

**Cambridgeshire and Peterborough**

**Pharmaceutical Needs Assessment 2022**

***REPORT WITH APPENDICES***

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**KEY:** CCC, Cambridgeshire County Council. CPCCG, Cambridgeshire and Peterborough Clinical Commissioning Group. PCC, Peterborough City Council

The Cambridgeshire and Peterborough Health and Wellbeing Board would like to acknowledge the contribution of the Local Medical Committee, Local Pharmaceutical Committee, Community Pharmacies, Dispensing Practices, stakeholders and members of the public and thank them for their participation in the consultation and development of the PNA.

# Executive summary

## Section 1: Introduction

Every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). This PNA updates both the 2017 Cambridgeshire PNA and the 2018 Peterborough PNA. It also updates the Cambridgeshire supplementary statement dated July 2020. It describes the pharmaceutical needs for the populations of Cambridgeshire and Peterborough, including Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. With the emerging Integrated care system (ICS) having a geographic footprint of Cambridgeshire and Peterborough, and with the formal merger of the Health and Wellbeing Boards of Cambridgeshire and Peterborough to form a Joint Health and Wellbeing Board the PNA Steering group agreed to produce a Joint PNA to reflect the new ICS and HWB structure.

The PNA will be used by NHS England (and the ICB when it becomes established and takes over commissioning of pharmaceutical services from NHS England in July 2023) when making decisions on applications to: open new pharmacies and dispensing appliance contractor premises; merge pharmacies, or applications from current pharmaceutical providers to change their existing regulatory requirements. Of note, decisions on whether to open new pharmacies are made by NHS England, not by the HWB. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up to date.

The PNA will also inform decisions by local commissioning bodies including local authorities (public health), NHS England and Clinical Commissioning Groups (CCGs) on which NHS funded services are provided locally and where pharmacies may be able to deliver commissioned services (such as Stop Smoking and Sexual Health Services).

## Section 2: Process

As in previous years the specific legislative requirements in relation to development of PNAs<sup>1</sup> were duly considered and adhered to. The development of the revised PNA for 2022 was overseen by a multi-agency steering group.

Information from the Joint Strategic Needs Assessments (JSNAs) and Public Health sources were used to describe pharmaceutical provision throughout the Joint Health and Wellbeing Board area and local health needs that may be addressed through pharmaceutical services. All pharmacies and dispensing GP practices in Cambridgeshire and Peterborough were asked to complete a questionnaire describing their service provision. 59 of 148 (40%) community pharmacies and 15 of 40 (38%) dispensing GP practices in Cambridgeshire and Peterborough responded to the questionnaire.

The PNA will continue to be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. Given the significant planned growth of new developments

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<sup>1</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. at: <http://www.legislation.gov.uk/uksi/2013/349/made>

across Cambridgeshire, Public Health on behalf of the Health and Wellbeing Board will continue to monitor and assess pharmaceutical need in these areas.

### **Section 3: Understanding local health needs**

Cambridgeshire is a predominantly rural county with few urban settlements, which can create challenges for local transport and access to services. The health of the Cambridgeshire population is generally similar to or better than the England average, but important local variations exist within the county.

Peterborough is one of the most relatively deprived areas in the East of England and has relatively poor health outcomes in comparison to national averages, with statistically significantly low life expectancy at birth for both males and females<sup>2</sup> and significantly high rates of mortality from a number of causes considered preventable. Deprivation and poor health outcomes are most prominent in Peterborough's densely-populated urban centre, with less deprivation and better health outcomes observed in rural areas towards the outer areas of Peterborough.

The PNA should be viewed in conjunction with the Cambridgeshire and Peterborough Joint Strategic Needs Assessments which describe the health and wellbeing needs of the local population, and with national and local health data sources available through [www.cambridgeshireinsight.org.uk](http://www.cambridgeshireinsight.org.uk). The PNA and the role of pharmacies should also be considered alongside the Cambridgeshire Health and Wellbeing Strategy,

Cambridgeshire and Peterborough's population is forecast to grow by 21.7% between 2020 and 2041, an average increase of 1% per year. This growth is forecast to be more sustained between 2023 and 2030 – around 1.5% per year – before easing. There are also several major housing developments underway across Cambridgeshire and Peterborough. The impact of this population growth on pharmaceutical needs is discussed in Section 6.

### **Section 4: Current provision of local pharmaceutical services**

*Key message: There is currently sufficient pharmaceutical service provision across Cambridgeshire and Peterborough, however there has been a reduction in the opening hours of many pharmacies, in addition the pharmacy consultation has raised concerns with staffing and recruitment, which may impact the ability of pharmacies to deliver a consistent service. No current or future gaps have been identified in the provision of necessary and other relevant service across Cambridgeshire and Peterborough.*

The number of pharmaceutical service providers per 100,000 people is difficult to calculate due to the different types of pharmaceutical provision (Community Pharmacies, Dispensing Practices), the data collected for the number of providers has been collected at different times, and the some of the data is available by Clinical commissioning group area not by the Health and Wellbeing Board area, therefore comparison with other areas is not possible.

However, the average number of community pharmacies in Cambridgeshire and Peterborough CCG area is 18.7 per 100,000 residents which is similar to the East of England average (19.4) and the England Average (20.6).

In terms of *community pharmacies alone*, there were 20.6 community pharmacies in England in 2022 per 100,000 population which is a slight decrease compared to 21 per 100,000 population in 2020 and 22

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<sup>2</sup> Life Expectancy at birth 2018-20, Office for National Statistics

pharmacies per 100,000 population in England in 2015/16, The number of *community pharmacies* per 100,000 population ranges from 17 per 100,000 population to 25 community pharmacies per 100,000 population. In the East of England the average was 19.4 per 100,000 (one more than in 2020).

The distribution of pharmacies and dispensing GP practices appears to cover the Health and Wellbeing Board area well with few gaps and some concentrations. Some geographical gaps appear to exist in some of the less populated areas of the Health and Wellbeing Area, but these localities are served by suppliers from outside the Health and Wellbeing Board area (See



**Map 15).** In terms of access to pharmaceutical services there are no areas that are located more than 20 minutes away by car from a pharmacy or dispensing surgery in Cambridgeshire, The majority of areas in Peterborough are accessible within 20 minutes by car, with a small number of exceptions towards the outer areas of the city, particularly in the east, but these localities may get their pharmacy services from outside the Health and Wellbeing Board area i.e. from pharmacies located in the Norfolk Health and Wellbeing Board area. As of March 2022, there were:

- 148 pharmacies across Cambridgeshire and Peterborough
- 40 dispensing GP practices across Cambridgeshire and Peterborough
- Three Dispensing Appliance Contractors

### **Section 5: The role of pharmacy in addressing health needs**

NHS pharmaceutical services in England are provided by contractors on the 'Pharmaceutical List' held by NHS England & Improvement (NHSE&I). Types of providers are:

- Community pharmacy contractors, including distance-selling pharmacies (DSPs).
- Dispensing appliance contractors (DACs).
- Local pharmaceutical service (LPS) providers.
- Dispensing GP surgeries.

Community pharmacies operate under the NHS Community Pharmacy Contractual Framework (CPCF) 2019 – 2024 (contract) which sets out three levels of service:

- Essential Services
  - Negotiated nationally and commissioned by NHSE.
  - Provided from all pharmacies.
- Advanced Services
  - Negotiated nationally and commissioned by NHSE.
  - Provided by pharmacies which choose to offer them.
- Enhanced Services/locally commissioned services
  - Negotiated locally and commissioned by local authorities, clinical commissioning groups (CCGs)/integrated care systems (ICSs) or NHSE to address local health needs.
  - Provided by some pharmacies dependent on commissioning.

The following local services are currently commissioned from community pharmacies:

- Smoking Cessation (commissioned by CCC & PCC)
- Chlamydia Screening and Treatment (commissioned by CCC only)
- Emergency Hormonal Contraception (commissioned by CCC & PCC)
- Needle and Syringe Exchange Service (commissioned by CCC & PCC)
- Supervised Administration Service (commissioned by CCC & PCC)
- Take home Naloxone and Needle Exchange
- Pilot for NHS Health Checks (in Wisbech) Treatment (commissioned by CCC)

### **Section 6: Pharmaceutical Needs Associated with Future Population Changes and Housing Growth**

Over the coming years the population in Cambridgeshire is expected to both age and grow substantially in numbers. An increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the

number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs.

Several large-scale housing developments are in progress and considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site.

To facilitate commissioning of pharmaceutical services responsive to population needs, the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmaceutical services provision might be required.

## **Conclusion**

**There is currently sufficient pharmaceutical service provision across Cambridgeshire and Peterborough. however there has been a reduction in the opening hours of many pharmacies, in addition the pharmacy consultation has raised concerns with staffing and recruitment, which may impact the ability of pharmacies to deliver a consistent service. No current or future gaps have been identified in the provision of necessary and other relevant service across Cambridgeshire and Peterborough.**

In conclusion, the Cambridgeshire Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to provide health improvement initiatives and work closely with partners to promote health and wellbeing. There are opportunities to develop the contribution of community pharmacies to all of the currently commissioned services. Pharmacies are able to, and should be encouraged to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers. Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

# 1 Introduction

## 1.1 Pharmaceutical Needs Assessments – description and background

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 places a statutory duty on all Health and Wellbeing Boards (HWBs) to publish and keep-up-to date a statement of the needs for pharmaceutical services for the population in its area. These statements are referred to as Pharmaceutical Needs Assessments (PNAs).

The PNA is a structured approach to identifying unmet pharmaceutical need.<sup>3</sup> It can be an effective tool to enable Health and Wellbeing Boards (HWBs) to identify the current and future commissioning of services required from pharmaceutical service providers.<sup>4</sup>

Currently, the PNA is used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements and when pharmacy contractors apply to merge (consolidate) or relocate. Of note, decisions on whether to open new pharmacies are not made by the HWB, they are made by NHS England as outlined in section 1.2 below. From July 2023 this function will transfer from NHS England to the Integrated Care Board (ICB). Such decisions can be appealed to the NHS Resolution and decisions made on appeal can be challenged through the courts.

The ICB will have responsibility for direct commissioning and is a key enabler for integrating care and improving population health. The ICS will have the flexibility to join up key pathways of care, leading to better outcomes and experiences for patients, and less bureaucracy and duplication for clinicians and other staff.

Subject to the will of Parliament, NHSE&I's expectation is that from April 2022, Integrated Care Boards (ICB) – the new NHS body which will form part of each ICS – will:

- assume delegated responsibility for GP services;
- be able to take on delegated responsibility for dental, general ophthalmic services and **pharmaceutical services (including dispensing doctors and dispensing appliance contractors)**; and
- establish mechanisms to strengthen joint working between NHSE&I and ICS, including through joint committees, across all areas of direct commissioning (in systems where they are not already delegated).

By April 2023, they expect that all ICBs will have taken on delegated responsibility for dental, general ophthalmic services and pharmaceutical services.

Over the coming months, NHSE&I plan to work to establish the following and communicate them to ICS leaders, patients, stakeholders and affected NHSE&I staff:

- A pre-delegation assessment process, to determine which ICBs will receive delegated responsibilities for dental, general ophthalmic services and pharmaceutical services in April 2022; and

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<sup>3</sup> Primary Care Commissioning. 'Pharmaceutical needs assessments.' March 2013.

Available at: <http://www.pcc-cic.org.uk/>

<sup>4</sup> Department of Health. 'Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.' May 2013. Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/197634/Pharmaceutical\\_Needs\\_Assessment\\_Information\\_Pack.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf)

- The full, detailed scope of what will be delegated and what will be retained nationally and regionally, and the conditions that will apply to the exercise of delegated functions.

Working with the leadership of each ICS, NHSE&I will determine **by 14 October 2021** which ICBs will take on commissioning of dental, general ophthalmic services and pharmaceutical services in April 2022.

Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Since 2018, they have been deepening the relationship in many areas between the NHS, local councils and other important strategic partners such as the voluntary, community and social enterprise sector. They have developed better and more convenient services, invested in keeping people healthy and out of hospital and set shared priorities for the future.

The NHS Long Term Plan confirmed that all parts of England would be served by an integrated care system from April 2021, building on the lessons of the earliest systems and the achievements of earlier work through sustainability and transformation partnerships and vanguards.

The PNA will also inform decisions by local commissioning bodies including Local Authorities, NHS England and Clinical Commissioning Groups (CCGs), and the emerging ICS as to which NHS funded services are provided locally and where pharmacies may be able to deliver commissioned services (such as Stop Smoking and Sexual Health Services). The preparation and consultation on the PNA should take account of the health needs of the population defined in the local Joint Strategic Needs Assessments (JSNAs) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. This PNA should therefore be viewed in conjunction with the Cambridgeshire and Peterborough JSNA reports which are accessible online at: [Cambridgeshire Insight](#).

As PNAs are central to decision-making regarding commissioned services and new pharmacy openings, it is essential that they comply with the requirements of the regulations, that due process is followed in their development, and they are kept up to date. Section 2 describes the process for this PNA.

## 1.2 Overview of NHS pharmaceutical services

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines, and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines, and listed appliances on an NHS prescription.

Under the *NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*, a person who wishes to provide NHS Pharmaceutical Services must apply to NHS England to be included on a 'pharmaceutical list' by generally proving they are able to meet a pharmaceutical need as set out in the relevant PNA. This is commonly known as the NHS 'market entry' system.

The following can be included in the pharmaceutical list:

- **Pharmacy contractors:** a person or corporate body who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Councils.

- **Dispensing appliance contractors:** appliance suppliers are a sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- **Dispensing doctors:** medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.
- **Local pharmaceutical services (LPS)** contractors also provide pharmaceutical services in some HWB areas.

The two most common types of pharmacy provision are local pharmacy contractors, referred to in this needs assessment as community pharmacies, and dispensing doctors, also commonly referred to as dispensing practices. Community pharmacies were known in the past as chemists and are often located in the heart of local communities, on high streets, supermarkets and neighbourhood centres. There are different types of community pharmacies, ranging from small, independent pharmacies to large chains and supermarket pharmacies.

NHS legislation provides that in certain rural areas classified as 'controlled localities' general practitioners may apply to dispense NHS prescriptions as 'dispensing doctors'. The provisions to allow GPs to dispense were introduced to provide patients access to dispensing services in rural communities not having reasonable access to a community pharmacy. Since 2005, a practice can only apply to be a dispensing practice if it is located in a 'controlled locality' and the total of all patient lists for the area within a 1.6km (1 mile) radius of the premises is fewer than 2,750.<sup>5</sup> In the majority of cases, patients eligible to use the dispensing practice will therefore be located more than 1.6km away from the nearest pharmacy. Further information about this process and how areas of new growth may affect dispensing doctors' practices is described in Section 6. Dispensing GP practices can make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies.

The NHS England Area teams commission services in the NHS Community Pharmacy Contractual Framework. This includes three main categories of pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, of note pharmacy contractors must provide Essential Services, but they can choose whether they wish to provide Advanced and Enhanced Services:<sup>6</sup>

CCGs have a role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contracts and specialised commissioned services. CCGs can commission services from pharmacies such as palliative care schemes; emergency prescriptions; and other medicines optimisation services. Further information about the services in Cambridgeshire is described in Section 5.

<sup>5</sup> Pharmaceutical Services Negotiating Committee briefing on 'Rurality, controlled localities and the provision of pharmaceutical services by doctors'. Available at: <http://psnc.org.uk/contract-it/market-entry-regulations/rural-issues/>

<sup>6</sup> National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

## 2 Process

### Key messages:

As in previous years, the specific legislative requirements in relation to development of PNAs<sup>7</sup> were duly considered and adhered to. The development of the revised PNA for 2022 was overseen by a multi-agency steering group.

Information from the Joint Strategic Needs Assessment (JSNA) and Public Health sources were used to describe pharmaceutical provision throughout the Joint Health and Wellbeing Board Areas and local health needs that may be addressed through pharmaceutical services. All pharmacies and dispensing GP practices in Cambridgeshire and Peterborough were asked to complete a questionnaire describing their service provision. 59 of 148 (40%) community pharmacies and 15 of 40 (38%) dispensing GP practices responded to the questionnaire.

The PNA will continue to be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. Given the significant planned growth of new developments across Cambridgeshire and Peterborough, Public Health will continue to monitor and assess pharmaceutical need in these areas.

### 2.1 Summary of the process followed in developing the PNA

The Cambridgeshire PNA 2017 and the 2020 Supplementary Statement and the Peterborough PNA 2018 remain available online at: <https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/>

The development of the 2022 PNA was overseen by a multi-agency Steering group, representing a wide range of stakeholders. The PNA steering group was re-established to oversee the process and content of the PNA (see Acknowledgements for list of steering group members).

The legal regulations state that each PNA should have a maximum lifetime of three years. This 2022 PNA includes updated information from the 2017 PNA and has engaged key stakeholders in identifying any new relevant issues. Legislation was laid before parliament which amended the Pharmaceutical Services Regulations and suspended the requirement of Health and Wellbeing Boards to publish revised PNAs by 1st April 2021, until no later than 1st April 2022 (this was further extended to October 2022). This suspension was to reduce the immediate burden on HWBs, who are currently prioritising delivery to other urgent services during the COVID-19 pandemic, from undertaking a consultative process. In the interim, HWBs were allowed to update to their PNA known as supplementary statements, where appropriate. Cambridgeshire Health and Wellbeing Board published a Supplementary Statement updating the 2017 PNA with the draft findings from the paused 2020 PNA. Peterborough Health and Wellbeing Board were not due to publish a revised PNA until 2021, therefore did not need to publish a Supplementary Statement.

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<sup>7</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Accessed 19 Nov 2013 at: <http://www.legislation.gov.uk/ukxi/2013/349/made>

As in previous PNAs, the specific legislative requirements in relation to the development of PNAs<sup>8</sup> were duly considered and adhered to including reference to the latest version of the “PNA Information pack for local authority health and wellbeing boards<sup>9</sup>”.

## 2.2 Methods

As set out in Schedule 1 of *The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*, this PNA includes information on:

- Pharmacies in Cambridgeshire and Peterborough and the services they currently provide, including dispensing, providing advice on health, medicine reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Other local pharmaceutical services, such as dispensing GP surgeries.
- Relevant maps relating to Cambridgeshire and Peterborough and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Cambridgeshire and Peterborough.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

In developing the PNA for Cambridgeshire and Peterborough, information from the themed JSNAs, the JSNA Core Dataset, Pharmoutcomes and Public Health sources were used to describe pharmaceutical provision throughout the county and local health needs that may be addressed through pharmaceutical services.

All pharmacies and dispensing GP practices in Cambridgeshire and Peterborough were also asked to complete a questionnaire describing their service provision (see Appendix 3). 59 of 148 (40%) community pharmacies and 15 of 40 (38%) dispensing GP practices in Cambridgeshire and Peterborough responded to the 2022 PNA questionnaire.

The information received is described throughout Sections 4, 5 and 6.

Assessing need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from stakeholders, the PNA considers a number of factors, including:<sup>10</sup>

- The size and demography of the population across Cambridgeshire and Peterborough.
- Whether there is adequate access to pharmaceutical services across Cambridgeshire and Peterborough.
- Different needs of different localities within Cambridgeshire and Peterborough.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Cambridgeshire and Peterborough.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Cambridgeshire and Peterborough.

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<sup>8</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. at:

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

<sup>9</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf)

<sup>10</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/uksi/2013/349/made>.



- Whether further provision of pharmaceutical services in Cambridgeshire and Peterborough would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

## 2.3 Stakeholders involved in the development of the PNA

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services.

## 2.4 Future PNAs and supplementary statements

The PNA will continue to be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. HWBs are required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.<sup>11</sup> The Cambridgeshire and Peterborough PNA Steering Group will continue to identify changes to the need for pharmaceutical services within their area and assess whether the changes are significant.

Given the significant planned growth of new developments across Cambridgeshire and Peterborough, Public Health will continue to monitor and assess pharmaceutical need in these areas and the Steering Group will issue a statement of need to update the PNA if considered appropriate.

## 2.5 National Changes to Pharmacy Contracts

At the time of the last PNA (2016) the Government imposed a two-year funding package on a community pharmacy, with a £113 million reduction in funding in 2016/17.<sup>12</sup> Key changes were also made to the national pharmacy contract with the aim of creating a more efficient service which is better “*integrated with the wider health and social care system.*”<sup>13</sup>

At the time of this PNA the PSNC (representing community pharmacies), NHS England & NHS Improvement (NHS E&I) and the Department of Health and Social Care (DHSC) agreed to a five-year deal for community pharmacies, (known as The five-year settlement 2019/20 to 2023/24 for Community Pharmacy) guaranteeing funding levels until 2023/24 and setting out how pharmacies will adapt to provide new services to help people to stay healthy and prevent illness; to support and provide urgent care services; to support patients leaving hospital; and to help patients avoid unnecessary visits to GPs and hospitals. This PNA is written 4 years into the 5 year settlement.

In 2019/20, community pharmacies will be commissioned to provide two new services:

- **The Community Pharmacist Consultation Service (CPCS)** (replacing the existing national NHS Urgent Medicine Supply Advanced Service (NUMSAS)). This service will relieve pressure on the wider NHS by connecting patients with community pharmacies as a first port of call for minor illness or for the urgent supply of medicines. Pharmacies will offer patients a consultation to help them to manage minor

<sup>11</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/ukxi/2013/349/made>.



illnesses, or make an 'emergency supply' of medicine where a patient has previously been prescribed the medicine. The service will take referrals from NHS 111 (rather than those patients being directed to GPs or A&E) with referrals from other settings, such as GP practices and NHS 111 online, in future years.

- **Hepatitis C testing.** Pharmacies will offer testing for people using pharmacy needle and syringe programmes to support the national Hepatitis C elimination programme. Nationally this has been extended until 31<sup>st</sup> March 2023.

The six mandated public health campaigns for 2022 that community pharmacies must take part in have not been announced at the time of writing this PNA.

Last year's campaigns 2021/22 health campaigns, which community pharmacy contractors participated in as part of their NHS contractual requirements are given in **Table 1** below.

**Table 1: Nationally Mandated Public Health Campaigns 2021-22**

Health campaign topic	Campaign period
Winter vaccines	22nd November to 31st December 2021
Weight management	4th January to 31st January 2022
Smoking cessation	21st February to 31st March 2022

This means that for 2021/22 there will be four mandatory health campaigns that contractors must participate in (in May 2021, contractors were asked to participate in a COVID-19 vaccination campaign, focused on informing the public about the vaccine and encouraging them to take it up when was offered to them).

Nationally the NHS has commissioned a medicines reconciliation service. Through this service, pharmacies will ensure changes to medicines made in secondary care are implemented appropriately when patients are discharged back into the community.

Looking forward, as part of the five-year deal, community pharmacies may also be able to support the appropriate use of medicines through an expansion of the New Medicine Service (NMS) to other conditions. In addition, the NHS will use the national Pharmacy Integration Fund (PhIF) to pilot services for potential roll out. These include:

- A model for detecting undiagnosed cardiovascular disease (CVD);
- Stop smoking referrals from secondary care to community pharmacy;
- Use of point of care testing around minor illnesses to support efforts to tackle antimicrobial resistance;
- Routine monitoring of patients, for example, those taking oral contraception, under an electronic repeat dispensing arrangement;
- Activity to support PCN priorities such as early cancer diagnosis and tackling health inequalities; and
- A service to improve access to palliative care medicines.

Total pharmacy funding under the five-year deal has been fixed at £2.592bn per year. Annual negotiations to finalise detailed service and funding arrangements for each financial year will take place, and over the five years the community pharmacy funding model will be reviewed: the balance between spend on dispensing and new services is likely to shift towards the delivery of services.

The Pharmacy Access Scheme (PhAS) aims to ensure that populations have access to a pharmacy, especially where pharmacies are sparsely spread, and patients depend on them most. These pharmacies receive additional funding that is appropriately banded for up to £17,500 a year. Pharmacies not deemed as eligible for PhAS payment can apply for inclusion based on very specific criteria only. The PhAS is fixed up until next review and has a budget of up to £20M. In Cambridgeshire and Peterborough, 43 pharmacies have been identified which is 29% of all current pharmacies as at March 2022 see **Map 20** for locations of pharmacies delivering the PhAS.

The Cambridgeshire and Peterborough Local Pharmaceutical Committee will focus on supporting local pharmacies by keeping them up to date with changes/details, to meet the quality agenda, and to take up and deliver locally commissioned services more effectively. The PNA steering group will continue to monitor any potential closures or mergers of local pharmacies and issue appropriate statements of fact (Supplementary Statements) as necessary in line with PNA requirements.

At the time of the previous PNA (2016) amendments were also made to the pharmacy *National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations 2013* in December 2016.<sup>14</sup> including a new regulation which describes the potential consolidation of two or more pharmacies onto one existing site. A new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes which would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.

*“Applications to consolidate will be dealt with as “excepted applications” under the 2013 Regulations, which means in general terms they will not be assessed against ... the pharmaceutical needs assessment (“PNA”) produced by the HWB. Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation..... If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (regulations 12 and 13). If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its pharmaceutical needs assessment recording its view (regulation 3).”<sup>15</sup>*

As such, in the event of a consolidation in future, in accordance with Paragraph 19 of schedule 2 of the regulations the Cambridgeshire HWB will publish a supplementary statement which will become part of the

<sup>14</sup> National Health Service England. ‘The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016’ (2016 No.1077) Available at: <http://www.legislation.gov.uk/ukxi/2016/1077/contents/made>

<sup>15</sup> National Health Service England. ‘The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016’ (2016 No.1077) Page 13. Available at: <http://www.legislation.gov.uk/ukxi/2016/1077/contents/made>

PNA, explaining whether, in its view, the proposed removal of premises from its pharmaceutical list would or would not create a gap in pharmaceutical services provision that could be met by a routine application:

- (a) to meet a current or future need for pharmaceutical services; or
- (b) to secure improvements, or better access, to pharmaceutical services.

During the last PNA period (2017-2022) two consolidation applications were received.

1. Boots in Wisbech
2. St Mary's Street, Ely

The Health and Wellbeing Board made representations on both applications and concluded that neither application would result in a gap in Pharmacy provision in the Health and Wellbeing Board area. The full consultation response can be found in Appendices 5 & 6 and now form part of this PNA.

### 3 Understanding local health needs

The preparation and consultation on the PNA has taken account of the local Joint Strategic Needs Assessments (JSNAs) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. This PNA should therefore be viewed in conjunction with the Cambridgeshire and Peterborough JSNA reports which are available online at: <https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/>.

#### 3.1 Cambridgeshire and Peterborough Joint Strategic Needs Assessments

A JSNA is the means by which partners in the Health and Wellbeing Board describe the health, care and wellbeing needs of the local populations and seeks to identify a strategic direction of service delivery to meet those needs.<sup>16</sup>

The aim of a joint strategic needs assessment is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. This includes:

- Providing analyses of data to show the health and wellbeing status of local communities.
- Defining where inequalities exist.
- Providing information on local community views and evidence of effectiveness of existing interventions which will help to shape future plans for services.
- Highlighting key findings based on the information and evidence collected.<sup>17</sup>

The Cambridgeshire Insight website <https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/> publishes all the local JSNA reports and supporting documentation, including additional data and specific topic area reports for the local area. The JSNAs developed for Cambridgeshire and Peterborough are shown in **Figure 1**.

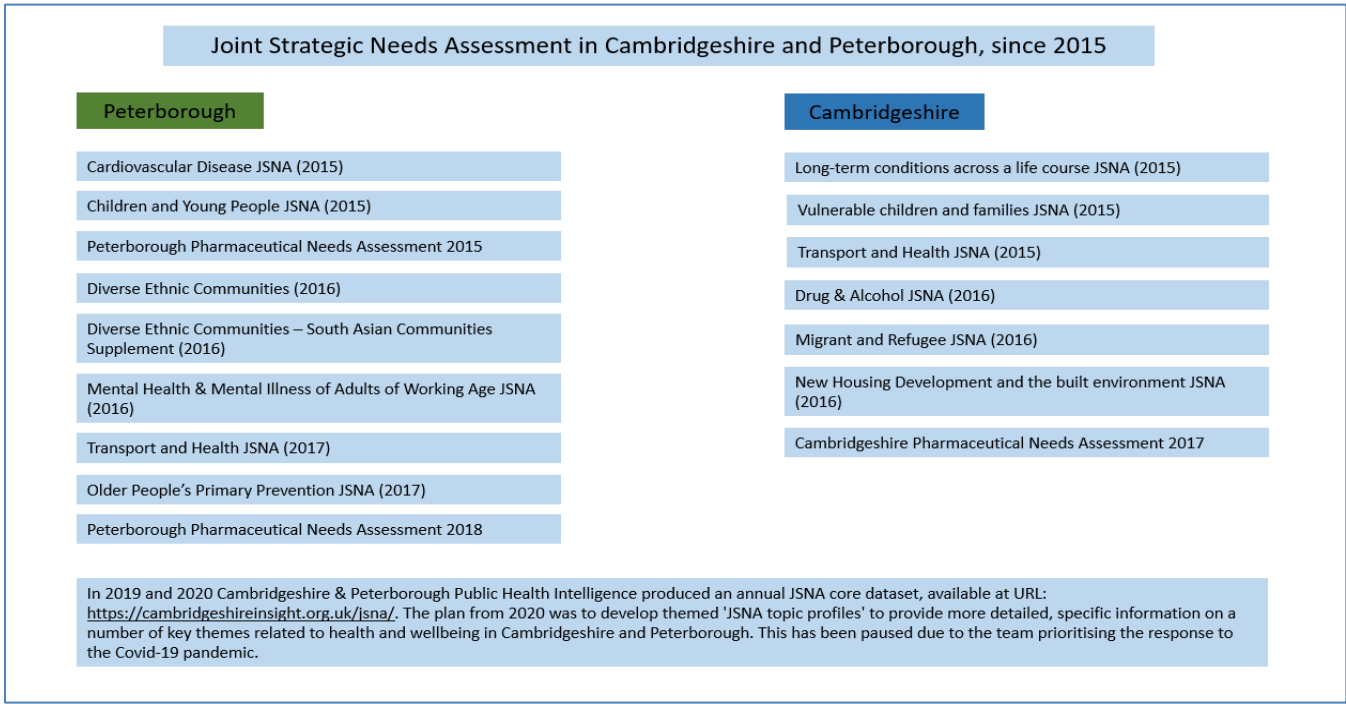
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<sup>16</sup> Cambridgeshire JSNA. 'What is the joint strategic needs assessment?'

Available at: <http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/what-jsna>

<sup>17</sup> Ibid.

Figure 1: Joint Strategic Needs Assessments developed for Cambridgeshire



Source: Cambridgeshire and Peterborough Public Health Intelligence

These reports include information about a wide range of health and wellbeing indicators, the views of the local people and gives examples of good practice, along with identifying gaps and areas for development. In addition to the themed reports shown in **Figure 1** above, Cambridgeshire & Peterborough Public Health Intelligence Team produce an annual JSNA core dataset: <https://cambridgeshireinsight.org.uk/jsna/>.

They also include some of the substantial evidence that indicates that prevention works, that it can provide cost benefits and importantly that it can make significant improvements to the health of the population, decrease health inequalities and effectively address health and social problems.

The data that underpins the JSNAs have been updated and include:

- County and district health atlas [www.cambridgeshireinsight.org.uk/interactive-maps](http://www.cambridgeshireinsight.org.uk/interactive-maps).
- A local Public Health Outcomes Framework document containing district data and profiles for the Clinical Commissioning Group (CCG) and Local Commissioning Groups (LCGs)
- Primary Care Network (PCN) profiles

These can be found at [www.cambridgeshireinsight.org.uk/health](http://www.cambridgeshireinsight.org.uk/health).

3.2 Annual Director of Public Health Report 2022

The production of the DPH annual report was paused during the Covid-19 Pandemic. The Annual Public Health Report for Cambridgeshire and Peterborough 2022 will look at the impact of the Covid-19 pandemic on Cambridgeshire and Peterborough residents. It looks at what we learned during the pandemic in terms of working together and with communities to ensure that all residents could access testing, vaccination as well as wider support during the pandemic and implications for ways of working in the future. The rolling suite of Covid

Impact Assessments can be found here [Cambridgeshire Insight – Coronavirus – Emerging evidence of needs and impacts](#)

### **3.3 Cambridgeshire and Peterborough Health and Wellbeing Board**

Under the Health & Social Care Act 2021 Upper Tier Local Authorities (UTLA) have a statutory function to have a Health & Wellbeing board (HWB) as a formal committee of the local authority. In 2019 procedures were put in place to establish joint working relationships between the Cambridgeshire HWB and Peterborough HWB.

Section 198 of the Health and Social Care Act 2012 provides that Two or more Health and Wellbeing Boards may make arrangements for: -

- a) any of their functions to be exercisable jointly
- b) any of their functions to be exercisable by a joint sub-committee of the Boards
- c) a joint sub-committee of the Boards to advise them on any matter related to the exercise of their functions.

In 2019 both UTLAs agreed to an approach in establishing formal joint working relationships between the HWBs. This arrangement was possible as the two Health and Wellbeing boards had the same legal responsibilities. Both UTLAs changed their terms of references to allow for the creation of the Whole System Health & Wellbeing Board sub-committee and the Core Health & Wellbeing sub-committee. Both sub-committees had delegated authority to act on behalf of the Cambridgeshire and Peterborough HWB “Parent boards”.

The landscape for HWBs has changed dramatically with the formation of the Integrated Care System and locally, consideration has been given to how existing arrangements can provide the opportunity to build greater alignment between different system partners.

Cambridgeshire and Peterborough health and care partners, through a number of HWB and ICP Integration development sessions have committed to establishing a single strategy for the system that will be owned by both the HWBs and ICP.

Our approach in Cambridgeshire & Peterborough has been to establish new collaborative working arrangements between the Health & Wellbeing Boards and the developing Integrated Care Partnership (ICP), so that there is a commonality of purpose that ensures effective joined up decision making.

To enable delivery of this ambition, work is underway on agreeing common membership for the ICP and the HWB and streamlining arrangements for holding meetings to allow business to proceed in a more coordinated way.

The Cambridgeshire and Peterborough Health and Wellbeing Board (HWB) brings together leaders from local organisations which have a strong influence on health and wellbeing, including the commissioning of health, social care, and public health services. The HWB focuses on planning the right services for Cambridgeshire and Peterborough and securing the best possible health and wellbeing outcomes for the local community.

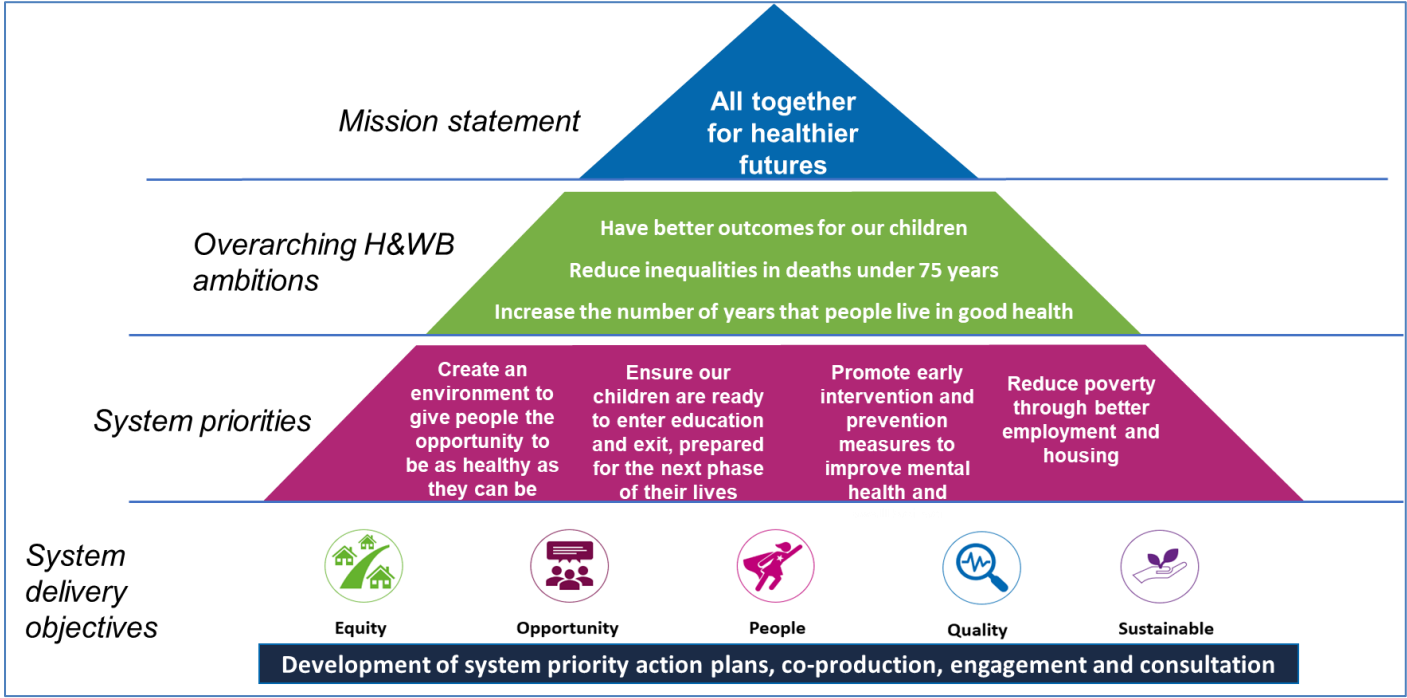
The work of the Board will be guided is guided by the emerging Cambridgeshire and Peterborough Health and Wellbeing Strategy 2022-2030.

Partners from across the NHS and the local authorities, and the wider public and voluntary sector, came together in late 2021 and early 2022 to discuss the Health and Wellbeing Strategy and review the evidence on health in our area and the impact of Covid-19. All partners agreed in principle to a single plan and set of priorities across the Health and Wellbeing Board and the ICS. In addition, it was agreed that the ICS vision that

had been consulted on and agreed by Cambridgeshire and Peterborough - “All Together for Healthier Futures” - should become the vision across the ICP and the HWB.

This ‘overarching’ strategic approach sets out our headline ambitions and the four priorities we will focus on to achieve these ambitions, as set out in **Figure 2** below.

**Figure 2: Overarching Aims and Priorities for the Health and Wellbeing Strategy**



### 3.4 Cambridgeshire and Peterborough Clinical Commissioning Group

The Cambridgeshire and Peterborough CCG is the clinical commissioning body for the county of Cambridgeshire and the Unitary Authority of Peterborough. In addition, the CCG also includes some GP practices in Hertfordshire and Northamptonshire. The ‘boundary’ for the CCG is illustrated in

**Map 1.** It should be noted that the boundary for the CCG is not the same boundary as for the Cambridgeshire and Peterborough Health and Wellbeing Board

The CCG is responsible for designing and buying health services for around 990,000 people across Cambridgeshire and Peterborough with a smaller number of primary care services in Hertfordshire and Northamptonshire. Clinicians are involved at every level of decision-making. Further information about the role of Cambridgeshire and Peterborough CCG is available on their website:  
[www.cambridgeshireandpeterboroughccg.nhs.uk](http://www.cambridgeshireandpeterboroughccg.nhs.uk).

### **3.5 Characteristics of the population in Cambridgeshire**

Cambridgeshire is a predominantly rural county with few urban settlements, which can create challenges for local transport and access to services. Peterborough is one of the most relatively deprived areas in the East of England and has relatively poor health outcomes in comparison to national averages, with statistically significantly low life expectancy at birth for both males and females and significantly high rates of mortality from a number of causes considered preventable. Deprivation and poor health outcomes are most prominent in Peterborough's densely-populated urban centre, with less deprivation and better health outcomes observed in rural areas towards the outer areas of Peterborough.

There are five district councils in Cambridgeshire: Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire. These districts can be more locally described by electoral wards or Middle Super Output Areas (MSOAs) (see **Map 2**). Close to the county borders of Cambridgeshire there are three large settlements, Wisbech, Whittlesey and St Neots. Eight areas border Cambridgeshire – Norfolk, Suffolk, Northamptonshire, Bedfordshire, Hertfordshire, Essex and Lincolnshire.

