



West  
Northamptonshire  
Council

# **West 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'. West 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 West 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 West 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 West 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 West 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 West Northamptonshire and their likely health needs.

Chapter 5 focusses on the provision of pharmaceutical services in West Northamptonshire and those providers who are located outside of the area but who provide services to residents of the West 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 West 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 West Northamptonshire into three 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 64 pharmacies, two of which are distance selling premises, and three dispensing appliance contractors all providing the full range of essential services. In 2019/20 79% of all prescriptions written by prescribers were dispensed by the pharmacies in West Northamptonshire. This figure remained the same for the period April 2020 to February 2021. Some provide advanced and enhanced services as commissioned by NHS England and NHS Improvement, and some provide services commissioned by West Northamptonshire Council. In addition, 13 of the GP practices dispense to eligible patients and in 2019/20 dispensed 16% of all prescriptions. This fell to 15% for the period April 2020 to February 2021.

As well as accessing services from pharmacies and dispensing appliance contractors in West Northamptonshire, residents also choose to access contractors in other parts of England. In 2019/20 5% of prescriptions were dispensed outside of the area. This rose to 7% for 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 West 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 West 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 West 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 West Northamptonshire there are 64 pharmacies, three dispensing appliance contractors and 13 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 West 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**

West 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 West 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, West 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:

- Daventry District Council
- Northampton Borough Council
- South Northamptonshire Council

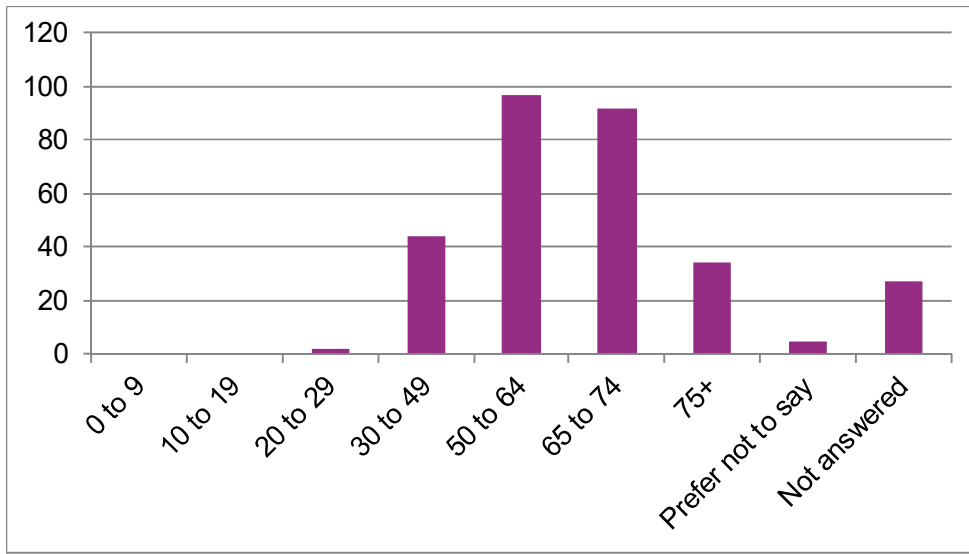
This approach is consistent with the current Joint Strategic Needs Assessment products and previous pharmaceutical needs assessments published by Northamptonshire County Council.

### **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 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 301 people completed the questionnaire of which 161 or 53% were female and 109 or 36% male (31 people chose not to answer this question). The figure below shows the age breakdown of respondents.

**Figure 1 – How old are you?**



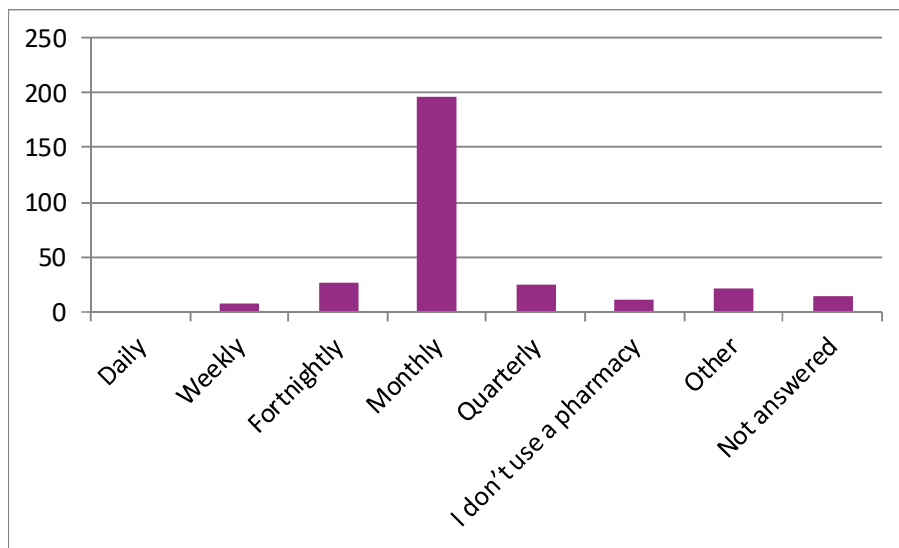
When asked why they visit a pharmacy the most common responses were as follows:

- To get a prescription for myself – 216 people
- To buy medicines for myself – 131 people
- To get a prescription for someone else – 117 people
- To get advice for myself – 91 people
- To buy medicines for someone else – 72 people

Multiple answers could be given to this question.

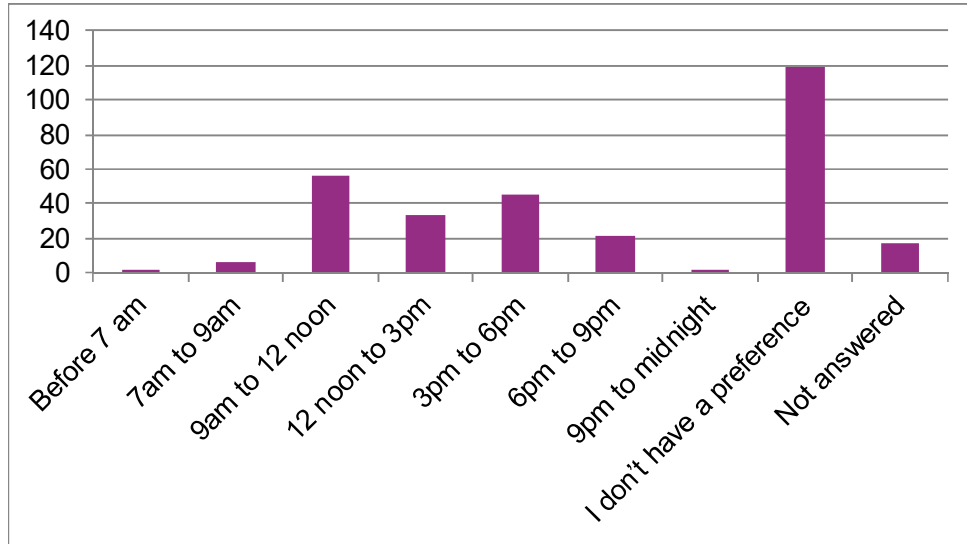
The figure below shows how frequently responders visit a pharmacy. As may be expected most people visit monthly which will reflect prescription length.

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



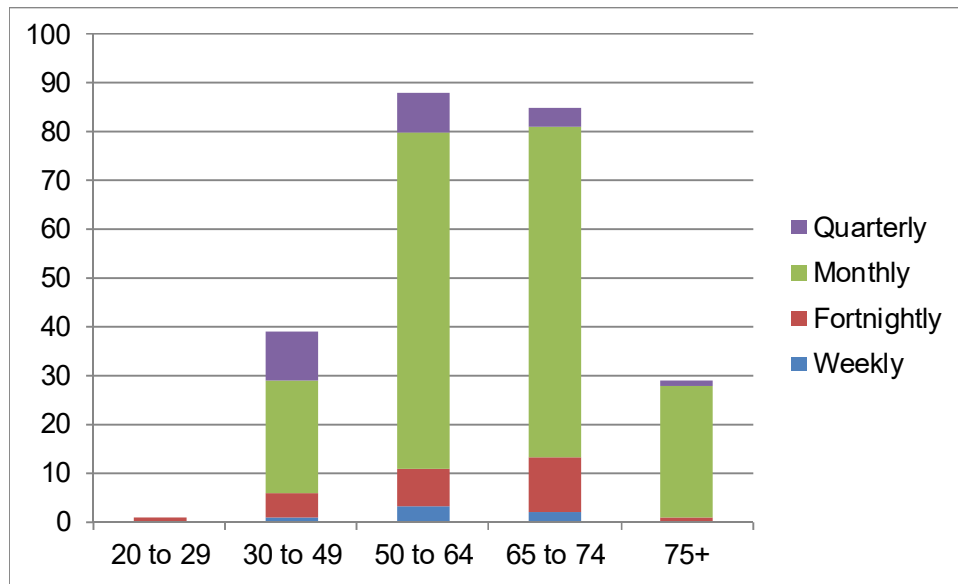
Whilst 40% of respondents didn't have a preference as to the most convenient time, for those that did the most convenient time was 9am to 12 noon (19% of responses), followed by 3pm to 6pm (15% of responses) and 12 noon to 3pm (11% of responses).

**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**

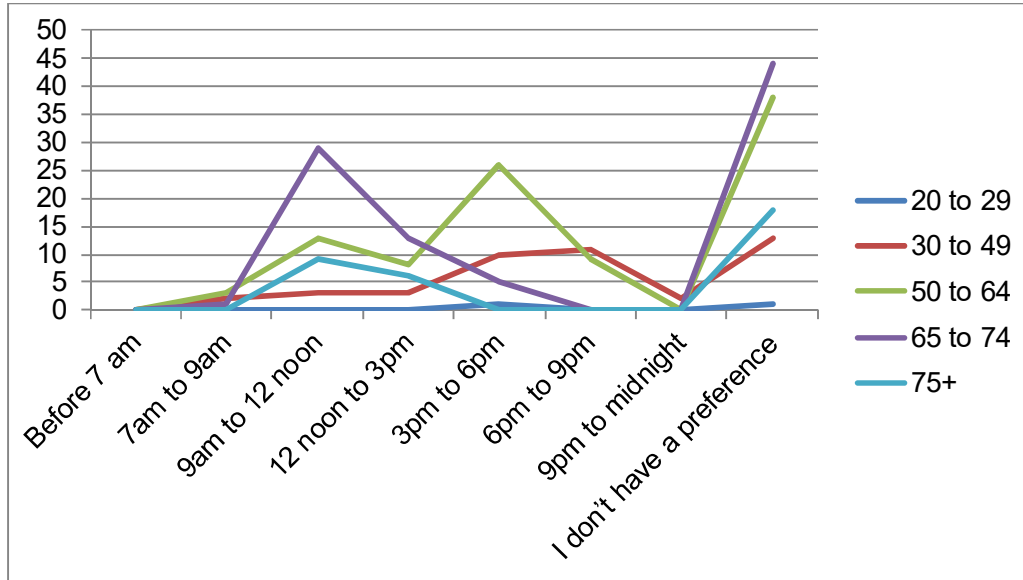


The figure below shows the most convenient time to access a pharmacy by age (only those who responded to both questions have been included in the analysis). For those who responded to both questions, and expressed a preference, the preferred times are:

- Aged 75+ - 9am to 12noon

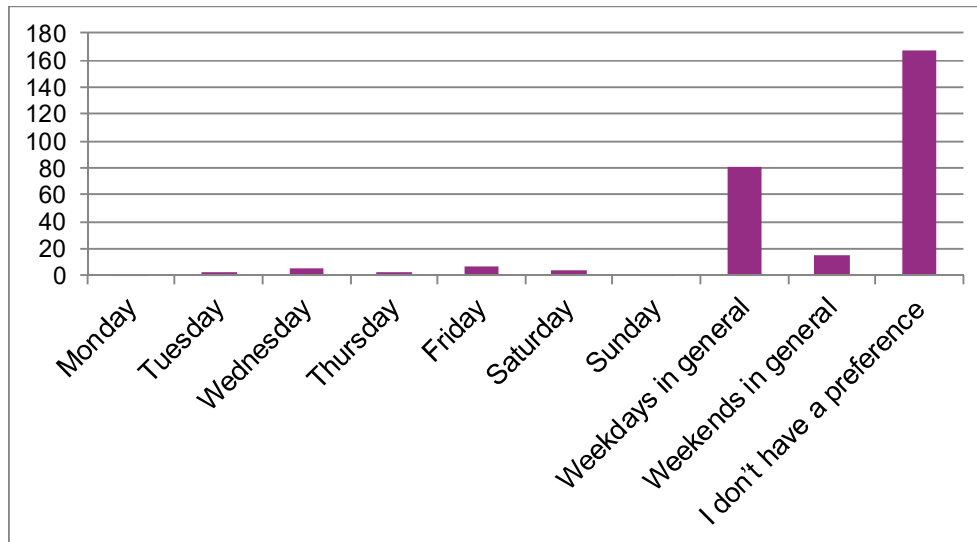
- 65 to 74 year olds - 9am to 12 noon
- 50 to 64 year olds – 3pm to 6pm
- 30 to 49 year olds – 6pm to 9pm

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



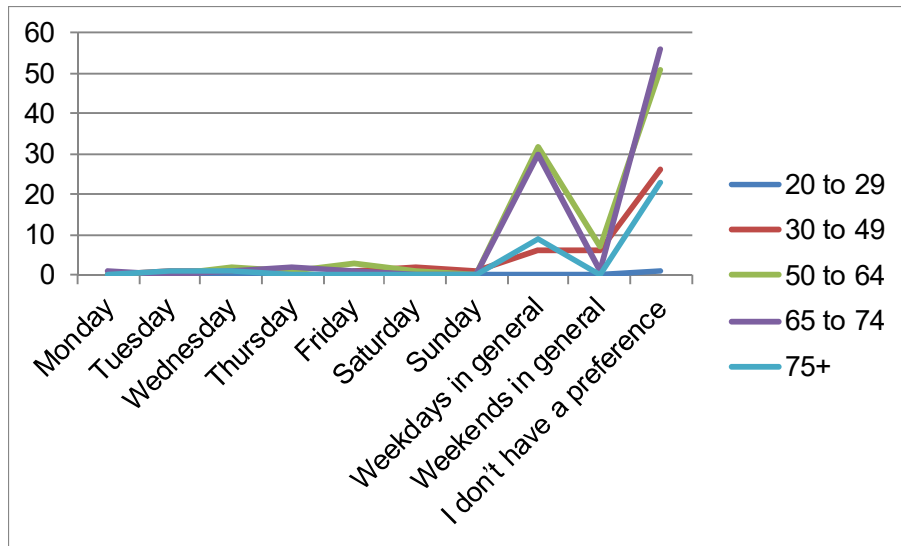
When asked which is the most convenient day to access a pharmacy, of those who answered the question, 55% said they didn't have a preference, 27% of responders said weekdays in general, and 5% said weekends in general.

**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:

- 28 people waited until it was open
- 17 people went to another pharmacy
- 3 called 111 and
- 2 people went to their GP

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

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

- 64% said they used the same one
- 21% said they use different pharmacies but prefer to visit one most often
- 6% of people said they rarely use a pharmacy
- 6% didn't answer the question
- 2% never use a pharmacy (these responders reported that 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?**

<b>Reason</b>	<b>Number of respondents</b>
Close to my home	181
The location of the pharmacy is easy to get to	136
Close to my doctor	131
I trust the staff who work there	100
It is easy to park at the pharmacy	123
The staff know me and look after me	58
The service is quick	53
Close to other shops	47
I just like the pharmacy	46
They usually have what I need in stock	42
The customer service	37
I've always used this pharmacy	34
The pharmacy has good opening hours	30
The pharmacy provide good advice & information	27
Close to work	27
There is a private area if I need to talk to the pharmacist	24
The pharmacy delivers my medicines	23
It's not one of the big chains	20
I can order my repeat medicines using their app	12
It's not an online/internet pharmacy and so I can visit it and talk to the staff face-to-face	12
The pharmacy collects my prescription and delivers my medicines	7
It is very accessible i.e. wheelchair/baby buggy friendly	7
Close to children's school or nursery	6
It's a well-known big chain	6
Other (It's an online/internet pharmacy; the staff don't know me; the pharmacy was recommended to me)	5

When asked if there is a more convenient and/or closer pharmacy that they don't use, 72 said yes and went on to give a reason why (please note that multiple answers could be given to this question).

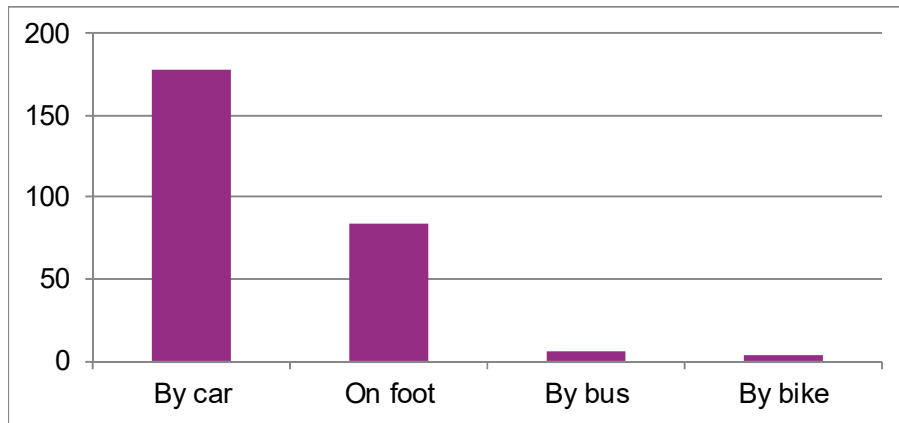


**Table 2 – Reasons for not using a more convenient and/or closer pharmacy**

Reason	Number of responses
It is not easy to park at the pharmacy	27
The service is too slow	21
The staff don't know me	18
There is not enough privacy	16
I have had a bad experience in the past	14
They don't have what I need in stock	9
It's not open when I need it	9
The staff are always changing	8
I know the staff and would prefer them not to know what medicines I am taking	5
The pharmacy doesn't deliver medicines	5

The questionnaire then looked at how people travel to pharmacies.

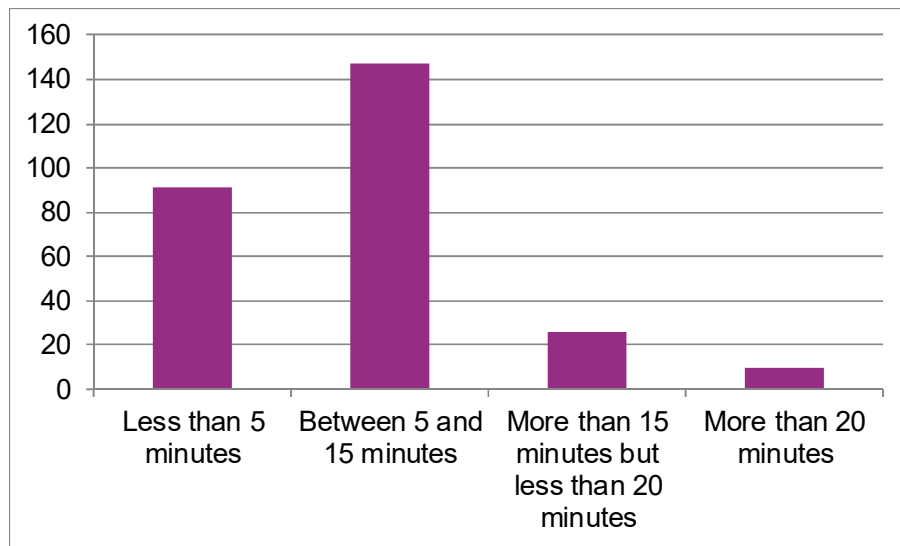
**Figure 8 - If you go to the pharmacy by yourself or with someone, how do you usually get there?**



Some people stated that they had their medicines delivered, or collected on their behalf, whereas another said it depended where they started their journey as to whether they drove or walked.

For the majority of responders (79%) the journey takes 15 minutes or less. For 88% of respondents it is a journey of less than 20 minutes.

**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:

- 16 go by car
- Six walk
- Two go by bus
- One either goes by bus or car and
- One person has their medicines collected for them

For those whose journey takes more than 20 minutes:

- Five go by car
- Two go by bus and
- Three walk

Searching via the internet was the most popular way of finding information on a pharmacy for example opening hours and services offered (190 respondents) followed by phoning the pharmacy (87 respondents), looking in the window (68 respondents), and popping in and asking (63 respondents).

When asked if they feel able to discuss something private with a pharmacist the majority either answered yes (53%) or they had never needed to (29%).

83 people had further comments to make on local pharmacy services. There were 45 positive comments, 20 negative comments, nine which were both positive and negative, two comments relating to the dispensary at their GP practice and seven observations.

Themes from the positive comments include:

- Ensuring people feel safe during the pandemic
- Trusted, professional staff
- Friendly staff who know the community and their patients, and often go the extra mile
- Provision of advice

Examples of the positive comments include:

- “Friendly, community service.”
- “The pharmacist at the pharmacy is brilliant”
- “All the staff know me and my family. They know our surname and will get our prescriptions once names are given to them. The pharmacist is always helpful along with all the others that work in here. My daughter has special needs and they are really good with here”
- “The head pharmacy’s is lovely remembers my name even if I’m just in the supermarket”
- “I have been impressed with [Pharmacy] for some time. The staff are professional and still offer a human and caring service at all times.”
- “It’s a nice family run pharmacy”
- “I have been very pleased with the service there, particularly during the Coronavirus outbreak when they made excellent provision.”
- “Great service and knowledgeable staff at [pharmacy]”.
- “The pharmacists are helpful, courteous and deliver medication promptly.”
- “The pharmacist picked up a side effect to meds I was taking when the doctor had not.”
- “Excellent service and very good staff”
- “It is convenient and enables me to get the medicines I need. It is an essential service for me”
- “Excellent Pharmacy who cannot do enough for you. Staff there are lovely, compassionate and look after their customers.”
- “They do a fantastic job and are always very friendly”
- “Our pharmacy in [location] is excellent. The service is good and they are happy to talk things through. There is always a friendly and knowledgeable pharmacist available. They will get specific products for you unlike the bigger pharmacies”
- “The pharmacy I visit is excellent as they value your custom and treat you with respect with regard to your dignity. It is based [location]”
- “Local friendly staff who work hard to engage local community offering as many services as possible.”
- “really friendly staff - on the odd occasion medicine for my daughter has been questioned by the pharmacist as to whether it was suitable for her. Which it turned out not to be so I was grateful for him noticing and questioning! They are all really friendly - it is well stocked.”
- “They reserve items for me if they are low in stock - I usually phone them before I request a repeat prescription for a particular medication”
- “They are very friendly and helpful, but firm with rules and regulations. This gives assurance of their integrity.”
- “My pharmacist knows me and I regularly have controlled drugs which are always in stock and dispensed without problem”
- “My father needs specific brands of medication and the [pharmacy] are always willing to order in and save the stress of buying in the cheapest brand that my father is allergic to. Cannot praise them enough!”
- “Everyone that works in this pharmacy is professional, knowledgeable and friendly”
- “Only what I have mentioned in earlier questions. That they are approachable, professional, and will stay with you to make sure you understand the advice they are giving.”
- “As you will from the survey responses, I have come to know them. They are friendly, efficient and professional. If I have a problem and need simple advice I feel I can rely on their advice.”

- “Very lovely crowd of persons”

With regard to the negative comments, the main themes were length of time for medicines to be ready for collection, slow service, frequent changes of staff, lack of privacy, communications, and issues with stock:

- “I used to go to [pharmacy] but their service was awful - prescriptions not ready 5 days after ordering, luring my prescription etc”
- “Very slow service, medication is either not ready or they cannot find it.”
- “Good services. Sometimes just takes a long time to get your prescription.”
- “Need more space to discuss problems.”
- “I do not like that I am asked to give my name and address, out loud, in a shop full of people. To try and avoid this, I have my name, address and details of my prescription printed on a piece of paper and pass this to the assistant. I am still asked to give my address - out loud - when they have found my prescription. I feel that this is a breach of GDPR and my personal privacy.”
- “they do a great job - its such a shame that the staff at the local surgery don't appear to know when the pharmacy hours are (if you have to use the pharmacy because they won't dispense for you from the surgery). It would be good to have some joined up thinking and some respect for the roles that they both play for the community”
- “Another concern is where the label is stuck over the braille writing on the box. This makes it harder to read for those who are visually impaired unless they are able to remove the label, or someone can do that for them. It would be a good idea if all pharmacies recorded information in the patient medication record about regular patients' disabilities to help provide more appropriate services such as labelling not covering the braille writing.”
- “My local ones are not very friendly and there is no privacy [pharmacy] are better but busier”
- “I use the one attached to the doctor because its convenient. I dislike the pharmacy because errors have been made with the dispensing of medication. I also often see the pharmacist outside on her mobile phone which I feel is unprofessional.”
- “I use the pharmacy because it is in the same building as my GP, however they do not communicate with each other. So if the brand of medication is not in stock, they do not inform me or my GP which has caused issues with needing emergency appointments to get another brand.

They also have no concept of privacy or GDPR. You queue up for your meds in the GP waiting area and to confirm your identity they insist you speak your address and postcode, but they are generally behind the corner wall, so you need to speak loudly, so the whole waiting room can hear your name, address and postcode.

It puts me off discussing any other ailments with them as it would not be a private conversation”

- “It is appalling. Staff rude and service very slow”
- “Certain types of medication have a waiting time to be ordered in.”

Two of the three comments on the dispensary in the respondents' GP practice were positive, although one person expressed concern that there is no facility to discuss what the GP has prescribed.

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

- “I do wish the GP surgery could coordinate its repeat prescription service better with my pharmacy”
- “Provide flu jabs”
- “I cannot speak for the local ones, but my concern about pharmacies in general is that some of them are supplying abortifacient tablets, which kill babies and also have adverse effects on women, and that they compel the staff to go against their consciences by supplying them.”
- “The delivery service is not needed yet but there will come a time when it may be essential. All pharmacies should have this available and not just for the most vulnerable.”

65 respondents were asked to shield during the national lockdown in the Spring/early summer of 2020 due to the Covid-19 pandemic. 75% received their medicines from a pharmacy and 14% from their GP practice and 9% used both a pharmacy and the dispensary at 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 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.

One person had difficulty accessing a particular item that is provided by the manufacturer directly rather than via a pharmacy. Of concern, one person reported that they didn't use the pharmacy to get their medication; they waited until they were well again.

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

212 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

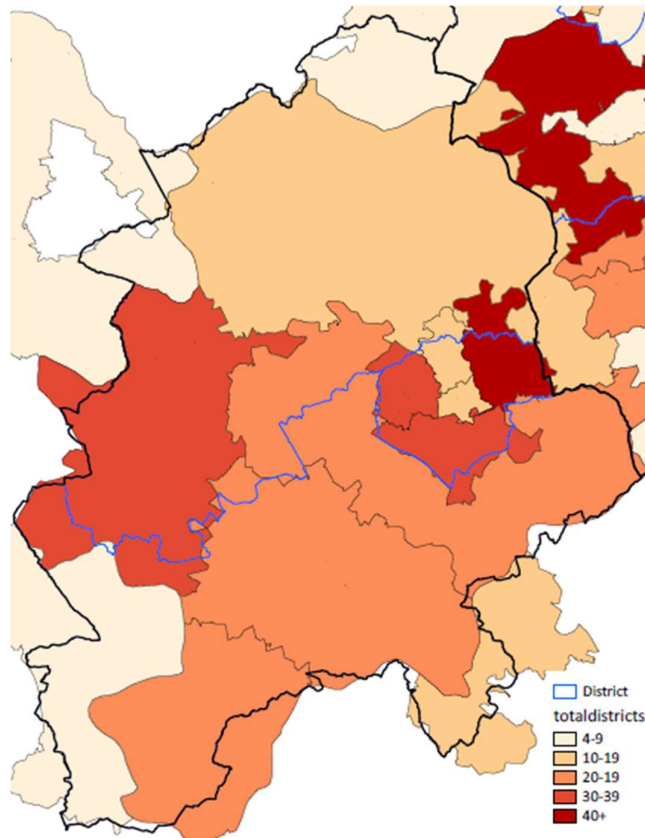
(10% and 7% higher respectively than in 2019) meaning that pharmacies were considerably busier than usual at a time when levels of sickness within pharmacy staff would have been higher than usual. As a result, NHS England and NHS Improvement allowed pharmacies to work “behind closed doors” for certain 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.

Of concern, one person reported that things were so bad they gave up and another advised that their mother had to go one day without her medicines due to them not being ready.

Responses to the questionnaire were received from people living across West Northamptonshire as can be seen from the heat map below, with the highest number of responses coming from those living in:

- NN3 - Abington (East), Bellinge, Blackthorn, Boothville, Ecton Brook, Great Billing, Headlands, Kingsley Park, Lings, Little Billing, Moulton, Moulton Park, Parklands, Rectory Farm, Round Spinney, Southfields, Spinney Hill, Standens Barn, Weston Favell and
- NN4 - Brackmills, Delapré, East Hunsbury, Far Cotton, Grange Park, Great Houghton, Hardingstone, West Hunsbury, Wootton), NN5 (Duston, New Duston Kings Heath, St James, Dallington, Spencer, St Crispins, Upton) and NN11(Braunston, Daventry, Greens Norton, Hinton, Moreton Pinkney, Welton, Lower Shuckburgh

**Map 1 – location of responders**



#### **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 63 pharmacies that were open at the time 15 responded, a response rate of 24% 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 West Northamptonshire Health and Wellbeing Board. Nine respondents confirmed that the opening hours were correct, two chose not to answer the question and six confirmed their opening hours were not correct. They were advised to raise discrepancies with NHS England and NHS Improvement.

With regard to the availability of a consultation room:

- 13 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
- One pharmacy 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 premises and
- 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

For the pharmacies in West Northamptonshire there is one distance selling premises and potentially only one pharmacy who has provided no advanced services. 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 (87%) confirmed that prescriptions for all types of appliances are dispensed from the premises. The remaining responses were as follows:

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

When asked whether they collect prescriptions from GP practices, 14 respondents said that they did and one 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 West Northamptonshire, all but one practice had gone live with the Electronic Prescription Service as of July 2020.

Only one pharmacy said they didn't collect prescriptions from GP practice, however all provide a delivery service to patients. Seven pharmacies provide a delivery service free of charge, and 9 charge patients for the service (it should be noted that two pharmacies provide the service free of charge to some patient groups e.g., the elderly, less able, temporarily incapacitated and housebound, but levy a fee on others). Seven pharmacies confirmed that their delivery service is available to all patients, one restricts it to those in certain postcodes, and another restricts it to certain patient groups.

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.

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

- Arabic
- Bengali
- Chinese
- English
- French
- Gujarati
- Hindi
- Italian
- Persian
- Polish
- Punjabi
- Romanian
- Russian
- Thai
- Twii
- Urdu



- Yoruba

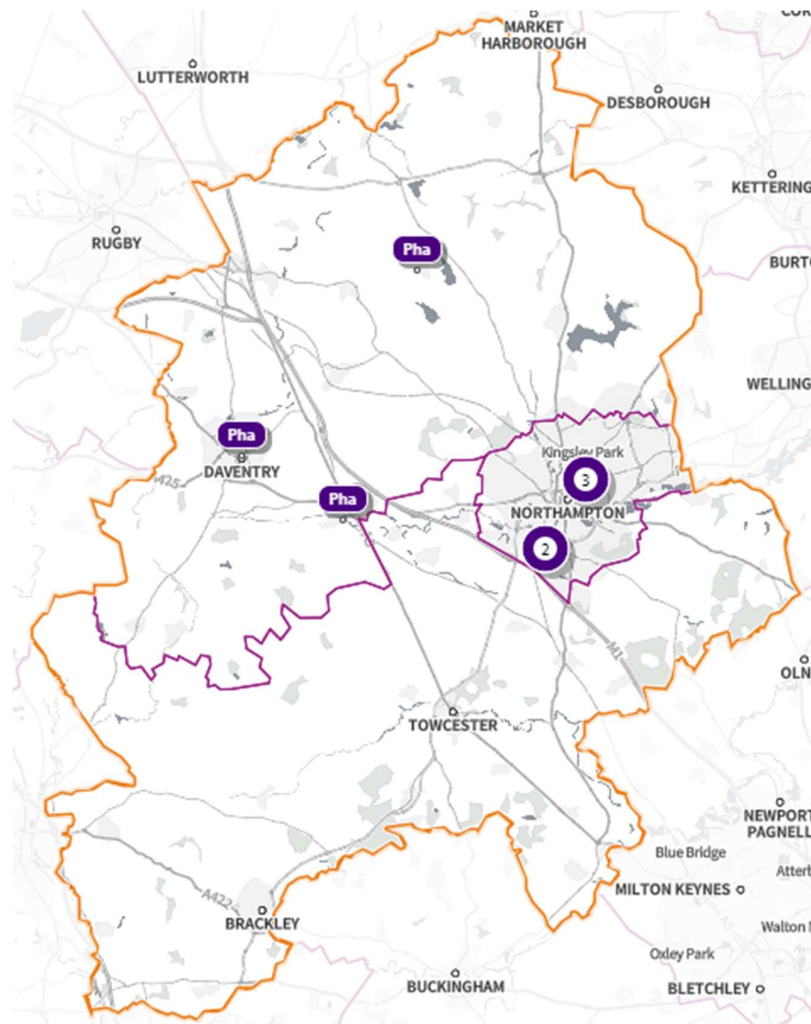
The most commonly spoken languages other than English are Romanian, Italian, Hindi, Gujarati and Polish.

There are currently a number of housing and other developments taking place across West 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 – eight pharmacies (53%)
- Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand – seven pharmacies (43%)

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

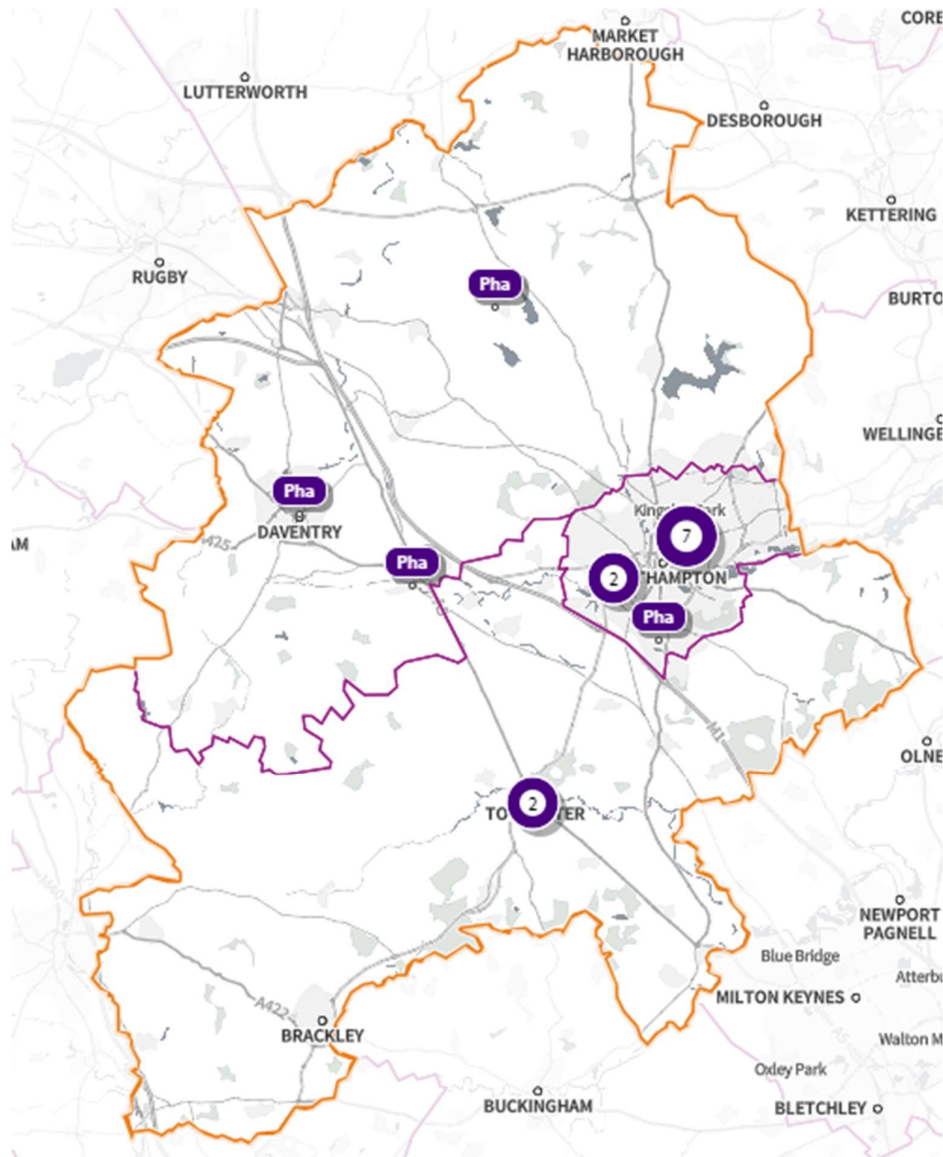
**Map 2 – location of pharmacies reporting sufficient capacity to meet an increase in demand**



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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, increasing staff levels, one-way systems within the premises, restricting the number of people in the premises and introducing 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 13 dispensing practices in West Northamptonshire eight responded, a response rate of 62%. The Health and Wellbeing Board is grateful for the support of the Northamptonshire Local Medical Committee in encouraging contractors to complete the questionnaire.

With regard to the dispensing of prescriptions for appliances:

- Four dispense all types of appliances
- Two do not dispense prescriptions for appliances
- One dispenses all prescriptions other than incontinence appliances and
- One chose not to answer the question

Five practices provide a delivery service, three to all patients, and the other two restrict the service to certain patient groups:

- Housebound patients, patients with particular medical or care needs, patients with transport difficulties
- Patients in the villages the volunteers live in

English is the only language spoken, however two practices made reference to an interpreter service funded by the CCG which presumably covers all GP practices.

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 – four practices
- Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand – three practices

One practice chose not to answer the question.

Six of the practices reported making changes to their dispensing service in order to reduce the risk to patients and staff during the Covid-19 pandemic. These included restricting the number of people within the premises, installation of screens, staff wearing personal protective equipment, text messaging patients to advise when their medicines are ready for collection, ensuring social distancing, and handing out dispensed items via a window.

### **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 West Northamptonshire

### 2.1 Introduction

West Northamptonshire lies at the heart of England, covers 987 1,377.3 square kilometres and is probably best known for one particular industry – shoemaking – and one particular sporting venue – Silverstone: the home of British motor racing.

For almost 900 years Northamptonshire's shoemakers have been making boots and shoes. Back in the 19<sup>th</sup> 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 Church's, Crockett & Jones, Edward Green, George Cleverly, John Lobb and Tricker's in Northampton.

At the end of the Second World War Britain was without a major racetrack but an abundance of airfields, one of which was located outside the village of Silverstone<sup>1</sup>. By 1948 The Royal Automobile Club (RAC) had arranged a one-year lease with the Air Ministry in the spirit of optimism and possibility, which characterised the time. An ex-farmer, James Wilson Brown, was employed by the RAC and given just two months to turn the site from a wartime airfield and farm into a racetrack for the first RAC International Grand Prix.

On the 2nd October 1948 an estimated 100,000 people flocked to see Luigi Villorosi beat a field of 22 others in his Maserati. Hay bales and ropes protected the piggery and crops in the middle of the circuit, and canvas barriers stopped drivers from being distracted by cars coming the other way. Silverstone racing history had begun and since 1987 it has been the home of the British Grand Prix.

Over one million visitors go through its gates each year. It is recognised as a motorsport destination of international significance. It is a lynchpin for high skill and high value enterprises in motor sport and automotive development and, as such, makes an important contribution to the national and local economy.

