Northamptonshire
Health and Wellbeing Board
pharmaceutical needs assessment

March 2018
Executive summary

Since 1 April 2013, every Health and Wellbeing board in England has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment'. Northamptonshire Health and Wellbeing board published its first pharmaceutical needs assessment in 2015 and has now produced its revised assessment.

The pharmaceutical needs assessment will be used by NHS England when considering whether or not to grant applications to join the pharmaceutical list for the area of Northamptonshire Health and Wellbeing Board under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. It may be used to inform commissioners such as the Clinical Commissioning Groups and the County Council’s public health team, of the current provision of pharmaceutical services and where locally commissioned services could help meet local health priorities.

Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, include those services commissioned by NHS England from pharmacies and dispensing appliance contractors and the dispensing service provided by some GP practices to eligible patients. It also contains the views of residents in the county on their use of pharmacies and information provided by contractors which could not be nationally sourced.

Following an overview of the demographic characteristics of the residents of Northamptonshire in chapter 2, chapter 3 focusses on their health needs as identified from the following sources:

- Office of national statistics
- 2011 Census
- The Northamptonshire Joint Strategic Needs Assessment
- Data available on the Northamptonshire Analysis website
- The 2015-16 Director of Public Health report for Northamptonshire
- Northamptonshire’s Joint Health and Wellbeing Strategy
- Northamptonshire’s Sustainability and Transformation Plan
- Public Health Outcomes Framework Northamptonshire report
- Nomis
- Northamptonshire County Council’s Equality Duty Information Report 2017
- Northamptonshire County Council’s Mental Health Summary Profile
- Northamptonshire County Council’s Older People’s Needs Assessment
- Health needs of children and young people in Northamptonshire, with emphasis on mental health
- Gender Identity Research and Education Society Trans Health Factsheets

The County Council, NHS England and Clinical Commissioning Groups also provided information.

In order to ensure that those sharing a protected characteristic and other patient groups are able to access pharmaceutical services chapter 4 identifies the specific groups that are present in Northamptonshire and their likely health needs.

Chapter 5 focusses on the provision of pharmaceutical services in Northamptonshire and those providers who are located outside of the county but who provide services to residents
of the county. Services which affect the need for pharmaceutical services either by increasing or reducing demand are identified in chapter 6. Such services include the hospital pharmacies, the GP out of hours service and the public health services commissioned from pharmacies by Northamptonshire County Council.

Having considered the general health needs of the population, chapter 7 focusses on those that can be met by pharmacies and dispensing appliance contractors.

The Health and Wellbeing Board has divided Northamptonshire into seven localities for the purpose of this document, based upon the boundaries of the district and borough councils. This is consistent with the Joint Strategic Needs Assessment and allows data to be easily collated. Each locality has a dedicated chapter which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether current pharmaceutical service provision meets the needs of those residents. Each chapter also consider whether there are any gaps in service delivery that may arise during the lifetime of the pharmaceutical needs assessment.

There are 131 pharmacies and three dispensing appliance contractors in the county all providing the full range of essential services. In 2016/17 87.5% of all prescriptions written by GP practices were dispensed by the pharmacies and dispensing appliance contractors in the county. Some provide advanced and enhanced services as commissioned by NHS England, and some provide services commissioned by Northamptonshire County Council. In addition 23 GP practices dispense to eligible patients and in 2016/17 dispensed 10.8% of all prescriptions.

As well as accessing services from pharmacies and dispensing appliance contractors in the county, residents also choose to access contractors in other parts of England. In 2016/17 1.7% of prescriptions were dispensed outside of the county. Whilst many were dispensed by contractors just over the border some were dispensed much further afield and reflect the fact that some residents prefer to use a distance selling premises (also known as an internet pharmacy), a specific dispensing appliance contractor or a specialist provider, with some prescriptions being dispensed whilst the person is on holiday or near to their place of work.

Access to pharmaceutical services for the residents of Northamptonshire is good and the main conclusion of this pharmaceutical needs assessment is that there are currently no gaps in the provision of pharmaceutical services.

The pharmaceutical needs assessment also looks at changes which are anticipated within the lifetime of the document. These include the predicted population growth and changes in GP opening hours. Given the current population demographics, housing projections and the distribution of service providers across the county, the document concludes that the current provision will be sufficient to meet the future needs of the residents during the three year lifetime of this pharmaceutical needs assessment.

The Health and Wellbeing Board has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the lifetime of the pharmaceutical needs assessment.
1 Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of the Northamptonshire Health and Wellbeing Board’s area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment. Whilst the Joint Strategic Needs Assessment focusses on the general health needs of the population of Northamptonshire, the pharmaceutical needs assessment 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 Health and Wellbeing Board’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 Health and Wellbeing Board’s pharmaceutical needs assessment, or to secure improvements or better access similarly identified in the pharmaceutical needs assessment. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the pharmaceutical needs assessment was published (‘unforeseen benefits applications’).

As well as identifying if there is a need for additional premises, the pharmaceutical needs assessment 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 three year lifetime of the pharmaceutical needs assessment.

Whilst the pharmaceutical needs assessment is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities and Clinical Commissioning Groups. A robust pharmaceutical needs assessment will ensure those who commission services from pharmacies and dispensing appliance contractors target services to areas of health need, and reduce the risk of overprovision in areas of less need.

1.2 Health and Wellbeing Board duties in respect of the pharmaceutical needs assessment

Further information on the Health and Wellbeing Board’s specific duties in relation to pharmaceutical needs assessments and the policy background to pharmaceutical needs assessments can be found in appendix A, however following publication of its first pharmaceutical needs assessment in 2015 the Health and Wellbeing Board must, in summary:

- Publish revised statements (subsequent pharmaceutical needs assessments), on a three yearly basis, which comply with the regulatory requirements;
- Publish a subsequent pharmaceutical needs assessment 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 which explain changes to the availability of pharmaceutical services in certain circumstances.
1.3 Pharmaceutical services

The services that a pharmaceutical needs assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board;
- A pharmacy contractor who is included in the Local Pharmaceutical Services list for the area of the Health and Wellbeing Board;
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board; and
- A doctor or GP practice that is included in a dispensing doctor list held for the area of the Health and Wellbeing Board.

NHS England is responsible for preparing, maintaining and publishing these lists. In Northamptonshire there are 131 pharmacies, three dispensing appliance contractors and 23 dispensing practices.

Contractors may operate as either a sole trader, partnership or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a dispensing appliance contractor.

1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with the majority of pharmacy contractors. Instead they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are:

- Essential services – all pharmacies must provide these services
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs
  - Promotion of healthy lifestyles
  - Signposting, and
  - Support for self-care

- 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 service)
  - New medicine service
• Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.
  o Anticoagulation monitoring
  o Antiviral collection service
  o Care home service
  o Disease specific medicines management service
  o Gluten free food supply service
  o Independent prescribing service
  o Home delivery service
  o Language access service
  o Medication review service
  o Medicines assessment and compliance support service
  o Minor ailment scheme
  o Needle and syringe exchange*
  o On demand availability of specialist drugs service
  o Out of hours service
  o Patient group direction service
  o Prescriber support service
  o Schools service
  o Screening service
  o Stop smoking service*
  o Supervised administration service*
  o Supplementary prescribing service

It should be noted that those enhanced services marked with an asterisk are currently commissioned by Northamptonshire County Council and referred to as locally commissioned services.

Further information on the essential, advanced and enhanced services requirements can be found in appendices B, C and D respectively.

Underpinning the provision of all of these services is the requirement on each pharmacy contractor to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

• A patient and public involvement programme
• An audit programme
• A risk management programme
• A clinical effectiveness programme
• A staffing and staff management programme,
• An information governance programme, and
• A premises standards programme.

Pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors
successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 core hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). It continues to be a condition that these 100 hour pharmacies remain open for 100 core hours per week and they may open for longer hours. Since August 2012 some pharmacy contractors may have successfully applied to open a pharmacy with a different number of core opening hours in order to meet a need, improvements or better access identified in a pharmaceutical needs assessment.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens then these form the pharmacy’s contracted opening hours. The contractor can subsequently apply to change their core opening hours and NHS England will assess the application against the needs of the population of the Health and Wellbeing Board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months’ notice.

Whilst the majority of pharmacies provide services on a face-to-face basis e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as distance selling premises (sometimes referred to as mail order or internet pharmacies).

Distance selling premises are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however they must provide these services remotely. For example a patient asks for their prescription to be sent to a distance selling premises via the Electronic Prescription Service and the contractor dispenses the item and then delivers it to the patient’s preferred address. Distance selling premises therefore interact with their customers via the telephone, email or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery dispensed items is free of charge.

### 1.3.2 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHS England does not hold contracts with dispensing appliance contractors. Their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service for some items
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances, and
- Signposting
They may also choose to provide advanced services. 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. The two advanced services that they may provide are:

- Stoma appliance customisation
- Appliance use review

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme, and
- An information governance programme.

Further information on the requirements for these services can be found in appendix E.

Dispensing appliance contractors 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 additional hours are referred to as supplementary opening hours.

The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor’s contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the Health and Wellbeing Board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months’ notice.

### 1.3.3 Pharmaceutical services provided by doctors

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- Patients must live in a ‘controlled locality’ (an area which has been determined by NHS England or a preceding organisation as rural in character), more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises), and
- Their practice must have premises approval and consent to dispense to that area.

There are some exceptions to this, for example patients who have satisfied NHS England that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.
1.3.4 Local Pharmaceutical Services

Local Pharmaceutical Services contracts allow NHS England to commission services, from a pharmacy, which are tailored to specific local requirements. Local Pharmaceutical Services complement the national contractual arrangements described above but is an important local commissioning tool in its own right. Local Pharmaceutical Services provide flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under the national contractual arrangements. For the purposes of the pharmaceutical needs assessment the definition of pharmaceutical services includes Local Pharmaceutical Services. There are, however, no Local Pharmaceutical Services contracts within the Health and Wellbeing Board's area and NHS England does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

1.4 Locally commissioned services

Northamptonshire County Council, Nene Clinical Commissioning Group and Corby Clinical Commissioning Group may also commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purposes of this document they are referred to as locally commissioned services and include the following services which are commissioned by Northamptonshire County Council:

- Emergency hormonal contraception
- Chlamydia screening
- Needle exchange
- Smoking cessation
- Supervised consumption of methadone and buprenorphine.

Locally commissioned services 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.

1.5 Other NHS services

Other services which are commissioned or provided by NHS England, Northamptonshire County Council, Nene Clinical Commissioning Group, Corby Clinical Commissioning Group, Northampton General Hospital NHS Trust, Kettering General Hospital NHS Trust, and Northamptonshire Healthcare NHS Foundation Trust which affect the need for pharmaceutical services are also included within the pharmaceutical needs assessment.

1.6 How the assessment was undertaken

1.6.1 Pharmaceutical needs assessment project advisory group

The Health and Wellbeing Board has overall responsibility for the publication of the pharmaceutical needs assessment, and the director of public health is the Health and Wellbeing Board member who is accountable for its development. The Health and Wellbeing Board has established a pharmaceutical needs assessment project advisory group whose purpose is to ensure that the Health and Wellbeing Board develops a robust pharmaceutical needs assessment that complies with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and meets the needs of the local population. The
membership of the steering group ensured all the main stakeholders were represented and can be found in appendix F.

Following a competitive tender process PCC CIC was appointed to draft the pharmaceutical needs assessment on behalf of the Health and Wellbeing Board, working closely with the project advisory group.

1.6.2 Pharmaceutical needs assessment localities

The localities that have been used for the pharmaceutical needs assessment match the boundaries of the district and borough councils, namely:

- Corby Borough Council
- Daventry District Council
- East Northamptonshire Council
- Kettering Borough Council
- Northampton Borough Council
- South Northamptonshire Council, and
- Borough Council of Wellingborough.

This approach is consistent with the Joint Strategic Needs Assessment. It should be noted that the areas covered by each of the localities within this document do not match the localities of the same name used by Nene Clinical Commissioning Group. Dispensing practices may therefore appear in different localities in this document to those that they appear in on Nene Clinical Commissioning Group’s website. On balance though it was felt more appropriate to use the district and borough council as localities because health needs data is collected at super output area and collated up to district and borough council level, and council boundaries are more fixed that GP practice groupings.

1.6.3 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available on the Council’s consultation webpage from 6 September to 4 October 2017. As well as promoting it on the Council’s website, the questionnaire was publicised with Northamptonshire County Council consultation register members and the Northamptonshire residents’ panel. A copy, which shows the questions asked, can be found in appendix G. The full results can be found in appendix H

A total of 498 people completed the questionnaire of which 257 or 56% were female and 195 or 43% male (six people preferred not to give their gender and 40 people skipped this question). The figure below shows the age breakdown of respondents.
When asked why they visit a pharmacy the most common responses were as follows:

- To get a prescription for myself - 445 people
- To get a prescription for someone else – 235 people
- To buy medicines for myself – 171 people
- To get advice for myself - 147 people.

Multiple answers could be given to this question.

The figure below shows how frequently responders visit a pharmacy. As may be expected most people visit monthly which will reflect prescription length.

**Figure 1 – How old are you?**

![Figure 1 – How old are you?](image1)

**Figure 2 – How often do you visit a pharmacy?**

![Figure 2 – How often do you visit a pharmacy?](image2)
The most convenient time for people to visit a pharmacy was reported as being between 9.00am and 9.00pm (93.86% of responses).

**Figure 3 - What time is the most convenient for you to use a pharmacy?**

The most convenient time to access a pharmacy was then analysed by age, work status and frequency of attendance to identify any differences these may have on the times pharmacies are used. As can be seen from the graph below, there is a peak for most age groups between 9.00am and 12.00pm, although for those aged 30 to 49 years old, 3.00pm to 9.00pm is a more convenient time.

**Figure 4 – Most convenient time to access a pharmacy by age**

When looking at respondents’ work status and the most convenient time to visit a pharmacy, there is again a peak for most between 9.00am and 12.00pm, although for those who work fulltime during the day, 6.00pm to 9.00pm is more convenient.
Finally in looking at frequency of attendance, there is a clear preference of 9.00am to 12.00pm for those who access a pharmacy on a monthly basis, with 3.00pm to 6.00pm being popular for those who access a pharmacy on a quarterly basis.

When asked what they had done if there had been a time recently when they weren’t able to use their normal pharmacy, the responses were as follows:

- 203 people went to another pharmacy
- 188 people waited until it was open
- 161 people skipped the question or said it hadn’t happened
- 16 people went to their GP
- 13 went to a walk in centre
12 called 111, and
10 went to the general hospital.

Please note that multiple answers could be given to this question. Of concern is that one person reported that they went without their medication.

61% of responders advised that they use the same pharmacy with a further 32% advising that they use different pharmacies but prefer to visit one most often. Some responses suggest confusion regarding the difference between pharmacies and GP dispensaries as answers make reference to pharmacies in GP practices where there isn’t one; instead the practice has a dispensary. In summary pharmacies must be registered with the General Pharmaceutical Council whereas GP dispensaries do not. A pharmacist who is registered with the General Pharmaceutical Council must be present throughout a pharmacy’s opening hours whereas GP dispensaries do not require a pharmacist. Pharmacies provide a wider range of NHS services and may sell over the counter medicines whereas GP dispensaries provide a dispensing service and are not allowed to sell over the counter medicines.

The questionnaire also asked about means of travel.

**Figure 7 - If you go to the pharmacy by yourself or with someone, how do you usually get there?**

Where the option ‘other’ was selected the responses were as follows:

- Mobility scooter – five people
- It varies; sometimes on foot and sometimes by car – six people
- Visit as part of a journey to or from somewhere else – three people
- Medication is delivered to the village – three people

For the majority of responders the journey takes 15 minutes or less.
Figure 8 - How long does it usually take to get there?

For those whose journey takes more than 15 minutes but less than 20 minutes:

- 19 go by car
- 14 walk (although one person said they use their car if it is raining or it is near closing time)
- Five go by bus (although one person said they sometimes use their car), and
- One person bikes.

For those whose journey takes more than 20 minutes:

- Six go by car
- Four walk, and
- One person bikes

Searching via the internet was the most popular way of finding information on a pharmacy for example opening hours and services offered (53%) followed by popping in (15%), looking in the window (14%) and calling them (12%).

When asked if they feel able to discuss something private with a pharmacist the majority either answered yes (58%) or they had never needed to (28%).

122 people had further comments to make on local pharmacy services. There were 49 positive comments, 48 negative comments, 16 observations and nine had no comments to make. Examples of the positive comments include:

- “... is a brilliant family pharmacy. Nothing is too much trouble for them. They greet you with a smile and go above and beyond the duty of care.”
- “Efficient and friendly service”
- “Exceptionally pleasant to deal with”
- “For me and my family our Pharmacy is the next best thing to having another doctor. You can consult with them get annual flu jabs advice on any medical problem you may have. All service is confidential. Probably a model for a local Pharmacy/chemist”
- “…pharmacy is brilliant - always friendly and helpful staff who go out of their way to make prescription collection easy, and give advice if prescribed something new. Great service.”
• “I love this pharmacy and its staff. I have used it for over 30 years. It’s like an extension of the family . . . . The staff are well informed and know their customers. Consequently, they pick up on and double check any variations in regular prescriptions in case an error has been made. I trust them 100%.”
• “Now our surgery has closed having a pharmacist to ask advice is really important to our large village.”
• “Staff are very helpful and supportive. Over wife’s long illness and after her death, were always sympathetically interested and supportive.”
• “The staff get to know you and that makes a huge difference with trust.”
• “There support as a carer is priceless, I rely on our Pharmacist who has always given excellent support to myself and my husband.”

Of the negative comments, one person commented that they couldn’t buy medicines, only have their prescriptions dispensed. Looking at their responses they appear to be a dispensing patient and GP practices, as noted above, are not allowed to sell over the counter medicines. This issue was consulted upon in 2008 by the Department of Health and Social Care along with other matters relating to the provision of pharmaceutical services by doctors. However due to the strength of responses received on options for amending criteria for dispensing by doctors, and taking into account the views of those attending the listening events and the meetings the Department of Health and Social Care officials had with interested parties the then minister, Phil Hope, took the decision that there would be no change to the arrangements for GPs dispensing medicines to their patients.

Another comment related to the regulations that pharmacies must operate under; the fact that dispensed items cannot be handed to patients in the absence of a pharmacist. Another commented on the fact that no pharmacies are open between 7 and 10pm in Wellingborough. There are however two such pharmacies, one which opens until 10pm Monday to Saturday and another which opens until 10.30pm Monday to Friday and 10pm on Saturday. Unfortunately as the questionnaire was completed anonymously this information cannot be passed on. Should anyone require information as to the opening hours of a particular pharmacy or pharmacies in general then this can be found using the pharmacy search option on NHS Choices¹.

The most common negative comment related to the wait for prescriptions and how busy some pharmacies are (27 respondents). Other comments related to:

• System issues (6 respondents) for example:
  o “They are overworked because repeat prescriptions are only for 4 weeks - all that checking and double checking and labelling and wrapping could be halved and quartered for us regulars...”
  o “Electronic prescriptions don't always work, and the pharmacy blames the surgery and the surgery blames the pharmacy, which can be frustrating.”
  o “The process of filling prescriptions seems incredibly bureaucratic and old-fashioned (lots of moving little bits of paper around).”
  o “Both my father and myself registered for repeat prescriptions so why do I always have to ring in advance to ensure they are ready to collect?”
• Not offered a private area for advice (four respondents)
• Opening hours (four respondents)
• Parking (three respondents)
• Stock levels (three respondents), although it is not clear whether these relate to the national stock shortages or a general issue with three pharmacies

¹ NHS Choices
• Variation in the clinical expertise of the pharmacists (two respondents).

A number of comments appeared to be neither negative nor positive and so have been classed as observations:

• “All appear very busy. If there were to be closures then there must be an increase in capacity at remaining facilities to maintain customer service that must not be allowed to deteriorate.”
• “I am concerned that [name of village] and surrounding villages is not a big enough catchment area to support two pharmacies, which is what we have at the moment ([names of two pharmacies]). Both have their place and it is good to have the choice. I sincerely hope that both are able to continue with their good service to the community”
• “I generally use this pharmacy for regular medicines. I use others…… for items I specifically know they sell, e.g. super absorbent foot powder or anti-malaria tablets.”
• “I use the GP surgery for most prescriptions as they prescribe and are nearer than a pharmacy.”
• “I want to be sure that staff with a conscientious objection to selling abortifacients should not have to do that.”
• “It is important to have pharmacies that are open outside 9-5”
• “It is important to trust the advice of the pharmacist to reduce the need to go to the surgery when possible”
• “Opening hours could be longer and faster service”
• “Saturday’s would be useful”
• “should be open 7 days”
• “The services offered by pharmacists should be better promoted and used. GP practices should push patients to use pharmacies more (in the right circumstances)”
• “They are needed for residents who cant get into town especially ones in villages.”
• “They once tried to talk about my medication and how much I was on. I said I would only take advice from my GP on that one.”
• “They should not be reduced!”
• “Trust and knowledge is important. Having a system that is quick and efficient”
• “I am extremely worried that the’ prescription by post’ service offered by [name of contractor] will undermine local services and eventually render them not viable financially. If we lose them we will lose all the other services they offer locally. If that happens it will be the poor, the elderly and those otherwise at a disadvantage who will suffer most and who are most likely then to either not seek help or take their concerns to a GP or to the A & E at Northampton General Hospital with the obvious consequences for both overstretched services.”

Responses to the questionnaire were received from people living across the county as can be seen from the heat map below, with the highest number of responses coming from those living in NN10 which covers Higham Ferrers, Rushden and Wymington.
1.6.4 Contractor engagement

An online questionnaire for pharmacies and dispensing appliance contractors was undertaken using SurveyMonkey, and the approach was taken to only ask contractors for information that could not be sourced elsewhere. The contractor questionnaire did however provide an opportunity to validate the information provided by NHS England in respect of core and supplementary opening hours. Where opening hours were reported as different contractors were advised to raise this with NHS England for resolution.

A copy of the questionnaire can be found in appendix I.

The questionnaire was open from 15 August until 9 October 2017 and the results are summarised below. Of the 133 pharmacies and dispensing appliance contractor premises in Northamptonshire 87 responded, a response rate of 65.4%. The Health and Wellbeing Board is grateful for the support of the Northamptonshire and Milton Keynes Local Pharmaceutical Committee in encouraging contractors to complete the questionnaire.

For the purposes of this document the pharmacy opening hours relied upon are those provided by NHS England as these are the contractual hours that are included in the pharmaceutical list for the area of the Northamptonshire Health and Wellbeing Board. 71 respondents confirmed that the opening hours were correct. NHS England subsequently confirmed that the opening hours for three pharmacies were incorrectly recorded on the pharmaceutical list.
With regard to the availability of a consultation room:

- 67 respondents confirmed the presence of a consultation room (including wheelchair access) on the premises
- 15 respondents confirmed the presence of a consultation room (without wheelchair access) on the premises
- Two dispensing appliance contractors do not have a consultation room, but that reflects the fact they generally provide services remotely
- One pharmacy plans to create a consultation room within the next 12 months, and
- Two pharmacies chose not to answer the question.

Since April 2005, consultation rooms have become increasingly common in pharmacies as they are a pre-requisite for providing the advanced services. They also allow pharmacies to provide a wider range of services that may be commissioned by NHS England, Clinical Commissioning Groups and local authorities.

The majority of respondents (83%) confirmed that prescriptions for all types of appliances are dispensed from the premises. The remaining responses were as follows:

- Five pharmacies only dispense dressings
- Two pharmacies don’t dispense stoma and incontinence appliances
- Two pharmacies don’t dispense stoma appliances
- Two don’t dispense appliances, and
- Three chose not to answer the questions.

When asked whether they collect prescriptions from GP practices, 82 respondents said that they did, one said they didn’t and four chose not to reply. However, going forward the requirement for contractors or patients to deal with paper copies of prescriptions will reduce. The Electronic Prescription Service allows prescribers to send prescriptions electronically to the pharmacy or dispensing appliance contractor of the patient’s choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. As of 2 September 2017, 57.3% of all prescriptions in England were handled via the Electronic Prescription Service\(^2\). In Northamptonshire, 65 of the 72 practices have gone live with the Electronic Prescription Service, with utilisation higher for Corby Clinical Commissioning Group practices (72.8% of prescriptions) than for Nene Clinical Commissioning Group practices (57.5%)\(^3\).

84 respondents said that they provide a free delivery service (the remaining three chose not to answer the question) of whom 62 provide the service to all patients. One respondent chose not to answer this part of the question. The remainder restrict the service to housebound patients, the elderly, disabled patients, very unwell patients, people that find it difficult to leave their house, care home patients or those aged over 60.

It should be noted that these collection and delivery services are provided privately.

49 pharmacies reported that the following languages are spoken each day, in addition to English:

- Gujarati – 28 pharmacies
- Hindi – 19 pharmacies

\(^2\) NHS Digital
\(^3\) NHS Digital Electronic Prescription Service dashboard (accessed 10 November 2017)
• Punjabi – 12 pharmacies
• Urdu – 11 pharmacies
• Polish – 7 pharmacies
• Romanian – 5 pharmacies
• Bengali – 4 pharmacies
• Russian – 3 pharmacies
• Afrikaans – 2 pharmacies
• French – 2 pharmacies
• Italian – 2 pharmacies
• Latvian – 2 pharmacies
• Portuguese – 2 pharmacies, and
• Chinese – 2 (noting that Chinese in itself isn’t a language). One pharmacy reported that both Mandarin and Cantonese are spoken.

The following languages were also reported as spoken:

• Bosnian
• British sign language
• Croatian
• Dutch
• Flemish (bilingual)
• French (basic)
• German
• German (not fluent)
• Kutchi
• Malay
• Mandarin
• Shona
• Somali
• Spanish
• Twi
• Yoruba

It should be noted that some pharmacies listed more than one language.

There are currently a number of housing and other developments taking place across Northamptonshire with more planned and pharmacies and dispensing appliance contractors were asked about their ability to meet the needs of those moving into the new houses. The responses were as follows:

• Have sufficient capacity within existing premises and staffing levels to manage the increase in demand – 70 pharmacies and one dispensing appliance contractor
• Don’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand – 11 pharmacies and one dispensing appliance contractor
• Don’t have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand – one pharmacy
• Chose not to answer the question – three pharmacies.

The map below shows the location of those pharmacies that have sufficient capacity.
An online questionnaire for dispensing practices was also undertaken using SurveyMonkey and was open from 4 to 22 October 2017. A copy of the questionnaire can be found in appendix J. The results are summarised below.

Of the 23 dispensing practices in Northamptonshire 16 responded, a response rate of 69.5%. The Health and Wellbeing Board is grateful for the support of the Northamptonshire Local Medical Committee and Cambridgeshire Local Medical Committee in encouraging contractors to complete the questionnaire.
Just over half of the respondents (56%) confirmed that prescriptions for all types of appliances are dispensed by the practice. The remaining responses were as follows:

- Two practices only dispense dressings
- Two practices don’t dispense stoma and incontinence appliances
- One practice doesn’t dispense stoma appliances
- One doesn’t dispense appliances, and
- One chose not to answer the questions.

Eight practices offer a delivery service to certain patient groups:

- Housebound patients
- Those without transport
- Certain villages
- Patients over 60, or
- Those who are exempt from prescription charges or who have a prepaid prescription certificate.

Seven practices do not offer a delivery service and one chose not to answer the question.

English is the predominant language spoken although Romanian is spoken at one practice every day.

The practices were also asked about whether they are able to meet the needs of those moving into the new houses in respect of their dispensing service only. The responses were as follows:

- Have sufficient capacity within existing premises and staffing levels to manage the increase in demand – nine practices
- Don’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand – four practices
- Don’t have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand – two practices
- Chose not to answer the question – one practice.

1.6.5 Other sources of information

Information was gathered from NHS England, Nene Clinical Commissioning Group, Corby Clinical Commissioning Group and Northamptonshire County Council regarding:

- Services provided to residents of the Health and Wellbeing Board’s area, whether provided from within or outside of the Health and Wellbeing Board’s area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the pharmaceutical needs assessment, and
- Any other developments which may affect the need for pharmaceutical services

The Joint Strategic Needs Assessment and the 2015-16 director of public health report for Northamptonshire, and Northamptonshire’s Joint Health and Wellbeing Strategy provided background information on the health needs of the population.
1.6.6 Consultation

The responses to the patient and public engagement and contractor questionnaires informed the draft pharmaceutical needs assessment.

The statutory 60 day consultation on the draft pharmaceutical needs assessment commenced on 11 December 2017 and ran until 11 February 2018. The statutory consultees were written to regarding the consultation, provided with a link to the Council’s website where the draft pharmaceutical needs assessment was published and invited to respond online.

A report of the consultation including any changes to the pharmaceutical needs assessment can be found at appendix K.
2 Overview of Northamptonshire

2.1 Introduction

The county of Northamptonshire lies at the heart of England and covers 2,364 square kilometres. It is probably best known for two particular industries – shoemaking and steel – but it is also home to the Northampton Saints rugby club and Silverstone, the home of British motor racing.

For almost 900 years Northamptonshire’s shoemakers have been making boots and shoes. Back in the 19th century the county’s thriving cattle markets provided leather which alongside a good supply of oak bark and water for the tanning process and a central location made Northamptonshire the perfect place for the shoemaking industry to flourish. Each town and village developed its own distinct specialism, for example long boots in Long Buckby, work boots in Wollaston and safety footwear in Rushden. The character and size of a number of the county’s towns have been directly shaped by the shoemaking industry. Despite competition from cheap overseas imports Northamptonshire is still renowned for its boot and shoe trade and there are over 25 manufacturers producing footwear in the county today.

Corby is synonymous with the iron and steel industry. Located on a bed of ironstone, the area has been worked on and off since Roman times and when iron ore was rediscovered in the 1800s the small village of Corby turned into an industrial town. Since then the population of the town grew as the industry expanded until the Stewarts and Lloyds’ steel works became the largest facility in Europe in the 1930s.

The steel works drew workers from across England and Scotland following the closure of plants elsewhere. Indeed so many workers came from Scotland that the town became known as ‘Little Scotland’. However with the work came fatal workplace accidents and many health issues, hearing loss caused by the noise from heavy machinery, eczema from handling lubricating oil, and lung diseases caused by breathing in dust, silica, and asbestos.

The industry grew considerably during and after the world wars, but by the 1960s it had begun to decline as the worldwide demand for steel decreased and British steel became out-priced. In 1979 the closure of the works was announced. Despite local protests the works was closed in stages the following year with over 10,000 people losing their jobs and local unemployment rising to 30%.

The steelworks’ buildings were quickly demolished and sites offered to businesses. With redevelopment and the attraction of new companies, employment rates recovered within a decade. Today, there is little that remains of the industry that shaped the town and dominated all aspects of life for over a century.

With the decline of the shoemaking industry and the closure of the Corby steel works, today’s large employers include the breakfast cereal manufacturers Weetabix in Burton Latimer, the Carlsberg brewery in Northampton, Avon Products, Siemens, Barclaycard, Saxby Bros Ltd and Golden Wonder.

Approximately 31% of the county’s population lives in the densely populated town of Northampton. In total, 68.8% of the county’s population live in ‘urban city and town’ areas, 20.1% in areas classified as ‘rural town and fringe’ and 11.1% in ‘rural villages and
dispersed. A higher proportion of children live in the more urban areas than in the most rural areas. On the reverse, a higher proportion of people aged 65 and over live in the most rural areas compared to the most urban areas, which brings with it challenges in relation to access to services, delivery of services and dispersed populations.

**Map 3 – Northamptonshire lower super output areas by urban/rural classification**

### 2.2 Population

Latest estimates (mid-2016, Office for National Statistics) put Northamptonshire’s population at 733,128 people (all ages) in 2016, up from 723,026 in mid-2105 (an increase of 1.4%) and 691,952 in 2011 (Census year) (an increase of 6.0%).

It is estimated that the county has had above (national) average population growth in recent decades, though this varies across the county. In the last 10 years (2007 to 2016), the population of Northamptonshire has grown by an estimated 9.1% versus a 7.6% England average. In the last 30 years, the population of Northamptonshire has increased by just over 30% compared to a 16.8% England average.

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4 Office for National Statistics Office for National Statistics, Census 2011. Taken from www.NorthamptonshireAnalysis.co.uk, Urban Rural Classification
Most recently, the highest rates of population growth in the county have been in Corby (also high for the country) and, as such, the town is projected to experience the greatest percentage increase in the county over the next 10 years.

By 2024 (10 years from 2014 base – latest data), it is projected that the population of Northamptonshire will have grown by approximately 9% to 778,600 people; faster than the projected 7.5% increase for England. Corby is projected to have the fifth fastest population growth in the country at 16.7% (11,000 people); fastest outside of London.

In Corby, where the greatest population growth is projected, natural change (that is the difference between births and deaths) is projected to be the greatest component (likely influenced by Corby’s highest in the county fertility rate and lowest in the county proportion of its population over 65), alongside fairly high levels of both net international and net within UK migration. At the other end of the scale with regards to projected population growth are Daventry and East Northamptonshire, where the relatively low proportion of natural change is likely due to relatively low fertility rates and relatively high proportions of older people.
It is important to note that the projections are demographic, trend-based projections indicating the likely size and age structure of the future population based on observations over a five or six year period leading up to the base year (2014). Population projections do have limitations and become increasingly uncertain the further they are carried into the future. According to the Office for National Statistics, they do not attempt to predict the impact that future government policies, changing economic circumstances or other factors might have on demographic behaviour.

For example, local intelligence (November 2016) indicates that there are currently more than 59,000 new dwellings from major housing developments (Sustainable Urban Extensions only) being planned up to 2019 in Northamptonshire, which would represent a 19% increase in the current number of domestic properties and if realised, could in some areas, translate into an even higher rate of population growth than forecasted within official estimates. The development is not uniform across the county and would affect different areas to varying degrees, from a high of 35.2% increase in domestic properties in Corby Borough to a low of 10.3% increase in East Northamptonshire.

The map below shows the location of the major housing developments currently planned in Northamptonshire.

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5 Place Directorate, Northamptonshire County Council. Increase on 2016 levels from Valuation Office Agency list
Accompanying these housing developments there are a number of highways developments which aim to address current traffic issues and accommodate the anticipated traffic growth in the coming years. Some of these are already being constructed and are due to open shortly after this document is published, for example the dualling of the A45 between Northampton and Kettering.

The Northampton North-West relief road will link the A428 Harlestone Road with the A5199 Welford Road. The first part of this section has already been constructed as part of the
Harlestone Manor development. The relief road will reduce congestion in the north-west of Northampton, particularly relieving congestion in and around Kingsthorpe shopping centre, by providing a new crossing of the river valley. It will also improve access to the motorway and other strategic roads from industry at Moulton Park, Round Spinney and Lodge Farm Industrial Estates. If Northamptonshire County Council is successful in securing the necessary funding, the next project milestones would be to confirm the preferred route and to submit a planning application. Subject to no hold-ups the road should open in 2021.

While the Northampton North-West relief road will relieve traffic from some parts of north-west Northampton, it will not provide a complete ring road around the north of the town. While a preferred route has still to be determined, the proposed Northampton northern orbital route will link the A5199 and Northampton North-West relief road between Kingsthorpe and Chapel Brampton with the A43 north of Moulton. Completing a new ring road to the north of Northampton will reduce the amount of traffic passing through northern parts of Northampton, and a number of surrounding villages such as Boughton, Moulton and Pitsford. The road will also create a new route for traffic heading to the Moulton Park industrial estate.

The Northampton Northern Orbital Route is also needed to support the growth proposals to the north and west of Northampton where some 10,000 new homes are to be built at sites such as Dallington Grange, Buckton Fields and Northampton North. The road is expected to create capacity for future development beyond that already planned. If good progress is made and funding secured it is hoped that the road will open in 2023.

According to the Office for National Statistics\(^6\), several events have affected the structure of the UK population in 2016 and these are reflected in the Northamptonshire population:

- A larger number of 68 year olds due to the spike in births after the end of World War 2
- The effects of the 1960s baby boom now seen in the larger number of people in their mid-40s to mid-50s and the children of the baby boomers now seen in the higher number of people in their 20s
- Low fertility in the 1970s and early 2000s now seen in lower populations of people in their late 30s and early teens
- The group aged 20 to 35 in 2016 has increased in size when compared with 2005, when they were aged 10 to 25, which can only have been generated by adding to the population through immigration.

The population pyramid below shows the age and sex of the population in Northamptonshire in mid-2016.

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\(^6\) Overview of the UK population: March 2017, Office for National Statistics
This is projected into future years with the greatest proportional increases projected to be amongst the:

- 70+ (post-war spike in birth rate, plus increase in life expectancy)
- 55-65 year olds (the 1960s’ baby boom)
- 30-39 year olds (children of the 1960s baby boomers)
- 10-19 year olds (spike in fertility rate in early 2010s)

In terms of dependent groups, it is estimated that Northamptonshire has a slightly higher proportion of 0-19 year olds within its population compared to the national average (24.7% versus 23.7% England average) and a similar proportion of people aged 65+ (17.5% versus 17.9% England average) (2016 mid-year estimate).

In future years (to 2024), although the numbers of people will of course increase, the proportion of young people aged 0-19 within the population is projected to decrease slightly, whereas the proportion of 65 year olds is projected to increase. By 2024 it is projected by the Office for National Statistics that the number of people aged 65+ will be 28.2% higher than in 2014 (base-year). This compares to a 20.4% increase nationally (England average), however the proportion of over 65s within the population is projected to be similar to the national (England) average.

