

Pharmaceutical Needs Assessment

September
2010

Building on strengths to ensure safe,
effective and personalised patient care to
support pharmacy services

BIU Procedure No. 614

DRAFT FOR CONSULTATION



Business Intelligence Unit
Knowledge for better decisions

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Executive Summary

This consultation document sets out a background to the process, management and outcomes of the Pharmaceutical Needs Assessment (PNA) 2010.

The Health Act, 2009 placed a duty on all Primary Care Trusts (PCTs) to develop and publish a PNA that identifies current service provision and reflects the local health needs of the Derby population ⁽¹⁾. The PNA will be used as a basis for determining future pharmaceutical service provision and market entry to support local health needs.

1.1 NHS Derby City's Vision for Health Provision

The current provision of pharmaceutical services in Derby has been reviewed through the 17 wards that make up the City for which full and detailed health profiles can be found within NHS Derby City's Joint Strategic Needs Assessment (JSNA).

NHS Derby City provides high quality healthcare services to a diverse population of over 290,000 GP registered residents ranging from highly urban city centre populations, to affluent suburban areas. There are varying levels of affluence and deprivation which are highlighted in the community public health profiles.

Ultimately the PNA draws together the strategic health outcomes from the NHS Derby City's JSNA and the current provision of pharmacy services within its border as well as the availability of services over the border.

Health needs, as identified in the PCT's JSNA, were mapped against current service delivery which were then used to map and identify gaps in service provision.

A pre-consultation engagement exercise took place which enabled the patients and public to provide their views on pharmaceutical provision in Derby. The information gained has helped to inform this PNA consultation document. Once the document was at draft stage a consultation period lasting 60 days was entered in to.

1.2 Outcomes from the PNA

- Derby has adequate provision of essential pharmaceutical services for the current population and future planned developments.
- Derby is reliant on the current 100 hour pharmacies to provide a network of out-of-hours provision.
- There do not appear to be evident gaps in the provision of some enhanced services.

1.3 Recommendations from the PNA

Derby is very well provided for with regard to dispensing pharmaceutical services. There are 63 community pharmacies and two distance selling (internet/ mail order) pharmacies, two appliance contractor and one dispensing doctor within Derby. Therefore Derby has per capita community pharmacy provision above that of the

national average. (Source: ic.nhs.uk). There is therefore no requirement to commission additional community pharmacy provision.

Existing pharmacies will be encouraged to reflect GP opening times which have increased as 100% of practices have offered extended opening times since July 2010. This alignment is largely fulfilled by the existence of 8 100 hour pharmacies which ensure patients within Derby have access to pharmaceutical services 7 days per week.

The pharmaceutical needs identified can be addressed by the effective application of existing essential services and advanced services within the contractual framework for Community Pharmacy, or be delivered from existing arrangements with other providers.

Medicine use in Care Homes has been identified as an area requiring review and an existing Care Homes Use of Medicines Study (CHUMS) group is seeking to specify how support and advice to care homes is provided to improve the use of medicines in care homes.

The PCT will continue to work with Community Providers to ensure they continue to make an effective contribution to the health and wellbeing of Derby residents identifying where pharmaceutical services delivery can be enhanced to enable the cost effective delivery of services to meet local health needs.

Introduction

Key points:

- The Pharmaceutical Needs Assessment will allow the PCT to take a rational approach to commissioning services.
- The pharmacy white paper sets out a vision for building on the strengths of pharmacy.
- Health indicators such as deprivation, population, smoking prevalence and teenage conception rates are explored against current service provision to help map provision against need and identify any possible gaps in pharmaceutical service provision which may be provided.

Different types of needs assessments are completed by all Primary Care Trusts (PCTs). The world class commissioning competency (WCC) 5 states that PCTs should 'Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements' ⁽¹⁾.

The Health Act, 2009 placed a duty on all PCTs to develop and publish a Pharmaceutical Needs Assessment (PNA) that identifies current service provision and reflects the local health needs of the Derby population ⁽²⁾. The subsequent NHS amended Regulations (Pharmaceutical Services and Local Pharmaceutical Services), published in May 2010, stipulated that every PCT must publish a copy of their finally approved PNA by the 1st February 2011 ⁽³⁾. The PNA will be used as a basis for determining future pharmaceutical service provision and market entry to support local health needs. As highlighted in the Pharmacy White Paper the PNA should be an "effective and robust commissioning tool that supports PCT decisions" ⁽¹⁾.

2.1 What is a Pharmaceutical Needs Assessment?

The PNA was first introduced in 1st April 2005, during the introduction of the National Community Pharmacy Contractual Framework. The purpose of the PNA is to understand local needs, take current stock of services and identify gaps in provision. These services can include community pharmacies, dispensing practices, appliance contractors, and hospital pharmacies and also internet pharmacies.

The PCT commissions pharmaceutical services through:

- The national pharmacy contract and its contractual framework
- Locally commissioned services (enhanced services)
- Control of entry regulations governing the commissioning of community pharmacy.

The PNA is a tool to help NHS Derby City identify pharmaceutical and wider health current provision and identify pharmaceutical service needs at a local level. It will support decisions made when considering pharmacy applications and decisions to direct pharmacies to provide services that are needed to meet local needs. The PCTs' commissioning priorities are driven by the Joint Strategic Needs Assessment (JSNA); this covers the current and future health needs of the local population and therefore was used as a key source to construct the PNA and to develop pharmacy services.

The scope of the assessment of need must address the following principles:

- The safe and efficient supply of medicines, including the additional (non-NHS commissioned) support services provided by pharmacies for:
 - their housebound patients and older people
 - people with learning difficulties, and
 - medication administration support such as compliance aids (MDS)
- Pharmaceutical care that supports safe and effective use of medicines
- Pharmaceutical care that provides quality healthcare and public health information and advice to all members of the population
- High quality pharmacy premises that improve access and capacity to primary care services and medicines
- High quality pharmacy premises and standards of services that support key public health priorities
- Locally commissioned pharmaceutical services that have the potential to reduce avoidable hospital admissions and reduce bed-days
- High quality pharmaceutical support to prescribers for clinical and cost-effective use of resources.

The objectives of the PNA are:

- To have a clear picture of the distribution and provision of essential and advanced pharmaceutical services in Derby
- Provide a clear picture to commissioned and potential contractors of current service provision by community pharmacies and identify any gaps in provision
- To facilitate the planning process of possible future community pharmaceutical service requirements as identified within the PNA
- To enable robust commissioning decisions for enhanced services from community pharmacies where needs are identified
- To facilitate the directing of enhanced services that community pharmacies under the 'exempt' category within the current control of entry regulations (100hr and wholly internet pharmacies) should provide.

2.1.1 Services Areas

As part of the PNA process a measure of the following, will be used to determine future commissioning intentions for community pharmacy:

- Current service provision
- Demographical information
- The population's current and future health needs and outcomes
- The needs voiced by local residents via a patient and public survey and focus groups.

The PNA document will ensure that health indicators such as deprivation, population, smoking prevalence and teenage conception rates are explored against current service provision to help map provision against need and identify any possible gaps in pharmaceutical service provision which may be provided. It will assess the current pharmacy services provided and recognise the pharmaceutical needs of the PCTs population; will set out the direction for future service development and draw conclusions that direct the PCT in prioritising and commissioning of pharmaceutical services.

The Pharmacy White Paper ⁽⁴⁾ sought to facilitate the development of Community Pharmacy by broadening the contribution to public health by improving the quality and effectiveness of pharmaceutical services. The regulations from the White Paper were finalised in March 2010 ⁽³⁾. In these regulations pharmaceutical services are defined as:

“The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by a Primary Care Trust for;

- (a) the provision of pharmaceutical services (including directed services) with 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 with a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by a Primary Care Trust with a dispensing doctor).”*

The National Community Pharmacy Contractual Framework comprises of 3 areas of pharmaceutical services:

- Essential Services (see 2.1.1.1)
- Advanced Services (see 2.1.1.2)
- Enhanced Services (see 2.1.1.3)

2.1.1.1 Essential Services

Community Pharmacies in Derby are funded nationally to provide essential and advanced pharmaceutical services under the national pharmacy framework. This £3.6m funding is currently indicatively devolved to NHS Derby City.

The national framework for community pharmacy requires every community pharmacy to be open for at least 40 'core' hours and provide a minimum level of essential services:

- Dispensing
- Repeat dispensing
- Disposal of unwanted medicine
- Promotion of healthy lifestyles
- Signposting patients to other healthcare providers
- Support for self care
- Clinical Governance.

Within Derby there are 57 standard hours contracts of at least 40 hours, and eight pharmacies that have opened under the 100 hour exemption criteria, thus providing adequate access to essential services both in normal hours and out of hours.

NHS Derby City will continue to closely monitor effective delivery of essential services and seek to maximise the opportunities presented by this contractual framework to improve patient care and experience.

2.1.1.2 Advanced services

These are covered by the contractual framework which currently includes Medicines Use Reviews and Prescription Intervention Service (MURS). The pharmacies require accreditation and must provide a private consultation area and whilst the PCT can suggest areas for pharmacies to target there is little opportunity to monitor the quality or the impact of this service locally.

2.1.1.3 Enhanced Services

This is a list, with explanations, of the possible enhanced pharmaceutical services which could be provided by a qualified pharmacist. This list is taken from the Department of Health Directions ⁽⁵⁾.

An **Anticoagulant Monitoring Service**, the underlying purpose of which is for the pharmacist to test the patient's blood clotting time, review the results and adjust (or recommend the adjustment to) the anticoagulant dose according.

A **Care Home Service**, the underlying purpose of which is for the pharmacist to provide advice and support to residents and staff in care homes relating to:

- The proper and effective ordering of drugs and appliances for the benefit of residents in the care home

- The clinical and cost effective use of drugs
- The proper and effective administration of drugs and appliances in the care home
- The safe and appropriate storage and handling of drugs and appliances, and the recording of drugs and appliances ordered, handled, administered, stored or disposed of.

A **Disease Specific Medicines Management Service**, the underlying purpose of which is for the pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

A **Gluten Free Food Supply Service**, the underlying purpose of which is for the pharmacist to supply gluten free foods to patients.

A **Home Delivery Service**, the underlying purpose of which is for the pharmacist to deliver drugs and appliances to patients at their home.

A **Language Access Service**, the underlying purpose of which is for the pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to drugs which they are using, their health, and general health matters relevant to them, and where appropriate referral to another health care professional.

A **Medication Review Service**, the underlying purpose of which is for the pharmacist to conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient, and advise and support a patient regarding his use of drugs including encouraging the active participation of the patient in advice and decision making relating to his use of drugs, and where appropriate, refer the patient to another health care professional.

A **Medicines Assessment and Compliance Support Service**, the underlying purpose of which is for the pharmacist to assess the knowledge of, compliance with and use of, drugs by vulnerable patients and patients with special needs, and offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs with a view to improving the patient's knowledge of, compliance with and use of, such drugs.

A **Minor Ailment Scheme**, the underlying purpose of which is for the pharmacist to provide advice and support to eligible patients complaining of a minor ailment, and where appropriate to supply drugs to them for the treatment of the minor ailment;

A **Needle and Syringe Exchange Service**, the underlying purpose of which is for a pharmacist to provide sterile needles, syringes and associated materials to drug addicts receive from drug addicts used needles, syringes and associated materials, and offer advice to drug addicts and where appropriate referral to another health care professional or a specialist drug treatment centre;

An **On Demand Availability of Specialist Drugs Service**, the underlying purpose of which is for the pharmacist to ensure that patients or health care professionals have prompt access to specialist drugs.

Out of Hours Services, the underlying purpose of which is for the pharmacist to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

A **Patient Group Direction Service**, the underlying purpose of which is for the pharmacist to supply a prescription only medicine to a patient under a Patient Group Direction.

A **Prescriber Support Service**, the underlying purpose of which the pharmacist to support health care professionals who prescribe drugs, and in particular to offer advice on the clinical and cost effective use of drugs, prescribing policies and guidelines, and repeat prescribing.

A **Schools Service**, the underlying purpose of which is for the pharmacist to provide advice and support to children and staff in schools relating to:

- The clinical and cost effective use of drugs in the school
- The proper and effective administration and use of drugs and appliances in the school
- The safe and appropriate storage and handling of drugs and appliances, and
- The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

A **Screening Service**, the underlying purpose of which is for the pharmacist to identify patients at risk of developing a specified disease or condition, offer advice regarding testing for a specified disease or condition, carry out such a test with the patient's consent, and offer advice following a test and referral to another health care professional where appropriate.

A **Stop Smoking Service**, the underlying purpose of which for the pharmacist to advise and support patients wishing to give up smoking, and where appropriate, to supply appropriate drugs and aids; a **Supervised Administration Service**, the underlying purpose of which is for the pharmacist to supervise the administration of prescribed medicines in the pharmacy.

A **Supplementary Prescribing Service**, the underlying purpose of which is for the pharmacist who is a supplementary prescriber to implement with an independent prescriber a clinical management plan for a patient with that patient's agreement.

These are commissioned and funded locally by the PCT. Although the pharmacies across the city currently provide many of these services there remains scope for extension, or revision of arrangements for the delivery of these services.

The enhanced services that are NHS Derby City currently commissions are:

- Provision of Advice to Care Homes
- Stop Smoking Service
- Needle Supply Programme
- Supervised Methadone Service
- Minor Ailments Service (Pharmacy First)
- Provision of Palliative Care Drugs supporting the Liverpool Care Pathway
- Oral Emergency Contraception
- Pharmacy Labels for Medicines Administration Sheets.

The regulations state that:

“The Primary Care Trust shall ensure that the arrangements for the services referred to make provision for those services to be provided:

- Only by appropriately trained and qualified persons
- In accordance with relevant national guidelines or standards
- From premises that are suitable for the purpose and
- Using the appropriate or necessary equipment.”

2.2 PNA Context

The NHS Regulations 2005 outline the process all PCTs must comply with in dealing with applications for new pharmacies and also changes to existing pharmacies under the current regulatory system known as ‘control of entry’. The NHS Act 2006 additionally describes the duty of PCTs, in accordance with regulations, to arrange for adequate provision of pharmaceutical services for its population ⁽²⁾.

Section 128A of the NHS Health Act requires PCTs to assess the pharmaceutical needs of its population and to publish a statement of its assessment and of any revised assessment ⁽²⁾.

The 2008 Pharmacy White Paper, Pharmacy in England: building on strengths – delivering the future ⁽⁴⁾, set out the Government’s vision for a 21st Century pharmaceutical service. The paper identified a number of strengths in the current system:

- A network of pharmacies in the heart of communities which are easily accessible and with a broad window of opening times
- A highly trained workforce
- Premises which provide an informal ‘everyday’ environment and which reach all parts of the population
- A contractual framework which supports a range of clinical services.

The White Paper highlighted findings of considerable variation in the scope and quality of PNAs developed in 2005. This led to a vision for improved quality and

effectiveness of pharmaceutical services, with a wider contribution to some primary care services as well as both local and national public health priorities. As a result of the vision stated within the Pharmacy White Paper, two clauses were introduced in the Health Bill 2009 (now the Health Act 2009) ⁽²⁾:

- To require PCTs to develop and publish PNAs; and
- Then to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision.

The Pharmacy White Paper highlighted the governments continued commitment to pharmacy the key areas mentioned include pharmacies becoming “healthy living” centres, providing support for people with long term conditions and being the first port of call for people with minor ailments ⁽⁴⁾. The government aims to see pharmacists and technicians utilising their clinical skills by providing a wider range of clinical services.

Under the regulations NHS Derby City has, as a minimum, a duty to publish a revised assessment within three years of its previous publication. As part of this process, the organisation is required to undertake a full consultation. In addition, NHS Derby City will need to consider whether it needs to make a new assessment of pharmaceutical needs after identifying changes to the availability of pharmaceutical services that may occur after publication of the 2011 PNA, where these changes are relevant to the granting of applications to open new or additional pharmacy premises. When making a decision as to whether changes warrant a new assessment, the organisation will need to decide whether the changes are so substantial that the publication of a new assessment would be a proportionate response.

In addition to a fundamental review every three years, a small scale update of the PNA is required every year. This is to ensure the PNA is maintained and kept up to date.

The PNA will enable NHS Derby City to commission services from Community Pharmacy that meet local needs and deliver services that are demonstrated to be evidence based and value for money to enable community pharmacy to become an intrinsic element of the local NHS.

Process Followed in Developing PNA

Key points:

- A multiagency steering group was established.
- The current provision of pharmaceutical services in Derby City was reviewed.
- The JSNA was used as the core basis for understanding health need.
- A briefing paper was developed, including key questions around access and levels of service provision using existing mechanisms to engage with stakeholders, patients and the public.
- A formal consultation for a period of 60 days was then held before publication.

3.1 Governance

A multiagency steering group was established to be involved in producing the PNA together with various other partners. The steering group for this project included representatives from:

- NHS Derby City
- Local Medical Committee
- The Local Pharmaceutical Committee.

3.2 Identifying Local Health Need

The JSNA is the key document for the city in identifying local health need both at a population and sub-population – for example, locality (ward), ethnicity, age etc. For this reason the JSNA has been used to inform the health needs identified in the PNA. Health need is presented at city level and at ward level (Census wards as defined by Derby City Council).

3.3 Identifying Current Service Provision

The current provision of pharmaceutical services in Derby was reviewed both at city-wide and at ward level. Each ward has been reviewed for:

- Access including hours of opening and choice
- General information
- Information relating to deprivation
- Information relating to specific hard to reach groups
- Advanced and Enhanced service provision
- Conclusions on current service provision and gaps identified.

3.4 Identifying Gaps in Provision

A number of maps have been developed to enable a clear picture of service provision against a number of defined indicators. Both quantitative and qualitative data was consolidated and analysed. Health needs, as identified in the PCTs JSNA, were mapped against current service deliveries which were then used to map and identify gaps in service provision.

A pre-consultation engagement exercise took place which enabled the patients and public to provide their views on pharmaceutical provision in Derby. The information gained has helped to inform this PNA consultation document.

3.5 Consultation Process

Section 24A of the NHS Act 2006 places a duty on PCTs to report on consultations. Directions setting out the detail of what was required under this duty were published in 2009. In April 2008 the government published 'Pharmacy in England: Building on strengths - delivering the future' which set out its programme for a 21st century pharmaceutical service and identified practical, achievable ways in which pharmacists and their teams can contribute to improving patient care through delivering personalised pharmaceutical services in the coming years⁽³⁾.

PCTs are required to undertake a consultation on their first PNA for a minimum of sixty days, and the regulations list those persons and organisations that must be consulted at least once during the process, e.g. the Local Pharmaceutical Committee, Local Medical Committee, practitioners and LINKs.

Under the regulations, NHS Derby City has, as a minimum, a duty to publish a revised assessment within three years of its previous publication. As part of this process, the organisation is required to undertake a full consultation.

NHS Derby City developed a briefing paper including key questions around access and levels of service provision and used existing mechanisms to engage with stakeholders, patients and the public as the PNA was developed (see Appendix 4 – PNA requirements). The formal consultation, which began in September 2010, built on the engagement which had already taken place, ensuring that there has been real opportunity for involvement throughout the production of the Assessment.

An action plan is detailed in table 1. This sat alongside the plan for developing the assessment with public health, local practitioners, the Local Pharmaceutical Committee.

Table 1: Action Plan

Stakeholder	Activity	Date
Derby residents	Review feedback from primary care consultation	June
Derby residents	Review PALS calls re pharmacy provision	June
Derby residents	Request and review results of community pharmacy satisfaction surveys	June
Overview and Scrutiny Committee	Briefing paper and Communications and Engagement Plan to OSC meeting	21 June
Local Involvement Network	Briefing paper and invitation to comment	June
Derby residents	Press release issued with link to website	June
All	Information and invitation to comment on website	June
Neighbourhood Boards and Forums	Briefing paper and/or consultation document to Boards and Forums depending on dates of meetings	June – October
Patient Participation Groups	Briefing paper provided and meetings set up as appropriate	June-July
Health Panel	Information included in Health Panel newsletter	TBC
Social Inclusion Network	Briefing paper provided and meetings set up as appropriate	June-July
Health and Social Care Forum	Agenda item on Forum meeting	22 July
	Final draft of PNA produced; summary/consultation document produced	August
All	Formal consultation (document distribution; website; attendance at meeting etc.)	Sept-Oct
	Final PNA to PCT board for approval; publication of PNA	January 2011

In 2009, NHS Derby City's Engagement Team carried out and supported a significant programme of engagement in relation to the initiative to develop a primary care system fit for the 21st Century. This covered all stakeholder groups and included seven Neighbourhood Forums; a range a socially excluded and seldom heard groups; Derby Local Involvement Network; the Health Panel; Patient Participation Groups at GP practices; clinicians; providers; partners and staff.

The Team described what primary care is, gave information about the health of people within the city and described what services are already available. We invited people to tell us what was good about primary care, what was 'not so good' and what could be improved. Most of the comments, issues and concerns were focussed on GPs, but there were a few comments about pharmacies and pharmacy provision. Please note that the following comments are from individuals and are not necessarily the views of all the people in Derby. The comments included:

- Implications of the pharmacies replacing branded drugs with generic brands under the new dispensing regulations
- The shortage of local, quality pharmacies
- An increased role of pharmacies in prevention
- Good pharmacy services including repeat prescription service and online prescriptions
- Convenience of having a pharmacy next to the GP practice
- Better engagement with pharmacies supplying medicines to patients in their own homes – to better integrate services
- Better access for patients to services at community pharmacies
- Improve public health community pharmacy campaigns
- Engage more with LPC to move/address pharmacy issues
- Lack of innovation with developing new community pharmacy enhanced services
- CVD-Screening opportunities for community pharmacies
- Use pharmacies more to reach 'hard to reach' groups
- Prescribing pharmacists for carers/ those requiring continuity of care
- More lunch-time cover needed for pharmacists to enable prescriptions to be filled.

Other general comments which may also apply to pharmacies included:

- More publicity about appropriate use of services / helping patients access the right services
- More services and better promotion of these for young people
- Reassurances over patient confidentiality
- Greater consultation with communities before making decisions
- Staff that are friendly and non-judgemental
- Individualised care/ listening to people
- Longer opening hours/ weekend opening
- Improved access to interpretation facilities
- Training for practitioners to help them be supportive to different groups, such as older people, young people and trans
- Some communities favour unregistered medical people to go to for medicines and help, rather than a GP or Pharmacist.

Derby City PCT then carried out a formal consultation for a period of 60 days. Outcomes of the consultation feed into the final PNA process to enable a final PNA document to be published on 1st February 2011.

A consultation response form was available on the website or via PALS to be completed and returned before 30th October 2010 and this focused on the following:

- How understandable the PNA document is
- Has the PCT has achieved the objectives of the PNA
- The accuracy of the assessment and conclusions
- The overall outcomes and action plan to shape future service delivery.

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Locality, Definition and Description

Key points:

- Derby is split in to 17 census wards.
- The resident (living inside the city's boundary) population is presently 239,230.
- The population figure from a registered (with a GP Practice of NHS Derby City) was more than 290,000 (approximately 147,500 males and 143,500 females).
- Derby is an ethnically diverse city with a particularly large Asian population.
- Eight out of 17 (47%) wards are measured as being part of the most deprived areas in the country.
- Virtually all of the higher density populations are found in the wards on the western side with 1.4% to 3.0% of the total population being recent overseas immigrants.
- Just over 4% of the Derby population are 'Career professionals living in sought-after locations' compared to a national average of 11%.
- In 2008, Derby had 104,437 homes.
- The overall employment rate in Derby stands currently at 73.5%.
- In March 2009 the percentage of the working age population claiming Job Seeker's Allowance (JSA) was 4.9% in Derby.
- In 2001, the percentage of households in Derby without a car of van was 30.6%.

4.1 Demographic overview

The City Council has divided the city of Derby into census wards, which the PCT uses when considering the health profile of the local population. Figure 1 shows a map of the Derby locality¹ and figure 2 shows the Derby locality map split in to the wards.

¹ Please refer to Derby City Council's *State of the City* report for more extensive details

Figure 1: Map of NHS Derby City localities

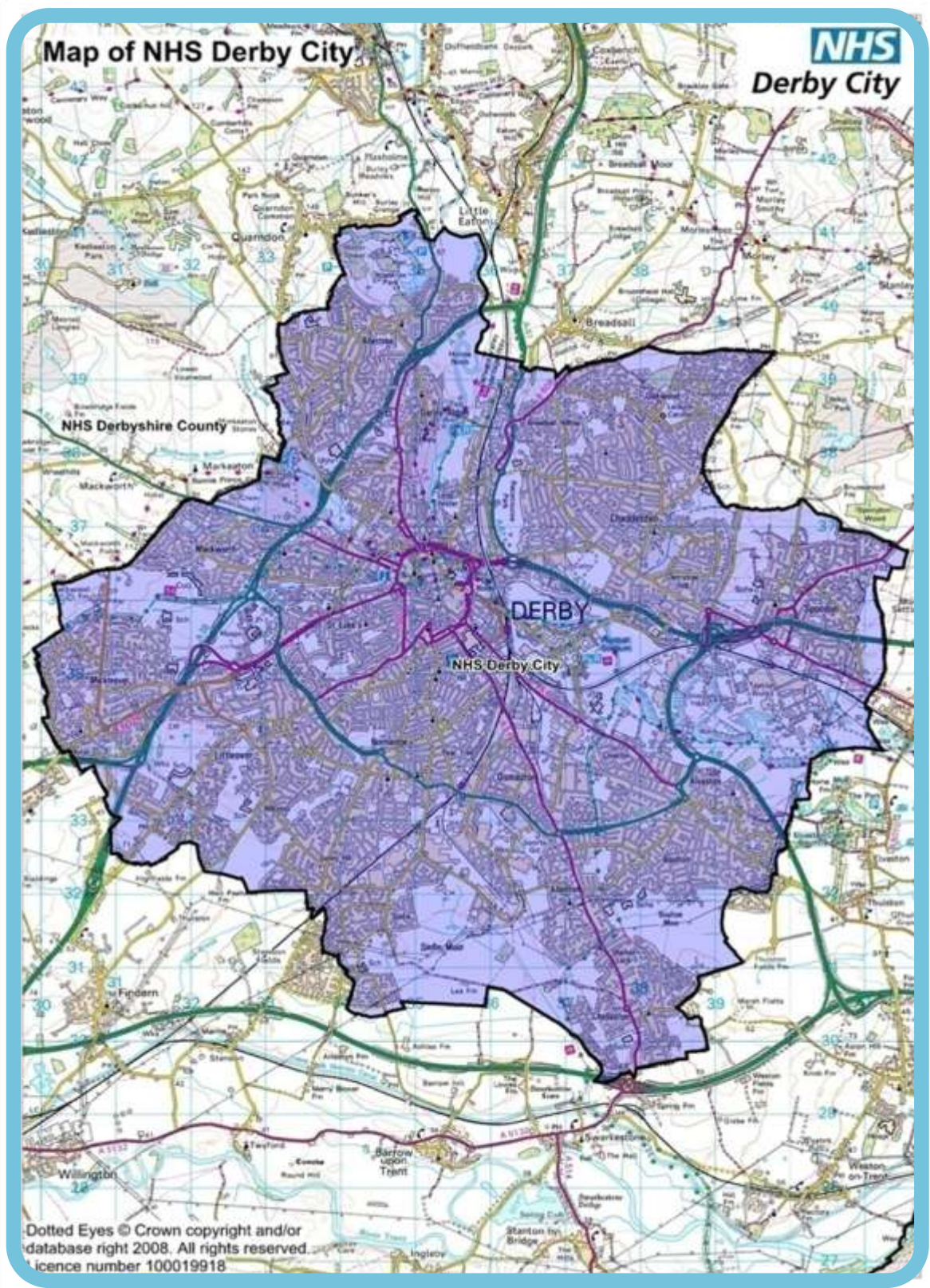
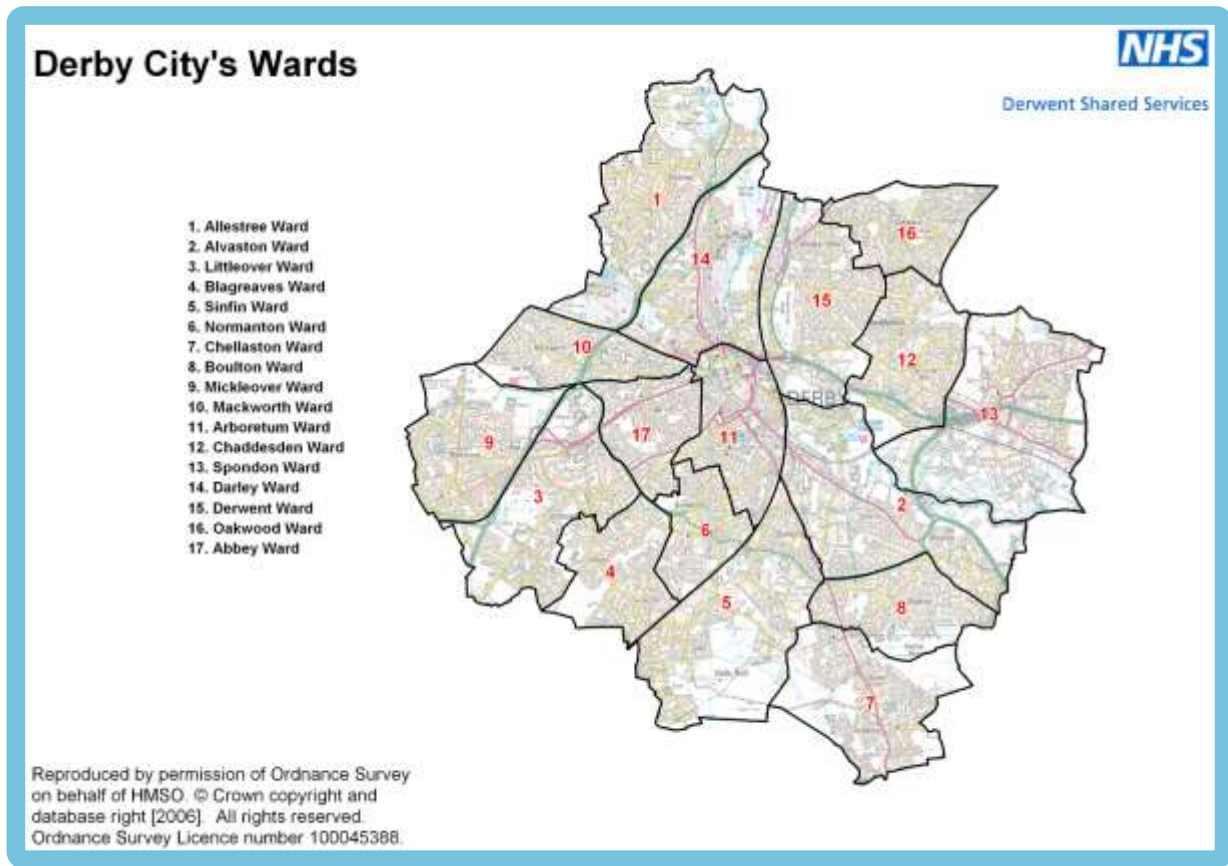


Figure 2: NHS Derby City split in to the wards



4.2 Population Numbers

According to the 2008 Office for National Statistics (ONS) Mid-year Estimates (MYE) of population, the resident (living inside the city's boundary) population of Derby is presently 239,230 – this being composed of 118,930 males and 120,300 females². Figure 3 highlights how Derby compares to the two other major cities larger than it in the East Midlands region.

Figure 3: Comparison of cities in East Midlands region

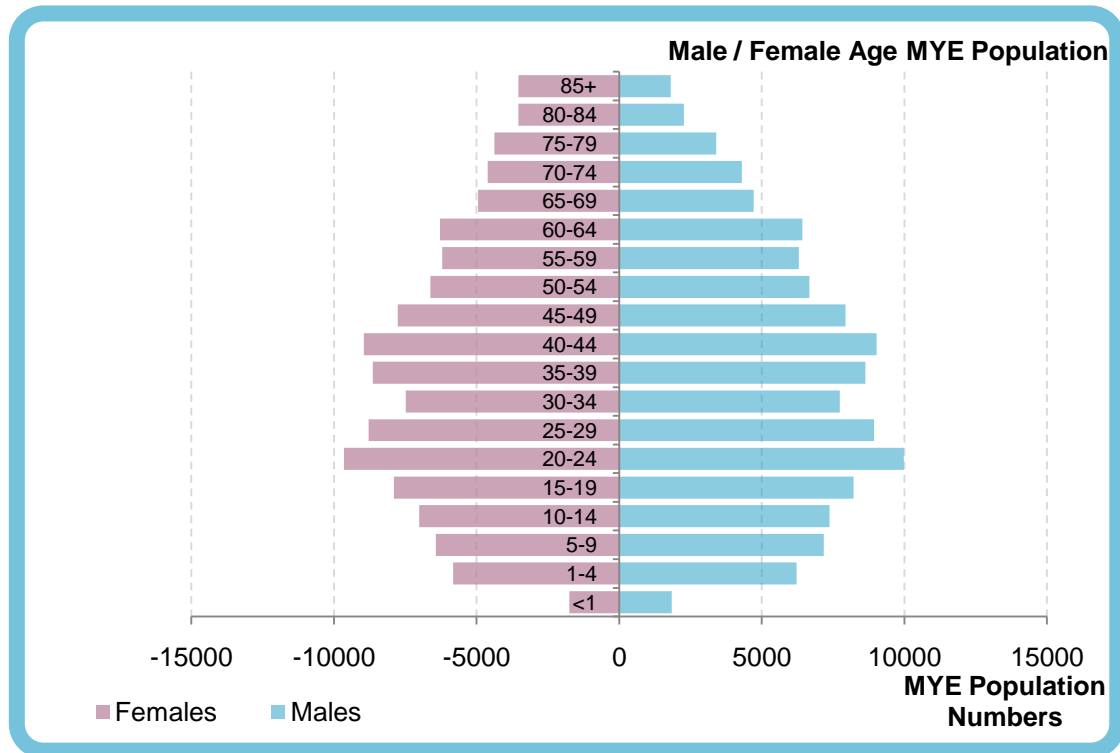
	Derby	Nottingham	Leicester	East Midlands	England
All People	237,900	292,400	294,700	4,433,000	51,450,000

2007 Mid Year Estimates Population Comparators

Figure 4 provides details of the mid-year estimate population breakdown by age and gender. The majority of ages show some degree of symmetry between the male and female populations, although the female population is normally slightly higher due to longer life expectancies amongst females.

² The MYEs provide an estimate of the number of people living in local authority areas and the composition of the population in these areas by age and sex. They are derived from the 2001 Census and relate to the usual resident population

Figure 4: Mid-year estimate population breakdown by age and gender



The latest population figure of NHS Derby City, from a registered (with a GP Practice of NHS Derby City) rather than resident perspective was more than 290,000 – this being composed of more than 147,500 males and 143,500 females. This was according to the national Exeter³ system on 1st April 2009. Whilst the majority of NHS Derby City’s registered population lives within the boundaries of Derby City Local Authority, approximately 17% of its population live in the surrounding LAD⁴ 2 tier district authorities of Derbyshire County. Two of NHS Derby City’s main GP practice surgeries are situated in southern Derbyshire County; these are Melbourne Health Care Centre in Melbourne, South Derbyshire LA, and Overdale Medical Practice in Borrowash, Erewash LA. There are also a number of branch surgeries of NHS Derby City located in the county.

4.2.1 Population by Gender

Projecting the 2002 to 2009 yearly snapshots of the registered population of NHS Derby City to the year 2020, Figure 5 & 6 reveals that if current trends continue, the male population aged over 75 years is likely to be approximately 38% larger than it was in 2002. The largest increase in the female population is likely to be seen in those aged 45 to 74 years old which will be approximately 21% larger in 2020 than it was in 2002.

³ Also known as the NHAIS (National Health Application and Infrastructure Service), it underpins the primary care level of NHS IT; managing services, patient registration and demographic details for England, Wales and Northern Ireland

⁴ LAD (Local Authority District) 2 tier authorities are those that sit within the larger LAD 1 top tier counties i.e. Amber Valley Local Authority District in Derbyshire County

Figure 5: Projection of the male population of NHS Derby City

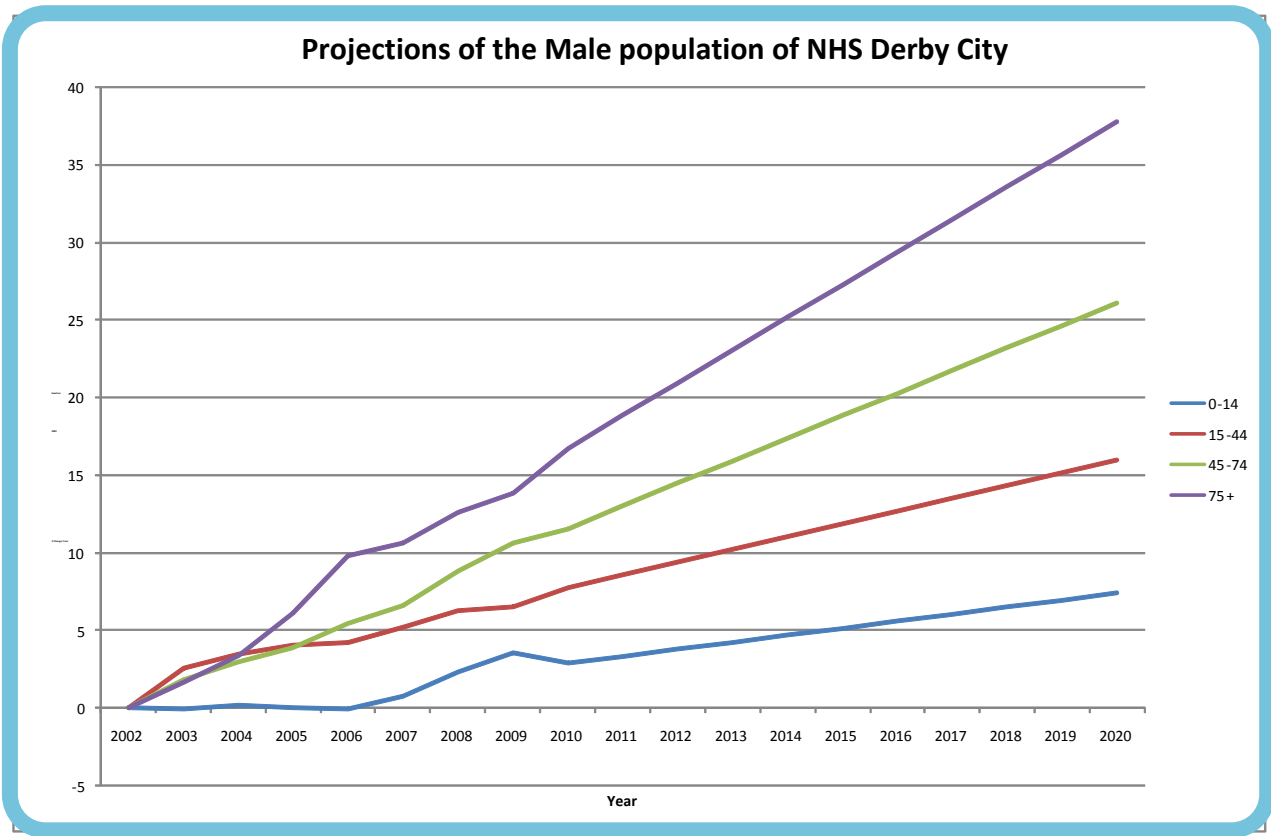
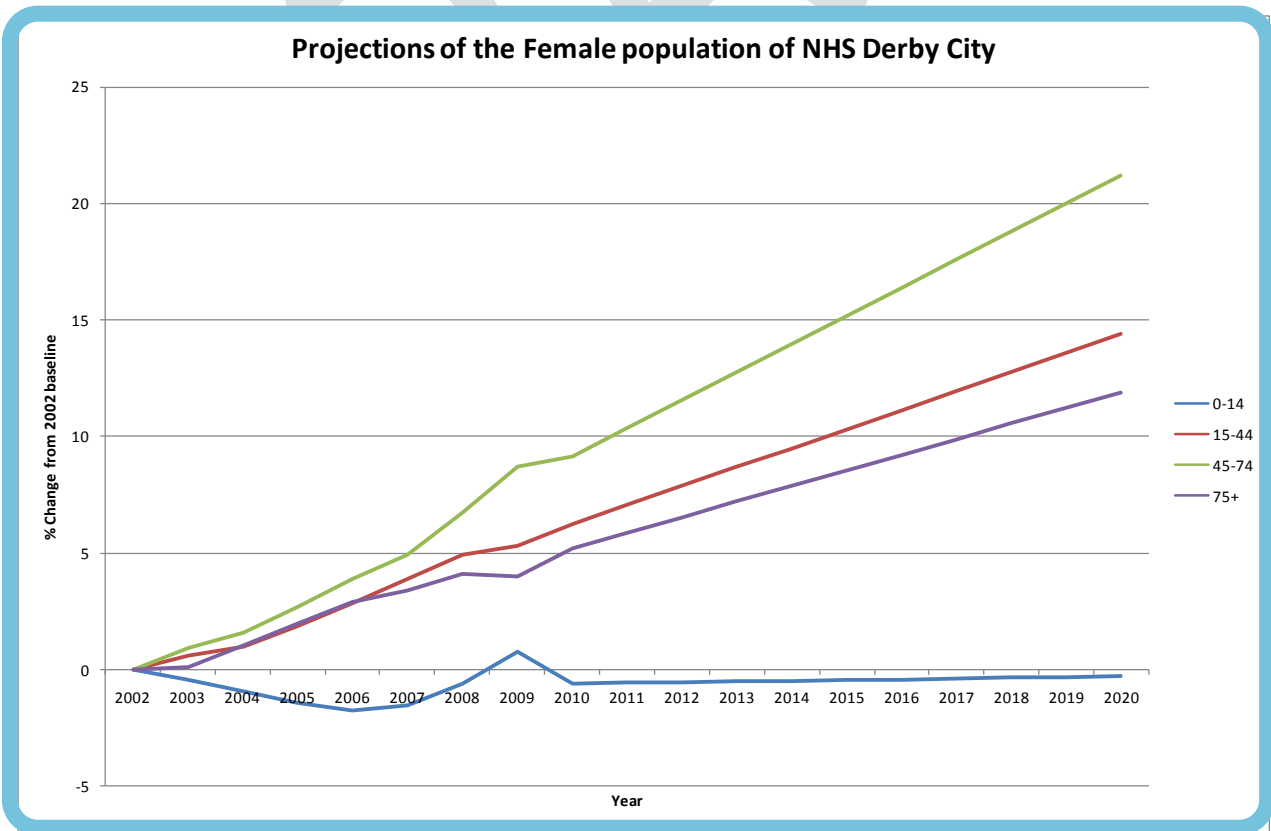
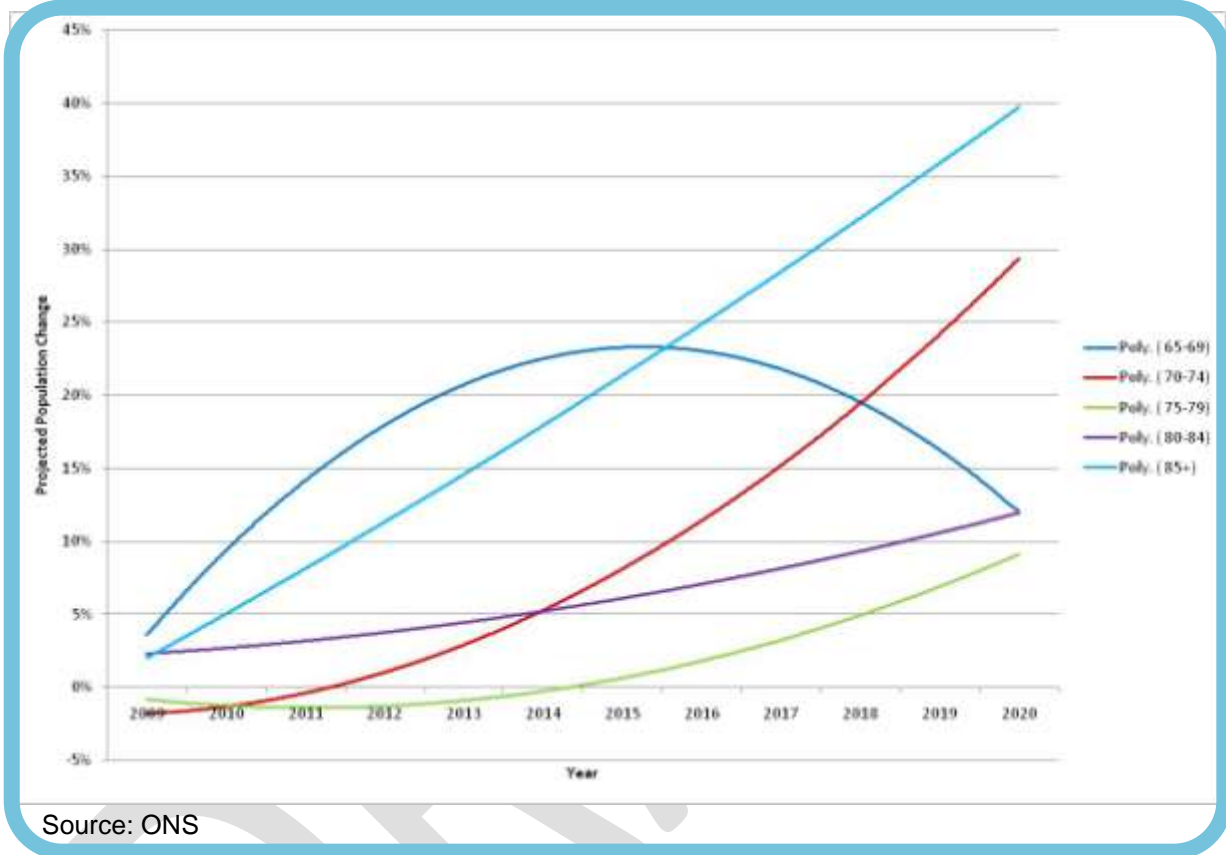


Figure 6: Projection of the female population of NHS Derby City



The curve in population growth and subsequent decline to 2020 seen in the 65-69 older age bands is evident nationally, and can be seen more dramatically in Figure 7 which demonstrates the year on year percentage change in resident population since 2008 in Derby. Equally as dramatic for the city is the increasing population of the 85+ age band, this by 2020 is projected to be 40% larger than it was in 2008. This is also confirmed in the modelling of the registered population to the year 2020.

