

2022-2025 PHARMACEUTICAL NEEDS ASSESSMENT FOR TORBAY



Document Information

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1 Executive Summary

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

The PNA for Torbay 2022-2025 presents a picture of community pharmacy need and provision in Torbay, and links to Torbay's Joint Strategic Needs Assessment (JSNA). This PNA will be used by NHS England to inform:

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

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

Torbay's PNA was developed in partnership with the Devon-wide PNA Steering Group on behalf of Torbay's H&WB. This was to ensure that production of the PNAs for Devon, Plymouth and Torbay followed the same process and format but with locally relevant information.

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

- Introduction
- Overview of Torbay

- General health needs in Torbay
- Identified patient groups – particular health issues
- Health needs that can be influenced by pharmaceutical services
- Provision of pharmaceutical services
- Conclusion

Information regarding local provision of pharmaceutical services was made available by NHS England and analysed by the Public Health England Local Knowledge and Intelligence Service (PHE LKIS) on behalf of the Steering Group.

The consultation period ran from Friday 1 July 2022 to Monday 29 August 2022. The H&WBs for Devon, Plymouth and Torbay ran the consultation for each of their PNAs at the same time. This was to aid organisations who were asked to respond to consultations for more than one area at the same time. The method of consultation was agreed by the PNA Steering Group. The PNA Steering Group met following the end of the consultation period to discuss the feedback received across all three areas and agree appropriate action. Following this, some minor amendments were made to the report.

In conclusion, Torbay's ageing population means that the overall demand for health and social care services is likely to increase, particularly in terms of managing long-term conditions. However, pharmacies in Torbay are well-placed to deliver healthcare services to their local communities and current pharmaceutical provision is assessed as being sufficient to meet the anticipated needs over the next three years. However, it is anticipated that the role they play will continue to evolve over the coming years, particularly with changes to future pharmacy and primary care provision. Whilst the core activity of community pharmacies is commissioned by NHS England, they continue to provide a key role for Torbay Council and the South Devon and Torbay CCG, particularly in relation to improving the public's health and wellbeing, and addressing health inequalities.

2 Introduction

2.1 Purpose of a pharmaceutical needs assessment (PNA)

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the JSNA. Whilst the JSNA focusses on the general health needs of the population of Torbay, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities, CCGs and Integrated Care Systems. A robust PNA will ensure those who commission services from pharmacies and appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

2.2 HWB duties in respect of the PNA

The legislation containing the HWB's specific duties in relation to PNAs can be found

in appendix 2, however in summary the HWB must:

- produce its first PNA which complies with the regulatory requirements;
- publish its first PNA by 1 April 2015;
- publish subsequent PNAs on a three yearly basis;
- publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- produce supplementary statements in certain circumstances.

NB: The Health and Wellbeing Board has a statutory responsibility to deliver the PNA every three years with the last full PNA published in March 2018. The publication of the next PNA was delayed from 2021 to 2022 due to Covid-19.

2.3 National changes since the last PNA

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives, and environmental factors, which need to be considered as part of this PNA.

- **The NHS Long Term Plan (LTP)** was published in January 2019, and sets out the priorities for healthcare for the next 10 years <https://www.longtermplan.nhs.uk/>. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.
- **Clinical Commissioning Groups (CCGs)** are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. There is a delay in ICSs becoming legal entities with decision-making authority, due to the COVID-19 pandemic, with some not due to go live until April 2023.

- All pharmacies were required to become **Level 1 Healthy Living Pharmacies** by April 2020.
- The **COVID-19 pandemic** placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.¹ During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.² In response to the pandemic, two Advanced Services were also created: the pandemic delivery service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE/I. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.³
- From November 2020, community pharmacies had to facilitate **remote access** to pharmaceutical services at or from the pharmacy premises.⁴
- **Community Pharmacist Consultation Service (CPCS)**⁵ is an advanced service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a

¹ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. Irish J Psych Med 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

² Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

³ Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. <https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19>

⁴ PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 2 June 2021. [Regs reminder \(#12\): Facilitating remote access to pharmacy services - PSNC Website](https://psnc.org.uk/national-pharmacy-services/advanced-services/community-pharmacist-consultation-service/)

⁵ Community Pharmacist Consultation Service 25 May 2022. <https://psnc.org.uk/national-pharmacy-services/advanced-services/community-pharmacist-consultation-service/>

consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, from 999. From 1 November 2020; GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, as part of the NHS LTP.

- **Discharge Medicines Service (DMS)** is a new essential service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE/I Medicines Safety Improvement Programme to be significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.⁶
- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced, including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS)** is a voluntary scheme that forms part of the CPCF.⁷ It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing, the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the Department of Health and Social Care (DHSC) and NHSE/I.

2.4 Primary Care Networks (PCNs)

Primary care plays a key role through the development of strong, inter-connected

⁶ Discharge Medicines Service. 17 June 2022 <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

⁷ NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. <https://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf>

Primary Care Networks (PCNs), described as the 'building block' of local healthcare systems. Established in 2019, PCNs comprise a wide range of staff working collaboratively such as GPs, pharmacies, district nurses, community geriatricians, dementia workers and AHPs, joined by social care and the voluntary sector. Fully integrated community-based healthcare is supported through the ongoing training and development of multidisciplinary teams in primary and community hubs.

PCNs have been created to build on the joined-up working that already exists across Primary Care. This requires GPs and pharmacies to work even more closely with community and secondary care providers around an individual's care needs. Culturally, there will be an emphasis placed on prevention, proactive personalised care and helping people to manage their own care where appropriate. The aim is to address health issues earlier on and reduce demand for hospital-based services, particularly urgent care. For community pharmacy services, this reinforces a continued shift from the traditional role of dispensing to one of providing a much broader range of clinical, health and wellbeing services. There is an expectation that each PCN will have a lead community pharmacy PCN lead as well as a lead clinician for GPs. Plymouth has three PCNs (as at May 2022):

Baywide

Paignton & Brixham

Torquay

2.5 The scope of this PNA: Contractors and services

2.5.1 Contractors

NHS England must keep lists of contractors who provide pharmaceutical services in the area of the HWB. The principal types of contractor are:

- **Pharmacy contractors** – Individual pharmacists (sole traders), partnerships of pharmacists or companies who operate pharmacies. Who can be a pharmacy contractor is governed by The Medicines Act 1968. All pharmacists must be registered with the General Pharmaceutical Council, as must all pharmacy premises.

Within this group there are:

- **Community pharmacies** – These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).
- **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.
- **Distance-selling pharmacies (DSPs)** – These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example a patient may post their prescription to a distance selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in England and cannot limit their services to particular groups of patients.

- **Dispensing appliance contractors (DACs)** – DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions.
- **Dispensing doctors** – Medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

The services that a PNA must include are defined within both the NHS Act 2006 and the 2013 regulations.

2.5.2 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with most pharmacy contractors (the exception being Local Pharmaceutical Services contractors). Instead, as noted above, they provide services under terms of service set out in legislation.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services.

2.5.2.1 Essential services

All pharmacies must provide these services. There are eight essential services:

- **Dispensing of prescriptions** – The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also the urgent supply of a drug or appliance without a prescription at the request of a prescriber. Pharmacies are required to maintain a record of all medicines dispensed and to keep records of any interventions made which they judge to be significant.

- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.
- **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.
- **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods. NHSE&I can ask community pharmacy contractors to participate in mandated health campaigns.
- **Healthy Living Pharmacies** – The Healthy Living Pharmacy framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need and helping to reduce health inequalities. Being a Healthy Living Pharmacy became an essential service requirement from January 2021.
- **Signposting** – The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from 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.

- **Discharge Medicines Service** – The discharge medicines service became a new essential service on the 15th February 2021. NHS Trusts can refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed below in section 2.3.3) also apply.

While not classed as separate services, pharmacies may also provide the following as enhancements to the provision of essential services:

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release 1 involved paper prescriptions including a bar code which the pharmacy could scan to retrieve an electronic copy of the patient's details and the medication prescribed. EPS Release 2 involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient. Under EPS Phase 4 patients can choose to take their token to any pharmacy in England.
- **Access to the NHS Summary Care Record** – The pharmacy has access to an electronic summary of key clinical information (including medicines, allergies and adverse reactions – and possibly additional information if the patient consents) about a patient, sourced from the patient's GP record to support care and treatment. This can, for example, be used to confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

2.5.2.2 Advanced services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements

and must be fully compliant with the essential services and clinical governance requirements.

- **New medicine service** – The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions and provides support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications. The service aims to enable the patient to make appropriate lifestyle changes and self-manage their condition.
- **Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- **Community Pharmacist Consultation Service (CPCS)** – The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.

As well as referrals from general practices for minor illness consultation via a local referral pathway, the service takes referrals to community pharmacy from NHS 111 for both minor illness consultations and urgent supplies of repeat medicines and appliances (and NHS 111 online for requests for urgent supply of medicines).

- **Stoma appliance customisation service** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- **Appliance use review service (AUR)** – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary, making recommendations to prescribers.

- **Hepatitis C testing service** – The Community pharmacy Hepatitis C Antibody Testing Service is focused on the provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs i.e., Individuals who inject illicit drugs e.g., steroids or heroin but who haven't yet moved to the point of accepting treatment for their substance abuse.
- **Hypertension Case-Finding Service** – The service will support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. The service aims to a) identify people with high blood pressure aged 40 years or older who have previously not had a confirmed diagnosis of hypertension and to refer them to general practice to confirm diagnosis and for appropriate management; at the request of a general practice, undertake ad hoc clinical measures and ABPM; and provide another opportunity to promote healthy behaviours to patients.
- **Smoking Cessation Advanced Service** – this service enables NHS Trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway including providing medication and behavioural support as required.

2.5.2.3 Enhanced services

The 2013 directions contain a list of enhanced services which NHS England may commission, and broadly describe the underlying purpose of each one.

NHS England may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification.

NHS England currently commissions the following enhanced services in Torbay:

- On demand availability of specialist drugs.

Other enhanced services which may be, but are not currently, commissioned by NHS England are:

- Antiviral collection service
- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Emergency supply service
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

Some of the above services may be commissioned by CCGs, Integrated Care Systems or local councils, but in such cases those services are not ‘pharmaceutical services’ for the purposes of this PNA. See section 2.6 for further details.

2.5.2.4 Clinical governance

Underpinning the provision of all of these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme

- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme
- a premises standards programme.

Some clinical governance requirements were put on hold during the COVID-19 pandemic.

2.5.2.5 Opening hours

Most pharmacies are required to open for at least 40 hours per week, and these are referred to as core opening hours. However, many choose to open for longer and these hours are referred to as supplementary opening hours – but a pharmacy can decide to stop providing supplementary hours by giving notice to NHS England (see below in section 2.8).

As part of an application to open a new pharmacy, an applicant may offer to open for more than 40 core hours per week (for example, promising to open for a minimum of 50 hours per week), and may also open supplementary hours in addition.

If an application is granted and the pharmacy subsequently opens the core and supplementary opening hours set out in the initial application become the pharmacy's contracted opening hours.

Between April 2005 and August 2012, some contractors were able to open new premises using an exemption under which they agreed to have 100 core opening hours per week (referred to as 100 hour pharmacies). These pharmacies are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). Although the exemption for new 100 hour pharmacies no longer applies, existing 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition, these pharmacies may open for longer hours.

2.5.2.6 Recent changes to the contractual arrangements for pharmacies

On the 20th October 2020 new NHS regulations were laid to introduce changes to the Terms of Service for pharmacy contractors

- Pharmacy contractors must ensure that staff working at their pharmacy can access NHS Summary Care Records and that access is consistent and reliable during the pharmacy opening hours
- There must be a comprehensive and accurate profile for pharmacy services on the NHS website (www.nhs.uk)
- There must be a premises specific NHSmail account using the correct naming convention which the staff can access and can send and receive NHSmail from.
- There must be a comprehensive and accurate profile for the pharmacy in the Directory of Services (DoS), Information on the DoS must be updated and verified every quarter.
- Public health campaigns are now described as health campaigns
- Pharmacy contractors must ensure their staff have access to the Electronic Prescription Service (EPS) and that access must be constant and reliable throughout core and supplementary opening hours
- Pandemic Treatment Protocols – contractors can supply a prescription only medicine to a person in accordance with a Pandemic Treatment Protocol or Pandemic Treatment Patient Group Direction if and when one is issued.
- During a pandemic or in anticipation of a pandemic a pharmacy contractor may apply to NHS England to provide from its' premises a relevant immunisation service for a specified period and no other NHS pharmacy services.
- Pharmacy shared NHSmail accounts must be registered to receive Central Alerting System alerts direct from the MHRA
- Pharmacy contractors must give NHSE&I a commencement notice (e.g., to open a new pharmacy) no fewer than 30 days in advance unless a shorter period of notice has been agreed with NHSE&I prior to giving NHSE&I the commencement notice; and

- The contractor or applicant may change the date on which services will commence from the original to a new opening date.
- Pharmacy contractors must notify NHSE&I if the company enters administration
- Pharmacy Contractors must on request send to NHSE&I by electronic means any information that could be requested at an inspection if available in electronic form.
- Facilitation of remote access to pharmacy services to a reasonable extent; distance selling pharmacies must ensure that there are arrangements in place at the pharmacy which enables staff and patients to communicate confidentially by telephone or another live audio link and a live video link.
- Pharmacy premises must have a consultation room for confidential discussions

An updated **Pharmacy Access Scheme (PhAS)** starts from January 2022 to continue to support patient access to isolated, eligible pharmacies. This is intended to ensure that a baseline level of patient access to NHS community pharmacy services is protected. Pharmacies are eligible for the scheme if they:

- Were on the pharmaceutical list on the 31st March 2021
- are more than 1 mile by road from the nearest pharmacy, or if in the most deprived areas (IMD decile 1-2) more than 0.8 of a mile away
- Have received at least 1,200 single activity fees (SAFs) and not more than 104,789 SAFs in 2019-20
- Be registered on the Manage Your Service (MYS) to provide the Community Pharmacist Consultation Service by the 31st December 2021 and continue to be registered to be eligible for payment; and
- Be in premises that are directly accessible to the public (i.e., not with restricted access such as beyond airport security).

There are currently two pharmacies in Torbay included on the PhAS:

- Poolearth Pharmacy (Shiphay), 11 Collaton Road, Torquay, TQ2 7HH
- Lloyds Pharmacy, Sainsbury's, Yalberton Road, Paignton. TQ4 7PE

While the Pharmacy Access Scheme is currently expected to end before this PNA

takes effect, information regarding which pharmacies are included on it has been included in this PNA because it may be relevant to considering which pharmacies could be regarded as providing an essential service to their communities and which may be more vulnerable to reductions in funding.

The Pharmacy Quality Scheme forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality; clinical effectiveness; patient safety and patient experience.

