North Northamptonshire Council

North Northamptonshire Health and Wellbeing Board pharmaceutical needs assessment

Final

May 2021

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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'. North Northamptonshire Health and Wellbeing Board was established with effect from 1 April 2021 and this is its first pharmaceutical needs assessment.

The pharmaceutical needs assessment will be used by NHS England and NHS Improvement when considering whether or not to grant applications to join the pharmaceutical list for the area of North 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 NHS Northamptonshire Clinical Commissioning Group and North Northamptonshire 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 and NHS Improvement 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 North Northamptonshire 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 North Northamptonshire in chapter 2, chapter 3 focusses on their health needs as identified predominantly from the following sources:

- 2011 Census
- The Northamptonshire Joint Strategic Needs Assessment products and accompanying documents
- Public Health England health profiles
- Northamptonshire County Council's Equality Duty Information Report 2020

Northamptonshire County Council (in its previous existence), NHS England and NHS Improvement and NHS Northamptonshire Clinical Commissioning Group 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 North Northamptonshire and their likely health needs.

Chapter 5 focusses on the provision of pharmaceutical services in North Northamptonshire and those providers who are located outside of the area but who provide services to residents of the North Northamptonshire. 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 North Northamptonshire 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 North Northamptonshire into four localities for the purpose of this document, based upon the boundaries of the former district and borough councils. This is consistent with Northamptonshire Joint Strategic Needs Assessment data sets 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 considers whether there are any gaps in service delivery that may arise during the lifetime of the pharmaceutical needs assessment.

As of May 2021, there are 63 pharmacies (one pharmacy having closed in December 2020), but no dispensing appliance contractors, in North Northamptonshire all providing the full range of essential services. In 2019/20 88.6% of all prescriptions written by prescribers were dispensed by the pharmacies in North Northamptonshire. Between April 2020 and February 2021 this fell slightly to 87.3%. Some provide advanced and enhanced services as commissioned by NHS England and NHS Improvement, and some provide services commissioned by North Northamptonshire Council. In addition, 11 GP practices dispense to eligible patients and in 2019/20 dispensed 7.2% of all prescriptions. This fell slightly to 7.1% between April 2020 and February 2021.

As well as accessing services from pharmacies and dispensing practices in North Northamptonshire, residents also choose to access contractors in other parts of England. In 2019/20 4.8% of prescriptions were dispensed outside of the area. This rose to 5.6% in the period April 2020 to February 2021 due to an increase in the number of prescriptions being dispensed by distance selling premises (also known as internet pharmacies). It is suspected that this change of behaviour was due to the Covid-19 pandemic. 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 North 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, for example the predicted population growth. Given the current population demographics, housing projections and the distribution of service providers across the Health and Wellbeing Board’s area, 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 North Northamptonshire Health and Wellbeing Board's area for a period of up to three years, linking closely to documents in the Joint Strategic Needs Assessment. Whilst reports in the Joint Strategic Needs Assessment will focus on the general health needs of the population of North Northamptonshire, the pharmaceutical needs assessment looks at how those health needs can be met by pharmaceutical services commissioned by NHS England and NHS Improvement.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England and NHS Improvement 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 and NHS Improvement 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 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 the dispensing doctor list held for the area of the Health and Wellbeing Board

NHS England and NHS Improvement is responsible for preparing, maintaining and publishing these lists. In North Northamptonshire there are 63 pharmacies and 11 dispensing practices as of May 2021.

Pharmacy contractors may operate as either a sole trader, partnership or a body corporate and The Medicines Act 1968 governs who can be a pharmacy contractor.

1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England and NHS Improvement 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
    - Support for self-care
    - Home delivery service (during a declared pandemic only) and
    - From 15 February 2021, the Discharge Medicines Service

- 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 and promotion of healthy living requirements
    - New medicine service

    - Stoma appliance customisation
    - Appliance use review
    - Seasonal influenza adult vaccination service
    - Community pharmacist consultation service
    - Hepatitis C antibody testing service (currently time limited until 31 March 2022)
    - Community Pharmacy Covid-19 lateral flow device distribution service

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

It should be noted that those enhanced services marked with an asterisk are currently commissioned by North Northamptonshire Council and are 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 and promotion of healthy living. 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 and NHS Improvement 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 and NHS Improvement 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 called mail order or internet pharmacies).

Distance selling premises are required to provide essential services and participate in the system of clinical governance and promotion of healthy living 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 of dispensed items is free of charge.

1.3.2 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHS England and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

1.4 Locally commissioned services

North Northamptonshire Council and NHS Northamptonshire 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 North Northamptonshire Council:

- Emergency hormonal contraception (under a contract with Northamptonshire Healthcare NHS Foundation Trust)
- Chlamydia screening
- Needle exchange
- Smoking cessation – issuing and management of Champix only
- 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 and NHS Improvement, North Northamptonshire Council, NHS Northamptonshire 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. Examples include the hospital pharmacies.

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.

1.6.2 Pharmaceutical needs assessment localities

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

- Corby Borough Council
- East Northamptonshire Council
- Kettering Borough Council
- Borough Council of Wellingborough.

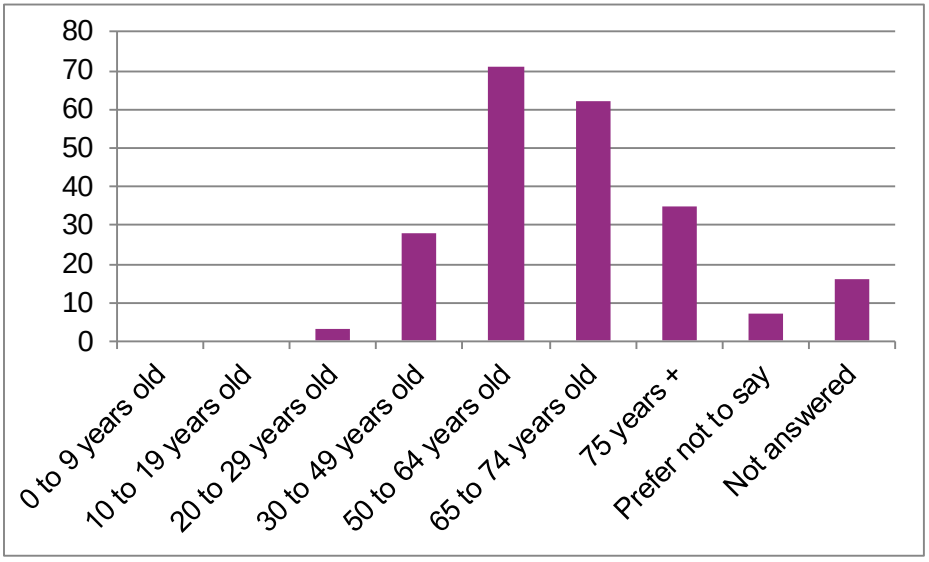
This approach is consistent with the current Joint Strategic Needs Assessment products and previous pharmaceutical needs assessments published by Northamptonshire County Council.

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 Northamptonshire County Council's consultation webpage from 27 July to 23 August 2020. As well as promoting it on the council and Northamptonshire Clinical Commissioning Group's websites, 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 222 people completed the questionnaire of which 108 or 49% were female and 95 or 43% male (19 people chose not to answer this question). The figure below shows the age breakdown of respondents.

Figure 1 – How old are you?



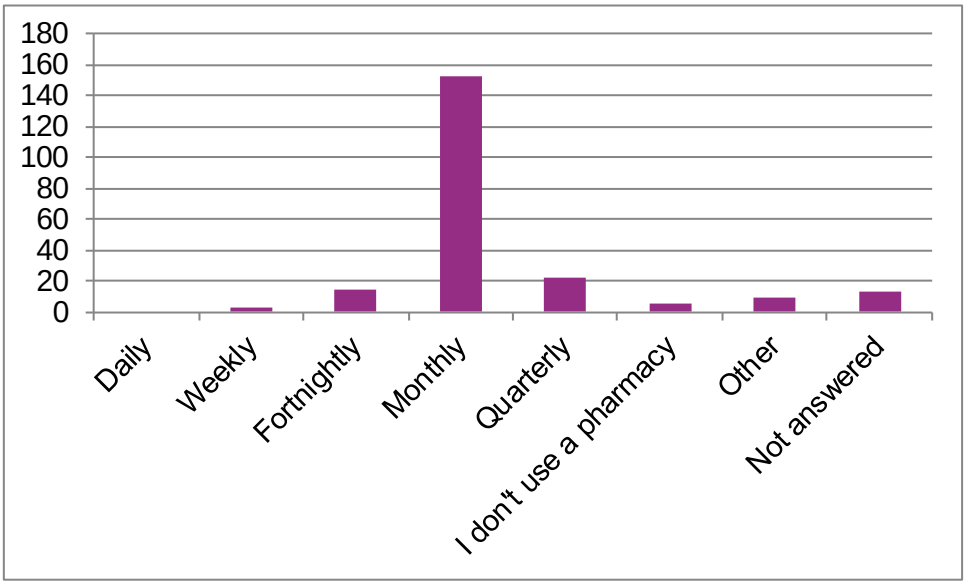
When asked why they visit a pharmacy the most common responses were as follows:

- To get a prescription for myself – 168 people
- To buy medicines for myself – 101 people
- To get a prescription for someone else – 95 people
- To get advice for myself – 59 people
- To buy medicines for someone else – 56 people

Multiple answers could be given to this question.

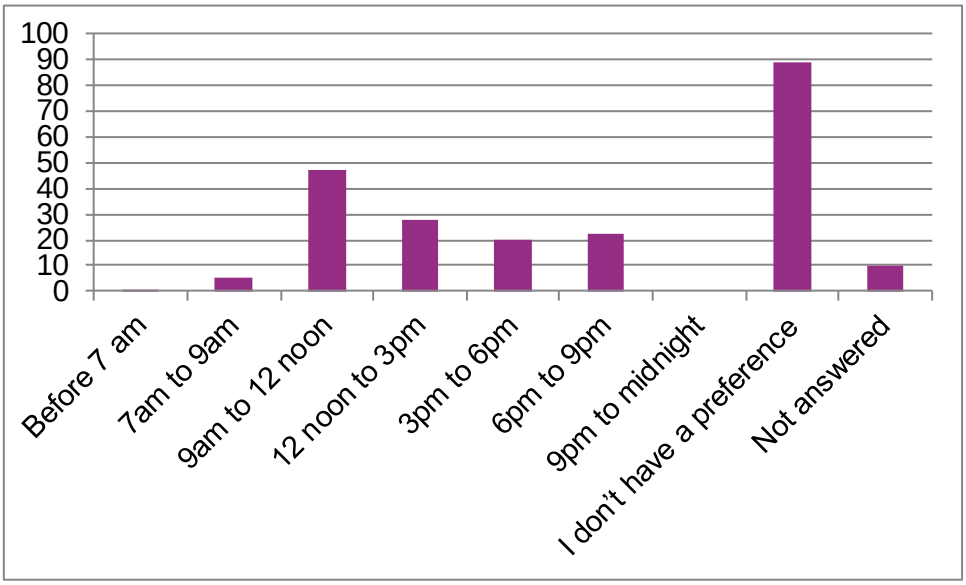
The figure below shows how frequently responders visit a pharmacy. As may be expected most people visit monthly which will reflect prescription length.

Figure 2 – How often do you visit a pharmacy?



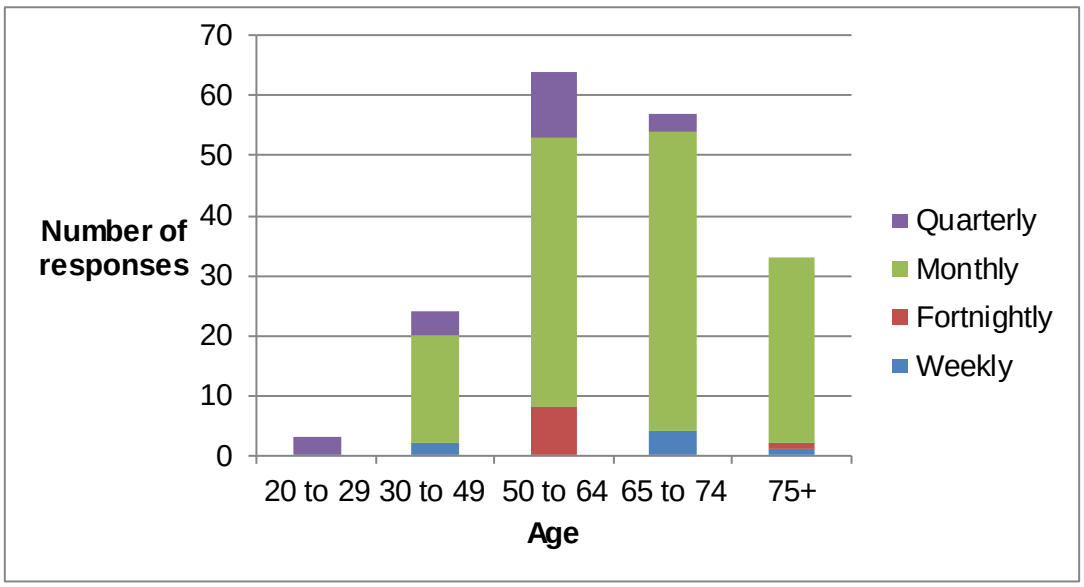
Whilst 40% of respondents didn't have a preference as to the most convenient time, for those that did the most convenient time was 9am to 12 noon (21% of responses), followed by 12 noon to 3pm (13% of responses).

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 and frequency of attendance to identify any differences these may have on the times pharmacies are used.

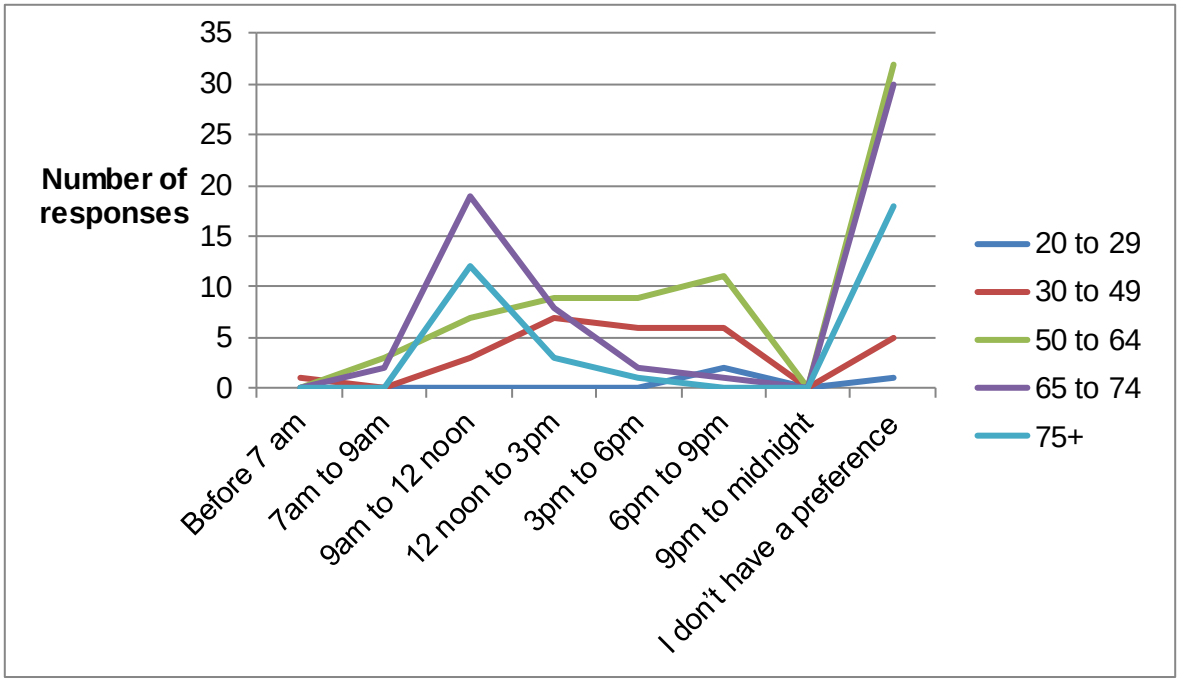
Figure 4 – Age and frequency of attendance



The figure below shows the most convenient time to access a pharmacy by age (only those who responded to both questions have been included in the analysis). It shows that for those aged 65 and over, who expressed a preference, 9am to 12 noon is the most convenient time. Whereas 6pm to 9pm was more convenient for those aged 50 to 64 years old, and for those aged 30 to 49 years old 12 noon to 3pm was the most convenient closely followed by

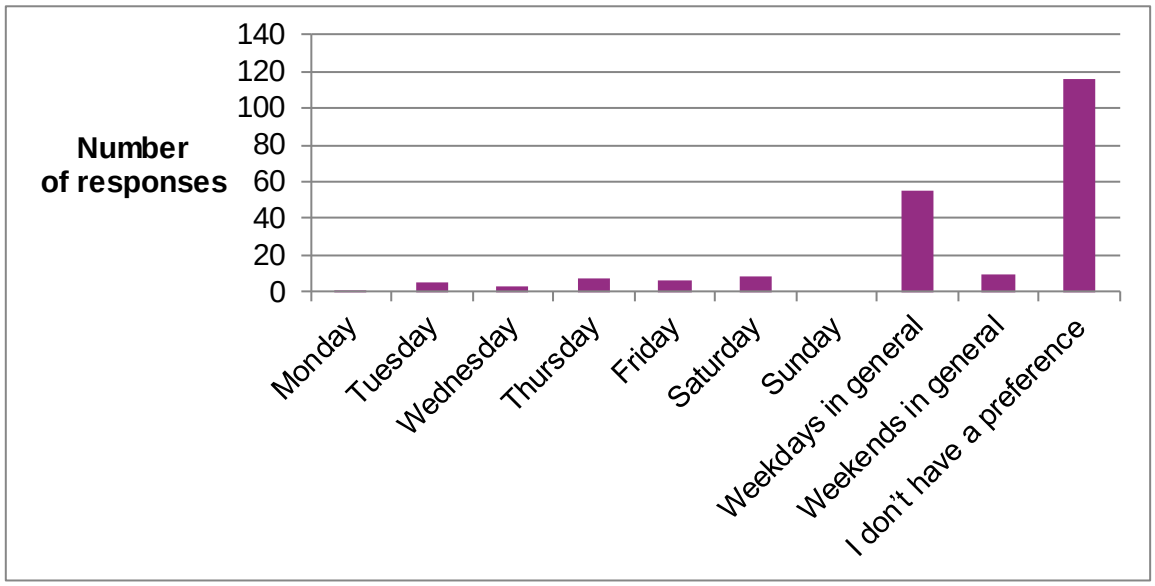
3pm to 6pm and 6pm to 0pm. For those aged 20 to 29 years old the most convenient time was 6pm to 9pm.

Figure 5 – Most convenient time to access a pharmacy by age



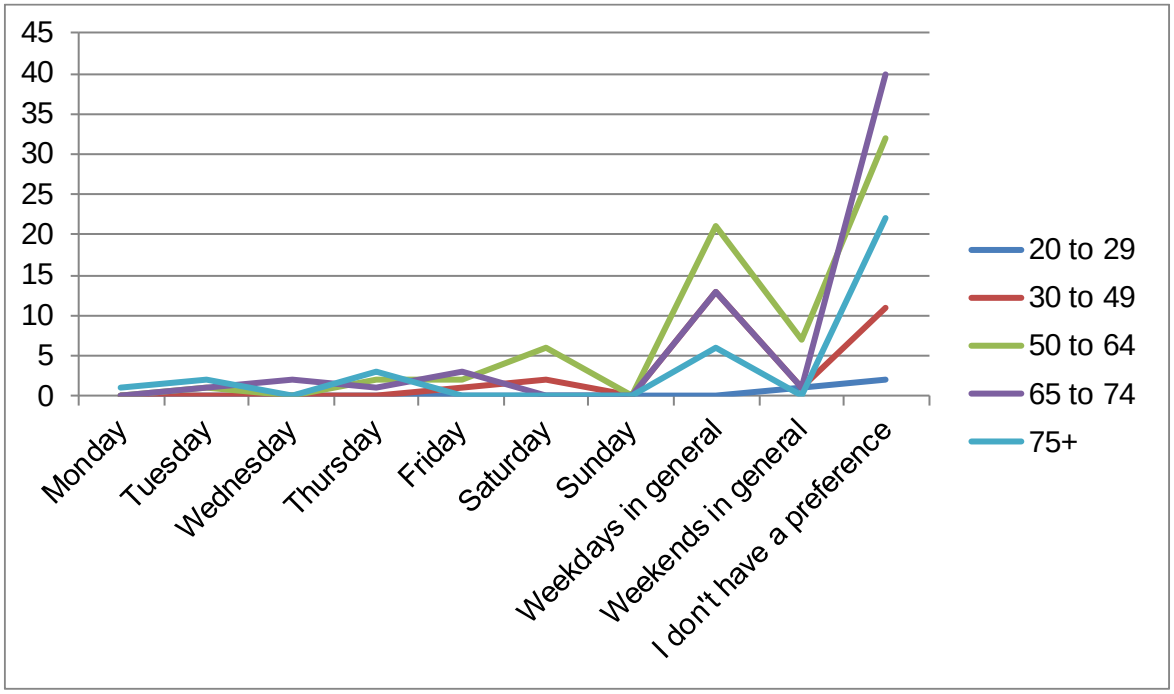
When asked which is the most convenient day to access a pharmacy, of those who answered, the question 55% said they didn't have a preference, 26% of responders said weekdays in general, and 5% said weekends in general.

Figure 6 – Most convenient day to access a pharmacy



There was little discernible difference in response when compared against the age of responders.

Figure 7 - Most convenient day to access a pharmacy based upon age



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:

- 184 people skipped the question or said it hadn't happened
- 20 people went to another pharmacy
- 13 people waited until it was open
- 3 called 111
- 2 went to hospital
- 1 person went to their GP and
- 1 went to a walk in centre

Please note that multiple answers could be given to this question.

When asked whether they use the same pharmacy each time or different ones:

- 61% said they used the same one
- 25% said they use different pharmacies but prefer to visit one most often
- 6% of people said they rarely use a pharmacy
- 4% didn't answer the question
- 3% never use a pharmacy (these responders reported using either an internet pharmacy or their GP practice dispenses their medication) and
- 1% always uses different pharmacies

The table below shows what influences the respondents' choice of pharmacy.

Table 1 – What influences your choice of pharmacy?

Reason	Number of respondents
Close to my home	126
Close to my doctor	109
The location of the pharmacy is easy to get to	94
I trust the staff who work there	83
It is easy to park at the pharmacy	82
They usually have what I need in stock	74
The customer service	68
There is a private area if I need to talk to the pharmacist	65
I've always used this pharmacy	60
The pharmacy has good opening hours	59
The staff know me and look after me	57
The pharmacy provide good advice & information	57
The service is quick	54
I just like the pharmacy	50
It's not one of the big chains	36
I can order my repeat medicines using their app	30
Close to other shops	25
It's a well-known big chain	22
The pharmacy delivers my medicines	18
It's not an online/internet pharmacy and so I can visit it and talk to the staff face-to-face	17
Close to work	16
The pharmacy collects my prescription and delivers my medicines	16
It's an online/internet pharmacy	16
It is very accessible i.e. wheelchair/baby buggy friendly	14
Close to children's school or nursery	4
The staff don't know me	4
The pharmacy was recommended to me	4

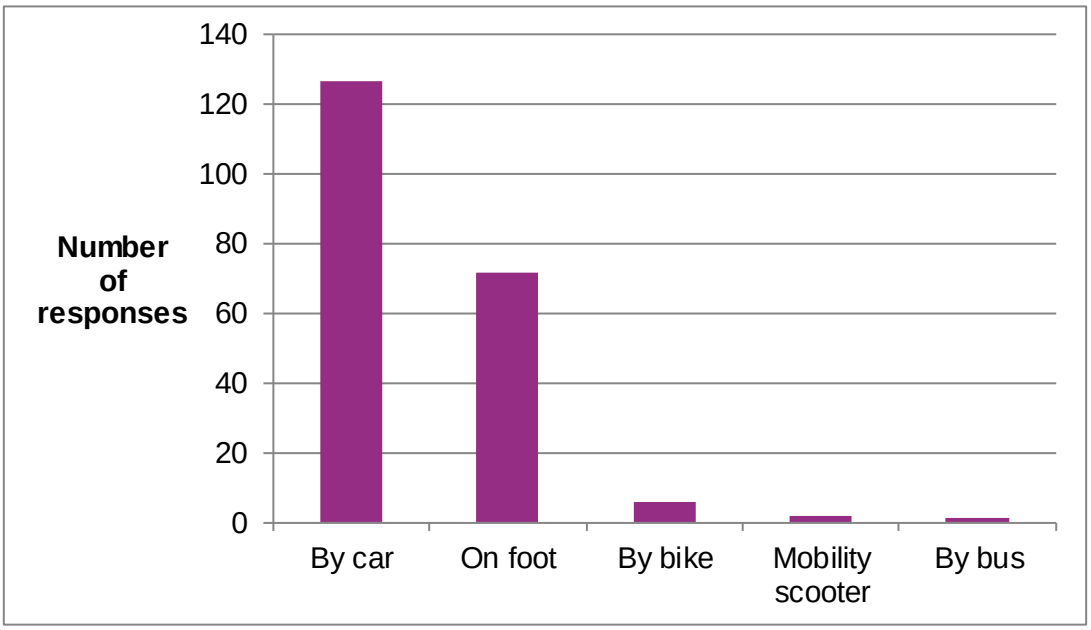
When asked if there is a more convenient and/or closer pharmacy that they don't use, 59 said yes and went on to give a reason why (please note that multiple answers could be given to this question).

Table 2 – Reasons for not using a more convenient and/or closer pharmacy

Reason	Number of responses
It is not easy to park at the pharmacy	17
The service is too slow	13
The staff don't know me	13
I have had a bad experience in the past	9
They don't have what I need in stock	8
There is not enough privacy	8
The staff are always changing	6
It's not open when I need it	6
I know the staff and would prefer them not to know what medicines I am taking	4
The pharmacy doesn't deliver medicines	4

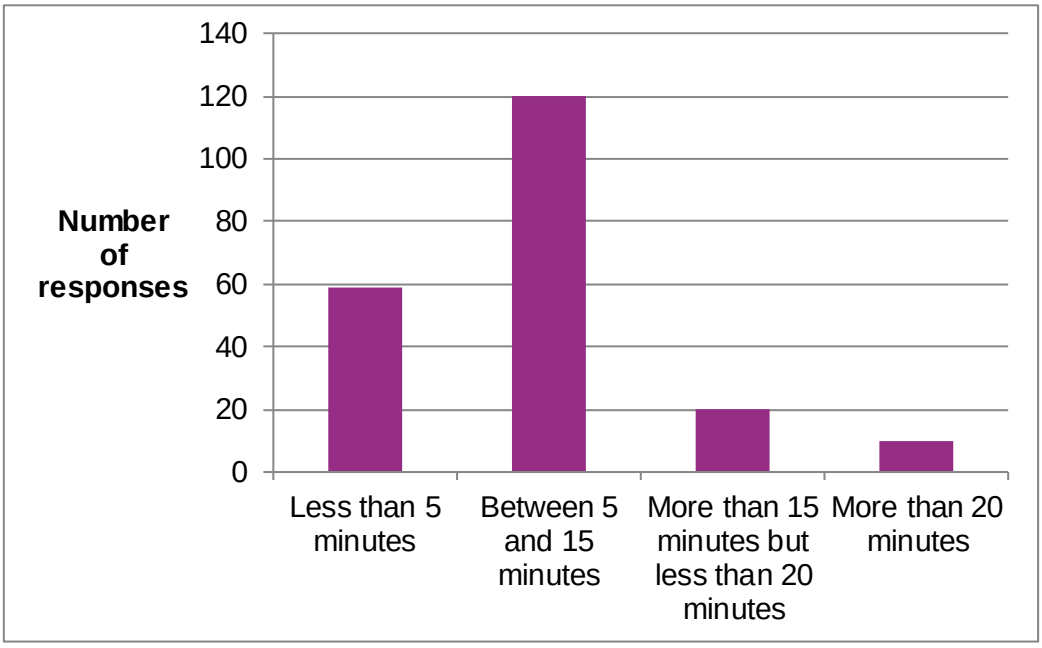
The questionnaire then looked at how people travel to pharmacies.

Figure 8 - If you go to the pharmacy by yourself or with someone, how do you usually get there?



For the majority of responders (81%) the journey takes 15 minutes or less.

Figure 9 - How long does it usually take to get there?



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

- 11 go by car
- Six walk
- One goes by bus and
- One person bikes

For those whose journey takes more than 20 minutes:

- Five go by car and
- Five walk (with one person noting that parking at the pharmacy is very difficult especially when the doctors are very busy too, and another person walking with their dog)

Searching via the internet was the most popular way of finding information on a pharmacy for example opening hours and services offered (133 respondents) followed by popping in (70 respondents), looking in the window (46 respondents), and popping in and asking (43 respondents).

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%).

66 people had further comments to make on local pharmacy services. There were 42 positive comments, ten negative comments, three which were both positive and negative, three comments relating to the dispensary at their GP practice and eight observations.

Themes from the positive comments include:

- Being open throughout the Covid-19 pandemic and providing continuity of service
- Trusted, professional staff

- Working relationships with GP practices are important
- Personal relationships between pharmacy staff and users of the pharmacy
- Range of advice and services available
- Provision of a delivery service

Examples of the positive comments include:

- “For some they are a trusted community hub. You always see the same pharmacist but rarely see the same doctor! They do a great service and are probably under valued.”
- “It has been a lifeline as we are shielding and they have delivered our prescription every month and checked that we were okay.”
- “I use the pharmacy in [X] they have always been very helpful and friendly. They go out of their way to provide a great service.”
- “I've used my pharmacy for over a decade. The delivery driver even brings a treat for my canine on every delivery...”
- “They have a very wide range of services. I also have my flu jab there.”
- “The staff are friendly and efficient and usually recognise me as I enter.”
- “Their opening hours are amazing, they are open for 100 hours a week and have been right through the Pandemic”
- “Excellent customer service; knowledgable staff; easy to get to while doing grocery shopping.”
- “THE ONE AT OUR G P,S WILL ARRANGE EXTRA MEDICATION IF ITS NEEDED AND DURING LOCK DOWN ARRANGED A DELIVERY FOR US. THEY HAVE DISCUSSED MY HUSBANDS MEDICATIONS WITH ME, TO BE SURE I AM DOING THE RIGHT THING. THE OTHER ONE ,THE BIG CHAIN ONE, ALSO IS VERY HELPFUL WITH ANY INQUIRIES .THESE ARE THE ONLY TWO THAT I USE, THAT I HAVE CONFIDENCE IN”
- “The staff are always very nice and I have never had a problem. I order my repeat medication through my GP online and collect it from the pharmacy. They text me when it is ready to collect.”
- “My regular pharmacy has been brilliant during the Covid crisis as they have delivered my monthly prescription to my home. They have always been very helpful whenever I've had any problems with my monthly prescription”
- “They have a close and good working relationship with the GP surgery. All the staff are friendly and knowledgeable. Parking is easy and I don't have to hang about.”
- “I attend [X] They have always had my prescriptions, they make notes on their system to ensure I get the right brand (as I cant use some), they are extremely helpful. Throughout COVID they have been exceptional. They have been professional and the set up has been fantastic. They receive my prescriptions via an online portal and I just then have to collect then. The staff are friendly and are extremely quick at processing, with orders usually being ready. I have only had a positive experience using their services.”
- “The additional safety net we have due to our Pharmacist knowing us and our medications is priceless if out of hours medication is prescribed she insures it will not react with any other drugs we are on. She is always very happy to give advice, and is quick to help when a medication is needed urgently.”
- “My local [X] Pharmacy are amazing. They know everyone’s name, make you feel valued and look after my whole family’s needs. I trust them more than my doctors surgery who dont know me and see a different person every time. Nothing is too much trouble - other pharmacies could learn so much following [X] example. A huge boost for our Community.”

- “My whole family need regular medication and the staff are so helpful at [X], they anticipate my needs and provide practical advice. They are always willing to help and are a friendly face. Couldn't recommend them enough.”

With regard to the negative comments, the main themes were opening hours, the length of the queues and issues with stock:

- "Out of date not coping well with Patients need a second Pharmacy open all day with easy access"
- “Lunch breaks they cannot dispense and can be a pain to plan round.”
- “This pharmacy will not deliver to us, because we are in a different town, although we are only 10mins from the them. This is not very convenient as my husband has to have his medication every month and we are not always able to go and collect and have to ask for help.”
- "Opening times are restrictive. The last time the GP was at [X] and he phoned [X] to see if they had the Medication in stock. They had one left luckily. So it got us out of trouble.”
- “The stock of medication is small there due to it being small itself, and everything has to be ordered in, which is OK until somthing is needed urgently."
- “Pharmacies are no longer the important place they we’re. Luckily I’m in good health so I really don’t need them. In the very rare occasions I’ve needed a pharmacist over the years I’ve found the queue to talk to them very long and then I found them unwilling or unable to help/advise. It’s a shame because doctors are under such strain. Fir simple things the supermarket is as good and usually cheaper.”
- “No privacy near the counter and there are queues outside on the cold side of the street. Not an inviting place. Not the fault of the staff.”
- “I find my pharmacy less than 100% reliable. They have, in the past, given conflicting information when my particualr medication has experienced "supply problems".
- “THE INTERACTION WHEN THEY DONT HAVE MOTHERS DRUGS IS POOR. THEY DO NOT TELL HER”
- “My general experiences of my local pharmacy to collect repeat medication vary, as the prescription is often not ready. There is often a delay in time scales and a possible mis-communication between surgery and pharmacy in the advising patients of the length of time the prescription takes to prepare before being ready for collection. GP website states 48 hours, but often the prescription is not ready for collection at the pharmacy. I now leave a week from request to collection to ensure I don't have to wait. This service and information sharing could be improved.”
- “Only use the local one as it's over the road from my house. Always issues with prescriptions not being done when they say they have or them being lost coming from the doctors.”

Two of the three comments on the dispensary in the respondents’ GP practice were positive, although one person expressed frustration at the fact that whilst her practice could dispense to her they couldn’t dispense to her father-in-law:

- “Rural village with bus services already cut, the [X] Dispensing surgery is a lifeline for people in this village. The staff are second to none, so much so we showed our appreciation during lockdown with fruit and chocolates. Nothing can replace a service like this. If I want to call the linked pharmacy to [X] with queries, I can always call the [X] pharmacy in [X]. Please don’t close [X] down, it would devastate the Village.”
- “It is based at my Dr”s surgery so easy to use. However I sometimes have to collect things for my Disabled Father in-law and as he lives in the town of the surgery he

must use the Pharmacy in the town itself. It seems ridiculous that I cannot (and he cannot) collect from the one at the surgery too."
- "No - perfectly happy with the dispensary at the GP surgery."

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

- "delivery charge increased just before covid to £5 per person. Free during covid"
- "In the past, I probably could have spoken to a pharmacist or used their additional offered services.....but not now. May I suggest that you re run this survey in 6 months time. Life everywhere is not the same.....and we do not know what post Covid will bring."
- "My priority is for a pharmacy to be close to work. I work from home now since lockdown so my preferred pharmacy has changed to the busy slow one close to where I live"
- "Very happy that my medical centre can now forward my monthly prescription directly to the pharmacy. I used to dislike having to collect the prescription from my doctor, because the doctor's surgery is quite far from my home."
- "The Pharmacy I use is attached to my own GP's surgery"
- "Although I currently use one that fits with my working pattern & opens late, I would like to retain more local chemists for when I retire in a couple of years & can walk to access their services."
- "I self medicate to the best I can, as I use the gp in an emergency or something serious but can wait xxx"
- "Its a shame that the pharmacy at [X] is not always open when the surgery is like on a Saturday morning."

125 respondents were asked to shield during the national lockdown in the Spring/early summer of 2020 due to the Covid-19 pandemic. 83% received their medicines from a pharmacy and 17% from their GP practice.

Most people reported using volunteers, friends or family to collect their dispensed items, or they were delivered by the pharmacy (either an online pharmacy which is required to deliver items, or under the home delivery service commissioned by NHS England and NHS Improvement during the lockdown). A couple of people reported that although they were shielding patients they had to collect their items themselves as their pharmacy wouldn't deliver to them. This should not have happened as the purpose of the home delivery service commissioned by NHS England and NHS Improvement was to ensure that people asked to shield were able to have their dispensed items delivered to them at home via volunteers, friends or family, and where that was not possible the pharmacy was required to deliver the items or to arrange delivery through another pharmacy.

A number of people reported using online systems (including apps) to order their repeat prescriptions and prescriptions being sent electronically to their preferred pharmacy for collection. Use of the Electronic Prescription Service increased nationally by 27% between February and July 2020. As of July 2020, 88.8% of prescriptions written by GP practices in England were handled via the Electronic Prescription Service. Prescriptions which are dispensed by GP practices are not sent via the Electronic Prescription Service so it will not be possible to achieve 100% of prescriptions being sent electronically.

Unfortunately the use of electronic repeatable prescriptions has not increased, remaining at around 14.5% since March 2019 despite NHS England and NHS Improvement advising GP practices to identify patients who would be suitable to be moved to electronic repeatable

prescriptions. Electronic repeatable prescriptions are suitable for people with regular or repeat medicines that don't change. GPs send a repeatable prescription electronically to the patient's preferred pharmacy with each having a number of "batches" on it. Each month the pharmacy contacts the patient and then dispenses the next month's worth of medication. There are considerable benefits for patients from the service as it reduces the number of times they need to order their regular medication (either online or in person) and the pharmacy will advise when the item will be ready for collection thereby reducing time spent waiting and, during a pandemic, reducing the risk of transmission of a virus.

People also reported using online pharmacies who are contractually required to deliver dispensed items all of the time, not just during a pandemic.

One person had difficulty accessing a particular item that is provided by the manufacturer directly rather than via a pharmacy, and another had to use a pharmacy that was further away for some specialist medication.

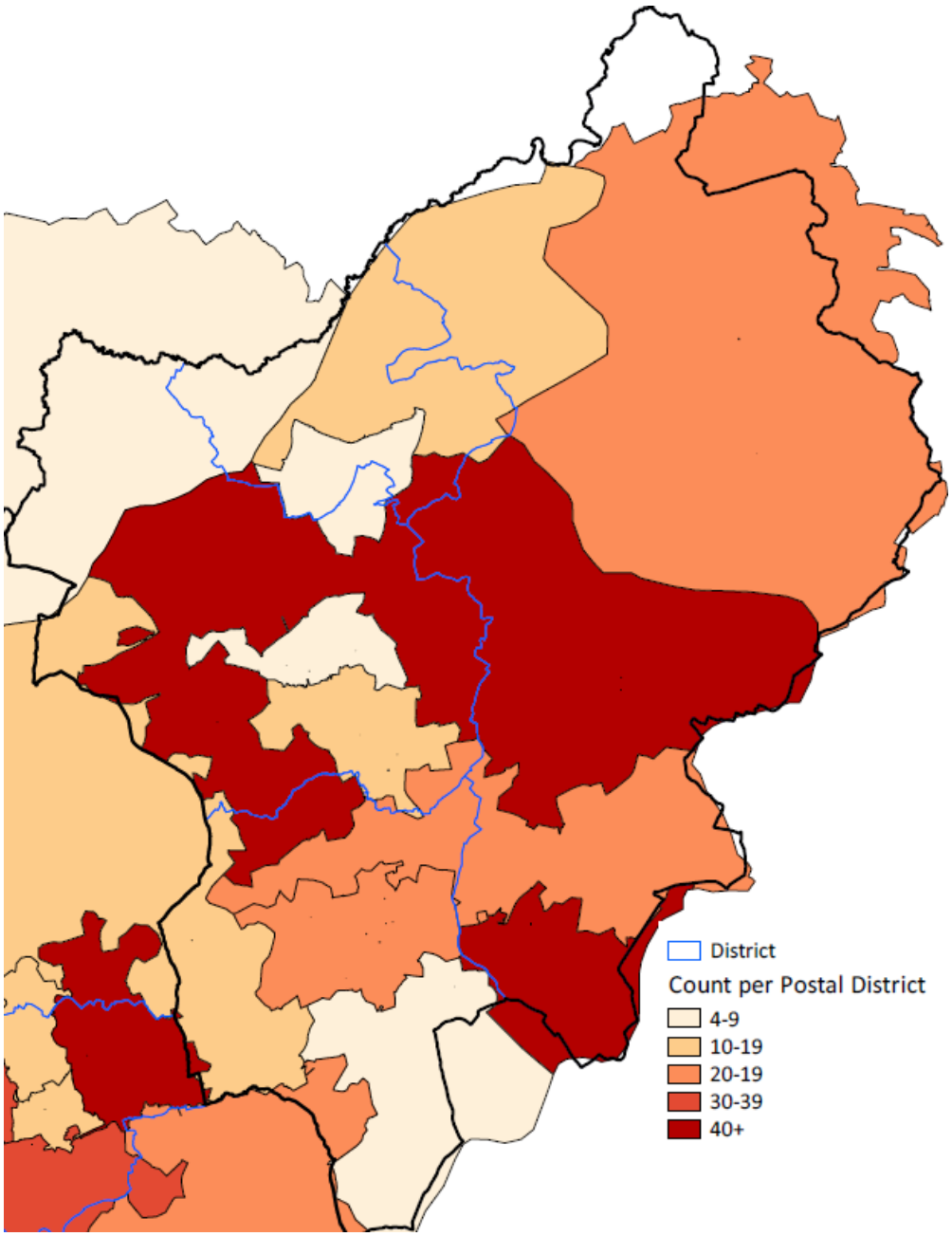
In general the overwhelming response was that people had little, if any, difficultly in accessing their medication whilst shielding.

153 of the respondents were not asked to shield during the Covid-19 pandemic lockdown. Their most common comment related to queues, although this was acknowledged to be due to social distancing and was generally not seen to be a problem and has improved as new ways of working have become embedded within the pharmacies. There was also a considerable increase in the number of items that were prescribed in March and April 2020 (9% and 6% higher respectively than in 2019) meaning that pharmacies were considerably busier than usual at a time when levels of sickness within pharmacy staff would have been higher than usual. As a result NHS England and NHS Improvement allowed pharmacies to work "behind closed doors" for certain parts of the day in order to catch up with their work and to reduce the pressure on staff. It is acknowledged that this will have caused inconvenience for some people.

Two people reported that they, or a family member, had to go without their medication for one day which is of concern.

Responses to the questionnaire were received from people living across North Northamptonshire as can be seen from the heat map below, with the highest number of responses coming from those living in NN10 (Higham Ferrers, Rushden and Wymington) and NN14 (Broughton, Desborough, Geddington, Isham, Pytchley, Rothwell, Thorpe Malsor, Thrapston and Hardwick).

Map 1 – location of responders



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1.6.4 Contractor engagement

An online questionnaire for pharmacies and dispensing appliance contractors was undertaken, 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 and NHS Improvement in respect of core and supplementary opening hours. Where opening hours were reported as different contractors were advised to raise this with NHS England and NHS Improvement for resolution.

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

The questionnaire was open from 27 July until 21 September 2020 and the results are summarised below. Of the 64 pharmacies (one subsequently closed in December 2020) 20 responded, a response rate of 31% which is lower than anticipated but reflected the fact that contractors were still dealing with the effects of the Covid-19 pandemic. 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 and NHS Improvement as these are the contractual hours that are included in the pharmaceutical list for the area of the North Northamptonshire Health and Wellbeing Board. 13 respondents confirmed that the opening hours were correct. NHS England and NHS Improvement subsequently confirmed that the opening hours for four pharmacies were incorrectly recorded on the pharmaceutical list.

With regard to the availability of a consultation room:

- 16 respondents confirmed the presence of a consultation room (including wheelchair access) on the premises
- One respondent confirmed the presence of a consultation room (without wheelchair access) on the premises
- Three pharmacies did not answer this question

Those with a consultation room all confirmed it is an enclosed room.

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 and NHS Improvement, Clinical Commissioning Groups and local authorities. Since 1 January 2021, with three exceptions, it has been an essential services requirement for pharmacies to have a consultation room which is:

- Clearly designated as a room for confidential conversations
- Distinct from the general public areas of the pharmacy premisesand
- A room where both a person accessing pharmaceutical services and a person performing pharmaceutical services are able to be seated together and communicate confidentially

The exceptions are:

- Distance selling premises (internet pharmacies) who instead are required to have arrangements in place for confidential virtual consultations
- Pharmacies where NHS England and NHS Improvement is of the opinion that they are too small and instead are required to have arrangements in place for confidential virtual consultations and
- Pharmacies that have not provided any advanced services in the 12 months ending on 31 December 2020 who are required to have a consultation room by 1 April 2023

At the time of drafting there is one distance selling premises in North Northamptonshire. All the pharmacies in North Northamptonshire have provided at least one advanced service in the 12 months ending November 2020 and therefore there are none that fall within the third

bullet point. At the time of drafting it is not known whether any pharmacies will fall into the second bullet point.

It is therefore anticipated that the vast majority of pharmacies will have a consultation room.

The majority of respondents (90%) confirmed that prescriptions for all types of appliances are dispensed from the premises. The remaining responses were as follows:

- One pharmacy only dispenses dressings and
- One doesn't dispense appliances

When asked whether they collect prescriptions from GP practices, 17 respondents said that they did and three did not answer the question. However, going forward the requirement for contractors or patients to deal with paper copies of prescriptions will continue to 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. In North Northamptonshire, all but one practice had gone live with the Electronic Prescription Service as of July 2020.

Only one pharmacy said they didn't provide a delivery service to patients. Seven pharmacies provide a delivery service free of charge, and 12 charge patients for the service. 14 pharmacies confirmed that their delivery service is available to all patients, with five restricting their private delivery service to certain categories of patients for example those who are housebound, those who have learning difficulties, patients with chronic medical conditions which makes it difficult for them to collect medication from the pharmacy and people with disabilities

It should be noted that these collection and delivery services are provided privately. Only during a pandemic may a delivery service be commissioned by NHS England and NHS Improvement.

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

- Bengali
- French
- German
- Gujarati
- Hindi
- Hungarian
- Irish
- Kannada
- Katchi
- Lithuanian
- Malayalam
- Nigerian
- Polish
- Punjabi
- Romanian
- Russian
- Swahili
- Tamil
- Urdu

The most commonly spoken languages other than English are Gujarati and Hindi.

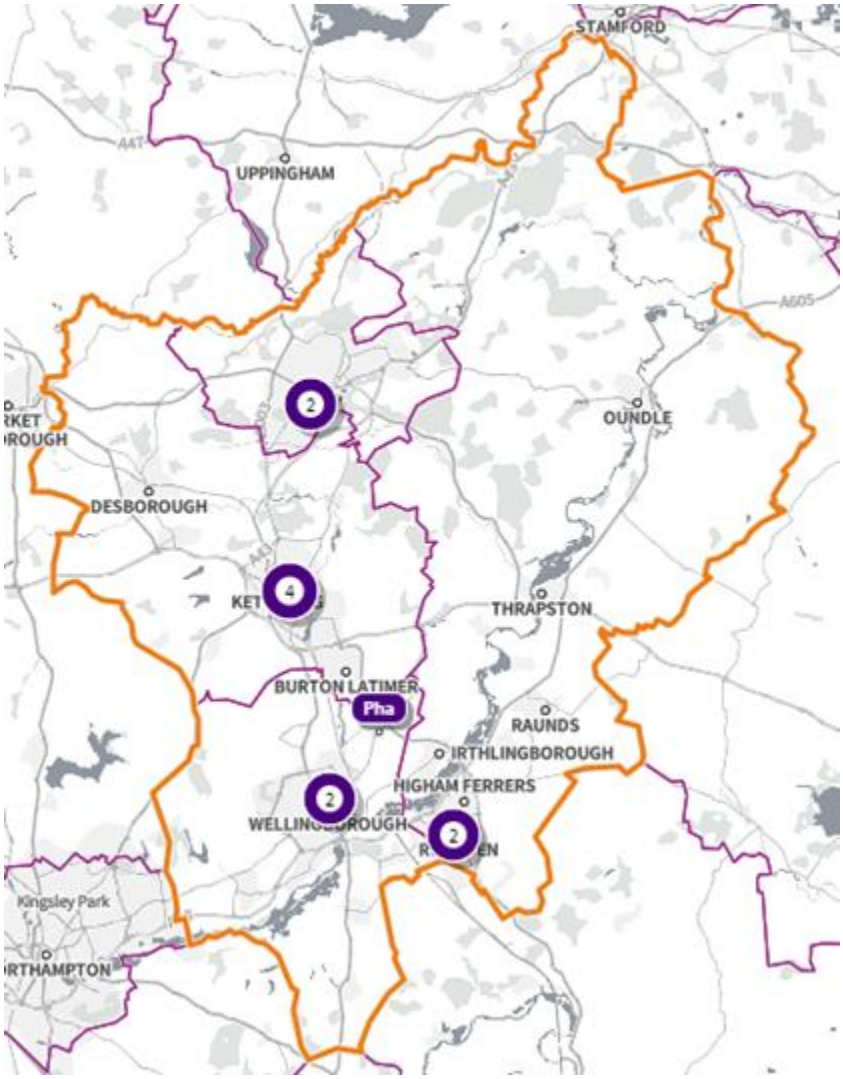
There are currently a number of housing and other developments taking place across North Northamptonshire with more planned and pharmacies and dispensing appliance contractors were asked about their ability to meet the needs of those moving into the new houses. The responses were as follows:

- Have sufficient capacity within existing premises and staffing levels to manage the increase in demand – 11 pharmacies (55%)

- Don’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand – 9 pharmacies (45%)

The map below shows the location of those pharmacies that have sufficient capacity.

Map 2 – location of pharmacies reporting sufficient capacity to meet an increase in demand



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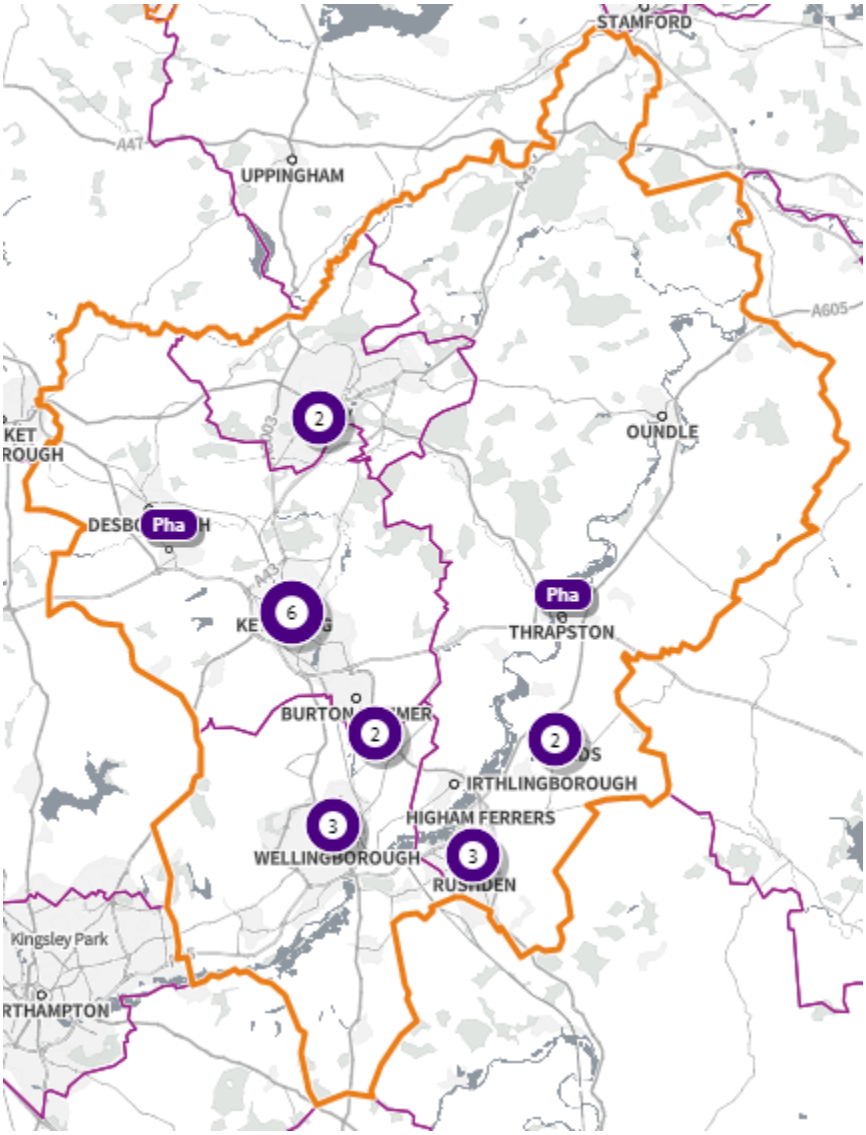
| **parallel** | **Mapbox** | **OpenStreetMap** contributors

The map below shows the location of pharmacies that either have sufficient capacity or who can make adjustments to manage the increase in demand in their area.

Map 3 – location of pharmacies reporting sufficient capacity to meet an increase in demand either currently or with adjustments



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The Covid-19 pandemic has had a considerable impact on pharmacies being able to deliver services in the usual way. The number of comments received from patients and members of the public via their questionnaire showed considerable appreciation of pharmacies remaining open, ensuring people felt safe when visiting the premises and providing a delivery service not just for patients who were asked to shield. Changes made by pharmacies to the way they provide services focussed on the health of their staff and those using the pharmacy for example use of personal protective equipment, installation of Perspex screens, enhanced cleaning regimes, social distancing, one way systems within the premises and restricting the number of people in the premises. Increasing the capacity of the delivery service has also been implemented by pharmacies, including contactless delivery.