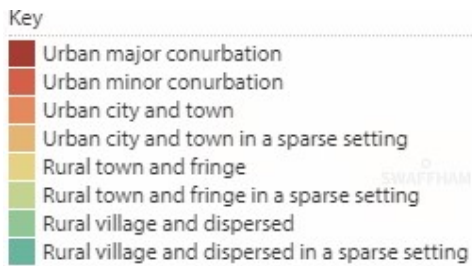
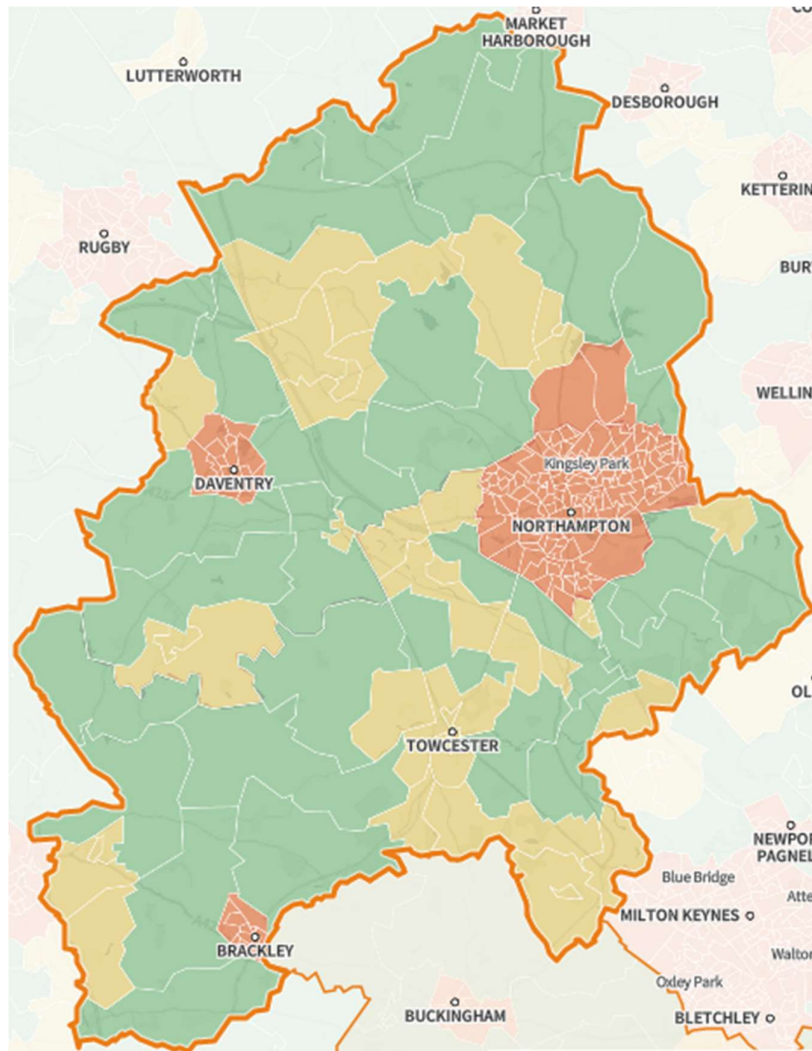
Approximately 65% of the area's population live in 'urban city and town' areas, 24% in areas classified as 'rural town and fringe' and 11% in 'rural villages and dispersed'<sup>2</sup>. A higher proportion of children live in the more urban areas than in the most rural areas. On the reverse, a higher proportion of people aged 65 and over live in the most rural areas compared to the most urban areas, which brings with it challenges in relation to access to services, delivery of services and dispersed populations.

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<sup>1</sup> [Silverstone, the heritage](#)

<sup>2</sup> Office for National Statistics, Census 2011 and mid-2018 population estimates

**Map 4 – West Northamptonshire lower super output areas by urban/rural classification<sup>3</sup>**



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Information in this chapter is taken from the Northamptonshire JSNA documents<sup>4</sup> unless otherwise stated.

<sup>3</sup> Public Health England's [Strategic Health Asset Planning and Evaluation](#) application

<sup>4</sup> [Northamptonshire Joint Strategic Assessment](#)

Appendix L provides an overview of the health and wellbeing of the West Northamptonshire population as at January 2019<sup>5</sup>.

## 2.2 Population

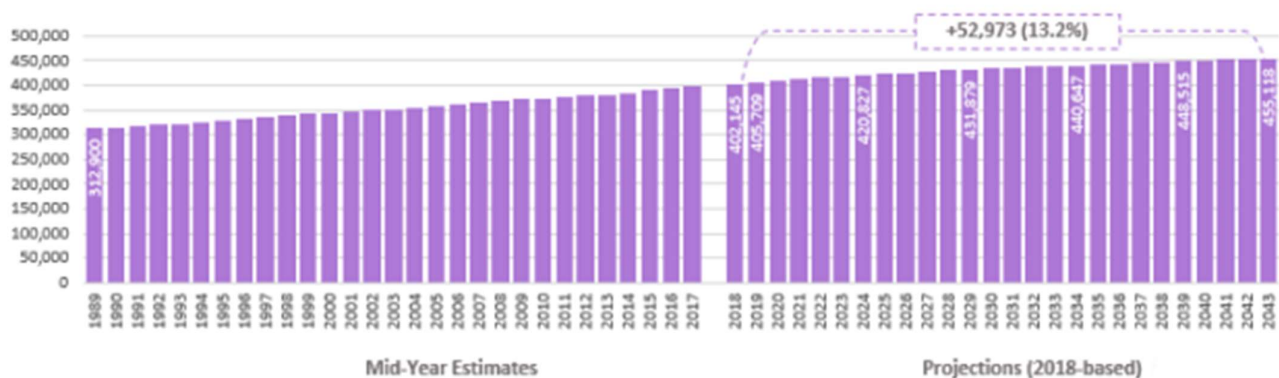
Latest estimates put West Northamptonshire's population at 405,050 (all ages) in 2019 (Office for National Statistics mid-year estimates) with above (national) average population growth in recent decades, though this varies across the area. In the last ten years (2009 to 2019), the population of West Northamptonshire has grown by an estimated 9.1% versus a 7.84% England average. In the last 30 years, the population of West Northamptonshire has increased by 29.5% compared to an 18.4% England average.

**Table 3 - Estimated population growth over the last 30 years**

Locality	Population in 1989	% change over 10 years			Population in 2019	Total growth 1989 to 2019
		10 years to 1999	10 years to 2009	10 years to 2019		
Daventry	62,700	9.9%	12.8%	10.6%	85,950	37.1%
Northampton	181,700	7.7%	6.2%	8.0%	224,610	23.6%
South Northamptonshire	68,500	13.3%	10.4%	10.3%	94,490	37.9%
<b>Total</b>	<b>312,900</b>	<b>6.1%</b>	<b>12.0%</b>	<b>11.6%</b>	<b>405,050</b>	<b>32.6%</b>

It is predicted that the population of West Northamptonshire will continue to grow by 13.2% 2018 to 2043, 52,973 additional people. Daventry is predicted to see a higher growth rate of 29%, with Northampton much lower at 4.3%.

**Figure 10 - Estimated population growth for West Northamptonshire 1989 to 2043**



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

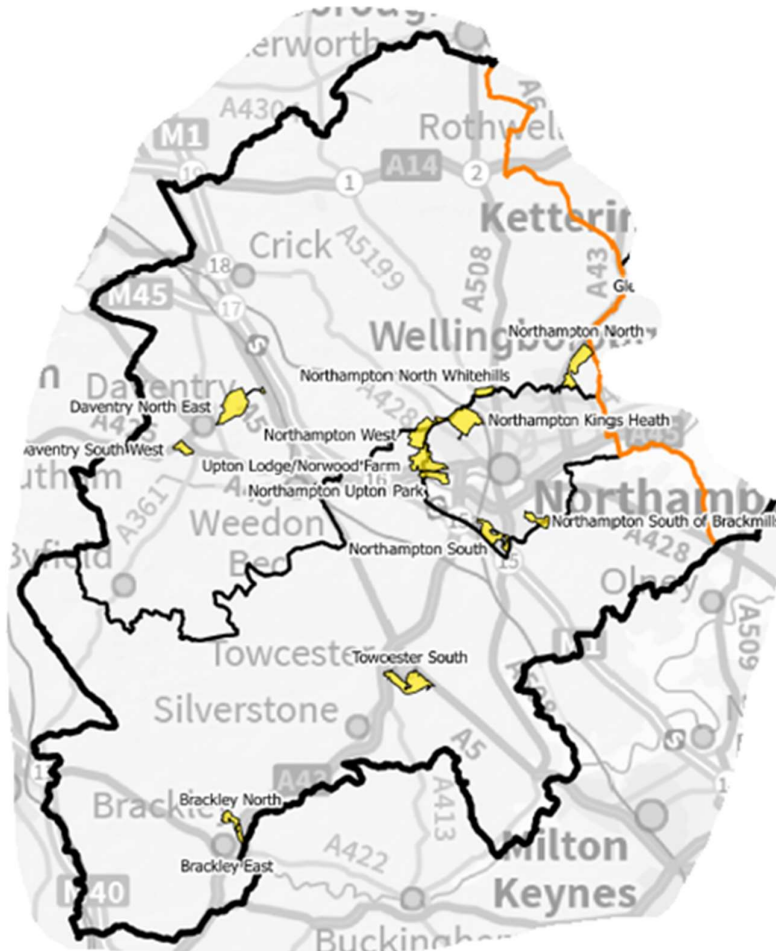
<sup>5</sup> [Director of Public Health Annual Report 2018/19 Northamptonshire](#)

**Table 4 – West Northamptonshire net additional dwelling provision in West Northamptonshire 2001/02 – 2018/19<sup>6</sup>**

Locality	Total housing requirement 2001-2029	Completions 2001-2006	Completions 2006-2011	Completions 2011-2016	Completions 2017-2019	Balance to 2029
Daventry	9,839	1,725	1,129	1,370	1,879	5,615
Northampton	35,108	6,550	4,222	3,533	2,976	20,803
South Northamptonshire	13,183	1,602	1,130	1,671	2,207	8,780
<b>Total</b>	<b>58,130</b>	<b>9,877</b>	<b>6,481</b>	<b>6,700</b>	<b>6,700</b>	<b>35,072</b>

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

**Map 5 – West Northamptonshire’s Sustainable Urban Extensions/key housing development sites<sup>7</sup>**



<sup>6</sup> [Joint Authorities Monitoring Report for Local Plans in West Northamptonshire 1st April 2018 – 31st March 2019](#)

<sup>7</sup> [West Northamptonshire Joint Core Strategy Local Plan \(Part 1\)](#)



As can be seen, Northampton is the focus of growth and new development in West Northamptonshire with eight of the twelve Sustainable Urban Expansions and comprising overall 16,850 new dwellings and supporting community infrastructure.

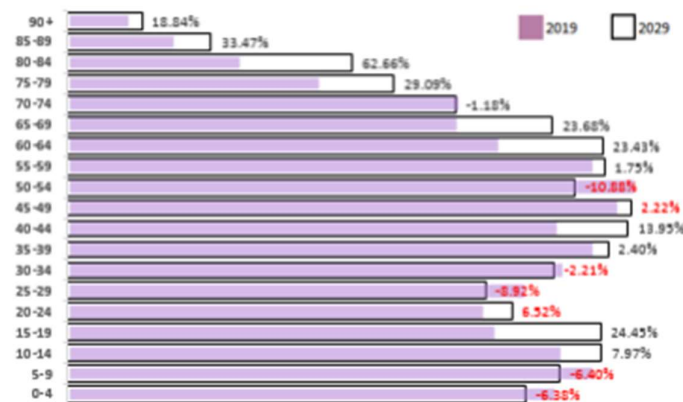
Accompanying these housing developments there are three highways developments which aim to address current traffic issues and accommodate the anticipated traffic growth in the coming years.

- Northampton Northwest relief road – required to service the Sustainable Urban Extensions of Northampton North Whitehills, Northampton Kings Heath and Upton Lodge/Norwood Farm. Planning permission was granted in September 2020
- Sandy Lane relief road (Northampton) - required to service the Sustainable Urban Extensions of Northampton West, Northampton North Whitehills, Northampton Kings Heath and Upton Lodge/Norwood Farm
- Towcester A5 relief road – required to deliver housing and employment development at the Towcester South Sustainable Urban Extension and to enable the re-routing of heavy goods vehicles and other through traffic away from the town centre. Due to start in early 2020 at the time of writing (November 2020) little progress has been made

It is predicted that in the next ten years the population groups with the biggest increases in West 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 11 - Year on year changes between 2019 and 2029 for each five-year age group**

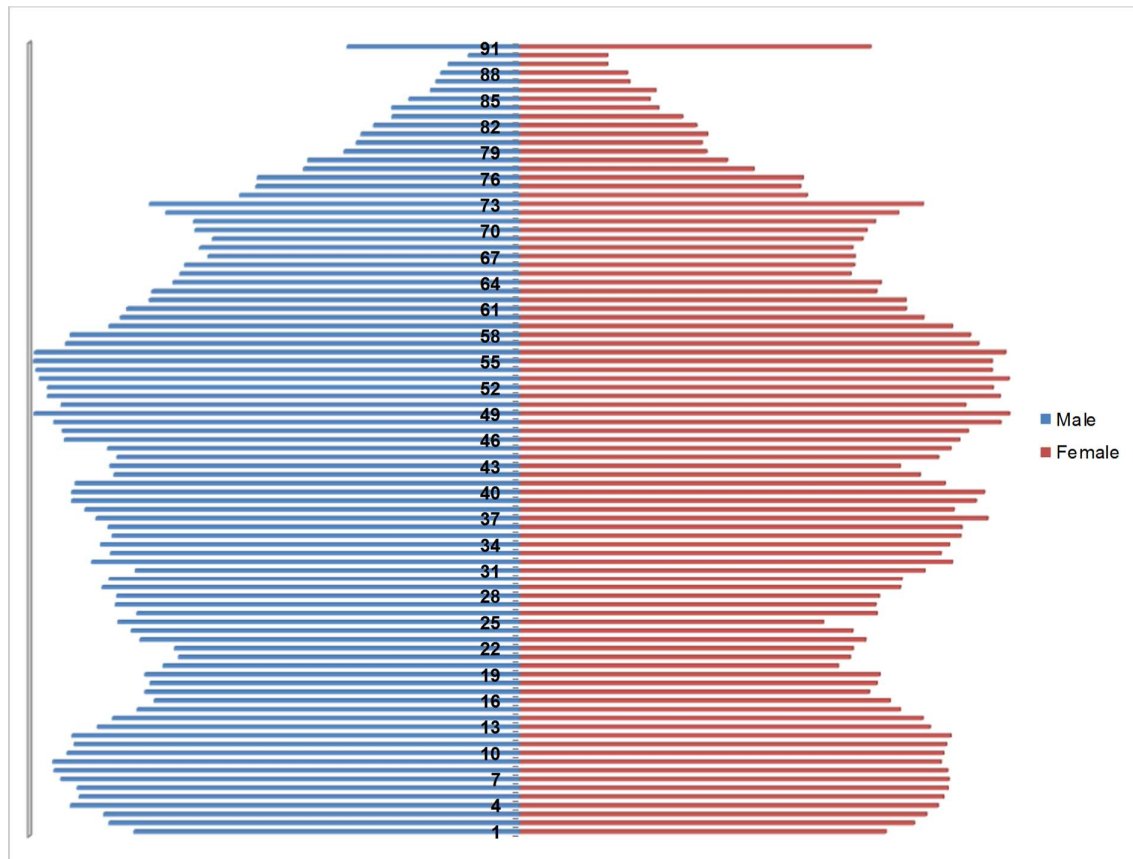


The population pyramid for West Northamptonshire reflects the events that have affected the structure of the UK population in 2019, namely:

- 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 West Northamptonshire in 2020.

**Figure 12 – West Northamptonshire projected population pyramid 2020**



In terms of broad dependant groups, it is estimated that West 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<sup>8</sup> details the latest data (2011 Census) with regard to the ethnic structure of West Northamptonshire. It shows that within the Health and Wellbeing Board's area, the majority of the population in 2011 (94%) fell within the White ethnic group. The remaining 6% are residents who describe themselves as:

- Asian/Asian British – 3%
- Mixed/multiple ethnic groups – 2%

<sup>8</sup> [Equality Duty Information Report for Northamptonshire 2020](#)

- 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 lowest in South Northamptonshire at +18%.

**Figure 13 – Ethnic groups by percentage by locality<sup>9</sup>**

Area Name	Total (000s)	White British	All Other White	Mixed / Multiple ethnic groups	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group
Daventry	81	91.4%	4.9%	2.5%	1.2%	0.0%	0.0%
Northampton	225	76.9%	12.0%	1.3%	3.6%	5.3%	0.9%
South Northamptonshire	88	97.7%	2.3%	NA	NA	NA	NA

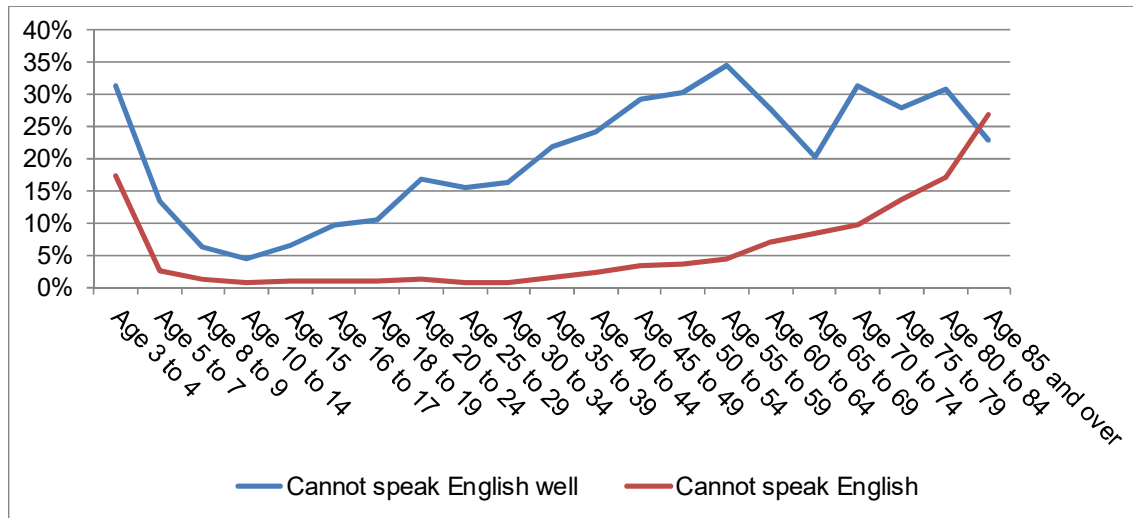
## 2.4 Household language

The number of residents in West Northamptonshire for whom English is not their main language was 46,726 at the 2011 Census, with 9,154 or 19.5% not able to speak English well and 1,284 or 2.7% not able to speak English at all<sup>10</sup>. 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.

<sup>9</sup> [ONS Population characteristics research tables December 2019](#)

<sup>10</sup> [ONS Census 2011 DC2105EW – proficiency in English by age](#)

**Figure 14 – Proficiency in English by age**



According to the 2011 Census, English was the main language of West Northamptonshire residents based on the combination of adults and children aged three years of age and older (93.5%)<sup>11</sup>. The next seven most commonly spoken languages were:

- Shona – 1.7%
- Mandarin Chinese – 0.5%
- Malayalam – 0.3%
- Tagalog/Filipino – 0.3%
- Kurdish – 0.2%
- Turkish – 0.2%
- Welsh – 0.2%

There is variation at locality level with fewer people who have English as their main language in Northampton (90%) and more people in South Northamptonshire (99%). However, Shona is the second most spoken language across all localities.

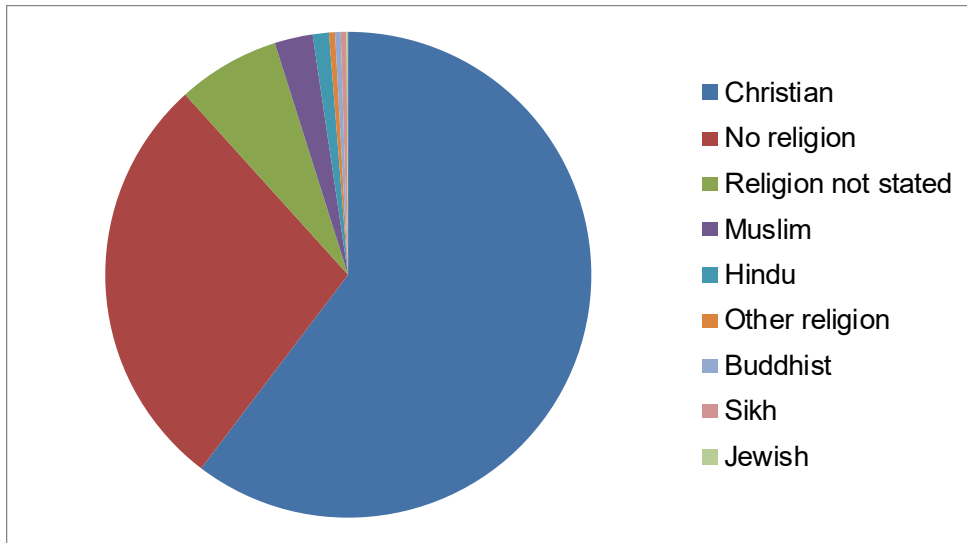
## 2.5 Religion

In 2011, 60% of West Northamptonshire’s population was made up of residents who stated that they followed one of the main six religions and 28% stated that they followed no religion<sup>12</sup>.

<sup>11</sup> [ONS Census – QS204EW main language](#)

<sup>12</sup> [ONS Census – KS209EW religion](#)

**Figure 15 – religion distribution in West Northamptonshire**

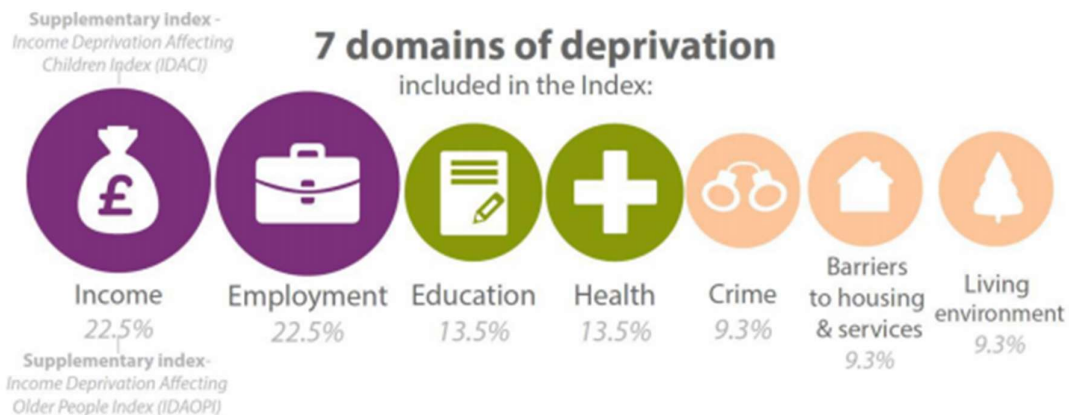


## 2.6 Index of multiple deprivation<sup>13</sup>

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 228 within West 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 16 – the seven domains of deprivation**



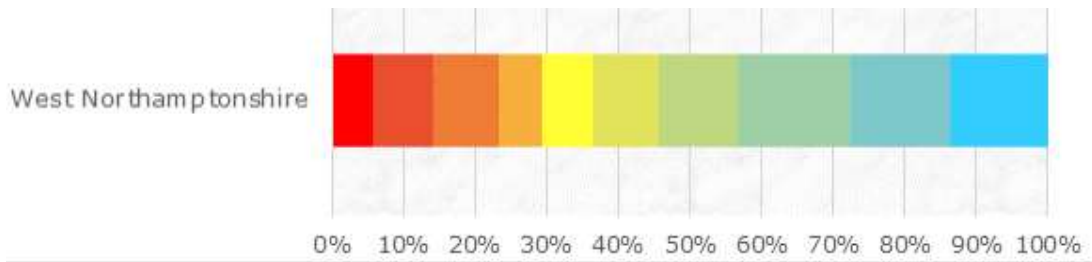
<sup>13</sup> [Index of Multiple Deprivation \(IMD\) 2019 Profile West Northamptonshire \(Proposed Unitary\)](#)

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%.

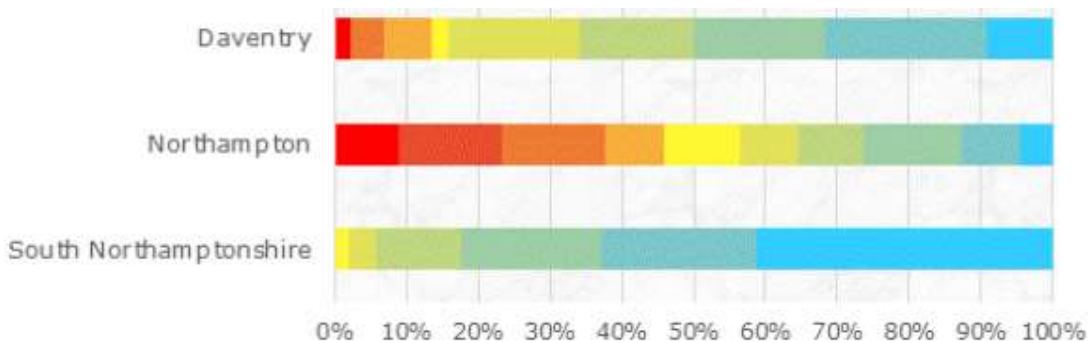
A key definition of deprivation used by local authorities is those areas (and their residents) which fall within the top 20% most deprived Lower Super Output Areas nationally (i.e. deciles 1 and 2 nationally). In the figures and map below, the most deprived Lower Super Output Areas are shown in hot colours (reds and oranges) while the least deprived are shown in cool colours (greens and blues).

There are 228 Lower Super Output Areas in West Northamptonshire. Of these, 13 Lower Super Output Areas are amongst the top 10% most deprived in England and 19 fall within decile 2 nationally. Thus, 32 (14%) of the Lower Super Output Areas in West Northamptonshire are amongst the top 20% most deprived nationally. The equivalent figures in 2015 were 17, 21, 38 and 16.7% respectively, although 12 Lower Super Output Areas have moved within, into or out of this group. 31 of the 2019 deprived Lower Super Output Areas are found in Northampton. 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 West Northamptonshire and at locality level.

**Figure 17 – West Northamptonshire Lower Super Output Area distribution by Index of Multiple Deprivation 2019**



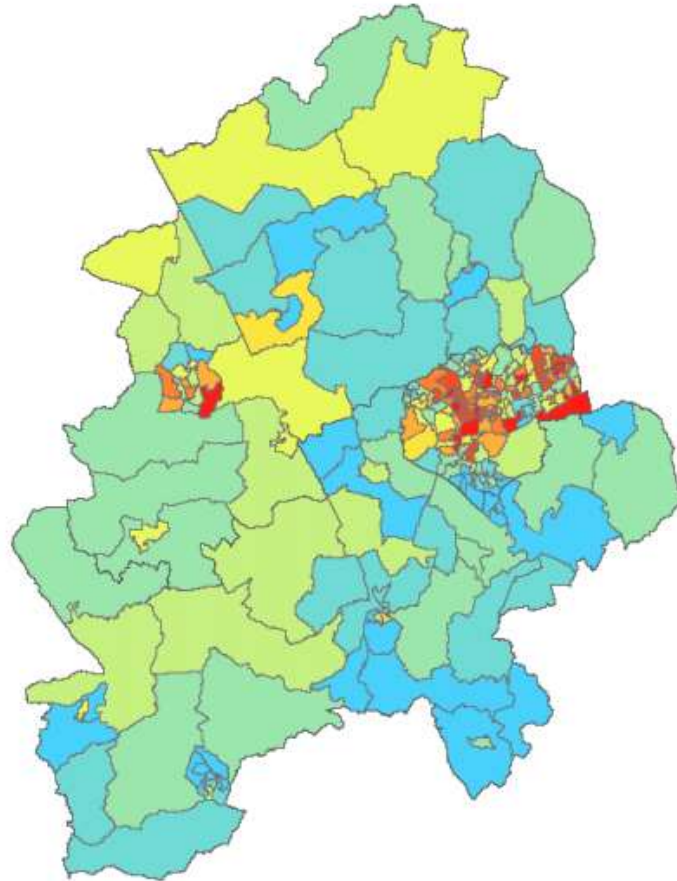
**Figure 18 – Locality Lower Super Output Area distribution by Index of Multiple Deprivation 2019**



It is clear that Northampton contains a greater proportion (23.3%) of deprived Lower Super Output Areas (deciles 1 and 2) than the 20% national division. The only other Lower Super Output Area falling within deciles 1 and 2 can be found in Daventry.

The map of West 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, 26 worsened by one decile and two worsened by two or more deciles. However, only one Lower Super Output Area moved from decile 2 to decile 1:

- Northampton – St Andrews Hospital, Rushmere Road

No Lower Super Output Area moved into deciles 1 and 2 from a less deprived area.

The two Lower Super Output Areas which have worsened by two or more deciles:

- Northampton – Boothville: Lumertubs Land, Queenswood Avenue – moved from decile 8 to decile 5
- Northampton – St Crispins, Berrywood – moved from decile 8 to 6

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.

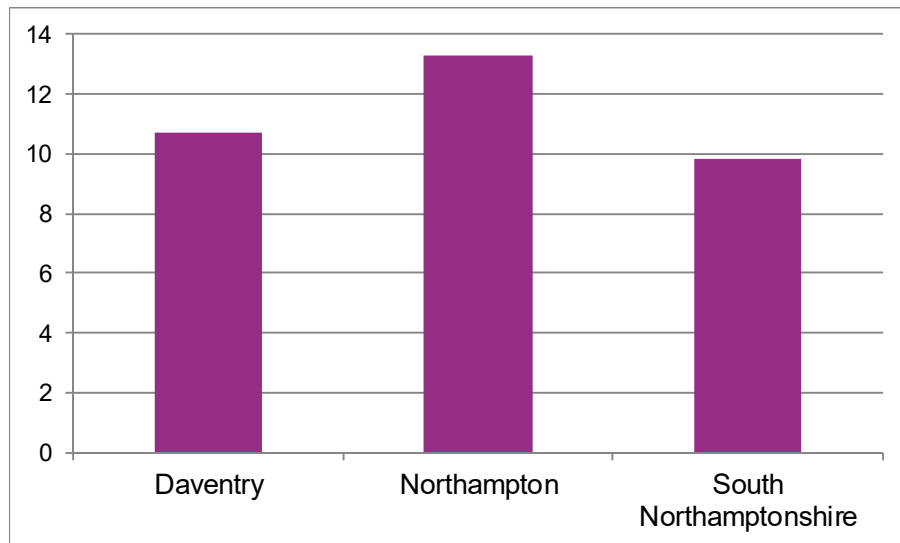
There is a higher proportion of children and young people living in deprived areas than in non-deprived areas. Conversely, there is a lower proportion of older people living in deprived areas than in non-deprived areas.

## 2.7 Births<sup>14</sup>

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 West Northamptonshire the live birth rate in 2018 (latest data)<sup>15</sup> was 11.3 per 1,000 population (all ages), only slightly above the national average of 11.2. However, this varied between Northampton with a birth rate of 13.3 per 1,000 population and South Northamptonshire at 9.8 per 1,000 population.

**Figure 19 - Rate of live births per 1,000 total population in 2018**



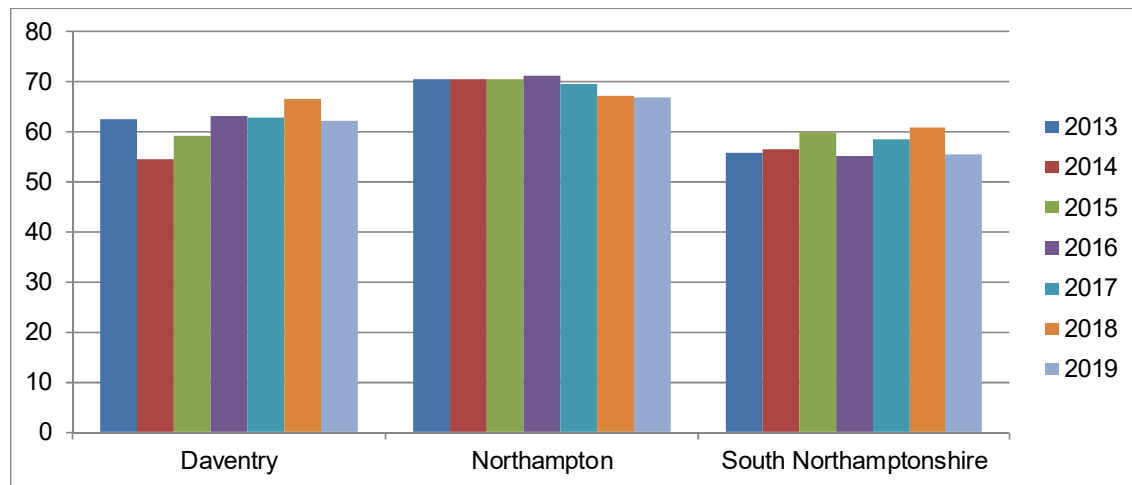
In the past seven years the General Fertility Rate has been consistently above the regional and national averages, with the highest rates in the more urban Northampton locality. However the latest available data (2019) shows a general decline compared to 2018, albeit this is less pronounced for Northampton.

<sup>14</sup> [Demography JSNA Insight Pack 2020](#)

<sup>15</sup> [ONS birth characteristics](#)



**Figure 20 – General fertility rate 2013 to 2019**



## 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. Northampton has the lowest level of life expectancy for both men and women.

**Table 5 – Life expectancy at birth**

	Male	Female
<b>Daventry</b>	81.2	83.1
<b>Northampton</b>	78.7	82.3
<b>South Northamptonshire</b>	81.4	84.6
<b>England</b>	79.8	83.4

When compared to the average for England life expectancy in Northampton is 1.1 years lower for males and 0.6 years for females.

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

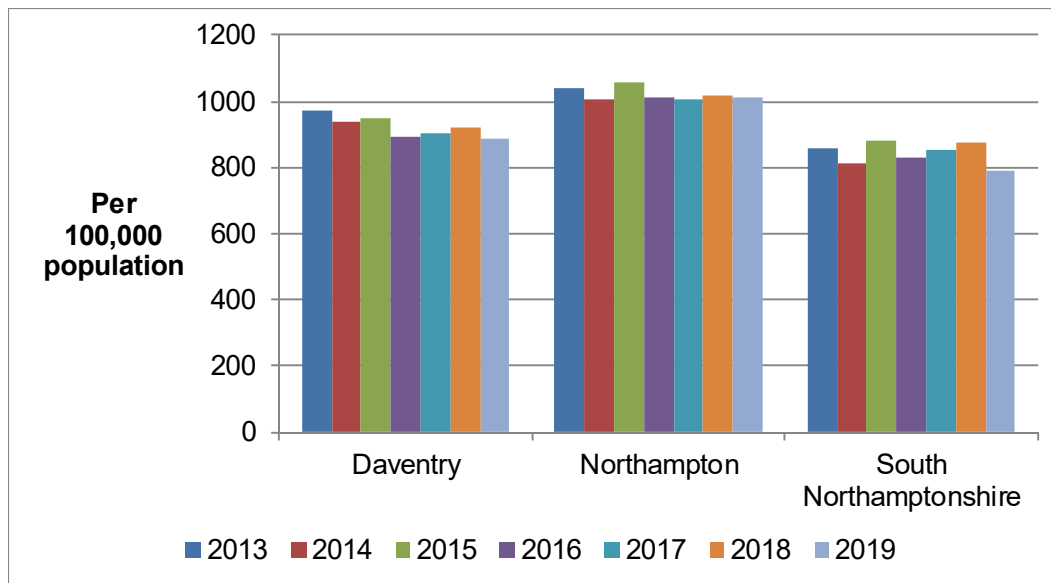
- Daventry – 4.2 years for males and 2 years for females
- Northampton – 8 years for males and 5.2 years for females
- South Northamptonshire – 2.4 years for males and 2.3 years for females

## 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 figure below shows how the age-standardised mortality rate has changed across West Northamptonshire 2013 and 2019. Daventry has seen the largest reduction over this period from 973.84 per 100,000 in 2013 to 885.33 per 100,000 in 2019, although South Northamptonshire has seen the largest reduction between 2018 and 2019 (874.99 to 792.76 respectively).

**Figure 21– age-standardised mortality rate 2013-2019<sup>16</sup>**



## 2.10 People with disabilities<sup>17</sup>

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
- 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.

<sup>16</sup> [NOMIS mortality statistics – underlying cause, sex and age](#)

<sup>17</sup> [Northamptonshire Adults with disabilities Joint Strategic Needs Assessment 2017](#)

Information on the number of adults with a disability in West 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
Daventry	13,500	212.2	89	11
Northampton	33,000	192.8	88	12
South Northamptonshire	14,800	212.1	89	11

## 2.11 Households

The total number of households in West Northamptonshire at 2011 Census was 155,095 of which:

- 67.6% were owned (highest in South Northamptonshire at 76.3% and lowest in Northampton at 62.7%)
- 14.8% were socially rented (highest in Northampton at 17% and lowest in South Northamptonshire at 10.1%)
- 15.1% were privately rented (highest in Northampton at 17.8% and lowest in South Northamptonshire at 11.1%)
- 1.1% were in shared ownership i.e. part owned and part rented (highest in Northampton at 1.3% and lowest in Daventry at 0.9%) and
- 1.3% were living rent free i.e. living in a property owned by another party without paying rent (highest in South Northamptonshire at 1.5% and lowest in Northampton at 1.2%)<sup>18</sup>

Of these 155,095 households:

- 43,265 or 28% were occupied by one person (on average 38% of these households are occupied by one person aged 65 of over)
- 101,180 or 65% are occupied by a family, and
- 10,650 or 7% are 'other households'<sup>19</sup>

## 2.12 Car ownership<sup>20</sup>

According to the 2011 Census data:

- 18.5% of the households in West Northamptonshire did not have a car or van
- 40% have one car or van
- 31% have two cars or vans
- 7.5% have three cars or vans, and
- 3% have four or more cars or vans

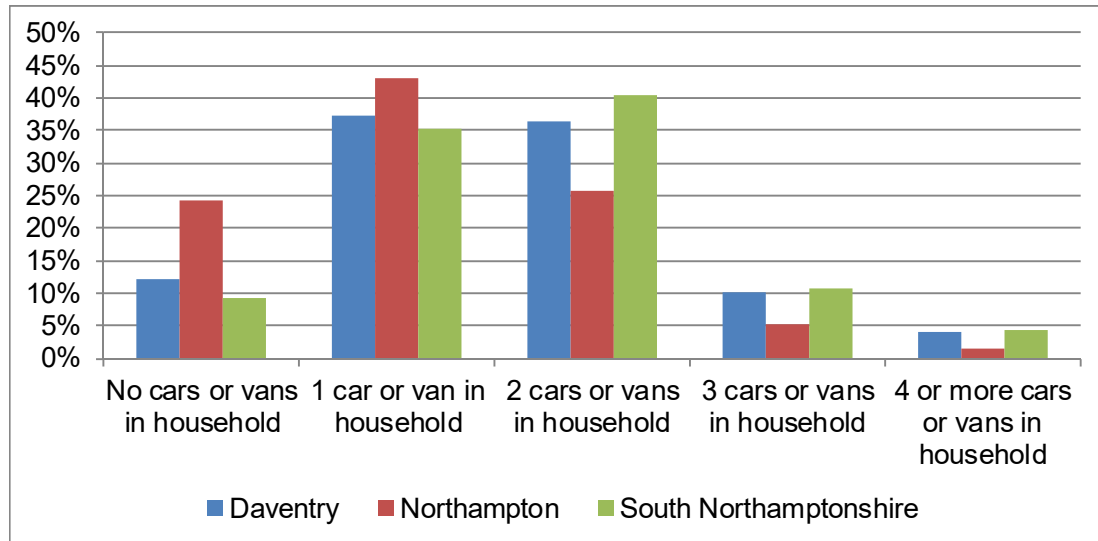
<sup>18</sup> [Nomis KS402EW Tenure](#)

<sup>19</sup> [Nomis KS105EW Household composition](#)

<sup>20</sup> [Nomis KS404EW Car or van availability](#)

The figure below shows the variation at locality level. As may be expected the level of car/van ownership in the more rural localities is higher than Northampton and is a reflection on the reduced level of public transport available.

**Figure 22 – car or van availability at locality level**



### 2.13 Economic activity<sup>21</sup>

For those who reported themselves as economically active at the 2011 Census (74.3% of the population):

- Employee: part-time – 18.6%
- Employee: full-time – 58.2%
- Self-employed – 13.5%
- Unemployed – 5.1%
- Full-time student – 4.7%

For those who reported themselves as economically inactive (25.7% of the population):

- Retired – 49.9%
- Student (including full-time students) – 16.5%
- Looking after home or family – 14.4%
- Long-term sick or disabled – 11.8%
- Other – 7.4%

### 2.14 Sexual orientation<sup>22</sup>

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

<sup>21</sup> [Nomis KS601EW Economic activity](#)

<sup>22</sup> [Northamptonshire County Council Equality Duty Information Report 2020](#)

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.