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7 Population Estimates Analysis Tool, Office for National Statistics
Within the young population, it is projected that there will be an additional 14,500 0-19 year olds by 2024 (+8.2%), similar to the England average of 7.8% (Office for National Statistics population projections, 2014-based). However, stark differences amongst 0-19 year olds are projected, with an above average percentage increase in 15-19 year olds projected for Northamptonshire and below average percentage increase in 0-4 year olds.

### 2.3 Ethnicity

The Equality Duty Information Report for Northamptonshire 2017\(^9\) details the latest data (2011 Census) with regards to the ethnic structure of Northamptonshire. It shows that within the county, the majority of the population in 2011 (91.5%) fell within the White ethnic group. The remaining 8.5% are residents who describe themselves as Asian (4%), Black (2.5%), of Mixed Ethnic origin (2%), and those of Other Ethnic group (0.4%). It shows that since the previous Census in 2001 there had been an increase in non-white ethnic groups of 3.5%.

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\(^8\) Office for National Statistics population projections 2014-base

\(^9\) Equality Duty Information Report 2017, Northamptonshire County Council
Figure 14 – Ethnic groups by percentage, Northamptonshire

The picture is varied when looking at ethnicity at locality level, with a lower White ethnic group percentage in the urban areas of Northampton and Wellingborough.

Figure 15 – Ethnic groups by percentage by locality

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10 Office for National Statistics Census 2011
It is also relevant to note a change within the population who describe themselves as ‘white’. This is where the biggest change has occurred. A more rapid change in the number and proportion of those who describe themselves as ‘White Other’ becomes evident between 2001 and 2011. ‘White Other’ means not White British, Irish or Gypsy or Irish Traveller and therefore captures change within the predominantly ‘White’ EU population.

Between 2001 and 2011 the proportion of the population who described themselves as ‘White Other’ increased from a below (England) average position of 1.8% up to 4.7% (similar to the 2011 England average). This represented a 186% increase for Northamptonshire, versus an 86% England average increase but the increase varied significantly across the county, with a high of + 456% in Corby and low of +18% in South Northamptonshire.

2.4 Household language

According to the 2011 Census, English was the main language of Northamptonshire households based on the combination of adults and children (three years of age and older) within each household (93.98% of all households). The next nine most commonly spoken languages were:

- Polish – 1.83%
- Other languages not specified in the Census – 0.66%
- Gujarati – 0.36%
- Bengali – 0.31%
- Romanian – 0.22%
- Lithuanian – 0.21%
- Russian – 0.19%
- Latvian - 0.18%
- Other Chinese not Cantonese or Mandarin - 0.16%

They account for a further 4.12% of the households.

There is variation at locality level with fewer households having English as the main language in Northampton (89.92%) and more households in South Northamptonshire (98.68%). Polish is the second most spoken language at locality level followed by ‘other languages’ except in South Northamptonshire where the two are reversed.

2.5 Religion

In 2011, 63.6% of the county’s population was made up of residents who stated that they followed one of the main six religions, slightly less than the regional and national picture, and 29.2% stated that they followed no religion, higher than both the regional and national picture. The number of Christians in the county had reduced by 11.6% since the 2001 Census. There had been a corresponding increase of 11.2% in the number of the county’s residents with no religion. Between 2001 and 2011, there had also been small increases in all of the other main religions except those of Jewish faith.

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11 Northamptonshire Analysis
Northamptonshire is sub-divided at the lower tier level into seven different districts and boroughs. The population is not evenly dispersed across these areas, with larger concentrations occurring in the more urbanised parts. This variation in population density occurs both between and within localities, with some encompassing both urban and rural areas.

Within the districts and boroughs variations in population can be seen. There is greater representation of deprivation, of younger age groups (particularly 18-35 year olds), and of ethnic minority groups in the urban areas whilst more rural parts are populated by an older and less diverse demographic. The age structure across the localities of Northamptonshire shows some consistency with this. The proportion of those aged 65+ is more pronounced in the more rural parts of Daventry, East Northamptonshire, South Northamptonshire and also Wellingborough. In the more urbanised Corby and Northampton this group represents a proportion around 4% lower.

A similar tendency occurs around the distribution of ethnic groups across localities. The proportion made up by White groups ranges from 97% in South Northamptonshire to 85% in Northampton. The concentration of Mixed, Asian, and Black groups in Northampton and Wellingborough is more than double that found elsewhere in the county.

Various other distinctions between local populations can be identified. Corby and Northampton both have higher proportions of younger people amongst their population, Corby amongst under 16s and Northampton in the group of 18-30 year olds. Within other localities the population increases more significantly at later age groups from the age of 50 onward.

### 2.6 Index of multiple deprivation

The Index of Multiple Deprivation is the main statistical overview of relative deprivation covering the whole of England. It is formatted using small geographical areas called Lower...
Super Output Areas, of which there are 32,844 across the country, with 422 of them falling within Northamptonshire. Each Lower Super Output Area represents around 1,600 people.

The Index of Multiple Deprivation is constructed in hierarchical format using numerous national indicators to build up seven subject area ‘domains’ which then come together to create the overarching Index of Multiple Deprivation using the weightings shown in the Department for Communities & Local Government infographic below. At the end of this process each Lower Super Output Area’s geography is given a ‘deprivation score’. To provide analysis of their relative levels of deprivation across the entire country, the Lower Super Output Area geographies are then sorted according to their deprivation score, given a national ranking and then divided into ten equal sections (deciles).

Figure 17 – the seven domains of deprivation

Nationally, the Lower Super Output Area with a rank of 1 is the most deprived and Lower Super Output Area 32,844 is the least deprived. Across Northamptonshire, the Lower Super Output Area with a rank of 1 is the most deprived and Lower Super Output Area 422 is the least deprived. Decile 1 is the most deprived and decile 10 is the least deprived.

A key definition of deprivation used by local authorities is those areas (and their residents) which fall within the top 20% most deprived Lower Super Output Areas nationally (i.e. deciles 1 and 2 nationally).

An analysis of significant social factors and population behaviour provides insight into the different types of people and their socio-economic status in the county. 28.6% of the county’s households have been categorised as ‘Affluent Achievers’, followed by 28.2% ‘Comfortable Communities’ and 19.9% ‘Financially Stretched’.

According to the Index of Multiple Deprivation 2015 113,862 people (16.1%) in Northamptonshire live in Lower Super Output Areas that are classed as deprived. The county is ranked 106 out of 152 county and unitary authorities (where one is the most deprived), with low levels of deprivation overall.

However, there are small pockets which are cause for concern, which fall primarily in Northampton, Corby, Wellingborough and Kettering. 29 of the county’s 422 Lower Super Output Areas are amongst the 10% most deprived in England; 16 are in Northampton, while Corby, Kettering and Wellingborough contain four each and Daventry contains one. Two

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12 CACI Acorn, 2015
Lower Super Output Areas in Northampton are amongst the 1% most deprived in England. It is worth noting that deprived localities contain higher proportions of non-White British residents than non-deprived areas.

The map below shows within which decile each Lower Super Output Area in Northamptonshire falls. It should be noted that for this map 'higher is better' i.e. a score of one indicates that the Lower Super Output Area falls within the 10% most deprived Lower Super Output Areas nationally.

**Map 5 - Index of Multiple Deprivation 2015: Overall national decile, Northamptonshire by Lower Super Output Area**

14 Lower Super Output Areas in Northamptonshire fall within the 10% most deprived in England in the 2015 Income Deprivation Affecting Older People Index. Nine of these Lower Super Output Areas are in Northampton, with two apiece in Kettering and Wellingborough and one in Corby. 26 Lower Super Output Areas in Northamptonshire fall within the 10% most deprived Lower Super Output Areas in England in the 2015 Income Deprivation Affecting Children Index, half are in Northampton and four apiece in Wellingborough and Corby.

Correspondingly, the average earnings of Corby residents are the lowest in the county, followed by Northampton. In five out of the seven Northamptonshire districts and boroughs average earnings of residents are below the England average and therefore the Northamptonshire average earnings are below the England average, as are adult qualification levels above NVQ1. This has an important bearing on job types and earnings and therefore overall financial prosperity.

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13 Office for National Statistics, Index of Multiple Deprivation taken from www.northamptonshireanalysis.co.uk
The Job Seekers Allowance Claimant rate remains consistently just below or similar to the England average (latest Office for National Statistics data from May 2017: 0.9% Northamptonshire and 1.1% England averages\textsuperscript{14}).

The Health Deprivation and Disability Domain within the Index of Multiple Deprivation measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality, using the following indicators:

- Years of potential life lost
- Comparative illness and disability ratio
- Acute morbidity (emergency admission to hospital), and
- Mood and anxiety disorders (mood and anxiety disorders, hospital episodes data, suicide mortality data and health benefits data).

Amongst England’s 152 upper-tier local authorities, Northamptonshire compares relatively well, ranking 94th (one being the worst and 152 the best), putting Northamptonshire in the second (best) quartile. However, when compared to other English counties only (arguably greater comparability), Northamptonshire sits eighth from the bottom out of 27 putting the county towards the bottom of the third quartile. Consistent with other related datasets there is significant variance within the county.

Within national rankings, Corby is the 46\textsuperscript{th} most deprived local authority in England, and South Northamptonshire 309\textsuperscript{th} (out of 326 local authorities) with regards to health deprivation and disability (morbidity, disability and premature mortality).

**Figure 18 – National ranking (out of 326 local authorities in England) within the Index of Multiple Deprivation (2015): health deprivation and disability domain**\textsuperscript{19}

The data also shows where within the county’s districts and boroughs are the pockets which are most cause for concern with regards to health deprivation and disability (morbidity, disability and premature mortality). Correspondingly, within the county, Northampton and Corby have the highest concentration of the most deprived Lower Super Output Areas with regards to health deprivation and disability. Again, for the map below ‘higher is better’ i.e. a score of one indicates that the Lower Super Output Area falls within the 10% most deprived Lower Super Output Areas nationally.

\textsuperscript{14} www.northamptonshireanalysis.co.uk
2.7 Births

In Northamptonshire, the live birth rate per 1,000 population in 2015 (latest data) was slightly above the England average (12.52 versus 12.10), driven by well above average rates in Corby, Kettering and Northampton ‘offsetting’ below average rates in Daventry and South Northamptonshire.

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15 Office for National Statistics, taken from https://www.northamptonshireanalysis.co.uk/key-datasets/deprivation
The last 10 years’ worth of data on the general fertility rate shows Northamptonshire consistently just above the England average, with the highest rates in the county in Corby, Kettering, Wellingborough and Northampton and lowest rates in East Northamptonshire, South Northamptonshire and Daventry.17

The number of under 18 conceptions has generally reduced over the last five years (March 2011-June 2016) for Northamptonshire.

Office for National Statistics, Taken from Physical Health and Mental Wellbeing in 0-19s in Northamptonshire–A local profile, June 2017, BIPM, Northamptonshire County Council

Office for National Statistics quarterly conceptions to women aged under 18, England and Wales
2.8 Life expectancy

The population is growing partly because people are living longer. This, coupled with the existing age structure whereby people born in the 1960s’ baby boom are entering older ages, has resulted in a rise in the proportion of the population that is 65 years or older.

In 2013-15, life expectancy at birth in Northamptonshire remained similar to the national average for both males and females. Life expectancies at 65 for males and females were also both similar to the England average and have seen significant increases in recent years (compared to the 2009-11 baseline).

Figure 21 - Male and female life expectancy at birth (years) illustration of change

This varies significantly across the county from a high of 80.9 in Daventry to a low of 76.5 in Corby for males and high of 84.9 in South Northamptonshire and low of 80.8 in Corby for females in 2013-15. Corby is significantly below the national average and ranks eighth worst in the country for male and 14th worst for female life expectancy at birth.

It is important to note that life expectancy is 8.8 years lower for men and 7.0 years lower for women in the most deprived areas of Northamptonshire than in the least deprived areas.

Healthy life expectancy represents the number of years a person would expect to live in good health based on current mortality rates and prevalence of self-reported good health. Interestingly, in 2013-15, Northamptonshire’s healthy life expectancy at birth for males and females was significantly higher than the England average. The healthy life expectancy for males was 65.5 years compared to 63.4 nationally and the healthy life expectancy for females was 67.0 years compared to 64.1 nationally.

2.9 Deaths

All the under 75 mortality rates ‘early deaths’ for Northamptonshire are similar to the England averages. Changes to under 75 mortality rates in Northamptonshire since the baseline years have not been statistically significant, except for the mortality rate for cancer, which has

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19 Office for National Statistics, taken from www.northamptonshireanalysis.co.uk (Life Expectancy)
20 Public Health England, Northamptonshire Health Profile, 2017
21 Public Health Outcomes Framework Northamptonshire Report, Northamptonshire County Council
decreased significantly from 151.3 per 100,000 population in 2009-11 to 136.0 per 100,000 population in 2013-15.

The mortality rate from causes considered preventable in 2013-15 (latest data) in Northamptonshire is also similar to the England average at a rate of 183.7 per 100,000 population compared to 184.5 England average. The Northamptonshire rate has decreased significantly from the baseline of 200.1 per 100,000 population in 2009-11.

However, the variation within the county is significant. For example, in Corby, the mortality rates from causes considered preventable have been significantly higher than the national average since the 2009-11 baseline. In 2013-15 Corby had significantly higher under 75 mortality rates than the England averages in all diseases and cohorts except cardiovascular disease for females, and cancer and liver disease for males. The significantly higher mortality rates for persons under 75 in Corby have been persistent over time.

2.10 People with disabilities

Defining disability is by no means straightforward, with a number of factors contributing to where individuals stand on what is a spectrum-approach to definition. A number of allowances and support are available on the basis of long-term ill health as well as a permanent disability, whilst the extent to which support is offered for permanent physical disabilities depends on their severity, nature and potential impact on independent living.

As at the 2011 Census an estimated 112,000 people, or 16% of the population had some form of disability or long-term illness which restricted their day-to-day activities most of whom live in the more urban areas of Corby, Northampton and Wellingborough. When considering whether this proportion of the population’s day to day activities are limited a little or a lot, most localities had a higher proportion of people reporting their day to day activities being limited a little rather than a lot. The exception here is Corby, where the split was almost exactly 50:50.

The occurrence of limiting long-term illness or disability dramatically escalates with age. Across an overall population proportion of 16%, for the age groups to 55 years the occurrence falls below this. After this threshold the incidence escalates with some dramatic jumps in each five year band from the age of 70 onwards. From this perspective, long-term illness and disability are an age specific phenomenon, the incidence and demand of which can be expected to increase as the top end age groups continue to grow.

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22 Public Health Outcomes Framework Northamptonshire Report - see Previous PHOF Profiles on Northamptonshire Analysis, May 2017, BIPM, Northamptonshire County Council
23 Public Health Outcomes Framework Corby Report - see Previous PHOF Profiles on Northamptonshire Analysis, May 2017, BIPM, Northamptonshire County Council
2.11 Households

The total number of households in Northamptonshire at 2011 Census was 287,730 of which:

- 68.8% were owned (highest in South Northamptonshire at 76% and lowest in Corby at 63%)  
- 15.3% were socially rented (highest in Corby at 21% and lowest in South Northamptonshire at 10%)  
- 14.7% were privately rented (highest in Northampton at 18% and lowest in South Northamptonshire at 11%), and  
- 1.3% were rent free (highest in Northampton at 1.3% and lowest in Corby at 0.4%)\(^{26}\).

Of these 287,730 households:

- 80,100 or 28% were occupied by one person  
- 189,314 or 66% are occupied by a family, and  
- 18,316 or 6% are ‘other households’\(^{27}\).

2.12 Car ownership

According to the 2011 Census data:

- 19% of the households in Northamptonshire did not have a car or van  
- 41% have one car or van  
- 31% have two cars or vans  
- 7% have three cars or vans and  
- 2% have four or more cars or vans.

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\(^{25}\) Office for National Statistics Census 2011 \[LC3101EWls - Long term health problem or disability by sex by age\]  
\(^{26}\) Nomis tenure data  
\(^{27}\) Nomis household composition data
In general car/van ownership is higher than for England, and the average number of cars/vans per household in Northamptonshire was 1.34.

2.13 Economic activity

Economic activity figures from the 2011 Census show:

- Employee: Full-time - 43%
- Employee: Part-time - 14%
- Self-employed without employees: Full-time - 5%
- Unemployed - 4%
- Full-time student - 3%
- Self-employed without employees: Part-time - 2%
- Self-employed with employees: Full-time - 2%
- Self-employed with employees: Part-time - 0.3%

For those who reported themselves as economically inactive:

- Retired - 13%
- Student (including full-time students) - 4%
- Looking after home or family - 4%
- Long-term sick or disabled - 3%
- Other - 2%

The most popular way of travelling to work was by car (69%), on foot (10%), as a passenger in a car or van (7%) or working mainly from home (5%). For those who travel to work, 50% travel less than 10km.

Figure 23 – distances travelled to work

<table>
<thead>
<tr>
<th>Distance travelled</th>
<th>Percentage of usual residents aged 16 to 74 in employment the week before the census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2km</td>
<td>17%</td>
</tr>
<tr>
<td>2km to less than 5km</td>
<td>19%</td>
</tr>
<tr>
<td>5km to less than 10km</td>
<td>14%</td>
</tr>
<tr>
<td>10km to less than 20km</td>
<td>15%</td>
</tr>
<tr>
<td>20km to less than 30km</td>
<td>7%</td>
</tr>
<tr>
<td>30km to less than 40km</td>
<td>3%</td>
</tr>
<tr>
<td>40km to less than 60km</td>
<td>2%</td>
</tr>
<tr>
<td>60km and over</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>Work mainly at or from home</td>
<td>10%</td>
</tr>
</tbody>
</table>
2.14 Sexual orientation

There are no reliable figures related to the number of members of the Lesbian, Gay, Bisexual, and Transgender community in the county as a question about sexuality was not included in the 2011 Census. Government estimations place the Lesbian, Gay, Bisexual, and Transgender population somewhere between 5% and 7%.

In the latest Annual Population Survey carried out by the Office for National Statistics (January – December 2015), 1.1% of adults in the UK who responded to the survey identified their sexual identity as gay or lesbian, 0.5% identified their sexual identity as bisexual, and 0.4% identified their sexuality as other.

The survey did, however, suggest that there were significant differences in those who were willing to identify themselves as gay, lesbian, bisexual or other; people in younger age brackets were more likely to identify themselves as such (3.7% of 16-24 year olds) than the older generation (1.0% of 65 years +). Applying the rates from the Annual Population Survey to the Northamptonshire adult population would suggest there may be 12,416 who identify themselves as gay, lesbian, bisexual or other.

At present, there is no official count of the transgender population. The England/Wales Census and Scottish Census have not asked if people identify as transgender. The Gender Identity Research and Education Society estimates that approximately 1% of the population experience some degree of gender nonconformity. If that rate was applied to Northamptonshire, this would equate to 7,203 people.

2.15 Carers

The population of carers in Northamptonshire is a distinct group of around 70,000 people. These people provide care for others either formally or informally. The 2011 Census revealed significant information about the nature of their caring activities and their demographics:

- Population
  - 10% of the Northamptonshire population are informal carers
- Caring commitment
  - 67% care for 1-19 hours per week
  - 12% care for between 20 and 49 hours per week
  - 21% care for 50+ hours per week
- Age
  - 7% are under 25
  - 72% are 25-64
  - 21% are over 65
- Ethnicity
  - 94% are White
  - 3% are Asian/Asian British
  - 2% are Black/African/Caribbean/Black British
  - 1% are Mixed/Multiple
- Gender
  - 58% are female
  - 42% are male

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29 Northamptonshire County Council Equality Duty Information Report 2017
30 https://www.northamptonshireanalysis.co.uk/dataviews/view?viewId=199
• General health
  o 74% report having good or very good health
  o 20% report having fair health
  o 6% report having bad or very bad health

• Economic activity
  o 58% are in employment
  o 38% are economically inactive
  o 4% are economically active but unemployed.

2.16 Traveller and gypsy communities

The gypsy and traveller community both nationally and in Northamptonshire is a small group. Census data for 2011 suggests the Traveller community makes up less than 0.1% of the county’s population – just over 500 residents - although this has been challenged by the Countywide Travellers Unit in Northamptonshire County Council who claims this represents only one third of the true figure. Part of their reasoning is the tendency for men to not complete Census forms; the male to female ratio on the Census is however in keeping with the near 50:50 split that would be expected.

The age profile of the community in Northamptonshire illustrates the extent of the life expectancy issue for travellers. In comparison to the general profile, the age structure is heavily concentrated at the lower age bands, running consistently above proportional figures for the county until the age of 40, after which it drops below this significantly (figure 24). The population of this community is heavily concentrated in two specific localities, Northampton and Kettering, with lower concentrations in Wellingborough and Daventry. Whilst cultural factors play a considerable role in their poor health, part of this issue may also be around engagement with services and the proximity of sites to healthcare services.

Figure 24 - Age profile for Northamptonshire population and traveller community 2011

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31 Office for National Statistics Census 2011 Ethnic Group by Sex by Age
2.17 Offenders

The population of those who are designated as offenders covers two specific groups.

The first is the prison population of Northamptonshire. The county has two Category 3 prisons, Onley and Rye Hill. The current (July 2017) population of incarcerated offenders in Northamptonshire stands at 1,342, with the potential operational capacity of 1,406 so any increase in actual numbers using the current facilities is minimal. People under 18 who are sentenced to custody are sent to secure centres for young people, not to adult prisons. The Rainsbrook secure training centre is located in Northamptonshire and provides secure provision for young people aged between 12 to 18 years who meet the criteria for custodial sentence or who are remanded to a secure setting.

The second group of offenders are those no longer serving prison terms; this may include those serving suspended sentences, those on probation, and those living in secure accommodation. As of November 2017 there were approximately 1,400 people in Northamptonshire who are subject to probation supervision by the National Probation Service. This includes those serving custodial sentences and those being supervised in the community.

2.18 Homeless and rough sleepers

The number of households accepted as homeless and in priority need in Northamptonshire in 2016/17 was 994, an increase of 40.1% on the previous year’s 705 households.

Figure 25 – number of households accepted as homeless and in priority need by locality, 2016/17

Rough sleeping counts and estimates are single night snapshots of the number of people sleeping rough in local authority areas. The latest figures (Autumn 2016) show that there

33 Prison population figures: 2017
34 Department for Communities and Local Government, Live tables on homelessness
35 Department for Communities and Local Government, Rough Sleeping Statistics Autumn 2016, England
were 39 people sleeping rough across the county, a reduction from 2015 and 2014 (51 and 45 respectively).

**Figure 26 – number of rough sleeper by locality, 2016**

Of these 39:

- 6 (15%) of rough sleepers were women
- 6 (15%) of rough sleepers were under 25 years of age
- 5 (13%) of rough sleepers were EU nationals from outside the UK
- 1 (3%) of rough sleepers were from outside the EU.
3 General health needs of Northamptonshire

3.1 Northamptonshire Joint Strategic Needs Assessment

Northamptonshire’s Joint Strategic Needs Assessment\(^\text{36}\) is a process that looks at the current and future health, care and wellbeing needs of Northamptonshire residents to inform and guide the planning and commissioning of health, wellbeing and social care services. The Joint Strategic Needs Assessment in Northamptonshire brings together information from many different sources and partners relating to the population of Northamptonshire.

The Joint Strategic Needs Assessment is intended to do the following:

- Investigate wider social factors that have an impact on health and wellbeing factors such as poverty, housing and employment
- Look at the health of the population and what behaviours affect health and wellbeing such as smoking, diet and exercise
- Provide a common overview of health and care needs for the local community
- Identify health inequalities
- Provide evidence of effectiveness of health and care interventions
- Document current service provision
- Identify gaps in health and social services and unmet needs.

The Joint Strategic Needs Assessment takes information and data relating to the population, for example population numbers, levels of smoking, life expectancy and causes of mortality, and captures, collates, analyses and interprets this population-level data. The process can be driven by looking at data; stakeholder, key informant, patient and service user views; and comparisons between and within different areas.

Whilst health and social care commissioners are the main audience for the Joint Strategic Needs Assessment, it is intended to be used by a wide variety of people and groups to prepare bids and business cases, to ensure voluntary and community groups can meet their community’s needs and represent their views, to assist in the future development of services and to access local health and wellbeing information, plans and commissioning recommendations.

The Joint Strategic Needs Assessment is a continuous process and is updated as additional information becomes available. This pharmaceutical needs assessment reflects the nine Joint Strategic Needs Assessment chapters as published on 5 September 2017 with additional updated information where available.

3.1.1 Cancer\(^\text{37}\)

Cancer is a group of 200 diseases which together impose a heavy burden of disease. Cancer is the third highest cost category in the NHS, after mental health and cardiovascular disease. Although there are many cancers, cancer of the breast, bowel, prostate and colon are the four most common and constitute 54% of the total.


Cancer is a key public health concern which should be tackled at a number of different levels. It mainly affects older people; although not all the strategy documents for Northamptonshire County Council, Nene Clinical Commissioning Group and Corby Clinical Commissioning Group specify that cancer is a priority, it is implicit in that they all have as one focus, frail and elderly people.

Most significant as a cause of cancer is smoking. It causes 80% of lung cancer and a number of other cancers, as well as heart disease and stroke. Prevention and cessation of smoking are of paramount importance. Also implicated are alcohol, diet and obesity, significant in different cancers. It has been estimated that 40% of cancers are preventable, and individual risk factors should be modified.

Cancer is associated with socioeconomic deprivation. Corby has a high level of deprivation and shows high rates of incidence and mortality especially of lung cancer and all cancers combined compared with Northamptonshire, East Midlands and England, and mortality from colorectal cancer in females compared with East Midlands and England. In Northamptonshire, prostate cancer is more common than in the East Midlands and England.

Screening programmes are available for detection of early breast, bowel and cervical cancer. Nationally, take-up of screening is low amongst deprived communities and in ethnic minority groups.

Early presentation by patients and symptom recognition by GPs is very important. Local awareness and early diagnosis programmes have helped to stimulate this. A GP usually sees fewer than ten patients with cancer each year, so symptom recognition is not straightforward. Of the patients referred via the two-week wait route to a consultant, only 10% to 20% are found to have cancer in Northamptonshire and in England. Referral of patients without cancer is expensive and causes great anxiety to patients until they receive a diagnosis. GPs also have an option to request some tests directly for their patients, but it is unclear how well this works in Northamptonshire.

3.1.2 Cardiovascular disease

Cardiovascular diseases affect the blood supply to the heart and other vital organs and are an important public health problem in Northamptonshire. It is the second most common cause of death, after cancer.

In most respects, the impact of cardiovascular disease in Northamptonshire is similar to other parts of England. Progress is being made in reducing the impact of cardiovascular disease in the county and death rates are falling in line with those elsewhere in the East Midlands and England. In 2013-15 Corby and Northampton’s premature mortality rates from cardiovascular disease were significantly worse than the average for England, and Daventry and South Northamptonshire’s were significantly better than average.

About 230,000 people with at least one of coronary heart disease, stroke or hypertension (high blood pressure) in Northamptonshire may have not been diagnosed and recorded by their GP, about the same proportion as elsewhere in England. There are substantial differences in the recorded prevalence of coronary heart disease, stroke and high blood pressure between Northamptonshire practices. The poorer the population served by a practice, the greater the under-recording, exacerbating health inequalities.

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39 Public Health England, Public Health Outcome Framework
In Northamptonshire, as elsewhere, socio-economically deprived people are substantially more likely to die from cardiovascular disease than more affluent groups.

3.1.3 Diabetes

There are two main types of diabetes, type 1 and type 2 with the latter being much more common. It can be preceded by a pre-diabetic state in which levels of sugar in the blood are raised, but are not yet high enough to diagnose diabetes. People with type 2 diabetes have high rates of coronary heart disease and stroke. Other complications of diabetes include kidney failure, eye disease and circulatory and neurological problems in the foot and leg. Diabetes is more common in socio-economically deprived communities and in Black and Asian people.

Approximately 37,000 people registered with a GP practice in Corby and Nene Clinical Commissioning Groups areas in 2015/16 were recorded with a diagnosis of diabetes on a primary health care disease register, a prevalence of 6.3%. This is slightly less than the average diagnosed diabetes prevalence of 6.55% for England. There are an estimated 6,800 Northamptonshire residents with potentially undiagnosed diabetes. Finding and treating them is a priority. There are substantial differences in the recorded prevalence of diabetes between practices in Northamptonshire, suggesting more widespread under-diagnosis in some practices. Based upon 2015-16 GP quality and outcome framework figures, the highest recorded prevalence is one patient in 11 and the lowest is one in 33. Undiagnosed diabetes increases the risk of serious complications from the disease.

The prevalence of diabetes in Northamptonshire is set to rise. Between 2013 and 2030, it will have risen from 6.9% to 8.8%. Over this period, increases in the number of people living in the county, along with aging of the population, mean that the number of people with diabetes in Northamptonshire will rise by more than 50%, from about 41,000 in 2013 to about 64,000 in 2030. Half of this increase, to 7.8%, will occur before 2020, and most of the extra people with diabetes will be elderly.

If obesity levels in Northamptonshire could be maintained at the 2010 prevalence, there would be 1,400 fewer people with diabetes in 2020, equivalent to 2.9% of people projected to have diabetes. By 2030, a constant prevalence of obesity would mean an estimated 4,200 fewer people with diabetes, equivalent to 7% of people projected to have diabetes by that time. This underlines the importance of obesity prevention to the future of health and social services in Northamptonshire.

Rates of complications of diabetes in Northamptonshire are similar to national rates. The risk of myocardial infarction in Corby and Nene Clinical Commissioning Groups is slightly higher than the national rate but the risk of heart failure and stroke is not significantly different to the national rate.

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41 Quality and Outcomes Framework - 2015-16, NHS Digital
42 Diabetes profile 2016
3.1.4 Mental health

Mental health is not just the absence of mental illness; it is a state of well-being. Therefore mental health promotion is crucial. Nearly a quarter (23%) of the total burden of disease in the county is attributable to mental illness.

The estimated number of people aged 16 and over meeting the defined criteria for any psychiatric disorder is estimated at about 128,000 for 2012 rising to 133,500 by 2018 as a result of changes in the number of people in various age groups and overall increase in population. Some age groups are projected to rise much faster, e.g. the 75 and overs, than others. This has implications for the need for mental health care for disorders which have relatively high prevalence in specific age groups for example dementia in the 75s and over.

Suicides rates in Northamptonshire are similar to the England average.

There are risk factors for poor mental health, such as under- and over-weight, low levels of physical activity, drug abuse, tobacco and alcohol consumption, and homelessness. Northamptonshire is about average or better except for homelessness, which is higher than the England average.

A number of risk factors have been identified by Public Health England for common mental health disorders and severe mental illness. In Northamptonshire as a whole, the main risk factors include homelessness, higher risk drinking, low physical activity, use of outdoor space exercise/health purposes and relationship break-ups.

Common mental health disorders are defined as mental health illnesses which cause emotional distress and interfere with daily functioning, encompassing depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder and social anxiety disorder.

Diagnosed depression is higher than comparator areas for both Clinical Commissioning Groups and a significant increase has been seen in patients reporting long-term mental health problems as part of the patient survey. Prevalence of common mental health disorders is expected to increase over the next five years with more than 41,000 people estimated to have a common mental health disorder by 2021 in the county. Prevalence of panic disorders and eating disorders are estimated to be higher in the county than comparator averages.

Severe mental illness is a general term but is taken to include serious mental health conditions including mental and behavioural disorders due to psychoactive substance abuse, schizophrenia, schizotypal and delusional disorders, mood (affective) disorders, neurotic, stress-related and somatoform disorders, behavioural syndromes and disorders of adult personality and behaviour.

Estimated prevalence of psychotic disorders is significantly higher in both Clinical Commissioning Groups than the national estimate. Recording of severe mental illness is increasing in practices. Mental health admissions are significantly higher in both Clinical

Joint Strategic Needs Assessment mental health chapter published in 2013 and the Northamptonshire County Council Mental Health Summary Profile published in January 2016


52
Commissioning Groups and some of the highest in the country, as well as high A&E attendances and emergency admissions in particular. Delayed discharges are also significantly higher in Corby Clinical Commissioning Group. There is a significantly higher proportion of social care mental health patients in the county receiving direct payments than the national average and high emergency admissions for self-harm.

### 3.1.5 Respiratory disease

Respiratory diseases affect the air passages, including the nasal passages, the bronchi and the lungs. They range from acute infections, such as pneumonia and bronchitis, to chronic conditions such as asthma and chronic obstructive pulmonary disease. Respiratory disease has a substantial impact on population health at all ages and levels of morbidity. The major risk factor for developing many respiratory diseases is smoking or exposure to tobacco smoke. Socioeconomic factors such as poor diet, poor housing conditions, and fuel poverty contribute to the incidence of respiratory diseases and exacerbate these conditions. Other factors such as work-related conditions and exposure to outdoor air pollution also play a role in the development and exacerbation of respiratory disease.

Respiratory disease is the third leading cause of death in England after circulatory disease and cancer. The most important respiratory diseases are chronic obstructive pulmonary disease, asthma and tuberculosis. According to GP quality and outcome framework figures for 2015/16 a total of 13,987 people (aged 16 and over) are on GP practices chronic obstructive pulmonary disease registers (Corby and Nene Clinical Commissioning Groups), a prevalence of 1.89%. However not all patients with chronic obstructive pulmonary disease may have been diagnosed and included in the practice registers meaning they will not obtain the treatment that they need, increasing the risk of disease progression and hospital admission. The GP quality and outcome framework figures also show a total of 45,955 people (aged 16 and over) on GP practices asthma registers (Corby and Nene Clinical Commissioning Groups), a prevalence of 6.21%.

Most respiratory diseases are associated with smoking or exposure to tobacco smoke in the environment. They are generally commoner in older people. Smoking during pregnancy significantly increases the risk of a child developing asthma, and children whose parents smoke are more likely to develop the condition.

There were 938 deaths from respiratory disease in Northamptonshire in 2015, with 77 occurring in people under the age of 65. Corby and Northampton had significantly higher premature (under 75) respiratory mortality rates than England in 2013-15 while Daventry and South Northamptonshire had significantly lower rates.

### 3.1.6 Sexual health

Sexual health is the capacity and freedom to enjoy and express sexuality without exploitation, oppression or physical or emotional harm. Sexual health problems include:

- Sexually transmitted infections including human immunodeficiency virus infection
- Unintended pregnancy
- Abortion

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48 Office for National Statistics Vital Statistics
49 Public Health England, Public Health Outcome Framework
• Fertility problems, and
• Sexual dysfunction.

Northamptonshire has similar rates of Chlamydia screening to the England average (20.9% of 15 to 24 year olds screen in 2016 in Northamptonshire compared to 20.7% for England) however rates have fallen\textsuperscript{50}.

Vaccination against the Human Papilloma Virus for females aged 12 to 13 years old was 90% in 2015/16, higher than the rate for England (87%)\textsuperscript{49}.

Under 18 conception rates in Northamptonshire are below England rates (21.7 per 1,000 females aged 15 to 17 in 2015), but there is variation across the county with levels in Corby in general three times higher than in South Northamptonshire.

**Figure 27 – under 18 conception rates in Northamptonshire over time\textsuperscript{49}**

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure27.png}
\caption{Under 18 conception rate over time}
\end{figure}

3.1.7 Alcohol\textsuperscript{51}

Alcohol represents a major public health concern in England. Alcoholic drinks are widely available and consumed by the majority of the adult population. There is no safe limit for consumption and alcohol is responsible for a wide variety of harms to the individual as well as society as a whole from acute poisoning to chronic conditions developed over many years of use.

\textsuperscript{50} Public Health England Sexual and Reproductive Health Profiles
Alcohol is a known carcinogen and can cause or exacerbate cardiovascular diseases and organ failure. Alcohol intoxication can put an individual more at risk of injury, assault, victimisation, or even having an unwanted pregnancy. Dependent drinkers may experience additional, indirect health harms caused by behavioural changes, for example the acquisition and use of alcohol may be prioritised over nutrition, self-care and the care of others.

Alcohol causes death through poisoning, accidents and progressive, terminal illnesses. Alcohol also has the ability to interact with other drugs, both legal and illicit, increasing the likelihood of overdose and death.

In 2016, the UK Chief Medical Officer published new guidelines around the consumption of alcohol. These revised guidelines remove references to daily limits and equalise the low risk limit for men and women out of recognition of the health impacts of drinking, particularly in relation to the development of cancer. It is also the first time that UK guidelines provide a clear message of abstinence for pregnant women.

Based on 2011-2014 data from the Health Survey for England, approximately one in four adults nationally drink more than the new limit of 14 units per week. Recent estimates based on the 2014 Adult Psychiatric Morbidity Survey show that 1.4% of the adult population aged 18 and over may be dependent on alcohol.

Heavy and dependent drinkers are disproportionately responsible for the cost of alcohol to society. The National Social Marketing Centre estimated that the total social cost of alcohol to England in 2006/07 was £55.1 billion. This comprises both direct costs to individuals, households and public services and indirect costs linked to illness, disability and death. Since these estimates were published, alcohol specific and alcohol related hospital admissions have been increasing nationally and the overall burden placed on public services as a result of alcohol use will have increased.

An estimated 10.6% of adults in Northamptonshire (ages 18+) abstain from drinking alcohol (2011-14). This is significantly below the England average of 15.5%. 19.6% reported binge drinking (i.e. six or more units for women or eight or more units for men) on their heaviest drinking day, and 27.9% reported drinking over 14 units of alcohol a week.