2.5.3 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

2.5.3.1 Appliance services

DACs provide the following services that fall within the definition of pharmaceutical services:

- **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers. Also, the urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.
- **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient's home in a way that does not indicate what is

being delivered.

- **Supply of appropriate supplementary items** – The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.
- **Provision of expert clinical advice regarding the appliances** – To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.
- **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.

All DACs must provide the above services.

DACs may also receive **electronic prescriptions** through the Electronic Prescription Service (EPS) where they have been nominated by a patient.

2.5.3.2 Advanced services

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. There are two appliance advanced services – for descriptions of these services see section 2.3.2.2 above.

- Stoma appliance customization
- Appliance use review.

2.5.3.3 Clinical governance

As with pharmacies, DACs are required to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme.

2.5.3.4 Opening hours

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours – but a DAC can decide to stop providing supplementary hours by giving notice to NHS England (see below in section 2.8).

As part of an application to open a new DAC, an applicant may offer to open for more than 30 core hours per week (for example, promising to open for a minimum of 40 hours per week), and may also open supplementary hours in addition.

2.5.4 Pharmaceutical services provided by dispensing doctors

The 2013 regulations allow doctors to dispense to eligible patients in rural areas where access to pharmacies can be difficult. Dispensing takes place in a dispensary which is not usually classed as a pharmacy and so is not registered with the General Pharmaceutical Council. Dispensing doctors do not need to employ pharmacists, but many now do. Dispensing can be carried out by a doctor or by dispensing assistants, who will generally be trained to NVQ2 or NVQ3 level.

In a few cases a pharmacy attached to a doctors' surgery may also act as the surgery dispensary for the purpose of dispensing to eligible patients on behalf of the

dispensing doctor.

2.5.4.1 Eligibility

The rules on eligibility are complex. In summary, and subject to some limited exceptions which may be allowed on an individual patient basis, a dispensing doctor can only dispense to a patient who:

- is registered as a patient with that dispensing doctor, and
- lives in a designated rural area (known as a 'controlled locality' – see below), and
- lives more than 1.6 kilometres (about 1 mile) in a straight line from a community pharmacy, and
- lives in the area for which the doctor has been granted permission to dispense or is a patient for whom the doctor has historic dispensing rights.

Designation of areas as 'controlled localities' is a responsibility of NHS England. This PNA is required to include maps of the controlled localities within the HWB's area. There are no controlled localities in Torbay.

2.5.4.2 Services

Dispensing – Dispensing doctors may supply medicines and appliances ordered on NHS prescriptions (whether issued by them or another prescriber such as a dentist) to eligible patients.

Dispensing doctors are not permitted to sell medicines available on the NHS but can sell medicines that are not. Some over-the-counter medicines can only be supplied by prescribing and then dispensing them.

If a dispensing doctor participates in the Dispensary Services Quality Scheme, then then will provide **dispensing reviews of the use of medicines (DRUMs)**, which are similar to the medicines use reviews carried out in pharmacies.

2.5.4.3 Clinical governance

Dispensing doctors can participate in the voluntary dispensary services quality scheme (DSQS) which includes requirements relating to:

- staff qualifications and training
- ensuring an appropriate level of dispensary staff hours
- standard operating procedures
- risk management
- clinical audit
- production of a leaflet
- providing DRUMs.

2.5.4.4 Opening hours

Dispensing doctors are able to determine what hours their dispensary should be open to patients. If they participate in the DSQS then they are required to notify NHS England of those opening hours as part of the DSQS assessment, but do not have to seek approval or give advance notice of any changes to their opening hours.

2.6 Locally commissioned services

Local councils and CCGs may also commission services from pharmacies and DACs, however these services fall outside the definition of pharmaceutical services. For the purposes of this document they are referred to as locally commissioned services. They are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

2.6.1 Services commissioned by Torbay council

Supervised consumption of substance misuse medicines

This service involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a pharmacy. There is compelling evidence to

support the effectiveness of substance misuse supervised administration services with long term health benefits to substance misusers and the whole population.

Needle exchange

This is an integral part of the harm reduction strategy for drug users. It aims to:

- Reduce the spread of blood borne viruses (BBVs) e.g. Hepatitis B, Hepatitis C, HIV
- Provide a gateway into treatment services
- Provide a referral point for service users to other health and social care services

There is a compelling evidence to support the effectiveness of needle exchange services in reducing the spread of BBVs with long term public health benefits to drug users and the whole population.

Emergency hormonal contraception (EHC)

There is a strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy with England. The rate of teenage pregnancy in Torbay is reducing, although it remains one of the highest rates in the South West.

Whilst GP practices are instrumental in contraception provision, in some circumstances female residents will either prefer, or will need, the relative anonymity of attending a pharmacy to access EHC. The drug levonorgestrel is used for EHC under the scheme commissioned by Torbay Council from pharmacies. Through this scheme levonorgestrel is supplied under a PGD to women who meet the criteria for inclusion of the PGD and service specification. It may also be bought as an over the counter medication from pharmacies, however the user must be 16 years or over, hence the need for a PGD service within pharmacies which provides access from 13 to 24 years of age. Anyone who requests EHC, will also be encouraged to take a chlamydia screen at the same time, as part of an integrated provision of sexual health services in pharmacies.

In addition the contraception and sexual health clinics (formerly known as family planning clinics) provide contraceptive services.

Chlamydia screening

This programme is commissioned as part of the Chlamydia Screening Programme in Torbay.

The aim of service is to improve the quality and accessibility of sexual health services to young people between the ages of 16–24 and increase the uptake of Chlamydia screens in young women and young men who have had an unprotected sex episode, thereby increasing the number of identified cases and opportunities for treatment and partner management. Pharmacists are commissioned to opportunistically signpost a young person between the ages of 16-24 (who are not presenting for EHC) to the counter-top Chlamydia screening kit.

Smoking cessation

Stopping smoking is one of the single most effective health care interventions that can be offered.

Working alongside the specialist provider of Smoking cessation services and GP practices, pharmacies provide behavioural support as well as Nicotine Replacement Therapy and access to medication for people who want to give up smoking. Unlike other providers, pharmacies offer a walk-in service across a wide number of opening hours.

TB Directly Observed Therapy

Tuberculosis is a treatable, infectious disease that is one of the leading causes of death for adults in the developing world. The prevalence of TB in Devon County is low. The treatment regimen for tuberculosis, recommended by the World Health Organisation and National Institute for Clinical Excellence, consists of a combination of specific antibiotics. A daily regime, using combination tablets is usually used; however some people need more support or monitoring – known as Directly observed Therapy, or DOT. In this instance, the drugs are given individually three times per week, on a Monday, Wednesday and Friday and pharmacies are commissioned to observe the consumption of the medication, similar to supervised consumption.

2.6.2 Services commissioned by NHS Devon CCG

The Community Pharmacy Minor Ailments Service (Pharmacy First)

The Community Pharmacy Minor Ailments Service (Pharmacy First) is a service commissioned across Devon that gives patients improved access to self-care advice for the treatment of specific ailments and, where appropriate, medicines without needing to obtain a prescription from their GP, out of hours provider, walk-in centre or emergency department.

This service provides an alternative location from which patients can seek advice and treatment for a limited range of conditions to improve access and to relieve pressure on GP and urgent and emergency care services.

The specific minor ailments currently covered by the service are uncomplicated urinary tract infections, impetigo, and mild inflammatory skin conditions.

For more information visit

<https://devonccg.nhs.uk/health-services/pharmacy-services/community-pharmacy-minor-ailments-service-pharmacy-first>

The Community Pharmacy Access to Medicines Service

NHS Devon CCG became aware that, for asylum seekers and refugees residing in government-organised accommodation, some patients are unable to pay their prescription charges while they are awaiting their HC2 exemption certificate (or other form of exemption). This can result in these patients having an issue with access to medicines. The Community Pharmacy Access to Medicines Service has been commissioned as a temporary measure to improve access to medicines for refugees located in Devon on government-organised accommodation. Where these patients require an FP10 prescription they can, where appropriate, be supplied with prescribed products when they are awaiting their HC2 certificate (or other form of exemption).

2.7 Other NHS services

Other services which are commissioned or provided by NHS England, Torbay

Council and Devon CCG, which affect the need for pharmaceutical services, are also included within the PNA. These include hospital pharmacies and the GP out of hours service.

2.8 Changes to the existing provision of pharmaceutical services

A pharmacy or DAC can apply to NHS England to change their core opening hours – applications normally need to be submitted 90 days in advance of the date on which the contractors wishes to implement the change. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. NHSEI has 60 days to determine an application to vary core hours.

If a pharmacy or DAC wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

Dispensing doctors do not have to seek approval or give advance notice of any changes to their opening hours.

A person who wishes to buy an existing pharmacy or DAC must apply to NHS England. Provided that the purchaser agrees to provide the same services and opening hours as the current contractor, change of ownership applications are normally approved.

A contractor who wishes to relocate to different premises also needs to apply to NHS England. Generally, a relocation will only be allowed if all groups of patients who use the pharmacy at its current location would find the new location not significantly less accessible.

A contractor can cease providing pharmaceutical services if it gives three months' notice to NHS England. 100-hour pharmacies are required to give six months' notice.

Two pharmacies (which could belong to the same contractor, or different contractors) can apply to consolidate their premises on to one site, in effect closing one of the

sites. This does not apply to distance-selling pharmacies or DACs. A consolidation application can only be approved if NHS England is satisfied that doing so will not result in the creation of a gap in pharmaceutical services. If an application is approved, then it is not possible for anyone else to apply to open a pharmacy in the same area by submitting an unforeseen benefit application claiming that a gap has been created.

If a new pharmacy opens in or near a controlled locality any dispensing doctors in the area will no longer be able to dispense medicines to any patients who live within 1.6 kilometres if the area is not deemed a reserved area (about 1 mile) of that pharmacy. However, NHS England may decide to allow a transitional period after the pharmacy opens during which the doctors can still dispense to patients living near the pharmacy.

2.9 How the assessment was undertaken

2.9.1 PNA steering group

The HWB has overall collective responsibility for the development and publication and of the PNA. Torbay HWB established a PNA steering group across the geographical footprint of Devon County (encompassing the local authorities of Devon, Plymouth and Torbay), the purpose of which was to ensure that the HWB develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and a list of the group's members can be found in appendix 3.

2.9.2 PNA localities

The steering group agreed to use the same locality boundaries for the PNA as the local authority boundary of Torbay.

2.9.3 Other sources of information

Information was gathered from NHS England, Devon CCG, Devon LPC and Torbay council regarding:

- services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- changes to current service provision
- future commissioning intentions
- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical services.

The JSNA and Torbay's joint health and wellbeing strategy provided background information on the health needs of the population.

2.9.4 Equality and safety impact assessment

Torbay council uses equality analysis as a tool to ensure that everyone can access its services and that no particular group is put at a disadvantage. Equality impact assessments (EIAs) are carried out when policies, strategies, procedures, functions and services are developed and reviewed. The staff who develop the policy or service complete a template which gives them a series of prompts to consider how to promote equality and avoid unlawful discrimination. They consider the following nine protected characteristics as part of the assessment:

- Gender reassignment
- Race
- Disability
- Age
- Sex
- Sexual orientation
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

The EIA for the PNA can be found in appendix 4.

2.9.5 Consultation

The statutory 60 day consultation commenced 1st July 2022 till the 29th August 2022. A report on the consultation can be found in appendix 8 (P. 104).

2.9.6 Healthwatch Statement

Healthwatch is the independent consumer champion for people using local health and social care services. Their work covers all areas of health and adult social care. This includes GPs, hospitals, dentists, care homes, pharmacies, opticians and more. Healthwatch listens to what local residents say about the healthcare services they use and make sure the people in charge who have the power to improve services hear them. Healthwatch Devon, Plymouth and Torbay has provided the following statement for inclusion in the 2022-25 PNAs for the Devon, Plymouth and Torbay areas.

With the introduction of Integrated Care Systems, primary care services are evolving with the public being directed to contact services such as pharmacists for a range of minor conditions rather than their GP. Likewise, pharmacies are also being invited to take a wider role in providing community health services and supporting Primary Care Networks.

Patients often contact us around issues with prescriptions or repeat prescriptions frequently caused by the electronic communication between GP Practice and dispensing pharmacy leaving patients frustrated as it is often they themselves who end up having to sort issues out.

A robust system to deal with prescribing issues needs to be in place to provide assurance to patients, particularly those managing long-term conditions, that issues arising will be dealt with in a timely manner. This is particularly important for those who rely on public transport or friends/family members to collect medication and to avoid multiple journeys.

During the Covid-19 pandemic, a greater emphasis on digital access to services has been seen and whilst some of the population have embraced this technology there are patients who cannot, or do not, wish to use this method of contact.

Healthwatch has also seen a rise in comments from patients about being unable to contact their pharmacy by phone or indeed receive information by text from their pharmacy when they have been told to expect one. Again, pharmacies should have a robust process in place to ensure phone calls from and phone/text messages to patients are systematically managed in a reasonable timeframe.

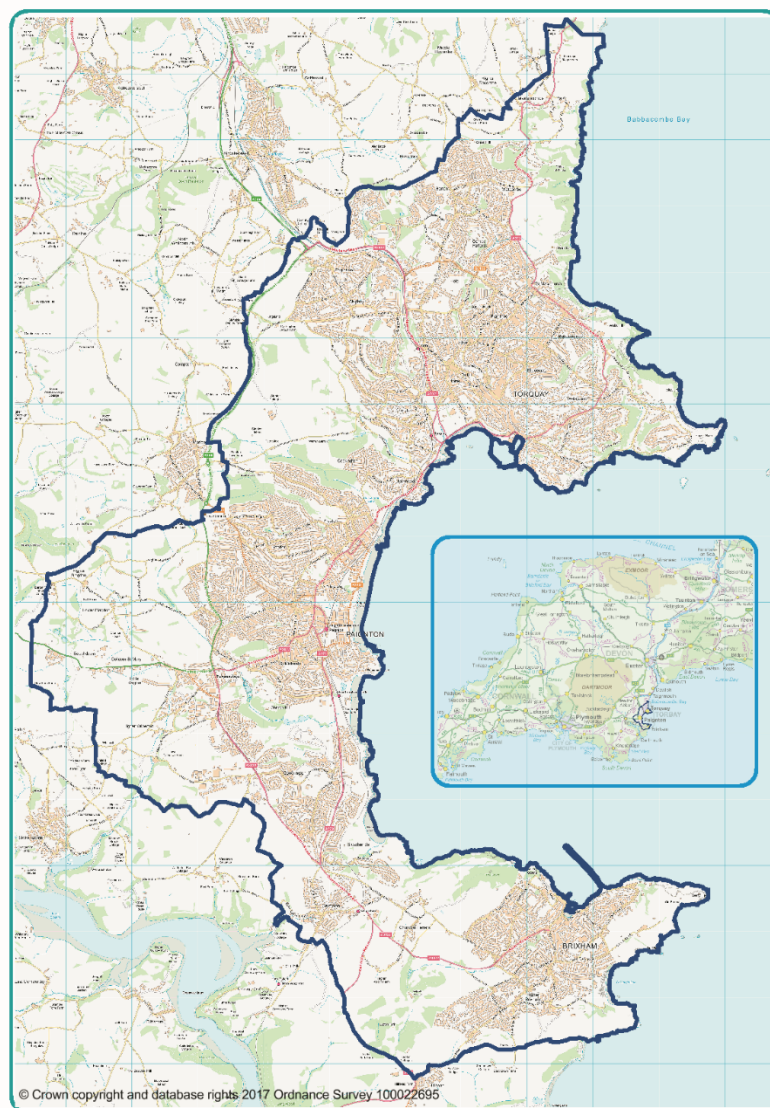
3 Overview of Torbay

3.1 Introduction

This section details the key components of Torbay's population's age, sex, ethnicity and deprivation. This data compares the Torbay average against the national averages where available.

