

Notice of a public meeting of Health and Wellbeing Board

To: Councillors Cunningham (Chair), Looker, Cuthbertson

and Wiseman

Julie Hotchkiss Acting Director of Public Health,

City of York Council

Guy Van Dichele Director of Adult Social Care,

City of York Council

Jon Stonehouse Director of Children's Services,

Education and Skills, City of York

Council

Tim Madgwick Deputy Chief Constable, North

Yorkshire Police

Luke Barnett Chief Executive, York Centre for

Voluntary Service

Siân Balsom Manager, Healthwatch York

Matt Neligan Director of Operations, NHS

England

Chris Butler Chief Executive, Leeds and York

Partnership NHS Foundation Trust

Patrick Crowley Chief Executive, York Teaching

Hospital NHS Foundation Trust

Dr Mark Hayes Chief Clinical Officer, Vale of York

Clinical Commissioning Group

(CCG)

Rachel Potts Chief Operating Officer, Vale of

York Clinical Commissioning Group

(CCG)

Mike Padgham Chair of Independent Care Group

Date: Wednesday, 11 March 2015

Time: 4.30 pm

Venue: The George Hudson Board Room - 1st Floor West

Offices (F045)

AGENDA

1. Introductions

The Vale of York Clinical Commissioning Group have nominated Michelle Carrington, Chief Nurse, as one of their Substitute members on the Health & Wellbeing Board. Please can they confirm this Substitute appointment to enable Michelle to take part in today's meeting and future meetings, as required.

2. 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.

3. Minutes (Pages 5 - 12)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on 21 January 2015.

4. 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 **Tuesday 10 March 2015** at **5.00 pm**

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

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5. Patient Story

A previous user of Mental Health services will be in attendance to discuss his past experiences with the Board.

- 6. Governance and Assurance Arrangements for the Health Protection Function of City of York Council (Pages 13 30) The Health and Wellbeing Board is asked to note and endorse the proposed direction of travel for the implementation of the assurance arrangements for health protection for the City of York.
- 7. Annual Report of the Mental Health and Learning
 Disabilities Partnership Board (Pages 31 62)
 This report presents the Board with the Annual Report of the
 Mental Health and Learning Disabilities Partnership Board
 (MHLD PB). The Chair of the Partnership Board will be in
 attendance at the meeting to present the report.

- 8. Engagement and Consultation (Pages 63 80)
 This report presents the Health and Wellbeing Board with information on a selection of engagement events held to date and their findings. It also sets out guidance and advice on future
 - and their findings. It also sets out guidance and advice on future engagement and consultation and suggestions for the direction that the Health and Wellbeing Board may wish to take.
- **9. Final Pharmaceutical Needs Assessment** (Pages 81 236) This report presents the final Pharmaceutical Needs Assessment for adoption by the Board.
- 10. Winterbourne Review Update (Pages 237 244)
 This item updates the Board following the previous report to the Health and Wellbeing Board on 8 October 2014 and details the work undertaken by the NHS Partnership Commissioning Unit
- 11. Operational Plan 2015/16 for Vale of York Clinical Commissioning Group (Pages 245 250)
 This report gives an overview of the Vale of York Clinical Commissioning Group's Operational Plan for 2015/16.

and City of York Council.

- 12. York Better Care Fund Update (Pages 251 254)
 This report asks the Health and Wellbeing Board to note progress made and to continue their support of the implementation and delivery of the Better Care Fund plan.
- 13. Verbal Update on Progress Made On Producing an Alcohol Strategy

The Acting Director of Public Health will update the Board on the progress made on producing an alcohol strategy.

14. Forward Plan (Pages 255 - 258)

Members are asked to consider the Board's Forward Plan for 2015/16.

15. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name- Judith Betts Telephone No. – 01904 551078 E-mail- judith.betts@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 własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

(Urdu) یه معلومات آب کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔

T (01904) 551550



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.



Health & Wellbeing Board Declarations of Interest

Julie Hotchkiss, Acting Director of Public Health

Founding Director of Deep Green Care Community CIC

Luke Barnett, Chief Executive, York CVS

York CVS holds the contract for York Healthwatch and the Independent Living Scheme

Patrick Crowley, Chief Executive of York Hospital

None to declare

Rachel Potts, Chief Operating Officer, Vale of York Clinical Commissioning Group)

None to declare

Dr Mark Hayes, Chief Clinical Officer, Vale of York Clinical Commissioning Group

Labour Prospective Parliamentary Candidate for Selby and Ainsty

Chris Butler, Chief Executive of Leeds and York Partnership NHS Foundation **Trust**

None to declare

Mike Padgham, Chair Council of Independent Care Group

- Managing Director of St Cecilia's Care Services Ltd.
- Chair of Independent Care Group
- Chair of United Kingdom Home Care Association
- Commercial Director of Spirit Care Ltd.
- Director of Care Comm LLP

Siân Balsom, Manager Healthwatch York

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













York Teaching Hospital NHS



Page 5 Agenda Item 3

City of York Council	Committee Minutes
Meeting	Health and Wellbeing Board
Date	21 January 2015
Present	Councillors Cunningham (Chair), Cuthbertson, Looker and Wiseman,
	Siân Balsom (Manager, Healthwatch York),
	Patrick Crowley (York Teaching Hospital NHS Foundation Trust),
	Dr Mark Hayes (Chief Clinical Officer, Vale of York Clinical Commissioning Group),
	Rachel Potts (Chief Operating Officer, Vale of York Clinical Commissioning Group),
	Guy van Dichele (Director of Adult Social Care, City of York Council)
	Luke Barnett (Chief Executive, York CVS)
Apologies	Chris Butler (Chief Executive, Leeds and York Partnership NHS Foundation Trust),
	Tim Madgwick (Deputy Chief Constable, North Yorkshire Police),
	Mike Padgham (Chair, Independent Care Group),
	Julie Hotchkiss, (Acting Director of Public Health, City of York Council),
	Jon Stonehouse (Director of Children's Services, Education and Skills, City of York Council)

36. Introductions

Introductions took place and the Chair introduced Councillor Looker, Cabinet Member for Education, Children and Young People and Luke Barnett, Chief Executive of York Centre for Voluntary Service, who had recently been appointed to the Board.

37. Declarations of Interest

At this point in the meeting Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing declarations attached to the agenda papers, that they might have had in the business on the agenda.

Luke Barnett declared a standing personal interest as the Chief Executive of York Centre for Voluntary Service (CVS) which holds the contract for Healthwatch York and the Independent Living Scheme.

No other interests were declared.

38. Minutes

Resolved: That the minutes of the Health and Wellbeing Board

held on 3 December 2014 be signed and approved

as a correct record by the Chair.

39. Public Participation

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

George Wood spoke about his work as a lay person in the development of York's Joint Strategic Needs Assessment since 2012 and made a number of comments in relation to Health and Wellbeing Inequalities and the journey that this had taken since first being identified as a key priority in York's Joint Strategic Needs Assessment in 2012.

The intention in the Joint Health and Wellbeing Strategy had been to establish a Partnership Board with delegated responsibility for delivering one of the Joint Health and Wellbeing Strategy's priorities to "reduce health inequalities" but this did not happen. The work had now fallen within wider equalities work and the remit of the Fairness Equalities Board, a sub partnership of the Without Walls Board.

However, he felt that the issues and solutions for health inequalities were both complex and so asked if the Board had any responsibility for the implementation of the health inequalities agenda and what arrangements it had in place to report on its progress.

40. Public Health England-Sugar

Alison Patey, the Health and Wellbeing Lead for Yorkshire from Public Health England gave the Board a Power Point presentation on sugar reduction.

She reported that Yorkshire was the fourth worst region in England for tooth decay. In relation to obesity levels in Year 6 the figure in York was 22.8% as opposed to 28.6 % nationally, however this was an increase from reception year. She therefore felt something was happening before the children reached Year 6 and that this tallied with consumption of sugar.

Discussion took place between Board Members during which the following points were raised;

- The confusing nature of advice available, i.e. sugar substitutes and sugar free.
- There was a greater need for clearer measurements and simple guidance for things such as Recommended Dietary Allowance (RDA).
- There was an emotional dimension about the pressure put on food.
- There was an avoidance of proactive action for fear of being labelled as a "nanny state". However, if not buying sugary cereals was shown as a way of saving money this could have more successful results.
- Caution needed to be taken that any advice given was independent and not commercially sponsored.

The Chair, on behalf of the Board, thanked Alison for her presentation.

Resolved: That the contents of the presentation be noted.

Reason: To ensure that the Board are kept informed of the role

that sugar plays in public health.

41. Annual Report (2013/14) of the Collaborative Transformation Board

The Board received the Annual Report of the Collaborative Transformation Board (CTB).

The Chair of the Board and Director of Adult Social Care, Guy van Dichele, presented the report. He informed the Board how there was a need to look at the CTB's accessibility and that this would form the basis of a future report to the Board.

One Board Member urged caution on governance issues that had been detailed in the reports, particularly in relation to Care Hubs and the Joint Delivery Group that reported up to the Collaborative Transformative Board.

Resolved: That the Annual Report of the Collaborative

Transformation Board (CTB) be noted.

Reason: To keep HWBB appraised of the work of CTB.

42. Better Care Fund Update

The Board received a report which updated them with the position on York's submission of the initial plan for the Better Care Fund (BCF).

Dr Mark Hayes, the Chief Clinical Officer from the Vale of York Clinical Commissioning Group, commented that he had heard verbally that the expected result from NHS England of York's Better Care Fund plan for 2015 was 'approved with support'. He explained that the CCG was applying to be a 'vanguard' site and expressions of interest will be submitted by February for further social care integration.

Patrick Crowley, the Chief Executive of York Hospital, spoke about the plan to reduce non elective admissions by 11.7 % in respect of the recent hospital crisis. In order to prevent increasing admissions and to be able to continue care outside he felt that it was key to make sure that care was not deferred. He felt the care hub model was the right way forward but it would be remiss of the Board to forget that the demands and assumptions placed on them in the delivery of this were risky.

Resolved: That the update be noted and that the Board continue to support the implementation of the Better Care Fund plan.

Reason: To be kept informed of progress on the Better Care Fund programme.

43. Joint Strategic Needs Assessment (JSNA) Update

The Board received a report which provided them with an update on progress on the JSNA since they last met in December 2014. Recommendations arising from the process to date were detailed in Annex A which accompanied the report, along with proposed leads.

It was reported that York LGBT Forum and Healthwatch had currently been conducting some work on Recommendation 2 which included working with local service providers to ensure that they record information on protected characteristics (in this particular case) about their staff and clients/patients, such as gender re-assignment, civil partnership, gender and sexual orientation, in order to inform service provision to reduce health inequalities. The Chair suggested that perhaps a scrutiny committee could investigate further into this issue.

The Board suggested that wording at Recommendation 8 around Stroke, Transient Ischemic Attacks and vascular diseases which can lead to stroke be amended to reflect that the lead on this responsibility should be taken collectively by both the CCG and York Hospital.

Resolved: (i) That the report be noted and that the responsibility for each of the JSNA recommendations as set out in Annex A to this report be agreed.

(ii) That lead responsibility for the recommendation around Stroke, Transient Ischemic Attacks and vascular diseases which can lead to stroke be collectively assumed by both Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust.

Reason: To update the Board on progress made with the

JSNA.

44. NHS Vale of York Clinical Commissioning Group (CCG)-Planning Refresh-Verbal Report

The Board received a verbal report from the Chief Operating Officer from NHS Vale of York Clinical Commissioning Group on the refresh of their 5 year strategic plan. She informed the Board that their refresh would continue to focus on the integration of care and further improvement of mental health and improvement on health inequalities. A refreshed plan would be presented to the Board at their next meeting.

Resolved: That the verbal updated be noted.

Reason: So that the Board is kept appraised of the very latest

information from NHS Vale of York Clinical

Commissioning Group in relation to the refresh of

their 5 year strategic plan.

45. Forward Plan

Board Members were asked to consider the Board's Forward Plan for 2014-15 and were invited to put forward items for inclusion on the plan.

The Chair suggested that regular reports be brought from the Fairness and Equalities Board, but that Board Members should also examine what roles they wanted to discharge to that Board.

The Chief Executive of York Hospital also suggested that it would be useful to have a time in each Board meeting to give each partner the chance to share with the Board what activities they had been undertaking and what their current situation was.

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Finally the Board were informed that there would be a Development Session on 2 February.

Resolved: That, subject to the inclusion of the items detailed above, the Board's Forward Plan be approved.

Reason: To ensure that there is a planned programme of work in place.

Councillor L Cunningham, Chair [The meeting started at 4.30 pm and finished at 5.50 pm].





Health and Wellbeing Board

11 March, 2015

Report of Acting Director of Public Health, City of York Council

Governance and Assurance Arrangements for the Health Protection Function of City of York Council

Summary

- 1. The Health and Wellbeing Board is asked to note and endorse the proposed direction of travel for the implementation of the assurance arrangements for health protection for the City of York. It is recommended that this responsibility be exercised by creating a local Health Protection Assurance Board, which shall be accountable to the local authority through the Director of Public Health (DPH) and the Health and Wellbeing Board.
- 2. The Acting Director of Public Health and the Interim Consultant in Public Health will present the report alongside supporting PowerPoint slides.

Background

- 3. Reduction in the harm caused by the spread of communicable diseases and the health impact from environmental hazards such as chemicals and radiation are included in the health protection role of the Director of Public Health (DPH). Harms include not only infections arising from bacteria and viruses, but consequences such as cancer or childhood developmental problems. Activities to help mitigate these harms include immunisation and screening programmes (most notably, cancer screening and child development).
- 4. Since the 1st April 2013, the City of York Council has a new health protection duty under Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006. This is in addition to the existing health protection functions and statutory powers delegated to local

authorities under the Public Health (Control of Disease) Act 1984, the Health and Social Care Act (2008), the Health and Safety at Work Act (1974) and the Food Safety Act (1990).

- 5. According to these Regulations, the DPH has responsibility for the strategic leadership of health protection for the local authority. The DPH, on behalf of their local authority, should be absolutely assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. According to the above Regulations, this should be exercised by forming a local Health Protection Committee (accountable to the Health and Wellbeing Board) and preparing a multi-agency health protection agreement and forward plan
- 6. The scope of health protection, which the Council must now have oversight over, is very broad. The key areas of health protection are:
 - Emergency preparedness and incident response
 - Identifying, enumerating and protecting the vulnerable population at risk (a group which varies depending on the hazard).
 - Communicable disease management. There are 32 diseases notifiable to local authority Proper Officers under the Health Protection (Notification) Regulations 2010.
 - · Management of other health protection incidents e.g.
 - Environmental hazards
 - Meningococcal disease
 - Vaccine preventable diseases
 - Seasonal influenza (flu)
 - Chemical, radiation and terrorist incidents
 - Major incidents causing disruption to access to health facilities
 - Mass casualty events
 - Infection prevention and control in health and social care, including healthcare acquired infections, communicable disease and infection prevention and control standards in community settings.
 - Public health cancer and non-cancer screening programmes, including:
 - Breast cancer
 - Cervical cancer
 - Colon cancer
 - Abdominal Aortic Aneurysm

- Diabetic Eye
- Antenatal and newborn (see appendix 1)
- Immunisation (see appendix 2):
 - Routine immunisation programmes
 - Targeted immunisation programmes such as BCG, neonatal Hepatitis B
- Tuberculosis (TB)
- Contraception and Sexual Health, including Sexually Transmitted Infections
- Blood-borne virus disease prevention: HIV, Hepatitis A, B, C and E
- Surveillance, alerting and tracking of patterns of disease
- Information and advice
- Health protection training
- 7. In addition to the Council there are a number of other agencies which exercise health protection functions in relation to the city either as a commissioner or provider. The key agencies include:
 - Public Health England
 - NHS Vale of York Clinical Commissioning Group
 - NHS England Local Area Team for Yorkshire and The Humber
 - Primary care providers e.g. GP Practices
 - The regional Boards that oversee quality for each programme
 - Secondary care providers e.g. York Teaching Hospital NHS Foundation Trust
- 8. The potential of the risks encompassed within these programmes can be better appreciated when the number of contacts are calculated. It is estimated that there are <u>annually</u> at least 61,000 individuals invited for immunisations across the city, and over 70,000 people invited for screening. This represents over 2,500 contacts per week.
- 9. Each programme requires a complex series of inter-dependent activities, reminders, quality control mechanisms, and also special interventions to address gaps in hard-to-reach groups or those in special need. Given the complex nature of the programmes, their range and number, and the numerous people & organisations involved in delivery and in receipt of the interventions, experience suggests that there are numerous daily infractions and errors within the total "system". In the vast majority of cases, these are minor and easy to rectify, but occasional issues will be more serious.

Local knowledge and relationships is important in addressing these, and also having a high degree of trust so that preventative action can be taken sooner rather than later following early notification.

10. It is also worth remembering that the individuals receiving these interventions mostly regard themselves as healthy. Though the interventions are designed to protect the population e.g. through herd immunity, at an individual level harm can result as a natural consequence of a programme which cannot ever be 100% accurate or effective for everyone.

Main/Key Issues to be Considered

- 11. The nature of the guidance above, and the complex and numerous programmes that are undertaken, requires there to be a robust understanding of the issues as well as plans to mitigate known failings, and manage untoward incidents
- 12. It is proposed that a Health Protection Assurance Board be set up (see Appendix 3, for draft Terms of Reference), chaired by the DPH, and accountable to the City of York Council with an annual assurance report to the Health and Wellbeing Board which outlines the key issues and how they were addressed. That Board would manage and maintain a register of risks and action plans that support the assurance process.
- 13. The purpose of the Health Protection Assurance Board is to provide assurance on behalf of the population of York that there are safe, effective and well-tested plans in place to protect the health of the population. These plans cover communicable disease control, infection prevention and control, emergency planning, sexual health, environmental health, and screening and immunisation programmes.
- 14. The Health Protection Assurance Board will undertake the following:
 - Quality check and risk assure current and emerging health protection plans on behalf of the local population for City of York Council.
 - Provide a forum for reviewing all local health protection plans and identifying risks and opportunities for joint action

- Provide recommendations (on behalf of York Health and Wellbeing Board) regarding the strategic/operational management of risks to health.
- Escalate concerns where necessary via both internal (Health and Wellbeing Board and Directorate Management Teams) and external (e.g. Local Health Resilience Partnership) structures.
- Provide oversight of the public health outcomes related to health protection.
- Set and recommend to the York Health and Wellbeing Board a strategy for health protection
- Ensure health protection issues are adequately covered in the Joint Strategic Needs Assessment
- Influence local commissioning through the Joint Strategic Needs Assessment recommendations.
- Align proactive and reactive communication across all organisations

Consultation

15. No consultation has taken place on this paper, as it is about providing assurance to support the statutory role of the DPH, and follows best practice guidance.

Options

- 16. Alternatives considered include:
 - Amalgamating with an adjoining local authority to pool limited resources
 - Attending individual Programme Boards and visiting organisations commissioning and delivering programmes to build an understanding of issues

Analysis

17. Pooling of resources across different local authorities appears to be an attractive way of reducing duplication.

The accountability and local detail required for assurance becomes more difficult and unclear. Similar local authorities in size and complexity to City of York have implemented their own Health

- Protection Committees in order to implement best practice guidance.
- 18. Given the numerous different programme boards and delivery organisations, it would be unfeasibly expensive and a poor use of scarce resource to visit and join all other Boards, rather than have those Boards report to the local Health Protection Assurance Board.
- 19. It is therefore recommended that the creation of a City of York Health Protection Assurance Board is the most cost-effective and accountable way to discharge this function.

Implications

20. There is no dedicated health protection expertise within the public health team at present, but plans are in place to recruit a substantive DPH and 1.6 wte Consultants in Public Health (giving a pool of 2.6 wte Public Health Specialists) who will have the expertise and experience to enable Health Protection incidents to be dealt with at all times, and to provide assurance to the Health and Wellbeing Board and the Council.

Risk Management

21. The purpose of this proposal is to provide an effective mechanism of identifying and addressing risks arising from health protection issues which has not previously been identified.

Recommendations

- 22. The Health and Wellbeing Board are asked to note the risks and complexity of the health protection responsibilities of the DPH and agree to
 - support the creation of a Health Protection Assurance Board in the terms described

Reason: To ensure that health protection responsibilities are adequately undertaken.

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Contact Details

Author: Chief Officer Responsible for the

report:

Dr Sohail S Bhatti Julie Hotchkiss

Interim Consultant of Public Acting Director of Public Health

Health City of York Council
City of York Council Tel: 01904 555761

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Report Date 21.02.2015
Approved

Specialist Implications Officer(s) None

Wards Affected: All

For further information please contact the author of the report

Background Papers:

Directors of Public Health in Local Government: Guidance www.fph.org.uk/uploads/DPH_Guidance_Final_v6.pdf

Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

https://www.gov.uk/government/uploads/system/uploads/attachment_da ta/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

Cancer Screening Programmes http://www.cancerscreening.nhs.uk/

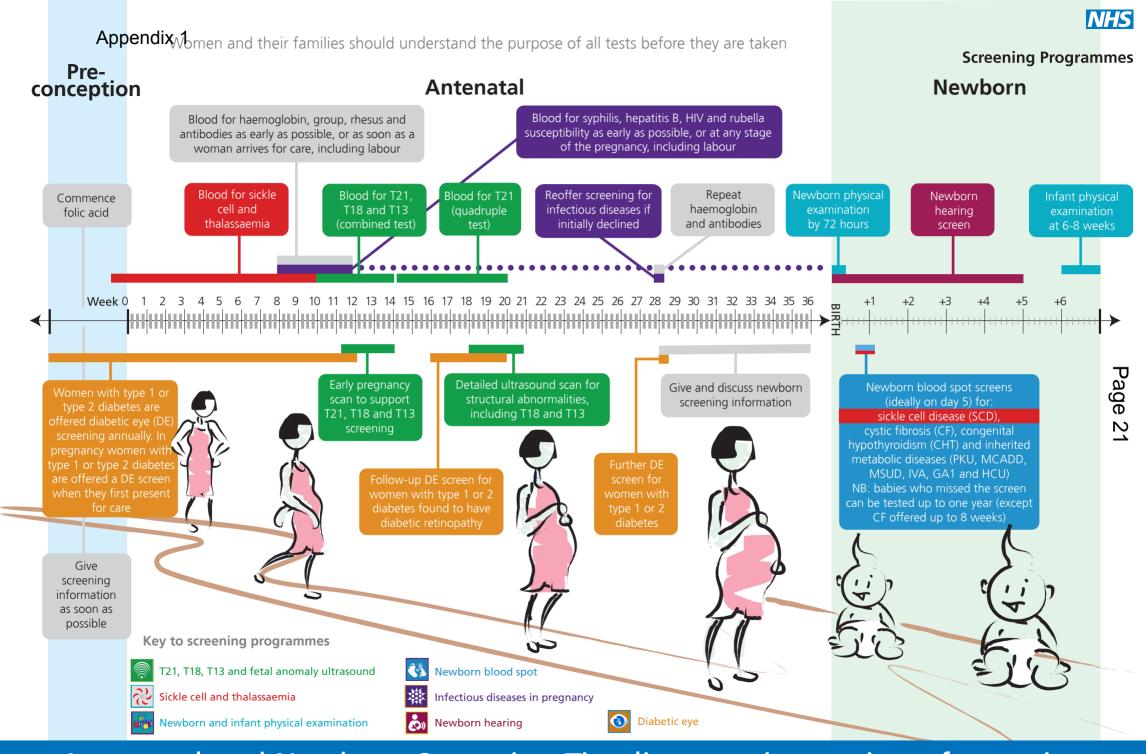
Annexes

Appendix 1 – Antenatal and Newborn Screening Timeline

Appendix 2 - The complete routine immunisation schedule from summer 2014

Appendix 3 – Draft Terms of Reference of the City of York Health Protection Assurance Board





Antenatal and Newborn Screening Timeline - optimum times for testing





The complete routine immunisation schedule from summer 2014

When to immunise	Diseases protected against	Vaccine given	Immunisation site ¹
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib (Pediacel or Infanrix IPV Hib) ²	Thigh
	Pneumococcal disease	PCV (Prevenar 13)	Thigh
	Rotavirus	Rotavirus (Rotarix)	By mouth
	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib (Pediacel or Infanrix IPV Hib)	Thigh
Three months old	Meningococcal group C disease (MenC)	Men C (NeisVac-C or Menjugate) ²	Thigh
	Rotavirus	Rotavirus (Rotarix)	By mouth
Four months old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib (Pediacel or Infanrix IPV Hib)	Thigh
	Pneumococcal disease	PCV (Prevenar 13)	Thigh
Between 12 and 13	Hib/MenC	Hib/MenC (Menitorix)	Upper arm/thigh
months old – within a month of the first birthday	Pneumococcal disease	PCV (Prevenar 13)	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR (Priorix or MMR VaxPRO) ²	Upper arm/thigh
Two, three and four years old ³	Influenza ⁴ (from September)	Flu nasal spray (Fluenz Tetra) (annual) (if Fluenz unsuitable, use inactivated flu vaccine)	Nostrils Upper arm
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV (Infanrix IPV or Repevax) ²	Upper arm
	Measles, mumps and rubella	MMR (Priorix or MMR VaxPRO) (check first dose has been given) ²	Upper arm
Girls aged 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (Gardasil)	Upper arm
A	Tetanus, diphtheria and polio	Td/IPV (Revaxis), and check MMR status	Upper arm
Around 14 years old	MenC ⁵	MenC (Meningitec, Menjugate or NeisVac-C) ^{2 5}	Upper arm
65 years old	Pneumococcal disease	PPV Pneumococcal polysaccharide vaccine (Pneumovax II)	Upper arm
65 years of age and older	Influenza ⁴	Flu injection (annual)	Upper arm
70 years old	Shingles (from September)	Shingles (Zostavax) Upper arm (subcutaneous)	

Immunisations for those at risk⁶

At birth, 1 month old, 2 months old and 12 months old	Hepatitis B	Нер В	Thigh
At birth	Tuberculosis	BCG	Upper arm (intradermal)
Six months up to two years	Influenza ⁴	Inactivated flu vaccine (annual)	Upper arm/thigh
Two years up to under 65 years	Pneumococcal disease	PPV Pneumococcal polysaccharide vaccine (Pneumovax II)	Upper arm
Over two up to less than 18 years	Influenza ⁴ (from September)	Flu nasal spray (Fluenz Tetra) (annual) (if Fluenz unsuitable, use inactivated flu vaccine)	Nostrils Upper arm
18 up to under 65 years	Influenza ⁴	Inactivated flu vaccine (annual)	Upper arm
From 28 weeks of pregnancy ⁷	Pertussis	dTaP/IPV (Boostrix-IPV) ⁸	Upper arm

¹ Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book. All vaccines are given intramuscularly unless stated otherwise.



²Where two or more products to protect against the same disease are available, it may, on occasion be necessary to substitute an alternative brand.

³This is defined as children aged two, three or four year (but not five years) on 1 September 2014.

⁴The vaccine is given prior to the flu season – usually in September and October.

⁵ Meningitec and Menjugate are currently not available to order through ImmForm – only NeisVac-C is available at the moment.

⁶ See individual chapters of the Green Book for clinical risk groups.

⁷ See CMO letter of October 2012.

 $^{^{\}rm 8}$ Repevax should continue to be used until 1 July 2014.

Vaccines for the routine immunisation schedule from summer 2014

When to immunise	Diseases protected against	Product reference	Vaccine given
	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)		Pediacel or Infanrix IPV Hib (DTaP/IPV/Hib)
Two months old	Pneumococcal disease		Prevenar 13 (PCV)
	Rotavirus		Rotarix (Rotavirus)
	Diphtheria, tetanus, pertussis, polio and Hib		Pediacel or Infanrix IPV Hib (DTaP/IPV/Hib)
Three months old	Meningococcal group C disease (MenC)		NeisVac-C or Menjugate (Men C)
	Rotavirus		Rotarix (Rotavirus)
Four months old	Diphtheria, tetanus, pertussis, polio and Hib		Pediacel or Infanrix IPV Hib (DTaP/IPV/Hib)
Four months old	Pneumococcal disease		Prevenar 13 (PCV)
Between 12 and 13 months	Hib/MenC		Menitorix (Hib/MenC)
old – within a month of	Pneumococcal disease		Prevenar 13 (PCV)
the first birthday	Measles, mumps and rubella (German measles)		Priorix or MMR VaxPRO (MMR)
Two, three and four years old	Influenza		Fluenz Tetra (Flu nasal spray) (annual) (if Fluenz unsuitable, use inactivated flu vaccine)
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio		Infanrix IPV (DTaP/IPV) or Repevax ²
	Measles, mumps and rubella		Priorix or MMR VaxPRO (MMR) (check first dose has been given)
Cervical cancer caused by human papillomavirus types 16 and 18 (and genital warts caused by types 6 and 11)			Gardasil (HPV)
Anarmad 14 reasons ald	Tetanus, diphtheria and polio		Revaxis (Td/IPV), and check MMR status
Around 14 years old	MenC ⁵		Meningitec, Menjugate or NeisVac-C (MenC) ⁵
From 28 weeks of pregnancy ⁷	Pertussis		Boostrix-IPV ⁸
65 years old	Pneumococcal disease		Pneumovax II (PPV Pneumococcal polysaccharide vaccine)
65 years of age and older	Influenza		Flu injection (annual)
70 years old	Shingles		Zostavax (Shingles)











Pediacel*

Infanrix IPV Hib*

Prevenar 13

Rotarix

Menjugate*











Infanrix IPV*

NeisVac-C*

Menitorix

Priorix*











Gardasil

Revaxis

Fluenz Tetra

Boostrix-IPV

Zostavax

*NB Where two or more products to protect against the same disease are available, it may, on occasion be necessary to substitute an alternative brand. Influenza vaccine is free to all children aged two, three and four years, those aged 6 months to under 18 years in at-risk groups, and those in flu vaccination programme pilot areas. Flu vaccine for these groups only, and all the other vaccines listed above, except Pneumovax II for those aged 65, are available free of charge at www.lmmForm.dh.gov.uk.



City of York Health Protection Assurance Board Draft Terms of Reference

Reporting to:	City of York Health and Wellbeing Board
Responsible Directorate:	Public Health Directorate, City of York City Council
Approval date of TOR:	March 2015
Review date of TOR:	March 2016

1. Purpose and Scope

The role of the Health Protection Assurance Board is to support the Director of Public Health, who chairs the group, to carry out their statutory responsibility to protect the health of the community through effective leadership and coordination, ensuring appropriate capacity and capability to detect, prevent and respond to threats to public health and safety.

The Board exists to provide assurance that there are well developed, tested, safe and effective plans in place for prevention, surveillance, planning and response with regard to the health protection issues that affect those who live, work, visit or are educated in the City of York. It also provides a route of escalation should there be specific health protection concerns, from a variety of stakeholders.

This health protection remit covers;

- Infection Prevention and Control
- Screening and Immunisations
- Communicable Disease Management including TB, blood-borne viruses, gastro-intestinal (GI) infections, seasonal and pandemic influenza
- Sexual Health
- Emergency Preparedness, Resilience and Response
- Disease/Hazard Surveillance, Alerting and Tracking
- Environmental Hazards to Health and Pollution Control.
 Including biological, chemical, radiological and nuclear, air and water quality, food safety, contaminated land
- New and emerging infections, including zoonoses but not animal health

NB: The scope of the Board would not be limited to those mentioned above.

It is anticipated that each of the health protection programmes is likely to have its own programme board covering a wider geography, typically York, North Yorkshire and the Humber, but this may not be the case in all areas. These programme boards will be monitoring the commissioned services and performance managing the providers, as well as dealing with challenges and risks that arise. It is anticipated that the chair or other representative from those boards would attend the Health Protection Assurance Board as part of the assurance process.

2. Aims and Objectives

2.1 Aim

To ensure that effective arrangements are in place and are implemented, to protect the City of York population.

2.2 Objectives

- a. Provide a forum for considering all local health protection plans, risks and identifying where there are opportunities for joint action
- b. Ensure effective health protection surveillance information is obtained, assessed and used appropriately so that appropriate action can be taken where necessary.
- c. Ensure that public health threats requiring local intervention are identified, analysed and prioritised for action to protect the public's health.
- d. Identify risks and mitigation of those risks in review of progress and action to be taken. Escalate to the appropriate management level within the Council and the Health & Wellbeing Board, as appropriate.
- e. Ensure that health threats are prevented through implementation of relevant local and national guidance and regulations to protect public's health.
- f. Review significant incidents or outbreaks, identify and share lessons learnt and make recommendations on necessary changes.
- g. Ensure that appropriate plans and policies exist to coordinate responses to public health activities, emergencies and threats.
- h. Ensure appropriate response to environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety, contaminated land incidences.
- i. Ensure appropriate governance for all health protection activities and programmes.

- j. Receive reports that demonstrate compliance with, and progress against, health protection outcomes.
- k. Ensure appropriate response to service challenges, major incidents and outbreaks
- I. Promote the importance and raise the profile of the health protection agenda among partner organisations.
- m. Quality-assure and risk-assure health protection plans on behalf of the local authority and provide recommendations regarding the strategic and operational management of these risks.
- n. Provide strategic health protection input into the City of York Joint Strategic Needs Assessment (JSNA),
- o. Enable / ensure systems are fit for purpose in achieving the desired outcomes, especially in managing the interdependencies between organisations and programmes.
- Manage emerging health protection risks in delivering effective commissioning and provision of health and social care.
- q. Reporting progress and forward planning:
- r. Review quarterly performance monitoring against agreed outcomes and standards
- s. Produce an annual assurance report for the Health & Wellbeing Board
- t. Produce an annual work programme to ensure effective health protection risk review

3. Accountability

- a. The Health Protection Board and its member agencies will report to the City of York Health and Wellbeing Board annually through an assurance statement.
- b. The DPH is accountable to the City of York City Council for discharging health protection duties of the local authority.
- 4. Strategic Linkages: to receive minutes and/or update from relevant committees/groups
 - a. Local Health Resilience Partnership and Local Resilience Forum
 - b. Joint Commissioning Group: for drugs and substance misuse in relation to hepatitis and HIV/AIDS
 - c. Public Health England: for surveillance data and outbreak control
 - d. District Infection Control Group in relation to infection prevention and control re health care associated infections
 - e. NHS England: Strategic Screening Group, Strategic Immunisation Group and local Screening Programme Boards
 - f. Seasonal flu planning
 - g. Any other groups whose work remits are linked to the health protection assurance framework.

5. Membership of Health Protection Assurance Board

The membership of the Health Protection Assurance Board will primarily comprise representatives of relevant existing health protection groups in/covering City of York. This will include a number of professional partner members who hold health protection responsibilities - principally the following groups;

- DPH (Chair)
- Public Health Consultant/ Health Protection Coordinator
- Public Health England: Consultant in Communicable Disease, or their representative
- NHS England (NHSE) Area Team Head of Public Health Commissioning or their representative
- NHSE Area Team Consultant for Screening and Immunisation or their representative
- Civil Protection Lead, City of York City Council
- NHSE, Emergency Preparedness, Resilience and Response lead
- Regulatory Services (Environmental Health lead for Air and Water Quality and Food) or their representative
- CCG Director of Infection Prevention and Control
- Representative from Sexual Health commissioning
- Representative from other groups/programme areas, where needed, to make sure all areas of risk represented

6. Quorum

It is expected that core members will attend all meetings and representation will be from the appropriate senior level. Where they cannot, an appropriately competent deputy, with the relevant skills and delegated authority, should attend in their place.

Attendance of core members to board meetings will be monitored and reported in the annual reports of the Board.

7. Frequency of meetings

Quarterly.

8. Agenda deadlines

Items to be received two weeks prior to meeting.

Agenda to be circulated one week prior to meeting.

Appendix 3

9. Minutes

Minutes will be circulated within two weeks of the meeting.

Minutes will be circulated to all members of the Health Protection Board.

10. Administration

Consultant responsible for Health Protection/Health Protection Coordinator, City of York Council.





Health and Wellbeing Board

11 March 2015

Report of the Chair of the Mental Health and Learning Disabilities Partnership Board

Annual Report 2013/14 of the Mental Health and Learning Disabilities Partnership Board to the Health and Wellbeing Board

Summary

- This report presents the Board with the Annual Report of the Mental Health and Learning Disabilities Partnership Board (MHLD PB). MHLD PB is a formalised sub-board of the Health and Wellbeing Board. The Annual Report is at **Annex A** to this report and an easy read version of the report is at **Annex B**.
- 2. The Chair of the Partnership Board will be in attendance at the meeting to present the report.