An online questionnaire for dispensing practices was also undertaken and was open from 27 July to 23 August 2020. A copy of the questionnaire can be found in appendix J. The results are summarised below.

Of the ten dispensing practices in North Northamptonshire three responded, a response rate of 30%. The Health and Wellbeing Board is grateful for the support of the Northamptonshire Local Medical Committee in encouraging contractors to complete the questionnaire.

Only one practice confirmed that it dispenses prescriptions for all types of appliances. The other two practices do not dispense prescriptions for any appliances

Two of the practices offer a delivery service to certain patient groups:

- Housebound patients and those with transport issues
- In the event of there being a logistical problem with this situation or the prescription is deemed urgent then the doctor or a member of staff will deliver items to the patient's home

English is the predominant language spoken although Romanian is spoken at one practice every day albeit to a lesser extent.

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 – one practice
- Don’t have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand – two practices

Two of the practices reported making changes to their dispensing service in order to reduce the risk to patients during the Covid-19 pandemic. These included restricting the number of people within the premises, staff wearing personal protective equipment, face coverings for those visiting the premises, ensuring social distancing, and handing out dispensed items by an alternative entrance to the premises.

1.6.5 Other sources of information

Information was gathered from NHS England and NHS Improvement, NHS Northamptonshire 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

Northamptonshire Joint Strategic Needs Assessment documents and the 2018-19 Director of Public Health Annual Report for Northamptonshire, and Northamptonshire’s Joint Health

and Wellbeing Strategy 2016-20 provided background information on the health needs of the population.

1.6.6 Consultation

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

2 Overview of North Northamptonshire

2.1 Introduction

North Northamptonshire lies at the heart of England, covers 987 square kilometres and is probably best known for two particular industries – shoemaking and steel.

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 work boots in Wollaston and safety footwear in Rushden. The character and size of a number of the area's towns have been directly shaped by the shoemaking industry. Despite competition from cheap overseas imports Northamptonshire as a county is still renowned for its boot and shoe trade and there are still a number of manufacturers producing footwear in the area today, for example Barkers Shoes in Earls Barton, Joseph Cheaney & Sons in Desborough, Dr Martens in Wollaston and Loake in Kettering.

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 has grown 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 re-development 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.

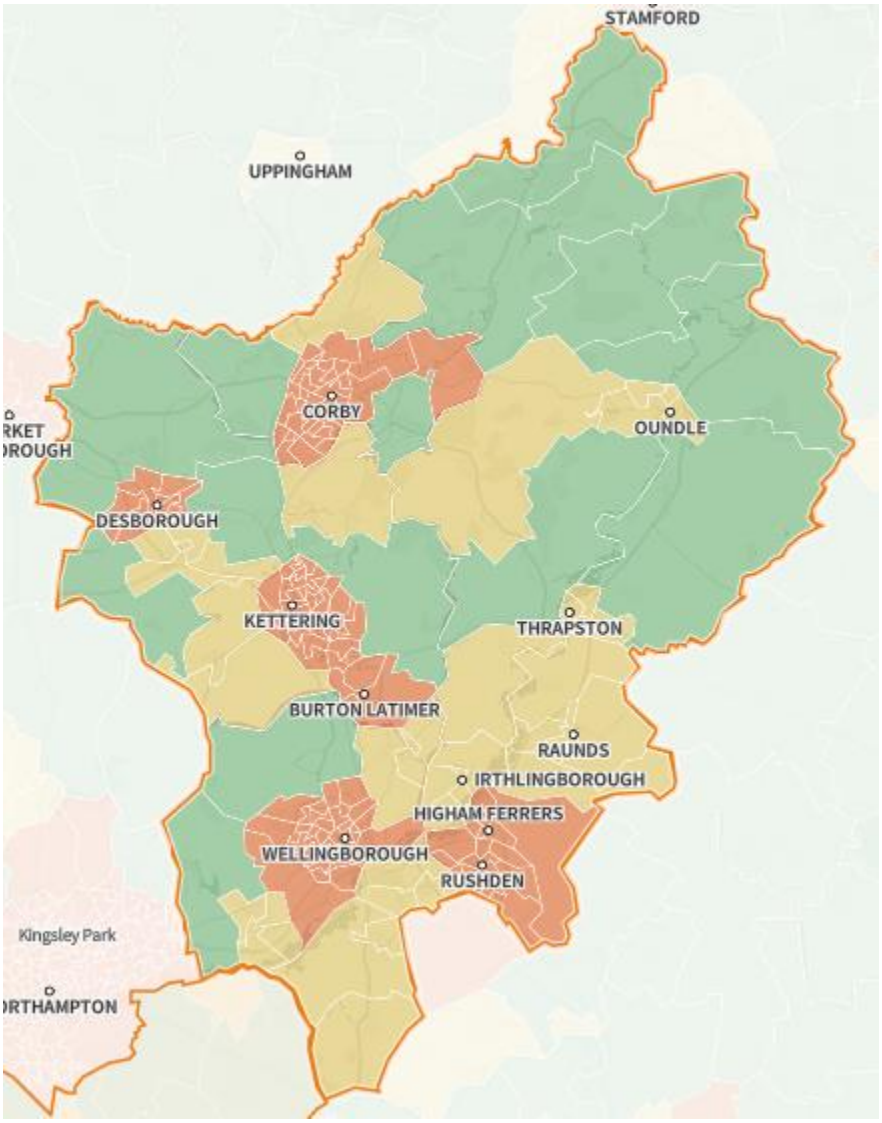
With the decline of the shoemaking industry and the closure of the Corby steel works, today's large employers include the breakfast cereal manufacturers Weetabix in Burton Latimer, Golden Wonder in Corby, and Saxby Bros Ltd and Whitworths in Wellingborough.

Approximately 65% of the area's population live in 'urban city and town' areas, 24% in areas classified as 'rural town and fringe' and 11% in 'rural villages and dispersed'[1]. 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

[1] Office for National Statistics, Census 2011 and mid-2018 population estimates

compared to the most urban areas, which brings with it challenges in relation to access to services, delivery of services and dispersed populations.

Map 4 – North Northamptonshire lower super output areas by urban/rural classification[2]



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[2] Public Health England's Strategic Health Asset Planning and Evaluation application

Information in this chapter is taken from the Northamptonshire JSNA documents[3] unless otherwise stated.

Appendix L provides an overview of the health and wellbeing of the North Northamptonshire population as at January 2019[4].

2.2 Population

Latest estimates put North Northamptonshire's population at 348,228 (all ages) in 2019 (Office for National Statistics mid-year estimates) with above (national) average population growth in recent decades, though this varies across the area. In the last ten years (2009 to 2019), the population of North Northamptonshire has grown by an estimated 11.6% versus a 7.84% England average. In the last 30 years, the population of North Northamptonshire has increased by nearly 33% compared to an 18.4% England average.

Table 3 - Estimated population growth over the last 30 years

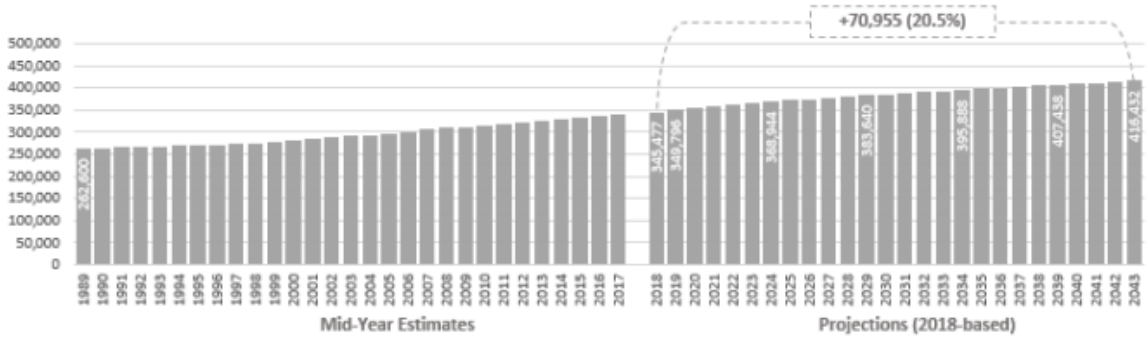
		% change over 10 years				
Locality	**Population in 1989**	**10 years to 1999**	**10 years to 2009**	**10 years to 2019**	**Population in 2019**	**Total growth 1989 to 2019**
Corby	52,900	0.2%	11.3%	22.4%	72,218	36.5%
East Northamptonshire	67,100	9.8%	16.6%	10.0%	94,527	40.9%
Kettering	75,200	7.6%	13.8%	10.5%	101,776	35.3%
Wellingborough	67,400	5.3%	5.8%	6.1%	79,707	18.3%
Total	**262,600**	**6.1%**	**12.0%**	**11.6%**	**348,228**	**32.6%**

Most recently the highest rates of population growth have been in Corby, double the average for England and the fifth highest estimated growth of all 383 district/unitary authority areas. Growth in both East Northamptonshire and Kettering is higher than England and with Wellingborough only slightly lower than the English average.

It is predicted that the population of North Northamptonshire will continue to grow at a greater rate over the medium term from 2018 to 2043, at 20.5% or 70,955 additional people, with Corby predicted to see the greatest increase of 28%.

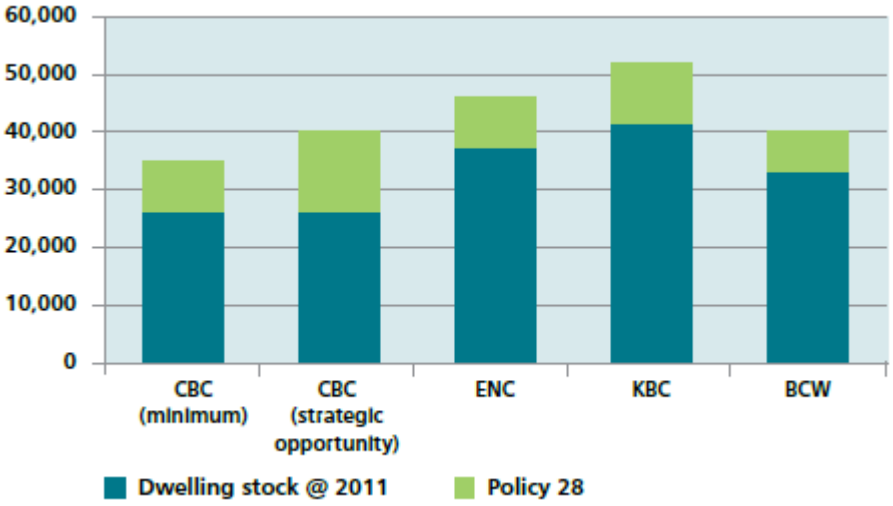
[3] Northamptonshire Joint Strategic Assessment
[4] Director of Public Health Annual Report 2018/19 Northamptonshire

Figure 10 - Estimated population growth for North Northamptonshire 1989 to 2043



The anticipated growth in the number of homes in the area is shown in the next figure.

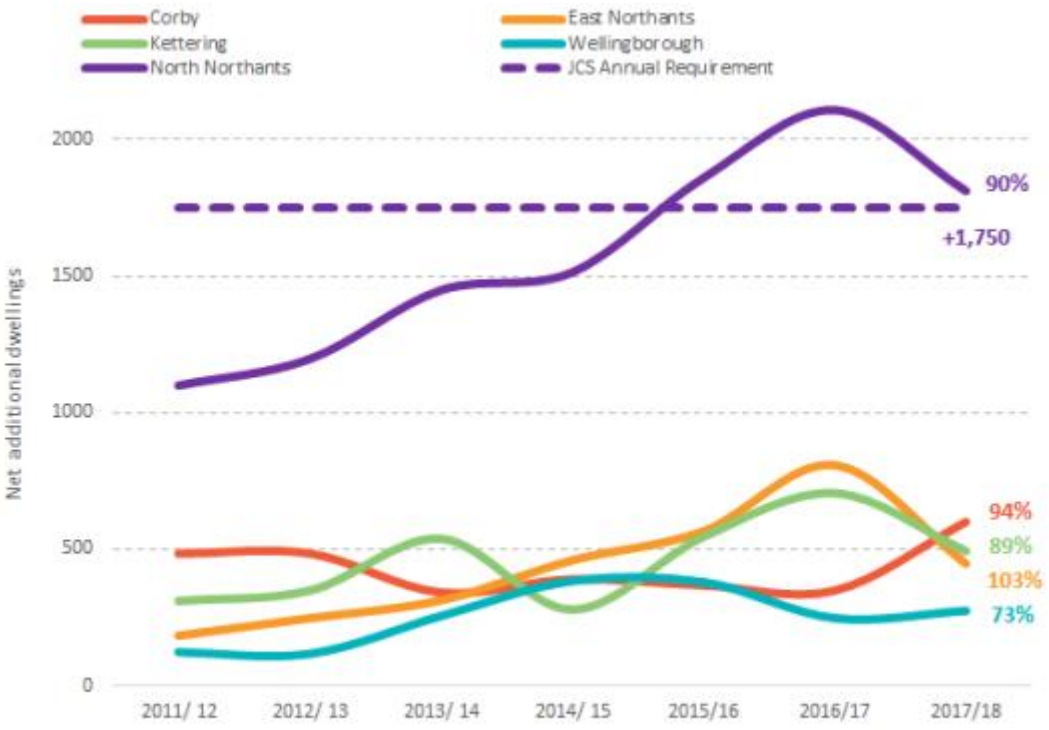
Figure 11 – North Northamptonshire planned growth in homes 2011-2031[5]



The figure below shows the pattern of new housing completions across North Northamptonshire between the start of the North Northamptonshire Joint Core Strategy period in 2011 and 2017/18. Whilst there has been a general upward trajectory in the scale of new residential development completed over the seven year period delivery is falling slightly short of the Joint Core Strategy targets based on an 'average per annum' target of 1,750 new residential units across North Northamptonshire.

[5] North Northamptonshire Joint Core Strategy 2011-2031

Figure 12 – Housing completions 2011/12 to 2017/18[6]



Source: Lichfields, drawing on North Northamptonshire Authorities' Monitoring Report May 2018 (updated with 2017/18 data provided by the JPDU)

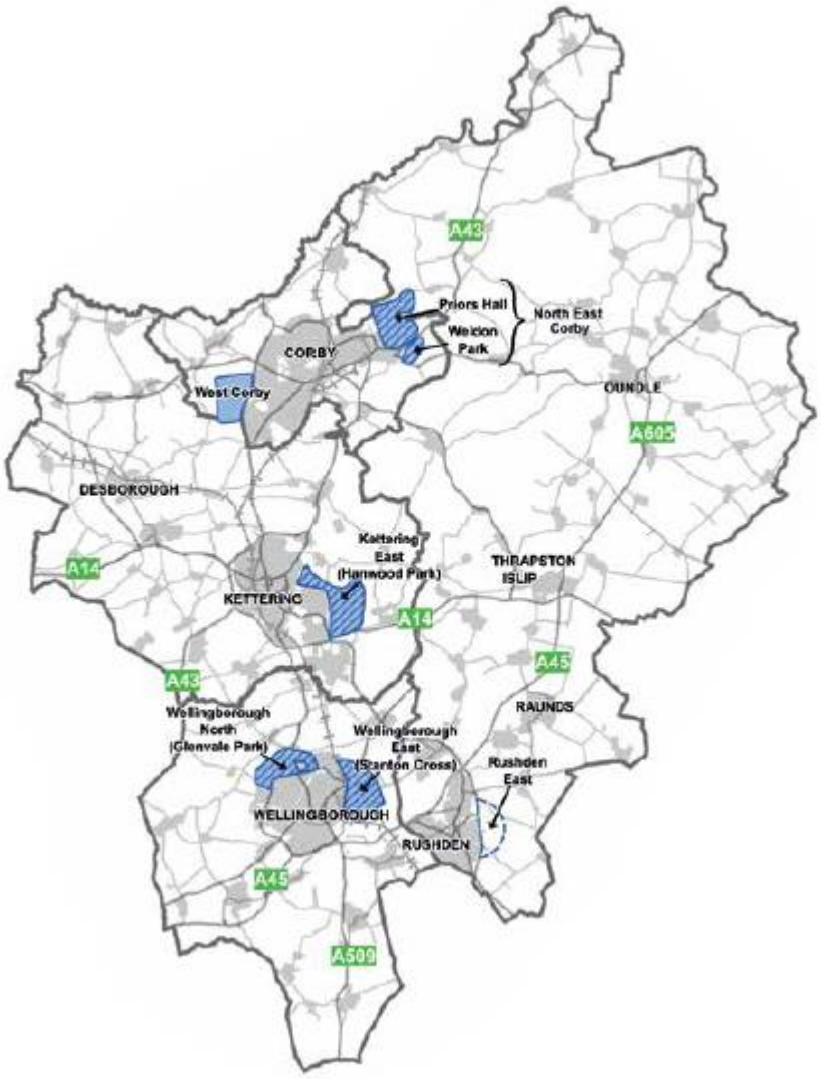
The map below shows the location of the major housing developments currently planned in North Northamptonshire. The key to the map is:

Committed Principal Sustainable Urban Extensions

Proposed Principal Sustainable Urban Extensions

[6] North Northamptonshire Investment Framework Final Report June 2019

Map 5 – North Northamptonshire's Sustainable Urban Extensions/key housing development sites[7]



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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. Planned improvements to the A509 between the A45 at Wellingborough and A14 at Kettering will reduce congestion along this route and enhance transport links between the two towns. The proposals (known as the Isham bypass and Isham to Wellingborough improvement) will bypass the settlements of Isham and Great Harrowden and bring traffic relief to these villages. It will support the delivery of the Wellingborough North Sustainable Urban Extension.

Implementation of this scheme, together with the completed A43 Corby Link Road, will mean that there will be few settlements still lying on North Northamptonshire's principal road network. It is not therefore proposed to build further village bypasses or other roads in North

[7] North Northamptonshire Joint Core Strategy 2011-2031

Northamptonshire unless improvements are needed due to the proximity to major new development.

The provision of a link road between Rothwell North and the A6 bypass and the Wellingborough Eastern Distributor Road, providing a link between the A509 and the A45, will be brought forward as part of the Sustainable Urban Extensions at those towns. Similarly, the A427 Weldon Relief Road will be facilitated by proposed development at Weldon Park, which forms part of the North-East Corby Sustainable Urban Extension.

Funding has been secured for Phase 2 of the Corby Northern Orbital Road, which will serve development to the north east of Corby and facilitate development at Rockingham Enterprise Area.

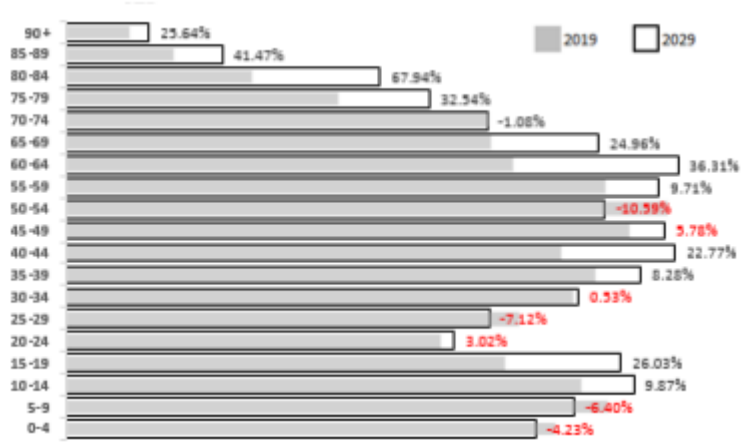
Work has started to improve the A45 Chown's Mill roundabout at Rushden. As well as being essential to North Northamptonshire's strategic connections, this scheme will facilitate the development of the Rushden East Sustainable Urban Extension.

The provision of a distributor road to the east of Kettering, linking the A43 Northern Bypass and a new junction on the A14 (Weekley-Warkton Avenue) will be brought forward as part of the proposed Kettering East Sustainable Urban Extension. As well as providing this connection (to the A43), enabling access to/from the north of the site it also provides substantial relief to the villages of Weekley and Warkton. Transport modelling indicates that this road will be required prior to the completion of 2,700 dwellings, in order to improve access to the Sustainable Urban Extension and provide some traffic relief to Kettering town centre, villages to the east and the A14.

It is predicted that in the next ten years the population groups with the biggest increases in North Northamptonshire will be:

- The over 60s population (due to post war spike in birth rate, increasing life expectancy and the 1960s baby boom) and
- In the 10-19-year-olds (due to spike in fertility in the early 2010s). Both will be greater than the national average

Figure 13 - Year on year changes between 2019 and 2029 for each five-year age group

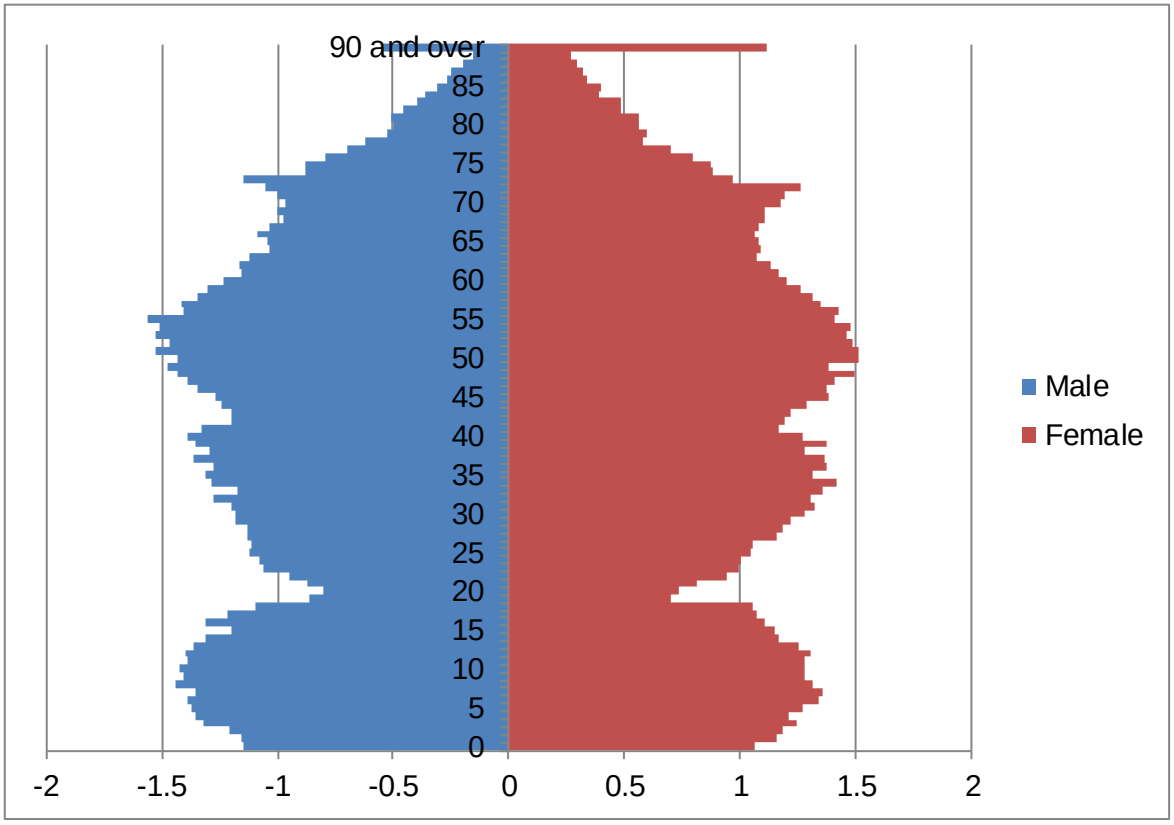


The population pyramid for North Northamptonshire reflects the events that have affected the structure of the UK population in 2019, namely:

- A larger number of 70-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 aged 50-54 and the children of the baby boomers now seen in the higher number of people aged 30-39 and
- Low fertility in the 1970s and early 2000s is now seen in lower populations of people in their early 40s and the 15-29 age group

The population pyramid below shows the age and sex of the projected population in North Northamptonshire in 2020.

Figure 14 – North Northamptonshire projected population pyramid 2020



In terms of broad dependant groups, it is estimated that North Northamptonshire will see the following trends to 2029:

- A higher than average increase in the 0-19 population and
- A higher than average increase in the over 65 population, adding additional pressure into adult social care particularly as the greater proportion of over 65s are living in more rural areas.

2.3 Ethnicity

The Equality Duty Information Report for Northamptonshire 2020[8] details the latest data (2011 Census) with regard to the ethnic structure of North Northamptonshire. It shows that within the Health and Wellbeing Board's area, the majority of the population in 2011 (94%)

[8] Equality Duty Information Report for Northamptonshire 2020

fell within the White ethnic group. The remaining 6% are residents who describe themselves as:

- Asian/Asian British – 3%
- Mixed/multiple ethnic groups – 2%
- Black/African/Caribbean/Black British – 1%.

It shows that since the previous Census in 2001 there had been an increase in non-white ethnic groups of 3.5%.

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 to a level that is similar to the 2011 England average. This was greatest in Corby with a high of + 456%.

Table 4 – Ethnic groups by percentage by locality[9]

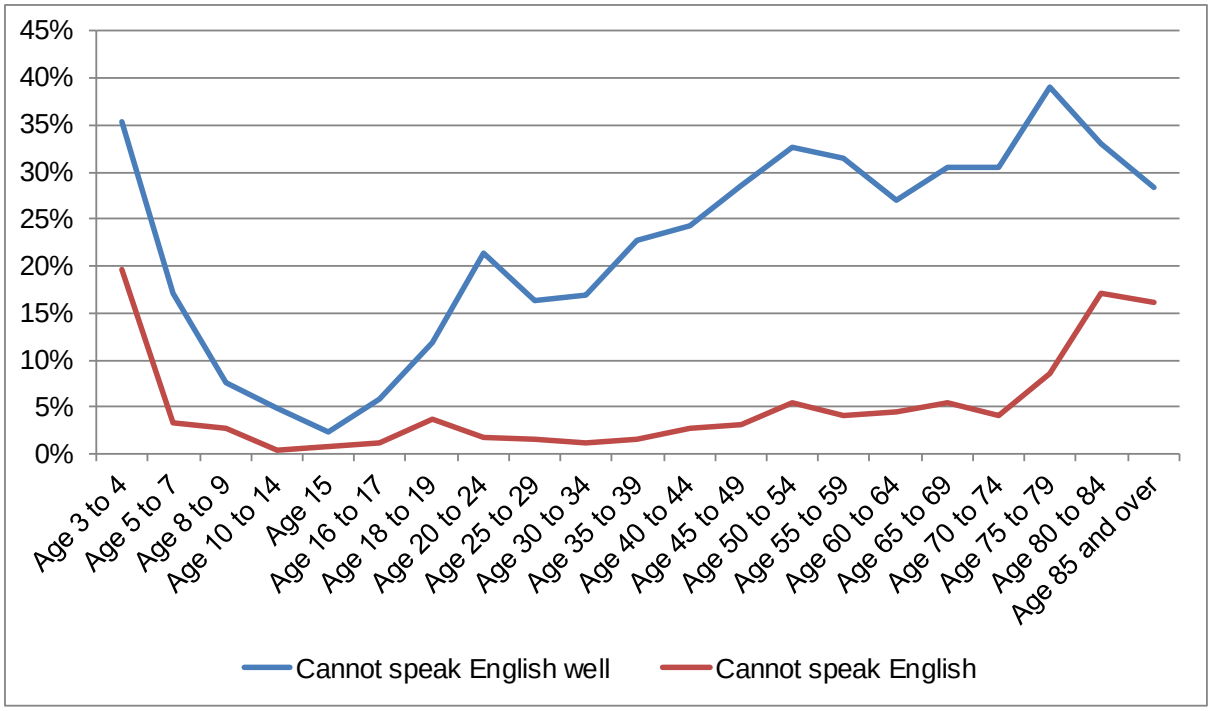
Area Name	Total (000s)	White British	All Other White	Mixed / Multiple ethnic groups	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group
Corby	67	82%	18%	NA	NA	NA	NA
East Northamptonshire	92	90%	5%	1%	2%	1%	NA
Kettering	99	88%	5%	3%	2%	2%	NA
Wellingborough	79	85%	5%	2.5%	6.5%	15	NA

2.4 Household language

The number of residents in North Northamptonshire for whom English is not their main language was 10,994 at the 2011 Census, with 2,434 or 22% not able to speak English well and 286 or 3% not able to speak English at all[10]. As can be seen from the figure below the ability to speak English is greatest in children of school age and lower in the older age groups.

[9] ONS Population characteristics research tables December 2019
[10] ONS Census 2011 DC2105EW – proficiency in English by age

Figure 15 – Proficiency in English by age



According to the 2011 Census, English was the main language of North Northamptonshire residents based on the combination of adults and children aged three years of age and older (94.5%)[11]. The next nine most commonly spoken languages were:

- Polish – 1.9%
- Gujarati – 0.5%
- Slovak – 0.2%
- Hungarian – 0.2%
- Latvian – 0.2%
- Panjabi – 0.2%
- Russian – 0.2%
- Lithuanian – 0.2%
- Portuguese – 0.2%

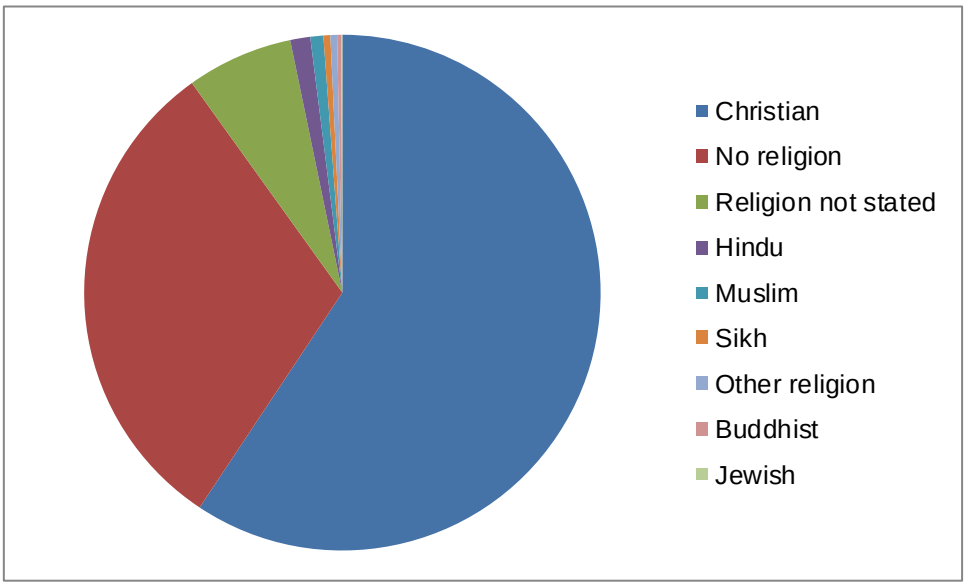
There is variation at locality level with fewer people who have English as their main language in Corby (91%) and more people in East Northamptonshire (98%). However, Polish is the second most spoken language across all localities.

2.5 Religion

In 2011, 62.6% of North Northamptonshire's population was made up of residents who stated that they followed one of the main six religions and 30.8% stated that they followed no religion[12].

[11] ONS Census – QS204EW main language
[12] ONS Census – KS209EW religion

Figure 16 – religion distribution in North Northamptonshire



2.6 Index of multiple deprivation[13]

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 194 within North Northamptonshire. At the time of the 2011 Census each Lower Super Output Area represented 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 infographic below. These weightings are the same as in 2015. At the end of this process, each Lower Super Output Area geography is given a 'deprivation score'. To provide analysis of their relative levels of deprivation across the entire country, the individual 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

[13] Index of Multiple Deprivation (IMD) 2019 Profile North Northamptonshire (Proposed Unitary)

Nationally, the Lower Super Output Area with a rank of 1 is the most deprived and that with a rank of 32,844 is the least deprived. Decile 1 is the top 10% most deprived and decile 10 is the least deprived 10%.

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). In the figures and map below, the most deprived Lower Super Output Areas are shown in hot colours (reds and oranges) while the least deprived are shown in cool colours (greens and blues).

There are 194 Lower Super Output Areas in North Northamptonshire. Of these, 11 Lower Super Output Areas are amongst the top 10% most deprived in England and 19 fall within decile 2 nationally. Thus, 30 (15.5%) of the Lower Super Output Areas in North Northamptonshire are amongst the top 20% most deprived nationally. The equivalent figures in 2015 were 12, 19, 31 and 16.0% respectively, although eight Lower Super Output Areas have moved within, into or out of this group. Across England as a whole, the index will, of course, place 20% of Lower Super Output Areas within deciles 1 and 2. The bar graphs below shows the distribution of Lower Super Output Areas by Index of Multiple Deprivation national decile across North Northamptonshire and at locality level.

Figure 18 – North Northamptonshire Lower Super Output Area distribution by Index of Multiple Deprivation 2019

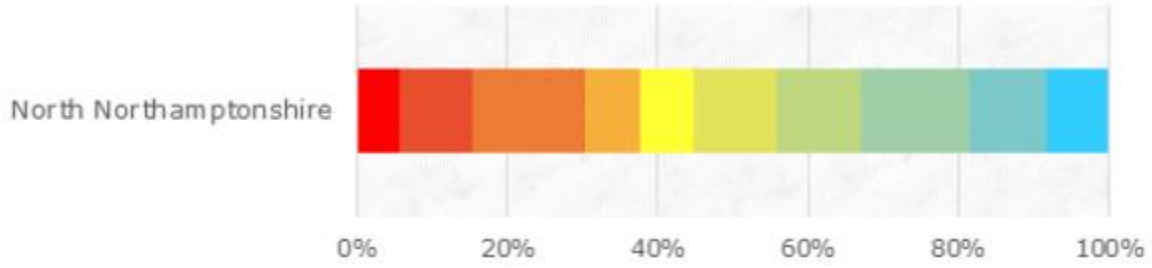
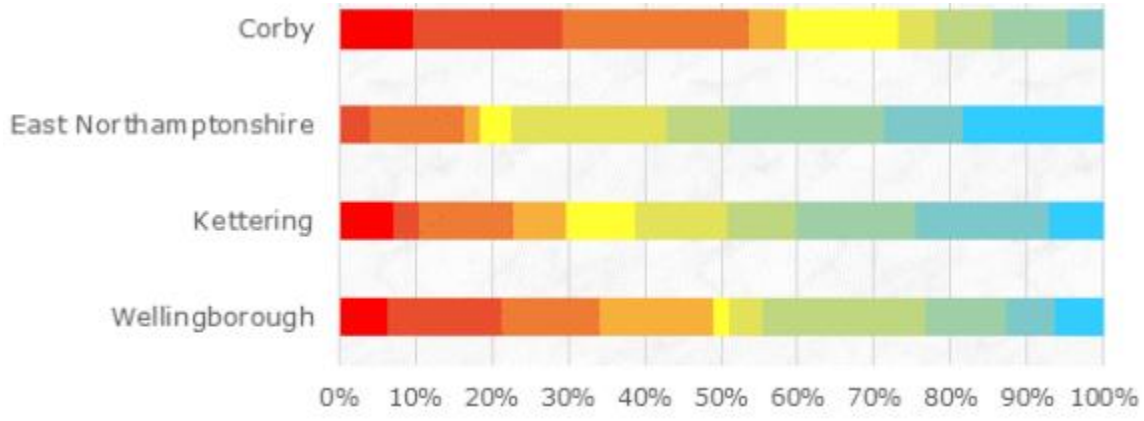


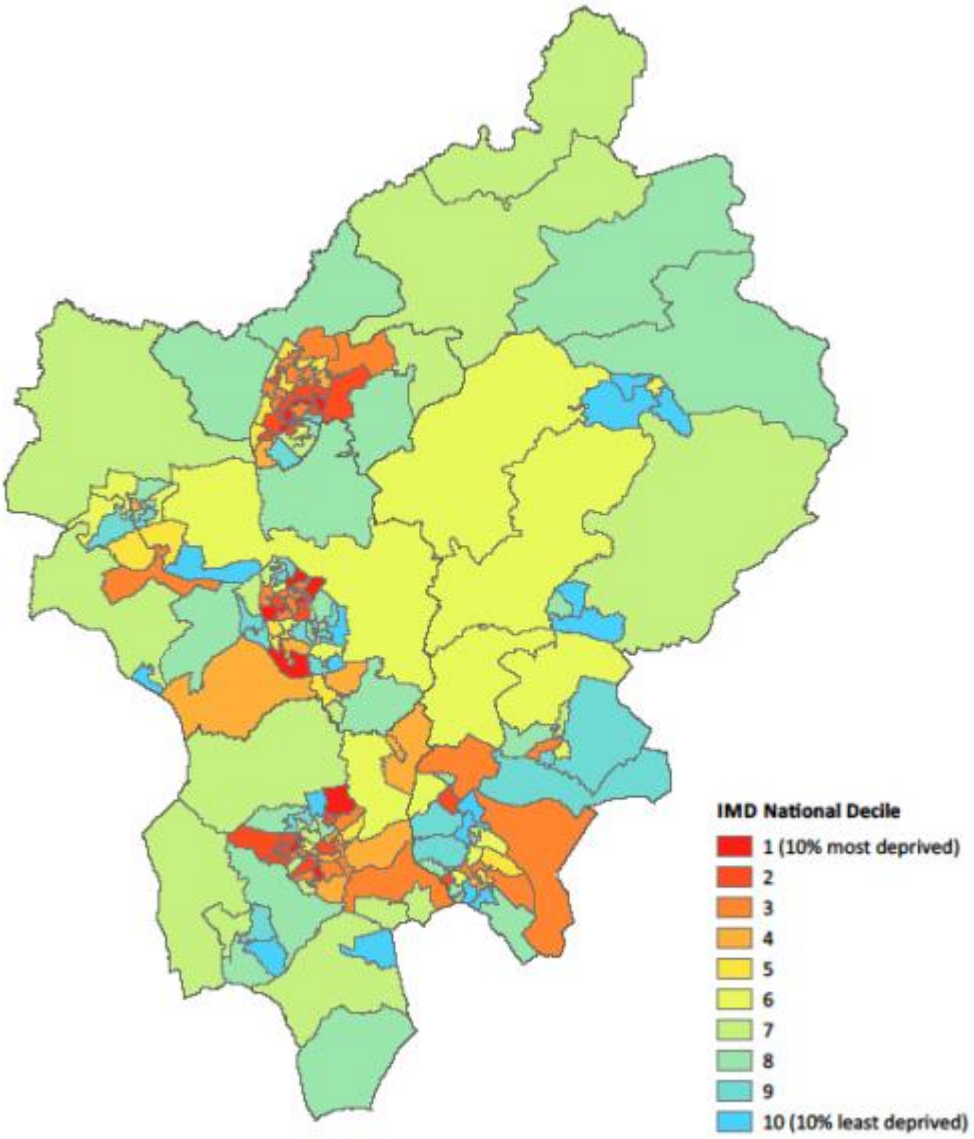
Figure 19 – Locality Lower Super Output Area distribution by Index of Multiple Deprivation 2019



Two of the localities contain a greater proportion of deprived Lower Super Output Areas (deciles 1 and 2) than the 20% national division. These are Corby (29.3%) and Wellingborough (21.3%). The lowest proportion of deprived Lower Super Output Areas is found in East Northamptonshire (4.1%).

The map of North Northamptonshire by Lower Super Output Area (below) shows the spread of deprivation by Index of Multiple Deprivation 2019 national decile (where decile 1 is the most deprived and decile 10 is the least deprived).

Map 6 – Map of the Index of Multiple Deprivation by Lower Super Output area



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On comparing the decile each Lower Super Output Area fell in the 2015 and 2019 Index of Multiple Deprivation, a number have become more deprived.

Three moved from decile 3 to decile 2 (i.e. became more deprived):

- Wellingborough: Ruskin Avenue, Goldsmith Road
- Irthlingborough: High Street
- Corby: Primrose Close, Dumble Close, Bernshaw Close, Catchpole Close, Waver Close area

Three worsened by two or more deciles:

- Kettering outskirts: Kettering General Hospital, Telford Way – moved from decile 9 to decile 7
- Pytchley, Broughton: Church Street – moved from decile 6 to 4
- Ecton, Sywell, Mears Ashby – moved from decile 9 to decile 7

No Lower Super Output Area moved into decile 1, the most deprived decile.

It should however be noted that a change in decile does not necessarily mean that actual deprivation in a Lower Super Output Area has worsened or improved, but that it is now in a worse or better place compared to the country as a whole. House building may affect individual Lower Super Output Areas by changing the demographic balance of the population.

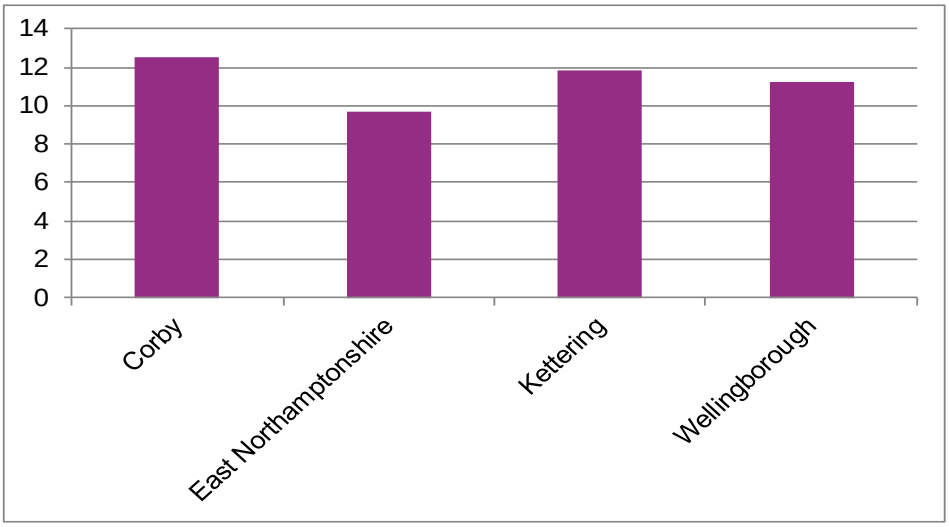
There is a higher proportion of children and young people living in deprived areas than in non-deprived areas. Conversely, there is a lower proportion of older people living in deprived areas than in non-deprived areas.

2.7 Births[14]

Since 1955 (except in 1976) the number of births in the UK has been higher than the number of deaths. This natural change has resulted in the growth of the population. In the UK, the number of live births each year has varied over the last 60 years. Most noteworthy is the 1960s baby boom, the "echo" of baby boomers having children and latterly, births peaking again in the UK in 2012.

In North Northamptonshire the live birth rate in 2018 (latest data)[15] was 11.3 per 1,000 population (all ages), only slightly above the national average of 11.2. However, this varied between Corby with a birth rate of 12.5 per 1,000 population and East Northamptonshire at 9.7 per 1,000 population.

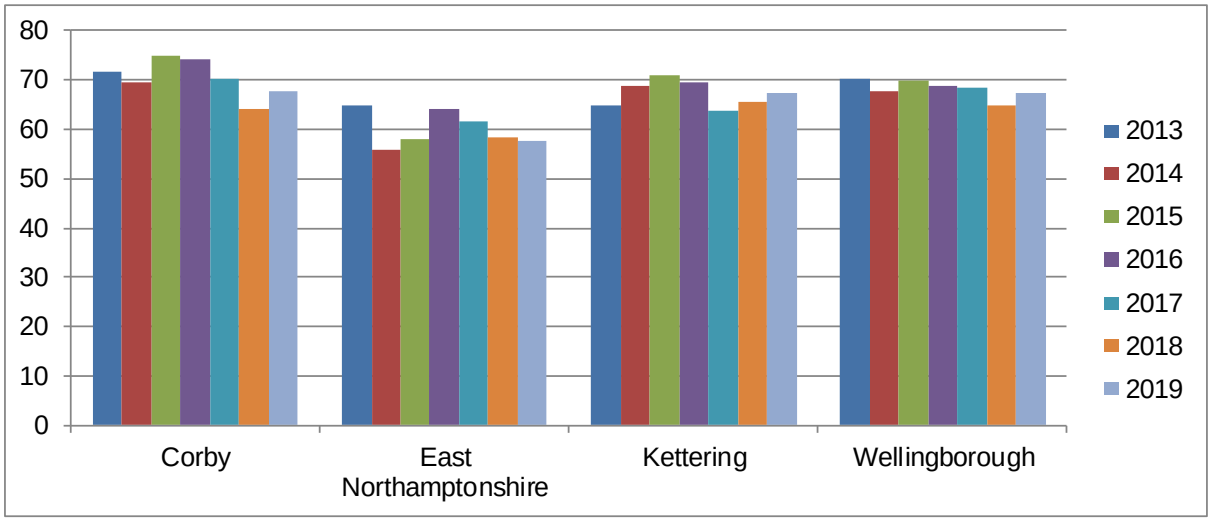
Figure 20 - Rate of live births per 1,000 total population in 2018



[14] Demography JSNA Insight Pack 2020
[15] ONS birth characteristics

In the past seven years the General Fertility Rate has been consistently above the regional and national averages, with the highest rates in the more urban localities of Corby, Kettering and Wellingborough. Whilst rates had begun to fall this was reversed in 2019 when these three localities showed an increase on the previous year.

Figure 21 – General fertility rate 2013 to 2018



2.8 Life expectancy

The changes in life expectancy have either reached a plateau or have reduced in the most recent data. Female life expectancy in particular has decreased or remained static, whilst male life expectancy continues to increase although remains three years behind female life expectancy. Corby has the lowest level of life expectancy for both men and women.

Table 5 – Life expectancy at birth

	Male	Female
Corby	77.1	80.8
East Northamptonshire	80.4	83.2
Kettering	80.0	82.7
Wellingborough	78.9	82.0
England	79.8	83.4

When compared to the average for England:

- Life expectancy in Corby is lower for both men (2.8 years) and females (2.7 years)
- Life expectancy in Wellingborough is lower for both men (0.7 years) and females (0.9 years)
- Life expectancy in Kettering is lower for females by 0.9 years

With regard to the greatest inequalities in life expectancy between the most and least deprived areas in each locality:

- Corby - 9.8 years for males and 6.3 years for females
- East Northants - although East Northants has higher life expectancy for both males and females compared to the England average, the life expectancy gap between the

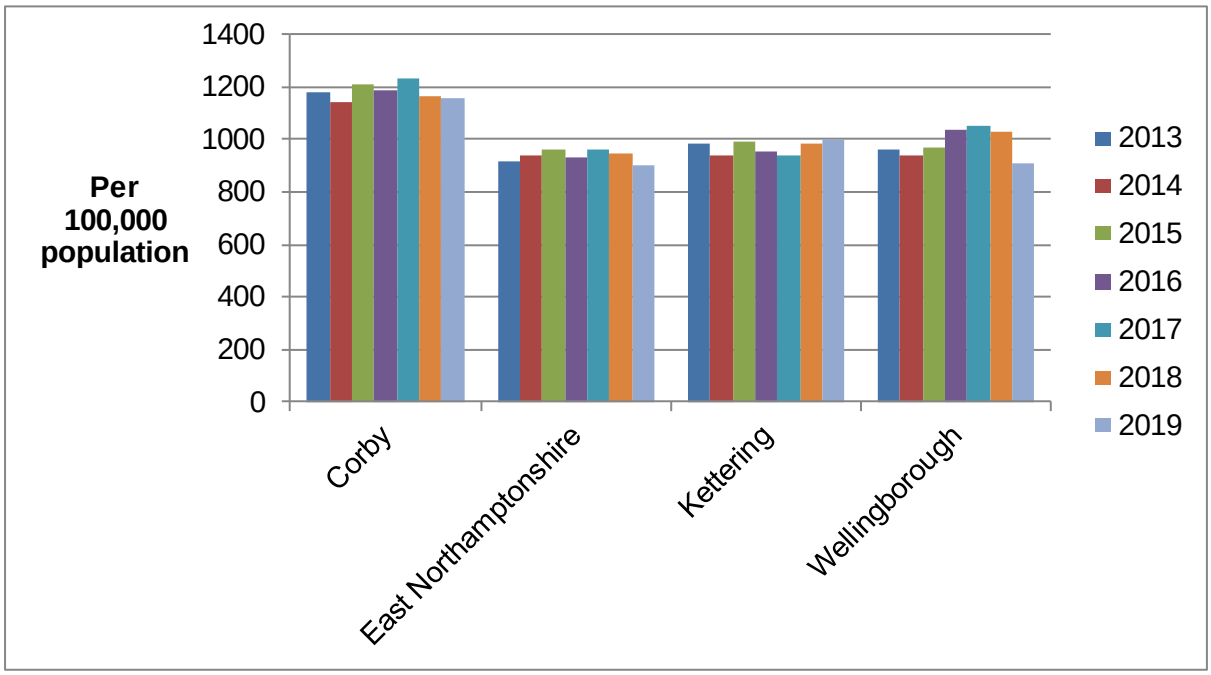
"rich" and "poor" was the third largest in Northamptonshire (5.9 years for males and 4.5 years for females)
- Kettering - 5.9 years for males for 4.1 years for females
- Wellingborough - 5.4 years for males and 3.1 years for females

2.9 Deaths

One of the reasons for the increase in the population is that people are living longer with rises in the older population and more people now living into their 90s, this often results in longer and more complex care and support requirements. For example, in the UK in 50 years' time, there is projected to be an additional 8.2 million people aged 65 years and over in the UK – a population roughly the size of present-day London.

The age-standardised mortality rate across North Northamptonshire as a whole has remained quite static between 2013 and 2019. However, Wellingborough has seen a decrease from 965.62 per 100,000 population in 2013 to 912.08 in 2018.

Figure 22 – age-standardised mortality rate 2013-2019[16]



2.10 People with disabilities[17]

The Equality Act 2019 defines a disability as "A physical or mental impairment that has a substantial (more than minor or trivial) and long-term (12 months or more) negative effect on your ability to do normal activities". A disability can arise from a wide range of impairments:

- Sensory impairments
- Impairments with fluctuating or recurring effects
- Progressive impairments
- Auto immune conditions

[16] NOMIS mortality statistics – underlying cause, sex and age
[17] Northamptonshire Adults with disabilities Joint Strategic Needs Assessment 2017

- Organ specific impairments
- Developmental impairments
- Learning disabilities
- Mental health conditions
- Mental illness
- Injury related impairments
- Cancer/Multiple Sclerosis/HIV diagnoses.

A learning difficulty is defined as an individual has difficulty processing information but there is no impact on general intelligence. Learning disability is defined as an overall cognitive impairment and can be mild, moderate or severe.

Information on the number of adults with a disability in North Northamptonshire is shown in the table below.

Table 6 – Information on adults with a disability per locality

Locality	Approximate number of adults with a disability	Rate per 1,000 residents aged over 18	Percentage with a physical disability	Percentage with a learning disability
Corby	10,350	203.6	89.0	11.0
East Northamptonshire	14,950	212.6	89.0	11.0
Kettering	16,000	210.1	89.0	11.0
Wellingborough	13,250	222.5	89.6	10.4

2.11 Households

The total number of households in North Northamptonshire at 2011 Census was 132,635 of which:

- 68.1% were owned (highest in Kettering at 69% and lowest in Corby at 62%)
- 15.7% were socially rented (highest in Corby at 21% and lowest in East Northamptonshire and Kettering at 13%)
- 14.1% were privately rented (highest in Kettering and Corby at 15% and lowest in East Northamptonshire at 13%) and
- 1.3% was living rent free i.e. living in a property owned by another party without paying rent (highest in Kettering at 1.4% and lowest in East Northamptonshire at 1.2%)[18]

Of these 132,635 households:

- 36,835 or 28% were occupied by one person (on average 40% of these households are occupied by one person aged 65 of over)
- 88,134 or 66% are occupied by a family and
- 7,666 or 6% are ‘other households’[19]

[18] Nomis KS402EW Tenure
[19] Nomis KS105EW Household composition

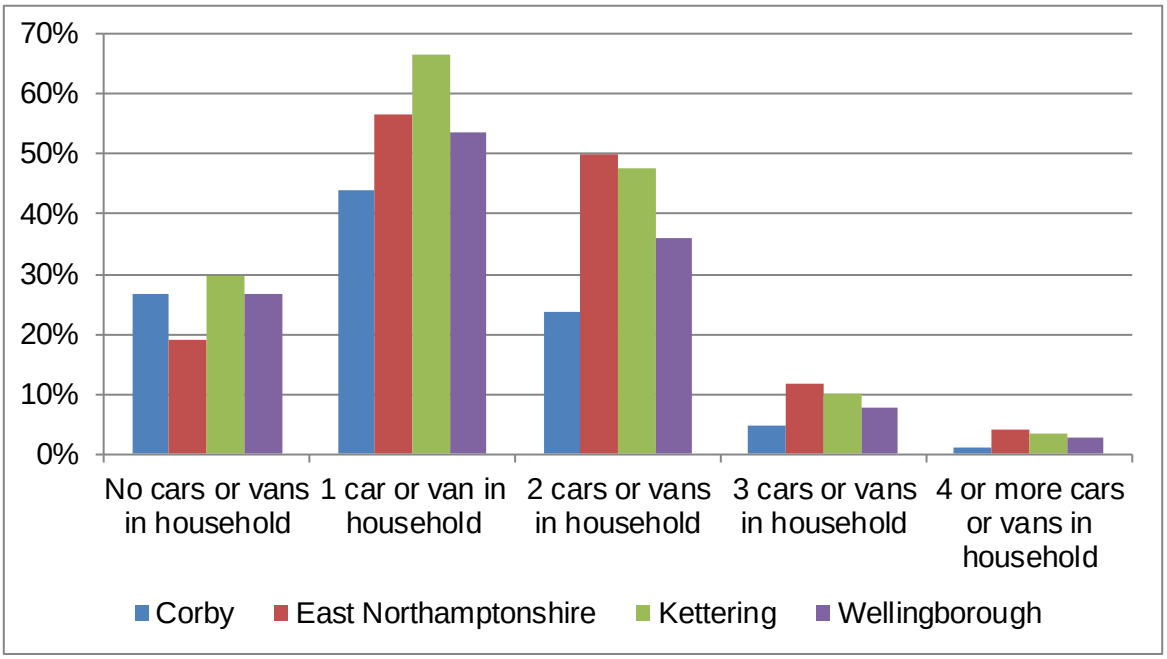
2.12 Car ownership[20]

According to the 2011 Census data:

- 19.4% of the households in North Northamptonshire did not have a car or van
- 42.0% have one car or van
- 29.9% have two cars or vans
- 6.5% have three cars or vans, and
- 2.2% have four or more cars or vans

The figure below shows the variation at locality level. As may be expected the level of car/van ownership in the more rural locality of East Northamptonshire is the highest in the Health and Wellbeing Board's area and is a reflection on the reduced level of public transport available.

