DRAFT FOR CONSULTATION
Pharmaceutical Needs Assessment

September 2010
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Figures and maps contained within this document are accurate as of the 14th July 2010 unless otherwise stated
### 1 Executive summary and findings

The Pharmaceutical Needs Assessment (PNA) presents a picture of community pharmacies and dispensing services in Oxfordshire, reviewing both access and services currently provided and how these could be utilised further. Community pharmacies can support the health and well-being of the population of Oxfordshire in partnership with our community services and GP practices. Services can be directed towards addressing health inequalities and supporting self-care in areas of greatest need, so a mapping of service provision and identifying gaps in demand are essential to afford NHS Oxfordshire the market intelligence it needs to take forward appropriate and cost-effective commissioning of services.

In undertaking the Pharmaceutical Needs Assessment the PCT reviewed national guidance which tells us what services pharmacies can provide, and by extension, what a good pharmaceutical service looks like. We have taken account of local needs as described in the Joint Strategic Needs Assessment, the Director of Public Health’s Annual Report 2009/10 and the views of the public through the results of a local patient questionnaire and service user feedback via discussion groups and interviews. We have looked at this in the context of the NHS Oxfordshire local strategic priorities and asked local people about their general use and perceptions of community pharmacies; ease of access and getting services and products, what makes a good or bad experience of a visit to a pharmacy. We also asked about people’s awareness of extended services other than prescriptions and over the counter medication and how pharmacies can improve services to meet the needs of our population.

#### 1.1 Developing the PNA

The development of this PNA has included input from various sources including the PCT pharmaceutical advisors in the Medicines Management Team, the Primary Care Contracting Team, Public Health Directorate and Heads of Service and Development Managers for older people, long term conditions, children and young people, vulnerable communities and mental health services. In January 2009 a stakeholder workshop was held with involvement from the Practice Based Commissioning (GP) consortium, and LINks. Following this a PNA steering group was set up to guide and review the PNA throughout its development. This group includes a Local Pharmaceutical Committee (LPC) and has links with the Local Medical Committee (LMC). The membership of the PNA Steering Group is detailed in chapter 4 of this document. The PNA is a “live” document which will be updated annually and reviewed every three years in line with the Joint Strategic Needs Assessment (JSNA).

Data and maps contained within this document are accurate as of the 14th July 2010 unless otherwise stated. The number of Community Pharmacies referred to is 100 as at 14th July 2010.

#### 1.2 Access

Oxfordshire is predominantly a rural county and is currently well served by 100 community pharmacies, including seven 100-hour pharmacies which provide additional cover to the standard opening hours provided by other pharmacies, together with 29 dispensing doctor practices. In undertaking the PNA we have looked at access to pharmacies through opening hours and travelling distances, the details of which can be found in chapters 7 & 8.
assessment we have made is that these are broadly reasonable for a rural county with some noted variations.

1.3 Services

The main service offered by Community Pharmacies is the dispensing of medication in primary care. Dispensing of medicines is also provided to some patients in rural areas by Dispensing GP practices. Dispensing of appliances (dressings, stoma and continence products) is provided by Community Pharmacies, Dispensing GP practices and Dispensing Appliance Contractors.

Other essential services provided by all community pharmacies are: repeat dispensing, waste management, public health, signposting to other services, support for self-care and clinical governance.

Medicines Use Reviews (MURs) are offered as an advanced service in Oxfordshire. An MUR is a consultation between the pharmacist and patient, aimed at improving the patient understands of their medicine. The review can highlight and propose a solution for side effects, improve compliance and reduce medicines wastage. MURs can be carried out outside the pharmacy e.g. in a patient’s own home or a care home, with agreement of PCT. The PCT advises a list of priorities for MURs to ensure the service is supporting local and national guidance for managing patients. Appliance Use Reviews (AURs) can also be provided by Community Pharmacies and Dispensing Appliance Contractors.

In addition to the above services PCTs are able to commission enhanced services to meet the needs of their population. Enhanced services may require specialist training for pharmacists and six are currently commissioned by the PCT. These are guaranteed provision of palliative care drugs, pharmacist advice to care home service, emergency hormonal contraception service, needle and syringe exchange, supervised consumption of methadone and stop smoking service. The Contractual Framework for Community Pharmacies under which they provide services to patients is explained in more detail in Appendix 1.

1.4 Summary of findings

This PNA has looked at the current provision of community pharmaceutical services including dispensing services by GPs linked to the health needs of the population and the local strategic priorities of NHS Oxfordshire which aim to improve the health outcomes and promote independence for key groups of people in the population. These groups are those people with long term conditions, older people, children and families living in areas of deprivation, people with mental health problems and vulnerable populations. The assessment has looked at the role pharmaceutical services in meeting their needs.

In addition to listening to groups of local people who are service users and the feedback through a local patient questionnaire we have asked Heads of Service and Development Managers for older people, long term conditions, children and young people, vulnerable communities and mental health services how pharmaceutical services can meet the needs of these groups. The key opportunities for pharmaceutical services to provide support are listed below:
1.4.1 People with Long Term Conditions:

- Spirometry - to help people use their inhalers correctly and to full effect.
- Early identification when a person with LTC is deteriorating and to flag this to their GP or case manager at an early stage.
- Vascular screening – to identify people at risk of vascular disease.

1.4.2 Older People:

- Medicines Use Reviews in patient homes
- Osteoporosis Risk Prevention Advice.
- Falls prevention Advice
- Flu vaccination – providing vaccinations to increase access and choice to patients.
- Prevention and care advice for people with Strokes
- Case management for patients with complex pharmaceutical needs
- Healthy lifestyle advice for older people
- Weight management for older people
- Information prescriptions
- Interagency Referrals

1.4.3 Children, young people and their families:

- Condoms on the NHS for young people via pharmacy pilot as a distribution service.
- Pregnancy testing on the NHS for young people
- Healthy start programme (sale of healthy start vitamins)
- Weight management for young people
- Treatment on the NHS for minor illnesses
- Childhood immunisations (offering consultation rooms to local primary care services to deliver immunisations to harder to reach children and young people)
- Partnership work to support delivery of the child health promotion programme
- Contraceptive Pill advice
- Breast feeding promotion, advice and support including signposting to local support services
- Advice and information on healthy weaning and nutrition for the under 5s

1.4.4 People with mental health problems:

- Advice on anti-depressant medication

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1 Pharmacists can provide key written and verbal information to older people to help them manage their long term condition, keep healthy and maintain their independence. An information prescription tells you about: your condition, your treatment options, care services, benefits, housing support, self help and support groups.

2 Pharmacists can make a referral to another agency if they feel someone is in need of more specific support. This could be to the Falls Service, Warm Front Scheme, Fire & Safety etc.
• Mental health first aiders
• Signposting to mental health and self help services such as IAPT (Improved Access to Psychological Therapies) and keeping people well services, benefits and financial advice
• Opportunistic support for older people with depression
• Enhanced dispensing of medication for people with schizophrenia
• Health promotion and lifestyle advice

1.4.5 Vulnerable populations:

• Healthy living pharmacies in areas with the worst health indicators
• Making services more accessible to vulnerable population groups
• Brief interventions for people who misuse alcohol
• Identify and refer carers to information and support services
• Offering consulting room space to services for vulnerable communities
• Signposting to services (e.g. credit unions, housing advice)

1.5 Recommended Priorities for consideration

• Increase focus on PCT priority groups for Medicine Use Reviews conducted
• Continue to expand the number of pharmacies delivering the Stop Smoking Service to ensure levels of service are aligned to prevalence of smoking in our population
• Continue to commission Emergency Hormonal Contraception (EHC) services for under 18s, free at the point of issue
• Pilot a condom distribution service for young people
• Evaluate the community pharmacy Chlamydia screening pilot and roll out to other community pharmacies as appropriate
• Develop Healthy Living Pharmacies and make services more available in areas, with the worst health outcomes, to meet the needs of vulnerable populations.
• Tailor health promotion and lifestyle advice for people with mental health problems
• Provide advice and support for patients taking antidepressant medication
• Improve signposting to other services particularly those relating to older people, people with mental health problems and vulnerable populations. Extending signposting to services beyond health care for example, benefits and housing advice

1.6 Consultation

We recognise that public and stakeholder consultation is critical to ensure that the PNA is robust and fit for purpose. Through the PNA Steering Group we have involved key stakeholders and engaged patients in giving us their views through a local patient questionnaire and service user feedback via discussion groups and interviews.

Our process of consultation and responding to feedback from the public and stakeholders is outlined in more detail in chapter 4, including the dates of public and professional consultation events in September and October 2010. We would like to hear your views and a consultation feedback form is available on:

https://consult.oxfordshirepct.nhs.uk/inovem/consult.ti/system/listConsultations?type=O
2 Introduction

In July 2007, the Minister of State for Public Health, the Rt Hon Dawn Primarolo, MP announced that the Department of Health would publish a pharmacy White Paper. *Pharmacy in England: Building on strengths - delivering the future* was accordingly published on 3 April 2008. It builds on *A Vision for Pharmacy in the new NHS* launched in July 2003 and *Our health, our care, our say: a new direction for community services* published in January 2006.

The White Paper set out the Government’s programme for a 21st century pharmaceutical service and identified practical, achievable ways in which pharmacists and their teams can contribute to improving patient care through delivering personalised pharmaceutical services in the coming years.

The White Paper stated at paragraphs 1.7 and 1.8: ‘As part of the development work to align pharmacy with the primary and community care strategy, the Government intends to publish, for consultation later in 2008, fuller information on a number of proposals for structural change. That consultation will comprise both actions to be taken in the medium term – including any necessary revisions to primary legislation – and actions to reform the current regulatory system pending those revisions’.

Following consultation in the autumn 2008, two clauses were proposed for the Health Bill 2009 to:

- require PCTs to develop and publish pharmaceutical needs assessments (PNAs); and
- then to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision

The Health Bill received Royal Assent in November 2009 and is now known as the Health Act 2009. It contains the powers needed to require PCTs to develop and publish PNAs and then to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision (the second provision will be subject to further regulations).

In July 2009, a regulatory advisory group drawn from interested parties was set up and started its work to translate these proposals into reality. The Group’s terms of reference is: ‘subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS PCTs to develop and to publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services’

The new Regulations - The National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010 are a result of their work on the first clause to require PCTs to develop and publish PNAs.

Development of the PNA is about the PCT’s commissioning intentions for pharmaceutical services i.e. what services the PCT needs to commission to meet the pharmaceutical needs of the people of Oxfordshire and how it will do that.
2.1 Timelines for publication of first and revised assessments

Subject to Parliamentary process:

- The National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010 which came into force in May 2010.
- PCTs will be required to produce **FIRST** assessment **by 1 February 2011**.
- PCTs will be required to publish a revised assessment within **three years** of publication of their first assessment.
- PCTs will be required to publish a revised assessment as soon as is reasonably practical after identifying changes to the availability of pharmaceutical services since the publication of the PNA where these changes are relevant to the granting of applications made under Regulation 5(1) unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

3 Control of Entry

The Health Bill requires PCT’s to use their PNA as the basis for determining market entry to NHS Pharmaceutical Service Provision. Control of entry is the system whereby Primary Care Trusts assess under the pharmaceutical regulations whether the grant of an application is necessary or expedient for a new pharmacy to dispense NHS prescriptions in order to secure adequate pharmaceutical services in a particular neighbourhood.

The control of entry system applies equally to urban and rural areas. However, where a PCT has determined that an area is ‘controlled’ (i.e. rural in character), provided certain conditions are met, doctors as well as pharmacies can dispense NHS medicines. GPs, may, in general, dispense NHS prescriptions only with NHS approval and only to their patients who live in such controlled localities and live more than 1.6km (as the crow flies) from a pharmacy. The main purpose is to ensure patients in rural area who might have difficulty getting to their nearest pharmacy can access the dispensed medicines they need. There are four categories of pharmacy applications which are exempt from the control of entry test:

- Pharmacies based in approved retail areas (large shopping areas 15,000 square metres or more leasehold gross floor space away from town centres)
- Pharmacies that intend to open for at least 100 hours per week
- Applications from members of a consortium wishing to establishing new one stop primary care centres
- Wholly mail-order or internet based pharmacy services

Where an application is received by the PCT for entry on to the Pharmaceutical List through an exemption from the control of entry test, the PCT has determined that granting the application will be conditional upon the applicant agreeing to provide the current enhanced services commissioned by the PCT:

- Guaranteed provision of palliative care drugs
- Advice to Care Home Service
- Emergency Hormonal Contraception Service
- Needle & Syringe Exchange Service
- Stop Smoking Service
- Supervised consumption of methadone
- Directed Rota Service (this is only commissioned if there are gaps in provision at Bank Holidays)

Following applications for entry on to the Pharmaceutical List being approved by the PCT supplementary statements to the PNA will be made regarding the number and location of pharmacies within the PCT area.

3.1 Controlled Localities

Oxfordshire is a predominantly rural county. Regulation 31(7) (b) requires the PCT to publish a map detailing the boundaries of any controlled areas. Areas previously determined under the appropriate regulations are listed below and most relate to dispensing doctors. Maps are available relating to decisions to determine controlled localities in respect of pharmacy applications. These are available in paper form at the PCT.