Background

3. The Joint Health and Wellbeing Strategy requires each of its subboards to report annually on progress made.

Main/Key Issues to be Considered

4. The main issues and work undertaken to date are set out in the Annual Report at **Annex A** to this report.

Consultation

5. No formal engagement on the Annual Report has taken place. However, there have been a number of engagement and consultation events held within the past 12 to 18 months that directly link to the work of MHLD PB.

Options

6. There are no specific options for the Board to consider other than to note the Annual Report at **Annex A**.

Analysis

7. There are no specific options for the Board and therefore no analysis of these is required.

Strategic/Operational Plans

8. This report relates to progress made against delivering against the Joint Health and Wellbeing Strategy, a document that the Health and Wellbeing Board are statutorily required to produce.

Implications

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

Risk Management

10. There are no known risks associated with the recommendations within this report.

Recommendations

11. The Health and Wellbeing Board are asked to note the contents of the attached Annual Report from MHLD PB.

Reason: To keep HWBB appraised of the work of Mental Health and Learning Disabilities Partnership Board.

Contact Details

Author:	Chief Officer Respor	nsible for the
Tracy Wallis	Paul Howatson	
Health and Wellbeing	Chair of Mental Health	n and Learning
Partnerships Co-ordinator	Disabilities Partnership Board	
Tel: 01904 551714	NHS Vale of York Clinical	
	Commissioning Group)
	Report	20.02.2015
	Approved	
Specialist Implications Off	ficer(s) None	
Wards Affected:	()	All 🗸
For further information ple	ease contact the autho	or of the report

Background Papers:

None

Annexes

Annex A – Annual Report 2013/14 of the Mental Health and Learning Disabilities Partnership Board

Annex B – Easy Read Annual Report 2013/14 of the Mental Health and Learning Disabilities Partnership Board



Annex A

Mental Health and Learning Disabilities Partnership Board

Working in partnership to oversee the delivery of the Mental Health and Learning Disability Elements of the Joint Health and Wellbeing Strategy

Mental Health and Learning Disabilities Partnership Board

Annual Report 2013/14

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Foreword by the Chair of Mental Health and Learning Disabilities Partnership Board

As Chair of the Mental Health and Learning Disabilities Partnership Board I am pleased to introduce the Annual Report for 2013/14.

The Board has been in existence since January 2013 and at that time was chaired by Dr Cath Snape. I succeeded the previous Chair in January 2014. I would like to take this opportunity to thank Dr Snape for her key role in shaping the Board.

In addition to this I would like to thank all Board members both past and present that have ably helped to move our agenda forward.

The Board have worked hard over this time to ensure that delivery against the 'Improving Mental Health and Intervening Early' element of the Joint Health and Wellbeing Strategy has been as co-ordinated as possible.

Looking forward into 2015 the Board will need to focus on ensuring that work continues to take place in partnership to achieve excellent outcomes for residents using services within the city. In addition to this there will be a number of challenges for the Board including progressing work around transitions with the YorOK Board and producing a comprehensive improvement plan for learning disabilities.

I look forward to working with colleagues and partners on this exciting and challenging agenda in 2015.

Paul Howatson

Senior Innovation and Improvement Manager
NHS Vale of York Clinical Commissioning Group
Chair of the Mental Health and Learning Disabilities Partnership Board

Introduction

The Mental Health and Learning Disabilities Partnership Board was established in January 2013 and has been developing and adapting ever since. Initially set up to ensure delivery against the 'improving mental health and intervening early' element of the Joint Health and Wellbeing Strategy it has, where possible widened its remit to take account of other national and local priorities.

The Joint Health and Wellbeing Strategy 2013-16 tells us that at any one time it is estimated that there are just under 26,000 York residents experiencing mental health problems such as anxiety or depression.

In addition to this, there are a range of other mental health conditions, for which prevalence estimates show that in York there are expected to be approximately:

- between 720-1480 adults who experience psychosis or schizophrenia
- 800 people who might have a learning disability of which 170 have a severe learning disability
- 850 people could experience an eating disorder such as Anorexia Nervosa or Bulimia Nervosa
- 930 people could be expected to suffer from Attention Deficit and Hyperactivity Disorder (ADHD)
- 1, 280 adults might have either an Antisocial Personality or Borderline Personality Disorders
- 1 in 10 mothers are predicted to suffer from post natal depression within a year of giving birth
- 120 people might be expected to have Down's Syndrome
- 2450 people could develop dementia

Where possible we want to be able to intervene early to address or prevent mental health problems and not just treat more severe conditions.

The Board meets on a bi-monthly basis and has opened its meetings to the public which has included a commitment to:

- publish agendas on-line five clear working days before a meeting
- offer a public participation scheme for anyone wanting to address the Board in relation to a matter on their agenda.

The pages below set out an overview of the Board's purpose more importantly a summary of the work they have focussed on since they were established in January 2013.

Role of the Board

The Mental Health and Learning Disabilities Partnership Board was established as the strategic body to oversee the delivery of the 'improving mental health and intervening early' element of the Joint Health and Wellbeing Strategy. Its overall aim is to focus on the following key principles set out within the recently refreshed Strategy:

- Increase understanding of mental health needs across the city
 - Ensure that all agencies and practitioners record and provide accurate data about mental health and can share this across relevant partners (on a confidential basis, as appropriate), building on the recommendations of the Joint Strategic Needs Assessment
- · Raise awareness of mental health and reduce stigma
 - Commit to a joint annual communication campaign for mental health: awareness of it, how to respond to it and how to promote mental wellbeing
 - Work with partners across the city on the development of the 'well at work' training for managers
- Intervene earlier and support community based initiatives
 - Work jointly to promote the delivery of more mental health first aid training in York – either from the existing national programme or develop a local model
 - Across sectors, we will jointly map the support and pathways available for people with mental health conditions, including thresholds and eligibility criteria for services
 - Support the commissioning of more community based support and services for individuals, especially early intervention and prevention work
- Ensure service planning and provision promotes choice and control
 - Review our housing policy for people with a mental health condition, to ensure the policy promotes choice and control

The Board has had scope to further define the actions within these priorities

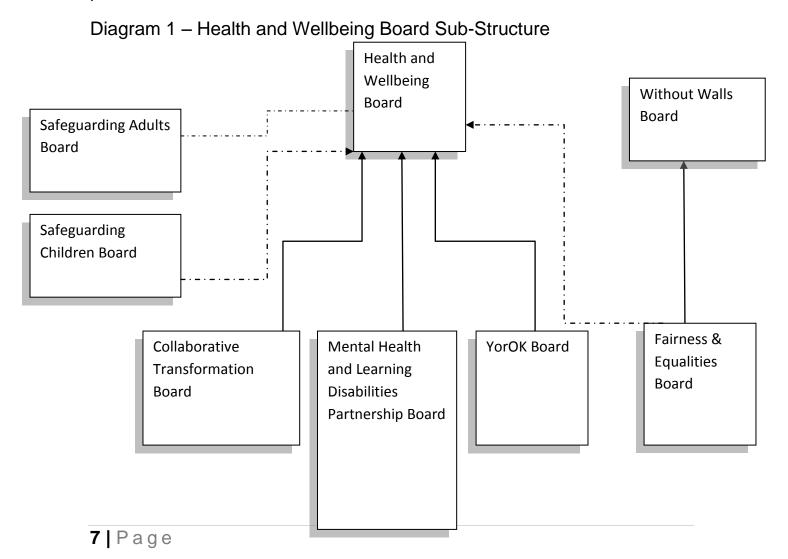
Membership

The Board has representation from the City of York Council (including Councillor representation), NHS Vale of York Clinical Commissioning Group, NHS Partnership Commissioning Unit (PCU), Leeds and York Partnership NHS Foundation Trust, North Yorkshire Police, Healthwatch York and the voluntary sector.

Membership of the Board is kept under review to ensure that the right people are on the Board to deliver against the actions in the work plan.

Governance Structure

The Mental Health and Learning Disabilities Partnership Board is a sub board of the Health and Wellbeing Board and holds its meetings in public.



Key Successes

The Board have contributed to the successes of a number of positive outcomes for the city and these include:

Provision of a Health Based Place of Safety – the Health and Wellbeing Board gave a commitment in their Joint Health and Wellbeing Strategy to provide a fit for purpose Health Based Place of Safety (Section 136 Suite) for York and North Yorkshire. Mental Health and Learning Disabilities Partnership Board kept abreast of developments against delivery of this as part of their work, receiving and commenting on updates at their meetings. The Health Based Place of Safety opened in February 2014 at Bootham Park Hospital.

Dementia Friendly City – partners across the city have been working towards making York dementia friendly city. The Mental Health and Learning Disabilities Partnership Board have received regular updates on progress made towards this and we now have 35 organisations that have become part of the local dementia alliance (known as 'York Dementia Without Walls'). Dementia Forward has also continued to provide dementia awareness education to various organisations and businesses across the city.

Both NHS Vale of York Clinical Commissioning Group and City of York Council will continue to support further development of Dementia Friendly Communities to reduce stigma, increase awareness of dementia, increase early diagnosis and provide support to people to live independently for as long as possible. A Dementia Navigator service to support those newly diagnosed with dementia was commissioned and commenced in June 2014 and is provided by Dementia Forward.

Re-procurement of Mental Health and Learning Disability Services – work has now been completed on the documentation to re-procure mental health and learning disability services for the city. Tenders are currently being invited with the aim being for the new contract to start in October 2015.

North Yorkshire and York Mental Health Strategy – colleagues from across the region continue to work on the development of a York and North Yorkshire wide mental health strategy that will be ready in the new financial year.

Consultation and Engagement

The Board have not undertaken any direct consultation or engagement directly in their own name; however there have been numerous engagement and consultation events held by the various partners that make up the membership of the Partnership Board. The largest of these has been the DISCOVER programme which has been directly linked with the re-procurement of mental health services within the city. The Chair of the Mental Health and Learning Disabilities Partnership Board has been actively involved with this.

In addition to this he has also:

- chaired the JSNA consultation event around mental health
- been a panel member at the Healthwatch York conference on mental health
- visited the Self Advocates Forum
- visited the CVS Forum for Learning Difficulties
- visited the CVS Forum for Mental Health

Ongoing Work Streams

Increasing understanding of mental health needs across the city

It was recognised in the Joint Health and Wellbeing Strategy 2013-16 that we needed to know more about mental health need and improve collection and recording of data to increase our understanding of mental health to improve the mental health services available in the city. Work on both the Joint Strategic Needs Assessment (JSNA) refresh and the mental health JSNA 'deep dive' work has been shared with the Mental Health and Learning Disabilities Partnership Board who have been given the opportunity to guide and direct this work. More information about this work can be found via the following link:

http://www.healthyork.org/health-ill-health-in-york/mental-health.aspx

The Chair of the Partnership Board also chaired an engagement event around the findings from the JSNA mental health work which has helped partners to start shaping priority areas of work and helped to identify gaps. Development of the recommendations arising from this work is still underway but it is expected that the Board will take responsibility for those around mental health and learning disabilities.

Raising awareness of mental health and reducing stigma

This element of the strategy is close to the hearts of all the Partnership Board members. Recently we have been trying to build a more comprehensive picture of all the things happening in the city around this and have found that there are a surprising number. However there is a need for co-ordination of these to avoid duplication, jointly pool resources and ensure that the most is made of both national and local campaigns where possible.

Intervene early and support community based initiatives

The Board are keen to signpost to more mental health first aid training and are in discussion with Leeds and York Partnership NHS Foundation Trust around ways to achieve this. Work has also been undertaken by the Recovery Network on mapping the support and pathways available for people with mental health conditions, including thresholds and eligibility criteria for services. A number of recommendations have emerged and the Board are committed to monitoring progress against these to ensure, where possible, they are implemented.

Ensure service planning and provision promotes choice and control

This is a wide reaching priority that includes monitoring of the integrated plans for psychiatric liaison, improving access to psychological therapies and for supporting people with dementia. In addition to this the Board need to ensure that housing policies for people with a mental health condition promotes choice and control, encourage all partners to promote parity of esteem and accord with the crisis care concordat and monitor the progress of the North Yorkshire and York mental health strategy working group.

Learning Disabilities

Work around learning disabilities has not always been at the forefront of the Board's agendas or work plan over the past two years and this has been acknowledged as an area that the Board now need to give more attention to. The Board have received progress reports on Winterbourne and have considered the Joint Health and Social Care Self Assessment Framework (Learning Disabilities) – a statutory return that both the Local Authority and health colleagues have a duty to respond to. This was considered in both 2013 and 2014. As part of the Joint Health and Social Care Self Assessment Framework (Learning Disabilities) an action plan for improvement will be developed and this has to be submitted to NHS England. It will be monitored by NHS England on a quarterly basis and will become a standing item on the Partnership Board's agendas.

There is also a commitment to undertake a JSNA 'deep dive' around learning disabilities towards the end of 2015. Recommendations emerging from this piece of work will help inform the refreshed strategy in 2016 and identify areas where improvement needs to be made.

The Board have therefore committed to focussing two of their six meetings per year around learning disabilities and will make these meetings as accessible as possible so that all can have the opportunity to participate and influence future service provision.

Challenges and Focus for 2015

As we move into 2015 the Board will continue to work to ensure delivery against the 'improving mental health and intervening early' element of the Joint Health and Wellbeing Strategy. They will need to be confident that the work being undertaken in both the field of mental health and of learning disabilities is making a difference to the lives of residents within the city.

There are identified key challenges around integrating learning disabilities more within the Board's membership and work streams. In addition to this there are concerns around transitions from childhood to adulthood and ensuring that mental health service provision is seamless.

The idea of a joint development day with the YorOK Board around transitions is being explored as a starting point to progress this piece of work.

Three other identified areas of concern are detailed below:

- We know that about 10% of the population of York is made up of students in higher education institutions. As part of its ongoing work the Mental Health and Learning Disabilities Partnership Board will need to ensure that the mental health needs of this population are taking into consideration. There is a planned piece of JSNA work around student health which the Partnership Board will become involved with.
- We know that we have an increasing ageing population within the city and thus an expected increase in the numbers of people affected by dementia and other long tem mental health conditions. Again this is something that the Board will need to take into consideration when planning services.
- The Board will need to support partner organisations with the implementation of the Crisis Care Concordat

It has also been acknowledged by the Partnership Board that appropriate housing and support for people with a mental health condition has become a recurring theme. Measures to address this will be escalated to the Health and Wellbeing Board at a meeting later in 2015.



What the Mental Health and Learning Disabilities Partnership Board did in 2013 - 2014

Working Together



Easy Read version of the Mental Health and Learning Disabilities Partnership Board, Annual Report 2013-2014

What is in this report?		Page
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Plan	Joint Health and Wellbeing	
	Strategy	
	What is a strategy?	7
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Annex B



What happens next?

What will we be doing in 2015 and 2016? 15

About the Mental Health and Learning Disabilities Partnership Board.



The Mental Health and Learning Disabilities
Partnership Board (MHLDB for short) was set up
in January 2013.



Paul Howatson joined the partnership board in January 2014. He thanked everyone who has been a member of the board for all their hard work and ideas.



The board meets once, every two months.



Anyone can attend the meeting.

The board have said they will:



Put the agenda for the meeting on their website 5 days before the meeting happens.



Set up a system so anyone who wants to say something about the work the board are doing can.

Who is on the Mental Health and Learning Disabilities Board?

The Partnership board is a big meeting. People who pay for and run things meet up with people who use the things they pay for. The meeting is for people like Councils, health groups and Speaking Up groups.

In York services and organisations work together to share ideas and make decisions. People who go to the meeting work for:



City of York Council



NHS Vale of York Clinical Commissioning Group and NHS Partnership Commissioning Unit (PCU)



North Yorkshire Police



Yorkcvs





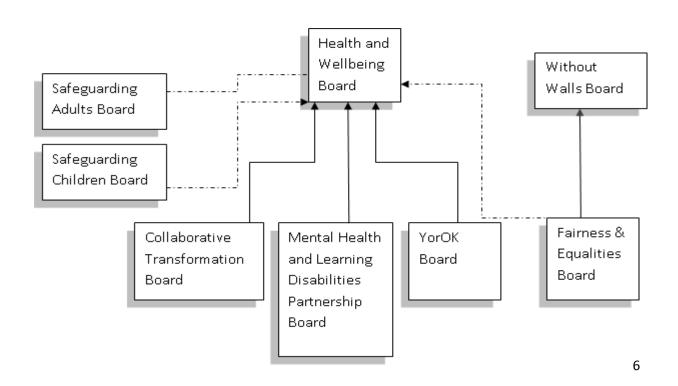


The meetings are open to the public. This means people who live in York can go and ask questions.

About the different partnership boards in York.

The Mental Health and Learning Disabilities Partnership Board must tell the **Health and Wellbeing Board** what work they have been doing.

You can see from the picture below there are lots of different boards who do this.

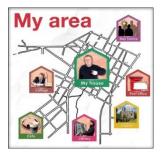


Joint Health and Wellbeing Strategy

The Mental Health and Learning Disabilities Partnership Board was set up because of the Joint Health and Wellbeing Strategy.



A strategy is a big plan made up of lots of smaller parts.



The Joint Health and Wellbeing Strategy 2013-2016 tells us lots of things about people who live in York.

Here are some of the things it tells us:

1. there are just under 26,000 York residents who have mental health problems

(Mental Health Problems are when people have strong feelings or think things that cause them lots of problems)

- 2. 800 people might have a learning disability. 170 of these people have a severe learning disability
- 3. 120 people might have Down's Syndrome
- 4. 2450 people could develop dementia

(Dementia is an illness or problem in the brain. People with dementia might get confused and forget lots of things)

The strategy tells us what work the board need to do.



The aim of the board is to improve people's mental health and help people to stay healthy.

The board have some priorities that will help them do this. (A priority is something we must do first because it is the most important thing)

1. Increasing understanding of mental health in York



They will do this by asking services and professionals in York to record information about mental health. This information can then be shared.

2. Raise awareness of mental health



They will do this by working together with other services. They will focus on how people can stay well in work and have an annual event about mental health.

3. Help people to stay healthy in their communities.



They will do this by training more people in Mental Health First Aid.



Record information about services and support in York that help people with mental health problems.

4. Look at how people plan, buy and use services so people have more choice and control



They will do this by helping people with a mental health problem have more choice and control about their housing.



Support people with dementia.

What have we achieved?



(An achievement is when you work hard at something, and do it really well)

Place of Safety



This is a place where people with mental health problems can be safe. The place of safety opened in February 2014 and is in Bootham Park Hospital.

Dementia Friendly City



Lots of people and services have been working together to make York a Dementia Friendly City.



There are 35 organisations that have become dementia friendly.

Mental Health and Learning Disabilities Services



The NHS Vale of York Clinical Commissioning
Group and other organisations have worked
together to look at what services people need so
they can buy them.

Commissioners will decide who they think will be the best people to run these new services. (A commissioner is a council or health boss who buys things that people use)



A new contract will start in October 2015. This contract will say what services are needed for people with mental health problems and learning disabilities and who will run them.

(A contract is a deal or agreement between two people or groups of people)

North Yorkshire and York Mental Health Strategy.



We have started work on writing a new Mental Health Strategy. It will be finished sometime between April 2015 and March 2016.

Involving People?



The Mental Health and Learning Disabilities Board have been given information about what people think about how services are run.



There have been lots of different events where people have been able to join in and say what they think

What do we need to do better?



The Mental Health and Learning Disabilities
Partnership Board know that that work around
learning disabilities has not been a priority over
the last two years.



They have been sent reports on Winterbourne in 2013 and 2014.



They have been sent reports in 2013 and 2014 about the Joint Health and Social Care

Assessment Framework.



The Joint Health and Social Care Assessment is an assessment that happens once a year. It is a way of checking how good services are working for people with learning disabilities and their family members and family carers.

It helps us think about lots of different services. This includes things like:



Housing



Going to the doctors or the hospital



The Mental Health and Learning Disabilities
Board will write a plan of work they need to do in
2015 for people with learning disabilities.



The Mental Health and Learning Disabilities
Partnership Board have six meetings every year.



Two of these meetings will focus on learning disabilities and be accessible.

(If something is hard for disabled people, we say it has bad access. If something is easy for disabled people, we say it has good access. Another word for good access is accessible)



Having information in easy read makes it easier for people with learning disabilities.

What happens next?



The Mental Health and Learning disabilities Partnership Board have lots of work to do.

Here are some of the things they will be doing in 2015 and 2016.

- 1. Work will continue on the Joint Health and Wellbeing Strategy
- 2. Supporting more people with learning disabilities to join in with the work that is being done
- 3. Find out how young people can be supported with their mental health when they become an adult
- 4. Helping students in York to stay healthy
- 5. Asking people what the board members need to think about when planning services that people with dementia will use.





Health and Wellbeing Board Report of the Director of Public Health

11 March 2015

Report on Consultation and Engagement

Summary

- This report presents the Health and Wellbeing Board with information on a selection of engagement events held to date and their findings.
- 2. It also sets out guidance and advice on future engagement and consultation and suggestions for the direction that the Health and Wellbeing Board may wish to take.
- 3. The Board are asked to consider the information contained within this report and approve the recommendations at paragraph 31.

Background

- 4. In short, the overall purpose of the Health and Wellbeing Board is to bring together bodies from the NHS, public health and local government, including Healthwatch as the patient voice, jointly to plan how best to meet local health and care needs. Their three principal statutory duties are:
 - i. To assess the needs of their local population through a Joint Strategic Needs Assessment (JSNA)
 - ii. To set out how these needs will be addressed though a Joint Health and Wellbeing Strategy (JHWBS) that offers a strategic framework in which CCGs, local authorities and NHS England can make their commissioning decisions.
 - iii. To promote greater integration and partnership, including joint commissioning, integrated provision and pooled budgets

- 5. Improving the health and wellbeing of the city's residents is a shared responsibility between all partners that sit on the Health and Wellbeing Board; as such the Board are committed to engaging with and consulting with local residents on the recently refreshed Joint Health and Wellbeing Strategy (JHWBS) which contains a specific action to:
 - 'create a joint communications and engagement plan, to engage and work together on citywide health and wellbeing campaigns which often occur separately through individual organisations'
- 6. This will also include engagement and consultation on the Joint Strategic Needs Assessment and any further changes to the Joint Health and Wellbeing Strategy as well as any statutory consultations that need to take place; for example the recent consultation on the Pharmaceutical Needs Assessment.
- 7. In relation to communications and health and wellbeing campaigns, it is suggested that communication plans from all partner organisations around the table be incorporated into any engagement action plan developed.

Recent Guidance

- 8. Recent guidance published by the Local Government Association 'Making an impact through good governance: A practical guide for Health and Wellbeing Boards' reminds us that Health and Wellbeing Boards have a duty to engage the public in their work under the Local Government and Public Involvement in Health Act (2007). This means that the Board needs to give consideration as to how they engage, consult and communicate with the public outside of formal Board meetings on things such as:
 - i. collecting information and evidence for the JSNA
 - ii. developing the JHWBS
 - iii. the sub-structures and work streams reporting to the board
 - iv. improving services and integrating care for specific groups
 - v. communicating the progress of the Health and Wellbeing Board and how its achievements reflect the priorities of the JHWBS

- vi. discussing the future design of health, social care and wellbeing services and the implications for current service provision
- 9. It should be noted that Healthwatch York have a statutory place on the Health and Wellbeing Board and an important role to play in ensuring that the views of local residents are taken into consideration; however they should not be seen as the sole source of engagement and consultation in the health and wellbeing system.

What is happening in York

- 10. In terms of the list at paragraph 8 of this report there has already been extensive communication and engagement around the points mentioned. Cross-referencing the numbering above to date the following has happened:
 - this is an ongoing process and further information on this appears later in this report
 - ii. extensive engagement and consultation took place with stakeholders and residents prior to the Joint Health and Wellbeing Strategy being written. Further engagement will take place later this year as the Board moves towards a complete refresh of the strategy to take us from 2016-19
 - iii. the sub-boards provide the Health and Wellbeing Board with annual reports on their work streams and can escalate issues to the Board
 - iv. individual partner organisations of the Health and Wellbeing Board engage and consult on how they can improve services on a regular basis and as part of specific work streams
 - v. The annual reports of the sub- boards and the annual review report of the Health and Wellbeing Board highlight how the priorities within the JHWBS have been achieved
 - vi. individual partner organisations of the Health and Wellbeing Board engage and consult on service design. This is also discussed at sub-board level

- Over the past 12 months there has been an enormous amount of engagement around health and wellbeing issues within the city. Partners of the Health and Wellbeing Board have held engagement events hosted by their own individual organisations and there have also been events held in the Board's name itself. Below is a sample of what has been happening in the city in relation to engagement around health and wellbeing along with some of the key themes emerging:
- 12. <u>Joint Health and Wellbeing Board Stakeholder engagement events</u> were held in March 2014 and November 2014 and led by City of York Council and NHS Vale of York Clinical Commissioning Group in the name of the Health and Wellbeing Board. At both events the discussion was predominantly focussed around the development of care hubs with the respective topic and five key themes emerging from the discussion being:
 - Integrated care (March 2014)
 - would like more information on what is actually going to happen
 - how will we put the theory of integrating health and social care into practice
 - there should be more emphasis on wellbeing, prevention and early intervention
 - future engagement events should be more targeted
 - o trust and confidence are big issues to address
 - Innovative health and social care services (November 2014) attendees at this event were asked 'what does good look like for care hubs?'
 - knowing who to contact and when
 - involving carers
 - having a holistic approach (including mental health, children and transitions)
 - voluntary sector involvement
 - having a broader model that is community led as well (rather than solely medical led)
- 13. <u>Joint Strategic Needs Assessment (JSNA)</u> as work on the refreshed JSNA continues, including work around specific topic areas a number of engagement events have been held.

These have been led by City of York Council in conjunction with key partners. The three themes covered to date and the key concerns emerging are set out below:

- poverty (July 2014)
 - cost and availability of childcare
 - job security
 - paying the Living Wage
 - o affordable credit options
 - improved advice and information
 - affordability of housing
- Mental health (December 2014)
 - housing support arrangements
 - o relationship building
 - o access to services and support
 - information sharing
 - increasing understanding of self harm
 - o provision of recovery support and services
 - alternative options to hospital based crisis support
 - parity of esteem (giving mental health issues the same importance as physical health)
- Frail/elderly (January 2015)
 - preventing hospital admissions and reducing delayed hospital discharges
 - o communication, information sharing and record keeping
 - o voluntary sector involvement
 - o preventing loneliness
 - falls prevention
 - o exercise referral schemes
 - o utilising and recognising skills of a range of staff
 - community development
 - o choice and flexibility in service provision
 - o supporting independence
 - meeting needs of older adults identifying as LGBT
- 14. Other in addition to the above other events include:
 - <u>Healthwatch York</u> have engaged on:
 - discharge from hospital
 - barriers to accessing healthcare for the deaf community

- o mental health (child and adult mental health services)
- Better Care Fund
- NHS Vale of York Clinical Commissioning Group have engaged on:
 - DISCOVER (this was a comprehensive programme of events around mental health and learning disability service provision re-procurement for the city)
 - commissioning and finance
 - urgent care
 - Better Care Fund
- <u>Leeds and York Partnerships NHS Foundation Trust</u> have engaged on:
 - mental Health service provision
 - service user and carer events
 - Bootham Park
 - jointly worked with commissioners on some DISCOVER events
- City of York Council have engaged on:
 - services for young people (various events)
 - o health and wellbeing survey for young people
 - rewiring public services programme
 - o consultation on the Pharmaceutical Needs Assessment
- 15. Whilst the above is not an exhaustive list of all engagement/consultation that has happened within the city it goes range of things happening.
- 16. Taking a very broad look at the discussions and feedback from all events known about there are four key emerging concerns that appear to be frequently highlighted no matter what the topic under discussion is, these are:
 - communication, information sharing and advice (including shared care records)
 - voluntary sector involvement
 - carers
 - mental health

17. A more detailed breakdown of these is at **Annex A** to this report. It is suggested that Board members take this feedback back to their individual organisations.

Next Steps

- 18. There will be continued engagement on the Joint Strategic Needs Assessment and the associated 'Deep Dive' programme of work. Work is ongoing to draw together all the feedback received from the three events held to date. The aim is to identify what is already happening around some of the concerns raised, identify gaps and develop action plans to address some of these. Partners will be asked to be part of this process which is being led by the JSNA Steering Group.
- 19. The current JHWBS runs from 2013-16; which means that some time in the late summer/early autumn of this year work will need to commence on the next Strategy that will take effect from April 2016. This will involve an extensive engagement and consultation process. A report and timetable in relation to this will be brought to the July 2015 meeting of this Board.
- 20. To help inform the above and future events the Board are asked to consider putting in place a formal action plan around engagement, consultation and communications that draws together everything that the individual organisations of the Health and Wellbeing Board are doing. This could be underpinned by the key principles suggested below:
 - raise/establish awareness of joint priorities including those in the Joint Health and Wellbeing Strategy amongst staff of all partner organisations on the Health and Wellbeing Board
 - raise/establish awareness of the Joint Health and Wellbeing Strategy among local residents
 - raise/establish awareness of the Joint Strategic Needs Assessment
 - ensure that where practical engagement and consultation events held by partner organisations refer to the Health and Wellbeing Board and the priorities within the Joint Health and Wellbeing Strategy
 - regularly provide updates against delivery of the priorities in the Joint Health and Wellbeing Strategy
 - continue to provide opportunities for residents and stakeholders to have their say

- 21. In addition to this the Board had previously made a commitment to host two Joint Health and Wellbeing Board stakeholder events per year. The next of these is due to be held in May/June 2015.
- 22. There will be a significant amount of engagement undertaken as part of developing the next Joint Health and Wellbeing Strategy. Unless the Board has anything specific that they need to gather residents' views on then it is suggested that the next joint stakeholder event is rolled over to allow for a more comprehensive programme of engagement around the 2016- 19 Joint Health and Wellbeing Strategy to happen in the late summer/autumn of 2015.
- 23. If however, the Board do wish to hold a May/June joint stakeholder event then as the past two have been led by City of York Council and NHS Vale of York Clinical Commissioning Group the Board might like to consider offering the opportunity to a different partner or partners on the Board to lead on.

Consultation

24. As mentioned in the body of this report there has been a significant amount of consultation and engagement on health and wellbeing matters within the city. Further engagement will take place with residents and stakeholders as the various partners on the Health and Wellbeing Board seek resident and stakeholder views on their current work streams.

Options

- 25. The Board are asked to note this report and consider:
 - (i). whether they wish to hold a Joint Health and Wellbeing Board Stakeholder event in May/June 2015 or whether they wish to wait until they are ready to start the engagement and consultation process for the next Joint Health and Wellbeing Strategy 2016-19
 - (ii). whether they wish to develop a formal action plan for engagement, consultation and communications that encompasses the work of all organisations represented on the Board

(iii). asking all members of the Board to take the feedback contained within this report back to their respective organisations

Analysis

- 26. As the Board can see from the information set out in this report there has been an active programme of engagement held. All of this can be mapped against the five priorities set out in the Joint Health and Wellbeing Strategy. Whilst an exhaustive list of all engagement happening around health and wellbeing would be difficult to pull together the list at **Annex B** is a good indication of the variety of events that have taken place in recent months.
- 27. Customer feedback from events has been valuable for commissioners and will continue to be collated and shared and used to inform service redesign and provision.

Strategic/Operational Plans

28. This report takes into consideration all the priorities set out within the Joint Health and Wellbeing Strategy 2013-19.

Implications

29. There are no known implications associated with the recommendations within this report.

Risk Management

30. There are many engagement events held in relation to health and wellbeing across the city. There is a risk of 'over engagement' and/or duplication in the future and this needs to be avoided if engagement is to remain meaningful and shown to make a difference.

Recommendations

- 31. Members of the Board are recommended to:
 - i. not hold a Joint Health and Wellbeing Board Stakeholder event in May/June 2015
 - ii. develop a formal action plan for engagement, consultation and communications that encompasses the work of all organisations

- represented on the Board; to be presented to the Health and Wellbeing Board twice a year
- iii. ask all members of the Board to take the feedback contained within this report back to their respective organisations

Reason: To report back on engagement events held to date and to plan for future events.

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Specialist Implications Officer(s) None			
Wards Affected:			All 🗸
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Annexes

Annex A – Feedback received Annex B – List of known events – mapped to the Health and Wellbeing Strategy Priorities

Common themes emerging from feedback

Below are the most common themes raised across all known health and wellbeing engagement/consultation events where feedback has been made available

1. Communication, information sharing and advice

Looking at the feedback this is something that is raised on numerous occasions and across all events – it does not appear to be topic specific. It has been split into 2 sections the first around communication, information sharing and advice more generally and the second specifically around shared care records:

- lots of requests for improved advice, information and communication
- establish preferred methods of communication
 - requests for advice and information to be provided in accessible formats (e.g. more in easy read format)
 - issues with communication that allows the deaf community to access services have been raised
 - use a range of channels and technology to present information
- requests to provide information for specific groups (e.g. mental health service users, carers)
- requests for information on specific conditions, on early intervention and on prevention
- information should show options available
- information should be independent, consistent and trustworthy
- educate to enable more effective communication
- improve communication with service users, carers and between providers
- improved communication with the voluntary sector
- better communication and information would allow for co-design of services
- communication needs to improve to break down silo working
- requests for more clarity on emerging plans

- production of plain English fact sheets around emerging topics (e.g. Better Care Fund, Care Hub Model)
- Families and carers need information on what is available in health/social care and across the voluntary network.

