

Pharmaceutical Needs Assessment for Plymouth 2015-2018



This Pharmaceutical Needs Assessment is produced as part of
Plymouth's Joint Strategic Needs Assessment.

DOCUMENT INFORMATION

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I. EXECUTIVE SUMMARY

I.1 A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant). The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs from Primary Care Trusts to Health and Wellbeing Boards (HWWBs) from 1 April 2013. This means that Plymouth's HWWB has a legal duty to ensure the production of a PNA for Plymouth going forward. HWWBs are required to publish their first PNA by 1 April 2015 and publish a statement of its revised assessment within three years of its previous publication or sooner if changes to the need for pharmaceutical services are identified which are of significant extent.

I.2 The PNA for Plymouth 2015-2018 presents a picture of community pharmacy need and provision in Plymouth, and links to Plymouth's Joint Strategic Needs Assessment (<http://www.plymouth.gov.uk/jsna>). This PNA will be used by the NHS England Area Team for Devon, Cornwall and Isles of Scilly to inform:

- decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Plymouth
- whether new pharmacies or services are needed
- decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- the commissioning of locally Enhanced services from pharmacies

Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

I.3 Plymouth's PNA was developed in partnership with the Peninsula PNA Steering Group on behalf of Plymouth's HWWB. This was to ensure that production of the PNAs for Plymouth, Devon, Torbay, Cornwall and the Isles of Scilly followed the same process and format but with locally relevant information. Members of the Steering Group included:

- Chair of the Devon, Cornwall and Isles of Scilly Pharmacy Local Professional Network
- Chief Officer for the Devon Local Pharmaceutical Committee
- Chief Officer for the Cornwall and Isles of Scilly Local Pharmaceutical Committee
- Representatives from the NHS England Devon, Cornwall and Isles of Scilly Area Team
- Dispensing doctors representative
- Public Health representatives from Plymouth City Council, Torbay Council, Devon County Council, Cornwall Council, and the Council of the Isles of Scilly

Additional stakeholders involved in the production of this report included individual community pharmacy contractors (through completion of a pharmacy questionnaire) and individuals and/or organisations on the list of persons to be consulted as stipulated in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

I.4 The NHS Regulations 2013 set out the legislative basis for producing and updating PNAs, and specify a list of minimum information that must be included in the PNA. Plymouth's PNA is structured as follows:

- Locality summary sheets (these sheets are intended to provide a helpful overview of the key findings of the PNA)
- Introduction and context
- Process followed
- Assessing need
 - o Plymouth's localities
 - o Plymouth's demography
 - o Overview of Plymouth's health needs (adults and children)
 - o Locality-based health profile (cradle to grave)
 - o Public Health indicators related to community pharmacy
- Mapping current pharmaceutical services provision and identifying gaps
- Outcomes of the consultation
- Future provision of pharmaceutical services
- Conclusions

1.5 In order to identify local health needs and assess current pharmaceutical services provision, Plymouth was divided into its six established localities: Central & North East, North West, Plympton, Plymstock, South East and South West. A locality is a distinct population cluster in which the inhabitants live in adjoining neighbourhoods, and that has a name or a locally recognised status. Plymouth's localities are aggregations of the city's 20 electoral wards, which themselves are aggregations of the 39 neighbourhoods.

1.6 Information regarding local provision of pharmaceutical services across the Peninsula was collected via PharmOutcomes for each local authority area (Plymouth, Devon, and Torbay). PharmOutcomes is an online tool which has been commissioned across Devon as a whole to capture pharmacy-based activity and provide a consistent mechanism to collect, process, and pay pharmacies for public health services. Pharmacies were notified via email and PharmOutcomes messenger on 25 June 2014 that they had three weeks to complete the questionnaire (25 June to 11 July 2014). Data regarding GP dispensing practices was collected where appropriate; this was not applicable for Plymouth.

1.7 The consultation period ran from Monday 17 November 2014 to Friday 16 January 2015. The Health and Wellbeing Boards (HWBs) for Plymouth, Devon and Torbay ran the consultation for each of their PNAs at the same time using the same consultation process. This was to aid organisations who were asked to respond to consultations for more than one area at the same time. The method of consultation was agreed by the PNA Steering Group and followed the NHS Regulations. The consultation was hosted online by Plymouth City Council on behalf of Plymouth, Devon and Torbay. Three web links were created which enabled consultees to view a PDF of the relevant PNA report and access a short online survey. The web link(s) for Plymouth, Devon and/or Torbay were emailed directly to the following individuals and/or organisations as applicable:

- Devon Local Pharmaceutical Committee
- Devon Local Medical Committee
- Persons on the pharmaceutical list and any dispensing doctors for the area (the latter was not applicable for Plymouth)
- Any LPS chemist in Plymouth with whom NHS England has made arrangements for the provision of local pharmaceutical services (this was not applicable to Plymouth, Devon, and Torbay)
- Healthwatch Plymouth

- The Voluntary and Community Sector
- NHS England Devon, Cornwall and Isles of Scilly Area Team
- Devon Health and Wellbeing Board
- Cornwall Health and Wellbeing Board
- Isles of Scilly Health and Wellbeing Board
- Plymouth Hospitals NHS Trust
- Plymouth Community Healthcare
- NHS NEW Devon Clinical Commissioning Group

The PNAs and consultation surveys were also available as hard copies upon request. General comments (sent direct via email to the Public Health Teams involved in producing the PNAs) were also welcomed as part of the consultation.

1.8 Five individuals completed the online consultation survey for Plymouth. These individuals represented:

- A pharmacist (one response)
- The Voluntary and Community Sector (two responses)
- The Clinical and Effectiveness and Medicines Optimisations Team for the NHS NEW Devon Clinical Commissioning Group (one response)
- The Devon Local Pharmaceutical Committee (one response)

An additional two responses were sent directly via email. One email was received from the Medicines Governance and Community Pharmacy Development Lead for the Clinical Effectiveness and Medicines Optimisation Teams for NHS NEW Devon and South Devon and Torbay Clinical Commissioning Groups. This email contained feedback pertinent to all three areas and was forwarded to the Devon and Torbay Public Health Teams. An email with an attached letter was received from the Director of Commissioning for the NHS England Devon, Cornwall & Isles of Scilly Area Team - this was sent to all three Public Health Teams regarding all three PNAs.

1.9 The PNA Steering Group met following the end of the consultation period to discuss the feedback received across all three areas and agree appropriate action. Following this, some minor amendments were made to the report (these are grouped by themes in Chapter 10).

1.10 The main findings of Plymouth's PNA have been summarised in six locality summary sheets, which are appended to this Executive Summary. However, there are a number of observations that have emerged from this Needs Assessment:

- 1) There are two Distance Selling Pharmacies within Plymouth: one is located in Estover and the other in Plympton.
- 2) Given the urban nature of Plymouth, there are no dispensing GP practices within the Plymouth boundary. This is of relevance to neighbouring PNAs.
- 3) There are two Dispensing Appliance Contractors in Plymouth: one is located in Estover and the other in Plympton. Whilst they are unable to supply medicines or provide the range of pharmaceutical services offered by community pharmacies, they are used by patients in Plymouth due to their convenience.

- 4) In Plymouth, pharmaceutical services are mainly provided by community pharmacies.
- 5) There are 51 community pharmacies in Plymouth serving an estimated population of 258,026. Of these, just over a third are Co-operative pharmacies and just under one third are Boots pharmacies. The remaining 18 pharmacies are made up of multiple providers (pharmacies are listed in Appendix 4).
- 6) Pharmacies are generally located in areas of greater population density and areas of greatest deprivation. The most deprived areas of Plymouth are within the South West and North West localities. The South West and the South East localities are the most densely populated reflecting proximity to the city centre.
- 7) There is no pharmacy open in the North West locality on a Sunday, yet this locality has high levels of deprivation, some of the greatest health needs across a number of indicators, and 27.9% of the population does not own a car. Nonetheless, on no day of the week is anyone in Plymouth more than 15 minutes' drive from a pharmacy, with easy access by foot or public transport (see below). This is particularly important for residents from disadvantaged communities.
- 8) There is good access to Plymouth pharmacies via foot, public transport or car. The longest drive time is 15 minutes on any day of the week, with the majority of residents able to access a pharmacy by car within 2.5-5 minutes, Monday to Saturday. On a weekday after 20:00, the majority of residents can access a pharmacy within 10 minutes' drive although a minority of journeys will take 15 minutes. On a Saturday, the majority of journeys to a pharmacy by car will take 2.5-5 minutes. On a Sunday, access is more variable but no more than a 10 minute drive.
- 9) Provision of consultation facilities across Plymouth is good, with the majority providing disabled access. Pharmacies in the North West and South West localities serve populations with the greatest needs in terms of accessibility. Around one third of pharmacies do not have any hand washing facilities for patients during consultations. No pharmacies provide off-site consultations although there is some willingness to cater for patients in their homes or at other suitable sites. Given that the largest increase in Plymouth's population will be seen in 75+ year olds, there is likely to be greater demand for off-site provision. The North West locality has the greatest proportion of people whose 'day-to-day activities are limited a lot' and so development of provision for this population should be considered.
- 10) Within the next 12 months all pharmacies in Plymouth will provide an electronic prescription service. However, there is limited use of the NHSmail secure email service. This may reflect problems inherent in current NHSmail arrangements that create barriers to pharmacy uptake and use of the service.
- 11) Almost all pharmacies (46 out of 51; 90.2%) dispense stoma appliances, incontinence appliances and dressings ensuring good provision across the city. There is good provision of Medicines Use Review and the New Medicine Service. Appliance Use Review (AUR) is currently offered by one pharmacy in Plymouth, located in Plympton. One third of pharmacies offer Stoma Appliance Customisation although there are two Dispensing Appliance Contractors in Plymouth who cover a wide geographical area providing good access for patients. One is located in Estover and the other in Plympton.

- 12) The following services are commissioned locally by NHS England, NEW Devon CCG (Western Locality) or Plymouth City Council: extended hours of opening at holiday periods; smoking cessation counselling; Nicotine Replacement Therapy (NRT) Voucher Scheme; chlamydia screening; chlamydia treatment; Emergency Hormonal Contraception Service; Needle and Syringe Exchange Service; Sharps Disposal; Supervised Administration Service (also known as Supervised Consumption); Minor Ailments Scheme; Winter Ailments Scheme; Emergency Supply of Medicine. Some additional services are offered by private providers.
- 13) 7 of 51 pharmacies (13.7%) have HLP status, with a further twelve working towards this. Whilst there is local variation in their distribution, only two localities are not served by at least one pharmacy with HLP status but current availability of these pharmacies in Plymouth is better than the national average. The Central & North East and Plympton localities would benefit most from additional Healthy Living Pharmacies.
- 14) All pharmacies offer a prescription collection service from GP practices and 44 out of 51 (86.3%) offer free delivery of dispensed medicines. The localities with households with the lowest proportion of car ownership (the South West and South East) are well served by free delivery services.
- 15) Three main themes emerged from analysing the priorities identified by pharmacies to improve pharmaceutical services provision: (1) improving communication between pharmacies and GP practices/the Clinical Commissioning Group (CCG); (2) increasing provision of Enhanced services; (3) increasing awareness of the Electronic Prescription Service Release 2 (EPS R2).
- 16) The proportion of the population who do not speak English, or who do not speak English very well, is greatest in the South West and South East localities. Non-English-speaking patients typically receive fewer preventative services and make less use of health care than English-speaking patients. Consequently, any barriers to provision for these population groups should be addressed. The South West locality has a number of pharmacies where staff can speak one or more non-English languages.

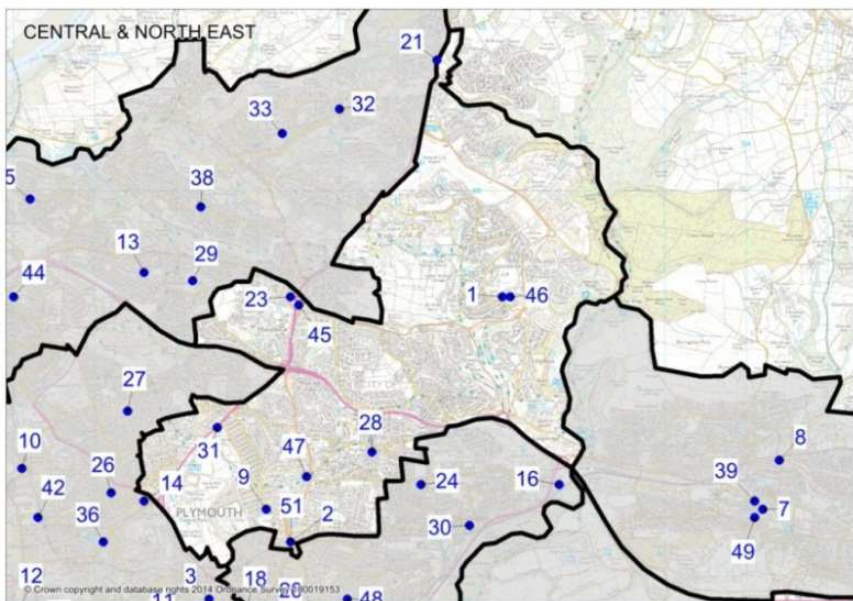
- 1.11 In conclusion, Plymouth's growing and ageing population means that the overall demand for health and social care services is likely to increase, particularly in terms of managing long-term conditions. However, pharmacies in Plymouth are well-placed to deliver healthcare services to their local communities and it is anticipated that the role they play will continue to evolve over the coming years, particularly with changes to future pharmacy and primary care provision (highlighted in NHS England's Call to Action¹). Whilst the core activity of community pharmacies is commissioned by NHS England, they continue to provide a key role for Plymouth City Council and the NEW Devon CCG, particularly in relation to improving the public's health and wellbeing, and addressing health inequalities.

Locality summary sheets

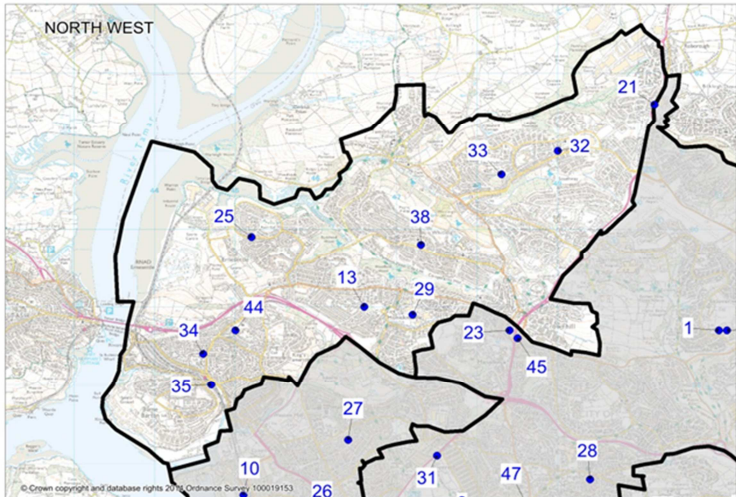
- 1.12 The following 'locality summary sheets' are intended to provide an overview of the findings of Plymouth's PNA for its six established localities. Each sheet summarises demographic and health needs information, and current pharmaceutical services provision. They also attempt to capture any additional local insight regarding factors affecting need, provision or future

¹ <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

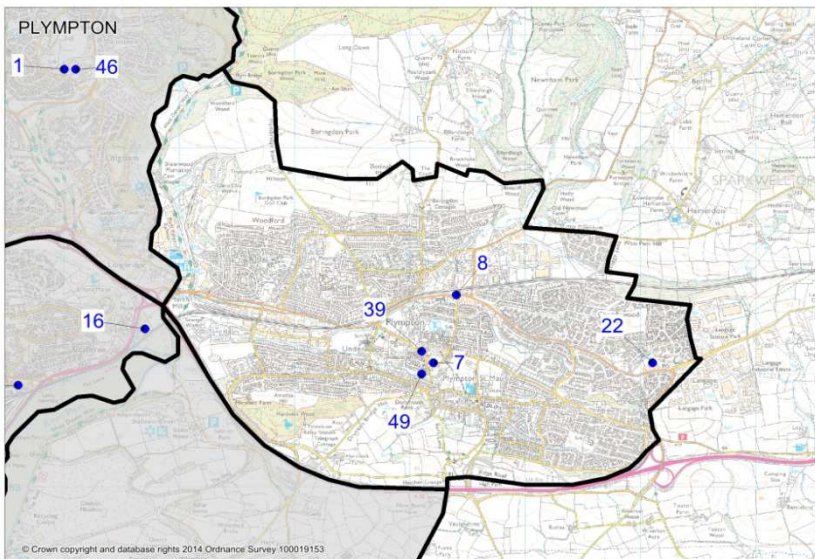
provision that may have been missed through conventional mapping. As the summary sheets are likely to be of greatest use to the NHS England Local Area Team when reviewing provider applications, they have been developed in partnership with the Area Team through the Peninsula PNA Steering Group. It is important to acknowledge that these summaries are intended to provide an overview of the findings and key observations, with detailed information provided in the main document or in Plymouth's JSNA (<http://www.plymouth.gov.uk/jsna>). Where relevant (and for ease of use), hyperlinks have been included within the summaries to link the reader to the relevant section of the report as required.

LOCALITY SUMMARY I: CENTRAL & NORTH EAST	
POPULATION DEMOGRAPHICS:	
Population size (page 37):	51,488 (3.5% increase from 2002 to 2012)
Ethnicity breakdown (page 39):	96.4% White 1.0% Mixed/multiple ethnic groups 1.7% Asian/Asian British 0.5% Black/African/Caribbean/Black British 0.4% Other ethnic group
IMD 2010 Score and locality rank (1=most deprived, 6=least deprived) (page 40):	16.4 (rank: 4/6)
Top three Mosaic Groups (page 42):	- Aspiring Homemakers (younger households settling down in housing priced within their means) - Senior Security (elderly people with assets who are enjoying a comfortable retirement) - Suburban Stability (mature suburban owners living settled lives in mid-range housing)
HEALTH NEEDS OVERVIEW:	
Rank for locality-based health profile ('cradle to grave') (1=locality with greatest needs):	4/6 (page 51)
Rank for public health indicators (as above):	4/6 (page 63)
BEST HEALTH OUTCOMES FOR THIS LOCALITY (i.e. where locality rank is 6/6 for the indicator):	
- Locality with greatest life expectancy - Lowest rate of respiratory disease mortality - Lowest proportion of parents who are depressed/mentally ill - Lowest rate of cancer mortality in under 75 year olds	
KEY HEALTH NEEDS FOR THIS LOCALITY (i.e. where locality rank is 1/6 or 2/6 for the indicator):	
- Ageing population - Higher % of low birth weight births - High rate of admissions from falls in 75 year olds and over - Increasing incidence of melanoma in males	
PHARMACY PROVISION OVERVIEW:	
Number of GP practices:	11 (for GP and pharmacy location map see page 85)
Number of pharmacies:	11
Population per pharmacy & locality rank (1= lowest no. of pharmacies per head of pop.):	4,681 (rank: 6/6 - greatest number of pharmacies per head of population) (page 89)
 1 Asda Pharmacy 2 Boots UK Ltd (57-59 Mutley Plain) 9 Hyde Park Pharmacy 21 Tesco Stores Ltd (Woolwell) 23 The Co-operative Pharmacy (Crownhill) 28 The Co-operative Pharmacy (Higher Compton) 31 The Co-operative Pharmacy (Peverell Park) 45 Your Local Boots Pharmacy (Crownhill) 46 Your Local Boots Pharmacy (Estover) 47 Your Local Boots Pharmacy (Mannamead) 51 Your Local Boots Pharmacy (Mutley)	

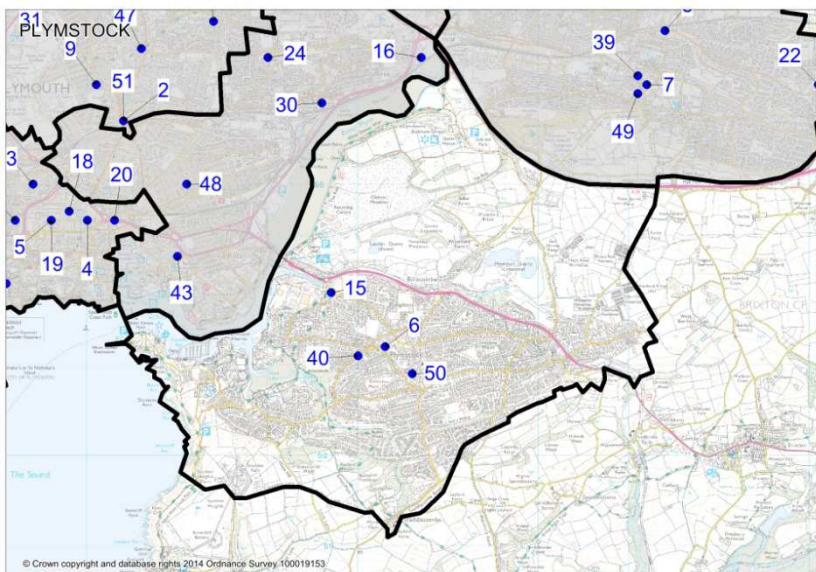
ACCESSIBILITY:						
Provision:	MON-FRI:	✓	SAT:	✓	SUN:	✓
Longest pharmacy opening times within this locality (page 91):			07:00-23:00 MONDAY-FRIDAY 07:00-21:00 SATURDAY 08:50-16:00 SUNDAY			
Proportion of population with no car and locality rank (1=lowest proportion of car ownership):			19.7% (rank: 4/6) (page 42)			
Drive time analysis (page 91):			The longest drive time to a pharmacy is 15 minutes on any day of the week, with the majority able to access a pharmacy by car within 2.5-5 minutes, Monday to Saturday			
Public transport (page 97):			All pharmacies are accessible via public transport			
PROVISION OF PHARMACEUTICAL SERVICES:						
(1) ESSENTIAL SERVICES (page 101):						
No. of pharmacies dispensing appliances:			10 (all appliances), 1 (excl. incontinence appliances)			
(2) ADVANCED SERVICES (page 101):						
No. offering Medicines Use Review Service:			All pharmacies			
No. offering New Medicine Service:			All pharmacies			
No. offering Appliance Use Review Service:			0			
No. offering Stoma Appliance Customisation:			2			
(3) ENHANCED SERVICES (page 103):						
NHS England currently commissions an out-of-hours Enhanced service from pharmacies in Plymouth during holiday periods. This service is generally used to ensure patients have good access to pharmaceutical services over Christmas, New Year and Easter.						
POTENTIAL FUTURE NEEDS FOR PHARMACEUTICAL SERVICES (page 112):						
- Ageing population and growing population (page 37) - The Plymouth Plan seeks to accommodate substantial development at Derriford in a way that helps deliver decent and affordable homes, supports a diverse and inclusive community, ensures easy access to jobs and services, and creates a place where people want to live. To achieve this, together with commercial and retail facilities, significant new housing development is identified. This will take place at a number of component sites in the North of the City. There may be other developments in this locality but these are unlikely to have significant impact on pharmaceutical services provision (see Appendix 5).						
SUMMARY OF LOCALITY-BASED OBSERVATIONS:						
ACCESS: The overall hours of opening, geographical spread of pharmacies, drive time analysis and significant number of pharmacies per head of population indicate that there is good access to pharmaceutical services within this locality. Around a third of households in this locality do not own a car, although public transport is available. BREADTH OF PROVISION: Whilst there is currently no provision of the Appliance Use Review Service and limited provision of Stoma Appliance Customisation at pharmacies within the locality; there are two Dispensing Appliance Contractors and two Distance Selling Pharmacies in Plymouth who cover a wide geographical area providing good access for patients. NHS England currently commissions an out-of-hours Enhanced service from pharmacies to ensure that patients have good access to pharmaceutical services over the holiday periods. POTENTIAL FUTURE NEEDS: The population of Plymouth continues to grow, with the largest increase predicted to be in the 75+ year olds. In addition, significant new housing development has been identified in this locality. Whilst these factors may impact on the need for pharmaceutical services in the future; the extent of this is currently unknown.						

LOCALITY SUMMARY 2: NORTH WEST	
POPULATION DEMOGRAPHICS:	
Population size (page 37):	53,779 (3.8% increase from 2002 to 2012)
Ethnicity breakdown (page 39):	97.7% White 0.9% Mixed/multiple ethnic groups 0.9% Asian/Asian British 0.3% Black/African/Caribbean/Black British 0.2% Other ethnic group
IMD 2010 Score and locality rank (1=most deprived, 6=least deprived) (page 40):	32.1 (rank: 2/6)
Top three Mosaic Groups (page 42):	- Family Basics (families with limited resources who have to budget to make ends meet) - Modest Traditions (mature homeowners of value homes enjoying stable lifestyles) - Aspiring Homemakers (younger households settling down in housing priced within their means)
HEALTH NEEDS OVERVIEW:	
Rank for locality-based health profile ('cradle to grave') (1=locality with greatest needs):	2/6 (page 51)
Rank for public health indicators (as above):	2/6 (page 63)
BEST HEALTH OUTCOMES FOR THIS LOCALITY (i.e. where locality rank is 6/6 for the indicator):	
Lowest rate of admissions from falls in 75 year olds and over	
KEY HEALTH NEEDS FOR THIS LOCALITY (i.e. where locality rank is 1/6 or 2/6 for the indicator):	
- Lowest % of breastfeeding at 6-8 weeks - Highest prevalence of dental disease in children - High % of the population reporting themselves to be in 'bad' or 'very bad' health - Highest % of the population reporting day-to-day activities were limited - High rate of emergency hospital admissions	- Highest rate of circulatory disease mortality (all ages) - High rate of all-age-all cause mortality - High rate of teenage conceptions - Highest % of mothers smoking in pregnancy - Highest % of parents who misuse drugs - Highest % of parents who misuse alcohol - High % of depressed/mentally ill parents - Highest rate of accident admissions (5-14 year olds) & high rate of accident admissions (15-24 year olds)
- High rate of emergency circulatory admissions (all ages) - High rate of mental health contacts with Plymouth Community Healthcare (adults) - High % of GP referrals where the patient is also smoker - Highest % of GP referrals where the patient is also obese - Highest % of GP referrals where the patient also has high blood pressure	
PHARMACY PROVISION OVERVIEW:	
Number of GP practices:	8 (for GP and pharmacy location map see page 85)
Number of pharmacies:	9
Population per pharmacy & locality rank (1= lowest no. of pharmacies per head of pop.):	5,975 (rank: 4/6) (page 89)
	
13 Lloyds Pharmacy (Honicknowle) 25 The Co-operative Pharmacy (Ernesettle) 29 The Co-operative Pharmacy (Honicknowle) 32 The Co-operative Pharmacy (Southway Drive) 33 The Co-operative Pharmacy (Southway) 34 The Co-operative Pharmacy (St Budeaux Health Centre) 35 The Co-Operative Pharmacy (St Budeaux) 38 The Co-operative Pharmacy (Whitleigh) 44 Your Local Boots Pharmacy (Chard Road)	

ACCESSIBILITY:						
Provision:	MON-FRI:	✓	SAT:	✓	SUN:	✗
Longest pharmacy opening times within this locality (page 91):			08:00-20:00 MONDAY-FRIDAY 08:00-20:00 SATURDAY			
Proportion of population with no car and locality rank (1=lowest proportion of car ownership):			27.9% (rank: 3/6) (page 42)			
Drive time analysis (page 91):			The longest drive time to a pharmacy is 15 minutes on any day of the week, with the majority able to access a pharmacy by car within 2.5-5 minutes, Monday to Saturday			
Public transport (page 97):			All pharmacies are accessible via public transport			
PROVISION OF PHARMACEUTICAL SERVICES:						
(1) ESSENTIAL SERVICES (page 101):						
No. of pharmacies dispensing appliances:			All pharmacies (all appliances)			
(2) ADVANCED SERVICES (page 101):						
No. offering Medicines Use Review Service:			All pharmacies			
No. offering New Medicine Service:			All pharmacies			
No. offering Appliance Use Review Service:			0			
No. offering Stoma Appliance Customisation:			7			
(3) ENHANCED SERVICES (page 103):						
NHS England currently commissions an out-of-hours Enhanced service from pharmacies in Plymouth during holiday periods. This service is generally used to ensure patients have good access to pharmaceutical services over Christmas, New Year and Easter.						
POTENTIAL FUTURE NEEDS FOR PHARMACEUTICAL SERVICES (page 112):						
- Ageing population and growing population (page 37) - There is a current lack of pharmacy provision in Barne Barton which will be addressed by Phase III of the Tamar View Community Complex (TVCC) Ltd project. TVCC Ltd is planning to expand its existing facilities to maximise the potential community benefits of the site through the provision of a GP practice, pharmacy and nursery. These services have been identified as priorities by the local community. The intention is that planning permission for the development will be sought in December 2014. There are additional housing developments planned in this locality area but they are unlikely to have significant impact on current pharmaceutical services provision (see Appendix 5).						
SUMMARY OF LOCALITY-BASED OBSERVATIONS:						
ACCESS: The geographical spread of pharmacies, drive time analysis and significant number of pharmacies per head of population indicate that there is good access to pharmaceutical services within this locality throughout the week and on Saturdays. This locality has areas of significant deprivation and some of the greatest needs for pharmaceutical services provision yet no pharmacies are open on a Sunday and all pharmacies close at 8pm Monday to Saturday. In addition, around a third of households in this locality do not own a car, although access via public transport is generally good. BREADTH OF PROVISION: Whilst there is currently no provision of the Appliance Use Review Service, there is good provision of Stoma Appliance Customisation at pharmacies within the locality which reflects likely need for SAC in the North of the city. There are two Dispensing Appliance Contractors and two Distance Selling Pharmacies in Plymouth who cover a wide geographical area providing good access for patients. NHS England currently commissions an out-of-hours Enhanced service from pharmacies to ensure that patients have good access to pharmaceutical services over the holiday periods. POTENTIAL FUTURE NEEDS: The population of Plymouth continues to grow, with the largest increase predicted to be in the 75+ year olds. In addition, some new housing development has been identified in this locality. Whilst these factors may impact on the need for pharmaceutical services in the future; the extent of this is currently unknown. A new pharmacy will open in Barne Barton to address need in this area.						

LOCALITY SUMMARY 3: PLYMPTON	
POPULATION DEMOGRAPHICS:	
Population size (page 37):	53,779 (2.5% increase from 2002 to 2012)
Ethnicity breakdown (page 39):	• 98.5% White • 0.8% Mixed/multiple ethnic groups • 0.5% Asian/Asian British • 0.2% Black/African/Caribbean/Black British • 0.1% Other ethnic group
IMD 2010 Score and locality rank (1=most deprived, 6=least deprived) (page 40):	12.1 (rank: 5/6)
Top three Mosaic Groups (page 42):	1. <i>Suburban Stability</i> (mature suburban owners living settled lives in mid-range housing) 2. <i>Aspiring Homemakers</i> (younger households settling down in housing priced within their means) 3. <i>Senior Security</i> (elderly people with assets who are enjoying a comfortable retirement)
HEALTH NEEDS OVERVIEW:	
Rank for locality-based health profile ('cradle to grave') (1=locality with greatest needs):	4/6 (page 51)
Rank for public health indicators (as above):	5/6 (page 63)
BEST HEALTH OUTCOMES FOR THIS LOCALITY (i.e. where locality rank is 6/6 for the indicator):	
• Lowest % of the population reporting their health as 'bad' or 'very bad' • Lowest respiratory disease mortality rate (all ages) • Lowest rate of all-age-all cause mortality • Lowest % of mothers who smoke • Lowest % of parents who misuse drugs	• Lowest % of parents who are socially isolated • Lowest rate of accident admissions (5-14 year olds) • Lowest rate of emergency circulatory admissions (all ages and under 75s) • Lowest rate of mental health contacts with Plymouth Community Healthcare (adults) • Lowest % of GP referrals where the patient is also smoker
KEY HEALTH NEEDS FOR THIS LOCALITY (i.e. where locality rank is 1/6 or 2/6 for the indicator):	
• Highest rate of elective hospital admissions • High rate of admissions from falls in adults aged 65 and over • High % of GP referrals where the patient also has high blood pressure • Highest rate of incidences of melanoma	
PHARMACY PROVISION OVERVIEW:	
Number of GP practices:	5 (for GP and pharmacy location map see page 85)
Number of pharmacies:	5
Population per pharmacy & locality rank (1= lowest no. of pharmacies per head of pop.):	6,006 (rank: 3/6) (page 89)
 PLYMPTON 1 •• 46 16 39 7 49 8 22 © Crown copyright and database rights 2014 Ordnance Survey 100019153 7 Boots UK Ltd (Ridgeway) 8 Day Lewis Pharmacy (Plympton (Br 158)) 22 The Co-operative Pharmacy (Chaddlewood) 39 The Co-operative Pharmacy (Ridgeway) 49 Your Local Boots Pharmacy (Plympton Health Centre)	

ACCESSIBILITY:						
Provision:	MON-FRI:	✓	SAT:	✓	SUN:	✓
Longest pharmacy opening times within this locality (page 91):			08:30-18:30 MONDAY-FRIDAY 09:00-17:00 SATURDAY 10:00-16:00 SUNDAY			
Proportion of population with no car & locality rank (1=lowest proportion of car ownership):			13.7% (rank: 6/6 – highest proportion of car ownership) (page 42)			
Drive time analysis (page 91):			The longest drive time to a pharmacy is 15 minutes on any day of the week, with the majority able to access a pharmacy by car within 2.5-5 minutes, Monday to Saturday			
Public transport (page 97):			All pharmacies are accessible via public transport			
PROVISION OF PHARMACEUTICAL SERVICES:						
(1) ESSENTIAL SERVICES (page 101):						
No. of pharmacies dispensing appliances:			All pharmacies (all appliances)			
(2) ADVANCED SERVICES (page 101):						
No. offering Medicines Use Review Service:			All pharmacies			
No. offering New Medicine Service:			All pharmacies			
No. offering Appliance Use Review Service:			1			
No. offering Stoma Appliance Customisation:			2			
(3) ENHANCED SERVICES (page 103):						
NHS England currently commissions an out-of-hours Enhanced service from pharmacies in Plymouth during holiday periods. This service is generally used to ensure patients have good access to pharmaceutical services over Christmas, New Year and Easter.						
POTENTIAL FUTURE NEEDS FOR PHARMACEUTICAL SERVICES (page 112):						
- Ageing population and growing population (page 37) - Development at Sherford is likely to start soon. Sherford is a new market town which will be built in South Hams, Devon. This may create additional pharmaceutical needs in South Hams but the timescales and extent of this need is not yet clear. Whilst the development is not within the city’s envelope, its proximity to Plympton has the potential to impact on service provision in this locality.						
SUMMARY OF LOCALITY-BASED OBSERVATIONS:						
ACCESS: There are no pharmacies open beyond 6.30pm in this locality from Monday to Friday although there is pharmacy provision on Saturdays and Sundays. Whilst there are a smaller number of pharmacies per head of population, and pharmacies are generally clustered towards the East of the locality, this locality has the highest proportion of car ownership and individuals can access a pharmacy within short drive times.						
BREADTH OF PROVISION: This locality has the only pharmacy in Plymouth providing an Appliance Use Review Service and there is some provision of Stoma Appliance Customisation. There are two Dispensing Appliance Contractors and two Distance Selling Pharmacies in Plymouth who cover a wide geographical area providing good access for patients. NHS England currently commissions an out-of-hours Enhanced service from pharmacies to ensure that patients have good access to pharmaceutical services over the holiday periods.						
POTENTIAL FUTURE NEEDS: The population of Plymouth continues to grow, with the largest increase predicted to be in the 75+ year olds. In addition, significant new housing development has been identified in an area outside of the city envelope (Sherford, South Hams) but adjacent to this locality. Whilst these factors may impact on the need for pharmaceutical services in the future; the extent of this is currently unknown.						

LOCALITY SUMMARY 4: PLYMSTOCK	
POPULATION DEMOGRAPHICS:	
Population size (page 37):	24,687 (1.9% increase from 2002 to 2012)
Ethnicity breakdown (page 39):	98.5% White 0.7% Mixed/multiple ethnic groups 0.4% Asian/Asian British 0.3% Black/African/Caribbean/Black British 0.1% Other ethnic group
IMD 2010 Score and locality rank (1=most deprived, 6=least deprived) (page 40):	11.4 (rank: 6/6 – least deprived locality)
Top three Mosaic Groups (page 42):	- Senior Security (elderly people with assets who are enjoying a comfortable retirement) - Suburban Stability (mature suburban owners living settled lives in mid-range housing) - Aspiring Homemakers (younger households settling down in housing priced within their means)
HEALTH NEEDS OVERVIEW:	
Rank for locality-based health profile ('cradle to grave') (1=locality with greatest needs):	6/6 (page 51)
Rank for public health indicators (as above):	6/6 (page 63)
BEST HEALTH OUTCOMES FOR THIS LOCALITY (i.e. where locality rank is 6/6 for the indicator):	
- Lowest % of low birth weight births - Highest % of breastfeeding at 6-8 weeks - Lowest % of vulnerable families - Lowest prevalence of dental disease in children - Lowest % of children who are obese - Lowest rate of emergency admissions - Lowest rate of circulatory disease mortality (all ages) - Lowest rate of teenage conceptions	- Lowest % of smoking in pregnancy - Lowest % of parents who misuse alcohol - Lowest rate of accident admissions (0-4 year olds) - Lowest rate of substance misuse - Lowest rate of admissions for self-harm - Lowest % of GP referrals where the patient is also obese
KEY HEALTH NEEDS FOR THIS LOCALITY (i.e. where locality rank is 1/6 or 2/6 for the indicator):	
- High rate of elective admissions - High rate of cancer mortality in under 75 year olds	
PHARMACY PROVISION OVERVIEW:	
Number of GP practices:	3 (for GP and pharmacy location map see page 85)
Number of pharmacies:	4
Population per pharmacy & locality rank (1= lowest no. of pharmacies per head of pop.):	6,172 (rank: 2/6) (page 89)
 6 Boots UK Ltd (Plymstock) 15 Morrisons Pharmacy (Plymstock) 40 The Co-operative Pharmacy (Plymstock) 50 T.C.E. O'Gallagher (Plymstock)	

ACCESSIBILITY:						
Provision:	MON-FRI:	✓	SAT:	✓	SUN:	✓
Longest pharmacy opening times within this locality (page 91):				08:00-21:00 MONDAY-FRIDAY 08:00-21:00 SATURDAY 10:00-17:00 SUNDAY		
Proportion of population with no car and locality rank (1=lowest proportion of car ownership):				15.4% (rank: 5/6 – second highest proportion of car ownership) (page 42)		
Drive time analysis (page 91):				The longest drive time to a pharmacy is 15 minutes on any day of the week, with the majority able to access a pharmacy by car within 2.5-5 minutes, Monday to Saturday		
Public transport (page 97):				All pharmacies are accessible via public transport		
PROVISION OF PHARMACEUTICAL SERVICES:						
(1) ESSENTIAL SERVICES (page 101):						
No. of pharmacies dispensing appliances:				All pharmacies (all appliances)		
(2) ADVANCED SERVICES (page 101):						
No. offering Medicines Use Review Service:				All pharmacies		
No. offering New Medicine Service:				All pharmacies		
No. offering Appliance Use Review Service:				0		
No. offering Stoma Appliance Customisation:				1		
(3) ENHANCED SERVICES (page 112):						
NHS England currently commissions an out-of-hours Enhanced service from pharmacies in Plymouth during holiday periods. This service is generally used to ensure patients have good access to pharmaceutical services over Christmas, New Year and Easter.						
POTENTIAL FUTURE NEEDS FOR PHARMACEUTICAL SERVICES:						
- Ageing population and growing population (page 37) - Plymstock Quarry has outline consent for up to 1,684 dwellings and 1.85 hectares of employment land, together with a new neighbourhood comprising of new community infrastructure and local centre (approved 2011). A new GP practice will open to support this development. It is important to note that this area of Plymouth is close to the Sherford development (see previous locality summary sheet).						
SUMMARY OF LOCALITY-BASED OBSERVATIONS:						
ACCESS: Pharmacies are clustered in the centre of this locality, with a relatively low number of pharmacies per head of population. However, there are long hours of opening (seven days a week), the second highest proportion of car ownership and on no day of the week is anyone more than 15 minutes’ drive from a pharmacy.						
BREADTH OF PROVISION: Whilst there is currently no provision of the Appliance Use Review Service and limited provision of Stoma Appliance Customisation at pharmacies within the locality; there are two Dispensing Appliance Contractors and two Distance Selling Pharmacies in Plymouth who cover a wide geographical area providing good access for patients. NHS England currently commissions an out-of-hours Enhanced service from pharmacies to ensure that patients have good access to pharmaceutical services over the holiday periods.						
POTENTIAL FUTURE NEEDS: The population of Plymouth continues to grow, with the largest increase predicted to be in the 75+ year olds. In addition, a significant new housing development (with community infrastructure) has been identified in this locality. Whilst these factors may impact on the need for pharmaceutical services in the future; the extent of this is currently unknown.						

