



Notice of a public meeting of Health and Wellbeing Board

To: Councillors Runciman (Chair), Craghill and Cannon

Keith Ramsay (Vice Chair) Lay Chair, NHS Vale of York Clinical Commissioning Group (CCG)

Sharon Stoltz Director of Public Health, City of York Council

Martin Farran Corporate Director, Health, Housing & Adult Social Care, City of York Council

Jon Stonehouse Corporate Director, Children, Education & Communities, City of York Council

Lisa Winward Deputy Chief Constable, North Yorkshire Police

Sarah Armstrong Chief Executive, York CVS

Siân Balsom Manager, Healthwatch York

Gillian Laurence Head of Clinical Strategy (North Yorkshire & the Humber) NHS England

Colin Martin Chief Executive, Tees, Esk & Wear Valleys NHS Foundation Trust

Patrick Crowley Chief Executive, York Hospital NHS Foundation Trust

Dr Shaun O'Connell Joint Medical Director and Clinical Lead for Prescribing and Planned Care, NHS Vale of York Clinical Commissioning

Phil Mettam	Group Accountable Officer, NHS Vale of York Clinical Commissioning Group
Mike Padgham	Chair, Independent Care Group

Date: Wednesday, 7 March 2018

Time: 4.30 pm

Venue: The George Hudson Board Room - 1st Floor West
Offices (F045)

AGENDA

1. Declarations of Interest (Pages 3 - 4)

At this point in the meeting, Board Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda. A list of general personal interests previously declared is attached.

2. Minutes (Pages 5 - 18)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 24 January 2018.

3. Public Participation

It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is at **5.00pm on Tuesday 6 March 2018**.

To register please contact the Democracy Officer for the meeting, on the details at the foot of this agenda.

Filming, Recording or Webcasting Meetings

Please note that, subject to available resources, this meeting will

be filmed and webcast, or recorded, including any registered public speakers who have given their permission. This broadcast can be viewed at <http://www.york.gov.uk/webcasts>.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: http://www.york.gov.uk/download/downloads/id/11406/protocol_f_or_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

THEMED MEETING: WIDER DETERMINANTS OF HEALTH (LEAD: SHARON STOLTZ)

4. Reducing Health Inequalities Through Cultural Commissioning (Pages 19 - 44)

This presentation and report from the Cultural Consortium for Wellbeing York introduces their work to the Board. Annex A outlines how the Cultural Consortium can help to reduce inequalities in York. Annex B contains the PowerPoint slides from the presentation.

5. Report from North Yorkshire Fire and Rescue Service (Pages 45 - 52)

This report relates to the prevention and early intervention elements of the joint health and wellbeing strategy 2017-2022. North Yorkshire Fire and Rescue Service published a health engagement strategy in 2017, and the key principles of this are detailed at Annex A to this report.

OTHER BUSINESS

- 6. Pharmaceutical Needs Assessment** (Pages 53 - 152)
This report presents the updated Pharmaceutical Needs Assessment (PNA) for the City of York.
- 7. Healthwatch York Report: Access to Dental Services**
(Pages 153 - 246)
This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York entitled 'Filled to Capacity: NHS Dentistry in York'. The report is based on patients' experiences and is attached at Annex A to this report.
- 8. Work Programme** (Pages 247 - 248)
To note the Board's Work Programme.
- 9. Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name – Angela Bielby

Telephone No. – 01904 552599

Email – a.bielby@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim (Polish)
własnym języku.

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

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Extract from the
Terms of Reference of the Health and Wellbeing Board

Remit

York Health and Wellbeing Board will:

- Provide joint leadership across the city to create a more effective and efficient health and wellbeing system through integrated working and joint commissioning;
- Take responsibility for the quality of all commissioning arrangements;
- Work effectively with and through partnership bodies, with clear lines of accountability and communication;
- Share expertise and intelligence and use this synergy to provide creative solutions to complex issues;
- Agree the strategic health and wellbeing priorities for the city, as a Board and with NHS Vale of York Clinical Commissioning Group, respecting the fact that this Group covers a wider geographic area;
- Collaborate as appropriate with the Health and Wellbeing Boards for North Yorkshire and the East Riding;
- Make a positive difference, improving the outcomes for all our communities and those who use our services.

York Health and Wellbeing Board will not:

- Manage work programmes or oversee specific pieces of work – acknowledging that operational management needs to be given the freedom to manage.
- Be focused on the delivery of specific health and wellbeing services – the Board will concentrate on the “big picture”.
- Scrutinise the detailed performance of services or working groups – respecting the distinct role of the Health Overview and Scrutiny Committee.
- Take responsibility for the outputs and outcomes of specific services – these are best monitored at the level of the specific organisations responsible for them.
- Be the main vehicle for patient voice – this will be the responsibility of Health Watch. The Board will however regularly listen to and respect the views of residents, both individuals and communities.

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Health & Wellbeing Board Declarations of Interest

Dr Shaun O'Connell, Medical Director NHS Vale of York Clinical Commissioning Group

- Employee of South Milford Surgery, working 1 day per week
- Wife an employee of York Hospitals Foundation Trust

Mike Padgham, Chair Council of Independent Care Group

- Managing Director of St Cecilia's Care Services Ltd.
- Chair of Independent Care Group

Siân Balsom, Manager Healthwatch York

- Chair of Scarborough and Ryedale Carer's Resource
- Shareholder in the Golden Ball Community Co-operative Pub

Gillian Laurence, Head of Clinical Strategy North Region (Yorkshire and the Humber) NHS England

- Employed by NHS England (Yorkshire & the Humber)
- Current registration as a pharmacist with the General Pharmaceutical Council
- Member of the Royal Pharmaceutical Society
- Steering group member of the West Yorkshire Local Practice Forum of the Royal Pharmaceutical Society (voluntary role)

Keren Wilson, Chief Executive Independent Care Group (Substitute Member)

- Independent Care Group receives funding from City of York Council

Councillor Douglas (Substitute Member)

- Governor of Tees, Esk and Wear Valleys NHS Foundation Trust

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City of York Council

Committee Minutes

Meeting	Health and Wellbeing Board
Date	24 January 2018
Present	<p>Councillors Runciman (Chair), Cannon and Mercer</p> <p>Jon Stonehouse (Corporate Director of Children, Education and Communities, City of York Council)</p> <p>Lisa Winward (Deputy Chief Constable, North Yorkshire Police)</p> <p>Sarah Armstrong (Chief Executive, York CVS)</p> <p>Sian Balsom (Manager, Healthwatch York)</p> <p>Phil Mettam (Accountable Officer, NHS Vale of York Clinical Commissioning Group) [from item 6]</p> <p>Keith Ramsay (Lay Chair, NHS Vale of York Clinical Commissioning Group)</p> <p>Gillian Laurence (Head of Clinical Strategy, NHS England (North Yorkshire & the Humber)</p> <p>Keren Wilson (Chief Executive, Independent Care Group) - Substitute for Mike Padgham</p> <p>Ruth Hill (Director of Operations (York and Selby), Tees, Esk and Wear Valleys NHS Foundation Trust) - Substitute for Colin Martin</p> <p>Mike Proctor (Deputy Chief Executive, York Teaching Hospital NHS Foundation Trust) - Substitute for Patrick Crowley</p>

Michael Melvin (Assistant Director Adult Social Care, City of York Council) - Substitute for Martin Farran

Fiona Phillips (Assistant Director - Consultant in Public Health, City of York Council) - Substitute for Sharon Stoltz

Apologies

Councillor Craghill, Shaun O'Connell, Mike Padgham, Colin Martin, Martin Farran, Sharon Stoltz, Patrick Crowley

115. Declarations of Interest

The Chair welcomed Cllr Mercer, Executive Member for Education, Children & Young People to the Board. Cllr Mercer had replaced Cllr Rawlings as Executive Member for Education, Children & Young People. The Board recorded their thanks to Cllr Rawlings.

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda.

Councillor Cannon declared a personal interest in the remit of the Board as she was a current patient at York Hospital.

Gillian Lawrence declared three personal interests in the remit of the Board in that; she was employed by NHS England, was a Registered Pharmacist and was a Steering Group Member of West Yorkshire Local Practice Forum of the Royal Pharmaceutical Society.

No further interests were declared.

116. Minutes

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 8 November 2017.

Resolved: That, subject to the correct job titles being added into the attendance list, the minutes of the meeting

of the Health and Wellbeing Board held on 8 November 2017 be approved and signed by the Chair as a correct record.

117. Public Participation

Two speakers had registered under Public Participation to speak in relation to item 6: mental health strategy for York.

Professor Tom McGuffog, representing York Older People's Assembly (YOPA) outlined YOPA's analysis of the Mental Health Strategy for York which suggested that the document was not a plan as it did not include quantified objectives, specified timetables, and few defined responsibilities or resources to meet the objectives. He raised a number of questions and issues in relation to the mental health strategy for York and emphasized YOPA's wish to be supportive of and actively involved in the development of cost-effective health and wellbeing services for York and district.

The Chair clarified that the remit of the Board was to examine strategy rather than operational matters. A number of Board Members responded to the points made by Professor McGuffog and it was noted that:

- The mental health strategy for York was a system wide strategy which a range of partners had committed to and there was a role for communities and place within the plan.
- In terms of funding, Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust had been lobbying with The NHS Vale of York Clinical Commissioning Group (CCG) for funding for mental health services.
- TEWV and the CCG had some plans in place for the delivery of the strategy, for example a detailed piece of work on Child and Adolescent Mental Health Services (CAMHS) had been undertaken. Additionally a new partnership was being established and would lead on preparing action plans and ensuring the strategy was delivered.
- City of York Council (CYC) was putting services into communities and supported an early intervention approach to mental health services.

Amanda Griffiths, representing members of the Yor-Peer Support (York mental health peer support group), noted that it

was good to see peer support as a strategic objective of the mental health strategy for York. She highlighted the following themes had emerged: difficulty in accessing statutory services (including crisis care), no precedence for trauma informed services, limited availability of trauma specific services and necessity for peer support. She raised a number of questions in relation to those themes in terms of costs, timeframe and implementation.

Members responded to the points made by Amanda Griffiths and it was noted that:

- The TEWV access service delivered urgent access to people needing an appointment within 3 days or within 28 days.
- TEWV had formed a group to examine access and crisis services and a trauma informed lead had been established in the group to take this forward.
- In terms of crisis care there was a mental health crisis concordat in place which included trauma informed services. This would become more apparent as action plans evolved.

118. Appointments to the Health and Wellbeing Board

This report asked the Board to confirm new appointments to its membership.

Resolved:

- i. That Gillian Laurence, Head of Clinical Strategy (Yorkshire & the Humber) NHS England be appointed as NHS England's representative on the Health and Wellbeing Board.
- ii. That Shaun Jones, Head of Assurance and Delivery, NHS England be appointed as the first substitute for the clinical representative for NHS England on the Health and Wellbeing Board.

Reason: In order to make these appointments to the Health and Wellbeing Board.

119. Progress Against the Living and Working Well Theme of the Joint Health and Wellbeing Strategy (including performance)

This report asked the Health and Wellbeing Board (HWBB) to note the update on progress made against delivery of the living and working well theme of the joint health and wellbeing strategy 2017-2022.

The CYC Assistant Director - Consultant in Public Health presented the report to Board Members. She gave an overview of Annex A, which detailed the ongoing work on the living and working well theme of the joint health and wellbeing strategy 2017-2022.

A number of comments were made in relation to the report:

- The work with United Response was commended.
- The work on mental health and employment in the skills plan was welcomed. The Corporate Director of Children, Education and Communities noted that there may be an update on the skills plan at a future meeting.
- There was a need to look at the needs of people seeking employment.
- The biggest inequality in York was income and it was suggested that the implementation of Universal Credit in York had been poor.
- It was requested that timescales be included in further updates.
- It was suggested that the report was outcome light and the Accountable Officer, NHS Vale of York Clinical Commissioning Group offered to arrange for clinical input in relation to this.

In response to questions from the Board it was reported that

- With reference to what choice and control would there be for working age people with disabilities, there would be some feedback on this from the United Response project.
- With regard to workplace wellbeing, a number of the top 100 companies in York had been approached about workplace wellbeing.
- Work on 'narrowing the gap' was being undertaken as part of the York Economic Strategy 2016-2020 and York Skills Plan 2017-2020.
- It was confirmed that the CCG commissioned GPs and the Accountable Officer, NHS Vale of York Clinical Commissioning Group noted that assurance needed to be clinically authentic.

- The Manager of Healthwatch York offered to help with single conditional feedback.

Resolved: That the Health and Wellbeing Board note and comment on the report.

Reason: To keep the Health and Wellbeing Board informed as to progress on delivery against the living and working well theme of the joint health and wellbeing strategy 2017-2022.

120. Mental Health Strategy for York

This report presented the near final draft of an all age mental health strategy for York and provided an update on establishing a new mental health delivery partnership for the city. Board members were asked to provide their final comments on the draft attached at Annex A.

Board members made the following comments in relation to the draft all age mental health strategy:

- The draft strategy was commended and was an ambitious delivery model.
- The CCG had released its commissioning intentions, which outlined the priorities that the CCG would like to commit resources to. The commissioning intentions were consistent with the issues raised during public engagement last year. The CCG commissioning intentions signal the start to treatment in the NHS system, by being less institutionally based and by being based on the holistic needs of the individual. Over the next 5 years, the CCG would develop an investment programme with a plan to facilitate that change.

In response to Members' questions it was noted that:

- The CCG Commissioning Intentions were in the public domain and were available online.
- The key themes would be taken forward following the suggestion at the workshops that service users, minority groups and carer representatives should be an integral part of the new mental health partnership. Once identified, the Chair and Members of the delivery partnership would be invited to set meeting dates for the year ahead. The new partnership would establish governance arrangements and

Terms of Reference which would be reported back to the Health and Wellbeing Board.

- It was recognised that there had always been challenge in how to make voices heard in transformation in the delivery of the strategy.
- The timelines were dependent on securing an Independent Chair for the Board. It was hoped that the Independent Chair would be appointed in the next few weeks.
- On being asked whether the role of Independent Chair would be advertised, the Assistant Director of Adult Social Care noted he would take this suggestion back to the Director.

Resolved: That the Health and Wellbeing Board:

- i. Delegate the final sign off of the new all age mental health strategy to the Chair of the Health and Wellbeing Board in conjunction with the two Health and Wellbeing Board lead members for mental health.
- ii. Note the progress on establishing a new mental health partnership.
- iii. Receive the action plan and performance framework at a future Health and Wellbeing Board meeting once the mental health delivery partnership has been established.

Reason: To give the Health and Wellbeing Board oversight of the creation of an all age mental health strategy associated action plan and formation of a new mental health delivery partnership.

121. Mental Health Housing & Support

This report from the Corporate Director of Health, Housing and Adult Social Care, City of York Council and the Accountable Officer, NHS Vale of York Clinical Commissioning Group (CCG) outlined a direction of travel for the development of a housing and support pathway for people with mental ill health. It recognised that there were challenges within the current system which could only be addressed in a 'whole system' way with collaborative working between health, housing, social care, the

voluntary and community sector, private sector landlords, service users, carers, and communities.

With regard to the report annexes, Annex 1 detailed how the current system was falling short for individuals with complex needs in terms of both individual outcomes and system-wide efficiencies. Annex 2 detailed the Workshop Report, Executive Summary: Mental Health Housing and Support Workshop held at the Priory Street Centre on 29 September 2017.

The CYC Commissioning Manager, Adult Social Care and CYC Housing Management Service Manager introduced the report to the Board. They opened with a quote from the Centre for Mental Health's report 'More Than Shelter' (June 2016) which summarised the importance of housing and support for people with mental health problems:

“Having somewhere to live in which we feel secure is essential to our physical and mental health...and for people who have experienced mental health problems, it is a key to their long-term independence, stability and recovery....The provision of support for people with mental health problems to assist them to live an independent life is central to the delivery of comprehensive mental health support.”

Members received the report and in response to their questions it was reported that:

- A number of Housing Associations and Registered Social Landlords (RSL) had been invited to attend the Mental Health Housing and Support Workshop held at Priory Street Centre on 29 September 2017. The workshop was attended by over 70 delegates with a wide range of partner agencies represented including service users and carers, City of York Council (Adult Social Care, Community Safety, Housing) Housing Associations, Tees, Esk and Wear Valley NHS Foundation Trust, Vale of York Clinical Commissioning Group, and organisations from the Voluntary and Community Sector.

The Manager of Healthwatch York reported that she had attended the workshop and she gave feedback from an attendee at the workshop.

Board Members asked a number of questions and in response it was noted that:

- With reference to the resources needed, the details on the costings would be presented in the next report to the Board.
- Different ways of continuing involvement with service users was being looked at, for example this could be undertaken via one to one consultations between key workers and service users or through peer support networks.

Resolved: That the Health and Wellbeing Board:

- a) Agree to receive a further report in early summer which will include costed options and proposals focussed on three key areas for development that emerged from a multi-agency workshop event held on 29 Sept 2017.
 - Better joint working - improving the way that health, housing and social care work together now.
 - 'Housing First' – understanding what more we need to do to make a Housing First approach work for as many people as possible.
 - Complex needs – doing further work on modelling the smaller, more dispersed supported housing schemes (with 24/7 support) preferred by workshop delegates.
- b) Note that developing a housing and support pathway for people with mental ill health - that will ensure access to the right type of accommodation, and the right level of support, at the right time - is likely to require changes to the way that health, housing, and social care work together and, potentially, a redistribution of resources within the 'whole system' – for example, disinvesting in buildings in order to invest more resource into community support. More specific information on the resource implications for the whole system will form part of the follow-up report.

Reason: To keep the Health and Wellbeing Board informed of progress in relation to the development of a housing

and support pathway for people with mental ill health.

122. Older People's Survey

This report asked the Health and Wellbeing Board (HWBB) to note the results of the York Older People's Survey and respond to the recommendations in the report. The CYC Assistant Director - Consultant in Public Health gave an overview of the report, highlighting the recommendations.

Board members noted the responses to the survey, as outlined in Annex A and commented on the findings:

- The findings veered towards social interactions.
- It would be useful to see how the results showed an overlap between young people and older people.
- The issue with pavements and toilets had come through in feedback from dementia patients.

Resolved: That the Health and Wellbeing Board:

- i. Noted and commented on the report and agreed that the Manager of York CVS would consult with the groups and or organisations listed in the report regarding taking the recommendations forward.

Reason: To ensure that the results of the survey are acted on and that local people are reassured that their opinions are valued and acted upon.

123. Better Care Fund

The Head of Joint Commissioning Programme, NHS Vale of York Clinical Commissioning Group (CCG) and City of York Council presented the report which provided an update on the Better Care Fund (BCF) assurance process. Reference was made to the information on delayed transfers of care, as detailed in Annex A of the report.

Resolved: That the Health and Wellbeing Board note the report.

Reason: To keep the Health and Wellbeing Board informed of progress.

124. CQC Whole System Review

The Head of Joint Commissioning Programme, NHS Vale of York Clinical Commissioning Group (CCG) and City of York Council outlined the report which updated the Health and Wellbeing Board on the CQC Local System Review of York, the development of an action and future governance arrangements for the delivery of the action plan.

The Chair referred the Board to Annex A of the report – The draft Terms of Reference for the York Place Based Improvement Board. It was noted that the draft Terms of Reference had been compiled as a starting point to stimulate discussion and enable partners to consider some of the likely features of the York Place Based Improvement Board. Board members were asked to feedback their comments concerning the draft Terms of Reference to the Head of Joint Commissioning Programme, NHS Vale of York Clinical Commissioning Group (CCG) and City of York Council.

Board Members discussed the draft Terms of Reference for the York Place Based Improvement Board. Suggestions regarding the remit and reporting back mechanisms of the Board were made and it was:

Resolved:

- i. That the Health and Wellbeing Board feedback their comments concerning the draft Terms of Reference for the York Place Based Improvement Board to the Head of Joint Commissioning Programme, NHS Vale of York Clinical Commissioning Group (CCG) and City of York Council.
- ii. That the Chair seek clarification on whether the York Place Based Improvement Board could be a public forum.
- iii. That the Health and Wellbeing Board delegate the oversight of developing and submitting the CQC action plan to the Corporate Director of Health Housing and Adult Social Care, acting alongside system leaders.

- iv. That the Health and Wellbeing Board delegate the task of further developing future governance arrangements for the CQC action plan and wider system improvement to the Chief Executive of the council, acting alongside system leaders.

Reason:

- i. To ensure that the work is completed in line with the requirements of the Department of health and CQC.
- ii. To enable proposals to be developed and consulted on informally prior to further recommendations being brought to the HWBB at a future meeting.

125. Update from the HWBB Steering Group

This report provided the Board with an update on the work that has been undertaken by the Health and Wellbeing Board (HWBB) Steering Group. It was highlighted that a strategy mapping event was scheduled for 1 February 2018 at Priory Street (being led by CVS) and that work was underway to plan for the Board (in collaboration with One Planet York) to take part in the York Festival of Ideas.

Resolved: That the Health and Wellbeing Board note the update.

Reason: To update the Board in relation to the work of the HWBB Steering Group.

126. Work Programme

Board members were asked to consider the Board's proposed work programme up to May 2018. The Health and Wellbeing Partnerships Co-ordinator advised Board Members that a report from North Yorkshire Fire and Rescue Service around their offer in relation to early intervention and prevention would be added to the work programme for the March 2017 meeting.

Resolved: That the current 2017/18 work programme be noted.

Reason: To ensure that the Board has a planned programme of work in place.

Councillor C Runciman, Chair
[The meeting started at 4.30 pm and finished at 6.30 pm].

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Health and Wellbeing Board
Report of Director of Public Health

7th March 2018

Using culture to reduce health and wellbeing inequalities in York

Summary

1. The Cultural Consortium for Wellbeing York is a partnership between:
 - York Museums Trust
 - National Centre for Early Music
 - York Theatre Royal
 - Pilot Theatre
 - Accessible Arts & Media
 - Converge (University of York St. John)
 - York Explore
 - York@Large
2. The partnership has sought to encourage participation in those who may not have assessed arts and culture due to perceptions that it is not for them or due to health, social or financial barriers to participation.
3. A report from the Consortium introducing their work and how it can help to reduce inequalities in York is at **Annex A** to this report. A set of PowerPoint slides is also included at **Annex B**.
4. Michael Turnpenny, Head of Museum Development at York Museums Trust supported by Anna Bialkowska, the Consortium's Culture and Wellbeing Co-ordinator will be in attendance at the meeting and will give a short presentation on the Consortium's work.

Consultation

5. No consultation took place to produce this short cover report.

Options

6. There are no specific options in relation to this report. However, Health and Wellbeing Board are advised to focus their discussions on how the work of the Cultural Consortium can help reduce health inequalities in the city and also deliver against some of the priorities in the joint health and wellbeing strategy 2017-2022. The report from the Consortium includes a number of recommendations that Health and Wellbeing Board are asked to consider.

Strategic/Operational Plans

7. This report and its associated annexes relate to the vision in the Board's joint health and wellbeing strategy 2017-2022 *'for every single resident of York to enjoy the best possible health and wellbeing throughout the course of their life'*. The Consortium is, more specifically, one mechanism to deliver against the ageing well theme in the strategy and contributes towards the reducing loneliness and isolation for older people priority.

Implications

8. There are no risks identified for any of the following categories in this cover report: financial, human resources, equalities, legal, crime and disorder, Information technology, or property.

Risk Management

9. There are no risks identified regarding the recommendations below.

Recommendations

10. Health and Wellbeing Board are asked to consider and discuss the presentation and report from the Consortium including the recommendations contained within **Annex A**.

Reason: To explore how cultural commissioning can help reduce inequalities within the city.

Contact Details

Author:

Tracy Wallis
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Partnerships Co-ordinator
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Chief Officer Responsible for the report:

Sharon Stoltz
Director of Public Health
City of York Council

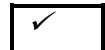
**Report
Approved**



Date 26.02.2018

Wards Affected:

All



For further information please contact the author of the report

Background Papers: [joint health and wellbeing strategy 2017-2022](#)

Annexes

Annex A – Report from the Cultural Consortium

Annex B – Presentation slides from the Cultural Consortium

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Using culture to reduce health and wellbeing inequalities in York

Introduction

Culture and Wellbeing York, won a contract for a pilot programme from City of York Council (hereafter CYC) to help improve the public health of its older residents. From March 2017 to February 2018, the Consortium has worked in partnership to use cultural prescribing to improve access and participation in arts and culture for the older residents in York.

The Cultural Consortium for Wellbeing York (hereafter Culture & Wellbeing York) is a partnership between:

- York Museums Trust
- National Centre for Early Music
- York Theatre Royal
- Pilot Theatre
- Accessible Arts & Media
- Converge (University of York St. John)
- York Explore
- York@Large

By enabling greater participation in high quality artistic and cultural activity, the project has focused on improving public health determinants by increasing mental wellbeing through;

- Reducing social isolation and loneliness
- Enabling people to connect with others across generations
- Keep active and reduce risk of injury
- Inclusivity of people with learning disabilities and those with dementia

The partnership has sought to encourage participation in those who may not have assessed arts and culture due to perceptions that it is not for them or due to health, social or financial barriers to participation.

Why Cultural Prescribing

Culture & Wellbeing York has developed a model of 'cultural prescribing' due to a growing national body of research and evidence showing the health benefits of participation in artistic and cultural activities. The partnership is also keen to use the cultural assets (people and place) to integrate strategically with the Ageing Well theme and to meet a wider range of need within the Health and Wellbeing Board Public Health Plan.

- Access to Explore York's extensive and diverse arts programme across multiple sites in York
- Free screening of Pilot Theatre productions, Blood and Chocolate and Everything is Possible in Tang Hall
- Between 220 – 250 number of participants (Cuppa and Chorus, York in Harmony, Pilot)
- Delivered access to cultural activities via the menu developed by the Partnership including YMT's
 - Volunteering 423 in 2017 giving over 10,000 hours
 - Access card 4562 members providing unlimited visits and high satisfaction rate
 - Wellbeing specific events – Art for Wellbeing with 8 regular attendees, 40-50 per year.
- Established standards of measurements via accepted social prescribing frameworks using Ways to Wellbeing and use of Manchester Colour Wheel
- Developed framework for Arts organisations across the city to promote access to a broad range of quality artistic and cultural programming which has increased the number of co-productions and collaborations between the arts partners. A sharing and learning workshop celebrated the development work and showcased the opportunities and potential for future project work
- Before and after word cloud - data from NCEM about increased happiness
- 40% of clients in the last 6 months of Social Prescribing were connected to cultural activities
- Developed scoping exercise for future participations and programming to integrate specialist offerings with; iMuse work at Windsor House with dementia patients, Art in Hospital, York Hospital Outreach Services

Cultural Consortium expertise and experience

Culture and Wellbeing York, emerged from an Arts Council England(ACE) project and is a partnership of the main arts organisations in York with an ambition to improve the health and wellbeing of York residents through engagement in arts and culture. Partnership members include 2 ACE National Portfolios organisations, 1 University affiliated for practice and research, an ACE Major Partner Museum, 1 community benefit society and 1 Cultural Partnership.

York Museums Trust (YMT) – Castle Museum, Yorkshire Museum and York City Art Gallery and lead partner for this contract

National Centre for Early Music (NCEM) – with established educational, volunteer and outreach programme

York Theatre Royal – with a track record of successful community participation e.g. Blood and Chocolate and Everything is Possible Pilot Theatre – Digitally based theatre with work in progress on intergenerational digitally creative programmes in care homes

Accessible Arts &Media (AAM) – Creative media-based charity focused on providing access to those with learning difficulties and dementia using transformative media innovations and services

Converge – York St John University – provides access to educational, arts and culture activities to those using mental health services in York

York Explore – Social enterprise model for library services in York with 16 facilities across the city providing a large geographical and trusted footprint for outreach activity

York@Large - the cultural forum for engagement with differing CYC depts, enterprise and community groups

In addition to the core partnership, Culture & Wellbeing York works in collaboration with:

Voluntary Arts North - Voluntary Arts works to promote and increase active participation in creative cultural activities across the UK and Republic of Ireland. Voluntary Arts has a close relationship with the BBC Radio at a

local and national level and works in partnership with BBC Radio York to deliver York in Harmony Choir

Age UK York – a leading provider of services and support for the older residents of York providing feedback on the practicalities of providing age related programming

CVS – provider of the Ways to Wellbeing Social Prescribing Model as a benchmark standard for Cultural Prescribing

Other associate artists include – York Dance Space and Art in Hospital among others willing to participate in provide access to a broad artistic and cultural offering.

Developing the Cultural Menu

In developing the menu, the Partnership was keen to make the cultural offer as accessible and inclusive as possible to attract a diverse audience. Culture & Wellbeing York using Social Prescribing protocols to set benchmarking and oversight standards. The Partnership believes that using these approaches makes it easier for members of the public and prescribers to access our services and then progress and develop through them. This enables:

- Referral and self-referral to an accessible cultural menu
- Gentle introduction to social discourse through cultural activity
- Regular activity to encourage new positive habits
- Wider recognition of the accessibility of cultural provision – using facilities across the city to enable easier attendance where transport maybe an issue.
- Build-up of confidence after significant life events e.g. bereavement, illness
- Small steps to introduce of new activity to build up resilience for new participants
- Development of individual participants to offer peer to peer support and mentoring

The menu includes

Cultural Menu uses the expertise of York's renowned arts and cultural organisations to provide a range of opportunities that deliver health and wellbeing benefits. Whilst some of these have been commissioned as part of the pilot, others are part of the core arts and culture offer within the city. Our relationship with social prescribers allows for careful assessments and signposting to cultural activity to take place. This means that the partnership can ensure that cultural prescribing is a positive experience for the organisation and the individual.

Examples of activities delivered via the Cultural Menu

York in Harmony was a 'Up for Arts' initiative led by 'Voluntary Arts' in collaboration with BBC Radio York, Converge and delivered at York Explore. The project created and recruited a new community choir through taster sessions held in local libraries and shared through on-air programming. This attracted residents who had never been involved in community singing. Over 100 people attended the workshops and participated in community singing designed to deliver lung and mental health benefits as well as reducing loneliness. The finale was performed during the BBC's Get Creative weekend and broadcast live on BBC Radio York with over 80 choir members

Cuppa and Chorus is hosted by the National Centre for Early Music and developed through links with Converge and building on a relationship with Age UK. The project delivered 6 monthly sessions for community singing, attracting 18-22 individuals per session, most of whom had not sung before. For a couple of hours, the choir master gently encouraged the group to greater expression through a mixed choice of music and active participation. The programme also trialled 10 short Voice Clinics for one to one sessions to help with vocal confidence. Working with Age UK as a supporting partner has enabled this project to Celebrate Age; it attracts new participants to cultural activity, reduces social isolation, the group has helped to define its agenda, leading to an ongoing relationship with older people.

Feedback has shown very high satisfaction rates with the majority in each group being grateful for the opportunity and happy to return for future sessions – comments include:

I have been through some bad times. This has really lifted me up. Wish there were more...

I realised singing is not something we do without love. The more we love the more satisfaction we get from it

This is a thoroughly enjoyable session which is open to all whether you are young or old

Feel good achievement after 2 hours

A very enjoyable session with beautiful harmonics and amusing dancing! It's nice to talk to different generations from the community – to find out about people's singing experience and why they came

Overall Cuppa and a Chorus engaged 84 people with 30% of the cohort coming from the highest priority areas of Tang Hall, Westfield and Huntingdon & New Earswick.

See appendix for benefits of communal singing, and the Manchester Colour Wheel.

In 2017 Pilot Theatre screened 2 of its productions, Blood and Chocolate and Everything Is Possible to a local audience of over 60 at Tang Hall Community Centre. Bringing members of the production team to share insights with a Q and A after the performance with very positive feedback.

Case study referral from Social Prescribing, Ways to Wellbeing Service - 'Jo'

Jo has a number of physical health problems as well as anxiety and PTSD. Her referral to Improving Access to Psychological Therapies (IAPT) has been declined due to her needs being too complex. She lives alone and has one friend, but she has 'her own problems'. Jos GP is really her only source of support. She feels isolated and describes having no sense of belonging.

Jo and the coordinator meet a few times for a chat, they discuss what Jo wants to change and possible ways forward. Jo wants to enrol in an art course. It is a long time since Jo has done anything like this, she problem solves what might be difficult with the coordinator. They meet the course administrator for a coffee, she shows Jo round, Jo gets a student buddy. Jo starts the course, she feels positive about it, she's meeting new people and it's good to creative again. She is interested in what else might be available to her and starts to go to the socials at Kyra.

Jo sets up a work station at home, so she can continue doing her artwork, using the skills she has learnt on the course. She becomes involved in street festivals to raise funds for Kyra to purchase art materials, so she can share some of her learning with other women at the drop ins.

Jo feeds back that Ways to Wellbeing helped her feel more confident, it was good to be encouraged and have someone believe in her.

Wider Legacy of the Partnership

As a result of being within the partnership, many members are now actively collaborating as a result of regular contact. The partnership has created a shared outlook and willingness to co-produce relevant programming for mutual benefit as part of the public health agenda. Partners have also been successful in integrating health and wellbeing into their own outreach programming.

The increased visibility and profile of the partnership has allowed Culture & Wellbeing York to develop a list of associates artists and organisations beyond the partnership who share the wellbeing agenda. We hope to be able to add these organisations to the Cultural Menu in future years. The Partnership's relationship with CYC and health commissioners has allowed us to build our profile with York Teaching Hospital NHS Foundation Trust and GP's. This has raised awareness of pilot programme and is helping to establish demand for future developments.

A significant consequence of the pilot has been the development of a funding application to Arts Council England under its Celebrating Age Programme. If successful, the partnership would deliver a 3-year project to improve the quality of life of York's older residents. Working in partnership with arts organisations, individual artists and older people, the partnership

would develop a high-quality programme of arts and cultural activities with the aim of improving wellbeing, reducing isolation and loneliness through providing access to artistic and cultural events. By enabling and empowering older residents to influence and shape programmes it will provide a safe and nurturing space in which the creativity of age can be explored and supported.

In winter 2018, the partnership worked with CYC to provide a commission for York based artists to deliver an iconic image for the new CYC Connect to Support website.

February 2018 saw the partnership deliver a very well received learning and support workshop to review and develop lessons learnt from the pilot programme.

Next Steps

Art gallery – exhibition space May – June 2018

NCEM – Conference June 2018 on benefits of Community Singing at University of York

BBC – Get Creative – March 2018 - York Explore will offer 4 venues for activity

Festival of Ideas – Cultural Menu as part of One Planet York programme
Mediale Sept 2018

Recommendations

1. Cultural Wellbeing is integrated in policy making, written into council strategies and seen as a partner in the referral and delivery of wellbeing services in the city.
2. For Arts organisations to become more integrated into Public Health and Voluntary Sector strategic frameworks for Mental Health, helping to alleviate NHS winter pressures through increased health and wellbeing and to deliver some of the relevant findings from the York Older People's Survey.
3. To build on the foundation of the pilot programme into a longer-term approach with Arts Council support.
4. For Culture and Wellbeing York to be a partner in service design to ensure that arts and culture play their role in the health and wellbeing agenda.

5. As arts and cultural specialists, we would be able to help align the sector to Health and Wellbeing strategies.
6. We offer the board support through the procurement process to ensure that any arts and culture commissions are of the highest quality (from a cultural perspective).

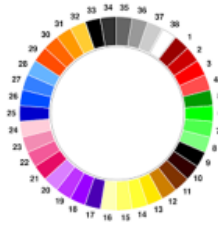
Appendix

The impact of communal singing on health and wellbeing*		
Physically	Emotionally	Socially
<ul style="list-style-type: none"> • Releases physical tension • Encourages good posture • Strengthens the lungs • Stimulates the mind • Offers gentle exercise 	<ul style="list-style-type: none"> • Reduces stress • Stimulates positive feelings • Increases energy • Increases self-esteem • Gives a sense of purpose 	<ul style="list-style-type: none"> • A reason to get 'up and out' • Bonding through co-ordinated group activity • Enables social interaction based on shared interests

* Adapted from *Singing and Health: A Systematic Mapping and Review*, Sidney De Haan Research Centre for Arts and Health, 2008

Measuring impact

We have used the Manchester Colour Wheel to help measure the impact of *Cuppa and A Chorus* on participants' wellbeing.



Participants select a colour that they feel best represents their mood BEFORE each *Cuppa and a Chorus* session starts. They then repeat this process AFTER singing in a group.

Colour choices are then mapped against charts developed as part of Dr Helen Carruthers' research* into the use of colour to determine mood. The sample analysed so far, from *Cuppa and a Chorus*, indicates a positive change in mood after singing.

Permutation 1		
Positive	Neutral	Negative
1 12 14 15	2 3 4 5	6 7 10 11
16 19 20 21	8 9 12 18	13 17 25 33 34
22 23 24 29	10 11 16 38	35 36 37
30 31 32		

*The Manchester Color Wheel: development of a novel way of identifying color choice
Carruthers et al, BMC Medical Research Methodology, 2010

Participants were also asked to sum up their mood in one word, before and after singing:

BEFORE



AFTER





explore



YORK@LARGE
the city's cultural partnership

York Museums Trust





Culture & Wellbeing

York

Cultural Commissioning to Reduce Health and Wellbeing Inequalities 2017-18

- Background – why we are here
- Achievements to date
- Wider legacy
- Next steps



Culture & Wellbeing
York



A pilot project funded by CYC

- 1 year pilot
- Cultural prescribing to improve access and participation
- Delivering against public health priorities
 - Isolation and loneliness
 - Cross generation connections
 - Keep active & reduce risk injury
 - Inclusive approach

Four themes for Health and Wellbeing in York 2017-2022

Theme	Mental Health and Wellbeing	Starting and Growing Well	Living and Working Well	Ageing Well
Top Priorities	Get better at spotting the early signs of mental ill health and intervening early	Support for the first 1001 days, especially for vulnerable communities	Promote workplace health and remove barriers to employment	Reduce loneliness and isolation for older people
Additional things we want to achieve	Focus on recovery and rehabilitation Improve services for young mothers, children and young people Improve the services for those with learning disabilities Ensure that York becomes a Suicide Safer city Ensure that York is both a mental health and dementia friendly environment	Reduce inequalities in outcomes for particular groups of children Ensure children and young people are free from all forms of neglect and abuse Improve services for students Improve services for vulnerable mothers Ensure that York becomes a breastfeeding-friendly city Make sustained progress towards a smoke-free generation in York	Reduce inequalities for those living in the poorer wards and for vulnerable groups Help residents make good choices Support people to maintain a healthy weight Help people to help themselves including management of long-term conditions Work with the Safer York Partnership to implement the city's new alcohol strategy	Continue work on delayed discharges from hospital Celebrate the role that older people play and use their talents Enable people to recover faster Support the vital contribution of York's carers Increase the use of social prescribing Enable people to die well in their place of choice
Directed by dedicated groups, and measured through both hard data and what people tell us				



Culture & Wellbeing
York

We recognise the needs of York's communities

York in a nutshell

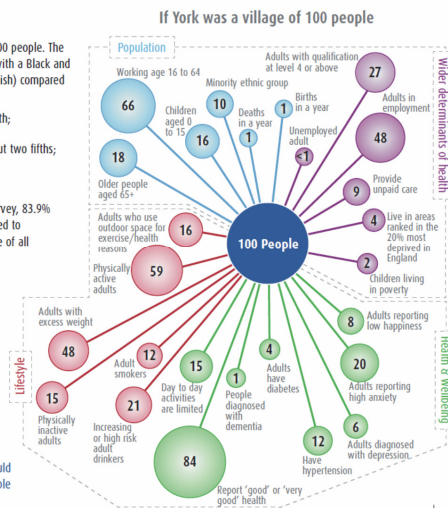
York's population is now estimated to be just over 200,000 people. The city has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 9.8% (non White British) compared to 4.9% in 2001. By 2025, it is estimated that

- the 65+ population in York will have increased by a fifth;
- the 85+ population in York will have increased by about two fifths;
- the 0-19 population will have risen by about 9%.

York's population is on the whole healthy (in a recent survey, 83.9% stated that they are in very good or good health compared to 80% regionally and 81.2% nationally). But this is not true of all communities and groups.