1.1. <u>Shared care records</u>

- providers to work towards interoperable information systems
 - sharing of information between organisations is crucial
- clarity on what information can be shared with who
- improve communication with service users, carers and between providers
- must be able to trust that the systems put in place will work whilst retaining patient confidentiality
- sharing data and information between relevant organisations so a person only has to tell their story once
- sharing of information/data should be patient led
- integrated care requires shared patient information
- 'I want my information shared with whoever needs to see it'

2. Voluntary Sector involvement

Feedback from many of the events requests a much higher involvement from the voluntary sector in service delivery, reprocurement and service redesign:

- many requests for improved voluntary sector involvement at an earlier stage (e.g. in service redesign, re-procurement of services, service provision)
- commission more from the voluntary sector
- ensure that the voluntary sector is included in multi-agency approaches
- statutory organisations need to network and discuss more with the voluntary sector
 - communication and engagement with the voluntary sector should be strengthened
- involve voluntary sector more in continuity of care
- embed partnerships between service users, voluntary sector, carers and statutory agencies

- strengthen partnership working with local voluntary and community sector
- voluntary sector wishes to play a more integral part in service delivery
- communication between GPs and the voluntary sector should be improved
- improved recognition of the voluntary sector and the services they provide
- ensure that the voluntary sector is included as part of the move towards integrated care
- enable capacity building within the voluntary and community sectors

3. Carers

The role carers play featured in virtually all the engagement events held irrespective of the subject matter under discussion:

- there is a need for increased choice and control for service users and carers in decisions that affect their care
 - carers and service users should be more involved in decision making
- understanding and putting to good use the skills, knowledge, expertise and experience of carers
 - o carers are integral to the success of integrated care
- improved information for carers
 - o information on financial assistance
 - o practical help with self care
 - o support
 - o flexibility
 - o respite services
 - condition specific information in an accessible format
- improved communication between carers and service providers
- promote inclusivity of carers in care planning
- access to joint social activities (for both carer and cared for person)
- post diagnostic counselling for carers
- carers should be central and equal partners

- better recognition of emotional cost of being a carer
- investigate ways of empowering carers
- have a holistic approach to service provision, design and delivery that always involves the carer

4. Mental health

As mental health services are currently being re-procured this is the area where a significant amount of engagement has taken place within the last 12 months. Some of the key themes emerging are set out below and all feedback from the various events was taken into consideration as part of the re-procurement process:

- service users and carers should be more involved in decision making
- strengthen peer support services
- challenge traditional existing models of care
- remove the stigmas surrounding mental health and learning disabilities
- improve communication with service users, carers and between providers
- there should be a choice of flexible, responsive services tailored to individual need
- there should be parity of esteem with physical health
- there should be improved access to services
- there should be more support available to carers

List of known Engagement Events mapped to the five key priorities of the Health and Wellbeing Strategy

Lead	Name of Event	Date
Health and Wellbeing Strategic Priority - Making \	ork a Great Place for Older People to Live	
Healthwatch York	Discharge from Hospital/Discharge from GP	23.07.2014
NHS Vale of York Clinical Commissioning Group	50+ Drop in Festival	02.10.2014
City of York Council	JSNA Frail/Elderly Deep Dive	12.01.2015
Health and Wellbeing Strategic Priority – Reducing	g Health Inequalities	
City of York Council	JSNA Poverty Deep Dive	25.07.2014
Healthwatch York	Barriers to Accessing Care for the Deaf	22.11.2014,
	Community	01.12.2014 &
		26.02.2015
Health and Wellbeing Strategic Priority – Improvin	<u> </u>	
Leeds & York Partnership NHS Foundation Trust	Conversation Event for People Using	30.01.2014
	Services and their Carers	
Leeds & York Partnership NHS Foundation Trust	Bootham Park: Alternative Provision	09.06.2014 –
		13.06.2014
Leeds & York Partnership NHS Foundation Trust	DISCOVER (Discovery Bus Tour)	25.06.2014 –
		16.06.2014
NHS Vale of York Clinical Commissioning Group	DISCOVER: Appreciative Enquiry Event	23.05.2014
Leeds & York Partnership NHS Foundation Trust	Joint Engagement Event with	04.06.2014
	Commissioners to Support DISCOVER	
NHS Vale of York Clinical Commissioning Group	DISCOVER: World Café Event: Dementia	10.06.2014
NHS Vale of York Clinical Commissioning Group	DISCOVER: Word Café Event: Mental	10.06.2014
	Health	

Lead	Name of Event	Date
NHS Vale of York Clinical Commissioning Group	DISCOVER: Twitter Conversation	20.06.2014
NHS Vale of York Clinical Commissioning Group	DISCOVER Open Space Event	22.07.2014
Leeds & York Partnership NHS Foundation Trust	Building Your Trust	13.08.2014
NHS Vale of York Clinical Commissioning Group	Learning Disability & Mental Health	05.11.2014
	Procurement Event	
Healthwatch York	Mental Health Conference	21.11.2014
City of York Council	JSNA Mental Health Deep Dive	08.12.2014
	Engagement Event	
Healthwatch York	Adult Mental Health Services (consultation)	Open until
		09.01.2015
Healthwatch York	Child and Adolescent Mental Health	Open until
	Services Survey	09.01.2015
Health and Wellbeing Strategic Priority – Enabling	All Children to Have the Best Start in Life	
City of York Council	Services to Young People	December
		2014
City of York Council	Stand Up for Us Health and Wellbeing	March 2014
	Survey	
City of York Council	Various Participation Groups including	Ongoing
	Youth Council; Show Me That I Matter; We	
	Talk 2, Young Inspectors	
Health and Wellbeing Strategic Priority – Creating	a Financially Sustainable Local Health and We	ellbeing System
NHS Vale of York Clinical Commissioning Group	Patient & Public Engagement Forum Event	28.10.2014
	Commissioning/Finance	

Lead	Name of Event	Date
Other/Cross Cutting		
NHS Vale of York Clinical Commissioning Group	Health and Wellbeing Board Joint	10.03.2014
& City of York Council	Stakeholder Event on Integrated Care	
Healthwatch York	Better Care Fund	22.05.2014
NHS Vale of York Clinical Commissioning Group	Patient & Public Engagement Forum Event	09.07.2014
	Urgent Care	
City of York Council	Rewiring Programme	31.07.2014 &
		06.08.2014
NHS Vale of York Clinical Commissioning Group	Health and Wellbeing Board Joint	24.11.2014
& City of York Council	Stakeholder Event on Innovative Health &	
	Social Care Services	
NHS Vale of York Clinical Commissioning Group	Patient & Public Engagement Forum Event	03.12.2014
	 Better Care Fund 	
City of York Council	Consultation on Pharmaceutical Needs	25.11.2014 –
	Assessment (PNA)	26.01.2015
Healthwatch York	Workplan Survey	Until
		27.02.2015
Healthwatch York	Focus Groups: Support for People with	23.02.2015 &
	Autism, their Families and Carers	25.02.2015
City of York Council	Care Act (numerous engagement events	22.08.2015 to
	and meetings including with CVS Forums	present
	and Forum Chairs, Healthwatch York,	
	Providers, Health Overview and Scrutiny	
	Committee and YILN	





Health and Wellbeing Board

11 March 2015

Report of the Acting Director of Public Health, City of York Council

Final Pharmaceutical Needs Assessment

Summary

1. Health and Wellbeing Boards have responsibility for the production of a Pharmaceutical Needs Assessment (PNA). The process for production and nature of content are subject to detailed regulations which have been followed; a previous draft was presented to the Board and a 60 day consultation period followed. The report has been amended following comments received. The final PNA which will cover the period March 2015 to March 2018 is now submitted for adoption.

Background

- One of the duties of Health and Wellbeing Boards which came with the Health and Social Care Act 2012 was responsibility for the production of a Pharmaceutical Needs Assessment (PNA). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. A pharmaceutical needs assessment details out the needs for pharmaceutical services provided in the community by analysing health needs and current provision. The ultimate aim is to ensure that citizens can access medicines, other products and services to help them live long and healthy lives.
- 3. Previously the requirement to analyse need for pharmaceutical services fell to the local NHS, specifically the former Primary Care Trusts (PCTs). Local authorities now produce the reports on behalf of the Health and Wellbeing Board. PNAs are used by NHS England to assess applications from persons wishing to open a new pharmacy. The aim is to ensure an even distribution of community pharmacies, to maximise the number of people who can easily access medicines and the other services offered, while

contributing to market stability to ensure continuity of access. As community pharmacies are businesses they can only operate when it is financially viable to do so. Some General Practices can dispense the medicines they prescribe – these are known as Dispensing Practices and various factors are taken into account by NHS England when considering whether to grant a practice dispensing status.

Main/Key Issues to be Considered

- 4. Although health overall compares well to other areas, the City of York has a number of health and healthcare issues which require attention. Although very difficult to measure Mental Health, indicators of healthcare for people with mental health problems are not so good. Alcohol-related harm is of concern, and York has a high level of binge-drinking. There remains a core of people in the care of substance misuse services reliant on on-going methadone treatment, and there is a relatively small number of injecting drug users, some pharmacies play an active role with these groups.
- 5. Levels of smoking have reduced in recent years, nevertheless it is the case that nearly a fifth of the adult population smoke, and pharmacists can and do give support to people wishing to quit.
- 6. York has a very high student population, and it is young adults who are the greatest users of sexual health services. Pharmacies play a role here in provision of information and advice and provision of emergency contraception when necessary.
- 7. As in so many places, the hospital in York experiences a relentless rise in in Emergency Department attendances and unplanned admissions. Good pharmaceutical care can help prevent the need for hospital visits, both by keeping people healthier and by providing a first port-of-call for patients with concerns.
- 8. In York there are a total of 40 community pharmacies and 10 dispensing GP practices giving a total of 50 dispensing outlets. When analysed against population size this equates to an average of 4,000 people per dispensing outlet or 25 outlets per 100,000 population, which is in the top 20% for dispensing outlet density. In addition the public can access distance-selling pharmacies (internet or mail order).

9. The only gap in the current provision would be that services should be more readily accessible to the student (and other) population on the University of York campus.

Consultation

10. As detailed in the Report stakeholders were consulted by questionnaire in the early stages of the assessment. A formal 60 day consultation on the Draft took place in November, December and January. Comments received have been considered and relevant points included, however the final report is little changed from the Consultation draft and overall conclusion remains the same.

Options

11. The Board has complied with the regulations in the preparation of the document and consultation and it is a legal requirement to publish the PNA before the end of March 2015. There is no other option.

Analysis

12. There are no other options and therefore there is no option analysis.

Strategic/Operational Plans

- 13. The Assessment details how pharmaceutical services can and do contribute to achieving the Council Plan's objective "Protecting Vulnerable People", and all five objectives of the Health and Wellbeing Strategy in many ways, for example "Making York a great place for older people to live" by maximising safe use of medicines, "Enabling all children to have a good start" by providing a source of information and advice for parents in helping them deal with the numerous minor ailments children experience as growing up, "Reducing inequalities" by helping keep substance misusers safe.
- 14. If people can be diverted to pharmacies in sufficient numbers to seek expert advice from pharmacists as an alternative to attending busy Emergency Departments this will make a major contribution to achieving NHS Vale of York Clinical Commissioning Group's 5 Year Plan.

Implications

15.

Financial

 There are no financial implications to partners, except potentially NHS England in that any new pharmacies may increase their costs.

Human Resources (HR)

There are no direct HR implications.

Equalities

 The assessment has considered needs of subgroups of the population and used this in reaching a conclusion.

Legal

There are no legal implications

Crime and Disorder

 If the pharmacy-delivered services for substance misusers (supervised consumption of methadone and needle exchange) continue to be commissioned this will prevent drug-related crime increasing.

Information Technology (IT)

There are no IT implications.

Property

There are no implications for Council property.

Other

There are no legal implications.

Risk Management

16. There is the potential that this PNA may be challenged, for instance by a potential pharmacy provider. The conclusion cannot be challenged, but a complainant could assert that the proper process as spelt out in legislation and regulations has not been followed.

Recommendations

17. The Health and Wellbeing Board are asked to consider:

Accepting and Adopting the Final Pharmaceutical Needs Assessment and it is recommended that the Board do so.

Reason: There is a legal requirement on the Health and Wellbeing to publish a Pharmaceutical Needs Assessment

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Wards Affected:	All ^r	

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Pharmaceutical Needs Assessment 2015 – 2018, City of York

Annexes

Annex A - Pharmaceutical Needs Assessment 2015 – 2018, City of York

Annex B - Pharmacy, dispensing GP practice and non-dispensing GP practice locations

Annexes C & D - Controlled locality boundaries





NHS Vale of York Clinical Commissioning Group

Pharmaceutical Needs Assessment 2015-2018

City of York

March 2015

Author: Julie Hotchkiss

Acting Director of Public Health

City of York Health and Wellbeing Board

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)

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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1.0 Foreword

The local community pharmacy is often the first port-of-call for members of the public when they require advice about health. These services are local, they are widely available and they are staffed by at least one qualified health professional at all times. York Health and Wellbeing Board is committed to developing a Healthy Living Pharmacy programme in the lifetime of this Pharmaceutical Needs Assessment (PNA).

Producing a PNA is one of the duties of the Health and Wellbeing Board, and as Public Health transferred from the NHS to local authorities in 2013, production of the assessment is now incumbent upon councils. Local authorities know their areas and the local population very well and are ideally placed to coordinate a wide range of information, analyse and apply it to the local population and planned developments.

Linsay Cunningham Chair of the York Health and Wellbeing Board

Community Pharmacies are key parts of the primary care system in this country. Of course they dispense medicines prescribed by General Practitioners, but increasingly they are taking on health promotion and prevention activities such as support for attempts to quit smoking, providing Emergency Hormonal Contraception (often still mistakenly known as the "morning after pill" even though it can work up to 72 hours later) and in some cases even minor ailments treatment. The CCG is keen to work with local pharmacists to improve the health of their population.

Mark Hayes Chief Clinical Officer NHS Vale of York Clinical Commissioning Group

To use what is an over-worn phrase, this assessment would not have been possible without colleagues in North Yorkshire County Council's Public Health Team, who convened the steering group, reviewed the previous North Yorkshire and York PNA, judged which sections needed updating, designed the questionnaires and wrote most of the text of this report. I sought comment from York stakeholders, brought in the York health profile and interpreted the analyses. Any errors or omissions are mine. Thank you very much to the Public Health Team at North Yorkshire County Council. The achievement of such an assessment is not possible without the cooperation of many partners, chiefly in the NHS. I would like to thank all the stakeholders who have contributed to making this document fit-for-purpose.

Julie Hotchkiss Acting Director of Public Health City of York Council

2.0 Background

Community pharmaceutical services have long been at the centre of local health care delivery; at the heart of communities providing much needed access to medicines, appliances and expert advice. Nearly 80 per cent of adults visit a pharmacy for a health-related reason at least once a year. Pharmaceutical services work hand-in-glove with primary care and community care services to ensure that care is preventative, accessible and of a high quality.

According to the National Institute for Health and Clinical Excellence (NICE, 2005) "a health needs assessment is a systematic method for reviewing the health issues faced by a population, leading to agreed priorities and resource allocation that will improve health and reduce health inequalities".

A pharmaceutical needs assessment (PNA) is an assessment that attempts to illustrate population need for pharmaceutical services, and also where services are currently provided in relation to that need. The assessment should also identify any gaps in access to pharmaceutical services, with the ultimate aim of meeting the City of York Health and Wellbeing Strategy vision to ensure that all people living in York have equal opportunities to live long healthy lives.

To provide NHS pharmaceutical services a provider (a pharmacist, a General Practice, a dispenser of drugs, medicines and appliances) must be on an approved list. Pharmaceutical lists are compiled and held by NHS England. This is known as the NHS "market entry" system.

What are "pharmaceutical services"?

Core pharmaceutical services relate to the provision of drugs, medicines and appliances (including incontinence aids, dressings and bandages etc.).

What are "pharmaceutical services" in relation to the PNA?

- "essential services" which every community pharmacy providing NHS
 pharmaceutical services must provide and is set out in their terms of service¹ the
 dispensing of medicines, promotion of healthy lifestyles and support for self-care;
- "advanced services" services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews, the New Medicines Service for community pharmacists,

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¹ The precise contractual requirements for providing NHS pharmaceutical services are set out in Schedules 4-6 of the Regulations

Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors; and

• "enhanced services" – these are locally commissioned services) by NHS England.

The regulations do not cover "pharmaceutical services" previously commissioned by Primary Care Trusts that are now the responsibility of local authorities (under Public Health Regulations) and Clinical Commissioning Groups. Although not a *mandatory* element of a PNA, where the need for a service is clear it has been stated in this assessment to help guide local commissioning.

This system is governed by law. A person who wishes to provide NHS pharmaceutical services must apply to NHS England demonstrating that they are able to meet a pharmaceutical need as set out in the relevant pharmaceutical needs assessment.

There are exemptions to this, such as for applications to meet a need that was not foreseen in the PNA or to provide pharmaceutical services on a distance-selling basis (such as on the internet or by mail-order).

Types of providers:

"pharmacy contractors" – independent contractors working individually or as multiple groups of pharmacies who provide NHS pharmacy services in community pharmacy settings. By definition the practice of pharmacy is the safe and effective use of medicines.

- "dispensing appliance contractors" appliance suppliers are an independent group with their own terms of service who supply, on prescription, appliances such as incontinence aids, dressings, bandages etc. They cannot supply medicines,
- "dispensing doctors" medical practitioners who are authorised to provide drugs and appliances in designated rural areas known as "controlled areas" see section 6.1 for more information,
- "local pharmaceutical services (LPS) contractors" provide services specifically negotiated to meet local need; however this must include an element of dispensing.
- "distance selling pharmacies" although not covered by the same market entry system that relies on the PNA, distance-selling pharmacies are able to supply medicines to the population. These services are often mail-order or internet- based.

PNAs were first published by Primary Care Trusts (PCTs) in 2011. The first PNA for North Yorkshire and York can be accessed at <u>York and North Yorkshire Pharmaceutical</u> Needs Assessment 2011.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). Under the Act, the Department of Health has powers to make Regulations. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs.ⁱ

In addition to the requirements to produce and update PNAs the Health and Social Care Act 2012 placed a duty on commissioners of healthcare services to reduce health inequalities in access to services and outcomes. PNAs are therefore in a position to illustrate the needs of key vulnerable groups (for example travellers or homeless people).

This PNA attempts to analyse the need for pharmaceutical services in York in relation to the provision of services to identify any gaps in necessary service provision. The assessment also looks to the future to identify where additional pressures may fall on pharmaceutical services, or where additional developments may be beneficial to meeting the needs of the City of York population.

3.0 Executive Summary

Population need

- York is a fairly compact city, surrounded by rural areas with a few small villages within the local authority boundary.
- The population of about 200,000 is growing at a rate of about 1% per year.
- The city is affluent, ranked 3rd least deprived out of 64 similar-sized cities in England. However the city has 8 small areas² which are in the poorest 20% nationally. Around 14,000 people live in poverty, of which 4,500 are children this equates to 12.5% of the children.
- York scores well on most health indicators, having a life expectancy above the
 national average, however, there is a steep inequalities gradient, with men in the
 more affluent areas living over 8 years longer than men in the most deprived areas;
 in women the gap is over 5 years.
- York doesn't compare well in terms of death rates of the under 75s when compared to other affluent local authorities, although it is better than the Yorkshire and Humber average.
- York, and indeed the rest of England, has issues with smoking, obesity and alcohol
 use particularly linked to deprivation. In York alcohol-related harm is more
 widespread than in neighbouring areas.
- There remains a core of approximately 400 users of opiates known to the substance misuse services in the city. Most of these people have been known to services for many years, there is very little growth of this type of substance misuse now – the major harmful substance misused is alcohol now.
- York has a very large number of students, so there are relatively more 18 25 year olds in the population. This gives rise to specific issues such as demand on sexual health services.
- Mental health problems are significantly associated with long-term conditions and multiple morbidities and they are a cause and consequence of episodes of ill health. The city has been historically underserved in the range and volume of mental health services available, although this is currently being addressed with a major re-design and procurement of new services.
- A key policy focus for York and the Vale of York Clinical Commissioning Group is the current unplanned use of NHS and social care services.

² Lower Super Output Areas, as defined in the Census. Each has about 1500 households.

• Emergency admissions in York continue to rise over time. Emergency admissions for acute conditions that should not usually require a hospital admission in particular are on the rise. The main drivers of these admissions are urinary tract infections (25%), gastroenteritis (19%) and influenza/pneumonia (18%).

Current provision and gaps in necessary services

- According to NHS England, 84% of adults visit a pharmacy each year, 78% for health-related reasons.
- The level of activity in community pharmacy is significant, with over 15 million items dispensed in 2013/14, in York and North Yorkshire (data not disaggregated).
- In York there are a total of 40 community pharmacies and 10 dispensing GP practices giving a total of 50 dispensing outlets. When analysed against population size this equates to an average of 4,000 people per dispensing outlet or 25 outlets per 100,000 population, which is in the top 20% for dispensing outlet density.
- In addition the public can access distance-selling pharmacies (internet or mail order).
- 100% of the York population can access pharmaceutical services within a 10 minute drive time. The only gap in the current provision would be that services should be more readily accessible to the student (and other) population on the University of York campus.

Role of pharmacies in improving health

- Community pharmaceutical service providers are ideally placed to provide accessible, high quality services to the York population. This level of access should be beneficial in meeting the strategic aims of the Health and Wellbeing Board particularly with regards to providing care closer to home and reducing emergency admissions to hospital and care services.
- Commissioners (of public health, health and social care) should consider the evidence-base around providing services in community settings and the role that pharmaceutical service providers can play.
- The Health and Wellbeing Board hopes that community pharmacies will take part in the Healthy Living Pharmacy initiative to be launched in 2015.

View of stakeholders - public

- A questionnaire which sought the views of members of the local population about access to pharmacy services was completed by 118 people across North Yorkshire and York. Some of these results are not disaggregated. This highlighted that:
- Most respondents said they could generally find a pharmacy open when needed (83% always or usually). However only 37% people said they could find a pharmacy open after 6pm on weekdays and only 31% open on Sundays.
- Most people (58%) said they normally visited a pharmacy on weekdays between 9am and 6pm or at no particular time (28%). Fewer people would prefer to visit on weekdays between 9am and 6pm (40%) and slightly more at no particular time (32%), suggesting perhaps most people would like to be able to whenever they wanted.
- Generally, respondents to the public questionnaire tend to access pharmaceutical services close to home (37%), close to their GP (18%) or at their GP (15%). When asked where they would prefer to attend, respondents said close to their home (31%), at their GP (28%) or close to their GP (15%).
- The most frequently mentioned problem was medicines not being in stock, followed by delays waiting for medicines to be dispensed either in the pharmacy or waiting for repeat prescription requests to be processed.
- 90% of York respondents rated pharmaceutical services as good or very good.

View of stakeholders – health and social care professionals

Nineteen people made comments about service improvements covering a range of topics including:

- A need for better communications across services and within the pharmac services clarity around a patient's hospital and GP prescriptions
- Longer opening hours, or better advertising of out-of-hours options
- More community services, better staffing levels
- More standardisation of the range of services offered by pharmacies
- Better privacy within pharmacy
- Improvements to sexual health services

The Local Plan

There will a large increase in population size, with the intention to build about 900
new homes per year over the next 10 years. However in the lifetime of this PNA it
is unlikely that there will be a significant increase in households that cannot be met
within the existing capacity.

Conclusion

 From this assessment the Health and Wellbeing Board considers that there is good general availability to pharmaceutical services. The only gap identified in the current provision would be that services should be more readily accessible to the student (and other) population on the University of York campus. It should be noted however that there are pharmacies within a 20 minute walk of the main campus.

4.0 Development of a PNA for York

It is a legislative requirement that the Health and Wellbeing Board (HWB) produce a Pharmaceutical Needs Assessment.

Given the proximity of York to North Yorkshire and the complex organisational boundaries of NHS Vale of York Clinical Commissioning Group, it was decided that the Steering Group would support the development of both York's and North Yorkshire's PNAs. However, both Health and Wellbeing Boards would publish their own assessments.

The Steering Group Terms of Reference for the steering group are included as Appendix

1. The group is attended by representatives from:

- City of York Council
- North Yorkshire County Council
- Medicines Management Team, North Yorkshire and Humber Commissioning Support Unit – representing all the CCGs in North Yorkshire and York
- Local Pharmaceutical Committee (LPC) representing the LPC and providing pharmaceutical advice
- Local Medical Committee (LMC) representing the LMC and providing medical advice
- Healthwatch (from North Yorkshire County area)
- NHS England (NHSE) representing primary care commissioning and providing a link to the Local Pharmacy Network (LPN).

The Steering Group took the following steps:

- a. Reviewed the 2011 NYY PNA.
- b. Reviewed the 2013 Regulation and Department of Health Guidance matters for consideration.
- c. Developed an action plan, including engagement with pharmaceutical service providers, the public, service commissioners, and other local health and social care providers.
- d. Identified needs through the Joint Strategic Needs Assessments and the addition of further key data.
- e. Mapped current service provision.
- f. Identified unmet need and priorities with stakeholders.
- g. Consulted on the findings.
- h. Published the final version of the document.

This process was in line with Department of Health guidance and regulations.

4.1 The minimum requirements of a PNA

Schedule 1 of the 2013 regulations sets out the minimum information to be contained in a PNA. This can be summarised as:

- Current provision of necessary services the services that are currently
 provided to meet the need for pharmaceutical services in the area covered by the
 PNA. It is important to note that this also includes services delivered outside of
 that area but that contribute to meeting its population's needs.
 - This requirement also includes the need to map current provision of services by:
 - Pharmacies
 - Distance selling pharmacies
 - Dispensing appliance contractors
 - Dispensing doctors.
- Gaps in provision of necessary services this is a statement on the pharmaceutical services that are required to meet current identified pharmaceutical need or future need:
 - This could involve identifying a current gap in provision in a particular locality in terms of access; or
 - This could be a particular population need where there is pharmaceutical provision, but not the right type of provision to meet that need, e.g. if there is not stop smoking provision in a;
 - It could involve the identification of a future increase in demand due to a large-scale housing development for example.
- Current provision of other relevant services this is a statement of pharmaceutical services that are:
 - Provided in the HWB area which although they don't meet identified need
 secure improvements or better access to pharmaceutical services,
 - Provided outside the HWB area which although they don't meet identified need – secure improvements or better access to pharmaceutical services,
 - Provided an impact on the assessment of the need for pharmaceutical services

- Gaps in provision that would secure improvements and better access this is a statement of the pharmaceutical services that are not provided but would:
 - If provided, secure improvements or better access to pharmaceutical services.
 - If provided, if a future circumstance were to occur (e.g. a housing development), secure better access to pharmaceutical services in its area.
- Other services a statement of any NHS services provided or arranged by the HWB, NHSE, a CCG or NHS (Foundation) Trust which affect the need for pharmaceutical services – this could be other clinics providing stop smoking services or immunisation services for example.
- How the assessment was carried out in particular:
 - How the localities were defined.
 - O How the PNA has taken into account:
 - The different needs of different localities.
 - The different needs of people in its area who share a protected characteristic.
 - A report on the consultation that it has undertaken.

4.2 Reviewing the 2011 North Yorkshire and York PNA (NYYPNA)

The PNA Steering Group has members who were involved in the development of the 2011 NYYPNA therefore the knowledge and experience of the PNA process has been translated into the development of this 2014 assessment.

The PNA Steering Group used the initial meeting to review the process undertaken in 2011 and identify the strengths and areas for improvement in the approach.

Strengths of the 2011 approach

The group identified that the organisation and planning of the 2011 report was very strong with a significant amount of expertise being used in the development – particularly by involving key stakeholders throughout the process, such as the Local Pharmaceutical Committee and the Local Medical Committee. The group also identified that significant time and resource was given to the production of the PNA, which resulted in a comprehensive assessment.

Areas for improvement

The group discussed the engagement approach used in 2011 and decided that engagement events were not the most effective way of getting public and stakeholder views. The events were considered to be costly with poor uptake of invites, and this was echoed in the learning from other areas. The representation of views also tended to be narrow.

It was therefore decided to use a questionnaire approach to engagement. The group concluded that this would be a more effective approach to engagement which enabled the group to pose specific questions to the public, stakeholders, providers of pharmaceutical services and health and social care practitioners.

4.3 The 2013 Regulations and Department of Health Guidance – matters for consideration

Regulation 9 sets out the matters HWBs must have regard to when developing their PNAs as far as is practicable to do so.

The following are the matters for consideration by HWBs:

- The demography of its area.
- Whether there is sufficient choice with regard to obtaining pharmaceutical services.
- Whether need varies in different localities.
- Likely future needs.

Determining how the population obtain pharmaceutical services:

- Access
- Choice
- Changing needs
- Meeting the needs of specific populations or vulnerable groups.

The group also considered local strategies and plans, particularly:

- The Joint Strategic Needs Assessment and its recommendations
- Joint Health and Wellbeing Strategy,
- The Director of Public Health's Annual Report 2013/14,
- The draft York Local Plan
- The Better Care Fund Plan, The integration of Health and Social Care in York
- My Life, My Health, My Way, NHS Vale of York 5 year Integrated Operational Plan 2014 - 2019

What is out of scope?

The group considered the geographical footprint of the two pharmaceutical needs assessments and agreed that the City of York as a whole, and the district council boundaries within North Yorkshire gave sufficient detail as to provide population health data, along with service provision information, while still being able to complete the assessment within the required timescales and produce a meaningful document.

The group considered taking the analysis to a smaller geographical level, but felt that there would be insufficient benefit gained when the feasibility of conducting the analysis at such a small level was considered. For the purposes of this assessment the PNA steering group considered that any comments and challenges from the public or stakeholders on the law and regulations surrounding market entry criteria and the implementation of controlled area designation and reserved localities was outside the scope of this report.

4.4 Action Planning and Questionnaire Development

Using the learning from the development of the 2011 PNA and Department of Health guidance, the steering group identified specific aspects of the report that needed developing:

- The population and population need, including the views of the population.
- Current pharmaceutical provision and the views of contractors with regards to service development areas.
- The views of professionals who rely on pharmacy services.
- The priorities of local strategic stakeholders and partners in York and North Yorkshire, and their views on local pharmaceutical service provision.

The population and population need

The group discussed the requirement to be clear on the population and population need, and although the NHS configuration is complicated in North Yorkshire, it is much more straightforward in York which is entirely covered by one CCG - NHS Vale of York CCG. However that CCG, which includes 32 practices and 336,000 patients covers 3 local authority areas, City of York, North Yorkshire County and East Riding of Yorkshire; 64% of Vale of York CCG registered patients reside in York, 32% in North Yorkshire, with just 4% in East Riding.

The Steering Group recognised the need for the PNA to address cross-boundary use of pharmacy resources in all directions. That is, how people use pharmacy services in areas away from where they live.

The analysis of need was initially done as a desktop exercise looking at key indicators of need, taken where possible from the JSNA (see Section 7). However, this analysis of quantitative data only gives a relatively narrow perspective on need. The National Institute of Health and Clinical Excellence have guidance on conducting needs assessmentsⁱⁱⁱ that recommends that assessments should also include the expressed opinions of the public and stakeholders.

Public Questionnaire

In order to gather these expressed opinions the group opted for a public questionnaire that could be completed online or in hard copy. The questionnaire was designed to capture:

- Individual or voluntary/ community organisation (including patient group) views.
- The location referred to in the response.
- Information on how pharmaceutical services are accessed frequency, times of day, how they are accessed.
- Information on how people would prefer to access services.
- Types of services used.
- Views on the availability of pharmaceutical services.
- The priorities for users in terms of access to and availability of services.
- Basic details on the responder age, gender, place of residence etc.

It was distributed to Healthwatch, York Centre for Voluntary Services, the Partnership Boards' members and other individuals and organisations with whom the Council had contact with a request to cascade it on (the full list of who cascaded to is in Appendix 7 and the questionnaire can be found in Appendix 8)

Pharmaceutical Service Providers - Current Pharmaceutical Service Provision

A separate questionnaire was developed for current pharmaceutical service providers. Within the questionnaire was a requirement to report the hours that a contractor is operating and the services currently provided other than essential. This questionnaire was distributed by NHS England.

The questionnaire also sought opinions on future improvements to pharmaceutical service provision.

Engaging with Professionals and Strategic Partners

In order to effectively engage with local strategic partners (including commissioners and planners), and care professionals in a timely manner, the group decided on using a questionnaire method to collect information.

The steering group segmented the questionnaires by:

- Strategic Partners for people and organisations that commission services or plan other aspects of communities (e.g. housing, transport, etc.) that could impact on the need for pharmaceutical services in particular areas.
- Health or social care service providers and practitioners.

The questionnaires aimed to identify current or future initiatives (commissioning intentions, housing developments etc.) that could impact on the need for and access to pharmaceutical services. It also captured the views of frontline professionals and commissioners on the quality and access to pharmaceutical services. Respondents were also encouraged to provide their views on future developments for pharmaceutical services.

Copies of the Questionnaires are included in Appendix 7.

Communications and Questionnaire Distribution Process

The group generated a distribution list covering the Health and Wellbeing Board's Partnership Boards, while recognising that it was inevitable that some individuals may not receive a direct notification that the questionnaires were live. To counter this, press releases and other communications promotion accompanied the publication of the questionnaires, encouraging people to send on the web-link to others they felt would be interested in expressing their views.

The questionnaires were live on the City of York JSNA website (<u>www.healthyork.org</u>) for 5 weeks, from 11th June to 18th July 2014.

The full distribution list for the questionnaires can be found in Appendix 8.

4.5 Identifying Local Needs

Section 2.0 defined NHS pharmaceutical services. Attempting to translate the service requirements into key indicators of quantifiable need is somewhat more difficult. The majority of health needs information was identified through the <u>York Joint Strategic Needs Assessment (2014)</u> and the <u>13/14 Director of Public Health Annual Report complemented with some additional needs assessments completed by North Yorkshire County Council's Public Health Team for City of York Council's Public Health Team.</u>

Essentially the indicators of need relate to individuals and populations who need:

- Drugs, medicines and appliances.
- Advice and support on healthy lifestyles.
- Support for self-care.
- Medicines or appliance reviews.

The need for the above is likely to be extremely variable in an otherwise healthy population (healthy people will have sporadic bouts of illness, perhaps related to cold weather but otherwise they are occasional), so identifying need will be driven by a number of more specific indicators related to the services outlined above:

Population

- The number of people in an area the sheer number of people living in an area will drive need for pharmaceutical services.
- Deprivation can be used as a proxy indicator for need with more need for health services seen in more deprived areas.
- The number of children and older people in an area children and older people utilise NHS services more on average than the working adult population,
- Key data (where available) on populations of need e.g. looked after children, Gypsy and Travellers

Illness and disability

- Life expectancy and healthy life expectancy and the inequalities between populations.
- Activities of daily living and/ or the Disability Living Allowance as a proxy indicator of health and social care need.
- Service use and health outcomes driven by long term conditions and illness.

Risks to health

- Number and rates of smokers and smokers from routine and manual backgrounds.
- Number and rates of hazardous and harmful drinkers.
- Number and rates of overweight and obese adults.
- Number and rates of teenage conceptions.
- Number and rates of injecting drug users.

4.6 Mapping Current Provision

The 2013 Regulations specify that the PNA must include a map identifying the premises at which pharmaceutical services are provided in North Yorkshire. The Regulations require that the map (or maps) is kept up to date as far as practicable.

To meet this requirement the pharmaceutical services in York have been mapped in this report.³ Current service provision was mapped by each district overlaid on population density, indicating travel time radius by road.⁴

The maps illustrate the location of:

- Pharmacies.
- Distance selling pharmacies.
- Dispensing appliance contractors.
- Dispensing doctors.

Interactive maps showing pharmacies and a range of other health and social services can be accessed here http://maps.northyorks.gov.uk/connect/?mapcfg=health. Although on North Yorkshire County Council's website, it also shows the location of pharmacies (and GP surgeries, dentists and hospitals) in York.

Interactive maps showing a more detailed picture of pharmaceutical services offered across North Yorkshire – including the services provided and opening hours – can be accessed here http://maps.northyorks.gov.uk/connect/?mapcfg=ph_pharmacies.

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PNA

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Using MapInfo.

⁴ The drive time maps are produced using RouteFinder software that calculates travel time based on the road network and the average speeds associated with the different sections of the road.

4.7 Identifying unmet needs and priorities

During the whole needs assessment process the steering group were identifying potential unmet needs or areas for improvements.

The steering group held a specific meeting to finalise the decisions for each locality and agree the final content of the PNA.

The assessment of current and future need for the City of York is given in the Conclusion of the Executive Summary.

4.8 Consulting on findings

The 2013 Regulations stipulate the minimum consultation requirements, including a need to consult with local contractors. The regulations specify that:

- HWBs must consult with the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), local providers of health and social care, Healthwatch, the public and patient groups, NHS Trusts and NHS Foundation Trusts, NHS England and neighbouring HWBs at least once during the process of developing a PNA.
- Any neighbouring HWBs who are consulted should ensure that any LMC and LPC in the area is consulted.
- A minimum period of 60 days for consultation responses.
- Those being consulted can access the draft PNA on a website or, if requested, be sent an electronic or hard copy version.

The consultation on the City of York PNA commenced on 25th November 2014 and closed on 26th January 2015 giving the required 60 day consultation period.

The list of groups and organisations that were contacted directly as part of the consultation can be found in Appendix 8. A public version of the consultation was posted on the City of York website, Consultations pages, with a press release issued to the local media outlets.

5.0 Control of Entry Application Process

Market Entry by means of Pharmaceutical Needs Assessment

The Health Act 2009 requires that NHS England Area Teams (previously Primary Care Trusts) use PNAs as the basis for determining market entry to NHS pharmaceutical services provision (known as the "Market Entry test"). The detail of the basis for applications is covered by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. This gives the regulatory framework under which applications should be made to Area Teams (ATs) and how they should determine those applications. This supersedes the "Control of Entry" test which had previously been the method for determining pharmacy applications.

There are two types of application that can be made by pharmacy or dispensing appliance contractors within the 2013 Regulations:

- Routine applications.
- · Excepted applications.

The routine applications will:

- Meet an identified current or future need or needs.
- Meet identified current or future improvements or better access to pharmaceutical services; or
- Provide unforeseen benefits, i.e. applications that offer to meet a need that is not identified in a PNA but which the Area Team is satisfied would lead to significant benefits to people living in the Area Team footprint.

Some of the excepted applications will cover:

- Relocations that do not result in significant change to pharmaceutical services provision.
- Change of ownership applications.
- The above combined.
- Distance selling pharmacies. This is where the pharmacy provides all the essential services within the pharmacy terms of service but without making face-to-face contact with the patient e.g. internet pharmacies.

5.1 Controlled localities (rural)

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 their GP (if they provide this service). In accordance with the NHS Regulations, none of the city of York falls into this category, and is all designated as non-controlled (urban). There are two separate designations, put in place at different times.

Table 1 Non-Controlled Areas in York

Non controlled locality (urban)	Date of designation	Earliest date of review	
Haxby	18/10/2010	18/10/2015	
York	6/3/2008	6/3/2013	

The precise locality boundaries are illustrated on maps accessible via Appendix 6. They can also be accessed at http://www.nypartnerships.org.uk/pna.

Controlled and non-controlled areas are designated by NHS England Area Team under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Only the Area Team has the right to review an area if it considers this is necessary. The LPC and LMC can apply to the Area Team for it to review an area but it is the decision of this organisation whether it considers this is necessary.

There is no set date in the Regulations when an area has to be reviewed, but the earliest date is five years after the designation date. An area can only be reviewed sooner than five years if there has been a significant change in circumstances such as a major housing development.

