groups compared to England</p>	<p>Pharmaceutical services will be provided on the basis of clinical need – this document specifies the needs within Torbay. Any missing provision should have been identified in the document and should therefore have a positive impact.</p>	<p>The predicted population increases within age bands has been estimated. The document will be reviewed in three years' time. It is assumed the age-specific predictions of population growth will be within tolerance, which will ensure provision of pharmaceutical services in an equitable manner.</p>	<p>NHSE. Throughout the life of the document.</p>

STAGE 2: Evidence and Impact

Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Disability	<p>According to the 2011 Census, 10.0% of Torbay residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). This was the second highest in the South West region. According to the 2011 Census, 41.7% of Torbay residents reported their general health as 'very good' placing Torbay lower down the Local Authority rankings, however Torbay does rank very high for those rating their health as only 'Fair'. Both Bad health (5.8%) and Very bad health (1.7%) have higher percentages in</p>	<p>The provision of adequate pharmaceutical services responds to these statistics (which potentially show a relatively high demined when compared to national averages). The aim of the document is to enable the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.</p>	<p>The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.</p>	<p>NHSE. Throughout the life of the document.</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	Torbay than in England (England 4.2%, 1.2% respectively), this equates to 9,892 people over both categories	See the guidance on how to make this judgement.		
Faith/Religion or Belief	According to the 2011 Census, Christianity is the most common religion in Torbay with 63.3%. 27.5% of the Torbay population stated they had no religion. Both are higher than the national average. Numbers for each of the other main categories are below 750 persons (0.5%) each and range from 0.03% Sikh to 0.5% Other Religion. Of the 0.5% of the population who reported Other Religion; 177 people reported they were Pagan and 246 people were	Pharmaceutical services are not targeted at any particular religion. The aim of the document is to ensure the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.	NHSE. Throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	Spiritualist.			
Gender - including marriage, pregnancy and maternity	Overall 51.5% of Torbay's population are female (ONS mid-2016 estimates). According to the 2011 Census, of those aged 16 and over, 46.6% are married – the same as the national average. There were 1,462 live births in 2012 with numbers increasing steadily and peaking in 2011 at 1,499. Going forward, local estimates suggest the number of births per year for the coming 5 years to be in the order of 1,400 per year.	The need for pharmacy services in relation to sexual health have been identified within the document. This will ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.	NHSE. Throughout the life of the document.
Gender Reassignment	In 2010 it was estimated nationally that the number of gender variant people presenting for	The PNA aims to ensure adequate provision of pharmaceutical services	The document aims to meet the needs identified. The document will be reviewed in three	NHSE. Throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	treatment was around 12,500. Of these, around 7,500 have undergone transition. The median age for treatment for gender variation is 42 years. There is no precise number of the trans population in Torbay.	throughout Torbay taking into consideration any particular needs identified. Gender-related pharmaceutical needs should have been identified within the document to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.	
Race	There is relatively little ethnic diversity in Torbay. According to the 2011 Census 94.8% of Torbay's population considered themselves White British. This is significantly higher than the England average (79.8%). Torbay has 3,260 (2.5%) resident ethnic minority population	Pharmaceutical services are not targeted at a specific ethnic group. The PNA attempts to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of	NHSE. Throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	(excluding white ethnic groups). Of these, 1,420 residents (1.1%) are Mixed/Multiple ethnic background, 1,353 (1%) Asian/Asian British , 251 (0.2%) Black British and 236 (0.2%) Other ethnic Group .	There are some diseases which are more prevalent amongst specific ethnic groups however the PNA, if successful, will ensure adequate services to meet any additional needs.	services.	
Sexual Orientation -including Civil Partnership	0.3% of the Torbay population are registered in a same-sex civil partnership (national average is 0.2%). 2.6% of people in Torbay are separated and still either legally married or legally in a same-sex civil partnership. There is also no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Torbay but it is nationally estimated	Pharmaceutical services are not targeted people with a specific sexual orientation. The PNA attempts ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.	NHSE. Throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	at 5.0% to 7.0%. This would mean that approximately 5,464 – 7,650 people aged 16 years and over in Torbay are LGB.	See the guidance on how to make this judgement.		