Figure 23 – car or van availability at locality level



2.13 Economic activity[21]

For those who reported themselves as economically active at the 2011 Census (73% of the population):

- Employee: part-time – 18.5%
- Employee: full-time – 63.0%
- Self-employed – 8.0%
- Unemployed – 6.5%
- Full-time student – 4.0%

[20] Nomis KS404EW Car or van availability
[21] Nomis KS601EW Economic activity

For those who reported themselves as economically inactive (27% of the population):

- Retired – 53.0%
- Looking after home or family – 12.5%
- Long-term sick or disabled – 15.0%
- Student (including full-time students) – 13.5%
- Other - 6%

2.14 Sexual orientation[22]

There is currently no widely accepted national estimate of the size of the lesbian, gay and bisexual population within England. Government estimations place the lesbian, gay and bisexual population somewhere between 5% and 7% while Experimental Official Statistics on sexual identity in the UK in 2018 (based on data from the Annual Population Survey (APS)) showed that 2.2% of the UK population aged 16 and over identified themselves as lesbian, gay or bisexual. The population aged 16 to 24 were the age group most likely to identify as lesbian, gay and bisexual in 2018 (4.4%). More males (2.5%) than females (2.0%) identified themselves as lesbian, gay and bisexual in 2018.

Applying the rates from the Annual Population Survey to the North Northamptonshire adult population would suggest there may be 6,281 who identify themselves as gay, lesbian, bisexual or other.

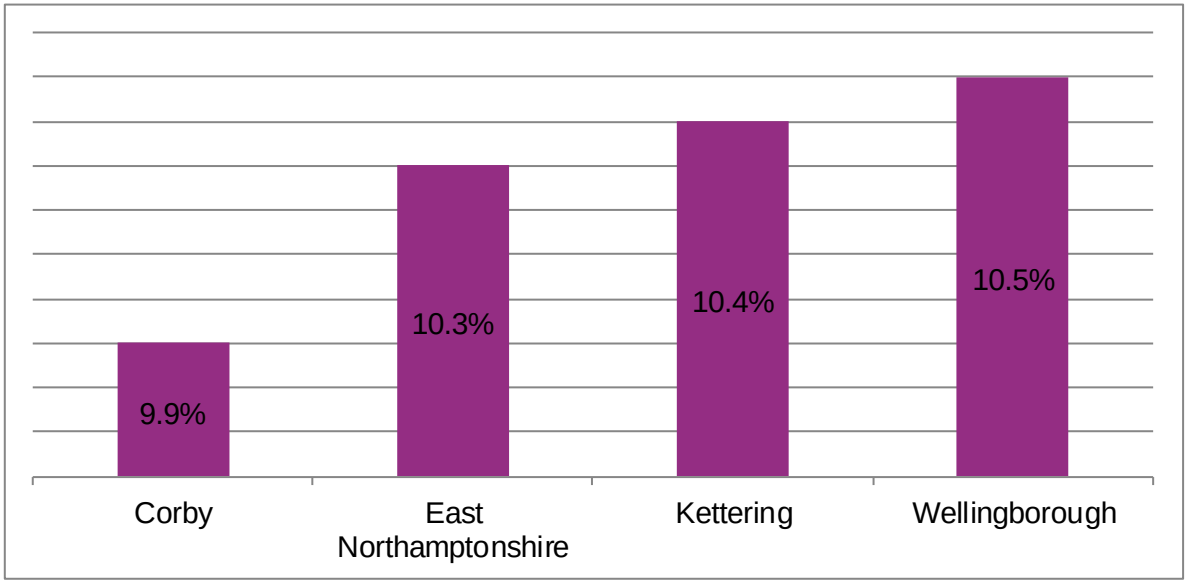
At present, there is no official count of the transgender population. The England/Wales Census and Scottish Census have not asked if people identify as trans. Gender Identity Research and Education Society estimates that approximately 1% of the population experience some degree of gender nonconformity. If that rate was applied to Northamptonshire, this would equate to 2,855 people (aged 16 or over).

2.15 Carers

There are an estimated 32,609 unpaid carers in North Northamptonshire. Approximately 723 of these are aged 15 or younger and around 6,920 are aged 65 and over. These estimates have been produced by applying the proportion of carers in the county's population at the last census in 2011[23] and applying it to the latest population estimate from the Office of National Statistics (Mid 2019)[24].

[22] Northamptonshire County Council Equality Duty Information Report 2020
[23] Nomis LC3304EW provision of unpaid care by age
[24] ONS Estimates of the population for the UK

Figure 24 – proportion of carers in the general population from the 2011 census



Of these 32,609 carers:

- 65% provide unpaid care for one to 19 hours per week
- 12% provide unpaid care for 20 to 49 hours per week and
- 23% provide unpaid care for 50 or more hours per week

2.16 Traveller and gypsy communities

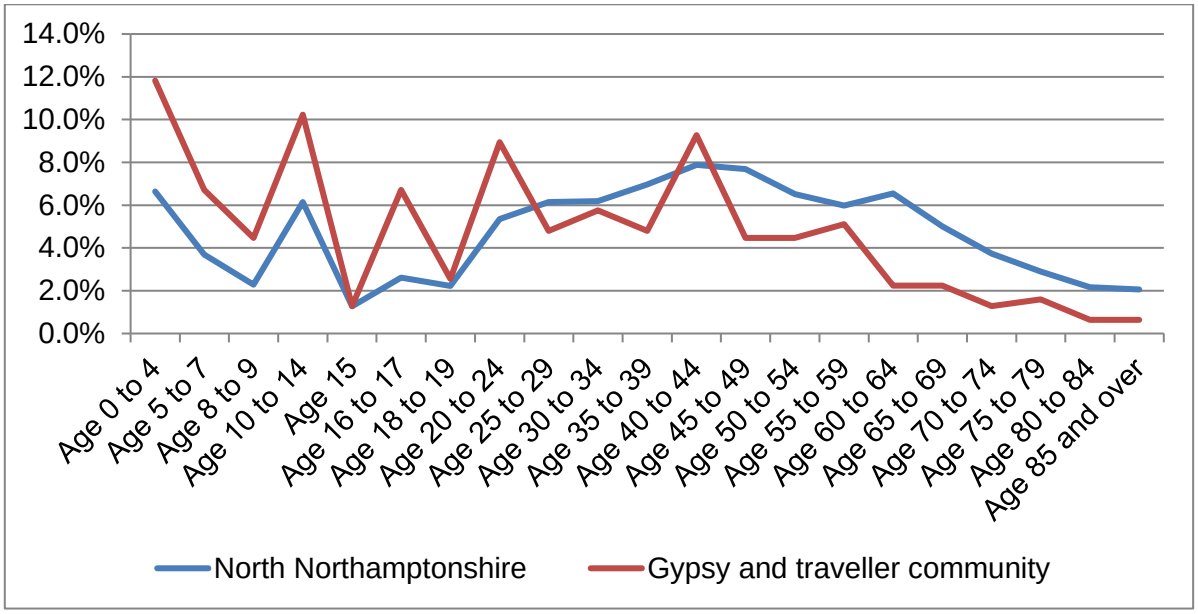
The Gypsy and Traveller Community both nationally and in North Northamptonshire is a small group. Census data for 2011 suggests the Traveller community makes up less than 0.1% of North Northamptonshire's population – just over 300 residents – although anecdotally it has been suggested that this represents only one-third of the true figure.

The North Northamptonshire Gypsy and Traveller Accommodation Assessment (March 2019[25]) identified 190 households across North Northamptonshire (24 in Corby, 73 in East Northamptonshire, 60 in Kettering and 33 in Wellingborough).

The age profile of the community in North 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 North Northamptonshire population as a whole until the age of 25, before dropping significantly other than a peak in those aged 40 to 44. The population of this community is heavily concentrated in one specific locality, Kettering, with lower concentrations in Wellingborough. 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.

[25] North Northamptonshire Gypsy and Traveller Accommodation Assessment

Figure 25 - Age profile for North Northamptonshire population and traveller community 2011[26]



2.17 Offenders[27]

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

The first is the future prison population of North Northamptonshire due to the opening of a new prison in Wellingborough, HMP Five Wells, early in 2022 which will house 1,680 inmates.

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. At the time of writing there are no figures available for this cohort of the population. However, information on the population for the county of Northamptonshire shows:

- 60% of offenders supervised by Northamptonshire Probation are 35 or under
- Nine out of ten offenders on the probation caseload are male
- Violent crime against the person is the most common offence
- Black and mixed race groups are over represented in the probation caseload compared to the Northamptonshire population, the incidence of mental health problems is thought to be higher in black and minority ethnic groups than their white counterparts. This is due in part to the fact that police and court referral rates of individuals from black African and black Caribbean groups to mental health services are almost double the average of referrals from other groups
- The areas with the most offenders struggling with literacy and numeracy also see the highest proportion of burglaries
- 3.7% of offenders are recorded as having mental health issues, however if nationally 70% of the prison population have two or more conditions then this would appear to be extremely low

[26] Nomis DC2101EW Ethnic group by sex by age
[27] Northamptonshire offenders and ex-offenders JSNA 2014

2.18 Homeless and rough sleepers[28]

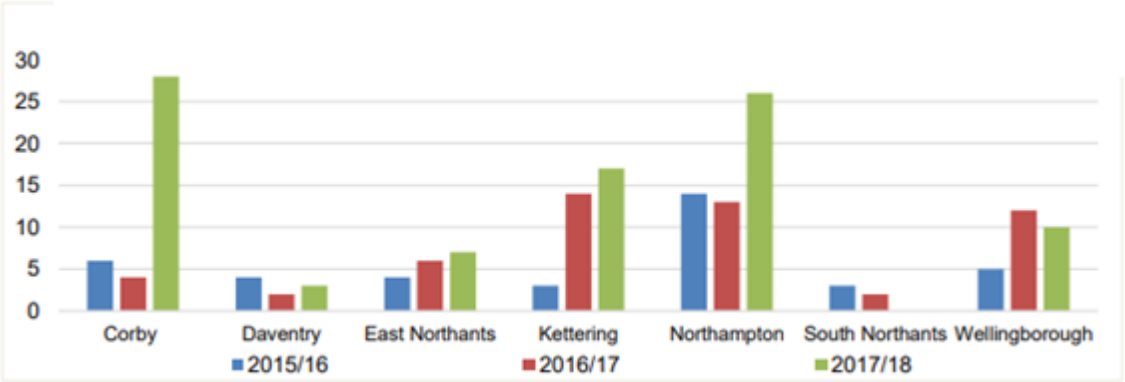
In recent years North Northamptonshire has seen significant increases in homelessness (with the exception of East Northamptonshire). The increase in homelessness approaches and overall waiting list numbers reflects a growing demand for affordable housing.

Between 1 April 2018 and 1 April 2019 Corby and Kettering had an approximate 23% increase in active application numbers. During the same period East Northamptonshire and Wellingborough saw an increase of just under 4%, giving an average increase in active applications across North Northamptonshire of 13.4%.

Since the introduction of the Homelessness Reduction Act 2017 in April 2018 main duty acceptances increased for Corby, Kettering and Wellingborough, and the increase was significant for Corby and Wellingborough over the first three quarters before numbers decreased slightly in quarter four. The number of homelessness approaches also increased to the end of the year for Corby and Kettering, whilst remaining largely consistent for Wellingborough and falling overall for East Northamptonshire.

Across Northamptonshire there was an increase in street homelessness of 135% over the three years to January 2019. As shown in the following figure (taken from a report on Homelessness and Rough Sleeping to the Northamptonshire Safeguarding Adults Board in September 2019) Corby, Kettering and Wellingborough are particularly under pressure from increasing levels of rough sleeping between 2015/16 and 2017/18.

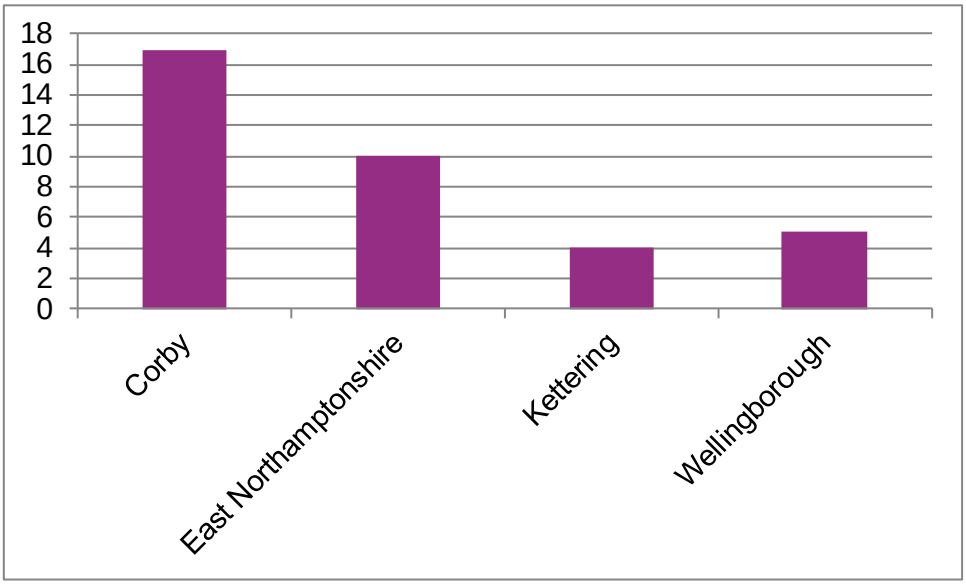
Figure 26 – street homelessness by locality



Within North Northamptonshire estimates of rough sleeper numbers are carried out periodically. Data from 2018/19 records that approximately 70% of rough sleepers are UK nationals, with EEA nationals a significant part of the remainder. The majority of rough sleepers are single males, with some females and couples. Geographically rough sleeping is primarily an issue in town areas as opposed to rural parts of North Northamptonshire. The main challenges identified were engagement with this hard-to-reach group, sharing intelligence with partners, language barriers, and ineligibility.

[28] North Northamptonshire homeless and rough sleeper strategy 2019-2024

Figure 27 – rough sleeper count 2019[29]



The main challenges identified were engagement with this hard-to-reach group, sharing intelligence with partners, language barriers, and ineligibility.

[29] Rough sleeping snapshot in England: autumn 2019, Ministry of Housing, Communities & Local Government

3 General health needs of Northamptonshire

3.1 Northamptonshire Joint Strategic Needs Assessment

North Northamptonshire Council was formally established on 1 April 2021 and has not yet published its own Joint Strategic Needs Assessment, therefore the products for Northamptonshire County Council[30] have been used as a suite of reference documents.

A Joint Strategic Needs Assessment is a process that looks at the current and future health, care and wellbeing needs of a population to inform and guide the planning and commissioning of health, wellbeing and social care services.

The Joint Strategic Needs Assessment products for Northamptonshire bring together information from many different sources and partners relating to the population of the county.

The responsibility for compiling the Joint Strategic Needs Assessment products is shared between North Northamptonshire Council and NHS Northamptonshire Clinical Commissioning Group via the Health and Wellbeing Board.

The Joint Strategic Needs Assessment products are intended to:

- 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, 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 and
- Identify gaps in health and social services and unmet needs

It 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 view and
- Comparisons between and within different areas

From 2019 the Northamptonshire Joint Strategic Needs Assessment consists of a collection of three types of presentation:

- An insight pack which highlights the key facts and local needs about a particular subject
- A Joint Strategic Needs Assessment briefing document which summarise the local needs, risk factors, current services in place, evidence to support commissioners and considerations and recommendations for local commissioning and
- An in-depth needs assessment which is an in-depth analysis of a specific subject area

[30] Northamptonshire Joint Strategic Needs Assessment

In addition, other work that complements the Joint Strategic Needs Assessment products, or is of interest or is similar to the three types of product mentioned is published alongside the Joint Strategic Needs Assessment products if it is appropriate and helpful to do so.

The Joint Strategic Needs Assessment is a continuous process and is updated as additional information becomes available. This pharmaceutical needs assessment reflects the suite of documents on the following topics as published in October 2020 with additional updated information where available:

- Overview of the population
- Maternal and child health
- Children
- Adults
- Mental health and wellbeing
- Long term conditions and mortality
- Lifestyle
- Health services, and
- Wider determinants of health

3.1.1 Cancer

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 North Northamptonshire Council and NHS Northamptonshire 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, with the exception of breast cancer which is associated with affluence. Corby has a high level of deprivation and shows high rates of incidence and mortality, especially of lung cancer and all cancers combined compared England, and mortality from colorectal cancer in females compared with 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.

Within North Northamptonshire, as at 31 March 2020 there were 12,600 people included in the cancer register maintained by their GP practice, a prevalence of 3%[31]. Prevalence rates vary across North Northamptonshire practices from 2.13% (a practice in Corby) to 5.19% (a practice in East 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's premature mortality rates from cardiovascular disease were significantly worse than the average for England[32].

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.

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.

22,016 people aged 17 and over registered with a GP practice in North Northamptonshire in 2019/20 were recorded with a diagnosis of diabetes on a primary health care disease register, a prevalence of 7.37%. This is slightly more than the average diagnosed diabetes prevalence of 7.08% for England[33]. Finding and treating those residents with potentially undiagnosed diabetes is a priority.

[31] Quality and Outcomes Framework , 2019-20, NHS Digital
[32] Public Health England, Public Health Outcome Framework
[33] Quality and Outcomes Framework, 2019-20, NHS Digital

There are substantial differences in the recorded prevalence of diabetes between practices in North Northamptonshire (ranging from a low of 4.90% to 11.16%), suggesting more widespread under-diagnosis in some practices. Undiagnosed diabetes increases the risk of serious complications from the disease.

The prevalence of diabetes in Northamptonshire as a county 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[34]. However, in 2018/19 people living in Corby with diabetes were 97.2% more likely than people without diabetes to have a heart attack (the figure for England is 86.9%). People with diabetes were also 35.1% more likely to have a stroke (the figure for England is 58.5%).

3.1.4 Mental health[35]

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 of Northamptonshire 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 although Corby has generally higher rates than the rest of the county.

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, low use of outdoor space exercise/health purposes and relationship break-ups.

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[34] Public Health England Diabetes profile 2020

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

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[36].

Diagnosed depression is higher than comparator areas for Northamptonshire 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[37].

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

According to GP quality and outcome framework figures for 2019/20 a total of 43,066 people (aged 16 and over) are on GP practices' depression registers, a prevalence of 14.6%[38]. At a practice level prevalence varies between 9.45% and 25.14%.

3.1.5 Respiratory disease

Respiratory diseases are diseases of the airways and other structures of the lung. Among the most common are chronic obstructive pulmonary disease, asthma, occupational lung diseases and pulmonary hypertension.

Respiratory disease affects one in five people and is the third biggest cause of death, after cancer and cardiovascular disease in England. Lung cancer, pneumonia and chronic obstructive pulmonary disease are the biggest causes of respiratory disease death.

The annual economic burden of asthma and chronic obstructive pulmonary disease is an estimated £5bn. Diseases of the lung, including lung cancer, have an estimated direct cost to the NHS of £11bn. Hospital admissions for lung diseases have risen over the last seven years at three times the rate of general admissions and respiratory diseases are a major factor in the pressures faced by the NHS in winter; non-elective respiratory admissions double in the winter months.

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[36] National Institute for Health and Care Excellence (NICE). Common mental health problems: identification and pathways to care. NICE Guidelines [CG123].
[37] Severe Mental Illness. Report of the working group to the Department of Health. (2000) National Centre for Health Outcome Development
[38] Quality and Outcomes Framework , 2019-20, NHS Digital

Incidence and mortality rates from respiratory disease are highest in disadvantaged groups and in areas of high deprivation. The gap is widening and resulting in worse health outcomes for people in those groups.

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.

Corby has the highest rate of deaths per 100,000 population from chronic obstructive pulmonary disease.

According to GP quality and outcome framework figures for 2019/20 a total of 9,035 people (aged 16 and over) are on North Northamptonshire GP practices' chronic obstructive pulmonary disease registers, a prevalence of 2.4%[39]. At a practice level prevalence varies between 1.56% and 3.99%. 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 24,886 people (aged 16 and over) on the GP practices' asthma registers a prevalence of 6.6%. At a practice level prevalence varies between 4.38% and 8.32%.

The proportion of deaths in the county of Northamptonshire attributable to respiratory disease in 2015-17 is 14.2%. During that time period, 702 Northamptonshire residents died from respiratory disease and more than half were considered preventable.

Smoking is the main cause of chronic obstructive pulmonary disease and is thought to be responsible for nine of every ten cases. Avoiding smoking, or quitting, is the most effective way to minimise the risk of developing respiratory disease.

Corby and Wellingborough have both seen an increase in the proportion of smokers from 2017 to 2018. Corby also has the 27th highest percentage of women smoking at the time of delivery in England.

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
- Fertility problems, and
- Sexual dysfunction

Northamptonshire has slightly higher rates of Chlamydia screening compared to the England average (21.6% of 15- to 24-year-olds screen in 2019 in Northamptonshire compared to

[39] Quality and Outcomes Framework, 2019-20, NHS Digital

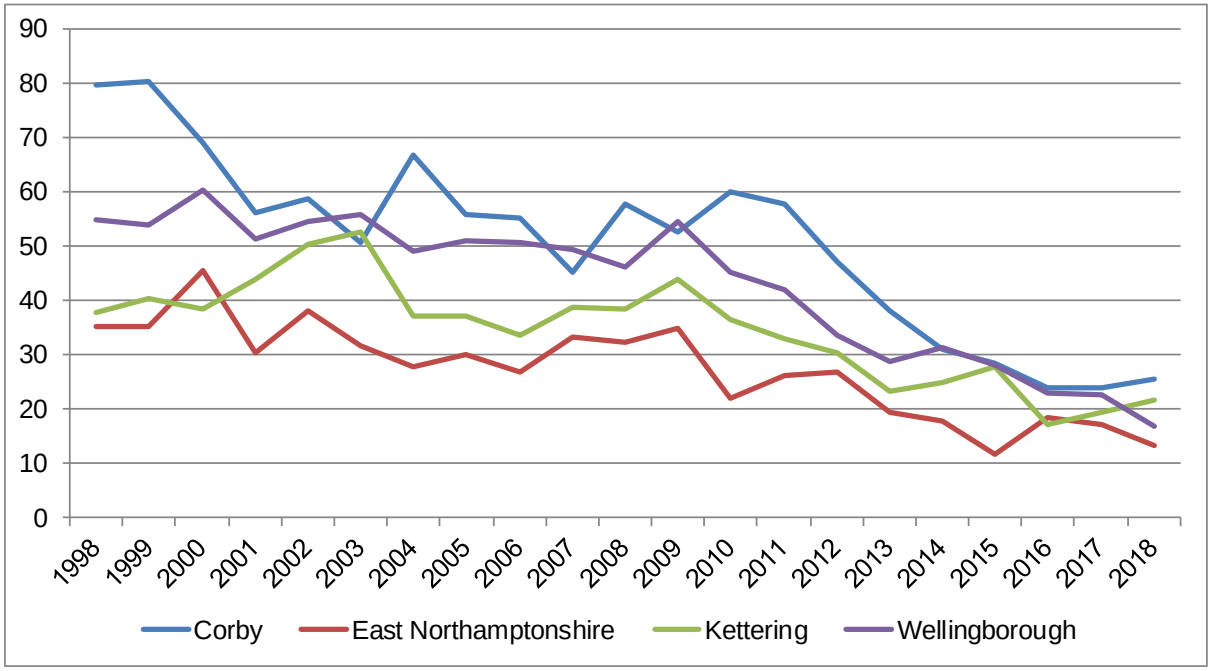
20.4% for England)[40]. However in 2019 there was considerable variation at locality level in the number of 15- to 24-year-olds screened:

- Corby – 18.6%
- East Northamptonshire – 8.1%
- Kettering – 29.9%
- Wellingborough – 19.5%

As of 2018/19 vaccination against the Human Papilloma Virus for females aged 12 to 13 years old and 13 to 14 years old in Northamptonshire was 89.6% and 81.9% respectively, both of which are within target but are lower than in previous years[41].

As can be seen from the figure below, under 18 conception rates in North Northamptonshire have fallen since 1998 but in Corby and Kettering have begun to rise again.

Figure 28 – Under 18 conception rates per 1000 by locality[42]



3.1.7 Alcohol

Alcohol use is one of the leading causes of global burden of disease, currently in the top ten risk factors for early death and ill-health nationally and locally in Northamptonshire. Alcohol misuse contributes (wholly or partially) to 200 health conditions, many of which can lead to a hospital admission. This is due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. These conditions include:

- Mouth, throat, stomach, liver and breast cancer
- Cirrhosis of the liver
- Cardiovascular conditions

[40] Public Health England sexual and reproductive health profiles
[41] Public Health Outcomes Framework – Northamptonshire
[42] Public Health England sexual and reproductive health profiles

- Depression
- Stroke
- Pancreatitis
- Liver disease

Alcoholic drinks are widely available and consumed by the majority of the adult population. While most drinkers enjoy alcohol with no long term consequences, there is no safe limit for consumption and alcohol is responsible for a wide variety of harms to the individual and society as a whole.

The revised guidelines issued in January 2016 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.

Alcohol consumption is a contributing factor to hospital admissions and deaths from a wide range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol-related harm is determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. Some people are at a higher risk of harm due to a range of factors including family health history, physical health, mental health and smoking status.

Nearly one in five (19.6%) of respondents to the Health Survey for England in Northamptonshire reported consuming more than six (for women) or eight (for men) units of alcohol on their heaviest drinking day of the past week (2011-14). This level of consumption is defined as ‘binge drinking’. Drinking very large amounts of alcohol on a single occasion increases the likelihood of experiencing acute alcohol-related harm. 27.9% of respondents to the same survey reported drinking in excess of 14 units of alcohol per week (2011-14).

An estimated 6,535 people, 1.18% of the population of Northamptonshire, were dependent on alcohol in 2014/15. Alcohol dependence is a syndrome characterised by a strong and sometimes overpowering desire to drink, which may take priority over other previously valued activities, and physical withdrawal symptoms if the person stops drinking.

An estimated 10.6% of the county’s residents abstained from drinking alcohol according to the Health Survey for England responses, combined for the years 2011 – 14. This is statistically significantly lower than the national average of 15.5%. Alcohol-related harm is determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. Since alcohol consumption at any level is potentially harmful, only abstainers are at zero risk.

National survey results from 2018 show that the prevalence of harmful and dependent alcohol use in men is greater than that amongst women. Male respondents were more likely to drink than their female co-respondents, roughly twice as many in most age groups and particularly at higher drinking levels.

Survey data shows that White British adults were most likely to drink harmfully, while adults from Asian backgrounds were the least likely. This difference is likely to be a result of social/cultural differences between communities and norms of abstinence in some religious groups.

Lesbian, gay, bisexual and transgender people may be more likely to misuse alcohol than heterosexuals. A 2013 survey by Stonewall found that 42% of gay and bisexual men reported drinking three or more days in the previous week compared to 35% of men in general. Evidence also suggests an increased lifetime prevalence of alcohol dependence in lesbians, gays and bisexuals.

Problems with drugs or alcohol can be part of a person's spiral into homelessness and levels of drug and alcohol abuse are relatively high amongst the homeless population. Of course not everyone who has problems with alcohol or drugs becomes homeless and not every homeless person has problems with drug or alcohol abuse. However, two thirds of homeless people cite drug or alcohol use as a reason for first becoming homeless. Being homeless is incredibly stressful. It is not uncommon for those traumatised by homelessness to seek solace in drugs and/or alcohol.

Data from a 2016 screening and advice initiative by the Defence Primary Health Care dental centre indicates that alcohol misuse within the UK Armed Forces population is higher than in the UK general population, with estimates of increased risk drinking levels within the Armed Forces ranging from 39% to 67% of the military population.

Between 2016/17, 61.2% of regular UK Armed Forces personnel were considered potentially at increasing or higher risk drinking. Alcohol drinking and misuse in the Army has a historical relationship and some evidence highlights that alcohol drinking patterns may be different depending on age and rank, with younger, single men being more at risk of alcohol misuse.

More recent evidence highlights that drinking patterns in the Army and drinking cultures have continued to change and alcohol intake is reducing.

As with civilian members of the community, veterans can be vulnerable to substance misuse. Veterans sometimes use alcohol and/or drugs to cope with the physical and psychological effects of military service. These risks can be increased if their physical and/or mental health reduces their ability to find and hold long-term, fulfilling employment and secure accommodation. However, it is not possible to quantify how many veterans are misusing alcohol within local authority areas.

The table below shows the rates by locality for four alcohol indicators. Rates in red are statistically worse than the national benchmark, those in amber are statistically similar and those in green are statistically better.

Table 7 – Alcohol indicators at locality level

	Corby	East Northamptonshire	Kettering	Wellingborough
Alcohol-related mortality (rate per 100,000, 2018)	59.3	44.9	47.2	54.3
Alcohol-specific mortality (rate per 100,000, 2016-18)	17.9	6.1	8.4	10.1
Years of life lost due to alcohol-related conditions (persons) (rate per 100,000, 2017)	912	408	565	563
Admissions episodes for alcohol-related conditions (Narrow) (rate per 100,000 2017/18)	867	612	779	741
Admissions episodes for alcohol-specific conditions (rate per 100,000 2017/18)	703	335	577	514

3.1.8 Obesity

Obesity and excess weight are significant health issues across the life course. Carrying excess weight can have significant implications for an individual's physical and mental health. There isn't a single intervention to tackle obesity on its own as the causes of obesity are multi-factorial, including biological, physiological, psycho-social, behavioural and environmental factors.

No one is 'immune' to obesity, but some people are more likely to become overweight or obese than others. Obesity is more common among women in deprived areas, some black and minority ethnic groups and people with learning disabilities. The Marmot review found that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese. People from certain ethnic groups, such as people from South Asia, are more likely to be overweight and obese and have a higher susceptibility to particular diseases linked to excess weight like Type 2 diabetes. In addition, excess weight can lead to lower employment rates, discrimination and stigmatisation, an increased risk of hospitalisation and a reduction in life expectancy by, on average, three years for overweight people and eight to nine years for those with severe obesity. By Year 6, 27.9% of children are overweight or obese.

Younger generations are becoming obese at earlier ages and staying obese into adulthood. In Northamptonshire, 24.2% of Reception year children are overweight or obese.

Inequalities begin at an early age, evidence shows an obese child is more likely to become an obese adult and being overweight or obese both influences and reinforces health inequalities. There is a strong relationship between deprivation and childhood obesity. Analysis of data from the National Child Measurement Programme shows that obesity prevalence among children in both Reception and Year 6 increases with increased socioeconomic deprivation. Obesity prevalence in the most deprived areas of the country in children is approximately twice that of the least deprived 10%.

The table below shows the child obesity profile at locality level. Rates in red are statistically worse than the national benchmark, those in amber are statistically similar and those in green are statistically better.

Table 8 – child obesity profile by locality[43]

Indicator	Age	Period	Corby	East Northamptonshire	Kettering	Wellingborough
Obese children Reception Year, three year average	4-5 years	2016/17 - 18/19	10%	7%	10%	10%
Children with excess weight Reception Year, three year average	4-5 years	2016/17 - 18/19	24%	21%	25%	22%
Obese children Year 6, three year average	10-11 years	2016/17 - 18/19	23%	17%	18%	20%
Children with excess weight Year 6, three year average	10-11 years	2016/17 - 18/19	37%	31%	32%	35%

Women who are obese during pregnancy have a significantly greater risk of complications during their pregnancy; pre-eclampsia, gestational diabetes, intervention required during delivery including the need for caesarean section. They are also at greater risk of a preterm birth and the associated physical complications that has on the infant.

Maternal obesity increases with social disadvantage and can contribute to an increase in health inequalities across generations. Women are more likely to have an inadequate diet during pregnancy if they are living in deprivation and/or are a young age. Inadequate diet during pregnancy is one of the main causes of low birthweight, and can permanently alter the baby's blood pressure and metabolism, increasing the child's long term risk of heart disease.

As of 2018/19, two out of three adults (aged 18+) in North Northamptonshire are classified as overweight or obese[44]:

- Corby - 70.1%
- East Northamptonshire – 66.7%
- Kettering – 61.0%
- Wellingborough – 67.9%.

3.1.9 Smoking

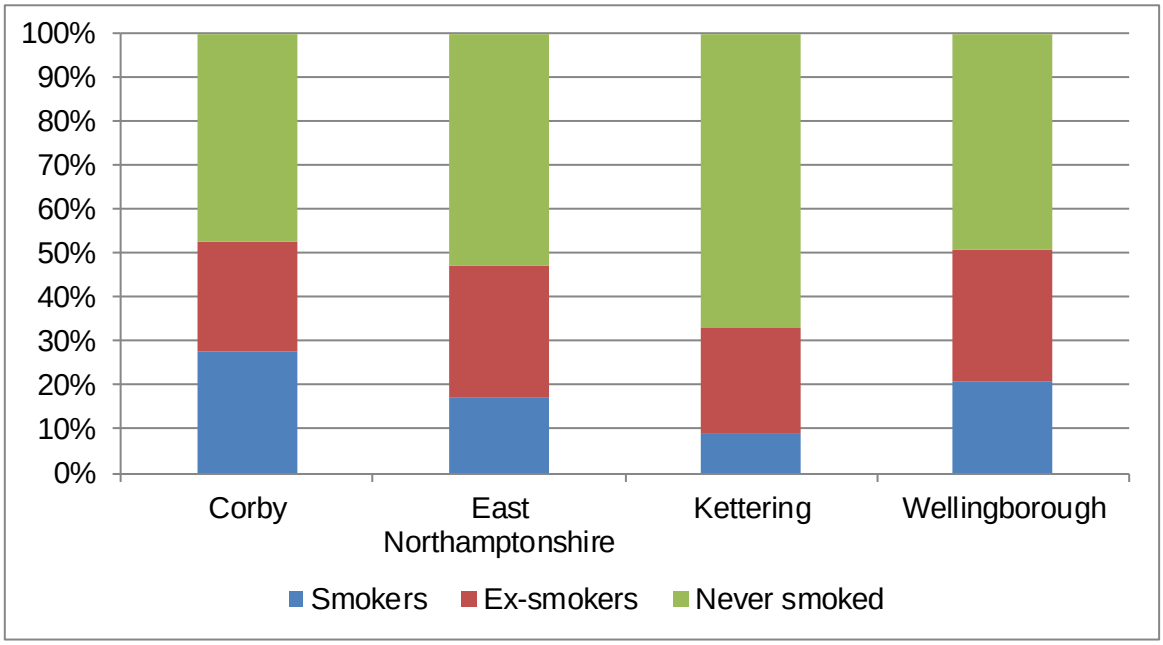
Tobacco smoking is the most important preventable cause of disease and premature death in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease and heart disease. It is also associated with many other cancers.

Smoking prevalence in England has seen a steady decline in recent decades. A combination of public health measures have contributed to this decline, including stop smoking services, legislation on tobacco advertising, establishment of smoke free places, and a ban on smoking in cars with children.

[43] Public Health England child obesity profile
[44] Public Health England public health profiles

The figure below provides information on the percentage of adults aged 18 and over who smoke, used to smoke and have never smoked as reported by the Annual Population Survey in 2019. As can be seen the highest prevalence of adults who smoke is in Corby, which is almost double the average for England and is increasing/getting worse.

Figure 29 – smoking prevalence in adults by locality



3.1.10 Drug misuse

In 2013-14, an estimated 8.8% of all adults in England and Wales used an illicit drug. While not all drug use is problematic, it poses health risks to the individual and roughly 15% of people who use drugs develop dependence.

Addiction and physical dependence occur over a prolonged period of regular use, during which the user slowly develops tolerance towards the substance and eventually begins to suffer withdrawal symptoms if they cease to take it. At this point, taking the substance is prioritised above other behaviours which the user previously considered important, despite this causing physical, psychological or social harm.

Criminality, mental health issues and a family history of substance misuse can increase the likelihood of an individual developing a drug or alcohol dependence. In turn, substance misuse can lead to a combination of:

- An increased risk of developing physical health problems
- An increased risk of contracting blood-borne viruses (injecting drug users)
- Chaotic lifestyle and behaviour
- Problems with personal relationships and family breakdowns
- Criminality and a criminal record
- Self-neglect
- Unemployment and
- Housing issues

Treating substance misuse therefore requires a broad approach to cover:

- Helping people to recognise problematic patterns of behaviour before they develop into dependence
- Reducing the personal and societal harms caused by addiction
- Enabling users to overcome substance dependence
- Addressing the underlying issues that led to the addictive behaviours
- Assisting recovering users with reintegration into society and
- Providing support to family members affected by the user's substance misuse

Drug misuse is an important health issue as:

- Substance misuse puts the individual's health at risk
- Substance misuse interventions lead to better Public Health outcomes across a wide variety of areas
- Illicit drug use can lead to poisoning and death
- There are links between substance misuse and mental health issues
- Substance misuse disrupts families and can have a profound impact on children and
- Substance misuse impacts on communities

4 Identified patient groups – particular health issues

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

- Those sharing one or 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 the area for business or to visit friends and family or the sporting and leisure facilities in the county – for example Rockingham motor speedway, Rushden Lakes and the country parks

Whilst some of these groups are referred to in other parts of the pharmaceutical needs assessment, this section focusses 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 Joint Strategic Needs Assessment for Northamptonshire[45] identifies the following health issues.

- Cigarette smoking is implicated in eight of the top fourteen causes of death for people 65 years of age or older. Smoking causes disabling and fatal disease, including lung and other cancers, heart and circulatory diseases, and respiratory diseases such as emphysema. It also accelerates the rate of decline of bone density during ageing. At age 70, smokers have less dense bones and a higher risk of fractures than non-smokers. Female smokers are at greater risk for post-menopausal osteoporosis. Half of long-term smokers die of tobacco related illnesses, most prematurely, and many suffer from a variety of chronic conditions related to smoking
- Even modest alcohol use in old age may be potentially harmful as a contributor to falls, compromised memory, medicine mismanagement, inadequate diet and limitations on independent living

[45] Northamptonshire Older People's Joint Strategic Needs Assessment 2019

- Loneliness can have significant and lasting effect on health. It is associated with higher blood pressure and depression and leads to higher rates of mortality, indeed comparable to those associated with smoking and alcohol consumption. It is also linked to a higher incidence of dementia with one study reporting a doubled risk of Alzheimer's disease. Lonely people tend to make more use of health and social care services and are more likely to have early admission to residential or nursing care
- Depression is the most common mental health need for older people and prevalence rises with age. Women are more often diagnosed with depression than men. At any one time, around 10-15% of the over 65s population nationally will have depression and 25% will show symptoms of depression. The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. More severe depression is less common, affecting 3-5% of older people
- People with mental health needs can seek advice and support from their GP. However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. This means of those with depression only 15 per cent, or one in seven, are diagnosed and receiving any kind of treatment. Even when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64
- Dementia is a common condition that affects about 800,000 people in the UK. The risk of developing dementia increases as you get older, and the condition usually occurs in people over the age of 65. Dementia is the second most common mental health problem in older people and 20% of people over 85, and 5% over 65, have dementia.
  It is predicted that nearly 10,000 people aged 65 and over will live with dementia in Northamptonshire by 2021. Compared to North Northamptonshire, it is estimated that the number of people living with dementia will increase slightly faster in North Northamptonshire in 2017-2021, 12.9 vs 12.7%
- Age is the single biggest factor associated with having a long term condition and 60% of people aged 65 and over are affected, but lifestyle factors such as smoking, excessive alcohol consumption, unhealthy diets and physical inactivity are estimated to cause approximately 50% of long term conditions
- 61.8% of all prescriptions written in England in 2018 were for patients aged 60 and over[46]

For children[47]:

- 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 Kettering; the other localities 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

[46] NHS Digital, Prescription Cost Analysis - England, 2018
[47] PHAST (2014) Health needs of children and young people in Northamptonshire, with emphasis on mental health

- 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 ten adults who have ever smoked regularly started before the age of 19
- Eight out of ten 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[48]

A 2010 study by the Improving Health and Lives Learning Disabilities Observatory noted that people with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent, avoidable. It also noted that health inequalities faced by people with a learning disability began in childhood and that they were often caused as a result of lack of access to timely, appropriate and effective healthcare.

The outcomes for adults with disabilities compared to the wider population are poorer in almost every manner. People with learning disabilities have a shorter life expectancy and increased risk of early death when compared to the general population.

People with learning disabilities are living longer than in the past 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 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:

- 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

[48] Northamptonshire County Council's Adults with Disabilities JSNA Chapter 2017

- 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

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 an illegal practice that raises serious health related concerns
- There is a possibility of hate crime related to religion and belief

4.6 Sex

- Average male life expectancy in North Northamptonshire ranges from 77 to 80 years. For females the figures range from 81 to 83 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[49] 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 indiscreet
- 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

[49] Pharmacy consumer research. Pharmacy usage and communications mapping – Executive summary. June 2009

- 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[50]

4.7 Sexual orientation

A survey of lesbian health[51] shows that:

- 66% of lesbian and bisexual women have smoked compared to 50% of women in general. Just over a quarter currently smoke
- 90% of lesbian and bisexual women drink and 40% drink three times a week compared to a quarter of women in general
- Lesbian and bisexual women are five times more likely to have taken drugs. Over 10% have taken cocaine, compared to 3% of women in general
- Less than 50% of lesbian and bisexual women have ever been screened for sexually transmitted infections
- 50% of those who have been screened had a sexually transmitted infection and 25% of those with sexually transmitted infections have only had sex with women in the last five years
- 15% of lesbian and bisexual women over the age of 25 have never had a cervical smear test, compared to 7% of women in general. 20% who have not had a test have been told they are not at risk. 2% have been refused a test
- 8% of lesbian and bisexual women aged between 50 and 79 have been diagnosed with breast cancer, compared to one in twenty women in general
- 20% of lesbian and bisexual women have deliberately harmed themselves in the last year, compared to 0.4% of the general population. 50% of women under the age of 20 have self-harmed compared to 6.7% of teenagers generally
- 5% have attempted to take their life in the last year and 16% of women under the age of 20 have attempted to take their life. ChildLine estimates that 0.12% of people under 18 have attempted suicide
- 20% say they have an eating disorder, compared to 5% of the general population
- 25% of lesbian and bisexual women have experienced domestic violence, the same as women in general. In 66% of cases, the perpetrator was another woman. 80% have not reported incidents of domestic violence to the police and of those that did only 50% were happy with their response

A survey of gay and bisexual men's health needs[52] revealed:

- 66% of gay and bisexual men have smoked at some time in their life compared to half of men in general. 25% of gay and bisexual men currently smoke compared to 22% of men in general
- 42% of gay and bisexual men drink alcohol on three or more days a week compared to 35% of men in general
- 50% of gay and bisexual men have taken drugs in the last year compared to just 12.5% of men in general

[50] Department of Health and Social Care "The Gender and Access to Health Services Study" 2008
[51] Stonewall "Prescription for change 2008"
[52] Stonewall "Gay and Bisexual Men's Health Survey (2013)"

- Over 50% of gay and bisexual men have a normal body mass index compared to fewer than 33% of men in general. Just 44% of gay and bisexual men are overweight or obese compared to 70% of men in general
- In the previous year, 3% of gay men and 5% of bisexual men have attempted to take their own life. Just 0.4% of men in general attempted to take their own life in the same period
- 6% gay and bisexual men aged 16 to 24 have attempted to take their own life in the last year. Less than 1% of men in general aged 16 to 24 have attempted to take their own life in the same period
- 7% of gay and bisexual men deliberately harmed themselves in the last year compared to just 3% men in general who have ever harmed themselves
- 15% of gay and bisexual men aged 16 to 24 have harmed themselves in the last year compared to 7% of men in general aged 16 to 24 who have ever deliberately harmed themselves
- 50% of gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 17% of men in general. More than 33% of gay and bisexual men have experienced at least one incident of domestic abuse in a relationship with a man
- Almost 25% of gay and bisexual men have experienced domestic abuse from a family member, for example mother or father, since the age of 16. 80% of gay and bisexual men who have experienced domestic abuse have never reported incidents to the police. Of those who did report, more 50% were not happy with how the police dealt with the situation
- 25% of gay and bisexual men have never been tested for any sexually transmitted infection. 30% of gay and bisexual men have never had an HIV test in spite of early diagnosis now being a public health priority

4.8 Gender re-assignment[53]

- 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
- 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

[53] Gender Identity Research and Education Society Trans Health Factsheets

4.9 University students

- Mumps
- Screening for sexually transmitted diseases
- Smoking cessation
- Meningitis
- Contraception, including emergency hormonal contraception 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 ten mental health service users and almost half of the students accessing the counselling service[54]

4.10 Offenders[55]

For the purposes of this section the term 'offenders' refers to an individual who is convicted in a court of law as having committed a crime, violated a law or transgressed a code of conduct. It includes community offenders and those accommodated in prison.

Offenders are much more likely than average to be subject to factors affecting mental wellbeing, personality disorders, learning disabilities, substance misuse, homelessness and below average academic achievement. Offenders may also have had issues with accessing the medical care and support they need to address and manage these issues.

The most common factor is alcohol abuse, with Corby and East Northamptonshire in particular displaying a higher proportion of offenders' alcohol issues driving offending behaviour than the average in England and the East Midlands region.

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

- Drug misuse related to offending behaviour is lower in Northamptonshire than in the country and the region, but not much lower indicating that whilst there is no greater issue in the county with drug misuse fuelling offending behaviour, it is still linked to 27% of offending behaviour
- Nationally, more than 70% of the prison population have two or more mental health disorders. 72% of those identified as having a mental illness were also found to have a substance misuse problem
- Male prisoners are 14 times more likely to have two or more disorders than men in general, and female prisoners are 35 times more likely than women in general
- Mental disorders are significantly over represented in the prison population. As many as 12% to 15% of all prisoners have four concurrent mental disorders. 30% of all prisoners have a history of self-harm and the incidence of mental health disorder is higher for women, older people and those from ethnic minority groups
- The suicide rate in prisons is almost 15 times higher than in the general population: in 2002 the rate was 143 per 100,000 compared to 9 per 100,000 in the general population. Boys aged 15-17 are 18 times more likely to kill themselves in prison than in the community

[54] https://www.northampton.ac.uk/news/students-give-universitys-counselling-and-mental-health-team-a-glowing-review/
[55] Northamptonshire County Council, Offenders and Ex-Offenders Needs Assessment 2014

In England, 20% of the adult population are smokers whereas amongst the prison population this rises to an estimated 80%.

34 to 36% of prisoners are likely to be disabled, which is higher than similar estimates in the general population.

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 of:

- Physical health needs
- Mental health needs and
- Substance misuse

A new prison is due to open in Wellingborough, HMP Five Wells, early in 2022 and will house 1,680 inmates.

4.11 Homeless and rough sleepers

Sleeping rough is dangerous and is seriously detrimental to a person's physical and mental health. People who sleep rough are 17 times more likely to be victims of violence than the general public.

The mean age at death for someone who is homeless in England and Wales is 44 years for men and 42 for women compared to the mean age at death for the general population of England and Wales which is 76 and 81 respectively (2017). Even those people who sleep rough for only a few months are likely to die younger than they would have done if they had never slept rough.

The three most common causes of deaths amongst homeless people in England and Wales in 2017 were:

- accidents (40%)
- liver disease (9%)
- suicide (9%)[56]

People sleeping on the street are almost 17 times more likely to have been victims of violence. More than one in three people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless. Homeless people are over nine times more likely to take their own life than the general population.

Based on 2,590 responses from people using services in 19 areas across England, a 2014 report by Homeless Link[57] 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

[56] Northamptonshire County Council, Homelessness in Northamptonshire JSNA Insight Pack August 2019

[57] Homeless Link, The unhealthy state of homelessness: Health audit results 2014

    - 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

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[58]

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

[58] The health needs of asylum seekers - Faculty of Public Health. May 2008

- 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

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

According to the Veterans' Healthcare Toolkit published by the Royal College of General Practitioners[59] whilst there is often an emphasis on veterans with post-traumatic stress disorder (PTSD), the actual rates are not high, around 6.2% which is broadly equivalent to the incidence amongst civilians. More common issues include other mental health difficulties, such as anxiety and depression, as well as problems related to alcohol. However, for those veterans who deployed when serving, rates of PTSD are higher at 9% and up to 17% for those who deployed in a front-line, infantry combat role.

There is growing evidence that a range of mental health conditions may appear (or patients may present) some years after individuals have left the armed forces. These conditions may relate to combat, training or other military experiences, transition out of service or indeed pre-service vulnerabilities.

The historical issues of stigma associated with mental health and a traditional culture of reluctance to admitting to a perceived weakness or being in a position of having to ask for help means that a substantial number of unwell veterans are unlikely to access the appropriate support and services. This is further compounded by a lack of awareness amongst veterans of what services are available to them, as well as varying levels of awareness across the NHS on the health needs of this patient group. In addition, the

[59] https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/veterans-healthcare-toolkit.aspx

widespread public perception, often fuelled by mainstream media, that all veterans are damaged by their military service and all of them have PTSD is not only wrong but harmful.

4.15 Visitors to sporting and leisure facilities in the county[60]

218,640 visited Northamptonshire in 2019, a reduction of 6.01% on 2018. Visits were spread fairly evenly throughout the year, although as may be expected April to June (29.9% of visits) was more popular than October to December (21.5%). The average length of stay was 5.3 nights.

Reasons for visits were:

- Business – 42.9%
- Visiting friends and relatives – 36.5%
- Holiday – 18%
- Miscellaneous – 1.9%
- Study – 0.7%

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 are only in the county for a short while their health needs are likely to be:

- 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

[60] Visit Britain inbound nation, region and county data

5 Provision of pharmaceutical services

Due to the effect the Covid-19 pandemic had on the provision of services towards the end of 2019/20 and during 2020/21 the pharmaceutical needs assessment has included the provision of pharmaceutical services in 2018/19 as well as 2019/20 and the first nine months of 2020/21 in order to gain a more accurate picture of provision by pharmacies and dispensing appliance contractors.

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 New Medicine Service, Community Pharmacist Consultation Service and flu vaccination and
- The dispensing service provided by some GP practices

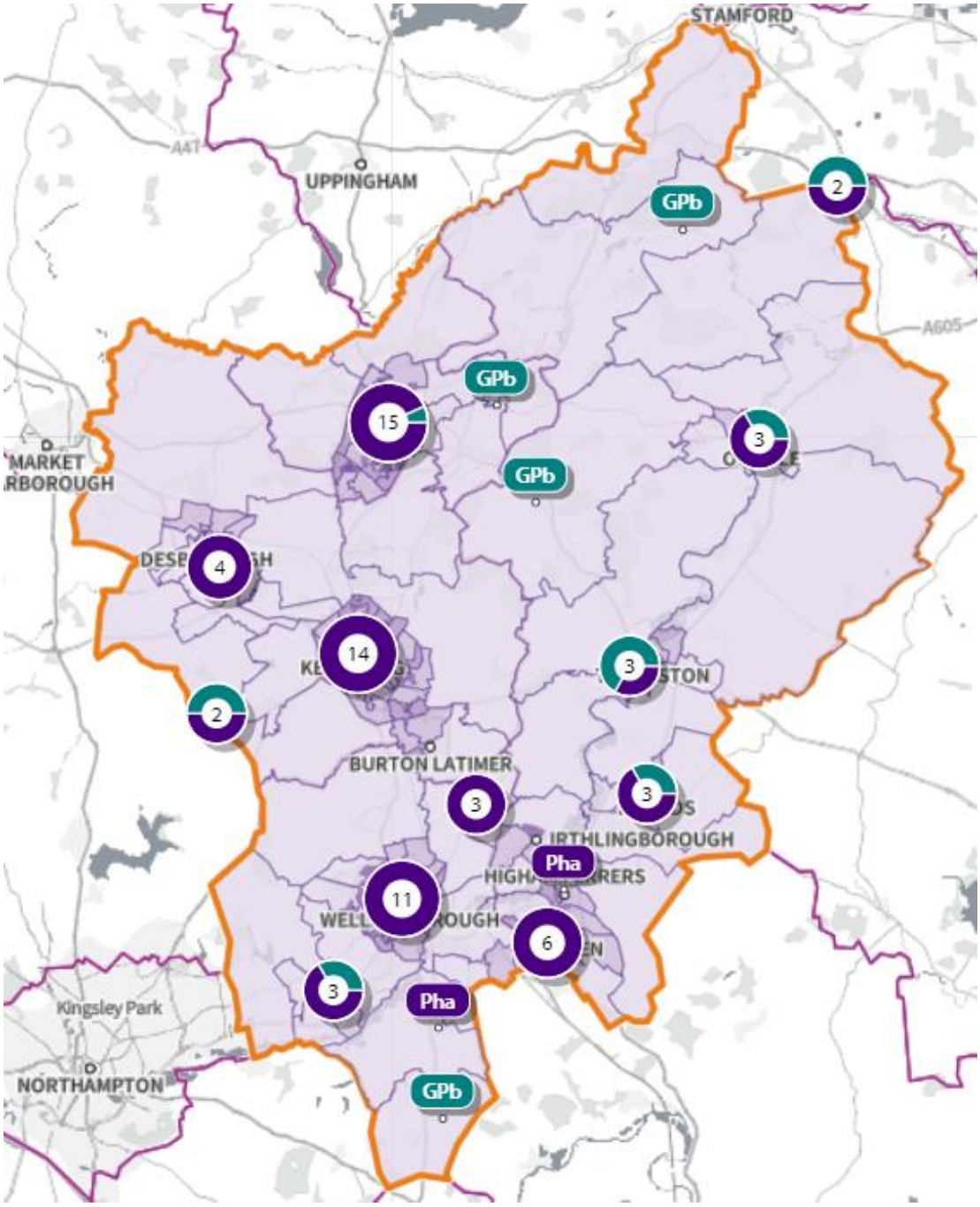
There are 63 pharmacies included in the pharmaceutical list for the area of the Health and Wellbeing Board as of April 2021, operated by 34 different contractors. Of these 63 pharmacies, six provide services for 100 hours per week and one is a distance selling premises. There are no pharmacies providing Local Pharmaceutical Services.