5.2 Reserved locations

A reserved location is designated, in a controlled locality, where the total patient population within 1.6km (1 mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. The concept of reserved locations was first introduced in the National Health Service (Pharmaceutical Services) Regulations 2005, SI 2005/641 and is primarily intended to protect the dispensing rights of an existing GP dispensing service with premises in an area to be designated as a reserved location.

In normal circumstances, if a pharmacy opens in a controlled locality patients living within 1.6km (1 mile) of the pharmacy would cease receiving dispensing services from their dispensing doctor and instead use the services of the pharmacy. In a reserved location this would not apply; patients would continue to be able to exercise a choice as to whether to continue receiving dispensing from their dispensing doctor or from the pharmacy. The reason for this is that below 2,750 patients the viability of introducing a new pharmacy is questionable. It therefore allows existing GP dispensing practices to continue to provide dispensing services to those patients that wish to continue receiving services.

Reserved location status will continue to be considered and determined by the NHS England as required by the Regulations in response to applications for new pharmacies in controlled localities.

There are no reserved locations in York.

6.0 Current of Provision Pharmaceutical Services

The following pharmaceutical services are commissioned by:

NHS England

- Essential services
- Advanced services
- Local enhanced services
- Local pharmaceutical service contract
- Essential Small Pharmacies Local Pharmaceutical Services contracts
- Appliance contracts.
- Distance selling and Internet pharmacy

The details of all these service are outlined below.

6.1 Services provided in Community Pharmacy under the contractual framework

The Community Pharmacy contractual framework is made up of three sections – Essential Services, Advanced Services and Enhanced Services.

6.1.1 Essential services

Dispensing of medicines or appliances

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Repeat Dispensing

The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. Additional to requirements to those for dispensing, are that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended service outcomes

 To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber.

- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient.
- To reduce the workload of General Medical Practices, by lowering the burden of managing repeat prescriptions.

Clinical Governance

This service covers the following areas:

- Patient and public involvement including Practice leaflet, Publicising NHS services, Patient satisfaction survey, Approved complaints system, Monitoring arrangements for compliance with the Disability Discrimination Act 1995.
- Clinical audit programme.
- Risk management programme.
- Clinical effectiveness programme.
- Staffing and staff management programme.
- Use of information.
- Premises standards

Public Health – promotion of healthy lifestyles

The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:

- Have diabetes.
- Be at risk of coronary heart disease, especially those with high blood pressure.
- Smoke.
- Be overweight.

Pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods. The City of York Council intends to roll out a Healthy Living Pharmacy programme starting in 2015.

Disposal of unwanted medicines

Acceptance of unwanted medicines from households and individuals which require safe disposal.

Signposting

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Support for Self Care

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

6.1.2 Advanced Services

These services are: Medicines Use Reviews (MUR), New Medicines Service (NMS), Appliance Use Review (AUR) and stoma customisation. The names of pharmacies and the Advanced Services they provide are listed in Table 2.

Medicines Use Reviews

The MUR consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines in particular for those with long term conditions. The pharmacy is only allowed to complete up to 400 of these reviews within a financial year and 70% of these must be for patients within certain target groups. For 2014/15 they are:

- Patients taking high risk medicine as included in certain BNF subsections which are:
 - Non-steroidal anti-inflammatory drugs (NSAIDs).
 - o Anticoagulants.
 - o Antiplatelets.
 - o Diuretics.
- Patients who have had a stay in hospital within the last 8 weeks and have had their medication changed.
- Patients who are on certain respiratory drugs which have been detailed from the BNF.

In addition to these, from the implementation date a new group will be added to cover patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines. Patients at risk of or diagnosed with cardiovascular disease will be identified by virtue of them being prescribed one or more medicines for one or more of the following cardiovascular/ cardiovascular risk conditions:

- Coronary heart disease
- Diabetes
- Atrial fibrillation
- Peripheral arterial disease
- Renal/ chronic kidney disease (CKD)
- Hypertension
- Thyroid disorders
- Heart failure
- Stroke/ TIA (transient ischaemic attack)
- Lipid disorders

This means that they must be prescribed at least one medicine from Chapters 2 (cardiovascular), 6.1 (diabetes) or 6.2 (thyroid) of the British National Formulary (BNF).

New Medicines Service

This was introduced in October 2011 for a fixed period but has been extended to cover 2014/15 while evaluation of the benefits is taking place. The service is for patients with long-term conditions newly prescribed a medicine and is to help improve medicines adherence. It is focussed on certain patient groups and conditions.

Again the groups are those patients taking medicines that are contained within certain subsections of the BNF but covers the main conditions given below:

- Asthma and Chronic Obstructive Pulmonary Disease.
- Type 2 Diabetes.
- Antiplatelet/Anticoagulant therapy.
- Hypertension.

Appliance Use Review and Stoma Customisation

These two advanced services relate to appliances and can be provided by both community pharmacies and dispensing appliance contractors. Table 2 lists the 6 Pharmacies which can offer Appliance Review, with their addresses.

Table 2 Advanced Services provided by Community Pharmacies in York

Contractor	Pharmacy Name (alternative)	Medicine: Review	New Med	App Review	Stoma	
Lloyds Pharmacy Ltd	Lloyds Pharmacy	✓	✓	✓	✓	
Tesco In store Pharmacy	Tesco Superstore	✓	✓			
Whitworth Chemists Ltd	Whitworth Chemists Ltd	✓	✓			
Monkton Road Pharmacy Ltd	Monkton Road Pharmacy	✓	✓			
Boots UK Ltd	Your Local Boots Pharmacy	✓	✓			
Boots UK Ltd	Your Local Boots Pharmacy	✓	✓			
Asda Stores Ltd		✓	✓			
E & C Goran	Badger Hill Pharmacy	✓	✓			
Boots UK Ltd	Boots UK Ltd	✓	✓			
Boots UK Ltd	Your Local Boots Pharmacy	✓	✓			
R S Marsden Ltd	Marsden Pharmacy	✓	✓			
Boots UK Ltd	Your Local Boots Pharmacy	✓	✓			
Tesco Stores Ltd (100 hours)	In store Pharmacy	✓	✓			
Boots UK Ltd	t/a Boots the Chemist Ltd	✓	✓			
Tesco Instore Pharmacy	Tesco Superstore	✓	✓			
Copmanthorpe Pharmacy Ltd	Copmanthorpe Pharmacy	✓	✓			
Lloyds Pharmacy Ltd	Lloyds Pharmacy	✓	✓	✓	✓	
Euro Pharmacare Ltd	t/a Parkers Pharmacy	✓	✓			
Boots UK Ltd	Boots UK Ltd	✓	✓			
Boots UK Ltd	Boots UK Ltd	✓	✓			
Priory Group Medical Ltd (100 hours)	The Priory Pharmacy	√	✓			
Boots UK Ltd	Boots the Chemists	✓	✓			
Pathvalley Ltd	Cohens Chemist	✓	✓			
Lloyds Pharmacy Ltd	Lloyds Pharmacy	✓	✓	✓	✓	
Boots UK Ltd	Your Local Boots Pharmacy	✓	✓			
Lloyds Pharmacy Ltd	Lloyds Pharmacy	✓	✓	✓	✓	
Boots UK Ltd	Boots UK Ltd	✓	✓			
Sainsbury's Supermarkets Ltd	Sainsbury's Supermarkets Ltd	✓	✓			
S K F Lo (Chemist) Ltd	S K F Lo (Chemist) Ltd	✓	✓			
M Hepworth (Chemists) Ltd	M Hepworth (Chemists) Ltd	×	×			
Gale Farm Healthcare	Gale Farm Pharmacy	✓	✓	✓	✓	
PT & HJ Richardson	PT & HJ Richardson	✓	×			
Boots UK Ltd	Your Local Boots	✓	✓			

Contractor	Pharmacy Name (alternative)	Medicines Review	New Med	App Review	Stoma
Boots UK Ltd	Boots UK Ltd	✓	✓		
Lloyds Pharmacy Ltd	Lloyds Pharmacy	\checkmark	\checkmark	\checkmark	✓
Monkbar Pharmacies Ltd					
(100 hours)	Monkbar Pharmacy	✓	×		
Lloyds Pharmacy Ltd	Lloyds Pharmacy	\checkmark	\checkmark		
Haxby Group Pharmacy Ltd (100	Haxby Group Pharmacy	✓	✓		
Acomb Medical Ltd	York Medical Pharmacy	✓	\checkmark		
M J Roberts Chemists Ltd	M J Roberts Chemists Ltd	✓	✓		
M & B Healthcare Ltd	Bishopthorpe Road Pharmacy	✓	✓		
Tower Court Pharmacy Ltd	Tower Court Pharmacy Ltd	✓	\checkmark		
Yorcare Ltd	Bishopthorpe Pharmacy	✓	✓		
Haxby Group Pharmacy Ltd (100	Huntington Pharmacy	✓	✓		

6.1.3 Enhanced services

These services are commissioned by NHS England only and are detailed in The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. If another provider wishes to commission these services they cannot be called Enhanced Services.

The services available are:

- Anticoagulant Monitoring service.
- Care Home service.
- Disease specific medicines management service.
- Gluten Free Food Supply service.
- Independent Prescribing service.
- Home Delivery service.
- Language Access service.
- Medication Review service.
- Medicines Assessment and Compliance Support service.
- Minor Ailment scheme.
- On demand availability of Specialist Drugs.
- · Out of Hours.
- Patient Group Direction service this includes vaccinations and immunisations,
- Prescriber Support service.
- Supplementary Prescribing service.

More details on each of these services can be obtained from the Pharmaceutical Services Advanced and Enhanced Service Directions (2013), available at https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013

The only current NHS England commissioned Enhanced Services pharmacy services in York are the scheduled additional hours (i.e. out-of-hours provision).

6.1.4 Essential Small Pharmacies Local Pharmaceutical Services contracts

Essential Small Pharmacies Local Pharmaceutical Services contracts ("ESPLPS Contracts") are a type of local pharmaceutical services (LPS) contract and were granted to certain pharmacy contractors in 2005/6 in accordance with Directions from the Secretary of State. They replaced the former essential small pharmacy scheme (ESPS) which was set up in order that pharmacies located in areas that could not otherwise support a pharmacy operating under the national terms of service would be provided with a minimum guaranteed income for the provision of essential services to ensure that they were financially viable.

The ESPLPS Contracts commenced on 1 April 2006, initially for five years, but were subsequently extended and these arrangements will terminate on 31 March 2015. In order to be eligible for an ESPLPS contract, pharmacies had to meet certain criteria such as dispensing more than 6,400 and fewer than 26,400 items per annum upon establishment and – to remain in this group – they had to continue to meet this low prescription volume criteria. The scheme closed on 1 April 2006 and no new ESPLPS contracts have been issued since that time.

6.1.5 Appliance Contract

Dispensing Appliance Contractors (DACs) specialise in providing a range of colostomy and incontinence products for patients. They can also apply to NHS England to undertake the Advanced Services - Stoma Appliance Customisation and also Appliance Use Reviews to improve the patient's knowledge of specified appliances.

Table 3 Names and addresses of Dispensing Appliance Contractors

Contractor	Address	Postcode
Charles Bullen Stomacare Ltd	Unit 5 London Ebor Bus Park, Milfield Lane, York	Y026 6RY
Fittleworth Medical Ltd	Ground Floor Unit 4, Concept Court, Kettlestring Lane, Clifton Moor, York	YO30 4XF

6.1.6 Distance Selling and Internet Pharmacies

The NHS Choices website currently lists 199 internet pharmacies in the UK.^{iv} According to statistics from the Health and Social Care Information Centre, the number of 'distance selling' pharmacies (i.e. internet or mail order based) has increased from 56 in 2008/09, representing 0.5% of the total number of pharmacies, to 200 in 2012/13, representing 1.7%.^v

Internet pharmacies are licensed in the same way as "bricks and mortar" pharmacies and require registration with the General Pharmaceutical Council.

They are also subject to additional requirements:

- 1. A distance selling pharmacy must not provide "essential services" to a person who is present at the pharmacy, or in the vicinity of it. In addition, the pharmacy's Standard Operating Procedures (SOPs) must provide for the "essential services" to be provided safely and effectively without face to face contact with any member of staff on the premises. NHS England could ask for sight of the SOPs when considering an application to satisfy itself that the conditions will be met. For example, a distance selling pharmacy receives a prescription via post and dispenses it the next day, sending it via courier. The pharmacist telephones the patient to counsel the patient on the medicine's correct use. This arrangement satisfies the conditions as no face to face contact has taken place on the pharmacy's premises.
- 2. A distance selling pharmacy may provide "advanced services" as well as "enhanced services" on the premises, as long as any essential service is not provided to persons present at the premises. For example, a distance selling pharmacy receives a prescription and dispenses it the next day, sending it via post with a consent form and explanatory leaflet about the New Medicine Service, inviting the patient to contact the pharmacy. The patient lives locally and so makes arrangements to visit the pharmacy, to complete the NMS. The pharmacy would need to be very careful not to provide or offer to provide any of the essential services whilst the patient is at the pharmacy.
- 3. The pharmacy's procedures and SOPs must allow for the uninterrupted provision of "essential services" during the opening hours of the pharmacy to anyone in England who requests the service. NHS England could ask for sight of the SOPs, during the application process, to ensure that adequate arrangements have been made to satisfy this condition.
- 4. Nothing in any written or oral communication such as a practice leaflet or any publicity can suggest, either expressly or implied, that services will only be available to persons in particular areas of England, or only particular categories of patients will (or will not) be provided for. For example, a distance selling pharmacy publishes a leaflet which states 'Our delivery vans are available within a 25 mile radius. We can arrange for delivery by post outside this area, but cold chain products, such as insulin cannot be sent this way'. The pharmacy is likely to be found in breach of the conditions, as patients with diabetes requiring insulin who live outside the area would be unable to obtain their prescriptions from the pharmacy.

6.1.7 City of York Council

The City of York Council Public Health Team commissions a number of locally commissioned services. These are listed overleaf:

Emergency hormonal contraception

The supply of Emergency Oral Hormonal Contraception (EHC) by community pharmacies helps contribute to a reduction in the number of unplanned pregnancies and terminations. This Service is delivered via a Patient Group Direction (PGD) free of charge to service users aged 14 years to 24 years inclusive. The aim of the service is to increase the knowledge of the availability of emergency contraception and contraception from pharmacies; to improve access to/use of emergency contraception; provide informed advice and support to complement existing sexual health services, providing a signposting service into the relevant mainstream contraceptive and sexual health services.

Needle and syringe exchange programme

The Service provided includes the distribution and collection of sterile injecting equipment and its safe disposal and the provision of a range of other harm reduction support and interventions. Pharmacy needle and syringe programmes and harm reduction initiatives are part of the overall wider approach to prevent the spread of blood borne disease and other drug –related harm, including drug related death. The service aims to discourage people from misusing drugs and enable those who wish to stop to do so; reduce the harm drug misuse causes to individuals and to communities; protect communities from the health risks, and other damage associated with drug misuse, including the spread of communicable disease such as HIV and some forms of hepatitis and to ensure that communities have access to accurate information about the risks of drug misuse.

Supervised consumption service

The Supervised Consumption Service is provided to drug users who are prescribed methadone, Subutex® or Suboxone® in the York area. The Service will encompass supervised support and advice to service users in a safe environment. The aims of the service are to ensure compliance with the service user's agreed care plan, by dispensing prescribed medication in specified instalments and ensuring each supervised dose is correctly administered; liaising with those directly involved with the service user's care and improving drug treatment delivery and retention. This thereby reduces the risk to communities caused by drug misuse

Stop smoking services (SSS)

The provision of a service user in-house evidence based structured four week quit programme within pharmacies, as primary care services play a key role in helping

people to stop smoking. It is intended to support pharmacies in maximising the numbers of service users who go through a structured quit programme to reduce overall smoking prevalence. Weekly support for at least the first four weeks of a service user's quit attempt (the support may be offered by telephone where appropriate) and attempt to confirm the smoking status of all service users reporting as having quit smoking at four weeks.

All services commissioned by City of York Council are subject to regular contractual review. Needs assessments will be taken on all these areas (tobacco control is underway at the time of publishing, and substance misuse services will be reviewed in 2015/16). Other services which could be provided by pharmacies may be procured during the lifetime of this PNA, for example NHS Health Checks.

Table 4 Public Health Commissioned Services provided by Community Pharmacies

Contractor	Pharmacy Name	SSS	EHC	Super Cons	Needle
Lloyds Pharmacy Ltd	Lloyds Pharmacy	Υ		Υ	
Tesco In store Pharmacy	Tesco Superstore	N	N	N	N
Whitworth Chemists Ltd	Whitworth Chemists Ltd	Υ	Υ	Υ	
Monkton Road Pharmacy Ltd	Monkton Road Pharmacy	Υ	Υ	Υ	
Boots UK Ltd	Your Local Boots Pharmacy			Υ	
Boots UK Ltd	Your Local Boots Pharmacy	Υ	Υ	Υ	
Asda Stores Ltd		Υ		Υ	
E & C Goran	Badger Hill Pharmacy		Υ	Υ	
Boots UK Ltd	Boots UK Ltd	Υ		Υ	
Boots UK Ltd	Your Local Boots Pharmacy		Υ	Υ	
R S Marsden Ltd	Marsden Pharmacy			Υ	Υ
Boots UK Ltd	Your Local Boots Pharmacy		У	У	У
Tesco Stores Ltd (100 hours)	In store Pharmacy		Υ		
Boots UK Ltd	t/a Boots the Chemist Ltd		Υ	Υ	
Copmanthorpe Pharmacy Ltd	Copmanthorpe Pharmacy	Υ	Υ	Υ	
Lloyds Pharmacy Ltd	Lloyds Pharmacy	Υ		Υ	Υ
Euro Pharmacare Ltd	t/a Parkers Pharmacy	N	N	N	N
Boots UK Ltd	Boots UK Ltd	Υ	Υ	Υ	Υ
Boots UK Ltd	Boots UK Ltd	Υ	Υ	Υ	Υ
Priory Gp Medical Ltd (100 hrs)	The Priory Pharmacy	Υ		Υ	
Boots UK Ltd	Boots the Chemists		Υ	Υ	
Pathvalley Ltd	Cohens Chemist			Υ	
Lloyds Pharmacy Ltd	Lloyds Pharmacy	Υ	Υ	Υ	Υ
Boots UK Ltd	Your Local Boots Pharmacy	Υ	Υ	Υ	Υ
Lloyds Pharmacy Ltd	Lloyds Pharmacy	Υ	Υ	Υ	
Boots UK Ltd	Boots UK Ltd	Υ	Υ	Υ	
Sainsbury's Supermarkets Ltd	Sainsbury's Supermarkets Ltd		Υ	Υ	
S K F Lo (Chemist) Ltd	S K F Lo (Chemist) Ltd			Υ	
M Hepworth (Chemists) Ltd	M Hepworth (Chemists) Ltd	N	N	N	N
Boots UK Ltd	Boots UK Ltd			Υ	
Lloyds Pharmacy Ltd	Lloyds Pharmacy	Υ		Υ	
Monkbar Pharmacies Ltd (100 hour	Monkbar Pharmacy	Υ	Υ	Υ	
Lloyds Pharmacy Ltd	Lloyds Pharmacy	Υ	Υ		
Haxby Gp Pharmacy Ltd (100 hrs)	Haxby Group Pharmacy		Υ		
Acomb Medical Ltd	York Medical Pharmacy			Υ	
M J Roberts Chemists Ltd	M J Roberts Chemists Ltd	N	N	N	N
M & B Healthcare Ltd	Bishopthorpe Road Pharmacy				
Tower Court Pharmacy Ltd	Tower Court Pharmacy Ltd	Υ	Υ	Υ	
Yorcare Ltd	Bishopthorpe Pharmacy		Υ	Υ	

6.1.8 Clinical Commissioning Groups

At present NHS Vale of York CCG does not commission any services from community pharmacies.

6.2 Community Pharmacy Contractors

This section provides an overarching summary of pharmaceutical provision in York.

In York there are a total of 40 community pharmacies, and 10 dispensing outlets from 5 GP practices, giving a total of 50 dispensing outlets.

When analysed against population, this equates to an average of 4000 people per dispensing outlet or 25 outlets per 100,000 population. This makes York one of the best provided areas in the country, in the top 20%.

Table 5 Total number of dispensing outlets, providing essential dispensing services

Pharmacie s	GP dispensin g practice premises	Total dispensin g outlets	Populatio n	Populatio n served per outlet	Outlets per 100,000 populatio n
40	10	50	200,000	4,000	25

Appendix 2 presents the full details of all York pharmacies, with opening hours.

Appendix 3 presents the same information as in Appendix 2 but for the whole NHS Vale of York CCG catchment.

Appendix 4 presents the addresses of all the GP practice dispensing branches.

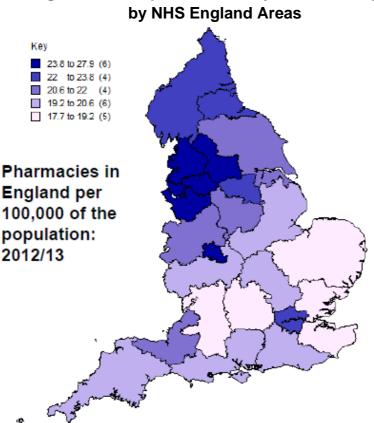


Figure 1 Map of Community Pharmacies per 100,000 population, shown by NHS England Areas

6.3 Dispensing Activity

Within the range of pharmaceutical products there are Prescription Only Medicines (POMs) and Over the Counter (OTC) products. Drugs which are OTC may also be prescribed, such as painkillers (e.g. paracetamol) and laxatives (e.g. senna). GPs will often prescribe OTC products for patients who do not pay for prescriptions such as people over 60 and children. Between 2002 and 2012 in England 90% of prescriptions were dispensed free. Prescriptions must be written by a prescriber, which in the majority of cases is a doctor, but dentists may also prescribe and increasingly nurses and therapists can prescribe within their scope of practice once they have been suitably trained.

The NHSE *Call to Action* provided an evidence pack on community pharmacy provision.^{vi} In the evidence pack it stated:

- The number of items prescribed reached 1 billion annually in 2012. The year-on-year growth in items has been around 4 5 per cent since 2001.
- Almost 60 per cent of all prescriptions are for those over 60.

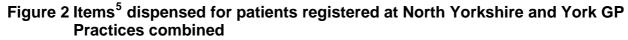
You can get free NHS prescriptions if, at the time the prescription is dispensed, you:

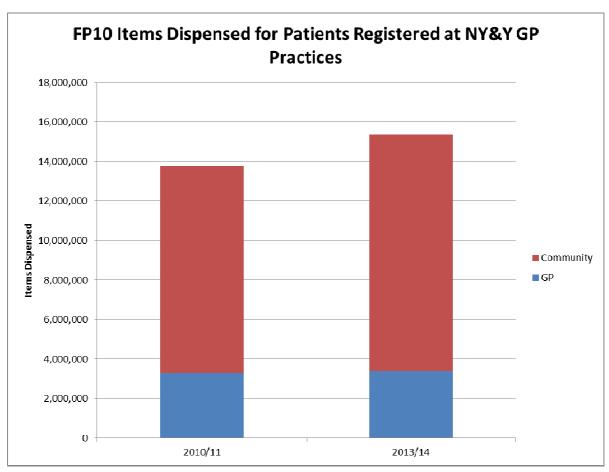
- are 60 or over are under 16
- are 16-18 and in full-time education
- are pregnant or have had a baby in the previous 12 months and have a valid maternity exemption certificate (MatEx)
- have a specified medical condition and have a valid medical exemption certificate (MedEx)
- have a continuing physical disability that prevents you from going out without help from another person and have a valid MedEx
- hold a valid war pension exemption certificate and the prescription is for your accepted disability
- are an NHS inpatient

You are also entitled to free prescriptions if you or your partner (including civil partners) are named on, or are entitled to, an NHS tax credit exemption certificate or a valid HC2 certificate (full help with health costs), or you receive either:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance, or
- Pension Credit Guarantee Credit
- Universal Credit

The figure below shows the trend in items dispensed in North Yorkshire and York combined, as in 2010/11 the data was compiled by PCT which covered both areas. As NHS Vale of York CCG covers all of York and quite a large area of North Yorkshire these data are not split by area. There is no reason to believe that the direction of trend in York would have differed to that in North Yorkshire over the ensuing 3 years, so it would be a safe working estimate that the number of items dispensed has increased by 9%. This matches the national trend for a 3-4% increase year on year.





Source: North Yorkshire and Humber Commissioning Support Unit, Medicines Management Team 2nd October 2014

PNA

⁵ Items are individual medicines, appliances, etc prescribed. A prescription may include several items. The prescription form used by prescribers (usually GPs) in the community is known as an FP10, so "FP10 items" encompasses all the medicines and products prescribed – except those prescribed by hospital prescribers.

6.4 Access to pharmaceutical services

There are 40 community pharmacies operated by a mixture of independent and multiple pharmacy owners (e.g. Boots). In addition there are a further 10 dispensing outlets from 5 GP practices.

Everywhere in York is within a 10 minute drive time of a dispensing practice or community pharmacy.

Some groups may experience difficulty accessing a pharmacy, these are discussed in Section 7 – Identified Health Needs.

The opening times of all pharmacies are given in Appendix 2.

Out of Hours Provision

Many areas now have "late night" pharmacies, accessible until late evening. When these are closed, the GP out-of-hours (OOHs) service is commissioned to dispense emergency medicines, and limited stocks of a limited list of medicines for emergency use are carried in all OOHs vehicles and in OOHs centres. These are for patients seen by the service and there is no provision for dispensing against prescriptions provided elsewhere.

Medicines are now supplied under national guidance in "patient packs", meaning a full course is dispensed and patients should not have to seek further supplies elsewhere. Historically, supplies were only provided until the next pharmacy opened.

OOHs services also carry a small amount of palliative care drugs in case of immediate need overnight; these are only provided in small amounts due to the rapidly changing requirements in these patients.

The purpose of the OOHs dispensing service is to ensure 24/7 supply of essential medication, it is not intended as a routine dispensing service.

If other essential medication is required when pharmacies are closed (e.g. Insulin destroyed by heat/faulty insulin pen) OOHs GPs may communicate and liaise with either community pharmacists or hospital on-call pharmacists to attempt to identify and access medication not routinely held in stock. Whilst provision cannot be guaranteed overnight, safe care will be provided to all in need.

7.0 Identified Health Needs

York is a fairly compact city, surrounded by rural areas with a few small villages within the local authority boundary. The area covered by the City of York local authority is 272 km² giving a population density of 728 people per km², which is very near the median of all English districts, being 159th out of 326 authorities.

The York Joint Strategic Needs Assessment (2014) provides a high-level analysis of the current and future health and wellbeing needs of the individuals and communities within the city of York. It is available as a web resource on-line, rather than a single document, although sections can be downloaded as documents (pdfs). The content is available here. The JSNA is a comprehensive assessment and provides a substantial information source on need for the PNA. Rather than repeating large sections of the JSNA this section of the PNA attempts to summarise some of the pertinent issues relevant to need for pharmaceutical services.

The needs of the population in relation to pharmaceutical services have been summarised in this section. This has been structured in line with the domains that were identified in Section 4.0:

- Population.
- Illness and disability.
- · Risks to health.
- Wider determinants.

This section also brings in the findings from each of the questionnaires:

- Public.
- Health and care professions.
- Strategic stakeholders.

Population

According to the 2011 Census, York's population was 198,051 persons, made up of 83,552 households. In the decade between Censuses the population grew by 10%. More recent data from the Office for National Statistics (ONS) has estimated York's midyear population in 2012 to be 200,018 – an increase of 1% (1,967 people) since the 2011 Census. It would be safe to assume that the city population will continue to grow by about 1% a year over the lifetime of this PNA.

The <u>population pyramid</u> below summarises the number of males and females who make up York's resident population by age bandings. This gives a visual representation of the number of men and women who live within the York local authority boundary by gender and 5 year age band. In York the pyramid does not look like a pyramid! Youngest is at the bottom of the pyramid, usually with a gradual decrease from about age 50. In York we see a large bar sticking out on each side. This is people in their early twenties, and is the effect of having a large student population in the city. The darker outlines show the population profile of the England population for comparison.

York Population Pyramid v England (ONS Mid 2012) 90 and over 85-89 80-84 25-29 20-24 1.5 - 1.910-14 5-9 0 - 44% 12% 8% 0.96 4% 8% 12% Males Females

Figure 3 Population pyramid for York based on mid-year 2012 estimates

Source: ONS mid 2012 population figures

The same data is shown below in by age banding in Table 6 overleaf.

Table 6 Population by broad age category based on 2012 mid-year estimates

Age band/ group	Total population	Male	Female
0-18 [children + teens]	38,760	19,737	19,023
19 – 64 [working age adults]	126,453	62,667	63,786
65 –84 [older people]	29,797	13,394	16,403
85+ [the very old]	5,008	1,685	3,323
TOTAL	200,018	97,483	102,535

Very detailed data showing population by single year groups and gender are given on the JSNA <u>Demography</u> web pages.

York has a higher percentage of females (51.4%) than regional or national percentages (50.8% for both).

Population growth

The Office for National Statistics (ONS) mid-year population estimate for York's was 200,018 – an increase of 1% (1,967 people) since the 2011 Census. This compares to increases of 0.6% in the Yorkshire and Humber region (made up of 24 local authorities) and 0.8% in England and Wales (made up of 348 authorities) over the same period. York's population increased by 10.4% since the 2001 Census, this compares to increases of 6.8% regionally and 8.3% nationally over the same time period.

The relative lack of children in 5-14 year old age group in York is similar to regional and national figures. However, there has been a recent "baby boom", a large increase in the 0-4 age population, especially children 2 years and under. The regional increase for this group was 12.5% compared to York's 13.9%. In the coming 5 – 10 years York will see an increase in demand for childcare and primary school places.

Population projections for the period between 2011 and 2021:

- for England there is growth forecast in those aged 0-14 years as in York.
- York shows an increase in those in the 25-39 age groups for both genders.
- Nationally we will see growth in those aged 50+ for both genders by 2021.
- For ages 15-24 years and 40-49 years will see a reduction by 2021 compared to the 2011 population.

The 85 + population is projected to grow by a large amount.

Socio-economic prosperity and deprivation

The city is affluent, ranked 3rd least deprived out of 64 similar-sized cities in England. However the city has 8 small areas which are in the poorest 20% nationally.

There is a measure known as the <u>Index of Multiple Deprivation 2010</u> (IMD 2010) which combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. The overall IMD 2010 measure for York shows that it is the 3rd least deprived city (out of the 64 cities of similar size in the UK). In other words it's an affluent city.

However, this overall affluence belies the wide variation which is present. York has one Lower Level Super Output Area⁶ in the 10% most deprived areas in the country (found in Westfield Ward) and a further 7 areas in the 20% most deprived areas in the country (found in Westfield, Clifton, Hull Road, Heworth and Guildhall wards). York's overall prosperity masks these pockets of deprivation, and the poor economic circumstances of many of the most vulnerable members of society; older single people living on a small pension, disabled people living on reducing benefits, people with long-term mental health problems, carers, young people not in education, employment or training, care leavers and the homeless. About 4,100 children live in poverty. It is worth noting that the difference is earnings between men and women in York equates to men earning £2.94 more per hour than women. Locally it is estimated that well over £2m of reductions in Housing Benefit and Council Tax Benefit in 2013/14 affected a wide number of residents and squeezed the income of those already reliant on welfare. This includes:

- 931 social tenants saw a reduction in their Housing Benefit because of the 'spare room subsidy' changes (£683k)
- 6,000 working age Council Tax payers had to pay at least 30% more of their Council Tax (£1.5m)
- 40 tenants affected by the cap in benefits (£42k)

The map overleaf shows the levels of deprivation within the York local authority boundary.

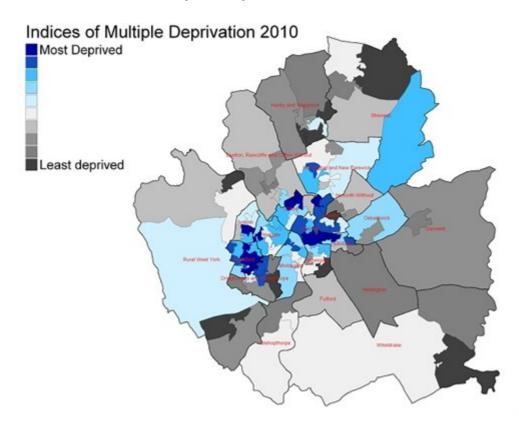
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⁶ A Lower Level Super Output Area is an area whose boundary is set by Office for National Statistics and contains between 1,000 - 3,000 people in 400 - 1,200 households.

In this map, the darkest blue shading shows the areas within each ward that have the highest levels of deprivation. The black areas represent the least deprived areas within York.

Figure 4 Map of York showing Index of Multiple Deprivation (IMD) Score by Lower Super Output Area



Each of York's 22 wards has a <u>ward profile</u> which contains a wide range of information at ward level such as ward population by age, gender, ethnicity, life expectancy, employment status, occupation, hours worked, qualifications, benefit claims, housing status, household composition, religious beliefs, health and wellbeing, crime, anti-social behaviour and community groups.

Key populations

Carers

'A carer is someone who, unpaid, looks after or supports a relative, friend or neighbour who is ill, disabled, frail or in need of emotional support'. There are 18,224 carers recorded in the 2011 Census in York making up 9.2% of the population. This is lower than regional (10.4%) or national (10.3%) figures.

A higher proportion of those with bad health are carers (12.4%) than those who are in good or fair health (9.3%). 4.5% of the Black and Minority Ethnic community are carers.

Bishopthorpe ward is in the top 10% of wards nationally for providing unpaid care of up to 19 hours a week.

There has been a significant growth in the population of older people, and this trend will continue. Within York, the most notable increase is the growth rate of 38% between 2001 and 2011 for those aged 80 and over compared to a national rate of 23%. There will be an associated increase in mental health and physical and sensory needs as the population ages. It is expected that there will be an increase in both the number of older people being supported by carers, as well as the number of older carers. It is likely that more people will become 'mutual carers' where two or more people, each experiencing ill health or disability, will care for each other (York Carers Strategy, 2011-2015).

An online source of information is available for carers <u>Connect to Support</u> detailing support available in York. However, some carers may be less likely to access appropriate information and support. A large proportion will be "digitally excluded" i.e. without access to computer or broadband and therefore cut off from all the online resources which could help them. The local pharmacist can play a very important support role for these people.

The City of York Council's Equality Action Group provided feedback about the Carers Strategy, identifying carers who need specific support as:

People with sensory impairments

Carers with learning disabilities

Carers from black and minority ethnic communities

Lesbian, gay, bisexual and transgender (LGBT) carers

Travellers

Carers with mental health problems

Older carers

In terms of equality outcomes Young Carers (aged under 18 years) are also being disadvantaged. There is more on the JSNA website <u>JSNA Carers page</u>.

A <u>Connect To Support</u> website gives access to finding a range of social care services in the local area.

The Student community

York has a high number of Higher Education students, ranking 23rd nationally.

There are 22,643 full time students in York. 5,730 students are in some form of employment - the highest percentage in the region, and 17th highest nationally. A relatively high number will be involved in working in the hospitality trade, namely bars, restaurants and clubs.

The website www.yorkstudenthealth.org.uk has a range of health advice for students in York and some information about health services, but not about pharmacy specifically. It was identified by stakeholders that there is no pharmacy on the large University of York campus, despite having a Health Centre on campus, and that this did present an issue for students, especially those new to the area or country and perhaps new to having to take responsibility for getting medicines when they need them. Travelling by public transport to the most accessible location and back would take a considerable chunk out of the time the students have for face-to-face study, or exams it would be impossible to miss except in the most dire situation.

Minority ethnic groups

Between the 2001 and 2011 Censuses 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. The largest ethnic group in York is the "other white British" followed by Asian British. There are a relatively large proportion of the number of immigrants from the EU area from eastern European countries such Poland.

Gypsy and Roma Travellers

These data also show that there is a relatively small Gypsy or Irish Traveller population which moves across northern Yorkshire, and there are a number of pitches in the city of York and in neighbouring Selby. Census 2011 data reveals that Travellers reported their health as either 'Very Good' or 'Good' (75%) compared to the general population of York (84%) and England (81%). Similarly, double the proportion of White: Gypsy or Irish Travellers recognise their health as 'Bad' or 'Very Bad' (8%) compared to York generally (4%). National research indicates reduced life expectancy, higher rates of infant mortality and greater likelihood of ill health within the GRT community.

A health needs assessment of this population was undertaken late 2013.