#### **3.5.1 Demography**

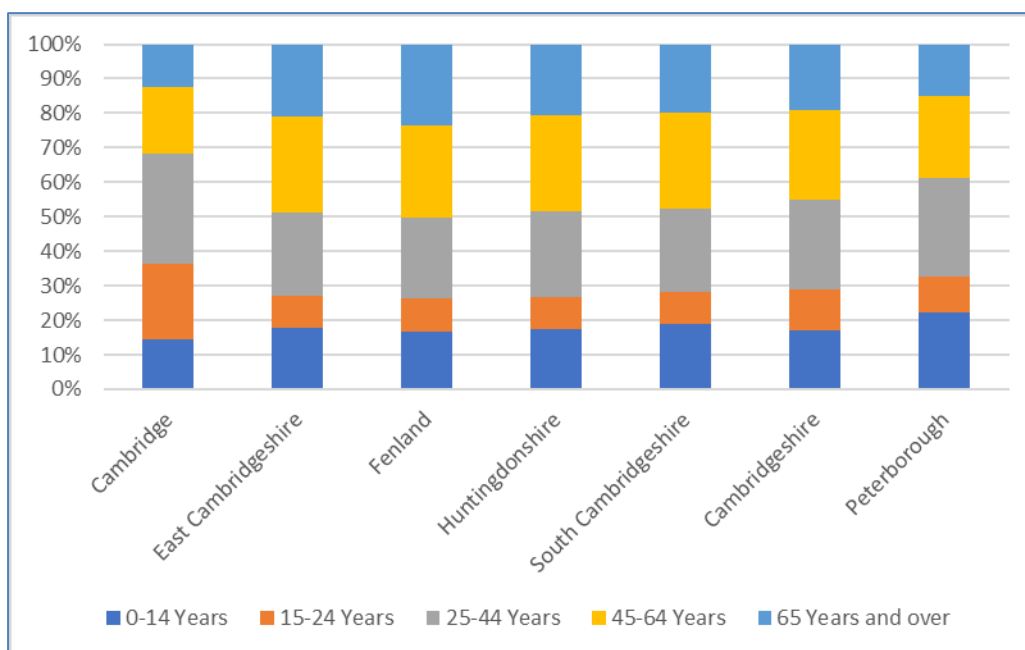
The age structure of the population is broadly similar across the districts of Cambridgeshire, with the exception of Cambridge. Whilst those aged 16-64 years account for approximately 60% of the population across the districts of Cambridgeshire, this age group accounts for more than 70% of the total population of Cambridge. Children and those aged 65 years and over account for a smaller proportion of the total population of Cambridge compared to the rest of Cambridgeshire.

Peterborough has a slightly higher proportion of children and younger adults and a lower proportion of those aged 65 years and over within its population compared to the average for Cambridgeshire as a whole. Those aged 0-14 years account for 22% of the population, compared to the average for Cambridgeshire of 17%.

The chart shows the proportion of the total population by broad age group for the districts of Cambridgeshire separately, as well as for Cambridgeshire as a whole, and for Peterborough.

**Figure 3: Cambridgeshire County Council's mid-2020 population estimates, proportions of total population by age group and district (% of total population)**

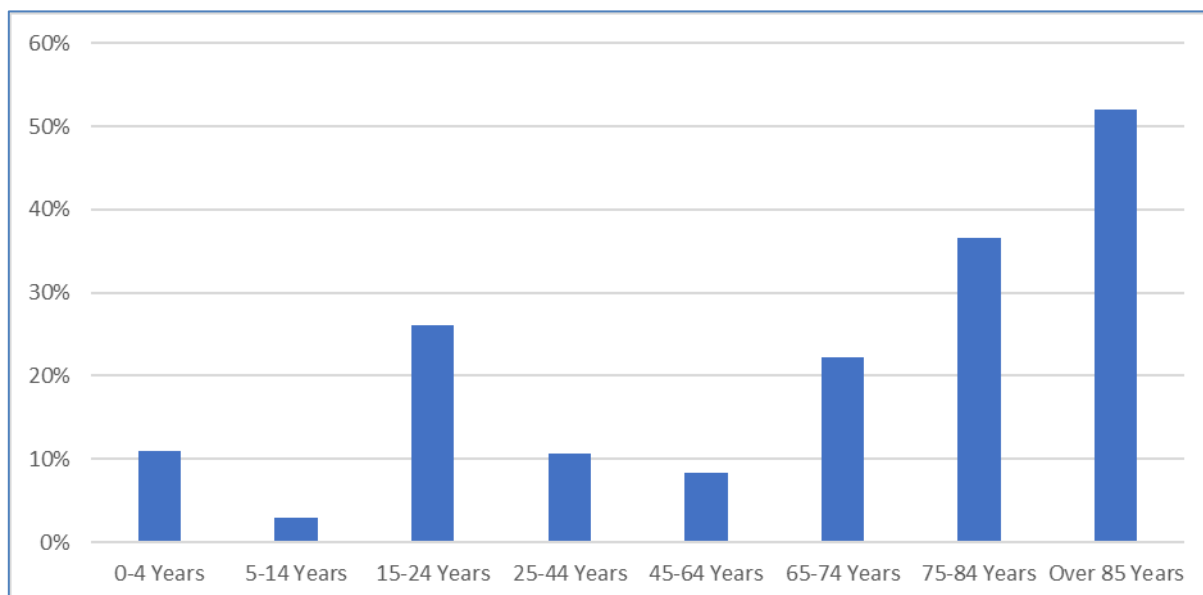




Source: Cambridgeshire County Council's mid-2020 population estimates

The population across Cambridgeshire and Peterborough is forecast to increase substantially in the coming years, with the biggest proportionate increases expected in the 65 years and over age group. There is a significant programme of house-building planned across Cambridgeshire and Peterborough, with almost 60 thousand net dwelling completions forecast between 2021-31, including several major housing developments. The chart below shows the forecast increase in population by broad age group for Cambridgeshire and Peterborough between 2021 and 2031.

**Figure 4: Cambridgeshire County Council's 2020-based population forecasts, forecast percentage change by age group, 2021-31, Cambridgeshire and Peterborough**



**3.5.2 Deprivation**

Pockets of deprivation are found in Cambridge City, Peterborough City, Huntingdonshire, and Fenland (see

Map 4).

### 3.5.3 Ethnicity

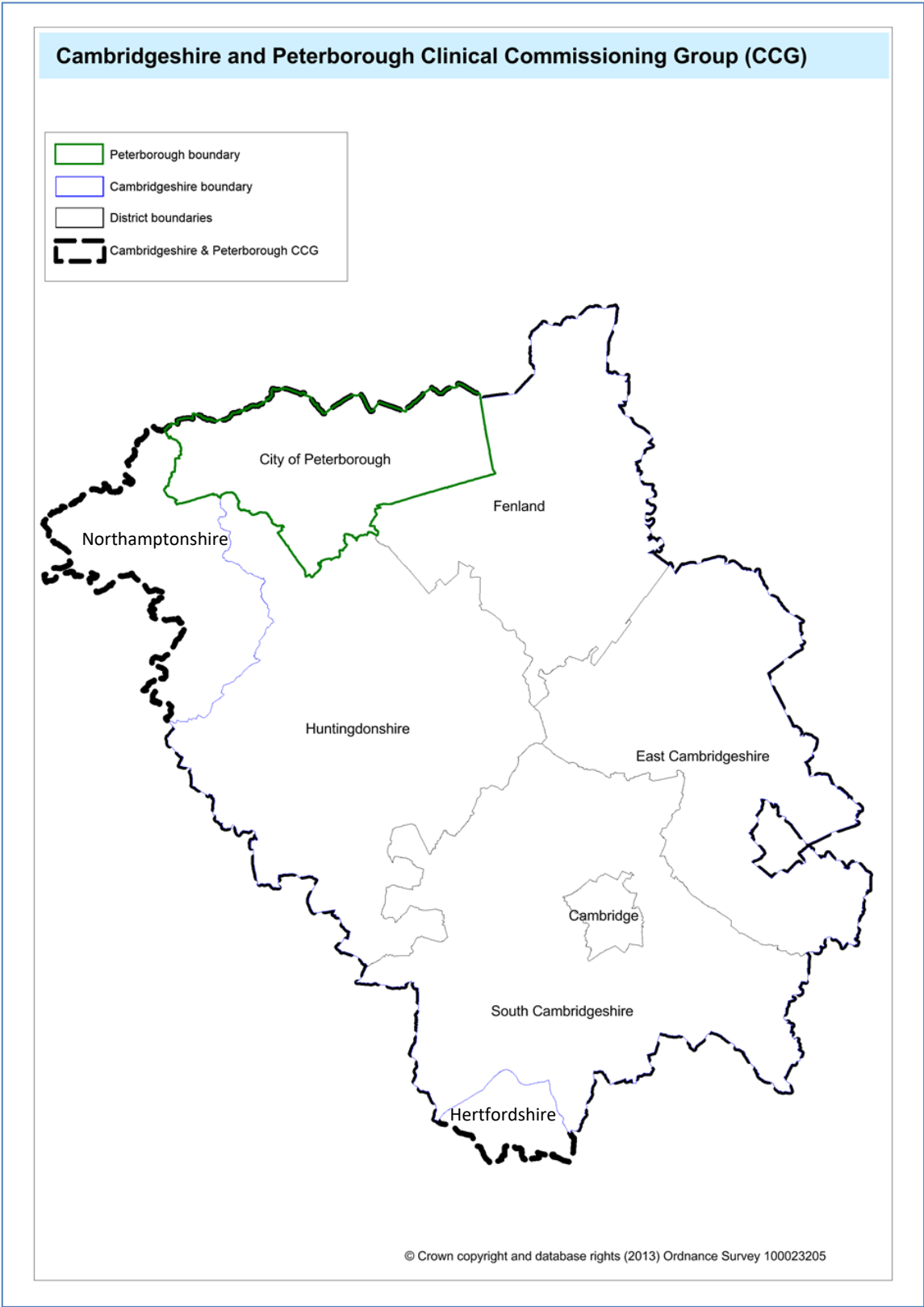
Data from the 2011 Census indicates that the number of foreign-born individuals living in Cambridgeshire increased from 48,556 to 85,698 people during 1995-2010, an increase of 77%. Around 1% of the foreign-born population in England reside in Cambridgeshire.<sup>18</sup> Considerable populations of travellers and migrant workers also reside in Cambridgeshire.

For further information on health needs, please refer to the Migrant and Refugee Joint Strategic Needs Assessment Report 2016 (available at: <http://cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/migrant-and-refugee-2016>).

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<sup>18</sup> [http://www.migrationobservatory.ox.ac.uk/sites/files/migobs/Migrants%20in%20the%20UK-Overview\\_0.pdf](http://www.migrationobservatory.ox.ac.uk/sites/files/migobs/Migrants%20in%20the%20UK-Overview_0.pdf) (Accessed 1<sup>st</sup> October 2013).

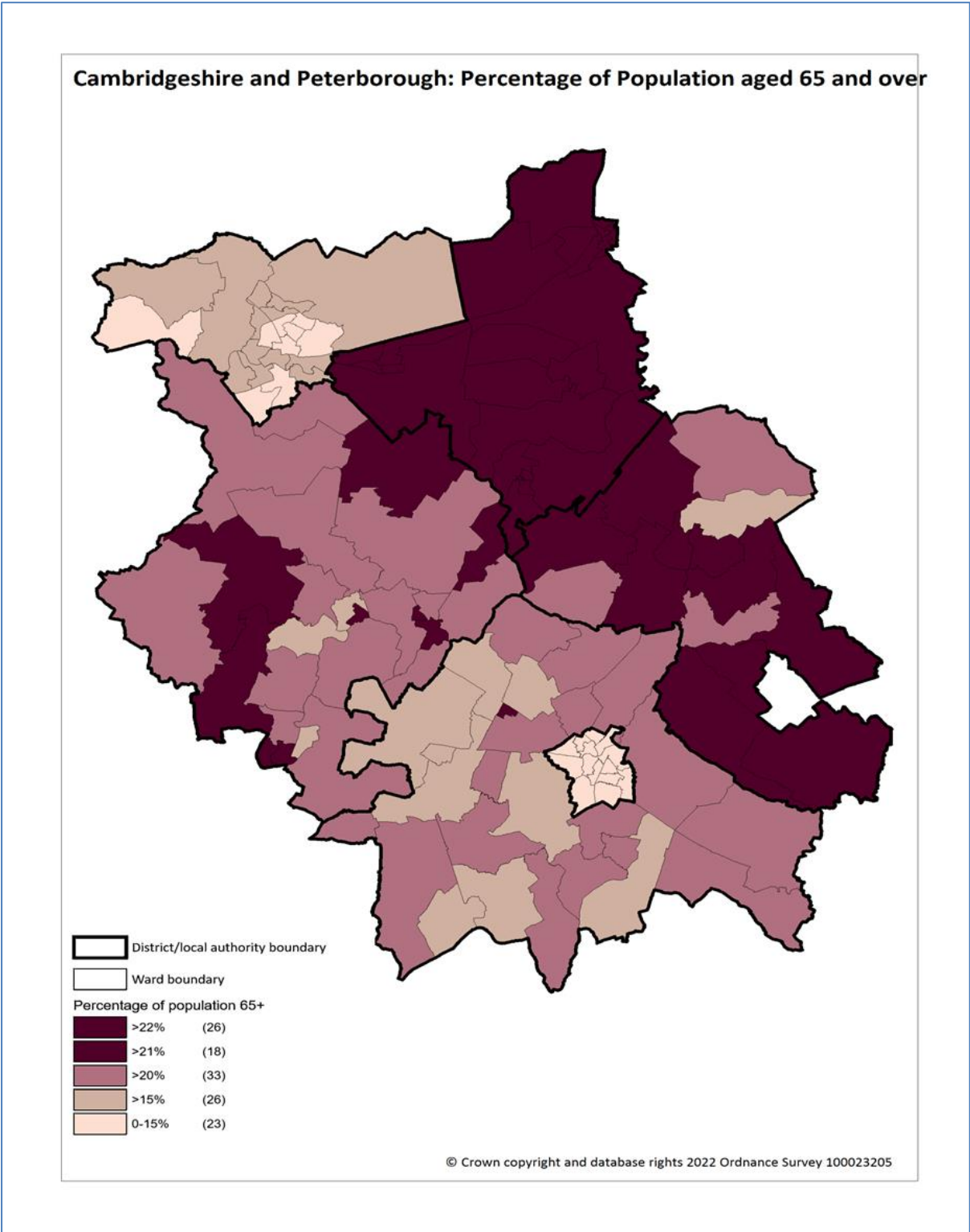
Map 1: Boundary of Cambridgeshire and Peterborough Clinical Commissioning Group



Map 2: Middle layer Super Output Areas (MSOAs) in Cambridgeshire and Peterborough

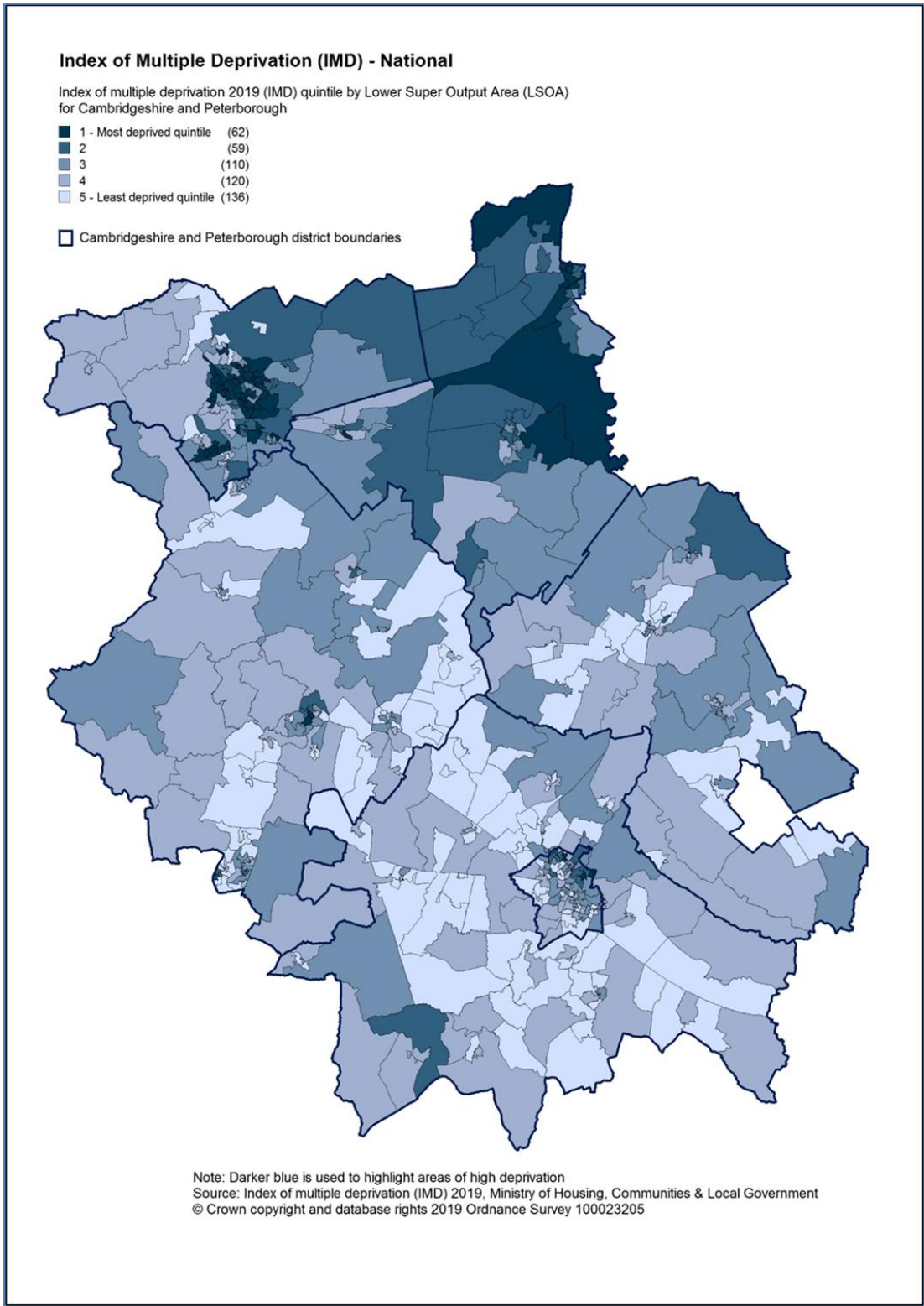


Map 3: Percentage of the population in Cambridgeshire and Peterborough aged 65 years or older



Source: CCCRG 2020 – Estimates for 2021

Map 4: Deprivation in Cambridgeshire and Peterborough





### 3.6 General health across Cambridgeshire & Peterborough

Overall, Cambridgeshire and Peterborough combined tends to present a picture of a relatively healthy place when compared nationally. The area compares generally well with national health and wellbeing determinants and outcomes. However, independently, the residents of Cambridgeshire and Peterborough experience differing health experiences overall; Cambridgeshire tends to compare generally well with national health and wellbeing determinants and outcomes, whilst Peterborough appears to have more widespread health and wellbeing issues, where health determinants and outcomes are often more adverse than the Cambridgeshire, Cambridgeshire and Peterborough and national averages.

Data also highlights variance in health outcomes at a district level within Cambridgeshire. In Fenland it is a priority to broadly improve health determinants and outcomes and to reduce health inequalities.

Life expectancy in Cambridgeshire in men and women is above national averages and premature and overall death rates are low. However, life expectancy for Peterborough is below the rate for England, and overall death rates are higher. There are also important differences in life expectancy and mortality in deprived areas of Cambridgeshire compared with more affluent areas. This pattern is generally maintained for the principal causes of death.

Levels of disability and general ill-health are generally low in Cambridgeshire but are higher in Peterborough and also the Cambridgeshire district of Fenland.

The general practice (GP) recorded prevalence of several specific long-term conditions including coronary heart disease, high blood pressure, stroke, diabetes, and mental health are generally lower than the national average in Cambridgeshire and Peterborough, combined and independently. GP recorded prevalence of asthma is recorded as above the national rate in Cambridgeshire and below the national rate in Peterborough.

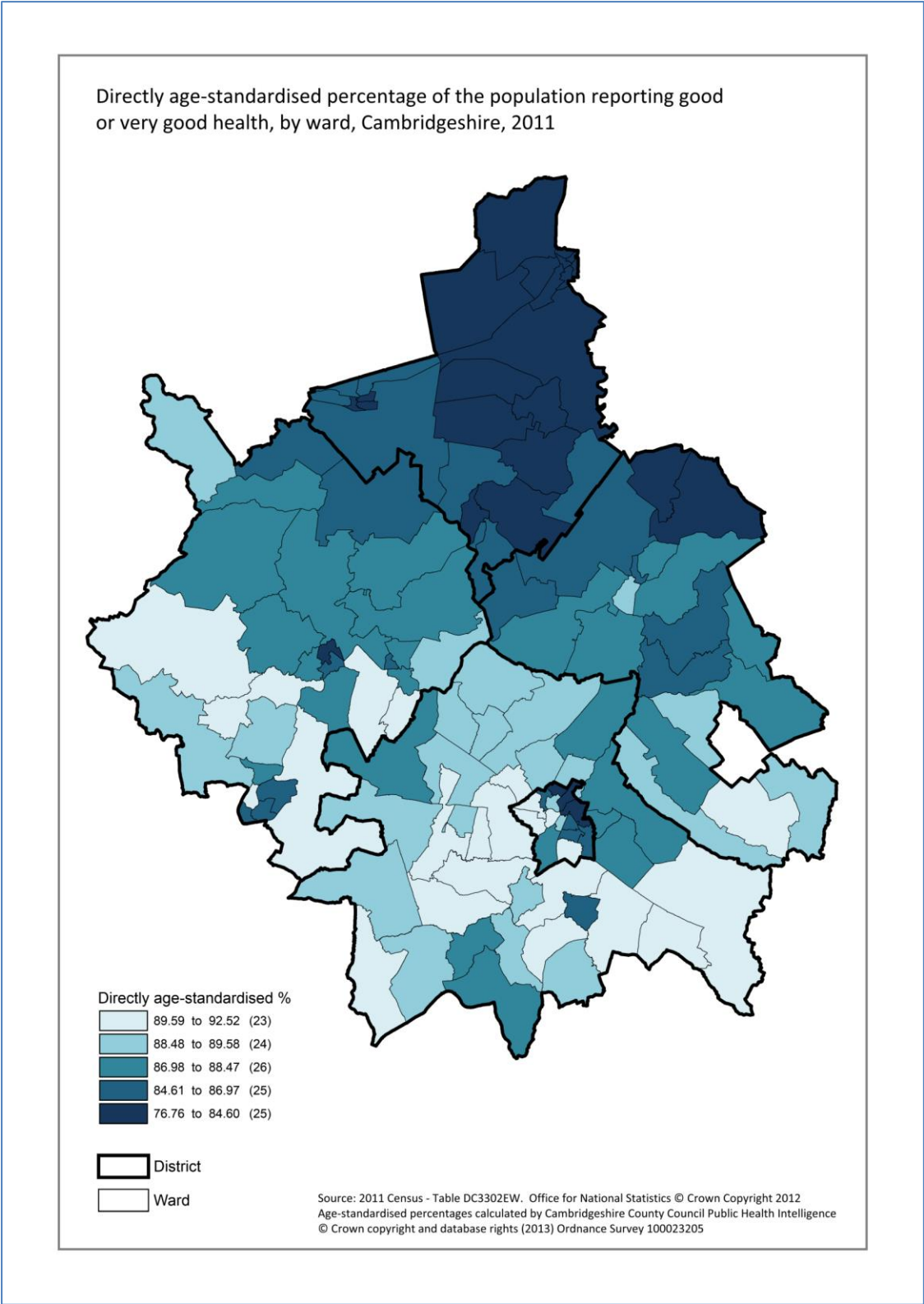
Further data on the health of Cambridgeshire and Peterborough can be found in the [Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset 2020](#) and more information about the Public Health Outcomes Framework (PHOF) in Cambridgeshire and Peterborough can be found at: <http://cambridgeshireinsight.org.uk/health/phof> and <http://healthierlives.phe.org.uk/topic/mortality>

There are important differences in health across Cambridgeshire and Peterborough, as illustrated in **Map 5** and **Map 6**. These maps use data from the 2011 Census to illustrate the proportion of the population in different areas of Cambridgeshire and Peterborough who report being in good or very good health. Broadly, the map shows darker shades in the northern areas of Cambridgeshire and the centre of Peterborough which means fewer people who report being in good or very good health. The data in the maps have been age standardised, which means that the differences in self-reported health are not due to differences in age.

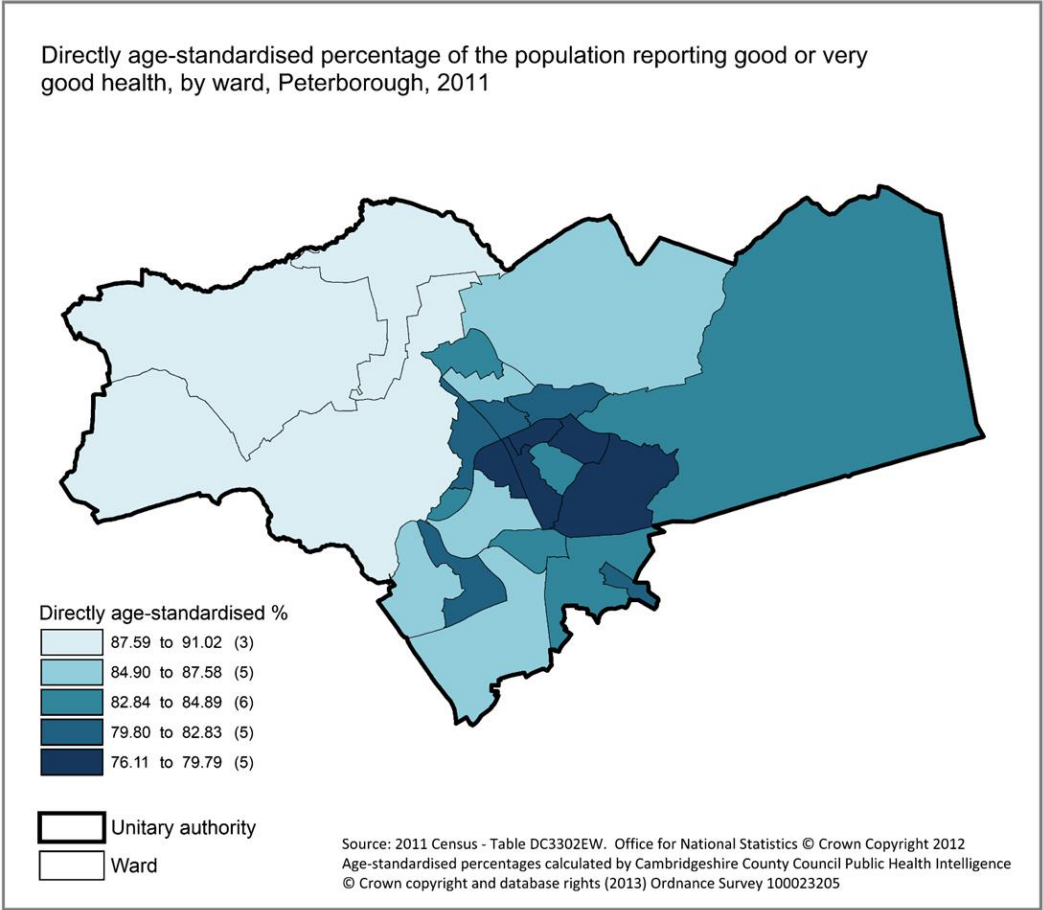
Comparing the prevalence of common conditions of the practices within the CCG with the England average gives an indication of the health of the local population. A more convenient way of viewing individual practices are the practice profiles at <https://fingertips.phe.org.uk/profile/general-practice>. Some insight into the health needs at GP practice population level can also be gained from the Quality and Outcomes Framework data of the local GPs. Entering a postcode at <http://www.qof.ic.nhs.uk/search.asp> returns a list of GPs in the proximity of the postcode.



**Map 5: Directly age-standardised percentage of the population reporting good or very good health, by ward, Cambridgeshire 2011**



**Map 6: Directly age-standardised percentage of the population reporting good or very good health, by ward, Peterborough 2011**



## 4 Current Provision of NHS Pharmaceutical Services

This section describes the current provision of NHS pharmaceutical services, in order to assess the adequacy of provision of such services. Also included is a description of the number and locations of community pharmacies, dispensing GP practices and national Dispensing Appliance Contractors (DACs) premises. Information was collected up until 1 March 2022. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website: [www.nhs.uk/servicedirector/Pages/ServiceSearch.aspx](http://www.nhs.uk/servicedirector/Pages/ServiceSearch.aspx).

The levels of provision of pharmaceutical services locally are compared with provision elsewhere and are considered in the context of feedback from local stakeholders.

### Key findings

**Key message:** *There is currently sufficient pharmaceutical service provision across Cambridgeshire and Peterborough. however there has been a reduction in the opening hours of many pharmacies, in addition the pharmacy consultation has raised concerns with staffing and recruitment, which may impact the ability of pharmacies to deliver a consistent service. No current or future gaps have been identified in the provision of necessary and other relevant service across Cambridgeshire and Peterborough.*

The number of pharmaceutical service providers per 100,000 people is difficult to calculate due to the different types of pharmaceutical provision (Community Pharmacies, Dispensing Practices) and the data collected for the number of providers has been collected at different times, and the data is available by Clinical commissioning group area not by the Health and Wellbeing Board area, so comparison with other areas is not possible.

However, the average number of community pharmacies in Cambridgeshire and Peterborough CCG area is 18.7 per 100,000 residents which is similar to the East of England average (19.4) and the England Average

In terms of *community pharmacies alone*, there were 20.6 community pharmacies in England in 2020 per 100,000 population which is a slight decrease compared to 21 per 100,000 population in 2020 and 22 pharmacies per 100,000 population in England in 2015/16, The number of *community pharmacies* per 100,000 population ranges from 17 per 100,000 population to 25 community pharmacies per 100,000 population. In the East of England the average was 19.4 per 100,000 (one more than in 2020).

As of March 2022 there were:

- 148 pharmacies across Cambridgeshire and Peterborough .
- 40 dispensing GP practices across Cambridgeshire and Peterborough
- Three Dispensing Appliance Contractors [\[IG4\]](#)

The distribution of pharmacies and dispensing GP practices appears to cover the Health and Wellbeing Board area well with few gaps and some concentrations. Some geographical gaps appear to exist in some of the less populated areas of the Health and Wellbeing Area, but these localities are served by suppliers from outside the Health and Wellbeing Board area (See

**Map 15).** In terms of access to pharmaceutical services there are no areas that are located more than 20 minutes away by car from a pharmacy or dispensing surgery in Cambridgeshire, The majority of areas in Peterborough are accessible within 20 minutes by car, with a small number of exceptions towards the outer areas of the city, particularly in the east, but these localities may get their pharmacy services from outside the Health and Wellbeing Board area i.e. from pharmacies located in the Norfolk Health and Wellbeing Board area.

As of March 2022 there were:

- 148 pharmacies across Cambridgeshire and Peterborough
- 40 dispensing GP practices across Cambridgeshire and Peterborough
- Three Dispensing Appliance Contractors

#### **4.1 Service Providers – numbers and geographical distribution**

##### **4.1.1 Community pharmacies**

There were a total of 148 community pharmacies within Cambridgeshire and Peterborough as of March 2022. The names of the community pharmacies within Cambridgeshire and Peterborough are listed in Appendix 2 and their locations shown in

**Map 7.**

##### **4.1.2 Dispensing GP practices**

The rurality of parts of Cambridgeshire and Peterborough has led to relatively high numbers of dispensing GP practices. There were 40 dispensing GP practices within Cambridgeshire and Peterborough as of March 2022. The names of the dispensing GP practices within Cambridgeshire are listed in Appendix 2 and their locations shown in

**Map 8.** Of the 1,024,708 patients registered with a Cambridgeshire or Peterborough GP in March 2022, 453,611 (44.2%) are registered with a dispensing practice<sup>19</sup>.

It should be noted that some of these patients may have an address outside Cambridgeshire, and similarly some patients with an address in Cambridgeshire could be registered with a practice in another county.

Access to GPs in general (not only dispensing practices) appears to be comparable in Cambridgeshire and Peterborough compared to the East of England and England. Cambridgeshire & Peterborough CCG has a similar rate of GP Full Time Equivalents (FTE) per 100,000 population to the East of England, although both the CCG and the region have a markedly lower rate in comparison to the England value of 58.4/100,000 (see **Table 2**). For locations of GP practices across the CCG area, see **Map 9**.

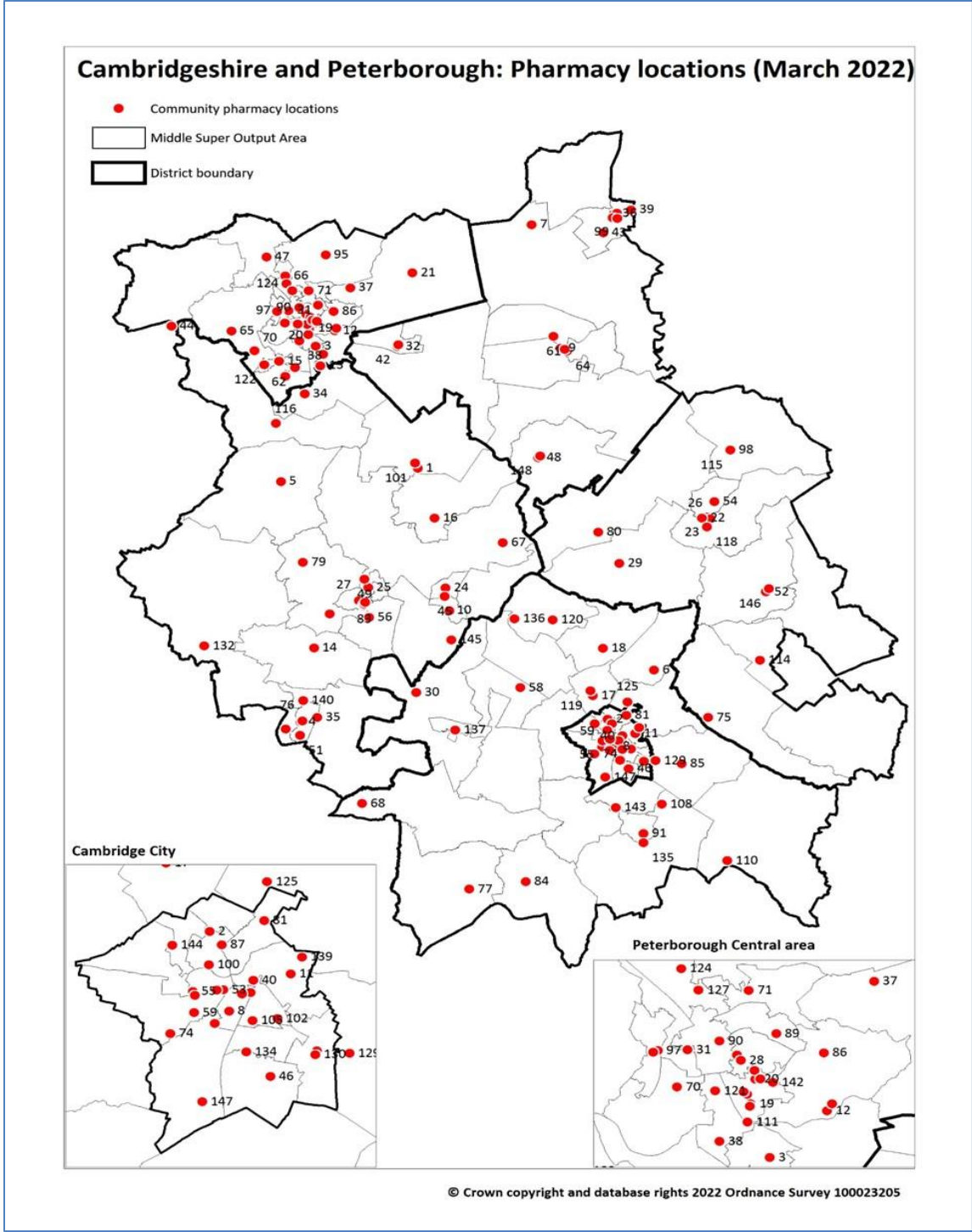
**Table 2: Average numbers of full time equivalent GPs per 100,000 registered population, March 2022**

Organisation/Area	Population	GP FTE	GP FTE per 100,000
<b>Cambridgeshire &amp; Peterborough CCG</b>	1,024,708	551	53.8
<b>East of England</b>	7,087,778	3,794	53.5
<b>England</b>	61,610,172	35,988	58.4

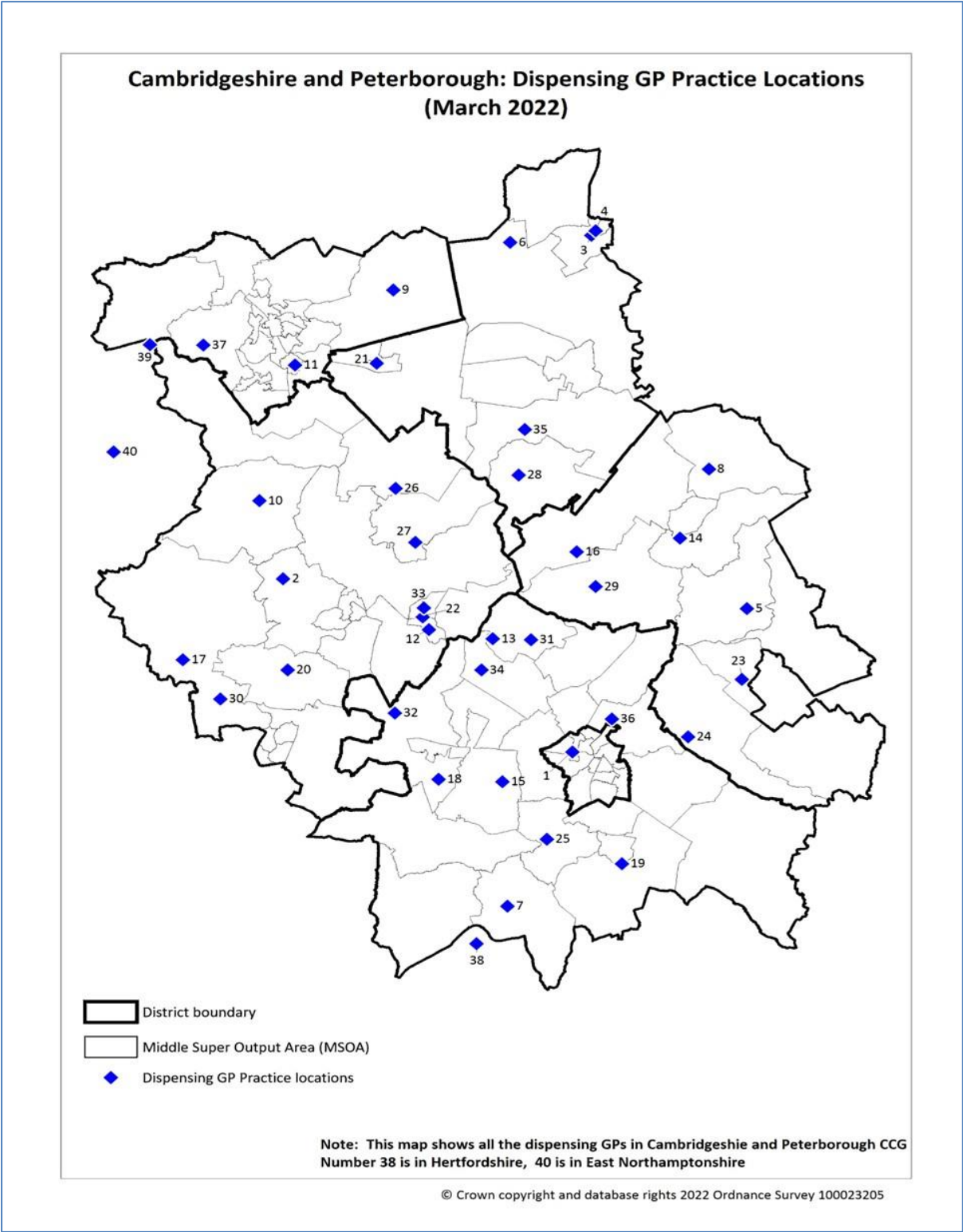
Source: NHS Digital General Practice Workforce statistics

<sup>19</sup> For the purposes of this calculation, 'Cambridgeshire' GPs are considered to be those within A1 Network PCN, Cam Medical PCN, Cambridge City 4 PCN, Cambridge City PCN, Cambs Northern Villages PCN, Cantab PCN, Ely North PCN, Ely South PCN, Fenland PCN, Granta PCN, Huntingdon PCN, Meridian PCN, Octagon Wisbech PCN, South Fenland PCN, St Ives PCN and St Neots PCN

Map 7: Pharmacy Locations (for key code see list of pharmacies in Appendix 2)

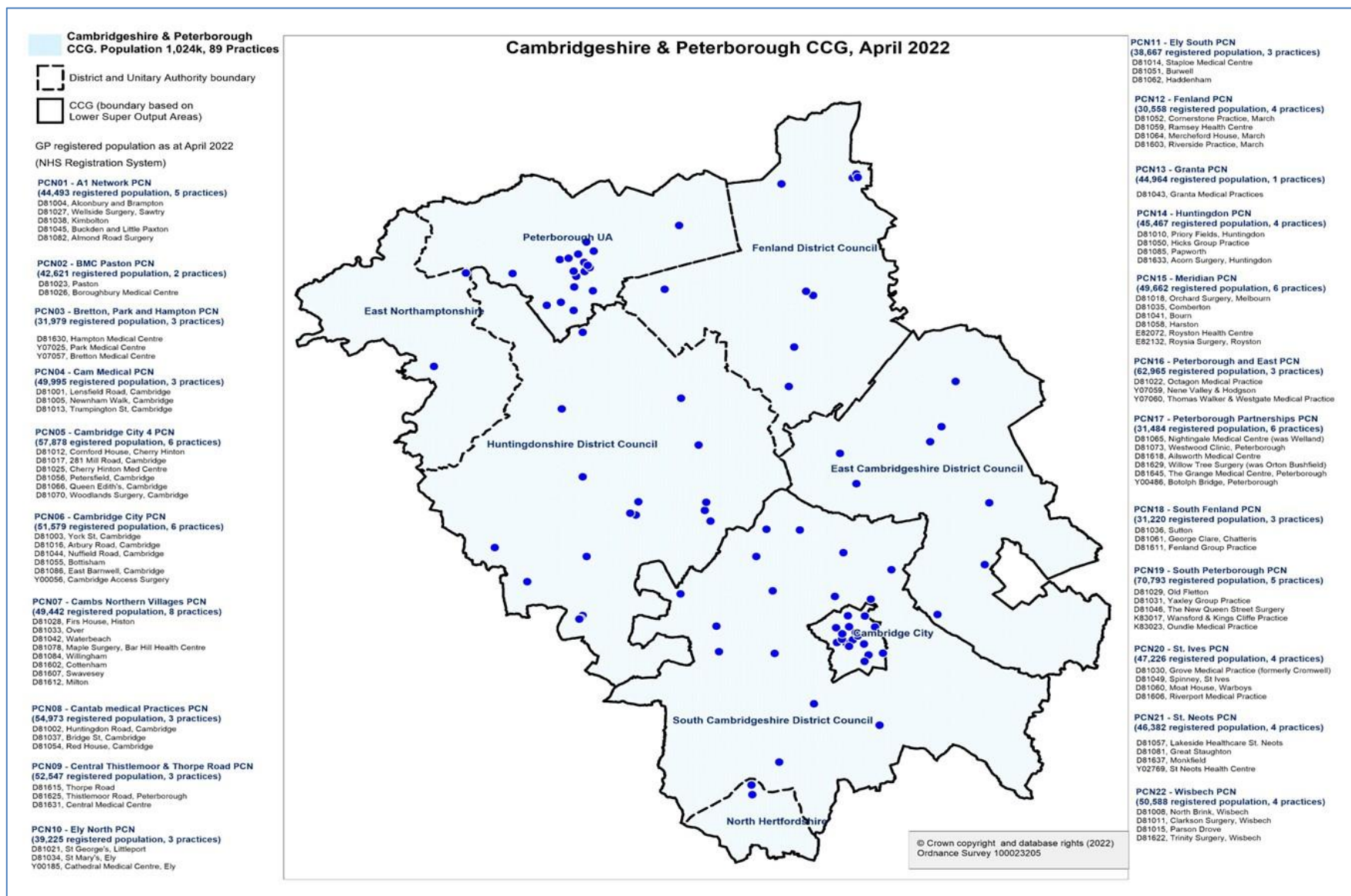


Map 8: Dispensing GP Practice Locations (for key codes see list in Appendix 2)





**Map 9: Locations of GP Practices in Cambridgeshire and Peterborough CCG**





#### **4.1.3 Distance selling pharmacies**

There are three distance selling pharmacies (mail order/wholly internet pharmacy) within Cambridgeshire and Peterborough as of March 2022, two in Peterborough and one in Cambridgeshire.