Public Health England estimates of dependent drinkers published in 2017 show that Northamptonshire is expected to have an alcohol dependent population of between 5,004 to 8,850 individuals, or 0.9% to 1.6% of the population.

In Northamptonshire, an average of 6.5 litres of alcohol were sold per adult aged 18 and over through the off licence trade in 2014. This was significantly higher than the national average of 5.5 litres per adult and the East Midlands average of 5.6 litres per adult. Northampton and Wellingborough had the highest sales volume in the county. Adjusting for the estimated proportion of abstainers in the population, Northamptonshire’s sales volume is equivalent to roughly 14 units per week; in other words, local off-trade purchases alone are enough to account for each drinker on average consuming the recommended weekly limit of alcohol.

Local Alcohol Profiles for England provide estimates of numbers of hospital admissions linked to alcohol use. These figures estimate the likelihood of hospital admissions being linked to alcohol based on diagnoses, patient age and gender. The indicator used in the Public Health Profile (admission episodes for alcohol related conditions) considers any alcohol attributable diagnoses in the primary diagnosis and external cause codes (e.g. assault). It shows a rate in Northamptonshire (682 per 100,000) significantly higher than
England (647 per 100,000) in 2015/16, with significantly higher rates in Corby, Northampton, Wellingborough and Kettering. These rates have been increasing both locally and nationally in recent years.

In the period 2013-15, Northamptonshire had 218 registered deaths linked to causes specific to alcohol. This was equivalent to an alcohol specific mortality rate of 10.4 per 100,000 population, which was similar to the national average of 11.5 per 100,000. At a district level, Corby had a significantly higher rate of alcohol specific mortality at 23.5 per 100,000 population. Corby’s rate of alcohol specific mortality has been higher than the national average since 2006-08 and has not changed significantly during this time.

Overall, there were an estimated total of 3,444 years of life lost due to alcohol related conditions in Northamptonshire in 2015. This was equivalent to 482 per 100,000 population, which was similar to the national average of 552 per 100,000. This rate has fluctuated but not changed significantly in recent years.

The differences in levels of alcohol related harm between districts suggests that there are localised populations suffering disproportionately due to alcohol consumption. Corby in particular stands out. Harm from alcohol use may be compounded by other lifestyle factors linked with deprivation, such as poor diet, smoking and inactivity.

### 3.1.8 Obesity

Obesity is common. About a quarter of adults in Northamptonshire are obese, a similar proportion to England as a whole but obesity is more prevalent in Wellingborough than elsewhere in England.

**Map 7 - The percentage of overweight adults in Northamptonshire**

Almost one in ten children in Northamptonshire is obese when they start school, and nearly a quarter are obese or overweight and this proportion has risen recently. According to the National Child Measurement Programme for England in 2015-16 22% of reception age children were overweight or obese (compared to 22.1% for England). However by year 6...

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53 Public Health Outcomes Framework (2014)
this figure had increased to 32.7% (compared to 34.2% for England). GP quality and outcome framework figures for 2015/16 report a total of 58,643 people (aged 16 and over) on the GP practices obesity registers (Corby and Nene Clinical Commissioning Groups), a prevalence of 10%.

Figure 28 – reception and year 6 obesity figures 2015-16 for Northamptonshire

A survey of public opinion in Northamptonshire was conducted in July 2013. The reported barriers to having a healthy weight were:

- Commitment
- Convenience
- Cost
- Motivation
- Time
- Education
- Opportunity
- Friends, and
- Family.

3.1.9 Smoking

Tobacco smoking is the most important preventable cause of disease and premature death in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease and heart disease. It is also associated with many other cancers.

The Annual Population Survey is a continuous household survey, covering the UK. The topics covered include employment and unemployment, as well as housing, ethnicity, religion, health and education. The chart below shows the responses from Northamptonshire residents regarding their smoking status.

Smoking rates are highest in Corby and East Northamptonshire.

In 2015/16, 41.5% of smokers who set a quit date reported themselves as successful quitters, lower than the figure for England (51%). Quit rates range from 30% students to 66% in prisoners.

### 3.2 Northamptonshire’s Sustainability and Transformation Plan

In 2015 the NHS published the Five Year Forward View which identified three clear challenges that the NHS needs to address:

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56 Office for National Statistics, Adult smoking habits in the UK: 2016
• The health and wellbeing gap
• The care and quality gap, and
• The funding and efficiency gap.

All Clinical Commissioning Groups, NHS Trusts, GP practices (working together across three federations, one super practice), local government and the voluntary sector across the health and care system in Northamptonshire are committed to deliver reduced health inequalities and improve the health and wellbeing of the population in the county. The Sustainability and Transformation Plan58 reaffirms a commitment amongst all partners to provide an integrated county-wide service.

The challenges that have been identified locally are:

• Lifestyle and wellbeing issues which drive people into the health system particularly due to respiratory conditions, circulation issues, cancer and mental health as identified through Right Care
• A need to ensure that people are enabled to access the right health services in the most appropriate way
• Pressure and lack of investment in out of hospital services which means that people end up in hospital based services by default
• The need to ensure sustainability of general practice and primary care services
• The need to ensure that acute hospitals services are supported, transformed and optimised to best serve the needs of the population
• Workforce shortages across the service which drive cost and hamper the ability to provide high quality services
• The need to improve integration of services across the system to improve efficiency and reduce duplication; and
• The need to ensure the system meets national quality standard including cancer, and National Institute for Health and Care Excellence guidelines and addresses Care Quality Commission issues raised locally.

All of this has led to a system which is very reliant on patients being cared for in a hospital setting, fails to provide the appropriate type of care for a number of patients, is expensive and is becoming increasingly unsustainable.

The health and social care system is a complex system costing over £1bn. Changing a system of this size will require significant focus and sustained work. Successful implementation will result in a very different model of service across Northamptonshire.

The aim of the Sustainability and Transformation Plan is to provide a more person centred model of care which focuses on individuals’ health and wellbeing first and then supports their needs when required with fast access and appropriate intervention. People can expect to receive timely, appropriate, holistic care with physical and mental health needs assessed and addressed in a consistent and co-produced manner.

This will be delivered through a health and wellbeing programme to support people to maintain their health and social independence as long as is appropriate supported by an integrated prevention programme developed in conjunction with Public Health. Where required the health and social care system will look to engage with the community, and the

58 Northamptonshire’s Sustainability and Transformation Plan (STP) for the Health and Social Care system through to March 2021
third and voluntary sector, in a way that simplifies access into services. It will provide a more holistic out of hospital support, deliver a high quality acute service when required supported by a system whereby people are able to move back to home care as soon as possible.

The Sustainability and Transformation Plan will address the challenges articulated in the GP Five Year Forward View and will invest in the suggested solutions and integrated new care models to enable local general practice and the wider primary care systems to be sustainable and able to take on the wider workload implications of the transformation model. Out of hospitals services will evolve into four community-based multi-speciality community provider models which will provide holistic health and social care for individuals within their communities. They will have clear integrated links into the acute sector for urgent and scheduled care and will move some of their staff around the system to widen knowledge, experience and ownership.

The provider system will develop integrated Northamptonshire services that work across the existing two acute trusts and also on an integrated basis with primary and community care across the patient pathways. It is envisaged that there will be an impact on the trend of increasing work going into the acute sector which will begin to slow and that significant elements of urgent and complex care work will be delivered through community-based integrated systems.

Links between health and social care will be strengthened, supported by the voluntary sector, and enable the transfer of patients in a seamless way. Key supporting strategies are in development that will support transformation include:

- Development of a new flexible workforce building on the current well established workforce supported by Health Education England
- Development and implementation of information technology strategies to support integration; and
- Development of a countywide estates plan.

Whilst it is challenging, it is believed that by delivering this model of care, health and social care organisations will resolve the three gaps with robust and structured transitional change.
4 Identified patient groups – particular health issues

The following patient groups have been identified as living within, or visiting, Northamptonshire:

- Those sharing one of more of the following Equality Act 2010 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
  - 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
  - Gender re-assignment
  - Marriage and civil partnership.
- University students
- Offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Military veterans
- Visitors to sporting and leisure facilities in the county – Silverstone circuit, Rockingham motor speedway, Northampton international raceway, Northampton Saints, Northamptonshire county cricket club, Towcester racecourse, Northampton balloon festival and the six country parks.
- High Speed Two construction workers.

Whilst some of these groups are referred to in other parts of the pharmaceutical needs assessment, this section focuses on their particular health issues.

4.1 Age

Health issues tend to be greater amongst the very young and the very old. The Older People’s Needs Assessment for Northamptonshire identifies the following health issues59.

- Older people are less likely to smoke than younger people, but older smokers smoke more cigarettes than younger smokers
- Older people tend to drink regularly more than younger generations but drink fewer units per occasion than younger people. Research suggests that lowering the recommended alcohol intake guidelines for older people would be beneficial due to the physiological and metabolic changes of the ageing process
- The number of people aged 40 and above in drug treatment programmes is increasing, as is the use of drugs, particularly Cannabis in over 50s
- Around 37% of over 65s in Northamptonshire live alone; nearly 26,000 of these are over 75. Living alone increases the risks associated with falls, functional impairment, poor diet, smoking and social isolation

59 Northamptonshire County Council’s Older People’s Needs Assessment 2015
• Loneliness and social isolation can have implications for physical health and lead to higher rates of mortality. The number of over 65s living alone in Northamptonshire by 2030 is expected to increase by up to 50% in some areas, and the increase in the number of over 75s to almost double
• There is no recognised measure of frailty, however if the number of emergency readmissions to hospital within 30 days of discharge is considered as such a measure, residents of Kettering, Corby and Northampton are most likely to be frail
• The number of chronic conditions increases with age
• 61% of all prescriptions written in England in 2015 - 2016 were for patients aged 60 and over.

For children:

• A higher than expected number of children are known to local mental health support services and looked after by the County Council; similarly the rate of hospital admission due to mental illness in Northamptonshire is almost treble that of any other sub-region in the East Midlands. The distribution of demand amongst those aged 19 years and below for community health support is highest in Northampton; the remaining districts and boroughs show a similar level of demand, although the extent to which this represents unmet or unidentified demand is not clear
• There is strong evidence that lifestyle behaviours that impact on longer term health and social care outcomes in adults are closely linked to lifestyle in the teenage years. Influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults
• Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment, however young mothers are among the groups least likely to breast feed
• More than eight out of 10 adults who have ever smoked regularly started before the age of 19
• Eight out of 10 obese teenagers go on to become obese adults
• Nationally, the diagnosis of sexually transmitted infections in young people, such as Chlamydia, has increased by 25% over the past ten years. Untreated sexually transmitted infections can have longer term health impact including fertility. Young people’s sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer term health and life chances of both mothers and babies
• Alcohol misuse is contributing to increased pressure on a wide range of agencies including health, housing, social care, police and the voluntary sector.

4.2 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
• Co-morbidity of disabling conditions
• People with learning disabilities are living longer and as a result, the number of older people with a learning disability is increasing. Despite the fact that people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population, life expectancy for people with learning disabilities has increased over the last 70 years. Older people with a learning disability need more support to

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60 NHS Digital, Prescriptions Dispensed in the Community England 2006 to 2016
61 PHAST (2014) Health needs of children and young people in Northamptonshire, with emphasis on mental health
age well, to remain active and healthy for as long as possible. Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

4.3 Pregnancy and maternity

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- Backache
- Constipation
- Cramp
- Deep vein thrombosis
- Faintness
- Headaches
- High blood pressure and pre-eclampsia
- Incontinence
- Indigestion and heartburn
- Itching
- Leaking nipples
- Morning sickness and nausea
- Nosebleeds
- Urinating a lot
- Pelvic pain
- Piles (haemorrhoids)
- Skin and hair changes
- Sleeplessness
- Stretch marks
- Swollen ankles, feet, fingers
- Swollen and sore gums, which may bleed
- Tiredness
- Vaginal discharge
- Vaginal bleeding
- Varicose veins.

4.4 Race

Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and evidence of increased prevalence of some specific life-threatening illnesses.

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

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62 Northamptonshire County Council’s Older People’s Needs Assessment 2015
4.5 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

4.6 Sex

- Male healthy life expectancy in 2013-15 in Northamptonshire is 65.5 years which is higher than the national average of 63.4 years. For females the figures are 67 and 64.1 years respectively
- Females have a longer life expectancy at 65 compared to men within the county (21 and 18.8 years respectively)
- Life expectancy varies across county. There is a difference in life expectancy of 4.4 years for men living in Corby (76.5 years) compared to those living in Daventry and South Northamptonshire (both 80.9 years). For females the gap is 4.1 years between those living in Corby (80.8 years) and South Northamptonshire (84.9 years)
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care into the use of pharmacies in 2009 showed men aged 16 to 55 to be ‘avoiders’ i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being discreet
- The mortality rate for coronary heart disease is much higher in men, and men are more likely to die from coronary heart disease prematurely. Men are also more likely to die during a sudden cardiac event. Women’s risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke
- The proportion of men and women who are obese is roughly the same, although men are markedly more likely to be overweight than women, and present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse
- Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women. Among older people, the gap between men and women is less marked
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex-specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women
- Victims of domestic violence are at high risk of serious injury or death. 38% of violent crime in Northamptonshire is domestic abuse.

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63 Northamptonshire Analysis
64 Pharmacy consumer research, Pharmacy usage and communications mapping – Executive summary. June 2009
66 Northamptonshire Police (2015)
4.7 Sexual orientation

Attitudes toward the community\textsuperscript{67} may have an impact on some of their key health concerns around sexual and particularly mental health. In 2007/8:

- 3\% of gay men and 5\% of bisexual men attempted to take their own life compared to a figure of 0.4\% for the male population in general
- One in five lesbian women deliberately harmed themselves against a general rate of 0.4\%
- Half of gay men had taken illegal drugs in comparison to only one in eight men in general
- Lesbian and bisexual women were five times more likely to have taken drugs than heterosexual women.

Additional issues are highly prominent within the Lesbian, Gay, Bisexual, and Transgender community around their consumption of various forms of stimulant. Both gay men and lesbian women show a stronger tendency to have smoked, although for women the quantity of cigarettes smoked was lower amongst lesbians compared to heterosexuals. They are also more likely to drink more often, although how this translates to quantity and ‘binge’ drinking is not clear.

4.8 Gender re-assignment\textsuperscript{68}

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication
- Transgender people face a number of barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity
- Being transgender, non-binary or non-gender and any discomfort a person may feel with their body, with the mismatch between their gender identity and the sex originally registered on their birth certificate, their place in society, or with their family and social relationships is not a mental illness. Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

\textsuperscript{67} http://www.stonewall.org.uk/resources/prescription-change-2008
\textsuperscript{68} Gender Identity Research and Education Society Trans Health Factsheets
4.9 University students

- Mumps
- Screening for sexually transmitted diseases
- Smoking cessation
- Meningitis
- Contraception, including EHC provision
- Mental health problems are more common among students than the general population. In 2016, the most common problem students accessing the University of Northampton’s mental health advice and counselling service experienced was anxiety, which affected around three out of 10 mental health service users and almost half of the students accessing the counselling service.

4.10 Offenders

Offenders represent a demographic with a concentration of health issues. Poor access to healthcare prior to their sentencing alongside the impact of social, economic and cultural factors means people serving in prison are likely to have a number of pre-existing health problems. This can be exacerbated by the prison environment itself, with health issues ranging from long-term medical conditions to mental health problems, substance misuse and sexual health concerns. These issues may be enduring and require support and treatment after offenders have been released upon completion of sentence or on probation.

Offenders represent a distinct population with high mental and drug related issues:

- More than 70% of the prison population have two or more mental illnesses
- Male prisoners are 14 times more likely to have two or more illnesses than men in general, female prisoners are 35 times more likely
- Mental illnesses are significantly over-represented in the prison population. As many as 15% of all prisoners have concurrent mental health illnesses. 30% of prisoners have a history of self-harm and the instances are higher in women and ethnic minority groups
- Up to 90% of prisoners have a diagnosable mental illness or substance abuse problem. Frequently they have both
- 5.2% of prisoners in England and Wales have displayed symptoms of psychosis compared to 0.45% of the general population. 25% of these can be attributed to drugs and/or alcohol or withdrawal
- The suicide rate in prisons is almost 16 times higher than in the general population. In 2002 the rate was 143 per 100,000 population compared to nine in 100,000 in the general population. Boys aged 15 to 17 are 18 times more likely to commit suicide in prison/custody
- 72% of prisoners committing suicide had a history of mental illness. 57% had symptoms present at the time they entered prison.

The prison population has a distinct set of health needs and is expected to need more intensive support from the health service and support infrastructure. Their needs can be placed into three broad categories:

69 [https://www.northampton.ac.uk/news/students-give-universitys-counselling-and-mental-health-team-a-glowing-review/](https://www.northampton.ac.uk/news/students-give-universitys-counselling-and-mental-health-team-a-glowing-review/)
70 Joint Strategic Needs Assessment demography chapter 2013
• Physical health needs,
• Mental health needs, and
• Substance misuse.

The prison population in Northamptonshire should be considered separately from the general population rather than as part of a comparative exercise, partly due to its transient nature and secondly due to the specific needs. This will include issues arising from institutional high-risk behaviour including unprotected sex with multiple partners and use of hard drugs. Almost two-thirds have an alcohol problem on entering prison. Co-morbidity – the occurrence of multiple serious or significant health issues – is a common problem within this demographic.

Both institutions in Northamptonshire are male prisons and Care Quality Commission inspections of HMP Rye Hill have noted a high proportion of older patients and patients with complex health care needs.

4.11 Homeless and rough sleepers

A person who sleeps rough for a long time is at high risk of acute psychological problems and long-term drugs, alcohol and substance abuse. When someone is on the streets, they run the risk of this becoming their ‘normal’, permanent lifestyle, and being unable to integrate back into permanent housing, work and a settled life.

Based on 2,590 responses from people using services in 19 areas across England, a 2014 report by Homeless Link highlights the extent to which homeless people experience some of the worst health problems in society.

- Widespread ill health
  - 73% of homeless people reported physical health problems. 41% said this was a long-term problem
  - 80% of respondents reported some form of mental health issue, 45% had been diagnosed with a mental health issue
  - 39% said they take drugs or are recovering from a drug problem, while 27% have or are recovering from an alcohol problem
  - 35% had been to A&E and 26% had been admitted to hospital over the past six months.

- Worse than the general public
  - 41% of homeless people reported a long-term physical health problem (compared to just 28% of the general population)
  - 45% had been diagnosed with a mental health problem (25% for the general population)
  - 36% had taken drugs in the past six months (5% for the general population).

- Unhealthy lifestyles
  - 35% do not eat at least two meals a day
  - Two-thirds consume more than the recommended amount of alcohol each time they drink
  - 77% smoke.

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72 Care Quality Commission reports
73 Together we change lives. Ending the need for people to sleep rough in Northampton. Multi-agency strategy 2016-2019
74 Homeless Link, The unhealthy state of homelessness: Health audit results 2014
The report goes on to say that available comparable data shows that almost all long-term physical health problems are more prevalent in the homeless population than in the general public. An exception is heart and circulation issues. This could be because older people are more likely develop heart problems, and the average age of people using homelessness services is much lower. If responses that cover short term health problems reported by homeless people are included, the prevalence of physical health problems is even greater.

### 4.12 Traveller and gypsy communities

Travellers are a group considered to face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance, misuse and diabetes. These issues are representative of various lifestyle factors alongside issues of poor education, lack of integration with mainstream support services and a lack of trust in such institutions.

### 4.13 Refugees and asylum seekers

Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied children and people with significant mental ill-health. Whilst many asylum seekers arrive in relatively good physical health some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

The most common physical health problems affecting asylum seekers include:

- Communicable diseases – immunisation coverage level may be poor or non-existent for asylum seekers from countries where healthcare facilities are lacking
- Sexual health needs – UK surveillance programmes of sexually transmitted diseases (except Human Immunodeficiency Virus) do not routinely collect data on country of origin. Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women,
- Chronic diseases such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to a lack of healthcare services
- Dental disorders – dental problems are commonly reported amongst refugees and asylum seeker, and
- Consequences of injury and torture.

With regards to women’s health:

- Poor antenatal care and pregnancy outcomes
- Asylum seeking, pregnant women are seven times more likely to develop complications during childbirth and three times more likely to die than the general population
- Uptake rates for cervical and breast cancer screening are typically very poor
- Other concerns include female genital mutilation and domestic violence, although there is a lack of prevalence data.

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75 The health needs of asylum seekers - Faculty of Public Health. May 2008
Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services.

Some asylum seekers will have been subjected to torture, as well as witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill-health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals. Children are particularly neglected in this area.

4.14 Military veterans

It is estimated that Northamptonshire has 65,000 veterans living in the county. Although military veterans broadly experience the same range of physical illnesses and diseases as others in Northamptonshire, there is a tendency for an increased prevalence of specific conditions.

A proportion of military veterans will have sustained life-changing injuries, loss of limbs, loss of sight and hearing and significant scarring or head injuries.

The proportion of those who care for someone who served or who have served and are now carers is one in five compared to one in 10 in the civilian population.

Data on the exact health needs of those in the county has been hard to establish as veterans are unlikely to disclose that they are linked with the military and although a flag has been added onto all GP registers this was only done in the last year so GPs are only just starting to identify those who are linked to the military and those that need specific help due to their service.

Mental health is a key issue for serving and ex-serving military personnel. Studies carried out by Kings Centre for Military Health concluded that Post Traumatic Stress Disorder rates amongst serving personnel were relatively low but that they increased to 4% during deployment and 6% in combat troops. Other mental health conditions such as depression, anxiety and alcohol related problems are prevalent and the causality of the mental health conditions that are suffered are often more complex than their civilian counterparts. Mental health issues do not always present themselves straight away and can be triggered years later by something unrelated.

The main issue faced by veterans and serving personnel is trying to break the stigma that is associated with mental health problems in order to seek help.

4.15 Visitors to sporting and leisure facilities in the county

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Northamptonshire. As they may only be in the county for a day or two, their health needs are likely to be:

76 European Journal of Psychotraumatology. The mental health of the UK Armed Forces: where facts meet fiction 14 August 2014
• Treatment of an acute condition which requires the dispensing of a prescription
• The need for repeat medication
• Support for self-care, or
• Signposting to other health services such as a GP or dentist.

4.16 High Speed Two construction workers

High Speed Two is a high speed rail network which will connect major cities in Britain. Phase One of High Speed Two will provide a dedicated high speed rail service between London and the West Midlands and is expected to be open by 2026. The proposed route of Phase One passes through Northamptonshire for a distance of 20.7km77. As of September 2017 Northamptonshire County Council does not have any further details of exactly when and where construction will start in Northamptonshire however it is anticipated that it is likely to fall within the lifetime of this pharmaceutical needs assessment.

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Northamptonshire but are identified as a specific group due to the fact they are likely to be staying in the county for longer than other temporary groups:

• Treatment of an acute condition which requires the dispensing of a prescription, or
• The need for repeat medication
• Support for self-care, or
• Signposting to other health services such as a GP or dentist.

77 HS2 property schemes maps: Northamptonshire
5 Provision of pharmaceutical services

5.1 Necessary services: current provision within the Health and Wellbeing Board’s area

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as those services that are provided:

- Within the Health and Wellbeing Board’s area and which are necessary to meet the need for pharmaceutical services in its area; and
- Outside the Health and Wellbeing Board’s area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area.

For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of Medicines Use Reviews, New Medicine Service, NHS urgent medicine supply and flu vaccination, and
- The dispensing service provided by some GP practices.

There are 131 pharmacies included in the pharmaceutical list for the area of the Health and Wellbeing Board as of February 2018, operated by 64 different contractors. Of these 131 pharmacies, 13 provide services for 100 hours per week and three are distance selling premises. There are no pharmacies providing Local Pharmaceutical Services.

There are three dispensing appliance contractors providing services within the Health and Wellbeing Board’s area, operated by different contractors.

Of the 75 GP practices in the Health and Wellbeing Board area, 23 dispense to eligible patients from 26 sites within the Health and Wellbeing Board’s area (two practices also dispense from premises that are outside of the Health and Wellbeing Board’s area). In addition Uppingham surgery whose main surgery is outside of the Health and Wellbeing Board’s area provides a dispensing service from its branch surgery in Gretton (the premises are open for two mornings and one afternoon per week). As of April 2017 the Northamptonshire GP practices dispensed to 88,078 of their registered patients (36% of the total list size for all 23 practices). The percentage of dispensing patients at practice level varied between four and 99% of registered patients.

The map below shows the location of the pharmacy, dispensing appliance contractor and dispensing practice premises within the Health and Wellbeing Board’s area. Due to the size of the county many of the premises are not shown individually, however more detailed maps can be found in the locality chapters. As can be seen, premises are generally located in areas of higher population density (those areas shaded in a darker colour).
There is less correlation when looking at the location of pharmacies, dispensing appliance contractors and dispensing practice premises compared to levels of deprivation as can be seen from the map below. In this map the darker the shading the greater the level of deprivation.
In 2016/17 87.5% of items prescribed by GP practices in Northamptonshire were dispensed by pharmacies and dispensing appliance contractors within the county and 10.8% were dispensed or personally administered by the GP practices\textsuperscript{78}.

\textsuperscript{78} NHS Business Services Authority Information Service
5.1.1 Access to premises

Nationally, standards for access to a pharmacy are quoted as 99% of the population, even those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport\(^{79}\). Although these figures are as of 31 March 2007 when there were 10,133 pharmacies in England they are still widely quoted and are unlikely to have worsened as at 31 March 2017 the number of pharmacies had increased by more than 15%\(^{80}\). In line with the national access standards, and taking into account the urban-rural split of the county, the Health and Wellbeing Board has chosen 20 minutes by car as a reasonable time for residents to take to access a pharmacy.

In order to assess whether residents are able to access a pharmacy in line with this travel standard travel times were analysed using Public Health England’s Strategic Health Asset Planning and Evaluation tool.

The map below shows that the vast majority of residents are able to access a pharmacy within the county within a 20 minute drive outside of rush hour times. The two small areas that don’t meet this standard are to the west of Upper and Lower Boddington, which are on the border of Northamptonshire to the west of the pharmacy in Woodford Halse (south south-west of Daventry).

The picture changes slightly during rush hour times. Now the following are not within a 20 minute drive of a pharmacy within the Health and Wellbeing Board area:

- Two small areas to the west and south west of Daventry
- A small area to the north east of Market Harborough
- Three small areas to the west of Byfield
- Two small areas to the west and south west of Aynho, and
- An area to the west of Grafton Regis and Yardley Gobion.

However, the population density for these areas is low and therefore the number of people who cannot access a pharmacy within the Health and Wellbeing Board’s area within 20 minutes by car is small.

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\(^{80}\) General Pharmaceutical Services: England 2007/08 to 2016/17 NHS Digital November 2017
Map 10 – Time taken to access a pharmacy, by car, outside of peak times
As noted from the patient and public engagement questionnaire people also choose to walk to a pharmacy or use public transport. It is not possible to match travel times by public transport using the Strategic Health Asset Planning and Evaluation tool. It is noted that there will be reduced public transport availability in the rural areas of the county when compared to the urban areas. However, as can be seen from the locality chapters, car ownership is higher in those localities with rural areas and in addition residents of those areas are highly likely to be dispensed to by their practice and therefore do not need to access a pharmacy for the dispensing service. In addition, as dispensing patients they are...
not eligible to access the Medicines Use Review service or the New Medicine Service, and if their practice dispenses prescriptions for appliances they will not access the Appliance Use Review and stoma appliance customisation service. However, it is possible that their practice or the stoma nurses will provide similar services or support.

Responses to the public and patient questionnaire provide the following insights into accessing pharmacies:

- 61% use the same pharmacy while 32% use different premises but visit one most often
- The top five reasons for using a particular pharmacy are because it is close to home, close to the GP practice, the location is easy to get to, it’s easy to park there and trust in the staff who work there
- 68% of people drive to a pharmacy and 28% walk
- Access takes less than 5 minutes (33%) or 5 to 15 minutes (56%)
- The most convenient times to visit a pharmacy are 9.00am to 12.00pm (35%), then 12.00 to 3.00pm (22%) and 3.00 to 6.00pm (21%).

5.1.2 Access to essential services and dispensing appliance contractor equivalent services

Whilst the majority of people will visit a pharmacy during the 8.30am to 6.30pm period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need or choose to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or to collect dispensed items on their way to or from work or it may be to access one of the other services provided by a pharmacy outside of a person’s normal working day. The patient and public engagement survey for Northamptonshire showed that the period 9.00am to 9.00pm is the most convenient time for respondents to visit a pharmacy.

Appendix L provides information on the pharmacies and dispensing appliance contractor opening hours as at February 2018 and at that point in time there were:

- 25 pharmacies open seven days a week (includes the 13 100 hour pharmacies)
- 19 pharmacies open Monday to Saturday
- 57 pharmacies open Monday to Friday, and part of Saturday
- 30 pharmacies that open Monday to Friday.

Two of the dispensing appliance contractors open Monday to Friday and the third opens Monday to Friday and part of Saturday.

GP practices are contracted to provide services between 8.00am and 6.30pm, Monday to Friday, excluding bank and public holidays. They may open outside of those hours under the extended hours access scheme commissioned by either NHS England or the Clinical Commissioning Groups. This scheme is commissioned on an annual basis and is subject to change following national negotiations between NHS Employers and General Practitioners Committee. GP dispensaries will generally be open at the same time as the GP practice and dispense prescriptions issued as part of a consultation during this time as well as dispensing repeat prescriptions.

In addition the Corby Urgent Care Centre in Corby opens 8.00am-8.00pm, every day of the year and the walk-in centre at Northampton General Hospital NHS Trust is also open seven days a week.
In 2017/18, 39 of the 74 practices opened outside of their contracted hours with 18 practices opening on Saturday mornings generally between 9.00 and 11.00am although one opens at 6.30am. These extended hours were provided under the extended hours access scheme. Practices may choose whether or not to provide extended opening hours over and above their core opening hours which are 8.00am to 6.30pm Monday to Friday, excluding public and bank holidays.

**Figure 31 – Extended opening hours for GP practices in 2017/18**

<table>
<thead>
<tr>
<th></th>
<th>Morning</th>
<th>Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of practices</td>
<td>Earliest opening</td>
</tr>
<tr>
<td>Monday</td>
<td>6</td>
<td>7.30am</td>
</tr>
<tr>
<td>Tuesday</td>
<td>9</td>
<td>6.30am</td>
</tr>
<tr>
<td>Wednesday</td>
<td>6</td>
<td>7.00am</td>
</tr>
<tr>
<td>Thursday</td>
<td>9</td>
<td>6.30am</td>
</tr>
<tr>
<td>Friday</td>
<td>5</td>
<td>7.00am</td>
</tr>
</tbody>
</table>

As the extended hours access scheme is subject to national negotiations it is not yet known how these hours will change during the lifetime of the pharmaceutical needs assessment or whether it will continue to be commissioned by NHS England or the Clinical Commissioning Groups. If GP practice opening hours change then NHS England has the ability to direct existing pharmacies to open for longer hours where necessary.

Plans to implement a service whereby patients can see a GP between 8.00am and 8.00pm, seven days per week, are currently being developed by NHS England and the Clinical Commissioning Groups. It is not anticipated that each practice will be required to open between those times, however hubs may be established which will allow patients to see a GP outside of practices' core opening hours, in particular in the evenings and at the weekends. As details for the service were not known during the drafting of this pharmaceutical needs assessment it has not been possible to assess its impact on the need for pharmaceutical services. However, as noted above NHS England has the ability to address any shortfall in pharmacy opening hours.

There are no confirmed plans for GP practice mergers or relocations that may affect access to pharmaceutical services during the lifetime of this pharmaceutical needs assessment.

**5.1.3 Access to Medicines Use Review service**

In 2016/17 a total of 37,982 eligible Medicines Use Reviews were provided by 129 of the pharmacies with 58 pharmacies claiming for the maximum number of Medicines Use Reviews. The graph below shows the pattern of claiming throughout the year for all pharmacies.

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81 NHS Business Services Authority Information Service
82 Some pharmacies claimed for more than the permitted annual total of 400. These 126 ineligible medicines use reviews have been discounted for the purposes of this pharmaceutical needs assessment.
Up to 400 Medicines Use Reviews can be provided at each pharmacy per year, giving a potential maximum number of 52,000 per annum. However one of the pharmacies that provided the service last year has now closed so with two pharmacies not providing the service the actual number of Medicines Use Reviews that could have been undertaken is 51,200.

At the time of drafting this pharmaceutical needs assessment data for seven months of 2017/18 was available. It shows that 128 pharmacies provided a total of 22,036 Medicines Use Reviews between April and October 2017\(^8\). The graph below shows the pattern of claiming so far in 2017/18 for these pharmacies.

Based upon the level of provision in 2016/17 the Health and Wellbeing Board is satisfied that at county level there is sufficient capacity within existing contractors to provide more Medicines Use Reviews:
70 pharmacies (53.9%) provided less than the maximum annual number of Medicines Use Reviews of which 33 pharmacies (25%) provided less than 200 Medicines Use Reviews, and
• Nine pharmacies (6.9%) claimed sporadically throughout the year.

From the data available for 2017/18 so far there is no evidence to support a different conclusion. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.4 Access to the New Medicine Service

In 2016/17 118 pharmacies provided this service, and a total of 10,503 full service interventions were claimed over the year. The map below shows the location of these 118 pharmacies. It should be noted that those pharmacies in the more rural parts of the county do not provide the service. This will partly be due to the fact that dispensing patients are not eligible to receive this service as their GP practice dispenses their prescriptions.

Map 12 – location of the pharmacies providing the New Medicine Service in 2016/17
The figure below shows the total number of full service interventions claimed under the New Medicine Service by Northamptonshire pharmacies in 2016/17.

Figure 34 – number of full service interventions claimed by Northamptonshire pharmacies in 2016/17

Unlike for Medicines Use Reviews there is no nationally set maximum number of New Medicine Service interventions that may be provided in a year. However the service is limited to a specific range of drugs and can only be provided in certain circumstances and this therefore limits the total number of eligible patients.

At the time of drafting this pharmaceutical needs assessment data for seven months of 2017/18 was available. It shows that 115 pharmacies provided a total of 6,238 New Medicine Service interventions between April and October 2017. The graph below shows the pattern of claiming so far in 2017/18 for these pharmacies.

Figure 35 – number of full service interventions claimed by Northamptonshire pharmacies in 2017/18
Based upon the level of provision in 2016/17 and 2017/18 the Health and Wellbeing Board is satisfied that at county level there is sufficient capacity within existing contractors in relation to this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.5 Access to the NHS urgent medicine supply advanced service

This service was introduced by NHS England in December 2016 with a planned rollout across the country over the coming months. As of 19 February 2018 26 Northamptonshire pharmacies had signed up to this service, of which five are 100 hour pharmacies. However of these pharmacies only two had provided the service between December 2016 and June 2017. Rollout of the service has been slower than hoped due to the delays in the distribution of NHSmail accounts to pharmacies. The map below shows the location of those pharmacies who have signed up as of 19 February 2018.

Map 13 – location of pharmacies providing the NHS urgent medicine supply advanced service
NHS England Midlands and East (Central Midlands) is currently working with the pharmacies to increase the number who provide this service, although it is noted that the service is currently due to end on 30 September 2018 and it is likely that this has reduced the number of pharmacies who are willing to provide the service. At this point in time the Health and Wellbeing Board is satisfied that, should the service continue after the 30 September 2018, there is sufficient capacity at county level within existing contractors in relation to this service particularly once the rollout of NHSmail accounts is completed. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.6 Access to the national influenza adult vaccination service

99 of the pharmacies provided a total of 12,069 flu vaccinations in 2016/17\(^1\), the first year of the service. There was a considerable range in the number of vaccinations given at pharmacy level from one pharmacy which gave one vaccination to another that gave 625 vaccines.

Figure 36 – number of flu vaccinations claimed in Northamptonshire in 2016/17 by pharmacy

At the time of drafting this pharmaceutical needs assessment no data is available on the number of flu vaccinations given by pharmacies in Northamptonshire in 2017/18. However, based upon the level of provision in 2016/17 the Health and Wellbeing Board is satisfied that at county level there is sufficient capacity within existing contractors in relation to this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.7 Dispensing service provided by some GP practices

Dispensing GP practices will provide the dispensing service during their core hours which are 8.00am to 6.30pm from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices. As of 1 October 2017, 90,282 people were registered as a dispensing patient with their practice\(^3\).

\(^1\) NHSBSA practice list size and GP count for each practice
5.1.8 Access to pharmaceutical services on public and bank holidays

NHS England has a duty to ensure that residents of the Health and Wellbeing Board’s area are able to access pharmaceutical services every day. Pharmacies and dispensing appliance contractors 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 all or part of these days to ensure adequate access.

5.2 Necessary services: current provision outside the Health and Wellbeing Board’s area

5.2.1 Access to essential services and dispensing appliance contractor equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently not all the prescriptions written for residents of Northamptonshire are dispensed within the county although as noted in the previous section, the vast majority of items are. In 2016/17, 1.7% of items were dispensed outside of the Health and Wellbeing Board’s area by a total of 3,652 different contractors. Of these contractors 3,001 dispensed between one and 12 items in the year.