Torbay is located on the South Coast of Devon and is predominantly an urban area.

Figure 1: Map of Torbay

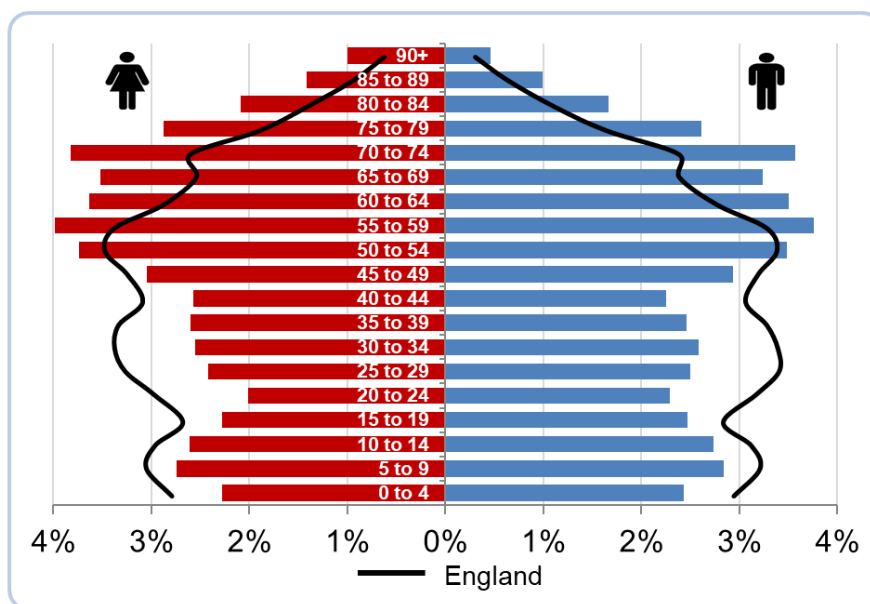


3.2 The population

Torbay's population has grown slowly over the last 10 to 15 years, unlike the England average which shows a 7.4% increase (Table 1). The population of Torbay is older than the England average, with a greater proportion of the population over the age of

50 years. There are noticeable differences in the 0-4 and 20-39 age groups compared to England (Figure 2).

Figure 2: Population pyramid for Torbay compared to England, 2020 ONS mid-year resident population estimates



Source: ONS Mid-year population estimates

Table 1: Mid-year population estimates for Torbay, 2010-2020

All Age	Torbay	England
2010	131,443	52,642,452
2012	131,480	53,493,729
2014	133,264	54,316,618
2016	134,406	55,268,067
2018	135,780	55,977,178
2020	136,218	56,550,138
% change		
(2010 to 2020)	3.6%	7.4%

Source: Mid-Year population estimates, Office for National Statistics

It is estimated that Torbay's population will increase by around 12,000 (8.8%) by 2035 (Table 2). The largest increase will be seen in the population aged 85 years and over (60.9%), whilst it is estimated there will be a 2.6% reduction in those of working age (45-64 years).

Table 2: Sub-national population projections for Torbay, 2020-2035

Age group	2020	2022	2025	2030	2035	%
0 to 14	21,312	21,473	20,995	19,756	19,438	-8.8%
15 to 29	19,031	19,218	19,349	20,235	20,753	9.0%
30 to 44	20,468	21,398	22,037	22,078	21,296	4.0%
45 to 64	38,264	38,787	38,596	37,724	37,277	-2.6%
65 to 84	31,869	32,936	34,909	38,596	41,003	28.7%
85+	5,274	5,356	5,653	6,728	8,484	60.9%
All ages	136,218	139,168	141,539	145,117	148,251	8.8%

Source: Sub-national population projections, Office for National Statistics

3.3 'Protected Characteristics' (Equality Act 2010)

The Equality Act 2010 sets out nine personal characteristics that are protected by the law:⁸

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Under the Act, people are not allowed to discriminate, harass or standardi another person because they have any of the above protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. Government departments, service providers, employers, education providers, providers of public functions, associations and membership bodies and transport providers all have a responsibility under the Act.

In the following paragraphs, the nine protected characteristics have been described at the Torbay level. Where available, information at the locality level can be found on

⁸ <http://www.equalityhumanrights.com/private-and-public-sector-guidance/guidance-all/protected-characteristics>

Torbay's JSNA website⁹. The protected characteristics should be considered when examining whether or not existing pharmaceutical services provision meets need; consequently, due regard is given to these characteristics within the 'Market Entry' regulations.

3.3.1 Age

Torbay currently has a population of 136,218. Torbay has a higher proportion in all age groups from 50-90+, for both Males and Females, than the national population. Conversely Torbay has a lower proportion in all age groups from 0-49 than nationally.

3.3.2 Disability

According to the 2011 Census, 10.0% of Torbay residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). This was the second highest in the South West region. According to the 2011 Census, 41.7% of Torbay residents reported their general health as 'very good' placing Torbay lower down the Local Authority rankings, however Torbay does rank very high for those rating their health as only 'Fair'. Both Bad health (5.8%) and Very bad health (1.7%) have higher percentages in Torbay than in England (England 4.2%, 1.2% respectively), this equates to 9,892 people over both categories.

3.3.3 Faith, religion or belief

According to the 2011 Census, Christianity is the most common religion in Torbay with 63.3%. 27.5% of the Torbay population stated they had no religion. Both are higher than the national average. Numbers for each of the other main categories are below 750 persons (0.5%) each and range from 0.03% Sikh to 0.5% Other Religion. Of the 0.5% of the population who reported Other Religion; 177 people reported they were Pagan and 246 people were Spiritualist.

3.3.4 Gender – including marriage, pregnancy and maternity

Overall 51.2% of Torbay's population are female (ONS mid-2020 estimates).

⁹ <http://www.southdevonandtorbay.info/>

According to the 2011 Census, of those aged 16 and over, 46.6% are married – the same as the national average. There were 1,074 live births in 2020 with numbers decreasing steadily from 1,474 in 2013 and 1,220 in 2019.

3.3.5 Gender reassignment

The Gender Identity Research and Education Society estimates that 1% of the population is gender variant to some degree. This would be equivalent to approximately 1,350 people in Torbay. There is no precise number of the trans population in Torbay.

3.3.6 Race

There is relatively little ethnic diversity in Torbay. According to the 2011 Census 94.8% of Torbay's population considered themselves White British. This is significantly higher than the England average (79.8%). Torbay has 3,260 (2.5%) resident ethnic minority population (excluding white ethnic groups). Of these, 1,420 residents (1.1%) are **Mixed/Multiple** ethnic background, 1,353 (1%) **Asian/Asian British**, 251 (0.2%) **Black British** and 236 (0.2%) **Other ethnic Group**.

Table 3: Ethnic group for Torbay, 2011

	White	Mixed/ multiple ethnic groups	Asian/Asi an British	Black/African/ Caribbean/ Black British	Other ethnic group
Torbay	97.5%	1.1%	1.0%	0.2%	0.2%
England	85.4%	2.3%	7.8%	3.5%	1.0%

Source: LC2109Ewls – 2011. Census table, Office for National Statistics

3.3.7 Sexual Orientation – including Civil Partnership

0.3% of the 16+ Torbay population are registered in a same-sex civil partnership (national average is 0.2%). 2.6% of people in Torbay are separated and still either legally married or legally in a same-sex civil partnership. There is also no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Torbay but

3.1% of those aged 16 and over in the South West identify as either Lesbian, Gay, Bisexual or Other, this would equate to approximately 3,500 people in Torbay. This is on an upward trend and is likely to be a significant under statement of the true figure.

3.4 Material deprivation

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Deprivation measures attempt to identify communities where the need for healthcare is greater, material resources are fewer and as such the capacity to cope with the consequences of ill-health are less. People are therefore deprived if there is inadequate education, inferior housing, unemployment, insufficient income, poor health, and low opportunities for enjoyment. A deprived area is conventionally understood to be a place in which people tend to be relatively poor and are relatively likely to suffer from misfortunes such as ill-health.

The English Indices of Deprivation 2019 use 39 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2019 (IMD 2019). This is an overall measure of multiple deprivation experienced by people living in an area. When analysing IMD data it is important to bear in mind the following:

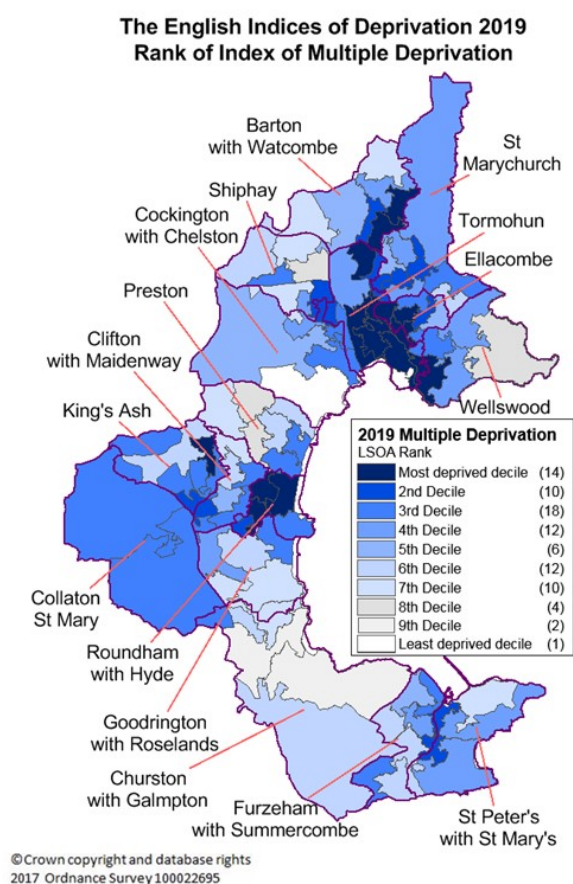
- It is not an absolute measure of deprivation.
- Not all people living in deprived areas are deprived and vice versa.
- It cannot be compared over time because an area's score is affected by the scores of every other area; so it is impossible to tell whether a change in score is a real change in the deprivation level of an area, or whether it is due to the scores of other areas going up or down.

The IMD 2019 score is calculated for every Lower Super Output Area (LSOA) in England. LSOAs are part of a geographical framework developed for the collection and publication of small area statistics. Torbay is made up of 89 LSOAs. An LSOA typically contain a population of around 1,500.

The IMD 2019 score can be used to rank every LSOA in England according to their relative level of deprivation. Out of 32,844 LSOAs in England, Torbay has 24 LSOAs in the 20% most deprived. Torbay is ranked 48th out of the 317 local authority districts in England (1=most deprived; 317=least deprived). This places Torbay in the bottom 20% of local authorities in England.

Torbay is ranked as the most deprived local authority area in the South West region. Figure 3 shows the IMD 2019 ranks for the 89 LSOAs in Torbay

Figure 3: 2019 Index of Multiple Deprivation (IMD)



Source: English Index of Multiple Deprivation 2019, Ministry of Housing, Communities & Local Government

3.5 Car ownership (relevance to accessing pharmaceutical services)

Based on the 2011 Census, car ownership in Torbay is above the national average at 81.8% (Table 4). Car ownership is lower in Torquay (79.9%) compared to Paignton & Brixham locality (84.1%).

Table 4: Car or van availability by Torbay locality, 2011

	No cars or vans in household	1 car or van in household	2 cars or vans in household	1 or more cars or vans in household
Torbay	18.2%	42.1%	39.7%	81.8%
England	19.5%	39.0%	41.4%	80.5%

Source: LC4109EW. Census 2011, Office for National Statistics

4 General health needs of Torbay

This section details the overall health profile for Torbay. This data includes both positive and negative areas of the population's health.

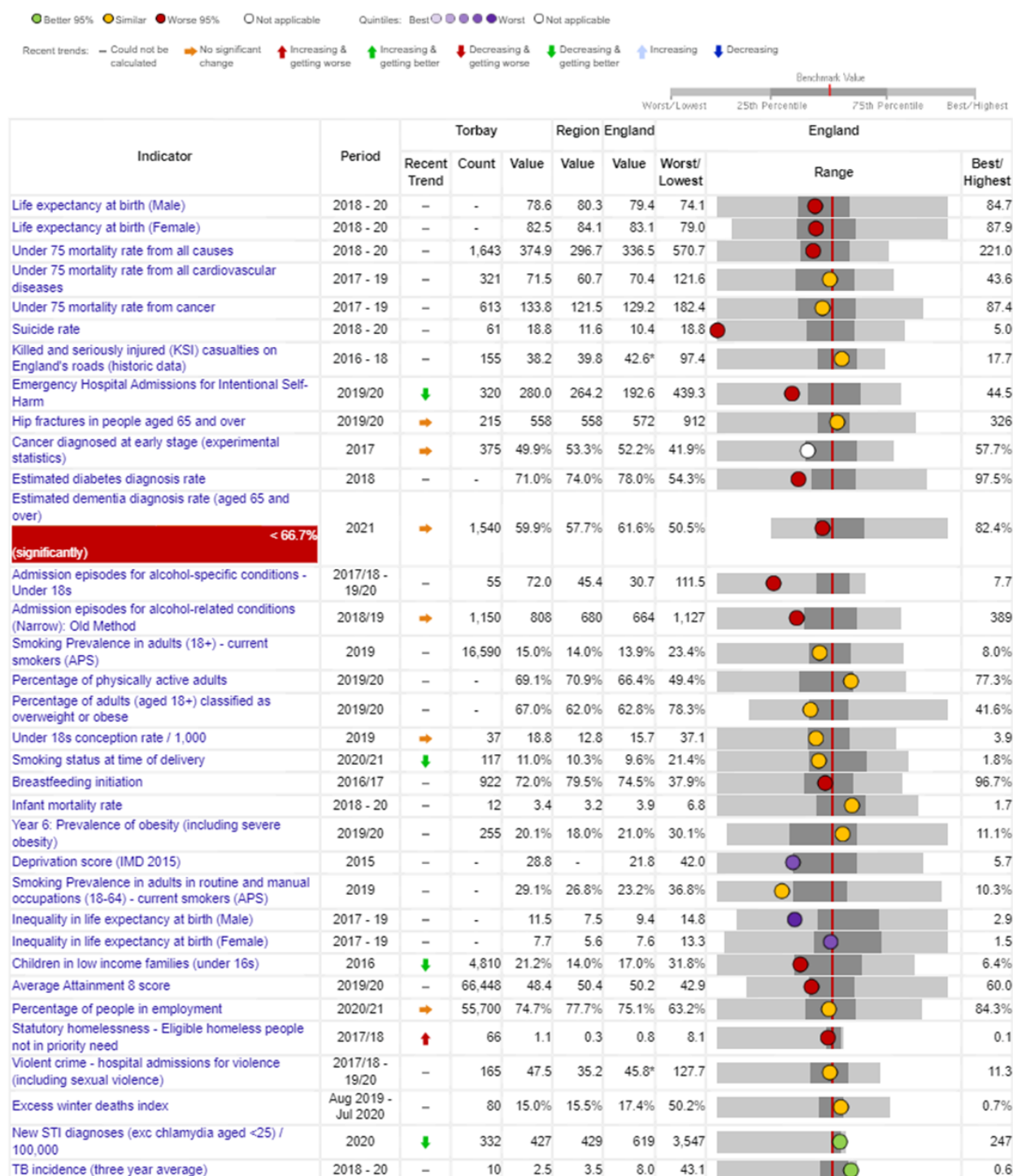
4.1 Introduction

Health Profiles, published by Office for Health Improvement and Disparities (OHID), provide an overview of the general health of the local population. They present a set of key indicators that, through comparison with other areas and with the national average, can highlight potential problems locally. They are designed to help local government and health services identify problems and decide how to tackle them to improve health and reduce health inequalities. Torbay's Health Profile for 2021 is included overleaf (Figure 4) followed by the Child Health Profile also produced by OHID (Figure 5).