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide.

#### **4.1.4 Dispensing Appliance Contractors**

There are currently three Dispensing Appliance Contractors (DAC) within Cambridgeshire and Peterborough (who supply appliances alone but cannot supply medicines): Fittleworth Medical Ltd, In Cambridgeshire. Charter Healthcare and Respond Healthcare Limited are both in Peterborough. Appliances are also available from community pharmacies, dispensing GP practices and other DACs from outside the county.

From the questionnaires sent out to Cambridgeshire and Peterborough pharmaceutical service providers, 54 of the 74 pharmacies that responded (73%) reported that they provided all types of appliances. In addition, some pharmacies provide certain types of appliances. Further detail regarding which types of appliances are provided can be found in the results from the Community Pharmacy and Dispensing Practice questionnaire reported in Appendix 3.

#### **4.1.5 Hospital pharmacies**

There are five hospital pharmacies providing services to the Cambridgeshire and Peterborough population:

- Addenbrooke's;
- Papworth;
- Hinchingbrooke;
- Cambridgeshire and Peterborough Mental Health Trust, Fulbourn.
- Peterborough City Hospital

In addition, pharmacy services are provided to community hospitals run by Cambridgeshire and Peterborough Foundation Trust (CPFT).

#### **4.1.6 Pharmacy services in prisons**

There are pharmacy services provided to HMP Whitemoor, HMP YOI Peterborough and HMP/YOI Littlehey by Northamptonshire Healthcare NHS Foundation Trust.

#### **4.1.7 Comparison with pharmaceutical service provision elsewhere**

The number of pharmaceutical service providers per 100,000 people is difficult to calculate due to the different types of pharmaceutical provision (Community Pharmacies, Dispensing Practices) and the data collected for the number of providers has been collected at different times, and the data is available by Clinical commissioning group area not by the Health and Wellbeing Board area, so comparison with other areas is not possible.

However, the average number of community pharmacies in Cambridgeshire and Peterborough CCG area is 18.7 per 100,000 residents which is similar to the East of England average (19.4) and the England Average

(20.6). (See **Table 3**). Information about pharmaceutical providers in other areas in England is shown in **Table 4**.

**Table 3: Average numbers of pharmaceutical providers (community pharmacies only) per 100,000 resident population, 2021**

Cambridgeshire and Peterborough CCG	East of England	England
18.7	19.4	20.6

Sources: Calculated using data from General Pharmaceutical Services in England report 2015/16 - 2020/21, NHS Business Services Authority and Office for National Statistics 2020 population estimates

In terms of *community pharmacies alone*, there were 20.6 community pharmacies in England in 2022 per 100,000 population which is a slight decrease compared to 21 per 100,000 population in 2020 and 22 pharmacies per 100,000 population in England in 2015/16, The number of *community pharmacies* per 100,000 population ranges from 17 per 100,000 population to 25 community pharmacies per 100,000 population. In the East of England the average was 19.4 per 100,000 (one more than in 2020).

**Table 4: Community Pharmacies and Dispensing GPs by NHS Regions, 2021**

Area		Number of community pharmacy contractors	Number of items dispensed (millions)	Pharmacies dispensing via Electronic Prescription Service (EPS)	Number of community pharmacies commissioned by NHS England to provide Enhanced Services for NHS England	
					ONS mid-2020 population estimate	Pharmacies per 100,000 population
	<b>ENGLAND</b>	11,636	1,017	11,619	56,550,138	20.6
Y56	<b>LONDON</b>	1,863	133	1,854	9,002,488	20.7
Y58	<b>SOUTH WEST</b>	1,053	95	1,052	5,659,143	18.6
Y59	<b>SOUTH EAST</b>	1,589	132	1,589	9,217,265	17.2
Y60	<b>MIDLANDS</b>	2,224	191	2,220	10,827,512	20.5
Y61	<b>EAST OF ENGLAND</b>	1,216	108	1,215	6,269,161	19.4

Y62	<b>NORTH WEST</b>	1,751	152	1,751	7,367,456	23.8
Y63	<b>NORTH EAST AND YORKSHIRE</b>	1,940	205	1,938	8,207,113	23.6

Sources: NHSBSA Data & Insight Data Warehouse, Population estimates - Office for National Statistics, NHS Digital and Office for National Statistics 2020 population estimates.<sup>20</sup>

#### 4.1.8 Considerations of service providers available

The distribution of pharmacies and dispensing GP practices appears to cover the county well with few gaps and some concentrations. Some geographical gaps appear to exist in some of the less populated areas in the fringes of the county (see **Map 7** and **Map 8**) but these localities are served by suppliers from outside the county (see Map 15). Access to services in these areas is discussed in Section 4.2.3.

#### 4.1.9 Results of questionnaires sent to pharmacies and dispensing GP practices

59 of 148 (40%) community pharmacies and 15 of 40 (38%) dispensing GP practices in Cambridgeshire and Peterborough responded to the 2022 PNA questionnaire. This is similar to the 2020 questionnaire, which is partly due to other pressures faced by pharmacies nationally at the time of the survey.

### 4.2 Accessibility

#### 4.2.1 Distance and travel times

The 2008 White Paper *Pharmacy in England: Building on strengths – delivering the future* states that it is a strength of the current system that community pharmacies are easily accessible, and 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.<sup>21</sup>

**Map 10** shows the locations of both pharmacies and dispensing practices in Cambridgeshire and Peterborough, together with the major roads in the county.

<sup>20</sup> Note this table is combined data from NHS Digital and NHS Prescription Authority. Dispensing practices downloaded and assigned to NHSE Region using organisational codes in order to display pharmaceutical providers – both community pharmacies and dispensing practices.

<https://apps.nhsbsa.nhs.uk/infosystems/report/viewReportList.do?reportMenuItemId=207>

<sup>21</sup> Department of Health (2008). 'Pharmacy in England: Building on strengths – delivering the future.' Available at: <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

**Map 11, Map 12, Map 13 and Map 14** were created to identify which areas in Cambridgeshire and Peterborough are within and which were not within a 20 minute distance of either a pharmacy or a dispensing practice as of March 2022 by various means of transport (private car, or public transport) or 5-10 minutes by walking or cycling.

The maps indicate that there are some pockets in Cambridgeshire and Peterborough where it is necessary to drive more than 20 minutes by car to access a pharmacy or dispensing surgery. However, these areas are to a large extent uninhabited and/or may be served by pharmaceutical services in a neighbouring Health and Wellbeing Board Area. This can be considered as an indication of good coverage in terms of the locations of pharmaceutical services across the county (**Map 15**).

However, it is recognised that not everyone has access to a car, and that those unable to access a car may be among the more vulnerable in society.

#### **4.2.2 Home delivery services**

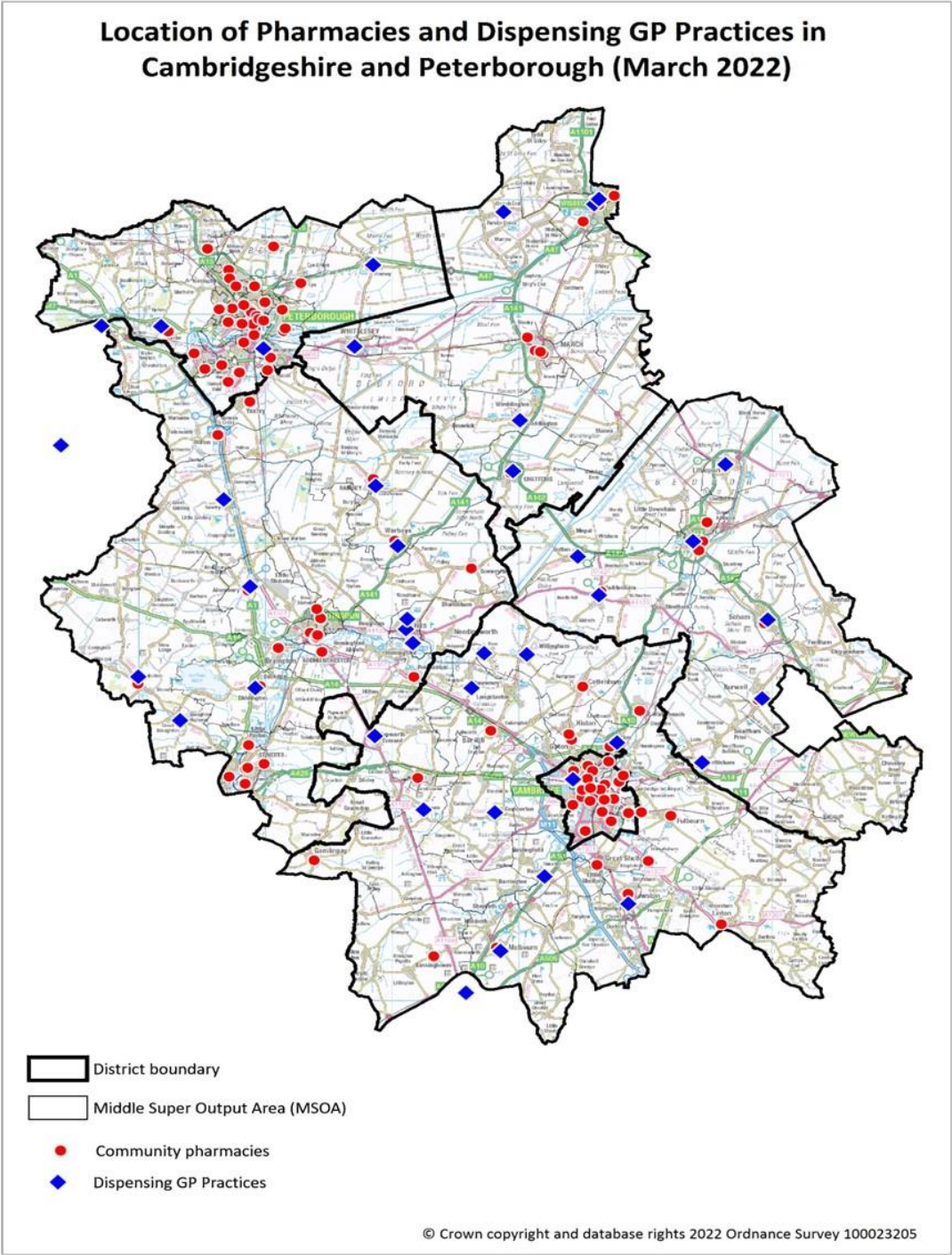
Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.

Of the pharmaceutical providers who completed the questionnaire in 2022, 43 out of 63 pharmacies (68%) reported that they provide free delivery services to their patients. This represents an increase since the 2020 survey (37%).

In addition, some providers deliver to specific patient groups and/or specific regions, some for free and others for a charge.

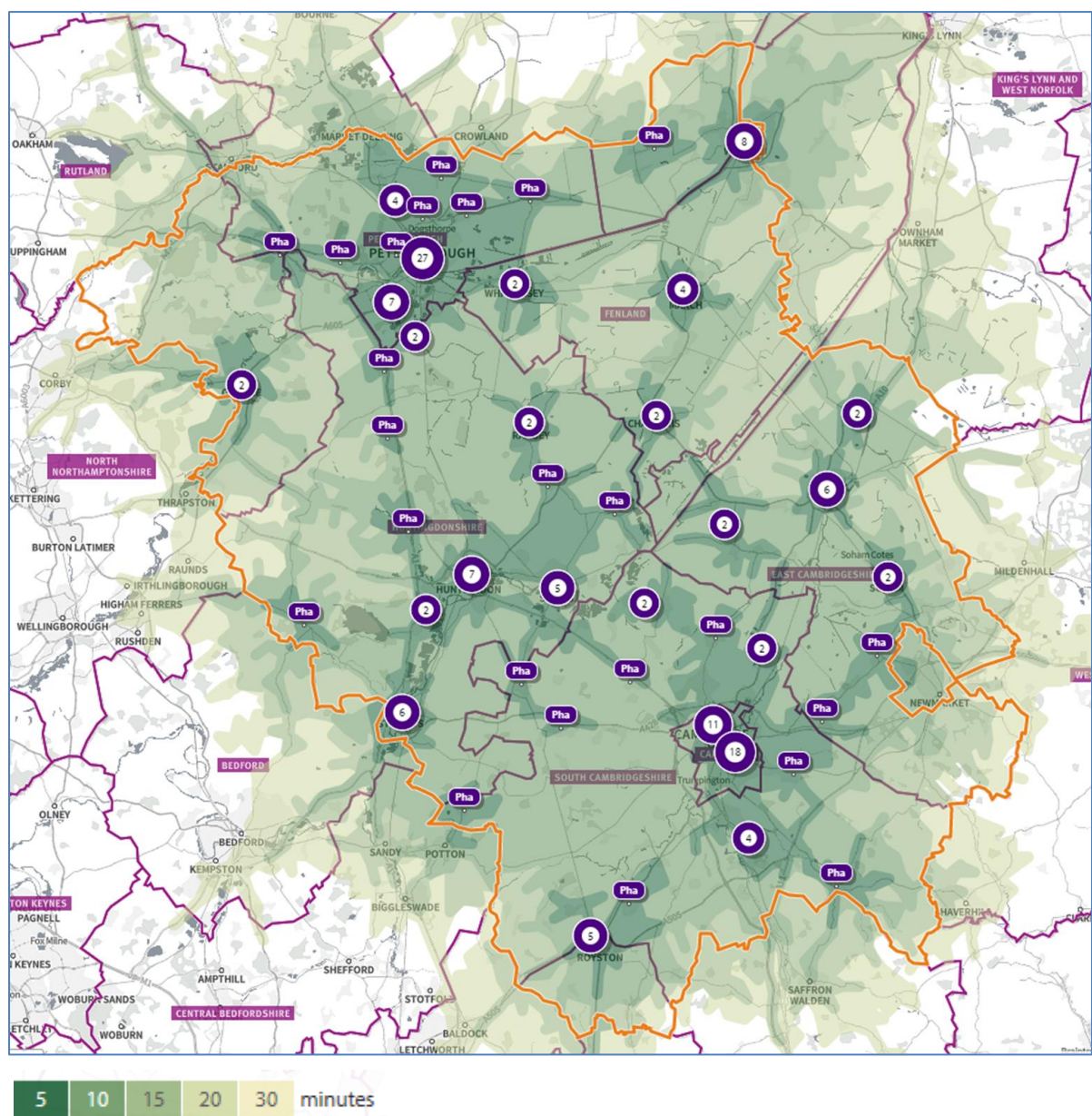
Pharmaceutical services are also available from internet pharmacies (located inside or outside of the county) that could make deliveries to individual homes. Finally, in addition to delivery services, community transport schemes (e.g. car clubs, minibuses) can potentially improve access to both pharmaceutical services and other services.

Map 10: Location of Pharmacies, dispensing practices and major roads in Cambridgeshire and Peterborough (March 2022)





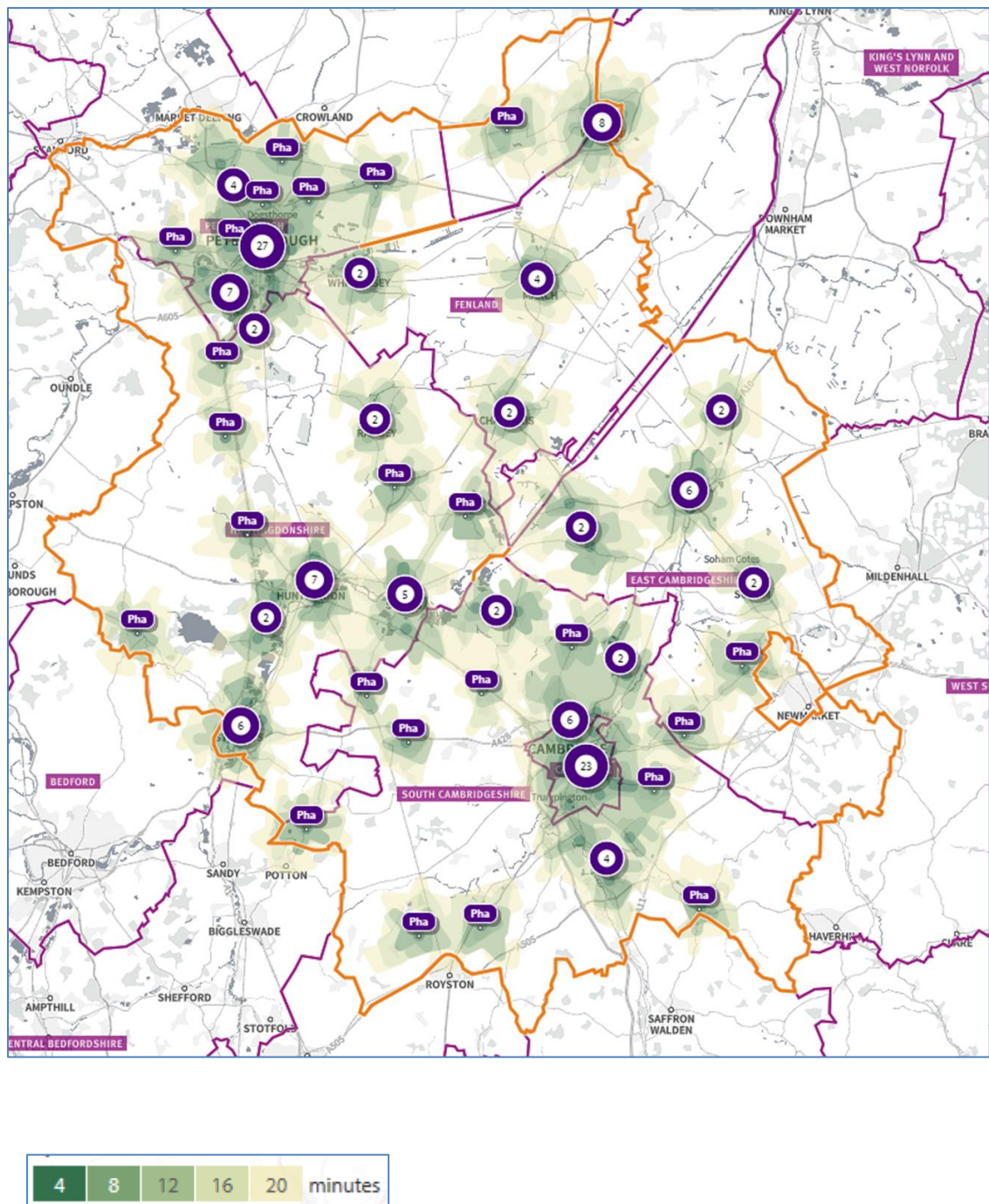
Map 11: Travel times to community pharmacies in Cambridgeshire and Peterborough – by car



Source: Public Health England Shape Atlas, Crown Copyright and database rights 2022, Ordnance Survey 100016969

Although a relatively rural area in some parts of Cambridgeshire and Peterborough, the vast majority of Cambridgeshire and Peterborough are accessible by car within 20 minutes and travel times to the nearest pharmacy are within 5-20 minutes for many residents within urban parts of the county.

Map 12: Travel times to community pharmacies in Cambridgeshire and Peterborough – by cycling

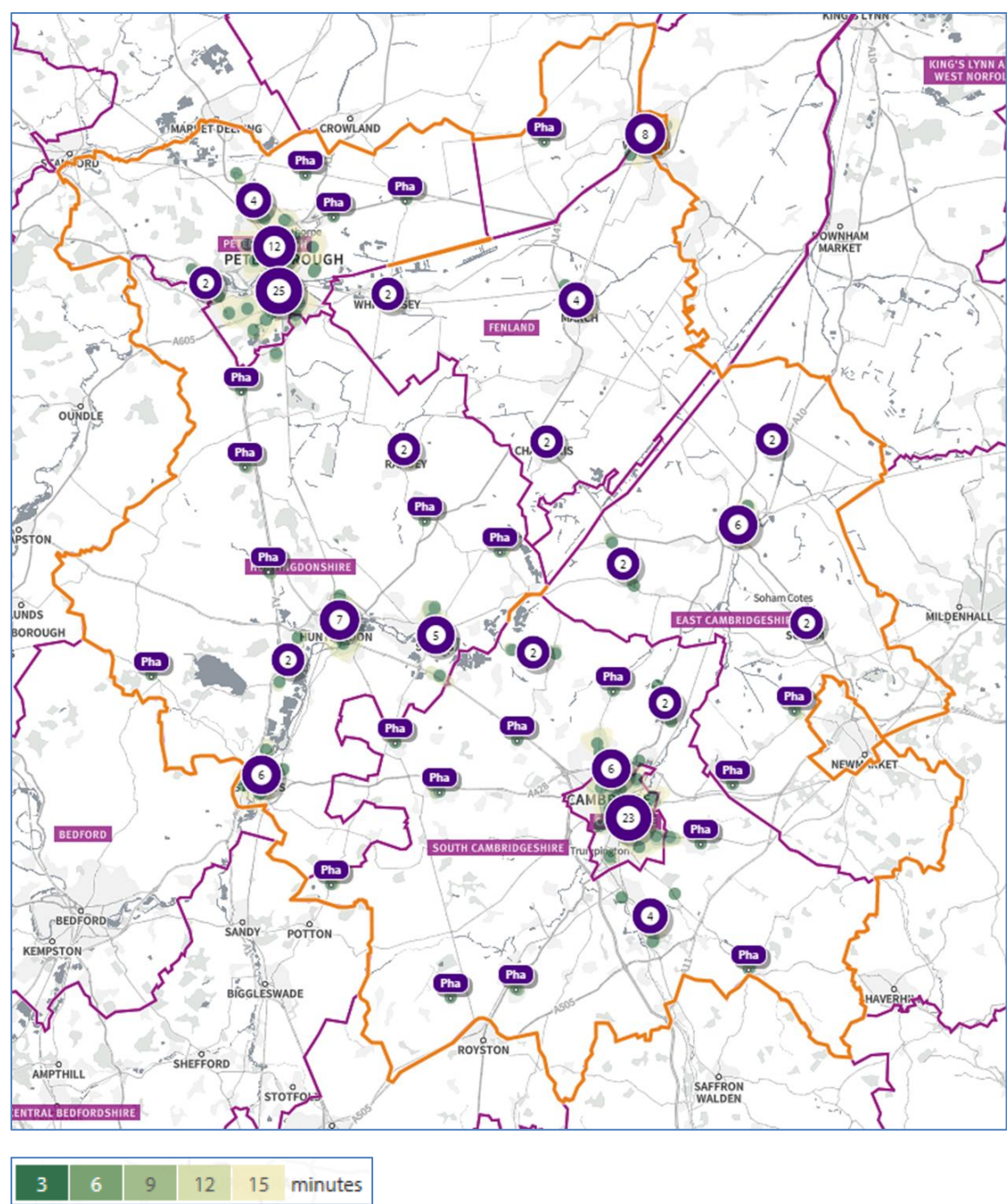


Source: Public Health England Shape Atlas, Crown Copyright and database rights 2022, Ordnance Survey 100016969

Reaching a pharmacy by cycling within 20 minutes is possible within most areas of central Cambridge, Peterborough and some parts of Wisbech, whereas other areas are less accessible via cycling.



Map 13: Travel times to community pharmacies in Cambridgeshire and Peterborough – by walking

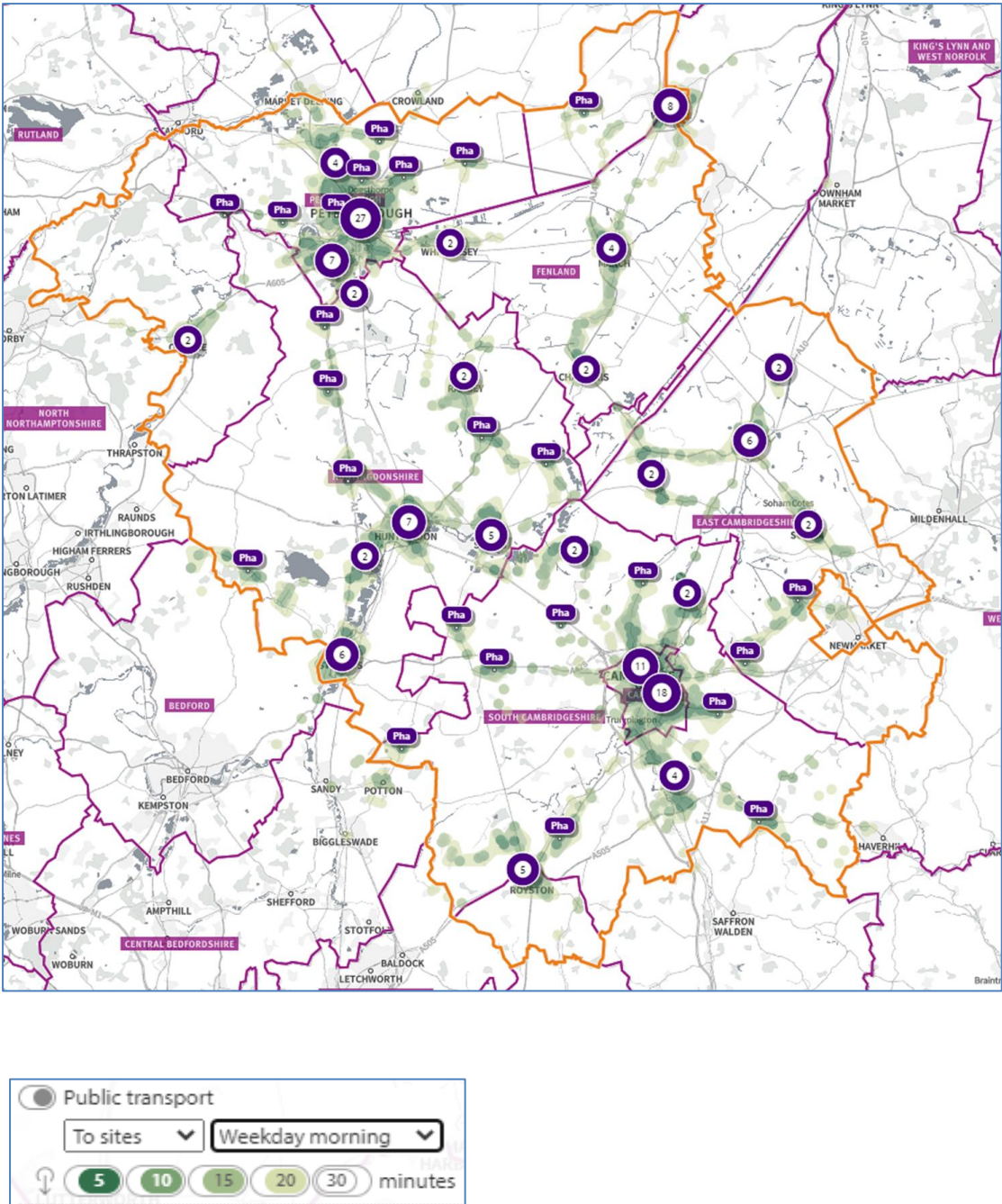


Source: Public Health England Shape Atlas, Crown Copyright and database rights 2022, Ordnance Survey 100016969

Few pharmacies within Cambridgeshire and Peterborough are easily accessible by walking for most residents, although there are areas of central Cambridge, Peterborough, Wisbech and Huntingdon where pharmacies can be reached within 15 minutes on foot.



Map 14: Travel times to pharmacies in Cambridgeshire and Peterborough – by public transport, average weekday morning



Source: Public Health England Shape Atlas, Crown Copyright and database rights 2022, Ordnance Survey 100016969

Major urban centres within Cambridgeshire and Peterborough tend to be accessible within 30 minutes by public transport, but there are large areas of the county that are inaccessible within this timescale via this method of transportation.

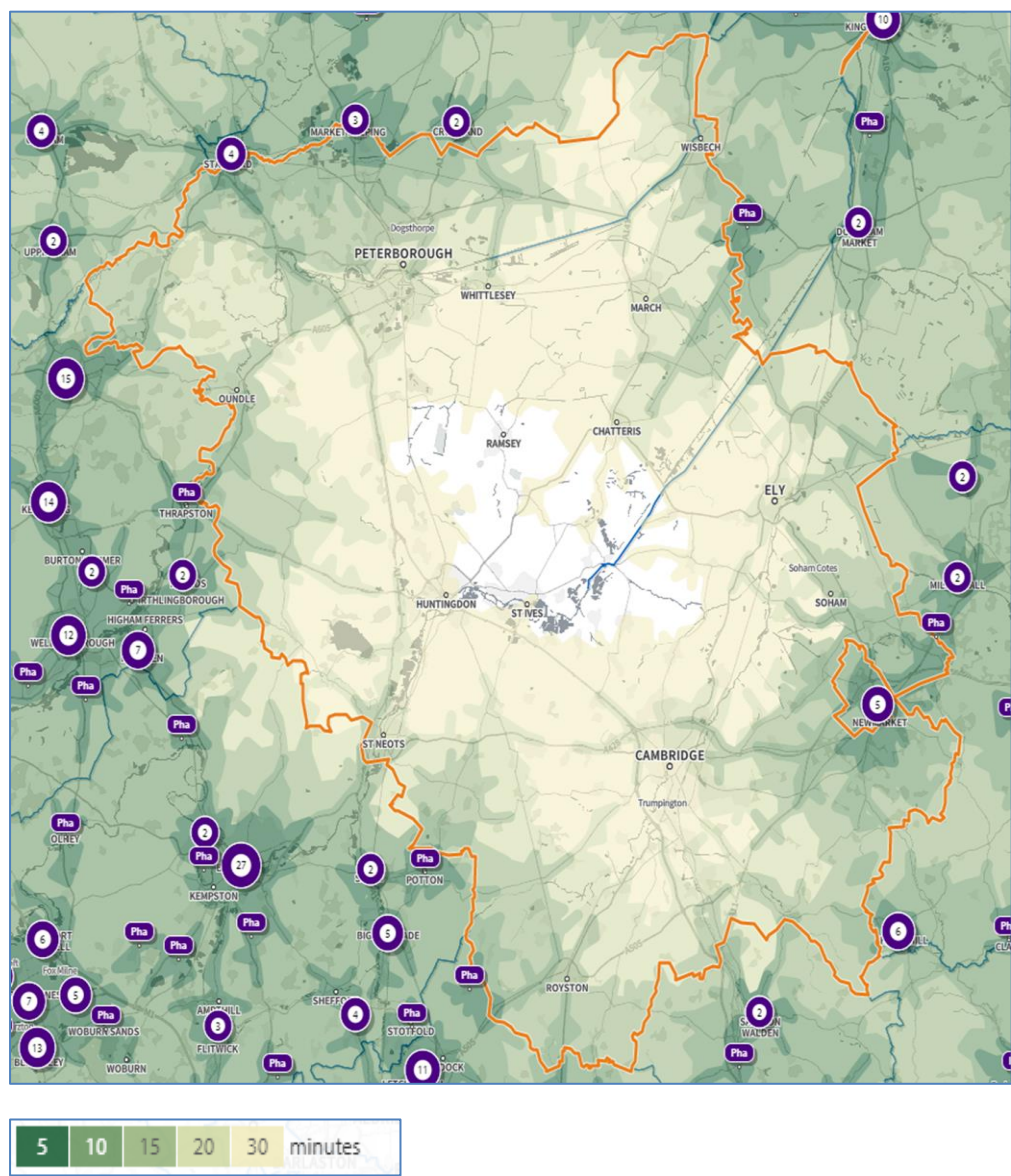
#### **4.2.3 Border areas**

There are eight other HWBs with borders close to Cambridgeshire and Peterborough. These areas have pharmacies that are accessible to the residents who live near the borders of the county.

Within Cambridgeshire there are three large settlements close to the county border: Wisbech, Whittlesey and St Neots. They have pharmacies that serve their town and the surrounding areas in Cambridgeshire and beyond. Just over the border of Cambridgeshire the towns of Royston, Saffron Walden, Haverhill and Newmarket all have pharmacies that provide services to Cambridgeshire residents.

The rest of the border areas are more sparsely populated with few settlements of a size that would support a pharmacy. However, there are many pharmacies in surrounding counties that are located in smaller settlements near the Cambridgeshire and Peterborough border (see Map 15). These pharmacies provide services to people whether they reside in Cambridgeshire or a neighbouring county. Dispensing GP practices also offer pharmaceutical services in these areas.

**Map 15: Travel times to pharmacies outside of Cambridgeshire and Peterborough Health and Wellbeing Board Area – by car**



Source: Public Health England Shape Atlas, Crown Copyright and database rights 2022, Ordnance Survey 100016969

**4.3. Opening hours**

**4.3.1 Opening hours: community pharmacies**

There are currently 15 ‘100 hour’ pharmacies in Cambridgeshire. These are included in the pharmaceutical list under regulation 13(1)(b) of the *National Health Service (Pharmaceutical Services) Regulations 2005*; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

These 100 hour pharmacies are given in **Table 5** below:

**Table 5: 100 Hours Pharmacies in Cambridgeshire and Peterborough**

Pharmacy Trading name	Address line 1	Town
Lloyds Pharmacy	Sainsbury'S Superstore	Ely
Asda Pharmacy	23 North End	Wisbech
Tesco In-store Pharmacy	Cromwell Road	Wisbech
Tesco In-store Pharmacy	Tesco Superstore	March
Mi Pharmacy (Park Road Branch)	164 Park Road	Peterborough
Lloyds Pharmacy	Brooks Road	Cambridge
North Brink Pharmacy	7 North Brink	Wisbech
Asda Pharmacy	West Rivergate Shop Ctre	Peterborough
Wellbeing Pharmacy	2 Parsons Lane	Littleport
Tesco In-store Pharmacy	Tesco Superstore	Ely
Boots	Unit 2	Peterborough
Tesco In-store Pharmacy	Tesco Superstore	Cambridge
Pharmacy First	51 Lincoln Road	Peterborough
Priory Fields Pharmacy	Priory Fields Surgery	Huntingdon
Numark Pharmacy	102 Cherry Hinton Road	Cambridge

The out of hours service, Hertfordshire Urgent Care, is required to arrange for the provision of a full course of treatment, if clinically necessary, before a community pharmacy is open. It is recognised that the provision of a prescription for dispensing at a pharmacy during the evenings and at weekends is preferable to the out-of-hours service stocking and supplying the medication. For a number of conditions, there is also a range of general sales list medications that are available from a range of overnight retailers such as garages and 24-hour supermarkets.

Cambridgeshire and Peterborough HWB has not identified needs that would require provision of a full pharmaceutical service for all time periods across the week. However, maintaining the current distribution of

100 hour/longer opening pharmacies is important to maintain out-of-hours access for the population of Cambridgeshire and Peterborough.

Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays although they are not contractually obliged to do so. A few pharmacies are commissioned to open Christmas Day and Easter Sunday.

#### **4.3.2 Opening hours: dispensing GP practices**

To consider opening hours for dispensing GP practices the opening hours for general practices were identified using the NHS Direct website. The dispensaries at the dispensing GP surgeries were assumed to be open at the same hours as the rest of the practice. None of the dispensing GP practices, surgeries (including dispensary) are open on a Saturday or Sunday.

In summary, review of the accessibility of NHS Pharmaceutical Services in Cambridgeshire in terms of locations and opening hours, suggest there is adequate access. There appears to be good coverage in terms of opening hours across the county, however there may be issues for certain patient groups, e.g. those adults working full time who can only collect prescriptions at weekends.

## 5 The role of pharmaceutical providers in addressing health needs

This section describes the services provided by local pharmaceutical providers: 'Essential Services' which all pharmacies are required to provide; 'Advanced Services' commissioned by NHS England to support patients with safe use of medicines and the NHS national seasonal flu vaccination programme; and health improvement services locally commissioned by Cambridgeshire County Council and Peterborough City Council Public Health Department.

### **Key messages:**

#### ***Medicines advice and support***

Through the provision of advanced services including, clinical screening of prescriptions and identification of adverse drug events, dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated. In the community, pharmacists should continue to work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

Medication errors in care homes for older people can also be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. C&P CCG employ a small team of CCG pharmacists and pharmacy technicians to work collaboratively with GP practices and care homes to rationalise prescribing, optimise medicines usage and reduce medicines waste.

#### ***Services and support to encourage healthy lifestyle behaviours***

Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including direct service provision, for example Emergency Hormonal Contraception, along with providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice, and signposting to other services.

Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities or for vulnerable groups who have a variety of poorer health outcomes (e.g. migrant workers; traveller communities; ethnic minorities; older people). Community pharmacies can be involved in addressing health inequalities and targeting initiatives and resources to improve the health of the poorest fastest.

Preventative approaches are important to ensure people remain healthy and independent in the community for longer, and to reduce the unsustainable cost of health and social care services for this growing population. Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services. This could be particularly important for frail older people and those with multiple conditions.



Community pharmacies all participate in the mandatory health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours such as maintaining a healthy weight and taking part in physical activity such as providing advice, signposting services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures. Opportunistic alcohol screening and provision of brief advice is another area where pharmacies could potentially contribute to improving the health of the local population. This could, for example, potentially be integrated into agreements around medication checks.

Pharmacy staff can play a role in promoting awareness of good mental health, for example, signposting to information about local support networks, mental health help lines etc. Pharmacy providers are also involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile.

The following local services are currently commissioned from community pharmacies:

- Smoking Cessation
- Chlamydia Screening and Treatment
- Emergency Hormonal Contraception (commissioned by CCC)
- Needle and Syringe Programme
- Take Home Naloxone (THN)
- Supervision of Consumption
- Directly observed therapy (DOT) service for Tuberculosis (TB) patients (C&PCCG/ CCC)
- Insect Bite PGD
- palliative care medication supply service
- Clinical Waste Collection Service
- NHS Hypertension Case Finding Advanced Service (86 pharmacies are offering this service)

In addition The NHS Stop Smoking Advanced service is in place. 32 pharmacies have signed up to deliver it, local systems need to work with the Trusts and community pharmacy to set up an e referral system so it can go live.

In conclusion, the Cambridgeshire and Peterborough Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to provide health improvement initiatives and work closely with partners to promote health and wellbeing. There are opportunities to develop the contribution of community pharmacies to all of the currently commissioned services. Pharmacies are able to, and should be encouraged to bid for locally commissioned health improvement programmes, along with other non-pharmacy providers. Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.