An analysis of these contractors shows that there were four main reasons for a prescription to be dispensed outside of the county:

- To dispensed by a dispensing appliance contractor (one dispensing appliance contractor dispensed 10% of all the items that were dispensed out of the Health and Wellbeing Board’s area)
- Use of distance selling premises (one such pharmacy dispensed 9% of all the items that were dispensed out of the Health and Wellbeing Board’s area)
- Use of a pharmacy that is just over the border of Northamptonshire for example Sharnbrook in Bedfordshire, Rugby, Milton Keynes, Peterborough, Banbury and Market Harborough (32.6% of items were dispensed by 62 neighbouring pharmacies)
- Prescriptions dispensed whilst on holiday, at work or shopping

5.2.2 Access to Medicines Use Reviews, New Medicine Service, NHS urgent medicine supply advanced service and flu vaccination

Information on the type of advanced services provided by pharmacies outside the Health and Wellbeing Board’s area to residents of Northamptonshire is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that residents of the Health and Wellbeing Board’s area will access these services from contractors outside of Northamptonshire.
5.2.3 Dispensing service provided by some GP practices

Some residents of the Health and Wellbeing Board’s area will choose to register with a GP practice outside of the county and will access the dispensing service offered by their practice. For example the village of Hargrave is covered by practices in Cambridgeshire and Northamptonshire, and Bozeat is covered by practices in Bedfordshire and Northamptonshire.

5.3 Other relevant services

‘Other relevant services’ are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as services that are provided in and/or outside the Health and Wellbeing Board’s area which are not necessary to meet the need for pharmaceutical services, but have secured improvements or better access to pharmaceutical services in its area.

For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that other relevant services are Appliance Use Reviews, stoma appliance customisation and enhanced services.

5.3.1 Other relevant services within the Health and Wellbeing Board’s area

5.3.1.1 Access to Appliance Use Reviews

One pharmacy and two dispensing appliance contractors provided a total of 487 Appliance Use Reviews in 2016/17, of which 93% were provided at the home of the patient. However due to the fact that dispensing appliance contractors provide services across England not all of these will have been provided for Northamptonshire residents. Due to the way the data is collated and published it is not known how many of these were provided for Northamptonshire residents.

Figure 37 – number of Appliance Use Reviews claimed by dispensing appliance contractors and pharmacies Northamptonshire in 2016/17

At the time of drafting this pharmaceutical needs assessment data for seven months of 2017/18 was available. It shows that two dispensing appliance contractors and one pharmacy provided a total of 401 Appliance Use Reviews between April and October 2017. The graph below shows the pattern of claiming so far in 2017/18 for these three contractors.
Based upon the level of provision in 2016/17 and 2017/18 the Health and Wellbeing Board is satisfied that at county level there is sufficient capacity within existing contractors in relation to this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.3.1.2 Access to stoma appliance customisations

Twenty pharmacies and two of the dispensing appliance contractors customised 14,296 stoma appliances in 2016/17.

The map below shows the locations of these pharmacies.
Map 14 – location of pharmacies and dispensing appliance contractors providing the stoma appliance customisation service in Northamptonshire in 2016/17

However due to the fact that dispensing appliance contractors provide services across England not all of these will have been provided for Northamptonshire residents. Due to the way the data is collated and published it is not known how many of these customisations were provided for Northamptonshire residents.

At the time of drafting this pharmaceutical needs assessment data for seven months of 2017/18 was available. It shows that two dispensing appliance contractors and 20 pharmacies customised 8,662 stoma appliances between April and October 2017. The graph below shows the pattern of claiming so far in 2017/18 for these contractors.
Figure 40 – number of stoma appliance customisations claimed by dispensing appliance contractors and pharmacies Northamptonshire in 2017/18

Based upon the level of provision in 2016/17 and 2017/18 the Health and Wellbeing Board is satisfied that at county level there is sufficient capacity within existing contractors in relation to this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.3.1.3 Access to enhanced services

In 2017/18, NHS England commissioned two enhanced services from pharmacies:

- Supply of gluten free food service, and
- A palliative care drugs service.

As of July 2017, 79 pharmacies provided the former and 11 the latter.

Patients with a diagnosis of gluten enteropathy (coeliac disease)/dermatitis herpetiformis confirmed by positive blood screening plus jejunal biopsy are referred into the gluten free food service under which the pharmacy agrees with the patient which products and quantities will be supplied within local guidelines. The commissioning of the gluten free food enhanced service is being considered by NHS England and the Clinical Commissioning Groups in light of the outcome of the Department of Health and Social Care consultation which sought views on proposals on whether to make changes to the availability of gluten-free foods on the NHS. From 1 April 2018 the service will be commissioned by the Clinical Commissioning Groups and will therefore no longer fall within the definition of pharmaceutical services.

Under the palliative care drugs service pharmacies purchase and maintain the required stock of palliative care drugs according to the agreed list which is agreed by the Leicestershire, Northamptonshire & Rutland Cancer Network and dispense items from the palliative care drug stock in response to NHS prescriptions presented to the pharmacy in line with the dispensing essential service. Based upon the level of provision in 2016/17 and 2017/18 the Health and Wellbeing Board is satisfied that at county level there is sufficient
capacity within existing contractors in relation to this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.3.2 Other relevant services provided outside the Health and Wellbeing Board’s area

Information on the Appliance Use Review and stoma appliance customisation services provided by pharmacies and dispensing appliance contractors outside the Health and Wellbeing Board’s area to residents of Northamptonshire is not available due to the way contractors claim. It can be assumed however that residents of the Health and Wellbeing Board’s area will access these two services from pharmacies and dispensing appliance contractors outside of Northamptonshire.

It is also possible that residents will have accessed enhanced services from pharmacies outside of the Health and Wellbeing Board’s area, but again this information is available.

5.4 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 5.1 and 5.2, the residents of the Health and Wellbeing Board’s area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the Health and Wellbeing Board’s area they have a choice of 131 pharmacies, operated by 64 different contractors, and three dispensing appliance contractors operated by different contractors. Outside of the Health and Wellbeing Board’s area residents chose to access a further 3,652 contractors, although many are not used on a regular basis.

When asked what influences their choice of pharmacy the most common responses in the patient and public questionnaire were ‘close to my home’ and ‘close to my doctor’. Please note that more than one option could be ticked.

Where the response ‘other’ was chosen an analysis highlights links between GP practices and pharmacies as being important to receiving a good service for example:

- Prescriptions being sent electronically or manually from the practice to the pharmacy
- Being able to order repeat prescriptions online and then collect from the pharmacy, and
- Management of repeat prescriptions by the pharmacy (both repeatable prescriptions and the pharmacy ordering repeat prescriptions on behalf of the patient).

A couple of responses state that there is no choice in which pharmacy to use as the practice tells the patient which pharmacy to use although it is not clear whether this is a pharmacy or the practice’s dispensary. In either case though patients should have a choice of which pharmacy to use and if they are a dispensing patient they can ask the practice for their prescription and take it to a pharmacy if they so wish.
Figure 41 - We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy?

When asked if there is a more convenient and/or closer pharmacy that respondents choose not to use 66% replied no, 28% replied yes and 6% don’t know. The figure below shows the responses as to why that more convenient and/or closer pharmacy is not used.

Figure 42 - Please could you tell us why you do not use that pharmacy?
Respondents who close ‘other’ in response to this question gave the following reasons:

- Choose to use a pharmacy that is next to or close to their GP practice as it is more convenient
- Have built up a relationship with a particular pharmacy and don’t wish to change, and
- Service is slow, the pharmacy is always busy or service is not very good.

Some answers again suggest that patients are not given a choice by their GP practice and some highlight that patients do not understand the difference between a pharmacy and a GP dispensary:

- “G.P. sends prescription to that pharmacy automatically, and to change system would create stress and probably not work due to surgery systems in place.”
- “I have to use the GP surgery pharmacy”
- “Our new G.P. (we recently moved house and had to register with new G.P.) told us this was the one they would send our prescriptions to (we weren’t given a choice)”
- “It’s at [name of GP practice] and for reasons I don’t fully understand (!) I am not allowed to get my drugs there.”
6 Other NHS services

The following NHS services are deemed, by the Health and Wellbeing Board, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service
- Personal administration of items by GPs – similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered
- GP out of hours service – whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing
- Public health services commissioned by Northamptonshire County Council (drugs and alcohol services, needle exchange smoking cessation and sexual health) - all of these services remove the need for them to be commissioned as enhanced services by NHS England from pharmacies
- Corby urgent care centre – services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions.
- Walk-in centre at Northampton General Hospital NHS Trust – this service will generate prescriptions to be dispensed by pharmacies and potentially dispensing appliance contractors
- Prison pharmacies - reduce the demand for the dispensing essential service as prescriptions written in the two prisons and the secure training centre are not dispensed by pharmacies or dispensing appliance contractors
- Turn Furlong GP service – generates prescriptions which affect the need for the dispensing essential service
- Thackley Green specialist care centre - generates prescriptions which affect the need for the dispensing essential service
- Substance misuse service – generates prescriptions which affect the need for the dispensing essential service
- End of life service - generates prescriptions which affect the need for the dispensing essential service
- Community nurses - generate prescriptions which affect the need for the dispensing essential service.

6.1 Hospital pharmacies

There are eight hospitals in Northamptonshire:

- Northampton General Hospital NHS Trust
- Kettering General Hospital
- St Andrew’s Healthcare - St Andrew’s Hospital
- Northamptonshire Healthcare NHS Foundation Trust – Berrywood Hospital, Corby Community Hospital, Danetre Hospital, Isebrook Hospital and St Mary’s Hospital.

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed.
Since 2015 Northampton General Hospital NHS Trust has worked in partnership with Boots UK to deliver pharmacy services to in- and outpatients at the hospital. Unlike other Boots pharmacies, the one at the hospital is unable to dispense prescriptions written outside of the hospital.

The pharmacy department at Kettering is run by the hospital trust and dispenses 780,000 packs of medicines and 10.5 million other doses – including injections, inhalers, eye drops, creams, ointments and tablets - each year.

LloydsPharmacy works in partnership with Northamptonshire Healthcare NHS Foundation Trust to deliver pharmacy services at Berrywood hospital. Unlike other Lloyds pharmacies, this one is unable to dispense prescriptions written outside of the hospital.

There is a Boots pharmacy on the site of Danetre hospital and a Gorgemead Limited pharmacy near to Isebrook hospital.

Pharmacy services to St Andrew’s hospital are provided by an in-house pharmacy operated by St Andrew’s Healthcare.

Should services be moved out of the hospitals and into the primary care setting then it is likely that this would lead to more prescriptions needing to be dispensed by pharmacies in primary care. However at the time of drafting there are no firm plans to do this.

Increasingly GPs are being asked to take on the prescribing of hospital initiated medication. At this point in time it is not possible to quantify the level of demand for pharmaceutical services that this may create.

**6.2 Personal administration of items by GPs**

Under their primary medical services contract with NHS England/the clinical commissioning group there will be occasion where a GP or other healthcare profession at the 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 is dispensed by their preferred pharmacy or dispensing appliance contractor. In some instances however the GP or practice nurse 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 the 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. Instead the practice will retain the prescription and submit it for reimbursement to the NHS Business Services Authority at the end of the month.

It is not possible to quantify the number of items that were personally administered by GP practices in England as the published figures include items which have been personally administered or dispensed by dispensing practices.
6.3 GP out of hours service

The GP out of hours service for the county is based at four locations across the county:

- Northampton Primary Care Centre, Highfield, Cliftonville Road, Northampton. NN1 5BU
- Daventry Primary Care Centre, Daventry Medical Practice, Daventry Hospital, London Road, Daventry. NN11 4DY
- Kettering Primary Care Centre, Prospect House, 121 Lower Street, Kettering. NN16 8DN
- Wellingborough Primary Care Centre, Isebrook Hospital, Irthlingborough Road, Wellingborough. NN8 1LP

The service is available Mondays to Fridays between 6.30pm and 8.00am, and 24 hours a day on weekends and public and bank holidays.

People contacting the out of hours service will initially be triaged by the national NHS 111 call line. They will ask a set of questions to decide if:

- The problem can wait until their surgery next opens
- The problem can be dealt with over the phone by a nurse or doctor
- The patient needs to attend one of the clinical bases, or
- The patient needs an emergency ambulance.

If the patient’s condition is not urgent, they may be referred to another service or asked to contact their surgery during normal opening hours. They may also be advised to visit a pharmacy.

Most cases can be dealt with over the phone and the patient’s call will be passed to either a nurse or doctor for advice. If the problem can’t be resolved over the phone then the patient will be invited to attend one of the clinical bases.

Depending on the nature of the patient’s condition they will either be given:

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

45,059 items were prescribed by the out of hours service in 2016/17 and dispensed by 302 different contractors. Of these, 57.6% were dispensed by the 100 hour pharmacies in the county. The majority of the items were dispensed by pharmacies in the county (99%) with the remainder mostly dispensed by pharmacies just over the border in Bedfordshire or Warwickshire. However some items were dispensed as far afield as Cornwall, North Yorkshire, Lincolnshire and Lancashire.

With the exception of the Northampton primary care centre, prescriptions tend to be dispensed by a small number of local pharmacies:

- Daventry primary care centre – 83% of items were dispensed by five pharmacies with the majority dispensed by the three 100 hour pharmacies in the town (67% of all items)
- Wellingborough primary care centre – 83% of items were dispensed by three pharmacies (74% by the two 100 hour pharmacies)
• Kettering Primary Care Centre – 80% of items were dispensed by six pharmacies, with 60% dispensed by the two 100 hour pharmacies.

Items prescribed at the Northampton primary care centre were dispensed across a much wider range of pharmacies (11 pharmacies dispensed 80% of items prescribed), although 52% were dispensed by the five 100 hour pharmacies located in the town.

For some parts of the south of the county the out of hours service is provided by Oxford Health NHS Foundation Trust. It operates in the same way as the above service, with calls triaged by the NHS 111 call line and callers directed to either the out-of-hours service or the most appropriate service available at that time.

6.4 Locally commissioned services – Northamptonshire County Council

Since 1 April 2013 Northamptonshire County Council has been responsible for the commissioning of public health services and this has impacted on the need for pharmaceutical services.

Northamptonshire County Council commissions the following public health services from pharmacies:

• Emergency hormonal contraception
• Chlamydia screening
• Needle exchange
• Smoking cessation
• Supervised consumption of methadone and buprenorphine.

6.5 Corby urgent care centre

The urgent care centre in Corby is a single point of access to urgent care services aimed at reducing the need for patients to travel to A&E.

The centre assesses and treats conditions for patients who cannot wait for an appointment at their GP practice, and which require urgent and necessary attention, such as:

• Children with high temperatures
• Children and adults with breathing problems
• Bladder and other painful infections
• Abdominal pain
• Severe headaches
• Dizzy turns
• Mild and moderate injuries and burns
• Worrying rashes
• New unexplained symptoms
• Worrying worsening of a long-term condition.

An X-ray department and other diagnostic facilities mean that Corby Urgent Care Centre can also assess and treat minor injuries, including:

• Strains
• Sprains
• Wounds
• Minor burns
• Fractures (because of the X-ray facilities).

No appointment is needed but patients are seen in order of clinical priority, so may have to wait if their condition is not as serious as others.

The Corby Urgent Care Centre is open 8.00am to 8.00pm, every day of the year. 35,448 items were prescribed in 2016/17 of which 74.5% were dispensed by the pharmacy that is on the same site and open 8.00am to 8.00pm, seven days a week. The vast majority of the remainder of items was dispensed by pharmacies in Northamptonshire although 0.4% were dispensed by 69 pharmacies outside of Northamptonshire.

6.6 Northampton walk-in centre

A walk-in centre for treatment of minor injuries like sprains, strains, minor burns and wounds operates at Northampton General Hospital NHS Trust in Northampton and is open seven days a week. Typically prescriptions written as part of this service are dispensed in primary care or the GP out of hours service supplies pre-packs.

6.7 Prisons and secure training centre

The pharmacy service to HMP Onley is provided by Northamptonshire Healthcare NHS Foundation Trust from the Lloyds pharmacy at Berrywood hospital.

Healthcare at HMP Rye Hill is provided by G4S who procure their own medicines. Northamptonshire Healthcare NHS Foundation Trust provides substance misuse services there with medicines from the Lloyds pharmacy at Berrywood hospital.

Rainsbrook secure training centre is on the same site as the two prisons and pharmacy services are supplied by Northamptonshire Healthcare NHS Foundation Trust from the Lloyds pharmacy at Berrywood hospital.

6.8 Turn Furlong GP service

Turn Furlong specialist centre in Northampton, offers a range of short stay, intermediate and respite care services for older people to enable them to return to their own home, await a move to live at a more appropriate community setting, or to provide a break for carers.

The following services are available:

• 24 places offering rehabilitation
• Eight respite care places
• 19 respite care places for older people with dementia related illnesses.

In 2016/17 4,381 items were dispensed by 11 contractors under prescriptions written by the GP providing this service to the centre. The majority of these were dispensed by one contractor.

6.9 Thackley Green specialist care centre

Thackley Green specialist centre in Great Oakley, Corby, offers a range of short stay, intermediate and respite care services for older people to enable them to return to their own
home, await a move to live at a more appropriate community setting, or to provide a break for carers.

The following services are available:

- 24 places offering rehabilitation
- Eight respite care places
- 19 respite care places for older people with dementia related illnesses.

In 2016/17 344 items were dispensed by 12 contractors with the majority dispensed by one pharmacy.

6.10 End of life service

This service provides dedicated support to people who are nearing the end of their lives and wish to die at home or in their own care home. It operates alongside existing NHS care providers including acute hospitals, district nurses, GPs, Marie Curie and Macmillan and is an integral part of the Northamptonshire end of life pathway. Prescriptions are written by non-medical prescribers and are dispensed within the primary care setting. 741 items were dispensed for this service in 2016/17 by 45 contractors, although 90% of the items were dispensed by just 14 contractors.

6.11 Substance misuse service

Substance to Solution, or S2S, is available to provide support for adults (over 18) with substance misuse issues within the Northamptonshire area.

Dedicated staff are available for anyone requiring support around their recovery. The service offers support to the individual in sustaining recovery. Working with the individual, the recovery worker will offer information, advice and guidance, with links to the local community. Groups and activities are also available at S2S to assist service users in their recovery journey as well as links to mutual aid groups and longer term recovery support options.

In 2016/17, 28,244 items were prescribed by the service and dispensed in the primary care setting by 191 contractors in and outside of Northamptonshire, although 65% of items were dispensed by 21 contractors all based in Northamptonshire.

6.12 Community nurses

The community nursing service provided by Northamptonshire Healthcare NHS Foundation Trust provides countywide nursing care to housebound people only. Community nurses provide high quality care for people in their own homes to promote and maintain independent living through information, guidance and training for patients, carers and families.

The service ranges from providing post-operative dressing changes to end of life care and long-term conditions management. A small number of clinics for blood tests, complex leg ulcer management, routine catheter changes and a weekend practice nurse clinic in Northampton are also provided. Teams within community nursing are made up of phlebotomists, healthcare assistants, registered nurses, district nurses and advanced nurse practitioners.
In 2016/17, 9,352 items were prescribed under this service and dispensed by 176 different contractors although the majority (97%) were dispensed in the county.
7 Health needs that can be met by pharmaceutical services

In England there are an estimated 1.2 million health related issues visits to a pharmacy every day[^84] and these provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services and services commissioned by the County Council and the Clinical Commissioning Groups.

As can be seen from this section, it is important that NHS England, the Clinical Commissioning Groups and the Public Health Team at Northamptonshire County Council work together to maximise the local impact of public health communications, messages and opportunities.

Promoting the services that pharmacies provide was highlighted in some of the responses to the patient and public engagement questionnaire and this can be undertaken in a number of ways including pharmacies ensuring that their NHS Choices[^1] profile is up-to-date. Both NHS England and the Northamptonshire and Milton Keynes Local Pharmaceutical committee ran advertisements on Heart FM in 2017 promoting pharmacies as providers of the annual flu vaccination, and the Clinical Commissioning Groups produced leaflets ahead of implementing the new managed way of accessing repeat prescriptions which included information highlighting services available from pharmacies.

7.1 Need for drugs and appliances

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 four. 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, dispensing appliance contractors or dispensing doctors.

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.

Distance selling premises will receive prescriptions remotely (either via the Electronic Prescription Service, post or fax) and are required to deliver all dispensed items and this will clearly be of benefit to people who are unable to access a pharmacy and dispensing appliance contractors delivery the majority, if not all, of the items they dispense. 82 of the pharmacies who responded to the contractor questionnaire said that they collect prescriptions from GP practices and all are able to access prescriptions via the Electronic Prescription Service. 76 of these pharmacies offer a free delivery service on a private basis (either to all or specified patient groups) and seven of the dispensing practices offer a free delivery service on a private basis to certain patient groups.

[^84]: Public Health England, Royal Society of Public Health (2016) Building Capacity: Realising the potential of community pharmacy assets for improving the public’s health
7.2 Alcohol and drug use

As needle exchange and the supervised consumption of substance misuse medicines are commissioned by the Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for either service to be commissioned as part of pharmaceutical services.

However there are elements of essential service provision which will help address this health need:

- 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 drug and alcohol abuse. Public health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials.
- Where the pharmacy does not provide the locally commissioned services of needle exchange and the supervised consumption of substance misuse medicines, signposting people using the pharmacy to other providers of the services.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- Using the opportunity presented by Medicines Use Reviews, e.g. for anti-hypertensive medicines and medicines for the treatment of diabetes, to discuss the risks of alcohol consumption and in particular, during public health campaigns or in discussion with customers requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse.
- Providing healthy living advice during Medicines Use Review and New Medicine Service consultations.

7.3 Cancer

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

- Disposal of unwanted drugs, including controlled drugs.
- 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 cancer awareness and/or screening.
- Signposting people using the pharmacy to other providers of services or support.

7.4 Long-term conditions

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to 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.
• Providing healthy living advice during Medicines Use Review and New Medicine Service consultations.
• Under the pharmacy quality payments pharmacies are rewarded for referring asthma patients, for whom more than six short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six month period, to an appropriate health care professional for an asthma review. At the April 2017 quality payments review point, 111 of the 130 pharmacies in Northamptonshire at that time reported that they had evidence of referring asthma patients in line with this criterion.

Provision of the Medicines Use Review, Appliance Use Review, stoma appliance customisation, New Medicine Service and flu vaccination advanced services will also assist people to manage their long-term conditions in order to maximise their quality of life.

7.5 Obesity

Three elements of the essential services will address this health need:

• Where a person presents a prescription, and they are overweight, the pharmacy is required to give appropriate advice with the aim of increasing the 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 obesity.
• Signposting people using the pharmacy to other providers of services or support.
• Providing healthy living advice during Medicines Use Review and New Medicine Service consultations.

7.6 Sexual health

As chlamydia screening is commissioned by the County Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

However there are elements of essential service provision which will help address this health need:

• 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 STIs and Human Immunodeficiency Virus.
• Where the pharmacy does not provide the locally commissioned service for chlamydia screening, signposting people using the pharmacy to other providers of this service.
• Providing healthy living advice during Medicines Use Review and New Medicine Service consultations.
7.7 Teenage pregnancy

As emergency hormonal contraception provision is commissioned by the County Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

However there are elements of essential service provision which will help address this health need:

- 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 teenage pregnancy
- Where the pharmacy does not provide the locally commissioned service of EHC provision, signposting people using the pharmacy to other providers of the service.

7.8 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 County Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

However there are elements of essential service provision which will help address this health need:

- 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 smoking
- Where the pharmacy does not provide the locally commissioned service of smoking cessation, signposting people using the pharmacy to other providers of the service
- Routinely discussing stopping smoking when selling relevant over the counter medicines
- Providing healthy living advice during Medicines Use Review and New Medicine Service consultations.

7.9 Dementia

Under the pharmacy quality payments pharmacies are encouraged to ensure 80% of all pharmacy staff working in patient facing roles are trained ‘Dementia Friends’. The aim is to help patient-facing pharmacy staff to learn a little more about what it is like to live with dementia and small ways everyone can help people living with dementia and their carers. They can commit to turning that understanding into action in their day-to-day role in the pharmacy. These small actions by patient-facing pharmacy staff throughout the whole of England will make a huge difference to the lives of those living with dementia. At the April 2017 quality payments review point, 117 of the 130 pharmacies in Northamptonshire at that time reported that they met this criterion.
7.9 Healthy living

Another element of the pharmacy quality payments is to reward pharmacies who become Healthy Living Pharmacies. The aim of this is to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. The Healthy Living Pharmacy concept is designed to develop (in respect of health and wellbeing services):

- The community pharmacy workforce;
- Community pharmacy engagement with the general public (including “Making Every Contact Count”);
- Community pharmacy engagement with local stakeholders such as local authorities, voluntary organisations and other health and social care professionals; and
- The environment in which health and wellbeing services are delivered.

First piloted in Portsmouth in 2009, the objective of Healthy Living Pharmacies is to create teams that are aware of local health issues and are consistently demonstrating they are promoting healthy lifestyles by tackling the health problems their populations face head on.

In the April 2017 quality payment review point six pharmacies confirmed that they met the requirements of a level 1 healthy living pharmacy as defined by Public Health England or have been accredited as a healthy living pharmacy locally between 1 December 2014 and 28 April 2017. By the time the contractor questionnaire was undertaken this had increased to 19 pharmacies with another 62 currently working towards level 1 status.

85 Healthy Living Pharmacy Level 1 Quality Criteria, Public Health England July 2016
8 Corby Borough Council locality

8.1 Key facts

- Corby has seen the highest rates of population growth in the county (also high compared to England) and the town is projected to experience the greatest percentage increase in the county over the next 10 years. Corby is projected to have the fifth fastest population growth in the country at 16.7% (11,000 people); this is the fastest growth outside of London
- Corby has the highest fertility rate in the county
- Compared to the rest of the county Corby has the lowest proportion of its population aged over 65 and the highest proportion aged under 16
- The increase in domestic properties in the county is predicted to be the highest in Corby at 35.2%
- There are 41 Lower Super Output Areas in Corby. Of these, four are amongst the top 10% most deprived in England and eight fall within decile 2 nationally. Thus, 29.3% of the Lower Super Output Areas in Corby are amongst the top 20% most deprived nationally. The figure below shows the spread of deprivation by Lower Super Output Area across the locality by the Income Deprivation Affecting Children Index 2015 where decile 1 is the most deprived and decile 10 is the least deprived

Map 15 – Spread of deprivation by Lower Super Output Area

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Northamptonshire Analysis
• Corby is the 46th most deprived Local Authority in England out of 326 Local Authorities with regards to health deprivation and disability (morbidity, disability and premature mortality)
• The average earnings of Corby residents are the lowest in the county
• The rate of live births per 1,000 total population in 2015 was highest in Corby
• Corby has the lowest male and female life expectancy in Northamptonshire at 76.5 in Corby for males and low of 80.8 in Corby for females in 2013-15. Corby is well below the national average and ranks eighth worst in the country for male and 14th worst for female life expectancy at birth
• In Corby, the mortality rates from causes considered preventable have been significantly higher than the national average since the 2009-11 baseline. In 2013-15 Corby had significantly higher under 75 mortality rates than the England averages in all diseases and cohorts except cardiovascular disease for females, and cancer and liver disease for males. The significantly higher mortality rates for persons under 75 in Corby have been persistent over time
• House ownership is lowest in Corby and social renting is highest
• Corby’s mortality rates from alcohol-related causes were the highest of the 326 local authorities in England in the period 2006 to 2010. The life expectancy of an average man in Corby would be 20.4 months longer if there were no deaths in the borough before 75 years of age attributable to alcohol; this figure is also higher than anywhere else in England
• In the period 2013-15, Corby had a significantly higher rate of alcohol specific mortality at 23.5 per 100,000 population compared to the rest of the county. Corby’s rate of alcohol specific mortality has been higher than the national average since 2006-08 and has not changed significantly during this time
• Corby has a high level of deprivation and shows high rates of incidence and mortality especially of lung cancer and all cancers combined compared with Northamptonshire, East Midlands and England, and mortality from colorectal cancer in females compared with East Midlands and England
• Corby has generally higher suicide rates compared to the rest of Northamptonshire but is not significantly different to the national rate
• Corby’s mortality rate from respiratory disease is significantly higher than that for England
• Smoking rates are highest in Corby and East Northamptonshire
• The main languages spoken in Corby households are:
  o English - 90.6%
  o Polish – 3.78%
  o Other languages not specified in the Census - 0.67%
  o Slovak – 0.63%
  o Latvian - 0.54%
  o Portuguese - 0.51%
  o Hungarian - 0.49%
  o Russian - 0.46%
  o Lithuanian - 0.37%
  o Romanian - 0.33%
• The figure below compares car ownership levels in the locality to England.
There are three major housing developments in this locality, namely Priors Hall Park, Weldon Park and Corby West.

Priors Hall Park is one of the UK’s largest home building projects, creating 5,100 new homes by 2031 and is part of the North East Corby Sustainable Urban Extensions. As of April 2017 approximately 600 dwellings had been built and it is estimated that approximately 676 more dwellings will be built during the lifetime of this pharmaceutical needs assessment.

Weldon Park forms the remainder of the North East Corby Sustainable Urban Expansion and is a mixed-use development including 1,000 new homes. It is estimated that approximately 180 dwellings will be built during the lifetime of this pharmaceutical needs assessment.

Corby West is allocated for a mixed-use sustainable urban extension which should include the phased delivery of around 4,500 dwellings to include the seamless integration of housing sizes, types and tenures. A planning application is expected in late 2017/early 2018 and the development is currently expected to start in 2020 meaning that very few dwellings are likely to be built during the life time of this pharmaceutical needs assessment. The site is a proposed allocation in the North Northamptonshire Joint Core Strategy for 2011-2031 (JCS) for the development of 4,000 dwellings and at least 2,500 jobs. It will deliver a high quality development which is permeable, well-connected and integrates with the town of Corby and also has a high quality of landscape to assimilate into the surrounding countryside. The Sustainable Urban Expansion will include key infrastructure items including highway improvements, a secondary school and four primary schools, provision of green infrastructure throughout the site, public transport provision and other community facilities to meet the needs of the development. It is anticipated that that the site will be fully delivered by 2031, in addition there is scope for additional land to the north of the initial site boundary up to the A427 that may come forward for development after 2031. The North Northamptonshire JCS estimates that 50 dwellings will be built in the first year of the development.

87 Census 2011
88 North Northamptonshire Joint Core Strategy 2011-2031
8.2 Necessary services: current provision within the locality’s area

There are 14 pharmacies in the locality operated by nine different contractors. As can be seen from the map below the pharmacies are located within the town of Corby and generally in areas of greater population density (the darker shaded areas). One practice dispenses to eligible patients from a branch surgery in Weldon. The branch surgery at Gretton (run by Uppingham surgery which is located in Leicestershire) also dispenses to eligible patients when it is open (Monday and Tuesday mornings and Thursday afternoon).

Map 16 – location of pharmacies and dispensing practice premises in Corby compared to population density

An unforeseen benefits application was submitted to open a pharmacy in Weldon. This application was refused on appeal by NHS Resolution in October 2016 on the basis that there was:

- Already a reasonable choice with regard to obtaining pharmaceutical services
- No evidence of people sharing a protected characteristic having difficulty in accessing pharmaceutical services, and
- No evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services.

In 2016/17, 93% of prescriptions written by the GP practices in the locality (excluding the Gretton branch surgery) were dispensed within the locality at one of the pharmacies and 4%
by the practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

All residents of the locality can access one of the 14 pharmacies by car within 20 minutes, both during and outside the rush hour periods, with the majority able to access within 15 minutes by car.

**Map 17 – access to pharmacies in Corby outside of rush hour times**

© Crown copyright and database rights 2017 Ordnance Survey 100016969 [parallel Mapbox OSM](#)
Map 18 – access to pharmacies in Corby during rush hour times

There are two 100 hour pharmacies in Corby which are open seven days a week and between them cover the hours:

- 8.00am to 11.00pm on Monday
- 6.30am to 11.00pm Tuesday to Saturday and
- 10.00am to 4.00pm on Sunday.

With regard to the remaining 12 pharmacies:

- Two open Monday to Friday
- Five are open Monday to Friday and Saturday morning
- One is open Monday to Saturday
- Four are open seven days a week.

With regard to the times at which these 12 pharmacies are open between Monday and Friday:
• One opens at 8.00am, three at 8.30am and the remainder at 9.00am
• Four are open after 6.00pm (one until 6.30pm, two until 8.00pm and one until 9.00pm).

On Saturdays, pharmacy opening hours are secured by these 12 pharmacies between 8.00am and 8.00pm and on Sundays between 8.00am and 8.00pm.

The dispensing branch surgery run by Dr Sumira is open 10.00am – 12.00pm on Monday, Thursday and Friday mornings and from 4.00 – 6.00pm on Tuesday evenings.

Of the nine pharmacies who responded to the contractor questionnaire, eight dispense all appliances listed in Part IX of the Drug Tariff (the ninth did not respond to this question).

All 14 pharmacies provided the Medicines Use Review service in 2016/17, providing a total of 3,912 Medicines Use Reviews out of a maximum of 5,600. Six pharmacies provided the maximum number of 400. All the pharmacies currently provide the service in 2017/18.

12 pharmacies provided 823 New Medicine Service full service interventions in 2016/17, with a range of one to 326 provided per pharmacy. 13 pharmacies currently provide the service in 2017/18.

11 pharmacies provided a total of 1,438 flu vaccinations with a range of 33 to 377.

One pharmacy signed up to provide the NHS urgent medicine supply advanced service in 2017/18, and this is one of the 100 hour pharmacies.

8.3 Necessary services: current provision outside the locality’s area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area in order to access services:

• Offered by dispensing appliance contractors
• Offered by distance selling premises
• Which are located near to where they work, shop or visit for leisure or other purposes.

Of the prescriptions written by the GP practices in the locality in 2016/17 2% were dispensed elsewhere in Northamptonshire (predominantly in Kettering, Rothwell or Wellingborough) by 85 other contractors, and 1% was dispensed outside of Northamptonshire by 487 different contractors.

Taking into account this choice of pharmacy outside of the locality, all residents can access a pharmacy by car within 20 minutes, both during and outside the rush hour periods, and the majority can access a pharmacy by car within 15 minutes.

8.4 Other relevant services: current provision

No pharmacy provided the Appliance Use Review or stoma appliance customisation service in 2016/17 and that is currently the position in 2017/18.

In 2017/18 no pharmacy provided the palliative care enhanced service and six provided the gluten free food enhanced service.
8.5 Other NHS services

The Corby urgent care centre is located within the locality, and is open seven days a week between 8.00am and 8.00pm. The pharmacy on the same site matches these opening hours but should patients wish to use another pharmacy then there are four other pharmacies in the town with extended opening hours including two 100 hour pharmacies.

Three GP practices in the locality provided extended opening hours in 2017/18:

- Three opened late on a Monday evening (until either 7.15pm, 7.30pm or 8.00pm)
- One opened 7.00 to 8.00am on Wednesday, and
- One opened 7.30 to 8.00am on Friday.

The Thackley Green Specialist Care Centre is located in the locality and as noted in section 6 in 2016/17 344 items were dispensed by 12 contractors although 95.6% of items were dispensed by pharmacies in Corby.

8.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 8.2 and 8.3, those living within the locality and registered with one of the five GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board’s area.

In 2016/17 a total of 591 contractors dispensed items written by one of the GP practices, of which 487 were outside of Northamptonshire.

8.7 Necessary services: gaps in provision

Nine of the 14 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from the housing developments in the locality and of those. Their responses were as follows:

- Six have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area
- One doesn’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand
- One doesn’t have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand, and
- One didn’t answer this question.

Whilst not a NHS service eight pharmacies provide a free collection and delivery service. Six provide it to any patient, one only provides it to the elderly and housebound, and another only provides it patients who are housebound. Therefore for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the locality, another pharmacy in Northamptonshire or by distance selling premises either inside or outside of Northamptonshire.

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that the population can access a car within 20 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the locality means that
walking to a pharmacy will be a realistic option for many residents and regular public transport services\footnote{Public transport routes as at 29.10.17} are available for those who are unable to undertake the whole journey on foot. The increasing use of the Electronic Prescription Service also reduces the need for residents to first attend their GP surgery to collect their prescriptions and to then take them to the pharmacy of their choice.

The Health and Wellbeing Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The Health and Wellbeing Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

With regard to the housing that is due to be built during the lifetime of this document, the Health and Wellbeing Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Health and Wellbeing Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the locality.

The Health and Wellbeing Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- Medicines Use Review
- New Medicine Service, and
- Flu vaccination

As of 20 November 2017 one 100 hour pharmacy had signed up to provide the NHS urgent medicine supply advanced service. NHS England Midlands and East (Central Midlands) and Corby Clinical Commissioning Group will continue to work with the existing pharmacies in the locality as implementation of this service is progressed, in particular the rollout of NHSmail email accounts which has been a rate-limiting factor to date. The Health and Wellbeing Board will keep service provision under review but has concluded that there is no current or future need for this service which could be met by an application for new or additional premises.

8.8 Improvements or better access: gaps in provision

Whilst none of the 14 pharmacies provide the Appliance Use Review and stoma appliance customisation service despite dispensing prescriptions for all appliances, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient’s home and the stoma care departments at Northampton and Kettering Hospitals will provide similar services. The Health and Wellbeing Board has therefore not identified any current or future improvements or better access in relation to the provision of these two advanced services in the locality.