Appendix 5: List of contractors and opening times

Pharmacy name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1700	Closed
Boots pharmacy, Boots UK Ltd, 11 Fore Street, Brixham, TQ5 8AA	0900-1300 1400-1730	0900-1300 1400-1730	0900-1300 1400-1730	0900-1300 1400-1730	0900-1300 1400-1730	0900-1300 1400-1730	1000-1600 from 16/7/17 to 10/9/17
Boots pharmacy, Boots UK Ltd, 6 Bolton St, Brixham, TQ5 9DE	0830-1400 1430-1730	0830-1400 1430-1730	0830-1400 1430-1730	0830-1400 1430-1730	0830-1400 1430-1730	0830-1400	Closed
Boots pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	0830-1300 1400-1730	0830-1300 1400-1730	0830-1300 1400-1730	0830-1300 1400-1730	0830-1300 1400-1730	0900-1300 1400-1730	1000-1600
Boots pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300	Closed
Boots pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	0830-2400	0830-2400	0830-2400	0830-2400	0830-2400	0830-2400	0930-2400
Boots pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	0900-1330 1400-1730	0900-1330 1400-1730	0900-1330 1400-1730	0900-1330 1400-1730	0900-1330 1400-1730	0900-1300 1400-1730	1030-1630
Boots pharmacy, Boots UK Ltd, 9 The Strand, Torquay, TQ1 2AA	0900-1330 1400-1730 From 4/6/17 to 2/9/17 0900-1330 1400-1800	0900-1330 1400-1730 From 4/6/17 to 2/9/17 0900-1330 1400-1800	0900-1330 1400-1730 From 4/6/17 to 2/9/17 0900-1330 1400-1800	0900-1330 1400-1730 From 4/6/17 to 2/9/17 0900-1330 1400-1800	0900-1330 1400-1730 From 4/6/17 to 2/9/17 0900-1330 1400-1800	0900-1330 1400-1730 From 4/6/17 to 2/9/17 0900-1330 1400-1800	1030-1630 From 4/6/17 to 2/9/17 1030-1700
Boots pharmacy, Boots UK Ltd, 27 Fore Street, St Marychurch, Torquay, TQ1 4PU	0900-1330 1400-1800	0900-1330 1400-1800	0900-1330 1400-1800	0900-1330 1400-1800	0900-1330 1400-1800	0900-1300	Closed
Boots pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	0830-1300 1330-1730	0830-1300 1330-1730	0830-1300 1330-1730	0830-1300 1330-1730	0830-1300 1330-1730	0900-1300	Closed
Broadway pharmacy, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300	Closed
Day Lewis Pharmacy, Day Lewis plc, Compass House Medical Centre, King Street, Brixham, TQ5 9TF	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed
Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1300	Closed
Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road,	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	Closed	Closed

Chelston, TQ2 6HS

Day Lewis Pharmacy, Day Lewis plc, 237 Torquay Road, Preston, Paignton, TQ3 2HW	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1200	Closed
Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road, Paignton, TQ3 2EZ	0830-1300 1400-1830	0830-1300 1400-1830	0830-1300 1400-1830	0830-1300 1400-1830	0830-1300 1400-1830	0830-1300	Closed
Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300	Closed
Day Lewis Pharmacy, Day Lewis plc, 19 Ilsham Road, Wellswood, Torquay, TQ1 2JG	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300	Closed
Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	0900-1300 1400-1800	Closed	Closed
Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1300	Closed
Hele Pharmacy, 111 Hele Road, Torquay, TQ2 7PS	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed
Lloyds Pharmacy, Lloyds Pharmacy Ltd, 11 Palace Avenue, Paignton, TQ3 3EF	0830-1830	0830-1830	0830-1830	0830-1830	0830-1830	0830-1730	Closed
Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, Brixham Road, Paignton, TQ4 7PE	0700-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Lloyds Pharmacy, Lloyds Pharmacy Ltd, 168 Barton Hill Road, Torquay, TQ2 8HN	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	0900-1730	Closed
Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, The Willows, Nicholson Road, Torquay, TQ2 7HT	0830-2100	0830-2100	0830-2100	0830-2100	0830-2100	0830-2000	1000-1600
Mayfield Pharmacy, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	09:00-18:00	10:00-16:00
Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	Closed	Closed
Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay,	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	0900-1300	Closed