The survey sought to find out about usage of local health services, to establish whether or not there are any services which are not being accessed or any that are used more often than would be expected.

With the exception of one person at James Street site, all respondents were registered with a GP in York (97%). The following GP practices were identified by the 32 respondents who filled in the name of their doctor's practice:

- Clifton Health Centre (13; 35%)
- Abbey Medical, Tang Hall (10; 27%)
- The Surgery, 32 Clifton (4; 11%)
- Abbey Medical, Parkview (2; 5%)
- Priory Med, Heworth Green (2; 5%)
- Petergate Surgery (1; 3%)

33 (87%) people confirmed that their family members also had access to a GP; 3 (8%) reported they had any family members who were not registered. All services highlighted in the survey had been used by at least six individuals within the past year.

Table 7 Use of health services by the Traveller Community in York, 2013

Residence at time of	All	YO19 5UZ	YO10 3DT	YO30 6NG	B&M	Roadside
	(38)	(6)	(6)	(16)	(7)	(2)
GP	30 (79)	5 (83)	3 (50)	14 (88)	6 (86)	2 (100)
Pharmacy	25 (66)	3 (50)	4 (67)	12 (75)	6 (86)	0
Walk in centre	12 (32)	0	3 (50)	4 (25)	4 (57)	0
A&E	17 (45)	1 (17)	3 (50)	7 (44)	5 (71)	0
NHS Direct	6 (16)	0	3 (50)	2 (13)	1 (14)	0
Out of Hours	10 (26)	0	3 (50)	4 (25)	3 (43)	0
Dentist	20 (53)	2 (33)	4 (67)	7 (44)	6 (86)	0
Total visits	120	11 (2:1)	24 (4:1)	40 (2.5:1)	31 (4:1)	2 (1:1)

79% of individuals or their family members had visited their GP within the previous year. **Usage of pharmacies was also positive at 66%,** although it is not possible to know whether this was solely for collection of prescriptions or if other services had been used. Use of the Emergency Department was very high at 45%.

NHS Direct appeared to be the least popular service, with only 16% (6) of respondents having used it in the last year.

7.1 Illness, disability and risk factors

York scores better than the England average in many health indicators.

- Life expectancy for both men and women is similar to the England average..
- Over the last 10 years overall mortality rates have fallen. The early death rate from heart disease and stroke has fallen and is better than the England average.
- At age 11 (school Year 6), nearly 1 in 7 children are classified as obese; which is better than the average for England which is nearly 1 in 5.
- Levels of teenage pregnancy and GCSE attainment are better than the England average.
- Estimated levels of physical activity are better than the England average.
- Rates of sexually transmitted infections, road injuries and deaths, smoking related deaths and hospital stays for alcohol related harm are better than the England average.

The key area where York's health is relatively poor is:

 "increasing and higher risk" drinking – the city is within 1% of the worst local authority in the country

Also of concern is inequality in health – the gap in life expectancy between richest 10% and poorest 10% is over 8 years for men and over 5 years for women.

Nationally, the major causes of years lived with disability in 2010 were:

- Mental and behavioural disorders
- Musculoskeletal disorders

These are also the common reasons for long-term (over 4 weeks) sickness absence from work.

NHS Vale of York has a higher than average prevalence of patients who are registered with the following long-term conditions: depression, dementia, coronary heart disease, atrial fibrillation (an irregular heart beat), stroke and cancer. It is impossible to tell from these data if the detection of the conditions is better, or if the prevalence is truly higher.

People with long-term conditions account for:

- 30% of the population
- 50% of all GP appointments,
- 64% of outpatient appointments,
- 70% of all inpatient bed days, vii

In total around 70% of the total health and care spend in England is attributed to caring for people with long term conditions, this means 30% of the population accounts for 70% of the spend.

The care of individual conditions is often the focus of healthcare delivery, research and training. However, increasingly, as the population in the UK ages, there are people with multiple morbidity, that is those with two or more long-term conditions. This poses a big challenge to health and social care, delivery; particularly in an area such as York where the population is growing and the absolute numbers of the over 65s, and particularly over 85s is increasing.

Barnett et al. (2012)^{viii} conducted a cross sectional study on 1.75million people registered at 314 medical practices in Scotland as of March 2007. The purpose was to examine the distribution of multiple morbidity (i.e. the same person having many conditions), and the interaction of physical and mental health disorders in relation to age and socioeconomic status.

The key findings were:

- 42% of all patients had some (any) morbidities,
- 23% of all patients had more than one (i.e. were multi-morbid)
- Relative proportions of the population with multiple morbidities increase with age as might be expected,
- However, the largest absolute numbers of people with multiple morbidities were found in those aged under 65 years – this is due to the relative size of the populations under and over 65,
- Onset of multiple morbidity occurred 10-15 years earlier in those living in the most deprived areas compared with those in the most affluent areas,

- Socioeconomic deprivation was particularly associated with multiple morbidity that included mental health disorders.
- Prevalence of both physical and mental health disorder was:
 - o 11% in most deprived areas,
 - o 6% in least deprived areas,
- The presence of a mental health disorder increased with the number of physical morbidities:
 - o 7% for five or more disorders,
 - o 2% for one disorder.

Multiple morbidity becomes progressively more common with age. Figure 5 overleaf illustrates how morbidities accumulate with age which places a particular challenge on health and social care services. The current system in York is not designed to cope with this level of complexity, in particular the complexity of managing mental health disorders.

The most problematic expression of population ageing is the clinical condition of frailty. Frailty develops as a consequence of age-related decline in many physiological systems, which collectively results in vulnerability to sudden health status changes triggered by minor stressor events. Between a quarter and half of people older than 85 years are estimated to be frail, and these people have a substantially increased risk of falls, disability, long-term care, and death.

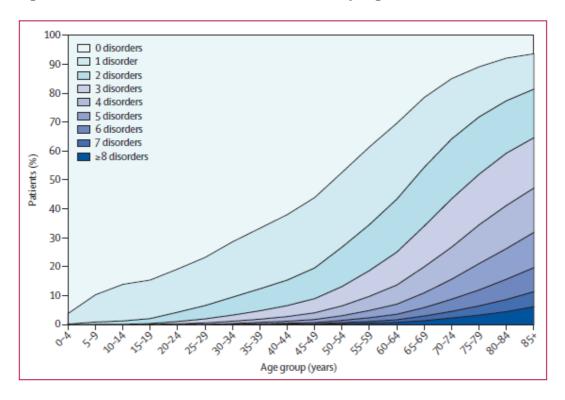


Figure 5 Number of Chronic Disorders by Age

It is particularly in patients with multiple morbidity who may be on many different medicines where the skill and experience of the pharmacist is needed to be vigilant for interactions, and to advise patients in the correct use of the various medications.

7.2 Risks to health

Smoking

Smoking is the single greatest cause of preventable deaths in the UK, killing 80,000 people a year: more than obesity, road traffic accidents, illegal drugs, alcohol and HIV combined (<u>Department of Health, 2011</u>).

Smoking kills half of all regular smokers (<u>Doll, R.R., 2004</u>) and causes and exacerbates a range of diseases, reducing quality of life (as well as the length) for many individuals and their families.

Smoking has been identified as the primary reason for the gap in life expectancy between the rich and the poor, with tobacco control therefore a vital part of strategies to tackle health inequalities (Marmot, 2010).

The smoking prevalence rates in York are lower than the national and regional averages. This is based on Public Health England's <u>Tobacco Control Profiles</u>. 2012:

 The adult smoking prevalence rate is 18%, lower than the national and regional rates (20% & 23%).

- The rate for persons in routine and manual occupations is 26%, lower than the national and regional rates (30% & 33%).
- The smoking prevalence rate for patients with a long term condition (LTC) is 15%, lower than the national and regional rates (19% & 18%).
- Across York Local Authority area, the smoking rate for pregnant women at the time of delivery is 13.7%, slightly higher than the national rate (12.7%), but lower than the regional rate (16.5%).

Local research provides information on smoking patterns in certain groups of people.

- In a cohort of 165 drug users in York, 73% said they had smoked tobacco in the last year.
- Informal feedback from front-line staff as part of a health needs assessment suggests high smoking prevalence rates in the gypsy and traveller community in York.

Patients that smoke and have surgery are at the greatest risk of complications during or after an operation. These include potentially serious complications that can affect the lungs or heart as well as problems related to the general anaesthetic which is vital in the majority of surgical procedures.

Fighting infection is also more difficult for a smoker; whilst the risk of breathing problems increases too. There is also an increased chance of a longer stay in hospital. The wounds and bones in smokers also take longer to heal because of the reduced blood flow and lower oxygen levels in the blood.

Smoking reduces the benefits from treatment and the effects of recovery. There is a 1 in 3 risk of smokers experiencing breathing problems after an operation, but by stopping smoking at least eight weeks before the operation, the risk drops dramatically to 1 in 10 (NHS Vale of York Clinical Commissioning Group).

For these reasons a 'Stop Before Your Op' programme has been established by NHS Vale of York Clinical Commissioning Group. . Key components of the programme are as follows:

- GP's identify which of the patients requiring non urgent surgery are current smokers
- The patient's referral for surgery would normally be delayed for up to 12 weeks whilst smoking cessation interventions take place.

 Patients would not have a delay if the clinical need for surgery is judged to be greater than the benefits of delaying surgery through smoking cessation treatment

The anticipated benefits of such a programme are:

- increasing the number of people who stop smoking for their operation and maintain their smoke-free status postoperatively
- improving postoperative recovery and reducing hospital length of stay
- improving clinical outcomes by reducing smoking-related ailments and postoperative complications, for example in wound healing
- reducing inequalities by increasing opportunities to access stop smoking support, particularly for hard-to-reach groups

Community pharmacies are one of the key deliverers of the support for stopping smoking from this initiative. In addition teaching smokers who have already sustained lung damage how to use their inhalers properly will help relieve breathlessness.

Substance misuse

The principal substances of misuse relevant to community pharmacies are opiates. The risks of substance misuse include death, either from overdose or from unsafe behaviours and situations leading to injury, and infections, including blood-borne viruses such as Hepatitis B and HIV. As part of a harm-reduction strategy, there are two strands where community pharmacies play a crucial role: supervised consumption and needle and syringe exchange.

Lifeline (the drug and alcohol treatment agency) currently has just under 500 York clients on their books, the majority of whom have drug addiction, and 70% of their total clients are prescribed methadone (an oral liquid). About three quarters of these receive their medication under the supervised consumption scheme from a community pharmacy. Treatment of long-term substance misuse has been moving to a "recovery model" for the last couple of years. This means over the next few years we would be expecting this number to reduce.

Many of these users initially became addicted injecting the drugs intravenously (IV), and some continue to do so periodically. There are also opiate drug users not in treatment and who may share needles and syringes. A more recent trend has been misuse of anabolic steroids by "body-builders", some of whom inject the steroids. A small number of people inject other substances from time.

For all these people who may be injecting at some point there is a need for needle and syringe exchange. The estimated number of injecting drug users in York is 457 (95% Confidence Interval range 400 to 556) estimated in April 2014⁷.

Sexual health

Measures of sexual health for the York population are generally better than the national average, for instance the rate of acute Sexually-transmitted Infections was 599 per hundred thousand compared to England's 804 in 2012. There were 68 conceptions in the under 18 year old in 2012, a rate of 23 per thousand girls aged 15 – 17, compared to the English 27 conceptions.

The large student population creates a large demand for sexual health services in York.

As part of the research informing the procurement of sexual health services in 2014, extensive consultation was carried out with users and potential users of the services. The following feedback was received relevant to community pharmacies.

Improved marketing and publicity of services

The opportunity for improved marketing and publicity of services was identified by current service providers, potential service users and staff working with vulnerable and most at risk populations throughout the engagement exercise.

Although some pharmacies are promoting sexual health service provision, specifically free EHC to 14-24 year olds, within their pharmacy via poster and leaflets, 73% (n=22) of those that responded to the standardised questionnaire reported the main way people are made aware of the service available is through one to one consultation. This would suggest that people need to access the pharmacy first before being aware of what services are available. The information received from the pharmacy questionnaires suggests that they see an opportunity for improved marketing and awareness of their sexual health service provision, quotes below illustrating this:

'More advertising in local media/on the Internet. More awareness needed in surgeries. Training made easier to access/gain accreditation for (online for instance) instead of attendance to a training evening.'

'Make the public more aware that pharmacies can offer this service.'

⁷ Source: Estimates of the prevalence of opiate use and/or crack cocaine use (2011/12) http://www.nta.nhs.uk/facts-prevalence.aspx.

'Just to make it well publicised that pharmacies can offer these services in a confidential and discrete setting. Having the appropriate leaflets, etc. would also help, and reinforce the fact that we are a good source of sexual health advice.'

Other risk factors

While alcohol, obesity, lack of physical activity, unhealthy diet are also major risk factors for cardiovascular disease (including vascular dementia) and cancers, there are not specific initiatives tackling these individual risk factors at pharmacy level, short of support for health promotion campaigns. However the Healthy Living Pharmacy initiative will promote a holistic view of health and wellbeing and it is hoped community pharmacies will embrace this approach.

7.3 Public Questionnaires

The questionnaires were sent out widely to York and North Yorkshire; there were a total of 118 respondents but only 10 were from York, however 3 of these were from organisations so represented a wider view from the public. So we have used the full questionnaire for questions about preferences for when and what services were available, but in terms of location and specific comments we have only used the York responses. 90% of York respondents rated pharmaceutical services as good or very good.

Location of Pharmacy

Most people said they normally used a pharmacy close to their home, or close to or at their GP practice.

Opening hours

Most people said they normally visited a pharmacy on weekdays between 9am and 6pm or at no particular time. These are the times that most people stated they preferred to visit although more replied that their preference was "at no particular time". A small number expressed a preference for being able to visit pharmacies after 6pm on weekdays and on Saturdays.

Overall people said they could generally find a pharmacy open when needed (always or usually). However only about a third said they could find a pharmacy open after 6pm on weekdays or on Sundays.

Overall most people rated availability of pharmacy services in their area to be good or very good.

Reasons for visiting a pharmacy for services other than prescription medicines

The most common reason was to buy other goods, including presents and veterinary products. Some people said they never visited the pharmacy because prescriptions were collected for them and their medicines were home delivered.

Problems when using usual pharmacy

The most frequently mentioned problem was medicines not being in stock, followed by delays waiting for medicines to be dispensed either in the pharmacy or waiting for repeat prescription requests to be processed through the "system". Dispensing errors and a need for longer opening hours were both mentioned five times.

Service use

It was clear that there was a lack of knowledge about many of the services available. Some of this was understandable as one would not necessarily expect older people to know that Emergency Hormonal Contraception or Chlamydia screening were available. However several respondents mentioned that they weren't aware of the range of lifestyle advice and support and suggested that more should be done to promote it.

What do you like about your pharmacy?

All the York respondents found something to like. Most frequently mentioned was good customer service - helpful, cheerful staff, efficient service. "The outstanding service, which my wife and I find is consistently caring, professional and friendly. Nothing is too much trouble. There is a real concern for patients' needs."

Next most frequent comments were about convenience and availability – local, can go after work, close to GP surgery, "Pharmacy recently opened in GP Surgery, open long hours 7 days / week. Quick turnaround from submitting repeat prescription to medication being available and text message to say when it is ready."

What do you think could be improved?

Nine of the ten York respondents suggested areas for improvement: most frequently mentioned was opening hours. Other areas covered were greater provision of private space, better communication (including electronic communication) with GP with regard to repeat prescriptions, information about availability of late night chemists, better stock levels and one customer service, "The chief pharmacist's * poor manner with customers".

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⁸ The title "Chief Pharmacist" relates to a specific role, generally in a hospital pharmacy. We presume this respondent meant "senior pharmacist in the community pharmacy".

Other comments about pharmacy services.

Comments suggested that most members of the public were happy with the current provision, although the opinion was expressed that there were too many in competition with each other, and that there were too many large chain outlets, and too few small independents. The example of three new large supermarkets opening which all had pharmacies in an area which was already adequately provisioned was cited. One respondent complained about the computer and text systems as this was prone communication could break down between GP and pharmacy.

7.4 Health and care professionals' questionnaire

The replies for York and North Yorkshire are not disaggregated in this section.

Availability of services

Twenty people made comments which covered a range of issues. Four comments suggested longer opening hours were needed, while four said opening hours were alright. Four people thought access was good, one person felt there was room for improvement. Two people felt that availability of services including late opening was not being communicated very well to patients, although one person felt that out of hours arrangements were well publicised.

Quality of services

Sixteen people commented on the quality of pharmacy services, eleven thought services were good, three that they varied and one that they were not good. (One person said they were unable to comment).

Service improvements

Nineteen people made comments about service improvements covering a range of topics including:

A need for better communications across service

Clarity around a patient's hospital and GP prescriptions

Longer opening hours

More community services

More standardisation of the range of services offered by pharmacies

Better privacy within pharmacy

Better communications within the pharmacy service

Improvements to sexual health services

Better staffing levels

Problems Accessing Services

Seventeen people commented about problems accessing pharmacy services. Four people felt opening hours caused problems for some people. Two people comment of dispensing errors and one on long waiting list for services (i.e. smoking cessation).

Eight people said they were not aware of any problems.

In the response to the consultation a respondent in the 25 – 34 year age group commented:

"... most of the pharmacies in York have been taken over by boots (sic) and the lighting that boots use gives me and a few other people I know, migraines. This is making it difficult to get prescriptions. I currently use the pharmacy on Bishopthorpe Road but I have mobility difficulties and the bus service to Bishopthorpe Road is abysmal"

Services

Table 8 Desired Services - Health and care professionals

	Prescription collection	Delivery service	Repeat prescriptions	Stop smoking	Chlamydia screening	Healthy eating	Medicine review	Emergency Contraception	Minor conditions advice	Health checks	Weight manage	information	Vaccinations	Substance misuse
Very desirable	16	13	11	8	7	9	13	14	12	13	13	11	10	8
Desirable	5	7	7	11	9	9	6	5	9	6	8	8	8	9
Not necessary	2	3	5	4	6	5	4	3	2	4	2	3	5	5
Not answered					1			1				1		1
% Desirable + v	91%	87%	78%	83%	73%	78%	83%	86%	91%	83%	91%	86%	78%	77%

Other services that could be provided by pharmacies?

Sixteen people commented including five who felt they were unable to suggest any additional services. Suggestions covered a range of topics including:

- Having a core/standard set of services available at all pharmacies
- Immunisation & BBV testing services
- Closer working of Pharmacies and GP's
- Commissioned (paid) community Medicines Dosing System supply for Pivotel MDS
- Medication information to be available to clients
- Medication prompting services

- More public awareness of services available from pharmacies
- Oral health advice
- Partnership working medication for stable long term mental health conditions combined with delivery of physical health check
- Improved sexual health appointment arrangements

Additional comments

Three additional comments were made:

- Current and anticipated future needs are/will be met.
- Should push ahead with Healthy Living Pharmacies. GP's should be made to interact and collaborate with pharmacies for shared reward rather than shut us out and keep funds and commissioning to themselves. This is not in the interest of patients.
- There needs to be greater involvement of pharmacy in the primary care team.

Comments received separate to the questionnaire

The following comment was directed to North Yorkshire county area, but the general points apply to the Gypsy Roma Traveller (GRT) community which travels through and stay in York.

The Manager for GaTEWAY NY and st@y Selby (organisations who support and provide services for the Gypsy and Traveller community in North Yorkshire) reported that theybhave been working with their local CCG about improving awareness, understanding and access to pharmacy services through their Pharmacy First scheme.

"Through conducting this work it has become apparent that there is a lack of awareness and understanding of the services available through pharmacies. Because of this lack of awareness, there was a tendency for GRT to think that they needed to access GPs for such things as coughs, colds etc., which they can generally be reluctant to do due to the difficulty in some GP appointment systems now, and anxieties over picking up the phone followed by further difficulty and anxieties in the describing of symptoms etc. to clinical practitioners. This is something the GaTEWAY service now regularly provides support for. A similar approach to AWC CCG across county would be beneficial in raising awareness of pharmacy services.

There also appears to be a lack of understanding of prescribed medication quite frequently. There are a number of clients who, on accessing our service, we find are on large amounts of prescribed medication for a number of ailments, which they do not fully understand the purpose of, and which they have often been taking for very long periods of time without review. This is both a GP and pharmacy issue, but however the service

often have to explain purposes of medication, and quite often support/accompany the client to return their GP for a medication review. "

7.5 Strategic stakeholder's questionnaire

Questionnaires were received from the following organisations

Table 9 Strategic stakeholder's questionnaire - Responding organisations, relevant to York

Organisation	Department/lead area (if applicable)
City of York Council	Health and Wellbeing Directorate
City of York Mental Health and Learning Disability Partnership	
Vale of York CCG	Chief Clinical Officer
Vale of York CCG	Prescribing
York CVS, VCSE Member of the York Health and Wellbeing Board	
Not stated	

The quotes below are verbatim – apologies for the abbreviations.

Stop smoking advice useful – community pharmacy may need to be familiar with advice about anti-psychotics and smoking (included in CPPE package)

Medicines use review (MUR) is useful but could discussions around adherence and be involved in these, particularly the risks of abruptly discontinuing psychotropic medication. Some service users who take advantage of prescription collection and delivery for convenience or as they cannot get to the pharmacy miss out. Could home MURs be introduced, especially for those recently discharged from hospital?

Not sure how this would be commissioned but it may be useful to community teams and GPs to have a mechanism to flag people who were not collecting medication. When people are coming off a CTO it may provide a useful middle ground.

Sign posting to appropriate mental health information like choice and medication website for local trust (LYPFT and TEWV sign up to this).

Antipsychotics, mood stabilisers and some antidepressants can lead to weight gain and increased risk of diabetes. Structured commissioned service on weight loss would be useful if possible also involving dietetics input. Health checks will be done by primary care once medication stabilised therefore it makes sense to involve community pharmacy in some of this monitoring. Weight, abdominal circumference, BP and pulse could all be

done in community pharmacy freeing GP practice time. For this to be useful though community pharmacies need access to GP systems to feed back on results.

Repeat prescription service would allow people to manage their medication via the community pharmacy without having to get repeat script from the GP. As many GPs need at least 48 hours notice it can lead to service users missing dose and becoming unwell/suffering discontinuation reactions.

Vaccination programme would be useful for those who do not engage with GP services.

Antipsychotic depot administration linking with community mental health hubs – need to improve choice and access for people who work.

Overall service quality

Of the seven organisations that answered the question about service quality, five said it was good and two adequate.

Availability of services

Comments were received from five organisations. Positive comments were made about opening hours and/ or the range of pharmacies.

Quality of services

Three organisations commented. Generally comments were positive although there were some concerns about variability.

- There have been no issues raised with the CCG over quality.
- Less negative feedback on the additional services commissioned nationally.
 Still not seen evidence that this investment of NHS resources is producing the potential benefits. While the principle is good, the standard of service is variable with anecdotal evidence that some pharmacies take easy pickings for their income while others give high quality interventional service in medication reviews and new drugs.
- Variable but in general good or better.

Aspects that could be improved

Four responses were received to this question, providing the following comments:

- Closer integration with Primary/Community care to deliver specific health projects.
- At present pharmacies provide little in the way of expanded primary care role particularly around minor ailments.

- Removal of the 1.6 km rule would enable the patients to have their prescriptions dispensed in the GP practice.
- Access hours.
- Effective working amongst local NHS dispensing contractors to greatest benefit of patients, e.g. opening hours, check if another pharmacy has an item in stock if they don't.
 - o Telephone advice used more often.
 - Reducing need to attend A&E or OOH for some conditions collectively working to promote the services rather than passive.
 - o Improved communication channels between pharmacies and primary care.

Problems accessing services

Six people commented including three saying they were unaware of any problems.

- We have looked recently at availability of End-of-Life medications; this project has identified areas that will stock more of these medications in the future and link with existing systems to signpost patients and GPs to the correct pharmacy.
- Hours of opening and specific days.
 - More especially for less common items, including palliative care treatments at weekends.
 - o All the above at longer public holidays like Christmas and especially Easter.

Services

Table 10 Desirability of selected pharmaceutical services - Strategic stakeholders

	Prescription collection service from surgery	Prescription medicines delivery ser pharmacy to home	Repeat prescription service at phar	Stop Smoking Support Service	Chlamydia screening service	Healthy eating and living advice ser	Medicines use review service	Emergency contraception	Minor conditions advice, for examp throat, hay fever, thrush	Health checks, for example, blood g checks	Weight management / dietary	Information on health and social se	Vaccinations	Substance misuse services
Very desirable	3	2	1	2	2	5	5	5	4	4	3	4	2	3
Desirable	3	4	4	4	4	1	1	1	2	2	2	2	2	3
Not necessary			1								1		2	
Not answered	2	2	2	2	2	2	2	2	2	2	2	2	2	2

There was one additional comment stating that patient had expressed preference for a 'one-stop-shop' at their GP practice.

Other services that could be provided by pharmacies

Six comments were made about services that could be provided by pharmacies.

- Nursing home reviews.
- It is essential that local pharmacies are involved in community developments that support people to manage their conditions effectively and help with early intervention and prevention.
- Referral to VCSE (voluntary, community and social enterprise) services.
- There is a need to increase access to primary care minor ailment assessment and treatment. GP services focus will need to focus on the increasing population with complex long term conditions and the frail elderly. To help cope with this realignment there needs to be a service to respond the those with perceived urgent need with more minor self-limiting illnesses.
- We are currently scoping a review of community pharmacy services. Areas for future consideration will include:
 - Medicines optimisation.
 - o Pain management.
 - Inhaler use.
 - Weight management and dietary advice.
 - Alcohol awareness and counselling.
 - Vaccination and Immunisation.
 - o Direct referral to hospital and secondary care.
 - o 'Making every contact count' projects.
 - Engagement with schools and workplaces.
- Support to most vulnerable 'independent' patients or their sole carers following discharge to help ensure the patient/carer's use of their medication is fully informed, old medication removed and advice, support and checks applied to ensure they know how to take their medication.
- Depot injections

Additional Comments

Three additional comments were made:

• The investment in the primary care side of pharmacy services has lagged behind other areas.

- Our concern is our GP practice has a dispensary and it continues to be a viable service open to all residents and that it can continue to provide good access and a range of services to local people as was the case before 2005.
- Believe that pharmacy continues to offer great potential but continues to fall short of that due to lack of national promotion. Any promotion of services should be national or regional and generic to highlight what more pharmacy could do, but all too often it looks to be left to individual corporate bodies and political statements.

Comments received separate to the questionnaires

An issue discussed in the Steering Group, which was not highlighted in the questionnaires, perhaps as it seems to be a national problem, is that of failure of supply. It occurs that at times pharmacies cannot get, or not get adequate supplies of, some drugs. It would seem that this is partly due a true lack of supply, i.e. a shortage of that type of drug in the country.

"We have been advised that there is a national problem with stock supplies of chlordiazepoxide. Locally, York District Hospital is expecting to run out of stock over this weekend (6-7th September").

8.0 Matters considered in making this assessment

The Local Plan – to 2030

Work is currently underway on preparing a new Local Plan for the City of York. The Local Plan is a citywide plan which will help shape future development in York up to 2030 and beyond. It sets out the opportunities and policies on what will or will not be permitted and where, including new homes and businesses. The draft Plan identifies land for business to create 16,000 new jobs and housing sites to provide an average of about 1,000 much needed homes a year. During the Preferred Options consultation information on sites was submitted by landowners and developers. This included the submission of new sites and further evidence on existing sites. This information, alongside an assessment of new evidence, has led to a number of potential changes to the sites consulted on at the Preferred Options stage. Namely, the identification of potential new sites, the reconsideration of some sites that were previously rejected, and potential boundary changes on some of the strategic allocations. An extensive consultation process was undertaken in summer 2014. There will be a further opportunity to comment on the whole of the final plan later in the year before it is submitted to the Secretary of State to be examined by an independent inspector.

Information on the draft plan that is likely to have an impact on the need for pharmaceutical services is set out below, however please note this is subject to change.

Anticipated Growth

Economic growth alongside population and housing growth are the drivers for development in the city. A growth scenario has been adopted for the Local Plan that reflects what could be realistically achieved if a proactive approach as set out in the Council's ambitions as set out in the York Economic Strategy and is felt to be realistic in terms of national economic performance. This option has therefore been adopted as the preferred strategy for the lifetime of this Plan and equates to approximately 16,000 additional jobs between 2012 and 2030.

According to the Census in 2011 York had a population of 198,000 people. (2.2% less than the previous mid year estimate for 2010) This represents an increase of almost 17,000 people or 9.3% in the number of people living within the authority area since the 2001 Census. The 2010 based Sub-national Population Projections (SNPP) were published by National Statistics in March 2012. These show that between 2010 and 2030 the population of York is forecast to grow by 25,000 or 12.5% to in excess of 220,000 people living in the city. This equates to an annual average growth rate of 1,176 people during this time period in the city. A somewhat lower rate of growth than has been experienced in the last 10 years and also lower than was forecast in the 2008 based SNPP.

The projected population growth was assessed against a range of related issues including employment growth and its implications for housing growth, the objective of reducing incommuting and increasing the provision of affordable housing. An important part of the Plan's vision is to ensure sustainable growth patterns. It is therefore considered that economic and housing growth should be linked. To achieve these objectives the preferred option housing target for the Local Plan is approximately 1000 additional dwellings per annum up to 2030. It is considered necessary to make provision for an additional supply of sites above the target to provide a buffer of 15% over the full plan period. This buffer effectively means that we are allocating enough sites to provide the land for 1,250 additional dwellings per year.

Location Sustainability

York is a compact city with generally good public transport service and provision of community facilities. The location and design of development can play an important role in travel choice to and from destinations in maximising the opportunity to use non car modes of transport.

Maximising this potential is an important aspect of creating sustainable neighbourhoods and contributing to residents' quality of life. Ensuring the local provision of and sustainable access to education, food, community services and open space opportunities promotes environmental sustainability as well as social inclusivity and well-being.

Similarly, taking advantage of non car modes of transport to employment destinations helps to capitalise on these benefits whilst maximising opportunities for the economy through ensuring an accessible workforce. Expanding connections between established areas can also benefit through clustering of industrial sectors and use of established routes so as not to exacerbate congestion or reduce air quality.

Housing Sites

In addition to the development of committed sites the Local Plan will distribute development as set out below and shown on the key diagram overleaf.

- i. Make provision for 19% of need within main built up area.
- ii. Make provision for 42% of need within urban extensions to the main built up area.
- iii. Make provision for 29% of the housing the district needs within an identified new settlement at Whinthorpe.
- iv. Make 10% provision for housing in the villages.

A full schedule of sites that are proposed to be allocated for residential development is provided in the tables that follow:

In order to meet the housing requirement the following sites, have been allocated for residential development:

Table 11 Sites allocated for residential development In the York Main Urban Area:

Local Plan	Site Name	Site size	Estimated \	Estimated Phasing
Allocation		(ha)	Dwellings)	_og
Reference				
ST1	British Sugar / Manor School	35.65	998	Lifetime of the Plan (Years 1-5)
ST2	Former Civil Service Sports Ground, Millfield Lane	11.0	308	Short to medium term (Years 1 -10)
ST3	The Grainstores, Water Lane	7.73	216	Short (Years 1-5)
ST4	Land adj. Hull Road & Grimston Bar	7.54	211	Short to medium term (Years 1- 10)
ST5	York Central	7.30	438	Medium to Long Term (Years 6
ST6	Land East of Grimston Bar	5.5	154	Short to Medium Term (Years 1
ST17	Redesignation of commercial land (excl. Ancillary retail) at Nestle South to residential	N/A	130	Short to Medium Term (Years
H1	Former gas works, 24 Heworth Green	3.33	240	Medium Term (Years 6-10)
H2	Sites by racecourse, Tadcaster Road	2.88	115	Medium Term (Years 6-10)
H3	Burnholme School (existing building footprint)	2.7	108	Short to Medium Term (Years 1-10)
H4	St Josephs Monastery	2.62	141	Short Term (Years 1-5)
H5	Lowfield School (existing building footprint)	2.24	72	Short Term (years 1-5)
H6	Land RO The Square, Tadcaster Rd	2.04	65	Short to Medium Term (Years 1-10)
H7	Bootham Crescent	1.72	69	Short to Medium Term (Years 1-10)
H8	Askham Bar Park and Ride	1.57	50	Short Term (Years 1-5)
H9	Land off Askham Lane	1.3	42	Short to Medium Term (Years 1-10)
H10	Barbican Centre (remaining land)	0.78	56	Short to Medium Term (Years 1-10)
	er 15 sites of 10 – 42 dwellings			
TOTAL YO	RK MAIN URBAN AREA	102 ha	3714	

Table 12 Sites allocated for residential development In the extension to the York urban area, rural and village expansion and new settlements

Local Plan Allocation Reference	Site Name	Site size (ha)	Estimated Dwellings	Estimated Phasing
ST7	Land to East of Metcalfe Lane	60	1800	Lifetime of the Plan
ST8	Land North of Monks Cross	52.3	1569	Lifetime of the Plan
ST10	Land at Moor Lane, Woodthorpe	17.02	511	Lifetime of the Plan
ST11	Land at New Lane, Huntington	13.7	411	Lifetime of the Plan
ST14	Land to North of Clifton Moor	134	4020	Lifetime of the Plan
TOTAL EX	TENSION TO THE REA	277	8311	

Rural and Village expansion

Local Plar Reference	Site Name	Site size (ha)	Estimated Dwellings	•
ST9	Land North of Haxby	24.89	747	Lifetime of the Plan
ST12	Land at Manor Heath Road,	14.75	354	Short to Medium Term
	Copmanthorpe			(Years 1-10)
ST13	Land at Moor Lane,	5.50	115	Short to Medium Term
	Copmanthorpe			(Years 1-10)
H26	Land at Dauby Lane,	4.05	97	Short to Medium Term
	Elvington			(Years 1-10)
H27	Land at the Brecks, Strensal	3.90	82	Short to Medium Term
				(Years 1-10)
H28	Land to the North of	3.15	75	Short to Medium Term
	North Lake, Wheldrake			(Years 1-10)
H29	Land at Moor Lane,	2.65	64	Short to Medium Term
	Copmanthorpe			(Years 1-10)
H30	Land to the South of	2.53	61	Short to Medium Term
	Strensall Village			(Years 1-10)
H31	Eastfield Lane, Dunnington	2.51	60	Short to Medium Term
				(Years 1-10)
H32	The Tannery, Strensall	2.22	53	Short to Medium Term
				(Years 1-10)
And 13 sit	es with 5 – 43 dwellings			Short to Medium Term
				(Years 1-10)
TOTAL VI	LLAGE EXTENSION	73.48	2014	

ST15 Whinthorpe new settlemen 186	86 5580 l	Jp to 2030

Developments within the lifetime of this PNA (to 2018)

Development of the former British Sugar brownfield 'teardrop-shaped' site next to York railway station has recently been announced, this being the largest brown field site in Western Europe, which will commence in 2015 and include over 1,000 houses.

Significant housing developments continue within the City of York with several proposals submitted including detailed plans for the second stage of the £130 million Hungate project, including 195 homes and space for shops, restaurants and bars. The 720-home scheme may not be finished until 2024.

There are also proposals for 187 apartments on the now demolished Barbican swimming pool's car park and detailed plans for 104 homes to be built at Strensall, next to the Common which is a site of Special Scientific Interest and a Special Conservation area.

Proposals specifically targeting the expanding student population are prevalent with plans for more than 350 student flats and apartments on the site of the Press offices in Walmgate, 221 student flats on Lawrence Street, 326 student flats in Layerthorpe. York St John University are also planning to increase student numbers.

City of York Council has recently been granted planning permission to expand the number of pitches on Osbaldwick Traveller Site from 12 to 18 as well as creating a children's play area and grazing for horses.

York is to be the home of a permanent Army division under a major reorganisation of the UK's national and international military bases. Some army divisions based in Germany Division will move to York in 2015. A small increase in the number of military personnel, generally with their families, is expected in York as troops are repatriated from Germany over the next few years.

9.0 Commissioning Intentions

9.1 Vale of York CCG

The CCG published its 5 Year Integrated Plan in the summer of 2014. Their stated objectives include (amongst others):

- People will be supported to stay healthy through promoting healthy lifestyles, improving access to early help and helping children have a healthy start in life.
- People will have more opportunities to influence and choose the healthcare and shape the future health services.
- People will continue to have access to safe and high quality healthcare services.
- When people become ill, they are treated in a timely manner with access to expert medical support as locally as possible.
- Where people have long-term conditions they are supported to manage those conditions to give them the best possible quality of life.
- When people are terminally ill, the individual and their families and/or carers are supported to give them the best possible quality of life and choice in their end of life care.
- A move to 'Care Hubs', providing increased access to health promotion, care and support services, including GPs, **pharmacies**, diagnostics (for example scan/ blood tests), community services, mental health support and social care and community and voluntary services.