Figure 7: Derby resident population projections for 65+ age bands (% change since 2008)



4.2.2 Population by Age

Figure 8 shows the ward populations of Derby by age band. The results show that the population of Allestree has an older age profile because this area has the lowest numbers of 0-4 and 15-44 year olds and the highest numbers of 65 to 85 and over age bands. Arboretum has a high percentage population of 25-29 year olds but the lowest percentages of 45-74 year olds. There is a high occurrence of university students in Darley; this is clear from the fact that the highest percentages in the 15-24 age bands are found here and that the 5-14 age bands in Darley returns the lowest city percentages. Normanton is characterised by the highest percentage in the 0-9 age band and elevated percentages through to 30-44 age band. Oakwood has the highest percentage 30-59 age band and below average percentages in the 60-84 age bands, Oakwood returns the lowest 85+ results. Sinfin is characterised by a high 10-19 population and a below average 60-85+ population with the 75-84 age band being the lowest in the city. Spondon has lower than average results through the younger age groups and returns one of the lowest results in the 30-34 age band, however Spondon does have some of the highest post 45 percentage populations. In all wards of the city the 34-44 age band returns consistently higher than average results. To a lesser extent this can also be seen in the 45-59 age band

The analysis and the table in figure 8 has been taken from the 'State of the City report' written by Derby City Council June 2010.

Figure 8: Derby population by age, sorted by ward

Ward Name	All Ages	Age Bands											
		0-04	05-09	10-14	15-19	20-24	25-29	30-44	45-59	60-64	65-74	75-84	85+
Abbey	13,100	5.5	4.6	5.0	6.5	12.7	10.9	23.0	14.4	4.3	6.1	4.8	2.1
Allestree	13,535	4.5	4.7	6.4	6.0	4.0	3.1	18.4	19.8	7.0	12.6	9.9	3.5
Alvaston	14,638	6.9	5.3	6.0	6.9	8.3	7.9	21.7	17.2	5.1	6.9	5.7	2.0
Arboretum	17,615	8.3	6.7	5.8	6.7	12.1	11.3	23.5	12.9	2.7	5.0	3.6	1.4
Blagreaves	12,864	5.1	6.0	6.5	6.2	6.3	5.9	20.1	18.5	5.7	10.0	7.3	2.2
Boulton	14,000	6.3	5.9	6.7	7.4	7.2	5.3	20.2	17.3	6.2	9.1	6.0	2.3
Chaddesden	13,362	6.2	5.7	6.5	7.0	6.7	5.2	20.4	18.4	6.8	9.0	6.1	2.1
Chellaston	14,363	6.9	6.6	7.0	6.1	5.2	5.3	23.8	17.7	5.2	7.5	5.9	2.7
Darley	12,812	4.5	3.4	3.8	7.6	14.5	8.6	20.9	16.2	5.1	6.8	5.7	3.0
Derwent	14,193	7.7	6.9	6.7	7.5	8.2	7.0	20.8	16.1	4.6	7.4	5.3	1.8
Littleover	13,949	6.1	6.7	7.2	6.6	5.8	5.7	23.3	19.9	4.9	6.7	5.2	1.9
Mackworth	13,265	5.3	4.8	5.5	6.9	12.6	8.4	19.9	15.4	4.4	6.5	8.0	2.4
Mickleover	13,496	4.1	4.5	5.4	6.2	5.4	4.5	18.8	22.3	7.2	10.6	8.1	2.9
Normanton	16,193	8.9	7.6	6.9	7.2	9.3	8.9	23.2	13.3	3.0	5.4	4.3	2.0
Oakwood	13,696	5.7	6.0	6.0	6.8	7.0	7.1	24.8	20.5	4.4	7.1	3.4	1.2
Sinfin	14,561	8.2	7.5	7.3	7.6	8.6	8.1	22.1	16.4	4.4	5.7	2.8	1.3
Spondon	12,250	4.2	4.9	5.6	6.8	5.8	4.9	19.6	19.2	7.9	11.7	6.6	2.8
Derby	237,892	6.3	5.8	6.2	6.8	8.3	7.0	22	17	5.1	7.8	5.7	2.2
East Midlands	4,172,174	5.7	6.3	6.7	6.2	5.9	6.1	22	20	5.0	8.5	5.7	1.8
England	49,138,831	6.0	6.4	6.6	6.2	6.0	6.7	23	19	4.9	8.3	5.6	1.9
KEY		Denotes highest % ward population in an age band											
		Denotes lowest % ward population in an age band											

Source: ONS, Census 2001 (KS02)

4.2.3 Population by Ethnicity

The term 'Mixed Race' was included as an ethnic classification on the UK Census from 2001. The mixed race category contained nine sub-categories of mixed ethnic combinations. This refers to British citizens whose parents are of different races or ethnic backgrounds, and to the offspring of these people. Britain has the largest mixed race population within the EU and they are the fastest growing demographic group in the UK.

Figure 9: All Age Ethnic Groups from Census 2001 (UV09), by Derby City Ward

	Derby City		East Midlands		England		East Midlands % diff Derby	England % diff Derby
	Unitary Authority		Region		Country			
	No.	%	No.	%	No.	%		
All People	221708	100%	4172174	100%	49138831	100%	0%	0%
White	193881	87.4%	3900380	93.5%	44679361	90.9%	6%	3%
White: British	187104	96.5%	3807731	97.6%	42747136	95.7%	1%	-1%
White: Irish	3060	1.6%	35478	0.9%	624115	1.4%	-1%	0%
White: Other White	3717	1.9%	57171	1.5%	1308110	2.9%	0%	1%
Mixed	3968	1.8%	43141	1.0%	643373	1.3%	-1%	0%
Mixed: White and Black Caribbean	2293	57.8%	20658	47.9%	231424	36.0%	-10%	-22%
Mixed: White and Black African	200	5.0%	3426	7.9%	76498	11.9%	3%	7%
Mixed: White and Asian	980	24.7%	11176	25.9%	184014	28.6%	1%	4%
Mixed: Other Mixed	495	12.5%	7881	18.3%	151437	23.5%	6%	11%
Asian or Asian British	18533	8.4%	168913	4.0%	2248289	4.6%	-4%	-4%
Asian or Asian British: Indian	8505	45.9%	122346	72.4%	1028546	45.7%	27%	0%
Asian or Asian British: Pakistani	8790	47.4%	27829	16.5%	706539	31.4%	-31%	-16%
Asian or Asian British: Bangladeshi	210	1.1%	6923	4.1%	275394	12.2%	3%	11%
Asian or Asian British: Other Asian	1028	5.5%	11815	7.0%	237810	10.6%	1%	5%
Black or Black British	3895	1.8%	39477	0.9%	1132508	2.3%	-1%	1%
Black or Black British: Caribbean	3108	79.8%	26684	67.6%	561246	49.6%	-12%	-30%
Black or Black British: African	438	11.2%	9165	23.2%	475938	42.0%	12%	31%
Black or Black British: Other Black	349	9.0%	3628	9.2%	95324	8.4%	0%	-1%
Chinese or Other Ethnic Group	1431	0.6%	20263	0.5%	435300	0.9%	0%	0%
Chinese or Other Ethnic Group: Chinese	857	59.9%	12910	63.7%	220681	50.7%	4%	-9%
Chinese or Other Ethnic Group: Other Ethnic Group	574	40.1%	7353	36.3%	214619	49.3%	-4%	9%

Source: ONS; Neighbourhood Statistics

Derby is an ethnically diverse city with a particularly large Asian population. This is demonstrated in Figure 9. Derby has a lesser percentage of White British people and a greater percentage of Indian and Pakistani people, as well as Black Caribbean people, compared to the ethnic makeup of England. The largest concentration of Derby's Asian population can be found in Arboretum and Normanton Wards, as highlighted in Figure 10.

Figure 10: Ethnicity by Ward in Derby (all ages) 2001

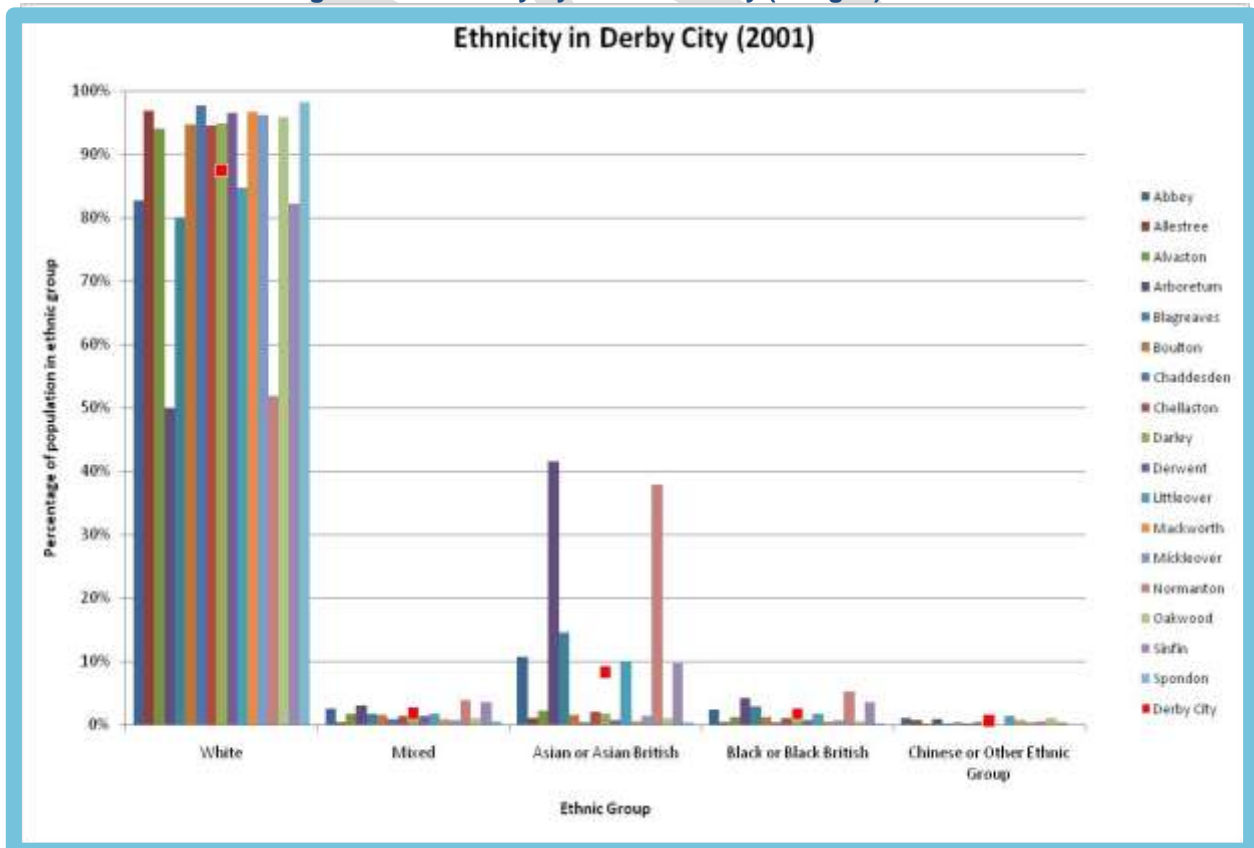
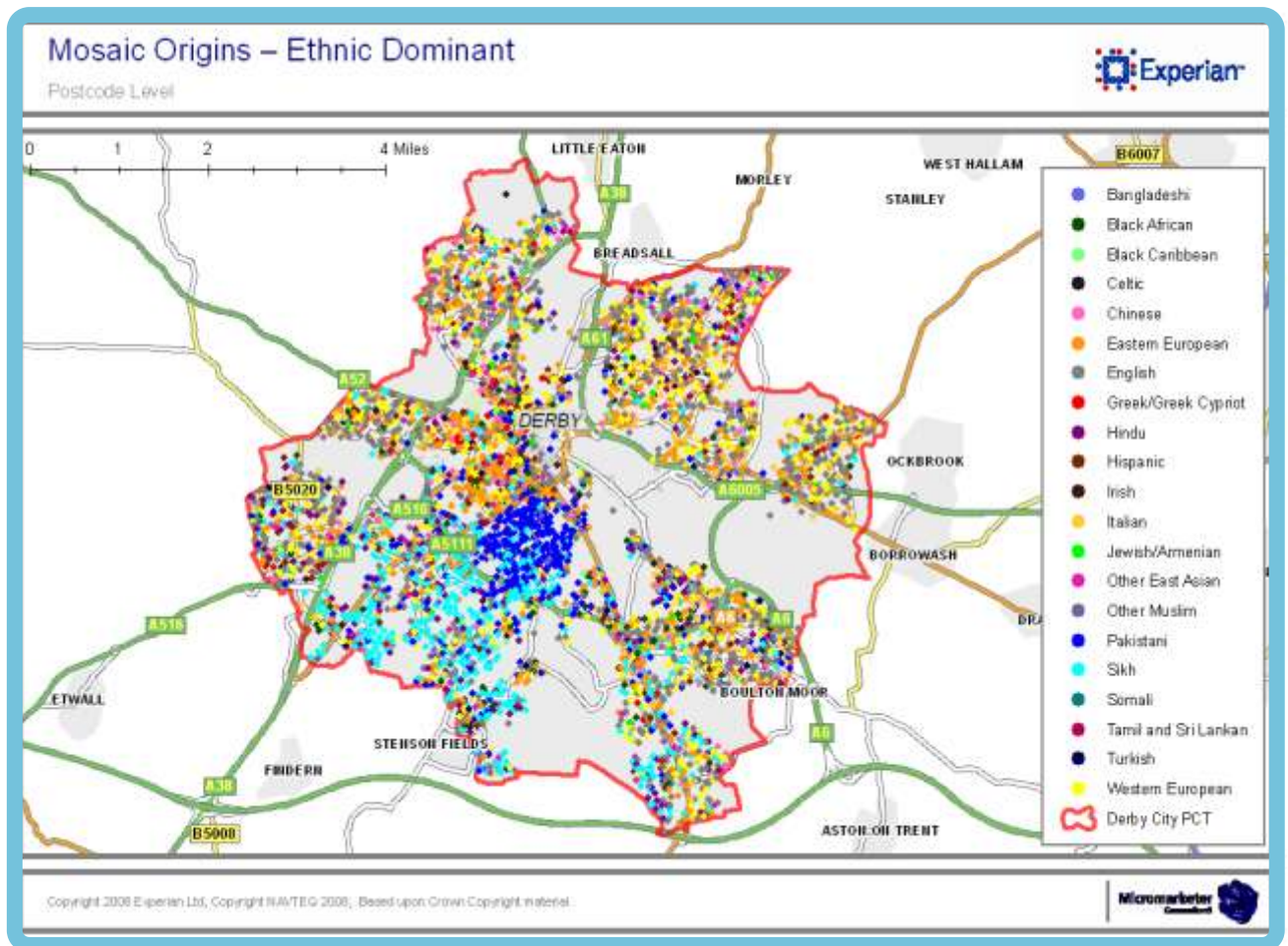


Figure 11 shows the ethnicity of Derby in thematic map form, from an Experian perspective using Mosaic Origins⁵.

Figure 11: Ethnicity of Derby in thematic map form



4.2.4 Population by Deprivation Rates

Figure 12 shows the deprivation rates for Derby. The blue dots show the individual scores of deprivation for each of the 17 wards. The higher the dots are, the more deprived the area is. The red bars highlight the national quintile that each ward fits in to. Five is the most affluent and 1 is the least affluent and therefore the wards that score 1 are counted as being in the 20% most deprived areas in the country. The graph show that 8 out of 17 (47%) wards are measured as being part of the most deprived areas in the country.

Figure 13 shows the location of these Lower Super Output Areas where red indicates the most deprived and blue the most affluent.

⁵ A detailed classification based on family name/personal name combinations and probabilities. Mosaic Origins is about understanding the general make-up of a population. There are 227 Origin Types

Figure 12: Deprivation Rates of Derby PCT wards

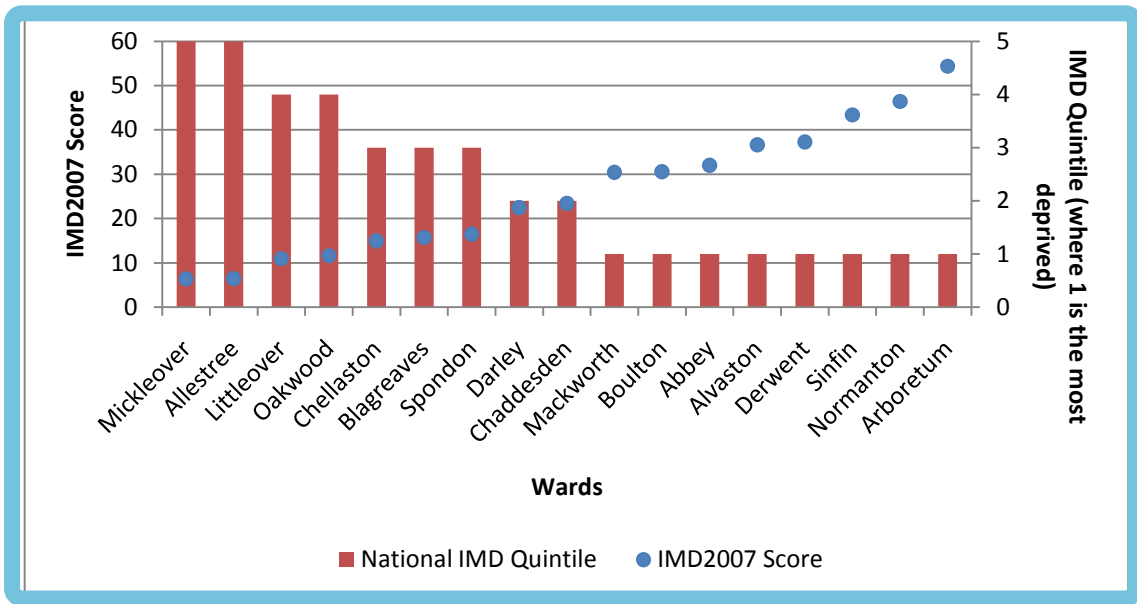
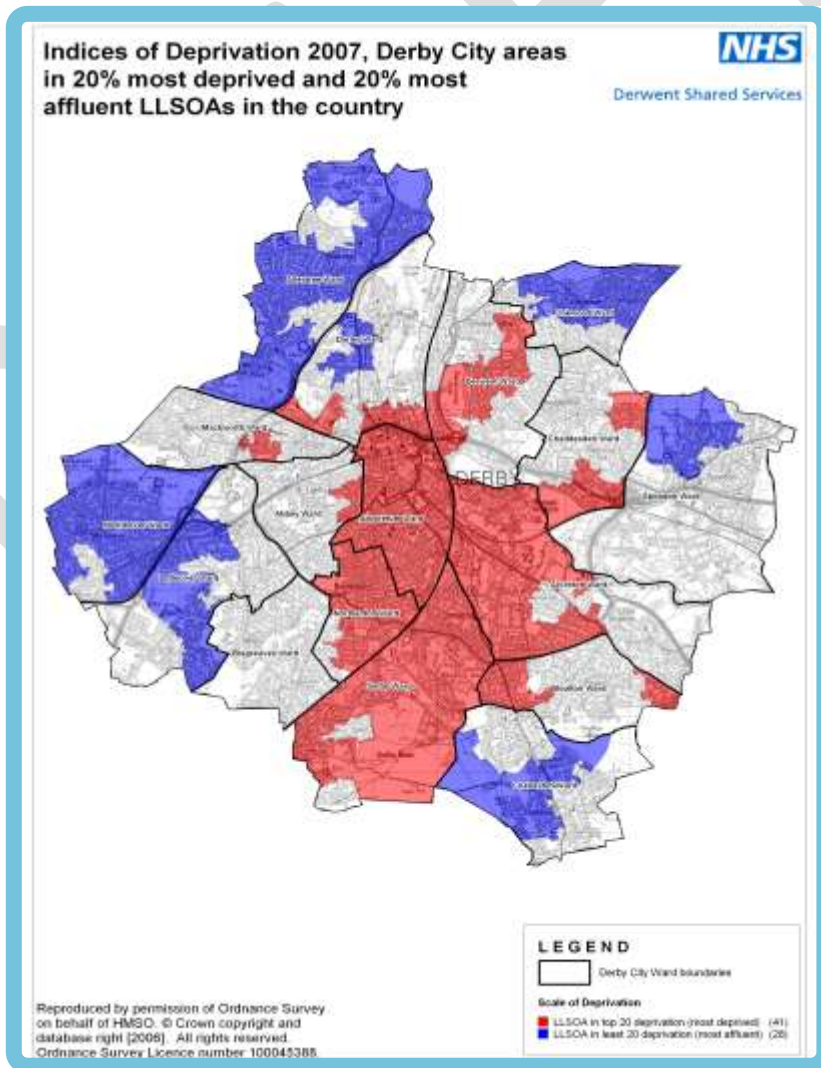


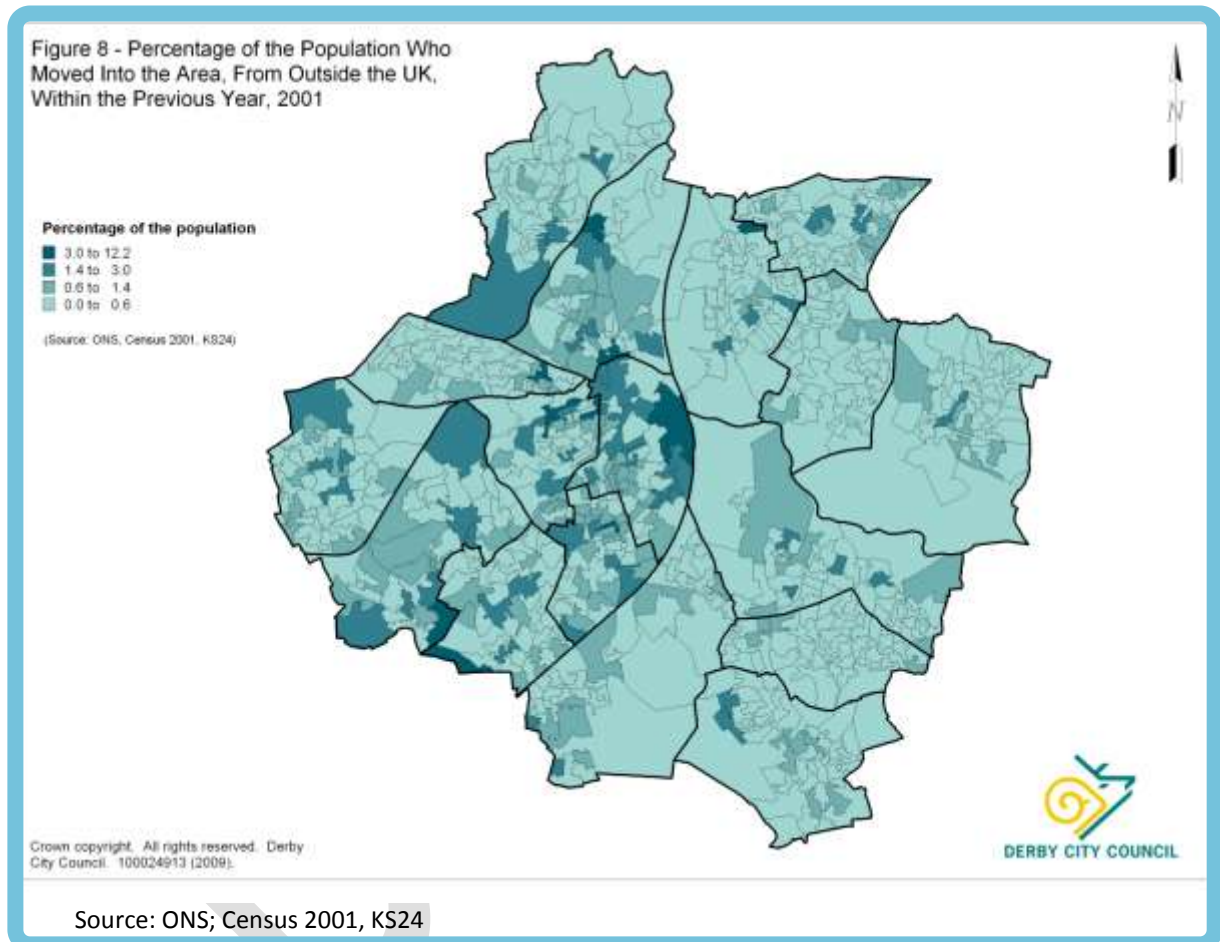
Figure 13: Map of the 20% most deprived and 20% most affluent wards in Derby



4.2.5 Migrant Population

Figure 14 reveals a very fragmented pattern in terms of where new migrants from outside of the UK settle. The highest percentages covering the largest areas are in Normanton, Arboretum, Blagreaves and Littleover wards. However, there are some very small areas distributed in the wards to the north of the city. Virtually all of the higher density populations can be found in the wards on the western side of the city, with some comparatively large areas with 1.4% to 3.0% of the total population being recent overseas immigrants (Census 2001).

Figure 14: Migrant population of Derby



4.3 Derby socio-economic status

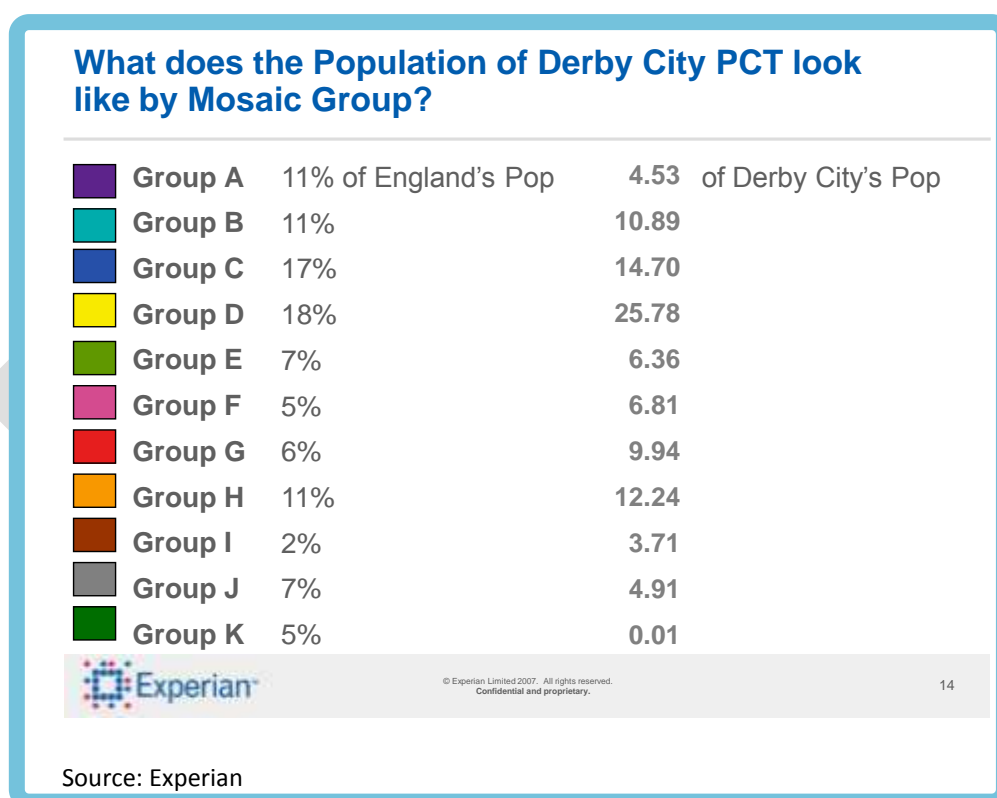
Table 2 shows the 11 lifestyle types that make up the top level Mosaic classification of lifestyle (there are 61 lifestyle types and 243 lifestyle segments in total that make up the hierarchy). Table 3 details what the population of NHS Derby City looks like by the 11 lifestyle types.

Table 2: Mosaic lifestyle types

Group A	Career professional living in sought-after locations
Group B	Younger families living in newer homes
Group C	Older families living in suburbia
Group D	Close-knit, inner city and manufacturing town communities
Group E	Educated, young, single people living in areas of transient populations
Group F	People living in social housing with uncertain employment in deprived areas
Group G	Low income families living in estate-based social housing
Group H	Upwardly mobile families living in homes bought from social landlords
Group I	Older people living in social housing with high care needs
Group J	Independent older people with relatively active lifestyles
Group K	People living in rural areas far from urbanisation

Source: Experian

Table 3: Lifestyle types for the population of NHS Derby City



4.4 Derby Housing

In 2008, the Housing Strategy Statistical Annex identified that Derby had over 100,500 households (occupied dwellings). This had increased at an average of approximately 800 households per year from approximately 96,500 in 2003.

In 2008, Derby had 104,437 homes. Of these:

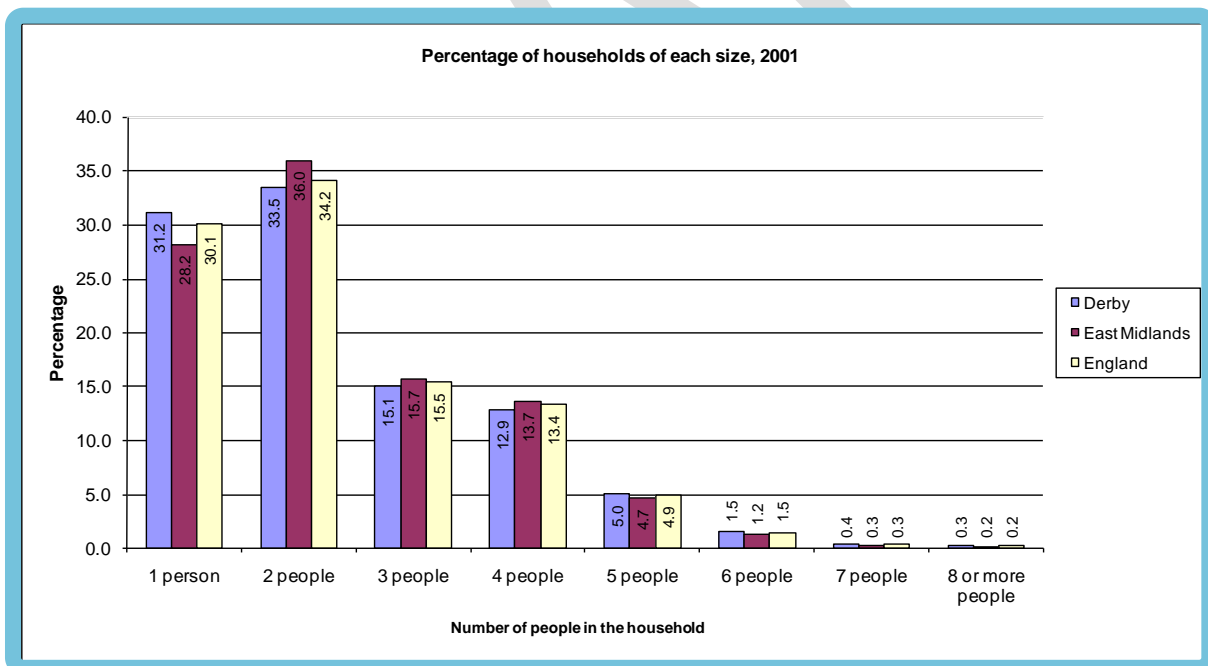
- 13,713 were rented from the council
- 7,068 were rented from a Housing Association/Registered Social Landlord (RSL)
- 83,604 were private properties (either owner occupied or privately rented)
- 52 were classed as other.

During 2008/09, the number of homes in Derby increased by 478 (NI 154). This was significantly lower than previous years due to the rapid contraction of the housing market during 2008. However, between April 2005 and March 2009 the number of homes in Derby increased by a net 3,517.

In 2008 there were 20,781 affordable homes (homes rented from the Council or from an RSL) in Derby. Affordable housing is concentrated in specific areas of Derby; notably within Mackworth, Arboretum, Derwent, Normanton and Sinfin wards. However, there are smaller concentrations in other wards such as in the Osmaston/Allenton area of Alvaston, the Cherrytree Hill area of Chaddesden, the Asterdale Estate in Spondon, the Bembridge Drive area of Boulton, the Little Chester area of Abbey and the Woodlands Lane Estate in Chellaston.

Figure 15 highlights the size distribution of households in Derby, based on the results from Census 2001.

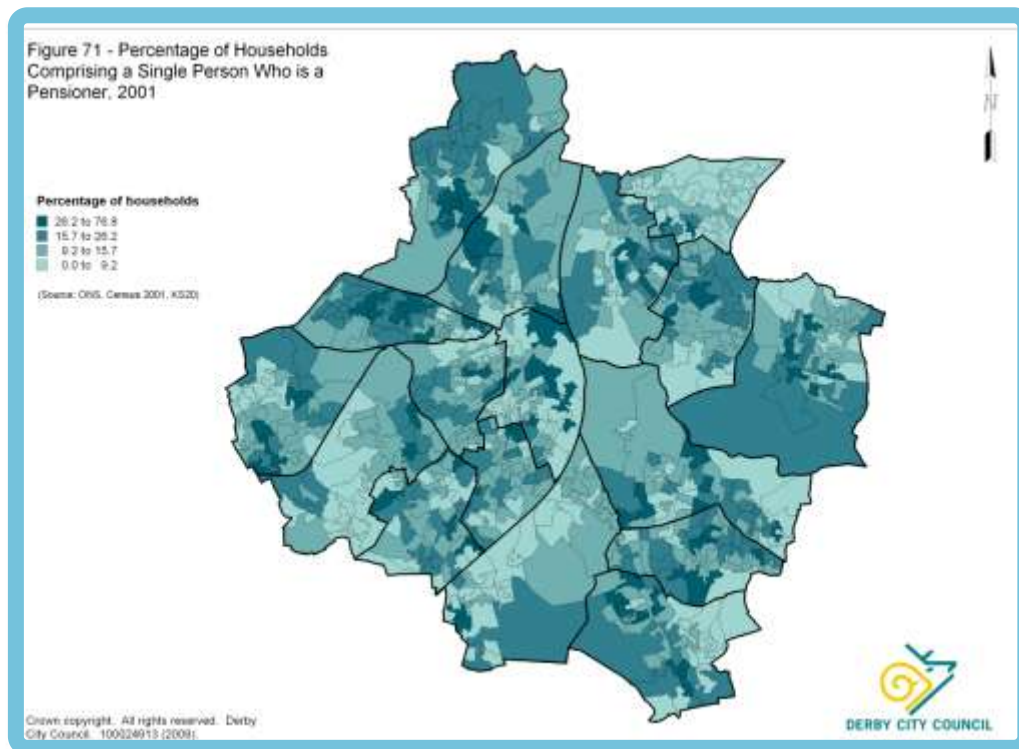
Figure 15: Household size percentage



Derby had a greater percentage of single person households (32.1%) than either the East Midlands (28.2%) or England (30.1%) in 2001. These predominantly pensioner households are reasonably evenly distributed across Derby, with most wards being comparatively close to the city average of 14.7%. However, there are several wards where the proportion of single person pensioner households is notably higher; these are in Allestree (18.6%), Mackworth (18.6%) and Darley (17.4%) wards. Another

notable exception is Oakwood where they make up only 6.7% of households in the ward – less than half the city average. This is mapped in Figure 16.

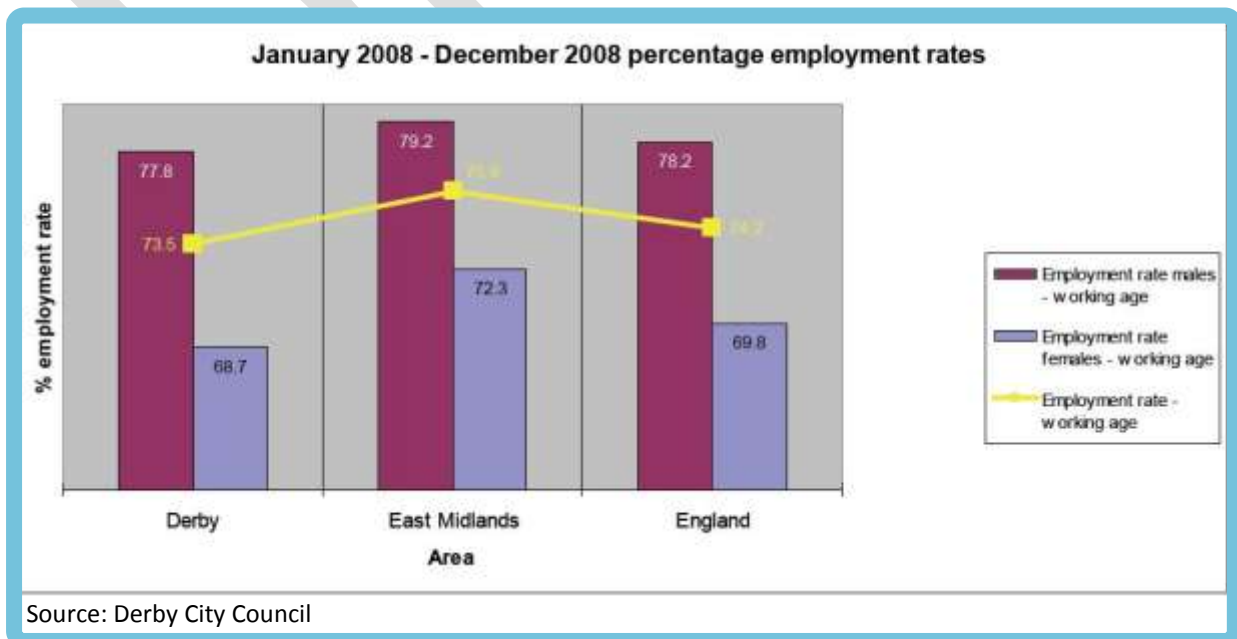
Figure 16: Single person households



4.5 Employment in Derby

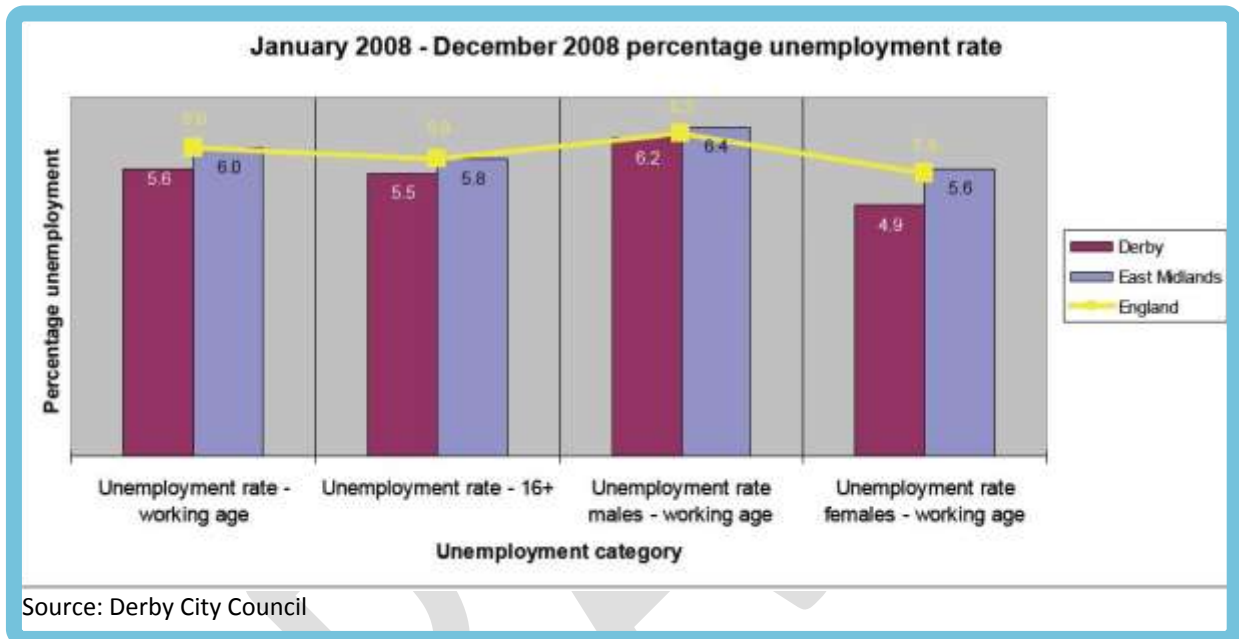
The overall employment rate in Derby stands currently at 73.5% (ONS's Annual Population Survey 2008). Figure 17 shows the percentage rate by gender.