The PCT will continue to undertake determinations of an area when an application for a new pharmacy is received, and during the coming months the PCT will work with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) to undertake an exercise to consider all determinations of controlled localities e.g. to assess if there has been any substantial development in the Oxfordshire PCT area since the previous determinations were made.
4  Developing the Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) is the key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies. The scope will include recommendations for action to meet the current needs of Oxfordshire PCT, areas of current provision which could be improved, and the development objectives for pharmaceutical services to meet our wider commissioning ambitions.

4.1  Information and matters to consider

There are a series of matters that PCTs must have regard to when developing their PNA. These can be broadly summarised as:

- the Joint Strategic Needs Assessment (JSNA)
- the needs of different patient groups
- the demography of the PCT area
- the benefits from having a reasonable choice in obtaining services
- the different needs of each of the localities
- the effect of pharmaceutical services provided under arrangements with neighbouring PCTs
- the effect of dispensing services or other NHS services provided in or outside its area; and
- likely future needs.

4.1.1  Localities or Practice Based Commissioning (PBC) Consortium

Most practices across the county have joined with their neighbouring practices to form seven local consortia. For the purpose of the PNA some data is shown relating to six of these groups/localities across Oxfordshire:

- Oxford City Consortia – covering Oxford city practices
- South East Consortia – covering Henley, Wallingford, and environs
- West Oxfordshire Locality Group – covering the District Council area
- Vale Consortia – covering Vale of White Horse District Council area and Didcot
- North Oxfordshire Commissioning Consortia – covering Banbury, Chipping Norton and surrounding practices
- North East Consortia – covering Bicester area, Kidlington, Islip and Woodstock areas
- Abingdon Consortia*

* In August 2010 a seventh consortium was established covering two practices in Abingdon and a practice in Berinsfield. For the purpose of this draft PNA we were unable to display data for this consortium at the time of printing.

At the time of writing this PNA, Oxfordshire is divided into the seven localities, as shown in the map above. The majority of practices are aligned to these and some services are commissioned by these localities according to need. Where available,
health needs in this PNA are presented according to these boundaries. In light of the recent White Paper *Equity and Excellence: Liberating the NHS* these localities may need to be revised as the role of GP commissioning develops. Any such changes will be reflected in updated versions of the PNA.
4.2 Joint Strategic Needs Assessment (JSNA)

Although the PNA needs to be a separately identifiable document, it will also be seen as a key component of the JSNA and will fit with the PCT’s strategic plan. The JSNA will identify the local priorities and it is important that the two documents are not developed in isolation. Whilst the JSNA will identify the overall health needs and priorities of the population, the PNA will focus on the contribution community pharmacy and dispensing appliance contractors can make in meeting these needs and priorities.

4.3 Principles of development

The PNA will be published on the NHS Oxfordshire website and has been written as a public document, speaking to both an NHS and a non-NHS audience, with a full consideration of background and current issues, as well as the information required to ensure a fit for purpose PNA. This PNA has been written in accordance with the Department of Health Guidance on developing PNA’s which can be found at www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114952.pdf and a list of appendices to support the PNA are listed on page 2.

This PNA will be reviewed annually with updates every three years in line with the JSNA schedule for updates. As a primary care commissioning tool, the PNA will be a working document. Version control and distribution is the responsibility of the PCTs commissioning function.

4.4 PNA Steering Group

The development of this PNA has included input from various sources including the PCT pharmaceutical advisors in the medicines management team, the primary care contracting team, public health directorate and heads of service and development managers for older people, long term conditions, children and young people and mental health services. In January 2009 a stakeholder workshop was held with involvement from the Practice Based Commissioning (GP) consortium, and LINks. Following this a PNA steering group was set up to guide and review the PNA throughout its development.

The membership of the PNA Steering Group:

- Head of Primary Care Contracted Services (chair)
- Chief Pharmacist and Deputy Director of Infection Prevention and Control (DIPC)
- Primary Care Manager - Pharmacy/Optometry Services
- Primary Care Support Officer
- Professional Pharmacy Advisor
- Senior Finance Manager
- Representative from Thames Valley Primary Care Agency Professional Services and Primary Care Team
- Representative from the Local Pharmaceutical Committee (LPC)
- Representatives from Local Involvement Networks (LINks)
- Representative from the Local Medical Committee (LMC) via email
4.5 Consultation

Although the NHS Act 2006 does not impose a minimum or maximum period for a consultation the PNA Regulations do state a minimum of 60 days. PCTs may choose, but are not obliged, to follow the Government’s Code of Practice on Consultation. This stipulates that consultations should normally last for at least 12 weeks (60 days). PCTs are required to consult on a draft of their PNA at least once during its development. Each PCT must consult the following persons at least once during the process of making the assessment on a draft of the proposed PNA:

- any Local Pharmaceutical Committee for its area (including one for its area and that of one or more other PCTs);
- any Local Medical Committee for its area (including one for its area and that of one or more other PCTs);
- the persons on its pharmaceutical lists and its dispensing doctors list (if it has one);
- any LPS chemist with whom the PCT has made arrangements for the provision of any local pharmaceutical services;
- any person with whom the PCT has made arrangements for the provision of dispensing services;
- any relevant local involvement network, and any other patient, consumer or community group in its area which in the opinion of the PCT has an interest in the provision of pharmaceutical services in its area;
- any local authority with which the PCT is or has been a partner PCT;
- any NHS trust or NHS foundation trust in its area; and
- any neighbouring PCT.

4.5.1 Types of Consultation

In order to have meaningful consultation, the PCT has looked at using a variety of methods. After considering the demographics of our population we believed that the use of just one method would be insufficient.

In Oxfordshire we are doing the following;

- undertaking a patient questionnaire to ascertain what people use pharmacies for and what they would like to use pharmacies for (January & February 2010)
- undertaking focus groups and individual interviews to ascertain the views of people in the following priority groups, as identified in the PCT’s strategy (June 2010):
  - Older People and Carers
  - People with long-term illnesses/conditions
  - People with Mental Health conditions (low grade conditions)
  - People in deprived communities - Banbury, Oxford City
  - Parents of young children
  - Young People 16-24
- uploading the draft PNA to the PCT website and seek comments online
• sending hard copies of the PNA with a consultation reply template to those persons defined in the Regulations
• holding public and professional stakeholder events in September and October 2010
• analysing and reporting on the feedback

The PCT will be required to publish in its PNA a report on the consultation and this should include analysis of the consultation responses.

4.6 Feedback methods to inform the PNA

4.6.1 Patient Questionnaire

An important element of any needs assessment is to capture the view of current and potential services users to understand their perspective and to identify actions which will ensure the successful implementation of services arising from the needs assessment. A questionnaire was developed by the PCT with support from LINks, the Local Pharmaceutical Committee and Webstar Health.

Oxfordshire PCT undertook a postal questionnaire in January and February 2010 which achieved a response from 1404 people (23%) out of a sample of 6,114 people registered with Oxfordshire GPs. The questionnaire covered the current use of pharmacy services, preferences for, and satisfaction with services, prescription medicines use and access to pharmacies. The responses to the questionnaire provide a very valuable insight into the views of patients that can be used immediately to inform the PCT’s plans for pharmacy services.

The highlights from the questionnaire included:

• High levels of satisfaction with pharmacy services which extends across Oxfordshire. The results showed that privacy in pharmacies remains a problem even though most pharmacies have consultation areas. This suggests that there is work that needs to be done to change the way in which pharmacies use private areas.
• Low levels of knowledge of extended pharmacy services but a strong willingness to use pharmacies for these kinds of services in the future. This suggests there is more that can be done to match patients’ perceptions with their willingness to use pharmacies in new ways.
• People responding to the questionnaire were more likely to report problems accessing pharmacy services during “normal” opening hours than during the out of hours period (6pm – 8am). This suggests that lunchtime closures or pharmacist absence over lunchtime can be a barrier to access in some areas.
• There is a significant group of people in Oxfordshire that are not getting the best from their medicines. This suggests that there are opportunities to explore how pharmacists could help patients with the practical problems that they experience.
• Finally those patients that get dispensing services from their GP told us this is important to them.
The results have provided a unique and valuable insight into the views of patients which will be useful in developing the PNA and planning pharmacy services in the future. The results provide a foundation on which we can develop further work to explore the important themes that have emerged from the questionnaire. The full results of the survey have been available on the PCT website since May 2010. The results are available in Appendix 4.

A postal questionnaire has limitations and generally the response rate can be poor. The method used to select respondents omits persons that are not registered with GPs and a written questionnaire, by its nature, excludes those with low literacy levels. The PNA questionnaire has succeeded in securing a good response rate from a broad cross section of respondents across Oxfordshire. It has provided valuable insight into how patients use pharmacies, their views on current and future pharmacy services and their experience of using medicines.

4.6.2 Patient Focus Groups

During May and June 2010 further work was undertaken with patients that focused on those groups of patients that had been excluded through the patient questionnaire process. Ipsos MORI assisted the PCT with work using qualitative methods to both close these gaps and to explore important themes in greater depth. The results from the patient questionnaire suggested that it would be helpful for the PCT to hear the views of the following groups:

- Older People and Carers
- People with long-term illnesses/conditions
- People with Mental Health conditions (low grade conditions)
- People in deprived communities - Banbury, Oxford City
- Parents of young children
- Young People 16-24

The feedback results from talking to the above groups is included in sections throughout this PNA and the full results are available in Appendix 5.
5  Context of NHS Oxfordshire - Local Strategic Priorities

5.1  PCT Goals

Through the NHS Oxfordshire Strategic Plan 2008-2013 the PCT has developed a set of goals through which it will deliver its vision. We will work in partnership to:

5.1.1  Ensure that the core services purchased from primary and secondary care providers continually improve to meet changing health needs, giving patients optimum access to satisfactory, timely high quality care that also offers good value for money.

NHS Oxfordshire must continue to focus on getting the basics right. If we do not manage the provider market in a way that enables us to continue to provide the right core services for our population, at a sufficiently high standard, within a controlled budget, we will not have the capacity to invest in and deliver other aspects of this strategy. There is a demand management initiative which will help deliver this goal.

5.1.2  Improve health outcomes and promote independence for the following key population groups:

- older people
- those with long term conditions
- people with mental health problems
- children and families living in areas of deprivation.

The PCT has identified these patient groups as priorities because of the increasing health needs of a growing elderly population and people with long term conditions such as hypertension, diabetes and mental health problems, and the persistent inequalities that impact on the health and wellbeing of children and families in Oxfordshire’s most deprived areas. These priorities respond to the recommendations of the Director of Public Health’s Annual Report IV 2009-2010, and the county’s Joint Strategic Needs Assessment (JSNA).

5.1.3  Improve access to health services by increasing the commissioning of integrated whole care pathways that create a proportionate and appropriate shift of activity into primary and community care settings delivered closer to home which are coordinated and offer the right mix of quality, safety and value.

The PCT believes that a fundamental shift in the quality of care for these target groups can be achieved if it can begin to deliver the national and regional ambition of providing seamless, joined up care for patients, with as many elements of a care pathway as possible being provided close to where patients live.

We have therefore begun work on improving the care pathway for diabetes and over the life of this strategy will want to commission improved care pathways for stroke, vascular conditions, and cancer and expect this to result in a shift of activity away from the acute hospital setting. In addition the PCT will continue its work to develop other forms of care closer to home through GP Commissioning Led initiatives and the work
currently being undertaken to create an arms length separation between commissioning of community services and their provision.

5.1.4 Help more local people of all ages to make sustainable health lifestyle choices. Our local demographic forecasting and disease modelling suggests that, in line with regional and national strategy, the local NHS must increase its efforts to reduce demand for health services by working to support people to stay well. In Oxfordshire we particularly need to focus on tackling obesity in adults and children, reducing smoking and managing alcohol misuse. Although Oxfordshire has lower than average rates of smoking and obesity compared to national rates, both represent serious health risks affecting significant numbers of people. Just over one fifth of Oxfordshire’s adult population were smokers in 2005 (over 125,000 people), and of adult patients measured during 2007/08 almost 7% were found to have a Body Mass Index (BMI) of over 30, classed as obese. Amongst children, in the first year of BMI measurement 8% and 15% of children in their reception year or year 6 respectively were classed as obese. Longer term trend data on obesity is not yet available for the county, but it is likely that Oxfordshire follows the national trend of increasing obesity rates. The JSNA highlights the risks to health from obesity including reduced overall life expectancy.

5.1.5 Reduce health inequalities in Oxfordshire by improving health outcomes for people living in wards with the highest mortality rates at a greater rate than for the PCT population as a whole. Oxfordshire has a comparatively healthy population, but there are distinct geographical communities in Oxford and Banbury where life expectancy and health outcomes are markedly worse than both the local and national averages. More in depth information about how these goals are going to be achieved can be found on the NHS Oxfordshire website under section PCT Strategy.