LOCALITY SUMMARY 5: SOUTH EAST	
POPULATION DEMOGRAPHICS:	
Population size (page 37):	39,342 (12.0% increase from 2002 to 2012)
Ethnicity breakdown (page 39):	93.4% White 2.0% Mixed/multiple ethnic groups 2.8% Asian/Asian British 1.2% Black/African/Caribbean/Black British 0.7% Other ethnic group
IMD 2010 Score and locality rank (1=most deprived, 6=least deprived) (page 40):	28.5 (rank: 3/6)
Top three Mosaic Groups (page 42):	- Rental Hubs (educated young people privately renting in urban neighbourhoods) - Transient Renters (single people privately renting low cost homes for the short term) - Family Basics (families with limited resources who have to budget to make ends meet)
HEALTH NEEDS OVERVIEW:	
Rank for locality-based health profile ('cradle to grave') (1=locality with greatest needs):	3/6 (page 51)
Rank for public health indicators (as above):	3/6 (page 63)
BEST HEALTH OUTCOMES FOR THIS LOCALITY (i.e. where locality rank is 6/6 for the indicator):	
- Lowest % of population reporting a long-term health problem or disability - Lowest rate of elective admissions	- Lowest rate of accident admissions (15-24 year olds) - Lowest % of GP referrals where the patient also has high blood pressure
KEY HEALTH NEEDS FOR THIS LOCALITY (i.e. where locality rank is 1/6 or 2/6 for the indicator):	
- Locality with second shortest life expectancy - High % of vulnerable families - Highest % of childhood obesity - Highest rate of circulatory disease mortality (under 75s) - High rate of respiratory disease mortality (all ages) - High rate of respiratory disease mortality (under 75s) - High % of parents who smoke - Highest % of depressed/mentally ill parents	- High % of parents who are socially isolated - Highest rate of accident admissions (0-4 year olds) - High rate of accident admissions (5-14 year olds) - Highest rate of emergency circulatory admissions (all ages) - High rate of emergency circulatory admissions (under 75s) - Highest rate of admissions from falls (65 and over & 75 and over) - High rate of substance misuse - High rate of self-harm admissions
PHARMACY PROVISION OVERVIEW:	
Number of GP practices:	10 (for GP and pharmacy location map see page 85)
Number of pharmacies:	5
Population per pharmacy & locality rank (1= lowest no. of pharmacies per head of pop.):	7,868 (rank: 1/6 – lowest number of pharmacies per head of population) (page 89)
16 Sainsbury's Supermarkets Ltd 24 The Co-operative Pharmacy (Efford) 30 The Co-operative Pharmacy (Laira) 43 Your Local Boots Pharmacy (Cattedown) 48 Your Local Boots Pharmacy (St Judes)	

ACCESSIBILITY:						
Provision:	MON-FRI:	✓	SAT:	✓	SUN:	✓
Longest pharmacy opening times within this locality (page 91):			07:00-23:00 MONDAY-FRIDAY 07:00-22:00 SATURDAY 10:00-16:00 SUNDAY			
Proportion of population with no car & locality rank (1=lowest proportion of car ownership):			35.4% (rank:2/6) (page 42)			
Drive time analysis (page 91):			The longest drive time to a pharmacy is 15 minutes on any day of the week, with the majority able to access a pharmacy by car within 2.5-5 minutes, Monday to Saturday			
Public transport (page 97):			All pharmacies are accessible via public transport			
PROVISION OF PHARMACEUTICAL SERVICES:						
(1) ESSENTIAL SERVICES (page 101):						
No. of pharmacies dispensing appliances:			All pharmacies (all appliances)			
(2) ADVANCED SERVICES (page 101):						
No. offering Medicines Use Review Service:			All pharmacies			
No. offering New Medicine Service:			All pharmacies			
No. offering Appliance Use Review Service:			0			
No. offering Stoma Appliance Customisation:			2			
(3) ENHANCED SERVICES (page 103):						
NHS England currently commissions an out-of-hours Enhanced service from pharmacies in Plymouth during holiday periods. This service is generally used to ensure patients have good access to pharmaceutical services over Christmas, New Year and Easter.						
POTENTIAL FUTURE NEEDS FOR PHARMACEUTICAL SERVICES (page 112):						
- Ageing population and growing population (page 37) - There are no known major developments that are likely to impact significantly on pharmaceutical services provision in this area (see Appendix 5).						
SUMMARY OF LOCALITY-BASED OBSERVATIONS:						
ACCESS: There are long pharmacy opening hours throughout the week (Monday-Sunday), yet this locality has the lowest number of pharmacies per head of population and the second lowest proportion of car ownership. For those with access to a car, a pharmacy is accessible within a maximum of 15 minutes' drive and there are good public transport links.						
BREADTH OF PROVISION: Whilst there is currently no provision of the Appliance Use Review Service and limited provision of Stoma Appliance Customisation at pharmacies within the locality; there are two Dispensing Appliance Contractors and two Distance Selling Pharmacies in Plymouth who cover a wide geographical area providing good access for patients. NHS England currently commissions an out-of-hours Enhanced service from pharmacies to ensure that patients have good access to pharmaceutical services over the holiday periods.						
POTENTIAL FUTURE NEEDS: The population of Plymouth continues to grow, with the largest increase predicted to be in the 75+ year olds. Whilst this may impact on the need for pharmaceutical services in the future; the extent of this is currently unknown. At present, there are no known major developments that are likely to have a significant impact on current provision of pharmaceutical services in this locality.						

LOCALITY SUMMARY 6: SOUTH WEST

POPULATION DEMOGRAPHICS:

Population size (page 37):	58,701 (12.1% increase from 2002 to 2012)
Ethnicity breakdown (page 39):	• 94.2% White • 1.9% Mixed/multiple ethnic groups • 2.2% Asian/Asian British • 1.1% Black/African/Caribbean/Black British • 0.7% Other ethnic group
IMD 2010 Score and locality rank (1=most deprived, 6=least deprived) (page 40):	39.7 (rank: 1/6 – most deprived locality)
Top three Mosaic Groups (page 42):	1. <i>Transient Renters</i> (single people privately renting low cost homes for the short term) 2. <i>Rental Hubs</i> (educated young people privately renting in urban neighbourhoods) 3. <i>Family Basics</i> (families with limited resources...)

HEALTH NEEDS OVERVIEW:

Rank for locality-based health profile ('cradle to grave') (1=locality with greatest needs):	1/6 (page 51)
Rank for public health indicators (as above):	1/6 (page 63)

BEST HEALTH OUTCOMES FOR THIS LOCALITY (i.e. where locality rank is 6/6 for the indicator):

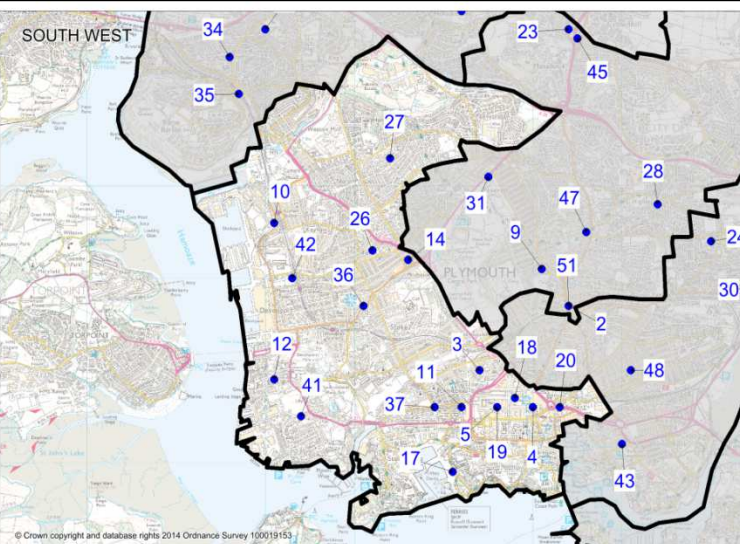
- Lowest rate of incidences of melanoma
- Lowest rate of admissions from falls (65 year olds and over)

KEY HEALTH NEEDS FOR THIS LOCALITY (i.e. where locality rank is 1/6 or 2/6 for the indicator):

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Highest % of low birth weight births • Locality with shortest life expectancy • Low % of breastfeeding at 6-8 weeks • Highest % of vulnerable families • High prevalence of dental disease - children • High % of childhood obesity • Highest % of population self-reporting health to be 'bad' or 'very bad' • High % of population with a long-term health problem or disability • Highest rate of emergency admissions | <ul style="list-style-type: none"> • High rate of circulatory disease mortality • Highest rate of respiratory disease mortality • Highest rate of all-age-all-cause mortality • Highest rate of teenage conceptions • High % of smoking in pregnancy • Highest % of parents who smoke • High % of parents who misuse drugs • High % of parents who misuse alcohol • Highest % of socially isolated parents • High rate of accident admissions (0-4yrs) | <ul style="list-style-type: none"> • Highest rate of accident admissions (15-24 yrs.) • Highest rate of emergency circulatory admissions (under 75 year olds) • Highest rate of substance misuse • Highest rate of mental health contacts with Plymouth Community Healthcare • Highest rate of self-harm admissions • Highest % of GP referrals where patient also smokes • High % of GP referrals where patient is also obese • Highest rate of cancer mortality (<75) |
|---|--|--|

PHARMACY PROVISION OVERVIEW:

Number of GP practices:	13 (for GP and pharmacy location map see page 85)
Number of pharmacies:	17
Population per pharmacy & locality rank (1= lowest no. of pharmacies per head of pop.):	5,059 (rank: 5/6) (page 89)



- 3 Boots UK Ltd (Claremont St)
- 4 Boots UK Ltd (Drake Circus)
- 5 Boots UK Ltd (New George St)
- 10 Keyham Pharmacy
- 11 King Street Pharmacy
- 12 Lloyds Pharmacy (Devonport)
- 14 Milehouse Pharmacy
- 17 Stoltons Pharmacy
- 18 Superdrug Pharmacy (Cornwall Street)
- 19 Superdrug Pharmacy (New George St)
- 20 T.C.E. O'Gallagher Chemist (Polybank) (Ebrington St)
- 26 The Co-operative Pharmacy (Ford)
- 27 The Co-operative Pharmacy (Ham)
- 36 The Co-operative Pharmacy (Stoke)
- 37 The Co-operative Pharmacy (Stonehouse)
- 41 The Pharmacy, Mountwise
- 42 The Pharmacy, St Levan

ACCESSIBILITY:						
Provision:	MON-FRI:	✓	SAT:	✓	SUN:	✓
Longest pharmacy opening times within this locality (page 91):			08:00-18:30 MONDAY-FRIDAY 08:00-18:30 SATURDAY 10:30-16:30 SUNDAY			
Proportion of population with no car and locality rank (1=lowest proportion of car ownership):			41.3% (rank: 1/6 – locality with smallest proportion of vehicle owners) (page 42)			
Drive time analysis (page 91):			The longest drive time to a pharmacy is 15 minutes on any day of the week, with the majority able to access a pharmacy by car within 2.5-5 minutes, Monday to Saturday			
Public transport (page 97):			All pharmacies are accessible via public transport			
PROVISION OF PHARMACEUTICAL SERVICES:						
(1) ESSENTIAL SERVICES (page 101):						
No. of pharmacies dispensing appliances:			13 (all appliances), 1 (excl. stoma appliances), 2 (just dressings)			
(2) ADVANCED SERVICES (page 101):						
No. offering Medicines Use Review Service:			14 (2 offering soon)			
No. offering New Medicine Service:			14 (2 offering soon)			
No. offering Appliance Use Review Service:			0			
No. offering Stoma Appliance Customisation:			5 (1 offering soon)			
(3) ENHANCED SERVICES (page 103):						
NHS England currently commissions an out-of-hours Enhanced service from pharmacies in Plymouth during holiday periods. This service is generally used to ensure patients have good access to pharmaceutical services over Christmas, New Year and Easter.						
POTENTIAL FUTURE NEEDS FOR PHARMACEUTICAL SERVICES (page 112):						
- Ageing population and growing population (page 37) - There is now a mixture of affluent and deprived populations due to development and urban regeneration of the Millbay area. A number of key housing sites have been identified for additional dwellings although the impact of these developments on pharmaceutical services provision is not yet clear (see Appendix 5).						
SUMMARY OF LOCALITY-BASED OBSERVATIONS:						
ACCESS: There are no pharmacies open beyond 6.30pm in this locality Monday through to Saturday although there is pharmacy provision on Sundays. Whilst this locality has the greatest need for pharmaceutical services provision, is the most deprived locality in Plymouth and has the smallest proportion of vehicle owners, there are a high number of pharmacies per head of population and good geographical spread of pharmacies which are easily accessible by public transport. BREADTH OF PROVISION: Whilst there is currently no provision of the Appliance Use Review Service, there is good provision of Stoma Appliance Customisation at pharmacies within the locality. There are two Dispensing Appliance Contractors and two Distance Selling Pharmacies in Plymouth who cover a wide geographical area providing good access for patients. NHS England currently commissions an out-of-hours Enhanced service from pharmacies to ensure that patients have good access to pharmaceutical services over the holiday periods. POTENTIAL FUTURE NEEDS: The population of Plymouth continues to grow, with the largest increase predicted to be in the 75+ year olds. In addition, a number of key housing sites have been identified for additional dwellings. Whilst these factors may impact on the need for pharmaceutical services in the future; the extent of this is currently unknown.						

2. INTRODUCTION AND CONTEXT

This chapter outlines the introduction and context for the report.

What is a Pharmaceutical Needs Assessment and why is it important?

- 2.1 A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas where relevant.
- 2.2 Any person (pharmacist, dispenser of appliances or a General Practitioner (GP; normally in rural areas)) who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on a pharmaceutical list. This process is known as the NHS market entry system and is overseen locally by the NHS England Area Team for Devon, Cornwall and Isles of Scilly.
- 2.3 The Area Team is responsible for commissioning pharmacies, GP services, dental services, and some aspects of optical services, as well as military and prison health. The PNA is used primarily to:
 - make decisions regarding which NHS funded services need to be provided by local community pharmacies and other providers
 - make decisions as to whether new pharmacies or services are needed
 - inform decision-making about the relocation of existing premises in response to applications by businesses, including independent owners and large pharmacy companies
 - inform the commissioning of locally Enhanced services from pharmacies
- 2.4 Providers of pharmaceutical services will use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the local PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance selling (internet or mail order only) basis. Decisions regarding provider applications are made by the Area Team and can be open to legal challenge if not handled properly. Consequently, it is important to have an up-to-date and locally relevant PNA.

Legislative background

- 2.5 The Health Act 2009 required NHS Primary Care Trusts (PCTs) to publish their first PNA by 1 February 2011. However, the Health and Social Care Act 2012 abolished PCTs and gave local authorities responsibility for local population health improvement. Health and Wellbeing Boards (HWBs) were established to bring together local commissioners of health and social care, elected representatives and representatives of Healthwatch to agree an integrated way to improving local health and wellbeing.

- 2.6 The Health and Social Care Act 2012² transferred the responsibility to develop and update PNAs from PCTs to HWBs from 1 April 2013. This means that Plymouth's HWB have a legal duty to ensure the production of a PNA for Plymouth. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013. HWBs must ensure that the NHS Commissioning Board and the Area Teams have access to their PNAs.
- 2.7 HWBs are required to publish their first PNA by 1 April 2015. The Board must publish a statement of its revised assessment within three years of its previous publication or sooner if changes to the need for pharmaceutical services are identified which are of significant extent.

Wider context

- 2.8 The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs to produce Joint Strategic Needs Assessments (JSNAs). The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages.³ They are a continuous process of strategic assessment of the health and wellbeing needs of the local population. The JSNA is used to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs to improve health outcomes and address health inequalities. In light of this, the PNA should help inform and be informed by local JSNAs, as well as other plans for health and social care and locally relevant strategies. Current guidance outlines that whilst PNAs are a separate statutory requirement and cannot be subsumed as part of these documents, they can be annexed to them.
- 2.9 In addition to undertaking PNAs and JSNAs through the HWB, local authorities are responsible for commissioning certain public health services from community pharmacies. Community pharmacy provides insight into the public's and patients' needs and behaviours around a wider group of services and will help to contribute to the production of the JSNA. It is also an important investor in local communities, for example through employment and supporting neighbourhoods and high street economies. The HWB and the local authority have a broader strategic role in supporting the development of community pharmacies with an increased role in public health and improving health and wellbeing. This is highlighted in the new *Professional Standards for Public Health Practice for Pharmacy* published by the Royal Pharmaceutical Society in March 2014. These standards provide a framework to support pharmacists and their teams in England and Wales to improve public health services, and shape future services and pharmacy roles to deliver quality patient care and improve health outcomes. A discussion of the future of pharmacy provision is provided in Chapter 11.

Minimum information that must be included in the PNA

- 2.10 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013⁴ set out the legislative basis for producing and updating PNAs. This includes a list of minimum information that must be included in the PNA under *Schedule 1* of the Regulations (Table 1) and requirements for appropriate consultation.

² <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

³ <http://www.plymouth.gov.uk/jsna>

⁴ <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

Table 1: SCHEDULE 1 – Information to be contained in PNAs

Necessary services: current provision	1 A statement of the pharmaceutical services that the HWB has identified as services that are provided: (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services)
Necessary services: gaps in provision	2 A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied: (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area
Other relevant services: current provision	3 A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided: (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area
Improvements and better access: gaps in provision	4 A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied: (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area
Other NHS services	5 A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect: (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area (b) or whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area
How the assessment was carried out	6 An explanation of how the assessment has been carried out, and in particular: (a) how it has determined what are the localities in its area; (b) how it has taken into account (where applicable): (i) the different needs of

	different localities in its area, and (ii) the different needs of people in its area who share a protected characteristic (c) a report on the consultation that it has undertaken
Map of provision	7 A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB

Source: NHS Regulations 2013

- 2.11 In accordance with the above Regulations, it is not within the scope of the PNA to include all providers of pharmaceutical services but to focus on providers included in the pharmaceutical list and dispensing doctors who are listed separately. Pharmaceutical services provided by acute or community hospitals, or their subcontracting arrangements, such as Homecare Medicines Providers, are therefore excluded from this PNA. The 'inclusion and exclusion criteria' for mapping providers of pharmaceutical services are summarised below:

Providers of pharmaceutical services included in the PNA:

- Community pharmacies
- Distance selling pharmacies
- Dispensing doctors (dispensing GP practices)
- Dispensing appliance contractors

Providers of pharmaceutical services excluded from the PNA:

- Acute hospital pharmacy provision
- Outpatient pharmacy units
- Community hospital pharmacy provision
- Homecare Medicines Providers

Plymouth's PNA 2015-2018

- 2.12 In accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, this PNA was undertaken locally in order to:
- identify the healthcare needs of the population of Plymouth that can be met by the provision of pharmaceutical services
 - map existing pharmaceutical service provision and identify future opportunities
 - draw meaningful conclusions to help inform a rational approach to commissioning future high quality equitable pharmaceutical services by prioritising investment according to identified needs and service requirements
 - inform rational decision-making on contract applications to provide pharmaceutical services
- 2.13 Decisions regarding provider applications will be made by the NHS England Area Team for Devon, Cornwall and Isles of Scilly.

3. PROCESS FOLLOWED

This chapter outlines the process followed for the production of the PNA.

Introduction

- 3.1 The process followed for the production of the PNA was largely dictated by current legislation regarding what should be included in a PNA (Table 1). The Department of Health has developed an *Information Pack for Local Authority Health and Wellbeing Boards*⁵ to guide the PNA process. This has no statutory standing, nor does it constitute non-statutory guidance, but was used to support Plymouth City Council, on behalf of Plymouth's Health and Wellbeing Board, to interpret and implement their duty with regard to this PNA.

Establishment of Peninsula PNA Steering Group

- 3.2 The Peninsula PNA Steering Group was established to agree a consistent approach to producing the PNA in accordance with current legislation but with a locally relevant format. Group membership consisted of:
- Dave Bearman, Chair, Devon, Cornwall and Isles of Scilly Pharmacy Local Professional Network
 - Sue Taylor, Chief Officer, Devon Local Pharmaceutical Committee
 - James Glanville, Assistant Contract Manager, Devon, Cornwall and Isles of Scilly Area Team, NHS England
 - Janet Newport, Contracts Manager, Devon, Cornwall and Isles of Scilly Area Team, NHS England
 - Karen Acott, Executive Partner, Wallingbrook Health Group (dispensing GP practice representative)
 - Robert Nelder, Consultant in Public Health Intelligence, Plymouth City Council
 - Sarah Ogilvie, Specialty Registrar in Public Health, Plymouth City Council
 - Ian Tyson, Health Improvement and Quality Manager, Public Health, Torbay Council
 - Steven Brown, Assistant Director of Public Health, Devon County Council
 - Ian Tearle, Principal Public Health Specialist, Devon County Council
 - Kirsty Priestley, Senior Public Health Information Analyst, Devon County Council
 - Stuart Bourne, Deputy Director of Public Health, Cornwall Council and the Council of the Isles of Scilly
 - Phillip Yelling, Chief Officer, Cornwall and Isles of Scilly Local Pharmaceutical Committee
- 3.3 The Steering Group was established in March 2014 and set a deadline of October 2014 for completion of the final draft prior to consultation. The group met at regular intervals throughout PNA development. Each stage was discussed and agreed by all Members of the Steering Group. A project plan and Gantt chart were drawn up to guide the process and establish individuals' roles and contributions. Plymouth's HWB was kept informed of the process followed and the report's progress through regular briefings.

⁵ <https://www.gov.uk/government/organisations/department-of-health>

Agreeing geographies

- 3.4 Each local authority divided their geographical area into distinct geographies (e.g. localities or market towns) for the purposes of identifying local health needs and assessing service provision. Consequently there will be some variation when examining and comparing PNAs across the Peninsula.

Assessing local need

- 3.5 A template for assessing need was discussed and agreed by the Steering Group in conjunction with local Public Health Intelligence Teams. This template was then amended by each local authority according to whether or not data were available in their specific area. The focus of this activity was on identifying local health needs that could be met by current pharmaceutical services provision. The assessment also took account of current JSNAs⁶ and health and wellbeing strategies to ensure that the health needs of the local population were fully acknowledged.
- 3.6 A Senior Public Health Analyst from Plymouth's Public Health Team produced the needs-based chapters of the PNA for Plymouth (Chapters 4-8). Public Health England's General Health and Child Health Profiles for Plymouth were included to provide an overview of needs. Locally available datasets were then examined to provide a more detailed picture of needs on a locality basis. Data are included to allow comparison between localities, as well as patterns across Plymouth. Where local data were not available, national level data were included at the city or Clinical Commissioning Group level. If additional data is required about health needs locally then this can be found on Plymouth's JSNA website: <http://www.plymouth.gov.uk/jsna>.

Mapping current provision

- 3.7 For previous PNAs, information regarding local provision of pharmaceutical services has been collected via individual, paper-based pharmacy questionnaires for Plymouth, Torbay, Devon, Cornwall and the Isles of Scilly. In order to increase efficiency, it was agreed by the Steering Group to administer future PNA questionnaires via PharmOutcomes. PharmOutcomes is an online tool which has been commissioned across Devon as a whole to capture pharmacy-based activity and provide a consistent mechanism to collect, process, and pay pharmacies for public health services. It was possible to design and add a PNA data capture form to this tool so that it could be rolled out across the Peninsula at the same time. This process was overseen by Kevin Noble from PharmOutcomes, with considerable input from Ian Tyson (Public Health, Torbay Council) on behalf of the Steering Group.
- 3.8 The online data capture form was based on a previous PNA questionnaire for Plymouth and developed through discussions with the Steering Group and PharmOutcomes' pharmacists (Appendix 1). A covering email from the Chairman of the Pharmacy Local Professional Network and the Chief Officers for Devon and Cornwall Local Pharmaceutical Committees (Appendix 2) was sent automatically to pharmacies via PharmOutcomes with a link to the data capture form. Pharmacists were advised to review the questionnaire prior to completion and have all information to hand so that they could complete the questionnaire in one session as there was no save and return facility.
- 3.9 Pharmacies were notified via email and PharmOutcomes messenger on 25 June 2014 that they

⁶ <http://www.plymouth.gov.uk/jsna>

had three weeks to complete the questionnaire (25 June to 11 July 2014). A reminder email was sent out on 7 July 2014 to thank those who had completed the questionnaire and follow-up non-responders. The questionnaire was promoted via Local Pharmaceutical Committees (LPCs). Following the initial three week deadline for completion, any outstanding pharmacies were followed-up directly by the relevant LPC. This process resulted in all 51 pharmacies in Plymouth responding to the online audit. The questionnaire was deactivated on PharmOutcomes on 18 July 2014. Data regarding GP dispensing practices was collected separately where applicable via NHS England (this was not applicable for Plymouth).

- 3.10 Following deactivation of the survey, a Senior Public Health Analyst from Plymouth's Public Health Team accessed PharmOutcomes for Plymouth on 21 July 2014 and downloaded the data into an excel file. The dataset was then screened for completeness and accuracy and passed to two Specialty Registrars in Public Health at Plymouth City Council to complete the analysis. The responses to each question were initially grouped for Plymouth as a whole to identify the overall findings. In cases where it appeared there could be notable geographic variation, a more detailed analysis was conducted looking at where these variations occurred. This was done by either breaking down the data into locality area or by displaying questionnaire responses on a map.

PharmOutcomes – key learning points

- 3.11 As this is the first time that PharmOutcomes has been used to capture pharmacy data for the PNA, it is important to record learning points for future assessments. These have been bulleted below:
- Different commissioning mechanisms for PharmOutcomes resulted in some confusion regarding the activation of the questionnaire. Clarity should be provided at the outset regarding which commissioner manages which local authority area (e.g. Devon, Plymouth and Torbay are managed through each local authority's PharmOutcomes Service; Cornwall is managed via NHS England's PharmOutcomes service).
 - Fields where times are recorded should default to a time format so data are consistently recorded at all times for easier data management and manipulation.
 - For future audits, additional questions regarding accessibility of community pharmacies could be added including: availability of car parking, bus stops, hearing loops, and reduced height counter tops.
 - Questions regarding NHS mail and accessible file formats resulted in incoherent responses; therefore further clarity of question construction is required.
 - Responses regarding languages spoken in the community did not elicit coherent responses so further clarity of questioning is required.
 - Consideration needs to be given to changing the structure of the questionnaire (built as an assessment rather than a service) to allow for additional functionality so PharmOutcomes can identify if there is missing data and to flag this to the user or allow for a 'save and return' function to be included.

- Since April 2013 a number of commissioners have had a role in commissioning services from community pharmacies and there are some grey areas which may result in local variation regarding which commissioner takes the lead in commissioning a particular service. These changes were reflected in pharmacies' responses to questions regarding current provision of locally commissioned services. For example, a number of pharmacies responded that they were providing NHS commissioned services but these are now privately provided or no longer commissioned within Plymouth. In order to address any confusion in the future, the PharmOutcomes questionnaire should be modified to reflect current commissioning arrangements within that locality and questions grouped by commissioner/provider. 'Sense checking' of PharmOutcomes data is essential prior to running the analysis.
- It is important to acknowledge that mapping of pharmaceutical services provision is based on pharmacies' responses to the questionnaire; consequently there may be differences in responses depending on who completed the questionnaire on behalf of the pharmacy. This has also been reflected in accuracies regarding current commissioning arrangements.

Determining gaps and assessing adequacy of current service provision

- 3.12 As part of the service mapping, national comparator data or indicators have been used (where available) to show how current service provision in Plymouth compares to elsewhere in the country. In order to help identify gaps and make assessments regarding the adequacy of current provision, individual locality summary sheets have been included at the front of the PNA. These provide an overview of the findings of the Needs Assessment for each of Plymouth's six localities. Each sheet summarises the demographic and health needs information, and provides an overview of current service provision. They also attempt to capture any additional local insight regarding factors affecting need, provision or future provision that may have been missed through conventional service mapping. The summary sheets are likely to be of greatest use to the NHS England Area Team when reviewing provider applications.

Identifying future needs

- 3.13 In order to identify any future needs for pharmaceutical services, Members of the Steering Group liaised with planning and/or housing colleagues in the relevant local authority to consider the impact of known or potential developments on the future demand for services (e.g. new housing developments). For Plymouth's PNA, this took place with the Strategic Planning and Infrastructure Team. This was also informed by a topic paper published as part of the Plymouth Plan entitled *Housing need and supply*.⁷ Some demographic and healthcare trend and projection data have been provided and considered in relation to the likely increase in burden on healthcare services. The Chair of the Devon, Cornwall and Isles of Scilly Pharmacy Local Professional Network and the Chief Officer of the Devon Local Pharmaceutical Committee also contributed significantly to this chapter in terms of outlining the future direction of pharmacy.

Consultation and PNA approval

- 3.14 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for consultation and PNA approval. Prior to publishing the PNA,

⁷ http://plymouth.consult.limehouse.co.uk/portal/planning/ldf/plymouth_plan/pptp_housing

Plymouth's HWB consulted with the following persons regarding the contents of the assessment:

- Devon Local Pharmaceutical Committee
- Devon Local Medical Committee
- Persons on the pharmaceutical list and any dispensing doctors for the area (the latter was not applicable for Plymouth)
- Any LPS chemist in Plymouth with whom NHS England has made arrangements for the provision of local pharmaceutical services (this was not applicable to Plymouth, Devon, and Torbay)
- Healthwatch Plymouth
- The Voluntary and Community Sector
- NHS England Devon, Cornwall and Isles of Scilly Area Team
- Devon Health and Wellbeing Board
- Cornwall Health and Wellbeing Board
- Isles of Scilly Health and Wellbeing Board
- Plymouth Hospitals NHS Trust
- Plymouth Community Healthcare
- NHS NEW Devon Clinical Commissioning Group

- 3.15 The 60-day consultation period ran from Monday 17 November 2014 until Friday 16 January 2015. The Health and Wellbeing Boards (HWBs) for Plymouth, Devon and Torbay ran the consultation for each of their PNAs at the same time using the same consultation process. This was to aid organisations who were asked to respond to consultations for more than one area at the same time. The method of consultation was agreed by the PNA Steering Group. Individual areas also liaised with their Health and Wellbeing Boards regarding the consultation process.
- 3.16 The consultation was hosted online by Plymouth City Council on behalf of Plymouth, Devon and Torbay. Three web links were created which enabled consultees to view a PDF of the relevant PNA report and access a short online survey (see Appendix 3). The survey questions were designed to gather feedback on each section of the report. The web link(s) for Plymouth, Devon and/or Torbay were emailed directly to consultees (see 3.14) as applicable. The PNAs and consultation surveys were available as hard copies upon request. General comments (sent direct via email to the Public Health Teams involved in producing the PNAs) were also welcomed as part of the consultation.
- 3.17 The findings of the consultation are presented in Chapter 10. The revised PNA was presented to Plymouth's HWB on 26 March 2015 for final approval (the document was circulated to the Board for comment on 16 March 2015). The approach taken complied with the NHS Regulations and ensured publication by 31 March 2015.

4. ASSESSING NEED: PLYMOUTH'S LOCALITIES

This chapter outlines how the assessment of need was undertaken on a locality basis.

Introduction

- 4.1 The assessment of need could be conducted in many different ways e.g. on an electoral ward or neighbourhood basis. For the purposes of this Needs Assessment, Plymouth was divided into its six recognised localities (Figure 1). A locality is a distinct population cluster in which the inhabitants live in adjoining neighbourhoods, and that has a name or a locally recognised status. Plymouth's localities are aggregations of the city's 20 electoral wards. This is equivalent to 39 Plymouth neighbourhoods (Figure 1), Cutting the data on a locality basis enables a better overview of provision across a cluster of neighbourhoods within an area of the city.

Figure 1: Plymouth's neighbourhoods and locality boundaries



Source: Public Health Team, Plymouth City Council

Rationale for using localities for the PNA

- 4.2 The health needs sections and mapping of service provision is presented on a locality basis. Presentation of the data by locality is particularly useful when examining the availability and accessibility of pharmaceutical services across Plymouth. The information gathered will help to inform commissioning decisions related to community pharmacy and services delivered by alternative providers, and ensure that the distribution of services meets local needs. It was not practical to present data at the neighbourhood or electoral ward level as this would mean presenting survey findings for 39 neighbourhoods or 20 wards respectively. In addition, presentation of the service mapping at this level would not provide a complete picture of

access to pharmacies. For example, pharmacies in adjacent neighbourhoods or wards may be accessible within very short drive times. Consequently, needs may be identified at the neighbourhood or ward level that are addressed by provision in adjacent areas. To ensure that local need or service issues are not missed through wider mapping, each locality summary sheet attempts to capture additional observations at the neighbourhood or ward level. Needs based data at the neighbourhood and ward level can be found on the Plymouth JSNA website⁸ through Area Profiles (summaries of key health and social care indicators in the area) and Census 2011 Profiles (summaries of key findings from the 2011 Census). Table 2 below lists the neighbourhoods that make up the six Plymouth localities for which data are presented.

Table 2: The Plymouth localities by neighbourhood

Locality	Neighbourhood	Locality	Neighbourhood
Central & North East	Beacon Park	Plymstock	Elburton & Dunstone
	Egguckland		Goosewell
	Estover, Glenholt, & Derriford East		Plymstock & Radford
	Higher Compton & Mannamead		Turnchapel, Hooe, & Oreston
	Leigham & Mainstone	South East	East End
	Manadon & Widey		Efford
	Mutley		Greenbank & University
North West	Peverell & Hartley		Lipson & Laira
	Barne Barton		Mount Gould
	Derriford West & Crownhill		City Centre
	Ernesettle		Devonport
	Honicknowle		Ford
	Southway		Ham & Pennycross
	St. Budeaux & Kings Tamerton	South West	Keyham
Plympton	Tamerton Foliot		Morice Town
	Whitleigh		North Prospect & Weston Mill
	Widewell		Stoke
	Chaddlewood		Stonehouse
	Colebrook, Newnham, & Ridgeway		
	Plympton St. Maurice & Yealmpstone		
	Woodford		

⁸ <http://www.plymouth.gov.uk/jsna>

5. ASSESSING NEED: PLYMOUTH'S DEMOGRAPHY

This chapter provides information regarding the demography of Plymouth, which may have implications for delivery of pharmaceutical services across the city. The chapter covers the population of Plymouth and population estimates, the nine protected characteristics, deprivation, car ownership and Mosaic profiling (marketing based information about the demographics, characteristics and behaviours of the Plymouth population).

The population

- 5.1 Plymouth's population has grown by over 15,000 people (an increase of 6.4%) from 2002 to 2012 (mid-year population estimates shown in Table 3). All six localities have increased in population size, with the largest percentage increase in the South West (12.1%) and South East (12.0%) localities. The smallest percentage increase occurred in Plymstock (1.9%). It is also important to highlight the number of people who commute into Plymouth as their place of work from their usual residence as they may make use of pharmaceutical services. The figure from the 2011 Census was 25,940.

Table 3: Mid-year population estimates (all ages) for Plymouth localities and Plymouth, 2002-2012

Year	Central & North East	North West	Plympton	Plymstock	South East	South West	Plymouth
2002	49,727	51,805	29,301	24,234	35,118	52,365	242,550
2004	49,699	51,841	29,438	24,235	35,850	52,974	244,037
2006	50,316	52,180	29,345	24,545	37,554	55,238	249,178
2008	50,864	52,307	29,656	24,698	38,426	56,537	252,488
2010	50,855	52,261	29,747	24,680	39,063	57,621	254,227
2012	51,488	53,779	30,029	24,687	39,342	58,701	258,026
% change	3.5%	3.8%	2.5%	1.9%	12.0%	12.1%	6.4%

Source: Office for National Statistics

- 5.2 It is estimated that Plymouth's population will increase by over 16,000 by 2030 (Table 4). The largest increase will be seen in 75+ year olds (54.6%), whilst it is estimated there will be a 5.2% reduction in the 30-64 year old population.

Table 4: Sub-national population projections by age group, 2012-2030

Age group	2012	2015	2020	2025	2030	% change
Under 18	50,912	51,482	53,645	55,241	55,102	8.2%
18-29	52,613	53,779	53,169	52,133	54,820	4.2%
30-64	111,026	109,880	109,002	107,814	105,247	-5.2%
65-74	23,367	24,964	25,584	25,569	28,205	20.7%
75+	20,108	21,210	23,904	28,511	31,091	54.6%
90+	2,119	2,296	2,700	3,475	4,432	109.2%
All ages	258,026	261,315	265,304	269,268	274,466	6.4%

Source: Office for National Statistics

‘Protected Characteristics’ (Equality Act 2010)

- 5.3 The Equality Act 2010 sets out nine personal characteristics that are protected by the law:⁹
- Age
 - Disability
 - Gender reassignment
 - Marriage and civil partnership
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation
- 5.4 Under the Act, people are not allowed to discriminate, harass or victimise another person because they have any of the above protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. Government departments, service providers, employers, education providers, providers of public functions, associations and membership bodies and transport providers all have a responsibility under the Act.
- 5.5 In the following paragraphs, the nine protected characteristics have been described for Plymouth at the city level although not necessarily in the order presented above. Where available, information at the sub-city level can be found on Plymouth City Council’s JSNA webpage.¹⁰ The protected characteristics should be considered when examining whether or not existing pharmaceutical services provision meets need; consequently, due regard is given to these characteristics within the ‘Market Entry’ regulations.

Age

- 5.6 As outlined in 5.2, Plymouth currently has a population of 258,026 (Table 4). Due to an estimated 35,000 to 40,000 students residing in the city, the proportion of 18-24 year olds (13.2%) is higher than that found regionally (8.8%) and nationally (9.3%). The proportion of the working-age (16-64 year old) population (65.7%) is higher than that regionally (62.1%) and nationally (64.1%). The city has the third lowest percentage of people 75 years and over, and the eighth lowest percentage of children and young people (under 18) of the 16 Southwest county and unitary authorities (2012).

Disability

- 5.7 According to the 2011 Census, 10.0% of Plymouth residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). These data are available at the locality level on page 52. The national value was 8.3%. According to the 2011 Census, 46.0% of Plymouth residents reported their general health as ‘very good’; this increased to 79.5% when also including those who reported their health as ‘good’. In England 81.4% of people reported their general health as either ‘very good’ or ‘good’. Plymouth’s

⁹ <http://www.equalityhumanrights.com/private-and-public-sector-guidance/guidance-all/protected-characteristics>

¹⁰ <http://www.plymouth.gov.uk/jsna>

combined value is therefore nearly two percentage points lower than the national average.

Faith, religion or belief

- 5.8 According to the 2011 Census, Christianity is the most common religion in Plymouth. 32.9% of the Plymouth population stated they had no religion. Those following Hinduism, Buddhism, Judaism or Sikhism combined totalled less than 1.0%. 0.5% of the population had a current religion, such as Paganism or Spiritualism.

Gender - including marriage, pregnancy and maternity

- 5.9 Overall, 50.5% of Plymouth's population is female. According to the 2011 Census, of those aged 16 and over 90,765 (42.9%) people are married. There were 3,418 live births in 2012. The number of births has increased annually from 2,547 in 2001, except in 2011 when the number was the same as 2010 (3,280 births in each year).

Gender reassignment

- 5.10 In 2010, it was estimated nationally that the number of gender variant people presenting for treatment was around 12,500. Of these, around 7,500 have undergone transition. The median age for treatment for gender variation is 42 years. There is no precise number of the trans population in Plymouth.

Race

- 5.11 There is relatively little ethnic diversity in Plymouth. According to the 2011 Census, 96.1% of Plymouth's population considered themselves White British (Table 5). This is significantly higher than the England average (79.8%). Plymouth has lower percentages of residents within each ethnic group compared with the national average. However, despite the small numbers, Plymouth has a rapidly rising BME population which has more than doubled from 7,906 individuals since the 2001 census. The main ethnic minorities in Plymouth are the Polish (0.7%; just over 1,900) and the Chinese (0.5%; just over 1,200).