This graphic illustrates what the composition of York would be like if it was a village of 100 people based on available data. (October 2016)



Increasing individual and community resilience to reduce social isolation

Supporting positive health and wellbeing through factors such as social inclusion and positive social networks

Build on early intervention and prevention services to reduce and avoid the development of more complex needs



Culture & Wellbeing
York

We are creating routes into arts and culture for health & wellbeing benefits

- A list or 'menu' of cultural opportunities addressing Ways to Wellbeing
 - Members record levels of engagement – 5,000 beneficiaries
 - Supporting people to be social through regular day-time or community based activities
- Community based services use the menu to 'prescribe' cultural activities to local people
 - Services record referrals to cultural partners – 40% referrals = cultural
- X3 Projects financially supported
 - York in Harmony
 - Cuppa and a Chorus
 - Art commission
- Extant offer is integrated and promoted



Culture & Wellbeing
York

Reported benefits of our work include

- Gentle introduction to social discourse through cultural activity
- Regular activity to encourage new positive habits
- Wider recognition of the accessibility of cultural provision – using facilities across the city to enable easier attendance where transport maybe an issue.
- Build-up of confidence after significant life events e.g. bereavement, illness
- Small steps to introduce of new activity to build up resilience for new participants
- Development of individual participants to offer peer to peer support and mentoring



Culture & Wellbeing
York

Feedback from users our work include

- I have been through some bad times. This has really lifted me up. Wish there were more...
- A very enjoyable session with beautiful harmonics and amusing dancing! It's nice to talk to different generations from the community – to find out about people's singing experience and why they came.
- 'Jo starts the [creative writing] course, she feels positive about it, she's meeting new people and it's good to creative again... Jo sets up a work station at home, so she can continue doing her artwork, using the skills she has learnt on the course. She becomes involved in street festivals to raise funds for Kyra so she can share some of her learning with other women... Jo feeds back that Ways to Wellbeing helped her feel more confident, it was good to be encouraged and have someone believe in her.'



Culture & Wellbeing
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There is a broader legacy...

- Increased collaboration within the Partnership
- Increased integration of wellbeing initiatives within individual organisations
- Increased recognition of the potential contribution of arts and culture
- Funding bid submitted to Arts Council England



Culture & Wellbeing
York

Our ambition for the future

- Culture & Wellbeing to be integrated in policy and strategy
- Culture & Wellbeing York to be seen as a partner in the referral and delivery of services
- To use arts and cultural assets to meet wider societal needs
 - Older people (Arts Council bid)
 - Young people
 - Mental health service users
 - Out of Hospital Care
- Ensure that any arts and culture commissions are of the highest (artistic) quality



Culture & Wellbeing
York



Health and Wellbeing Board7th March 2018

Report of Corporate Director Health, Housing and Adult Social Care

North Yorkshire Fire and Rescue Service: Health and Wellbeing Focused Work**Summary**

1. In recent years the fire and rescue service has moved primarily from responding to emergencies to focusing on preventing emergencies. This has broadened out to not only include the prevention of fires but to include wider community safety, including road safety; river safety and accident prevention in the home.
2. A more detailed report from the North Yorkshire Fire and Rescue Service is at **Annex A** to this report. Health and Wellbeing Board are asked to receive and discuss this report; in particular the work the service has been doing to promote itself as a health asset.

Background

3. The Health and Wellbeing Board's joint health and wellbeing strategy 2017-2022 has a focus on prevention and early intervention; the focus of North Yorkshire Fire and Rescue Service's work is preventative, helping people to stay safe and well in their own homes.
4. North Yorkshire Fire and Rescue Service published a health engagement strategy in 2017 the key principles of this are detailed at **Annex A** to this report.
5. Discussions continue with partner agencies to develop work to meet this strategy and it is timely to explore how this fits with the vision, priorities and focus of the Health and Wellbeing Board's joint health and wellbeing strategy 2017-2022 alongside key pieces of work such as social prescribing.

Consultation

6. No consultation took place to produce this short cover report.

Options

7. There are no specific options in relation to this report. However, Health and Wellbeing Board are advised to focus their discussions around how North Yorkshire Fire and Rescue Service can help with the delivery of the joint health and wellbeing strategy 2017-2022.
8. They are also asked to consider how they wish to work with North Yorkshire Fire and Rescue Service to develop prevention initiatives that positively impact on the health and wellbeing of vulnerable individuals.

Analysis

9. Strengthening the prevention and early intervention offer in the city will help reduce demand on statutory services. This is one of the aims of the joint health and wellbeing strategy 2017-2022.

Strategic/Operational Plans

10. This report and its associated annex relate to the prevention and early intervention elements of the joint health and wellbeing strategy 2017-2022.

Implications

11. There are no risks identified for any of the following categories: financial, human resources, equalities, legal, crime and disorder, Information technology, or property.

Risk Management

12. There are no risks identified regarding the recommendations below.

Recommendations

13. There are no specific recommendations for the Health and Wellbeing Board but they are advised to focus their discussions around how North Yorkshire Fire and Rescue Service can help with the delivery of the joint health and wellbeing strategy 2017-2022.
14. Additionally the Board are asked to consider how they wish to work with North Yorkshire Fire and Rescue Service to develop prevention

initiatives that positively impact on the health and wellbeing of vulnerable individuals.

Reason: To explore how North Yorkshire Fire and Rescue Service can help with the delivery of the joint health and wellbeing strategy 2017-2022; in particular the focus on early intervention and prevention and reducing demand on statutory services.

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Chief Officer Responsible for the report:

Martin Farran
Corporate Director of Health, Housing
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City of York Council

**Report
Approved**



Date 13.02.2018

Wards Affected:

All

For further information please contact the author of the report

Background Papers: [joint health and wellbeing strategy 2017-2022](#)

Annexes

Annex A – Report from North Yorkshire Fire and Rescue Service

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York Health and Wellbeing Board**7th March 2018****1.0 Purpose of Report**

- 1.1 To present the York Health and Wellbeing Board with an overview of the work of North Yorkshire Fire and Rescue Service (NYFRS) in respect of health and well-being.

2.0 Background

- 2.1 Over the last fifteen years or so, the fire and rescue service nationally has moved from primarily responding to emergencies to focussing on preventing emergencies. Initially this was mainly about the prevention of fires but over the last few years has broadened in scope to wider community safety, which includes road safety, river safety and accident prevention in the home. NYFRS continues to provide services such as fitting smoke alarms but more recently the work has been about encouraging changes in behaviour, for example not smoking in bed.

- 2.2 Over the last three years, the Chief Fire Officers Association (CFOA) has been working with the NHS to promote the fire and rescue service as a health asset, which resulted in a consensus statement on health and wellbeing issued by NHS England, CFOA, the Local Government Association, Public Health England and Age UK.

- 2.3 Following a short public consultation, and in discussion with partners and other stakeholders, NYFRS published a Health Engagement Strategy in June 2017. The key principles of the strategy are to:

- Establish early interventions on risk factors that will reduce the longer term demand on NYFRS and other agencies, whilst improving the well-being of individuals.
- Provide cost effective use of our assets for certain health and social care interventions which will result in stronger communities and better value for money for the taxpayer.
- Utilise our skills and assets for appropriate and timely emergency response, which will reduce demand on other services, provide value for money and better health outcomes for patients.

- 2.4 Discussions have continued with partner agencies since then to consider how to develop specific work to meet this strategy. As part of this developing work, there is a body of evidence emerging of the benefits of fire and rescue involvement in health and well-being work. In addition, those individuals with poor health and well-being are likely to be at greater risk of fires.

3.0 Information

- 3.1 Discussions with partners in the health and social sector have identified that the role of the fire and rescue service in health and well-being should be non-medical, and that the experience of prevention work could be usefully applied to people who are not currently in the health or social care system.

- 3.2 The recently developed Safe and Well visits are a key product that some partners are interested in using, and developing further. This initiative is an expansion of the existing home fire safety check. The Safe and Well visit is undertaken by specialist community safety staff who, in addition to the home fire safety check, discuss with the individual other health and well-being issues, such as loneliness, falls prevention, smoking cessation and alcohol reduction. Advice is given where appropriate, for example replacing damaged rugs to prevent falls. Referrals are also made to other agencies or schemes, such as 'Warm and Well' or "Living Well".
- 3.3 One pilot that is being developed with Hambleton, Richmondshire and Whitby CCG (HRW CCG), is a scheme to refer people who meet specific criteria to NYFRS for Safe and Well visits. Work is currently underway to consider the data sharing agreement and the necessary practical arrangements. The referrals are likely to be made via GPs for people on the moderate or mild part of the electronic Frailty Index, who currently do not receive any health interventions.
- 3.4 There is a similar scheme being set up with York Teaching Hospital NHS Trust, whereby referrals for Safe and Well visits will be made from the occupational therapy department.
- 3.5 The collaboration with HRW CCG, has led to a workshop with health and community safety partners on rural vulnerability. This is leading to two more pilots in the Richmondshire area. One will look at how to minimise the number of visits and interventions by the different agencies. The other will look at how the community can support people and direct them to the appropriate services, where required.
- 3.6 The City of York Council and other partners have begun to introduce the concept of "social prescribing" which is emerging as a cost-effective solution to some of the problems that impact on health and well-being, particularly loneliness, thus reducing demand on services. The evaluation of their "Ways to Wellbeing" scheme suggests that there is a £1 return on investment for every 50p spent.
- 3.6.1 One of the features of social prescribing is that the individual is helped to design their own personalised solutions, often by linking into support networks provided by communities, family, and other agencies. It is emerging that NYFRS could have a role to play in this, over and above specialist fire safety advice or Safe and Well visits. The overall approach would be where NYFRS is seen as a community asset.
- 3.6.2 Some examples of potential involvement NYFRS could have in these social prescribing schemes are:
- Use of fire stations by community groups, combined with discussions with staff at stations.
 - Supporting regular community groups, through the delivery of talks, advice or regular attendance.
 - Use of fire station gyms or fitness equipment.
 - Assist in other community events (bonfires, street parties, fairs, soup kitchens, etc.).
 - Named staff or station teams (known as 'watches') as a main contact for voluntary groups.

- 3.6.3 The use of volunteers and community groups also provides opportunities to engage volunteers in the delivery of these initiatives, and NYFRS have established links with the voluntary sector such as the York CVS.
- 3.7 One of the strengths of the fire and rescue service is its 'trusted brand' status. In practice this means that NYFRS staff are welcomed into homes which other agencies may find difficult to access, or to those people who do not always access other services that are available (e.g. 'self-funders' for local authorities).
- 3.8 There is a growing body of evidence¹ that collaborative working between health and social care agencies with the fire and rescue service and others provides a return on investment.

4.0 Conclusions and Next Steps

- 4.1 NYFRS could use their experience in prevention work to assist other agencies in promoting self-care and self-management. The 'trusted brand' status could also be used to provide information to those people who do not access other services.
- 4.2 Partners in the health sector and local authorities are being asked to consider whether they wish to work with NYFRS in developing prevention initiatives that can positively impact on the health and well-being of vulnerable individuals. This collaborative work could also reduce demand on services, particularly people accessing primary, secondary and social care. This could be either through provision of advice and information about where and how to access alternative support and services, or through encouraging people to self-help and self-manage to reduce risk and vulnerability.
- 4.3 This paper was also presented to the Accident and Emergency Delivery Board in January. The outcome of that meeting was to set up a small working group to consider how to take some of this work forward.
- 4.4 Any partners who would be interested in exploring further opportunities are asked to contact the authors of this paper.

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¹ E.g. "Evaluation of the impact of FRS interventions in reducing the risk of harm to vulnerable groups of people from winter-related illnesses", Public Health England, Nov. 2016

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Health and Wellbeing Board7th March 2018

Report of Fiona Phillips, Assistant Director of Public Health, City of York Council

City of York Pharmaceutical Needs Assessment**Summary**

1. The Board are asked to note the contents of the updated Pharmaceutical Needs Assessment (PNA) [*Annex A refers*] for the City of York and approve it for publication.

Background

2. The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to Health and Wellbeing Boards. If a person (a pharmacist, a dispenser of appliances, or in some circumstances and normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.
3. Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

Main/Key Issues to be Considered

4. The production of the PNA for the City of York has been led by the Public Health Team, through a joint steering group established with North Yorkshire County Council who are simultaneously producing their refreshed PNA.

5. There has been representation from the key stakeholders on this group. The PNA has been carried out in accordance with Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.
6. Overall, the PNA found that pharmacy services appear to be well spread across the main population centres of York, although the more central locations are better served than the outer villages. The only area where a potential gap was identified was for the student population of the University of York as the number of students increases on the Heslington East Campus. However, at present all of the York population live within a moderate driving distance of a pharmacy.
7. A recent application for a pharmacy within the Heslington East Campus development has been approved by NHS England, based on evidence within this draft PNA.

Consultation

8. The draft PNA was subject to a 12 week consultation, which ended on 5th January 2018. The comments from this consultation have been considered by the PNA steering group and the PNA amended where necessary. The draft PNA has been discussed at the Health and Wellbeing Board Steering Group and any necessary amendments made.

Options

9. There are no specific options within this report. The Health and Wellbeing Board are asked to approve the publication of the PNA.

Analysis

10. Publishing the PNA will enable the Health and Wellbeing Board to fulfil their mandatory function of having an up to date assessment of pharmaceutical needs for the population of the City of York.

Strategic/Operational Plans

11. The production of the PNA is part of the Health and Wellbeing Board's overall responsibility to produce a Joint Strategic Needs Assessment for the City of York.

Implications

12. There are no risks identified for any of the following categories: financial, human resources, equalities, legal, crime and disorder, Information technology, or property.

Risk Management

13. There are no risks identified regarding the recommendations below.

Recommendations

14. The Health and Wellbeing Board are asked to consider approving the PNA report for publication and dissemination

Reason: To fulfil their mandatory duty to have an up to date assessment of pharmaceutical need for the population of the City of York.

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Report Approved



Date 16.02.2018

Wards Affected:

All

For further information please contact the author of the report

Background Papers: None

Annexes

Annex A – York Pharmaceutical Needs Assessment 2018 - 2021

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York Pharmaceutical Needs Assessment

2018 -2021

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Executive Summary

Pharmaceutical Needs Assessments are the responsibility of the York Health and Wellbeing Board, and consider whether pharmacies in York are in the right places and delivering the right services to meet the health needs of York residents. The population of York is growing and ageing, which is projected to increase the demand on health services, including community pharmacy services. It is important that the community pharmacy services have sufficient capacity to grow with this demand.

Pharmacy services appear to be well spread across the main population centres of York, although the more central locations are better served than the outer villages. As housing developments change the residential picture of York, the need for community pharmacies should be reviewed. At present all of the York population live within a moderate driving distance of a pharmacy.

Overall, the range of services appears to meet the needs of residents, although public knowledge of some of these services is low. Broadly, the feedback from the public is that the services they used were easy to access and meeting their needs. There are opportunities to build on this, in particular, improvements in the lifestyle advice on offer for people with long term health conditions, and the availability of compliance aids and medicine deliveries for those who require them. There is also scope to improve the opportunities of residents to offer feedback on their experiences through an independent feedback route. Finally, both pharmacists and health and social care providers in York recognise that there are opportunities to build on existing partnerships to make it easier for people to access the services they need.

Community pharmacies are an increasingly important part of the response to non-urgent health needs in the UK. In York, as elsewhere, a large proportion of the population use a pharmacy within the year, but many of these people only use pharmacies for prescription or over-the-counter medications. In York, as elsewhere, there is scope to further encourage people to adopt the 'Pharmacy First' model of health care.

Section 1: Community Pharmacies

The role of community pharmacies

Some services that community pharmacies provide are 'essential services'. These are a core part of the pharmacy contract. NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Others are 'advanced services' which pharmacies may provide only when they meet additional requirements in order to deliver these further services. Finally, there are locally commissioned services which are commissioned in response to local need, and in consideration of the services which are available elsewhere in the local area. Further information about all of the services mentioned in this section may be found at www.psn.org.uk

Essential services include:

- Dispensing medicines and appliances
- Repeat dispensing (Repeat prescriptions)
- Disposal of unwanted medicines
- Public health (promotion of healthy lifestyles)
- Signposting
- Support for self-care

Advanced services include:

- Medicines Use Review service
 - It is thought that 25%-50% of medications are not taken as directed, and 15% of people take few if any doses. This can lead to further prescriptions, tests, and poorer health outcomes. The MRU service aims to improve patient understanding and adherence through accredited pharmacists conducting structured adherence-centred reviews with patients on multiple medications.
 - The national evaluation of the NMS¹ found that the service is well received by patients and increases adherence to new medicines at 10 weeks by approximately 10% making it an important intervention.
- New Medicines Service
 - The service is for people with long term health conditions who have been newly prescribed a medication. The aim is to improve medicine adherence and engagement with their condition. In turn this should reduce wastage and improve health outcomes.
- Appliance Use Review Service and Stoma Customisation Service

¹ www.nmsevaluation.org.uk

- AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any specified appliance.
- Flu vaccination service
 - Between September and March adults in higher risk groups are able to have a flu vaccination in their pharmacy, this is available without appointment in many locations across York. The aim of this service is to free up GP nurse appointment slots and to make the service more readily accessible.
- New Urgent Medicine Supply Advanced Service
 - Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication. This can block GP out of hours appointments, disrupt the usual repeat prescribing and dispensing cycle, and increase the potential for medicines waste.
 - The service is commissioned from December 2016 to March 2018, and is intended to reduce demand on out of hours and hospital services.

Locally commissioned (enhanced) services

The 2015-2018 pharmaceutical needs assessment report discussed a number of community pharmacy services commissioned by City of York Council in response to the local need at that time. This section offers an updated description of these services.

Drug and Alcohol Services:

At the time of publishing the previous PNA (March 2015), both the 'needle and syringe exchange program' and the 'supervised consumption program' delivered by community pharmacies were commissioned by City of York Council. As of 1st September 2017, these services are no longer commissioned directly by CYC. Instead they are part of a larger drugs and alcohol contract. There have been no changes to the service delivered in community pharmacies as a result of this change to the contract. This is correct at the time of writing, October 2017.

Stop Smoking Service:

This is now delivered by CYC through the YorWellbeing Service. The YorWellbeing service accepts both self-referrals and referrals from medical professionals. It offers a 6 to 8 week program of group sessions, as well as a small number of individual sessions. Medication is not funded for the majority of people, but they are encouraged to purchase it alongside receiving behavioural change support through the group sessions. There is only one pharmacy in York which provides this prescription medication. However, pregnant women and those eligible for hardship funding are provided with medication; this is available from

six pharmacies in York. Pharmacies are paid a fixed dispensing fee for each of these prescriptions. This is correct at the time of writing, October 2017.

Emergency Hormonal Contraception:

City of York Council commissions an Integrated Sexual health Service from York Hospital NHS Foundation Trust. This is called YorSexualHealth. YorSexualHealth provides a free, confidential, sexual health service to everyone.

Emergency Hormonal Contraception (EHC) is available, free of charge from a variety of outlets across York:

- YorSexualHealth Clinics based at Monkgate Health Centre, Acomb (Front Street Surgery) and Wenlock Terrace Surgery.
- York University and York College (term time only)
- From any GP practice (even if the person is not registered with that practice)
- From the GP Out Of Hours services
- From the Urgent Care Centre at York Hospital.

Additionally, pharmacists in York sell emergency hormonal contraception for £20-£30.

National vision for the future of community pharmacy

With the addition of new enhanced services for pharmacies, the role of pharmacies is expanding and developing. The *Community Pharmacy Forward View*² by the Pharmaceutical Services Negotiating Committee describes their view for three key roles for the community pharmacy of the future:

1. *As the facilitator of personalised care for people with long term health conditions* - community pharmacy teams should be integral to supporting and empowering people and their carers to manage their own health. Community pharmacists and their teams should work in partnership across the wider health and care system, within the new care models that are emerging across the country.
2. *As the trusted, convenient first port of call for episodic healthcare advice and treatment* - the habit of using or signposting to 'pharmacy first' for non-emergency episodic care, should be ingrained in patient, public and professional behaviours. To facilitate this, systems that enable seamless triage to and referral from community

² Community Pharmacy Forward View. PSNC, Pharmacy Voice. August 2016.

<http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/>

pharmacy should be included in all local urgent care pathways and in the NHS 111 service.

3. *As the neighbourhood health and wellbeing hub* - All pharmacies should operate as neighbourhood health and wellbeing centres, providing the 'go-to' location for support, advice and resources on staying well and independent. Building on the HLP model, the safe and efficient supply of medicines managed by pharmacist-led teams will remain at the core of this community pharmacy offer, but will be recognised as one component of a broader set of resources and services available within these health and wellbeing centres. Seen as a local community resource and trusted source of information and advice, pharmacy teams should have great connections with other organisations that support health, wellbeing and independence – ranging across local community groups, charities, places of worship, leisure and library facilities, social care, education, employment, housing and welfare services – and will be able to refer and signpost people to them. Some pharmacies should host outreach or drop in facilities for these partner organisations, and pharmacy team members will be routinely involved in any community-based health and wellbeing activities they organise.

Section 2: Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) is a statutory duty of the Health and Wellbeing Board.

The purpose of the PNA is to consider the current and future need for pharmaceutical services in an area, and to describe to what extent the current pharmaceutical services meet that need. To do this it will consider the demography of the area, and the differing needs across different localities or population groups. It will also consider whether the public has sufficient choice in accessing pharmaceutical services, the effect of provision provided by neighbouring areas, the affect of other NHS services, and finally whether the provision of further pharmaceutical services would secure improvements or better access to pharmaceutical services.

In order to achieve this, a PNA is required to include the following statements.

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area.
- A statement of the pharmaceutical services that have been identified by the health and wellbeing board that are needed in the an area, and are not provided (gaps in provision)
- A statement of other services that are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area
- A statement of services that the health and wellbeing board had identified as not being provided, but which would, if they were provided, secure improvements or better assess to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS commissioning board (NHS England), a clinical commissioning group (CCG) or an NHS Trust, which affect the need for pharmaceutical services.
- An explanation of how the pharmaceutical needs assessment, including the consultation, has been carried out
- A map of providers of pharmaceutical services

The PNA is required to consider the following range of pharmaceutical services:

- Essential services – core services which every community pharmacy must provide, as specified in their NHS terms of contract
- Advanced services – further services which accredited pharmacies may provide
- Enhanced services – services which are locally commissioned by NHS England

Governance

Each Health and Wellbeing Board has a legal responsibility to produce a pharmaceutical needs assessment. To deliver the PNA, City of York Council and North Yorkshire County Council decided to work in collaboration to develop this PNA. This has been done previously and has worked well. This is because North Yorkshire County Council (NYCC) shares a significant geographical boarder and a clinical commissioning group with City of York Council; and the NYCC PNA has the same lifetime expiry as that in York.

Despite this collaboration both local authorities produced separate needs assessment reports for their respective Health and Wellbeing Boards.

Purpose

The document is used as the framework for commissioning pharmacy services in an area.

When a person, typically a pharmacist, wants to provide a new pharmaceutical service they are require to apply to the NHS, this is commonly known as the NHS market entry system. In that application the individual must demonstrate they are able to meet a pharmaceutical need set out in the local areas PNA.

Additionally, the PNA may identify a health need which is not currently being met through the pharmaceutical services available in that area. NHS England may use this information to commission additional pharmaceutical services in the area, however there is not a specific requirement on NHS England to respond to this need.

Timeframe

The Health and Wellbeing Board is required to produce a PNA every three years. This is to ensure the content of the report reflects the true state of pharmaceutical services available in the area. In addition, the health and wellbeing board are required to publish any changes to the pharmaceutical services available every quarter. If the health and wellbeing board are made aware of any significant changes to the pharmaceutical services available to residents, they may consider reviewing the document earlier than three years.

This pharmaceutical needs assessment is valid from March 2018 to March 2021.

Process of conducting the PNA

As discussed earlier in this section the health and wellbeing boards of York and North Yorkshire decided to work collaboratively in the development of their respective PNAs. A

joint multiagency steering group was established to manage the production of the PNA. The membership of the joint PNA steering group and the declarations of interests may be found in appendix 1.

The multiagency steering group met four times between March and September 2017. Additionally, working groups were established by the steering group to produce specific elements of work between the steering group meetings.

The steering group were keen to emphasise the importance of consulting with stakeholders. There were two parts of engagement and consultation in the production of the PNA.

Part 1 – Engagement with the public, pharmacists, health and social care providers and strategic partners

Engagement with the public and key stakeholders was an important part of development this needs assessment. Engagement with the public and stakeholders took place through June and July 2017 (eight weeks) through the form of a survey. Four versions of the survey were produced; one for the public, one for pharmacists, one for health and social care providers, and one for strategic commissioners.

The intention was that the four surveys were adapted to meet the view point of the audience. All the questionnaires aimed to do three things.

- 1) Understand how the pharmaceutical services are being used in York
- 2) Listen to perspectives on the strengths and issues of the way the current pharmaceutical provision is arranged in York
- 3) Learn about plans and opportunities to develop or change the pharmaceutical services available in York.

The questions used in each questionnaire may be found in the appendix 2a-2d.

Public

The public were invited to share their views about pharmacies over eight weeks. This was promoted on social media, the city of York Council consultation webpages, and sent to the York talk about citizens' panel, posters advertising the survey were also sent to pharmacies and GP practices in York. Additionally, the survey was sent to organisations that represent people who might use pharmacies differently to the general population; university students, carers including young carers, older people, mothers of young children, people in recovery from drug or alcohol addiction, people with physical and sensory disabilities, and people with learning disabilities. This is to encourage people with different perspectives to give their views on pharmacies in York.

Additional information about students views their health and health services in York was taken from the [2017 York Student Health Needs Assessment](#) . The findings from this needs assessment were considered with discussing whether the current community pharmacy services were meeting the needs of the population.

Pharmacies

Pharmacies were contacted directly on three occasions both by the public health team at CYC and by the LPC for York and North Yorkshire.

Health and Social Care Providers

Health and social care providers were taken to include GPs, service managers and providers for a range of adult social care services, drug and alcohol recovery services, sexual health services, children's centres, departments at York hospital, and a range of voluntary and community sector organisations. These organisations and services were contacted individually, as well as being able to access the survey on the CYC consultations webpage.

Strategic partners

Strategic partners were taken to include, bodies, departments, and organisations that are responsible for commissioning health services or providing strategic direction for the city. Again, direct contact was made with these organisations, as well as general access to the survey being available on the CYC consultations webpage.

Part 2 – Consultation on the draft report

Consultation on the draft report is an important and necessary step in developing a pharmaceutical needs assessment. The legislation and best practice guidance specify that this consultation period must last for 60 days in order to allow all interested parties a reasonable opportunity to respond.

In York, the consultation period ran through November and December 2017.

The draft report was made public on the City of York Council consultation website. The organisations represented on the PNA steering group were invited to share this web link and promote the draft report on their own websites also.

The NHS (pharmaceutical and local pharmaceutical services regulation) 2013 specifies that as part of the 60 day consultation, the health and wellbeing board must consult with the following organisations;

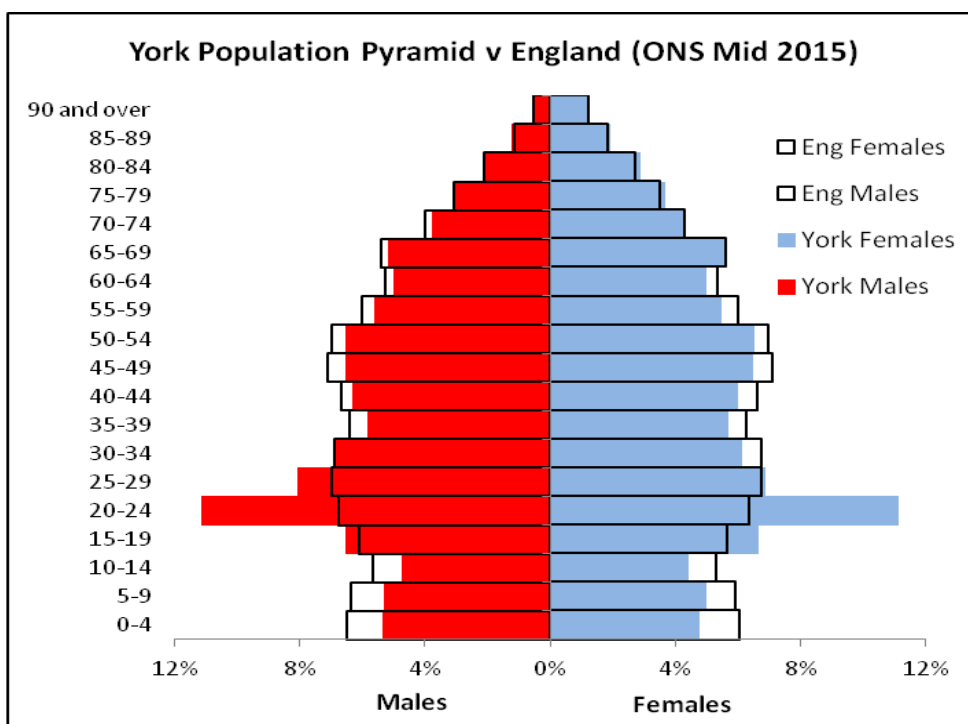
- The local pharmaceutical committee (Community Pharmacy North Yorkshire)
- The local medical committee (YorLMC)
- Registered pharmacists in the area (contacted via CPNY)

- Dispensing doctors in the area (contacted via YorLMC)
- Any local pharmaceutical service chemist whom the NHSCB has arranged to provide local services (contacted via CPNY)
- Local Healthwatch organisations for the area (Healthwatch York)
- Any NHS trusts or NHS foundation trusts for the area (York Teaching Hospital NHS Foundation Trust)
- The NHS commissioning board (Vale of York CCG)
- Any neighbouring health and wellbeing boards (North Yorkshire and East Riding)

Each of these organisations were contacted directly about the consultation on the draft report, and encouraged to respond. Additionally, to allow the public and any wider organisations to respond, the consultation period was promoted through social media. A list of the questions asked as part of this formal consultation period, and the organisations that responded can be found in appendix 5a-5b.

Section 3: York's population

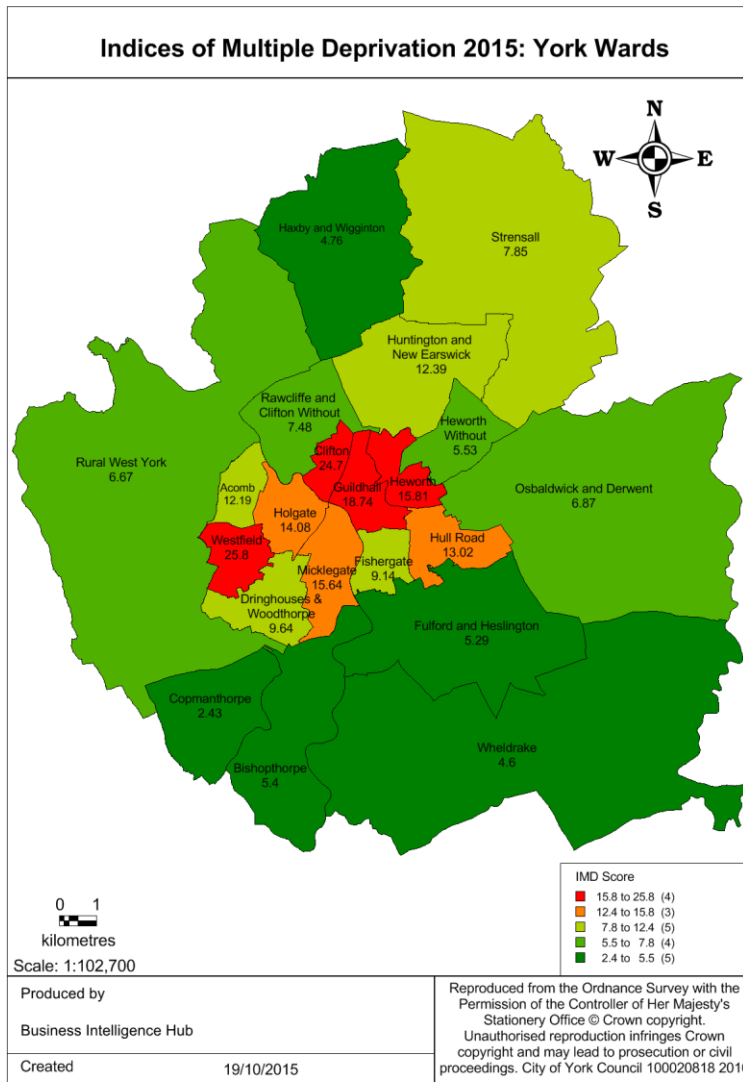
The total population of York is 207,000. The image below shows the population of York in comparison to England. It is possible to see that York has a higher proportion of people aged 18-24 compared with the England average, this is reflective of the two universities in the city. It is also possible to see that York has a smaller proportion of primary and secondary school aged children, and slightly fewer adults of working age than England. The proportion of adults of retirement age, in particular older adults is very similar to the England average.



The 2015 Indices of Multiple Deprivation (IMD) show that overall York is the 17th least deprived local authority in England out of the 152 areas. This shows that overall York has a low level of deprivation.

Despite this, some residents of York do however live in areas which are relatively deprived. A total of 7,888 people in York live in lower super output areas (LSOAs) which are in the most deprived 20% of LSOAs in England. This represents 3.9% of the population. This is a relatively low proportion compared with the regional and national averages (28.1% and 20.2% respectively).

The map below shows the range of deprivation amongst the wards in York. It is possible to see that the majority of York’s deprivation is concentrated in the smaller, more densely populated wards towards the centre of the city. As this is where the majority of community pharmacies are situated, residents in these areas should have good access to pharmacy services.



Current health needs of people in York

This section offers a summary of the health of residents who live in York. This includes the prevalence of some long term health conditions, and a discussion of the impact of this on community pharmacy services in York. This information is taken from the 2015-2016 data release on ‘Fingertips – public health outcomes framework’ and represents the most up to date figures currently available for York, at the time of publishing.

Generally, adults in York have fewer long term health conditions than adults elsewhere in the country. This means that the demands for pharmacy services, for example to dispense medication, to offer advice, or to review medication is less than other parts of the country. Among adults of all ages in York, 12% have high blood pressure, 3% have heart disease, 3% have diabetes, and 9% have either anxiety or depression. These are examples of common long term health conditions that might mean a person uses their community pharmacy regularly.

In 2016-2017, an average of 142,500 prescriptions were filled each month by pharmacies in York. This included an average of 276,500 separate items each month. If each prescription within a given month was for a separate person, then this would account 70% of the York population. However, it is estimated that around 10% of prescriptions are given to someone who has already received a prescription that month; therefore a more accurate figure would be between 62% of the York population.

Travel to pharmacies

Walking

Approximately 31,000 people in York live more than a 15 minute walk from their nearest pharmacy. Predominantly, these are people who live in the rural villages on the outskirts of York, where that rural village does not have a pharmacy of its own. In particular, this includes Rufforth, Skelton, Shipton Strensall, and Wheldrake. The people who live in these outlying villages and villages like them tend to have lower levels of deprivation (measured by the areas IMD score, 2015) and tend to include a larger number of older working age adults, and older adults than the general York population. Additionally, a sizeable proportion of students live more than 15 minutes walk from a pharmacy, particularly those on the Heslington West Campus. The nearest pharmacy for many campus students is in the Badger Hill part of York.

Public transport

The majority of York residential areas are covered by a good bus route. A good bus route is particularly important for residents who live more than a 15 minute walk from their nearest pharmacy, such as those identified above. The bus route frequency varies for these villages and outlying areas. For example, Heslington and Strensall are serviced with a regular bus service throughout the week. Whereas, Rufforth, Wheldrake and Skelton have a good bus service during week days but very limited or no services during weekends and evenings. Other areas, such as Shipton and Acater Malbis have very infrequent or no bus services. . This means that residents in these areas, and some of the other small outlying hamlets will

need to rely on cars, family and friends, or community transport options to get to pharmacies and other health services.

Driving time

None of York's residents live more than a 10 minute drive from their nearest pharmacy. The data for this section about pharmacy location and walking and driving distances to pharmacies is taken from the SHAPE ATLAS tool, accessed 28/07/2016.

Needs of a specific ward or population group

Seasonal demand

York receives an estimated 6.9 million visitors each year, in particular during school holidays and Christmas. A small number will require medical attention whilst in York some of this will be as a result of forgotten or lost medications. There is a small but noticeable rise in the number of prescriptions dispensed in December (Christmas), March (Easter), and July (Summer); on average there are 8,700 additional prescriptions filled in these three months than in the remaining nine (140,300 vs. 149,000). However, it is not possible to identify what proportion of this rise is accounted for by additional tourism to the city.

Pharmacies which are part of the 'urgent medication supply advanced scheme' can meet this additional demand. This means that pharmacies can alleviate the additional pressure which would otherwise fall to out of hours GP services or to the emergency care services in the hospital. This is an example of how community pharmacies can influence the level of demand for health services. More can be read about the scheme at

<http://psnc.org.uk/services-commissioning/urgent-medicine-supply-service/>

Ward level disability or illness

Across all of York, 15.3% of residents are recorded as having 'limiting long term illness or disability'. These people are likely to have a greater need for community pharmacy services; for medicine dispensing, for medicines reviews, and for advice on how to manage their conditions. In some wards, there are a noticeably greater proportion of people with a 'limiting long term illness or disability'; this means that these wards are more likely to have a greater and more regular need for pharmacy services. The following wards have at relatively high proportion of people living with a limiting long term illness or disability.

- Osbaldwick and Derwent (17.5%)
- Bishopthorpe (17.6%),
- Heworth Without (18.3%),
- Westfield (18.8%),
- Huntington and New Earswick (21.1%),

The available data can not identify who experience ill health and disability in each ward. However, it is notable that four of the wards contain a significantly higher proportion of older adults than the rest of York, and the remaining ward (Westfield) has a high proportion of people who are receiving employment support allowances. This may give some indication as to the underlying reasons for ill health and disability in these wards.

The data used in this section is taken from the York Open data, specifically the ward profiles for Q4 2016-2017 (January – March 2017) The most recent open data ward profiles may be accessed here; <https://data.yorkopendata.org/dataset/york-ward-profiles-2016-17-q4>

Employment in York

York has a very low unemployment rate, with the vast majority of adults in employment in York. However, quite a lot of the employment is lower paid and lower skilled work, often people are employed in industries that commonly use shift working patterns; such as hospitality, tourism, and service sectors.

For a population such as this, extended opening hours, including evenings and weekends provides an important degree of flexibility that makes community pharmacies more accessible.

Projected health needs of people in York

This section offers a summary of the best estimates of changes to the population of York over the life course of the pharmaceutical needs assessment strategy. This includes the projected population size, the projected health of the population, and the impact for community pharmacy services. This information is taken from the three year POPPI and PANSI population predictions, which in turn are modelled using data published by ONS.

York, as elsewhere in the country has both a growing population and an aging population. In the three year duration of this needs assessment it is estimated that the population of York will grow by 3,800 people.

Separated by age, it is expected that there will be 700 more working age adults in York between 2018 and 2021. This is only a modest increase, and in fact some age groups are expected to reduce (18-24 years and 45-54 years) in this time frame. The growth is mainly expected in older working age adults (55-64 year olds). Indeed, the majority of the population growth in York is in older adults; it is expected that there will be 1,800 additional residents in York aged over 65 years; this includes 400 people who will be aged over 85 years. This shift towards significant increases in the older adult population with smaller growth or reduction in younger adults is what defines an 'aging population'.

As well as the numbers of people, it is possible to estimate something of the changing characteristics and health needs of York's population over the next three years.

Among York's working age adults (18-64) it is estimated that there will be a further 136 people with moderate physical disability, 63 additional people with a serious physical disability, 57 additional people with diabetes, 43 more people with a mental health condition, 27 more people with two or more mental health conditions, 20 additional people with drug dependencies, and 40 more people with alcohol dependencies. These figures demonstrate that although the number of working age people in the city is not expected to rise significantly, it is projected that there is a growing number of people with ongoing health conditions, many of whom will use pharmacies on a regular basis for dispensing and advice services.

Among York's older adults (65+) 99% of them are White British; this is not expected to change within the next three years. A good overall measure of health of older people is how much they find their daily activity is limited because of ill health. It is estimated that an additional 495 older adults will find their daily activity is limited 'a little' and that an additional 461 older adults will find their daily activity is limited 'a lot'. This information suggests that as well as there being more older adults in York, there will also be more older adults experiencing some kind of ill health, particularly long term health conditions. Therefore the demand on pharmacy's services may be expected to rise.

The proportion of people in York who find their daily activity is limited a little is currently about 25% and the proportion which find their daily activity is limited a lot is currently about 21%. Because the total number of older adults is increasing the actual number of people experiencing limitations to daily activity is projected to rise; by 495 and 461 people respectively. This makes it reasonable to suggest that York can expect more older people to be using pharmacies regularly to manage their ongoing health conditions.

Housing Developments in York

The York Local Plan sets out the intention for housing and commercial developments in the city over the next 15 years. This includes a mix of smaller development sites, and larger sites with over 1,000 new homes planned. Some of these developments may result in an increased need for community pharmacy services in that part of York.

At the time of publication, it is not possible to clearly understand the timeframes for each of the building developments outlined in the York local plan. Therefore it is not possible to comment specially on the impact of the planned development on the pharmaceutical requirements of the population. As the local plan develops, additional information may be found at; https://www.york.gov.uk/info/20051/planning_policy/632/the_local_plan and this may be informative into the future.

Section 4: Public and Stakeholder Views

This section relates to the views obtained in the public and stakeholder engagement. Full data outputs can be found in appendix 3a-3d

Response rates

Response rates to this service were low to moderate across all four surveys, details are provided below.