Figure 17: Derby percentage employment rates by gender



All 2008 comparators (Derby, the East Midlands and England) show that the employment rate for males is higher than that for females. However, Derby has the lowest female employment rate with 68.7% as opposed to the next lowest which is England with 69.8%. Both the East Midlands and England have higher rates of male employment than Derby which returns 77.8%. The employment rate for the working age population shows Derby as having the lowest rate (73.5%), despite the East Midlands region overall having a higher rate of employment than the national average (Figure 18).

Figure 18: Derby percentage employment rates compared to the East Midlands



In March 2009 the percentage of the working age population claiming Job Seeker's Allowance (JSA) was 4.9% in Derby. This was higher than seen in the East Midlands and England as a whole, both of which had 4% claiming JSA.

Figure 19: Claimant count

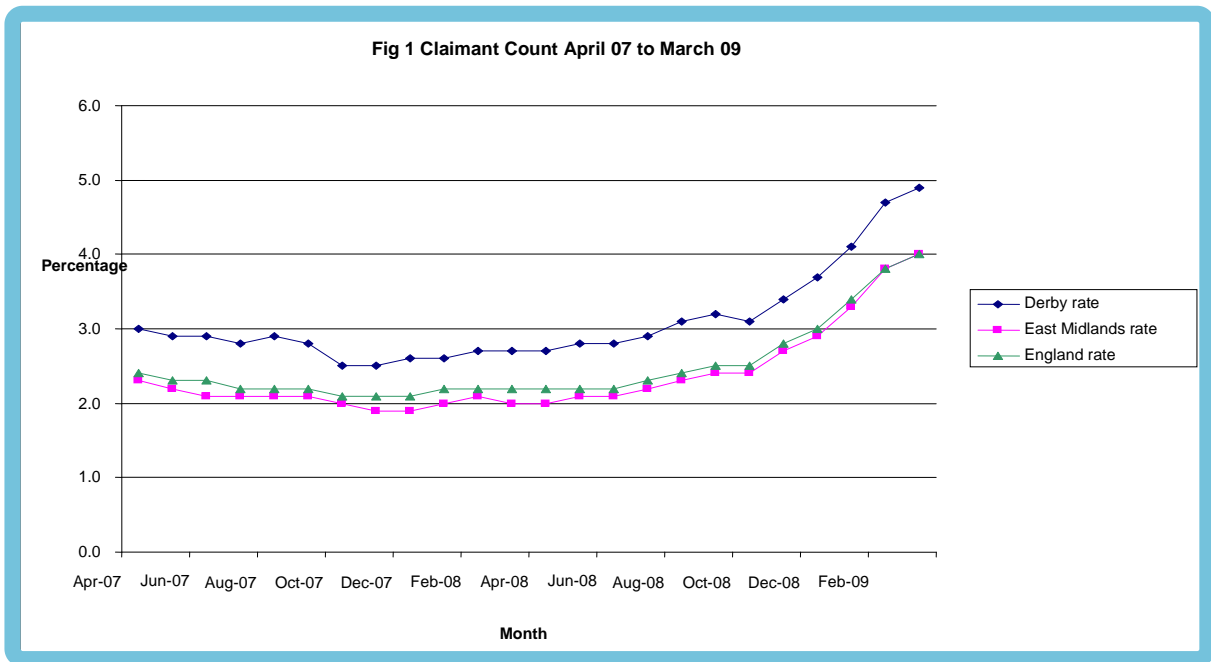


Figure 20: March 2009 Ward Claimant Count (JSA)

Ward	Male rate	Female rate	Total rate
Abbey	9.2	2.9	6.1
Allestree	2.7	1.2	2.0
Alvaston	10.4	2.9	6.7
Arboretum	11.7	4.4	8.6
Blagreaves	4.6	1.8	3.2
Boulton	8.4	2.3	5.5
Chaddesden	6.1	2.2	4.2
Chellaston	5.3	2.0	3.6
Darley	5.7	2.4	4.2
Derwent	9.3	3.0	6.2
Littleover	3.4	1.1	2.3
Mackworth	8.4	2.3	5.5
Mickleover	2.9	1.4	2.2
Normanton	10.0	4.4	7.4
Oakwood	4.1	1.4	2.8
Sinfin	10.7	3.9	7.4
Spondon	4.6	1.6	3.2
Derby City	7.2	2.5	4.9
East Midlands	5.7	2.1	4.0
England	5.7	2.2	4.0

Source: NOMIS

At the same time, 6.1% of all people claiming JSA in Derby had been doing so for more than 12 months. Whilst the number of people claiming JSA for more than 12 months increased slightly between March 2008 and March 2009, there was a noticeable drop in the long-term claimant rate. This is a result of a large increase in the number of people claiming JSA since October 2008 (none of whom could be unemployed for more than 12 months at March 2009). During this period, Derby's long-term JSA claimant rate was consistently below both the East Midlands and English average. However, whilst no ward in Derby had a long-term JSA claimant rate above the English average, by March 2009 both Arboretum and Normanton wards were higher than the English average.

The areas within other wards that have a significant percentage of JSA claimants who have been claiming in excess of 12 months includes large parts of Boulton Ward together with parts of Chellaston, Blagreaves and also the Asterdale Estate in Spondon. As the recession started to impact upon unemployment from the autumn of 2008, it is also worth noting the percentage of JSA claimants that have been claiming for more than 6 months. In many parts of Derby more than 20% of the population claiming JSA had been doing so for more than 6 months.

The higher rates of longer-term JSA claimants are not restricted to the more deprived areas of Derby. Parts of Derby's more affluent wards including parts of Allestree, Mickleover, Littleover and Oakwood also have a significant percentage of JSA claimants claiming for more than 6 months. Whilst this may be in part a factor of the smaller number of people claiming JSA within these more affluent areas; the number of longer-term JSA claimants within some of the more affluent areas increased significantly between March 2008 and March 2009.

Figure 21: Gender split percentage benefit claimants

Benefit	Male total rate	Female total rate	Male rate up to 6 months	Female rate up to 6 months	Male rate 6 months up to 1 year	Female rate 6 months up to 1 year	Male rate 1 year and up to 2 years	Female rate 1 year and up to 2 years	Male rate 2 years and up to 5 years	Female rate 2 years and up to 5 years	Male rate 5 years and over	Female rate 5 years and over
Any benefits	17.9	17.9	6.4	3.5	1.7	1.6	1.5	1.8	2.2	3.2	6.1	7.7
Carers allowance (CA) only	0.3	1.5	0.0	0.1	0.0	0.1	0.0	0.2	0.1	0.4	0.1	0.6
Disability living allowance (DLA) only	1.0	1.3	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.3	0.6	0.8
Incapacity benefit (IB) or ESA only	2.2	1.7	0.6	0.5	0.2	0.1	0.2	0.2	0.4	0.3	0.7	0.6
Income support (IS)/ pension credit (PC) only	0.8	4.6	0.2	0.8	0.1	0.6	0.2	0.7	0.2	1.1	0.1	1.3
Job seekers allowance (JSA) only	6.7	2.3	5.2	1.8	1.0	0.3	0.4	0.1	0.0	0.0	0.0	-
Severe disablement allowance (SDA) only	0.0	0.0	-	-	-	-	-	-	-	-	0.0	0.0
Widows benefit (WB) only	-	0.2	-	-	-	-	-	-	-	-	-	0.2

- These figures are nil or negligible
- These figures are missing

National performance indicator NI 152 relates to people of working age claiming out of work benefits, including Jobseekers Allowance, Incapacity Benefit, Lone Parents on Income Support and others on income related benefits. This incorporates the most disadvantaged, including: residents of deprived communities, ex-offenders and people suffering ill-health, refugees, specific communities by neighbourhoods and ethnicity, young people aged 18 years not in education, employment or training, and drug and alcohol users. Figure 21 gives gender split percentage benefit claimants against this indicator at March 2009.

Figure 22 identifies that within Derby, the Mixed White Black Caribbean, Other White, Asian or Asian British, Black British and Other Ethnic Group populations all have JSA claimant rates significantly higher than their proportion of total working age population result.

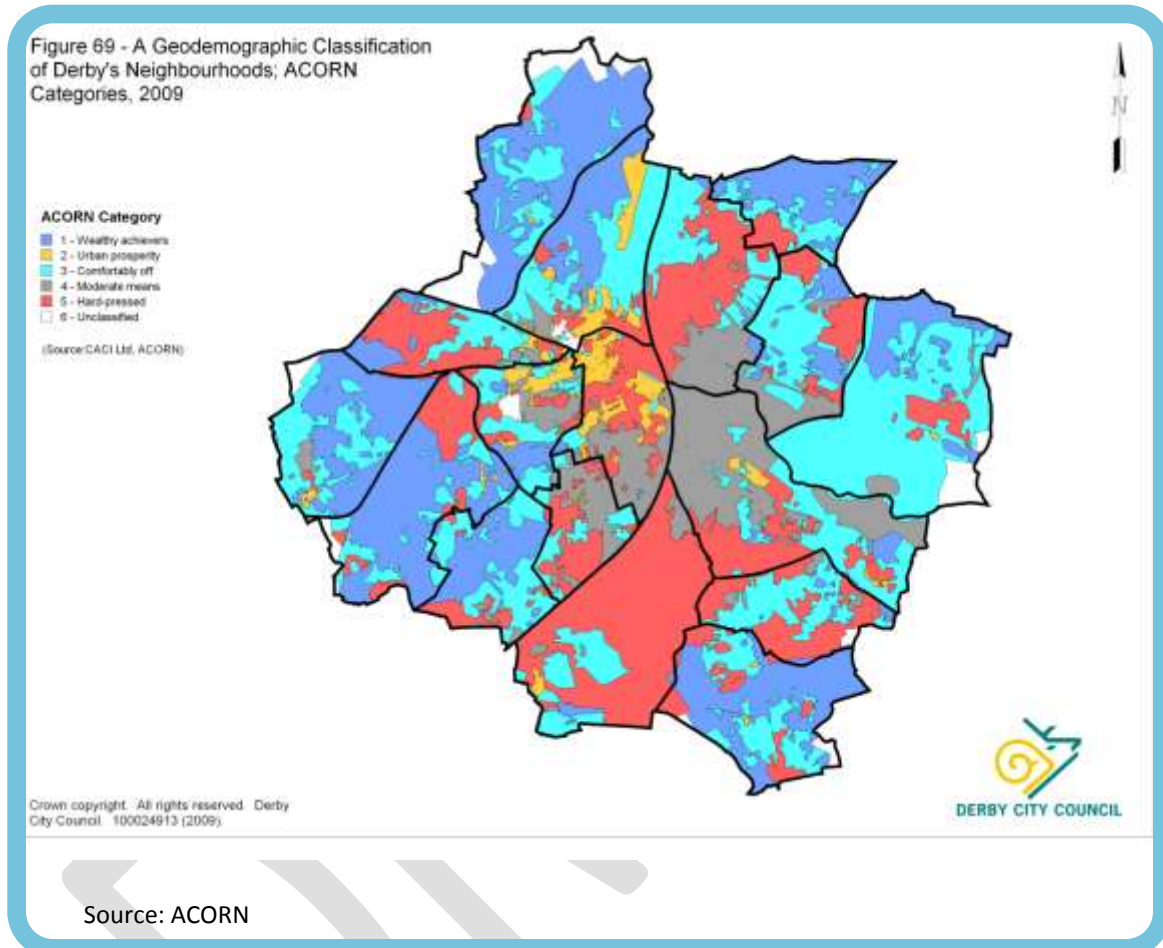
Figure 22: Ethnicity of JSA Claimants, March 2009

Ethnicity	Derby		England	
	Percentage of claimant count	Percentage of total working age Population Census 2001	Percentage of claimant count	Percentage of total working age Population Census 2001
White British	72.0	84.3	74.9	76.2
White Irish	0.8	1.3	0.7	1.3
Other White	2.5	1.8	2.6	3.2
Mixed - White and Black Caribbean	1.7	0.6	0.8	0.3
Mixed - White and Black African	0.2	0.1	0.2	0.1
Mixed - White and Asian	0.3	0.3	0.2	0.3
Other mixed	0.3	0.2	0.4	0.3
Asian or Asian British - Indian	3.6	4.3	1.8	2.3
Asian or Asian British - Pakistani	4.7	3.8	2.0	1.4
Asian or Asian British - Bangladeshi	0.2	0.1	0.8	0.5
Other Asian	0.6	0.5	0.6	0.6
Black or Black British - Caribbean	2.6	1.5	2.7	1.2
Black or Black British - African	1.0	0.3	2.3	1.1
Other Black	0.5	0.2	0.6	0.2
Chinese	0.2	0.5	0.2	0.5
Other ethnic group	2.6	0.3	1.7	0.5
Prefer not to say	4.9	n/a	6.2	n/a
Unknown	1.3	n/a	1.3	n/a

4.6 Geo-demographic make-up of Derby

NHS Derby City has access to Experian's Mosaic, Figure 23 highlights the geo-demographic make-up of Derby City as given by CACI's ACORN package, which Derby City Council are licensed to use.

Figure 23: Geo-demographic classification of Derby



The Rural/Urban Definition and LA Classification were developed to produce a rural/urban view from Government Statistics. The Rural/Urban Definition was introduced in 2004 as a joint project between a numbers of Government Departments and was delivered by the Rural Evidence Research Centre at Birkbeck College (RERC). Using the Department for Environment, Food and Rural Affairs classification 2005, each Local Authority in the country is classified as one of:

'Very rural': if 80% or more of their population live in either rural settlements or market towns, where a 'rural settlement' is any settlement of less than 10,000 people and a 'market town' is a settlement of between 10,000 and 30,000 people which provides certain functions and services to its wider rural hinterland.

'Mostly rural': if between 50% and 80% of their population live in rural settlements or market towns.

'Major urban': if not any of the above but either at least 50% or at least 100,000 of their population live in an urban area with a total population of 750,000 or more.

'Large urban': if not any of the above but either at least 50% or at least 50,000 of their population live in an urban area with a total population of 250,000 or more.

'Part rural': if not any of the above but either between 26% and 50% of their population live in rural settlements or market towns or more than 37,000 of their population live in rural settlements or market towns.

'Other urban': if not any of the above.

By this classification, Derby was classified as 'other urban' (Source: DEFRA).

4.7 Transport

In 2001, the percentage of households in Derby without a car or van was 30.6%. This was significantly higher than either the East Midlands (24.3%) or England (26.7%). In Derby, this was equivalent to approximately 28,300 households without a car or van.

The households without access to a car/van were concentrated in the most deprived areas of the city, including areas close to the city centre. The percentage of households without a car/van was especially high in Arboretum Ward (56.1%), being more than double the national average. Normanton (45.1%), Abbey (40.6%) and Sinfyn (39.8%) Wards all had a significantly higher percentage of households without a car/van than the city average.

Whereas the rate of single car households in Derby was slightly higher than the regional and national averages, Derby had significantly fewer multi-car households. In 2001, 23.9% of households in Derby had access to two or more cars/vans; this compares to 31.3% in the East Midlands and 29.5% in England. Unsurprisingly, multi-car households were concentrated in the most affluent parts of the city with Littleover (43.2%) and Oakwood (40.1%) wards having the highest rates. Interestingly, Littleover had more multi-car households than single car households.

In 2001, 12% of people in Derby who were working in the week before Census walked to work (approximately 11,400 people). This was slightly higher than both the East Midlands (10.5%) and England (10%) averages, and clearly a positive step towards better health. The highest percentages of people walking to work occurred in Arboretum (31.6%), Abbey (23.4%) and Darley (20.7%) wards; all of which had a rate more than twice the English average.

See also section 7.2 for the public transport network.

Local Health Needs

Key points:

- The overall local health needs include reducing smoking, improving diabetic control, blood pressure control, promoting sensible drinking, and improving mental health, reducing infant mortality, improving sexual health and reducing obesity.
- Certain lifestyle choices affect people's health; including levels of activity, eating habits, smoking and excessive alcohol intake. These are explained in more detail.
- Local health problems specific to Derby include mental health, obesity, coronary heart disease, cancer and diabetes; these are discussed overall as a Derby need and then specifically for each of the 17 Derby census wards.

5.1 Local Health Priorities

The city of Derby is a great and diverse city, which has significant healthcare challenges. Our main priority is to support the people of Derby in living healthier lives and this 10 Year Vision sets out how the Primary Care Trust along with all its partners will lead the journey towards a Healthy Derby.

5.1.1 Healthy Derby: Working with you to achieve good health for everyone

NHS Derby City is committed to improving the health of the people of Derby. There is a compelling case for action; unless we tackle health inequalities and support our communities to adopt healthier lifestyles, our younger generations could die at a younger age than their parents. This 10 year strategy outlines the aims and goals the Primary Care Trust believes will improve health and healthcare services for the people of Derby over the next decade and beyond.

The national Fitness for Purpose review in autumn 2006, demonstrated that the PCT is an efficient and effective organisation. The new challenge for the PCT is to build on this good performance, go beyond the targets set nationally, and drive the pace of progress by leading the journey towards being an increasingly Healthy Derby.

NHS Derby City has identified three strategic aims which set the direction for the 10 year strategy. These are:

- To improve the health and achieve the equality of outcome for the population of Derby
- To continuously improve the services commissioned by the Primary Care Trust on behalf of the people of Derby
- To actively engage the people of Derby to secure their trust and give them confidence in their public sector organisations.

The primary goal is to prevent 2000 premature deaths and reduce the internal inequalities gap by 50% by 2017, by means of:

- Reducing smoking prevalence
- Improving diabetic control
- Blood pressure control and the appropriate use of statins
- Diet, exercise and obesity management
- Promoting sensible drinking
- Improving mental health
- Reducing infant mortality
- Improving sexual health
- Implementing 'Healthy Lifestyle' Teams.

The JSNA outlines the health needs identified from an extensive review:

Demographic Overview

- The elderly population of Derby City aged over 85 years (both resident and registered) is expected to increase by approximately 40% to the year 2020; while it's younger people's population aged 10 to 19 years is expected to decrease by approximately 10% to 2017
- Derby is an ethnically diverse city with a lesser proportion of White British citizens and greater proportions of Indian and Pakistani as well as Black Caribbean citizens compared to the ethnic makeup of England. Derby's most ethnically diverse Wards are Arboretum and Normanton, where according to Census 2001, approximately 40% of their populations are Asian or Asian British
- In 2001, 19.3% of people within Derby considered that they had a limiting long-term illness. This was higher than the East Midlands (18.4%) and significantly higher than the national average (17.9%).

Social and Environmental Context

- In 2007/08, 22% of children in Derby were classed as being in poverty
- Derby had a greater proportion of single person, predominantly pensioner households (32.1%) at time of Census 2001, than in the East Midlands (28.2%) and England (30.1%)
- In 2008, Derby had the lowest male and female employment rate compared to the East Midlands region and England
- Eighty-five per cent of residents living in the city are satisfied with their home and neighbourhood.

Lifestyle & Risk Factors

- One quarter of people living in Derby are estimated to smoke, compared to 24% nationally. Smoking quit rates have fallen in recent years to 57% in 2008/09, however NHS Derby City had the highest rate per 100,000 population aged 16+ quit smoking in the East Midlands and compared to England in the same period
- Twenty-seven per cent of people living in Derby are estimated to eat their 5-a-day, compared to 26% in the East Midlands and England
- Derby City is ranked 34th worst nationally of 354 local authorities on National Indicator NI39: Alcohol-harm related hospital admission rates. In 2006/07 4,860 individuals were admitted to hospital as a result of alcohol related harm (a rate of 1,850 per 100,000 population, compared to 1,340 in the East Midlands)
- One fifth of people in Derby achieved 30 minutes or more moderate intensity exercise or active recreation 3 times per week during the Sport England Active People Survey 2007/08
- Derby City is not on target to achieve a 55% reduction in teenage pregnancies by 2010 from the 1998 baseline, as required by the National Indicator NI112. The rate of 55.2 per 1,000 female population aged 15-17 years in Derby in 2008/09 is only a 13.5% reduction. 37% of under 18 conceptions in Derby lead to abortion in 2007
- In 2008/09 14% of NHS Derby City's population were on the hypertension register (QOF), when for the same period approximately 23% of the population were estimated to be hypertensive. This means that we may only be identifying 60% of our hypertensive population
- According to the National Child Measurement Programme (NCMP) 2007/08, 17% of Year 6 children and 10% of Reception Year children at Derby City Schools were obese. In adults, it is estimated that 1 in 4 people in Derby are obese, which is higher than the prevalence in England.

Burden of Ill-Health

- The directly age-standardised rate of all age, all cause mortality in Derby City (2003/07) was 604.23 per 100,000 population
- Infant mortality rates in Derby are not significantly different to the rates in the East Midlands and England (2005/07)
- Current life expectancies in England are 77.7 years in males and 81.8 in females. In comparison, males in Derby can expect to live on average for 76.8 years and females for 81.5 years
- 60% of premature deaths in Derby City are as a result of cancerous and circulatory diseases
- Diseases of the respiratory system made up more than 30% of the top 10 causes of hospital admission during 2008/09

- As a direct result of smoking 383 people died in Derby during 2009, which is at a greater rate (221.8) than in England for the same period at 210.2 per 100,000 population
- Nearly 13,000 people registered to NHS Derby City have diabetes, and there are approximately 700 newly diagnosed cases each year
- The incidence of all the cancers during 2004/06 in Derby was not significantly different to the rate in the East Midlands and England. However, early indications of premature mortality from all cancers in 2008 shows a relatively steep increase from the rate in 2007
- There were more than 4,500 people registered to NHS Derby City on the COPD register in 2008/09, which was more than 20% expected based on the demographics of the PCTs population
- There were 88 cases of TB in Derby recorded by the Health Protection Agency (HPA) during 2008. This is at a rate of 30.9 cases per 100,000 population, compared to rates of 8.4 across the East Midlands and 13.1 in England
- Over the next five years, cases of late onset dementia in the population of Derby are expected to increase by 27% to over 4000 individuals, half of whom will be diagnosed with Alzheimer's disease
- NHS Derby City has the highest elective crude admission rate to Trauma and Orthopaedic Speciality in the East Midlands Strategic Health Authority (SHA) region. This amounted to £7,700,000 during 2008/09, against an expected closer to £6,200,000.

Services

- Seventy-six percent of NHS Derby City's population were vaccinated against seasonal flu during 2008/09, compared to the national average of 74%
- Ninety-five percent of children were immunised by their 5th birthday in Derby City from Diphtheria, Tetanus and Polio, compared to the national average of 93%
- The highest usage of adult social care is in Arboretum, Blagreaves and Mackworth wards as at March 2009
- Strategic priorities for social care service development are services for people with Learning Disability, Autism, Dementia and support for Carers.

5.2 Lifestyle

There are different lifestyle choices that affect people's health. These include (amongst others): levels of activity, eating habits, smoking, alcohol, substance misuse and teenage pregnancy. These are discussed in more detail in this section, specifically relating to Derby.

5.2.1 Activity

'B-Active'⁶ research with Leeds Metropolitan University (LMU) suggests that, based on self-report, 43% of young people aged 11-16 achieves the recommended levels of activity (7x 60 minutes moderate intensity physical activity).

The Active People survey (2007/08) undertaken by Sport England identified that 20.4% of people in Derby achieve 30 minutes or more moderate intensity exercise or active recreation 3 times per week (sample size 1028). This figure was less than the national average of 21% (sample size 363,724). The latest data based on an updated survey (2008/09) with a smaller sample (n=508) suggests that this figure is currently slightly higher at 21.58%, slightly above the national average, although when confidence intervals are taken into account this suggests no significant changes can be claimed. Derby sits below the East Midlands average of 20.78 per cent participation rate in regular sport and exercise and ranks seventh out of nine councils in Derbyshire.

Public Health guidance on the promotion and creation of physical environments that support increased levels of physical activity, published in January 2008, offered the first evidence-based recommendations on how to improve the physical environment to encourage physical activity – it is for the NHS and other professionals who have responsibility for the built or natural environment; including local transport authorities, transport planners, those working in local authorities and the education, community, voluntary and private sectors.

There has been a significant amount of work undertaken to increase activity levels in the population of Derby. B-Active is performance monitored by way of Local Area Agreement targets to increase activity levels in children and in adults, and significant work is underway. The range of interventions include the national 'Step-o-meter' project, the 'Kick Start' Programme⁽⁶⁾, 'Active Start' for 0-5 year olds, 'The Movement'⁽⁷⁾, which is targeted at teenage children (particularly adolescent girls), as well as significant development work in schools with input from the Healthy Schools Team and b-active themselves.

The Healthy Schools Partnership continues to ensure that all schools are healthy schools, and actively encourages physical activity in children and staff. Initiatives such as 'The Movement' should continue to be encouraged.

5.2.2 Eating habits

Poor diet is a major cause of ill health and premature death in England. Approximately one third of cancers for instance, can be attributed to poor nutrition⁽⁸⁾. If you consider that cancer and cardiovascular disease account for almost 60% of premature deaths in England, it is clear that unhealthy diet is a nationwide issue. In fact, the Department of Health estimates that if diets matched nutritional guidelines, approximately 70,000 deaths in the UK could be prevented every year, and that the

⁶ Derby City Council's b-active is part of Derby City Partnership's Physical Activity strategy, which encourages everyone to enjoy a healthier, more active lifestyle

health benefits (in terms of quality adjusted life years) would be as high as £20 billion each year⁽⁹⁾.

As Figure 24 demonstrates, the latest estimates of fruit and vegetable consumption in adults in Derby is approximately 27%. This is a higher consumption than compared to England at nearer 26% and the East Midlands Strategic Health Authority (SHA) region also at 26%.

Figure 24: Model-Based Estimates of Fruit and Vegetable consumption (adults) for PCOs in England, 2003-2005

	Estimate (%)	Lower Confidence	Upper Confidence
England	26.3	25.6	27.0
East Midlands SHA	25.9	23.8	28.0
Bassetlaw	23.1	20.8	25.5
Leicester City	23.4	20.9	26.0
Derbyshire County	25.1	24.1	26.0
Northamptonshire	25.2	24.1	26.3
Nottingham City	25.4	22.6	28.4
Nottinghamshire County	26.1	25.0	27.2
Derby City	26.9	24.3	29.7
Lincolnshire	26.9	25.7	28.2
Leicestershire County and Rutland	27.4	26.3	28.5

Source: The IC; derived from Health Survey for England 2003 - 2005

In 2003, the East Midlands Regional Assembly produced the public health strategy Investment for Health. The strategy outlined five main policy priorities for improving health in the East Midlands, and diet was identified as one of these. Out of the 198 National performance Indicators, only two relate to diet and health. These are NI 52: Percentage of Pupils who have school lunches/Take up of school lunches, and NI 53: Prevalence of breastfeeding at 6-8 weeks. In relation to NI 52, the Healthy Schools Team partnership between NHS Derby City and Derby City Council, have been working on a number of initiatives.

In 2006, the East Midlands Food and Health Action Plan was launched. The plan sets out a framework in which everyone with an influence on what we eat can work together to bring about improvements in diet and food safety in the East Midlands.

5.2.3 Smoking

“Smoking is the single greatest cause of avoidable illness and preventable death both in the UK and in the East Midlands” (EMPHO⁷). Every year, more than 7,000 people die from smoking in the East Midlands. It is the main risk factor for

⁷ The East Midlands Public Health Observatory. There is a network of 12 PHOs working across the five nations of England, Scotland, Wales, Northern Ireland and the Republic of Ireland, all represented by the Association of Public Health Observatories (APHO). They produce information, data and intelligence on people’s health and health care for practitioners, policy makers and the wider community

developing heart disease and stroke, as well as respiratory diseases and lung cancer. Reducing the use of tobacco is therefore a key priority of NHS Derby City.

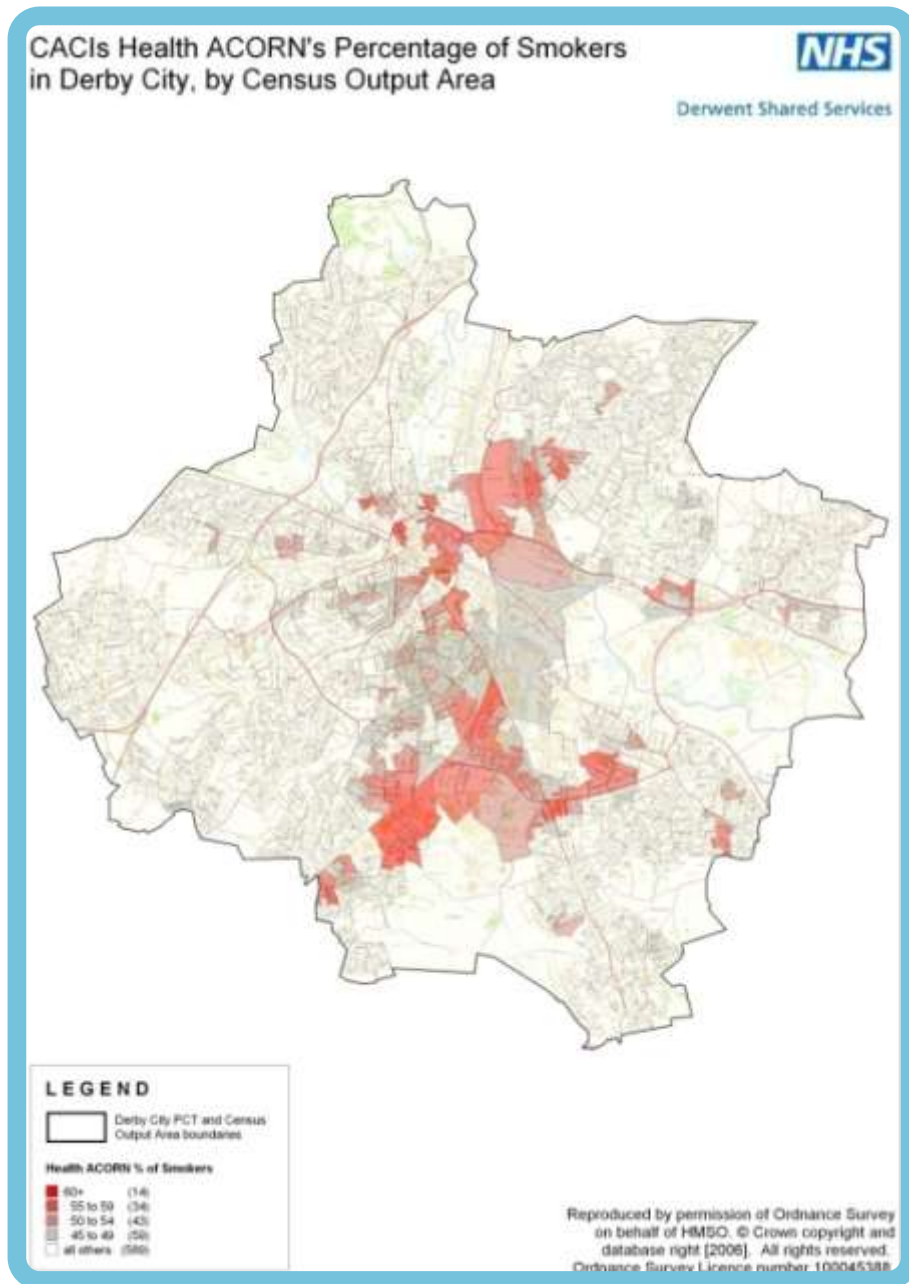
Model based synthetic estimates⁸ of smoking prevalence (2003-2005) published by the Office for National Statistics indicate that 25% of people living in Derby smoke, compared with 24% in England. This figure is down from the previously published estimate of 27.3% based on figures derived from the period 2000-2002 – the Government aims to cut adult smoking prevalence to 21% or under by 2010. Within Derby, smoking prevalence ranges from 11% to approximately 30% by Middle Layer Super Output Area (MLSOA). Figure 25 highlights the hotspots of locations of Derby's smoking population by Census Output Area, according to CACI's⁹ 'Health Acorn' socio-demographic tool. This follows very closely, the pattern of some of our most deprived areas across the city.

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⁸ Produced by the National Centre for Social Research, having been commissioned by The Information Centre (The IC), using information from the Health Survey for England (HSfE)

⁹ A leading company in social marketing and information solutions

Figure 25: Percentage of smokers in Derby City

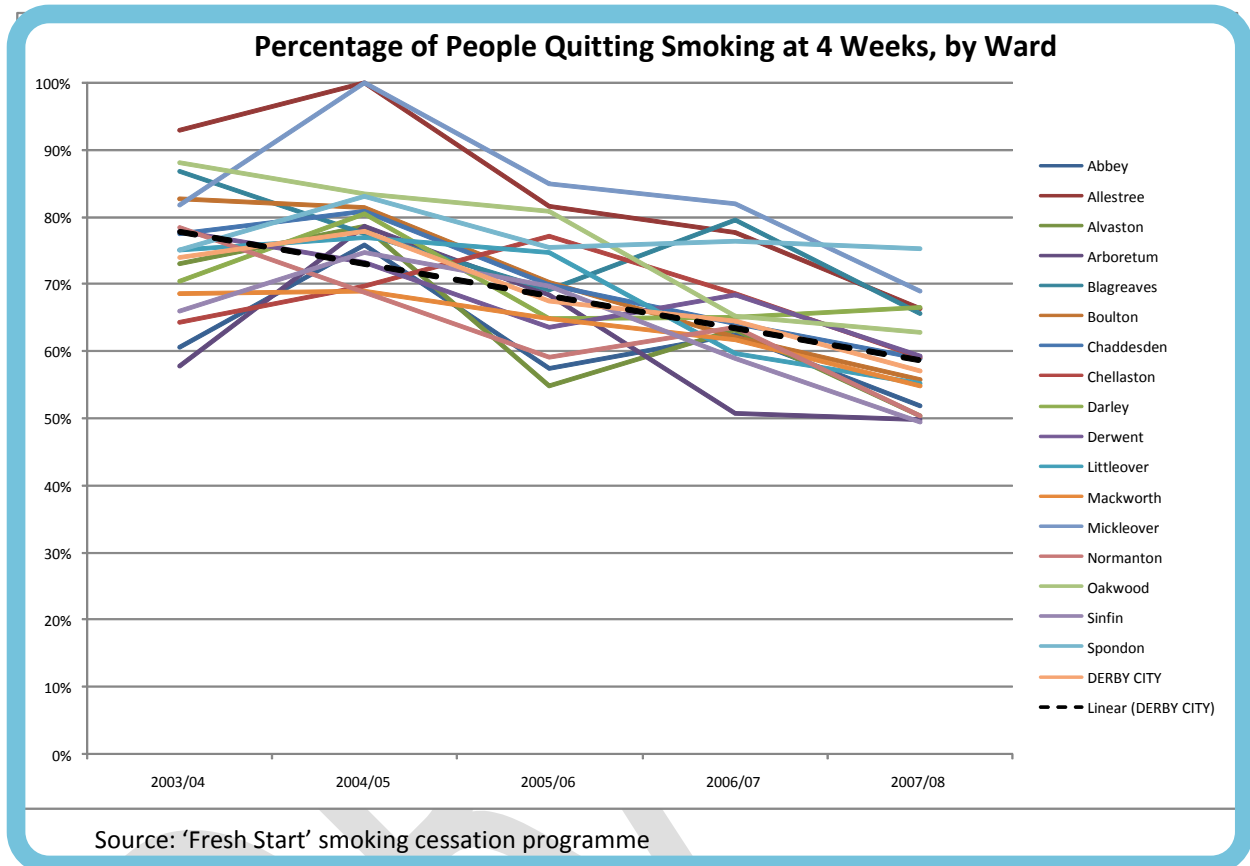


Reducing smoking prevalence has the potential to prevent approximately half of the 2000 premature deaths that is a key priority for Derby. Each year we will work with partners across the city to set the strategic priorities which will systematically take us closer to our goal.

Fresh Start is a free service for people living in Derby who want to quit smoking. The smoking cessation service offers either one to one or group support, and is also available at most GP practices and about half of all pharmacies in the city. Health visitors, district nurses and midwives are often also trained in offering support to stop smoking.

In recent years, access to Fresh Start by Derby residents has increased by over 200% to more than 4000 clients (2004/05 to 2007/08). However, four week quit rates have steadily fallen from 78% in 2004/05 to 57% in 2007/08, as highlighted in Figure 26.

Figure 26: Percentage of people quitting smoking at 4 weeks by ward



In 2008/09, the 4 week quit rate for NHS Derby City stood at 57% for a second year in a row. This will naturally impact on the 52 week quit rate target which is a part of NHS Derby City's World Class Commissioning¹⁰ agenda. Currently, at quarter 2 of 2009/10 financial year, 11% of people who quit at 4 weeks the year previous, were still quit after 52 weeks. The target for the 2009/10 year as a whole is 15%, and the Fresh Start team are confident that this will be met, particularly as quarter 4 (January to March) proportionally sees more people quit or remain quit from smoking across the year, as people's New Year's resolutions are made to that effect.

Ongoing work is being undertaken with associate Fresh Start Advisors in GP practices and pharmacies so that they encourage and promote the 52 week service. All advisors in clinics also encourage clients to return at any point during the 52 weeks to access ongoing support. Also, office based advisors now support their own

¹⁰ A programme aimed at delivering outstanding performance in the way the NHS commissions health and care services, led by the Department of Health

clients for up to 52 weeks rather than them being passed onto someone else in the team. This gives greater continuity of care.

More recently, Derby's Fresh Start team have helped more than 2000 people to stop smoking. The target number of 4 week quitters for 2008/09 was surpassed, and gave NHS Derby City the highest quit rate per 100,000 in the East Midlands, as highlighted in Figure 27.

Figure 27: People setting a quit date and successful quitters per 100,000 of the population, in East Midlands Strategic Health Authority, 2008/09

	Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date per 100,000 of population aged 16 and over ^{3,4}	Number of successful quitters per 100,000 of population aged 16 and over ^{3,4}
England	671259	337054	50	1620	813
East Midlands SHA	56006	31565	56	1574	887
Bassetlaw PCT	1619	805	50	1778	884
Derby City PCT	3880	2217	57	2028	1159
Derbyshire County PCT	8270	4860	59	1398	822
Leicester City PCT	5844	2548	44	2516	1097
Leicestershire County & Rutland PCT	7087	4394	62	1277	792
Lincolnshire PCT	9772	5201	53	1706	908
Northampton PCT	8127	4586	56	1495	844
Nottingham City PCT	3384	2323	69	1410	968
Nottinghamshire County PCT	8023	4631	58	1485	857

Source: The Information Centre (IC)

There is numerous guidance available on interventions in relation to smoking; from the National Institute of Clinical Excellence's (NICE) 'brief interventions and referral for smoking cessation in primary care and other settings', to The Centre for Reviews and Dissemination's 'Population tobacco control interventions and their effects on social inequalities in smoking' report. More recently, the Department of Health published, 'Excellence in Tobacco Control: 10 high impact changes to achieve tobacco control' ⁽¹⁰⁾.

5.2.4 Alcohol

It has recently been estimated that alcohol misuse in the UK is now costing around £20bn a year through its health, crime and social impacts. Evidence suggests that heavy alcohol consumption can increase the risk of mortality from conditions such as cardiovascular disease and cancer, as well as suicide and injury. Reducing harm and encouraging sensible drinking of alcohol was cited as one of the six key priorities of the White Paper *Choosing Health*. The topic features not only in a wide range of policy on health, education and skills, transport, employment, and crime, but also in the Public Service Agreement (PSA) targets of many government departments, requiring action to reduce harm from alcohol.

In Derby, alcohol-attributable and specific hospital admissions are significantly higher in both men and women than seen nationally⁽¹¹⁾. It is also evident that rates for both have been increasing in recent years. However, the rate of alcohol specific admissions for those who are under the age of 18 is significantly lower than the national average. The National Indicator NI 39 (also Vital Sign VSC26): Alcohol-harm related hospital admission rates, ranks Derby as 34th worst nationally of 354 Local Authorities on this indicator. In 2006/07, 4,860 individuals were admitted to hospital as a result of alcohol related harm. This is at a directly age standardised rate of 1,850 people per 100,000 population, in Derby. In the East Midlands, the rate was closer to 1,340 per 100,000 populations.

Alcohol-attributable mortality in the city in 2006 was higher for both men and women than in 2004 and 2005, and is above the national and regional average for both sexes. However, there may be particular cause for concern regarding men, as Derby was just outside the worst 25% nationally for alcohol-attributable mortality and mortality from chronic liver disease for males.

The most recent research into Derby's adult alcohol consumption patterns estimates that the city has potentially 35,000 'hazardous and harmful' drinkers (of which 24,000 are male) and 6,000 'moderately to severely' dependant drinkers (1,500 of whom are female).

The impact of alcohol upon health in Derby is illustrated by the following facts derived from a local needs assessment undertaken in 2006/07:

- 9.5 months of life are lost for males per 100,000 population
- 4.1 months of life are lost for females per 100,000 population
- 11 males die due to alcohol specific reasons (44.7 due to alcohol attributable¹¹ reasons) per 100,000 population
- 5 females die due to alcohol specific reasons (16.6 due to alcohol attributable reasons) per 100,000 population
- Rate of male mortality from chronic liver disease is 16 per 100,000 population
- Rate of female mortality from chronic liver disease is 7 per 100,000 populations.

The alcohol treatment model proposed for Derby is based upon the national service framework 'Models of care for alcohol misusers (MoCAM)' (2006) and the guiding principles of the 'Review of the effectiveness of treatment for alcohol problems' (2006). Both of these documents are recognised as best evidence-based practice for the design and delivery of alcohol treatment systems.

¹¹ These include; hypertension, cardiac arrhythmias, mental and behavioural disorders due to alcohol, epilepsy, alcoholic liver disease, intentional self-harm, fall injuries, alcohol poisoning, female breast cancer, chronic hepatitis and cirrhosis of the liver, and oesophageal cancer

In conjunction with Derby's Community Safety Partnership, NHS Derby City leads the Derby City Alcohol Harm Reduction Strategy (DAHRS). The action plan is being implemented by a multi-agency steering group, and its strategy sets out a framework to reduce alcohol related harm via four key levers:

- Education and communication – challenging the “drink to get drunk” culture
- Identification and treatment of alcohol problems
- Tackling crime and anti-social behaviour through better coordination and enforcement
- Working with the alcohol industry.

A primary care alcohol service has been commissioned and started to provide screening and interventions in May 2007. Training programmes for professionals working with dependent users have been developed and work on developing a screening tool, referral protocols and practice guidelines are currently underway. Our strategic priority is to encourage and support sensible drinking amongst young people by developing and targeting approaches specifically with this high risk group.

5.2.5 Substance misuse

Primary drug use within the treatment population has shown very little change since 2005/06 and 2008/09 is no exception.