4.2 OHID England's Health Profile for Torbay 2021

The profile can be viewed on the following page.

Figure 4: The Health summary for Torbay 2021



Indicators where Torbay's value is better than the England average:

- New sexually transmitted infections (STI)
- Incidence of TB

Indicators where Torbay's value is worse than the England average:

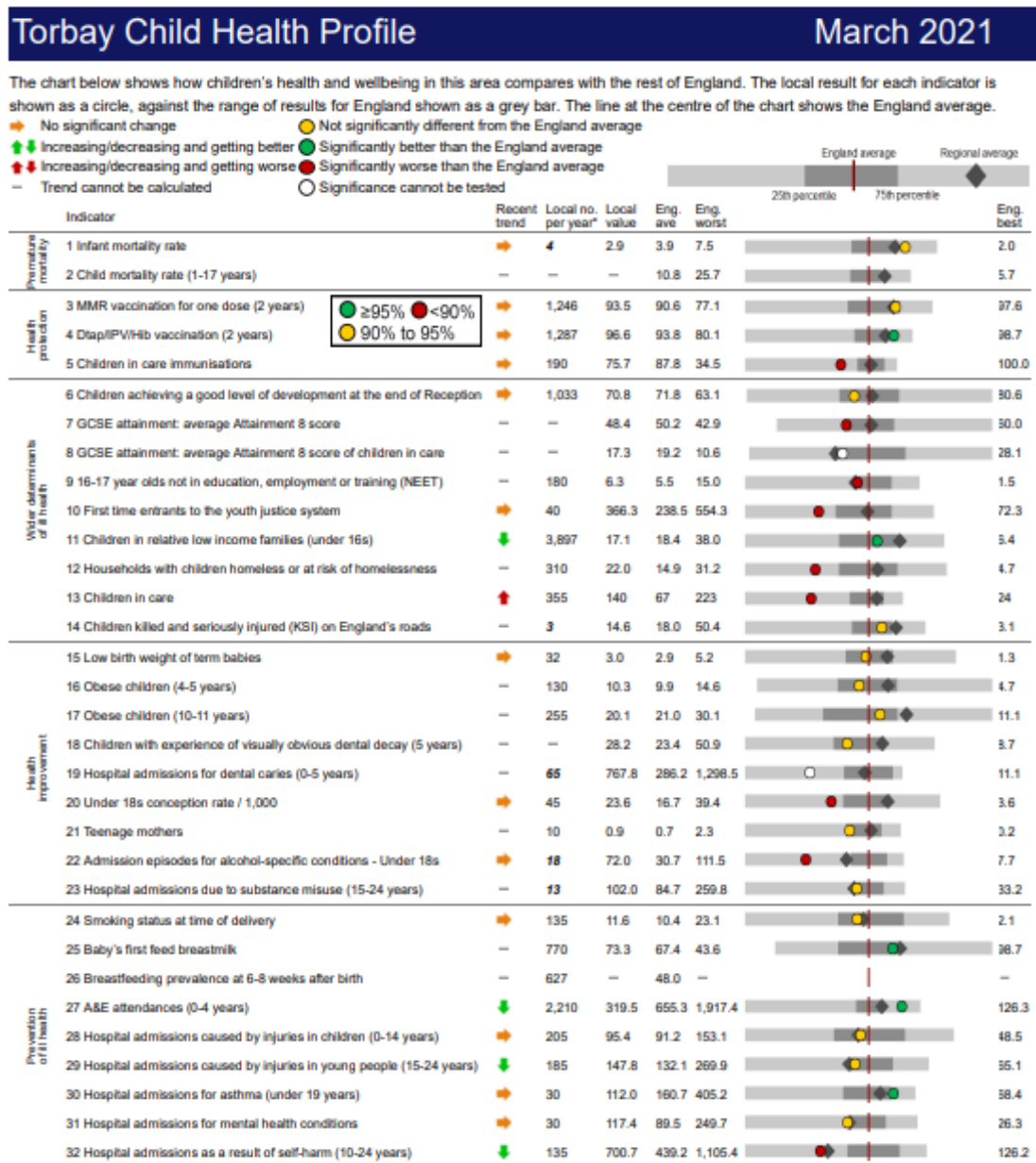
- Life expectancy at birth (Male & Female)
- Under 75 mortality rate from all causes
- Suicide rate
- Emergency hospital admissions for intentional self-harm
- Estimated diabetes diagnosis rate
- Estimated dementia diagnosis rate (aged 65 and over)
- Admission episodes for alcohol-specific conditions – Under 18s
- Admission episodes for alcohol-related conditions
- Breastfeeding initiation
- Children in low income families (under 16s)
- Average Attainment 8 score
- Statutory homelessness – Eligible homeless people not in priority need

Indicators where Torbay's value is not significantly different to the England average:

- Under 75 mortality rate: cardiovascular disease and cancer
- Killed and seriously injured on roads
- Hip fractures in people aged 65 years and over
- Smoking prevalence in adults
- Percentage of physically active adults
- Percentage of adults classified as overweight or obese
- Under 18s conception rate
- Smoking status at time of delivery
- Infant mortality rate
- Year 6 (10 to 11 years old) obesity prevalence
- Smoking prevalence in adults in routine and manual occupations
- Percentage of people in employment
- Hospital admissions for violence
- Excess winter deaths

4.3 The Child Health Profile for Torbay 2021

Figure 5: The Child Health Profile for Torbay 2021



Notes and definitions

- Mortality rate per 1,000 live births (aged under 1), 2017-2019
- Directly standardised rate per 100,000 children aged 1-17, 2017-2019
- % children immunised against measles, mumps and rubella (first dose by age 2), 2019/20
- % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2, 2019/20
- % children in care with up-to-date immunisations, 2020
- % children achieving a good level of development within Early Years Foundation Stage Profile, 2018/19
- GCSE attainment: average attainment 8 score, 2019/20
- GCSE attainment: average attainment 8 score of children looked after, 2019
- % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known, 2019
- Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2018
- % of children aged under 16 living in relative low income families, 2018/19
- Crude rate of households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act per 1,000 households, 2019/20
- Rate of children looked after at 31 March per 10,000 population aged under 18, 2020
- Crude rate of children aged 0-15 who were killed or seriously injured in road traffic accidents per 100,000 population, 2017-2019
- Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2019
- % school children in Reception year classified as obese, 2019/20
- % school children in Year 6 classified as obese, 2019/20
- % children aged 5 with visually obvious dental decay, 2018/19
- Crude rate per 100,000 (aged 0-5) for hospital admissions for dental caries, 2017/18-2019/20
- Under 18 conception rate per 1,000 females aged 15-17, 2018
- % of delivery episodes where the mother is aged less than 18, 2019/20
- Hospital admissions for alcohol-specific conditions - under 18, crude rate per 100,000 population, 2017/18-2019/20
- Directly standardised rate per 100,000 (aged 15-24) for hospital admissions for substance misuse, 2017/18-2019/20
- % of mothers smoking at time of delivery, 2019/20
- % of newborns who receive breast milk as first feed, 2018/19
- % of mothers breastfeeding at 6-8 weeks, 2019/20
- Crude rate per 1,000 (aged 0-4) of A&E attendances, 2018/19
- Crude rate per 10,000 (aged 0-14) for emergency hospital admissions following injury, 2019/20
- Crude rate per 10,000 (aged 15-24) for emergency hospital admissions following injury, 2019/20
- Crude rate per 100,000 (aged 0-18) for emergency hospital admissions for asthma, 2019/20
- Crude rate per 100,000 (aged 0-17) for hospital admissions for mental health, 2019/20
- Directly standardised rate per 100,000 (aged 10-24) for hospital admissions for self-harm, 2019/20

Various indicators where Torbay's value is better than the England average:

- Dtap / IPV / Hib vaccination (2 years)
- Children in relative low income families (under 16s)
- Baby's first feed breastmilk
- A&E attendances (0-4 years)
- Hospital admissions for asthma (under 19 years)

Various indicators where Torbay's value is worse than the England average:

- Children in care immunisations
- GCSE attainment: average Attainment 8 score
- 16-17 years olds not in education, employment or training (NEET)
- First time entrants to the youth justice system
- Households with children homeless or at risk of homelessness
- Children in care
- Under 18s conception rate
- Hospital admissions for alcohol-specific conditions (Under 18)
- Hospital admissions as a result of self-harm (10-24 years)

Various indicators where Torbay's value is not significantly different to the England average:

- Infant mortality
- MMR vaccination for one dose (2 years)
- Children achieving a good level of development at the end of reception
- Children killed and seriously injured (KSI) on England's roads
- Low birth weight of term babies
- Obese children (4-5 years)
- Obese children (10-11 years)
- Children with experience of visually obvious dental decay (5 years)
- Teenage mothers
- Hospital admissions due to substance misuse (15-24 years)

- Smoking status at time of delivery
- Hospital admissions caused by injuries in children (0-14 years)
- Hospital admissions caused by injuries in young people (15-24 years)
- Hospital admissions for mental health conditions

4.4 Housing growth and significant housing developments

Torbay's growing population (see Table 2) means that the overall demand for pharmaceutical services will continue to grow, particularly for services relating to the older age groups. For example, it is predicted that the number of 65+ year olds in Torbay will increase by 22% from 2020 to 2030.

There are a number of planned or commenced developments that could impact on the anticipated demand for pharmaceutical services in Torbay (Figure 7). These include:

The South Devon Link Road, has improved travel time into and out of the Bay. The improved access to Torbay and South Devon is expected to bring lasting economic benefits, leading to the creation of nearly 8,000 jobs in South Devon, with around 3,500 of these in Torbay¹⁰. The road was recently completed (2015) and it is anticipated that Torbay will increasingly see the impact of this new link through increased demand for growth in the coming years. The increase in population and therefore pharmaceutical demands are unknown at this stage.

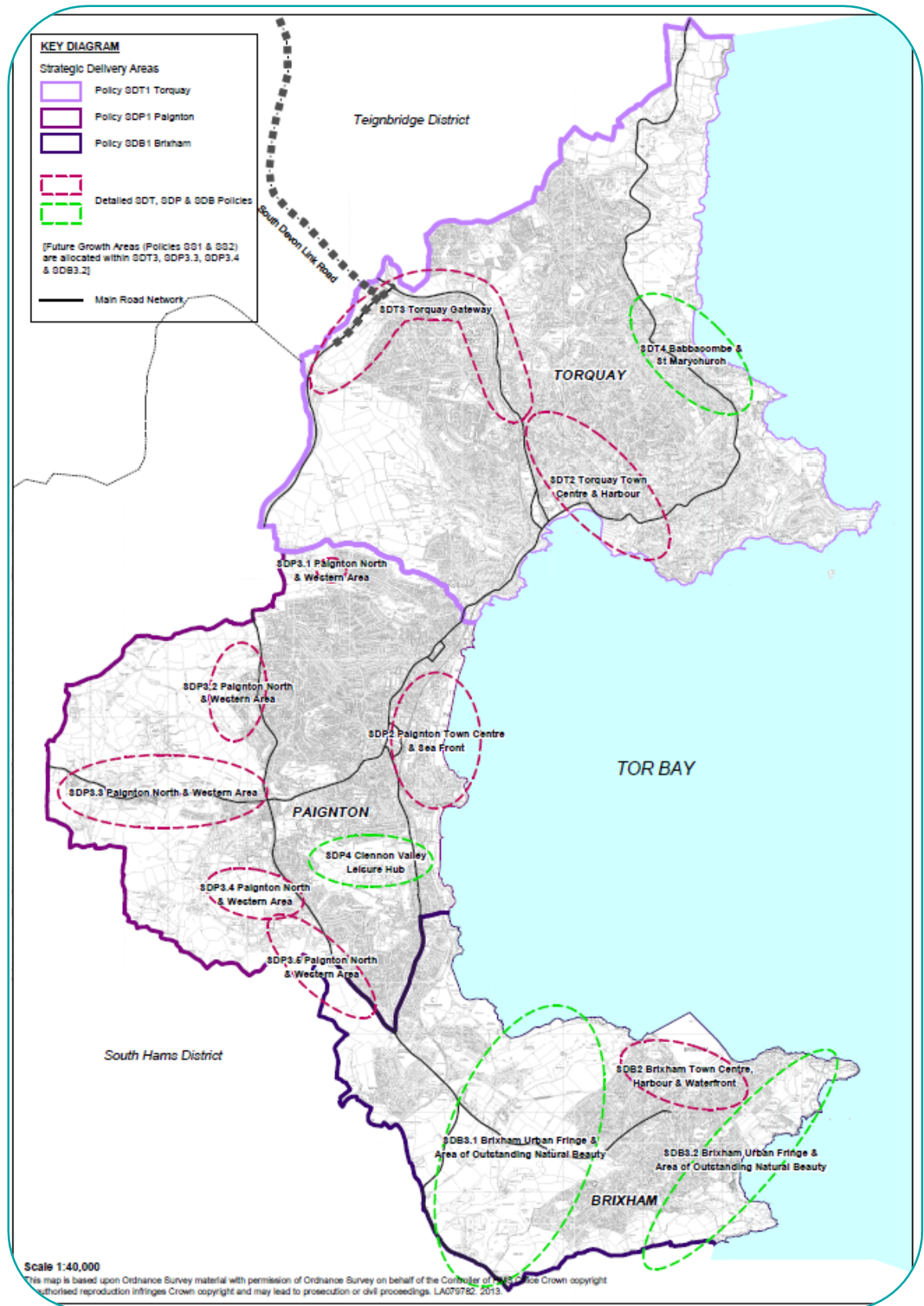
Preparation for a new railway station at Edginswell, Torquay. Planning permission has been granted and the Council is exploring means to deliver this station in partnership with Network Rail. The exact date of delivery is unknown at this stage.