Public

In total 287 members of the public responded, representing considerably less than 1% of York's population. These figures are slightly higher than the engagement work in 2015, but follow the trend of low engagement despite advertising and promotion work. The people who completed the survey were substantially older than the average for York as a city; as a result, there was also an over representation of people who are retired, have long term health conditions, or who are carers for family or friends. Respondents also had worse self reported health than the general York population. This introduces some bias, which readers should be mindful of when using this study. However, it is also important to recognise that older adults with health complaints are also likely to be using a pharmacy on a frequent basis, and therefore may have a more informed opinion of pharmacy services in York. Additionally, there was an underrepresentation of black and ethnic minority groups, and of men among the survey respondents. Readers should also be mindful of the overall small response size when reading and interpreting the results presented in this study.

Pharmacy

All pharmacies in York were encouraged to complete the survey. In total, 17 of the 45 pharmacies in the York area responded; this is a moderate level of response. There was a noticeable over-representation of independent pharmacies and smaller pharmacy groups in the survey data. This is thought to reflect that pharmacies which are part of national organisations may need to seek corporate approval before responding to a survey of this type. Because of the moderate response rates, some additional information was shared directly by the LPC to help inform this needs assessment.

Health and social care providers

This survey was for all organisations that provide a health or social care service to residents of York; this included statutory, voluntary and for-profit organisations. This included various elements of adult social care, including departments that provided residential and domiciliary care and support for people with learning disabilities. Additionally, it included

specialist providers such as addiction recovery providers and sexual health service providers, and community and voluntary organisations which supported groups such as older people, and people with sensory impairment. It also encompassed clinical providers such as GP practices, the hospital, and mental health service providers, as well as allied health professionals including dentists and optometrists. Overall, response rates were better than expected for this group, 26 responses in total. However, it was uneven with some provider types being well represented (in particular GP practices and sexual health service providers) and others not (in particular other clinical and allied health professional organisations).

Strategic partners

This included any organisations, or teams within organisations, who consider that they commission health, wellbeing, or social care related services in the city. Or offer strategic direction with regard to health, wellbeing, or social care in York. For example, this might include boards which do not have a commissioning budget but which still have a clear strategic role. Unfortunately, none of these partners were able to offer a response to the consultation survey. Whilst this may appear as a gap, a large number of strategic partners must be consulted on the draft as part of the 60 consultation period. Therefore, all of these partners will have a period to consider the draft report and provide considered commentary.

The services pharmacies deliver:

Pharmacies were asked which of the advanced and enhanced services they offer. This is to better understand the range of available services in York.

Services that are most commonly reported as delivered by pharmacies in York

- Medicines review service (16)
- Medicine packaging (16)
- Delivery of medication (16)
- Electronic prescriptions (16)
- Repeat prescription services (16)
- Medicines disposal (16)
- Flu vaccination (14)
- Substance misuse services (14)

Services that are least commonly reported as delivered by pharmacies in York

- NHS Health Checks (0)
- Fall prevention service (0)
- Alcohol screening and brief advice (0)
- Sharps box disposal (1)

- Needle and syringe exchange (2)
- Chlamydia testing (2)

The number of pharmacies who reported delivering a range of other services may be found in the full data in the appendices at the end of this report.

Additionally, information shared from NHS England primary care contracts management identified the number of pharmacies who are currently delivering the new urgent medicines supply advanced service. As of October 2017 this was nine pharmacies. However, NHS England indicates that they expect take up of this service among pharmacies to rise in the coming years.

Pharmacy opening hours

Pharmacy opening hours were recorded using data taken from the NHS Choices website (which is populated by pharmacies themselves). There are five '100 hour pharmacies' in York. These pharmacies offer significantly extended opening hours in York, both in the evenings and weekends. Additionally, some pharmacies offer some element of extended opening hours beyond the standard week day opening. In particular; 34 pharmacies open on Saturdays, 12 pharmacies open on Sundays, and 9 pharmacies open in weekday evenings beyond 6pm.

In the survey, pharmacies were also asked about any intention to change their opening hours. One pharmacy is intending to close as part of a merge, one is intending to end its weekend service, and three were intending to increase their evening and weekend opening hours. The remaining 10 were not planning any changes to their opening hours.

Pharmacies also identified that opening hours are important to people, and that the public would like their pharmacy to have extended hours. Of the 17 pharmacies who responded, 5 were '100 hour pharmacies'.

The services the public use

Some questions were asked in the survey to understand which services are most often used by the public, and how often people tended to use pharmacy services.

According to the public engagement survey, the most commonly used additional or enhanced services in pharmacies in York are:

- Repeat prescriptions (66%)

- Advice on minor conditions (49%)
- Disposal of medicines (48%)
- Electronic prescriptions (40%)
- Advise on or review of medicines (32%)
- Flu vaccination (21%)

When asked about the frequency of pharmacy use; 51% of people used their pharmacies for prescriptions at least monthly, 24% used it less than twice a year.

When asked who they typically use the pharmacy for, 54% said they used the pharmacy for themselves only. 39% used the pharmacy for themselves and others and the remaining 7% used the pharmacy for other people only. Some people used pharmacies on behalf of others because of disability, mobility or health issues, though work commitments and transport were also factors.

Public opinion on pharmacy location

The public were also asked about accessibility of their pharmacy. Among those who completed the survey overall people reported good travel time. Virtually everyone (98%) were able to get to their usual pharmacy within 30 minutes, and 68% were able to get to their usual pharmacy within 10 minutes.

What the public know about pharmacy services in York

National literature suggests that there is relatively low public awareness of the services pharmacies can offer. In particular there is relatively low public awareness of services beyond medication dispensing. It is important for the pharmaceutical needs assessment to consider 'knowledge gaps' as well as 'service gaps'; if the public is not broadly aware of a service then it will not be used to its fullest extent. To understand the level of public awareness in York, the public were asked if they had used or knew about 21 separate services that pharmacies could offer.

The services with the highest combined usage or public awareness rates were:

- Repeat prescription services (93%);
- Advice on minor conditions (93%);
- Disposal of medicines (86%)
- Stop smoking advice/medication (83%).

In contrast, services with the lowest levels of public awareness were:

- NHS healthy start vitamins/vouchers (59%)

- Falls prevention service (59%)
- Chlamydia testing (45%)
- NHS health checks (44%)

Additionally, a small number of people said they would use the following services if they were available; NHS health checks, advice or screening for long term health conditions, sharps box disposal, and flu vaccinations. Interestingly, some of these services (flu vaccinations, advice on conditions, and sharps box disposal) are already currently available in pharmacies in York; this suggests public perception is relatively low, and may be because of lack of clear and sustained advertising in pharmacies.

These questions included services which are not currently available in York through pharmacies. This was done to understand opportunities for growth of pharmacy services in York. Broadly, the pharmacy services with low levels of public awareness in York are the services which are not routinely offered by York pharmacists. For example, health checks and stop smoking support are offered through City of York Council.

Health and social care provider's opinion

Health and social care providers were asked a similar set of questions about the services they knew were available in pharmacies in York, and their perception of the sufficiency of these services.

These services were most commonly rated as 'available and sufficient to meet need'

- Repeat prescriptions (69%)
- Disposal of medications (56%)
- Advice on medications (53%)
- Electronic prescription service (50%)
- Flu vaccinations (47%)

These services were most commonly rated as 'available but not sufficient to meet need'

- Chlamydia testing (25%)
- Packaging of medication (25%)
- Delivery of medications (25%)

These services were most commonly rated as 'not available and not needed'

- Falls prevention service (19%)
- Flu vaccination (20%)

These services were most commonly rated as 'not available, but needed to meet need'

- Emergency hormonal contraception (37%)
- Brief alcohol advice (33%)
- Sharps box disposal (31%)
- Stop smoking advice (23%)
- Falls prevention service (19%)

Finally, these services were most commonly rated as 'don't know'

- NHS healthy start vitamins and vouchers (81%)
- Appliance reviews (70%)
- Needle and syringe exchange (62%)

As well as asking about knowledge and use of services, the public and stakeholder organisations were asked for their opinion of the community pharmacy services in York.

Health and social care providers rated from 1-10 to what extent they felt current pharmaceutical services were meeting the needs of people they work with. The most common score was 8/10, with a weighted average of 6/10. This indicates a reasonable level of satisfaction with pharmacy services in York. This question was only answered by 17 health and social care providers, and so should be interpreted with caution. A small number of health and social care professionals raised issues around access to medications and in particular access to 'medication compliance aids' as stakeholders report they are not provided by all pharmacies.

Public opinion

When asked to answer 'yes' or 'no', 97% of the public said that overall they were happy with the services their usual pharmacy provided. This suggests that overall there is a high level of satisfaction with pharmacy services in York. Additionally, people were asked to detail the things they particularly liked or disliked about their pharmacy; the most popular answers are listed at the top of the list.

Things the public particularly liked:

- Friendly staff
- Pharmacy is local
- Pharmacy convenient or easy to access
- Opening hours are long or convenient
- Pharmacy provides a personal service and staff know their customers

Things the public particularly disliked:

- Opening times (weekends/ bank holidays / evenings)
- Lack of parking

- The cost of prescriptions

Opening hours were the only item to appear on both lists as a point of satisfaction and dissatisfaction. This indicates that opening hours are important to people, and are an important element of quality of service. Only 1% of people said their pharmacy was not open when they needed it. 99% said their pharmacy was open when they needed it at least 'most of the time'. Additionally, comments from residents living in the rural parts of York indicates that a local pharmacy was important.

Opportunities for feedback:

Even though the majority of the public are satisfied with the pharmacy services they receive, it is important that pharmacies have a robust customer feedback route in place. Pharmacies were asked which routes were routinely advertised in their pharmacy;

- Own policy (15)
- Healthwatch York (2)
- Care quality commission (1)
- NHS England (1)
- GP patient participation group (1)
- No response given (3)

Opportunities to develop:

To understand how the community pharmacy environment may change in the coming years, pharmacies were asked to report if there were any service which they had plans to begin delivering within the next 12 months. Not all pharmacies responded to this, but the most commonly mentioned planned services were;

- Alcohol brief advice and screening (5)
- Travel related health advice (4)
- Stop smoking advice or medication (4)
- Chlamydia testing (4)
- Sharps box disposal (4)
- Fall prevention service (4)
- NHS health checks (4)

Further information on may be found in the appendices.

Additionally, about 11 pharmacies left a comment about the additional services they would be willing to deliver, but did not at present have plans to deliver. Most frequently mentioned were:

- a minor ailments scheme (5 pharmacies)
- sharps box disposal (4)
- emergency contraception (3)
- smoking cessation services (2)

Additionally, both resident and health professionals spoke about the value of pharmacies more readily promoting lifestyle and behaviour change advice. It was highlighted that this would be particularly helpful for people managing, or wanting to prevent, long term conditions such as type two diabetes, Alzheimer's disease, or mental health conditions. This is in keeping with the principles of Healthy Living Pharmacies.

Pharmacies perceived that the main barrier to delivering these services was the lack of commissioned opportunities by the Vale of York CCG and City of York Council, including the withdrawal of previously commissioned services. One pharmacy also cited reluctance for the public to pay for some services such as smoking cessation products and emergency contraception. There was also a concern raised about housebound patients who can not access pharmacy services.

Health and social care providers were asked to think about opportunities for pharmacy development, and any development plans their services had that might impact on pharmacies in York. The majority of the comments indicated that they would welcome more general partnership working, including better communication and more referrals from pharmacists. Specifically, stakeholders spoke about engineering closer links and referral pathways between the YorWellbeing health checks service, the falls prevention service, and community mental health teams. There were also comments indicating they would welcome pharmacists to change specific elements of their service; most commonly this was emergency hormonal contraception, but also, more screening for conditions, improvements to dosset boxes and other compliance aids, and more frequent delivery intervals.

When asked about concerns about current or future pharmacy provision, health and social care providers offered a range of comments. This include; the role of small pharmacies, the particular needs of pharmacies in rural areas, increasing demand, pharmacies wanting to offer more services; location, space, and emergency contraception availability.

When asked about national and local plans that might impact on the need for pharmacy services in York, the majority of the comments identified that pharmacies are expecting to see funding cuts and a reduction in finances. Additionally, a perceived rise of internet pharmacies was mentioned in a small number of comments.

Section 5: Assessment of need for Pharmaceutical Services in York

Map of pharmaceutical service providers

This section describes the location of current pharmaceutical service providers in York. This includes three maps; one with the location of the pharmacy, one with an indication of the population within 1km walking distance of the pharmacy, and finally one map showing the controlled and non-controlled areas of York.

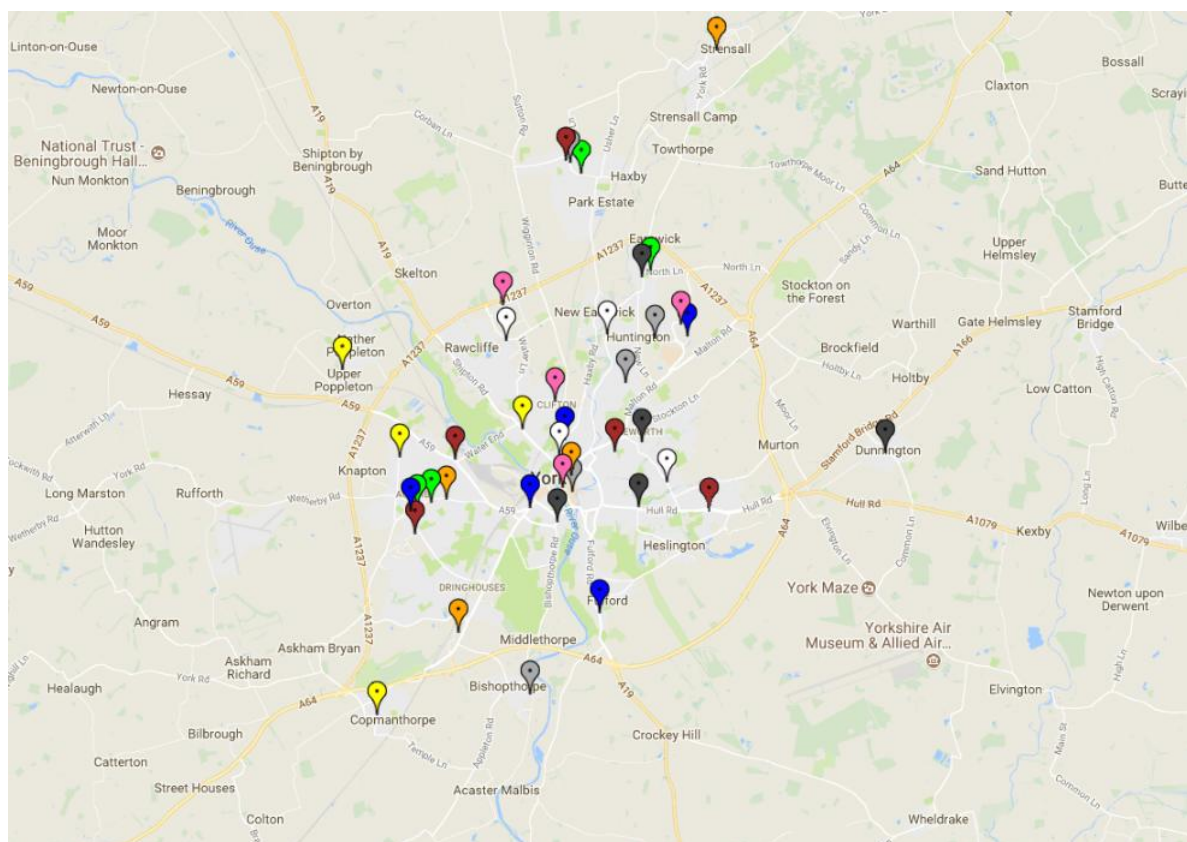


Figure 1 A map showing the location of community pharmacies in York.

The street addresses and opening times of the pharmacies may be found in appendix 4. Not all pharmacies are open all the time, but although the coverage of pharmacy services in York on a Sunday is reduced, there coverage appears to be well placed. Of the 12 pharmacies with Sunday opening hours, four are in the town centre, three are at Monks Cross, one at Clifton, one at Askham Bar, one in Huntington, one in Haxby and Wiggington, and one in Acomb. This represents a reasonable spread across the main residential and retail locations in the city.

Indicative walking distance

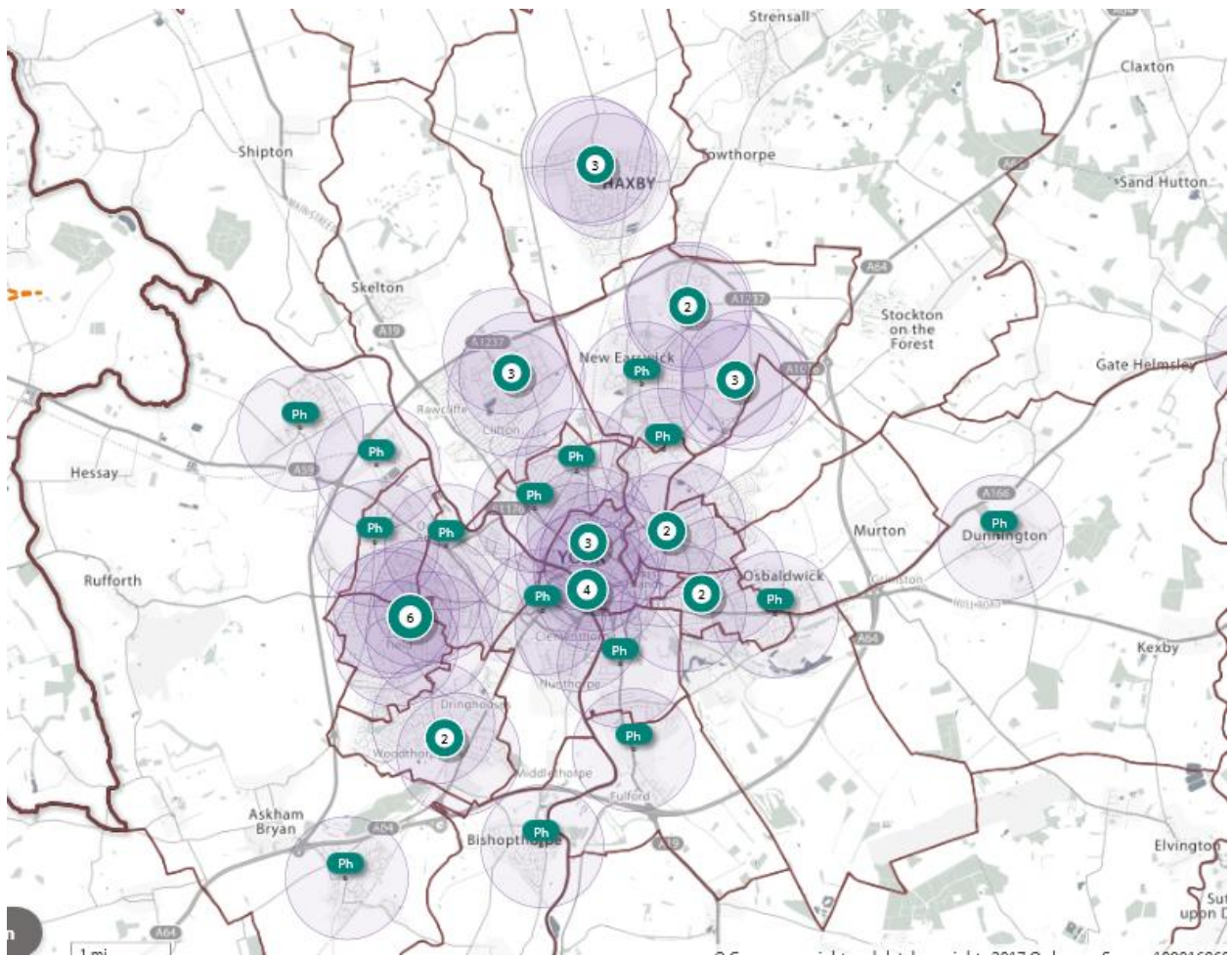


Figure 2: A map showing the community pharmacies in York with an indication of the population living within 1km of that pharmacy.

Controlled locality

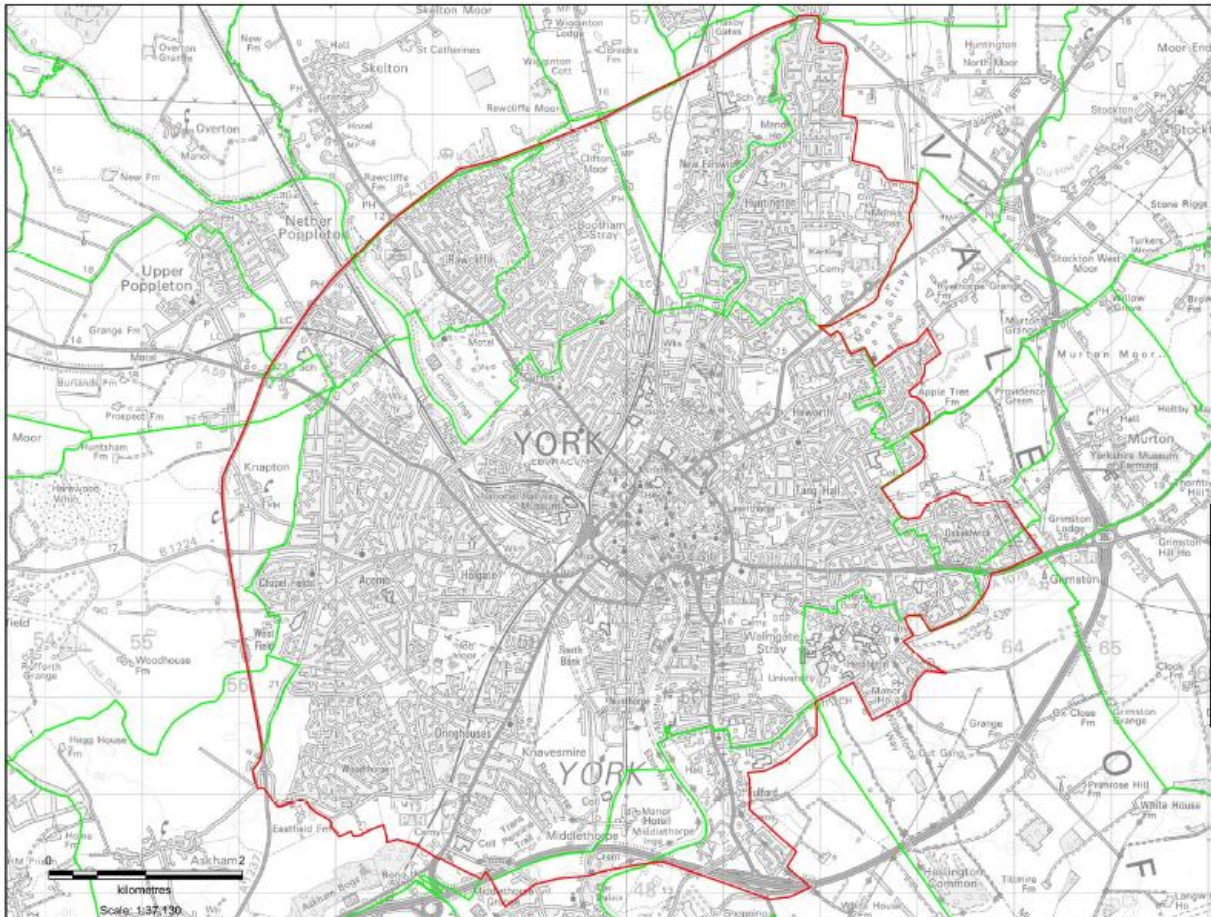


Figure 3 A map indicating the boundary of the non-controlled area of York (red line).

Patients who live in a controlled locality more than 1.6 km (1 mile) from any pharmacy have the choice of receiving dispensing from a pharmacy or from a dispensing GP, if one is available within their practice. As with many urban areas, none of the City of York is a controlled locality.

Necessary pharmaceutical services

This section describes the pharmaceutical services provided which are necessary to meet needs of people living in York.

There is a clear and undisputed need for community pharmaceutical services in York. Some locally commissioned services may be considered necessary because the lack of alternative provision in York; for example the supervised consumption services offered as part of the drug and alcohol recovery service contract or the pharmacy which accepts private prescriptions for prescriptions-only smoking cessation aids.

Additionally, population projections for York identify the growing proportion of people with long term health conditions. It is anticipated this will produce a growing need for pharmaceutical services such as medicine use reviews and flu vaccinations to support people to manage these long term health conditions.

Overall, York is a fairly compact city and the majority of residents live within a good distance of at least one community pharmacy. However, some residents in York are dependent on the pharmacies in the more rural areas at the edge of the city. If these services were not maintained, it may significantly increase the travel times to pharmacies for some residents. This may particularly impact on older adults, as many of these more rural wards have an older age profile than York as a whole.

Gaps in provision of pharmaceutical services

This section describes the pharmaceutical services that have been identified by the health and wellbeing board that are needed in York, and are not provided.

Overall there is a good level of pharmacy services in York. This includes good geographical coverage and an overall good level of public satisfaction.

The data collected as part of the public engagement for this report found that people are broadly satisfied with their pharmacies. However, it is still important that there are robust and independent processes for individuals to report complaints or concerns about the services they receive in pharmacies. The survey identified that only a small number of pharmacies in York report having an external comments and complaints procedure. In particular, no pharmacy reported promoting the Healthwatch York comments and complaints mechanism. The ultimate responsibility for monitoring issues and incidence falls with NHS England, although this is done slightly differently across the country. An agreed, standardised, and well advertised independent complaint procedure would add additional security to those using pharmacy services in York and across the region.

The survey identified that there are some potential gaps in public and stakeholder knowledge of the services offered by community pharmacies in York. In particular, there were knowledge gaps in the services offered beyond a pharmacies core contractual duties. This suggests that pharmaceutical services may still require regular promotion both for the public and for stakeholders. This is important to ensure that the available services are used to improve and protect health in primary care.

Student access to pharmacy services was identified as a potential gap in the 2015-2018 York PNA. Since this time, the University of York campus has expanded into the 'Heslington East' site. This has increased the number of students who live more than 15 minute walk from a community pharmacy, however there is a pharmacy in Badger Hill that is within a moderate walking distance for many students, and many of the student accommodation areas are well served by bus routes. Any pharmacy intendeding to primarally meet the needs of students should expect that the need for services will fluctuate throughout the year. Additionally, it was noted in the York Student Health Needs Assessment 2017, that student demands on the local GP practice for appointments were high. It is possible that a community pharmacy service in the area would alleviate some of this resource pressure. At this time, the students on this campus are supported by a regular bus route which allows them to access a choice of pharmacies nearer the centre of York.

Additional pharmaceutical services

This section describes the services that are provided, which are not needed, but which secure improvements or better access to pharmaceutical services in York.

Community pharmacy opening hours in York are sufficient to meet need, and several are open into the evening and weekends. This is reflected in the survey results which identified that most people can find a pharmacy open in the evening or at weekends. However, the survey also identified that people in York value extended opening hours, and value the better access that this provides. Therefore, any applications to reduce pharmacy opening hours in York should be considered carefully, with appreciation of the importance to the public in this matter.

In York there are a number of community pharmacies in short walking distance of each other, particularly in the city centre. This provides significant choice to people who visit the town centre, not only those who live nearby, but those who travel into the centre for work.

Services which would secure improvement and better access

This section describes the services that are not currently being provided, but which would, if they were provided, secure improvements or better access to pharmaceutical services York.

There were a notable number of comments from pharmacies and health and social care providers that the provision of free emergency hormonal contraception through community pharmacies would secure a better quality of service for people living in York. It is important to note that this is freely available through general practice or specialist sexual health services in York without appointment.

There were a notable number of comments that pharmacies are well placed to promote other health and social care services in York. There was a willingness from pharmacists and health and social care providers to engage in more joint working and information sharing where this would protect or improve the health of residents.

Affect of other NHS services

This section describes the other NHS services provided by a local authority, the NHS commissioning board (NHS England), a clinical commissioning group (CCG) or an NHS Trust, which affect the need for pharmaceutical services in York. This section talks about services or developments which are still in the early stages and are not always fully formed. As a result, it is not always possible to clearly describe exactly how such developments will impact on the need for community pharmacy provision.

City of York Council building development

The York local plan, developed by City of York Council, sets out the plan for new housing and commercial spaces in the city. This plan is expected to run for 15 years, more about the size and locations of these building projects can be found here³. Some projects, such as the significant housing development on the Terry's factory site are due to be finished within the lifecycle of this PNA. Additionally, the University of York 'Heslington East Campus is due to expand significantly within the life course of this PNA. The impact of these new residential sites may need to be taken into account as part of the emerging health needs of York residents.

³ York local plan, (2017) our city leaflet summary
https://www.york.gov.uk/downloads/file/14284/our_city_leaflet_2017

NHS England commissioned services

NHS England is responsible for the direct commissioning of services outside the remit of clinical commissioning groups, namely primary care (medical, dental, eye health and pharmacy), public health, offender health, military and veteran health and specialised services. In addition some CCGs have fully delegated responsibility for the commissioning and contract management of primary medical care. The provision of pharmaceutical services would need to be considered when commissioning primary care services. In particular, there are plans from NHS England to deploy clinical pharmacists into GP practices to alleviate pressures within these practices.

New GP surgeries

Within the life course of this needs assessment, a new GP practice is expected to be opened very close to the 'Heslington East Campus' of the University of York.

Extended Access to General Practice

The NHS England General Practice Forward View published in April 2016 set out plans to enable CCGs to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. NHS England has committed to achieving 50% national coverage by March 2018 and 100% of the population by March 2019. Access can be made available at strategically placed hubs rather than at every GP Practice. As extended access models are developed commissioners will need to consider the availability of pharmaceutical services to support the service.

Urgent and Emergency Care

NHS England wants to improve the urgent and emergency care (UEC) system so patients get the right care in the right place, whenever they need it. One element of the UEC system is the roll-out of standardised new Urgent Treatment Centres. By December 2019 patients and the public will be able to access urgent treatment centres that are open at least 12 hours a day, GP-led, staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. urinalysis, ECG and in some cases X-ray and be able to give a prescription when needed.

Section 6: Overview of the pharmaceutical needs in York

This section gives consideration to the information detailed above, and it intended to summarise the views of the Health and Wellbeing Board in relation to the need for pharmaceutical services in York.

- 1) Overall, the quantity of community pharmacies in York is good and appears sufficient to broadly meet the health needs of residents in York. Overall, public satisfaction in community pharmacy services in York appears good. The data suggests that a large proportion of the adult population of York use a pharmacy at least once a month.
- 2) The population in York is growing and is getting older. Within the next three years it is that the population of York will include a greater number of people with long term health conditions, this will rise faster than the total number of people. Overall, this means that the population need for community pharmacies in York may be expected to increase.
- 3) There is a good geographic spread of pharmacies in York, with the majority of people being within reasonable travel distance of a pharmacy. There is good pharmacy coverage in the more deprived wards in York. This is partly because the more deprived wards of York tend to be the more urban wards nearer the city centre, where the majority of pharmacies are situated.
- 4) Some population groups have more limited access to pharmacies. This includes residents living in the rural areas on the edge of the city boundaries. If community pharmacy services were not maintained then travel time to the next available pharmacy would be significantly increased for some residents. Additionally, students living in the Heslington campuses were mentioned as a population with lower access to pharmacies in the 2015 PNA, since this time the number of students accommodated on these campuses has increased substantially. The health needs of students are discussed at length in the Student Health Needs Assessment 2017; including a discussion of the high use of primary care services, some of which may be alleviated through improved access to pharmacy services.
- 5) Opening times are important to people and are an important element of the overall accessibility of that pharmacy, at present there appear to be a sufficient number of pharmacies open during evenings and weekends, most people report they can find a pharmacy when they need one. York has a high rate of employment and an overrepresentation of employment sectors that use shift work rotas. This means reduced flexibility to access pharmacy services during the working day. Therefore, any applications to reduce pharmacy opening hours in York should be considered carefully, with appreciation of the importance to the public in this matter.

- 6) The residents of York currently have better health than their peers nationally, and are a well skilled and well educated group. This means that there will be opportunities greater self-care and self-monitoring of conditions, some of which may be facilitated by community pharmacies.
- 7) Pharmacy services providing advice on minor conditions and long term health conditions appears fairly well used in York (based on survey data). However, there also appeared to be some knowledge gaps among the public of these types of services. Pharmacies report some willingness to expand this element of this work further.
- 8) Health and social care professionals perceive some gaps in community pharmacy services, such as better provision of medicines packaging and delivery, emergency hormonal contraception, and targeted lifestyle advice. Pharmacies in York report some willingness to work more closely with health and social care professionals on several of these areas; and many are working towards healthy living pharmacy status. This may represent an opportunity for pharmacies to work in a targeted fashion to reduce pressures on primary care in York and to improve the health and wellbeing of residents in York.
- 9) There was little reported evidence that pharmacies routinely advertised an independent comments and complaints procedure to the public.

Section 7: Reflections on conducting this Pharmaceutical Needs Assessment

Although pharmaceutical needs assessments must cover the same core elements, they are conducted differently by each local authority in the country. This final section includes some reflections on the approach of the steering group in producing this report. It is intended to be helpful to future steering groups, both in York and elsewhere in the country.

- Physical posters in GP practices and pharmacies were not effective at encouraging the public to engage in a long survey; social media posts and direct contact with interested groups was found to be significantly more effective in engaging the public.
- Pharmacies that are part of national groups were found to be less likely to respond to the survey. This should be taken into account in the engagement activities; potentially through direct contact with the national organisations.
- The LPC holds a substantial amount of information about the services currently being delivered in pharmacies. It may be easier to ask for this information directly from the LPC, and only ask pharmacies for opinion on the service and development opportunities.
- NHS Choices contains detailed information about opening times; this information is provided by the pharmacies themselves. This source would reduce the number of questions pharmacies are required to answer.
- The questions with 'yes' / 'no' answers did not produce results which were easy to interpret, as it was not detailed enough for people to give their full opinion. For example, most people reported 'yes' they were satisfied with the pharmacy services in York, but also many identified one or more issues with the pharmacy services.
- Organisations which commission services or provide strategic direction for the city did not respond to the engagement survey'. It is not immediately clear why this is. It may be better to focus on engaging with 'strategic partners' through the consultation on the draft PNA report only.

Appendices

Appendix 1: Steering group membership and declared interests

The steering group comprised of the following members. All members were given the opportunity to declare any conflicting interests at the beginning of each steering group meeting.

No interests were declared.

- City of York Council representation – both public health and business intelligence support
- North Yorkshire County Council – both public health and business intelligence support
- Local Medical Committee
- Local pharmaceutical committee
- Healthwatch York
- NHS England representation, primary care commissioning and medicines management

Appendix 2a: Public Engagement Survey Questions

Where you live:

Postcode (text box)

Your Age - are you:

- Under 16
- 16-19
- 20-29
- 30-39
- 40-49
- 50-49
- 60-69
- 70-79
- 80-89
- 90 or over

Your Ethnicity – are you

- White British
- White Irish
- White Romany, Gypsy, Traveller
- White European
- Black or Black British (including African or Caribbean)
- Asian or Asian British
- Chinese or Chinese British
- Any other background
- Prefer not to say

Your Occupation – are you: (tick all that apply)

- School or college student
- University student
- Stay at home parent / homemaker
- Unable to work
- Employed
- Unemployed
- Serving in the military
- Retired

Your Gender – are you:

- Male
- Female
- Transgender
- Other
- I'd prefer not to say

Your Sexuality - are you

- Heterosexual/straight
- Gay or lesbian
- Bisexual
- Other
- I'd prefer not to say

Your Health

Over the last 12 months, how would you say your health has been?

- Very good
- Good
- Fair
- Bad
- Very bad

Do you consider yourself to have a disability or have a long term health condition?

- Yes
- No
- Prefer not to say

Do you consider yourself to be a carer? (contributing to the care needs of a friend or relative)

- Yes
- No
- Prefer not to say

Please tell us about pharmacies and pharmacy services where you live

I have a choice about which pharmacy I use.

- Yes
- No

I can find a pharmacy open in the evening

- Yes
- No

I can find a pharmacy open on a Sunday or a Bank Holiday

- Yes
- No

Overall, the availability of pharmacies in my area is

- Very good
- Good
- Adequate
- Poor
- Very poor

Overall, the quality of pharmacies in my area is

- Very good
- Good
- Adequate
- Poor
- Very poor

Thinking about the services you use or might want to use at a pharmacy please answer the following questions. (tick all that apply)

- Advice on minor conditions (e.g. cough/colds, hayfever etc)
- Travel related health advice
- Advice/screening on long term conditions (e.g. diabetes, high blood pressure etc)
- Advice on or review of medicines (either new medicines, or medicines you use regularly)
- Advice on or review of appliances you use e.g. stoma bag

- Stop smoking advice or medication
- Alcohol screening and advice
- Disposal of medicines
- Repeat prescription ordering/collection
- Electronic prescription service
- Delivery of medication
- Medication packaging (e.g. weekly boxes)
- Needle and syringe exchange
- Sharps box disposal
- Flu vaccination
- Chlamydia testing
- Emergency contraception (morning after pill)
- NHS Health Checks
- NHS healthy start vitamins/vouchers
- Falls prevention service
- Substance-misuse services e.g. supervised consumption

Answer options:

1. I have used this service and I am satisfied with it
2. I have used this service and I am not satisfied with it
3. I know about this service but I don't use it
4. I didn't know a pharmacy could offer this service
5. I would like to use this service if it were available

Overall, are you happy with the services your usual pharmacy provides?

- Yes
- No

Thinking more specifically about the pharmacy you normally use

What type of pharmacy is it? (please tick)

- One on the high street
- One in a supermarket
- One in a doctors surgery
- One on the internet
- Other

How long does it take you to get there?

- Up to 10 minutes
- 10 to 20 minutes
- 20 to 30 minutes

- Over 30 minutes

How often do you use it for medicines or prescriptions? (please tick)

- Every week
- Every month
- Every couple of months
- Once or twice a year
- Less often

Is the pharmacy open when you need it? (please tick)

- Yes
- Most of the time
- No

Who do you use the pharmacy on behalf of? (please tick all that apply)

- Myself
- My children
- An older relative
- Another family member
- A friend or neighbour
- Someone else

If you selected 'someone else' please give details here. (text box)

If you use the pharmacy on behalf of someone other than yourself, is there a reason why they're unable to use the pharmacy on their own? Please explain.

(text box)

Is there anything you particularly like about your pharmacy?

(text box)

If you are unhappy with your pharmacy please indicate why. *(please tick all that apply)*

Lack of parking	
Lack of public transport	
Lack of access to a pharmacist I trust	
Lack of access to a consultation in private	
Not in a convenient location	
Don't know what services they provide	
The pharmacist does not have the things that I need	
I'm a young carer and the pharmacist doesn't understand my role	
Difficult to get into the building/shop	
Opening times – daytime	
Opening times – evening	
Opening times – weekends/bank holidays	
Cost of prescriptions	
Pharmacist is difficult to understand	
Poor quality advice received	
Other	

Is there anything else you'd like to tell us about pharmacies in York?

(text box)

Appendix 2b: Pharmacy Engagement Survey Questions

1. Pharmacy trading name (text box)

2. Pharmacy address

- Address 1
- Address 2
- Town/City
- Post Code

3. What is your pharmacy's ODS code?
(text box)

4. Which local authority area is this pharmacy in?

- City of York Council
- North Yorkshire County Council

5. How many hours a week are you open for?
(text box)

6. Are your opening hours likely to change in the next 12 months? Please briefly describe
(text box)

7. Is this pharmacy entitled to Pharmacy Access Scheme payments?

- Yes
- No

8. Please describe the pharmacy's Healthy Living Pharmacies (HLP) status. (tick each one that applies)

- The pharmacy has achieved HLP status
- The pharmacy is currently working toward HLP status
- The pharmacy is not working toward HLP status
- The pharmacy is intending to work toward HLP in next 12 months

9. There is a consultation area that meets the criteria for the Medicines Use Review service?
(please tick)

- No
- Yes, with wheelchair access
- Yes, without wheelchair access
- Planned within the next 12 months

Other (please specify)

(text box)

10. Is the consultation area in a closed room? (please tick)

- Yes
- No
- Does not apply

11. Are there hand-washing facilities? (please tick)

- Yes, in the consultation area
- Yes, close to the consultation area
- No

12. Are there toilet facilities in the pharmacy for the public to use?

- Yes
- No

13. Does your pharmacy have: (option responses: yes / no)

- Electronic Prescription Service Release 2 enabled
- NHSmail being used
- NHS summary Care Record enabled
- Up to date NHS Choice entry

15. Does the pharmacy offer the following advanced or enhanced services? (Please tick all that apply)

- Advice on minor conditions (e.g. cough/colds, hayfever etc)
- Travel related health advice
- Advice/screening on long term conditions (e.g. diabetes, high blood pressure etc)
- Advice on or review of medicines (either new medicines, or medicines you use regularly)

- Advice on or review of appliances you use e.g. stoma bag
- Stop smoking advice or medication
- Alcohol screening and advice
- Disposal of medicines
- Repeat prescription ordering/collection
- Electronic prescription service
- Delivery of medication
- Medication packaging (e.g. weekly boxes)
- Needle and syringe exchange
- Sharps box disposal
- Flu vaccination
- Chlamydia testing
- Emergency contraception (morning after pill)
- NHS Health Checks
- NHS healthy start vitamins/vouchers
- Falls prevention service
- Substance-misuse services e.g. supervised consumption

Answer options available (pharmacies were able to offer more than one answer)

- 1) Currently providing
- 2) Currently not providing
- 3) Planning to start providing in the next 12 months
- 4) Planning to stop providing in the next 12 months

16 Please provide brief details of any other service offered in your pharmacy which are not included on the above list

(text box)

17. Are you aware of any barriers which prevent some of your patients from accessing the services you currently deliver?

- Yes
- No

If yes, please explain

(text box)

18. Are there any other services or locally commissioned services which could be delivered in your pharmacy, which you believe would benefit the health of your patients?