5.2 Identifying local needs

5.2.1 Oxfordshire as a place to live

Oxfordshire is a predominantly rural county in which approximately 675,000 people live. Indeed, the county is the most rural in the South East region and West Oxfordshire is one of the region’s least densely populated districts. Over 50% of the population live in settlements of less than 10,000 people. There are also urban areas, such as Oxford and Banbury. The county is best described as a mix of areas with distinctive characteristics as follows:

- Oxford City
- Major towns – Banbury, Bicester, Witney, Abingdon, Didcot
- Market towns – 19 smaller towns serving rural communities
- Rural settlements – villages, hamlets and isolated dwellings

Health and well-being in Oxfordshire has been improving for many years. In general the population is healthy and compares well with the South East region and the rest of the country. The rate of improvement in longevity is in line with that across the country, average life expectancy for both men and women in Oxfordshire is more than
a year greater than rates for England overall. An Oxfordshire woman can expect to live 83–84 years on average, with men in Oxfordshire living to over 79 years.

5.2.2 Oxfordshire’s age profile

There are approximately 675,000 people living in the county, compared with 674,000 in 2009. This growth is expected to continue, passing 719,410 by 2015. The age profile continues to increase, with new data showing an additional 346 people aged over 85 – an increase of over 2% from 2009 forecast.

Oxford’s age profile is, again, rather different from the rest of the county (and indeed from England as a whole). This is due to the large number of students, which creates an artificial bulge in the 20–24 population. Within Oxford, there are 4% more people aged under 65 as a proportion of its total population. Cherwell differs to a lesser extent – its proportion of children is similar to the rest of Oxfordshire’s districts, but there are slightly more adults and slightly fewer older people as a proportion of its overall population. The other three districts are very similar to each other and much closer to the typical profile for England. Proportion of children, adults and older people in Oxfordshire’s districts:

<table>
<thead>
<tr>
<th>District</th>
<th>% of children in the population (0-17 yrs)</th>
<th>% of adults in the population (18-64 yrs)</th>
<th>% of older people in the population (65+ yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxford</td>
<td>17%</td>
<td>72%</td>
<td>11%</td>
</tr>
<tr>
<td>Cherwell</td>
<td>23%</td>
<td>63%</td>
<td>14%</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>23%</td>
<td>61%</td>
<td>17%</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>23%</td>
<td>61%</td>
<td>16%</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>22%</td>
<td>61%</td>
<td>17%</td>
</tr>
<tr>
<td>Oxfordshire (incl. Oxford)</td>
<td>21%</td>
<td>64%</td>
<td>15%</td>
</tr>
<tr>
<td>Oxfordshire (excl. Oxford)</td>
<td>23%</td>
<td>61%</td>
<td>16%</td>
</tr>
<tr>
<td>England</td>
<td>22%</td>
<td>63%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: Office for National Statistics (ONS) 2007 mid year estimates

The population pyramid below shows that the proportion of people under the age of 50 contracts whilst the population over 50 expands. When projecting this information, the future shows the proportion of children in the four rural districts continuing to fall at roughly similar rates, reflecting the ageing of the county’s population. This is forecast to continue for the following 15 years, except in Oxford, where the proportion of children will steadily increase to the highest proportion by the mid-2030s, instead of the lowest as at present.
Changes to Oxfordshire’s population pyramid 2009-16:


Improvements in income and health care and healthier lifestyles have led to improved longevity which, combined with declining fertility, means there is a profound shift in the structure of our population. Population projections show that the adult population (18-65 years) is set to remain broadly at the same level as today. However, the number of older people will continue to grow, most notably in rural districts (the exception is in Oxford city). It was estimated that by 2010, that there would be nearly 15,000 people aged over 85 years in Oxfordshire, and over 24,000 by 2028. The increase in the numbers of older people may result in more people needing support to remain independent in later life. In contrast, the number of children under 10 years in the county is expected to decline. This partly reflects the reduction in the number of women of child-bearing age as the post-war ‘baby-boom’ generation grow older.

5.2.3 Future population growth

Today in 2010, the registered patient population of Oxfordshire is 675,000. This population is projected to grow to 719,410 by 2015.

In recent years there have been net population increases in Oxford and West Oxfordshire, although these were partially offset by reductions in Cherwell, South Oxfordshire and the Vale of White Horse. Future population growth in the county will be concentrated in and around Oxford, Bicester (including Eco-Bicester) Banbury, Didcot and Wantage where several thousand new homes will be built over the next five years with further planned growth to 2030.

In Oxford City, there are plans for more housing in the West End, Barton and Greater Leys. In Cherwell in addition to the first phase of the Ecotown there will also be other housing developments in Bicester at South West Bicester, Gavray Drive and nearby at Upper Heyford. In Banbury housing growth is centred on the Canalside and Bankside developments. In West Oxfordshire Witney and Carterton are the focus for growth. In Didcot, the Great Western Park development will increase housing in both South
Oxfordshire and the Vale of the White Horse. Also in South Oxfordshire, Wallingford will grow both in the town itself and in the nearby site of the former Fairmile Hospital. In the Vale of the White Horse there will be developments in Abingdon, Wantage, Faringdon, Botley and Grove, most significantly at the Grove Airfield site.

Overall, a total of 19,308 extra housing units are expected to be built between 2010 and 2015.

5.2.4 Ethnicity

A low proportion of Oxfordshire’s population is from ethnic minority groups, with the non-white population being 4.9%.

<table>
<thead>
<tr>
<th></th>
<th>Oxfordshire PCT</th>
<th>Oxford city</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>White British</td>
<td>521 272</td>
<td>89.80%</td>
</tr>
<tr>
<td>White Irish</td>
<td>7 339</td>
<td>1.30%</td>
</tr>
<tr>
<td>Other White</td>
<td>23 186</td>
<td>4.00%</td>
</tr>
<tr>
<td>Mixed White and Black Caribbean</td>
<td>2 115</td>
<td>0.40%</td>
</tr>
<tr>
<td>Mixed White and Black African</td>
<td>788</td>
<td>0.10%</td>
</tr>
<tr>
<td>Mixed White and Asian</td>
<td>2 186</td>
<td>0.40%</td>
</tr>
<tr>
<td>Other Mixed</td>
<td>1 875</td>
<td>0.30%</td>
</tr>
<tr>
<td>Indian</td>
<td>3 989</td>
<td>0.70%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>3 987</td>
<td>0.70%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1 173</td>
<td>0.20%</td>
</tr>
<tr>
<td>Other Asian</td>
<td>1 195</td>
<td>0.20%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>2 420</td>
<td>0.40%</td>
</tr>
<tr>
<td>Black African</td>
<td>2 020</td>
<td>0.30%</td>
</tr>
<tr>
<td>Other Black</td>
<td>499</td>
<td>0.10%</td>
</tr>
<tr>
<td>Chinese</td>
<td>3 778</td>
<td>0.70%</td>
</tr>
<tr>
<td>Other Ethnic</td>
<td>2 923</td>
<td>0.50%</td>
</tr>
<tr>
<td></td>
<td>580 745</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Population ethnicity data for Oxfordshire PCT and County from 2001 census
5.2.5 Local Health Profile

The leading causes of death in Oxfordshire are diseases of the circulatory system, including heart attacks and strokes. This is followed by all cancers and respiratory diseases. Coronary heart disease is the biggest cause of mortality in Oxfordshire and in the UK.

![Major causes of death by locality 2007](chart)

Source: ONS Annual District Death Extract (ADDE) 2007

The chart above shows how the relative proportions of the main causes of death vary across the different localities. This generally relates to differing population structures. For example, diseases of the circulatory system and the nervous system make up a far smaller proportion of all deaths in Cowley and Iffley than in Thame and Watlington, whereas external causes make up a much greater proportion in Cowley locality than in Thame.

From 1996 to 2006, mortality rates from all circulatory diseases in people under 75 years have been better (i.e. lower) in Oxfordshire than in England, and have reduced by 45%. This means that for Oxfordshire PCT performance in this area was broadly equivalent with reductions for England as a whole. Over the same ten years, mortality rates from all cancers in people under 75 years were also better (i.e. lower) in Oxfordshire than in England. However, the rate of improvement for mortality from cancer was 11%, compared with a reduction of 19% for England as a whole. In other words, the rest of the country is rapidly becoming as good as Oxfordshire has been.

5.2.6 Local health inequalities

Data from the Index of Multiple Deprivation (IMD) shows that Oxfordshire is overall relatively well-off and on average it scores better than most places. However, the distribution of income amongst the local population is very uneven. Closer inspection reveals inequalities of outcomes affecting particular parts of the county. This is well illustrated by the contrast in overall deprivation; the majority of Oxfordshire areas are in the least deprived quartile for England however, there is 3% of the county that features...
in the most deprived. Most of these pockets of deprivation are in Oxford and Banbury as shown in the map overleaf.

There are 14 small areas of Oxfordshire which are in the most deprived 20% in England. These small areas are defined as places where people suffer multiple deprivations – a measurement which reflects a complex mixture of poor outcomes in health, educational attainment, crime, access to services, employment, income and living environment. These communities are set in a prosperous county where the overall ranking is 137 out of 149, where 149 is the least deprived. There is clear evidence that the experience of inequality is far more acute when the difference between “have” and “have not” is great and this is certainly true in Oxfordshire.

Analysis shows that 3 wards in Banbury and 4 in Oxford City have complex deprivation problems which result in poor outcomes. These include

- Lower life expectancy, with a gap of over 16 years between the worst ward in the City and the best ward in South Oxfordshire ( Lowest life expectancy 72.2 (CI 69.2-75.2) and highest 88.7 (CI 79-98.4) (Source: Decision Support, rolling averages, 2003-07).
- The gap in mortality rates between the best and worst off in both Oxford City and Cherwell District is getting wider.
- Poor school attainment – only 18.5% students in one City School achieved 5 grade A*-C GCSEs including English and Maths in 2007-08 compared to the county average of 50.5%
- Low rates of skills or uptake of training in adults – more Super Output Areas\(^3\) (SOAs) in Oxfordshire were in the worst 20% for education, skills and training in 2007 than in 2003.
- High numbers of young people not in Education, Employment or Training (NEET). Of the 921 young people classified at “NEET” in 2009, almost a quarter live in the 10 most deprived wards of Banbury and Oxford. (where only 12% of the total population of young people live).

The PCT has developed a set of goals through which it will deliver its vision for the future health of the people of Oxfordshire. These goals are outlined in section 5.1 of this PNA document and in more detail in the NHS Oxfordshire Strategic Plan 2008-2013. A key aim is to improve health outcomes and promote independence for the following key population groups:

- Those with long term conditions
- Older people
- Children and families living in areas of deprivation
- People with mental health problems
- Vulnerable populations

\(^3\) Super Output Areas (SOAs) are a set of geographies developed after the 2001 census. The aim was to produce a set of areas of consistent size, whose boundaries would not change (unlike electoral wards). They are an aggregation of adjacent Output Areas with similar social characteristics. Lower Layer SOAs typically contain 4 to 6 OAs with a population of around 1500. Middle Layer SOAs on average have a population of 7,200. Upper Layer SOAs are still being calculated; they are expected to cover a population of at least 25,000 each
This PNA has looked in more detail at the health profiles of each of these key population groups and the role of pharmaceutical services in meeting their needs now and in the future.
5.3 Supporting people with long term conditions (LTC)

Pharmacy services have a key role in supporting people with long term conditions to improve their quality of life, health and wellbeing and to lead as independent a life as possible by supporting self care. People with long term conditions are major users of health and social care services, accounting for 55% of GP consultations, 68% of outpatient/ A&E appointments and 77% of inpatient bed days. This chapter considers people living in Oxfordshire with long term conditions also referred to as limiting long term illnesses such as hypertension, obesity, asthma, kidney disease, diabetes and coronary heart disease.

Prevalence of diseases and conditions in Oxfordshire:

Hypertension (high blood pressure), obesity, asthma, kidney disease and diabetes are the most common conditions in Oxfordshire’s populations and over the last year the number of people affected have all increased, with obesity seeing the biggest increase - up by almost a fifth but probably due to better awareness and recording than to a physical increase in obesity.