The Plan mentions pharmacies specifically in the last bullet point, but community pharmacies can contribute to all the objectives above by being health promoting organisations, by providing the first port of call for minor illnesses, through being widely accessible including at times of day when other services are generally not available, by stocking adequate supplies of drugs used in palliative care and by working with other local services.

In addition the following planned services may have an impact on local pharmaceutical services.

Anti-coagulation service proposals may have impact on pharmaceutical services:

 To commission near patient testing to be based in the Community/Pharmacists/GP Practices.

- Provide more care and treatment in primary care and the community.
- Early diagnosis, management and treatment initiation.

It is uncertain at present whether the following will also impact on pharmaceutical services:

Gluten-free foods

Historically, coeliac disease patients were entitled to receive a set amount of gluten free foods on prescription to help manage their condition, but changes in budgetary cuts have led to significant changes in prescription provision. This is currently being reviewed.

Medicines Management Facilitator

The medicines management facilitator role within a GP practice is administrative with designated responsibility for repeat prescribing and ordering, supported by the Medicines Management team. This is currently being reviewed.

Respiratory formulary

Review of formulary, pathways and protocols, education, associated disease conditions and home oxygen. This work is currently on-going.

Sip Feeds

Review of current provision and spend, against quality of services and products. This is currently being reviewed.

Stoma Care

Nationally the level of prescribing and spending for incontinence and stoma appliances is increasing. Some of the issues that can result from a lack of clinical review are inappropriate product choice, over-prescribing, poor patient experience and potentially compromised patient safety. This is currently being reviewed.

Thickeners

There is an on-going review of the use of adequate thickener or ready-to-use prethickened food and drink products versus the provision of good nutrition and hydration.

9.2 City of York Council Public Health

Currently Public Health commissions the following services from pharmacies:

stop smoking support, sexual health services (Emergency Hormonal Contraception) and substance misuse services (syringe and needle exchange and supervised consumption) as detailed in Section 6.1.7. These services will be re-commissioned over the next three years.

It is possible that in the lifetime of the PNA, other services will be commissioned, for which community pharmacies may bid to provide, for instance Health Checks.

Other Public Health interventions, such as immunisations, are commissioned by NHS England, on the advice of Public Health England. It is likely that influenza immunisations will be commissioned in future years.

10.0 Maintenance and Review of this PNA

10.1 Supplementary statements

The City of York Health and Wellbeing Board has responsibility for ensuring that this assessment is up to date. This includes the requirement to issue supplementary statements.

What are "supplementary statements"?

Any changes to the availability of pharmaceutical services since the publication of the PNA, that are not so substantial as to justify production of a complete revision of the PNA, will be issued periodically in the form of supplementary statements.

10.2 Maps

There is a requirement that the HWB provide a map of premises at which pharmaceutical services are provided, and keep this map up to date without republishing the whole assessment or publish a supplementary statement. The map of premises at the time of publication of this document is given in Appendix 5.

The maps in this report will be checked and updated every 6 months, and published on the NY Partnerships website (www.nypartnerships.org.uk/pna) but will include City of York pharmacies.

10.3 PNA Revision

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 state that HWBs will be required to publish a revised assessment:

Within three years of publication of their first assessment; and

As soon as reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of the PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

Therefore, City of York Health & Wellbeing Board will need to publish a revised assessment by **1 April 2018** unless it becomes aware of significant changes to the availability of pharmaceutical services. Any changes to the availability of pharmaceutical services since the publication of this PNA, that are not so substantial as to cause a revision of the PNA, will be issued periodically in the form of supplementary statements.

*** Acknowledgements

Many thanks to everyone involved in the development of this needs assessment, in particular:

- The PNA Steering Group.
- The providers and contractors who provided information and data in support of the assessment.
- Members of the public who took time to complete questionnaires and provide us with invaluable information.
- The Public Health Intelligence Team for collating and analysing all the data and intelligence contained within this report.
- NYCC Corporate Information Systems Team, in particular Tim Townsend (Geographical Information Officer) for providing the mapping in this assessment.

Special thanks go to Nick Kemp (from North Yorkshire County Council) who worked tirelessly to co-ordinate and ultimately produce the North Yorkshire assessment on which so much of this York assessment has been drawn.

11.0 Abbreviations used in this document

AT	Area Team
AUR	Appliance Use Review
BNF	British National Formulary
ВР	Blood pressure
CCG	Clinical Commissioning Group
DLA	Disability Living Allowance
FP10	The form on which GP prescriptions are written
GP	General Practitioner
HWBB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPN	Local Pharmacy Network
LYPFT	Leeds & York Partnership NHS Foundation Trust
MUR	Medicines Use Reviews
NHSE	NHS England
NMS	New Medicines Services
NRT	Nicotine Replacement Therapy
NYCC	North Yorkshire County Council
NYYPNA	North Yorkshire and York PNA
NYY	North Yorkshire and York
OOHs	Out-of-Hours
PNA	Pharmaceutical Needs Assessment
VOY CCG	Vale of York Clinical Commissioning Group

12.0 Appendices

Appendix 1 - Terms of Reference

City of York and North Yorkshire Pharmaceutical Needs Assessments Group

The group has been established on behalf of the City of York and the North Yorkshire Health and Wellbeing Boards (HWBs). The overall objective of this group is to inform and support the development of Pharmaceutical Needs Assessments (PNAs) for each of the Health and Wellbeing Board areas, monitor progress of the documents, identify gaps in services and form recommendations for commissioning in the future.

To oversee the production of PNAs on behalf of the two HWB for publication no later than 1st April 2015

To receive reports from the designated leads for the different elements of the PNA

To monitor progress against timescales and provide exception reports to the Health and Wellbeing Boards where problems are encountered

To contribute knowledge and experience to the PNA process regarding current working practices and services

To ensure that national policy is interpreted correctly and acted upon in the preparation of the PNAs

To incorporate views and opinions of other bodies, agencies or the public where appropriate

Membership

NY County Council
City of York Council
NHS England/Local Pharmacy Network
Clinical Commissioning Groups (and the Commissioning Support Unit)
Local Medical Committee
Local Pharmaceutical Committee
Healthwatch

The group may co-opt members for specific pieces of work.

Reporting arrangements

The group will report progress and notes of its meetings will be circulated to the City of York HWB and, via its JSNA Editorial Group, to the North Yorkshire HWB.

Arrangements for meetings

The group will meet monthly initially but this will be reviewed as the production of the PNA progresses

Appendix 2 - Community Pharmacies in the City of York

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	Asda Superstore	Monks Cross Shopping Park	Mon: 09:00-12:30; 14:30-21:00	Mon: 09:00-12:30; 14:30-18:00
		Jockey Lane	Tue: 09:00-12:30; 14:30-21:00	Tue: 09:00-12:30; 14:30-18:00
		YORK	Wed: 09:00-12:30; 14:30-21:00	•
		YO32 9LF	Thu: 09:00-12:30; 14:30-21:00	Thu: 09:00-12:30; 14:30-18:00
			Fri: 09:00-12:30; 14:30-21:00	Fri: 09:00-12:30; 14:30-18:00
			Sat: 09:00-12:30; 14:30-21:00	Sat: 09:00-12:30; 14:30-16:00
			Sun: 10:00-12:30; 14:30-16:00	Sun:
York	Badger Hill Pharmacy	35 Yarburgh Way	Mon: 09:00-18:00	Mon: 09:00-17:00
		Badger Hill	Tue: 09:00-18:00	Tue: 09:00-17:00
		YORK	Wed: 09:00-18:00	Wed: 09:00-17:00
		YO10 5HD	Thu: 09:00-18:00	Thu: 09:00-17:00
			Fri: 09:00-18:00	Fri: 09:00-17:00
			Sat: 09:00-12:30	Sat:
			Sun:	Sun:
York	Bishopthorpe Pharmacy	22-24 Acaster Lane	Mon: 09:00-13:00; 13:30-18:00	
		Bishopthorpe	Tue: 09:00-13:00; 13:30-17:00	Tue: 09:00-13:00
		YORK	Wed: 09:00-13:00; 13:30-18:00	ŕ
		YO23 2SJ	Thu: 09:00-13:00; 13:30-18:00	Thu: 09:00-13:00; 13:30-17:30
			Fri: 09:00-13:00; 13:30-18:00	Fri: 09:00-13:00; 13:30-17:30
			Sat: 09:00-13:00	Sat: 09:00-13:00
			Sun:	Sun:
York	Bishopthorpe Road Pharmacy	18 Bishopthorpe Road	Mon: 09:00-18:00	Mon: 09:00-13:00; 13:30-17:30
		YORK	Tue: 09:00-18:00	Tue: 09:00-13:00; 13:30-17:30
		YO23 1JJ	Wed: 09:00-18:00	Wed: 09:00-13:00; 13:30-17:30
			Thu: 09:00-18:00	Thu: 09:00-13:00; 13:30-17:30
			Fri: 09:00-18:00	Fri: 09:00-13:00; 13:30-17:30
			Sat: 09:00-13:00	Sat:
			Sun:	Sun:

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	Boots the Chemist Ltd	5 Heworth Village	Mon: 09:00-13:00; 14:00-17:30	Mon: 09:00-13:00; 14:00-17:30
		YORK	Tue: 09:00-13:00; 14:00-17:30	Tue: 09:00-13:00; 14:00-17:30
		YO31 1AE	Wed: 09:00-13:00; 14:00-17:30	Wed: 09:00-13:00; 14:00-17:30
			Thu: 09:00-13:00; 14:00-17:30	Thu: 09:00-13:00; 14:00-17:30
			Fri: 09:00-13:00; 14:00-17:30	Fri: 09:00-13:00; 14:00-17:30
			Sat: 09:00-13:00; 14:00-17:00	Sat: 09:00-11:30
			Sun:	Sun:
York	Boots the Chemists	10 East Parade	Mon: 09:00-12:30; 13:30-17:30	Mon: 09:00-12:30; 13:30-17:30
		YORK	Tue: 09:00-12:30; 13:30-17:30	Tue: 09:00-12:30; 13:30-17:30
		YO31 7YJ	Wed: 09:00-12:30; 13:30-17:30	Wed: 09:00-12:30; 13:30-17:30
			Thu: 09:00-12:30; 13:30-17:30	Thu: 09:00-12:30; 13:30-17:30
			Fri: 09:00-12:30; 13:30-17:30	Fri: 09:00-12:30; 13:30-17:30
			Sat: 09:00-13:00	Sat: 09:00-11:30
			Sun:	Sun:
York	Boots UK Ltd	5, St Mary's Square		Mon: 09:00-13:00; 13:30-17:30
		The Coppergate Centre	Tue: 09:00-13:00; 13:30-17:30	Tue: 09:00-13:00; 13:30-17:30
		YORK	Wed: 09:00-13:00; 13:30-17:30	Wed: 09:00-13:00; 13:30-17:30
		YO1 9NY	Thu: 09:00-13:00; 13:30-17:30	· ·
			Fri: 09:00-13:00; 13:30-17:30	Fri: 09:00-13:00; 13:30-17:30
			Sat: 09:00-13:00; 13:30-17:30	Sat: 09:00-13:00; 13:30-17:00
			Sun: 10:30-16:30	Sun:
York	Boots UK Ltd	2 Spurriergate (also known a	Mon: 08:30-18:00	Mon: 09:30-16:00
		Coney Street)	Tue: 08:30-18:00	Tue: 09:30-16:00
		YORK	Wed: 08:30-18:00	Wed: 09:30-16:00
		YO1 9QR	Thu: 08:30-18:00	Thu: 09:30-16:30
			Fri: 08:30-18:00	Fri: 09:30-16:30
			Sat: 08:30-18:00	Sat: 09:30-16:00
			Sun: 11:00-17:00	Sun:

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	Boots UK Ltd	Unit 7, Monks Cross Shoppi	Mon: 09:00-20:00	Mon: 09:00-17:00
		YORK	Tue: 09:00-20:00	Tue: 09:00-17:00
		YO32 9GX	Wed: 09:00-20:00	Wed: 09:00-17:00
			Thu: 09:00-20:00	Thu: 09:00-17:00
			Fri: 09:00-20:00	Fri: 09:00-17:00
			Sat: 09:00-19:00	Sat:
			Sun: 11:00-17:00	Sun:
York	Boots UK Ltd	1 Kings Square	Mon: 09:00-17:30	Mon: 09:00-14:00; 15:00-16:30
		YORK	Tue: 09:00-17:30	Tue: 09:00-14:00; 15:00-16:30
		YO1 8BH	Wed: 09:00-17:30	Wed: 09:00-14:00; 15:00-16:30
			Thu: 09:00-17:30	Thu: 09:00-14:00; 15:00-16:30
			Fri: 09:00-17:30	Fri: 09:00-14:00; 15:00-17:30
			Sat: 09:00-17:30	Sat: 09:00-14:00; 15:00-16:30
			Sun: 11:00-16:00	Sun:
York	Boots UK Ltd	2 The Old School	Mon: 09:00-17:30	Mon: 09:00-14:00; 15:00-16:30
		Front Street, Acomb	Tue: 09:00-17:30	Tue: 09:00-14:00; 15:00-16:30
		YORK	Wed: 09:00-17:30	Wed: 09:00-14:00; 15:00-16:30
		YO24 3BN	Thu: 09:00-17:30	Thu: 09:00-14:00; 15:00-16:30
			Fri: 09:00-14:00; 15:00-17:30	Fri: 09:00-14:00; 15:00-17:30
			Sat: 09:00-14:00; 15:00-17:30	Sat: 09:00-14:00; 15:00-16:30
			Sun:	Sun:
York	Cohens Chemist	22 Gillygate	Mon: 09:00-17:30	Mon: 09:00-13:00; 14:00-17:30
		YORK	Tue: 09:00-17:30	Tue: 09:00-13:00; 14:00-17:30
		YO31 7EQ	Wed: 09:00-17:30	Wed: 09:00-13:00; 14:00-17:30
			Thu: 09:00-17:30	Thu: 09:00-13:00; 14:00-17:30
			Fri: 09:00-17:30	Fri: 09:00-13:00; 14:00-17:30
			Sat: 09:00-12:00	Sat: 09:00-11:30
			Sun:	Sun:

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	Copmanthorpe Pharmacy	8 Copmanthorpe Shopping YORK YO23 3GG	Mon: 09:00-12:45; 13:45-18:00 Tue: 09:00-12:45; 13:45-18:00 Wed: 09:00-12:45; 13:45-18:00 Thu: 09:00-12:45; 13:45-18:00 Fri: 09:00-12:45; 13:45-18:00 Sat: Sun:	Tue: 09:00-12:45; 13:45-18:00
York	Dunnington Pharmacy	35 York Street Dunnington YORK YO19 5QT	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-13:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-12:30 Sun:	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-13:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Sun:
York	Fittleworth Medical Limited	Ground Floor, unit 4 Concer Kettlestring Lane Clifton Moor YORK YO30 4XF		Mon: 09:00-15:00 Tue: 09:00-15:00 Wed: 09:00-15:00 Thu: 09:00-15:00 Fri: 09:00-15:00 Sat: Sun:
York	Gale Farm Pharmacy	109-119 Front Street Acomb YORK YO24 4LZ	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: 08:30-12:00 Sun:	Mon: 09:00-11:00; 12:00-18:00 Tue: 09:00-11:00; 12:00-18:00 Wed: 09:00-11:00; 12:00-18:00 Thu: 09:00-11:00; 12:00-18:00 Fri: 09:00-11:00; 12:00-18:00 Sat: Sun:

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	Haxby Group Pharmacy	Haxby & Wigginton Health (Mon: 07:30-22:30	Mon: 07:30-22:30
		YORK	Tue: 07:30-22:30	Tue: 07:30-22:30
		YO32 2LL	Wed: 07:30-22:30	Wed: 07:30-22:30
			Thu: 07:30-22:30	Thu: 07:30-22:30
			Fri: 07:30-22:30	Fri: 07:30-22:30
			Sat: 07:30-22:30	Sat: 07:30-22:30
			Sun: 09:00-19:00	Sun: 09:00-19:00
York	Huntington Pharmacy	Huntington Surgery	Mon: 07:00-23:00	Mon: 07:00-23:00
		1-3 North Lane	Tue: 07:00-23:00	Tue: 07:00-23:00
		Huntington	Wed: 07:00-23:00	Wed: 07:00-23:00
		YORK	Thu: 07:00-23:00	Thu: 07:00-23:00
		YO32 9RU	Fri: 07:00-23:00	Fri: 07:00-23:00
			Sat: 07:00-19:00	Sat: 07:00-19:00
			Sun: 09:00-17:00	Sun: 09:00-17:00
York	Lloyds Pharmacy	3 Intake Avenue	Mon: 09:00-17:30	Mon: 09:00-13:00; 13:30-17:30
		YORK	Tue: 09:00-17:30	Tue: 09:00-13:00; 13:30-17:30
		YO30 6HB	Wed: 09:00-17:30	Wed: 09:00-13:00; 13:30-17:30
			Thu: 09:00-17:30	Thu: 09:00-13:00; 13:30-17:30
			Fri: 09:00-17:30	Fri: 09:00-13:00; 13:30-17:30
			Sat: 09:00-13:00	Sat:
			Sun:	Sun:
York	Lloyds Pharmacy	412 Huntington Road	Mon: 09:00-18:00	Mon: 09:00-13:00; 13:30-17:30
		YORK	Tue: 09:00-18:00	Tue: 09:00-13:00; 13:30-17:30
		YO31 9HU	Wed: 09:00-18:00	Wed: 09:00-13:00; 13:30-17:30
			Thu: 09:00-18:00	Thu: 09:00-13:00; 13:30-17:30
			Fri: 09:00-18:00	Fri: 09:00-13:00; 13:30-17:30
			Sat: 09:00-14:00	Sat:
			Sun:	Sun:

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	Lloyds Pharmacy	101 - 103 Green Lane	Mon: 08:45-17:30	Mon: 09:00-13:00; 13:30-17:30
		Acomb	Tue: 08:45-17:30	Tue: 09:00-13:00; 13:30-17:30
		YORK	Wed: 08:45-17:30	Wed: 09:00-13:00; 13:30-17:30
		YO24 4PS	Thu: 08:45-17:30	Thu: 09:00-13:00; 13:30-17:30
			Fri: 08:45-17:30	Fri: 09:00-13:00; 13:30-17:30
			Sat:	Sat:
			Sun:	Sun:
York	Lloyds Pharmacy	3 Wains Grove	Mon: 08:30-17:30	Mon: 09:00-13:00; 13:30-17:30
		Dringhouses	Tue: 08:30-17:30	Tue: 09:00-13:00; 13:30-17:30
		YORK	Wed: 08:30-17:30	Wed: 09:00-13:00; 13:30-17:30
		YO24 2TU	Thu: 08:30-17:30	Thu: 09:00-13:00; 13:30-17:30
			Fri: 08:30-17:30	Fri: 09:00-13:00; 13:30-17:30
			Sat:	Sat:
			Sun:	Sun:
York	Lloyds Pharmacy	210 Fulford Road	Mon: 09:00-17:30	Mon: 09:00-13:00; 13:30-17:30
		Fishergate	Tue: 09:00-17:30	Tue: 09:00-13:00; 13:30-17:30
		YORK	Wed: 09:00-17:30	Wed: 09:00-13:00; 13:30-17:30
		YO10 4DX	Thu: 09:00-17:30	Thu: 09:00-13:00; 13:30-17:30
			Fri: 09:00-17:30	Fri: 09:00-13:00; 13:30-17:30
			Sat: 09:00-13:00	Sat:
			Sun:	Sun:
York	M Hepworth (Chemists) Ltd	101 Main Street	Mon: 09:00-13:00; 14:00-17:30	Mon: 09:00-13:00; 14:00-17:30
		Fulford	Tue: 09:00-13:00; 14:00-17:30	
		YORK		Wed: 09:00-13:00; 14:00-17:30
		YO10 4PN	Thu: 09:00-13:00; 14:00-17:30	
			Fri: 09:00-13:00; 14:00-17:30	Fri: 09:00-13:00; 14:00-17:30
			Sat: 09:00-13:00	Sat: 09:00-11:30
			Sun:	Sun:

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	M J Roberts Chemists Ltd	8 Boroughbridge Road	Mon: 08:30-12:30; 13:30-18:00	Mon: 08:30-12:30; 13:30-17:30
		YORK	Tue: 08:30-12:30; 13:30-18:00	Tue: 08:30-12:30; 13:30-17:30
		YO26 5RU	Wed: 08:30-12:30; 13:30-17:30	Wed: 08:30-12:30; 13:30-17:30
			Thu: 08:30-12:30; 13:30-17:30	Thu: 08:30-12:30; 13:30-17:30
			Fri: 08:30-12:30; 13:30-17:30	Fri: 08:30-12:30; 13:30-17:30
			Sat:	Sat:
			Sun:	Sun:
York	Marsden Pharmacy	67 Front Street	Mon: 09:00-18:00	Mon: 09:00-17:00
		Acomb	Tue: 09:00-18:00	Tue: 09:00-17:00
		YORK	Wed: 09:00-18:00	Wed: 09:00-17:00
		YO24 3BR	Thu: 09:00-18:00	Thu: 09:00-17:00
			Fri: 09:00-18:00	Fri: 09:00-17:00
			Sat: 09:00-13:00	Sat:
			Sun:	Sun:
York	Monkbar Pharmacy	3 Goodramgate	Mon: 07:30-22:30	Mon: 07:30-22:30
		YORK	Tue: 07:30-22:30	Tue: 07:30-22:30
		YO1 7LJ	Wed: 07:30-22:30	Wed: 07:30-22:30
			Thu: 07:30-22:30	Thu: 07:30-22:30
			Fri: 07:30-22:30	Fri: 07:30-22:30
			Sat: 07:30-22:30	Sat: 07:30-22:30
			Sun: 08:30-18:30	Sun: 08:30-18:30
York	Monkton Road Pharmacy	71 Monkton Road	Mon: 09:00-17:30	Mon: 09:00-17:00
		YORK	Tue: 09:00-17:30	Tue: 09:00-17:00
		YO31 9AL	Wed: 09:00-17:30	Wed: 09:00-17:00
			Thu: 09:00-17:30	Thu: 09:00-17:00
			Fri: 09:00-17:30	Fri: 09:00-17:00
			Sat:	Sat:
			Sun:	Sun:

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	Parkers Pharmacy	61 North Moor Road	Mon: 09:00-13:00; 14:00-18:00	Mon: 09:00-13:00; 14:00-18:00
		Huntington	Tue: 09:00-13:00; 14:00-18:00	Tue: 09:00-13:00; 14:00-18:00
		YORK	Wed: 09:00-13:00; 14:00-18:00	Wed: 09:00-13:00; 14:00-18:00
		YO32 9QN	Thu: 09:00-13:00; 14:00-18:00	Thu: 09:00-13:00; 14:00-18:00
			Fri: 09:00-13:00; 14:00-18:00	Fri: 09:00-13:00; 14:00-18:00
			Sat:	Sat:
			Sun:	Sun:
York	PT & HJ Richardson	57 Blossom Street	Mon: 09:00-17:30	Mon: 09:00-13:00; 14:00-17:30
		YORK	Tue: 09:00-17:30	Tue: 09:00-13:00; 14:00-17:30
		YO24 1AZ	Wed: 09:00-17:30	Wed: 09:00-13:00; 14:00-17:30
			Thu: 09:00-17:30	Thu: 09:00-13:00; 14:00-17:30
			Fri: 09:00-17:30	Fri: 09:00-13:00; 14:00-17:30
			Sat: 09:00-13:00	Sat: 09:00-11:30
			Sun:	Sun:
York	S K F Lo (Chemist) Ltd	151 Beckfield Lane	Mon: 09:00-13:00; 14:00-18:00	•
		YORK	Tue: 09:00-13:00; 14:00-18:00	Tue: 09:00-13:00; 14:00-18:00
		YO26 5PJ	Wed: 09:00-13:00; 14:00-18:00	•
			Thu: 09:00-13:00; 14:00-18:00	Thu: 09:00-13:00; 14:00-18:00
			Fri: 09:00-13:00; 14:00-18:00	Fri: 09:00-13:00; 14:00-18:00
			Sat: 09:00-13:00	Sat:
			Sun:	Sun:
York	Sainsbury's Supermarkets Ltd	Monks Cross Shopping Park	Mon: 08:00-21:00	Mon: 09:00-12:00; 13:00-16:00
		Jockey Lane	Tue: 08:00-21:00	Tue: 09:00-12:00; 13:00-17:00
		YORK	Wed: 08:00-21:00	Wed: 09:00-12:00; 13:00-17:00
		YO32 9LG	Thu: 08:00-21:00	Thu: 09:00-12:00; 13:00-17:00
			Fri: 08:00-21:00	Fri: 09:00-12:00; 13:00-17:00
			Sat: 08:00-21:00	Sat: 09:00-12:00; 13:00-16:00
			Sun: 10:00-16:00	Sun:

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	Tesco In store Pharmacy	Askham Bar	Mon: 08:00-22:30	Mon: 08:00-22:30
		Tadcaster Road	Tue: 06:30-22:30	Tue: 06:30-22:30
		YORK	Wed: 06:30-22:30	Wed: 06:30-22:30
		YO24 1LW	Thu: 06:30-22:30	Thu: 06:30-22:30
			Fri: 06:30-22:30	Fri: 06:30-22:30
			Sat: 06:30-22:00	Sat: 06:30-22:00
			Sun: 10:00-16:00	Sun: 10:00-16:00
York	Tesco Superstore	9 Stirling Road	Mon: 08:00-21:00	Mon: 09:00-13:00; 14:00-17:00
		Clifton Moor	Tue: 08:00-21:00	Tue: 09:00-13:00; 14:00-17:00
		YORK	Wed: 08:00-21:00	Wed: 09:00-13:00; 14:00-16:30
		YO30 4XZ	Thu: 08:00-21:00	Thu: 09:00-13:00; 14:00-16:30
			Fri: 08:00-21:00	Fri: 09:00-13:00; 14:00-16:30
			Sat: 08:00-21:00	Sat: 09:00-13:00; 14:00-16:30
			Sun: 10:00-16:00	Sun:
York	The Priory Pharmacy	Priory Medical Centre	Mon: 08:00-23:00	Mon: 08:00-23:00
		YORK	Tue: 08:00-23:00	Tue: 08:00-23:00
		YO24 3WX	Wed: 08:00-23:00	Wed: 08:00-23:00
			Thu: 08:00-23:00	Thu: 08:00-23:00
			Fri: 08:00-23:00	Fri: 08:00-23:00
			Sat: 08:00-23:00	Sat: 08:00-23:00
			Sun: 10:00-20:00	Sun: 10:00-20:00
York	Tower Court Pharmacy Ltd	Unit 1, Tower Court	Mon: 09:00-13:00; 13:30-18:00	Mon: 09:00-13:00; 13:30-17:30
	-	Oakdale Road, Clifton Moor	Tue: 09:00-13:00; 13:30-18:00	Tue: 09:00-13:00; 13:30-17:30
		YORK	Wed: 09:00-13:00; 13:30-18:00	Wed: 09:00-13:00; 13:30-17:30
		YO30 4WL	Thu: 09:00-13:00; 13:30-18:00	Thu: 09:00-13:00; 13:30-17:30
			Fri: 09:00-13:00; 13:30-18:00	Fri: 09:00-13:00; 13:30-17:30
			Sat:	Sat:
			Sun:	Sun:

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	Upper Poppleton Pharmacy	The Green Upper Poppleton YORK YO26 6DF	Tue: 09:00-12:45; 14:00-18:00	Mon: 09:00-12:45; 14:00-18:00 Tue: 09:00-12:45; 14:00-18:00 Wed: 09:00-12:45; 14:00-18:00 Thu: 09:00-12:45 Fri: 09:00-12:45; 14:00-18:00 Sat: Sun:
York	Whitworth Chemists Ltd	275 Melrosegate YORK YO10 3SN	Tue: 09:00-13:00; 14:00-18:00	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:
York	York Medical Pharmacy	199 Acomb Road Acomb YORK YO24 4HD	Mon: 08:30-17:45 Tue: 08:30-17:45 Wed: 08:30-17:45 Thu: 08:30-17:45 Fri: 08:30-17:45 Sat: Sun:	Mon: 08:30-17:45 Tue: 08:30-17:45 Wed: 08:30-17:45 Thu: 08:30-17:45 Fri: 08:30-17:45 Sat: Sun:
York	Your Local Boots Pharmacy	153a Tang Hall Lane YORK YO10 3SD	Tue: 09:00-13:00; 14:00-18:00	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:

District	Trading Name	Address	Total Opening Hours	Core Opening Hours
York	Your Local Boots Pharmacy	25b The Village Strensall YORK YO32 5XR	Mon: 08:45-13:30; 14:00-18:00 Tue: 08:45-13:30; 14:00-18:00 Wed: 08:45-13:30; 14:00-18:00 Thu: 08:45-13:30; 14:00-18:00 Fri: 08:45-13:30; 14:00-18:00 Sat: 09:00-13:00 Sun:	· · · · · · · · · · · · · · · · · · ·
York	Your Local Boots Pharmacy	68 The Village Haxby YORK YO32 2HX	Tue: 09:00-13:00; 13:30-17:30	Mon: 09:00-13:00; 13:30-17:30 Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-13:00; 13:30-17:30 Sat: Sun:
York	Your Local Boots Pharmacy	66 Clarence Street YORK YO31 7EW	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-17:00 Sun:	Mon: 09:00-13:00; 13:30-17:30 Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-13:00; 13:30-17:30 Sat: Sun:
York	Your Local Boots Pharmacy	86 Clifton YORK YO30 6BA	Tue: 09:00-14:00; 14:30-17:30	Mon: 09:00-13:30; 14:30-17:30 Tue: 09:00-13:30; 14:30-17:30 Wed: 09:00-13:30; 14:30-17:30 Thu: 09:00-13:30; 14:30-17:30 Fri: 09:00-13:30; 14:30-17:30 Sat: 09:00-11:30 Sun:

Appendix 3 - Community Pharmacies within NHS Vale of York Clinical Commissioning Group catchment area