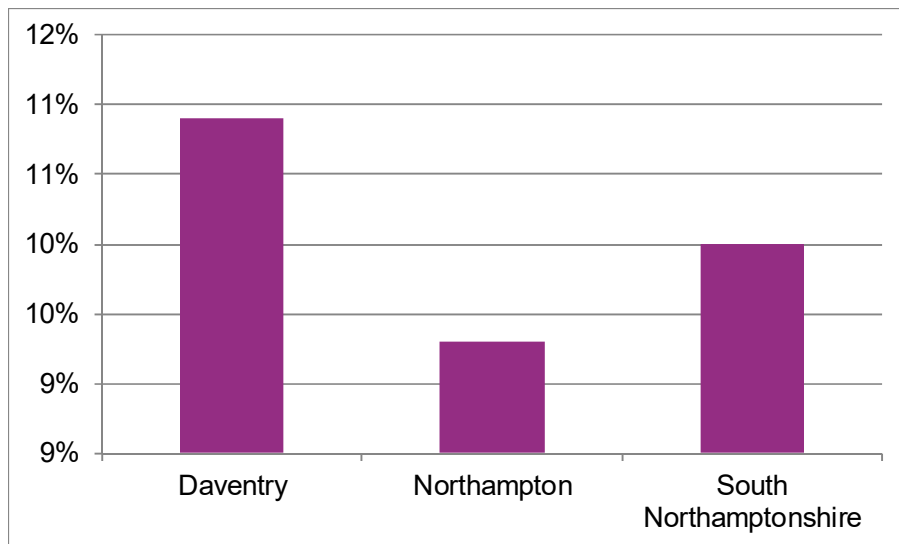
Applying the rates from the Annual Population Survey to the West Northamptonshire adult population would suggest there may be 6,796 who identify themselves as gay, lesbian, bisexual or other.

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 36,889 unpaid carers in West Northamptonshire. Of these, 681 are aged 15 or younger and 7,546 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<sup>23</sup> and applying it to the latest population estimate from the Office of National Statistics (Mid 2019)<sup>24</sup>.

**Figure 23 – proportion of carers in the general population from the 2011 census**



Of these 36,889 carers:

- 68% provide unpaid care for one to 19 hours per week
- 12% provide unpaid care for 20 to 49 hours per week and
- 20% provide unpaid care for 50 or more hours per week

<sup>23</sup> [Nomis LC3304EW provision of unpaid care by age](#)

<sup>24</sup> [ONS Estimates of the population for the UK](#)

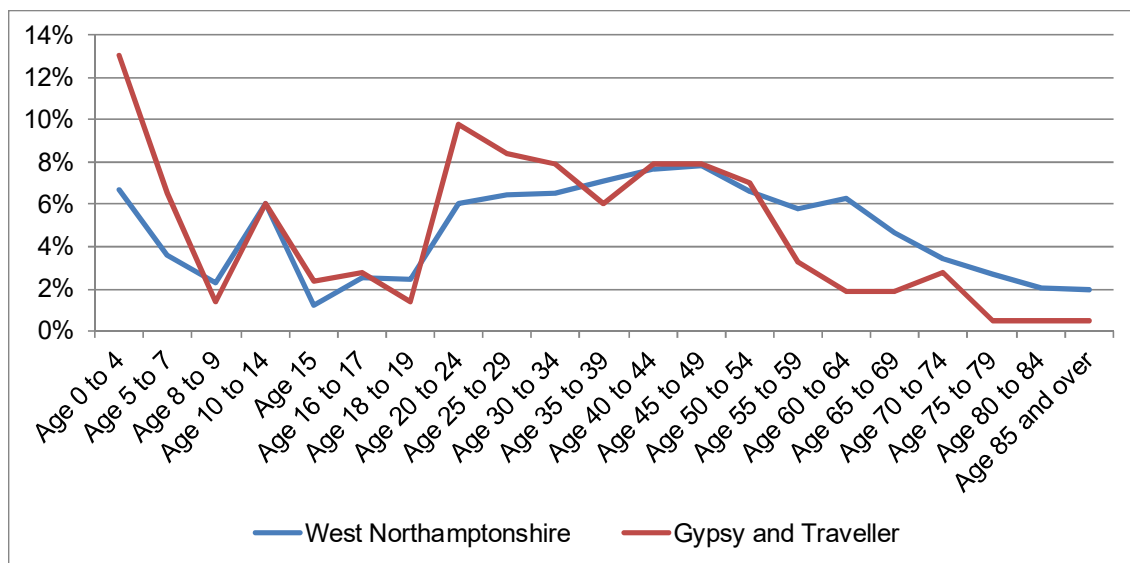
## 2.16 Traveller and gypsy communities

The Gypsy and Traveller Community both nationally and in West Northamptonshire is a small group. Census data for 2011 suggests the Traveller community makes up less than 0.1% of West Northamptonshire’s population – just over 200 residents – although anecdotally it has been suggested that this represents only one-third of the true figure.

The West Northamptonshire Traveller’s Accommodation Needs Study (January 2017<sup>25</sup>) identified five Gypsy or Traveller households that met the planning definition, all based in South Northamptonshire.

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

**Figure 24 - Age profile for West Northamptonshire population and traveller community 2011<sup>26</sup>**



## 2.17 Offenders<sup>27</sup>

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

The first is the prison population of West Northamptonshire. The county has two Category 3 prisons, Onley and Rye Hill. As of September 2020, the population of incarcerated offenders

<sup>25</sup> [West Northamptonshire Traveller’s Accommodation Needs Study](#)

<sup>26</sup> [Nomis DC2101EW Ethnic group by sex by age](#)

<sup>27</sup> [Northamptonshire offenders and ex-offenders JSNA 2014](#)

in these two prisons stood at 1,302, with the potential operational capacity of 1,406<sup>28</sup> so any increase in actual numbers using the current facilities is minimal.

Data from HMP Onley's needs Assessment and from a questionnaire given to new arrivals at HMP Rye Hill shows the demographic of the two prisons in West Northamptonshire is very different. HMP Onley houses a population that is representative of the wider prison population whereas HMP Rye Hill houses older prisoners with longer sentences. The prisoners held at Onley are more likely to fit the traditional offender profile (young, male, chaotic lifestyle, unhealthy relationship with drugs and alcohol, high likelihood of mental health and learning disabilities, unemployment) whereas the offenders housed in HMP Rye Hill are more likely to have had a more stable lifestyle, more engagement with education, less likely to have taken drugs or had an alcohol problem and more likely to have been employed.

People under 18 who are sentenced to custody are sent to secure centres for young people, not to adult prisons. Rainsbrook Secure Training Centre is one of three purpose-built centres designed to accommodate up to 87 male and female young people between the ages of 12 and 18 who are either serving a custodial sentence or are remanded to a secure facility.

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 heritage 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

## **2.18 Homeless and rough sleepers**

In recent years West Northamptonshire has seen significant increases in homelessness. The increase in homelessness approaches and overall waiting list numbers reflects a growing demand for affordable housing.

In Daventry, between 2013/14 and 2016/17 the number of households that made a homelessness approach remained broadly steady however there was a significant increase in 2017/18 when applications more than doubled. There has been a considerable increase in the number of homelessness applications since the introduction of the Homelessness Reduction Act 2017 in April 2018.

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<sup>28</sup> [Prison population figures: 2020](#)

The largest single priority need group assessed as eligible for assistance and homeless or threatened with homelessness in the last few years has consistently been those single parent households. The 25-44 age group continues to be the largest cohort in relation to being accepted as statutorily homeless<sup>29</sup>.

The number of homeless households in Northampton for whom Northampton Borough Council has accepted a rehousing duty has also increased significantly over the past few years. Together with a severe shortage of suitable move-on accommodation, this has resulted in a large increase in the number of homeless households (families and single people) living in temporary accommodation.

There are two main causes of this:

- Diminishing affordability in the private rented sector and the structural problems that are making it difficult for households on a low income to access the private rented sector and
- The year-on-year decline in general needs social lettings and households' reducing access to affordable housing

Violent and non-violent relationship breakdown remains a main cause of homelessness. In line with the main causes of homelessness, most of the households approaching the Council when they are threatened with homelessness are living in the private rented sector or living with family or friends. The profile of the households approaching the Council for assistance under the homelessness legislation is disproportionately young (compared to all residents of Northampton) and disproportionately likely to be headed by a female main applicant. A notable aspect of the demographic profile of approaching households is the prevalence of single main applicants; only 17% had a partner in their household. A large minority of main applicants were in work (41%). Three quarters of households had no recorded support needs. Structural homelessness (trends in unemployment and poverty, the housing market, the structure of the economy generally, and large-scale social policies) appears to be a bigger driver for approaching households than unmet support needs and personal causes of homelessness<sup>30</sup>.

South Northamptonshire has also seen an increase in the level of homelessness. Between 2015 and 2018, over two-thirds of the households accepted as homeless were families with children, with those headed by lone parent females being the largest proportion. Single person households made up approximately one fifth of the total accepted households in 2015 and 2016 but this had fallen to 14% in 2017.

The main reasons for homelessness are:

- Ending of assured shorthold tenancy
- Family/friends no longer willing or able to accommodate and
- Relationship breakdown, including violent relationship breakdown

Between 2015 and 2018 the largest proportion of homeless acceptances in each year was from households aged 25-44 years old followed by 16-24-year-olds. Very few households aged 60+ are accepted as homeless as it is generally possible to deal with household need from this age range through the register.

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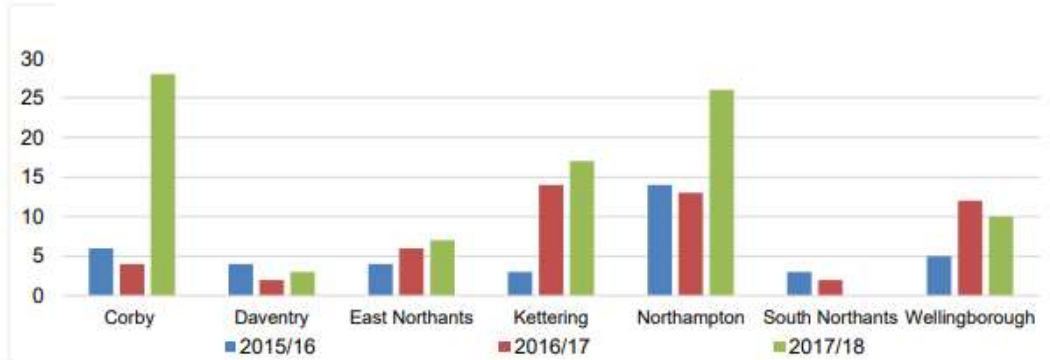
<sup>29</sup> [Daventry District Council Homelessness and Rough Sleeping Strategy 2020](#)

<sup>30</sup> [Northampton Homelessness and Rough Sleeping Strategy 2020-23](#)



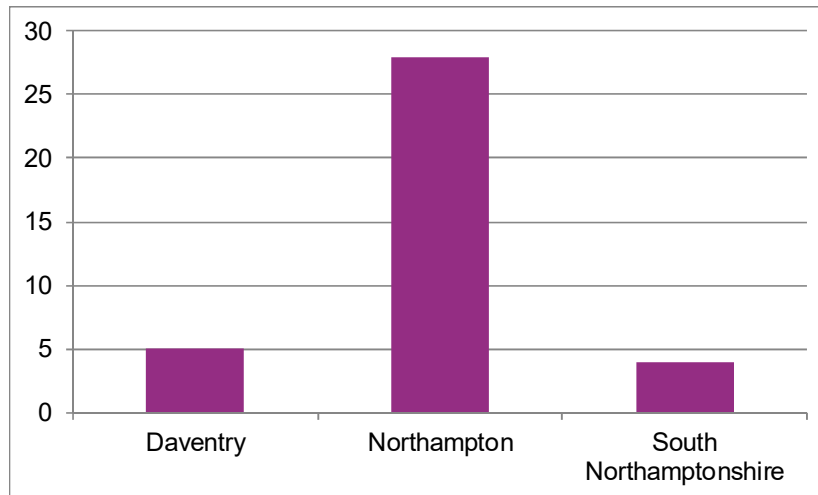
Across Northamptonshire there was an increase in street homelessness of 135% over the three years to January 2019. As shown in the following figure (taken from a report on Homelessness and Rough Sleeping to the Northamptonshire Safeguarding Adults Board in September 2019) Northampton is particularly under pressure from increasing levels of rough sleeping between 2015/16 and 2017/18<sup>31</sup>.

**Figure 25 – street homelessness by locality**



Within West 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 Northampton as opposed to rural parts of West Northamptonshire. Rough sleeping does occur in small numbers in Daventry, but figures are unrealistic and there is potential for there to be more rough sleepers than the figures show, as some may remain unseen.

**Figure 26 – rough sleeper count 2019<sup>32</sup>**



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

<sup>31</sup> [South Northamptonshire Homelessness and Rough Sleeper Strategy 2018-2020](#)

<sup>32</sup> [Rough sleeping snapshot in England: autumn 2019, Ministry of Housing, Communities & Local Government](#)

## 3 General health needs of West Northamptonshire

### 3.1 Northamptonshire Joint Strategic Needs Assessment

West 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<sup>33</sup> 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 West 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

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<sup>33</sup> [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 West 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, and the incidence of cancer is higher in the more deprived urban areas of Northampton than in the areas of lower deprivation in rural West Northamptonshire.

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 West Northamptonshire, as at 31 March 2020 there were 12,585 people included in the cancer register maintained by their GP practice, a prevalence of 3%<sup>34</sup>. Prevalence rates vary across West Northamptonshire practices from 0.69% (a practice in Northampton) to 4.38% (a practice in South 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. Northampton's mortality rates from cardiovascular disease are significantly worse than the average for England, while Daventry's and South Northamptonshire's are significantly better than average.

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

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.

22,640 people aged 17 and over registered with a GP practice in West Northamptonshire in 2019/20 were recorded with a diagnosis of diabetes on a primary health care disease register, a prevalence of 6.6%. This is below the average diagnosed diabetes prevalence of 7.08% for England<sup>35</sup>. Finding and treating those residents with potentially undiagnosed diabetes is a priority.

There are substantial differences in the recorded prevalence of diabetes between practices in West Northamptonshire (ranging from a low of 3.44% to 8.92%), suggesting more

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<sup>34</sup> [Quality and Outcomes Framework , 2019-20, NHS Digital](#)

<sup>35</sup> [Quality and Outcomes Framework , 2019-20, NHS Digital](#)

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 (excluding Corby) are similar to national rates<sup>36</sup>. However, in 2018/19 people living in Northamptonshire with diabetes were 116% more likely than people without diabetes to have a heart attack (the figure for England is 86.9%). People with diabetes were also 65.5% more likely to have a stroke (the figure for England is 58.5%).

### **3.1.4 Mental health<sup>37</sup>**

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 the rate in Northampton (11.6 per 100,000) for the period 2017 to 2019 is higher than both Daventry (6.2) and South Northamptonshire (9.6)<sup>38</sup>.

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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<sup>36</sup> [Public Health England Diabetes profile 2020](#)

<sup>37</sup> Joint Strategic Needs Assessment mental health chapter published in 2013 and the [Northamptonshire County Council Mental Health Summary Profile](#) published in January 2016

<sup>38</sup> [Public Health England public health profiles](#)

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<sup>39</sup>.

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<sup>40</sup>.

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. 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 43,782 people (aged 16 and over) are on GP practices' depression registers, a prevalence of 13%<sup>41</sup>. At a practice level prevalence varies between 7.93% (a practice in South Northamptonshire) and 19.52% (a practice in Northampton).

### **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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<sup>39</sup> [National Institute for Health and Care Excellence \(NICE\). Common mental health problems: identification and pathways to care. NICE Guidelines \[CG123\].](#)

<sup>40</sup> Severe Mental Illness. Report of the working group to the Department of Health. (2000) National Centre for Health Outcome Development

<sup>41</sup> [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.

According to GP quality and outcome framework figures for 2019/20 a total of 6,761 people (aged 16 and over) are on West Northamptonshire GP practices' chronic obstructive pulmonary disease registers, a prevalence of 1.6%<sup>42</sup>. At a practice level prevalence varies between 0.89% and 2.60%. 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 27,106 people (aged 16 and over) on the GP practices' asthma registers, a prevalence of 6%. At a practice level prevalence varies between 2.97% and 8.08%.

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. In West Northamptonshire, Daventry has seen an increase in the proportion of smokers from 2017 to 2018.

### **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 20.4% for England)<sup>43</sup>.

However in 2019 there was considerable variation at locality level in the number of 15- to 24-year-olds screened:

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<sup>42</sup> [Quality and Outcomes Framework , 2019-20, NHS Digital](#)

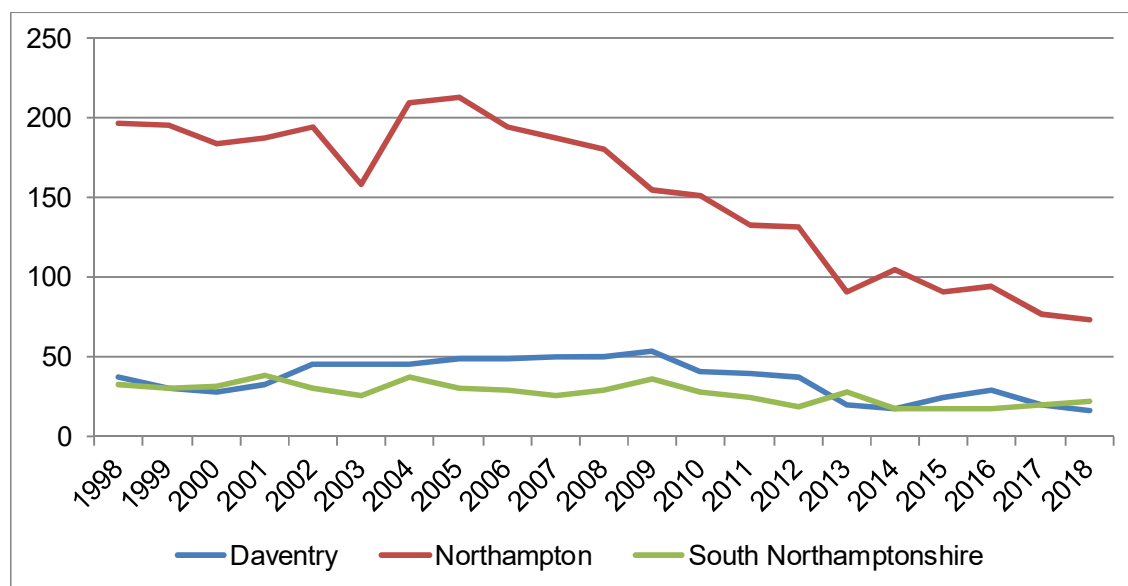
<sup>43</sup> [Public Health England sexual and reproductive health profiles](#)

- Daventry – 18.9%
- Northampton – 23.9%
- South Northamptonshire – 15.8%

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<sup>44</sup>.

As can be seen from the figure below, under 18 conception rates in Northampton have fallen considerably since 1998, with reductions also seen in Daventry and South Northamptonshire although this trend has begun to reverse in South Northamptonshire.

**Figure 27 – Under 18 conception rates per 1000 by locality<sup>45</sup>**



### 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
- Depression
- Stroke
- Pancreatitis
- Liver disease

<sup>44</sup> [Public Health Outcomes Framework – Northamptonshire](#)

<sup>45</sup> [Public Health England sexual and reproductive health profiles](#)



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**

	<b>Daventry</b>	<b>Northampton</b>	<b>South Northamptonshire</b>
Alcohol-related mortality (rate per 100,000, 2018)	35.7	52.5	45.6
Alcohol-specific mortality (rate per 100,000, 2016-18)	4.5	9.9	5.1
Years of life lost due to alcohol-related conditions (persons) (rate per 100,000, 2017)	513	719	549
Admissions episodes for alcohol-related conditions (Narrow) (rate per 100,000 2017/18)	606	761	511
Admissions episodes for alcohol-specific conditions (rate per 100,000 2017/18)	319	555	353

### 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 amber are statistically similar and those in green are statistically better.

**Table 8 – child obesity profile by locality<sup>46</sup>**

Indicator	Age	Period	Daventry	Northampton	South Northamptonshire
Obese children Reception Year, three year average	4-5 yrs	2016/17 - 18/19	7%	9%	6%
Children with excess weight Reception Year, three year average	4-5 yrs	2016/17 - 18/19	19%	22%	19%
Obese children Year 6, three year average	10-11 yrs	2016/17 - 18/19	16%	20%	13%
Children with excess weight Year 6, three year average	10-11 yrs	2016/17 - 18/19	30%	34%	27%

Women who are obese during pregnancy have a significantly greater risk of complications during their pregnancy; pre-eclampsia, gestational diabetes, intervention required during

<sup>46</sup> [Public Health England child obesity profile](#)

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, nearly two out of three adults (aged 18+) in West Northamptonshire are classified as overweight or obese<sup>47</sup>:

- Daventry - 61.6%
- Northampton – 61.2%
- South Northamptonshire – 62.0%

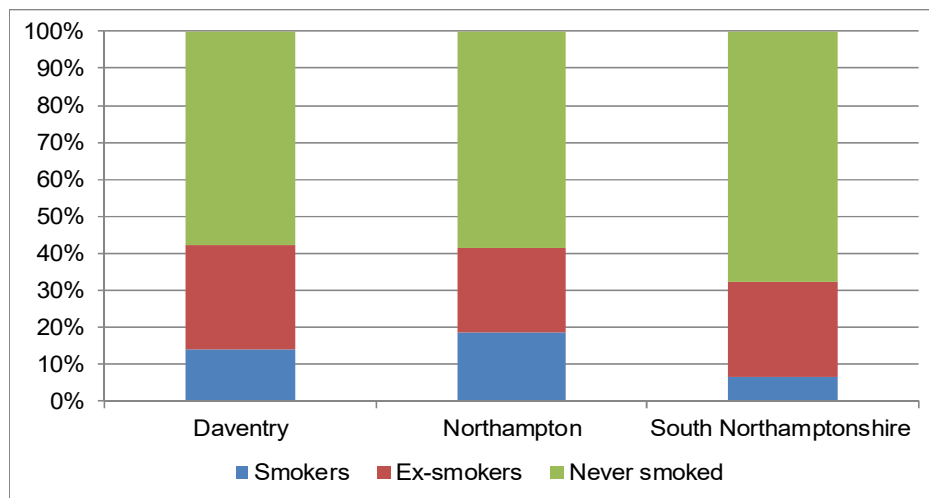
### 3.1.9 Smoking

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.

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 Northampton.

**Figure 28 – smoking prevalence in adults by locality**



<sup>47</sup> [Public Health England public health profiles](#)

### 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, West 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 – Silverstone circuit, Rockingham motor speedway, Northampton international raceway, Northampton Saints, Northamptonshire county cricket club, Towcester racecourse, Rushden Lakes and the six 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<sup>48</sup> 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.

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<sup>48</sup> [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 slower in West Northamptonshire.
- 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<sup>49</sup>.

For children<sup>50</sup>:

- A higher than expected number of children are known to local mental health support services and looked after by the County Council; similarly the rate of hospital admission due to mental illness in Northamptonshire is almost treble that of any other sub-region in the East Midlands. The distribution of demand amongst those aged 19 years and below for community health support is highest in Northampton, almost twice as high as for the other two localities, 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.

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<sup>49</sup> NHS Digital, [Prescription Cost Analysis - England, 2018](#)

<sup>50</sup> 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<sup>51</sup>

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

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<sup>51</sup> 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 West Northamptonshire ranges from 79 to 81 years. For females the figures range from 82 to 85 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<sup>52</sup> 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

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<sup>52</sup> [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<sup>53</sup>

## 4.7 Sexual orientation

A survey of lesbian health<sup>54</sup> 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<sup>55</sup> 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

<sup>53</sup> Department of Health and Social Care "[The Gender and Access to Health Services Study](#)" 2008

<sup>54</sup> Stonewall "[Prescription for change 2008](#)"

<sup>55</sup> Stonewall "[Gay and Bisexual Men's Health Survey \(2013\)](#)"

- Over 50% of gay and bisexual men have a normal body mass index compared to under 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<sup>56</sup>

- 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

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<sup>56</sup> 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<sup>57</sup>

## 4.10 Offenders<sup>58</sup>

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 South Northamptonshire in particular displaying a higher proportion of offenders' alcohol issues driving offending behaviour than the average in England and the East Midlands region. It is worth noting that motoring offences represent a particularly high proportion of the total recorded offences in South Northamptonshire and alcohol abuse is a significant factor in serious motoring offences.

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

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<sup>57</sup> <https://www.northampton.ac.uk/news/students-give-universitys-counselling-and-mental-health-team-a-glowing-review/>

<sup>58</sup> 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

#### **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%)<sup>59</sup>

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<sup>60</sup> highlights the extent to which homeless people experience some of the worst health problems in society.

- Widespread ill health
  - 73% of homeless people reported physical health problems. 41% said this was a long-term problem
  - 80% of respondents reported some form of mental health issue, 45% had been diagnosed with a mental health issue
  - 39% said they take drugs or are recovering from a drug problem, while 27% have or are recovering from an alcohol problem

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<sup>59</sup> Northamptonshire County Council, [Homelessness in Northamptonshire JSNA Insight Pack August 2019](#)

<sup>60</sup> Homeless Link, [The unhealthy state of homelessness: Health audit results 2014](#)

- 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<sup>61</sup>**

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

The most common physical health problems affecting asylum seekers include:

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

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<sup>61</sup> The health needs of asylum seekers - Faculty of Public Health. May 2008

- 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<sup>62</sup> 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 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.

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<sup>62</sup> <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/veterans-healthcare-toolkit.aspx>

#### **4.15 Visitors to sporting and leisure facilities in the county<sup>63</sup>**

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

#### **4.16 High Speed Two construction workers**

High Speed Two is a high speed rail network which will connect major cities in Britain. Phase One of High Speed Two will provide a dedicated high speed rail service between London and the West Midlands will open between 2029 and 2033. The proposed route of Phase One passes through Northamptonshire, to the north and north west of Brackley, for a distance of 20.7km<sup>64</sup>.

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 West Northamptonshire but are identified as a specific group due to the fact they are likely to be staying in the county for longer than other temporary groups:

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

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<sup>63</sup> [Visit Britain inbound nation, region and county data](#)

<sup>64</sup> [HS2 property schemes maps: Northamptonshire](#)



## 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

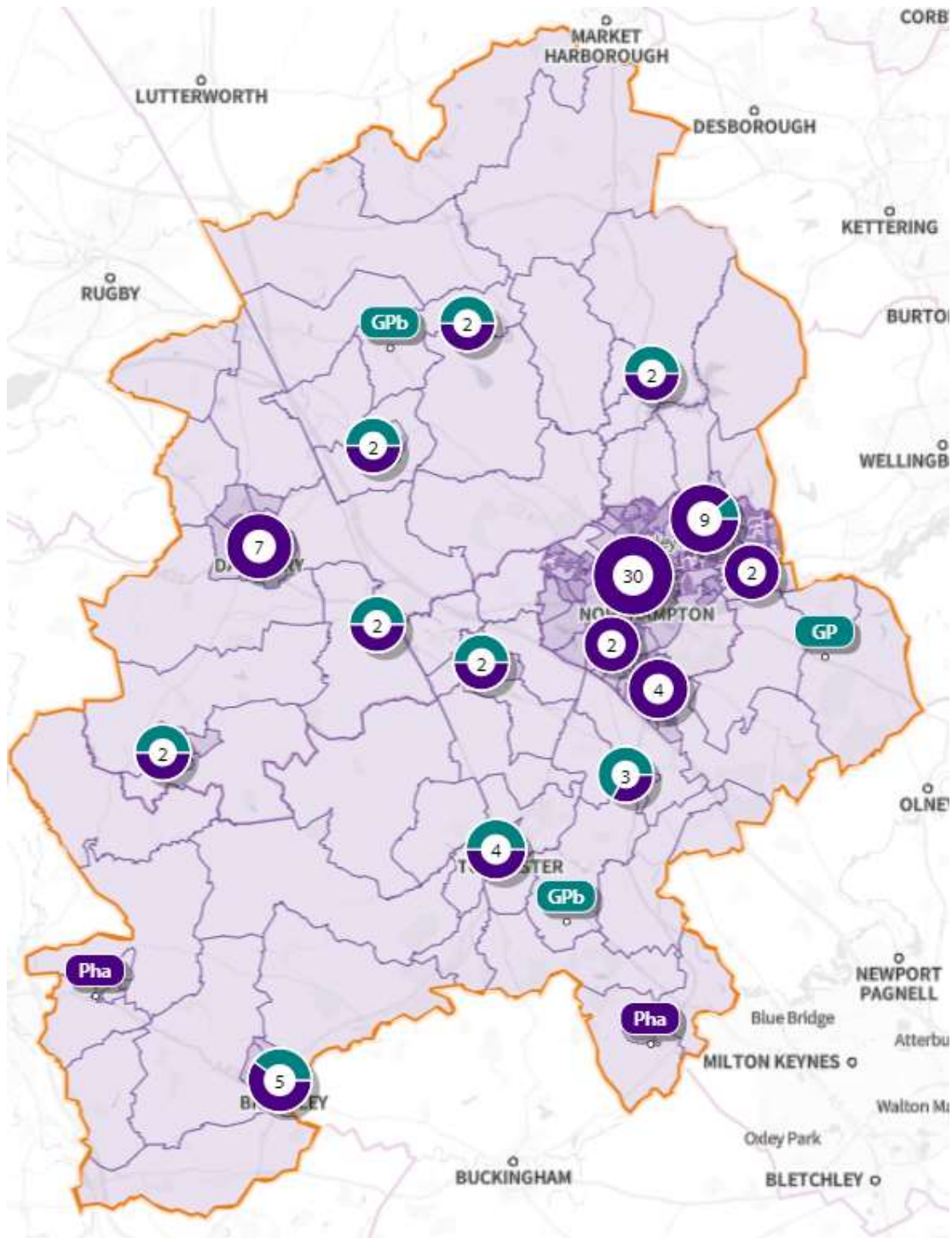
There are 64 pharmacies included in the pharmaceutical list for the area of the Health and Wellbeing Board as of May 2021, operated by 39 different contractors. Of these 64 pharmacies, seven provide services for 100 hours per week and two are distance selling premises. There are no pharmacies providing Local Pharmaceutical Services.

There are three dispensing appliance contractors providing services within the Health and Wellbeing Board's area.

Of the 38 GP practices in the Health and Wellbeing Board area, 13 dispense to eligible patients from 16 sites within the Health and Wellbeing Board's area, and one site in Buckinghamshire. As of February 2021, the GP practices dispensed to 64,497 of their registered patients (43.9% of the total list size for all 13 practices). The percentage of dispensing patients at practice level varied between 14% and 99.6% 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).

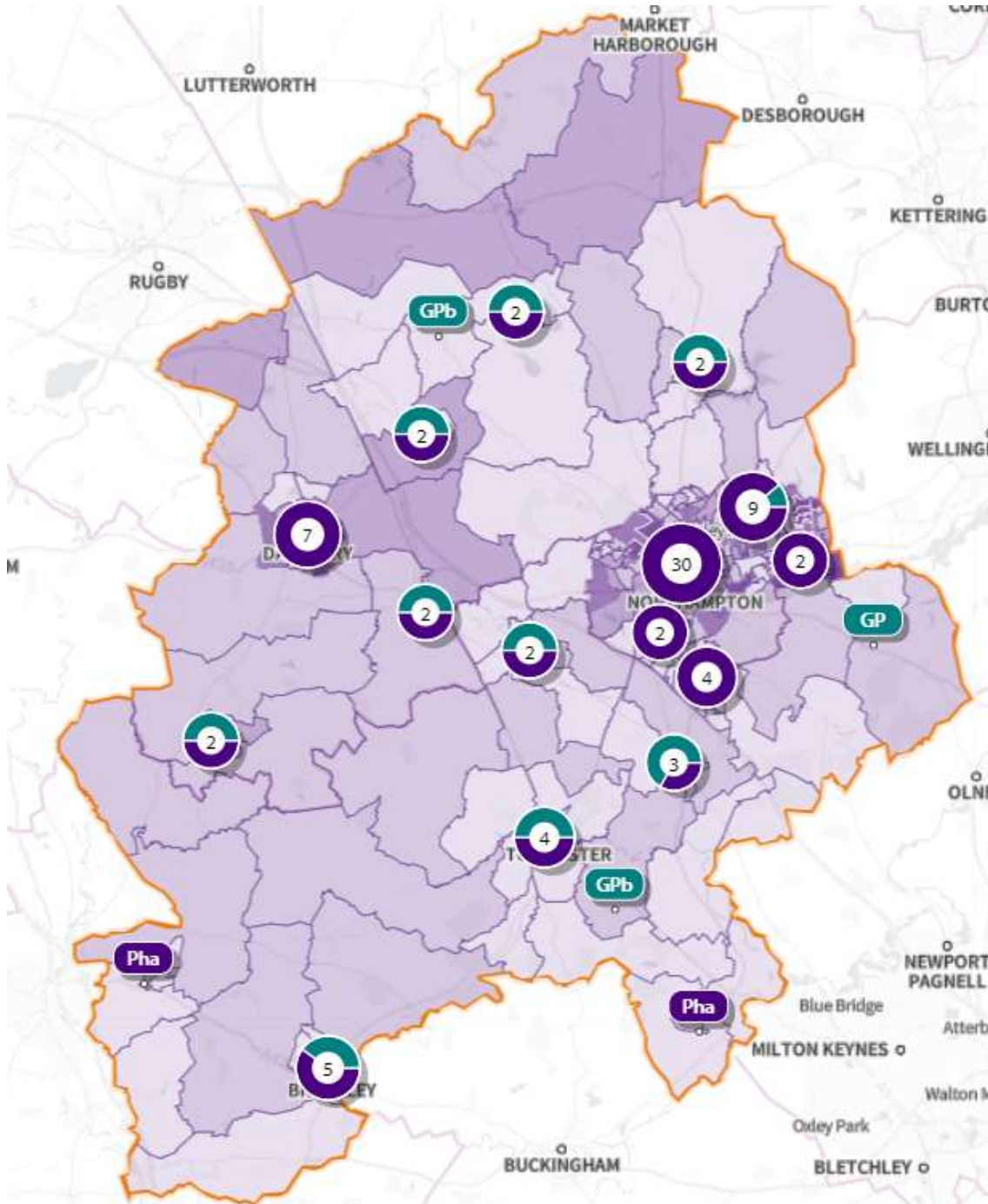
Map 7 – location of pharmacies and dispensing practice premises compared to population density



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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 79% of items prescribed in West Northamptonshire were dispensed by pharmacies within the area (also 79% between April 2020 and February 2021) and 16% were dispensed or personally administered by the GP practices (15% between April 2020 and February 2021)<sup>65</sup>.

### 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<sup>66</sup>. As of September 2016 the Department of Health 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<sup>67</sup>.

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 three areas that don't meet this standard are:

1. To the west of Woodford Halse on the border with Warwickshire
2. To the south west of Aynho and
3. To the south west of Yardley Hastings

However, Google Maps shows that in relation to these three areas respectively:

1. There is no resident population in this area, just fields, woods and a nature reserve
2. The area contains the M40, two railway lines, fields and no resident population and
3. The area contains Yardley Chase (a 357.6 hectare biological Site of Special Scientific Interest), a horse stud and a handful of scattered houses/farms

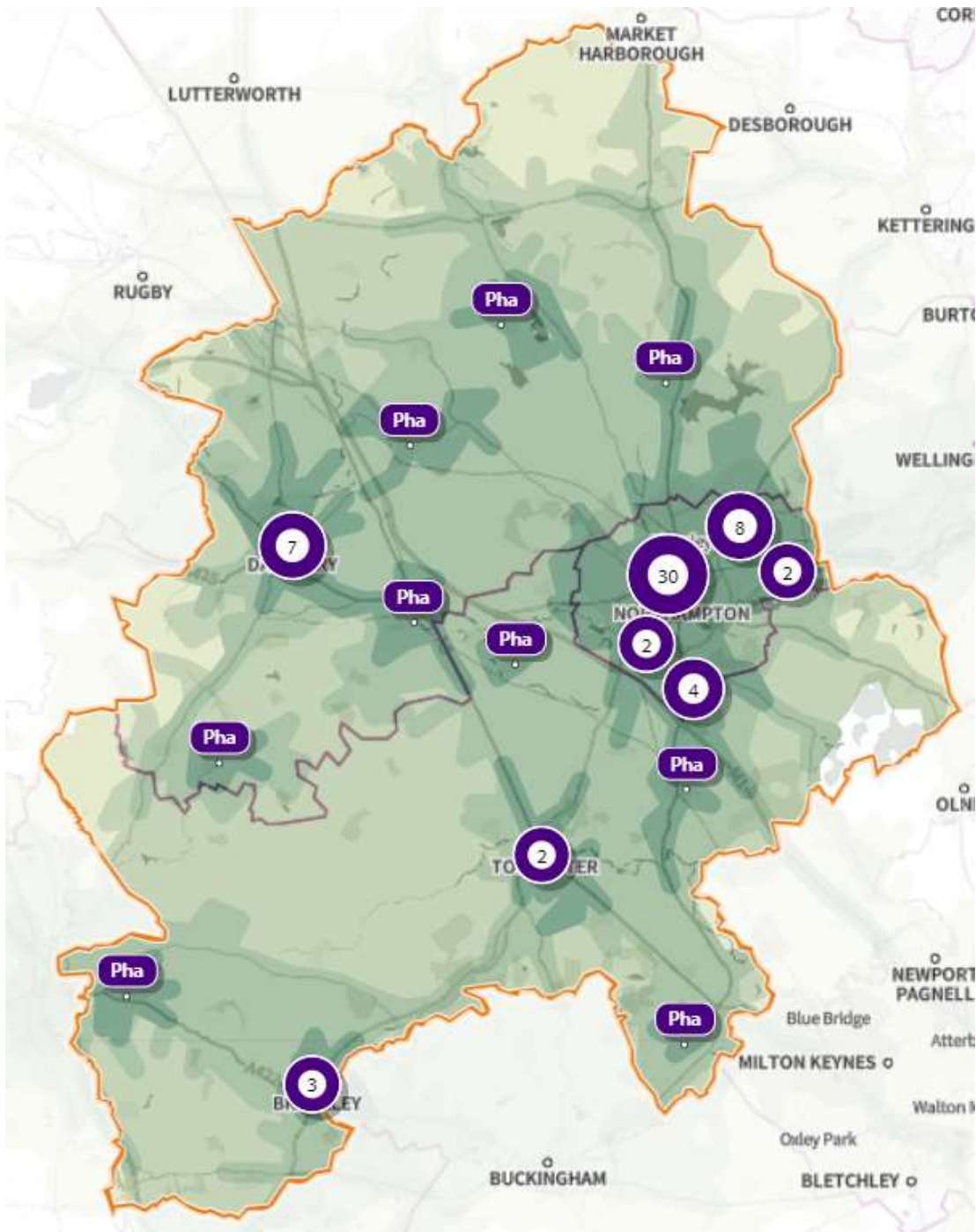
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<sup>65</sup> [NHS Business Services Authority Information Service](#)

<sup>66</sup> [Pharmacy in England. Building on strengths – delivering the future](#). Department of Health April 2008.

