

Rotherham Pharmaceutical Needs Assessment

2022 – 2025

REVIEW PROCESS SUMMARY AND STATUS

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Acronyms

CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
CHD	Coronary Heart Disease
EHC	Emergency hormonal contraception
HES	Hospital Episode Statistics
HWB	Health and Wellbeing Board
IMD	Indices of multiple deprivation
LSOA	Lower super output area
NDRS	National Disease Registration Service
NHSE/I	NHS England / NHS Improvements
NRT	Nicotine Replacement Therapy
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PNA	Pharmaceutical needs assessment
PSNC	Pharmaceutical Services Negotiating Committee
RMBC	Rotherham Metropolitan Borough Council
TRFT	The Rotherham NHS Foundation Trust
QOF	Quality outcomes framework

Executive Summary

What are Pharmaceutical Needs Assessments?

Legislation requires that Health and Wellbeing Boards produce an assessment of the need for pharmaceutical services. These assessments (Pharmaceutical Needs Assessments, or PNAs) are due every three years. The last PNA was published on 1 April 2018 and due to the Covid-19 pandemic, the development of this PNA was postponed from 2021 to October 2022.

PNAs describe:

- current need for pharmaceutical services within a locality,
- current pharmaceutical services provision,
- whether current need is met by existing service provision or could be improved,
- potential future need, and
- potential need for new services.

How was this PNA produced?

Data regarding the provision of existing pharmaceutical services was gathered from NHS England / NHS Improvements; Rotherham Metropolitan Borough Council; and Rotherham Clinical Commissioning Group. Pharmacies were also invited to complete a short questionnaire detailing which Advanced and Locally Commissioned Services they provide. This data was collated into a single master spreadsheet.

Data was uploaded onto the Strategic Health Asset Planning and Evaluation Place Atlas (SHAPE) – a web-enabled application that informs and supports the strategic planning of services and assets across a whole health economy. SHAPE maps pharmacy locations against demographic information and indicators of health status and need.

The health and pharmaceutical need of the Rotherham population were identified based on data from a range of sources including the Joint Strategic Needs Assessments, recent health needs assessments, and other local intelligence.

The current provision of pharmacy and pharmaceutical services was compared with current and potential future demographic and health needs. In line with statutory requirements, a 60-day consultation on the PNA was conducted between 24th May and 26th July 2022. This consultation was sent to the list of stakeholders as defined by the regulations. Feedback from the consultation was minimal and has been incorporated into the PNA.

Oversight of the PNA development was provided by a Steering Group, the purpose of which was to advise on the production of, and consultation on, the PNA on behalf of the Health and Wellbeing Board. The final PNA was reviewed and approved by the Rotherham Health and Wellbeing Board on 21st September 2022.

What are the health and wellbeing needs of the Rotherham population?

Rotherham borough covers an area of 110 square miles and has a population of 264,984. Rotherham is currently the 35th most deprived borough out of 151 local authorities in England according to the Index of Multiple Deprivation 2019 (IMD). Health Deprivation and Disability is one of the most challenging domains for Rotherham being the 21st highest score for deprivation out of 151 local authorities. Compared with the England average, Rotherham has lower life expectancy and higher prevalence of cardiovascular disease, respiratory disease and diabetes amongst others.

What are the main findings of the PNA?

As of January 2022, there were 69 pharmaceutical service providers operating in the area covered by the Rotherham Health and Wellbeing Board. This includes:

- Sixty-four Pharmacies, of which seven are distances selling pharmacies
- One Dispensing Appliance Contractor
- Four Dispensing GP Practices (dispensing GPs provide services to patients in rural areas and often where there are no Community Pharmacies or where access is restricted)

Rotherham is well provided for with respect to pharmaceutical dispensing services having a greater than the national average of pharmacies per 100,000 people - 24.5 community pharmacies per 100,000 people in Rotherham as compared to an average of 21.3 community pharmacies per 100,000 people in the UK as of 2017.

85.9% of the population of Rotherham live within a 15-minute walk of a Rotherham-based pharmaceutical service provider and 96.6% of the population is within a 1 mile walk of a provider of pharmaceutical services (an increase from 94.8% as of 2018). 100% of the Rotherham population live within a 10-minute drive of a provider of pharmaceutical services.

There are seven Essential Services which all community pharmacies are required to provide. Coverage of these within Rotherham is good. Excluding the two Covid-19 related Advanced Services which will be discontinued by the end of March 2022 (C-19 Lateral Flow Device Distribution Service and the Pandemic Delivery Service), there are eight Advanced Services which contractors may choose to provide if they meet the required standards. Of these eight services, two are newly commissioned (Hypertension Case-finding Service, and the Smoking Cessation Advance Service) meaning that it is not possible to meaningfully assess coverage within this PNA. One advanced service, the Appliance Use Review Service, is not currently available within Rotherham. In keeping with national trends, there is poor geographical spread of the Hepatitis C Testing Services. However, geographical coverage of the remaining four services (Stoma Appliance Customisation Service; New Medicine Review Service; Flu Vaccination Service; and Community Pharmacist Consultation Service) is good when mapped against Rotherham's most deprived areas.

Conclusions and Statements

Overall, access to pharmaceutical services in Rotherham is good. Most of the population live within easy access of a pharmacy and good physical access is supplemented by increasing growth in national online service provision.

In consideration of all the information available at the time of writing, the Health and Wellbeing board concluded that:

1. Based on the information presented herein, the Rotherham health and wellbeing board is satisfied that there is sufficient choice with regard to obtaining pharmaceutical services in Rotherham.
2. Rotherham Health and Wellbeing Board has defined necessary services as:
 - Essential services provided at all premises included in the pharmaceutical lists
 - The following Advanced Services:
 - o NHS Community Pharmacist Consultation Services
 - o Flu Vaccination
 - o New Medicines Review Service
3. Based on the information presented herein, the Rotherham Health and Wellbeing Board is satisfied that there are no future needs for pharmaceutical services. Monitoring of the Waverley Site development should be conducted within the lifetime of this PNA to assess whether a future need emerges.
4. The Rotherham Health and Wellbeing Board has identified that two Advanced Services (Stoma Appliance customisation, Hepatitis C Antibody Testing services) and seven locally Commissioned and Enhanced services (Emergency Hormonal Contraception; Nicotine Replacement Therapy Service for pregnant women; Supervised Consumption; Needle Exchange; Palliative Care drugs service; Champix; and Over the Counter Labelling Service) which, whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.
5. Based on the information presented herein, the Rotherham Health and Wellbeing Board is satisfied that there are no services that would secure improvements or better access to pharmaceutical services either now or in the future.
6. Details of other NHS services that affect the need for pharmaceutical services are provided in Section 5.2 of this PNA. The Rotherham health and wellbeing board is satisfied that the need for pharmaceutical services in Rotherham is not significantly affected by the provision of other NHS Services available locally.

1. Introduction

1.1 Introduction to pharmaceutical needs assessments

The purpose of a Pharmaceutical Needs Assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's area for a period of up to three years.

PNAs are primarily used to make commissioning and development decisions. Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide pharmaceutical services must apply to NHS England and NHS Improvement (NHSE/I) to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant PNA. There are exceptions to this, such as applications for benefits not foreseen in the pharmaceutical needs assessment or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors can ensure services are targeted to areas of health need; and will reduce the risk of overprovision in areas of less need. PNAs should not be a stand-alone document. This PNA is designed to contribute to and becomes an integral part of the Rotherham JSNA – available for review at <https://www.rotherham.gov.uk/data/>.

1.1.1 Legislative context and statutory requirements

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs). It also transferred responsibility to develop and update PNAs from primary care trusts to HWBs with effect from April 2013. At the same time responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHSE/I.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, (the '2013 Regulations') set out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development. This report covers the requirements of the 2013 Regulations as follows:

A series of statements are given in Section 6 (Conclusions and Statements) with regards to:

- The pharmaceutical services that the HWB has identified as **services that are necessary to meet the need** for pharmaceutical services
- The pharmaceutical services that have been identified as **services that are not provided but which the HWB is satisfied need to be provided** in order to meet the current or future need for a range of pharmaceutical services or a specific pharmaceutical service

- The pharmaceutical services that the Health and Wellbeing Board has identified as not being necessary to meet the need for pharmaceutical services but have **secured improvements or better access**,
- The pharmaceutical services that have been identified as **services that would secure improvements or better access** to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future and,
- **Other NHS services** that affect the need for pharmaceutical services or a specific pharmaceutical service.

As required by the 2013 Regulations, this PNA also contains details of:

- How the Health and Wellbeing Board has determined the localities in its area (Section 1.2.5)
- How it has accounted for the different needs of the different localities, and the different needs of those who share protected characteristics (Section 2.3.14, Section 1.2.5 and throughout Section 4)
- A report on the consultation process (Annex 1)
- A map that identifies the premises at which pharmaceutical services are provided (Section 3, Map 3)
- Information on the demography of the area (Section 2)
- Whether there is sufficient choice with regard to obtaining pharmaceutical services (Section 6)
- Any different needs of the different localities (Section 2.2.5 and throughout Section 4)
- The provision of pharmaceutical services in neighbouring HWB areas (Section 4.2.4).

The structure and content of the report is based on guidance provided in 2021 by the Department of Health and Social Care (1).

1.2 Process summary

1.2.1 Governance

A PNA Steering Group was established in 2021 whose purpose was to advise on the production of, and consultation on, the Rotherham PNA, on behalf of the HWB with the aim of ensuring that a PNA for Rotherham was published by October 2022 in compliance with the 2013 regulations and the needs of the local population. Full terms of reference, including a list of members, for the Steering Group is provided at Annex 2.

1.2.2 Gathering health and demographic data

Annual population estimates for Rotherham were obtained from the Office of National Statistics (ONS); Mid-2020 estimates published June 2021. The population data included population sub-groups; gender, age and split by Lower Super Output Area (LSOA). Population

projections were obtained from ONS for 2025. Population and Indices of multiple deprivation (IMD) by Rotherham new ward boundaries apply a best fit model.

Birth rates and death registrations and occurrence data were obtained from ONS; birth rates at local authority level and death registrations data by local authority and place of death.

Data on life expectancy and IMD were obtained from Office for Health Improvement and Disparities (OHID) Fingertips, numerator and denominator data from ONS annual death extracts and ONS mid-year population estimates. The IMD 2019 was used to define the deprivation deciles for this document.

Data for cancer, cardiovascular disease, diabetes, dementia, respiratory disease, and mental health are available at a clinical commissioning group (CCG) and national level. The cancer data are collated by the National Disease Registration Service (NDRS) and the cardiovascular profiles are created and maintained by the National Cardiovascular Intelligence Network. The data used for the indicators on diabetes comes from different sources, including routine primary care data, national survey data, national clinical audit data and hospital records. Respiratory data comes from OHID (based on ONS source data) for mortality and QOF, NHS Digital for prevalence of asthma.

Data for alcohol, liver disease, drug misuse, smoking, obesity and healthy weight and sexual health are available at a local authority level. The alcohol data are part of a series of products by UKHSA that provide local data alongside national comparisons to support local health improvement and data for liver disease are calculated by the OHID. Health & Social Care data was used from OHID Fingertips where data are derived from NHS Digital, Hospital Episode Statistics (HES) and ONS, Mid-year Population Estimates.

Data on planned and expected housing developments were obtained from The Local Plan (2013-2028) (The Council's 15-year plan to provide for future development needs for the borough) and the Sites and Policies document. These documents identify sites for over indicative homes that are anticipated for development in Rotherham to meet the vision of the Local Plan. The number of planning permission applications was provided by The Council's housing department.

1.2.3 Pharmaceutical services information

Data on pharmaceutical services for this PNA were taken from multiple sources:

- **A list of pharmaceutical service providers operating in Rotherham as of January 2022** was obtained from NHSE/I records. Clarifications about whether some pharmacies are located in Rotherham or neighbouring authorities were made in discussion with NHSE/I. Although it is anticipated that there will be changes to the list of service providers since January 2022, this cut off point was chosen to enable time for data cleaning, upload, and analysis.
- **Information on the number of items dispensed by Pharmacy and Appliance Contractors as of January 2022** which includes Advanced Services declared by each pharmacy and dispensing appliance contractor, along with activity for some of the advanced services was obtained from the NHS Business Services Authority website, Pharmacy and appliance contractor dispensing data, using data from the

financial years 2020/21-2021/22 (note data was used for an extended time period to account for disrupted patterns of service use during the COVID-19 pandemic). The organisation data codes for all the services that generate prescriptions were obtained from NHS Digital. This data is accurate as of January 2022 and covers data from April 2020-October 2021.

- **Information on advanced services claimed for** were reviewed as fees for; Appliance use review, C-19 lateral flow device distribution service, Community Pharmacist consultation service, Hepatitis C testing service, Hypertension case-finding service, New Medicine Service, Pandemic Delivery Service and Stoma Appliance Customisation Service. These were obtained from the NHS Business Services Authority website, January 2022, and covered the period April 2020-October 2021.
- **Information on prescriptions generated, and dispensed, in Rotherham and outside Rotherham** to identify the total number of items prescribed in a fixed period by each practice and service and the identification of out of area providers of the dispensing service, was obtained from the NHS Business Services Authority website, practice prescribing dispensing data, using data from the financial years 2020/21-2021/22 (note data was used for an extended time period to account for disrupted patterns of service use during the COVID-19 pandemic). This data is accurate as of January 2022 and covers data from April 2020-October 2021.
- **Information on prescription, organisation and demographic data** was obtained using Catalyst, NHS Business Services Authority to gather information on Electronic Prescription Service (EPS), Advance Flu Report and prescribing monitoring. Data on electronic prescriptions and advanced flu reporting were accessed March 2022, covering data from April 2020-October 2021.

Despite the full cooperation and support of NHSE/I and NHS BSA, it was time consuming and challenging getting a clean and reliable set of data. It was evident that there are complexities maintaining reliable, centrally held records on pharmacy service delivery. It is recommended that work is undertaken to improve clarity over service delivery in advance of the next PNA.

1.2.4 Public and contractor engagement

Rotherham pharmacies were invited to complete a short online questionnaire specifying which advanced and locally commissioned services they currently provide. Seventeen pharmacies completed the survey. Where self-reported service provision contradicted records held by NHSE/I, follow up phone calls were made to service providers. In most cases these calls resolved differences, but where data from these sources were not aligned, NHSE/I data were used to ensure consistency of approach. Under regulations (Paragraph 29.c (4)), contractors are required to ensure that the profile of their pharmacy held by NHSE/I is comprehensive and accurate, and to verify and, where necessary, update the information contained at least once each quarter of the financial year.

1.2.5 Data analysis

Localities

The regulations require the HWB decide which localities to divide up its area into for analysis.

Data on pharmaceutical service availability were compiled at Ward level (see Annex 3) to enable comparisons between Wards. Data on deprivation was compiled at LSOA level.

Given the comparatively small total population and geographical area covered by the Rotherham HWB; the paucity of health-related data available at ward, Lower or Middle Super Output Area (partly due to the move to new ward boundaries in 2021), **the HWB determined to analyse information for the PNA primarily at borough-level**. This is in keeping with the previous Rotherham PNA (2018). The HWB is mindful that the localities should not be so large that they mask variations in need, and consideration will be given to the practicality of dividing Rotherham into smaller geographical areas at the time of the next assessment.

Assessment of service availability and access

To assess service availability and access, pharmaceutical services data was compiled into a Master Spreadsheet and uploaded onto the Strategic Health Asset Planning and Evaluation Place Atlas (SHAPE) – a web-enabled application that informs and supports the strategic planning of services and assets across a whole health economy. SHAPE maps pharmacy locations against demographic information and indicators of health status and need.

To assess the sufficiency of pharmaceutical services in Rotherham, analysis was made in terms of:

- **Choice of pharmacies:** Number of pharmacies per 100,000 residents (Section 4.1)
- **Geographical access:** SHAPE was used to identify walk-time, walk-distance, and drive time to pharmaceutical service providers (Section 4.2).
- **Opening hours:** Data on opening hours was tabulated to compare access in the week, at weekends and in the evenings (Section 4.3).
- **Service type:** Data were compiled for the number of outlets providing advanced and locally commissioned services to identify any areas of under-provision (Section 4.4).

Analysis of excluded populations and protected characteristics

To identify whether there are any disparities in access to pharmaceutical services according to characteristics such as deprivation and age (which are associated with greater health needs and poorer health outcomes), SHAPE was used to compare the profile of excluded populations with the demographic profile of Rotherham as a whole.

Unfortunately, data is not available to enable detailed analysis of whether people with most protected characteristics are disproportionately excluded from access to pharmaceutical services. For example, detailed and up-to-date data on the prevalence of disability at LSOA level is not available to enable analysis of whether access to pharmaceutical services is worse for people living with a disability. However, because SHAPE does include IMD domains at LSOA level, analysis of access by the Health and Disability domain is used as a proxy indicator in analysis of access for several protected characteristics including disability.

1.2.6 Consultation

A 60-day public consultation was conducted between 24th May and 26th July 2022. A consultation report is provided at Annex 1.

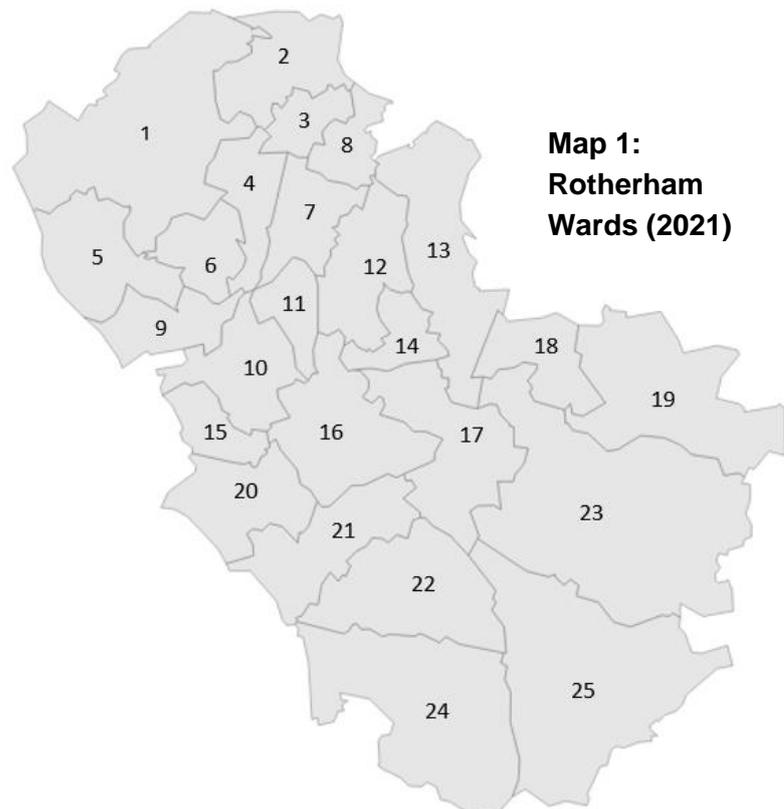
2 Rotherham: Demographic overview and summary of local health needs

2.1 Geography and location

Rotherham borough covers an area of 110 square miles and has a population of 264,984. Around half of the borough's population lives in the Rotherham urban area (including Rawmarsh and Wickersley), in the central part of the borough. Most of the rest live in many outlying small towns, villages and rural areas. Rotherham is a diverse borough with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large council-built housing estates, leafy private residential suburbs, industrial areas, rural villages and farms. Rotherham is well connected to other areas of the region and country via the M1 and M18, both of which run through the borough, and by the rail network which links to Sheffield, Doncaster and Leeds. There are five airports within 55 miles of Rotherham, at Doncaster (Robin Hood), Manchester, Leeds & Bradford, East Midlands and Humberside.

Pre-industrial Rotherham developed as a small market town serving a rural hinterland. It became a major industrial centre during the Nineteenth Century, built around steel making and coal mining. Rotherham attracted workers from other areas, growing rapidly between 1890 and 1910. In 1951, manufacturing industries employed 33,100 people and 27,600 worked in coal mining and quarrying, a total of 65% of all workers. The last coal mine closed in 2013 and the steel industry has declined to employ just 1,600 workers in 2015. As of May 2021, Rotherham is divided into 25 wards (an increase from 21 wards following the 2018 electoral boundaries review).

1. Hooper
2. Wath
3. Swinton Rockingham
4. Rawmarsh West
5. Keppel
6. Greasborough
7. Rawmarsh East
8. Kilhurst & Swinton East
9. Rotherham West
10. Boston Castle
11. Rotherham East
12. Dalton & Thrybergh
13. Bramley & Ravenfield
14. Wickersley North
15. Brinsowrth
16. Sitwell
17. Thurcroft & Wickersley
18. Hellaby & Maltby West
19. Maltby East



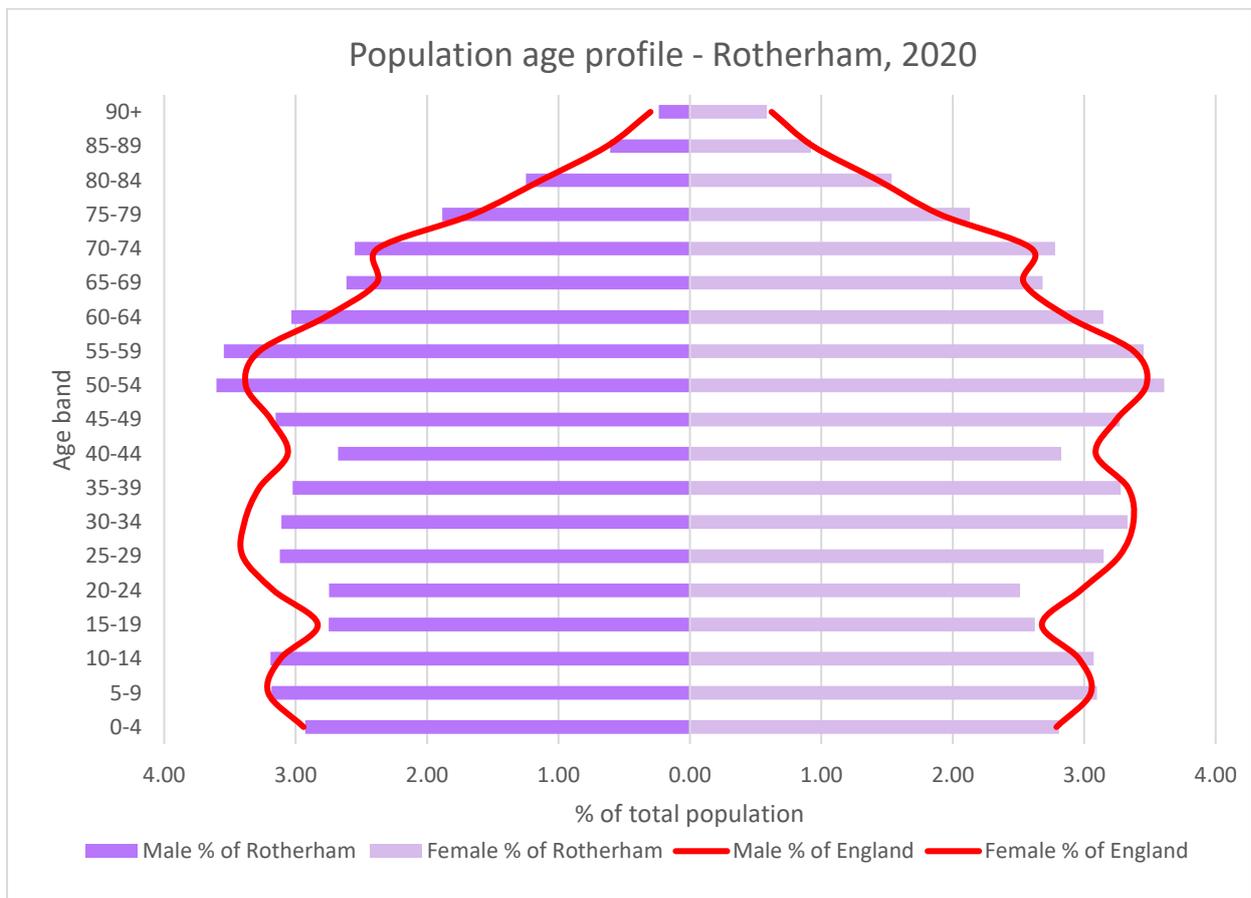
- 20. Rother Vale
- 21. Aughton & Swallownest
- 22. Aston & Todwick
- 23. Dinnington
- 24. Wales
- 25. Anston & Woodsetts

2.2 Population: Current population and forecasts

2.2.1 Population size and age structure

The Rotherham Local Authority has a resident population of 264,984 (mid-year 2020, ONS). As the population pyramid shows below, Figure 1, the age profile for Rotherham is similar to that of England as a whole. However, Rotherham has a below average percentage of people aged 18 to 29 as a result of students leaving Rotherham to study elsewhere and young adults leaving the area for work. The high proportion of residents aged 45-59 is largely a reflection of high birth rates in the 1960s. 19.8% of the Rotherham population are aged 65 and above which has implications for health and care services.