The commissioning of the gluten free food enhanced service is being considered by NHS England and the Clinical Commissioning Groups in light of the outcome of the Department of
Health and Social Care consultation which sought views on proposals on whether to make changes to the availability of gluten-free foods on the NHS. From 1 April 2018 the service will be commissioned by the Clinical Commissioning Groups and will therefore no longer fall within the definition of pharmaceutical services.

In relation to the palliative care service, the Health and Wellbeing Board has noted that no pharmacy currently provides this service in the locality. However, this service is commissioned across the county by NHS England to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the drugs that are to be stocked would go out of date. Taking into account the current provision of this service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.
9 Daventry District Council locality

9.1 Key facts

- With Wellingborough, Daventry has the lowest projected population change in the county at 5.7%
- One Lower Super Output Area falls within the 10% most deprived in England. The figure below shows the spread of deprivation by Lower Super Output Area across the locality by the Income Deprivation Affecting Children Index 2015 where decile 1 is the most deprived and decile 10 is the least deprived

Map 19 – Spread of deprivation by Lower Super Output Area

- Lowest live birth rate per 1,000 population in the county at 9.54 which is also lower than the rate for the East Midlands and England (9.66 and 12.10 respectively)
- Higher proportion of over 65s compared to the more urbanised areas of Corby and Northampton
- Daventry has the highest male life expectancy in the county at 80.9 years
- Mortality rates from cardiovascular disease are significantly better than the England average
- The main languages spoken in Daventry households are:
  - English – 97.5%
  - Polish – 0.96%
  - Other languages not specified in the Census - 0.36%
  - Slovak – 0.11%
  - German – 0.09%
  - Romanian - 0.08%
  - Gujarati - 0.07%
  - Hungarian - 0.07%

90 Northamptonshire Analysis
The figure below compares car ownership levels in the locality to England.

**Figure 44 – car ownership in Daventry**

![Car Ownership Chart](image)

In this locality there are seven major housing developments.

**Figure 45 – major housing developments in Daventry**

<table>
<thead>
<tr>
<th>Development</th>
<th>Units</th>
<th>Status</th>
<th>Approx. start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northampton North</td>
<td>3,500</td>
<td>First 2,000 dwellings have been approved (Overstone Leys). An application for the remaining dwellings (Overstone Green) is expected in 2017 onwards.</td>
<td>2017</td>
</tr>
<tr>
<td>North of Whitehills</td>
<td>1,000</td>
<td>Permission has been granted for 376 dwellings. The full 1,000 dwellings are expected to get permission in 2017/18</td>
<td>Development underway – currently at 100 occupations.</td>
</tr>
<tr>
<td>Daventry North East</td>
<td>4,000</td>
<td>An application is expected in 2018.</td>
<td>Earliest possible start would be 2019.</td>
</tr>
<tr>
<td>Monksmoor</td>
<td>1,000</td>
<td>Approved and underway.</td>
<td>First occupation made, build-out will continue over the next five to 10 years.</td>
</tr>
<tr>
<td>Middlemore</td>
<td>800-900</td>
<td>Approved and mostly complete.</td>
<td>Underway</td>
</tr>
<tr>
<td>Mickle Well Park</td>
<td>450</td>
<td>Application approved and section 106 agreement has been signed. The reserved matters application is anticipated in 2017/18.</td>
<td>Discussions progressing regarding getting the school site transferred to Northamptonshire County Council for early delivery.</td>
</tr>
</tbody>
</table>
Moulton Heights 2,000

Some pre-application discussions have taken place, however as it is not in the joint core strategy it is unknown whether it will be supported.

To be confirmed.

9.2 Necessary services: current provision within the locality’s area

There are 13 pharmacies in the locality operated by ten different contractors. As can be seen from the map below just over half the pharmacies are located in the town of Daventry with the remaining six generally located in areas where the population is denser than the surrounding rural areas (the darker the shading the greater the population density). Six of the practices dispense to eligible patients from seven premises.

Map 20 – location of pharmacies and dispensing practice premises in Daventry compared to population density
In 2016/17, 58% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the pharmacies and 31% by the practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed) reflecting the more rural nature of this locality (map 3).

Due to the more rural nature of this locality not everyone can access one of the pharmacies by car within 20 minutes during and outside of rush hour as can be seen from the figures below.

Map 21 – access to pharmacies in Daventry outside of rush hour times
There are two 100 hour pharmacies in Daventry which are open seven days a week and between them cover the hours:

- 8.00am to 10.30pm on Monday
- 6.30am to 10.30pm Tuesday to Friday
- 6.30am to midnight on Saturday, and
- 00.00am to 7.00pm on Sunday.
With regard to the remaining 11 pharmacies:

- Two open Monday to Friday
- Six are open Monday to Friday and Saturday morning, and
- Three are open Monday to Saturday.

None of these pharmacies open on Sundays.

With regard to the times at which these 11 pharmacies are open between Monday and Friday:

- Five open at 8.30am with the remainder opening at 9.00am.
- Three are open after 6.00pm (one until 6.15pm and two until 6.30pm).

On Saturdays, pharmacy opening hours are secured by these 11 pharmacies between 8.30am and 6.00pm.

The dispensaries within dispensing practices will open in line with the opening hours for the premises, usually 8.30am to 6.00pm Monday to Friday. They may be open when the practices offer extended hours.

Of the 13 pharmacies, 10 dispense all appliances listed in Part IX of the Drug Tariff, one just dispenses dressings, one didn’t answer the question and one failed to complete the contractor questionnaire. Of the four practices that replied to this question, three dispense all appliances listed in Part IX of the Drug Tariff and one practice dispenses all appliances other than those for stomas.

All 13 pharmacies provided the Medicines Use Review service in 2016/17, providing a total of 3,672 Medicines Use Reviews out of a maximum of 5,200. Six pharmacies provided the maximum number of 400. All 13 continue to provide the service in 2017/18.

12 pharmacies provided 1,127 New Medicine Service full service interventions in 2016/17, with a range of two to 683 provided per pharmacy. All 12 continue to provide the service in 2017/18.

Nine pharmacies provided a total of 796 flu vaccinations, with a range of 30 to 152.

Four of the pharmacies signed up to provide the NHS urgent medicine supply advanced service in 2017/18. Of these one is a 100 hour pharmacy and is open every day. The remaining three pharmacies are not open after 6.30pm during the week and only open on Saturday mornings.

9.3 Necessary services: current provision outside the locality’s area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.
Of the prescriptions written by the GP practices in the locality in 2016/17 9% were dispensed elsewhere in Northamptonshire (in particular Northampton, Towcester and Wellingborough) by 113 different contractors and 2% were dispensed outside of the county by 1,044 different contractors.

Residents in the north of the locality are likely to be registered with the Market Harborough and Bosworth Partnership, which has dispensaries in the premises in Market Harborough and Husbands Bosworth, Leicestershire, or the Rothwell and Desborough Healthcare Group which has premises in Rothwell and Desborough but does not dispense.

When pharmacies in the neighbouring localities of Kettering, Northampton, South Northamptonshire and Wellingborough, and pharmacies over the border in Coventry, Leicestershire and Worcestershire all residents of the locality can access a pharmacy by car within 20 minutes, both during and outside the rush hour periods, and the majority can access a pharmacy by car within 15 minutes.

Map 23 – access to pharmacies inside and outside Daventry during rush hour times
9.4 Other relevant services: current provision

No pharmacy provided the Appliance Use Review or stoma appliance customisation services in 2016/17, and this remains the position in 2017/18.

In 2017/18 one of the 100 hour pharmacies provided the palliative care enhanced service and nine pharmacies provided the gluten free food enhanced service.

9.5 Other NHS services

One of the four locations for the GP out of hours service is within the locality. In 2016/17 6,081 items were prescribed by the service of which 83% were dispensed within the locality (predominantly by the two 100 hour pharmacies and one pharmacy that opens Monday to Friday and Saturday morning), 15% were dispensed elsewhere in Northamptonshire by 35 different contractors, and the remaining 2% were dispensed by 38 contractors outside of Northamptonshire.

In 2017/18 of the nine GP practices with premises in the locality seven offered extended hours:

- Monday – one practice opens at 7.30am and two practices open after 6.30pm, one until 8.05pm and the other until 7.00pm
- Tuesday – two practices open early (one at 7.00am and the other at 7.30am) and two stay open late (one until 7.00pm and the other until 8.05pm)
- Wednesday – one practice opens at 7.30am and three practices stay open late (one until 7.00pm, another until 7.30pm and the third until 8.00pm)
- Thursday – four practices open early (one at 6.30am, one at 7.00am and two at 7.30am) and three stay open late (two until 7.00pm and the third until 8.05pm).
- Friday – one practice opens at 7.30am and stays open until 7.00pm
- Saturday – one practice opens every Saturday, one opens on alternate Saturdays and two open on the first Saturday of each month.

9.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.2 and 9.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board’s area.

In 2016/17 a total of 1,178 contractors dispensed items written by one of the GP practices, of which 1,044 were outside of Northamptonshire.

9.7 Necessary services – gaps in provision

12 of the 13 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from the housing developments in the locality and of those. Their responses were as follows:

- 10 have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area
• One doesn’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand, and
• One didn’t answer the question.

Four of the six practices responded to the dispensing practice questionnaire. Two said that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area, one doesn’t but could make adjustments to manage the increase, and one practice said it didn’t have sufficient capacity and would have difficulty in managing an increase in demand. However, it should be noted that as the housing developments are not in areas to which GPs can dispense the increase in demand will need to be met by the pharmacies.

Whilst not a NHS service 10 pharmacies provide a free collection and delivery service. Eight provide it to any patient, one four provide the service to specific patient groups:

• People that find it difficult to leave the house
• Patients with need - infirm, and on request
• Housebound or elderly patients
• Housebound within area

Therefore for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the locality, another pharmacy in Northamptonshire or by distance selling premises either inside or outside of Northamptonshire.

One practice delivers to patients over 60, housebound, children and anyone with a medical exemption, prepaid prescription charge etc.

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that the majority of the population can access a car within 20 minutes. Car ownership in the locality is considerably higher than for the rest of England reflecting the rural nature of the locality and the fact that public transport will not be available at such times as it is needed. It is also noted that six of the GP practices dispense from seven sites across the locality and that residents in the north of the locality will be dispensed to by the practices in Market Harborough. For those who are not dispensed to by their GP practice the increasing use of the Electronic Prescription Service reduces their need to first attend their GP surgery to collect their prescriptions and to then take them to the pharmacy of their choice. The information in section 9.1 above describes an older, but mobile population living in an area of low deprivation.

The Health and Wellbeing Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The Health and Wellbeing Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

With regard to the housing that is due to be built during the lifetime of this document, the Health and Wellbeing Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Health and Wellbeing Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the locality.
The Health and Wellbeing Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- Medicines Use Review
- New Medicine Service, and
- Flu vaccination

As of 19 February 2018 four of the pharmacies had signed up to provide the NHS urgent medicine supply advanced service. NHS England Midlands and East (Central Midlands) and Nene Clinical Commissioning Group will continue to work with the existing pharmacies in the locality as implementation of this service is progressed, in particular the rollout of NHSmail email accounts which has been a rate-limiting factor to date. The Health and Wellbeing Board will keep service provision under review but has concluded that there is no current or future need for this service which could be met by an application for new or additional premises.

9.8 Improvements or better access: gaps in provision

Whilst none of the pharmacies provide the Appliance Use Review and stoma appliance customisation service despite dispensing prescriptions for all appliances, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient’s home and the stoma care departments at Northampton and Kettering Hospitals will provide similar services. The Health and Wellbeing Board has therefore not identified any current or future improvements or better access in relation to the provision of these two advanced services in the locality.

The commissioning of the gluten free food enhanced service is being considered by NHS England and the Clinical Commissioning Groups in light of the outcome of the Department of Health and Social Care consultation which sought views on proposals on whether to make changes to the availability of gluten-free foods on the NHS. From 1 April 2018 the service will be commissioned by the Clinical Commissioning Groups and will therefore no longer fall within the definition of pharmaceutical services.

In relation to the palliative care service, the Health and Wellbeing Board has noted that one pharmacy currently provides this service in the locality. However, this service is commissioned across the county by NHS England to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the drugs that are to be stocked would go out of date. Taking into account the current provision of this service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.
10 East Northamptonshire Council locality

10.1 Key facts

- Projected population growth in East Northamptonshire is lower than for England at 6.8%. This is likely due to relatively low fertility rates and relatively high proportions of older people.
- The percentage increase in domestic properties in the locality is the lowest in the county at 10.3%.
- The proportion of the population aged 65 and over is higher than in the more urbanised Corby and Northampton.
- Premature mortality rate from cancer and causes considered preventable were significantly higher than the English average in 2013-15.
- The figure below shows the spread of deprivation by Lower Super Output Area across the locality by the Income Deprivation Affecting Children Index 2015 where decile 1 is the most deprived and decile 10 is the least deprived.

Map 24 – Spread of deprivation by Lower Super Output Area

- The main languages spoken in East Northamptonshire households are:
  - English – 98.04%
  - Polish – 0.53%
  - Other languages not specified in the Census - 0.3%
  - Italian – 0.1%
  - Other Chinese not Cantonese or Mandarin - 0.08%
  - French - 0.07%

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91 Northamptonshire Analysis
There are three major housing developments in this locality, namely Rushden East, Irthlingborough West and Tresham Garden Village.

In order to provide for significant expansion at Rushden in accordance with its status as a growth town in the North Northamptonshire Joint Core Strategy, a broad location for a Sustainable Urban Expansion to the east of the A6 has been identified. Approximately 2,500 homes will be built including affordable homes and homes for the older population. Whilst the A6 bypass currently forms a significant barrier between the proposed urban extension and Rushden and Higham Ferrers, a range of solutions will be examined in order to create a development which is permeable and well-connected to the adjacent urban areas and the facilities these offer. An approximate start date for this development is 2018 and 100 dwellings are estimated to be built in 2020-21.

Irthlingborough West Sustainable Urban Expansion is expected to start in 2018/19, delivering 700 dwellings of which approximately 120 are expected to be completed within the lifetime of this pharmaceutical needs assessment.

Tresham Garden Village (previously referred to as Deenethorpe Airfield Garden Village) is one of 14 garden village projects that the Government is supporting through capacity funding and assistance from the Homes and Communities Agency. The development will generate 1,500 dwellings. A masterplan for the development is due to be considered by East Northamptonshire Council in November 2017 after which a planning application will be submitted although this is not likely to be determined until the summer of 2018. The development is unlikely to commence until 2019 and at the time of drafting the likely number

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92 East Northamptonshire Council
of dwellings that will be built during the lifetime of the pharmaceutical needs assessment is unknown.

Rushden Lakes is a mixed retail, recreation and leisure scheme, including garden centre and retail units totalling no more than 32,511 square metres net sales area (of which no more than 929m² for convenience goods), together with a hotel and leisure club, restaurants and lakeside visitor centre. This development will enhance the retail and leisure facilities available to local residents, helping to retain a higher proportion of spending and contributing to the goal of greater self-reliance. It will also provide opportunities for tourism based businesses, including those in town centres, to benefit from increased visitors to North Northamptonshire. Phase one was completed in the summer of 2017 and phase two, featuring a 14-screen multiplex cinema, a host of additional high-quality restaurants and a further range of exciting leisure activities such as indoor trampolining, adventure golf and indoor climbing, is expected to be completed early in 2019. Phase three will see further retail at the entrance to the site.

Rushden Lakes will also form a major new green and blue infrastructure resource, allowing the public to access and enjoy wildlife and other assets along the Nene Valley. The management proposals associated with the development will support the linking up via the North Northamptonshire Greenway (cycle and footway) of various established nature reserves along the Nene Valley, and through Wellingborough East and Chester Farm to Wellingborough railway station. It will also link to the adjacent Stanwick Lakes site, producing a total area under nature conservation management of about 500 hectares. The Rushden Lakes development will also incorporate a visitor centre from which conservation activities will be based.

10.2 Necessary services: current provision within the locality’s area

There are 13 pharmacies in the locality operated by nine different contractors. As can be seen from the map below the pharmacies are located along a north east - south west axis, either within Rushden or Raunds or in settlements along the river Nene. Five of the 11 practices dispense to eligible patients from six premises and in addition Lakeside Surgeries Corby dispenses to eligible patients from its Brigstock surgery.

In 2016/17, 81% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the pharmacies and 13% by one of the practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed). In addition eligible residents who are registered with the Lakeside Surgeries Corby but attend the Brigstock surgery premises will be dispensed to by that practice. From the available data it is not possible to identify this level of dispensing activity.
Map 25 – location of pharmacies and dispensing practice premises in East Northamptonshire compared to population density

Not everyone can access one of the pharmacies by car within 20 minutes during and outside of rush hour as can be seen from the figures below.
Map 26 – access to pharmacies in East Northamptonshire outside of rush hour times

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- 5: Five minute travel time
- 10: Ten minute travel times
- 15: 15 minute travel time
- 20: 20 minute travel time
Looking at the opening hours for the 13 pharmacies:

- One is open Monday to Friday
- Seven are open Monday to Friday and Saturday morning,
- Four are open Monday to Saturday, and
- No pharmacy is open on Sunday.

With regard to the times at which the pharmacies are open between Monday and Friday:

- Two open at 8.00am, three open at 8.30am, one opens at 8.45am with the remainder opening at 9.00am
- Two are open until 6.30pm.

On Saturdays, pharmacy opening hours are secured between 8.00am and 5.30pm.
The dispensaries within dispensing practices will open in line with the opening hours for the premises, usually 8.30am to 6.00pm Monday to Friday. They may be open when the practices offer extended hours.

Of the seven pharmacies who responded to the contractor questionnaire, all dispense all appliances listed in Part IX of the Drug Tariff. Of the three practices that replied to this question, two dispense all appliances listed in Part IX of the Drug Tariff and one practice just dispenses dressings.

All 13 pharmacies provided the Medicines Use Review service in 2016/17, providing a total of 3,720 Medicines Use Reviews out of a maximum of 5,200. Eight pharmacies provided the maximum number of 400. All 13 continue to provide the service in 2017/18.

11 pharmacies provided 1,400 New Medicine Service full service interventions in 2016/17, with a range of two to 435 provided per pharmacy. 12 pharmacies provide the service in 2017/18.

Eight pharmacies provided a total of 2,028 flu vaccinations, with a range of two to 598.

Three of the pharmacies signed up to provide the NHS urgent medicine supply advanced service in 2017/18. None provides opening hours after 6.30pm during the week, but two open all day on Saturday with the third open on Saturday morning.

10.3 Necessary services: current provision outside the locality’s area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Of the prescriptions written by the GP practices in the locality in 2016/17 3% were dispensed elsewhere in Northamptonshire (predominantly in Finedon, Irchester and Wellingborough) by 105 other contractors, and 3% was dispensed outside of Northamptonshire by 670 different contractors. Of the 3% of items that were dispensed outside of the county, 24% were dispensed by a pharmacy in Bedfordshire and 19.5% were dispensed by a pharmacy in Peterborough.

Taking into account this choice of pharmacy outside of the locality, the majority of residents can access a pharmacy by car within 20 minutes, both during and outside the rush hour periods, with most able to access a pharmacy by car within 15 minutes.

10.4 Other relevant services: current provision

No pharmacy provided Appliance Use Reviews in 2016/17 and this remains the position in 2017/18. Three pharmacies provided the stoma appliance customisation service in 2016/17, customising between 7 and 21 stoma appliances each. Three continue to provide the service in 2017/18.

In 2017/18 two pharmacies provided the palliative care enhanced service and eight provided the gluten free food enhanced service.
10.5 Other NHS services

Seven GP practices in the locality provided extended opening hours in 2017/18:

- Monday - two opened late until either 7.30pm or 8.00pm
- Tuesday – one practice opened early at 6.30am, and one opened late until 7.30pm. Another practice stayed open until 8.00pm on alternate weeks
- Wednesday – two practices stayed open late, one until 7.30pm and another until 8.00pm
- Thursday – one practice opened early at 6.30am and two opened late until 7.30pm
- Friday – one practice opened until 7.30pm
- Saturday – two practices opened each Saturday in the morning, one practice opened alternate weeks and a fourth opened on the first three Saturdays of the month.

10.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.2 and 10.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board’s area.

In 2016/17 a total of 799 contractors dispensed items written by one of the GP practices, of which 670 were outside of Northamptonshire.

10.7 Necessary services – gaps in provision

Seven of the 13 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from the housing developments in the locality and of those. Their responses were as follows:

- Six have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area, and
- One doesn’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand.

Three of the practices responded to the dispensing practice questionnaire. Two said that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area, and one doesn’t but could make adjustments to manage the increase. However, it should be noted that as the housing developments are not in areas to which GPs can dispense the increase in demand will need to be met by the pharmacies.

Whilst not a NHS service seven pharmacies provide a free collection and delivery service. Three provide it to any patient, two only provides it to housebound patients, and one to housebound patients in exceptional circumstances. Therefore for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the locality, another pharmacy in Northamptonshire or by distance selling premises either inside or outside of Northamptonshire.

One practice delivers to patients who are exempt from prescription charges who live in one of the four designated surrounding villages.
The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that the majority of the population can access a car within 20 minutes. Car ownership in the locality is considerably higher than for the rest of England reflecting the rural nature of the locality and the fact that public transport will not be available at such times as it is needed. It is also noted that five of the GP practices in the locality dispense from premises across the locality, and that dispensing also takes place at the GP practice in Brigstock. For those who are not dispensed to by their GP practice the increasing use of the Electronic Prescription Service reduces their need to first attend their GP surgery to collect their prescriptions and to then take them to the pharmacy of their choice. The information in section 10.1 above describes an older, but mobile population living in an area of mostly low deprivation. The exception to this is the more urban area in the south of the locality where deprivation is greater.

The Health and Wellbeing Board has considered whether there is a current need for a pharmacy in that part in the north-west of the locality that doesn’t meet the 20 minute travel time standard and has concluded that there is not for the following reasons:

- The area is mainly fields and woods
- The small villages in the area do meet the travel time
- There are a few isolated houses and farms, but the population is insufficient to make a pharmacy in the area financially viable
- Residents will leave the area for the majority, if not all, of their day to day needs, and
- Residents in the area are likely to be dispensed to by their GP practice.

The Health and Wellbeing Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The development of Rushden Lakes draws people into the locality who wish to use the leisure and retail facilities that are now on offer. Whilst there is no pharmacy in the development that provides pharmaceutical services, there is a private pharmacy which is able to offer support for self-care and sell medicines to those who find themselves in need of this service. The fact the pharmacy cannot dispense NHS prescriptions is advertised on the front of the store. For those that have a prescription that needs to be dispensed there are pharmacies in both Higham Ferrers and Rushden that could be accessed either by public transport or by car. Three of the pharmacies in Rushden confirmed that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.

The Health and Wellbeing Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

With regard to the housing that is due to be built during the lifetime of this document, the Health and Wellbeing Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Health and Wellbeing Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the locality.

The Health and Wellbeing Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:
• Medicines Use Review
• New Medicine Service, and
• Flu vaccination

As of 19 February 2018 three of the pharmacies had signed up to provide the NHS urgent medicine supply advanced service. NHS England Midlands and East (Central Midlands) and Nene Clinical Commissioning Group will continue to work with the existing pharmacies in the locality as implementation of this service is progressed, in particular the rollout of NHSmail email accounts which has been a rate-limiting factor to date. The Health and Wellbeing Board will keep service provision under review but has concluded that there is no current or future need for this service which could be met by an application for new or additional premises.

10.8 Improvements or better access: gaps in provision

Whilst none of the pharmacies provide the Appliance Use Review and only three provide the stoma appliance customisation service despite dispensing prescriptions for all appliances, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient’s home and the stoma care departments at Northampton and Kettering Hospitals will provide similar services. The Health and Wellbeing Board has therefore not identified any current or future improvements or better access in relation to the provision of these two advanced services in the locality.

The commissioning of the gluten free food enhanced service is being considered by NHS England and the Clinical Commissioning Groups in light of the outcome of the Department of Health and Social Care consultation which sought views on proposals on whether to make changes to the availability of gluten-free foods on the NHS. From 1 April 2018 the service will be commissioned by the Clinical Commissioning Groups and will therefore no longer fall within the definition of pharmaceutical services.

In relation to the palliative care service, the Health and Wellbeing Board has noted that two pharmacies currently provide this service in the locality. However, this service is commissioned across the county by NHS England to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the drugs that are to be stocked would go out of date. Taking into account the current provision of this service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.
11 Kettering Borough Council locality

11.1 Key facts

- Within this locality four Lower Super Output Areas fall within the 10% most deprived in England
- Two Lower Super Output Areas fall within the 10% most deprived in England in the 2015 income deprivation affecting older people index. The figure below shows the spread of deprivation by Lower Super Output Area across the locality by the Income Deprivation Affecting Children Index 2015 where decile 1 is the most deprived and decile 10 is the least deprived

Map 28 – Spread of deprivation by Lower Super Output Area

- Kettering has the third highest live birth rate per 1,000 population in the county at 13.03, which is higher than the rate for both the East Midlands and England
- Along with Corby, Wellingborough and Northampton, Kettering has high general fertility rates
- Kettering contains one of the two sites in the county with a heavy concentration of the traveller community
- The main languages spoken in Kettering households are:
  - English – 95.53%
  - Polish – 1.29%
  - Other languages not specified in the Census – 0.52%
  - Panjabi – 0.39%
  - Italian – 0.23%
  - Slovak – 0.18%
  - Gujarati – 0.15%
  - Lithuanian - 0.15%
  - Malayalam - 0.14%

93 Northamptonshire Analysis
The figure below compares car ownership levels in the locality to England.

**Figure 47 – car ownership in Kettering**

There are four major housing developments in this locality, namely Kettering East, Rothwell North, Desborough North and Westhill, Kettering.

Kettering East Sustainable Urban Expansion (also called Hanwood Park) is the largest of these developments and is expected to deliver 5,500 dwellings. Outline planning permission was granted in April 2010 and the development is under way with 27 homes occupied as of the end of June 2017. Approximately 780 dwellings are expected to be completed within the lifetime of this pharmaceutical needs assessment.

The Rothwell North Sustainable Urban Expansion provides for around 700 dwellings in the period to 2031 and the approximate start date is 2018. Approximately 275 dwellings are expected to be completed within the lifetime of this pharmaceutical needs assessment.

Desborough North Sustainable Urban Expansion is also expected to deliver around 700 dwellings but has a slightly later expected start date of 2019. Approximately 250 dwellings are expected to be completed within the lifetime of this pharmaceutical needs assessment.

The building of Westhill, Kettering has already started and, at the time of drafting, some dwellings are occupied. Of the expected 460 dwellings, 210 are expected to be completed by 2017 or 2018.

**11.2 Necessary services: current provision within the locality’s area**

There are 21 pharmacies in the locality operated by 14 different contractors. As can be seen from the map below the pharmacies are located within the main towns within the locality. One practice, Mawsley surgery, dispenses to eligible patients.

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In 2016/17, 88% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the 21 pharmacies and 4% by the practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

The majority of the residents of the locality can access one of the pharmacies by car within 20 minutes, both during and outside the rush hour periods.
Map 30 – access to pharmacies in Kettering outside of rush hour times

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Five minute travel time
Ten minute travel times
15 minute travel time
20 minute travel time
There are two 100 hour pharmacies in the locality, both located within Kettering town, which are open seven days a week and between them cover the hours:

- 7.00am to 11.00pm on Monday to Friday
- 7.00am to 10.00pm on Saturday and
- 10.00am to 10.00pm on Sunday.

With regard to the remaining 19 pharmacies:

- Five open Monday to Friday
- Five are open Monday to Friday and Saturday morning, and
- Two are open Monday to Saturday.
With regard to the times at which these 19 pharmacies are open between Monday and Friday:

- Three open at 8.30am, one at 8.45am, 13 at 9.00am, one at 9.15am and one at 9.30am
- Two are open after 6.00pm (one until 6.15pm and one until 6.30pm)

On Saturdays, pharmacy opening hours are secured between 9.00am and 5.00pm by these 19 pharmacies.

The dispensary at Mawsley surgery is open 9.00am to 12.00pm and 1.00 to 6.00pm, Monday to Friday.

Of the 13 pharmacies who responded to the contractor questionnaire, nine dispense all appliances listed in Part IX of the Drug Tariff, one does not dispense stoma or incontinence appliances, and two pharmacies just dispense dressings. One pharmacy did not answer this question. The practice confirmed that it dispenses all appliances.

All 21 pharmacies provided the Medicines Use Review service in 2016/17, providing a total of 6,056 Medicines Use Reviews out of a maximum of 8,400. Eight pharmacies provided the maximum number of 400. All 21 continue to provide the service in 2017/18.

16 pharmacies provided 1,286 New Medicine Service full service interventions in 2016/17, with a range of three to 206 provided per pharmacy. 20 pharmacies provide the service in 2017/18.

15 pharmacies provided a total of 2,665 flu vaccinations with a range of 7 to 625.

Four pharmacies signed up to provide the NHS urgent medicine supply advanced service in 2017/18. One offers opening hours until 8.00pm Monday to Saturday and opens on Sunday. The other three do not open after 6.00pm during the week and only open on Saturday morning.

11.3 Necessary services: current provision outside the locality’s area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Of the prescriptions written by the GP practices in the locality in 2016/17 7% were dispensed elsewhere in Northamptonshire (predominantly in Wellingborough, Raunds and Corby) by 97 other contractors, and 1% was dispensed outside of Northamptonshire by 700 different contractors.

Taking into account this choice of pharmacy outside of the locality, all residents can access a pharmacy by car within 20 minutes, both during and outside the rush hour periods, and the majority can access a pharmacy by car within 15 minutes.
11.4 Other relevant services: current provision

One pharmacy provided Appliance Use Reviews and six provided the stoma appliance customisation service in 2016/17. The number of pharmacies providing these two services remains the same in 2017/18.

In 2017/18 one pharmacy provided the palliative care enhanced service and 13 provided the gluten free food enhanced service.

11.5 Other NHS services

One of the four locations for the GP out of hours service is within the locality. In 2016/17 14,713 items were prescribed by the service of which 73% were dispensed within the locality (predominantly by the two 100 hour pharmacies), 27% were dispensed elsewhere in Northamptonshire by 66 different contractors (but mainly in Wellingborough or Corby), and the remaining 1% was dispensed by 49 contractors outside of Northamptonshire.
Five of the eight GP practices in the locality provided extended opening hours in 2017/18:

- Monday - two opened late on until either 7.30pm or 8.15pm
- Tuesday - one opened at 7.30am each week and one opened at 6.30am on alternate weeks, and one stayed open until 8.00pm
- Wednesday – no practice offered extended hours on this day
- Thursday – one opened at 6.30am on alternate weeks
- Friday – no practice offered extended hours on this day
- Saturday – four practices opened each week at varying times between 7.40 and 11.30am, and one practice opened 6.30 to 8.00am on the first Saturday of the month.

### 11.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 11.2 and 11.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board’s area.

In 2016/17 a total of 827 contractors dispensed items written by one of the GP practices, of which 700 were outside of Northamptonshire.

### 11.7 Necessary services – gaps in provision

12 of the 21 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from the housing developments in the locality and of those. Their responses were as follows:

- 11 have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area, and
- One doesn’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand.

The dispensing practice responded to the dispensing practice questionnaire and confirmed that it has sufficient capacity within its existing premises and staffing levels to manage the increase in demand in the area. However, it should be noted that as the housing developments are not in areas to which GPs can dispense the increase in demand will need to be met by the pharmacies.

Whilst not a NHS service 12 pharmacies provide a free collection and delivery service to all patients. Therefore for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the locality, another pharmacy in Northamptonshire or by distance selling premises either inside or outside of Northamptonshire. The practice delivers to those aged over 60 or disabled/housebound patients.

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that the majority of the population can access a car within 20 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the locality means that walking to a pharmacy will be a realistic option for residents in urban...
areas and regular public transport services\textsuperscript{95} are available for those who are unable to undertake the whole journey on foot. It is also noted that one of the GP practices dispenses to eligible patients from its premises. For those who are not dispensed to by their GP practice the increasing use of the Electronic Prescription Service reduces their need to first attend their GP surgery to collect their prescriptions and to then take them to the pharmacy of their choice.

The Health and Wellbeing Board has considered whether there is a current need for a pharmacy in that part in the north of the locality that doesn’t meet the 20 minute travel time standard and has concluded that there is not for the following reasons:

- The area is mainly fields and woods
- The small villages in the area do meet the travel time
- There are a only two isolated farms in the area meaning that the population is insufficient to make a pharmacy in the area financially viable
- Residents will leave the area for the majority, if not all, of their day to day needs, and
- Residents of the farms are likely to be dispensed to by their GP practice.

The Health and Wellbeing Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The Health and Wellbeing Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

With regard to the housing that is due to be built during the lifetime of this document, the Health and Wellbeing Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Health and Wellbeing Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the locality.

The Health and Wellbeing Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- Medicines Use Review
- New Medicine Service, and
- Flu vaccination

As of 19 February 2018 four pharmacies had signed up to provide the NHS urgent medicine supply advanced service. NHS England Midlands and East (Central Midlands) and Nene Clinical Commissioning Group will continue to work with the existing pharmacies in the locality as implementation of this service is progressed, in particular the rollout of NHSmail email accounts which has been a rate-limiting factor to date. The Health and Wellbeing Board will keep service provision under review but has concluded that there is no current or future need for this service which could be met by an application for new or additional premises.

\textsuperscript{95} Public transport routes as at 29.10.17
11.8 Improvements or better access: gaps in provision

Whilst only one pharmacy provides the Appliance Use Review and six provide the stoma appliance customisation service despite dispensing prescriptions for all appliances, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient’s home and the stoma care departments at Northampton and Kettering Hospitals will provide similar services. The Health and Wellbeing Board has therefore not identified any current or future improvements or better access in relation to the provision of these two advanced services in the locality.

The commissioning of the gluten free food enhanced service is being considered by NHS England and the Clinical Commissioning Groups in light of the outcome of the Department of Health and Social Care consultation which sought views on proposals on whether to make changes to the availability of gluten-free foods on the NHS. From 1 April 2018 the service will be commissioned by the Clinical Commissioning Groups and will therefore no longer fall within the definition of pharmaceutical services.

In relation to the palliative care service, the Health and Wellbeing Board has noted that one pharmacy currently provides this service in the locality. However, this service is commissioned across the county by NHS England to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the drugs that are to be stocked would go out of date. Taking into account the current provision of this service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.
12 Northampton Borough Council locality

12.1 Key facts

- Northampton has the highest projected population change in the county at 10.4%
- Compared to the more rural parts of the county, Northampton has a lower proportion of those aged 65 and over
- The concentration of Mixed, Asian, and Black groups in Northampton and Wellingborough is more than double the county average
- Corby and Northampton both have higher proportions of younger people amongst their population, Northampton in the group of 18-30 year olds
- 16 Lower Super Output Areas in Northampton are in the 10% most deprived in England, with two falling within the 1% most deprived
- 8 Lower Super Output Areas fall within the 10% most deprived Lower Super Output Areas in England in the 2015 Income Deprivation Affecting Children Index. The figure below shows the spread of deprivation by Lower Super Output Area across the locality by the Income Deprivation Affecting Children Index 2015 where decile 1 is the most deprived and decile 10 is the least deprived

Map 33 – Spread of deprivation by Lower Super Output Area

- Northampton and Corby have the highest concentration of the most deprived Lower Super Output Areas with regards to health deprivation and disability
- The live birth rate per 1,000 total population in Northampton is 14.6, considerably higher than the rate for the county, East Midlands and England (12.52, 9.66 and 12.10 respectively)

96 Northamptonshire Analysis
• Along with Corby, Wellingborough and Kettering, Northampton has high general fertility rates
• There is a stronger concentration of those with some form of disability or long-term illness which restricted their day-to-day activities in Northampton, Corby and Wellingborough
• 18% of households privately rent the highest in the county
• Northampton contains one of the two sites in the county with a heavy concentration of the traveller community
• Northampton had significantly more alcohol related hospital admissions than the national rate in 2013-15
• The main languages spoken in Daventry households are:
  o English – 89.92%
  o Polish – 2.67%
  o Other languages not specified in the Census – 0.36%
  o Bengali (with Sylheti and Chatgaya) – 0.81%
  o Romanian - 0.49%
  o Lithuanian - 0.46%
  o Gujarati - 0.41%
  o Other Chinese not Cantonese or Mandarin - 0.39%
  o Russian - 0.37%
  o Latvian- 0.32%
• The figure below compares car ownership levels in the locality to England.

Figure 48– car ownership in Northampton

In this locality there are six major housing developments in this locality.
## Figure 49 – major housing developments in Northampton

<table>
<thead>
<tr>
<th>Development</th>
<th>Units</th>
<th>Status</th>
<th>Approximate start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northampton urban area development</td>
<td>2,250</td>
<td>Ongoing</td>
<td>Started – will continue throughout the planning period.</td>
</tr>
<tr>
<td>Northampton Kings Heath (Dallington Grange)</td>
<td>3,000</td>
<td>Revised documents submitted and consultation is underway.</td>
<td>Approximately. 2018/19</td>
</tr>
<tr>
<td>Northampton South (Collingtree)</td>
<td>1,000</td>
<td>Permitted on appeal, discussing revised masterplan with Northampton Borough Council. A decision is expected by the end of the year.</td>
<td>2018</td>
</tr>
<tr>
<td>South of Brackmills (Hardingstone)</td>
<td>1,300</td>
<td>Permitted on appeal. Reserved matters application expected by the end of the year.</td>
<td>2018/19</td>
</tr>
<tr>
<td>Upton Park</td>
<td>1,000</td>
<td>Outline application approved, renegotiation of the section 106 agreement is likely. The reserved matters application is due.</td>
<td>2018</td>
</tr>
<tr>
<td>Upton Lodge</td>
<td>1,400</td>
<td>The planning application has been resubmitted and a decision is expected in 2017.</td>
<td>2018</td>
</tr>
</tbody>
</table>

### 12.2 Necessary services: current provision within the locality’s area

There are 42 pharmacies (of which two are distance selling premises) in the locality operated by 24 different contractors, and three dispensing appliance contractors operated by different contractors. As can be seen from the map below the premises are located across the town, generally in those areas with a greater population density.
In 2016/17, 97% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the pharmacies or dispensing appliance contractors. None of the GP practices in the locality dispense.