Table 5: Proportion (%) of Plymouth population by ethnic group and locality

Locality	White	Mixed/ multiple ethnic groups	Asian/Asian British	Black/African/ Caribbean/ Black British	Other ethnic group
Central & North East	96.4	1.0	1.7	0.5	0.4
North West	97.7	0.9	0.9	0.3	0.2
Plympton	98.5	0.8	0.5	0.2	0.1
Plymstock	98.5	0.7	0.4	0.3	0.1
South East	93.4	2.0	2.8	1.2	0.7
South West	94.2	1.9	2.2	1.1	0.7
Plymouth	96.1	1.3	1.5	0.7	0.4

Source: Census 2011, Office for National Statistics

Sexual Orientation - including Civil Partnership

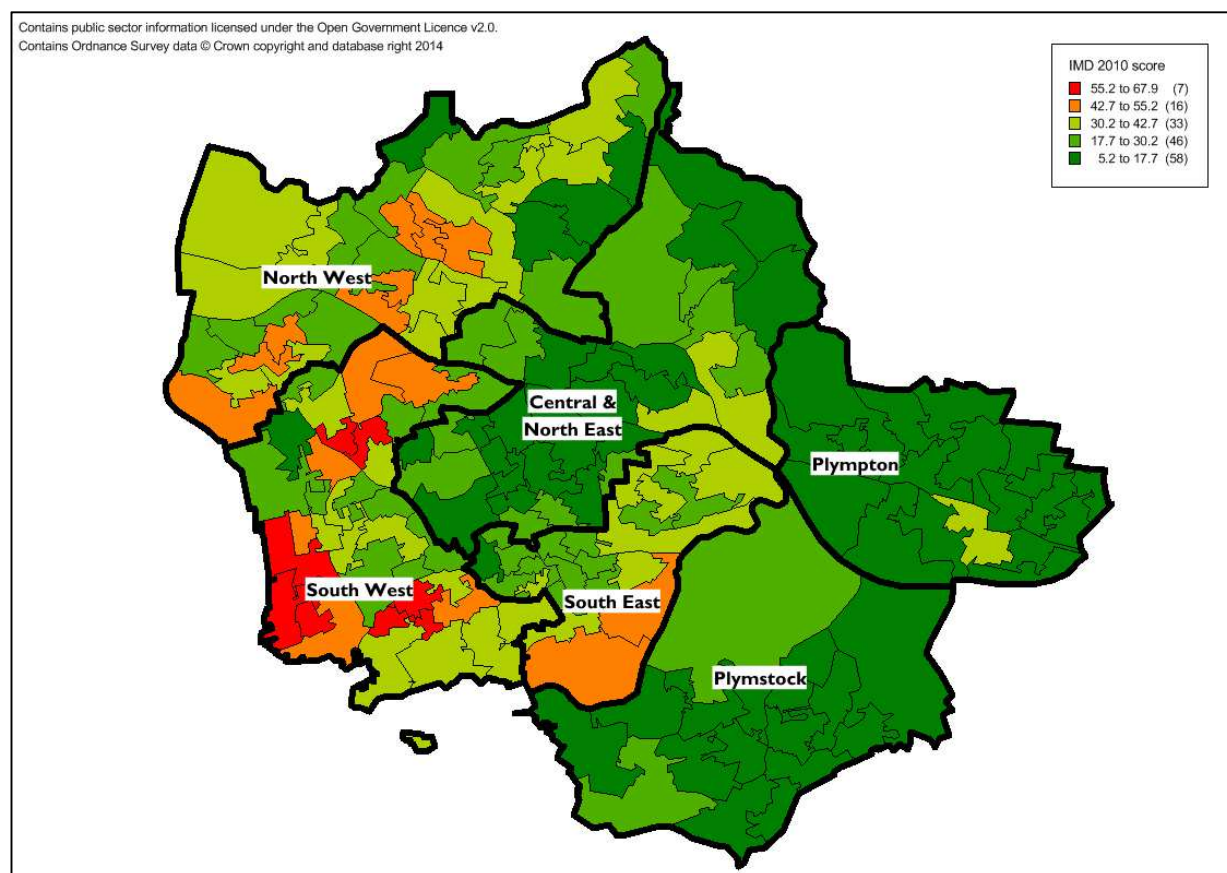
- 5.12 There were 21 Civil Partnership Formations in Plymouth in 2010, 24 in 2011, and 30 in 2012. 5,190 (2.5%) of people in Plymouth are separated and still either legally married or legally in a same-sex civil partnership. There is also no precise local data on numbers of Lesbian, Gay and

Bi-sexual (LGB) people in Plymouth but it is nationally estimated at 5.0% to 7.0%. This would mean that approximately 13,300 people aged 16 years and over in Plymouth are LGB.

Deprivation

- 5.13 Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Deprivation measures attempt to identify communities where the need for healthcare is greater, material resources are fewer and as such the capacity to cope with the consequences of ill-health are less. People are therefore deprived if there is inadequate education, inferior housing, unemployment, insufficient income, poor health, and low opportunities for enjoyment. A deprived area is conventionally understood to be a place in which people tend to be relatively poor and are relatively likely to suffer from misfortunes such as ill-health.
- 5.14 The English Indices of Deprivation 2010 use 38 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2010 (IMD 2010). This is an overall measure of multiple deprivation experienced by people living in an area. When analysing IMD data it is important to bear in mind the following:
- It is not an absolute measure of deprivation.
 - Not all people living in deprived areas are deprived and vice versa.
 - It cannot be compared over time because an area's score is affected by the scores of every other area; so it is impossible to tell whether a change in score is a real change in the deprivation level of an area, or whether it is due to the scores of other areas going up or down.
- 5.15 The IMD 2010 score is calculated for every Lower Super Output Area (LSOA) in England. LSOAs are part of a geographical framework developed for the collection and publication of small area statistics. They typically contain four to six Output Areas (OAs) with a population of around 1,500. Plymouth is made up of 160 LSOAs, which are aggregations of the city's 823 OAs.
- 5.16 The IMD 2010 score can be used to rank every LSOA in England according to their relative level of deprivation. Plymouth is ranked 72 out of 326 (1=most deprived; 326=least deprived). This places Plymouth just above the bottom 20% of local authorities in England. In comparison, Salford was ranked 18, Bristol 79, and Newcastle-upon-Tyne 150. Out of 32,482 LSOAs in England, Plymouth has two LSOAs in the 4% most deprived, two in the 3% most deprived, two in the 2% most deprived and one in the 1% most deprived LSOAs in the country.
- 5.17 Figure 2 shows the IMD 2010 values for the 160 LSOAs in Plymouth with the boundaries of the six localities overlain. Although it is useful to see data presented in this way, it does not show composite locality scores that can be used to identify, for example, the most or least deprived localities in the city. Therefore separate analysis has been carried out by the Public Health Team in Plymouth City Council to produce this (Table 6). On the basis of this analysis, the locality with the highest score (i.e. the most deprived) is the South West, with the North West and South East localities also scoring highly. The locality with the lowest score (i.e. the least deprived) is Plymstock, followed by Plympton and Central & North East localities.

Figure 2: Index of Multiple Deprivation (IMD) 2010 scores by locality and Lower Super Output Area (LSOA) within Plymouth



Source: Department for Communities and Local Government

Table 6: Index of Multiple Deprivation (IMD) 2010 score by locality

Locality	IMD 2010 SCORE
Central & North East	16.4
North West	32.1
Plympton	12.1
Plymstock	11.4
South East	28.5
South West	39.7
Plymouth	25.6

Source: Produced by the Public Health Team, Plymouth City Council, from Department for Communities and Local Government data

Car ownership (relevance to accessing pharmaceutical services)

- 5.18 Based on the 2011 Census, car ownership in Plymouth (72.2%) is slightly below the national average (74.2%) (Table 7). Car ownership is unevenly distributed across the city, with the South West locality having the smallest proportion of car owners per household (58.7%) and Plympton having the largest proportion (86.3%).

Table 7: Proportion (%) of car or van owners per household by locality

Locality	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 cars or vans in household	4 or more cars or vans in household	1 or more car or van in household
Central & North East	19.7	47.9	26.1	4.9	1.4	80.3
North West	27.9	47.3	20.4	3.5	1.0	72.1
Plympton	13.7	45.0	32.7	6.6	2.0	86.3
Plymstock	15.4	46.9	29.4	6.4	1.8	84.6
South East	35.4	44.5	15.6	3.3	1.3	64.6
South West	41.3	42.9	13.1	2.2	0.5	58.7
Plymouth	27.8	45.7	21.3	4.0	1.2	72.2

Source: Census 2011, Office for National Statistics

Mosaic breakdown

- 5.19 Mosaic is a dataset produced by Experian as a cross-channel consumer classification system designed to help users understand the demographics, lifestyles, preferences and behaviours of the UK adult population in detail. This is achieved by allocating individuals and households (by postcode) into one of 15 'Groups' and 66 detailed 'Types'. This resource is used by local authorities and public health teams in particular in order to better understand the local population.
- 5.20 Using postcode data from the 2012 GP registration database, the top three Mosaic Groups in Plymouth are:
1. *M Family Basics* (families with limited resources who have to budget to make ends meet) - 13.4% of postcodes
 2. *J Rental Hubs* (educated young people privately renting in urban neighbourhoods) - 12.8%
 3. *H Aspiring Homemakers* (younger households settling down in housing priced within their means) - 11.4%

However, across the localities the Groups are unevenly distributed (Table 8):

- Central & North East (top three):
 - o *H Aspiring Homemakers* - 19.6%
 - o *F Senior Security* – 19.0% (elderly people with assets who are enjoying a comfortable retirement)
 - o *E Suburban Stability* - 11.3% (mature suburban owners living settled lives in mid-range housing)
- North West:
 - o *M Family Basics* - 29.8%
 - o *K Modest Traditions* – 17.5% (mature homeowners of value homes enjoying stable lifestyles)
 - o *H Aspiring Homemakers* - 10.1%
- Plympton:
 - o *E Suburban Stability* - 31.6%
 - o *H Aspiring Homemakers* - 20.7%

- o *F Senior Security* - 16.5%
- Plymstock:
 - o *F Senior Security* - 29.6%
 - o *E Suburban Stability* - 23.7%
 - o *H Aspiring Homemakers* - 12.9%
- South East:
 - o *J Rental Hubs* - 42.9%
 - o *L Transient Renters* - 17.3% (single people privately renting low cost homes for the short term)
 - o *M Family Basics* - 15.4%
- South West:
 - o *L Transient Renters* - 20.8%
 - o *J Rental Hubs* - 19.5%
 - o *M Family Basics* - 16.7%

Table 8: Proportion (%) of Mosaic Groups by locality (based on individual postcodes)

MOSAIC GROUPS	Central & North East	North West	Plympton	Plymstock	South East	South West	Total
A Country Living	0.0	0.0	0.0	0.2	0.0	0.0	0.0
B Prestige Positions	5.6	4.6	5.9	9.5	0.0	0.3	3.6
C City Prosperity	0.3	0.0	0.0	0.0	0.2	0.2	0.1
D Domestic Success	8.0	1.7	10.4	9.9	0.0	1.3	4.2
E Suburban Stability	11.3	5.5	31.6	23.7	0.7	0.7	9.2
F Senior Security	19.0	5.4	16.5	29.6	1.4	3.5	10.3
G Rural Reality	0.0	0.0	0.0	0.3	0.0	0.0	0.0
H Aspiring Homemakers	19.6	10.1	20.7	12.9	5.6	5.5	11.4
I Urban Cohesion	1.7	0.0	0.0	0.0	1.0	4.2	1.4
J Rental Hubs	9.0	0.5	0.8	0.7	42.9	19.5	12.8
K Modest Traditions	10.6	17.5	2.6	4.0	6.2	6.2	8.6
L Transient Renters	5.9	7.8	4.1	6.1	17.3	20.8	10.9
M Family Basics	4.1	29.8	4.0	0.8	15.4	16.7	13.4
N Vintage Value	4.2	10.0	3.0	2.3	3.8	7.6	5.6
O Municipal Challenge	0.6	7.1	0.0	0.1	2.5	12.3	4.7
U Unclassified	0.2	0.0	0.4	0.1	3.0	1.4	3.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Mosaic 2014 lookup table and 2012 GP registration database

5.21 The main Mosaic Type for the city is L52 Midlife Stopgap at 6.4% (maturing singles in employment who are renting short-term affordable homes). A breakdown of Type by locality is provided in Table 9 and summarised below and overleaf:

- Central & North East - *H35 Primary Ambitions* – 10.5% (forward-thinking younger families who sought affordable homes in good suburbs which they may now be out-growing)
- North West - *M55 Families with Needs* – 13.2% (families with many children living in areas of high deprivation and who need support)
- Plympton - *E21 Family Ties* – 13.6% (active families with teens and adult children whose prolonged support is eating up household resources)

- Plymstock - *F24 Bungalow Haven* – 13.3% (peace-seeking seniors appreciating the calm of bungalow estates designed for the elderly)
- South East - *J42 Learners & Earners* – 23.8% (inhabitants of the university fringe where students and older residents mix in cosmopolitan locations)
- South West - *L52 Midlife Stopgap* - 11.0%

Table 9: Proportion (%) of Mosaic Types by locality (based on individual postcodes)

Row Labels	Central & North East	North West	Plympton	Plymstock	South East	South West	Plymouth
L52 Midlife Stopgap	4.7	2.1	3.2	5.4	11.9	11.0	6.4
J42 Learners & Earners	4.6	0.0	0.0	0.0	23.8	5.7	5.8
M55 Families with Needs	0.4	13.2	0.0	0.0	3.2	8.6	5.2
M53 Budget Generations	2.5	11.5	1.5	0.1	5.1	3.5	4.6
H35 Primary Ambitions	10.5	1.6	4.5	1.6	4.6	2.2	4.2
F25 Classic Grandparents	7.0	1.4	9.3	8.1	0.1	1.6	3.8
U99 Unclassified	0.2	0.0	0.4	0.1	3.0	1.4	3.7
K48 Down-to-Earth Owners	5.9	9.3	0.0	0.3	1.4	1.0	3.5
E21 Family Ties	4.0	1.2	13.6	10.0	0.0	0.4	3.5
K47 Offspring Overspill	4.1	4.7	2.0	3.1	3.5	2.2	3.3
J43 Student Scene	2.0	0.0	0.0	0.0	16.5	1.7	3.3
H30 Affordable Fringe	5.1	2.3	6.0	4.5	0.7	2.0	3.1
O63 Streetwise Singles	0.5	3.3	0.0	0.1	2.0	8.7	3.0
E20 Boomerang Boarders	4.3	1.4	8.9	9.1	0.2	0.2	3.0
F24 Bungalow Haven	4.5	2.1	3.2	13.3	0.2	0.0	2.9
J45 Bus-Route Renters	1.2	0.4	0.8	0.6	2.3	8.2	2.6
F23 Solo Retirees	4.9	1.5	3.3	4.9	1.1	1.7	2.6
M54 Childcare Squeeze	0.7	2.5	0.7	0.0	4.1	3.7	2.2
H34 Contemporary Starts	1.6	4.2	6.0	3.2	0.0	0.4	2.2
N61 Estate Veterans	1.4	5.5	0.5	0.0	1.0	2.1	2.1
L50 Renting a Room	0.0	0.0	0.0	0.0	4.2	5.8	1.9
B05 Empty-Nest Adventure	2.0	3.1	4.5	4.0	0.0	0.1	1.9
K46 Self Supporters	0.6	3.4	0.6	0.6	1.2	3.1	1.8
E19 Fledgling Free	1.3	2.3	5.7	1.3	0.4	0.1	1.6
D16 Mid-Career Convention	1.0	1.5	5.4	5.7	0.0	0.1	1.6
L51 Make Do & Move On	0.5	4.1	0.8	0.4	0.6	1.6	1.5
M56 Solid Economy	0.5	2.6	1.8	0.7	3.0	0.8	1.5
H31 First-Rung Futures	1.8	1.5	3.6	3.2	0.1	0.5	1.5
I39 Ageing Access	1.7	0.0	0.0	0.0	1.0	4.1	1.4
D17 Thriving Independence	4.4	0.0	0.7	2.4	0.0	1.1	1.4
O62 Low Income Workers	0.1	3.8	0.0	0.0	0.5	2.0	1.3
N57 Seasoned Survivors	0.6	2.7	0.2	0.4	1.3	1.9	1.3
L49 Disconnected Youth	0.6	1.6	0.0	0.3	0.6	2.4	1.1
E18 Dependable Me	1.7	0.6	3.4	3.2	0.1	0.0	1.1

Row Labels	Central & North East	North West	Plympton	Plymstock	South East	South West	Plymouth
N59 Pocket Pensions	1.4	1.6	0.7	1.1	0.5	0.8	1.0
F22 Legacy Elders	2.6	0.4	0.7	3.3	0.0	0.1	1.0
J41 Central Pulse	0.5	0.0	0.0	0.0	0.1	3.5	0.9
B06 Bank of Mum and Dad	1.6	0.6	1.2	2.7	0.0	0.1	0.8
N60 Dependent Greys	0.3	0.1	0.2	0.0	1.0	1.9	0.7
D15 Modern Parents	0.2	0.2	4.3	1.9	0.0	0.0	0.7
N58 Aided Elderly	0.5	0.0	1.6	0.8	0.0	0.8	0.5
D14 Cafés and Catchments	2.3	0.0	0.0	0.0	0.0	0.0	0.5
B09 Diamond Days	1.2	0.4	0.0	0.4	0.0	0.1	0.4
B07 Alpha Families	0.5	0.5	0.1	2.3	0.0	0.0	0.4
O64 High Rise Residents	0.0	0.0	0.0	0.0	0.0	1.5	0.3
J40 Career Builders	0.8	0.0	0.0	0.1	0.2	0.4	0.3
H32 Flying Solo	0.6	0.3	0.5	0.4	0.3	0.0	0.3
H33 New Foundations	0.0	0.2	0.1	0.0	0.0	0.3	0.1
C13 Uptown Elite	0.3	0.0	0.0	0.0	0.2	0.2	0.1
B08 Premium Fortunes	0.2	0.0	0.0	0.0	0.0	0.1	0.1
O66 Inner City Stalwarts	0.0	0.0	0.0	0.0	0.0	0.1	0.0
I37 Community Elders	0.0	0.0	0.0	0.0	0.0	0.1	0.0
G29 Satellite Settlers	0.0	0.0	0.0	0.3	0.0	0.0	0.0
A04 Village Retirement	0.0	0.0	0.0	0.2	0.0	0.0	0.0
Grand Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Mosaic 2014 lookup table and 2012 GP registration database

6. ASSESSING NEED: AN OVERVIEW OF PLYMOUTH

This chapter provides a high level overview of the key health needs of the Plymouth population compared to the England average.

Introduction

- 6.1 The Health Profiles published by Public Health England (PHE) provide an overview of the general health of the local population. They present a set of key indicators that, through comparison with other areas and with the national average, can highlight potential problems locally. They are designed to help local government and health services identify problems and decide how to tackle them to improve health and reduce health inequalities. Plymouth's Health Profile for 2014 is included overleaf (Figure 3). This is followed by the Child Health Profile also produced by PHE (Figure 4). A summary of selected indicators is provided below.

Public Health England's Health Profile for Plymouth 2014

- 6.2 Selected indicators where Plymouth's value is 'better' than the England average:
- Statutory homelessness
 - People diagnosed with diabetes
 - Road injuries and deaths
 - Long-term unemployment
 - Incidence of TB
- 6.3 Selected indicators where Plymouth's value is 'worse' than the England average:
- Under-18 pregnancy
 - Under-18 alcohol-specific hospital stays
 - Adults smoking
 - Incidence of malignant melanoma
 - Early deaths from cancer
- 6.4 Selected indicators where Plymouth's value is 'not significantly different' to the England average:
- Obese children (Year 6)
 - Physically active adults
 - Infant deaths
 - Early deaths from heart disease and stroke
 - Hip fractures in people aged 65 and over

The Child Health Profile for Plymouth 2014

- 6.5 Selected indicators where Plymouth's value is 'better' than the England average:
- Dtap/IPV/Hib vaccinations
 - Children achieving a good level of development at the end of reception
 - A&E attendances (under 5)

- Hospital admissions for asthma (under 19)

6.6 Selected indicators where Plymouth's value is 'worse' than the England average:

- 16-18 year olds not in education, employment or training
- Hospital admissions caused by injuries in children (under 15)
- Hospital admissions due to alcohol specific conditions
- Under 18 conceptions
- Breastfeeding prevalence

6.7 Selected indicators where Plymouth's value is 'not significantly different' to the England average:

- GCSEs achieved (5A* - C including English and mathematics)
- Obese children
- Hospital admissions caused by injuries in young people (15-24)
- Infant deaths
- Children with one or more decayed, missing or filled teeth

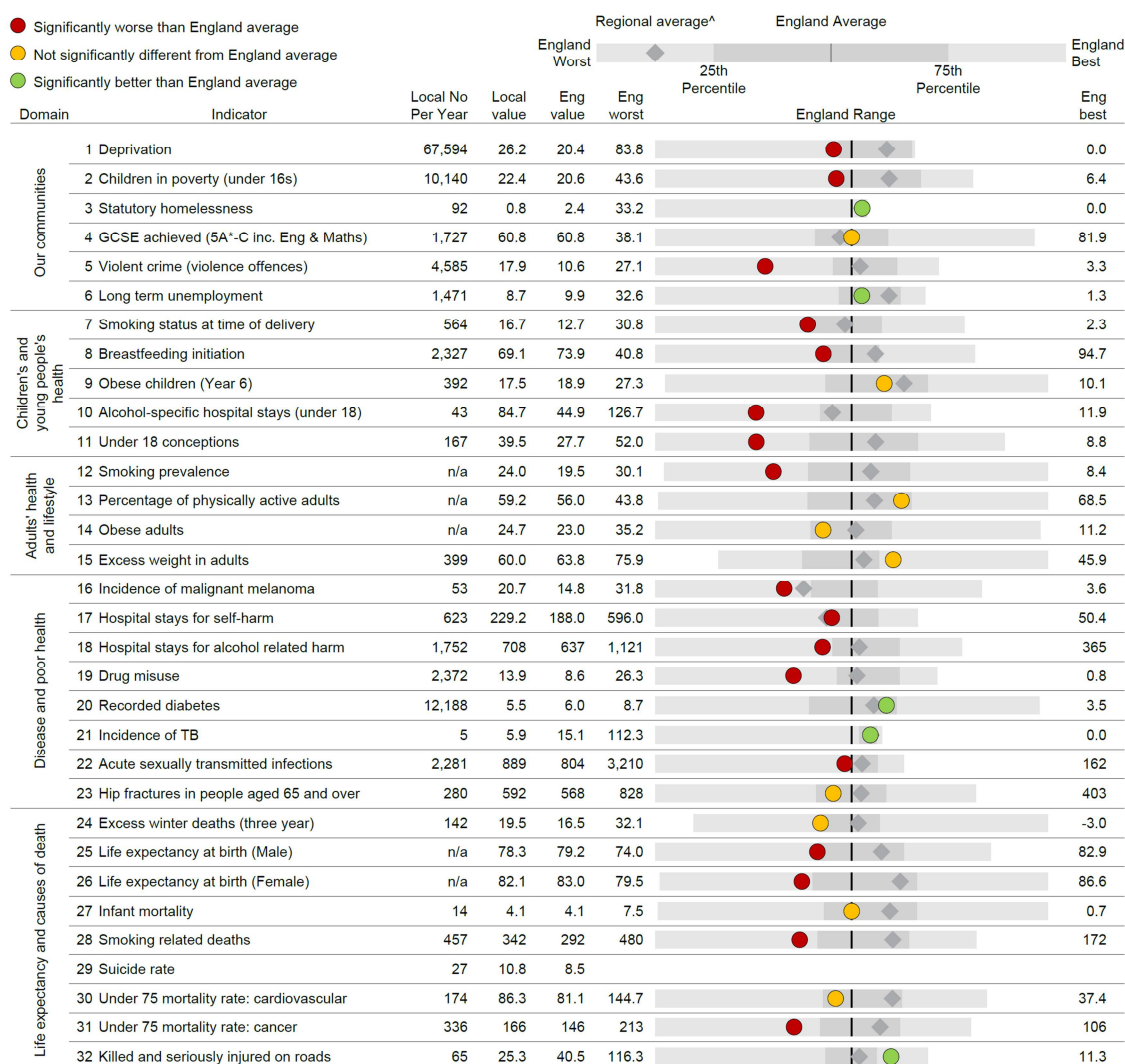
Figure 3: General health profile for Plymouth 2014

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Health Summary for Plymouth

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2012/13 9 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2009-2011 17 Directly age sex standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 21 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12 25 At birth, 2010-2012 26 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2010-2012 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012 30 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 31 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 32 Rate per 100,000 population, 2010-2012 [^] "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info Please send any enquiries to healthprofiles@phe.gov.uk

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Figure 4: Child health profile for Plymouth 2014

Plymouth Child Health Profile

March 2014

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Significantly better than England average

- Not significantly different
- ◆ Regional average

25th percentile England average 75th percentile

	Indicator	Local no.	Local value	Eng. ave.	Eng. worst		Eng. best
Premature mortality	1 Infant mortality	15	4.4	4.3	7.7		1.3
	2 Child mortality rate (1-17 years)	6	11.6	12.5	21.7		4.0
Health protection	3 MMR vaccination for one dose (2 years)	3,042	92.6	92.3	77.4		98.4
	4 Dtap / IPV / Hib vaccination (2 years)	3,224	98.1	96.3	81.9		99.4
	5 Children in care immunisations	235	83.9	83.2	0.0		100.0
	6 Acute sexually transmitted infections (including chlamydia)	1,416	33.1	34.4	89.1		14.1
Wider determinants of ill health	7 Children achieving a good level of development at the end of reception	1,715	57.3	51.7	27.7		69.0
	8 GCSEs achieved (5 A*-C inc. English and maths)	1,727	60.8	60.8	43.7		80.2
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	5	16.7	15.3	0.0		41.7
	10 16-18 year olds not in education, employment or training	690	7.8	5.8	10.5		2.0
	11 First time entrants to the youth justice system	150	669.8	537.0	1,426.6		150.7
	12 Children in poverty (under 16 years)	10,140	22.4	20.6	43.6		6.9
	13 Family homelessness	188	1.6	1.7	9.5		0.1
	14 Children in care	370	73	60	166		20
	15 Children killed or seriously injured in road traffic accidents	8	17.8	20.7	45.6		6.3
Health improvement	16 Low birthweight of all babies	256	7.4	7.3	10.2		4.2
	17 Obese children (4-5 years)	274	10.0	9.3	14.8		5.7
	18 Obese children (10-11 years)	389	17.6	18.9	27.5		12.3
	19 Children with one or more decayed, missing or filled teeth	-	24.9	27.9	53.2		12.5
	20 Under 18 conceptions	186	43.6	30.7	58.1		9.4
	21 Teenage mothers	56	1.7	1.2	3.1		0.2
	22 Hospital admissions due to alcohol specific conditions	42	82.0	42.7	113.5		14.6
	23 Hospital admissions due to substance misuse (15-24 years)	30	72.6	75.2	218.4		25.4
Prevention of ill health	24 Smoking status at time of delivery	564	16.7	12.7	30.8		2.3
	25 Breastfeeding initiation	2,327	69.1	73.9	40.8		94.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	1,180	34.2	47.2	17.5		83.3
	27 A&E attendances (0-4 years)	5,111	332.4	510.8	1,861.3		214.4
	28 Hospital admissions caused by injuries in children (0-14 years)	647	153.3	103.8	191.3		61.7
	29 Hospital admissions caused by injuries in young people (15-24 years)	543	127.1	130.7	277.3		63.8
	30 Hospital admissions for asthma (under 19 years)	81	148.8	221.4	591.9		63.4
	31 Hospital admissions for mental health conditions	36	70.7	87.6	434.8		28.7
	32 Hospital admissions as a result of self-harm (10-24 years)	242	425.5	346.3	1,152.4		82.4

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

1 Mortality rate per 1,000 live births (age under 1 year), 2010-2012

2 Directly standardised rate per 100,000 children age 1-17 years, 2010-2012

3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2012/13

4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2012/13

5 % children in care with up-to-date immunisations, 2013

6 Acute STI diagnoses per 1,000 population aged 15-24 years, 2012

7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2012/13

8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2012/13

9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2013 (provisional)

10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2012

11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2012

12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2011

13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2012/13

14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2013

15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2010-2012

16 Percentage of live and stillbirths weighing less than 2,500 grams, 2012

17 % school children in Reception year classified as obese, 2012/13

18 % school children in Year 6 classified as obese, 2012/13

19 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12

20 Under 18 conception rate per 1,000 females age 15-17 years, 2011

21 % of delivery episodes where the mother is aged less than 18 years, 2012/13

22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2010/11-2012/13

23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2010/11-2012/13

24 % of mothers smoking at time of delivery, 2012/13

25 % of mothers initiating breastfeeding, 2012/13

26 % of mothers breastfeeding at 6-8 weeks, 2012/13

27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2011/12

28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2012/13

29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2012/13

30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2012/13

31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2012/13

32 Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2012/13

7. ASSESSING NEED: LOCALITY-BASED HEALTH PROFILE (CRADLE TO GRAVE)

Whilst Chapter 6 outlined the health profile for Plymouth, this chapter provides a more detailed examination of the different health needs ('cradle to grave') of the population on a locality basis. This is particularly relevant when considering whether or not pharmaceutical provision meets the needs of a local population. A table summarising the key health needs (cradle to grave) by locality is provided first. This is followed by another table which ranks the localities against each health need in terms of how well they are doing. Whilst these tables provide a helpful overview, detailed information for each health need is then presented for the remainder of the chapter. Additional information can be found on the JSNA website: <http://www.plymouth.gov.uk/jsna>.

Summary of health needs (cradle to grave) by locality

- 7.1 As outlined above, Table 10 overleaf provides a summary of key health needs/indicators (covering cradle to grave) for the Plymouth population on a locality-by-locality basis. This is followed by Table 11 which gives each locality's rank (from 1=the 'worst' performing locality to 6=the 'best' performing locality) against each health need/indicator to allow for easy comparison of health needs. This crude comparison highlights that the South West and North West localities have the greatest needs overall. Indicator definitions are included in the relevant following sections (7.2 onwards).

Table 10: Summary of indicators by locality (values)

Indicator	Central & North East	North West	Plympton	Plymstock	South East	South West	Plymouth
Births (numbers)	561	863	351	264	476	927	3,442
Low birth weight births (%)	8.0	6.1	6.8	3.8	7.8	9.5	7.5
Life expectancy (years)	82.9	79.6	81.9	82.5	79.2	78.0	80.5
Breastfeeding at 6-8 weeks (%)	47.2	25.5	41.4	47.8	40.8	32.5	36.6
Vulnerable families (%)	5.9	17.6	5.3	4.7	23.5	25.6	16.0
Dental disease in children (prevalence) (%)	20.6	43.7	19.3	15.8	31.1	38.1	29.1
Childhood obesity (%)	11.9	13.6	13.7	11.4	14.7	14.3	13.4
Self-reported 'bad' or 'very bad health' (%)	5.6	8.0	5.0	5.2	5.5	8.0	6.5
Long-term health problem or disability (%)	19.3	23.2	18.5	20.4	16.8	22.1	20.4
Elective admissions (rate per 10,000 pop)	1,440	1,443	1,733	1,623	1,247	1,459	1,461
Emergency admissions (rate per 10,000 pop)	902	1,027	904	893	999	1,213	999
Circulatory disease mortality (all ages) (rate per 10,000 pop)	27.1	33.1	25.4	23.5	29.0	32.9	29.2
Circulatory disease mortality (under 75s) (rate per 10,000 pop)	6.9	9.8	7.5	3.7	13.2	12.2	9.0
Respiratory disease mortality (all ages) (rate per 10,000 pop)	12.7	15.9	12.1	13.7	19.2	23.9	16.2
Respiratory disease mortality (under 75s) (rate per 10,000 pop)	1.9	5.0	2.9	3.5	6.4	7.7	4.5
All-age-all-cause mortality (rate per 10,000 pop)	46.2	57.5	38.1	42.9	57.3	63.2	51.5

Table 11: Summary of indicators by locality (ranking) (1='worst' value, 6='best' value) and overall rank (1='worst' performing locality, 6='best' performing locality)

Indicator	Central & North East	North West	Plympton	Plymstock	South East	South West	Plymouth
Births (1 = highest number of births)	3	2	5	6	4	1	N/A
Low birth weight births	2	5	4	6	3	1	N/A
Life expectancy	6	3	4	5	2	1	N/A
Breastfeeding at 6-8 weeks	5	1	4	6	3	2	N/A
Vulnerable families	4	3	5	6	2	1	N/A
Dental disease in children (prevalence)	4	1	5	6	3	2	N/A
Childhood obesity	5	4	3	6	1	2	N/A
Self-reported 'bad' or 'very bad health'	3	1	6	5	4	1	N/A
Long-term health problem or disability	4	1	5	3	6	2	N/A
Elective admissions	5	4	1	2	6	3	N/A
Emergency admissions	5	2	4	6	3	1	N/A
Circulatory disease mortality (all ages)	4	1	5	6	3	2	N/A
Circulatory disease mortality (under 75s)	5	3	4	6	1	2	N/A
Respiratory disease mortality (all ages)	5	3	6	4	2	1	N/A
Respiratory disease mortality (under 75s)	6	3	5	4	2	1	N/A
All-age-all-cause mortality	4	2	6	5	3	1	N/A
Sum of Ranks (not including births)	67	37	67	76	44	23	N/A
Overall Rank (not including births)	=4	2	=4	6	3	1	N/A

The above indicators are now discussed in turn.

Births

- 7.2 The number of births in the city has increased by 18.9% from 2004 to 2012 (Table 12). The South West and Plymstock localities have experienced the largest percentage increase (25.4%) and Central & North East the lowest (9.8%).

Table 12: Number of births by locality, 2004 to 2012

Locality	2004	2005	2006	2007	2008	2009	2010	2011	2012	% change
Central & North East	506	477	481	557	540	560	574	543	561	9.8
North West	700	717	741	772	777	783	793	811	863	18.9
Plympton	298	308	337	325	328	350	353	341	351	15.1
Plymstock	197	230	230	238	242	216	254	245	264	25.4
South East	398	401	459	478	473	504	425	492	476	16.4
South West	692	701	777	827	867	848	895	875	927	25.4
Plymouth	2,791	2,834	3,025	3,197	3,227	3,261	3,294	3,307	3,442	18.9

Source: ONS annual birth extracts, Office for National Statistics

Low birth weight births

- 7.3 From 2004 to 2012, the proportion of low birth weight births (<2,500 grams) in Plymouth has varied from 6.9% to 7.8% (Table 13). Their distribution is unevenly spread across Plymouth, with the largest proportion in the South West locality and the smallest proportion in Plymstock.

Table 13: Proportion (%) of low birth weight births (<2,500 grams) by locality, 2004-12

Locality	2004	2005	2006	2007	2008	2009	2010	2011	2012	% change
Central & North East	6.5	7.8	6.0	5.0	5.4	6.1	5.7	6.3	8.0	1.5
North West	7.6	8.4	7.2	7.8	8.6	7.5	6.3	7.9	6.1	-1.4
Plympton	5.7	6.5	6.2	6.2	5.2	4.6	7.1	5.6	6.8	1.1
Plymstock	3.6	7.0	4.3	4.6	3.7	2.8	3.5	7.8	3.8	0.2
South East	6.8	9.2	5.9	10.7	7.0	6.2	7.1	8.7	7.8	1.0
South West	7.9	7.3	6.3	9.1	9.5	7.2	10.4	8.3	9.5	1.5
Plymouth	6.9	7.8	6.2	7.7	7.3	6.3	7.3	7.6	7.5	0.6

Source: ONS annual birth extracts, Office for National Statistic

Life expectancy at birth

- 7.4 Life expectancy at birth for the period 1991-93 was 73.3 years for males and 79.0 years for females (a 5.7 year differential). By 2010-12, life expectancy of males in the city increased to 78.3 years (+5.0 years) whilst life expectancy for females increased to 82.1 years (+3.1 years). The result of these increases is the closing of the gap between females and males to 3.8 years in 2010-12.
- 7.5 Table 14 shows that life expectancy at birth varies by locality, with the Central & North East locality having the highest life expectancy at birth (82.9 years in 2010-12) and the South West having the lowest (78.0 years in 2010-12). Although life expectancy has increased across all localities, the gap between the highest and lowest performing localities has not decreased substantially, with a gap of 4.9 years in 2002-04 and a similar gap of 4.8 years in 2010-12.

Table 14: Life expectancy at birth (in years) by locality, 2002-04 to 2010-12

Locality	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	Change in years
Central & North East	80.5	80.3	80.7	80.8	81.4	81.6	82.2	82.7	82.9	2.4
North West	78.1	78.5	79.2	79.4	79.3	79.3	79.3	79.5	79.6	1.5
Plympton	80.4	80.3	80.0	80.1	80.8	81.4	81.8	81.7	81.9	1.5
Plymstock	80.6	80.5	81.2	82.4	82.9	82.2	82.0	81.9	82.5	2.0
South East	77.9	78.6	79.3	80.0	79.7	79.4	79.3	79.2	79.2	1.4
South West	75.7	75.9	76.7	76.9	77.3	77.4	77.4	78.0	78.0	2.3
Plymouth	78.5	78.7	79.3	79.6	79.9	79.9	80.1	80.3	80.5	2.0

Source: Public Health Team, Plymouth City Council, using ONS birth and mortality extracts

Breastfeeding

- 7.6 In 2013, 36.6% of mothers were breastfeeding at the 6-8 week baby check (Table 15). The locality with the highest proportion of breastfeeding mothers was Plymstock (47.8%), with the lowest proportion in the North West (25.5%). The proportion of mothers' breastfeeding has increased across all six localities since 2008, with Plympton seeing the greatest increase (23.8 percentage points).

Table 15: Proportion (%) of mothers' breastfeeding at the 6-8 week baby check by locality, 2008-13

Locality	2008	2009	2010	2011	2012	2013	% point change
Central & North East	24.8	37.8	44.8	45.6	41.6	47.2	22.4
North West	19.8	25.7	22.3	27.4	23.9	25.5	5.7
Plympton	17.6	34.6	34.8	41.4	38.8	41.4	23.8
Plymstock	30.0	47.2	42.5	42.7	48.3	47.8	17.8
South East	28.5	37.9	37.2	42.9	35.9	40.8	12.3
South West	22.6	30.8	33.1	35.7	27.8	32.5	10.0
Plymouth	23.1	33.3	34.0	37.5	33.0	36.6	13.5

Source: Public Health Team, Plymouth City Council, using data from Child Health Information System

Vulnerable families

- 7.7 Plymouth Health Visitors have completed a 'health needs' form for every family on their caseload every two years since 2002. Information on 31 health need factors is recorded and families who experience four or more of a specific sub-set of 26 indicators are classified as 'vulnerable'. For a copy of the Health Visitor Survey Report 2014 see <http://www.plymouth.gov.uk/healthvisitorsurveyreport.pdf>.
- 7.8 In 2014, 2,141 families (16.0%) were classified as vulnerable. Table 16 shows that the proportion of vulnerable families in the city has declined from 24.9% to 16.0% over the past 12 years of the survey. The localities with the highest proportion of vulnerable families have consistently been the North West, South East and South West. Plymstock has the lowest proportion of vulnerable families. All six localities have seen a reduction in the proportion of vulnerable families since 2002.

Table 16: Proportion (%) of vulnerable families by locality, 2002 to 2014

Locality	2002	2004	2006	2008	2010	2012	2014	% point change
Central & North East	11.7	13.9	10.9	8.0	4.7	5.9	5.9	-5.8
North West	30.1	30.0	25.3	20.8	16.8	18.2	17.6	-12.5
Plympton	11.3	10.4	7.4	8.2	2.0	1.7	5.3	-6.0
Plymstock	8.5	9.5	7.1	6.1	4.6	4.9	4.7	-3.8
South East	30.7	30.2	25.6	19.0	15.0	18.2	23.5	-7.2
South West	40.9	38.1	30.6	25.6	17.0	18.0	25.6	-15.3
Plymouth	24.9	24.8	20.5	16.9	11.7	13.0	16.0	-8.9

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

Dental health of children

- 7.9 There have been two surveys of the dental health of children aged five years in Plymouth, undertaken in 2000 and in 2009 respectively. It is therefore possible to examine changes in oral health (and oral health inequalities) in this population group over a nine year period. It is important to note, however, that the surveys were analysed based on the previous localities (pre-2012) and after 2012 there were some minor changes to the boundaries.
- 7.10 In studies of dental decay, examiners count the number of sound teeth in each individual and the numbers of teeth that are decayed, missing and filled. The addition of the decayed, missing and filled components into a single score is the most commonly used mechanism for assessing the dental health status of the individual, giving rise to an individual 'dmft score' (lower case is used to denote 'primary' teeth). This score along with the prevalence (i.e. the proportion of children with disease experience) gives a good picture of the dental health status of populations.
- 7.11 Table 17 shows the average number of decayed, missing or filled teeth per five year old child in 2009 and the proportion of children with decay in 2009. It also shows the changes in these variables from 2000 to 2009. Overall, average dmft has reduced by 0.7, to stand at 0.9 in 2009. The proportion of children with decay has reduced by 12.6 percentage points to stand at 29.1% in 2009. Children in the South West locality have the highest average dmft (1.4 teeth), whereas the prevalence of dental disease is highest in the North West (43.7%).