Figure 1: Population age profile for Rotherham (2020)



Office of National Statistics (ONS) population projections suggest the population of Rotherham will reach 277,482 by 2030 with a predicted 18% increase of from 52,388 to 61,907 by 2030 for people aged 65 and above. By 2025 (the end point of this PNA), the population of Rotherham is forecasted to reach 272,899 people.

Figure 2: Mid-2020 population estimates and 2025 population projections for Rotherham

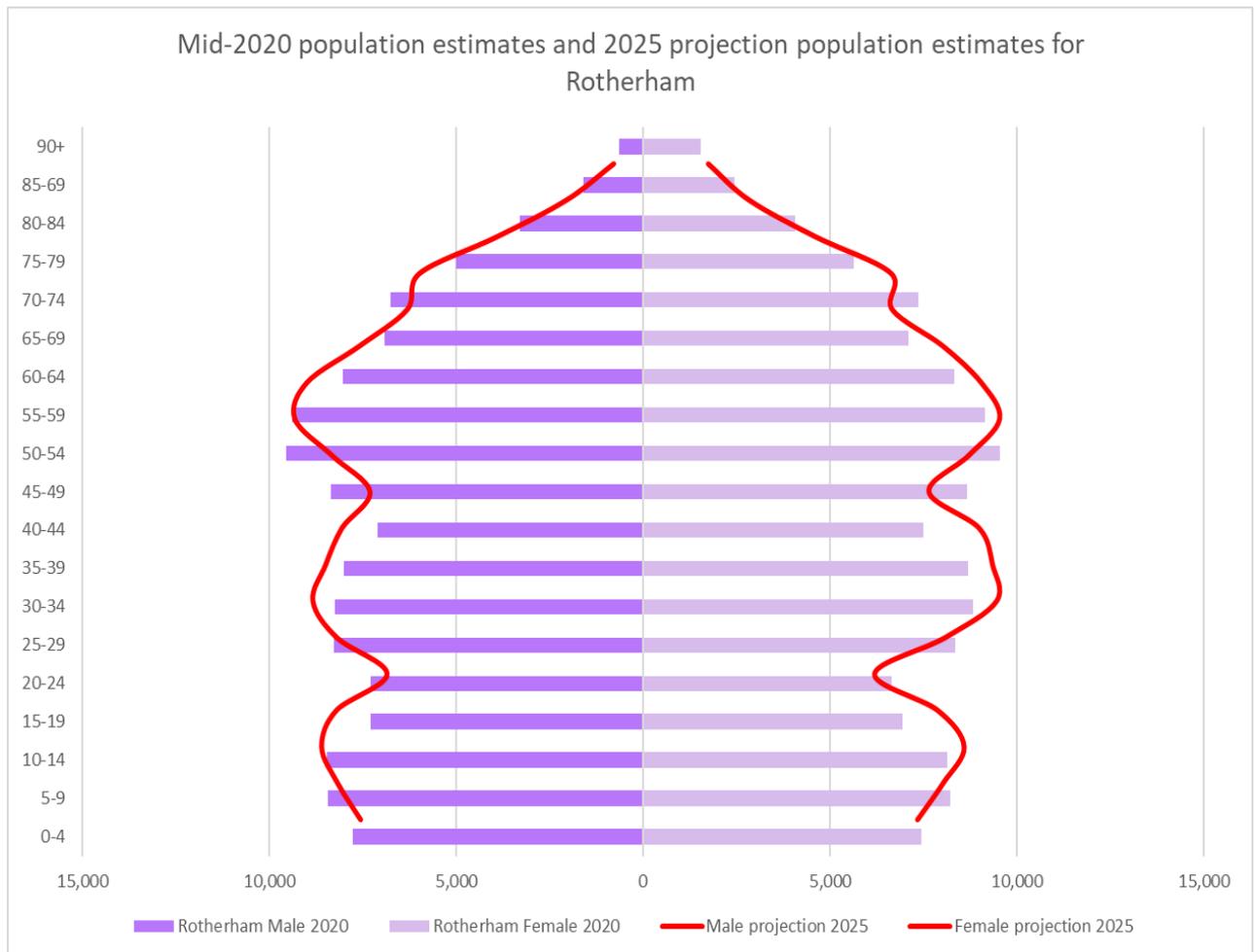


Table 1: Rotherham population projections for 2025

Age group	Males	Females	Persons
0-4	7,561	7,339	14,900
5-9	8,175	8,019	16,194
10-14	8,604	8,585	17,189
15-19	8,211	7,879	16,090
20-24	6,852	6,191	13,043

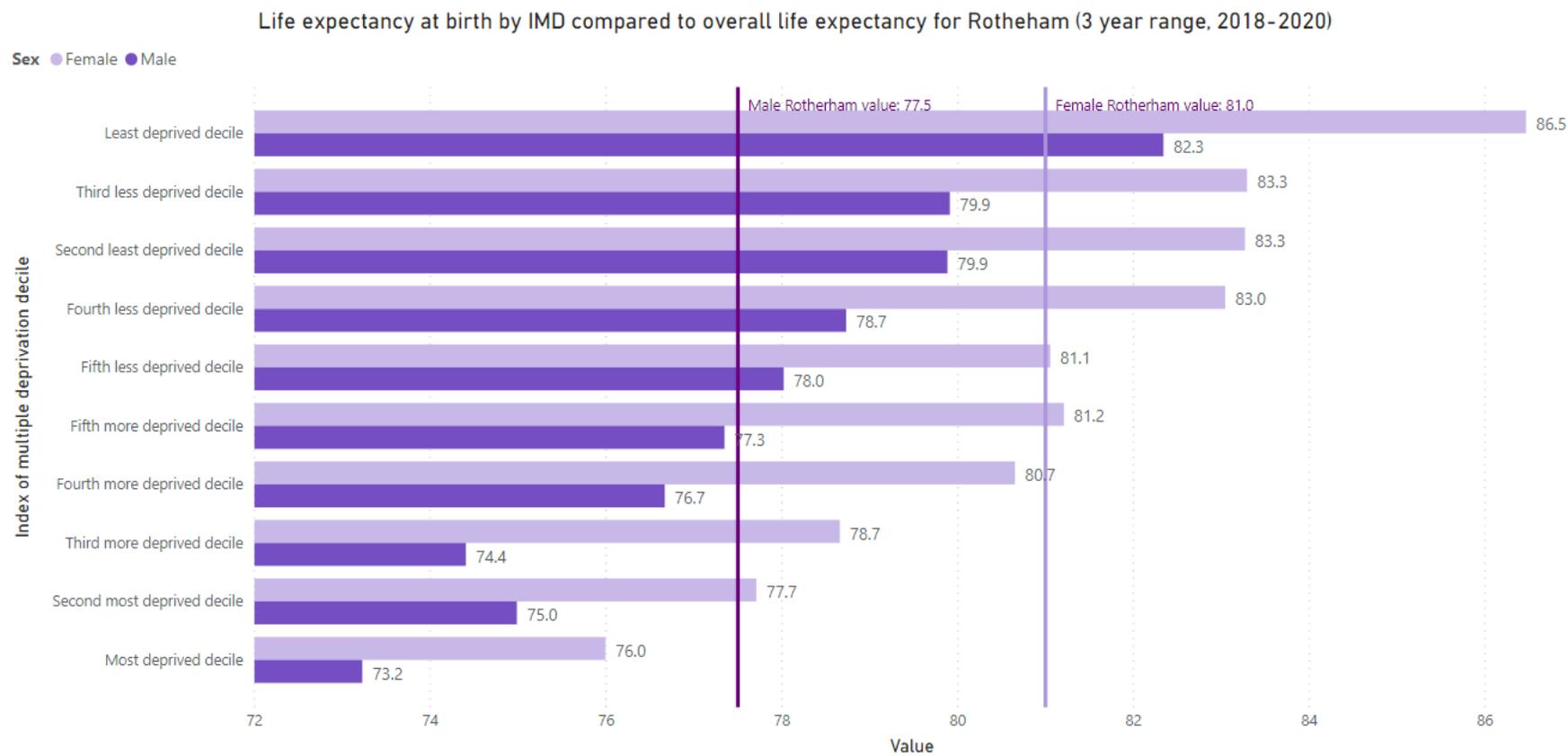
Age group	Males	Females	Persons
25-29	8,201	8,079	16,281
30-34	8,839	9,452	18,291
35-39	8,496	9,342	17,838
40-44	8,064	8,988	17,052
45-49	7,311	7,643	14,954
50-54	8,332	8,708	17,040
55-59	9,323	9,531	18,854
60-64	8,996	9,037	18,033
65-69	7,594	8,018	15,612
70-74	6,315	6,665	12,980
75-79	5,973	6,625	12,598
80-84	3,907	4,614	8,521
85-89	2,056	2,847	4,903
90+	781	1,748	2,529
All ages	133,589	139,310	272,899

2.2.2 Births, deaths, and life expectancy

In total, 2,736 births to Rotherham residents occurred in 2020. Both males and females born in Rotherham can expect to live, on average, less than the respective levels for England as a whole and to live less years in good health, as compared with their peers across the nation. In 2018-2020, the life expectancy at birth in Rotherham was 77.5 years for a male and 81.0 years for a female and the life expectancy at birth for England were 79.4 and 83.1 respectively. The healthy life expectancy at birth were lower in 2017-2019, in Rotherham 58.3 years for a male and 58.9 years for a female and 63.2 years and 63.5 years for England respectively. Disparities in life expectancy, by IMD are shown in Figure 3.

The Rotherham population has increased steadily by about 1,000 per year from an estimated 257,716 in 2011 to 265,411 in 2019 (+3.0%). This steady increase was a result of more births than deaths and net inward migration, both from inside the UK and from outside. The oldest age groups are the fastest growing, mainly those aged 75+. However, in 2020 Rotherham experienced a fall in population (to 264,984) for first time since the year 2000. This is likely due to the impact of the Covid-19 pandemic in 2020 and Rotherham having an older age profile than other places, as most Covid-19 deaths have been among older adults, with people over the age of 70 experiencing the bulk of Covid-19 mortality. It could also be attributed to EU nationals leaving the UK due to Brexit and Covid-19, coupled with a decrease in EU nationals coming to the UK.

Figure 3: Life expectancy at birth by IMD compared to overall life expectancy for Rotherham



2.2.3 Ethnicity

Using 2011 Census data, Rotherham has a mainly White British population, with the percentage from minority ethnic groups being about half the national average, although the Pakistani and Slovak Roma communities have above average proportions.

Table 2: Ethnic profile of Rotherham population (2011 Census)

Ethnic Group	Number of people	Percentage (%)
White: British	236438	91.9
White: Irish	776	0.3
White: Gypsy or Traveller	126	0.0
Other White	3418	1.3
Mixed	2551	1.0
Indian	961	0.4
Pakistani	7609	3.0
Bangladeshi	109	0.0
Chinese	592	0.2
Other Asian	1280	0.5
Black African	1672	0.6
Black Caribbean	283	0.1
Other Black	157	0.1
Arab	581	0.2
Other ethnic group	727	0.3

2.2.4 Religion

In the 2011 census, Christianity remained the main religion in Rotherham, 66.5% of the population, a decrease of 13.2% from 2001. However, this remains higher than the national average of 59.4%. The figures for the religions are listed below.

Table 3: Religious profile of Rotherham population (2011 Census)

Religion	Number (% of population)
Christian	171,068 (66.5%)
Muslim	9,614 (3.7%)
Buddhist	401 (0.2%)

Hindu	433 (0.2%)
Jewish	63 (0.02%)
Sikh	293 (0.1%)
Other religion	595 (0.2%)
No religion	57,783 (22.5%)
Religion not stated	17,030 (6.6%)

2.2.5 Deprivation

On the Index of Multiple Deprivation 2019 (IMD 2019) Rotherham ranks as the 35th most deprived upper tier local authority in England out of a total of 151 authorities. In all, 59 Rotherham neighbourhoods (Lower Super Output Areas or LSOAs) rank among the 20% most deprived in England and 36 LSOAs are in the top 10% most deprived. No LSOAs in Rotherham are in the least deprived 10%. Greater health needs and poorer health outcomes are generally seen in areas of greater deprivation and the gap between people living in the most-deprived and the least-deprived areas is even wider in healthy life expectancy, which is a measure of how much time people spend in good health over the course of their lives.

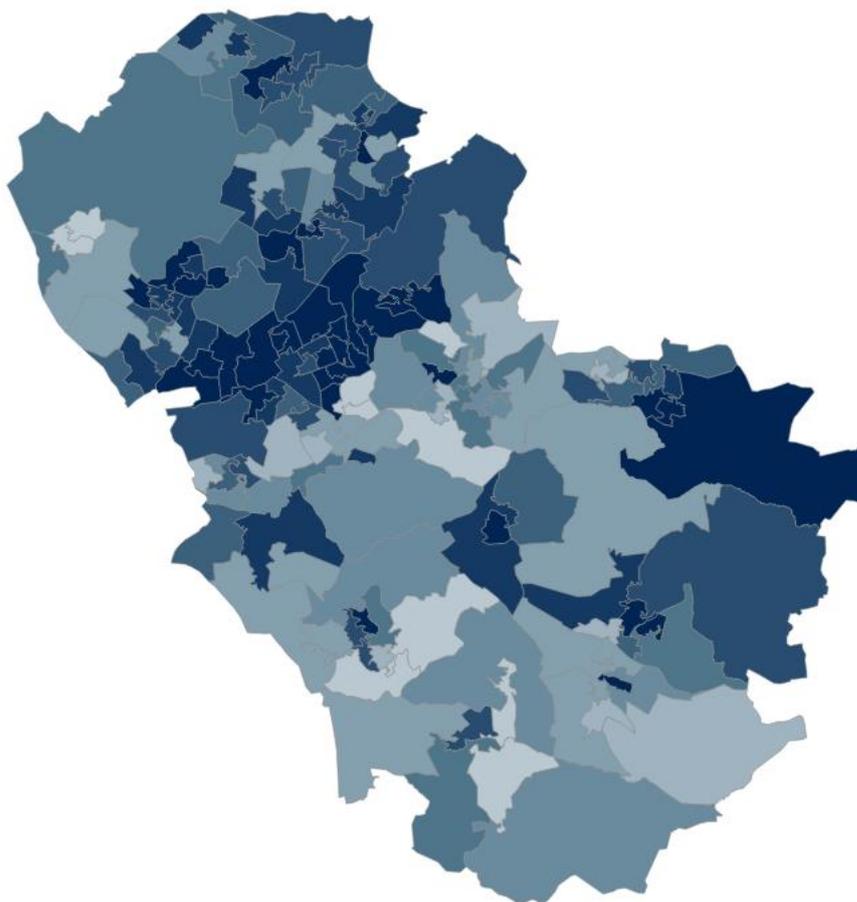
The Income Deprivation Affecting Children Index (IDACI), the proportion of all children aged 0 to 15 living in income deprived families, 2019 was 22.1%, significantly worse than the England value of 17.1%. The Income Deprivation Affecting Older People Index (IDAOP), the proportion of all adults aged 60 or over living in income deprived families, was 16.4%, significantly worse than the England value of 14.2%.

Rotherham's IMD 2019 average score is 29.55. The England-wide IMD 2019 distribution is 0.54 to 92.73 with a mean value of 21.67. For IMD 2015, the average score for Rotherham was 28.279 and Rotherham ranked 41st most deprived of 152 authorities.

Map 2 below shows the IMD by LSOA in Rotherham, the darker colour represents higher deprivation, IMD 1, and the lighter colours represent the least deprived, IMD 9 for Rotherham. 22 of 167 (13%) LSOAs in Rotherham, are in the most 5% deprived in England.

The PNA takes account of health inequalities and that some population groups may have greater needs than others. This document seeks to improve access to pharmaceutical services for all and any differential impact will be to assist in challenging these health inequalities.

Due to ward boundary reassignment in Rotherham, we have limited detailed data about new ward areas and are using deprivation and age for consideration of resident's needs throughout this document.



**Map 2: IMD
2019 scores at
LSOA level**

*(Darker = more
deprived)*

2.3 Population health needs in Rotherham

2.3.1 Cancer (QOF)

In the period 2020/21, there were 8,593 people living with cancer registered to a Rotherham GP (QOF prevalence data). This equates to 3.2%, the same as is the prevalence for England. New cancer cases, 2019/20, were 1,702 equating to 642 per 100,000. This is higher than the national rate at 531 per 100,000.

2.3.2 Cardiovascular disease (QOF)

The prevalence of cardiovascular diseases such as Coronary Heart Disease (CHD) and Heart Failure are higher in Rotherham than England (QOF prevalence), both of which have considerable impacts on health with CHD being the single most common cause of premature death in the UK. In the period 2020/21, a total of 10,142 people, 3.8%, were on the CHD register in Rotherham, compared to 3.0% for England. During the same period, there were 2,527 patients with heart failure, equivalent to 1.0% of the Rotherham population, compared to 0.9% for England. Admission episodes for CHD were 1,150 in total, equivalent to 429.1 per 100,000, worse than that for England at 367.6 per 100,000. However, admissions for heart

failure, were lower than the England value, 131.4 per 100,000 for Rotherham and 146.7 per 100,000 for England.

Stroke is the third most common cause of death in the developed world and one quarter of stroke deaths occur under the age of 65 years. During 2020/21, 2.2% of Rotherham residents had experienced a stroke, a total of 5,770, higher than the England prevalence at 1.8%.

Risk factors for cardiovascular disease include smoking and hypertension, both of which Rotherham QOF prevalence is greater than England. In 2020/21, 42,207 residents (all ages) were living with hypertension, 15.9%, compared to 13.9% in England. During the same period, 39,487 people, 18.1% of the population smoked compared to an England value of 15.9%.

2.3.3 Diabetes (QOF)

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. In 2020/21, 16,858 in Rotherham were living with diabetes, equivalent to 7.9% (patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers). This has been increasing since 2012/13 and has remained above the England value throughout, currently at 7.1% prevalence. It is likely the true prevalence is higher, and some will remain undiagnosed; in 2017, the estimated prevalence of diabetes (undiagnosed and diagnosed) was 8.9%. In 2021, for those aged 65 years and older, the value of those with diabetes was 19%.

2.3.4 Dementia

The prevalence of dementia increases with age and is estimated to be approximately 20% at 80 years of age. For those aged 90 and above, the annual incidence of Alzheimer's type of dementia rises to 34.3 per 100 person years at risk; the prevalence is higher in women due to increased lifespan. In a third of cases, dementia is associated with other psychiatric problems. In Rotherham, a total of 2,325 people were recorded as having dementia 2020/21, a prevalence of 0.9%, higher than the value for England which was 0.7% (recorded dementia prevalence is the number of people with dementia recorded on GP practice registers as a proportion of the people registered at each GP practice). Recorded prevalence in those aged 65 years old and above was also higher for Rotherham, 4.50% compared to 3.97% for England.

2.3.5 Respiratory disease (QOF)

The annual percentage of registered deaths where respiratory disease was the underlying cause of death in 2020 was 12.4% for Rotherham, higher than the England value which was 10.2%. For emergency hospital admissions for respiratory disease, 2020/21, Rotherham had 2,670 persons, a rate of 1,014 per 100,000 significantly worse than the England rate of 711 per 100,000.

2.3.6 Alcohol (UA)

Misuse of alcohol can have significant health implications, impacting on both the individual and the wider community. Nationally, the Health Survey for England 2019 showed 30% of men and 15% of women were drinking at a level of increased harm (over 14 units of alcohol a week). In Rotherham, in 2018-2019, the estimate of number of alcohol dependent adults, was 1.75 per 100 compared to 1.37 nationally. In 2020/21, there were 1,922 per 100,000 admission episodes for alcohol-related conditions (broad definition), a total of 5,058. This is significantly worse than the national average, a rate of 1,500 per 100,000. In addition, for alcohol-specific conditions during the same period, there were 2,165 admissions of which 1,520 were male and 645 females. This is a rate of 840 per 100,000 for persons, 1,203 per 100,000 for males and 496 per 100,000 for females all of which are significantly worse than the England rates of 587 per 100,000, 806 per 100,000 and 380 per 100,000 respectively.

2.3.7 Liver disease

Liver disease is one of the top causes of death in England and is having an impact on much younger ages. Most liver disease is preventable and is often influenced by alcohol and obesity. The hospital admission rate due to liver disease in Rotherham, 2020/21, was 122.4 per 100,000 (persons), this value was higher in males, 135.4 per 100,000, and lower in females, 110.1 per 100,000. This compares to an England value of 124.3 per 100,000 for persons, 156.4 per 100,000 for males and 94.4 per 100,000 for females. The age-standardised, under 75 mortality rate from liver disease (persons, 1 year range), was 17.2 per 100,000 in 2020 compared to the value for England at 20.6 per 100,000. The under 75 mortality rate from alcoholic liver disease, persons, 3-year range 2017-19, was 11.9 per 100,000 which is significantly worse than the England value of 9.1 per 100,000.

2.3.8 Drug misuse

In 2019/20 there were 25 admission episodes (10 male and 15 female) where there was a primary diagnosis of drug related mental and behavioural disorders in Rotherham, this equates to 10 admissions per 100,000 population. This is lower than the England admission rate which is 13 per 100,000. During the same period, there were 685 admission episodes with a primary or secondary diagnosis of drug related mental and behavioural disorders which amounts to 276 admissions per 100,000 population. This is higher than the regional rate, 191 per 100,000 and the national rate, 181 per 100,000. Admission episodes with a primary diagnosis of poisoning by drug misuse were 80, a rate of 31 per 100,000 - equivalent to that of the national average.

2.3.9 Mental health

The Adult Psychiatric Morbidity Survey, 2014, found around one in six adults (17%) surveyed in England met the criteria for a common mental disorder and 39% of adults aged 16-74 with conditions such as anxiety or depression, were accessing mental health treatment. This figure has increased from 24% since the previous survey (2007).

In primary care in Rotherham 2020/21, the recorded prevalence of depression (aged 18+) was 15.9%, a total of 33,251 persons, this is higher than the England value of 12.3% and has been increasing in Rotherham since 2013/14. The incidence of new diagnoses during the same period was 1.5%, a total of 3,155 persons, higher than the England value of 1.4%. Using data from a GP patient survey, 2018/19, 12% reported a long-term mental health problem, which is significantly higher than the England value of 9.9%.

2.3.10 Smoking

Smoking is the most important cause of preventable ill health and premature mortality in the UK. It is a risk factor for many diseases such as cancer, COPD and heart disease. Tobacco control measures can assist in reducing the prevalence of smoking in the population. The smoking prevalence, adult, current smokers, in Rotherham, 2020 was 12.5%, similar to the prevalence for England which was 12.1%. The number of persons aged 18 + who self-reported never smoking during the same period was 59.4% and the value for England 61.6%.

2.3.11 Obesity and healthy weight

The prevalence of excess weight has been increasing over time, both locally and nationally. Rotherham has a higher prevalence of excess weight than the national average. In 2019/20, 73.6% of adults in Rotherham were classified overweight or obese, compared to 65.0% regionally and 62.8% nationally – this equates to around 150,000 adults in Rotherham with excess weight. Of children in Rotherham schools, both excess weight in reception and excess weight in Year 6 aged children are above the national average. 26.6% of reception age children were overweight or obese in 2019/20, compared to 23.0% nationally and 37.9% of Year 6 children were overweight or obese in 2019/20, compared to 35.2% nationally (National Child Measurement Programme, NCMP, Data).

In 2019-2020 64.3% of adults in Rotherham were meeting the national physical activity guideline, while in England 66.4% of adults were attaining the recommended level (at least 150 minutes of moderate intensity activity each week or at least 75 minutes of vigorous intensity activity per week).

2.3.12 Sexual health

HIV testing is integral to the treatment and management of HIV infection and awareness of HIV status can assist with improving survival rates, improving quality of life and can reduce the risk of onward transmission. HIV Testing coverage for Rotherham is significantly better than the England average, at 70% for Rotherham and 46% for England, 2020. The HIV diagnosed prevalence for those aged 15 to 59, 2020 is 1.50 per 1,000 in Rotherham compared to 2.31 for the England rate.

Both the syphilis and gonorrhoea diagnostic rate in Rotherham are significantly better than the England rate at 4.5 per 100,000 and 40 per 100,000 compared to 12.2 per 100,000 and 101 per 100,000 respectively. The chlamydia detection rate for those ages 15 to 24, has

been decreasing and remains statistically worse than England; 1,228 per 100,000 for Rotherham compared to 1,408 per 100,000 for England.

2.3.13 Limiting long term illness and disability

A relatively high proportion of Rotherham's population have a long-term condition or are living with a disability. The 2011 Census showed that 56,588 people (22%) had a limiting long-term illness or disability, a higher percentage than England as a whole (17.6%). In 2014-15, 14.9% of Rotherham residents were living with a long-term illness, disability or medical condition diagnosed by a doctor at aged 15.