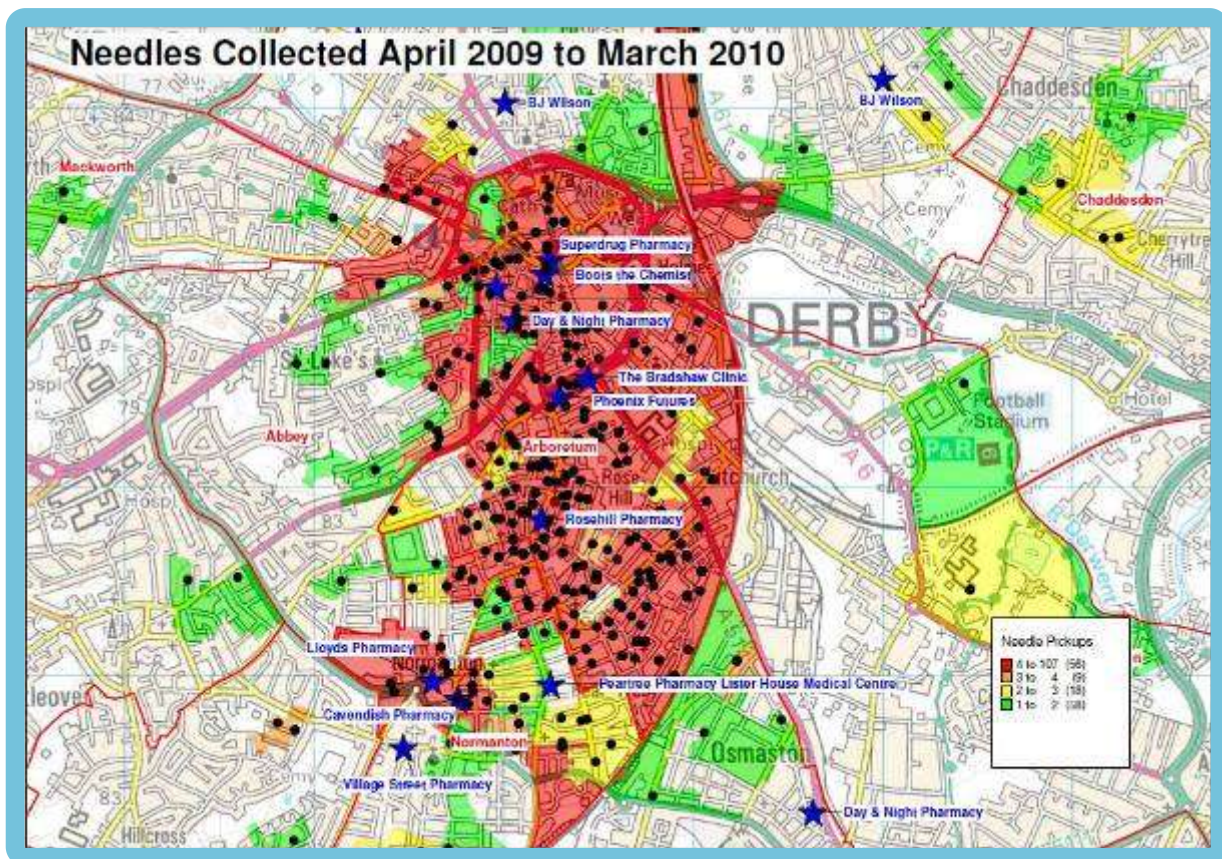
- Opiate users remain the largest group in drug treatment (88%).
- Both crack and cocaine use have increased in 2008/09.
- The number of adults in treatment with cannabis as their main drug has doubled from 21 to 56.

Information from the Needle Exchange Monitoring Report 2008/09 shows that 16,508 needles were returned to registered providers (with 53% of providers submitting data). Based on dispensed needles, there is estimated to be between 797 and 1550 clients¹² in Derby.

Figure 28 shows how many discarded needles were collected between April 2009 and March 2010 and indicates the need for needle supply programme within the Normanton and Arboretum area

¹² Based on an estimate of an individual using between 180 and 350 needles per year.

Figure 28: Needle collection in Derby April 2009 to March 2010



5.2.6 Teenage Pregnancy

The UK has one of the highest rates of teenage pregnancy in Western Europe, making it a significant public health issue. Teenage parents are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates. Socially, teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. Moreover, the children themselves are at much greater risk of poor health, and have a much higher chance of becoming teenage mothers themselves.

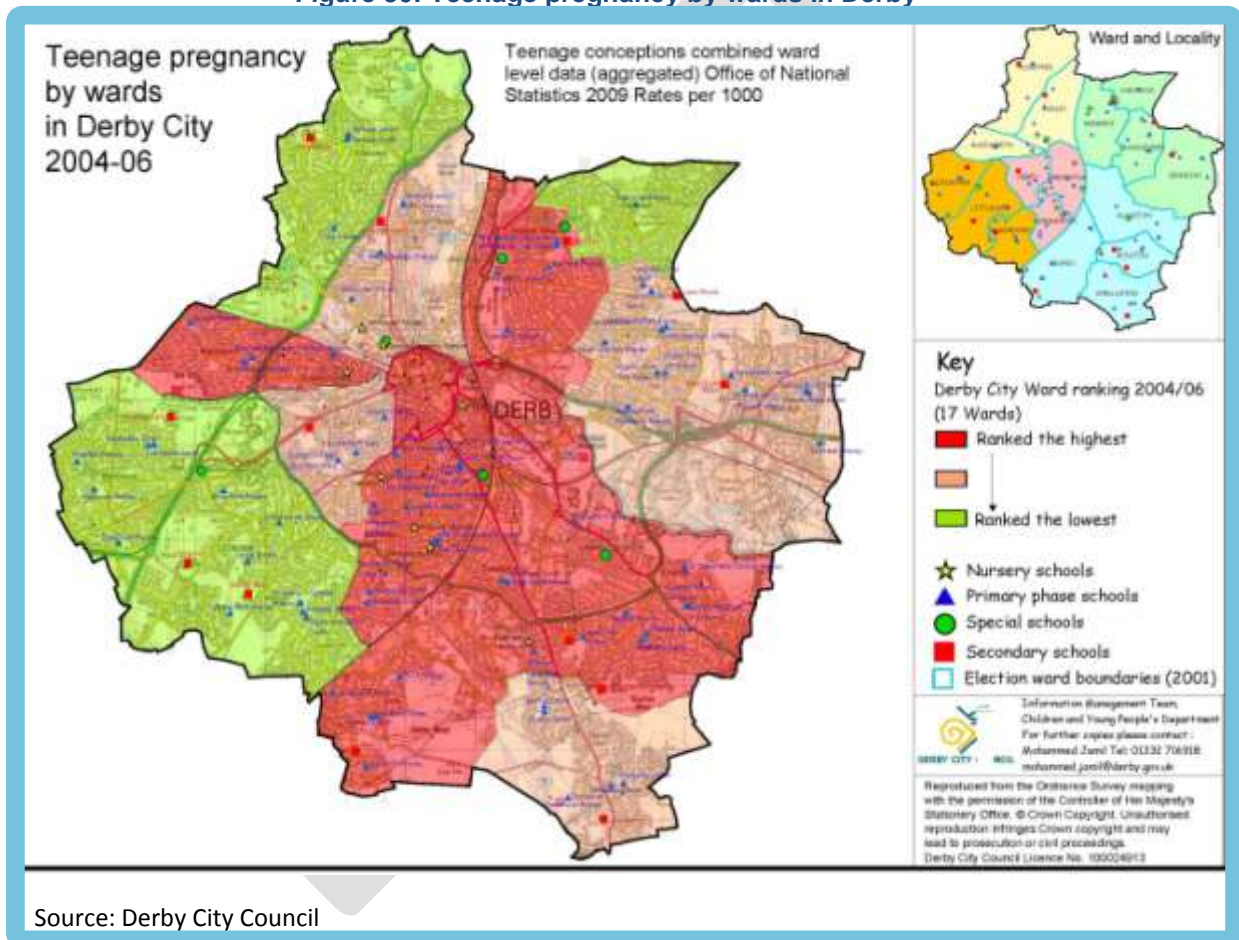
In the East Midlands, more than 3000 women under the age of 18 conceive every year and approximately 600 of those are under the age of 16. The teenage pregnancy rate in the East Midlands is similar to the rate in England as a whole. The East Midlands Public Health Observatory is the country's leader in policy on teenage pregnancy.

Figure 29: Under 16 numbers and rates by area of usual residence (LAD1 and LAD2) and outcome, 01-03 - 04-0. Rates are per 1000 female population aged 13-15.

LA Area	2001-2003			2002-2004			2003-2005			2004-06		
	Number	Rates	% leading to abortion	Number	Rates	% leading to abortion	Number	Rates	% leading to abortion	Number	Rates	% leading to abortion
England	22,360	7.9	56.5	22,132	7.8	57.0	22,201	7.7	57.6	21,984	7.7	58.4%
EAST MIDLANDS	1,825	7.5	52.9	1,826	7.4	52.8	1,861	7.4	51.9	1,848	7.4	51.7%
Derby UA	115	8.6	45.2	119	8.8	45.4	120	8.7	45.0	123	8.8	39.8%
Leicester UA & Rutland UA	151	7.6	40.8	162	8.2	45.1	175	9.0	41.1	175	9.2	44.0%
Nottingham UA	200	13.1	50.0	200	13.1	46.5	178	11.8	45.5	169	11.4	42.6%
Derbyshire County	286	6.9	51.4	282	6.7	51.4	318	7.4	52.2	303	6.9	56.4%
Leicestershire County	198	5.7	57.6	196	5.6	58.7	207	5.8	59.4	198	5.5	58.1%
Lincolnshire	271	7.2	53.5	265	6.9	53.2	254	6.5	53.5	245	6.3	52.2%
Northamptonshire	299	7.8	54.5	297	7.6	54.5	309	7.8	53.4	311	7.9	53.1%
Nottinghamshire County	305	7.1	59.7	305	7.0	59.7	300	6.8	56.0	324	7.3	54.9%

Source: ONS; EMPHO

Figure 30: Teenage pregnancy by wards in Derby



The scale of the problem locally is monitored through progress against national targets. The current national measure (NI 112) in relation to teenage pregnancy is to reduce the under 18 conception rate by 55% from the 1998 baseline as part of a broader strategy to improve sexual health. This is currently monitored by the Children and Young People's Department of Derby City Council, but is also one of NHS Derby City's vital sign performance targets (VSB08). It must be remembered that these are not necessarily unwanted pregnancies, as for some young girls, pregnancy may be a positive choice.

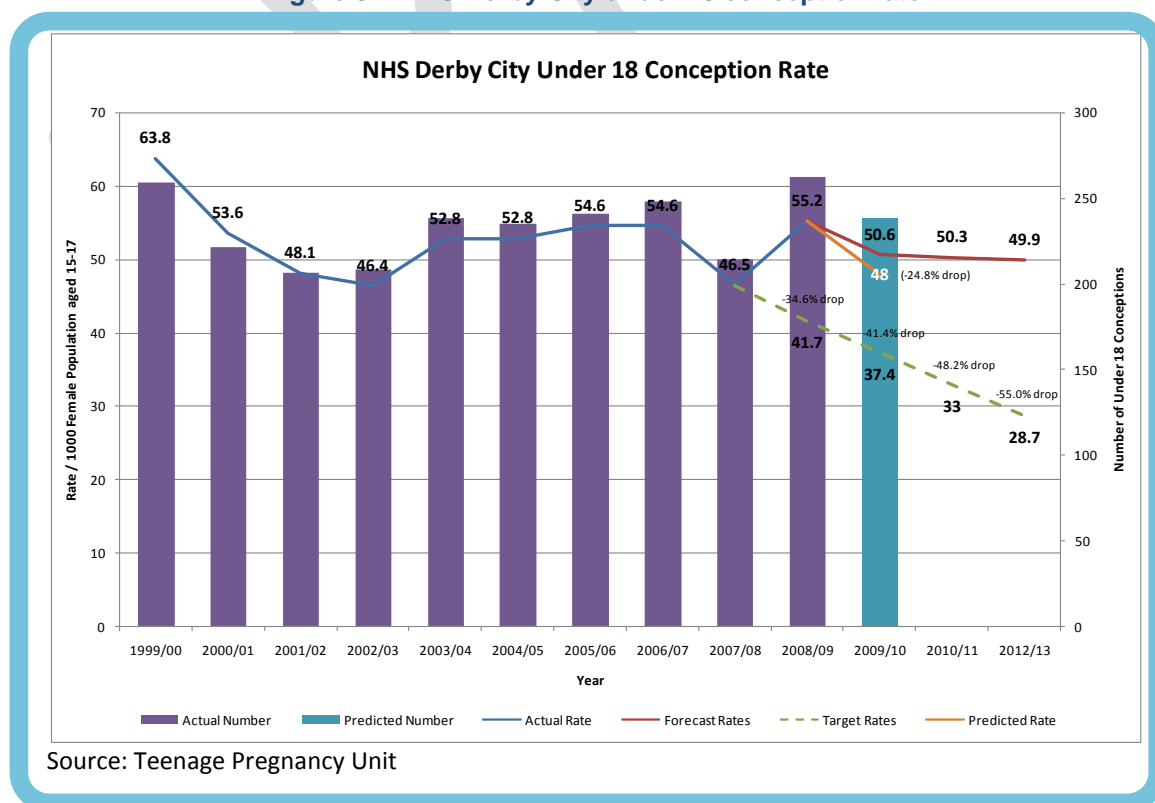
Recent progress includes approval having been gained from the Children in Care Cabinet for Children in Care Nurses to offer an enhanced sexual health service directly to young people in care. This is linked to the 'ask anything you like' offer about relationships and sexual health in the Children and Young People's plan BH2b (at least 50% of children in care over the age of 12 are offered an annual one to one discussion).

Young people over the age of 16 at Derby College are also being offered additional sexual health sessions delivered as a result of additional funds towards contraception services by the Department of Health. This is being complemented by training for 49 members of staff to support roll out of a 'Relationship and Sex Education Scheme', which covers Key Stage 3, 4 and post 16 educations. This was put in place from July 2009 in order to strengthen learning.

Data for 2007 showed an increase in the under 18 conception rate to 55.2/1000 female population aged 15-17 years from the previous year, when a decrease was anticipated. The release of national teenage conception data for 2008 by ONS (on 24th February 2010) gave a predicted figure for that year for Derby based on locally obtained delivery and termination data, and identical source denominator population data. It is anticipated that under 18 conception rate will reduce to 48 per 1,000 female population aged 15-17 in 2008 from the previously published rate of 55.2 per 1,000 for 2007.

Meeting the 2010 target of a 55% reduction from the 1998 baseline remains extremely challenging and there is a very high risk of failing to achieve this (Figure 31).

Figure 31: NHS Derby City under 18 conception rate



5.3 Local Health Problems

There are general medical health problems that are particularly relevant to Derby due to the high incidence in the City. These include: mental health, obesity, coronary heart disease, cancer and diabetes and are discussed in more detail in this section.

5.3.1 General Health

Figure 32 show the quality outcomes framework for the disease prevalence 2008/09. Factors affecting quality framework prevalence include:

- disease prevalence
- diagnosis of disease
- Systems to record/accuracy of register.

Figure 32: Quality Outcomes Framework Disease Prevalence 2008/09

Clinical Area	NHS Derby City		East Midlands SHA	England	ONS Cluster
	Total Patients	Prevalence	Prevalence	Prevalence	Prevalence
Coronary Heart Disease	10091	3.46%	3.71%	3.47%	3.38%
Heart Failure	2289	0.79%	0.84%	0.73%	0.70%
Heart Failure due to LVD	1202	0.41%	0.46%	0.39%	0.37%
Stroke or Transient Ischaemic Attacks (TIA)	4732	1.62%	1.73%	1.66%	1.56%
Hypertension	39294	13.49%	13.65%	13.13%	12.25%
Diabetes Mellitus (Diabetes) (ages 17+)	13495	5.60%	5.10%	5.10%	-
Chronic Obstructive Pulmonary Disease	4524	1.55%	1.61%	1.54%	1.62%
Epilepsy (ages 18+)	1853	0.80%	0.80%	0.80%	-
Hypothyroidism	6859	2.36%	2.73%	2.83%	2.51%
Cancer	3042	1.04%	1.24%	1.25%	1.10%
Palliative Care	342	0.12%	0.11%	0.10%	0.09%
Mental Health	2035	0.70%	0.65%	0.75%	0.82%
Asthma	17512	6.01%	6.13%	5.89%	5.82%
Dementia	1057	0.36%	0.44%	0.43%	0.40%
Depression	18806	6.46%	8.44%	8.05%	7.60%
Chronic Kidney Disease (ages 18+)	10274	4.60%	4.70%	4.10%	-
Atrial Fibrillation	3747	1.29%	1.38%	1.35%	1.18%
Obesity (ages 16+)	27184	10.15%	9.85%	9.90%	-
Learning Disabilities (ages 18+)	745	0.30%	0.35%	0.40%	-

Source: The Information Centre. Figures for ONS Cluster Group by disease areas at specific ages are not presentable due to data quality issues.

5.3.2 Mental Health

The term 'dementia' is used to describe a collection of symptoms, including a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities. These symptoms are caused by structural and chemical changes in the brain as a result of physical diseases such as Alzheimer's disease. Dementia can affect people of any age, but is most common in older people. One in six people over the age of 80 has a form of dementia, as do one in 14 people over 65.

Recent predictive modelling undertaken by NHS Derby City suggests a rise of 13% in cases of early onset dementia by 2015, amounting to 77 individuals. Cases of late onset dementia are estimated to increase by 27% over the same period to 4045 individuals. This will amount to more than two and a half thousand cases of

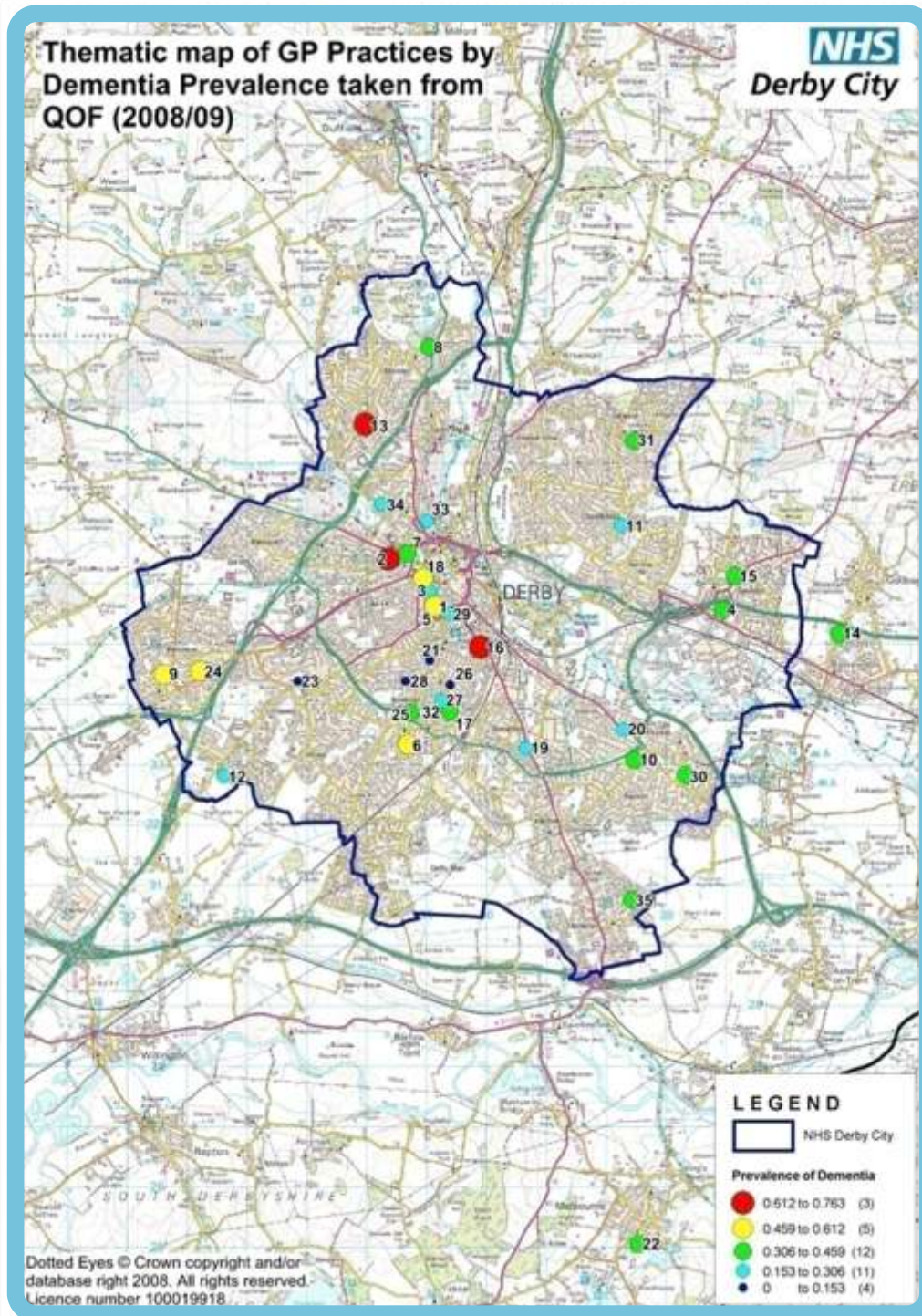
Alzheimer's disease in the registered population of NHS Derby City in 2015 (Figure 33).

Figure 33: Type of dementia and prevalence

Dementia Type		2009	2015	% increase
Early Onset		68	77	13%
Late Onset	Mild	1755	2216	26%
	Moderate	1017	1295	27%
	Severe	403	534	33%
Late Onset Total		3175	4045	27%
Early & Late Onset		3243	4122	27%
In people with Down's Syndrome		8	8	0%
Dementia sub-types	Alzheimer's disease	2011	2556	27%
	Vascular dementia	551	701	
	Mixed dementia	324	412	
	Dementia with Lewy bodies	130	165	
	Fronto-temporal dementia	65	82	
	Parkinson's dementia	65	82	
	Other dementias	97	124	

Figure 34 highlights on a thematic map, the prevalence of dementia by GP practice during 2008/09, according to the QOF. The total number of people registered in Derby to have dementia on the QOF was 1,055 out of a total registered population at the time of 286,054. This suggests that for 2008/09, approximately 0.4% of Derby's registered population has dementia, which is in line with the national QOF prevalence of dementia at the same figure. Out of the 34 GP practices serving the population of Derby, nine had greater prevalence rates of dementia than the national average. None though, had a greater prevalence than the nationally expected of 1.1% that is documented by the Alzheimer's Society.

Figure 34: The prevalence of dementia by GP practice during 2008/09



NHS Derby City in collaboration with its partners are currently in the process of writing the Dementia Strategy for Derby. Modelling of future need has already taken place, as has analysis of current service provision, as well as best practice. We are now developing the services that need to be in place to meet what will be an increased demand due to population increase alone.

The equity of access to dementia services is an issue in Derby. People living in the most deprived wards are likely to experience a lack of access to information,

recognition and ultimately, early diagnosis, in order to obtain the support and treatment they require. Peer support (Dementia Cafés¹³) and carer support will therefore need to be targeted to those wards with greatest need, with a model of care based on the community development model that is already in place in the city. Taking our ethnic minority populations into account, we are also aware that primary prevention should be focused on the wards of Arboretum and Normanton, whereas ongoing treatment, care and support should be focussed on wards with greater numbers of older people, particularly in the Allestree area.

5.3.3 Obesity

World: The clinical definition of adults who are overweight or obese in adults is based on the Body Mass Index (BMI). Worldwide, one billion adults and 42 million children are classed as overweight (BMI of 25 and above) and more than 300 million are categorised as obese (BMI of 30 plus). Severely obese individuals are likely to die on average 11 years earlier than those with a healthy weight. This risk is comparable to, and in some cases worse than, the reduction in life expectancy from smoking⁽⁶⁾.

National: In 1980 6% of men and 8% of women were classed as obese in the UK. The prevalence of obesity has trebled since then to affect 23% of men and 25% of women⁽⁷⁾. The prevalence of morbid obesity in England increased from 0.9% in 1993-95 to 1.9% in 2006-08 and is predicted to rise further.

Local: In Derby figures from 2008/09 show the prevalence of obesity at 9.5% for 4-5 year olds and 17.2% for 10-11 year olds. It is estimated that nearly 1 in 4 adults in Derby are obese. This prevalence is lower than that seen in the East Midlands but higher than the national figure.

It was estimated that the economic cost of obesity in the NHS, was between £3.3 and £3.7 billion in 2002⁽⁸⁾, rising to £4.2 billion in 2007^(9; 10).

The estimated costs of treating obesity and its consequences in Derby for 2009/2010 was £5,544,567. This figure includes inpatient admissions, prescription costs, GP consultations and outpatients. This has risen by approximately £2,200 since 2006/2007.

A healthy diet and regular physical activity contribute to general health and wellbeing. Children who have a poor diet or are not physically active enough, or both, might become overweight or underweight. Figure 35 shows the prevalence of obesity in children, by ward, in Derby.

¹³ Dementia Cafés are a place to get advice, share experiences and make new friends in the city

Figure 35: Prevalence of obesity by Ward 2008/09

Ward	Number of Obese Pupils			Proportion of Obese Pupils		
	Reception Year	Year 6	Total	Reception Year	Year 6	Total
Abbey	11	25	36	10.0%	25.3%	17.2%
Allestree	8	18	26	5.6%	14.6%	9.7%
Alvaston	18	23	41	9.8%	16.1%	12.6%
Arboretum	29	36	65	13.3%	17.8%	15.5%
Blagreaves	8	20	28	7.0%	15.9%	11.6%
Boulton	15	31	46	8.8%	18.9%	13.8%
Chaddesden	5	28	33	5.0%	20.0%	13.8%
Chellaston	21	18	39	12.6%	12.6%	12.6%
Darley	<5	10	12	2.2%	11.2%	6.6%
Derwent	16	25	41	10.1%	15.7%	12.9%
Littleover	8	36	44	5.0%	17.0%	11.9%
Mackworth	18	28	46	12.9%	24.3%	18.1%
Mickleover	9	14	23	9.4%	15.6%	12.4%
Normanton	27	45	72	11.5%	20.9%	16.0%
Oakwood	7	19	26	9.6%	14.4%	12.7%
Sinfin	26	31	57	12.3%	17.1%	14.5%
Spondon	6	10	16	5.8%	11.9%	8.5%
Outside Derby	6	12	18	12.2%	16.0%	14.5%
Unknown	<5	5	7	6.7%	13.2%	10.3%
Grand Total	242	434	676	9.5%	17.2%	13.3%

Source: The Information Centre

It is estimated that nearly 1 in 4 adults in Derby are obese. This prevalence is lower than that seen in the East Midlands, but higher than the national figure. The National figures for England in 2007 showed that 65% of men and 56% of women were either overweight or obese⁽¹¹⁾; this is reflected locally in Derby. Practice data shows a picture of obesity levels which suggests that around 10% of patients on practice registers are obese, however, this figure is based on the whole practice population aged 16 plus (n= 235,767). In practice only 37% (88,067) of the practice population have been measured and of these, 25,232 (28%) have a BMI of over 30 and therefore classed as obese.

5.3.4 Coronary Heart Disease

Coronary Heart Disease (CHD) is the largest cause of death in the UK and in Derby. CHD together with Stroke, account in the most part for what is collectively known as Cardio-Vascular Disease (CVD). This makes up a large part of what are collectively known as Circulatory Diseases. In the city, there were 2,451 deaths from circulatory diseases between 2005 and 2007, of which 732 were in people aged under 75 years and potentially preventable.

In 2008/09, over 10,000 patients in Derby were on the CHD register at their GP practices (QOF). The expected prevalence based on the QOF benchmarking tool developed by Doncaster PCT was closer to 12,500 people.

5.3.5 Cancer

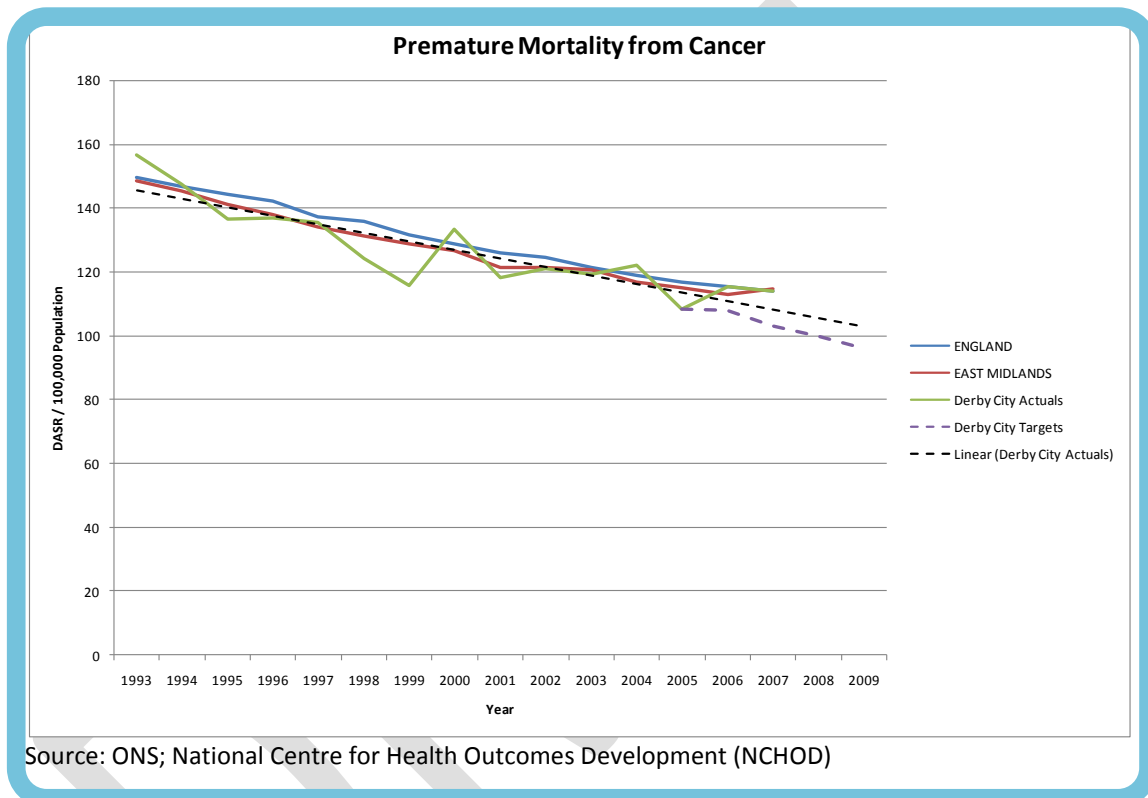
Worldwide, there were around 11 million new cases of cancer in 2002 and a quarter of these were in Europe. Each year in the UK, around 293,600 cases of cancer are newly diagnosed¹⁴. This amounts to someone being diagnosed with cancer every

¹⁴ ⁴³ Cancer Research UK

two minutes. Moreover, 1 in 3 people will develop some form of cancer during their lifetime.

Figure 36 illustrates Derby's progress in tackling premature mortality from all cancers. Premature mortality from cancer is monitored nationally as part of the local area agreement between NHS Derby City and Derby City Council (NI 122) and within the Primary Care Trust itself by way of Vital Sign VSB03. On the whole, the rate of mortality is lower than that seen in the East Midlands and also nationally, and the trend is a downward one.

Figure 36: Premature mortality from cancer



Progress in reducing premature cancer mortality in Derby in the last ten years has been limited, particularly for women. Derby has increasing numbers of deaths from lung cancer in women, a picture reflected in other deprived areas of the East Midlands, for example in Bolsover, but not in the East Midlands as a whole. Reducing cancer deaths below the age of 75 in women, and in particular lung cancer deaths will be a key, but difficult, challenge to achieve.

Evidence based action plans would suggest that the key challenge is undertaking a comprehensive programme of symptom recognition and early diagnosis, involving patients and professionals. The risk to this though, is the increasing lung cancer deaths in women. Analysis shows that this is likely to be related to smoking behaviour patterns in the past leading to current burden of disease i.e. those women who at a younger age during the 1950's and 60s smoked considerably, are coming through now at an older age with serious health complaints, as is also evident in CHD. This trend may take time to reverse.

5.3.6 Diabetes

Diabetes is one of the greatest health challenges facing the UK today. It is a chronic and progressive disease affecting people of all ages, with a higher occurrence of cases being in people who are overweight or obese, physically inactive or with a family history of diabetes. People in black and ethnic minority groups are up to six times more likely to develop it than people of European origin (derived from recent Health Survey for England results). Diabetes is becoming more common and can affect many aspects of life. The majority of cases are type 2 diabetes, two thirds of which could potentially be prevented.

NHS Derby City currently has 12,742 people diagnosed with diabetes (types 1 and 2) and it is estimated that there are 700 newly diagnosed patients with type 2 diabetes per year. GP practice prevalence varies in the city from 2.67% to 7.69%. The health needs assessment undertaken by the PCT around diabetes shows that the highest prevalence is predominantly in the centre of the city where there is a high ethnic minority population as well as greater levels of social deprivation. Deprivation is strongly linked to smoking, obesity, physical inactivity and poor access to health care services.

5.4 Ward Level Analysis

The wards in Derby have been evaluated in greater detail (tables 4 to 20) with reference to population, pharmacy provision, lifestyle and behaviours, overall health, use of the existing services, the key local needs and what the local services are. Key health promotion opportunities have been identified for each ward and are also stated here.

The following information has been obtained from these sources:

- The JSNA 2009, NHS Derby City and Derby City Council.
- Derby Population, Migration and Community Profile 2008, Derby Community Safety Partnership.
- State of the City Report 2010, Derby City Council.

Table 4: Detail for the ward of Abbey

Abbey	
Population	<p>There is an ethnically diverse population with over 10% of the population Asian/ Asian British (35% non 'White British'). There are over 130 nationalities with new migrants accounting for 8.6% of the population in 2007. 9.5% of the population do not have English as a first language.</p> <p>The 20 to 34 year old group is comparatively large and there is a high student population.</p> <p>There is a high representation of the Christian religion.</p> <p>The population are within the 20% most deprived nationally. There are also a high proportion of households without central heating or access to a car/van.</p>
Pharmacy Provision	<p>Enhanced services provide smoking cessation, needle exchange, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.</p>
Lifestyle and behaviours	<p>Over £30 per person per month is spent on tobacco.</p> <p>There are high levels of regular and excess drinkers, plus binge drinking.</p> <p>There is a high level of illicit drug use and dealing.</p> <p>There is a low monthly spend on fruit and vegetables.</p> <p>A low percentage of adults who state that their interests include exercise or sports.</p> <p>In 2007/8 the Child Measurement Programme identified a high percentage of obese children.</p>
Health	<p>The population report an above average level of long term limiting illness. There is also a significantly higher all age all cause mortality than average for the City.</p> <p>The population profile indicates that we would expect to find a high prevalence of Coronary Heart Disease (CHD) , Diabetes, Sexually Transmitted Infections (STIs), Tuberculosis (TB) and poor dental health.</p>
Use of services	<p>There is a low uptake of Bowel Cancer Screening.</p>
Key local needs	<p>Services appropriate to the diverse population, including access to information in languages other than English.</p> <p>Smoking cessation and substance misuse (including alcohol) services.</p> <p>Health promotion regarding diet and exercise, contraception and sexual health, dental health and the Bowel Cancer Screening programme.</p> <p>Identification, treatment and advice for patients with CHD, Diabetes, STIs and TB.</p>
Local services	<p>There are no GP surgeries or branch surgeries.</p>
Key health promotion opportunities	
<p>How to use NHS services/ register with a GP</p> <p>Warmfront</p> <p>Healthy Eating</p> <p>Safe drinking</p> <p>Smoking cessation</p> <p>Promotion of physical activity</p> <p>Promoting behaviour change through Christian festivals</p>	<p>Bowel screening promotion</p> <p>Cardiovascular disease, diabetes and TB awareness</p> <p>Dental health promotion</p> <p>Sexual health promotion</p> <p>Information about illegal drugs and how to access services</p>

Table 5: Detail for the ward of Allestree

Allestree	
Population	A high percentage of the population are over 65 years of age and there is a high proportion of single person pensioner households. There is a high representation of the Christian religion. The population are within the 20% least deprived nationally.
Pharmacy Provision	Enhanced services provide smoking cessation, needle exchange, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	Over £30 per person per month is spent on off licence alcohol.
Health	There are over 25% excess winter deaths. The population account for the highest number of falls in those over 65 years of age due to the large numbers of older people. There is the highest estimated prevalence of dementia.
Use of services	The population are the highest users of home care and there is a high provision of unpaid care.
Key local needs	Falls prevention through the management of long term conditions, reviews of medication and the provision of information. Health promotion regarding staying warm in winter and safe drinking. Identification, treatment and advice for patients with dementia. Services to support the housebound and their carers.
Local services	There are 3 GP surgeries or branch surgeries.
Key health promotion opportunities	
Promoting behaviour change through Christian festivals Safe drinking Warmfront/ keeping warm in winter	Falls prevention Dementia awareness Social care information

Table 6: Detail for the ward of Alvaston

Alvaston	
Population	There is an ethnically diverse population with over 100 different nationalities. The population are within the 20% most deprived nationally. There are also a high proportion of households without central heating. There is an increasing trend in the birth rate.
Pharmacy Provision	Enhanced services provide support to care homes, smoking cessation, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	There are areas of the ward where more than 50% of the population smoke and over £30 per person per month is spent on tobacco. There are high levels of regular and excess drinkers, plus binge drinking. There is a low monthly spend on fruit and vegetables. A low percentage of adults who state that their interests include exercise or sports. In 2007/8 the Child Measurement Programme identified a high percentage of obese children. There are high rates of teenage pregnancy.
Health	The population report an above average level of long term limiting illness. The population profile indicates that we would expect to find a high prevalence of CHD, STIs and poor dental health. There are a high percentage of low birth weight babies.
Use of services	
Key local needs	Services appropriate to the diverse population, including access to information in languages other than English. Smoking cessation and alcohol misuse services, including a focus upon pregnant women. Health promotion regarding diet and exercise, healthy pregnancy, contraception and sexual health, safe drinking and dental health. Identification, treatment and advice for patients who are pregnant, have CHD or an STI.
Local services	There are 3 GP surgeries or branch surgeries. Contraception and sexual health services through the Coleman Youth clinic and at the Roundhouse for Derby College students. FreshStart smoking cessation at Colman Street. Falls Service at Coleman street.
Key health promotion opportunities	
Healthy pregnancy/ Healthy start Warmfront Smoking cessation Healthy Eating Safe drinking	Sexual health promotion Cardiovascular disease awareness Dental health promotion Promotion of physical activity

Table 7: Detail for the ward of Arboretum

Arboretum	
Population	There is an ethnically diverse population with over 40% of the population Asian/ Asian British (77% non 'White British'). There are around 130 nationalities with new migrants accounting for 19.4% of the population in 2007. 33.3% of the population do not have English as a first language. The 20 to 34 year old group is comparatively large, the 45 to 74 year old group is comparatively small and there is a high student population. There are a disproportionate percentage of young males, probably due to inward migration. The birth rate is significantly high for the City and increasing. There is a high representation of the Christian religion. The population are within the 20% most deprived nationally. There are also a high proportion of households without central heating or access to a car/van.
Pharmacy Provision	Enhanced services provide support to care homes, smoking cessation, needle exchange, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	Over £30 per person per month is spent on tobacco. There are high levels of regular and excess drinkers, plus binge drinking. There is a high level of illicit drug use and dealing. There have also been complaints regarding prostitution in the area. There is a low monthly spend on fruit and vegetables. A low percentage of adults state that their interests include exercise or sports. In 2007/8 the Child Measurement Programme identified a high percentage of obese children. High rates of teenage pregnancy.
Health	There is a very high level of long term limiting illness and a significantly high all age all cause mortality with high premature mortality from CHD and Cancer. The population profile indicates an expected higher prevalence of CHD, Diabetes, STIs, TB and poor dental health than average for the City. There are a high percentage of low birth weight babies and a significantly high infant mortality rate. There is a high rate of falls in the over 65's indicating a population at higher than average risk.
Use of services	There is a low uptake of Bowel Cancer Screening. There is high use of social care, including residential and nursing care.
Key local needs	Services appropriate to the diverse population, including information access in languages other than English. Services should be accessible to young men. Smoking cessation & substance misuse services, with focus on pregnant women. Health promotion regarding diet and exercise, healthy pregnancy, contraception and sexual health, SIDS prevention, safe drinking and dental health. Identification, treatment and advice for patients with CHD, Diabetes, STIs & TB. Falls prevention through the management of long term conditions, reviews of medication and the provision of information. Services to support residential and nursing homes.
Local services	There are 6 GP surgeries or branch surgeries. Contraception and sexual health services are provided through the Walk in Centre and for young people through The SPACE. Genitourinary Medicine Clinic & Chest Clinic at London Road Community Hospital. Other health services through the Walk in Centre, including FreshStart smoking cessation. Specialist needle and syringe programmes at the Bradshaw clinic and Phoenix Futures
Key health promotion opportunities	
How to use NHS services/ register with a GP Promoting behaviour change through Christian festivals Healthy pregnancy/ Healthy start Warmfront Healthy Eating Safe drinking Smoking cessation Bowel screening promotion	Promotion of physical activity Sexual health promotion Information about illegal drugs and how to access services Baby safe sleeping/ SIDS prevention TB, diabetes, Cardiovascular disease and cancer awareness Dental health promotion Social care information Falls prevention

Table 8: Detail for the ward of Blagreaves

Blagreaves	
Population	There is an ethnically diverse population with over 10% of the population Asian/Asian British (36% non 'White British'). There is a high percentage of new migrants. The 20 to 29 year old group is comparatively small. There is a high representation of the Sikh religion.
Pharmacy Provision	Enhanced services provide smoking cessation, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	
Health	The population report above average levels of long term limiting illness. The population profile indicates that we would expect to find a higher prevalence of CHD, Diabetes and TB. There are over 20% excess winter deaths.
Use of services	There is high use of social care.
Key local needs	Services appropriate to the diverse population, including access to information in languages other than English. Health promotion regarding keeping warm in winter. Identification, treatment and advice for patients with CHD, Diabetes, and TB. Services to support the housebound and carers.
Local services	There is 1 GP surgery or branch surgery. FreshStart smoking cessation at Blagreaves Library.
Key health promotion opportunities	
Promoting behaviour change through Sikh festivals How to use NHS services/ register with GP Warmfront- keeping warm in winter	Cardiovascular disease, diabetes, TB awareness Social care information