TQ2 7HH

Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed
Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	Closed	Closed
Well pharmacy, Bestway National Chemists Ltd, 9 New Road, Brixham, TQ5 8LZ	0830-1800	0830-1800	0830-1800	0830-1800	0830-1800	0900-1300	Closed
Well pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	0800-1800	0800-1800	0800-1800	0800-1800	0800-1800	0900-1300	Closed
Well pharmacy, Bestway National Chemists Ltd46B Dartmouth RoadPaigntonTQ4 5AQ	0830-2000	0830-1800	0830-1800	0830-1800	0830-1800	0900-1130	Closed
Well pharmacy, Bestway National Chemists Ltd, 1-5 Palace Avenue, Paignton, TQ3 3EF	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1700	Closed
Well pharmacy, Bestway National Chemists Ltd19 Croft RoadTorquayTQ2 5UA	0830-1800	0830-1800	0830-1800	0830-1800	0830-1800	0900-1300	Closed
Well pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	0900-1300	Closed
Superdrug Pharmacy, Superdrug Stores Plc, 83- 85 Union Street, Torquay, TQ1 3DG	0830-1730	0830-1730	0830-1730	0830-1730	0830-1730	0900-1730	None

Appendix 6: List of contractors and advanced, enhanced and locally-commissioned services provided

Pharmacy	Contractor and address	Appliances requiring measuring and fitting	Medicines Use Reviews	New Medicines Service	Appliance Use Reviews	Stoma Appliance Customisations	Flu Vaccinations
FK340	Bestway National Chemists Ltd, 9 New Road, Brixham, TQ5 8LZ	No	Yes	Yes	No	No	Yes
FJP75	Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	No	Yes	Yes	No	No	Yes
FA041	Bestway National Chemists Ltd, 1-5 Palace Avenue, Paignton, TQ3 3EF	No	Yes	Yes	No	No	Yes
FPA99	Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AQ	Yes	Yes	Yes	No	No	Yes
FKF90	Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	No	Yes	Yes	No	No	Yes
FMJ40	Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA	No	Yes	Yes	No	No	Yes
FD894	Boots UK Ltd, 11 Fore Street, Brixham, TQ5 8AA	No	Yes	Yes	No	No	Yes
FD839	Boots UK Ltd, 6 Bolton St, Brixham, TQ5 9DE	No	Yes	Yes	No	No	Yes
FVP01	Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	Yes	Yes	Yes	No	No	Yes
FEW47	Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	No	Yes	Yes	No	No	Yes
FJ901	Boots UK Ltd, 9 The Strand, Torquay, TQ1 2AA	Yes	Yes	Yes	No	No	Yes
FLH76	Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	Yes	Yes	Yes	No	No	Yes
FX241	Boots UK Ltd, 27 Fore Street, St Marychurch, Torquay, TQ1 4PU	Yes	Yes	Yes	No	No	Yes

FJN75	Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	Yes	Yes	Yes	No	No	Yes
FEW75	Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	Yes	Yes	Yes	No	No	Yes
FKQ69	Broadway pharmacy, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	No	Yes	Yes	No	No	Yes
FKE05	Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	No	Yes	Yes	No	No	Yes
FWC17	Day Lewis plc, Compass House Medical Centre, King Street, Brixham, TQ5 9TF	Yes	Yes	Yes	No	No	Yes
FAF97	Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	Yes	Yes	Yes	No	No	Yes
FEL62	Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road, Paignton, TQ3 2EZ	Yes	Yes	Yes	No	No	Yes
FTX29	Day Lewis plc, 237 Torquay Road, Preston, Paignton, TQ3 2HW	No	Yes	Yes	No	No	Yes
FLE57	Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	No	Yes	Yes	No	No	Yes
FEW76	Day Lewis plc, 19 Ilsham Road, Wellswood, Torquay, TQ1 2JG	No	Yes	Yes	No	No	Yes
FEC86	Day Lewis plc, Bronshill road, Southover, Torquay, TQ1 3HD	Yes	Yes	Yes	No	No	Yes
FXL17	Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	No	Yes	Yes	No	No	No
FLG36	Hele Pharmacy, 111 Hele Road, Torquay, TQ2 7PS	Yes	Yes	Yes	No	No	Yes
FR007	Lloyds Pharmacy Ltd, 11 Palace Avenue, Paignton, TQ3 3EF	No	Yes	Yes	No	Yes	Yes
FHL28	Lloyds Pharmacy Ltd, Sainsbury's, Brixham Road, Paignton, TQ4 7PE	Yes	Yes	Yes	No	No	Yes
FM400	Lloyds Pharmacy Ltd, Sainsbury's, The Willows, Nicholson Road, Torquay, TQ2 7HT	Yes	Yes	Yes	No	No	No