<sup>67</sup> [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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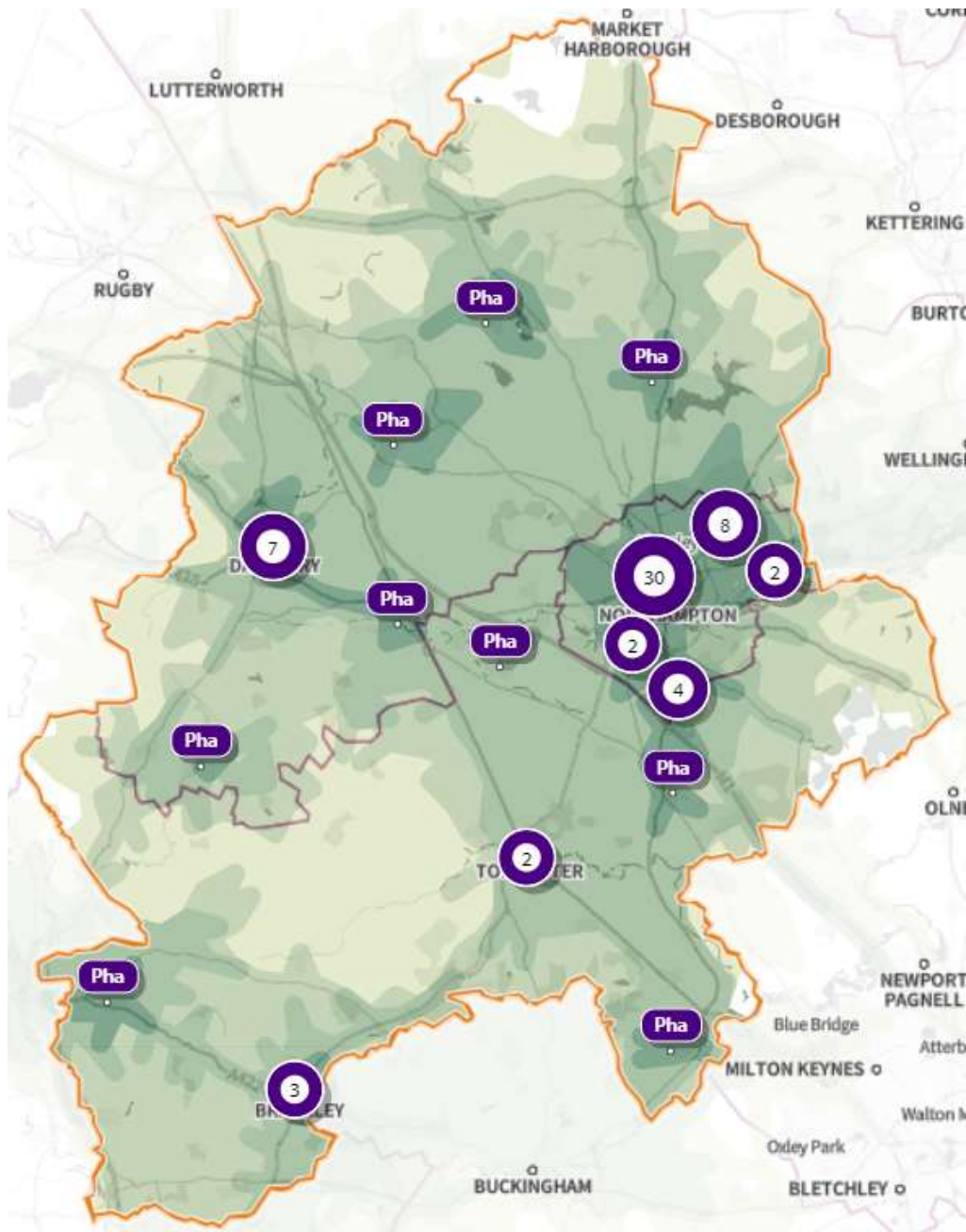


Travel times in minutes

The picture changes slightly during rush hour times so that the following fall outside the 20 minutes standard:

1. A larger area to the west of Woodford Halse on the border with Warwickshire. Google Maps reveals approximately six houses/farms in this area
2. A larger area to the south west of Aynho. Google Maps reveals one farm in this area and
3. To the south west of Yardley Hastings

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

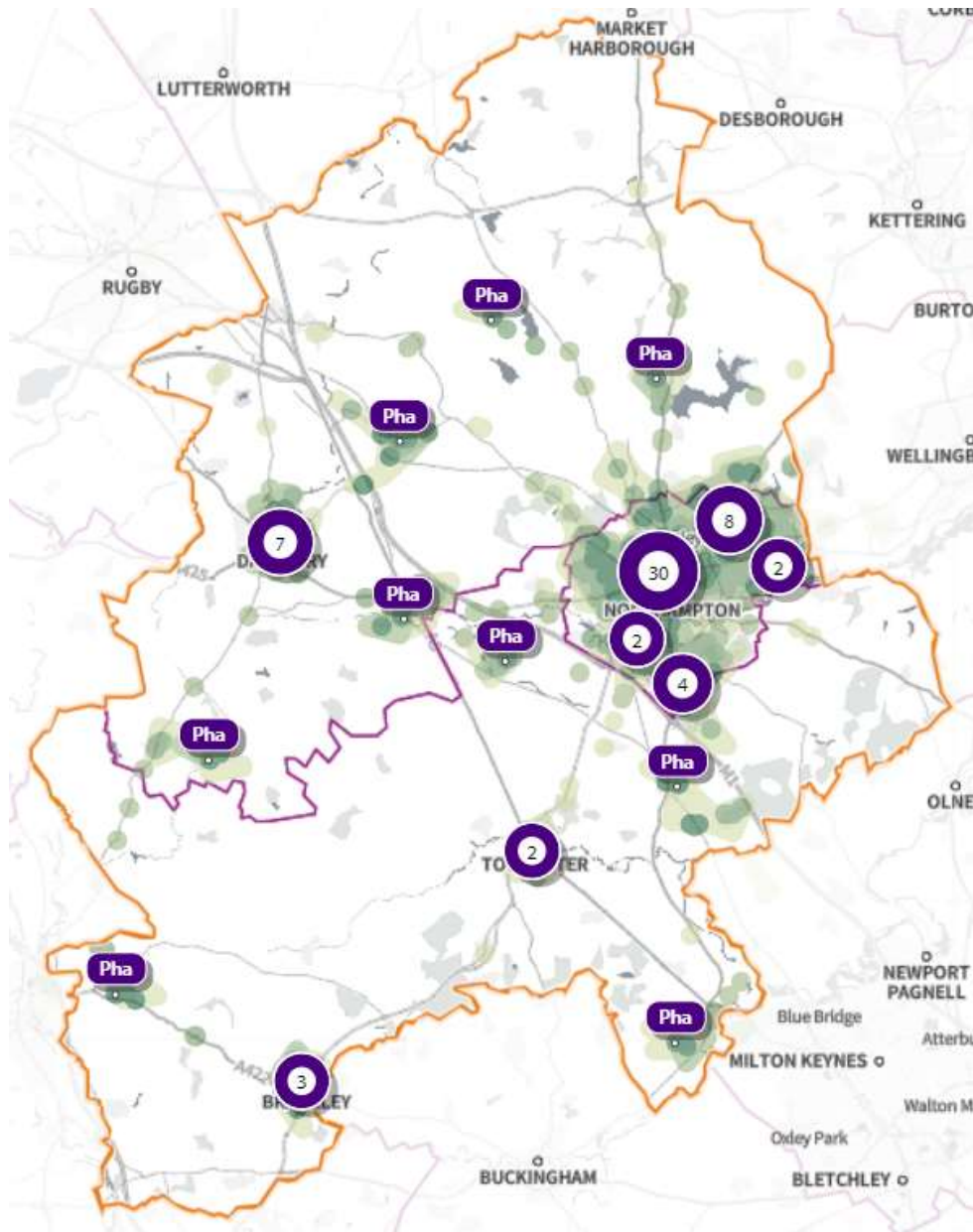


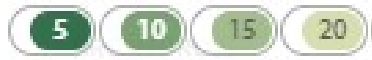


Travel times in minutes

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 20 minutes of a pharmacy by public transport.

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





Travel times in minutes

However, as can be seen from the locality chapters, car ownership is higher in the more rural Daventry and South Northamptonshire localities and in addition residents of those areas are more 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:

- 64% use the same pharmacy while 21% use different premises but visit one most often
- The top five reasons for using a particular pharmacy are because it is close to home, the location is easy to get to, close to the GP practice, it's easy to park there, and trust in the staff who work there
- 59% of people drive to a pharmacy and 28% walk
- 88% of respondents said they could get to a pharmacy within 20 minutes (30% said it is less than five minutes, 49% said between five and 15 minutes, and 9% said more than 15 minutes but less than 20)
- The most convenient times to visit a pharmacy are 9.00am to 12.00pm (19%), then 3.00 to 6.00pm (15%), then 12 noon to 3.00pm (11%) however 40% 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 West Northamptonshire showed that for those with a preference the period 9.00am to 6.00pm is the most convenient time to visit a pharmacy.

Appendix M provides information on the pharmacies and dispensing appliance contractor opening hours as at October 2020 and at that point in time there were:

- 11 pharmacies open seven days a week (includes the seven 100 hour pharmacies)
- 10 pharmacies open Monday to Saturday



- 26 pharmacies open Monday to Friday, and Saturday until lunchtime
- 16 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 two extended access hubs are:

- Northampton – available to patients registered with a GP practice in Northampton. Located at Highfield Clinical Care Centre in Northampton
- South Northants – available to patients registered with a GP practice in South Northants and Daventry. Located primarily at Brackley Medical Centre, Brackley with appointments also available at practices in Daventry, Greens Norton, Guilsborough and Towcester

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<sup>68</sup>**

In 2018/19 a total of 5,384 full service interventions were claimed over the year by 58 of the pharmacies.

In 2019/20 a total of 7,201 full service interventions were claimed over the year by 59 of the pharmacies.

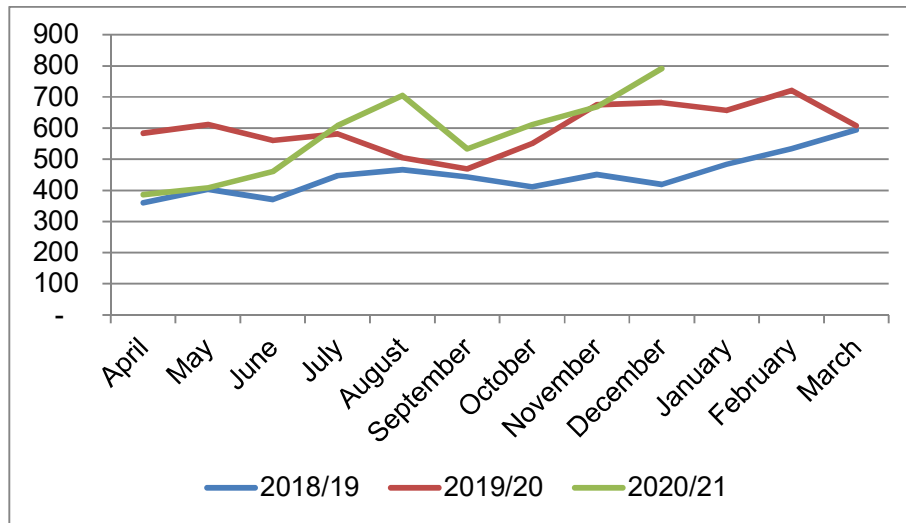
In the first nine months of 2020/21 a total of 5,171 full service interventions were claimed by 54 of the pharmacies.

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

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<sup>68</sup> [NHS Business Services Authority Information Service](#)

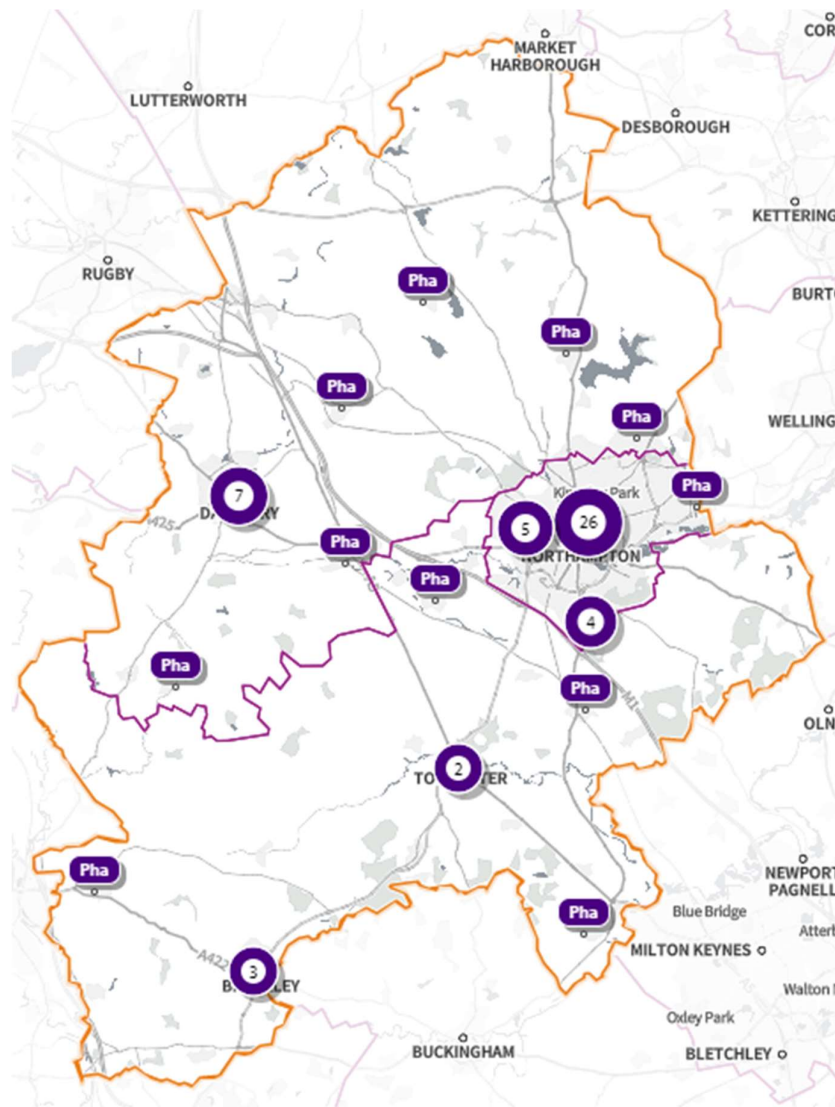
**Figure 29 – number of full service interventions claimed by the pharmacies in 2018/19 to 2020/21**



In 2019/20 59 pharmacies provided this service, and the map below shows the location of these pharmacies.

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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| [paralle](#) | [Mapbox](#) | [OpenStreetMap](#) contributors

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, 61 of the pharmacies provided the Community Pharmacist Consultation Service<sup>69</sup>. The pharmacies not providing the service are located in South Northamptonshire and Northampton localities.

<sup>69</sup> Information provided by NHS England and NHS Improvement October 2020.

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.

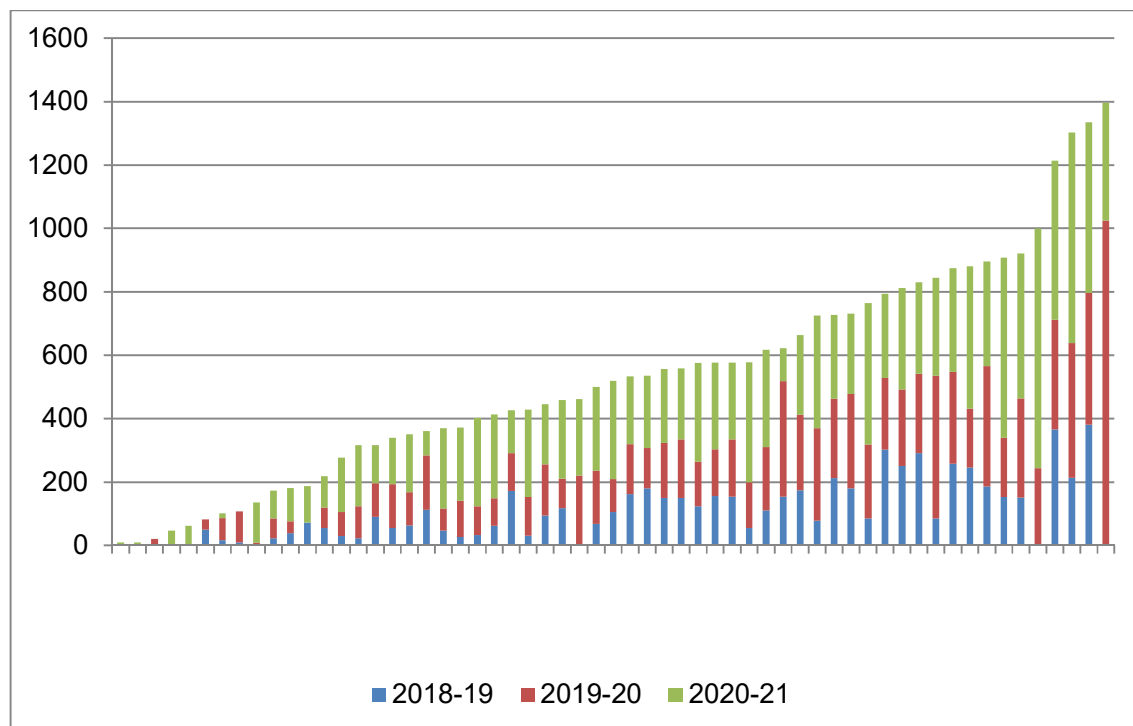
### 5.1.5 Access to the national influenza adult vaccination service<sup>70</sup>

55 of the pharmacies provided a total of 10,546 flu vaccinations in 2019/20, an increase on the previous year when 51 pharmacies had given a total of 6,405 vaccinations. There was a considerable range in the number of vaccinations given at pharmacy level in 2019/20 from one pharmacy which gave three vaccinations to another that gave 1,025.

As at the end of February 2021, 56 of the pharmacies had given 14,491 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 756.

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

**Figure 30 – number of flu vaccinations claimed in 2018/19, 2019/20 and 2020/21 by pharmacy**



### 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.

<sup>70</sup> [NHS Business Services Authority Information Service](#)

As of February 2021, 64,497 people were registered as a dispensing patient with their practice<sup>71</sup>.

### 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 West 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 in 2019/20 and between April 2020 and February 2021 were dispensed.

**Table 9 – location of where prescriptions were dispensed in 2019/20 and between April 2020 and February 2021<sup>72</sup>**

Type of contractor	Number of items		Percentage of items		Number of contractors	
	2020/21	2019/20	2020/21	2019/20	2020/21	2019/20
<b>In area – pharmacy</b>	6,030,851	6,677,436	79%	79%	64	65
<b>In area - GP practice</b>	1,166,552	1,335,943	15%	16%	38	38
<b>In area – dispensing appliance contractor</b>	2,858	3,435	0%	0%	3	3
<b>Out of area - pharmacy</b>	233,530	199,584	3%	3%	2,563	2,701
<b>Out of area - distance selling premises (internet pharmacy)</b>	198,846	136,653	3%	2%	46	41
<b>Out of area - dispensing appliance contractor</b>	46,696	51,100	1%	1%	53	63
<b>Out of area - GP practice</b>	35	48	0%	0%	7	10
<b>Totals</b>	<b>7,679,368</b>	<b>8,404,199</b>			<b>2,771</b>	<b>2,918</b>

For those prescriptions which are dispensed by a pharmacy that is outside of West Northamptonshire the majority are located either in North Northamptonshire, or over the

<sup>71</sup> [NHSBSA Information Services](#)

<sup>72</sup> [NHSBSA Information Services](#)

border into Bedfordshire, Leicestershire, Milton Keynes, Oxfordshire and Warwickshire. However, prescriptions were dispensed by pharmacies as far away as Dorset, Hertfordshire, Lancashire, London, Somerset and Suffolk, 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 West 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 West 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 Aynho is covered by practices in Oxfordshire and West Northamptonshire, and Naseby is covered by practices in Leicestershire and West Northamptonshire.

## **5.3 Other relevant services**

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

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

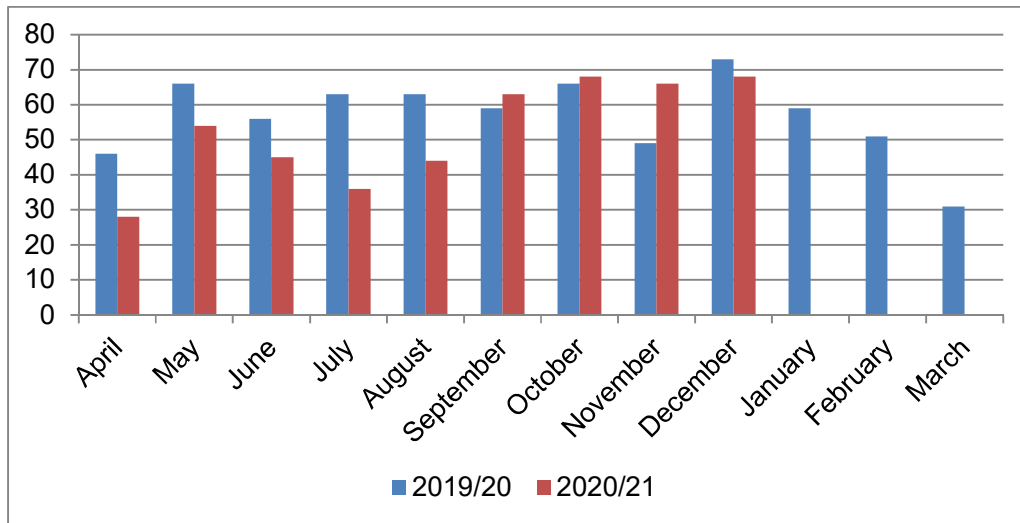
### **5.3.1 Other relevant services within the Health and Wellbeing Board's area**

#### **5.3.1.1 Access to appliance use reviews**

No pharmacies in the Health and Wellbeing Board's area provide this service. Two of the dispensing appliance contractors a total of 682 Appliance Use Reviews in patients' homes in 2019/20 and one provided 472 April and December 2020. None were provided at the dispensing appliance contractors premises.

The figure below shows the number of Appliance Use Reviews provided each month in 2019/20 and between April and December 2020.

**Figure 31 – number of Appliance Use Reviews provided by dispensing appliance contractors in 2019/20 and 2020/21**

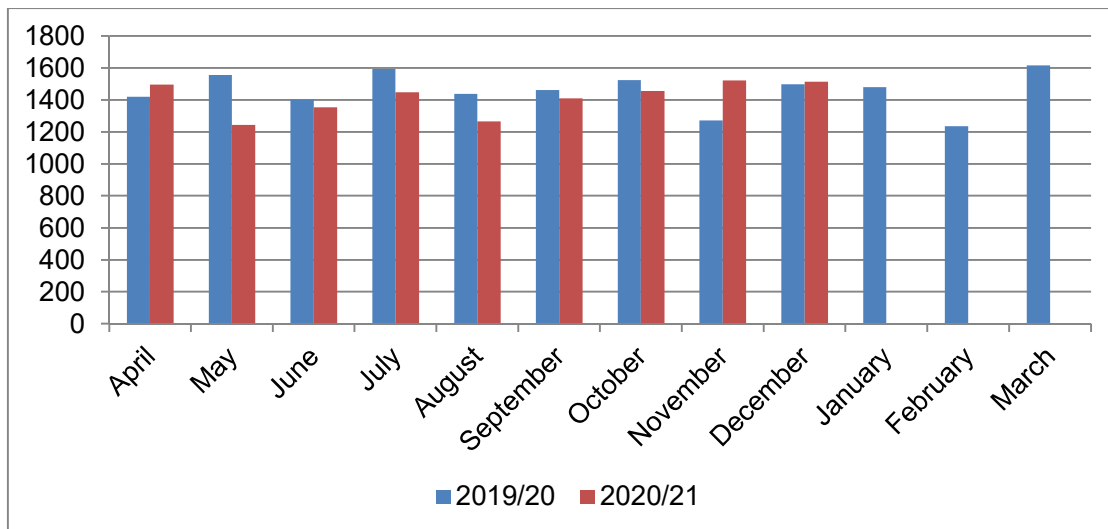


**5.3.1.2 Access to stoma appliance customisations<sup>73</sup>**

Six pharmacies provided stoma appliance customisation in 2019/20 (45 customisations) and four provided the service between April and December 2020 (23 customisations). All three dispensing appliance contractors provided the service in 2019/20 (17,452 customisations) and between April and December 2020 (12,686 customisations).

The figure below shows the number of stoma appliance customisations provided each month in 2019/20 and between April and December 2020.

**Figure 32 – number of stoma appliance customisations provided by dispensing appliance contractors and pharmacies in 2019/20 and 2020/21**



<sup>73</sup> [NHS Business Services Authority Information 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, both in Northampton.

### **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.

### **5.3.1.6 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 six pharmacies across West Northamptonshire, three of which are open for 100 hours per week. The pharmacies are located as follows:

- Daventry locality – one pharmacy
- Northampton locality – three pharmacies
- South Northants locality – two 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.

### **5.3.1.7 Access to emergency supply list enhanced service**

NHS England and NHS Improvement commissions an enhanced service for the provision of emergency supply drugs from 16 pharmacies across West Northamptonshire, two of which are open for 100 hours per week. The pharmacies are located as follows:

- Daventry locality – two pharmacies
- Northampton locality – 12 pharmacies
- South Northants locality – two 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 good supply enhanced service**

NHS England and NHS Improvement commissions an enhanced service for the provision of gluten free bread and mixes from 34 pharmacies across West Northamptonshire. The pharmacies are located as follows:

- Daventry locality – seven pharmacies
- Northampton – 21 pharmacies
- South Northants locality – six 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 West 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 West 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 64 pharmacies, operated by 39 different contractors, and three dispensing appliance contractors as of May 2021. Outside of the Health and Wellbeing Board's area residents chose to access a further 2,815 contractors in 2019/20 and 2,563 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', 'the location of the pharmacy is easy to get to' and 'close to my doctor'. Please note that more than one option could be ticked.

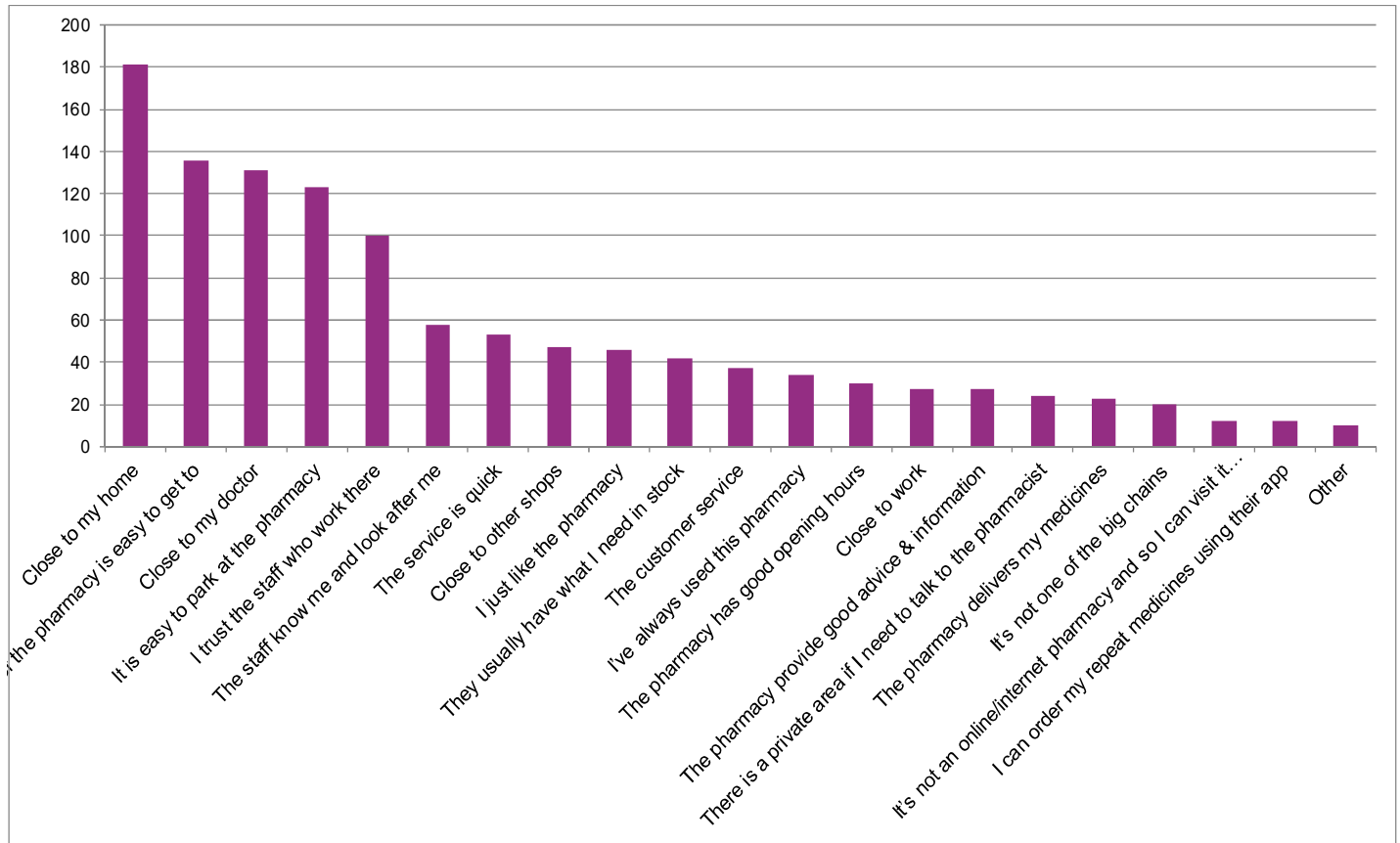
Where the response 'other' was chosen an analysis highlights links between GP practices and pharmacies as being important to receiving a good service for example:

- Prescriptions being sent electronically or manually from the practice to the pharmacy

- Being able to order repeat prescriptions online or via an app and then collecting from the pharmacy and
- Co-located pharmacies and practices

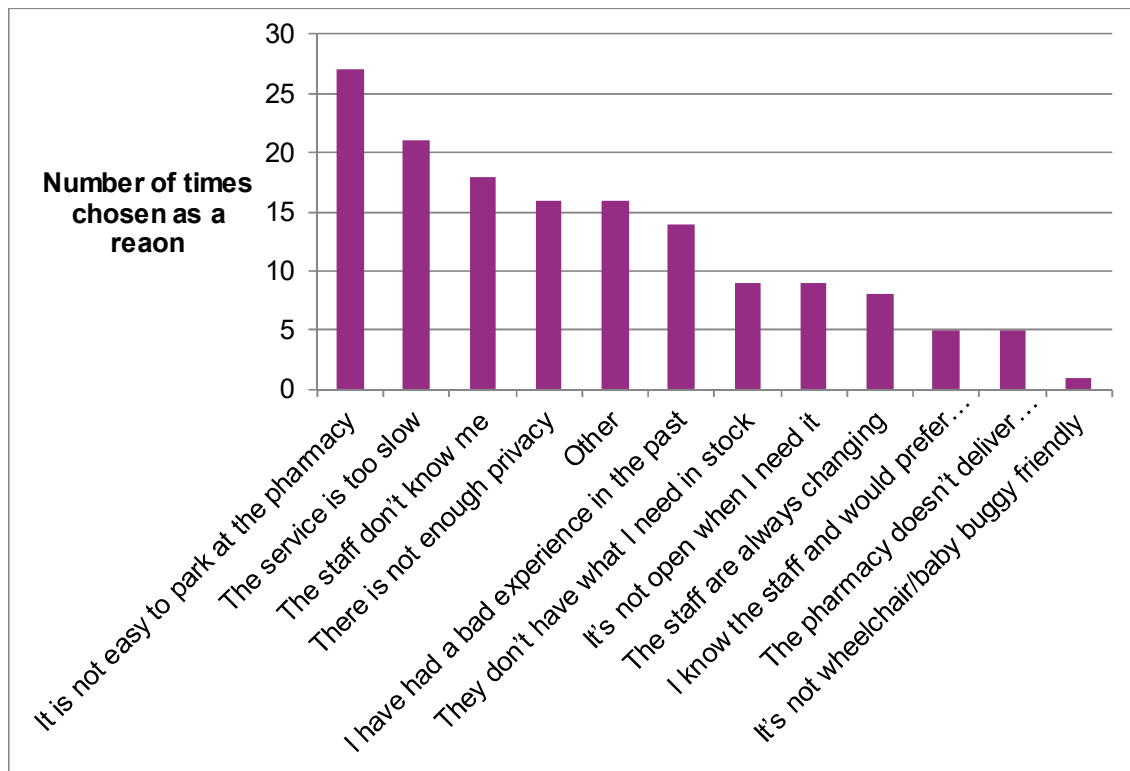
Two respondents commented on having to use a certain contractor, one because it is linked to the GP practice and another because they are a dispensing patient. Patients are free to choose which pharmacy they use and must not be influenced in their choice of pharmacy by their GP practice, and dispensing patients must be given their prescription should they wish to use a pharmacy instead of their practice’s dispensary.

**Figure 33 - 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 62% replied no, 24% replied yes, 6% said they didn't know, and 8% 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 34 - Please could you tell us why you do not use that pharmacy?**



The most common themes from those respondents who chose '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
- 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 West 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
- 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
- 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 West Northamptonshire:

- Northampton General Hospital NHS Trust
- St Andrew's Healthcare - St Andrew's Hospital
- Northamptonshire Healthcare NHS Foundation Trust – Berrywood Hospital and Danetre Hospital

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

Since 2015 Northampton General Hospital NHS Trust has worked in partnership with Boots UK to deliver pharmacy services to in- and outpatients at the hospital. Unlike other Boots pharmacies, the one at the hospital is unable to dispense prescriptions written outside of the hospital.

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

There is a Boots pharmacy on the site of Danetre hospital.

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

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

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

## **6.2 Personal administration of items by GPs**

Under their primary medical services contract with NHS England and NHS Improvement/NHS Northamptonshire Clinical Commissioning Group there will be occasion where a GP or other healthcare professional 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 West 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 West Northamptonshire are:

- Danetre Hospital for Daventry and the surrounding area, and
- Northampton General Hospital for Northampton and the surrounding area.

However, it is recognised that West Northamptonshire residents may also access the out of hours service based at Kettering General Hospital as 302 items prescribed at this base in 2019/20 were dispensed by pharmacies in West Northamptonshire. Similarly, there may be residents of West Northamptonshire accessing the out of hours service based at Isebrook Hospital as 33 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

17,298 items were prescribed by the out of hours service based at Northampton General Hospital in 2019/20 and dispensed by 198 different contractors. Unsurprisingly, due to the times at which the out of hours service operates, 63.7% of items were dispensed by the 100 hour pharmacies in the Health and Wellbeing Board's area, with a further 13.1% dispensed by pharmacies with extended opening hours in Northampton.

6,050 items were prescribed by the out of hours service based at Danetre Hospital in 2019/20 and dispensed by 112 different contractors. Unsurprisingly, due to the times at which the out of hours service operates, 72% of items were dispensed by the 100 hour pharmacies in the Health and Wellbeing Board's area, with a further 2% dispensed by pharmacies with extended opening hours in West Northamptonshire.

In total 96% 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 North Northamptonshire (2.5%), or just over the boundary into Milton Keynes, Oxfordshire and Warwickshire. However some items were dispensed as far afield as Devon, Lancashire and Somerset.

Between April 2020 and February 2021 considerably fewer items were prescribed at the Danetre Hospital (145 items). In comparison, the number of items prescribed at the Northampton General Hospital base was considerably higher at 33,493. 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 – West Northamptonshire Council**

Since 1 April 2021 West 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

It is anticipated that the commissioning of these services will transfer to West Northamptonshire Council as of 1 April 2021.

## **6.5 Prison**

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

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

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

## **6.6 Substance misuse service**

With a base in Northampton, Substance to Solution is available to provide support for adults (over 18) with substance misuse issues within the West 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 West Northamptonshire, with 45% of items dispensed by 46 contractors based in West 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 West Northamptonshire. 47.2% of the items were dispensed by 49 contractors based in West 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<sup>74</sup> 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 West 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<sup>75</sup> 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 deliver 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.

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<sup>74</sup> Public Health England, Royal Society of Public Health (2016) [Building Capacity: Realising the potential of community pharmacy assets for improving the public's health](#)

<sup>75</sup> <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

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

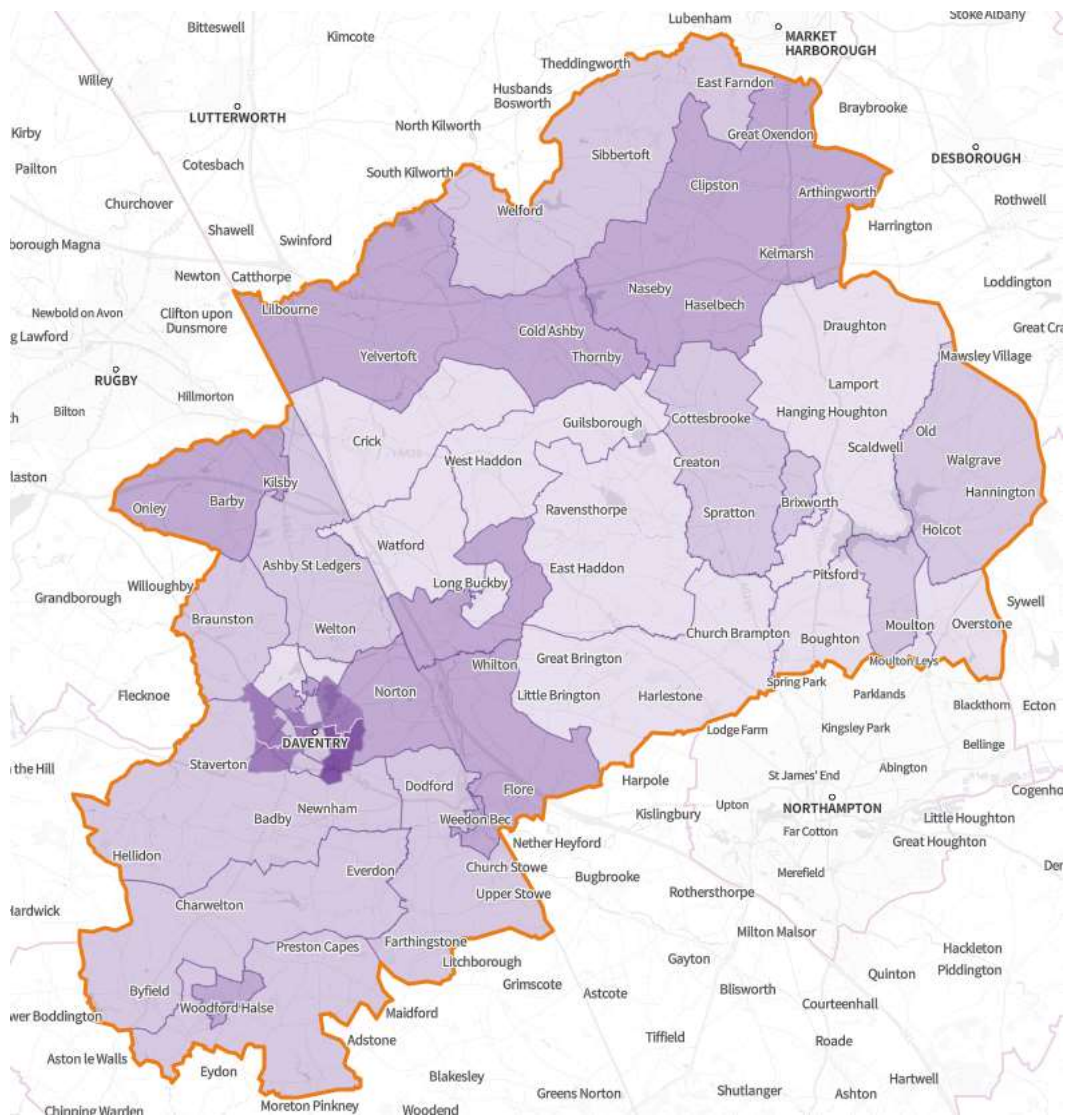
First piloted in Portsmouth in 2009, the objective of Healthy Living Pharmacies is to create teams that are aware of local health issues and are consistently demonstrating they are promoting healthy lifestyles by tackling the health problems their populations face head on.

## 8 Daventry locality

### 8.1 Key facts

- Daventry District is a predominantly rural area made up of one town and 73 other parishes containing 78 villages
- Population growth to 2043 is projected to be 29%
- One Lower Super Output Area falls within the 10% most deprived in England. 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

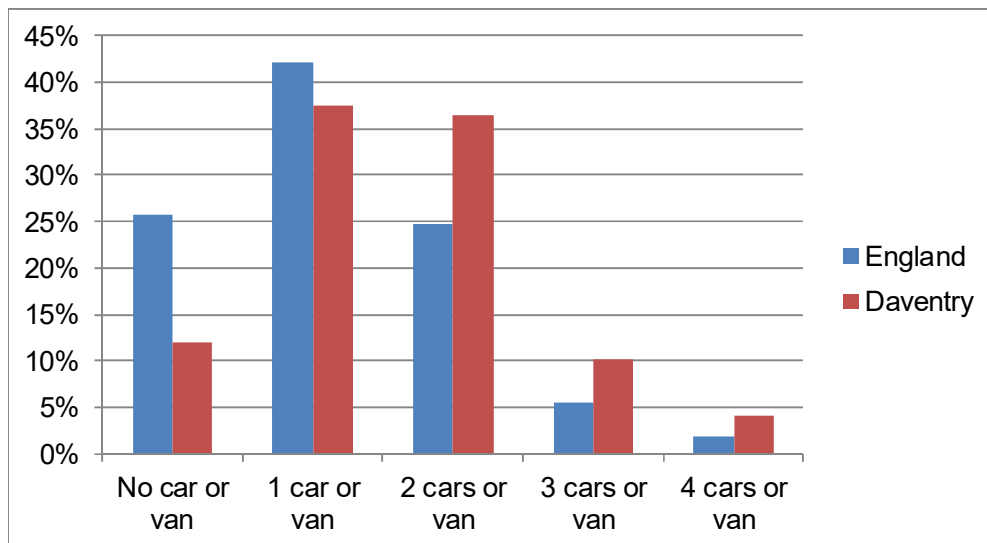
Map 13 – Spread of deprivation by Lower Super Output Area<sup>76</sup>



<sup>76</sup> Public Health England's Strategic Health Asset Planning and Evaluation tool

- Higher proportion of over 65s compared to the more urbanised area of Northampton
- Largest reduction in the age-standardised mortality rate between 2013 and 2019
- Mortality rates from cardiovascular disease are significantly better than the England average
- Increase in the proportion of smokers from 2017 to 2018
- The main languages spoken in Daventry households are:
  - English – 97.5%
  - Polish – 0.96%
  - Other languages not specified in the Census - 0.36%
  - Slovak – 0.11%
  - German – 0.09%
  - Romanian - 0.08%
  - Gujerati - 0.07%
  - Hungarian - 0.07%
  - French – 0.07%
  - Malayalam – 0.07%
- The figure below compares car ownership levels in the locality to England

**Figure 35 – car ownership in Daventry<sup>77</sup>**



In this locality there are three major housing developments.