- Yes

No

If yes, please explain

(text box)

19. Are you aware of anything which prevents such services from being delivered in your pharmacy?

Yes

No

If yes, please explain

(text box)

20. Are you aware of any future national or local plans that may impact on the need for pharmacy services over the next four years?

Yes

No

If yes, please explain

(text box)

21. Is there anything else you'd like to tell us about pharmacy provision?

(text box)

22. Which of the following ways of providing feedback do you routinely advertise in your pharmacy?

Own compliments, comments, and complaints policy (or similar)

NHS England

Care Quality Commission

Local Healthwatch group

GP practice patient participation groups

Appendix 2c: Strategic Partners and Commissioners Survey Questions

1. Name of organisation

(text box)

2. Please briefly describe the role of your organisation

(text box)

3. In which area(s) do you operate?

- North Yorkshire only
- City of York only
- City of York and North Yorkshire

4. Are you aware of any instances of good practice in the local provision of pharmaceutical services that you would like to share?

(text box)

5. 6. 7. What is your organisation's perspective on the services being offered by pharmacies for the people your organisation supports? (tick all that apply)

- Advice on minor conditions (e.g. cough/colds, hayfever etc)
- Travel related health advice
- Advice/screening on long term conditions (e.g. diabetes, high blood pressure etc)
- Advice on or review of medicines (either new medicines, or medicines you use regularly)
- Advice on or review of appliances you use e.g. stoma bag
- Stop smoking advice or medication
- Alcohol screening and advice
- Disposal of medicines
- Repeat prescription ordering/collection
- Electronic prescription service
- Delivery of medication
- Medication packaging (e.g. weekly boxes)
- Needle and syringe exchange
- Sharps box disposal
- Flu vaccination
- Chlamydia testing
- Emergency contraception (morning after pill)
- NHS Health Checks
- NHS healthy start vitamins/vouchers
- Falls prevention service
- Substance-misuse services e.g. supervised consumption

Answer options for questions 5-7

- 1) Service is available and meeting need
- 2) Service is available but not sufficient to meet need
- 3) Service is not available not required
- 4) Service is not available but not required at this time
- 5) Don't know

8. Is there anything else you would like to say about your organisations perspective on the range of services being offered by pharmacies?

(text box)

9. Are you aware that the public perceive any barriers in accessing pharmacy services (tick all that apply)

- Perceived lack of parking
 - Perception that poor quality advice received
 - Perceived lack of confidence in the pharmacist
 - Perceived lack of access to a private consultation
 - Perceived as inconvenient location
 - Clients don't know what services pharmacists provide
 - Clients perceive that the pharmacist does not have the things they need
 - Perception from young carers that the pharmacist doesn't understand their role
 - Perceived difficult to get into the building/shop
 - Perceived limited opening times - daytime
 - Perceived limited opening times - evening
 - Perceived limited opening times - weekends/bank holidays
 - Client concern about cost of prescriptions
 - Perception that the pharmacist is difficult to understand
 - Perceived lack of public transport links
- Other (please specify) (text box)

10. Are you aware of any barriers you face as a professional or organisation that prevents effective working or prevents you referring clients to pharmacies? Please explain

(text box)

11. Are there any ways in which the role of pharmacies can be developed over the next four years to support your organisation/group and the communities you serve?

- Yes
- No
- Don't know

Please explain (text box)

12. Is your organisation/group developing plans that could impact on the need for pharmacy services over the next four years?

- Yes
- No
- Not applicable
- If yes, please give examples (text box)

13. Is your organisation/group planning to commission new services in pharmacies over the next four years?

- Yes
- No
- Not applicable
- If yes, please give examples (text box)

14. Do you have concerns about current and/or future pharmacy provision?

- Yes
- No
- If yes, please explain (text box)

15. To what extent do you think that the provision of pharmacy services currently meets the needs of the communities you work with? (10 = completely, 1 = not at all)

- 1 2 3 4 5 6 7 8 9 10

16. Is there anything else you'd like to tell us about pharmacies?
(text box)

Appendix 2d: Health and Social Care Providers Survey Questions

1. Organisation Name (text box)

2. Type of organisation

- Sexual health service provider
- General practice
- Dental provider
- Adult social care provider
- Children's social care provider
- Domiciliary care
- Stop smoking service provider
- Optician
- Mental health provider
- Drug and alcohol service provider
- Residential/nursing care home
- Hospice

Other (please state)

(text box)

3. In which area(s) do you operate? (please tick all that apply)

- North Yorkshire only
- City of York only
- City and York and North Yorkshire

Other (please give details)

(text box)

4. Are you aware of any instances of good practice in the local provision of pharmaceutical services that you would like to share?

(text box)

5. Are you aware that your clients perceive any barriers in accessing pharmacy services (tick all that apply)

- Perceived lack of parking

- Perception that poor quality advice received
 - perceived lack of confidence in the pharmacist
 - Perceived lack of access to a private consultation
 - Perceived as inconvenient location
 - Clients don't know what services pharmacists provide
 - Clients perceive that the pharmacist does not have the things they need
 - Perception from young carers that the pharmacist doesn't understand their role
 - Perceived difficult to get into the building/shop
 - Perceived limited opening times - daytime
 - Perceived limited opening times - evening
 - Perceived limited opening times - weekends/bank holidays
 - Client concern about cost of prescriptions
 - Perception that the pharmacist is difficult to understand
 - Perceived lack of public transport links
- Other (please specify)

(text box)

6. Are you aware of any barriers you face as a professional or organisation that prevent effective working or prevent you recommending pharmacy service to clients?

Please explain

(text box)

7. 8. 9. What is your organisation's perspective on the services being offered by pharmacies for the majority of the people your organisation supports? (tick all that apply)

Advice on minor conditions (e.g. cough/colds, hayfever etc)

Travel related health advice

Advice/screening on long term conditions (e.g. diabetes, high blood pressure etc)

Advice on or review of medicines (either new medicines, or medicines you use regularly)

Advice on or review of appliances you use e.g. stoma bag

Stop smoking advice or medication

Alcohol screening and advice

Disposal of medicines

Repeat prescription ordering/collection

Electronic prescription service

Delivery of medication

Medication packaging (e.g. weekly boxes)

Needle and syringe exchange

Sharps box disposal
Flu vaccination
Chlamydia testing
Emergency contraception (morning after pill)
NHS Health Checks
NHS healthy start vitamins/vouchers
Falls prevention service
Substance-misuse services e.g. supervised consumption

The following answer options were available for question 7- 9:

- 1) Service is available and meeting need
- 2) Service is available but not sufficient to meet need
- 3) Service is not available but required
- 4) Service is not available and not required at this time
- 5) Don't know

10. Is there anything else you would like to say about your organisations perspective on the range of services being offered by pharmacies?

(text box)

11. Are there any ways in which the role of pharmacies can be developed over the next four years to support your organisation/group and the communities you serve?

- Yes
 No
 Don't know

Please explain

(text box)

12. Are you aware of any future plans that may impact on the need for pharmacy services over the next four years?

- Yes
 No
 Don't know

If yes, please give examples

(text box)

13. Do you have concerns about current and/or future pharmacy provision?

- Yes
- No

Please explain

(text box)

14. Overall do you think the provision of services currently meets the needs of the communities you work with? (10 = completely, 1 = not at all)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

15. Is there anything else you'd like to tell us about pharmacy provision?

(text box)

Appendix 3a: Data collected via public engagement survey

Summary of Key Points

- 1) There were 287 responses to the questionnaire, 166 of which were from members of the York Talkabout citizens' panel. Three quarters of the respondents were over 50 and half were retired. Males and members of the BME community were under-represented in the survey
- 2) 92% said they had a choice about which pharmacy they used and 81% said the availability of pharmacies was good or very good
- 3) The main pharmacy services used were: repeat prescription services; advice on minor ailments; medicine disposal; electronic prescription services; advice/review of medicines and flu vaccination.
- 4) Awareness of services such as NHS healthy start vitamins, falls prevention, chlamydia testing and NHS health checks was low amongst the respondents.
- 5) 63% of respondents used a pharmacy on their local high street: others used a GP based pharmacy or one in a supermarket.
- 6) 98% were able to travel to their usual pharmacy within 30 minutes. 68% could get there within 10 minutes. 8% (22 residents), however, indicated there was an issue with parking.
- 7) 51% used their pharmacy for medicines or prescriptions at least monthly. 5% use it every week whilst 24% used it less than once or twice per year.
- 8) 46% said they used the pharmacy on behalf of someone else. Disability / health issues, mobility problems and work / time commitments were the main reasons provided.
- 9) 99% said their pharmacy was open when they needed it at least 'most of the time'. However when asked if there was anything they were unhappy about, 9% (26 people) flagged up an issue with opening times.
- 10) Overall satisfaction with pharmacy services was high. When asked a yes/no question, 97% said that overall they were happy with the services their usual pharmacy provided. The average satisfaction rates for individual pharmacy services, was 91%.
- 11) Respondents were asked if there was anything they particularly liked about their pharmacy or if there was anything they were unhappy about. 152 people (53% of

the sample) stated something they liked about their pharmacy and 92 people (32% of the sample) stated that they were unhappy with some aspect of the pharmacy service.

12) The main reasons people liked their pharmacies were: the staff are friendly, helpful or knowledgeable; the pharmacy is local, convenient or easy to access; the opening hours are long or convenient and the pharmacy provides a personal service where the staff know the respondents.

13) The main reasons why people were not happy with their pharmacy included: opening times (weekends / bank holidays and evenings); lack of parking and the cost of prescriptions.

14) When asked for general comments about pharmacy services a number of people made suggestions for improving services and others emphasised the importance of keeping accessible high street pharmacies open or expressed concern that some factors could lead to the closure of small local pharmacies.

Details of the service user respondents

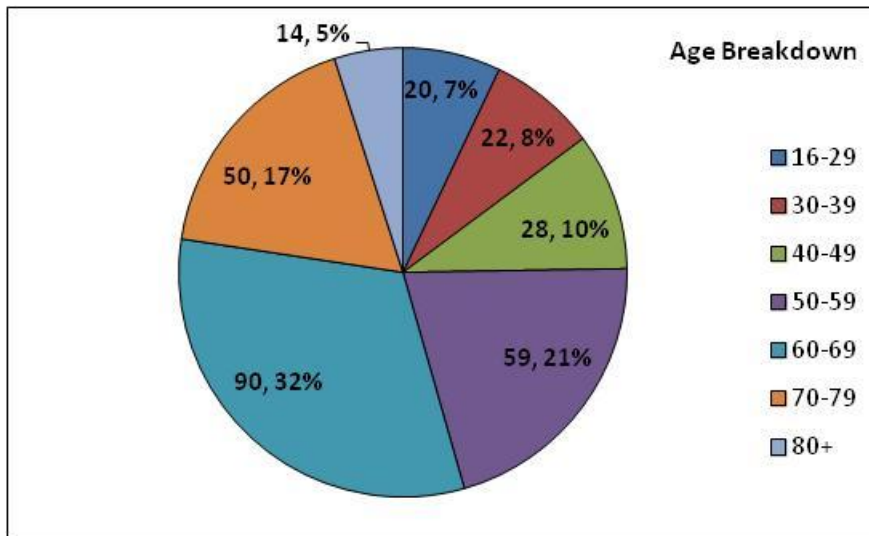
There were 287 responses to the questionnaire. This represents 0.16% of the 16+ population in York.

261 out of 287 (91%) respondents provided a full or partial postcode or stated where they lived. 3 out of the 261 respondents provided full postcodes which indicated that they were definitely not York residents (2 lived in North Yorkshire and 1 in East Riding). 10 people provided partial postcodes so it was not possible to say definitively where they lived, however using the PHE postcode checker on the balance of probability these were York residents. The remaining 248 people were York residents. All the responses were analysed together, as even those who lived outside York could still be accessing a York pharmacy.

166 out of 287 respondents (58%) were Talkabout panel members. Talkabout is York's citizens' panel. It is one of the ways people can influence what happens in York, and aims to give a representation of York's residents' views.

75% of the respondents were over 50. 32% were aged between 60 and 69. (As some respondents use pharmacies on behalf of someone else, the age breakdown of those responding may not reflect the age breakdown of those receiving medication from the pharmacy).

Figure 4: Age breakdown of respondents.



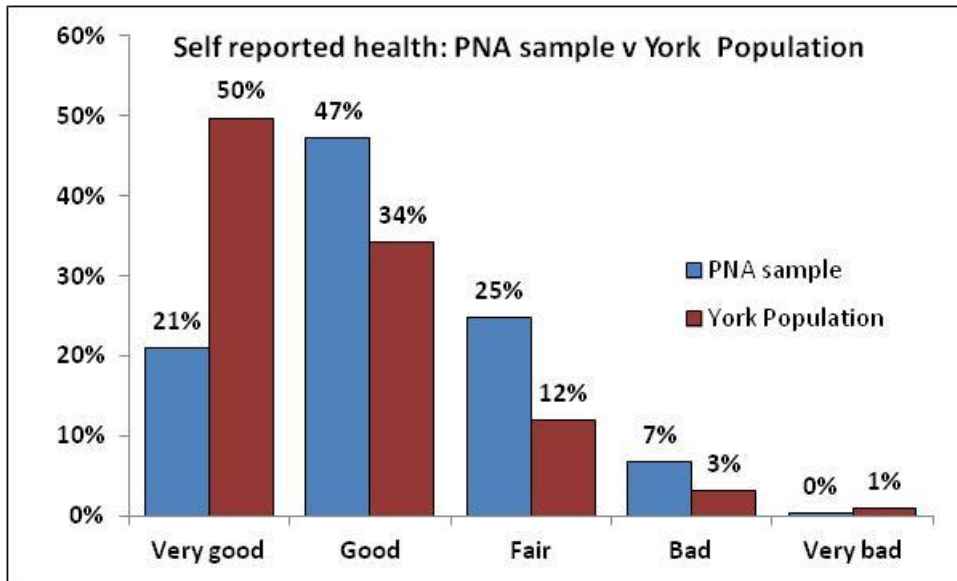
96.42% of the respondents were White and 3.58% were from Black and Minority Ethnic (BME) communities. The BME percentage for the whole of York (based on the 2011 census) is 5.7% so the BME community is under represented in this survey.

Half of the respondents were retired (49.5%) and 43% were employed.

The self reported health profile of the respondents is different from the profile reported by the general population of York. There a fewer people who declare that they are in very good health and more people who declare that their health is good, fair or bad.

The difference in profiles may be due to the fact that the respondents are an older population who are more frequent users of pharmacy services for health reasons.

Figure 5: Self reported health: PNA sample v York Population



30% of respondents said they had a disability or a long term health condition. 20% described themselves as carers. 44% were male (the percentage of males in the general population in York is 49% so males are underrepresented in this survey). 95% of those who stated their sexuality were heterosexual/straight.

Service User feedback on pharmacy services

Choice and availability of pharmacies

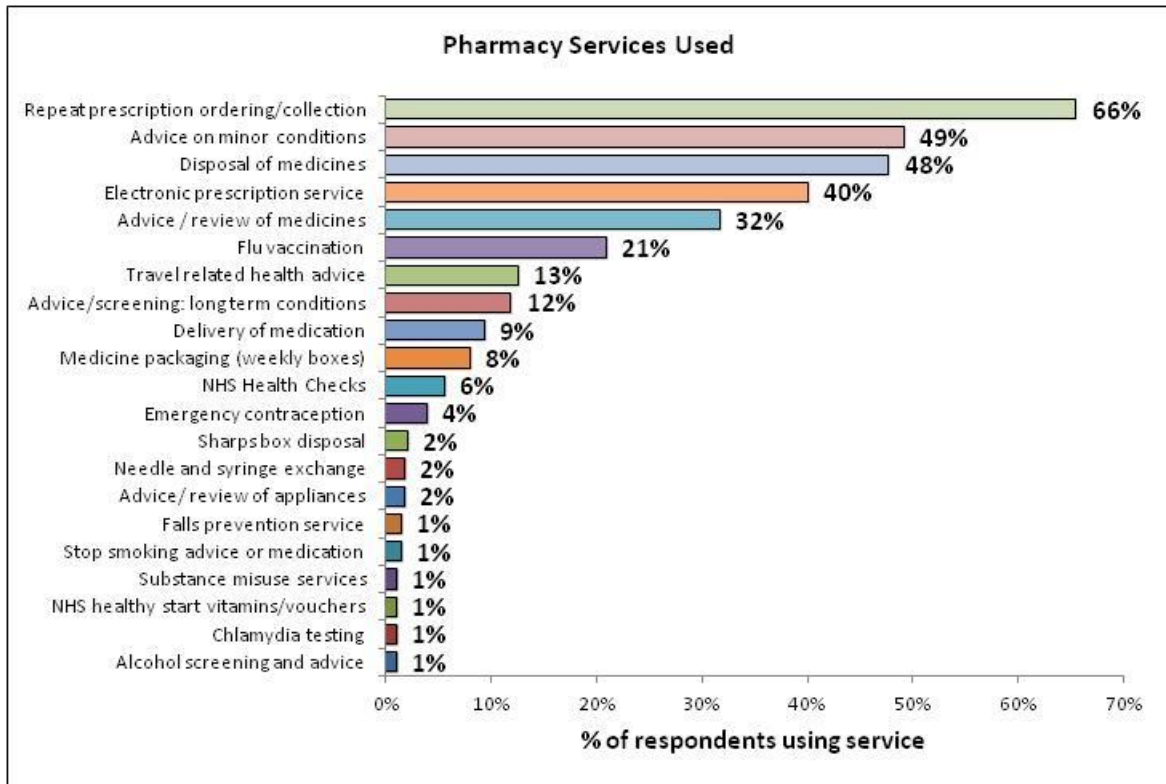
92% had a choice about which pharmacy they used, 75% could find a pharmacy open in the evening and 69% could find a pharmacy open on a Sunday or Bank Holiday.

81% said the availability of pharmacies was good or very good and 85% said the quality of pharmacies was good or very good.

Pharmacy services used

The main pharmacy services used by the respondents were: repeat prescription services (188 people, 66% of all respondents); advice on minor ailments (141, 49%); disposal of medicines (137, 48%); electronic prescription service (115, 40%); advice/review of medicines (91, 32%) and flu vaccination (60, 21%).

Figure 6: Pharmacy services used



The average satisfaction level across all services was 91%. Satisfaction levels for individual services range from 0% to 100% but there are only small numbers using particular services. The full list of satisfaction levels for individual services is shown as an appendix.

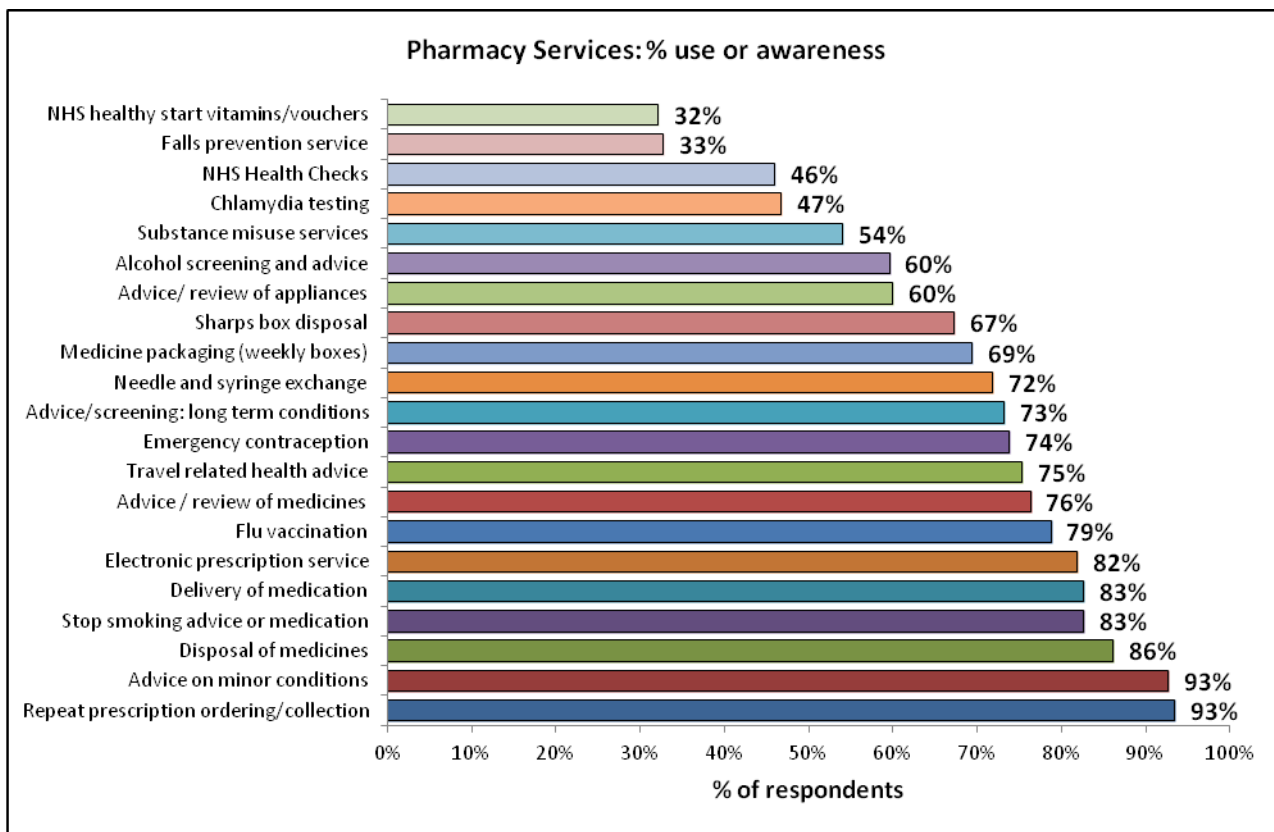
Awareness of pharmacy services

Respondents indicated whether they were aware of a service even if they did not use it. The chart below shows the percentage of respondents who either used or were at least aware of each pharmacy service.

The services with the highest combined usage or awareness rates were: repeat prescription services (93%); advice on minor conditions (93%); disposal of medicines (86%) and stop smoking advice/medication (83%).

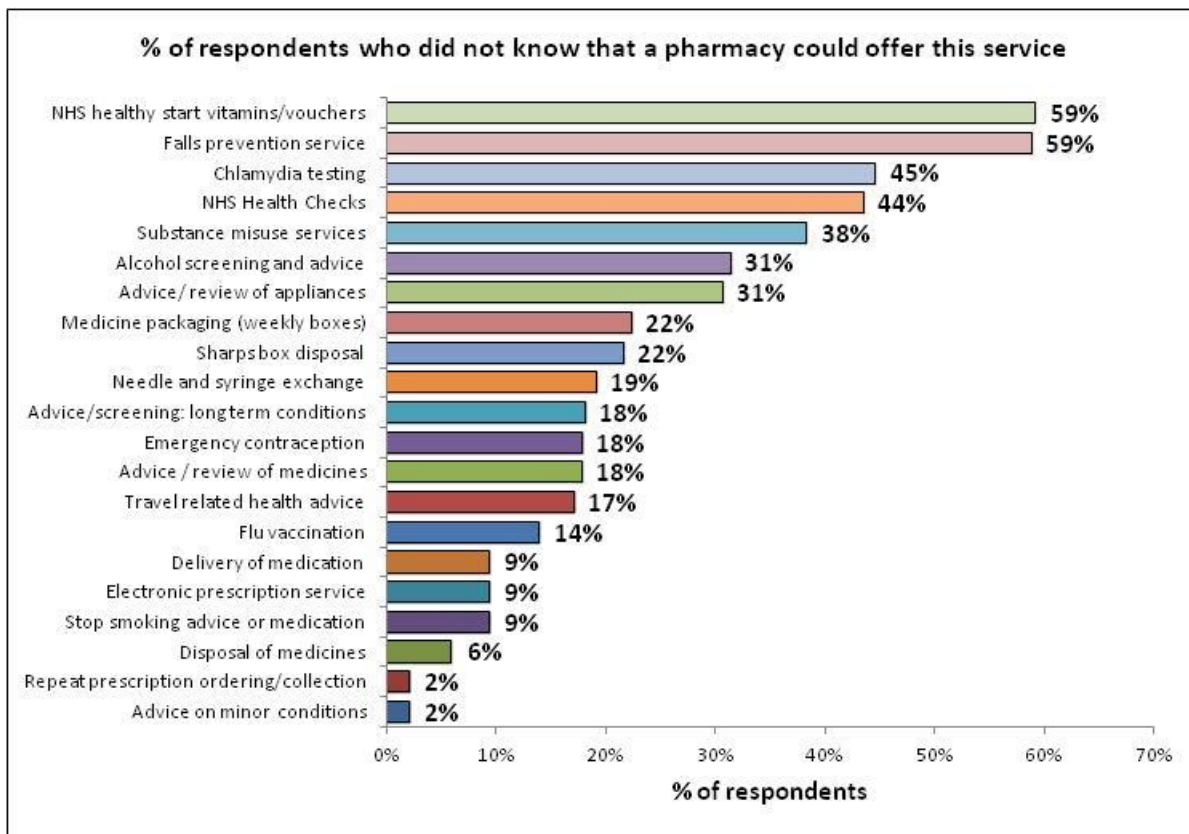
The services with the lowest combined usage / awareness rates were: NHS healthy start vitamins/vouchers (32%); falls prevention services (33%); NHS health checks (46%) and Chlamydia testing (47%).

Figure 7: Pharmacy services: % use or awareness



Respondents were asked to indicate if they did not know that a pharmacy could offer a particular service. The services which most people were unaware that pharmacies could offer were: NHS healthy start vitamins/vouchers (59%); falls prevention services (59%); chlamydia testing (45%) and NHS health checks (44%).

Figure 8: % of respondents who did not know that a pharmacy could offer this service.



The main services respondents said they would use if they were available were: NHS health checks (12 people); advice or screening for long term health conditions (10); sharps box disposal (10) and flu vaccination (9).

Figure 9: Pharmacy services people would like to use if they were available

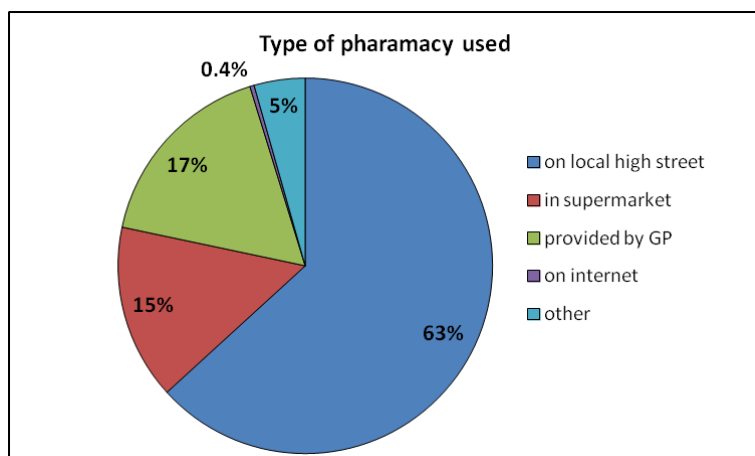
Pharmacy Service	No. who would like to use this service if it was available
NHS Health Checks	12
Advice/screening: long term conditions	10
Sharps box disposal	10
Flu vaccination	9
Travel related health advice	6
Advice / review of medicines	6
Disposal of medicines	6
Electronic prescription service	6
Advice on minor conditions	5

NHS healthy start vitamins/vouchers	5
Alcohol screening and advice	4
Emergency contraception	4
Stop smoking advice or medication	3
Repeat prescription ordering/collection	3
Medicine packaging (weekly boxes)	3
Chlamydia testing	3
Falls prevention service	3
Advice/ review of appliances	2
Delivery of medication	2
Needle and syringe exchange	2
Substance misuse services	2

Details of pharmacy use

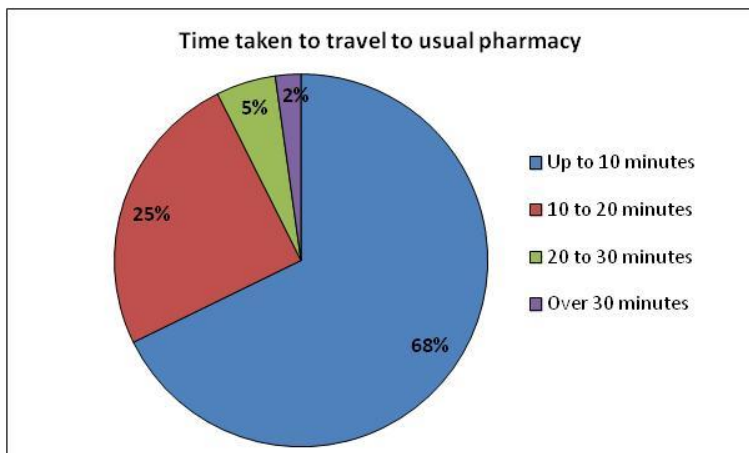
The main types of pharmacy used were: on local high street (63%); provided by the GP (17%) and in a supermarket (15%)

Figure 10: Type of Pharmacy Used



98% were able to travel to their usual pharmacy within 30 minutes. 68% could get there within 10 minutes.

Figure 11: Time taken to travel to usual pharmacy

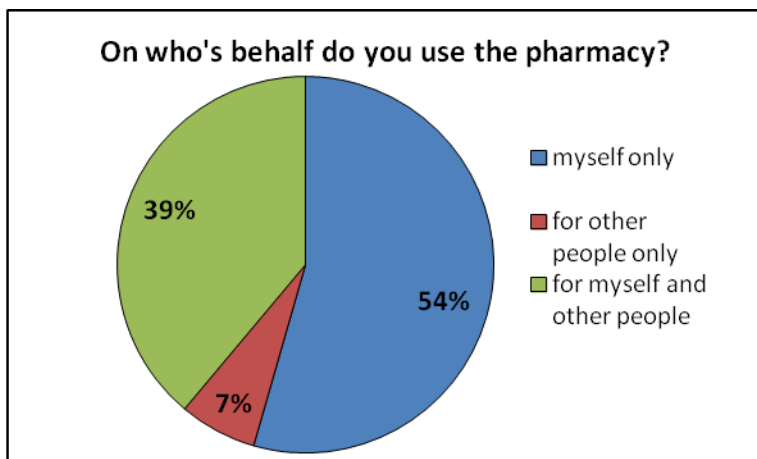


51% used their pharmacy for medicines or prescriptions at least monthly. 5% used it every week whilst 24% used it less than once or twice per year.

Only 1% said their pharmacy was not open when they needed it. 99% said their pharmacy was open when they needed it at least 'most of the time'.

54% said they used the pharmacy for themselves only. 39% used the pharmacy for themselves and others and the remaining 7% used the pharmacy for other people only.

Figure 12: On who's behalf do you use the pharmacy?



123 out of 270 people said they used the pharmacy on behalf of others, mainly family members. The breakdown was: 'another family member' (94 people); 'children' (36) and 'older relative' (16). A small number of people indicated that they used the pharmacy for a friend or neighbour (2) or someone else (3).

Respondents were asked why they went to a pharmacy on behalf of someone else. 16 people said it was just easier or more convenient for them to go rather than the person they went on behalf of.

Specific reasons were provided by 39 respondents as to why the person they attended for could not go themselves. The breakdown of responses is as follows:

- disability / health issues (11 people)
- mobility issues (11)
- work / time commitments (11)
- transport issues (5)
- safeguarding issues (1).

Satisfaction with pharmacy services

97% said that overall they were happy with the services their usual pharmacy provided.

Respondents were asked if there was anything they particularly liked about their pharmacy. 152 people (53% of all respondents) explained why they liked their pharmacy. A summary of the reasons is provided in the table below. The main reasons why respondents liked their pharmacies were: the staff are friendly, helpful or knowledgeable (86 respondents); the pharmacy is local, convenient or easy to access (43); the opening hours are long or convenient (21) and the pharmacy provides a personal service where the staff know the respondents (11).

Table 1: Reasons why respondents like their pharmacy

Theme	No.	% (out of 152)
Staff are friendly, helpful or knowledgeable	86	56.6%
Pharmacy is local, convenient, handy, easy to access	43	28.3%
Long or convenient opening hours	21	13.8%
Personal service, familiar, staff know me, continuity	11	7.2%
Service is efficient, professional or thorough	10	6.6%
Quick service	4	2.6%
Independent Pharmacy	3	2.0%
Have an online service	3	2.0%
Liaise well with GP	3	2.0%
Supportive to me as a carer	2	1.3%

Delivery service	2	1.3%
Good repeat prescription service	2	1.3%
Good service / happy with service	2	1.3%
Pharmacy is well stocked	1	0.7%
Has a consultation room	1	0.7%
Text reminders are good.	1	0.7%
Good displays on health issues	1	0.7%
Modern	1	0.7%
Pharmacy is part of the community	1	0.7%
Helpful if run out of medication	1	0.7%

A selection of respondent's comments relating to satisfaction with pharmacy services is shown in the Box below.

Box 1: Reasons why respondents like their pharmacy

Is there anything you particularly like about your pharmacy?

"They are so efficient! They always get my prescription right and on time, and are friendly as well. I am so impressed, after the pharmacies I went to in the last place I lived!"

"The opening hours are very convenient for full-time workers."

"It is close at hand and I have confidence the person is serving me is qualified and familiar."

"I like the connection between my doctor and the pharmacy. I can order a repeat prescription and collect it directly from pharmacy."

"It's local (and so are the staff), and friendly. Community feel"

"Friendly efficient and helpful; they appear very patient in dealing with customers who are less able"

"I have a choice, usually use my GP pharmacy, but there is a very good high street pharmacy just across the road, couldn't be better.

"The pharmacy in...is exceptional. They are a real part of the community, and are very proactive in offering help and advice. They are discreet, kind and professional and I have sought advice and guidance on many matters concerning my mother."

“The people are very nice. It's kind of independent: a local business and not part of a big chain. The service is pretty pronto. It's on the way home from my GP.”

“Knowledge of my wife's complex problems and the support I receive in my role as carer”

“Yes fully staffed and open on extended hours. We [are] regularly asked if we require any other service”

“It's accessible on foot, don't have to drive or catch a bus.”

“I use the pharmacy regularly and they know me. They can and are willing to help if I have an issue with my repeat prescriptions and go out of the way to help”

“Friendly, helpful people I can see at my convenience and don't have to wait to make an appointment”

“I like my Pharmacy because I telephone them for repeat prescriptions and they DELIVER it, therefore I have no need to visit the surgery”

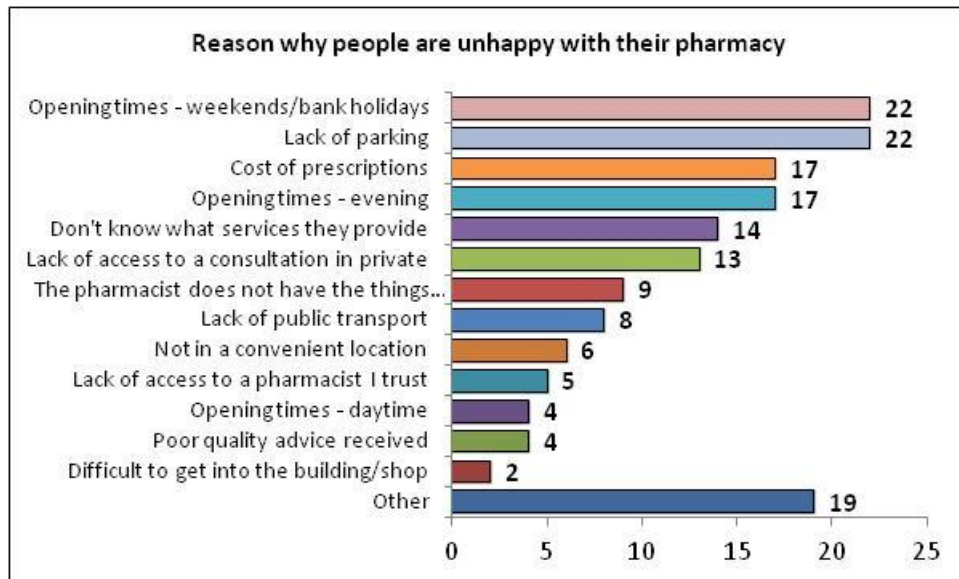
“They put up lively displays about different issues such as mental health or weight loss”

“Prescription electronically sent from my doctors to Pharmacy and ready to pick up in 2 days while doing food shopping.”

Respondents were asked to indicate if they were unhappy with their pharmacy. Respondents could choose from a drop down list of reasons why they were unhappy and these are summarised in the chart below. Respondents could also add a free text comment about why they were unhappy and these are counted as ‘other’ and are summarised in the table below.

92 people out 287 people (32%) people provided a reason why they were unhappy with their pharmacy. The main reasons why people were unhappy were: opening times (weekends / bank holidays and evenings); lack of parking and the cost of prescriptions. In total 26 people indicated they had an issue with opening times.

Figure 13: Reasons why people are unhappy with their pharmacy



The 'other' reasons for dissatisfaction included: the pharmacy not always being able to complete their order and issues with the speed and quality of the service.

Table 2: Other reasons why people are unhappy with their pharmacy

Other reasons why people are unhappy with their pharmacy	No. of people mentioning this
Pharmacy can't always complete their order	3
Issues with the quality of service	3
The service is slow	2
The service is poor	2
Spouses can easily obtain each other's medication. ID not always requested. Potentially this could be a breach of confidentiality	2
The premises are small	1
Problems with weekly medication packaging	1
Contradictory advice from GP and pharmacy	1
Pharmacist difficult to engage with	1
Pharmacy can only offer basic advice	1
Pharmacy does not offer blood taking	1

Pharmacy won't take sharps or unused medication	1
Can't obtain medication during pharmacist's lunch break	1

A selection of respondent's comments relating to issues with pharmacy services is shown in the Box below. Box 2: Reasons why respondents are unhappy with their pharmacy

If you are unhappy with your pharmacy please indicate why.

"They were unable to take either a sharps box or unused medicines from me to dispose of. I had to dispose of the sharps privately and still not sure what to do with the excess/outdated medication"

"Due to being only employed part time I can't always afford to pay for the prescriptions which I need. And due to suffering from depression and anxiety I find it extremely frustrating."

"The pharmacist is a very difficult individual to engage with, and that's putting it mildly."

"The local one is very small so have to go further afield for some general pharmacy goods and services."

"Pharmacy has recently changed hands and the quality and service are not as good as previously offered."

"The recent change to weekly medication packaging. The new boxes are cheap, nasty and not fit-for-purpose."

"I have been issued medication in the past which would have expired before needing to be used (contraceptive pills) leaving me with concerns over the quality of the checking. They then didn't have the item in stock with a suitable date so I had to return again."

"The primary care health advice you are supposed to be able to access instead of speaking to your GP is quite patchy in terms of consistency and helpfulness and often involves just being told 'you need to see a GP!' which seems to defeat the purpose of using a pharmacy in the first place."

"Bi-Monthly repeat prescription for 5 items. Almost every time they get something wrong."

"Can be a bit slow to serve and there is no privacy."

"I am offered my husband's repeat prescriptions and vice versa. This is OK in our situation but could constitute a breach of confidentiality if I didn't know that my husband was taking medication or what for."

"Pharmacy only open until 1pm on a Saturday."

"The GP service does not always have readily available items."

"Quite often is unable to complete the order at the time due to lack of stock."

“I have to make more than one visit as drugs cannot be dispensed when the pharmacist is on her lunch, even though the pharmacy is open. A notice on the shop saying the times that drugs can be dispensed would be helpful”

Other comments on pharmacy services

Respondents were asked if there was anything else they would like to say about pharmacies in York.