The table below shows the distribution of these conditions across the six different Practice Based Commissioning consortium. Blocks coloured green show prevalence rates below the middle fifth (quintile) for Oxfordshire, while those in red have rates above the middle fifth. Those coloured blue are too similar to separate out. It should be remembered that this data reflects what is recorded, not necessarily the true prevalence, as diagnosis can be protracted for conditions such as mental ill-health and learning disabilities. Oxfordshire County Council (OCC) hold much more detailed information on the numbers of people with a learning disability, their needs and projected changes in that population.
Prevalence of diseases and conditions in Oxfordshire by PBC consortium:

<table>
<thead>
<tr>
<th>2009</th>
<th>North East Oxfordshire</th>
<th>North Oxfordshire</th>
<th>Oxford City</th>
<th>South East Oxfordshire</th>
<th>Vale</th>
<th>West Oxfordshire</th>
<th>% for whole county</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyper-tension</td>
<td>11.50%</td>
<td>12.20%</td>
<td>8.40%</td>
<td>12.90%</td>
<td>11.80%</td>
<td>13.80%</td>
<td>11.30%</td>
</tr>
<tr>
<td>Obesity</td>
<td>9.90%</td>
<td>9.00%</td>
<td>5.90%</td>
<td>8.10%</td>
<td>9.20%</td>
<td>8.40%</td>
<td>8.10%</td>
</tr>
<tr>
<td>Asthma</td>
<td>5.90%</td>
<td>6.20%</td>
<td>4.80%</td>
<td>6.60%</td>
<td>5.90%</td>
<td>6.80%</td>
<td>5.80%</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>5.00%</td>
<td>4.10%</td>
<td>2.50%</td>
<td>3.30%</td>
<td>4.80%</td>
<td>3.70%</td>
<td>3.80%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3.60%</td>
<td>3.50%</td>
<td>2.80%</td>
<td>2.90%</td>
<td>3.40%</td>
<td>3.50%</td>
<td>3.20%</td>
</tr>
<tr>
<td>CHD</td>
<td>2.80%</td>
<td>2.90%</td>
<td>2.00%</td>
<td>3.00%</td>
<td>2.70%</td>
<td>3.00%</td>
<td>2.60%</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>2.50%</td>
<td>2.70%</td>
<td>1.70%</td>
<td>2.60%</td>
<td>2.40%</td>
<td>2.50%</td>
<td>2.30%</td>
</tr>
<tr>
<td>Stroke</td>
<td>1.60%</td>
<td>1.70%</td>
<td>1.20%</td>
<td>1.60%</td>
<td>1.60%</td>
<td>1.80%</td>
<td>1.50%</td>
</tr>
<tr>
<td>Cancer</td>
<td>1.50%</td>
<td>1.30%</td>
<td>1.00%</td>
<td>1.70%</td>
<td>1.40%</td>
<td>1.60%</td>
<td>1.30%</td>
</tr>
<tr>
<td>COPD</td>
<td>1.10%</td>
<td>1.20%</td>
<td>0.90%</td>
<td>1.10%</td>
<td>1.10%</td>
<td>1.10%</td>
<td>1.10%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>0.50%</td>
<td>0.60%</td>
<td>0.90%</td>
<td>0.70%</td>
<td>0.60%</td>
<td>0.60%</td>
<td>0.70%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>0.70%</td>
<td>0.60%</td>
<td>0.50%</td>
<td>0.70%</td>
<td>0.60%</td>
<td>0.70%</td>
<td>0.60%</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>0.50%</td>
<td>0.60%</td>
<td>0.50%</td>
<td>0.50%</td>
<td>0.50%</td>
<td>0.60%</td>
<td>0.50%</td>
</tr>
<tr>
<td>Dementia</td>
<td>0.40%</td>
<td>0.40%</td>
<td>0.30%</td>
<td>0.50%</td>
<td>0.30%</td>
<td>0.50%</td>
<td>0.40%</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>0.20%</td>
<td>0.30%</td>
<td>0.20%</td>
<td>0.30%</td>
<td>0.30%</td>
<td>0.30%</td>
<td>0.20%</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

Source: Quality Management and Analysis System (QMAS)

The Oxford City consortium has below average rates for all conditions except mental health. This reflects the fact that most conditions become increasingly likely with age, while Oxford has a significantly younger population on its GP registers. The fact that almost all the other consortium have below average levels of patients with mental health conditions also emphasises a concentration within Oxford, mainly due to accessibility of services. West Oxfordshire's levels of hypertension and dementia – the highest - may be due to the greater proportion of older people on their GPs’ registers. The North East consortium has the greatest number of obese patients, perhaps due to better recording, as well as higher recorded levels of kidney disease and diabetes.

Limiting long term illness (LLTI) amongst the over 65s is typically highest in Oxford City with almost 46% of the population in this category, the lowest being Cherwell with just under 40%. By 2016, it is forecast that there will be over 8,000 more people aged over 65 years old living with long-term conditions, if current rates continue. The implication of this rise in the number of people living with LLTI and chronic conditions will be a greater demand for care that requires a response from services that are community based, primary care led and integrated with social care. When looking at specific areas with high proportions of people living with a long-term condition (over 40%) and cross-referencing them with those wards that have a higher than average projected growth in the proportion of their population aged over 65 (above 25%), 25 wards have been identified with high potential growth in needs due to LLTI (see table below)

<table>
<thead>
<tr>
<th>West</th>
<th>Witney West; Witney North; Carterton North West; Bampton and Clamfield; Ducklington</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vale</td>
<td>Wantage Sedgebury; Shrivenham; Marcham and Shippon; Longworth; Greendown</td>
</tr>
<tr>
<td>South</td>
<td>Woodcote; Thame North; Garsington; Didcot Northbourne; Chinnor; Chalgrove; Benson</td>
</tr>
<tr>
<td>Cherwell</td>
<td>Launton; Kidlington North; Hook Norton; Bicester West; Bicester East; Banbury Ruscote; Banbury Hardwick; Banbury Calthorpe</td>
</tr>
</tbody>
</table>

Source JSNA 2008
5.3.1 Risks of smoking

Approximately a fifth of all deaths in middle age are attributable to smoking. While it is the nicotine within the tobacco that the smoker is addicted to, the tar and the carbon monoxide in smoked tobacco are the primary causes of smoking-related disease and death. In addition tobacco smoke contains over 4,000 different chemicals, including more than 50 known carcinogens.

The three most common causes of death from smoking are lung cancer, chronic obstructive pulmonary disease (COPD) and cardiovascular disease (heart and circulatory disease). Smoking also increases the risk of developing diabetes and can cause serious complications if you already have the condition. Tobacco smoke is one of the most common and strongest triggers for asthma symptoms for both smokers and those people who they live and work with.

5.3.2 Current service provision for people with long term conditions (LTC)

The contribution of pharmacy to the care of people with LTC includes encouraging the effective use of medicines, promoting healthy lifestyles, supporting self care and carrying out medication reviews

Current services provided via Community Pharmacy are:

- Medicines Use Reviews
- Stop smoking service
- Supporting Self Care
- Promoting Healthy Lifestyles
- Signposting to other services

Opportunities for pharmaceutical services to support people with LTC:

- Spirometry - to help people use their inhalers correctly and to full effect.
- Early identification when a person with LTC is deteriorating and to flag this to their GP or case manager at an early stage.
- Vascular screening – to identify people at risk of vascular disease.

Service user feedback

This group were the most frequent users of pharmacies, and required the largest range of medications. They were also regular users of collection services which they greatly value. The gold standard for these - as agreed by the group at the end of the session - was the ability to order repeats from the doctors online or via phone, and then to have the pharmacist collecting the prescription notify the customer when it was available for collection to avoid any unnecessary trips. Some participants with long-term conditions had reminder services, and one even had a pharmacist who called to check the acceptability of substitutions if they did not have a regular brand in stock.
While they were concerned about waiting times, this group placed higher priority on the quality control role of pharmacists, making sure no mistakes were made with their medication, or advising on how to avoid negative side effects and interactions from new combinations of drugs. Surprisingly however, almost none of the participants in this group had been offered a Medicines Use Review considering they are the prime target audience for this service.

This group was the most vocal in their opposition to extended services in their pharmacy – they felt that their medical needs, even ostensibly simple things such as blood pressure checks, were sufficiently complex to need dealing with by a doctor rather than a pharmacist. They did not consider pharmacists sufficiently qualified to deal with conditions rather than medications and wanted clinical services to be delivered in a clinical setting.

**Recommended priorities for consideration**

Smoking has been linked to increased risk of cardiovascular disease. Therefore the priorities will be:

- continuing to expand the number of pharmacies delivering the Stop smoking service to ensure there is an equitable level of provision countywide and levels of service aligned to prevalence of smoking in our population.
- Increased focus on Medicines Use Reviews to meet the needs of PCT priority groups.

### 5.4 Promoting independence for older people

Ensuring that older people get the services and health care they need will mean that they can live independently for longer, a key objective for all of Oxfordshire’s organisations. Oxfordshire’s ageing population means the number of older people is increasing, particularly amongst the over 75s. This increase in the older population will be uneven across the county, with the southern half of the county expected to show the largest increase in numbers. This area already has higher proportions of older people than average. The over 65s amount to more than 17% of the current population in West Oxfordshire and growth in the over 65s over the next 5 years is set to be highest in this district. The map below illustrates the location of pharmacies in relation to the proportion of the population of ages 65 years and over in each area.
The JSNA reviewed the high rates of growth of older populations, with the greatest increases among over-65s (up to 29%) being forecast in West Oxfordshire. In 2009 there was a 4% increase from previous year in the number of over-85s predicted to be living in Oxfordshire by 2016. In total, the revised forecast this year predicts there will be an additional 3,800 people over 85 years of age for the period up to 2016.

Looking further forward, population projections show the over 85s population in Oxfordshire during the next 25 years will more than double; this means an increase of more than 14,000 people in this particular age group. These are the people most likely to be frail and in need of the greatest care; the specific impact of this oldest of all age groups is highest in Cherwell.

Population estimates suggest that West Oxfordshire will be the first district in Oxfordshire to experience a doubling in numbers of people aged over 85 (a point reached in 2026). By 2029, this will be true for the county as a whole; there were just under 14,000 people aged over 65 in 2008, increasing to more than 28,000 in two decades’ time. All areas apart from Oxford City have similar patterns of growth, with similar numbers of people aged over 85.

**Forecast growth in over 85 year olds by district 2008 to 2031**

![Forecast population growth in over 85 year olds by district 2008 to 2031](image)

*Source: Office for National Statistics*

In Oxford, by contrast, the over 65s make up just 15.2% of the population, with a net fall predicted over the next 5 years. Projections show the lowest impact of over 85 year olds again in Oxford City. These forecasts combine to strengthen the structural difference in age profiles across the county. Increasing numbers of older people in particularly rural areas gives rise to access issues that planners and commissioners of services will need to address; it means that transport remains a high priory need.

Such variations mean that the need for services varies across the county, (pink is used to show where the district average for the measure is more than 10% higher and green where the district is 10% lower than the average for the whole county). This reveals that West Oxfordshire has the highest proportion of people aged over 75 years old. However, fewer of these people may need services to help them. Cherwell has the highest percentage of its
over 75 year old who are frail, physically disabled or sensory impaired amongst older clients. One-fifth of its over 75s fall into this category, compared with about one-sixth in West Oxfordshire. When the proportion of frail and disabled people are examined for the over 65s, Cherwell’s rates are similarly about 25% higher than West Oxfordshire.

Variations in older people indicators by district

<table>
<thead>
<tr>
<th>Older people data</th>
<th>Whole county</th>
<th>Cherwell</th>
<th>Oxford</th>
<th>South Oxon</th>
<th>Vale of White Horse</th>
<th>West Oxon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of people aged over 75 in 2007</td>
<td>7.20%</td>
<td>6.80%</td>
<td>6.00%</td>
<td>7.70%</td>
<td>7.70%</td>
<td>8.30%</td>
</tr>
<tr>
<td>Proportion of people aged over 75 referred to social care in 2006/07</td>
<td>13.00%</td>
<td>13.10%</td>
<td>13.20%</td>
<td>14.00%</td>
<td>12.90%</td>
<td>11.60%</td>
</tr>
<tr>
<td>Proportion of over 75s with physical disabilities, frailty and sensory impairment in 2007</td>
<td>18.10%</td>
<td>20.30%</td>
<td>18.00%</td>
<td>18.10%</td>
<td>18.10%</td>
<td>16.00%</td>
</tr>
<tr>
<td>Proportion of households with a single pensioner resident in 2001</td>
<td>12.90%</td>
<td>11.50%</td>
<td>14.30%</td>
<td>12.90%</td>
<td>12.50%</td>
<td>13.40%</td>
</tr>
</tbody>
</table>

Source: JSNA 2008

Although growth across Oxfordshire in the over 75 age group from 2007 to 2016 will be 13% this disguises large variations, with many localities showing increases of over 40%, which represents a significant ageing of their local population. In some wards the over 75 age group is increasing at a much higher than average rate (more than 30%) and is also increasing as a proportion of the population (more than 27%). During this same period, growth in the over 85s reaches well above 75% in 13 wards, including 5 wards in the Vale, 2 wards in South Oxfordshire, all three Bicester wards, Blackbird Leys, and parts of Witney and Carterton. By contrast between 2007 and 2016, 20 wards are predicted to have falling populations for the over 75 age group in both absolute and relative terms. Of these 20 wards, 15 are in Oxford City and the other five are Banbury Grimsbury & Castle and Bicester Town (in Cherwell), Didcot Northbourne and Henley South (in South Oxfordshire) and North Hinksey & Wytham (in the Vale).

Average life expectancy at age 65 varies from around 15 to 32 additional years. When this data is cross referenced with the numbers of older people supported by social care to live independently at home, 11 wards are found to have low scores on both dimensions. Wards with potentially greater needs for older people’s services:

<table>
<thead>
<tr>
<th>Cherwell</th>
<th>Bicester East</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>Freeland and Hanborough; Chadlington and Churchill; Brize Norton and Shilton</td>
</tr>
<tr>
<td>Oxford</td>
<td>St Mary’s; Jericho and Osney; Carfax</td>
</tr>
<tr>
<td>Vale</td>
<td>Kingston Bagpuize with Southmoor; Stanford</td>
</tr>
<tr>
<td>South</td>
<td>Chinnor; Shiplake</td>
</tr>
</tbody>
</table>

Source JSNA 2008
5.4.1 Current service provision for older people

The contribution of pharmaceutical services to the care of older people includes effective use of medicines, promoting healthy life styles, supporting self care and carrying out medication reviews.