Expansion of Torbay Hospital, including further residential properties in the Shiphay area of Torquay (SDT3 Torquay Gateway – Figure 7). Shiphay anticipates a build of 745 homes which will accommodate approximately 1,600 residents.

Developments in Paignton (SDP 3.2/3/4/5 Paignton North & Western Area – Figure x); at Great Parks, Collaton St Mary and Whiterock will all increase Torbay's population further. The biggest development at Collaton St Mary (SDP 3.3 Paignton North & Western Area) anticipates a build of 2,625 homes which will accommodate approximately 5,300 residents, although completion may not be for another 15 years.

¹⁰ <http://www.southdevonlinkroad.co.uk/>

Figure 6: Map showing the anticipated development areas for Torbay based on the 20 year Local plan (Spatial Planning, Torbay Council).



5 Identified patient groups – particular health issues

The following patient groups have been identified as living within the HWB's area:

- Those sharing one of more of the following protected characteristics:
 - Age;
 - Disability which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities;
 - Gender reassignment;
 - Marriage and civil partnership;
 - Pregnancy and maternity;
 - Race which includes colour, nationality, ethnic or national origins;
 - Religion (including a lack of religion) or belief (any religious or philosophical belief)
 - Sex;
 - Sexual orientation.
- Homeless
- Students
- Tourists

Although some of these groups are referred to in other parts of the PNA, this section focusses on their particular health issues.

5.1 Age

- Health issues tend to be greater amongst the very young and the very old
- The number of chronic conditions increases with age

5.2 Disability

- There is a strong relationship between physical and mental ill health; being physically disabled can increase a person's chances of poor mental health and vice versa

- Increased likelihood of co-morbidity of disabling conditions

5.3 Gender re-assignment

- Transgender individuals can face discrimination and harassment; they may be possible targets for hate crime

5.4 Marriage and civil partnership

- Victims of domestic violence are at high risk of serious injury or death.

5.5 Pregnancy and maternity

- There are many common health problems that are associated with pregnancy such as backache, constipation and sleeplessness. Additionally, there are health issues such as morning sickness that are specific to pregnancy.

5.6 Race

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB and diabetes.
- An increase in the number of older BAME people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- BAME populations may face discrimination and harassment and may be possible targets for hate crime.

5.7 Religion and belief

- Possible link with 'honour based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and belief.

5.8 Sex

- Inequalities in health are greater for men; there is a difference in life expectancy of 8.7 years for men between the most deprived and least deprived areas of Torbay, and 7.6 years for women (2016 to 2020).

5.9 Sexual orientation

- Gay or lesbian individuals may be possible targets for hate crime
- Certain sexual health issues may be more prevalent in gay and lesbian populations eg gay men are in a higher risk group for HIV.
- Research suggests that gay and lesbian people may be less likely to be screened for certain conditions meaning problems are not picked up as early as they could be.
- Mental illness, such as depression and anxiety, is more common amongst lesbian, gay and bisexual people.

5.10 Homeless

- Homeless Link completed a nationwide study of the health needs of homeless people in 2014¹¹. Key findings of the audits conducted on homeless people were:
 - 80% reported some form of mental health problem (diagnosed or undiagnosed)
 - 45% had a diagnosed mental health problem (compared to 25 in the general population)
 - 39% are currently, or in recovery from, misusing drugs
 - 27% are currently, or in recovery from, misusing alcohol
 - Almost 50% used drugs or alcohol to cope with mental health issues
 - Close to 66% consumed more than the recommended daily allowance of alcohol, each time they drunk
 - 73% had physical health issues, of which 41% said this was a long term condition.

¹¹ [The Unhealthy State of Homelessness: health audit results 2014 - Resource Library - Resources - Housing LIN](#)

- In addition, homelessness is a key risk factor for TB due to the transmission risks of sleeping rough or in overcrowded accommodation.

5.11 Students

- Torbay has 3 grammar schools which draw young people on a daily basis from both Torbay and the surrounding areas of South Devon.
- Torbay also has South Devon College, based in Paignton, which has a wide variety of academic and vocational courses, as well as adult learning and university degree courses, which draws young people and adult students from a wide area of South Devon.
- Health considerations for this patient group include (but are not limited to):
 - Mumps
 - Chlamydia testing
 - Contraception, including EHC provision
 - Mental health problems are more common among students than the general population.
- Torbay is highly popular with foreign students with a significant number of young people staying with host families in Torbay and the surrounding area. These students can be from a diverse range of countries and therefore may bring, or be susceptible to, a range of foreign diseases or ailments.

5.12 Tourists

- Torbay has a seasonal influx of tourists into the area, who may suffer from a range of health issues which may need pharmacy support. These could range from simple colds through to issues such as sunburn as well as more complicated prescribing regimens that need to continue to be maintained.

6 Health needs that can be met by pharmaceutical services

6.1 Introduction

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section 5. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long term condition. This health need can only be met within primary care by the provision of pharmaceutical services, be that by pharmacies, DACs or dispensing doctors, and is applicable to the following themes.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHS England and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal.

Many of the pharmacies in Torbay will offer a collection and delivery service on a private basis.

Distance selling pharmacies are required to deliver all dispensed items and this will clearly be of benefit to people who are unable to access a pharmacy. As noted earlier DACs tend to operate in the same way and this is evidenced by the fact that the vast majority of items dispensed by DACs were dispensed at premises some considerable distance from Torbay.

Mental health

As well as supply medicines for the treatment of mental health problems, pharmacies can provide accessible and comprehensive information and advice to carers about what help and support is available to them. This is part of the signposting essential service.

Smoking

Smoking cessation is commissioned as a locally commissioned service and

pharmacies are just one of several providers of this service. As smoking cessation is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

Long term conditions

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to many long-term conditions as part of the essential services they provide:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include long term conditions.
- Signposting people using the pharmacy to other providers of services or support.
- Provision of the eight advanced services will also assist people to manage their long term conditions in order to maximise their quality of life.

6.2 Joint Strategic Needs Assessment (JSNA)

The purpose of the JSNA is to provide an objective view of the health and wellbeing needs of the population. JSNA identifies “the big picture” in terms of the health and wellbeing needs and inequalities of a local population. It provides an evidence base for commissioners to commission services, according to the needs of the population. A JSNA is not a needs assessment of an individual, but a strategic overview of the local community need – either geographically such as local authority / localities or for specific groups such as younger or older people or people from different backgrounds

JSNA is not a standalone document but a suite of documents, web tools and presentations which help to analyse the health needs of populations to inform and

guide commissioning of health, wellbeing and social care services within local authority areas. JSNA will be the means by which local leaders work together to understand and agree the needs of the local population. JSNAs, along with health and wellbeing strategies will enable commissioners to plan and commission more effective and integrated services to meet the needs of the South Devon and Torbay population, in particular for the most vulnerable, and for groups with the worst health outcomes, and to help reduce the overall inequalities that exist.

Helping people to live longer and healthier lives is not simply about the healthcare received through GPs or at hospital, it is also about the wider social determinants of where we live and work. The collective action of agencies is needed today to promote the health of tomorrow's older population. Preventing ill health starts before birth, and continues to accumulate throughout individual's lives. A life course approach enables an understanding of needs and risks to health and wellbeing at different points along the path of life. For example, our needs as babies and in our early years differ significantly to our needs and risks to health and wellbeing as we enter adulthood or retirement. Understanding the risks to health and wellbeing at different points along the path of life enables opportunities to promote positive health and wellbeing and to prevent future ill health, or to understand the potential burden of disease that may need to be considered in delivering services.

JSNA in Torbay is presented across the life course:

Population Overview sets the scene for the current & future population structure across South Devon and Torbay. It includes top level population overviews

- Starting and Developing Well is about understanding the needs of the population through pregnancy, birth through to young adults. This includes understanding the anticipated need for maternity services, health visiting services, early years' services and schools.
- Living and Working Well is about understanding the needs of the working age population. This includes understanding the lifestyles and health outcomes experienced by this group, and the risks that prevent positive health and wellbeing.
- Ageing Well is about understanding the needs of those from around 65 years and over. It is about reducing and preventing long term conditions, promoting active ageing and tackling inequalities into older age.

Torbay's JSNA can be accessed through the following link:
<http://www.southdevonandtorbay.info/>

Further information is hosted on the 'Health Needs Interactive Tool' hosted at
<https://www.devonhealthandwellbeing.org.uk/pharmaceutical-need-assessment/pharmaceutical-needs-assessment-2022-2025/>

Figure 7: Home page of the Torbay JSNA website

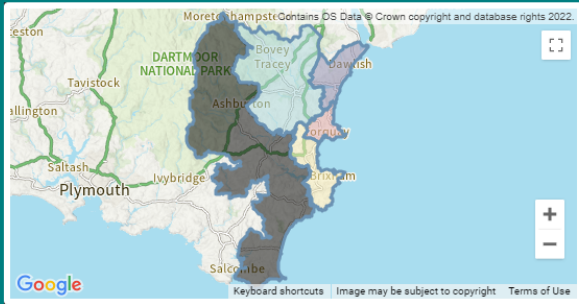
South Devon and Torbay Knowledge and Intelligence

Enter your search term...
Search

Sharing knowledge and intelligence to understand the needs of the community

This website provides an opportunity to bring together knowledge and intelligence from different perspectives, to enable a wider understanding of the needs within the South Devon and Torbay community.

The information contained within this website forms a wider Joint Strategic Needs Assessments (JSNA) for South Devon and Torbay. JSNAs provide an analysis of the health needs of populations to inform and guide commissioning of health, well-being and social care services.



Needs Assessment and Strategy

- JSNA Narratives
- Area/Community Based Overviews
- Topic Based Overviews
- Health Needs Assessments (HNAs)
- Annual Reports

Performance Frameworks


- Adult Social Care Outcomes Framework (ASCOF)
- NHS Outcomes Framework (NHSOF)
- Public Health Outcomes Framework (PHOF)
- Clinical Commissioning Group Outcomes Indicator Set (CCGOIS)

Datasets

Torbay Council's Public Health Knowledge and Intelligence Team has access to various datasets, and produces area or topic reports for council and partner colleagues.

Health and Wellbeing Knowledge and Intelligence

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7 Provision of pharmaceutical services

7.1 Necessary services

The PNA is required to make statements on current provision and gaps in 'necessary pharmaceutical services' provided by community pharmacists. This section considers those services provided by community pharmacies that fall within the definition of 'essential pharmaceutical services' commissioned by NHS England. NHS England oversees the provision of these services. Essential services are provided by all community pharmacies and are centrally funded. They are:

- The dispensing of prescriptions
- The dispensing of repeatable prescriptions
- The acceptance and disposal of unwanted medicines returned by patients
- Signposting to other providers of health and social care services
- Promotion of healthy lifestyles
- Healthy Living Pharmacies
- Support for self-care.
- Discharge Medicines Service

On-demand availability of specialist drugs is commissioned by NHSE as a local enhanced service, and is necessary to ensure people have access to a specified list of products during extended hours of opening.

NHS England commissions this service from selected pharmacies, chosen to ensure appropriate geographical coverage and because they have long opening hours. Not all of the pharmacies which provide this service may be open on bank/public holidays and NHS England considers that to associate providing this service with a requirement to be open on holidays would discourage pharmacies from providing the service. Therefore coverage may be sparser on such days.

7.2 Current provision of necessary services

There are currently 31 pharmacies in Torbay (see figure 9).

22 pharmacies are owned by national pharmacy chains:

- 8 by Day Lewis Pharmacy
- 6 by Boots Pharmacy
- 5 by Well Pharmacy (Best way National Chemists)
- 2 by Lloyds pharmacy
- 1 by Superdrug Pharmacy.

4 pharmacies are owned by a local chain, Poolearth, 2 by O'Brien Ltd and 3 other pharmacies are owned by independent providers.

There are two 100 hour pharmacies (Boots Pharmacy at Wren Retail Park, Torquay and Lloyds Pharmacy at Sainsbury's, Brixham Road, Paignton).

There are twenty-nine 40-hour pharmacies. Thirty pharmacies are Community Pharmacist Consultation Service (CPCS) accredited providing a total of 1,545 CPCS consultations in the first 9 months of 2021/22 (April to December). In addition, all pharmacies have access to EPS.

There are no pharmacies with local pharmaceutical services contracts, distance-selling pharmacies, dispensing appliance contractors or dispensing doctors in Torbay.

Since the last PNA was published six pharmacies have closed in Torbay:

- Boots Pharmacy on Bolton Street in Brixham closed in December 2019 (i.e. 2019/20). Merged with Boots Pharmacy on Fore Street in Brixham.
- Boots Pharmacy on The Strand in Torquay closed during 2019/20.
- Boots Pharmacy at 27 Fore Street, St Marychurch, Torquay closed during 2019/20.
- Day Lewis Pharmacy at 237 Torquay Road, Paignton closed in December 2018 (i.e. 2018/19). Merged with Day Lewis Pharmacy at 266-276 Torquay Road, Paignton.
- Lloyds Pharmacy on Palace Avenue, Paignton closed during 2019/20.
- Well Pharmacy on New Road, Brixham closed during 2019/20.

No new pharmacies have opened since the last PNA was published.

Over the last four years provision in Torbay has been as follows:

Year	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items per head	Items per pharmacy
2018/19	135,780	37	27.2	3,221,995	23.7	87,081
2019/20	136,264	36	26.4	3,267,461	24.0	90,763
2020/21	136,218	31	22.8	3,118,734	22.9	100,604
2021/22*	136,218	31	22.8	3,165,085	23.1	102,100
South West 20/21	5,659,143	1,065	18.8	95,328,352	16.8	89,510
England 20/21	56,550,138	11,748	20.8	1,016,769,042	18.0	86,548

Notes:

* assumption that population is same for 2021/22 as for 2020/21. Prescribed items based on first 9 months of 2021/22

1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
2. Mid-year population estimates were not available for 2021 at the time of writing
3. Number of pharmacies in England and South West England in 2020/21 and item dispensed totals are taken from Supporting Tables from NHSBSA found at: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>
4. All pharmacy numbers include both community pharmacies and DACs

The number of pharmacies in Torbay fell by 6 between 2018/19 and 2020/21. The number of items dispensed fell by 3.2% between 2018/19 and 2020/21.