There are no dispensing appliance contractors providing services within the Health and Wellbeing Board's area.

Of the 33 GP practices in the Health and Wellbeing Board area, 17 dispense to eligible patients from 19 sites within 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 February 2021, the GP practices dispensed to 26,279 of their registered patients (23.6% of the total list size for all 11 practices). The percentage of dispensing patients at practice level varied between 3.5 and 95% of registered patients.

The map below shows the location of the pharmacy and dispensing practice premises within the Health and Wellbeing Board's area. Due to the size of the Health and Wellbeing Board's area 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).

Map 7 – location of pharmacies and dispensing practice premises compared to population density



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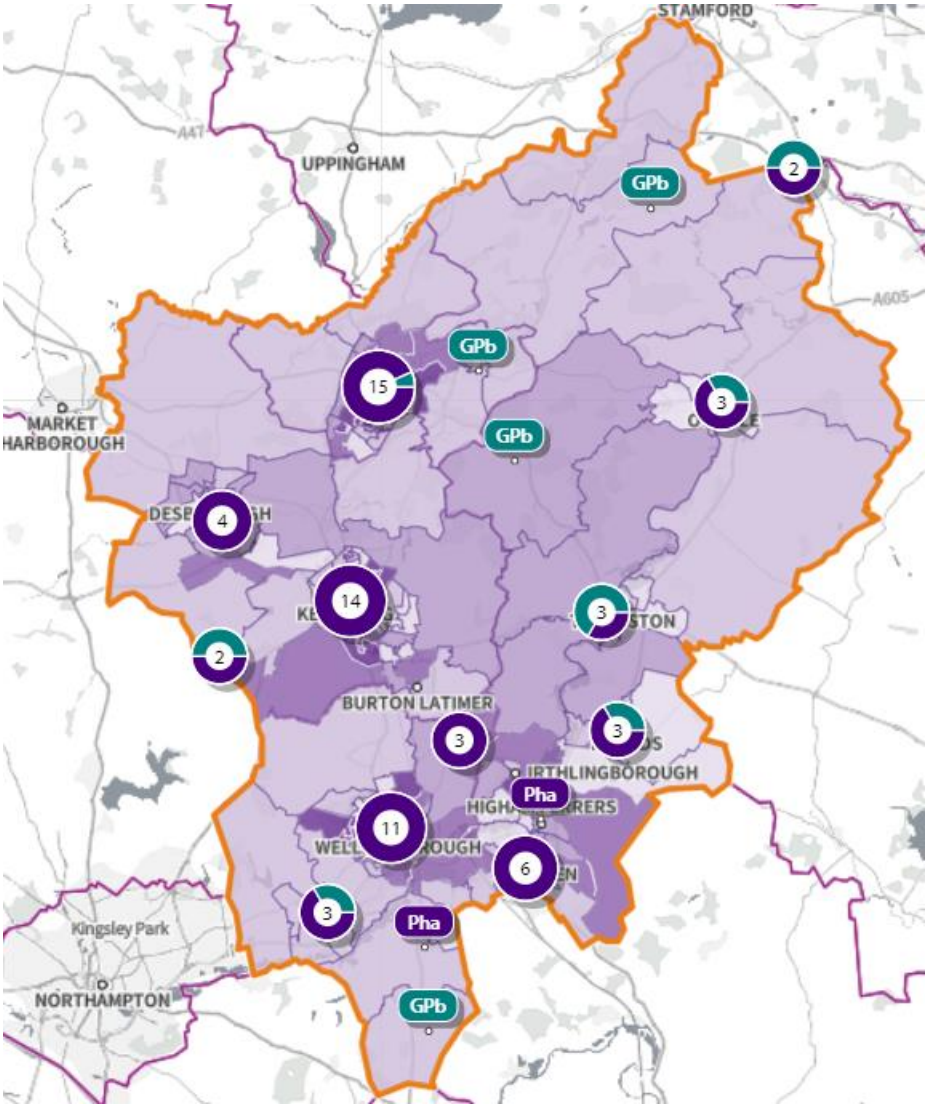
There is less correlation when looking at the location of pharmacies and dispensing practice premises compared to levels of deprivation as can be seen from the map below. In this map the darker the shading the greater the level of deprivation.

Map 8 – location of pharmacies and dispensing practice premises compared to levels of deprivation



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In 2019-20 88.6% of items prescribed in North Northamptonshire were dispensed by pharmacies within the area (87.3% in the period between April 2020 and February 2021) and 7.2% were dispensed or personally administered by the GP practices (7.1% in the period between April 2020 and February 2021)[61].

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[62]. As of September 2016 the Department of Health

[61] NHS Business Services Authority Information Service
[62] Pharmacy in England. Building on strengths – delivering the future. Department of Health April 2008.

and Social Care undertook a mapping exercise which confirmed that 88% of the population were within a 20 minute walk of a pharmacy. This data also demonstrated that 40% of all community pharmacies were within a ten minute walk of two or more other community pharmacies[63].

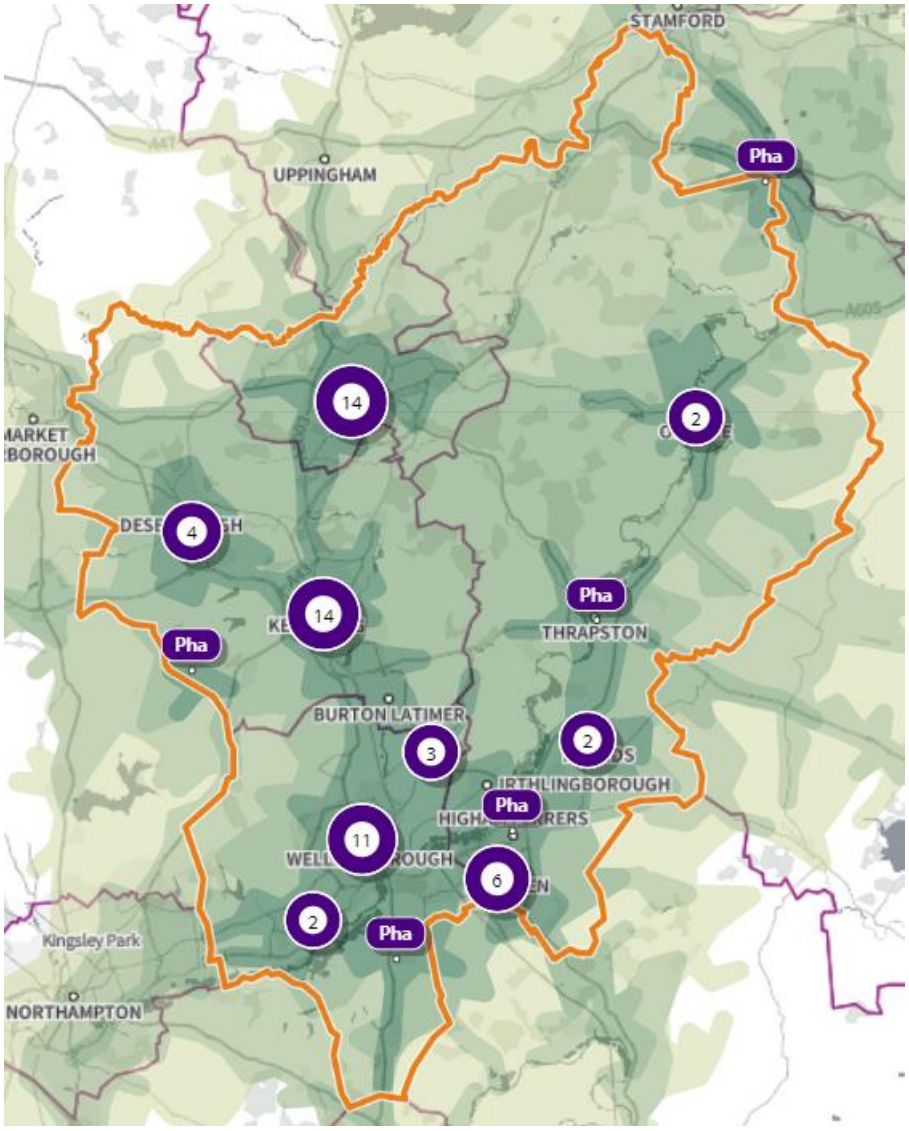
In line with the national access standards, and taking into account the urban-rural split of the county, the Health and Wellbeing Board has chosen 20 minutes by car as a reasonable time for residents to take to access a pharmacy.

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 Health and Wellbeing Board's area within a 20 minute drive outside of rush hour times. The one area that doesn't meet this standard is on the western edge, to the west of the villages of Weston by Welland and Sutton Bassett (to the north east of Market Harborough). However, according to Google Maps there is no resident population in this area, just a timber merchant.

[63] Post-implementation report on the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Department of Health and Social Care March 2018

Map 9 – Time taken to access a pharmacy, by car, outside of peak times



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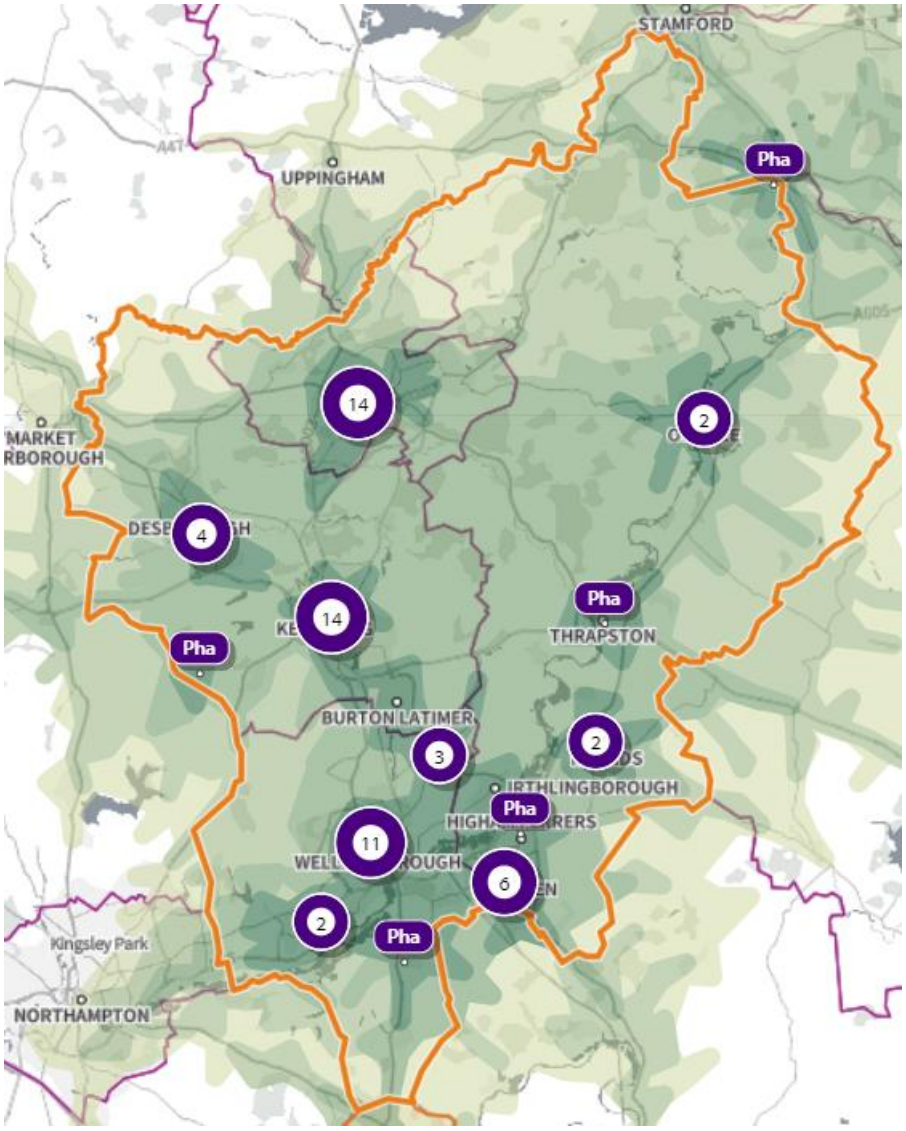
Travel times in minutes

The picture changes slightly during rush hour times with an area to the south east of Lutton, a village to the east of Oundle, falling outside the 20 minutes standard. Google Maps reveals just one cluster of buildings within this area which appear to be farm buildings with only a track leading to them.

The Health and Wellbeing Board is therefore satisfied that all residents can access a pharmacy within 20 minutes by private transport.

Map 10 – Time taken to access a pharmacy, by car, peak times



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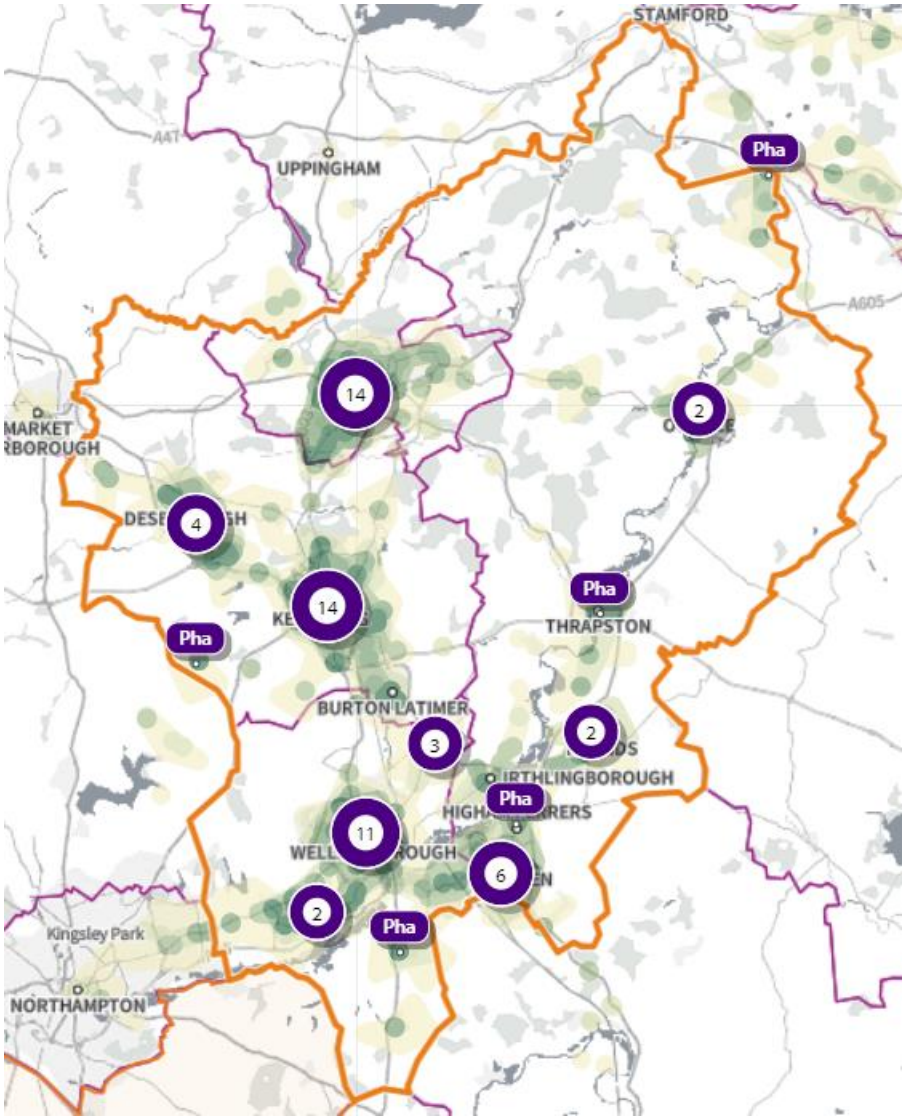
Travel times in minutes

As noted from the patient and public engagement questionnaire people also choose to walk to a pharmacy with one person using public transport. As may be expected for those living in the rural areas and villages public transport is not an option for those wishing to access a pharmacy. The map below shows those areas that are within 30 minutes of a pharmacy by public transport.

Map 11 – Time taken to access a pharmacy, by public transport



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5 10 15 20 Travel times in minutes

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 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 25% 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, trust in the staff who work there, it's easy to park there
- 60% of people drive to a pharmacy and 34% walk
- 95% of respondents said they could get to a pharmacy within 20 minutes (28% said it is less than five minutes, 58% said between five and 15 minutes, and 10% said more than 15 minutes but less than 20)
- The most convenient times to visit a pharmacy are 9.00am to 12.00pm (21%), then 12.00 to 3.00pm (13%) and 3.00 to 6.00pm (10%), however 41% of respondents said they didn't have a preferred time

Based on the information available to it the Health and Wellbeing Board is satisfied that across its patch there is good access to premises, however this may not be the case at locality level.

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 North Northamptonshire showed that for those with a preference the period 9.00am to 9.00pm is the most convenient time to visit a pharmacy.

Appendix M provides information on the pharmacies and dispensing appliance contractor opening hours as at April 2021 and at that point in time there were:

- 13 pharmacies open seven days a week (includes the six 100 hour pharmacies)
- 9 pharmacies open Monday to Saturday
- 29 pharmacies open Monday to Friday, and Saturday until lunchtime
- 12 pharmacies that open Monday to Friday

GP practices are contracted to provide services between 8.00am and 6.30pm, Monday to Friday, excluding bank and public holidays. Extended access hubs operate across the Health and Wellbeing Board's area offering bookable routine appointments with GPs and other health care professionals making it easier for patients to get an appointment at a time that suits them, including evenings and weekends.
The four extended access hubs are:

- Corby – available to patients registered with a GP practice in Corby. Located at Woodsend Medical Centre in Corby. The co-located pharmacy is open 8am to 8pm, Monday to Friday, and Saturday mornings. There is also a pharmacy that opens 8am to 8pm, seven days a week, five minutes away by car or a walk of 25 minutes
- East Northants – available to patients registered with a GP practice in East Northants. Located at Harborough Field Surgery, Rushden. The co-located pharmacy is open 8am to 6pm Monday to Friday, and Saturday mornings

- Kettering – available to patients registered with a GP practice in Kettering area (including Rothwell, Desborough, Burton Latimer). Located at Prospect House - 1st Floor in Kettering. The co-located pharmacy is open 8.15am to 6.15pm Monday to Friday, and 9am to 12pm on Saturdays. A 100 hour pharmacy is located approximately one minute away by car or two minutes on foot which is open 7am to 10pm Monday to Saturday, and 10am to 10pm on Sunday
- Wellingborough – available to patients registered with a GP practice in Wellingborough. Located at Albany House Medical Centre, Wellingborough. The co-located 100 hour pharmacy is open 7am to 10pm Monday to Saturday, and 8am to 6pm on Sunday

In addition the Corby Urgent Care Centre in Corby opens 8.00am-8.00pm every day of the year. The pharmacy that is on the same site is open from 8am to 8pm, seven days a week.

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.

Based on the information available to it the Health and Wellbeing Board is satisfied that across its patch there is good access to premises, however this may not be the case at locality level.

5.1.3 Access to the New Medicine Service[64]

In 2018/19 a total of 6,479 full service interventions were claimed over the year by 58 of the pharmacies.

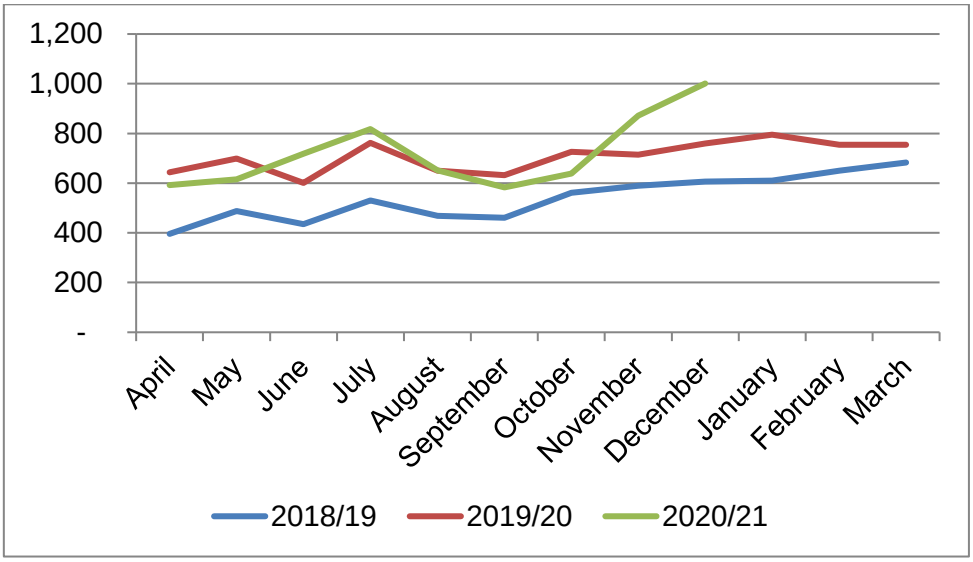
In 2019/20 a total of 8,493 full service interventions were claimed over the year by 54 of the pharmacies.

In the first nine months of 2020/21 a total of 6,490 full service interventions were claimed over the year by 46 of the pharmacies.

The figure below shows the pattern of claiming throughout the three financial years for all pharmacies.

[64] NHS Business Services Authority Information Service

Figure 30 – number of full service interventions claimed by the pharmacies in 2018/19 to 2020/21



In 2019/20 54 pharmacies provided this service, and the map below shows the location of these 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.

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.

Map 12 – location of pharmacies providing the New Medicine Service in 2019/20

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Based upon the level of provision in previous years the Health and Wellbeing Board is satisfied that there is sufficient capacity within existing contractors to provide more full service interventions. 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 NHS Community Pharmacist Consultation Service

As of October 2020, 58 of the 64 pharmacies provided the Community Pharmacist Consultation Service[65] (one pharmacy that provided the service subsequently closed on 24 December 2020). The six pharmacies not providing the service are located in Corby (two), Kettering (three) and Wellingborough (one).

The Health and Wellbeing Board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

[65] Information provided by NHS England and NHS Improvement October 2020.

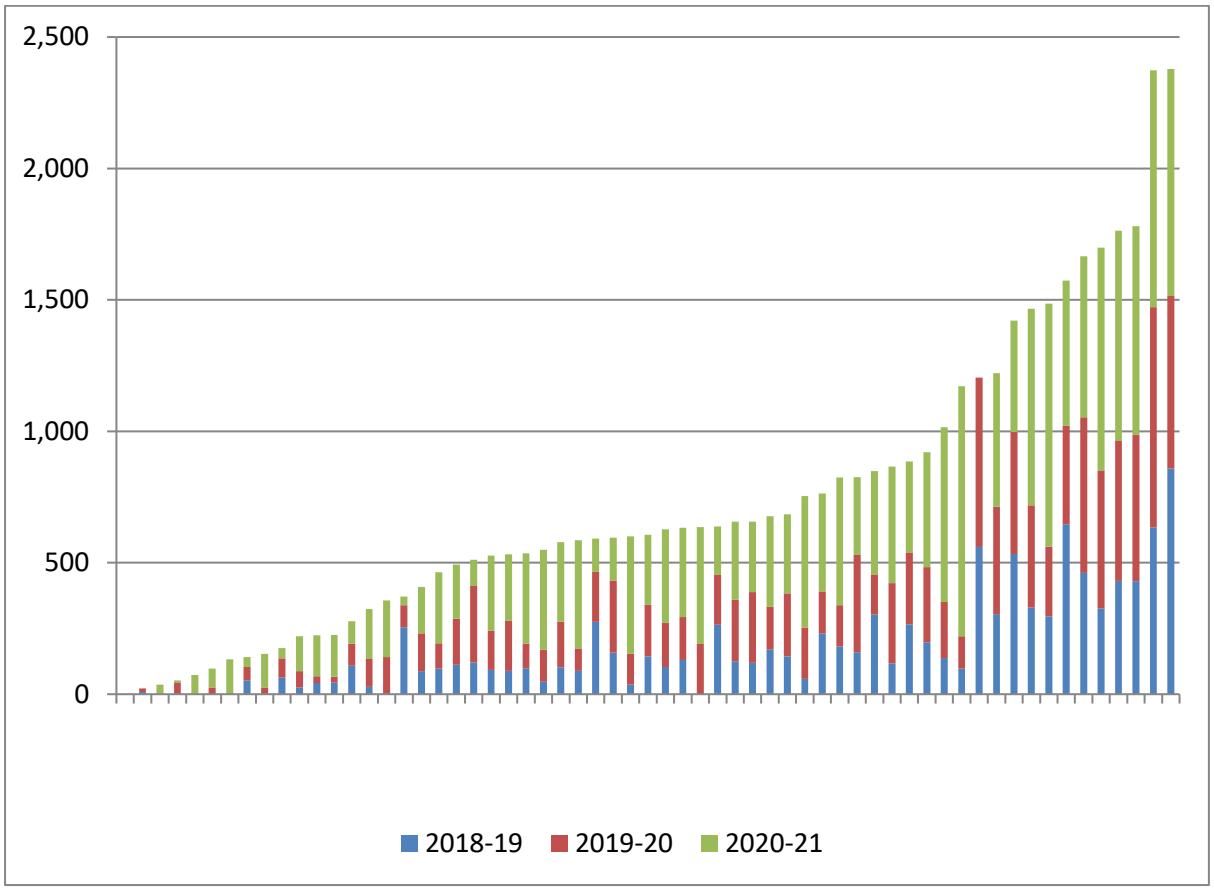
5.1.5 Access to the national influenza adult vaccination service[66]

58 of the pharmacies provided a total of 13,162 flu vaccinations in 2019/20, an increase on the previous year when 53 pharmacies had given a total of 10,799 vaccinations. There was a considerable range in the number of vaccinations given at pharmacy level in 2019/20 from one pharmacy which gave two vaccinations to another that gave 837.

As at the end of February 2021, 58 of the pharmacies had given 20,623 vaccines. There was again a considerable range in the number of vaccinations given at pharmacy level from one pharmacy which gave seven vaccinations to another that gave 952.

The graph below shows the number of vaccines given each year by those pharmacies participating in the service.

Figure 31 – number of flu vaccinations claimed in 2018/19, 2019/20 and 2020/21 by pharmacy



Based upon the increasing level of provision over the last three years the Health and Wellbeing Board is satisfied that 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.

[66] NHS Business Services Authority Information Service

5.1.6 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 February 2021, 26,279 people were registered as a dispensing patient with their practice[67].

5.1.7 Access to pharmaceutical services on public and bank holidays

NHS England and NHS Improvement 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 and NHS Improvement 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. The Health and Wellbeing Board is therefore satisfied that there is a process in place to ensure patients are able to access pharmaceutical services on these days.

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 North Northamptonshire are dispensed within the area although as noted in the previous section, the vast majority of items are.

The table below shows where prescriptions written between April 2020 and February 2021 and 2019/20 were dispensed.

[67] NHSBSA Information Services

Table 9 – location of where prescriptions were dispensed in 2019/20 and the between April 2020 and February 2021[68]

Type of contractor	Number of items		Percentage of items		Number of contractors	
	2020/21	2019/20	2020/21	2019/20	2020/21	2019/20
In area - pharmacy	6,213,926	6,954,393	87.3%	88.6%	64	66
In area - GP practice	505,005	562,826	7.1%	7.2%	33	33
Out of area - distance selling premises (internet pharmacy)	206,280	125,009	2.9%	1.6%	36	38
Out of area - pharmacy	141,313	152,425	2.0%	1.9%	1,814	1,857
Out of area - dispensing appliance contractor	50,523	52,696	0.7%	0.7%	47	61
Out of area - GP practice	4	50	0.0%	0.0%	1	8
Totals	**7,117,051**	**7,847,399**			**1,995**	**2,063**

For those prescriptions which are dispensed by a pharmacy that is outside of North Northamptonshire the majority are located either in West Northamptonshire, or over the border into Bedfordshire, Cambridgeshire and Leicestershire. However, prescriptions were dispensed by pharmacies as far away as Cornwall, County Durham, Devon, London, Merseyside and Yorkshire suggesting that people are taking their prescriptions with them when they go on holiday or to work.

5.2.2 Access to New Medicine Service, NHS Community Pharmacist Consultation 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 North 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 North 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 North Northamptonshire, and Bozeat is covered by practices in Bedfordshire and North 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.

[68] NHSBSA Information Services

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, the Community Pharmacy Hepatitis C antibody testing service 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

No pharmacies in the Health and Wellbeing Board's area provide this service.

5.3.1.2 Access to stoma appliance customisations

No pharmacies in the Health and Wellbeing Board's area provide this service.

5.3.1.3 Access to the Community Pharmacy Hepatitis C antibody testing service

As of November 2020 two pharmacies have signed up to provide this time limited service, one in Rushden and another in Wellingborough.

5.3.1.4 Access to the Covid-19 lateral flow device distribution service

As of 15 April 2021 61 of the pharmacies have signed up to provide this service.

5.3.1.5 Access to palliative care enhanced service

NHS England and NHS Improvement commissions an enhanced service for the provision of palliative care drugs as ordered via a valid NHS prescription from nine pharmacies across North Northamptonshire, three of which are open for 100 hours per week. The pharmacies are located as follows:

- Corby locality – one pharmacy
- East Northants locality – three pharmacies
- Kettering locality – two pharmacies
- Wellingborough locality – three pharmacies

NHS England and NHS Improvement ensures that there is good geographical spread of pharmacies providing this service. Based on this the Health and Wellbeing Board is satisfied that there is no gap in the provision of this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.3.1.6 Access to emergency supply list enhanced service

NHS England and NHS Improvement commissions an enhanced service for the provision of emergency supply drugs from 22 pharmacies across North Northamptonshire, three of which are open for 100 hours per week. The pharmacies are located as follows:

- Corby locality – three pharmacies
- East Northants locality – five pharmacies
- Kettering locality – nine pharmacies

- Wellingborough locality – four pharmacies

This service complements the NHS Community Pharmacist Consultation Service as it covers patients who present at the pharmacy requesting an urgent supply of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose, without referral from NHS 111. The service may be needed because the patient has run out of a medicine, or because they have lost or damaged their medicines, or because they have left home without them. The aim of this service is to relieve pressure on urgent and emergency care services and general practitioner appointments at times of high demand.

The service only allows the supply of a medicine where the pharmacist deems that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay, during the out of hours period (when GP practices are closed). The service is only provided during the out of hours period i.e. 6.30pm – 8am Monday to Thursday from Friday 6.30pm – 8am Monday and on public and bank holidays).

NHS England and NHS Improvement ensures that there is good geographical spread of pharmacies providing this service. Based on this the Health and Wellbeing Board is satisfied that there is no gap in the provision of this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.3.1.7 Access to Gluten Free Food Supply enhanced service

NHS England and NHS Improvement commissions an enhanced service for the provision of gluten free bread and mixes from 32 pharmacies across North Northamptonshire. It is currently being commissioned until 31 March 2021 as the service is being reviewed by NHS England and NHS Improvement. The pharmacies are located as follows:

- Corby locality – six pharmacies
- East Northants locality – ten pharmacies
- Kettering locality – nine pharmacies
- Wellingborough locality – seven pharmacies

The service is only available to patients with gluten enteropathy or dermatitis herpetiformis who are referred by a doctor or dietician.

NHS England and NHS Improvement ensures that there is good geographical spread of pharmacies providing this service. Based on this the Health and Wellbeing Board is satisfied that there is no gap in the provision of 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 North 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 North 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 not 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 63 pharmacies, operated by 34 different contractors. Outside of the Health and Wellbeing Board's area residents chose to access a further 2,064 contractors in 2019/20 and 1,898 between April 2020 and February 2021, 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.

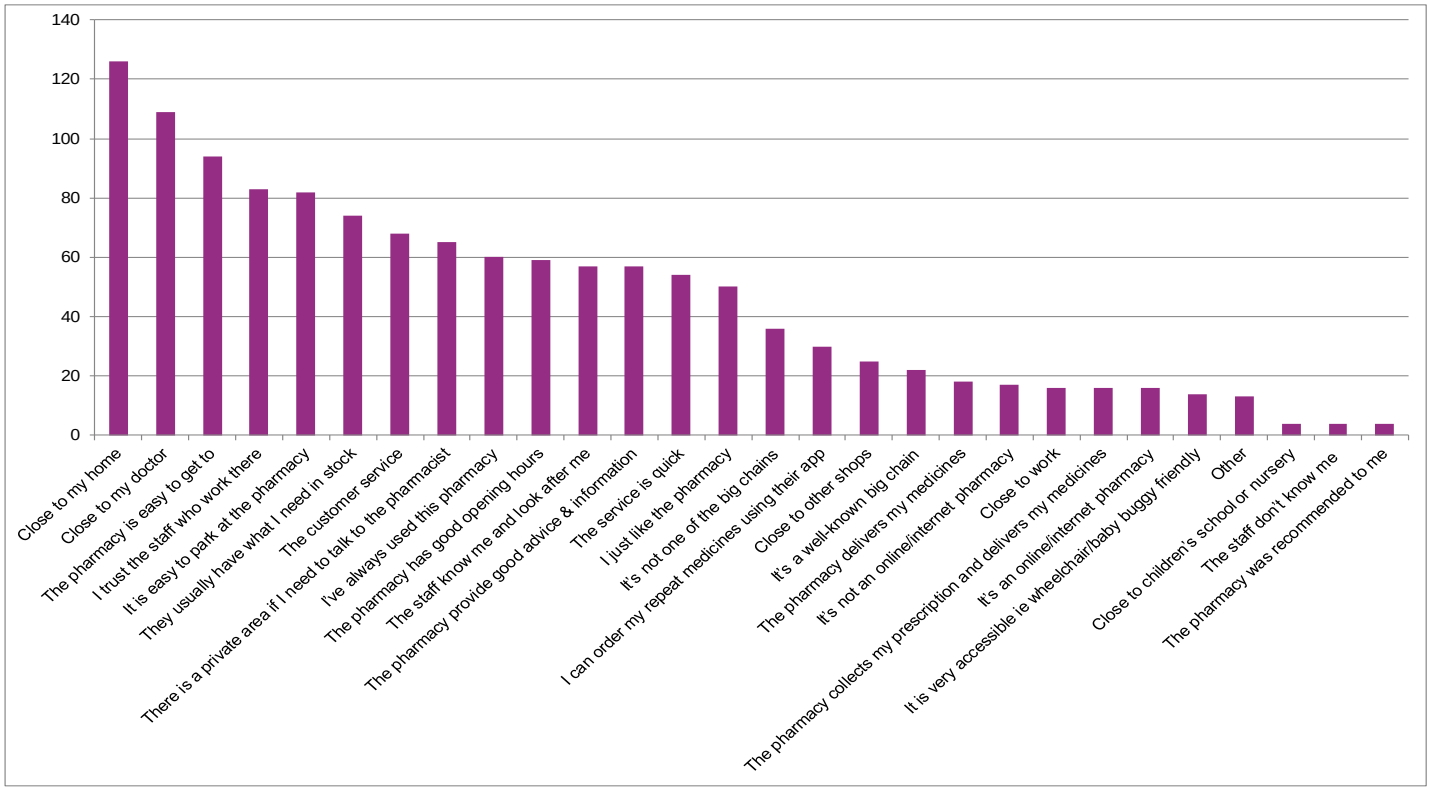
Where the response 'other' was chosen an analysis highlights links between GP practices and pharmacies as being important to receiving a good service for example:

- Prescriptions being sent electronically or manually from the practice to the pharmacy, and
- Being able to order repeat prescriptions online or via an app and then collecting from the pharmacy.

One respondent stated that they use the pharmacy within their GP practice and commented on its limited opening hours. Looking at their postcode it is likely that they are referring to the dispensary within their GP practice as opposed to a pharmacy and that they are a dispensing patient. The opening hours of GP dispensaries are outside the control of NHS England and NHS Improvement as, unlike for pharmacies, there is no minimum number of opening hours required each week and GPs are free to set their own opening hours.

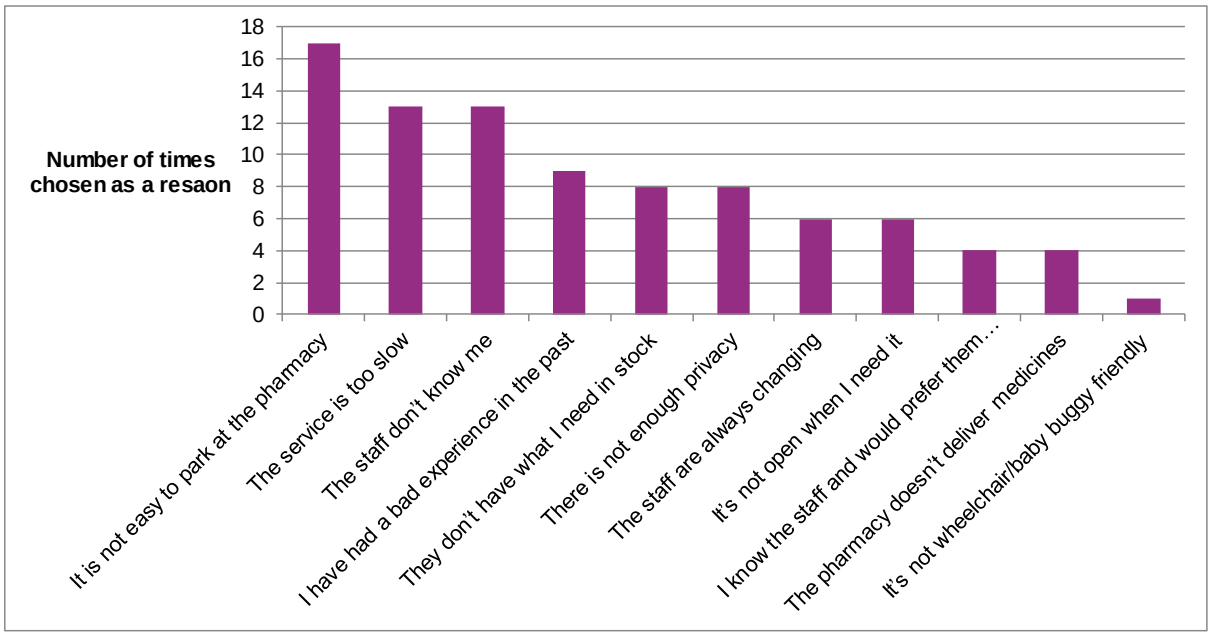
Two respondents commented on the accessibility of the same pharmacy and this is looked at within the relevant locality chapter (East Northamptonshire).

Figure 32 - 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 65% replied no, 27% replied yes, 5% said they didn't know, and 3% chose not to answer the question. The figure below shows the responses as to why that more convenient and/or closer pharmacy is not used.

Figure 33 - Please could you tell us why you do not use that pharmacy?



The most common themes from those respondents who close ‘other’ in response to this question were:

- Choose to use a pharmacy that is next to or close to their GP practice as it is more convenient
- Satisfied with the service from their chosen pharmacy
- Poor attitude of the staff at the nearest pharmacy
- Opening hours are not convenient

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 North Northamptonshire 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 and NHS Improvement from pharmacies
- Corby urgent care centre – services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions
- Prison pharmacies – these reduce the demand for the dispensing essential service as prescriptions written in prisons will not be not dispensed by pharmacies or dispensing appliance contractors
- Thackley Green specialist care centre - generates prescriptions which affects the need for the dispensing essential service
- Substance misuse service – generates prescriptions which affects the need for the dispensing essential service
- End of life service - generates prescriptions which affects the need for the dispensing essential service

6.1 Hospital pharmacies

The following hospitals are located in North Northamptonshire:

- Kettering General Hospital
- Northamptonshire Healthcare NHS Foundation Trust – Corby Community Hospital, Isebrook Hospital in Wellingborough and St Mary's Hospital in Kettering.

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed.

The pharmacy department at Kettering is run by the hospital trust. There are no pharmacies located at the other hospitals.

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 and NHS Improvement/NHS Northamptonshire 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 other healthcare professional 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 North Northamptonshire as the published figures include items which have been either personally administered or dispensed by dispensing practices.

6.3 GP out of hours service

The GP out of hours service is provided across the county of Northamptonshire. The locations in North Northamptonshire are:

- Kettering General Hospital for Kettering and the surrounding area and
- Isebrook Hospital for Wellingborough and the surrounding area

However, it is recognised that North Northamptonshire residents may also access the out of hours service based at Northampton General Hospital as 525 items prescribed at this base in 2019/20 were dispensed by pharmacies in North Northamptonshire. Similarly, there may be residents of West Northamptonshire accessing the out of hours service based at Kettering General Hospital and Isebrook Hospital as 335 items prescribed at this base in 2019/20 were dispensed by pharmacies in West Northamptonshire.

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 cannot 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

14,262 items were prescribed by the out of hours service based at Kettering General Hospital and Isebrook Hospital in 2019/20 and dispensed by 171 different contractors. Unsurprisingly, due to the times at which the out of hours service operates, 69% of items were dispensed by the 100 hour pharmacies in the Health and Wellbeing Board's area.

In total 97% of all items prescribed by the two out of hours service bases were dispensed by pharmacies in the Health and Wellbeing Board's area with the remainder mostly dispensed by pharmacies in West Northamptonshire, or just over the boundary into Leicestershire or Bedfordshire. However some items were dispensed as far afield as Lincolnshire, Norfolk, North Yorkshire, East Sussex and Cheshire.

The Kettering General Hospital base is the busier of the two prescribing 11,844 items compared to the 2,318 prescribed at the Isebrook Hospital base (2019/20). Items prescribed at the Isebrook Hospital base were dispensed by two 100 hour pharmacies in town (75% of all items). 48% of items prescribed at the Kettering General Hospital base were dispensed by two 100 hour pharmacies in town, 15% by 100 hour pharmacies in Wellingborough, and 7% by a pharmacy with extended opening hours in Wellingborough.

The number of items prescribed by both bases between April 2020 and February 2021 was considerably lower at 691 items for the Kettering base and 20 items for the Wellingborough base. This is due to a change of IT system which means that all items are now prescribed under one prescribing code; the one for the base at Northampton Hospital.

6.4 Locally commissioned services – North Northamptonshire Council

Since 1 April 2021 North Northamptonshire Council has been responsible for the commissioning of public health services and this has impacted on the need for pharmaceutical services.

The following public health services are provided by pharmacies:

- Emergency hormonal contraception (under a contract with Northamptonshire Healthcare NHS Foundation Trust)
- Chlamydia screening
- Needle exchange
- Smoking cessation – issuing and management of Champix only
- 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. 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. 38,841 items were prescribed in 2019/20 and 22,405 items between April 2020 and February 2021. The majority of items are dispensed by the pharmacy that is on the same site and opens 8.00am to 8.00pm, seven days a week (75% in 2019/20 and 74% between April 2020 and February 2021). The remaining items were mainly dispensed by other pharmacies in Corby (19% in 2019/20 and 18% between April 2020 and February 2021) with 6% dispensed elsewhere in North Northamptonshire and the balance dispensed elsewhere in the country as far away as Cornwall and Cheshire.

6.6 Prison

A contract for the provision of pharmacy services to HMP Five Wells in Wellingborough has been awarded. It is therefore not expected that any prescriptions will need to be dispensed under pharmaceutical services.

6.7 Thackley Green specialist care centre

Thackley Green Specialist Centre, 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.

In 2019/20 29 items were dispensed by six contractors. Between April 2020 and February 2021 just six items were dispensed. This is due to an IT issue which means that the prescribing is currently allocated to the practice that holds the contract to provide services to the centre. This has been resolved and in future the prescribing will identified separately.

6.8 Substance misuse service

With bases in Corby, Kettering and Wellingborough, Substance to Solution is available to provide support for adults (over 18) with substance misuse issues within the North 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 to assist service users in their recovery journey as well as links to mutual aid groups and longer term recovery support options.

In 2019/20, 34,787 items were prescribed by the service and dispensed in the primary care setting by 180 contractors in and outside of North Northamptonshire, with 54% of items dispensed by 61 contractors based in North Northamptonshire.

Between April 2020 and February 2021 a total of 31,081 items were prescribed by the service and dispensed in the primary care setting by 161 contractors in and outside North

Northamptonshire. 52.1% of the items were dispensed by 55 contractors based in North Northamptonshire.

7 Health needs that can be met by pharmaceutical services

In England there are an estimated 1.2 million health related issue visits to a pharmacy every day[69] 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 Council and the Clinical Commissioning Group.

As can be seen from this section, it is important that NHS England and NHS Improvement, NHS Northamptonshire Clinical Commissioning Group and the Public Health Team at North Northamptonshire Council work together to maximise the local impact of 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 website[70] profile is up-to-date, which is now a contractual requirement.

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 NHS Improvement 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. This will clearly be of benefit to people who are unable to access a pharmacy. In addition dispensing appliance contractors delivery the majority, if not all, of the items they dispense.

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.

[69] Public Health England, Royal Society of Public Health (2016) Building Capacity: Realising the potential of community pharmacy assets for improving the public's health
[70] https://www.nhs.uk/

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

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement and could include drug and alcohol abuse. 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 when people attend the pharmacy to discuss the risks of alcohol consumption and in particular, during 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 consultations and engagement with people attending the pharmacy

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 health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement 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 health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement and could include long-term conditions
- Signposting people using the pharmacy to other providers of services or support
- Providing healthy living advice during consultations and engagement with people attending the pharmacy

Provision of the Discharge Medicine Service, Community Pharmacist Consultation Service, 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 health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement and could include obesity
- Signposting people using the pharmacy to other providers of services or support
- Providing healthy living advice during consultations and engagement with people attending the pharmacy

7.6 Sexual health

As chlamydia screening is 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 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 health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement 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 consultations and engagement with people attending the pharmacy

7.7 Teenage pregnancy

As emergency hormonal contraception provision is 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 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 health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement and could include teenage pregnancy

- Where the pharmacy does not provide the locally commissioned service of emergency hormonal contraception provision, signposting people using the pharmacy to other providers of the service

7.8 Smoking

Smoking cessation is provided by First for Wellbeing. As smoking cessation is 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 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 health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement 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 consultations and engagement with people attending the pharmacy

7.9 Healthy living

Following agreement between the Department of Health and Social Care, NHS England and NHS Improvement and the Pharmaceutical Services Negotiating Committee (PSNC) all pharmacies, as part of essential services, are required to promote healthy living by being 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

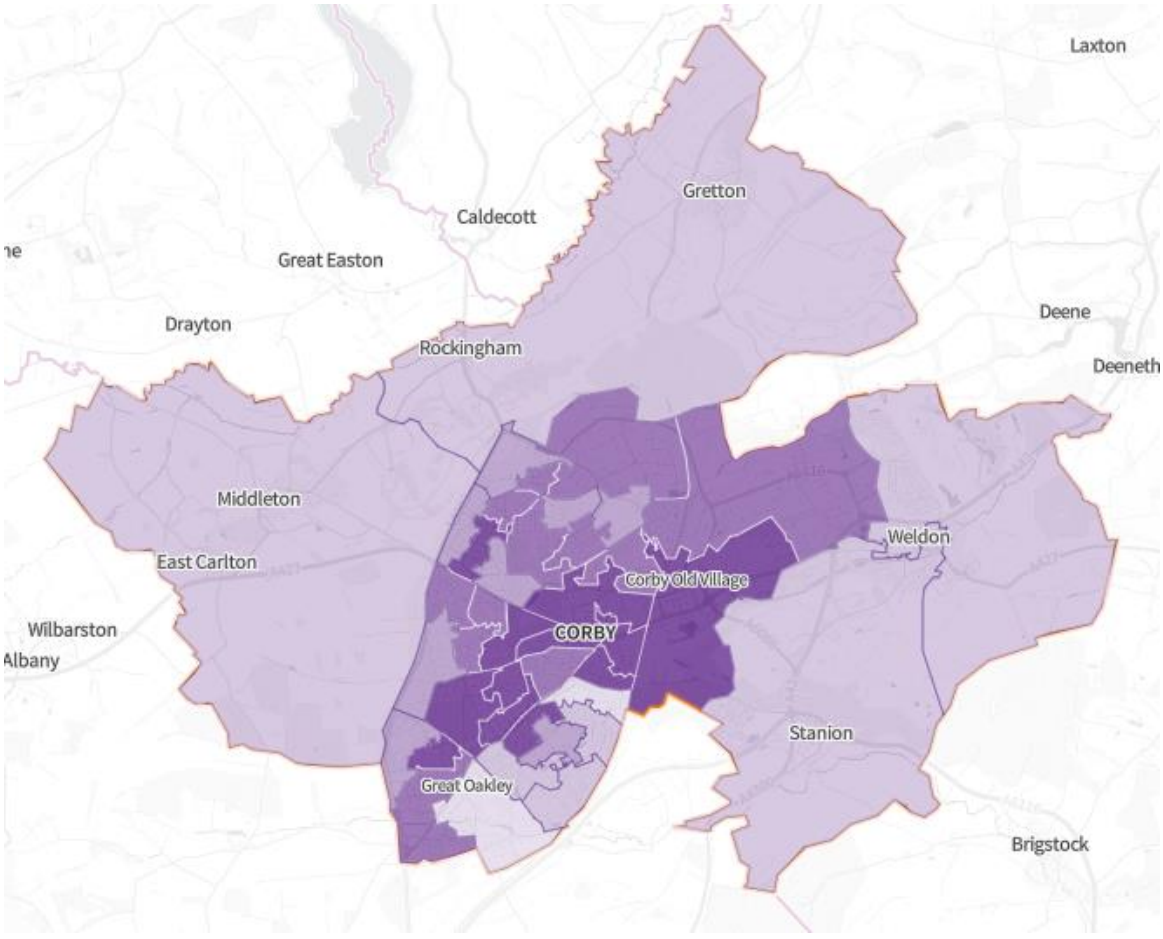
First piloted in Portsmouth in 2009, the objective of Healthy Living Pharmacies is to create teams that are aware of local health issues and are consistently demonstrating they are promoting healthy lifestyles by tackling the health problems their populations face head on.