**At a local level, the Health and Wellbeing Board should encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.**

### **5.1 Community Pharmacy Services**

Community Pharmacies provide three tiers of Pharmaceutical Services:

- **Essential Services** – services all pharmacies are required to provide.
- **Advanced Services** – services to support patients with safe use of medicines.
- **Enhanced and Locally Commissioned Services** – services that can be commissioned locally by NHS England, Clinical Commissioning Groups, and Local Authorities

These types of services are defined in the *NHS Regulations*<sup>22</sup> and are briefly described below.

#### **5.1.2 Essential Services**

There are four tiers of essential services offered by all pharmacy contractors are specified by a national contractual framework that was agreed in 2005. The following description of these services is an excerpt from a briefing summary on NHS Community Pharmacy services by the Pharmaceutical Services Negotiating Committee:<sup>23</sup>

- **Dispensing** – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.
- **Discharge Medicines Service** – the Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021. Patients are digitally referred to their pharmacy after discharge from hospital. Using the information in the referral, pharmacists are able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made when the first new prescription for the patient is issued in primary care and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.
- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of by a waste contractor engaged by NHS England.
- **Promotion of Healthy Lifestyles (Public health) (see section 5.2)** – 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. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

<sup>22</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: [http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi\\_20130349\\_en.pdf](http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf) (Last accessed 1 Dec 2016)

<sup>23</sup> Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

- **Signposting patients to other healthcare providers** – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.
- **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.
- **Clinical governance** – pharmacies must have a system of clinical governance to support the provision of excellent care; requirements include:
  - provision of a practice leaflet for patients;
  - use of standard operating procedures;
  - patient safety incident reporting to the National Reporting and Learning Service (NRLS);
  - conducting clinical audits and patient satisfaction surveys
  - having complaints and whistle-blowing policies;
  - acting upon drug alerts and product recalls to minimise patient harm;
  - having cleanliness and infection control measures in place.

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide the evidence will be asked to provide an action plan, outlining with timescales, how it will then achieve compliance. These self-assessments are supported by contract monitoring visits. All Cambridgeshire pharmacies have been assessed as compliant with the contract to date.

### 5.1.3 Advanced Services

In addition to essential services, the community pharmacy contractual framework allows pharmacies to opt to provide any of the advanced services to support patients with the safe use of medicine, which currently include:

- Community Pharmacist Consultation Service (CPCS)
- Appliance Use Reviews (AUR);
- New Medicines Service (NMS);
- Stoma Appliance Customisation (SAC).
- NHS Seasonal Flu Vaccination Programme
- Smoking Cessation Service
- Hypertension Case-Finding Service
- Hepatitis C Testing Service.

NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system wide implementation of safety alerts – for instance National Patient Safety Agency (NPSA) alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc. In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

### Appliance Use Reviews (AURs)

Appliance Use Review (AUR) aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by:

- establishing the way the patient uses the appliance and the patient's experience of such use;
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- advising the patient on the safe and appropriate storage of the appliance; and proper disposal of the appliances that are used or unwanted.<sup>24</sup>

### **New medicines service (NMS)**

'This service is designed to improve patients' understanding of a newly prescribed medicine for a long term condition, and help them get the most from the medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine reported problems including side effects, difficulties taking the medicine and a need for further information.

The service 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 the introduction of the NMS in October 2011, more than 90% of community pharmacies in England have provided it to their patients. The pharmacy provides a quarterly summary report to NHS England of NMS consultations conducted. This supports monitoring of the service to determine its effectiveness and value to the NHS.

The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The pharmacist and patient will then agree to meet or speak by telephone in around a fortnight. Further information and advice on the use of the medicine will be provided and where the patient is experiencing a problem the pharmacist shall seek to agree a solution with the patient.

A final consultation (typically 21-28 days after starting the medicine) will be held to discuss the medicine and whether any issues or concerns identified during the previous consultation have been resolved. If the patient is having a significant problem with their new medicine the pharmacist may need to refer the patient to their GP.<sup>25</sup>

The Pharmaceutical Services Negotiating Committee (PSNC) and NHS employers envisaged that the successful implementation of NMS would:

- improve patient adherence which will generally lead to better health outcomes;
- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management;
- reduce medicines wastage;
- reduce hospital admissions due to adverse events from medicines;
- lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmaco-vigilance;
- receive positive assessment from patients;
- improve the evidence base on the effectiveness of the service;

<sup>24</sup> Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

<sup>25</sup> Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

- support the development of outcome and/or quality measures for community pharmacy.

### **Stoma Appliance Customisation Service (SAC)**

This service 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.

### **Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service)**

Each year from September through to January the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

From 2015/16 NHS England also commissioned a new Advanced Service from all community pharmacies who can vaccinate patients in at-risk groups against flu. In May 2016, NHS England announced the Community Pharmacy Seasonal Influenza Vaccination programme would be re-commissioned for the 2016/17 flu season. This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets.

The aims of the national programme are:<sup>26</sup>

- to sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
- to provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and
- to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

#### **5.1.4 Enhanced Services**

The third tier of Pharmaceutical Service that can be provided from pharmacies are the Enhanced Services. These are services that can be commissioned locally from pharmacies by NHS England. (These fall outside of the *NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013* and do not impact on the commissioning of new pharmacy contracts).

Examples of enhanced services include:

- 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

<sup>26</sup> NHS England. 'Community Pharmacy Seasonal Influenza Vaccination Advanced Service Specification.' October 2016. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/08/serv-spec-seasn-flu-16-17-v1.pdf>.

- 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.
- Covid Vaccination (due Autumn 2022)

These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services. At present no enhanced services are commissioned in Cambridgeshire.

## **5.2 Pharmaceutical Services available during Covid**

### **5.2.1 Pandemic Delivery Service**

There were service requirements within the Terms of Service which applied to all pharmacy contractors (excluding distance selling pharmacies) and an optional Advanced service which contractors could choose to provide.

At the time of launching the pandemic delivery service (early April 2020), Government restrictions meant most people had to stay at home, as part of the efforts to control the spread of the coronavirus, but people could leave their homes for healthcare reasons, such as visiting a pharmacy. Initially, the service was available to clinically extremely vulnerable (CEV) patients self-isolating at home (shielding patients), until the 31<sup>st</sup> of July 2020 after 31<sup>st</sup> of July shielding patients ceased to be covered by the service. Some specified local outbreak areas continued to be covered by the service until 5th October 2020.

From 16th March 2021, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support for the delivery of their prescriptions from contractors under the Pandemic Delivery Service. This was part of a package of measures which the Government put in place to support people to self-isolate effectively and reduce the spread of COVID-19.

This meant all pharmacies (excluding distance selling pharmacies) were required to ensure those people who had been notified by NHS Test and Trace to self-isolate could receive their prescription medicines and appliances by home delivery during the ten-day self-isolation period, if they were unable to arrange for medicines to be picked up.

This service was only available to people during their ten-day self-isolation period and to those who could provide their NHS Test and Trace Account ID

Other patients, including those who were advised to shield, could request home deliveries, but they were not covered by the NHS-funded service and except for deliveries of Specified Appliances, contractors continued to be able to charge patients for the delivery of prescriptions if they wish.

During the second national lockdown across England, new advice was issued to people who were clinically extremely vulnerable from COVID-19 and the service was restarted on 5th November 2020. It ran until 3rd December 2020.

The service for CEV patients continued in announced Tier 4 areas (i.e. in Peterborough) before then recommencing across the whole of England following commencement of a new national lockdown in England from 5th January 2021. Provision of the service to CEV patients ended at 23:59 on 31st March 2021, when shielding for that group of patients was paused.

At the start of the pandemic, many contractors had offers of help with delivering prescriptions and undertaking other tasks during the pandemic. Some of these offers of help came from individuals, but many were organised by local voluntary groups, parish councils and district councils.

Additionally, HM Government and the NHS worked with the Royal Voluntary Service (RVS) to recruit NHS Volunteer Responders via the GoodSam app to help with:

- delivering medicines from pharmacies;
- driving patients to appointments;
- bringing them home from hospital; and
- making regular phone calls to check on people isolating at home.

GPs, pharmacists, nurses, midwives, NHS 111 advisers and social care staff could all request help for their at-risk patients via a website or call centre run by the RVS, who matched people who needed help with volunteers who live near to them, using the GoodSam app.

Contractors were also able to request help from NHS Volunteer Responders to deliver all prescriptions, not just those for shielded patients. Contractors were able to request this on a one-off basis.

### **5.2.2 C-19 lateral flow device distribution service**

At the end of March 2021, the NHS community pharmacy COVID-19 lateral flow device distribution service (Pharmacy Collect) was added to the NHS Community Pharmacy Contractual Framework as an Advanced service.

The service aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and to assist in breaking the chain of transmission. The service was part of the Government's offer of lateral flow testing to all people in England and it worked alongside NHS Test and Trace's other COVID-19 testing routes.

All people in England could request test kits and some of the common circumstances that prompted a person to undertake regular tests at that time were:

- Being a child at school or they were in a bubble with school children;
- Working at a school or they were in a bubble with school staff;
- Having to leave the house for work;
- Their local council had advised them to test; or
- Their GP or another healthcare professional had advised them to test.

People self-administered the tests away from the pharmacy, e.g. at home. Pharmaceutical providers were not involved in the generation of test results, supporting the reporting of results or the next steps for the person taking the test.

Changes to the service from 4th October 2021

Changes were made to the service from 4th October 2021 to support the need for increase traceability of test kits and to continue to assist NHS Test and Trace with efforts to identify COVID-positive cases in the community and break the chain of transmission. The changes included:

- A reduction in the number of packs of test kits contractors could supply per transaction from four to two, which brought the service in line with other providers of test kits;

- The introduction of the requirement for citizens to register for a collect code via gov.uk/get-collect-code or 119 prior to making a collection from a pharmacy (From 4th October 2021, people who requested a test kit needed to register for a 16-digit collect code via gov.uk/get-collect-code or 119 prior to making a collection from a pharmacy. A new 16-digit collect code was required for each transaction.)
- Where citizens did not wish to register for a collect code, a supply could still be made as an anonymous collection, but people were encouraged to use collect codes wherever possible;
- Changes to the information captured and reported for each transaction: test kit lot number and quantity supplied;
- A preference for daily entry of data to support NHS Test and Trace to identify areas of COVID-19 testing demand, support traceability and enable stock management, with a minimum requirement to enter data each week;
- Additional guidance on stock control and quality control of test kits, with insight into how NHS Test and Trace would review contractor stockholding;
- A reduction in the minimum recommended age for a person to collect LFD test kits to 16 years; and
- Changes to the funding arrangements of the service.

### 5.2.3 COVID-19 vaccinations

Alongside vaccination centres and hospitals, Primary Care Networks (PCN) and over 600 community pharmacy sites are now vaccinating patients and health and care workers against coronavirus.

Nationwide, around 1500 pharmacies are currently providing a vaccination site under the terms of an Enhanced service. The service may be provided at a pharmacy or a suitable off-site location.

## 5.3 The role of community pharmacy in preventing ill health and promoting healthy behaviours

The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve. Children, adults and the elderly are all vulnerable to the risk factors that contribute to preventable non-communicable diseases, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the effects of the harmful use of alcohol.<sup>27</sup>

Cambridgeshire and Peterborough Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing, as recommended by NICE <sup>28</sup> and the UK Health Security Agency (UKHSA)<sup>29</sup>.

Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Commissioners are recommended to commission service

<sup>27</sup> World Health Organization. (2021). Non-communicable diseases. Available at: <https://www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases> (Last accessed 5<sup>th</sup> May 2022)

<sup>28</sup> NICE. Community pharmacies: promoting health and wellbeing [Internet]. 2018. Available at: <https://www.nice.org.uk/guidance/ng102>. (Accessed: 5<sup>th</sup> May 2022)

<sup>29</sup> UK Health Security Agency. Pharmacy playing a pivotal role in prevention and public health [Internet]. 2019. Available from: <https://ukhsa.blog.gov.uk/2019/06/28/pharmacy-playing-a-pivotal-role-in-prevention-and-public-health/>. (Accessed: 5<sup>th</sup> May 2022)

<sup>4</sup> OHID. (2022). Public Health Profiles- Fingertips. <https://fingertips.phe.org.uk/>

<sup>5</sup> Office for National Statistics. (2022). National population projections: 2020-based interim. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2020basedinterim>



initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

The 2021 population of Cambridgeshire and Peterborough was approximately 883,000 people (Cambridgeshire 676,300, Peterborough 206,700). The age structure of the population is broadly similar across the districts of Cambridgeshire, with the exception of Cambridge. Whilst those aged 16-64 years account for approximately 60% of the population across the districts of Cambridgeshire, this age group accounts for more than 70% of the total population of Cambridge. Children and those aged 65 years and over account for a smaller proportion of the total population of Cambridge compared to the rest of Cambridgeshire.

Peterborough has a slightly higher proportion of children and younger adults and a lower proportion of those aged 65 years and over within its population compared to the average for Cambridgeshire as a whole. Those aged 0-14 years account for 22% of the population, compared to the average for Cambridgeshire of 17%.

Lifestyle related diseases such as diabetes are increasing. An ageing population with a range of health issues will also put pressure on health and social services. The NHS Long Term Plan (2019)<sup>6</sup> along with the Community Pharmacy Contractual Framework (2019)<sup>7</sup> set out proposals for the future of the NHS based around new models of care that will better support population health management. This offers a strategic opportunity to review and revisit the role of community pharmacy and the wider role it can play in a more integrated health and care system.

Preventative approaches are important to ensure older people remain healthy and independent in the community for longer, and to reduce the unsustainable cost of health and social care services for this growing population. Support for people to ensure that they remain healthy for as long as possible through the provision of healthy lifestyle advice is important. Community pharmacies can also support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services.

Further information regarding the health and wellbeing of different population groups can be found in the Themed JSNAs Section on Cambridgeshire Insight: <https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/>

Patients with Long Term Conditions (LTCs) are likely to be taking medication, often several medications. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm. Health campaigns aimed at improving medicines-related care for people with LTC, and therefore reducing emergency admissions, could also be provided through community pharmacies. Community pharmacists could be involved in monitoring the use of and adherence to taking, for example: statins, antihypertensives and supplementary prescribing, making adjustments to the treatment being received by the patient as needed. In addition, pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment. There is evidence supporting a wider role for pharmacy in supporting patients with long-term conditions through integrating community pharmacists and their teams into long-term condition management pathways<sup>8</sup>.

Evidence shows that deprived populations often experience poor health outcomes including low life expectancy.<sup>30</sup> The prevalence of lifestyle related conditions as well as long term conditions are more prevalent in more deprived populations. Community pharmacies are easily accessible and can offer a valuable

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<sup>30</sup> Marmot, M et al. 'The Marmot report- Fair society, healthy lives'. Feb 2010. University College London (Accessed November 2016). Available at: <http://www.instituteofhealthequity.org/>

opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities or for vulnerable groups who have a variety of poorer health outcomes (e.g. migrant workers; traveller communities; ethnic minorities; older people). Community pharmacies can be involved in addressing health inequalities and targeting initiatives and resources to improve the health of the poorest fastest.

### **5.3.1 Promoting healthier lifestyles**

There are a wide range of opportunities for pharmacies to promote healthier lifestyles which could involve: motivational interviewing; providing education, information and brief advice, providing on-going support for behaviour change; and signposting to other services or resources.

The 'Healthy Living Pharmacy (HLP) framework <sup>10</sup> is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. Pharmacy contractors must ensure they are compliant with the HLP requirements from January 2021 <sup>7</sup> they must now provide healthy living advice and support, and support health promotion in their local communities. Evaluations<sup>10,11</sup> of Healthy Living Pharmacies (HLP) have demonstrated an increase in successful smoking quits, extensive delivery of alcohol brief interventions and advice, emergency contraception, targeted seasonal flu vaccinations, common ailments, NHS Health Checks, healthy diet, physical activity, healthy weight and pharmaceutical care services.

Being a HLP is now an expectation from community pharmacies, moving away from the Quality Payments Scheme (QPS) 2017/2018. As part of the Community Pharmacy Contractual Framework 2019 to 2024 the QPS has evolved into the Pharmacy Quality Scheme (QPS) <sup>7</sup>. The QPS has been recognised with encouraging a further 8,000 pharmacies to become HLPs over the years and now it's hoped that the QPS will encourage those HLPs to focus on lifestyle outcomes. This includes identifying people who would benefit from weight management advice and referral to relevant services, as well as training on health inequalities <sup>12</sup>. This continues to emphasise national expectations of pharmacies to take an active role in public health and the promotion of healthy lifestyles.

The HLP framework is underpinned by three enablers:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

### **5.3.2 Public health campaigns**

Each year pharmacies are required to participate in up to six public health campaigns at the request of NHS England and NHS Improvement (NHSE&I). This involves the display and distribution of leaflets provided by NHSE&I.

Since 2019, the Pharmaceutical Services Negotiating Committee (PSNC) has agreed with NHSE&I to set the six mandatory campaign topics at a national level so that all community pharmacy contractors participate in the same campaigns, thus having a greater exposure to the target groups.

It has been agreed that the campaign topics should, wherever possible, support NHSE&I's operational and public health priorities, such as winter pressures, smoking, obesity and alcohol.

Despite these mandatory public health campaigns being set at a national level and to provide some local flexibility, Cambridgeshire's Local Pharmaceutical Committee (LPC) encourages its pharmacies to participate and engage with other national and / or locally developed public health campaigns topics that sit outside of their contractual requirements.

Typically, for both national and locally developed campaigns, each pharmacy will be provided with resources such as posters, leaflets, key message(s) fact sheet and an evaluation form as part of the campaign. Feedback from CCC Public Health Directorate is that there has usually been good engagement from pharmacies in delivering these campaigns, though feedback is often low.

### **5.3.3 Promotion of healthy lifestyle and supportive services (non-commissioned)**

Of the Community pharmacies (n=59) who responded to the questionnaire 22% indicated that they would like to provide services that are not currently commissioned, responses included Health Check-Ups (7 responses), Childhood Vaccinations (6 responses) and Obesity and Weight Management (1 response).

The questionnaire indicated a willingness by a number of community pharmacies who responded to the questionnaire to consider providing other services for various health conditions and lifestyle interventions if they were to be commissioned to do so.

### **5.4 Locally commissioned services: public health services**

Pharmacies are able to sign up to deliver locally commissioned health improvement programmes through Cambridgeshire and Peterborough Public Health, along with other non-pharmacy providers. Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

Broadly, across England the following specific public health services are commissioned from community pharmacies by local authorities<sup>31</sup>,

- 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; and
- Alcohol screening and brief interventions.

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<sup>31</sup> Pharmaceutical Service and Commissioning. Available at: <https://psnc.org.uk/services-commissioning/locally-commissioned-services/which-commissioner/>

<sup>32</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/monthlyfiguresondeathsregisteredbyareaofusualresidence>

The following local services are currently commissioned in Cambridgeshire:

- Smoking Cessation (commissioned by CCC & PCC)
- Chlamydia Screening and Treatment (commissioned by CCC only)
- Emergency Hormonal Contraception (commissioned by CCC & PCC)
- Needle and Syringe Exchange Service (commissioned by CCC & PCC)
- Supervised Administration Service (commissioned by CCC & PCC)
- Pilot for NHS Health Checks (in Wisbech) Treatment (commissioned by CCC)

**Table 6** shows the number of pharmacies accredited to deliver smoking cessation, NRT vouchers scheme, EHC (Peterborough only) and chlamydia screening (Cambridgeshire only). The table also shows those who have been actively delivering and what percentage this is of those accredited.

**Table 7** and **Table 8** show the same data separately for Cambridgeshire and Peterborough.

**Table 6: Cambridgeshire & Peterborough Pharmacies accredited and delivering Public Health services**

Service	2019-20			2020-21			2021-22		
	Active	Accredited	% delivering	Active	Accredited	% delivering	Active	Accredited	% delivering
Smoking - full service	22	49	45	15	49	31	14	49	29
Smoking - voucher scheme only (nicotine replacement therapy)	57	88	65	65	88	74	57	87	66
Emergency Hormonal Contraception (EHC)	51	95	54	56	95	59	55	95	58
Chlamydia screening and treatment (CCC only)	4	42	10	2	42	5	3	42	7

**Table 7: Cambridgeshire Pharmacies accredited and delivering Public Health Services**

Service	2019-20			2020-21			2021-22		
	Active	Accredited	% delivering	Active	Accredited	% delivering	Active	Accredited	% delivering
Smoking - full service	11	34	32	7	34	21	6	34	18
Smoking - voucher scheme only (nicotine replacement therapy)	55	82	67	63	82	77	55	81	68
Emergency Hormonal Contraception (EHC)	41	76	54	44	76	58	51	76	67
Chlamydia screening and treatment (CCC only)	4	42	10%	2	42	5%	3	42	7%

**Table 8: Peterborough Pharmacies accredited and delivering Public Health services**

Service	2019-20			2020-21			2021-22		
	Active	Accredited	% delivering	Active	Accredited	% delivering	Active	Accredited	% delivering
Smoking - full service	11	15	73	8	15	53	8	15	53
Smoking - voucher scheme only (nicotine replacement therapy)	0	4	0	0	4	0	2	6	33
Emergency Hormonal contraception (EHC)	10	19	53	12	19	63	4	19	21

**Table 9: Cambridgeshire & Peterborough Pharmacies accredited and delivering Public Health services, by district (2020/21)**

District	Smoking - full service			EHC			EHC			Chlamydia		
	Active	Accredited	% delivering	Active	Accredited	% delivering	Active	Accredited	% delivering	Active	Accredited	% delivering
CCC	0	12	0	19	31	61	22	29	76	1	13	8
ECDC	1	3	33	6	9	67	2	5	40	0	4	0
FDC	2	9	22	13	19	68	11	17	65	0	9	0
HDC	2	8	25	14	18	78	12	21	57	0	13	0
SCDC	1	2	50	3	4	75	4	4	100	2	3	67
PCC	8	15	53	2	6	33	4	19	21	0	0	0
Total	14	49	29	57	87	66	55	95	58	3	42	7

CCC=Cambridge City, ECDC = East Cambridgeshire, FDC = Fenland, HDC =Huntingdonshire SCDC = South Cambridgeshire, PCC = Peterborough City

The range of services commissioned by CCC from community pharmacies varies due to several factors, including: availability of accredited pharmacists, capacity for the pharmacies to deliver and the need for a service. In addition, over the past two years due to the impact of Covid 19, there has been reduced capacity in the Public Health team to support pharmacies to sign up to services and deliver.

Of the community pharmacies (n=59) who responded to the questionnaire, 37 responded to state the barriers of signing up to deliver locally commissioned services. Lack of staff availability/capacity was the key issue identified with 11 responses. 5 pharmacies stated they do not have enough space to provide some of the services e.g., needle/syringe exchange. Renumeration/funding as one of the key barriers too, with 5 pharmacies highlighting this.

### 5.4.1 Smoking cessation services in Cambridgeshire pharmacies

- ONS data show 5,930 deaths in Cambridgeshire in 2021<sup>32</sup> and it is estimated that around 790 deaths in the area per year are attributable to smoking<sup>33</sup>
- Smoking prevalence in Cambridgeshire is below the England average, with 13.2% of over 18 year olds estimated to smoke (**Table 10**), equating to an estimated number of 68,239 smokers
- Smoking prevalence in Peterborough is above the England average with 18.8% of over 18 year olds estimated to smoke (**Table 10**), equating to an estimated number of 28,328 smokers

The prevalence of smoking varies by district, with statistically significantly higher than national average rates of smoking in Fenland (21.9%) – see **Table 10** below.

**Table 10: Estimated smoking prevalence and number of smokers aged 18 years and over**

Local Authority	Estimated smoking prevalence	Lower 95% confidence interval	Upper 95% confidence interval	Estimated number of smokers
Cambridge	17.1%	9.5%	24.6%	17,182
East Cambridgeshire	13.5%	5.9%	21.2%	9,483
Fenland	21.9%	13.5%	30.4%	17,899
Huntingdonshire	9.9%	5.7%	14.1%	13,968
South Cambridgeshire	7.2%	3.1%	11.4%	8,935
Cambridgeshire	13.2%	10.5%	15.9%	68,239
Peterborough	18.8%	15.9%	21.8%	28,328
East of England	13.7%	12.9%	14.5%	670,686
England	<b>13.9%</b>	<b>13.6%</b>	<b>14.1%</b>	<b>6,144,703</b>

Source: Public Health England - Local Tobacco Control Profiles (Annual Population Survey data - 2019)

The primary care based Stop Smoking Service in Cambridgeshire and Peterborough can improve population health through smoking cessation services, as evaluated by NICE.<sup>34</sup> Evidence for the effectiveness of pharmacies in contributing to smoking cessation has also led to a recommendation in the '*Community Pharmacy Clinical Services Review*' (the Murray report, 2016)<sup>35</sup> for smoking cessation services to be considered an element of the national contract. The Community Pharmacy Contractual Framework 2019-2024 outlines that in year 1 (2019/2020) there would be a pilot rolled out for community pharmacies to take stop smoking referrals from secondary care<sup>7</sup> this was to conclude in 2021/2022 and be commissioned nationally if the pilot is successful.

<sup>32</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/monthlyfiguresondeathsregisteredbyareaofusualresidence>

<sup>33</sup> <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132887/pat/6/par/E12000006/ati/102/are/E10000003/iid/113/age/202/sex/4>

<sup>34</sup> <https://www.nice.org.uk/guidance/pH10>

<sup>35</sup> Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 19. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf>



GP surgeries within Cambridgeshire and Peterborough have the opportunity to deliver a stop smoking service. Pharmacies across Cambridgeshire and Peterborough are offered the same opportunity through public health to provide evidence-based stop smoking services. By signing up to the contract, designated personnel within the pharmacy receive training (at both brief intervention – Level 1 and intensive interventions – Level 2 standards), and ongoing support from the local public health team to help them deliver the National Standard Treatment Programme. The Level 2 service consists of one to one advice and behavioural support for smokers over the age of 12 years who live or work in Cambridgeshire and Peterborough. The programme lasts 12 weeks and the behavioural support is used alongside medication treatments via NHS prescription, with outcomes measured four weeks after setting a 'quit date'.

The community pharmacy can also choose to sign the contract but to deliver the 'Nicotine Replacement Therapy (NRT) voucher scheme' only. This scheme enables the team of community-based Healthy You advisors to complete a voucher for Nicotine Replacement Therapy for the client to take to the participating pharmacy to have the chosen NRT dispensed under an NHS prescription.

Over recent years there has been a gradual decline in stop smoking service activity in pharmacies from 93 quit attempts in 19/20 to 13 in 20/21 (see **Table 11**) below. This is likely to have been impacted by Covid-19 in terms of capacity of the pharmacies to deliver the service and capacity within public health to provide support. Of the community pharmacies and dispensing practices (n=74) who responded to the questionnaire 54% (n=40) stated that staffing levels are impacting their ability to offer a full range of services.

In addition, the contribution of pharmacies towards quit targets has also decreased from 4.4% in 2019/2020 to 1% in 2020/2021. Quality has been a concern with some of the national benchmarks not being achieved, e.g. 4-week quit rates (clients who have set a quit date and are successfully quit at 4 weeks) should be 50%, however in 2020/2021 the rate for community pharmacy was 26%

**Table 11: Stop Smoking Service activity – number of 4-week quitters per provider. Cambridgeshire and Peterborough**

Setting	2019/20	2020/21	2021/22 (Q1 & Q2)
GP	545	117	25
Stop Smoking Service	1480	1350	583
Pharmacy	93	13	12

Source: Public Health Joint Commissioning Unit

**Table 12: Stop Smoking Service activity – number of 4-week quitters per provider. Cambridgeshire Only**

Setting	2019/20	2020/21	2021/22 (Q1 & Q2)
GP	541	117	25
Stop Smoking Service	973	878	346
Pharmacy	48	6	1

Source: Public Health Joint Commissioning Unit

**Table 13: Stop Smoking Service activity – number of 4-week quitters per provider. Peterborough Only**

Setting	2019/20	2020/21	2021/22 (Q1 & Q2)
GP	4	0	0
Stop Smoking Service	507	472	237
Pharmacy	45	7	11

Source: Public Health Joint Commissioning Unit

In 2020/21, a 55.9% quit rate was seen in a general practice setting in Cambridgeshire quit through a general practice setting, which is above the national average of 50.4% (

**Table 14).** In Peterborough, a quit rate of 47.9% was seen in general practice which is slightly below the national average. The percentage quitting through a pharmacy in Cambridgeshire was 22.2% and 17.9% in Peterborough compared with 50.0% across England.

22.2% of Cambridgeshire people setting a quit date through a pharmacy successfully quit, compared to a 59.6% quit rate across all settings; 17.9% of Peterborough people setting a quit date through a pharmacy successfully quit, compared to a 43.7% quit rate across all settings.

**Table 14: Smoking quits by intervention setting, Cambridgeshire, Peterborough, and England, 2020/21**

Intervention Setting	Cambridgeshire			Peterborough			England		
	Number setting a quit date	Number of successful quitters	Percentage of quitters	Number setting a quit date	Number of successful quitters	Percentage of quitters	Number setting a quit date	Number of successful quitters	Percentage of quitters
All settings	1,621	1,001	61.8	968	479	49.5	178,403	105,403	58.9
Children's centre	0	0	Z	0	0	Z	601	461	76.7
Community	49	44	89.8	69	30	43.5	107,101	66,836	62.5
Community psychiatric	0	0	Z	0	0	Z	64	36	56.3
Dental	0	0	Z	0	0	Z	133	67	50.4
General practice	876	490	55.9	728	349	47.9	32,215	16,251	50.4
Hospital	9	9	*	21	5	23.8	3,186	2,038	64.0
Maternity	2	2	*	0	0	Z	3,032	1,484	48.9
Military base	0	0	Z	0	0	Z	39	30	76.9
Pharmacy	27	6	22.2	39	7	17.9	13,094	6,541	50.0
Prison	0	0	Z	0	0	Z	171	148	86.5
Psychiatric hospital	0	0	Z	1	1	*	14	6	*
School	0	0	Z	1	0	*	71	34	47.9
Workplace	1	0	*	1	1	*	769	396	51.5
Other	657	450	68.5	108	86	79.6	18,425	11,075	60.1

Symbols

Z = not available

\* = suppressed where the denominator is >0 and <20

Source: NHS Digital, Lifestyle Statistics

Source: NHS Digital NB Intervention setting does not necessarily reflect the service provider.

Community pharmacies remain well placed to ensure the services are accessible to the smoking population, particularly with many offering extended opening hours. Despite the recent decline in the contributions of pharmacies to smoking cessation, there have been some examples of good practice in each of the districts across the county.

#### 5.4.2 Sexual health services in Cambridgeshire pharmacies

Sexually transmitted infections represent an important public health issue. In 2020, the all new STI diagnosis rate per 100,000 in England was 562 per 100,000 and in the East of England 427 per 100,000. England reflected a 32% decrease and the East of England a 27.5% decrease in all new STI diagnosis rate per 100,000 from 2019 which was 830 for England and for the East of England 589 per 100,000. In Cambridgeshire the all

new STI diagnosis rate per 100,000 in 2019 was 547 and this decreased to 400 in 2020 (26.8% decrease). In Peterborough the all new STI diagnosis rate per 100,000 in 2019 was 836 and this decreased to 748 in 2020 (10.5% decrease). The only slight increase in STI diagnosis rates for Cambridgeshire were Syphilis rates per 100,000 from 5.4 in 2019 to 5.8 in 2020. In Peterborough there was a higher increase in Syphilis rates per 100,000 from 5.4 in 2019 to 9.9 in 2020 and Gonorrhea rates per 100,000 from 78 in 2019 to 105 in 2020. Sexual ill health is not equally distributed within the population. The impact of STIs remains greatest in young heterosexuals aged 15-24 years, black minority ethnic groups and men who sex with men (MSM). Health promotion and education remain vital for STI prevention, through improving risk awareness and encouraging safer sexual behaviour practices.

New sexually transmitted infections (STI) diagnoses (excluding chlamydia in under 25 year olds) among people accessing specialist and non-specialist sexual health services in England is the key indicator for sexual health in a population. In Cambridgeshire, in 2020 the rate was 415 per 100,000 which was lower than the England rate which was 619 per 100,000 and slightly lower than the East of England (EOE) at 454 per 100,000. Peterborough rates were the highest in the region at 786 per 100,000. Compared to 2019 where England was higher at 917 per 100,000, the EOE was 640 per 100,000, Cambridgeshire was at 589 per 100,000 population and Peterborough 847 per 100,000.

Genital chlamydia trachomatis is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active women under 25 annually or on change of partner (whichever is more frequent). The chlamydia detection rate amongst fewer than 25 year olds is a measure of chlamydia control activity, aimed at reducing the incidence of reproductive sequelae of chlamydia infection and interrupting transmission onto others. An increased detection rate is indicative of increased control activity: detection rate is not a measure of morbidity. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

It is difficult to assess changes in local chlamydia occurrence over the last decade for several reasons. The diagnostic definitions have changed during this period. More importantly, in the past two years the focus of the programme has changed from the absolute numbers being diagnosed to diagnostic rates. Public Health England recommends that local areas should be working towards achieving a diagnosis rate of at least 2,300 per 100,000 15-24 year old resident population annually. This target can be challenging to reach in Cambridgeshire given the relatively low occurrence of chlamydia infections in the county.

According to the most recent STI data release in 2020, the chlamydia detection rate in Cambridgeshire was 1,100 per 100,000 in 15-24 year olds, compared to the England rate of 1408 per 100,000 and the East of England rate 1,339 per 100,000. This represents a decrease from 2019 when the Cambridgeshire rate was 1,393 per 100,000 (21% decrease), the England rate in 2019 was 2050 per 100,000 so there has been a decrease of 45% and the East of England rate a decrease from 1,745 in 2019 (23.2% decrease). Chlamydia detection rates in Peterborough for 2020 were 2459 per 100,000, the highest in the region although dropped from 2019 at 2847 per 100,000 (13% decrease). Quarterly data is available on the National Chlamydia Screening Programme Website: <http://www.chlamydiaSCREENING.nhs.uk/ps/data.asp>

Community pharmacies are easily accessible for young people and are crucial for offering treatment of chlamydia infections. In some cases, it can be challenging to offer testing in the pharmacy setting as not all pharmacies have the facilities required to enable patients to provide a sample for diagnostic testing on site. There is a potential for offering advice on barrier contraception methods for both males and females and for raising awareness of HIV, chlamydia and other STIs.

Screening uses first-void urine samples or self-taken vulva-vaginal swabs. Samples can be sent in the post to a laboratory for analysis and the results are returned to the chlamydia screening office; all patients are then informed of their result and contact tracing is conducted in people with positive results and treatment is offered to them and their partners. Young people can request a self-administered postal kit by visiting

<https://www.tht.org.uk/our-services/phone-and-post/free-chlamydia-postal-test-kits> or

<https://www.icash.nhs.uk/contraception-sexual-health/postal-self-test-kits>

The Cambridgeshire Chlamydia Screening Programme targets 15-24 year olds and was introduced in 2006. From 2008 community pharmacies joined other agencies in providing Chlamydia Screening and Treatment service to support screening and treatment offered across Cambridgeshire.

The Cambridgeshire Chlamydia Screening Programme recognises that pharmacies play an important role in the treatment of chlamydia positive patients and their partners. Treatment can only be provided by accredited pharmacists. All pharmacies in Cambridgeshire are offered the opportunity to receive training and contracts to provide chlamydia screening. Staff in pharmacies can participate in the National Chlamydia Screening Programme by distributing kits or signposting young people to the text or website request system. Compulsory training is provided for pharmacists and pharmacy assistants to support the screening service.

In 2021/22, 42 community pharmacies were signed up to the Cambridgeshire chlamydia screening programme. Although there is some opportunity to expand, this is limited by the number of pharmacies that have the appropriate facilities to offer screening.

**Table 15: Local Chlamydia screening activity, Cambridgeshire and Peterborough, 15-24 year olds, 2021/22**

Setting	Total completed screens, numbers	Positive, %
Integrated Contraception and Sexual Health service (ICaSH)	1662	31
GP (Cambridgeshire Only)	91	Data not available
Pharmacy (Cambridgeshire Only)	14	Data not available
Online testing	6946	69
Outreach and other community work THT	2193	4.4

Source: CCS Chlamydia Screening Team



## HIV

HIV remains a major public health issue. The human immunodeficiency virus (HIV) is a lentivirus that causes HIV infection and over time acquired immunodeficiency syndrome. AIDS is a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. Without treatment, average survival time after infection with HIV is estimated to be 9 to 11 years, depending on the HIV subtype. In most cases, HIV is a sexually transmitted infection and occurs by contact with or transfer of blood, pre-ejaculate, semen, and vaginal fluids. Non-sexual transmission can occur from an infected mother to her infant during pregnancy, during childbirth by exposure to her blood or vaginal fluid, and through breast milk.

HIV disproportionately affects men who sex with men and Black Africans in the UK. The other key populations most affected by HIV in the UK include people who inject drugs and sex workers. Data reporting HIV diagnosed prevalence rate per 1000 population aged 15yrs and over indicates that Cambridgeshire has a lower rate at 1.19 per 1,000 population compared to England at 1.91 per 1,000 and East of England at 1.32 per 1,000. Peterborough is higher than the England average at 2.0 per 1,000.

The number of people living with HIV/AIDS in Cambridgeshire has steadily increased since 2014. This increase could reflect either that more people are being diagnosed, or that fewer people die from HIV/AIDS because drug therapies have become more effective. Reducing rates of HIV late diagnosis is vital as early detection through testing enables prompt initiation of treatment leading to better health outcomes and reduction in transmission through viral suppression. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission. Expanded and scaled up HIV testing is needed to reduce undiagnosed infection and late diagnoses. In Cambridgeshire, 34.6% of HIV diagnoses were made at a late stage of infection (CD4 count  $\leq$  350 cells/mm<sup>3</sup> within 3 months of diagnosis) which is lower than 42.4% in England and 44.3% in East of England between 2018-20<sup>36</sup> Peterborough was the highest in the region at 54.1%.

### 5.4.3 Emergency hormonal contraception

Contraception is a method of managing pregnancy. The rate of abortions is an indicator of lack of access to good quality contraception services and advice, as well as problems with individual use of a contraceptive method. Although clinical commissioning groups (CCGs) are now responsible for commissioning most abortion services, local authorities are responsible for commissioning comprehensive sexual health services including contraception services and advice, and sexual health specialist services such as young people's sexual health and teenage pregnancy services, outreach, sexual health promotion and services in schools, colleges and pharmacies.

Cambridgeshire has statistically significantly lower rates of abortions than the East of England and England average, 13.2 per 1,000 females aged 15 to 44 years compared to England 18.9 and East of England 17.8 in 2020. Peterborough has a rate of 20.3 per 1,000 which is higher than the England and the East of England averages.

Reducing the teenage conception rate and increasing the number of teenage parents who can access and sustain places in education, employment or training are important to improve outcomes for young people and

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<sup>36</sup> Public Health England Fingertips, 2019. **Sexual and Reproductive Health Profiles**. Available at: <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000006/ati/102/are/E06000031>

their babies.<sup>37</sup> Studies indicate that making emergency hormonal contraception (EHC) available over the counter has not led to an increase in its use, to an increase in unprotected sex, or to a decrease in the use of more reliable methods of contraception.<sup>38</sup> Under 18 conception rates in females aged 15-17 years have continued on a downward trend with Cambridgeshire experiencing the second lowest conception rates regionally at 9.5 per 1,000 compared to the East of England 11.8 per 1,000 and England 13.0 per 1,000. Peterborough under 18's conception rate was 16.7 per 1,000 which is the highest in the region.

EHC may only be supplied by an accredited pharmacist. In order to achieve accreditation, the pharmacist(s) must have satisfactorily completed the Centre for Pharmacy Postgraduate Education (CPPE) Emergency Hormonal Contraception distance learning package. Medicine counter staff must be trained to refer each request for EHC to the pharmacist(s). It is the responsibility of the pharmacy to ensure that all pharmacists and locums supplying EHC are accredited. The pharmacy must be able to supply EHC during opening hours of the pharmacy on at least four days of the week, one of which will preferably be a Saturday. Anyone accessing the service will need to check with the pharmacy that they have an accredited pharmacist available.

Pharmacies in Cambridgeshire and Peterborough are offered the opportunity to receive training and contract to provide EHC, which is available as a locally commissioned service in some community pharmacies. Ideally, community pharmacies would have more than one pharmacist available to provide EHC to ensure continuity of services. In addition, pharmacies could promote the availability of free EHC.

The EHC Service is currently being delivered by 78 pharmacies across Cambridgeshire and 17 across Peterborough; as part of the overall contraception service offered by sexual health, contraception clinics and GP practices across Cambridgeshire and Peterborough, with opportunities to expand. In 2021/22 Pharmacies administered 1761 Levonorgestrel (trade name Levonelle) and 643 Ulipristal treatments to the women of Cambridgeshire and 97 Levonorgestrel and 67 Ulipristal in Peterborough.

It is advised to offer chlamydia screening when Emergency Hormonal Contraception is provided, since those requiring such contraception may also be at risk of infection. In 2021/22 pharmacies provided 14 chlamydia screening kits to people aged 15 to 24 years old when they administered EHC. In 2021/22 2450 EHC consultations were conducted, with 2402 instances where medication was supplied in Cambridgeshire and 166 consultations conducted, with 164 instances where medication was supplied.