Current services provided via Community Pharmacy are:

- Medicines Use Review
- Guaranteed provision of palliative care drugs
- Pharmacist advice to care home service
- Supporting Self Care
- Signposting to other services

Opportunities for pharmaceutical services to support older people:

- Medicines Use Reviews in patient homes
- Osteoporosis Risk Prevention Advice.
- Falls prevention Advice
- Flu vaccination – providing vaccinations to increase access and choice to patients.
- Prevention and care advice for people with Strokes
- Case management for patients with complex pharmaceutical needs
- Healthy lifestyle advice for older people
- Weight management for older people
- Information prescriptions
- Interagency Referrals

Service user feedback

Many older participants had not personally accessed a pharmacy recently, because they relied on delivery and collection services. That said, older people were generally very satisfied with this provision and considered it an essential part of their service that should be protected into the future.

Older people were generally happier than their younger counterparts to accept current opening hours and waiting times, and were content to only use one local pharmacy, where the staff were familiar rather than ‘shopping around’. However, they did emphasise the importance of having adequate disabled access to a pharmacy, good public transport routes where they did not have delivery services, and adequate waiting facilities such as toilets and chairs for those less able to stand.

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4 Pharmacists can provide key written and verbal information to older people to help them manage their long term condition, keep healthy and maintain their independence. An information prescription tells you about: your condition, your treatment options, care services, benefits, housing support, self help and support groups.

5 Pharmacists can make a referral to another agency if they feel someone is in need of more specific support. This could be to the Falls Service, Warm Front Scheme, Fire & Safety etc.
Older people were not very enthusiastic about the options for extended services in their pharmacy, as many of them had long-term conditions or saw a doctor regularly so they did not consider it necessary to access wellness checks in their pharmacy. This said Medicines Use Reviews (MURs) are a highly valued service where older people are on multiple medications, with varying dosages, potential interactions and side effects – they value the assistance provided to deal with these.

**Recommended priorities for consideration**

- Improve and increase sign posting to other services
- Increased focus on Medicines Use Reviews

### 5.5 Improving children’s and young peoples life chances

Good health and wellbeing in the early years set precedents for good health throughout life. Habits are learnt early, so good health and wellbeing in children is a marker for the health of the whole population and a guide as to how healthy that population will be in future years.

23.8% of Oxfordshire’s population is children and young people aged under 19 years old (approx 130,000 young people). The maps overleaf illustrate the distribution of the population aged 0-15yrs and those aged 16-24 years.
5.5.1 Forecasts in the proportion of children in Oxfordshire’s districts

The graph below illustrates the proportion of 1-18 yr olds in each district. Countywide the proportion of young people is forecast to decrease in the future with the exception of Oxford City.

![Proportion of 0-18 year olds by District](chart.png)

Source: Office for National Statistics (ONS) 2007 mid year estimates

5.5.2 Children & young people living in poverty

Eradicating childhood poverty is a national and local priority because growing up in poverty damages children’s health and wellbeing, adversely affecting their future health and life chances as adults. In Oxfordshire just over 13,000 children and young people are living in poverty, this is 11.3% of all children across the county. Five wards in particular have more than a third of children living in poverty; Northfield Brook, Blackbird Leys, Churchill, Barton & Sandhills, and Rose Hill & Iffley.

The national Healthy Start programme is one strand of local work to give children in poverty the best start in life. Families on certain benefits can get free milk, fruit, vegetables and vitamins. Healthy Start vitamin supplements are available from a range of health and child care settings, pharmacies could provide an alternative setting for this scheme.

5.5.3 Childhood immunisation programme

All of Oxfordshire’s children and young people are offered a programme of immunisations to protect their health as part of the national childhood immunisation programme. The majority of these are delivered through our local primary care services as a directed enhanced service. In general uptake of vaccinations is high however improvement is needed among some vulnerable groups of children and
young people including looked after\textsuperscript{6} children, those in travelling communities and unaccompanied minors. One option which could be investigated might be to look at use of alternative locations, including pharmacy consulting rooms where available, as a possible additional choice of access to some primary care services such as immunisations.

5.5.4 Young people’s sexual health - Teenage pregnancy

Countywide levels of teenage pregnancy are lower than the national and regional average, as shown in the graph below. Our performance at the end of 2008 (the latest year of complete data) was 29.5 conceptions per 1000 (provisional) a reduction of 6% since 1998 which compares poorly to the national reduction of 13.3% and regional reduction of 13%. Oxfordshire’s performance is also poor when compared to statistical neighbours (similar authorities in terms of size and demographics)

Our rate is gradually decreasing but not as quickly as we would like, in addition there is considerable variation across the county with some areas having persistently high rates. We have 18 wards in the county which have teenage pregnancy rates in the highest 20% in England. Of these 13 wards are in Oxford and Banbury; it is in these areas that work to improve young people’s sexual health should be prioritised.

Teenage pregnancy rates in Oxfordshire, South East region and England, 1997-2010

5.5.5 Increasing young people’s access to contraception

A key strand of Oxfordshire’s teenage pregnancy work programme is to improve young people’s sexual health through increasing access to contraception locally. New and

\textsuperscript{6} A child or young person is ‘looked after’ if they are cared for by the local authority either under Section 20 or Section 31 of the Children Act 1989.
innovative approaches are needed to raise young people’s awareness of sexual health risks and to help them access the advice and treatment they need to avoid negative health outcomes that impact on their future life chances.

Young people are the group least likely to access sexual health advice and treatment in traditional clinical settings. Most young people become sexually active between the ages of 16 and 19. Sexual activity among teenagers is often opportunistic, unplanned and affected by alcohol and drug-taking. 57 Community pharmacies already provide free Emergency Hormonal Contraception for young women under a locally enhanced service; however the pharmacy setting provides many more opportunities to increase young people’s access to contraception in the future.

5.5.6 Chlamydia

Chlamydia is the most common sexually transmitted infection (STI) in the population and is asymptomatic in 70% of women and 50% of men. STIs are more common among young people than in any other group. Two-thirds of cases of Chlamydia are among young men and women aged 16-24 years, yet young people are the group least likely to access services. It is estimated that less than 10% of Chlamydia infections are diagnosed, and left untreated, the infection accounts for significant long-term complications including infertility and pelvic inflammatory disease.

The National Chlamydia Screening Programme was set up to reduce the high levels of Chlamydia infection in sexually active young people up to and including 24 years of age. By the end of 2010/11, the expectation is that the PCT will be actively screening 35% of young people in the target population presenting to their services. This means that 33,495 young people need to be screened before 1st April 2011 in Oxfordshire to achieve the target.

Screening in core community based services which could include Community Pharmacies provides the opportunity for young people who are not necessarily in contact with sexual health services to receive screening.

5.5.7 Condoms on the NHS via Pharmacy Pilot

Condoms prevent the transmission of sexually transmitted infection (STI) and help to reduce unwanted pregnancies. The PCT is currently considering the free distribution of condoms via the C Card (condom card) Scheme. This is a coordinated free condom distribution network providing quick, easy and confidential access to condoms and sexual health support, advice and signposting. Community Pharmacies are ideally placed to act as distribution points for the C Card scheme. When a young person registers to the scheme, they receive a C Card which acts as a passport to getting free condoms, sexual health advice and information from any C Card point within the network.

The registration process follows set protocols and includes information, advice and signposting as appropriate. Information required from the user at registration is kept to a minimum; they have to provide their date of birth/age/ethnicity and the first part of their postcode.
Young people can register on the scheme whether they are sexually active or not. The scheme is not just about giving out condoms, but also about allowing young people to explore sexual health (and other) issues, raise questions in a confidential environment and find out information about mainstream sexual health services. The C Card ensures an educational and supportive framework to the provision of condoms that may be lacking in other environments where they can be obtained.

Whilst acting as a registration point is not feasible for many busy community pharmacies, they are ideally placed to act as distribution points for the C Card scheme. Therefore a pilot for this service is being considered.

5.5.8 Childhood obesity

Nationally and locally the number of children that are overweight and obese is increasing. In Oxfordshire we are continuing to improve our local data on childhood obesity through the National Child Measurement Programme. Between April 2008 and March 2009 we weighed and measured 11256 children in reception and year 6 countywide. Data collected in 2009 shows a significant rise in reception age children being overweight and obese compared to 2008 Oxfordshire data.

National, regional and local childhood obesity data

![Percentage of children overweight or obese in Oxfordshire](chart)

Source: The National Child Measurement Programme
5.5.9 Current service provision for children, young people and their families

Current services provided via Community Pharmacy are:

- **Emergency Hormonal Contraception Service**
- **Stop smoking service**
- **Chlamydia Testing & Treatment Service Pilot**
- **Signposting to other services**

Opportunities for pharmaceutical services to support children, young people and their families:

- Condoms on the NHS for young people via pharmacy pilot as a distribution service.
- Pregnancy testing on the NHS for young people
- Healthy start programme (sale of healthy start vitamins)
- Weight management for young people
- Treatment on the NHS for minor illnesses
- Childhood immunisations (offering consultation rooms to local primary care services to deliver immunisations to harder to reach children and young people)
- Partnership work to support delivery of the child health promotion programme
- Contraceptive Pill advice
- Breast feeding promotion, advice and support including signposting to local support services
- Advice and information on healthy weaning and nutrition for the under 5s

Service user feedback

Young people were generally not frequent users of pharmacies and therefore did not have particularly well formed opinions on many aspects of current service provision and needs for improvement. They did not have any particular preference for small community based pharmacies or larger chains, tending not to be ‘loyal’ to any particular pharmacy and using whichever one was most convenient to them at the time. However, it was clear that this group highly valued a fast, efficient prescriptions process, and had high standards in terms of the customer service they expected to receive from staff.

They were generally confident consumers, being happy to ‘vote with their feet’ and go to whichever pharmacy they felt provided the best value for money and most efficient service, as they would with any other retail business. They were also relatively well informed in terms of how to treat minor ailments, and confident in the use of most over-the-counter and prescription medicines. They therefore did not see a significant role for pharmacists in terms of medical advice. This said; there was also a sense of reluctance among young people to ask pharmacists for assistance with medical issues which concerned them such as STIs and contraception. A proactive approach by pharmacists and a welcoming manner from assistants was seen as a remedy for this.
Generally, this group was very unaware of the range of services on offer in pharmacies. While most were happy to research this information for themselves on the internet and via other health professionals they felt it would make better business sense for the NHS to advertise extended services in order to promote their take-up. While they were somewhat receptive to the idea of having extended services such as health checks, Medicines Use Reviews and contraceptive services available in pharmacies for convenience reasons, they were clear that they did not want this to affect the efficiency of core service provision. In addition, they often stated a preference for specialisation – for example, receiving medical advice from a doctor or advice on contraception from a sexual health clinic. Conditions that they wanted met before they would consider taking up any extended services was that they be free of charge and delivered in a confidential environment.

Parents’ highest priority was very clearly convenience. They chose pharmacies based on this, and used whichever one was easiest depending on their schedule at the time - close to home, next to the GP surgery or on the school run. They did not like long waiting times, often opting to avoid these by combining a trip to the pharmacy with the shopping trip to a large multiple such as Sainsbury’s or Tesco’s.

However, they did value the proactive approach of pharmacists in advising on new medications, especially in terms of safe dosages for their children. They also appreciated pharmacists’ efforts to guide them towards the best value items, as they felt many common medications for children were expensive. Examples given here were branded painkillers such as Calpol and head lice treatment products.

Parents were appreciative of the fact that prescriptions were free for their children. However, they felt there was a need for the NHS to rethink the ways in which they handle medications for children which are available over-the-counter, but that GPs have the discretion to prescribe for low income families where this would be cheaper. Parents felt that the NHS needs to find a better balance so that parents can access these medications at a reasonable price in pharmacies directly, without the need for some families to waste their own and their GP’s time with an appointment for something this simple.

Many parents were sceptical about pharmacists providing extended services, especially when it came to treating minor ailments in children. While they were happy to ask pharmacists for advice on their own health, they were much more cautious for their children. Many parents said they would go straight to the GP or A&E if there was any doubt in their minds about the seriousness of a child’s symptoms.

Recommended priorities for consideration

- Continue to commission Emergency Hormonal Contraception Service
- Condoms on the NHS for young people via pharmacy pilot as a distribution service.
- Commission Chlamydia screening service, depending on results of the pilot which is underway.
5.6 People with mental health problems

The prevalence of most mental illnesses is set to increase over the next decade by 3-4%. In particular the number of cases of psychosis over the age of 35; the number of people with obsessive compulsive and panic disorders as well as the prevalence of people with personality disorders. Up to 20% of the PCT’s population are affected by common neurotic symptoms such as sleep problems, fatigue and anxiety; these do not meet the threshold for a diagnosis of mental illness. These symptoms are also expected to increase by up to 3% in the next decade, especially amongst those over the age of 50 years. The prevalence of mild to moderate mental illness in adults of working age is significantly higher in Oxford (4.6 per 1,000 population) compared to the prevalence in the other remaining districts (2.6 per 1000 population). This means the mental health needs within the city are dramatically different compared with the rest of the county.

Although not the largest group of people with a mental disorder, those with dementia will see the largest increase in numbers, as a result of an increasingly ageing population, in particular people aged 75 and over. Numbers of people with dementia are projected to increase from 580,000 to 940,000, an increase of 62% to 2026.