8 Corby locality

8.1 Key facts

- Highest rates of population growth in North Northamptonshire (36% in last ten years, double the English average), and the fifth highest of all local authority areas in England
- Continued growth until 2043 of 28%
- Highest rate of people for whom English is not their main language in North Northamptonshire (9%)
- Within national rankings, Corby is 70th out of 319 local authorities with regard to the English Indices of Deprivation 2019 (where a ranking of one is the most deprived[71]). 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. One Lower Super Output Area moved from decile 3 to decile 2, becoming more deprived between 2015 and 2019. The map below shows the spread of deprivation by Lower Super Output Area across the locality by the Index of Multiple Deprivation. In this map the darker the shading the greater the level of deprivation

Map 13 – Spread of deprivation by Lower Super Output Area[72]



[71] Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019

[72] Public Health England's Strategic Health Asset Planning and Evaluation tool

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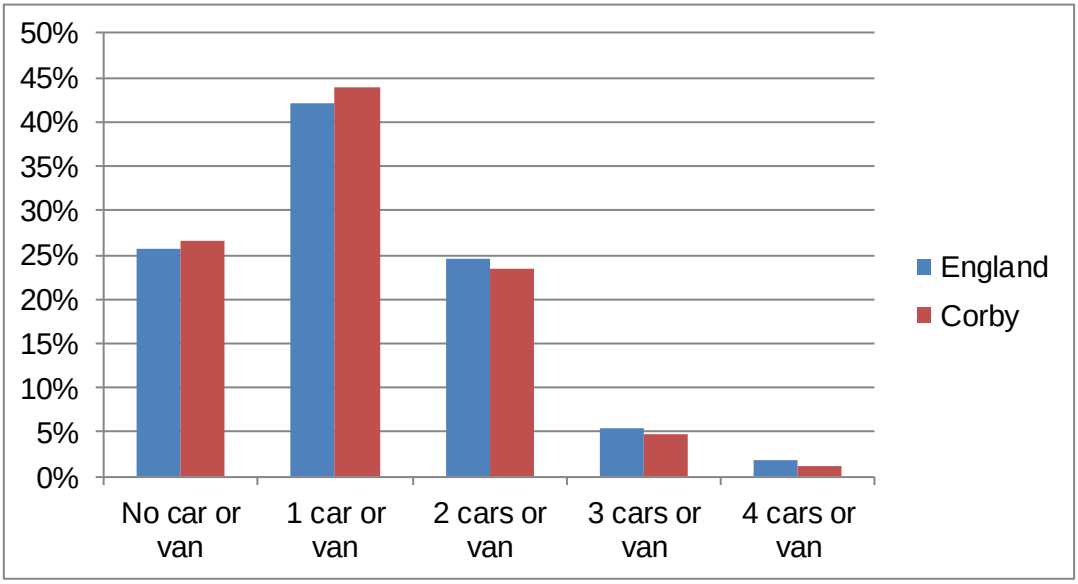
- Lowest proportion of White British at 82% and highest proportion of All Other White at 18%
- Highest birth rate in North Northamptonshire at 12.5 per 1,000 population
- High General Fertility Rate compared to England average but in 2018 had fallen from 70.3 to 64.2 per 1,000 population
- Lowest level of life expectancy for both men and women in North Northamptonshire (77 and 81 respectively)
- Greatest inequalities in life expectancy in North Northamptonshire between the most and least deprived areas in the locality (9.8 years for men and 86.3 years for females)
- Lowest level of house ownership (62%)
- Highest level of socially rented properties (21%)
- Increasing levels of homelessness and rough sleepers
- High levels of deprivation and high rates of incidence and mortality, especially of lung cancer and all cancers, and mortality from colorectal cancer in females compared to England
- In 2013/15 premature mortality rates from cardiovascular disease were significantly worse than the average for England
- In 2018/19 people living in Corby with diabetes were 116% more likely than people without diabetes to have a heart attack
- Higher rate of suicide than the average for England
- Highest rate of deaths per 100,000 population from chronic obstructive pulmonary disease in the county
- The proportion of smokers increased from 2017 to 2018. Percentage of adults who smoke is almost double the average for England and is increasing/getting worse
- 27Th highest percentage of women smoking at the time of delivery in England
- Under 18 conception rates have begun to rise again
- Alcohol-specific mortality (2016-18), admissions episodes for alcohol-related conditions (2017/18), and admissions episodes for alcohol-specific conditions (2017/18) are statistically worse than the national benchmark
- The number of obese children in year 6, and children with excess weight Year 6 are statistically worse than the national benchmark
- 70.1% of people aged 18 and over are classified as overweight or obese
- The average male earnings are the lowest in the county, with those for females the second lowest
- The main languages spoken in Corby households are:
    - English - 90.6%
    - Polish – 3.78%
    - Other languages not specified in the Census - 0.67%
    - Slovak – 0.63%
    - Latvian - 0.54%
    - Portuguese - 0.51%
    - Hungarian - 0.49%
    - Russian - 0.46%
    - Lithuanian - 0.37%
    - Romanian - 0.33%
- The figure below compares car ownership levels in the locality to England

Figure 34 – car ownership in Corby[73]



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 2019 approximately 1,137 dwellings had been completed[74] (working on an average household size of 2.4 this equates to 2,729 people) and it is estimated that approximately 1,050 more dwellings will be built during the lifetime of this pharmaceutical needs assessment[75] (92,520 people). Located at the heart of the development, the district centre is currently in development, with completion due in early 2021. The main retail site will feature a Sainsbury's Local and a Busy Bees nursery, as well as six additional retail units. Priors Hall Park falls partly in East Northamptonshire.

The provision of a new building/floor space (1,200 square meters) for healthcare provision has been identified and secured through the planning permission and associated Section 106 legal agreement.

Weldon Park forms the remainder of the North East Corby Sustainable Urban Expansion and is a mixed-use development including 1,000 new homes. As of April 2019 approximately 212 dwellings had been completed[76] (509 people) and it is estimated that approximately 180 more dwellings (432 people) will be built during the lifetime of this pharmaceutical needs assessment[77]. Whilst community floor space is included within the development masterplan, there is no specific reference to health.

West Corby is allocated for a mixed-use sustainable urban extension for around 4,500 dwellings and at least 2,500 jobs. It will deliver a high-quality development which is well-connected and integrates with the town of Corby as well as a high quality landscape to assimilate into the surrounding countryside. The Sustainable Urban Expansion will include

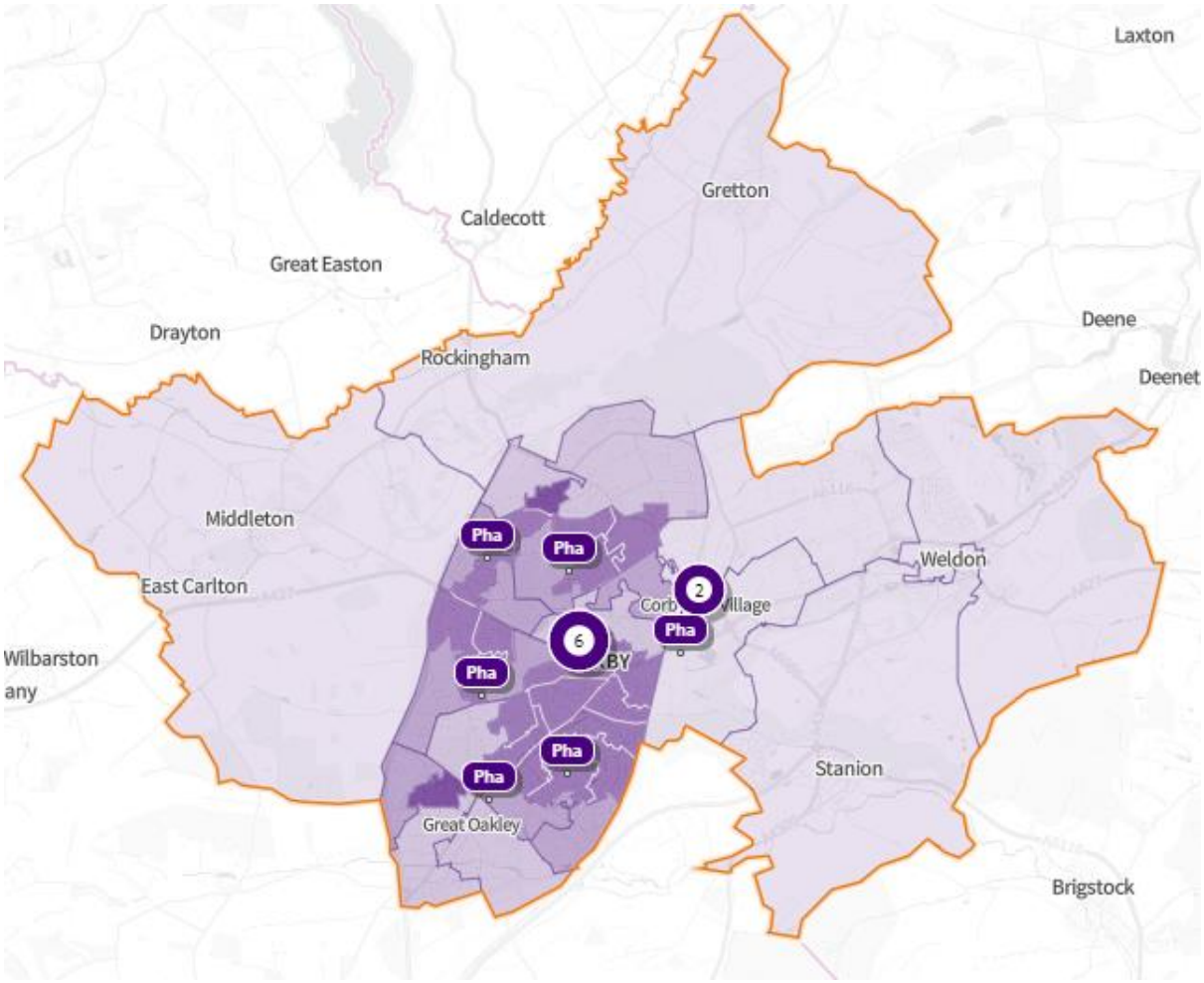
[73] Nomis KS404EW - Car or van availability
[74] North Northamptonshire Authorities' Monitoring Report 18/19
[75] North Northamptonshire Joint Core Strategy 2011-2031
[76] North Northamptonshire Authorities' Monitoring Report 18/19
[77] North Northamptonshire Joint Core Strategy 2011-2031

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. Outline planning permission for 4,500 homes was granted in December 2019.

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 the shading the greater the population density). 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). However, at the time of writing it is closed due to the Covid-19 pandemic.

Map 14 – location of pharmacies and dispensing practice premises compared to population density



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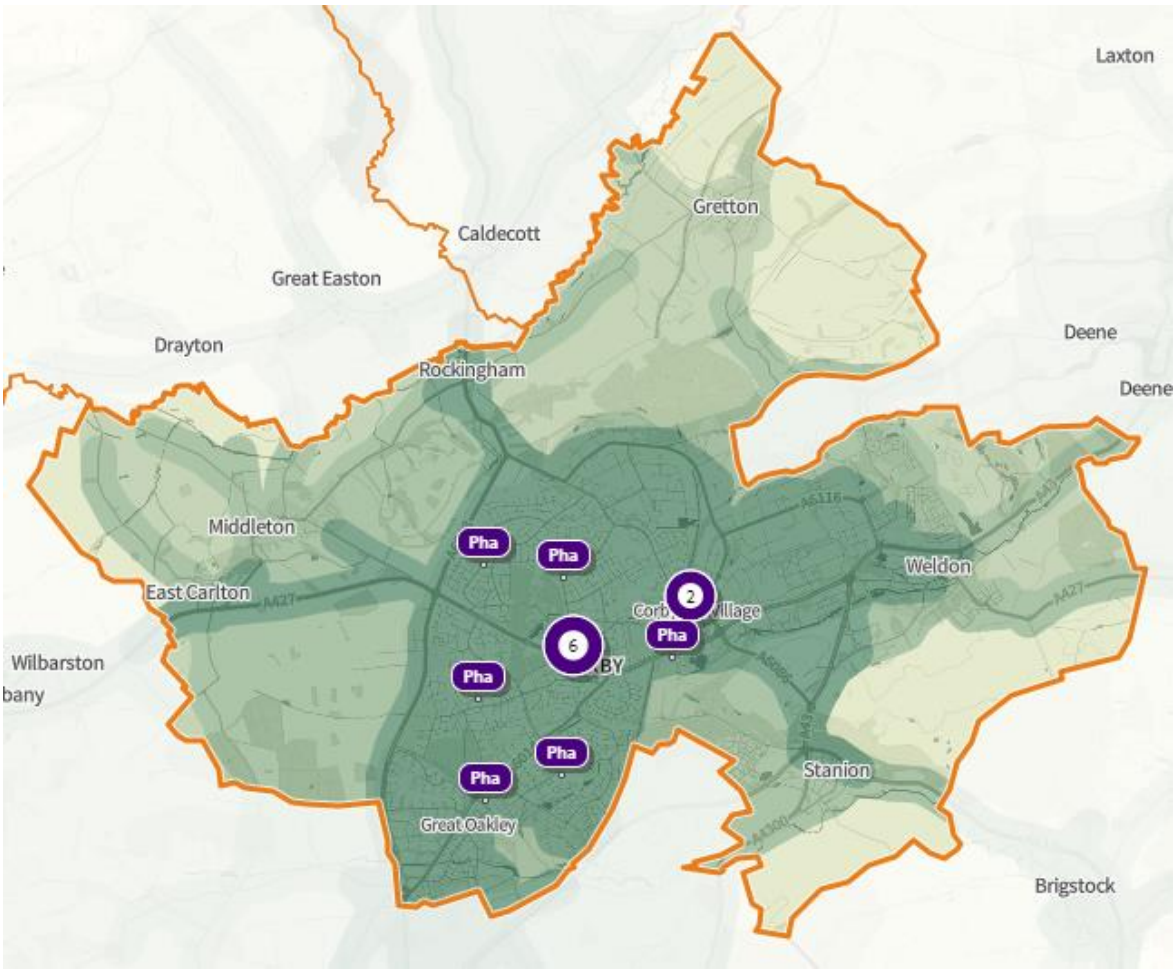
An unforeseen benefits application was submitted to open a pharmacy at Land off Kestral Road, Priors Hall Park, Corby. It was refused by NHS England and NHS Improvement but this decision was overturned on appeal by NHS Resolution. The applicant has until 11 June 2021 to notify NHS England and NHS Improvement of the address of the pharmacy, and if that address is accepted as valid the applicant will then have 12 months to open the pharmacy. This period could be extended by a further three months where there is good cause.

In 2019/20, 91% 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 5% 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 15 – access to pharmacies in Corby outside of rush hour times



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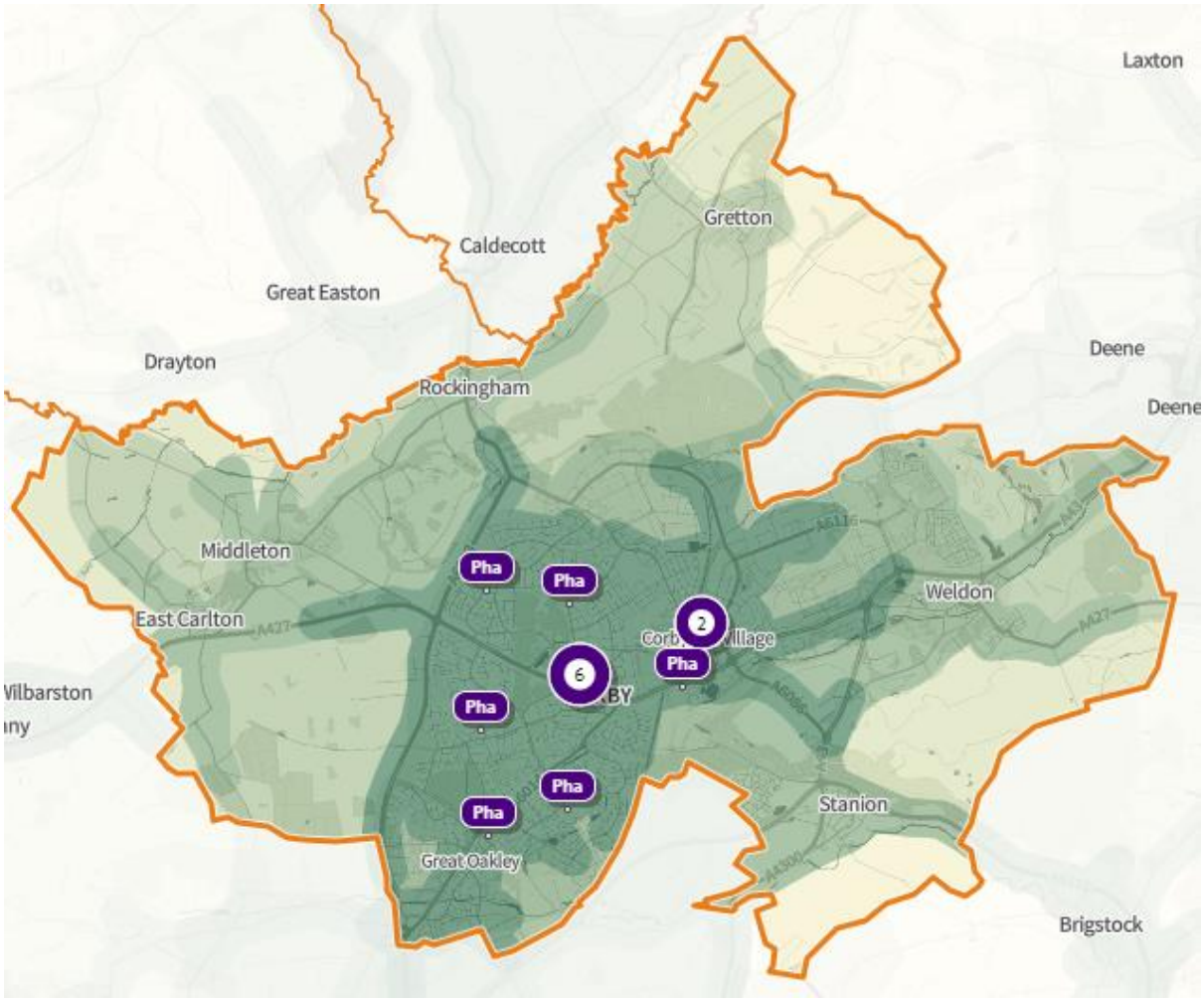
5 10 15 20 Travel times in minutes

Map 16 – access to pharmacies during rush hour times



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Travel times in minutes

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 to Friday
- 6.30am to 11.00pm on Saturday and
- 10.00am to 10.00pm on Sunday

With regard to the remaining 12 pharmacies:

- One opens Monday to Friday
- Six 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:

- Two open at 8.00am, two at 8.30am and the remainder at 9.00am
- Four are open after 6.00pm (three until 8.00pm and one until 9.00pm)

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

The dispensing branch surgery run by Dr Sumira is open 10.00am – 11.30am on Monday, Thursday and Friday mornings and from 4.30 – 5.30pm on Tuesday evenings. As at July 2020 there were 579 dispensing patients at the practice.

Of the two pharmacies who responded to the contractor questionnaire, both dispense all appliances listed in Part IX of the Drug Tariff.

11 pharmacies provided 1,347 New Medicine Service full service interventions in 2019/20, with a range of three to 412 provided per pharmacy. Ten pharmacies provided a total of 1,288 full service interventions between April and December 2020.

All 14 pharmacies provided flu vaccinations under the advanced service in 2019/20 vaccinating a total of 2,295 people with a range at pharmacy level of two to 370. Between September 2020 and January 2021 all 14 pharmacies provided the service, giving a total of 4.690 vaccinations, a range at pharmacy level of 71 and 952[78].

12 pharmacies provide the NHS Community Pharmacist Consultation Service at the time of writing, however activity data is not publicly available.

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

96% of prescriptions written by the GP practices in the locality 2019/20 were dispensed within the locality by the pharmacies and dispensing doctors. For the rest:

- 2% were dispensed by 20 different distance selling pharmacies outside of the locality
- 1% were dispensed by 39 different dispensing appliance contractors outside of North Northamptonshire and
- 1% were dispensed by 52 different pharmacies elsewhere in North Northamptonshire

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.

[78] Chemist and Druggist news article 29 October 2020

8.4 Other relevant services: current provision

No pharmacy provided Appliance Use Reviews in 2019/20 and this remains the position in 2020/21, despite at least two pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

No pharmacy provided stoma appliance customisation in 2019/20 and this remains the position in 2020/21, despite at least two pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2022. It is believed that this is due to pharmacies focusing on responding to the Covid 19 pandemic.

In 2020/21 three pharmacies provide the emergency supply enhanced service, a 100 hour pharmacy provides the palliative care enhanced service and six provide the gluten free food enhanced service.

As of 15 April 2021 all of the pharmacies had signed up to provide the Covid-19 lateral flow device distribution 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.

In 2019/20 38,341 items were prescribed, 75% of which were dispensed by the co-located pharmacy. A further 19% were dispensed elsewhere in the locality, and the majority of the remaining items elsewhere in North Northamptonshire.

Between April 2020 and February 2021 22,405 items were prescribed. 74% were dispensed by the co-located pharmacy, 18% elsewhere in the locality, and the majority of the remaining items elsewhere in North Northamptonshire.

The extended access hub, based at Woodsend Medical Centre, provides same day and booked appointments with GPs, nurse prescribers, practice nurses and other clinicians at the following times:

- 6:30pm – 8pm Monday to Friday
- 8:30am - 12:30pm Saturday
- 8:30am - 10:30am Sundays
- 8:30am - 10:30am public and bank holidays

In 2019/20 1,778 items were prescribed, 59% of which were dispensed by the co-located pharmacy, 39% were elsewhere in Corby, with the remaining 2% dispensed either elsewhere in North Northamptonshire or England.

Between April 2020 and February 2021 543 items were prescribed. 24% were dispensed by the co-located pharmacy, 73% elsewhere in Corby, with the remaining 3% predominantly dispensed elsewhere in England.

The Thackley Green Specialist Care Centre is located in the locality although as noted in section 6 very few items are prescribed by this service.

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 2019/20 a total of 623 contractors dispensed items written by one of the GP practices, of which 604 were outside of North Northamptonshire.

8.7 Necessary services: gaps in provision

The two pharmacies that replied to the pharmacy contractor questionnaire both confirmed that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area. The dispensing practice that replied said it doesn't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.

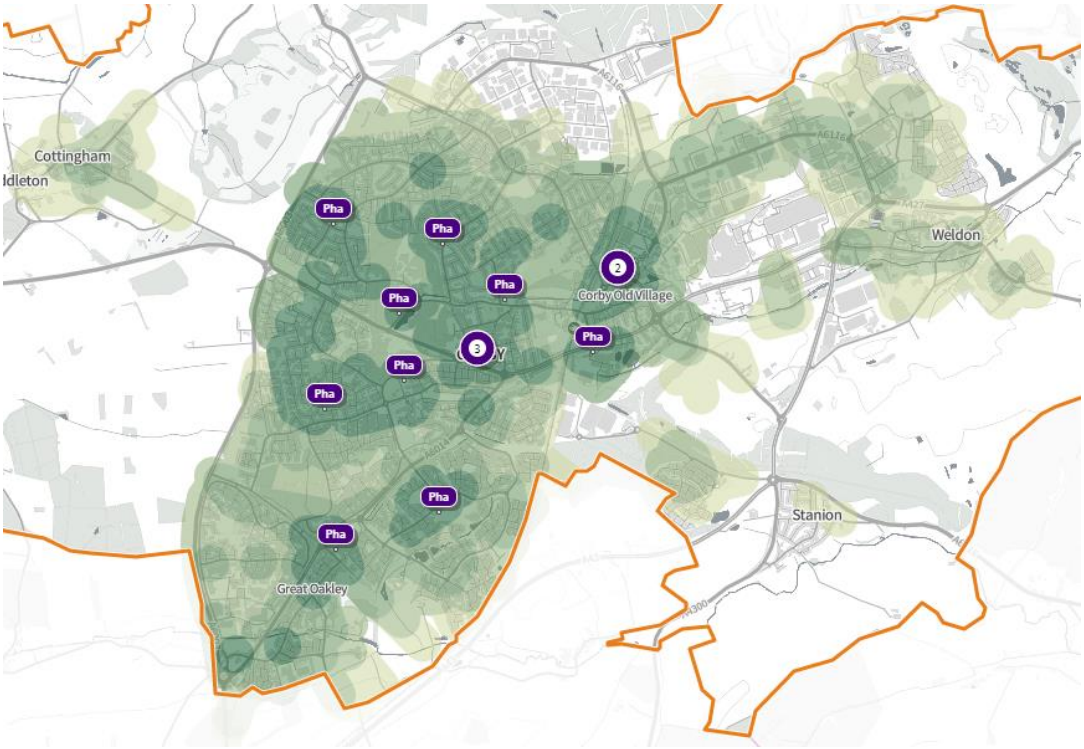
Whilst not a NHS service one pharmacy provides a free collection and delivery service to all patients. For those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the locality, another pharmacy in North Northamptonshire or by distance selling premises elsewhere in England.

One of the dispensing practices stated that nearly all patients are able to collect or make arrangements for collection of dispensed items. In the event of there being a logistical problem with this situation or the prescription is deemed urgent then the doctor or a member of staff will deliver items to the patient's home.

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that the population can access a pharmacy 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 map below shows those parts of Corby, Corby Old Village and Great Oakley that are within 20 minutes of a pharmacy by public transport. The darkest green shows those areas that are within five minutes of a pharmacy and the lightest green is for those areas that are 20 minutes from a pharmacy by public transport.

Map 17 – access to a pharmacy by public transport in the urban area of Corby



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Travel times in minutes

The Health and Wellbeing Board has noted that the unforeseen benefits application for a pharmacy in Priors Hall Park was granted on appeal by NHS Resolution on 11 December 2020. It is therefore satisfied that there is no current need for the provision of essential services in this development and that no future need will arise within the lifetime of this document.

The Health and Wellbeing Board has considered whether there is a current need for a pharmacy in either of the other two major housing developments. It has noted that at least two of the Corby pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area and that capacity will be increased by the opening of the pharmacy in Priors Hall Park.

The Health and Wellbeing Board has noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services
- Be able to use public transport or
- Be able to walk to a pharmacy

The Health and Wellbeing Board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. For the

above residents the Health and Wellbeing Board is therefore of the opinion that they will be able to access pharmaceutical services remotely either via:

- The delivery service that all of the distance selling premises in England must provide or
- The private delivery service offered by some pharmacies and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide

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 or future needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

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

- New Medicine Service
- Community Pharmacist Consultation Service and
- Flu vaccination

8.8 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 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 department at Kettering Hospital 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.

In relation to the Covid-19 lateral flow device distribution service, as all of the pharmacies have signed up to provide the service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the Health and Wellbeing Board has noted that one 100 hour pharmacy currently provides this service in the locality. However, this service is commissioned across the county of Northamptonshire by NHS England and NHS Improvement 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.

The emergency supply of drugs enhanced service complements the Community Pharmacist Consultation Service (provided by all the pharmacies in the locality) which allows pharmacies to provide urgently needed medicines to patients who have been referred by the NHS 111 service. It is commissioned across the county of Northamptonshire by NHS England and NHS Improvement to ensure adequate provision. Taking into account the current provision of this service and the Community Pharmacist Consultation Service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

The gluten free enhanced service is also commissioned across the county of Northamptonshire by NHS England and NHS Improvement to ensure adequate provision. Taking into account the:

- Current provision of this service
- The fact that it is only for gluten free breads and gluten free mixes and
- The ready availability of gluten free foods in general

the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

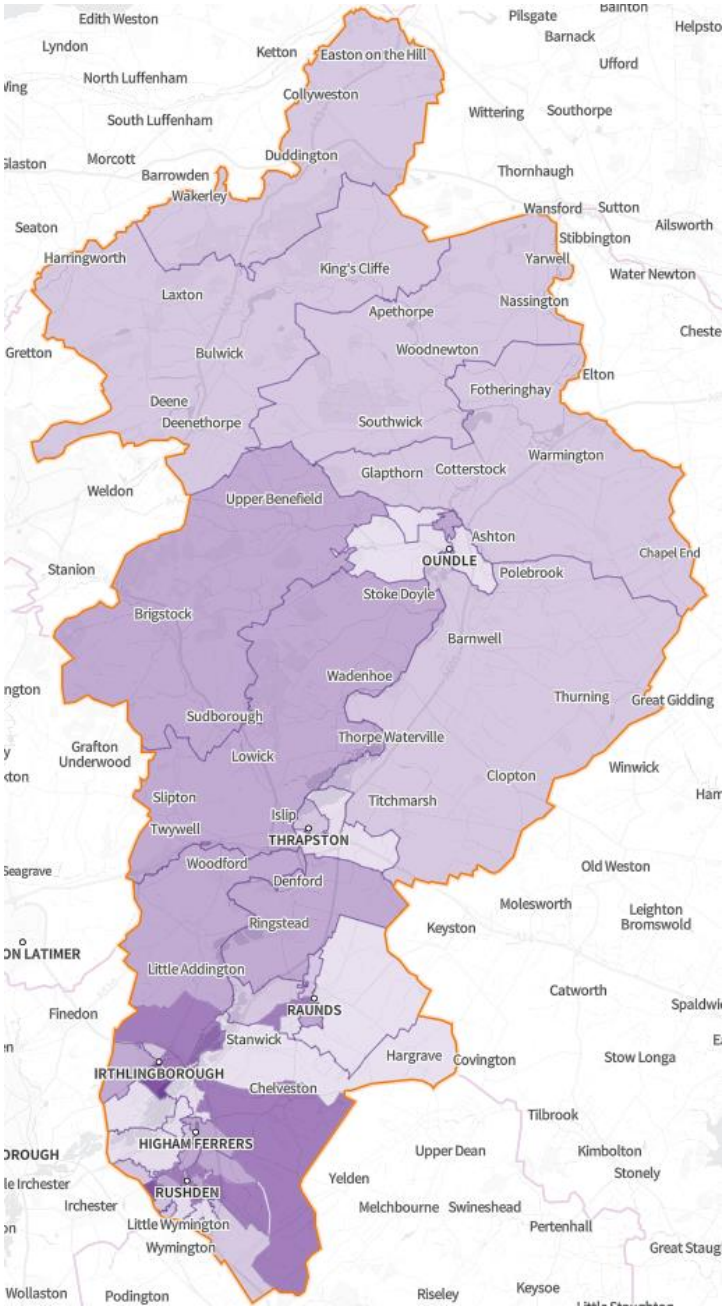
At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2022. It is believed that this is due to pharmacies focusing on responding to the Covid 19 pandemic. It is therefore anticipated that over time the existing pharmacies will begin to provide this service. The Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

9 East Northamptonshire locality

9.1 Key facts

- Population growth is higher than for England
- Contains the lowest proportion of deprived Lower Super Output Areas in North Northamptonshire (4.1%). One Lower Super Output Area moved from decile 3 to decile 2, becoming more deprived. The map below shows the spread of deprivation by Lower Super Output Area across the locality by the Index of Multiple Deprivation. In this map the darker the shading the greater the level of deprivation

Map 18 – Spread of deprivation by Lower Super Output Area[79]



[79] Public Health England's Strategic Health Asset Planning and Evaluation tool

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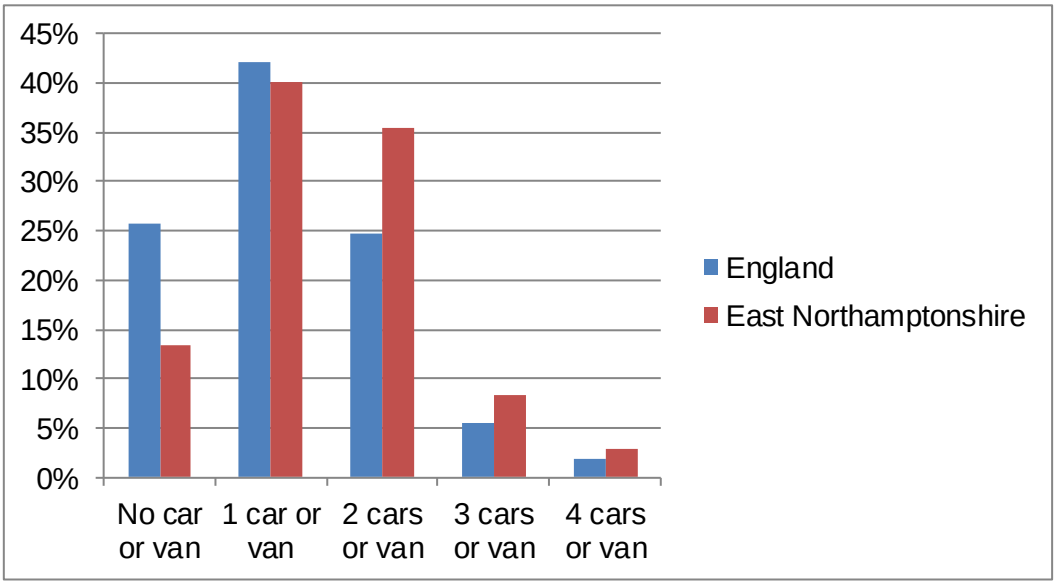
| **parallel** | **Mapbox** | **OpenStreetMap** contributors

- Highest proportion of White British at 90%
- With Kettering, East Northamptonshire has the greatest life expectancy at birth rates in North Northamptonshire at 80 and 83 for males and females respectively. However the life expectancy gap between the “rich” and “poor” was the third largest in Northamptonshire (5.9 years for males and 4.5 years for females)
- With Kettering, East Northamptonshire has the lowest levels of socially rented housing in North Northamptonshire. East Northamptonshire also has the lowest levels of privately rented housing and the lowest levels of people living rent free
- 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%
    - Portuguese - 0.07%
    - Shona - 0.06%
    - German - 0.06%
    - Spanish - 0.06%
- The figure below compares car ownership levels in the locality to England.

Figure 35 – car ownership in East Northamptonshire[80]



- Highest number of gypsy and traveller households in North Northamptonshire
- Lowest percentage of 15 to 24 year olds who have been screened for Chlamydia
- Alcohol-specific mortality rates and admissions episodes for alcohol-specific conditions are statistically better than the national benchmark
- 66.7% of people aged 18 and over are classified as overweight or obese
- The proportion of the population aged 65 and over is higher than in the rest of the North Northamptonshire

[80] Nomis KS404EW - Car or van availability

- Between 2011/12 and 2017/18 East Northamptonshire is the only one to have its seven year target for house completions, exceeding it by 3%

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, potentially increasing to 2,600-2,700 through proposals put forward within the masterplan[81].

Whilst the A6 bypass currently forms a significant barrier between the proposed urban extension and Rushden and Higham Ferrers, innovative solutions are being examined in order to create a development which is well-connected to the adjacent urban areas and the facilities these offer. A planning application will be submitted once the masterplan is finalised and approved. A consultation on the masterplan ran until 16 November 2020 and if approved a planning application will then be submitted at some point in 2021.

It is anticipated that 100 houses would be built in the first year of the development, and then 150 per year thereafter. It is unlikely that many, if any, houses will be completed within the lifetime of this pharmaceutical needs assessment.

Irthlingborough West Sustainable Urban Expansion will deliver 700 dwellings of which approximately 190 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 Homes England. The proposal for an exemplary new Garden Village includes 1,500 homes, community facilities, shops, business premises and generous green space. It would occupy part of the 600 acre airfield site located between the villages of Deenethorpe and Benefield to the east of Corby.

A Masterplan and Delivery Strategy was agreed by East Northamptonshire Council in July 2019 and will form the basis for a planning application which was expected to be received in summer 2020. It is unlikely that many, if any, houses will be completed within the lifetime of this pharmaceutical needs assessment.

9.2 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, generally in those areas with a greater population density (the darker the shading the greater the population density). Five of the 11 practices dispense to eligible patients from six premises and in addition Lakeside Healthcare dispenses to eligible patients from its Brigstock surgery.

In 2019/20, 78% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the pharmacies and 14% by one of the practices (this includes items personally administered by the practices as this information cannot be separated out

[81] Rushden Sustainable Urban Extension Draft Masterplan Framework Document - January 2020

from the number of items dispensed). In addition eligible residents who are registered with the Lakeside Healthcare 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 19 – location of pharmacies and dispensing practice premises in East Northamptonshire compared to population density

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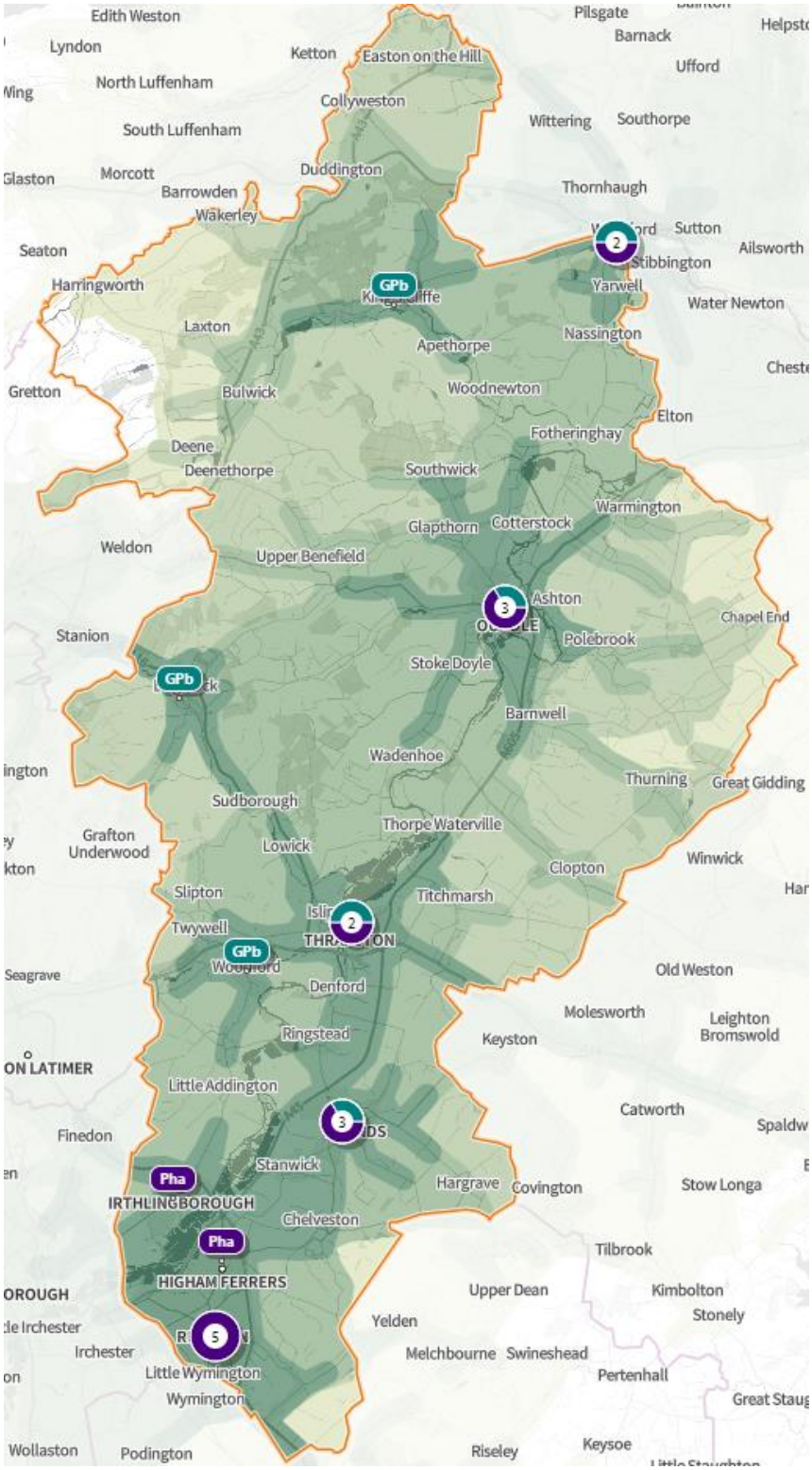
Not everyone can access one of the pharmacies by car within 20 minutes during and outside of rush hour as can be seen from the maps below.

Map 20 – access to pharmacies in East Northamptonshire outside of rush hour times



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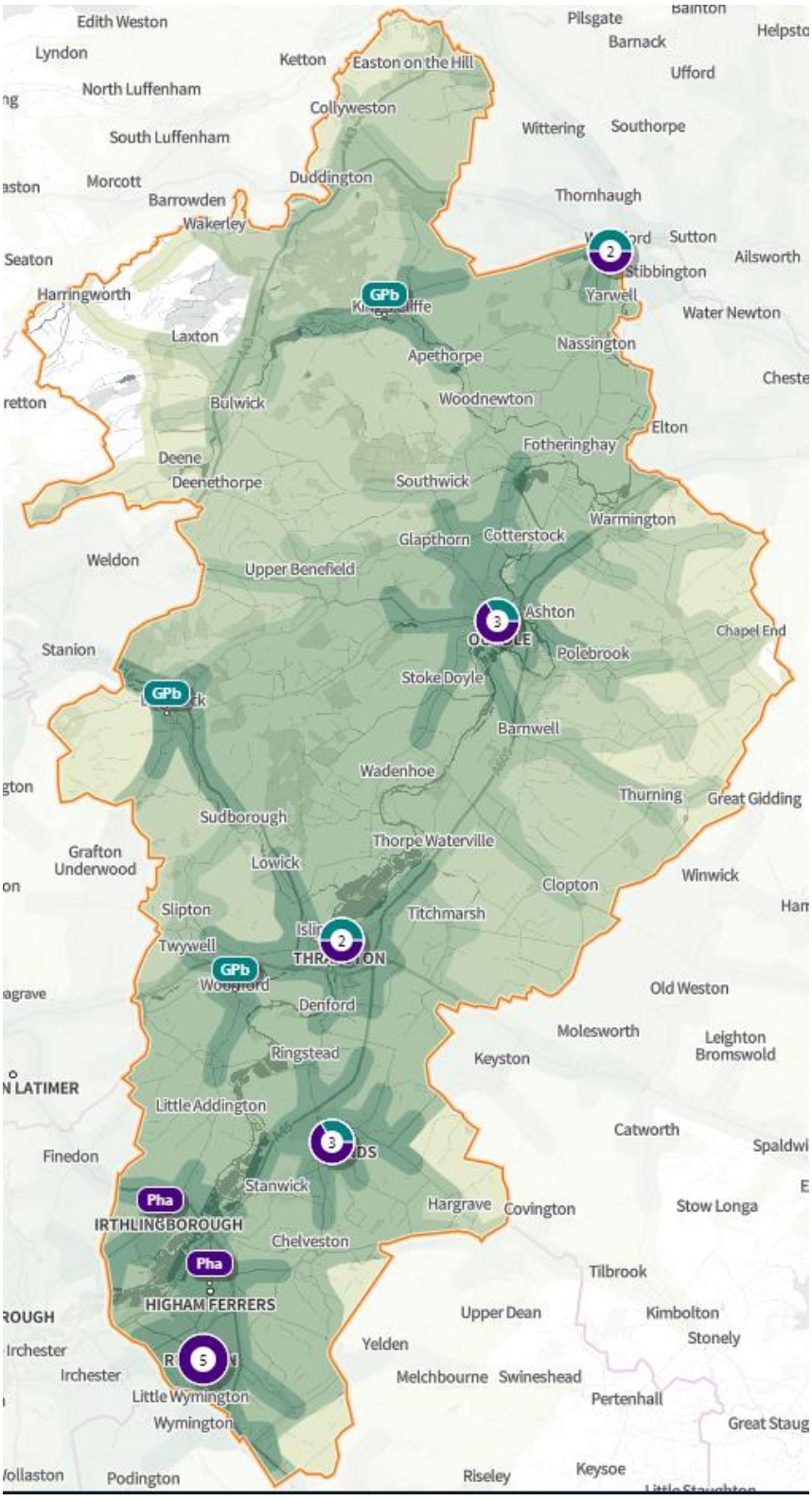
5 10 15 Travel times in minutes

Map 21 – access to pharmacies in East Northamptonshire during rush hour times



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Travel times in minutes

Looking at the opening hours for the 13 pharmacies:

- Three are open Monday to Friday
- Five are open Monday to Friday and Saturday morning
- Five 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
- One is 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.

Of the six pharmacies who responded to the contractor questionnaire, five dispense all appliances listed in Part IX of the Drug Tariff, with the sixth not dispensing any applications.

12 pharmacies provided 1,714 New Medicine Service full service interventions in 2019/20, with a range of 21 to 519 provided per pharmacy. 12 pharmacies provided a total of 940 full service interventions between April and December 2020.

11 pharmacies provided flu vaccinations under the advanced service in 2019/20 vaccinating a total of 2,293 people with a range at pharmacy level of 25 to 837. Ten pharmacies provided 4,053 vaccinations between September 2020 and January 2021, with a range at pharmacy level of 85 to 902[82].

All 13 pharmacies are providing the NHS Community Pharmacist Consultation Service at the time of writing however activity data is not publicly available.

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

[82] Chemist and Druggist news article 29 October 2020

92% of prescriptions written by the GP practices in the locality 2019/20 were dispensed within the locality by the pharmacies and dispensing doctors. For the rest:

- 3% were dispensed by 728 different pharmacies outside of North Northamptonshire
- 2% were dispensed by 50 different pharmacies elsewhere in North Northamptonshire
- 2% were dispensed by 23 different distance selling pharmacies outside of the locality and
- 1% was dispensed by 44 different dispensing appliance contractors outside of North Northamptonshire

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, with most able to access a pharmacy by car within 15 minutes.

9.4 Other relevant services: current provision

No pharmacy provided Appliance Use Reviews in 2019/20 and this remains the position in 2020/21, despite at least five pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

Four pharmacies provided the stoma appliance customisation service in 2019/20, customising between one and 21 stoma appliances each. Three continue to provide the service in 2020/21. Of the five pharmacies that reported dispensing all appliances listed in Part IX of the Drug Tariff, only two provide the stoma appliance customisation service.

At the time of writing only one pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2022. It is believed that this is due to pharmacies focusing on responding to the Covid 19 pandemic.

As of 15 April 2021 all of the pharmacies had signed up to provide the Covid-19 lateral flow device distribution service.

In 2020/21 five pharmacies provide the emergency supply enhanced service, three provide the palliative care enhanced service and ten provide the gluten free food enhanced service.

9.5 Other NHS services

The extended access hub, based at Rushden Medical Centre, provides same day and booked appointments with GPs, practice nurses, paediatric nurses and other clinicians at the following times:

- 6:30pm – 8pm Monday to Friday
- 8:30am - 12:00pm Saturday
- 8:00am – 12.00pm Sundays
- 8:00am – 12.00pm public and bank holidays

In 2019/20 26 items were prescribed. 42% of these items were dispensed by a 100 hour pharmacy in Wellingborough, 35% by a pharmacy that opens Monday to Saturday in Rushden, 8% by an out of area pharmacy that is open Monday to Saturday and the remaining 4% was evenly spread across:

- Two pharmacies in the locality

- An out of area 100 hour pharmacy and
- An out of area pharmacy with extended opening hours Monday to Sunday

Due to an IT issue it isn't possible to identify the number of items prescribed between April 2020 and February 2021.

9.6 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 2019/20 a total of 920 contractors dispensed items written by one of the GP practices, of which 857 were outside of North Northamptonshire.

9.7 Necessary services – gaps in provision

Of the six pharmacies that responded to the contractor questionnaire:

- Two have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area and
- Four don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand

One practice responded to the dispensing practice questionnaire advising that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.

Whilst not a NHS service all five pharmacies collect paper prescriptions from GP practices. Two provide a fee delivery service and three advised that they charge, however two of those then went on to say the service was free. Of the five pharmacies, two restrict the service to housebound patients.

The dispensing practice that completed the questionnaire advised that it provides a delivery service to those who are housebound or have transport difficulties.

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 North Northamptonshire or by distance selling premises outside of North Northamptonshire.

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that the population can access a pharmacy 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 considered whether there is a current need for a pharmacy in any of the three major housing developments. It has noted that at least six of the pharmacies 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 noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services
- Be able to use public transport or
- Be able to walk to a pharmacy

The Health and Wellbeing Board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. For the above residents the Health and Wellbeing Board is therefore of the opinion that they will be able to access pharmaceutical services remotely either via:

- The delivery service that all of the distance selling premises in England must provide or
- The private delivery service offered by some pharmacies and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide

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 or future needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors 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:

- New Medicine Service
- Community Pharmacist Consultation Service and
- Flu vaccination

9.8 Improvements or better access: gaps in provision

Whilst none of the pharmacies provide the Appliance Use Review and only three have provided the stoma appliance customisation service despite dispensing prescriptions for 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 will provide the services at the patient's home and the stoma care department at Kettering Hospital 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.

In relation to the Covid-19 lateral flow device distribution service, as all of the pharmacies have signed up to provide the service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the Health and Wellbeing Board has noted that three of the pharmacies currently provides this service in the locality. However, this service is commissioned across the county of Northamptonshire by NHS England and NHS Improvement 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.

The emergency supply of drugs enhanced service complements the Community Pharmacist Consultation Service (provided by all the pharmacies in the locality) which allows pharmacies to provide urgently needed medicines to patients who have been referred by the NHS 111 service. It is commissioned across the county of Northamptonshire by NHS England and NHS Improvement to ensure adequate provision. Taking into account the current provision of this service and the Community Pharmacist Consultation Service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

The gluten free enhanced service is also commissioned across the county of Northamptonshire by NHS England and NHS Improvement to ensure adequate provision. Taking into account the:

- Current provision of this service
- The fact that it is only for gluten free breads and gluten free mixes and
- The ready availability of gluten free foods in general

the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

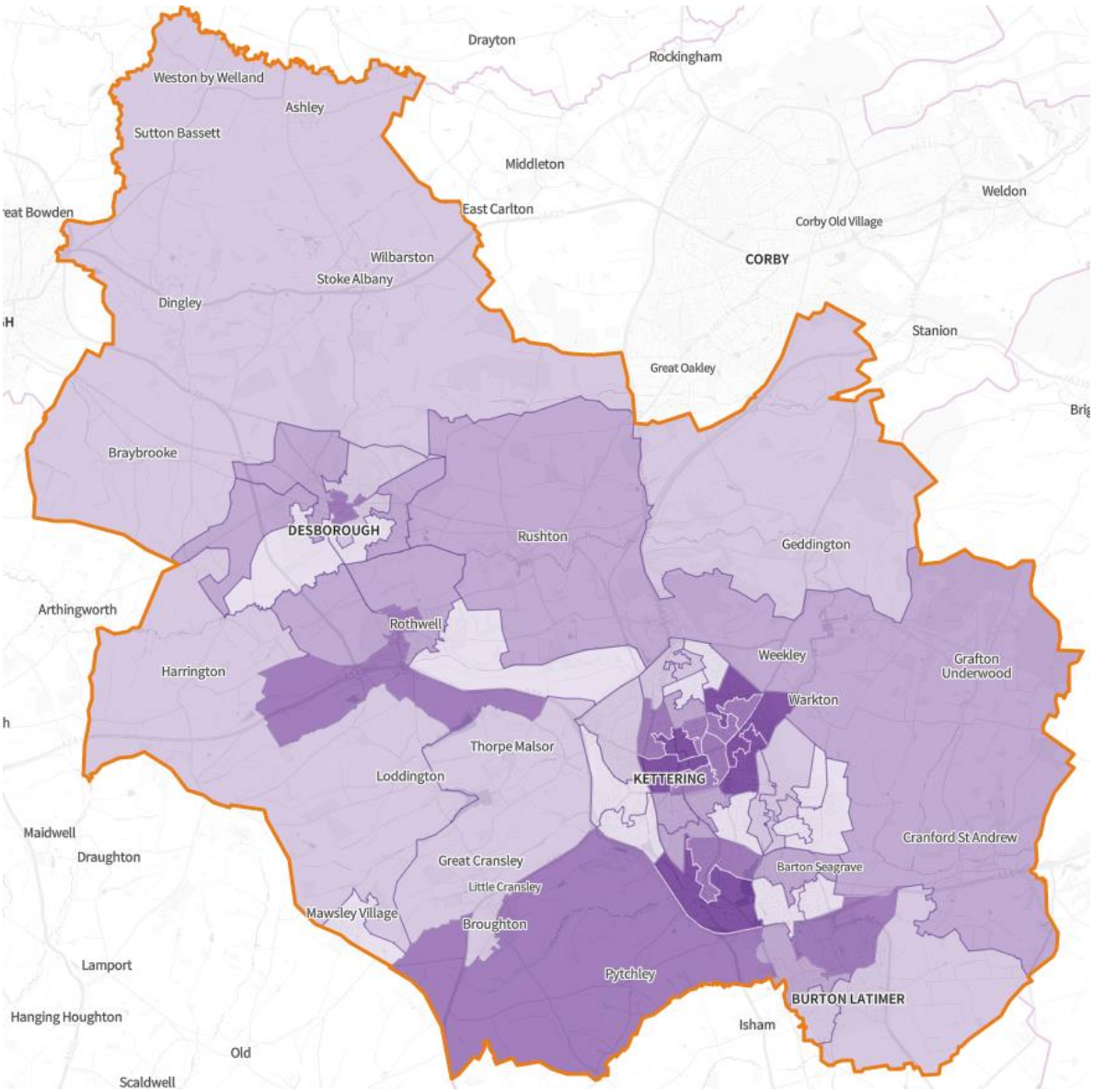
At the time of writing one pharmacy has signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2022. It is believed that the low up-take is due to pharmacies focusing on responding to the Covid 19 pandemic. It is therefore anticipated that over time other pharmacies will begin to provide this service. The Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

10 Kettering locality

10.1 Key facts

- Population growth higher than England
- The deprivation of two Lower Super Output Areas have worsened by two deciles between 2015 and 2019. The map below shows the spread of deprivation by Lower Super Output Area across the locality by the Index of Multiple Deprivation. In this map the darker the shading the greater the level of deprivation.