### **Long-acting reversible contraception (LARC)**

Provision of long-acting reversible contraception (LARC) in Cambridgeshire has been consistently higher than the national and regional averages. The National Institute for Health and Clinical Excellence (NICE) Clinical Guideline CG30<sup>39</sup> advises that LARC methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill. Implants, IUS and IUD can remain in place for up to 3, 5 or 10 years depending on the type of product. In 2020, England had a crude rate of 34.6 along with the East of

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<sup>37</sup> Cambridgeshire JSNA Children & Young People (2010). Page 45. Available at <http://www.cambridgeshireinsight.org.uk/currentreports/children-and-young-people> (Last accessed 20 Nov 2013).

<sup>38</sup> Marston C. (2005) 'Impact on contraceptive practice of making emergency hormonal contraception available over the counter in Great Britain: repeated cross sectional surveys.' *BMJ* 331: 271.

<sup>39</sup> NICE, 2019. **Clinical guideline [CG30]: Long Acting Reversible Contraception**. Available at: <https://www.nice.org.uk/guidance/cg30> (Last accessed 25 February 2020)

England rate 34.6 per 1,000 females aged 15-44 years compared to Cambridgeshire's rate 43.3 and Peterborough's rate of 40.3 per 1,000.

#### 5.4.4 Services for drug misuse related harm

Illicit drug use contributes to the disease burden both globally and in Cambridgeshire. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as the delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale.<sup>40</sup>

A 'Drug and Alcohol JSNA' was published in September 2016 which provides an overview of legal and illicit drug and alcohol misuse needs for the Cambridgeshire population. The full report is available at: <http://cambridgeshireinsight.org.uk/wp-content/uploads/2017/08/Drugs-and-Alcohol-JSNA-2016.pdf>

Recent data from Office of National Statistics (ONS released 2021), there were 60 drug-related deaths over the most recent 3 year period in Cambridgeshire, 3.1 per 100,000 which sits below the national rate of 5 per 100,000 and the East of England rate 3.7 per 100,000. Cambridgeshire figures have reduced over recent years against national rising figures. Fenland has seen a recent reduction in the drug related death at 5.6 per 100,000 but still sits above the national rate. See **Table 16**

In Peterborough there were 25 deaths over the most recent 3 year period (2018-2020) an increase of 1 death on the previous 3 year period, the rate is currently 4.4 per 100,000, above the East of England rate of 3.7 but below the national rate of 5.0 per 100,000.

**Table 16: Number of Deaths related to drug misuse split by local authority/district 2013-2020**

• Number of DRDs (3 yr period)	2013-15	2014-16	2015-17	2016-18	2017-19	2018-20
England	6232	6806	6996	7366	7665	8185
East	605	658	641	677	651	669
Cambridgeshire	60	65	67	71	66	60
Huntingdonshire	21	17	15	20	20	17
South Cambridgeshire	5	8	10	10	7	8
Cambridge	19	19	18	15	16	15
Fenland	13	18	18	22	17	16
East Cambridgeshire	2	3	6	4	6	4
Peterborough	31	34	30	25	24	25

Source: Office of National Statistics; Drug-related deaths by local authority, England and Wales 1993-2020

(<https://www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fbirthsdeathsandmarriages%2fdeaths%2fdatasets%2fdrugmisusedeathsbylocalauthority%2fcurrent/2020localauthorities.xls>)

<sup>40</sup> Degenhart L et al. 'Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010'. *Lancet* 2013; e-pub 29 Aug. Available at: <http://www.sciencedirect.com/science/article/pii/S0140673613615305> (Last accessed 19 Nov 2013)

**Table 17: Rate of Deaths related to drug misuse split by Local Authority/District 2013-2020**

Rate per 100,000 (3 yr period)	2013-15	2014-16	2015-17	2016-18	2017-19	2018-20
England	3.9	4.2	4.3	4.5	4.7	5
East of England	3.4	3.7	3.6	3.8	3.6	3.7
Cambridgeshire	3.2	3.5	3.6	3.7	3.5	3.1
Huntingdonshire	4.1	3.3	2.9	3.8	3.8	3.2
South Cambridgeshire	*	*	2.3	2.4	*	*
Cambridge	5.5	5.3	5.2	3.8	4.4	4.4
Fenland	4.6	6.6	6.5	7.9	5.9	5.6
East Cambridgeshire	*	*	*	*	*	*
Peterborough	5.3	5.7	5	4.3	4.2	4.4

\* = numbers too small to report

Source: Office of National Statistics; Drug-related deaths by local authority, England and Wales 1993-2020

(<https://www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fbirthsdeathsandmarriages%2fdeaths%2fdatasets%2fdrugmisusedeathsbylocalauthority%2fcurrent/2020localauthorities.xls>)

The Public Health team commission services to provide specialist drug and alcohol treatment across Cambridgeshire and Peterborough. Currently adult drug and alcohol services in Cambridgeshire are provided by Change Grow Live (CGL) and the Young People's service is provided by the Cambridgeshire Child and Adolescent Substance Use Service (CASUS) which is a specialist service within Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). Further information can be found at:

[www.changegrowlive.org/drug-alcohol-service-cambridgeshire/cambridge](http://www.changegrowlive.org/drug-alcohol-service-cambridgeshire/cambridge) and [www.cpft.nhs.uk/casus](http://www.cpft.nhs.uk/casus)

In Peterborough the drug and alcohol service is also provided by Change Grow Live (CGL) which delivers an 'all age' service.

People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction.

Once clients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Clients often need support to prevent them stopping treatment.

### **Needle and syringe Programme offered in pharmacies across the county**

In total 68 community pharmacies across Cambridgeshire and Peterborough are sub-contracted by the Public Health commissioned provider Change Grow Live (CGL)<sup>41</sup> to provide access to sterile needles and syringes, and sharps containers for return of used equipment, 48 in Cambridgeshire and 20 in Peterborough.

Where agreed locally, associated materials will be provided (for example citric acid, spoons and alcohol swabs) to promote safe injecting practice and reduce transmission of infections by substance misusers.

The pharmacy provides support and advice to the user, including referral to other health and social care professionals, specialist drug and alcohol treatment services where appropriate and promotes safe practice to the user, including advice on sexual health, STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

The contracted pharmacies provide a sufficient level of privacy and safety and have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained and discreet in the operation of the service, including allocation of a safe place to store equipment and returns for safe onward disposal. Storage containers provided by the Specialist Drug Treatment commissioned clinical waste disposal service are used to store returned used equipment.

Data from needle and syringe services can be difficult to accurately capture as users tend to provide little information and return counts tend to be estimated.

In February 2022 Public Health surveyed pharmacies about the trends in the Needle and Syringe Programme (NSP) since the start of Covid-19 pandemic and the consistency of their service provision. The main objectives were to

- Undertake a review of findings from different areas on trends and changes in NSP.
- Observe trends in injecting behaviours across Cambridgeshire
- Trends in NSP provision and returns since Covid-19 pandemic.
- Mapping of pharmacies offering services and changes in the #/% of pharmacies contracted and actively offering NSP.
- Perceptions of changes in NSP services and utilisation from service providers
- Perspectives from pharmacies on capacity to deliver NSP and utilisation
- Perspectives from service users

The main findings were:

- The number of Pharmacies contracted and actively offering NSP has reduced year on year since 2018.
- Pharmacies that are contracted and active believe there has been very little change in their service users although some reported a slight decrease due to service users moving.
- Issues have been reported from pharmacies and service users about the impact of locum pharmacy staff on continuity of service provision.

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<sup>41</sup> [www.changegrowlive.org/drug-alcohol-service-cambridgeshire/cambridge](http://www.changegrowlive.org/drug-alcohol-service-cambridgeshire/cambridge)

- There have been instances of theft and using in shopping centre toilets / baby change which contribute to accessibility and stigma.
- The number of service users accessing online services is small and the perception is that not many would have the ability or appropriate phones / apps etc.
- There is missing data on overall mobile distributions and deliveries of NSP through the Covid-19 pandemic period.
- There were fewer instances of needle finds due to the 'everyone in' intervention.
- There are national concerns of a recent increase in the sharing and re-use of injecting equipment. (Shooting up)
- The total numbers of service users injecting for Cambridge and Peterborough is unknown and would require further research and data provision from service providers.
- Further work is needed to increase coverage of NSP and promote it. Alternative means of provision in addition to pharmacies are also key given the stigma and reluctance of some service users to visit pharmacies.

**Table 18: Pharmacies contracted and active in Peterborough (2016-2021)**

Pre-Covid (2016 – 2019)	2020	2021
<b>33</b> contracted each FY An overall increase in the proportion active from 2016 to early 2020 (88% - 91% active)	<b>22</b> contracted (95% active)	<b>21</b> contracted (100% active)



Map 16: Pharmacies contracted and active in Peterborough (2016-2021)

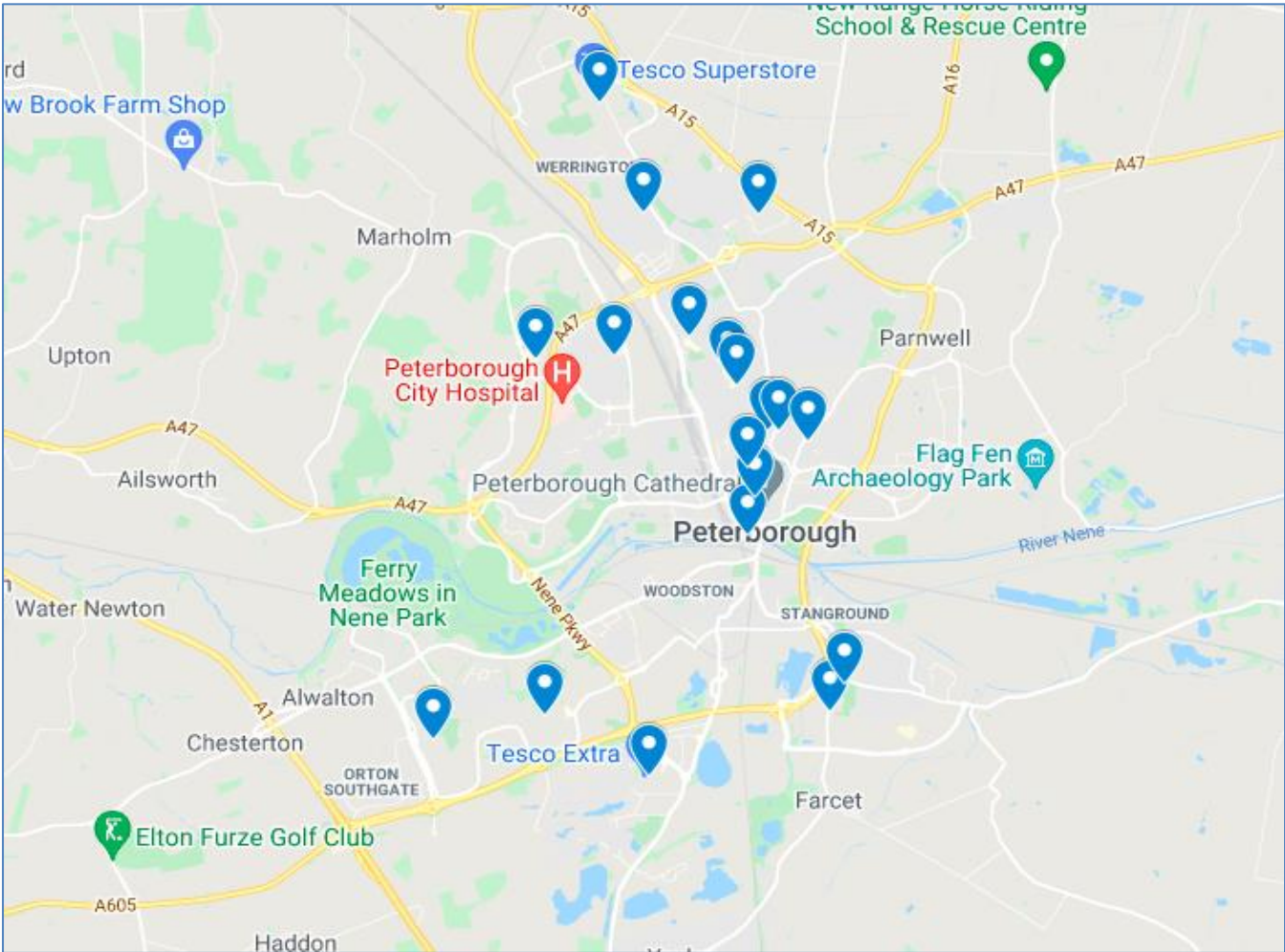


Table 19: Pharmacies contracted and active in Cambridge (2016-2021)

Needle Exchange	Year			
	2018	2019	2020	2021
Pharmacies contracted	47	47	43	48
Pharmacies active	30	32	31	26

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Levels of supervision are based on individual risk assessment for, and with, each patient. For most cases, it will be appropriate for new patients being prescribed methadone or buprenorphine to be required to take their daily doses under the direct supervision of a professional for a period of time to allow monitoring of progress and an ongoing risk assessment. The risk assessment should include a review of compliance and individual circumstances, including whether the home environment is suitable for safe storage of medications.

The aims of a community pharmacy based supervised consumption service include:

- ensuring the patient receives the prescribed dose
- reducing diversion of prescribed doses
- providing an opportunity for the pharmacist to make a regular assessment of patient compliance with treatment and of their general health and wellbeing
- providing an opportunity for the pharmacist to build a therapeutic relationship with the patient that is beneficial to promote health and harm reduction
- reducing the risks of drug related overdose and deaths
- minimising the risk of accidental consumption by children.

This service requires the pharmacist to supervise the consumption of prescribed substitute medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. The principal reason for using supervision is to ensure the safety of the patient and to minimise the risk of toxicity. It should not be used or viewed as a punishment. The patient is a key partner in decisions on the appropriate level of supervision. Supervised consumption should be viewed as a situation where therapeutic relationships can be built with patients. Contracted pharmacies aim to offer a user-friendly, non-judgmental, client-centred, discrete and confidential service. They provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.

Examples of medicines which may have consumption supervised for the purpose of substance misuse treatment include: methadone and buprenorphine. Terms of agreement are set up between the prescriber, pharmacist, patient, and patient's key worker (a four-way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the client and what action will be taken by the Specialist Drug Treatment Service and pharmacist if the user does not comply with the agreement.

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service and are aware of and operate within local protocols. The pharmacy contractor must maintain appropriate records to ensure effective on-going service delivery and audit and share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

In Cambridgeshire 2021/22 a total of 39,526 of contacts were supervised an increase compared to the previous year which was 21,178 however the decline in 2020/21 was due to the covid pandemic period and the temporary change in national guidance. In general terms the numbers of patients receiving supervised consumption is declining, on average 416 in 2019/20, 360 in 20/21 to 330 in 21/22. 83 community pharmacies are currently contracted to provide this service although only approximately 53% will be actively providing the service at any one time.

In Peterborough a total of 4,164 contacts were supervised and there were 584 registered patients. Whilst a decrease in the total number of interactions has been observed year on year, there was an increase in the number of interactions within the year of 2021/2022 i.e. 223 interactions in April 2021 which increased steadily to 487 in March 2022. This increase was likely due to the normalisation of the Covid-19 pandemic. Out of 32 accredited providers, 24 were actively providing supervised consumption support through the year.

Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies are opportunities that could potentially be explored and piloted if it seems feasible to put the necessary systems in place. The aim of such an initiative would be to facilitate access to services and thereby provide earlier diagnosis and/or protection, in a group that is both at high risk, complex and hard to engage. In addition, in some cases a local pharmacy could, through independent or supplementary prescribing and Patient Group Directions (PGDs) provide support to the clients. This could cover both advice and immunisation to protect the person from diseases or blood-borne viruses.

### **Take Home Naloxone (THN)**

Naloxone is a potentially life-saving medicine when used in settings associated with opiate misuse and overdose. Systematic reviews conclude that pre-provision of naloxone to heroin users can be helpful in reversing heroin overdoses. There is also evidence for the effectiveness of training family members or peers in how to administer the drug.

Naloxone is an opioid/opiate antagonist and is licensed for use in:

- complete or partial reversal of central nervous system depression and especially respiratory depression, caused by natural or synthetic opioids
- treatment of suspected acute opioid overdose or intoxication.

New legislation came into force in October 2015 that enables naloxone to be supplied to individuals by drug services without prescription. Naloxone remains a prescription-only medicine (POM) but the Human Medicines (Amendment) (No.3) Regulations 2015 outlined the following exemptions from the restriction on supply of a prescription-only medicine in the case of naloxone which includes:

### **Who can supply naloxone?**

“Persons employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements made by one of the following bodies:

- (a) an NHS body
- (b) a local authority
- (c) Public Health England, or
- (d) Public Health Agency”.

This extends to pharmacists commissioned to provide services for people who use drugs such as needle and syringe programmes. Training should be provided to patients covering the identification of overdose and how to then respond to overdose, including first calling an ambulance. Where a naloxone product is also supplied a minimum level of training in how to assemble and use that product should be given. People being trained in how to respond to opioid overdose, including using any available naloxone, should be able to demonstrate an understanding of the following after training:

- overdose risks:
  - using sedating drugs (e.g. benzodiazepines) or alcohol in addition to opiates
  - getting older
  - when opiate tolerance has reduced (e.g. after leaving prison or rehab)
- how to identify a suspected opiate overdose:
  - lack of consciousness,
  - shallow or no breathing,

- reduced rate of breathing,
- “snoring”
- blue lips or fingers
- when to call 999:
  - rescue breathing
  - cardiopulmonary resuscitation (CPR)
  - and the recovery position
- what naloxone is:
  - what it does – it reverses an overdose of opiates
  - what it can’t do – reverse the effect of other drugs or alcohol
  - its short acting nature
- using naloxone:
  - when to administer it
  - how to administer it
  - address fears about needles and injecting
  - the importance of staying with a casualty.

36 community pharmacies across Cambridgeshire are contracted to provide “Take Home Naloxone” to patients, however only a small number of kits are distributed through this route. Only 5 in 2021/22 and 6 in 2020/21. This is a lifesaving medication and an opportunity to further increase this distribution channel. In Peterborough a total of 22 “Take Home Naloxone” kits were distributed which is an increase on previous years which had an average of 4-5.

#### **5.4.5 Outreach NHS Health checks service (pilot)**

In summer 2016, Cambridgeshire County Council trained 11 Pharmacies in the Wisbech area, Fenland, to deliver outreach NHS Health Checks<sup>42</sup> as part of a six month pilot, which has since been extended to one year. The NHS Health Check is a health check-up for adults in England aged 40-74 without a pre-existing condition. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia, and calculates a cardiovascular disease risk score over the next 10 years. An NHS Health Check helps to identify ways to lower this risk.

The rural, market town of Wisbech was chosen for the pilot as it has a high prevalence of cardiovascular disease, a high number of local residents unable to attend their GP practice, and a number of proactive community pharmacies in the area. Once an eligible patient check was complete, the result was sent securely to their GP Practice to be entered onto the patient’s clinical record and for any appropriate follow-up.

Eligibility, patient forms, all relevant resources, and all promotional materials were supplied by Cambridgeshire County Council. Clinical training and ongoing support for the delivery of an NHS Health Check was provided by a clinical lead nurse on secondment from Cambridgeshire & Peterborough Foundation Trust, whilst Point of Care blood testing equipment and training was supplied by Alere.

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<sup>42</sup> [www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx](https://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx)

Eight Pharmacies actively took part delivering outreach NHS Health Checks, aiming to reach patients who are unable to attend their GP Practice. Data are collected and payments are made on a quarterly basis, in line with the local authority's GP Practice programme.

In 2019/20 we have 2 active pharmacies delivering outreach NHS Health Checks in the Wisbech area. Several reasons led to trained pharmacies no longer continuing past the pilot phase, such as being unable to identify and attract a regular, eligible cohort of patients out of their control. However, these 2 pharmacies have not delivered any health checks since March 2020.

## **5.5 Locally commissioned services commissioned by Cambridgeshire & Peterborough CCG**

### **5.5.1 Directly Observed Therapy (DOT) service for tuberculosis treatment**

The CCG in conjunction with public health and local respiratory clinics are exploring commissioning a Directly Observed Therapy (DOT) service for tuberculosis (TB) patients from a limited number of community pharmacies across the geography of the CCG. This will provide care closer to home for non-infectious patients who require support in adherence with their prescribed TB medication.

### **5.5.2 Pharmacy support in care homes**

Medication errors in care homes for older people can be reduced by reviewing the safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes. The CCG employ a small team of CCG pharmacists and pharmacy technicians to work collaboratively with GP practices and care homes to rationalise prescribing, optimise medicines usage and reduce medicines waste.

In the pharmacy questionnaire, 7.8% pharmacies reported that they currently supply medicines to care homes (see Appendix 3), a further 51% indicated that they would be willing to provide this as a commissioned service.

## **5.6 Healthcare services commissioned by NHS England**

There are opportunities for local service commissioning to build on the services provided as essential services to assist in proving effective, integrated healthcare services. A wide range of services are described in the Drug Tariff which are locally commissioned across England including:<sup>43</sup>

- minor ailments management
- palliative care services
- care home services
- head lice management services
- gluten free food supply services
- services to schools
- out of hours services
- supplementary and independent prescribing by pharmacists
- medicines assessment and compliance support.

## **5.7 Healthcare services commissioned by other organisations in primary and secondary care**

### **Healthcare associated infections**

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<sup>43</sup> Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and *C difficile*.

Senior specialist antimicrobial pharmacists within hospitals, primary care trust pharmacists and microbiology/infectious diseases/infection control teams must work together to develop, implement and monitor antimicrobial guidelines across the local health economy. This will involve community pharmacists and GPs working together with hospital teams to align prescribing with the agreed local policy.

Within the secondary care setting, it is possible for pharmacists to lead on 'switching' policies to convert patients from intravenous therapy to oral drug therapy at the earliest appropriate opportunity.

Increasingly, patients are treated with intravenous antibiotics at home. The patient's regular community pharmacy, together with hospital pharmacy services, should be aware of and could be involved in their treatment.

Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAIs). In addition, they are able to inform other primary care practitioners when a prescribed item is not normally available in the community.

### **5.8 Other health advice and support services (non-commissioned)**

In addition to commissioned services, our questionnaire found that community pharmacies provide a number of additional services as described in Appendix 3.

There is also potential to draw on experiences from areas where community pharmacies have worked innovatively to address key local public health challenges and benefit local communities. Possible examples include work around fuel poverty, falls prevention, supporting people at risk of domestic abuse, and behavioural change initiatives.

#### **5.8.1 Community Pharmacy Palliative Care Service**

Palliative care is the care of any patient with an advanced, incurable disease. It involves the control of symptoms, such as pain, and aims to improve quality of life for both patients and their families. Drug treatment plays a major role in symptom control in palliative care. The aim is to ensure that appropriate palliative care drugs are available in the community at the point of need.

Designated community pharmacies hold essential palliative care drugs for easier access. The drugs that must be held in stock by pharmacies taking part in the scheme are listed in the essential list of palliative care drugs agreed with palliative care clinicians. When pharmacies are closed, the out of hours service, Hertfordshire Urgent Care are required to meet the needs of patients for provision of essential palliative care drugs.

In Cambridgeshire, all community pharmacies are enabled to receive electronic prescriptions.

#### **5.8.2 Community Pharmacy Healthy Start Service**

Healthy Start is the Department of Health's scheme to help pregnant women and children under four in low-income families eat healthily. Women who qualify for Healthy Start, including those on certain benefits and all pregnant women under the age of 18, receive free food and vitamin vouchers. Healthy start provides vitamin



supplements through arrangements with local community pharmacies. Pharmacy coverage is voluntary and unpaid.

The scheme helps to support breastfeeding and offers nutrition support to pregnant women and young children, including eating 5-a-day and following a healthy diet with Healthy Start vitamins. Recipients receive weekly food vouchers to exchange for fresh and frozen fruit and vegetables, plain cow's milk and cow's milk based infant formula and vouchers every eight weeks for free vitamin supplements for children from six months until their fourth birthday, and free vitamin supplements for pregnant women and women with babies up to one year old. The scheme also has the advantage of encouraging earlier and closer contact between health professionals and families from disadvantaged groups.

The commissioning of this service is currently being explored with appropriate funding prior to the submission of a business case.

## 6 Future Population Changes and Housing Growth

### Key messages:

Over the coming years the population in Cambridgeshire is expected to both age and grow substantially in numbers. An increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs.

Several large-scale housing developments are in progress and considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site. These are further described in section 6.7.

To facilitate commissioning of pharmaceutical services responsive to population needs, the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmaceutical services provision might be required.

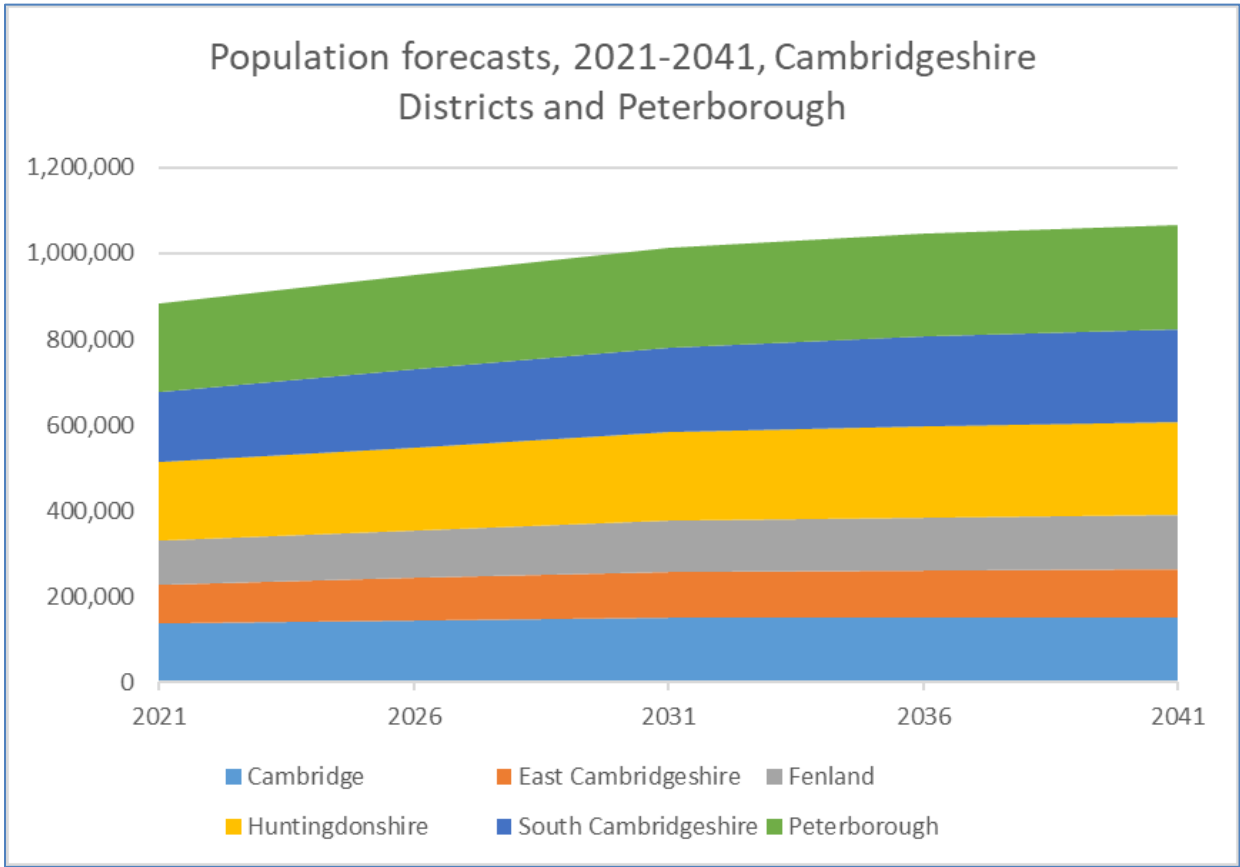
This section considers population changes and housing growth in Cambridgeshire. Particular emphasis is placed on expected housing completions until 2025, which is the three-year period before the PNA will next need to be updated.

### 6.1 Population changes in Cambridgeshire and Peterborough

The resident population of Cambridgeshire and Peterborough was estimated at 883,000 in 2021 and is expected to increase by approximately 65,400 (7.4%) to 948,400 by 2026 and 1,012,300 by 2026.

An overview of the population growth in Cambridgeshire (by district) and Peterborough in the coming decades is shown in **Figure 5**. The largest increases to 2041 in both absolute and relative terms are expected in South Cambridgeshire (32% growth), where a number of significant new housing developments are under development or are planned.

Figure 5: Population forecasts for Cambridgeshire, by district, from 2021 to 2041



Source: Cambridgeshire Research Group, 2020-based population forecast by district

The population of 0 to19 year olds in Cambridgeshire and Peterborough is expected to increase by 11.0% overall between 2021 and 2031 (see **Table 20**). South and East Cambridgeshire are forecast to have the largest increases, of 16.7% and 14.6% respectively.

**Table 20: Current and Forecast Population aged 0-19 years**

Area	2021	2026	2031	2036	2041	% change 2021- 2026	% change 2021- 2031
Cambridge	29,990	32,090	33,220	32,540	32,200	7.0%	10.8%
East Cambridgeshire	20,550	22,550	23,550	23,780	23,900	9.7%	14.6%
Fenland	21,810	23,590	24,830	24,750	24,660	8.2%	13.8%
Huntingdonshire	40,340	43,110	44,800	44,880	45,500	6.9%	11.1%
South Cambridgeshire	39,370	43,350	45,930	47,700	49,210	10.1%	16.7%
Cambridgeshire	152,070	164,690	172,330	173,650	175,470	8.3%	13.3%
Peterborough	57,200	59,130	59,880	59,940	59,760	3.4%	4.7%
Cambridgeshire and Peterborough	209,260	223,820	232,210	233,590	235,230	7.0%	11.0%

Note: Totals may not add due to rounding

Source: Cambridgeshire Research Group, 2020-based population forecast by district

The adult working-age population (age 20 to 64) in Cambridgeshire and Peterborough is expected to increase by some 10.9% between 2021 and 2031 (**Table 21**). South Cambridgeshire is expected to have the largest increase at 17.3%.

**Table 21: Current and Forecast Population aged 20-64 years**

Area	2021	2026	2031	2036	2041	% change 2021-2026	% change 2021-2031
Cambridge	90,640	93,160	97,450	95,300	93,620	2.8%	7.5%
East Cambridgeshire	50,360	55,120	57,540	57,290	56,740	9.5%	14.3%
Fenland	56,770	59,210	62,320	63,270	63,590	4.3%	9.8%
Huntingdonshire	104,300	108,020	111,280	111,110	112,300	3.6%	6.7%
South Cambridgeshire	91,450	101,400	107,280	111,950	113,930	10.9%	17.3%
Cambridgeshire	393,530	416,920	435,870	438,920	440,180	5.9%	10.8%

<b>Peterborough</b>	118,170	124,080	131,560	133,890	133,570	5.0%	11.3%
<b>Cambridgeshire and Peterborough</b>	511,700	541,000	567,430	572,820	573,750	5.7%	10.9%

Note: Totals may not add due to rounding

Source: Cambridgeshire Research Group, , 2020-based population forecast by district

The number of people in Cambridgeshire aged over 65 years is expected to increase by 31.2% between 2021 and 2031 (see **Table 22**). The highest growth in the older population is expected to be in Huntingdonshire (33.3%) and in East Cambridgeshire (33.3%).

**Table 22: Current and Forecast Population aged 65 years and over**

Area	2021	2026	2031	2036	2041	% change 2021-2026	% change 2021-2031
<b>Cambridge</b>	17,320	19,330	22,010	24,660	26,740	11.6%	27.1%
<b>East Cambridgeshire</b>	18,910	21,690	25,200	28,120	30,030	14.7%	33.3%
<b>Fenland</b>	24,270	27,160	31,680	35,580	37,910	11.9%	30.5%
<b>Huntingdonshire</b>	37,780	43,220	50,370	56,210	60,040	14.4%	33.3%
<b>South Cambridgeshire</b>	32,480	37,160	43,060	48,870	53,290	14.4%	32.6%
<b>Cambridgeshire</b>	130,750	148,550	172,310	193,430	208,010	13.6%	31.8%
<b>Peterborough</b>	31,340	35,030	40,350	45,210	48,850	11.8%	28.7%
<b>Cambridgeshire and Peterborough</b>	162,090	183,580	212,660	238,640	256,860	13.3%	31.2%

Note: Totals may not add due to rounding

Source: Cambridgeshire Research Group, 2020-based population forecast by district

## 6.2 Housing growth

Cambridgeshire and Peterborough has been an area of growth for many years. In fact, Cambridgeshire was the fastest growing county between the 2001 and 2011 in terms of population growth. Emerging District and City council local plans continue to support future growth in their areas of the county to meet housing need and support economic growth.

The Strategic Housing Market Assessment (SHMA) proposes a total of 103,625 new dwellings across Cambridgeshire and Peterborough from 2011 to 2031/2036 (Each Local Authority area has a different Local Plan Period) Show in **Table 23** below.

During 2020-21, there were 4,768 new dwellings completed across Cambridgeshire and Peterborough (3,521 in Cambridgeshire and 1,247 in Peterborough).

**Table 23: Summary of objectively assessed housing need 2017**

LA	Overall housing Need	Affordable Housing Need
Cambridge City	14000	10402
East Cambridgeshire	12900	2854

Fenland	12000	5814
Huntingdonshire	20100	7897
South Cambridgeshire	19500	5573
Peterborough	25125	13647
Total	103625	46187

Source: <https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/our-housing-market/shma/>

**Table 24: Dwelling Completions (NET) in Cambridgeshire**

Area	2017/18	2018/19	2019/20	2020/21
Cambridge	1,119	869	467	396
East Cambridgeshire	289	373	470	405
Fenland	449	400	561	357
Huntingdonshire	744	1,040	1,011	1,041
South Cambridgeshire	736	1,141	1,059	1,322
Cambridgeshire	3,337	3,823	3,568	3,521
Peterborough	766	1,043	1,133	1,247
Cambridgeshire and Peterborough	4,103	4,866	4,701	4,768

Source: Cambridgeshire Research Group

NET completions include all dwelling gains in monitoring year minus the losses (demolitions, etc)

The table only shows self-contained dwellings (i.e. the Census definition)

Table 25: Dwelling Commitments in Cambridgeshire and Peterborough at 31 March 2021 Area	Outline planning permission	Full / Reserved Matters permission, Under Construction	Full / Reserved Matters permission, Not Started	Total Permissions	Adopted Allocation with no Planning Permissions	Total dwellings commitment
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describes dwelling commitments across Cambridgeshire and Peterborough as at 31 March 2021. Commitments include those with outline planning permission, full/reserved permissions, and allocated sites within the Local Plans. Due to the differences in the way each local authority publishes their data some comparisons and totals cannot be produced.



Table 25: Dwelling Commitments in Cambridgeshire and Peterborough at 31 March 2021Area	Outline planning permission	Full / Reserved Matters permission, Under Construction	Full / Reserved Matters permission, Not Started	Total Permissions	Adopted Allocation with no Planning Permissions	Total dwellings commitment
Cambridge	3,029	994	1,379	5,402	1,805	7,207
East Cambridgeshire*	3,708	-	2,735	6,443	3,247	9,690
Fenland	2,045	226	1,479	3,750	6,208	9,958
Huntingdonshire	7,907	948	3,110	11,965	4,687	16,652
South Cambridgeshire	15,693	813	3,957	20,463	14,580	35,043
Peterborough	10,431			10,431	5,572	16,003
Cambridgeshire	32,382	2,981	12,660	48,023	30,527	78,550
Cambridgeshire and Peterborough	Data not available as Peterborough data not broken down by these categories			58,454	36,099	94,553

Source: Cambridgeshire Research Group and Peterborough 2021 Housing Monitoring Report

\*breakdown of Under Construction and Unimplemented unavailable for East Cambridgeshire

### 6.3 Growth 2022 onwards

Several major developments are expected to progress significantly, and a number of other major developments are expected to begin during the period. **Table 26** shows the major developments in Cambridgeshire and Peterborough as at 2022

**Table 26: Major developments in Cambridgeshire and Peterborough at 2022**

Sites Providing >100 Dwellings by Location at 31/03/2019							
Site Name	Locality	Outline Consent	Unimplemented	Under Construction	Allocated	Completed	Total units at Completion
Hampton & Hempsted	PCC	6081	Data not available			5,761	8365
Great Haddon	PCC	5,350	Data not available				5350
Paston Reserve	PCC	1050	Data not available			652	1050
Cardea (Stanground South)	PCC	2000	Data not available			1,421	2000
Bell School	CCC	0	0	0	0	270	270
Cambridge East	CCC	0	0	0	780	0	780
Marleigh (Wing)	CCC	753	381	99	0	67	1,300
Land North of Cherry Hinton	CCC		0	0	1200	0	1200
Darwin Green 1	CCC	1,306	43	26	0	371	1,746
Darwin Green 2&3	SCDC	0	0	0	1,000	0	1,000
Great Kneighton	CCC	0	0	52	0	2,136	2,188
Glebe Farm	CCC	0	0	0	0	317	317
Trumpington Meadows	CCC	0	71	2	0	494	567
Trumpington Meadows	SCDC	0	74	27	0	522	623
Eddington	CCC	750	244	48	0	807	1,849
Eddington	SCDC	1,023	22	13	0	80	1,138
Orchard Park	SCDC	0	143	0	0	1,028	1,171
Ely North	ECDC	1,343	482*	0	1,000	175	3,000
Alconbury Weald	HDC	3,988	254	213	0	545	5,000
Bassenhally Farm		90	103	7	0	260	460
Brampton Park	HDC	0	65	70	0	479	614
Loves Farm	HDC	0	41	0	0	1,438	1,479
Wintringham Park	HDC	3,070	589	111	0	50	3,820
Godmanchester Bridge	HDC	59	211	45	0	497	812
Bourn Airfield	SCDC	0	0	0	3,500	0	3,500
Cambourne West	SCDC	1,674	676	0	240	0	2,590
Northstowe	SCDC	3,094	858	116	5,000	932	10,000
Waterbeach New Town	SCDC	6,500	0	0	4,500	0	11,000

\*ELY NORTH is UC, exact breakdown between UC and UI is unavailable

**Map 18** and **Map 19** show growth sites of 100 and 200 or more commitments across Cambridgeshire and Peterborough respectively together with community pharmacies and dispensing practices as at 31 March 2021.

#### **6.4 Monitoring of housing developments and needs for pharmaceutical services**

In addition to the growing and ageing population, the large-scale housing developments in progress can impact on the need for pharmaceutical services in their area in the future.

The new town of Northstowe is an NHS Healthy New Town Demonstrator Site and the project is looking to provide new residents with the spectrum of health services from pharmacy and primary care in a new model of care. Residents will be advised when they move in on the most appropriate health service to access for their needs.

The HWB has considered ways of monitoring the progress of planned housing developments in relation to need for pharmaceutical services.

#### **6.5 Monitoring of housing developments**

Cambridgeshire Research Group publish a quarterly update on the status of major housing developments in Cambridgeshire.<sup>44</sup> This information will be used to inform monitoring of need for pharmaceutical services before the next PNA is published.

CCC also monitors, on behalf of the five Cambridgeshire district councils, the annual number of commitments, completions and units under construction. This information is available on an annual basis across the county.<sup>45</sup>

Each District in Cambridgeshire has a plan for community growth and development and these plans are under regular review.

In addition to monitoring individual housing sites, it may be necessary to monitor cumulative developments across several sites; i.e. if a number of smaller developments are built in an area then future completions may be worth monitoring by town/village/vicinity to pharmacies as well as just by individual housing developments. This might be particularly relevant where the ratio of pharmacies to people is already above or below average.

#### **6.6 Effect of Growth on a Reserved Location**

A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of 1.6km (1 mile) of the proposed premises or location is fewer than 2,750.

Should the population reach or exceed 2,750 the pharmacy, if already open, can apply to NHS England for a re-determination of reserved location status. If this status is removed then, subject to the prejudice test, the normal one mile rule would apply (i.e. the doctors lose dispensing rights within a mile of the pharmacy).

#### **6.7 Factors to consider in relation to needs for pharmaceutical services**

According to the 2011 Census the average number of people per household in East of England is 2.3-2.4 (the average for England is 2.3). However, an analysis undertaken by Cambridgeshire Research Group, to

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<sup>44</sup> Ibid.

<sup>45</sup> Cambridgeshire County Council. 'Housing Development' webpage. Available at: <http://cambridgeshireinsight.org.uk/interactive-maps/housing>

forecast the population of new developments in Cambridgeshire, suggested that it is reasonable to assume an average household size of 2.5 people. Note that the average household size in the new developments tends to be larger than the standard multiplier used of 2.5, with Cambourne, Cromwell Park and Orchard Park seeing average household sizes of 2.8. This has implications for service delivery in new developments (i.e. coping with an increase in population compared to predicted).