In 2011, 31,001 people (12%) in Rotherham said that they provided unpaid care to family members, friends or neighbours with either long-term physical or mental ill-health/disability or problems related to old age.

Vision, hearing and physical impairments

A greater risk of sight loss is associated with increased age and Rotherham has a higher proportion of older age groups compared to the average of England. Poor health and other health conditions can be linked to sight loss such as smoking and obesity which can increase the risk of developing diabetes leading to sight loss. In Rotherham, there are an estimated 9,000 people, 3%, living with sight loss; 5,790 people living with mild sight loss, 2,020 with moderate sight loss, 1,200 with severe sight loss. (2).

In 2021, 7.1% of people reported deafness or hearing loss in Rotherham, this is significantly greater than the England average.

The estimated prevalence of physical disability as an estimated % of the population ages 16-64, 2012, was 11.6% compared to an estimated prevalence for England of 11.1%. 1.2% of people registered to a Rotherham GP reported having a learning disability in the GP Patient Survey, data updated 2021 (3).

2.3.13 Multiple morbidities

Although multi-morbidities have been researched extensively, one precise definition does not exist and the number, type (physical or mental health) and selection criteria for conditions included in multi-morbidity indices vary.

In Rotherham, 2014, the estimated prevalence of 2 or more long-term physical conditions shows 9.32% prevalence for males and 9.67% prevalence for females and for both physical and mental conditions, the prevalence is 3.18% for males and 5.26% for females (4). The prevalence of 3 or more long-term physical conditions are 3.39% and 3.40% for males and females respectively. The prevalence of long-term physical and mental health condition combined (3 or more conditions) are 1.37% and 2.22% respectively.

Higher prevalence of 2 or more physical, and physical and mental conditions, are seen in older age groups.

Table 4: Prevalence of multiple physical and / or mental conditions in Rotherham by age and sex

Sex	Age group	Prevalence of 2 or more physical conditions (%)	Prevalence of physical & mental conditions (at least one each) (%)
Male	0-24	0.39	0.66
Female	0-24	0.46	0.85
Male	25-44	1.69	2.61
Female	25-44	2.46	5.14
Male	45-64	9.91	4.43
Female	45-64	9.51	6.99
Male	65-84	33.55	6.05
Female	65-84	29.86	8.54
Male	85+	50.01	11.08
Female	85+	42.89	14.81

2.4 The role of Pharmacies in meeting the health needs of people in Rotherham

In England there are an estimated 1.2 million health related issue visits to a pharmacy every day (5) and these provide a valuable opportunity to support behaviour change through making every contact count.

As can be seen in this section, there are ongoing opportunities for NHSE/I, Rotherham Clinical Commissioning Group and the Public Health Team at Rotherham Metropolitan Borough Council to work together to maximise the local impact of health communications, messages and services through Pharmacies.

Need for drugs and appliances

Most people will at some stage require prescriptions to be dispensed. 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. NHSE/I and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal. Distance selling premises will receive prescriptions remotely (either via the Electronic Prescription Service, post or fax) and are required to deliver all dispensed items. This will clearly be of benefit to people who are unable to access a pharmacy. In addition dispensing appliance contractors delivery the majority, if not all, of the items they dispense.

Alcohol and drug use

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

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

- Pharmacies are required to participate in up to six 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

Smoking cessation

In addition to community-based smoking cessation services that are contracted by RMBC, and the QUIT programme that is provided at all eight acute, mental health and children's NHS Trusts in South Yorkshire, including Rotherham, several smoking cessation services are available through pharmacies:

- A new Smoking Cessation Advanced Service was launched in 2022 allowing NHS trusts to refer patients who have stopped smoking in hospital to a local community pharmacy on discharge, to continue that support.
- Nicotine Replacement Therapy (NRT) is available to pregnant women who are receiving specialist midwife-led smoking cessation support through The Rotherham Foundation Trust maternity services
- NRT and pharmacotherapy (Champix) is available to people enrolled in community based smoking cessation support services commissioned by Rotherham Council

In addition to these specialist services, there are elements of essential service provision which will help address the health needs of people who smoke;

- 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.

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.

Healthy weight

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 healthy weight
- 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

Sexual Health

Emergency hormonal contraception (EHC) provision is commissioned by the Council and available in selected pharmacies in Rotherham (more detail to follow). Chlamydia screening is not commissioned locally through pharmacies.

There are elements of essential service provision which will potentially help address local sexual 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, HIV and teenage pregnancy
- Where the pharmacy does not provide the locally commissioned EHC, signposting people using the pharmacy to other providers of this service
- Providing healthy living advice during consultations and engagement with people attending the pharmacy

2.4.1 The potential role of pharmacies meeting the health needs of identified patient groups including people with protected characteristics

This document is expected to have positive impact on protected groups as it seeks to highlight service gaps and encourage better provision of pharmaceutical services. This section examines specific needs within various patient groups and the potential role of pharmacies in meeting these needs.

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

- Those sharing one or more of the following Equality Act 2010 protected characteristics; Age, Disability; 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.
- Homeless and rough sleepers,
- Traveller and gypsy communities,
- Refugees and asylum seekers,
- Military veterans, and
- Visitors to the area for business or to visit friends and family

Table 5: Specific health needs and possible mitigating actions for people with protected characteristics

Protected characteristic	Specific needs of this group	Solutions/mitigating actions and the potential role of pharmacies in meeting the needs of these groups
Age	Age influences medicine choice and route of administration. Older people are likely to have higher prevalence of illness subsequently taking more medication. Medication management in older age groups is of higher complexity due to multiple disease, polypharmacy and metabolism changes due to the ageing process.	People can be supported to live independently with the help from community pharmacies such as with medication ordering and reordering support, home delivery and compliance aids such as reminder charts. Pharmacies can also support independence by offering supply of daily living aids and

	<p>Similarly, younger people have a different ability of metabolism and drug elimination.</p>	<p>signposting to additional support systems.</p> <p>For children and young people, advice can be given to parents on medicine/appliance usage and the different routes of drug administration.</p> <p>Pharmacies can provide broader advice where appropriate such as contraindications and side effects.</p> <p>Pharmacies play an essential role in the safe use of medicines for children and older people.</p>
Disability	<p>Disability is extremely diverse and whilst some health conditions associated with disability result in poor health and extensive health care needs, others do not.</p> <p>Specific needs within this group surrounding pharmacy access include physical barriers of ensuring pharmacies are within an accessible distance, have public transport links if required and/or disabled parking if required. Pharmacies may also provide a delivery service. Other needs of this group could include communication requirements such as for those that have hearing and/or visual impairment where other communication aids are required.</p> <p>To some degree, access to pharmaceutical services has been improved for some groups of disabled people recently due to the growth in remote consultations, electronic prescriptions, and delivery services prompted by the Covid-19 pandemic.</p>	<p>When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010.</p> <p>If a client has a physical or mental impairment that impacts their ability to manage their medication, pharmacies could apply reasonable adjustments to packaging or instructions to support.</p> <p>Home delivery could be available for those who struggle to collect their medication.</p> <p>There is also an option of a distance selling pharmacy which must supply delivery, of which could be based outside of Rotherham. There is an additional option to consider an online pharmacy.</p>
Gender reassignment	<p>This group may require advice on medication side effects.</p>	<p>A provision of medicines is required alongside advice on adherence and side effects.</p>

Marriage and Civil Partnership	No specific needs identified.	
Pregnancy and Maternity	This group may require advice on safe use of medication in pregnancy and breast-feeding. There are also many common health problems that are associated with pregnancy.	Pharmacies should provide advice to pregnant or breastfeeding mothers on safe use of medication.
Race	Black and minority ethnic (BME) groups generally have worse health than the overall population although patterns vary for each health condition and some groups have worse health than others. A poorer socio-economic position may be a driver in these health inequalities.	Pharmacies should be an inclusive service and translation services should be used when required.
Religion or Belief	Specific needs could be around medication ingredients and around fasting periods.	Pharmacies should provide advice where appropriate.
Sex	Some services provided are solely for women such as female contraception. Women are more likely to be visiting the pharmacy for caring responsibilities for older and younger relatives. Men are less likely, as a whole, to visit health care settings, including pharmacies.	Signposting to services and further information as required. Pharmacies are able to provide support surrounding self-care for those caring for others.
Sexual orientation	Some behaviours associated with poor health are more prevalent amongst bisexual people, lesbian women and gay men than seen in the general population. Smoking; drinking more than three times week; and recent drug use are more prevalent in these groups than in the general population, In addition, gay and bisexual men, and lesbian and bisexual women are more likely to have self-harmed or attempted to take their own life in the	Pharmacies should offer advice or signpost to sexual health, smoking cessation, drug and alcohol and other healthy lifestyle support services if requested to do so by service users.

	<p>past year. Domestic abuse from a family member is also more common amongst these groups than in the general population. Lesbian and bisexual women are less likely to have accessed cervical screening services. (6)</p>	
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Health needs of other population groups in Rotherham are detailed below:

Asylum seekers

Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. Many asylum seekers arrive in relatively good physical health but 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 –Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women
- Chronic diseases such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to a lack of healthcare services
- Dental disorders – dental problems are commonly reported amongst refugees and asylum seeker and
- Consequences of injury and torture (7).

Homeless people and Rough Sleepers

The incidents of people sleeping rough in Rotherham is relatively low. The official 2018 annual return identified 5 individuals (2 in 2017). However, as this is based on a single 'sample night', the Council commissioned a rough sleeper outreach service found over 12 months 19 rough sleepers in Rotherham. All of were aged over 25 with the majority of these are men (16 individuals) and of a White British background (15 individuals).

Those affected by homelessness are ten times more likely to die than those of a similar age in the general population. The average age of death for homeless people is just 47 years old. (8)

Travellers 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.

Military veterans

According to the Veterans' Healthcare Toolkit published by the Royal College of General Practitioners, common issues affecting Military Veterans include;

- Mental health difficulties, such as anxiety and depression,
- Problems related to alcohol
- Post-traumatic stress disorder.

Visitors to the area for business or to visit friends and family

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 Rotherham. 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

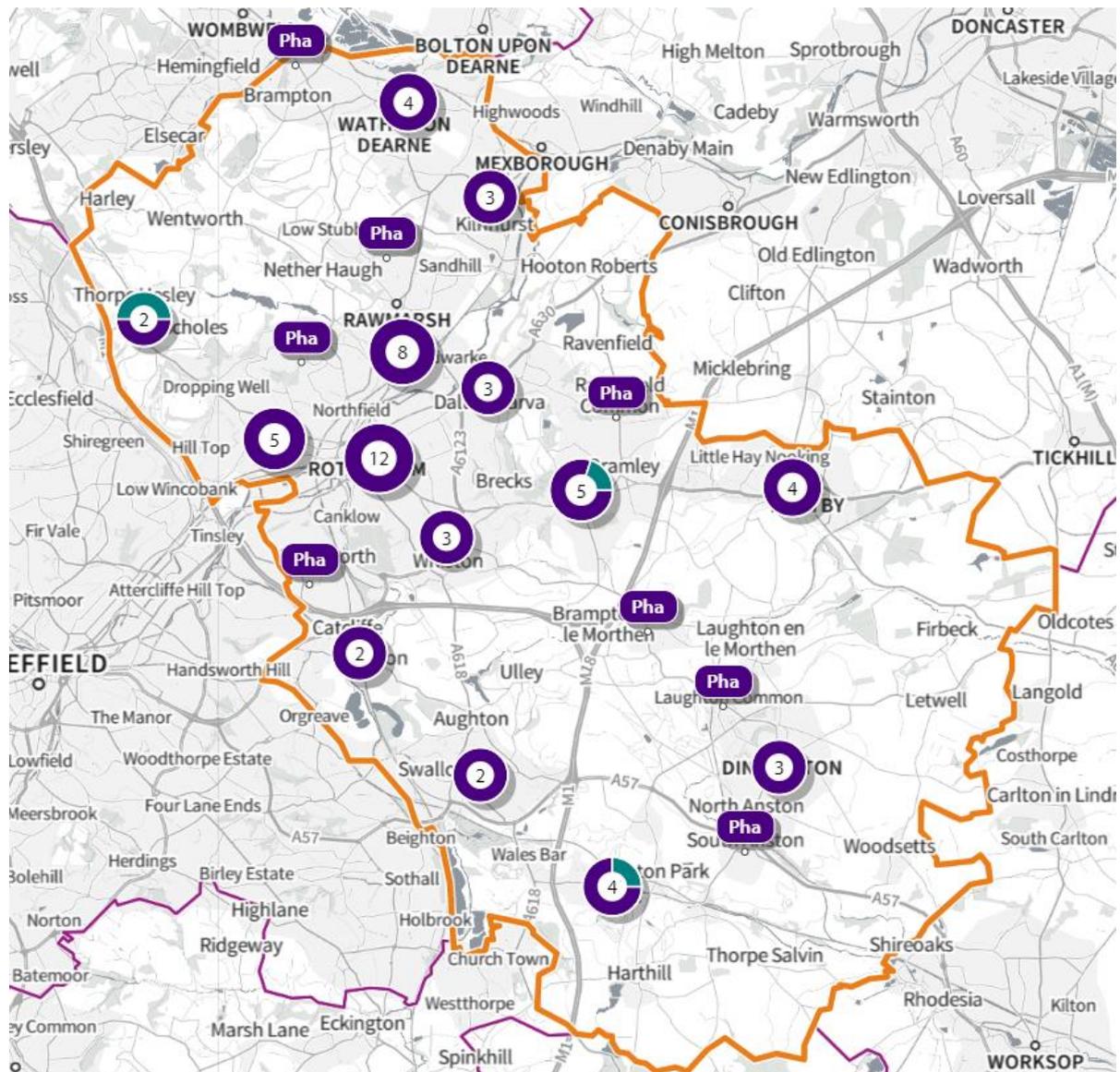
3 Current provision of pharmaceutical services in Rotherham

As of January 2022, there were **69 pharmaceutical service providers for the area of Rotherham Health and Wellbeing Board**. This includes:

- 64 Pharmacies including seven distance selling pharmacies
- One dispensing appliance contractor
- Four dispensing GP Practices

A full list of pharmaceutical service providers is provided in Annex 4. The distribution of service providers across Rotherham is visually provided at Maps 3, 4, 5, 6, and 7. This information is also available to view on the Rotherham JSNA at www.rotherham.gov.uk/data

Map 3: Premises at which pharmaceutical services are provided in Rotherham



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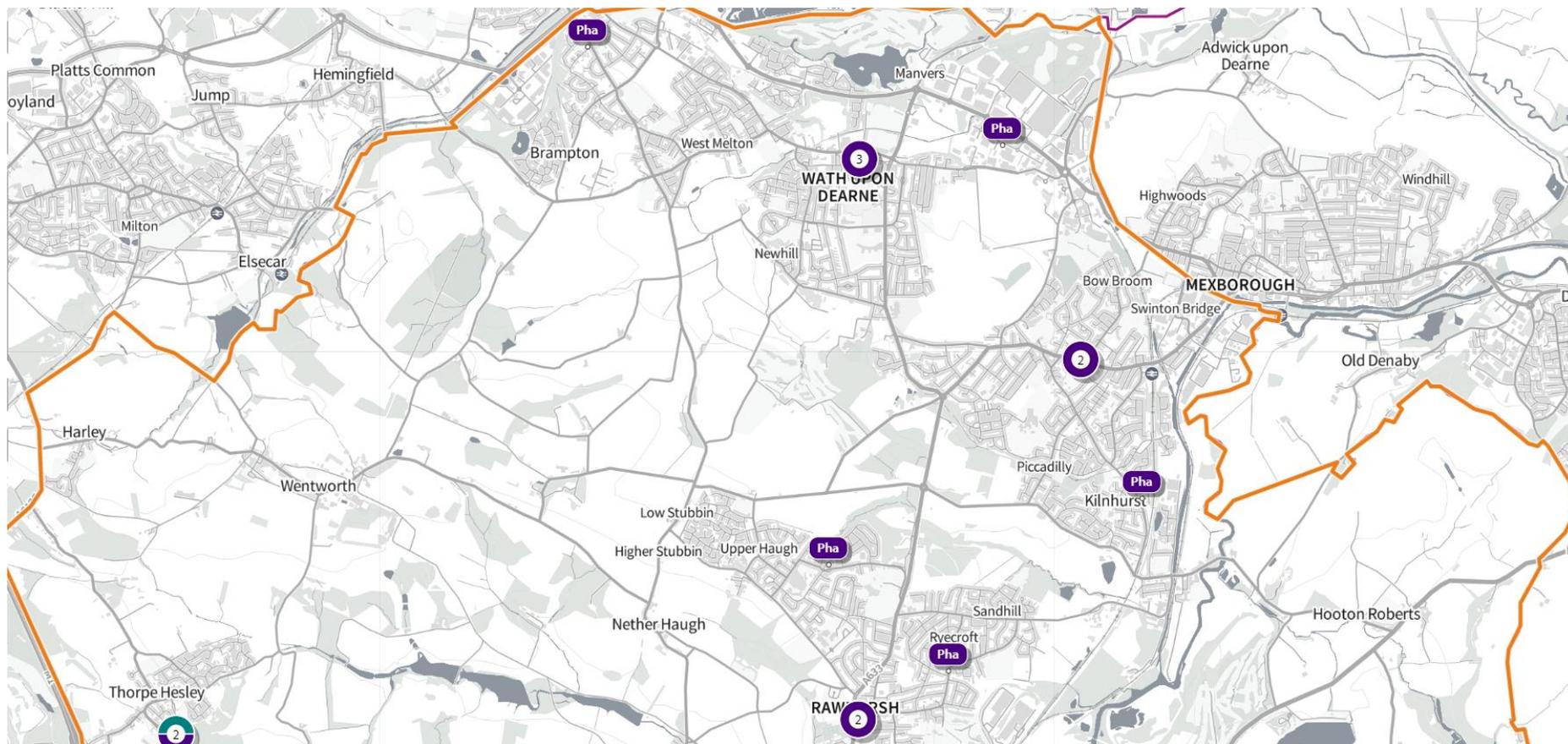
Key

 Single Pharmacy

 Multiple pharmacies located too close together to be able to display separately without increasing the resolution

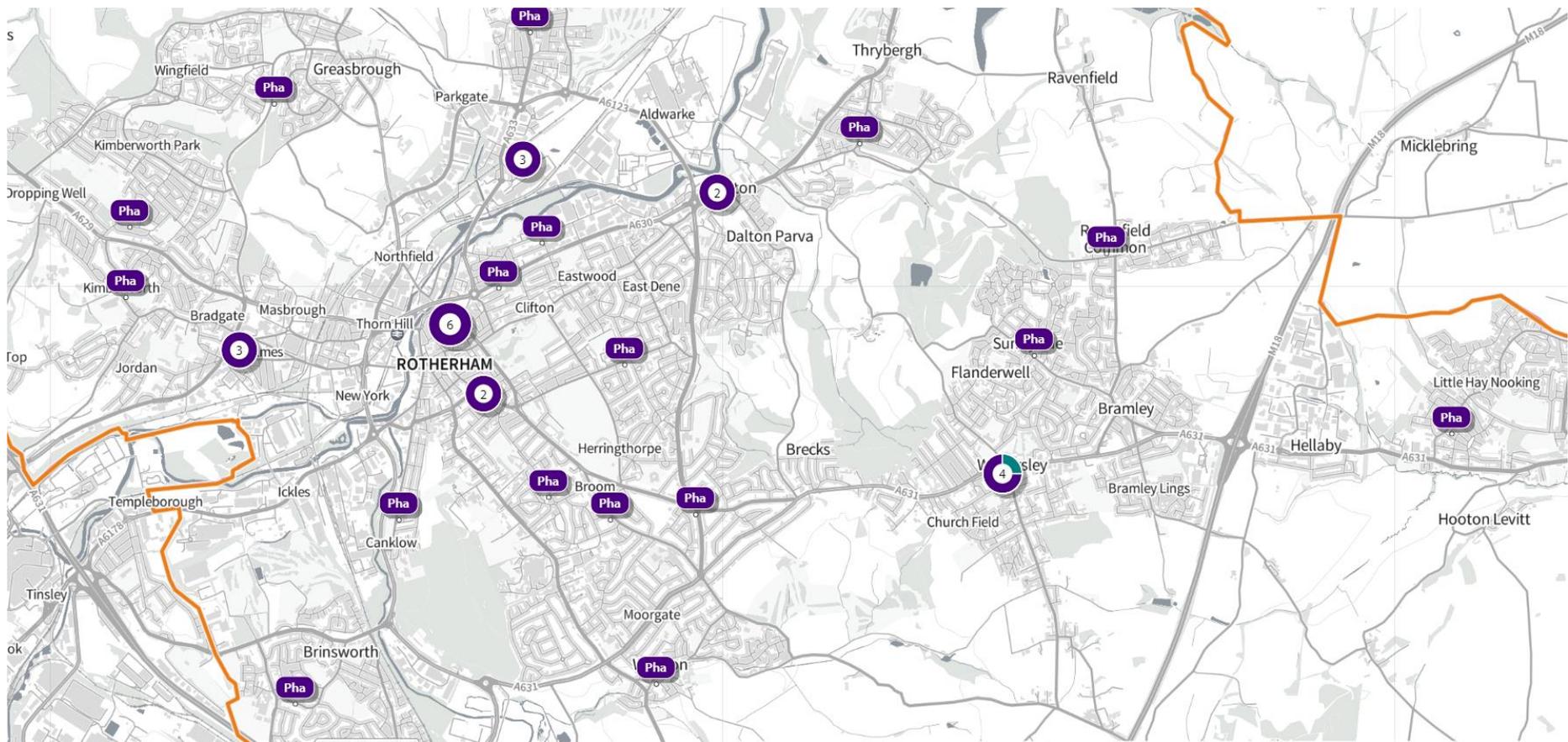
 Pharmacy/ies and Dispensing GP/s which are located too close together to be able to display separately without increasing the resolution (here, there are two providers in total – 1 pharmacy, and 1 dispensing GP)

Map 4: North Rotherham: Premises at which pharmaceutical services are provided



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Map 5: Central / West Rotherham: Premises at which pharmaceutical services are provided



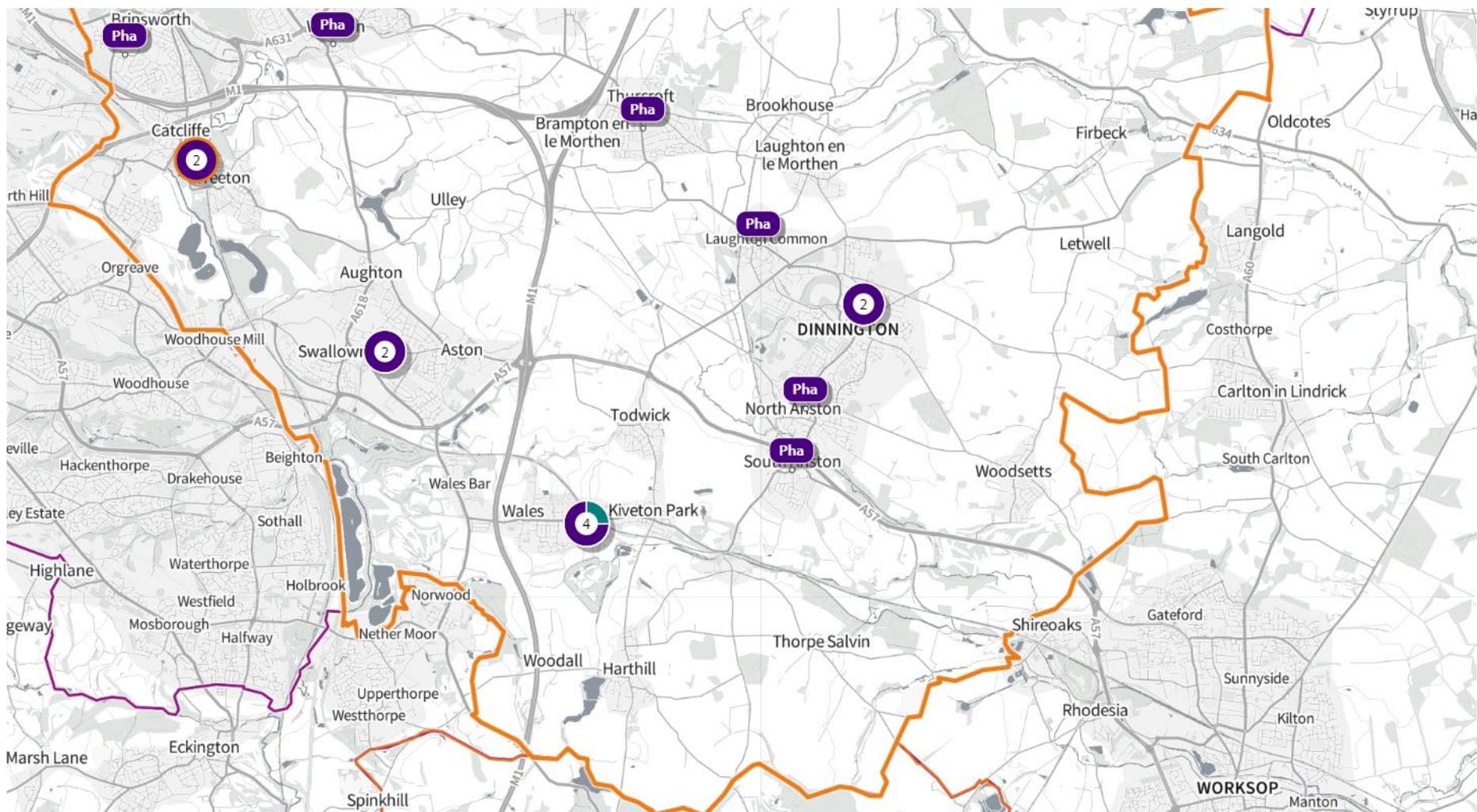
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Map 6: Central East Rotherham: Premises at which pharmaceutical services are provided



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Map 7: South Rotherham: Premises at which pharmaceutical services are provided



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4 Assessment of service availability

4.1 Pharmaceutical service providers per 100,000 people

For the purposes of determining whether the number of pharmacies in Rotherham is sufficient for the population size of Rotherham and whether there is sufficient choice, it was determined that the total number of pharmacies per head of population should be comparable with, or better than, the national average. The Pharmaceutical Services Negotiating Committee (PSNC) no longer publishes regular national figures, but a 2019 publication comparing the availability of pharmaceutical services across Europe (8) found that there were an average of 21.3 community pharmacies per 100,000 people in the UK as of 2017. This figure was used as the benchmark.