The proportion of people diagnosed with dementia is generally similar across Oxfordshire, whereas schizophrenia, bipolar and other psychoses remain much more of an urban phenomenon. Such conditions affect approximately 0.01% of the population, but are largely concentrated in Oxford and Banbury and much less common in the more rural areas. Two localities – Cowley & Iffley and Oxford South East – have the highest levels of these severe mental illnesses (almost double that of many localities). In part, this reflects the location of services, hostels and residential care.

5.6.1 Current service provision for people with mental health problems

Current services provided via Community Pharmacy are:

- Medicines Use Review
- Stop smoking service
- Supporting Self Care
- Signposting to other services

Opportunities for pharmaceutical services to support people with mental health problems:

- Advice on anti-depressant medication
- Mental health first aiders
- Sign posting to mental health and self help services such as IAPT (Improved Access to Psychological Therapies) and keeping people well services, benefits and financial advice
- Opportunistic support for older people with depression
- Enhanced dispensing of medication for people with schizophrenia
- Health promotion and lifestyle advice
Service user feedback

This group had generally very similar views to those participants with other long-term conditions, or those from a deprived area - they often had additional physical health needs and the majority were unemployed. Salient issues related to their specific mental health conditions included the importance of staff being understanding and willing to accommodate their additional needs. Examples of this given were allowing someone to use the private room even if they don't need a full consultation, because they find queues overwhelming, or have a fear of strangers overhearing their personal business.

This group was also strongly in favour of reminder services, as a number of participants admitted to being forgetful about their repeat prescriptions, or generally living a very disorganised life. They also felt it was important to have reminders and/or a ‘tide over’ scheme as the mental health side effects of going without regular psychoactive medications were very unpleasant.

A number of participants in this group were favourable towards extended services being provided by pharmacies. In one participant’s eyes, providing extended services was a way of accommodating his particular mental health condition. He suffered from hypochondria, and admitted to making frequent GP appointments in the past to reassure himself that relatively minor ailments were not symptoms of something more serious. His GP had suggested that he ask his pharmacist for advice on minor ailments, and he was happy to do so as it saves him the trouble of making appointments, and avoided arguments with the GP’s receptionist.

Recommended priorities for consideration
- Improve and increase sign posting to other services (as above)
- Advice on anti-depressant medication
- Health promotion and lifestyle advice

5.7 Vulnerable communities

Within Oxfordshire there are a number of vulnerable communities and population groups who experience poorer health in comparison with our population overall. All health services including pharmacy in Oxfordshire need to work towards achieving more personalised services that promote health and wellbeing proactively prevent ill health and target provision to reduce health inequalities. There is great potential for tackling local health inequalities by investing in health improvement services in pharmacies in areas with the worst health indicators and services which target vulnerable populations such as those summarised below.

5.7.1 Vulnerable Black and Minority Ethnic (BME) groups

Within the county there are a number of BME communities which have been identified as being particularly vulnerable, these include: migrant workers, asylum seekers & refugees, those for whom English is not their first language, gypsies and travellers, detainees and the families of armed forces personnel.
5.7.1.1 Migrant workers

The majority of migrant workers in Oxfordshire from the 8 accession states to the EU (A8) are from Poland (56%) and Slovakia (29%). South Oxfordshire and Oxford City have the highest numbers of A8 workers with Polish workers being distributed evenly throughout the county but with low numbers in South Oxfordshire and with Slovak nationals being mainly concentrated in South Oxfordshire.

5.7.1.2 Asylum seekers & refugees

Following recent changes in legislation the number of people seeking asylum in the county has fallen dramatically over the last 5 years. No data is collected for the number of unsupported asylum seekers or the number of refugees but it has been estimated that there are approximately 2,000 refugees or asylum seekers in the county; the vast majority of whom are concentrated in Oxford City.

5.7.1.3 Language groups

Monitoring of data related to the usage of interpreting services by health professionals throughout the county shows a constantly changing picture. Portuguese, Polish and Arabic are currently the most requested languages with the highest use of interpreters being by health professionals in East Oxford. Interpreting is requested in approximately 30 languages per month

5.7.1.4 Gypsy & Traveller communities

Data relating to gypsies and travellers indicate that they mainly live outside Oxford City with the largest numbers being in West Oxfordshire. It has been estimated that there are approximately 830 people living on official sites with, on average, 5 caravans on unauthorised encampments in the county at any one time. There is no data available nationally or locally on the number of Gypsies and Travellers living in houses although this number is known to be increasing.

5.7.1.5 Offenders

Offenders in the community and in prison are a vulnerable group with complex health needs. HMP Bullingdon is a category B/C prison situated just outside Bicester and houses around 1000 men. HMP Huntercombe is situated just outside Henley on Thames. It was a Young Offenders Institution until July 2010 and as of October 2010 the site will be an adult male estate accepting transfers from other prisons. The prison can hold 360 sentenced adults although, dependent on the configuration of cells and prison pressures, this could rise to 460. The offenders are aged between 25 and 65+ years of age and the population comprises approximately 100 lifers and 35 Integrated Drug Treatment System (IDTS) patients at any one time.

This community is more likely to have mental health and addiction problems than the population as a whole and to be subject to personality disorders or learning disabilities. The complex factors which cause poor health are similar to the factors which are likely
to cause reoffending and include poor housing, low educational attainment, unemployment and poor access to health care.

Health improvement, including effective treatment for addictions, addressing mental health issues and appropriate health promotion initiatives, can reduce reoffending rates. This will, in turn, reduce crime rates and improve public attitudes to fear of crime in the county. It is also essential to target work to support the families of offenders as the cycle of deprivation is often manifest generation after generation.

5.7.1.6 Armed forces personnel & their families

The population served by the PCT includes a number of military bases including RAF Brize Norton, RAF Benson and Dalton Barracks. It is estimated that there are 9,700 armed forces personnel in Oxfordshire, with approximately 10,000 dependants, the majority of which are young families. The Regiment based at Dalton Barracks is an ethnically diverse unit made up of 29 different ethnic groups from a number of Commonwealth countries with over 350 of these soldiers having families with them. Military personnel and their dependents are rarely identified as a specific or vulnerable group in the population but have distinctive needs born of frequent moves, isolation and stress caused by the nature of active service. In addition there is also the risk that veterans being discharged from active overseas service may suffer long term health problems.

The PCT has been informed by Programme Future Brize of plans that are underway to close RAF Lyneham and move personnel to RAF Brize Norton. Profiling work will be carried out to establish the exact numbers of personnel and family members expected to move. The first phase of movement from Lyneham to Brize Norton will be July and August 2011, the remainder will move between September 2011 and December 2012.

Currently there is 3500 personnel staff at Brize Norton, this is currently expected to rise to 6093 by 2012 and then settle at 5095 by 2017.

5.7.2 People living in deprived communities

Oxfordshire’s most serious health inequality, the gap in life expectancy between people who live in the most and least deprived wards is reducing slightly overall. Premature deaths are often linked to cardiovascular disease (heart disease and stroke) and many could be prevented if the risk factors are reduced. These risk factors include high blood pressure, raised blood cholesterol, smoking, being obese, low levels of physical activity and harmful levels of alcohol intake. Despite this overall positive trend, health inequalities in different parts of the county still persist, especially in parts of Oxford and Cherwell District. In West Oxfordshire, South Oxfordshire and the Vale mortality rates are improving fastest in their most deprived wards. In Cherwell and Oxford, however, the gap is actually increasing because mortality rates in deprived wards are not falling as quickly as among the better off. This means that In the Vale, South, and West Oxfordshire life expectancy is higher than average for the region but in Cherwell and Oxford it is below the regional average. There are 3 wards in Banbury and 4 in Oxford City which have complex deprivation problems resulting in poor outcomes for people
who live in these communities. These wards are: Banbury; Grimsbury, Ruscote and Neithrop. Oxford: Northfield Brook, Blackbird Leys, Rosehill & Littlemore and Barton.

5.7.3 People who misuse illegal drugs

Taking and using illegal drugs, especially class A drugs are associated with detrimental health effects such as increased risk of blood borne viruses, overdoses, mental illness and death. Drug abuse can lead to socio-economic problems which include increased crime and antisocial behaviour, increased fear of crime.

The National Treatment Agency reports that in 2007/08 there were 2271 individuals in contact with drug treatments in Oxfordshire and it is estimated that there are currently 2834 problematic drug users in the county. In 2008/09 Oxfordshire Drug and alcohol action team (DAAT) was rated “Excellent” by the Healthcare Commission for success in helping drug users successfully complete treatment programmes.

Oxfordshire’s community pharmacies currently provide two services for this population, a needle & syringe exchange service and supervised consumption of methadone as locally enhanced services. As part of Oxfordshire’s Drug and Alcohol Strategy (2008-11) key strategic actions include continuing to ensure a good spread of community pharmacies as part of the shared care scheme and continue to develop our needle & syringe exchange service (SWOP) across the county.

5.7.4 People who misuse alcohol

Most people who drink alcohol manage their consumption in a way that is not harmful to their health. However, national evidence suggests that up to 25% men and 20% women drink more than the recommended levels of 3-4 units a day (men) and 2-3 units a day (women). This impacts on their health and well-being and we are seeing increased hospital admissions for conditions which are more prevalent in people who drink, such as breast cancer, rectal cancer and heart problems including artery deposits, arrhythmia or unspecified chest pain. Urgent care in Emergency Departments is often linked to alcohol use too, though this is more likely to be injuries sustained as a result of a binge drinking session rather than the more chronic harm associated with going over the limit on a regular basis. Alcohol addiction / alcoholism affects a relatively small number of people but has a profound effect on their physical and mental health as well as family relationships and ability to maintain employment. Alcohol abuse is commonly associated with mental illness and may be masking other conditions. For example, links are being made between high alcohol consumption in armed forces veterans which may be linked to post traumatic stress.

5.7.5 Carers

In Oxfordshire in 2009 the Institute of Public Care estimated that there were 56,000 adult carers of all ages, which equates to around one in 10 or the population. 15,000 of these adult carers are over the age of 60 and the majority of them live in rural parts of the County. About 9000 of these provide in excess of 50 hours of care per week to the person they look after. It is anticipated that 64,035 people will classify themselves as adult carers in Oxfordshire by 2029. In addition in Oxfordshire there are 12,000 young
carers who have their own high levels of need. Oxfordshire County Council, the PCT and partners only effectively reach approx 6000 of adult carers and 700 of young carers in Oxfordshire.

Long term carers are at particular risk of both poor mental and physical health which is likely to deteriorate the longer the carer has been caring. It can take approximately three years for carers to be recognised in their caring role and as a result start receiving services. A local priority is to identify and refer carers preventatively to good quality information and support to help maintain and safeguard emotional and physical health and well being for carers and their families.

5.7.6 Unemployed

Unemployment is both caused by and leads to poor mental and physical health. Nearly 4% of Oxfordshire’s population is unemployed against a national average of 5.5%.

<table>
<thead>
<tr>
<th></th>
<th>WODC</th>
<th>SODC</th>
<th>Oxford Council</th>
<th>City of Oxford</th>
<th>Vale of White Horse</th>
<th>Cherwell DC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment Count</td>
<td>1,700</td>
<td>2,200</td>
<td>4,400</td>
<td>1,900</td>
<td>2,800</td>
<td></td>
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<tr>
<td>Unemployment rate</td>
<td>2.80%</td>
<td>3.30%</td>
<td>6.40%</td>
<td>2.90%</td>
<td>3.40%</td>
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<tr>
<td>Pension claimants (count)</td>
<td>18860</td>
<td>21945</td>
<td>17810</td>
<td>24380</td>
<td>21920</td>
<td></td>
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<tr>
<td>Pension claimants (Rate)</td>
<td>19.71%</td>
<td>17.11%</td>
<td>13.26%</td>
<td>21.08%</td>
<td>16.63%</td>
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Taken from Office National Statistics 2008, data for 2006 – 2007

5.7.7 Healthy Living Pharmacies

This develops existing pharmacies as centres promoting and supporting healthy living and health literacy, which offer patients and the wider public – healthy lifestyle advice and support on self care and a range of pressing public health concerns. Self care describes the actions people take for themselves, their children and families to stay fit and maintain good physical and mental health. It helps meet social and psychological needs, prevents illness and accidents, and enables appropriate care for minor ailments and Long Term Conditions.

5.7.8 Current service provision for vulnerable populations

Current services provided via Community Pharmacy are:

- Medicines Use Review
- Supervised consumption of methadone
- Needle & syringe exchange service
- Stop smoking service
- Supporting Self Care
- Signposting to other services

Opportunities for pharmaceutical services to support vulnerable populations:

- Develop existing pharmacies as Healthy Living Pharmacies in areas with the worst health indicators
• Making services more accessible to vulnerable population groups
• Brief interventions for people who misuse alcohol
• Identify and refer carers to information and support services
• Offering consulting room space to services for vulnerable communities
• Signposting to services (e.g. credit unions, housing advice)

Service user feedback

Participants in this group were more likely to use their local pharmacy (and indeed other local retailers) than the larger chains or multiples, ostensibly due to limited transport access. They were the most dependent on one particular pharmacy and therefore had the most to say in terms of the customer service it provided. They were clear that opening hours should be consistent, and expressed concern about their local pharmacy’s ability to provide an adequate service as a result of limited numbers of trained staff. They thought that a local pharmacy should be able to provide for local customers needs in terms of having sufficient stock of regular medications. Many in this group also appeared to need support in managing their medications – they had the largest number of stories of prescription mix-ups, having to go without drugs as a result of not getting a repeat on time etc.