The HWB is not aware of any robust evidence to suggest a generic 'population trigger point' for when a housing development in a location might need a pharmaceutical service provider. The HWB is also not aware of any measure of the extent to which existing local pharmaceutical service providers can accommodate the increase in need for pharmaceutical services created by an increase in local population size.

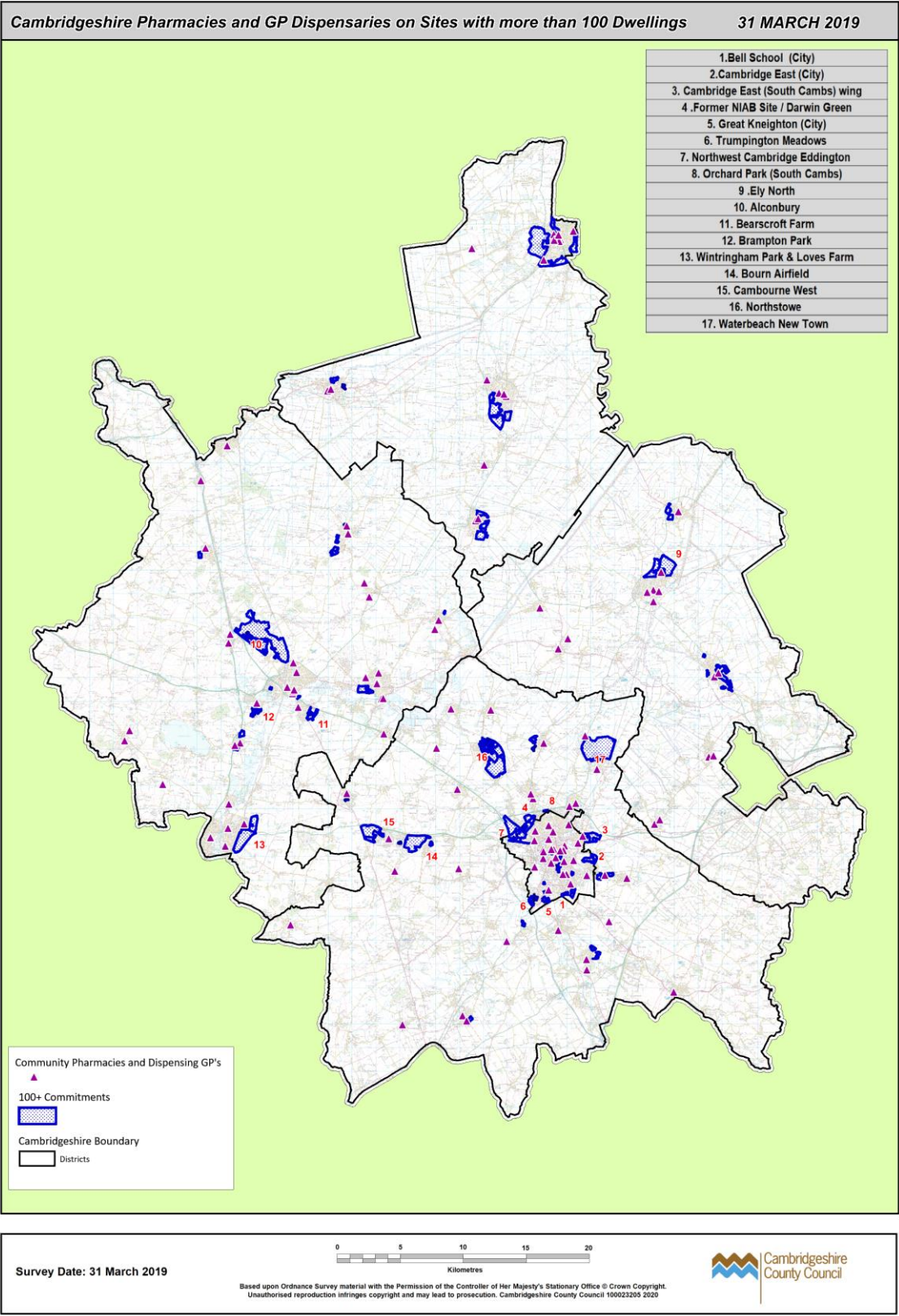
An increase in population size is likely to generate an increased need for pharmaceutical services, but, on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

Considerations, when assessing needs for local pharmaceutical service providers, should be based on a range of local factors specific to each development site. Such factors may include:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e. the proportion of affordable housing at the development.
- Existing pharmaceutical service provision in nearby areas and elsewhere in the county and opportunities to optimise existing local pharmaceutical service provision;
- Access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors that can supply services.
- Developments in pharmaceutical supply models (e.g. delivery services, robotic dispensing, centralised hub dispensing and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver.
- Skill mix. A pharmacy's capacity to dispense larger volumes of prescriptions and/or deliver other services is greatly influenced by the number of pharmacists working in the pharmacy and, increasingly more importantly, the number of support staff. There have been significant developments in the roles that support staff can now fulfil to support the pharmacy operation. Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians all now make a significant contribution to the delivery of pharmacy services and their availability to support a pharmacist should be considered by commissioners when considering how services can be commissioned from pharmacies.
- Considerations of health inequalities and strategic priorities for Cambridgeshire.

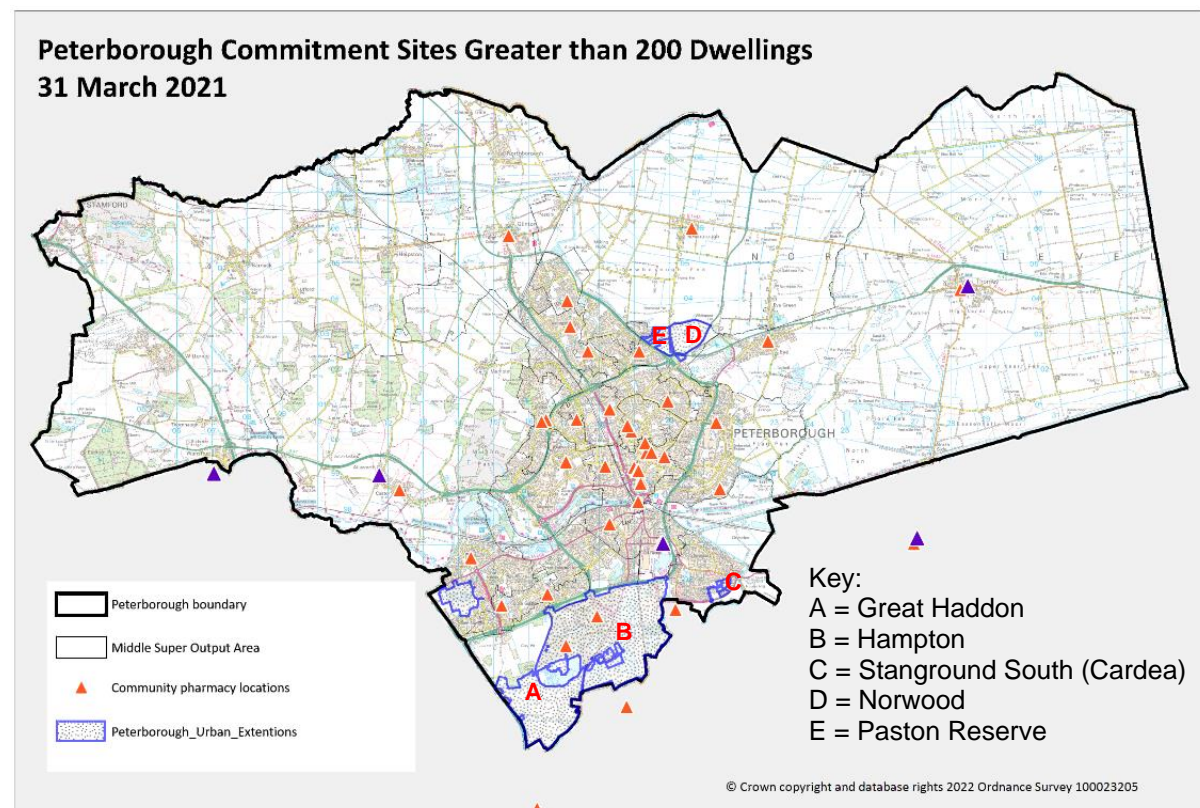
In conclusion, over the coming years, the population in Cambridgeshire is expected to both age and grow substantially in numbers. Several large-scale housing developments are in progress. The Cambridgeshire HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmaceutical services provision might be required.

Map 18: Growth sites of more than 100 commitments





## Map 19: Peterborough Growth Sites greater than 200 Dwellings



**Cambridgeshire**  
**Pharmaceutical Needs Assessment 2020**

***Appendices 1 – 4***



## Appendix 1: Legal requirements for PNAs

This section contains an extract from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Please note that the HWB takes no responsibility for the accuracy of the extract. The full text of the Regulations is available at: <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

**1. These regulations may be cited as the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and came into force on 1<sup>st</sup> April 2013.**

**2. Interpretation** (long – see website)

**3. Pharmaceutical needs assessment**

- (1) *The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.*
- (2) **The pharmaceutical services the PNA must cover are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for:**
  - a. *the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;*
  - b. *the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or*
  - c. *the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NSH services that may be provided under arrangements made by the NHSCB with a dispensing doctor)*

**4. Information to be contained in PNA**

- (1) *Each pharmaceutical needs assessment must contain the information set out in Schedule 1.*
- (2) *Each HWB must, in so far as is practicable, keep up to date the map which it includes in its pharmaceutical needs assessment pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement)*

**5. Date by which the first HWB PNAs are to be published**

*Each HWB must publish its first PNA by 1<sup>st</sup> April 2015.*

**6. Subsequent assessments**

- (1) *After it has published its first PNA, each HWB must publish a statement of its revised assessment within three years of its previous publication of a pharmaceutical needs assessment.*
- (2) *A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular changes to –*
  - a) *the number of people in its area who require pharmaceutical services;*
  - b) *the demography of its area; and*
  - c) *the risks to the health or wellbeing of people in its area,**unless it is satisfied that making a revised assessment would be a disproportionate response.*
- (3) *Pending the publication of a statement or a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services (..) where –*
  - a) *the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or(ii) of the 2006 Act; and*
  - b) *the HWB –*

- (i) *is satisfied that making its first or revised assessment would be a disproportionate response to those changes, or*
- (ii) *is in the course of making its first or revised assessment and is satisfied that immediate notification of its PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.*

## **7. Temporary extension of PCT PNAs and access by the NHSCB and HWBs to PNAs**

*Before the publication by an HWB of the first PNA that it prepares for its area, the PNA that relates to any locality within that area is the PNA that relates to that locality of the PCT for that locality immediately before the appointed day, read with*

- a) any supplementary statement published by the PCT (..)*
- b) any supplementary statement published by the HWB (..)*

*Each HWB must ensure that the NHSCB has access to –*

- a) the HWB's PNA (including any supplementary statements) (..)*
- b) any supplementary statement that the HWB publishes (..)*
- c) any PNA of a PCT that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations*

*Each HWB must ensure that, as necessary, other HWBs have access to any PNAs of any PCT that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.*

## **8. Consultation on PNAs**

*(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—*

- (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);*
- (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);*
- (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;*
- (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;*
- (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and*
- (f) any NHS trust or NHS foundation trust in its area;*
- (g) the NHSCB; and*
- (h) any neighbouring HWB.*

*(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.*

*(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—*

*(a) must consult that Committee before making its response to the consultation; and*

*(b) must have regard to any representations received from the Committee when making its response to the consultation.*

*(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.*

*(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.*

*(6) If a person consulted on a draft under paragraph (2)—*

*(a) is treated as served with the draft by virtue of paragraph (5); or*

*(b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).*

## **9. Matters for consideration when making assessments**

*(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—*

*(a) the demography of its area;*

*(b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;*

*(c) any different needs of different localities within its area;*

*(d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—*

*(i) the need for pharmaceutical services in its area, or*

*(ii) 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; and*

*(e) any other NHS services provided in or outside its area (which are not covered by subparagraph*

*(d)) which affect—*

*(i) the need for pharmaceutical services in its area, or*

*(ii) 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.*

*(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—*

*(a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and*

*(b) having regard to likely changes to—*

*(i) the number of people in its area who require pharmaceutical services,*

*(ii) the demography of its area, and*

*(iii) the risks to the health or wellbeing of people in its area.*

#### **SCHEDULE 1 Regulation 4(1)**

*Information to be contained in pharmaceutical needs assessments*

##### **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; and*

*(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; or*

*(b) 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; and*

*(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.*

## Appendix 2: Lists of Pharmacies & Dispensing Practices in Cambridgeshire and Peterborough and Methodology

### Appendix 2a: Pharmacies (148)

Pharmacy ODS code	Pharmacy Trading name	Address line 1	Town
FME67	Alconbury Pharmacy	1 Bell Lane	Alconbury
FR005	PillSorted	Carthouse 3	Babraham
FJM20	Tesco In-store Pharmacy	Tesco Superstore	Bar Hill, Cambridge
FM218	Bottisham Pharmacy	8 High Street	Bottisham
FA272	Lloyds Pharmacy	46-47 Arbury Court	Cambridge
FAN68	Petersfield Pharmacy	56 Mill Road	Cambridge
FC248	Well Cambridge - Barnwell Road	17 Barnwell Road	Cambridge
FH400	Kays Chemist Ltd	39 Wulfstan Court	Cambridge
FJ710	Boots	5-6 Grafton Centre	Cambridge
FJE06	Superdrug Pharmacy	59 Sidney Street	Cambridge
FJQ86	Fitzwilliam Pharmacy	30 Trumpington Street	Cambridge
FLM26	Asda Pharmacy	Unit9, Beehive Centre	Cambridge
FM044	N K Jank Chemist	32A Eltisley Avenue	Cambridge
FMQ30	Lloyds Pharmacy	Nuffield Road Medical Ctr	Cambridge
FND78	Milton Road Pharmacy	123 Milton Rd	Cambridge
FNM28	Boots	25 High Street	Cambridge
FNT86	Well Cambridge - York Street Hc	York Street Health Centre	Cambridge
FPA48	Boots	28 Petty Cury &	Cambridge
FPQ39	Boots	68 Chesterton Road	Cambridge
FQ463	Lloyds Pharmacy	Brooks Road	Cambridge

FQJ21	Well Cambridge - Mill Road	Unity House Pharmacy	Cambridge
FR918	Village Pharmacy	49 High Street	Cambridge
FRH66	Gft Davies & Co.	50 Hills Road	Cambridge
FRK45	Lloyds Pharmacy	57 High Street	Cambridge
FT890	Well Histon - Station Road	1 Station Road	Cambridge
FTA59	Willingham Pharmacy	52 Long Lane	Cambridge
FVE60	Superdrug Pharmacy	38 Fitzroy Street	Cambridge
FVR16	Tesco In-store Pharmacy	Tesco Superstore	Cambridge
FW459	Numark Pharmacy	102 Cherry Hinton Road	Cambridge
FW739	Granta Pharmacy	Sawston Medical Centre	Cambridge
FW840	Over Healthcare	1 Drings Close	Cambridge
FWE48	Lloyds Pharmacy	9 High Street	Cambridge
FWF36	Kumar Pharmacy	15 Rectory Terrace	Cambridge
FWG58	Ditton Pharmacy	37 Ditton Lane	Cambridge
FX039	Boots	37 Woollards Lane	Cambridge
FX220	Rowlands Pharmacy	189 Histon Road	Cambridge
FXT92	Welfare Pharmacy	Unit 1, Hobson Square	Cambridge
FFF41	Boots	Unit 3, Cambridge Retail Park	Cambridge
FJ193	Lloyds Pharmacy	22-24 High Street	Chatteris
FYE36	Lloyds Pharmacy	George Clare Surgery	Chatteris
FVV07	Cherry Hinton Pharmacy	39A High Street	Cherry Hinton
FCJ05	Well Cottenham - High Street	222 High Street	Cottenham
FD259	Advanced Pharmacy	64 St Mary'S Street	Ely
FD365	Boots	6-8 Market Street	Ely
FDK60	Lloyds Pharmacy	Sainsbury'S Superstore	Ely



FEJ14	St.Mary's Pharmacy	50 St.Mary's Street	Ely
FJ828	Lloyds Pharmacy	Princess Of Wales Hospital	Ely
FT042	Tesco In-store Pharmacy	Tesco Superstore	Ely
FXE71	Fenstanton Pharmacy	27/27B/27D High Street	Fenstanton
FN629	The Village Pharmacy	2 High Street	Fulbourn
FJE62	J G Clifford Dispensing Chemist	2 & 2A The Causeway	Godmanchester
FDQ06	Haddenham Pharmacy	1 Station Road	Haddenham
FA042	Lloyds Pharmacy	20 Great Whyte	Huntingdon
FAE37	Boots	12 High Street	Huntingdon
FD696	Acorn Pharmacy	The Oaktree Centre	Huntingdon
FDL32	Lloyds Pharmacy	72A Ermine Street	Huntingdon
FJ285	Tesco In-store Pharmacy	Tesco Superstore	Huntingdon
FJ579	Tesco In-store Pharmacy	Barford Road	Huntingdon
FLX65	Boots	42 High Street	Huntingdon
FM489	Well St Neots - Huntingdon Street	14 Huntingdon Street	Huntingdon
FMT88	Lloyds Pharmacy in Sainsbury's	Lloyds Pharmacy in Sainsburys	Huntingdon
FP179	Boots	5-6 Sheep Market	Huntingdon
FQJ32	Brampton Chemist	97B High Street	Huntingdon
FW184	The Old Swan Pharmacy	29 High Street	Huntingdon
FW406	Priory Fields Pharmacy	Priory Fields Surgery	Huntingdon
FCH09	Well Impington - Station Road	115 Station Road	Impington
FPF47	Lloyds Pharmacy	St Georges Medical Centre	Littleport
FRQ84	Wellbeing Pharmacy	2 Parsons Lane	Littleport
FAW48	Boots	Riverside Medical Centre	March
FJW80	Tesco In-store Pharmacy	Tesco Superstore	March

FK813	Lloyds Pharmacy	The Cornerstone Practice	March
FP164	Boots	17-19 Broad Street	March
FV774	Tesco In-store Pharmacy	Cambridge Road	Milton
FDV36	Papworth Pharmacy	Chequers Lane	Papworth Everard
FK361	Tesco In-store Pharmacy	Serpentine Green, Hampton	Peterborough
FA886	Odedra Chemist	Rectory Gardens	Peterborough
FCC95	Pharmacy Medicines Ltd	11 Fenlake Business Ctre	Peterborough
FCE38	Halls The Chemist	92 Peterborough Road	Peterborough
FCF98	Lloyds Pharmacy	The Nene Valley Med Ctr	Peterborough
FCK31	Shrives Chemist	14 Westgate	Peterborough
FCM31	Granville Pharmacy	35 Granville Street	Peterborough
FD217	Halls The Chemist	14A Church Street	Peterborough
FDN91	Well Millfield - Lincoln Road	303-307 Lincoln Road	Peterborough
FE246	Well Westwood - Hampton Court	2-6 Hampton Court	Peterborough
FE819	Whittlesey Pharmacy	4 Market Street	Peterborough
FF148	Rowlands Pharmacy	The Health Centre	Peterborough
FF862	Boots	21 High Street	Peterborough
FFC50	Botolph Bridge Pharmacy	Unit B	Peterborough
FFR55	Boots	The New Queen St. Surgery	Peterborough
FGJ36	Wansford Pharmacy	Old Hill Farm	Peterborough
FHL89	The Chemist Shop	4 Rectory Lane	Peterborough
FJ438	Hampton Pharmacy	14 Stewartby Avenue	Peterborough
FJK89	Well Stanground	Stanground Surgery	Peterborough
FJR07	Pharmadose	14 Dodson Way	Peterborough
FK594	Thomas Walker Pharmacy	Thomas Walker Med Centre	Peterborough

FK836	Halls The Chemist	The Old Chapel	Peterborough
FKC24	Mi Pharmacy (Werrington Branch)	12B Skaters Way	Peterborough
FL013	Rowlands Pharmacy	New Primary Care Centre	Peterborough
FL030	Netherton Pharmacy	57 Ledbury Road	Peterborough
FL131	Well Paston - Chadburn Centre	Chadburn Centre	Peterborough
FMC67	City Pharmacy	50 Lincoln Road	Peterborough
FN982	Lloyds Pharmacy	J.Sainsburys Superstore	Peterborough
FNF85	Mi Pharmacy (Park Road Branch)	164 Park Road	Peterborough
FNH86	Dogsthorpe Pharmacy	54 Central Avenue	Peterborough
FNL18	Graham Young (Chemist) 2007 Ltd	Graham Young Medical Village	Peterborough
FP572	Newborough Pharmacy	42 School Road	Peterborough
FPD00	Boots	The Bretton Health Centre	Peterborough
FQ495	Boots	Queensgate Centre	Peterborough
FR840	Halls The Chemist	57 Napier Place	Peterborough
FRF00	Asda Pharmacy	West Rivergate Shop Ctre	Peterborough
FRK33	Millfield Pharmacy	387 Lincoln Road	Peterborough
FRR65	Landsdowne Pharmacy	5/6 Landsdowne Road	Peterborough
FTG76	West Town Pharmacy	63-65 Mayors Walk	Peterborough
FTK85	Lloyds Pharmacy	Ortongate Shopping Centre	Peterborough
FTQ69	Boots	Unit 2	Peterborough
FTX88	Werrington Pharmacy	97 Church Street	Peterborough
FVN97	Walton Chemist	178A Mountsteven Avenue	Peterborough
FVP32	Boots	Unit 2	Peterborough
FW010	Pharmacy First	51 Lincoln Road	Peterborough
FWL28	Halls The Chemist	Stilton Memorial Hall	Peterborough

FWP72	Mi Pharmacy (Eastfield Road Branch)	127 Eastfield Road	Peterborough
FQ079	Lloyds Pharmacy	Unit 2	Ramsey
FM614	Bassingbourn Pharmacy	24 High Street	Royston
FN376	Well Melbourn - High Street	71 High Street	Royston
FKT41	Gamlingay Pharmacy	37 Church Street	Sandy
FJ667	Lloyds Pharmacy	31 High Street	Soham
FXM99	Staploe Pharmacy	The Staploe Medical Ctr.	Soham
FKL48	J W Anderson Dispensing Chemist	Galen House	Somersham
FCF97	Buckden Pharmacy	8 Hunts End	St Neots
FF149	Loves Farm Pharmacy	5 Kester Way	St Neots
FMR87	Lloyds Pharmacy	Eaton Socon Health Centre	St Neots
FWJ14	Little Paxton Pharmacy	7 Parkway	St Neots
FC219	Lloyds Pharmacy	5 The Pavement	St. Ives
FD555	Well St Ives - Constable Road	Unit 1, Burleigh Hill Centre	St. Ives
FGT99	Lloyds Pharmacy	9 Kings Hedges	St. Ives
FAC08	Boots	33 High Street	St. Neots
FMF35	Sutton Pharmacy	29A High Street	Sutton
FCG71	Wards of Warboys Dispensing Chemists	1 Ramsey Road	Warboys
FAK53	Waterbeach Pharmacy	5 Greenside	Waterbeach
FAK71	Day Lewis Pharmacy	242 Main Road	Wisbech
FF184	Asda Pharmacy	23 North End	Wisbech
FFE75	Boots	6 Kirkgate Street	Wisbech
FFJ83	Well Wisbech - St. Augustines Road	25 St Augustines Road	Wisbech
FG548	Tesco In-store Pharmacy	Cromwell Road	Wisbech
FPK57	Boots	Unit 15 The Horsefair	Wisbech

FQH01	Boots	8 De Havilland Road	Wisbech
FQN58	North Brink Pharmacy	7 North Brink	Wisbech
FRT66	Fairbrother Pharmacy	5 Church Terrace	Wisbech

## Appendix 2b: Dispensing Practices (40)

GP ODS code	Practice Name	Address	Town
D81618	Ailsworth Medical Centre	32 Main Street	Ailsworth
D81004	Alconbury & Brampton Surgeries	School Lane	Alconbury
D81055	Bottisham Medical Practice	Tunbridge Lane	Bottisham
D81041	Bourn Surgery	25 Alms Hill	Bourn
D81051	Burwell Surgery	Newmarket Road	Burwell
D81002	Huntingdon Road Surgery	1 Huntingdon Road	Cambridge
D81061	George Clare Surgery	Swan Drive New Road	Chatteris
D81035	Comberton & Eversden surgeries	58 Green End	Comberton
D81036	Priors Field Surgery	24 High Street Sutton	Ely
D81034	Dr McCormack & Partners/ St Marys Surgery	St Mary's Surgery 37 St Mary's Street	Ely
D81081	Great Staughton Surgery	57 The Highway	Great Staughton
D81062	Haddenham Surgery	The Green	Haddenham
D81058	Harston Surgery	11 Church Street	Harston
D81060	Moat House Surgery	Beech Close, Warboys	Huntingdon
D81038	Kimbolton Medical Practice	Hunters Way	Kimbolton
D81021	St George's Medical Centre	2A Parson's Lane	Littleport
D81611	Fenland Group Practice - Doddington, Wimblington and Manea Surgeries	11D Benwick Road, Doddington	March
D81018	Orchard Surgery	New Road	Melbourn
D81612	Milton Surgery	87 Coles Road	Milton
D81029	Old Fletton Surgery	Rectory Gardens	Old Fletton
K83023	Oundle Medical Practice	Glaphorn Road	Oundle

D81033	Over Surgery	1 Drings Close	Over
D81085	Papworth Surgery	Chequers Lane	Papworth Everard
D81059	Ramsey Health Centre Partnership	Mews Close	Ramsey
E82072	The Royston Health Centre Practice	Melbourn Street	Royston
D81043	Granta Medical Practice	Sawston Medical Centre London Road	Sawston
D81027	Wellside Surgery	45 High Street	Sawtry
D81014	Staploe Medical Centre	Brewhouse Lane	Soham
D81606	Riverport Medical Practice	Constable Road	St Ives
D81030	Grove Medical Practice (formerly Cromwell Place Surgery )	Cromwell Place	St Ives
D81049	The Spinney Partnership	Ramsey Road	St Ives
D81045	Buckden and Little Paxton Surgeries	Mayfield Buckden	St Neots
D81607	Swavesey Surgery	58 Boxworth End	Swavesey
D81022	Jenner Healthcare (formerly Octagon)	Thorney Medical Practice Wisbech Road	Thorney
K83017	Wansford & Kings Cliffe Practice	Yarwell Road	Wansford
D81046	The New Queen Street Surgery	The New Queen Street Surgery, Syers Lane	Whittlesey
D81084	Willingham Medical Practice	52 Long Lane	Willingham
D81015	Parson Drove Surgery	240 Main Road, Parson Drove	Wisbech
D81008	North Brink Practice	7 North Brink	Wisbech
D81011	Clarkson Surgery	Dehavlland Road	Wisbech



**Appendix 2c: Methods used to identify and map pharmaceutical service providers:**

- NHS England provided Public Health Intelligence with a list of 148 pharmacies and 40 dispensing practices within Cambridgeshire, including location details, in May 2022.
- Maps showing the locations of premises providing pharmaceutical services were created using the MapInfo mapping tool.
- Maps showing access to pharmaceutical services by travel distance were created using the Public Health England SHAPE mapping tool.

### Appendix 3: Results of Community Pharmacy questionnaire 2022

#### Cambridgeshire and Peterborough Pharmaceutical Needs Assessment 2022 Questionnaire – Contractor’s Responses (Total = 74 pharmacies and dispensing practices)

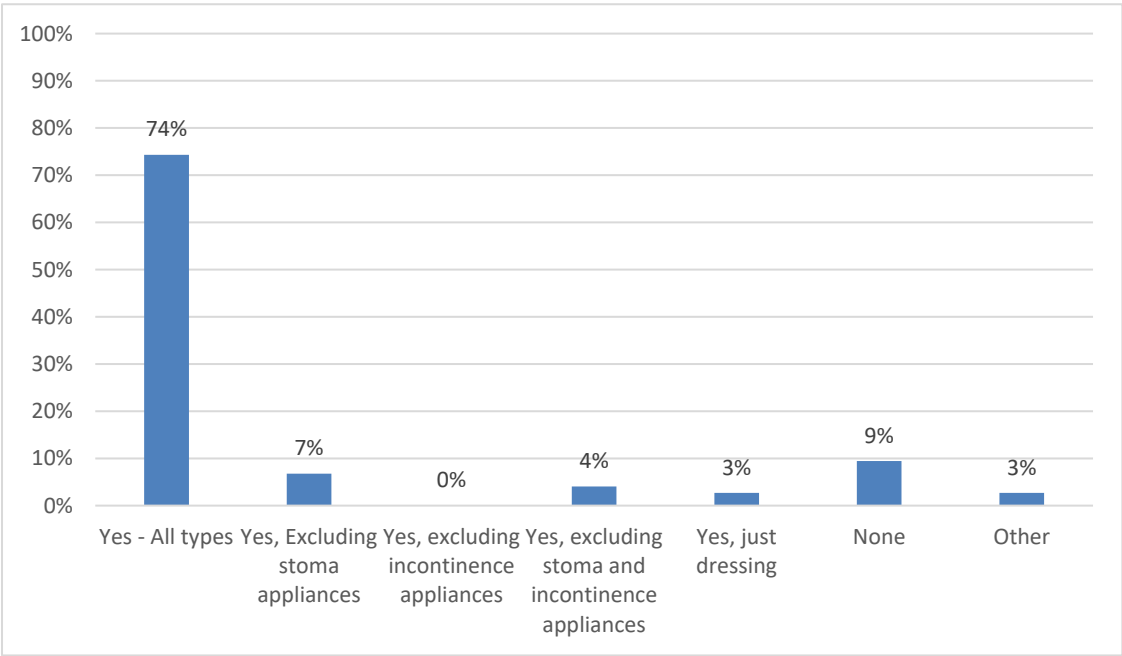
##### Question 1: Contractor ODS code

74 responses in total, of which, 59 responses from community pharmacies and 15 from dispensing practices (39% response rate).

(Note: 59 of 148 (40%) community pharmacies and 15 of 40 (38%) dispensing GP practices in Cambridgeshire and Peterborough responded to the questionnaire.)

##### Commissioned services

##### Question 2: Do you dispense appliances?



Response	Number	Percentage
Yes - All types	54	73%
Yes, Excluding stoma appliances	5	7%
Yes, excluding incontinence appliances	-	-
Yes, excluding stoma and incontinence appliances	3	4%
Yes, just dressing	2	3%
None	7	9%
Other	2	4%
<b>Total</b>	<b>74</b>	<b>100%</b>

73% of contractors said that they are dispensing all types of appliances, whereas 9% responded they don't dispense any of the appliances.

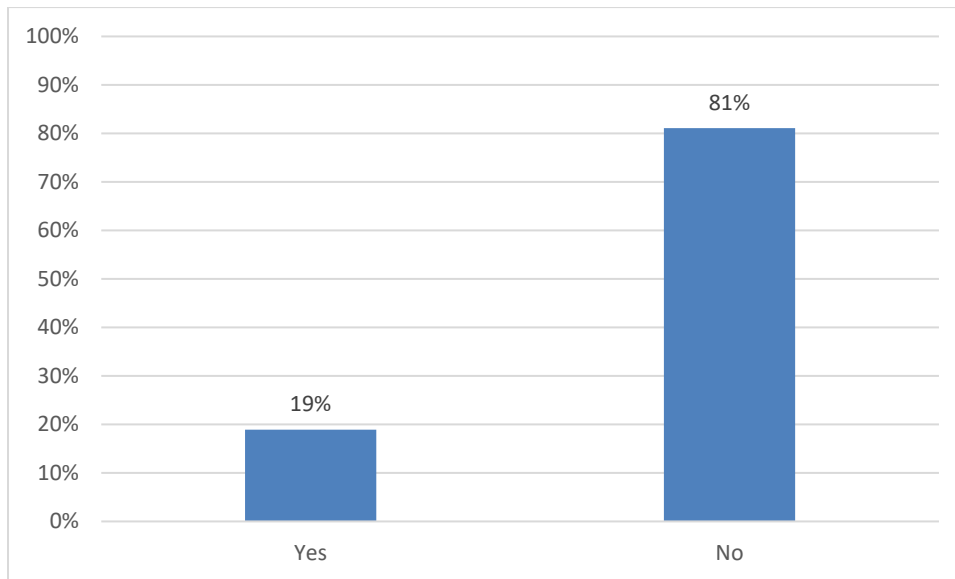
**Question 3:** If you have not signed up to deliver locally commissioned services (e.g. smoking cessation, EHC, needle/syringe provision, supervised consumption) what are the barriers to signing up?

Response	Number
Already signed/intending to	5
Limited space	5
No barriers	2
Dispensing practice	3
Offering all/some services	3
Remuneration/funding	5
Not offered	1
Time and staff availability/ capacity	11
Resource challenge	1
staff training	3
EHC mechanism for payment not setup	1
Poor uptake previously	1
Too competitive with GP surgeries	2
Not branch decision	1
<b>Total</b>	<b>44</b>

Note: 37 responses for this question and some include multiple answers, so the total count is higher than the number of responses received

- 37 responses included additional (free-text) details on the barriers in signing up to deliver locally commissioned services.
- Lack of time and staff availability/capacity was the key issue identified with 11 responses.
- 5 contractors mentioned that they don't have enough space to provide some of the services like needle/syringe exchange.
- Remuneration/funding (5 responses) and capacity to train staff (3 responses) were also a barrier to deliver commissioned services.

**Question 4:** Is there any support you would like to be able to deliver locally commissioned services?



Response	Number	Percentage
Yes	14	19%
No	60	81%
<b>Total</b>	<b>74</b>	<b>100%</b>

81% of the contractors said they don't require any support to deliver locally commissioned services, although 19% said they need support.

**Question 5:** Please specify

Response	Number
Training session	4
Staff requirement	5
Better communication on change in service specifications	1
Regular initial visits to set up new services	1
EHC mechanism for payment not set up	1
Funding/ reimbursement to enable pharmacies to offer more services	2
No knowledge on available support	1
<b>Total</b>	<b>15</b>

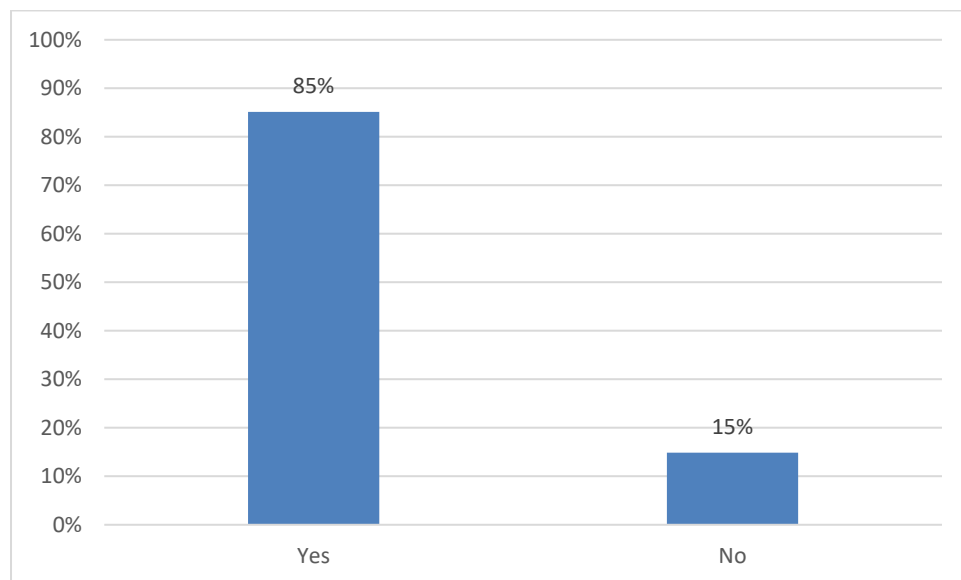
Note: 14 responses for this question and some include multiple answers, so the total count is higher than the number of responses received

- 14 responses included additional (free-text) details on the support they would need to deliver locally commissioned services.

- 5 of the contractors said they would need more staff to offer locally commissioned services and 4 responses mentioned that they need support with training staff.
- There was also mention of funding and reimbursement, “increased funding in general to enable pharmacies to hire more staff and train them in order to cope with everything”.

### Non-commissioned services:

#### **Question 6:** Delivery of dispensed medicines



Response	Number	Percentage
Yes	63	85%
No	11	15%
<b>Total</b>	<b>74</b>	<b>100%</b>

85% of contractors said they deliver dispensed medicine while 15% said they don't deliver dispensed medicines.

**Note:** Questions 7,8,9 and 10 were only completed by contractors who answered 'Yes' to Question 6

**Question 7:** Delivery of dispensed medicines – Selected patient groups (list criteria)

Response	Number
All patient groups	13
Care homes	4
Elderly patients	16
Disabled patients	5
Vulnerable patients	7
Housebound patients	10
Anyone who requests	3
Anyone who pays	5
NHS exempt patients	6
Palliative care	2
Dosette patients	2
DD/PCS patients	1
864 patients	1
<b>Total</b>	<b>75</b>

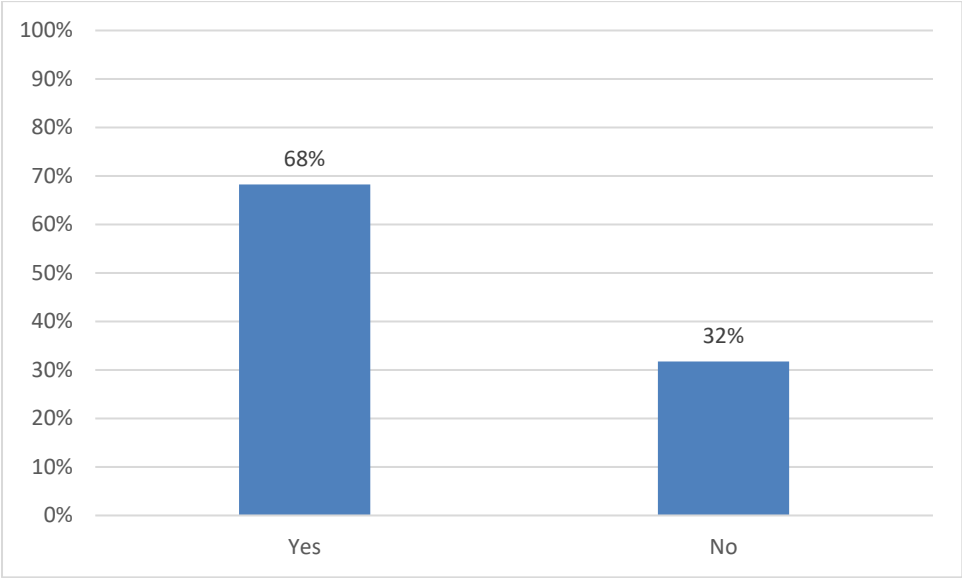
Note: 59 responses for this question and some include multiple groups, so the total count is higher than the number of responses received

- Of the contractors who offer a delivery service (63 contractors); 59 responses included additional (free-text) details on the patient groups to which they deliver dispensed medicines.
- Elderly patients are one of the most mentioned patient groups (16 responses), along with housebound patients (10 responses).
- 13 contractors mentioned that they deliver dispensed medicines for all patient groups.
- Vulnerable patients (7 responses), disabled patients (5 responses), Care home patients (4 responses) and NHS exempt patients (6 responses) have also been mentioned multiple times.

**Question 8:** Delivery of dispensed medicines – selected areas (list areas)

The responses to this question do not provide any value to the survey and therefore will not be included.

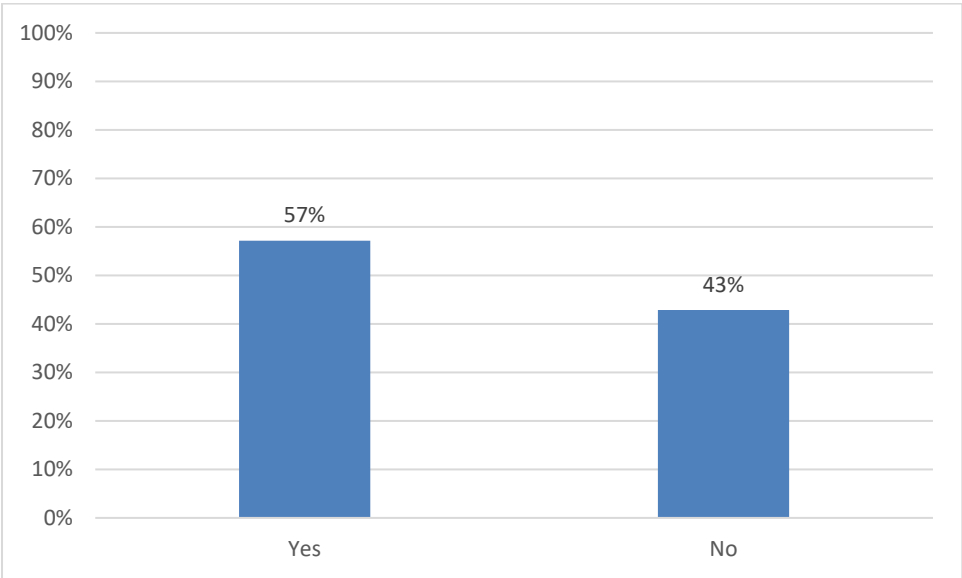
**Question 9:** Delivery of dispensed medicines – Free of charge on request



Response	Number	Percentage
Yes	43	68%
No	20	32%
Total	63	100%

Of the contractors who offer a delivery service (63 contractors), 68% offer delivery of dispensed medicines for free of charge on request, while 32% of them do not offer a free of charge service.