Table 9: Detail for the ward of Boulton

Boulton	
Population	There is a high representation of the Christian religion. The population are within the 20% most deprived nationally.
Pharmacy Provision	Enhanced services provide support to care homes, smoking cessation, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	Over £30 per person per month is spent on tobacco. A low percentage of adults who state that their interests include exercise or sports. There are high rates of teenage pregnancy.
Health	The population report an above average level of long term limiting illness. There is a significantly high mortality from Respiratory disease. The population profile indicates that we would expect to find a higher prevalence of CHD, STIs and poor dental health.
Use of services	There is a low uptake of Bowel Cancer Screening. There is high use of day care.
Key local needs	Smoking cessation services. Health promotion regarding exercise, healthy pregnancy, contraception and sexual health, SIDS prevention, the Bowel Cancer screening programme and dental health. Identification, treatment and advice for patients with CHD and STIs. Services to support carers.
Local services	There are 2 GP surgeries or branch surgeries. Contraceptive and Sexual Health Services through Spaceman, Boulton Lane Community Centre.
Key health promotion opportunities	
Promoting behaviour change through Christian festivals Smoking cessation Promotion of physical activity Sexual health promotion	Cardiovascular disease and Respiratory disease awareness Dental health promotion Bowel screening awareness Social care information

Table 10: Detail for the ward of Chaddesden

Chaddesden	
Population	The population are within the 20% most deprived nationally.
Pharmacy Provision	Enhanced services provide smoking cessation, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	There is a low monthly spend on fruit and vegetables.
Health	The population report above average long term limiting illness. The population profile indicates that we would expect to find a high prevalence of CHD, STIs and poor dental health. There are 25% excess winter deaths.
Use of services	There is high use of social care, specifically day care. There is a high provision of unpaid care
Key local needs	Health promotion regarding diet, contraception and sexual health, keeping warm in winter and dental health. Identification, treatment and advice for patients with CHD and STIs. Services to support the housebound and carers.
Local services	There is 1 GP surgery or branch surgery.
Key health promotion opportunities	
Healthy Eating Warmfront- keeping warm in winter Cardiovascular disease awareness	Dental health promotion Sexual health promotion Social care information

Table 11: Detail for the ward of Chellaston

Chellaston	
Population	The 20 to 29 year old group is comparatively small The birth rate is increasing. There is a high representation of the Christian and Sikh religions.
Pharmacy Provision	Enhanced services provide support to care homes, smoking cessation, needle exchange, supervised methadone, Pharmacy First, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	
Health	The population report above average level of long term limiting illness. There is a high rate of falls in those over 65 years indicating a population at higher than average risk.
Use of services	There is high use of social care, specifically day care.
Key local needs	Health promotion regarding healthy pregnancy, contraception and sexual health. Falls prevention through the management of long term conditions, reviews of medication and the provision of information. Services to support carers.
Local services	There are 2 GP surgeries or branch surgeries.
Key health promotion opportunities	
Promoting behaviour change through Christian and Sikh festivals Healthy pregnancy/ Healthy start	Falls prevention Social care information

Table 12: Detail for the ward of Darley

Darley	
Population	<p>There are around 130 nationalities with new migrants accounting for 8.3% of the population in 2007.</p> <p>The 15 to 29 year old group is comparatively large and there is a high student population. The 5 to 14 year old group is comparatively small.</p> <p>There are a high proportion of single pensioner households.</p> <p>There is a high representation of the Christian religion.</p> <p>The population are within the 20% most deprived nationally.</p>
Pharmacy Provision	<p>Enhanced services provide support to care homes, smoking cessation, needle exchange, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.</p>
Lifestyle and behaviours	<p>Over £30 per person per month is spent on tobacco.</p> <p>There are high levels of regular and excess drinkers, plus binge drinking.</p> <p>Over £30 per person per month is spent on off licence alcohol.</p>
Health	<p>The population report an above average level of long term limiting illness. There is a significantly high all age all cause mortality and a higher mortality from respiratory disease.</p> <p>The population profile indicates that we would expect to find a higher prevalence of CHD, STIs and poor dental health than average for the City.</p>
Use of services	<p>There is the highest use of nursing care in the City.</p>
Key local needs	<p>Services appropriate to the diverse population, including access to information in languages other than English.</p> <p>Services appropriate for young adults and students</p> <p>Smoking cessation and substance misuse (including alcohol) services.</p> <p>Health promotion regarding diet and exercise, contraception and sexual health, safe drinking and dental health.</p> <p>Identification, treatment and advice for patients with Respiratory disease, CHD and STIs.</p> <p>Services to support nursing homes.</p>
Local services	<p>There are 3 GP surgeries or branch surgeries.</p>
Key health promotion opportunities	
<p>How to use NHS services/ register with a GP</p> <p>Promoting behaviour change through Christian festivals</p> <p>Safe drinking</p> <p>Smoking cessation</p>	<p>Cardiovascular disease and respiratory disease awareness</p> <p>Sexual health promotion</p> <p>Social care information</p> <p>Dental health promotion</p>

Table 13: Detail for the ward of Derwent

Derwent	
Population	The 0 to 9 year old group is comparatively large and there is a significantly high birth rate compared to the City. The predominant religion is Christianity. The population are within the 20% most deprived nationally. There are also a high proportion of households without central heating.
Pharmacy Provision	Enhanced services provide smoking cessation, needle exchange, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	There are areas of the ward where over 50% of the population smoke. Over £30 per person per month is spent on tobacco. There are high levels of binge drinking. There is a low monthly spend on fruit and vegetables. In 2007/8 the Child Measurement Programme identified a high percentage of obese children. There are high rates of teenage pregnancy.
Health	The population report an above average level of long term limiting illness. There is a significantly high all age all cause mortality, and specifically for Respiratory disease. There is also high premature mortality from CHD and Cancers. The population profile indicates that we would expect to find a higher prevalence of Coronary Heart Disease, Sexually Transmitted Infections and poor dental health than average for the City.
Use of services	There is high use of residential care and home care.
Key local needs	Smoking cessation and alcohol services. Health promotion regarding healthy pregnancy, diet and exercise, sexual health and contraception, safe drinking and dental health. Identification, treatment and advice for patients with Respiratory disease, CHD and STIs. Services to support Residential homes. Services to support the housebound and carers.
Local services	There are 2 GP surgeries or branch surgeries. Contraceptive and sexual health services for young people through Spaceman at Roefarm clinic and Time 4 Girls at Derwent Youth Centre. FreshStart smoking cessation at Rennie Health Living Centre and Derwent Stepping Stones
Key health promotion opportunities	
Childhood vaccination and immunisation Promoting behaviour change through Christian festivals Healthy pregnancy/ Healthy start Warmfront Smoking cessation Healthy Eating	Safe drinking Sexual health promotion Cardiovascular disease, cancer, respiratory disease awareness Dental health promotion Social care information

Table 14: Detail for the ward of Littleover

Littleover	
Population	There is an ethnically diverse population with nearly 10% of the population Asian/ Asian British. There are over 100 nationalities and a high proportion of new migrants. The 20 to 29 year old group is comparatively small. There is a high representation of the Sikh religion.
Pharmacy Provision	Enhanced services provide support to care homes, smoking cessation, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	Over £30 per person per month is spent on off licence alcohol.
Health	The population profile indicates that we would expect to find a higher prevalence of Coronary Heart Disease, Diabetes and Tuberculosis. There are over 30% excess winter deaths.
Use of services	There is a high use of home care and a high provision of unpaid care.
Key local needs	Services appropriate to the diverse population, including access to information in languages other than English. Health promotion regarding staying warm in winter and safe drinking. Identification, treatment and advice for patients with CHD, Diabetes and TB. Services to support the housebound and their carers.
Local services	There is 1 GP surgery or branch surgery. Accident and Emergency at Derby Royal Hospital.
Key health promotion opportunities	
Promoting behaviour change through Sikh festivals How to use NHS services- register with a GP Warmfront- keeping warm in winter	Safe drinking Cardiovascular disease, Diabetes, TB awareness Social care information

Table 15: Detail for the ward of Mackworth

Mackworth	
Population	<p>There are over 100 different nationalities.</p> <p>The 20 to 34 year old group is comparatively large and there is a high student population.</p> <p>The population are within the 20% most deprived nationally. There are also a high proportion of households without central heating.</p> <p>There is a high proportion of single pensioner households.</p>
Pharmacy Provision	<p>Enhanced services provide support to care homes, smoking cessation, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.</p>
Lifestyle and behaviours	<p>Over £30 per person per month is spent on tobacco.</p> <p>There are high levels of regular and excess drinkers.</p> <p>There is a low monthly spend on fruit and vegetables.</p> <p>There are rates of teenage pregnancy.</p>
Health	<p>The population report a very high level of long term limiting illness.</p> <p>The population profile indicates that we would expect to find a higher prevalence of Coronary Heart Disease, Sexually Transmitted Infections and poor dental health than average for the City.</p>
Use of services	<p>High use of social care, particularly Residential Care.</p>
Key local needs	<p>Services appropriate to the diverse population, including access to information in languages other than English.</p> <p>Services appropriate for young people and students.</p> <p>Smoking cessation and alcohol services.</p> <p>Health promotion regarding diet and exercise, sexual health, safe drinking and dental health.</p> <p>Identification, treatment and advice for patients with CHD, Diabetes, STIs and TB.</p> <p>Services to support Residential homes.</p>
Local services	<p>There are 4 GP surgeries or branch surgeries.</p> <p>Contraceptive and sexual health services for young people through Mackworth Youth Centre.</p> <p>FreshStart smoking cessation at Mackworth Sureshift</p>
Key health promotion opportunities	
<p>Warmfront</p> <p>Smoking cessation</p> <p>Healthy Eating</p> <p>Safe drinking</p>	<p>Sexual health promotion</p> <p>Cardiovascular disease awareness</p> <p>Dental health promotion</p> <p>Social care information</p>

Table 16: Detail for the ward of Mickleover

Mickleover	
Population	The 55+ age group is comparatively large. There is a high representation of the Christian religion. The population are within the 20% least deprived nationally.
Pharmacy Provision	Enhanced services provide support to care homes, needle exchange, supervised methadone, Pharmacy First, the Liverpool Care Pathway and MAR sheets.
Lifestyle and behaviours	Over £30 per person per month is spent on off licence alcohol. A low percentage of adults who state that their interests include exercise or sports.
Health	The population have the second highest number of falls in those aged 65 years, due to the large numbers of older people.
Use of services	There is a low overall use of social care. There is a high provision of unpaid care.
Key local needs	Health promotion regarding exercise and safe drinking. Falls prevention through the management of long term conditions, reviews of medication and the provision of information. Services to support the housebound and carers.
Local services	There are 2 GP surgeries or branch surgeries.
Key health promotion opportunities	
Promoting behaviour change through Christian festivals Safe drinking	Falls prevention Social care information Promotion of physical activity

Table 17: Detail for the ward of Normanton

Normanton	
Population	There is an ethnically diverse population with almost 40% of the population Asian/ Asian British (67% non 'White British'). There are around 130 nationalities with new migrants accounting for 15.7% of the population in 2007. 19.8% of the population do not have English as a first language. The 0 to 9 year old group is comparatively large and there are a disproportionate percentage of males probably due to inward migration. The birth rate is significantly high and increasing. There is a high representation of the Muslim and Sikh religions. The population are within the 20% most deprived nationally. There are also a high proportion of households without central heating or access to a car/van.
Pharmacy Provision	Enhanced services provide support to care homes, smoking cessation, needle exchange, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	The ward contains areas where over 50% of the population smoke. There are high levels of regular and excess drinkers. There is a high level of illicit drug use and dealing. There have also been complaints about prostitution in the area. There is a low monthly spend on fruit and vegetables. A low percentage of adults who state that their interests include exercise or sports. In 2007/8 the Child Measurement Programme identified a high percentage of obese children. There are high rates of teenage pregnancy.
Health	The population report a very high level of long term limiting illness. There is a significantly high all age all cause mortality and also a high premature death rate from CHD and Cancers. The population profile indicates that we would expect to find a high prevalence of CHD, Diabetes, STIs, TB and poor dental health than average for the City. There are a high proportion of low birth weight babies. There are over 20% excess winter deaths.
Use of services	There is a low uptake of Bowel Cancer Screening.
Key local needs	Services appropriate to the diverse population, including access to information in languages other than English. Smoking cessation and substance misuse (including alcohol) services with a focus upon pregnant women. Health promotion regarding diet and exercise, healthy pregnancy, contraception and sexual health, dental health, keeping warm in winter and the Bowel Cancer Screening programme. Identification, treatment and advice for patients with CHD, Diabetes, STIs and TB.
Local services	There are 5 GP surgeries or branch surgeries, including the Derby Open Access Centre. Contraceptive and Sexual Health Services through Pear Tree Clinic and Hadhari Nari. FreshStart smoking cessation at PearTree Clinic..
Key health promotion opportunities	
Childhood vaccination and immunisation How to use NHS services- register with a GP Promoting behaviour change through Muslim and Sikh festivals Healthy pregnancy/ Healthy start Warmfront- keeping warm in winter Smoking cessation Healthy Eating	Safe drinking Promoting physical activity Sexual health promotion Information about illegal drugs and how to access services Cardiovascular disease, cancer, diabetes and TB awareness Dental health promotion Bowel cancer screening promotion

Table 18: Detail for the ward of Oakwood

Oakwood	
Population	The 30 to 59 year old group is comparatively large and the 60+ age group is comparatively small.
Pharmacy Provision	Enhanced services provide smoking cessation, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	There is over £30 per person per month spent on off licence alcohol.
Health	
Use of services	
Key local needs	Health promotion regarding safe drinking.
Local services	There are 3 GP surgeries or branch surgeries.
Key health promotion opportunities	
Safe drinking	

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Table 19: Detail for the ward of Sinfin

Sinfin	
Population	<p>There is an ethnically diverse population with nearly 10% of the population Asian/ Asian British. There are over 100 different nationalities.</p> <p>The 0 to 19 year old group is comparatively large and the over 60 age group is comparatively small.</p> <p>There is a significantly high birth rate for the City.</p> <p>There is a high representation of Christians in the North and Sikhs in the South.</p> <p>The population are within the 20% most deprived nationally. There are also a high proportion of households without access to a car/van.</p>
Pharmacy Provision	<p>Enhanced services provide support to care homes, smoking cessation, needle exchange, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.</p>
Lifestyle and behaviours	<p>The ward contains areas where over 50% of the population smoke.</p> <p>Over £30 per person per month is spent on tobacco.</p> <p>There is a low monthly spend on fruit and vegetables.</p> <p>In 2007/8 the Child Measurement Programme identified a high percentage of obese children.</p> <p>There are high rates of teenage pregnancy.</p>
Health	<p>The population report an above average level of long term limiting illness. There is a significantly higher all age all cause mortality, including specifically for Respiratory diseases.</p> <p>The population profile indicates that we would expect to find a higher prevalence of Coronary Heart Disease, Diabetes, Sexually Transmitted Infections, Tuberculosis and poor dental health.</p> <p>There are a high proportion of low birth weight babies.</p> <p>There are over 30% excess winter deaths.</p>
Use of services	
Key local needs	<p>Services appropriate to the diverse population, including access to information in languages other than English.</p> <p>Smoking cessation, with a focus upon pregnant women.</p> <p>Health promotion regarding diet and exercise, healthy pregnancy, sexual health and contraception, dental health and keeping warm in winter.</p> <p>Identification, treatment and advice for patients with Respiratory disease CHD, Diabetes, STIs and TB.</p>
Local services	<p>There are 2 GP surgeries or branch surgeries.</p> <p>Contraceptive and Sexual Health Services for young people through Sinfin Health Centre.</p>
Key health promotion opportunities	
<p>Childhood vaccination and immunisation</p> <p>Promoting behaviour change through Christian and Sikh festivals</p> <p>Healthy pregnancy/ Healthy start</p> <p>Smoking cessation</p> <p>Healthy Eating</p>	<p>Sexual health promotion</p> <p>Warmfront- keeping warm in winter</p> <p>Cardiovascular, diabetes, TB and respiratory disease awareness</p> <p>Dental health promotion</p>

Table 20: Detail for the ward of Spondon

Spondon	
Population	The 45+ year old group is comparatively large. There is a high representation of the Christian religion.
Pharmacy Provision	Enhanced services provide support to care homes, smoking cessation, supervised methadone, Pharmacy First, the Liverpool Care Pathway, Oral Emergency Contraception and MAR sheets.
Lifestyle and behaviours	A low percentage of adults who state that their interests include exercise or sports.
Health	The population report an above average level of long term limiting illness. There are over 30% excess winter deaths.
Use of services	A high use of Nursing care and a high provision of unpaid care.
Key local needs	Health promotion regarding diet and exercise and keeping warm in winter. Services to support Nursing homes. Services and support for the housebound and their carers.
Local services	There are 2 GP surgeries or branch surgeries.
Key health promotion opportunities	
Promoting behaviour change through Christian festivals Promoting physical activity	Warmfront- keeping warm in winter Social care information

Current Provision

Key points:

- There are currently 2.6 pharmacies per 10,000 resident populations in Derby.
- There are 63 community pharmacies; one internet/distance selling pharmacy two dispensing appliance contractors; two pharmacies that are open in the Derby Royal Hospital and one dispensing doctor.

6.1 Service Mapping

There are 2.6 pharmacies per 10,000 resident populations in Derby; this is greater than the national average of 2.0 per 10,000 thus confirming that there is good provision of pharmacy services in Derby. See figure 37.

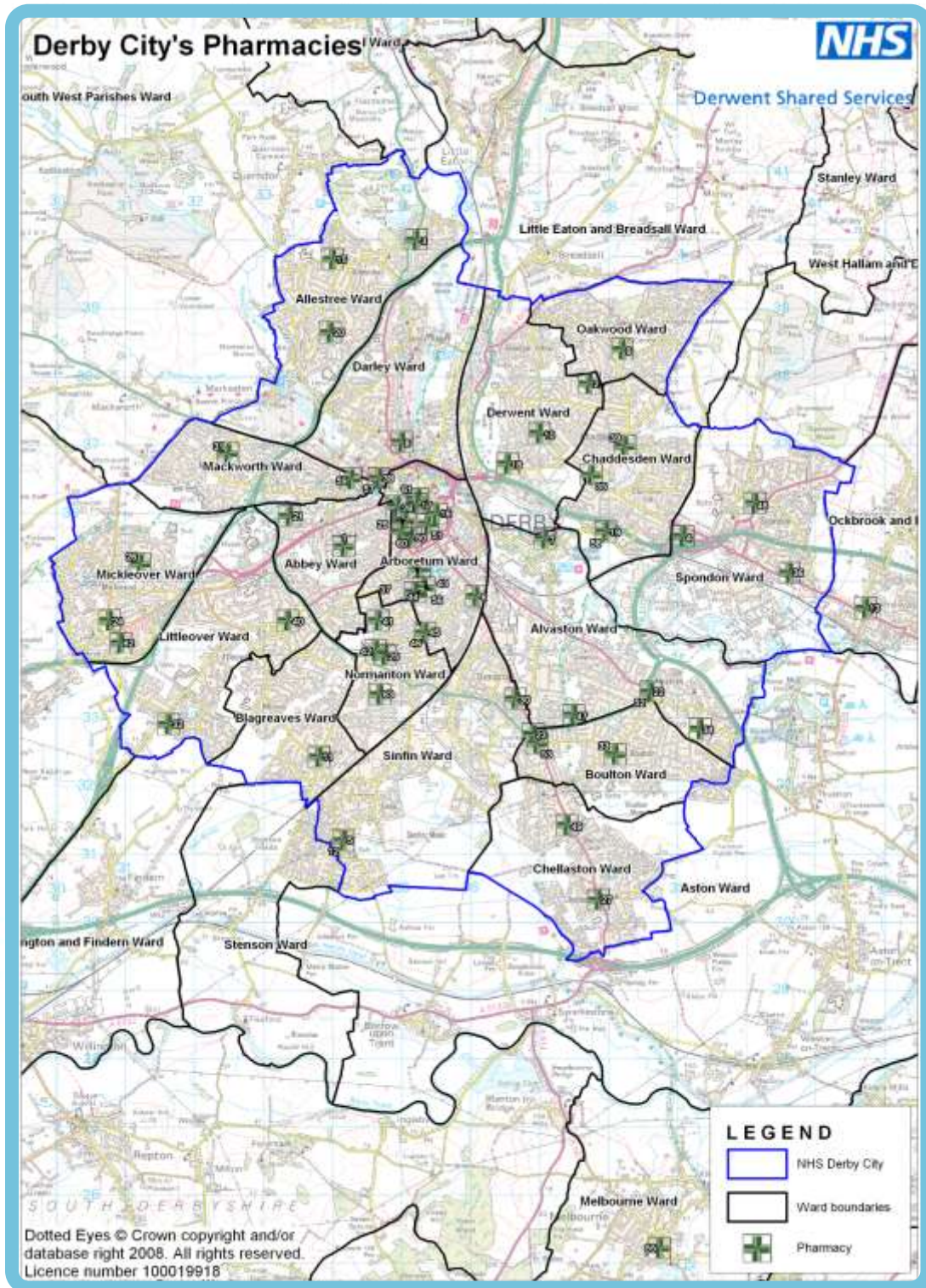
Figure 37: Table of the population, number of pharmacies and the population served per pharmacy in ward

Ward	Population	Number of Pharmacies	Population served per pharmacy
Abbey	13,100	3	4,366
Allestree	13,535	3	4,511
Alvaston	14,638	4	3,659
Arboretum	17,615	13	1,636
Blagreaves	12,864	1	12,864
Boulton	14,000	3	4,666
Chaddeston	13,362	4	3,340
Chellaston	14,363	2	7,181
Darley	12,812	3	4,270
Derwent	14,193	4	3,548
Littleover	13,949	2	6,974
Mackworth	13,265	2	6,632
Mickleover	13,496	3	4,498
Normanton	16,193	6	2,698
Oakwood	13,696	1	13,696
Sinfin	14,561	3	4,853
Spondon	12,250	3	4,083
Derby outskirts (non-ward) Borrowash, Draycott & Melbourne	Not known	3	Not known
Derby	237,892	63	3,776
East Midlands	4,172,174	Not known	Not known
England	49,138,831		5000

There are currently 63 community pharmacies in Derby (including 3 just on the outskirts of the border); these are well spread around the city with the largest volume concentrated in the city centre. This is demonstrated in figure 15, which shows a map of Derby with all the pharmacies marked. The key to this map is in Appendix 1.

There are also two internet/distance selling pharmacies, two dispensing appliance contractors (Appendix 5) and two pharmacies that are open in the Derby Royal Hospital and one dispensing doctor.

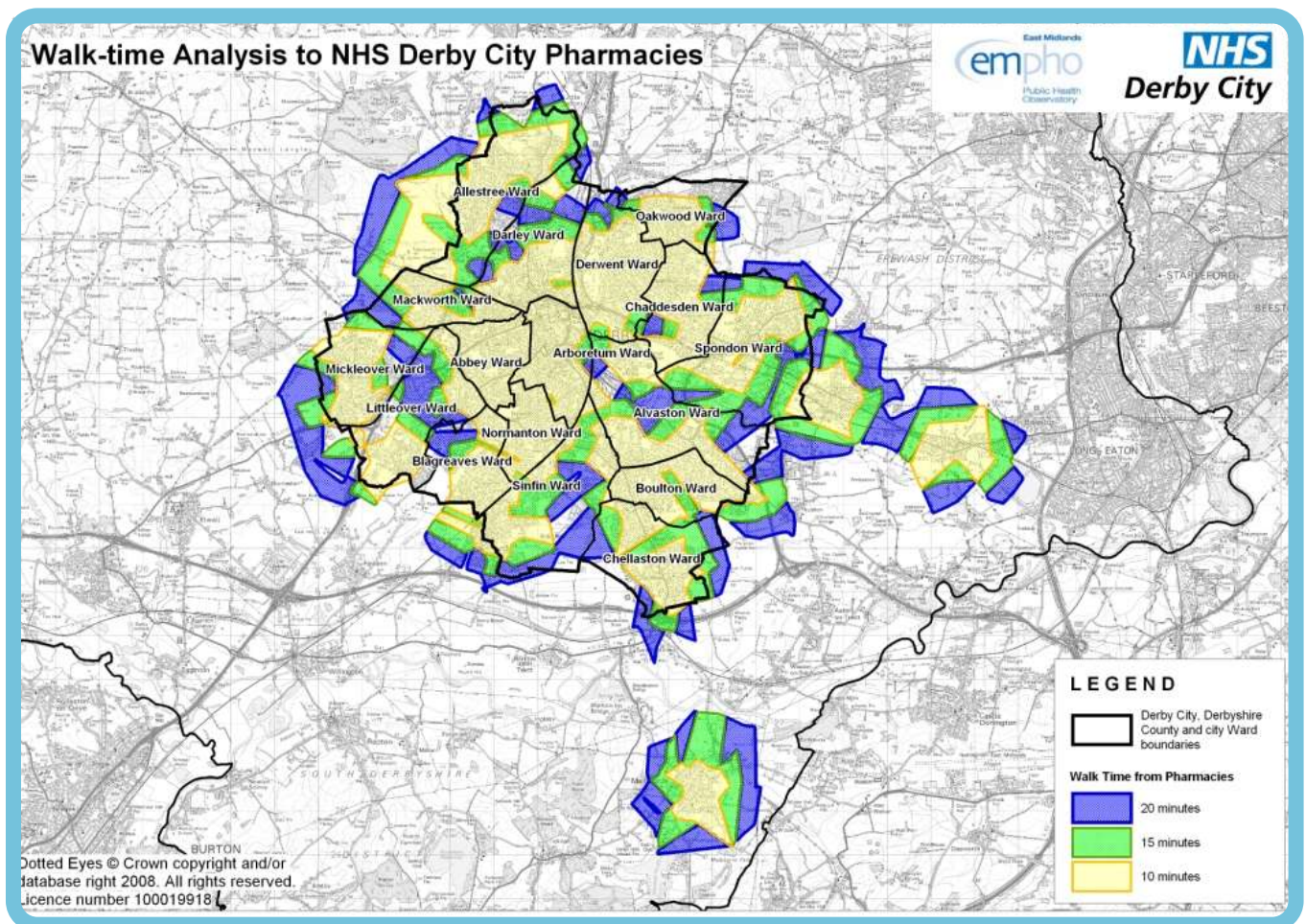
Figure 38: Map of Derby pharmacies



6.2 Pharmacy Accessibility

It has been shown that Derby has above average number of pharmacies per 10,000 populations. However it is important that these pharmacies are within walking and driving distance of the population of Derby. Figure 39 shows an analysis of how long it would take to walk to the nearest pharmacy in all the wards of Derby. It confirms that all pharmacies are within a maximum of 20 minutes' walk of where people live.

Figure 39: Map of the walk-time analysis to NHS Derby City pharmacies



The State of the City report affirms that all areas have access to pharmacies by foot or by public transport within 20 minutes except a small area of non-residential land to the south of Spondon.

Figure 40 shows a drive-time analysis of all the boundaries of Derby and demonstrates how long it would take to drive to the nearest pharmacy. All pharmacies are accessible within a 30 minute drive time.

Figure 40: Map of the drive-time analysis to NHS Derby City pharmacies

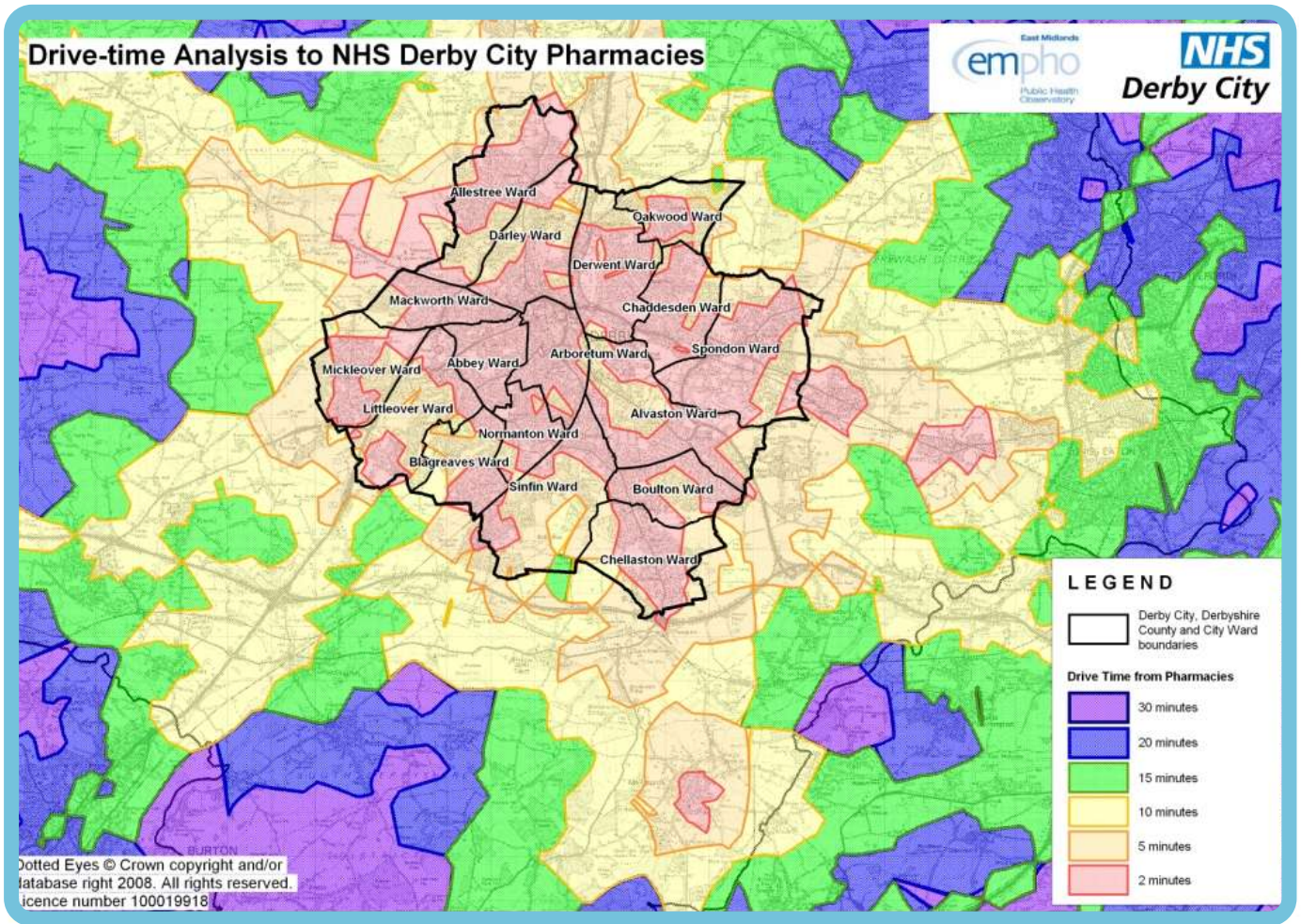
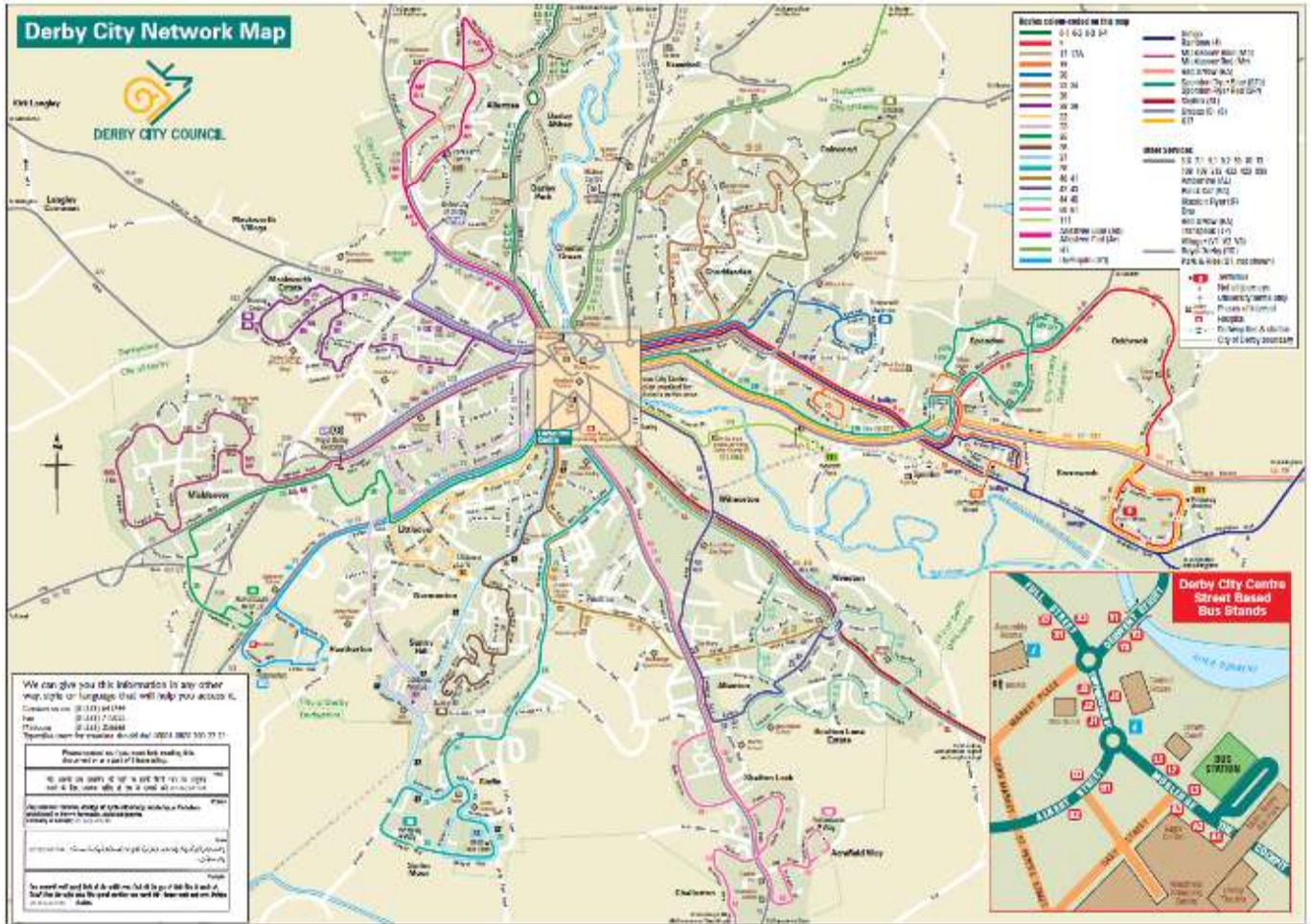


Figure 41 shows the bus network guide for all the wards of Derby. It demonstrates an extensive network that covers all the areas and therefore it should not be an issue for most of the population to have accessibility to a pharmacy service.

Figure 41: Bus Network Guide ⁽¹⁸⁾



6.3 Opening Hours

The pharmacies across the city have varied opening hours, with provision from 7am to 12:00 midnight Monday to Friday, 7am to 12pm Saturday and 8am to 9pm on Sunday. Three pharmacies open until midnight in Arboretum, Abbey and Sinfin.

All pharmacies have to open for 40 hours per week, or 100 hours if their application was granted on that basis. Most pharmacies offer voluntary additional supplementary hours which can be amended with 90 days notice.

Table 29 in Appendix 3 shows all the pharmacies in Derby, the name, contact details and opening hours.

6.4 Break down by neighbourhood

Pharmacies in Derby offer a range of services for the management and prevention of illness and promotion of a healthier life style. These include:

- Provision of Advice to Care Homes
- Stop Smoking Service
- Needle Supply Programme
- Supervised Methadone Service
- Minor Ailments Service (Pharmacy First)
- Provision of Palliative Care Drugs supporting the Liverpool Care Pathway
- Oral Emergency Contraception (OEC)
- Pharmacy Labels for Medicines Administration Sheets (MAR Sheets)

Figure 42 shows the number of pharmacies that provide enhanced services. It shows that all the services are covered by at least 21% of the pharmacies listed.

Figure 42: Number of pharmacies providing enhanced services

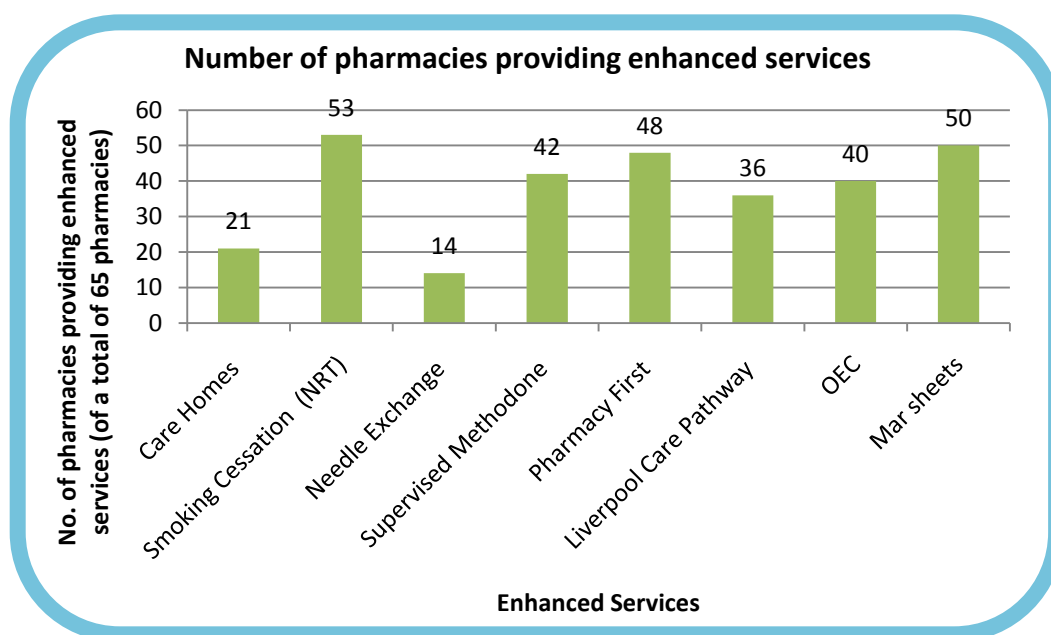


Table 21 shows the enhanced services available in each ward in Derby. See Appendix 2, table 28, for the maps of these services and the services that each individual pharmacy provides.

Table 21: Table of enhanced services each pharmacy provides

Ward	Number of pharmacies	Advice to Care Homes	Smoking Cessation (NRT)	Needle exchange	Supervised methadone	Pharmacy First	Liverpool Care Pathway	Oral Emergency Contraception (OEC)	Medicines Administration (MAR) sheets
Abbey	3	0	1	2	3	2	1	2	2
Allestree	3	0	3	1	1	1	2	1	3
Alvaston	4	2	3	0	3	3	3	3	3
Arboretum	13	7	12	5	9	11	9	9	10
Blagreaves	1	0	1	0	0	0	1	1	1
Boulton	3	1	2	0	2	2	1	1	1
Chaddeston	4	0	4	0	2	4	1	2	2
Chellaston	2	1	2	1	2	2	0	1	2
Darley	3	1	2	1	2	3	2	3	3
Derwent	4	0	3	1	3	2	3	2	3
Littleover	2	2	2	0	1	2	1	1	2
Mackworth	2	1	2	0	2	2	1	2	2
Normanton	6	2	3	2	2	4	2	3	3
Oakwood	1	0	1	0	1	1	1	1	1
Sinfin	3	1	3	1	2	3	2	3	3
Spondon	3	1	3	0	3	2	3	3	3
Outskirts	3	1	3	0	2	2	3	2	3

6.5 Questionnaire Results

A questionnaire was sent out to all the community pharmacies. Forty out of 63 sent responses, which is a 63% response rate. The responses from the 40 are collated in tables 22 to 27.

Table 22: Questionnaire collation - premises

PREMISES	Yes	No	n/a	Not answered	Comments
Consultation room	38	2	-	-	2 pharmacies have 2 rooms
Computer in consultation room	25	12	2	-	1 pharmacy has one planned
Networked computer	22	9	6	2	
Sink in consultation area	21	15	2	-	One planned
Toilet facilities for patients	6	29	1	-	3 planned
MUR facilities	35	-	2	3	
Suitable for other services	17	-	2	21	

Table 22 shows that consultant rooms are available in 95% of the pharmacies and 65% of those with consultant rooms have computers in them.

Only 15% of the pharmacies that answered have toilet facilities for patients.

Table 23: Information Technology

Information Technology	0	1	2	3+	Not answered
Number of computers in pharmacy	-	5	13	22	-
Number of laser printers in pharmacy	2	28	7	2	2
Computers access to internet	1	20	10	6	3
PREMISES	Yes	No	n/a	Not answered	Comments
Work related email	37	-	1	2	
Compatible with EPT 1&2	37	1	-	2	
Process level 1 ETP	36	3	-	1	
Smart cards	32	8	-	-	

All of the pharmacies have computers with 55% having three or more (Table 23).

Only two of the pharmacies do not have laser printers and only one does not have access to the internet.

Table 24: Staffing - Pharmacists

Staffing	0	1	2	3 or more	Not answered
Number of pharmacies with full time pharmacists	2	27	5	1	5
Number of pharmacies with locums	4	20	6	1	9
Number of pharmacies accredited to conduct MURs	0	23	9	7	1

Table 24 shows that two of the pharmacies do not have permanent full time pharmacists (5% - 2/35) but rather, according to the data, are run by two permanent part time pharmacists. This means that 95% of the pharmacies have at least one permanent full time pharmacist which is indicative of consistent service.

Table 25: Staffing - Pre-registration trainees

Staffing	Yes	No	Don't know	Not applicable	Not answered
Number of pharmacies registered as pre-registration site	12	22	2	1	3
Number of pharmacies with pre-registration tutor	11	16	0	0	13
Number of pharmacies with students in training	8	19	0	0	27

Table 25 shows that 59% (22/37) of the pharmacies are not able to have pre-registration students due to them not being registered.

Of the 12 who are registered, eight of these have pre-registration students.

Table 26: Staffing - Pharmacy Technicians

Staffing	0	1	2	3 or more	Not answered
Number of pharmacies with WTE technicians	16	11	7	3	3
Number of pharmacies with technicians with NVQ 3 or equivalent	11	8	7	4	10
Number of pharmacies with technicians working towards NVQ 3 or equivalent	16	9	2	1	12
Number of pharmacies with technicians on the technicians register	14	6	3	2	15
Number of pharmacies with technicians wishing to start NVQ3	13	6	0	0	11
Number of pharmacies with technicians wishing to start accredited accuracy technicians course	15	4	2	0	19

Table 26 is potentially not accurate as it had a very low response rate. However this could be due to high number of pharmacies not appearing to have pharmacy technicians in training (only 11 out of the 40 said that had technicians on the technicians register).

However 21 out of the 40 (53%) do already have full time WTE technicians.

Only six out of the 40 respondents have people who have requested to start the training.