FPH68	Lloyds Pharmacy Ltd, 168 Barton Hill Road, Torquay, TQ2 8HN	Yes	Yes	Yes	No	Yes	Yes
FTX34	Mayfield Pharmacy, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	Yes	Yes	Yes	No	No	Yes
FJP38	Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	Yes	Yes	Yes	No	No	No
FV361	Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	Yes	Yes	No	No	No	No
FLD28	Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	Yes	Yes	Yes	No	No	No
FJE51	Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	Yes	Yes	Yes	No	No	Yes
FM565	Superdrug Stores Plc, 83-85 Union Street, Torquay, TQ1 3 DG	No	Yes	No	No	No	Yes
FJ134	Torwood Street Pharmacy , 37a Torwood Street, Torquay, TQ1 1ED	No	Yes	Yes	No	No	Yes

Appendix 7: Consultation report

The consultation period ran from Monday 4th December 2017 to Friday 2nd February 2018. The Health and Wellbeing Boards (HWBs) for Plymouth, Devon and Torbay held the consultation process for each of their PNAs at the same time to aid organisations who were asked to respond to consultations for more than one area at the same time.

The method of consultation was agreed by the PNA Steering Group. Individual areas also liaised with their Health and Wellbeing Boards regarding the consultation process. The consultation was hosted on the Torbay Consultation webpage. The survey questions were designed to gather feedback on whether the requirement of the PNA had been met and to offer opportunity to highlight any gaps. The web link for the consultation was emailed directly to the following organisations:

- Devon Local Pharmaceutical Committee
- Devon Local Medical Committee
- Persons on the pharmaceutical list and any dispensing doctors for the area
- Any LPS chemist in Torbay with whom NHS England has made arrangements for the provision of local pharmaceutical services
- Healthwatch Devon
- NHS England Devon, Cornwall and Isles of Scilly Area Team
- Devon Health and Wellbeing Board
- Plymouth Health and Wellbeing Board
- Torbay Health and Wellbeing Board
- Torbay and South Devon NHS Foundation Trust
- Northern Devon Healthcare Trust
- Devon Partnership NHS Trust

There were 3 responses to the online consultation received for Torbay. These responses represented:

- Pharmacists (1 response)
- The Clinical and Effectiveness and Medicines Optimisations Team for NHS South Devon and Torbay Clinical Commissioning Group (1 response)

- The Devon Local Pharmaceutical Committee (1 response)

Overall consultation feedback regarding the PNA was very positive. A small number of minor corrections to accuracy of data were identified and these have been corrected including correcting a pharmacy identified as providing the Pharmacy Access Scheme.

The main areas or themes that received comments are summarised briefly below.

Opening hours

Opening hours of pharmacies in all districts for each day of the week were outlined in the main document including maps of provision at weekends. With regard to bank holidays, pharmacies and DAC are not required to open on public and bank holidays, although some do choose to. NHS England asks each contractor to confirm their intentions regarding these days and where there necessary will direct a contractor or contractors to open on one or more of these dates to ensure adequate access.

Ability of pharmaceutical services to support primary care moving towards 8am-8pm availability was considered. The direction of travel for primary care, as set out in the GP Forward View, is for GP services to become available from 8am to 8pm, and for pharmacies to become the first point of contact with health services for some health issues. It is anticipated that pharmacies' business interests will lead them to adapt their provision of pharmaceutical services to these changes, although innovative approaches in contractual arrangement may be needed in some locations to support these changes.

Changes to QPS and Healthy Living pharmacy scheme

The Quality Payment Scheme and Healthy Living Pharmacy scheme are both optional schemes, with pharmacies able to opt in and out and not deemed a necessary pharmacy service. Therefore, any changes will not impact on gaps of provision within the current PNA.

Maps of urgent care and other services

Maps of pharmacies were provided to meet the statutory requirements of the PNA. Mapping of availability on different days of the week and the coverage provided by

dispensing practices is also included to enable gaps to be recognised. Mapping of other services such as urgent care centres was not included due to the fluidity of such services over the lifetime of the PNA.