Table 17: Dental health of children (classified as average number of decayed, missing or filled teeth (dmft) per five year old child), 2000 and 2009

Locality	Dmft in 2009	Change in dmft	%dmft >0 in 2009	Change in % dmft >0
Central & North East	0.7	0.5	20.6	15.1
North West	1.2	0.7	43.7	4.5
Plympton	0.6	0.4	19.3	12.4
Plymstock	0.3	0.6	15.8	15.6
South East	1.3	0.6	31.1	17.4
South West	1.4	0.6	38.1	9.1
Plymouth	0.9	0.7	29.1	12.6

Source: Public Health Team, Plymouth City Council, using data from dental epidemiological surveys

Childhood obesity

- 7.12 Children in Reception and Year 6 classes are weighed and measured on an annual basis as part of the National Child Measurement Programme (NCMP). Children whose BMI for their age and sex place them equal to or above the 95th centile are classified as 'obese'.
- 7.13 Table 18 shows that levels of childhood obesity have increased from 12.1% (2006-07) to 13.4% (2012-13) in Plymouth. The South East had the highest level of childhood obesity in 2012/13 (14.7%) and Plymstock had the lowest level in 2012-13 (11.4%). The localities with the largest percentage point increase since 2006-07 were the South East and Plympton, whilst Central & North East and South West have decreased over that time.

Table 18: Proportion (%) of children classified as obese by locality, 2006-07 to 2012-13

Locality	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	% point change
Central & North East	12.0	12.5	11.4	10.1	12.1	12.0	11.9	-0.1
North West	11.2	14.7	16.2	13.6	15.0	14.9	13.6	2.4
Plympton	10.2	11.9	11.8	10.0	10.7	10.7	13.7	3.5
Plymstock	10.3	11.1	13.9	11.3	11.1	9.9	11.4	1.1
South East	11.2	14.4	17.1	11.4	14.8	16.6	14.7	3.5
South West	16.1	14.9	14.9	16.7	16.0	15.7	14.3	-1.8
Plymouth	12.1	13.4	14.2	12.7	13.7	13.7	13.4	1.3

Source: NCMP, Public Health Team, Plymouth City Council

Self-reported general health – 'bad' or 'very bad health'

- 7.14 Based on the 2011 Census, 6.5% of Plymouth's population reported themselves to be in 'bad health' or 'very bad health' (Table 19). 8.0% of the population in the North West and 8.0% in the South West reported their health to be either 'bad' or 'very bad', compared to 5.0% of the population in Plympton and 5.2% of the population in Plymstock.

Table 19: Proportion (%) of population reporting themselves to be in 'bad health' or 'very bad health' by locality, 2011

Locality	Population number	Proportion (%)
Central & North East	2,873	5.6
North West	4,224	8.0
Plympton	1,504	5.0
Plymstock	1,288	5.2
South East	2,192	5.5
South West	4,615	8.0
Plymouth	16,696	6.5

Source: Census 2011, Office for National Statistics

Long-term health problem or disability

- 7.15 Based on the 2011 Census, 20.4% of Plymouth's population reported that their day-to-day activities were limited (Table 20). The North West had the greatest proportion (23.2%) and the South East the smallest proportion (16.8%).

Table 20: Proportion (%) of adult population reporting that their day-to-day activities were limited by locality, 2011

Locality	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities limited
Central & North East	9.0	10.3	19.3
North West	12.0	11.1	23.2
Plympton	8.5	10.0	18.5
Plymstock	9.3	11.0	20.4
South East	8.2	8.6	16.8
South West	11.2	10.9	22.1
Plymouth	10.0	10.4	20.4

Source: Census 2011, Office for National Statistics

Hospital admissions – elective

- 7.16 The directly aged-standardised rate of elective hospital admissions per 10,000 people for Plymouth increased by 85 from 2007-08 to 2012-13 (Table 21). Across all six localities the rate of admissions has increased. Plympton has the highest rate with 1,733 elective admissions per 10,000 population compared to the South East with 1,247 elective admissions per 10,000 population.

Table 21: Directly age-standardised rate of elective hospital admissions per 10,000 people by locality and year

Locality	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Change in rate
Central & North East	1,375	1,341	1,386	1,397	1,544	1,440	65
North West	1,350	1,265	1,285	1,416	1,527	1,443	93
Plympton	1,550	1,456	1,498	1,306	1,745	1,733	183
Plymstock	1,524	1,424	1,497	1,313	1,660	1,623	100
South East	1,171	1,155	1,208	1,138	1,319	1,247	76
South West	1,402	1,330	1,358	1,404	1,526	1,459	56
Plymouth	1,376	1,313	1,351	1,345	1,531	1,461	85

Source: Public Health Team, Plymouth City Council, from SUS (Secondary Uses Service) data

Hospital admissions – emergency

- 7.17 The directly age-standardised rate of emergency hospital admissions per 10,000 people for Plymouth has decreased by 41 from 2007-08 to 2012-13 (Table 22). Across the six localities, there has been a consistent decline in the rate of admissions. Emergency hospital admissions are unevenly distributed across the city, with the South West locality having the highest rate with 1,213 emergency admissions per 10,000 population compared to Plymstock with 893 emergency admissions per 10,000 population.

Table 22: Directly age-standardised rate of emergency hospital admissions per 10,000 people by locality and year

Locality	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Change in rate
Central & North East	939	932	1,207	940	910	902	-37
North West	1,067	1,061	1,158	1,066	1,034	1,027	-40
Plympton	951	938	1,235	872	915	904	-47
Plymstock	942	924	1,204	903	905	893	-48
South East	1,030	1,023	1,303	985	1,006	999	-30
South West	1,247	1,241	1,208	1,231	1,214	1,213	-35
Plymouth	1,040	1,031	1,212	1,017	1,007	999	-41

Source: Public Health Team, Plymouth City Council, from SUS (Secondary Uses Service) data

Circulatory disease mortality (all ages)

- 7.18 The directly age-standardised rate of mortality from circulatory diseases for persons of all ages per 10,000 population has fallen in Plymouth by 19.8 from 2003 to 2012 (Table 23). The rate has decreased across all localities. The North West locality has the highest mortality rate of 33.1 per 10,000 population compared to Plymstock which has a mortality rate of 23.5 per 10,000 population.

Table 23: Directly age-standardised rate of circulatory disease mortality (all ages) per 10,000 people by locality and year

Locality	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Change in rate
Central & North East	46.1	39.3	37.5	35.3	31.6	33.5	29.8	27.0	24.9	27.1	-19.0
North West	55.5	43.8	41.6	37.2	42.1	37.8	37.7	35.8	32.1	33.1	-22.4
Plympton	40.0	43.6	40.0	36.1	38.7	28.2	28.3	29.3	25.6	25.4	-14.7
Plymstock	39.9	40.2	37.9	31.9	27.4	32.2	32.6	24.5	23.4	23.5	-16.4
South East	44.9	52.2	31.2	46.3	34.0	34.8	38.9	34.1	31.7	29.0	-15.9
South West	59.7	54.3	49.7	44.2	43.8	39.1	36.8	40.3	34.6	32.9	-26.8
Plymouth	49.0	45.2	40.3	38.3	36.8	34.9	34.1	32.0	28.7	29.2	-19.8

Source: Primary Care Mortality Database & ONS Annual Mortality extract

- 7.19 The directly age-standardised rate of mortality from circulatory diseases for under 75s (per 10,000 population) has fallen in Plymouth by 5.9 (from 2003 to 2012) and across all localities (Table 24). The South East locality has the highest mortality rate of 13.2 per 10,000 population compared to the Plymstock locality which has a mortality rate of 3.7 per 10,000 population.

Table 24: Directly age-standardised rate of circulatory disease mortality (under 75s) per 10,000 people by locality and year

Locality	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Change in rate
Central & North East	12.8	7.0	7.9	10.7	7.1	9.1	7.5	6.3	6.1	6.9	-5.9
North West	18.7	12.6	15.0	8.2	13.4	13.6	11.3	10.8	8.9	9.8	-9.0
Plympton	10.4	11.0	11.7	8.0	4.8	4.5	6.1	5.0	6.0	7.5	-2.9
Plymstock	9.0	11.6	8.4	6.6	6.8	4.8	6.3	5.6	2.8	3.7	-5.2
South East	13.8	19.9	13.7	13.9	11.3	15.4	17.6	15.0	8.7	13.2	-0.6
South West	20.2	19.9	18.5	17.9	14.5	17.2	14.3	13.6	11.6	12.2	-7.9
Plymouth	15.0	13.3	12.8	11.0	10.1	11.2	10.4	9.3	7.6	9.0	-5.9

Source: Primary Care Mortality Database & ONS Annual Mortality extract

Respiratory disease mortality (all ages)

- 7.20 The directly age-standardised rate of mortality from respiratory diseases for persons of all ages (per 10,000 population) has fallen in Plymouth by 2.0 (from 2003 to 2012) (Table 25). The South West locality has the highest mortality rate of 23.9 per 10,000 population compared to Plympton locality which has a mortality rate of 12.1 per 10,000 population.

Table 25: Directly age-standardised rate of respiratory disease mortality (all ages) per 10,000 people by locality and year

Locality	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Change in rate
Central & North East	16.7	17.9	14.7	13.0	13.2	14.2	14.7	14.1	9.9	12.7	- 4.0
North West	19.1	14.5	14.9	13.2	13.6	17.0	17.7	17.0	17.7	15.9	- 3.2
Plympton	17.3	14.3	19.2	14.9	12.6	16.8	15.8	14.6	17.2	12.1	-5.2
Plymstock	9.7	12.5	13.3	11.8	9.4	15.0	14.9	10.1	13.4	13.7	3.9
South East	20.0	14.7	16.6	14.6	13.2	14.6	16.7	16.7	18.2	19.2	- 0.7
South West	23.1	17.9	21.6	21.0	19.1	17.7	22.1	21.9	16.0	23.9	0.8
Plymouth	18.2	15.7	16.7	14.9	14.0	15.9	17.0	15.9	15.0	16.2	- 2.0

Source: Primary Care Mortality Database & ONS Annual Mortality extract

- 7.21 The directly age-standardised rate of mortality from respiratory diseases for under 75s (per 10,000 population) has increased in Plymouth by 0.3 from 2003 to 2012 (Table 26). The South West locality has a mortality rate of 7.7 per 10,000 population compared to Central & North East locality which has a mortality rate of 1.9 per 10,000 population.

Table 26: Directly age-standardised rate of respiratory disease mortality (under 75s) per 10,000 people by locality and year

Locality	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Change in rate
Central & North East	3.3	3.4	3.2	3.4	1.6	3.6	3.6	2.4	2.1	1.9	- 1.4
North West	5.5	4.7	3.1	4.7	3.3	3.8	3.9	3.7	4.5	5.0	- 0.5
Plympton	2.7	2.2	4.3	2.5	2.1	2.2	2.0	3.7	4.4	2.9	0.2
Plymstock	0.9	3.0	2.5	0.8	2.0	3.4	3.2	1.1	2.7	3.5	2.6
South East	6.3	4.3	5.0	6.4	3.3	3.3	4.5	3.8	4.6	6.4	0.2
South West	5.7	3.6	6.5	6.5	6.4	4.0	4.2	6.5	5.2	7.7	2.1
Plymouth	4.2	3.6	4.1	4.2	3.2	3.5	3.6	3.6	3.9	4.5	0.3

Source: Primary Care Mortality Database & ONS Annual Mortality extract

All-age-all-cause mortality

- 7.22 The directly age-standardised rate of mortality from all causes for persons of all ages (per 10,000 population) has decreased from 2003 to 2012 by 7.6 to reach 51.5 per 10,000 population in 2012 (Table 27). The South West locality consistently had the highest rate (63.2 in 2012). Conversely, the lowest rate is generally in either Plympton or Plymstock with rates of 38.1 and 42.9 respectively for 2012.

Table 27: Directly age-standardised mortality rates (all ages) by locality and year

Locality	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Change in rate
Central & North East	55.7	48.8	48.0	48.1	47.0	41.2	45.2	41.1	42.5	46.2	-9.5
North West	64.4	55.7	50.4	56.6	55.3	54.7	54.5	52.4	54.1	57.5	-6.9
Plympton	41.8	53.1	49.7	49.0	49.3	39.0	43.3	44.1	45.2	38.1	-3.7
Plymstock	50.9	54.7	51.6	40.6	37.5	49.7	48.5	37.1	40.4	42.9	-8.0
South East	62.4	63.4	52.9	54.7	49.0	58.0	53.8	53.4	54.5	57.3	-5.1
South West	71.2	66.7	73.4	65.5	63.2	58.3	71.5	66.4	55.7	63.2	-8.0
Plymouth	59.1	56.8	54.8	53.3	51.5	50.2	53.4	49.6	49.1	51.5	-7.6

Source: Primary Care Mortality Database & ONS Annual Mortality extract

8. ASSESSING NEED: PUBLIC HEALTH INDICATORS RELATED TO COMMUNITY PHARMACY

Like Chapter 7, this chapter provides a more detailed examination of the different health needs of the population on a locality basis but with regards to public health indicators related specifically to community pharmacy. This is particularly relevant when considering whether or not pharmaceutical provision meets the needs of a local population. A table summarising the key public health indicators by locality is provided first. This is followed by another table which ranks the localities against each indicator in terms of how well they are doing. Whilst these tables provide a helpful overview, detailed information for each indicator is then presented for the remainder of the chapter. Additional information can be found on the JSNA website: <http://www.plymouth.gov.uk/jsna>.

Summary of public health indicators related to community pharmacy by locality

- 8.1 As outlined above, Table 28 overleaf provides an overview of the public health indicators on a locality-by-locality basis. This is followed by Table 29 which gives each locality's rank (from 1=the 'worst' performing locality to 6=the 'best' performing locality) against each indicator to allow for easy comparison of health needs. This crude comparison highlights that the South West and North West localities have the greatest needs overall.

Table 28: Summary of indicators by locality (values)

Indicator	Central & North East	North West	Plympton	Plymstock	South East	South West	Plymouth
Teenage pregnancy (rate per 1,000 women)	20.3	42.6	23.0	13.3	30.9	64.4	35.5
Smoking in pregnancy (%)	7.4	22.7	7.3	8.4	17.7	20.8	16.1
Parents who smoke (%)	17.7	29.5	9.2	16.1	32.9	35.9	26.2
Parents who misuse drugs (%)	1.0	4.3	0.8	0.8	2.5	3.7	2.7
Parents who misuse alcohol (%)	0.8	3.1	0.7	0.7	2.1	2.4	2.0
Depressed/mentally ill parents (%)	9.1	17.4	9.4	16.1	18.7	16.2	14.8
Social isolation (%)	2.3	4.2	1.8	4.2	7.8	8.8	5.3
Accident admissions (0-4 year olds) (rate per 1,000 pop)	12.4	20.9	21.6	10.2	27.8	21.6	19.6
Accident admissions (5- 14 year olds) (rate per 1,000 pop)	8.9	13.7	6.8	7.4	13.4	10.8	10.6
Accident admissions (15-24 year olds) (rate per 1,000 pop)	9.7	15.0	9.5	10.1	7.9	15.8	11.4
Emergency circulatory admissions (all ages) (rate per 10,000 pop)	107.7	132.1	88.4	100.9	139.4	124.0	116.2
Emergency circulatory admissions (under 75s) (rate per 10,000 pop)	60.2	76.4	45.1	55.2	77.7	81.6	67.7
Admissions from falls (65 years and over) (rate per 10,000 pop)	227.0	208.3	228.7	221.4	250.3	206.8	219.9
Admissions from falls (75 years and over) (rate per 10,000 pop)	388.0	363.8	382.9	380.1	417.2	381.7	381.7
Substance misuse (rate per 10,000 pop)	37.1	76.6	27.6	23.5	101.9	161.0	81.0
Mental health contacts (rate per 10,000 pop)	263.6	320.8	255.8	270.0	303.5	413.5	315.4
Self-harm admissions (rate per 10,000 pop)	29.8	64.8	32.0	19.3	78.5	96.5	53.0
Smoking status (GP referrals) (%)	13.9	22.5	11.9	12.1	21.1	26.5	18.9
Adult obesity (GP referrals) (%)	28.9	36.6	30.7	28.1	31.8	33.0	32.0
High blood pressure (GP referrals) (%)	16.5	17.4	14.4	16.1	12.7	16.5	16.3
One or more risk factors (smoking, obesity, high blood pressure) (%)	49.0	60.2	49.1	46.8	53.6	59.1	53.9
Incidences of melanoma (rate per 100,000 pop)	80.6	59.0	101.3	73.7	69.5	56.1	X
Cancer mortality (under 75s) (rate per 10,000 pop)	12.7	17.1	14.0	17.2	15.2	20.4	16.2

Table 29: Summary of indicators by locality (ranking) (1 = 'worst' value, 6 = 'best' value) and overall rank (1 = 'worst' performing locality, 6 = 'best' performing locality)

Indicator	Central & North East	North West	Plympton	Plymstock	South East	South West	Plymouth
Teenage pregnancy	5	2	4	6	3	1	N/A
Smoking in pregnancy	5	1	4	6	3	2	N/A
Parents who smoke	4	3	6	5	2	1	N/A
Parents who misuse drugs	4	1	6	5	3	2	N/A
Parents who misuse alcohol	4	1	5	6	3	2	N/A
Depressed/mentally ill parents	6	2	5	4	1	3	N/A
Social isolation	5	4	6	3	2	1	N/A
Accident admissions (0-4 year olds)	5	4	3	6	1	2	N/A
Accident admissions (5-14 year olds)	4	1	6	5	2	3	N/A
Accident admissions (15-24 year olds)	4	2	5	3	6	1	N/A
Emergency circulatory admissions (all ages)	4	2	6	5	1	3	N/A
Emergency circulatory admissions (under 75s)	4	3	6	5	2	1	N/A
Admissions from falls (65 and over)	3	5	2	4	1	6	N/A
Admissions from falls (75 and over)	2	6	3	5	1	4	N/A
Substance misuse	4	3	5	6	2	1	N/A
Mental health contacts	5	2	6	4	3	1	N/A
Self-harm admissions	5	3	4	6	2	1	N/A
Smoking status (GP referrals)	4	2	6	5	3	1	N/A
Adult obesity (GP referrals)	5	1	4	6	3	2	N/A
High blood pressure (GP referrals)	3	1	1	5	6	3	N/A
One or more risk factors (smoking, obesity, high blood pressure)	5	1	4	6	3	2	N/A
Incidences of melanoma	2	5	1	3	4	6	N/A
Cancer mortality (under 75)	6	3	5	2	4	1	N/A
Sum of Ranks	98	58	103	111	61	50	N/A
Overall Rank	4	2	5	6	3	1	N/A

The above indicators are now discussed in turn.

Teenage pregnancy

- 8.2 Information regarding Plymouth's teenage conception rate at the locality level is not available nationally and is therefore obtained via Plymouth Hospitals NHS Trust. As a consequence, direct comparisons with national statistics are not possible but local data provide a useful proxy. In 2013, Plymouth's conception rate was 35.5 per 1,000 women aged 15-17 years (Table 30). Conception rates vary considerably across the city with the South West consistently having the highest rate except for 2009 and 2011. The locality with the lowest rate in 2013 was Plymstock. All areas have seen a decrease in conception rates since 2004, with the exception of Plympton.

Table 30: Teenage conception rate per 1,000 women aged 15-17 years by locality, 2004 to 2013

Locality	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Change in rate
Central & North East	30.9	21.1	38.5	40.6	32.4	24.5	26.2	23.3	31.2	20.3	-10.5
North West	45.8	53.4	66.2	58.9	55.1	75.0	57.3	51.0	45.9	42.6	-3.2
Plympton	15.0	26.7	43.8	31.3	13.7	20.0	22.2	18.8	13.5	23.0	8.1
Plymstock	23.6	23.1	32.1	20.0	25.4	37.3	30.4	19.0	19.5	13.3	-10.4
South East	49.0	63.5	58.1	72.9	76.1	64.1	44.1	67.6	48.6	30.9	-18.1
South West	75.3	71.4	86.6	85.1	96.8	74.5	73.6	65.5	67.9	64.4	-10.9
Plymouth	43.7	45.6	57.5	54.8	54.0	52.1	45.2	42.8	41.1	35.5	-8.2

Source: Plymouth Hospitals NHS Trust

Smoking in pregnancy

- 8.3 In 2013, 16.1% of mothers reported that they were smoking at the time of delivery. This equates to a reduction of 6.7 percentage points since 2005 (Table 31). The proportion of mothers smoking in pregnancy is unevenly distributed across the city, with the highest proportion found in the North West (22.7%), South West (20.8%) and South East localities (17.7%). The lowest proportion was in Plympton (7.3%), Central & North East (7.4%) and Plymstock (8.4%). The proportion of mothers smoking in pregnancy has fallen across all the localities except for Plymstock where it increased by 1.4 percentage points.

Table 31: Proportion (%) of all mothers who smoke in pregnancy by locality, 2005 to 2013

Locality	2005	2006	2007	2008	2009	2010	2011	2012	2013	% point change
Central & North East	11.8	14.2	10.4	10.1	10.9	10.2	11.4	7.7	7.4	-4.5
North West	32.9	28.8	30.3	28.0	24.3	25.2	23.9	19.5	22.7	-10.2
Plympton	10.6	11.3	10.7	9.3	7.4	9.3	9.3	9.8	7.3	-3.3
Plymstock	7.0	14.3	9.0	13.0	13.7	9.3	6.4	6.2	8.4	1.4
South East	23.8	30.7	20.6	22.0	20.3	19.0	19.5	18.3	17.7	-6.1
South West	32.8	33.4	29.0	25.2	27.4	23.2	27.2	24.5	20.8	-12.0
Plymouth	22.9	24.1	21.2	20.2	19.6	18.2	19.3	16.7	16.1	-6.7

Source: Plymouth Hospitals NHS Trust

Parents who smoke

- 8.4 According to the 2014 survey of health visitor caseloads, 26.2% of parents with children aged less than five years currently smoke (Table 32). This represents a reduction of 8.3 percentage points since 2002. The distribution of parents who smoke is uneven across the city with a higher percentage found in the South West (35.9%), South East (32.9%) and North West localities (29.5%). The South West has reduced by 13.9 percentage points compared to Central & North East reducing by 1.8 percentage points since 2002.

Table 32: Proportion (%) of parent(s) who smoke by locality, 2002 to 2014

Locality	2002	2004	2006	2008	2010	2012	2014	% point change
Central & North East	19.5	21.8	20.3	16.2	19.9	19.3	17.7	-1.8
North West	41.5	42.1	37.2	34.1	35.8	35.1	29.5	-12.0
Plympton	19.6	18.6	16.9	14.7	20.1	15.2	9.2	-10.3
Plymstock	18.7	24.2	17.8	20.8	17.7	20.3	16.1	-2.7
South East	41.3	38.0	30.2	32.0	30.3	31.9	32.9	-8.4
South West	49.9	43.5	35.1	38.4	33.8	36.6	35.9	-13.9
Plymouth	34.5	33.8	28.8	28.5	28.4	28.8	26.2	-8.3

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

Parents who misuse drugs

- 8.5 The survey of health visitor caseloads suggests that a small proportion (2.7% in 2014) of parents with young children misuse drugs and that this has increased slightly over the period 2002 to 2014 (Table 33). In 2014, 2.7% of city families with young children misused drugs. The distribution across the city shows a higher percentage of parents misusing drugs in the North West (4.3%) and South West localities (3.7%). All localities except for the South West have had an increase in percentage points since 2002; South West has had a reduction of 1.1 percentage points. Anecdotal evidence from the Public Health Team, Plymouth City Council, suggests that these figures may underreport the true position and so the data should be interpreted with caution.

Table 33: Proportion (%) of parent(s) who misuse drugs by locality, 2002 to 2014

Locality	2002	2004	2006	2008	2010	2012	2014	% point change
Central & North East	0.7	1.2	0.9	0.8	0.7	0.5	1.0	0.3
North West	2.7	3.1	3.2	2.6	2.3	3.7	4.3	1.6
Plympton	0.6	0.5	0.5	0.5	0.6	0.4	0.8	0.2
Plymstock	0.4	0.5	0.6	1.0	0.4	0.3	0.8	0.4
South East	2.6	2.8	2.8	3.0	2.3	1.6	2.5	0.0
South West	4.7	4.4	3.3	2.6	2.7	3.0	3.7	-1.1
Plymouth	2.3	2.5	2.2	2.0	1.8	2.0	2.7	0.4

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

Parents who misuse alcohol

- 8.6 The survey of health visitor caseloads suggests that a small proportion of parents with young children misuse alcohol and that this proportion has fallen slightly from 2002 to 2014 (Table 34). In 2014, 2.0% of families with young children misused alcohol. The distribution of parents who misuse drugs is higher in the North West (3.1%). All the localities except for the North West and Plympton have reduced percentage points; North West has increased by 0.7 percentage points.

Table 34: Proportion (%) of parent(s) who misuse alcohol by locality, 2002 to 2014

Locality	2002	2004	2006	2008	2010	2012	2014	% point change
Central & North East	1.0	1.2	1.0	0.8	0.6	0.5	0.8	-0.2
North West	2.5	2.3	2.0	2.7	2.7	3.1	3.1	0.7
Plympton	0.7	0.9	0.6	1.0	0.2	0.6	0.7	0.1
Plymstock	1.1	0.9	0.6	1.2	0.6	0.6	0.7	-0.4
South East	2.6	3.5	1.8	2.1	1.8	1.8	2.1	-0.5
South West	4.1	4.0	3.3	1.7	2.2	2.1	2.4	-1.6
Plymouth	2.2	2.4	1.8	1.7	1.6	1.7	2.0	-0.3

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

Depressed or mentally ill parents

- 8.7 The survey of health visitor caseloads suggests that 14.8% of parents with young children were considered to be depressed or mentally ill in 2014; a reduction of 1.3 percentage points since 2002 (Table 35). In 2014, the distribution of depressed or mentally ill parents is uneven across the city, with higher proportions found in South East (18.7%) and the North West (17.4%) compared to Central & North West (9.1%) and Plympton (9.4%). The locality which has had the greatest reduction in percentage points was the South West (7.9%), while Plymstock has increased by 7.6 percentage points in the period 2002-14.

Table 35: Proportion (%) of parent(s) who are depressed or mentally ill by locality, 2002 to 2014

Locality	2002	2004	2006	2008	2010	2012	2014	% point change
Central & North East	11.4	15.7	13.9	10.0	4.7	5.5	9.1	-2.3
North West	18.4	19.6	18.3	15.6	10.9	13.8	17.4	-1.0
Plympton	9.8	13.2	11.1	15.0	3.6	2.6	9.4	-0.5
Plymstock	8.5	10.2	11.0	8.2	9.7	14.0	16.1	7.6
South East	15.4	16.3	17.0	12.4	10.2	12.0	18.7	3.3
South West	24.2	23.7	19.1	15.2	12.2	10.1	16.2	-7.9
Plymouth	16.1	17.9	16.1	13.4	9.1	9.9	14.8	-1.3

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

Social isolation within families

- 8.8 Social isolation has been shown repeatedly to prospectively predict mortality and serious morbidity both in general population samples and in individuals with established morbidity, especially coronary heart disease. The survey of health visitor caseloads suggests that 5.3% of parents with young children were considered to be socially isolated in 2014 (Table 36 overleaf).

Table 36: Proportion (%) of parents who are considered socially isolated by locality, 2004 to 2014

Locality	2004	2006	2008	2010	2012	2014	% point change
Central & North East	7.0	5.6	4.8	3.5	1.3	2.3	-4.7
North West	7.9	6.3	8.4	4.4	6.9	4.2	-3.7
Plympton	1.3	1.1	2.3	0.6	0.5	1.8	0.4
Plymstock	2.6	2.1	1.5	5.1	8.8	4.2	1.6
South East	5.1	6.9	4.8	3.8	6.4	7.8	2.7
South West	8.4	9.1	8.5	6.4	4.8	8.8	0.4
Plymouth	6.3	6.0	6.1	4.3	4.7	5.3	-1.0

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

Emergency admissions in children and young people (unintentional and deliberate)

- 8.9 The crude rate of emergency admissions for unintentional and deliberate injuries in children aged 0-4 years per 1,000 population has gone up by 1.3 from 2007-08 to 2012-13 (Table 37). The distribution of admissions is unevenly distributed across the city, with the South East having a rate of 27.8 per 1,000 population in 2012-13 compared to Plymstock with a rate of 10.2 per 1,000 population

Table 37: Crude rate of emergency admissions for unintentional and deliberate injuries in under 5s per 1,000 population (0-4 years) by locality and year

Locality	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Change in rate
Central & North East	12.4	14.0	12.9	14.4	14.1	12.4	0.0
North West	19.4	19.8	19.3	28.2	23.4	20.9	1.4
Plympton	15.4	18.7	10.2	12.0	16.2	21.6	6.1
Plymstock	15.4	12.8	14.2	7.8	11.5	10.2	-5.3
South East	20.1	15.7	12.2	19.8	21.7	27.8	7.8
South West	23.5	23.8	19.2	20.4	22.1	21.6	-1.9
Plymouth	18.3	18.4	15.7	19.1	19.4	19.6	1.3

Source: Public Health Team, Plymouth City Council, from SUS (Secondary Uses Service) data

- 8.10 The crude rate of emergency admissions for unintentional and deliberate injuries in children aged 5-14 years has decreased by 1.1 from 2007-08 to 2012-13 (Table 38). The rate of admission is unevenly distributed across the city, with the North West having a rate of 13.7 per 1,000 population in 2012-13 compared to Plympton with a rate of 6.8 per 1,000 population.

Table 38: Crude rate of emergency admissions for unintentional and deliberate injuries in 5-14 year olds per 1,000 population (5-14 years) by locality and year

Locality	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Change in rate
Central & North East	8.5	11.5	8.1	14.8	10.3	8.9	0.4
North West	13.0	13.5	13.1	16.7	18.6	13.7	0.7
Plympton	10.5	5.1	8.0	13.6	8.4	6.8	-3.7
Plymstock	14.2	10.4	8.4	14.3	14.7	7.4	-6.7
South East	13.9	12.9	14.3	12.4	14.6	13.4	-0.5
South West	11.3	11.7	13.1	13.6	12.5	10.8	-0.4
Plymouth	11.6	11.3	11.1	14.5	13.5	10.6	-1.1

Source: Public Health Team, Plymouth City Council, from SUS (Secondary Uses Service) data

- 8.11 The crude rate of emergency admissions for unintentional and deliberate injuries in children aged 15-24 years has decreased by 0.5 from 2007-08 to 2012-13 (Table 39). The rate of admissions is unevenly distributed across the city with the South West having a rate of 15.8 per 10,000 population in 2012-13 compared to the South East with a rate of 7.9 per 10,000 population.

Table 39: Crude rate of emergency admissions for unintentional and deliberate injuries in 15-24 years old per 1,000 population (15-24 years) by locality and year

Locality	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	Change in rate
Central & North East	10.1	11.1	10.7	13.7	9.9	9.7	-0.4
North West	16.2	13.5	18.1	20.4	15.1	15.0	-1.2
Plympton	7.2	10.5	11.5	14.2	10.2	9.5	2.3
Plymstock	11.4	9.8	8.8	14.9	13.2	10.1	-1.3
South East	9.9	8.1	10.2	10.3	10.1	7.9	-2.0
South West	14.3	12.0	17.6	19.7	19.3	15.8	1.4
Plymouth	11.9	10.8	13.3	15.3	13.3	11.4	-0.5

Source: Public Health Team, Plymouth City Council, from SUS (Secondary Uses Service) data

Emergency admissions for circulatory diseases

- 8.12 The hospital admission rate for circulatory diseases has increased by 10.0 per 10,000 population since 2008-09 (Table 40). The South East locality has the highest rate of admissions (139.4 per 10,000 population) compared to Plympton (88.4 per 10,000 population).

Table 40: Directly age-standardised rate of hospital admissions for circulatory diseases (all ages) per 10,000 population by locality and year

Locality	2008-09	2009-10	2010-11	2011-12	2012-13	Change in rate
Central & North East	102.2	97.3	112.7	112.2	107.7	5.5
North West	106.1	120.8	127.3	115.2	132.1	26.0
Plympton	96.1	100.1	124.3	107.4	88.4	-7.7
Plymstock	85.8	89.7	96.0	89.2	100.9	15.1
South East	126.5	128.2	153.5	125.1	139.4	12.9
South West	119.1	126.0	131.5	122.4	124.0	4.9
Plymouth	106.2	110.6	123.6	112.9	116.2	10.0

Source: Public Health Team, Plymouth City Council, from SUS (Secondary Uses Service) data

- 8.13 The rate of hospital admissions for circulatory diseases in the under 75s has increased by 2.7 per 10,000 population since 2008-09 (Table 41). The South West has the highest rate of

hospital admissions (81.6 per 10,000 population) compared to Plympton which has the lowest rate (45.1 per 10,000 population).

Table 41: Directly age-standardised rate of hospital admissions for circulatory diseases (in the under 75s) per 10,000 population by locality and year

Locality	2008-09	2009-10	2010-11	2011-12	2012-13	Change in rate
Central & North East	60.3	56.8	54.5	59.9	60.2	-0.1
North West	62.9	75.9	85.6	70.7	76.4	13.4
Plympton	55.1	54.0	64.2	59.9	45.1	-10.0
Plymstock	52.1	53.5	53.3	46.5	55.2	3.1
South East	84.1	78.9	85.2	79.8	77.7	-6.5
South West	75.3	84.5	83.2	78.0	81.6	6.3
Plymouth	65.0	68.1	71.7	66.7	67.7	2.7

Source: Public Health Team, Plymouth City Council, from SUS (Secondary Uses Service) data

Hospital admissions for falls in adults aged 65 and over

- 8.14 The rate of hospital admissions for falls in adults aged ≥ 65 increased by 31.6 per 10,000 population from 2008-09 to 2012-13 (Table 42). All six localities have seen an increase in the rate of admissions due to falls since 2008-09. For 2012-13, the South East locality had the highest rate of admissions (250.3 per 10,000 population) compared to the South West locality which had the lowest rate (206.8 per 10,000 population).

Table 42: Directly age-standardised rate of hospital admissions for falls in adults aged >65 years per 10,000 population by locality and year

Locality	2008-09	2009-10	2010-11	2011-12	2012-13	Change in rate
Central & North East	187.3	219.1	241.6	240.4	227.0	39.7
North West	192.9	197.2	243.2	220.0	208.3	15.4
Plympton	185.5	246.0	234.7	242.5	228.7	43.1
Plymstock	162.5	229.4	219.1	198.4	221.4	58.9
South East	201.4	212.7	218.5	217.9	250.3	48.9
South West	191.4	210.1	245.7	236.2	206.8	15.4
Plymouth	188.3	215.2	237.3	227.7	219.9	31.6

Source: Public Health Team, Plymouth City Council, from SUS (Secondary Uses Service) data

- 8.15 During the period 2008-09 to 2012-13, the rate of hospital admissions for falls in adults aged ≥ 75 increased in Plymouth by 62.8 per 10,000 population (Table 43). All six localities have seen an increase in the rate of admissions since 2008-09, especially in Plymstock, although the locality with the highest rate was the South East (417.2 per 10,000 population).

Table 43: Directly age-standardised rate of hospital admissions for falls in adults aged >75 per 10,000 population by locality and year

Locality	2008-09	2009-10	2010-11	2011-12	2012-13	Change in rate
Central & North East	324.2	387.9	397.2	396.8	388.0	63.8
North West	339.8	343.2	410.8	388.1	363.8	24.0
Plympton	299.6	379.0	426.8	427.2	382.9	83.3
Plymstock	265.9	406.9	363.5	359.6	380.1	114.2
South East	337.6	295.7	351.5	347.2	417.2	79.6
South West	314.2	369.9	404.1	413.7	381.7	67.5
Plymouth	318.9	363.8	396.7	391.9	381.7	62.8

Source: Public Health Team, Plymouth City Council, from SUS (Secondary Uses Service) data

Alcohol-related hospital admissions (all ages)

- 8.16 The rate of alcohol-related hospital admissions in Plymouth has remained static since 2010-11 (Table 44).

Table 44: Directly age-standardised rate of alcohol-related hospital admissions per 100,000 population for Plymouth (standardised to the European standard population 2013), 2010-11 to 2012-13

	2010-11	2011-12	2012-13
Plymouth	712	699	708

Source: Local Alcohol Profiles for England (LAPE)

Substance misuse (all ages)

- 8.17 Substance misuse is recorded by agencies commissioned by the Office of the Director of Public Health, Plymouth City Council. In 2012-13, substance misuse was unevenly distributed across the city with the highest rate of clients living in the South West locality (161.0 per 10,000 population) and the lowest rate of clients living in Plymstock locality (23.5 per 10,000 population) (Table 45).

Table 45: Number and crude rate per 10,000 population of clients (all ages) in treatment by locality, 2012 to 2013

Locality	Number (2012-13)	Population	Crude rate per 10,000 population
Central & North East	191	51,488	37.1
North West	412	53,779	76.6
Plympton	83	30,029	27.6
Plymstock	58	24,687	23.5
South East	401	39,342	101.9
South West	945	58,701	161.0
Plymouth	2,090	258,026	81.0

Source: HALO, data extracted July 2013

Estimates of population with specific mental health problems

- 8.18 The number of males and females with specific mental health problems (common mental disorder, borderline personality disorder, antisocial personality disorder, psychotic disorder and two or more psychiatric disorders) is expected to increase, with females predicted to have a higher prevalence than males by 2020 (Table 46).

Table 46: Projected population with specific mental health problems by gender and age group, 2012 to 2020

	2012	2014	2016	2018	2020
Males aged 18-64 predicted to have a common mental disorder	10,350	10,388	10,450	10,475	10,425
Males aged 18-64 predicted to have a borderline personality disorder	248	249	251	251	250
Males aged 18-64 predicted to have an antisocial personality disorder	497	499	502	503	500
Males aged 18-64 predicted to have psychotic disorder	248	249	251	251	250
Males aged 18-64 predicted to have two or more psychiatric disorders	5,713	5,734	5,768	5,782	5,755
Females aged 18-64 predicted to have a common mental disorder	16,075	16,193	16,272	16,331	16,292
Females aged 18-64 predicted to have a borderline personality disorder	490	493	496	497	496
Females aged 18-64 predicted to have an antisocial personality disorder	82	82	83	83	83
Females aged 18-64 predicted to have psychotic disorder	408	411	413	415	414
Females aged 18-64 predicted to have two or more psychiatric disorders	6,120	6,165	6,195	6,218	6,203

Source: Projecting Adult Needs and Service Information (PANSI)

- 8.19 Contacts with the mental health service (a contact is defined as accessing the service for a spell of treatment; a person could have multiple contacts per spell) were unevenly distributed across the city in 2012-13 (Table 47). The South West locality had a crude rate of 413.5 contacts per 10,000 population compared to Plympton with a crude rate of 255.8 contacts per 10,000 population.

Table 47: Mental Health Contacts with Plymouth Community Healthcare 2012-13 for adults aged >16 years by locality and gender

Locality	Male	Female	All persons	Proportion (%)	Crude rate per 10,000 population (all persons)
Central & North East	473	655	1,128	16.8	263.6
North West	622	745	1,367	20.4	320.8
Plympton	261	366	627	9.3	255.8
Plymstock	233	318	551	8.2	270.0
South East	484	543	1,027	15.3	303.5
South West	1,004	1,011	2,015	30.0	413.5
Plymouth	3,077	3,638	6,715	100.0	315.4

Source: Mental Health Minimum Data Set, Plymouth Community Healthcare

Hospital admissions for self-harm

- 8.20 The rate of hospital admissions for self-harm has increased in Plymouth by 4.6 since 2008-09 (Table 48). For 2012-13, admissions were unevenly distributed across the city, with the South West locality having the highest rate of admissions (35.1 per 10,000 population) compared to

Plymstock with the lowest (11.6 per 10,000 population).

Table 48: Directly age-standardised rate of hospital admissions for self-harm per 10,000 population by locality and year

Locality	2008-09	2009-10	2010-11	2011-12	2012-13	Change in rate
Central & North East	11.4	10.4	13.7	15.5	14.9	3.5
North West	17.9	21.5	29.0	26.3	25.4	7.5
Plympton	12.1	17.1	16.9	15.2	16.6	4.4
Plymstock	12.5	7.5	16.9	13.0	11.6	-1.0
South East	18.9	27.8	30.2	31.7	27.6	8.7
South West	31.3	33.1	32.4	37.2	35.1	3.8
Plymouth	18.6	20.9	23.8	24.5	23.2	4.6

Source: Public Health Team, Plymouth City Council, from SUS (Secondary Uses Service) data

Dementia

- 8.21 The estimated number of people with dementia in Plymouth is predicted to reduce for the 65-69 age group but increase in the over 69s by 2020 (Table 49).