Map 22 – Spread of deprivation by Lower Super Output Area[83]



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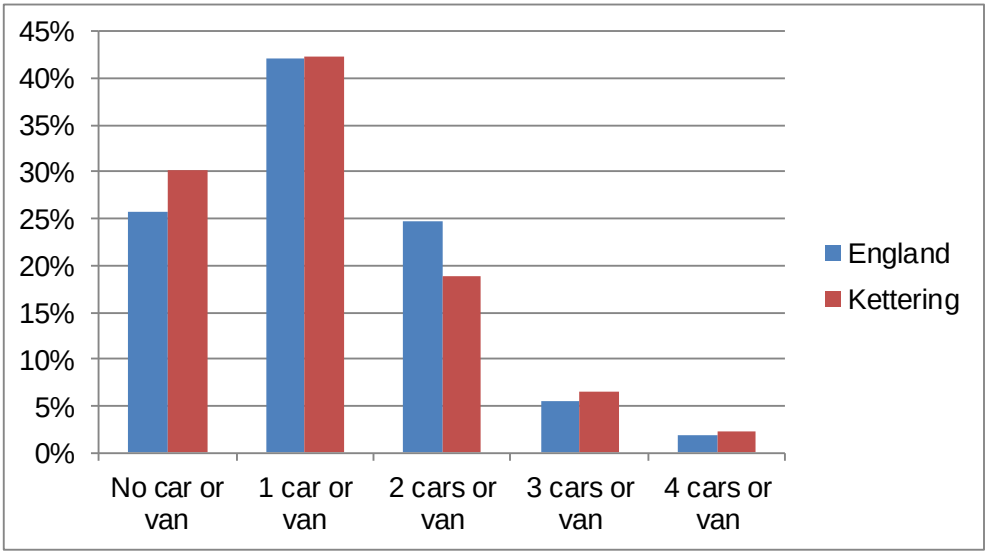
[83] Public Health England's Strategic Health Asset Planning and Evaluation tool

- High General Fertility Rate and no reduction in birth rate
- Life expectancy for females is lower than the English average by 0.9 years
- With regard life expectancy between the most and least deprived areas, for males it is 5.4 years and 3.1 years for females
- Highest level of house ownership, jointly with East Northamptonshire the lowest level of socially rented property, jointly with Corby the highest level of privately rented property, and the highest percentage of people living rent free
- Second highest number of gypsy and traveller households in North Northamptonshire, however Kettering has the heaviest concentration of gypsy and travellers
- Highest proportion of 15 to 24 year olds who have been screened for Chlamydia (more than three times the lowest level in North Northamptonshire)
- Under 18 conception rates have begun to increase
- Admission episodes for alcohol-related conditions are statistically worse than the national benchmark
- Percentage of children with excess weight in Reception year is statistically worse than the national benchmark. But the proportion of obese children in year 6 and the proportion of children with excess weight in Year 6 are both statistically better
- Lowest percentage of people aged 18 and over who are classified as overweight or obese in North Northamptonshire
- 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%
    - Tagalog/Filipino - 0.13%
- The figure below compares car ownership levels in the locality to England.

Figure 36 – car ownership in Kettering[84]



There are three major housing developments in this locality, namely Hanwood Park (Kettering East Sustainable Urban Extension), Rothwell North and Desborough North.

Hanwood Park is the largest of these developments and is expected to deliver 5,500 dwellings and healthcare facility provision is included in the section 106 agreement:

- Developer to provide a 0.25 hectare site for a healthcare facility by occupation of the 1,500th house which is expected to be in 2023 and
- A contribution of £0.5 million (index linked) to a facility

This provision will be part of the district centre which will be subject to a master planning exercise. Outline planning permission has been approved, with some parcels of land receiving detailed planning permission which has allowed construction to begin. As of 31 March 2019 285 houses had been completed[85].

Approximately 840 dwellings (2,016 people) are expected to be completed within the lifetime of this pharmaceutical needs assessment

The Rothwell North Sustainable Urban Expansion provides for around 700 dwellings. Outline planning permission was given as of 2018. In 2019 the reserved matters for appearance, landscaping, layout and scale in relation to phase 1 of the site for 227 dwellings were approved. It is anticipated that the construction of houses will commence during the lifetime of the pharmaceutical needs assessment at around 100 per year.

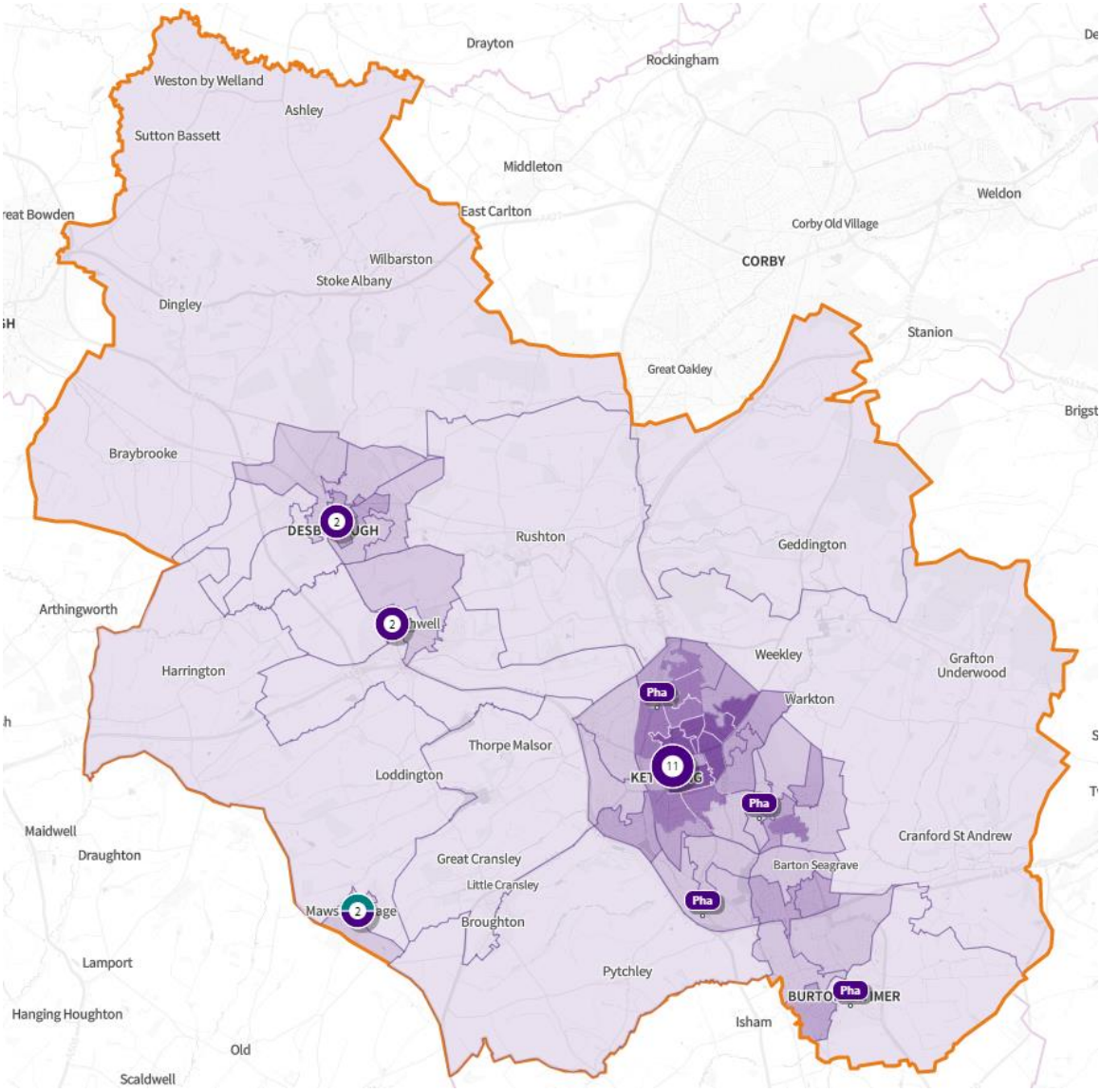
Desborough North Sustainable Urban Expansion is also expected to deliver around 700 dwellings. Construction has not yet started.

[84] Nomis KS404EW - Car or van availability
[85] North Northamptonshire Authorities' monitoring report 1st April 2018 - 31st March 2019

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

There are 20 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.

Map 23 – location of pharmacies and dispensing practice premises in Kettering compared to population density



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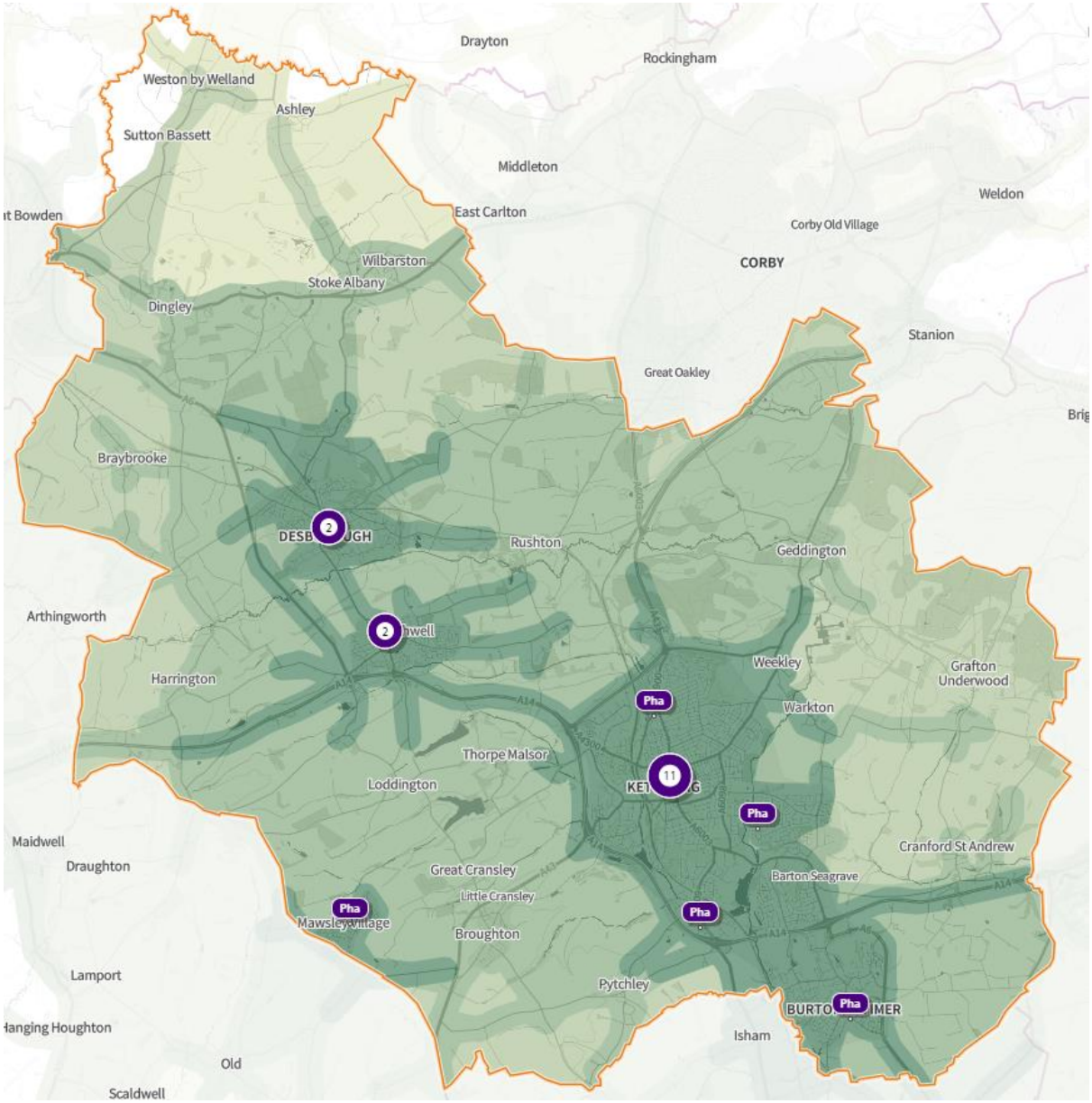
In 2019/20, 77% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the 20 pharmacies and 4% by the practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

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 24 – access to pharmacies in Kettering outside of rush hour times



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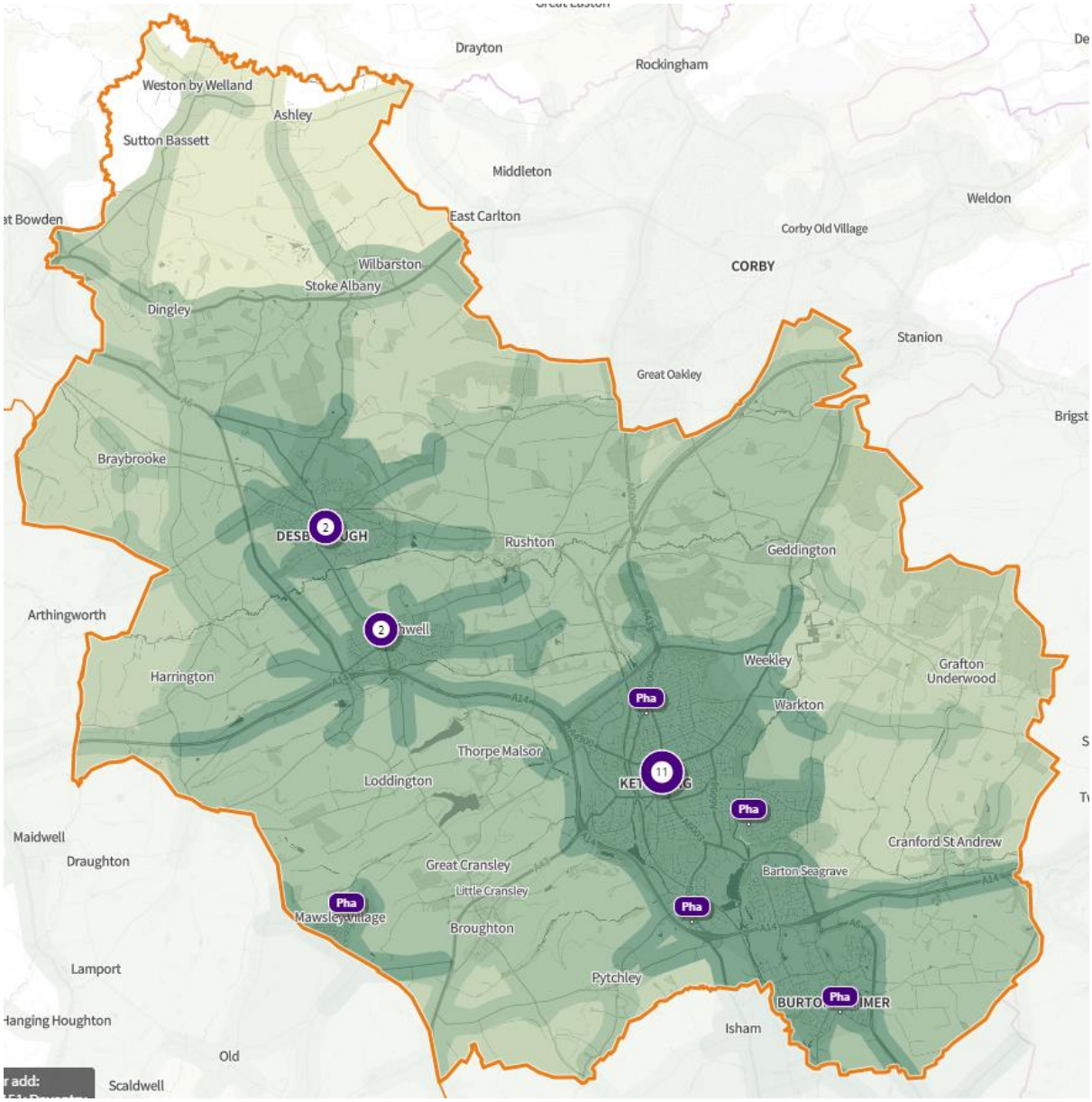
5 10 15 20 Travel times in minutes

Map 25 – access to pharmacies in Kettering during rush hour times



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Travel times in minutes

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 18 pharmacies:

- Four open Monday to Friday
- Eleven are open Monday to Friday and Saturday morning,
- One is open Monday to Saturday and
- Two are open Monday to Sunday

With regard to the times at which these 18 pharmacies are open between Monday and Friday:

- Two open at 8.00am, one opens at 8.15am, five open at 8.30am, and ten open at 09.00am
- Eight are open after 6.00pm (two until 6.15pm, four until 6.30pm, one until 7.00pm and one until 8.00pm)

On Saturdays, pharmacy opening hours are secured between 8.00am and 8.00pm by these 18 pharmacies.

At the time of writing the dispensary at Mawsley surgery is open 10.00am to 4.00pm Monday to Friday and 9.00am to 1.00pm on Saturdays. Its normal opening hours are 09.00am to 6.00pm Monday to Friday.

Of the eight pharmacies who responded to the contractor questionnaire, seven dispense all appliances listed in Part IX of the Drug Tariff, one just dispenses dressings.

16 pharmacies provided 2,092 New Medicine Service full service interventions in 2019/20, with a range of three to 279 provided per pharmacy. 18 pharmacies provided a total of 1,788 full service interventions between April and December 2020.

In 2019/20 19 pharmacies provided a total of 3,428 flu vaccinations with a range at pharmacy level of 14 to 656. 19 pharmacies provided a total of 6,107 vaccines between September 2020 and January 2021, with a range at pharmacy level of seven to 924[86].

17 pharmacies are providing the NHS Community Pharmacist Consultation Service at the time of writing, however activity data is not publicly available.

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

81% of prescriptions written by the GP practices in the locality 2019/20 were dispensed within the locality by the pharmacies and dispensing doctors. For the rest:

- 10.5% were dispensed by 628 pharmacies elsewhere in the country
- 6% were dispensed elsewhere in North Northamptonshire (predominantly in Wellingborough) by 44 pharmacies
- 1.8% were dispensed by 25 distance selling premises

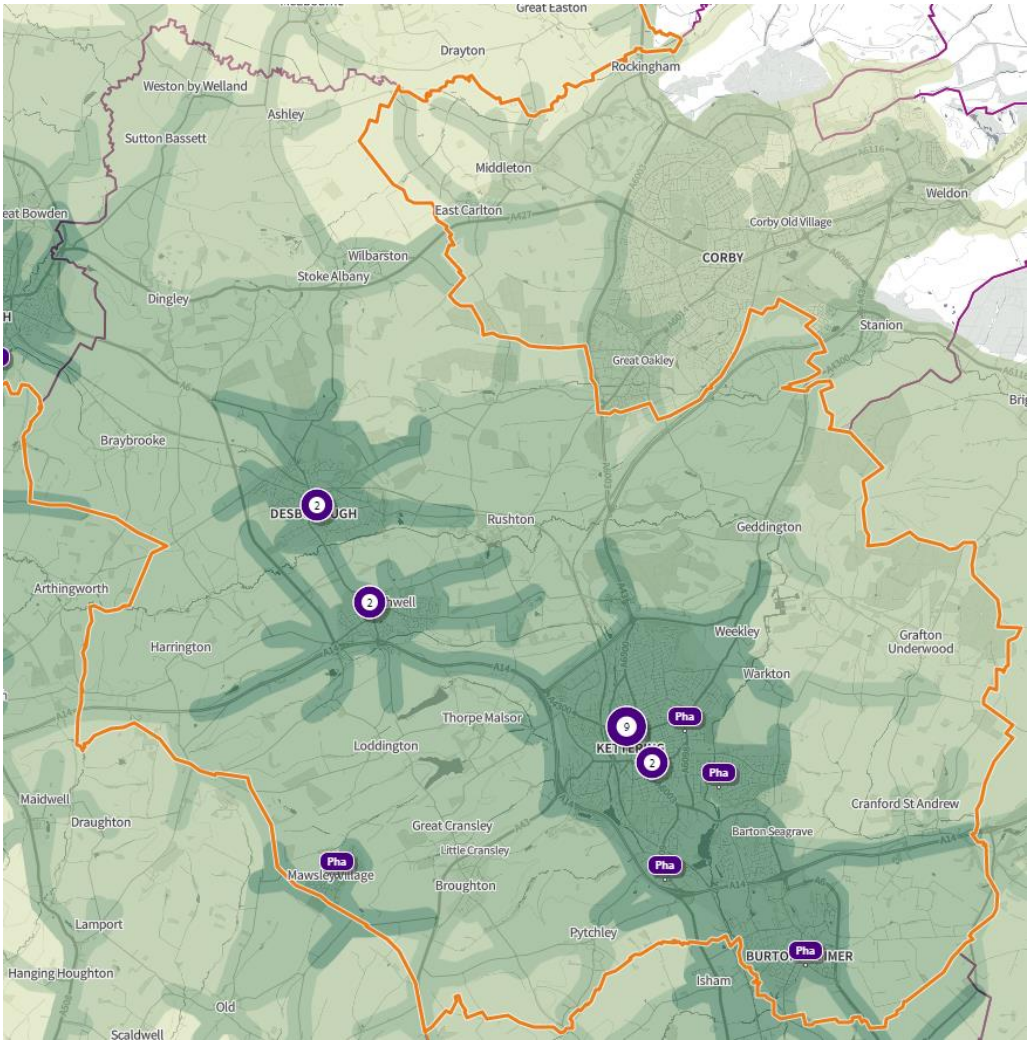
[86] Chemist and Druggist news article 29 October 2020

- 0.7% was dispensed by 42 dispensing appliance contractors

In chapter 4, one area was identified as not meeting the standard of being able to access a pharmacy in North Northamptonshire within 20 minutes by car, namely to the west of the villages of Weston by Welland and Sutton Bassett (to the north east of Market Harborough). According to Google Maps there is no resident population in this area, just a timber merchant, however when taking into account the provision of services in Leicestershire this area is now within 20 minutes of a pharmacy by car.

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 as can be seen on the map below.

Map 26 – access to pharmacies inside and outside Kettering during rush hour times



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5 10 15 20 Travel times in minutes

10.4 Other relevant services: current provision

No pharmacy provided Appliance Use Reviews in 2019/20 and this remains the position in 2020/21, despite at least seven pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

In 2019/20 six pharmacies provided a total of 122 stoma appliance customisations (a range at pharmacy level between four and 34), and the same six provided a total of 92 between April and December 2020.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2022. It is believed that this is due to pharmacies focusing on responding to the Covid 19 pandemic.

As of 15 April 2021 all but one of the pharmacies had signed up to provide the Covid-19 lateral flow device distribution service.

In 2020/21 nine (including both 100 hour pharmacies) pharmacies provide the emergency supply enhanced service, two (including one 100 hour pharmacy) provide the palliative care enhanced service and nine provide the gluten free food enhanced service.

10.5 Other NHS services

One of the two locations for the GP out of hours service is within the locality. In 2019/20 11,944 items were prescribed by the service of which:

- 61% were dispensed within the locality (48% by the 100 hour pharmacies and a further 7% by a pharmacy with extended opening hours),
- 35% were dispensed elsewhere in North Northamptonshire by 46 different contractors (but mainly in Wellingborough), and
- the remaining 4% was dispensed by 96 contractors outside of North Northamptonshire predominantly in Bedfordshire, Cambridgeshire, Leicestershire and West Northamptonshire.

Between April 2020 and February 2021 a total of 691 items were prescribed of which:

- 40% were dispensed within the locality (33% by a 100 hour pharmacy),
- 46% were dispensed elsewhere in North Northamptonshire by 25 different contractors, and
- the remaining 14% were dispensed by 18 contractors outside of North Northamptonshire predominantly in West Northamptonshire.

The extended access hub, based at Weavers Medical – Prospect House, provides same day and booked appointments with GPs, nurse prescribers, clinical pharmacists, practice nurses and other clinicians at the following times:

- 4.00pm – 8.00pm Monday to Friday
- 8:30am - 12:30pm Saturday
- 8:30am - 12:30pm public and bank holidays

In 2019/20 2,773 items were prescribed, and 852 items were prescribed between April 2020 and February 2021.

99.6% of the items prescribed in 2019/20 were dispensed in the locality predominantly by the 100 hour pharmacies (53%) and the co-located pharmacy (29%). Between April 2020 and February 2021 92.3% of the items prescribed were dispensed in the locality predominantly by three pharmacies.

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 2019/20 a total of 768 contractors dispensed items written by one of the GP practices, of which 705 were outside of North Northamptonshire.

10.7 Necessary services – gaps in provision

Eight of the 20 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:

- Four have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area and
- Four 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 six pharmacies collect prescriptions from surgeries. One pharmacy provides a free delivery service to all patients, and two provide a free delivery service to certain patient groups for example those who are housebound or who have a disability. Five provide a chargeable 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 North Northamptonshire or by distance selling premises outside of North Northamptonshire.

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that all of the population can access a pharmacy 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 map below shows those parts of the built-up areas of the locality that are within 20 minutes of a pharmacy by public transport. The darkest green shows those areas that are within five minutes of a pharmacy and the lightest green is for those areas that are 20 minutes from a pharmacy by public transport.

Map 27 – access to a pharmacy by public transport in the built-up areas of Kettering

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Travel times in minutes

The Health and Wellbeing Board has considered whether there is a current need for a pharmacy in any of the three major housing developments. It has noted that at least eight of the pharmacies 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 noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services
- Be able to use public transport or
- Be able to walk to a pharmacy

The Health and Wellbeing Board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. For the above residents the Health and Wellbeing Board is therefore of the opinion that they will be able to access pharmaceutical services remotely either via:

- The delivery service that all of the distance selling premises in England must provide or
- The private delivery service offered by some pharmacies and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide

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 or future needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors 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 needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service
- Community Pharmacist Consultation Service and
- Flu vaccination

10.8 Improvements or better access: gaps in provision

Whilst none of the pharmacies provide the Appliance Use Review and only six have provided the stoma appliance customisation 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 will provide the services at the patient's home and the stoma care department at Northampton Hospital 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.

In relation to the Covid-19 lateral flow device distribution service, as all but one of the pharmacies have signed up to provide the service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the Health and Wellbeing Board has noted that two pharmacies currently provide this service in the locality, one of which is a 100 hour pharmacy. However, this service is commissioned across the county of Northamptonshire by NHS England and NHS Improvement 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.

The emergency supply of drugs enhanced service complements the Community Pharmacist Consultation Service (provided by all the pharmacies in the locality) which allows pharmacies to provide urgently needed medicines to patients who have been referred by the NHS 111 service. It is commissioned across the county of Northamptonshire by NHS England and NHS Improvement to ensure adequate provision. Taking into account the

current provision of this service and the Community Pharmacist Consultation Service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

The gluten free enhanced service is also commissioned across the county of Northamptonshire by NHS England and NHS Improvement to ensure adequate provision. Taking into account the:

- Current provision of this service
- The fact that it is only for gluten free breads and gluten free mixes and
- The ready availability of gluten free foods in general

the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

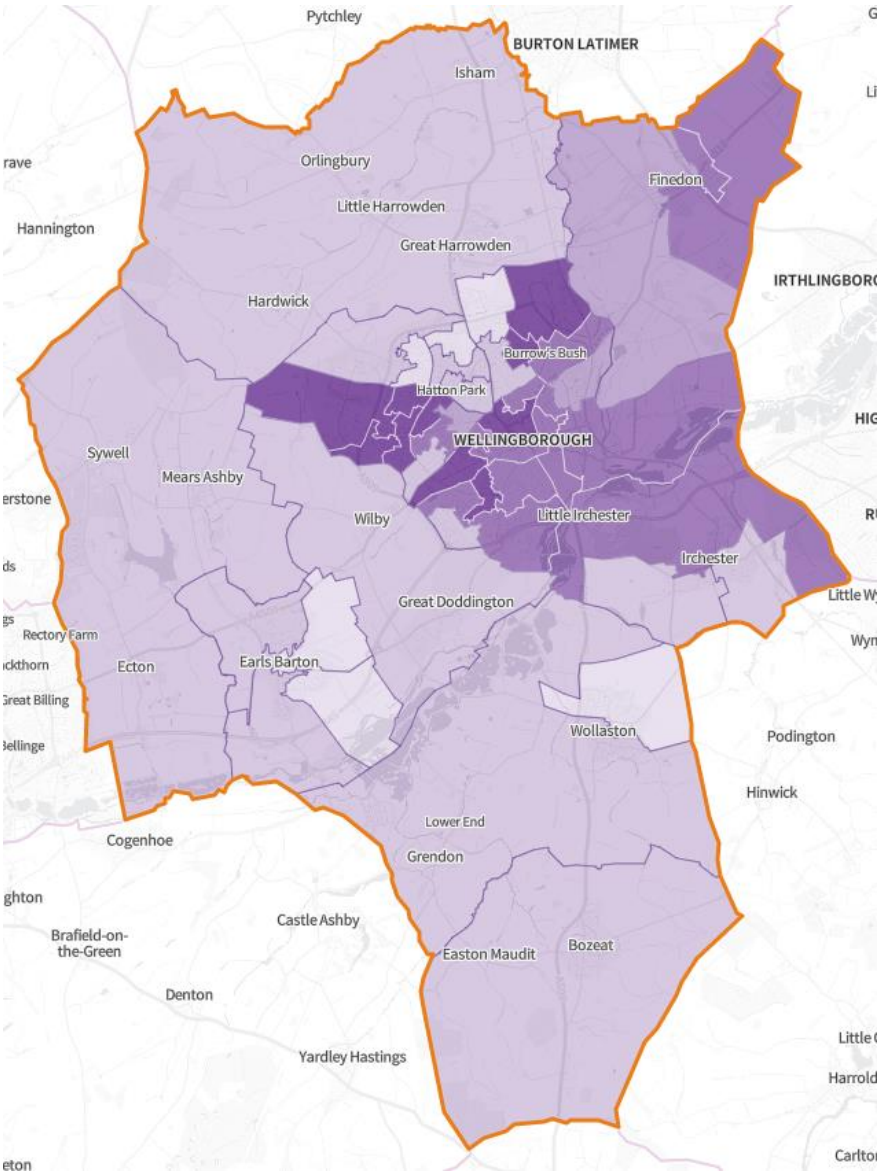
At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2022. It is believed that this is due to pharmacies focusing on responding to the Covid 19 pandemic. It is therefore anticipated that over time the existing pharmacies will begin to provide this service. The Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

11 Wellingborough locality

11.1 Key facts

- Population growth slightly lower than the English average
- Highest proportion of Asian/Asian British in North Northamptonshire
- 21.3% of Lower Super Output Areas are in deciles 1 or 2 in the Index of Multiple Derivation. One Lower Super Output Area moved from decile 3 to decile 2, becoming more deprived. The deprivation of another Lower Super Output Area has worsened by two deciles, becoming more deprived
- The map below shows the spread of deprivation by Lower Super Output Area across the locality by the Index of Multiple Deprivation. In this map the darker the shading the greater the level of deprivation.

Map 28 – Spread of deprivation by Lower Super Output Area[87]



[87] Public Health England's Strategic Health Asset Planning and Evaluation tool

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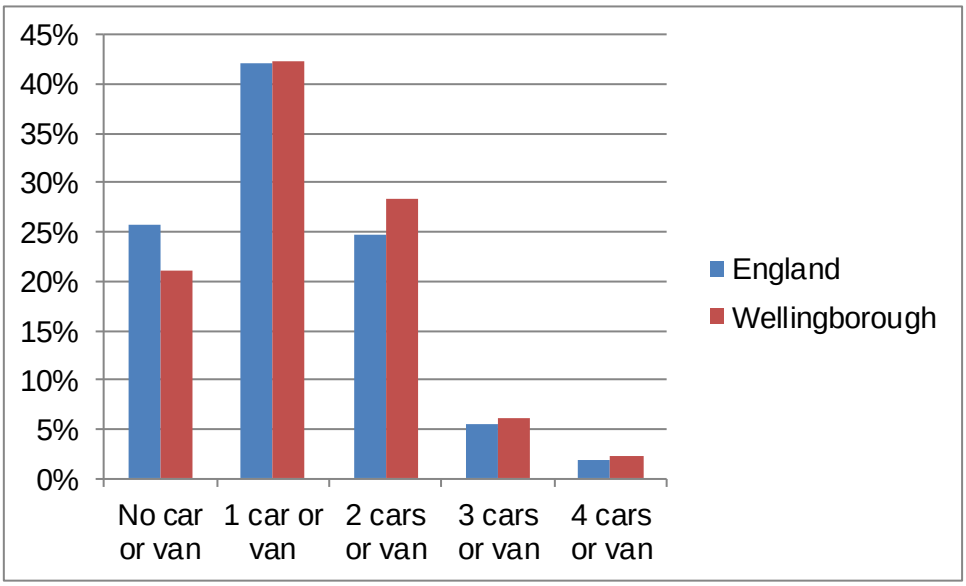
- High General Fertility Rate
- Compared to the English average, life expectancy is lower for both men (0.7 years) and females (0.9 years)
- The difference in life expectancy between the most and least deprived areas is the lowest in North Northamptonshire for both males and females
- Lowest number of gypsy and traveller households
- Increase in the proportion of smokers from 2017 to 2018
- Admission episodes for alcohol-related conditions are statistically worse than the national benchmark
- Second highest proportion of adults aged 18 and over who are classified as overweight or obese at 67.9%
- 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 37 – car ownership in Wellingborough[88]



There are three major housing developments planned in this locality, Stanton Cross (Wellingborough East), Glenvale Park (Wellingborough North) and Park Farm Way.

[88] Nomis KS404EW - Car or van availability

Up to 3,600 dwellings are planned for Stanton Cross (Wellingborough East). Planning permission has been given and construction has started. The Section 106 agreement includes a requirement for the developer to make 0.4 hectare of land available for a medical facility which should be done prior to the 350th occupation. As at 31 March 2019 (latest data available) 57 dwellings had been completed and 98 were under construction.

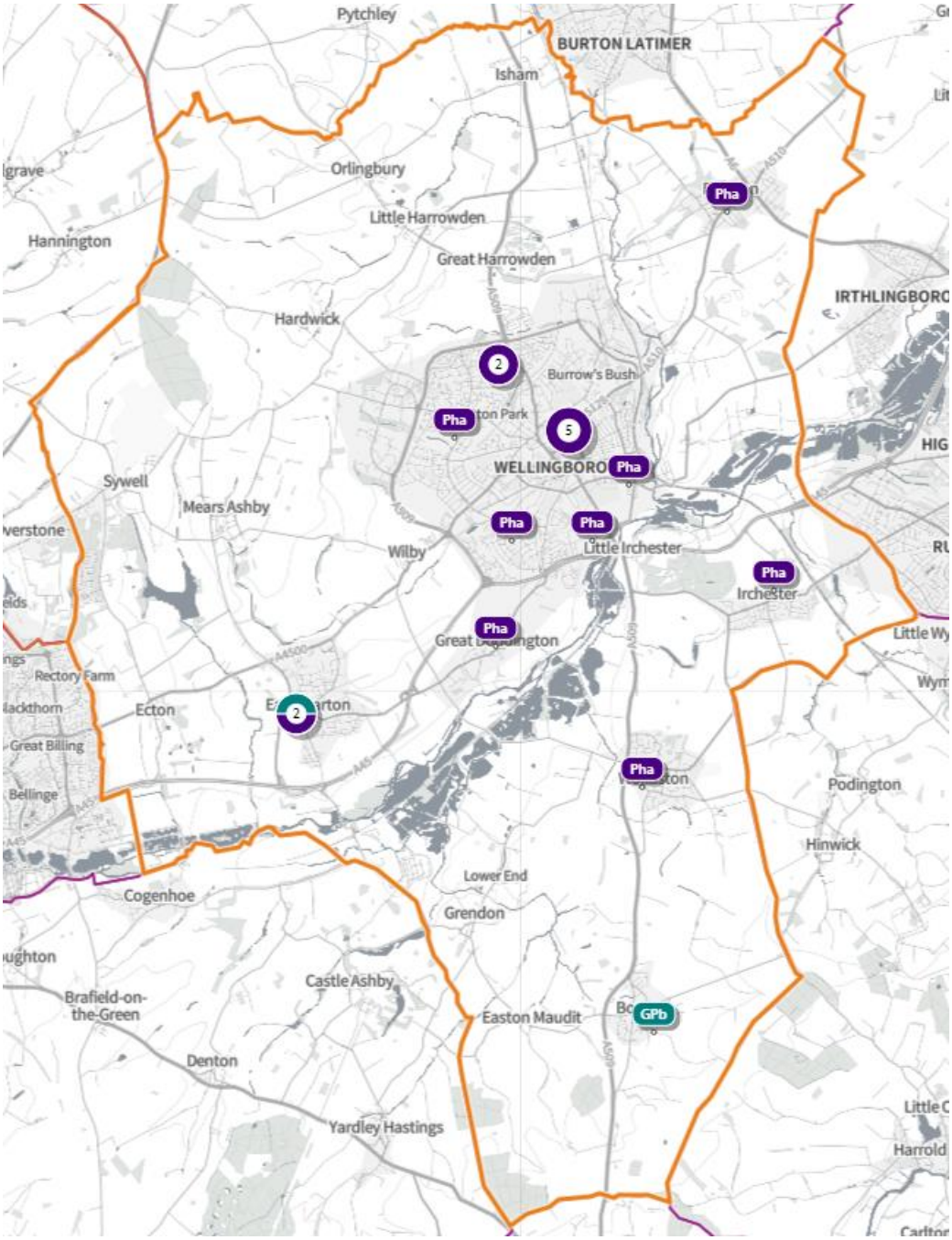
Glenvale Park (Wellingborough North) is of a similar size and will deliver 3,000 dwellings over three phases (phase 1 – 1,500 dwellings, phase 2 – 700 dwellings and phase 3 – 800 dwellings). Outline planning permission has been given. The Section 106 agreement requires the developer to make financial contributions to healthcare provision over the three stages. As of June 2020 the phase 1A infrastructure works were completed and development of the initial 500 houses was due to start in July 2021.

Planning permission for the construction of 600 homes at Park Farm Way has been agreed subject to the Section 106 agreement being finalised. It is anticipated that the Section 106 agreement will include a healthcare contribution per home.

11.2 Necessary services: current provision within the locality's area

There are 16 pharmacies (of which one is distance selling premises) in the locality operated by 15 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 29 – location of pharmacies and dispensing practice premises



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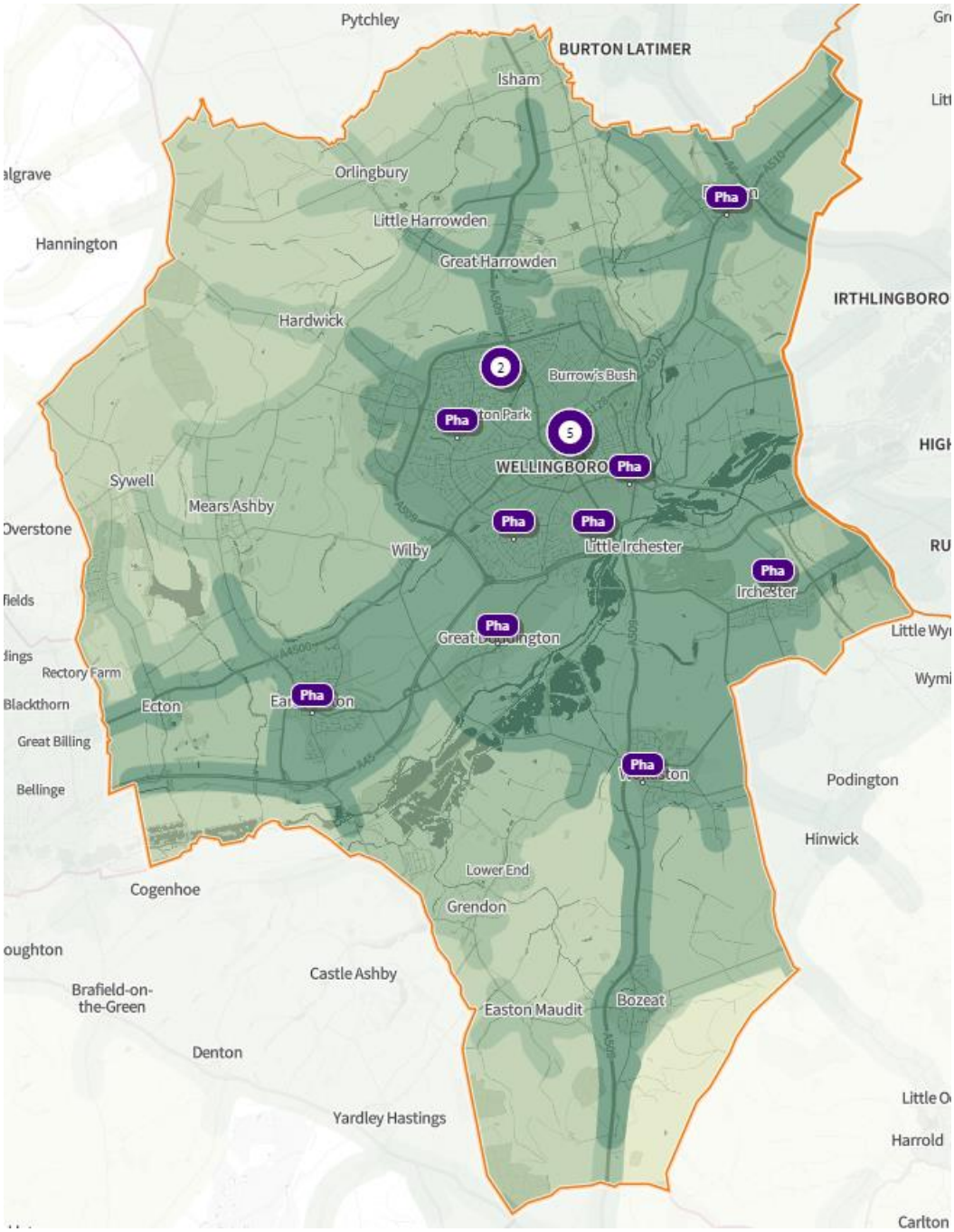
In 2019/20, 89% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the pharmacies and 5% by the practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

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 30 – access to pharmacies in Wellingborough outside of rush hour times



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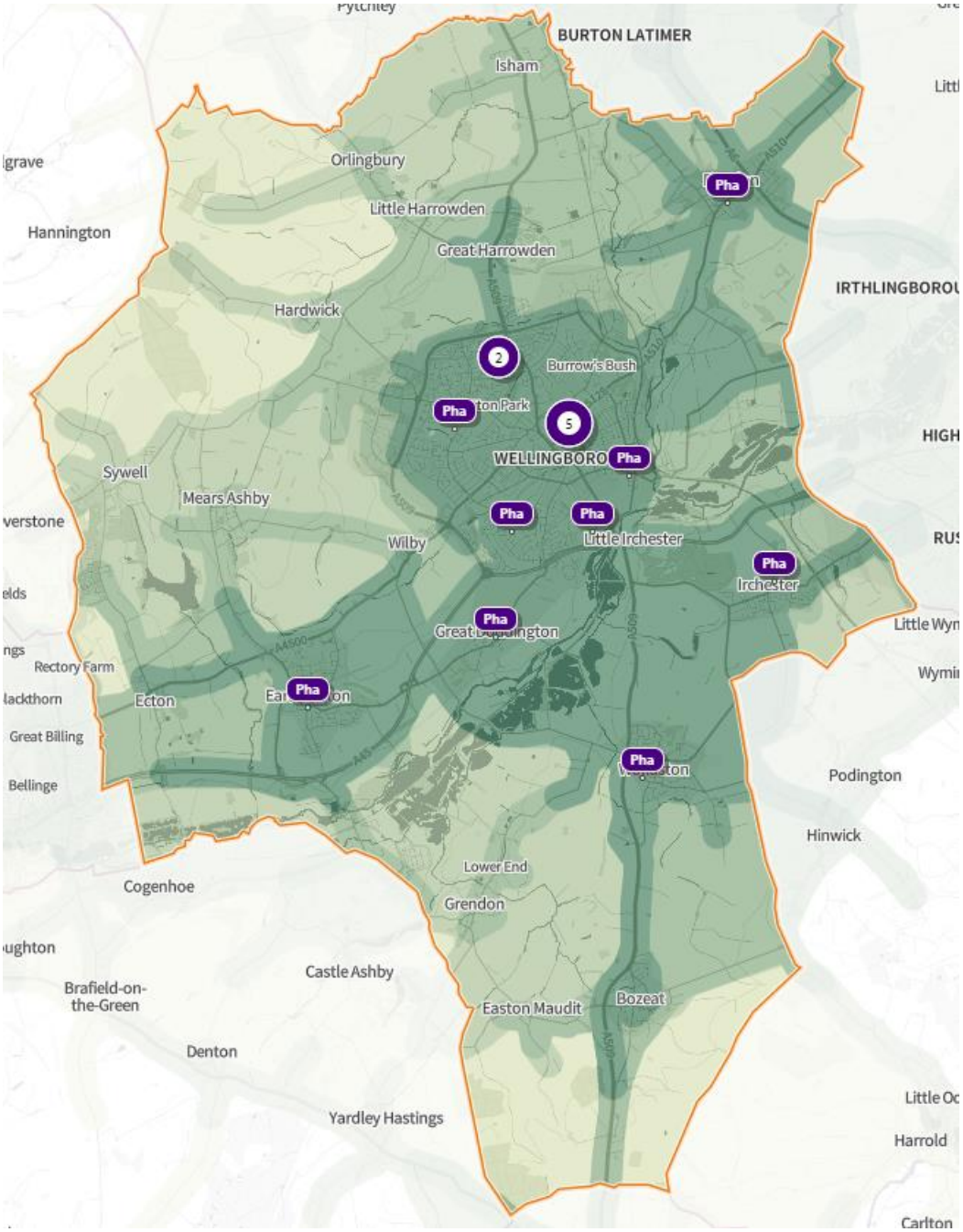
Travel times in minutes

Map 31 – access to pharmacies in Wellingborough during rush hour times



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5 10 15 20 Travel times in minutes

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:

- Four open Monday to Friday
- Seven are open Monday to Friday and Saturday morning
- Three 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:

- One opens at 8.00am, eight open at 8.30am and six at 9.00am
- Six are open after 6.00pm (one until 6.15pm and five 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 4.00pm.

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.

Of the four pharmacies who responded to the contractor questionnaire, all dispense all appliances listed in Part IX of the Drug Tariff.

15 pharmacies provided 3,340 New Medicine Service full service interventions in 2019/20, with a range of three to 1,037 provided per pharmacy. 13 pharmacies provided a total of 2,515 full service interventions between April and December 2020 with a range of four to 502 provided per pharmacy.

14 pharmacies provided flu vaccinations under the advanced service in 2019/20 vaccinating a total of 3,616 people with a range at pharmacy level of 26 to 577. 15 pharmacies provided a total of 5,773 vaccinations between September 2020 and January 2021, with a range at pharmacy level of 32 to 848[89].

16 pharmacies are providing the NHS Community Pharmacist Consultation Service at the time of writing, however activity data is not publicly available.

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.

94% of prescriptions written by the GP practices in the locality 2019/20 were dispensed within the locality by the pharmacies and dispensing doctors. For the rest:

[89] Chemist and Druggist news article 29 October 2020

- 4% were dispensed by 606 pharmacies elsewhere in the country
- 1% was dispensed elsewhere in North Northamptonshire by 45 pharmacies
- 1% were dispensed by 20 distance selling premises
- 1% was dispensed by 44 dispensing appliance 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.

11.4 Other relevant services: current provision

No pharmacy provided Appliance Use Reviews in 2019/20 and this remains the position in 2020/21, despite at least four pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

Three pharmacies provided a total of 16 stoma appliance customisations in 2019/20 despite at least four pharmacies dispensing all appliances listed in Part IX of the Drug Tariff. Between April and December 2020, two pharmacies provided a total of 22 stoma appliance customisations.

As of 15 April 2021 all but one of the pharmacies had signed up to provide the Covid-19 lateral flow device distribution service.

At the time of writing one pharmacy in Wellingborough had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2022. It is believed that this is due to pharmacies focusing on responding to the Covid 19 pandemic.

In 2020/21 five pharmacies provide the emergency supply enhanced service (including a 100 hour pharmacy), three pharmacies (including a 100 hour pharmacy) provide the palliative care enhanced service and seven provide the gluten free food enhanced service.

11.5 Other NHS services

One of the two locations for the GP out of hours service is within the locality. In 2019/20 2.318 items were prescribed by the service of which:

- 90% were dispensed within the locality (75% by the 100 hour pharmacies)
- 8% were dispensed elsewhere in North Northamptonshire by 17 different contractors (but mainly in East Northamptonshire) and
- The remaining 2% was dispensed by 20 contractors outside of North Northamptonshire predominantly in Bedfordshire and West Northamptonshire

Between April 2020 and February 2021 a total of 20 items were prescribed of which:

- 95% were dispensed within the locality by the 100 hour pharmacies and
- The remaining 5% were dispensed by one pharmacy in Corby

The extended access hub, based at 3 Queen Street, Wellingborough, provides same day and booked appointments with GPs, nurse prescribers, clinical pharmacists, practice nurses and other clinicians at the following times:

- 6.30pm – 8.00pm Monday to Friday

- 8.00am – 12.00pm Saturday and Sunday
- 8.00am – 12.00pm public and bank holidays

In 2019/20 2,343 items were prescribed, and between April 2020 and February 2021 788 items were prescribed.

82% of the items prescribed in 2019/20 were dispensed by the co-located 100 hour pharmacy, 17.3% were dispensed by other pharmacies within Wellingborough. The remaining 0.7% were dispensed elsewhere in North Northamptonshire or further afield.

In 2020/21, 57% of the items were dispensed by the co-located 100 hour pharmacy with a further 42% dispensed elsewhere in the locality. The majority of the remaining items were dispensed elsewhere in North Northamptonshire.

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 2010/20 a total of 761 contractors dispensed items written by one of the GP practices, of which 669 were outside of North Northamptonshire.

11.7 Necessary services – gaps in provision

Three of the four pharmacies confirmed they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area, and one pharmacy said that it doesn't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand.

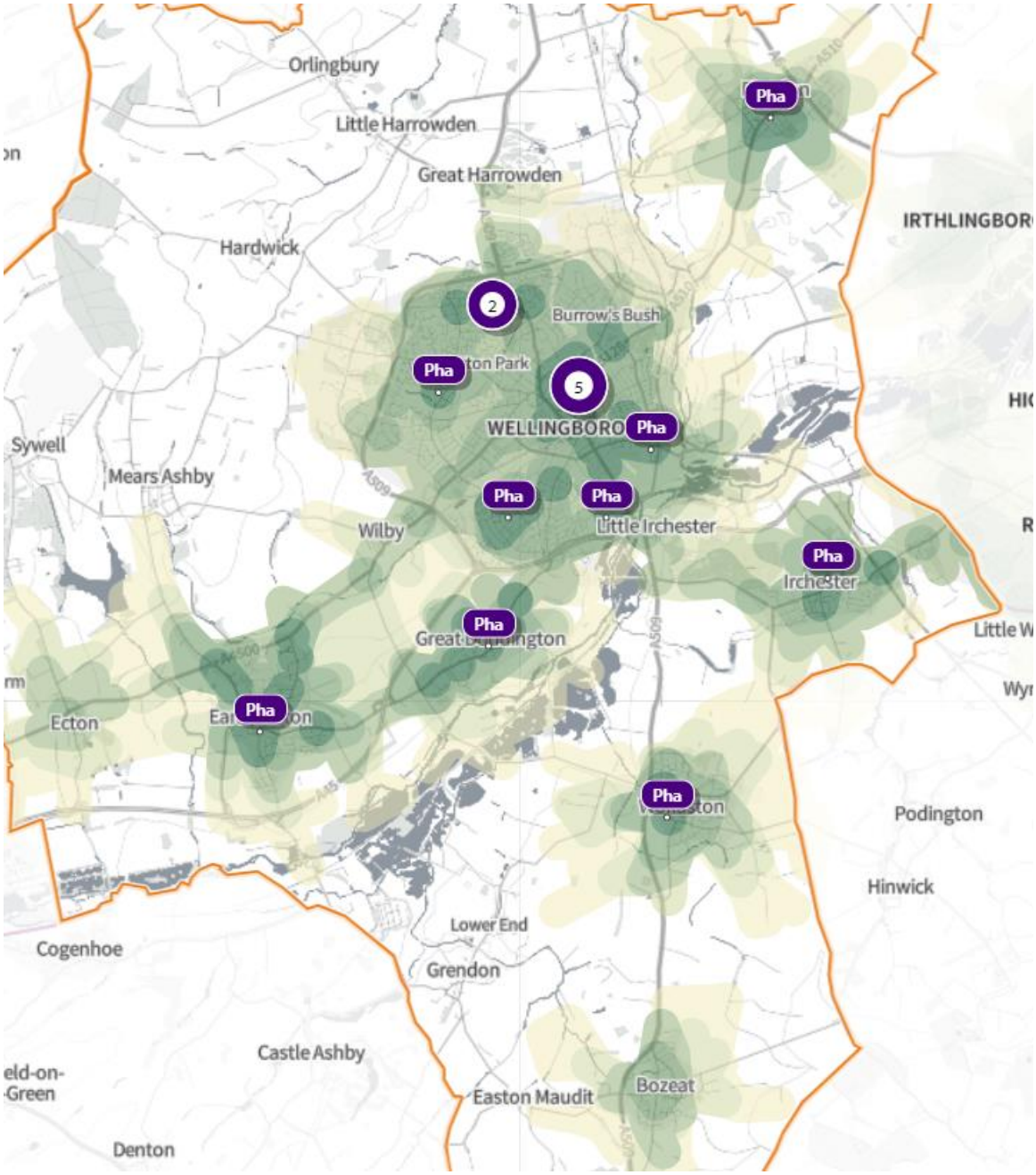
Whilst not a NHS service three pharmacies collect prescriptions from GP practices and one provides a free delivery service to all patients. Three provide a delivery service for a fee, of whom one pharmacy provides it to all patients, and one is at the discretion of the pharmacist and based on the patient's medical needs. 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 North Northamptonshire or by distance selling premises outside of North Northamptonshire.

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact that the population can access a pharmacy 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 map below shows the urban areas of the locality that are within 20 minutes of a pharmacy by public transport. The darkest green shows those areas that are within five

minutes of a pharmacy and the lightest green is for those areas that are 20 minutes from a pharmacy by public transport.

Map 32 – access to a pharmacy by public transport in the urban areas of Wellingborough locality



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The Health and Wellbeing Board has considered whether there is a current need for a pharmacy in any of the other three major housing developments. It has noted that at least four of the pharmacies 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 noted that there may be some residents of the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services
- Be able to use public transport or
- Be able to walk to a pharmacy

The Health and Wellbeing Board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. For the above residents the Health and Wellbeing Board is therefore of the opinion that they will be able to access pharmaceutical services remotely either via:

- The delivery service that distance selling premises in the locality and those in the rest of England must provide or
- The private delivery service offered by some pharmacies and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide

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 or future needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors 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 needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New Medicine Service,
- Community Pharmacist Consultation Service and
- Flu vaccination

11.8 Improvements or better access: gaps in provision

Whilst none of the pharmacies provide the Appliance Use Review and only two have provided the stoma appliance customisation 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 will provide the services at the patient's home and the stoma care department at Northampton Hospital 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.