Nationally the number of pharmacies has fallen in the last few years: in 2021/22 there were 11,358, down from 11,923 in 2018/19, a fall of 4.7%. The number of prescription items dispensed has increased slightly from 2018/19 to 2020/21: in 2020/21 approximately 1016.2 million items were dispensed, up 0.2% on 2018/19. However, 2020/21 figures were 1.5% lower than 2019/20.

The number of pharmacies per 100,000 population in Torbay (22.8 in 2020/21) is higher than the South West and national figures (18.8 and 20.8 respectively), however when considering the higher number of items dispensed per resident population; the increased elderly, daytime transient and tourist populations, there is a higher number of items dispensed per pharmacy in Torbay (100,604 in 2020/21) than

either the South west or National levels (89,510 and 86,548 respectively). In considering these two facts and the urban nature of Torbay, it is concluded that this does not equate to a significant difference and therefore suggests Torbay is neither over nor under served in terms of pharmacy provision.

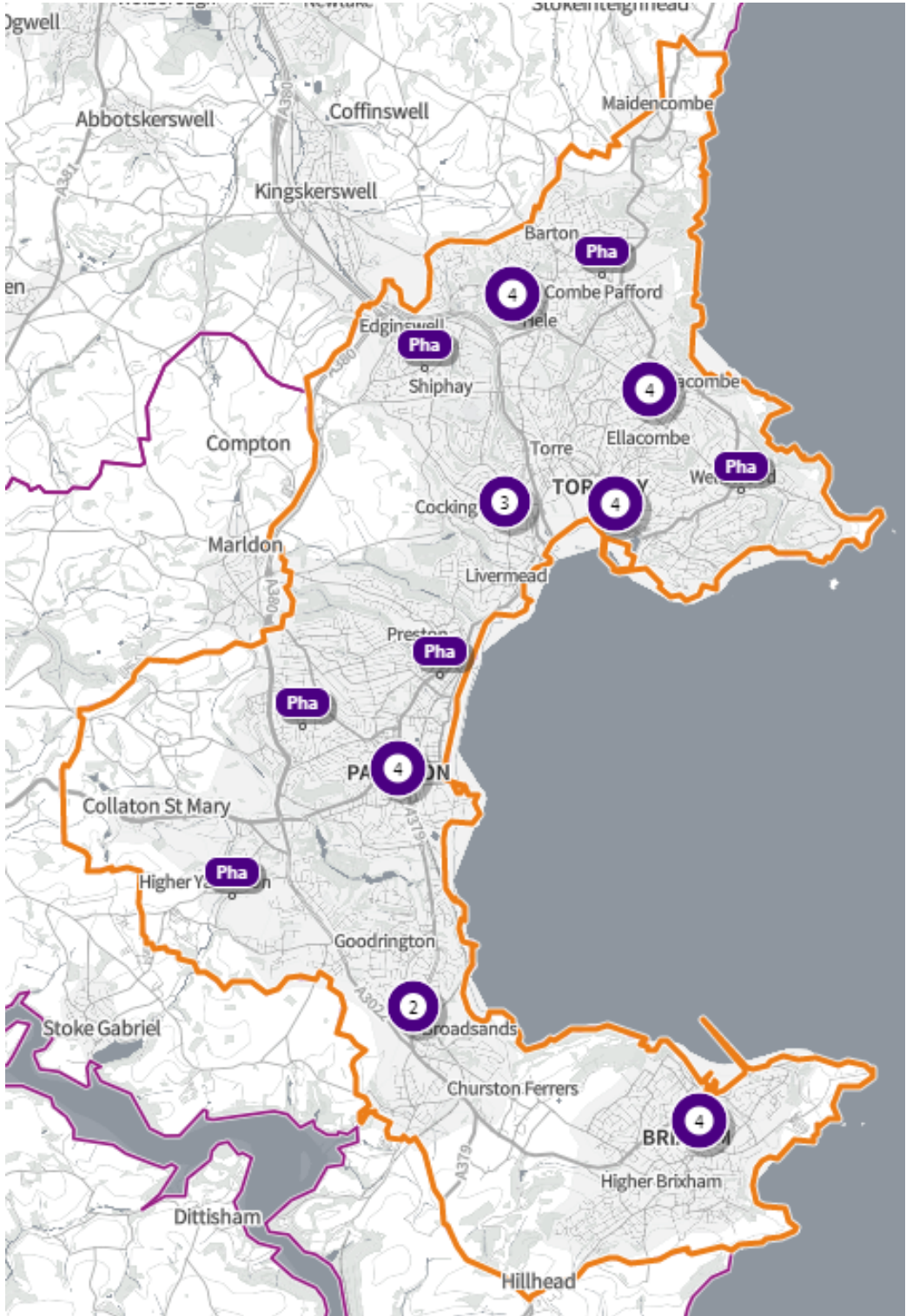
7.3 Current provision outside the HWB's area

As stated above, distance-selling pharmacies are required to provide the essential services to patients anywhere in England, and will deliver medication to a patient's home address. Their services are therefore available to residents of the HWB's area. In addition to those located within the HWB area, there are numerous such pharmacies located around the country. An alphabetical list of distance-selling pharmacies is available at www.nhs.uk/service-search/pharmacies/InternetPharmacies

DACs generally supply appliances by home delivery, and are required to do so for certain types of appliance. Their services are therefore available to residents of the HWB's area. As of January 2022 there were 111 DACs in England, including those located within the HWB area. An alphabetical list of DACs is available at www.nhs.uk/service-search/pharmacies/AppliancePharmacies

For the period July to December 2021, 91.6% of the 1,729,220 Torbay GP prescriptions were fulfilled by pharmacies within Torbay. 3.1% were fulfilled in Devon and Plymouth, just over a third at 2 pharmacies (Lloyds, Den Road, Teignmouth and Boots, Courtney Street, Newton Abbot). A further 5.4% of prescriptions were fulfilled outside Torbay, Devon and Plymouth, this equates to 92,683 prescriptions. 31,790 of these were fulfilled by Pharmacy2U Ltd in Leeds, a further 16,199 by Metabolic Healthcare Ltd.

Figure 8: Location of pharmacies in Torbay

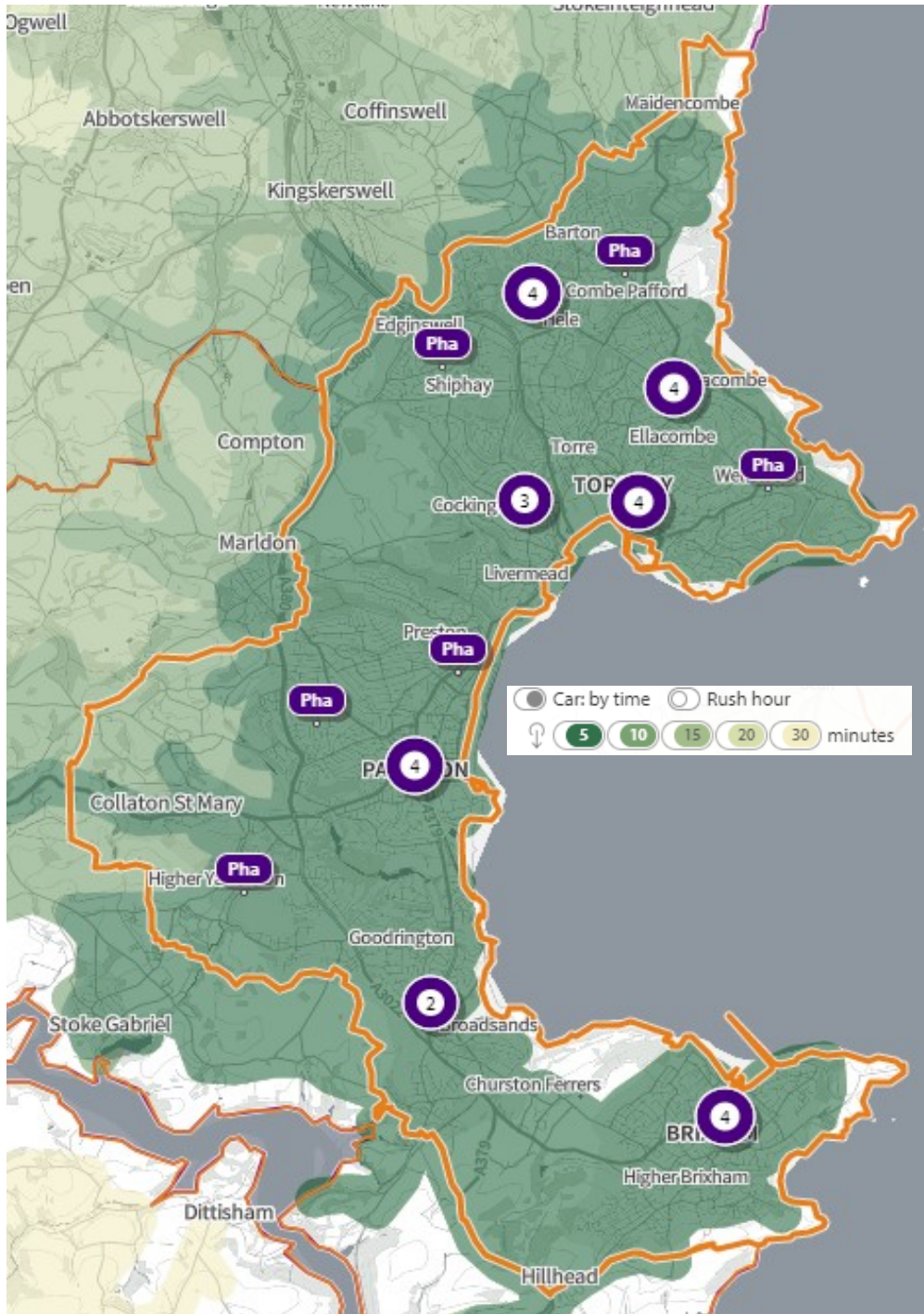


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7.4 Access to premises

Torbay's population is served by 31 pharmacies, with well over 95% of the population within a 5 minute car journey of a pharmacy, and the total population being within a 10 minutes car journey of a pharmacy. Pockets of Torbay not covered in the following map are the coast line and golf courses.

Figure 9: drive times around pharmacies in Torbay



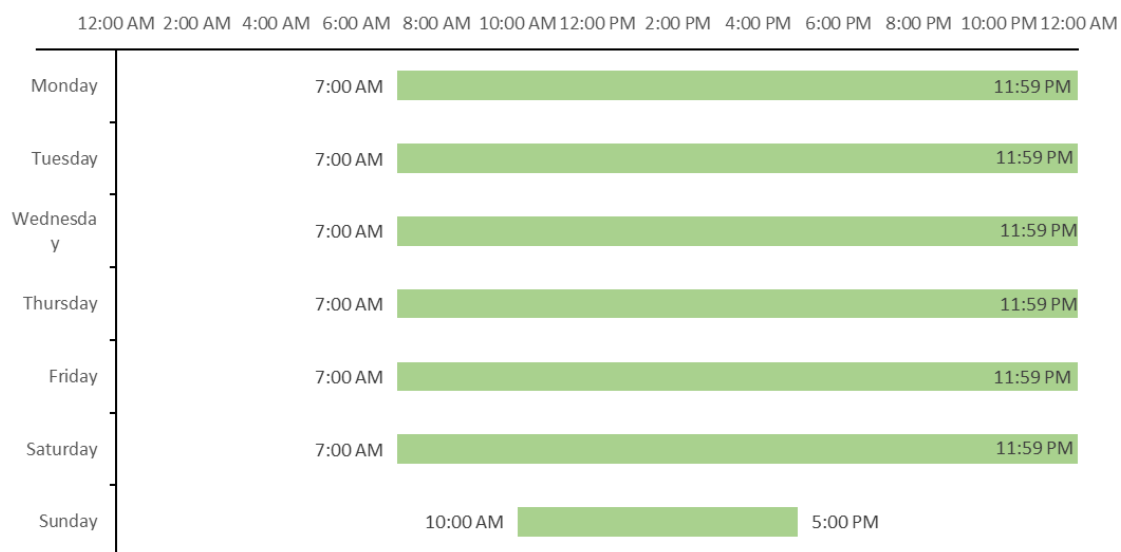
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7.4.1 Access to the essential services (core plus supplementary opening hours)

- 5 pharmacies are routinely open 7 days per week: 3 in Torquay and 2 in Paignton
- 19 pharmacies are open Monday to Saturday only. Of these pharmacies, 14 pharmacies close at or before 1pm on Saturdays and 5 pharmacies close after 1pm on Saturdays.
- 7 pharmacies open Monday to Friday only.
- 1 pharmacy is open before 8am Monday to Friday: Lloyds Pharmacy inside Sainsbury's in Paignton
- 4 pharmacies open later than 6.30pm Monday to Friday, 2 in Paignton and 2 in Torquay

NHS England has a duty to ensure that residents of the HWB's area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

Figure 10: Earliest opening time and latest closing time for any given pharmacy, by day of the week



Note:

⁹⁰⁰. Earliest opening and latest closing times are based on current total opening hours i.e. core plus supplementary opening hours

7.4.2 Access to Medicines Use Review (MUR)

The Medicines Use Review has been decommissioned. Based on data for the first 9 months of the 2021/22 financial year, a total of 0 MURs were carried out in Torbay. This is compared to 2020/21 where 2,523 reviews were performed, 2018/19 where 12,566 reviews were performed.

7.4.3 Access to New Medicines Service (NMS)

30 out of 31 pharmacies had NMS accreditation in 2021/22. Over the first 9-month period of 2021/22, 5,438 NMSs were undertaken. This is compared to the whole of 2020/21 where a total of 4,380 NMSs were undertaken.

7.4.4 Access to the 'on demand availability of specialist medicines' enhanced service

As of 2021/22, 3 pharmacies in Torbay provided the specialist medicines advanced service. These were:

- Boots Pharmacy, Wren Retail Park, Torquay
- Day Lewis Pharmacy, Barton Hill Road, Torquay
- Mayfield Pharmacy, Mayfield Medical Centre, Paignton

7.4.5 Access to dispensing of appliances

Some, but not all, pharmacies dispense appliances. DACs dispense appliances, usually by home delivery.

7.5 Other relevant services

Other relevant services are services there are not defined as necessary but have secured improvement or better access to pharmaceutical services.

For the purposes of this PNA, 'other relevant services' includes:

- the advanced services not classed as 'necessary' (influenza vaccination and

urgent supply, stoma appliance customization and AUR)

- services commissioned from pharmacies by Devon CCG or Torbay council
- other NHS services
- services provided by other organisations.