- 74 people provided a comment and the breakdown by theme is shown in the table below.
- Just under half of the comments were positive with praise for specific pharmacy staff and services or general pharmacy coverage in York.
- 8 people provided suggestions on improving pharmacy services including:
 - providing seating near queues
 - having continuity of pharmacists rather than moving them around branches
 - making elderly people more aware that pharmacies can deliver medication
 - having a 24 hour pharmacy service for York at a central location in York
 - having a service where you could type your postcode in to find which pharmacies are available out of hours
 - prescribing new medication for a week only initially so that if patient has a reaction and stops taking it there is less waste
 - having a way to check if medication is available before handing prescription over
 - making York Hospital Pharmacy available out of hours
- 11 people emphasised the importance of keeping accessible high street pharmacies open or expressed concern that some factors (e.g. large pharmacy chains, pharmacies in GP surgeries or the result of this survey) could lead to the closure of small local pharmacies.
- 6 people were unhappy with pharmacy services for the following reasons: the attitude of the pharmacy staff (2 people); the small/cramped facilities (1); the fall in quality of service since a change of provider and the fact that a prescription at the hospital pharmacy can't always be fulfilled.
- 6 said that longer opening hours were needed.

Table 3: Other comments on pharmacy services.

Theme	No.
Praise for the local pharmacy staff/services	19
Pharmacy coverage is good in locality	12
Suggestions for improvement to pharmacy services	8
Important to keep pharmacies on the high street and other accessible locations	6
Longer opening hours needed	6
Unhappy with pharmacy service	6
Concerns that small pharmacies are being pushed out by large chains	3
Need more information on out of hours pharmacies	3
Public transport is not readily available	3
Use different pharmacies for different purposes	3
Concern that pharmacies in GP surgeries may drive out high street pharmacies	2
Concern that EHCs are not now available to under 25s	2
Feedback on the survey questions	2
Won't accept sharps / unused medicines	2
Concern that this survey may be used to close pharmacies	1
Pharmacy is expensive compared to supermarket	1
GP run pharmacy is a waste of resources	1
Prefer getting medication from dispensing GP	1
Access issues for elderly / disabled	1
It's positive that the pharmacy is connected to the surgery	1
Think pharmacies should be independent of GPs	1
Electronic prescription service and text reminders are useful	1
Would only use supermarket pharmacies	1

A selection of respondent's comments relating to general views on pharmacy services is shown in the Box below. Box 3: Other comments on pharmacy services

Is there anything else you'd like to tell us about the pharmacies in York?

"Although the pharmacy staff are generally good the services and service received since it was taken over by a different pharmacist has fallen drastically i.e. on-line repeat prescriptions no longer available and prescriptions take longer before ready for pick up"

"I have used pharmacies in the super markets for minor medication and have never had a problem.

"I like continuity of pharmacists so they can see me when I'm well and not always when ill. I think this humanises the service."

"There is a GP run pharmacy opposite which is a waste of NHS resources and should not be allowed to operate."

"I hope that local pharmacies remain open as they are vital for the elderly and disabled and those without a car."

"They no longer offer Free EHC (Emergency Hormonal Contraception) to under 25's: this may have a huge impact on teenage pregnancies and unwanted pregnancies."

"The local pharmacy is a key element in the community and its importance should not be underestimated."

"In terms of pharmacies, for a modestly sized city there's a lot of choice in York."

"Be good to have a service where you could put your postcode in and it tells you which ones are open late/weekends."

"I do not use the one atsurgery as the pharmacist can be unpleasant and the hours are not convenient."

"Do not use these surveys as an excuse to reduce the number of pharmacies."

"Having the pharmacy in the village is very important. Bus services are not readily available and older people don't drive."

"The large ones might provide a seat by the queue."

"..... chemist is a wonderful pharmacy and for many years has and still does care for the community. There are many that are like this one and unfortunately are being pushed out by big firms. should be protected and encouraged not thrown to the wall."

"It would be useful if when closed they displayed information on where a pharmacy is available out-of-hours, as under the old rota system."

Table 4: Pharmacy services used and satisfaction levels.

Pharmacy Service	No. of people using the service	% of all respondents using the service	No. of people satisfied with the service	% of people using the service who are satisfied with it
Advice on minor conditions	141	49.1%	135	96%
Travel related health advice	36	12.5%	35	97%
Advice/screening: long term conditions	34	11.8%	33	97%
Advice / review of medicines	91	31.7%	84	92%
Advice/ review of appliances	5	1.7%	4	80%
Stop smoking advice or medication	4	1.4%	2	50%
Alcohol screening and advice	3	1.0%	0	0%
Disposal of medicines	137	47.7%	125	91%
Repeat prescription ordering/collection	188	65.5%	175	93%
Electronic prescription service	115	40.1%	100	87%
Delivery of medication	27	9.4%	27	100%
Medicine packaging (weekly boxes)	23	8.0%	21	91%
Needle and syringe exchange	5	1.7%	3	60%
Sharps box disposal	6	2.1%	3	50%
Flu vaccination	60	20.9%	57	95%
Chlamydia testing	3	1.0%	0	0%
Emergency contraception	11	3.8%	9	82%
NHS Health Checks	16	5.6%	14	88%
Falls prevention service	4	1.4%	2	50%
NHS healthy start vitamins/vouchers	3	1.0%	2	67%
Substance misuse services	3	1.0%	1	33%

Total / Average	915	832	91%
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Table 5: Usage / awareness of Pharmacy Services

Pharmacy Service	No. of people using the service	No. who know about the service but don't use it	No. who use the service or at least know about it	Total No. of respondents	% who use the service or at least know about it
Advice on minor conditions	141	125	266	287	93%
Travel related health advice	36	180	216	287	75%
Advice/screening: long term conditions	34	176	210	287	73%
Advice / review of medicines	91	128	219	287	76%
Advice/ review of appliances	5	167	172	287	60%
Stop smoking advice or medication	4	233	237	287	83%
Alcohol screening and advice	3	168	171	287	60%
Disposal of medicines	137	110	247	287	86%
Repeat prescription ordering/collection	188	80	268	287	93%
Electronic prescription service	115	120	235	287	82%
Delivery of medication	27	210	237	287	83%
Medicine packaging (weekly boxes)	23	176	199	287	69%
Needle and syringe exchange	5	201	206	287	72%
Sharps box disposal	6	187	193	287	67%
Flu vaccination	60	166	226	287	79%
Chlamydia testing	3	131	134	287	47%
Emergency contraception	11	201	212	287	74%
NHS Health Checks	16	116	132	287	46%
Falls prevention service	4	90	94	287	33%

NHS healthy start vitamins/vouchers	3	89	92	287	32%
Substance misuse services	3	152	155	287	54%

Appendix 3b: Data collected via pharmacy engagement survey

Details of the Pharmacy respondents

17 Pharmacies in the City of York Council responded to the questionnaire. In the case of three of the pharmacies, the questionnaire was completed by two different people. One Pharmacy completed some of the demographic information but did not answer the remainder of the questions.

The total number of hours per week each pharmacy opened for ranged from 40 to 100 with an average of 59.

10 pharmacies (59%) indicated that they had no plans to change their opening hours in the next 12 months. Three pharmacies (18%) said they had plans to increase their opening hours.

Two pharmacies (12%) are entitled to Pharmacy Access Scheme Payments.

Three pharmacies have achieved Healthy Living Pharmacies (HLP) status, 9 are currently working towards it and 2 are intending to work towards it in the next 12 months. Only 1 pharmacy out of the 17 said it was not intending to work towards HLP status.

Pharmacy Services

16 pharmacies answered questions relating to the availability of facilities. All 16 had a consultation area that met the criteria for the Medicines Use Review service, 11 of which were wheelchair accessible. All 16 had a consultation area in a closed room. All 16 had hand-washing facilities, 11 of which were in the consultation area and 5 of which were close by. 3 of the pharmacies had toilet facilities for the public to use.

All 16 pharmacies used the Electronic Prescription Service (Release 2 enabled), had the NHS summary Care Record enabled and had an up to date NHS choices entry. 14 pharmacies used NHS mail.

The enhanced or advanced services which pharmacies provide or plan to provide are summarised in the charts below.

Figure 14: Enhanced or advanced services currently provided by Pharmacies

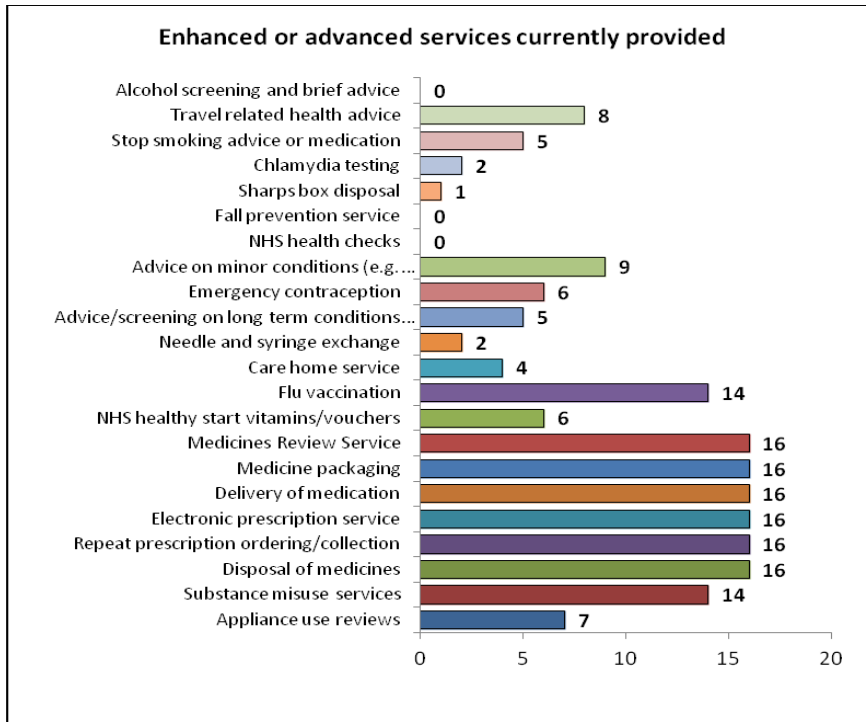


Figure 15: Enhanced or advanced services pharmacy is planning to provide in the next 12 months

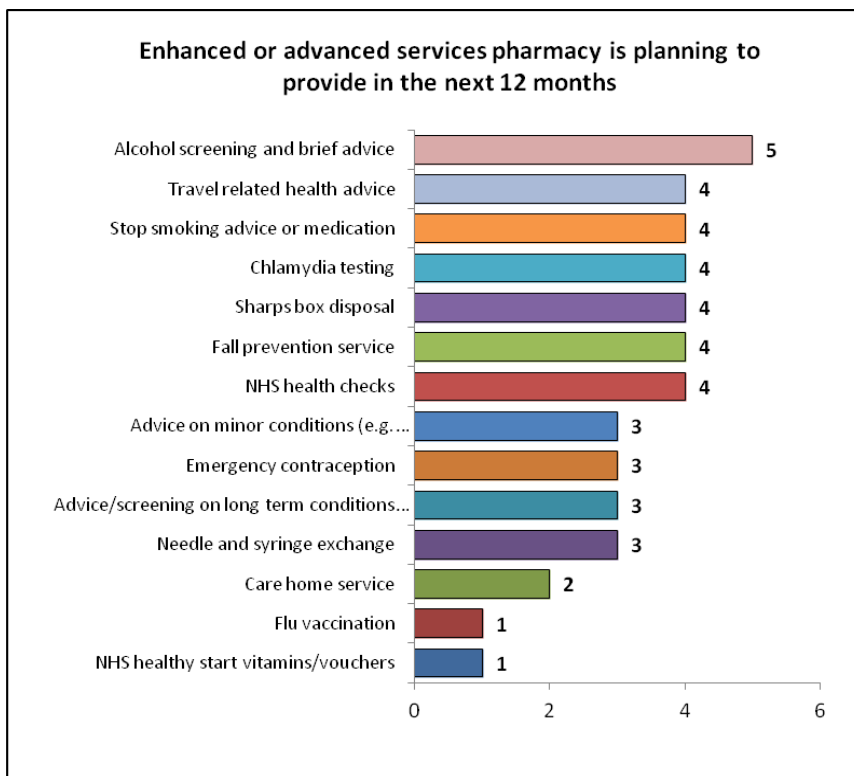
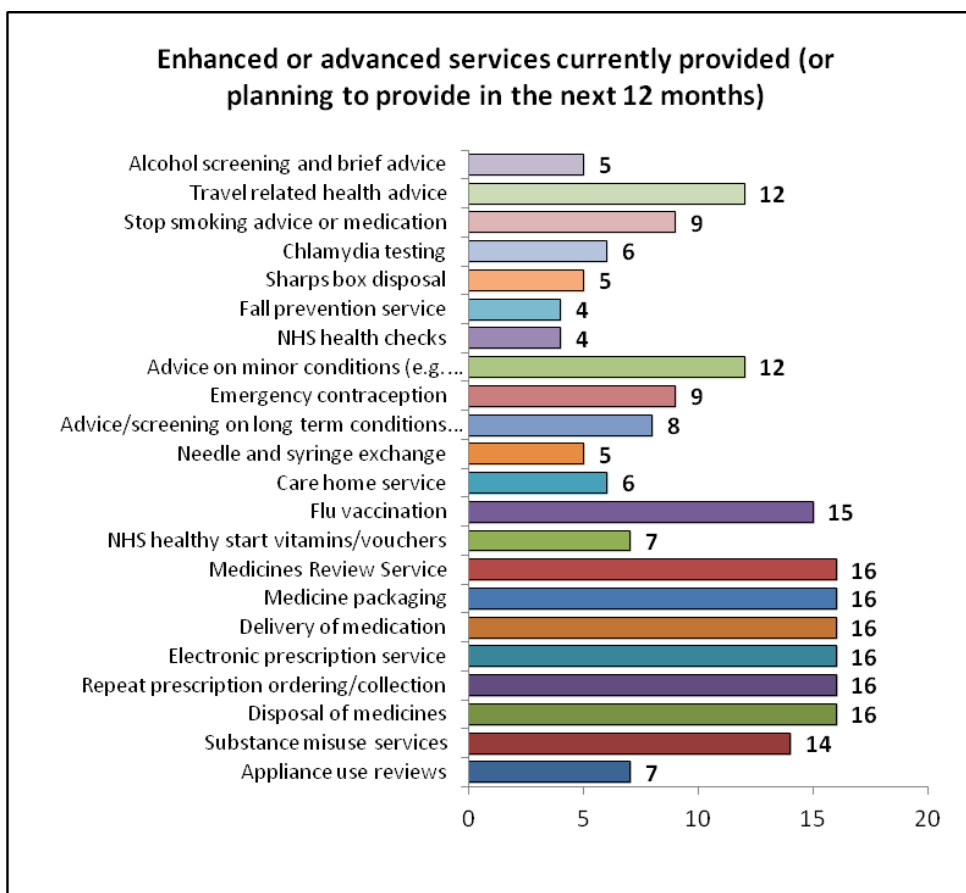


Figure 16: Enhanced or advanced services currently provided (or planning to provide in the next 12 months)



Pharmacies indicated if there were other services they provided which were not on the list (or provided more specific examples relating to generic service provision). The services reported were:

- supervised consumption of methadone (3 pharmacies)
- new medicine service (2)
- Champix on a private patient group direction as part of a stop smoking service (1)
- erectile dysfunction service (1)
- weight loss management service (1)
- travel vaccinations and ant-malarial tablets(1)
- diabetes screening(1)
- independent prescriber service (1)
- a 'know your numbers' week twice per year offering blood pressure, sugar and obesity checks (1)

5 pharmacies answered yes when asked if there were barriers which prevented patients from accessing the services they currently delivered. 3 of the pharmacies said that the issue was that some services were not commissioned. One pharmacy highlighted the issue of patients who were housebound and could not access the pharmacy or needed their medication delivered. One pharmacy highlighted the withdrawal of the emergency contraception service.

11 pharmacies indicated that there were other services which could be delivered in their pharmacy, which they believed would benefit the health of patients. The services reported were:

- Minor ailments scheme (5)
- Sharps box disposal (4)
- Emergency contraception (3)
- Cholesterol testing service (1)
- Smoking Cessation (2)
- Inhaler training (1)
- Head lice scheme (1)

- Needle Exchange (1)
- Care home services (1)
- Sexual health services (1)
- A private PGD for prescribing antibiotics for urine infections (1)
- NHS Urgent Medicine Supply Advanced Service Pilot – NUMSAS (1)
- Better use of EPS to reduce the burden on GPs (1)
- Scheme to remunerate pharmacies for saving NHS money on prescriptions (1)
- Chronic Disease Management (1)
- International normalised ratio (INR) testing time taken for blood to clot (1)
- Joint work with local surgeries around generic switches to support budgetary control (1)

One pharmacy stated that it would be happy to provide any of the services that are not currently commissioned.

Pharmacies were asked if there was anything which prevented them from delivering these additional services. 9 pharmacies provided a reason and these are summarised below.

- Lack of investment / finance (4 pharmacies)
- The services are not locally commissioned (3)
- People not willing to pay for services / products e.g. smoking cessation or emergency contraception (1)
- Not having a private Patient Group Direction (1)

Pharmacies were asked if they were aware of any future national or local plans that may impact on the need for pharmacy services over the next four years. 6 pharmacies provided a response. All six pharmacies referred to funding cuts and two of them referred to internet pharmacies.

Pharmacies were asked if there was anything else they would like to say about pharmacy provision. 8 Pharmacies responded and the themes are summarised below.

- Issues with funding for pharmacy services (5 pharmacies)

- Challenges provided by internet pharmacies (2)
- Skills of pharmacies not being fully used (1)
- The policy of prescribing branded generics is causing issues (1)
- Pharmacies have capacity to deliver more services subject to availability of funding (1).

Pharmacies were asked which of the following ways of providing feedback were routinely advertised. The responses are summarised below:

- Own compliments, comments, and complaints policy (or similar) (12 pharmacies)
- NHS England (1)
- Local Healthwatch group (1)
- GP practice patient participation groups (1)
- Care Quality Commission (1)

A selection of comments made by pharmacies is presented in the box below.

“If services are not commissioned by the City of York Council we are unable to provide them”.

“People not willing pay for smoking cessation products or emergency contraception and when referred to appropriate places they don't usually go as [they are] far away and [there is] no transport... in [the] long term means more hospital admissions, respiratory conditions, unplanned pregnancies etc”.

“In York it appears funding for additional pharmacy services has been cut so that although new services are being commissioned in North Yorkshire, York is missing out on these”.

“Reduction in finances, no real investment in community pharmacy services. We can provide more support to GP practices to help with better medicines management but this seems to bypass community pharmacy”.

“Pharmacies cutting costs such, so cutting services as a result of the community pharmacy funding cuts”.

“We have so many skills that are not being used”.

“Patients expect extended opening hours and free Prescription Delivery Services. We are keen to provide this but the funding changes as well as internet pharmacy is making this difficult”.

“The misguided policy of prescribing branded generics is threatening the viability of our

business. It also costs the NHS more overall”.

“It requires investment not disinvestment as the knock on affect to primary care GP services and A&E attendances will increase”.

“We would like to provide MORE services but we are prevented by lack of funding”.

“Pharmacy provision is more than adequate in the area but obviously any new services are welcome and we have ample capacity to take them on especially if funded correctly”.

Appendix 3c: Data collected via strategic partners and commissioners engagement survey

Note: No responses were received from strategic partners and commissioners as part of the engagement survey.

Appendix 3d: Data collected via health and social care providers engagement survey

Responses

21 providers responded to the survey. Five were excluded due to operating in North Yorkshire only, the rest operated between North Yorkshire and York, or in York only. The information provided in questions two, and three are incorporated into the analysis of question one. Therefore question two and three do not have sub headings.

Five of the organisations represented the City of York Council (CYC), five represented Sexual Health Service Providers, five represented General Practices and one represented a residential care home.

Of the CYC organisations, three provided Adult Social Care, one residential/nursing care and the last was a 'Local Area Coordinator'.

Organisation Name	Type of organisation
City of York Council	Local Area Coordinator
City of york Council	Adult Social Care Provider
City of York Council	Adult Social Care Provider
York city council	Adult Social Care Provider Domiciliary Care
CYC Windsor House OPH	Residential/Nursing Care Home
Wool	Residential/Nursing Care Home
Escrick Surgery	General Practice
Monkgate surgery	General Practice
Priory Medical Group	General Practice
Tadcaster Medical Centre	General Practice
York Medical Group	General Practice
YorSeXual Health	Sexual Health Service Provider
yorsexualhealth	Sexual Health Service Provider
Yorsexualhealth	Sexual Health Service Provider
Yorsexualhealth	Sexual Health Service Provider
YSH	Sexual Health Service Provider

As a proportion of the responses, Sexual Health Services and GP's were the greatest contributors, followed by Adult Social Care and Residential and Nursing Homes. Domiciliary Care and Local Area Coordinators had low representation.

Several organisation types are not represented in this assessment (see Table 2). These included, Mental Health, Optician, Smoking (stop), Dental, Hospice, Drug and Alcohol, and Children's Social Care providers.

Answer Choices	Responses	Count
Sexual Health Service Provider	29.41%	5
General Practice	29.41%	5
Adult Social Care provider	17.65%	3
Residential/Nursing Care Home	11.76%	2
Domiciliary Care	5.88%	1
Other (please state)	5.88%	1
Drug and Alcohol Service Provider	0.00%	0
Mental Health Provider	0.00%	0
Optician	0.00%	0
Stop Smoking Service Provider	0.00%	0
Children's Social Care Provider	0.00%	0
Dental Provider	0.00%	0
Hospice	0.00%	0

Are you aware of any instances of good practice in the local provision of pharmaceutical services that you would like to share?

Two GPs and a CYC (Adult Social Care/Domiciliary) service highlighted Monk Bar pharmacy specifically. They commented positively on the helpful staff and extended opening hours. Provision of medication delivery was mentioned as a marker of good practice in several comments. Provision of emergency contraceptives was mentioned as an instance of good practice offered in North Yorkshire but absent in York.

Are you aware that your clients perceive any barriers in accessing pharmacy services?

12 of the 16 providers answered this question.

Answer Choices	Responses	Count
Clients don't know what services pharmacists provide	58.33%	7
Client concern about cost of prescriptions	33.33%	4
Perceived lack of access to a private consultation	25.00%	3
Perceived limited opening times - evening	16.67%	2
Perceived limited opening times - weekends/bank holidays	16.67%	2
Other (please specify)	16.67%	2
Perceived lack of parking	8.33%	1
Clients perceive that the pharmacist does not have the things they need	8.33%	1
Perceived difficult to get into the building/shop	8.33%	1
Perceived limited opening times - daytime	8.33%	1
Perception that poor quality advice received	0.00%	0
perceived lack of confidence in the pharmacist	0.00%	0
Perceived as inconvenient location	0.00%	0
Perception from young carers that the pharmacist doesn't understand their role	0.00%	0
Perception that the pharmacist is difficult to understand	0.00%	0
Perceived lack of public transport links	0.00%	0

- 58% considered 'clients lack of knowledge toward services they offer' as a barrier.
- 33% thought 'client concern about the cost of prescriptions' was a barrier
- 25% thought a 'perceived lack of access to a private consultation' was a barrier.
- 17% considered (both) evening and weekend/bank holiday opening times as perceived barriers.
- Lack of parking; perception the pharmacy does not have required medicine; difficulty getting to the building/shop; and limited daytime opening hours, were each considered as barriers by 8% of respondents respectively.
- Poor quality advice, lack of confidence in pharmacist, inconvenient location, lack of understanding toward young careers, difficulty understanding pharmacist and lack of public transport links were all not thought to provide any barriers.

Are you aware of any barriers you face as a professional or organisation that prevent effective working or prevent you recommending pharmacy service to clients?

Thirteen organisations responded to this question.

Four of the Sexual Health Providers stated the lack of emergency contraception (EC) as a barrier for prevention. Two Sexual Health Providers mentioned the increased cost associated with the lack of free provision.

"The cost implication now the council have ceased to fund emergency contraception for under 25's will have a bit impact on our young service users"

For the Adult Social Care providers, one cites getting information from GPs as a barrier/prevention, while the other two responded as not having any barriers. One of the care homes cited occasional long waiting times in interim prescriptions as a barrier/prevention.

The GP responses highlighted that multiple pharmacies operate different service specifications, and that some pharmacies are not good at being "EPS". In addition, one GP respondent was unsure if they were allowed to recommend particular pharmacies and another raised the issue of "sending patients to walk-ins at the weekend" (interpreted as pharmacies sending patients to walk-in clinics).

What is your organisation's perspective on advice/screening services being offered by pharmacies for the majority of the people your organisation supports?

- 14 out of 16 providers answered this question.
- The 'Don't know' option received the greatest proportion of ratings with the exception of 'Advice on or review of medicines' (Table 4). The average proportion of ratings for 'Don't know' was 49%.
- 'Service is not available and not required at this time' received the fewest ratings across all options (average of 4% of all ratings). Most providers didn't think that necessary services were missing.
- 'Advice on minor conditions' was generally considered to be available and meeting needs (43%), the same proportion didn't know (43%).
- 29% of providers thought that 'travel related health advice' was available, where 43% didn't know.
- 'Advice/screening on long term conditions' was not considered to be available or sufficient to meet needs. 14% considered it to be available and meeting needs, available but not sufficient, and not available but required; 50% did not know.
- 'Advice on or review of medicines' was considered to be the most available service (meeting needs 43%) but in some instances not sufficient (21%). 35% did not know.
- 'Advice on or review of appliances' was the least known service with 64% of respondents not knowing. 7% thought the service was not available or required, not available but required, and available plus meeting needs. 14% thought it was available but not meeting needs.
- 'Stop smoking advice or medication' was considered to be available and meeting needs (14%) but in some cases available but not sufficient (14%). 21% believed the service was not available but required, and 50% didn't know.
- For 'alcohol screening and advice', only 7% thought the service was available and sufficient. 36% of providers believed that alcohol screening was required but not available. 57% didn't know.

	Service is available and meeting need		Service is available but not sufficient to meet need		Service is not available but required		Service is not available and not required at this time		Don't know	
Advice on minor conditions (e.g. cough/colds, hayfever etc)	42.86%	6	0.00%	0	7.14%	1	7.14%	1	42.86%	6
Travel related health advice	28.57%	4	7.14%	1	14.29%	2	7.14%	1	42.86%	6
Advice/screening on long term conditions (e.g. diabetes, high blood pressure etc)	14.29%	2	14.29%	2	14.29%	2	7.14%	1	50.00%	7
Advice on or review of medicines (either new medicines, or medicines you use regularly)	42.86%	6	21.43%	3	0.00%	0	0.00%	0	35.71%	5
Advice on or review of appliances you use e.g. stoma bag	7.14%	1	14.29%	2	7.14%	1	7.14%	1	64.29%	9
Stop smoking advice or medication	14.29%	2	14.29%	2	21.43%	3	0.00%	0	50.00%	7
Alcohol screening and advice	7.14%	1	0.00%	0	35.71%	5	0.00%	0	57.14%	8
Flu vaccination	33.33%	4	8.33%	1	8.33%	1	25.00%	3	25.00%	3
Chlamydia testing	7.69%	1	23.08%	3	7.69%	1	15.38%	2	46.15%	6
Emergency contraception (morning after pill)	12.50%	2	12.50%	2	43.75%	7	6.25%	1	25.00%	4
NHS Health Checks	7.69%	1	7.69%	1	15.38%	2	15.38%	2	53.85%	7
Falls prevention service	0.00%	0	0.00%	0	23.08%	3	23.08%	3	53.85%	7
NHS healthy start vitamins/vouchers	0.00%	0	0.00%	0	7.69%	1	15.38%	2	76.92%	10
Substance-misuse services e.g. supervised consumption	30.77%	4	7.69%	1	0.00%	0	7.69%	1	53.85%	7

What is your organisation's perspective on health services being offered by pharmacies for the people your organisation supports?

There were a varying amount of responses for each question with one option receiving 16 responses and another 12.

- The majority of responses for the organisation's perspective of 'services being offered' were 'don't know' (Average 47%). The other categories received a similar average rate between 8-15%.
- For 'flu vaccination' 25% thought that the service wasn't available but also not necessary, and 25% didn't know. 33% thought the service was available and adequate.
- 46% didn't know about 'pharmacy services for Chlamydia testing'. 8% thought the services were adequate while 23% thought they were insufficient. 15% thought they were not offered and weren't needed, and 8% thought they weren't offered but needed.
- 44% thought that 'emergency contraception' was not available but necessary. 13% thought the service was adequate and 13% thought it was insufficient. 6% thought the service unnecessary and the rest didn't know.
- For 'health checks' 8% thought the services were sufficient. 8% thought them available but insufficient. 15% considered them not available but necessary and 15% thought them to be unavailable and unnecessary.
- 'Falls prevention services' were not considered to be available from pharmacies by any organisation. 23% thought them not available but required and 23% thought them unnecessary.
- 77% of organisations didn't know about NHS 'healthy start vitamins/vouchers'. 15% thought them unavailable and unnecessary and 8% thought them unavailable but required.

Is there anything else you would like to say about your organisations perspective on the range of services being offered by pharmacies?

There were two responses to this question:

"They offer a range of services and seem interested in linking patients in with social prescribing services and more holistic approaches."

The other was from Priory Medical Group:

“Key role to play in health promotion and medicines rationalisation (although this is somewhat contrary to business financial model, so a system for rewarding rationalisation decisions/ discussions needed).”

Are there any ways in which the role of pharmacies can be developed over the next four years to support your organisation/group and the communities you serve?

- Four sexual health providers suggest free EC provision, with one further suggesting free condom provision.
- A closer relationship between pharmacies and the providers was suggested by two GPs and a care home.
- The GPs had a mixture of recommendations including help with medicine management (also suggested by a local area coordinator), health promotion and screening for TLCs, and more capacity for dosett boxes.
- The local area coordinator and an Adult Social Care provider suggested that pharmacies should be capable of identifying patient needs through screening, and providing advice or referral to other services.
- One Adult Social Care provider suggested more frequent delivery of medicines.

Are you aware of any future plans that may impact on the need for pharmacy services over the next four years?

13 providers responded to this question. One responded yes and left further comment, eight responded ‘No’ and 4 responded ‘Don’t know’.

The respondent was a CYC local area coordinator:

“I know Priory medical Group are keen to maximise the resource that pharmacies could be. This fits with a wider health strategy to encourage more joined up working across health services and other services such as social care, emergency services and voluntary sector services. Pharmacists can also play a role in identifying carers and talking to them about support which may be available for them.”

Do you have concerns about current and/or future pharmacy provision?

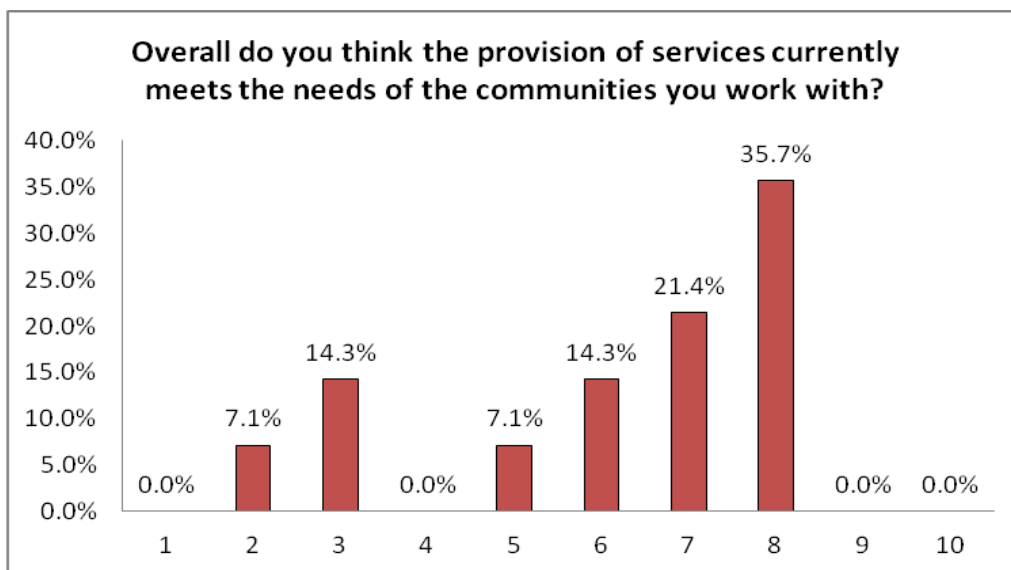
- 13 providers responded to this question, 8 of which said ‘No’.
- Of the five who answered ‘Yes’ the responses were varied. The first respondent was concerned about the inability of pharmacies to exchange used needles for the safety of drug abusers.
- The second concern was toward the ability of small pharmacies to survive.

- The third expressed concern over the difficulty in getting blister packs organised and how this will only become more of an issue with an aging population.
- The fourth related to the location of two pharmacies, although there is not enough detail to determine which specific pharmacies that are being referred to.
- The final concern is toward the lack of access to emergency contraceptives. #

Overall do you think the provision of services currently meets the needs of the communities you work with? (10 = completely, 1 = not at all)

14 respondents answered this question

No providers considered the available provision of services as completely meeting the needs of their communities. Despite this 5 respondents (35.7%) considered the services to be close to complete. One respondent considered the provisions to be neither complete nor completely lacking (7.1%). Three respondents considered the services to be poor (7.1% & 14.3%).



Is there anything else you'd like to tell us about pharmacy provision?

There were no responses to this question.

Appendix 4: Street Addresses and Opening Times of Pharmacies in York

The street addresses and opening times of the community pharmacies in York. This information is taken from the pharmacy index on NHS Choices, which is populated by the pharmacies themselves. Accessed: October 2017

Parkers Pharmacy 61 North Moor Road Huntington YO32 9QN	Monday08:30 - 17:30 Tuesday08:30 - 17:30 Wednesday08:30 - 17:30 Thursday08:30 - 17:30 Friday08:30 - 17:30 Saturday Closed Sunday Closed	Day Lewis Pharmacy 35 Yarburgh Way Badger Hill YO10 5HD	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 12:30 Sunday Closed
Living Care Pharmacy 57 Blossom Street YO24 1AZ	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday09:00 - 13:00 Sunday Closed	Boots 2 The Old School Pharmacy Front Street YO24 3BN	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday09:00 - 17:30 Sunday Closed
The Priory Pharmacy Priory Medical Centre Cornlands Road YO24 3WX (100 hour pharmacy)	Monday08:00 - 23:00 Tuesday08:00 - 23:00 Wednesday08:00 - 23:00 Thursday08:00 - 23:00 Friday08:00 - 23:00 Saturday08:00 - 23:00 Sunday10:00 - 20:00	Boots Pharmacy 5 St Mary's Square The Coppergate Centre YO1 9NY	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday09:00 - 17:30 Sunday10:30 - 16:30
Day Lewis Pharmacy 67 Front Street Acomb YO24 3BR	Monday08:30 - 17:30 Tuesday08:30 - 17:30 Wednesday08:30 - 17:30 Thursday08:30 - 17:30 Friday08:30 - 17:30 Saturday08:30 - 13:00 Sunday Closed	Boots Pharmacy 1 Kings Square YO1 8BH	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday08:30 - 18:00 Sunday11:00 - 17:00
Lloyds Pharmacy (Sainsburys) Monks Cross Shopping Park Jockey Lane YO32 9LG	Monday08:00 - 21:00 Tuesday08:00 - 21:00 Wednesday08:00 - 21:00 Thursday08:00 - 21:00 Friday08:00 - 21:00 Saturday08:00 - 21:00 Sunday10:00 - 16:00	Boots Pharmacy 2 Spurriergate AKA 43 Coney Street YO1 9QR	Monday08:30 - 18:00 Tuesday08:30 - 18:00 Wednesday08:30 - 18:00 Thursday08:30 - 18:00 Friday08:30 - 18:00 Saturday08:30 - 18:00 Sunday11:00 - 17:00

Lloyds Pharmacy 210 Fulford Road Fishergate YO10 4DX	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 13:00 Sunday Closed	Boots Pharmacy 153a Tang Hall Lane YO10 3SD	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 13:00 Sunday Closed
Lloyds Pharmacy 3 Wains Grove Dringhouses YO24 2TU	Monday08:30 - 17:30 Tuesday08:30 - 17:30 Wednesday08:30 - 17:30 Thursday08:30 - 17:30 Friday08:30 - 17:30 Saturday Closed Sunday Closed	Boots Pharmacy 86 Clifton YO30 6BA	Monday08:30 - 17:30 Tuesday08:30 - 17:30 Wednesday08:30 - 17:30 Thursday08:30 - 17:30 Friday08:30 - 17:30 Saturday09:00 - 17:00 Sunday Closed
Living Care Pharmacy 101 - 103 Green Lane Acomb YO24 4PS	Monday08:45 - 17:30 Tuesday08:45 - 17:30 Wednesday08:45 - 17:30 Thursday08:45 - 17:30 Friday08:45 - 17:30 Saturday Closed Sunday Closed	Boots Pharmacy 5 Heworth Village YO31 1AE	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday09:00 - 17:00 Sunday Closed
Lloyds Pharmacy 3 Intake Avenue YO30 6HB	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday09:00 - 13:00 Sunday Closed	Boots Pharmacy 66 Clarence Street YO31 7EW	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday09:00 - 17:00 Sunday Closed
Lloyds Pharmacy 412 Huntington Road YO31 9HU	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 14:00 Sunday Closed	Boots Pharmacy 10 East Parade YO31 7YJ	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday09:00 - 13:00 Sunday Closed
SKF Lo (Chemist) Ltd 151 Beckfield Lane YO26 5PJ	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 13:00 Sunday Closed	Boots Pharmacy 68 The Village Haxby YO32 2HX	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday09:00 - 17:00 Sunday Closed

Bishopthorpe Road Pharmacy 18 Bishopthorpe Road YO23 1JJ	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 13:00 Sunday Closed	Boots Pharmacy 6 Wyre Court Haxby YO32 2ZB	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 13:00 Sunday Closed
Fulford Pharmacy 101 Main Street Fulford YO10 4PN	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 13:00 Sunday Closed	Boots Pharmacy 25b The Village Strensall YO32 5XR	Monday08:45 - 18:00 Tuesday08:45 - 18:00 Wednesday08:45 - 18:00 Thursday08:45 - 18:00 Friday08:45 - 18:00 Saturday09:00 - 13:00 Sunday Closed
M J Roberts Chemists Ltd 8 Boroughbridge Road YO26 5RU	Monday08:30 - 18:00 Tuesday08:30 - 18:00 Wednesday08:30 - 17:30 Thursday08:30 - 17:30 Friday08:30 - 17:30 Saturday09:00 - 12:30 Sunday Closed	Boots Pharmacy Unit 7 Monks Cross Shopping Park YO32 9GX	Monday09:00 - 20:00 Tuesday09:00 - 20:00 Wednesday09:00 - 20:00 Thursday09:00 - 20:00 Friday09:00 - 20:00 Saturday09:00 - 19:00 Sunday11:00 - 17:00
Monkbar Pharmacy 3 Goodramgate YO1 7LJ (100 hour pharmacy)	Monday07:30 - 22:30 Tuesday07:30 - 22:30 Wednesday07:30 - 22:30 Thursday07:30 - 22:30 Friday07:30 - 22:30 Saturday07:30 - 22:30 Sunday08:30 - 18:30	Cohens Chemist 22 Gillygate YO31 7EQ	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday Closed Sunday Closed
Living Care Pharmacy 71 Monkton Road YO31 9AL	Monday09:00 - 17:30 Tuesday09:00 - 17:30 Wednesday09:00 - 17:30 Thursday09:00 - 17:30 Friday09:00 - 17:30 Saturday Closed Sunday Closed	Copmanthorpe Pharmacy 8 Copmanthorpe Shopping Centre YO23 3GG	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday Closed Sunday Closed
Tesco Pharmacy Askham Bar Tadcaster Road YO24 1LW (100 hour pharmacy)	Monday08:00 - 22:30 Tuesday06:30 - 22:30 Wednesday06:30 - 22:30 Thursday06:30 - 22:30 Friday06:30 - 22:30 Saturday06:30 - 22:00 Sunday10:00 - 16:00	Day Lewis Pharmacy 5 York Street Dunnington YO19 5PN	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 12:30 Sunday Closed

Tesco Pharmacy 9 Stirling Road Clifton Moor YO30 4XZ	Monday08:00 - 21:00 Tuesday08:00 - 21:00 Wednesday08:00 - 21:00 Thursday08:00 - 21:00 Friday08:00 - 21:00 Saturday08:00 - 21:00 Sunday10:00 - 16:00	Gale Farm Pharmacy Gale Farm Surgery 109-119 Front Street YO24 3BU	Monday08:30 - 18:00 Tuesday08:30 - 18:00 Wednesday08:30 - 18:00 Thursday08:30 - 18:00 Friday08:30 - 18:00 Saturday08:30 - 12:00 Sunday Closed
Tower Court Pharmacy Ltd Unit 1 Tower Court Oakdale Road YO30 4WL	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday Closed Sunday Closed	Haxby Group Pharmacy Haxby & Wigginton Health Centre YO32 2LL (100 hour pharmacy)	Monday07:30 - 22:30 Tuesday07:30 - 22:30 Wednesday07:30 - 22:30 Thursday07:30 - 22:30 Friday07:30 - 22:30 Saturday07:30 - 22:30 Sunday09:00 - 19:00
Upper Poppleton Pharmacy The Green Upper Poppleton YO26 6DF	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 12:45 Friday09:00 - 18:00 Saturday Closed Sunday Closed	Huntington Pharmacy Huntington Surgery 1-3 North Lane 1-4 YO32 9RU (100 hour pharmacy)	Monday07:00 - 23:00 Tuesday07:00 - 23:00 Wednesday07:00 - 23:00 Thursday07:00 - 23:00 Friday07:00 - 23:00 Saturday07:00 - 19:00 Sunday09:00 - 17:00
Whitworth Chemists Ltd 275 Melrosegate YO10 3SN	Monday09:00 - 18:00 Tuesday09:00 - 18:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 16:00 Sunday Closed	Bishopthorpe Pharmacy 22-24 Acaster Lane Bishopthorpe YO23 2SJ	Monday09:00 - 18:00 Tuesday09:00 - 17:00 Wednesday09:00 - 18:00 Thursday09:00 - 18:00 Friday09:00 - 18:00 Saturday09:00 - 13:00 Sunday Closed
Asda Stores Ltd Monks Cross Shopping Park Jockey Lane YO32 9LF	Monday09:00 - 21:00 Tuesday09:00 - 21:00 Wednesday09:00 - 21:00 Thursday09:00 - 21:00 Friday09:00 - 21:00 Saturday09:00 - 21:00 Sunday10:00 - 16:00	York Medical Pharmacy 199 Acomb Road Acomb YO24 4HD	Monday08:30 - 17:45 Tuesday08:30 - 17:45 Wednesday08:30 - 17:45 Thursday08:30 - 17:45 Friday08:30 - 17:45 Saturday Closed Sunday Closed

Appendix 5a: Questions used to consult on the draft PNA report

1. Do you think that the draft PNA captures all of the relevant information needed to identify gaps in pharmaceutical provision in North Yorkshire/York?
2. Do you think that the draft PNA captures all of the relevant information needed to enable commissioning decisions about pharmaceutical service provision over the next 3 years?
3. Do you agree with the conclusions identified in section 5 and section 6 of the draft PNA?
4. Is there anything that you think is missing from the PNA that should be included or taken into account when reaching conclusions about services and need?
5. Any other comments
6. In what capacity are you responding?