The latest figures (from the Office of National Statistics' 2020 mid-year estimate) give an estimated population for of Rotherham of 264,984. With a total of 69 pharmaceutical service providers of which 65 are community pharmacies, there is an average of one pharmaceutical service provider per 3,840 people in Rotherham. Another way of expressing this is to say that, **as of 2022 there are 26.0 pharmaceutical service providers, and 24.5 community pharmacies per 100,000 people in Rotherham.**

If the forecasted population growth for Rotherham is realised, Rotherham will have a population of 272,899 people by 2025. If the number of pharmaceutical service providers were to remain unchanged in this period, there would be 25.3 pharmaceutical service providers, and 23.8 community pharmacies per 100,000 people in Rotherham by the horizon of this PNA in 2025. With the expected population increase of around 8,000 by 2025, a further 2 pharmacies would be required to open in Rotherham to maintain the existing ratio of pharmacies to people. However, the question of whether or not it is appropriate to try and maintain this ratio may need to be considered in future PNAs in light of changing habits around the use of online pharmacies, and speculation that fewer, larger pharmacies may better serve future population needs.

Table 6: Pharmaceutical services per head of population

Year	Population	Total pharmaceutical service providers	Pharmaceutical service providers per 100,000 people	Total Community pharmacies	Community pharmacies per 100,000 population
2022	264,984 [^]	69	26.0	65	24.5
2025	272,899 ^{**}	69 [*]	25.3	65 [*]	23.8

** Assuming no change in service provision. [^] Based on ONS 2020 mid-year estimates ^{**}*

Based on ONS projections

The number of community pharmacies per 100,000 residents differs considerably by Ward (see Annex 3) with the highest number in Boston Castle (65.7). The five wards with the lowest rates are Hoover (7.7); Wickersley North (9.8); Anston & Woodsetts (10.7); Bramley & Ravenfield (10.8) and Brinsworth (11.5). Three of these wards (Hoover, Anston & Woodsetts; and Bramley & Ravenfield) are relatively rural in nature.

4.2 Availability and access according to distance and travel time

For the purposes of determining whether residents require better access and towards identifying improvements for pharmaceutical services **the proportion of the population within 15-minute walk of a provider pharmaceutical services** was reviewed. This indicator was selected because rates of car ownership are not uniform across the population. For example, on average, low-income households have lower levels of access to a car than households with higher incomes (9).

Two additional indicators of geographical access were also considered:

- the proportion of the population **within a 1.6km walk** of a provider of pharmaceutical services; and
- the proportion of the population within a **10-minute drive (during rush hour)** of a provider of pharmaceutical services.

In analysing availability, consideration was given to whether there is sufficient access to pharmaceutical services across the population as a whole and also how access differs according to deprivation and age – both factors which are associated with poorer health.

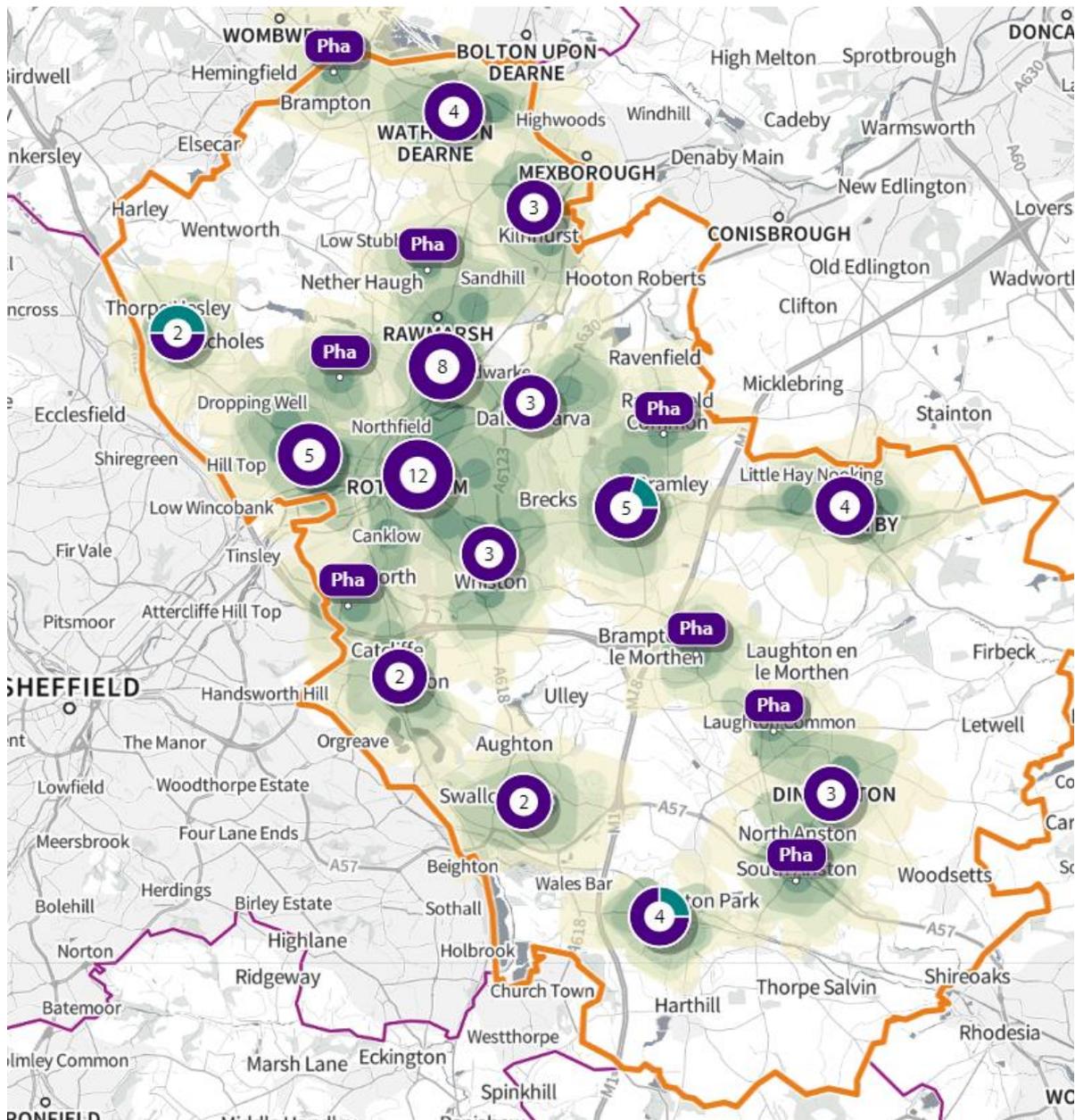
There is no national guidance or definition of sufficient access, but where possible, comparisons were made with figures included in the 2018 PNA.

This analysis was conducted both with consideration only of pharmaceutical services within the boundaries of the Rotherham locality, and then again with reference to pharmacies that are in the jurisdiction of neighbouring HWBs. As outlined in section 4.2.4, including these cross-border pharmacies, has no impact on proportion of Rotherham residents within 15 minutes' walk, or 1.6km, or a 10 minute drive at rush hour of a pharmaceutical services provider. For the sake of simplicity, the detailed analysis outlined below focuses primarily on Rotherham-based providers.

4.2.1 Walk time

Map 8 shows how walk time to pharmacies varies across Rotherham. The darker the shading, the closer an area is to a pharmaceutical service provider.

Map 8: Walk time to Rotherham-based provider of pharmaceutical services



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Walk: by time
 5 10 15 20 30 minutes

From the Table 7, we see that 85.9% of the population of Rotherham live within a 15-minute walk of a Rotherham-based pharmaceutical service provider. This figure was not calculated in the 2018 PNA so no trend can be reported.

Table 7: Walk time to a Rotherham-based provider of pharmaceutical services

Walk time to a Rotherham-based provider of pharmaceutical services	Included Rotherham residents		Excluded Rotherham residents	
	No	%	No.	%
5 mins	92,356	34.9%	172,628	65.1%
10 mins	189,527	71.5%	75,457	28.5%
15 mins	227,676	85.9%	37,308	14.1%
20 mins	254,811	96.2%	10,173	3.8%
30 mins	260,274	98.2%	4,710	1.8%

Figure 4 provides detail about the demographic profile of those Rotherham residents living more than 15 minutes-walk from a provider of pharmaceutical services – referred to as ‘the excluded’.

The areas that are excluded, due residents living more than 15 minutes’ walk from a Rotherham-based pharmaceutical services provider, are a population of 37,308 residents from 24 LSOAs.

Deprivation and age

97.7% (57,926 persons) of residents who live in the most deprived decile are within a 15-minute walk of a pharmacy.

Rotherham's IMD average score is 29.55. The England-wide IMD distribution is 0.54 to 92.73 with a mean value of 21.67. Of these 24 LSOAs that are excluded, the IMD score ranges from 9.3 through 53.3 and 5 of these 24 LSOAs have a IMD score higher than the Rotherham average, indicating greater deprivation. The median age of this excluded group ranges from 34.9 through 55.4, and in Rotherham the median age ranges from 27.5 to 60.3.

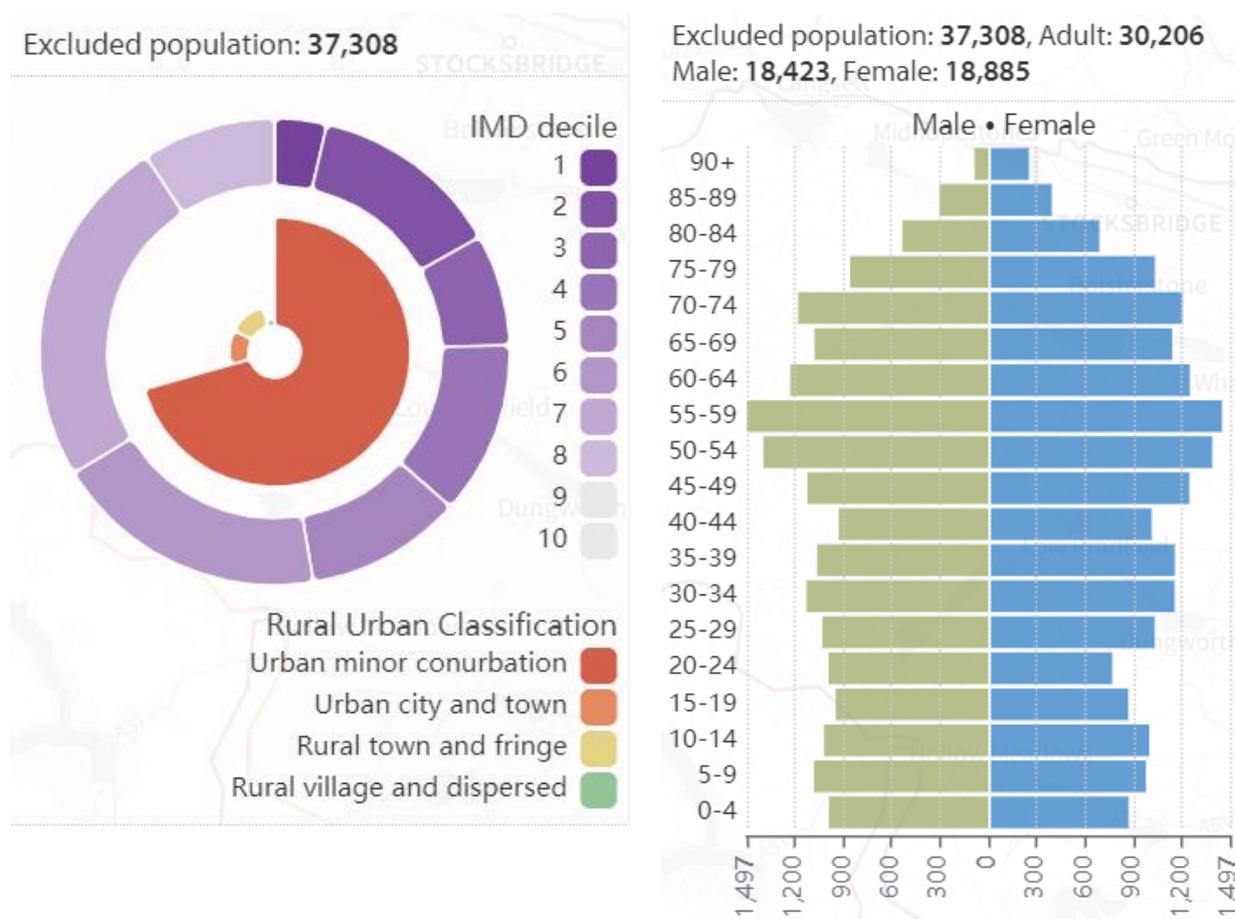
The Health Survey for England 2015-2016 showed that there is a steady increase through age groups in the number of prescribed medicines that people take, and for those aged 60-74, 80% of people had taken at least one prescribed medicine in the week prior to the survey. This increased to 92% for those aged 75-84 and 96% for those aged 85+ in comparison to younger age groups where the value was as low as 19% (aged 16-24) (10).

The proportion of the population aged over 65 in Rotherham is 19.8%. Of the 24 excluded LSOAs, 19 LSOAs have a greater percentage of the population over 65 years old compared to Rotherham (range from 20.1% through 35.7% for these 19). 5 of 6 LSOAs in the most deprived 3 deciles have a population of those aged 65, greater than Rotherham. In addition, 19 of the 24 LSOAs have a greater percentage of the population aged 45-64, compared to the Rotherham value of 26.81%. The range for these LSOAs is 27.6-34.3%. For those aged 30-44, 16-19 and 0-15, there were less than one third with a population greater than Rotherham, 6,7 and 6 LSOAs respectively.

Of the excluded LSOAs, 1 has an IMD score of 1, 3 with a score of 2, 2 with a score of 3, 3 with a score of 4, 3 with a score of 5, 5 with a score of 6, 5 with a score of 7 and 2 with a score of 8. When reviewing the number of residents within each IMD as a percentage of all ages within each IMD, for the 24 excluded LSOAs only, the population is greater for those aged 45-64 and those aged 65+ for each IMD compared to the average for the IMD across the whole of Rotherham.

This would confirm that the excluded population has greater percentages of older age groups when comparing age split by LSOA alone, and a greater percentage of older age groups when comparing IMD deciles to Rotherham; a group of which more likely require access to pharmaceutical services.

Figure 4: Demographic characteristics of population living more than 15 minutes' walk from a Rotherham-based pharmaceutical services provider

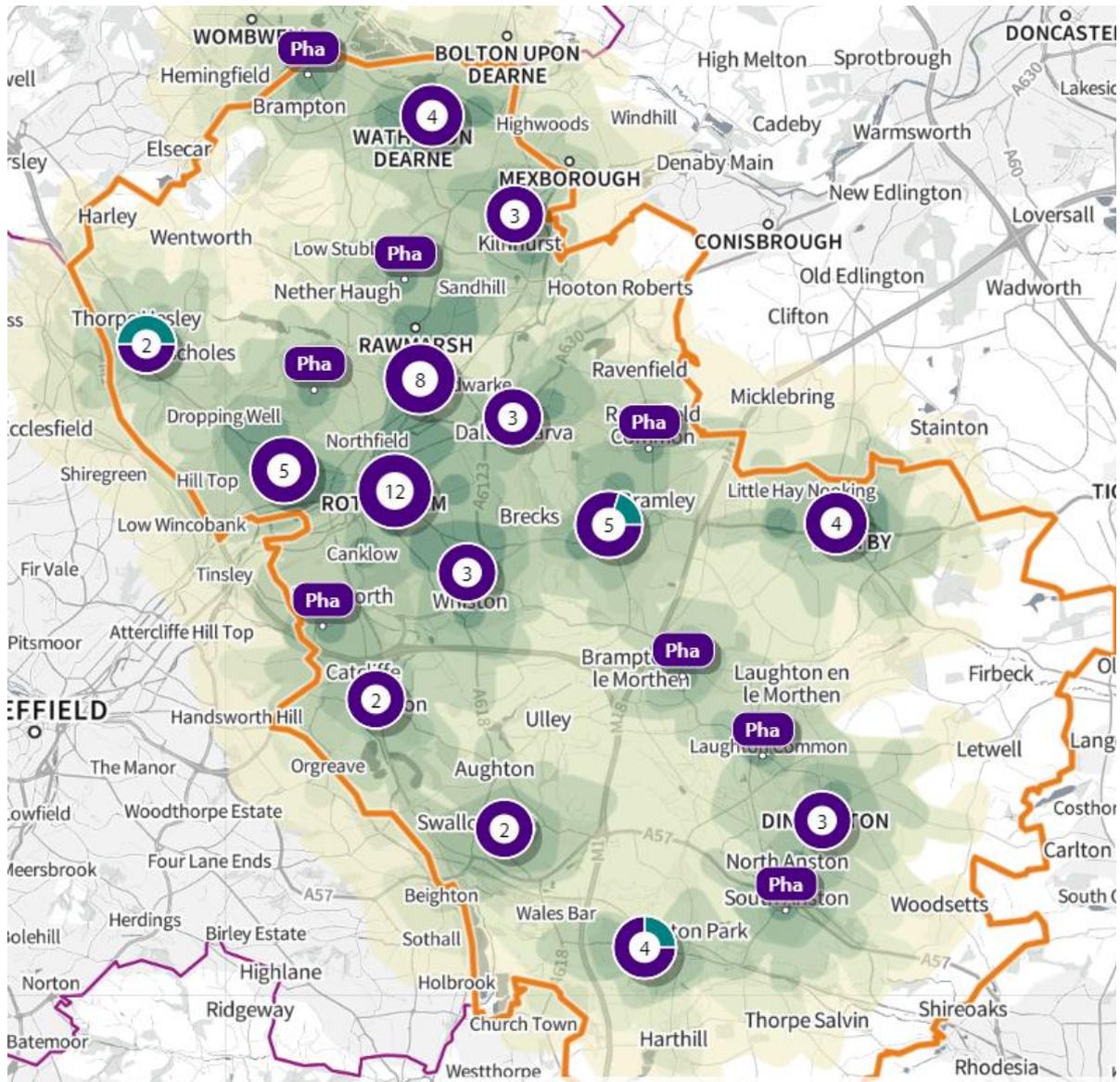


Of the excluded 24 LSOAs, there are none in the most densely populated quintile and 2 in the second most densely populated quintile (4,334.01 to 6,513 pop/km²). All other LSOAs are within the two least densely populated quintiles. Due to the dispersed geography of these excluded LSOAs, there are no obvious single geographies excluded, that have a high population density, where a new service provider would reduce the volume of people excluded.

4.2.2 Walk distance

Map 9 shows the walk distance to pharmaceutical services in Rotherham. The darker the shading, the closer the population is to a provider of pharmaceutical services.

Map 9: Walk distance to Rotherham-based provider of pharmaceutical services



Walk: by distance



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From Table 8, we see that 96.6% of the population of Rotherham live within 1.6km's walk of provider of a pharmaceutical services. This represents an increase from the 2018 PNA when 94.8% of the population lived was within a 1.6km walk of a provider of pharmaceutical services.

Table 8: Rotherham population distance from a provider of pharmaceutical services

Walk distance to Rotherham-based provider of pharmaceutical services	Population <u>included</u> within this radius		Population living beyond this radius	
	No.	%	No.	%
500m	143,996	54.3%	120,988	45.7%
1.6km	256,054	96.6%	8,930	3.4%
3km	261,779	98.8%	3,205	1.2%
4km	264,984	100.0%	-	0.0%

4.2.3 Drive time

As shown in Table 9, 100% of Rotherham-based residents live within a 10-minute drive of a Rotherham based pharmaceutical services provider during rush hour.

Table 9: Rotherham population drive time to a provider of pharmaceutical services

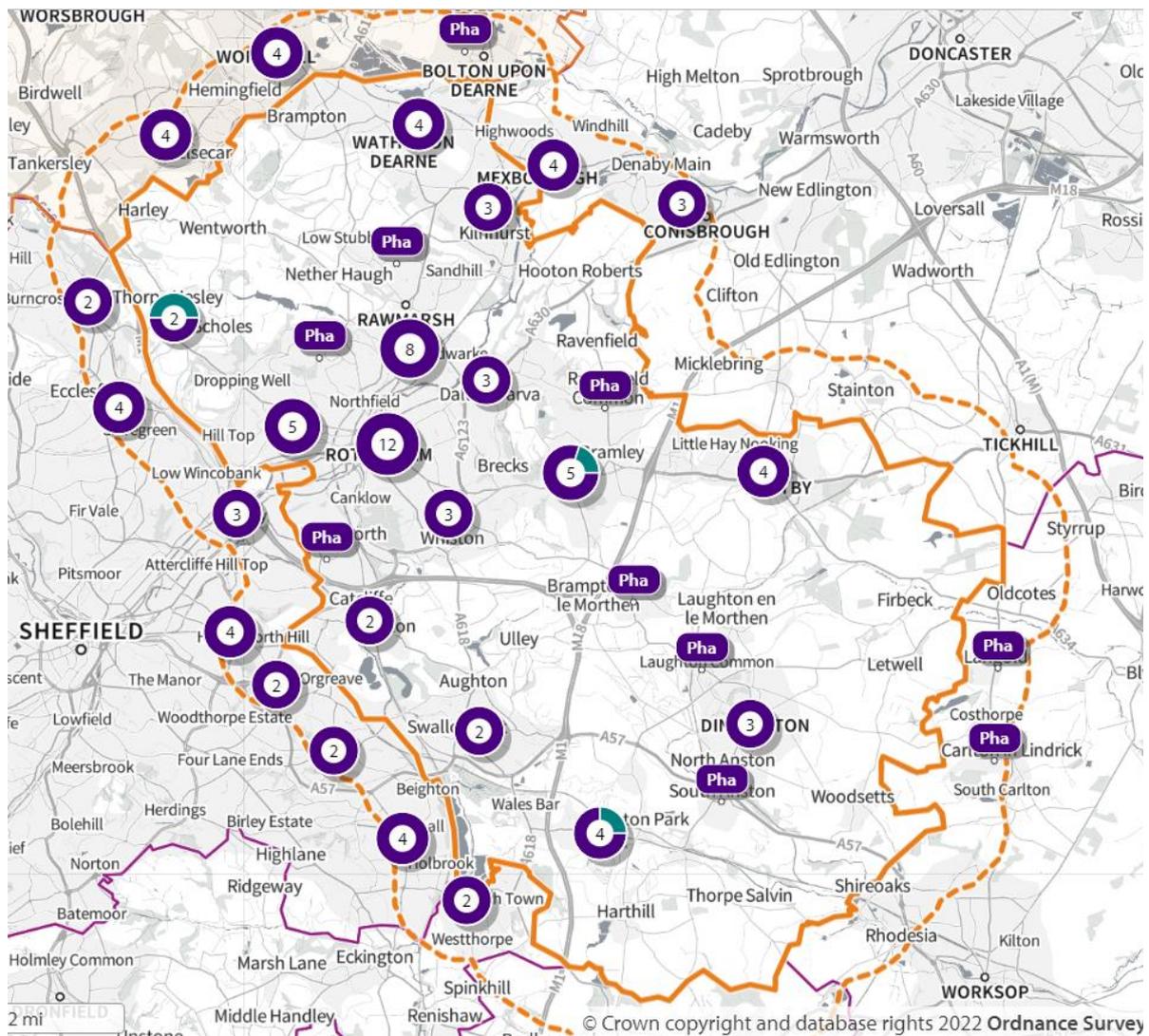
Drive time (in rush hour)	Rotherham population living within this drive time of a Rotherham-based provider of pharmaceutical services		Rotherham population living outside this drive time of a Rotherham-based provider of pharmaceutical services	
	No.	%	No.	%
5 mins	261,779	98.8%	3,205	1.2%
10 mins	264,984	100.0%	0	0.0%

4.2.4 Access to cross-border pharmaceutical 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. Rotherham shares borders with several other local authorities each with their own HWB and associated PNA. It is common for Rotherham residents to access services in areas served by neighbouring HWBs, and for people from neighbouring areas to access services within Rotherham.