**Question 10:** Delivery of dispensed medicines – with charge

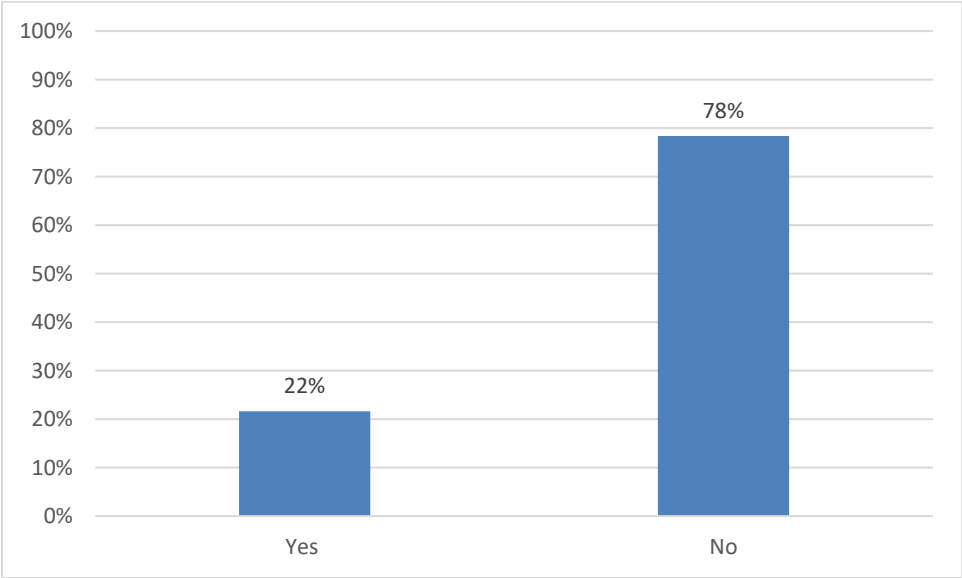




Response	Number	Percentage
Yes	36	57%
No	27	43%
<b>Total</b>	<b>63</b>	<b>100%</b>

Of the contractors who offer a delivery service (63 contractors), 57% said they offer delivery of dispensed medicines - with charge while 43% of them don't deliver for a charge.

**Question 11:** Are there any services you would like to provide that are not currently commissioned in your area?



Response	Number	Percentage
Yes	16	22%
No	58	78%
<b>Total</b>	<b>74</b>	<b>100%</b>

22% of contractors said that they would like to provide services that are not currently commissioned in their area.

**Note: Question 12 was only completed by contractors who answered ‘Yes’ to Question 11**

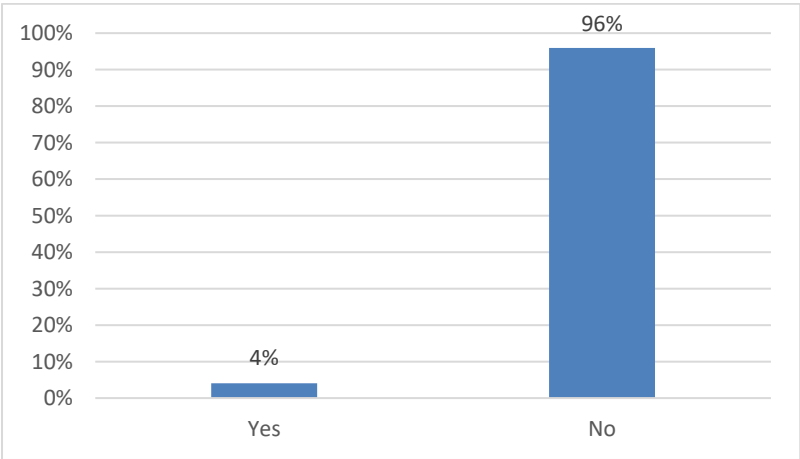
**Question 12:** Please specify

Response	Number
Any/ All services	3
Health check-up	7
Childhood vaccination	6
NHS travel vaccinations	4
Minor ailments	5
Needle exchange	1
Obesity and weight management	1
Stop Smoking Clinic and Chlamydia Screening	1
UTI antibiotic service.	1
Chloramphenicol & UTI supply via PGD	1
PGD based services and POCT	1
<b>Total</b>	<b>31</b>

Note: 16 responses for this question and some include multiple services, so the total count would be higher than the number of responses received

- 16 responses included additional (free-text) details for the services they would like to provide.
- Health check-up is one of the most mentioned services (7 responses), along with childhood vaccinations (6 responses).
- Minor ailments (5 responses) and NHS travel vaccinations (4 responses) have also been mentioned multiple times.
- 3 responses mentioned they would like to provide any or all services.

**Question 13:** Is there any other information regarding pharmacy services that you would want to be considered for the PNA?



Response	Number	Percentage
Yes	3	4%
No	71	96%
<b>Total</b>	<b>74</b>	<b>100%</b>

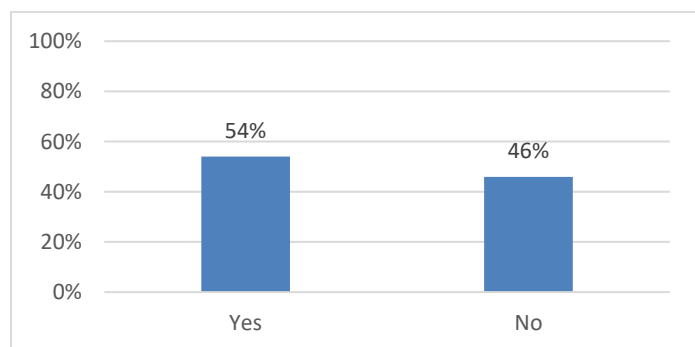
96% of the responded contractors said that they don't have any other pharmacy services to be considered for the PNA

**Note: Question 14 was only completed by contractors who answered 'Yes' to Question 13**

**Question 14:** Please specify

One response was to consider targeted delivery services. A second response was that the contractor felt that there is no [dispensing] unmet need for their practice population.

**Question 15:** Are staffing levels impacting your ability to offer a full range of services?



Response	Number	Percentage
Yes	40	54%
No	34	46%
<b>Total</b>	<b>74</b>	<b>100%</b>

54% of the responded contractors mentioned that staffing levels are impacting their ability to offer full range of services.

**Note: Question 16 was only completed by contractors who answered 'Yes' to Question 15**

**Question 16:** Please specify

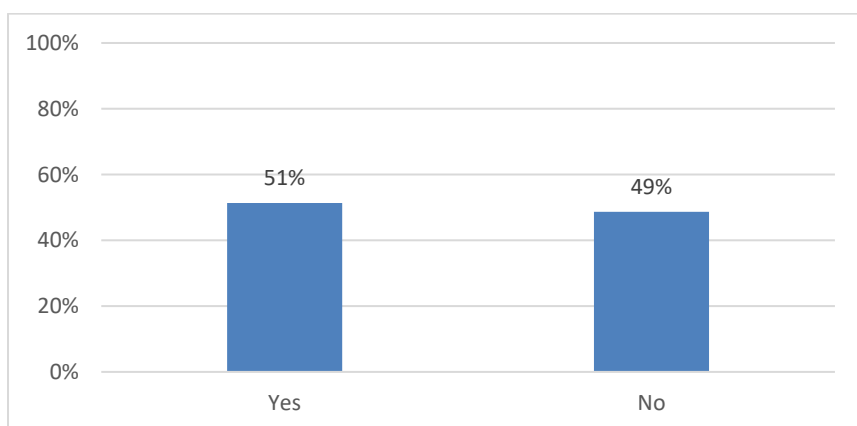
Response Data	Number
COVID has had a major influence of staff mental health. It has been extremely challenging and efforts not recognised by the Government over the past two years whilst demand has increased. We have lost a lot of experienced staff and pharmacists to the field as a result. Support, help and investment is needed to allow pharmacies to continue to support GP practices in the capacity that they are currently.	1
covid positive and self isolation make us short of staff	1
Covid sickness, staff leaving	1
currently already struggling with daily dispensing. Newly recruited staff has no dispensing background. While training new staff, it is very hard to spare time to do extra services.	1
Cuts to NHS funding mean companies have made cuts to inn pharmacy staffing - making it more difficult to offer the ful solution for every patient that we would like to. With GP surgeries no longer seeing patients, most are coming directly to their local pharmacy, so have have an increase in patients seeking advice but with a lot less staff to be able to help them.	1
I do not have a store based pharmacist at present who are trained to offer the full range of services	1
Increase work load means recruitment issues	1
Lack of funding and budget in general is preventing pharmacy from hiring enough staff	1
lack of staff makes it hard to keep up with normal day to day and then still offer full range of quality services as time is strained.	1
No current store based pharmacist, advertising	1
Not able to offer dosette boxes to new patients due to lack of ability to recruit new staff - essential services must be prioritised.	1
not enough staff to delivery a fully comprehensive service	1
Over the past few years there have been many occasions when staffing is at the absolute minimum safe level to open the pharmacy - this affects our ability to keep on top of workload, this means it takes longer to serve each patient and more queries which then further impacts the time each patient has to wait.	1
PCN RECRUITING TOO MANY COMMUNITY PHARMACY STAFF AND PHARMACISTS	1
PCN'S RECRUITING PHARMACISTS AND STAFF	1
PCN'S RECRUITING TOO MANY PHARMACY STAFF AND PHARMACISTS	1
PCN'S RECRUITING TOO MANY STAFF AND PHARMACISTS	3
Pharmacist availability - not all Locums are trained to provide services	1
Pharmacist hours have been cut, this makes it harder to deliver more services.	1
Regular parmacist	1

Services take time if you want to carry them out effectively I love doing them but for example if I do a blood pressure check only to finish it and have a Que out the shop door with several rxs to check it does make work pressure and safety concerns I'm used I went through the first lock down nothing pressures me now but new pharm	1
short staffed, hard to find appropriately trained staff	1
Sickness is a problem	1
sometimes we have locum pharmacist who are not trained to do all services and that is the only barrier. But if we have a regular pharmacist then we can provide all services.	1
Staff are stretched trying to offer all mandatory services.	1
Staff vacancies	1
Trained staff are leaving and it is impossible to find replacement of the same level and training new recruits takes years	1
Unable to recruit new staff. We advertise but very little response.	1
<b>VARYING STAFFING LEVELS CAN IMPACT ON BASIC DISPENSING SERVICES</b>	1
We are short of staff due to long term illness	1
We are very short of pharmacist in the area so the store has reduced hours which gives less time to be able to offer services	1
we had vacancies for a long time and have lots of new staff requiring training	1
we have struggled with covid cases within the team	1
Yes, as need more staff to train and deliver the services. We got staff doing more than one task on top of day to day work.	1
<b>Total</b>	<b>36</b>

#### Key points:

- 36 responses included additional (free-text) detail for the issues they have.
- Staff vacancies or lack of staffing (18 responses) was a key issue identified, along with the ability to recruit staff due to funding issues (2 responses).
- Pharmacist availability, or lack of store specific fully trained pharmacists, was also highlighted as a barrier to service delivery (7 responses)
- Training was mentioned in several responses as a barrier to service delivery (9 responses). Responses discussed the issue of losing trained staff, partly due to additional pressures on services due to the covid pandemic, as well as the issue of identifying trained staff for recruitment and capacity to train new staff once in post.
- There was acknowledgement that covid had presented a challenge for pharmacies, directly and indirectly.
- Reference to PCNs recruiting 'too many' staff for GP dispensing (6 responses).
- Reference to change in patient use of the pharmacy from one response: 'Cuts to NHS funding mean companies have made cuts to in-house pharmacy staffing - making it more difficult to offer the full solution for every patient that we would like to. With GP surgeries no longer seeing patients, most are coming directly to their local pharmacy, so have an increase in patients seeking advice but with a lot less staff to be able to help them.'

**Question 17:** Are you experiencing difficulties recruiting and retaining staff?



Response	Number	Percentage
Yes	38	51%
No	36	49%
Total	74	100%

51% of the responded contractors said they are experiencing difficulties in recruiting and retaining staff.

**Note:** Question 17 was only completed by contractors who answered 'Yes' to Question 18

**Question 18:** Please specify

Response Data	Number
3 vacancies no applicants	1
aren't enough qualified staff to employ	1
As we all know, due to current labour shortages, it is very hard to retain trained staff. We try our best to adjust staff's requirement but it can be difficult when they get job offer from another sector with more pay.	1
Complex job under pressure and stress to to demand for what is perceived as low wages in comparison to say other fields where there is not the same level of responsibility and expectation. Lack of government support and recognition is a major influence or career options.	1
Difficult to recruit area for Pharmacists in general and with the demand for pharmacists in GP surgeries, which is a good thing but makes it even harder to recruit. Support staff are rarely recruited qualified and in house training takes time and resource	1
Issues re recruiting pharmacist - currently in progress	1

job advert for dispenser been up 2 months and only 1 dispenser applied who then decided job wasn't for them	1
Lack of local pharmacists and interest in the village setting	1
lack of qualified dispensers.	1
lack on applicants	1
Less applicants when advertising for jobs meaning fewer candidates to select from.	1
No one apply, high salary requested	1
not good enough pay rates, hard to find qualified people	1
NOT RETAINING BUT RECRUITMENT CAN BE ISSUE	1
Pharmacists to recruit	1
Pharmacy is a challenging business. Patient facing (patients not very nice). Lots of manufacturing problems causing angry customers.	1
Recruiting and Retaining	1
Recruitment in Cambridge has always been difficult due to cost of living and travelling into Cambridge.	1
recruiting - lack of trained dispensers or are prepared to train to qualify	1
PCN'S RECRUITING TOO MANY STAFF AND PHARMACISTS	6
staff leaving to increased work load, and recruitment issues	1
Trained staff are leaving and it is impossible to find replacement of the same level and training new recruits takes years	1
unable to afford retail-like salaries and location of the pharmacy	1
Unable to recruit suitable staff	1
we are facing challenges recruiting and retaining staff due to covid absence	1
We are finding it hard to recruit pharmacists	1
we are struggling to retain due to patient behaviour	1
We are trying to recruit pharmacist	1
<b>Total</b>	<b>33</b>

#### Key points:

- 33 responses included additional (free-text) detail for the issues they have.
- Many contractors identified issues with RECRUITMENT (23 responses).
- Contractors highlighted they have current vacancies and/or a lack of applicants apply (7 responses).
- Key recruitment issues include a lack of qualified/trained staff available to employ (7 responses), issues with sector pay offered (4 responses) and location specific issues including the cost of living in Cambridge and rural settings (3 responses).
- 6 responses stated that PCN's recruiting too many staff and pharmacists was an issue for them.
- 7 responses acknowledged issues with RETAINING staff.
- Issues with sector pay (3 responses) was an issue for retaining staff, along with awareness of the challenges pharmacy staff face including increased workload (1 response) and dealing with patient behaviour (1 response).
- The issue of losing trained staff followed by the requirement to input time and resource to train up a new members of staff was also stated as an issue for contractors (2 responses).





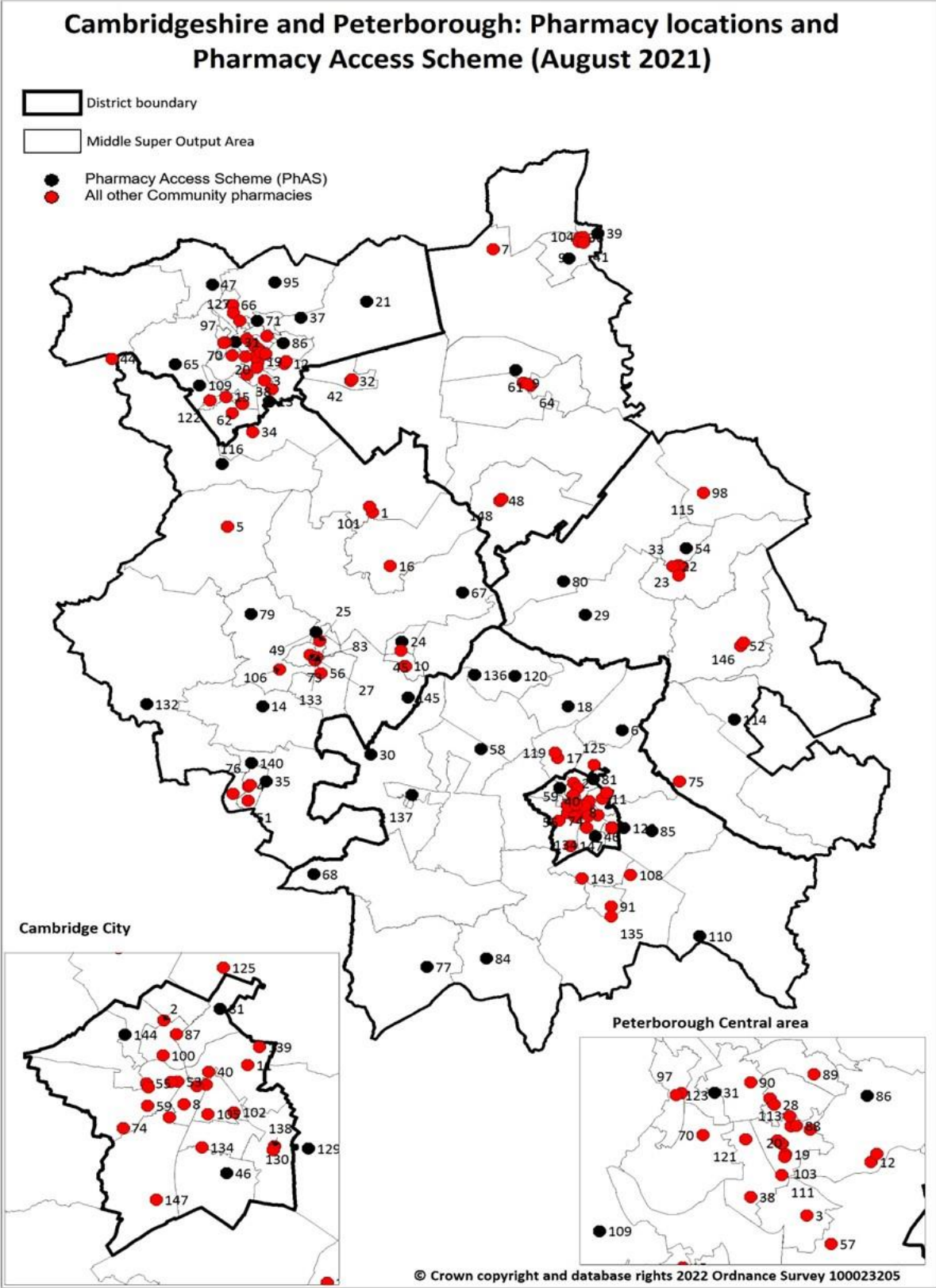
## Appendix 4: Pharmacy Access Scheme

The Pharmacy Access Scheme aims to ensure populations have access to a pharmacy, especially where pharmacies are sparsely spread and patients depend on them most. Nationally 1,356 pharmacies have qualified for the scheme. In Cambridgeshire and Peterborough, 43 pharmacies have been identified which is 29% of all current pharmacies as at March 2022 see **Map 20** for locations of pharmacies delivering the PhAS.

The Cambridgeshire Local Pharmaceutical Committee will focus on supporting local pharmacies by keeping them up to date with changes/details, to meet the quality agenda, and to take up and deliver locally commissioned services more effectively.

The PNA steering group will continue to monitor any closures of local pharmacies and issue appropriate statements of fact as necessary in line with PNA requirements.

Map 20: Pharmacy Locations and Pharmacy Access Scheme, August 2021



## Appendix 5 – Consolidation Application, Boots, Wisbech, HWB Response

My ref:

Your ref: PCC-201718-111

Date: 17 February 2020

Contact: Iain Green

Direct 01223 703257

E Mail: [iain.green@cambridgeshire.gov.uk](mailto:iain.green@cambridgeshire.gov.uk)



### Public Health Directorate

Box SH1108

Shire Hall

Castle Hill

Cambridge

CB3 0AP

Tel: 01223 703259

Fax: 01223 703275

Dear Ms Goodson

**Consolidation onto the site at Unit 15 Horse Fair, Wisbech, Cambridgeshire PE13 1AR of Boots UK Ltd already at that site and Boots UK Ltd currently at 17 Old Market, Wisbech, Cambridgeshire PE13 1NB**

Thank you for consulting the Cambridgeshire Health and Wellbeing Board on the above application; this is a response on behalf of the Cambridgeshire Health and Wellbeing Board.

The Cambridgeshire Health and Wellbeing Board is required to:

*"...indicate whether, if the application were granted, in the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services or (b) to secure improvements, or better access, to pharmaceutical services.*

### **Current Cambridgeshire Pharmaceutical Needs Assessment.**

The current Cambridgeshire Pharmaceutical Needs Assessment (PNA), published July 2017, states that:

*Current provision of local pharmaceutical services*

**Key finding: There is currently sufficient pharmaceutical service provision across Cambridgeshire. No need for additional pharmaceutical service providers was identified in this PNA.**

Cambridgeshire has one pharmaceutical service provider per 4,258 people, equivalent to 23 pharmaceutical service providers per 100,000 resident population in Cambridgeshire. This is the same as the national average of 23 per 100,000 resident population and slightly lower than the East of England average of 24 pharmaceutical providers per 100,000 resident population. Estimates of the average number of people per pharmaceutical service provider across Cambridgeshire have remained relatively stable since 2011.

As of July 2016 there were:

- 110 pharmacies in Cambridgeshire (only slightly more than 109 in July 2013 and 101 in January 2011).
- 43 dispensing GP practices in Cambridgeshire (unchanged from July 2013 and January 2011).
- One Dispensing Appliance Contractor (unchanged since 2011).

Taking into account current information from stakeholders including community pharmacies and dispensing GP practices, the number and distribution of pharmaceutical service provision in Cambridgeshire is sufficient. The distribution of pharmacies and dispensing GP practices appears to cover the county well with few gaps and some concentrations. Some geographical gaps appear to exist in some of the less populated areas in the north and southern fringes of the county but these localities are served by suppliers from outside the county. In terms of postal addresses, across all of Cambridgeshire, there are only 67 postal addresses registered as a residential property that are located more than 20 minutes away by car from a pharmacy or dispensing surgery.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Cambridgeshire. There appears to be good coverage in terms of opening hours across the county. Overall, out of 110 community pharmacies, 45 (41%) are open after 6pm and 26 (24%) are open after 7pm on weekdays; 90 (82%) open on Saturdays; and 22 (20%) open on Sundays. The out of hours service, Hertfordshire Urgent Care is required to arrange for the provision of a full course of treatment, if clinically necessary, before a community pharmacy is open.

Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Of the pharmaceutical providers who completed the questionnaire, 89 pharmacies (95.7%) and 21 dispensing GP practices (61.8%) have some form of delivery service in operation, which is more than in 2013.

The proportion of providers reporting that they have wheelchair access to consultation facilities has increased since 2013 from 80.4% to 93% of community pharmacies and from 86.8% to 88.2% of dispensing GP practices.

*All community pharmacy and GP dispensing practices who responded to the questionnaire considered local provision to be ‘adequate’ or better, with 39% of pharmacies and 56% of dispensing GP practices reporting provision as ‘excellent’ and 55% of pharmacies and 41% of dispensing GP practices as ‘good’.*

A January 2020 review of numbers of community pharmacies from NHS Digital data<sup>46</sup> and dispensing general practices from NHS England data<sup>47</sup> shows that the total number of pharmaceutical service providers (community pharmacies and dispensing general practices combined) per 100,000 resident population in Cambridgeshire remains unchanged from the time of the 2017 Cambridgeshire County Council PNA, within which provision was deemed adequate.

Time of Review of Cambridgeshire Pharmaceutical Provision	Community Pharmacies	Dispensing General Practices	Total Pharmaceutical Providers	ONS Mid-Year Population	Pharmaceutical Service Providers per 100,000 Resident Population
January 2017	110	43	153	651,940 (mid-year 2016)	23
January 2020	108	40	148	651,428 (mid-year 2018)	23

Cambridgeshire has one pharmaceutical service provider per 4,402 residents, compared to one pharmaceutical service provider per 4,261 residents at the time of the 2017 PNA.

A reduction of one community pharmacy as a result of a consolidation, from 108 to 107, would result in the rate of pharmaceutical service providers per 100,000 resident population in Cambridgeshire remaining at 23/100,000 (22.6/100,000 to one decimal place). Any further reduction in service provider numbers would see this rate fall to 22/100,000, assuming the population of Cambridgeshire remains stable or increases.

### ***Distance & Travel Times***

In terms of the proposed consolidation of the pharmacies to the one site at Horse Fair, Wisbech it is important to consider access to any existing pharmacy provision and any resulting gaps in provision from the loss of one location.

*The 2008 White Paper ‘Pharmacy in England: Building on Strengths, Delivering the Future’ states that it is a strength of the current system that community pharmacies are easily accessible and 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.*

<sup>46</sup> Source <https://digital.nhs.uk/data-and-information/publications/statistical/general-pharmaceutical-services/in-2008-09---2018-19-ns>

<sup>47</sup> <https://www.england.nhs.uk/mids-east/our-work/pharm-info/>

The maps in **Appendix 1(A-D)** were created using the Strategic Health Asset Planning and Evaluation (SHAPE)<sup>48</sup> mapping tool and illustrate a 15-20 minute travel time (a 12 minute journey by cycling, a 15 minute journey time for walking, and a 20 minute journey time by the other modes of transport, 20 minutes is recognised nationally as an acceptable journey time) from the closing and consolidated sites to identify any gaps in accessibility. The maps show that accessibility to pharmacy services in Wisbech by all modes of transport remain relatively unaffected by the closure of the Old Market site, the vast majority of Wisbech Town residents will still have access to a pharmacy within a journey time of 15 minutes by walking or 12 minutes by cycling, and all residents will have access to a pharmacy with 20 minutes by other modes of Transport.

There are 9 other pharmacies in Wisbech area (6 within the town centre) as shown in Appendix 2, the closest (North Brink Pharmacy) is a two minute walk from the Boots at Old Market site (the closing site) and is a 100 Hours Pharmacy, Asda Pharmacy is the same side of the river to Old Market site and is a 9 minute walk from the Old Market site.

### Opening times

The proposed opening times on the application form for the consolidated site do not lead to a reduction in opening hours as a result of the consolidation. Neither of the existing pharmacies are 100 hours pharmacies.

The total opening times as stated on the application form are as follows:

<b>Site 2 (Old Market Site – Closing Site)</b>		<b>Site 1 (Horse Fair Site – Consolidated Site)</b>	
Monday	08:45-18:30	Monday	08:30 – 17:30
Tuesday	08:45-18:30	Tuesday	08:30 – 17:30
Wednesday	08:45-18:30	Wednesday	08:30 – 17:30
Thursday	08:45-18:30	Thursday	08:30 – 17:30
Friday	08:45-18:30	Friday	08:30 – 17:30
Saturday	08:30-11:30	Saturday	08:30 – 17:30
Sunday	Closed	Sunday	10:00 – 16:00
	51.75		60

Both pharmacies (closing site and consolidated site) are located in the Octagon Wisbech Primary Care Network (PCN), the PCN has the following characteristics:

- Has a higher older population compared to the, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and England. The population is estimated to increase by 2.8% between 2021 and 2026, and remain fairly static to 2031.
- Has higher proportions of White British and White Other populations compared to the CCG and England
- Relative deprivation is higher in the PCN compared to the, CCG and England. Approximately 22% of children and 17% of older people live in poverty

<sup>48</sup> <https://shapeatlas.net/>

### Changes to Service Provision

There are no proposed changes to the dispensing of appliances and no change in advanced and enhanced services across the two sites the consolidated site (Horse Fair) will provide all the services currently provided at the Old Market site, in effect the following services are moving location to the Horse Fair site:

- Flu vaccination
- Inhaler technique service
- Chlamydia screening and treatment
- Healthy start vitamins
- NHS Health Checks.

### Premises Facilities (Access)

The consolidation removes a site which doesn't provide access without steps and therefore the consolidated site improves the physical access to services.

### Summary and Conclusions

In summary:

- Cambridgeshire has one pharmaceutical service provider per 4,402 residents, compared to one pharmaceutical service provider per 4,261 residents at the time of the 2017 PNA. A reduction of one community pharmacy as a result of a consolidation, from 108 to 107, would result in the rate of pharmaceutical service providers per 100,000 resident population in Cambridgeshire remaining at 23/100,000
- Accessibility to pharmacy services in Wisbech by all modes of transport remain relatively unaffected by the closure of the Old Market site, the vast majority of Wisbech Town residents will still have access to a pharmacy within a journey time of 15 minutes by walking or 12 minutes by cycling, and all residents will have access to a pharmacy with 20 minutes by other modes of Transport.
- The proposed opening times for the consolidated site do not lead to a reduction in opening hours compared to the current actual opening hours and neither of the existing pharmacies are 100 hours pharmacies.
- There are no proposed changes to the dispensing of appliances and no change in advanced and enhanced services provided.
- The consolidation removes a site which doesn't provide access without steps and therefore improves the physical access to services.

Therefore in conclusion, it is the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list (the consolidation of the 17 Old Market Pharmacy and the Unit 15 Horse Fair Pharmacy) would **not** create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.

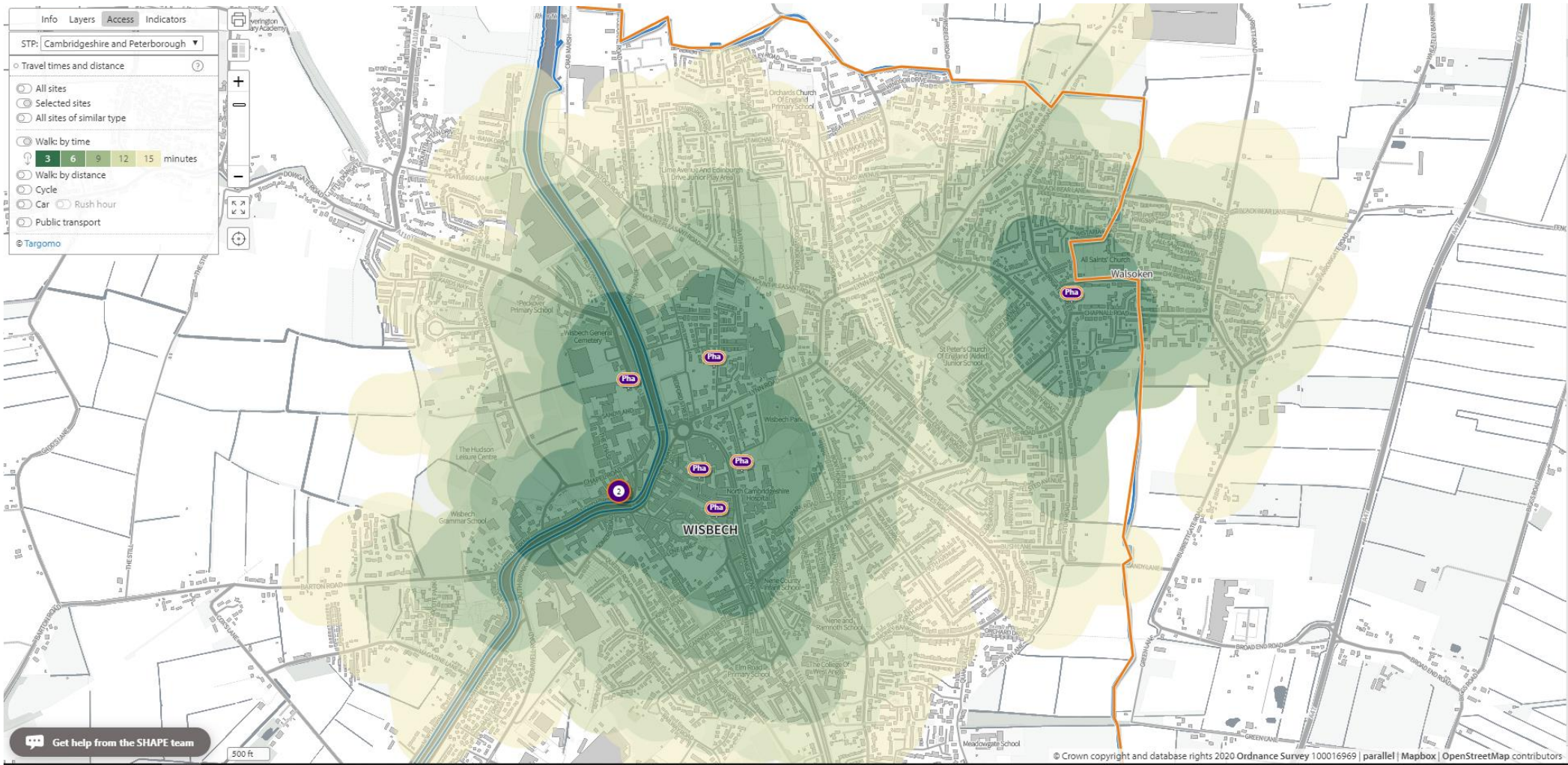
Yours sincerely

A handwritten signature in black ink, appearing to read 'I Green', with a stylized flourish at the end.

Iain Green  
Acting Team Manager Health in All Policies, Cambridgeshire County Council  
For and on behalf of the Cambridgeshire Health and Wellbeing Board