Appendix 5b: Responses to the consultation on PNA draft report

As part of the formal consultation, responses were received from:

- York Healthwatch
- East Riding Health and Wellbeing Board
- North Yorkshire Public Health (in place of North Yorkshire Health and Wellbeing Board)
- Vale of York CCG
- A GP practice group
- Community Pharmacy North Yorkshire
- The Local Medical Committee
- Lead Pharmacist in the region
- Two residents

Several organisations responded to confirm they were satisfied with the draft. Any comments with requests for amendments were reviewed by the York PNA project group.

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Health and Wellbeing Board

7 March 2018

Report of the Health and Wellbeing Board Healthwatch York Representative; NHS England Representative and The Public Health Registrar for Dental Health

Healthwatch York Report – Filled to Capacity: NHS Dentistry in York

Summary

1. This report asks Health and Wellbeing Board (HWBB) members to receive a new report from Healthwatch York entitled 'Filled to Capacity: NHS Dentistry in York'. The report is based on patients' experiences and is attached at **Annex A** to this report.
2. Health and Wellbeing Board members are asked to consider the report and recommendations within the report.

Background

3. Healthwatch York produces several reports a year arising from work undertaken as part of their annual work programme. These reports are presented to the Health and Wellbeing Board for consideration.
4. Healthwatch York has received many comments from the public about issues regarding dentistry since 2013. This has been increasing over the period 2015 to 2017. A number of individuals have commented on the difficulty of finding a dentist taking on NHS patients. Healthwatch York has also received reports that the NHS Choices website was not up to date with details about which dentists were or were not accepting NHS patients. Many individuals told us their experience of how not having an NHS dentist affected them. This included having to travel long distances to an NHS dentist outside the York area, and putting up with pain and dental problems as a result of not being able to visit an NHS dentist.

5. Healthwatch York included access to NHS dentistry in their 2016/17 work plan survey because it was one of the main issues people contacted them about. The majority of respondents selected this as the top priority for Healthwatch York in 2016/17.

Main/Key Issues to be Considered

6. There are a number of recommendations arising from the report and these are set out in the table below:

	Recommendation	Recommended to
1	Urgently review availability of NHS dentistry in York. Consider options to increase the availability of NHS dentistry.	NHS England North Yorkshire and Humber
2	Consider options for improving student access to dentistry.	NHS England North Yorkshire and Humber City of York Council (CYC) Public Health team
3	Re-introduce a waiting list system for people seeking an NHS dentist, to guarantee fair and timely access.	NHS England North Yorkshire and Humber
4	Monitor the waiting list to make sure levels of dental activity in York are sufficient	NHS England North Yorkshire and Humber
5	Consider what dental provision will be needed to keep pace with York's continuing growth	NHS England North Yorkshire and Humber
6	Consider ways to improve whole family access to dentistry	NHS England North Yorkshire and Humber CYC Public Health team
7	Consider ways to better provide families with advice about caring for teeth	City of York Council (CYC) Public Health team
8	Advise parents to register their child with a dentist even if they cannot access a dentist themselves. Encourage them to	City of York Council (CYC) Public Health team

	Recommendation	Recommended to
	share their experiences with us to monitor the situation	

7. Responses to the above recommendations from both NHS England and the City of York Council's Public Health Department are included within the Healthwatch Report.

Further recommendations

8. Since seeking responses to the recommendations in Healthwatch York's report a further two recommendations have been added as set out below:

	Recommendation	Recommended to
9	Consider ways of increasing awareness of and promote access to community dentists with all the relevant client groups through increased awareness within the workforce	Children's Workforce Strategy Group, City of York Council (CYC) Adult Workforce Strategy Group, CYC NHS England North Yorkshire and Humber
10	Encourage the provider to work with the Healthwatch York readability panel to improve existing publicity materials on community dentistry	NHS England North Yorkshire and Humber Harrogate NHS Foundation Trust

Consultation

9. There has been no consultation needed to produce this accompanying report for the Board. Healthwatch York consults extensively to produce their reports.

Options

10. There are no specific options in relation to this report; however Health and Wellbeing Board are asked to agree to receiving an

Oral Health Improvement Strategy and action plan at a future meeting

11. Those Health and Wellbeing Board organisations with recommendations against their organisation's name are asked to formally respond to Healthwatch York by no later than the end of August 2018.

Analysis

12. Not applicable.

Strategic/Operational Plans

13. The work from Healthwatch contributes towards a number of the themes, priorities and actions contained within the Joint Health and Wellbeing Strategy.

Implications

14. There are no implications associated with the recommendations set out within this report. However there may be implications for partners in relation to the recommendations within the Healthwatch York report.

Risk Management

15. There are no known risks associated with the recommendations in this report.

Recommendations

16. Health and Wellbeing Board are asked to:
 - receive and comment on the report
 - receive an Oral Health Improvement Strategy and action plan at a future meeting
17. Additionally those Health and Wellbeing Board organisations with recommendations against their organisation's name are asked to formally respond to Healthwatch York by no later than the end of August 2018.

Reason: To keep members of the Board up to date regarding the work of Healthwatch York.

Contact Details

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Gillian Laurence
NHS England Health and Wellbeing
Board Representative

Sharon Stoltz
Director of Public Health

**Report
Approved**



Date 26.02.2018

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Healthwatch York Report: Filled to Capacity: NHS Dentistry in York

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healthwatch York

Filled to Capacity: NHS Dentistry in York

March 2018

A report based on local people's experience

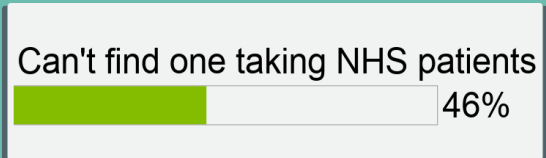
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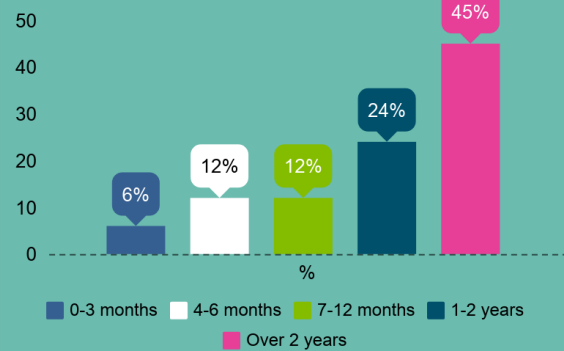
Key Findings

What people told us in our survey

People said the main reason why they didn't have an NHS dentist was because they couldn't find one taking NHS patients



How long have you been trying to get an NHS dentist?



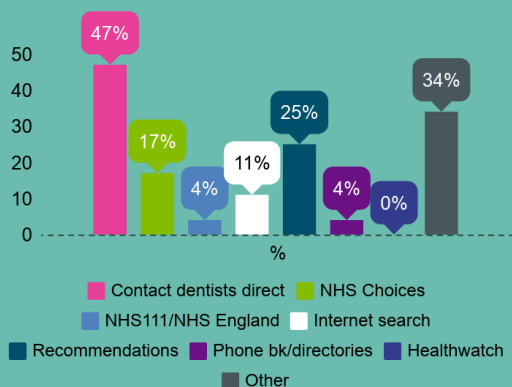
Most people who were looking for an NHS dentist said they had been trying for over two years

Thinking about your most recent appointment with your dentist, how would you rate your experience?

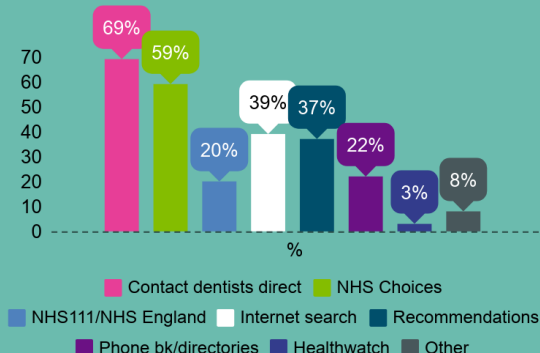


The majority of people said they have had positive experiences when visiting their dentist, and are happy with the quality of treatment they receive

People who have an NHS dentist:
How did you find your NHS dentist?



People who would like an NHS dentist:
Which methods have you used to try to find an NHS dentist?



Ringing around different dental practices in the area until they found a practice accepting NHS patients was the most common way for people to successfully find a dentist.

Reported consequences of not having an NHS dentist:

- pain
- discomfort
- broken teeth
- tooth extractions

90 people said that the cost of dental services had stopped them from getting treatment

Some people said they had to travel long distances to an NHS dentist outside the York area

A lot of people expressed satisfaction with the personal and professional qualities of their dentist

People reported that the NHS Choices website was not up to date, making finding an NHS dentist more difficult

High costs, privatisation, drops in standards and takeovers by large companies were the main themes from negative comments about people's dentists

Designed by: Piktchart

Note: All percentages (%) have been calculated as the % of the number of people responding to that question. Number of responses can be seen next to the question in the 'Results' section of this report.

What people told us in our survey

We found it hard to access an NHS dentist in York. There was one out of York but I don't have access to a car. We are now with a private dentist but go less often than we should as we can't afford it.

I have had to visit a private dentist recently as I was unable to find an NHS dentist in York and wasn't prepared to travel miles outside of York to a dentist.

Opening hours make it extremely difficult to access appointments. I work full time, and I have asked for an appointment at the end of the day, but was told it was a 9 month wait.

York's lack of dental hospital and its having so few emergency dentists should be a concern to many. I ended up paying to travel outside of York to get an emergency appointment.

I feel the lack of NHS dentists in York is atrocious and the extortionate fees for private treatment puts people like myself off visiting a dentist.

healthwatch
York

Accessing NHS Dental Services in York

What is NHS dentistry?

NHS dentistry is inspection of oral health and teeth and associated work done by a primary care dental practice with an NHS contract.

Access to NHS dentistry means availability of NHS registered dentists (number of practices/dentists/dentist working hours per head of population). 'Access' also covers:

- Access to information about how to find a dentist
- Advance information about practices, charges and patient criteria (practice websites, NHS sources)
- Availability of appointments for registered patients (waiting times)
- Appropriateness of appointment times (opening times)
- Acceptability of service received (quality of service, punctuality of appointments, complaints processes)
- Inclusion or exclusion of subgroups (payment exempt categories – children, pregnant women, benefit claimants)
- Geographic accessibility (distance, travel time)
- Accessible built environment including signage (disability friendly)
- Access to communication services at dental practices (language interpreters, BSL interpreters, Easy-reads)
- Affordability (perceived and actual)
- Attitude of staff (on the phone and in person)

What should people expect from NHS dentistry?

NHS England says that everyone should be able to access good quality NHS dental services.¹ In order for this to happen, people first have to

¹ <https://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/find-an-NHS-dentist.aspx>

find an NHS dental practice that is convenient to them, meets accessibility requirements, and has appointments available.

Once an appointment has been made, people need timely and clear information about the treatments they can have, how much they should cost, and any financial help they might be able to get.

National data tell us that most people who try to make an NHS dental appointment are successful. The majority of those who try feel positive about their experience.²

However, Healthwatch England reports that “the experiences people have shared with local Healthwatch tells us that there are still some problems in some areas”.

Healthwatch England Access to NHS Dental Services report, November 2016

Healthwatch England gathered the findings from local Healthwatch on access to dentistry services, and produced a report in November 2016. They did this to make sure that the experiences of patients and the wider public would be heard by national bodies, and are used to help shape the commissioning and regulation of dental services in the future.

People reported in the NHS England (2016) Summary of the Dental Results from the GP Patient Survey January to March 2016 that generally they are able to make an NHS dental appointment when they try to, and are satisfied with their experience of NHS dentistry. This is consistent with the findings from national polling about access to NHS dentistry by Healthwatch England in 2016, and reviews of NHS dentists left by patients on local Healthwatch websites.

² <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2017/07/GP-Survey-Dental-Results-Summary-Y11.pdf>

Findings from local Healthwatch across the country, however, suggest that these national surveys and reviews are limited, and there are some areas of the country where accessing dentistry is more difficult.

After looking at evidence from local Healthwatch, Healthwatch England identified three groups of patients as more at risk of missing out on accessing NHS dentistry:

- “People living in areas where commissioning of NHS treatment has not kept up with changes in demand
- People in particular groups who may find it difficult to access high street dentists (such as care home residents)
- People who don’t currently go to the dentist at all, who attend only when they are having problems”³

Key issues from the Healthwatch England report:

- The need to balance local demand and supply
- Reaching groups of individuals who may be missing out on accessing NHS dental services, such as homeless people, disabled patients and care home residents
- Difficulties some have in finding a dentist
- Access to information for patients, for example on what treatments patients can access on the NHS
- Complaints – the need for clearly signposted feedback and complaints procedures for NHS and private dentists

The Healthwatch England report concludes that the following areas need work in order to address some of the issues patients are facing when accessing NHS dentistry:

- Increasing the flexibility of dental commissioning where local needs have changed rapidly

³ Access to NHS Dental Services: What people told local Healthwatch, November 2016, p. 3
https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/access_to_nhs_dental_services_-_what_people_told_local_healthwatch.pdf

- Ensuring that patients get the information they need about oral health, the treatments they can get on the NHS, and how to give feedback or make a complaint
- Preventing the needs of patients from vulnerable groups, such as refugees or those living in care homes, from falling through the cracks⁴

How is NHS dentistry funded?

NHS England is responsible for funding NHS dental activity. It currently commissions high street NHS dentists to provide a set number of Units of Dental Activity (UDAs) each year. UDAs represent what needs to be done during a visit to the dentist. For example, an examination may be one UDA, a filling may be 3 UDAs, and dentures may be 12 UDAs.

NHS England has 14 Local Offices that commission NHS dental activity. They decide how many UDAs they will commission for their area. The Yorkshire and Humber Local Office covers the York area.

The value of a UDA is agreed locally and differing courses of treatment are 'worth' differing numbers of UDAs. These are linked to the three 'Bands' of patient charge for NHS dental treatment. For example, if a patient has an NHS filling they will pay £53.90 for a Band 2 treatment, which earns the dentist three UDAs.

In the current contract there are no financial incentives for dentists to keep patients disease-free. Instead, all payment is for treating active disease.

⁴ Access to NHS Dental Services: What people told local Healthwatch, November 2016, p. 3
https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/access_to_nhs_dental_services_-_what_people_told_local_healthwatch.pdf

A new NHS dental contract?

“A new NHS dental contract is in development and may start to be introduced from 2018-19. New ways of paying dentists for their work are also being tested. For patients the contracts will mean that each person has their own care plan, which will aim to improve their overall dental health, not just treat problems. The new contract is an opportunity to improve the nation’s dental health over the long term.

Under the new contract, dentists would be paid to prevent disease from developing in the first place. In the practices testing the new approach, dentists are giving all patients an initial assessment of their oral health.

The patient then gets a Red, Amber or Green rating, which is used to produce a personalised plan. The plan shows how they can take action to improve their oral health and prevent future problems. The timing of the next assessment is also set in accordance with the patient’s oral health and the National Institute for Health and Care Excellence (NICE) guidance. (NICE Guidance: Dental checks: intervals between oral health reviews, October 2004)

The Department of Health will evaluate this new approach and may start to roll it out nationally from 2018-19, if it is successful.”

5

⁵ https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/access_to_nhs_dental_services_-_what_people_told_local_healthwatch.pdf

National press coverage

There have been a number of news articles about NHS dentistry over the past few years. Most recently, there have been reports of a rise in the number of children having tooth extractions.

The Local Government Association (LGA) reported

“New figures show there were nearly 43,000 hospital operations to remove teeth in teenagers and children last year (2016/17) – equating to 170 a day.

There were 42,911 extractions of multiple teeth in under 18s in England in 2016/17 at a cost of £36.2 million, according to new NHS spending data. This is a 17% increase on the 36,833 in 2012/13. The total cost to the NHS of these operations since 2012 is £165 million.

The severity of the tooth decay means that the treatment has to be undertaken in a hospital under general anaesthetic, rather than a dentist.”⁶

The Chairman of the LGA’s Community Wellbeing Board, Izzi Seccombe, said that “untreated dental care remains one of the most prevalent diseases affecting children and young people’s ability to speak, eat, play and socialise.

These figures also highlight how regular check-ups at a dentist can help prevent tooth decay and the need for hospital treatment.”⁷

⁶ <https://www.local.gov.uk/about/news/170-operations-day-remove-rotten-teeth-children>

⁷ <https://www.local.gov.uk/about/news/170-operations-day-remove-rotten-teeth-children>

National press investigations

In September 2017, the BBC looked at NHS Choices, which allows the public to see which dentists are currently accepting NHS patients.⁸ They did a data analysis of over 7,000 dental practices in England listed on the NHS Choices website. They reported that of the 2,500 practices which displayed information about whether they were currently accepting NHS patients, 48% were not accepting new adult patients, and 40% were not accepting new child patients. This also means just under 65% of practices did not display information. In total 81% of practices either did not display the information or were not accepting patients.

The Times did a similar study of the data on NHS Choices on NHS dentistry in November 2017. They said that “of those surgeries with information on NHS Choices about whether they are accepting new NHS patients, 49% are currently not taking on new adults.”

“Some 42% are refusing to see new children entirely, with others only accepting them if they have a parent who is a patient. Research by the Times suggests these figures are likely to be representative of the wider picture.”⁹

The Times found that the NHS Choices website only holds information for 40% of surgeries, noting that this means “it can be hard for patients to find those dentists with places, and there is often no alternative but to ring round individual surgeries.”¹⁰

York is one of 24 areas where the Times found that 100% of practices which had information on NHS Choices said they were not taking on NHS patients.

The Times reported that “dentists said local health service bosses were simply not funding enough services to meet population needs”, and “in

⁸ <http://www.bbc.co.uk/news/uk-england-41113507>

⁹ <https://www.thetimes.co.uk/article/millions-denied-an-nhs-dentist-xfhbgzlj0>

¹⁰ <https://www.thetimes.co.uk/article/millions-denied-an-nhs-dentist-xfhbgzlj0>

some areas, there is a clear mismatch between the amount of dentistry local people need and what local NHS bosses have funded.”¹¹

This issue around access to NHS dentistry was also raised in a Parliamentary debate in September 2017.¹²

Why is Healthwatch York looking at access to NHS dental services?

Healthwatch York has been hearing from the public about issues regarding dentistry since we opened in 2013. The number of issues we receive about dentistry has been increasing over the period 2015 to 2017. We also received reports that the NHS Choices website was not up to date with details about which dentists were or were not accepting NHS patients.

A number of individuals have commented on the difficulty of finding a dentist taking on NHS patients, and many individuals told us their experience of how not having an NHS dentist affected them. Individuals explained the impact of not being able to access a dentist, both on them as individuals and on their family. For example: having to travel outside the York area to see an NHS dentist, putting up with pain, developing further dental problems as a result of not being able to visit an NHS dentist.

We included access to NHS dentistry in our 2017/18 work plan survey because it was one of the main issues people contacted us about. The majority of respondents selected this as the top priority for Healthwatch York in 2017/18.

¹¹ <https://www.thetimes.co.uk/article/millions-denied-an-nhs-dentist-xfhbgz0>

¹² <https://hansard.parliament.uk/Commons/2017-09-12/debates/1709132000001/AccessToNHSdentists>

What is happening locally?

It is possible to look at national data to see what is going on in York with regards to access to NHS dentistry.

Table 1 shows that 92.5% of people trying to access NHS dental services in York successfully obtained a dental appointment in 2015/16. This was lower than the England average, which is 94.7%.

Table 1: Access to NHS dental services - successfully obtained a dental appointment (2015/16) ¹³				
Indicator	Period	Count	York	England
			Value	Value
Access to NHS dental services - successfully obtained a dental appointment	2015/16	883	92.5%	94.7%

Table 2 shows that in the last two years in the NHS Vale of York CCG area 23% of those trying to get an NHS dental appointment at a dental surgery that they had not been to before were unsuccessful.¹⁴

Table 2: Number of respondents who tried to get an NHS dental appointment in the last two years, and succeeded, and whether it was a dental practice they had been to before (January to March 2017) ¹⁵								
Last time you tried to get an NHS dental appointment, was it with a dental practice you have been to before for NHS dental care?								
Where	Yes, been there before				No, not been there before			
	Success in getting appointment				Success in getting appointment			
	Total responses (weighted) ^{2,3}	% Yes	% No	% Can't remember	Total responses (weighted) ^{2,3}	% Yes	% No	% Can't remember
NHS Vale of York	2,855	96%	3%	1%	202	77%	23%	1%

¹³<http://www.digital.nhs.uk/searchcatalogue?q=title%3A%22nhs+outcomes+frameworks+indicators%22&area=&size=10&sort=Relevance>

¹⁴https://www.england.nhs.uk/statistics/2017/07/06/gpps_dent_y111864861/

¹⁵https://www.england.nhs.uk/statistics/2017/07/06/gpps_dent_y111864861/

Table 3 shows that when you look at York in comparison to other areas in the Yorkshire and Humber region, York is third worst, in front of Bradford and North Lincolnshire.

Table 3: Access to NHS dental services - successfully obtained a dental appointment, 2015/16, Yorkshire and Humber¹⁶

		Yorkshire and the Humber region															
	Period	England	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	York
Access to NHS dental services - successfully obtained a dental appointment	2015/16	94.7	96.8	88.7	93.7	97.3	95.5	96.7	93.9	93.2	94.5	88.4	94.0	97.0	95.8	94.3	92.5

When looking at this in comparison to the whole of England, York is 24th worst.¹⁷ Please see appendix 3 for the full table.

This seems to suggest there is an issue in the York area,¹⁸ particularly when looking at it alongside the findings from recent investigations by the BBC and The Times into the data from NHS Choices about dentists who are accepting NHS patients.

¹⁶ <https://fingertips.phe.org.uk/profile/comm-assets/data#page/3/gid/1000031/pat/6/par/E12000003/ati/102/are/E06000014/iid/92785/age/1/sex/4>

¹⁷ <https://fingertips.phe.org.uk/profile/comm-assets/data#page/3/gid/1000031/pat/6/par/E12000003/ati/102/are/E06000014/iid/92785/age/1/sex/4>

¹⁸ <https://www.thetimes.co.uk/article/millions-denied-an-nhs-dentist-xfhbgzIz0;>
<http://www.bbc.co.uk/news/uk-england-41113507>

NHS dental activity commissioned for York

NHS England statistics show that there has been a decrease in the number of Units of Dental Activity commissioned for Yorkshire and Humber Local Office over the last year. This can be seen in the table below.

Table 4: Units of Dental Activity Commissioned, Quarterly and Annual Changes September 2016 - September 2017, England, Local Offices¹⁹

Yorkshire and the Humber Local Office			
Total UDAs September 2016	Total UDAs September 2017	Counts Change	% Change
9,624,000	9,403,000	-221,000	-2.3%

When compared to other areas, Yorkshire and Humber had the third highest annual decrease in UDAs in England between September 2016 and September 2017.

The reason for the reduction in UDAs for the Yorkshire and Humber area is not clear, and the impact this may have on future access to NHS dentistry is uncertain.

Table 5: Units of Dental Activity Commissioned, Quarterly and Annual Changes September 2016 - September 2017, England, Local Offices²⁰

	Total UDAs (000s)	Quarterly change		Annual change	
		Counts (000s)	% Change	Counts (000s)	% Change
England	84,047	-23	0.0%	-454	-0.5%
Q74 Cumbria and North East	5,702	3	0.1%	-319	-5.3%
Q84 Lancashire and South Cumbria	2,825	-1	0.0%	314	12.5%
Q72 Yorkshire and the Humber	9,403	-143	-1.5%	-221	-2.3%
Q83 Greater Manchester	5,063	-11	-0.2%	2	0.0%
Q75 Cheshire and Merseyside	4,839	-9	-0.2%	0	0.0%
Q78 Central Midlands	6,950	-37	-0.5%	17	0.2%
Q76 North Midlands	5,946	-15	-0.3%	-47	-0.8%
Q79 East	6,900	50	0.7%	-86	-1.2%
Q77 West Midlands	6,810	19	0.3%	-42	-0.6%
Q71 London	12,525	140	1.1%	88	0.7%
Q82 South Central	4,865	-58	-1.2%	-107	-2.1%
Q81 South East	6,561	-6	-0.1%	-28	-0.4%
Q80 South West	5,660	44	0.8%	-23	-0.4%
Q70 Wessex	4,183	-26	-0.6%	-146	-3.4%

¹⁹ <https://www.england.nhs.uk/statistics/2017/11/02/dc017856sep17/>

²⁰ <https://www.england.nhs.uk/statistics/2017/11/02/dc017856sep17/>

Ambulance call outs for the York area

We requested information regarding the number of calls Yorkshire Ambulance Service NHS Trust (YAS NHS Trust) received about dentistry and oral health. In order to get relevant information, we identified 13 postcodes (YO1, YO10, YO19, YO23, YO24, YO26, YO31, YO32, YO41, YO60, YO90, YO91) that best covered the York area.

The YAS NHS Trust came back to us explaining that they searched their database using the terms: 'Dentist', 'Dental', 'Oral', 'Gum', 'Tooth', 'Teeth', as they did not record 'Dentistry' as a specific problem when receiving calls.

The information they gave us can be seen in Table 6.

Table 6: Calls received by Yorkshire Ambulance Service NHS Trust between 01 April 2016 and 31 March 2017			
	Calls regarding dentistry	Total number of calls	Percentage of Total
999 calls	43	60,310	0.07%
111 calls	2858	43,303	6.6%

There were only a very small number of calls to 999 fitting the terms YAS NHS Trust identified as relating to dentistry. However, 6.6% of calls to 111 were identified as relating to dentistry. This equates to just less than 8 calls per day.

Whilst this percentage is small, the number of calls to 111 seems high given that the population of York is estimated to be around 208,000 people.²¹

²¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

A&E attendance at York Teaching Hospital

Table 7: A&E Attendance and Diagnosis between the period 01/04/2017 and 01/01/2018

Period (Month beginning)	Not Dental	Final £	Dental related reasons	
	Attendances		Attendances	Final £
01/04/2017	5031	£695,959	36	£4,238
01/05/2017	5535	£745,166	33	£4,252
01/06/2017	5309	£730,443	32	£3,762
01/07/2017	5360	£736,256	50	£6,319
01/08/2017	4935	£684,576	31	£3,837
01/09/2017	5075	£696,830	50	£5,738
01/10/2017	5659	£754,415	32	£3,830
01/11/2017	5410	£719,895	25	£2,881
01/12/2017	5474	£739,755	35	£4,483
Grand Total	47793	£6,503,880	324	£39,340

Table 8: Result of visits to A&E for dental related reasons between the period 01/04/2017 and 01/01/2018

	Attendances	Final £
Admitted to a hospital bed/became a lodged patient of the same health care provider	56	£8,534
Discharged - did not require any follow up treatment	213	£24,934
Discharged - follow up treatment to be provided by general practitioner	12	£1,406
Left department before being treated	4	£428
Referred to A&E clinic	4	£428
Referred to fracture clinic	1	£146
Referred to other health care professional	21	£1,908
Referred to other out-patient clinic	13	£1,555
Grand Total	324	£39,340

Data from the NHS Vale of York Clinical Commissioning Group (NHS VoYCCG) shows that between April 2017 and January 2018, there were 324 visits to A&E for dental related reasons. This is only 0.7% of all visits

to A&E during this period. This averages out at around 1 to 2 visits per day. The cost of this is 0.6% of the total cost of all visits to A&E during this period.

NHS VoYCCG notes that NHS111 should not divert individuals calling them with dental related issues to A&E. This means those visiting A&E are likely to be in addition to those calling NHS111.

The majority of those attending A&E for dental related reasons during this period were discharged without requiring any follow up treatment (66%). This suggests that many of those who turn up at A&E for dental related reasons may be unsure of where else to go.

Student Health Needs Assessment for York

The City of York Council's public health team looked into student health and student use of health services in the York.²² One area they looked at was dental health.

They said that: "Students report very limited access to NHS dental services in York. This is of most concern regarding emergency dental treatment, with very poor access reported by students and stakeholders."

They also stated that: "students reported being actively discouraged from trying to register with a dentist in York. It was felt this was due to the waiting lists being so long that they were unlikely to be offered registration during the few years they were here."

They reported that "dental problems are the most common cause of calls to NHS 111 by 18-25 year olds in York (12.1% of calls in 2015/16, 13.6% in 2014/15). This suggests that there is a need for better

²² <http://democracy.york.gov.uk/documents/s115873/Annex%20B%20-%20ONLINE%20ONLY%20-%20York%20SHNA%20full%20report%20FINAL%2026-06.pdf>

signposting to emergency dental care, as well as ensuring students take better care of their oral health to prevent the need for emergency treatment.”

This suggests that accessing NHS dentistry is a problem for the students of York.

Hospital admissions for dental treatment

Table 9 shows the results of oral surveys about admissions for dental treatment. These surveys are all about children’s oral health.

The results of these show that although York is higher than the England average for 4 out of 7 indicators, it is worse for the proportion of twelve year olds free from dental decay.

Table 9: Oral Health survey data for hospital admissions for dental treatment Overview ²³

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Craven	Doncaster	East Riding of Yorkshire	Hambledon	Harrogate	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	Richmondshire	Rotherham	Ryedale	Scarborough	Selby	Sheffield	Wakefield	York
4.02 - Proportion of five year old children free from dental decay	2014/15	75.2	71.5	69.8	62.5	70.7	78.2	69.0	76.9	78.8	80.4	62.2	71.1	68.6	70.1	81.9	79.2	71.1	83.0	77.6	77.3	68.6	63.5	83.6
dmft (decayed, missing or filled teeth) in five year olds	2014/15	0.84	-	1.06	1.50	1.08	0.61	1.11	0.60	0.71	0.55	1.55	1.07	1.10	1.07	0.52	0.67	1.02	0.54	0.74	0.56	1.11	1.65	0.54
Incisor caries prevalence in three year olds	2012/13	3.9	4.8	6.6	7.2	5.6	2.8	3.3	2.8	3.5	3.1	1.2	6.2	7.5	5.7	2.6	2.8	6.1	2.2	0.0	1.4	1.8	7.2	1.8
Proportion of three year olds free from dental decay	2012/13	88.4	87.4	88.2	83.3	87.9	90.1	91.1	96.1	91.5	91.2	84.6	84.7	80.6	85.0	91.9	94.5	88.5	90.1	93.3	90.9	91.6	80.2	93.1
dmft in three year olds	2012/13	0.36	0.39	0.44	0.58	0.42	0.28	0.32	0.16	0.22	0.26	0.32	0.60	0.49	0.37	0.15	0.20	0.46	0.18	0.13	0.19	0.23	0.51	0.21
Proportion of twelve year olds free from dental decay	2008/09	66.4	-	57.0	47.3	55.7	61.9	46.0	62.0	48.5	63.6	60.9	63.6	54.3	49.0	66.1	51.3	55.4	59.2	43.8	64.4	58.5	59.9	59.3
DMFT in twelve year olds	2008/09	0.74	-	0.99	1.39	1.30	0.76	1.27	0.79	1.23	0.69	0.84	0.91	1.08	1.15	0.72	1.32	1.00	0.87	1.41	0.72	0.98	1.10	0.95

²³ <https://fingertips.phe.org.uk/profile/oral-health/data#page/1/gid/1938133053/pat/6/par/E1200003/ati/101/are/E0600014>

Data for England shows that York is about average for the number of hospital ‘episodes’ of children age 0 to 19 years old, for one or more ‘baby’ (primary) or ‘adult’ (permanent) teeth.²⁴

	2011	2012	2013	2014	2015
York	0.6%	0.5%	0.6%	0.6%	0.6%
England	0.5%	0.5%	0.5%	0.5%	0.5%

*An FCE is the period a patient spends under the care of a single hospital consultant

What we did to find out more

What people told us in our work plan survey

The Healthwatch York work plan survey gave people a choice of three topics for us to explore in 2017. We asked those who responded to the survey to put a tick against the topic they would like us to focus on, and to tell us briefly in their own words why they chose that topic.

Most votes (57 out of 153) went to the topic: ‘Looking at how easy it is to register with a dentist, make appointments, and get NHS treatment in York’, summarised as ‘Access to dentistry’.

36 of the 57 people who chose access to dentistry explained why they made that choice. Of those, 19 people cited a *personal* experience relating to dentistry in York.

The reasons for choosing access to dentistry fell into four main groups:

- Personal experience of getting a dentist

²⁴ <http://www.nwph.net/dentalhealth/Extractions.aspx>

²⁵ <http://www.nwph.net/dentalhealth/Extractions.aspx>

- Beliefs or awareness about the difficulty generally faced in getting a dentist
- Consequences of limited access to and availability of NHS dentistry
- Universal rights of access to NHS dentistry and health and wellbeing

Personal experience of difficulty getting a dentist

It appears from personal experiences reported that the difficulty of getting a dentist is acute for people who have moved to York.

People told us:

- “I’ve had problems getting registered with a dentist here in York”
- “Difficulty accessing NHS dentist when moving to the area”
- “Very difficult to get a dentist when we arrived in York”
- “We found it impossible to access an NHS dentist in York”
- “I have been unable to find a NHS dentist in York”
- “When [relative] came to live with us I found I could not register her with an NHS dentist”

Beliefs or awareness about the difficulty generally faced in getting a dentist

People told us that they believed or knew that finding a dentist is difficult.

Almost all comments referred to NHS dentists. Perceptions ranged from “I think that people find it hard to find an NHS dentist” to a definite “waiting lists are full”.

There were strong views that “too many people are unable to register with an NHS dentist in York” and “the lack of NHS dentists in York is appalling”.

Consequences of limited access to and availability of NHS dentistry

People told of the impact on their dental health when they could not access an NHS dentist.

- No treatment when “in desperate need” but without money to go privately
- Cutting down on visits, not going as often, and missing essential follow-up treatments because they could not afford them were consequences of seeing a private dentist instead of an NHS dentist
- Impact on children’s dental health

Universal rights of access to NHS dentistry and health and wellbeing

People said the topic of access to dental services is important. Some indicated that it was worth exploring because dentists “are more universally of interest” and “everyone needs a dentist”.

Rights and fairness of access were raised:

- “It would be good to insist that all patients have a right to an NHS dentist”
- “Dental services are very important to health and wellbeing so we should all be able to get treatment under the NHS”

There was also a call to “increase access to Community Dental Services for children with special needs”.

Please see Appendix 1 for the full report on ‘What people told us in our work plan survey’.

Themes from our online Feedback Centre

Healthwatch York runs an online Feedback Centre where the public can rate and review services across York.

We looked at the reviews of dental services on the Feedback Centre between 2013 and 2017 to see if they could tell us anything about access to dentistry in York. 15 out of the 17 reviews were positive. One was mixed. One was negative.

The negative comment included concerns following the take-over of a practice by a corporate company. The review stated that the phone was never answered, check-up appointments were short, and that problems with their children's teeth had been missed. The mixed review included comments about lack of parking for both cars and bicycles. There was an observation that receptionists were often very busy and unable to answer the phone.

Positive reviews expressed satisfaction with the dental care people had received. Comments included: "a caring and considerate service"; "staff are friendly and helpful"; "appointments run to time"; "they explain any treatment required in a friendly and professional way"; "Urgent appointments are done within the day"; "engages patients as active and informed partners in their own dental health"; "accommodates my fears, wishes and requests".

These reviews show that once able to access a dentist, the care is good. However, they don't provide much information on people's experiences of accessing dentistry in York. This may be due to people only using the feedback centre once they have found a dentist.

Issues log

We reviewed our issues log for issues regarding dentistry from August 2013 to the end of November 2017.

Themes from the comments include:

- Reports of long waits and not being able to find an NHS dentist since we started in 2013.
- Reports of NHS Choices website not being up to date – reports that it says a practice is taking NHS adults, but when they enquire the practice is not.

The impact of lack of access to NHS dentistry included:

- Poor fitting dentures
- Long commutes to dentists outside the York area
- Paying for the high cost of private treatment
- Putting up with pain
- Frequent visits to community dentist for emergency appointments; families having to visit multiple dentists
- Having to travel to pick up prescriptions

Many of the enquiries we have received suggest there is little awareness of community dentists and emergency appointments.

On 5 January 2018, we received a call from someone seeking an NHS dentist. When we checked NHS Choices, there were no dentists in York taking on NHS patients. The nearest dentist was in Wetherby. This confirms the work undertaken by the Times, which identified York as one of 24 areas where no dentists were taking on NHS patients.

Survey of dentists' websites in York

We completed a survey of dental websites in York. Our aim was to check how well they met the guidance to dentists on advertising from the General Dental Council (GDC), and to check for information on whether the practice was currently accepting NHS patients.²⁶

Summary and Overview

Most dental practices in York had websites and, in general, (though not universally) the websites were easy to navigate. They provide useful information for patients about:

- The location of the practice
- The dental team
- How to make contact
- Fees
- Opening hours
- The procedures available
- Whether it was possible to get emergency appointments.

All of the websites complied with GDC guidelines in giving their address and telephone number, but a minority did not give an email address. Only around half of websites gave an address or link to the GDC. A substantial minority did not give details of a complaints procedure, or information about the independent organisations to whom dissatisfied patients could complain. To omit this information is not in accordance with GDC guidelines. Giving quotes from patient feedback on the website is not a substitute.

Investigation of CQC lists in October 2017 uncovered one further dentist in York not previously listed on the Healthwatch York website. The website for this practice was limited. It did not state explicitly whether the

²⁶ [https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20\(Sept%202013\).pdf](https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20(Sept%202013).pdf)

practice was private or mixed but from the description it appeared to be private. No fees were given. There was no link to the GDC website, nor any details of a complaints procedure.

Practices with late evening opening or Saturday appointments by arrangement could be found. But they were in the minority. Most, but not all, private practices gave up to date lists of pay as you go fees and varying amounts of detail about payment plans.

Out of the 27 websites covering 30 practices, 18 practices were wholly private. Of the 8 practices who described themselves as mixed, only 2 stated without qualification that they were currently accepting new NHS patients. This suggests that access to NHS dentistry in York is extremely limited, although not wholly non-existent (if the information on websites is correct). As websites rarely, if ever, gave the date when they were most recently updated it is difficult to assess whether information is current.

To read the full report, please see Appendix 2.

Telephoning dental practices

In order to check what the current offer was in York, we identified and contacted dentists across the city by telephone in Nov/Dec 2017.

Of the 40 identified, 19 responded, 1 practice refused to take part and others that were not able to respond at that time were contacted by email. No responses to the emailed surveys were received.

The majority of dental practices that responded were private with only 6 of the 19 reporting they were mixed (taking private and NHS patients). None of these were able to say how many adult or child places they had. Only one practice was currently accepting NHS patients and this was

only available for children. A couple of practices would take families if there was space, two would take children only for NHS work.

Five practices said they had waiting lists and were currently accepting people onto the list. Waiting time was reported by 3 practices only, and ranged from 0 – 12 months.