The Sustainable Urban Expansion at Daventry North-East will generate 2,600 homes up to 2029, with 4,000 planned in total. Outline plans were submitted to Daventry District Council in February 2020 and as of May 2021 a decision has not yet been made.

Outline planning consent has been given up to 1,000 homes at Monksmoor Park, just over a mile to the north-east of Daventry town centre. The scheme is to be delivered in five phases, over approximately ten years. Detailed planning permission for Phase 1 will create 200 new homes, construction of which has begun with residents beginning to move in.

<sup>77</sup> [Nomis KS404EW Car or van availability](#)

Daventry South-West Sustainable Urban Expansion may be adopted as a further development site and will generate 1,100 dwellings.

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

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

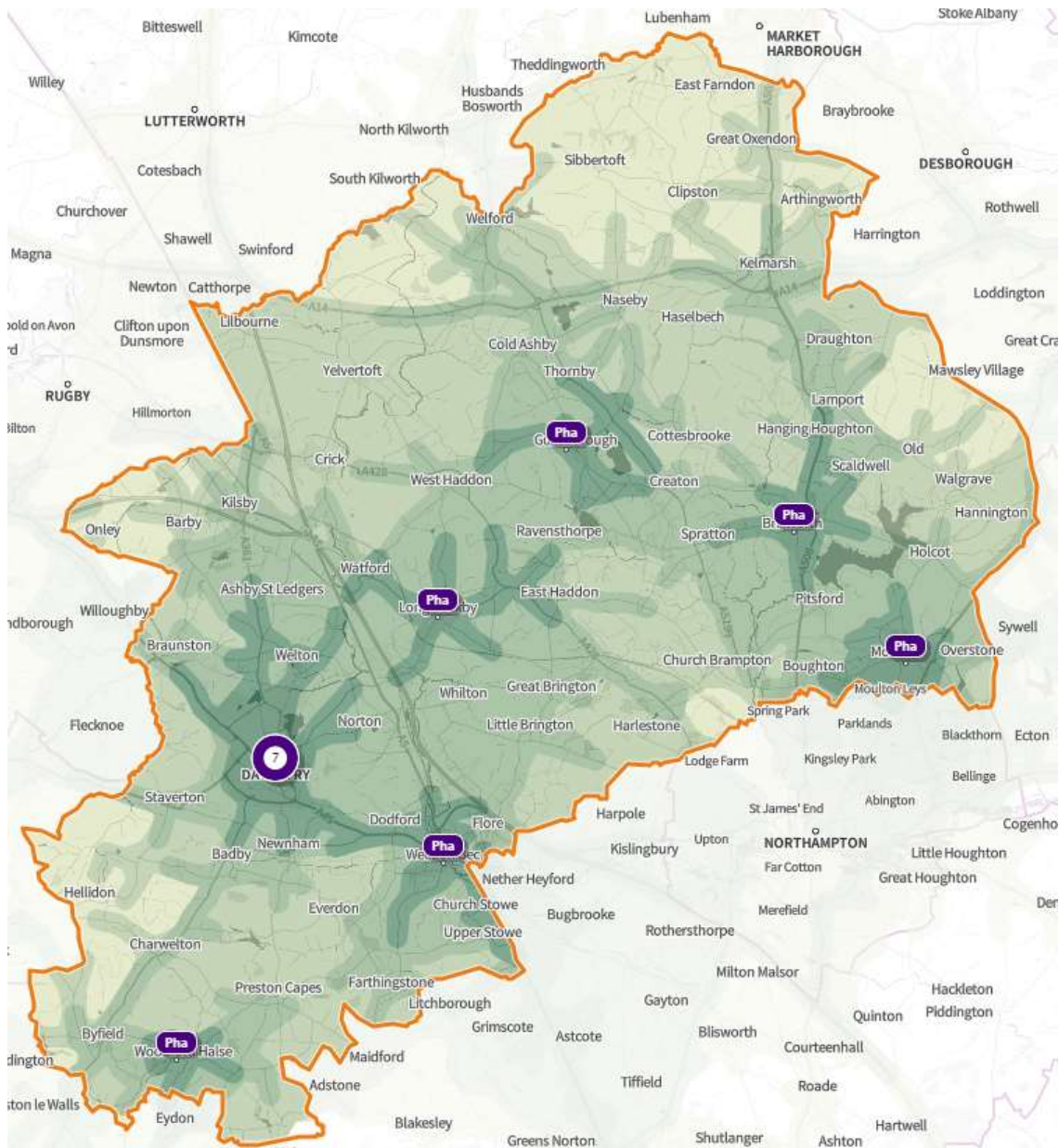
**Map 14 – location of pharmacies and dispensing practice premises compared to population density**



In 2019/20, 59% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the pharmacies and 33% by the practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed) reflecting the predominantly rural nature of this locality (map 4).

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

**Map 15 – access to pharmacies outside of rush hour times**

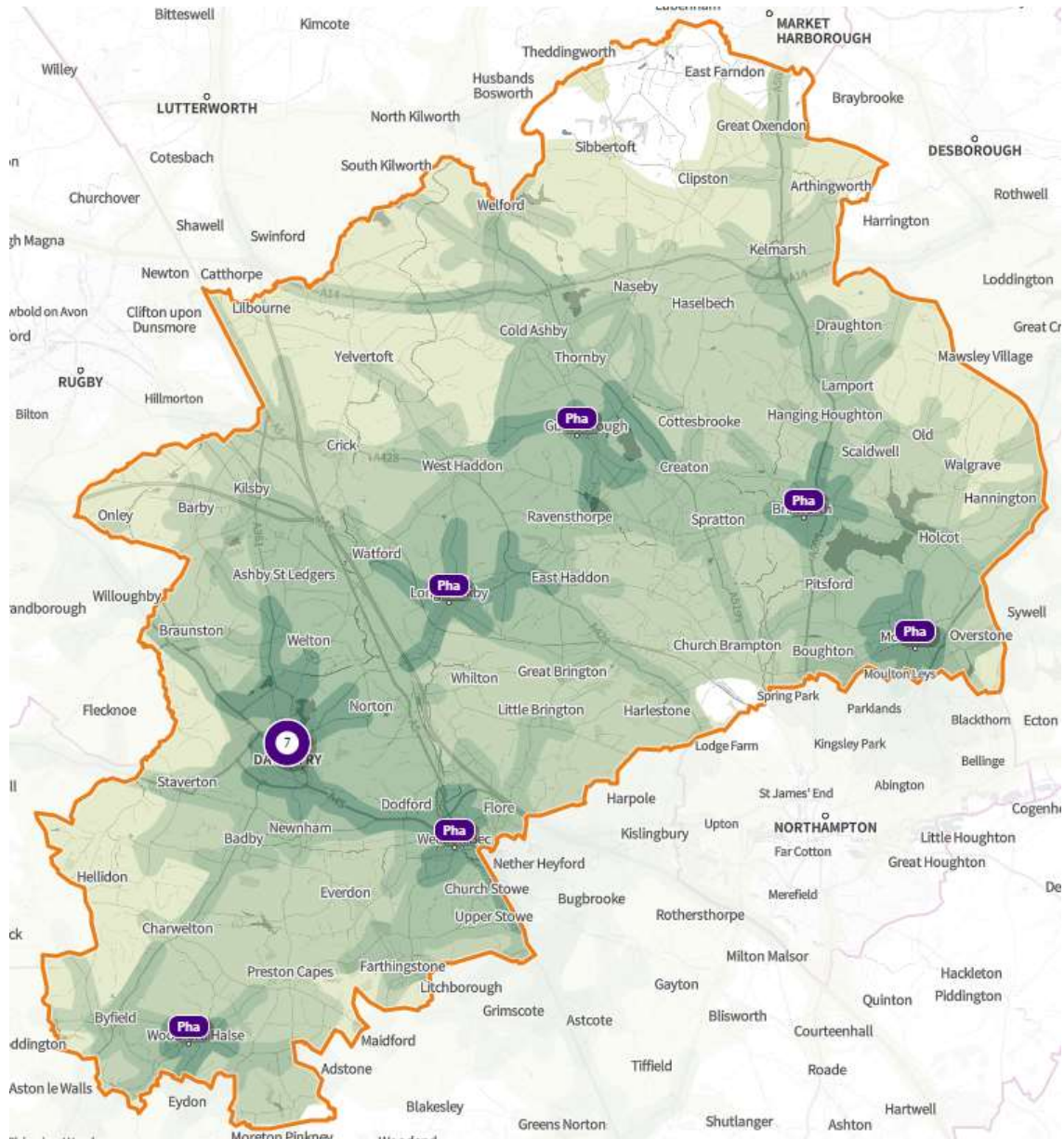


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Travel times in minutes

### Map 16 – access to pharmacies during rush hour times



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Travel times in minutes



There are two 100 hour pharmacies, both in the town of Daventry, which are open seven days a week and between them cover the hours:

- 8.00am to 10.30pm on Monday
- 6.30am to 10.30pm Tuesday to Friday
- 6.30am to midnight on Saturday and
- 8.00am to 7.00pm on Sunday

With regard to the remaining 11 pharmacies:

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

None of these pharmacies open on Sundays.

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

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

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

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

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

All pharmacies provided the New Medicine Service 2019/20, providing a total of 1,296 full service interventions, with a range of one to 365 provided per pharmacy. Between April and December 2020 a total of 715 full service interventions were provided by the pharmacies, with a range of one to 219 provided per pharmacy.

Ten of the pharmacies provided flu vaccinations under the advanced service in 2019/20 vaccinating a total of 1,805 people with a range at pharmacy level of 92 to 364. Between September 2020 and January 2021 eleven of the pharmacies provided a total of 2,219 vaccinations with a range at pharmacy level of ten to 311<sup>78</sup>.

All 13 pharmacies are providing 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:

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<sup>78</sup> [Chemist and Druggist news article 29 October 2020](#)

- 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

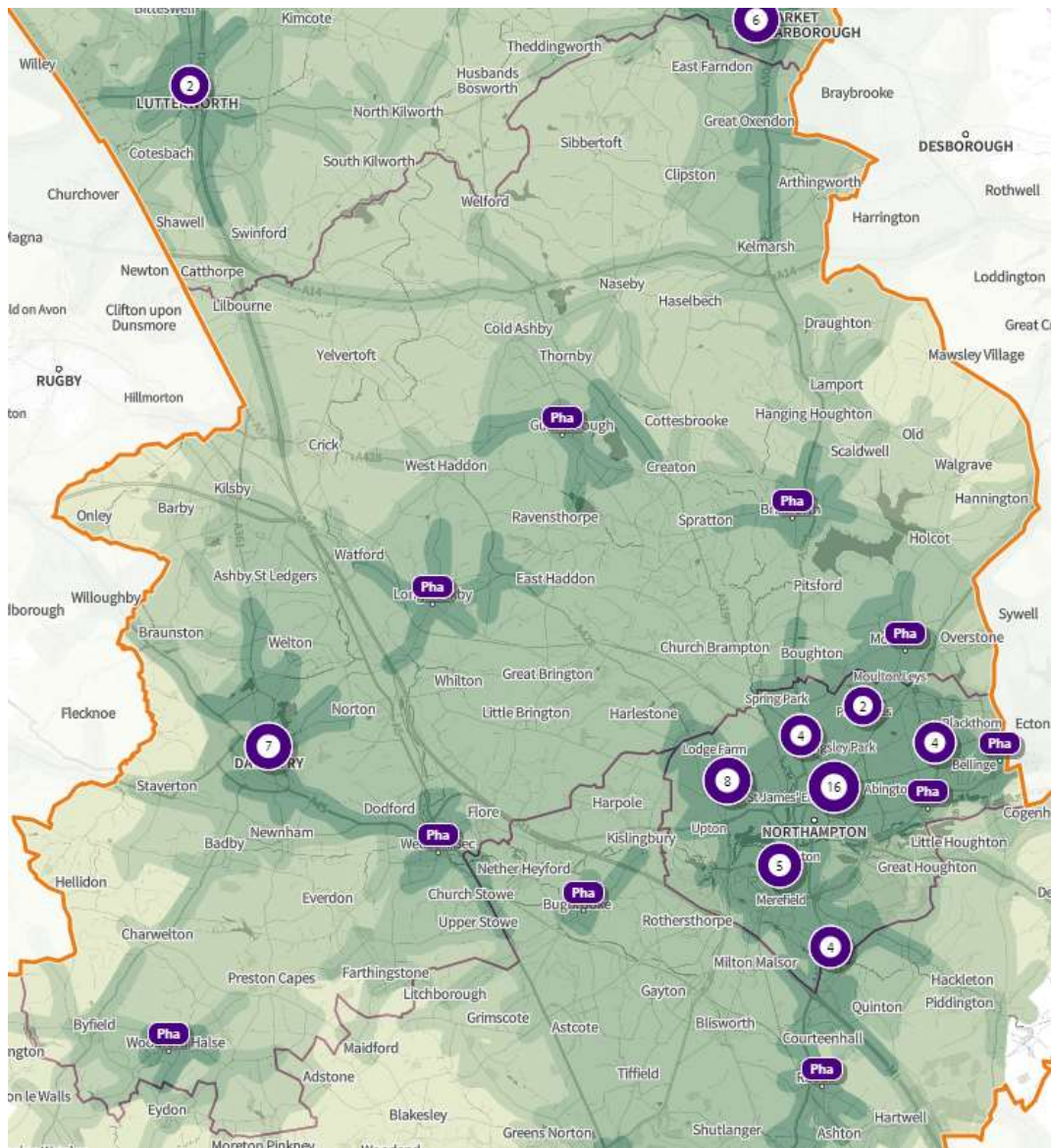
92% of prescriptions written by the GP practices in the locality 2019/20 were dispensed within the locality by the pharmacies and dispensing doctors. For the rest:

- 4% were dispensed elsewhere in West Northamptonshire by 11 dispensing practices and 51 pharmacies
- 2% were dispensed by 1,084 different pharmacies outside of West Northamptonshire
- 1% were dispensed by 21 different distance selling pharmacies outside of West Northamptonshire and
- 1% was dispensed by 43 different dispensing appliance contractors outside of West Northamptonshire

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

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

**Map 17 – access to pharmacies inside and outside Daventry during rush hour times**



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Travel times in minutes

#### **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 two pharmacies provide the emergency supply enhanced service, a 100 hour pharmacy provides the palliative care enhanced service and seven 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**

One of the two locations for the GP out of hours service is within the locality. In 2019/20 6,050 items were prescribed by the service of which 77% were dispensed within the locality (predominantly by the two 100 hour pharmacies and one pharmacy that opens Monday to Friday and Saturday morning), 18% were dispensed elsewhere in Northamptonshire by 38 different contractors, and the remaining 5% were dispensed by 60 contractors outside of West Northamptonshire.

Between April 2020 and February 2021, a total of 145 items were prescribed of which:

- 40% were dispensed within the locality (29% by 100 hour pharmacies)
- 47% were dispensed elsewhere in West Northamptonshire by 13 different contractors and
- the remaining 13% were dispensed by nine contractors outside of West Northamptonshire in North Northamptonshire or Oxfordshire

## **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 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 1,224 contractors dispensed items written by one of the GP practices, of which 1,149 were outside of West Northamptonshire.

## **8.7 Necessary services – gaps in provision**

The three pharmacies that replied to the pharmacy contractor questionnaire all confirmed that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.

Of the three dispensing practices that responded to the contractor questionnaire, one said they have sufficient capacity within their existing premises and staffing levels to manage the

increase in demand in the area. Two 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 the three pharmacies that responded to the contractor questionnaire provide a free collection service. Two provide a free delivery service, and one charges, but all three offer the 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 West Northamptonshire or by distance selling premises either inside or outside of West Northamptonshire.

Two of the practices deliver to all patients. The third does not offer a delivery service.

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. Car ownership in the locality is considerably higher than for the rest of England reflecting the rural nature of the locality and the fact that public transport will not be available at such times as it is needed. It is also noted that six of the GP practices dispense from seven sites across the locality and that residents in the north of the locality will be dispensed to by the practices in Market Harborough. For those who are not dispensed to by their GP practice the increasing use of the Electronic Prescription Service reduces their need to first attend their GP surgery to collect their prescriptions and to then take them to the pharmacy of their choice.

The 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 three 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

## **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 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 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.

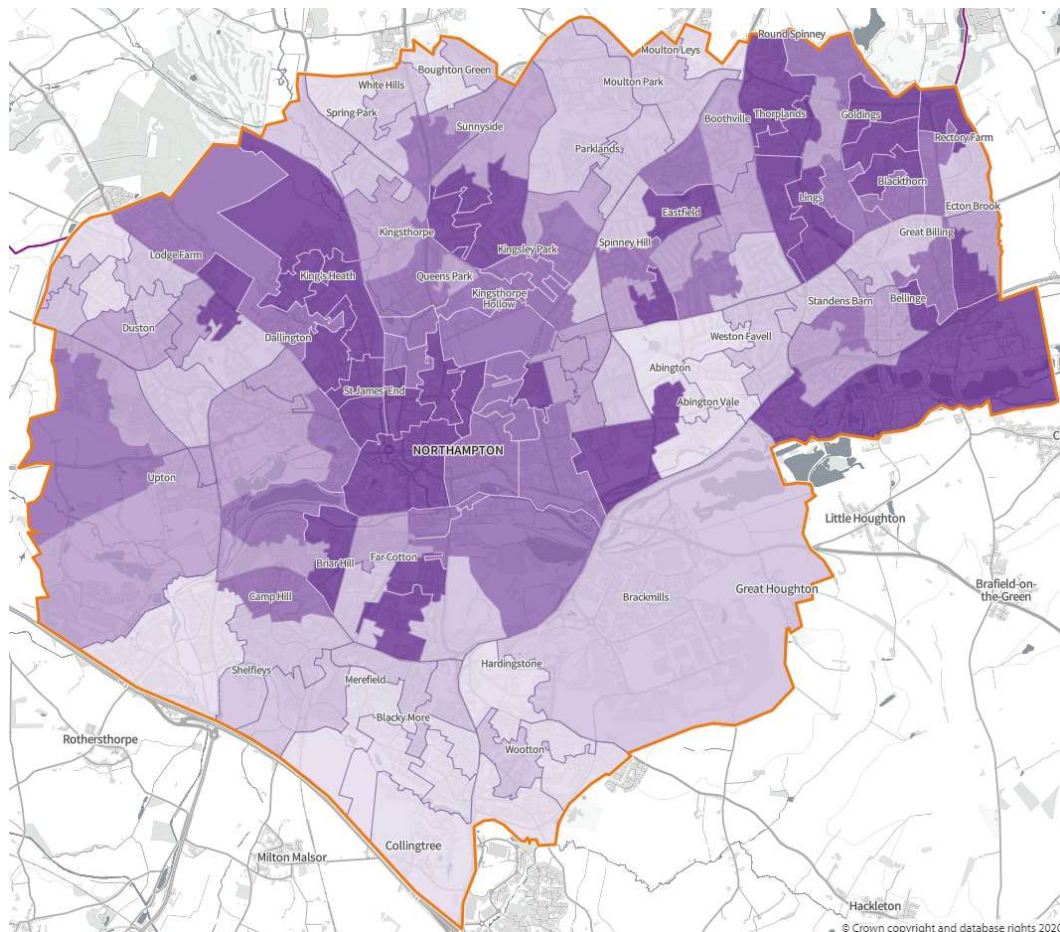
At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2022. It is believed that this is due to pharmacies focusing on responding to the Covid 19 pandemic. It is therefore anticipated that over time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

### 9.1 Key facts

- Lowest population growth rate to 2043 in the HWB area at 4.3%
- Highest proportion of people for whom English is not their main language
- 23.3% of Lower Super Output areas are in deciles 1 and 2, the two most deprived deciles. One moved from decile 2 to decile 1 between 2015 and 2019. The level of deprivation in two worsened by two or more deciles. In this map the darker the shading the greater the level of deprivation

**Map 18 – Spread of deprivation by Lower Super Output Area<sup>79</sup>**



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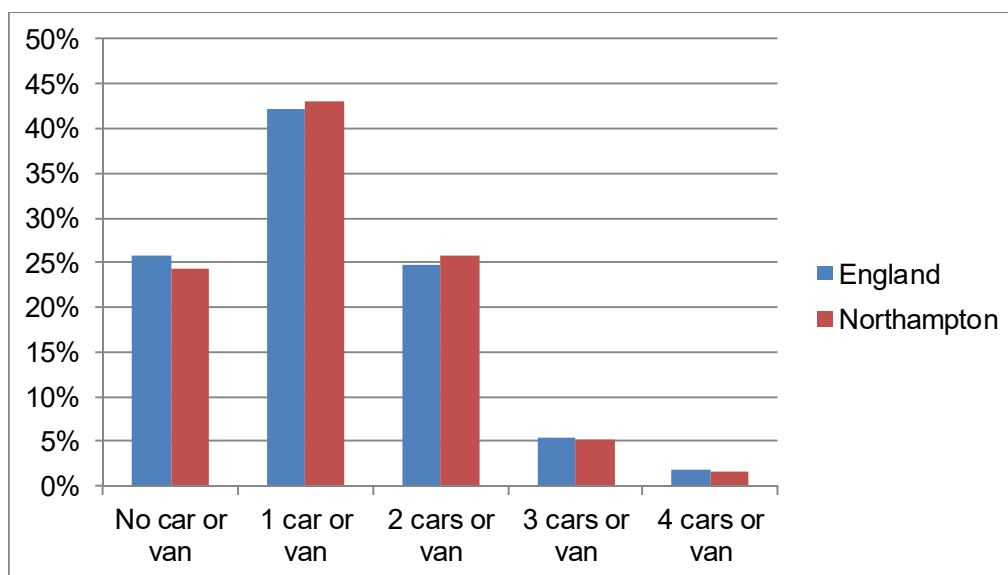
- Highest birth rate in the Health and Wellbeing Board's area at 13.3 per 1,000 population
- Highest General Fertility rate in the Health and Wellbeing Board's area
- Lowest level of life expectancy for both men and women at 79 and 82 years respectively. Also lower than the English average by 1.1 and 0.6 years respectively

<sup>79</sup> Public Health England's Strategic Health Asset Planning and Evaluation tool



- Greatest inequalities in life expectancy between the most and least deprived areas in the Health and Wellbeing Board's area at 8 years for males and 5.2 years for females
- Lowest level of house ownership, highest level of rented property (both socially and privately rented), highest level of shared ownership and lowest level of people living rent free
- The main languages spoken in Northampton households are:
  - English – 89.92%
  - Polish – 2.67%
  - Other languages not specified in the Census – 0.36%
  - Bengali (with Sylheti and Chatgaya) – 0.81%
  - Romanian - 0.49%
  - Lithuanian - 0.46%
  - Gujarati - 0.41%
  - Other Chinese not Cantonese or Mandarin - 0.39%
  - Russian - 0.37%
  - Latvian- 0.32%
- The figure below compares car ownership levels in the locality to England

**Figure 36 – car ownership in Northampton<sup>80</sup>**



- Highest number of rough sleepers
- Higher incidence of cancer
- Highest rate of suicides
- Highest percentage of 15- to 24-year-olds screened for Chlamydia
- Highest reduction in the number of under 18 conceptions over the last 22 years, but still higher than the other two localities

There are eight major housing developments in this locality, although some fall partly in the Daventry and South Northamptonshire localities.

<sup>80</sup> [Nomis KS404EW - Car or van availability](#)

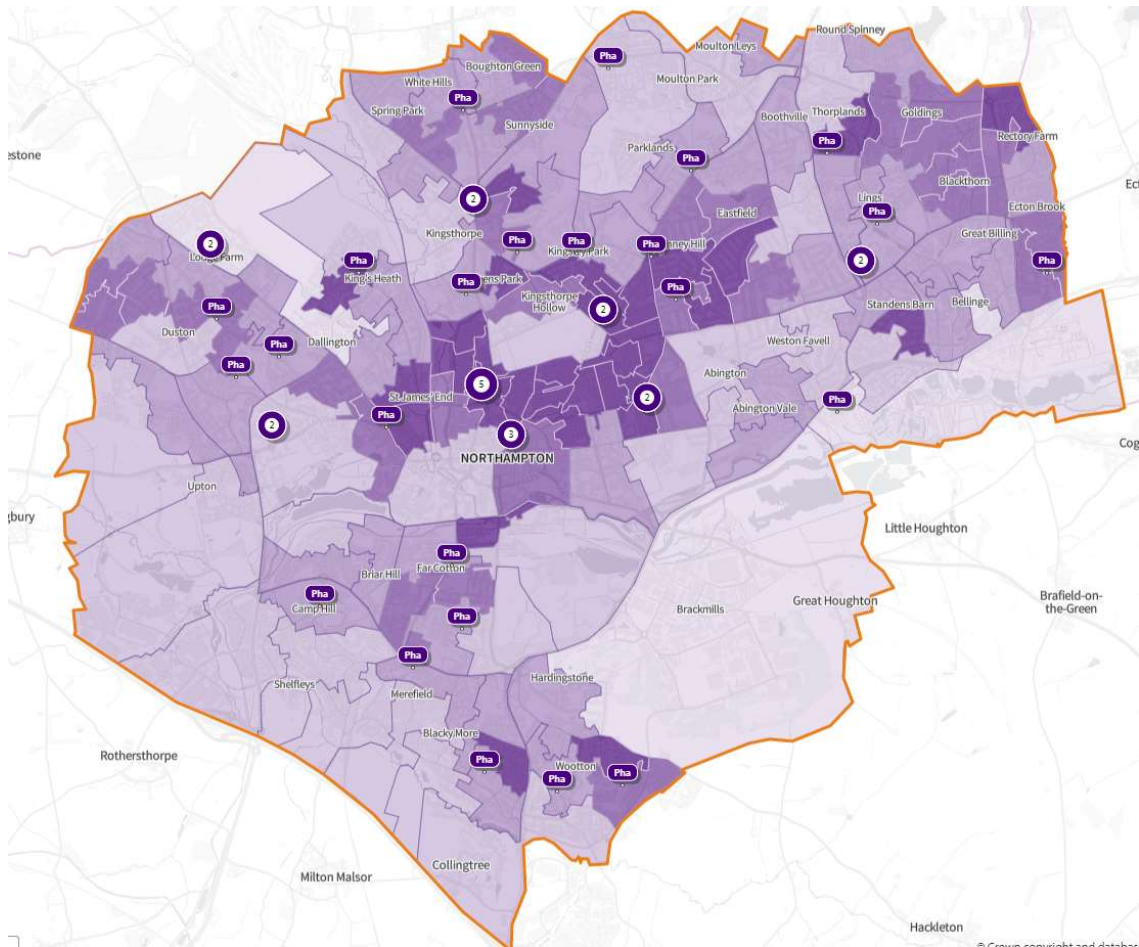
**Table 10 – major housing developments in Northampton**

<b>Development</b>	<b>Units</b>	<b>Status</b>
Northampton North Sustainable Urban Extension (Overstone Leys/Overstone Green)	3,500 homes	Outline planning permission application submitted 9 January 2020. No decision at the time of writing.
Northampton North of Whitehills SUE (Buckton Fields).	1,000 homes	Outline permission granted. Detailed planning permission for parts and building has commenced with some houses occupied.
Northampton Kings Heath Sustainable Urban Extension (Dallington Grange)	3,000 homes	Outline planning permission granted in principal, subject to section 106 agreement being formalised. It was expected that the section 106 agreement would be signed and planning permission issued in March 2020.
Northampton West Sustainable Urban Extension	2,550 homes	Outline application approved September 2019.
Upton Lodge (Northampton) / Norwood Farm Sustainable Urban Extension (South Northamptonshire)	3,500 homes	Building has commenced
Northampton Upton Park Sustainable Urban Extension	1,000 homes	Building has commenced
Northampton South Sustainable Urban Extension	1,000 homes	Full planning permission approved
Northampton South of Brackmills Sustainable Urban Extension (Hardingstone)	1,300 homes	Building has commenced

## **9.2 Necessary services: current provision within the locality's area**

There are 40 pharmacies (of which one is a distance selling premises) in the locality operated by 25 different contractors, and three dispensing appliance contractors operated by different contractors. As can be seen from the map below the premises are located across the town, generally in those areas with a greater population density (the darker the shading the greater the population density). There are no dispensing practices in the locality.

**Map 19 – location of pharmacies and dispensing appliance contractor premises compared to population density**



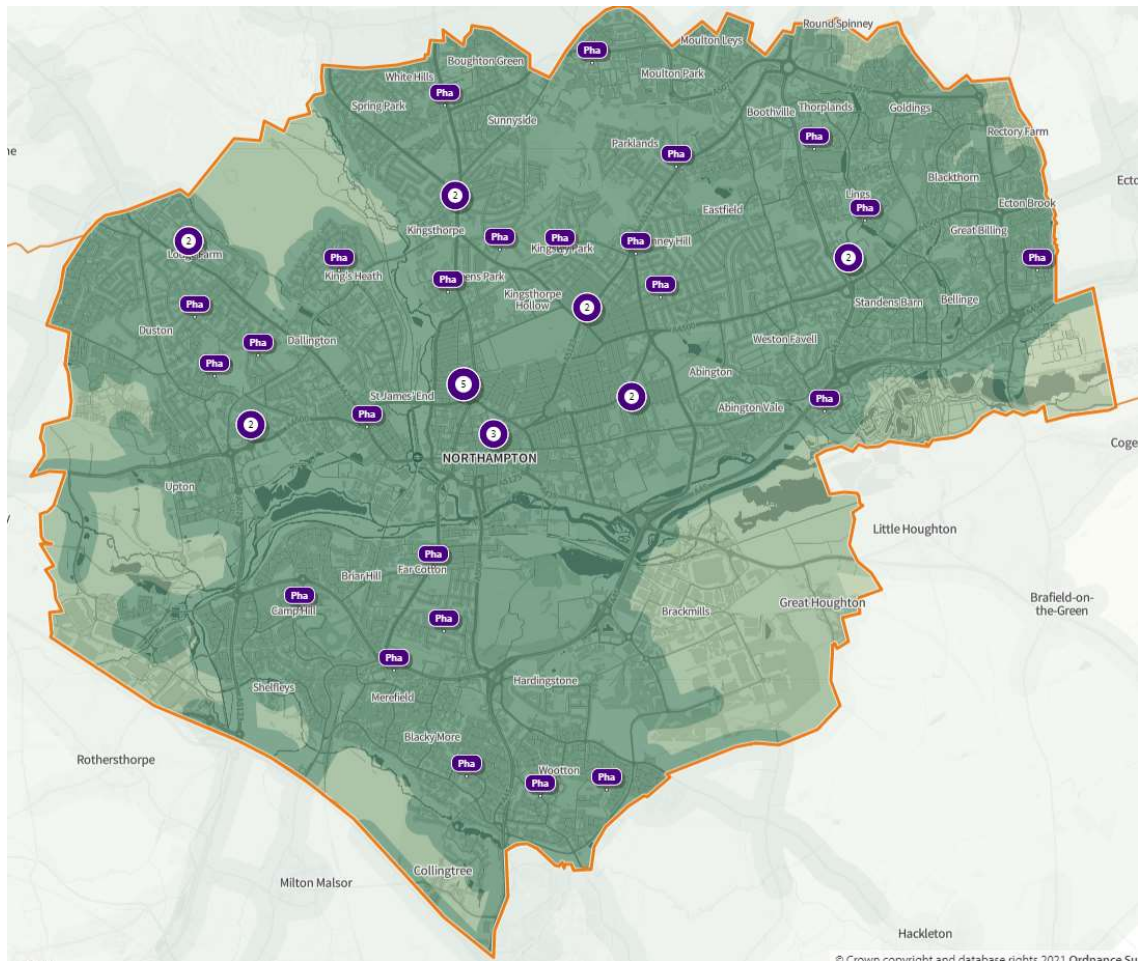
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An application to open a new distance selling premises in Northampton was granted by NHS England and NHS Improvement and opened on 15 April 2021.

In 2019/20, 93% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the pharmacies or dispensing appliance contractors. None of the GP practices in the locality dispense.

All residents of the locality can access one of the pharmacies by car within 20 minutes, with the majority being able to do so within 15 minutes both within rush hour and outside of it (the only area that is not within 15 minutes of a pharmacy during rush hour is an area of countryside on the east of the locality, to the east of the Anglian Water treatment plant and south of the A45). All three dispensing appliance contractors provide a free home delivery service and it is very unlikely that any resident would attend one of the three premises. They have therefore been excluded from the maps below.

## Map 20 – access to pharmacies outside of rush hour times

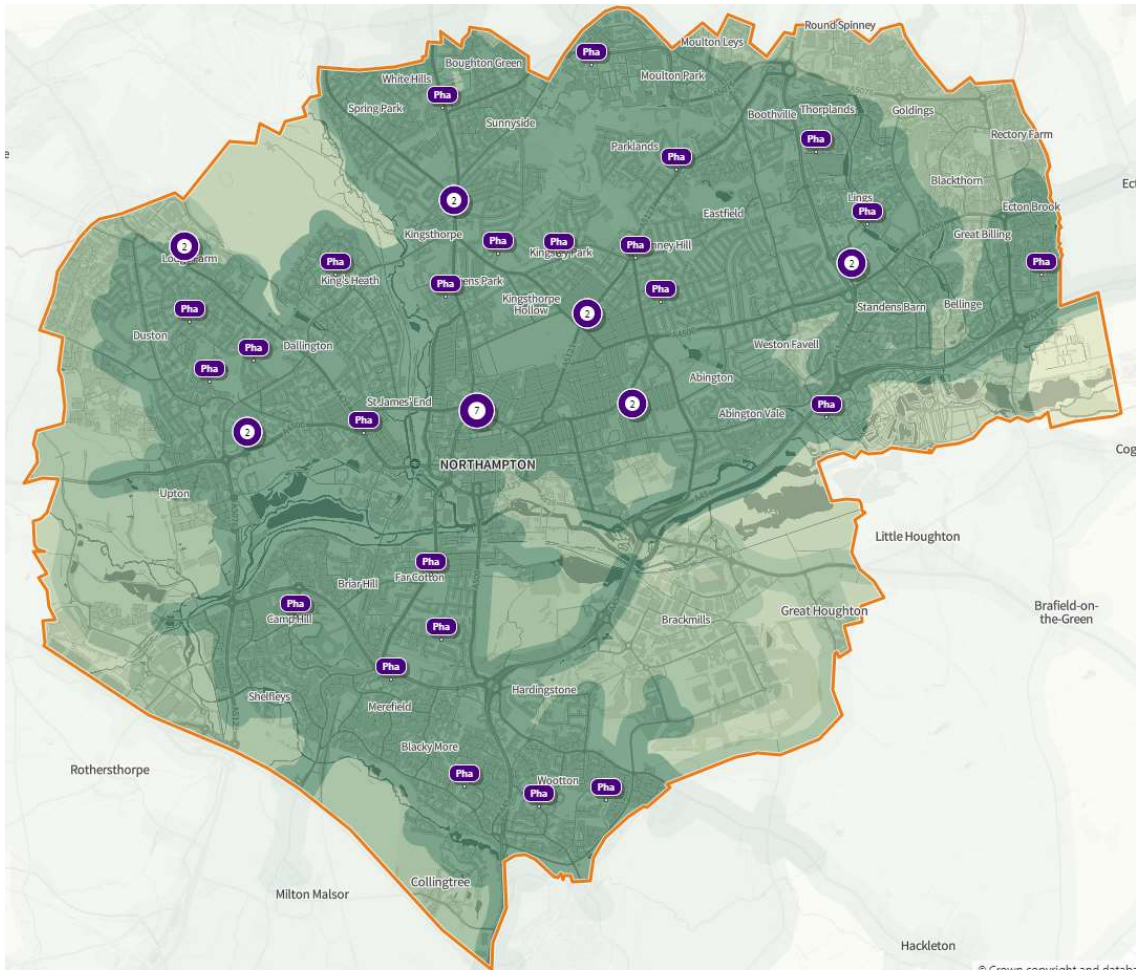


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Travel times in minutes

**Map 21 – access to pharmacies during rush hour times**



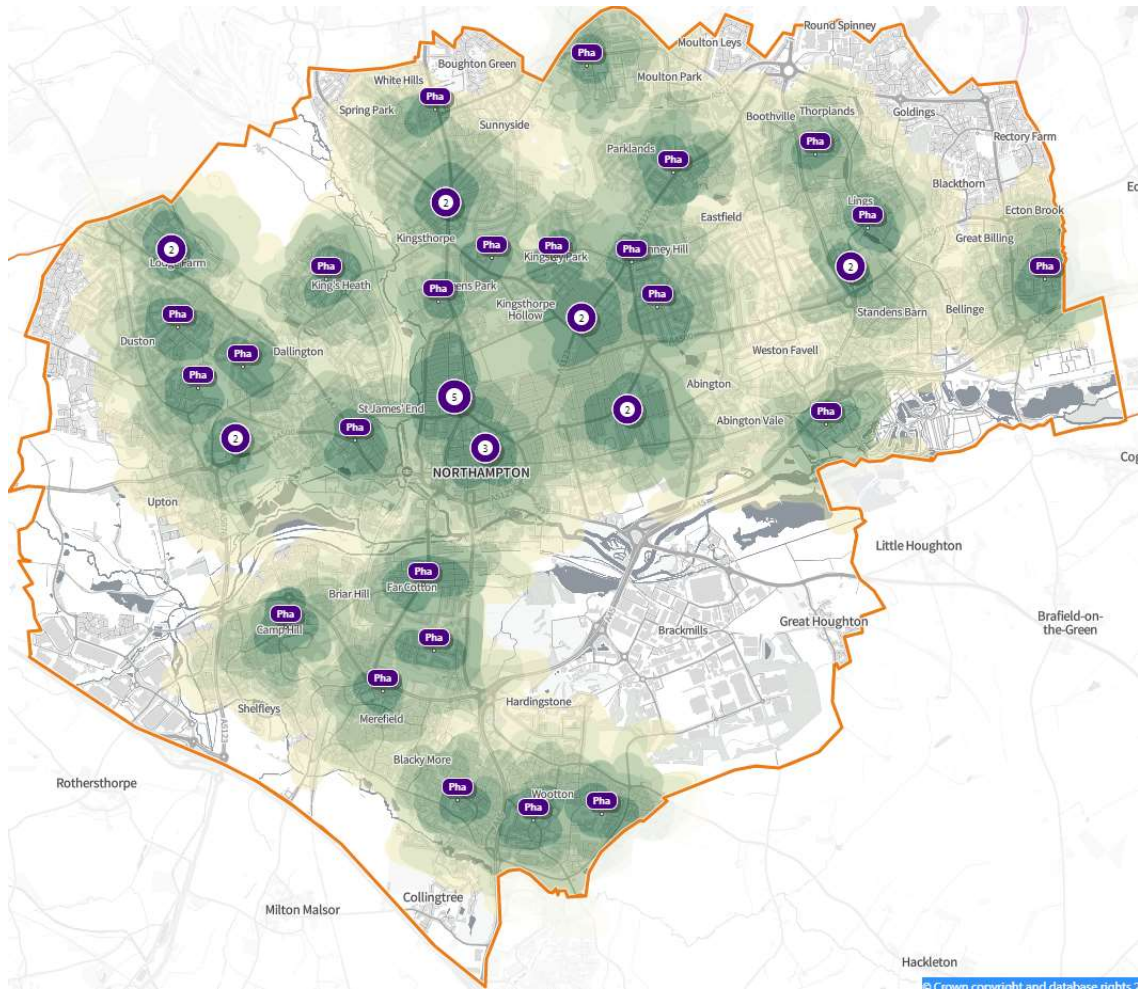
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Travel times in minutes

The map below shows how long it would take to access the nearest pharmacy on foot.