Table 49: Projected Plymouth population with dementia by age group, 2012-20

Age group	2012	2014	2016	2018	2020
People aged 65-69	13,500	14,100	13,900	12,600	12,200
People aged 70-74	9,800	10,500	11,300	12,900	13,000
People aged 75-79	8,200	8,500	8,500	8,900	9,600
People aged 80-84	6,200	6,300	6,500	6,700	7,000
People aged 85-89	3,600	3,800	4,000	4,300	4,500
People aged 90 and over	2,100	2,300	2,500	2,600	2,900
Total population 65 and over	43,400	45,500	46,700	48,000	49,200

Source: Projecting Older People Population Information (POPPI)

- 8.22 The younger age groups (30-64 year olds) are not predicted to change over time (Table 50 overleaf).

Table 50: Projected Plymouth population with early onset dementia by age group and gender, 2012-20

	2012	2014	2016	2018	2020
Males aged 30-39 predicted to have early onset dementia	1	1	1	1	1
Males aged 40-49 predicted to have early onset dementia	3	3	3	3	3
Males aged 50-59 predicted to have early onset dementia	18	19	19	19	19
Males aged 60-64 predicted to have early onset dementia	14	13	13	14	14
Total males aged 30-64 predicted to have early onset dementia	36	36	36	37	38
Females aged 30-39 predicted to have early onset dementia	1	1	1	1	2
Females aged 40-49 predicted to have early onset dementia	4	4	4	4	3
Females aged 50-59 predicted to have early onset dementia	12	12	12	13	13
Females aged 60-64 predicted to have early onset dementia	9	8	8	8	8
Total females aged 30-64 predicted to have early onset dementia	26	26	26	26	26

Source: Projecting Adult Needs and Service Information (PANSI)

Long-term conditions (diabetes, respiratory problems, circulatory diseases, dermatological issues)

- 8.23 The prevalence of diabetes in Plymouth adults (aged ≥ 16 years) is predicted to increase by 1.1% by 2030 which is slightly less than the figure for England (Table 51).

Table 51: Diabetes prevalence (%) projections for Plymouth and England, 2012-30

	2012	2013	2014	2015	2020	2025	2030
Plymouth	6.5 (4.6-9.2)	6.6 (4.6-9.3)	6.7 (4.7-9.4)	6.7 (4.7-9.5)	7.1 (4.9-10.0)	7.4 (5.1-10.5)	7.6 (5.3-10.9)
England	7.3 (5.1-10.9)	7.4 (5.2-11.1)	7.5 (5.2-11.3)	7.6 (5.3-11.5)	8.2 (5.7-12.4)	8.6 (5.9-13.1)	8.8 (6.1-13.4)

Source: YHPHO Diabetes Prevalence Model

- 8.24 The prevalence of circulatory diseases in Plymouth adults (aged ≥ 16 years) is similar to the prevalence for England (Table 52). For Plymouth, the observed prevalence is less than the estimated prevalence.

Table 52: Prevalence (%) of circulatory disease for Plymouth and England, 2011-12

	Coronary heart disease		Stroke		Hypertension	
	Observed (2011-12)	Estimated (2011)	Observed (2011-12)	Estimated (2011)	Observed (2011-12)	Estimated (2011)
Plymouth	3.6	5.8	1.7	2.5	13.9	29.3
England	3.4	5.8	1.7	2.5	13.6	29.7

Source: Cardiovascular Disease Health Profile, Public Health England

- 8.25 The prevalence of Chronic Obstructive Pulmonary Disease (COPD) for the North, East, and West Devon Clinical Commissioning Group (CCG) area is similar to England's average which is under the expected prevalence (Table 53).

Table 53: Reported and expected prevalence (%) of Chronic Obstructive Pulmonary Disease (COPD) for the North, East, and West Devon Clinical Commissioning Group (CCG) area and England, for 2011

	Reported Prevalence (2011)	Expected Prevalence (2011)
NHS North, East, West Devon CCG	1.8	2.7
England	1.7	2.9

Source: Interactive Health Atlas for Lung conditions in England (INHALE)

Smoking status, obesity and blood pressure (based on GP referrals)

- 8.26 The following sections on smoking status, obesity and blood pressure are based on data recorded at time of patient referral to Plymouth Hospitals NHS Trust (for any reason) by General Practitioners (GPs) in Plymouth.

Smoking status of patients referred to Plymouth Hospitals NHS Trust (for any reason) by GPs in Plymouth

Table 54 shows that the proportion of patients being referred (for any reason) who smoke in Plymouth has decreased by 2.1 percentage points from 2010-11 to 2012-13. The locality with the largest proportion of smokers is the South West (26.5%) whilst Plympton has the smallest proportion (11.9%)

Table 54: Smoking status at time of GP referral to Plymouth Hospitals NHS Trust by locality and year

Locality	2010-11	2011-12	2012-13	Change in % points
Central & North East	15.9	14.2	13.9	-1.9
North West	24.2	22.8	22.5	-1.7
Plympton	14.0	13.3	11.9	-2.1
Plymstock	13.1	12.8	12.1	-1.0
South East	24.9	24.1	21.1	-3.8
South West	28.9	28.0	26.5	-2.4
Plymouth	21.0	20.0	18.9	-2.1

Source: TRAC Database, NEW Devon CCG

Levels of obesity among patients referred to Plymouth Hospitals NHS Trust (for any reason) by GPs in Plymouth

- 8.27 The proportion of patients being referred (for any reason) who were obese increased by 0.9 percentage points from 2010-11 to 2012-13 (Table 55 overleaf). The locality with the largest proportion of obese patients is the North West (36.6%), compared to Plymstock which has the smallest proportion (11.9%).

Table 55: Body Mass Index (BMI) (obesity = BMI>30) at time of GP referral to Plymouth Hospitals NHS Trust by locality and year

Locality	2010-11	2011-12	2012-13	Change in % points
Central & North East	28.7	28.3	28.9	0.2
North West	35.5	36.5	36.6	1.1
Plympton	29.5	30.2	30.7	1.2
Plymstock	28.9	28.2	28.1	-0.8
South East	30.1	31.7	31.8	1.7
South West	31.7	33.7	33.0	1.3
Plymouth	31.1	31.9	32.0	0.9

Source: TRAC Database, NEW Devon CCG

High blood pressure among patients aged >16 years old being referred to Plymouth Hospitals NHS Trust (for any reason) by GPs in Plymouth

- 8.28 The proportion of referred patients also experiencing high blood pressure has decreased by 0.3 percentage points from 2010-11 to 2012-13 (Table 56). The localities with the highest proportion of patients with high blood pressure are North West and Plympton (17.4% respectively). In the South East, 12.7% of referrals were for patients who were also experiencing high blood pressure.

Table 56: Proportion (%) of patients with high blood pressure at time of GP referral by locality and year

Locality	2010-11	2011-12	2012-13	Change in % points
Central & North East	17.1	16.0	16.5	-0.6
North West	18.2	17.5	17.4	-0.8
Plympton	17.0	19.2	17.4	0.4
Plymstock	18.1	17.7	16.1	-2.0
South East	12.5	12.3	12.7	0.2
South West	15.8	15.7	16.5	0.7
Plymouth	16.6	16.4	16.3	-0.3

Source: TRAC Database, NEW Devon CCG

Patients referred to Plymouth Hospitals NHS Trust by GPs (for any reason) experiencing all three above risk factors (smoking, obesity, high blood pressure)

- 8.29 Table 57 (overleaf) reports the proportion of patients experiencing one to three of the above risk factors (smoking, obesity, high blood pressure) by locality for 2012-13. The North West had the largest proportion of patients experiencing at least one of the three risk factors (60.2%) compared to Plymstock with 46.8%. In the South West locality, only 1.6% of patients were experiencing all three risk factors.

Table 57: Proportion (%) of patients being referred to Plymouth Hospitals NHS Trust by GPs (for any reason) with one or more risk factors (smoking, obesity, high blood pressure) by locality, 2012-13

Locality	One or more risk factors (%)	All three risk factors (%)
Central & North East	49.0	0.5
North West	60.2	1.2
Plympton	49.1	0.7
Plymstock	46.8	0.6
South East	53.6	0.6
South West	59.1	1.6
Plymouth	53.9	0.9

Source: TRAC Database, NEW Devon CCG

Skin cancer incidence

- 8.30 The incidence of new cases of melanoma in adults in Plymouth (aged ≥ 16 years) has increased by 48 per 100,000 population from 2007-09 (426 cases) to 2010-12 (474 cases) (Table 59 – see overleaf). This is due to a rise in the incidence of new cases of melanoma in males from 2007-09 (198 cases) to 2010-12 (268 cases). Females have seen a reduction in incidence from 2007-09 (228 cases) to 2010-12 (206 cases). For males, the incidence rate is higher in the less deprived localities (Central & North East, Plympton, and Plymstock). For females, the incidence rate is fairly similar across the localities.

Cancer mortality in the under 75s

- 8.31 The directly age-standardised cancer mortality rate for persons aged <75 years per 10,000 population has fallen over the period 2003 to 2012 to 16.2 per 10,000 population in 2012 (Table 58). From 2003 to 2012, the mortality rate in the city fell by 3.2 deaths per 10,000 population. Mortality rates are unevenly distributed across the city, with the South West consistently recording the highest mortality rate and the lowest mortality rate typically in Plympton.

Table 58: Directly age-standardised cancer mortality rates for persons aged <75 years old by locality, 2003 to 2012

Locality	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Change in rate
Central & North	19.8	15.5	15.5	16.5	15.9	12.6	14.1	14.3	15.5	12.7	-7.1
North West	19.5	19.3	19.8	18.4	14.8	16.0	16.5	17.1	18.0	17.1	-2.5
Plympton	16.0	14.6	15.5	13.3	15.1	11.7	12.1	12.3	14.9	14.0	-2.0
Plymstock	16.6	15.5	15.4	14.9	10.7	13.3	15.1	12.6	15.7	17.2	0.6
South East	17.9	15.2	12.3	14.1	14.7	19.0	16.6	14.1	21.7	15.2	-2.7
South West	23.8	20.7	18.3	18.0	19.7	19.1	20.0	22.8	20.2	20.4	-3.4
Plymouth	19.4	17.2	16.5	16.4	15.5	15.2	15.9	16.0	17.6	16.2	-3.2

Source: Primary Care Mortality Database and ONS Annual Mortality extract

Table 59: Incidence of new cases of melanoma per 100,000 adult population (aged >16 years) by locality, years of diagnosis and gender (DASR = directly age-standardised rate)

Locality	Years of diagnosis	Males		Females		All persons	
		Count	DASR	Count	DASR	Count	DASR
Central & North East	2007-2009	50	77.6 (57.6 - 102.3)	62	77.4 (59.3 - 99.2)	112	77.5 (62.9 - 92)
	2008-2010	50	77.4 (57.4 - 102)	50	61.3 (45.5 - 80.8)	100	69.3 (55.5 - 83.1)
	2009-2011	72	108.5 (84.9 - 136.7)	44	54.5 (39.6 - 73.2)	116	81.5 (66.5 - 96.6)
	2010-2012	66	102.7 (79.5 - 130.7)	48	58.5 (43.1 - 77.5)	114	80.6 (65.5 - 95.7)
North West	2007-2009	38	63.6 (45 - 87.3)	64	80.8 (62.3 - 103.2)	102	72.2 (57.8 - 86.6)
	2008-2010	32	53.5 (36.6 - 75.5)	44	54.7 (39.8 - 73.5)	76	54.1 (42.6 - 67.7)
	2009-2011	34	52.2 (36.1 - 72.9)	42	51.9 (37.4 - 70.2)	76	52 (41 - 65.1)
	2010-2012	38	57.3 (40.6 - 78.7)	48	60.6 (44.7 - 80.4)	86	59 (47.2 - 72.8)
Plympton	2007-2009	20	48.2 (29.4 - 74.4)	20	43.4 (26.5 - 67.1)	40	45.8 (32.7 - 62.4)
	2008-2010	32	80.6 (55.1 - 113.7)	20	42.5 (25.9 - 65.6)	52	61.5 (45.9 - 80.7)
	2009-2011	44	110.7 (80.4 - 148.6)	28	59.4 (39.4 - 85.8)	72	85 (66.5 - 107.1)
	2010-2012	56	143.9 (108.7 - 186.9)	28	58.7 (39 - 84.9)	84	101.3 (80.8 - 125.4)
Plymstock	2007-2009	34	91.3 (63.3 - 127.6)	34	72 (49.8 - 100.6)	68	81.7 (63.4 - 103.5)
	2008-2010	34	90.3 (62.5 - 126.1)	40	83.4 (59.6 - 113.5)	74	86.8 (68.2 - 109)
	2009-2011	30	83.5 (56.4 - 119.3)	22	44.6 (28 - 67.6)	52	64.1 (47.9 - 84)
	2010-2012	40	108.1 (77.2 - 147.2)	18	39.4 (23.3 - 62.2)	58	73.7 (56 - 95.3)
South East	2007-2009	10	29.1 (13.9 - 53.5)	22	57.9 (36.3 - 87.7)	32	43.5 (29.7 - 61.4)
	2008-2010	10	30.3 (14.5 - 55.8)	18	49.5 (29.4 - 78.3)	28	39.9 (26.5 - 57.7)
	2009-2011	14	41.1 (22.5 - 68.9)	28	76.5 (50.9 - 110.6)	42	58.8 (42.4 - 79.5)
	2010-2012	24	68.4 (43.8 - 101.8)	24	70.5 (45.2 - 104.9)	48	69.5 (51.2 - 92.1)
South West	2007-2009	46	72.5 (53.1 - 96.8)	26	36.2 (23.7 - 53.1)	72	54.4 (42.6 - 68.5)
	2008-2010	30	40.8 (27.5 - 58.2)	26	35.8 (23.4 - 52.5)	56	38.3 (28.9 - 49.7)
	2009-2011	36	48.2 (33.7 - 66.7)	32	42.6 (29.2 - 60.2)	68	45.4 (35.2 - 57.5)
	2010-2012	44	59.2 (43 - 79.5)	40	52.9 (37.8 - 72.1)	84	56.1 (44.7 - 69.4)

Source: KIT South West, Public Health England

9. MAPPING CURRENT PROVISION OF PHARMACEUTICAL SERVICES AND IDENTIFYING GAPS

The following chapter defines pharmaceutical services and commissioning arrangements, outlines providers of pharmaceutical services in Plymouth, and presents the findings of the audit of community pharmacies.

Defining NHS Pharmaceutical Services and commissioning arrangements

- 9.1 NHS England's Area Teams commission all services in the NHS Community Pharmacy Contractual Framework (CPCF).¹¹ For Plymouth, this is overseen by the Area Team of Devon, Cornwall and Isles of Scilly.¹² The CPCF is a regulatory framework based on the Terms of Service set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced services) (England) Directions 2013. The Area Team is responsible for managing and performance monitoring the CPCF. The CPCF defines three different types of NHS Pharmaceutical Services that are commissioned by the Area Team – Essential, Advanced and Enhanced. These are explained in turn below. Other commissioners cannot commission these three services from community pharmacies: they may choose to commission some Enhanced Services from community pharmacies, but they would be classified as 'Locally Commissioned Services' rather than Enhanced Services.

ESSENTIAL SERVICES:

Legal arrangements: Set out in Part 2, Schedule 4 of the Regulations

Commissioning arrangements: Pharmacy owners (contractors) must provide Essential Services. They are commissioned by NHS England.

Explanation/examples:

- **Dispensing** – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber.
- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- **Promotion of Healthy Lifestyles (Public health)** – opportunistic one-to-one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England.
- **Signposting patients to other healthcare providers** - pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate.
- **Support for self-care** – the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.

¹¹ <http://psnc.org.uk/services-commissioning/locally-commissioned-services/which-commissioner/>

¹² <http://devonlpc.org/nhs-england/area-team-of-devon-cornwall-and-isle-of-scilly/>

- **Clinical governance** – pharmacies must have a system of clinical governance to support the provision of excellent care.

For more information: <http://psnc.org.uk/services-commissioning/essential-services/>

ADVANCED SERVICES:

Legal arrangements: Set out in the Directions

Commissioning arrangements: Pharmacy contractors can choose whether they wish to provide Advanced Services. They can be provided by all contractors once accreditation requirements have been met. They are commissioned by NHS England.

Explanation/examples: There are four Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF):

- (1) **The Medicines Use Review (MUR)** and Prescription Intervention Service consist of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long-term conditions.
- (2) **Appliance Use Review (AUR)** can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance'. The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business. There are a number of conditions that must be satisfied first.
- (3) **Stoma Appliance Customisation (SAC)** involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff. The service can be provided by pharmacies that normally provide stoma appliances in the normal course of their business. There are a number of conditions that must be satisfied first.
- (4) **The New Medicine Service (NMS)** provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. Since its introduction in October 2011, more than 90% of community pharmacies in England have provided it to their patients. Initial funding for the service was agreed until March 2013, and since then funding has been extended pending a decision on the long-term future of the service.

For more information: <http://psnc.org.uk/services-commissioning/advanced-services/>

ENHANCED SERVICES:

Legal arrangements: Set out in the Directions

Commissioning arrangements: Enhanced Services are commissioned by NHS England. Other commissioners can commission some Enhanced Services from community pharmacies, but they are classified as 'locally commissioned services' (see below).

Explanation/examples: Only those services that are listed within the Directions may be referred to as Enhanced Services. If NHS England wishes to commission a service not listed within the Directions then it falls outside the definition of 'Pharmaceutical Services'. The commissioning of the following Enhanced services which were listed in the Pharmaceutical Services (Advanced and Enhanced services) (England) Directions 2012 transferred from PCTs to local authorities with effect from 1 April 2013:

- Needle and syringe exchange
- Screening services such as chlamydia screening
- Stop smoking
- Supervised administration service
- Emergency hormonal contraception services through patient group directions

Where such services are commissioned by local authorities they no longer fall within the definition of Pharmaceutical Services as set out in legislation and are therefore called 'locally commissioned services'. However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors where asked to do so by a local authority. Where this is the case they are treated as Enhanced Services and fall within the definition of Pharmaceutical Services. The following Enhanced services may be commissioned by NHS England from 1 April 2013 in line with PNAs thereafter:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service

For more information: <http://psnc.org.uk/services-commissioning/locally-commissioned-services/>

LOCALLY COMMISSIONED SERVICES

Legal arrangements: These services are not part of 'NHS Pharmaceutical Services' as defined by the Regulations and therefore cannot be described as Enhanced Services. The correct description of these services is 'Locally Commissioned Services'.

Commissioning arrangements: Since April 2013 a number of commissioners have had a role in commissioning services from community pharmacies. Organisations most likely to do so are Clinical Commissioning Groups (CCGs) and Local Authorities (LAs), although as outlined previously there are some grey areas which may result in local variation. Detailed information about contracting arrangements can be found at: <http://psnc.org.uk/services-commissioning/locally-commissioned-services/which-commissioner/>.

Explanation/examples: The following public health services provided by community pharmacies are commissioned by **local authorities**:

- Supervised consumption
- Needle and syringe programme
- NHS Health Check
- EHC and contraceptive services
- Sexual health screening services
- Stop smoking
- Chlamydia testing and treatment
- Weight management
- Alcohol screening and brief interventions

Local authorities will use their own contracts or the standard public health contract to commission services from community pharmacies. There are a small number of circumstances where a public health service is commissioned by another organisation, e.g. NHS England commissions vaccination services from GPs, community pharmacies and other providers. There may also be circumstances where Clinical Commissioning Groups may wish to be involved in commissioning a public health service, due to the impact the service may have on the development or management of long-term conditions. This may involve co-commissioning a service, which is likely to happen on a more regular basis as a result of the full introduction of the Better Care Fund in 2015/16.

Clinical Commissioning Groups may wish to commission services such as minor ailments services, palliative care schemes, MUR+ and other medicines optimisation services. CCGs have to use the NHS Standard Contract to commission services from community pharmacies.

For more information: <http://psnc.org.uk/services-commissioning/locally-commissioned-services/>

Providers of pharmaceutical services in Plymouth

- 9.2 As highlighted in Chapter 2, there are a number of different providers of pharmaceutical services in Plymouth, including:

- Distance selling pharmacies*
- GP dispensing practices/dispensing doctors (relevant to rural areas)*
- Dispensing Appliance Contractors*
- Community pharmacies*
- Minor Injury Units
- Out-of-Hours Service
- Acute Trust Pharmacy
- Homecare Medicines Providers
- Community Health Service Pharmacists

Those providers that have been starred (*) are within the scope of this PNA (see Chapter 2) and are therefore described in more detail below.

Distance Selling Pharmacies

Description: Distance selling pharmacies (sometimes referred to as internet or online pharmacies) provide pharmaceutical services to a broad population. Patients can order medicines online and have them delivered to them directly via the mail or shipping companies. Distance selling pharmacies also support medicines use and public health initiatives through websites and other communication routes. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 detail a number of conditions for distance selling pharmacies in addition to the regulations governing all pharmacies. As compliance with the conditions is a pre-requisite for all distance selling pharmacies to remain on the Pharmaceutical List, breach of the conditions could lead to removal from the Pharmaceutical List by NHS England. Distance selling pharmacies must allow for the uninterrupted provision of Essential services during the opening hours of the pharmacy to anyone in England who requests the service. In addition, nothing in any written or oral communication (such as a practice leaflet or any publicity) can suggest, either expressly or impliedly, that services will only be available to persons in particular areas of England, or only particular categories of patients will (or will not) be provided for. See: <http://psnc.org.uk/contract-it/market-entry-regulations/distance-selling-pharmacies/>.

Plymouth mapping: There are currently two Distance Selling Pharmacies within Plymouth: one is located in Estover and the other in Plympton. As these pharmacies provide services to a broad population both inside and outside of the Plymouth boundaries, it is not possible to measure their impact on the pharmaceutical needs of the Plymouth population at the locality level. For this reason, they are only mentioned briefly in this report.

Dispensing doctors

Description: NHS legislation states that in certain rural areas (classified as controlled localities) GPs may apply to dispense NHS prescriptions. Dispensing doctors play a vital role in ensuring that people who live in rural areas have access to pharmaceutical services without having a lengthy journey to their nearest pharmacy. Permission is granted to GPs providing there is no 'prejudice' to the existing medical or pharmaceutical services. Prejudice is defined as: being unable to comply with the medical or pharmaceutical terms of service. The provisions to allow GPs to dispense were introduced to provide patients access to dispensing services in rural communities. Pharmacy applications in rural areas are also required to satisfy the prejudice test and, unlike GP dispensing applications, are subject to

the additional market entry tests (i.e. in most cases judged against the PNA). See: <http://psnc.org.uk/contract-it/market-entry-regulations/rural-issues/>.

Plymouth mapping: Given the urban nature of Plymouth, there are no dispensing doctors within the Plymouth boundary. This is of relevance to neighbouring PNAs.

Dispensing Appliance Contractors

Description: Dispensing Appliance Contractors (DACs) specialise in supplying stoma and continence appliances. Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. All pharmacy contractors choosing to dispense appliances in the normal course of their business are required to comply with Essential Services requirements.

Plymouth mapping: DACs are unable to supply medicines or provide the range of pharmaceutical services offered by community pharmacy; however, they are used by patients due to their convenience. There are two Dispensing Appliance Contractors in Plymouth who cover a wide geographical area providing good access for patients. One is located in Estover and the other in Plympton.

Community pharmacies

Description: A community pharmacy provides pharmaceutical services to people in a local area or community. Every day around 1.6 million people visit a pharmacy in England. Community pharmacists are easily accessible with around 11,400 community pharmacies in England located where people live, shop and work. The latest information shows that 99% of the population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport. Many are open long hours when other healthcare professionals are unavailable.

There are several different types and sizes of community pharmacies, ranging from the large chains with shops on every high street or in edge of town supermarkets, to small individually owned pharmacies in small communities, in the suburbs and often in deprived areas or rural settings.

In recent years community pharmacists have been developing clinical services in addition to the traditional dispensing role to allow better integration and team working with the rest of the NHS. Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service. Most pharmacies now have a private consultation area specifically for confidential or sensitive discussion.

See: <http://psnc.org.uk/psncs-work/about-community-pharmacy/>.

Plymouth mapping: In Plymouth, pharmaceutical services are mainly provided by community pharmacies. Consequently, the remainder of this chapter focuses on presenting the findings of the audit of community pharmacists.

FINDINGS OF THE AUDIT OF COMMUNITY PHARMACIES IN PLYMOUTH

Introduction

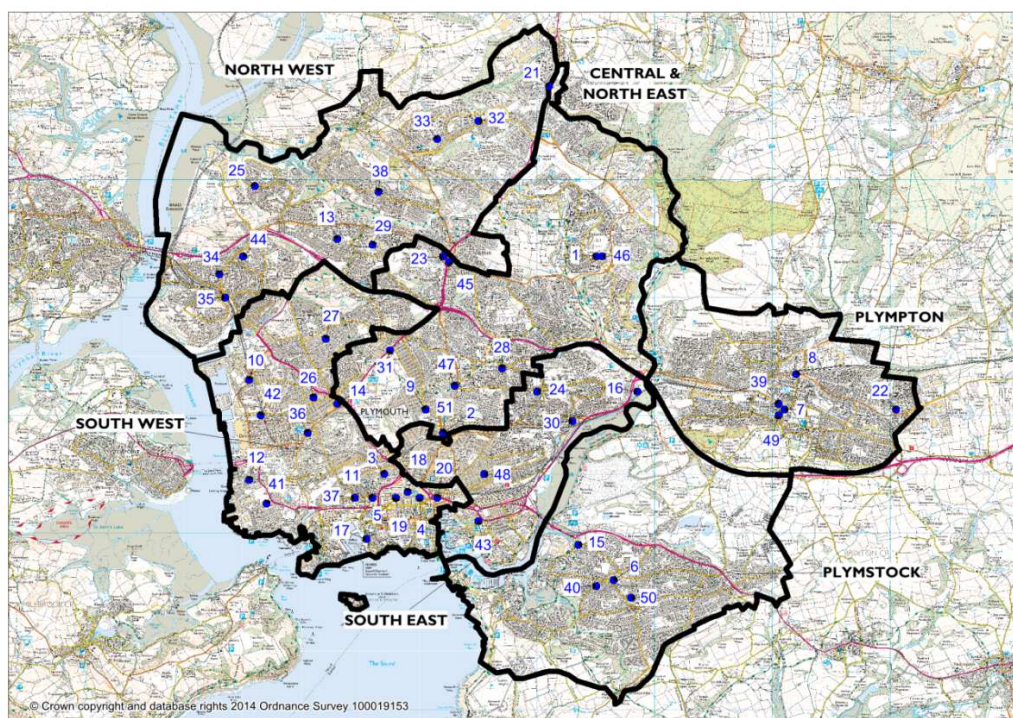
- 9.3 As outlined in Chapter 2, an online audit of pharmacies was conducted between 25 June 2014 and 11 July 2014. This investigated the facilities and services offered by pharmacies in Plymouth and collected data regarding pharmacy opening hours. The following section summarises the findings of this audit. To help align service provision to need, and identify any gaps in current provision, the data have been presented by locality where relevant (see Chapter 4 for a description of Plymouth's localities). Locality summary sheets are provided at the front of this PNA to give an overview of the findings of the Needs Assessment. Each sheet summarises demographic and health information, and provides an overview of current service provision. They also attempt to capture any additional local insight regarding factors affecting need, provision or future provision that may have been missed through conventional service mapping. These summary sheets are likely to be of greatest use to the NHS England Area Team when reviewing provider applications. It is important to acknowledge that the assessment of current provision is based on the responses given by pharmacies to the pharmacy questionnaire and will therefore be dependent on who has completed the questionnaire on behalf of the pharmacy. As outlined in Chapter 2, all pharmacies in Plymouth responded to the audit.

Overview of community pharmacies and GP practices in Plymouth – provider names and locations

- 9.4 There are 51 community pharmacies, 40 GP practices and 10 Branch surgeries in Plymouth serving an estimated population of 258,026.¹³ Of the pharmacies, just over a third are Co-operative pharmacies (n=19, 37.3%) and just under one third are Boots pharmacies (n=14, 27.5%). The remaining 18 pharmacies are made up of multiple providers (see Appendix 4 for a detailed list of pharmacies). Figures 5 and 6 overleaf show pharmacy and GP practice locations. Figure 7 (also overleaf) shows pharmacy and GP practice locations together.

¹³ Source: Mid-year population estimate for Plymouth (2012) – Office for National Statistics

Figure 5: Community pharmacy providers and locations

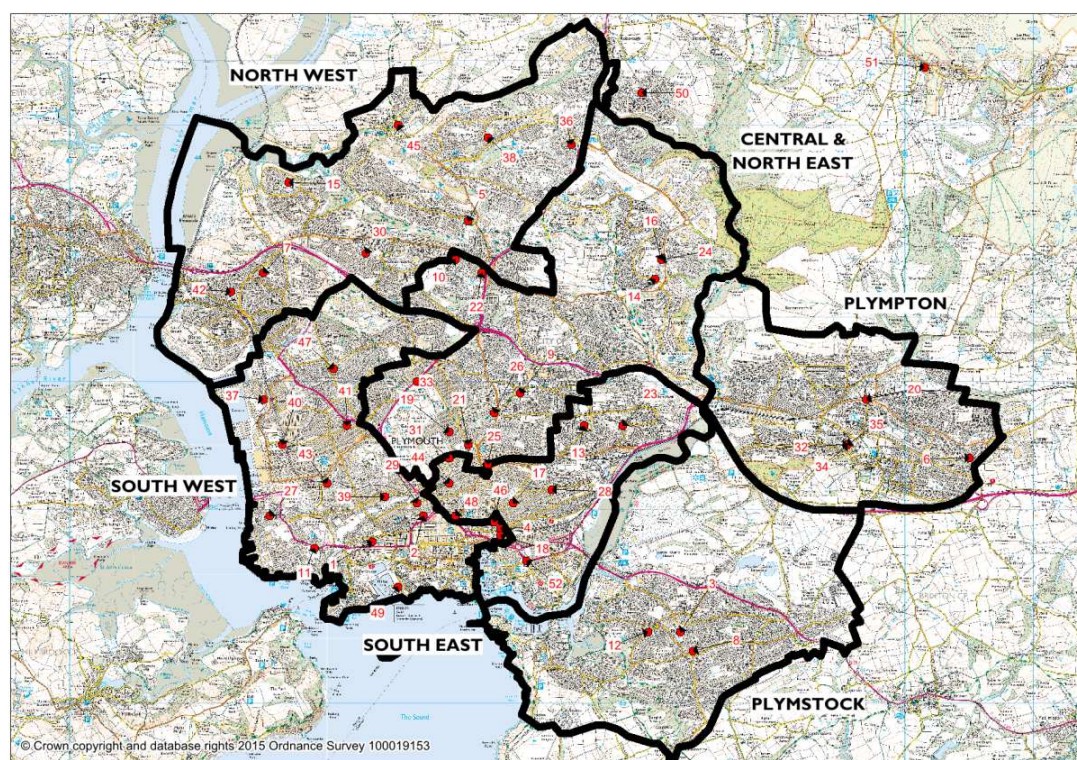


No.	Pharmacy Name
1	Asda Pharmacy
2	Boots UK Ltd (57-59 Mutley Plain)
3	Boots UK Ltd (Claremont St)
4	Boots UK Ltd (Drake Circus)
5	Boots UK Ltd (New George St)
6	Boots UK Ltd (Plymstock)
7	Boots UK Ltd (Ridgeway)
8	Day Lewis Pharmacy (Plympton)
9	Hyde Park Pharmacy
10	Keyham Pharmacy
11	King Street Pharmacy
12	Lloyds Pharmacy (Devonport)
13	Lloyds Pharmacy (Honicknowle)
14	Milehouse Pharmacy
15	Morrisons Pharmacy (Plymstock)
16	Sainsbury's Supermarkets Ltd
17	Stoltsons Pharmacy

No.	Pharmacy Name
18	Superdrug Pharmacy (Cornwall Street)
19	Superdrug Pharmacy (New George St)
20	T.C.E. O'Gallagher Chemist (Polybank)
21	Tesco Stores Ltd (Woolwell)
22	The Co-operative Pharmacy (Chaddlewood)
23	The Co-operative Pharmacy (Crownhill)
24	The Co-operative Pharmacy (Efford)
25	The Co-operative Pharmacy (Ernesettle)
26	The Co-operative Pharmacy (Ford)
27	The Co-operative Pharmacy (Ham)
28	The Co-operative Pharmacy (Higher)
29	The Co-operative Pharmacy (Honicknowle)
30	The Co-operative Pharmacy (Laira)
31	The Co-operative Pharmacy (Peverell Park)
32	The Co-operative Pharmacy (Southway)
33	The Co-operative Pharmacy (Southway)
34	The Co-operative Pharmacy (St Budeaux)

No.	Pharmacy Name
35	The Co-Operative Pharmacy (St Budeaux)
36	The Co-operative Pharmacy (Stoke)
37	The Co-operative Pharmacy (Stonehouse)
38	The Co-operative Pharmacy (Whitleigh)
39	The Co-operative Pharmacy (Ridgeway)
40	The Co-operative Pharmacy (Plymstock)
41	The Pharmacy, Mountwise
42	The Pharmacy, St Levan
43	Your Local Boots Pharmacy (Cattedown)
44	Your Local Boots Pharmacy (Chard Road)
45	Your Local Boots Pharmacy (Crownhill)
46	Your Local Boots Pharmacy (Estover)
47	Your Local Boots Pharmacy (Mannamoad)
48	Your Local Boots Pharmacy (St Judes)
49	Your Local Boots Pharmacy (Plympton)
50	T.C.E. O'Gallagher (Plymstock)
51	Your Local Boots Pharmacy (Mutley)

Figure 6: GP practice names and locations



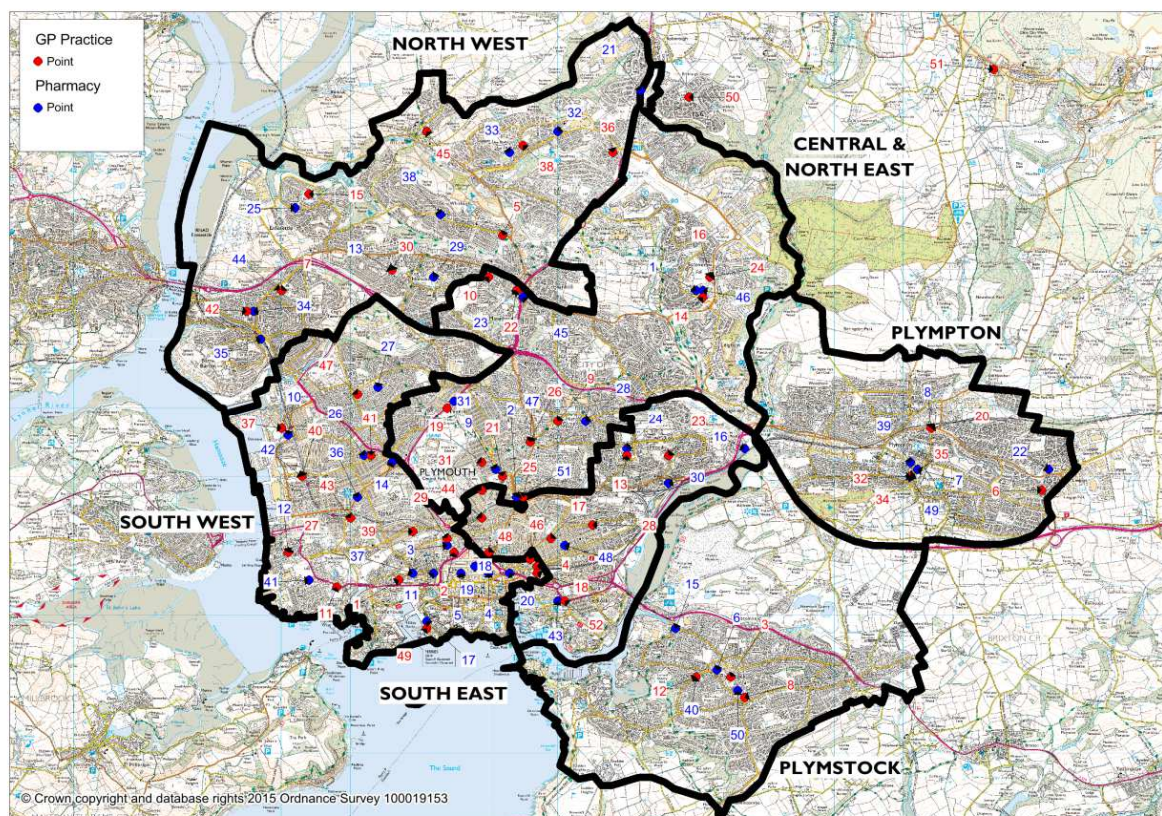
No.	GP Practice
1	Adelaide Street Surgery
2	Armada Surgery
3	Barton Surgery
4	Beaumont Villa Surgery
5	Budshead Medical Practice
6	Chaddlewood Surgery (B)
7	Chard Road Surgery
8	Church View Surgery
9	Collings Park Medical Centre (B)
10	Crownhill Surgery
11	Cumberland Surgery (B)
12	Dean Cross Surgery
13	Efford Surgery (B)
14	Elm Surgery
15	Ernesettle Primary Care Centre
16	Estover Surgery
17	Freedom Health Centre
18	Friary House Surgery
19	Glendower Surgery (B)
20	Glenside Medical Centre

No.	GP Practice
21	Hyde Park Surgery
22	Knowle House Surgery
23	Laira Surgery (B)
24	Leypark Surgery
25	Lisson Grove Medical Centre
26	Mannamead Surgery
27	Marlborough Street Surgery
28	Mount Gould Primary Care Centre (B)
29	North Road West Medical Centre
30	Oakside Surgery
31	Park View Surgery
32	Pathfields Practice
33	Peverell Park Surgery
34	Plym River Practice (B)
35	Ridgeway Practice (B)
36	Roborough Surgery
37	Saltash Road Surgery
38	Southway Surgery
39	St Barnabas Surgery
40	St Levan Surgery

No.	GP Practice
41	St Neots Surgery
42	Stirling Road Surgery
43	Stoke Surgery
44	Sutherland Road Surgery
45	Tamerton Surgery (B)
46	Tothill Surgery
47	Trelawny Surgery (B)
48	University Medical Centre (B)
49	West Hoe Surgery
50	Woolwell Medical Centre
51	Wotter Surgery (B)
52	Wycliffe Surgery

(B) = Branch Surgery

Figure 7: GP practice names and locations & Community pharmacy providers and locations



- 9.5 Figures 8 and 9 overleaf show that pharmacies are generally located in areas of greater population density¹⁴ and areas of greatest deprivation. The most deprived areas of Plymouth are in the South West and North West localities. The South West and the South East localities are the most densely populated reflecting proximity to the city centre.