To account for the cross-border movement of individuals between Rotherham and neighbouring areas, analysis of the time and distance to pharmaceutical services, including Rotherham-based pharmacies, and those within 1.6km of the Rotherham boarder, has been conducted in the SHAPE mapping tool. Once pharmacies that lie within this range are included (see Map 10), the total number of pharmacies increases to 107.

Map 10: Pharmaceutical services in Rotherham, and within 1.6km of the Rotherham border



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Including these cross-border pharmacies, has no impact on proportion of Rotherham residents within 15 minutes' walk, or 1.6km, or a 10 minute drive at rush hour of a pharmaceutical services provider¹. This is because there are few residential areas immediately on Rotherham's borders, and those which are, already have access to a nearby Rotherham-based pharmaceutical service provider.

Because of cross-border movement, not all the prescriptions written for Rotherham patients are dispensed within the area, and not all the prescriptions dispensed in Rotherham are written locally.

Data from NHS Business Services Authority give an indication of what proportion of prescriptions filled in Rotherham were written locally. Data from 2020/21-2021/22, accessed

¹ Included and excluded populations are calculated using LSOA geographic boundaries and a LSOA is excluded from the count of population if the LSOA centroid is not within the travel catchment selected.

January 2022, show that of the 64 community pharmacies and 1 compliance contractor in Rotherham, over 9,605,000 prescriptions were dispensed at one of Rotherham’s pharmacies and of these, over 8,705,000 (91%) were prescribed from a General Practice with a Rotherham postcode. During the same period, over 9,002,000 Electronic prescriptions were dispensed in Rotherham, of which, over 8,159,000 (91%) were prescribed from a General Practice with a Rotherham postcode.

The Electronic Prescription Service (EPS) allows prescribers, such as GPs and practice nurses, to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient’s choice in England. Of 29 GP practices registered in Rotherham CCG, as of March 2022, all are live on the EPS system allowing for Rotherham registered GP patients to select a pharmacy to dispense their medication.

This prescribing data indicates that there is a strong flow of clients between HWB areas in South Yorkshire, but that most prescriptions written in Rotherham are then filled within Rotherham – thus corroborates evidence from the SHAPE mapping tool indicating good geographical access to pharmaceutical services in Rotherham.

4.3 Availability according to opening times

Each Community Pharmacy is required to be open for 40 hours a week minimum (referred to as Core Hours). In addition, there are also 100-hour pharmacies which required to be open for at least 100 hours each week.

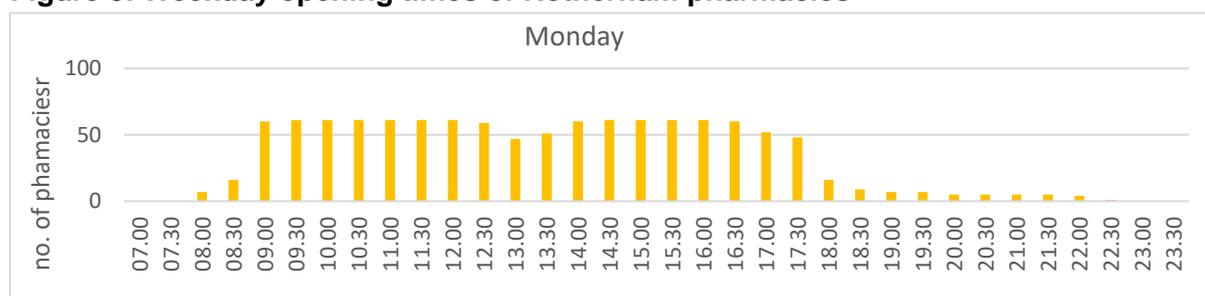
Supplementary opening hours are voluntarily provided additional to the contracted Core Hours. Supplementary hours can be changed by giving 90 days’ notice to NHS England. NHS choices advertises opening hours to the public (www.nhs.uk).

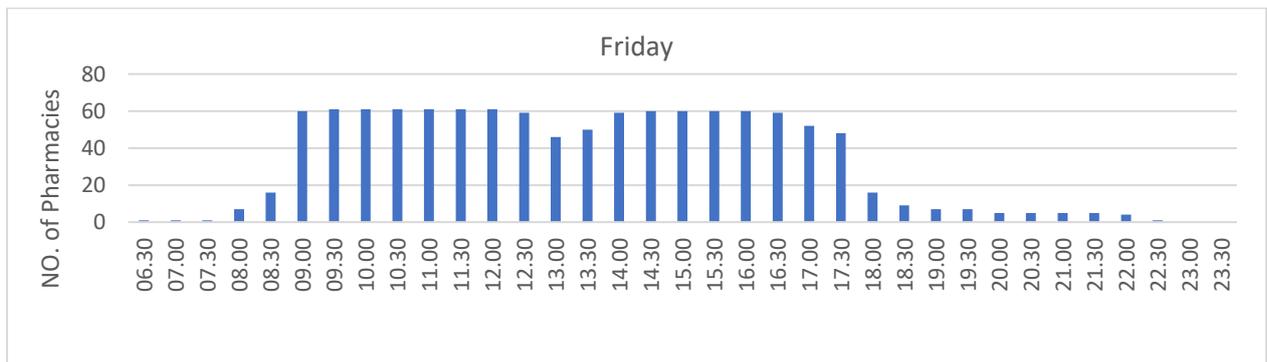
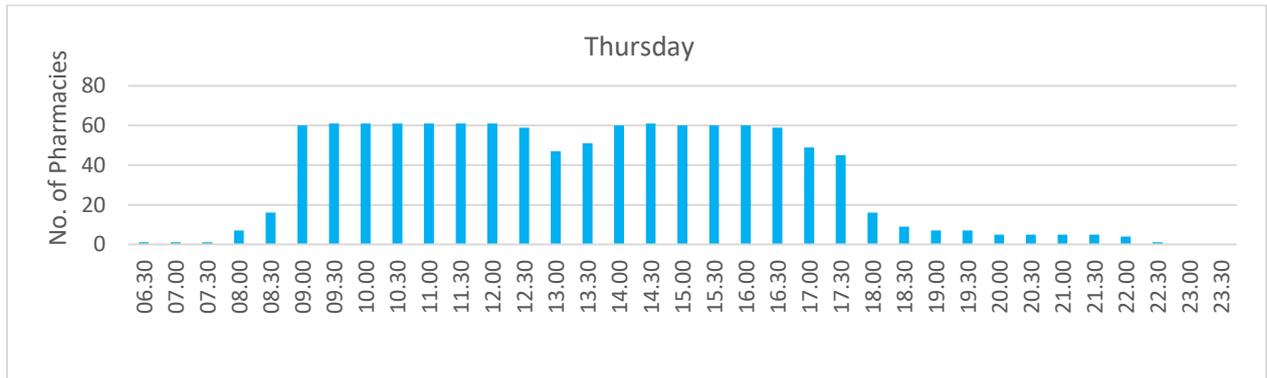
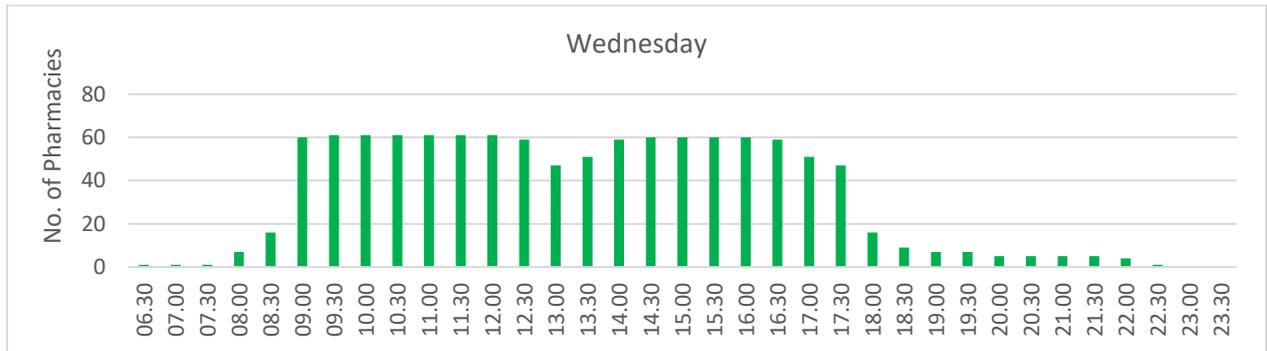
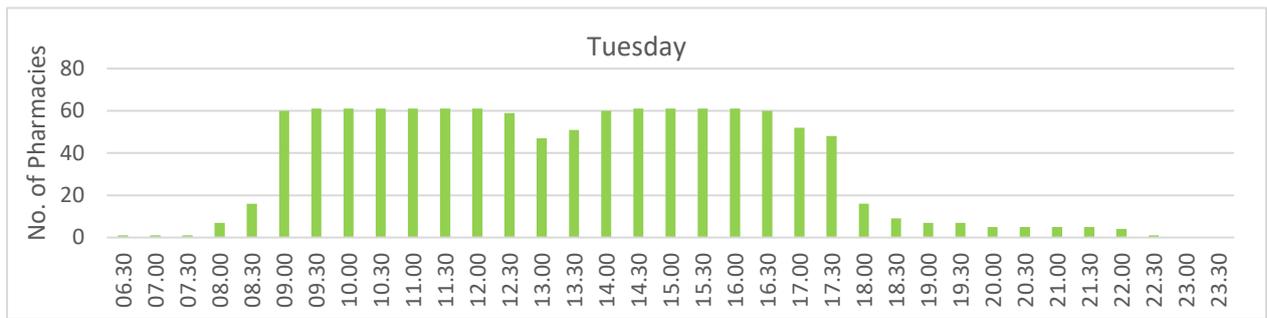
For the purposes of assessing opening hours, the HWB considered access to a pharmacy or dispensing GP of primary importance during normal working hours (9am-5pm) during the week. This generally coincides with the opening hours of GP surgeries, when people are likely to receive prescriptions. The HWB also considered access at weekends, and out of hours.

Weekday opening

Figure 5 shows the opening times of Rotherham’s pharmacies Monday - Friday. Similar patterns of opening hours are seen across all weekdays. Most of Rotherham’s pharmacies open between 8.30am-9.00am Monday to Friday with some opening much earlier (for example, between 6.30am-8.00am). The majority of pharmacies close between 5.00pm and 6.00pm.

Figure 5: Weekday opening times of Rotherham pharmacies

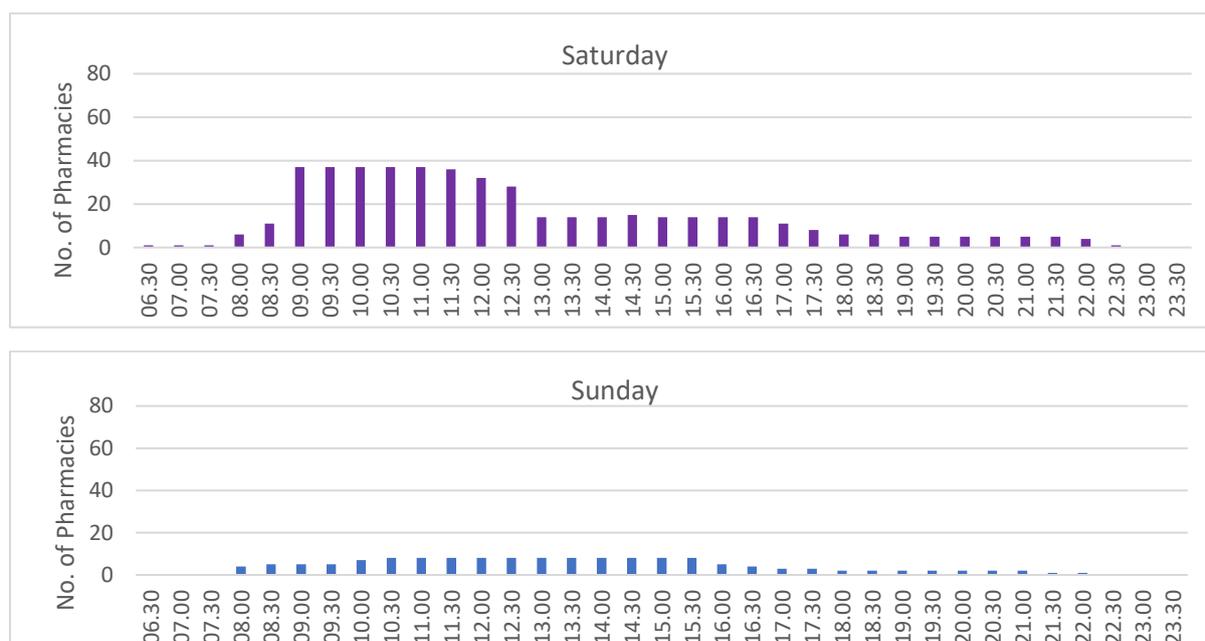




Weekend opening hours

In total, 37 pharmacies are also open on a Saturday (although many close by 1.00pm), and 8 are open on a Sunday.

Figure 6: Weekend opening hours of Rotherham pharmacies



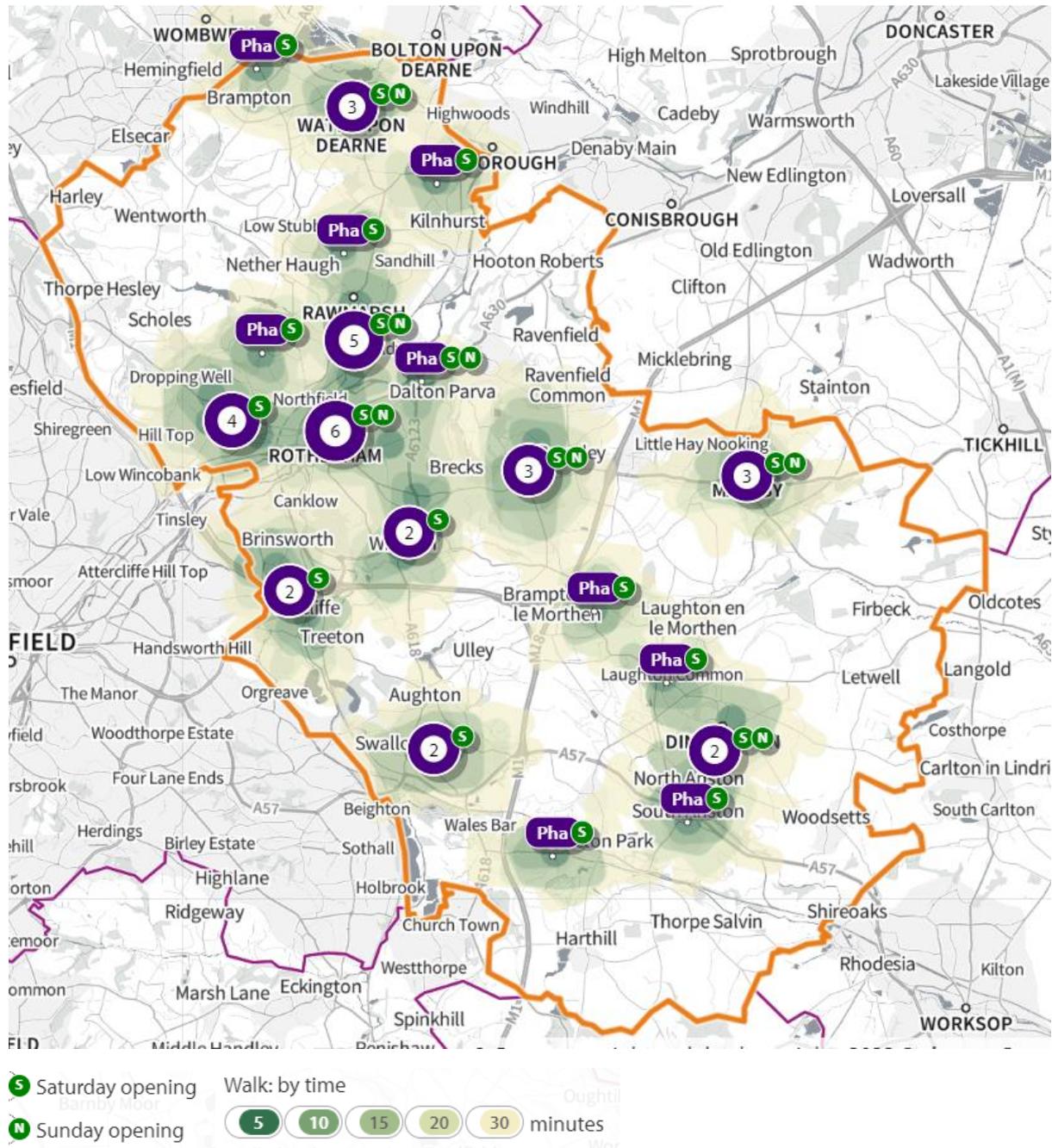
Analysis of populations with access to Saturday and Sunday opening shows that there is a reduction in access over the weekend – particularly on Sundays. Over 90% of the population live within 10 mins drive of an open pharmacy on both days, but walk times and distances increase. This is within the context that there is limited out of hours prescriptions coverage on a Sunday at primary care level. There is no national comparator regarding weekend/late opening access.

Table 10: Weekend access to pharmacies in Rotherham

	Included population	
	No. of people	%
Saturday opening		
Walk time of 15mins	196,015	74.0%
Walk distance of 1.6km	241,155	91.0%
Drive time of 10 mins	264,984	100%
Sunday opening		
Walk time of 15mins	61,720	23.3%
Walk distance of 1.6km	109,893	41.5%
Drive time of 10 mins	240,774	90.9%

A map showing weekend access to pharmacies is provided at Map 11

Map 11: Walk time to pharmacies with weekend opening

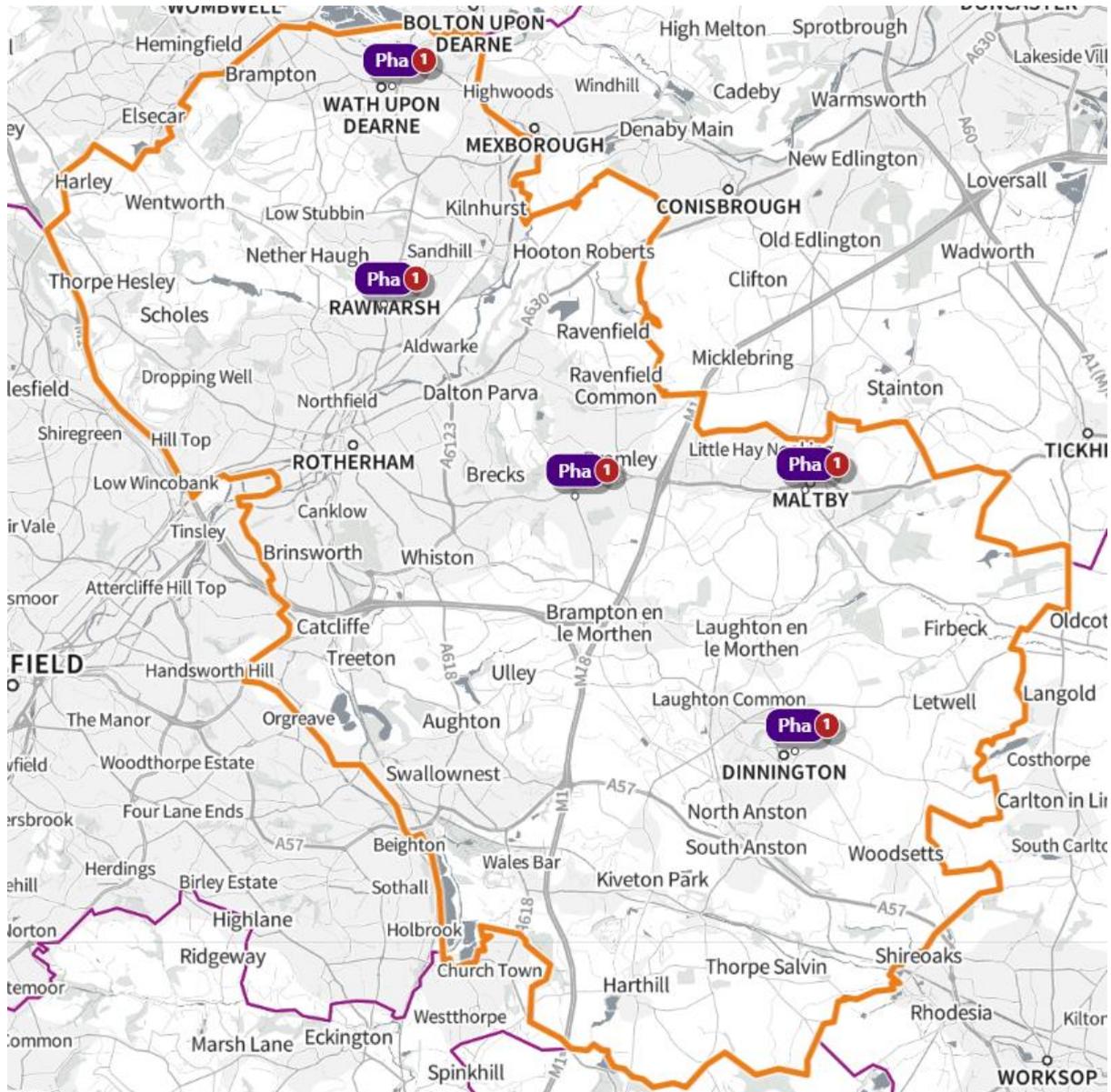


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Evening opening

There are five 100-hour pharmacies in Rotherham who generally open around 7.00am and close between 10.00pm and Midnight. Many of these pharmacies are located within supermarkets or retail areas. Map 12 shows the locations.

Map 12: Rotherham pharmacies with a 100-hour contract



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Members of the public may also obtain urgent prescriptions and/or medication when their GP is closed by contacting the NHS 111 Services. Medicines legislation also allows pharmacists to issue urgent supplies to patients under certain circumstances. In Rotherham, there is an Out of Hours Service and healthcare workers could access to an on-call pharmacist at The Rotherham NHS Foundation Trust (TRFT) if required. This, however, is rarely, if ever required. Rotherham CCG funds a palliative care drugs scheme, under which participating pharmacies are paid to keep a range of “end-of-life” care medicines this prevents the need to access drugs as an emergency and reduces the need to use the on-call service.

4.4 Availability by service type

4.4.1 Pharmaceutical services: an overview

The Community Pharmacy Contractual Framework (CPCF) is made up of Essential Services, Advanced Services and Enhanced Services. In addition to these nationally determined services, community pharmacies can also be contracted to provide Locally Commissioned Services.

a. Essential Services

Essential Services are those services offered by all pharmacy contractors (including distance selling pharmacies) as part of the NHS CPCF (the 'pharmacy contract'). A description of each service is provided below.

Dispensing of prescriptions	This service involves 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.
Dispensing of repeat prescriptions	This involves dispensing prescriptions which contain more than one month's supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days and it can be repeated six times. This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
Discharge medicines Service	This service aims to reduce the risk of medication problems when a person is discharged from hospital. Under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.
Promotion of healthy lifestyles	This service involves the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to: a) have diabetes; or b) be at risk of coronary heart disease (especially those with high blood pressure); or c) who smoke; or d) are overweight, and pro-active participation in six health campaigns where requested to do so by NHS England and NHS Improvement.
Signposting	This service involves the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person.
Support for self-care	This service requires pharmacies to provide advice and support to enable people to derive maximum benefit from caring for themselves or their families. This may include advising on over the counter medicines or changes to the person's lifestyle.

Disposal of unwanted medicines	This service requires pharmacies to dispose of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
---------------------------------------	--

(Adapted from PSNC website (11))

Dispensing appliance contractors have a narrower range of services they must provide:

- Dispensing of prescriptions
- Dispensing of repeat prescriptions
- For certain appliances, offer to deliver them to the patient (delivering in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice
- Where the contractor cannot provide a particular appliance, signpost or refer to another provider.

b. Advanced Services

Advanced Services are those which that require accreditation of the pharmacist providing the service and/or specific requirements to be met regarding premises (11). A description of each Advanced Service is provided below.