## Map 22 – access to pharmacies on foot



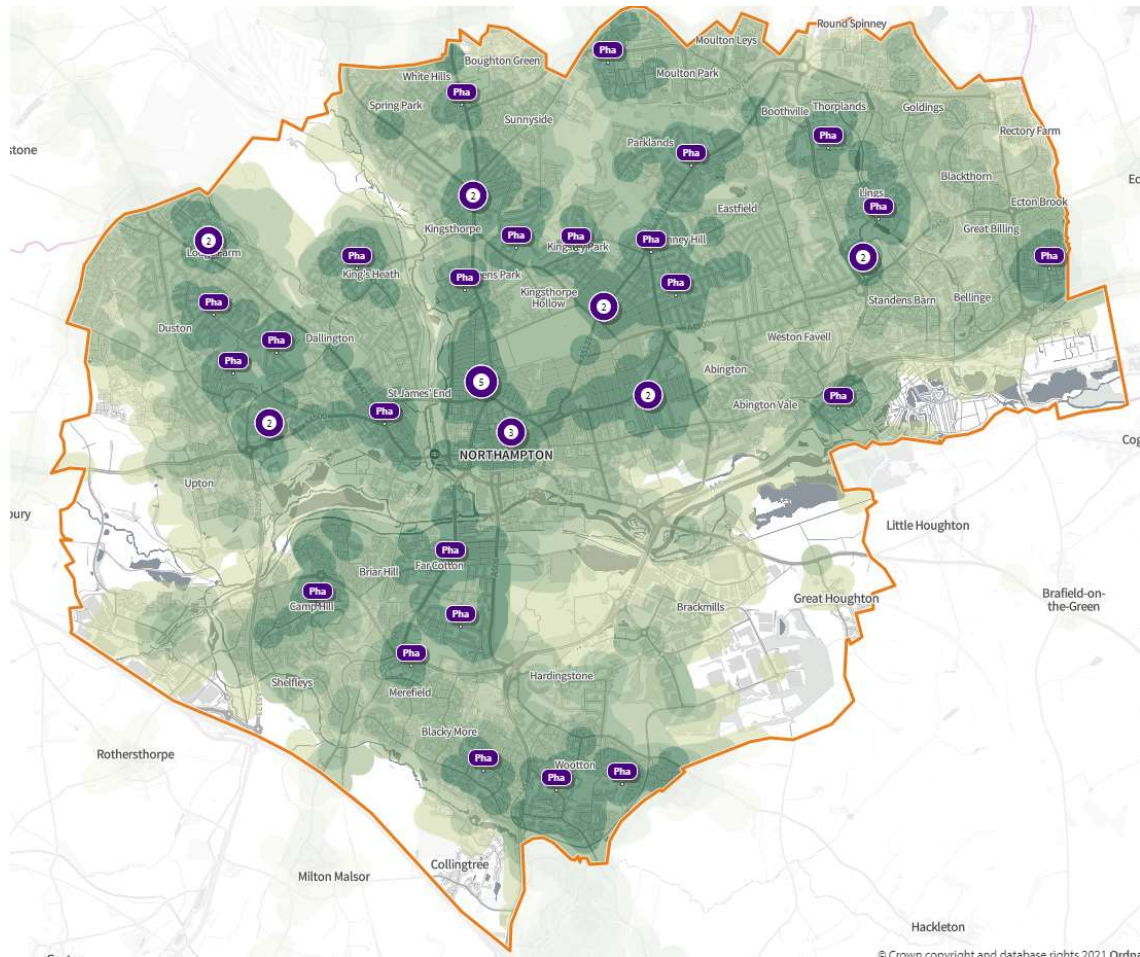
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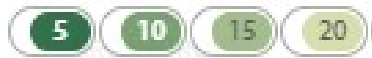
Travel times in minutes

The map below shows how long it would take to access the nearest pharmacy by public transport.

## Map 23 – access to pharmacies by public transport



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Travel times in minutes

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

- 7.00am to midnight on Monday
- 6.00am to midnight Tuesday to Friday
- 6.00am to 11.00pm Saturday and
- 8.00am to 9.45pm on Sunday

With regard to the remaining 35 pharmacies:

- 10 open Monday to Friday
- 16 are open Monday to Friday and Saturday morning
- Five are open Monday to Saturday
- Four are open seven days a week

With regard to the times at which these 35 pharmacies are open between Monday and Friday, they open between 8.00 and 9.00am and close between 5.30 and 8.00pm.

On Saturdays, pharmacy opening hours are secured by these 35 pharmacies between 8.00am and 8.00pm and on Sundays between 10.00am and 4.30pm.

All three dispensing appliance contractors open Monday to Friday, between the hours of 9.00am and 5.00pm.

Of the ten pharmacies who responded to the contractor questionnaire, nine dispense all appliances listed in Part IX of the Drug Tariff and one just dispenses dressings. None of the dispensing appliance contractors responded to the contractor questionnaire but by their very nature they will be dispensing prescriptions for some or all appliances.

34 pharmacies provided 5,157 New Medicine Service full service interventions in 2019/20, with a range of three to 1,010 provided per pharmacy. 35 pharmacies provided a total of 3,934 full service interventions between April and December 2020 with a range of five to 726.

36 pharmacies provided a total of 7,030 flu vaccinations with a range of nine to 1,025 at pharmacy level. Between September 2020 and January 2021 35 pharmacies provided a total of 10,040 flu vaccinations with a range of 47 to 756 at pharmacy level<sup>81</sup>.

39 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

93% of prescriptions written by the GP practices in the locality 2019/20 were dispensed within the locality by the pharmacies. For the rest:

- 3% were dispensed by 1,631 different pharmacies outside West Northamptonshire
- 2% were dispensed by 34 different distance selling pharmacies outside of the locality and
- 2% were dispensed by 51 different contractors elsewhere in West 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.

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<sup>81</sup> [Chemist and Druggist news article 29 October 2020](#)



## 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 nine pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

Four pharmacies provided stoma appliance customisation in 2019/20, falling to two pharmacies in 2020/21, despite at least nine pharmacies dispensing all appliances listed in Part IX of the Drug Tariff. All three dispensing appliance contractors provided the service in 2019/20 (17,452 customisations) and between April 2020 and February 2021 (12,686 customisations).

At the time of writing two pharmacies 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 the low level of interest is due to pharmacies focusing on responding to the Covid 19 pandemic.

As of 15 April 2021 39 of the pharmacies had signed up to provide the Covid-19 lateral flow device distribution service.

In 2020/21 12 pharmacies provide the emergency supply enhanced service of which two are 100 hour pharmacies, three pharmacies provide the palliative care enhanced service of which two are 100 hour pharmacies, and 21 provide the gluten free food enhanced service.

## 9.5 Other NHS services

One of the two locations for the GP out of hours service is within the locality. In 2019/20 17,298 items were prescribed by the service of which:

- 94% were dispensed within the locality (63% by the 100 hour pharmacies and a further 13% by pharmacies with extended opening hours)
- 2% were dispensed elsewhere in West Northamptonshire by 25 different contractors (0.7% by 100 hour pharmacies) and
- the remaining 2% were dispensed by 123 contractors outside of West Northamptonshire predominantly in North Northamptonshire and Milton Keynes

Between April 2020 and February 2021, a total of 33,493 items were prescribed of which:

- 48.2% were dispensed within the locality (33% by the 100 hour pharmacies),
- 9.5% were dispensed elsewhere in West Northamptonshire by 23 different contractors and
- the remaining 42.3% were dispensed by 182 contractors outside of West Northamptonshire predominantly in North Northamptonshire (40.1%)

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

- 6:30pm – 9.30pm Monday to Friday
- 9:00am - 5:00pm Saturdays and Sundays
- 9:00am - 5:00pm public and bank holidays

In 2019/20 6,014 items were prescribed, and 7,853 items between April 2020 and February 2021.

96% of the items prescribed in 2019/20 were dispensed by a pharmacy in the locality (95% between April 2020 and February 2021), 3% was dispensed elsewhere in West Northamptonshire (1%), with the remainder being dispensed outside of West Northamptonshire, predominantly in North Northamptonshire, London and West Yorkshire.

The practices personally administered 1% of items prescribed.

The substance misuse service, Substance to Solution, is based in Northampton but also has sites in Corby, Kettering and Wellingborough. In 2019/20 34,787 items were prescribed:

- 40% of items were dispensed in the locality
- 5% were dispensed elsewhere in West Northamptonshire and
- 55% were dispensed outside of West Northamptonshire, predominantly in North Northamptonshire reflecting the fact there are three sites in that Health and Wellbeing Board's area

Between April 2020 and February 2021, 31,081 items were prescribed:

- 41.5% of items were dispensed in the locality
- 5.7% were dispensed elsewhere in West Northamptonshire and
- 52.1% were dispensed outside of West Northamptonshire, predominantly in North Northamptonshire reflecting the fact there are three sites in that Health and Wellbeing Board's area

The end of life service is based in Northampton and 103 items were prescribed in 2019/20, and 472 between April 2020 and February 2021. In 2019/20 they were dispensed as follows:

- 35% by pharmacies within the locality
- 5% elsewhere in West Northamptonshire and
- 60% outside of West Northamptonshire, predominantly in North Northamptonshire

In 2020/21 they were dispensed as follows:

- 23% by pharmacies within the locality
- 9% elsewhere in West Northamptonshire and
- 68% outside of West Northamptonshire, predominantly in North Northamptonshire

The pattern of dispensing reflects the fact this service is provided across the county of Northamptonshire.

## **9.6 Choice with regard to obtaining pharmaceutical services**

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

In 2019/20 a total of 1,757 contractors dispensed items written by one of the GP practices, of which 1,631 were outside of West Northamptonshire.

## **9.7 Necessary services – gaps in provision**

10 of the 40 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from the housing developments in the locality and of those. Their responses were as follows:

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

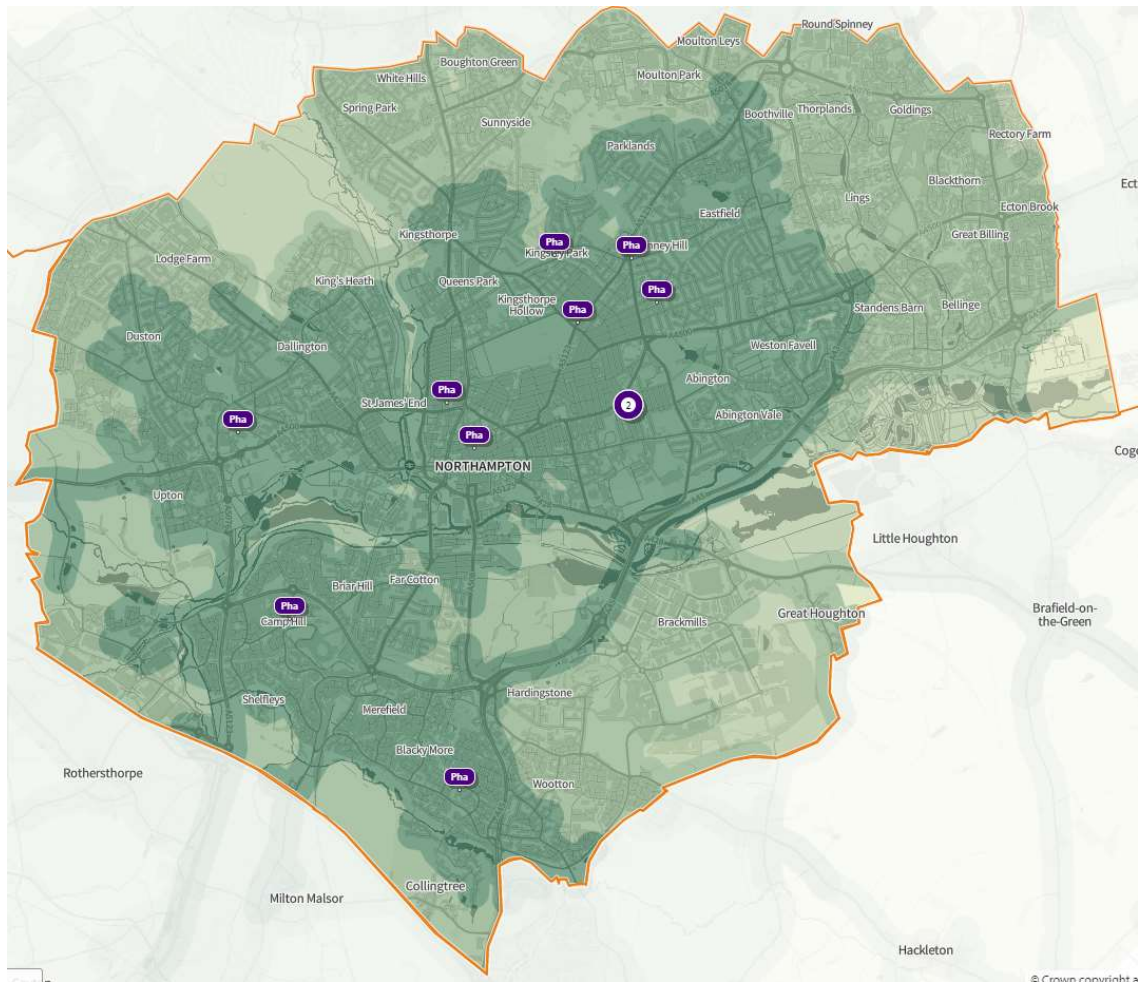
Whilst not a NHS service nine pharmacies collect prescriptions from GP practices and all ten provide a delivery service. Five provide a delivery service free of charge, and five charge a fee. Five provide it to any patient, one provides the service to the elderly, less able, temporarily incapacitated and housebound individuals who will struggle to attend, and one provides the service to specific postcodes.

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 West Northamptonshire or by distance selling premises either inside or outside of West 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 Sustainable Urban Extensions. At least seven of the pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area, or could make adjustments to do so. The opening of a new distance selling premises has also increased capacity. The map below shows those parts of the locality that are within 15 minutes by car from these pharmacies. Whilst the new distance selling premises wasn't open when the contractor questionnaire was live it has been assumed that it has capacity to meet an increase in demand and so has been included in the map.

## Map 24 – access to a pharmacy with capacity to meet the increase in demand by car



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Travel times in minutes

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 the two 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 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 four 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 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 two of the pharmacies have signed up to provide the service as of April 2021 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 of the 100 hour pharmacies and one other 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.

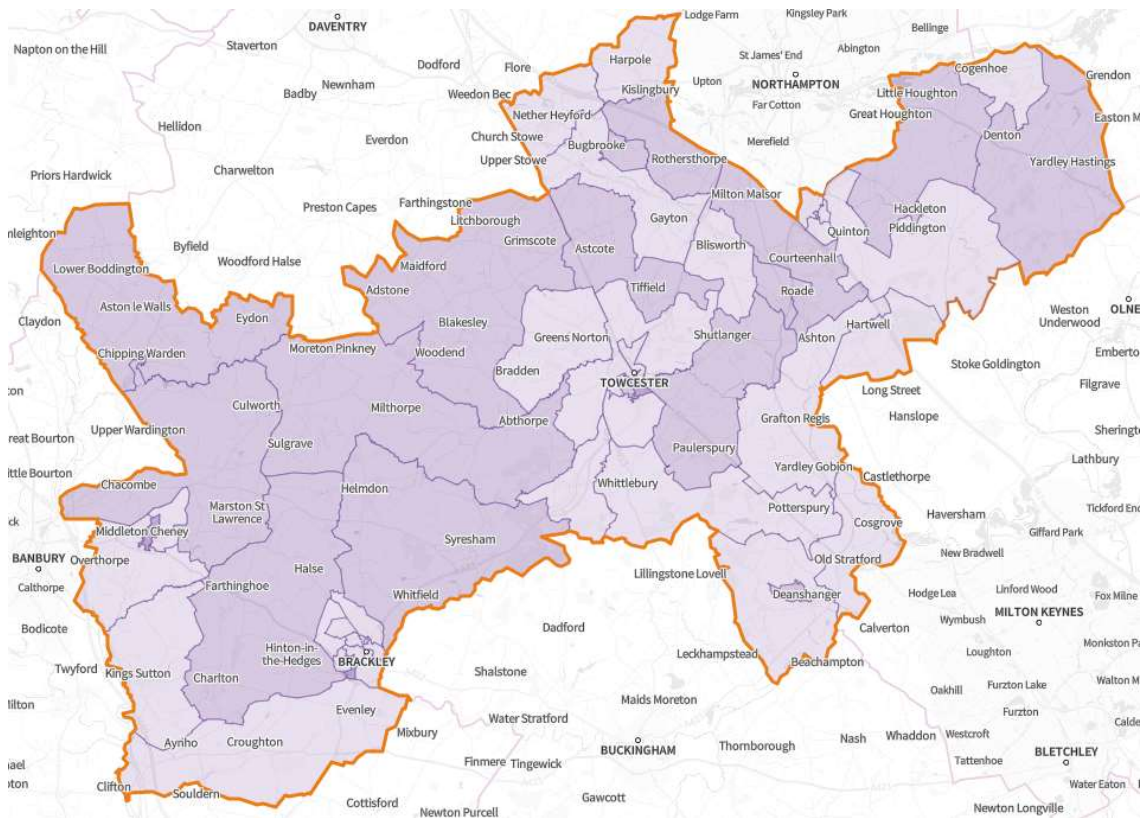
At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2022. It is believed that this is due to pharmacies focusing on responding to the Covid 19 pandemic. It is therefore anticipated that over time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

## 10 South Northamptonshire locality

### 10.1 Key facts

- Highest proportion of population growth 1989 to 2019 in West Northamptonshire
- Lowest increase in 'White Other' people
- Highest proportion of White British people
- Highest proportion of people for whom English is their main language
- Within national rankings, South Northamptonshire is 312<sup>th</sup> out of 319 local authorities with regard to the English Indices of Deprivation 2019 (where a ranking of one is the most deprived<sup>82</sup>). The map below shows the spread of deprivation by Lower Super Output Area across the locality by the Index of Multiple Deprivation, none of which fall within the top two most deprived deciles. In this map the darker the shading the greater the level of deprivation

Map 25 – Spread of deprivation by Lower Super Output Area<sup>83</sup>



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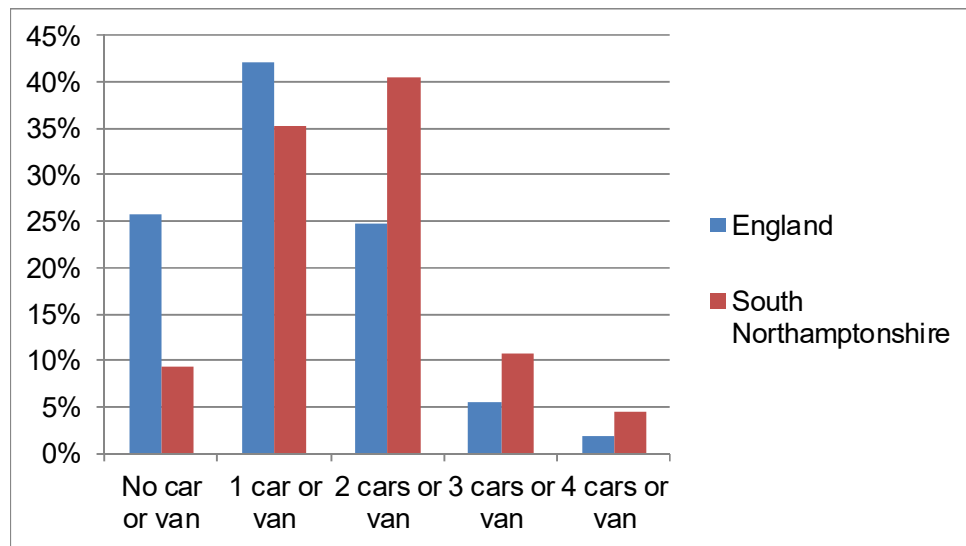
- The main languages spoken in South Northamptonshire households are:
  - English – 98.68%

<sup>82</sup> [Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019](#)

<sup>83</sup> Public Health England's Strategic Health Asset Planning and Evaluation tool

- Other languages not specified in the Census - 0.35%
- Polish - 0.19%
- French - 0.1%
- Spanish - 0.07%
- Gujarati - 0.06%
- German - 0.06%
- Hungarian - 0.04%
- Russian - 0.04%
- Italian - 0.04%
- The figure below compares car ownership levels in the locality to England

**Figure 37 – car ownership in South Northamptonshire<sup>84</sup>**



- Highest proportion of population growth 1989 to 2019
- Lowest increase in 'White Other' people
- Highest proportion of White British people
- Highest proportion of people for whom English is their main language
- Lowest live birth rate
- Greatest level of life expectancy for females
- Lowest inequalities in life expectancy between the most and least deprived areas
- Greatest reduction in age-standardised mortality rate
- Highest level of house ownership, lowest levels of rented properties, and highest proportion of people living rent free
- Mortality rate from cardiovascular disease significantly better than England average
- Lowest proportion of 15 to 24 year olds screened for Chlamydia
- Reduction in under 18 conception rate has begun to reverse
- Highest proportion of overweight or obese adults aged 18 and over
- Higher proportion of offenders' alcohol issues driving offender behaviour than the England average
- Motoring offences represent a particularly high proportion of the total recorded offences, with alcohol abuse being a significant factor in serious motoring offences

<sup>84</sup> [Nomis KS404EW Car or van availability](#)



There are three major housing developments in this locality.

**Table 11 – major housing developments in South Northamptonshire**

Development	Units	Status
Towcester South Sustainable Urban Extension	3,000	South Northamptonshire Council granted outline planning permission for the development of the Towcester South Sustainable Urban Extension in March 2015. Construction has started and it is estimated the 1,016 <sup>th</sup> house will be occupied in 2025.
Brackley North - Radstone Fields, Foxfields and Sawmills	1,319	Construction has started. The new primary school opened in September 2018 (200 children as at November 2020).
Brackley East	350	Outline planning permission for up to 350 new homes granted in 2014.

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

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

**Map 26 – location of pharmacies and dispensing practice premises**

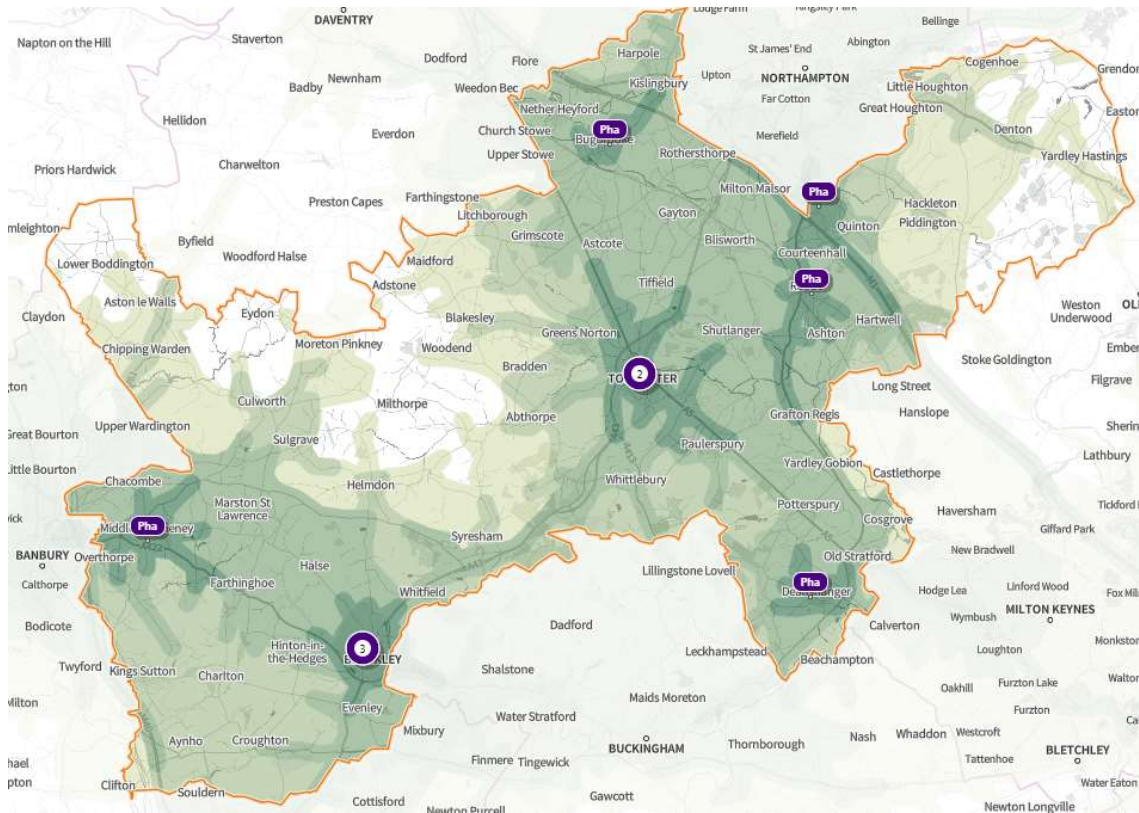


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In 2019/20, 50% of prescriptions written by the GP practices in the locality were dispensed within the locality at one of the pharmacies and 40% by the practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

Due to the more rural nature of the locality it takes longer to access the pharmacies. Most residents can access a pharmacy within a 20 minute drive and all can do so within 30 minutes outside of rush hour. It should be noted that those patients who live the furthest from a pharmacy are likely to be dispensed to by their practice.

### Map 27 – access to pharmacies outside of rush hour times



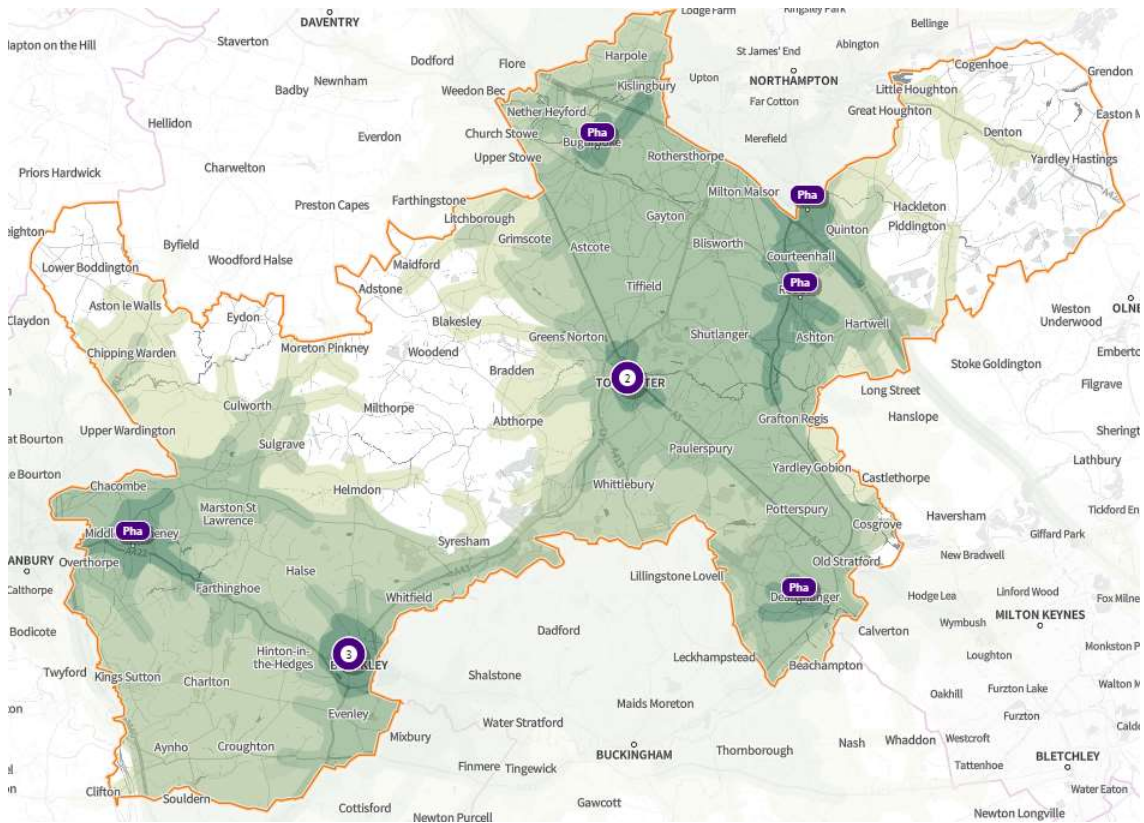
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Travel times in minutes

Fewer people are able to access a pharmacy within the locality within 20 minutes during rush hour, however all but one small area is within a 30 minute drive of a pharmacy and this area does not have a resident population.

## Map 28 – access to pharmacies during rush hour times



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Travel times in minutes

An unforeseen benefits application was submitted to open a pharmacy in the Towcester South development in February 2017. It was refused by NHS England and NHS Improvement, and also on appeal by NHS Resolution. NHS Resolution's reasoning was that:

- There was already a reasonable choice with regard to obtaining pharmaceutical services
- There was no evidence of people sharing a protected characteristic having difficulty in accessing pharmaceutical services and
- There was no evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services

With regard to opening hours:

- Four open Monday to Friday
- Four are open Monday to Friday and Saturday morning and
- Two are open Monday to Saturday (one in Brackley and one in Towcester)

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

- One opens at 8.00am, two at 8.45am and the remainder at 9.00am
- One pharmacy in Towcester stays open until 8.00pm weekdays and
- The remainder close between 5.30 and 6.30pm

On Saturdays, pharmacy opening hours are secured between 9.00am and 5.30pm. No pharmacy opens on a Sunday.

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

Of the two pharmacies who responded to the contractor questionnaire, both dispense all appliances listed in Part IX of the Drug Tariff. Of the four practices that replied to this question, two dispense all appliances listed in Part IX of the Drug Tariff, one doesn't dispense any appliances, and one practice chose not to answer the question.

All ten pharmacies provided the New Medicine Service in 2019/20, completing 748 full service interventions with a range of one to 269 provided per pharmacy. Nine pharmacies provided a total of 522 full service interventions between April and December 2020.

Nine of the pharmacies provided flu vaccinations under the advanced service in 2019/20 vaccinating a total of 1,711 people with a range at pharmacy level of three to 416. All of the pharmacies provided the service in 2020/21, giving 2,232 vaccinations with a range at pharmacy level of between seven and 538.

All ten 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:

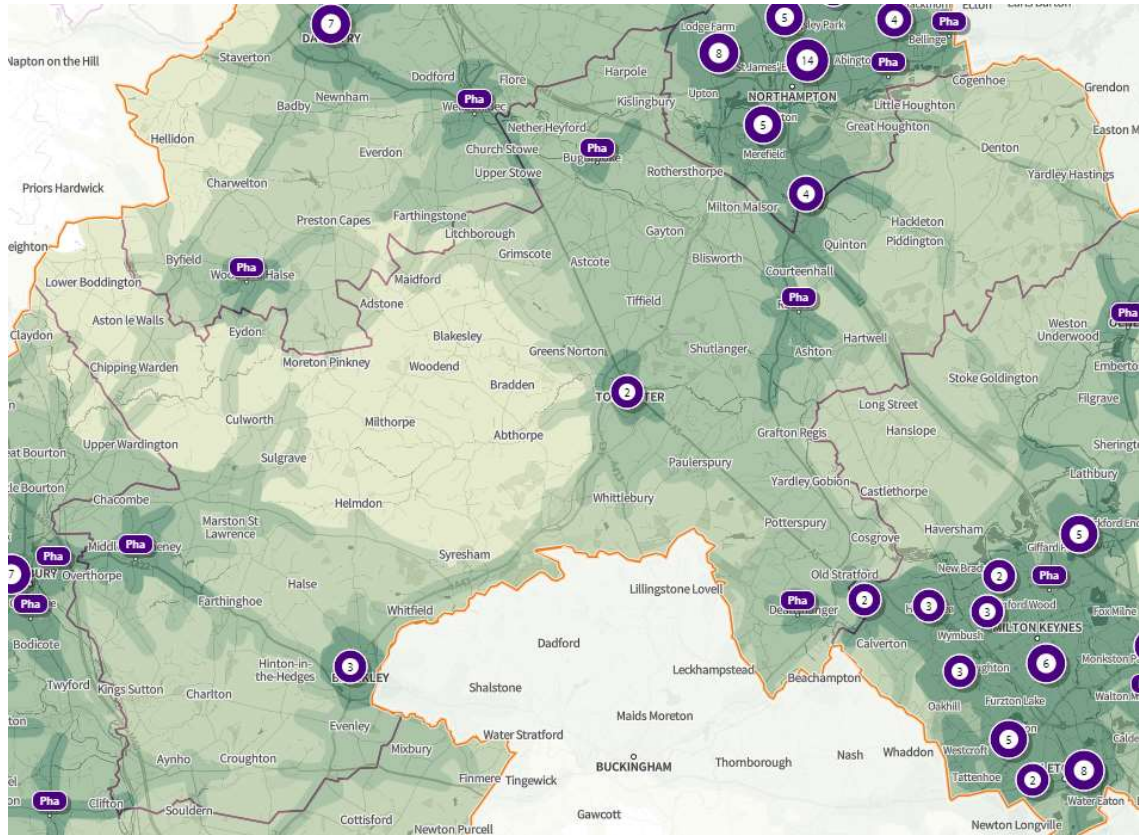
- Offered by dispensing appliance contractors
- Offered by distance selling premises
- Which are located near to where they work, shop or visit for leisure or other purposes

90% 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:

- 5% were dispensed elsewhere in West Northamptonshire predominantly in the Northampton locality
- 3% were dispensed by 793 pharmacies outside of West Northamptonshire, predominantly in Oxfordshire, North Northamptonshire and Milton Keynes
- 1% was dispensed by 16 different distance selling pharmacies outside of West Northamptonshire and
- 1% was dispensed by 40 different dispensing appliance contractors outside of West 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.

**Map 29 – access to pharmacies inside and outside South Northamptonshire during rush hour times**



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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 two pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

Two pharmacies provided stoma appliance customisation in 2019/20 (providing 16 customisations) and this remains the position in 2020/21 (providing 23 customisations 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 two pharmacies provide the emergency supply enhanced service (both in Towcester), two pharmacies provide the palliative care enhanced service (one in Brackley and one in Towcester) and six provide the gluten free food enhanced service.

## **10.5 Other NHS services**

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

The extended access hub, based at Brackley Medical Centre, provides same day and booked appointments with GPs and other healthcare professionals at the following times:

- 3:30pm – 8pm Monday and Friday
- 6:30pm – 8pm Wednesdays and Thursday
- 8:30am - 12pm Saturday and Sunday
- 8:30am - 11:30am public and bank holidays

Additional appointments are also available in Daventry, Greens Norton, Guilsborough and Towcester.

In 2019/20 2,035 items were prescribed and were dispensed as follows:

- 56% were dispensed within the locality (predominantly by the co-located pharmacies in Brackley and Towcester),
- 34% were dispensed elsewhere in West Northamptonshire by 23 contractors, and
- 10% were dispensed outside West Northamptonshire by 50 contractors predominantly in Oxfordshire and Milton Keynes.

Between April 2020 and February 2021 381 items were prescribed and were dispensed as follows:

- 61% were dispensed within the locality (predominantly by the co-located pharmacies in Brackley and Towcester)
- 35% were dispensed elsewhere in West Northamptonshire by 14 contractors and
- 3% were dispensed outside West Northamptonshire by eight contractors predominantly in Oxfordshire

## **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 927 contractors dispensed items written by one of the GP practices, and 852 of these contractors were located outside of West Northamptonshire.

## 10.7 Necessary services – gaps in provision

The two pharmacies who responded to the question in the contractor questionnaire regarding capacity to meet demand from the housing developments in the locality confirmed they don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand.

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

Whilst not a NHS service both pharmacies who responded to the questionnaire provide a free prescription collection service and both 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 West Northamptonshire or by distance selling premises either inside or outside of West Northamptonshire.

Three of the practices provide a delivery service, one to all patients and the other two restricting the service to:

- Housebound patients, patients with particular medical or care needs and patients with transport difficulties and
- Patients in the villages the volunteers live in

The Health and Wellbeing Board has noted the location of pharmacies across this locality, and the fact the majority of the population can access a pharmacy within 20 minutes. For those that can't access a pharmacy within the locality within 20 minutes, they are able to access a pharmacy in the neighbouring localities or over the border in neighbouring counties and North Northamptonshire. The one small area that is not within 20 minutes of a pharmacy does not have a resident population. Car ownership in the locality is considerably higher than for the rest of England reflecting the rural nature of the locality and the fact that public transport will not be available at such times as it is needed. It is also noted that seven of the GP practices dispense from nine sites across the locality. For those who are not dispensed to by their GP practice the increasing use of the Electronic Prescription Service reduces their need to first attend their GP surgery to collect their prescriptions and to then take them to the pharmacy of their choice.

Silverstone Circuit is located in this locality, to the south of Towcester. As noted earlier this venue draws considerable numbers of visitors who may have need of pharmaceutical services. Access to the venue is promoted as exceptionally easy by road and therefore the Health and Wellbeing Board is satisfied that those who are at the venue and in need of pharmaceutical services would be able to access the pharmacies in either Towcester or Brackley.

The Health and Wellbeing Board has considered whether there is a current need for a pharmacy in either or both of the Brackley Sustainable Urban Expansions. Whilst neither of the pharmacies in Brackley responded to the contractor questionnaire one has recently moved into new premises at the Brackley Medical Centre and Community Hospital. From the

information before it the Health and Wellbeing Board is satisfied that there is no current need for the provision of essential services and that no future need will arise in relation to this development within the lifetime of this document.

In relation to the Sustainable Urban Extension at Towcester the Health and Wellbeing Board has noted that both the Towcester pharmacies responded to the contractor questionnaire confirming they can make adjustments to meet the increase in demand. From the information before it the Health and Wellbeing Board is satisfied that there is no current need for the provision of essential services and that no future need will arise in relation to this development within the lifetime of this document.

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

As of May 2021 West Northamptonshire has 64 pharmacies, of which two are distance selling premises, and three dispensing appliance contractors all providing the full range of essential services. Many provide advanced and enhanced services as commissioned by NHS England and NHS Improvement, and some provide services commissioned by West Northamptonshire Council. There are no Local Pharmaceutical Services contractors. 13 of the GP practices dispense to eligible patients from 16 sites, one of which is located over the border in Buckinghamshire.

Overall, access to pharmaceutical services in West 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.

West Northamptonshire has a population of approximately 405,050. 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 West 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.

### **11.1 Current provision – necessary services**

West 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.

## **11.2 Necessary services – gaps in provision**

### **11.2.1 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.

#### **11.2.1.1 Access to essential services during normal working hours**

The Health and Wellbeing Board has identified that the overwhelming majority of the population is able to access a pharmacy during normal working hours within 20 minutes by car. For the three areas 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:

- There is no resident population in this area, just fields, woods and a nature reserve
- The area contains the M40, two railway lines, fields and no resident population and
- The area contains Yardley Chase (a 357.6 hectare biological Site of Special Scientific Interest), a horse stud and a handful of scattered houses/farms

The picture changes slightly during rush hour times so that the following fall outside the 20 minutes standard:

- A larger area to the west of Woodford Halse on the border with Warwickshire. Google Maps reveals approximately six houses/farms in this area
- A larger area to the south west of Aynho. Google Maps reveals one farm in this area and
- To the south west of Yardley Hastings

However, after looking at where prescriptions written by the GP practices are dispensed and taking account of the provision of pharmaceutical services in the areas surrounding West Northamptonshire, for example North Northamptonshire, Bedfordshire, Leicestershire, Milton Keynes, Oxfordshire and Warwickshire everyone living within West Northamptonshire can access a pharmacy by car within 20 minutes both within rush hour and outside of it.

**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.**

#### **11.2.1.2 Access to essential services outside normal working hours**

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

- 11 pharmacies open seven days a week (includes the seven 100 hour pharmacies)

- 10 pharmacies open Monday to Saturday
- 26 pharmacies open Monday to Friday, and Saturday until lunchtime
- 16 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<sup>85</sup>. The patient and public questionnaire showed that 40% of respondents did not have a preference as to the most convenient time to use a pharmacy, and of those who did have a preference only 3% preferred before 9am (1% before 7am) and 8% after 6pm (1% between 9pm and midnight).

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.**

### 11.2.2 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.**

### 11.2.3 Future provision of necessary services

The Health and Wellbeing Board has taken into account the forecasted population growth.