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Your Local Boots Pharmac		•	Mon: 09:00-13:00; 14:00-17:30
		EASINGWOLD		Tue: 09:00-13:00; 14:00-17:30
		YO61 3AD		Wed: 09:00-13:00; 14:00-17:30
			· ·	Thu: 09:00-13:00; 14:00-17:30
			Fri: 09:00-13:00; 14:00-18:00	•
			Sat: 09:00-13:00; 14:00-17:00	
			Sun:	Sun:
NHS Vale of York	Helmsley Pharmacy	Helmsley Medical Centr		Mon: 09:00-17:00
		Carlton Road	Tue: 09:00-17:30	Tue: 09:00-17:00
		HELMSLEY	Wed: 09:00-17:30	Wed: 09:00-17:00
		YO62 5HD	Thu: 09:00-17:30	Thu: 09:00-17:00
			Fri: 09:00-17:30	Fri: 09:00-17:00
			Sat:	Sat:
			Sun:	Sun:
NHS Vale of York	Towler's Chemist Limited	10 Market Place	Mon: 09:00-18:00	Mon: 09:00-17:30
		KIRKBYMOORSIDE	Tue: 09:00-18:00	Tue: 09:00-17:30
		YO62 6DB	Wed: 09:00-18:00	Wed: 09:00-17:30
			Thu: 09:00-12:30	Thu: 09:00-12:30
			Fri: 09:00-18:00	Fri: 09:00-17:30
			Sat: 09:00-17:00	Sat: 09:00-11:30
			Sun:	Sun:
NHS Vale of York	Eggborough Pharmacy Ltd			Mon: 09:00-12:30; 13:00-17:30
		Eggborough	-	Tue: 09:00-12:30; 13:00-17:30
		KNOTTINGLEY	•	Wed: 09:00-12:30; 13:00-17:30
		DN14 0LJ		Thu: 09:00-12:30; 13:00-17:30
			Fri: 09:00-12:30; 13:00-17:30	Fri: 09:00-12:30; 13:00-17:30
			Sat:	Sat:
			Sun:	Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Milford Pharmacy	14 High Street South Milford LEEDS LS25 5AA	Mon: 09:00-19:30 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: Sun:	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:
NHS Vale of York	Beckside Pharmacy	Maltongate Thornton Le Dale PICKERING YO18 7RJ	Mon: 09:00-18:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: Fri: 09:00-17:00 Sat: Sun:	Mon: 09:00-18:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: Fri: 09:00-17:00 Sat: Sun:
NHS Vale of York	Pickering Pharmacy	22 Market Place PICKERING YO18 7AE	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-17:00 Sun:	Mon: 09:00-12:45; 14:00-17:30 Tue: 09:00-12:45; 14:00-17:30 Wed: 09:00-12:45; 14:00-17:30 Thu: 09:00-12:45; 14:00-17:30 Fri: 09:00-12:45; 14:00-17:30 Sat: 09:00-12:45 Sun:
NHS Vale of York	ARC Pharmacy	Portholme Road SELBY YO8 4QH	Mon: 08:45-20:00 Tue: 08:45-18:30 Wed: 08:45-18:30 Thu: 08:45-18:30 Fri: 08:45-18:30 Sat: Sun:	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00 Sat: Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Barlby Pharmacy	65-67 Sycamore Rd Barlby SELBY YO8 5XD	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-13:00 Sun:	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00 Sat: Sun:
NHS Vale of York	Boots UK Ltd	10 Market Place SELBY YO8 4PB	Tue: 08:30-12:00; 13:00-17:30 Wed: 08:30-12:00; 13:00-17:30	-
NHS Vale of York	Rowlands Pharmacy	66 Doncaster Road SELBY YO8 9AJ	Wed: 08:45-12:00; 13:00-18:00	Mon: 09:00-12:00; 13:00-18:00 Tue: 09:00-12:00; 13:00-18:00 Wed: 09:00-12:00; 13:00-18:00 Thu: 13:00-12:00; 13:00-18:00 Fri: 09:00-12:00; 13:00-18:00 Sat: Sun:
NHS Vale of York	Scott Road Pharmacy	Scott Road SELBY YO8 4BL	Mon: 08:30-18:00 Tue: 08:30-18:00 Wed: 08:30-18:00 Thu: 08:30-18:00 Fri: 08:30-18:00 Sat: Sun:	Mon: 08:30-13:00; 14:00-17:30 Tue: 08:30-13:00; 14:00-17:30 Wed: 08:30-13:00; 14:00-17:30 Thu: 08:30-13:00; 14:00-17:30 Fri: 08:30-13:00; 14:00-17:30 Sat: Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Thorpe Willoughby Pharma	26 Field Lane Thorpe Willoughby SELBY YO8 9FL	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00
			Sat: 09:00-13:00 Sun:	Sat: Sun:
NHS Vale of York	Your Local Boots Pharmac	Unit 14 Market Cross Sh Centre SELBY YO8 4JS		Mon: 09:00-13:30; 14:00-17:30 Tue: 09:00-13:30; 14:00-17:30 Wed: 09:00-13:30; 14:00-17:30 Thu: 09:00-13:30; 14:00-17:30 Fri: 09:00-13:30; 14:00-17:30 Sat: Sun:
NHS Vale of York	Your Local Boots Pharmac	18 Finkle Hill SHERBURN IN ELMET LS25 6EA	Mon: 08:30-13:00; 14:00-18:00 Tue: 08:30-13:00; 14:00-18:00 Wed: 08:30-13:00; 14:00-18:00	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00
NHS Vale of York	Calcaria Pharmacy	7-9 High Street TADCASTER LS24 9AP	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-13:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-12:30 Sun:	Mon: 09:00-12:00; 12:30-17:30 Tue: 09:00-12:00; 12:30-17:30 Wed: 09:00-13:30 Thu: 09:00-12:00; 12:30-17:30 Fri: 09:00-12:00; 12:30-17:30 Sat: 09:00-12:30 Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Kirkgate Pharmacy	7 Kirkgate TADCASTER	Mon: 09:00-17:30 Tue: 09:00-17:30	Mon: 09:00-12:30; 13:00-17:30 Tue: 09:00-12:30; 13:00-17:30
		LS24 9AQ	Wed: 09:00-18:00	Wed: 09:00-12:30; 13:00-17:30
			Thu: 09:00-17:30	Thu: 09:00-12:30; 13:00-17:30
			Fri: 09:00-17:30	Fri: 09:00-12:30; 13:00-17:30
			Sat: 09:00-13:00	Sat:
			Sun:	Sun:
NHS Vale of York	Alliance Pharmacy	6 Wyre Court		Mon: 09:00-13:00; 14:00-18:00
		Haxby	ŕ	Tue: 09:00-13:00; 14:00-18:00
		YORK	•	Wed: 09:00-13:00; 14:00-18:00
		YO32 2ZB	ŕ	Thu: 09:00-13:00; 14:00-18:00
			Fri: 09:00-13:00; 14:00-18:00	•
			Sat: 09:00-13:00	Sat:
			Sun:	Sun:
NHS Vale of York	Asda Superstore	Monks Cross Shopping	•	Mon: 09:00-12:30; 14:30-18:00
		Jockey Lane		Tue: 09:00-12:30; 14:30-18:00
		YORK	-	Wed: 09:00-12:30; 14:30-18:00
		YO32 9LF	· ·	Thu: 09:00-12:30; 14:30-18:00
			Fri: 09:00-12:30; 14:30-21:00	-
			Sat: 09:00-12:30; 14:30-21:00	
			Sun: 10:00-12:30; 14:30-16:00	
NHS Vale of York	Badger Hill Pharmacy	35 Yarburgh Way	Mon: 09:00-18:00	Mon: 09:00-17:00
		Badger Hill	Tue: 09:00-18:00	Tue: 09:00-17:00
		YORK	Wed: 09:00-18:00	Wed: 09:00-17:00
		YO10 5HD	Thu: 09:00-18:00	Thu: 09:00-17:00
			Fri: 09:00-18:00	Fri: 09:00-17:00
			Sat: 09:00-12:30	Sat:
			Sun:	Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Bishopthorpe Pharmacy	22-24 Acaster Lane	Mon: 09:00-13:00; 13:30-18:00	Mon: 09:00-13:00; 13:30-17:30
		Bishopthorpe	Tue: 09:00-13:00; 13:30-17:00	Tue: 09:00-13:00
		YORK	Wed: 09:00-13:00; 13:30-18:00	Wed: 09:00-13:00; 13:30-17:30
		YO23 2SJ	Thu: 09:00-13:00; 13:30-18:00	Thu: 09:00-13:00; 13:30-17:30
			Fri: 09:00-13:00; 13:30-18:00	Fri: 09:00-13:00; 13:30-17:30
			Sat: 09:00-13:00	Sat: 09:00-13:00
			Sun:	Sun:
NHS Vale of York	Bishopthorpe Road Pharm	18 Bishopthorpe Road	Mon: 09:00-18:00	Mon: 09:00-13:00; 13:30-17:30
		YORK	Tue: 09:00-18:00	Tue: 09:00-13:00; 13:30-17:30
		YO23 1JJ	Wed: 09:00-18:00	Wed: 09:00-13:00; 13:30-17:30
			Thu: 09:00-18:00	Thu: 09:00-13:00; 13:30-17:30
			Fri: 09:00-18:00	Fri: 09:00-13:00; 13:30-17:30
			Sat: 09:00-13:00	Sat:
			Sun:	Sun:
NHS Vale of York	Boots the Chemist Ltd	5 Heworth Village	Mon: 09:00-13:00; 14:00-17:30	Mon: 09:00-13:00; 14:00-17:30
		YORK	Tue: 09:00-13:00; 14:00-17:30	Tue: 09:00-13:00; 14:00-17:30
		YO31 1AE	Wed: 09:00-13:00; 14:00-17:30	Wed: 09:00-13:00; 14:00-17:30
			Thu: 09:00-13:00; 14:00-17:30	Thu: 09:00-13:00; 14:00-17:30
			Fri: 09:00-13:00; 14:00-17:30	Fri: 09:00-13:00; 14:00-17:30
			Sat: 09:00-13:00; 14:00-17:00	Sat: 09:00-11:30
			Sun:	Sun:
NHS Vale of York	Boots the Chemists	10 East Parade	Mon: 09:00-12:30; 13:30-17:30	Mon: 09:00-12:30; 13:30-17:30
		YORK	Tue: 09:00-12:30; 13:30-17:30	Tue: 09:00-12:30; 13:30-17:30
		YO31 7YJ	Wed: 09:00-12:30; 13:30-17:30	Wed: 09:00-12:30; 13:30-17:30
			•	Thu: 09:00-12:30; 13:30-17:30
			Fri: 09:00-12:30; 13:30-17:30	· · · · · · · · · · · · · · · · · · ·
			Sat: 09:00-13:00	Sat: 09:00-11:30
			Sun:	Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Boots UK Ltd	5, St Mary's Square	Mon: 09:00-17:30	Mon: 09:00-13:00;13:30-17:30
		The Coppergate Centre	Tue: 09:00-17:30	Tue: 09:00-13:00;13:30-17:30
		YORK	Wed: 09:00-17:30	Wed: 09:00-13:00;13:30-17:30
		YO1 9NY	Thu: 09:00-17:30	Thu: 09:00-13:00;13:30-17:30
			Fri: 09:00-17:30	Fri: 09:00-13:00;13:30-17:30
			Sat: 09:00-17:30	Sat: 09:00-13:00; 13:30-17:30
			Sun: 10:30-16:30	Sun:
NHS Vale of York	Boots UK Ltd	2 Spurriergate (also kno	Mon: 08:30-18:00	Mon: 09:30-16:00
		Coney Street)	Tue: 08:30-18:00	Tue: 09:30-16:00
		YORK	Wed: 08:30-18:00	Wed: 09:30-16:00
		YO1 9QR	Thu: 08:30-18:00	Thu: 09:30-16:30
			Fri: 08:30-18:00	Fri: 09:30-16:30
			Sat: 08:30-18:00	Sat: 09:30-16:00
			Sun: 11:00-17:00	Sun:
NHS Vale of York	Boots UK Ltd	Unit 7, Monks Cross Sh	Mon: 09:00-20:00	Mon: 09:00-17:00
		Park	Tue: 09:00-20:00	Tue: 09:00-17:00
		YORK	Wed: 09:00-20:00	Wed: 09:00-17:00
		YO32 9GX	Thu: 09:00-20:00	Thu: 09:00-17:00
			Fri: 09:00-20:00	Fri: 09:00-17:00
			Sat: 09:00-19:00	Sat:
			Sun: 11:00-17:00	Sun:
NHS Vale of York	Boots UK Ltd	1 Kings Square	Mon: 09:00-17:30	Mon: 09:00-14:00; 15:00-16:30
		YORK	Tue: 09:00-17:30	Tue: 09:00-14:00; 15:00-16:30
		YO1 8BH	Wed: 09:00-17:30	Wed: 09:00-14:00; 15:00-16:30
			Thu: 09:00-17:30	Thu: 09:00-14:00; 15:00-16:30
			Fri: 09:00-17:30	Fri: 09:00-14:00; 15:00-17:30
			Sat: 09:00-17:30	Sat: 09:00-14:00; 15:00-16:30
			Sun: 11:00-16:00	Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Boots UK Ltd	2 The Old School	Mon: 09:00-17:30	Mon: 09:00-14:00; 15:00-16:30
		Front Street, Acomb	Tue: 09:00-17:30	Tue: 09:00-14:00; 15:00-16:30
		YORK	Wed: 09:00-17:30	Wed: 09:00-14:00; 15:00-16:30
		YO24 3BN	Thu: 09:00-17:30	Thu: 09:00-14:00; 15:00-16:30
			Fri: 09:00-14:00; 15:00-17:30	Fri: 09:00-14:00; 15:00-17:30
			Sat: 09:00-14:00; 15:00-17:30	Sat: 09:00-14:00; 15:00-16:30
			Sun:	Sun:
NHS Vale of York	Cohens Chemist	22 Gillygate	Mon: 09:00-17:30	Mon: 09:00-13:00; 14:00-17:30
		YORK	Tue: 09:00-17:30	Tue: 09:00-13:00; 14:00-17:30
		YO31 7EQ	Wed: 09:00-17:30	Wed: 09:00-13:00; 14:00-17:30
			Thu: 09:00-17:30	Thu: 09:00-13:00; 14:00-17:30
			Fri: 09:00-17:30	Fri: 09:00-13:00; 14:00-17:30
			Sat: 09:00-12:00	Sat: 09:00-11:30
			Sun:	Sun:
NHS Vale of York	Copmanthorpe Pharmacy	8 Copmanthorpe Shopp		Mon: 09:00-12:45; 13:45-18:00
		Centre	Tue: 09:00-12:45; 13:45-18:00	Tue: 09:00-12:45; 13:45-18:00
		YORK	Wed: 09:00-12:45; 13:45-18:00	Wed: 09:00-12:45; 13:45-18:00
		YO23 3GG	Thu: 09:00-12:45; 13:45-18:00	Thu: 09:00-12:45; 13:45-18:00
			Fri: 09:00-12:45; 13:45-18:00	Fri: 09:00-12:45; 13:45-18:00
			Sat:	Sat:
			Sun:	Sun:
NHS Vale of York	Dunnington Pharmacy	35 York Street	Mon: 09:00-18:00	Mon: 09:00-18:00
		Dunnington	Tue: 09:00-18:00	Tue: 09:00-18:00
		YORK	Wed: 09:00-13:00	Wed: 09:00-13:00
		YO19 5QT	Thu: 09:00-18:00	Thu: 09:00-18:00
			Fri: 09:00-18:00	Fri: 09:00-18:00
			Sat: 09:00-12:30	Sat:
			Sun:	Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Gale Farm Pharmacy	109-119 Front Street	Mon: 08:30-18:00	Mon: 09:00-11:00; 12:00-18:00
		Acomb	Tue: 08:30-18:00	Tue: 09:00-11:00; 12:00-18:00
		YORK	Wed: 08:30-18:00	Wed: 09:00-11:00; 12:00-18:00
		YO24 4LZ	Thu: 08:30-18:00	Thu: 09:00-11:00; 12:00-18:00
			Fri: 08:30-18:00	Fri: 09:00-11:00; 12:00-18:00
			Sat: 08:30-12:00	Sat:
			Sun:	Sun:
NHS Vale of York	Haxby Group Pharmacy	Haxby & Wigginton Hea	Mon: 07:30-22:30	Mon: 07:30-22:30
		Centre	Tue: 07:30-22:30	Tue: 07:30-22:30
		YORK	Wed: 07:30-22:30	Wed: 07:30-22:30
		YO32 2LL	Thu: 07:30-22:30	Thu: 07:30-22:30
			Fri: 07:30-22:30	Fri: 07:30-22:30
			Sat: 07:30-22:30	Sat: 07:30-22:30
			Sun: 09:00-19:00	Sun: 09:00-19:00
NHS Vale of York	Huntington Pharmacy	Huntington Surgery	Mon: 07:00-23:00	Mon: 07:00-23:00
		1-3 North Lane	Tue: 07:00-23:00	Tue: 07:00-23:00
		Huntington	Wed: 07:00-23:00	Wed: 07:00-23:00
		YORK	Thu: 07:00-23:00	Thu: 07:00-23:00
		YO32 9RU	Fri: 07:00-23:00	Fri: 07:00-23:00
			Sat: 07:00-19:00	Sat: 07:00-19:00
			Sun: 09:00-17:00	Sun: 09:00-17:00
NHS Vale of York	Lloyds Pharmacy	3 Intake Avenue	Mon: 09:00-17:30	Mon: 09:00-13:00; 13:30-17:30
		YORK	Tue: 09:00-17:30	Tue: 09:00-13:00; 13:30-17:30
		YO30 6HB	Wed: 09:00-17:30	Wed: 09:00-13:00; 13:30-17:30
			Thu: 09:00-17:30	Thu: 09:00-13:00; 13:30-17:30
			Fri: 09:00-17:30	Fri: 09:00-13:00; 13:30-17:30
			Sat: 09:00-13:00	Sat:
			Sun:	Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Lloyds Pharmacy	412 Huntington Road YORK YO31 9HU	Mon: 09:00-18:00 Tue: 09:00-18:00 Wed: 09:00-18:00 Thu: 09:00-18:00 Fri: 09:00-18:00 Sat: 09:00-14:00 Sun:	Mon: 09:00-13:00; 13:30-17:30 Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-13:00; 13:30-17:30 Sat: Sun:
NHS Vale of York	Lloyds Pharmacy	101 - 103 Green Lane Acomb YORK YO24 4PS	Mon: 08:45-17:30 Tue: 08:45-17:30 Wed: 08:45-17:30 Thu: 08:45-17:30 Fri: 08:45-17:30 Sat: Sun:	Mon: 09:00-13:00; 13:30-17:30 Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-13:00; 13:30-17:30 Sat: Sun:
NHS Vale of York	Lloyds Pharmacy	3 Wains Grove Dringhouses YORK YO24 2TU	Mon: 08:30-17:30 Tue: 08:30-17:30 Wed: 08:30-17:30 Thu: 08:30-17:30 Fri: 08:30-17:30 Sat: Sun:	Mon: 09:00-13:00; 13:30-17:30 Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-13:00; 13:30-17:30 Sat: Sun:
NHS Vale of York	Lloyds Pharmacy	210 Fulford Road Fishergate YORK YO10 4DX	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-13:00 Sun:	Mon: 09:00-13:00; 13:30-17:30 Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-13:00; 13:30-17:30 Sat: Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	M Hepworth (Chemists) Ltd	101 Main Street	Mon: 09:00-13:00; 14:00-17:30	Mon: 09:00-13:00; 14:00-17:30
		Fulford	Tue: 09:00-13:00; 14:00-17:30	Tue: 09:00-13:00; 14:00-17:30
		YORK	Wed: 09:00-13:00; 14:00-17:30	Wed: 09:00-13:00; 14:00-17:30
		YO10 4PN	Thu: 09:00-13:00; 14:00-17:30	Thu: 09:00-13:00; 14:00-17:30
			Fri: 09:00-13:00; 14:00-17:30	Fri: 09:00-13:00; 14:00-17:30
			Sat: 09:00-13:00	Sat: 09:00-11:30
			Sun:	Sun:
NHS Vale of York	M J Roberts Chemists Ltd	8 Boroughbridge Road	Mon: 08:30-12:30; 13:30-18:00	Mon: 08:30-12:30; 13:30-17:30
		YORK	Tue: 08:30-12:30; 13:30-18:00	Tue: 08:30-12:30; 13:30-17:30
		YO26 5RU	Wed: 08:30-12:30; 13:30-17:30	Wed: 08:30-12:30; 13:30-17:30
			Thu: 08:30-12:30; 13:30-17:30	Thu: 08:30-12:30; 13:30-17:30
			Fri: 08:30-12:30; 13:30-17:30	Fri: 08:30-12:30; 13:30-17:30
			Sat:	Sat:
			Sun:	Sun:
NHS Vale of York	Marsden Pharmacy	67 Front Street	Mon: 09:00-18:00	Mon: 09:00-17:00
		Acomb	Tue: 09:00-18:00	Tue: 09:00-17:00
		YORK	Wed: 09:00-18:00	Wed: 09:00-17:00
		YO24 3BR	Thu: 09:00-18:00	Thu: 09:00-17:00
			Fri: 09:00-18:00	Fri: 09:00-17:00
			Sat: 09:00-13:00	Sat:
			Sun:	Sun:
NHS Vale of York	Monkbar Pharmacy	3 Goodramgate	Mon: 07:30-22:30	Mon: 07:30-22:30
		YORK	Tue: 07:30-22:30	Tue: 07:30-22:30
		YO1 7LJ	Wed: 07:30-22:30	Wed: 07:30-22:30
			Thu: 07:30-22:30	Thu: 07:30-22:30
			Fri: 07:30-22:30	Fri: 07:30-22:30
			Sat: 07:30-22:30	Sat: 07:30-22:30
			Sun: 08:30-18:30	Sun: 08:30-18:30

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Monkton Road Pharmacy	71 Monkton Road YORK YO31 9AL	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: Sun:	Mon: 09:00-17:00 Tue: 09:00-17:00 Wed: 09:00-17:00 Thu: 09:00-17:00 Fri: 09:00-17:00 Sat: Sun:
NHS Vale of York	Parkers Pharmacy	61 North Moor Road Huntington YORK YO32 9QN	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:
NHS Vale of York	PT & HJ Richardson	57 Blossom Street YORK YO24 1AZ	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: 09:00-13:00 Sun:	Mon: 09:00-13:00; 14:00-17:30 Tue: 09:00-13:00; 14:00-17:30 Wed: 09:00-13:00; 14:00-17:30 Thu: 09:00-13:00; 14:00-17:30 Fri: 09:00-13:00; 14:00-17:30 Sat: 09:00-11:30 Sun:
NHS Vale of York	S K F Lo (Chemist) Ltd	151 Beckfield Lane YORK YO26 5PJ	Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Sainsbury's Supermarkets	Monks Cross Shopping	Mon: 08:00-21:00	Mon: 09:00-12:00; 13:00-16:00
		Jockey Lane	Tue: 08:00-21:00	Tue: 09:00-12:00; 13:00-17:00
		YORK	Wed: 08:00-21:00	Wed: 09:00-12:00; 13:00-17:00
		YO32 9LG	Thu: 08:00-21:00	Thu: 09:00-12:00; 13:00-17:00
			Fri: 08:00-21:00	Fri: 09:00-12:00; 13:00-17:00
			Sat: 08:00-21:00	Sat: 09:00-12:00; 13:00-16:00
			Sun: 10:00-16:00	Sun:
NHS Vale of York	Tesco In store Pharmacy	Askham Bar	Mon: 08:00-22:30	Mon: 08:00-22:30
		Tadcaster Road	Tue: 06:30-22:30	Tue: 06:30-22:30
		YORK	Wed: 06:30-22:30	Wed: 06:30-22:30
		YO24 1LW	Thu: 06:30-22:30	Thu: 06:30-22:30
			Fri: 06:30-22:30	Fri: 06:30-22:30
			Sat: 06:30-22:00	Sat: 06:30-22:00
			Sun: 10:00-16:00	Sun: 10:00-16:00
NHS Vale of York	Tesco Superstore	9 Stirling Road	Mon: 08:00-21:00	Mon: 09:00-13:00; 14:00-17:00
		Clifton Moor	Tue: 08:00-21:00	Tue: 09:00-13:00; 14:00-17:00
		YORK	Wed: 08:00-21:00	Wed: 09:00-13:00; 14:00-16:30
		YO30 4XZ	Thu: 08:00-21:00	Thu: 09:00-13:00; 14:00-16:30
			Fri: 08:00-21:00	Fri: 09:00-13:00; 14:00-16:30
			Sat: 08:00-21:00	Sat: 09:00-13:00; 14:00-16:30
			Sun: 10:00-16:00	Sun:
NHS Vale of York	The Priory Pharmacy	Priory Medical Centre	Mon: 08:00-23:00	Mon: 08:00-23:00
		YORK	Tue: 08:00-23:00	Tue: 08:00-23:00
		YO24 3WX	Wed: 08:00-23:00	Wed: 08:00-23:00
			Thu: 08:00-23:00	Thu: 08:00-23:00
			Fri: 08:00-23:00	Fri: 08:00-23:00
			Sat: 08:00-23:00	Sat: 08:00-23:00
			Sun: 10:00-20:00	Sun: 10:00-20:00

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Tower Court Pharmacy Ltd		Tue: 09:00-13:00; 13:30-18:00 Wed: 09:00-13:00; 13:30-18:00	Mon: 09:00-13:00; 13:30-17:30 Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30 Thu: 09:00-13:00; 13:30-17:30 Fri: 09:00-13:00; 13:30-17:30 Sat: Sun:
NHS Vale of York	Upper Poppleton Pharmac	The Green Upper Poppleton YORK YO26 6DF	Tue: 09:00-12:45; 14:00-18:00	Mon: 09:00-12:45; 14:00-18:00 Tue: 09:00-12:45; 14:00-18:00 Wed: 09:00-12:45; 14:00-18:00 Thu: 09:00-12:45 Fri: 09:00-12:45; 14:00-18:00 Sat: Sun:
NHS Vale of York	Whitworth Chemists Ltd	275 Melrosegate YORK YO10 3SN	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:
NHS Vale of York	York Medical Pharmacy	199 Acomb Road Acomb YORK YO24 4HD	Mon: 08:30-17:45 Tue: 08:30-17:45 Wed: 08:30-17:45 Thu: 08:30-17:45 Fri: 08:30-17:45 Sat: Sun:	Mon: 08:30-17:45 Tue: 08:30-17:45 Wed: 08:30-17:45 Thu: 08:30-17:45 Fri: 08:30-17:45 Sat: Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Your Local Boots Pharmad	153a Tang Hall Lane YORK YO10 3SD	Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:
NHS Vale of York	Your Local Boots Pharmac	25b The Village Strensall YORK YO32 5XR	Tue: 08:45-13:30; 14:00-18:00 Wed: 08:45-13:30; 14:00-18:00	Mon: 09:00-13:00; 14:00-18:00 Tue: 09:00-13:00; 14:00-18:00 Wed: 09:00-13:00; 14:00-18:00 Thu: 09:00-13:00; 14:00-18:00 Fri: 09:00-13:00; 14:00-18:00 Sat: Sun:
NHS Vale of York	Your Local Boots Pharmac	68 The Village Haxby YORK YO32 2HX	Tue: 09:00-13:00; 13:30-17:30 Wed: 09:00-13:00; 13:30-17:30	•
NHS Vale of York	Your Local Boots Pharmac	66 Clarence Street YORK YO31 7EW	Mon: 09:00-17:30 Tue: 09:00-17:30 Wed: 09:00-17:30 Thu: 09:00-17:30 Fri: 09:00-17:30 Sat: Sun:	Mon: 09:00-13:00;13:30-17:30 Tue: : 09:00-13:00;13:30-17:30 Wed: : 09:00-13:00;13:30-17:30 Thu: : 09:00-13:00;13:30-17:30 Fri: : 09:00-13:00;13:30-17:30 Sat: Sun:

CCG	Trading Name	Address	Total Opening Hours	Core Opening Hours
NHS Vale of York	Your Local Boots Pharmac	86 Clifton	Mon: 09:00-14:00; 14:30-17:30	Mon: 09:00-13:30; 14:30-17:30
		YORK	Tue: 09:00-14:00; 14:30-17:30	Tue: 09:00-13:30; 14:30-17:30
		YO30 6BA	Wed: 09:00-14:00; 14:30-17:30	Wed: 09:00-13:30; 14:30-17:30
			Thu: 09:00-14:00; 14:30-17:30	Thu: 09:00-13:30; 14:30-17:30
			Fri: 09:00-14:00; 14:30-17:30	Fri: 09:00-13:30; 14:30-17:30
			Sat: 09:00-14:00; 14:30-17:00	Sat: 09:00-11:30
			Sun:	Sun:

Appendix 4 – Dispensing GP practices and dispensing branches

DISPENSING PRACTICE - MAIN BRANCH	DISPENSING BRANCH 1	DISPENSING BRANCH 2	Notes
Elvington Medical Practice, York Road, Elvington, York, YO41 4DY	54a Main Street, Wheldrake, York, YO19 6AB	37 Common Road, Dunnington, York, YO19 5NG	
Haxby, 2 The Village, Wiggington, York	36 The Village, Stockton on the Forest, York		
The Old School Medical Practice, Horseman Lane, Copmanthorpe, York, YO23 3UA			
My Health Group, Strensall Health Care Centre, Southfields Lane, Strensall, York, YO32 5UA	Dunnington Healthcare Centre, Petercroft Lane, Dunnington, York, YO19 5NQ	Huntington Healthcare Centre, Garth Road, Huntington, York, YO32 9QJ	
Gale Farm Surgery, 109 Front Street Acomb, York, YO24 3BU	The Old Forge Surgery, Upper Poppleton, YO26 6EQ		Does not dispense from main Practice

Appendix 5 – Pharmacy, dispensing GP practice and non-dispensing GP practice locations

See the interactive map at:

http://maps.northyorks.gov.uk/connect/?mapcfg=ph pharmacies

This shows the services provided at each dispensing site, and the opening hours, and can be updated more frequently than a paper copy.

Appendix 6 – Controlled locality boundaries

York - follow link to - http://www.york.gov.uk/downloads/file/15751/appendix 6 - map 1 pna

Haxby - follow link to - http://www.york.gov.uk/downloads/file/15752/appendix 6 - map 2 pna

Appendix 7 - Questionnaires

Pharmacy Users Questionnaire





York and North Yorkshire Pharmaceutical Needs Assessments Pharmacy Users Questionnaire

Every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The PNA is used to inform decisions about where to site pharmacies (some people call them chemists), opening hours and what services are provided.

Pharmacy - some people call them chemists but in this survey we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription dispensed or buy medicines some of which you cannot buy anywhere else.

GP Practice (Dispensing Doctor) - some GP practices dispense medicines at the practice building to patients who live in a rural area. This is different to GP practice buildings in which there is also a full pharmacy within the building.

During the next few months we will be collecting information with the aim of publishing draft PNAs for North Yorkshire and for York in October 2014 and final versions in March 2015. To help produce the PNAs we want to hear about your experiences and opinions about the pharmacy services in your area, and whether there is anything you feel could be changed or improved

This questionnaire is for completion by people who use are users of pharmaceutical services, for example to get their prescriptions dispensed. Other questionnaires are available for completion by:

- Health or social care service providers and practitioners
- Strategic Partners Organisations that commission services or plan other aspects of communities (e.g. housing, transport, etc.) that could impact on the need for pharmaceutical services.

Further details can be found at www.nypartnerships.org.uk/pna or email jsna@northyorks.gov.uk

An additional questionnaire for organisations providing pharmaceutical services has been sent directly to pharmacies and dispensing GP practices.

 In what capacity are you responding? (Please choose which of the following is most appropriate
--

□ As a member of the public
 In what town, village or post code area do you live?
 In which town or village is the pharmacy that you normally use?
 □ As a member of a voluntary or community organisation
 Name of organisation
 What area is covered by your group? Please state town, district or whole county:
 Does your organisation represent any particular group of people? If so please give details:

Thinking about when you collect prescription medicines, buy other medicines, get advice about prescribed and other medicines of other pharmacy services:

2. Where do you generally visit a pharmacy?

Close to my hc Close to my work Close to school/nur: Close to the shops | Close to my GP pra At my GP practice At the supermarket I

3. Where would you prefer to visit a pharmacy?

Close to the st Close to the st Close to my G At my GP practice At my GP practice Other No preference

4. When do you usually visit a pharmacy?

Weekdays before 5 weekdays between 9 weekdays after 6pm Saturdays Sundays no particular time

5. When would you pre Weekdays before 9 6p		ey? eekdays after 6pm Saturday	rs Sundays	no particular time
6. On average, how ofte Weekly	en do you use a phar monthly	macy? every 3 months	every 6 months	other
7. How do you usually t		-		
By public transport	by car	on foot	by cycle	other
services (tick all that To buy over-the-co To get advice from To access other pl	ensary our prescriptions fro t apply): ounter medicine from the the pharmacy harmacy services e.g. hedical goods (e.g. bea	m a GP practice dispensary	gency contraception□ To	also visit a pharmacy for other o get my flu jab

10. Overall, I consider that:

	Always	Usually	Don't know	Sometimes	Never
I can find a pharmacy open when needed					
I can find a pharmacy open after 6pm, Monday to Friday					

Ιc	an find a p	harmacy ope	en on Saturday mo	rnings					
Ιc	I can find a pharmacy open on Sundays								
I can find a pharmacy open on Saturday afternoons									
Th	The pharmacy offers advice to help me have a healthier lifestyle								
W	When I visit a pharmacy I can get the medication I need								
Th	ere is som	e privacy wh	en I want to speak	to a member	er of the staff				
	•	•	ate the availabilit	•	•	•			
Ver	y good	Good	Adequate	Poor	Very Po	or			
12. In t	12. In the last 12 months, have you experienced any recurrent problems when using your usual pharmacy or one close by?								

13. Please tell us which of the services listed below is available at your local pharmacy and which ones you have used or would find useful.

Please note that some of the services listed below may not be funded by the NHS or may not be available from your pharmacy at present

Service AVAILABLE NOT AVAILABLE Don't I have used I have not use I would use th I would not us know

Prescription collection service from your GP surgery
Prescription medicines delivery service from pharmacy to home
Repeat prescription service at pharmacy
Stop Smoking Support Service
Chlamydia screening service
Healthy eating and living advice service

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If you answered 'Yes', please tell us why:

☐ Yes

Medicines usage review service
New medicines service
Emergency contraception
Minor conditions advice e.g. sore throat, hay fever, thrush
Health checks, for example, blood pressure checks
Weight management / dietary advice
Information on health and social services
Vaccinations
Dispensing into monitored dose containers
Other (please give details):

14. What do you like about your pharmacy?

15. What do you think could be improved about your pharmacy?

16. Is there anything else you would like to tell us about Pharmacy services in your area?

17. About You

Your Age
☐ 18 or under
☐ 19-29
☐ 30-59
☐ 60-74
☐ 75 or over

Are you:

☐ Male

☐ Female

Over the last 12 months, how would you say your health has been?	Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?
☐ Very good	☐ Yes
☐ Good	□ No
☐ Fair	
☐ Bad	
☐ Very Bad	
Do you consider yourself to be a carer, contributing to the care needs of a friend or relative? ☐ Yes ☐ No	

Thank you for completing this questionnaire. Your views will help us to produce-the Pharmaceutical Needs Assessments for York and for North Yorkshire, scheduled to be published in draft form in October 2014. This will then be consulted on until December 2014. The final versions of the reports are scheduled for publication in March 2015. The draft and final reports will be available on-line at www.nypartnerships.org.uk/pna (North Yorkshire) and www.york.gov.uk (York)

Please feel free to forward this questionnaire to anyone you think can contribute to the Pharmaceutical Needs Assessments for York and North Yorkshire

Please return completed questionnaires by 18th July 2014

email to: jsna@northyorks.gov.uk

or by post to: Pharmaceutical Needs Assessment, North Yorkshire County Council, North Yorkshire House, 442-444 Scalby Road, Scarborough YO12 6EE

Health or social care service providers and practitioners questionnaire







York and North Yorkshire Pharmaceutical Needs Assessments

Questionnaire for health or social care service providers and practitioners

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The PNA is used to inform decisions about where to site pharmacies (some people call them chemists), opening hours and what services are provided.

During the next few months we will be collecting information with the aim of publishing draft PNAs for North Yorkshire and for York in Octobe 2014 and final versions in March 2015. To help produce the PNAs we want to find out your opinions about local pharmacy services, and whether there is anything you feel should be changed or could be improved.

This questionnaire is for health or social care service providers and practitioners. Other questionnaires are available for completion by:

- Strategic Partners Organisations that commission services or plan other aspects of communities (e.g. housing, transport, etc.) that could impact on the need for pharmaceutical services.
- Users of pharmaceutical services

Further details can be found at www.nypartnerships.org.uk/pna or email jsna@northyorks.gov.uk

A special questionnaire for organisations providing pharmaceutical services has been sent directly to pharmacies and dispensing GP practices.

Organisation:

Job description:

Page 120 PNA

Service area (e.g., primary health, social care, public health, etc.):

In which area(s) do you operate?					
☐ All of North Yorkshire					
☐ City of York					
☐ Craven District					
☐ Hambleton District					
☐ Harrogate Borough					
☐ Richmondshire District					
☐ Ryedale District					
☐ Scarborough Borough					
☐ Selby District					
Other (please give details):					

1. How good do y or York?	ou conside	pharmacy serv	ices are in	North Yorkshire or York as a whole and/or in your area of North Yorkshire
Your overall ra	ting			
□ very good	\square good	□ adequate	☐ Poor	□ very poor
Availability of se – open hours/da areas, etc.		on, range of additio	nal services a	available, variation/equitable of services in d

Quality of services

2. Are there any aspects that you feel should be improved?

3. Are you aware of any particular problems people have had accessing pharmacy services or may have in the futures?

4. How desirable is availability of the following services at local pharmacies?

	Very desira	Desirable	Not necess
Prescription collection service from your GP surgery			
Prescription medicines delivery service from pharmacy			
home			
Repeat prescription service at pharmacy			
Stop Smoking Support Service			
Chlamydia screening service			
Healthy eating and living advice service			
Medicines use review service			
Emergency contraception			
Minor conditions advice, for example, sore throat, hay			
thrush			
Health checks, for example, blood pressure checks			
Weight management / dietary			
Information on health and social services			
Vaccinations			
Substance misuse services			

Other (please give details):

5. Are they any other services you think could be provided by pharmacies?

We are particularly interested in innovative suggestions for services for local communities that we normally be provided, but could be provided, by pharmacies.

6. Have you any other comments about pharmaceutical services in York and North Yorkshire including development to meet current and future needs??

Thank you for completing this questionnaire. Your views will help produced the PNA for the York and for North Yorkshire scheduled to be published in draft form in October 2014 for consultation until December. The final versions of the reports are scheduled for publication in March 2015. The draft and final reports will be available on-line at www.nypartnerships.org.uk/pna (North Yorkshire) and www.nypartnerships.org.uk/pna (North Yorkshire) and www.nypartnerships.org.uk/pna (North Yorkshire)

Please feel free to forward this questionnaire to anyone you think can contribute to the PNA for York and North Yorkshire.

Please return completed questionnaires by 18th July 2014

email to: jsna@northyorks.gov.uk

or by post to: Pharmaceutical Needs Assessment, North Yorkshire County Council, North Yorkshire House, 442-444 Scalby Road, Scarborough YO12 6EE

Strategic Partners Questionnaire







York and North Yorkshire Pharmaceutical Needs Assessments

Strategic Partners Questionnaire

Every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The PNA is used to inform decisions about where to site pharmacies (some people call them chemists), opening hours and what services are provided.

During the next few months we will be collecting information with the aim of publishing draft PNAs for North Yorkshire and for York in October 2014 and final versions in March 2015. To help produce the PNAs we want to find out your opinions about local pharmacy services, and whether there is anything you feel should be changed or could be improved.

This questionnaire is for people and organisations that commission services or plan other aspects of communities (e.g. housing, transport, etc.) that could impact on the need for pharmaceutical services in particular areas. Other questionnaires are available for completion by:

- Health or social care service providers and practitioners
- Users of pharmaceutical services

Further details can be found at www.nypartnerships.org.uk/pna or email jsna@northyorks.gov.uk

A special questionnaire for organisations providing pharmaceutical services has been sent directly to pharmacies and dispensing GP practices.

Department or lead area:

Organisation:

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a)
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	•

In which area(s) do you operate?	
☐ All of North Yorkshire	
☐ City of York	
☐ Craven District	
☐ Hambleton District	
☐ Harrogate Borough	
☐ Richmondshire District	
☐ Ryedale District	
☐ Scarborough Borough	
☐ Selby District	٦
Other (please give details):	Ω Ω Ω
	_
4. How good do you consider phormosy convices are in North Yorkshire or York	
1. How good do you consider pharmacy services are in North Yorkshire or York or York?	as a whole and / or in your area of North Forkshire 1
Your overall rating	
\square very good \square good \square adequate \square Poor \square very poor	
Availability of services	

- open hours/days and location, range of additional services available, variation/equitable of services in dareas, gaps in service, etc.

Quality of services

2. Are there any aspects that you feel should be improved?

3. Are you aware of any particular problems people have had accessing pharmacy services?

4. How desirable is availability of the following services at local pharmacies?

	Very desira	Desirable	Not necess
Prescription collection service from your GP surgery			
Prescription medicines delivery service from pharmacy			
home			
Repeat prescription service at pharmacy			
Stop Smoking Support Service			
Chlamydia screening service			
Healthy eating and living advice service			
Medicines use review service			
Emergency contraception			
Minor conditions advice, for example, sore throat, hay			
thrush			
Health checks, for example, blood pressure checks			
Weight management / dietary			
Information on health and social services			
Vaccinations			
Substance misuse services			

Other (please give details):

5. Are they any other services you think could be provided by pharmacies? Are there any you are considering commissioning?

We are particularly interested in innovative suggestions for services for local communities that would not normally be provided, but could be provided, by pharmacies.

6. Does your organisation have any plans or are you aware of any other plans that are likely to have an impact on the need for pharmaceutical services during the next five years? If so please give details

e.g. quantity, location, type of service

7. Have you any other comments about pharmaceutical services in York and North Yorkshire?

Thank you for completing this questionnaire. Your views will help produced the Pharmaceutical Needs Assessments for the York and for North Yorkshire scheduled to be published in draft form in October 2014 for consultation until December. The final versions of the reports are scheduled for publication in March 2015. The draft and final reports will be available on-line at www.nypartnerships.org.uk/pna (North Yorkshire) and www.york.gov.uk (York)

Please feel free to forward this questionnaire to anyone you think can contribute to the Pharmaceutical Needs Assessments for York and North Yorkshire.