Appliance use review	AURs should improve the patient's knowledge and use of any 'specified appliance' by establishing the way the patient uses the appliance and the patient's experience of such use; identifying, and resolving poor or ineffective use of the appliance by the patient; advising the patient on the safe and appropriate storage of the appliance; and advising the patient on disposal of the appliance/s.
Community Pharmacist Consultation Service	The CPCS aims to relieve pressure on the wider NHS by connecting patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. As well as referrals from GPs, the service takes referrals from NHS 111, Integrated Urgent Care Clinical Assessment Services and in some cases, via the 999 service.
Flu vaccination service	This service involves running a seasonal flu vaccination campaign (March to September) aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.
Hepatitis C testing service	This involves provision of point of care testing for Hepatitis C antibodies to people who inject drugs. Where people test positive for Hep C antibodies, they are referred for a confirmatory test and treatment, where appropriate.
Hypertension case-finding service	The service has two stages: 1) identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'); 2) where clinically indicated, offer 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP.

New Medicine Service	The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.
Smoking Cessation Advance Service	This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. In Rotherham the QUIT programme has been rolled out to ensure access to nicotine addition services whilst accessing secondary care. This service will help ensure continuity of care upon discharge.
Stoma Appliance Customisation Service	The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

(Adapted from PSNC website (11))

In addition, two Covid-19 related Advanced Services were operational during the pandemic:

- The Pandemic Delivery Service, which was launched in April 2020 with the aim of supporting the clinically extremely vulnerable was discontinued in March 2022.
- C-19 lateral flow device distribution service was discontinued in March 2022.

c. Enhanced and Locally Commissioned Services

These are optional services such as anticoagulation services that used to be commissioned by primary care trusts. Since the abolition of primary care trusts, only NHS England can commission enhanced services. At the time of writing, this route is not often used as most areas use locally commissioned services to commission these types of optional services.

Locally Commissioned Services are those which have been commissioned by Local Authorities (Rotherham Metropolitan Borough Council (RMBC), CCGs, local NHS England teams and, once operational, Integrated Care Partnerships. Integrated care partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate and include providers such as hospitals, community services, mental health services and GPs. These vary by locality and are designed to meet the health needs of specific populations. An overview of Locally Commissioned Services (as of March 2022) is given below:

Over the counter labelling service	This service involves labelling over the counter medicines so that it can be administered in schools or by care workers etc with the purpose of reducing unnecessary GP appointments and NHS prescriptions. The service is commissioned by the CCG.
Palliative care	This service involves; 1) ensuring that there is on-demand availability of palliative care medicines from community pharmacies in Rotherham; 2) ensuring that there is easy access to palliative care medicines to provide palliative care patients with good symptom control and ensure that their symptom control is maintained. This service is commissioned by Rotherham CCG.

Champix	This service, which enables access to Champix (a prescription medicine that helps people quit smoking) is commissioned by as part of Rotherham's community-based stop smoking service. It should be noted that availability of this service has been affected by the discontinuation of its distribution by Pfizer in 2021.
Nicotine Replacement Therapy for pregnant women	Free nicotine replacement treatment is available to pregnant women in Rotherham as part of specialist stop smoking maternity services commissioned by RMBC and provided by the TRFT.
Emergency hormonal contraception	Free emergency oral contraception is available for Rotherham residents at select pharmacies as part of sexual health services commissioned by RMBC.
Supervised consumption	Supervised Consumption of Opiate Substitution Therapy support clients by ensuring compliance with agreed treatment plans. In Rotherham, this service is contracted by Change Grow Live, RMBC's drugs and alcohol service provider.
Needle exchange	This service provides access to sterile needles and syringes, and a sharps container for the return of used equipment. It also promotes safe injecting. In Rotherham, this service is contracted by Change Grow Live, RMBC's drugs and alcohol service provider.

It should be noted by NHSE/I that the public consultation for this PNA revealed that some residents have a felt need for some access to emergency care (for example in response to adrenal deficiencies) by pharmacies.

4.4.2 Necessary Services

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 following Advanced Services**
 - **New Medicine Service,**
 - **Community Pharmacist Consultation Service**
 - **Flu vaccination**

4.4.3 Service availability in Rotherham

Essential Services are those services offered by all pharmacy contractors. As such, access to Essential Services within Rotherham equates to access to pharmacies overall – as covered in sections 4.1 and 4.2 above.

Because not all service providers register to provide any / all Advanced or Locally Commissioned Services, access to these services differs by service type. Table 11 below provides a breakdown of the number and proportion of Rotherham pharmacies which provide each service. Annex 3 provides the same information at Ward level.

Table 11: Advanced, Enhanced and Locally Commissioned Service availability and service provision

Service		Service provision		
		No. of Pharmacies providing service (Jan 2022*)	Proportion of eligible pharmacies and dispensing appliance contractors providing this service (%) (Jan 2022)	Services provided (2020/21-2021/22)**2
Advanced Services	Appliance use review^	0	-	-
	C-19 lateral flow device distribution service	62	97%	80,541
	Community Pharmacist consultation service	62	97%	2,001
	Flu vaccination service	52	81%	29,213
	Hepatitis C testing service	4	6%	0
	Hypertension case-finding service	31	48%	Data not available

² As data available on the number of advanced services provided was taken from NHS BSA and data for the number of outlets was taken from NHSEI, it is possible that fees do not represent the total number of providing outlets, and that figures may not be representative of services offered whilst not in a pandemic. This is largely due to services possibly increasing, or decreasing, these advanced services during the Covid-19 pandemic. For both Covid-19 services; C-19 lateral flow distribution and pandemic delivery service, only sites that have provided services, hence have respective BSA fees, have been included in the number of outlets as this was the only available data. However, this poses minimum risk and covers the majority of the Covid-19 period (May 2020-December 2021).

Service	Service provision			
	No. of Pharmacies providing service (Jan 2022*)	Proportion of eligible pharmacies and dispensing appliance contractors providing this service (%) (Jan 2022)	Services provided (2020/21-2021/22)**2	
New Medicine Service	New Medicine Service	58	91%	13,764
	Pandemic Delivery Service	50	78%	16,603
	Smoking Cessation Advance Service	Service not operational	Service not operational	Service not operational
	Stoma Customisation Service [^]	5	8%	18,164
Locally Commissioned Services	Champix	15	23%	Data not available
	Needle exchange	11	17%	Data not available
	EHC	29	45%	Data not available
	Supervised consumption	50	78%	Data not available
	NRT in pregnancy	31	48%	Data not available
	Over the counter labelling service	20	31%	Data not available
	Palliative care	17	27%	Data not available

* Data from NHSE/I records for all Advanced Services with exception of C-19 Lateral flow device distribution service and Pandemic Delivery Service which were taken from NHS BSA Fees data. Locally Commissioned data was provided by contractors.

**Data taken from NHS BSA Fees data using data May 2020-Oct 2021, accessed January 2022. Flu vaccination data was obtained from the Advanced Flu Report, NHS BSA for data Sep 2020-Oct 2021, as the Flu Season runs from September to March, accessed March 2022.

[^] The Appliance Use Review Service and the Stoma Appliance Customisation Service can be provided by both pharmacies and appliance contractors (65 locations in total), all other services are provided by pharmacies only (64 locations in total).

4.4.1.1 Analysis of Advanced Service availability

The following section reviews coverage of all Advanced Services available in Rotherham. The C-19 lateral flow device distribution service and Pandemic Delivery Service are excluded from review because they are scheduled for discontinuation in late March 2022.

Necessary Advanced Services

As outlined in section 4.4.2, the Rotherham Health and Wellbeing board considers three Advanced Services to be Necessary Services. Coverage of all three in Rotherham is good:

Community Pharmacist Consultation Scheme: 62 pharmacies in Rotherham provide this service. The Health and Wellbeing Board is satisfied that there is sufficient coverage of this service.

Flu vaccination service: In total, 52 pharmacies are registered to provide this service. The Health and Wellbeing Board is satisfied that there is sufficient coverage of this service. Widespread coverage at pharmacy level is reinforced by GP provision of flu vaccines.

New medicine service: 58 pharmacies in Rotherham provide this service. The Health and Wellbeing Board is satisfied that there is sufficient coverage of this service.

Other Advanced Services

Appliance Use Review

NHSE/I records show that no pharmacies in Rotherham are registered to provide this service as of January 2022³.

Appliances that are supplied by an NHS prescription (Continence and Stoma products mostly) can be dispensed by community pharmacies or by a Dispensing Appliance Contractor (DAC). A DAC is a company that holds an NHS contract to supply appliances against an NHS prescription. A CP or a DAC, with the patient's consent, can as part of their NHS contract undertake an Appliance Usage Review (AUR) and are paid directly by NHS England for undertaken these reviews.

In Rotherham, most patients chose to send their appliance prescriptions to a DAC, and this mirrors the national picture. Local CPs therefore have few opportunities to offer AUR's. NHS Rotherham CCG has removed the prescribing and management of continence and stoma appliances from GP practices, these products are now prescribed by a Rotherham-wide service led by specialist nurses. As part of this service model, patients can access a product review at any time and whenever they encounter any problems.

Patients across Rotherham that are using continence and stoma appliances can therefore access support, advice and a product review at anytime from either the service that manages their condition or the dispenser of their products.

Rotherham Health and Wellbeing Board do not consider there to be an unmet current need for the Appliance Use Review Advance Service in Rotherham.

Hepatitis-C case finding services

In Rotherham, the Hepatitis-C Case-finding Advance Service is available in just four Rotherham pharmacies. Service provision figures from NHS BSA show very low uptake of

³ One pharmacy did indicate that it provides this service in the contractor survey, but to ensure of consistency, official NHSE/I data have been used throughout.

this service, with just two services provided in Rotherham between May 2020 and October 2021.

As shown at Annex 5; Map C, three of the four Hepatitis C Testing Service providers in Rotherham are clustered together in relatively close-proximity meaning that geographical coverage of this Advance Service across Rotherham is restricted. However, it should be noted that:

- Routine Hepatitis C testing is provided on a more targeted basis in Rotherham through local drug and alcohol services; sexual health services; and at The Gate – a primary health care centre that provides support for individuals who have the most difficulty in accessing appropriate health care, including the homeless, looked after children, those suffering drug/alcohol misuse, sex workers, asylum seekers and migrants.
- Nationally, at the time of designing the service, it was recognised that the need for the service would be very low. In 2019, prevalence of Hepatitis C in the general population was estimated to be 0.75%. This expectation has been realised, and across the whole of England, and just 116 tests had been conducted since the services' launch in September 2020. In part, low up take can be explained by the challenges created by the Covid-19 pandemic but it is also possible that the limited availability of the service has played a role – fewer than 700 of England's 11,000 pharmacies had registered to provide this service as of August 2021 (12). The service, which was due to end on 31 March 2022, has been extended until 31 March 2023.

In light of good access through testing through targeted services, and low overall prevalence of Hep C, the Rotherham Health and Wellbeing Board do not consider there to be an unmet current need for the Hepatitis C Testing Service in Rotherham.

Hypertension case finding service

The service was commissioned as an Advanced Service in October 2021. NHSE/I records show that nearly half of Rotherham pharmacies (48%) were registered to provide the hypertension case finding advance service in January 2022, just three months after its launch. For any new service there may be a delay in uptake by contractors, particularly if they need to buy equipment, draft procedures, or train up staff. Initial registration figures are promising, current service availability cannot be meaningfully assessed as part of this PNA. Efforts to improve hypertension detection and treatment are directed primarily by the clinical directors of PCNs. As such, there is an important opportunity to coordinate local schemes in partnership with pharmacies. A review of coverage of the pharmacy service should be conducted with reference to wider local efforts during the next PNA.

Smoking Cessation Advance Service

This Advance Service was new at the time of writing (the service officially commenced in March 2022) so existing service availability cannot be considered as part of this PNA.

Smoking is more prevalent in Rotherham than in England as a whole - 12.5% vs 12.1% respectively. The roll-out of the QUIT program in Rotherham and other South Yorkshire authorities, also has the potential to create significant demand for this service. As such, the Rotherham Health and Wellbeing Board believe that this service potentially has an important role to play in local tobacco control. A review of coverage of this service should be conducted with reference to the QUIT programme and other local efforts to reduce the prevalence of smoking during the next PNA. However, it is anticipated that community-based smoking cessation services will adequately

Stoma Customisation

It is estimated that one in 500 people in the UK are currently living with a stoma. Stoma surgery is undertaken to treat a range of illnesses including cancer, diverticulitis and Crohn's disease or following a trauma to the abdomen. As of January 2022, there were five service providers in Rotherham, including one specialist service provider which delivered the majority of 2022 services. Although relatively few outlets provide this service, geographical coverage of this service was good when mapped against Rotherham's most deprived areas (Annex 5; Map F).

The Rotherham Health and Wellbeing Board do not consider there to be an unmet current need for the Stoma Customisation Advanced Service in Rotherham.

Analysis of Enhanced and Locally Commissioned Service availability

The primary function of PNAs is to inform commissioning decisions made by NHSE/I. Since locally commissioned services are not commissioned by NHE/I, coverage of these services is not the main focus of this assessment. However, to ensure completeness and potentially inform future plans, Locally Commissioned Services are discussed below.

- **The Champix service** (provided as part of RMBC commissioned community smoking cessation services) is available in 15 Rotherham pharmacies. Geographically, Champix services are concentrated in the North of the borough (Annex 5: Map A). Access to the Champix service could therefore potentially be improved through its expansion into southern wards including Dinnington Ward. However, it should be noted that availability of this service has been affected by the discontinuation of its distribution by Pfizer in 2021
- **The NRT in Pregnancy services commissioned as part of local maternity services** were available and 31 pharmacies. Geographic coverage is high when mapped against Rotherham's most deprived areas (Annex A; Map B).
- **Needle exchange services** are available in 11 pharmacies in Rotherham. Geographical coverage of this service was good when mapped against Rotherham's most deprived areas (Annex 5; Map D).

- **Supervised Consumption services** are available in 50 Rotherham pharmacies. Geographical coverage of this service was good when mapped against Rotherham's most deprived areas (Annex 5; Map E).
- **Palliative care drugs service:** This service is available in 17 pharmacies in Rotherham. Geographic coverage is high, and sites are well located when mapped against areas of Rotherham with poorer health (Annex 5, Map G).
- **Emergency hormonal contraception** is available for free in 45% of Rotherham pharmacies indicating good coverage. Geographic coverage of this service is high when mapped against Rotherham's most deprived areas (see Annex 5: Map H). These are likely to be the areas of greatest need - there is a correlation between deprivation and issues such as unprotected sex, sexually transmitted infections and teenage pregnancy
- **Over-the-Counter labelling service:** This service is available in 20 sites in Rotherham. Geographical coverage is good.

5. Other considerations

5.1 Housing developments

The Local Plan (2013-2028) is the Council's 15-year plan to provide for future development needs for the borough. It sets out how many houses need to be built to keep pace with forecasted population growth and allocates land for new homes and jobs. The Local Plan underpins other key Council strategies, such as the Economic Growth Plan and the Housing Strategy.

The plan is made up of two parts:

- Core Strategy, which sets out the headline numbers and strategic policies, was approved by a Government Inspector (adopted by the Council in 2014), and
- Sites and Policies document, which identifies individual sites for development and provides detailed policies to assess all proposed future development against (adopted in 2018).

The Sites and Policies document identifies sites for over 14,000 indicative homes that are anticipated for development in Rotherham to meet the vision of the Local Plan (see Table 12 below). As of March 2022, planning permission applications had been made for just over 4,000 new homes in Rotherham (see Table 12).

Table 12: Possible future housing developments in Rotherham

Ward	No of houses included in Sites and Policies Document (Approved 2018)	No. of houses for which planning permission applications have been granted (as of March 2022)
Anston And Woodsetts	66	28
Aston & Todwick	461	100
Aughton & Swallownest	92	99
Boston Castle	646	251
Bramley & Ravenfield	342	320
Brinsworth	0	0
Dalton & Thrybergh	802	414
Dinnington	960	593
Greasbrough	2,611	0
Hellaby & Maltby West	184	0
Hooper	534	66
Kilnhurst & Swinton East	349	0

Keppel	216	220
Maltby East	573	400
Rawmarsh East	30	0
Rawmarsh West	544	22
Rother Vale	228 + 3,900 in Waverley	170 + approximately 1,800 in Waverley
Rotherham East	110	135
Rotherham West	128	0
Swinton Rockingham	102	49
Sitwell	667	667
Thurcroft & Wickersley South	428	154
Wales	469	274
Wath	242	0
Wickersley North	115	70
TOTAL	11,199	4,032

The Rotherham Local Plan Core Strategy (and subsequent Sites and Policy document) was based on distributing growth across the borough in relation to the size of the current settlements. This strategy considered the provision of local services and facilities, including health, education, sports provision, the retail offer and access to public transport. Most new developments during the period that the strategy covers (including those for which planning applications have been made or are in progress), will therefore take place within Rotherham's urban area and at Principal Settlements for Growth. As such the distribution of providers of pharmaceutical services corresponds to where future new housing is likely to be located.

The development of a totally new community is an exception to this general rule. Within the Sites and Policies Document, there are two new communities of note:

- Bassingthorpe Farm: 2,400 anticipated houses with around 1,100 new dwellings expected to be developed in the Local Plan Period (2013 - 2028).
- Waverley: Outline permission granted for approximately 3,600, with around 2,500 new dwellings expected to be developed in the Local Plan period (2013 - 2028).

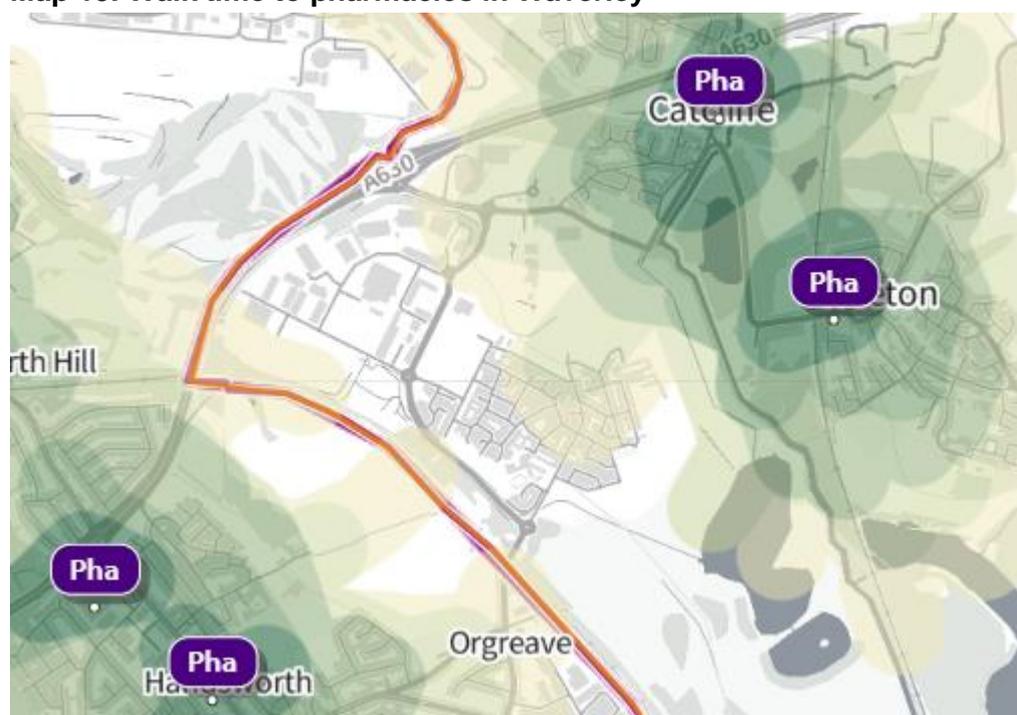
The Bassingthorpe Farm development is yet to begin, and large-scale construction is considered unlikely within the lifespan of this PNA (i.e., before 2025).

The Waverley development is underway with approximately 1,300 dwellings already built and occupied as of 2022, construction of an advanced manufacturing park underway, and construction of an average of 150 new dwellings per year planned. The Pharmaceutical service providers closest to the Waverley site are located in Catcliffe and Treeton (both within the boundaries of Rotherham) and Handsworth (in Sheffield LA) – see Map 13.

Considering these plans, it is recommended that the pharmaceutical needs of the occupants of the Waverley site should be closely monitored during the lifetime of this PNA. In particular, there should be monitoring of:

- The demographic profile of new occupants of the Waverley site,
- Progress with plans to establish a health centre within the site, and
- The pace of construction in the site.

Map 13: Walk time to pharmacies in Waverley



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5.2 Access to other services

The 2013 regulations then require PNAs to include a statement of the other NHS services that the HWB considers affect the need for pharmaceutical services. Those NHS services that may affect the need for pharmaceutical services, in Rotherham are outlined below.

5.2.3 Hospital pharmacies

Hospital pharmacies are departments or services in a hospital responsible for the supply of medications to hospital wards as well as ambulatory patients. The department is headed by a senior pharmacist who directly supervises and ensures the correct dispensing, compounding, and distribution of medication to in and out-patients.

Rotherham General hospital is an acute general hospital in Rotherham. It is managed by the Rotherham NHS Foundation Trust. Rotherham Hospital has 370+ beds providing a range of hospital based Medical, Surgical, Paediatric and Obstetric & Gynaecological services. Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed.

5.2.2 Personal administration of items by GP practices,

Under their medical contract with NHS England there will be occasion when a GP practice personally administers an item to a patient. When a patient requires a medicine or appliance, their GP will give them a prescription which they take to their preferred pharmacy. In some instances, the GP will supply the item against a prescription, and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures. For these items the practice will produce a prescription, however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered

5.2.3 GP out of hours service

The out-of-hours period is from 6.30pm to 8am on weekdays and all day at weekends and on bank holidays. GPs can choose whether to provide 24-hour care for their patients or to transfer responsibility for out-of-hours services to NHS England, which is responsible for providing a high-quality service for the local population. GP out-of-hours services affect the level of need for pharmaceutical services depending on whether GPs provide a prescription, or alternatively provide patients a course of treatment directly. In Rotherham, all practices opt out of the out of hours service provision in the core contract and it is provided for the majority by TRFT (except for one practice which uses a different provider) therefore there is no change in demand in community pharmacies, due to out-of-hours services.

5.2.4 Flu vaccination by GP practices

Populations who are eligible for a free flu vaccine through the NHS, you can book an appointment at a GP surgery, or a pharmacy that offers it on the NHS. In Rotherham, there are 29 main GP practices registered in Rotherham CCG who constitute to the Primary Care Network practices (as of early April 2022). However, there are 50 GP practices codes within Rotherham of which, some are linked to main practices outside the Rotherham boundary. Of the 29 main GP practices in Rotherham, all 29 provide flu vaccination service – thus reducing demand on this service in community pharmacies.

5.2.5 Walk-in centres and minor injury units

A walk-in clinic is a medical facility that accepts patients on a walk-in basis and with no appointment required. A number of healthcare service providers fall under the walk-in clinic umbrella including urgent care centres, retail clinics and even many free clinics or community health clinics. The extent to which a walk-in centre and minor injury unit impacts on need for pharmaceutical services depends on whether centres issue a prescription that would then increase the demand for pharmaceutical services. In Rotherham, there are 0 urgent care walk-in centres and all emergency activity takes place at the Urgent and Emergency Care Centre at The Rotherham Foundation Trust.

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

Rotherham has 64 pharmacies and 1 Dispensing Appliance Contractor. Many provide advanced services as commissioned by NHSE/I and some Locally Commissioned Services commissioned by Rotherham Metropolitan Borough Council and the CCG. There are 4 dispensing GPs in the locality.

Statement/s of whether there is sufficient choice with regard to obtaining pharmaceutical services

1. Based on the information presented herein, the Rotherham health and wellbeing board is satisfied that there is sufficient choice with regard to obtaining pharmaceutical services in Rotherham.

Statement/s of pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services

2. Rotherham Health and Wellbeing Board has defined necessary services as:
 - Essential services provided at all premises included in the pharmaceutical lists
 - The following Advanced Services:
 - o NHS Community Pharmacist Consultation Services
 - o Flu Vaccination
 - o New Medicines Review Service

Preceding sections of this document have set out the provision of these services in Rotherham.

Statement/s of the pharmaceutical services that have been identified as services that are not provided but which the HWB is satisfied need to be provided in order to meet the current or future need for a range of pharmaceutical services or a specific pharmaceutical service

3. Based on the information presented herein, the Rotherham Health and Wellbeing Board is satisfied that there are no future needs for pharmaceutical services. Monitoring of the Waverley Site development should be conducted within the lifetime of this PNA to assess whether a future need emerges.