7.6 Advanced services

7.6.1 Influenza vaccination advanced service

28 out of 31 pharmacies in Torbay delivered the influenza vaccination advanced service in 2021/22. A total of 14,199 vaccinations were given according to the NHSBSAs Advanced Flu Vaccination Service report dataset during the 2021/22 flu season (September 2020 to March 2021) in locality pharmacies matched with the Devon STP influenza report pharmacies.

7.6.2 Stoma appliance standardized advanced service

14 stoma customisations were provided in the first 9 months of 2021/22 by one pharmacy compared to 17 stoma customisations in 2020/21 and 31 stoma customisations in 2018/19. However many stoma appliances will be dispensed by DACs based around the country, who may provide this service.

7.6.3 Appliance Use Review (AUR) advanced service

No pharmacy in Torbay provided this service. However many appliances will be dispensed by DACs based around the country, who may provide this service.

7.6.4 Hepatitis-C Antibody Testing Service

2 pharmacies provide the Hepatitis-C Antibody Testing Service. They are:

- Well Pharmacy, Churchill Court, Brixham
- Well Pharmacy, Croft Road, Torquay

7.6.5 Hypertension Case-Finding Service

21 pharmacies provide the Hypertension Case-Finding Service in Torbay. 10 are in Torquay, 8 in Paignton and 3 are in Brixham.

7.6.6 Stop Smoking Service

5 pharmacies provide the Stop Smoking Service in Torbay. 2 are in Torquay and Paignton, 1 is in Brixham.

7.7 Services commissioned by the CCG or Council

As noted in section 2.6, the CCG or council may commission pharmacies or DACs to provide services.

7.7.1 Services commissioned by the CCG

Currently 191 pharmacies across Devon (including Torbay and Plymouth) are accredited to provide the Community Pharmacy Minor Ailments Service. Between May and September 2021, there were 771 interactions with the service.

7.7.2 Services commissioned by the council

Supervised consumption of substance misuse medicines

27 pharmacies were commissioned to provide this service by Torbay council in 2021/22. 2,771 doses of sublingual Subutex and 36,487 doses of Methadone were supervised in pharmacies in 2021/22.

Needle exchange

18 pharmacies were commissioned in Torbay to provide needle exchange services in 2021/22. The following number of packs was provided through pharmacies in 2021/22:

- 1ml packs – 4,182
- 2ml packs – 2,639
- Blue needle packs – 1,666
- Green needle packs – 1,512
- Orange needle packs – 413

Emergency hormonal contraception (EHC)

24 pharmacies were commissioned in Torbay to provide EHC services in 2021/22. 659 assessments were undertaken in 2021/22. There were 576 provisions of EllaOne and 82 provisions of Levonelle, with one interaction where no medication was dispensed to Torbay residents through pharmacies in 2021/22.

Chlamydia screening

28 pharmacies were commissioned in Torbay in 2021/22 to provide the Chlamydia Countertop kit service (including those who provide chlamydia screening as part of the EHC provision).

Smoking cessation

In 2021/22, 13 pharmacies were commissioned in Torbay to provide stop smoking services. In that year, 1 person has been recorded as quitting smoking through pharmacies.

TB Directly Observed Therapy

In 2021/22, 15 pharmacies were commissioned in Torbay to provide TB DOT services, although no-one received the TB DOT service through pharmacies in that year.

7.8 Other NHS services

7.8.1 Hospital pharmacies

Hospital pharmacies reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Some hospital pharmacies are operated by commercial providers which manage outpatient dispensing services, but they are not able to dispense prescriptions issued by other prescribers, for example GP surgeries.

There is one hospital in Torbay, which has a pharmacy on site, although this is not an NHS community pharmacy and therefore does not dispense FP10 prescriptions; it only dispenses hospital outpatient prescriptions. This pharmacy is based on the main hospital site at Lowes Bridge in Torquay.

7.8.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

Personal administration thus reduces the demand for the dispensing essential service.

7.8.3 GP Out of Hours service

Beyond the normal working hours GP practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and, in appropriate cases, may issue medicines from stock, for example:

- a full course of antibiotics for an infection, or
- sufficient pain relief medication to tide them over until a prescription can be

dispensed.

Alternatively the service may issue a prescription for dispensing at a pharmacy.

7.9 Services provided by other organisations

It has been assessed that there are no other services, provided by other organisations in Torbay that is applicable to the PNA.

8 Conclusion

8.1 Current provision

Torbay HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

8.2 Necessary services: current gaps in provision

There are currently **no gaps** in pharmaceutical provision in Torbay, and thus there is currently **no need** for a new pharmacy in Torbay.

With regards to the 'on demand availability of specialist drugs' enhanced service, current provision is considered **to be adequate** and thus there are no gaps. If a need for this provision to be extended is identified then NHS England (or the CCG's if commissioning of this service transfers to them) could commission additional existing pharmacies to provide it. Therefore it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

8.3 Necessary services: future gaps in provision

We recognize that there are housing developments proposed, especially in Collaton St Mary, however, this is **not** expected to make a significant difference within the life of this PNA. However, there would be a future need if the housing developments accelerated, and substantially more houses were built within Collaton St Mary. As Torbay is an urban authority, there are significant numbers of pharmacies already close to Collaton St Mary.

Across the rest of Torbay there are not expected to be any gaps in pharmaceutical provision and thus there is **currently no future need** for a new pharmacy elsewhere in Torbay.

We 72tandardi increasing demand pressure in primary care, and that the role of community pharmacy may significantly change, as a result, over the lifetime of this PNA. The direction of travel for primary care, as set out in the GP Forward View, is

for GP services to become available from 8am to 8pm, and for pharmacies to become the first point of contact with health services for some health issues. It is anticipated that pharmacies' business interests will lead them to adapt their provision of pharmaceutical services to these changes, although innovative approaches in contractual arrangement may be needed in some locations to support these changes. Across the existing services in Torbay there is unused capacity for further NMS services; as a result there is no gap in provision and **no need for additional capacity**.

With regards to the 'on demand availability of specialist drugs' enhanced service, future provision within this PNA is **considered to be adequate** and thus there will not be any future gaps. If a need for this provision to be extended is identified then NHS England (or the CCG's if commissioning of this service transfers to them) could commission additional existing pharmacies to provide it. Therefore it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

8.4 Other relevant services: current and future gaps in provision

With regards to Influenza vaccination advanced service, current provision is deemed to be adequate and there are not expected to be any future demands for this service over the lifetime of this PNA.

Services commissioned through the local authority and CCG, as well as other relevant NHS services, are represented in the PNA for reference but are outside the scope for assessment of need and therefore no statement will be made in this document as to the adequacy of these services.

Appendix 1: Acronyms and definitions

A&E	accident and emergency
AUR	appliance use review
BAME	black and Asian minority ethnic
CCG	clinical commissioning group
CHD	coronary heart disease
COPD	chronic obstructive pulmonary disease
DAC	dispensing appliance contractor
DH	Department of Health
DRUM	dispensing review of the use of medicines
DSP	distance-selling pharmacy
DSQS	dispensary services quality scheme
EHC	emergency hormonal contraception
EIA	equality impact assessment
EPS	electronic prescription service
GIRES	Gender identity research and education society
GUM	genito–urinary medicine
HIV	human immunodeficiency virus
HSCIC	Health and Social Care Information Centre
HSV	herpes simplex virus
HWB	health and wellbeing board
I	integrated household survey
IMD	index of multiple deprivation
JSNA	joint strategic needs assessment
LAPE	local alcohol profiles for England
LARC	long–acting reversible contraception
LGBT	lesbian, gay, bisexual and transgender
LPS	local pharmaceutical services
LSOA	lower layer super output area
LTC	long term condition
MSM	men who have sex with men
MSOA	medium layer super output area
MUR	medicines use review
NCMP	national child measure programme

NCSP	national chlamydia screening programme
NMS	new medicine service
NHSCB	NHS Commissioning Board (NHS England)
NUMSAS	NHS urgent medicine supply advanced service
OCU	opiate or crack cocaine user
ONS	Office for national statistics
PCT	primary care trust
PGD	patient group direction
PHO	public health observatories
PhAS	pharmacy access scheme
PNA	pharmaceutical needs assessment
POPPI	projecting older people population information
QOF	quality and outcomes framework
QPS	Quality Payment Scheme
SADL	simple aid to daily living
SMR	75standardized mortality rate
STI	sexually transmitted infections
TB	tuberculosis
UK	United Kingdom

The 2013 directions – The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, as amended

The 2013 regulations – The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

Appendix 2: Legislation relating to PNAs

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health powers to make regulations.

Section 128A Pharmaceutical needs assessments

- (1) Each Health and Well-being Board must in accordance with regulations—
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.
- (2) The regulations must make provision—
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs;
 - I specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Well-being Board must make a new assessment.
- (3) The regulations may in particular make provision—
 - (a) as to the pharmaceutical services to which an assessment must relate;
 - (b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;
 - I as to the manner in which an assessment is to be made;
 - (d) as to matters to which a Health and Well-being Board must have regard when making an assessment.

The regulations referred to are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, in particular Part 2 and Schedule 1.

Part 2: Pharmaceutical needs assessments

3. Pharmaceutical needs assessments

901. The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act⁽¹⁾ (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.

- (2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—
- (a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
 - (b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
 - © the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

902. Information to be contained in pharmaceutical needs assessments

903. Each pharmaceutical needs assessment must contain the information set out in Schedule 1.

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

904. Date by which the first HWB pharmaceutical needs assessments are to be published

Each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.

905. **Subsequent assessments**

906. After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

- (2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—
- (a) the number of people in its area who require pharmaceutical services;
 - (b) the demography of its area; and
 - © the risks to the health or well-being of people in its area,
- unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.
- (3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—
- (a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
 - (b) the HWB—
 - (i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or
 - (ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

- (4) Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application—
- (a) to meet a current or future need for pharmaceutical services; or
 - (b) to secure improvements, or better access, to pharmaceutical services,
- the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment

7. Temporary extension of Primary Care Trust pharmaceutical needs assessments and access by the NHSCB and HWBs to pharmaceutical needs assessments

- (1) Before the publication by an HWB of the first pharmaceutical needs assessment that it prepares for its area, the pharmaceutical needs assessment that relates to any locality within that area is the pharmaceutical needs assessment that relates to that locality of the Primary Care Trust for that locality immediately before the appointed day, read with—
- (a) any supplementary statement relating to that assessment published by a Primary Care Trust under the 2005 Regulations or the 2012 Regulations; or
 - (b) any supplementary statement relating to that assessment published by the HWB under regulation 6(3).
- (2) Each HWB must ensure that the NHSCB has access to—
- (a) the HWB's pharmaceutical needs assessment (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);
 - (b) any supplementary statement that the HWB publishes, in accordance with regulation 6(3), in relation to a Primary Care Trust's pharmaceutical needs assessment; and

© any pharmaceutical needs assessment of a Primary Care Trust that it holds,

which is sufficient to enable the NHSCB to carry out its functions under these Regulations.

- (3) Each HWB must ensure that, as necessary, other HWBs have access to any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on pharmaceutical needs assessments

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

(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

© any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

© any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and

(f) any NHS trust or NHS foundation trust in its area;

(g) the NHSCB; and

(h) any neighbouring HWB.

- (2) The persons mentioned in paragraph (1) must together be consulted at least

once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

- (3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—
 - (a) must consult that Committee before making its response to the consultation; and
 - (b) must have regard to any representations received from the Committee when making its response to the consultation.
- (4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.
- (5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.
- (6) If a person consulted on a draft under paragraph (2)—
 - (a) is treated as served with the draft by virtue of paragraph (5); or
 - (b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

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

do so, to the following matters—

- (a) the demography of its area;
 - (b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
 - © any different needs of different localities within its area;
 - (d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
 - © any other NHS services provided in or outside its area (which are not covered by sub-paragraph (d)) which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- (2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—
- (a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
 - (b) having regard to likely changes to—
 - (i) the number of people in its area who require pharmaceutical services,
 - (ii) the demography of its area, and
 - (iii) the risks to the health or well-being of people in its area.

Schedule 1: Information to be contained in pharmaceutical needs assessments

907. **Necessary services: current provision**

A statement of the pharmaceutical services that the HWB has identified as services that are provided—

- (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

2. Necessary services: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

3. Other relevant services: current provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—

- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area,

nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

- © in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

908. Improvements and better access: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
- (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

909. Other NHS services

A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—

- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

910. How the assessment was carried out

An explanation of how the assessment has been carried out, and in particular—

- (a) how it has determined what are the localities in its area;
- (b) how it has taken into account (where applicable)—
 - (i) the different needs of different localities in its area, and
 - (ii) the different needs of people in its area who share a protected characteristic; and
- © a report on the consultation that it has undertaken.

7. Map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Finally, specifically in relation to controlled localities, regulation 39 provides:

39. Process of determining controlled localities: formulation of the NHSCB's decision

...

- (2) Once it has determined whether or not an area is or is part of a controlled locality, the NHSCB must—
 - (a) if it determines that the area is to become or become part of a controlled locality, or is to cease to be part of a controlled locality—
 - (i) delineate precisely the boundary of the resulting controlled locality on a map,
 - (ii) publish that map, and
 - (iii) make that map available as soon as is practicable to any HWB that has all or part of that controlled locality in its area;

...

- (4) A HWB to which a map is made available under paragraph (2)(a)(iii) must—
 - (a) publish that map alongside its pharmaceutical needs assessment map (once it has one); or

- (b) include the boundary of the controlled locality (in so far as it is in, or part of the boundary of, the HWB's area) in its pharmaceutical needs assessment map (once it has one).

Appendix 3: Steering Group membership

Name	Job Title	Organisation
Simon Baker	Public Health Specialist – Intelligence	Torbay Council
David Bearman	Chair	Devon Local Pharmaceutical Committee
Andrew Binding	Senior Public Health Analyst	Plymouth City Council
Tom Davies	GP	Devon Local Medical Committee
Carol Harman	Senior Public Health Analyst	Plymouth City Council
Donna Luckett	Senior Public Health Information Analyst	Devon County Council
Sarah Macleod	Senior Public Health Analyst	Plymouth City Council
Maria Moloney-Lucey	Public Health Specialist – Intelligence	Devon County Council
Miranda Montano	Public Health Data and Admin Assistant	Devon County Council
Robert Nelder	Consultant in Public Health	Plymouth City Council
Matthew Peasley	Public Health Analyst	Devon County Council
Sue Taylor	Chief Officer	Devon Local Pharmaceutical Committee
Charles Thomas	Senior Medicines Optimisation Pharmacist	NHS Devon CCG
Michelle Toy	Senior Commissioning Manager	NHS England & NHS Improvement South West

We acknowledge the support and contributions from colleagues in Office for Health Improvement and Disparities.