Table 27: Staffing - Dispensing assistants

Staffing	0	1	2	3 or more	Not answered
Number of pharmacies with dispensing assistants	5	9	18	7	1
Number of pharmacies with dispensing assistants with NVQ 2 or equivalent	2	12	14	8	4
Number of pharmacies with dispensing assistants wishing to start NVQ training	17	4	0	1	18
Number of pharmacies with dispensing assistants wishing to start NVQ3 Pharmacy technicians course	10	9	1	1	19

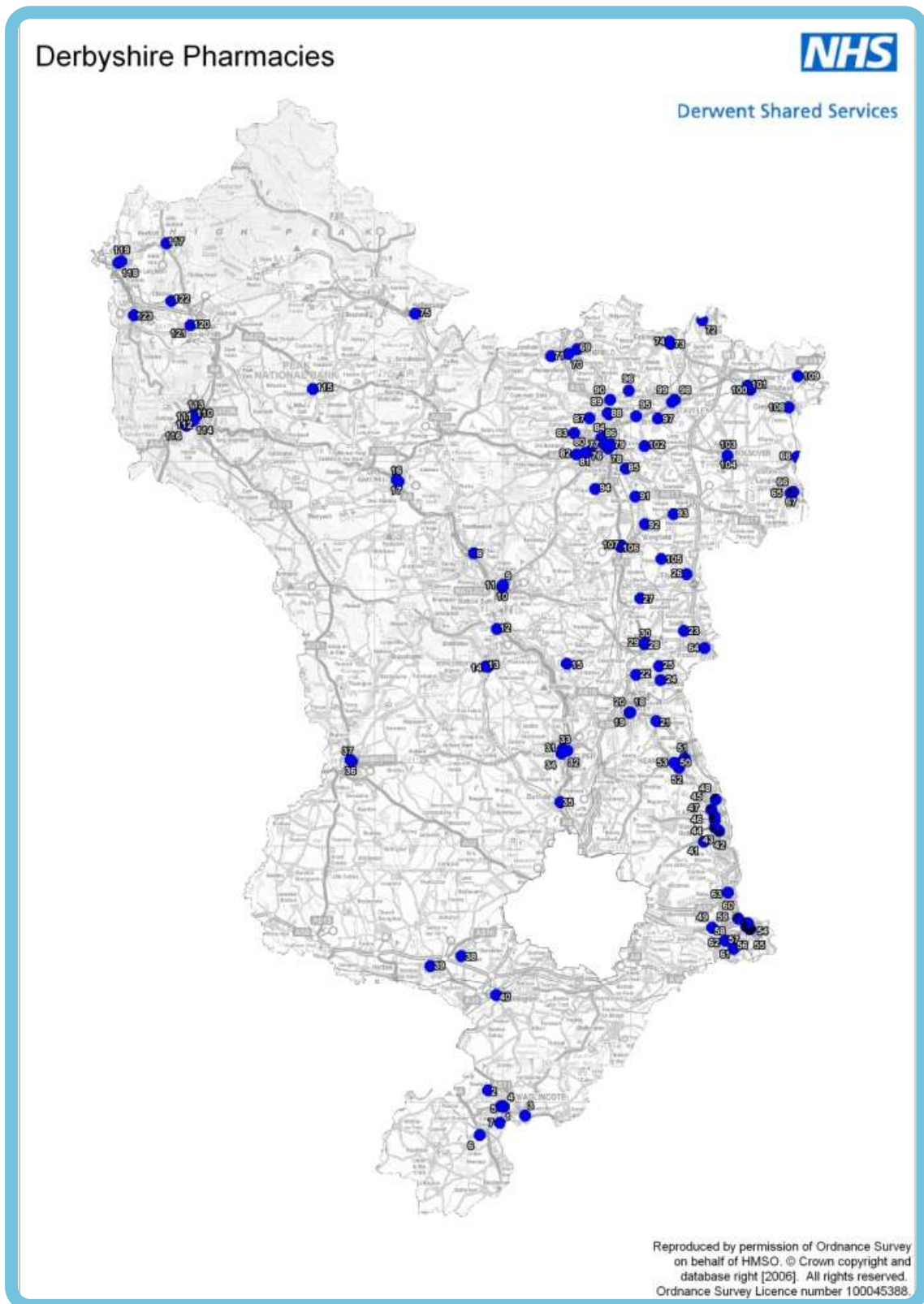
Only five out of the 39 (13%) pharmacies that answered this question do not have dispensing assistants as shown in Table 27.

This means that 85% of the pharmacies have at least one dispensing assistant available.

6.6 Provision for Derbyshire

There are also 123 pharmacies outside the city of Derby in Derbyshire. These are shown in Figure 43. The IDs for these pharmacies are shown in Appendix 1. Although none of these are within 3 miles of the city border, they are the nearest Pharmacy provision next to Derby and have therefore been included.

Figure 43: Derbyshire pharmacies



Future Developments

Key points:

- Derby is very well provided for in terms of general pharmaceutical dispensing services. The availability of community pharmacies is adequate to meet the needs of population in terms of access to dispensing services.
- There is also a choice of internet and hospital pharmacies provider services for inpatients and outpatients.
- There is sufficient 'other' pharmaceutical services available.
- The PNA has not identified any gaps in provision of pharmaceutical services.
- Any pharmacy requirements associated with other developments will be considered as new developments emerge.

7.1 Pharmaceutical Services – Current Provision

7.1.1 General Access

Chapter 6 outlined the existing pharmaceutical services available in Derby. This demonstrates that Derby as a whole, is very well provided for in terms of general pharmaceutical dispensing services, having a greater than national average of pharmacies per population. The availability of community pharmacies within the wards in Derby is adequate to meet the needs of population in terms of access to dispensing services. Additionally, the available pharmacies located close to the borders of Derby contribute further to meeting the needs of Derby residents.

Patient choice dictates which pharmacies are accessed and the majority of primary care services have closely located community pharmacies. In addition patients are able to access distance selling pharmacies (internet) of which there are two within Derby. Others outside Derby are accessible to Derby patients also.

Community Pharmacies are accessible across Derby with comprehensive coverage out of hours from existing 100 hour pharmacies that give good geographical coverage, and daily coverage including weekends. There is no requirement for the commissioning of an out of hours service given this coverage

Whilst areas such as Oakwood and Blagreaves and Chellaston are less well served, access to the populations here is enhanced by pharmacies in neighbouring wards. It is also anticipated that a pharmacy in Chellaston will open in the near future.

The PCT will continue to work closely with to ensure effective essential services are delivered to the local population.

There have been no issues reported regarding limited access to pharmacies for patients with disabilities.

It is demonstrated that the effective spread of enhanced service provision across the city facilitates access to the most relevant populations.

7.1.2 Minor Ailments (Pharmacy First)

All areas (Blagreaves does not have a service specifically in their ward) have access to Pharmacy First that is sufficient to meet the needs of their local population. More deprived areas have extensive coverage and pharmacies in these areas provide the service to increasing numbers of patients. This is especially useful to patients who are eligible to free prescriptions, although the patients would continue to have access to GP prescriptions for the items across the city.

7.1.3 Stop Smoking Services

There is widespread provision of NHS stop smoking services by Freshstart, all GP practices and many Community Pharmacies, thus no gap in provision has been identified.

7.1.4 Substance misuse services

The provision of supervised methadone services is widespread across the City, especially in the areas of high deprivation where the majority of patients requiring this service reside.

7.1.5 Needle Supply Programme

Thirteen pharmacies currently provide this service across the city. Analysis of needle pickups from local councils suggests the majority of the service is required within the Peartree and Normanton area which is already well served by pharmacies with extensive hour coverage. In addition the service is available from the Bradshaw Clinic and Phoenix Futures which provide specialist support services to clients.

There are no areas not served that would significantly benefit from increased availability of this service.

7.1.6 Sexual Health Services

It is unclear how patients requiring Oral Emergency Contraception decide how to access this service that is also available from GP practices and sexual health services within the DHFT and community setting. Those areas with the highest levels of teenage pregnancy do appear to have adequate coverage.

7.1.7 Pharmaceutical Advice to Nursing Home

This is an area where significant work is required to ensure any service provided to care homes delivers added value and contributes to resolving issues regarding medicines management identified within the CHUMS report. This work will seek to redefine the roll of community pharmacy and the requirements for advice to care homes and work is currently underway with existing service providers and other stakeholders regarding how this may proceed.

7.2 Pharmaceutical Services - Gaps in provision

The PNA has not identified any gaps in provision of pharmaceutical services that would not be sufficient to meet the needs of the population.

There are no definite planned major housing developments in progress or planned in the near future currently planned within Derby city.

There are two GP premise developments in progress. One is relocation within Normanton which has significant pharmacy provision, a second relocation in Chellaston, has already resulted in an approved application for a standard hour's pharmacy.

Any pharmacy requirements associated with other developments will be considered as new developments emerge.

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Shaping the Future

Key points:

- Ensure the effective use of essential services commissioned from community pharmacy or facilitate greater access to services already available from other healthcare providers.

8.1 Development of Pharmaceutical Services

The PNA will be used as a tool in commissioning decisions for new pharmaceutical services where community pharmacy is able to demonstrate it is able to deliver services the PCT seeks to commission based on health priorities and the availability of financial resources.

There is scope to design a range of new services that will seek to support the delivery of identified health priorities such as:

- Obesity management
- Diabetes management
- Promoting sensible drinking diet and exercise
- Improving sexual health

The PCT could ensure the effective use of essential services commissioned from community pharmacy or facilitate greater access to services already available from other healthcare providers, or when it results in maximising savings and improving health care. In all circumstances availability of financial resources will be paramount.

Pharmacies may wish to tender to supply services identified by commissioners when these are identified as a priority by NHS Derby City.

Recommendations

Key points:

- There is no requirement to commission additional community pharmacy provision.
- Existing pharmacies will be encouraged to reflect the increased GP opening times.
- Medicine use in Care Homes has been identified as an area requiring review.
- The PCT will continue to work with Community Pharmacies to ensure they continue to make an effective contribution to the health and wellbeing of Derby residents.

9.1 Recommendations

There are few recommendations as Derby is well provided for in pharmaceutical services.

9.1.1 Community Pharmacy Provision

Derby is very well provided for with regard to dispensing pharmaceutical services. There are 63 community pharmacies and two distance selling (internet/ mail order) pharmacies, two dispensing appliance contractor and one dispensing doctor within Derby. Therefore Derby has per capita community pharmacy provision above that of the national average. (Source: ic.nhs.uk). There is therefore no requirement to commission additional community pharmacy provision.

9.1.2 Opening Times

Existing pharmacies will be encouraged to reflect GP opening times which have increased as 100% of practices have offered extended opening times since July 2010. This alignment is largely fulfilled by the existence of eight 100 hour pharmacies which ensure patients within Derby have access to pharmaceutical services seven days per week.

9.1.3 Identified Needs

The pharmaceutical needs identified can be addressed by the effective application of existing essential services and advanced services within the contractual framework for Community Pharmacy, or be delivered from existing arrangements with other providers.

Medicine use in Care Homes has been identified as an area requiring review and an existing Care Homes Use of Medicines Study (CHUMS) group is seeking to specify how support and advice to Care Homes is provided to improve the use of medicines in care homes.

The PCT will continue to work with Community Pharmacies to ensure they continue to make an effective contribution to the health and wellbeing of Derby residents

identifying where pharmaceutical services delivery can be enhanced to enable the cost effective delivery of services to meet local health needs.

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Conclusions

Key points:

- Community pharmacies in Derby are well distributed and provide a well used and accessible service.
- There is no requirement for any new pharmacy provision but there are opportunities to maximise the effectiveness of existing providers.
- Increasing the knowledge of the local population regarding the services and benefits of the skills of community pharmacies will contribute to the aims outline in Healthy Derby.

10.1 Conclusions

Community pharmacies in Derby are well distributed and provide a well used and accessible service to the residents, the population registered with Derby General Practices and visitors to Derby. They provide extensive opening times during the week and weekends without the need for appointments for a range of services

10.1.1 Maximising Effectiveness

Whilst there is no requirement for any new pharmacy provision in Derby there remain opportunities to maximise the effectiveness of existing providers by maximising the use of existing contractual arrangements, as well as exploring opportunities to explore the potential to extend services when and if appropriate.

Increasing the knowledge of the local population regarding the available services and benefits of accessing the skills of community pharmacies will contribute to the effective use of services and contribute to the aims outline in Healthy Derby.

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Glossary

Care Homes Use of Medicines Study	CHUMS
Joint Strategic Needs Assessment	JSNA
Local Involvement Networks	LINKs
Mid-Year Estimates	MYE
Office for National Statistics	ONS
Primary Care Trust	PCT
Pharmaceutical Needs Assessment	PNA
Strategic Health Authority	SHA
World Class Commissioning	WCC
Advanced services	Non-essential but helpful services that includes Medicines Use Review (MUR) Service (a service designed to help people sue their medicines more effectively)
Community Pharmacy	A registered pharmacy premises that is regulated by the Royal Pharmaceutical Society and appears on the PCTs pharmaceutical list.
Dispensing Appliance Contractor	Dispenser of pharmacy appliances.
Dispensing Doctor	GP who is able to dispense for patients – usually if a person lives more than one mile from a pharmacy (rural areas).
Enhanced services	Locally designed and commissioned services.
Essential services	All the services that all pharmacies must provide.
Local Medical Committee	This is a representative body for local GP contractors.
Local Pharmaceutical Committee	The Representative body for local community pharmacy contractors.

Appendix 1: Pharmacy Map IDs

13.1 ID for the Derby Pharmacy Map

Map ID	Pharmacy	Address
1	Abbey Pharmacy	313 Stockbrook Street, Derby
2	Aimbeat Ltd	68 Wollaton Road Chaddesden Derby
3	Lloyds Pharmacy	504 Duffield Road, Allestree, Derby
4	Asda Pharmacy	Asda Superstore, Derby Road, Spondon, Derby
5	Asda Pharmacy	Sinfin Shopping Centre, Arleston Lane, Sinfin, Derby
6	Jardine's	210 Osmaston Road, Derby,
7	BJ Wilson (Distance selling)	13 Stadium Business Court, Pride Park, Derby
8	B J Wilson Ltd	26A North Street, Derby,
9	B J Wilson Ltd	2-3 Oakwood District Centre Bishops Drive Derby
10	B J Wilson Ltd	109 Wiltshire Road Chaddesden Derby
11	B J Wilson Ltd	430 Stenson Road, Littleover, Derby
12	B J Wilson Ltd	18-20 Sinfin District Centre, Arleston Lane, Sinfin, Derby
13	B J Wilson Ltd	Victoria Avenue Borrowwash Derby
14	B J Wilson Ltd	43 Station Road, Draycott, Derbyshire
15	B Payne & Son	1 Blenheim Parade Allestree Derby
16	Boots UK Ltd	1 Devonshire Walk Eagle Centre Derby
17	Boots UK Ltd	13-15 Victoria Street Derby
18	Boots UK Ltd	(Derwent Park Health Centre) 20 St Marks Road Chaddesden,
19	Boots UK Ltd	Wyvern Retail Park, Derby
20	Boots UK Ltd	50 Park Farm Centre, Birchover Way, Allestree, Derby
21	Boots UK Ltd	Kingsway Retail Park Kingsway Derby
22	Boots UK Ltd	5 Shardlow Road Alvaston Derby
23	Boots UK Ltd	832-834 Osmaston Rd, Allenton, Derby
24	Burrows & Close	46 Station Road Mickleover Derby
25	Cavendish Pharmacy	11 Derby Lane Cavendish Derby
26	Chawdas	79 Devonshire Drive Mickleover, Derby
27	Co-Operative Pharmacy	13 Derby Road Chellaston Derby
28	Day & Night Pharmacy	85 Macklin Street Derby
29	Day & Night Pharmacy	5 Wilson Street Derby
30	Day Night Pharmacy	692-694 Osmaston Road Derby
31	Dean & Smedley	75 Prince Charles Avenue Mackworth Derby
32	Dean & Smedley	Hollybrook Way, Heatherton, Littleover Derby
33	EJ's Pharmacy	15 Crayford Road Alvaston Derby
34	EJ's Pharmacy	104 Keldholme Lane Alvaston, Derby
35	Hollycroft Chemist Ltd	491 Nottingham Road Chaddesden, Derby
36	Housley Pharmacy	93 Sitwell Street Spondon, Derby
37	Lander & Hunter	200 Normanton Road, Derby
38	Lloyds Pharmacy	5 Vernon Street Derby
39	Lloyds Pharmacy	Park Medical Centre, Maine Drive, Chaddesden Derby
40	Lloyds Pharmacy	562 Burton Road Littleover Derby
41	Lloyds Pharmacy	68 Clarence Road Derby
42	Lloyds Pharmacy	24-26 Stenson Road Derby
43	Medina Chemist	298a Normanton Road Derby
45	Lloyds Pharmacy	56 St Thomas Road Derby
46	Lloyds Pharmacy	225 St Thomas Road Derby

Map ID	Pharmacy	Address
47	Lloyds Pharmacy	Coleman Health Centre, Alvaston, Derby
48	Lloyds Pharmacy	22 Chapel Street Spondon Derby
49	Lock Pharmacy	240 Chellaston Road Shelton Lock Derby
50	Manor Pharmacy	1 Burton Road Derby
51	Manor Pharmacy	99/101 St Peters Street Derby
52	Manor Pharmacy	1225 London Road Alvaston Derby
53	Manor Pharmacy	852 Osmaston Road Allenton Derby
54	Markeaton Pharmacy	126 Kedleston Road Derby
55	Co-operative Pharmacy	1 Potter Street Melbourne Derby
56	Rosehill Pharmacy	299 Normanton Road Derby
57	Rowlands Pharmacy	Friar Gate Surgery Agard Street Derby
58	Sainsbury Pharmacy	Wyvern Retail Park Pride Park, Derby
59	Sainsbury Pharmacy	Kingsway Retail Park Derby
60	Superdrug	21 Albion Street Westfield, Derby
61	Superdrug	14/16 Cornmarket Derby
62	Tesco Pharmacy	Kipling Drive Mickleover Derby
63	Village Pharmacy	Village Street Community Medical Centre Browning Street
65	Morrison's Pharmacy	Wheatcroft Way

13.2 Pharmacy ID for Derbyshire

Number	Pharmacy	Pharmacy	Pharmacy
1	DEAN AND SMEDLEY	51	MANOR PHARMACY
2	NEWHALL PHARMACY	52	MANOR PHARMACY
3	DEAN AND SMEDLEY	53	BOOTS THE CHEMISTS LTD
4	BOOTS THE CHEMIST	54	BOOTS THE CHEMIST LTD
5	K M BRENNAN CHEMISTS	55	SUPERDRUG PHARMACY
6	BJ WILSON LTD PHARMACY	56	JAYSONS PHARMACY
7	MANOR PHARMACY	57	L ROWLAND AND CO PHARMACY
8	JAYNES HIBBARD PHARMACY	58	L ROWLAND AND CO PHARMACY
9	BOOTS CHEMIST	59	BOOTS THE CHEMIST LTD
10	PEAK PHARMACY	60	MANOR PHARMACY
11	MANOR PHARMACY	61	MANOR PHARMACY
12	JN PAYNE THE PHARMACY	62	DALES CHEMIST
13	B PAYNE & SON CHEMIST LTD	63	BURROWS AND CLOSE
14	B PAYNE & SON CHEMIST LTD	64	PINXTON PHARMACY
15	LLOYDS PHARMACY	65	ROWLANDS PHARMACY
16	TAYLOR'S PHARMACY	66	MARKET PHARMACY
17	BOOTS CHEMIST	67	SHIRES PHARMACY
18	BOOTS THE CHEMISTS LTD	68	LANGWITH PHARMACY
19	HURST JH LTD - CHEMISTS	69	PEAK PHARMACY
20	MANOR PHARMACY	70	LLOYDS PHARMACY
21	HOLMFIELD CHEMIST LTD	71	PENTLAND PHARMACY
22	TAMBERS PHARMACY	72	PEAK PHARMACY
23	CO-OP PHARMACY	73	PEAK PHARMACY
24	POWELL AND HUGHES CHEMISTS	74	PEAK PHARMACY
25	P WILLIAMS CHEMISTS	75	VALLEY PHARMACY
26	CO-OP PHARMACY	76	DENTS CHEMIST
27	CO-OP PHARMACY	77	PEAK PHARMACY
28	BOOTS THE CHEMISTS LTD	78	BOOTS THE CHEMIST
29	MANOR PHARMACY	79	PEAK PHARMACY
30	LLOYDS PHARMACY	80	TAYLOR'S PHARMACY
31	LLOYDS PHARMACY	81	PEAK PHARMACY
32	BOOTS THE CHEMISTS LTD	82	PEAK PHARMACY
33	MANOR PHARMACY	83	LLOYDS PHARMACY
34	MORRISONS IN-STORE PHARMACY	84	PEAK PHARMACY
35	LLOYDS CHEMISTS	85	HODSONS CHEMIST
36	LLOYDS RETAIL CHEMIST	86	PEAK PHARMACY
37	BOOTS THE CHEMIST	87	DENTS CHEMIST
38	ETWALL PHARMACY	88	TAYLOR'S PHARMACY
39	HILTON PHARMACY	89	PEAK PHARMACY
40	WILLINGTON PHARMACY	90	PEAK PHARMACY
41	MANOR PHARMACY	91	PEAK PHARMACY
42	MANOR PHARMACY	92	PEAK PHARMACY
43	ILKESTON HCC LTD	93	HOLMEWOOD PHARMACY
44	P WILLIAMS	94	PEAK PHARMACY
45	ILKESTON HCC LTD	95	BRIMINGTON PHARMACY
46	MANOR PHARMACY	96	PEAK PHARMACY
47	BOOTS THE CHEMIST LTD	97	INKERSALL PHARMACY
48	HELMS PHARMACY	98	PEAK PHARMACY
49	MANOR PHARMACY	99	MARKET PLACE
50	ALLIANCE CHEMISTS	100	LLOYDS PHARMACY
51	MANOR PHARMACY	101	SPRINGS PHARMACY
		102	GALOW PHARMACY
		103	ROWLANDS PHARMACY
		104	TOWN END PHARMACY
		105	CO-OP PHARMACY
		106	PEAK PHARMACY
		107	MARKET STREET PHARMACY
		108	CRESWELL PHARMACY
		109	GILBERT & ARMSTRONG THE PHARMACY
		110	CR CLOWES
		111	BURLINGTON ROAD
		112	SUPERDRUG PHARMACY
		113	BOOTS CHEMIST
		114	PEAK PHARMACY
		115	FOUNTAIN SQUARE
		116	LLOYDS PHARMACY
		117	HAYFIELD PHARMACY
		118	ALLIANCE PHARMACY
		119	ALLIANCE PHARMACY
		120	PEAK PHARMACY
		121	PEAK PHARMACY
		122	PEAK PHARMACY
		123	CO-OP HEALTHCARE

Appendix 2: Enhanced Services

Table 28 shows the enhanced services provided by each individual pharmacy in Derby. These services have then been mapped which are shown in figures 44 to 51.

Table 28: The enhanced services provided by each pharmacy

Ward	Name	Address	Advice to Care Homes	Smoking Cessation (NRT)	Needle exchange	Supervised methadone	Pharmacy First	Liverpool Care Pathway	Oral Emergency Contraception (OEC)	Medicines Administration (MAR) sheets
Abbey	Boots UK Ltd t/a Boots	Kingsway Retail Park	No	No	Yes	Yes	Yes	Yes	Yes	Yes
	N Lad	313 Stockbrook St	No	Yes	No	Yes	Yes	No	Yes	Yes
	Sainsburys Pharmacy	Kingsway Retail Park	No	No	Yes	Yes	No	No	No	No
Abbey total	3		0	1	2	3	2	1	2	2
Allestree	Boots UK Ltd t/a Boots	50 Park Farm Centre	No	Yes	No	Yes	No	Yes	Yes	Yes
	Lloyds Pharmacy Ltd	504 Duffield Rd	No	Yes	Yes	No	Yes	No	No	Yes
	B Payne & Son Ltd	1 Blenheim Parade	No	Yes	No	No	No	Yes	No	Yes
Allestree total	3		0	3	1	1	1	2	1	3
Alvaston	Boots UK Ltd t/a Boots	5 Shardlow Rd	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	W R Evans (Chemist) Ltd t/a Manor Pharmacy	1225 London Rd	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Lloyds Pharmacy Ltd	Coleman Street Health Centre	No	No	No	No	No	No	No	No
	EJ's Pharmaceutical Ltd	104 Keldholme Lane	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Alvaston total	4		2	3	0	3	3	3	3	3
Arboretum	M Asim	298a Normanton Rd	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Boots UK Ltd t/a Boots	1 Devonshire Walk	Yes	Yes	No	No	Yes	Yes	Yes	Yes

Ward	Name	Address	Advice to Care Homes	Smoking Cessation (NRT)	Needle exchange	Supervised methadone	Pharmacy First	Liverpool Care Pathway	Oral Emergency Contraception (OEC)	Medicines Administration (MAR) sheets
Arboretum	Boots UK Ltd t/a Boots	13-15 Victoria St	No	Yes	Yes	Yes	No	Yes	Yes	Yes
	Day-Night Pharmacy Ltd	85 Macklin St	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Day-Night Pharmacy Ltd	5 Wilson St	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	W R Evans (Chemist) Ltd	1 Burton Rd	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	W R Evans (Chemist) Ltd	99/101 St Peter's St	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	Jardines (UK) Ltd	210 Osmaston Rd	No	No	No	No	No	No	No	No
	Lloyds Pharmacy Ltd	56 St Thomas Rd	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	N R Mistry	200 Normanton Rd	No	Yes	No	No	Yes	No	No	Yes
	Rehmat S	299 Normanton Rd	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Superdrug Pharmacy	14/16 The Cornmarket	No	Yes	Yes	Yes	Yes	No	No	No
	Superdrug Pharmacy	21 Albion St	Yes	Yes	No	No	Yes	No	No	No
Arboretum total	13		7	12	5	9	11	9	9	10
Blagreaves	B J Wilson Ltd	430 Stenson Rd	No	Yes	No	No	No	Yes	Yes	Yes
Blagreaves total	1		0	1	0	0	0	1	1	1
Boulton	W R Evans Ltd t/a Manor Pharmacy	Unit 1, 852 Osmaston Rd	Not known							
	Boots UK Ltd t/a Boots	832-834 Osmaston Rd	No	Yes	No	Yes	Yes	No	Yes	No
	EJ's Pharmaceutical Ltd	15 Crayford Rd	Yes	Yes	No	Yes	Yes	Yes	No	Yes
Boulton total	3		1	2	0	2	2	1	1	1

Ward	Name	Address	Advice to Care Homes	Smoking Cessation (NRT)	Needle exchange	Supervised methadone	Pharmacy First	Liverpool Care Pathway	Oral Emergency Contraception (OEC)	Medicines Administration (MAR) sheets
Chaddeston	Boots UK Ltd t/a Boots	Wyvern Retail Park	No	Yes	No	Yes	Yes	No	Yes	No
	Hollycroft Chemists Ltd	491 Nottingham Rd	No	Yes	No	No	Yes	No	No	Yes
	Lloyds Pharmacy Ltd	Park Medical Centre	No	Yes	No	No	Yes	No	No	Yes
	Sainsbury's Supermarkets Ltd	Sainsbury's Store, Wyvern Retail Park	No	Yes	No	Yes	Yes	Yes	Yes	No
Chaddeston total	4		0	4	0	2	4	1	2	2
Chellaston	PCTA Healthcare Ltd	13 Derby Rd	No	Yes	No	Yes	Yes	No	No	Yes
	M Iqbal t/a Lock Pharmacy	240 Chellaston Rd	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Chellaston total	2		1	2	1	2	2	0	1	2
Darley	L Rowland & Co (Retail) Ltd	Friargate Surgery	No	No	No	No	Yes	No	Yes	Yes
	B J Wilson t/a Derwent Pharmacy	26a North Street	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Suddhi R S	126 Kedleston Rd	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Darley total	3		1	2	1	2	3	2	3	3
Derwent	Aimbeat Ltd	68 Wollaton Rd	No	Yes	No	Yes	No	Yes	No	Yes
	Boots UK Ltd t/a Boots	St Marks Road H.C.	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	B J Wilson Ltd	109 Wiltshire Rd	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Morrisons Supermarkets Plc	The Meteor Centre	No	No	No	No	No	No	No	No
Derwent total	4		0	3	1	3	2	3	2	3

Ward	Name	Address	Advice to Care Homes	Smoking Cessation (NRT)	Needle exchange	Supervised methadone	Pharmacy First	Liverpool Care Pathway	Oral Emergency Contraception (OEC)	Medicines Administration (MAR) sheets
Littleover	Dean & Smedley Ltd	Heatherton District Ctre	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Lloyds Pharmacy Ltd	562 Burton Rd	Yes	Yes	No	Yes	Yes	No	No	Yes
Littleover total	2		2	2	0	1	2	1	1	2
Mackworth	Lloyds Pharmacy Ltd	5 Vernon St	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Dean & Smedley Ltd	75 Prince Charles Av	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Mackworth total	2		1	2	0	2	2	1	2	2
Mickleover	Burrows & Close Ltd	46 Station Rd	Yes	Yes	No	Yes	No	No	No	Yes
	Morningside (Leicester) Ltd	79 Devonshire Drive	No	Yes	No	No	Yes	Yes	No	Yes
	Tesco Pharmacy	Tesco Store Kipling Drive	No	Yes	No	No	Yes	No	No	Yes
Mickleover total	3		1	3	0	1	2	1	0	3
Normanton	Lloyds Pharmacy Ltd	225 St Thomas Rd	No	Yes	No	No	Yes	No	Yes	Yes
	Lloyds Pharmacy Ltd	68 Clarence Rd	No	No	No	No	Yes	No	No	No
	Lloyds Pharmacy Ltd	24-26 Stenson Rd	No	No	No	No	No	No	No	No
	Medihealthcare Ltd	207 St Thomas Rd	No	No	No	No	No	No	No	No
	S S Moore, Cavendish Pharmacy	11 Derby Lane	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Linda Beech	Village Street Community	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Normanton total	6		2	3	2	2	4	2	3	3
Oakwood	B J Wilson Ltd	2-3 Oakwood District Ctre	No	Yes	No	Yes	Yes	Yes	Yes	Yes
Oakwood total	1		0	1	0	1	1	1	1	1

Ward	Name	Address	Advice to Care Homes	Smoking Cessation (NRT)	Needle exchange	Supervised methadone	Pharmacy First	Liverpool Care Pathway	Oral Emergency Contraception (OEC)	Medicines Administration (MAR) sheets
Sinfin	Day-Night Pharmacy Ltd	692-694 Osmaston Rd	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Asda Stores Ltd	Sinfin Shopping Centre, Arleston Lane	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	B J Wilson Ltd	18-20 Sinfin District Centre	No	Yes	No	No	Yes	No	Yes	Yes
Sinfin total	3		1	3	1	2	3	2	3	3
Spondon	Asda Stores Ltd	Derby Road, Spondon	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	John & John Ltd t/a Housley Pharmacy	93 Sitwell Street	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	Lloyds Pharmacy Ltd	22 Chapel St	Yes	Yes	No	Yes	No	Yes	Yes	Yes
Spondon total	3		1	3	0	3	2	3	3	3
Derby outskirts	B J Wilson Ltd	Victoria Avenue (Borrowash)	No	Yes	No	Yes	Yes	Yes	Yes	Yes
	B J Wilson Ltd	43 Station Rd (Draycott)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
	National Co-operative	1 Potter Street (Melbourne)	No	Yes	No	No	No	Yes	No	Yes
Outskirts total	3		1	3	0	2	2	3	2	3
Distance Selling Premises - Internet	B J Wilson Ltd	13-14 Stadium Business Ct	None (not eligible)							
	Satwant Kalirai, Clinical Care	Unit 8, The Brian Clough Business Centre								