In relation to the Covid-19 lateral flow device distribution service, as all but one of the pharmacies have signed up to provide the service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

In relation to the palliative care service, the Health and Wellbeing Board has noted that two pharmacies currently provide this service in the locality, one of which is a 100 hour

pharmacy. However, this service is commissioned across the county of Northamptonshire by NHS England and NHS Improvement 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.

The emergency supply of drugs enhanced service complements the Community Pharmacist Consultation Service (provided by all the pharmacies in the locality) which allows pharmacies to provide urgently needed medicines to patients who have been referred by the NHS 111 service. It is commissioned across the county of Northamptonshire by NHS England and NHS Improvement to ensure adequate provision. Taking into account the current provision of this service and the Community Pharmacist Consultation Service the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

The gluten free enhanced service is also commissioned across the county of Northamptonshire by NHS England and NHS Improvement to ensure adequate provision. Taking into account the:

- Current provision of this service
- The fact that it is only for gluten free breads and gluten free mixes and
- The ready availability of gluten free foods in general

the Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

At the time of writing one pharmacy has signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2022. It is believed that this is due to pharmacies focusing on responding to the Covid 19 pandemic. It is therefore anticipated that over time the existing pharmacies will begin to provide this service. The Health and Wellbeing Board has not identified any current or future improvements or better access in relation to this service.

12 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 North Northamptonshire and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of North Northamptonshire and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

North Northamptonshire has 63 pharmacies and one distance selling premises all providing the full range of essential services. Many provide advanced and enhanced services as commissioned by NHS England and NHS Improvement, and some provide services commissioned by North Northamptonshire Council. There are no Local Pharmaceutical Services contractors. Ten of the GP practices dispense to eligible patients from 13 sites across the county.

Overall, access to pharmaceutical services in North Northamptonshire is good due to the spread of premises across the area 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 and NHS Improvement 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 and NHS Improvement 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.

North Northamptonshire has a population of approximately 348,228. 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 North 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.

12.1 Necessary services – current provision

North 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 New Medicine Service, NHS Community Pharmacist Consultation Service 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.

12.2 Necessary services – gaps in provision

12.2.1 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.

12.2.1.1 Access to essential services during normal working hours

The Health and Wellbeing Board has identified that the population of North Northamptonshire is able to access a pharmacy during normal working hours within 20 minutes by car. For the one area where it takes more than 20 minutes by car outside of the rush hour, the Health and Wellbeing Board is satisfied that there is not a current need for a pharmacy in those areas due to the fact there is no resident population in that area.

The picture changes slightly during rush hour times so that an area to the south east of Lutton, a village to the east of Oundle, falls outside the 20 minutes standard. However Google Maps reveals just one cluster of buildings within this area which appears to be farm buildings with only a track leading to them.

The Health and Wellbeing Board is therefore satisfied that all residents can access a pharmacy within 20 minutes by private transport.

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 localities.

12.2.1.2 Access to essential services outside normal working hours

There is good access to essential services outside normal working hours through provision by six 100 hour pharmacies and extended evening and weekend opening hours offered by other pharmacies:

- 13 pharmacies open seven days a week (includes the six 100 hour pharmacies)
- Nine pharmacies open Monday to Saturday
- 29 pharmacies open Monday to Friday, and Saturday until lunchtime
- 12 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[90]. The patient and public questionnaire showed that 40% of respondents did

[90] 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

not have a preference as to the most convenient time to use a pharmacy, and of those who did have a preference only 2% preferred 7am to 9am and 10% between 6pm and 9pm.

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 and NHS Improvement 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 the GP extended access hubs may amend their opening times. However it would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or NHS England and NHS Improvement 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 localities.

12.2.2 Access to advanced services

The Health and Wellbeing Board deemed the following advanced services to be necessary:

- New Medicine Service
- Community Pharmacist Consultation Service
- Flu vaccination

The Health and Wellbeing Board noted the number and distribution of pharmacies providing these services, and activity levels since April 2018. Based on the data available the Health and Wellbeing Board is satisfied that there is sufficient capacity to meet the demand for these advanced services.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the New Medicine Service, Community Pharmacist Consultation Service and flu vaccination advanced services have been identified in any of the localities.

12.2.3 Future provision of necessary services

The Health and Wellbeing Board has taken into account the forecasted population growth. 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 the anticipated increase need for pharmaceutical services due to the forecasted population growth.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities.

12.3 Other relevant services: current provision

North Northamptonshire Health and Wellbeing Board identified that four advanced services (appliance use reviews, stoma appliance customisation, Hepatitis C antibody testing service and Covid-19 lateral flow device distribution service) and three enhanced services (palliative

care drugs, emergency supply of medicines 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.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities.

12.4 Improvements and better access – gaps in provision

12.4.1 Current and future access to essential services – present and future circumstances

North Northamptonshire Health and Wellbeing Board considered the conclusion in respect of current provision as set out at 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 localities.

12.4.2 Current and future access to advanced services

From the data available not all pharmacies are providing all the advanced services. As shown in section 5, activity levels for the advanced services at pharmacy level vary across the Health and Wellbeing Board's area.

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. The Health and Wellbeing Board has noted that less than 1% of all items prescribed by the GP practices are dispensed by a number of dispensing appliance contractors outside of North Northamptonshire.

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 localities.

12.4.3 Current and future access to enhanced services

The three enhanced services are commissioned on a Northamptonshire-wide basis by NHS England and NHS Improvement 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 three enhanced services in specified future circumstances have been identified in any of the localities.

12.4.4 Future access to advanced and enhanced services

North 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 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[91], 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[92]), 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[93]. 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.

[91] Review of progress on reforms in England to the "Control of Entry" system for NHS pharmaceutical contractors. Department of Health 2007
[92] Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008
[93] Review of NHS pharmaceutical contractual arrangements. Anne Galbraith 2007

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 requirement 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.

The regulations referred to in the NHS Act 2006 are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[94], 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, now NHS England and NHS Improvement, 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

[94] http://www.legislation.gov.uk/uksi/2013/349/contents/made

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. The review determined that:

- The 2013 Regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand
- There is flexibility within the system where an unforeseen benefit is identified
- Access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services and
- There remains a degree of 'clustering'

The review concluded that the regulations have largely achieved the original policy objectives which remain relevant and appropriate for the regulation of pharmaceutical services in England. It recommended that the Department of Health and Social Care consults on a number of amendments to the regulations and that changes are made to the underpinning guidance to address several unintended consequences and realise opportunities to more effectively deliver against the policy objectives. However none of these relate to the requirements for pharmaceutical needs assessment.

With effect from 1 October 2020 the regulations were amended to delay the requirement on Health and Wellbeing Boards to publish their third pharmaceutical needs assessment by 1 April 2021. Health and Wellbeing Boards now have until 1 April 2022, although may choose to publish their next pharmaceutical needs assessment sooner should they so wish. The amendment was due to the impact the Covid-19 pandemic has had on all commissioners and providers of health and social care services.

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 and NHS Improvement 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

7. Home delivery service while a disease is or in anticipation of a disease being imminently pandemic

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England and NHS Improvement, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

- In a specified area,
- In specified circumstances and
- For the duration specified in the announcement

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS Volunteer Responders, where either are available.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:

- Deliver the medicine themselves as part of the advanced service
- Arrange for another pharmacy to deliver it on their behalf as part of the advanced service
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of the advanced service

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

8. Discharge medicines service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission to ensure that all changes are identified and patient records are amended accordingly. In addition patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended outcomes

The NHS Discharge Medicines Service has been established to ensure better communication about changes made to a patient's medicines in hospital and the aims of the service are to:

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions and
- Support the development of effective team-working across hospital, community and PCN pharmacy teams and general practice teams and provide clarity about respective roles

Appendix C – advanced services

1. 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

2. 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

3. 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.

4. 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 and NHS Improvement 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

5. Home delivery services during a pandemic etc.

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England and NHS Improvement, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

- In a specified area

- In specified circumstances and
- For the duration specified in the announcement

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS Volunteer Responders, where either are available. This falls within the essential services home delivery service.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:

- Deliver the medicine themselves as part of this advanced service
- Arrange for another pharmacy to deliver it on their behalf as part of this advanced service
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of this advanced service

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

6. NHS community pharmacist consultation service

Service description

Under the NHS community pharmacist consultation service patients who urgently need medicines or who have symptoms of a minor illness and contact either NHS 111 or an Integrated Urgent Care Clinical Assessment Service are referred to a community pharmacist for a consultation, thereby releasing capacity in other areas of the urgent care system such as accident and emergency (A&E) and general practices and improving access for patients.

Aims and intended outcomes

The aims of this service are to:

- Support the integration of community pharmacy into the urgent care system, and to appropriate refer patients with lower acuity conditions or who require urgent prescriptions, releasing capacity in other areas of the urgent care system

- Offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 Online service
- Reduce demand on integrated urgent care services, urgent treatment centres, Emergency Departments, walk in centres, other primary care urgent care services and GP Out of Hours (OOH) services, and free up capacity for the treatment of patients with higher acuity conditions within these settings
- Appropriately manage patient requests for urgent supply of medicines and appliances
- Enable convenient and easy access for patients and for NHS 111 call advisor referral
- Reduce the use of primary medical services for the referral of low acuity conditions (i.e. minor illnesses) from NHS 111 and the need to generate urgent prescriptions
- Identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent use of Urgent and Emergency Care services in the future
- Ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine or appliance requested
- Increase patient awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions and for medicines access and advice
- Be cost effective for the NHS when supporting patients with low acuity conditions

7. Community pharmacy hepatitis C antibody testing services

Service description

People who inject drugs who are not engaged in community drug and alcohol treatment services will be offered the opportunity to receive a Hepatitis C virus test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service).

Where the test produces a positive result, the person will be referred for appropriate further testing and treatment via the relevant Operational Delivery Network.

Aims and intended outcomes

The aim of this service is to increase levels of testing for Hepatitis C virus amongst people who inject drugs who are not engaged in community drug and alcohol treatment services to:

- Increase the number of diagnoses of Hepatitis C virus infection
- Permit effective interventions to lessen the burden of illness to the individual
- Decrease long-term costs of treatment and
- Decrease onward transmission of Hepatitis C virus

8. Community Pharmacy COVID-19 lateral flow device distribution service

Service description

Covid-19 lateral flow antigen tests allow the detection of people with high levels of the Covid-19 virus, making them effective in identifying individuals who are most likely to transmit the virus, including those not showing symptoms. With up to a third of infected individuals not displaying symptoms, broadening asymptomatic testing is essential. Increased use of lateral flow devices can help identify more people who are highly likely to spread the virus, and therefore break the chain of transmission. This service allows people to collect lateral flow devices from a pharmacy.

Aims and intended outcomes

The purpose of the service is to improve access to testing by making lateral flow device test kits readily available at pharmacies for asymptomatic people, to identify positive cases in the community and break the chain of transmission. The service will work alongside existing NHS Test and Trace Covid-19 testing routes.

Tests will be administered away from the pharmacy. The pharmacy will not be involved in the generation or communication of results. Pharmacy teams will not be required to support the communication of results or next steps to the person taking the test.

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 and NHS Improvement.

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.

22. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances-

- Which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription and
- Where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health)

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

Name	Role	Organisation
Deborah Mbofana	Public health practitioner, Health Improvement	North Northamptonshire Council
Anne Hartley	Intelligence insight manager	North Northamptonshire Council
Diane Farmer	Commissioning manager	North Northamptonshire Council
Stuart Whitsey	Partnership and Involvement Manager	North Northamptonshire Council
Anne-Marie King	Chief Officer	Northamptonshire and Milton Keynes Local Pharmaceutical Committee
Sharon Firmin	CEO	Northants Local Medical Committee
Kate Holt	CEO	Healthwatch Northamptonshire
David Tredrea		Healthwatch Northamptonshire
Arti Chauhan	Medicine optimisation pharmacist	NHS Northamptonshire Clinical Commissioning Group
Razia Wilson	Contract manager	NHS England and NHS Improvement
Chris Kerry	Commissioning manager – pharmacy & optometry	NHS England and NHS Improvement
Charlotte Goodson	Advisor	PCC

Appendix G – patient and public engagement survey

Patient survey for the North 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 two at the moment for Northamptonshire with the help of a company called Primary Care Commissioning Community Interest Company (PCC) who specialise in this kind of work. The feedback you provide will be shared with PCC but will only be used for the purpose of this survey and developing the PNAs. Any personal data you provide will be held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice.

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 or to talk to a pharmacist for advice about an illness that you may have or medicines that you take. 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. There are 18 questions to answer about your experience of pharmacies and a number of questions about you. We anticipate it will take you nine to 15 minutes to complete, depending on how much additional information you would like to give us.

We really would like 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.

The results of our questionnaire will be published in the draft pharmaceutical needs assessments which Northamptonshire County Council will consult on over the winter.
We realise that you may have experienced difficulties in going to a pharmacy over the last few months, and that there have been delays beyond the control of the pharmacy staff in dispensing your prescriptions. These will have been due to Covid-19 as well as national drug shortages which have become more of a problem over the last couple of years. We would like to understand your experience of going to a pharmacy before and during the pandemic so that we can best plan for services going forward.

If you would like more information about the questionnaire or have questions on how to complete it, please email charlotte.goodson@pcc.nhs.uk.

Please tell us your postcode

We are running one questionnaire to cover the whole of the county but as we anticipate that Northamptonshire County Council will become West Northamptonshire Council and North Northamptonshire Council from April 2021 we will be producing two pharmaceutical needs assessments (PNA), one for each of the two new unitary authorities. So that we can allocate your response to the correct PNA we are asking you for your postcode.

By providing us with your postcode, you are consenting for us to use this information to understand where you live in the county. **If you do not wish to provide us with your full postcode**, please provide the first five letters of your postcode. This information will only be used for the purposes of this survey.

For example, if your postcode is NN13 7DP just type NN13 7 in the box below. For NN1 1ED, just type NN1 1E.

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
- I don't; someone else gets my prescriptions for me
- To buy medicines for myself
- I don't; someone else buys medicines for me
- To get advice for myself
- I don't; someone else gets advice for me
- To get a prescription for someone else
- To buy medicines for someone else
- To get advice for someone else
- I don't visit a pharmacy as I use an online/internet pharmacy
- I don't; my GP practice dispenses my medication
- 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
- 7am to 9am
- 9am to 12 noon
- 12 noon to 3pm
- 3pm to 6pm
- 6pm to 9pm
- 9pm to midnight
- I don't have a preference

4. What day is the most convenient for you to use a pharmacy?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Weekdays in general
- Weekends in general
- I don't have a preference

5. Has there been a time recently when you weren't able to use your normal pharmacy?

- Yes
- No
- Not applicable

6. If you answered 'yes' to question 5 can you tell us what you did? 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

7. 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

8. 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 easy 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

- It is very accessible i.e. 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
- It's an online/internet pharmacy
- It's not an online/internet pharmacy and so I can visit it and talk to the staff face-to-face
- I can order my repeat medicines using their app
- Other [text box]

9. Is there a more convenient and/or closer pharmacy that you don't use?

  - Yes
  - No
- Don't know

10. ...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
- I know the staff and would prefer them not to know what medicines I am taking
- 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

11. 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]

12. ...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

13. 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 website
- I would search the internet
- I would use social media
- 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 or magazine
- Not applicable
- Other [text box]

14. Do you feel able to discuss something private with your pharmacist?

- Yes
- No
- Never needed to
- Don't know

15. Is there anything else you would like to tell us about your local pharmacy services?

[Text box]

Services during Covid-19

16. Were you a shielding patient?

- Yes
- No (please move to question 19)

17. If you answered yes to question 15, please can you tell us where you (and this could include a friend, family member or a volunteer) got your medicines from?

- A pharmacy
- My GP practice

18. If you answered yes to question 15, please can you tell us about your experience of getting your medicines whilst you were shielding?

19. If you were not a shielding patient, please can you tell us about your experience of getting your medicines during the COVID-19 pandemic lockdown?

About you

20. Are you: (Please tick the appropriate box)

☐ Male	☐ Female	☐ Prefer not to say

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. 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

23. Do you have a disability? (Please tick the appropriate box)

☐ Yes	☐ No	☐ Prefer not to say

24. If you answered yes to question 22, please tick the appropriate box(es) which best describes your disability?

☐ Mental Health	☐ Physical Disability	☐ Hearing Impairment
☐ Learning Disability	☐ Sight Impairment	☐ Other

25. What is your religion or belief? (Please tick the appropriate box)

☐ None	☐ Christian	☐ Hindu	☐ Jewish
☐ Muslim	☐ Sikh	☐ Buddhist	☐ Prefer not to say

Any other religion (please write in) ☐

26. How would you describe your ethnic origin? (Please tick the appropriate box)

White

☐ White British	☐ White Irish	☐ White Gypsy or Irish Traveller
☐ Other White Background		

Asian or Asian British

☐ Indian	☐ Pakistani	☐ Bangladeshi
☐ Chinese	☐ Other Asian Background	

Mixed / Multiple ethnic Background

☐ White & Black Caribbean	☐ White & Black African

Black or Black British

☐ Caribbean	☐ African

☐ White & Asian ☐ Other mixed / multiple background ☐ Other Black Background

Other ethnic group

☐ Arab Any other ethnic group (please state) ☐

☐ Prefer not to say

27. 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

28. Is your sex (called your gender identity) the same as the gender you were given when you were born? (Please tick the appropriate box)

☐ Yes ☐ No ☐ Prefer not to say

29. 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

Answer choices	Responses
To get a prescription for myself	168
I don't; someone else gets my prescriptions for me	17
To buy medicines for myself	101
I don't; someone else buys medicines for me	2
To get advice for myself	59
I don't; someone else gets advice for me	3
To get a prescription for someone else	95
To buy medicines for someone else	56
To get advice for someone else	13
I don't visit a pharmacy as I use an online/internet pharmacy	15
I don't; my GP practice dispenses my medication	18
Other	5
Skipped	6

Other reasons:

My pharmacy delivers my medicine
I use a pharmacy for any ad hoc medication that is needed immediately. Monthly prescriptions are ordered and delivered via Internet. Just as a side note, Pharmacies have also been used in the past for flu jabs and travel medication as well.
Poorly phrased: I go to my doctor's surgery to obtain, or fill in and submit a repeat prescription request, I go to the Pharmacy subsequently to collect the prescribed drugs.The use of the word "get" in this section is ambiguous.
My pharmacy delivers monthly
My pharmacy delivers to my home address fortnightly.
Occasionally I have to visit a pharmacy for the reasons ticked above but both my wife and I have our regular prescriptions delivered by the same pharmacy every 28 days.
Flu jab
We use a pharmacy if my GP prescribes me a new medication when I have an appointment with him We also use one if we want to buy over-the-counter medicines
Flu vaccination
Usually collect it myself, but VA do it currently as I am shielded.
Cosmetics
My Pharmacy delivers both mine and my Husbands prescriptions every month.
I've been COVID 19 Isolated for 17 weeks and my wife and I have our monthly repeat subscriptions gratefully delivered to us!

Q2. How often do you use a pharmacy?

Answer choices	Responses
Daily	0
Weekly	3
Fortnightly	15
Monthly	153
Quarterly	22
I don't use a pharmacy	6
Other (please specify)	10
Skipped	13

The following comments were made in relation to this question:

Rarely for medication. The regularity of using pharmacies would depends upon a person's health or the health of others. There are always queues at our pharmacies!
when i an advised to get new tablets
My (our) pharmacy delivers regular prescriptions.
My Husband picks up all my Medical needs
once a year
on a prn basis but monthly for meds collection
IT VARIES, IT IS MONTHLY FOR PRESCRIPTIONS , BUT I USE IT MANY OTHER TIMES FOR DIFFERENT THINGS.
Very rarely - as well as my GP dispensing my medicines, many other supplies are available with my online shopping from the supermarket
It depends because a family member collects my prescriptions. I sometime go in if I want advice, but I usually phone them.
As and when needed
WHEN MY MOTHER REQUIRES FURTHER MEDICATION
As and when needed - probably 3 or 4 times a year but not necessarily at quarterly intervals
My prescription is delivered monthly. I telephone at 9 am and ask for my medication
Depends If I am unwell I will go to the pharmacy before booking any Drs appointment, however the pharmacist is very quick to say "GO TO YOUR DR" so as much as I try to support the campaign and use the pharmacy first it gets tiring hearing the same thing. I do however get my flu jab at the pharmacy and have had advice on travel immunisations
Regularly every 2 months to collect repeat prescription medication
As and when is necessary
I order repeat prescription on line
Would be monthly normally but not currently under COVID 19

Q3. What time is the most convenient for you to use a pharmacy?

Answer choices	Responses
Before 7am	1
7am to 9am	5

9am to 12 noon	47
12 noon to 3pm	28
3pm to 6pm	20
6pm to 9pm	22
9pm to midnight	0
I don’t have a preference	89
Skipped	10

Q4. What day is the most convenient for you to use a pharmacy?

Answer choices	Responses
Monday	1
Tuesday	5
Wednesday	3
Thursday	7
Friday	6
Saturday	8
Sunday	0
Weekdays in general	55
Weekends in general	10
I don’t have a preference	116
Skipped	11

Q5. Has there been a time recently when you weren't able to use your normal pharmacy?

Answer choices	Responses
Yes	38
No	152
Not applicable	22
Skipped	9

Q6. If you answered ‘yes’ to question 5 can you tell us what you did? Please tick all statements that apply.

Answer choices	Responses
I went to another pharmacy	20
I waited until the pharmacy was open	13
I went to my GP	1
I went to the general hospital	2
I went to a Walk In Centre	1
I called 111	3
Other	8
Skipped	165

The following comments were made in relation to this question:

When I was working all hours (on call 24x7) I invariably had to wait for the pharmacy to open or use another to get prescriptions or emergency medication. Both our local pharmacies only open during surgery hours (Closing at 6pm) and are closed at the weekend. This means we have to use the car to get to the next nearest pharmacy.
I phoned and they deliver
Had to wait until Monday when it re-opened.
My Husband had to go to [town] to get my Epilepsy medication as it was not at [pharmacy]
I went home.
Internet pharmcay
Closed s despite GP having told me to start antibiotics that day
COVID restrictions
Due to shielding I had to arrange delivery of my medicines to my home
My GP surgery dispenses my monthly medication and they are never open during lunch hours and have odd opening hours. I am fed up of wasted journeys to find they are shut
As explained prevented by isolation under COVID 19

Q7. Please could you tell us whether you:

Answer choices	Responses
Always use the same pharmacy	136
Use different pharmacies but I prefer to visit one most often	55
Always use different pharmacies	2
Rarely use a pharmacy	14
Never use a pharmacy	7
Skipped	8

Q8. 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.

Answer choices	Responses
Close to my home	126
Close to work	16
Close to my doctor	109
Close to children's school or nursery	4
Close to other shops	25
The pharmacy delivers my medicines	18
The location of the pharmacy is easier to get to	94
It is easy to park at the pharmacy	82
I just like the pharmacy	50
I trust the staff who work there	83
The staff know me and look after me	57
The staff don't know me	4
I've always used this pharmacy	60

The service is quick	54
They usually have what I need in stock	74
The pharmacy has good opening hours	59
The pharmacy was recommended to me	4
The pharmacy provide good advice & information	57
The customer service	68
It is very accessible ie wheelchair/baby buggy friendly	14
It's a well-known big chain	22
It's not one of the big chains	36
There is a private area if I need to talk to the pharmacist	65
I can order my repeat medicines using their app	30
It's an online/internet pharmacy	16
Other (please specify)	13
Skipped	

Comments made in relation to this question were:

They give a discount for those with repeat prescriptions
This is a difficult survey to complete at this time. Opening hours have changed and shortened. We have to queue outside. It is difficult to have any sort of conversation or obtain advice with people waiting outside, rushing around staff and everyone muffled by PPE. I cannot compare the experience that I have now to what the pharmacy was like prior to Covid, or afterwards.
I order repeat prescriptions from my doctor's surgery via their app or online website and the prescription(s) is (are) then sent electronically to my pharmacy
The ONLY Pharmacy in [town]. well overloaded with long waits and closes for lunch !!!!! Poor access with stairs between door and counter. Population of [town] has grown since 2011 .
EMIS cannot work out how to change pharmacy always defaults to local to GP.
They work with the doctors and the prescription is sent across the road to the pharmacy from the doctors in [town]
It is part of the Doctors but has limited opening times
My surgery have an arrangement for repeat prescriptions
I couldn't get essential medication at my previous pharmacy and they kept making mistakes with my prescription. There were no apologies and I felt that they didn't care. My current pharmacy was recommended by staff at my health centre and they are very efficient.
Surgery sends prescriptions to this pharmacy. Only one in a 10 mile radius. Not very pleasant and there are steps inside the building due to the slope of the site. Staff ok the times I have been in.
I use the Surgery app to order repeat perscriptions.
I have been using the same pharmacy since 1978. I know the staff and they give useful advice.
I HAVE MY MEDICATION PUT INTO DAILY BLISTERS BY PHARMACY LIKE CARE HOMES BECAUSE MY MEMORY IS SO BAD ITS THE ONLY WAY I KNOW iF I HAVE TAKEN THEM EACH DAY, A nd I have some ones that need signing for my husband picks my medication up in a weekend once a month , he uses a different pharmacy and

they deliver his meds to the door for free. Because he has to look after me he needs his simple He Is Diabetic
next door to doctors therefor convenient. They can handle repeat prescriptions electronically ordered .
friendly helpful staff and pharmacist I can get prescriptions sent there online from the surgery
I order repeat prescriptions using the [name] app..
They collect my online repeat prescriptions.
MY MOTHERS MEDICINES
I use the repeat prescription request via my GP Surgery which is then sent to the pharmacy on the same site electronically for me to collect in person
I order using [app]

Q9. Is there a more convenient and/or closer pharmacy that you don't use?

Answer choices	Responses
Yes	59
No	144
Don't know	11
Skipped	8

Q10. ...and if you have answered yes to question 9, please could you tell us why you do not use that pharmacy?

Answer choices	Responses
It is not easy to park at the pharmacy	17
I have had a bad experience in the past	9
The service is too slow	13
The staff are always changing	6
The staff don't know me	13
They don't have what I need in stock	9
The pharmacy doesn't deliver medicines	4
There is not enough privacy	8
It's not open when I need it	6
It's not wheelchair/baby buggy friendly	1
I know the staff and would prefer them not to know what medicines I am taking	4
Other (please specify)	
Skipped	

Comments made in relation to this question were:

Not close to Doctor's Surgery.
It closes at the weekend
It is not next to my doctors. Pre Covid, if there was a problem with a prescription, I could quickly pop between the doctors and pharmacy to sort it out. Though right now, none of this is possible

I have no reason too as my pharmacy caters to my needs
Its too busy and there's always a long slow queue
I use internet as convenient
It isn't near to my doctor's surgery
It is too close to a primary school and the parking on the surrounding streets, combined with the inconsiderate driving of the school run traffic, which seems to come and go for most of the day, makes me reluctant to go that way.
It does not receive prescriptions from my doctors in [town]
I prefer the one I use
I am a very loyal person, and if I have had good service from my regular Chemist, I don't change
Not near my GP.
It is not linked to my surgery
The staff are not very pleasant to be served by
because the one I use is in the supermarket I work in so it is more convenient
It wasn't open when I needed urgent medication
It would require a journey just to use it, whereas the pharmacy I use is close to where I shop.
No reason for not using it
I have used my current pharmacy for many years as it was originally attached to my GP practice I and use it mainly for my regular prescription I occasionally use nearer ones for over the counter purchase
The pharmacy and the Doctors surgery are linked
Habit
They don't do blisters
Their opening hours don’t cater for people who work outside of the local area
It is not near my doctors surgery
Counter staff don't seem very interested nor very keen to help.
I've asked the chemist to adapt, and they won't. They won't adapt, so they don't get my business.
The Pharmacy that I use is linked to my Doctors. The one nearest to me is nearer to my house but takes a bit longer to get my prescription
I have elected to use the pharmacy attached to my GP surgery to order/collect repeat medication electronically, however I do use other pharmacies closer to home for other one-off needs/advice etc
Staff are rude
Rude member of staff [pharmacy]

Q11. If you go to the pharmacy by yourself or with someone, how do you usually get there?

Answer choices	Responses
On foot	72
By bus	1
By car	127
By bike	6
By taxi	0
Mobility scooter	2

Skipped	14

Q12. ...and how long does it usually take to get there?

Answer Choices	Responses
Less than 5 minutes	59
Between 5 and 15 minutes	120
More than 15 minutes but less than 20 minutes	20
More than 20 minutes	10
Skipped	12

Q13. 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.

Answer choices	Responses
I would call them	70
I would call 111	2
I would use the NHS website	24
I would search the internet	133
I would use social media	8
I would ask a friend	10
I would just pop in and ask them	43
Look in the window	46
I would find out from reading the local newspaper	4
Not applicable	7
Skipped	9

Comments made in relation to this question were:

With Covid conditions, no one (anywhere ever answers a phone), and I avoid going into anywhere that I don't have to. The Internet is my first point of call for virtually everything
I know my pharmacy's hours and services from experience too
I already knew the times
Google
My Husband calls them for me
Their own website
The pharmacy I use in [location] is a dispensing doctors surgery. I therefore know the opening times, which is the same as the dispensing times. They are a great bunch of ladies.
go round to find one open

Q14. Do you feel able to discuss something private with a pharmacist?

Answer choices	Responses
Yes	128
No	16

Never needed too	63
Don't know	5
Skipped	10

Q15. Is there anything else you would like to tell us about local pharmacy services?

For some they are a trusted community hub. You always see the same pharmacist but rarely see the same doctor! They do a great service and are probably under valued.
delivery charge increased just before covid to £5 per person. Free during covid
I collect prescriptions from my local surgery in the village. I can order medication online via the surgery website. Excellent, convenient efficient system.
It has been a lifeline as we are shielding and they have delivered our prescription every month and checked that we were okay.
In the past, I probably could have spoken to a pharmacist or used their additional offered services.....but not now. May I suggest that you re run this survey in 6 months time. Life everywhere is not the same.....and we do not know what post Covid will bring.
I use the pharmacy in [name and address of pharmacy] they have always been very helpful and friendly. They go out of their way to provide a great service.
I've used my pharmacy for over a decade. The delivery driver even brings a treat for my canine on every delivery...
My priority is for a pharmacy to be close to work. I work from home now since lockdown so my preferred pharmacy has changed to the busy slow one close to where I live
Very friendly and helpful. Good customer knowledge. Professional.
Out of date not coping well with Patients need a second Pharmacy open all day with easy access
Very helpful and when explaining the reasons for the medication,is very thorough and easily understandable.
They receive my repeat prescription from the GP Surgery so all I have to do is to turn up and collect it. They would deliver but I like the walk. They have remained open through Covid-19 which is a boon for patients in the village.
Lunch breaks they cannot dispense and can be a pain to plan round.
Reliable and friendly delivery service.
They are always busy and it is in a small section of the doctors. They are restricted on the drugs they carry and I often have to have my prescriptions ordered. I work full time and their opening hours are limited and not when I am available especially at the weekends. They are friendly and helpful there but it just doesn’t fulfil my needs so use an online pharmacy who are very quick, remind me to order and fulfil the order quickly.
[name of pharmacy] is brilliant. All I have to do is order online with my surgery and within a couple of days it is delivered to my door. They are a private business, not part of a large firm, and are very helpful.
Excellent service Please dont' close
They have a very wide range of services. I also have my flu jab there.
This pharmacy will not deliver to us, because we are in a different town, although we are only 10mins from the them. This is not very convenient as my husband has to have his medication every month and we are not always able to go and collect and have to ask for help.
Opening times are restrictive. The last time the GP was at [town] and he phoned [name of pharmacy] to see if they had the Medication in stock. They had one left luckily. So it got us out of trouble.

The stock of medication is small there due to it being small itself, and everything has to be ordered in, which is OK until somthing is needed urgently.
The Pharmacist & staff are always very efficient and helpful.
I used to always use [name of pharmacy] as it was convenient whilst I did my shopping. However, they used to make errors and I was also inconvenienced on several occasions. They would text me to say my meds were ready, then I'd drive to the store, only to be told the text had been sent in error. It happened so many times that I stopped using them when my surgery gained its own pharmacy. I stopped using them as quite often they didn't have what I'd been prescribed. I then tried an online pharmacy and it's been great. I don't even need to go out of the house for my repeat prescription. I still use the one at my surgery if I've seen my GP
Very happy that my medical centre can now forward my monthly prescription directly to the pharmacy. I used to dislike having to collect the prescription from my doctor, because the doctor's surgery is quite far from my home.
Great service
The staff are friendly and efficient and usually recognise me as I enter.
As an independent pharmacy they are focusing entirely on my needs as their customer
It's in the same building as my doctors so hyper convenient
Very friendly staff and pharmacist
The Pharmacy I use is attached to my own GP's surgery
Always very polite and helpful.
Superb opening hours. Excellent staff. Next door to GP surgery.
Rural village with bus services already cut, the [name of GP practice] is a lifeline for people in this village. The staff are second to none, so much so we showed our appreciation during lockdown with fruit and chocolates. Nothing can replace a service like this. If I want to call the linked pharmacy to [GP practice] with queries, I can always call the [name and address of pharmacy]. Please don't close [name of GP practice] down, it would devastate the Village.
Their opening hours are amazing, they are open for 100 hours a week and have been right through the Pandemic
Pharmacies are no longer the important place they we're. Luckily I'm in good health so I really don't need them. In the very rare occasions I've needed a pharmacist over the years I've found the queue to talk to them very long and then I found them unwilling or unable to help/advise. It's a shame because doctors are under such strain. Fir simple things the supermarket is as good and usually cheaper.
It is based at my Dr"s surgery so easy to use. However I sometimes have to collect things for my Disabled Father in-law and as he lives in the town of the surgery he must use the Pharmacy in the town itself. It seems ridiculous that I cannot (and he cannot) collect from the one at the surgery too.
It serves a rural community which is widespread and the staff are always helpful. They have also been providing an emergency service for where "blips" have occurred when collecting prescriptions.
Excellent customer service; knowledgable staff; easy to get to while doing grocery shopping.
THE ONE AT OUR G P,S WILL ARRANGE EXTRA MEDICATION IF ITS NEEDED AND DURING LOCK DOWN ARRANGED A DELIVERY FOR US. THEY HAVE DISCUSSED MY HUSBANDS MEDICATIONS WITH ME, TO BE SURE I AM DOING THE RIGHT THING. THE OTHER ONE ,THE BIG CHAIN ONE, ALSO IS VERY HELPFUL WITH ANY INQUIRIES .THESE ARE THE ONLY TWO THAT I USE, THAT I HAVE CONFIDENCE IN.

No - perfectly happy with the dispensary at the GP surgery.
No privacy near the counter and there are queues outside on the cold side of the street. Not an inviting place. Not the fault of the staff.
The staff are always very nice and I have never had a problem. I order my repeat medication through my GP online and collect it from the pharmacy. They text me when it is ready to collect.
My regular pharmacy has been brilliant during the Covid crisis as they have delivered my monthly prescription to my home. They have always been very helpful whenever I've had any problems with my monthly prescription
Very friendly and collecting repeat prescriptions is very good now.
Staff all pleasant and helpful, txt me when prescription is ready.
Good professional service
They are so very, very helpful and supportive, working alongside the GP practice.
I would tend to ask the pharmacist about anything but I did not feel it necessary to go to the GP about as a first step . I have always found their advice most helpful
I find my pharmacy less than 100% reliable. They have, in the past, given conflicting information when my particualr medication has experienced "supply problems".
Although the doctor's in the village dispenses its own medicines, the nearest one for people who use another doctor is in town 5 miles away but there are several and also in the supermarkets. Some may not stock what the doctors have prescribed but will tell you where to try or will ring and check it is there for you. Since COVID I have my prescription sent to the pharmacy nearest to the doctors which is very good and quick. Otherwise I use the one in local supermarket as can leave and collect after shopping.
Although I currently use one that fits with my working pattern & opens late, I would like to retain more local chemists for when I retire in a couple of years & can walk to access their services.
being rural there is much less choice than in a town - I am lucky that the pharmacy closest to me is an independent and provides a very good service
They have a close and good working relationship with the GP surgery. All the staff are friendly and knowledgeable. Parking is easy and I don't have to hang about.
THE INTERACTION WHEN THEY DONT HAVE MOTHERS DRUGS IS POOR. THEY DO NOT TELL HER
I attend [name and address of pharmacy]. They have always had my prescriptions, they make notes on their system to ensure I get the right brand (as I cant use some), they are extremely helpful. Throughout COVID they have been exceptional. They have been professional and the set up has been fantastic. They receive my prescriptions via an online portal and I just then have to collect then. The staff are friendly and are extremely quick at processing, with orders usually being ready. I have only had a positive experience using their services.
The additional safety net we have due to our Pharmacist knowing us and our medications is priceless if out of hours medication is prescribed she insures it will not react with any other drugs we are on. She is always very happy to give advice, and is quick to help when a medication is needed urgently.
I self medicate to the best I can, as I use the gp in an emergency or something serious but can wait xxx
They are professional and friendly and i have complete trust in them. [name and address of pharmacy]
they are excellent and always very helpful

Excellent service from [name and address of pharmacy] - Friendly knowledgably staff.
Its a shame that the pharmacy at [location] is not always open when the surgery is like on a Saturday morning.
My general experiences of my local pharmacy to collect repeat medication vary, as the prescription is often not ready. There is often a delay in time scales and a possible mis-communication between surgery and pharmacy in the advising patients of the length of time the prescription takes to prepare before being ready for collection. GP website states 48 hours, but often the prescription is not ready for collection at the pharmacy. I now leave a week from request to collection to ensure I don't have to wait. This service and information sharing could be improved.
My local [name of pharmacy] are amazing. They know everyone's name, make you feel valued and look after my whole family's needs. I trust them more than my doctors surgery who dont know me and see a different person every time. Nothing is too much trouble - other pharmacies could learn so much following [name] example. A huge boost for our Community.
My whole family need regular medication and the staff are so helpful at [name and address of pharmacy], they anticipate my needs and provide practical advice. They are always willing to help and are a friendly face. Couldn't recommend them enough.
They were terrible, so my medicines are now delivered by Royal Mail from [name and address of pharmacy] and this works brilliantly.
[name and address of pharmacy], are good, friendly, trustworthy, knowledgeable local pharmacy
Only use the local one as it's over the road from my house. Always issues with prescriptions not being done when they say they have or them being lost coming from the doctors.

Q16. Were you a shielding patient?

Answer choices	Responses
Yes	60
No	153
Skipped	9

Q17. If you answered yes to question 16, please can you tell us where you (and this could include a friend, family member or a volunteer) got your medicines from?

Answer choices	Responses
A pharmacy	40
My GP practice	11
Skipped	2

Please note, two people went to both a pharmacy and their GP practice for their medicines.

Q18. If you answered yes to question 16, please can you tell us about your experience of getting your medicines whilst you were shielding?

Having submitted a hand-written request for repeat medication a week earlier by posting it in the designated letterbox at my usual surgery, I attend the Pharmacy a week later, and follow the distancing procedures in place there.
delved wearing PPE
As said they have been a lifeline. Always excellent friendly service.

Just visited the pharmacy
My partner went to pharmacy for me
My carer collected my medicines from the Pharmacy at the doctor's surgery
Excellent service. My partner orders medication for my mother [the person we are shielding] on line. I collect and they provide advice.
Mask and gloves, i collected them. Only 2 allowed inside, staff well protected
Nothing changed other than no signatures required and the delivery was left on the doorstep rather than in my hand. I order my repeat prescriptions via my surgery's android app or online via their website. The surgery then sends my prescription electronically to my pharmacy (usually within 24-hours!) The pharmacy then fills the prescription and delivers to my front doorstep. The hound still got her "delivery" treat during lockdown.
Very good no problems.
I place my order from GP by systmonline then the pharmacy text me [a bit hit & miss service]. If they don't text me I have to ring to find out if my prescription is there. Husband collects the medicines for me,***annoying if not complete prescription ready as he has to make another journey.***
masking
I was shielding to start with then my needs were reviewed and i became unshielded. I got my medicines from te pharmacy, I rang them first to seeif my prescription was ready then said the time I was fetching them. Once I arrived at the pharmacy, I rang them and stayed in the car. A member of staff brought the prescription to the car and put them on my passenger seat through the open window. I wore face covering and gloves, so did she. I thought this worked very well. We are quite isolated and it is not easy to find my house if you have no satnav. To me this was an excellent way of getting our prescriptions.
All regular medicines delivered as normal.
My online pharmacy were very helpful and efficient. My medicines were delivered within 48 hours of ordering.
This was not easy as the pharmacy would not deliver my husbands essential medications. We had to ask someone to collect them for us.
My Husband collects all my needs
No problems
My daughter collected my medicines.
No issues whatsoever. I order from our surgery online and they send the prescription through to the online pharmacy. I receive them at home and I’m pleased to say I’ve had absolutely no problems at all.
A friend collected our prescriptions once a month
Good. Prescription put into outside letterbox at GP centre. and collected from pharmacy after 48 hours.
Fine apart from long queues at pharmacy Husband collected for me
No problem. My neighbour went for me.
My pharmacy delivered my medicines

The pharmacy are very strict on only having 2 customers in at a time. I feel safe from infection there
No problem, Volunteer Action collect them for me.
My husband was and still is furloughed. He got and still gets my prescriptions for me at the pharmacy attached to [name of GP practice]. The surgery was closed, but the ladies operated the dispensary from the side window with a strict social distancing in place. It has worked well according to my husband and friends in the village that use it. Hats off to the staff there.
OUR LOCAL PHARMACY ARRANGED DELIVERY FOR US.
A neighbour collected them for me.
They delivered and left on my doorstep. They would call before delivering. Perfect service.
Surgery good at sending to pharmacy but the SURGERY would not accept repeat prescription requests asked for over the phone so someone had to go to the surgery with this. Volunteers are brilliant.
Very easy well signposted and on the occasions it was visited very little or no delay.
Fine. A friend got them for me after the Dr. Surgery sent the prescription through to the pharmacy.
A family member collected my prescription. I usually know when my prescription is ready, but if I'm unsure, I phone them.
pharmacy is in GP pracftice
Social distancing measures were in place right from the beginning. The only restriction was a reduction in opening hours but they still provided 10 - 12 and 2-4
Worked OK
It was difficult as you had to arrange it every time I needed meds. A central register at the pharmacy 9f shielding patients who need delivery would have been better for them and myself
normal
Had to get them myself as my wife is also shielding. The Pharmacy operates social distancing and I wear a mask
Collected by my son.
Went at least busy time. Staff and Pharmacy demonstrated covid secure literacy. No problems.
Only shielded for a short time as information changed
Our Pharmacy delivered them.
I got them but was masked up and kept my distance. It was an in and out job.
I only needed to get 1 prescription filled whilst shielding. As I do not have internet access at my home address, I asked a friend to submit the paper version of the repeat request to my GP surgery and then asked them to collect the medication at a later date. Although I use the on-line repeat prescription process, I can only do this when I am able to leave my own home and access the internet via a relatives home. I do not have a smartphone either, so using apps and accessing the internet that way is not an option for me either.
As my medications include a controlled drug I collected them myself, however I went as soon after 9am as possible as there is usually no queue there presently at that time but also the pharmacist has usually arrived which is a requirement for dispensing c.d.'s to my knowledge
Volunteer service was good - a few hiccups on contact and communication. However once the shielding officially stopped on 31 July I was told the service was no longer available.

Q19. If you were not a shielding patient, please can you tell us about your experience of getting your medicines during the COVID 19 pandemic lockdown?

Ordered through Doctor's web-site. Collection in person. Felt extremely safe with precautions put in place.
Thankfully I didn't have the need to get medication. My regular medication is ordered and delivered via the Internet.
Quick walk of 2 minutes to surgery to collect. They have a system in place to be handed the medication via nhs staff opening a window, handing out the package and plenty of space for social distancing if it was required for the patients.
No issues
Long queues outside. No member of staff readily available to talk to.....just a quick say what you want through a muffled screen and masks.....staff member disappears to collect prescription.....hsnds it over....thank you and goodbye, as there is a long queue of people waiting behind you.
The pharmacy was helpful, had good safety protocols in place and always got my medications on time. Good service.
no problem
No problem, my GP's are brilliant and my Pharmacy is great
I had to go into the shopping centre to pick up my prescription because that was already my nominated pharmacy of choice. I felt anxious about going into town, but it was ok - not too busy and I felt safe.
not applicable - haven't needed any
In the early weeks I joined a short queue initially as they did not open until 10am but now in the last 2 months they are back to normal hours and first thing in the morning I have not had to queue. Marked out well inside and meds offered in a container
Didn't need any
Waiting to be invited before entering the premises, but as I usually visit at quiet time this has not been a problem.
Pharmacy had social distancing procedures in place, queued outside one person at a time allowed in. Screening was in place. A little longer service but no problems.
Got them delivered
The local pharmacy established a very effective social distancing regime
No issues - everything in stock
I order online, the order is sent to the pharmacist from the GP and I pick it up. This is the same system I used before Covid-19 and it worked well.
Easy
No problems other than a short wait slightly longer than before lockdown.
Go early short cue no real problems. They have tried hard and been supportive. Online prescription repeats mean you only have to go in to collect so reduces outings.
Didn't need to get any
I order my medication online one week in advance, then collect it from the pharmacy
A little difficulty due to reduced opening hours because of lack of staff, but nothing that could not be solved
It was fine. Pharmacy was well set up for social distancing and limited number of people in there at any one time. At start of pandemic it was very busy and had to queue outside for a while but now its no busier than normal
I take my repeat prescription to the surgery. The surgery sends the prescription to the pharmacy and I collect my medication from there.
Collect as normal

I have not needed to use a pharmacy during COVID so cannot comment on the use of one.
Everything was as normal. My GP sent any changes in my prescriptions to the pharmacy and it was delivered.
The first two monthly prescriptions were delivered by the local volunteer group. Then I re-started collecting them myself. Some people still do not keep a proper distance or wear face masks. If I feel safe doing so, I will point out their mistakes and omissions .
OK. as over 70 got someone to collect but now collect myself.
I have had no problems at all and have carried on using my pharmacy as normal.
No difference
I had to wait a little longer , but this was never excessive. Collected medication for two elderly residents in our village and my elderly mother beside myself and spouse.
Only 3 customers allowed in the pharmacy at any one time but this has not caused a major problem.
he pharmacy only allow two people in the shop at a time, so there might be a queue outside. This woks fie and the wait is not too long.
As I am over 70, I get them delivered.
Just did what I normally do and collect.
I used the surgery's automatic electronic repeat prescription service that is set up with [pharmacy]. I collected my prescriptions from [name of pharmacy] who carried out the reordering each month for me, then advised me when I could pick them up.
I needed HRT- The Surgery dropped prescription to the chemist it was a lot easier than I anticipated- thankfully.
I stocked up well in time.
I still had someone collect for me, as I am isolating to reduce risk of contracting covid. I run a wildlife rescue from my home and am sole carer for the wildlife, cannot have volunteers due to covid, so must take every step I can to avoid contracting covid. This means I'm essentially shielding. I wish I could ask the pharmacy to deliver my medications to me, but that should be reserved for those who truly are shielding and don't have anyone to collect on their behalf.
Queuing outside as only 2 people allowed inside at a time. There is no shelter from the elements. This caused some difficulties as people were unsure of where to queue in the rain. Staff were ok.
It was fine to get my medicine. BUT I had problems collecting a prescription for someone else as a volunteer, because the doctor's surgery and pharmacy did not have the shielding person's latest address so it took several phone calls to find out that the patient had moved recently without telling the pharmacy.
No problem
I visited the Pharmacy but wore a face mask. The Pharmacy had good social distancing setup.
I order my repeat prescription online from my surgery and it is usually ready for collection within 48hours, they text me when I can collect . No problems .
I was very wary of going the first time but good systems had been put in place despite the shop size and when I went in I felt safe
In clinically vulnerable category (not shielding) so used online pharmacy to reduce risk
On line
I've had to queue outside the pharmacy when I've collected any medicine but it hasn't bothered me.
Very efficient - text received when ready & only one person allowed in at a time with marked, social distance queing

For the first few weeks the queue was horrendous - 30 minutes - but recently I have been able to wait inside as there has usually only been one other person ahead of me.
I don't need much medication, only tablets for migraine. Paracetamol was hard to get bu co-codamol was OK.
I did not experience any issues collecting my prescriptions although the pharmacy had introduced some social distancing measures that could involve waiting outside the door.
No issues, collected as usual
Not taking medicine at this time.
I continued to get my prescription tablet in exactly the same way as before. I ordered my prescription on line from the Doctor this was sent to the pharmacy and I collected my tablets a few days later. The only things that changed was the infrastructure in the shop and the social distancing one way system and no longer having to sign prescription.
No change
My wife went for our joint prescriptions.
No difference to normal
I used the pharmacy in the store I work in and I queued with everyone else not that there was ever a big queue and even though I know they were short staffed they worked had not to keep their customers waiting to long
As easy as always, just a well ordered queue.
NO PROBLEMS AT ALL
It took a bit longer once the precautions were observed
Not a problem. Ordered on line as normal, then joined the queue at the pharmacy, social distancing, to collect medication
At the beginning, my previous pharmacist said he could not get supplies of my husband's regular drug. I had to visit the pharmacy three times because he was not chasing it up when he said he would. He didn't apologise and was really not interested. I phoned my surgery and was advised to go to my current pharmacy, who had the medication within a few hours.
The first time the pharmacy was able to deliver the medicines. However, 3 weeks later the rules had changed and I had to ask a friend to collect it for me.
I collected them from outside the pharmacy through the window. Generally worked well, only once during the pandemic did they not have my prescription ready and I had to return another day, another time I had to wait while they made it up . (I order each time I collect for the next month).
I have been coordinating the collection of prescriptions for our small rural community and the local team know most of the residents here. They have been extremely helpful when I do the monthly collection. A couple of the residents have been shielding and where a prescription has not been ready in time, it has been delivered to the resident by a volunteer driver/bike rider.
Didn't have any problems, as the pharmacy I use is where I do most of my shopping.
Controlled queing outside with only one person allowed in at any time.
Our monthly prescription was kindly delivered when lockdown first happened, but I have always been able to get in during their wonderfully convenient opening hours.
Very easy
No issues - order on line with doctor who sends prescriptions to my preferred pharmacy
no issues. felt safe
Queued outside the pharmacy if more than 2 people. no problems
Other than waiting outside the door once (as there is no space inside) I have found no difference. My prescriptions have been ready sooner.

My pharmacy delivered prescriptions to my home even though I wasn't a shielding patient (ie I wasn't on the government list) but in a vulnerable group and didn't go out during lockdown
I booked medicines online and the doctors text when the prescription has been made up. We go to the rear door, knock on the window and someone comes out wearing a mask. She would then go and collect my medicines and bring them to me. Excellent way it works.
Longer queues and limits on numbers entering the shop, but no real hassle. Not looking forward to queueing in winter.
Nothing has changed except for having to socially distance in the pharmacy.
No problems.
I would phone gp to order then receive a txt from pharmacy when ready. Only 2 people allowed in at one time but very quick and organized.
Just had to queue now and again
There were no problems at all collecting our repeat prescriptions and taking note of the dictated government restrictions. Even when I was checked for Covid 19, my husband was allowed to collect the prescription for my antibiotics.
No problems
The shop door was locked and they asked you your name and address and fetched your prescription to the door
Initially, it wasn't easy to understand the changed opening times, but arrangements have now settled down and it's not a problem
The process of collecting my prescription in person has, so far, been efficient.
Difficulty with communication from GP surgery and getting the right medication prescribed
Queuing takes longer and was delay on some prescription medication for a while towards the start of lockdown.
It took longer as there was only 2 people allowed in the shop at once making the collection time longer
No issues
I didn't need any medication during this time (don't take any on going or monthly meds)
social distancing was maintain at all times. A good queuing system put in place. Regular updates sent by text
I did not need to get medicines for myself aside from hayfever tablets. I mainly went in to fetch a prescription for someone else.
Doctors have send prescription to nearest chemist and easy to pick up from there. Have not had to queue very often and then only one or two in front of me.
I ordered them from the GP Practice who electronically sent the prescription to my chosen pharmacy & I collected them whilst passing.
my daughter picked them up from the pharmacy.
Collected normally
G P practise delivered
Well controlled by the Doctors surgery
I was able to order my prescriptions online from my GP - they were sent electronically to the pharmacy and I was able to collect them from the pharmacy under distancing conditions
No problems at all.
very straightforward - ordered as usual using [name of] app. [Name of pharmacy] then text me today I can pick it up and bingo! - job done. Actually, waiting times were much reduced than pre-covid.