Statement/s of pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access

4. The Rotherham Health and Wellbeing Board has identified that two Advanced Services (Stoma Appliance customisation, Hepatitis C Antibody Testing services) and seven locally Commissioned and Enhanced services (Emergency Hormonal Contraception; Nicotine Replacement Therapy Service for pregnant women; Supervised Consumption; Needle Exchange; Palliative Care drugs service; Champix; and Over the Counter Labelling Service) which, whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.

Statement/s of pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future

5. Based on the information presented herein, the Rotherham Health and Wellbeing Board is satisfied that there are no services that would secure improvements or better access to pharmaceutical services either now or in the future.

Statement/s of other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service

6. Details of other NHS services that affect the need for pharmaceutical services are provided in Section 5.2 of this PNA. The Rotherham health and wellbeing board is satisfied that the need for pharmaceutical services in Rotherham is not significantly affected by the provision of other NHS Services available locally.

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Annexes

Annex 1: Consultation Report

Consultation process

In accordance with legislative requirements, a consultation on the PNA was conducted for 60+ days, between 24th May and 26th July 2022. The findings of the consultation were considered by the PNA Steering Group on 18th August prior to the completion of this consultation report and the finalisation of the PNA report.

The PNA was published online at www.rotherham.gov.uk/consultations along with an online survey. Hard copies of the report and survey were also available. Six questions were included in the consultation (see below). Responses options for each question were 'Yes', 'No' and 'Partly'. Participants were given the opportunity to comment on each question using free text response, and there was also an opportunity for any other comments at the end of the survey.

PNA Consultation Survey questions:

1. *Does the PNA reflect the current offer of pharmaceutical services within your area?*
2. *Are there any gaps in service offer that have not been identified in the PNA? For example, gaps in terms of when, where and which services are available.*
3. *Does the draft PNA reflect the needs of the people in your area?*
4. *Has the PNA provided enough information to inform future pharmaceutical services offer and plans for pharmacies and appliance providers?*
5. *Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?*
6. *Do you agree with the conclusions of the PNA?*

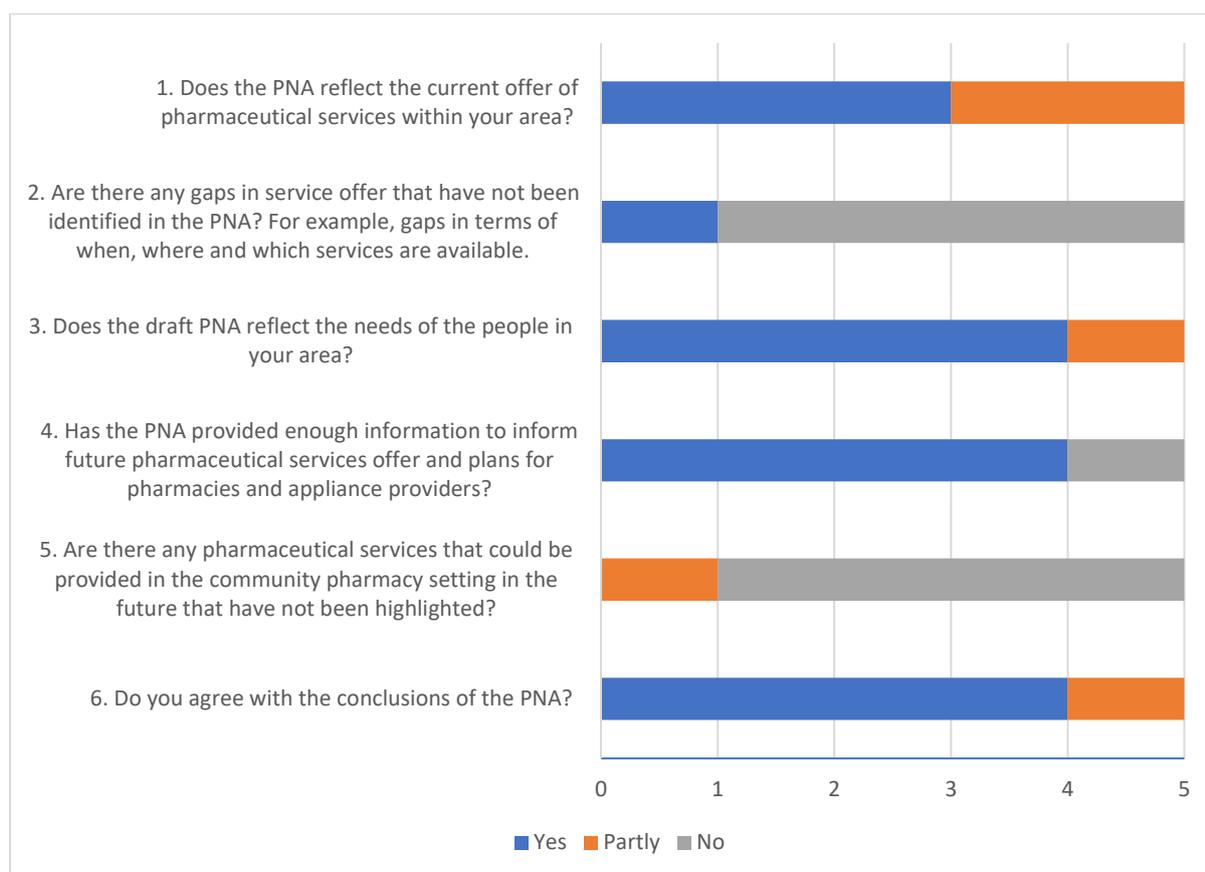
An email invitation, and a link to the report and survey were sent to:

- All local pharmacies and dispensing doctors
- Rotherham health and wellbeing board members
- Neighbouring health and wellbeing board chairs
- TRFT and RDASH
- NHS England / Improvement
- Healthwatch
- Local pharmaceutical committee
- Local medical committee
- CCG

Responses

In total, seven individuals responded to the survey, two of which were 'test' responses performed by RMBC IT. These were removed from analysis leaving a total of five responses.

A chart summarising survey responses is provided below:



In addition, three written comments were given:

1. *“Not all the services provide for all users, sometimes people require something a little different from the norm but you do not allow for this”* (Response to question re. whether PNA reflects the current offer)
2. *“Some people occasionally need a special injection (ie Adrenal defficiency) but your policy does not all care worker to give this as it is not a routine requirement but an emergancy thing” [sic]* (Response to question re. whether there are any gaps in services not identified in the PNA)
3. *“Very comprehensive assessment. Liked the analysis of deprivation and access too.”* (Response to question re. any other comments).

Analysis of responses

Survey: One respondent expressed some dissatisfaction with the PNA and local pharmaceutical service availability in response to all survey questions. Other responses were positive.

Comments: Several of the text comments received were somewhat difficult to interpret. Upon review, the Steering Group felt that comments 1 and 2 (above) could be interpreted in various ways:

- As a comment on the (lack of) availability of emergency, out of hours advice and support through pharmacies. The committee noted that there the nationally

commissioned NHS 111 service ensures access to out of hours advice for local residents.

- As a response to local stock-outs of adrenalin pens. Unfortunately, at the time of writing, this is a national issue resulting from global supply issues which cannot be resolved locally. (see [EpiPen shortage is a global problem - The Pharmaceutical Journal \(pharmaceutical-journal.com\)](http://pharmaceutical-journal.com))

Upon consideration, the committee felt that the comments provided do not give any indication of ways in which the PNA might have failed to have fulfilled its function. There is also no indication that local pharmacies have failed to comply with national requirements, or that further adjustments are needed to the PNA to ensure that the local pharmaceutical offer better responds to local health needs (present or future).

Consequentially, no substantial changes have been made to the content of this report based on the findings of the consultation. However, a note has been made in the report on page 55 regarding the felt need by some residents for access to emergency care by pharmacies for consideration by NHSE/I.

Annex 2: Rotherham Health & Wellbeing Pharmaceutical Needs Assessment (PNA) Steering Group Draft Terms of Reference

Context

Background

If someone (typically a pharmacist, a dispenser of appliances, or a GP) wants to provide NHS pharmaceutical services, they must apply for inclusion on a pharmaceutical list by providing that they are able to meet the pharmaceutical needs of the area in which they want to operate. The pharmaceutical needs of an area are defined in Pharmaceutical Needs Assessments – a report produced every three years by Health and Wellbeing Boards.

The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. A PNA must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and

- A map of providers of pharmaceutical services.

1. Purpose

The purpose of the Pharmaceutical Needs Assessment Steering Group is to advise on the production of, and consultation on, the Rotherham Pharmaceutical Needs Assessment (PNA), on behalf of the Health and Wellbeing Board. The PNA must be published by October 2022.

2. Responsibilities

The primary role of the group is to advise on the compilation and publication of an evidence based and up to date PNA, building on expertise from across the local healthcare community. The compilation of the PNA itself will be the responsibility of Rotherham Metropolitan Borough Council's Public Health Team. The steering group will act in an advisory capacity to the Council and the Health and Wellbeing Board.

Specifically, the Steering Group will:

- Advise on and agree the process for assessing the current provision of pharmaceutical services by pharmacies, appliance contractors and dispensing practices within Rotherham (and neighbouring areas)
- Advise on the process of consultation ensuring that this meets the requirements set out in the Regulations;
- Ensure that accurate maps identifying the premises where services are provided are produced;
- Agree the statement of the need for pharmaceutical services in Rotherham;
- Consider formal responses received during the formal consultation process, and advise on appropriate amendments to the PNA;
- Review, input to, and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA;
- Submit the final PNA to the Health & Wellbeing Board for approval prior to publication.

3. Membership

Membership of the Group shall be:

- **Public Health Consultant:** Gilly Brenner
- **Public Health Registrar:** Kate Gray
- **Intelligence Analyst:** Lorna Quinn
- **Local Pharmaceutical Committee representative/s:** Chris Bland and Nick Hunter
- **Local medical committee representative:** Andrew Davies
- **Pharmacy Lead for CCG:** Stuart Lakin
- **Pharmacy lead for NHSE:** Verena Marshall
- **Healthwatch representative:** Elizabeth Brown

A deputy may be used where the named member of the Group is unable to attend. Other staff members may be invited to attend meetings for the purpose of providing advice and/or clarification to the Group.

4. Quoracy: A meeting of the Group shall be regarded as quorate provided that a representative from the local authority, CCG and LPC is present.

5. Frequency of Meetings

The Group will meet bi-monthly at a minimum. Wherever possible business will be conducted virtually to facilitate communication and maximise involvement of stakeholders. The PNA Steering Group will be a time-limited group, established for the purpose of developing the 2022 PNA. The Steering Group will be disbanded when the PNA has been published.

6. Accountability: The Group will be accountable to the Health and Wellbeing Board. The Health and Wellbeing Board will sign off the 2022 PNA.

Annex 3: Summary of pharmaceutical service provision by Rotherham ward

PLEASE NOTE: There are regular changes to the opening hours and services offered by pharmacies. Live information about your local pharmacy is available at: [Find a pharmacy - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Ward	Number of pharmacies in Ward	Ward population	Population per pharmacy	Pharmacies per 100,000 population	Advanced services		General Health							Tobacco Control		Drug misuse		Sexual health
					NMS Accreditation	Community Pharmacist Consultation Service	100 Hour Pharmacy	Stoma customisation	Flu	Hep C	Hypertension Case-finding Advanced Service	Over the counter labelling scheme	Palliative Care Drugs	Champix	NRT in Pregnancy	Needle Exchange	Supervised Consumption	EHC
Anston & Woodsetts	2	10,895	5,448	18.4	2	2	0	0	2	0	0	1	1	0	0	0	1	0
Aston & Todwick	1	9,369	9,369	10.7	1	1	0	0	1	0	0	0	0	0	0	1	1	0
Aughton & Swallownest	1	6,326	6,326	15.8	1	1	0	0	0	0	1	1	1	0	1	0	1	1
Boston Castle	11	16,741	1,522	65.7	9	10	0	0	6	2	0	2	2	1	4	2	6	2
Bramley & Ravenfield	1	9,220	9,220	10.8	1	1	0	0	1	0	1	0	0	0	1	0	1	1
Brinsworth	1	8,724	8,724	11.5	1	1	0	1	1	0	1	1	1	0	1	1	1	1
Dalton & Thrybergh	3	8,879	2,960	33.8	3	3	0	0	3	0	3	1	1	2	2	0	3	2
Dinnington	3	13,186	4,395	22.8	3	3	1	1	2	1	1	1	1	0	1	1	3	1
Greasbrough	1	7,788	7,788	12.8	1	1	0	1	1	0	0	0	0	1	0	1	1	0

Ward	Number of pharmacies in Ward	Ward population	Population per pharmacy	Pharmacies per 100,000 population	Advanced services		General Health							Tobacco Control		Drug misuse		Sexual health	
					NMS Accreditation	Community Pharmacist Consultation Service	100 Hour Pharmacy	Stoma customisation	Flu	Hep C	Hypertension Case-finding Advanced Service	Over the counter labelling scheme	Palliative Care Drugs	Champix	NRT in Pregnancy	Needle Exchange	Supervised Consumption	EHC	
Hellaby & Maltby West	2	8,265	4,133	24.2	2	2	0	0	2	0	2	2	2	2	1	2	1	2	1
Hooper	1	12,940	12,940	7.7	1	1	0	0	1	0	1	1	0	0	1	0	1	1	1
Keppel	2	13,946	6,973	14.3	2	2	0	0	2	0	1	0	0	1	1	0	2	1	1
Kilnhurst & Swinton East	1	7,476	7,476	13.4	1	1	0	0	1	0	0	0	0	0	0	0	1	1	1
Maltby East	2	9,496	4,748	21.1	2	2	1	0	2	0	1	1	1	1	2	0	2	2	2
Rawmarsh East	3	8,770	2,923	34.2	2	3	1	0	2	0	2	1	1	0	1	0	3	1	1
Rawmarsh West	5	9,384	1,877	53.3	5	5	0	0	5	0	2	1	1	3	2	1	3	1	1
Rother Vale	2	9,634	4,817	20.8	2	2	0	0	2	0	2	2	1	1	2	0	2	2	2
Rotherham East	3	17,488	5,829	17.2	2	3	0	0	2	0	1	1	1	1	1	0	2	1	1
Rotherham West	4	15,014	3,754	26.6	2	3	0	1	2	0	3	0	0	0	1	1	2	2	2
Sitwell	2	13,141	6,571	15.2	2	2	0	0	2	1	1	0	0	1	0	0	2	0	0

Ward	Number of pharmacies in Ward	Ward population	Population per pharmacy	Pharmacies per 100,000 population	Advanced services		General Health							Tobacco Control		Drug misuse		Sexual health
					NMS Accreditation	Community Pharmacist Consultation Service	100 Hour Pharmacy	Stoma customisation	Flu	Hep C	Hypertension Case-finding Advanced Service	Over the counter labelling scheme	Palliative Care Drugs	Champix	NRT in Pregnancy	Needle Exchange	Supervised Consumption	EHC
Swinton Rockingham	2	8,338	4,169	24	2	2	0	1	2	0	2	2	2	0	2	1	1	2
Thurcroft & Wickersley South	4	10,338	2,585	38.7	4	4	1	0	3	0	3	0	0	1	4	0	4	4
Wales	3	9,673	3,224	31	3	3	0	0	3	0	1	0	0	1	0	1	2	0
Wath	4	9,740	2,435	41.1	3	3	1	0	3	0	1	2	1	0	2	0	3	2
Wickersley North	1	10,213	10,213	9.8	1	1	0	0	1	0	1	0	0	0	0	0	0	0
Totals	65	264,984	140,417	24.5	58	62	5	5	52	4	31	20	17	15	31	11	50	29

Colour coding indicates quintiles:

1 (lowest)	2	3	4	5 (highest)
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Annex 4: List of pharmaceutical service providers as of January 2022

PLEASE NOTE: There are regular changes to the opening hours and services offered by pharmacies. Live information about your local pharmacy is available at: [Find a pharmacy - NHS \(www.nhs.uk\)](https://www.nhs.uk)

NO.	Name of Pharmacy	Post code	Opening hours
1	Abbey Pharmacy	S65 1JQ	Mon 09:00-17:00 Tues 09:00-17:00 Wed 09:00-17:00 Thurs 09:00-17:00 Fri 09:00-17:00 Sat 09:00-13:00 Sun Closed
2	Archway Pharmacy	S61 1AB	Mon 08:45-18:30 Tues 08:45-18:30 Wed 08:45-18:30 Thurs 08:45-18:30 Fri 08:45-18:30 Sat 09:00-15:00 Sun Closed
3	Asda Pharmacy	S65 3SW	Mon 08:00-22:00 Tues 08:00-22:00 Wed 08:00-22:00 Thurs 08:00-22:00 Fri 08:00-22:00 Sat 08:00-22:00 Sun 10:00-16:00
4	Boots	S60 1TG	Mon 09:00-13:00 14:00-20:00 Tues 09:00-13:00 14:00-20:00 Wed 09:00-13:00 14:00-20:00 Thurs 09:00-13:00 14:00-20:00

			Fri	09:00-13:00 14:00-20:00
			Sat	09:00-13:00 14:00-18:00
			Sun	10:30-16:30
5	Boots	S65 1JQ	Mon	08:30-17:30
			Tues	08:30-17:30
			Wed	08:30-17:30
			Thurs	08:30-17:30
			Fri	08:30-17:30
			Sat	08:30-17:30
			Sun	Closed
6	Brookside Pharmacy	S60 4HY	Mon	09:00-17:30
			Tues	09:00-17:30
			Wed	09:00-13:00
			Thurs	09:00-17:30
			Fri	09:00-17:30
			Sat	09:00-12:30
			Sun	Closed
7	Cohens Chemist	S60 5PN	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-13:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed
8	Cryer A	S65 1AB	Mon	09:00-17:00
			Tues	09:00-17:00
			Wed	09:00-17:00
			Thurs	09:00-17:00
			Fri	09:00-17:00
			Sat	09:00-12:00
			Sun	Closed

9	Day Lewis Pharmacy (Thorogate)	S62 7HX	Mon 09:00-17:30 Tues 09:00-17:30 Wed 09:00-17:30 Thurs 09:00-17:30 Fri 09:00-17:30 Sat 09:00-12:30 Sun Closed
10	Day Lewis Pharmacy (Rawmarsh)	S62 5HD	Mon 09:00-13:00 14:00-18:00 Tues 09:00-13:00 14:00-18:00 Wed 09:00-13:00 14:00-18:00 Thurs 09:00-13:00 14:00-18:00 Fri 09:00-13:00 14:00-18:00 Sat Closed Sun Closed
11	Dinnington Pharmacy	S25 2EZ	Mon 08:00-23:00 Tues 08:00-23:00 Wed 08:00-23:00 Thurs 08:00-23:00 Fri 08:00-23:00 Sat 08:00-23:00 Sun 08:00-18:00
12	Good Measure Pharmacy	S62 6JE	Mon 08:30-16:30 Tues 08:30-16:30 Wed 08:30-16:30 Thurs 08:30-16:30 Fri 08:30-16:30 Sat Closed Sun Closed
13	Green Arbour Pharmacy	S66 9DD	Mon 09:00-18:30 Tues 09:00-18:30 Wed 09:00-18:30 Thurs 09:00-18:30

			Fri	09:00-18:30
			Sat	09:00-13:00
			Sun	Closed
14	Heritage Pharmacy	S25 3SA	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
15	J M McGill Ltd	S63 7QB	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	08:30-13:00
			Sun	Closed
16	Kiveton Delivery Pharmacy	S26 6LR	Mon	09:00-13:00 14:00-18:00
			Tues	09:00-13:00 14:00-18:00
			Wed	09:00-13:00 14:00-18:00
			Thurs	09:00-13:00 14:00-18:00
			Fri	09:00-13:00 14:00-18:00
			Sat	Closed
			Sun	Closed
17	Knollbeck Pharmacy	S73 0TW	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-13:00
			Thurs	09:00-18:00

			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
18	Lloyds Pharmacy (Parkgate)	S62 6DP	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
19	Lloyds Pharmacy (Workshop Road)	S26 4WD	Mon	09:00-18:30
			Tues	09:00-18:30
			Wed	09:00-18:30
			Thurs	09:00-18:30
			Fri	09:00-18:30
			Sat	09:00-13:00
			Sun	Closed
20	Lloyds Pharmacy (Doncaster Gate)	S65 1DA	Mon	08:00-18:00
			Tues	08:00-18:00
			Wed	08:00-18:00
			Thurs	08:00-18:00
			Fri	08:00-18:00
			Sat	Closed
			Sun	Closed
21	Lloyds Pharmacy (Dinnington)	S25 2EX	Mon	08:30--18:30
			Tues	08:30-18:30
			Wed	08:30-18:30
			Thurs	08:30-18:30
			Fri	08:30-18:30
			Sat	Closed
			Sun	Closed

22	Lloyds Pharmacy (Wales)	S26 5QN	Mon 09:00-17:30 Tues 09:00-17:30 Wed 09:00-17:30 Thurs 09:00-17:30 Fri 09:00-17:30 Sat Closed Sun Closed
23	Lloyds Pharmacy (Badsley Moor Lane)	S65 2QN	Mon 09:00-18:00 Tues 09:00-18:00 Wed 09:00-18:00 Thurs 09:00-18:00 Fri 09:00-18:00 Sat 09:00-13:00 Sun Closed
24	Lloyds Pharmacy (Greasborough)	S61 4RD	Mon 08:30-18:00 Tues 08:30-18:00 Wed 08:30-18:00 Thurs 08:30-18:00 Fri 08:30-18:00 Sat 09:00-12:00 Sun Closed
25	Lloyds Pharmacy (Langdon Road)	S61 3QH	Mon 08:30-18:00 Tues 08:30-18:00 Wed 08:30-18:00 Thurs 08:30-18:00 Fri 08:30-18:00 Sat 09:30-12:30 Sun Closed
26	Lloyds Pharmacy (Kiverton Park)	S26 6RA	Mon 09:00-18:30 Tues 09:00-18:30 Wed 09:00-18:30 Thurs 09:00-18:30

			Fri	09:00-18:30
			Sat	09:00-17:30
			Sun	Closed
27	Lloyds Pharmacy (Dalton)	S65 3HD	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed
28	Maltby Pharmacy	S66 8JD	Mon	08:00-23:00
			Tues	08:00-23:00
			Wed	08:00-23:00
			Thurs	08:00-23:00
			Fri	08:00-23:00
			Sat	08:00-23:00
			Sun	08:00-18:00
29	Medwin Pharmacy	S61 1EE	Mon	09:00-17:00
			Tues	09:00-17:00
			Wed	09:00-17:00
			Thurs	09:00-17:00
			Fri	09:00-17:00
			Sat	09:00 - 12.30
			Sun	Closed
30	Morrison's Pharmacy	S60 1TG	Mon	08:30-20:00
			Tues	08:30-20:00
			Wed	08:30-20:00
			Thurs	08:30-20:00
			Fri	08:30-20:00
			Sat	08:30-18:00
			Sun	11:00-17:00

31	North Anston Pharmacy	S25 4DB	Mon	09:00-13:00 14:00-18:00
			Tues	09:00-13:00 14:00-18:00
			Wed	09:00-13:00 14:00-18:00
			Thurs	09:00-13:00 14:00-18:00
			Fri	09:00-13:00 14:00-18:00
			Sat	09:00-13:00
			Sun	Closed
32	PHARMACYDELIVERED4U	S60 2NN	Mon	09:00-17:00
			Tues	09:00-17:00
			Wed	09:00-17:00
			Thurs	09:00-17:00
			Fri	09:00-17:00
			Sat	Closed
			Sun	Closed
33	Rawmarsh Pharmacy	S62 6LW	Mon	08:00-22:30
			Tues	08:00-22:30
			Wed	08:00-22:30
			Thurs	08:00-22:30
			Fri	08:00-22:30
			Sat	08:00-22:30
			Sun	08:00-21:00
34	Rotherchem	S60 2JH	Mon	09:00-13:00 14:00-18:00
			Tues	09:00-13:00 14:00-18:00
			Wed	09:00-13:00 14:00-18:00
			Thurs	09:00-13:00 14:00-18:00
			Fri	09:00-13:00 14:00-18:00
			Sat	Closed
			Sun	Closed
35	Rotherham Direct Pharmacy	S65 1QY	Mon	09:00-17:00
			Tues	09:00-17:00
			Wed	09:00-17:00
			Thurs	09:00-17:00

			Fri	09:00-17:00
			Sat	Closed
			Sun	Closed
36	Rowlands Pharmacy (Eastwood)	S65 1PW	Mon	09:00-13:00 13:20-18:00
			Tues	09:00-13:00 13:20-18:00
			Wed	09:00-13:00 13:20-18:00
			Thurs	09:00-13:00 13:20-18:00
			Fri	09:00-13:00 13:20-18:00
			Sat	Closed
			Sun	Closed
37	Rowlands Pharmacy (Wath-on-Dearne)	S63 7QY	Mon	09:00-13:00, 13:20-17:30
			Tues	09:00-13:00, 13:20-17:30
			Wed	09:00-13:00, 13:20-17:30
			Thurs	09:00-13:00, 13:20-17:30
			Fri	09:00-13:00, 13:20-17:30
			Sat	09:00-12:00
			Sun	Closed
38	Silverwood Pharmacy	S66 3QT	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
39	SKF Lo (Chemist) Ltd	S64 5UP	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-17:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed

40	South Anston Pharmacy	S25 5DT	Mon	09:00-13:00 14:00-18:00
			Tues	09:00-13:00 14:00-18:00
			Wed	09:00-13:00
			Thurs	09:00-13:00 14:00-18:00
			Fri	09:00-13:00 14:00-18:00
			Sat	09:00-13:00
			Sun	Closed
41	Superdrug	S60 1QU	Mon	08:30-14:00 14:30-17:30
			Tues	08:30-14:00 14:30-17:30
			Wed	08:30-14:00 14:30-17:30
			Thurs	08:30-14:00 14:30-17:30
			Fri	08:30-14:00 14:30-17:30
			Sat	09:00-13:30 14:00-17:30
			Sun	Closed
42	Swift Delivery Pharmacy	S60 2PD	Mon	09:00-17:00
			Tues	09:00-17:00
			Wed	09:00-17:00
			Thurs	09:00-17:00
			Fri	09:00-13:00 14:00-18:00
			Sat	Closed
			Sun	Closed
43	Tesco Pharmacy	S65 1HY	Mon	08:00-19:00
			Tues	08:00-19:00
			Wed	08:00-19:00
			Thurs	08:00-19:00
			Fri	08:00-19:00
			Sat	08:00-19:00
			Sun	10:00-16:00
44	Tesco Pharmacy (Wath-upon-Dearne)	S63 7DA	Mon	08:00-22:30
			Tues	06:30-22:30
			Wed	06:30-22:30
			Thurs	06:30-22:30

			Fri	06:30-22:30
			Sat	06:30-22:00
			Sun	10:00-16:00
45	The Online Chemist	S63 5DB	Mon	09:00-17:00
			Tues	09:00-17:00
			Wed	09:00-17:00
			Thurs	09:00-17:00
			Fri	09:00-17:00
			Sat	Closed
			Sun	Closed
46	Vantage Pharmacy	S62 6FA	Mon	09:00-13:00 14:00-18:00
			Tues	09:00-13:00 14:00-18:00
			Wed	09:00-13:00 14:00-18:00
			Thurs	09:00-13:00 14:00-18:00
			Fri	09:00-13:00 14:00-18:00
			Sat	09:00-13:00
			Sun	Closed
47	Weldricks Pharmacy (Brinsworth)	S60 5BS	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
48	Weldricks Pharmacy (Swallownest)	S26 4TT	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-12:30
			Sun	Closed

49	Weldricks Pharmacy (Swinton)	S64 8QA	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
50	Weldricks Pharmacy (Braithwell Road)	S66 8JE	Mon	08:30-19:00
			Tues	08:30-19:00
			Wed	08:30-19:00
			Thurs	08:30-19:00
			Fri	08:30-19:00
			Sat	09:00-17:00
			Sun	Closed
51	Weldricks Pharmacy (Maltby)	S66 7BN	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-16:00
			Sun	Closed
52	Weldricks Pharmacy (Maltby)	S66 8DP	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed
53	Weldricks Pharmacy (Catcliffe)	S60 5SR	Mon	09:00-13:00 14:00-18:00
			Tues	09:00-13:00 14:00-18:00
			Wed	09:00-13:00 14:00-18:00
			Thurs	09:00-13:00 14:00-17:00

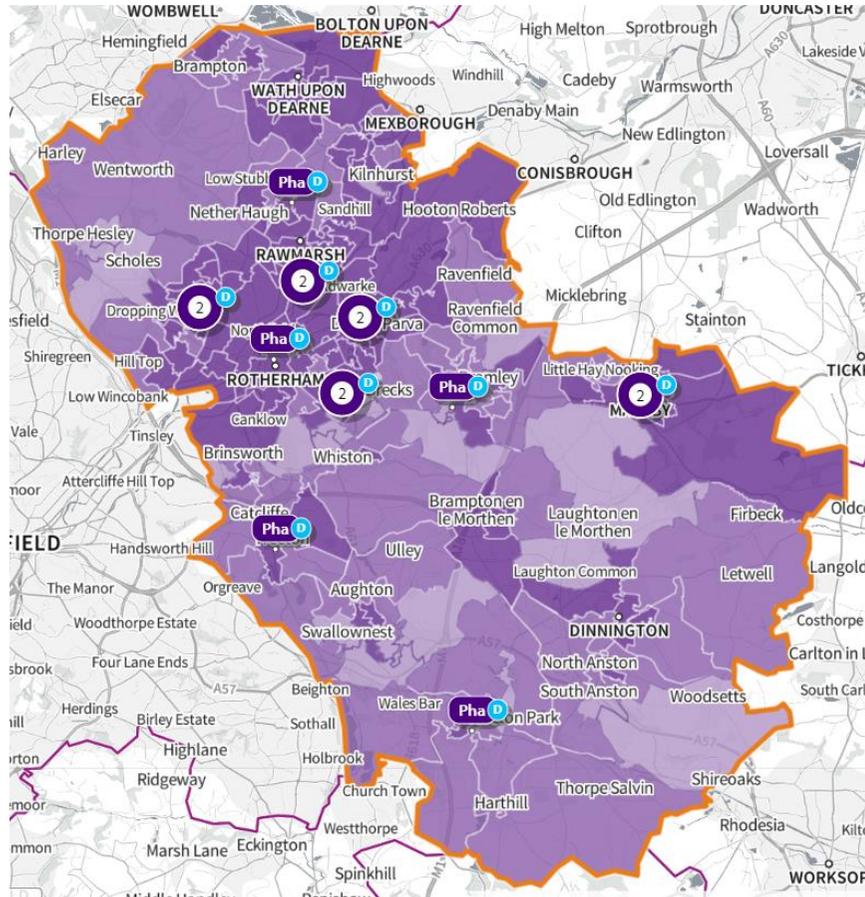
			Fri	09:00-13:00 14:00-18:00
			Sat	09:00-12:00
			Sun	Closed
54	Weldricks Pharmacy (Swinton)	S64 8NB	Mon	08:30-12:30 13:30-18:00
			Tues	08:30-12:30 13:30-18:00
			Wed	08:30-12:30 13:30-18:00
			Thurs	08:30-12:30 13:30-18:00
			Fri	08:30-12:30 13:30-18:00
			Sat	Closed
			Sun	Closed
55	Well (Wickersley)	S66 1AA	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-14:00
			Sun	Closed
56	Well (Thorpe Hesley)	S61 2QP	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed
57	Well (Wickersley)	S66 2JQ	Mon	08:00-18:00
			Tues	08:00-18:00
			Wed	08:00-18:00
			Thurs	08:00-18:00
			Fri	08:00-18:00
			Sat	Closed
			Sun	Closed
58	Well (Thrybergh)	S65 4BT	Mon	09:00-18:00

			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed
59	Well (Ravenfield)	S65 4PU	Mon	09:00-12:30 13:30-18:00
			Tues	09:00-12:30 13:30-18:00
			Wed	09:00-12:30 13:30-18:00
			Thurs	09:00-12:30 13:30-18:00
			Fri	09:00-12:30 13:30-18:00
			Sat	Closed
			Sun	Closed
60	Whitworth Chemists (Broom lane)	S60 3EW	Mon	08:30-18:30
			Tues	08:30-18:30
			Wed	08:30-18:30
			Thurs	08:30-18:30
			Fri	08:30-18:30
			Sat	Closed
			Sun	Closed
61	Whitworth Chemists (Broom valley Rd)	S60 2QY	Mon	09:00-18:15
			Tues	09:00-18:15
			Wed	09:00-18:15
			Thurs	09:00-18:15
			Fri	09:00-18:15
			Sat	Closed
			Sun	Closed
62	Wickersley Pharmacy (Morthen Road)	S66 1EU	Mon	08:00-22:30
			Tues	08:00-22:30
			Wed	08:00-22:30
			Thurs	08:00-22:30
			Fri	08:00-22:30

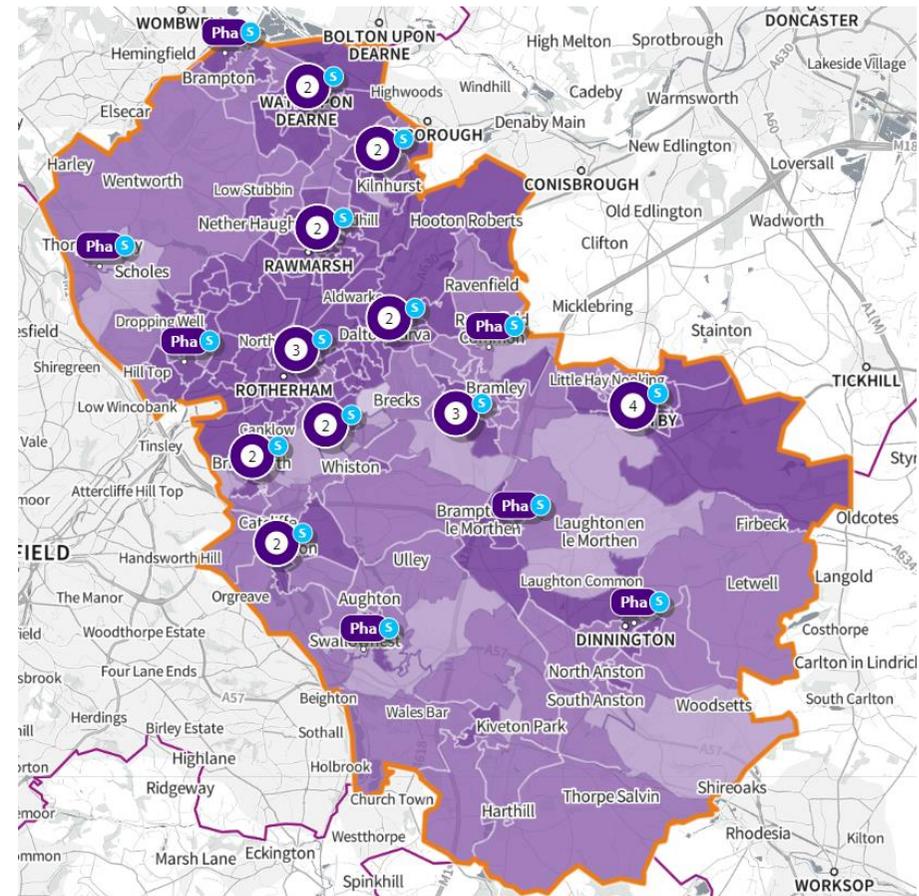
			Sat	08:00-21:45
			Sun	08:00-21:45
63	Winterhill Pharmacy	S61 1NL	Mon	08:45-18:00
			Tues	08:45-18:00
			Wed	08:45-18:00
			Thurs	08:45-18:00
			Fri	08:45-18:00
			Sat	09:00-13:00
			Sun	Closed
64	Your Local Boots Pharmacy	S60 4LA	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-17:00
			Sun	Closed
Dispensing GPs				
65	Dinnington Group Practice	S25 4DB		
66	Kiveton Park Medical Practice	S26 6QU		
67	Morthen Road Group Practice	S66 1EU		
68	Thorpe Hesley Surgery	S61 2QP		
Dispensing appliance contractors				
69	SOUTH YORKSHIRE OSTOMY SUPPLIES LTD	S61 1EE		

Annex 5: Advanced service provision maps

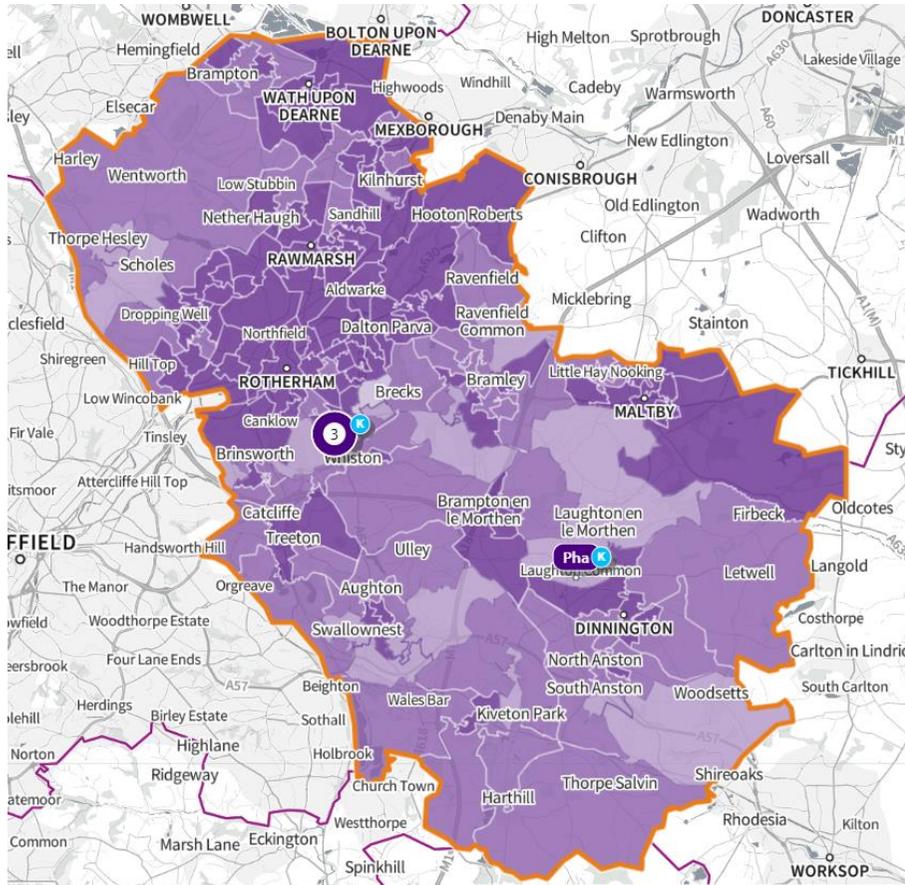
Map A: Champix service by most deprived areas under the IMD 2019 Health Deprivation and Disability domain



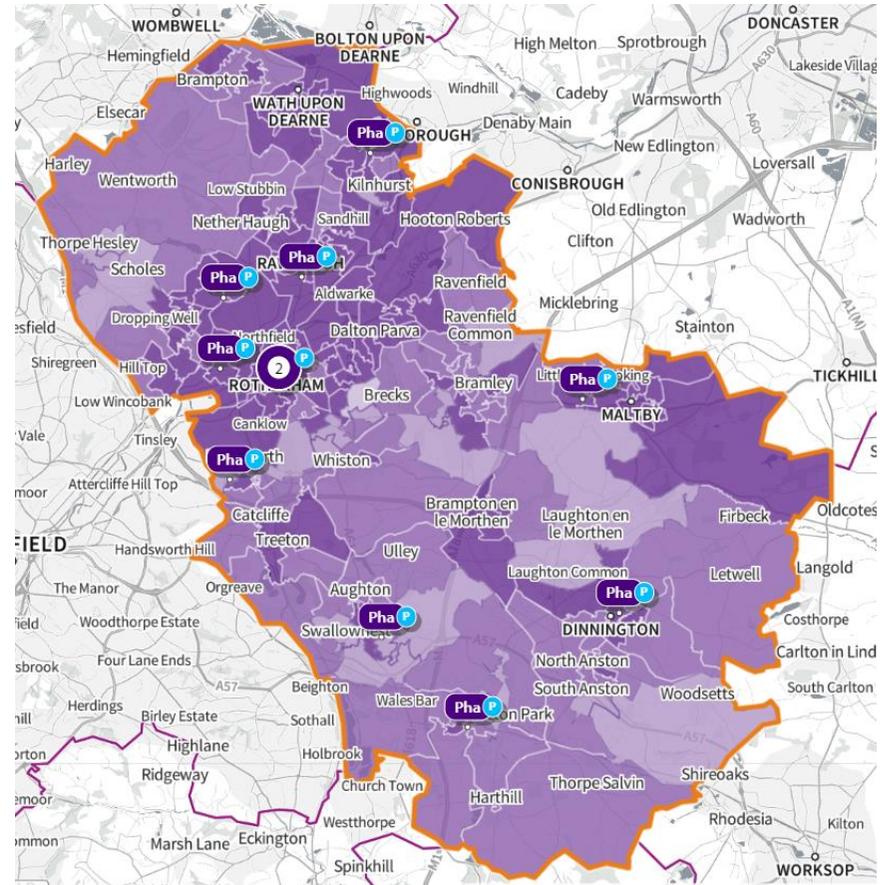
Map B X: NRT in Pregnancy service by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



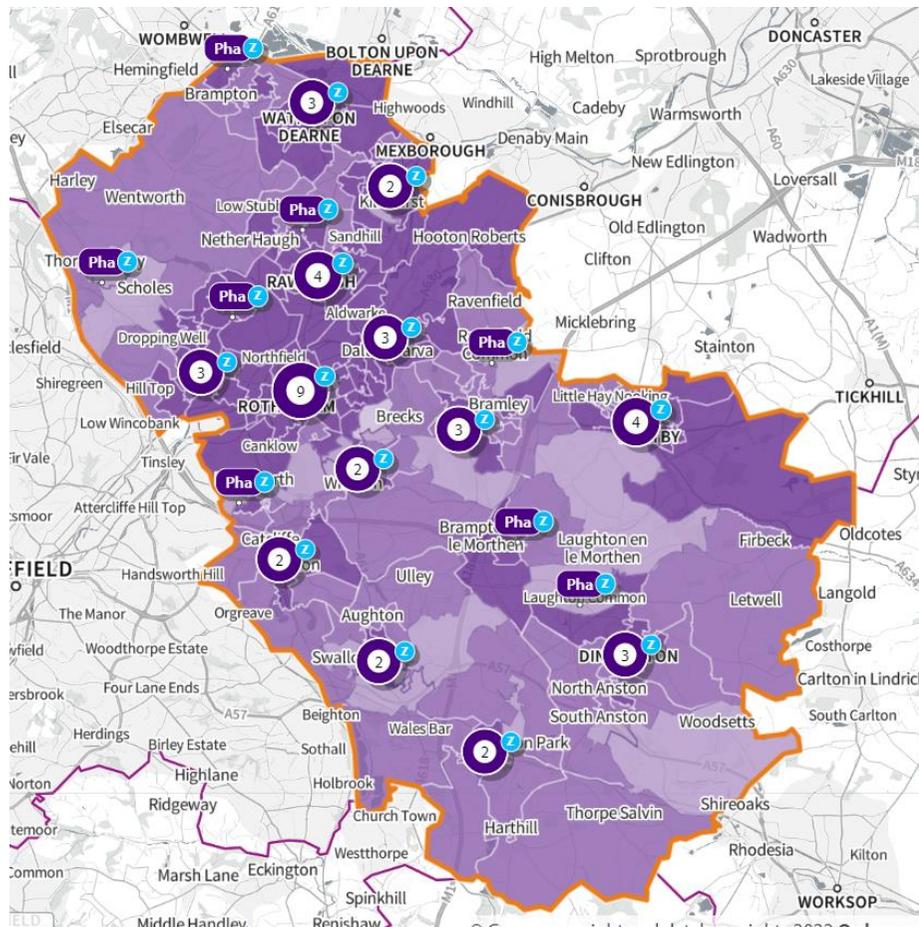
Map C: Hepatitis C testing service by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



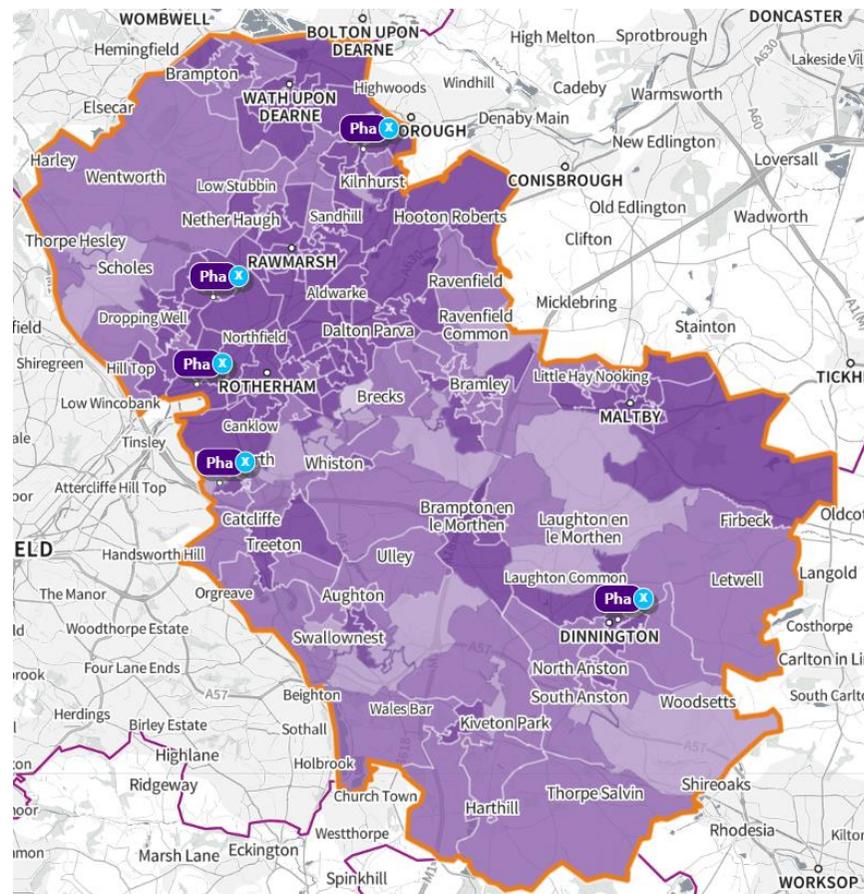
Map D: Needle exchange services by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



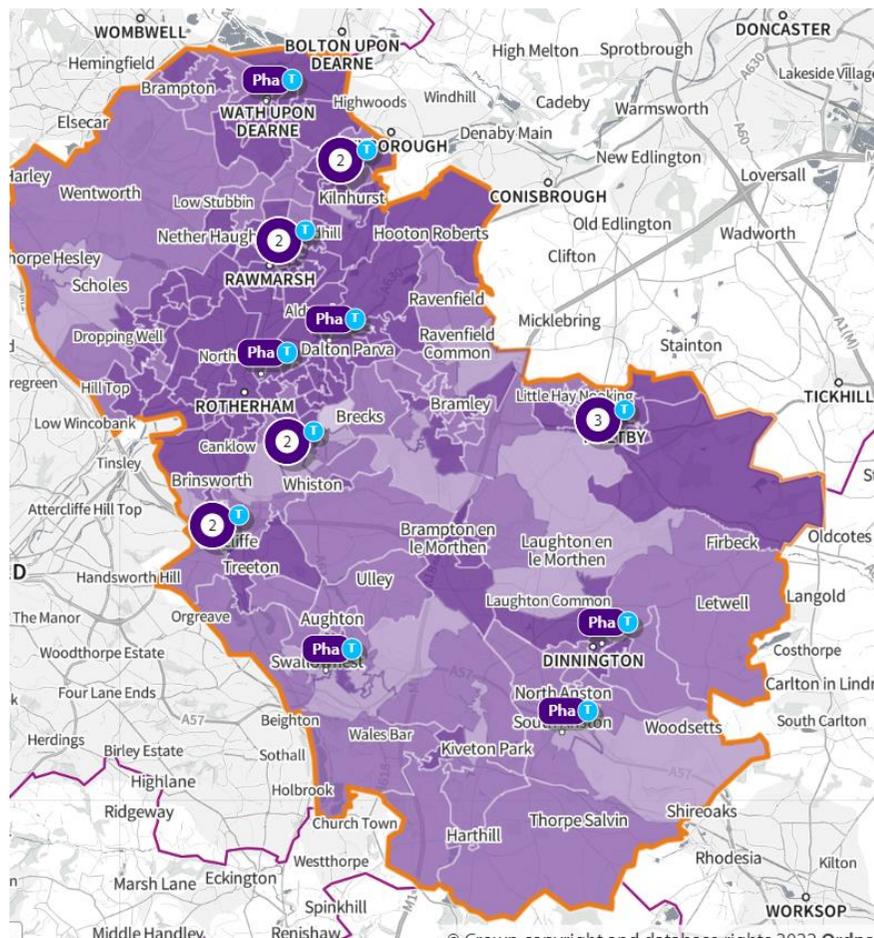
Map E: Supervised Consumption services by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



Map F: Stoma customisation services by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



Map G: Palliative Care Drugs service by most deprived areas under the IMD 2019 Health Deprivation and Disability Domain



Map H: Emergency Hormonal Contraception Services by most deprived areas under the IMD 2019 Health Deprivation and Disability Domain