NHS Choices is often a route people are directed towards to find a dentist. Five of the practices said they updated their information on NHS Choices, although one stated that the details were not being properly updated by NHS Choices. Only 4 practices said they updated their own website regularly to say if they were accepting new NHS patients.

Since responses were only received from 19 practices it is not possible to draw conclusions as several of the practices that did not respond may be NHS or mixed.

York Press coverage

York Press published an article on the initial findings from our survey, Access to NHS Dentistry in York.²⁷ The article included a comment from Moira Dumma, the director of Commissioning Operations for NHS England in Yorkshire and the Humber. She reported that the NHS is committed to finding people a dentist, and is currently reviewing access and looking at how additional capacity can be introduced. She said: “We are looking both in-hours and out of hours services and at how people can be better signposted to the most appropriate services. We will be paying particular attention to areas where we know this is particularly challenging”.

²⁷ www.yorkpress.co.uk/news/15518311.York_families_are_waiting_more_than_2_years_for_a_dentist/

Comments from the public on the online version of this article emphasise the difficulty some people have when trying to access NHS dentistry services.

One individual reported: “And when you get an NHS dentist it is nowhere near where you live, or requires the cost of a bus ride to town or a hefty parking charge”.

Another said that “Finally after 18 years of living in York... despite medical problems associated with a genetic form of vitamin D deficiency/calcium problems, I have an NHS dentist.” They reported having “serious pain for months”.

Comments by other people included:

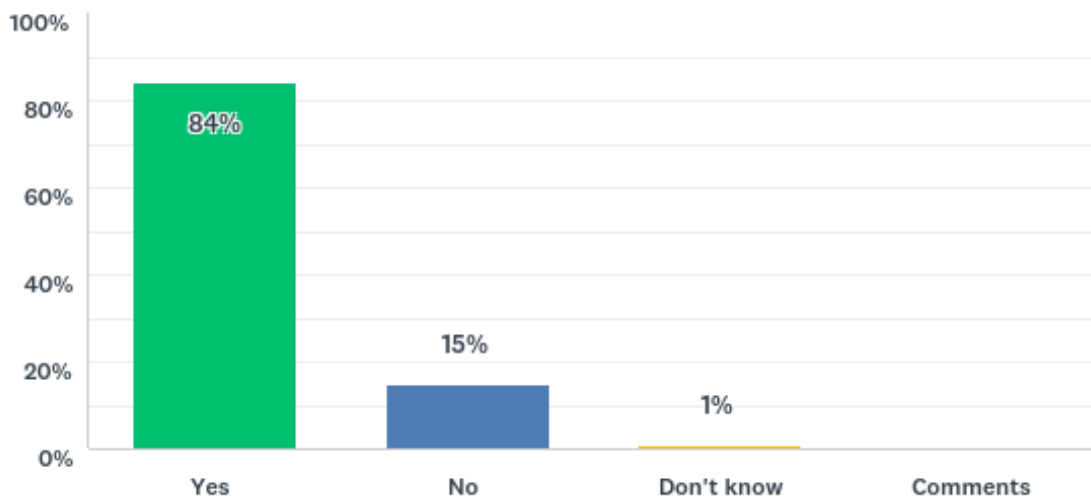
- “It’s not only finding a dentist taking NHS patients that is the problem. Out of hours emergency dental care is an issue too. A friend of mine got excruciating toothache one Friday evening. His practice was shut over the weekend so he called 111 only to be told that the nearest emergency dentist available for the York area was in Hull! He ended up at A & E stretching an already overloaded department further.”
- “There’s plenty of availability for private treatments – same day in some cases. Whereas NHS appointments are notoriously hard to come by.”

Survey results

Please note, the number of respondents for each question has been stated next to the question before the summary of the results for that question is explained. E.g. **Q.1 Do you have a dentist?** (370 respondents).

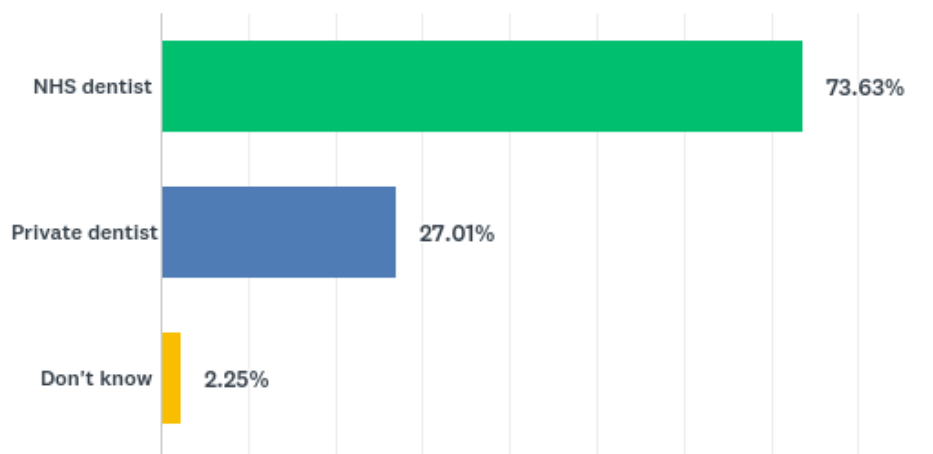
All percentages (%) seen in the summary of the results for each question have been calculated as the % of the number of people responding to that question.

Q1. Do you have a dentist? (370 respondents)



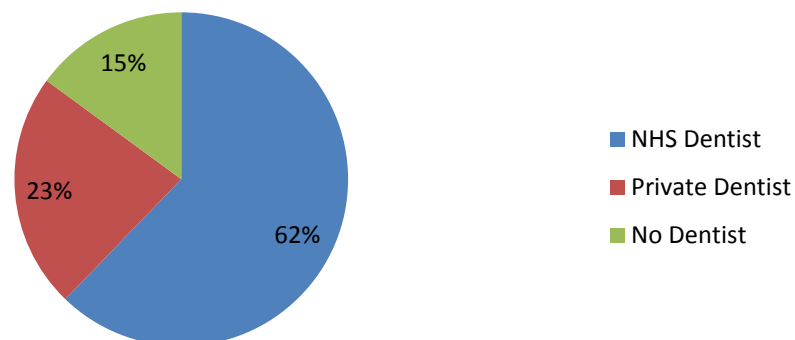
84% (312 out of 370) of those who answered this question said they had a dentist.

Q.2 Is your dentist an NHS dentist or a private dentist? (311 respondents)



We have collated the data for questions 1 and 2 to understand who has a dentist and what type of dentist they have.

Dentists used by survey respondents



NHS dentist	229	62%
Private Dentist	84	23%
No dentist	55	15%
Total	368	

The majority of respondents had an NHS dentist. Around 1 in 4 had a private dentist. A significant minority had no dentist at all.

Q3. Why don't you have an NHS dentist? (129 respondents, 171 responses selected in answer to the question)

Those who did not have an NHS dentist were asked why this was so. People were able to give more than one reason.

Can't find a dentist taking on NHS patients	59	46%
Chose to stay with dentist who went private	27	21%
Used to have one but they went private	14	11%
Chose to have private treatment	20	16%
Used to have one but was taken off the list	17	13%
Found an NHS dentist but too far to travel	12	9%
Don't know how to find one	11	9%
On a waiting list	8	6%
Don't need or want one	3	2%

Very few people (16%) had positively opted for private treatment.

Most commonly people reported that they could not find an NHS dentist, or they used to have an NHS dentist who had changed to being private.

Other difficulties included being taken off an existing list or finding that it was too far to travel to an NHS dentist.

A small number of people said they did not know how to find an NHS dentist.

Comments included:

- "I did have a dentist before I moved areas. I can't find one in my area taking on NHS patients. I call round every few months but no luck as of yet."

- “Went to live in Spain so was taken off the list of the dentist I was with. Have not needed one until a few months ago but cannot find one taking NHS patients.”
- “Couldn't find an NHS dentist when I finished University and had to go private with the dentist I was already signed up with.”
- “Live in York and requested an NHS dentist. Was on a waiting list for 6 months and was then offered the nearest option in Catterick. I chose to go private rather than travel.”

Q4. How long have you been trying to get an NHS dentist? (104 respondents)

People without an NHS dentist were asked how long they had been trying to get an NHS dentist. 104 people answered this question although, of these, 38 (37%) said they were not looking.

<i>Q4. People who did not have an NHS dentist – of those who were looking, how long had they been looking?</i>		
0-3 months	4	6%
4-6 months	8	12%
7-12 months	8	12%
1-2 years	16	24%
Over 2 years	30	45%
Total people looking	66	

Just over one third of people who answered this question had given up looking. Of those who were still looking, almost half had been looking for more than two years.

Comments included:

- “Since we moved to York Nov 2013”
- “Gave up trying to get one”

Q.5 and Q.7 have been grouped together to enable comparison between the methods used by those who successfully found an NHS dentist and those who have not.

- **Q.5 Which of the following have you tried to find an NHS dentist? (87 respondents)**
- **Q.7 How did you find your NHS dentist? (175 respondents)**

Question 5 was asked to those who did not have an NHS dentist. Question 7 was asked to those who did have an NHS dentist. People could indicate use of more than one method for both questions.

People who did not have an NHS dentist seem to have tried many more methods than people who did have an NHS dentist.

One individual who had not been able to find an NHS dentist described the process of trying to find an NHS dentist:

“Printed NHS choices list of York dentists. Out of 20 only 1 took NHS and when I contacted them was told the next date for applicants, and that you had to ring in on this date and it was on a first come first served basis no waiting list.”

Many of the comments by those who have an NHS dentist referred to the long length of time the patient had been with the practice, or the fact that this was a longstanding family dentist.

- “Same dentist for 50 years”
- “Parents’ dentist and been with them ever since”
- “From birth...went with my mum born 1959”

These comments suggest that people who have an NHS dentist may have secured this dentist years ago when access was easier.

Those who have attempted to find an NHS dentist more recently have much more difficulty.

The following table gives a comparison of the responses of these two groups.

Methods used (multiple choice)	People with an NHS Dentist	People seeking an NHS Dentist
Contact dentists direct	47%	69%
NHS Choices	17%	59%
NHS111/NHS England	4%	20%
Internet search	11%	39%
Recommendations	25%	37%
Phone book/directories	4%	22%
Healthwatch	0%	3%
Other	34%	8%
Number of respondents	175	87

Q.6 When looking for an NHS dentist, were you offered private (non NHS) treatment or a dental care plan that you have to pay for? (94 respondents)

When looking for an NHS dentist, were you offered private (non NHS) treatment or a dental care plan that you have to pay for?		
Yes	53	56%
No	41	44%
Total	94	

Just over half of people who would have liked an NHS dentist had been offered private treatment or a paid dental care plan at some point.

Q.7 Please see Q.5

Q.8 How long did you wait to get your NHS dentist? (197 respondents)

<i>Q.8 People with an NHS dentist – how long they had waited to get an NHS dentist</i>		
0-3 months	116	59%
4-6 months	32	16%
7-12 months	19	10%
1-2 years	11	6%
Over 2 years	19	10%
Total respondents to this question:	197	

59% of people who have an NHS dentist reported that they had waited 0-3 months to get a dentist. 16% had waited more than a year.

Comments included:

- “Didn't wait, but was 17 years ago”

People who had been accepted recently sometimes commented that they had been lucky.

- “Fortunate as they just opened”
- “I tried contacting a lot of dentists a few years ago, some said they were private only (it's not always clear from websites) and others just didn't get back to me even when I rang and left a message. It is only sheer fluke that I tried again earlier this year and managed to get registered. Persistence seems to be the key.”

Q.9 Which dentist do you go to? (299 respondents)

Question 9 asked people what dentist they went to.

Q.10 How often do you visit the dentist? (284 respondents)

People were asked how often they visited a dentist.

<i>How often people visited their dentist (Question 10)</i>		
Every 3 months	15	5%
Every 6 months	195	69%
Every 12 months	54	19%
Every 18 months	3	1%
Every 2 years	3	1%
Only in emergencies	3	1%
I don't	11	4%
Number of respondents to this question	284	

The responses show that 6 monthly is the usual frequency, with every 12 months being the second most popular.

Some people made comments suggesting that they could be seen in between routine appointments if needed:

- “But she will always respond promptly to an emergency”

Others comments included:

- “Seen faster if emergencies”
- “Visits in between [usual check-ups] if needed”

Q.11 When did you last see a dentist? (346 respondents)

Within the last 2 weeks	46	13%
3 weeks to 1 month	49	14%
2-3 months	78	23%
4-6 months	87	25%
7-12 month	36	10%
1-2 years	16	5%
2-3 years	12	3%
Only in emergencies	10	3%
I don't	12	3%
Total respondents	346	

Most people (75%) had seen a dentist within the past six months.

Comments suggest that not all of these respondents had a regular dentist.

- “As I don't have a dentist I have had to use the emergency dental service when I have been in pain”
- “For my first appointment as a new patient, but prior to this I had not been to a dentist in York – I have lived here 5 years but went back to a dentist where I used to live as struggled to get a dentist in York.”

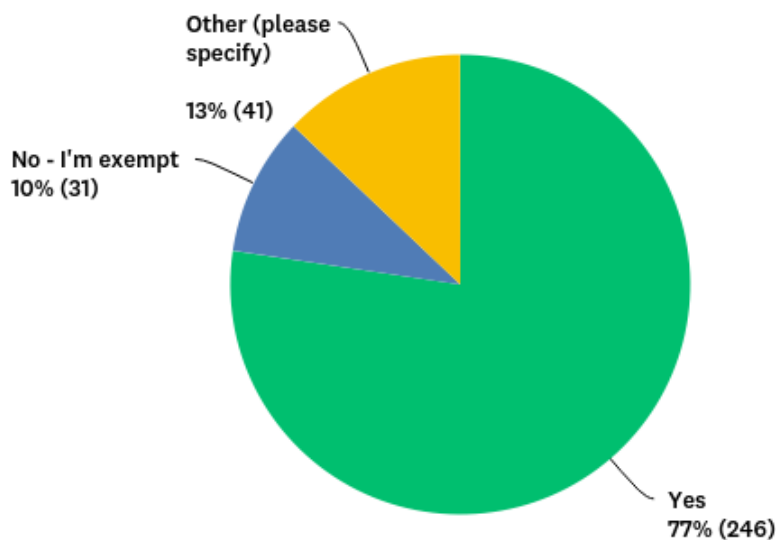
A few people reported anxiety, or specific dental problems as a consequence of lack of access:

- “I really want to see a dentist but cannot find one”
- “I was seen by a private dentist due to having severe tooth pain. I now have an appointment with YDH for November due to requiring 8 tooth extractions.”
- “I have been on an NHS waiting list for 3 years. I have had a broken tooth for 6 months. I can't get treatment for this that I can afford.”

Costs and Options

Questions 12, 13, 14, and 15 asked respondents about their experiences of payment, cost and treatment options when seeing a dentist.

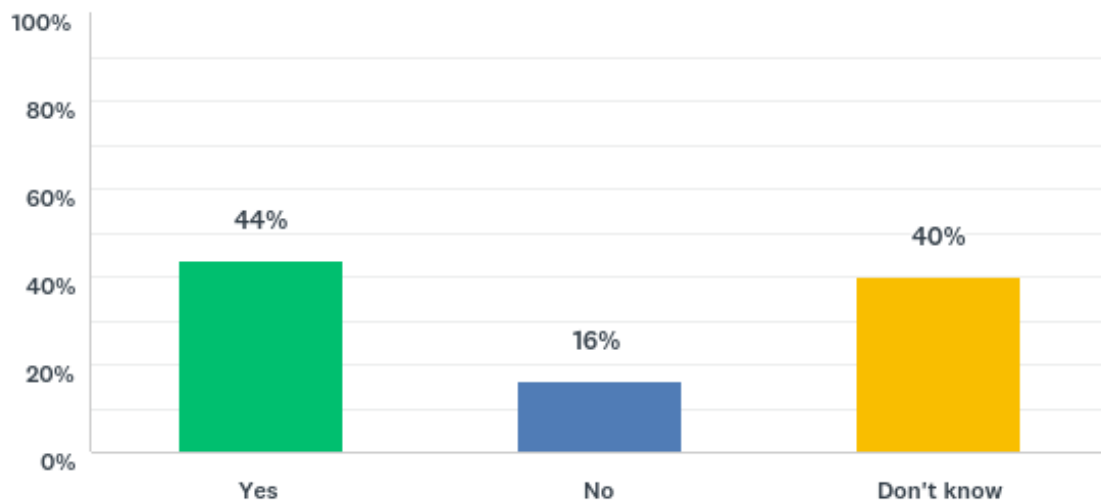
Q.12 Do you pay for your NHS treatment? (318 respondents)



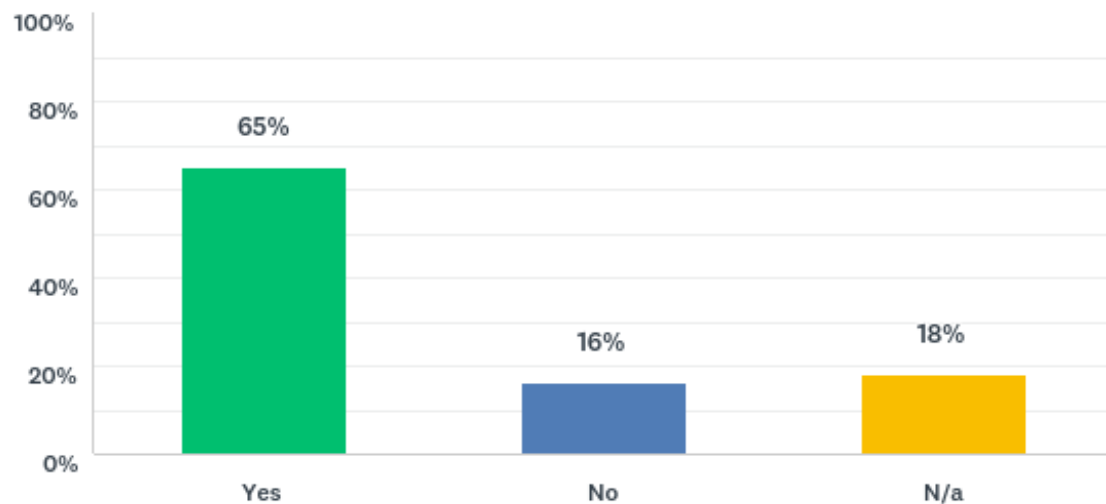
31 people reported that they were exempt from payment. This represents 14% of those who answered they had an NHS dentist in question 2.

Questions 13, 14, and 15 explored whether charges were displayed in the waiting room or reception area, whether costs were clearly explained, and whether written plans with costs were provided.

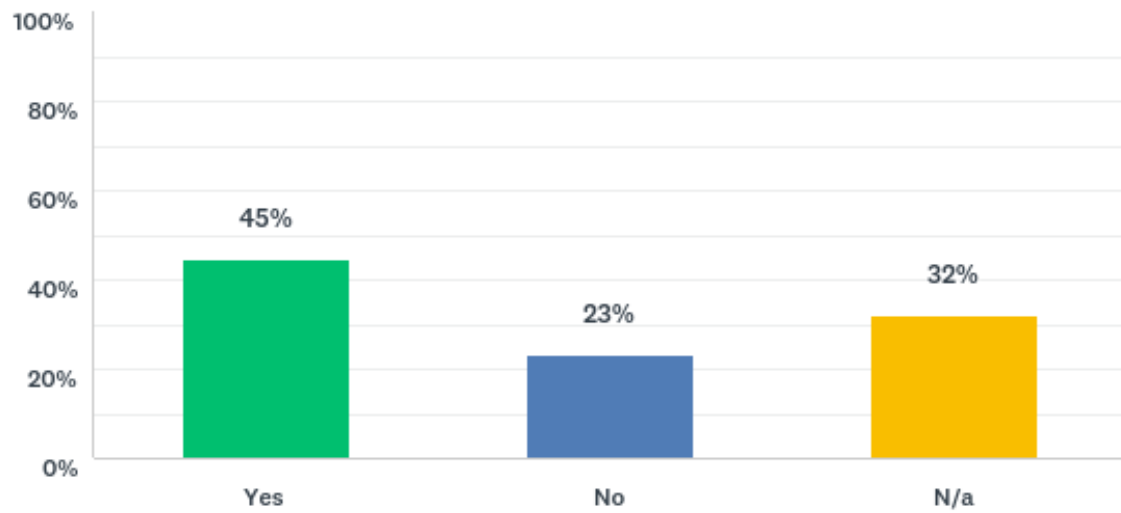
Q.13 Does your dentist display a list of dental charges in the waiting room or reception area? (324 respondents)



Q.14 Does your dentist clearly explain the costs of your treatment? (323 respondents)

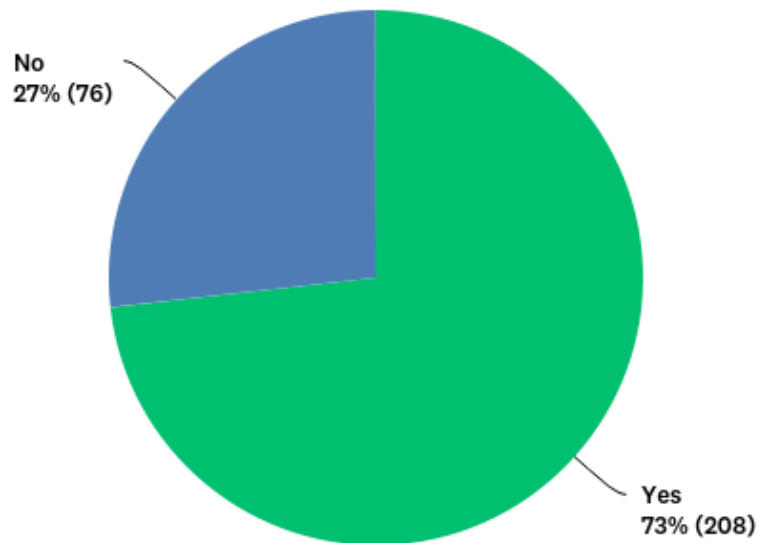


Q.15 Does your dentist provide you with a written plan, with costs, for treatment you need? (320 respondents)



Agreeing treatment plans and discussing options

Q.16 Do you and your dentist explore treatment options before agreeing your treatment plan? (284 respondents)



When asked whether their dentist explored treatment options with them before agreeing a treatment plan, almost three in four people replied yes.

One individual made the comment that:

- “Both dentists I have seen...have taken time explaining the treatment options and explained the financial aspects as well”

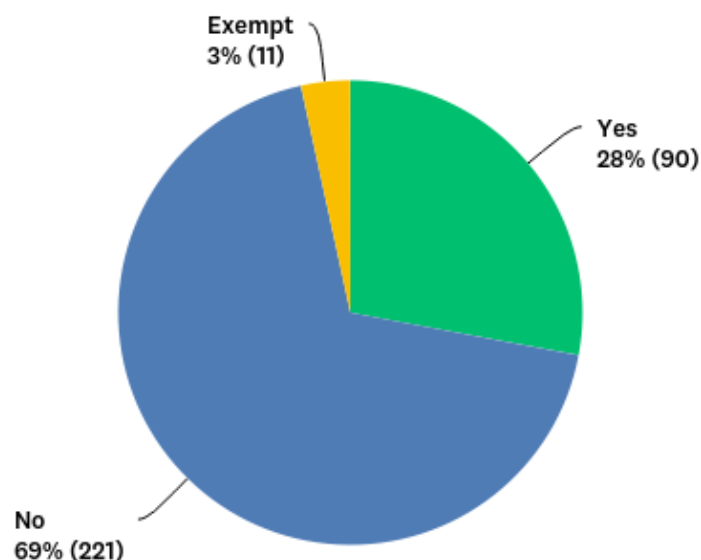
21 people made comments indicating confidence that discussion would happen if need be, for example:

- “So far I haven't had to have any major interventions but I'm sure I would be able to discuss options recommended”

Nine people added comments that suggested dissatisfaction, for example:

- “My dentist is only really interested in making money, often pushing expensive options”
- “Dentist refuses to give info. Just hesitates as if frightened of being sued”
- “Dentist not helping with an ongoing problem with no reason given except ‘we don't do that here’”

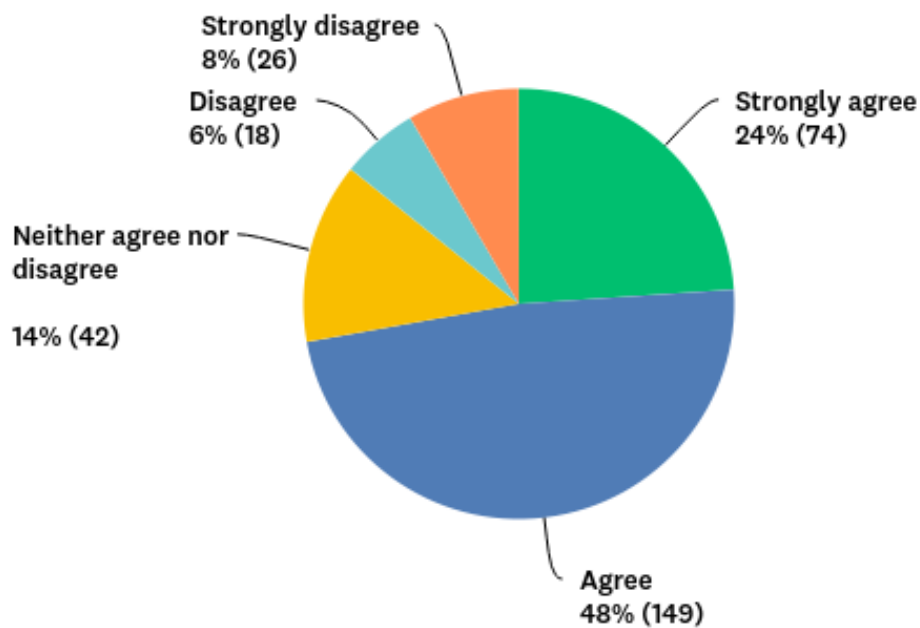
Q.17 Has the cost of dental services ever stopped you getting treatment? (322 respondents)



90 people, (28%) said that the cost of dental services had stopped them from getting treatment.

Questions 18 to 22 asked respondents how much they agreed or disagreed with specific statements.

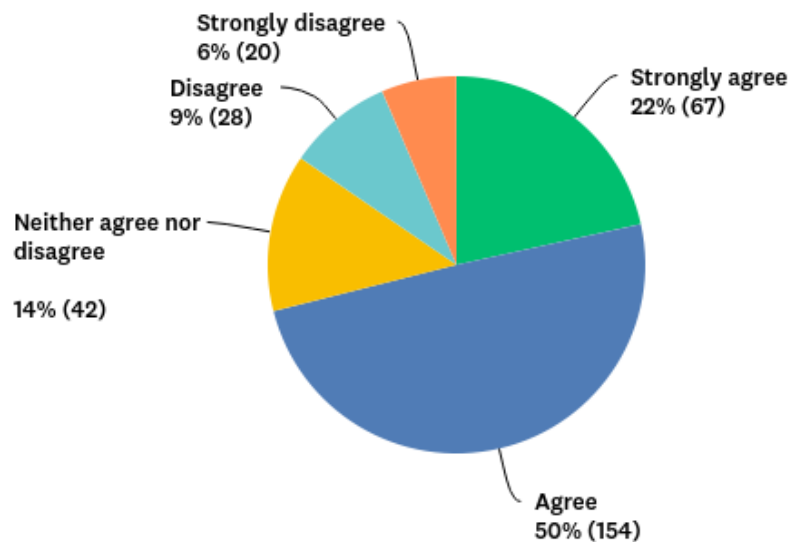
Q.18 I can get appointments with my dentist when I need them (309 respondents)



72% of those who answered this question said they agreed or strongly agreed with this statement.

A minority (14%) said they disagreed or strongly disagreed.

Q.19 When I ring to make an appointment, it is easy to get through
(311 respondents)

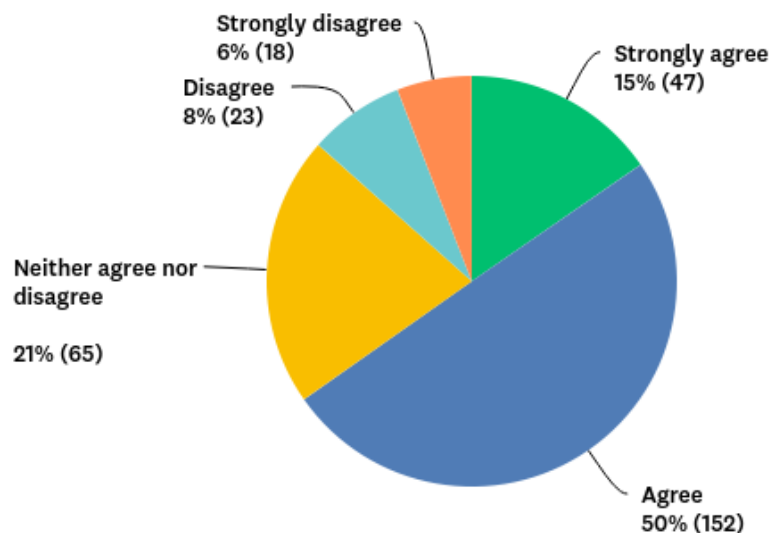


71% of respondents agreed or strongly agreed with this statement.
14% said they disagreed or strongly disagreed.

Comments included:

- “Often the line is engaged”
- “Email seems to work best”
- “Understandably busy when the practice opens but easy to get through at other times”
- “I had to ring several times”
- “They ring back if I can’t get through”

Q.20 My dentist offers a wide range of appointment times (305 respondents)



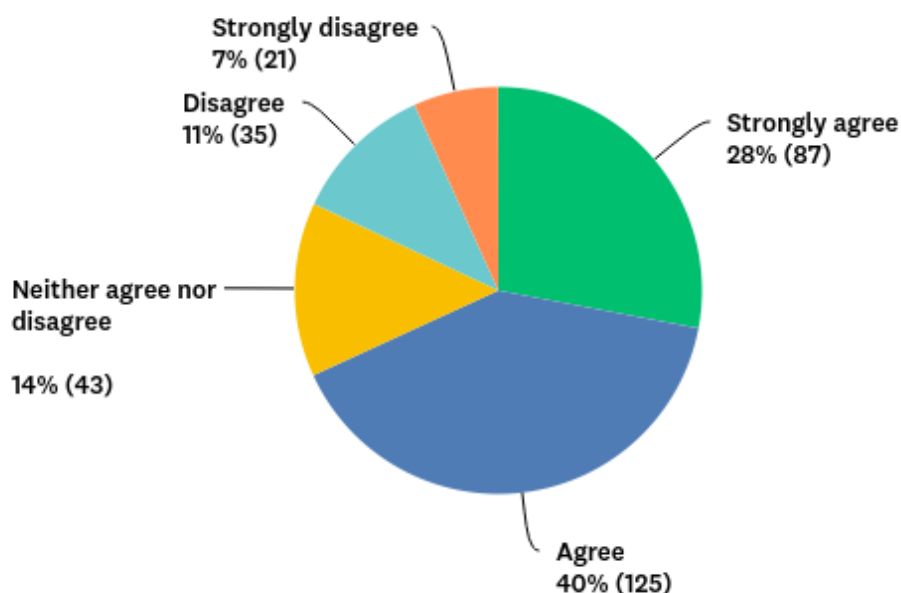
65% of people said they agreed or strongly agreed with the statement 'My dentist offers a wide range of appointment times'.

18% of people said they disagreed or strongly disagreed.

Comments included:

- "It is very difficult to get an appointment which is after school"
- "Only offer appointments during working hours"
- "Wish they did evening or weekend appointments"
- "Have been offered several appointment slots & can choose which best suits me"
- "Could be more flexible with later opening times for those who work full time"

Q.21 My dentist is in a convenient location for me (311 respondents)



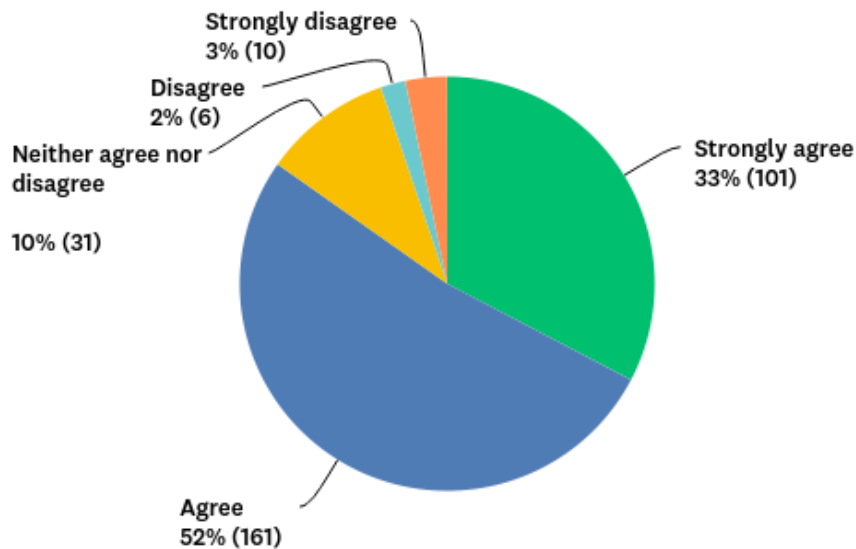
68% of respondents said they agreed or strongly agreed with the statement 'My dentist is in a convenient location for me'.

18% said they disagreed or strongly disagreed.

In the comments, parking was said to be a problem. People also reported having to travel far to access an NHS dentist.

Comments included:

- "It isn't that close and we have to pay for parking as it is in the centre of York"
- "It's within walking distance"
- "Have to drive 15 miles"
- "There is a dentist in my village but no NHS places...we have to drive 20 mins to get to dentist when there is one we could walk to"
- "It's not as close as I would like, at busy times a lot of traffic to get through"

Q.22 The reception staff are friendly and helpful (309 respondents)

85% said they agreed or strongly agreed with the statement 'The reception staff are friendly and helpful'.

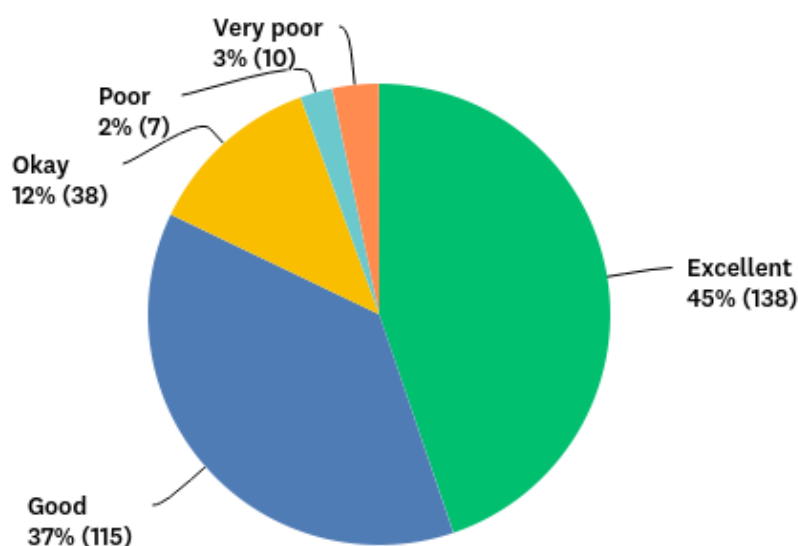
A small minority (5%) said they disagreed or strongly disagreed.

Comments reflected that this could vary depending on the staff member.

Comments included:

- "Alright"
- "They vary – some are lovely, some are a nightmare"
- "Depends on which receptionist you get"
- "They are OK"

Q.23 Thinking about your most recent appointment with your dentist, how would you rate your experience (308 respondents)



People were asked to rate their most recent appointment with their dentist.

The majority (82%) rated their experience excellent or good. 6% rated it as poor or very poor.

Positive comments included:

- “My most recent appointment was excellent. I was anxious about my procedure and the staff at ... listened to my worries, talked me through what would happen and helped me to relax.”
- “Lady dentist and really nice”

Comments about poor experiences included:

- “...always trying to persuade me to have cosmetic treatments and book the hygienist at £50 a go which I just can't afford”
- “He does not explain the treatment, appears to be rough, no thoughts of my discomfort”

- “The initial assessment I had (when seen as an emergency case) was very good, but I needed a tooth extraction urgently and had to wait over 4 months in pain...”

Most people’s recent experience of a dental appointment had been good or excellent. However, a significant minority of experiences are poor.

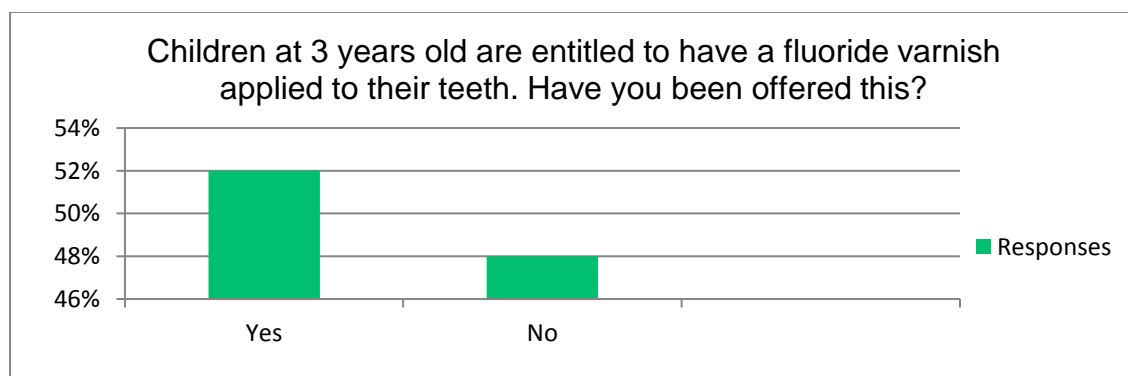
Questions about children and families

Q.24 Do you have any children under 18? (327 respondents)

89 respondents (27% of those who answered the question) stated that they had children under 18.

Q.25 Children at 3 years old are entitled to have a fluoride varnish applied to their teeth. Have you been offered this? (102 respondents)

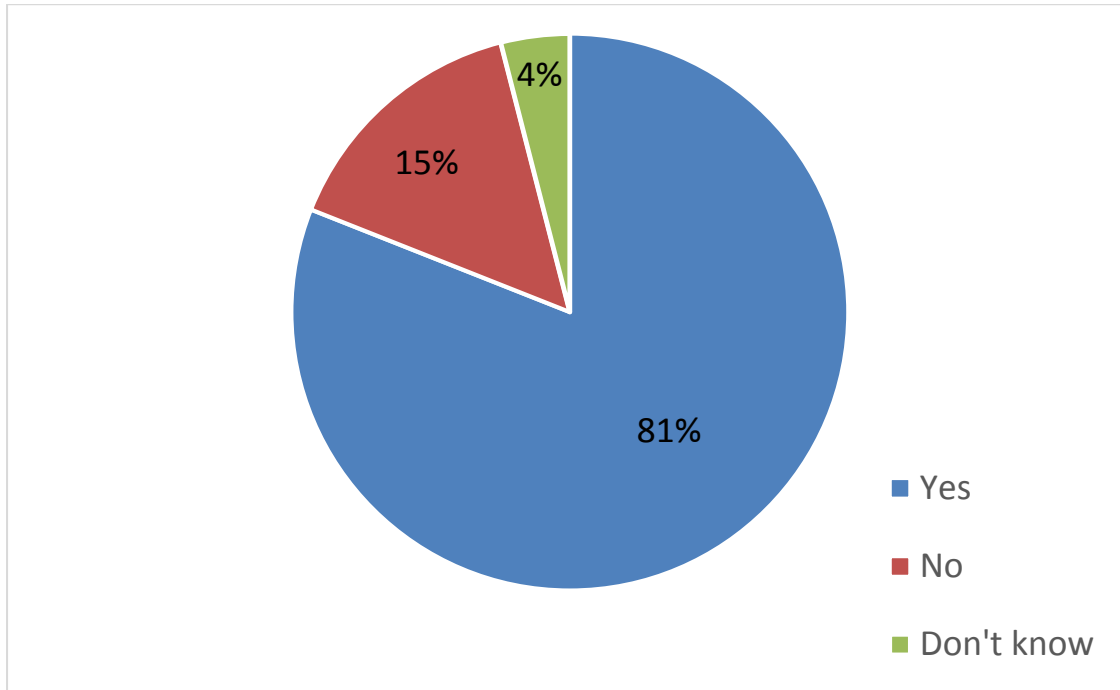
Parents of children under 18 were then asked if they had been offered fluoride varnish for their children at age three.



35% (36 out of 102 respondents) said this was not relevant to their family.

Of the remaining 67 respondents who this was relevant to, just over half (52%) had been offered this for their children.