<sup>85</sup> Office of Fair Trading. [Evaluating the impact of the 2003 OFT study on the Control of Entry regulations in the retail pharmacies market](#) March 2010

It 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.**

### **11.3 Other relevant services: current provision**

West Northamptonshire Health and Wellbeing Board identified that four advanced services (appliance use reviews, stoma appliance customisation, hepatitis C antibody testing 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.**

### **11.4 Improvements and better access – gaps in provision**

#### **11.4.1 Current and future access to essential services – present and future circumstances**

West 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.**

#### **11.4.2 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 and dispensing appliance contractor 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 1% of all items prescribed by the GP practices are dispensed by a number of dispensing appliance contractors outside of West 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.**

#### **11.4.3 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.**

#### **11.3.4 Future access to advanced and enhanced services**

West 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<sup>86</sup>, 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<sup>87</sup>), 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<sup>88</sup>. 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

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<sup>86</sup> Review of progress on reforms in England to the “Control of Entry” system for NHS pharmaceutical contractors. Department of Health 2007

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.DepartmentofHealth.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DEPARTMENT\\_OF\\_HEALTH\\_063460](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.DepartmentofHealth.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DEPARTMENT_OF_HEALTH_063460)

<sup>87</sup> Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228858/7341.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf)

<sup>88</sup> Review of NHS pharmaceutical contractual arrangements. Anne Galbraith 2007

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.DepartmentofHealth.gov.uk/prod\\_consum\\_DepartmentofHealth/groups/DepartmentofHealth\\_digitalassets/@DepartmentofHealth/@en/documents/digitalasset/DepartmentofHealth\\_083871.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.DepartmentofHealth.gov.uk/prod_consum_DepartmentofHealth/groups/DepartmentofHealth_digitalassets/@DepartmentofHealth/@en/documents/digitalasset/DepartmentofHealth_083871.pdf)

pharmaceutical needs assessments (first produced in 2004) in light of the 2006 re-organisations, whereas others had yet to start the process. The White Paper confirmed that the government considered that the structure of and data requirements for Primary Care Trust pharmaceutical needs assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported Primary Care Trust decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health and Social Care established an advisory group with representation from the main stakeholders. The terms of reference for the group were:

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for pharmaceutical needs assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all Primary Care Trusts to produce their first pharmaceutical needs assessment which complied with the 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.



Pharmaceutical Services) Regulations 2013<sup>89</sup>, 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
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

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<sup>89</sup> <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

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

<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Deborah Mbofana	Public health practitioner, Health Improvement	North Northamptonshire Council on behalf of West Northamptonshire Council
Anne Hartley	Intelligence insight manager	North Northamptonshire Council on behalf of West Northamptonshire Council
Diane Farmer	Commissioning manager	North Northamptonshire Council on behalf of West Northamptonshire Council
Stuart Whitsey	Partnership and Involvement Manager	North Northamptonshire Council on behalf of West 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 West 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](mailto: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 West 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)

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
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**21. Are you currently pregnant or have you had a baby in the last 6 months?** (Please tick the appropriate box)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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**22. How old are you?** (Please tick the appropriate box)

<input type="checkbox"/> 0 to 9	<input type="checkbox"/> 10 to 19	<input type="checkbox"/> 20 to 29	<input type="checkbox"/> 30 to 49
<input type="checkbox"/> 50 to 64	<input type="checkbox"/> 65 to 74	<input type="checkbox"/> 75+	<input type="checkbox"/> Prefer not to say

**23. Do you have a disability?** (Please tick the appropriate box)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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**24. If you answered yes to question 22, please tick the appropriate box(es) which best describes your disability?**

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Sight Impairment	<input type="checkbox"/> Other

**25. What is your religion or belief?** (Please tick the appropriate box)

<input type="checkbox"/> None	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Prefer not to say
Any other religion (please write in)		<div style="border: 1px solid black; height: 15px;"></div>	

**26. How would you describe your ethnic origin?** (Please tick the appropriate box)

White		Asian or Asian British	
<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White Gypsy or Irish Traveller	<input type="checkbox"/> Other White Background	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese



		<input type="checkbox"/> Other Asian Background	
<b>Mixed / Multiple ethnic Background</b>		<b>Black or Black British</b>	
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African
<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other mixed / multiple background	<input type="checkbox"/> Other Black Background	
<b>Other ethnic group</b>			
<input type="checkbox"/> Arab	<input type="checkbox"/> Any other ethnic group (please state)	<input type="text"/>	
<input type="checkbox"/> 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)

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay Man	<input type="checkbox"/> Gay Woman/ Lesbian
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> 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)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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**29. What would you describe your marital status as?** (Please tick the appropriate box)

<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Civil Partnership
<input type="checkbox"/> Widow/ Widower	<input type="checkbox"/> Other	<input type="checkbox"/> 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	215
I don't; someone else gets my prescriptions for me	11
To buy medicines for myself	131
I don't; someone else buys medicines for me	5
To get advice for myself	91
I don't; someone else gets advice for me	1
To get a prescription for someone else	117
To buy medicines for someone else	72
To get advice for someone else	27
I don't visit a pharmacy as I use an online/internet pharmacy	7
I don't; my GP practice dispenses my medication	49
Other	15
Skipped	16

Other reasons:

order online from gp and then collect or have delivery
I use a pharmacy based within my GPs surgery
I telephone the pharmacy and they deliver to me.
Flu jab
Blood pressure tests
I get mine and my sons prescription medication delivered by the pharmacy
I rarely have the need to visit the pharmacy. Possibly once every few years.
In the past I have had my blood pressure checked at a pharmacy.
I work at [organisation] and speak to hundreds of residents who use the local [pharmacy]. Most of them being elderly or disabled, receives deliveries from [pharmacy] of their prescribed medication. The pharmacy works very closely with [organisations] and knows the community and its residents very well. During the COVID-19 Lockdown period, we worked together to ensure that every resident got their medication swiftly and on time.
Before CV19 our usual pharmacy sometimes did not let hubby know that prescriptions were ready for collection therefore it used to be more effective going there face to face to find out.
I order my prescription on line from my Doctors practice and they send it straight to my chosen Chemist who then deliver it to my home.
Whilst the COVID-19 is around, & we are both 'at risk' patients, the Pharmacy delivers our prescriptions.
I don't as my meds are on repeat and the pharmacy delivers them

Q2. How often do you use a pharmacy?

Answer choices	Responses
Daily	0

Weekly	8
Fortnightly	26
Monthly	196
Quarterly	24
I don't use a pharmacy	11
Other (please specify)	21
Skipped	15

Where 'other' was selected:

- As required – 8
- Occasional use – 7
- Twice a year – 2
- Go to GPs' monthly – 2

Q3. What time is the most convenient for you to use a pharmacy?

Answer choices	Responses
Before 7am	2
7am to 9am	6
9am to 12 noon	56
12 noon to 3pm	33
3pm to 6pm	45
6pm to 9pm	21
9pm to midnight	2
I don't have a preference	119
Skipped	17

Q4. What day is the most convenient for you to use a pharmacy?

Answer choices	Responses
Monday	1
Tuesday	2
Wednesday	5
Thursday	3
Friday	6
Saturday	4
Sunday	1
Weekdays in general	80
Weekends in general	15
I don't have a preference	167
Skipped	17

Q5. Has there been a time recently when you weren't able to use your normal pharmacy?

Answer choices	Responses
Yes	53
No	197
Not applicable	33
Skipped	18

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	17
I waited until the pharmacy was open	27
I went to my GP	2
I went to the general hospital	0
I went to a Walk In Centre	0
I called 111	3
Other	6
Skipped	0

The following comments were made in relation to this question:

As a community volunteer I go to the hospital and several pharmacies
The pharmacy I use does not open Saturdays. Mostly this does not matter. There are others nearby.
Online app
Items collected on my behalf as I was sheilding.
Used an online pharmacy
This was due to Covid which meant that I was unable to visit my normal pharmacy. Instead they delivered my medicines, or sometimes I asked someone else to collect them for me.
we went to an out of hours pharmacy
I had to go back a couple of times before I could get into the Pharmacy
During the corono virus had to get someone else to go for me

Q7. Please could you tell us whether you:

Answer choices	Responses
Always use the same pharmacy	194
Use different pharmacies but I prefer to visit one most often	63
Always use different pharmacies	3
Rarely use a pharmacy	18
Never use a pharmacy	6
Skipped	17

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	181
Close to work	27
Close to my doctor	131
Close to children's school or nursery	6
Close to other shops	47
The pharmacy delivers my medicines	23
The location of the pharmacy is easier to get to	136
It is easy to park at the pharmacy	123
I just like the pharmacy	46
I trust the staff who work there	100
The staff know me and look after me	58
The staff don't know me	1
I've always used this pharmacy	34
The service is quick	53
They usually have what I need in stock	42
The pharmacy has good opening hours	30
The pharmacy collects my prescriptions and delivers my medicines	7
The pharmacy was recommended to me	1
The pharmacy provide good advice & information	27
The customer service	37
It is very accessible ie wheelchair/baby buggy friendly	7
It's a well-known big chain	6
It's not one of the big chains	20
There is a private area if I need to talk to the pharmacist	24
I can order my repeat medicines using their app	3
It's an online/internet pharmacy	12
It's not an online/internet pharmacy	12
I can order my repeat medicines using their app	12
Other (please specify)	5
Skipped	0

Comments made in relation to this question were:

They order my prescription and collect it from doctors
village pharmacy & surgery
They are friendly, helpful and efficient. They coped extremely well with the pandemic and there were rarely long queues.
My GP can send prescriptions electronically to the pharmacy, which saves me time and fuel
They are always pleasant and most helpful, will go out of their way to assist or give advice, no matter how busy they are.
Great customer service!
Parking is an issue

I order my repeat prescription on the drs online service and it gets straight through to the pharmacist. It is ready to pick up 2 working days later.  
If I go to the dr any new prescription is sent to this pharmacy.

Q9. Is there a more convenient and/or closer pharmacy that you don't use?

Answer choices	Responses
Yes	72
No	188
Don't know	18
Skipped	23

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	27
I have had a bad experience in the past	14
The service is too slow	21
The staff are always changing	8
The staff don't know me	18
They don't have what I need in stock	5
The pharmacy doesn't deliver medicines	9
There is not enough privacy	5
It's not open when I need it	16
It's not wheelchair/baby buggy friendly	9
I know the staff and would prefer them not to know what medicines I am taking	1
Other (please specify)	16

Comments made in relation to this question were:

They close at 6.30pm during the week and are not open at the weekends
use gp pharmacy
It was next to the surgery (Now closed sadly) so I will need to identify which one I go to next.
I'm in the habit of using the same one as it is on route for me and where I travel at different times of the day.
It's nowhere near my doctors
Rarely visit the place it is located
We just use the GP Practice dispensary.
I can't use it because it is part of the doctors surgery and I am not allowed to
I use pharmacy linked to my GP which is easier but isn't the closest one.
As it is inside a GP surgery, the opening times are restrictive. Also it's a small place therefore queues are common and one cannot really browse around it while waiting if necessary.
I prefer my usual pharmacy although it is further from my home
The pharmacist is rude and tries to bully people I have complained more than once
I am happy with the one I use so I'm happy to travel further to stick with them

They do their job , but are not approachable as they are very busy and seem to want to get to the next customer. (They are based within a Supermarket store)
The pharmacy used gives excellent service
Don't like location...

Q11. If you go to the pharmacy by yourself or with someone, how do you usually get there?

Answer choices	Responses
On foot	84
By bus	6
By car	178
By bike	4
By taxi	0
Mobility scooter	5
Skipped	24

Q12. ...and how long does it usually take to get there?

Answer Choices	Responses
Less than 5 minutes	91
Between 5 and 15 minutes	147
More than 15 minutes but less than 20 minutes	26
More than 20 minutes	10
Skipped	27

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	87
I would call 111	0
I would use the NHS website	35
I would search the internet	190
I would use social media	19
I would ask a friend	14
I would just pop in and ask them	63
Look in the window	68
I would find out from reading the local newspaper	5
Not applicable	9
Other	2
Skipped	23

Comments made in relation to this question were:

- I use the GP practice website
- Our GP Practice provides us with a booklet that covers the GP practice hours and also the local pharmacy access hours.

Q14. Do you feel able to discuss something private with a pharmacist?

Answer choices	Responses
Yes	160
No	22
Never needed too	88
Don't know	8
Skipped	3

Q15. Is there anything else you would like to tell us about local pharmacy services?

I do wish the GP surgery could coordinate its repeat prescription service better with my pharmacy
[Pharmacy] is too small. This will be an even greater problem as the town expands.
[App] is generally OK but once the coronavirus crisis is over I would not wish to continue with the App as usage would put the high street pharmacies at risk.
I used to go to [Pharmacy] but their service was awful - prescriptions not ready 5 days after ordering, luring my prescription etc
Very good service, always helpful.
Provide flu jabs
Very slow service, medication is either not ready or they cannot find it.
Friendly, community service.
Initially during COVID19 crisis the pharmacy was difficult to access but now things are back to normal even with social distancing etc
The pharmacist at the pharmacy is brilliant
All the staff know me and my family. They know our surname and will get our prescriptions once names are given to them. The pharmacist is always helpful along with all the others that work in here. My daughter has special needs and they are really good with here
The head pharmacy's is lovely remembers my name even if I'm just in the supermarket
Always very helpful and pleasant, especially now since they also have a post office in store
I have been impressed with [Pharmacy] for some time.
The staff are professional and still offer a human and caring service at all times.
It's a nice family run pharmacy
They are awful, truly awful.
Good services. Sometimes just takes a long time to get your prescription.
Sometimes the pharmacist has little help so has to serve customers as well as dispense so this slows prescription wait down
I really value the dispensary at my doctor's surgery and know they have a pharmacist to ask for advice if I need it. For over the counter I use any convenient pharmacy while I am out shopping . My choice of supermarket is influenced by the presence of a pharmacy when I need one
I have been very pleased with the service there, particularly during the Coronavirus outbreak when they made excellent provision.
Depending on level of privacy needed & level of ability of Pharmacist available
The patients in Northants lost the service whereby [Pharmacy] could automatically renew prescriptions - now you have to do it through the surgery on-line app or take the repeat



prescription into the surgery - not easy from 5 miles away with no bus service! So you have to be computer literate or have a car
Not long started to use this pharmacy....so far so good
Often prescription has not arrived there from GP surgery, when the person we are collecting for understood it was there
No facility in surgery for discussing what Dr has prescribed. I think they mainly use dispensers.
It regularly has difficulty in supplying a particular medicine and usually gives up without telling me. I have to check to see if the medicine is available and if not source it myself elsewhere. They have even told me to 'buy it off the internet'
Great service and knowledgeable staff at [Pharmacy].
[Pharmacy] (next door to our doctors surgery) has got to be the worst pharmacy in Northampton. Staff always changing, long waits, drug addicts waiting for heroine substitute. I would never use that pharmacy.
Quite often before Covid, there are long queue s and no chairs to sit on, which I find difficult as I am every and have arthritis which makes knees and ankle painful
The pharmacists are helpful, courteous and deliver medication promptly.
The pharmacist picked up a side effect to meds I was taking when the doctor had not.
I cannot speak for the local ones, but my concern about pharmacies in general is that some of them are supplying abortifacient tablets, which kill babies and also have adverse effects on women, and that they compel the staff to go against their consciences by supplying them.
thoughtful staff
It would be difficult for us if there wasn't a pharmacy in our village.
Excellent service and very good staff
A small local pharmacy is best. The big chains are impersonal. They have different staff every time you go. Queues are long and they take ages to find your prescription, and when they do find it it is often incomplete. They are completely useless and have very poor customer care. The small independent pharmacy is very welcoming with little queuing. Staff are consistent therefore they get to know you and are very helpful and friendly. Staff know who you are and readily find your prescription. Prescriptions are quickly made up upon receipt from the GP, unlike the big chains that still haven't made them up a week after the GP sent them through! They also have the medicines in stock and prescriptions are always complete.
Need more space to discuss problems.
Love the [Pharmacy]!
Provides a good friendly service. However, it is something of an inconvenience to take prescription to surgery, and then go to pharmacy several hundred yards away to collect.
It is sadly closed on Saturdays which limits its use for those working.
I do not like that I am asked to give my name and address, out loud, in a shop full of people. To try and avoid this, I have my name, address and details of my prescription printed on a piece of paper and pass this to the assistant. I am still asked to give my address - out loud - when they have found my prescription. I feel that this is a breach of GDPR and my personal privacy.
they do a great job - its such a shame that the staff at the local surgery don't appear to know when the pharmacy hours are (if you have to use the pharmacy because they won't dispense for you from the surgery). It would be good to have some joined up thinking and some respect for the roles that they both play for the community
It is convenient and enables me to get the medicines I need. It is an essential service for me
To confirm my responses so far please note the Pharmacy I use is located at the GP Surgery

<p>When I go to the pharmacy to collect my medicines, there could be a more discreet way for me to give them my name and address. I am uneasy about giving out that information verbally as I could be overheard by anyone else in the pharmacy. It may be better if I could provide proof of ID instead.</p> <p>Another concern is where the label is stuck over the braille writing on the box. This makes it harder to read for those who are visually impaired unless they are able to remove the label, or someone can do that for them. It would be a good idea if all pharmacies recorded information in the patient medication record about regular patients' disabilities to help provide more appropriate services such as labelling not covering the braille writing.</p>
<p>The surgery at [location] provides an excellent service including the pharmacy [Dispensary] have been excellent throughout. Very efficient (often not requiring 48 hours notice in practice) and very helpful.</p>
<p>Excellent Pharmacy who cannot do enough for you. Staff there are lovely, compassionate and look after their customers.</p>
<p>They do a fantastic job and are always very friendly</p>
<p>Our pharmacy in [location] is excellent. The service is good and they are happy to talk things through. There is always a friendly and knowledgeable pharmacist available. They will get specific products for you unlike the bigger pharmacies eg [Pharmacy] which is useless and you are served by unqualified people. Ditto [Pharmacy]. Our local village pharmacy is a great asset to the village and demonstrates high professional standards.</p>
<p>The pharmacist wasn't very helpful when I got a shingles rash. Didn't bother to look.</p>
<p>The pharmacy I visit is excellent as they value your custom and treat you with respect with regard to your dignity. It is based within [location]</p>
<p>Local friendly staff who work hard to engage local community offering as many services as possible.</p>
<p>really friendly staff - on the odd occasion medicine for my daughter has been questioned by the pharmacist as to whether it was suitable for her. Which it turned out not to be so I was grateful for him noticing and questioning!</p>
<p>They are all really friendly - it is well stocked.</p>
<p>They reserve items for me if they are low in stock - I usually phone them before I request a repeat prescription for a particular medication</p>
<p>They are very friendly and helpful, but firm with rules and regulations. This gives assurance of their integrity.</p>
<p>Village pharmacy, knows me and my family and my needs</p>
<p>My pharmacist knows me and I regularly have controlled drugs which are always in stock and dispensed without problem</p>
<p>Nice and big enough to be able to browse while waiting for collection or afterwards.</p>
<p>Brilliant 100%</p>
<p>My local ones are not very friendly and there is no privacy [Pharmacy] are better but busier</p>
<p>Provides a good range of services. Closed at weekends.</p>
<p>I use [Pharmacy] and they are excellent. I used to use the chemist at [Pharmacy] but once heard one of the assistants be extremely rude to an elderly lady and I have never been back since.</p>
<p>My father needs specific brands of medication and the [Pharmacy] are always willing to order in and save the stress of buying in the cheapest brand that my father is allergic to. Cannot praise them enough!</p>
<p>The delivery service is not needed yet but there will come a time when it may be essential. All pharmacies should have this available and not just for the most vulnerable.</p>

I use the one attached to the doctor because its convenient. I dislike the pharmacy because errors have been made with the dispensing of medication. I also often see the pharmacist outside on her mobile phone which I feel is unprofessional.
Services are generally ok and staff are excellent. Many many issues caused by doctors surgery that we end up having to sort out with repeated phone calls.
I use the pharmacy because it is in the same building as my GP, however they do not communicate with eachother. So if the brand of medication is not in stock, they do not inform me or my GP which has caused issues with needing emergency appointments to get another brand.  They also have no concept of privacy or GDPR. You queue up for your meds in the GP waiting area and to confirm your identity they insist you speak your address and postcode, but they are generally behind the corner wall, so you need to speak loudly, so the whole waiting room can hear your name, address and postcode.  It puts me off discussing any other ailments with them as it would not be a private conversation
Everyone that works in this pharmacy is professional, knowledgeable and friendly
They're always really busy. I don't feel I get a personal service or that they know me and my needs as they have to service such a large area.
My pharmacy has greatly improved its service recently. I find the text to tell me when my prescription is ready for collection very helpful.
Only what I have mentioned in earlier questions. That they are approachable, professional, and will stay with you to make sue you understand the advice they are giving.
I like that it is attached to the GP surgery [location]
It is appalling. Staff rude and service very slow
They do an annual review to check on the items I'm being prescribed to make sure I am using them correctly.
I use [Pharmacies]. Both very good but it depends which day I need to collect a prescription as to which one I go to. Often need to get an emergancy prescription for my friend who is a chronic asthmatic and often needs urgent medication outside of the drs opening times.
As you will from the survey responses, I have come to know them. They are friendly, efficient and professional. If I have a problem and need simple advice I feel I can rely on their advice.
Very lovely crowd of persons.
They provide an outstanding service and in the past if we have had a hiccup along the line for some reason they have gone over and above to help solve the problem.
Certain types of medication have a waiting time to be ordered in.
I would like one slightly nearer but otherwise things are ok
They have good clear signage up regarding Covid and only one person at a time is allowed in. I feel protected by the measures they have taken.
The staff at [Pharmacy] are very efficient, helpful and friendly.
My pharmacy have a fantastic team,always helpful and cheerful.
Good service -- no problems.

Q16. Were you a shielding patient?

Answer choices	Responses
Yes	65

No	212
Skipped	24

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	49
My GP practice	9
Both	6
Skipped	1

Q18. If you answered yes to question 16, please can you tell us about your experience of getting your medicines whilst you were shielding?

Collected for me
It was OK
had them delivered to my door as usual no [problem
Have used the [App] but this initially had some problems. Have used the NHS volunteer service once and this was fantastically efficient but now use [App] again.
Doctor & Nurse came to me for tests.
I had to use a volunteer to collect medication as I live alone. My pharmacy doesn't provide a delivery service. This would have been helpful. I didn't not consider changing pharmacy to online or alternative setting.
The pharmacy delivered them.
They were delivered by pharmacy.
My husband collected them. Even tho it's in a supermarket you didn't have to queue if using just the pharmacy
I order my prescriptions online every month and the pharmacy deliver them the next day. Excellent service.
What is 'a shielding patient'...? I presume [...always dangerous] it means that at the age of 73 and T2D I needed to be shielded from the public at large more than a mask and gloves ...ie: relatively isolated.  As I have already said, during the Covid 19 pandemic lockdown - the [Pharmacy] arranged for delivery to my home. A very good service.
My daughter picked up my prescription.
I didn't use the pharmacy to get my medication. Waited until I was okay again.
My GP Practice & The Pharmacy work together on Prescriptions and their Delivery Services are connected with both, too. I can leave an order with my G P Practice who pass it then it's transferred for Pharmacy completion, and subsequent delivery.
No problem.
same as always, no change
I ordered them online and a friend picked them up when they were ready
No problems my village ran a help scheme.
Relying on NHS volunteers as pharmacy didn't offer a delivery service.

My neighbour collected them. They had no problems doing so, other than that opening times were reduced.
Used usual pharmacy. Husband collected medication.
Had no problems as pharmacy is in middle of village shopping area and neighbours would be regularly going to shops. Less easy for medicines prescribed by hospital (oncology) which could only be collected from [Pharmacy] in Northampton or Daventry.,
No problem - just attended as normal. Procedure had been changed to allow collection without having to enter premises and by attending in a car it was safe to attend and collect.
Local neighbourhood Watch collected and delivered our monthly prescriptions
I ordered prescriptions online with my doctor and my husband would collect my prescription from the local pharmacy.
The Pharmacy worked very hard to ensure shielding patients got their medicines delivered on time and in some cases worked together with the Parish Council to ensure that a volunteer collected and delivered medicines if it was urgent.
My GP practice sent electronic copies of prescriptions directly to the pharmacy which they are happy to deliver if I cannot collect in person.
Not a problem my husband has gone for me during and still is and has never encountered problems going on my behalf.
They have been excellent ,made sure all my medicens have been dispensed and delivered in good time
It was ok, my husband collected them for me.
None. As before I order on line from my surgery and they send it on to my Chemist who delivers straight to my door a couple of days later.
A neighbour took a repeat prescription and collected it when ready
No problem
We had no problems accessing help. The pharmacist was very helpful and continued delivery.
Fine
Our son collected on our behalf
Direct from the hospital while receiving treatment
I ordered my prescription online as usual and a friend collected it for me. The pharmacy as always was very helpful, and effective, there were no delays or problems.
Very good experience - GP sent prescription electronically to the pharmacy and a neighbour collected the medication from the pharmacy. If my neighbour had been unable to help us, the pharmacy would have delivered them to us
Delivery man would leave in meter cupboard and ring bell,he then went back to his van and would wave to me when I opened the door to retrieve it
It was delivered to our door by volunteers.
Excellent service did not need to enter the premises, social distancing outside to obtain medication and pay.
Not a problem as my husband was able to get them for me as he did the necessary 'shopping' during lock-down.
I phoned and asked them to put our prescriptions on the delivery list. They did.
I had to ask family to collect and put them in my letter box for me.
My GP surgery have been very efficient. I do however use [manufacturer] for ordering pump equipment for my diabetes. That has not been a good experience. For some weeks I needed to phone them every 8-10 days to receive essential equipment one box at a time. It was very stressful. The situation is better now.

My son collected my medication also my neighbours who uses the same pharmacy and was also shielding. Their were no issues.
No problem with ordering on the internet
No problem quick and easy well organised at [Pharmacy]
GP sent prescription, I went and picked it up by car whilst wearing a mask and gloves
No different to my usual experience
My partner or a friend would pick it up for me.
Not Taking any Meds at all since early 2019
Delivered
I relied on a friend.
Usually get my repeat prescription through my GP service, and whilst off work on sick leave then shielding; got a colleague friend to collect for me
Delivered

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?

No different to before accept the limit of customers in the store at one time
No problem
Interestingly as a community volunteer I found a wide range of service. My usual pharmacy was efficient and swift. Several were similar but a few, mostly attached to supermarkets were slow and time consuming. Village pharmacies were more intimate in that they knew the patients I was delivering to and showed an interest.
from gp pharmacy in controlled environment
repeat prescription were a bit disjointed the times advertised were not the times operated the computer systems that limit when you can order were not linked to the revised times to prepare orders, eg orders take 7 days to prepare, computer says you cannot order before a date that is less than 7 days so if you order a couple of days earlier to ensure you will not run out or to allow for the times convenient to collect computer says no
No problem
Nothing changed apart from social distancing.
No problem got a b lift instead of going by bus.
Takes longer between request for medication and it being available. For first two months surgery's dispensary delivered medication. Since the it has to be collected through window at the surgery.
Had them delivered
The pharmacy ,[pharmacy] is where I go for all my prescription and medicine advice. I order my repeat medicines on line through my surgery. I have to check the surgery system to see if my request has been sent to [pharmacy],then I go to collect them. Occasionally one of my medications is missing. This is always the fault of my surgery and no explanation is given. This means I have to reorder the medication and wait 2 days before I can check to collect it.
Same as any other time
Pharmacy have opened up a doorway not usually used by customers they stand behind a plastic shield and have social distance measures for queueing outside
Delivered
No problems at all; the pharmacy is situated in the same building as my GP's surgery...
Slow

Visited the pharmacy.
I have not needed any.
Online ordering and delivery continued as normal.
We are not 'officially shielding' but we are 1 over 70, 3 others with asthma (including 1 at 68) and 1 more with some immune deficiency issues that have not yet been fully resolved. We therefor have been isolating through perceived necessity. Repeat prescriptions have been ordered online as usual and others have been collected. One pharmacy texts us once the medicines are ready to collect and this has been a great help. One was a bit slow in adopting the safe ways of working...! Both have sorted out social distancing and one quicker and better than the other. All medicines we needed have been available.
Nothing changed other than social distancing policy.
Originally it was difficult but things are much better now.
No problems
No difference; collected as normal
The pharmacy has adapted well.
I was not shielding but my daughter with special needs was. All good in this pharmacy and helpful
Had no problems getting our medicines during covid
My GP was very efficient at setting up a new systems to collect medicines and the attached pharmacy had good systems too
I called the doctor just before I needed a repeat prescription (contraception) the doctor organised it for me to collect it at the pharmacy. The pharmacy were open but you couldn't go inside so there was an open window out of which they operated. The service was great and hassle free.
My medication was delivered to me.
So bad I gave up.
had to queue outside, not good in the rain.
I did not require any medicines at this time
No different to usual, if anything...faster and easier.
No different from usual except a slightly longer wait because of social distancing arrangements.
The pharmacy we're able to offer everything that I needed
No problems
Sent straight to chemist from surgery. Went in to collect myself
It was fine .
No problem, I ordered and picked up at the surgery but had to allow a few extra days because of panic ordering
At first it was restricted hours , i know do my order online with surgery and allow 48hours plus to pick my prescriptions
I am elderly and so have been cautious; however I would go to the door, someone would come to me and take details and then return with the medicines. I stayed outside, under cover but in fresh air whilst waiting.
I was still able to get our medication but sometimes had to wait outside
No problems in getting medicines
No problem at all ordered on line and picked up by myself

Volunteers collected our prescriptions from our GP surgery. Family members purchased general painkillers during shopping trips carried out for us as we were seniors recommended to stay at home and socially isolated during lockdown but not shielding.
Fine. Good queuing system, pharmacy generally well-staffed, customers seen fairly quickly - max time I queued was c5mins, behind three people. One time an item I'd ordered was not ready, but it was dispensed immediately so I did not have to go back. In contrast, the [pharmacy] often had six people at least queuing outside on pavement.
Have used on-line pharmacy services
The pharmacy only allows two people at a time inside so we make a queue outside.
No problems - just a queue to get into [pharmacy] with restricted customers in the shop at any one time
My medicines come from my GP and were delivered
No major problems, ordered repeats online from GP. Pharmacy was well-organised re social distancing. Only problems I had was when the surgery failed to send through my prescription, happened a couple of times.
we were collecting for 3 people who were shielding- and often prescriptions were not ready or could not be found
Surgery arranged for a volunteer to deliver medicines ordered online.
More or less the same - at first there were long queues, but they seem to have sorted themselves out now. Its not nice going in to collect medicines, as the corridor is shared with patients going in and out of the surgery and its not possible to socially distance as they do so.
It was okay - although anxious as my daughter has Type 1 diabetes, we were okay.
I asked our local village volunteer to collect my medicines from our local dispensing surgery
My husband collected my medication
Not shielding, self-isolated , no problems with medication deliveries.
i believe i had covid - 19 first week in March it lasted 6 days but left me with pneumonia fluid on my lungs after a week i rang my doctor and got antibiotics these where delivered to me by my local pharmacy and my regular medications where also delivered until the lock down was eased
Collected from local surgery.
I was still able to pick up my medication from my pharmacy. They were still open their normal hours and opened extra over the bank holidays to coincide with the doctors surgeries.
Absolutely fine. Had to queue and socially distance but the service was efficient, friendly and reassuring.
doctor phamcy run as usual, just social distancing and screens
It seemed there were less products in the phramacy than usual
Two of my medications have been changed for the better. I have had no problems collecting my medication
I just collected frompharmacy
The service continued as normal except that only two customers were allowed inside, so we waited outside.
Neighbour collected prescriptions for me and my wife (We are both over 70). It was easy and the neighbour had no problems in collecting on our behalf
Have not been using the pharmacy during the COVID 19 lockdown.
Good
Fine, clinically vulnerable, so neighbours collected
The Pharmacy is within 5 minutes walking distance from my house so I felt safe getting there as I did not have to make a car journey.



<p>The staff are friendly and helpful and all safety precautions have been put in place. They were helpful in getting medication out to the vulnerable during this time. I think they are a valuable asset to this often forgotten village [location] and has been a lifeline to the residents of this village.</p>
<p>Felt completely safe as they were well organised.</p>
<p>Although not shielding, I am over 70 with high blood pressure. During lockdown, my son collected my regular prescription which I ordered online. Although I am now happy to visit the pharmacy myself, my son insists on continuing to collect the prescription.</p>
<p>Excellent in the circumstances</p>
<p>Longer lead time, but planning meant this wasn't a problem.</p>
<p>No issues and we tried to visit only when necessary. No queues all good</p>
<p>Service was great as always</p>
<p>Normal</p>
<p>no problem</p>
<p>Earlier on during the lockdown my local pharmacy was open on reduced hours and to the minimise spread of Covid-19, it was limited to 2 people inside at any one time, due to this there were long queues outside, I have had to wait over an hour to get inside and collect prescriptions for myself, my husband or shielding friends. As lockdown has gone on this is no longer the case and you can time the trip to the pharmacy to reduce the waiting time. The service at times was slow but this could be down to staff shortages.</p>
<p>It was delivered by my pharmacy</p>
<p>No problems</p>
<p>Not a problem. I use a village chemist and its quiet most of the time. I order from my GP online pre 6 am and the medicines are ready the same day or the next day.</p>
<p>I have not needed any.</p>
<p>No problem at all. Social distancing was easy and straight forward.</p>
<p>I used Systm on-line to order and managed the timing of my collection to avoid busy periods and therefore did not have to wait very long.</p>
<p>Not a problem at all. There was sometimes a queue but it was dealt with efficiently.</p>
<p>Very easy. Staff wore PPE</p>
<p>I have not required any medicines during lockdown</p>
<p>Just bought some paracetamol from the shop</p>
<p>There has been no change to getting my medicines during this time</p>
<p>I have electronic prescriptions which are sent to my normal pharmacy. My medicines were then delivered to me either by the pharmacy or someone collected them on my behalf. There were no stock issues, or delay at the pharmacy.</p>
<p>In general there is a problem with the time restrictions imposed by my GP practice for ordering repeat prescriptions and this worsened during Covid. It sometimes means that there isn't enough time between the pharmacy being able to order my medicines for me, them being dispensed and then being available for collection.</p>
<p>Prescription ordered from [dispensary] and delivered by volunteers. Excellent service.</p>
<p>The Pharmacy was open as normal, my wife collected my prescriptions when she collected her own.</p>
<p>As mentioned, we used social media in the village and a system of volunteers to collect medicines - collecting for others if going to pick up ourselves. there are 3 pharmacies and the [pharmacy] one seemed the most efficient. We all tended to use our usual pharmacy though for repeat prescriptions of course.</p>

[Pharmacy] had a system of customers waiting outside at 2 metre intervals, and would bring the medicines out to your car if you were not using a volunteer to pick up and were shielding. You were asked if you had symptoms and if not you could go in the pharmacy to pick up prescriptions - one person in at a time. if you had any hint of any symptom the staff would don PPE and bring the meds out to you.
No issues, open normal hours all through the lockdown. All staff wear and are still wearing PPE throughout and all guidelines are enforced.
Not been an issue
We collected from our local pharmacy in the village having ordered on line from our village surgery as usual
no problem, I went into the doctors surgery to the pharmacy to collect them. No item was unobtainable.
Well organised and easy. No problem.
Had to pick up a prescription from another pharmacy and had to wait outside. I had to give my details in front of everyone standing waiting. Prescription was placed through hatch. It wasn't private at all and a young man had to take his methadone from pharmacist whilst everyone was watching. It wasn't a good experience
Fine
Only enter the pharmacy when told. Check if any Covid symptoms. Stand in marked off area. Drop and pick up prescription.
I experienced no problems
I did not need to use the chemist for me during lockdown but did need too regarding my shielding 94 year old mum. Her medications were delivered via her chemist at the Surgery who were also excellent.
My pharmacy implemented exemplary safe systems of operation throughout the lockdown period. At all times, the staff were able to satisfy my needs with the utmost professionalism.
Really easy - no different to normal really. Our prescriptions get sent to our pharmacy and you could still order online to receive them. We noticed no change at all really
Obtained the medicines as usually - just followed the social distancing that had been put in place
No problem - just followed whatever rules they needed at the time. Local, current instructions were usually pinned to door/window rather than on internet
Didn't need to get anything
Dr's are the problem not the pharmacy
Hubby was in vulnerable group therefore I have had to collect his medication. It has been fairly easy and reassuring so far. Only minor snag is the Perspex window they use at the counter is a bit cloudy which makes lipreading awkward as I am profoundly deaf. When it became mandatory to wear masks, I just tell them I am deaf at the start and they are happy to look at the ID I carry on behalf of hubby then process the meds.
I've had no problems whatsoever
Not needed any so far
No problem and collected medicines for those who were shielding.
I haven't needed any medication for myself however I did need to pick a prescription up for my son and the service was good queuing outside but well organised.
Went to pharmacy to collect repeat prescription .... was closed
Absolutely no problem
The level of service did not change, there were occasionally longer queues outside as only two customers were allowed in at a time.
Same great service as always with safety measures in place
Fantastic - every effort made for safety

haven't needed to get medicines yet
No problems but really nothing needed in the time.
Easy
I did not need any (so far) but have been collecting for a shielding patient in my location. We have either walked or driven to the next village to get to the pharmacy which has restricted opening hours. We fit in around what is required.
No need to get anything
GP surgery arranged delivery to volunteers in the village who delivered to the individuals
Pharmacy was open and accessible, albeit with reduced opening hours. there were no issues with the availability of medication
No different to pre-Covid-19
Ordered online as usual. Delivered as usual.
No problem. My GP practice has a dispensary and I had no problems getting my medication.
Errors were made with the collection of medication for my shielding husband. Doctors were great.
There are guidelines in place and only one person can be at the counter at a time and social distancing of 2m if there's a queue.
For most of the time it was awful as the queue was tremendous and waiting outside was horrid! Took ages (Plus the parking being on the road was not good either as traffic wardens patrolling even that part of town). Inside the chemist wasn't great as often had to wait ages for them to find the prescription even though had ordered ages in advance. On one occasion there was a mix up with it and I had to contact GP. Did get better especially when things had quietened down a bit.
Seemed fine - Good safeguards in place. Seemed Very very busy but doing a great job that went unrecognised.
It was no more difficult than normal - just longer queues
Not shielding officially but have a vulnerable child so started shielding 2 weeks before start of UK lockdown. Pharmacy has been excellent and placed medicines in boot of car on pickup - so we did not have to have any direct contact.
only difference was the restricted opening hours
There was no change, I ordered online and picked up in person just as before
the long queues outside made things difficult in the rain. I was unfortunate enough to be waiting outside whilst an obstreperous customer was inside, this increased the wait of all the queue by about 40 minutes (not nice in the rain). Whilst I appreciate that the best was done for the customers by the staff, perhaps some information to the queue would have been nice and prevent some knock-on disgruntlement. (I discovered the reason after my visit by local rumour mill). This was my first visit after lockdown had commenced. All other visits have been straightforward and rain free.
The process was simple and I felt safe due to the safety measures that they have put in place.
Fairly straightforward, had to wait my turn due to restrictions inside store. Not an issue
Have not needed any medicines from a pharmacy during the lockdown. Other medical supplies were readily available e.g. paracetamol
Same as normal, except having to wait outside on occasion as they don't allow more than 3 people at a time to be inside.
The pharmacy I use made some alterations to their opening hours and would shut for periods during the day. This was frustrating as they didn't update these opening times online so I went twice when it was shut and had to go back later, since then I have rung them before every visit to check the opening times.