¹⁴ Lower Super Output Area (LSOA) level population density based on information from the 2011 Census (Office for National Statistics)

Figure 8: Pharmacy locations in Plymouth with locality boundaries, alongside population density by Lower Super Output Area (LSOA) (red areas are the most densely populated)

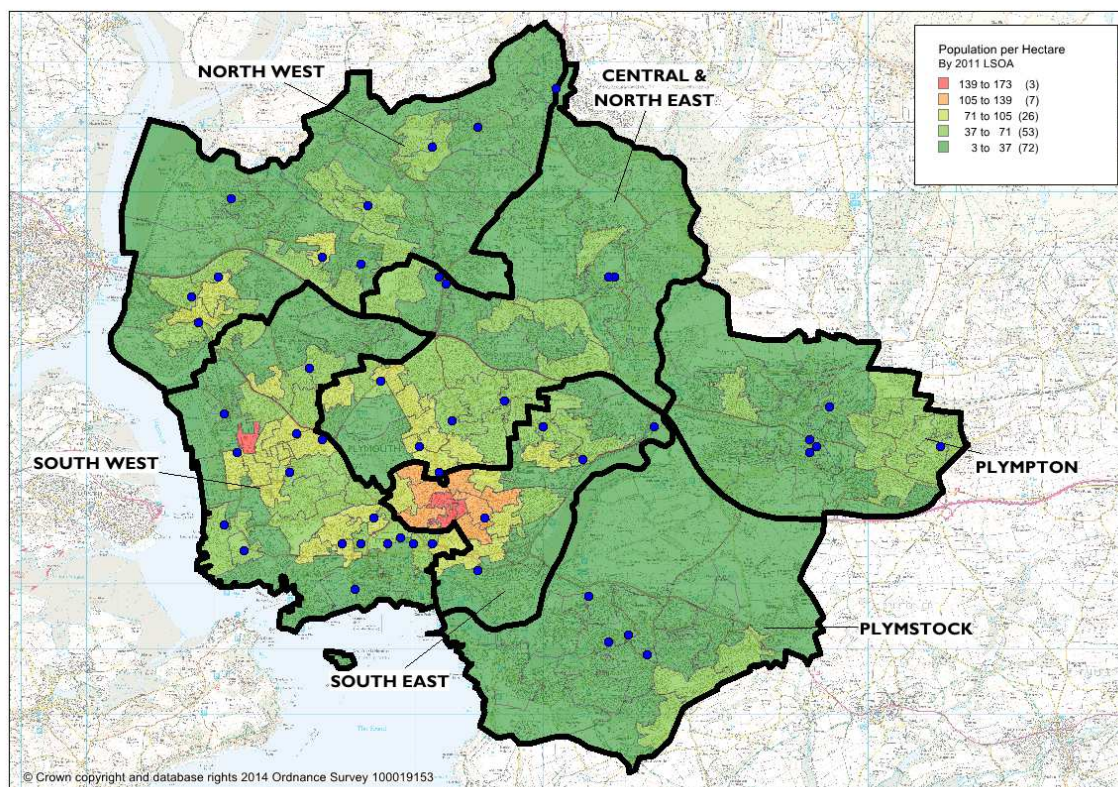
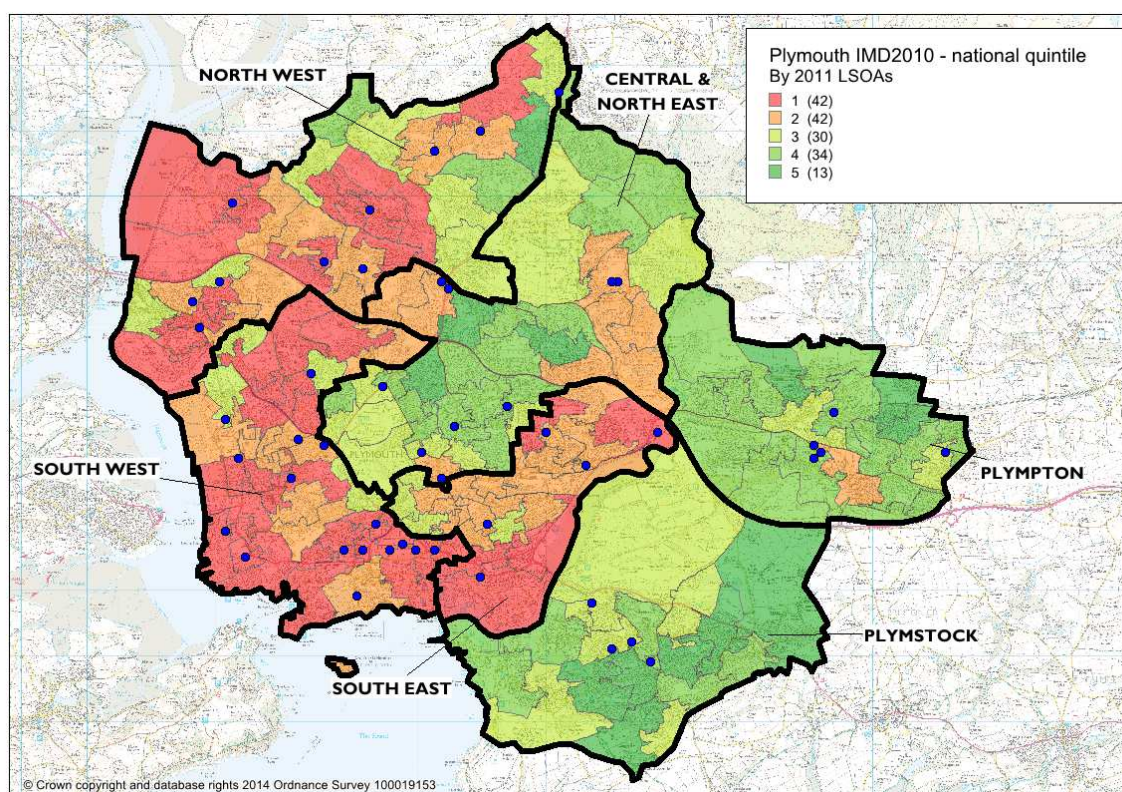


Figure 9: Pharmacy locations in Plymouth with locality boundaries, alongside deprivation quintile by Lower Super Output Area (LSOA) (the most deprived areas are coloured red; the least deprived areas are coloured green)



- 9.6 Table 60 below shows that the Central & North East locality has the greatest number of pharmacies for its population size and the South East the least, which is not fully reflective of the population's need for pharmaceutical services (columns five and six). The South West locality has some of the greatest health needs in Plymouth and has a greater number of pharmacies for its population compared to other localities.

Table 60: Number of pharmacies in Plymouth by locality, population size and locality rank, presented alongside the overall locality rank for health needs

Locality	No. of pharmacies	Population	Population per pharmacy	Locality rank for population per pharmacy ^a	Locality rank for health needs (cradle-grave) ^b	Locality rank for public health indicator based needs ^b
Central & North East	11	51,488	4,681	6	=4	4
North West	9	53,779	5,975	4	2	2
Plympton	5	30,029	6,006	3	=4	5
Plymstock	4	24,687	6,172	2	6	6
South East	5	39,342	7,868	1	3	3
South West	17	58,701	3,453	5	1	1
Plymouth	51	258,026	5,059	-	-	-

^a 1=locality with lowest number of pharmacies for its population

^b 1=locality with greatest health needs

Community pharmacy opening times

Definition: NHS England is responsible for administering opening hours for pharmacies. For Plymouth, this is overseen by the NHS England Area Team.

A pharmacy has:

- *A minimum of 40 core contractual hours* (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHS England.
- *Supplementary hours* (i.e. all the additional opening hours) which can be amended by the pharmacy subject to giving 90 days' notice (or less if NHS England consents).

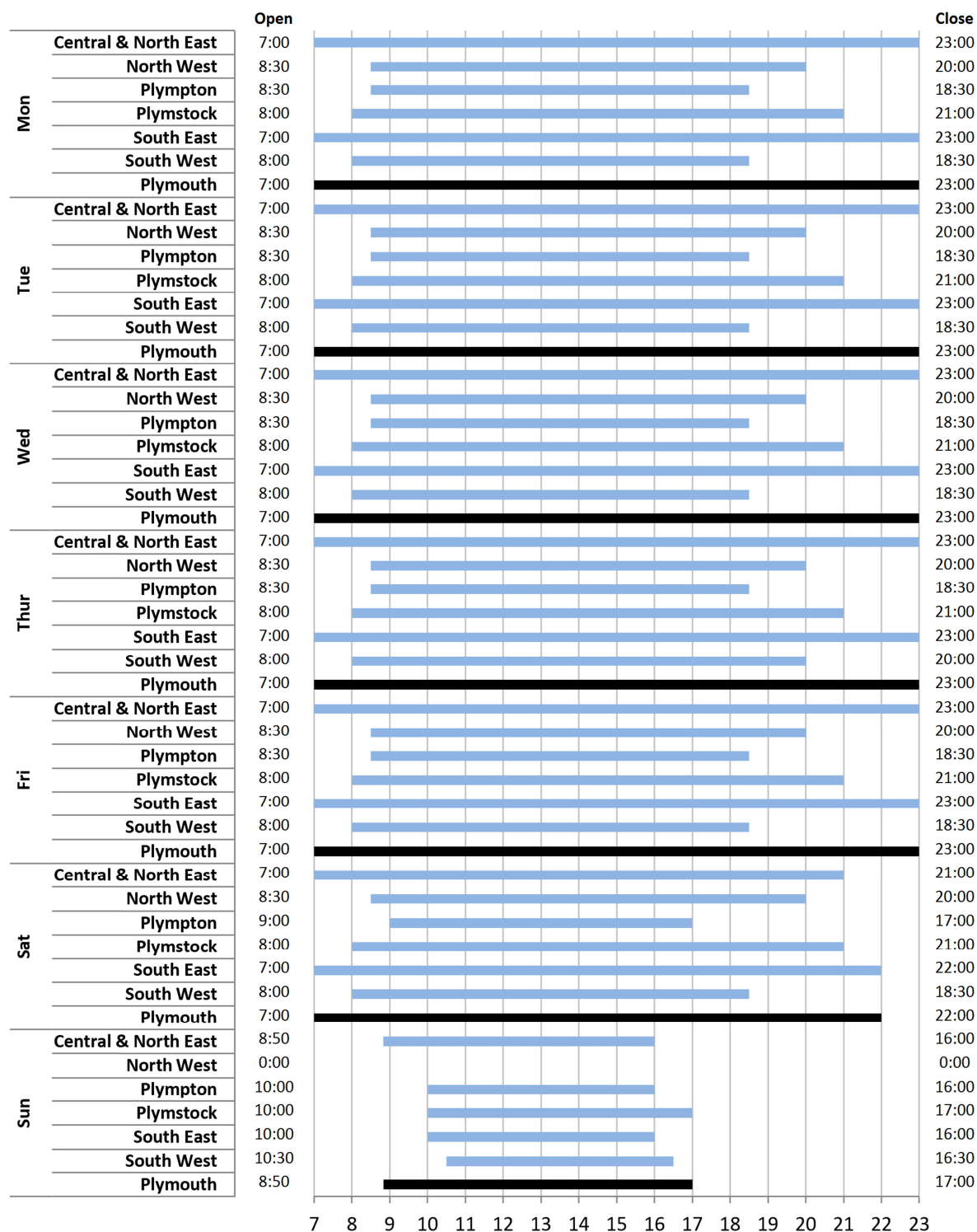
A pharmacy may also have more than 40 core hours if approved by NHS England. In this case, the pharmacy cannot amend these hours without the consent of NHS England. There is also a provision which allows a pharmacy to apply to open for less than 40 hours, but if the Area Team does grant such an application, it can specify which opening hours the pharmacy must open.

In addition to regular opening hours, an Area Team can commission an out-of-hours Enhanced Service. For many pharmacies, participation in such arrangements is voluntary with the exception of 100 hour pharmacies, those in approved large retail areas, and those in one stop Primary Care Centres, which may be required to provide any Advanced or Enhanced Services, that were agreed during the course of the application, where the Area Team commissions the service.

- 9.7 The coverage of pharmacy opening times (earliest opening and latest closing) for Plymouth and each of its six localities is shown in Figure 10 overleaf. This shows that from Monday to Friday, long opening times are operational in all six localities. The latest opening time and the earliest closing time are 08:30-18:30, and the longest opening times are 07:00-23:00.
- 9.8 Overall, the Central & North East and South East localities have the longest opening hours (Monday-Friday, 07:00-23:00). However, for all localities, weekend opening hours are shorter:
- On Saturday, the Plympton locality has the shortest pharmacy opening times (09:00-17:00) and the South East locality has the longest opening times (07:00-22:00).
 - On Sunday, the longest opening times are in the Central & North East locality (08:50-16:00), with no pharmacy provision within the North West locality.

OPENING TIMES - KEY OBSERVATIONS: There is no pharmacy open in the North West locality on a Sunday, yet this locality has high levels of deprivation, some of the greatest health needs across a number of indicators, and 27.9% of the population does not own a car. Nonetheless, on no day of the week is anyone in Plymouth more than 15 minutes' drive from a pharmacy, with easy access by foot or public transport (see drive time analysis). This is particularly important for residents from disadvantaged communities.

Figure 10: Coverage of pharmacy opening times (earliest opening and latest closing) for Plymouth and each of its localities by day of week

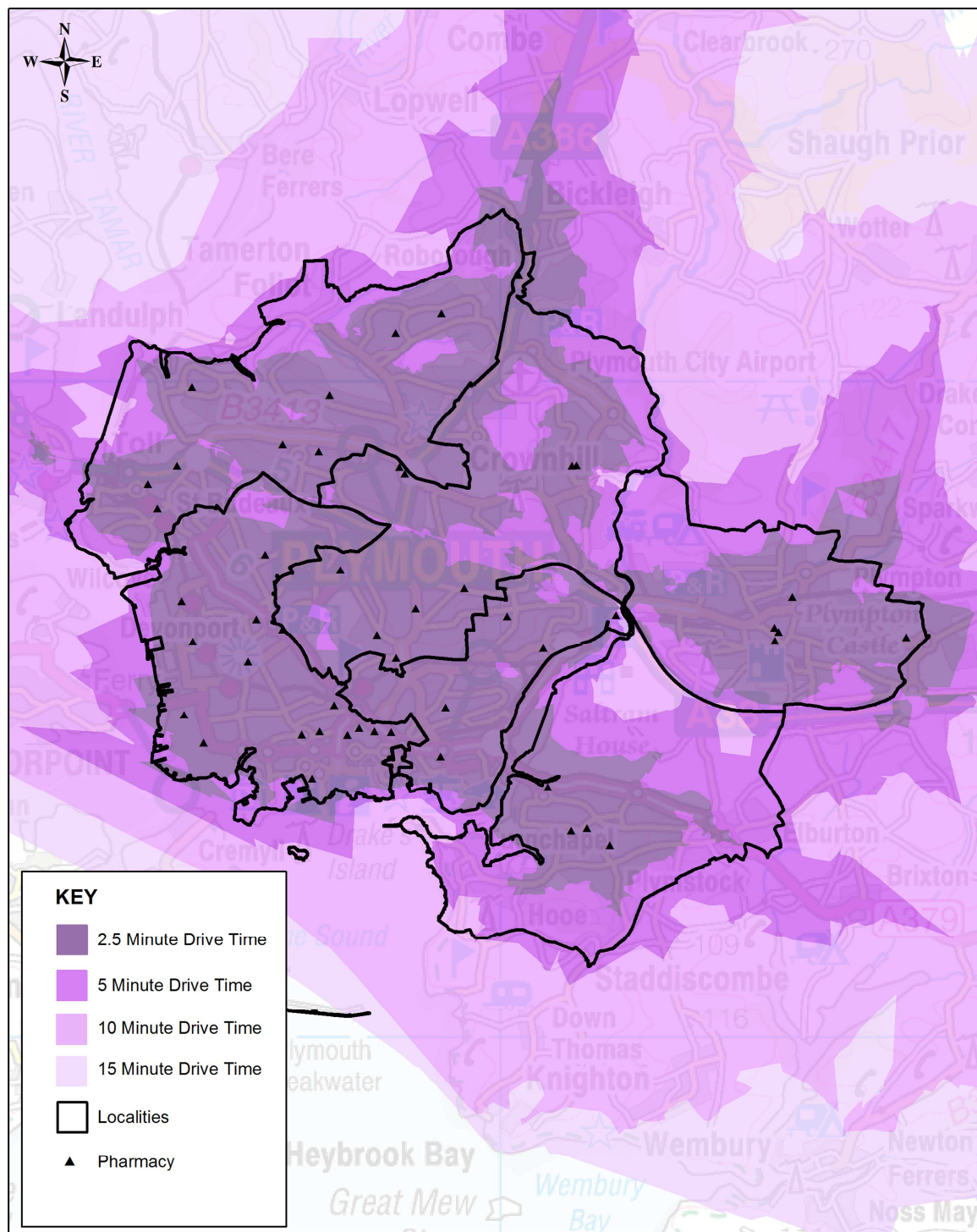


Accessing community pharmacies in Plymouth

9.9 In order to assess how accessible pharmacies are to the local population, a 'drive time' analysis has been conducted. This indicates how long it takes people to get to their nearest pharmacy by car. The findings for weekdays, weekdays after 20:00, Saturdays and Sundays are shown in Figures 11-14 overleaf. Access to pharmacies across Devon as a whole is

variable according to rurality; however in Plymouth access is good. All residents can drive to a pharmacy within 15 minutes on any day of the week, with the majority of residents able to access a pharmacy by car with 2.5-5 minutes, Monday to Saturday. On a weekday after 20:00, the majority of residents can access a pharmacy within 10 minutes' drive although a minority of journeys will take 15 minutes. On a Saturday, the majority of journeys to a pharmacy by car will take 2.5-5 minutes. On a Sunday, access is more variable but no more than 10 minutes' drive.

Figure 11: 2.5, 5, 10 and 15 minute drive times to pharmacies open during Weekdays across Plymouth (with locality boundaries)



Public Health Devon

Devon County Council

0 900 1,800 3,600 Meters

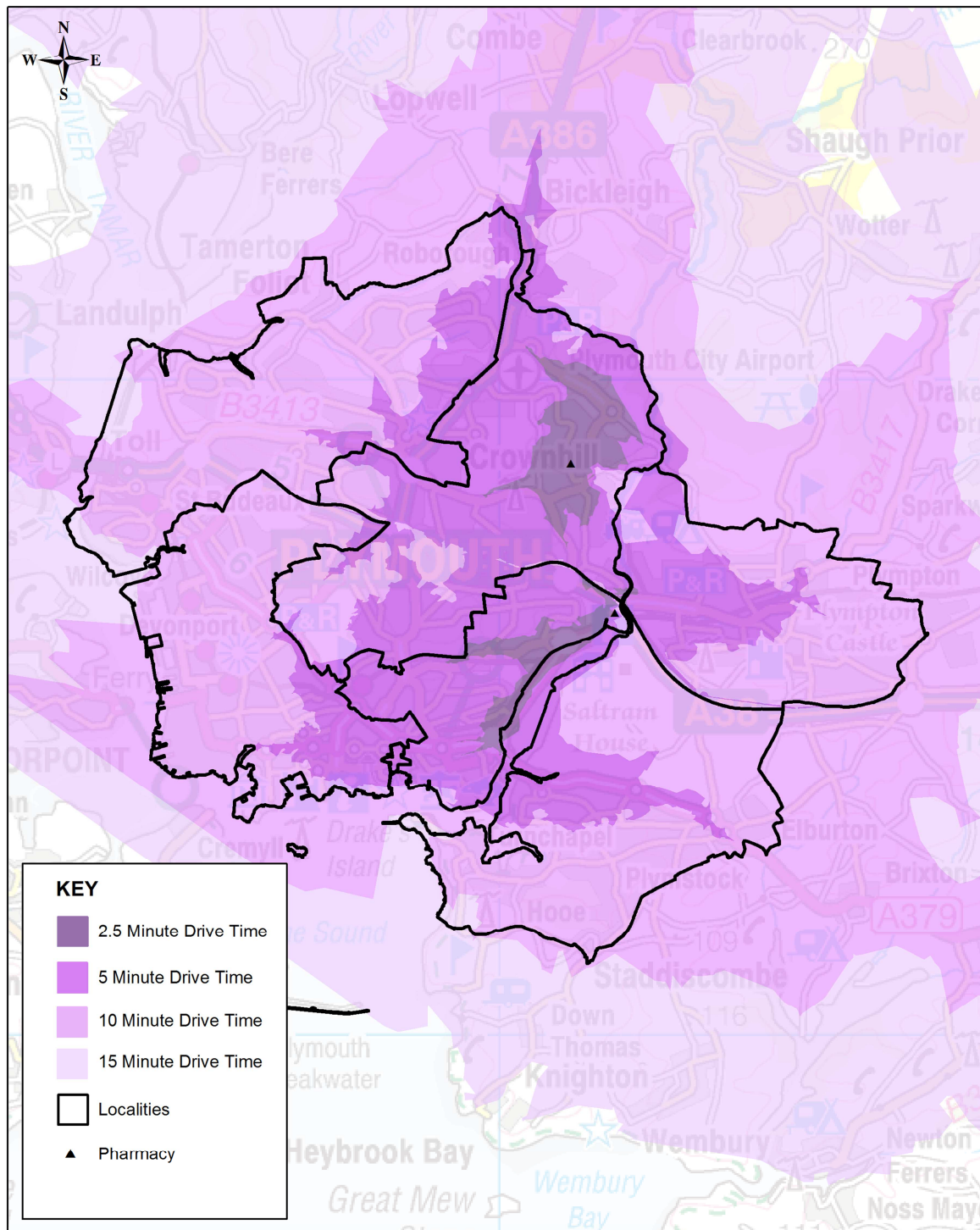
Map Title: Drivetime to Nearest Pharmacy -Plymouth (Weekday)

Author: Devon PHIT

Date: 16 February 2015

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Figure 12: 2.5, 5, 10 and 15 minute drive times to pharmacies open during Weekday after 8pm across Plymouth (with locality boundaries)



Public Health Devon

Devon
County Council

0 900 1,800 3,600 Meters

Map Title: Drivetime to Nearest Pharmacy -Plymouth (Weekday after 8pm)

Author: Devon PHIT

Date: 16 February 2015



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Figure 13: 2.5, 5, 10 and 15 minute drive times to pharmacies open during Saturday across Plymouth (with locality boundaries)

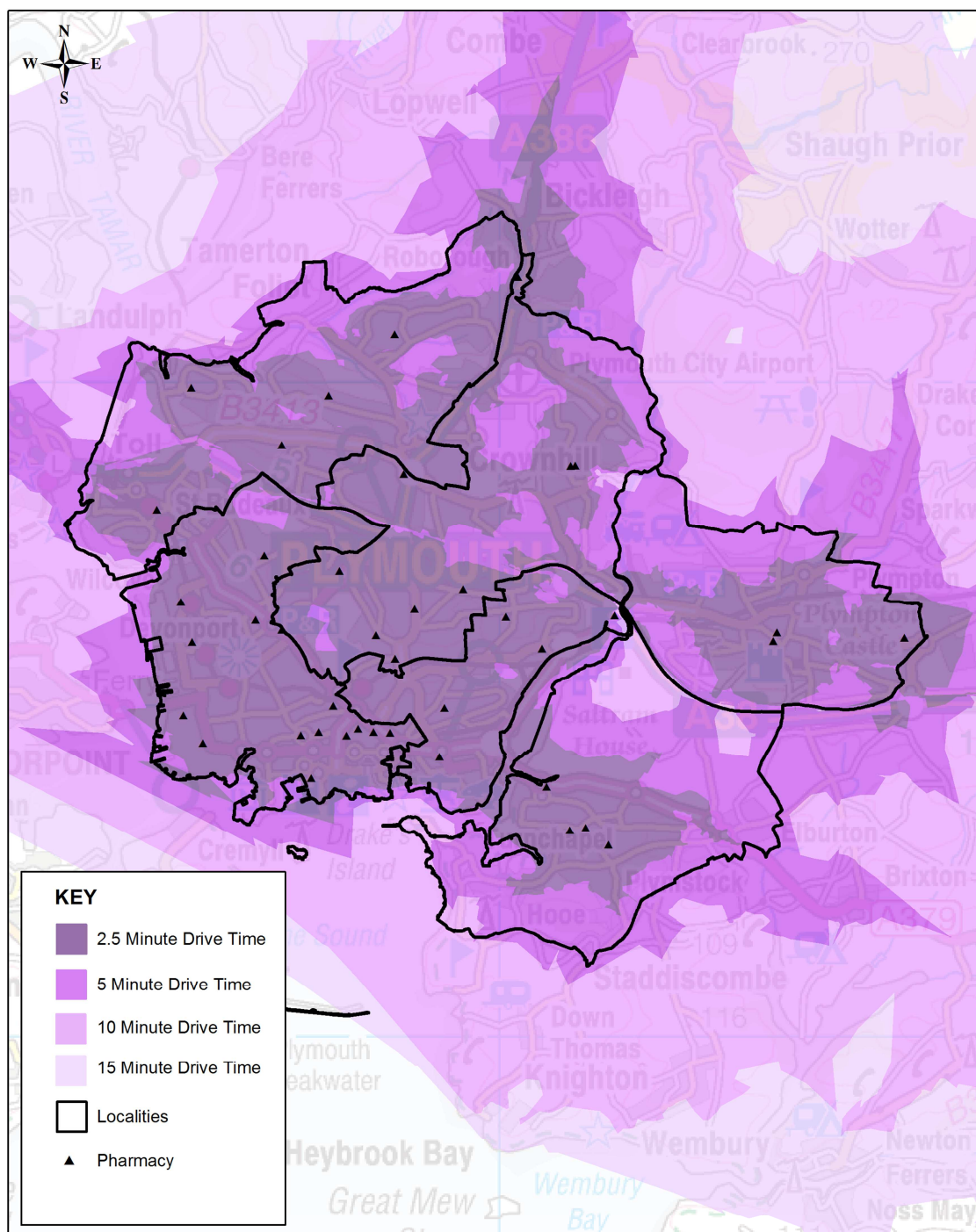
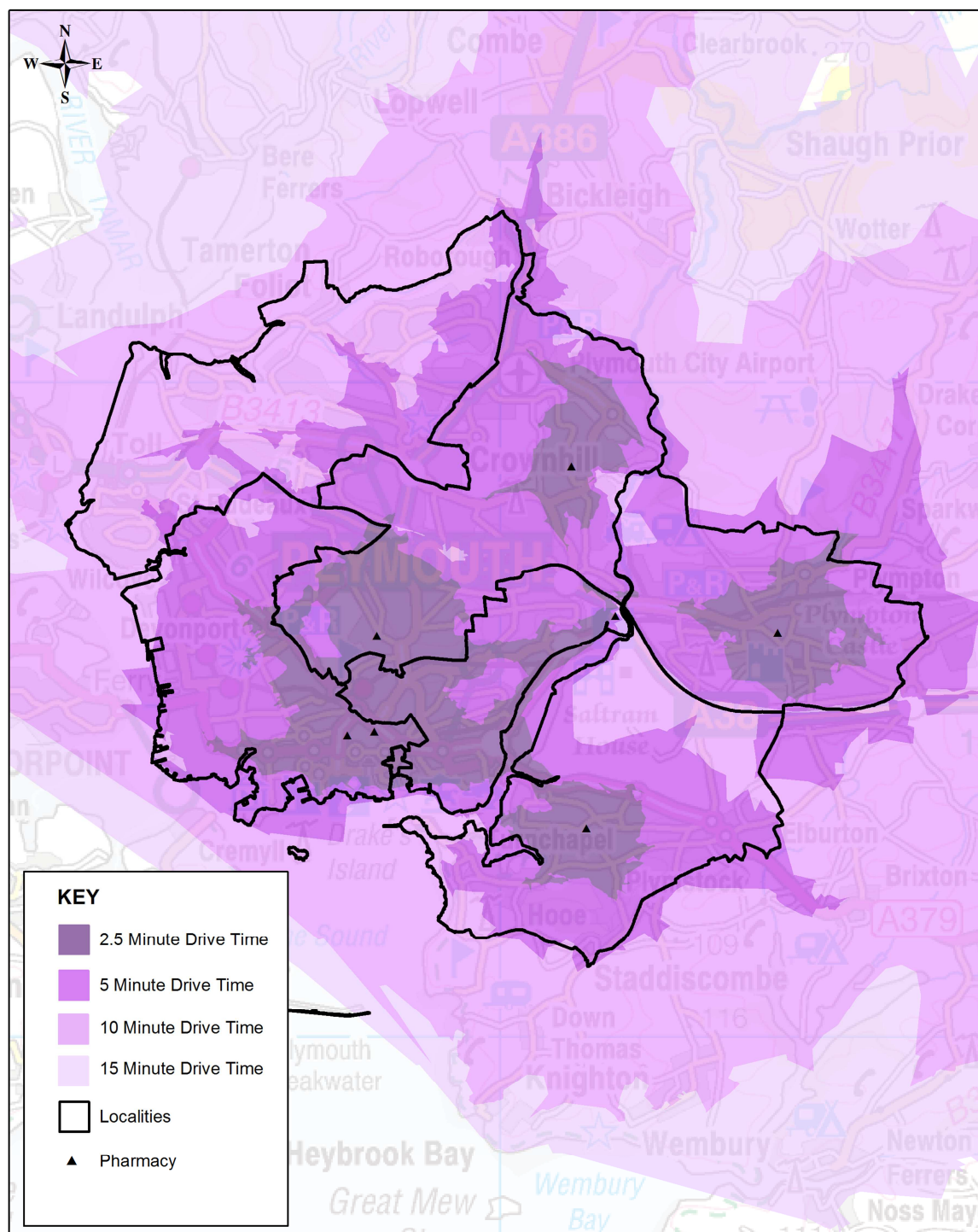


Figure 14: 2.5, 5, 10 and 15 minute drive times to pharmacies open during Sunday across Plymouth (with locality boundaries)



Public Health Devon

Devon
County Council

0 900 1,800 3,600 Meters

Map Title: Drivetime to Nearest Pharmacy -Plymouth (Sunday)

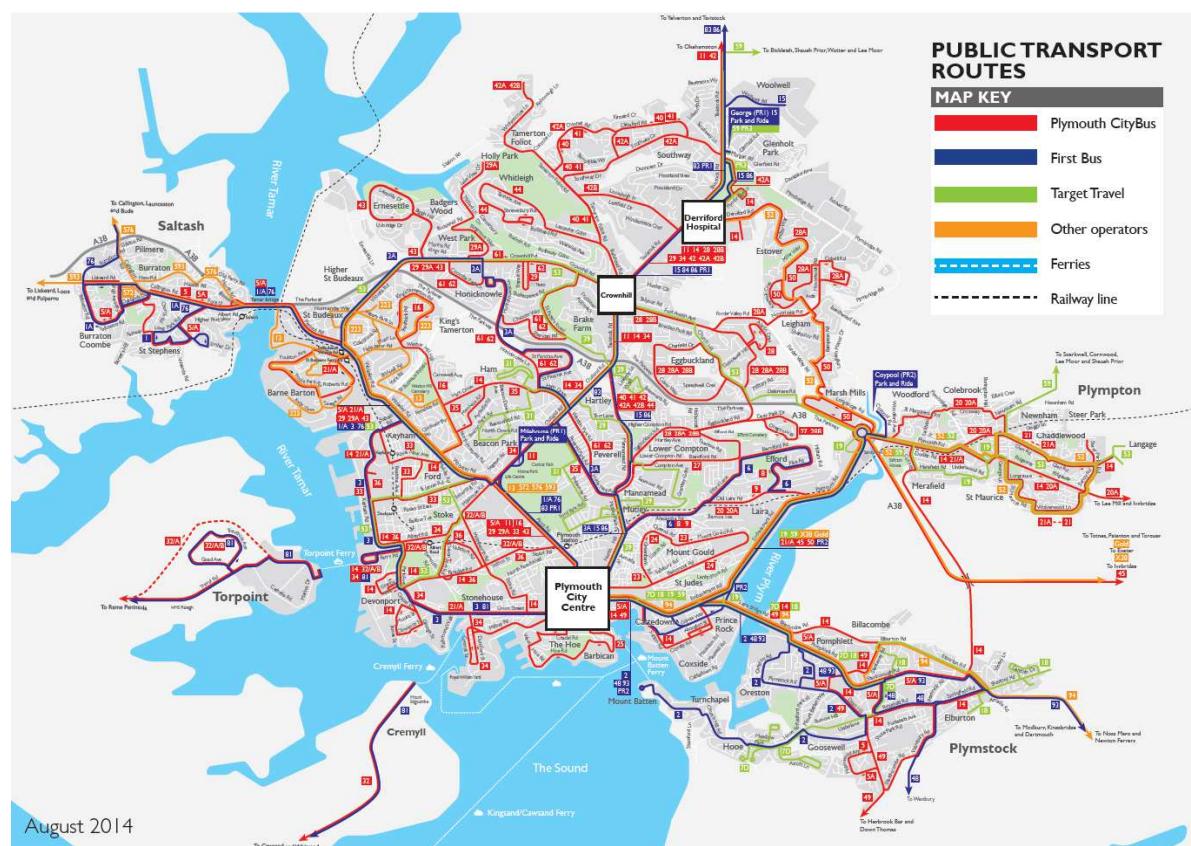
Author: Devon PHIT

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- 9.10 Figure 15 shows the main public transport routes in Plymouth. A number of bus operators work across Plymouth providing good access to pharmaceutical services for those who do not have access to a car although a number of residents will be able to walk to a community pharmacy.

Figure 15: Public transport routes in Plymouth (produced by Plymouth City Council, August 2014)



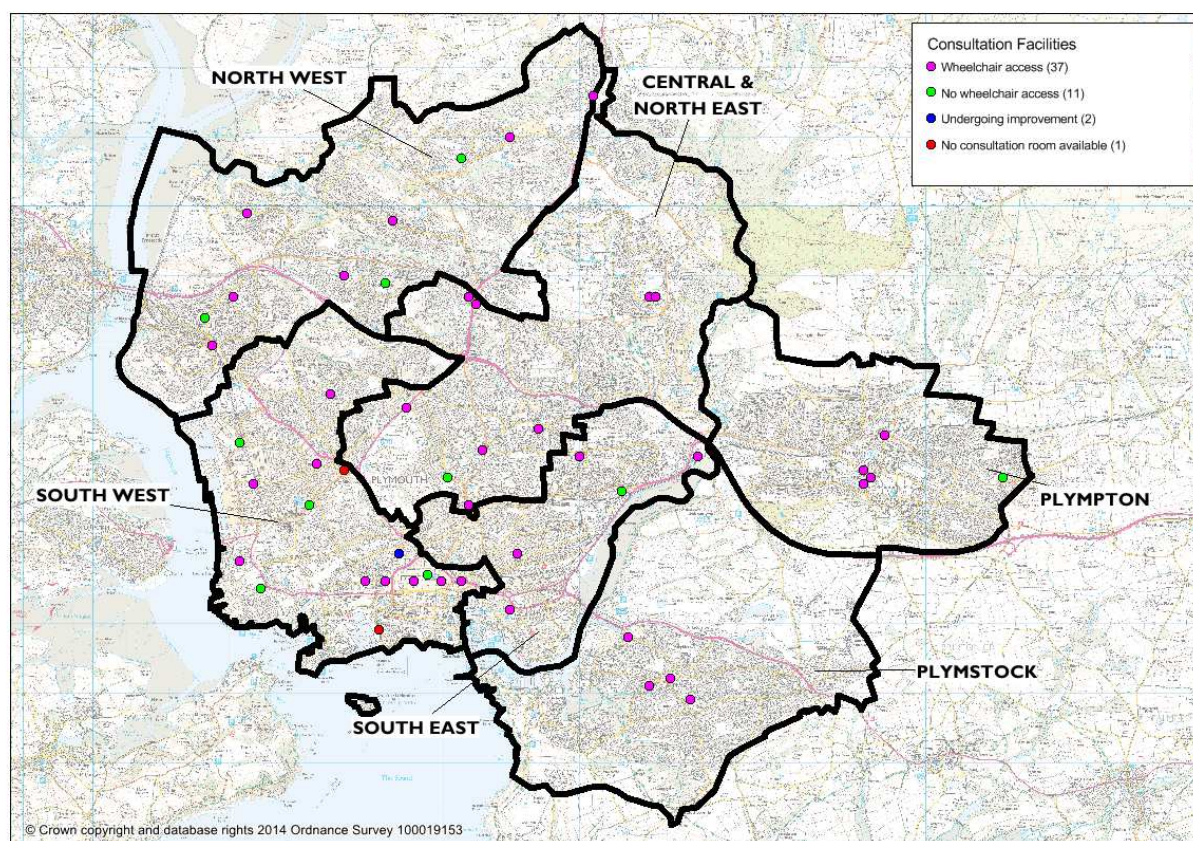
ACCESSING PHARMACIES - KEY OBSERVATIONS: There is good access to Plymouth pharmacies via foot, public transport or car. The longest drive time is 15 minutes on any day of the week, with the majority of residents able to access a pharmacy by car within 2.5-5 minutes, Monday to Saturday. On a weekday after 20:00, the majority of residents can access a pharmacy within 10 minutes' drive although a minority of journeys will take 15 minutes. On a Saturday, the majority of journeys to a pharmacy by car will take 2.5-5 minutes. On a Sunday, access is more variable but no more than a 10 minute drive.

Availability and accessibility of community pharmacy consultation facilities

- 9.11 Figure 16 shows that all except one of Plymouth's pharmacies have enclosed consultation facilities. In two pharmacies, both located in the South West, these facilities are undergoing improvement which may affect use. Figure 16 also shows that disabled access to consultation facilities is available at 37 of the 51 pharmacies (72.5%). If the number and proportion of people in each locality whose 'day-to-day activities are limited a lot' is used as a proxy for mobility (see 7.15, page 52), the North West and South West localities have the greatest needs in terms of accessibility (6,453 (12.0%) and 6,575 (11.2%) respectively, compared to a Plymouth average of 10.0%):

- All nine pharmacies in the North West locality have a consultation room, with six of these having wheelchair access.
- 16 out of 17 pharmacies in the South West locality have a consultation room, with 10 of these having wheelchair access.

Figure 16: Availability and accessibility of consultation rooms in Plymouth pharmacies



Hand washing facilities for consultations

- 9.12 Around half of all Plymouth pharmacies (n=25; 49.0%) have washing facilities in the consultation area, with an additional ten having hand washing facilities nearby (Table 61). 16 pharmacies do not have any hand washing facilities that are available during consultations.

Table 61: Number of pharmacies in Plymouth with hand washing facilities for consultations, by locality and location of facilities

Locality	In consultation area	Close to consultation area	No hand washing facilities	Total number of pharmacies
Central & North East	10	1	0	11
North West	4	0	5	9
Plympton	2	0	3	5
Plymstock	1	2	1	4
South East	2	2	1	5
South West	6	5	6	17
Total	25	10	16	51

Off-site consultations

- 9.13 No pharmacies reported using off-site consultation rooms approved by NHS England. However, 12 pharmacies reported that they would be willing to undertake consultations in the patient's home or other suitable site (Table 62). Given that the largest increase in Plymouth's population will be seen in 75+ year olds, there is likely to be greater demand for off-site provision. The locality ranks for health needs have been added to the table to provide an indication of areas that might benefit most from off-site consultations. Although the North West locality has the greatest proportion of people whose 'day-to-day activities are limited a lot', no pharmacies within this locality offer off-site consultations and so development of this service for this population should be considered.

Table 62: Number of pharmacies with arrangements for off-site consultations by locality, presented alongside the overall locality ranks for health needs

Locality	Number providing off-site consultations in room approved by the NHS	Number willing to undertake consultations in the patient's home or other suitable site	Total number of pharmacies	Locality rank for health needs (cradle-grave) ^a	Locality rank for public health indicator based needs ^a
Central & North East	0	2	11	=4	4
North West	0	0	9	2	2
Plympton	0	0	5	=4	5
Plymstock	0	1	4	6	6
South East	0	2	5	3	3
South West	0	7	17	1	1
Plymouth	0	12	51	-	-

^a 1=locality with greatest health needs

PHARMACY CONSULTATION FACILITIES - KEY OBSERVATIONS: Provision of consultation facilities across Plymouth is good, with the majority providing disabled access. Pharmacies in the North West and South West localities serve populations with the greatest needs in terms of accessibility. Around one third of pharmacies do not have any hand washing facilities for patients during consultations. No pharmacies provide off-site consultations although there is some willingness to cater for patients in their homes or at other suitable sites. Given that the largest increase in Plymouth's population will be seen in 75+ year olds, there is likely to be greater demand for off-site provision. The North West locality has the greatest proportion of people whose 'day-to-day activities are limited a lot' and so development of provision for this population should be considered.

Information technology - Electronic Prescription Service Release 2 (EPS R2)

- 9.14 EPS enables prescribers (e.g. GPs and practice nurses) to send prescriptions electronically to a dispenser of the patient's choice, such as their local pharmacy. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.¹⁵ Almost all pharmacies in Plymouth (47 out of 51) are EPS R2 enabled, with the remaining four planning to become enabled within the next 12 months.

¹⁵ See the following website for more information about electronic prescribing: <http://systems.hscic.gov.uk/eps>

Information technology – unrestricted internet access and use of secure email

- 9.15 NHSmail is a centrally funded and managed secure email service which has been approved by the NHS for exchanging patient data.¹⁶ In the absence of an integrated secure messaging system between pharmacies and other NHS providers, NHSmail has the potential to support clinical communication. However, it is important to note that there are problems inherent in the current NHSmail arrangements that create barriers to pharmacy uptake and use of the service. This includes information governance and clinical governance concerns, and issues linked to regulatory requirements on email communication that apply to certain businesses.
- 9.16 Tables 63 and 64 below show that just under half of Plymouth's pharmacies (n=24, 47.1%) have unrestricted internet access and just under a quarter (n=12, 23.5%) use a secure nhs.net email account.

Table 63: Number of pharmacies with access to unrestricted internet, by locality

Locality	Does not have access to unrestricted internet	Has access to unrestricted internet	Total number of pharmacies
Central & North East	6	5	11
North West	8	1	9
Plympton	3	2	5
Plymstock	1	3	4
South East	3	2	5
South West	6	11	17
Total	27	24	51

Table 64: Number of pharmacies using a secure nhs.net email account, by locality

Locality	Does not have access to secure email account	Has access to secure email account	Total number of pharmacies
Central & North East	10	1	11
North West	8	1	9
Plympton	3	2	5
Plymstock	3	1	4
South East	3	2	5
South West	12	5	17
Plymouth	39	12	51

INTERNET TECHNOLOGY - KEY OBSERVATIONS: Within the next 12 months all pharmacies in Plymouth will provide an electronic prescription service. However, there is limited use of the NHSmail secure email service. This may reflect problems inherent in current NHSmail arrangements that create barriers to pharmacy uptake and use of the service.

¹⁶ <http://psnc.org.uk/contract-it/pharmacy-it/nhs-mail/>

Essential Services – Appliance Contractors

- 9.17 As outlined previously, all pharmacies must provide Essential Services. However, as part of the audit, pharmacies were asked if they dispensed stoma appliances, incontinence appliances and dressings. Almost all pharmacies (46 out of 51; 90.2%) offer all three services, with one pharmacy offering everything except stoma appliances, one offering everything except incontinence appliances, and two only offering dressings.