All residents of the locality can access one of the pharmacies by car within 20 minutes, both during and outside the rush hour periods, or the majority can walk to a pharmacy within 25 minutes. All three dispensing appliance contractors provide a free home delivery service and it is very unlikely that any resident would attend one of the three premises. They have therefore been excluded from the maps below.
Map 35 – access to pharmacies and dispensing appliance contractor premises in Northampton outside of rush hour times

© Crown copyright and database rights 2017 Ordnance Survey 100016969 parallel Mapbox OSM

5 Five minute travel time
10 Ten minute travel times
15 15 minute travel time
20 20 minute travel time
There are five 100 hour pharmacies in Northampton which are open seven days a week and between them cover the hours:

- 7.00am to 11.00pm on Monday
- 6.00am to 11.00pm Tuesday to Saturday and
- 8.00am to 9.15pm on Sunday.

With regard to the remaining 37 pharmacies:

- 10 open Monday to Friday
- 17 are open Monday to Friday and Saturday morning
- Five are open Monday to Saturday
- Five are open seven days a week.
With regard to the times at which these 37 pharmacies are open between Monday and Friday, they open between 8 and 9.00am and close between 5.30 and 7.00pm.

On Saturdays, pharmacy opening hours are secured by these 37 pharmacies between 8.00am and 8.00pm and on Sundays between 10.00am and 4.30pm.

All three dispensing appliance contractors open Monday to Friday, between the hours of 8.00am and 6.00pm.

Of the 29 pharmacies who responded to the contractor questionnaire, 22 dispense all appliances listed in Part IX of the Drug Tariff, one doesn’t dispense stoma and incontinence appliances, two don’t dispense stoma appliances, two just dispense dressings and two don’t dispense any appliances. Two of the three dispensing appliance contractors responded to the contractor questionnaire and confirmed that they dispense all appliances.

41 pharmacies provided the Medicines Use Review service in 2016/17, providing a total of 12,007 Medicines Use Reviews out of a maximum of 16,800. 17 pharmacies provided the maximum number of 400. 41 pharmacies continue to provide the service in 2017/18.

34 pharmacies provided 3,172 New Medicine Service full service interventions in 2016/17, with a range of one to 1,055 provided per pharmacy. 34 pharmacies continue to provide the service in 2017/18.

32 pharmacies provided a total of 2,219 flu vaccinations with a range of one to 368.

11 pharmacies signed up to provide the NHS urgent medicine supply advanced service in 2017/18, two of which are 100 hour pharmacies that open every day. Of the other nine only one is open until 7pm during the week. Two open all day on Saturday (one of which also opens for three hours on Sunday) and three open on Saturday morning.

12.3 Necessary services: current provision outside the locality’s area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Of the prescriptions written by the GP practices in the locality in 2016/17 1.6% was dispensed elsewhere in Northamptonshire (predominantly in Moulton and Wellingborough) by 86 other contractors, and 1.4% was dispensed outside of Northamptonshire by 1,757 different contractors.

12.4 Other relevant services: current provision

No pharmacy provided Appliance Use Reviews in 2016/17 and six provided the stoma appliance customisation service in 2016/17. Two of the dispensing appliance contractors provided both services in 2016/17. In 2017/18, one pharmacy provides Appliance Use Reviews and six pharmacies provide stoma appliance customisation.
In 2017/18 four pharmacies provided the palliative care enhanced service, including three of the 100 hour pharmacies, and 27 provided the gluten free food enhanced service.

12.5 Other NHS services

One of the four locations for the GP out of hours service is within the locality. In 2016/17 22,366 items were prescribed by the service of which 94% were dispensed within the locality (of which half were dispensed by the 100 hour pharmacies), 5% were dispensed elsewhere in Northamptonshire by 69 different contractors, and the remaining 1% was dispensed by 108 contractors outside of Northamptonshire.

11 GP practices in the locality provided extended opening hours in 2017/18:

- Monday – three opened at 7.30am, one stayed open until 7.00pm and two until 7.30pm
- Tuesday – one practice opened at 7.00am and one at 7.30am, another one stayed open until 7.00pm and another until 8.00pm
- Wednesday – two opened at 7.30am, one stayed open until 7.00pm, another until 7.30pm and a third until 8.30pm. One practice stayed open until 8.30pm once a month
- Thursday – one practice opened at 7.30am, one stayed open until 7.00pm, another until 7.30pm, another until 8.00pm and a fourth until 8.30pm
- Friday – two practices opened at 7.00am and another stayed open until 7.00pm
- Saturday – three practices opened between the hours of 7.45am and 12.00pm.

The practices personally administered 0.5% of items prescribed.

The Turn Furlong Specialist Care Centre is located in the locality and as noted in section 6.10 in 2016/17 4,381 items were dispensed by 11 contractors although 96% of items were dispensed by one pharmacy in Northampton.

The substance misuse service, S2S, is located within Northampton and 28,244 items were prescribed in 2016/17. 19% of prescribed items were dispensed in the locality, whereas 64% were dispensed elsewhere in Northamptonshire reflecting the fact that people from all over the county access this service. 1% of items were dispensed out of the county.

The end of life service is based in Northampton and 741 items were prescribed in 2016/17. 28.5% of items were dispensed in the locality, whereas 71% were dispensed elsewhere in Northamptonshire again reflecting the fact that people from all over the county access this service. 0.5% of items were dispensed out of county.

12.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 12.2 and 12.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board’s area.

In 2016/17 a total of 1,919 contractors dispensed items written by one of the GP practices, of which 1,757 were outside of Northamptonshire.
12.7 Necessary services – gaps in provision

31 of the 42 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from the housing developments in the locality and of those. Their responses were as follows:

- 25 have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area, and
- Six don’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand.

Whilst not a NHS service 27 pharmacies provide a free delivery service. 21 provide it to any patient, and six restrict the service to certain patient groups:

- Deliveries are restricted to those over 60 years old or housebound customers of all age
- Delivery only to housebound patients and care home patients
- Deliver to elderly and housebound patients
- Housebound
- Housebound patients or very unwell patients
- Elderly and housebound.

Therefore for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the locality, another pharmacy in Northamptonshire or by distance selling premises either inside or outside of Northamptonshire.

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that the population can access a car within 20 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot. The increasing use of the Electronic Prescription Service also reduces the need for residents to first attend their GP surgery to collect their prescriptions and to then take them to the pharmacy of their choice.

The Health and Wellbeing Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The Health and Wellbeing Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

With regard to the housing that is due to be built during the lifetime of this document, the Health and Wellbeing Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Health and Wellbeing Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the locality.

The Health and Wellbeing Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:
• Medicines Use Review
• New Medicine Service, and
• Flu vaccination

NHS England Midlands and East (Central Midlands) and Nene Clinical Commissioning Group will continue to work with the existing pharmacies in the locality as implementation of this service is progressed, in particular the rollout of NHSmail email accounts which has been a rate-limiting factor to date. The Health and Wellbeing Board will keep service provision under review but has concluded that there is no current or future need for this service which could be met by an application for new or additional premises.

12.8 Improvements or better access: gaps in provision

Whilst none of the pharmacies and dispensing appliance contractors provide the Appliance Use Review service it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access this service via those contractors. In addition stoma nurses employed by dispensing appliance contractors may provide the service at the patient’s home and the stoma care departments at Northampton and Kettering Hospitals may provide a similar service. The Health and Wellbeing Board has therefore not identified any current or future improvements or better access in relation to the provision of these two advanced services in the locality.

The commissioning of the gluten free food enhanced service is being considered by NHS England and the Clinical Commissioning Groups in light of the outcome of the Department of Health and Social Care consultation which sought views on proposals on whether to make changes to the availability of gluten-free foods on the NHS. From 1 April 2018 the service will be commissioned by the Clinical Commissioning Groups and will therefore no longer fall within the definition of pharmaceutical services.

In relation to the palliative care service, the Health and Wellbeing Board has noted that four pharmacies currently provide this service in the locality. Taking into account the current provision of this service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.
13 South Northamptonshire Council locality

13.1 Key facts

- The proportion of those aged 65 and over is more pronounced in this locality and other more rural parts of the county.
- With regard to ethnicity, the locality has the highest rate of White groups in the county at 97%.
- Within national rankings, South Northamptonshire is 309th out of 326 local authorities with regard to health deprivation and disability (where a ranking of one is the most deprived). The figure below shows the spread of deprivation by Lower Super Output Area across the locality by the Income Deprivation Affecting Children Index 2015 where decile 1 is the most deprived and decile 10 is the least deprived.

Map 37 – Spread of deprivation by Lower Super Output Area

- South Northamptonshire has the second lowest live birth rate per 1,000 population in the county at 9.94.
- Male and female life expectancy in South Northamptonshire is the highest in the county at 80.9 and 84.9 years.
- House ownership is the highest in the county at 76% with the lowest level of social renting (11%).
- Mortality rates from cardiovascular disease in South Northamptonshire are significantly better than average.

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97 Northamptonshire Analysis
• The locality’s under 18 conception rates are the lowest county, almost three times lower than in Corby.
• South Northamptonshire has the lowest prevalence of smokers in the county and is also lower than the English prevalence.
• The main languages spoken in South Northamptonshire households are:
  o English – 98.68%
  o Other languages not specified in the Census - 0.35%
  o Polish - 0.19%
  o French - 0.1%
  o Spanish - 0.07%
  o Gujarati - 0.06%
  o German - 0.06%
  o Hungarian - 0.04%
  o Russian - 0.04%
  o Italian - 0.04%
• The figure below compares car ownership levels in the locality to England.

**Figure 50 – car ownership in South Northamptonshire**

![Car ownership comparison chart](chart.png)

There are six major housing developments in this locality.

**Figure 51 – major housing developments in South Northamptonshire**

<table>
<thead>
<tr>
<th>Development</th>
<th>Units</th>
<th>Status</th>
<th>Approximate start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Towcester South</td>
<td>2,750</td>
<td>Approved</td>
<td>Road works are underway and building of houses is expected to commence in 2018.</td>
</tr>
<tr>
<td>Norwood Farm</td>
<td>1,900</td>
<td>The planning application has been submitted and is currently out to consultation.</td>
<td>2018/19</td>
</tr>
<tr>
<td>Brackley North (Radstone Fields) and Brackley Sawmills</td>
<td>1,380</td>
<td>Approved</td>
<td>Underway</td>
</tr>
<tr>
<td>Brackley East</td>
<td>350</td>
<td>Approved</td>
<td>Underway</td>
</tr>
<tr>
<td>---------------</td>
<td>-----</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Towcester Southern Extension (Towcester Vale)</td>
<td>800</td>
<td>Pre-application discussions are taking place</td>
<td>To be confirmed. Not included in the West Northamptonshire Joint Core Strategy so may not happen.</td>
</tr>
<tr>
<td>Northampton West</td>
<td>2,550</td>
<td>Application expected in the next year or so. There is very little discussion underway at present regarding progression.</td>
<td>2018 at the earliest.</td>
</tr>
</tbody>
</table>

13.2 Necessary services: current provision within the locality’s area

There are 10 pharmacies in the locality operated by nine different contractors. As can be seen from the map below the pharmacies are located across the locality in areas of greater population density. All seven GP practices dispense to eligible patients from nine sites.

Map 38 – location of pharmacies and dispensing practice premises in South Northamptonshire

In 2016/17, 51% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the pharmacies and 41% by the practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).
Due to the more rural nature of the locality it takes longer to access the pharmacies. Most residents can access a pharmacy within a 20 minute drive and all can do so within 30 minutes. It should be noted that those patients who live the furthest from a pharmacy are likely to be dispensed to by their practice.

Map 39 – access to pharmacies in South Northamptonshire outside of rush hour times
An unforeseen benefits application was submitted to open a pharmacy in the Towcester South development. This application was refused by NHS England as it was satisfied that there is already adequate provision of pharmaceutical services which meets the needs of existing and new residents of the development. This decision has been appealed to NHS Resolution and at the time of revising the pharmaceutical needs assessment after the consultation period the outcome is awaited.

With regard to opening hours:

- Four open Monday to Friday
- Four are open Monday to Friday and Saturday morning, and
- Two are open Monday to Saturday

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 8.00am, two at 8.45am and the remainder at 9.00am
- One pharmacy in Towcester stays open until 8.00pm on Monday, Tuesday and Wednesday, closing at 6.30pm on Thursday and Friday, and
- The remainder close between 5.30 and 6.30pm.
On Saturdays, pharmacy opening hours are secured between 9.00am and 5.30pm. No pharmacy opens on a Sunday.

The dispensaries within the dispensing practices will open in line with the opening hours for the premises, usually 8.30am to 6.00pm Monday to Friday. They may be open when the practices offer extended hours.

Of the six pharmacies who responded to the contractor questionnaire, all dispense all appliances listed in Part IX of the Drug Tariff. Of the six practices that replied to this question, two dispense all appliances listed in Part IX of the Drug Tariff, two don’t dispense stoma and incontinence appliances, and one practice just dispenses dressings.

All 10 pharmacies provided the Medicines Use Review service in 2016/17, providing a total of 2,954 Medicines Use Reviews out of a maximum of 4,000. Four pharmacies provided the maximum number of 400. All 10 continue to provide the service in 2017/18.

The pharmacies provided 634 New Medicine Service full service interventions in 2016/17, with a range of two to 161 provided per pharmacy. All the pharmacies continue to provide the service in 2017/18.

Eight pharmacies provided a total of 446 flu vaccinations with a range of 4 to 114.

One pharmacy signed up to provide the NHS urgent medicine supply advanced service in 2017/18. It opens until 6.30pm Monday to Friday and Saturday morning.

13.3 Necessary services: current provision outside the locality’s area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Of the prescriptions written by the GP practices in the locality in 2016/17 5% were dispensed elsewhere in Northamptonshire (predominantly in Northampton) by 99 other contractors, and 3% was dispensed outside of Northamptonshire by 748 different contractors.

Taking into account this choice of pharmacy outside of the locality, more residents can access a pharmacy by car within 20 minutes, both during and outside the rush hour periods.
13.4 Other relevant services: current provision

No pharmacy provided Appliance Use Reviews and two provided the stoma appliance customisation service in 2016/17 and 2017/18.

In 2017/18 two pharmacies provided the palliative care enhanced service and seven provided the gluten free food enhanced service.

13.5 Other NHS services

Four GP practices in the locality provided extended opening hours in 2017/18:

- Monday – two opened at 7.30am one of which also stayed open until 7.00pm
- Tuesday – two opened at 7.30am one of which stayed open until 7.00pm, another until 7.00pm, another until 8.00pm and two others until 8.30pm
- Wednesday - two opened at 7.30am one of which also stayed open until 7.00pm
- Thursday - two opened at 7.30am, one of which also stayed open until 7.00pm and two stayed open until 8.30pm
- Friday - one opened at 7.30am and stayed open until 7.00pm
- Saturday – one practice opened 8.30 to 10.30am on alternate weeks, and another opened 8.30 to 11.30am each Saturday.
13.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 13.2 and 13.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board’s area.

In 2016/17 a total of 865 contractors dispensed items written by one of the GP practices, and 784 of these contractors were located outside of Northamptonshire.

13.7 Necessary services – gaps in provision

Six of the pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from the housing developments in the locality and of those. Their responses were as follows:

- Five have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area, and
- One doesn’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand.

Six of the seven practices responded to the dispensing practice questionnaire. Three said that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area, two don't but could make adjustments to manage the increase, and one practice didn’t answer the question. However, it should be noted that as the housing developments are not in areas to which GPs can dispense the increase in demand will need to be met by the pharmacies.

Whilst not a NHS service six pharmacies provide a free collection and delivery service. Whilst two provide the service to any patient, three restrict the service as follows:

- Housebound patients and exempt patients as the pharmacy cannot deliver to anyone who pays as money cannot be handled
- Restricted to patients who are severely housebound
- Housebound patients only.

Therefore for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the locality, another pharmacy in Northamptonshire or by distance selling premises either inside or outside of Northamptonshire.

Four practices deliver to housebound patients, one also delivers to those without transport or on an individual needs basis, and another delivers to certain villages.

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that the majority of the population can access a car within 20 minutes. Those areas where it takes longer to access a pharmacy are rural areas with low population density. Car ownership in the locality is considerably higher than for the rest of England reflecting the rural nature of the locality and the fact that public transport will not be available at such times as it is needed. It is also noted that seven of the GP practices dispense from nine sites across the locality. For those who are not dispensed to by their GP practice the increasing use of the Electronic Prescription Service reduces their need to first attend their
GP surgery to collect their prescriptions and to then take them to the pharmacy of their choice. The information in section 13.1 above describes an older, but mobile population living in an area of low deprivation.

The Health and Wellbeing Board has considered whether there is a current need for a pharmacy in those parts of the locality that don’t meet the 20 minute travel time standard (to the west of Towcester, west of Yardley Gobion and south east of Northampton) and has concluded that there is not for the following reasons.

- **Area to the west of Towcester**
  - The area is mainly fields and woods
  - With the exception of Eydon, Plumpton and Weedon Lois, the small villages in the area do meet the travel time
  - There are some isolated houses and farms, but in general the population is insufficient to make a pharmacy in the area financially viable
  - Residents will leave the area for the majority, if not all, of their day to day needs, and
  - Residents in the area are likely to be dispensed to by their GP practice

- **Area to the west of Yardley Gobion**
  - The area is mainly fields and woods
  - There are two isolated farms meaning the population is insufficient to make a pharmacy in the area financially viable
  - Residents will leave the area for the majority, if not all, of their day to day needs, and
  - Residents in the area are likely to be dispensed to by their GP practice.

- **Area to the south east of Northampton**
  - The area is mainly fields and woods
  - There are a few isolated houses and farms, and the Yardley Chase Cadet Training Centre is located here, but the population is insufficient to make a pharmacy in the area financially viable
  - Residents will leave the area for the majority, if not all, of their day to day needs, and
  - Residents in the area are likely to be dispensed to by their GP practice.

The Health and Wellbeing Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

Silverstone Circuit is located in this locality, to the south of Towcester. As noted earlier this venue draws considerable numbers of visitors who may have need of pharmaceutical services. Access to the venue is promoted as exceptionally easy by road and therefore the Health and Wellbeing Board is satisfied that those who are at the venue and in need of pharmaceutical services would be able to access the pharmacies in either Towcester or Brackley.

The Health and Wellbeing Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

With regard to the housing that is due to be built during the lifetime of this document, the Health and Wellbeing Board is satisfied, based upon the responses to the contractor

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questionnaire, that the demand that this will create can be met by the existing pharmacies. The Health and Wellbeing Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the locality.

The Health and Wellbeing Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- Medicines Use Review
- New Medicine Service, and
- Flu vaccination

As of 19 February 2018 one pharmacy had signed up to provide the NHS urgent medicine supply advanced service. NHS England Midlands and East (Central Midlands) and Nene Clinical Commissioning Group will continue to work with the existing pharmacies in the locality as implementation of this service is progressed, in particular the rollout of NHSmail email accounts which has been a rate-limiting factor to date. The Health and Wellbeing Board will keep service provision under review but has concluded that there is no current or future need for this service which could be met by an application for new or additional premises.

13.8 Improvements or better access: gaps in provision

Whilst none of the pharmacies provide the Appliance Use Review service, and only two provide stoma appliance customisation, despite dispensing prescriptions for all appliances, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors may provide the services at the patient’s home and the stoma care departments at Northampton and Kettering Hospitals may provide similar services. The Health and Wellbeing Board has therefore not identified any current or future improvements or better access in relation to the provision of these two advanced services in the locality.

The commissioning of the gluten free food enhanced service is being considered by NHS England and the Clinical Commissioning Groups in light of the outcome of the Department of Health and Social Care consultation which sought views on proposals on whether to make changes to the availability of gluten-free foods on the NHS. From 1 April 2018 the service will be commissioned by the Clinical Commissioning Groups and will therefore no longer fall within the definition of pharmaceutical services.

In relation to the palliative care service, the Health and Wellbeing Board has noted that two pharmacies currently provide this service in the locality. However, this service is commissioned across the county by NHS England to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the drugs that are to be stocked would go out of date. Taking into account the current provision of this service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.
14 Borough Council of Wellingborough locality

14.1 Key facts

- With Daventry, Wellingborough has the lowest projected population change in the county at 5.7%
- The concentration of Mixed, Asian, and Black groups in Wellingborough is significantly higher than the county average, but still significantly lower than the English average
- Four Lower Super Output Areas fall within the 10% most deprived in England
- Two Lower Super Output Areas fall within the 10% most deprived in England in the 2015 income deprivation affecting older people index. Four Lower Super Output Areas fall within the 10% most deprived Lower Super Output Areas in England in the 2015 Income Deprivation Affecting Children Index. The figure below shows the spread of deprivation by Lower Super Output Area across the locality by the Income Deprivation Affecting Children Index 2015 where decile 1 is the most deprived and decile 10 is the least deprived

Map 42 – Spread of deprivation by Lower Super Output Area

- At 12.68 live births per 1,000 population Wellingborough is above the England and East Midlands rates (12.10 and 9.66 respectively)
- There is a stronger concentration of those with some form of disability or long-term illness which restricted their day-to-day activities in Northampton, Corby and Wellingborough
- There is a significantly higher percentage of people with obesity in Wellingborough than the English rate

Northamptonshire Analysis
• The main languages spoken in Daventry households are:
  - English - 92.42%
  - Polish - 2.84%
  - Gujarati - 1.74%
  - Other languages not specified in the Census - 0.54%
  - Bengali (with Sylheti and Chatgaya) – 0.36%
  - Latvian - 0.23%
  - Hungarian - 0.18%
  - Panjabi - 0.13%
  - Romanian - 0.12%
  - Urdu - 0.12%

• The figure below compares car ownership levels in the locality to England.

**Figure 52 – car ownership in Wellingborough**

There are two major housing developments planned in this locality, Wellingborough East (Stanton Cross) and Wellingborough North (Upper Redhill).

3,200 dwellings are planned for Wellingborough East (Stanton Cross). The section 106 agreement was signed in 2017, permission has been issued and bridge and road works are underway. It is estimated that up to 550 dwellings will be completed during the lifetime of this pharmaceutical needs assessment with the first homes being occupied from late 2018.

Wellingborough North (Upper Redhill) is of a similar size and will deliver 3,100 dwellings. At the time of drafting, the development has been approved in outline; however section 106 agreement negotiations have stalled and need to be agreed prior to permission being issued. It is anticipated that the development will not start until 2019 and up to approximately 475 will be completed during the lifetime of this pharmaceutical needs assessment.

**14.2 Necessary services: current provision within the locality’s area**

There are 17 pharmacies (of which one is distance selling premises) in the locality operated by 14 different contractors. As can be seen from the map below the pharmacies are
predominantly located within the town of Wellingborough and the neighbouring towns. Two of the practices dispense from two sites.

Map 43 – location of pharmacies and dispensing practice premises in Wellingborough compared to population density
In 2016/17, 93% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the pharmacies and 4% by the practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

All residents of the locality can access one of the pharmacies by car within 20 minutes, both during and outside the rush hour periods.

**Map 44 – access to pharmacies in Wellingborough outside of rush hour times**
Map 45 – access to pharmacies in Wellingborough during rush hour times
There are two 100 hour pharmacies in Wellingborough which are open seven days a week and between them cover the hours:

- 7.00am to 10.30pm on Monday
- 6.30am to 10.30pm Tuesday to Friday
- 6.30am to 10.00pm on Saturday, and
- 8.00am to 6.00pm on Sunday.

With regard to the remaining 15 pharmacies:

- Five open Monday to Friday
- Seven are open Monday to Friday and Saturday morning
- Two are open Monday to Saturday
- One opens seven days a week.

With regard to the times at which these 15 pharmacies are open between Monday and Friday:

- Six open at 8.30am and the remainder at 9.00am
- Three are open after 6.00pm (one until 6.15pm and two until 6.30pm).

On Saturdays, pharmacy opening hours are secured by these 15 pharmacies between 8.30am and 5.30pm and on Sundays between 10.00am and 6.00pm.

The dispensaries within the dispensing practices will open in line with the opening hours for the premises, usually 8.30am to 6.00pm Monday to Friday. They may be open when the practices offer extended hours.

Of the nine pharmacies who responded to the contractor questionnaire, all dispense all appliances listed in Part IX of the Drug Tariff. One practice confirmed that it dispenses all appliances listed in Part IX of the Drug Tariff, two don’t dispense stoma and incontinence appliances, but the other practice doesn’t dispense any appliances.

14 pharmacies provided the Medicines Use Review service in 2016/17, providing a total of 4,097 Medicines Use Reviews out of a maximum of 5,600. Seven pharmacies provided the maximum number of 400. 14 pharmacies continue to provide the service in 2017/18.

14 pharmacies provided 1,591 New Medicine Service full service interventions in 2016/17, with a range of two to 368 provided per pharmacy. 15 pharmacies provide the service in 2017/18.

11 pharmacies provided a total of 1,274 flu vaccinations with a range of 8 to 474.

Two pharmacies signed up to provide the NHS urgent medicine supply advanced service in 2017/18. One is a 100 hour pharmacy that has extended opening hours throughout the week. The other closes at 6.00pm during the week and only opens on Saturday morning.

14.3 Necessary services: current provision outside the locality’s area

Some residents choose to access contractors outside both the locality and the Health and Wellbeing Board’s area in order to access services:

- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes.

Of the prescriptions written by the GP practices in the locality in 2016/17 3% were dispensed elsewhere in Northamptonshire (predominantly in Northampton, Kettering and Raunds) by 100 other contractors, and 1% was dispensed outside of Northamptonshire by 591 different contractors.

Taking into account this choice of pharmacy outside of the locality, all residents can access a pharmacy by car within 20 minutes, both during and outside the rush hour periods.

14.4 Other relevant services: current provision

No pharmacy provided Appliance Use Reviews and three provided the stoma appliance customisation service in 2016/17. The position remained the same in 2017/18.

In 2017/18 one pharmacy provided the palliative care enhanced service and eight provided the gluten free food enhanced service.

14.5 Other NHS services

One of the four locations for the GP out of hours service is within the locality. In 2016/17 1,893 items were prescribed by the service of which 89% were dispensed within the locality (74% by the 100 hour pharmacies), 10% were dispensed elsewhere in Northamptonshire by 27 different contractors, and the remaining 1% was dispensed by six contractors outside of Northamptonshire.

One GP practice in the locality provided extended opening hours in 2017/18, staying open until 8.30pm on Thursdays.

14.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 14.2 and 14.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy, or a dispensing appliance contractor or distance selling premises outside of the Health and Wellbeing Board’s area.

In 2016/17 a total of 717 contractors dispensed items written by one of the GP practices, of which 591 were outside of Northamptonshire.

14.7 Necessary services – gaps in provision

Nine of the pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from the housing developments in the locality and of those. Their responses were as follows:

- Eight have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area, and
- One doesn’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand.
Both of the practices responded to the dispensing practice questionnaire. One said that it has sufficient capacity within its existing premises and staffing levels to manage the increase in demand in the area and one practice said it didn’t have sufficient capacity and would have difficulty in managing an increase in demand. However, it should be noted that as the housing developments are not in areas to which GPs can dispense the increase in demand will need to be met by the pharmacies.

Whilst not a NHS service nine pharmacies provide a free collection and delivery service. Seven provide it to any patient and two provide it to housebound or disabled patients. Therefore for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the locality, another pharmacy in Northamptonshire or by distance selling premises either inside or outside of Northamptonshire. One practice delivers to housebound patients.

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that the all of the population can access a car within 20 minutes. Car ownership in the locality is higher than for the rest of England. It is also noted that two of the GP practices dispense from their premises to eligible patients. For those who are not dispensed to by their GP practice the increasing use of the Electronic Prescription Service reduces their need to first attend their GP surgery to collect their prescriptions and to then take them to the pharmacy of their choice. The information in section 14.1 above describes a younger, but mobile population with a high birth rate living in an area with areas of deprivation in the town of Wellingborough.

The Health and Wellbeing Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality.

The Health and Wellbeing Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

With regard to the housing that is due to be built during the lifetime of this document, the Health and Wellbeing Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Health and Wellbeing Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the locality.

The Health and Wellbeing Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of those advanced services which fall within the definition of necessary services, namely:

- Medicines Use Review
- New Medicine Service, and
- Flu vaccination

As of 19 February 2019 two pharmacies had signed up to provide the NHS urgent medicine supply advanced service, one of which is a 100 hour pharmacy. NHS England Midlands and East (Central Midlands) and Nene Clinical Commissioning Group will continue to work with the existing pharmacies in the locality as implementation of this service is progressed, in particular the rollout of NHSmail email accounts which has been a rate-limiting factor to date. The Health and Wellbeing Board will keep service provision under review but has concluded.
that there is no current or future need for this service which could be met by an application for new or additional premises.

**14.8 Improvements or better access: gaps in provision**

Whilst none of the pharmacies provide the Appliance Use Review service despite dispensing prescriptions for all appliances, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access this service via those contractors. In addition stoma nurses employed by dispensing appliance contractors may provide the services at the patient’s home and the stoma care departments at Northampton and Kettering Hospitals may provide a similar service. The Health and Wellbeing Board has therefore not identified any current or future improvements or better access in relation to the provision of these two advanced services in the locality.

The commissioning of the gluten free food enhanced service is being considered by NHS England and the Clinical Commissioning Groups in light of the outcome of the Department of Health and Social Care consultation which sought views on proposals on whether to make changes to the availability of gluten-free foods on the NHS. From 1 April 2018 the service will be commissioned by the Clinical Commissioning Groups and will therefore no longer fall within the definition of pharmaceutical services.

In relation to the palliative care service, the Health and Wellbeing Board has noted that one pharmacy currently provides this service in the locality. However, this service is commissioned across the county by NHS England to ensure adequate provision. Due to the nature of the service and the fact that it provides for the dispensing of prescriptions for specialist palliative care drugs that are not routinely prescribed it would not be cost effective to commission it from more pharmacies as the drugs that are to be stocked would go out of date. Taking into account the current provision of this service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.
15 Conclusions for the purpose of schedule 1 to The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across the borough and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Northamptonshire and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

Northamptonshire has 131 pharmacies (three of which are distance selling premises) and three dispensing appliance contractors, all providing the full range of essential services. Many provide advanced and enhanced services as commissioned by NHS England, and some provide services commissioned by Northamptonshire County Council. There are no Local Pharmaceutical Services contractors within the county. 23 of the GP practices dispense to eligible patients from 26 sites across the county.

Overall, access to pharmaceutical services in Northamptonshire is good due to the spread of premises across the county and the times at which they are open.

Redistribution of premises, for example the clustering of pharmacies around GP practices, may impact negatively on the arrangements that are currently in place which in turn may lead to access being worsened, however this will very much depend on the local situation. The Health and Wellbeing Board notes that when considering relocation applications from pharmacies NHS England is required to have regard to, amongst other factors:

- Whether “the location of the new premises is not significantly less accessible” for the patient groups that use the existing premises, and
- Whether the relocation would “result in a significant change to the arrangements that are in place for the provision of” pharmaceutical services.

If NHS England is satisfied that the location of new premises is significantly less accessible, or the relocation would result in significant change, then it can refuse the application.

Northamptonshire has a population of approximately 733,000. The projected population changes and housing developments identified may consequently impact on the type of services required and the number of people accessing pharmaceutical services within the county. However, given the current population demographics, housing projections, the distribution of pharmacies across Northamptonshire and their capacity to meet increases in demand, it is anticipated that the current pharmaceutical services providers will be sufficient to meet local needs.

15.1 Current provision – necessary services

Northamptonshire Health and Wellbeing Board has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services of Medicines Use Reviews, New Medicine Service, NHS urgent medicine supply and flu vaccination, and
- The dispensing service provided by some GP practices.
Preceding sections of this document have set out the provision of these services in the county.

15.2 Necessary services – gaps in provision

15.2.1 Access to essential services

In order to assess the provision of essential services against the needs of the population the Health and Wellbeing Board considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

15.2.1.1 Access to essential services during normal working hours

The Health and Wellbeing Board has identified that the overwhelming majority of the population is able to access a pharmacy during normal working hours within 20 minutes by car. For the small percentage that cannot the Health and Wellbeing Board is satisfied that there is not a current need for more pharmacies in those areas due to:

- The areas are mainly fields and woods
- In general the small villages in the areas do meet the travel time
- There are some isolated houses and farms, but in general the population is insufficient to make a pharmacy in the areas financially viable
- Residents will leave the areas for the majority, if not all, of their day to day needs, and
- Residents in the areas are likely to be dispensed to by their GP practice

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services during normal working hours have been identified in any of the seven localities.

15.2.1.2 Access to essential services outside normal working hours

There is good access to essential services outside normal working hours through provision by thirteen 100 hour pharmacies and extended evening and weekend opening hours offered by other pharmacies:

- 25 pharmacies open seven days a week (includes the 13 100 hour pharmacies)
- 19 pharmacies open Monday to Saturday
- 56 pharmacies open Monday to Friday, and part of Saturday
- 30 pharmacies that open Monday to Friday.

Outside normal working hours the GP out of hours service will provide courses of treatment where appropriate. Although there may be limited access to the other pharmaceutical services, for example medicines support, signposting or self-care, the 2010 Office of Fair Trading report on the previous ‘control of entry’ regulations and retail pharmacy services in the UK found there was a lack of published evidence for consumer demand for extended opening hours\(^99\). The patient and public questionnaire showed that 76.9% of respondents preferred to visit a pharmacy between 9.00am and 6.00pm, with only a further 17.0% preferring 6.00 to 9.00pm.

\(^99\) Office of Fair Trading, Evaluating the impact of the 2003 OFT study on the Control of Entry regulations in the retail pharmacies market, March 2010
It is not expected that any of the current pharmacies will reduce the number of core opening hours, indeed 100 hour pharmacies are unable to, and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances as permitted within the terms of service where this based upon a change in patient need.

The Health and Wellbeing Board is mindful that GP practices or groups of practices may provide further extended hours and recent indications are that they may be required to do so in the future, subject to national negotiations. The Health and Wellbeing Board would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or NHS England will direct pharmacies to open to meet any differences in opening hours.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services outside normal working hours have been identified in any of the seven localities.

15.2.2 Access to advanced services

The Health and Wellbeing Board deemed the following advanced services to be necessary:

- Medicines Use Reviews
- The New Medicine Service
- NHS urgent supply of medicine
- Flu vaccination

The Health and Wellbeing Board noted that at the time of drafting the pharmaceutical needs assessment there was no provider of the NHS urgent supply of medicine advanced service in the South Northamptonshire locality. However it was satisfied that this was due to the planned rollout of the service across the county by NHS England and Nene Clinical Commissioning Group and the delay in NHSmail accounts (one of the pre-requisites of providing the service) being created for pharmacies. Based on the data available the Health and Wellbeing Board is satisfied that there is sufficient capacity to meet the demand for advanced services.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the Medicines Use Reviews, New Medicine Service, NHS urgent supply of medicine and flu vaccination advanced services have been identified in any of the seven localities.

15.2.3 Future provision of necessary services

The Health and Wellbeing Board has taken into account the following known future developments:

- Forecasted population growth
- GP extended hours

It has not identified any necessary services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services.
Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the need for pharmaceutical services in specified future circumstances have been identified in any of the seven localities.

15.3 Other relevant services: current provision

Northamptonshire Health and Wellbeing Board identified that two advanced services (appliance use reviews and stoma appliance customisation) and two enhanced services (palliative care drugs and gluten free food), whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.

15.4 Improvements and better access – gaps in provision

15.4.1 Current and future access to essential services – present and future circumstances

Northamptonshire Health and Wellbeing Board considered the conclusion in respect of current provision as set out in this document and has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services in any of the three Northamptonshire localities.

15.4.2 Current and future access to advanced services

From the data available not all pharmacies are providing all the advanced services. In addition for the Medicines Use Review service for which activity is capped, not all pharmacies are completing the maximum amount that they may do each year. As shown in section 5, activity levels for the advanced services at pharmacy level vary across the country.

Demand for the appliance advanced services will be lower than for the other advanced services due to the much smaller proportion of the population that may require these services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in the provision of advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services in any of the seven localities.

15.4.3 Current and future access to enhanced services

The commissioning of the gluten free food enhanced service is being considered by NHS England and the Clinical Commissioning Groups in light of the outcome of the Department of Health and Social Care consultation which sought views on proposals on whether to make changes to the availability of gluten-free foods on the NHS. From 1 April 2018 the service will be commissioned by the Clinical Commissioning Groups and will therefore no longer fall within the definition of pharmaceutical services.
The palliative care drugs enhanced service is commissioned on a county-wide basis by NHS England to ensure that there are sufficient numbers of pharmacies across the county. It is currently not commissioning any new pharmacies to provide the service, and hasn't done since the inception of the service.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to the palliative care enhanced service in specified future circumstances have been identified in any of the seven localities.