Please return completed questionnaires by 18th July 2014

email to: jsna@northyorks.gov.uk

or by post to: Pharmaceutical Needs Assessment, North Yorkshire County Council, North Yorkshire House, 442-444 Scalby Road, Scarborough YO12 6EE

Pharmacies Questionnaire







Pharmaceutical Needs Assessment – Community Pharmacy Questionnaire

Date of completion				
Name of contractor				
Address of contractor				
Trading name				
	No	V		
Is this a distance selling pharmacy?	INU	Yes		

Monday Tuesday					
Day	Open	Close	Open	Close	
Core hours					
Please complete the box belo	ow with your curre	ent opening hou	urs		
Opening hours					
No					
Yes					
	_				
Can we store the above infor	mation to contact	you and to sha	are with other o	commissioners?	
Pharmacy website address					
Pharmacy fax					
Pharmacy phone number					
Pharmacy email address					

Wednesday

Thursday		
Friday		
Saturday		
Sunday		

Total hours – Core + Supplementary hours

Day	Open	Close	Open	Close
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Consultation facilities

Is there a consultation area?	Yes	No	
If yes:			
On the premises?	Yes	No	
Away from the premises?	Yes	No	
Information facilities			
Is the pharmacy EPS R2 enabled	Yes	No	

Can you access websites from a c	computer within your phar	macy?			
	Yes				
	No				
	Limited				
Information is often distributed to pfiles formats in your pharmacy.	pharmacies as email attac	chments or via websites.	Please indicate whether	you are able to use th	e following common
Adobe PDF files (.pdf)					
Not able to view					
Able to view only					
Microsoft Word files (.doc or .do	осх)				
Not able to view or open					
Able to view only					
Able to open fully, edit and save					
Microsoft Excel files (.xls or .xls	sx)				
Not able to view or open					
Able to view only					
Able to open fully, edit and save					

Δdv	van	ced	CAL	VIC	20

Please give details of the advanced services provided by you	ır pharmacy.
Please tick the box which applies for each service	
Medicines Use Review Service	
New Medicine Service	
Appliance Use Review Service	
Stoma Appliance customisation service	

Commissioned Services

Please give details of the commissioned services provided by your pharmacy. These can be enhanced services commissioned by NHS England Area Team, Public Health services commissioned by a Local Authority or a CCG service.

AT – currently commissioned by Area Team and providing

LA – currently commissioned by Local Authority and providing

CCG - currently commissioned by a CCG and providing

If you are not providing the service then leave blank

Service	AT	LA	CCG
Emergency Hormonal Contraception Service			
NRT Voucher Service			
Smoking Cessation Service			
Supervised consumption of methadone or Buprenorphine			
Needle exchange			
Out of hours service			

Other services:		

Privately provided services

We would like to know what other services you provide i.e. not commissioned by NHS England or Local Authority – please tick the appropriate box in the table below. Where the service is not funded by either the pharmacy or the patient please state who does fund it.

Ph = Pharmacy funded Pt = Patient funded

Service	Ph	Pt	Other commissioners please specify
Anticoagulant monitoring service			
Anti-viral distribution service			
Care Home service			
Contraception service (not an EHC service)			
Gluten Free Food Supply Service			
Independent Prescribing Service			
Language Access Service			
Medication Review Service (this is not the NMS			
services)			
Minor Ailments Scheme			
Weight Management Services			
Directly Observed therapy of TB medicines			
Palliative care scheme			
Phlebotomy			
Prescriber Support Service			
Schools Service			
Seasonal influenza Vaccination Service			
Childhood vaccinations			
Travel vaccines			
Sharps Disposal service other than needle exc			

service		
Vascular Risk Assessment Service		
(NHS HealthCheck)		
Stop Smoking Service other than that commiss		
the local authority:		
Supervised Administration Service: other than		
commissioned by the local authority:		
Monitored Dosage system		
Others please specify:		
Services that treat or test for		
Allergies		
Alzheimer's/Dementia		
Asthma		
CHD		
Chlamydia		
Depression		
Diabetes		
Epilepsy		
Heart Failure		
Hypertension		
Parkinson's Disease		
Alcohol dependency		
Cholesterol		
Gonorrhoea		
H.pylori		
HbA1C		
Hepatitis		
HIV		
HPV		
Others please specify:	•	

Healthy Living Pharmacy
Are you currently working towards being a HLP? Yes No
How many Healthy Living Champions do you have? Full time equivalent
Collection and Delivery Services
Does your pharmacy provide any of the following:
Collection of prescriptions from surgeries?
Delivery of dispensed medicines free of charge on request? Yes
Delivery of dispensed medicines – selected patient groups (list criteria)
Delivery of dispensed medicines – selected areas (list areas)
· · · · · · · · · · · · · · · · · · ·

Dispensed medicines – chargeable	Yes	
Additional information		
Please list additional services/facilities you provide	de to enhance patient accessibility	_
If you have anything else you would like to tell us	that you think would be useful in the formulatio	n of the PNA please include here:

Do you know of a	ny potential changes in your area that may affect pharmaceutical ne	ed and/or provision
Details of person	completing this questionnaire in case we need to contact them for fu	rther information.
Contact name		
Contact number		

Thank you for completing this PNA questionnaire

Appendix 8 - Questionnaire distribution

Health and social care service providers and practitioners

GPs

NHS trusts: York Hospitals NHS FTrust,, Leeds & York Partnership Trust

Residential/Domiciliary Care providers

Adult social services

Children's Services

Dentists

GP out of hours services

Sexual Health, substance misuse, tobacco control services

Strategic Partners

Vale of York CCG

Health and Wellbeing Board members

Mental Health and Learning Disability Partnership

Planning/Transport

Collaborative Transformation Board

NHS Area Team

Out of Area organisations

Pharmacy users

Voluntary Sector

Partnership Boards

Healthwatch

CSU/CCG communications managers

Pharmacies Questionnaire

York Pharmacies

York GP dispensing practices

13.0 References

The NHS (Pharmaceutical Services and Local Pharmaceutical Services)
Regulations 2013 set out the legislative basis for developing and updating
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http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/.

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Cavanagh, S., Chadwick, K. (2005) *Health needs assessment – a practical guide*, National Institute for Health and Clinical Excellence

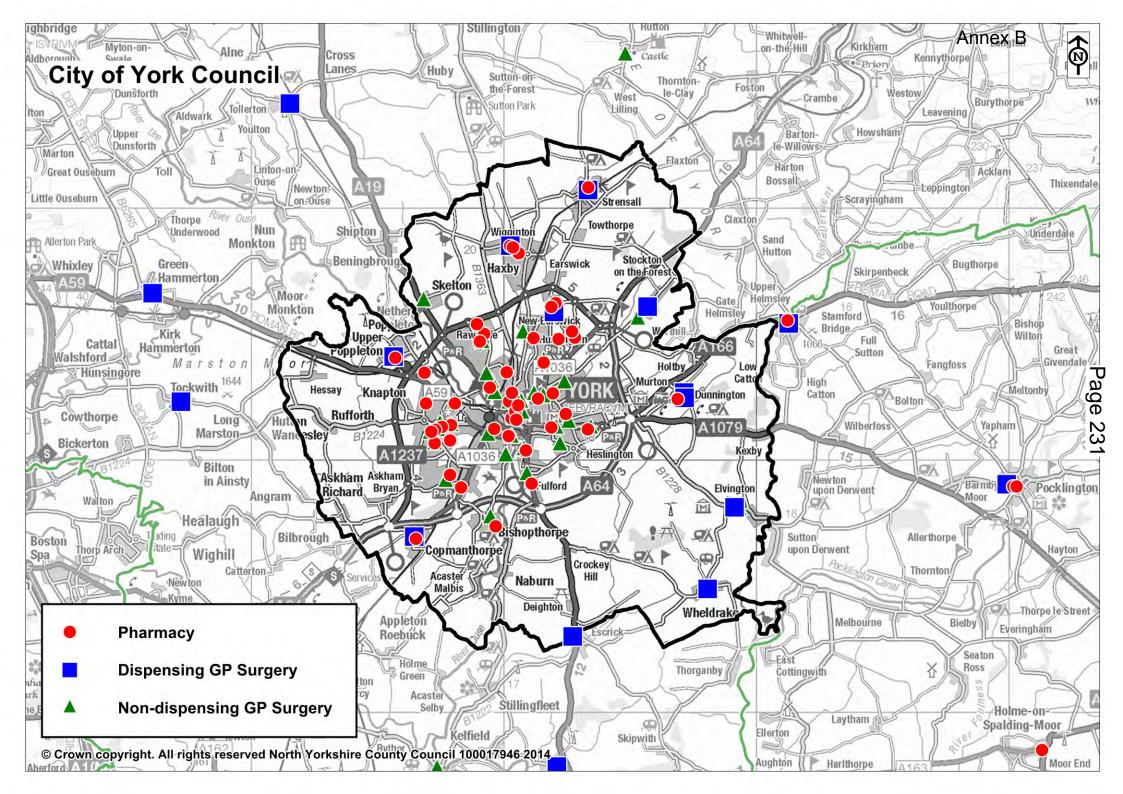
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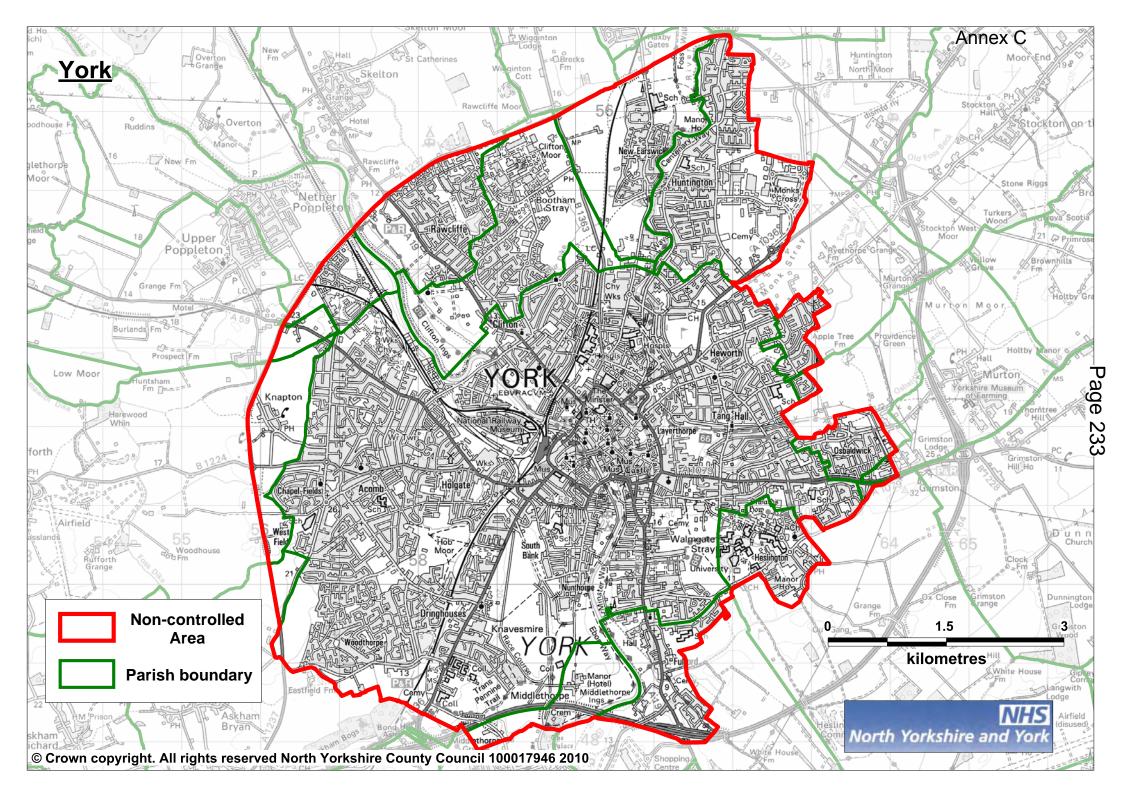
vi NHS England (2013) Improving health and patient care through community pharmacy— evidence resource pack

vii General Household Survey 2009

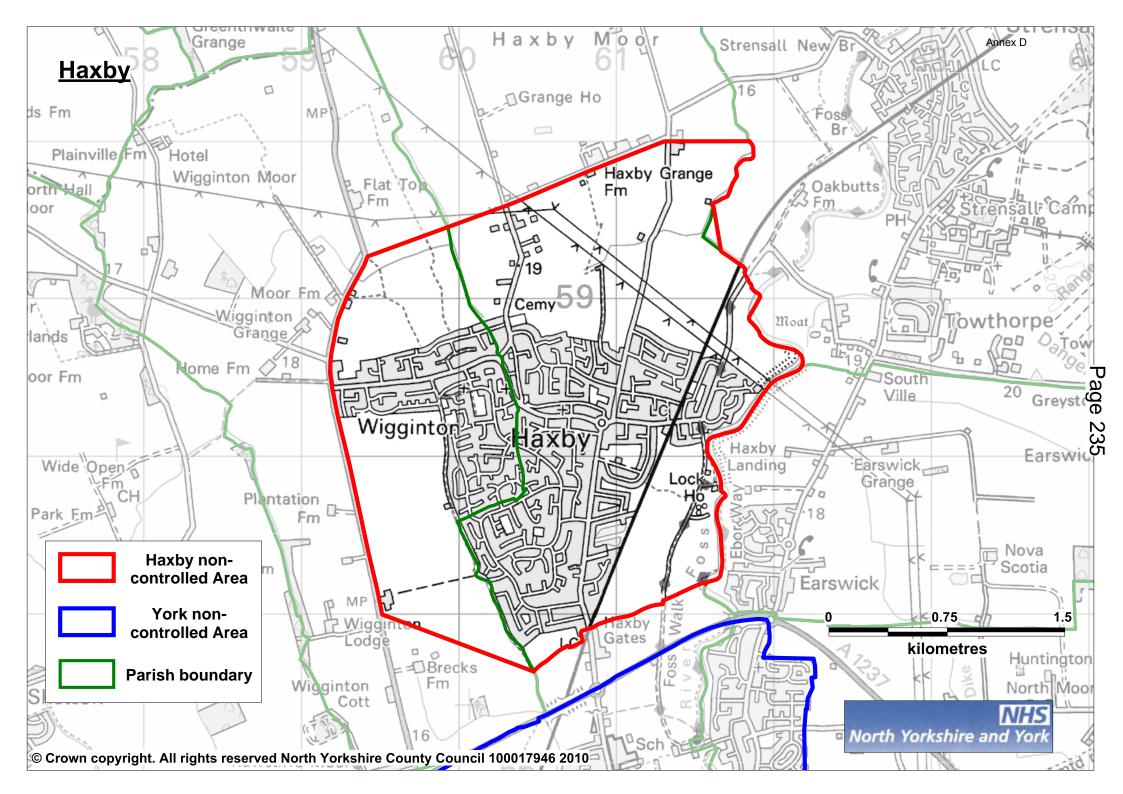
^{viii} Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B. (2012) Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study, Lancet Jul 7;380(9836):37-43















Health and Wellbeing Board

11 March 2015

Report by Helen Bottomley, Project Support at NHS Partnership Commissioning Unit and Victoria Pilkington, Deputy Director of Partnership Commissioning at the NHS Partnership Commissioning Unit

Winterbourne Review Update

Summary

- This report is an update report following the previous report to the City of York Health and Wellbeing Board on 8 October 2014. Since the last report the Partnership Commissioning Unit (PCU) have created a new register called Transferring Care Agenda. The PCU now only record patients who fall into the following categories:-
 - Out of Area in Residential
 - Out of Area in Supported Living
 - From next month the PCU will also include any hospital inpatients.
 Although inpatients are not currently on the register they are still regularly reviewed. This is the reason for a reduction in some of the figures in this report from previous October 2014 report (as this included individuals in their own home/care home etc.).

The Partnership Commissioning Unit and City of York Council have worked closely together to ensure each individual service user has a personalised needs assessment and package of care. The positive actions are set out below but a further update will be provided in 3 months' time.

- All hospital patients continue to be reviewed
- Personal care plans are in place for all patients who have been in hospital for more than 3 months. Those patients who have been in hospital for less than 3 months are still within the assessment period.
- All patients are reviewed every 6 months
- City of York Council Strategic Plan is completed.

Social Work reviews have been undertaken on all eligible people.

Background

2. In 2011 a Panorama programme exposed evidence of abuse of some individuals with learning disabilities, who were living in Winterbourne View. Winterbourne View was an Assessment and Treatment Unit, privately run by Castlebeck Plc. An enquiry was held and in December 2012 the Department of Health published The Winterbourne Concordat 'Programme of Action'. The action plan sets out key milestones to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. Each organisation has a commitment to take forward the agenda within clear time frames to address the NHS Commissioning Board's stated objective.

'To ensure that Clinical Commissioning Groups work with Local Authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.'

The delivery of the Winterbourne Concordat is co-ordinated through the Transforming Care Group. The group meets every 6 weeks and all meetings for 2015 have been arranged. Operational Groups from Partnership Commissioning Unit and the City of York Council report into the Transforming Care Group to provide assurance that reviews are undertaken within the timescales.

Main/Key Issues to be Considered

3. The Health and Wellbeing Board is to be kept fully briefed on the work being undertaken as part of the Transforming Care Group.

Consultation

- 4. The following consultations have taken place:
 - Service User Consultation 29th September 2014
 - Clinical Professionals Consultation 23rd October 2014

 Second Clinical Professionals Consultation – 4th December 2014

From these consultation workshops a draft Pathway has been developed. This will feed into the commissioning plan and market position. A Learning Disability Provider workshop will take place on 25th February. This will give Providers the opportunity to influence the Pathway. The purpose of the Provider workshop will be to understand what support third sector organisations need to ensure that hospital admissions or out of area placements are reduced for people with a learning disability across North Yorkshire and York.

Options

 There are currently no options for the Board to consider as the report is to keep the Health and Wellbeing Board briefed on progress.

Analysis

6. See point 5 above.

Strategic/Operational Plans

7. Key Actions

 Health and Care Commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community facilities.

The PCU currently have 31 individuals with live funding streams with a diagnosis of Learning Disability or Autism either in residential or supported living on our revised register. 29 are CHC, 2 are Vulnerable People. 8 of the 29 people are fully funded. These 8 people have had a review in the last 12 months. Of the 2 Vulnerable People individuals both have been reviewed recently. All 31 are currently residing outside of the North Yorkshire and York boundary and their Clinical Commissioning Group locality. Both CHC and Vulnerable People are working with the Local Authority to identify appropriate community packages of care.

ii. Ensure that all Clinical Commissioning Groups develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;

See comments under Summary page 1 regarding the Register.

iii. Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour that accords with the model of good care. These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.

The City of York Council have developed their strategy. However, CYC are keen to work with the Partnership Commissioning Unit and North Yorkshire County Council (NYCC) in supporting their joint strategy. The PCU and CYC have shared registers which highlights any resettlement needs for people out of area. The PCU and CYC will work together to establish appropriate services in response to their needs. Future planning will ensure community provision is able to meet a varied range of social and health care needs reducing previous dependency on hospital inpatient care. The PCU and the two Local Authorities are developing a project plan to include key milestones.

- iv. The Clinical Commissioning Groups are also assessed against 6 key objectives of which the following have been achieved:-
- % of patients not placed on a register.
 - 100% of the inpatients are on the Winterbourne and the Transforming Care registers.
 - 100% of the individuals on either residential care or supported living are on the Winterbourne register.
- % of patients without a care coordinator. 100% have a care coordinator.
- % of patients who have not been formally reviewed for more than 26 weeks.
 - 100% inpatients have been reviewed within 26 weeks.

For the non –inpatient population:

- 0% 21 joint funded individuals have been reviewed within the last 26 weeks.
- 62.5% 3 of the 8 fully funded CHC individuals have had a review or Pen Picture. 5 individuals are due a review.
- % of patients who have had a care plan review and are without a planned transfer date.
 - 100% of patients have had a care plan review and have a planned transfer date.
- % of patients without a planned transfer date.
 - 0% All patients have been reviewed and their discharge plans on pathway are reviewed weekly.
- % of patients in a non-secure hospital setting for more than 2 years.
 - O 23% of patients have been in hospital for more than 2 years. All patients are assessed at reviews to whether they remain appropriately placed or whether there is a less restrictive option either within hospital step-down pathways or to the community. Some patients have other restrictions to their pathways imposed on them from the Ministry of Justice (MoJ). An annual report is submitted for these patients.
- v. City of York Council has produced and circulated its local strategic plan. A decision has also been taken to align the plan with the strategic review of local accommodation options for people with disabilities. The resulting strategic plan will enable the Council to build on success in the development of accommodation and support options locally and meet the requirements of customers who will need services over the next five years. It is envisaged that the strategic plan will enable around 80 individuals to access new accommodation and support options. Partnerships and options appraisals have already been developed which should hopefully enable some of the people identified through Winterbourne reviews to return to local settings within the next 9 months. The strategic plan also addresses other key issues associated with the concordat and review including workforce development, Advocacy Services, Quality, partnerships with Health Services and GP's.

A positive meeting has been held with Helen Sumner, a National Advisor from the Winterbourne View Improvement Programme who was very supportive of the approach taken by the Council and an "Open" meeting of the Winterbourne Implementation Group was held recently which was attended by a number of local self-advocates.

- vi. Winterbourne reviews have been undertaken by Social Work on 51 individuals who presently fall under the concordat. Of these 15 have been identified as been able to return and live in an appropriate local setting, 5 people have been identified as requiring additional review input including in some instances DOLS assessments, 1 person has unfortunately died and it has been agreed that the remaining individuals are in an existing placement which meets their needs, will enable people to maintain their local connections and where the Council does not have any concerns regarding the quality of the services people are in receipt of. It is noted that 7 people have also returned to live in more appropriate local settings over the past year as the reviews have progressed.
- vii. City of York Council Social Work and the Partnership Commissioning Unit have worked together to identify and review the 5 people who have been identified by Health having been in hospital accommodation and have contributed to discharge plans and arrangements that have been submitted by Health.

Implications

- 8. At this stage of the process there are not any significant implications but see further comments below.
 - Financial There may be financial implications as the work progresses and this will be monitored as part of the project plan and kept under review by the Transforming Care Group.
 - Human Resources (HR) There may be HR implications as the work progresses and this will be monitored as part of the project plan and kept under review by the Transforming Care Group
 - Equalities An Equality Impact Assessment is to be carried out in relation to the requirements of the Winterbourne Concordat.

- Legal At present there are no legal implications that can be foreseen.
- **Crime and Disorder** At present there are no Crime and Disorder implications that can be foreseen.
- Information Technology (IT) At present there are no IT implications that can be foreseen.
- Property There may be property implications as the work progresses and this will be monitored as part of the project plan and kept under review by the Transforming Care Group
- Other There are no other implications.

Risk Management

9. There is a risk that the requirements under the Winterbourne Concordat are not met. However, there are robust performance metrics in place and this is being project managed by NHS England on a weekly basis.

Recommendations

- 10. The Health and Wellbeing Board are asked to consider
 - i. Note the Report

Reason: Due to the national importance of the Winterbourne Concordat the contents of this report should be noted by the Health and Wellbeing Board.

ii.Members of the Health and Wellbeing Board to continue to continue to promote integrated multi-agency working on the Winterbourne Agenda.

Reason: The national importance of the Winterbourne Concordat

iii. The Health and Wellbeing Board is to be updated in 3 months' time.

Reason: To keep the Board informed of the progress under this agenda.

Contact Details

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Health and Wellbeing Chief Officer's name: Guy Van Dichele

Adults Commissioning and Director of Adult Services

Contracts City of York Council

City of York Council

Approved 2015

Specialist Implications Officer(s) - Not applicable

Wards Affected: Not applicable

For further information please contact the author of the report

Annexes: None



Health and Wellbeing Board

11 March 2015

Report of: Caroline Alexander Head of Strategic Planning and Assurance (interim) NHS Vale of York Clinical Commissioning Group

Operational Plan 2015/16 for Vale of York CCG

Summary

1. The attached table at Annex A summarises the operational plans the Vale of York CCG (VoY CCG) will be delivering during 2015/16 to support the on-going development of their five year strategic plan and to address the requirements of the fundamental planning requirements outlined in 'Forward View into Action: Planning for 2015/16' NHS England planning guidance.

Background

- 2. The Five Year Forward View highlighted the major system changes that are required in order to deliver high quality, safe and sustainable services now and into the future.
- 3. The VoY CCG is currently refreshing its existing Year 2 of its 5 Year Strategic Plan (formally approved by all local stakeholders in April 2014) against the requirements of this new planning guidance and considering progress and delivery of agreed plans during 2014/15.
- 4. The following are being developed into a refreshed operational plan for 2015/16:
 - actions required to continue delivery of improvement programmes from 2014/15 into 2015/16;
 - strengthening and refreshing programmes in specific areas identified by the new planning guidance;
 - delivery of new mandatory requirements.

Main/Key Issues to be considered

- 5. The summary table presented gives an overview of the draft Operational Plan for 2015/16 at 20th February 2015 and indicates the priorities for the CCG. There are few changes to the most significant programmes of work already in delivery in 2014/15. These include the proposed procurements already captured in the Five Year Strategic Plan, the delivery of the Better Care Fund schemes, the integration of health and care services and the continued focus on building resilience in the local system to ensure delivery of all NHS Constitution standards.
- 6. The Board is asked to note that the CCG has achieved Integrated Care Pioneer Status in relation to its integration pilots, and has now submitted an application to NHS England as a Vanguard CCG in order to further develop the CCG vision of a new model of care around fully integrated services by 2018/19.

Consultation

- 7. The Operational Plan for 2015/16 is being prepared by the key stakeholders within the CCG, our Public Health colleagues and other CCGs' and local authority leads working across the local System Resilience Group (SRG) footprint. The first draft will be submitted to NHS England on the 27th February 2015 for initial review and assurance. There will then be a period of consultation with our key external stakeholders, including the Health & Well Being Boards, providers, voluntary sector, local authorities and Healthwatch bodies across the local health and care economy to inform the final Operational Plan presented to the Health & Well Being Boards and the CCG Governing Body for formal approval by the 31st March 2015.
- 8. Commissioning Intentions based on the draft Operational Plan have already been shared with all the CCG provider organisations to support the contract negotiation round.
- All CCG programmes of work have consultation and engagement embedded within their programme management processes. Additionally a full equality impact assessment, sustainability assessment and parity of esteem assessment will be undertaken on the Operational Plan before final approval.

- 10. Final submissions of the Operational Plan, alongside supporting Finance, Activity and Performance plans will be submitted to NHS England on the 10th April 2015.
- 11. To note: the draft Operational Plan for 2015/16 will be shared remotely with members of the Health & Wellbeing Board after the 27th February and therefore might be available by the time of reading this paper.

Options

12. This report is for information only and as such there are no options for the Board to consider.

Strategic/Operational Plans

13. The Operational Plan for 2015/16 will encapsulate the plans and trajectories for improvement for Year 2 of the CCG's Five Year Strategic Plan and align with the NHS England Five Year Forward View vision for achieving sustainable services.

Recommendations

14. The Board are asked to note the report.

Reason: To keep the Board appraised of the VOY CCG's refreshed strategic plan

Contact Details

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Report Approved ✓

Date 18.02.2015

Wards Affected:

ΑII

✓

For further information please contact the author of the report

Background Papers:

'Forward View into Action: Planning for 2015/16' http://www.england.nhs.uk/ourwork/forward-view/

Annexes

Annex A – Operational Plan 2015/16 – Year 2

Annex A Operational Plan 2015/16 (Year 2)





Strategic Initiative	Improvement programmes
Integrated Care & Out of Hospital Care	 Integration Pioneer Wave 2 3 Integration pilots (York, Selby & Pocklington) Vanguard application for leading cohort of New Models of Care Self care, prevention and well being – alcohol, weight, smoking
Primary Care	 Co-commissioning of primary care (level 3 full delegation application) Increasing access & 7 day working Risk stratification Addressing unwarranted variation Practice improvement programme
Urgent and emergency care	 Roll out of urgent care networks at (sub) regional level Embedding system resilience schemes throughout the year – support delivery of A&E 4 hour target Workforce transformation and capacity across system
Planned (Elective) Care	 Further extension of Referral Support Service (RSS) Pathway review/ transformation & extend capacity & choice where RTT challenges (elective & diagnostics)
Mental health & Learning Disabilities	 Mental Health & Learning Disabilities procurement now live (includes CAMHS) Bootham Hospital estates improvement Increasing access IAPT; dementia diagnosis; early intervention in psychosis; liaison psychiatry in acute hosp Transforming care and self assessments for Learning Disabilities
Cancer & EOL	 Hospice at home; care homes quality assurance; EOL pathway review; urgent breast cancer pathway National Cancer Strategy 2015
Women's & Children's	 National Maternity Strategy and recommendations for future models and access/ choice - Summer 2015 Asthma; autism and paediatric zero length of stay review; children's self harm
Other Priorities	 Carers & volunteers; NHS Citizen and engagement; young offenders; electronic records & referrals Addressing health inequalities and embedding parity of esteem in all improvements and investment





Health and Wellbeing Board

11 March 2015

Report from the Chief Clinical Officer – NHS Vale of York Clinical Commissioning Group

York Better Care Fund (BCF) Update

Summary

1. This report asks the Health and Wellbeing Board to note progress made and to continue their support of the implementation and delivery of the Better Care Fund plan.

Background

2. This report updates the Health and Wellbeing Board on progress with the Better Care Fund approval process and gives an oversight on performance monitoring and performance delivery to date.

Main/Key Issues to be Considered

3. As highlighted at January's Health and Wellbeing Board, an updated Better Care Fund plan was submitted to NHS England on 10 December for approval. The refreshed plan has been taken through the Nationally Consistent Assurance Review (NCAR) process and on 21 January the plan was **Approved with Support.** This is a significant move forward since the last assessment and as highlighted by the National Director of Commissioning Operations at NHS England

"It is clear that your team and partners have worked very hard over the last year, making valuable changes to your plan in order to improve people's care"

and

"We are confident that there were no areas of high risk in your plan (other than the ambitious 11.7% reduction in non- elective admissions) and as such you should progress with your plan's implementation"

- 4. Whilst we now have permission to progress with our plan, as described in detail at the January Health and Wellbeing Board, we still have to provide further assurance around our non- elective admissions reduction in order to ensure we mitigate the risk of under-contracting with our main acute provider (York Teaching Hospital NHS Foundation Trust). This assurance is being delivered through the NHS Operational Planning Process and will be complete by the end of March when it is envisaged our BCF plan will be fully approved.
- 5. As part of the process for building the BCF budget we are working through the requirements to sign a Section 75 agreement, which will facilitate the transfer of funds from NHS Vale of York CCG to City of York Council. This process is being replicated across all Health and Wellbeing Boards in England and our current position is in line with other organisations. Key issues which are still being discussed include which organisation will host the agreed BCF pooled budget, what is included and excluded from the risk share element of the pooled budget and what payment mechanisms need to be put in place to facilitate this budget. The Section 75 agreement needs to be agreed and signed by 31 March 2015. The upcoming period of Purdah has potential to impact on this timeline.
- 6. We have developed an interim performance monitoring dashboard to help us understand and manage the delivery of our BCF targets and improvements. At the time of writing this report, the final model has yet to be agreed but it is hoped to give a verbal update on 11 March around progress with implementation of this model.

Consultation

7. We have continued to consult with partners in the development of our BCF plan and as we move deeper into the implementation phase throughout 2015, we will update and improve our consultation sessions with wider stakeholders and interested parties.

Options

8. Not applicable

Analysis

9. Not applicable

Strategic/Operational Plans

10. The BCF plan is aligned with, and complements the NHS Vale of York CCG Strategic Plan 2014-19 and its Operational Plan 2014-16 and the Joint Strategic Needs Assessment.

Implications

11. Not applicable

Risk Management

12. Not applicable

Recommendations

13. The Health and Wellbeing Board are asked to accept this update report and continue to support the implementation and delivery of our Better Care Fund plan.

Reason: To be kept informed of progress on the Better Care Fund programme

Contact Details

Author: John Ryan Service Development Lead NHS Vale of York CCG	Chief Officer Responsible for the report: Dr Mark Hayes Chief Clinical Officer NHS Vale of York CCG
	Guy Van Dichele Director Adult Social Care City of York Council Report Approved Date 20.02.2015
Specialist Implications Offi	` `
Wards Affected:	All [×]
For further information plea Background Papers: None	ase contact the author of the report

Annexes

None



Health and Wellbeing Board Forward Plan 2015-2016

Date	Item
11 March 2015	Patient/personal story
	Mental Health and Learning Disabilities Partnership Board Annual Report
	Pharmaceutical Needs Assessment – Sign Off
	Winterbourne Review Update
	Update on Engagement/Consultation
	NHS Vale of York Clinical Commissioning Group Approved Plan for 2015/2016
	Governance and Assurance of the Health Protection Function
	Alcohol Strategy – Verbal Update
	Standing Item: Better Care Fund (BCF)
April 2015	Development Session – Review of Performance of 3 outcome frameworks (Adult
	Social Care, Public Health, NHS)
th	
15 th July 2015	Patient/personal story
(provisional date)	
	Getting Past the Barriers in Mental Health Housing/Support – Report from the Mental Health and Learning Disabilities Partnership Board
	Update on Health Inequalities Work
	Report of Child Safeguarding Board
	Performance Monitoring for the Health and Wellbeing Board/System Performance
	Joint Risk Register
	Process for full Joint Health and Wellbeing Strategy Refresh
	Children and Young People's Emotional Health and Wellbeing
	Alcohol Strategy
	Climate Just and issues of social vulnerability to climate change in York.

Health and Wellbeing Board Forward Plan 2015-2016

Date	Item
	Social Care Providers Update
	Standing Item: Joint Strategic Needs Assessment (JSNA)
	Standing Item: Better Care Fund (BCF)
July/August 2015	Development Session – topic to be confirmed
21 st October 2015 (provisional date)	Patient/personal story
7	Report of Adults Safeguarding Board
	Winterbourne Review Update
	Annual Report of the Health and Wellbeing Board
	Standing Item: Joint Strategic Needs Assessment (JSNA)
	Standing Item: Better Care Fund (BCF)
November 2015	Development Session – topic to be confirmed
2 nd December 2015 (provisional date)	Patient/personal story
.,	Annual Report of Director of Public Health
	Performance Monitoring Report
	Annual Report from YorOK Board
	Update on Recommendations Arising from Healthwatch Reports
	Joint Risk Register
	Interim Update: York Together Board Progress and Initial Findings

Health and Wellbeing Board Forward Plan 2015-2016

Date	Item
	Standing Item: Joint Strategic Needs Assessment (JSNA)
	Standing Item: Better Care Fund (BCF)
20 th January 2016	Patient/personal story
(provisional date)	Draft Joint Health and Wellbeing Strategy 2016-19
	Collaborative Transformation Board Annual Report
	Standing Item: Joint Strategic Needs Assessment (JSNA)
	Standing Item: Better Care Fund (BCF)
February 2016	Development Session – topic to be confirmed
9 th March 2016 (provisional date)	Patient/personal story
(proviolorial data)	Joint Health and Wellbeing Strategy 2016-19 Sign Off
	Mental Health and Learning Disabilities Partnership Board Annual Report
	Standing Item: Joint Strategic Needs Assessment (JSNA)
	Standing Item: Better Care Fund (BCF)



Glossary for all Health and Wellbeing Board Reports – 11 March 2015

ADHD - Attention Deficit and Hyperactivity Disorder

BCF - Better Care Fund

CAMHS- Child and Adolescent Mental Health Services

CCG - Clinical Commissioning Group

CHC - Continuing Health Care

CVS - Centre for Voluntary Service

CYC - City of York Council

DPH - Director of Public Health

EOL- End of Life

GI- Gastro Intestinal

GP - General Practitioner

HR - Human Resources

HWBB – Health and Wellbeing Board

JHWBS - Joint Health and Wellbeing Strategy

IAPT- Improving Access to Psychological Therapies

IT – Information Technology

JSNA – Joint Strategic Needs Assessment

LGBT - Lesbian, Gay, Bisexual and Transgender

MHLD PB - Mental Health and Learning Disabilities Partnership Board

NCAR - Nationally Consistent Assurance Review

NHS - National Health Service

NHSE- National Health Service England

NYCC - North Yorkshire County Council

PCT – Primary Care Trust

PCU - Partnership Commissioning Unit

PNA - Pharmaceutical Needs Assessment

RSS- Referral Support Services

SRG - System Resilience Group

TB – Tuberculosis

YILN- York Independent Living Network

VoY CCG – Vale of York Clinical Commissioning Group