Advanced Services - Medicines Use Review and the New Medicine Service

- 9.18 Currently 48 out of 51 pharmacies offer both Medicines Use Review and the New Medicine Service, with two of the remaining three planning to introduce these services in the near future.

Advanced Services - Appliance Use Review

- 9.19 Appliance Use Review (AUR) is currently offered by one pharmacy in Plymouth, located in Plympton. Two pharmacies in the South West locality are planning to offer this service in the near future.

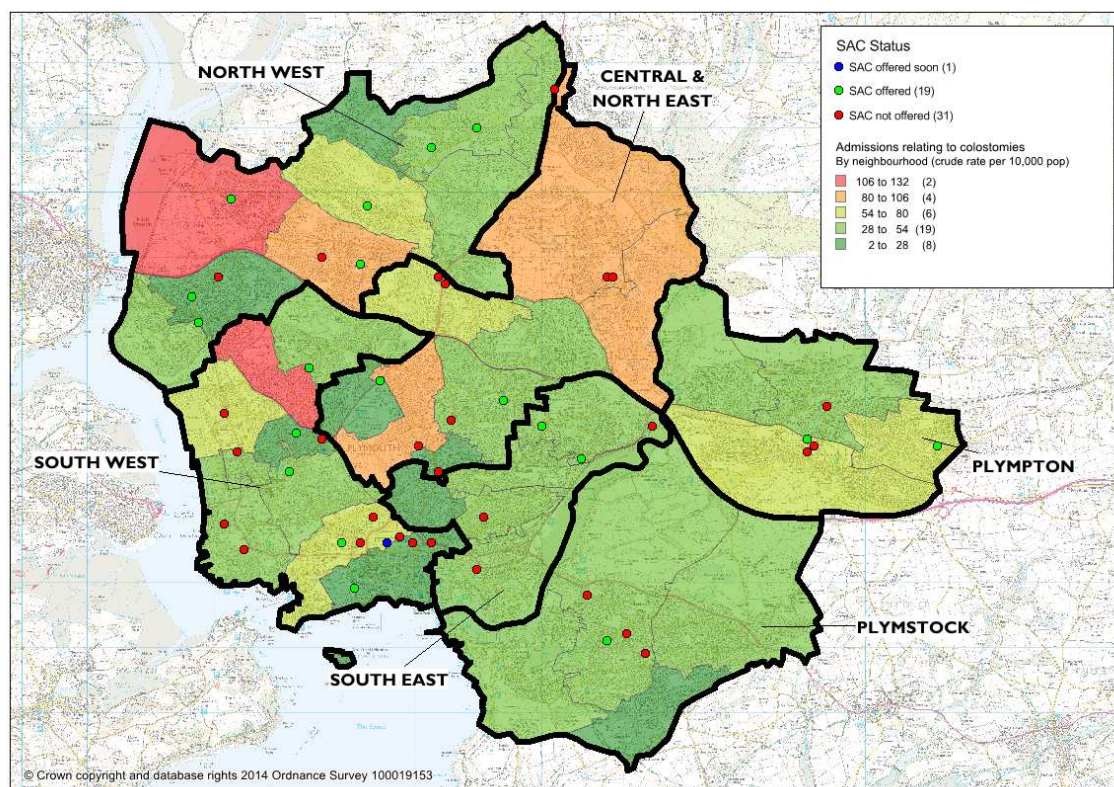
Advanced Services - Stoma Appliance Customisation

- 9.20 Currently, 17 out of 51 pharmacies (33.3%) stated they offer Stoma Appliance Customisation (SAC), with one pharmacy in the South West locality planning to introduce this service shortly (Table 65 below and Figure 17 overleaf). Hospital admissions relating to colostomies can be used as a crude proxy for potential need for SAC (Figure 17). The overall crude rate for Plymouth for 2011 to 2013 was 50 admissions per 10,000 population. This equates to around 1,300 admissions over a three year period or around 433 admissions per year. There is variation at the neighbourhood level: the neighbourhoods of Estover, Glenholt & Derriford East had 95 admissions per 10,000 population compared to Leigham & Mainstone with 101 admissions per 10,000 population. Nonetheless, there are two Dispensing Appliance Contractors in Plymouth who cover a wide geographical area providing good access for patients. One is located in Estover and the other in Plympton.

Table 65: Number of pharmacies offering Stoma Appliance Customisation (SAC) by locality

Locality	SAC offered	SAC not offered	SAC to be offered soon	Total number of pharmacies
Central & North East	2	9	0	11
North West	7	2	0	9
Plympton	2	3	0	5
Plymstock	1	3	0	4
South East	2	3	0	5
South West	5	11	1	17
Plymouth	19	31	1	51

Figure 17: Pharmacies offering a stoma appliance customisation (SAC) with locality boundaries, alongside the crude rate of hospital admissions relating to colostomies per 10,000 population



NHS PHARMACEUTICAL SERVICES PROVISION - KEY OBSERVATIONS:

Almost all pharmacies (46 out of 51; 90.2%) dispense stoma appliances, incontinence appliances and dressings ensuring good provision across the city. There is good provision of Medicines Use Review and the New Medicine Service. Appliance Use Review (AUR) is currently offered by one pharmacy in Plymouth, located in Plympton. One third of pharmacies offer Stoma Appliance Customisation although there are two Dispensing Appliance Contractors in Plymouth who cover a wide geographical area providing good access for patients. One is located in Estover and the other in Plympton.

Locally Commissioned Services

9.21 As highlighted previously, Locally Commissioned Services can be commissioned by different organisations. These can be Enhanced Services commissioned by the NHS England Area Team or Public Health Services commissioned by Plymouth City Council or the Western Locality of the NEW Devon Clinical Commissioning Group (CCG). Some services are also provided by the private sector. As part of the audit, for a list of services, pharmacies were asked to indicate whether they were:

- currently providing an NHS funded service
- currently providing a private service
- willing and able to provide the service (but weren't currently)
- willing to provide it if commissioned but would require training
- willing to provide it if commissioned but would require adjustment of facilities

- not willing to provide the service

9.22 Due to poor question wording around the types of services and their commissioning arrangements (see learning points, Chapter 2), there were inconsistencies in the responses provided by pharmacies to the above questions. This may also reflect confusion surrounding recent changes to commissioning arrangements. For these reasons, the responses to these questions have not been included. Instead an overview of services currently commissioned in Plymouth, based on information obtained from NHS England and Plymouth City Council, is provided below:

9.23 The following Enhanced Service is commissioned by NHS England (only NHS England can commission Enhanced Services):

- Extended hours of opening - NHS England currently commissions an out-of-hours Enhanced Service from pharmacies in Plymouth during holiday periods. This service is generally used to ensure patients have good access to pharmaceutical services over Christmas, New Year and Easter.

9.24 The following Locally Commissioned Services are commissioned by Plymouth City Council:

- Smoking cessation counselling
- Nicotine Replacement Therapy (NRT) Voucher Scheme
- Chlamydia screening
- Chlamydia treatment
- Emergency Hormonal Contraception Service
- Needle and Syringe Exchange Service (Public Health commission Harbour¹⁷ to deliver this service)
- Sharps Disposal (Public Health commission Harbour to deliver this)
- Supervised Administration Service (also known as Supervised Consumption)

9.25 The following Locally Commissioned Services are commissioned by the Western Locality NEW Devon CCG (accurate for 2014-15; services are reviewed annually):

- Minor Ailments Scheme – provides a free consultation and prescription treatment for a range of health conditions
- Winter Ailments Scheme - ensures patients can access free self-care advice and prescription treatment for winter ailments)
- Emergency Supply of Medicine - patients can access an urgent supply of their regular prescription medicines

9.26 Some additional services, such as home delivery or travel vaccinations, are offered by private providers. These services are not listed here as it was not possible to obtain accurate information regarding this provision.

¹⁷ For information about Harbour see: <http://www.harbour.org.uk/who-and-where-we-are.html>

LOCALLY PROVIDED SERVICES PROVISION - KEY OBSERVATIONS: The following services are commissioned locally by NHS England, NEW Devon CCG (Western Locality) or Plymouth City Council: extended hours of opening at holiday periods, smoking cessation counselling, Nicotine Replacement Therapy (NRT) Voucher Scheme, chlamydia screening, chlamydia treatment, Emergency Hormonal Contraception Service, Needle and Syringe Exchange Service, Sharps Disposal, Supervised Administration Service (also known as Supervised Consumption), Minor Ailments Scheme, Winter Ailments Scheme, Emergency Supply of Medicine. Some additional services are offered by private providers.

Healthy Living Pharmacies

9.27 The 'Healthy Living Pharmacy' (HLP) is a nationally recognised concept enabling pharmacies to help reduce health inequalities within the local community, by delivering high quality health and wellbeing services, promoting health and providing proactive health advice.¹⁸ Key elements of the HLP service include:

- tailoring HLP services to the local community
- a team that proactively promote health and wellbeing, and offer advice on a range of health issues
- having a Healthy Living Champion within the pharmacy

9.28 In September 2013, around 700 out of 11,236 community pharmacies in England (6.2%) had HLP Status. In Plymouth, 7 of 51 pharmacies (13.7%) have HLP status, with a further twelve working towards this. A breakdown of HLP status by locality is shown in Table 66 and Figure 18 below and overleaf. Examination of the overall rank for health needs by locality highlights the health inequalities that exist within the city. Based on this analysis, the areas that would most benefit from pharmacies with HLP status are the Central & North East and Plympton localities.

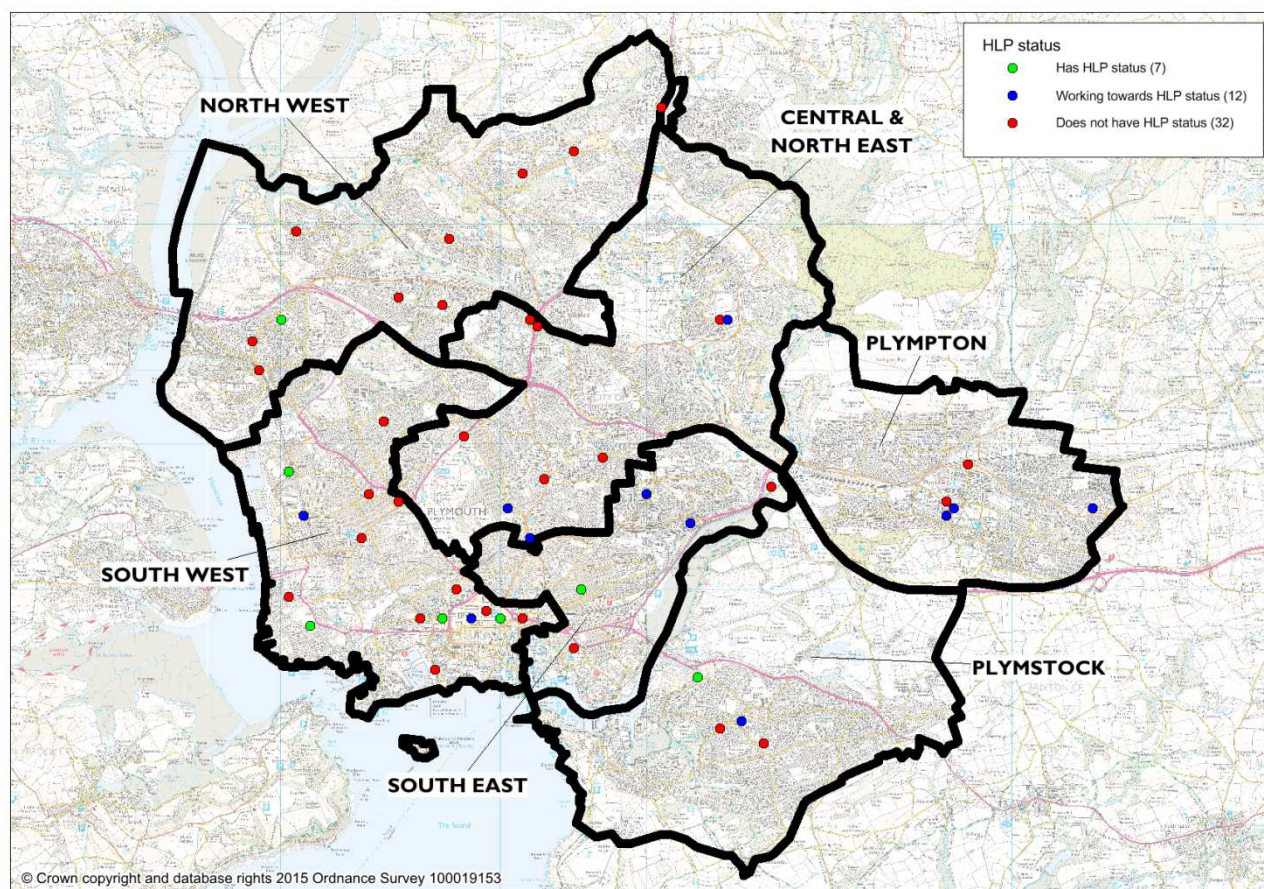
Table 66: Health Living Pharmacy (HLP) status by locality

Locality	Has HLP Status	Working towards HLP status	No HLP status	Number of pharmacies	Locality rank for health needs (cradle-grave) ^a	Locality rank for public health indicator based needs ^a
Central & North East	0	3	8	11	=4	4
North West	1	0	8	9	2	2
Plympton	0	3	2	5	=4	5
Plymstock	1	1	2	4	6	6
South East	1	2	2	5	3	3
South West	4	3	10	17	1	1
Plymouth	7	12	32	51	-	-

^a 1=locality with greatest health needs

¹⁸ For more information about HLP see: <http://www.npa.co.uk/Business-Management/Service-Development-Opportunities/Healthy-Living-Pharmacy/>

Figure 18: Pharmacies with 'Health Living Pharmacy' (HLP) status with locality boundaries



HEALTHY LIVING PHARMACY (HLP) STATUS - KEY OBSERVATIONS: 7 of 51 pharmacies (13.7%) have HLP status, with a further twelve working towards this. Whilst there is local variation in their distribution, only two localities are not served by at least one pharmacy with HLP status but current availability of these pharmacies in Plymouth is better than the national average. The Central & North East and Plympton localities would benefit most from additional Healthy Living Pharmacies.

Community pharmacy collection and delivery services

- 9.29 All 51 pharmacies in Plymouth offer a prescription collection service from GP practices and 44 of these deliver dispensed medicines, free of charge, on request. Some pharmacies offer delivery to all patients but the most common patient groups are the elderly, disabled, those who are housebound, and those ordering bulky or multiple items. The area that pharmacies deliver to also varies, with some delivering to the whole of Plymouth and others to patients in either a named area or specified radius (e.g. within three miles of the pharmacy). The proportion of households with access to a car varies widely between localities, with the South West locality having the lowest proportion (58.7%). However, 15 out of 17 pharmacies in the South West offer free delivery of dispensed medicines (the remaining two pharmacies did not provide this information). In the South East locality (which has the second smallest proportion of households without access to a car at 64.6%), four out of five pharmacies offer free delivery of dispensed medicines.

COLLECTION AND DELIVERY SERVICES - KEY OBSERVATIONS: All pharmacies offer a prescription collection service from GP practices and 44 out of 51 (86.3%) offer free delivery of dispensed medicines. The localities with households with the lowest proportion of car ownership (the South West and South East) are well served by free delivery services.

Pharmacy identified priorities for improving pharmaceutical services

9.30 A total of 29 pharmacies (56.9%) provided information regarding their top priorities for improving pharmaceutical services in Plymouth, which equated to 76 suggestions. These were summarised into the following themes:

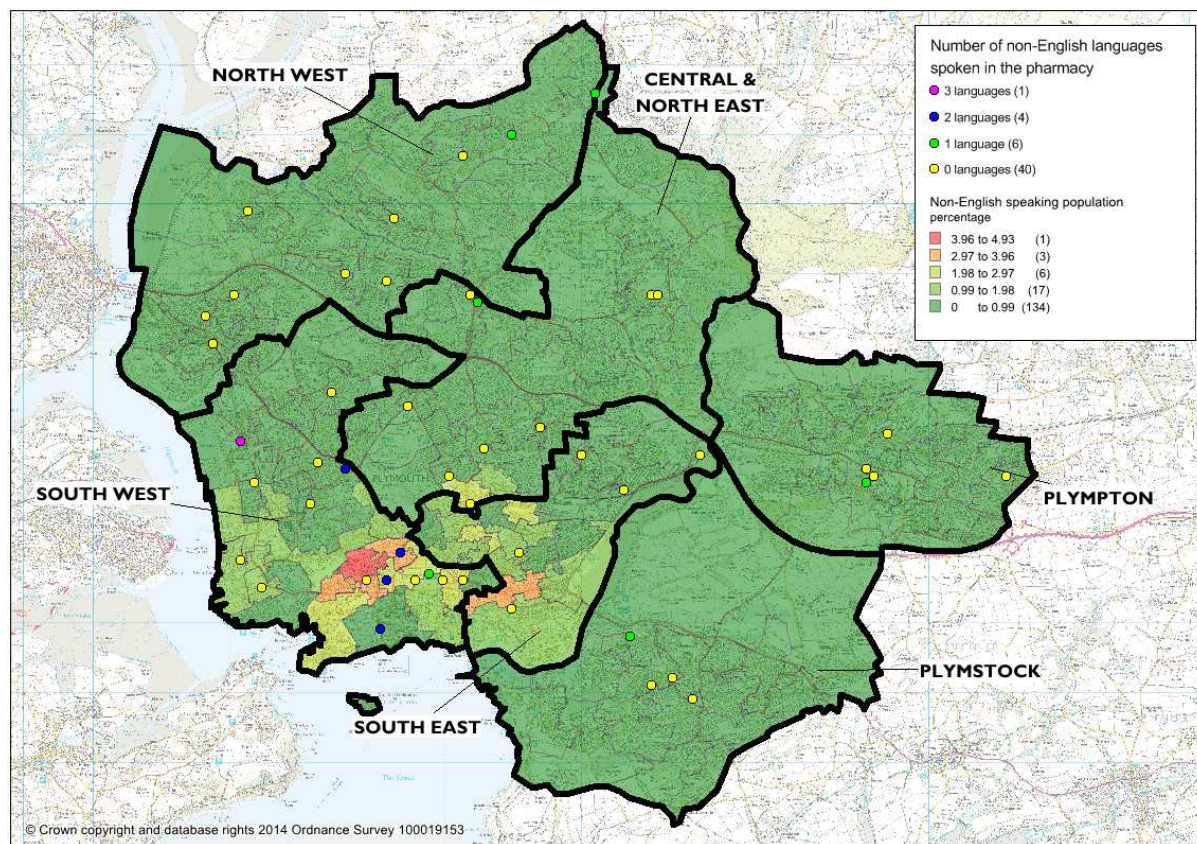
- *Improving communication and engagement (29 mentions)* – improving communication between pharmacies and general practices was the focus of the comments, but improving communication with commissioners and the Clinical Commissioning Group was also mentioned a number of times.
- *Focus on increasing provision of Enhanced services (18 mentions)*
- *Increasing awareness of the Electronic Prescription Service Release 2 (EPS R2) (7 mentions)* - this is relevant given that all pharmacies are now providing this service.
- *Other comments (22 mentions)* - these included improving efficiency around paperwork and IT, offering diabetes support and screening, providing support for substance misuse services, increasing access to sexual health services for patients and increasing access to training for pharmacy staff, extending the pharmacy offer to flu vaccination and a travel vaccination service, and extending the winter ailments scheme to cover summer ailments such as hay fever.

PHARMACY IDENTIFIED PRIORITIES - KEY OBSERVATIONS: Three main themes emerged from analysing the priorities identified by pharmacies to improve pharmaceutical services provision: (1) improving communication between pharmacies and GP practices/the CCG; (2) increasing provision of Enhanced services; (3) increasing awareness of the Electronic Prescription Service Release 2 (EPS R2).

Languages

9.31 Based on information from the 2011 census, an estimated 1,425 people living in Plymouth (0.6% of the overall population) either do not speak English, or do not speak English very well. One or more second languages were spoken by staff in 17 out of 51 pharmacies (33.3%), although due to part-time staff this was only for part of the working week. Languages spoken include: Cantonese, French, German, Ghanaian, Gujarati, Hindi, Italian, Polish, and Spanish. Figure 19 overleaf shows the number of languages spoken at each pharmacy, and the proportion of people who do not speak English, or do not speak English very well, by Plymouth Lower Super Output Area (LSOA). This shows that the proportion of the population who do not speak English is greatest in the South West and South East localities. The South West locality has a number of pharmacies where staff can speak one or more non-English languages.

Figure 19: Map showing the proportion (%) of the population who cannot speak English, or cannot speak English well, by LSOA and location of multi-lingual pharmacies.



LANGUAGES - KEY OBSERVATIONS: The proportion of the population who do not speak English, or who do not speak English very well, is greatest in the South West and South East localities. Non-English-speaking patients typically receive fewer preventative services and make less use of health care than English-speaking patients. Consequently, any barriers to provision for these population groups should be addressed. The South West locality has a number of pharmacies where staff can speak one or more non-English languages.

10. OUTCOMES OF THE CONSULTATION PROCESS

This chapter provides an overview of the consultation taken on the PNA and summarises the findings of the consultation process.

Overview of the consultation process

- 10.1 As outlined in 3.15, the consultation period ran from Monday 17 November 2014 to Friday 16 January 2015. The Health and Wellbeing Boards (HWBs) for Plymouth, Devon and Torbay ran the consultation for each of their PNAs at the same time using the same consultation process. This was to aid organisations who were asked to respond to consultations for more than one area at the same time.
- 10.2 The method of consultation was agreed by the PNA Steering Group. Individual areas also liaised with their Health and Wellbeing Boards regarding the consultation process.
- 10.3 The consultation was hosted online by Plymouth City Council on behalf of Plymouth, Devon and Torbay. Three web links were created which enabled consultees to view a PDF of the relevant PNA report and access a short online survey (see Appendix 3). The survey questions were designed to gather feedback on each section of the report. The web link(s) for Plymouth, Devon and/or Torbay were emailed directly to the following individuals and/or organisations as applicable (list for Plymouth included below):
- Devon Local Pharmaceutical Committee
 - Devon Local Medical Committee
 - Persons on the pharmaceutical list and any dispensing doctors for the area (the latter was not applicable for Plymouth)
 - Any LPS chemist in Plymouth with whom NHS England has made arrangements for the provision of local pharmaceutical services (this was not applicable to Plymouth, Devon, and Torbay)
 - Healthwatch Plymouth
 - The Voluntary and Community Sector
 - NHS England Devon, Cornwall and Isles of Scilly Area Team
 - Devon Health and Wellbeing Board
 - Cornwall Health and Wellbeing Board
 - Isles of Scilly Health and Wellbeing Board
 - Plymouth Hospitals NHS Trust
 - Plymouth Community Healthcare
 - NHS NEW Devon Clinical Commissioning Group
- 10.4 The PNAs and consultation surveys were available as hard copies upon request. General comments (sent direct via email to the Public Health Teams involved in producing the PNAs) were also welcomed as part of the consultation.

Number of responses to the consultation

- 10.5 Five individuals completed the online consultation survey for Plymouth. These individuals represented:

- A pharmacist (one response)
- The Voluntary and Community Sector (two responses)
- The Clinical and Effectiveness and Medicines Optimisation Team for the NHS NEW Devon Clinical Commissioning Group (one response)
- The Devon Local Pharmaceutical Committee (one response)

10.6 An additional two responses were sent directly via:

- an email from the Medicines Governance & Community Pharmacy Development Lead for the Clinical Effectiveness and Medicines Optimisation Teams for NHS NEW Devon and South Devon & Torbay Clinical Commissioning Groups - this email contained feedback pertinent to all three areas and was forwarded to the Devon and Torbay Public Health Teams
- an email with attached letter received from the Director of Commissioning for the NHS England Devon, Cornwall & Isles of Scilly Area Team - this was sent to all three Public Health Teams regarding all three PNAs

Summary of responses to the consultation

10.7 The majority of the consultation feedback regarding the PNA was positive. The main areas or themes within the document that received comment are summarised briefly below.

Format of the report

10.8 Following feedback and to aid ease of use, an overview of the content and purpose of each chapter has been included at the start of each chapter.

Locality summary sheets

10.9 Feedback regarding the locality summary sheets was mainly positive but there were a request for GP practices to be included on the maps. It was not possible to do this due to lack of space and issues regarding readability. A new map combining locations of pharmacies and practices has now been included in the mapping chapter and a hyperlink has been included in each summary sheet to the relevant page. Feedback was also received about the need to include walk times to pharmacies and highlight the ease of walking to a pharmacy in Plymouth. Although we have not been able to calculate walk times, information has now been included in the mapping chapter and the ease of being able to walk to a pharmacy has been highlighted in the summary observations. An additional request was made to highlight the number of people who commute into Plymouth for working as they will also benefit from access to community pharmacies. This has been added in 5.1. In addition, the finding that the majority of residents living in deprived areas of Plymouth can access a pharmacy by walking or using public transport has been highlighted.

Plymouth's demography

10.10 Feedback was received that it would be helpful to benchmark figures presented to the national context, focusing on the key groups of people who use pharmacy. National data are presented where possible/known.

Health needs

- 10.11 Some requests were made for additional needs based data to be included. This data can be accessed via the Plymouth JSNA website (<http://www.plymouth.gov.uk/jsna>) and additional links to this website have been included throughout the document. Some requests were outside of the scope of the PNA as described in Chapter 2.

PharmOutcomes Survey

- 10.12 Questions were asked about the number of responses to the PharmOutcomes survey. A 100% response rate was achieved and this has now been included. This was the first time pharmacies had been surveyed in this way and Chapter 2 outlines the learning that was taken from the process. Due to changes in the commissioning arrangements of many services over the past few years some confusion was identified in responses with regards to commissioned services. In addition, a request for additional information to be captured around accessibility (including availability of car parking, bus stops, hearing loops, and reduced height counter tops) was made. These comments have been captured in the learning for future PNAs section on page 32 to ensure it can be incorporated in pharmacy audits going forward.

Current provision

- 10.13 A request was received to include a figure for the national average population per pharmacy. The Steering Group was unable to find this information so it made benchmarking impossible.
- 10.14 New maps have now been provided regarding pharmacy opening times during weekdays, weekdays after 20:00, Saturdays and Sundays. The document has been updated to reflect these changes. They also highlight ease of access to community pharmacies in Plymouth.
- 10.15 The validity of the statement around SAC and AUR provision was questioned and the section amended following discussion with the Chair of the Local Pharmaceutical Committee (LPC) who also sat on the PNA Steering Group. The validity of the HLP data was also questioned: LPC data was different to pharmacy responses and the data was updated to reflect the former. Devon LPC has been commissioned by Public Health to support the set-up of further HLPs in Plymouth.
- 10.16 It was noted that there was a lack of information regarding which pharmacies are delivering each of the locally commissioned services and that it would be helpful to map this alongside details of need. An overview of commissioned services and local need is provided in each locality summary sheet. It was not possible to list commissioned services by pharmacy given issues with the audit of community pharmacies (see 10.12).
- 10.17 It was noted by a member of the Public Health Team that the map showing locations of GP practices was inaccurate and this was redone.

Assessing adequacy

- 10.18 A comment was received that the PNA did not specifically state whether the current provision of pharmaceutical services was adequate or inadequate. The decision of the PNA Steering Group was that the PNA should concentrate on the need rather than on the

concept of adequacy.

Future pharmacy needs

- 10.19 A number of comments were made around areas that should be included in the future of pharmacy chapter (Chapter 11). These comments were picked up by the Chair of the Local Pharmaceutical Committee who has since revised some areas of this chapter. It should be noted, however, guidance around pharmacy nationally is changing at a fast pace.

II. FUTURE PROVISION OF PHARMACEUTICAL SERVICES

This chapter identifies potential future needs for pharmaceutical services in Plymouth and outlines what is known about the future direction of pharmacy which may impact on current service provision across the Peninsula.

Potential future needs for pharmaceutical services in Plymouth

- II.1 Plymouth's growing population means that the overall demand for pharmaceutical services will continue to grow, particularly for services relating to the older age groups. For example, it is predicted that the number of 75+ year olds in the city will increase by 54.6% from 2012 to 2030.
- II.2 Plymouth adopted its Core Strategy in 2007 and followed this with a set of Area Action Plans covering key areas of change. The city is pursuing a growth strategy seeking to transform the city into 'one of Europe's finest most vibrant waterfront cities'. This aims to grow the city's population to over 300,000¹⁹ and is based upon a step change in the economy of the City, bringing high quality jobs and leading to a better quality of life for all. Plymouth City Council has recently commenced work on the Plymouth Plan,²⁰ which will become the city's new plan covering the period 2011 to 2031. The Plymouth Plan will continue to be a strategy to deliver the City's growth aspirations (see the *Strategic Overview* topic paper²¹).
- II.3 The following information is taken from the *Housing Need and Supply* topic paper which forms part of the evidence to inform the emerging Plymouth Plan. The Council's recently commissioned Strategic Housing Market Needs Assessment²² contains a detailed analysis of demographic market and economic drivers to identify a proposed dwelling requirement for Plymouth over the period 2011 to 2031. It produces three scenarios of population growth based on past trends and economic forecasts. Each scenario translates this into projected household growth and therefore the scale of housing required. At this stage, it is anticipated that the highest of the three growth scenarios (leading to a dwelling requirement of just under 23,000) is considered to be the Council's preferred forecast as it best addresses:
- The city's market and affordable housing needs
 - The city's aspirations for growth in jobs
 - Market signals for housing demand in and around the City
 - The city's aspirations for a population in the Plymouth area of 300,000+
- II.4 The Core Strategy identifies the priority areas of the City Centre and Waterfront Regeneration areas, along with the city's Eastern and Northern corridors to accommodate housing and economic growth. This will continue to be the case in the emerging Plymouth Plan. Significant progress has been made in the waterfront regeneration areas (Devonport, Millbay, Stonehouse and Sutton Harbour). In the Eastern Corridor, new homes are being built at Plymstock Quarry and development at Sherford (South Hams) is expected to start on site soon (see II.8 for details). In addition, significant progress has been made on the

¹⁹ This refers to an area wider than just the city's administration boundary

²⁰ <http://www.plymouth.gov.uk/plymouthplan>

²¹ http://www.plymouth.gov.uk/topic_paper_strategic_overview.pdf

²² http://www.plymouth.gov.uk/topic_paper_strategic_overview.pdf

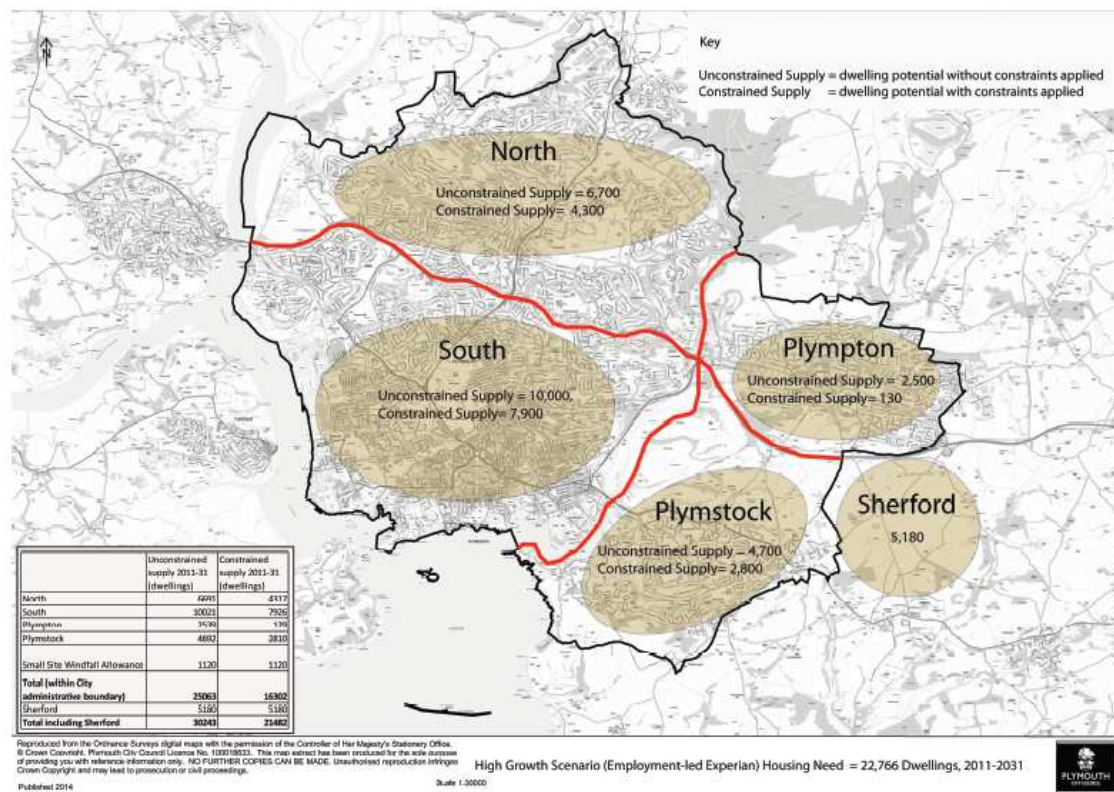
regeneration of North Prospect to replace and improve obsolete homes and help rebalance the local housing market. Appendix 5 summarises the city's pipeline of deliverable dwellings over the next five years. It is anticipated that there will be around 1,100 net dwellings per annum; highlighting significant need/demand in Plymouth for new housing.

- 11.5 One of the main challenges for the Plymouth Plan will be to identify sources of land supply for housing to ensure sufficient land is identified to meet the city's preferred housing target over the period 2011 to 2031. The Council's recent Strategic Housing Land Availability Assessment (SHLAA) provides an assessment of the city's future housing supply. It is the role of the SHLAA to provide information on the range of sites which are available to meet the city's housing needs. However, it will be for the Plymouth Plan itself to determine which of those sites are the most suitable to meet the city's needs. Figure 20 overleaf provides a summary of the overall potential housing supply in the city. The SHLAA identifies sites with the potential for housing, it assesses whether there are constraints that prevent sites being relied upon for future housing, assesses how many homes sites could provide, and provides a timeframe for when they could be developed. This informs decision-making on future housing development but does not determine whether a site will be allocated for housing development.
- 11.6 The SHLAA identifies a deliverable supply for the period 2011 to 2031 of approximately 16,000 dwellings²³ within the city boundary (Constrained Supply) and an unconstrained supply of approximately 25,000 dwellings. Additional work is still required to test more fully whether all of the sites accommodating around 16,000 new dwellings are suitable allocations in the context of the emerging Plymouth Plan. Work is also required to ascertain whether any of the constraints on sites currently not considered as part of the deliverable supply should be removed through policy changes or other interventions.

²³ This figure includes sites where dwellings have been delivered during 2011 to 2013, dwellings that were under construction as of April 2013 and dwellings with planning permission as of April 2013.

Figure 20: Plymouth City Council's Strategic Housing Land Availability Assessment (SHLAA) – summary of findings

SHLAA Review Summary of Findings 2011-31 (includes dwellings completed between 2011-13)



11.7 Appendix 5 provides an overview of the expected housing delivery rate over the next five years (including sites that have planning permission or an allocation on the Core Strategy). It provides more detail about where housing is located, including smaller developments which are not included in the locality summary points below. An overview of some of the major housing developments that form part of the 'deliverable supply' identified in the SHLAA on a locality basis has been provided and included in the locality summary sheets to help inform assessment of need for pharmaceutical services in the city. As mentioned previously, it is important to recognise that this excludes sites currently identified as being constrained that may well come forward during the production of the Plymouth Plan and/or during the plan period 2011 to 2031 through the gaining of planning permission:

- **Central and North East** - The Plymouth Plan seeks to accommodate substantial development at Derriford in a way that helps deliver decent and affordable homes, supports a diverse and inclusive community, ensures easy access to jobs and services, and creates a place where people want to live. To achieve this, together with commercial and retail facilities, significant new housing development is identified. This will take place at a number of component sites in the North of the City. There may be other developments in this locality but these are unlikely to have significant impact on pharmaceutical services provision (see Appendix 5).
- **North West** - There is a current lack of pharmacy provision in Barne Barton which will be addressed by Phase III of the Tamar View Community Complex (TVCC) Ltd project. TVCC Ltd is planning to expand its existing facilities to maximise the potential

community benefits of the site through the provision of a GP practice, pharmacy and nursery. These services have been identified as priorities by the local community. The intention is that planning permission for the development will be sought in December 2014. There are additional housing developments planned in this locality area but they are unlikely to have significant impact on current pharmaceutical services provision (see Appendix 5).

- **Plympton** – As mentioned previously, development at Sherford is likely to start soon. Sherford is a new market town which will be built in South Hams, Devon. This may create additional pharmaceutical needs in South Hams but the timescales and extent of this need is not yet clear. Whilst the development is not within the city's envelope, its proximity to Plympton has the potential to impact on service provision in this locality.
- **Plymstock** – Plymstock Quarry has outline consent for up to 1,684 dwellings and 1.85 hectares of employment land, together with a new neighbourhood comprising of new community infrastructure and local centre (approved 2011). A new GP practice will open to support this development. It is important to note that this area of Plymouth is close to the Sherford development (see previous bullet point).
- **South East** – There are no known major developments that are likely to impact significantly on pharmaceutical services provision in this area (see Appendix 5).
- **South West** – There is now a mixture of affluent and deprived populations due to development and urban regeneration of the Millbay area. A number of key housing sites have been identified for additional dwellings although the impact of these developments on pharmaceutical services provision is not yet clear (see Appendix 5).

The changing direction of pharmaceutical provision locally

- 11.8 Pharmacies are well-placed to deliver healthcare services to their local communities and it is anticipated that the role they play will continue to evolve over the coming years. Whilst the core activity of community pharmacies is commissioned by NHS England, they also provide a key role for local authorities and Clinical Commissioning Groups; particularly in relation to improving the public's health and wellbeing. Community pharmacies are a key public health resource and offer potential opportunities to promote health and wellbeing as recommended by the Local Government Association (LGA).²⁴
- 11.9 The LGA report recommends that local commissioners consider the Healthy Living Pharmacy model (HLP) and how it could be used to help improve health and reduce inequalities. Plymouth was the first area in the Peninsula to adopt the HLP concept and now has the ambition to have all pharmacies across the city delivering this approach. This will enable pharmacies to help reduce inequalities within local communities, by delivering high quality health and wellbeing services tailored to local needs, promoting health and providing proactive health advice. In other areas, Devon is currently providing HLPs in areas of greatest need and Cornwall and the Isles of Scilly are exploring the role of healthy living champions in pharmacies to promote public health messages.

²⁴ <http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-+local+government's+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521>

11.10 Community pharmacy has a number of strengths and offers significant opportunities for future provision of pharmaceutical services:

- Pharmacists are the third largest health profession and community pharmacy is the gateway to health for 1.6 million patients nationally each day.
- A core component of the current pharmaceutical service is to support the public to stay well, live healthier lives and to 'self-care'. This role is even more critical in terms of reaching those who do not normally access NHS services. Through this role, pharmacies can help to improve the health of the local population and reduce health inequalities.
- Pharmacists have a central role in management of long-term conditions. Pharmacists currently carry out Medicines Use Reviews (MURs) and provide the New Medicine Service (NMS) to patients newly prescribed certain medicines. These services support patients helping them getting the most out of their medicines.
- The growth in multiple long-term conditions and related admissions to hospital indicate a need for medicines optimisation, which could be supported via commissioned medicines optimisation services.

11.11 The role of community pharmacy in the NHS transformational agenda was highlighted in NHS England's *Call to Action for Community Pharmacists*²⁵ published in 2013. NHS England aims for community pharmacy are to:

- develop the role of the pharmacy team to provide personalised care
- play an even stronger role at the heart of more integrated out-of-hospital services
- provide a greater role in healthy living advice, improving health and reducing health inequalities
- deliver excellent patient experience which helps people to get the most from their medicines

It is recognised that a contractual framework which better supports these aims is required and greater contractual alignment with other sectors to drive collaboration is needed.

11.12 The NHS Five Year Forward View (October 2014) sets out a strategy for new models of care and states that new partnership across health communities will be piloted to enhance quality, safety and integration. It states the NHS should 'build the public's understanding that pharmacies can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit'. Under new care models the NHS should make 'far greater use of pharmacists' and that patients should be supported in getting 'the right care, at the right time, in the right place, making more appropriate use of primary care, community mental health teams, ambulance services and community pharmacies'.

11.13 In South West England, the Local Pharmacy Networks are exploring new ways of working. This includes exploring the possible role pharmacists could have in:

- urgent care - both in local pharmacies and in Emergency Departments
- providing vaccination services

²⁵ <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

- medication review
- near patient testing services
- minor injury and ailment services
- long-term condition management

The location of provision for these services could, in many instances, be the community pharmacy but it is anticipated that pharmacists and pharmacy staff will also support provision in the community and in practice.