Had to wait outside in a queue and as one person left one went in It seemed to work well
No issues
No problem, except that you had to queue outside as it was a one in/one out policy.
My husband is shielded so both prescriptions were collected our behalf. Deliveries from the pharmacy were impossible to arrange as they did not have the capacity to cope with the demand. The delivery options for local pharmacies needs to be improved as this is likely to be an ongoing issue.
No problem. Just a few minor changes with collection. I have been using an app used by the surgery and pharmacy for some time so ordering was very easy.
fine
DELIVERED
I have a repeat monthly prescription. COVID 19 has had no impact on my ability to get my prescription.
This didn't change, in fact I feel the process became much easier for me. The doctors send my prescriptions direct to the pharmacy of my choice and I collect from there. They have had strict guidelines and information outside the surgery. Strict policy on the number of people in the pharmacy at any one time (which has always been adhered to), there is protective screens and all staff wear masks. I have been able to collect whenever I needed to. Really clean, and I have been anxious with COVID so this has been a positive experience and I feel very safe attending my pharmacy.
I didn't experience any problems
It was a repeat prescription for eye drops - requested on line and I was advised when to collect them so pretty efficient and easy.
[Name] pharmacy is fine just a long queue The Drs surgery dispensing chemist is a nightmare - its like a prison - you cannot talk to anyone, the opening hours are rubbish and staff not very helpful
I visited a pharmacy once during lockdown to get medication I couldn't get from a supermarket - I went in the afternoon, it was quiet and I didn't have to queue. Other than the social distancing in store, the experience was much the same as normal.
There was a queue to get to the Pharamacy, after a short wait I was able to get my prescription without any issues. Advised to wear a mask (notice on entry door). I did not feel the time I waited was an issue.
There was a queue outside with two customers permmitted inside at a time. Staff wore masks and had a plastic shield at the till. I also collected medicines for my elderly parents to keep them safe. The requirement to complete the back of the script and sign was waved.
I had no problem at all. Ordered from the doctors who sent the prescription to the chemist and I collected. All ran really well
Same as usual No problem
No problems at all! Their usual excellent service. Lovely people. Very kind and helpful to my daughter with significant learning disability!
No problem attended when ready and they know me so have them ready as soon as they see me coming and my partners as well if they are there also
Nothing different

I am part of a local support scheme that we set up and are still running in [location] assisting those in need of shopping, prescription collection etc. - the local pharmacy has assisted us in every way they possibly could. There have been no issues with the supply of prescription medicines throughout the 'lockdown period
I had to go up there to get my sons inhalers (which are on repeat and my medication) and spent double the time in a que around the car park waiting to just pick up our prescriptions which had been ordered on the internet 10 days before. It is a shame there is not a speedier way like click and collect where you can access collections ordered via the internet in a quicker way rather than have to wait for all those who have been in to see a doctor with their bits of paper to be severed first. This could easily be resolved by having 2 ques going in, one for those needing prescriptions to be made up and those just collecting repeats. It would also be more satisfactory if you received a text message as a reminder to say your prescription had arrived, as on a subsequent visit, they had come in but the staff had not had time to unpack them so had to return later that day.
The pharmacy was not the main problem, but getting to speak/see the doctor to alter the perscription was. Order regular persciption on line each month, I wanted to increse the quantity of one tablet - left note on the online order twice, but no response. I had to cantact doctor.
I didn't need any medicines I did have covid 19 and stayed at home taking paracetamol that I already had in the house
my daughter was shielding so they counted me as shielding and delivered
Received prescription medicines through the window of the pharmacy.
The pharmacy has been made one way, social distancing markers and posters visible and enforced / masks to be worn - the System works very well yet we still get the superb personal service as always.
Initially queuing at first due to social distancing measures
I did try an online service, but the medications were delivered very late (I had run out of medications). My local Pharmacy have continued with an excellent service and although only two people were allowed in the Pharmacy at any time, there has not been a huge queue, even during Covid-19.
Direct delivery still worked beautifully except for a slight delay in delivery.
I had no need to visit a pharmacy during the pandemic
better than usual - no queues

Q20 Are you: (Please tick the appropriate box)

Answer choices	Responses
Male	95
Female	108
Prefer not to say	3
Skipped	16

Q21. Are you currently pregnant or have you had a baby in the last 6 months? (Please tick the appropriate box)

Answer choices	Responses
Yes	1
No	182
Prefer not to say	5
Skipped	34

Q22. How old are you? (Please tick the appropriate box)

Answer choices	Responses
0 to 9	0
10 to 19	0
20 to 29	3
30 to 49	28
50 to 64	71
65 to 74	62
75+	35
Prefer not to say	7
Skipped	16

Q23. Do you have a disability? (Please tick the appropriate box)

Answer choices	Responses
Yes	45
No	153
Prefer not to say	8
Skipped	16

Q24. If you answered yes to question 23, please tick the appropriate box(es) which best describes your disability?

Answer choices	Responses
Mental health	9
Physical disability	30
Hearing impairment	9
Learning disability	2
Sight impairment	1
Other (please specify)	1
Skipped	0

Q25. What is your religion or belief? (Please tick the appropriate box)

Answer choices	Responses
None	58
Christian	118
Hindu	1
Jewish	1
Muslim	1
Sikh	0
Buddhist	0
Prefer not to say	22
Other (please specify)	0

Skipped	21

Q26. How would you describe your ethnic origin? (Please tick the appropriate box)

Answer choices	Responses
White British	179
White Irish	4
White Gypsy or Irish Traveller	0
Other White Background	4
Indian	0
Pakistani	1
Bangladeshi	0
Chinese	0
Other Asian Background	0
White & Black Caribbean	1
White & Black African	0
White & Asian	0
Other mixed / multiple background	0
Caribbean	0
African	0
Other Black Background	0
Arab	0
Prefer not to say	10
Other (please specify)	3
Skipped	20

Q27. Is your sex (called your gender identity) the same as the gender you were given when you were born? (Please tick the appropriate box)

Answer choices	Responses
Yes	197
No	0
Prefer not to say	8
Skipped	17

Q28. What would you describe your marital status as? (Please tick the appropriate box)

Answer choices	Responses
Married	131
Single	25
Civil partnership	3
Widow/widower	17
Prefer not to say	9
Other (please specify)	20
Skipped	17

Appendix I – contractor questionnaire

The pharmaceutical needs assessment for North Northamptonshire health and wellbeing board

As you may be aware under government proposals laid before Parliament, two new unitary councils are set to be created in Northamptonshire to provide all local government services in the county. Subject to this parliamentary legislation being approved, the new unitaries will come into being on 1 April 2021. The proposed unitary authorities are:

- West Northamptonshire, covering the areas of Daventry District Council, Northampton Borough Council and South Northamptonshire Council, and
- North Northamptonshire, covering the areas of Corby Borough Council, East Northamptonshire Council, Kettering Borough Council and Borough of Wellingborough Council.

Services currently provided by Northamptonshire County Council and the districts and boroughs would be delivered by the two new councils. The North Northamptonshire and West Northamptonshire unitaries currently exist as shadow authorities.

In advance of the new unitaries coming into being work has now commenced on preparing the new pharmaceutical needs assessments which we anticipate will be published in April or May 2021. We need your help to gather/confirm important information to support the development of these PNAs:

- The PNAs may identify unmet needs for, or improvements or better access to, pharmaceutical services for the population of the two new unitary authorities. This questionnaire will confirm/tell us where community pharmacies and dispensing appliance contractors 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 PNAs will be 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 NHS England and NHS Improvement – Midlands will use the PNA to make decisions regarding these matters.

We have developed a questionnaire with the support of the PNA project advisory board of which the Northamptonshire & Milton Keynes Local Pharmaceutical Committee is a member. In developing the questionnaire we are only asking for information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take around five minutes to complete.

While available until Sunday 23 August, we 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/

As with the current PNA we are being supported by PCC CIC in the development of these PNAs. The responses you provide will be shared with PCC CIC and will only be used for the

purpose of this survey and developing the PNA. Any data will be held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice.

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 or dispensing appliance contractor 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 and NHS Improvement – Midlands has provided us with the core and total opening hours for the pharmacies and dispensing appliance contractor premises in Northamptonshire 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.

Are the core and total opening hours recorded by NHS England and NHS Improvement – Midlands correct?	**YES**	**NO**

If not, please inform NHS England and NHS Improvement – Midlands directly and indicate the error(s) below:

2 Consultation facilities

2.1 Is there a consultation area?

On site consultation – one answer 'yes' only:	**YES**
Available (including wheelchair access) on the premises	
Available (without wheelchair access) on premises	
Planned within next 12 months	
No consultation area available	
Other	

2.2 Is this an enclosed room?

Area closed:	YES	NO	N/A

3 Appliances

Are appliances dispensed from the premises?

	Please tick one box
Yes - All types, or	
Yes, excluding stoma appliances, or	
Yes, excluding incontinence appliances, or	
Yes, excluding stoma and incontinence appliances, or	
Yes, just dressings, or	
No - appliances are not dispensed	

4 Other facilities

4.1 Please tick whether you currently provide any or all of the collection and delivery services (non-commissioned) below.

Collection and delivery:	YES	NO
Collection from surgeries		
Delivery free of charge to patients		
Delivery chargeable to patients		
Is the service available to all patients?		

If the service is restricted please confirm the patient groups who may use the service.

4.2 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. With this in mind please select the option that best reflects your situation at the moment:

	Please tick one box
We have sufficient capacity within our existing premises and staffing levels to manage the increase in demand in our area.	
We don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in our area.	
We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.	

6 Provision of services post Covid-19

We recognise that you will have made a number of changes to how pharmaceutical services are provided as a result of Covid-19. Please can you give us information on those changes that you will be taking into the 'new normal'?

7 Please provide us with your contact details.

Name:

Job title:

Email:

Telephone number:

Appendix J – dispensing practice questionnaire

The pharmaceutical needs assessment for North Northamptonshire health and wellbeing board

As you may be aware under government proposals laid before Parliament, two new unitary councils are set to be created in Northamptonshire to provide all local government services in the county. Subject to this parliamentary legislation being approved, the new unitaries will come into being on 1 April 2021. The proposed unitary authorities are:

- West Northamptonshire, covering the areas of Daventry District Council, Northampton Borough Council and South Northamptonshire Council, and
- North Northamptonshire, covering the areas of Corby Borough Council, East Northamptonshire Council, Kettering Borough Council and Borough of Wellingborough Council.

Services currently provided by Northamptonshire County Council and the districts and boroughs would be delivered by the two new councils. The North Northamptonshire and West Northamptonshire unitaries currently exist as shadow authorities.

In advance of the new unitaries coming into being work has now commenced on preparing the new pharmaceutical needs assessments (PNA) which we anticipate will be published in April or May 2021. We need your help to gather/confirm important information to support the development of these PNAs:

- The PNAs may identify unmet needs for, or improvements or better access to, pharmaceutical services for the population of the two new unitary authorities. This questionnaire will confirm/tell us where contractors 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 PNAs will be 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 NHS England and NHS Improvement – Midlands will use the PNA to make decisions regarding these matters.

We have developed a questionnaire with the support of the PNA project advisory board of which the Northamptonshire Local Medical Committee is a member. In developing the questionnaire we are only asking for information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take no longer than five minutes to complete. While available until Sunday 23 August, we would encourage you to complete the questionnaire now.

As with the current PNA we are being supported by PCC CIC in the development of these PNAs. The responses you provide will be shared with PCC CIC and will only be used for the purpose of this survey and developing the PNA. Any data will be held in accordance with the Data Protection Act 1998 and the NHS Confidentiality Code of Practice.

For queries relating to the information requested or the answers required please email charlotte.goodson@pcc.nhs.uk

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:

1 Are appliances dispensed from the premises?

	Please tick one box
Yes - All types, or	
Yes, excluding stoma appliances, or	
Yes, excluding incontinence appliances, or	
Yes, excluding stoma and incontinence appliances, or	
Yes, just dressings, or	
No - appliances are not dispensed	

2 Delivery of dispensed items

Do you offer a delivery service?	Yes	No

If yes, is the service available to all patients?	Yes	No

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 please select the option that best reflects your practice's situation at the moment:

	Please tick one box
We have sufficient capacity within our existing premises and staffing levels to manage the increase in demand in our area.	
We don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in our area.	
We don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.	

5 Provision of services post Covid-19

We recognise that you will have made a number of changes to how your dispensing service is provided as a result of Covid-19. Please can you give us information on those changes that you will be taking into the 'new normal'?

6 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 Group
- NHS Trusts
- NHS England and NHS Improvement
- 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 18 January until 28 March 2021.

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 responses from 46 people who identified themselves as the following:

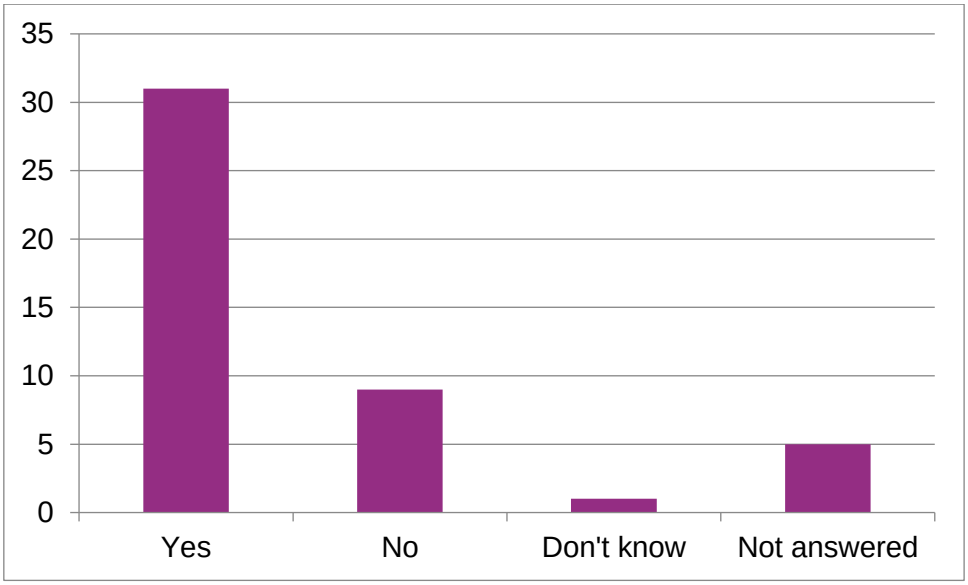
Answer options	Response percent	Response count
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	2.2%	1
On behalf of an organisation	2.2%	1
A personal response	65.2%	30
Chose not to answer the question	30.4%	14

One person said that they were replying on behalf of either a pharmacy, dispensing appliance contractor, dispensing practice or an organisation but didn't clarify which one. However from their responses to other questions they appear to be a pharmacy contractor.

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 31 of the 41 respondents to the question (75.6%) responded positively, as shown below.

Figure 38 – 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':

- "information is delivered well"
- "I have read the article and I think I understand most of it"
- "Only because I have just read your blurb"
- "Read the information and understood the reason for the survey"
- "Because of the information provided in the Assessment."
- "Briefly as the document is very long to read, no easy read version"

- “In general I feel I understand what is required from reading the explanation.”
- “Explanation given in email sent”
- “Read the introductions in the e.mail thank you”
- “I have read all the information provided and it appears to be comprehensive from an outsider's perspective.”
- “You have gone to great lengths to explain what and why you are doing this. You've also appended the North Northamptonshire Health and Wellbeing Board pharmaceutical needs assessment draft consultation paper”
- “info received in writing.”
- “Seems to cover my needs”

In answering ‘No’ six respondents explained why:

- “Prior to receiving your email I had not read anything about the assessment and its needs”
- “There has been no "formal" consultation/explanation”
- “Not enough detail in my mail”
- “I attempted to read the attached report but it was huge! I read some of it and looked at the survey results but feel it would have been much better for the general public taking part in this survey to have had a much briefer summary to read.”
- “It isn't clear”
- “Not sufficiently clearly and I have seen no draft documents so I have absolutely no idea what I am being asked to comment on!”

One respondent who answered ‘Don’t know’ did so because “Does not really cover Weekend coverage for villages at the weekend for people with no transport”.

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 predominantly members of the public and is therefore satisfied that the language of the document does not need to be changed.

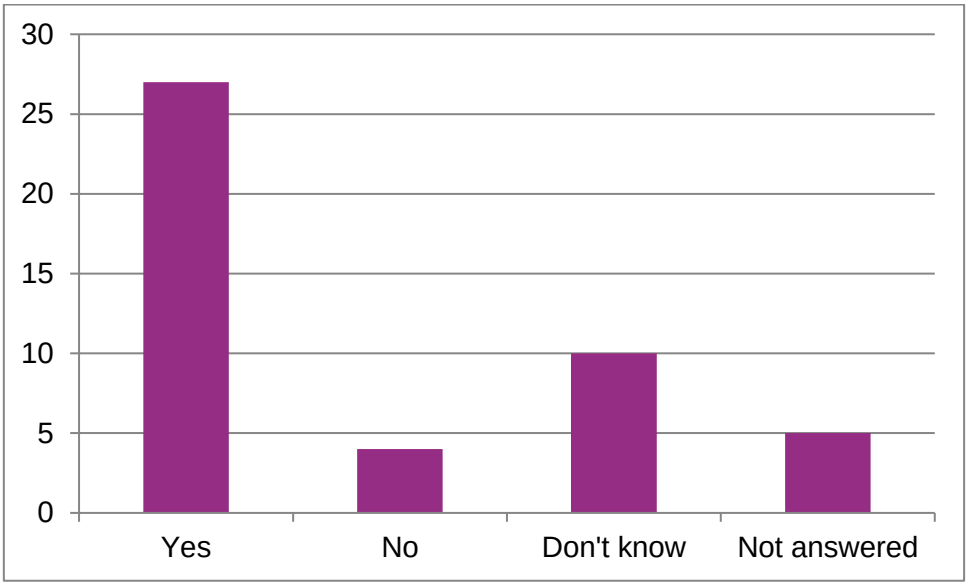
From the comments it appears that some respondents didn’t follow the link in the email to the document and so had not read it.

The Health and Wellbeing Board has noted the comment that the document does not cover weekend coverage for people living in villages with no transport. It is however satisfied that it has considered the provision of services at the weekend and that those with no transport (irrespective of where they live) are able to have their medicines delivered to their home address either by the distance selling premises that is located in the area, or one of the other approximately 370 distance selling premises in England, or via the private delivery service offered by a number of pharmacies. With regard to the provision of the other pharmaceutical services, following an amendment to the regulations in November 2020 all pharmacies are required to facilitate remote access (for example over the phone or video link) to the pharmaceutical services provided at or from the premises where people wish to access such services remotely. The Health and Wellbeing Board is therefore satisfied that those without transport at certain times of the day or days of the week are able to access their dispensed medicines and other services.

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 of those who answered the question (65.8%) said 'Yes'.

Figure 39 – Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?



Seven comments were left in response to this question by those who either said "No" or "Don't know":

- "Living on Rutland border, GP and pharmaceutical services are provided outside the area."

The Health and Wellbeing Board has noted this comment and is satisfied that it has taken into account the provision of services by contractors outside of its area.

- "unless you have transport at the weekend you have to wait until Monday"

The Health and Wellbeing Board has noted this comment but unfortunately the respondent didn't indicate the area to which the comment relates. However, as noted above it is satisfied that those without access to transport are able to access their dispensed medicines and other services.

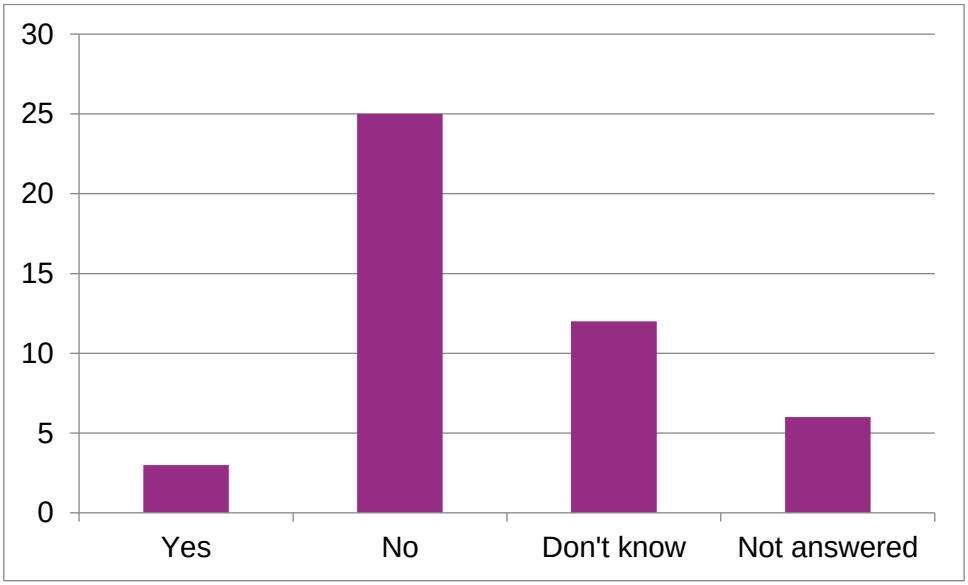
- "The documents I have now read suggest the draft reflects current provision for my area, Kettering."
- "I cannot find enough detail anywhere"
- "I cannot see any reference in the spreadsheet to [Pharmacy] that serves the village of [name]. The pharmacy provides many services including 'flu jabs etc and is very efficient in speaking to residents when they cannot attend the local Dr surgery due to limited appointments. [Pharmacy] on [name of road] gives a top class service and a consultant is always on hand to give advice."

The pharmacy that is identified as missing is included in the maps and is also included in appendix M, the pharmacy opening hours. The Health and Wellbeing Board is therefore satisfied that it has been taken into account.

- “As i understand it this questionnaire is fact finding before the needs assessment is published”
- “old DDC area”

The Health and Wellbeing is of the opinion that neither of these comments require amendment of the document.
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?” 62.5% of those who responded to the question (25 respondents) said “No”.

Figure 40 – 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?



Seven comments were made in relation to this question:

- “Again there is no cover at the weekend for people with no transport”
- “Cannot answer due to lack of full detail”
- “The ongoing confusion between which CCG we're in (Cambs or Northants) and how that affects all "health" services. We're being told we're in Cambs in Oundle so what happens in Northants is not important for us - but then we're covered by this document inc counting Lakeside surgeries as NOrthants bodies!”
- “All services appear to have been covered”
- “I have not seen the needs assessment but mental health and smoking cessation need to have clear, well publicised and accessible provisions”
- “I think there should be a late night pharmacy available that might stop going to A&E”
- “As above - totally inadequate information provided”

The Health and Wellbeing Board has already responded to the first and second comments.

The comment as to which body is responsible for the provision of health services in the Oundle/Wansford area is noted. As the villages are within the area covered by Northamptonshire County Council up until 31 March 2021, and North Northamptonshire Council from 1 April 2021, the regulations require them to be included in this document

rather than the pharmaceutical needs assessment for the area of Cambridgeshire Health and Wellbeing Board.

It is noted that pharmacies are not commissioned to provide smoking cessation services by either NHS England and NHS Improvement or the council, other than in relation to the supply of Champix (a medicine that can help people to stop smoking by reducing nicotine cravings and helping with the management of withdrawal symptoms). The Health and Wellbeing Board has noted this comment and will pass it to the relevant team within the council. There are also no mental health services commissioned from pharmacies and therefore the Health and Wellbeing Board is satisfied that no changes need to be made to the pharmaceutical needs assessment in relation to this comment.

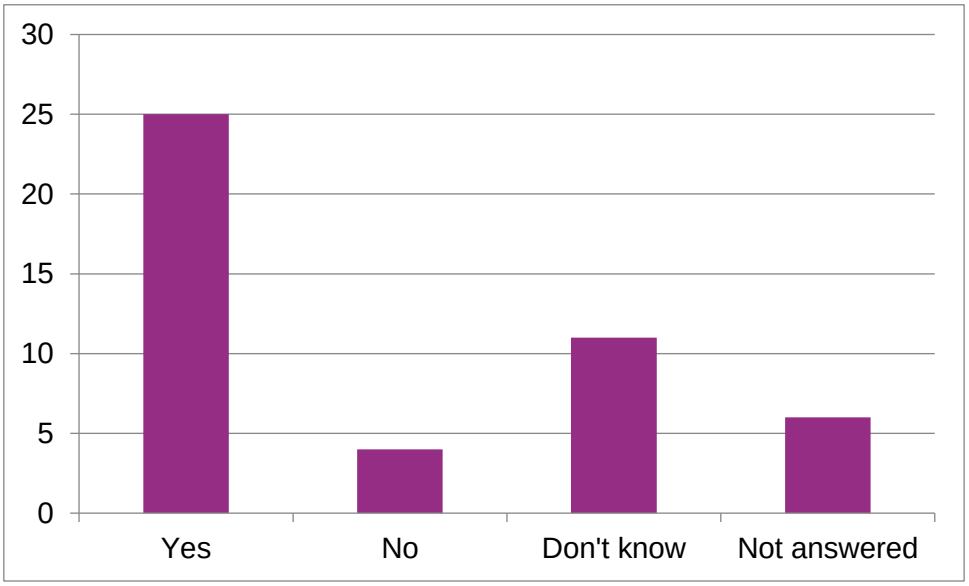
In relation to the comment about the need for a late night pharmacy as an alternative to people attending A&E it is noted that there are six 100 hours pharmacies across North Northamptonshire:

- Two in Corby cover the hours 08:00 to 23:00 Monday to Friday, 06:30 to 23:00 on Saturdays and 10:00 to 20:00 on Sundays
- Two in Kettering cover the hours of 07:00 to 23:00 Monday to Friday, 07:00 to 22:00 on Saturdays and 10:00 to 22:00 on Sundays
- Two in Wellingborough cover the hours of 07:00 to 22:30 on Mondays, 06:30 to 22:30 Tuesday to Friday, 06:30 to 22:00 on Saturdays and 10:00 to 18:00 on Sundays

In addition there are four other pharmacies in Corby that open late into the evening, and one in Kettering. The Health and Wellbeing Board is therefore satisfied that there is not a need for another late night pharmacy particularly when those 100 hour pharmacies that are over the border in neighbouring Health and Wellbeing Board areas are taken into account (for example the five in Peterborough and seven in West Northamptonshire).

When asked whether the document reflects the needs of the population the Health and Wellbeing Board is pleased to note that only four people said it did not.

Figure 41 – Does the draft pharmaceutical needs assessment reflect the needs of your area's population?



Seven comments were made in relation to this question:

- “There are more people needing medication in the whole area than there is pharmacies. So there are queues”
- “From what I see the needs assessment reflects the needs of Kettering area”
- “As I have only just had sight of the proposals it is difficult to comment in a meaningful way”
- “Not enough detail found”
- “Yes services provided”
- “Wellingborough. There seems to be more and more houses built and not enough doctors so pharmacies are over burdened”
- “There is demand to incorporate a pharmacy Minor Ailment Scheme and additional PGDs/LESs [patient group directions/local enhanced services] in tandem with the GP-CPCS [community pharmacist consultation service] service so that pharmacy can provide a more holistic solution to many minor ailments and reduce the demand surgeries face to deal with relatively trivial matters. GPs will increasingly seek to deflect large numbers of consultations to community pharmacy over the next 12 months, and despite us having the skill set to deal with many of these situations, there are obstacles in legislation that will prevent us from providing the most appropriate treatment without having to refer back to the GP. There are also some considerable obstacles with relation to cost for individuals on low income. I have been working with GPs, the CCG, and NHS Midlands to develop software protocols to help prescription navigators refer appropriately to pharmacy. I need additional help to commission a small number of services which will make the patient experience comparable to that which they would expect at the surgery.”

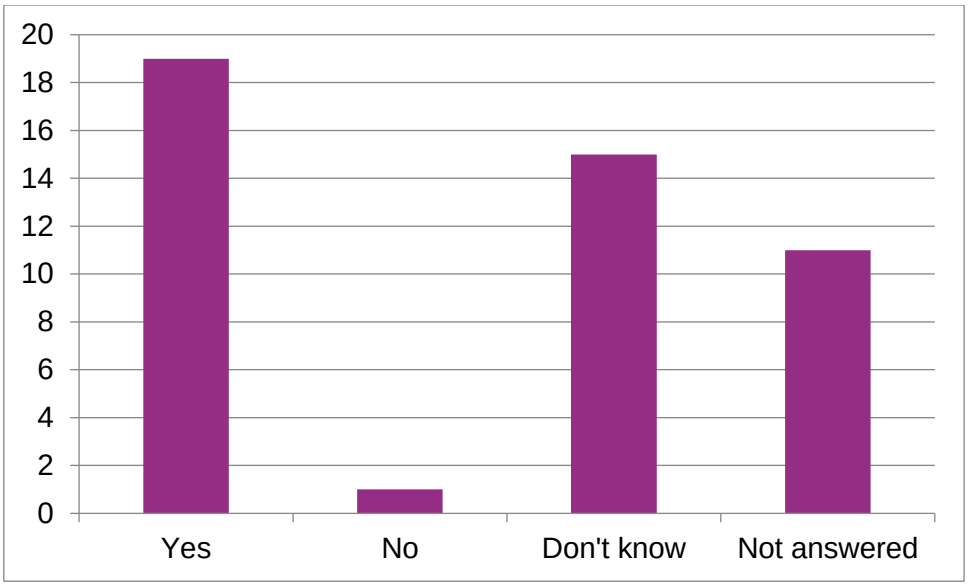
In response to the first comment the Health and Wellbeing Board has reviewed the responses to the patient and public engagement questionnaire and noted that only one person mentioned having to queue. It has also noted that 20 of the pharmacies said that they either have capacity to manage an increase in demand or can make adjustments to do so. It has also noted that the pandemic and social distancing requirements have led to queuing at many places and that this will ease as the social distancing requirements are eased. The Health and Wellbeing Board is therefore satisfied that no amendments need to be made to the pharmaceutical needs assessment.

In relation to the growth in housing in Wellingborough the Health and Wellbeing Board has noted that there are 17 pharmacies within the locality serving a population of approximately 80,000, of which 12 pharmacies are located within the town. At least four of these either have capacity to manage an increase in demand or can make adjustments to do so. Wellingborough as a locality has seen the smallest increase in population in the ten years to 2019 when compared to the other three localities (6.1%) and also in the 30 years to 2019 (18.3%). The average number of pharmacies per 100,000 population in England is 21, only slightly higher than the figure for Wellingborough (20.4). Taking all this information into account the Health and Wellbeing Board is satisfied that no amendments need to be made to the pharmaceutical needs assessment.

In relation to the comment regarding a minor ailments service it is noted that the respondent is working with GP practices, the clinical commissioning group and NHS England and NHS Improvement on this matter. Although they are asking for help in relation to the commissioning of a small number of services they appear to already be talking to the relevant commissioners and therefore the Health and Wellbeing Board is satisfied that no amendments need to be made to the pharmaceutical needs assessment.

Respondents were then asked for their views on whether the pharmaceutical needs assessment has provided information to inform decisions made by NHS England and NHS Improvement in relation to applications for new pharmacies. The Health and Wellbeing Board is pleased to note that only one person said no, it doesn't. However, as the person did not expand upon their response the Health and Wellbeing Board is unable to consider what changes may need to be made.

Figure 42 – 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?



Three respondents expanded upon their answer of 'Don't know':

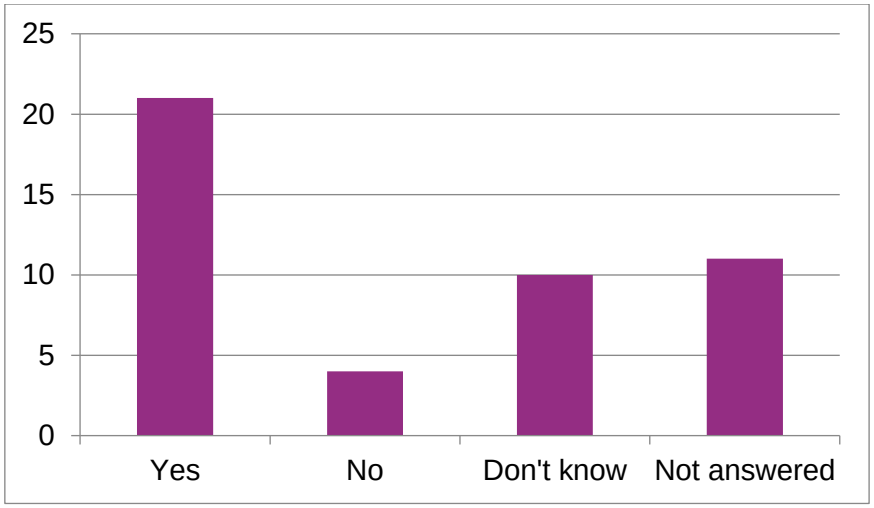
- "I cannot find any detail?"
- "Unsure as to what this question relates to. We have a pharmacy in the village which serves above and beyond presently."
- "That document was just too long to read and understand. We have given our answers once."

The Health and Wellbeing Board notes that the first responder appears not to have clicked on the link to the document in the email.

As noted above the pharmaceutical needs assessment is, by its very nature, a technical document and is predominantly used by those who wish to apply to open new premises, NHS England and NHS Improvement in relation to determining such applications, and other commissioners in relation to deciding what services to commission and where. This question is therefore predominantly aimed at existing and potential contractors and commissioners of services and the Health and Wellbeing Board is pleased to note that none of the current contractors answered 'no' to this question.

The survey then asked whether the document has provided information to inform how pharmaceutical services may be commissioned in the future, and again only a few respondents said no (four respondents).

Figure 43 - Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in North Northamptonshire may be commissioned in the future?



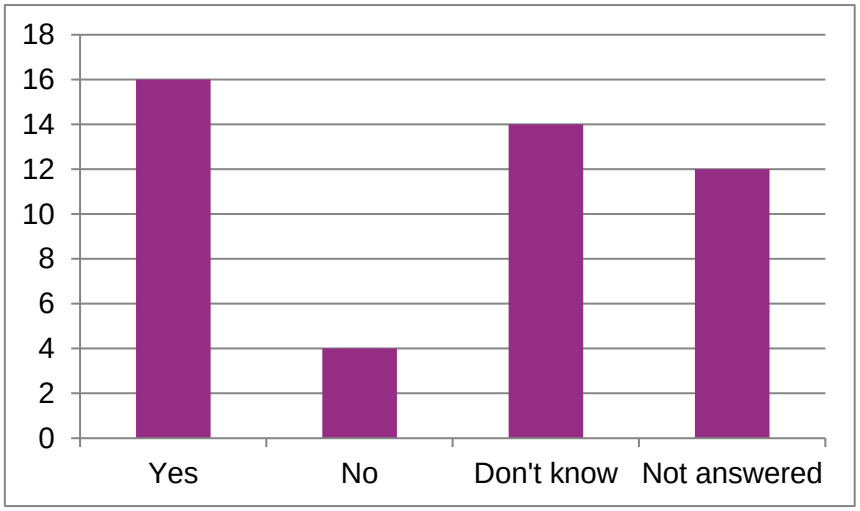
Three comments were made in relation to this question:

- “Depends on who is taking those decisions - Northants or Cambs.”
- “I may have missed this but I've not seen any evidence of how or what services will be put in place regarding substantial growth in our area”
- “We will have to wait and see.”

The Health and Wellbeing Board is satisfied that the document takes account of the anticipated growth in population over the next three years and that no amendments need to be made.

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 has noted that only four respondents (8.7%) said no.

Figure 44 - Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?



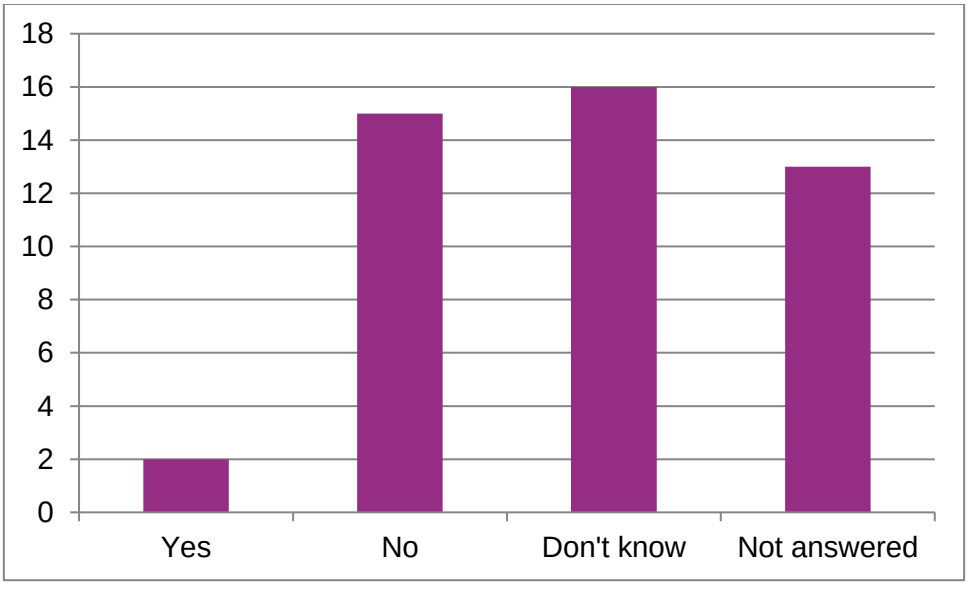
Six comments were left in response to a response of either ‘No’ or ‘Don’t know’:

- “Does not look like it”
- “I think it needs explaining in layman's terms, if you know what I mean”
- “I cannot find any detail?”
- “As above”. The previous comment was “Depends on who is taking those decisions - Northants or Cambs.”
- “See above. There are explanations of what currently happens but not what will happen in the future”. The previous comment was “I may have missed this but I've not seen any evidence of how or what services will be put in place regarding substantial growth in our area”
- “I don't think there are enough pharmacies”

The Health and Wellbeing Board has noted these comments and has responded to some of them above. With regard to there not being enough pharmacies it is not clear whether this is in relation to the whole of North Northamptonshire or to a specific area. The Health and Wellbeing Board is satisfied that taking into account the capacity of the existing pharmacies, the fact that a further pharmacy has been given approval to open, an increasing use of distance selling premises both within and outside of the area, the level of dispensing by the GP practices, and the move to remote provision of pharmaceutical services, there are no current or future need for more pharmacies within the lifetime of this pharmaceutical needs assessment.

The consultation then asked whether there are any pharmaceutical services that could be provided in the future that have not highlighted. Although two people said ‘Yes’, only one comment was made which was “Pharmacies to be open at the weekends”.

Figure 45 - Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?



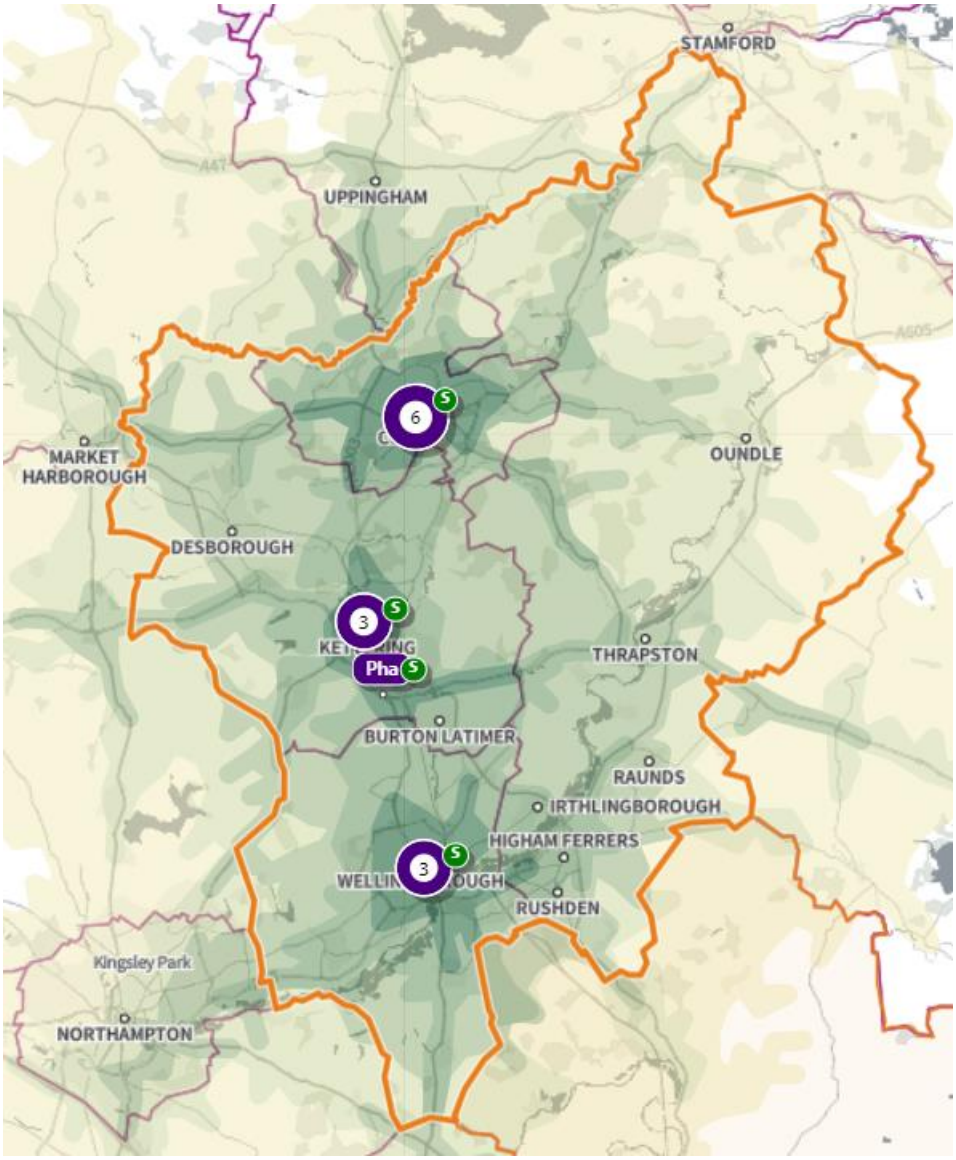
With regard to weekend opening, the Health and Wellbeing Board has noted that 52 of the 64 pharmacies are open at the weekend (81%). Of these 13 are located in the Corby locality, ten in East Northamptonshire, 16 in the Kettering locality and 13 in the Wellingborough locality.

13 pharmacies open on Sundays:

- Six in the Corby locality
- Four in the Kettering locality and
- Three in the Wellingborough locality

The Health and Wellbeing Board has identified that there are no pharmacies open within the East Northamptonshire locality on Sundays, but that all but a small part of the locality to the north and south of Lutton on the eastern border with Cambridgeshire is within a 30 minute drive of a pharmacy that is open on Sundays, as can be seen from the map below.

Figure 46 - travel time to a pharmacy on Sundays



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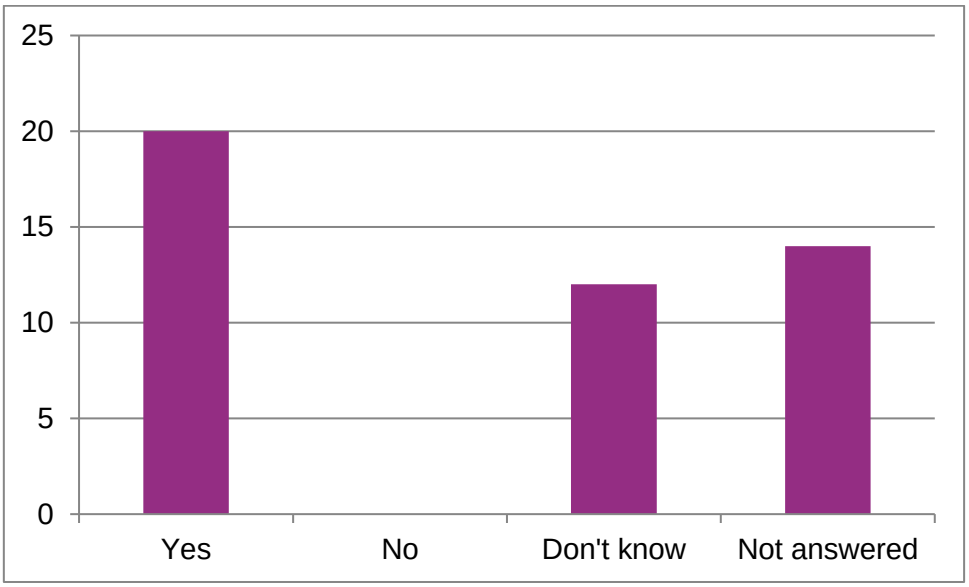
Travel times in minutes

However, when account is taken of the pharmacies in the area of Peterborough Health and Wellbeing Board that open on Sundays, Lutton is within a 30 minute drive of a pharmacy. The Health and Wellbeing Board is pleased to note that when asked whether respondents agree with the conclusions of the pharmaceutical needs assessment, no respondents said no and 20 (43.5%) said yes.

Figure 47 - Do you agree with the conclusions of the pharmaceutical needs assessment?



Five respondents who said “Don’t know” made comments:

- “Too complex”
- “I cannot find any detail?”
- “See above!” The previous comment was “Depends on who is taking those decisions - Northants or Cambs.”
- “Totally dependant on local population growth.”
- “I still have concerns that insufficient services and associated products will be not be available for an aging and increasing population. What is more, time to dispense and receive prescriptions are getting longer! Picking prescriptions up in hospitals can take up to an hour or more in some cases. Not an ideal situation in the current climate.”

The Health and Wellbeing Board has responded to these points above, other than in relation to the last comment. However, the provision of medicines by hospitals is outside the scope of the pharmaceutical needs assessment and therefore it cannot address the point raised.

Finally respondents were asked for any other comments that they wished to make on the pharmaceutical needs assessment. Three respondents said yes, however four comments were made.

- “As said before a comprehensive cover needs to be in place at the weekends and evenings with people with no transport”

- “I just feel it needs to be explained a lot easier for people to understand what you are trying to accomplish”
- “With no data and detail, it is hard to impossible to say.”

These points have been responded to above.

- “Why cannot hospital prescriptions be accepted by commercial pharmacists?”

The Health and Wellbeing Board has noted that only certain types of prescriptions written in hospitals can be dispensed by pharmacies; the others must be taken to the pharmacy department at the hospital to be dispensed. Those that can only be dispensed within the hospital should be clearly marked as such.

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.

Equalities monitoring

30 of the 46 responses were from members of the public. Of these:

- 13 are female and 17 are male
- None were pregnant at the time of responding or had had a baby in the preceding six months
- One person is aged 30 to 49, six are aged 50 to 64, 15 are aged 65 to 74, and seven are 75 or older. One person preferred not to answer the question
- 11 people said that they have a disability, and said they would prefer not to say. Of these 11, one has a mental health disability, six have a physical disability, five have a hearing impairment, and two have a sight impairment. (More than one option could be selected.)
- 22 stated that they are Christians, seven said they have no religion or belief, and one said they preferred not to say
- 28 are White British and one is Other White Background
- 26 are heterosexual and three preferred not to say
- 29 said their sex is the same as the gender they were assigned at birth, and one person said they preferred not to say
- 16 are married, six are a widow or widower, five are co-habiting/living together, two are single and one preferred not to say

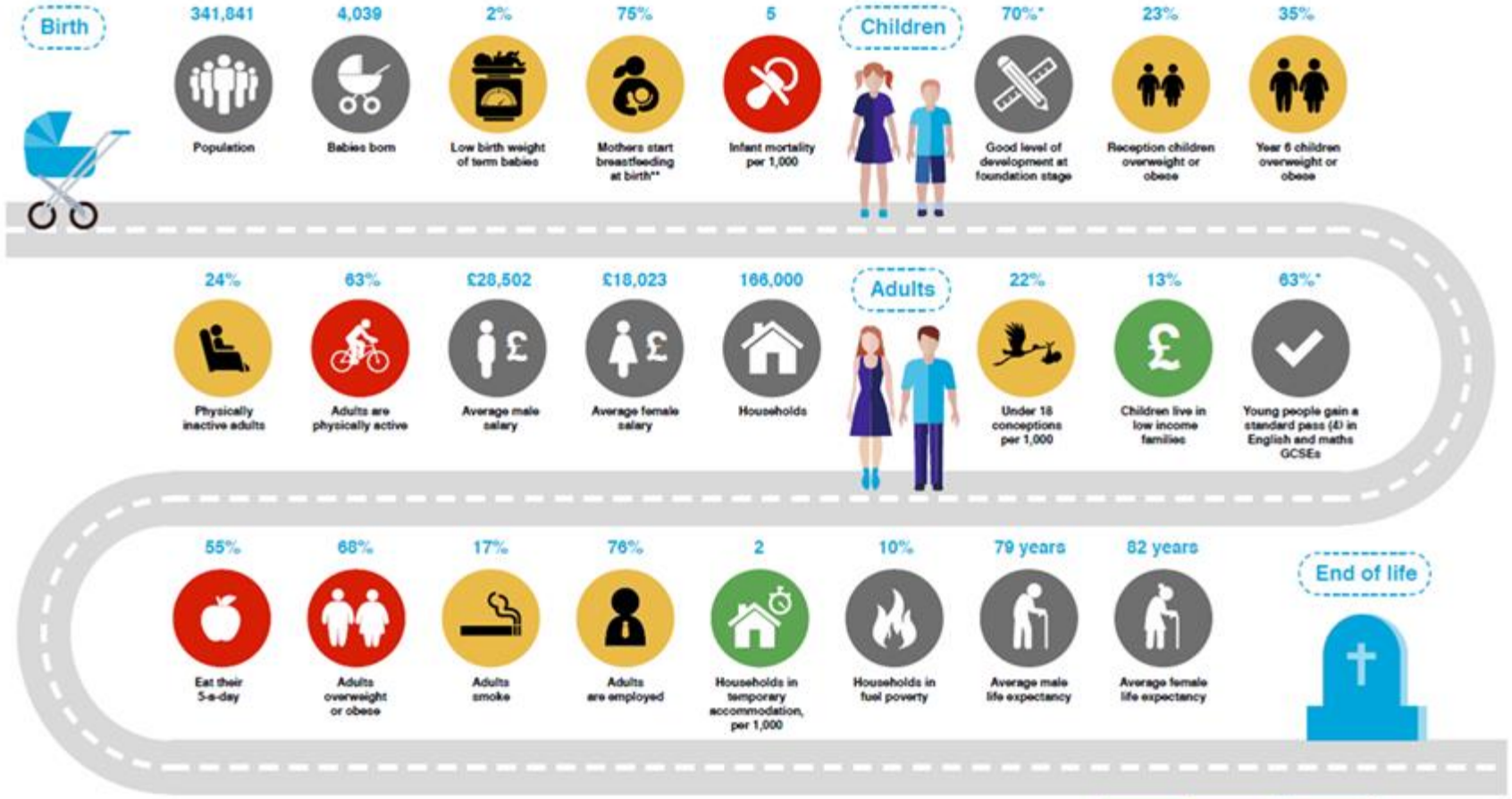
Amendments

The following amendments have been made to the pharmaceutical needs assessment:

- NHS Resolution granted the unforeseen benefits application to open a pharmacy at Land off Kestral Road, Priors Hall Park, Corby. The applicant has until 11 June 2021 to notify NHS England and NHS Improvement of the address of the pharmacy, and if that address is accepted as valid the applicant will then have 12 months to open the pharmacy. This period could be extended by a further three months where there is good cause. As of 13 May 2021 the applicant has not yet notified the address

- The pharmacy at 18 Cannon Street, Wellingborough closed on 24 December 2020. The total number of pharmacies has been amended throughout the document to reflect this closure as have the maps and information relating to the number of pharmacies providing each service
- The discharge medicines services became an essential service on 15 February 2021 and not 1 January 2021
- At the end of March 2021 the NHS community pharmacy Covid-19 lateral flow device distribution service (also known as 'Pharmacy Collect') was introduced as a new advanced service. Sections have been inserted at the relevant points to include this service
- References to Northamptonshire County Council amended as required and locality chapters renamed
- The medicines use review service was decommissioned from 1 April 2021. References to it have therefore been deleted from the pharmaceutical needs assessment
- Paragraph 1.6.6 (consultation) updated
- Section 2.16 amended to reflect the Traveller and gypsy community for North Northamptonshire rather than West Northamptonshire
- Section 5.1 updated to reflect the number of dispensing patients as at February 2021
- Section 5.1.3 updated to include the new medicine service data for August to December 2020
- Section 5.1.5 updated to include data for the flu vaccination service in 2020/21
- Section 5.1.6 updated to include GP dispensing patient numbers as at February 2021
- Section 5.2.1 data updated to include data for August to February 2021
- Section 5.4 data updated to include data for August to February 2021
- Section 6.3 data updated to include data for August to February 2021
- Section 6.5 data updated to include data for August to February 2021
- Section 6.6 the pharmacy contract for the new prison in Wellingborough, HMP Five Wells, has been awarded. This section has therefore been updated
- Section 6.7 data updated to include data for August to February 2021
- Section 6.8 data updated to include data for August to February 2021
- Section 8.2 data updated to include data for April to December 2020
- Section 8.5 data updated to include data for August to February 2021
- Section 9.2 data updated to include data for April to December 2020
- Section 10.2 data updated to include data for April to December 2020
- Section 10.4 data updated to include data for April to December 2020
- Section 10.5 data updated to include data for August to February 2021
- Section 11.2 data updated to include data for April to December 2020
- Section 11.4 data updated to include data for April to December 2020
- Section 11.5 data updated to include data for August to February 2021

Appendix L – overview of the health and wellbeing of the population



Source: Fingertips; Northamptonshire Analysis; ONS; NHS Digital; GOV.UK; Northamptonshire County Council; Please note data displayed is based on what is publicly available for Districts/Boroughs in November 2018 where possible, any local data is highlighted.

* Local Data, no comparators. BETTER SIMILAR WORSE NOT COMPARED

**This represents initiation only and not prevalence of breastfeeding. Please refer to figure 12 for more information and to show the prevalence at 6-8 weeks at a count level (47%)

Appendix M – opening hours

Appendix M North Northamptonshire ope