This group were the most tolerant of all the groups regarding the provision of methadone services in pharmacies, ostensibly because many of them knew someone who had benefitted from this treatment. However, they were emphatic that drug withdrawal therapies, and other embarrassing issues needed to be dealt with in a sufficiently separate, and private area. This was less to distance these customers from the ‘rest’ of the queue, but more to respect the privacy of those receiving methadone. They were concerned that some users could be deterred from completing their withdrawal if they were seen by other members of the community whom they knew.

While not all participants in this group agreed, this was the most likely group to express an interest in using wellness check services at their local pharmacy, provided they were free of charge – they felt that providing such services would make them more likely to access non-urgent health services than if they had to go to the trouble of making a doctor’s appointment.

Recommended priorities for consideration

• Healthy living pharmacies in areas with the worst health indicators
• Making pharmacy services more accessible to vulnerable population groups
• Sign posting to services such as credit unions, benefits and housing advice
6 Community Pharmacies – Enhanced Services

The Secretary of State has issued Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 as amended December 2007 which allows provision of the following Pharmaceutical Services where authorised by a Primary Care Trust. These have provided a framework for considering the diverse pharmaceutical needs of the PCT:

- Anticoagulant Monitoring
- Care Home Service
- Disease Specific Medicines Management
- Gluten Free Supply
- Home Delivery Service
- Language Access Service
- Medication Review Service
- Medicines Assessment & Compliance Support Service
- Minor Ailment Scheme
- Needle & Syringe Exchange Service
- Specialist On-Demand Drug Service
- Out of Hours Service
- Patient Group Direction Service
- Prescriber Support Service
- Schools Service
- Screening Service
- Stop Smoking Service
- Supervised Administration Service
- Supplementary Prescribing Service

In Oxfordshire the current list of Enhanced Services commissioned from Community Pharmacies as at August 2010 is:

- Guaranteed provision of palliative care drugs
- Advice to Care Home Service
- Emergency Hormonal Contraception Service
- Needle & Syringe Exchange Service
- Stop Smoking Service
- Supervised consumption of methadone
- Directed Rota Service (this is only commissioned if there are gaps in provision at Bank Holidays)

The number of Community Pharmacies referred to in this PNA is 100 as at 14th July 2010.
The table below details the number of pharmacies in each Practice Based Commissioning (PBC) group area providing Enhanced Services commissioned and funded by Oxfordshire PCT.

<table>
<thead>
<tr>
<th>PBC Group</th>
<th>Community Pharmacies Providing Local Enhanced Services in Oxfordshire</th>
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<tr>
<td></td>
<td>Provision of palliative care drugs</td>
</tr>
<tr>
<td>Vale</td>
<td>1 5 Yet to be commissioned</td>
</tr>
<tr>
<td>South East</td>
<td>2 6 Yet to be commissioned</td>
</tr>
<tr>
<td>Oxford City</td>
<td>1 10 Yet to be commissioned</td>
</tr>
<tr>
<td>West Oxfordshire Locality Group</td>
<td>2 5 Yet to be commissioned</td>
</tr>
<tr>
<td>North Oxfordshire Commissioning Consortia</td>
<td>2 7 Yet to be commissioned</td>
</tr>
<tr>
<td>North East</td>
<td>1 4 Yet to be commissioned</td>
</tr>
<tr>
<td>Oxfordshire PCT</td>
<td>9 37 Yet to be commissioned</td>
</tr>
</tbody>
</table>

6.1 Anticoagulant Monitoring

The need for anticoagulation monitoring is currently met by services offered through GP practices in Oxfordshire. This service is not currently commissioned through community pharmacies as the provision through GP practices and secondary care is currently serving the population and we have no evidence from patient survey or focus group feedback to indicate that patients require this service to be commissioned from community pharmacies.

6.2 Advice to Care Home Service

Oxfordshire has 143 Care Homes and 37 Community Pharmacies provide the Advice to Care Home Service. Community pharmacies have traditionally provided advice and support to the residents and staff within a registered care home to ensure proper, safe and effective ordering, storage, supply and administration of medicines and appliances, and proper record keeping. The aim of the service is to:

- promote and support the safe and effective use of medicines in care homes so that all medicines are ordered, stored, administered and disposed of in the most appropriate manner.
- check annually that patients are taking the most appropriate, cost effective and safe preparations.
6.3 Disease Specific Medicines Management

Some specific disease areas are targeted through Medicines Use Reviews. Oxfordshire PCT does not currently commission any enhanced services to deal with specific disease areas but some opportunities have been highlighted in this PNA.

6.4 Gluten Free Supply

The PCT has guidelines on the criteria for prescribing gluten free food which can be found at http://www.oxfordshire.nhs.uk/documents/policy42a.pdf. Gluten free food can be supplied via prescription or bought by individuals. An enhanced service is not commissioned via community pharmacies by Oxfordshire PCT.

6.5 Home Delivery Service

Home delivery services of medicines are extremely worthwhile, especially for those patients that are either elderly or housebound. Home delivery services are not currently commissioned by the PCT as a service from community pharmacies. Many pharmacies chose to offer delivery services to patients on a free of charge basis based on their own criteria for eligibility. Our recent survey of community pharmacies showed that currently 76 pharmacies offer a free home delivery service to their patients and 20 of the 26 dispensing GP practices responding to the survey reported they offer a delivery service to their patients.

6.6 Language Access Service

There are arrangements for pharmacists to access translation services in Oxfordshire. When this need arises an NHS Interpreting Service is available via the PCT.

6.7 Medication Review Service

The underlying purpose of a Medication Review Service is for the pharmacist:

- to conduct a review of the drugs used, including information and test results included in the patient’s care record with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient.
- advise and support a patient regarding their use of drugs including encouraging the active participation of the patient in decision making relating to their use of drugs
- and where appropriate refer the patient to another health care professional.

This service is not currently commissioned from community pharmacies by Oxfordshire PCT.

6.8 Medicines Assessment & Compliance Support Service

The underlying purpose of a Medicines Assessment & Compliance Service is for the pharmacist to assess the knowledge, compliance and use of drugs by vulnerable patients and patients with special needs and offer advice, support and assistance to these vulnerable patients and patients with special needs.

This service is not currently commissioned from community pharmacies by Oxfordshire PCT.
6.9 Minor Ailment Scheme

This type of service aims to improve capacity in primary care by reducing GP practice workload related to minor ailments and to improve choice and access to medicines and advice for people with minor ailments by:

- Promoting self care through the pharmacy, including provision of advice and where appropriate medicines and/or appliances without the need to visit the GP practice
- Operating a referral system from local GP practices or other primary care providers; and
- Supplying appropriate medicines and devices (dressings etc.) at NHS expense.

Community pharmacy based minor ailments services are currently not commissioned by Oxfordshire PCT, however, community pharmacies provide a range of medicines and advice to promote self care that includes minor ailments. In line with the PCT Priorities Forum statement GPs are required, under the GMS Contract, to prescribe medicines that are needed to treat the presenting patient. However, it should be noted that many of the Over The Counter Medicines can be purchased more cheaply than the current cost of the prescription charge. The PCT Priorities Forum statement can be found at:


6.10 Needle & Syringe Exchange Service

The needle & syringe exchange service is provided by 34 pharmacies in Oxfordshire, funded by the Oxfordshire Drug and Alcohol Action Team (DAAT) in partnership with Oxfordshire PCT. Pharmacies providing this service will provide free of charge needle-exchange packs (SWOP) packs as well as safe disposal of used items. Pharmacies also provide promotional material and are involved in targeted campaigns. This service is managed by the Shared Care Management Group. Administration and training is through the DAAT.
SWOP Enhanced Service Pharmacies and Problematic Drug Users by Client Postcode

Number of Registered Problematic Drug Users:
- 306 to 306 (1)
- 109 to 306 (1)
- 78 to 109 (3)
- 34 to 78 (6)
- 0 to 34 (26)

PDU Information from Oxfordshire DAAT.
Health Informatics & Intelligence PNA. 07/2010 IF
6.11 Specialist On-Demand Drug Service

The PCT commissions guaranteed provision of palliative care drugs from pharmacies geographically located across the county. In order to manage a patient’s palliative care needs, it is important to have access to key drugs at short notice. This service ensures that a range of drugs, which are frequently used in palliative care, are readily available. The list of drugs is specified, with required quantities, and is additional stock to what a pharmacy would hold. Nine pharmacies provide the service across Oxfordshire, which requires them to stock the list of drugs in the specified quantities, at all times irrespective of demand. Therefore, local care teams know that they can send carers to these pharmacies in the knowledge that the drugs will be available immediately.

6.12 Condoms on the NHS via Pharmacy Pilot

Condoms prevent the transmission of sexually transmitted infection (STI) and help to reduce unwanted pregnancies. Community pharmacies are ideally placed to act as distribution points for free distribution of condoms via the C card scheme. The PCT is currently considering the free distribution of condoms via the C Card (condom card) Scheme.

6.13 Out of Hours Services

An Out of Hours Service through Pharmacy is currently commissioned by the PCT where Bank Holidays are not covered by normal pharmacy working hours. This is known as the Directed Rota Service. There are seven 100 hour pharmacies and 10 other pharmacies that stay open outside of normal working hours (after 6.30pm). The Out of Hours Medical Service is able to dispense urgent medication to any patient who attends the service outside of community pharmacy opening hours if there is medical need that cannot wait until medication is dispensed the following day.

6.14 Patient Group Direction Service

An enhanced service is commissioned to provide Emergency Hormonal Contraception (EHC) free of charge to women aged under 18 years in participating pharmacies in Oxfordshire. The PCT funds 1 to 1 consultation and assessment with young women, drug costs and management of the service. There are 53 pharmacies that provide this service. The EHC service is managed by the Oxfordshire Contraceptive & Sexual Health Service (CASH), which provides administrative and clinical support, training and marketing.

The map overleaf illustrates the pharmacies which currently provide emergency hormonal contraception service mapped against the rates of under 18 conceptions. This data needs to be interpreted with caution because although the map indicates that some wards have a high incidence of conceptions the actual number may be very low due to the small number of young people living in a locality.
6.15 Prescriber Support Service

Prescriber support services are currently provided by the Medicines Management Team. Such services are considered very important by the PCT as they promote cost effective prescribing in line with national and local guidelines.

6.16 Schools Service

The underlying purpose of a School Service is for the pharmacist to provide advice and support to children and staff in schools relating to the clinical and cost effective use of drugs in the school; the proper and effective administration and use of drugs and appliances in the school; the safe and appropriate storage and handling of drugs and appliances; and the recording of drugs and appliances ordered, handled, administered, stored or disposed of. This service is not currently commissioned from community pharmacies by Oxfordshire PCT.

6.17 Screening Services

The National Chlamydia Screening Programme was set up to reduce the high levels of Chlamydia infection in sexually active young people up to and including 24 years of age. By the end of 2010/11, the expectation is that the PCT will be actively screening 35% of young people in the target population presenting to their services.

The PCT is piloting a Chlamydia screening service with a selection of local community pharmacists as they are well placed to access this young population, who use the pharmacy for other services such as purchasing healthcare or beauty products or requesting over the counter advice.

The NHS has introduced the “NHS Health Check” programme that offers preventative checks to all people aged 40-74, to assess their risk of vascular disease. This is followed up with appropriate management and interventions. The PCT commissioned a pilot for a vascular screening service in the areas of highest deprivation. Having evaluated the results of the pilot, the Local Enhanced Service through pharmacy ceased in March 2010. The pharmacy service did not include point of care testing (diagnostic blood tests), which is a requirement of the NHS health checks. However, the service through GP practices is ongoing, and will continue until an alternative health check programme is initiated. Oxfordshire PCT is currently developing an NHS Health Check programme, and is considering the role of community pharmacies as part of the wider project.

6.18 Stop Smoking Service

The PCT currently commissions a stop smoking service from community pharmacies. The map overleaf illustrates the location of pharmacies and GP practices delivering this service mapped against smoking prevalence. The Stop Smoking Service in the Pharmacy setting was introduced at the end of 2009 with the aim of providing greater choice and access to NHS stop smoking services across Oxfordshire PCT. There are currently 31 participating pharmacies that have one or more Stop Smoking Service Advisers who provide a structured stop smoking support programme in accordance with Department of Health quality principles.
and guidelines. Customers are able access nicotine replacement therapy (NRT), if appropriate, and receive one-to-one tailored advice and on-going support from the Adviser.
6.19 Supervised Administration Service

This service is provided by 89 pharmacies in Oxfordshire, funded by the Oxfordshire Drug and Alcohol Action Team (DAAT) in partnership with Oxfordshire PCT. Pharmacies providing this service offer supervised consumption of opiate substitute substitutes, as part of providing a key multi-disciplinary role in the ‘shared care’ of drug users in Oxfordshire. The service is managed by the Shared Care Management Group. Administration and training is provided through the DAAT.
6.20 Supplementary Prescribing Service

The purpose of a Supplementary Prescribing Service is for a pharmacist who is a supplementary prescriber to provide a prescribing service in line with the protocol agreed with the patient’s GP. This service is not currently commissioned from community pharmacies by Oxfordshire PCT.