Q.26 Have you been given advice on how to care for your family's oral health? (106 respondents)



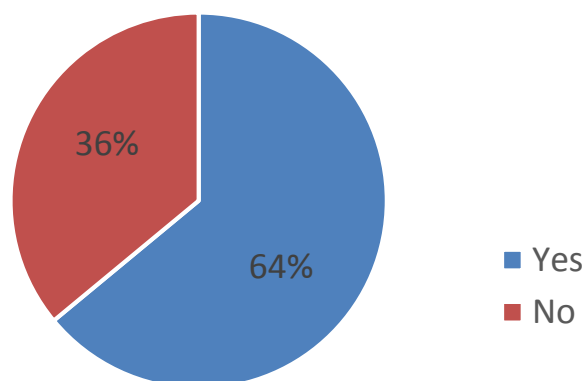
Once removing those who stated it was not applicable, 81% of parents (70 of 86) had been offered advice on how to care for their family's oral health. 15% (13 out of 86), had not been offered any advice.

Q.27 How many people are in your household? (115 respondents)

Of the 115 people who answered this question, 90% (103 out of 115) said that they had a household of 4 people or fewer.

Q.28 Do you all go to the same dentist? (114 respondents)

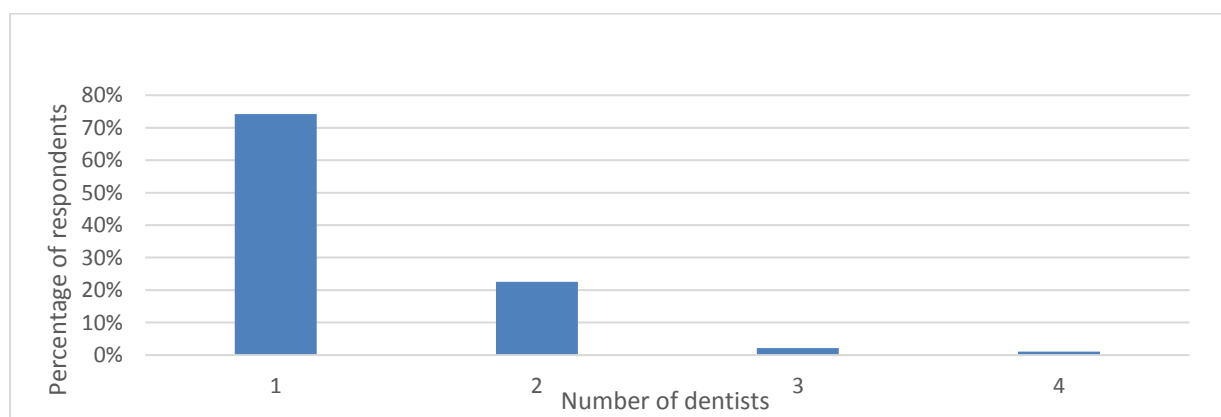
10% of the people who answered this question reported that 'none of us has a dentist'



Of those who answered yes or no to this question, 36% said that no everyone in the household have the same dentist. Almost two thirds (64%) said that they did all go to the same dentist.

Q.29 How many dentists do you go to? (93 respondents)

The majority of those who answered this question went to the same dentist (74%). 3% said they went to more than 2 dentists.



One comment states that: "The children are on a different one that wasn't taking on NHS adults".

Q.30 Are you happy with this? (111 respondents)

People were then asked if they were happy with their family's arrangements for visiting a dentist.

69% said that they were. 23% said they were not.

Comments included:

- "It's okay but all at one would make more sense"
- "Would like all the family at the same one that is close to our house and is NHS"

Q.31 Do you have any comments about dental access for families? (41 respondents)

There were 5 positive comments, and 23 negative comments

Generally the comments about dental access for families were largely negative, and reflected particular difficulties for parents who could not themselves afford private treatment.

Examples of positive comments:

- "Practice has been helpful in getting both children's appointments together"
- "We are long term patients at this practice, don't know what it would be like if we weren't"

Examples of negative comments:

- "No I'm in desperate need for a dentist for me and my 3 children"
- "It's crazy having to wait nearly 4 years for an NHS dentist. And private is so expensive, my son goes private as he needed a dentist as he's 4 years old."
- "I am a Safeguarding lead within a primary school and a requirement for vulnerable families is to be registered at a dentist."

This is practically impossible for families as very few accessible dentists accept NHS patients. These families cannot afford private care and as a result are penalised by social care for not fulfilling this criteria. This situation is dire!

- “They should allow families to attend one dentist”
- “Please make it more accessible”

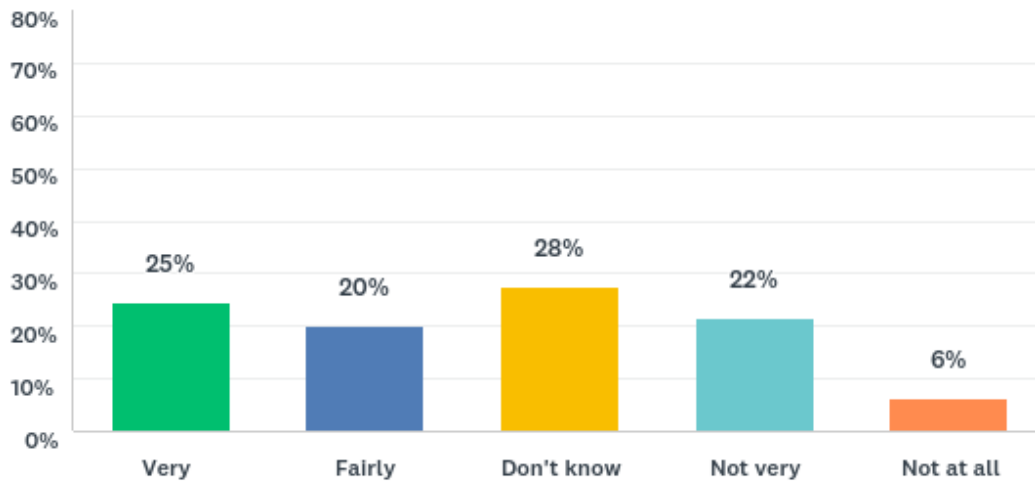
5 of the negative comments specifically mentioned differences in access for children and their parents

- “Very difficult to find adult NHS places”
- “NHS care for children is easy if you are willing as an adult to sign up for private treatment”
- “Children have NHS for free but it doesn't set a good example for the kids if the parents cannot attend due to lack of funds”

Q.32 Do you consider yourself a disabled person or have any access issues? (310 respondents)

Of those who answered this question, 39 (13%) said that they considered themselves to be a disabled person or have access issues.

Q.33 How accessible is your dental practice e.g. automatic doors, lifts, ramps, hearing loops? (65 respondents)



Of the 65 people who answered this question, 45% (29 out of 65) said that their dental practice is fairly or very accessible. 28% (18 out of 65) said that it was not very or not at all accessible.

Q.34 Are there any things your dental practice does really well, that you think other practices could learn from? (109 respondents)

Word Cloud of comments from Q.34

Service Experience Practice Lovely Staff Tooth
 Friendly Patient Appointment Emergency
 Dentist Efficient Text Reminders Fillings
 Treatment Professional Dental Round Clean Private

Comments from this question can be grouped into 6 main areas. These have been noted below, with examples of the comments people have made about their dental practice.

Personable and person-centred treatment:

“friendly”; “likeable”; “puts me at ease”; “person-centred”; “relaxed and not rushed”; “patient”; “reassures a nervous patient”; “kind”; “caring”; “cheerful”; “courteous”; “talk everything through with you”; “explained procedures”; “listen”; good with families/children; understanding of medical conditions; “they know how to communicate with people who have disabilities”

Appointments:

“range of ways to book”; “online appointments”; “can leave message to be phoned back”; “text and email reminders”; “good range of appointment times”; “flexibility of access – arranging times suitable for individual circumstances”; “short notice treatment”; “quick service”; “emergency appointments are easy to get”; “efficient”; “punctual”.

Treatment and advice:

“fluoride varnish”; “brushing and teeth cleaning techniques”; “regular hygienist appointments”; “top quality equipment/records”; “advanced tech”

Physical access:

Negative comments on 3 storey building; “high spiral staircase”; “steep steps”; “both upstairs and downstairs surgeries”; “modern building”.

Environment:

“clean”; “bright”; “nice” “lovely”; “good hygiene”; “plays classical music”.

Costs:

“low cost check-ups”; “no monthly payment plan”; “only NHS charges for small white fillings”; “free toothpaste samples”; “take credit card”; “promote dental plan”

Q.35 Is there anything else you want to tell us about your dentist? (115 respondents)

Word Cloud of comments from Q.35



Wish Life Appointment Understanding Waiting Forms
 Excellent Clockhouse are Great Practice
 Expensive NHS Access Dentist Supportive
 Private Booking Patient Lovely Service Impressed
 Happy Pleased Friendly Professional

There were twice as many positive comments compared to negative comments (54 positive; 27 negative).

A lot of people expressed satisfaction with the personal and professional qualities of the dentist. They also said the quality of treatment was good.

Comments included:

- “Impressed”
- “Friendly”
- “Lovely practice – very clean and nice staff”
- “For the first time in my life I am relaxed about going”
- “Very good dentist. They are very polite and explain what they do”
- “A very good and reliable team who are very supportive and knowledgeable”
- “First rate practice”

The main themes from the negative comments were: high dental treatment costs; impact of privatisation on NHS care; perceived drops in standards and changes in practice associated with takeover by large companies.

Comments included:

- “Expensive”
- “Over booking of appointments”
- “The ability to speak to someone at the surgery has got a lot harder since being taken over by the private company. They do not seem to offer the same personalised service as previously.”
- “The expense and loss of so many teeth could easily have been avoided with a better system from the former PCT”

Several negative points were also made in comments to previous questions, such as waits for appointments, over booking, phone not being answered, unfriendly or poor reception, not seeing the same dentist each time, no automatic door.

Conclusion – A problem of quantity not quality

The Healthwatch York Accessing NHS Dentistry survey confirms findings from national reports about issues with access to dentistry. In essence, the problems being experienced boil down to a lack of quantity, not quality.

A significant number of survey respondents experienced problems accessing NHS dentistry. It is not easy enough for people to find an NHS dentist here in York. The main way that people seemed to be able to get an NHS dentist was by ringing around different dental practices in the area until they found a practice accepting NHS patients. They cannot rely on NHS Choices being up to date.

However, once they find an NHS dentist most people have positive experiences and are happy with the quality of treatment they receive.

Whilst some of the answers to questions are small numbers, individuals' experiences are still significant. For example, in Q.4, 30 people reported that they had been waiting over a year, and 19 had been waiting over 2 years to get an NHS dentist. In Q.17, 90 people (28% of those who answered the question) found that the cost of treatment was too high to be able to get the treatment they needed.

Other important findings include the number of ways people have tried to find an NHS dentist, suggesting that none of the current methods available are effective in successfully helping individuals to find an NHS dentist.

Our findings indicate that there need to be some big improvements in enabling individuals to access NHS dentistry. We make a number of suggestions which may help in our 'Recommendations' section.

Recommendations

Recommendation	Recommended to
1. Urgently review availability of NHS dentistry in York. Consider options to increase the availability of NHS dentistry.	NHS England North Yorkshire and Humber
2. Consider options for improving student access to dentistry.	NHS England North Yorkshire and Humber Public Health England (PHE)
3. Re-introduce a waiting list system for people seeking an NHS dentist, to guarantee fair and timely access.	NHS England North Yorkshire and Humber
4. Monitor the waiting list to make sure levels of dental activity in York are sufficient	NHS England North Yorkshire and Humber
5. Consider what dental provision will be needed to keep pace with York's continuing growth	NHS England North Yorkshire and Humber
6. Consider ways to improve whole family access to dentistry	NHS England North Yorkshire and Humber PHE
7. Consider ways to better provide families with advice about caring for teeth	PHE
8. Advise parents to register their child with a dentist even if they cannot access a dentist themselves. Encourage them to share their experiences with us to monitor the situation	PHE
9. Consider ways of increasing awareness of and promote access to community dentists with all the relevant client groups through increased awareness within the workforce	Children's Workforce Strategy Group, City of York Council (CYC) Adult Workforce Strategy Group, CYC

	NHS England North Yorkshire and Humber
10. Encourage the provider to work with the Healthwatch York readability panel to improve existing publicity materials on community dentistry	NHS England North Yorkshire and Humber Harrogate NHS Foundation Trust

Responses from Stakeholder Organisations

City of York Council

“City of York Council Public Health will lead the development of a local Oral Health Advisory Group (OHAG) which will bring the key partners together to focus on taking forward improvements for oral health in the city's residents. The OHAG will produce an Oral Health Improvement Strategy and action plan that can be approved by the City of York Council Health and Wellbeing Board.”

NHS England

Response number relates to the recommendation number.

1. As mentioned in the report the Yorkshire and Humber Commissioning team, supported by clinicians, has reviewed how we can improve dental access and has developed a strategy that has divided Yorkshire and Humber in to commissioning areas and an assessment of areas of highest need has been made. This has now been applied across the whole of Yorkshire and Humber. As the funding is limited, this initially will be invested in the 20 areas with the lowest overall score, i.e. those with the highest need for additional activity. York central and its surrounding areas (e.g. Malton) is currently within the highest 15% of areas so does not qualify for additional funding at this time, but as more funding becomes available the intention is to expand the fund to other areas in line with need. The report indicates that there are issues for patients wishing to access urgent dental care out of hours via 111 – further investigation

of this has highlighted that there has been an error in the information that has been held by the 111 service. There are services available within the York area for urgent care so this error will be corrected as soon as possible.

2. There are practices that are close to the University sites that have previously had capacity to see the students but are not specifically commissioned to provide that service. This will be reviewed as part of the commissioning plans for Yorkshire and the Humber dental team.
3. North Yorkshire and York Primary Care Trust had previously held a waiting list for patients wishing to access a dental practice. This facility was not transferred to NHS England. NHS England local teams do not routinely collate information on the number of NHS dentists accepting new patients or how many have a waiting list as this can change daily for each practice based on local circumstances. Many NHS dental providers already do have a mechanism in place to offer patients the chance to be placed on a waiting list if they do not have spare capacity at the time to take them on as a NHS patient. Unlike in GP practices, NHS dentists do not have registered NHS patients as patients are able to access NHS dentistry anywhere in England.
4. As there is no centrally held waiting list it is more difficult to monitor the demand for dental services. As part of the review of access to dental services Yorkshire and Humber will explore the possibility of collecting data about practice waiting lists to assist with the commissioning of dental services.
5. Yorkshire and Humber are seeing a lot of proposed housing development in many areas but as the funding for dental services does not increase in line with the population in an area it is not always possible to commission the services to follow this increase. Public Health England have undertaken an Oral Health Needs Assessment in 2015 and this will be updated on a regular basis which will keep Yorkshire and Humber informed of the changes that have taken place.

6. In order to address concerns about family and child oral health, there are currently a number of children's oral health initiatives which are in place both within the Yorkshire & Humber region as well as nationally. These initiatives are Starting Well and In Practice Prevention.

Starting Well

NHS England has commenced a new programme called Starting Well in Yorkshire & Humber with 2 areas Wakefield and Hull identified for trialling the initial programme.

Dental practices in these areas are commissioned to focus on improving their approach to preventing tooth decay in children. As part of the Starting Well programme some of these practices are also being commissioned to develop outreach work in their local communities and to work with the Early Years workforce for the benefit of hard to reach groups. If this initial pilot shows promising signs of improving oral health in their child's population then the intention is to identify further areas within Yorkshire & Humber to take on the programme.

Starting Well Core

This initiative is a development on the initial Starting Well programme and is aimed at children up to 2 years of age to encourage families to adopt life style changes that will support the maintenance of oral health. This will include diet and tooth brushing advice among other measures. This programme is to be implemented during 2018/19.

In Practice Preventive (IPP) Practices

This is a local commissioning initiative in Yorkshire and Humber and is aimed to improve the oral health of children up to the age of 16. There is currently one practice in York taking part. This commissioning arrangement when fully developed will sit within the Starting Well brand as a common clinical offer under a common contractual agreement.

7. Yorkshire and Humber will work with the Public Health team in City of York Council to support initiatives that will provide advice on caring for teeth and the above initiatives will start to support this work.

8. As the Yorkshire and Humber Access to dental services work develops this will be communicated to CYC so their services where appropriate are able to sign post patients to available services.

How to access NHS dentistry

According to NHS England, “everyone should be able to access good-quality NHS dental services”. As people are not bound to a catchment area like they are when finding a GP, they can “simply find a dental practice that's convenient for you, whether it's near your home or work, and phone them to see if there are any appointments available”.

Steps to take to find an NHS dentist:

1. Find out about local dental practices in your area

You can do this by looking on NHS Choices or the Healthwatch York website. Both of these should provide details of the dental practices in your local area.

2. See which dental practices are currently taking on NHS patients

You can do this by looking at NHS Choices, which provide you with details of the most up-to-date information the practice has provided them with.

It is worth bearing in mind that sometimes this might not be accurate. Dental practices which say they are taking on NHS patients may not be, and dental practices which say they aren't taking on NHS patients may be doing so.

3. Ring your chosen dental practice to find out if they are taking on new NHS patients, and if they have any NHS appointments available.

If your first choice isn't taking on NHS patients at the time, they may offer for you to be put on a waiting list. Although this may be a long waiting list, it could be worthwhile being on it whilst still looking for another dental practice.

Continue to contact dental practices to ask if they are taking on NHS patients and have appointments available.

What to do if you still can't find a dentist:

- If after contacting several dental practices you still can't find a dentist accepting NHS patients, you should call NHS England's Customer Contact Centre on 0300 311 2233.
- You can also try calling 111 who may be able to help find an NHS dental practice for you
- If NHS England has been unable to help you find a dentist and you want to raise your concerns about this, contact them on:
 - email: england.contactus@nhs.net
 - phone: 0300 311 2233
 - visit the NHS England website: www.england.nhs.uk/contact-us

If you're still not satisfied with NHS England's response, you can take your complaint to the Parliamentary and Health Service Ombudsman: www.ombudsman.org.uk

- Contact Healthwatch York to tell them your experiences of trying to find an NHS dentist. This may help people find an NHS dentist more easily in the future.

Emergency or out of hours dentistry

NHS England provide the following advice about getting dental treatment in an emergency or when your normal dental practice is closed.

If you need dental treatment in an emergency

- Call your dentist: some practices offer appointments at short notice
- If you don't have a dentist, find one using [NHS 111](#)

- Look up urgent care services that provide dental treatment here: www.nhs.uk/Service-Search/Urgent-Care/LocationSearch/0

If you need to see a dentist out of hours

- Call your dentist: their answerphone may advise where to get out-of-hours treatment
- Call NHS 111 to find an out-of-hours dental service near you

Don't contact your GP, as they won't be able to offer emergency or out-of-hours dental care.

If you're in pain while waiting to see a dentist, take painkillers. NHS 111 can also offer other self-care advice.

How much will I be charged?

An urgent dental treatment will cost £20.60 – see NHS dental charges explained here: www.nhs.uk/chq/Pages/nhs-dental-band-charges.aspx?CategoryID=74

If you're entitled to free NHS dental care, you should be able to claim back the cost of any treatment.

Ensure you keep all receipts. For more information, see [Help with dental costs](#).

If you're asked to come back for further treatment, this will be considered to be a separate course of non-urgent treatment.

You'll have to pay the relevant charge for the new course of treatment.

Ask the dentist what the treatment will cost or whether you can have a [treatment plan](#).

When to go to hospital

Only go to [accident and emergency \(A&E\)](#) in serious circumstances, such as:

- Severe pain
- Heavy bleeding
- Injuries to the face, mouth, or teeth

If you're not sure whether you should go to A&E, contact NHS 111, who will be able to advise you. Find out [when to dial 999](#).

Ten Top Tips for getting the most out of your dental appointment

www.healthwatch.co.uk/news/10-top-tips-get-most-out-your-dental-appointment

Healthwatch England has provided some useful tips for making the most out of your dental appointment

1. Prepare for your appointment

Have you been experiencing any dental pain, or other problems with your mouth or teeth? Let your dentist know.

2. Tell your dentist if you're feeling anxious

Many people feel nervous about going to the dentist, but if you're anxious then help is available. Talk to your dentist about your fears and take a look at this guide:

www.nhs.uk/Livewell/dentalhealth/Pages/Fearofthedentist.aspx

3. NHS or private care?

Do you know whether you're being seen as an NHS or private patient? Most high street dental practices provide both types of care. If you need treatment, make sure you understand how much it will cost before you commit to it. There are [three standard charges](#) for NHS treatment.

- Band 1: £20.60 (for things like: a clinical examination; X-rays; emergency treatment)
- Band 2: £56.30 (for things like: removing teeth (extraction); root canal treatment)
- Band 3: £244.30 (for things like: bridges – a fixed replacement for a missing tooth or teeth crowns – a type of cap that completely covers your real tooth; dentures)

More information about NHS treatment charges can be found here:
www.nhs.uk/chq/Pages/nhs-dental-band-charges.aspx?CategoryID=74

4. Are you eligible for free NHS treatment?

Some people are entitled to free or partial help to pay for NHS dental care. To find out if you're eligible for help with your health costs, take a look to see if you meet the NHS' criteria here:

www.nhs.uk/NHSEngland/Healthcosts/Pages/Dentalcosts.aspx

5. Ask your dentist for a treatment plan

You might be charged more for some dental treatment, such as fillings, removing teeth and more complex procedures. These usually fall into NHS charges for band 2 and 3. If your dentist recommends this type of treatment, you should be given a personal dental treatment plan. This will list all the treatments you are having on the NHS and what you should expect to pay. Your dentist should also discuss any alternative private treatment with you and give you the cost in writing before you commit to it.

6. Follow the advice your dentist gives you

During your appointment, your dentist should give you advice on how to take care of your teeth to avoid gum disease and tooth decay.

7. Not clear on the treatment plan? Ask again

Make sure you fully understand your treatment and any after care before you leave the room. If you don't, then don't be afraid to ask your dentist to go through the plan again. Find out who you can contact if you have any questions after your appointment.

8. Find out when you need to return for your next check up

Your dentist should advise you when they'll need to see you next. You can expect to return between three months to two years depending on

how healthy your teeth and gums are. However, children under 18 are recommended to see the dentist at least once a year.

9. Do you have a disability, impairment or sensory loss?

Legally, if your treatment is partially or fully funded by the NHS your dentist should make sure that you are given information that you can easily read or understand to make sure your needs are met. Find out more about the Accessible Information Standard here:

www.england.nhs.uk/ourwork/accessibleinfo/

10. Unhappy? Find out how to make a complaint

It's usually best to speak to the dental surgery first to try and resolve the issue. If you're still unhappy about your care, ask for a copy of the complaints procedure from your dentist.

Need more advice?

[NHS Choices \(www.nhs.uk\)](http://www.nhs.uk) has a range of information on using dental services, including:

- [Emergency care](#)
- [How to find an NHS dentist?](#)
- [Funding your treatment](#)
- [Your rights](#)

Appendices

Appendix 1 – Full report: ‘What did people tell us in our work plan survey?’

The Healthwatch York work plan survey gave people a choice of three topics for us to explore in 2017. We asked those who responded to the survey to put a tick against the topic they would like us to focus on, and to tell us briefly in their own words why they chose that topic.

Most votes (57 out of 153) went to the topic: ‘Looking at how easy it is to register with a dentist, make appointments, and get NHS treatment in York’, summarised as ‘Access to dentistry’.

36 of the 57 people who chose access to dentistry explained why they made that choice. Of the 36, 19 people cited a *personal* experience relating to dentistry in York.

The reasons for choosing access to dentistry fell into four main groups:

- Personal experience of getting a dentist
- Beliefs or awareness about the difficulty generally faced in getting a dentist
- Consequences of limited access to and availability of NHS dentistry
- Universal rights of access to NHS dentistry and health and wellbeing

Personal experience of difficulty getting a dentist

It appears from personal experiences reported that the difficulty of getting a dentist is acute for people who have moved to York. Most comments referred to finding an NHS dentist in York.

People told us:

- ‘I’ve had problems getting registered with a dentist here in York’

- 'difficulty accessing NHS dentist when moving to the area'
- 'very difficult to get a dentist when we arrived in York'
- 'we found it impossible to access an NHS dentist in York'
- 'I have been unable to find a NHS dentist in York'
- 'when [relative] came to live with us I found I could not register her with an NHS dentist'

Some people were frustrated at the lack of availability of NHS dentists in York: 'we have now lived in [area of York] for over two years, we cannot find an NHS dentist anywhere! ... NHS dentists' availability is absolutely dreadful I myself am in desperate need of a dentist.'

People told us of being denied treatment:

- '[they] refused treatment although they have NHS patients'
- 'the NHS dentist I had previously seen was unwilling to see me'

There is some reported success in finding NHS dentists outside York but visiting was inconvenient or impractical because of a lack of a car.

A disability-related problem is getting an emergency dentist appointment when the only course is to call in the early morning: 'York's lack of dental hospital and its having so few emergency dentists should be a concern to many'.

Beliefs or awareness about the difficulty generally faced in getting a dentist

People told us that they believed or knew that finding a dentist is 'very difficult', 'often difficult', 'difficult', 'a difficulty', 'hard' 'so hard' and 'much more difficult these days'.

Almost all comments referred to NHS dentists. Perceptions ranged from 'I think that people find it hard to find an NHS dentist' to a definite 'waiting lists are full'.

There were strong views that 'too many people are unable to register with an NHS dentist in York' and 'the lack of NHS dentists in York is appalling'.

Consequences of limited access to and availability of NHS dentistry

People told of the impact on their dental health when they could not access an NHS dentist. No NHS dentist meant no treatment when 'in desperate need' without money to go privately.

People told us about the consequences for them of having registered with a private dentist because they could not find an NHS dentist. They cut down on visits, did not go 'as often as I'd like, or should', and said they missed essential follow-up treatments because they could not afford them.

There were comments relating to the impact on children's dental health, for example, concern about when parents who cannot access a dentist for themselves don't see 'good oral hygiene as an ordinary part of life'. Other comments included: it is 'tragic' admitting children to hospital to have teeth removed. Media reports of high levels of tooth decay among children is one reason given for a focus on access to dentistry.

Some people said that 'lots of NHS dentists taking on private patients' impacts badly on the quality of NHS services. People reported experiencing a deterioration in the NHS service after a practice began taking on private patients also.

Universal rights of access to NHS dentistry and health and wellbeing

People said the topic of access to dental services is 'very important' and 'really important'. People indicated that it was worth exploring because dentists 'are more universally of interest' and 'everyone needs a dentist'.

Rights and fairness of access were raised: 'it would be good to insist that all patients have a right to an NHS dentist'; and 'not everyone is fortunate' in having an excellent NHS dentist in York. 'Dental services are very important to health and wellbeing so we should all be able to get treatment under the NHS.' People get to feel better with 'a really good NHS dentist'. There was also a call to 'increase access to Community Dental Services for children with special needs'.

A further issue is equality of treatment for people who do not pay for NHS treatment. This was raised by a non-paying patient who was allocated a dentist who had 'just qualified', and believed they experienced inadequate treatment.

Appendix 2: Full Report: 'Survey of dentists' websites in York'

Background

Dental professionals in the United Kingdom are regulated by the General Dental Council (GDC). The GDC produces general guidance on advertising for dentists.²⁸

The elements of this guidance that were considered in the survey of websites were:

- It must be made clear in advertisements and other practice publicity whether the practice is NHS, mixed or wholly private.
- The website should give:
 - i. the name and geographic address at which the dental service is provided
 - ii. contact details of the dental service, including e-mail address and telephone number
 - iii. the GDC's address and other contact details, or a link to the GDC website
 - iv. details of the practice's complaints procedure and information about who patients may contact if they are not satisfied with the response (namely the relevant NHS (or equivalent) body for NHS treatment and the Dental Complaints Service for private treatment)
 - v. the date the website was last updated

We also looked at opening hours, fees, and the availability of choice about the gender of dentists. The survey was carried out during the period 12-20 August 2017.

²⁸ [https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20\(Sept%202013\).pdf](https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20(Sept%202013).pdf)

The data

40 practices were listed on the Healthwatch York website. 27 websites were included in the survey. Of these websites, one reflected 3 of the listed practices and another reflected 2. These groups were essentially the same clinical personnel operating across different surgeries, and so the 27 websites reflected 30 of the 40 listed practices.

There were 10 practices not covered in the survey. These either offered specialist services only, such as orthodontics, implants or cosmetic services, but not general dentistry, seemed to no longer be operating, or, didn't appear to have a website.

Results

GDC recommended information

Private and NHS dentistry

Of the 27 websites, 18 described their practice as wholly private, 8 were mixed and 1 was unclear.

Of the 8 practices who described themselves as mixed, only 2 stated that they were currently accepting new NHS patients. One further practice would accept children only (apparently of existing patients). A further 2 operated a waiting system should vacancies for new NHS patients arise.

All were accepting new private patients, except one that was accepting no new patients at all.

Contact details

All 27 websites gave their practice address (or addresses) and telephone number, and 20 gave an email address. Of those who did not

give an email address, some gave a contact form that could be used online.

Link to the GDC

A minority, (13 out of 27) gave an address or link for the GDC. Only 2 of the 8 mixed practices did so.

Complaints

Only 15 out of 27 (5 of 8 mixed) had details of a complaints procedure. All but one of these 15 gave details of where patients could go if they were not satisfied with the outcome of their complaint.

None of the websites gave a precise date when the website was last updated, although some were clearly more up to date than others. Year of creation of the website was often given but this does not indicate precisely how up to date the content is.

Other information of relevance to patients:

Opening hours

Most websites (25 out of 27) listed opening hours. A minority (11) had at least one late evening (surgery open after 6.00pm). Only 1 had regular Saturday opening but 8 offered Saturday appointments by arrangement.

Emergency Appointments

20 websites mentioned the availability of emergency appointments. In only 8 of these was it made explicit that such appointments were available to patients not registered with the practice. In these cases charges were specified.

Fees

20 practices listed up to date private fees, and often also gave details of payment plans. 5 out of 8 of the mixed practices gave NHS fees.

The dental team

Most websites included introductions to the staff, along with the required GDC registration numbers.

- Mixed practices tended to have larger numbers of staff.
- 45% of dentists were female. There were 4 practices with no female dentist, and 2 with no male dentist.
- Almost all hygienists, dental nurses, technicians, receptionists and other administrative staff were female.
- 13% of dentists qualified in EU countries, although almost half of these were in one practice.

Procedures

Many sites gave details of procedures offered by the practice such as dental implants, tooth whitening, cosmetic dentistry and sedation. No analysis has been made of this information, but clearly it is of use to patients.

Summary and Overview

Most dental practices in York had websites and, in general, (though not universally) the websites were easy to navigate and provided useful information for patients about the location of the practice, the dental team, how to make contact, fees, opening hours, the procedures available, and whether it was possible to get emergency appointments. All of the websites complied with GDC guidelines in giving their address and telephone number, but a minority did not give an email address. Only around half of websites gave an address or link to the GDC. A substantial minority did not give details of a complaints procedure, or information about the independent organisations to whom dissatisfied patients could complain. To omit this information is not in accordance

with GDC guidelines. Giving quotes from patient feedback on the website is not a substitute.

Investigation of CQC lists in October 2017 uncovered one further dentist in York not listed on the Healthwatch website. The website for this practice was limited. It did not state explicitly whether the practice was private or mixed but from the description it appeared to be private. No fees were given. There was no link to the GDC website, nor any details of a complaints procedure.

Practices with late evening opening, or Saturday appointments by arrangement could be found but they were in the minority. Most, but not all, private practices gave up to date lists of pay as you go fees and varying amounts of detail about payment plans.

It is clear that access to NHS dentistry in York is extremely limited, although not wholly non-existent (if the information on websites is correct). As websites rarely, if ever, gave the date when they were most recently updated it is difficult to assess whether information is current.

Appendix 3: Access to NHS dental services – successfully obtained a dental appointment 2015/16 data for England, Public Health England

<https://fingertips.phe.org.uk/profile/comm-assets/data#page/3/gid/1000031/pat/6/par/E12000003/ati/102/are/E06000014/iid/92785/age/1/s ex/4>

Access to NHS dental services - successfully obtained a dental appointment (2015/16)			
	Area	Count	Value (%) (Ranked lowest to highest)
	England	217,159	94.7
1	City of London	20	83.3
2	Isles of Scilly	10	84.9
3	Camden	693	86.3
4	North Lincolnshire	615	88.4
5	Newham	1,016	88.4
6	Bradford	2,061	88.7
7	Tower Hamlets	825	88.9
8	Blackburn with Darwen	533	89.3
9	Leicester	1,289	89.9
10	Derby	957	90.1
11	Waltham Forest	891	90.2
12	Redbridge	1,022	90.3
13	Brighton and Hove	1,115	90.4
14	Manchester	1,971	90.5
15	Bolton	1,166	90.8
16	Haringey	899	90.8
17	Kensington and Chelsea	420	90.8
18	Isle of Wight	581	91.1
19	Brent	1,096	91.5
20	Hackney	907	91.7
21	Enfield	1,107	92.2
22	Peterborough	650	92.3
23	Barking and Dagenham	678	92.3

Access to NHS dental services - successfully obtained a dental appointment (2015/16)			
	Area	Count	Value (%) (Ranked lowest to highest)
24	York	883	92.5
25	Milton Keynes	816	92.6
26	Slough	474	92.7
27	Tameside	961	92.7
28	Cumbria	1,869	92.7
29	Medway	983	92.8
30	Reading	552	92.8
31	Salford	986	92.8
32	Rutland	117	92.9
33	Bristol	1,811	92.9
34	Bury	759	92.9
35	Hounslow	949	92.9
36	Wandsworth	1,110	92.9
37	Barnet	1,214	93.0
38	Telford and Wrekin	691	93.1
39	Ealing	1,312	93.1
40	Central Bedfordshire	1,147	93.2
41	Oldham	908	93.2
42	Leeds	3,276	93.2
43	Croydon	1,307	93.2
44	Cornwall	2,248	93.3
45	Rochdale	860	93.4
46	Kingston upon Thames	625	93.4
47	Islington	762	93.5
48	Calderdale	918	93.7
49	Kent	5,194	93.7
50	Lincolnshire	3,070	93.7
51	Plymouth	1,053	93.8
52	Greenwich	870	93.8
53	Birmingham	4,201	93.9
54	Kirklees	1,817	93.9

Access to NHS dental services - successfully obtained a dental appointment (2015/16)			
	Area	Count	Value (%) (Ranked lowest to highest)
55	Bromley	1,064	93.9
56	Lambeth	1,270	93.9
57	Westminster	671	93.9
58	Blackpool	583	94.0
59	Northamptonshire	3,094	94.0
60	North Yorkshire	2,395	94.0
61	West Sussex	3,008	94.0
62	Bath and North East Somers...	650	94.1
63	Richmond upon Thames	604	94.1
64	Harrow	846	94.2
65	Derbyshire	3,294	94.2
66	Surrey	3,779	94.2
67	Wakefield	1,535	94.3
68	Hammersmith and Fulham	630	94.3
69	Dorset	1,718	94.3
70	Southwark	1,108	94.4
71	North East Lincolnshire	654	94.5
72	Cambridgeshire	2,613	94.5
73	Bracknell Forest	428	94.7
74	Portsmouth	714	94.7
75	Lancashire	4,872	94.7
76	Shropshire	1,239	94.8
77	Wiltshire	1,687	94.8
78	Liverpool	1,964	94.8
79	Solihull	901	94.8
80	Hillingdon	1,028	94.8
81	Merton	687	94.8
82	Bournemouth	793	94.9
83	Newcastle upon Tyne	1,282	94.9
84	Walsall	1,027	94.9
85	Nottingham	1,336	95.0

Access to NHS dental services - successfully obtained a dental appointment (2015/16)			
	Area	Count	Value (%) (Ranked lowest to highest)
86	Sefton	1,365	95.0
87	Lewisham	1,117	95.0
88	East Sussex	2,158	95.1
89	Norfolk	3,918	95.1
90	Poole	577	95.2
91	Bexley	861	95.3
92	Sutton	720	95.3
93	Stockport	1,347	95.4
94	Knowsley	679	95.4
95	Havering	994	95.4
96	East Riding of Yorkshire	1,477	95.5
97	Luton	801	95.5
98	Thurrock	613	95.5
99	Southampton	963	95.5
100	Cheshire East	1,634	95.5
101	Bedford	698	95.5
102	Devon	3,209	95.6
103	Stockton-on-Tees	930	95.8
104	Warrington	942	95.8
105	Windsor and Maidenhead	529	95.8
106	Sheffield	2,614	95.8
107	Hampshire	5,248	95.8
108	Nottinghamshire	3,514	95.8
109	Warwickshire	2,465	95.8
110	Hertfordshire	4,514	95.9
111	Oxfordshire	2,503	95.9
112	North Somerset	867	96.0
113	Trafford	950	96.0
114	Wirral	1,519	96.0
115	West Berkshire	581	96.1
116	Gloucestershire	2,023	96.2

Access to NHS dental services - successfully obtained a dental appointment (2015/16)			
	Area	Count	Value (%) (Ranked lowest to highest)
117	Torbay	596	96.3
118	Wokingham	579	96.3
119	Sandwell	1,272	96.4
120	Herefordshire	799	96.5
121	Suffolk	3,188	96.5
122	Darlington	480	96.6
123	Kingston upon Hull	1,121	96.7
124	Cheshire West and Chester	1,543	96.7
125	County Durham	2,348	96.8
126	Barnsley	1,069	96.8
127	Essex	6,372	96.8
128	Staffordshire	3,700	96.8
129	Stoke-on-Trent	1,137	96.9
130	South Gloucestershire	1,281	97.0
131	Swindon	758	97.0
132	Wigan	1,501	97.0
133	Rotherham	1,204	97.0
134	Leicestershire	2,875	97.0
135	Worcestershire	2,393	97.0
136	Somerset	2,420	97.1
137	North Tyneside	892	97.2
138	Sunderland	1,273	97.2
139	Buckinghamshire	1,798	97.2
140	Halton	632	97.3
141	Doncaster	1,416	97.3
142	South Tyneside	717	97.3
143	Wolverhampton	1,137	97.3
144	Middlesbrough	698	97.4
145	St. Helens	848	97.4
146	Southend-on-Sea	727	97.5
147	Hartlepool	438	97.6

Access to NHS dental services - successfully obtained a dental appointment (2015/16)			
	Area	Count	Value (%) (Ranked lowest to highest)
148	Redcar and Cleveland	659	97.7
149	Coventry	1,422	97.7
150	Northumberland	1,422	97.8
151	Dudley	1,422	97.8
152	Gateshead	945	98.8
153	Bedfordshire CC	-	-

Contact us:

- Post: Freepost RTEG-BLES-RRYJ
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15 Priory Street
York YO1 6ET
- Phone: 01904 621133
- Mobile: 07779 597361 – use this if you would like to leave us a text or voicemail message
- E mail: healthwatch@yorkcvs.org.uk
- Twitter: @healthwatchyork
- Facebook: Like us on Facebook
- Web: www.healthwatchyork.co.uk

York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office.

If you would like this report in any other format, please contact the Healthwatch York office.

Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 7 March 2018 - West Offices

Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
Theme: All themes: Wider Determinants of Health (lead HWBB Member: Sharon Stoltz)			
Reducing Health Inequalities through Cultural Commissioning	<u>York Museums Trust</u> Michael Turnpenny <u>Cultural Consortium</u> Anna Bialkowska	<u>City of York Council</u> Sharon Stoltz	<ul style="list-style-type: none"> For HWBB members to consider how health inequalities can be reduced through cultural commissioning
Report from North Yorkshire Fire and Rescue Service	<u>North Yorkshire Fire and Rescue Service</u> Owen Hayward	<u>City of York Council</u> Martin Farran	<ul style="list-style-type: none"> To discuss opportunities for collaborative working with a focus on prevention; early intervention and reducing demand on statutory services
Other Business			
Pharmaceutical Needs Assessment (PNA)	<u>City of York Council</u> Sharon Stoltz	<u>City of York Council</u> Fiona Phillips Jennifer Saunders	<ul style="list-style-type: none"> To receive a new PNA for the city covering the period 2018-21
Healthwatch York's Report on Dental Services	<u>Healthwatch York</u> Siân Balsom	<u>NHS England</u> Gillian Laurence <u>City of York Council</u> Sharon Stoltz	<ul style="list-style-type: none"> To receive a Healthwatch York report on dental services

Health and Wellbeing Board – Meeting Work Programme 2017/18

Wednesday 9 May 2018 - West Offices			
Item/Topic	Lead Organisation & Officer	Other Contributing Organisations & Participants	Scope
Theme: Wrap up Meeting – content of agenda to be confirmed			
Performance Management	<u>TBC</u>		<ul style="list-style-type: none"> To receive a performance and monitoring update in relation to the Joint Health and Wellbeing Strategy
Other Business			
Update from the HWBB Steering Group	<u>City of York Council</u> Sharon Stoltz		<ul style="list-style-type: none"> Update from the HWBB Steering Group
			<ul style="list-style-type: none">