15.3.4 Future access to advanced and enhanced services

Northamptonshire Health and Wellbeing Board has not identified any advanced or enhanced services that are not currently provided but that will, in specified future circumstances, need to be provided in order to secure improvements or better access to pharmaceutical services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances have been identified in any of the seven localities.
Appendix A – policy context and background papers

Between the 1980s and 2012 the ability for a new pharmacy or dispensing appliance contractor premises to open was largely determined by the regulatory system that became known as ‘control of entry’. Broadly speaking an application to open new premises was only successful if a Primary Care Trust or a preceding organisation considered it was either necessary or expedient to grant the application in order to ensure that people could access pharmaceutical services.

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the ‘necessary or expedient’ test were introduced – namely 100 hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies.

In January 2007 a review of the system was published by the government\footnote{Review of progress on reforms in England to the “Control of Entry” system for NHS pharmaceutical contractors. Department of Health 2007 http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.Department of Health.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DEPARTMENT OF HEALTH_063460}, and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could get to a pharmacy within 20 minutes, including in deprived areas\footnote{Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf}), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process.

Primary Care Trusts believed that they did not have sufficient influence to commission pharmaceutical services that reflected the health needs of their population. This was at odds with the thrust of the then NHS reforms which aimed to give Primary Care Trusts more responsibility to secure effective commissioning of adequate services to address local priorities.

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services\footnote{Review of NHS pharmaceutical contractual arrangements. Anne Galbraith 2007 http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.Department of Health.gov.uk/prod_consum_Department of Health/groups/Department of Health_digitalassets/@Department of Health/@en/documents/digitalasset/Department of Health_083871.pdf}. One of the recommendations of this second review was that Primary Care Trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow Primary Care Trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

The government responded to the outcomes of both reviews, as well as a report by the All-Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper “Pharmacy in England. Building on strengths – delivering the future” published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However it was recognised that at the time there was considerable variation in the scope, depth and breadth of pharmaceutical needs assessments. Some Primary Care Trusts had begun to revise their
pharmaceutical needs assessments (first produced in 2004) in light of the 2006 re-organisations, whereas others had yet to start the process. The White Paper confirmed that the government considered that the structure of and data requirements for Primary Care Trust pharmaceutical needs assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported Primary Care Trust decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health and Social Care established an advisory group with representation from the main stakeholders. The terms of reference for the group were:

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for pharmaceutical needs assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all Primary Care Trusts to produce their first pharmaceutical needs assessment which complied with the requirements of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second pharmaceutical needs assessment no later than three years after the publication of the first pharmaceutical needs assessment. The group also drafted regulations on how pharmaceutical needs assessments would be used to determine applications for new pharmacy and dispensing appliance contractor premises (referred to as the ‘market entry’ system) and these regulations took effect from 1 September 2012.

The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established Health and Wellbeing Boards and transferred responsibility to develop and update pharmaceutical needs assessments from Primary Care Trusts to Health and Wellbeing Boards. Responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from Primary Care Trusts to NHS England from 1 April 2013.

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

**Section 128A Pharmaceutical needs assessments**

1. Each Health and Wellbeing 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 Wellbeing Board must publish the statement of its first assessment;
   (d) as to the circumstances in which a Health and Wellbeing 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 Wellbeing 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 Wellbeing Board must have regard when making an assessment.
Pharmaceutical Services) Regulations 2013\(^3\), as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

- Services that are to be covered by the pharmaceutical needs assessment
- Information that must be included in the pharmaceutical needs assessment (it should be noted that Health and Wellbeing Boards are free to include any other information that they feel is relevant)
- Date by which Health and Wellbeing Boards must publish their first pharmaceutical needs assessment
- Requirement on Health and Wellbeing Boards to publish further pharmaceutical needs assessments on a three yearly basis
- Requirement to publish a revised assessment sooner than on a three yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days; and
- Matters the Health and Wellbeing Board is to have regard to when producing its pharmaceutical needs assessment.

Each Health and Wellbeing Board was under a duty to publish its first pharmaceutical needs assessment by 1 April 2015. In the meantime the pharmaceutical needs assessment produced by the preceding Primary Care Trust remained in existence and was used by NHS England to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

Once a Health and Wellbeing Board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment within three years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the Health and Wellbeing Board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition a Health and Wellbeing Board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate:

1. The Health and Wellbeing Board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes
2. The Health and Wellbeing Board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and is in the course of making a revised assessment and is satisfied that it needs to immediately modify its current pharmaceutical needs assessment in order to prevent significant detriment to the provision of pharmaceutical services in its area; and
3. Where a pharmacy is removed from a pharmaceutical list as a result of the grant of a consolidation application, if the Health and Wellbeing Board is of the opinion that the

removal does not create a gap in pharmaceutical services that could be met by a routine application offer to meet a current or future need, or secure improvements or better access to pharmaceutical services, then the Health and Wellbeing Board must publish a supplementary statement explaining that the removal does not create such a gap.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended are subject to a post implementation review by the Department of Health and Social Care in 2017/18 the aim of which is to determine whether they have met their intended objectives. It is not intended that the review will recommend wider policy changes and any proposed changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended that arise from the review will be subject to further appropriate consultation. At the time of drafting this pharmaceutical needs assessment the outcome is unknown.
Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or carer on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient’s need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.
3. Disposal of unwanted drugs

Service description

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.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people’s homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes; or
- Be at risk of coronary heart disease, especially those with high blood pressure; or
- Who smoke; or
- Are overweight,

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the ‘hard to reach’ sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

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.
Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.
Appendix C – advanced services

1. Medicines use review and prescription intervention service

Service description

This service includes Medicines Use Reviews undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. A Medicines Use Review is about helping patients use their medicines more effectively.

Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

To improve patient knowledge, concordance and use of medicines by:

- Establishing the patient’s actual use, understanding and experience of taking their medicines;
- Identifying, discussing and assisting in resolving poor or ineffective use of their medicines;
- Identifying side effects and drug interactions that may affect patient compliance;
- Improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

2. New medicine service

Service description

The New Medicine Service is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, to improve adherence. The New Medicine Service involves three stages, recruitment into the service, an intervention about one or two weeks later, and a follow up after a two or three weeks.

Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, in order—

- As regards the long-term condition—
  - To help reduce symptoms and long-term complications, and
  - In particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support; and

- To help the patients—
  - Make informed choices about their care,
  - Self-manage their long-term conditions,
  - Adhere to agreed treatment programmes, and
  - Make appropriate lifestyle changes.
3. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient’s measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

4. Appliance use review

Service description

An Appliance Use Review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient’s agreement, to improve the patient’s knowledge and use of any specified appliance by:

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

5. National influenza adult vaccination service

Service description

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who fall in one of the national at risk groups. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction.
Aims and intended outcomes

The aims of this service are to:

- Sustain uptake of flu vaccination by building the capacity of community pharmacies as an alternative to general practice
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and
- Reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

6. NHS urgent medicine supply advanced service

Service description

Patients contacting NHS 111 to request access to urgently needed medicines or appliances will be referred to a pharmacy that is providing this service for assessment and potentially the supply of a medicine or appliance previously prescribed for that patient on a NHS prescription, where the pharmacist deems that the requirements of Human Medicines Regulations 2012 are met, for example the patient has immediate need for the medicine or appliance and that it is impractical to obtain a prescription without undue delay. For the purposes of this service, any medicine or appliance that has previously been prescribed to the patient on an NHS prescription can be supplied as long as the requirements of the Human Medicines Regulations 2012 are met.

Aims and intended outcomes

The aims of this service are to:

- Appropriately manage NHS 111 requests for urgent supply of medicines and appliances
- Reduce demand on the rest of the urgent care system, particularly GP out of hours service providers
- Identify problems that lead to individual patients running out of their regular medicines or appliances and to recommend potential solutions that could prevent this happening in the future
- Increase patients’ awareness of the electronic repeat dispensing service; and
- Ensure equity of access to the emergency supply provision irrespective of the patient’s ability to pay for the cost of the medicines or appliances supplied.
Appendix D – enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient’s blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

2. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

3. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
   - The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
   - The clinical and cost effective use of drugs
   - The proper and effective administration of drugs and appliances in the care home
   - The safe and appropriate storage and handling of drugs and appliances, and
   - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

4. A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

5. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

6. An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England.

7. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient’s home drugs, and appliances other than specified appliances.

8. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
   - Drugs which they are using
   - Their health, and
   - General health matters relevant to them, and where appropriate referral to another health care professional.

9. A medication review service, the underlying purpose of which is for a registered pharmacist—
   - To conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient’s care record held by the provider of primary medical services that holds the registered patient list on which the patient
is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,

- To advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
- Where appropriate, to refer the patient to another health care professional.

10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —

- To assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
- To offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens.

11. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.

12. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist—

- To provide sterile needles, syringes and associated materials to drug misusers
- To receive from drug misusers used needles, syringes and associated materials, and
- To offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre.

13. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

14. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

15. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

16. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

- The clinical and cost effective use of drugs
- Prescribing policies and guidelines, and
- Repeat prescribing.

17. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—

- The clinical and cost effective use of drugs in the school
• The proper and effective administration and use of drugs and appliances in the school
• The safe and appropriate storage and handling of drugs and appliances, and
• The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

18. A screening service, the underlying purpose of which is for a registered pharmacist—

• To identify patients at risk of developing a specified disease or condition
• To offer advice regarding testing for a specified disease or condition
• To carry out such a test with the patient’s consent, and
• To offer advice following a test and refer to another health care professional as appropriate.

19. A stop smoking service, the underlying purpose of which is for the pharmacy contractor —

• To advise and support patients wishing to give up smoking, and
• Where appropriate, to supply appropriate drugs and aids.

20. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor’s premises.

21. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient’s agreement.
Appendix E – terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, 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, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient’s need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions.
3. Home delivery service

Service description

The delivery of certain appliances to the patient’s home.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content; and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance, and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

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.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to other providers who can provide advice

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor’s contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.
Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances, or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.
## Appendix F – project advisory group membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Hartley</td>
<td>Intelligence Insight Manager</td>
<td>Northamptonshire County Council</td>
</tr>
<tr>
<td>Lucy Douglas-Green</td>
<td>Acting Deputy Director of Public Health Manager</td>
<td>Northamptonshire County Council</td>
</tr>
<tr>
<td>Raj Gangotra</td>
<td>Service Development Relationship Manager</td>
<td>Northamptonshire County Council</td>
</tr>
<tr>
<td>Anne-Marie King</td>
<td>Chief Officer</td>
<td>Northamptonshire and Milton Keynes Local Pharmaceutical Committee</td>
</tr>
<tr>
<td>Kate Holt</td>
<td>CEO</td>
<td>Healthwatch Northamptonshire</td>
</tr>
<tr>
<td>Stuart Whitsey</td>
<td>Partnership and Involvement Manager</td>
<td>Northamptonshire County Council</td>
</tr>
<tr>
<td>Sharon Firmin</td>
<td>CEO</td>
<td>Northants Local Medical Committee</td>
</tr>
<tr>
<td>Arti Chauhan</td>
<td>Medicine Optimisation Pharmacist</td>
<td>NHS Nene Clinical Commissioning Group</td>
</tr>
<tr>
<td>Lamont Montezu</td>
<td>Support Contract Manager GP &amp; pharmacy</td>
<td>NHS England</td>
</tr>
<tr>
<td>Salim Issak</td>
<td>Assistant Contract Manager GP &amp; pharmacy</td>
<td>NHS England</td>
</tr>
<tr>
<td>Keiren Leigh</td>
<td>Contract Manager GP &amp; pharmacy</td>
<td>NHS England</td>
</tr>
<tr>
<td>Charlotte Goodson</td>
<td>Advisor</td>
<td>PCC</td>
</tr>
</tbody>
</table>
Appendix G – patient and public engagement survey

Patient survey for the Northamptonshire pharmaceutical needs assessment

We are inviting you to tell us about pharmacy services in your area.

The services we are looking at include local services that you receive from pharmacies (or chemists). To do a good job, we need to regularly review what services we have, what our local people need, and how things might change in the future. This process is called a 'pharmaceutical needs assessment' and we are preparing one at the moment for Northamptonshire with the help of a company called Primary Care Commissioning (PCC) who specialise in this kind of work.

Many people call them chemists but in this survey we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription or buy medicines which you can only buy from a pharmacy. We don't mean the pharmacy at a hospital or the part of a pharmacy where you buy beauty products.

Your views are important to us so please spare a few minutes to complete this questionnaire.

We really want and value your input, but if you don’t want to take part, please just ignore this questionnaire; your decision will not affect the care you receive from the NHS or your pharmacy in any way.

The questionnaire is anonymous; you don't have to give your name and address. Any information you do give will not be linked to you.

Your personal data are held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice.

The results of our questionnaire will be published in the draft pharmaceutical needs assessment for Northamptonshire which Northamptonshire County Council will consult on in December and January.

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please email charlotte.goodson@pcc.nhs.uk
How you use your pharmacy - either in person or by having someone else go there for you

1. Why do you usually visit a pharmacy? Please tick any or all that apply.
   • To get a prescription for myself
   • To get a prescription for someone else
   • Someone else gets my prescription for me
   • To buy medicines for myself
   • Someone else buys medicines for me
   • To get advice for myself
   • To get advice for someone else
   • Someone else gets advice for me
   • Other [text box]

2. How often do you use a pharmacy?
   • Daily
   • Weekly
   • Fortnightly
   • Monthly
   • Quarterly
   • I don’t use a pharmacy
   • Other [text box]

3. What time is the most convenient for you to use a pharmacy?
   • Before 7 am
   • 7 am to 9 am
   • 9 am to 12 noon
   • 12 noon to 3 pm
   • 3 pm to 6 pm
   • 6 pm to 9 pm
   • 9 pm to midnight

4. If there has been a time recently when you weren’t able to use your normal pharmacy, what did you do? Please tick all statements that apply.
   • I went to another pharmacy
   • I waited until the pharmacy was open
   • I went to my GP
   • I went to the general hospital
   • I went to a Walk In Centre
   • I called 111
   • Other [text box]

Your choice of pharmacy

5. Please could you tell us whether you:
   • Always use the same pharmacy
   • Use different pharmacies but I prefer to visit one most often
• Always use different pharmacies
• Rarely use a pharmacy
• Never use a pharmacy

6. Please tell us the name of the pharmacy you most often use

[Text box]

7. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

• Close to my home
• Close to work
• Close to my doctor
• Close to children’s school or nursery
• Close to other shops
• The pharmacy delivers my medicines
• The location of the pharmacy is easier to get to
• It is easy to park at the pharmacy
• I just like the pharmacy
• I trust the staff who work there
• The staff know me and look after me
• The staff don’t know me
• I’ve always used this pharmacy
• The service is quick
• They usually have what I need in stock
• The pharmacy has good opening hours
• The pharmacy collects my prescription and delivers my medicines
• The pharmacy was recommended to me
• The pharmacy provide good advice & information
• The customer service
• The service is fast
• It is very accessible ie wheelchair/baby buggy friendly
• It’s a well-known big chain
• It’s not one of the big chains
• There is a private area if I need to talk to the pharmacist
• Other [text box]

8. Is there a more convenient and/or closer pharmacy that you don’t use?

• Yes
• No
• Don’t know

9. ...and if you have answered yes to question 8, please could you tell us why you do not use that pharmacy?

• It is not easy to park at the pharmacy
• I have had a bad experience in the past
• The service is too slow
- The staff are always changing
- The staff don’t know me
- They don’t have what I need in stock
- The pharmacy doesn’t deliver medicines
- There is not enough privacy
- It’s not open when I need it
- It’s not wheelchair/baby buggy friendly
- Other [text box]

Travelling to a pharmacy

10. If you go to the pharmacy by yourself or with someone, how do you usually get there?
- On foot
- By bus
- By car
- By bike
- By taxi
- Other [insert text box]

11. ...and how long does it usually take to get there?
- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes but less than 20 minutes
- More than 20 minutes

Pharmacy services in general

12. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.
- I would call them
- I would call 111
- I would use the NHS Choices website
- I would search the internet
- I would ask a friend
- I would just pop in and ask them
- Look in the window
- I would find out from reading the local newspaper
- Other [text box]

13. Do you feel able to discuss something private with a pharmacist?
- Yes
- No
- Never needed too
- Don’t know
14. Is there anything else you would like to tell us about local pharmacy services?

[Text box]

About you

15. What gender are you? (Please tick the appropriate box)

- Male
- Female
- Prefer not to say

16. How old are you? (Please tick the appropriate box)

- 0 to 9
- 10 to 19
- 20 to 29
- 30 to 49
- 50 to 64
- 65 to 74
- 75+
- Prefer not to say

17. Do you have to pay prescription charges? (Please tick the appropriate box)

- Yes
- No
- Don’t know

18. Are you housebound? (Please tick the appropriate box)

- Yes
- No

19. What is your work situation? (Please tick the appropriate box)

- Full time – days
- Full time – nights
- In full time education
- House wife/husband
- Part-time
- Retired
- Unemployed

20. Please tell us the first part of your postcode - we only want to know which part of Northamptonshire you live in so to make sure we only know the general area, please do not tell us the last two letters.

For example, if your postcode is NN13 7DP just type NN13 7 in the box below. For NN29 7TR, just type NN29 7.
21. Are you currently pregnant or have you had a baby in the last 6 months? (Please tick the appropriate box)

- Yes
- No
- Prefer not to say

22. Do you have a disability? (Please tick the appropriate box)

- Yes
- No
- Prefer not to say

23. If yes, please tick the appropriate box(es) which best describes your disability? (Please tick the appropriate box)

- Mental health
- Physical disability
- Hearing impairment
- Learning disability
- Sight impairment
- Other

24. What is your religion or belief? (Please tick the appropriate box)

- None
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Buddhist
- Prefer not to say
- Other [text box]

25. How would you describe your ethnic origin? (Please tick the appropriate box)

<table>
<thead>
<tr>
<th>White British</th>
<th>White Irish</th>
<th>Other White Background</th>
<th>Indian</th>
<th>Pakistani</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Gypsy or Irish Traveller</td>
<td>Other Asian Background</td>
<td>Bangladeshi</td>
<td>Chinese</td>
<td>Other Asian Background</td>
</tr>
</tbody>
</table>
Mixed / Multiple ethnic Background

- White & Black Caribbean
- White & Black Caribbean
- White & Asian
- Other mixed / multiple background
- Other mixed / multiple background
- Other Black Background
- Other Black Background

Black or Black British

- White & Black African
- Other mixed / multiple background
- Caribbean
- African
- Prefer not to say

Other ethnic group

- Arab
- Any other ethnic group (please state)
- Prefer not to say

26. If you are 16 or over which of the following options best describes how you think of yourself? (Please tick the appropriate box)

- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual
- Prefer not to say

27. Is your gender identity the same as the gender you were assigned at birth? (Please tick the appropriate box)

- Yes
- No
- Prefer not to say

28. What would you describe your marital status as? (Please tick the appropriate box)

- Married
- Single
- Civil partnership
- Widow/widower
- Other
- Prefer not to say
Appendix H – full results of the patient and public questionnaire

Q1. Why do you usually visit a pharmacy? Please tick any or all that apply

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>To get a prescription for myself</td>
<td>91.00%</td>
</tr>
<tr>
<td>To get a prescription for someone else</td>
<td>48.06%</td>
</tr>
<tr>
<td>Someone else gets my prescription for me</td>
<td>7.16%</td>
</tr>
<tr>
<td>To buy medicines for myself</td>
<td>34.97%</td>
</tr>
<tr>
<td>Someone else buys medicines for me</td>
<td>3.89%</td>
</tr>
<tr>
<td>To get advice for myself</td>
<td>30.06%</td>
</tr>
<tr>
<td>To get advice for someone else</td>
<td>8.79%</td>
</tr>
<tr>
<td>Someone else gets advice for me</td>
<td>1.64%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Answered 489

Skipped 9

Q2. How often do you use a pharmacy?

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>0.85%</td>
</tr>
<tr>
<td>Weekly</td>
<td>2.13%</td>
</tr>
<tr>
<td>Fortnightly</td>
<td>9.38%</td>
</tr>
<tr>
<td>Monthly</td>
<td>74.20%</td>
</tr>
<tr>
<td>Quarterly</td>
<td>12.37%</td>
</tr>
<tr>
<td>I don't use a pharmacy</td>
<td>1.07%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Answered 469

Skipped 29

Q3. What time is the most convenient for you to use a pharmacy?

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 7am</td>
<td>0.41%</td>
</tr>
<tr>
<td>7am to 9am</td>
<td>3.89%</td>
</tr>
<tr>
<td>9am to 12 noon</td>
<td>34.56%</td>
</tr>
<tr>
<td>12 noon to 3pm</td>
<td>21.68%</td>
</tr>
<tr>
<td>3pm to 6pm</td>
<td>20.65%</td>
</tr>
<tr>
<td>6pm to 9pm</td>
<td>16.97%</td>
</tr>
<tr>
<td>9pm to midnight</td>
<td>1.84%</td>
</tr>
</tbody>
</table>

Answered 489

Skipped 9
Q4. If there has been a time recently when you weren't able to use your normal pharmacy, what did you do? Please tick all statements that apply.

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>I went to another pharmacy</td>
<td>54.57%</td>
</tr>
<tr>
<td>I waited until the pharmacy was open</td>
<td>50.54%</td>
</tr>
<tr>
<td>I went to my GP</td>
<td>4.30%</td>
</tr>
<tr>
<td>I went to the general hospital</td>
<td>2.69%</td>
</tr>
<tr>
<td>I went to a Walk In Centre</td>
<td>3.49%</td>
</tr>
<tr>
<td>I called 111</td>
<td>3.23%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Answered 372

Q5. Please could you tell us whether you:

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always use the same pharmacy</td>
<td>60.55%</td>
</tr>
<tr>
<td>Use different pharmacies but I prefer to visit one most often</td>
<td>32.28%</td>
</tr>
<tr>
<td>Always use different pharmacies</td>
<td>2.11%</td>
</tr>
<tr>
<td>Rarely use a pharmacy</td>
<td>4.22%</td>
</tr>
<tr>
<td>Never use a pharmacy</td>
<td>0.84%</td>
</tr>
</tbody>
</table>

Answered 474

Q7. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close to my home</td>
<td>58.03%</td>
</tr>
<tr>
<td>Close to work</td>
<td>8.14%</td>
</tr>
<tr>
<td>Close to my doctor</td>
<td>55.46%</td>
</tr>
<tr>
<td>Close to children's school or nursery</td>
<td>3.64%</td>
</tr>
<tr>
<td>Close to other shops</td>
<td>17.13%</td>
</tr>
<tr>
<td>The pharmacy delivers my medicines</td>
<td>7.07%</td>
</tr>
<tr>
<td>The location of the pharmacy is easier to get to</td>
<td>36.40%</td>
</tr>
<tr>
<td>It is easy to park at the pharmacy</td>
<td>33.62%</td>
</tr>
<tr>
<td>I just like the pharmacy</td>
<td>18.42%</td>
</tr>
<tr>
<td>I trust the staff who work there</td>
<td>32.76%</td>
</tr>
<tr>
<td>The staff know me and look after me</td>
<td>25.27%</td>
</tr>
<tr>
<td>The staff don't know me</td>
<td>2.78%</td>
</tr>
<tr>
<td>I've always used this pharmacy</td>
<td>22.27%</td>
</tr>
<tr>
<td>The service is quick</td>
<td>21.20%</td>
</tr>
<tr>
<td>They usually have what I need in stock</td>
<td>30.62%</td>
</tr>
<tr>
<td>The pharmacy has good opening hours</td>
<td>27.19%</td>
</tr>
</tbody>
</table>
The pharmacy collects my prescription and delivers my medicines | 8.99% | 42
The pharmacy was recommended to me | 1.50% | 7
The pharmacy provide good advice & information | 26.12% | 122
The customer service | 26.12% | 122
The service is fast | 15.63% | 73
It is very accessible i.e. wheelchair/baby buggy friendly | 4.93% | 23
It’s a well-known big chain | 7.49% | 35
It’s not one of the big chains | 11.78% | 55
There is a private area if I need to talk to the pharmacist | 21.84% | 102
Other (please specify) | | 56
Answered | 467
Skipped | 31

Q8. Is there a more convenient and/or closer pharmacy that you don’t use?

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27.66%</td>
</tr>
<tr>
<td>No</td>
<td>66.17%</td>
</tr>
<tr>
<td>Don't know</td>
<td>6.17%</td>
</tr>
<tr>
<td><strong>Answered</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Skipped</strong></td>
<td></td>
</tr>
</tbody>
</table>

Q9. ...and if you have answered yes to question 8, please could you tell us why you do not use that pharmacy?

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is not easy to park at the pharmacy</td>
<td>15.69%</td>
</tr>
<tr>
<td>I have had a bad experience in the past</td>
<td>17.65%</td>
</tr>
<tr>
<td>The service is too slow</td>
<td>17.65%</td>
</tr>
<tr>
<td>The staff are always changing</td>
<td>4.90%</td>
</tr>
<tr>
<td>The staff don't know me</td>
<td>14.71%</td>
</tr>
<tr>
<td>They don't have what I need in stock</td>
<td>4.90%</td>
</tr>
<tr>
<td>The pharmacy doesn't deliver medicines</td>
<td>2.94%</td>
</tr>
<tr>
<td>There is not enough privacy</td>
<td>2.94%</td>
</tr>
<tr>
<td>It's not open when I need it</td>
<td>18.63%</td>
</tr>
<tr>
<td>It's not wheelchair/baby buggy friendly</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
<tr>
<td><strong>Answered</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Skipped</strong></td>
<td></td>
</tr>
</tbody>
</table>
Q10. If you go to the pharmacy by yourself or with someone, how do you usually get there?

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>On foot</td>
<td>27.71%</td>
</tr>
<tr>
<td>By bus</td>
<td>2.38%</td>
</tr>
<tr>
<td>By car</td>
<td>67.75%</td>
</tr>
<tr>
<td>By bike</td>
<td>1.30%</td>
</tr>
<tr>
<td>By taxi</td>
<td>0.87%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Answered 462
Skipped 36

Q11. ...and how long does it usually take to get there?

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 minutes</td>
<td>33.33%</td>
</tr>
<tr>
<td>Between 5 and 15 minutes</td>
<td>55.98%</td>
</tr>
<tr>
<td>More than 15 minutes but less than 20 minutes</td>
<td>8.33%</td>
</tr>
<tr>
<td>More than 20 minutes</td>
<td>2.35%</td>
</tr>
</tbody>
</table>

Answered 468
Skipped 30

Q12. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would call them</td>
<td>11.92%</td>
</tr>
<tr>
<td>I would call 111</td>
<td>0.22%</td>
</tr>
<tr>
<td>I would use the NHS Choices website</td>
<td>1.99%</td>
</tr>
<tr>
<td>I would search the internet</td>
<td>53.42%</td>
</tr>
<tr>
<td>I would ask a friend</td>
<td>0.66%</td>
</tr>
<tr>
<td>I would just pop in and ask them</td>
<td>15.23%</td>
</tr>
<tr>
<td>Look in the window</td>
<td>14.35%</td>
</tr>
<tr>
<td>I would find out from reading the local newspaper</td>
<td>2.21%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

Answered 453
Skipped 45
Q13. Do you feel able to discuss something private with a pharmacist?

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>57.85%</td>
</tr>
<tr>
<td>No</td>
<td>11.18%</td>
</tr>
<tr>
<td>Never needed</td>
<td>27.53%</td>
</tr>
<tr>
<td>Don't know</td>
<td>3.44%</td>
</tr>
<tr>
<td><strong>Answered</strong></td>
<td><strong>465</strong></td>
</tr>
<tr>
<td><strong>Skipped</strong></td>
<td><strong>33</strong></td>
</tr>
</tbody>
</table>

Q14. Is there anything else you would like to tell us about local pharmacy services?

- “Sometimes my husband has to visit another pharmacy if they do not have one of my regular prescriptions in stock at the time.”
- “It’s a very slow process, long waiting times, normally about 30mins for a prescription”
- “They rarely have my prescription ready when I arrive to pick it up as they are so busy and cater for a huge area.”
- “The services offered by pharmacists should be better promoted and used. GP practices should push patients to use pharmacies more (in the right circumstances)”
- “It is too busy, it cannot offer repeat prescription service which is annoying”
- “I am concerned that [name of village] and surrounding villages is not a big enough catchment area to support two pharmacies, which is what we have at the moment. Both have their place and it is good to have the choice. I sincerely hope that both are able to continue with their good service to the community”
- “We have dispensing services at [names of villages] a pharmacy at the new development of houlton would be a godsend”
- “We are lucky that [pharmacy] is there. Rural areas always suffer being distant from services, with no public transport. Call Connect is only useful if you do not have to be somewhere at a specific time.”
- “They are all soooo slow!!”
- “Am not happy with length of time have to wait after due date for regular monthly medication.”
- “Insufficient knowledgeable staff despite huge demands on the service.”
- “My doctors surgery is next door. The Pharmacy collect my wife’s and my scripts. They are always ready to collect with no waiting.”
- “They are very important in conjunction with my surgery and GP.”
- “Electronic prescriptions don’t always work, and the pharmacy blames the surgery and the surgery blames the pharmacy, which can be frustrating.”
- “Mine is very good”
- “Some of them had items with very short shelf life and as I have drugs I don’t use often this is not suitable”
- “They also have a shop next door to the pharmacy which sells or can get anything to aid people who disabilities”.
- “When I had earache I was still told to see my GP. Surely a pharmacist could prescribe for minor ailments in adults.”
- “I have been using the same Pharmacy for over 40 years & have always found staff very helpful, I can’t say I have had any problems with any staff over all these years.”
- “We used to use [name of pharmacy] up Corby town centre but they left my wife without insulin over a weekend due to a mix up over a prescription so we now use our local and we haven't looked back friendly and helpful and close to the door”
“Yes they provide such great service and privacy whereas the one at my doctors is like a cattle market and not private”

“[Name of pharmacy] in Corby is an extremely good service”

“I love this pharmacy and it’s staff. I have used it for over 30 years. It’s like an extension of the family and you don't get that personal touch with large chains or supermarket pharmacies. The staff are well informed and know their customers. Consequently, they pick up on and double check any variations in regular prescriptions in case an error has been made. I trust them 100%.”

“Too much change of pharmacist.”

“I've had instances when the prescription has stated that the product is 'one item' but because there are two in a box (compression sock) they've tried to charge me double despite it stating clearly it's 'one item'.”

“I want to be sure that staff with a conscientious objection to selling abortifacients should not have to do that.”

“It is important to have pharmacies that are open outside 9-5”

“Not all pharmacists display the same level of knowledge or ability to interact with customers seeking advice or guidance. On the flip side there are others that think they know more than they do and they can be quite blinkered when you are talking with them and consequently unhelpful (e.g. assuming a medication you are taking means you have one illness when it is prescribed for other illnesses too and not listening to the customer and therefore not assisting them - leading them to have to visit another pharmacy or having to try to get a medical appointment.”

“I generally use this pharmacy for regular medicines. I use others, eg [name of pharmacy], for items I specifically know they sell, eg super absorbent foot powder or anti-malaria tablets.”

“Quite adequate in this area.”

“It is [name of pharmacy]. The staff are excellent. Helpful and friendly”

“Think it is a good idea that they are able to give Flu jabs etc. Hope this continues”

“Attached to a nice cafe so if I need to wait I can have a cup of coffee.”

“[Name] the chemist manager takes time to listen to your problem and provide a solution”

“They are needed for residents who cant get into town especially ones in villages.”

“Now our surgery has closed having a pharmacist to ask advice is really important to our large village.”

“Exceptionally pleasant to deal with.”

“It is located at the doctors, hence ideal for everything”

“The local pharmacy is a valuable service which should be enhanced and in no way reduced”

“Would be very helpful, if they had a consulting room. Where you could discuss your problem in private and where they could do minor fist aid or check items such as blood pressure, heart rate and diabetes. Apply bandages.”

“It's not open on Saturday which is a real inconvenience and there's not always a pharmacist at lunchtime.”

“[Name of pharmacy] is a brilliant family pharmacy. Nothing is too much trouble for them. They greet you with a smile and go above and beyond the duty of care”

“There's always a long wait, & there aren't any chairs where you queue”

“Often does not what I need in stock so have travel to another pharmacy”

“They are overworked because repeat prescriptions are only for 4 weeks - all that checking and double checking and labelling and wrapping could be halved and quartered for us regulars...”
• “Clinical expertise varies. I have sometimes been in a queue, and heard inappropriate advice being given (I was a specialist nurse practitioner before retirement)”

• “The waits at the local pharmacy can be very long sometimes, and often they seem to lose my script. But it is next to my dr, they collect my scripts and it is less than 5 minutes from my house.”

• “Pharmacists very rarely offer you a private area to talk even when you say you want some advice. I have noted that in recent months at least three errors with dispensing at the local pharmacy I no longer use. This is very concerning”

• “Need longer opener hours and open on Saturday”

• “Better/more ample parking would be a real plus. A quicker service. Even though I pre-order my prescription online, I frequently have to wait for up to 15 minutes for it to be given to me.”

• “very efficient”

• “Both my father and myself registered for repeat prescriptions so why do I always have to ring in advance to ensure they are ready to collect?”

• “The process of filling prescriptions seems incredibly bureaucratic and old-fashioned (lots of moving little bits of paper around).”

• “Staff are very helpful and supportive. Over wife's long illness and after her death, were always sympathetically interested and supportive.”

• “One problem at my Pharmacy is when a prescription has been dispensed and is ready and waiting for collection, they won't release it to you unless the Pharmacist is present, don't understand why this should be, as it's been dispensed and then checked, all they do is hand it over, no referral is made to Pharmacist, even when they are present!”

• “[Name of pharmacy] should have more friendly helpful staff who do not take too long to provide prescriptions. Even when you pre-order prescriptions you still have to wait whilst they look and ask you 3 times when did was the prescription order was placed!!”

• “The staff and the pharmacists are very helpful and knowledgeable.”

• “SOME TIMES THE PRESCRIPTION IS NOT READY ON TIME”

• “somewhat overwhelmed and a bit chaotic. Too many Patients with all the new house building, 3 working days wait for a prescription is not good.”

• “On the few occasions when I have wanted to ask advice from a pharmacist, I have not been offered a private space.”

• “very efficient”

• “Don't like that the pharmacy closes for lunch each day. That's usually the time I need to go. Would be better also if it was open fir a while at the weekend”

• “I live in Wellingtonborough, and there is no pharmacy available between 7pm - 10pm, what is time when I with my mental health problems feel well enough to leave home to get there. Daytime is very noisy and together with crowds of people make me panic attacks so I would like at least one pharmacy at towncentre be open till 10pm”

• “Saturday's would be useful”

• “We have a number of pharmacies within the daventry area so I think we are quite lucky.”

• “The staff get to know you and that makes a huge difference with trust.”

• “They are not great”

• “[Name of pharmacy] is brilliant - always friendly and helpful staff who go out of their way to make prescription collection easy, and give advice if prescribed something new. Great service.”