Figure 44: Advice to Care Homes map

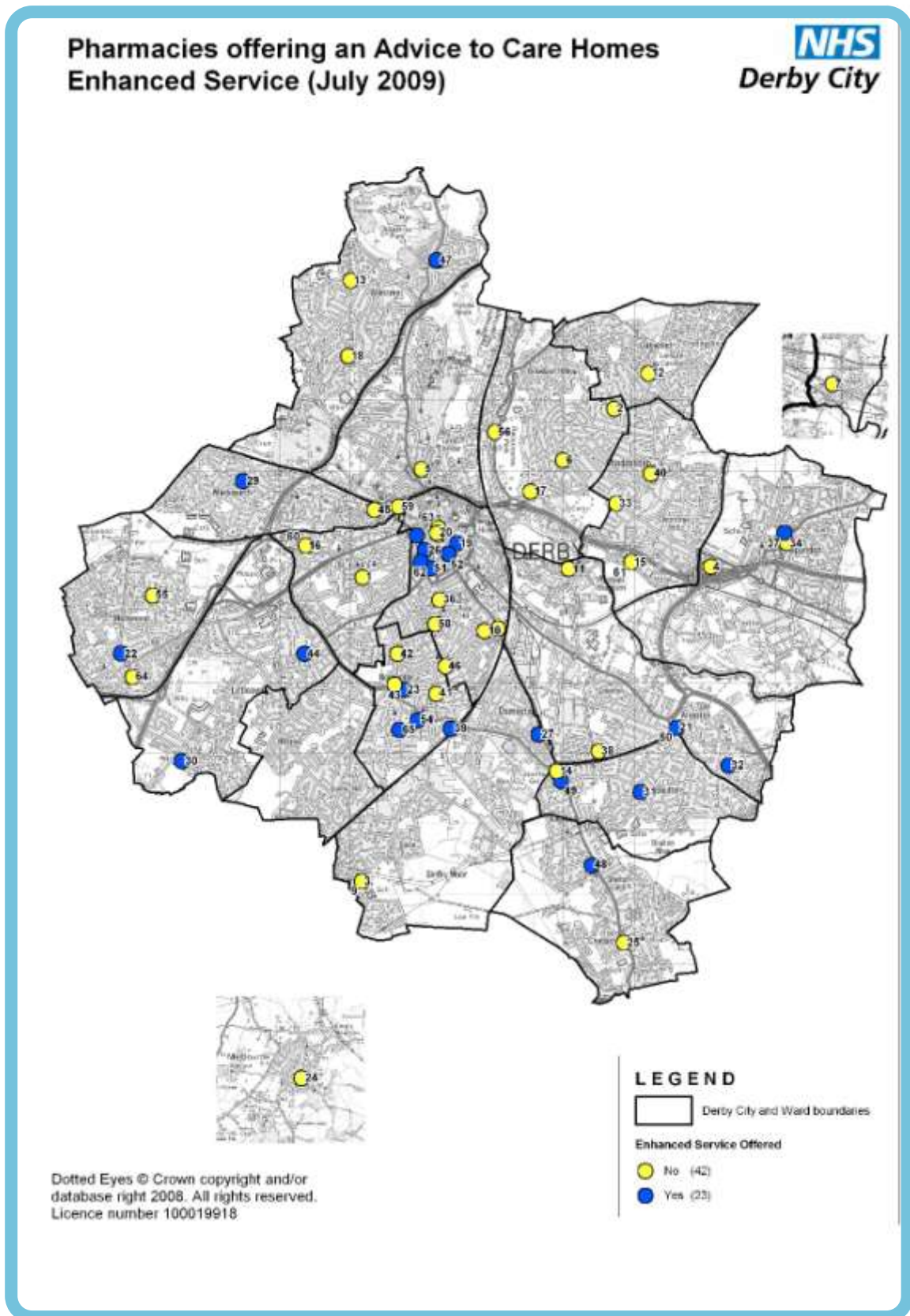


Figure 45: Advice to NRT Enhanced service map

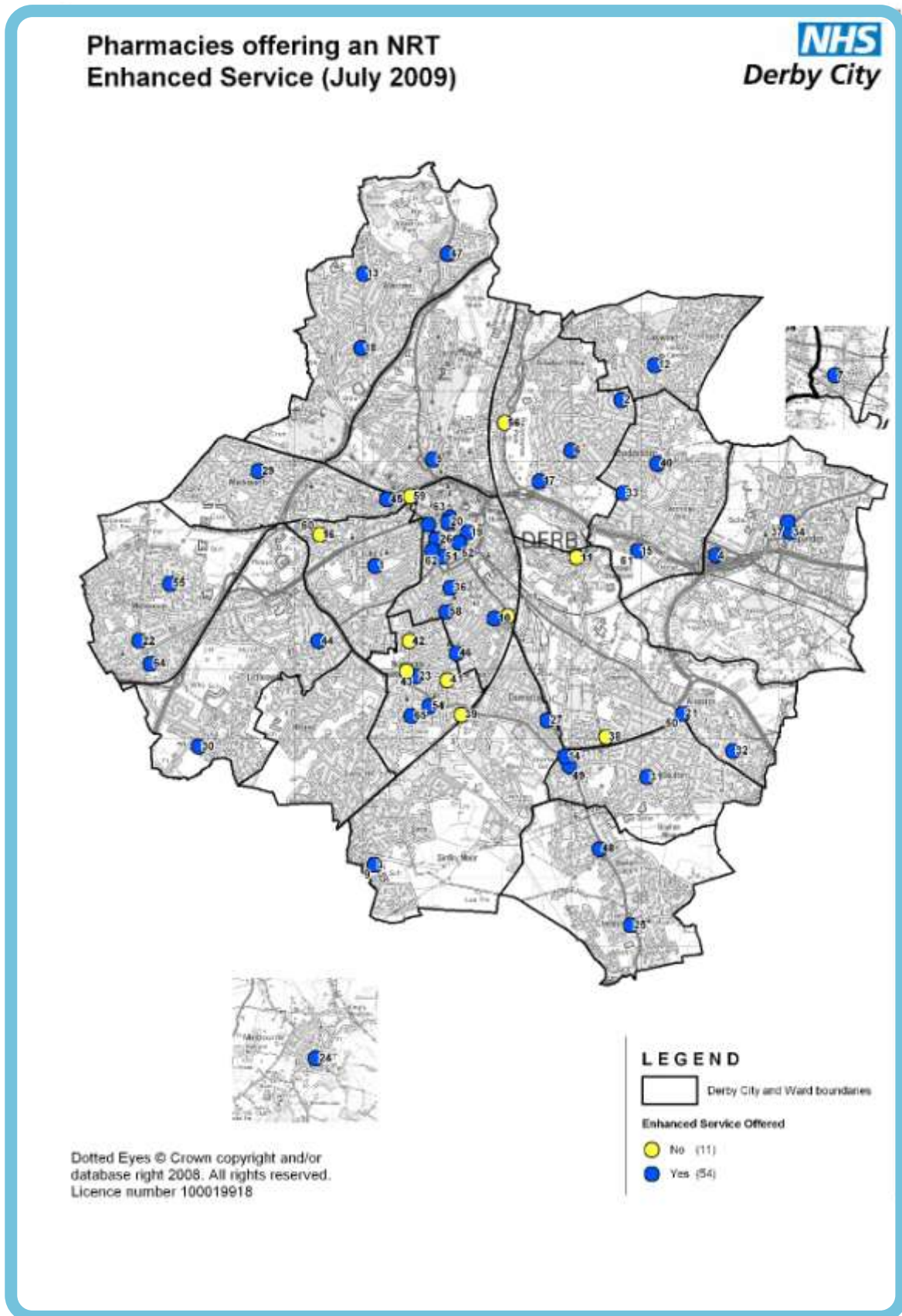


Figure 46: Needle exchange service map

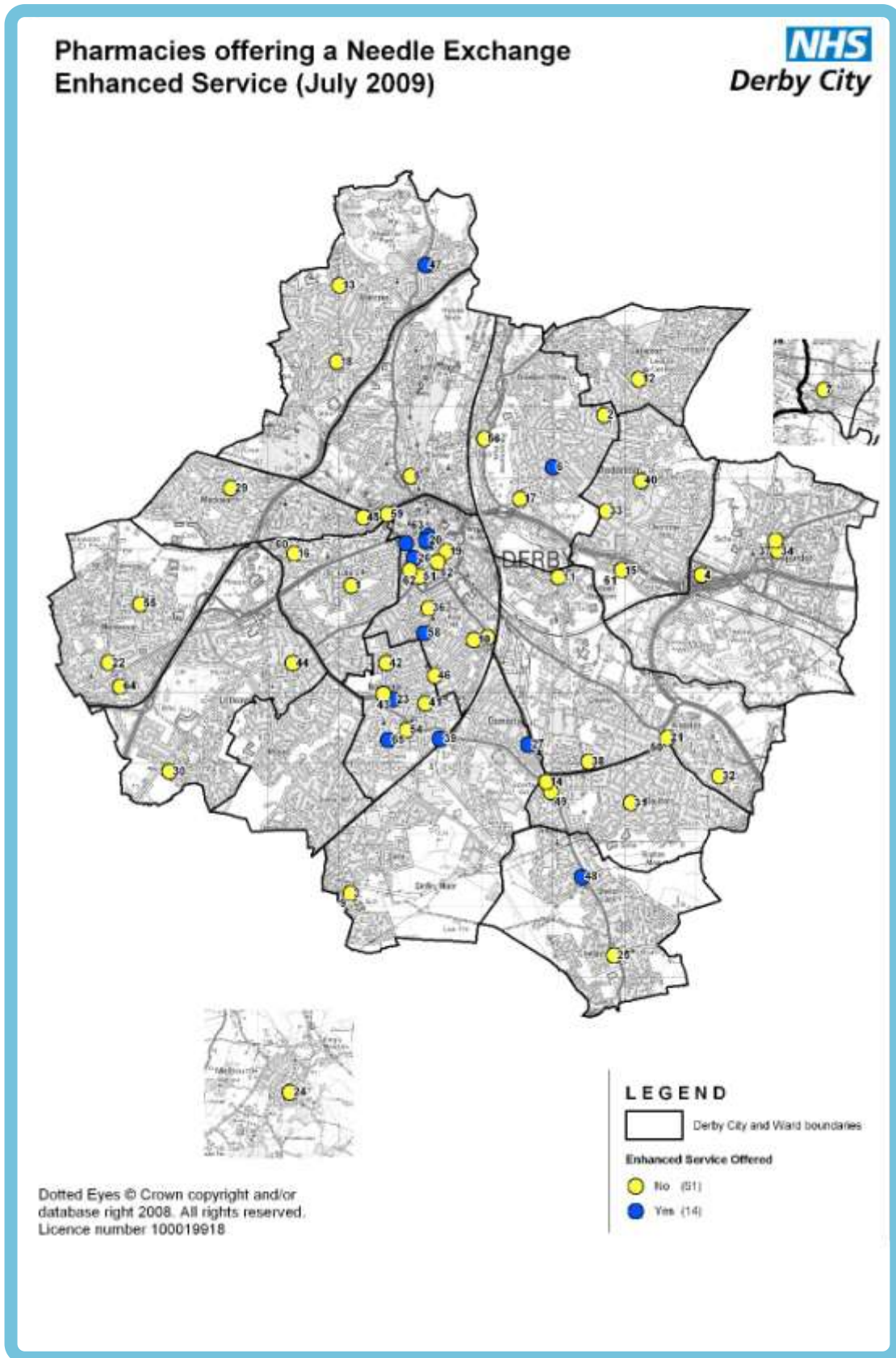


Figure 47: Supervised methadone service map

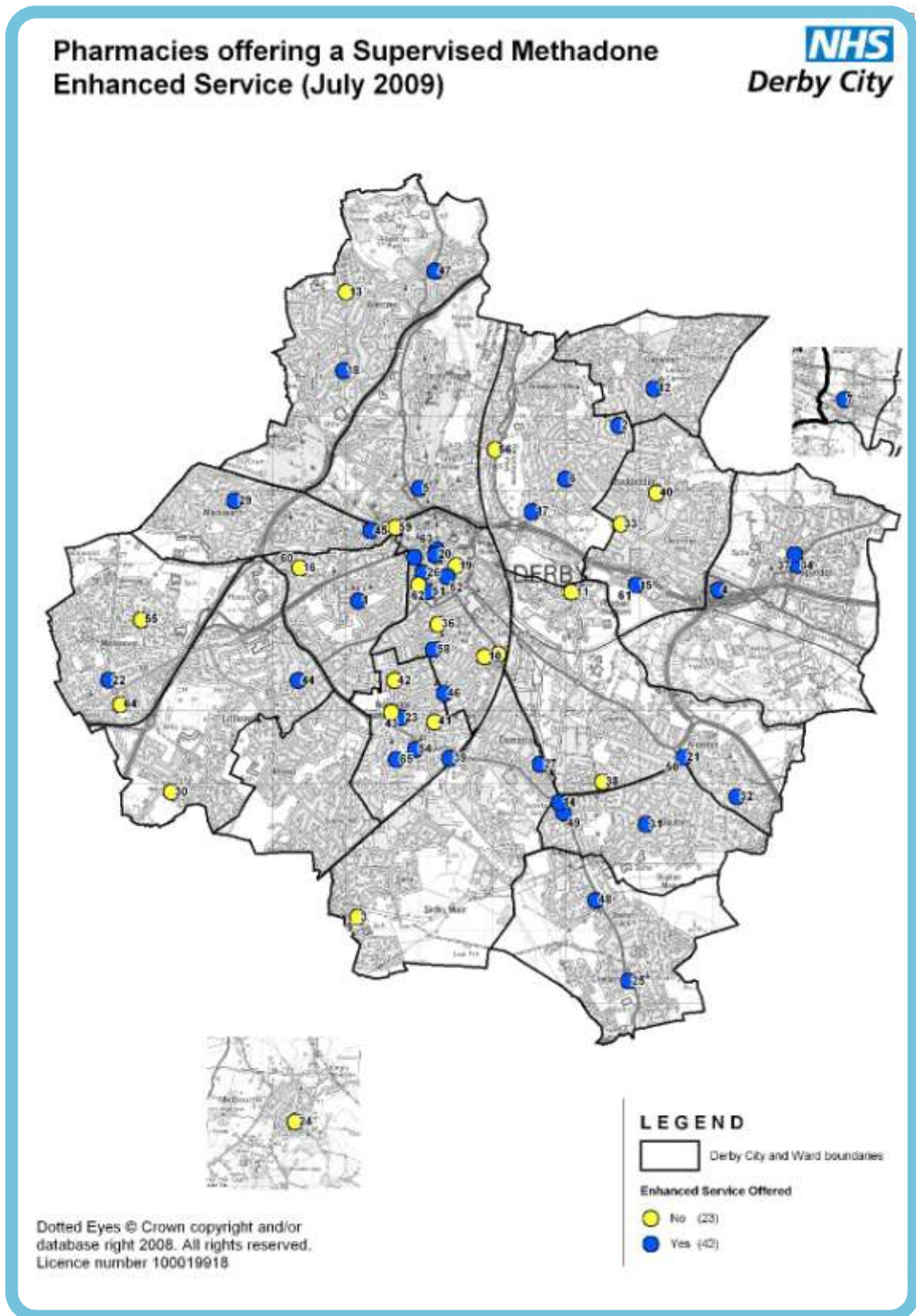


Figure 48: Pharmacy First enhanced service map

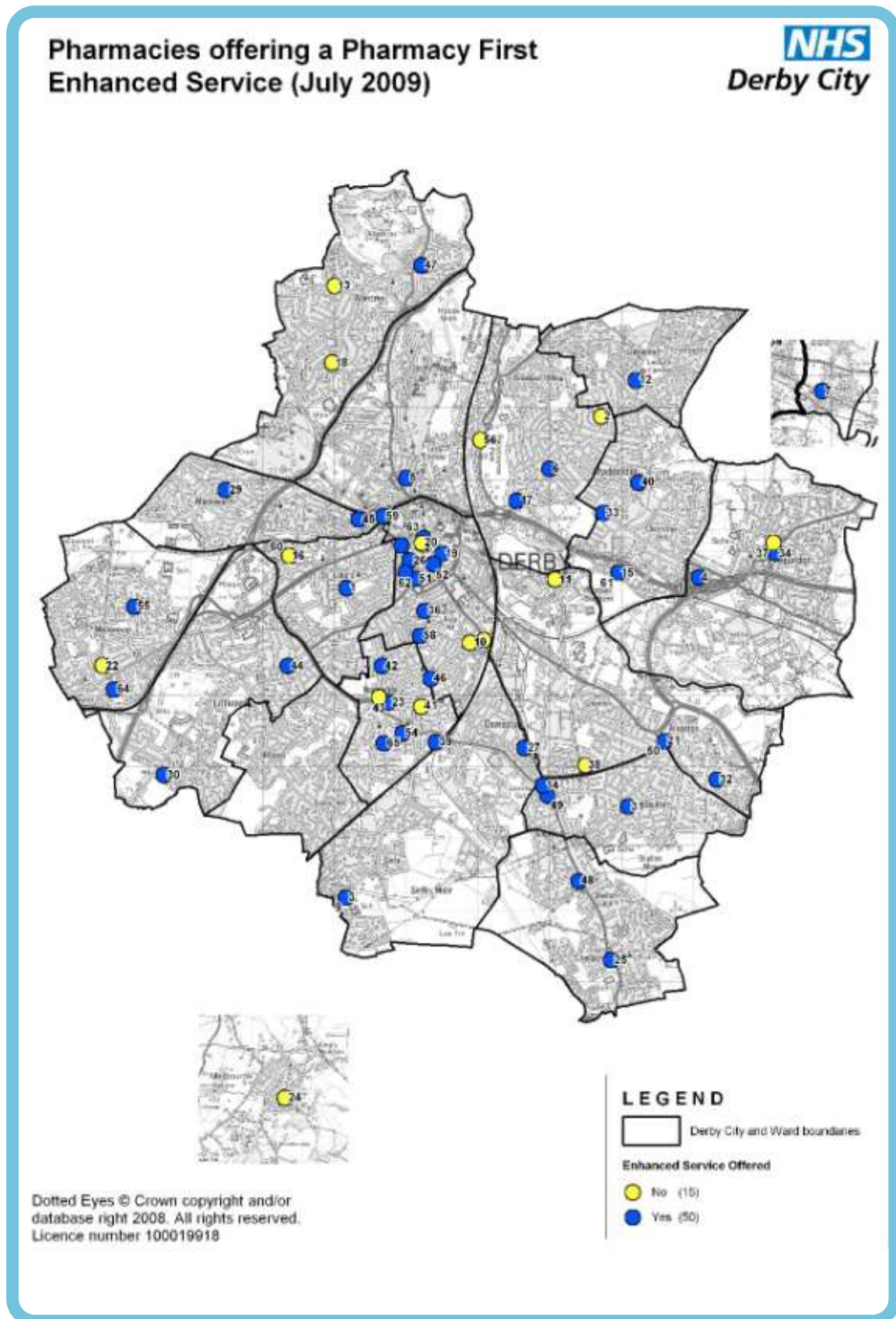


Figure 49: Liverpool Care Pathway service map

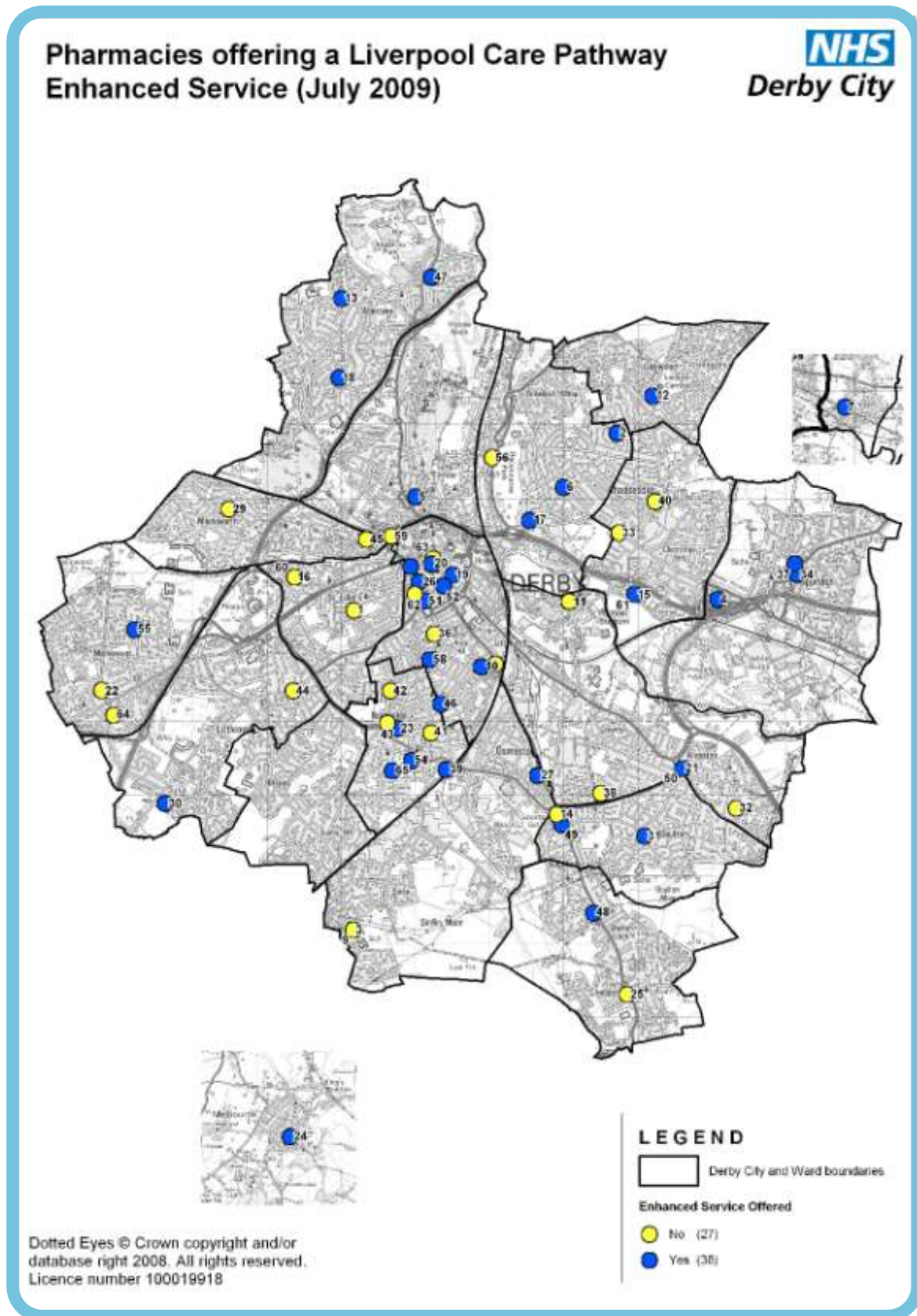


Figure 50: OEC service map

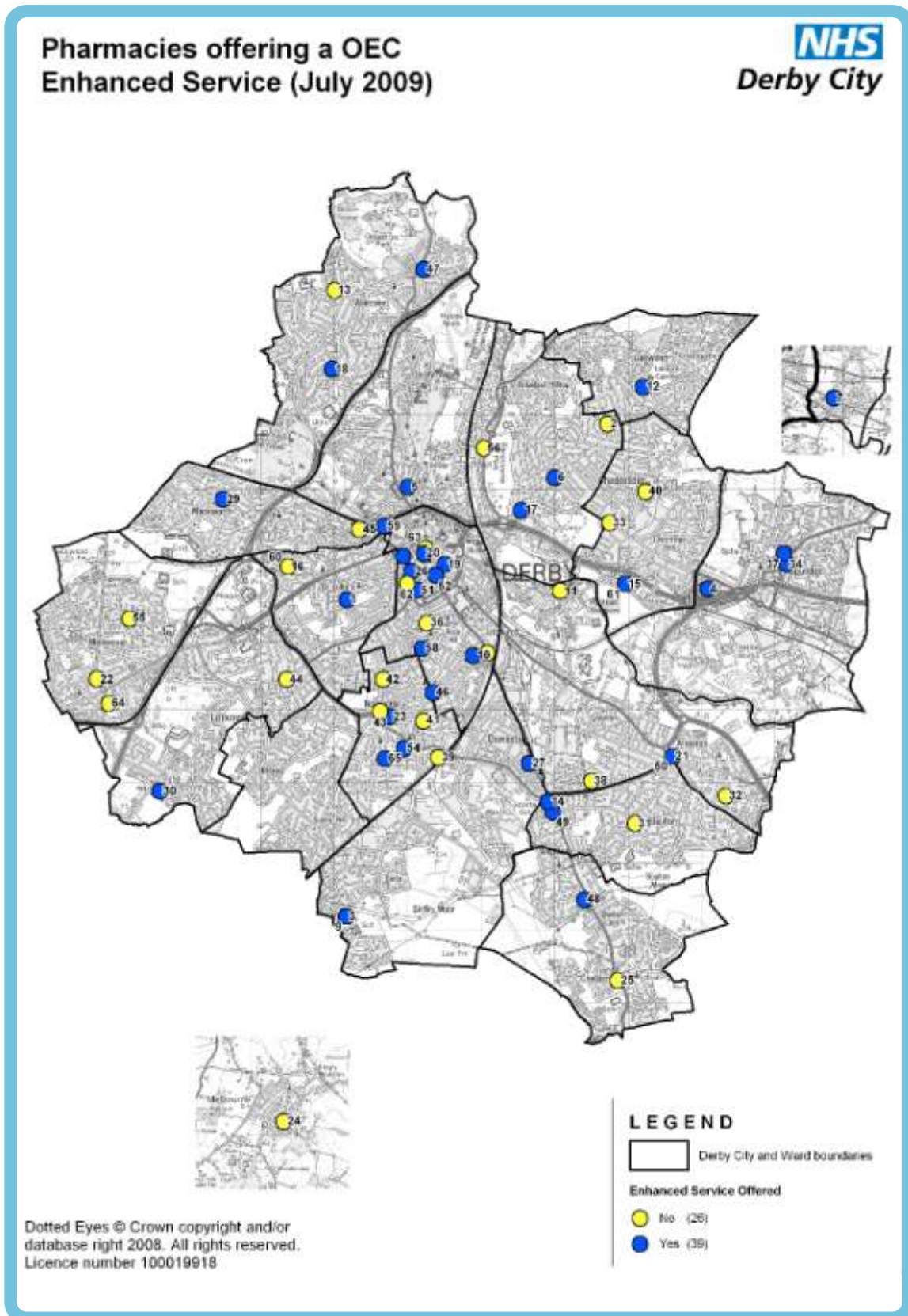
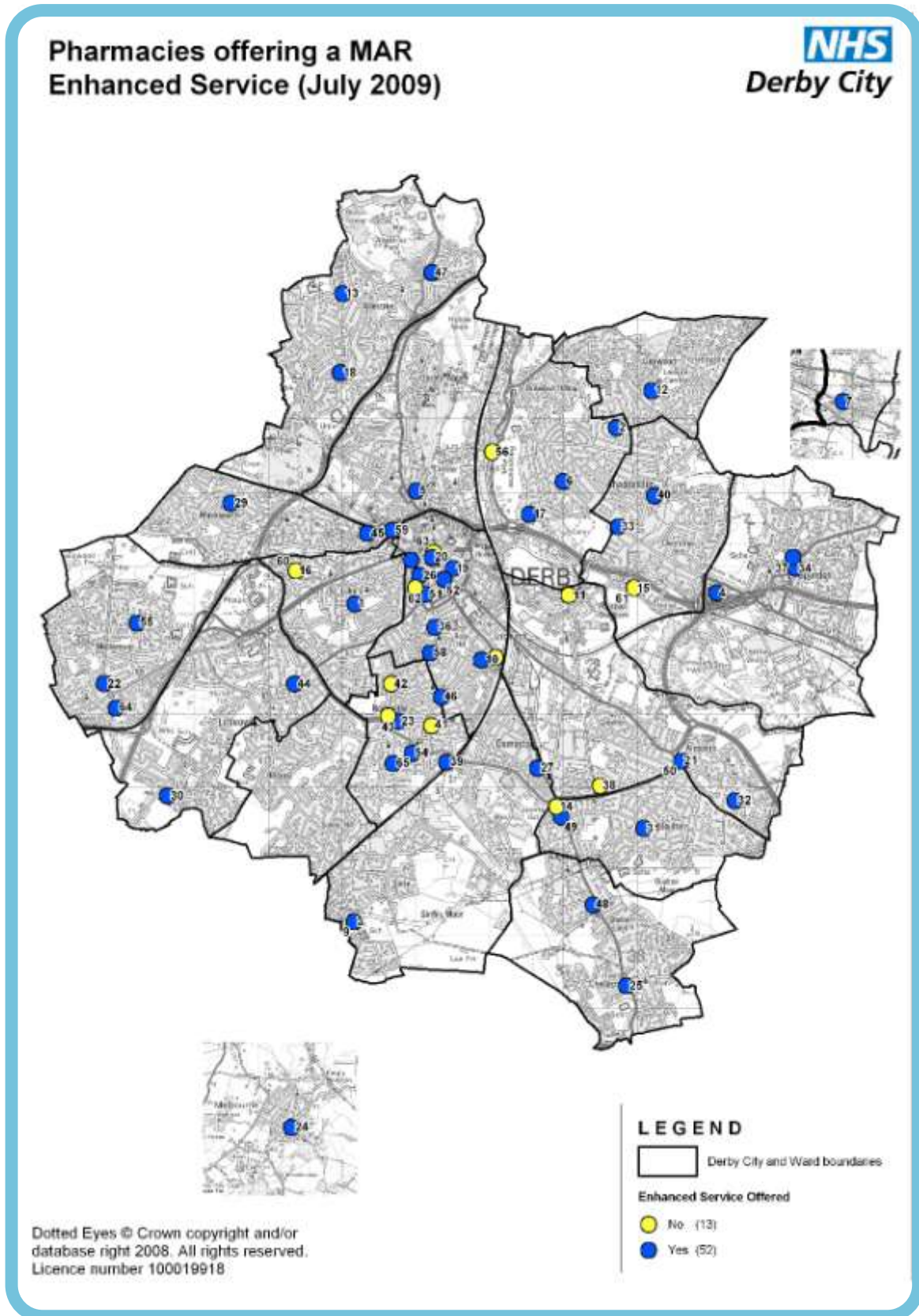


Figure 51: MAR service map



Appendix 3: Pharmacy Opening Times

These are the opening times for all the pharmacies in Derby.

Table 29: Derby City PCT Pharmaceutical List by ward

Ward	Name	Address & Telephone No	Opening hours
Abbey	Boots UK Ltd t/a Boots	Kingsway Retail Park Kingsway Derby DE22 3FA Tel: 01332 204678	M 9.00 am - 8.00 pm T 9.00 am - 8.00 pm W 9.00 am - 8.00 pm Th 9.00 am - 8.00 pm F 9.00 am - 8.00 pm S 9.00 am - 7.00 pm Su 10.00 am - 4.00 pm
	N Lad t/a Abbey Pharmacy	313 Stockbrook Street Derby DE22 3WH Tel: 01332 291353	M 8.30 am - 6.00 pm T 8.30 am - 6.00 pm W 8.30 am - 6.00 pm Th 8.30 am - 6.00 pm F 8.30 am - 6.00 pm S 9.00 am - 1.00 pm
	Sainsburys Pharmacy	J Sainsbury Store Kingsway Retail Park Derby DE3 3NF Tel: 01332 342305	M 8.00 am - 9.00 pm T 8.00 am - 9.00 pm W 8.00 am - 9.00 pm Th 8.00 am - 9.00 pm F 8.00 am - 9.00 pm S 8.00 am - 9.00 pm Su 10.00 am - 4.00 pm
Allestree	Boots UK Ltd t/a Boots	50 Park Farm Centre Birchover Way Allestree Derby DE22 2QN Tel: 01332 550855	M 8.30 am - 6.30 pm T 9.00 am - 6.30 pm W 8.30 am - 6.30 pm Th 9.00 am - 6.30 pm F 8.30 am - 6.30 pm S 8.30 am - 5.30 pm Su 10.00 am - 4.00 pm Closed - lunch 1.00 - 2.00 pm
	Lloyds Pharmacy Ltd t/a Lloyds pharmacy	504 Duffield Road Allestree Derby DE22 2DL Tel: 01332 557330	M 8.45 am - 6.30 pm T 8.45 am - 6.30 pm W 8.45 am - 5.30 pm Th 8.45 am - 6.30 pm F 8.45 am - 6.30 pm S 9.00 am - 1.00 pm Closed - lunch 1.00 - 2.15 pm
	B Payne & Son Ltd	1 Blenheim Parade Blenheim Drive Allestree Derby DE22 2GP Tel: 01332 559407	M 9.00 am - 5.30 pm T 9.00 am - 5.30 pm W 9.00 am - 5.30 pm Th 9.00 am - 5.30 pm F 9.00 am - 5.30 pm S 9.00 am - 11.30 am Closed - lunch 1.00 - 2.00 pm
Alvaston	Boots UK Ltd t/a Boots	5 Shardlow Road Alvaston Derby DE24 0JG Tel: 01332 571608	M 8.45 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 8.45 am - 5.30 pm

Ward	Name	Address & Telephone No	Opening hours
Alvaston	W R Evans (Chemist) Ltd t/a Manor Pharmacy	1225 London Road Alvaston Derby DE24 8QH Tel: 01332 571407	M 9.00 am - 7.00 pm T 9.00 am - 7.00 pm W 9.00 am - 7.00 pm Th 9.00 am - 7.00 pm F 9.00 am - 7.00 pm S 9.00 am - 1.00 pm Closed - lunch 1.00-1.30 pm
	Lloyds Pharmacy Ltd t/a Lloyds pharmacy	Coleman Street Health Centre, Coleman Street off Harvey Road Allenton, Derby DE24 8NH Tel: 01332 752963	M 9.00 am - 6.00 pm T 9.00 am - 6.30 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.30 pm F 9.00 am - 6.00 pm S Closed
	EJ's Pharmaceutical Ltd t/a EJ's Pharmacy	104 Keldholme Lane Alvaston Derby DE24 0RY Tel: 01332 574131	M 9.00 am - 6.30 pm T 9.00 am - 6.30 pm W 9.00 am - 1.00 pm Th 9.00 am - 6.30 pm F 9.00 am - 6.30 pm S Closed
Arboretum	M Asim t/a Medina Chemist	298a Normanton Road Derby DE23 6WD Tel: 01332 200317 Fax: 01332 200892	M 9.00 am - 7.00 pm T 9.00 am - 7.00 pm W 9.00 am - 1.00 pm Th 9.00 am - 7.00 pm F 9.00 am - 7.00 pm S Closed
	Boots UK Ltd t/a Boots	1 Devonshire Walk Westfield Centre Derby DE1 2AH Tel: 01332 345886	M 8.30 am - 7.00 pm T 8.30 am - 7.00 pm W 8.30 am - 7.00 pm Th 8.30 am - 9.00 pm F 8.30 am - 9.00 pm S 8.30 am - 7.00 pm Su 10.30 am - 4.30 pm
	Boots UK Ltd t/a Boots	13-15 Victoria Street Derby DE1 1ES Tel: 01332 347295	M 8.00 am - 8.00 pm T 8.00 am - 8.00 pm W 8.00 am - 8.00 pm Th 8.00 am - 8.00 pm F 8.00 am - 8.00 pm S 8.00 am - 7.00 pm Su 10.00 am - 2.00 pm
	Day-Night Pharmacy Ltd t/a Day-Night Pharmacy	85 Macklin Street Derby DE1 1LS Tel: 01332 345552	M 7.00 am - 12.00 midnight T 7.00 am - 12.00 midnight W 7.00 am - 12.00 midnight Th 7.00 am - 12.00 midnight F 7.00 am - 12.00 midnight S 8.00 am - 11.00 pm
	Day-Night Pharmacy Ltd t/a Day-Night Pharmacy	5 Wilson Street Derby DE1 1PG Tel: 01332 611787	M 7.00 am - 12.00 midnight T 7.00 am - 12.00 midnight W 7.00 am - 12.00 midnight Th 7.00 am - 12.00 midnight F 7.00 am - 12.00 midnight S 8.00 am - 8.00 pm Su 10.00 am - 2.00 pm

Ward	Name	Address & Telephone No	Opening hours
Arboretum	W R Evans (Chemist) Ltd t/a Manor Pharmacy	1 Burton Road Derby DE1 1TH Tel: 01332 342279	M 8.30 am - 7.00 pm T 8.30 am - 7.00 pm W 8.30 am - 7.00 pm Th 8.30 am - 7.00 pm F 8.30 am - 7.00 pm S 8.30 am - 11.30 am Closed - lunch 1.00 - 1.30 pm
	W R Evans (Chemist) Ltd t/a Manor Pharmacy	99/101 St Peter's Street Derby DE1 2AB Tel: 01332 347926	M 8.30 am - 6.00 pm T 8.30 am - 6.00 pm W 8.30 am - 6.00 pm Th 8.30 am - 6.00 pm F 8.30 am - 6.00 pm S 8.30 am - 5.00 pm
	Jardines (UK) Ltd t/a Astons Chemist	210 Osmaston Road Derby DE23 8JX Tel: 01332 291238	M 9.00 am - 6.30 pm T 9.00 am - 6.30 pm W 9.00 am - 1.00 pm Th 9.00 am - 6.30 pm F 9.00 am - 6.30 pm S Closed Closed - lunch 1.00 - 2.00 pm
	Lloyds Pharmacy Ltd t/a Lloyds pharmacy	56 St Thomas Road Derby DE23 8SU Tel: 01332 345906	M 9.00 am - 7.00 pm T 9.00 am - 7.00 pm W 9.00 am - 7.00 pm Th 9.00 am - 7.00 pm F 9.00 am - 7.00 pm S 9.00 am - 1.00 pm Closed - lunch 1.00 - 2.00 pm
	N R Mistry t/a Lander & Hunter Chemists	200 Normanton Road Derby DE23 6UX Tel: 01332 342518	M 9.00 am - 6.30 pm T 9.00 am - 6.30 pm W 9.00 am - 5.30 pm Th 9.00 am - 6.30 pm F 9.00 am - 6.30 pm S 9.00 am - 1.00 pm Closed - lunch 1.00 - 2.00 pm
	Rehmat S t/a Rosehill Pharmacy	299 Normanton Road Derby DE23 6UU Tel: 01332 366644	M 7.30 am - 11.00 pm T 7.30 am - 11.00 pm W 7.30 am - 11.00 pm Th 7.30 am - 11.00 pm F 7.30 am - 11.00 pm S 7.30 am - 11.00 pm Su 10.00 am - 5.00 pm
	Superdrug Pharmacy	14/16 The Cornmarket Derby DE1 1QH Tel: 01332 207376	M 8.30 am - 5.30 pm T 8.30 am - 5.30 pm W 8.30 am - 5.30 pm Th 8.30 am - 5.30 pm F 8.30 am - 6.00 pm S 8.30 am - 6.00 pm
	Superdrug Pharmacy	21 Albion Street Westfield Centre Derby DE1 2PR Tel: 01332 344853	M 8.30 am - 5.30 pm T 8.30 am - 5.30 pm W 8.30 am - 5.30 pm Th 8.30 am - 5.30 pm F 8.30 am - 6.00 pm S 8.30 am - 6.00 pm

Ward	Name	Address & Telephone No	Opening hours
Blagreaves	B J Wilson Ltd	430 Stenson Road Littleover Derby DE23 7LH Tel: 01332 767342	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 1.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 1.00 pm Closed - lunch 12.45 - 2 pm
Boulton	Boots UK Ltd t/a Boots	832-834 Osmaston Road Allenton Derby DE24 9AA Tel: 01332 347294	M 8.30 am - 5.30 pm T 9.00 am - 5.30 pm W 9.00 am - 5.30 pm Th 8.30 am - 5.30 pm F 8.30 am - 5.30 pm S 8.30 am - 5.30 pm
	W R Evans (Chemist) Ltd t/a Manor Pharmacy	Unit 1 852 Osmaston Road Allenton, Derby DE24 9AB Tel: 01332 290927	M 8.45 am - 6.00 pm T 8.45 am - 6.00 pm W 8.45 am - 6.00 pm Th 8.45 am - 6.00 pm F 8.45 am - 6.00 pm S 8.30 am - 5.30 pm
	EJ's Pharmaceutical Ltd t/a EJ's Pharmacy	15 Crayford Road Alvaston Derby DE24 0HL Tel: 01332 756969	M 9.00 am - 6.30 pm T 9.00 am - 6.30 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.30 pm F 9.00 am - 6.30 pm S 9.00 am - 1.00 pm Closed - lunch 1.00 - 2.15 pm
Chaddeston	Boots UK Ltd t/a Boots	Wyvern Retail Park Derby DE21 6NZ Tel: 01332 674193	M 9.00 am - 8.00 pm T 9.00 am - 8.00 pm W 9.00 am - 8.00 pm Th 9.00 am - 8.00 pm F 9.00 am - 8.00 pm S 9.00 am - 7.00 pm Su 10.00 am - 4.00 pm Closed - lunch 3.00 - 4.00 pm
	Hollycroft Chemists Ltd	491 Nottingham Road Chaddeston Derby DE21 6NA Tel: 01332 660760	M 9.00 am - 5.30 pm T 9.00 am - 5.30 pm W 9.00 am - 3.00 pm Th 9.00 am - 5.30 pm F 9.00 am - 5.30 pm S Closed
	Lloyds Pharmacy Ltd t/a Lloyds Pharmacy	Park Medical Centre Maine Drive Chaddeston Derby DE21 6LA Tel: 01332 664504	M 8.30 am - 6.30 pm T 8.30 am - 6.30 pm W 8.30 am - 6.30 pm Th 8.30 am - 6.30 pm F 8.30 am - 6.30 pm S 9.00 am - 1.00 pm
	Sainsbury's Supermarkets Ltd t/a Sainsbury's Pharmacy	Sainsbury's Store Wyvern Way Retail Park Chaddeston Sidings Derby DE21 6NZ Tel: 01332 677841	M 7.00 am - 11.00 pm T 7.00 am - 11.00 pm W 7.00 am - 11.00 pm Th 7.00 am - 11.00 pm F 7.00 am - 11.00 pm S 7.00 am - 10.00 pm Su 10.00 am - 4.00 pm

Ward	Name	Address & Telephone No	Opening hours
Chellaston	PCTA Healthcare Ltd t/a Co-operative Pharmacy	13 Derby Road Chellaston Derby DE73 1SA Tel: 01332 700201	M 8.30 am - 6.00 pm T 8.30 am - 6.00 pm W 8.30 am - 6.00 pm Th 8.30 am - 6.00 pm F 8.30 am - 6.00 pm S 8.45 am - 6.00 pm
	M Iqbal t/a Lock Pharmacy	240 Chellaston Road Shelton Lock Derby DE24 9EF Tel: 01332 702139	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 1.00 pm Closed - lunch 1.00 - 2.00pm
Darley	L Rowland & Co (Retail) Ltd t/a Rowlands Pharmacy	Friargate Surgery Agard Street Derby DE1 1DZ Tel: 01332 738445	M 8.30 am - 6.00 pm T 8.30 am - 6.00 pm W 8.30 am - 1.30 pm Th 8.30 am - 6.00 pm F 8.30 am - 6.00 pm S Closed Closed - lunch 1.00 - 1.20 pm except Wed
	B J Wilson t/a Derwent Pharmacy	26a North Street Derby DE1 3AZ	M 9.00 am - 6.30 pm T 9.00 am - 6.30 pm W 9.00 am - 12.30 pm Th 9.00 am - 6.30 pm F 9.00 am - 6.30 pm S 9.00 am - 12.30 pm Closed - lunch 1.00 - 2.00 pm
	Suddhi R S t/a Markeaton Pharmacy	126 Kedleston Road Derby DE22 1FK Tel: 01332 344049	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 5.30 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 1.00 pm
Derwent	Aimbeat Ltd	68 Wollaton Road Chaddesden Derby DE21 4HW Tel: 01332 660510	M 8.30 am - 5.00 pm T 8.30 am - 5.00 pm W 8.30 am - 2.00 pm Th 8.30 am - 5.00 pm F 8.30 am - 5.30 pm S Closed
	Boots UK Ltd t/a Boots	St Marks Road Health Centre Chaddesden DE21 6AH Tel: 01332 347981	M 8.00 am - 6.30 pm T 8.00 am - 8.00 pm W 8.00 am - 6.30 pm Th 8.00 am - 6.30 pm F 8.00 am - 6.30 pm S Closed Closed - lunch 1.30 - 2.30 pm
	B J Wilson Ltd	109 Wiltshire Road Chaddesden Derby DE21 6FB Tel: 01332 673059	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 5.30 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 5.30 pm Closed - lunch 1.00 - 2.15pm

Ward	Name	Address & Telephone No	Opening hours
Derwent	Morrisons Supermarkets Plc t/a Morrisons Pharmacy	The Meteor Centre Wheatcroft Way Derby DE21 4RY Tel: 01332 834978	M 8.30 am - 8.00 pm T 8.30 am - 8.00 pm W 8.30 am - 8.00 pm Th 8.30 am - 8.00 pm F 8.30 am - 8.00 pm S 8.30 am - 6.00 pm Su 10.00 am - 4.00 pm
Littleover	Dean & Smedley Ltd	Heatherton District Centre Holybrook Way Heatherton Village Littleover Derby DE23 3TZ Tel: 01332 523535	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 1.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 1.00 pm Closed - lunch 1.00 - 2.00 pm
	Lloyds Pharmacy Ltd	562 Burton Road Littleover Derby DE23 6DF Tel: 01332 342597	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 1.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 1.00 pm Closed - lunch 1.00 - 2.00 pm
Mackworth	Lloyds Pharmacy Ltd t/a Lloyds pharmacy	5 Vernon Street Derby DE1 1FS Tel: 01332 343370	M 8.30 am - 6.30 pm T 8.30 am - 6.30 pm W 8.30 am - 5.00 pm Th 8.30 am - 6.30 pm F 8.30 am - 6.30 pm S Closed Closed - lunch 1.00 - 2.00 pm
	Dean & Smedley Ltd	75 Prince Charles Avenue Mackworth Derby DE22 4BG Tel: 01332 345480	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 5.30 pm Closed - lunch 1.00 - 2.00 pm
Mickleover	Burrows & Close Ltd	46 Station Road Mickleover Derby DE3 5GH Tel: 01332 512189	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 1.00 pm
	Morningside (Leicester) Ltd t/a Morningside Pharmacy	79 Devonshire Drive Mickleover Derby DE3 9HD Tel: 01332 514262	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 1.00 pm Closed - lunch 1.00 - 2.00 pm
	Tesco Pharmacy	The Pharmacy Tesco Store, Kipling Drive Mickleover Derby DE3 5NH	M 8.00 am - 8.00 pm T 8.00 am - 8.00 pm W 8.00 am - 8.00 pm Th 8.00 am - 8.00 pm F 8.00 am - 8.00 pm S 8.00 am - 8.00 pm

Ward	Name	Address & Telephone No	Opening hours
		Tel: 01332 710447	Su 10.00 am - 4.00 pm Closed - lunch 1.00 - 2.00 pm
Normanton	Lloyds Pharmacy Ltd t/a Lloyds pharmacy	225 St Thomas Road Derby DE23 8RJ Tel: 01332 766786	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S Closed Closed - lunch 1.00 - 2.00 pm
	Lloyds Pharmacy Ltd t/a Lloyds pharmacy	68 Clarence Road Derby DE23 6LQ Tel: 01332 775705	M 9.00 am - 7.00 pm T 9.00 am - 7.00 pm W 9.00 am - 1.00 pm Th 9.00 am - 7.00 pm F 9.00 am - 7.00 pm S Closed Closed - lunch 1.00 - 2.00 pm
	Lloyds Pharmacy Ltd t/a Lloyds pharmacy	24-26 Stenson Road Derby DE23 7JB Tel: 01332 760458	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 6.00 pm
	Medihealthcare Ltd t/a Pear Tree Pharmacy	207 St Thomas Road Derby DE23 8RJ Tel: 01332 767763	M 7.30 am - 10.00 pm T 7.30 am - 10.00 pm W 7.30 am - 10.00 pm Th 7.30 am - 10.00 pm F 7.30 am - 10.00 pm S 7.30 am - 10.00 pm Su 8.00 am - 9.00 pm
	S S Moore t/a Cavendish Pharmacy	11 Derby Lane Cavendish Derby DE23 8UB Tel: 01332 776711	M 7.00 am - 10.00 pm T 7.00 am - 10.00 pm W 7.00 am - 10.00 pm Th 7.00 am - 10.00 pm F 7.00 am - 10.00 pm S 7.00 am - 10.00 pm Su 9.00 am - 7.00 pm
	Linda Beech Village Street Pharmacy Ltd t/a Village Pharmacy	Village Street Community Medical Centre Browning Street Derby DE23 8AL Tel: 01332 273515	M 9.00 am - 6.30 pm T 9.00 am - 6.30 pm W 9.00 am - 6.30 pm Th 9.00 am - 6.30 pm F 9.00 am - 6.30 pm S 9.00 am - 1.00 pm Closed - lunch 1.00 - 2.00 pm
Oakwood	B J Wilson Ltd	2-3 Oakwood District Centre Bishops Drive Oakwood Derby DE21 2HT Tel: 01332 666719	M 8.30 am - 6.30 pm T 8.30 am - 6.30 pm W 8.30 am - 5.30 pm Th 8.30 am - 6.30 pm F 8.30 am - 6.30 pm S 9.00 am - 5.30 pm
Sinfin	Day-Night Pharmacy Ltd t/a Day-Night Pharmacy		M 7.00 am - 12.00 midnight T 7.00 am - 12.00 midnight W 7.00 am - 12.00 midnight Th 7.00 am - 12.00 midnight F 7.00 am - 12.00 midnight

Ward	Name	Address & Telephone No	Opening hours
			S 7.45 am - 11.00 pm
	Asda Stores Ltd t/a Asda Pharmacy	Sinfin Shopping Centre Arleston Lane Sinfin Derby DE24 3ND Tel: 01332 777210 Fax: 01332 777211	M 8.00 am - 11.00 pm T 7.00 am - 11.00 pm W 7.00 am - 11.00 pm Th 7.00 am - 11.00 pm F 7.00 am - 11.00 pm S 7.00 am - 10.00 pm Su 10.00 am - 4.00 pm
	B J Wilson Ltd	18-20 Sinfin District Centre Arleston Lane Sinfin Derby DE24 3ND Tel: 01332 763331	M 9.00 am - 7.00 pm T 9.00 am - 7.00 pm W 9.00 am - 5.30 pm Th 9.00 am - 7.00 pm F 9.00 am - 7.00 pm S 9.00 am - 5.30 pm
Spondon	Asda Stores Ltd t/a Asda Pharmacy	Asda Superstore Derby Road, Spondon Derby DE21 7HY Tel: 01332 826719 Fax: 01332 826718	M 8.00 am - 10.00 pm T 8.00 am - 10.00 pm W 8.00 am - 10.00 pm Th 8.00 am - 10.00 pm F 8.00 am - 10.00 pm S 8.00 am - 10.00 pm Su 10.00 am - 4.00 pm
	John & John Ltd t/a Housley Pharmacy	93 Sitwell Street Spondon Derby DE21 7FH Tel: 01332 673574	M 8.45 am - 6.00 pm T 8.45 am - 6.00 pm W 8.45 am - 1.00 pm Th 8.45 am - 6.00 pm F 8.45 am - 6.00 pm S 9.00 am - 1.00 pm Closed - lunch 1.00- 2.15 pm
	Lloyds Pharmacy Ltd t/a Lloyds pharmacy	22 Chapel Street Spondon Derby DE21 7JP Tel: 01332 663046	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 1.00 pm Closed - lunch 1.00 - 2.00 pm
Derby outskirts	B J Wilson Ltd (Ockbrook and Borrowwash)	Victoria Avenue Borrowwash Derby DE72 3HD Tel: 01332 674140	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 6.00 pm Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 5.30 pm
	B J Wilson Ltd (Draycott)	43 Station Road Draycott Derby DE72 3QB Tel: 01332 872113	M 9.00 am - 6.30 pm T 9.00 am - 6.30 pm W 9.00 am - 6.30 pm Th 9.00 am - 6.30 pm F 9.00 am - 6.30 pm S 9.00 am - 5.00 pm Closed - lunch 1.00 - 2.00pm except Wed 1.00 - 4.00 pm
	National Co-operative Chemists Ltd t/a The Co-operative	1 Potter Street Melbourne Derbyshire	M 9.00 am - 6.00 pm T 9.00 am - 6.00 pm W 9.00 am - 6.00 pm

Ward	Name	Address & Telephone No	Opening hours
	Pharmacy (Melbourne)	DE73 8HW Tel: 01332 862510	Th 9.00 am - 6.00 pm F 9.00 am - 6.00 pm S 9.00 am - 12.30 pm Closed - lunch 1.00 - 2.00 pm
Distance Selling Premises - Internet	B J Wilson Ltd t/a Wilsons Pharmacy www.wilsonspharmacyonline.co.uk	13-14 Stadium Business Crt Millennium Way Pride Park Derby DE24 8HP Tel: 01332 380732	M 9.00 am - 5.00 pm T 9.00 am - 5.00 pm W 9.00 am - 5.00 pm Th 9.00 am - 5.00 pm F 9.00 am - 5.00 pm
	Satwant Kalirai t/a Clinical Care (Sinfin)	Unit 8, The Brian Clough Business Centre 200-22 cotton lane Derby DE24 8GJ	9.00 – 5.00 pm daily
Derby Royal Hospital	Hospital Pharmacy (Littleover)	Derby Royal Hospital Uttoxeter Rd, Derby DE22 3NE Tel: 01332 340131	M 8.00 am - 7.00 pm T 8.00 am - 7.00 pm W 8.00 am - 7.00 pm Th 8.00 am - 7.00 pm F 8.00 am - 7.00 pm S 10.00 am - 2.00 pm Su 10.00 am - 2.00 pm
	Boots Chemist (only dispenses hospital prescriptions – not FP10 forms or private prescriptions)		M 8.00 am - 7.00 pm T 8.00 am - 7.00 pm W 8.00 am - 7.00 pm Th 8.00 am - 7.00 pm F 8.00 am - 7.00 pm S 8.00 am - 2.00 pm
Dispensing Doctor	Alvaston Medical Centre	14 Boulton Lane Alvaston Derby DE24 0GE	Surgery opening times

Appendix 5: Other Medical Services in Derby

16.1 Appliance Contractors in Derby City PCT

Table 30 shows the two appliance contractors in Derby City PCT

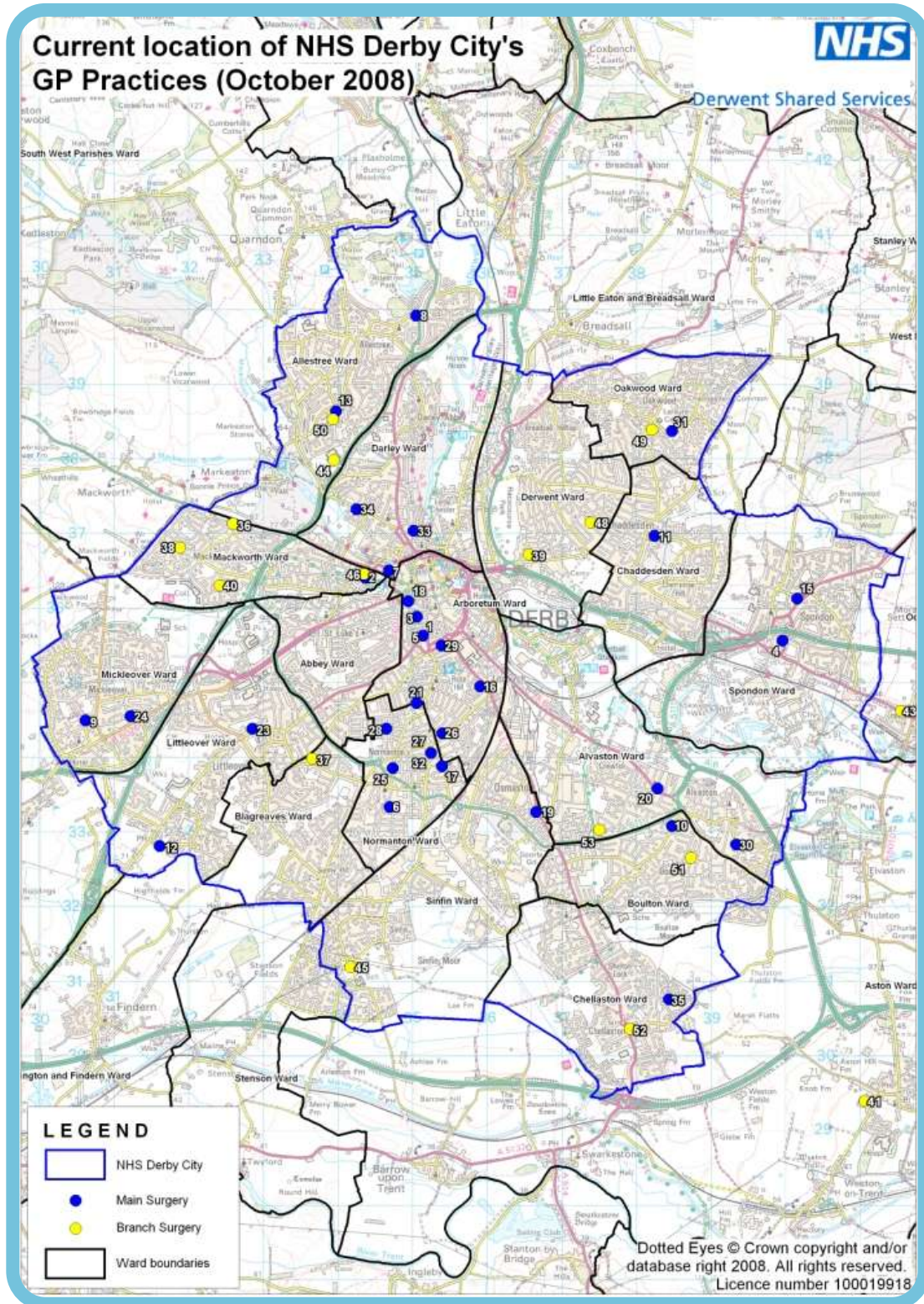
Table 30: Appliance Contractors

Name	Address & Telephone No	Opening Hours
Fittleworth Medical Ltd	Unit 8 Tomlinson Industrial Estate Alfreton Road Derby Tel: 01332 349542	M 9.00 am - 5.00 pm T 9.00 am - 5.00 pm W 9.00 am - 5.00 pm Th 9.00 am - 5.00 pm F 9.00 am - 5.00 pm
Shuropody Ltd t/a Shuropody	8 The Spot Osmaston Road Derby DE1 2JA Tel: 01332 342216	M 9.00 am - 5.30 pm T 9.00 am - 5.30 pm W 9.00 am - 5.30 pm Th 9.00 am - 5.30 pm F 9.00 am - 5.30 pm S 9.00 am - 5.30 pm Sun 10.30 am - 4.30 pm

16.2 GP Surgeries

Figure 52 shows a map of the GP surgeries in Derby (the ID for the maps are on the following page).