7 Community Pharmacies – Access and travelling time

At present there are 100 community pharmacies within Oxfordshire and 29 dispensing doctor practices. 74% of the community pharmacies are operated by large multiples (e.g. Boots), and the remaining 27% pharmacies are run by independent pharmacy contractors. The pharmacies range from those that are co-located with GP practices and busy high street pharmacies to smaller establishments.

For pharmaceutical services to contribute effectively to the wider network of public health services, it is important that people have relatively easy access. It is difficult to state how far people should be expected to travel to access pharmacy services as this will be affected by local geography, transport links and other factors. However, the Department of Health periodically assesses the accessibility of pharmacies to the general population. The latest estimate, identified in the Pharmacy White Paper - Pharmacy in England Building on strengths – delivering the future published in April 2008, states that 99 percent of the population, even those living in the most deprived areas, can get to a pharmacy within 20 minutes. Oxfordshire is a predominantly rural county and is the most rural county in the South East Region. Therefore, the PCT has taken this into account when looking at travel times to pharmacies. We have also included pharmacies on our borders that provide services in neighbouring PCT areas as some people will access these while being residents of Oxfordshire, as shown in the map overleaf.

7.1 Accessibility analysis

The accessibility analysis was carried out using the Accession™ accessibility software. Accession™ was developed for the Department of Transport and is an accessibility modelling programme, which principally calculates the journey times between a set of ‘origins’ (typically residential areas) and ‘destinations’ (typically representing the locations of essential facilities and services). Journey time calculations can be undertaken using timetabled public transport information (bus and rail), private vehicles, on foot, or by bicycle. The software then allows these journey times to be displayed graphically as contours. For the PNA an accessibility model was developed for the study area, encompassing the Oxfordshire PCT boundary and the surrounding area, in order that all the agreed facilities were included. The full methodology is contained within Appendix 7.

The areas shown in white on the maps depict travel times of longer than 30 minutes and these are inverse correlation to the population density for those rural areas (please see the population density map on page 67).
Access to:

Essential Service 2, 6 & 8
(Community Pharmacies)
All destinations tested in Accession

Oxfordshire PCT Boundary
### 7.2 Definition of Essential services

The table below explains the essential services provided by community pharmacies. These services are referred to in the accessibility analysis which follows:

<table>
<thead>
<tr>
<th>Essential Service 1 – Dispensing</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Service 2 - Repeat Dispensing</td>
<td>The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. The service specification covers the requirements in addition to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.</td>
</tr>
<tr>
<td>Essential Service 3 - Disposal of unwanted medicines</td>
<td>Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal. Local Health Boards should need to have in place suitable arrangements for the collection and disposal of waste medicines from pharmacies.</td>
</tr>
<tr>
<td>Essential Service 4 - Promotion of healthy lifestyles</td>
<td>The provision of opportunistic advice on lifestyle and public health issues to patients receiving prescriptions and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.</td>
</tr>
<tr>
<td>Essential Service 5 - Signposting</td>
<td>The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on alternative health and social care providers who may be able to assist the person. Where appropriate, this may take the form of a referral.</td>
</tr>
<tr>
<td>Essential Service 6- Support for self-care</td>
<td>The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.</td>
</tr>
<tr>
<td>Essential Service 8 - Clinical governance requirements</td>
<td>Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to the delivery of services. This should include use of standard operating procedures; recording, reporting and learning from adverse incidents; participation in continuing professional development and clinical audit; and assessing patient satisfaction.</td>
</tr>
</tbody>
</table>
7.3 Essential Services 1 (Community Pharmacy and Dispensing Practices) – by Car

Access to Essential Service 1 provided by community pharmacies and dispensing doctor practices by car is shown to be possible in less than 20 minutes from the whole of the PCT area. This assessment shows that access to dispensing services by car is reasonable as access times are within the 20 minute envelope for the whole of the population.
7.4 Essential Services 1 (Community Pharmacy and Dispensing Practices) – by Public Transport

As previously stated, Oxfordshire is a predominantly rural county with West Oxfordshire being one of the regions least densely populated areas. Access to Essential Service 1 provided by community pharmacies and dispensing doctor practices is shown to be possible in less than 20 minutes from the urban areas of the PCT in the map shown overleaf. The areas shown in white depicting travel times of longer than 30 minutes are inverse correlation to the population density for those rural areas (please see the population density map on page 67). There are a small number of variations in accessibility to Essential Service 1 provided by community pharmacies and dispensing practices between Tuesday and Saturday, although these appear to be minimal. Two areas of note are north of Cropredy and west of Henley-on-Thames/Sonning Common.

The majority of community pharmacies and dispensing doctor practices offer home delivery services. Home delivery services are not currently commissioned by the PCT as a service from community pharmacies. Many pharmacies chose to offer delivery services to patients on a free of charge basis based on their own criteria for eligibility. The recent PCT survey of community pharmacies and dispensing practice showed that currently 76 pharmacies offer a free home delivery service to their patients and 20 of the 26 dispensing GP practices responding to the survey reported they offer a delivery service to their patients.

The survey has shown that the following areas have access to delivery services:

7.5 Essential Services 2, 3, 4, 5, 6 & 8 (Community Pharmacy) – by Car

Access to Essential Service 2, 3, 4, 5, 6 & 8 provided by community pharmacies by car is shown to be possible in less than 20 minutes from the whole of the PCT area. This assessment shows that access to Essential Service 2, 3, 4, 5, 6 & 8 by car is reasonable as access times are within the 20 minute envelope for the whole of the population.
7.6 Essential Services 2, 3, 4, 5, 6 & 8 (Community Pharmacy) – by Public Transport

Access to Essential Service 2, 3, 4, 5, 6 & 8 provided by community pharmacies is shown to be possible in less than 20 minutes from the urban areas of the PCT area. The areas shown in white depicting travel times of longer than 30 minutes are inverse correlation to the population density for those rural areas (please see the population density map on page 67).

Travel times to access Essential Service 2, 3, 4, 5, 6 & 8 in some areas is longer than travel times to access to Essential Service 1 (dispensing) but often dispensing is the most significant service for the population to be able to access. It is reasonable to assume that the population in rural areas will travel outside of their rural area to access other services, such as shops, post office and GP practice. Therefore there is a reasonable level of access to Essential Services 2, 3, 4, 5, 6 & 8 by public transport.
8 Community Pharmacies – Access and opening hours

Under the NHS (Pharmaceutical Services) Regulations 2005 (as amended), community pharmacies have specific contracted opening hours. It is a requirement for pharmacies to be open for a minimum of 40 hours a week (known as core hours), but they may also supplement those hours to open for longer. This type of pharmacy is known as a ‘40 hour’ pharmacy. In addition to this there are also ‘100 hour’ pharmacies who are prepared to open for longer hours and extend service provision by agreeing to open for at least 100 hours per week. The PCT currently has 7 pharmacies that are open for 100 hours per week located in Abingdon, Blackbird Leys, Cowley, Didcot, Witney, Kidlington and Faringdon.

8.1 Access during Bank Holidays

In order to ensure pharmaceutical services on bank holidays the PCT surveys pharmacies to ascertain their intended opening hours for each bank holiday. If the survey identifies a gap in provision the PCT can ask pharmacies to open in order to secure adequate provision for the bank holidays, this is done by commissioning a Directed Rota Service.

8.2 100 hour opening times

The service provided by 100 hour pharmacies is important during the ‘out of hours period’, considered to be before 9.00am and after 6.30pm as there is a need for the public to access pharmaceutical services before the other pharmacies open and after they close. The opening hours of 100 hour pharmacies enable the public to access pharmaceutical services outside of normal working hours. 79% of respondents to our patient questionnaire said they would use a pharmacy at such times. Extended hours that the current 100 hour pharmacies provide offer a valuable service to the public that the PCT wishes to maintain.

8.2.1 Population Density and location of 100 hour pharmacies

This map shows the population density across the county. As expected the highest density is around Oxford City and the market towns of Banbury, Bicester, Witney and Abingdon. There are Out of Hours bases for general medical services located in Banbury, Bicester, Oxford, Witney, Abingdon and Henley.

There are 100 hour pharmacies located in Abingdon, Blackbird Leys, Cowley, Didcot, Witney, Kidlington and Faringdon.
The following 3 graphs illustrate that there is good access to Pharmacy services 7 days a week, although fewer remain open on a Sunday. Most pharmacists take half to one hour for lunch but in all areas there is a pharmacy open through the day. It is important to remember that interruption to pharmaceutical services due to lunch breaks is minimal.

8.3 Weekday graph

There is access to pharmaceutical services in all areas from 09.00 – 19.00 hours and provision in all areas during lunch times. The 100 hour pharmacies provide a service in 4 areas from 07.00 – 24.00 hours.
8.4 Saturday graph

There is access to pharmaceutical services in all areas from 08.00 – 18.00 hours and provision in all areas during lunch times. The 100 hour pharmacies provide a service in 4 areas from 07.00 – 22.00 hours.
8.5 Sunday graph

There is access to pharmaceutical services in all areas from 10.00 – 16.00 hours and provision in all areas during lunch times. The 100 hour pharmacies provide a service in 2 areas from 09.00 – 20.00 hours.

8.6 Service user feedback

The majority of respondents were satisfied with the opening hours of their pharmacy. There were no significant differences in problems experienced, or satisfaction with opening hours by locality. However, opening hours were the most significant barrier to access – these were sometimes seen as erratic, especially around lunchtime. Pharmacy lunchtime closing was problematic for working people.

The PCT recognised that lunchtime break interruptions to service may have a greater impact on patients who are trying to access a service during a limited lunch break of their own than interruptions to service at other times. The PCT also recognise that unexpected disruption to service (e.g. closure due to unexpected pharmacist unavailability or when the pharmacy is open but service reduced due to the absence of the pharmacist) has a greater impact than planned closure where the patient can make alternative arrangements to access an alternative pharmacy. The PCT and the Local Pharmaceutical Committee are working with existing pharmacies to highlight this.
9  Dispensing doctor practices, hospital pharmacies and other providers

9.1  Dispensing doctor practices

Dispensing doctors provide a valuable service in providing dispensing services in rural areas where a pharmacy may not sustain sufficient commercial business to be viable. However, dispensing doctors cannot supply over the counter medicines to patients as there may be a perceived conflict of interest.

There are 29 dispensing practices in Oxfordshire. 26 take part in the Dispensary Services Quality Scheme which is managed by the Oxfordshire PCT primary care team together with the medicines management team. The dispensing doctors will be consulted on the PNA. Service user feedback relating to dispensing practices was very positive with those patients that get dispensing services telling us that this is important to them.

9.2  Hospital Pharmacy and Primary care

Some hospitals across Oxfordshire - Oxford Radcliffe Hospital Trust, Oxfordshire and Buckinghamshire Mental Health Trust, The Ridgeway Partnership – may prescribe using hospital FP10s (FP10(HP) - Hospital prescription pads). These prescriptions can then be dispensed by community pharmacies. Numbers vary with some specialities within the hospital using them more often than others. They are used for medicines which are easily obtained in the community to avoid patients having to wait or attend the hospital pharmacy which will be busy dispensing prescriptions for inpatients.

The majority of patients discharged from an inpatient stay within a hospital will go home with sufficient medicines for at least 21 days, although those patients who need medication compliance aid will normally have less days supply following discussion with both the community pharmacy and GP.

The hospital pharmacy will also dispense some medicines that are more difficult to obtain in the community pharmacy or where there are particular risks associated with medications. For example the Oxford Radcliffe Hospitals Trust will dispense methotrexate 10mg which the PCT has advised (due to errors reported nationally) should not be stored in community pharmacies.

9.3  Other Providers

Oxfordshire has 1 Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS), 1 wholly mail order / internet pharmacy and 1 dispensing appliance contractor. No additional services are provided by the Oxfordshire PCT’s medicines management team.

9.3.1  Centrally commissioned supply of Monitored Dosage Systems (MDS)

Community pharmacies are required to make reasonable adjustment to their services to ensure that a disabled person can access all the services offered to the general population (Disability Discrimination Act 1995 and 2005). This includes the provision of a Monitored Dosage Systems to facilitate the correct use of medicines.
However, there are patients who do not fall under the DDA, but still require an MDS to take their medicines safely. These are often those patients that have a carer to administer their medication. Sometimes the local pharmacy will not have the capacity to provide MDS to these patients. Therefore the PCT has commissioned a central service which will provide MDS in these instances.

9.3.2 ONPOS (Online Non Prescription Ordering System)

The ONPOS System was introduced in January 2010 to support cost effective purchasing of dressings across the PCT.

The system allows the online order of dressings which are listed as first line in Oxfordshire PCT’s Wound Management Advice and Prescribing Guidance 2009/2010 directly from North West Ostomy Supplies. The dressings are generally delivered the next working day and the system is available to all practices, district nurse bases and nursing homes across Oxfordshire.

It is expected that 70% of dressings are ordered via the ONPOS system. Second and third line dressings from the formulary are still requested on FP10 and supplied to the patient in the traditional way via a community pharmacy.

10 Equality Impact Assessment

This will be completed after consultation and will be included in the published version of the PNA.