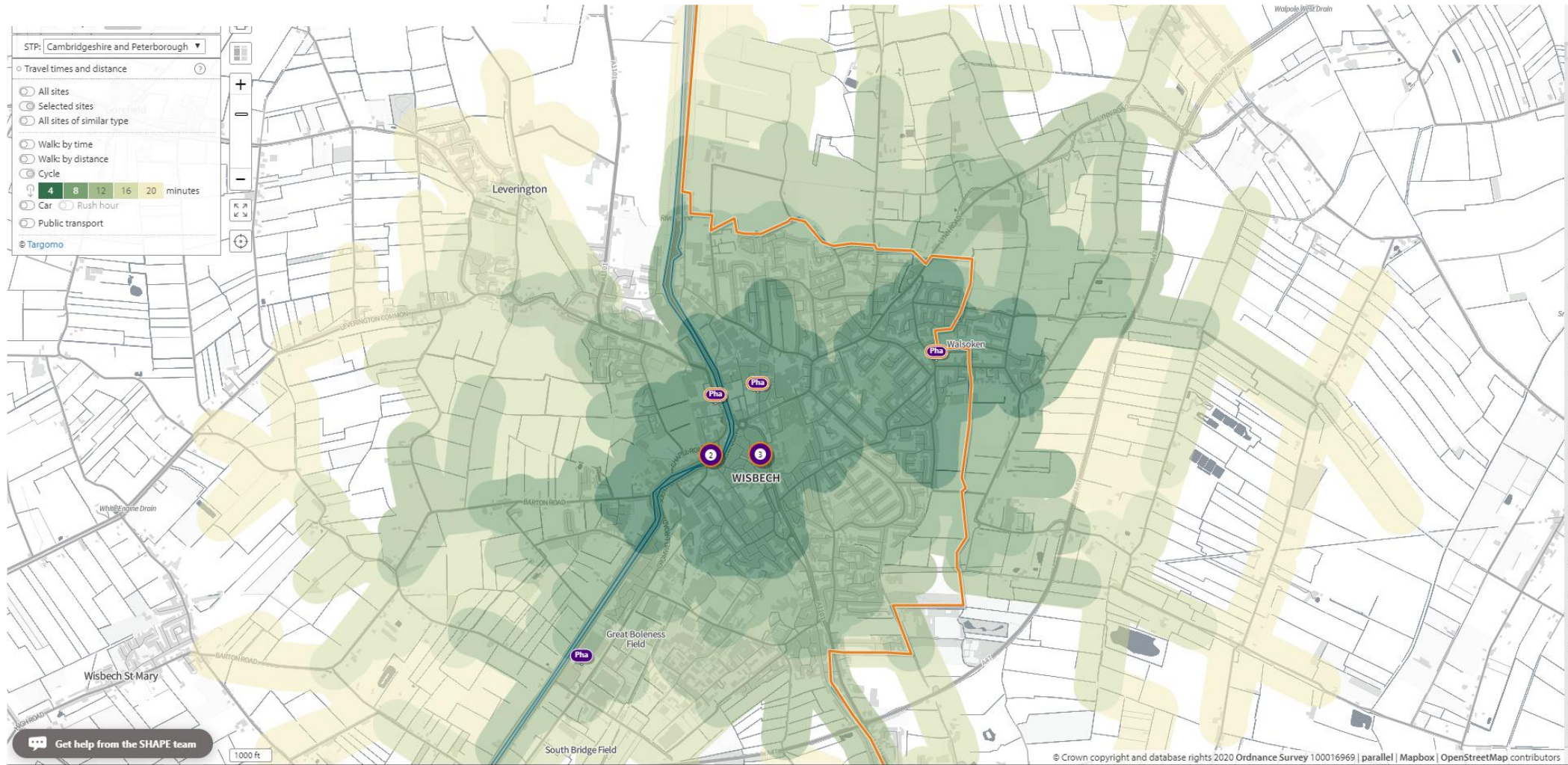


Appendix 1A – Travel Time by Walking



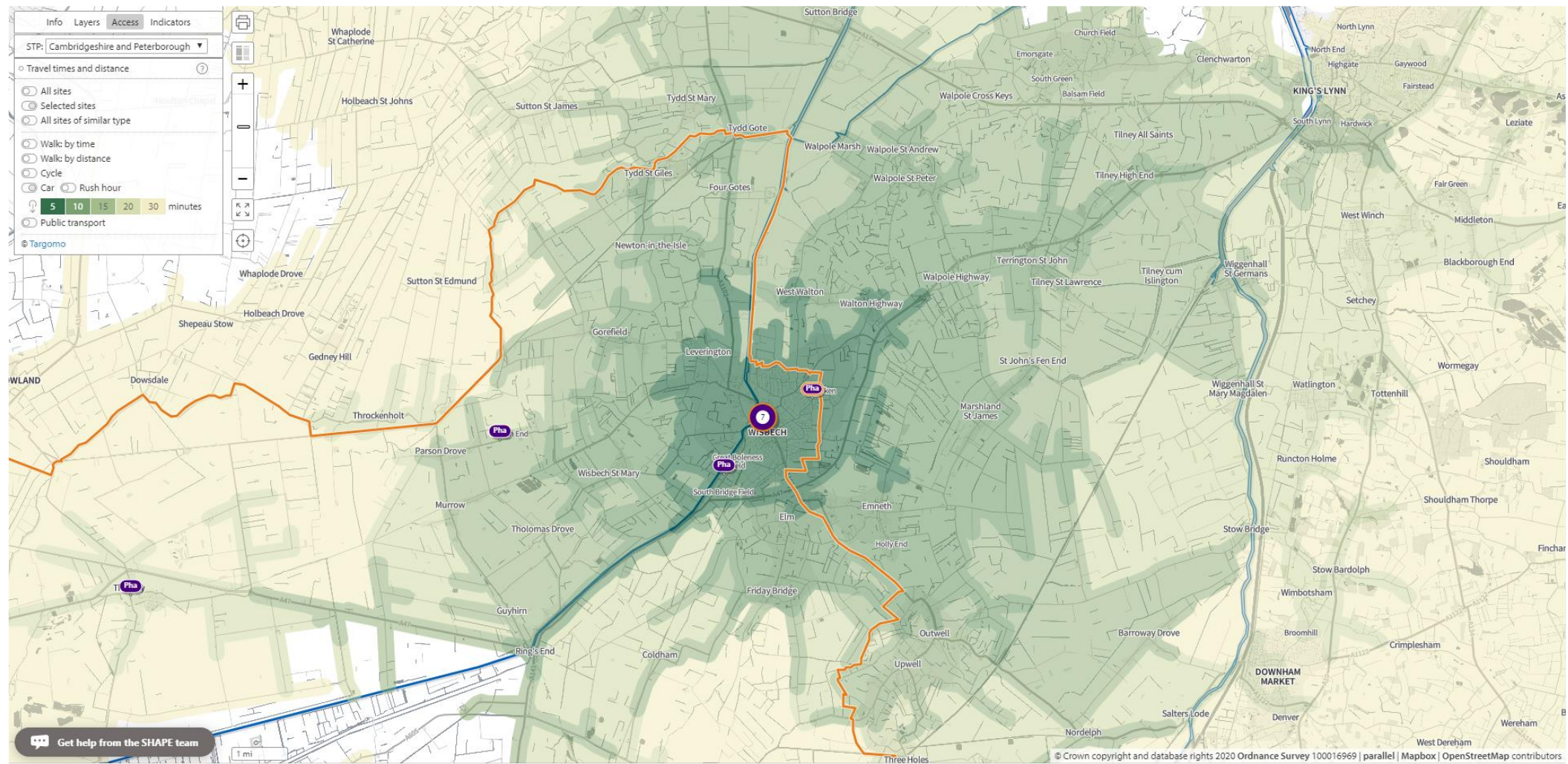


## Appendix 1B – Travel Time by Cycling



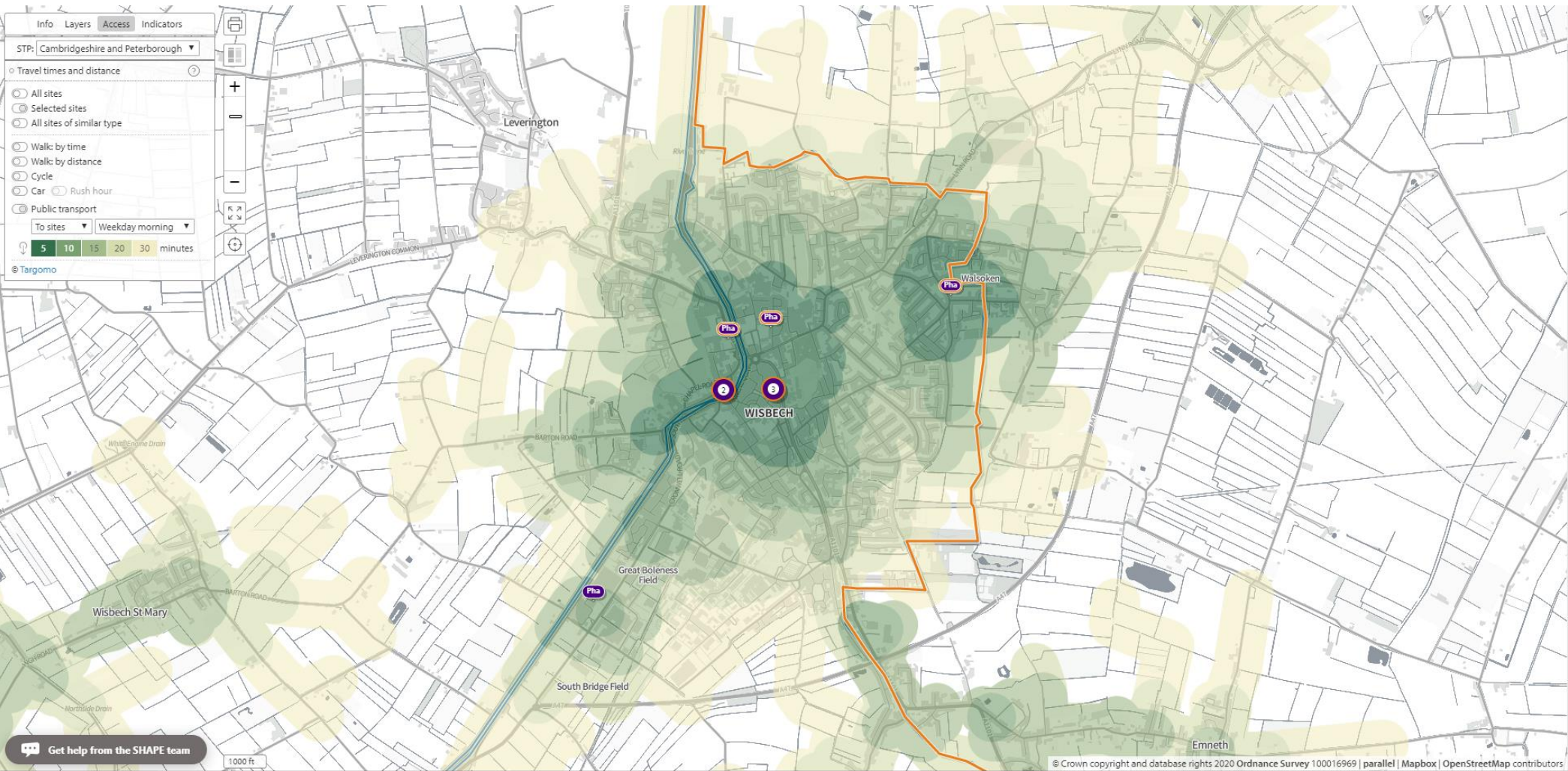


Appendix 1C – Travel Time by Car

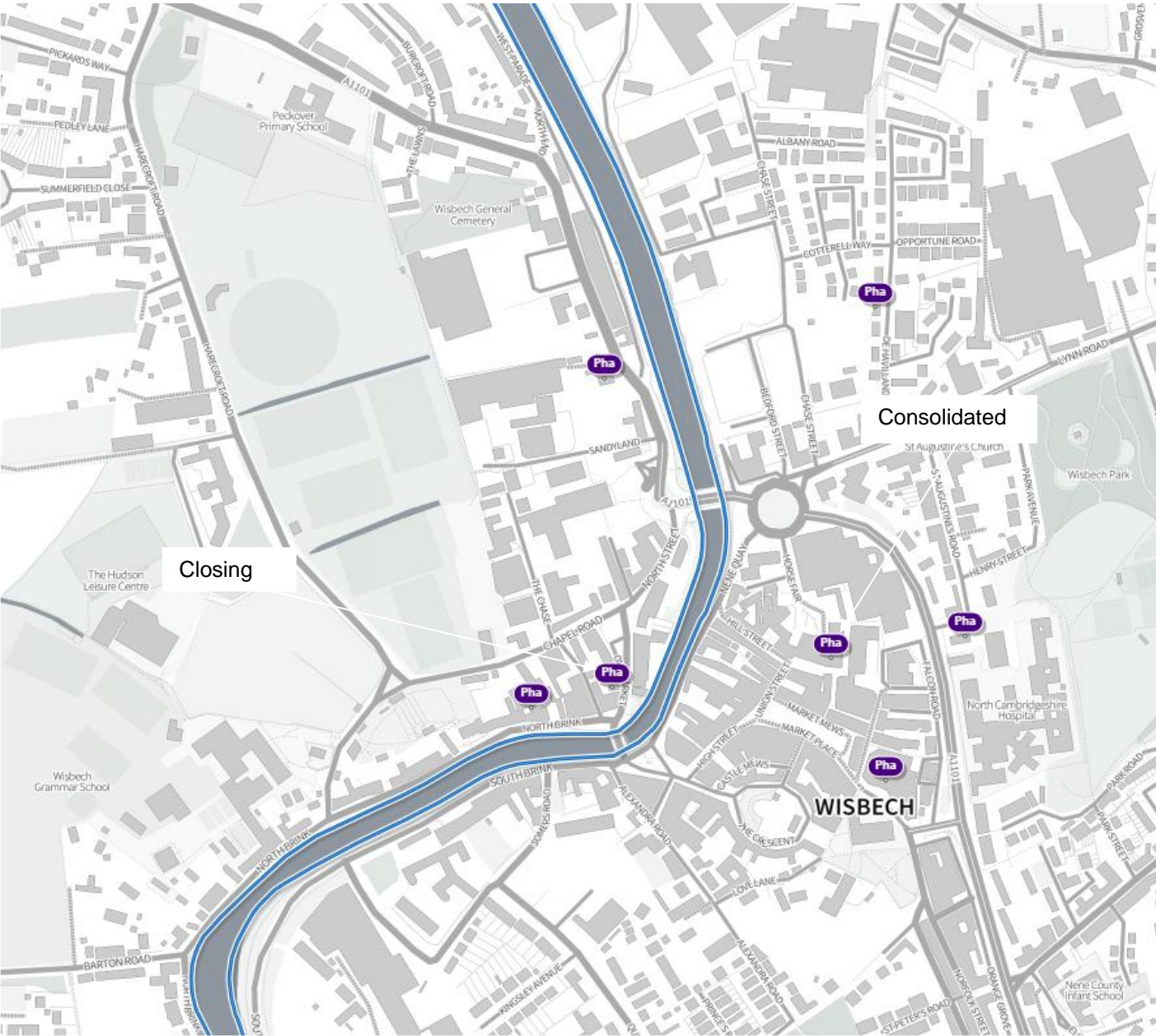




Appendix 1D – Travel Time by Public Transport



Appendix 2 – Nearest Pharmacies to the Closing and Consolidated sites





## Appendix 6 – Consolidation Application, St Mary's Street, Ely, HWB Response

My ref:

Your ref: CAS-114240-Q5G0Q9

Date: 04-02-2022

Contact: Iain Green

Direct 01223 703257

E Mail: [iain.green@cambridgeshire.gov.uk](mailto:iain.green@cambridgeshire.gov.uk)



Cambridgeshire  
County Council

Public Health Directorate  
Eastfield house  
5 Latham Road  
Huntingdon  
PE29 6YG

Tel: 01223 703259

Fax: 01223 703275

Dear Mr Speight

**Consolidation onto the site at 64 St Marys Street, Ely, Cambridgeshire, CB7 4EY of Advanced Pharmacy already at that site and St Marys Pharmacy currently at 50 St Marys Street, Ely, Cambridgeshire, CB7 4EY.**

Thank you for consulting the Cambridgeshire Health and Wellbeing Board on the above application; this is a response on behalf of the Cambridgeshire Health and Wellbeing Board.

The Cambridgeshire Health and Wellbeing Board is required to:

*"...indicate whether, if the application were granted, in the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services or (b) to secure improvements, or better access, to pharmaceutical services.*

### **Current Cambridgeshire Pharmaceutical Needs Assessment 2017.**

The current Cambridgeshire Pharmaceutical Needs Assessment (PNA), published July 2017, states that:

*Current provision of local pharmaceutical services*

***Key finding: There is currently sufficient pharmaceutical service provision across Cambridgeshire. No need for additional pharmaceutical service providers was identified in this PNA.***

Cambridgeshire has one pharmaceutical service provider per 4,258 people, equivalent to 23 pharmaceutical service providers per 100,000 resident population in Cambridgeshire. This is the same as the national average of 23 per 100,000 resident population and slightly lower than the East of England average of 24 pharmaceutical providers per 100,000 resident population. Estimates of the average number of people per pharmaceutical service provider across Cambridgeshire have remained relatively stable since 2011.

As of July 2016 there were:

- 110 pharmacies in Cambridgeshire (only slightly more than 109 in July 2013 and 101 in January 2011).
- 43 dispensing GP practices in Cambridgeshire (unchanged from July 2013 and January 2011).
- One Dispensing Appliance Contractor (unchanged since 2011).

Taking into account current information from stakeholders including community pharmacies and dispensing GP practices, the number and distribution of pharmaceutical service provision in Cambridgeshire is sufficient. The distribution of pharmacies and dispensing GP practices appears to cover the county well with few gaps and some concentrations. Some geographical gaps appear to exist in some of the less populated areas in the north and southern fringes of the county but these localities are served by suppliers from outside the county. In terms of postal addresses, across all of Cambridgeshire, there are only 67 postal addresses registered as a residential property that are located more than 20 minutes away by car from a pharmacy or dispensing surgery.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Cambridgeshire. There appears to be good coverage in terms of opening hours across the county. Overall, out of 110 community pharmacies, 45 (41%) are open after 6pm and 26 (24%) are open after 7pm on weekdays; 90 (82%) open on Saturdays; and 22 (20%) open on Sundays. The out of hours service, Hertfordshire Urgent Care is required to arrange for the provision of a full course of treatment, if clinically necessary, before a community pharmacy is open.

Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Of the pharmaceutical providers who completed the questionnaire, 89 pharmacies (95.7%) and 21 dispensing GP practices (61.8%) have some form of delivery service in operation, which is more than in 2013.

The proportion of providers reporting that they have wheelchair access to consultation facilities has increased since 2013 from 80.4% to 93% of community pharmacies and from 86.8% to 88.2% of dispensing GP practices.

All community pharmacy and GP dispensing practices who responded to the questionnaire considered local provision to be 'adequate' or better, with 39% of pharmacies and 56% of dispensing GP practices reporting provision as 'excellent' and 55% of pharmacies and 41% of dispensing GP practices as 'good'.

## Cambridgeshire PNA Supplementary Statement 2020

A Supplementary Statement was issued by the Health and Wellbeing Board in July 2020 reaffirms the position of the 2017 PNA, it states: *The current Cambridgeshire PNA expires in July 2020 and the Cambridgeshire PNA Steering group started the production of the next version of the PNA. The steering group had produced a draft 2020 PNA and had consulted with pharmaceutical services as part of that process. The Draft PNA was due to be published for the 60 day statutory consultation in March 2020, in the light of Covid-19 the PNA steering group decided not to proceed with the public consultation and instead take the findings from the draft PNA and issue a Supplementary Statement reflecting the current position of pharmaceutical services in Cambridgeshire.*

*In addition the Department for Health and Social Security announced: “The Pharmaceutical Needs Assessments (PNA) are due to be renewed and published by Local Authority Health and Wellbeing Boards in April 2021, however due to current pressures across all sectors in response to the COVID-19 pandemic, the requirement to publish renewed PNA’s will be suspended until April 2022. Local Authority Health and Well Being Boards will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time. The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 will be updated in due course.”*

The supplementary statement therefore is an updated picture of pharmaceutical needs in Cambridgeshire, but still should be read in conjunction with the 2017 PNA.

The position at the July 2020 Supplementary Statement is that a review of numbers of community pharmacies from NHS Digital data<sup>49</sup> and dispensing general practices from NHS England data<sup>50</sup> shows that the total number of pharmaceutical service providers (community pharmacies and dispensing general practices combined) per 100,000 resident population in Cambridgeshire remained unchanged from the time of the 2017 Cambridgeshire County Council PNA, within which provision was deemed adequate. It concludes that: *Several large-scale housing developments are in progress in Cambridgeshire and have been considered when assessing the need for local pharmaceutical services. **The level of growth has not resulted in any need for additional pharmaceutical services.***

A review undertaken in January 2022 for this application of the numbers of community pharmacies from data provided by the Cambridgeshire & Peterborough Local Pharmaceutical Committee and dispensing general practices from Cambridgeshire & Peterborough Clinical Commissioning Group data shows that the total number of pharmaceutical service providers (community pharmacies and dispensing general practices combined) per 100,000 resident population in Cambridgeshire has reduced, from 23 to 22, compared to provision at the time of the 2017 Cambridgeshire PNA.

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<sup>49</sup> Source <https://digital.nhs.uk/data-and-information/publications/statistical/general-pharmaceutical-services/in-2008-09---2018-19-ns>

<sup>50</sup> <https://www.england.nhs.uk/mids-east/our-work/pharm-info/>



Time of Review of Cambridgeshire Pharmaceutical Provision	Community Pharmacies	Dispensing General Practices	Total Pharmaceutical Providers	ONS Mid-Year Population	Pharmaceutical Service Providers per 100,000 Resident Population
January 2017	110	43	153	651,940 (mid-year 2016)	23
January 2020	108	40	148	651,428 (mid-year 2018)	23
January 2022	106	40	146	657,204 (mid-year 2020)	22

Cambridgeshire now (January 2022) has one pharmaceutical service provider per 4,501, compared to 1 per 4,402 residents at January 2020, and one per 4,261 residents at the time of the 2017 PNA.

**A reduction of one community pharmacy, from 106 to 105, as a result of this consolidation application being approved would result in the rate of pharmaceutical service providers per 100,000 resident population in Cambridgeshire remaining at 22/100,000.**

### ***Distance & Travel Times***

In terms of the proposed consolidation of the pharmacies to the one site at 64 St Marys Street, Ely it is important to consider access to any existing pharmacy provision and any resulting gaps in provision from the loss of one location.

*The 2008 White Paper 'Pharmacy in England: Building on Strengths, Delivering the Future' states that it is a strength of the current system that community pharmacies are easily accessible and 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.*

The maps in **Appendix 1(A-D)** were created using the Strategic Health Asset Planning and Evaluation (SHAPE)<sup>51</sup> mapping tool and illustrate a travel times by cycling, walking, car and Public Transport, 20 minutes is recognised nationally as an acceptable journey time) from the closing and consolidated sites to identify any gaps in accessibility. The maps show that accessibility to pharmacy services in Ely by all modes of transport remain unaffected by the closure of the 50 St Marys Street site, the current pharmacy sites are only 50 meters apart with a journey time on foot between the two of a few minutes. Ely residents will still have access to a pharmacy within a journey time of 15 minutes by walking or 12 minutes by cycling, and all residents will have access to a pharmacy with 20 minutes by other modes of Transport.

<sup>51</sup> <https://shapeatlas.net/>

There are 4 other pharmacies in Ely (3 within the city centre) as shown in Appendix 2, the closest (Boots Pharmacy) is less than a ten minute walk from closing site

### Opening times

The proposed opening times on the application form for the consolidated site leads to a reduction in opening hours as a result of the consolidation as the closing site is a 100 hours pharmacy.

The total opening times as stated on the application form are as follows:

<b>Site 1 (64 St Marys Street Ely – Consolidated Site)</b>		<b>Site 2 (50 St Marys Street, Ely – Closing Site)</b>	
Monday	09:00-19.00	Monday	12.00 – 18:30
Tuesday	09.00-18:00	Tuesday	12.00 – 18:30
Wednesday	09:00-19.00	Wednesday	12.00 – 18:30
Thursday	09.00-18:00	Thursday	12.00 – 18:30
Friday	09.00-18:00	Friday	12.00 – 18:30
Saturday	09.00-17:00	Saturday	09:00 – 16:30
Sunday	Closed	Sunday	Closed
	55 Hrs		100 Hrs

### 100 Hour Pharmacies

100 hour pharmacies are pharmacies which are contracted to open for at least 100 hours per week for the provision of pharmaceutical services).

The closing site is a 100 Hour pharmacy, and the proposed consolidated site is not proposing to continue the 100 hours service, therefore if the consolidation is approved it would lead to a loss of a 100 hour pharmacy in Ely, however, there are two remaining 100 Hour pharmacies (Tesco and Sainsbury's) Tesco is a 6-10 minute drive from the closing pharmacy and Sainsbury's is 5-6 minutes away by car. This is shown in Appendix 2.

### Primary Care Network (PCN) Profile

Both pharmacies (closing site and consolidated site) are located in the "Ely North PCN), the PCN has the following characteristics (reported in the 2019 PCN Profile):

- There are almost 37,900 people registered with Ely North PCN, with higher proportions of the population aged under 18 years and over 65 years compared to the South Alliance, CCG and England. The population is estimated to increase by almost 25% between 2021 and 2036.
- The PCN has a higher proportion of White British ethnic group compared to the South Alliance, CCG and England.
- Relative deprivation is higher for the PCN compared to the South Alliance but lower than the CCG and England. Approximately 9% of children and 10.3% of older people live in poverty.
- Recorded obesity in adults is statistically significantly higher than the South Alliance.
- It is estimated that 15% of adults smoke, which is statistically significantly higher than the South Alliance.
- Estimates of people reporting long-term activity-limiting illness and being in Good or Very Good health are statistically worse than the averages for the South Alliance, which may be a reflection of the relatively older population.

- The PCN has statistically significantly high recorded prevalence of CHD, hypertension, stroke, asthma, COPD, diabetes and cancer compared to the South Alliance averages. This may relate to the relatively high older people population in the PCN.
- The PCN has statistically significantly higher rates of Children's early help cases than the South Alliance
- Overall adult social care rates are statistically significantly higher than the South Alliance
- The first outpatient attendances, elective admissions and emergency admission rates are statistically significantly higher than the South Alliance

### **Changes to Service Provision**

There are no proposed changes to the dispensing of appliances and no change in advanced and enhanced services across the two sites the consolidated site already provides all the services currently provided at the closing site and continue to do so.

### **Premises Facilities (Access)**

The consolidation removes a site which has limited car parking which is on street, to one closer to public parking, there is no change in access to car parking for existing users of the consolidated site (64 St Marys Street) and little change for current users of the closing site.

### **Housing Growth in Ely**

There are concerns that the consolidated site may not be able to cope with the additional growth due to housing growth. Ely is an area for Housing growth identified in the East Cambridgeshire Local Plan and referenced in the current Pharmaceutical Needs Assessment. The consolidated site is not proposing any enlargement of space, the current waiting area, consulting room, storage and staff areas etc. will have to take on the existing clients from the closing site as well as any from the planned growth in Ely. The documents provided don't give an indication of current numbers of people served at the closing site and the expected extra demand that will transfer to the consolidated site.

There will be additional pressure on staff at the consolidated site to deliver vital public health services including flu vaccines, LFT distribution and pandemic delivery services at a time of high demand on these services, and an increasing reliance on community pharmacies generally. Therefore the Health and Wellbeing Board is concerned at the consolidation of demand on a pharmacy that does not propose to expand its capacity, serving a high growth area.

### **Summary and Conclusions**

In summary:

- Cambridgeshire now (January 2022) has one pharmaceutical service provider per 4,501, compared to 1 per 4,402 residents as at January 2020, and one per 4,261 residents at the time of the 2017 PNA. A reduction of one community pharmacy as a result of this consolidation application, from 106 to 105, would result in the rate of pharmaceutical service providers per 100,000 resident population in Cambridgeshire remaining at 22/100,000.
- Accessibility to pharmacy services in Ely by all modes of transport remain relatively unaffected by the closure of the 50 St Marys Street site, the vast majority of Ely residents will still have access to a pharmacy within a journey time of 15 minutes by

walking or 12 minutes by cycling, and all residents will have access to a pharmacy with 20 minutes by other modes of Transport.

- The proposed opening times for the consolidated site do lead to a reduction in opening hours compared to the current actual opening hours as the closing site is a 100 hours pharmacies, however there are two remaining 100 Hour pharmacies (Tesco and Sainsbury's). Tesco is a 6-10 minute drive from the closing pharmacy and Sainsbury's is 5-6 minutes away by car.
- There are no proposed changes to the dispensing of appliances and no change in advanced and enhanced services provided.
- The Health and Wellbeing Board is concerned that the consolidated site does not propose to expand its physical capacity, and therefore there may be additional pressures resulting from increased use of the consolidated site from former customers of the closing site, in addition Ely is a high growth area.

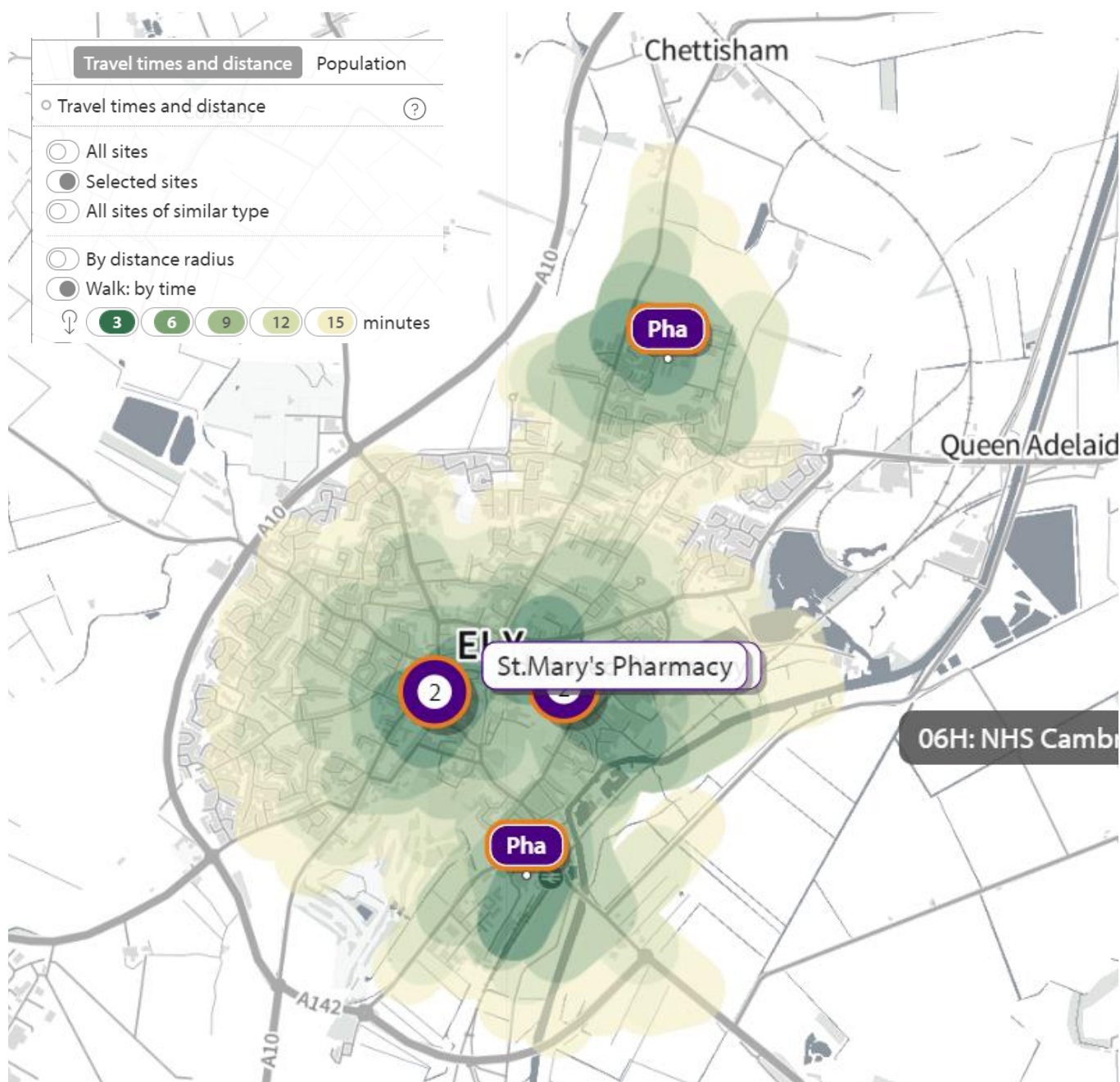
Therefore in conclusion, it is the opinion of the Cambridgeshire Health and Wellbeing Board that the proposed removal of premises from the pharmaceutical list (the consolidation of the 50 St Marys Street site and 64 St Marys Street site) would **not** create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services, but is concerned that the consolidated site may not be large enough to cope with the pressures put on it by the consolidation and transfer of clients and the anticipated growth in Ely.

Yours sincerely

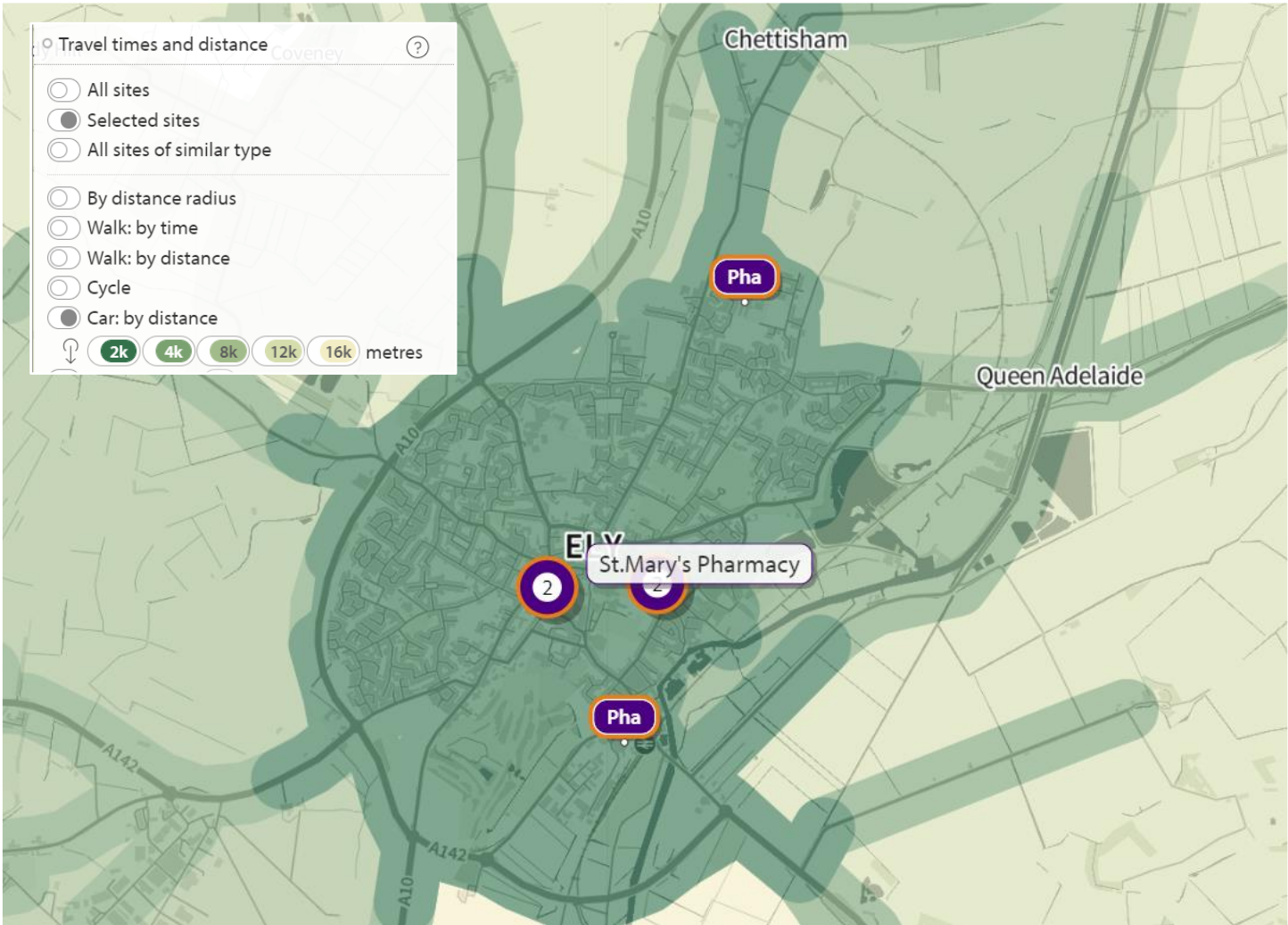


Iain Green  
Team Manager Health in All Policies, Cambridgeshire County Council  
For and on behalf of the Cambridgeshire Health and Wellbeing Board

## Appendix 1A – Travel Time by Walking

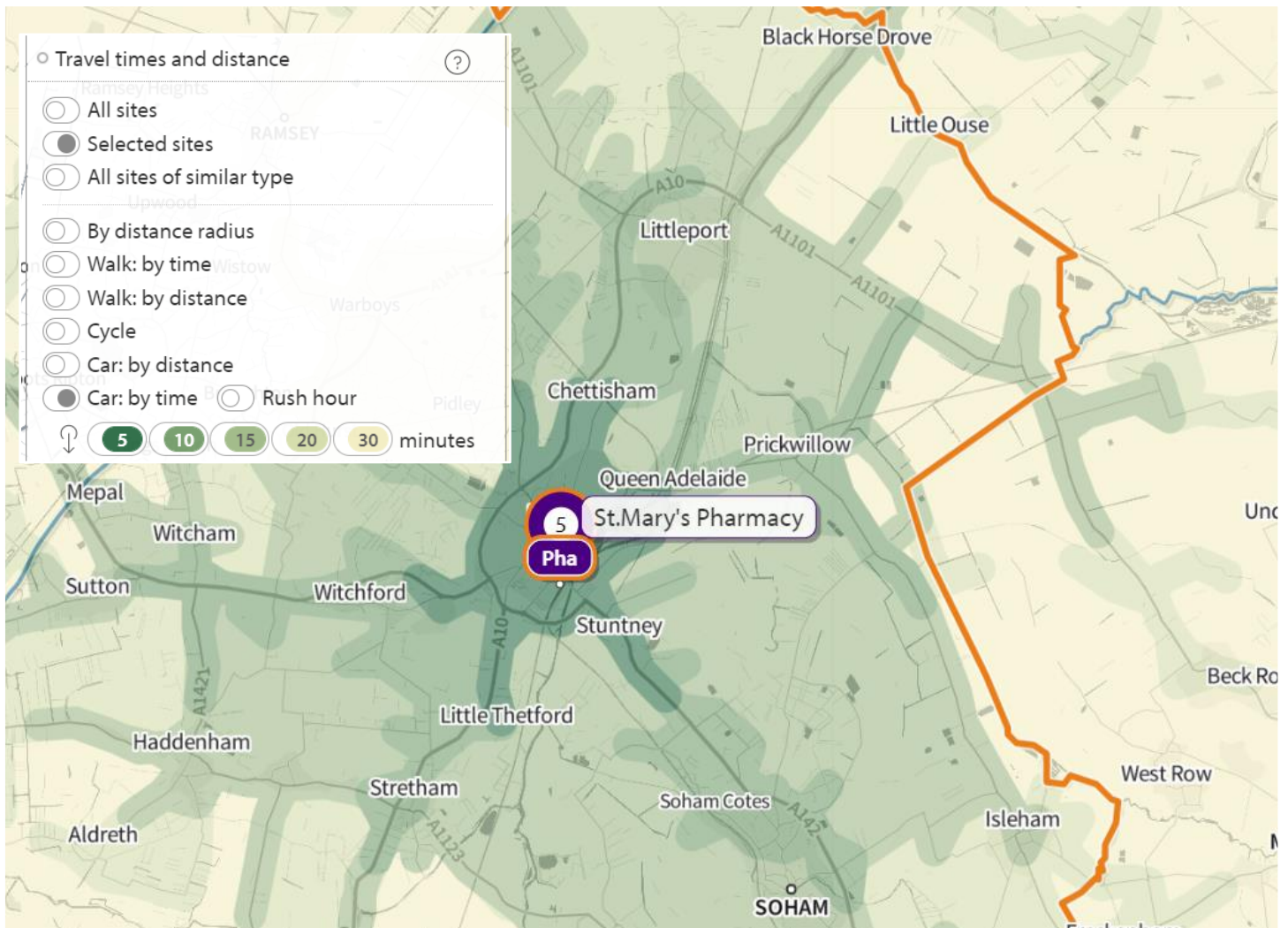


Appendix 1B – Travel Time by Cycling



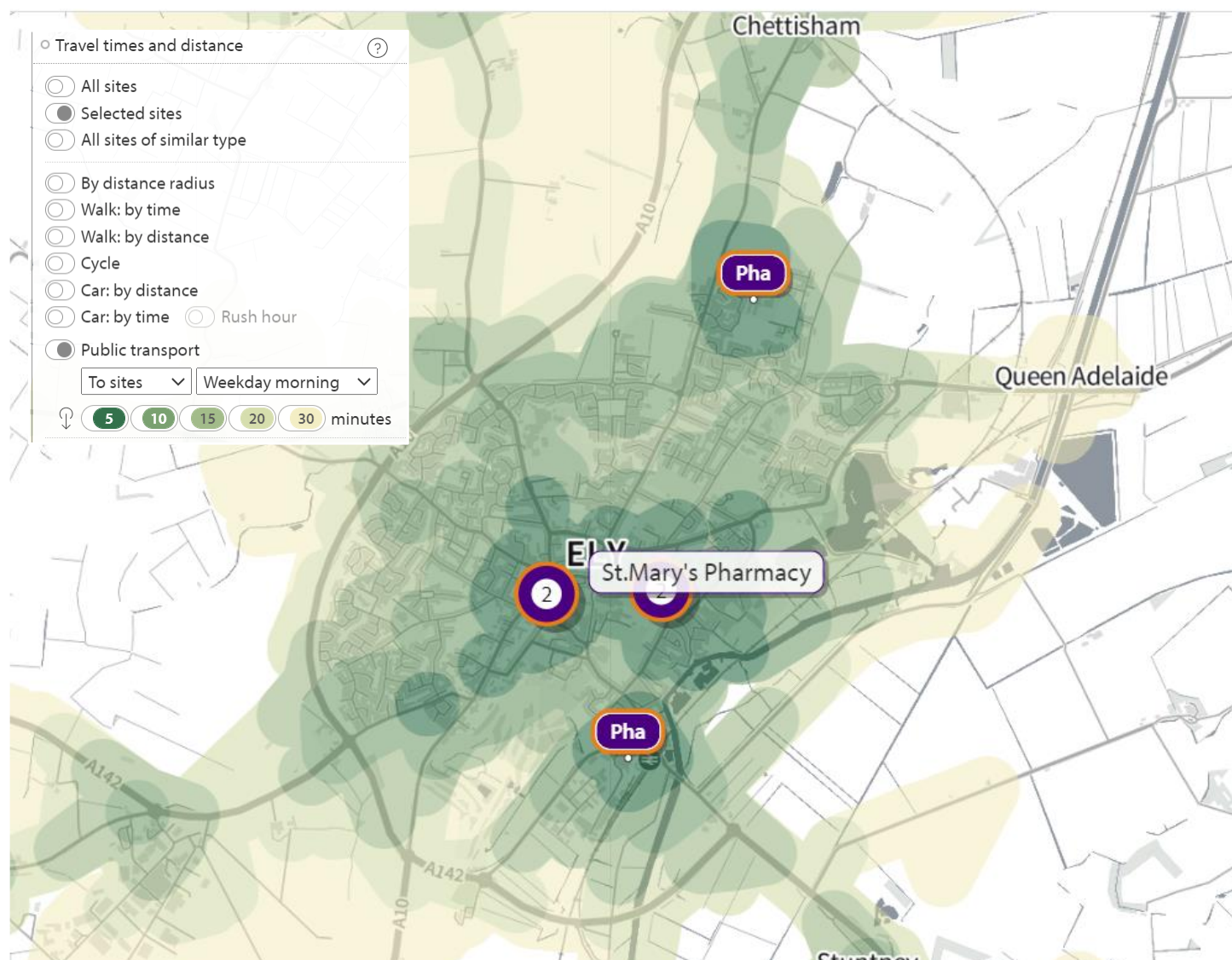


## Appendix 1C – Travel Time by Car





## Appendix 1D – Travel Time by Public Transport

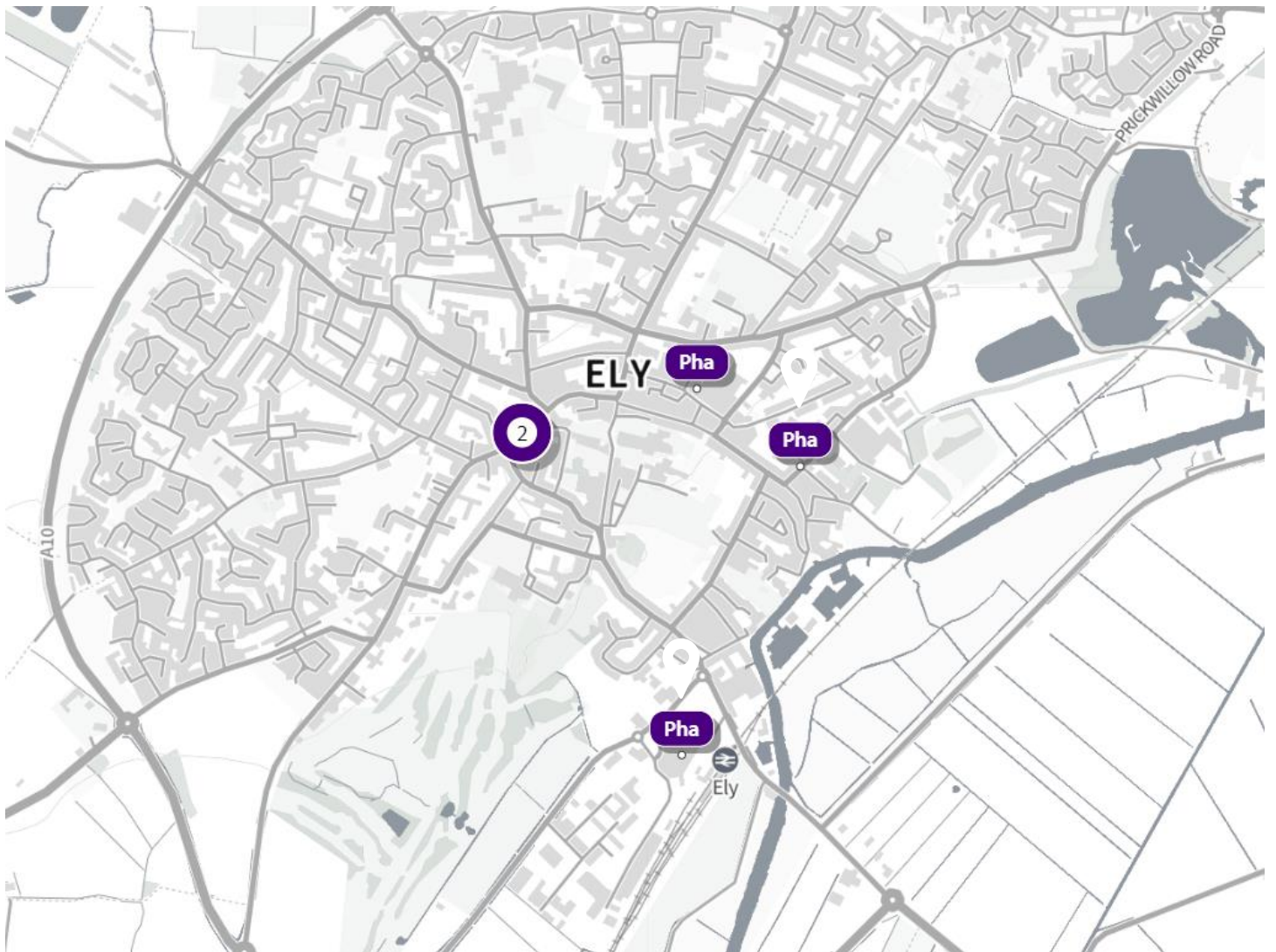


## Appendix 2 –Closing and Consolidated sites





### Appendix 3 – 100 Hours Pharmacies



100 Hours Pharmacy