I have had to queue to get into the pharmacy only once and I was happy with the measures they put in place to adhere with social distancing
I had no problem with the pharmacy. The only issue was the being able to contact the doctor's surgery in order for them to provide the prescription
The service has remained the same for me. Although I am now working from home and prefer to walk to pick up my prescription in the evening as part of my daily exercise.
was fine. just a slight delay due to numbers allowed in the shop
HAD TO QUEUE OUTSIDE TO START WITH AND NOW WE HAVE TO WEAR MASKS WHEN IN THE PHARMACY
No issues other than having to queue....
No problems. I respected the signs in the pharmacy and waited my turn
Longer wait times - even though prescription sent in-house from doctor. Queues - not ideal Staff not overly friendly - perhaps stressed out Pharmacy always very warm - I cannot stay too long in warm as it makes me feel faint
No problem at all even better now I've gone to electronic with my GP
no issues
During lockdown, I only needed to go to my GP to receive some medication for Shingles. At my GP, they have a dispensary which is where I collected my medication from.
Not sure what 'Shielding' covers, but we are both 'at risk' patients, my wife has very little immune system to protect her, I'm 80 with various problems - pituitary tumour etc. So the Pharmacy delivers our prescriptions.
I collected repeat prescriptions for someone vulnerable (type 1 diabetic) which were dispensed from the window of the surgery at [location] - very efficiently. The pharmacy is attached to the surgery, so other medicines etc. were easy to obtain.
Have not needed anything from a pharmacy
I was collecting medication for my shielding mother and I was unable to do this as it hadn't been processed even though the prescription had been in for more than 24hrs. This meant my mother went a day without her medication.
Very efficient. Always have what is required when repeat prescription is ordered on line.
No probs and collected for others
Had huge queues outside pharmacy. It was a nightmare especially as I was collecting medicines for people in my street who were shielding.
I used the Boots pharmacy and they were limiting how many people were allowed in the store at one time so I never felt like I was at any risk when using the pharmacy
change of opening hours took us by surprise
I am 70 and consider that I need to be aware and vigilant re the negative effects of catching Covid-19. My GP surgery has a convenient drop-off system for leaving repeat-prescription forms and they then liaise with the chemist next door who prepare the order for collection within 3 days. This has not been affected during lockdown.
I'm not but my friend is and I've been collecting medication for those who are as well as getting their shopping. It was more difficult as opening hours were restricted but I'm grateful that they are near to my home so I could easily call back.
It was fine. I collected my mums medicines through out lockdown every two weeks and it was fine
We have experienced no issues, I myself have not needed any medication during the lockdown but my husband has a regular prescriptions and we have had not problems in ordering and obtaining what he has needed.

My service was uninterrupted. Social distance queuing was put in place but other than that everything has remained the same. The changes only occurred at my Doctors practice where after two months the system for delivering the repeat prescription changed in that I was no longer allowed into the reception area and all prescriptions were left in a foyer box.
No problems, like normal.
My pharmacy are very well organised, the staff are very efficient and strict with physical distancing. I find that reassuring.
My experience was that for the first couple of months, there was a lengthy wait outside to collect prescriptions but staff ensured social distancing was observed and tried to ensure prescriptions were ready for collection when I was able to go in. For the last two visits, there was only a short queue and again social distancing was being observed and customers were wearing masks. I think my local pharmacy, [pharmacy] have worked really hard to keep up with demand and ensure the safety of their customers. I would highly recommend them.
Although i was not shielding personally, my wife was and i followed he guidance. Our son collected prescriptions for us during the shielding period
The same as always but with strict distancing .
Little different from usual so fine
it worked well.
Initially there were long queues, but it has improved a lot as the systems have bedded in and customers have got used to it - for instance, not all choosing the most popular times to go. I now go when I know the queue will be shorter.
There was a group of helpers in the village who picked up prescriptions for the first four months but now we I know up ourselves
There was no change. My repeat prescription was handed in to the doctors and then collected the following week at the pharmacy
As my medicine is HRT patches there has been a problem prior to COVID and there sometimes a delay so I need to visit twice
The Dr's Pharmacy was still operating from within the surgery.
Went later in the day to avoid others. Signs on floor to tell you where to stand. It felt ok
No issues.
No medicines required
No problems
No problem with either availability or delivery - 1st class service
No issues
I order repeat prescription online and call in to the pharmacy and collect the medication. I do find the staff overzealous re questions re if you have had any symptoms the minute I set foot over the door and their manner can be off putting and the attitude of some staff could be much better, however I appreciate they work in a risky environment
Didn't require any. I'm not on any long term medication.
Never any problems: for prescriptions place an order over the phone / or by regular arrangement as required; pick up on the due date.
Ordered online, collected for self and other family members from surgery wearing a mask, still as efficient services as prior to COVID.
Didn't need any medicine
Not a problem, I have also collected prescriptions for my parents when they were isolating. Their pharmacy used a side window in building and passed the medication out of the window. A really good idea
At the beginning of lockdown, they set up an outdoor, 2M distanced, queuing system which worked well. Later, they changed to masks and max 3 people in the pharmacy at any one

time. This is a bit difficult as you cannot see how many people are already in there until you go inside.

I was able to visit in the revised opening hours - queuing if necessary but never for very long.

Q20 Are you: (Please tick the appropriate box)

Answer choices	Responses
Male	109
Female	161
Prefer not to say	3
Skipped	28

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	0
No	254
Prefer not to say	4
Skipped	43

Q22. How old are you? (Please tick the appropriate box)

Answer choices	Responses
0 to 9	0
10 to 19	0
20 to 29	2
30 to 49	44
50 to 64	97
65 to 74	92
75+	34
Prefer not to say	5
Skipped	27

Q23. Do you have a disability? (Please tick the appropriate box)

Answer choices	Responses
Yes	62
No	204
Prefer not to say	5
Skipped	30

Q24. If you answered yes to question 23, please tick the appropriate box(es) which best describes your disability?

Answer choices	Responses
Mental health	13

Physical disability	36
Hearing impairment	15
Learning disability	1
Sight impairment	4
Other (please specify)	15

Q25. What is your religion or belief? (Please tick the appropriate box)

Answer choices	Responses
None	86
Christian	150
Hindu	2
Jewish	2
Muslim	0
Sikh	0
Buddhist	2
Prefer not to say	27
Other (please specify)	1
Skipped	32

Where 'other' was selected:

- Why gather the data if you are not prepared to use it honestly when briefing the public.

Q26. How would you describe your ethnic origin? (Please tick the appropriate box)

Answer choices	Responses
White British	237
White Irish	0
White Gypsy or Irish Traveller	2
Other White Background	4
Indian	4
Pakistani	0
Bangladeshi	0
Chinese	1
Other Asian Background	0
White & Black Caribbean	2
White & Black African	0
White & Asian	0
Other mixed / multiple background	1
Caribbean	1
African	1
Other Black Background	0

Arab	0
Prefer not to say	2
Other (please specify)	9
Skipped	301

Where 'other' was selected:

- Indian – Caribbean
- White British: English

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	256
No	1
Prefer not to say	13
Skipped	31

Q28. What would you describe your marital status as? (Please tick the appropriate box)

Answer choices	Responses
Married	179
Single	41
Civil partnership	5
Widow/widower	12
Prefer not to say	21
Other (please specify)	14
Skipped	29



## Appendix I – contractor questionnaire

### The pharmaceutical needs assessment for West 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
- West 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 West 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](mailto: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.

<b>Are the core and total opening hours recorded by NHS England and NHS Improvement – Midlands correct?</b>	<b>YES</b>	<b>NO</b>
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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?

<b>On site consultation – one answer ‘yes’ only:</b>	<b>YES</b>
Available (including wheelchair access) on the premises	
Available (without wheelchair access) on premises	
Planned within next 12 months	
No consultation area available	

Other	
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**2.2 Is this an enclosed room?**

<b>Area closed:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
---------------------	------------	-----------	------------

**3 Appliances**

**Are appliances dispensed from the premises?**

	<b>Please tick one box</b>
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.**

<b>Collection and delivery:</b>	<b>YES</b>	<b>NO</b>
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**

<b>List of languages spoken:</b>

**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:

	<b>Please tick one box</b>
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 West 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
- West 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 West 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](mailto: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?**

	<b>Please tick one box</b>
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
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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**

<b>List of languages spoken:</b>

**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:

	<b>Please tick one box</b>
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.



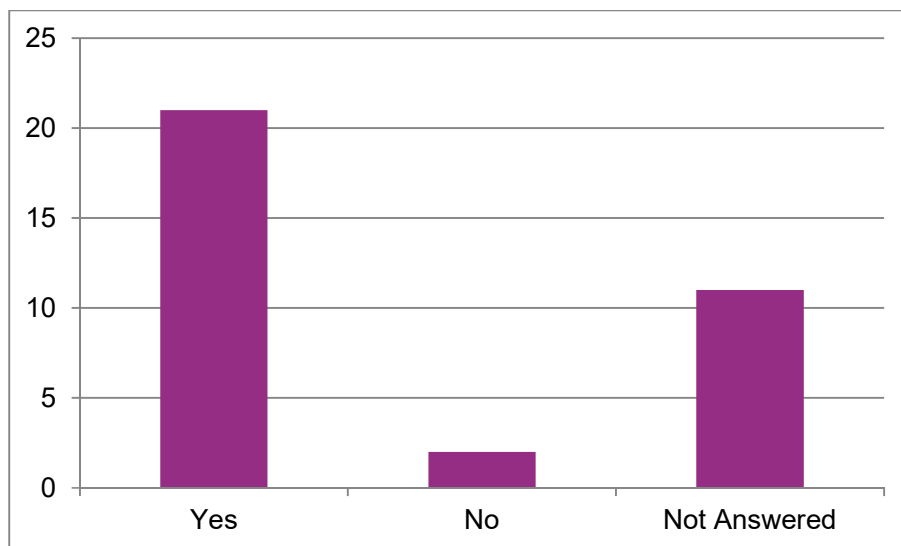
The online consultation received responses from 34 people who identified themselves as the following:

Answer options	Response percent	Response count
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	5.9%	2
On behalf of an organisation	2.9%	1
A personal response	52.9%	18
Chose not to answer the question	38.2%	13

### 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 21 respondents (61.8%) 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’:

- “I read the article on this issue and I am satisfied with what is explained.”
- “Leaflet.”
- “I have read all the accompanying documents assessments”
- “Clear from the report”
- “Had read information.”
- “There appears to be sufficient cover in the area currently.”
- “read the document attached”
- “I have read the document provided as part of the consultation.”
- “It is clear that consideration has been given to pharmacy and dispensary provision across West Northamptonshire, including opening hours, access and travelling times,

and preferred times and days for the target population to use the services. This has enabled a view to be taken on how well served this area is, and what changes, if any, are required.”

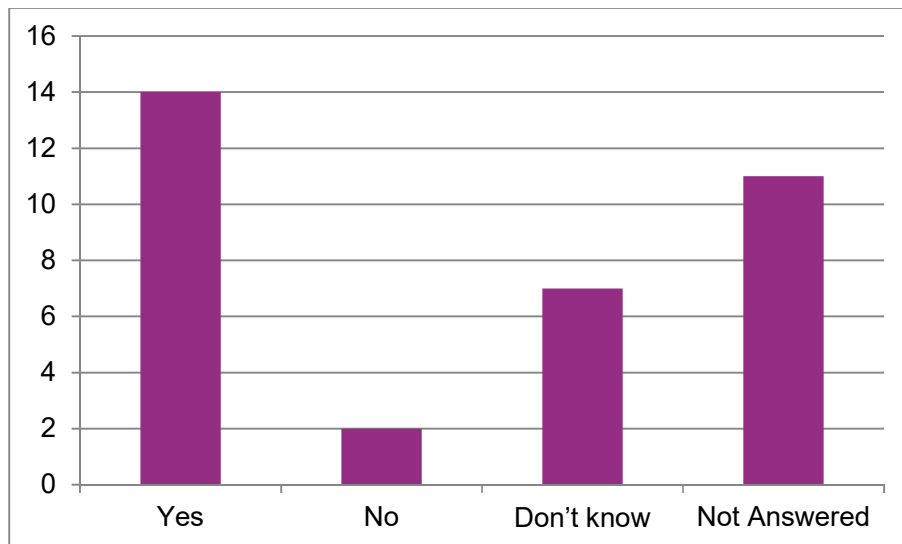
- “I read the email that accompanied this survey request and the 2 supporting documents to gain an understanding of what the survey was about.”

In answering ‘No’ two respondents made the same comment:

- “I have never seen it and never knew it existed”

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 (60.9%) said ‘Yes’.

**Figure 39 – Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?**



Three comments were left by those who said “Yes”:

- “DDC Kilsby & Barby Ward”
- “King's Sutton is right on the border with Oxfordshire and therefore residents tend to assess provision in Oxfordshire rather than Northamptonshire.”
- “To the best of my knowledge the current provision shown in the document reflects the reality.”

Three comments were left in response to this question by those who either said “No” or “Don't know”:

- “The analysis is flawed in that it confines itself to facilities in West Northants. People are not confined by such artificial boundaries and will travel to closer towns even if they are out of County. Thus analysis of travel time can lead to biased conclusions.”
- “The area I live in is also served by pharmacies and GP practices in S. Warwicks and Oxfordshire so this survey is not a true reflection of need.”

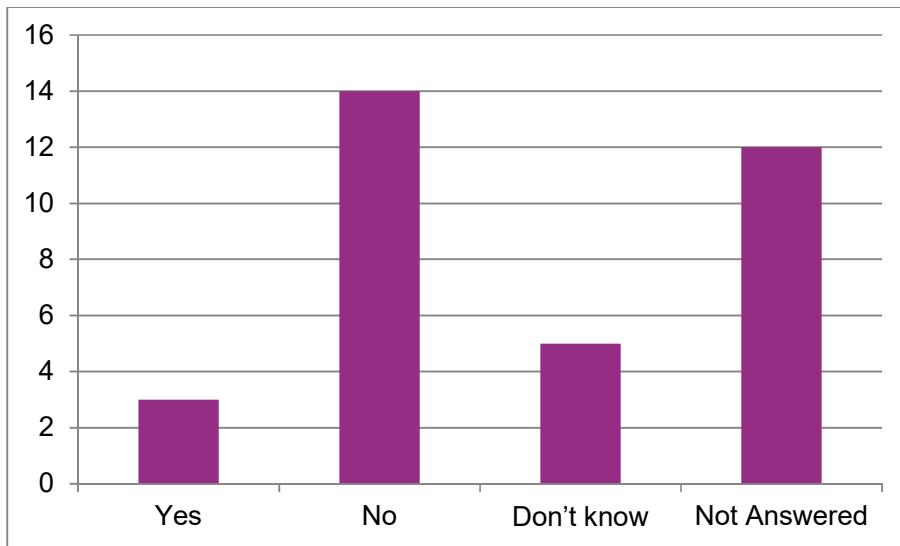
The pharmaceutical needs assessment recognises that residents will choose to access pharmaceutical services outside of West Northamptonshire and the Health and Wellbeing Board is satisfied that it has taken account of the provision by contractors who are outside of West Northamptonshire.

- “I am completing this feedback on behalf of [practice] which is a GP practice with sites at [location] and [location]. It is not fully clear from the maps which pharmacies are referred to at certain points in the draft needs assessment. There are four pharmacies in our practice area; [pharmacies identified]. In addition to this several of the GP surgeries house dispensaries, as our practice does at both [location] and [location] and these add considerable dispensing capacity and accessibility into the mix. The dispensaries do not provide extended services that pharmacies can offer.”

The Health and Wellbeing Board has noted that these four pharmacies have been included in the analysis and assessment of the provision of pharmaceutical services, as has the dispensing service provided by some of the GP practices.

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?” only three respondents (8.8%) said “Yes”.

**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?**



Three comments were made in relation to this question:

- “why GP's surgery cant dispense when the person is already at the surgery and need a prescription”
- “How to discover where there are out of hours pharmacies and when they are open.”
- “I think it is very clear from the assessment that "our patch" of West Northamptonshire is well provided for in terms of pharmacies, dispensaries, time to travel, opening days and opening hours that match the requirements of the local population. During the pandemic our two dispensaries and the Guilsborough Pharmacy have all been offering free delivery to all patients to limit the footfall at the

surgeries and pharmacy, and to support the local population. When you add this into the consideration we can say confidently that there are no gaps in service provision.”

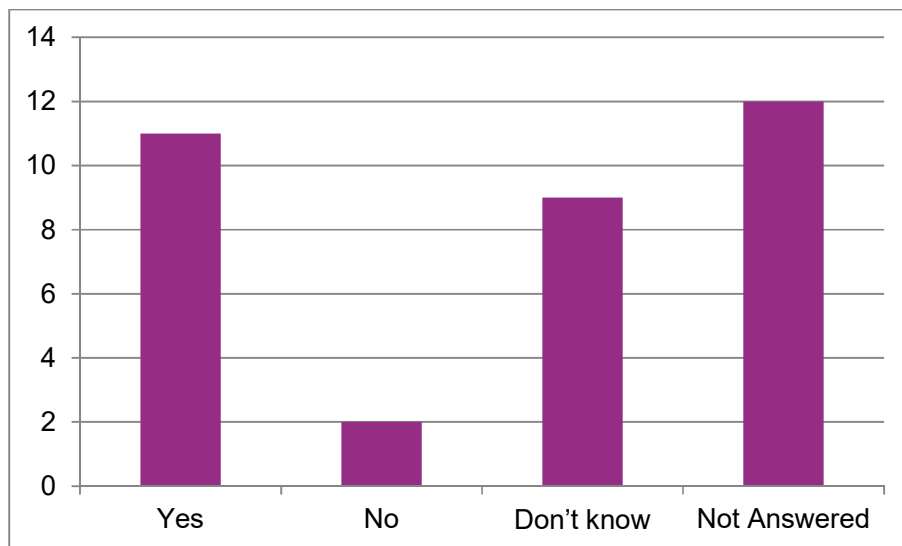
In response to the first comment, the Health and Wellbeing Board notes that the ability for GPs to dispense to certain patients has been in existence for many decades and over that time has been debated nationally on a number of occasions. It is governed by the provisions within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and as such falls outside the remit of the Health and Wellbeing Board.

With regard to information on out of hours providers this can be accessed by either phoning 111 or accessing the NHS website<sup>90</sup>.

The Health and Wellbeing Board is pleased to note the third comment accords with its assessment.

When asked whether the document reflects the needs of the population the Health and Wellbeing Board is pleased to note that only two people said it did not.

**Figure 41 – Does the draft pharmaceutical needs assessment reflect the needs of your area’s population?**



Two comments were made in relation to this question:

- “Being on the border of S.Warwicks and Oxon, many local people use facilities outside Northants. This seems to be ignored. There is no public transport in this area and no provision for delivery of medication to local inhabitants who cannot drive.”
- “The assessment of preference for days and hours of opening and travel times is a good reflection of our population’s needs. The figures for vehicle ownership are probably skewed to some extent by the combination of our rural area and Daventry town into one patch. The patchy provision of public transport in our area has been recognised.”

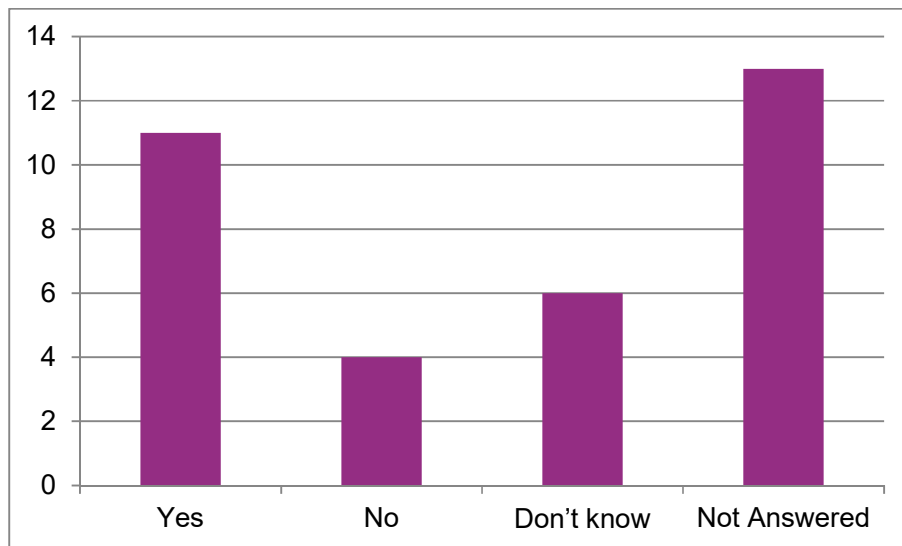
<sup>90</sup> [Find pharmacy services, NHS website](#)

In response to the first comment, as noted above, the Health and Wellbeing Board is satisfied that it has taken account of the provision of pharmaceutical services by contractors outside of its area. It is also satisfied that delivery of medication is available through the, now, two distance selling premises in West Northamptonshire. In addition, there is a distance selling premises in North Northamptonshire and approximately 370 across England, all of which are required to deliver dispensed items to people's homes.

In relation to the car ownership figures, these have been used with some caution as they are ten years old and are at the previous local authority level so will not reflect variations across each geography.

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 four respondents (11.8%) said no, it doesn't.

**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?**



Two respondents expanded upon their answer of 'No':

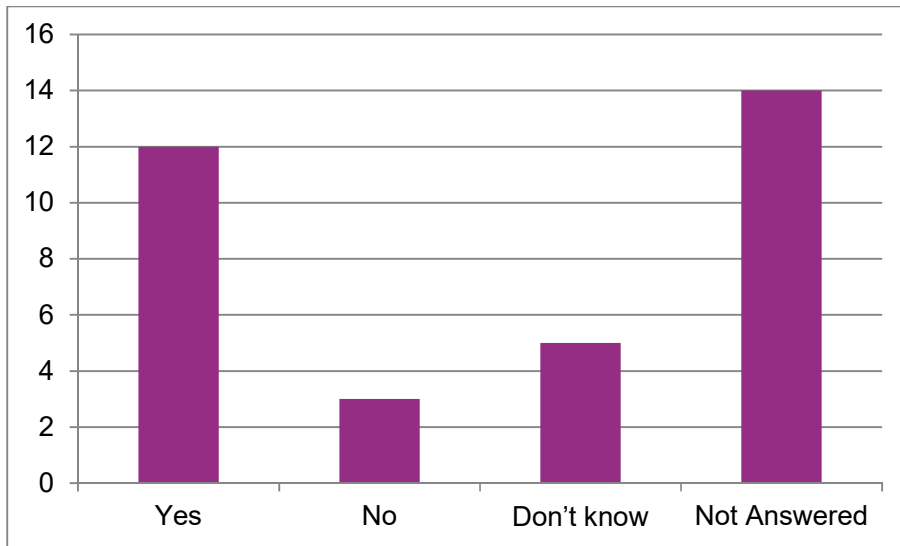
- "Because it is an incomplete analysis. If I'm a new entrant and want to look at population within 5 mile radius, I don't care whether the people live in West Northants or not."
- "So many of the figures are now 10 years out of date and should be revisited after the 2021 census."

In response to the first comment, the Health and Wellbeing Board is satisfied that an applicant would refer to the pharmaceutical needs assessment to see if any needs for, or improvements or better access to, pharmaceutical services have been identified in the location of where they wish to open new premises. If it does not then it would be for the applicant to develop its business case for an 'unforeseen benefits' application and would include the data and information relevant to support their application.

The Health and Wellbeing Board acknowledges that the data taken from the Census 2011 is now old, however due to the timescale within which it must publish its first pharmaceutical needs assessment (1 April 2022) and the fact that the publication of the initial findings from the census will not be published until March 2022 it has decided to proceed with the data that is available.

The survey then asked whether the document has provided information to inform how pharmaceutical services may be commissioned in the future, and the Health and Wellbeing Board is pleased to note that only three respondents (8.8%) said no.

**Figure 43 - Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in West Northamptonshire may be commissioned in the future?**



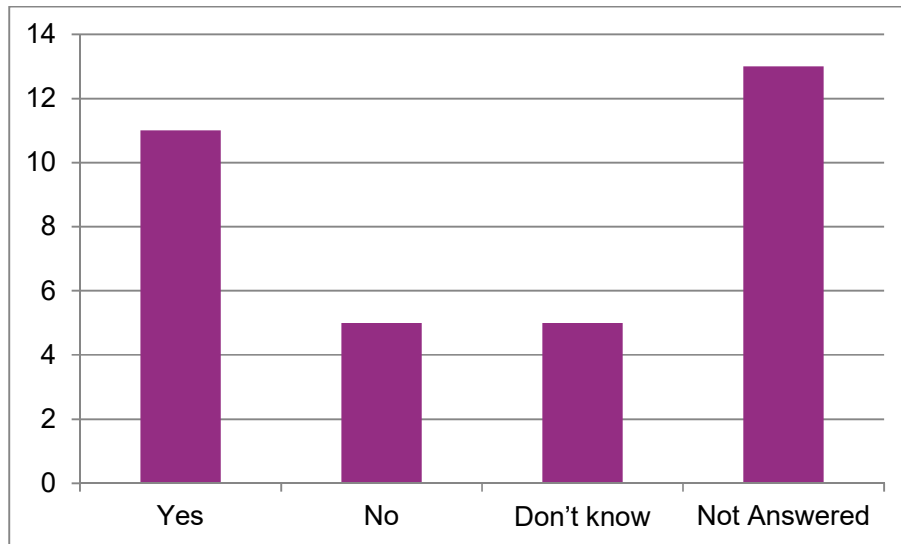
Two comments were made in relation to this question:

- “Not unless current information is applied instead of much which is 10 years old.
- “It is not clear to me, having read through the document, how developments will pan out in our area. It is clear that there is adequate pharmacy provision for the coming three years but beyond that it is less clear. There are no plans for extensive development in our area.”

The Health and Wellbeing Board has set out above why it has had to proceed before the data from the Census 2021 is published. In response to the comment about it being less clear whether provision will be adequate beyond the coming three years, the Health and Wellbeing will be required to publish its next pharmaceutical needs assessment in 2024 and that will assess provision for the next three years.

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 five respondents (14.7%) 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':

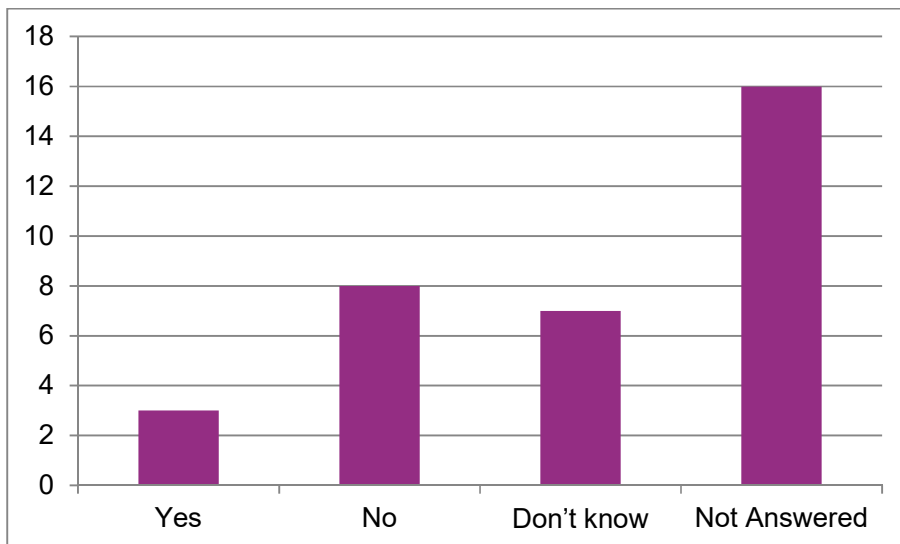
- “What has been shown may look all right in theory, but will doubtless have to be re-thought, amended, or forgotten in the final analysis”
- “See previous comments” – “Because it is an incomplete analysis. If I'm a new entrant and want to look at population within 5 mile radius, I don't care whether the people live in West Northants or not.”
- “See previous comments” – “So many of the figures are now 10 years out of date and should be revisited after the 2021 census.”
- “It should really cover Banbury in Oxfordshire to reflect the true picture for South Northants.”
- “I don't believe that it has been decided how pharmacy services will evolve as the industry becomes better integrated into the NHS. I would be grateful if this process was made available to me to review.”
- “Yes in the short to medium term, but as above, in the longer term this is less clear from the needs assessment.”

In relation to the comment that the document should cover Banbury, the Health and Wellbeing Board has noted that this will be covered in the Oxfordshire pharmaceutical needs assessment. Whilst it recognises that people will move across administrative borders, this pharmaceutical needs assessment can only look at the provision of services within West Northamptonshire, as specified by the regulations. It is not possible for this document to identify any gaps in provision in neighbouring areas.

In relation to the evolution of pharmacy services, the pharmaceutical needs assessment can only have regard to those services that are contained within the current contractual frameworks. It is a document that will be primarily used for applicants for new premises and as such does not prevent the commissioning of new services from existing pharmacies either as they are negotiated into the contractual framework or as developed by any of the commissioners (NHS England and NHS Improvement, West Northamptonshire Council or Northamptonshire Clinical Commissioning Group).

The consultation then asked whether there are any pharmaceutical services that could be provided in the future that have not highlighted. Three respondents (8.8%) said 'Yes'

**Figure 45 - Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?**



Four comments were made in relation to this question:

- "As previously stated alongside the GP-CPCS [community pharmacist consultation service] service, there are minor conditions that require PGDs [patient group directions] or an LES [local enhanced service] to avoid unnecessary referrals back to the GP. There is also currently a high demand for pharmacies to be providing blood pressure and BMI [body mass index] monitoring. I would like to see community pharmacy better involved in a haematology service, to spare some of our less mobile patients the journey to the hospital."
- "COVID vaccination of course, but currently the focus seems to be on large vaccination centres; the nearest to our area being in Moulton."
- "dispense from GP surgery opening times align to last patient leaving surgery and being able to get to chemist (because it cannot be dispensed at GP surgery) Being much clearer on when a prescription will be ready to collect if they don't have the necessary items in stock"
- "Community based clinics for young and old, infant and geriatric delivering preventative and health education."

The Health and Wellbeing Board has noted that the community pharmacist consultation service has developed since it was first launched on 29 October 2019 as a result of the national negotiations between the Department of Health and Social Care, NHS England and NHS Improvement, and Pharmaceutical Services Negotiating Committee. Having reviewed the list of enhanced services that NHS England and NHS Improvement can commission from pharmacies, the Health and Wellbeing Board has noted that a body mass index monitoring service, phlebotomy service and blood pressure monitoring are not included. These services could be commissioned by the Clinical Commissioning Group though.



NHS England and NHS Improvement has confirmed that it currently has no plans to commission a minor ailment service, however this may be something that the Northamptonshire Integrated Care System would wish to consider as part of managing demand for GP appointments. As such the service would fall outside the definition of pharmaceutical services and therefore the remit of this document.

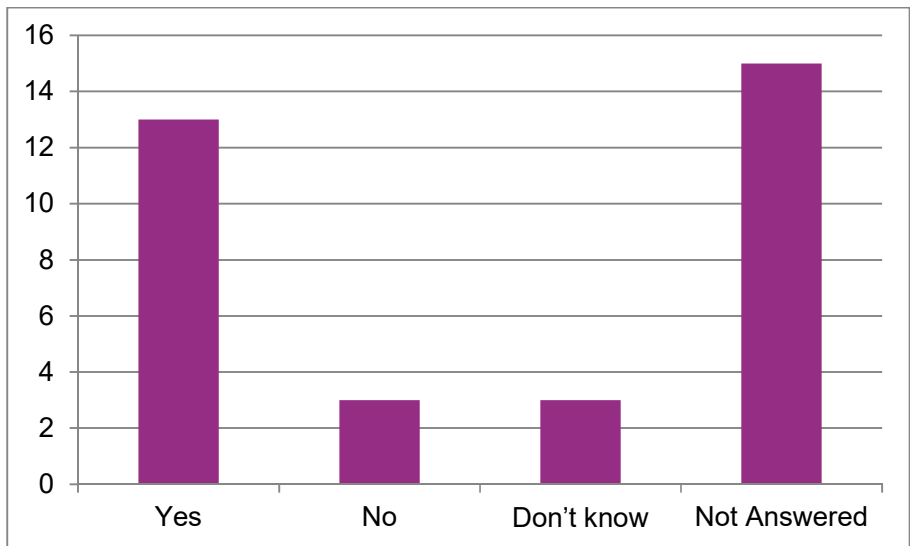
In relation to Covid vaccinations, the Health and Wellbeing Board has noted that NHS England and NHS Improvement is commissioning this service from pharmacies, and as of April 2021 three pharmacy contractors are operating vaccination sites in Northampton and a fourth in Towcester.

The Health and Wellbeing Board has responded above to the comment regarding practices being able to dispense. It has noted the comment that pharmacy opening times should align to pharmacy surgery times, and having reviewed the opening hours of the pharmacies is satisfied that it is not necessary to identify any needs for, or improvements or better access to, pharmaceutical services. It has also noted that NHS England and NHS Improvement can direct a pharmacy to stay open later in the evening where GP opening times are extended.

In relation to the comment about community based clinics delivering preventative and health education, the Health and Wellbeing Board has noted that with effect from 1 January 2021 all pharmacies are required to be compliant with the requirements for the promotion of healthy living within the contractual framework, which includes community engagement exercises.

The Health and Wellbeing Board is pleased to note that when asked whether respondents agree with the conclusions of the pharmaceutical needs assessment, 13 respondents said 'Yes' and only three said 'No'.

**Figure 46 - Do you agree with the conclusions of the pharmaceutical needs assessment?**



The three respondents who said 'No' made comments:

- “No, and don't know! Theories and theories. The old "grey area" comes to mind”
- “Uses out of date stats and other information.”

- “However, given the current population demographics, housing projections, the distribution of pharmacies across West 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.” I agree with this statement. “West 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.” I do not agree with this statement. I believe that there is a need for additional services as previously described.”

The Health and Wellbeing Board has responded to these comments above.

One respondent who answered yes went on to expand upon their response:

- “For the reasons stated above, I agree that our population is well served with four pharmacies and several dispensaries.”

The Health and Wellbeing Board is pleased to note this comment.

Finally respondents were asked for any other comments that they wished to make on the pharmaceutical needs assessment. One respondent said yes, however two comments were made.

- “They are pockets of need especially where the distance between services are much too wide especially for the disabled and people with young children who wishes to use the opportunity of outdoors as a form of physical exercise to improve their health and wellbeing.”
- “its very long winded document to make any appropriate judgement”

The Health and Wellbeing Board is unclear as to the point being made in the first comment. It has reviewed the other comments made by this respondent and has noted that all are positive, in particular that the person is of the opinion that the document hasn't missed any gaps in service provision and that it reflects the needs of their area's population. It is therefore satisfied that no modification is require.

In response to the second comment, the Health and Wellbeing board recognises that the document is long. Unfortunately the pharmaceutical needs assessment is, by its very nature, a technical document and must include all the information and data from which the conclusions have been drawn.

### **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 and the main conclusions are agreed with.

### **Equalities monitoring**

18 of the 34 responses were from members of the public. Of these:

- 5 are female and 11 are male.
- None were pregnant at the time of responding or had had a baby in the preceding six months (although one person preferred not to say).

- Two people are aged 50 to 64, ten are aged 65 to 74, and four are 75 or older. One person preferred not to say and 17 chose not to answer.
- Four people said that they have a disability, 12 said they didn't, and one person preferred not to say. Of these with a disability, three have a physical disability, one has sight impairment and one person has an 'other' type of disability. (More than one option could be selected.)
- Eight stated that they are Christians, four said they have no religion or belief, three preferred not to say, one said they are Jewish and another Muslim. Three preferred not to say.
- 12 are White British, two are Other White Background, one is Black or Black British: Caribbean and one said they preferred not to say.
- 15 are heterosexual and two preferred not to say.
- 16 said their sex is the same as the gender they were assigned at birth, and one person said they preferred not to say.
- 12 are married, two are a widow or widower, two are single and one preferred not to say.

## Amendments

The following amendments have been made to the pharmaceutical needs assessment:

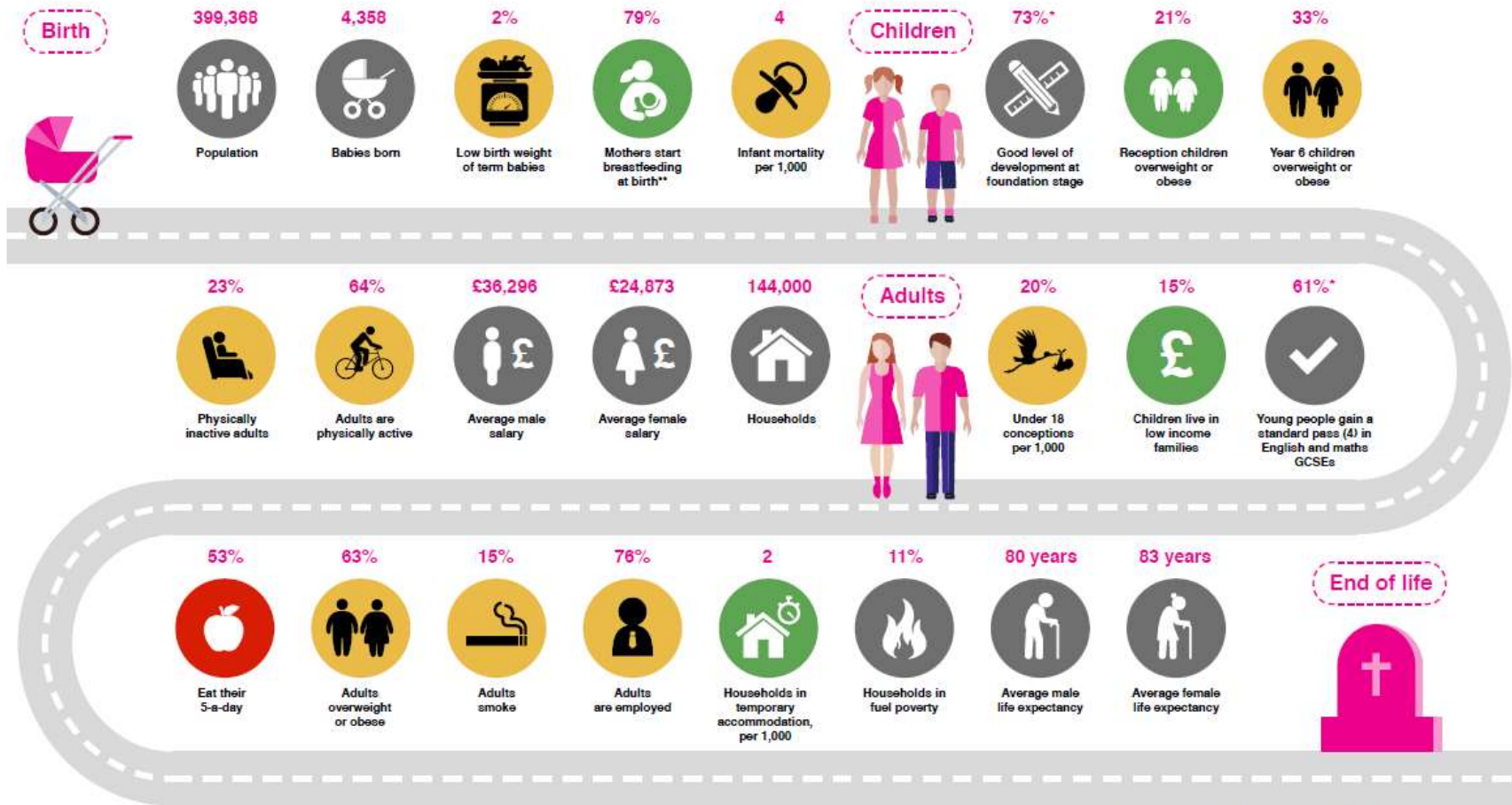
- An application to open distance selling premises at Unit 3, Priory South Industrial Park, 11 Upper Priory Street, Northampton was granted by NHS England and NHS Improvement and subsequently opened on 15 April 2021. The total number of pharmacies has been amended throughout the document accordingly along with the maps.
- 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 and text 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 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 the number of flu vaccinations given as at the end of February 2021.
- 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 December 2020.
- Section 5.3.1.1 data updated to include data for August to December 2020.
- Section 5.3.1.2 data updated to include data for August to December 2020.
- Section 5.4 data updated to include data for August to December 2020.
- Section 6.3 data updated to include data for August to December 2020.
- Section 6.6 data updated to include data for August to December 2020.

- Section 8.2 data updated to include data for August to December 2020.
- Section 8.5 data updated to include data for August 2020 to February 2021.
- Section 9.2 data updated to include data for August to December 2020.
- Section 9.4 data updated to include data for August to December 2020.
- Section 9.5 data updated to include data for August 2020 to February 2021.
- Section 10.2 data updated to include data for August to December 2020.
- Section 10.4 data updated to include data for August to December 2020.
- Section 10.5 data updated to include data for August to December 2020.

The Health and Wellbeing Board has been notified that changes of ownership applications have been submitted for three pharmacies and granted by NHS England and NHS Improvement in February and March 2021. The new owners are required to provide the same services as the previous owners and also open for the same opening hours. At the time of writing (April 2021) the changes have not taken place.

The Health and Wellbeing Board has also been notified that the pharmacy at Unit 2/3 Blackthorn Local Centre, Blackthorn Bridge Court, Northampton has successfully applied to relocate to new premises, approximately ten metres from the current premises (May 2021). The contractor now has up to 12 months within which to complete the relocation, however the Health and Wellbeing Board is satisfied that the relocation will not affect the conclusions of this document.

## Appendix L – overview of the health and wellbeing of the population



Source: Fingertips; Northamptonshire Analysts; 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 8-8 weeks at a count level (47%)

## Appendix M – opening hours



Appendix M West  
Northamptonshire ope