Transformation of primary care

11.14 Primary care is undergoing radical transformation with alignment of practices into federations and the formation of 'Houses of Care'. Houses of Care take into account the expertise and resources of the people with long-term conditions (LTCs) and their communities to provide a holistic approach to their lives. The House of Care approach provides a way of supporting patients to achieve the best outcomes possible.²⁶ This approach is being driven by a number of factors including:

- financial constraints
- the movement of services from acute care into the community
- increasing shortages of GPs and nurses
- the recognised need for greater integration across health and social care to improve outcomes for patients and population wellbeing

11.15 It is increasingly recognised that community pharmacists and pharmacy services have an important role to play in supporting this transformation and have a fundamental and more substantive role to play in the developing Health and Social Care System. *Health on the High Street: rethinking the role of community pharmacy*²⁷ places emphasis on the significant and increased role that community pharmacy has to play in ensuring a sustainable healthcare system. It also highlights the importance of integrating the role of community pharmacy with that of other elements of the health and public health system.

Rural pharmaceutical services provision (dispensing doctors)

11.16 Although not applicable to Plymouth, rural pharmaceutical provision is essential in large areas of the Peninsula. In rural settings much of the provision of medicines is provided through dispensing doctors. The reduction of inequalities and disparity in the provision of services is an area of focus for the developing health system and greater alignment of pharmaceutical provision is sought ensuring the quality of provision.

11.17 The Dispensing Service Quality Scheme (DSQS) has developed standards ensuring some requirements of the core community pharmacy contract are present in dispensing practices. This also includes the Dispensing Review of the Use of Medicines (DRUMs) which reviews a proportion of patients for their concordance with prescribed medicines regimes. CCGs could seek to engage with dispensing practices providing DRUMs to contribute towards improving medicines optimisation. However, some key services, such as the New Medicines

²⁶ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/delivering-better-services-for-people-with-long-term-conditions.pdf

²⁷ <http://www.nhsconfed.org/resources/2013/10/health-on-the-high-street-rethinking-the-role-of-community-pharmacy>

Service, are not provided through the dispensing doctor setting. It is acknowledged that to create changes in such provision this would require changes to national contracts.

The role of the PNA in enabling ‘the future’

- 11.18 The future vision for pharmaceutical services is based on underlying system changes that are predicted to emerge in primary care over the next few years. The PNA, as written today, cannot reflect a need that is yet to materialise; however it is not intended to be a static document but should be continually updated to reflect change. Historically this has primarily meant changes to populations and infrastructure. However, the rapid change in primary care provision envisaged over the next few years, in addition to changes to future pharmacy provision (highlighted in NHS England’s Call to Action²⁸) will need to be reflected in future PNAs and will drive a commissioning response when required.

²⁸ <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

12. CONCLUSIONS

- 12.1 As stipulated in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013,²⁹ HWBs are required to publish their first PNA by 1 April 2015. Plymouth's PNA 2015-2018 presents a picture of community pharmacy need and provision in Plymouth at the locality level, and links to Plymouth's Joint Strategic Needs Assessment. This report will be presented to Plymouth's HWB on 26 March 2015 for final approval.
- 12.2 The NHS England Area Team for Devon, Cornwall and Isles of Scilly will use this document to inform: decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Plymouth; whether new pharmacies or services are needed; decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services; and the commissioning of locally Enhanced services from pharmacies. Providers of pharmaceutical services may also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in this document.
- 12.3 The findings have been summarised in six locality summary sheets, which are appended to the Executive Summary. However, there are a number of observations that have emerged from this Needs Assessment:
- 1) There are two Distance Selling Pharmacies within Plymouth: one is located in Estover and the other in Plympton.
 - 2) Given the urban nature of Plymouth, there are no dispensing GP practices within the Plymouth boundary. This is of relevance to neighbouring PNAs.
 - 3) There are two Dispensing Appliance Contractors in Plymouth: one is located in Estover and the other in Plympton. Whilst they are unable to supply medicines or provide the range of pharmaceutical services offered by community pharmacies, they are used by patients in Plymouth due to their convenience.
 - 4) In Plymouth, pharmaceutical services are mainly provided by community pharmacies.
 - 5) There are 51 community pharmacies in Plymouth serving an estimated population of 258,026. Of these, just over a third are Co-operative pharmacies and just under one third are Boots pharmacies. The remaining 18 pharmacies are made up of multiple providers (pharmacies are listed in Appendix 4).
 - 6) Pharmacies are generally located in areas of greater population density and areas of greatest deprivation. The most deprived areas of Plymouth are within the South West and North West localities. The South West and the South East localities are the most densely populated reflecting proximity to the city centre.
 - 7) There is no pharmacy open in the North West locality on a Sunday, yet this locality has high levels of deprivation, some of the greatest health needs across a number of indicators, and 27.9% of the population does not own a car. Nonetheless, on no day of

²⁹ <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

the week is anyone in Plymouth more than 15 minutes' drive from a pharmacy, with easy access by foot or public transport (see below). This is particularly important for residents from disadvantaged communities.

- 8) There is good access to Plymouth pharmacies via foot, public transport or car. The longest drive time is 15 minutes on any day of the week, with the majority of residents able to access a pharmacy by car within 2.5-5 minutes, Monday to Saturday. On a weekday after 20:00, the majority of residents can access a pharmacy within 10 minutes' drive although a minority of journeys will take 15 minutes. On a Saturday, the majority of journeys to a pharmacy by car will take 2.5-5 minutes. On a Sunday, access is more variable but no more than a 10 minute drive.
- 9) Provision of consultation facilities across Plymouth is good, with the majority providing disabled access. Pharmacies in the North West and South West localities serve populations with the greatest needs in terms of accessibility. Around one third of pharmacies do not have any hand washing facilities for patients during consultations. No pharmacies provide off-site consultations although there is some willingness to cater for patients in their homes or at other suitable sites. Given that the largest increase in Plymouth's population will be seen in 75+ year olds, there is likely to be greater demand for off-site provision. The North West locality has the greatest proportion of people whose 'day-to-day activities are limited a lot' and so development of provision for this population should be considered.
- 10) Within the next 12 months all pharmacies in Plymouth will provide an electronic prescription service. However, there is limited use of the NHSmail secure email service. This may reflect problems inherent in current NHSmail arrangements that create barriers to pharmacy uptake and use of the service.
- 11) Almost all pharmacies (46 out of 51; 90.2%) dispense stoma appliances, incontinence appliances and dressings ensuring good provision across the city. There is good provision of Medicines Use Review and the New Medicine Service. Appliance Use Review (AUR) is currently offered by one pharmacy in Plymouth, located in Plympton. One third of pharmacies offer Stoma Appliance Customisation although there are two Dispensing Appliance Contractors in Plymouth who cover a wide geographical area providing good access for patients. One is located in Estover and the other in Plympton.
- 12) The following services are commissioned locally by NHS England, NEW Devon CCG (Western Locality) or Plymouth City Council: extended hours of opening at holiday periods; smoking cessation counselling; Nicotine Replacement Therapy (NRT) Voucher Scheme; chlamydia screening; chlamydia treatment; Emergency Hormonal Contraception Service; Needle and Syringe Exchange Service; Sharps Disposal; Supervised Administration Service (also known as Supervised Consumption); Minor Ailments Scheme; Winter Ailments Scheme; Emergency Supply of Medicine. Some additional services are offered by private providers.
- 13) 7 of 51 pharmacies (13.7%) have HLP status, with a further twelve working towards this. Whilst there is local variation in their distribution, only two localities are not served by at least one pharmacy with HLP status but current availability of these pharmacies in Plymouth is better than the national average. The Central & North East and Plympton localities would benefit most from additional Healthy Living Pharmacies.

- 14) All pharmacies offer a prescription collection service from GP practices and 44 out of 51 (86.3%) offer free delivery of dispensed medicines. The localities with households with the lowest proportion of car ownership (the South West and South East) are well served by free delivery services.
- 15) Three main themes emerged from analysing the priorities identified by pharmacies to improve pharmaceutical services provision: (1) improving communication between pharmacies and GP practices/the Clinical Commissioning Group (CCG); (2) increasing provision of Enhanced services; (3) increasing awareness of the Electronic Prescription Service Release 2 (EPS R2).
- 16) The proportion of the population who do not speak English, or who do not speak English very well, is greatest in the South West and South East localities. Non-English-speaking patients typically receive fewer preventative services and make less use of health care than English-speaking patients. Consequently, any barriers to provision for these population groups should be addressed. The South West locality has a number of pharmacies where staff can speak one or more non-English languages.
- 12.4 Plymouth's growing and ageing population means that the overall demand for health and social care services is likely to increase, particularly in terms of managing long-term conditions. However, pharmacies in Plymouth are well-placed to deliver healthcare services to their local communities and it is anticipated that the role they play will continue to evolve over the coming years, particularly with changes to future pharmacy and primary care provision as highlighted in NHS England's Call to Action.³⁰ Whilst the core activity of community pharmacies is commissioned by NHS England, they continue to provide a key role for Plymouth City Council and the NEW Devon CCG, particularly in relation to improving the public's health and wellbeing, and addressing health inequalities. As highlighted previously, the PNA, as written today, cannot reflect a need that is yet to materialise and should be continually updated to reflect change. Plymouth's HWB must publish a statement of its revised assessment within three years of its previous publication or sooner if changes to the need for pharmaceutical services are identified which are of significant extent.

³⁰ <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

APPENDICES

APPENDIX I: Pharmacy questionnaire (administered via PharmOutcomes)

27/6/2014

Services - PharmOutcomes

PharmOutcomes - Live System

[Exit](#)

Logged in as: Pinnacle Support from Torbay

PharmOutcomes® Delivering Evidence

[Home](#) [Services](#) [Assessments](#) [Reports](#) [Claims](#) [Admin](#) [Gallery](#) [Help](#)

Service Design

• [Go to Service Design page](#)

• [Show Service ID Marks](#)

• [Edit Service Accreditations](#)

Provision Reports Preview

[Basic Provision Record \(Sample\)](#)

Service Support

Pharmacy Questionnaire-PNA

Please complete this questionnaire **ONCE** only to report the facilities and services offered by your pharmacy.

In the event of any query arising regarding this questionnaire please contact **Insert name of local contact here** for advise on local arrangements regarding the PNA process

For technical support on the use of this data capture set please contact Pinnacle Support via the "Help" tab

PNA Questionnaire template (Preview)

Date of completion

Name of Contractor

Trading Name

Post Code

Is this a Distance Selling Pharmacy? ☐ Yes ☐ No
(i.e. it cannot provide Essential Services to persons present at the pharmacy)

Pharmacy email address
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address
If no website write no website

Can we store the above information and use this to contact you?

Consent to store ☐ Yes ☐ No

Core hours of opening

Please complete your core hours of opening.
Enter closed if closed

Monday Open

Monday Close

Monday Lunchtime
(from - to)

Tuesday Open

Tuesday Close

Tuesday Lunchtime
(from - to)

Wednesday Open

Wednesday Close

Wednesday Lunchtime
(from - to)

Thursday Open

Thursday Close

Thursday Lunchtime
(from - to)

Friday Open

Friday Close

Friday Lunchtime (from -
to)

Saturday Open

Saturday Close

<https://www.pharmoutcomes.org/pharmoutcomes/services/enter?id=15781&preview>

1/8

27/6/2014

Services - PharmOutcomes

Saturday Lunchtime
(from - to)

Sunday Open

Sunday Close

Sunday Lunchtime (from
- to)

—Total hours for pharmacy (Supplementary + core)—

Please complete your total hours of opening

Monday Open

Monday Close

Monday Lunchtime
(from - to)

Tuesday Open

Tuesday Close

Tuesday Lunchtime
(from - to)

Wednesday Open

Wednesday Close

Wednesday Lunchtime
(from - to)

Thursday Open

Thursday Close

Thursday Lunchtime
(from - to)

Friday Open

Friday Close

Friday Lunchtime (from -
to)

Saturday Open

Saturday Close

Saturday Lunchtime
(from - to)

Sunday Open

Sunday Close

Sunday Lunchtime (from
- to)

—Consultation Facilities—

Consultation areas should meet the standard set out in the contractual framework to offer advanced services

Is there a consultation area?

- ☐ Available (including wheelchair access) on the premises
☐ Available (without wheelchair access) on premises
☐ Planned within next 12 months
☐ No consultation room available
☐ Other

If Other please specify

Where there is a consultation area

Is this enclosed? ☐ Yes ☐ No ☐ N/A

N/A if no consultation room

Off-site arrangements

- ☐ Off-site consultation room approved by NHS
☐ Willing to undertake consultations in patients home/ other suitable site
☐ None apply
☐ Other

If Other please specify

Hand washing facilities

What facilities are available during consultations?

Facilities available

- ☐ Handwashing in consultation area
☐ Hand washing facilities close to consultation area
☐ None

Tick all that apply

Information Technology**Is the pharmacy EPS* R2 enabled?**

- ☐ Yes, EPS R2 enabled
☐ Planning to become EPS R2 enabled in the next 12 months
☐ No current plans to provide EPS R2

EPS R2: Electronic Prescription Service Release 2

Does the pharmacy have unrestricted internet access or limited intranet access

Unrestricted internet ☐ Yes ☐ No
access

Does the pharmacy use NHS mail i.e., nhs.net account available

Access to NHS mail ☐ Yes ☐ No

Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

File format types

- ☐ Microsoft word
☐ Microsoft Excel
☐ Microsoft Access
☐ PDF
☐ Unable to open or view any file formats

Please tick all that apply

Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

- ☐ Yes - All types, or
☐ Yes, excluding stoma appliances, or
☐ Yes, excluding incontinence appliances, or
☐ Yes, excluding stoma and incontinence appliances, or
☐ Yes, just dressings, or
☐ None
☐ Other

If Other please specify

Advanced Services

Please give details of the Advanced Services provided by your pharmacy.

Please tick the box that applies for each service.

Yes - Currently providing

Soon - Intending to begin within the next 12 months

No - Not intending to provide

Medicines Use Review service ☐ Yes ☐ Soon ☐ No

New Medicine Service ☐ Yes ☐ Soon ☐ No

Appliance Use Review service ☐ Yes ☐ Soon ☐ No

Stoma Appliance Customisation service ☐ Yes ☐ Soon ☐ No

Commissioned Services

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority or CCG services. Please tick the box that applies for each service.

CP - Currently Providing NHS funded service

WA - Willing and able to provide if commissioned

WT - Willing to provide if commissioned but would need training

WF - Willing to provide if commissioned but require facilities adjustment

PP - Currently providing private service

If you are not willing or able to provide please leave blank.

Anticoagulant Monitoring Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Anti-viral Distribution Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Care Home Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Chlamydia Treatment Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Contraception Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(not an EHC service)

Local Authority Commissioned Services

List services already commissioned in your locality here

Disease Specific Medicines Management Service:

Allergies ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Alzheimer's/dementia ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Asthma ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

CHD ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Depression ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes type I ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes type II ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Epilepsy ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Heart Failure ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hypertension ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Parkinson's disease ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Area Team Services

List your Area Team commissioned services here

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Services - PharmOutcomes

Other (please state -
including funding
source)

End of Disease specific Medicines Management Service options.

Emergency Hormonal Contraception Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Gluten Free Food Supply Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(i.e. not supply on FP10)

Home Delivery Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(not appliances)

Independent Prescribing Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Therapeutic areas
covered (if providing)

Language Access Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Note: This is not the NMS or MUR service.

Medication Review Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Medicines Assessment and Compliance Support Service:

Medicines Management Support Service: ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
i.e. the EL23 service (previously the Vulnerable Elderly / Adults Service)

DomMAR Carer's Charts ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

MUR Plus/Medicines Optimisation Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Therapeutic areas
covered (if providing)

Needle and Syringe Exchange Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Obesity management (adults and children) ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

If yes state which
medicines

Out of hours services ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Palliative Care scheme ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of On Demand Availability of Specialist Drugs Service options

Patient group directions

Many Local Services involve the supply of a POM using a PGD. please

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Services - PharmOutcomes

list those provided by the pharmacy in the text box below but indicate who commissions the service by ticking the boxes below and annotating each service name with the key:

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

Patient Group Direction Service ☐ AT ☐ LA ☐ CCG ☐ Pr
Not including EHC (see separate question)

Please list the names of the medicines available if providing PGD services

Medicines available

Phlebotomy Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Prescriber Support Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Schools Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Screening Service:

Alcohol ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Chlamydia ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Cholesterol ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Gonorrhoea ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

H. pylori ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HbA1C ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hepatitis ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HIV ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other Screening
(please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other vaccinations

Childhood vaccinations ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HPV ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hepatitis B ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(at risk workers or patients)

Travel vaccines ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Stop Smoking Service:NRT Voucher Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PPSmoking Cessation ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Counselling Service

End of Stop Smoking Service options

Supervised ☐ CP ☐ WA ☐ WT ☐ WF ☐ PPAdministration Of methadone, buprenorphine etc.

End of Supervised Administration Service options

Supplementary ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
prescribing

Which therapy area

Vascular Risk ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Assessment Service NHS Healthchecks**Healthy Living Pharmacy****Is this a Healthy Living Pharmacy**

- ☐ Yes
- ☐ Currently working towards HLP status
- ☐ No
- ☐ N/A

If Yes, how many Full Time Equivalents

Healthy Living

Champions do you

currently have?

Collection and Delivery services

Does the pharmacy provide any of the following?

We acknowledge that contractors are not contractually bound to offer these services, but this information is useful to have

Collection of ☐ Yes ☐ No
prescriptions from
surgeriesDelivery of dispensed ☐ Yes ☐ No
medicines - Free of
charge on requestDelivery of dispensed
medicines - Selected
patient groups

List criteria

Delivery of dispensed
medicines - Selected
areas

List areas

Delivery of dispensed ☐ Yes ☐ No
medicines - chargeable

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other than English are spoken in the pharmacy

What languages other than English are spoken by the community your pharmacy serves

Almost done

What would be your top 3 priorities for improving pharmacy services in your area?:

If no comment leave blank

Priority 1

Priority 2

Priority 3

Please tell us who has completed this form in case we need to contact you.

Contact name

Contact telephone

For person completing the form, if different to pharmacy number given above

Thank you for completing this PNA questionnaire.

Test Values

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APPENDIX 2: Covering email to accompany pharmacy questionnaire

Dear Colleague

ACTION REQUIRED: COMPLETION OF PHARMACY QUESTIONNAIRE (DEADLINE: 23/06/14)

The Pharmaceutical Needs Assessment (PNA), the key commissioning document for future pharmaceutical services, is now the responsibility of Health and Wellbeing Boards aligned to Local Authorities. There is a regulatory requirement to refresh this document at set periods and to update its contents with changes of significance.

We have now reached a point when the documents are due for a renewal and as a consequence Local Authorities, Public Health teams, LPCs, Dispensing Doctors and other key interested parties across Devon and Cornwall have worked cooperatively to develop a common approach to the PNA process and contents.

Part of the requirement for completion of the PNA is the collation of information about existing provision of pharmaceutical services across the area and an understanding of future needs. To be more efficient at collecting this information, we are using a web-based questionnaire administered through PharmOutcomes.

We appreciate your current workload, but the PNA is a statutory and national requirement. Your responses to this questionnaire will influence the shape of community pharmacy provision across Devon and Cornwall over the next few years. The new PNA will be the document that is fundamental to the process of dealing with contract applications. If contractors do not respond to the questionnaire, the commissioning organisations will not know what we are providing and there will be a view that the services may be inadequate, which will open the door for applications for new pharmacies. This could significantly affect the viability of our current pharmacies and our pharmacy teams' jobs.

In light of this, it is critical that every pharmacy completes the PNA service which has recently been activated on your PharmOutcomes list of services - this will take around **10 minutes to complete**.

THE DEADLINE FOR YOUR RESPONSE IS: 23/06/14

We really appreciate all of your support with this and for taking the time to complete the questionnaire. A final draft of the PNA report will be circulated for consultation in the autumn which will outline the outcomes of this process.

Many thanks

Kind regards

David Bearman, Chairman DCIOS Pharmacy Local Professional Network
Phillip Yelling, Chief Officer Cornwall LPC
Sue Taylor, Chief Officer Devon LPC

1 Pharmaceutical Needs Assessment

About you

Data protection statement:

All answers to this consultation will be treated in the strictest confidence and will be stored securely. No personal data about anyone responding to this consultation will be shared at any stage.

A summary report will be published but will not contain any personal information you supply. This information is being collected for the sole purpose of being able to respond directly to you or your organisation in reference to the feedback you have provided.

1. Your name

2. Your contact address including postcode

3. Your email

4a. Please indicate how you are responding to this consultation (please tick most relevant)
(please select one answer)

- As a member of the public ☐
- As a health or social care professional ☐
- As a pharmacist or appliance contractor ☐
- As a dispensing doctor ☐
- On behalf of an organisation, team or board? ☐

4b. Organisation, team or board (please select from drop down list)

- Plymouth Health and Wellbeing Board ☐
- Devon Health and Wellbeing Board ☐
- Torbay Health and Wellbeing Board ☐
- Cornwall and Isles of Scilly Health and Wellbeing Board ☐
- NHS England Devon, Cornwall and Isles of Scilly Area Team ☐
- Healthwatch Plymouth ☐
- Healthwatch Devon ☐
- Healthwatch Torbay ☐
- Devon, Cornwall and Isles of Scilly Pharmacy Local Professional Network ☐
- Devon Local Pharmaceutical Committee ☐
- Cornwall and Isles of Scilly Local Pharmaceutical Committee ☐
- Devon Local Medical Committee ☐
- Plymouth Hospitals NHS Trust ☐
- Plymouth Community Healthcare ☐
- Northern Devon Healthcare NHS Trust ☐
- Royal Devon & Exeter NHS Foundation Trust ☐
- South Devon Healthcare NHS Foundation Trust ☐
- Torbay and Southern Devon Health and Care NHS Trust ☐
- NHS New Devon Clinical Commissioning Group ☐
- NHS South Devon and Torbay Clinical Commissioning Group ☐
- Other ☐

If other, please specify

5. In which area do you work (if responding as a member of the public please indicate the location in which you live)?

- Plymouth ☐
- Devon ☐
- Torbay ☐
- Cornwall ☐
- Isles of Scilly ☐
- Other ☐

If other, please specify

CONSULTATION QUESTIONS

1. Do you feel that the Locality Summary Sheets (appended to the Executive Summary of the report) provide an accurate summary of the findings of the PNA for this area?
(please select one answer)

Yes ☐ No ☐

If no, please explain your response:

2. Do you feel that the PNA for this area adequately introduces and explains the context for the assessment? (See Section 2)
(please select one answer)

Yes ☐ No ☐

If no, please explain your response:

3. Do you feel that the report adequately explains the process followed for the production of the PNA for this area? (See Section 3)
(please select one answer)

Yes ☐ No ☐

If no, please explain your response:

4. Do you feel that the demography of the area (See Sections 4 and 5) has been adequately identified and explained in the PNA?
(please select one answer)

Yes ☐ No ☐

If no, please explain your response:

5. Do you feel that the health needs of the population (See Sections 6 - 8) have been adequately identified and explained in the PNA?
(please select one answer)

Yes ☐ No ☐

If no, please explain your response:

6. Do you feel that the information contained within the PNA adequately reflects current provision of pharmaceutical services and any gaps in provision in this area? (See Section 9 and Locality Summary Sheets)
(please select one answer)

Yes ☐ No ☐

If no, please explain your response:

7. Are there any future needs for pharmaceutical services in this area that you are aware of that are not currently highlighted within this PNA? (See Section 11)
(please select one answer)

Yes ☐ No ☐

If yes, please explain your response (and describe where you obtained this information):

8. Do you agree with the conclusions of this area's PNA? (See Section 12)
(please select one answer)

Yes ☐ No ☐

If no, please explain your response:

9. Is there any additional information that should be included in this area's PNA?
(please select one answer)

Yes ☐ No ☐

If yes, please tell us what should be included:

Consultation process

If you have any concerns or comments that you would like to make relating specifically to the consultation process itself please comment here:

Thank you for taking the time to respond to this consultation.

APPENDIX 4: List of Plymouth Pharmacies, their locations and map number codes

No.	Name	OCS Code	Trading Name	Postcode	Locality
1	Asda Pharmacy	FXW37	Asda Pharmacy	PL6 8TB	Central & North East
2	Boots UK Ltd (57-59 Mutley Plain)	FLF65	Boots UK Ltd	PL4 6JH	Central & North East
3	Boots UK Ltd (Claremont St)	FXG97	Boots UK Ltd	PL1 5AQ	South West
4	Boots UK Ltd (Drake Circus)	FX098	Boots UK Ltd	PL1 1EA	South West
5	Boots UK Ltd (New George St)	FF166	Boots UK Ltd	PL1 1RR	South West
6	Boots UK Ltd (Plymstock)	FTH33	Boots UK Ltd	PL9 7AU	Plymstock
7	Boots UK Ltd (Ridgeway)	FTF34	Boots UK Ltd	PL7 2ZN	Plympton
8	Day Lewis Pharmacy (Plympton (Br 158))	FX837	Day Lewis	PL7 4DR	Plympton
9	Hyde Park Pharmacy	FKN44	Hyde Park Pharmacy	PL3 4JN	Central & North East
10	Keyham Pharmacy	FVJ63	Day Lewis Plc	PL2 2BD	South West
11	King Street Pharmacy	FA079	King Street Pharmacy	PL1 5JE	South West
12	Lloyds Pharmacy (Devonport)	FGH97	Lloyds Pharmacy	PL1 4AE	South West
13	Lloyds Pharmacy (Honicknowle)	FHP71	Lloyds Pharmacy	PL5 3PY	North West
14	Milehouse Pharmacy	FRD11	Milehouse Pharmacy	PL2 3AA	South West
15	Morrisons Pharmacy (Plymstock)	FVE05	Morrisons Pharmacy	PL9 7BH	Plymstock
16	Sainsbury's Supermarkets Ltd	FGQ71	Sainsburys	PL3 6RL	South East
17	Stoltons Pharmacy	FPM43	Stoltons Pharmacy	PL1 3BW	South West
18	Superdrug Pharmacy (Cornwall Street)	FXX27	Superdrug	PL1 1LP	South West
19	Superdrug Pharmacy (New George St)	FAX78	Superdrug Pharmacy	PL1 1RR	South West
20	T.C.E. O'Gallagher Chemist (Polybank) (Ebrington St)	FXK79	Patchamie Ltd	PL4 9AA	South West
21	Tesco Stores Ltd (Woolwell)	FR090	Tesco Stores Ltd	PL6 7RF	Central & North East
22	The Co-operative Pharmacy (Chaddlewood)	FJ352	The Co-Operative Pharmacy	PL7 2XS	Plympton
23	The Co-operative Pharmacy (Crownhill)	FNM46	The Co-Operative Pharmacy	PL5 3JB	Central & North East
24	The Co-operative Pharmacy (Efford)	FXA30	The Co-Operative Pharmacy	PL3 6JG	South East
25	The Co-operative Pharmacy (Ernesettle)	FGE07	The Co-Operative Pharmacy	PL5 2TQ	North West
26	The Co-operative Pharmacy (Ford)	FQJ97	The Co-Operative Pharmacy	PL2 3BL	South West
27	The Co-operative Pharmacy (Ham)	FW039	The Co-Operative Pharmacy	PL2 2NH	South West
28	The Co-operative Pharmacy (Higher Compton)	FPJ91	The Co-Operative Pharmacy	PL3 5JU	Central & North East
29	The Co-operative Pharmacy (Honicknowle)	FH531	The Co-Operative Pharmacy	PL5 3TW	North West

No.	Name	OCS Code	Trading Name	Postcode	Locality
30	The Co-operative Pharmacy (Laira)	FF102	The Co-Operative Pharmacy	PL3 6AQ	South East
31	The Co-operative Pharmacy (Peverell Park)	FHX63	The Co-Operative Pharmacy	PL2 3PG	Central & North East
32	The Co-operative Pharmacy (Southway Drive)	FRC89	The Co-Operative Pharmacy	PL6 6QR	North West
33	The Co-operative Pharmacy (Southway)	FA437	The Co-Operative Pharmacy	PL6 6SW	North West
34	The Co-operative Pharmacy (St Budeaux Health Centre)	FPY53	The Co-Operative Pharmacy	PL5 1PE	North West
35	The Co-Operative Pharmacy (St Budeaux)	FKD96	The Co-Operative Pharmacy	PL5 1TE	North West
36	The Co-operative Pharmacy (Stoke)	FQE94	The Co-Operative Pharmacy	PL3 4DH	South West
37	The Co-operative Pharmacy (Stonehouse)	FGL69	The Co-Operative Pharmacy	PL1 5JA	South West
38	The Co-operative Pharmacy (Whitleigh)	FFT67	The Co-Operative Pharmacy	PL5 4DE	North West
39	The Co-operative Pharmacy (Ridgeway)	FN174	The Co-Operative Pharmacy	PL7 2AW	Plympton
40	The Co-operative Pharmacy (Plymstock)	FD209	The Co-Operative Pharmacy	PL9 9DH	Plymstock
41	The Pharmacy, Mountwise	FWJ27	Mount Wise Pharmacy	PL1 4DX	South West
42	The Pharmacy, St Levan	FEN63	St Levan Pharmacy	PL2 1JR	South West
43	Your Local Boots Pharmacy (Cattedown)	FG621	Boots UK Ltd	PL4 0AY	South East
44	Your Local Boots Pharmacy (Chard Road)	FHW22	Boots UK Ltd	PL5 2UE	North West
45	Your Local Boots Pharmacy (Crownhill)	FQR34	Boots UK Ltd	PL6 5AD	Central & North East
46	Your Local Boots Pharmacy (Estover)	FMP25	Boots UK Ltd	PL6 8UD	Central & North East
47	Your Local Boots Pharmacy (Mannamead)	FA387	Boots UK Ltd	PL3 5HE	Central & North East
48	Your Local Boots Pharmacy (St Judes)	FPW93	Boots UK Ltd	PL4 8SY	South East
49	Your Local Boots Pharmacy (Plympton Health Centre)	FP911	Boots UK Ltd	PL7 1AD	Plympton
50	T.C.E. O'Gallagher (Plymstock)	FFM97	Patchamie Ltd	PL9 9AX	Plymstock
51	Your Local Boots Pharmacy (Mutley)	FVR48	Boots UK Ltd	PL4 6JH	Central & North East

APPENDIX 5: Components of Plymouth's five year housing supply

COMPONENTS OF PLYMOUTH'S 5 YEAR HOUSING SUPPLY



Summary of sites by development status	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
Sites Under Construction	945	600	170	103	72	0
Sites with Planning permission >15 units	2495	331	577	483	500	604
Sites with Planning permission <15 units	107	64	25	18	0	0
AAP sites without Planning permission	1236	0	158	373	520	185
Other identified sites (including PCC sites)	1021	94	270	315	177	165
Windfall Allowance - Small sites < 5	250	50	50	50	50	50
Demolitions	-518	-250	-55	-105	-55	-53
Total	5536	889	1195	1237	1264	951

Ref	Sites under construction	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
	North Prospect - Woodville Road	262	89	120	53	0	0
43_011	Land At Barton Road, Hooe Lake	222	50	50	50	72	0
02_024a	MS03 (part)Plot A1, Brunel Way, Millbay	102	102	0	0	0	0
	North Prospect Road	19	19	0	0	0	0
16_007	Unity Park, Efford Road	42	42	0	0	0	0
03_030	DP06 Former Mod Site, Mount Wise	53	53	0	0	0	0
31_008	Plymouth Airport, Plymbridge Lane	37	37	0	0	0	0

Ref	Sites under construction	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
02_026	MS11 Former Sports Ground, Harwell Street	56	56	0	0	0	0
03_007 (part)	DP01(Part) Vision Zone I, J And Central Gardens, Devonport Storage	44	44	0	0	0	0
02_008	St Dunstan's Abbey School, Craigie Drive	6	6	0	0	0	0
03_015	DP05 Curtis Street/Duke Street	23	23	0	0	0	0
	River View	21	21	0	0	0	0
18_002	Land Off Beaumont Road	15	15	0	0	0	0
13_004	Agaton Farm Budshead Road	15	15	0	0	0	0
14_009	Whitleigh Community Campus	15	15	0	0	0	0
08_006	Former Barne Barton Primary School, Poole Park Road	1	1	0	0	0	0
	North Prospect Scheme, Woodhey Road	2	2	0	0	0	0
19_024	74 To 80 Cromwell Road	5	5	0	0	0	0
27_036	Former Wycliffe Surgery, Elliott Road	4	4	0	0	0	0
	15 Shute Park Road	1	1	0	0	0	0
Total		945	600	170	103	72	0

Ref	Pipeline sites with Planning Permission > 15 units	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
41_025	NP01 Plymstock Quarry, The Ride	354	0	54	100	100	100
27_046	DS13 - Seaton Neighbourhood	250	0	50	50	50	100
41_025 (part)	NP01 Plymstock Quarry, The Ride	110	69	41	0	0	0

Ref	Pipeline sites with Planning Permission > 15 units	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
03_009 (part)	DP06 Former Mod Site Mount Wise	237	0	27	80	80	50
31_008	Former Runway, Plymouth City Airport, Plymbridge Lane	175	0	68	54	53	0
40_019	NP05 'Sherford New Community' Land South/Southwest Of A38	200	0	50	50	50	50
21_004	Land East and West of Pennycross Close	209	30	30	49	50	50
31_005a	Land Off Towerfield Drive (Bickleigh)	91	41	50	0	0	0
43_014	Bostons Boat Yard, Baylys Road	53	29	24	0	0	0
13_006	Former Ernesettle Community Centre	40	40	0	0	0	0
03_007d (part)	DP01(Part) Vision Zone G, Former Stores Enclave, Chapel Stre	33	33	0	0	0	0
02_044	Waterloo Court, Waterloo Close	23	23	0	0	0	0
02_024	MS03 Land At Millbay Road	400	0	100	100	100	100
11_006	South Trelawny Primary School, Jedburgh Crescent	47	0	0	0	0	47
03_007 (part)	DP01(Part) Vision Zone M, Former Stores Enclave	42	0	42	0	0	0
03_007 (part)	DP01 (Part)Vision (Former Stores Enclave), Chapel Street	28	28	0	0	0	0
03_007 (part)	DP01(Part) Vision Zone K, (Former Stores Enclave) Chapel Str	23	0	23	0	0	0
03_009 (part)	DP06 (part)Admiralty House, Mount Wise Crescent	18	0	18	0	0	0
01_058	Former Tothill Sidings	44	0	0	0	0	44
20_024	Royal Eye Infirmary	63	0	0	0	0	63

Ref	Pipeline sites with Planning Permission > 15 units	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
27_009	273 Tavistock Road	22	22	0	0	0	0
03_029	Brown Bear,20 Chapel Street	17	0	0	0	17	0
40_037	27 Springfield Close, And Land To Rear	16	16	0	0	0	0
Total		2495	331	577	483	500	604

Ref	Pipeline sites with Planning Permission < 15 units	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
	Dawson Close	12	12	0	0	0	0
17_007	Former Astor Centre	12	12	0	0	0	0
02_045	The Town House,32 Harwell Street	5	5	0	0	0	0
01_032	Former Tennis Courts, Hoe Road-Pier Street	14	0	0	14	0	0
	61A Emma Place	4	0	0	4	0	0
	99 Howard Road	4	0	4	0	0	0
	The Cranbourne,278 To 282 Citadel Road	3	0	3	0	0	0
	42 Regent Street	2	2	0	0	0	0
	Lahoma Bungalow, Bickham Road	2	2	0	0	0	0
	33 Whiteleigh Villas And Adjacent Land	2	0	2	0	0	0
	Mount Pleasant Bungalow, Church Hill	2	0	2	0	0	0
	28 Hallerton Close	2	0	2	0	0	0
	St Peters Lutheran Church, Larkham Lane	2	0	2	0	0	0
	2 Ridge Park	2	0	2	0	0	0
	Land To Rear Of 55 Ridgeway	2	0	2	0	0	0

Ref	Pipeline sites with Planning Permission < 15 units	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
	Dorsmouth, Drunken Bridge Hill	2	0	2	0	0	0
	Land To Rear Of 7-11 Underwood Road	2	0	2	0	0	0
	Durston House, Longlands Road	2	0	2	0	0	0
	Mount Stone House, Mount Stone Road	1	1	0	0	0	0
	15 Compton Park Road	1	1	0	0	0	0
	Land Adjacent To 29 Petersfield Close	1	1	0	0	0	0
	Acacia, Beckham Place	1	1	0	0	0	0
	The Hollies, Thorn Park	1	1	0	0	0	0
	15A Alfred Road	1	1	0	0	0	0
	Woodview 14 Mowhay Road	1	1	0	0	0	0
	37 Normandy Hill	1	1	0	0	0	0
	19 Victoria Road	1	1	0	0	0	0
	11 Tavistock Road	1	1	0	0	0	0
	6 Ramsey Gardens	1	1	0	0	0	0
	129 Crownhill Road	1	1	0	0	0	0
	8 Yeats Close	1	1	0	0	0	0
	67 Lake View Drive	1	1	0	0	0	0
	106 Dunraven Drive	1	1	0	0	0	0
	88 Thirlmere Gardens	1	1	0	0	0	0
	442-448 Tavistock Road	1	1	0	0	0	0
	3 Woodford Road	1	1	0	0	0	0
	4 Woodlands Lane	1	1	0	0	0	0
	Land Adjacent To 161B Elford Crescent	1	1	0	0	0	0
	44 Meadow Way	1	1	0	0	0	0
	39 Merafield Road	1	1	0	0	0	0

Ref	Pipeline sites with Planning Permission < 15 units	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
	95 Howard Road	1	1	0	0	0	0
	108 Billacombe Road	1	1	0	0	0	0
	118 Billacombe Road	1	1	0	0	0	0
	4 Nettlehayes	1	1	0	0	0	0
	57 Sherford Road	1	1	0	0	0	0
	159 Stanborough Road	1	1	0	0	0	0
	Land Off Burrow Hill	1	1	0	0	0	0
	Former Plymouth College Preparatory School Hartley Road	1	1	0	0	0	0
	52 Higher Efford Road	1	1	0	0	0	0
Total		107	64	25	18	0	0

Ref	AAP sites without Planning permission	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
03_029	DP02 North side of Granby Green	100	0	38	62	0	0
03_007 (part)	DP01 (Part) Vision Zone N, Former Stores Enclave	30	0	0	0	30	0
40_020	NP06 Potential development at Elburton (POLICY)	91	0	0	91	0	0
01_036	CC11 Cornwall Street	100	0	0	0	100	0
23_007	CP06 Pennycomequick	65	0	0	0	30	35
01_034	CC15 Northern Triangle & The Armada Centre	100	0	0	0	100	0
01_021	MS07 Millbay Marina	140	0	70	70	0	0
27_017	DS14 - North West Quadrant	150	0	0	50	50	50
27_048	DS10 - Marjon	60	0	0	0	60	0
27_020	DS16 - District Centre	200	0	50	50	50	50

Ref	AAP sites without Planning permission	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
27_049	DS06 - Plymouth International Medical Park	100	0	0	0	50	50
27_022	DS15 - Quarry Fields	100	0	0	50	50	0
Total		1236	0	158	373	520	185

Ref	Other identified sites - including PCC sites	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
29_008	Former Southway Primary School	152	0	50	50	52	0
15_005	Chaucer Way	129	0	60	69	0	0
	Former Tamerton Vale School	90	0	45	45	0	0
14_010	Former Woodlands & Hillside School	70	0	70	0	0	0
	Former Plym View Primary School	50	50	0	0	0	0
	Former West Park Primary School	45	0	45	0	0	0
24_024	Mannamead Centre	27	27	0	0	0	0
29_001e	PLUSS Centre	17	17	0	0	0	0
01_031	Pier Street Car Park	12	0	0	12	0	0
02_023	Ship Hostel	20	0	0	0	20	0
02_027	St George's training Centre	24	0	0	24	0	0
	Land adjacent to Dover Road	12	0	0	12	0	0
	Yardley Gardens	6	0	0	6	0	0
	land north of Glen Road	20	0	0	20	0	0
	Land at Goosewell Road	25	0	0	25	0	0
32_004	Former Estover Primary School	70	0	0	35	35	0

Ref	Other identified sites - including PCC sites	5 year supply (total)	2014/15	2015/16	2016/17	2017/18	2018/19
	Former Southway Campus	65	0	0	0	30	35
10_006	Land South of Kings Tamerton	40	0	0	0	40	0
41_024	Former Downham School	17	0	0	17	0	0
12_002b	North Prospect redevelopment - phase 3	100	0	0	0	0	100
12_002d	North Prospect redevelopment - phase 5	30	0	0	0	0	30
Total		1021	94	270	315	177	165