Appendix 4: Equality impact assessment

STAGE 1: What is being assessed and by whom?	
What is being assessed – including a brief description of aims and objectives?	<p>The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's (H&WB's) area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Torbay, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England and NHS Improvement (NHSEI).</p> <p>If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHSEI to be included in the pharmaceutical list for the H&WB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the H&WB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').</p> <p>As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.</p> <p>Whilst the PNA is primarily a document for NHSEI to use to make commissioning decisions, it may also be used by local authorities (Las) and Clinical Commissioning Groups (CCGs). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.</p>
Author	Simon Baker

STAGE 1: What is being assessed and by whom?	
Department and Service	Knowledge & Intelligence Team, Public Health Department
Date of Assessment	June 2022

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
		See the guidance on how to make this judgement.		
Age	<p>Torbay has a population of around 136,200 (2020 mid year estimates)</p> <p>The population of Torbay is older than the England average, with a greater proportion of the population over the age of 50 years. The proportion of the population under 50 is significantly lower than England.</p>	Pharmaceutical services will be provided on the basis of clinical need – this document specifies the needs within Torbay. Any missing provision should have been identified in the document and should therefore have a positive impact.	The predicted population increases within age bands has been estimated. The document will be reviewed in three years' time. It is assumed the age-specific predictions of population growth will be within tolerance, which will ensure provision of pharmaceutical services in an equitable manner.	NHSEI. Throughout the life of the document.
Disability	According to the 2011 Census, 11.8% of Torbay residents reported having a long-term health problem or disability	The provision of adequate pharmaceutical services responds to these statistics (which	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is	NHSEI. Throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact? See the <u>guidance</u> on how to make this judgement.	Actions	Timescale and who is responsible?
	<p>that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). The England average was 8.3%.</p> <p>According to the 2011 Census, 41.7% of Torbay residents reported their general health as 'very good' placing Torbay lower down the Local Authority rankings, however Torbay does rank very high for those rating their health as only 'Fair'. Both Bad health (5.8%) and Very bad health (1.7%) have higher percentages in Torbay than in England (England 4.2%, 1.2% respectively), this equates to 9,892 people over both categories</p>	<p>potentially show a relatively high demand when compared to national averages). The aim of the document is to enable the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.</p>	<p>assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.</p> <p>It is important that physical access to pharmacy buildings is ensured.</p>	

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Faith/Religion or Belief	According to the 2011 Census, Christianity is the most common religion in Torbay with 63.3%. 27.5% of the Torbay population stated they had no religion. Both are higher than the national average. Numbers for each of the other main categories are below 750 persons (0.6%) each and range from 0.03% Sikh to 0.5% Other Religion.	Pharmaceutical services are not targeted at any particular religion. The aim of the document is to ensure the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.	NHSEI. Throughout the life of the document.
Gender – including marriage, pregnancy and maternity	Overall 51.2% of Torbay's population are female (ONS mid-2020 estimates). According to the 2011 Census, of those aged 16 and over, 46.6% are married – the same as the national average. There were 1,074 live births in 2020 with numbers decreasing	The need for pharmacy services in relation to sexual health have been identified within the document. This will ensure provision of adequate and appropriate pharmaceutical services to meet	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable	NHSEI. Throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	steadily over the last decade.	the needs of this population.	distribution of services.	
Gender Reassignment	There is no precise number of the transgender population in Torbay. The best estimate is that around 1% of the population is gender variant to some degree. This would be equivalent to approximately 1,300 to 1,400 people in Torbay.	<p>The PNA aims to ensure adequate provision of pharmaceutical services throughout Torbay taking into consideration any particular needs identified.</p> <p>Gender-related pharmaceutical needs should have been identified within the document to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.</p>	<p>The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.</p> <p>Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.</p>	<p>NHSEI.</p> <p>Throughout the life of the document.</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
		See the guidance on how to make this judgement.		
Race	<p>There is relatively little ethnic diversity in Torbay. According to the 2011 Census 94.8% of Torbay's population considered themselves White British. This is significantly higher than the England average (79.8%). Torbay has 3,260 (2.5%) resident ethnic minority population (excluding white ethnic groups). Of these, 1,420 residents (1.1%) are Mixed/Multiple ethnic background, 1,353 (1%) Asian/Asian British, 251 (0.2%) Black British and 236 (0.2%) Other ethnic Group.</p>	<p>Pharmaceutical services are not targeted at a specific ethnic group. The PNA attempts to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.</p> <p>There are some diseases which are more prevalent amongst specific ethnic groups however the PNA, if successful, will ensure adequate services to meet any additional needs.</p>	<p>The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.</p> <p>Access to translation services may sometimes be required as it is important that pharmacies are able to provide services to all, taking into account diversity.</p>	<p>NHSEI.</p> <p>Throughout the life of the document.</p>
Sexual Orientation -including Civil Partnership	0.3% of the Torbay population are registered in a same-sex civil partnership	Pharmaceutical services are not targeted people with a specific	The document aims to meet the needs identified. The document will be	<p>NHSEI.</p> <p>Throughout the life of the document.</p>

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact? See the <u>guidance</u> on how to make this judgement.	Actions	Timescale and who is responsible?
	<p>(national average is 0.2%). 2.6% of people in Torbay are separated and still either legally married or legally in a same-sex civil partnership. There is no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Torbay but it is nationally estimated that 2.7% of the population aged over the age of 16 years would identify as LGB. This would equate to approximately 3,000 – 3,100 people aged 16 years and over in Torbay identifying as LGB.</p>	<p>sexual orientation. The PNA attempts ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.</p>	<p>reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.</p> <p>Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.</p>	

Appendix 5: List of contractors and opening times

Pharmacy name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1700	Closed
Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	Closed
Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300	Closed
Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	08:30-23:59	08:30-23:59	08:30-23:59	08:30-23:59	08:30-23:59	08:30-23:59	10:00-17:00
Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	10:30-16:30
Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	09:00-13:00 14:00-17:30	Closed
Broadway pharmacy, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road, Paignton, TQ3 2EZ	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-13:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 19 Ilsham Road, Wellswood, Torquay, TQ1 2JG	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed

Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	Closed
Day Lewis Pharmacy, Day Lewis plc, Compass House Medical Centre, King Street, Brixham, TQ5 9TF	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, Brixham Road, Paignton, TQ4 7PE	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, The Willows, Nicholson Road, Torquay, TQ2 7HT	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-20:00	10:00-16:00
Mayfield Pharmacy, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	08:30-19:00	08:30-19:00	08:30-19:00	08:30-20:00	08:30-19:00	09:00-16:00	10:00-13:00
Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	Closed	Closed
Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	Closed
Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	Closed	Closed
Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Well Pharmacy, Bestway National Chemists Ltd, 2-3	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed

**Churchill Court, Bolton
Street, Brixham, TQ5 9DW**

**Well Pharmacy, Bestway
National Chemists Ltd, 159
St Marychurch Road,
Babbacombe, Torquay,
TQ1 3HP**

09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-13:00 Closed

**Well Pharmacy, Bestway
National Chemists Ltd, 19
Croft Road, Torquay, TQ2
5UA**

08:30-13:00 08:30-13:00 08:30-13:00 08:30-13:00 08:30-13:00 09:00-13:00 Closed
13:30-18:00 13:30-18:00 13:30-18:00 13:30-18:00 13:30-18:00

**Well Pharmacy, Bestway
National Chemists Ltd,
46B Dartmouth Road,
Paignton, TQ4 5AH**

08:30-20:00 08:30-18:00 08:30-18:00 08:30-18:00 08:30-18:00 09:00-11:30 Closed

Appendix 6: List of contractors and advanced services provided

Pharmacy	Contractor and address	CPCS	New Medicines Service	Flu Vaccs	Hypertension case finding	Stop Smoking Service	Appliance Use Review	Stoma Appliance Custom	Hep C Testing Service
FJP38	Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	Yes	Yes	Yes	Yes	No	No	No	No
FLG36	Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	Yes	Yes	Yes	No	No	No	No	No
FD894	Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	Yes	Yes	Yes	No	No	No	No	No
FEW47	Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	Yes	Yes	Yes	Yes	No	No	No	No
FEW75	Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	Yes	Yes	Yes	Yes	No	No	No	No
FJN75	Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	Yes	Yes	Yes	No	No	No	No	No
FLH76	Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	Yes	Yes	Yes	No	No	No	No	No
FVP01	Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	Yes	Yes	Yes	Yes	No	No	No	No
FKQ69	Broadway pharmacy, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	Yes	Yes	Yes	Yes	No	No	No	No
FAF97	Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	Yes	Yes	Yes	Yes	No	No	No	No
FEC86	Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	Yes	Yes	Yes	Yes	No	No	No	No
FEL62	Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road,	Yes	Yes	Yes	Yes	No	No	No	No

	Paignton, TQ3 2EZ								
FEW76	Day Lewis Pharmacy, Day Lewis plc, 19 Ilsham Road, Wellswood, Torquay, TQ1 2JG	Yes	Yes	Yes	Yes	No	No	No	No
FKE05	Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	Yes	Yes	Yes	Yes	No	No	No	No
FLE57	Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	Yes	Yes	Yes	Yes	No	No	No	No
FJT72	Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	Yes	No	No	Yes	No	No	No	No
FWC17	Day Lewis Pharmacy, Day Lewis plc, Compass House Medical Centre, King Street, Brixham, TQ5 9TF	Yes	Yes	Yes	Yes	No	No	No	No
FXL17	Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	Yes	Yes	Yes	No	No	No	No	No
FHL28	Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, Brixham Road, Paignton, TQ4 7PE	Yes	Yes	Yes	Yes	No	No	No	No
FM400	Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, The Willows, Nicholson Road, Torquay, TQ2 7HT	Yes	Yes	Yes	Yes	No	No	No	No
FTX34	Mayfield Pharmacy, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	Yes	Yes	No	No	No	No	No	No
FV361	Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	Yes	Yes	Yes	No	No	No	No	No
FLD28	Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	Yes	Yes	Yes	Yes	No	No	No	No
FM565	Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	Yes	Yes	Yes	No	No	No	No	No
FJ134	Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED	No	Yes	No	No	No	No	No	No

FJE51	Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	Yes	Yes	Yes	No	No	No	No	No
FA041	Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	Yes	Yes	Yes	Yes	Yes	No	No	No
FJP75	Well Pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	Yes	Yes	Yes	Yes	Yes	No	No	Yes
FKF90	Well Pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	Yes	Yes	Yes	Yes	Yes	No	No	No
FMJ40	Well Pharmacy, Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA	Yes	Yes	Yes	Yes	Yes	No	No	Yes
FPA99	Well Pharmacy, Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AH	Yes	Yes	Yes	Yes	Yes	No	No	No

Appendix 7: List of contractors and locally commissioned services provided (list relates to re-procurement in October 2021)

Pharmacy	Contractor and address	Supervised consumption	Needle Exchange	EHC	Chlamydia screening	Smoking cessation	TB Directly Observed Therapy
FJP38	Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	Yes	No	Yes	Yes	Yes	Yes
FLG36	Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	Yes	Yes	Yes	Yes	Yes	Yes
FD894	Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	Yes	No	Yes	Yes	No	Yes
FEW47	Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	Yes	No	Yes	Yes	No	Yes
FEW75	Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	Yes	Yes	Yes	Yes	Yes	Yes
FJN75	Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	Yes	Yes	Yes	Yes	No	Yes
FLH76	Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	Yes	No	Yes	Yes	No	Yes
FVP01	Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	Yes	Yes	Yes	Yes	Yes	Yes
FKQ69	Broadway pharmacy, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	No	No	Yes	Yes	Yes	No
FAF97	Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	Yes	Yes	Yes	Yes	Yes	Yes
FEC86	Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	Yes	Yes	Yes	Yes	Yes	Yes
FEL62	Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke	Yes	Yes	Yes	Yes	Yes	Yes

	House, 266-276 Torquay Road, Paignton, TQ3 2EZ						
FEW76	Day Lewis Pharmacy, Day Lewis plc, 19 Ilsham Road, Wellswood, Torquay, TQ1 2JG	Yes	Yes	Yes	Yes	Yes	Yes
FKE05	Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	Yes	Yes	Yes	Yes	Yes	Yes
FLE57	Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	Yes	Yes	Yes	Yes	Yes	Yes
FJT72	Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	Yes	No	No	No	No	No
FWC17	Day Lewis Pharmacy, Day Lewis plc, Compass House Medical Centre, King Street, Brixham, TQ5 9TF	Yes	Yes	Yes	Yes	Yes	Yes
FXL17	Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	Yes	No	No	Yes	No	No
FHL28	Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, Brixham Road, Paignton, TQ4 7PE	No	No	No	No	Yes	No
FM400	Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, The Willows, Nicholson Road, Torquay, TQ2 7HT	No	No	Yes	Yes	Yes	No
FTX34	Mayfield Pharmacy, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	No	Yes	Yes	Yes	Yes	Yes
FV361	Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	Yes	No	Yes	Yes	Yes	Yes
FLD28	Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	Yes	No	Yes	Yes	Yes	Yes
FM565	Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	Yes	Yes	Yes	Yes	Yes	Yes
FJ134	Torwood Street Pharmacy, 37a	Yes	No	Yes	Yes	No	No

	Torwood Street, Torquay, TQ1 1ED						
FJE51	Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	Yes	Yes	Yes	Yes	Yes	Yes
FA041	Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	Yes	Yes	Yes	Yes	Yes	No
FJP75	Well Pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	Yes	Yes	Yes	No	Yes	Yes
FKF90	Well Pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	Yes	Yes	Yes	Yes	Yes	Yes
FMJ40	Well Pharmacy, Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA	Yes	Yes	Yes	Yes	Yes	Yes
FPA99	Well Pharmacy, Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AH	Yes	No	Yes	Yes	No	Yes

Appendix 8: Consultation report

The consultation period ran from Friday 1st July 2022 to Friday 29th August 2022. The Health and Wellbeing Boards (HWBs) for Plymouth, Devon and Torbay held the consultation process for each of their PNAs at the same time to aid organisations who were asked to respond to consultations for more than one area at the same time.

The method of consultation was agreed by the PNA Steering Group. Individual areas also liaised with their Health and Wellbeing Boards regarding the consultation process. The consultation was hosted by Plymouth City Council Consultation webpage. The survey questions were designed to gather feedback on whether the requirement of the PNA had been met and to offer opportunity to highlight any gaps. The web link for the consultation was emailed directly to the following organisations:

- Devon Local Pharmaceutical Committee
- Devon Local Medical Committee
- Persons on the pharmaceutical list and any dispensing doctors for the area
- Any LPS chemist in Torbay with whom NHS England has made arrangements for the provision of local pharmaceutical services
- Healthwatch Torbay
- Torbay Health and Wellbeing Board
- Torbay and South Devon NHS Foundation Trust
- Devon Partnership NHS Trust
- NHS Devon CCG
- All GP surgeries in Torbay
- All Pharmacies in Torbay

Torbay received 3 responses to the consultation. Overall consultation feedback regarding the PNA was positive. A specific comment was made about unscheduled closures of pharmacies at short notice which is a particular problem if the pharmacy is commissioned to provide a 'supervised consumption service' for patients being provided with buprenorphine and methadone.