• “They are normally under a lot of pressure to fulfill prescriptions and you have quite a long wait”
• “There support as a carer is priceless, I rely on our Pharmacist who has always given excellent support to myself and my husband.”
• “A friendly, approachable service and nothing is too much trouble for them.”
• “[Name of pharmacy] is not my Chemist of choice, prescriptions are never ready on time, half the time they do not have all the medication, the form states clearly that you should wait 48 hours for your prescription but in fact the waiting time is a week, and then it's not even ready! The service is almost non-existent but there is nowhere else to go.”
• “This particular pharmacy may be either understaffed or over utilized. I find it irritating that when they know the date on which my regular medicine is due for collection, I am still often asked to come back for it later in the day or the following day.”
• “[Name of pharmacy] offers a friendly and efficient service which is much better than [name of pharmacy] which is attached to the main Surgery.”
• “although I use the nearest pharmacy to my doctor, the pharmacy at [name of pharmacy] Rushden is excellent. I use them for my mother in law.”
• “The staff are friendly and efficient. They provide a much better service compared to [name of pharmacy] which is attached to the main Surgery.”
• “It is overly busy and very rarely are our medications on time.”
• “Just lack of parking which causes problems for all road users in this area”
• “Havent as yet needed to discuss something in private with this pharmacy. Its a really busy pharmacy as its part of a range of services in the block. Also quite difficult to park there.”
• “Weekend openings are poor. When closed useful to display the nearest pharmacy that is open.”
• “Opening hours could be longer and faster service”
• “I use the GP surgery for most prescriptions as they prescribe and are nearer than a pharmacy.”
• “Efficient and friendly service”
• “The staff are great. Very helpful and although part of a big chain, it feels very local.”
• “They are well organised and knowledgeable”
• “I have never had a problem with local pharmacy services”
• “They are extremely busy and sometimes this means quite a long wait even if they already have had the prescription electronically from GP.”
• “It is conveniently located within the Doctors car park, from a personal viewpoint at present we are fit and able so cannot comment on other services provided by the Pharmacy.”
• “should be open 7 days”
• “I can't by medicines there, it is only prescriptions.”
• “Do not consider closing this pharmacy.”
• “The quality and speed of service depends on which pharmacist and/or staff are on duty. One member of staff is an absolute nightmare with no concept of customer service. I always have issues when she is on duty.”
• “Brilliant”
• “The Oundle one that I use, not [name of pharmacy], have very helpful staff and know me because I have used them for 45 years. Although they have changed hands and staff have obviously changed also, there seems to be a tradition of good and helpful service.”
• “The pharmacy does not keep all medicines even for repeat prescriptions on site. They say they need 48 hours to complete this but it can be much longer. I have in the past phoned [name of pharmacy] in Irthingborough to get tablets which [name of pharmacy] cannot get and to go there and pick them up”
• “Under too much pressure and often dealing with long queues because they are linked to the surgery. Conflict between shop space and patient space.”
• “Friendly service from local people”
• “They should not be reduced!”
• “The Services here are appalling after a change over of management. After 40 years of the link between DR,s and chemist I will no longer use this pharmacy.”
• “Waiting times are generally quite long and they have usually had my prescription in for over a week and haven't done it so I have to wait when I go in. They even had it for a month once and hadn't done it. There is no area for privacy in the pharmacy in [name of pharmacy]. They are very busy and don't remember you, but that's ok as long as they can provide the items on the prescription. However, the pharmacy by my doctors [name of pharmacy] in Abington is really slow and I haven't the time to use that one. At least the pharmacy in [name of pharmacy] has good opening hours and you can shop whilst you wait plus there is plenty of parking.”
• “It is important to trust the advice of the pharmacist to reduce the need to go to the surgery when possible”
• “The one at [name of location] is friendly and knowledgable - but living at Eydon means I can obtain perscriptions direct from the doctor’s surgery which is even better”
• “The particular pharmacy that I have to use often needs more than 2 days to prepare a prescription which is very inconvenient.”
• “There are several excellent ones who give simple medical services with less fuss and much quicker than a GP surgery. Range of services should be much more widely advertised.”
• “I really like the fact that it is attached to my doctors and don't have to wait long to collect medicines either when I have just seen the doctor or repeat medication”
• “It is next to my doctor's surgery so very convenient”
• “For me and my family our Pharmacy is the next best thing to having another doctor. You can consult with them get annual flu jabs advice on any medical problem you may have. All service is confidential. Properly a model for a local Pharmacy/chemist.”
• “we find our pharmacy very helpful in all matters and very knowledgable”
• “All appear very busy. If there were to be closures then there must be an increase in capacity at remaining facilities to maintain customer service that must not be allowed to deteriorate.”
• “Too many patients for the staffing available at the chemist. Long delays often. My regular prescription not always ready to collect and not always complete”
• “They once tried to talk about my medication and how much I was on. I said I would only take advice from my GP on that one.”
• “Trust and knowledge is important. Having a system that is quick and efficient”
• “[Name of pharmacy] is wonderful”

Q15. What gender are you? (Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>42.58%</td>
</tr>
<tr>
<td></td>
<td>195</td>
</tr>
<tr>
<td>Female</td>
<td>56.11%</td>
</tr>
<tr>
<td></td>
<td>257</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1.31%</td>
</tr>
<tr>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Answered</td>
<td>458</td>
</tr>
<tr>
<td>Skipped</td>
<td>40</td>
</tr>
</tbody>
</table>

210
Q16. How old are you? (Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 9</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>10 to 19</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>20 to 29</td>
<td>1.96% 9</td>
</tr>
<tr>
<td>30 to 49</td>
<td>17.39% 80</td>
</tr>
<tr>
<td>50 to 64</td>
<td>36.96% 170</td>
</tr>
<tr>
<td>65 to 74</td>
<td>34.13% 157</td>
</tr>
<tr>
<td>75+</td>
<td>8.48% 39</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1.09% 5</td>
</tr>
</tbody>
</table>

Answered 460
Skipped 38

Q17. Do you have to pay prescription charges?

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>32.24% 148</td>
</tr>
<tr>
<td>No</td>
<td>67.32% 309</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0.44% 2</td>
</tr>
</tbody>
</table>

Answered 459
Skipped 39

Q18. Are you housebound?

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3.32% 15</td>
</tr>
<tr>
<td>No</td>
<td>96.68% 437</td>
</tr>
</tbody>
</table>

Answered 452
Skipped 46

Q19. What is your work situation?

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time – days</td>
<td>24.67% 112</td>
</tr>
<tr>
<td>Full time – nights</td>
<td>0.88% 4</td>
</tr>
<tr>
<td>In full time education</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>House wife/husband</td>
<td>4.41% 20</td>
</tr>
<tr>
<td>Part-time</td>
<td>18.06% 82</td>
</tr>
<tr>
<td>Retired</td>
<td>47.58% 216</td>
</tr>
<tr>
<td>Unemployed</td>
<td>4.41% 20</td>
</tr>
</tbody>
</table>

Answered 454
Skipped 44
Q21. Are you currently pregnant or have you had a baby in the last 6 months? (Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6.34%</td>
</tr>
<tr>
<td>No</td>
<td>97.55%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>1.11%</td>
</tr>
<tr>
<td><strong>Answered</strong></td>
<td>449</td>
</tr>
<tr>
<td><strong>Skipped</strong></td>
<td>49</td>
</tr>
</tbody>
</table>

Q22. Do you have a disability? (Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25.33%</td>
</tr>
<tr>
<td>No</td>
<td>71.78%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>2.89%</td>
</tr>
<tr>
<td><strong>Answered</strong></td>
<td>450</td>
</tr>
<tr>
<td><strong>Skipped</strong></td>
<td>48</td>
</tr>
</tbody>
</table>

Q23. If yes, please tick the appropriate box(es) which best describes your disability?

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>13.56%</td>
</tr>
<tr>
<td>Physical disability</td>
<td>64.41%</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>12.71%</td>
</tr>
<tr>
<td>Learning disability</td>
<td>5.08%</td>
</tr>
<tr>
<td>Sight impairment</td>
<td>4.24%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>22</td>
</tr>
<tr>
<td><strong>Answered</strong></td>
<td>118</td>
</tr>
<tr>
<td><strong>Skipped</strong></td>
<td>380</td>
</tr>
</tbody>
</table>

Q24. What is your religion or belief? (Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>28.38%</td>
</tr>
<tr>
<td>Christian</td>
<td>61.71%</td>
</tr>
<tr>
<td>Hindu</td>
<td>0.45%</td>
</tr>
<tr>
<td>Jewish</td>
<td>0.23%</td>
</tr>
<tr>
<td>Muslim</td>
<td>0.00%</td>
</tr>
<tr>
<td>Sikh</td>
<td>0.23%</td>
</tr>
<tr>
<td>Buddhist</td>
<td>0.00%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>9.01%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>12</td>
</tr>
<tr>
<td><strong>Answered</strong></td>
<td>444</td>
</tr>
<tr>
<td><strong>Skipped</strong></td>
<td>54</td>
</tr>
</tbody>
</table>
Q25. How would you describe your ethnic origin? (Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>89.84% 398</td>
</tr>
<tr>
<td>White Irish</td>
<td>0.90% 4</td>
</tr>
<tr>
<td>White Gypsy or Irish Traveller</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Other White Background</td>
<td>3.16% 14</td>
</tr>
<tr>
<td>Indian</td>
<td>0.45% 2</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Other Asian Background</td>
<td>0.23% 1</td>
</tr>
<tr>
<td>White &amp; Black Caribbean</td>
<td>0.23% 1</td>
</tr>
<tr>
<td>White &amp; Black African</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>White &amp; Asian</td>
<td>0.23% 1</td>
</tr>
<tr>
<td>Other mixed / multiple background</td>
<td>0.45% 2</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>African</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Other Black Background</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Arab</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>4.51% 20</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>0.45% 2</td>
</tr>
</tbody>
</table>

Answered 443  
Skipped 55

Q26. If you are 16 or over which of the following options best describes how you think of yourself? (Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>1.13% 5</td>
</tr>
<tr>
<td>Gay man</td>
<td>0.90% 4</td>
</tr>
<tr>
<td>Gay woman/lesbian</td>
<td>0.45% 2</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>88.51% 393</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>9.01% 40</td>
</tr>
</tbody>
</table>

Answered 444  
Skipped 54
Q27. Is your gender identity the same as the gender you were assigned at birth? (Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>94.85%</td>
</tr>
<tr>
<td>No</td>
<td>0.00%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>5.15%</td>
</tr>
</tbody>
</table>

Answered 447
Skipped 51

Q28. What would you describe your marital status as? (Please tick the appropriate box)

<table>
<thead>
<tr>
<th>Answer choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>69.82%</td>
</tr>
<tr>
<td>Single</td>
<td>15.67%</td>
</tr>
<tr>
<td>Civil partnership</td>
<td>2.07%</td>
</tr>
<tr>
<td>Widow/widower</td>
<td>6.91%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>5.53%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>24</td>
</tr>
</tbody>
</table>

Answered 434
Skipped 64
Appendix I – contractor questionnaire

The pharmaceutical needs assessment for Northamptonshire health and wellbeing board

The Northamptonshire health and wellbeing board (HWB) is preparing its second pharmaceutical needs assessment (PNA), due to be published in 2018, and we need your help to gather/confirm important information to support the development of this second PNA:

- The PNA may identify unmet need, improvement or better access for the population of the Health and Wellbeing Board area. This questionnaire will confirm/tell us where community pharmacies are already contributing to meeting these needs and may be able to help us and other commissioners meet the needs of the population in the future.

- The PNA is the basis for market entry applications to open new premises and may inform relocations of existing premises, applications to change core opening hours or to provide additional pharmaceutical services and the NHS England local office may use the PNA to make decisions regarding these matters.

PCC has developed a questionnaire with the support of the PNA project advisory board that includes the local pharmaceutical committee (LPC). In developing the questionnaire we are only asking for information that is needed but is not routinely held or which PCC would like confirmation of. As you will see we have kept the questionnaire as short as possible.

While available until Tuesday 5 September 2017, PCC would encourage you to complete the questionnaire now.

For more information regarding PNAs we would recommend you go to: http://psnc.org.uk/contract-it/market-entry-regulations/pharmaceutical-needs-assessment/

For queries relating to the information requested or the answers required please email charlotte.goodson@pcc.nhs.uk

Please insert the ODS code (also known as the F code or pharmacy code and starts with the letter F) of the pharmacy you are completing the questionnaire on behalf of:

Please insert the name of the pharmacy/dispensing appliance contractor premises you are completing the questionnaire on behalf of:

Please insert the address of the pharmacy/dispensing appliance contractor premises you are completing the questionnaire on behalf of:
1 Hours of opening

NHS England has provided us with the core and total opening hours for the pharmacies and dispensing appliance contractor (DAC) premises in Northampton and a copy was attached to the email inviting you to complete this questionnaire. Please review the recorded core and total opening hours for the pharmacy or dispensing appliance contractor premises you are completing the questionnaire on behalf of.

<table>
<thead>
<tr>
<th>Are the core and total opening hours recorded by NHS England correct?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If not, please inform NHS England directly and indicate the error(s) below:

2 Consultation facilities

2.1 Is there a consultation area?

<table>
<thead>
<tr>
<th>On site consultation – one answer ‘yes’ only:</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available (including wheelchair access) on the premises</td>
<td></td>
</tr>
<tr>
<td>Available (without wheelchair access) on premises</td>
<td></td>
</tr>
<tr>
<td>Planned within next 12 months</td>
<td></td>
</tr>
<tr>
<td>No consultation area available</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

2.2 Is this an enclosed room?

<table>
<thead>
<tr>
<th>Area closed:</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
</table>

3 Appliances

Are appliances dispensed from the premises?

<table>
<thead>
<tr>
<th>Range of appliances: one answer ‘yes’ only</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes - All types, or</td>
<td></td>
</tr>
<tr>
<td>Yes, excluding stoma appliances, or</td>
<td></td>
</tr>
<tr>
<td>Yes, excluding incontinence appliances, or</td>
<td></td>
</tr>
<tr>
<td>Yes, excluding stoma and incontinence appliances, or</td>
<td></td>
</tr>
<tr>
<td>Yes, just dressings, or</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

4 Other facilities

4.1 Collection and delivery of prescriptions (non-commissioned)
<table>
<thead>
<tr>
<th>Collection and delivery:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection from surgeries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery free of charge to patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery chargeable to patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the service available to all patients?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the service is restricted please confirm the patient groups who may use the service.

4.2 Is this a level 1 Healthy Living Pharmacy (HLP) as defined by Public Health England? (Pharmacies only)

<table>
<thead>
<tr>
<th>HLP status - one answer 'yes' only:</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Currently working towards level 1 HLP status</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

4.3 Apart from English which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken

List of languages spoken:

---

5 Housing developments

There are currently a number of housing and other developments taking place across Northamptonshire with more planned and the PNA will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacies and dispensing appliance contractor premises. Do you:

<table>
<thead>
<tr>
<th>Housing developments - one answer 'yes' only</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?</td>
<td></td>
</tr>
<tr>
<td>Don’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?</td>
<td></td>
</tr>
<tr>
<td>Don’t have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?</td>
<td></td>
</tr>
</tbody>
</table>
6 Please provide us with your contact details.

Name:

Job title:

Email:

Telephone number:
Appendix J – dispensing practice questionnaire

The pharmaceutical needs assessment for Northamptonshire health and wellbeing board

The Northamptonshire health and wellbeing board (HWB) is preparing its second pharmaceutical needs assessment (PNA), due to be published in 2018, and we need your help to gather some information to support the development of this second PNA.

PCC has developed a questionnaire with the support of the PNA project advisory board. In developing the questionnaire we are only asking for information that is needed but is not routinely held or which PCC would like confirmation of. As you will see we have kept the questionnaire as short as possible.

While available until Sunday 22 October, PCC would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email enquiries@pcc-cic.org.uk with a subject title of ‘Northants dispensing practice survey’.

Please insert the name of the practice you are completing the questionnaire on behalf of:

Please insert the address or addresses of the premises for which the practice has premises approve to dispense from:

<table>
<thead>
<tr>
<th>Range of appliances: one answer ‘yes’ only</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes - All types, or</td>
<td></td>
</tr>
<tr>
<td>Yes, excluding stoma appliances, or</td>
<td></td>
</tr>
<tr>
<td>Yes, excluding incontinence appliances, or</td>
<td></td>
</tr>
<tr>
<td>Yes, excluding stoma and incontinence appliances, or</td>
<td></td>
</tr>
<tr>
<td>Yes, just dressings, or</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

1 Are appliances dispensed from the premises?

2 Delivery of dispensed items

<table>
<thead>
<tr>
<th>Do you offer a delivery service?</th>
<th>Yes?</th>
<th>No?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, is the service available to all patients?</td>
<td>Yes?</td>
<td>No?</td>
</tr>
</tbody>
</table>
If the service is restricted please confirm the patient groups who may use the service.

3 Apart from English which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken

List of languages spoken:

4 Housing developments

There are currently a number of housing and other developments taking place across Northamptonshire with more planned and the PNA will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacies, dispensing appliance contractor and dispensing doctor premises. Thinking about your dispensing service only, do you:

<table>
<thead>
<tr>
<th>Housing developments - one answer ‘yes’ only</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?</td>
<td></td>
</tr>
<tr>
<td>Don’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?</td>
<td></td>
</tr>
<tr>
<td>Don’t have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?</td>
<td></td>
</tr>
</tbody>
</table>

5 Please provide us with your contact details.

Name:

Job title:

Email:

Telephone number:
Appendix K – consultation report

1. Introduction

As part of the pharmaceutical needs assessment process the Health and Wellbeing Board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health and Wellbeing Board’s area are accurately reflected in the final pharmaceutical needs assessment document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

2. Consultation process

In order to complete this process the Health and Wellbeing Board has consulted with those parties identified under regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, to establish if the draft pharmaceutical needs assessment addresses issues that they considered relevant to the provision of pharmaceutical services. Examples of consulted parties include:

- The Local Pharmaceutical Committee covering the county
- The Local Medical Committees covering the county
- Healthwatch Northamptonshire
- The Clinical Commissioning Groups
- NHS Trusts
- NHS England
- Neighbouring Health and Wellbeing Boards, and
- Contractors on the pharmaceutical lists for the area of the Health and Wellbeing Board.

In addition, the consultation documents were made available via Northamptonshire County Council’s consultation portal and those who have registered to receive emails regarding new consultations were alerted to the consultation.

The statutory consultees were contacted via email explaining the purpose of the pharmaceutical needs assessment and that, as a statutory party, the Health and Wellbeing Board welcomed their opinion on whether they agreed with the content of the proposed draft. They were directed to the Northamptonshire County Council website to access the document and consultation questionnaire.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online. The questions derived were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 11 December 2017 until 11 February 2018.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.
The online consultation received 25 responses, which identified themselves as the following:

<table>
<thead>
<tr>
<th>Answer options</th>
<th>Response percent</th>
<th>Response count</th>
</tr>
</thead>
<tbody>
<tr>
<td>On behalf of a pharmacy/dispensing appliance contractor/dispensing practice</td>
<td>26.7%</td>
<td>4</td>
</tr>
<tr>
<td>On behalf of an organisation</td>
<td>46.7%</td>
<td>7</td>
</tr>
<tr>
<td>A personal response</td>
<td>26.7%</td>
<td>4</td>
</tr>
</tbody>
</table>

**Answered question** 15

### 3. Summary of online questions, responses and Health and Wellbeing Board considerations

In asking “Has the purpose of the pharmaceutical needs assessment been explained sufficiently”, the Health and Wellbeing Board was pleased to note 20 respondents (83%) responded positively, as shown below.

*Figure 53 – Has the purpose of the pharmaceutical needs assessment been explained sufficiently?*

The Health and Wellbeing Board was pleased to note the following comments from those who answered ‘Yes’:

- “document sets out purpose in a clear manner”
- “IT IS IN YOUR REASON FOR THE SURVEY!”
- “The document was well introduced and clear”
- “The document is well introduced and clear”
- “Clearly stated in the draft document.”
- “covering email and document itself explained purpose well.”
- “I understood the implications particularly as they applied to me.”
- “This is the second consultation in the year. Why another?”
- “Clear and concise”

In answering ‘No’ two respondents explained why:

- “I have seen the document, but no one specifically went through it.”
- “I have read the Draft Assessment document but have insufficient knowledge and experience to fully understand the contents, language and potential impact.”
One respondent who answered ‘Don’t know’ did so because “The verbose contorted language of documents is not “crystal clear”’. Unfortunately the pharmaceutical needs assessment is, by its very nature, a technical document and must reflect the wording of, and phrases used within, the regulations. The Health and Wellbeing Board notes that those respondents who replied ‘Yes’ to this question were a mix of contractors, organisations and members of the public and is therefore satisfied that the language of the document does not need to be changed.

The next question asked “Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?” and again the Health and Wellbeing Board is pleased to note that the majority (14 or 64%) of respondents said ‘Yes’.

**Figure 54 – Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?**

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No</strong></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Don’t know</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Three comments were left in response to this question:

- “Generally yes with reservation regarding drugs which may be prescribed in specialist centres that are out of the county and have differing CCG formularies”
- “It deals with numbers and location but not quality of service and impact of more patients using cars to travel and park in already congested towns.”
- “There is an overall account of the number of pharmacies and a contorted set of maps purporting to indicate “Time ” to reach a pharmacy, but the situation for rural areas is not addressed.”

The Health and Wellbeing Board has noted the first comment which relates to the availability of drugs on the Clinical Commissioning Groups’ drug formularies rather than the provision of pharmaceutical services. With regard to the second comment, NHS England has advised that it reviews the quality of services provided through its annual assurance process and feedback received from patients and other health providers. With regard to the comment about the use of cars and congestion this has been noted by Northamptonshire County Council. The third comment has been noted but as the respondent has failed to expand upon how the situation for rural areas should have been addressed it has not been possible to consider how the pharmaceutical needs assessment could be amended.

When asked “Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?” 13 respondents (59%) said “No”.

223
Figure 55 – Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?

Where respondents said ‘Yes’ or ‘Don’t know’ they expanded as follows:

- “Generally yes with reservation regarding drugs which may be prescribed in specialist centres that are out of the county and have differing CCG formularies”
- “minor illness, if they did this and were able to issue prescriptions it would take the pressure of much needed gp appointments”
- “Towcester has 2 pharmacies both operated by the same provider. The service quality at one in particular is very poor. Competition by another provider would improve the position. Also, late night services are only available in Milton Keynes or Northampton - both several miles away.”
- Provision of general health screening could be made more widely available at a local level. Pharmacies have the ability if not the capacity to provide a wider range of services.
- “Provision of services is one thing, ACCESS to them is another. If people cannot get to a service then the service is very limited”

The Health and Wellbeing Board has noted the comment regarding the provision of a minor illness service and this will be shared with Northamptonshire’s Sustainability and Transformation Plan partners. Elsewhere within the country this service is commissioned by Clinical Commissioning Groups and therefore falls outside the definition of pharmaceutical services. However within the essential services that all pharmacies provide is support for self-care. As part of this service pharmacies must provide advice to a patient in managing a medical condition including advice on treatment options (this includes advice on the selection and use of ‘over the counter’ drugs) and changes to the patient’s lifestyle. It is therefore already possible for people to seek advice from pharmacies.

Northamptonshire County Council is looking to roll out more Healthy Living Pharmacies in the county over the next couple of years, which would see more health screening being completed in pharmacies. Again this falls outside the definition of pharmaceutical services however the Health and Wellbeing Board is satisfied that there are plans in place and no modification is required to the pharmaceutical needs assessment.

With regard to the comment about access, the Health and Wellbeing Board has noted that this was not highlighted as an issue in the patient and public engagement survey which took place in September however it has been noted.
When asked whether the document reflects the needs of the population the Health and Wellbeing Board is pleased to note that 14 respondents (63.6%) said it did.

**Figure 56 – Does the draft pharmaceutical needs assessment reflect the needs of your area’s population?**

<table>
<thead>
<tr>
<th></th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
</tr>
<tr>
<td>Don’t know</td>
<td>30</td>
</tr>
</tbody>
</table>

In answering ‘No’ or ‘Don’t know’ five respondents made further comments:

- “Towcester roads and car parks are already at capacity. Relying on existing pharmacies that have restricted parking facilities to pick up the demand from planned population growth is shortsighted. A third pharmacy located on the edge of town with access to the road network and adequate parking is required. This pharmacy should provide late night, even 24 hour, access.”
- “Some people have to employ a driver to get to their designated surgery and pharmacy.”
- “There is extensive development in East Northamptonshire and the current provision of locally available services will inevitably be put under strain.”
- “Difficult to interpret the question. The need of the population of any area is to have access to pharmaceutical services. The PNA discusses the provision of services. Kettering Rural But note the problems of most rural areas may be similar.”
- Access is not the same as distance.

With regard to the provision of pharmaceutical services in Towcester, NHS England has advised that it recently considered an ‘unforeseen benefits’ application to open a new pharmacy in the new development that was granted planning permission in 2015 for 2,750 new homes to the south of Towcester. ‘Unforeseen benefits’ applications are applications which would, in the applicant’s opinion, confer significant benefits on persons in the area of Northamptonshire Health and Wellbeing Board’s area which were not foreseen when the pharmaceutical needs assessment was published. As such they are not a service or services for which no need has been identified in the pharmaceutical needs assessment.

The application was refused by NHS England on the basis that there is adequate provision of pharmacy services for the current and new patients from the new development and that decision has been appealed to the Secretary of State (who has delegated such decisions to NHS Resolution). The Health and Wellbeing Board therefore awaits the decision on this appeal.
Respondents were then asked for their views on the use of the pharmaceutical needs assessment by NHS England when making decisions on applications for new pharmacies. The Health and Wellbeing Board is pleased to note that the majority of respondents (11 or 61%) said that it provides sufficient information.

Figure 57 – Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?

Four respondents expanded upon their answer of ‘No’ or ‘Don’t know’:

- “but limited - if you ask existing providers if they can cope with growth they will say yes to avoid competition!”
- “There is no facility locally for this.”
- “Too wordy”
- “Again the question is difficult to interpret. The refusal to allow a pharmacy for Weldon (Corby District) which is growing with new housing estates is not adequately justified. p 107 Already a reasonable choice with regard to obtaining pharmaceutical services • No evidence of people sharing a protected characteristic having difficulty in accessing pharmaceutical services, and • No evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services. The reasons need translation and explanation The study does not relate to actual population and access There is not in the 237 pages that I could find a simple relationship between population and provision. i.e. to be viable a pharmacy needs, in general, a population of X to support it.”
- “the justification for NOT having a service in Weldon was comprehensible, both in the decisions and the words used to justify it.”

The Health and Wellbeing Board has noted these comments. As pharmacy contractors are individual businesses there is no robust way of assessing capacity as each will structure their business and the way they operate in different ways. A review of the number of items that are dispensed by pharmacies across England reveals a wide variation, for example in October 2017 the variation was zero items at a number of pharmacies through to 260,634 items by one pharmacy. Size of premises, use of technology, the number of staff and opening hours all play a part in determining the capacity of a pharmacy. It was therefore decided to ask contractors whether they had capacity to meet the growing demand for pharmaceutical services due to the increasing population of the county. Noting that some
contractors said they did not have capacity to do so the Health and Wellbeing Board is satisfied that responses reflect the current situation.

The Health and Wellbeing Board notes the specific comment regarding the decision by NHS Resolution, however as noted above the decision is based upon the wording of the regulations. The full wording of the decision has not been included as it is thirty pages long but it can be found here. The pharmaceutical needs assessment is a large document due to the breadth of information that it must contain, and the Health and Wellbeing Board is satisfied that it is not appropriate to try and shorten it.

With regard to the comment regarding the population size required to make a pharmacy viable, this information is not available.

The survey then asked whether the document has provided information to inform how pharmaceutical services may be commissioned in the future, and again the majority of respondents said yes (11 or 61%).

**Figure 58 - Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in Northamptonshire may be commissioned in the future?**

![Chart showing percentage of respondents]

Two respondents who answered ‘No’ added the following comments:

- “This is not relevant to people in rural areas.”
- “230 pages is over verbose.”

The length of the document has been considered above.

Turning to whether or not the pharmaceutical needs assessment has provided enough information for contractors to plan future pharmaceutical services provision the Health and Wellbeing Board is again pleased to note that the majority said yes (10 or 59%).

**Figure 59 - Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**
Just two comments were left in response to a response of ‘Don’t know’:

- “It does not take into account travel, parking and lack of public transport.”
- “the language of the question is difficult to interpret”

As shown by the responses to the patient and public engagement survey, people accessing a pharmacy for services do so as part of their everyday life and for many people that is by using their car. Some reported accessing services on the way to or from work or whilst out shopping when they may choose to park elsewhere and walk to a pharmacy. Within the pharmaceutical needs assessment the Health and Wellbeing Board is satisfied that consideration has been given to travel times by car and in setting its travel standards has had regard to the national access times.

The consultation then asked whether there are any pharmaceutical services that could be provided in the future that have not highlighted. Although three people said ‘Yes’, only one comment was made in relation to what services have not been highlighted.

**Figure 60 - Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?**

The one service that was identified as missing was “24 hour services in South Northamptonshire”. The provision of services in this part of the county has been discussed above. On the information before it the Health and Wellbeing Board is not satisfied that
there is sufficient demand for 24 hour access to pharmaceutical services to make such a service viable.

The Health and Wellbeing Board is pleased to note that when asked whether respondents agree with the conclusions of the pharmaceutical needs assessment, 12 respondents (75%) said they did.

**Figure 61 - Do you agree with the conclusions of the pharmaceutical needs assessment?**

![Bar chart showing results of the question.]

Only one comment was made in relation to this question - “additional pharmacy required in Towcester” – which has been discussed above.

Finally respondents were asked for any other comments that they wished to make on the pharmaceutical needs assessment.

- “We will like a lot more PA Staff & PA Worker back in Northamptonshire & The East Midlands & Other Town in the UK with a lot more hours for me and for Disability & Disabled People with a lot more PA Staff & PA Worker for us has Next Steps Ltd & Legacy Supported Living Ltd are not doting their Jobs of not get cover for me and Disability & Disabled People in Kettering & Northamptonshire and we are not happy about it & it is not on today now and what can you do about it to make it a lot more better for us today now.”

The Health and Wellbeing Board has noted this comment, in particular that it does not relate to the provision of pharmaceutical services. It is therefore satisfied that no amendment needs to be made to the pharmaceutical needs assessment.

- “Page 141. Kettering Borough Council Locality. Access The draft states that public transport is available to enable non-drivers to access a pharmacy (note 101). Since publication of the draft it has been proposed that the County Council subsidy underpinning certain rural bus services will cease, almost certainly leading to discontinuation of those services in the near future. As a result a number of older and/or infirm residents will no longer have access to a pharmacy and it is vital that alternative direct delivery channels are protected.”

The Health and Wellbeing Board has noted this comment and will keep the pharmaceutical needs assessment under review should this subsidy cease and there is an impact on the ability of people to access pharmaceutical services.
• “There is a potential gap where patients may not have access to prescribed medications. The example below illustrates this. If a patient requires a tertiary or quaternary referral (i.e., to UCLH/St Mary’s Paddington) and are prescribed a new medication, sometimes that new medication is not available under the patient’s local CCG Formulary. This creates a problem that at best delays the patient starting a new treatment and at worse, prevents the patient from benefitting from the referral and recommendations of the physician. This seems ridiculous, given that the CCG would have to pay for the referral, and patient would have to travel out of area for seemingly no positive outcome.”

This comment relates to the availability of drugs on the Clinical Commissioning Groups’ drug formularies rather than the provision of pharmaceutical services. As the Clinical Commissioning Groups are represented on the project advisory group and are members of the Health and Wellbeing Board this matter will have been brought to their attention.

• “Don’t just consider theoretical models based on populations, services and car ownership. If roads are congested and car parks full patients can’t access services.”

This comment is noted, however on the information before it the Health and Wellbeing Board is not satisfied that congestion and lack of car parking is currently preventing access to pharmaceutical services. In addition residents could choose to have their medicines delivered to them free of charge by one of the distance selling premises in the county or elsewhere in the country, or use the private but free delivery service offered by many of the pharmacies.

• “the difficulty of some people in rural areas accessing a surgery and / or pharmacy. This has been compounded by peoples’ age and/or circumstances over the years, and also changes in the location of the chosen surgery since the people moved to the area.”

The Health and Wellbeing Board notes this comment and recognises the difficulty some people living in rural areas may have in accessing services in general. The provision of medical services by GP practices is governed by NHS England and the two Clinical Commissioning Groups who are working towards a strategy for the commissioning of GP services, the first step of which is a review of the premises from where GP services are currently provided. The Clinical Commissioning Groups and NHS England also work closely with the Councils following the submission of new planning applications to understand the requirements arising from the new development for health services.

With regard to the provision of pharmaceutical services the Health and Wellbeing Board is satisfied that the provision of collection and delivery services, whether provided under the NHS or privately by pharmacies and dispensing GP practices, allows all residents to be able to access their prescribed medicines. Due to the fact that GP practices can dispense to eligible patients living in rural areas and the much lower population density in rural areas generally a pharmacy in such parts of the county would not be financially viable particularly in light of the funding cuts implemented by the Department of Health in December 2016.

• “237 pages to swallow is too much and the language is neither concise nor clear. It is unclear exactly what the survey is trying to achieve. The PNA is not really clear as to what it is about what it is trying to achieve. I think it is trying to see what areas could benefit form more pharmacies. But the whole is too blinkered to relate to people and their whole lives, or to all the people involved. Despite stating that 30% of people in Kettering borough are non car owners, yet it assumes that everyone can
get into a car and go to a pharmacy. It also assumes that going to a pharmacy is the
ONLY thing a person will do when out. Because ti is ONLY concerned with the
provision of pharmacies it does not relate to access or to distribution of doctors'
surgeries. It ignores wellbeing in the round. The problems of access to a doctors
surgery is as great as for pharmacies, but rural people are dismissed as living in an
"area of woods and fields " p 142 and can be served by their GPs. Rural people are
dismissed or ignore. THe problems of actually getting to a GP with a pharmacy
attached/ dispensing service is not addressed. it is just assumed that people living
in rural area without buses can just get there. THere needs to be joint up thinking.
Rural Access and bus services must be considered and integrated. The NCC is
proposing to cut almost all subsidised bus services thus leaving many people
ISOLATED and LONELY. THe Provision of pharmaceutical services is only one small
part of rural wellbeing. It MUST be considered with other factors. Isolation and
inability to get out, because of the loss of bus services creates health problems.
237 pages of a report appears to contain much irrelevant matter and is written in
incomprehensible English to bamboozle and confuse. had the matter been clearly
written on quarter of the length it migh have been more reasonable and understood.”

The points raised in this comment have been addressed above. It is acknowledged that the
focus of the pharmaceutical needs assessment is on the provision of pharmaceutical
services as that is what is required by the regulations. To have included the provision of
medical services by GP practices would have increased the length of the document even
further.

• “may I take this opportunity of expressing my appreciation of the work that has gone
into this document”

The Health and Wellbeing Board is pleased to note this comment.

• “Despite being a Parish Council and company director, I have no relevant experience
or knowledge to enable me to make informed comments, I do not think my input is of
any benefit to this consultation.”

Summary conclusions

The Health and Wellbeing Board is pleased to note that the overall response to the
consultation has been positive. No concerns have been raised regarding non-compliance
with the regulatory requirements, no pharmaceutical services provision has been missed and
the main conclusions are agreed with.

Amendments

The following amendments have been made to the pharmaceutical needs assessment:

• A distance selling premises opened in Northampton on 12 February 2018. The
relevant maps have been updated, as has the total number of pharmacies in the
county and the Northampton locality chapter.
• Paragraph 1.6.6 (consultation) updated.
• Total number of pharmacies amended to 131 to reflect opening of new distance
selling premises in Northampton.
• Number of distance selling premises in Northamptonshire increased to reflect new
one that opened on 12 February 2018.
• Number of different contractors increased to reflect new distance selling premises.
• Maps updated to show location of dispensing practice premises.
• Section 5.1.3 updated to include medicines use review data for August to October 2017.
• Section 5.1.4 updated to include new medicine service data for August to October 2017.
• Section 5.1.5 updated to reflect current position of who has signed up to provide NUMSAS.
• Section 5.1.17 updated to include GP dispensing patient numbers as at 1 Oct 2017.
• Section 5.3.1.1 updated to include appliance use review data for August to October 2017.
• Section 5.3.1.2 updated to include stoma appliance customisation data for August to October 2017.
• Department of Health changed to Department of Health and Social Care where appropriate.
• Section 5.3.1.3 updated to reflect the fact the Department of Health and Social Care on gluten free foods has concluded.
• Section 8.2 – advanced service activity added for 2017/18. NHS Litigation Authority renamed NHS Resolution.
• Section 8.4 - advanced service activity added for 2017/18.
• Section 9.2 – advanced service activity added for 2017/18.
• Section 9.4 - advanced service activity added for 2017/18.
• Section 10.2 – amended to reflect FMX088’s increase in supplementary opening hours.
• Section 10.2 – advanced service activity added for 2017/18.
• Section 10.4 - advanced service activity added for 2017/18.
• Section 11.2 – advanced service activity added for 2017/18.
• Section 11.4 - advanced service activity added for 2017/18.
• Section 12.2 – advanced service activity added for 2017/18.
• Section 12.4 - advanced service activity added for 2017/18.
• Section 13.2 – advanced service activity added for 2017/18. Information on the refused unforeseen benefits application for Towcester South added. One pharmacy has started to provide NHS urgent medicines supply advanced service.
• Section 13.4 - advanced service activity added for 2017/18.
• Section 14.2 – advanced service activity added for 2017/18.
• Section 14.4 - advanced service activity added for 2017/18.
• References to the gluten-free food enhanced service amended to reflect the fact it will no longer be an enhanced service from 1 April 2018 and that the Department of Health and Social Care consultation has ended.
• Maps 8, 9, 10, 11, 34, 35 and 26 updated to reflect new distance selling premises.
## Appendix L – opening hours

<table>
<thead>
<tr>
<th>ODS code</th>
<th>Pharmacy name</th>
<th>Standard hours</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>FA312</td>
<td>Brook Pharmacy</td>
<td>40 Core</td>
<td>09:00-13:00</td>
<td>14:00-18:00</td>
<td>09:00-13:00</td>
<td>14:00-18:00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>08:45-13:30</td>
<td>14:00-18:15</td>
<td>08:45-13:30</td>
<td>14:00-18:15</td>
<td>08:45-13:30</td>
<td>14:00-18:15</td>
<td>Closed</td>
</tr>
<tr>
<td>FA416</td>
<td>Lloyds Pharmacy</td>
<td>40 Core</td>
<td>09:00-13:00</td>
<td>14:00-18:00</td>
<td>09:00-13:00</td>
<td>14:00-18:00</td>
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<td>09:00-13:00</td>
<td>14:00-18:00</td>
<td>09:00-13:00</td>
<td>14:00-18:00</td>
<td>09:00-13:00</td>
<td>14:00-18:00</td>
<td>Closed</td>
</tr>
<tr>
<td>FA424</td>
<td>Mr Pickford's Express Pharmacy</td>
<td>100 Core</td>
<td>08:00-23:00</td>
<td>08:00-23:00</td>
<td>08:00-23:00</td>
<td>08:00-23:00</td>
<td>08:00-23:00</td>
<td>08:00-23:00</td>
<td>10:00-20:00</td>
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<td></td>
<td>08:00-23:00</td>
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<td>10:00-20:00</td>
</tr>
<tr>
<td>FA832</td>
<td>Thursfield Chemist</td>
<td>40 Core</td>
<td>09:00-18:00</td>
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<td>09:00-18:00</td>
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<td>09:00-18:00</td>
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This information can be provided in other languages and formats upon request, such as large print, Braille, audio cassette and floppy disc. Contact 01604 361500

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