Figure 52: GP Surgeries in Derby

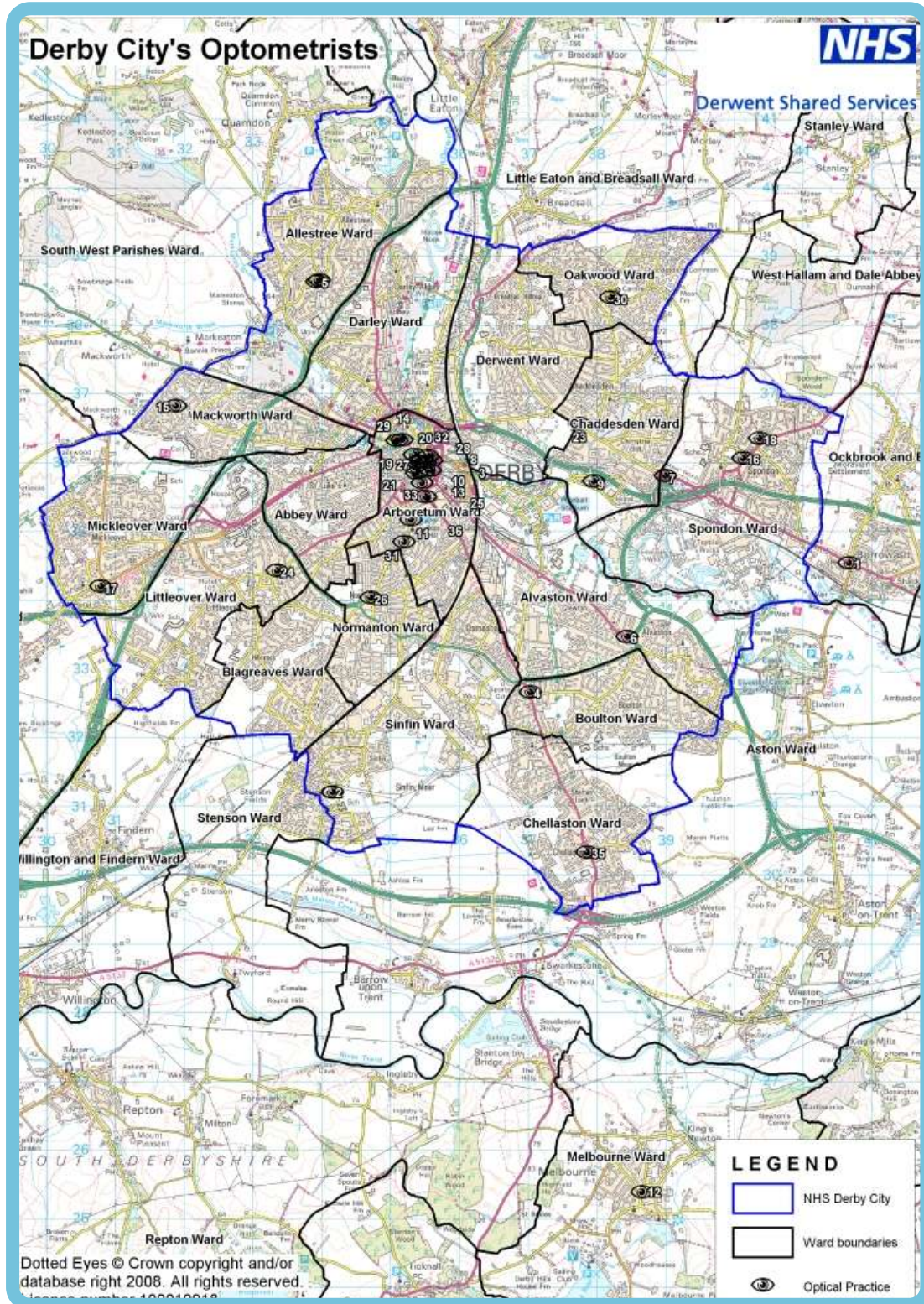


Map ID	GP Surgery	Contract Holder	Postcode
1	CHARNWOOD SURGERY	Dr Farmer	DE1 1TH
2	VERNON STREET MEDICAL CENTRE	Dr Iddon	DE1 1FW
3	WILSON STREET SURGERY	Dr Little	DE1 1PG
4	DERWENT VALLEY MEDICAL PRACTICE	Dr Dodgson	DE21 7FZ
5	WELLSIDE MEDICAL CENTRE	Dr Allen	DE1 1TH
6	THE VILLAGE COMMUNITY MEDICAL CENTRE	Dr Cotton	DE23 8AL
7	FRIAR GATE SURGERY	Dr Gembali	DE1 1DZ
8	PARK LANE SURGERY	Dr Nichols	DE22 2DS
9	MICKLEOVER MEDICAL CENTRE	Dr Doris	DE3 0HA
10	ALVASTON MEDICAL CENTRE	Dr Harris	DE24 0GE
11	THE PARK MEDICAL PRACTICE	Dr Thomson	DE21 6LA
12	HOLLYBROOK MEDICAL CENTRE	Dr Heappey	DE23 3TX
13	PARK FARM MEDICAL CENTRE	Dr Turner	DE22 2QN
14	OVERDALE MEDICAL PRACTICE	Dr Bates	DE72 3HG
15	CHAPEL STREET MEDICAL CENTRE	Dr Gates	DE21 7RJ
16	OSMASTON SURGERY	Dr Shand	DE23 8JX
17	LISTER HOUSE	Dr Spincer	DE23 8PF
18	MACKLIN STREET SURGERY	Dr Bold	DE1 1JX
19	ASCOT MEDICAL CENTRE	Dr Patel	DE24 8GT
20	PARKFIELDS SURGERY	Dr Gould	DE24 8QJ
22	MELBOURNE HEALTH CARE CENTRE	Dr Black	DE73 8EF
24	MICKLEOVER SURGERY	Dr Hanna	DE3 9BJ
25	DERBY LANE MEDICAL CENTRE	Dr Zaman	DE23 8UA
26	PEARTREE MEDICAL CENTRE	Dr Singh	DE23 8NQ
27	NORMANTON MEDICAL CENTRE (UHE)	NMC - UHE	DE23 8RH
28	CLARENCE ROAD SURGERY	Dr Iqbal	DE23 6LR
30	THE HEMA MEDICAL CENTRE	Dr Zammit	DE24 0RY
31	OAKWOOD SURGERY	Dr Tampi	DE21 2DF
33	DERWENT MEDICAL CENTRE	Dr Edyvean	DE1 3AZ
34	BROOK MEDICAL CENTRE	Dr O'Reilly	DE22 1FT
35	THE MEADOWFIELDS PRACTICE	Nurse-led	DE73 6SW

16.3 Optometrists

Figure 53 shows a map of the optometrists in Derby (the ID for the maps are on the following page).

Figure 53: Map of Derby optometrists

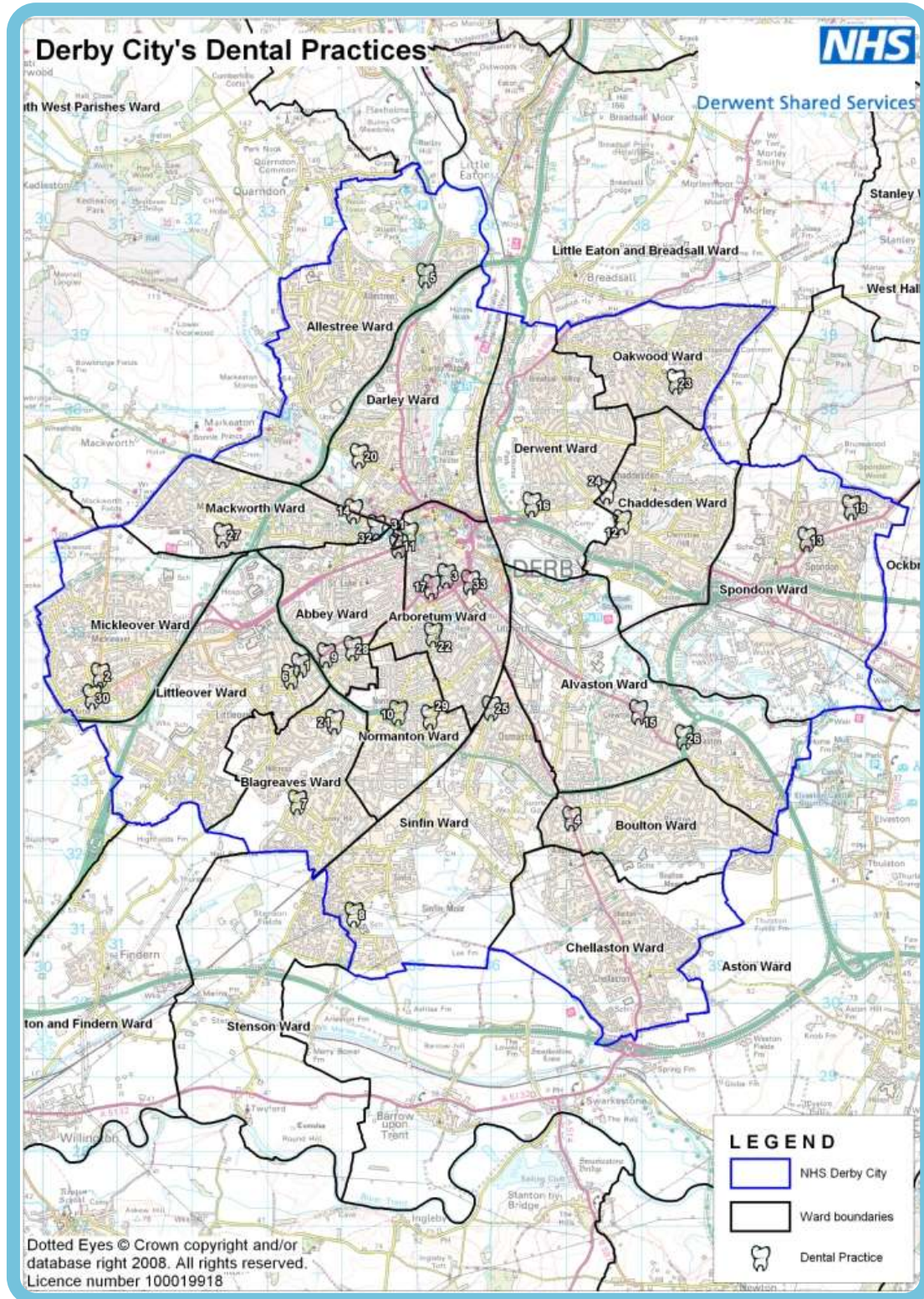


Map ID	Surgery	Postcode	Contract Holder
1	A C Stephens	DE72 3JW	AC Stephens Opticians Ltd
2	Adams Opticians	DE24 3DS	Mr Ismail Patel
3	Optique Vision	DE1 2PQ	Optique Vision Ltd
4	Simply Specs	DE24 9BR	Craig Eley
5	Allestree Eyecare	DE22 2QQ	Craig Eley
6	Alvaston Eyecare	DE2 8QP	Thomas Jackson & Elizabeth Jackson
7	Asda Stores Ltd	DE21 7LW	Asda Stores Ltd
8	Boots Opticians	DE1 2AH	Eagle Eyehealth Ltd (Trading as Boots Opticians)
10	Dolland & Aitchison	DE1 2PG	Dolland & Aitchison Professional Services Ltd
11	HC Burrows Ltd	DE23 6US	Janjua Vision (Trading as Burrows Opticians)
12	Lomas Opticians	DE73 8EH	Lomas Opticians Ltd
13	Lancaster & Thorpe Ltd	DE1 1SR	Raynor Professional Services Ltd
14	Lancaster & Thorpe Ltd	DE1 3NQ	Raynor Professional Services Ltd
15	Mackworth Eyecare Ltd	DE22 4JU	Mackworth Eyecare Ltd
16	MJ Davis Opticians	DE21 7FG	Mark Davis Opticians Ltd
17	JF Fell	DE3 5GB	John Fell Opticians Ltd
18	Optical Express	DE1 2NR	Optical Express Southern Ltd
22	Phillip Bradley Opticians	DE22 2QN	Philip Bradley Opticians Ltd
23	Lancaster & Thorpe	DE21 6NA	Rayner Professional Services Ltd
24	Richard Petrie Optometrist	DE23 6DF	Richard Petrie
26	Specsavers Opticians	DE23 7JA	Specsavers Normanton Ltd, T/s Specsavers Opticians
27	Specsavers Opticians	DE1 2NP	Derby Vision Plus Ltd
28	Specs 4 U Opticians	DE1 2NG	Mr Kulvant Singh Panaser
29	The Eye Gallery Ltd	DE1 3NR	The Eye Gallery Ltd
30	Oakwood Eye Care Centre	DE21 2HT	Tropia Ltd
31	Ultimate Spex	DE23 6UU	Ultimate Specs UK Ltd
32	Vision Express UK Ltd	DE1 2AZ	Vision Express UK Ltd
33	Wozencroft & Co	DE1 2JH	Peter Baddiley
35	Chellaston Opticians	DE73 5SA	David Strachan William Tegala
36	Specs Opticians	DE1 2RD	Brian Cudworth

16.4 Dentists

Figure 54 shows a map of the Dental surgeries in Derby (the ID for the maps are on the following page).

Figure 54: Map of Derby Dental practices



Map ID	Dental Practice	Postcode	Dental Contractor
1	2 North Street	DE23 6BJ	Mr C Tavares
2	42 Station Road	DE3 9GH	Mr J S Fitton
3	54 Osmaston Road	DE1 2HU	Mr P A Cholerton
4	Allenton Dental Care	DE24 9AD	Mr S Rakshit
5	Allestree Dental Practice Group Surgeries	DE22 2DJ	Mr D K Jairath
6	Apollonia Orthodontic Practice	DE23 6DG	Dr K Drost
7	Blagreaves Dental Practice	DE23 1PX	Dr J S Hunjan
8	David Jordan Dental	DE24 3DS	Dr D Jordan
9	Bridge Dental Clinic	DE23 7PX	Mr M Osman
10	Cavendish Dental Practice	DE23 8UB	Mr T Malhi
11	Central Dental Practice	DE1 1LP	Mr A Koshal
12	Chaddesden Dental Surgery	DE21 6PE	Mr A J Dale
13	Chapel Street Dental Practice	DE21 7RH	Mr J Trusz; Ms S M Malhotra
14	Cunnington & Associates Dental Surgery	DE22 3AD	Mr CAG. Cunnington
15	Dental Surgery	DE24 8PZ	Mr P Illott
16	Derwent Valley Dental Practice	DE21 6AH	Mr R A Hepburn
17	Dove Dental Practice	DE1 2GJ	Mr D M Murphy; Mr D Yousefi; Mr P Pirooznia
18	Duffield Road Dental Care	DE22 2DU	Mr D Bywater; Mr C Donegan
19	K Maunder & D Jethwa	DE21 7EU	Mr K Maunder; Mr D Jethwa
20	Kedleston Dental Practice	DE22 1FX	Mr J Latham
21	Littleover Dental Practice	DE23 6JJ	Mr D J Stazicker
22	Normanton Road Dental	DE23 6WD	Mr M Shiekh
23	Oakwood Dental Practice	DE21 2DF	Mr A Sood
24	Park Road Dental Care	DE2 6HD	Mr S Addi and Mrs SS Doorford
25	Pearl Dental	DE24 8GH	Mr A Koshal
26	Raynesway Dental Practice	DE24 0DW	Mr P Douglas
27	Rodericks Ltd	DE22 4AU	Business Manager: Sally Hartshorne
28	SM O'Donovan	DE23 6AP	Mr S M O'Donovan
29	St Thomas Dental Practice	DE3 8SY	Integrated Dental Holdings (Petrie Tucker and Partners)
30	The Dental Surgery		Mr D P Eley, Mrs F F Eley
31	The Friary Dental Practice, McHenry and Associates	DE1 1EX	Mr P R McHenry; Mr H Alagram; Miss Parker
32	The Orthodontic Practice	DE1 1BT	Mr R V Patel
33	Trinity Terrace Dental Practice	DE1 2QS	Mr D G Loughton; Mrs H E Loughton

Appendix 4: Data Gathering

This was the letter and questionnaire sent to gather data from the pharmacies in Derby.



Trust Headquarters
Derwent Court
1 Stuart Street
Derby
DE1 2FZ

Tel: 01332 224000
Fax: 01332 299598

To All Pharmacies, Derby City

16th February 2010

Dear Colleague,

Re: Data gathering for Pharmaceutical Needs Assessment (PNA)

It is a statutory requirement for NHS Derby City to develop a Pharmaceutical Needs Assessment (PNA) for its population by February 2010.

The PNA will identify local requirements to support the commissioning intentions for pharmaceutical and other services that could be delivered by community pharmacies and other providers. In order to develop the PNA the PCT requires baseline details of services offered by each of the pharmacies.

To this end I would be grateful if you could complete the attached questionnaire regarding your baseline service provision, as well as providing details of any additional services provided by your pharmacy such as collection and delivery of prescriptions or multi lingual services.

The questionnaire is based on the methodology recommended by NHS Employers, which has been widely consulted upon, including with PSNC, CCA and AIMp; the LPC is represented on the PCT's Pharmaceutical Needs Assessment Steering Group.

We do not anticipate that any of this information is commercially sensitive, but if you do have any concerns please do not hesitate to contact me.

If you would like an electronic copy please email Sue Allen (sue.allen@derbycitypct.nhs.uk) who is co-ordinating the responses.

I would be grateful if you could return questionnaires by email where possible or by post to Derwent Court, Stuart Street, Derby DE1 2FZ by 28 February 2010. Any delay may impede establishing the needs of your local environment.

Yours sincerely

Jonathan Wardle
Primary Care Commissioning Manager

Name/ Address of Pharmacy:

Name of Lead Pharmacist:.....

1. Premises - Consultation area

Criteria	Yes	No	Planned
Do you have a consultation room, or do you have one planned for the future?			
Is there a computer within the consultation area?			
Is this computer networked?			
Is there a sink within the consultation area?			
Are there toilet facilities for patients?			
Are the facilities suitable for Advanced Service Medicines Use Review (MUR)*			
If not, is it suitable for other services (enhanced etc)			

2. Information Technology

How many computers are in the pharmacy?	
How many laser printers are in the pharmacy?	
How many computers have access to email	
How many computers have access to the Internet during store opening hours?	
What type of connection is this? N3/ Broadband/Dial up	
Work email address (please write):	
Can we contact you about work related matters on this address?	
Is your system compatible with level 1 and level 2 ETP?	
Can your pharmacy process level 1 ETP prescriptions?	
Do all of your pharmacists have Smart cards?	
What operating system is used? (Windows XP, Windows 2003, Vista)	
What software is available? (Word, Excel, Access, Powerpoint)	

3. Staffing

3a. Pharmacists

	Full time (number of staff and hours worked)	Part time (number of staff and hours worked))	Regular Locums (number of staff and hours worked)	Accredited to conduct Medicines Use Reviews
How many WTE pharmacists practice in the pharmacy?				
Approximately how many hours per week would there be two or more pharmacists available?				

3b. Pre-registration trainees

Are the premises registered as a pre-registration training site?	
If so, is there a pre-registration tutor?	
How many students do you have in training?	

3c. Pharmacy Technicians

	Quantity
How many WTE Pharmacy Technicians are employed by the pharmacy?	
Hold an NVQ level 3 or equivalent?	
Are working towards such a qualification?	
How many have joined the pharmacy technicians register?	
Would like to commence training on an NVQ level 3 or equivalent?	
Who already hold an NVQ level 3, would like to commence training on an accredited accuracy checking technicians course?	

3d. Dispensing Assistants

	Quantity
How many Dispensing Assistants are employed by the pharmacy?	
How many hold or are working towards an NVQ level 2 qualification?	
Would like to commence training on an NVQ level 2 or equivalent (mandatory from 1/1/05 for all staff who handle medicines)?	
Who would like to commence training on a pharmacy technician NVQ level 3?	

DRAFT

4. Current Service Provision - Hours of Service

Please state opening hours:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Current Opening Hours							

5. Additional Information

Please use this space to provide information about your service that you think may be of use to this such as additional services provided to clients (delivery, website, translation services), or additional skills within your pharmacy that could be utilised to meet the health needs of your local population.

DRAFT

Thank you for your co-operation.

Please return this form before 12th March 2010 either by email to sue.allen@derbypct.nhs.uk

Fax: 01332 363813

Or

By post to: Sue Allen, Primary Care Team, Derwent Court, Stuart Street, Derby DE1 2FZ

Appendix 5 - PNA Requirements

This is the briefing paper written at the start of the PNA development to inform the process.

Summary

The PCT has a statutory duty to publish its first pharmaceutical needs assessment (PNA) by 1 February 2011. Failure to meet this duty could lead to a judicial review. This paper provides information on PNAs and the action the PCT will need to take. Due to the high level of risk associated with this duty, the development of the PNA will be added to the PCT risk register.

Background

The White Paper *Pharmacy in England: Building on strengths – delivering the future* ⁽³⁾ was published by the Department of Health in April 2008. It highlighted the variation in the structure and data requirements of PCT PNAs and confirmed that they required further review and strengthening to ensure they are an effective and robust commissioning tool which supports PCT decisions.

The Health Act 2009 amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs ⁽¹⁾. The regulations were consulted on in late 2009/early 2010 and were laid in Parliament on 26 March 2010 and come into force on 24 May 2010 ⁽²⁾.

The duty on the PCT

The regulations place a statutory duty on each PCT to develop and publish their first PNA by 1 February 2011. The regulations set out the minimum requirements for the first PNA produced under this duty, and these include such things as data on the health needs of the PCT's population, current provision of pharmaceutical services, gaps in current provision and how the PCT proposes to close these gaps. The PNA will also consider the future needs for services.

PCTs will be required to undertake a consultation on their first PNA for a minimum of sixty days, and the regulations list those persons and organisations that must be consulted eg the Local Pharmaceutical Committee, Local Medical Committee, LINKs and other patient and public groups.

The Department of Health produced an impact assessment on the requirement for PCTs to develop and publish a PNA ⁽⁴⁾. They estimated that the cost to each PCT to produce their first PNA that meets the requirements of the regulations is £61,000. The PNA will be updated at least every three years and the cost of subsequent PNAs will be less.

Action to date

To date a core group has been established although revised Terms of Reference are required for this group.

Trish Thompson has been identified as the director responsible for the development of the PNA.

Market entry

In addition to being a tool to commission pharmaceutical services, PNAs will in future be used to determine applications from pharmacy and appliance contractors to open new premises in the PCT's area, or to move to new premises. This will replace the current system whereby the PCT decides if it is necessary or expedient to approve an application in order to secure access to pharmaceutical services in a particular area (also known as the control of entry system) and will help the PCT to commission pharmaceutical services to meet the health needs of its population. It is therefore important that the PNA is a robust document that it links to the PCT's Joint Strategic Needs Assessment.

Risks to the PCT

As the PCT is under a statutory duty to develop and publish its first PNA by 1 February 2011, and to then use it to determine applications from pharmacy and appliance contractors, there are some risks to the PCT. These can be summarised as follows:

Issue	Implication
Failure to identify adequate resources to develop the first PNA and therefore failure to meet the statutory duty	SHA interest and potential Judicial Review
Failure to develop the first PNA	SHA interest and potential Judicial Review
Failure to follow due process in producing the first PNA	Potential Judicial Review
Failure to publish the first PNA by 1 February 2011	SHA interest and potential Judicial Review
Inadequate first PNA that does not allow the PCT to determine applications from pharmacy and appliance contractors	Potential Judicial Review and/or appeals to the NHS Litigation Authority's Family Health Services Appeal Unit
Commissioning of pharmaceutical services that are not based on the health needs of the population	Inefficient use of financial resources.

Due to the number of risks to the PCT the development and publishing of the PCT's first PNA has been added to the risk register.

Next steps

The board is asked to note the risks outlined in this paper. Regular reports on progress will be submitted for the board's consideration.

Appendix 6: Derby Health Profiles

Health Profile 2010

Derby

updated 28 July 2010

This profile gives a picture of health in this area. It is designed to help local government and health services improve people's health and reduce health inequalities.

Health Profiles are produced every year by the Association of Public Health Observatories.

Visit the Health Profiles website to:

- see profiles for other areas
- use interactive maps
- find more detailed information

www.healthprofiles.info



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Population 239,200
Mid-2008 population estimate
Source: National Statistics website: www.statistics.gov.uk



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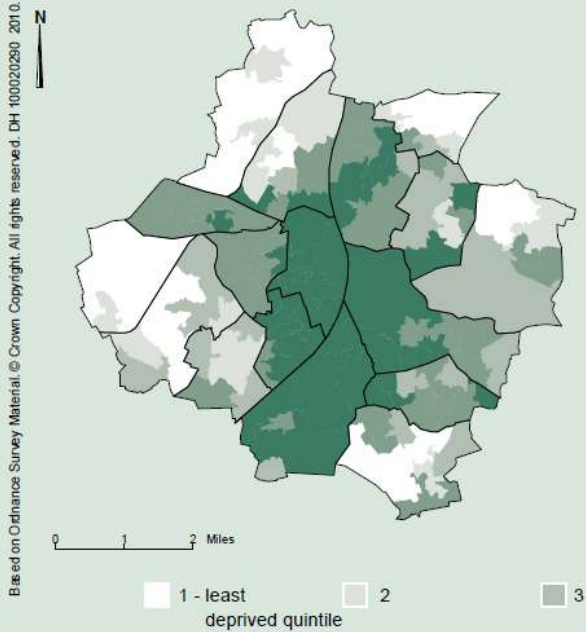
Derby at a glance

- The health of people in Derby is generally worse than the England average. Deprivation levels are high and life expectancy is lower than the average for England. Rates of hospital stays for alcohol related harm, new cases of tuberculosis, incapacity benefits for mental illness, deaths from smoking, and people diagnosed with diabetes are all worse than the England average.
- There are inequalities within Derby by gender and level of deprivation. For example, life expectancy for men living in the least deprived areas is about 9 years higher than for men living in the most deprived areas.
- Over the last 10 years, the rates of death from all causes and rates of early death from heart disease and stroke have improved, but they are still higher than the England average. There has been little change in the rates of early deaths from cancer in the past 10 years.
- Levels of tooth decay in children aged 5 and teenage pregnancy are worse than the average for England. Rates of physically active children are better than the England average.
- The Derby Local Area Agreement has prioritised tackling physical activity, alcohol misuse, teenage pregnancy, smoking, and early deaths from heart disease and stroke.
- There are more details about the health of this area in the Annual Report and the Joint Strategic Needs Assessment, available from www.derbycitypct.nhs.uk

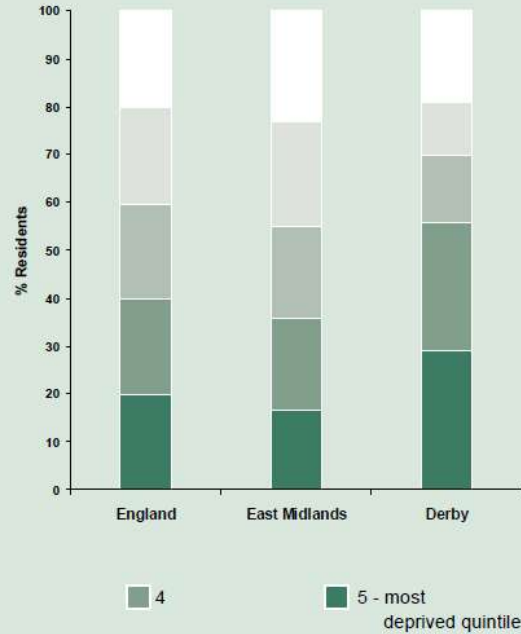
Derby - updated 28 July 2010

Deprivation: a national view

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2007 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.

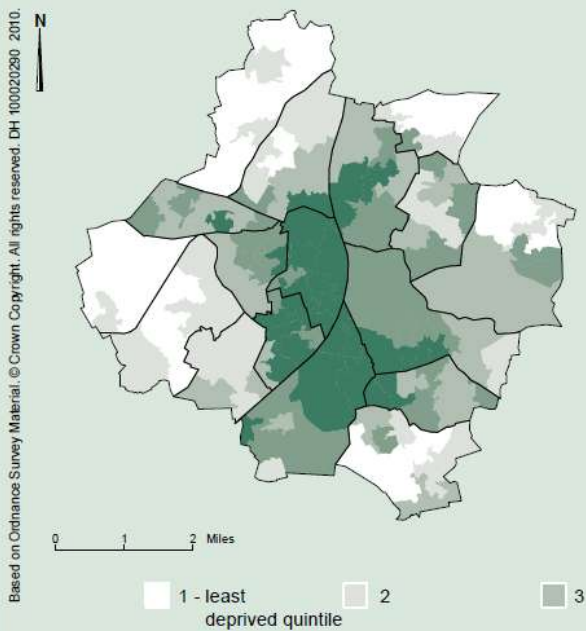


This chart shows the percentage of the population in England, this region, and this area who live in each of these quintiles.

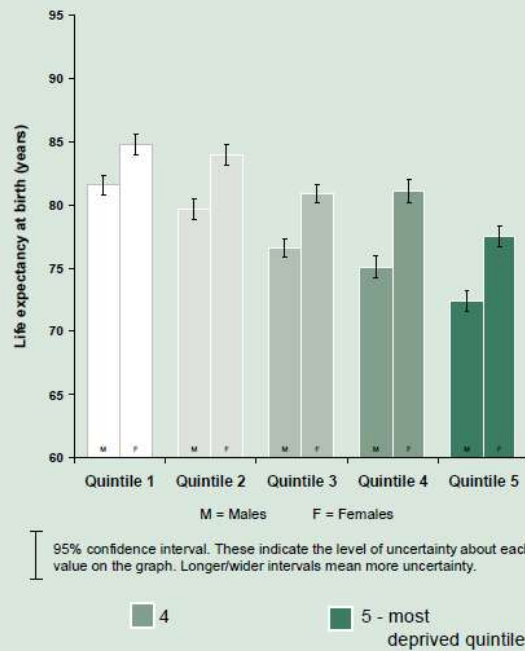


Health inequalities: a local view

This map shows differences in deprivation levels in this area based on local quintiles (of the Index of Multiple Deprivation 2007 by Lower Super Output Area). The darkest coloured areas are the most deprived in this area.



This chart shows the life expectancy at birth for males and females (2004-2008) for each of the quintiles in this area.



Derby - updated 28 July 2010

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Health inequalities: changes over time

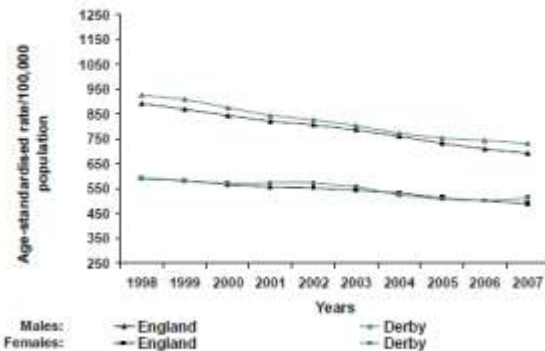
These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

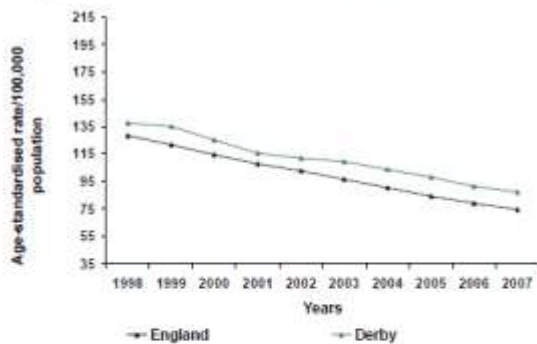
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

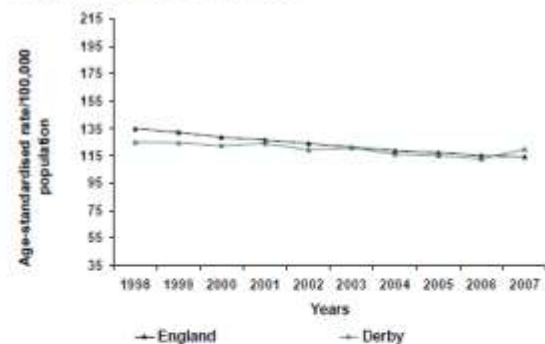
Trend 1:
All age, all cause mortality



Trend 2:
Early death rates from heart disease and stroke

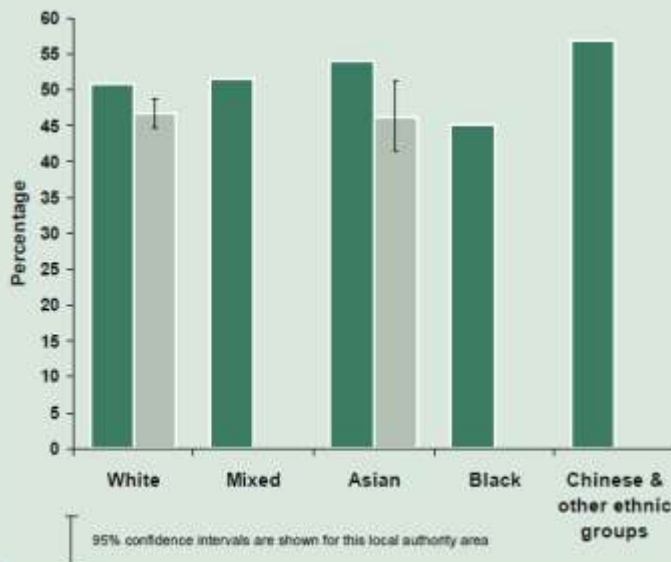


Trend 3:
Early death rates from cancer



Health inequalities: ethnicity

This chart shows the percentage of pupils by ethnic group in this area who achieved five GCSEs in 2008/09 (A* to C grades including English and Maths). Comparing results may help find possible inequalities between ethnic groups.



Legend:
■ England
■ Derby

Ethnic Groups	% pupils achieved grades	No. of pupils achieved grades
White	46.7	1,022
Mixed		
Asian	46.3	188
Black		
Chinese/other		

If there are any empty cells in the table this is because data has not been presented where the calculation involved pupil numbers of 0, 1 or 2. Some further groups may not have data presented in order to prevent counts of small numbers being calculated from values for other ethnic groups or areas.

Health summary for Derby

00FK

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

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	69097	29.0	19.9	89.2	[Red circle]	0.0
	2 Children in poverty	12848	27.3	22.4	66.5	[Red circle]	6.0
	3 Statutory homelessness	298	2.97	2.48	9.84	[Red circle]	0.00
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1306	45.6	50.9	32.1	[Red circle]	76.1
	5 Violent crime	4827	19.5	16.4	36.8	[Red circle]	4.8
	6 Carbon emissions	1676	6.6	6.8	14.4	[Red circle]	4.1
Children's and young people's health	7 Smoking in pregnancy	517	13.9	14.8	33.5	[Yellow circle]	3.8
	8 Breast feeding initiation			72.5	39.7	[Yellow circle]	92.7
	9 Physically active children	19084	66.6	49.6	24.6	[Green circle]	79.1
	10 Obese children	242	9.5	9.8	14.7	[Yellow circle]	4.7
	11 Tooth decay in children aged 5 years	n/a	1.5	1.1	2.5	[Red circle]	0.2
	12 Teenage pregnancy (under 18)	238	51.2	40.9	74.8	[Red circle]	14.9
Adults' health and lifestyle	13 Adults who smoke	n/a	23.0	22.2	35.2	[Yellow circle]	10.2
	14 Binge drinking adults	n/a	22.4	20.1	33.2	[Yellow circle]	4.6
	15 Healthy eating adults	n/a	27.1	26.7	18.3	[Yellow circle]	48.1
	16 Physically active adults	n/a	12.3	11.2	9.4	[Yellow circle]	16.6
	17 Obese adults	n/a	24.2	24.2	32.8	[Yellow circle]	13.2
Disease and poor health	18 Incidence of malignant melanoma	23	10.2	12.6	27.3	[Yellow circle]	3.7
	19 Incapacity benefits for mental illness	4632	30.5	27.6	58.5	[Red circle]	9.0
	20 Hospital stays for alcohol related harm	6660	2460	1580	2860	[Red circle]	784
	21 Drug misuse					[Red circle]	
	22 People diagnosed with diabetes	13495	5.94	4.30	6.72	[Red circle]	2.69
	23 New cases of tuberculosis	48	20	15	110	[Red circle]	0
	24 Hip fracture in over-65s	346	488.1	479.2	643.6	[Yellow circle]	273.6
Life expectancy and cause of death	25 Excess winter deaths	120	17.1	16.6	26.3	[Yellow circle]	2.9
	26 Life expectancy - male	n/a	77.2	77.9	73.6	[Red circle]	84.3
	27 Life expectancy - female	n/a	81.5	82.0	78.8	[Red circle]	88.9
	28 Infant deaths	19	5.58	4.84	8.07	[Yellow circle]	1.06
	29 Deaths from smoking	393	228.0	208.8	360.3	[Red circle]	118.7
	30 Early deaths: heart disease & stroke	210	87.3	74.8	125.0	[Red circle]	40.1
	31 Early deaths: cancer	283	119.8	114.0	164.3	[Yellow circle]	70.5
	32 Road injuries and deaths	110	46.1	51.3	107.0	[Yellow circle]	14.8

Indicator Notes

1 % of people in this area living in 20% most deprived areas of England 2007 2 % of children living in families receiving means-tested benefits 2007 3 Crude rate per 1,000 households 2008/09 4 % at Key Stage 4 2008/09 5 Recorded violence against the person crimes crude rate per 1,000 population 2008/09 6 Total end user CO₂ emissions per capita (tonnes CO₂ per resident) 2007 7 % of mothers smoking in pregnancy where status is known 2008/09 8 % of mothers initiating breast feeding where status is known 2008/09 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2008/09 10 % of school children in reception year 2008/09 11 Weighted mean number of teeth per 5 yr old child sampled that were actively decayed, missing or filled 2007/08 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2006-2008 (provisional) 13 % adults, modelled estimate using Health Survey for England 2006-2008 14 % adults, modelled estimate using Health Survey for England 2007-2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 16 % aged 16+ 2008/09 17 % adults, modelled estimate using Health Survey for England 2006-2008 18 Directly age standardised rate per 100,000 population under 75 2004-2006 19 Crude rate per 1,000 working age population 2008 20 Directly age and sex standardised rate per 100,000 population 2008/09 (rounded) 21 New Problematic Drug User estimates were not available in time for inclusion 22 % of people on GP registers with a recorded diagnosis of diabetes 2008/09 23 Crude rate per 100,000 population 2006-2008 24 Directly age-standardised rate per 100,000 population for emergency admission 2008/09 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.05- 31.07.08 26 At birth, 2006-2008 27 At birth, 2006-2008 28 Rate per 1,000 live births 2006-2008 29 Per 100,000 population age 35+, directly age standardised rate 2006-2008 30 Directly age standardised rate per 100,000 population under 75, 2006-2008 31 Directly age standardised rate per 100,000 population under 75, 2006-2008 32 Rate per 100,000 population 2006-2008

More indicator information is available in The Indicator Guide: www.healthprofiles.info For information on your area contact your regional PHO: www.zpho.org.uk

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Derby - updated 26 July 2010

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